



## Quick Reference/ Contact Guide

Aspire Health Protect (HMO) / Aspire Health Value (HMO) / Aspire Health Advantage (HMO)  
Aspire Health Plus (HMO-POS) / Aspire Health Group Plus (HMO-POS)  
effective 1.1.2024 to 12.31.2024

### Member and Provider Customer Services

Phone: (831) 574-4938 or (855) 570-1600 (TTY: 711)

Fax: (831) 574-4939 or (855) 519-5769

### Part D Prescription Benefits Manager (PBM) | (Part D Prior Authorizations)

MedImpact  
www.medimpact.com  
(888)495-3160

### Provider Portal Website

id.phtech.com  
(503)584-2169 option 2  
providerportalaccess@aspirehealthplan.org.  
Log on to check eligibility, review claim status, or submit a prior authorization.

### Member Advocate

(831)644-7425 or memberadvocate@aspirehealthplan.org  
Please refer members requiring extra assistance with coordinating care or scheduling transportation to visits.

### Credentialing and Contracting

Provider Networks and Contracting Manager  
(831) 644-7416  
For assistance, please email network\_support@aspirehealthplan.org

### Eligibility / Plan Coverage Information, Decisions and Appeals

Phone: (831) 574-4938 or (855) 570-1600 (TTY:711)  
Fax: (831) 574-4939 or (855) 519-5769

Professional network provided by:



# Medical Authorizations

effective 1.1.2024 to 12.31.2024

Aspire Health Plan  
Electronic Submission: id.phtech.com  
(831)574-4938 or (855) 570-1600 | Fax: (831) 657-2669

## Services that Require Prior Authorization (Authorization List)

Inpatient admissions	Outpatient Surgery (including wound care)
Durable Medical Equipment over \$500	Select Part D drugs (see <b>formulary</b> for details)
Inpatient rehabilitation facility	Select Part B drugs (see <b>drug list</b> for details)
External Prosthetic Devices over \$500	Non-emergent Ambulance
Skilled Nursing Facility	Non-contracted providers
CT, MRI/MRA, PET scan, Nuclear Medicine (including SPECT), Angiography	Intensive Outpatient Substance Abuse services
Genetic and Molecular Diagnostic Testing	Any Out-of-Network Referrals
Mental health partial hospitalization	Occupational, Physical, Speech Therapy (after 12 visits, per calendar year)
Radiation Oncology	Home Health Services

## Part B Drug Authorization and Step Therapy\*

effective 1.1.2024 to 12.31.2024

Prior authorization and step therapy may be required for some medications included in the Medicare Part B Drug Program. The step therapy program prefers certain first-line drugs to be prescribed (preferred drugs) before approval of specific, second-line drugs (non-preferred drugs) in the same class. Please refer to the Authorization List for the Medicare Part B drugs subject to prior authorization and step therapy ([see drug list for details](#)). This list is subject to change as Aspire Health Plan reserves the right to revise, update, and/or add/remove drugs to the list as new drugs are approved by the FDA and become available for use.

\*The step therapy requirement does not apply to members who have already received treatment with the non-preferred drug within the past 365 days. Both preferred and non-preferred drugs may still be subject to prior authorization and/or quantity limits.

Claims Submission	
<b>Electronic Submission</b> Clearing House: Office Ally — <a href="http://www.officeally.com">www.officeally.com</a> Payor ID: ASP01 Office Ally phone number: (866) 575-4120  For electronic claim submission assistance, please email <a href="mailto:edi.support@phtech.com">edi.support@phtech.com</a> or call <b>(503) 584-2169</b> option 1	<b>Paper Submission</b> Aspire Health Plan P.O. Box 5490 Salem, OR 97304  For paper claim submission assistance, please call <b>(855) 570-1600</b>