



## About Senior Whole Health

Senior Whole Health is a health plan available to seniors age 65 and older who are on Mass Health Standard and in most instances Medicare.

### PCP Assessments

An initial PCP assessment must be completed for each new member within 30 days of the Member's effective date. Call **617-494-5353** to obtain a PCP Assessment form or inquire about reimbursement.

PCPs will be notified when a reassessment is needed.

### Sub-Contracted Vendors

SWH uses several vendors to administer certain benefits. If your patient needs any of the services listed below, the patient or a designee can contact the appropriate vendor.

Vision – Vision Service Plan (VSP)  
**1-800-615-1883**

Behavioral Health – Value Options  
**1-866-300-0217**

Dental – Doral Dental/DentaQuest  
**1-800-341-8478**

### Referrals and Authorizations

SWH Primary Care Physicians may send members to participating SWH specialty care physicians without a referral.

SWH Primary Care Physicians may refer a member to a non-participating specialty care physician by obtaining prior authorization from SWH.

Certain services may require plan authorization. Upon review, SWH will issue an authorization number for billing purposes.

#### To obtain an authorization:

Contact your designated Nurse Care Manager,

– or –

Call SWH at: **1-617-494-5353**

– or –

Fax a completed Referral/Authorization form to: **1-617-494-5554.**

Forms are available by calling **617-494-5353.**

### Provider Inquiries

Obtain Member Eligibility, Benefits, Claim Inquiries and General Information. Hours M-F 8:30AM-5:00PM.

**1-617-494-5353** • 1-888-749-6455 (TTY)

SWH member eligibility can be verified using NEHEN or NEW MMIS (formerly REVS)

## Claim Submission

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

- Clearinghouse: **EMDEON**
- Our EDI Payor ID number is: **83035**
- EDI helpdesk is available at:  
**1-617-551-4155**

Submit claims within **90 days** from Service Date.

Submit paper claims on the following forms:

**Professional Claims** – CMS 1500 (08-05)

**Institutional Claims** – UB04

Mail paper claims to:

**Senior Whole Health  
Claims Department  
P.O. Box 425027  
Cambridge, MA 02142**

## Claim Appeals/ Adjustments

Re-consideration of claims which have:

- Denied or not paid as anticipated
- Denied for timely filing

Submit your appeal in writing with any supporting documentation, (medical notes, authorization number, or proof of timely filing, etc.)

Appeals filing limit = **90 days**

Appeals should be sent to:

**Senior Whole Health  
Claims Department  
P.O. Box 425027  
Cambridge, MA 02142  
Or faxed: 617-812-7859**

## Pharmacy

SWH uses a comprehensive formulary which can be viewed through **Epocrates Online®**.

**<https://online.epocrates.com>**

Select "Senior Whole Health MA" as the formulary from the drop down menu. Enter drug name.

Non-formulary medications require authorization from SWH.

**1.** Call the pharmacy line at:

**617-252-6366**

**2.** Or fax a completed prior authorization form to:

**888-251-7823**

**Senior Whole Health  
provides coverage for:**

- Medicare part "D" with no co-pay, deductible, or gap in coverage.
- Medicare part "B" drugs
- Medicaid covered drugs.  
Benzodiazepines and select over-the-counter drugs.

## Provider Changes/Updates

Updates to provider information (Name Change, Address, Phone, Tax ID, Open/Close Patient Panel) should be sent to SWH in writing with 60 days advance notice.

Changes should be sent to:

**Senior Whole Health  
Provider Relations Department  
58 Charles Street  
Cambridge, MA 02141**