

Healthcare benefit managers for members in Washington



PacificSource may work with other companies to help manage your health plan benefits.

These companies are called **healthcare benefit managers**. A healthcare benefit manager is any person or organization that provides services to, or acts on behalf of, a health insurance carrier or employee benefits program. Healthcare benefit managers may directly or indirectly affect your plan benefits or access to healthcare services, drugs, or supplies. Services they provide may include, but are not limited to:

- Prior authorization of benefits or care
- Certification of benefits or care
- Medical necessity determinations
- Utilization review
- Benefit determinations
- Claims processing and repricing
- Outcome management
- Payment or authorization of payment to providers and facilities
- Dispute resolution, grievances, or appeals relating to determinations or utilization of benefits
- Provider network management
- Disease management

Here's a list of healthcare benefit managers we use and the services they perform:

Company	Services
Accordant	Disease management
AllMed	Medical necessity determinations, dispute resolution
Carelon	Prior authorization, claims processing and repricing
Change Healthcare	Transaction processing services
CVS Caremark	Utilization review, claims processing and repricing, outcome management
DenteMax	Network management
First Choice Health Network	Network management, provider credentialing
Medical Review Institute of America	Medical necessity determinations
PSW	Utilization review, network management, outcome management
Valenz Care	Care management services
Zelis	Claims repricing

Please note: This list is subject to change.



If you have questions, our Customer Service team is happy to help. Call **888-977-9299**, TTY: 711. We accept all relay calls. Or email CS@PacificSource.com.