

Provider Quick Reference Guide

Customer Service

- For pre-authorization please call 1-844-228-1070
- Provider changes and contracting contact providerservices@valorhealthplan.com
- For claims and eligibility, please call Customer Service at 1-866-225-8501
Monday through Friday 8 am – 4 pm CST.
- Valor website www.valorhealthplan.com

Claims

- **Electronic Claims Submission:**
Use Valor's EDI # 43259
- **Paper:**
Valor Health Plan
Access Health Services
PO Box 3398
Little Rock, AR 72202-3398
- **Portal Access** – Email TIN, Group NPI, Contact Info ppmanagement@accesshealthservices.com
- **EFT and Paper Checks – Review Provider Manual** at www.valorhealthplan.com/providers
- **Claims Appeal Status** – Call 866-225-8501 or email claims@accesshealthservices.com
- **Medicare Eligibility Checking H Code**
TSG Guard - H1119001

Pharmacy Benefit Inquiry and Authorization:

MedImpact Pharmacy: 1-833-459-4423

Mailing Address: MedImpact Pharmacy
Attn: Coverage Decisions
10181 Scripps Gateway Ct
San Diego, CA 92131

For prescription drug benefit questions or coverage determinations (drug authorizations) please call MedImpact, Valor Health Plan's pharmacy benefit manager. Claims will be processed in accordance with Original Medicare billing rules, Medicare fee schedules, prospective payment system requirements, local coverage determinations (LCDs) and the Valor Terms and Conditions of Payment. All payment methodologies are updated in accordance with CMS final rules and correction notices published in the Federal Register and CMS transmittals.

Valor applies effective dates as instructed per CMS transmittals. As an Institutional Special Needs Plan some members may be eligible for the cost of sharing benefits provided by Ohio Medicaid. Providers are not allowed to charge co-payments, co-insurance, or deductible charges that are the responsibility of Valor or Ohio Medicaid.

Pre-Authorization

Notification of planned admissions should be submitted 10 days prior to the planned admission date. Unplanned admissions should be reported to Valor within 24 hours. Weekend and holiday admissions should be reported by 5 pm next business day.

Services requiring pre-authorization (not all inclusive):

- Inpatient Admissions including Behavioral Health/Chemical Dependency [beyond the first eight OP visits]
- Rehabilitation Services, Specialized Structured Programs, Inpatient and Outpatient [beyond first eight OP visits]
- Planned and Unplanned Outpatient/Observation Admissions
- All Outpatient Surgery Procedures
- Reconstructive/potentially cosmetic procedures
- Transplant services
- Durable Medical Equipment (over \$1000)
- Sleep Apnea services (including sleep studies and surgery)
- Specialized Pain Management Services
- Outpatient High Tech Radiological Diagnostic Services [MRI, MRA, PET, CTA, CT, Etc.]

Additional online tools and resources, including the provider manual, billing tips and reimbursement methodologies are available at

Network: Always refer members of Valor Health Plan contracted providers. Please visit our website to Determine which providers are contracted.

www.valorhealthplan.com