



Insurance focused on you.

## Provider Quick Reference Guide

### Customer Service

For pre-authorization please call 1-844-228-1070  
Demographic changes and updates, email to  
Providerservices@valorhealthplan.com

For claims and eligibility, please call Customer  
Service at 1-800-485-3793  
Monday through Friday 8 am – 8 pm EST.

Online at [www.valorhealthplan.com](http://www.valorhealthplan.com)

### Claims Submission

Electronic Claims Submission:

Use Valor's EDI # 43259

Paper:

Valor Health Plan

Access Health Services

PO Box 3398

Little Rock, AR 72202

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 uses Correct Coding Initiative (CCI) for bundling/ unbundling logic. Provider fees are updated at least quarterly as files become available on the CMS website.

### Pharmacy Benefit Inquiry & Authorization

MedImpact 1-833-459-4423

Mailing Address: MedImpact

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. Assistance is available 7 days a week, 24 hours a day.

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 \$500)
- 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

[www.valorhealthplan.com](http://www.valorhealthplan.com)

ALWAYS REFER MEMBERS OF VALOR HEALTH PLAN TO OTHER CONTRACTED PROVIDERS. PLEASE VISIT OUR WEBSITE TO DETERMINE WHICH PROVIDERS ARE CONTRACTED.