

Member FAQ

Doctors Participating in the network

How do I know if my provider participates in the plan?

- Calling the provider- If you ask your provider if they participate with the PHCS network. Providers know their participation based on the network, not the administrator.
- Using the search engine- The preferred method is by using the online search as many receptionists are not familiar with all their network contracts so, please go to www.multiplan.com/sbmapa. If the provider is listed on the site, they have an active contract with PHCS.
- Call PHCS- If the provider is listed on the website they have an active contract with PHCS. If that provider is unaware of their participation with the network, you can contact PHCS at 800.454.5231 and they can confirm eligibility and reach out to the provider. To speak to a live person please ask to speak to a representative during the automated prompts.

Prescription Issues

We participate with all pharmacies so if you are being told they are out of network it is normally a data input issue at the pharmacy.

- The pharmacy is saying I am not active. Please have them call 888-899-5122 to verify eligibility.

- The medication is rejected- Many name brand drugs require prior authorization; on the drug formulary it will indicate which drugs need prior authorization. If your drug falls into this category try to fill the medication with a few days' supply remaining as the process can take 48-72 hours.
- What medications are covered? - Please request the drug formulary by going on your Health Wallet app or by calling 888-899-5122 or 844-995-5839 opt 2. Medications listed as tier 4 will be higher cost as you will pay 100% of our discounted price.
- I am getting frustrated as the pharmacy is having issues that can't be resolved. Please let your benefits administrator know the pharmacy name and number, medication being filled (if you are comfortable with that) and they can reach out to the Beni team, and we can make an outreach call to the pharmacy to assist.
- The pharmacy is forcing me to pay full cost- Please submit the attached claim form with a copy of the receipt attached to the bag and we will reimburse you within 30 days. If we are able to make an outreach call the pharmacy can normally reverse the charges if the change is within 3 days of the transaction.

Claim Issues

The provider does not accept the insurance- If it is an urgent appointment, you can still see the provider as these plans are PPO's and you have in and out of network coverage. Please attach a copy of the bill and the attached claim form.

The provider is on the website but still will not accept the coverage- You can use the same process as above with the claim forms. We can also make an outreach call to the provider to confirm benefits eligibility and billing information. Please let your benefits administrator know the provider's name and contact information and we will make an outreach call. Outreach calls can take 24-48 hours.

I received a bill from my doctor, and it is more than expected-

Please make sure they send the bill to the correct address, which is on the back of the ID card, many times providers can incorrectly submit a claim to the wrong payer. If a claim was properly submitted you will also receive an Explanation of Benefits (EOB), if you have not received that then more than likely we have never received the claim.

SBMA

PO Box 241178

Apple Valley MN 55124

Electronic Payer ID SBMCO

You can also call 844-995-5836 option 2 and they can confirm receipt of the claim and when it should be released and paid, claims normally take about 30 days to process and pay the provider.

My provider is not familiar with the plan- Please instruct them to call provider services and they can assist them with any of their questions, 844-995-5836 option 1.