Senior Whole Health (SWH) by Molina Healthcare is a health plan available to Massachusetts residents eligible for Medicare and/or Medicaid.

Contact Information

Provider Services: (855) 838-7999

SWHNetworkRequests@MolinaHealthcare.com - for new providers requesting to join our network or inquire on contracting status, leaving an existing contracted provider group or inquiring about a new contract

SWHDelegatedProvider@MolinaHealthcare.com - for credentialing or demographic updates for providers with an active delegated credentialing agreement

SWHProviderRelations@MolinaHealthcare.com - for general provider inquiries

SWHCredentialing@MolinaHealthcare.com - for providers to submit HCAS or when adding a new physician to an already existing group contract

Outpatient authorization fax number: (844) 251-1451

Outpatient MAPD authorization fax number: (844) 251-1450

Inpatient authorization fax number: (844) 834-2152

Advanced imaging fax number: (877) 731-7218

Pharmacy Part D: (866) 290-1309

Pharmacy Part B (J-codes): (800) 391-6437

Primary care provider assessments

Each new member must get an initial assessment from a primary care provider and then an annual assessment at a minimum.

Additional benefits

SWH uses several vendors to administer certain benefits. If your patients need any of the services listed below, the patient or designee may contact the vendor directly.

Vision- VSP:
Phone: (800) 877-7195
Web: **vsp.com**

Fitness - Silver & Fit:
Phone: (877) 427-4788
Web: **silverandfit.com**

Dental - DentaQuest:
Phone: (800) 341-8478
Web: **dentaquest.com**

Durable medical equipment - Integra Partners:
Phone: (888) 729-8818
Email: **administration@accessintegra.com**
Web: **accessintegra.com**

Transportation-ModivCare:
Phone: (844) 544-1391
Web: **modivcare.com/facilities/ma**

- There is a three-day advance notice requirement to schedule transportation
- Hospital discharge does not require a three-day advance notice
- Hospital discharge planners should contact ModivCare's facility line directly to arrange same-day requests at (844) 544-1391 (the wait time for these trips may be longer than the typical two-hour window)
- No PT-1 form is needed

Please note: When calling for transportation services, you **must** notify ModivCare if the member requires curb-to-curb or door-to-door service. If a medical escort is required, please notify ModivCare to ensure transportation needs are met when scheduling transportation services. In addition, some vans carry transport stretchers, and an ambulance might not be required.

Member eligibility

To obtain member eligibility, access Availity Essentials at **apps.availity.com/availity/web/public. elegant.login**

Verification can also be obtained by phone at (855) 838-7999.

EFT registration through Change Healthcare/ECHO Health for EFT payments and 835s.

Referrals and authorizations

SWH PCPs may send members to participating SWH specialty care physicians without a referral. Certain services may require plan authorization. For a list of those services, please utilize our PA Look Up tool online at **MolinaHealthcare.com/Providers/MA/SWH/Resources/ Provider-Materials**. Member eligibility should be reviewed before services are rendered. To obtain authorization, please complete the appropriate prior authorization form available on our website at **MolinaHealthcare.com/Providers/MA/SWH/Resources/Forms**. Upon review, SWH will issue an authorization number for billing purposes.

Authorizations can also be submitted through the Availity Essentials provider portal.

Availity Essentials

SWH has partnered with Availity Essentials (Essentials) for providers to check eligibility and benefits, manage claims, submit prior authorizations and complete other secure administrative tasks.

You can visit **MolinaHealthcare.com/Providers/MA/swh/Resources/Availity** or **availity.com/MolinaHealthcare** to learn more.

Submitting claims/corrected claims

Submit claims using CMS claim submission guidelines. The preferred method to submit claims is electronic, using HIPAA standard 837 format.

Clearinghouse - Change Healthcare
Change Healthcare phone number: (866) 371-9066
Our EDI Payer ID number is **SWHMA**

- Submit claims within 90 days from the service date
- Submit paper claims on CMS 1500 or Institutional UB04 forms
- To check the status of a claim, please utilize the provider portal at
  apps.availity.com/availity/web/public.elegant.login or call (855) 838-7999
- Submit claims electronically or mail claims to:
  Senior Whole Health
  PO Box 22640
  Long Beach, CA 90801

Claims appeals

For reconsideration of claims that have been denied or not paid as anticipated, submit your request in writing, fax or through Availity Essentials. Attach supporting documentation (medical notes, authorization number or proof of timely filing) for review.

Submit appeals within 120 days from the remittance date.

Send appeals to:
Senior Whole Health
PO Box 22640
Long Beach, CA 90801

Fax: (562) 499-0610

Overpayments

Provider disputes
Senior Whole Health, LLC #23240
PO Box 2470
Spokane, WA 99210-2470

Disputes and written correspondence go to Spokane (e.g., the provider received a recovery letter and is disputing it, or the provider wants to offset payment with a written letter).

Refund checks lockbox
Senior Whole Health, LLC
PO Box 23240
New York, NY 10087-3240

The provider wants to send a straight check to be refunded.

Fax: (781) 451-3259

To request a claims retraction, please use the Provider Early Reversal Permission Form, which you can find online at **MolinaHealthcare.com/Providers/MA/SWH/Resources/Forms**. A copy of overpayment letters sent to providers and all overpayment details are now available in the Availity Essentials provider portal. In the overpayment application section, providers can make an inquiry, contest an overpayment with supporting documentation, resolve an overpayment or check status. SWH prefers this method of communication.

Pharmacy

SWH uses a comprehensive formulary, which can be viewed online at **MolinaHealthcare.com/ Providers/MA/SWH/Resources/Pharmacy**

Please contact the pharmacy department directly for Part D coverage determination requests:
- **Phone:** (855)838-7999
- **Fax:** (866) 290-1309
- **Website: MolinaHealthcare.com/providers/ma/swh/resources/forms.aspx**

Please refer to the website link above for a covered alternative if a medication rejection occurs.

Provider updates/changes

Updates to provider information should be emailed using the **Provider Information Update Form** found online at **MolinaHealthcare.com/Providers/MA/SWH/Resources/Forms** to **SWHProviderRelations@MolinaHealthcare.com with 30 days advance notice**. This includes changes to practice name and street address, practice telephone and fax numbers, panel status or ability to accept SWH members at your practice, billing or pay-to address, billing telephone and fax numbers, billing tax ID, group NPI and hospital affiliation changes. Providers may also make updates through the CAQH portal at **proview.caqh.org/Login?Type=PR**.

Email subscription is now live!

SWH has developed an online subscription service for providers to receive critical updates automatically. These important updates include quarterly provider newsletters, operational updates, claims and prior authorization information. If you want to sign up, please visit our website at **MolinaHealthcare.com/providers/ma/swh/resources/comm.aspx**.

Please check our website for updates, newsletters, provider notices, resources and more.