



Member Advocacy Service Center



The Health Plan Member Advocacy Service Center is a concierge service that is designed to provide members with a single point of contact for any question or issue from the member, provider or client. One telephone call or email will get an answer or resolution to any question or issue related to their health plan.

Member Advocacy Service Center activities will have the following roles and responsibilities:

- Respond to member and provider:
 - General inquiries
 - Benefit questions
 - Claim explanations and issues
 - Eligibility questions
 - Referenced-based pricing (RBP) issues including denied services
- ID card issues
- Receive and respond to email submissions
- Provide access to Clinical Services or Pharmacy Department, when appropriate
- Gather coordination of benefits information
- Gather subrogation information
- Coordinate appeals and grievances
- Educate providers about RBP
- Work closely with RBP vendor to assist with payment issues
- Any other healthcare issues that arise

While medical plan benefits can be very complicated, The Health Plan Member Advocacy Service Center simplifies navigating through the benefit plan and resolves any question or issues that a member or provider may have so that quick resolutions can occur to put the provider or member at ease.



1.888.816.3096



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