



Administrative Manual

Table of Contents

HealthLink®



1831 Chestnut Street • St. Louis, MO 63103-2225
www.healthlink.com • 1-877-284-0101

Table of Contents

Chapter 1

Introduction

About HealthLink	1-2
HealthLink's Mission and Values as a WellPoint Company	1-4
HealthLink Network Programs	1-5
Geographic Service Area	1-5
Network Arrangements	1-5
Multi-Payor Distribution System.....	1-6
Enrollee Rights and Responsibilities	1-7
Distribution of Manual.....	1-8
Provider Newsletter – <i>In-Touch</i>	1-9
Copyright and Contract Issues	1-9

Chapter 2

Provider Responsibilities

Credentialing Scope	2-1
Initial Credentialing	2-3
Recredentialing.....	2-4
Appeal Process	2-5
HealthLink Credentialing Programs and Standards.....	2-6
Provider Record Updates	2-18
Coordination of Benefits	2-18
Physician Availability and Accessibility.....	2-18
Patient Selection and Transfer of Care.....	2-19
Confidentiality of Patient Information	2-20
HIPAA – Business Associate Guidelines	2-20
Records Inspection.....	2-20

Chapter 3

HealthLink Network Programs and Services

Network Programs and Services Overview	3-1
PPO Network Program	3-1
Open Access Network Programs.....	3-1
Workers' Compensation Network Program	3-2
Health Care Management	3-2
Signature Services.....	3-2
Wellness Plus	3-3
Personal Care Resources.....	3-3
Other HealthLink Programs	3-3

Chapter 4

Contact Us

Phone Numbers and Hours of Operation	4-1
Addresses	4-2

Chapter 5

HealthLink Member ID Cards and Office Co-payments	
HealthLink ID Card Requirements	5-1
HealthLink Affiliated Logos	5-2
Office Visit Co-payment	5-2
Explanation of Benefits	5-2
Strategic Payor Relationships.....	5-3
UniCare.....	5-3
Cigna	5-4

Chapter 6

Claim Processing Guidelines	
Claims Filing Process	6-1
Claims Processing Guidelines	6-2
Significant Edits	6-3
Claim Information	6-5
Reimbursement/Overpayment Process.....	6-7
Reimbursement/Underpayment and Verification Process	6-8
Workers' Compensation Claims Filing Process	6-9
Claim Status Tools	6-10

Chapter 7

Utilization Management	
Utilization Management Procedures.....	7-1
HealthLink Medical Necessity Certification Process	7-2
Utilization Management Appeals Process	7-3
Utilization Management Tools	7-3

Chapter 8

Workers' Compensation	
About	8-1
Telephonic Case Management.....	8-2
Verify Eligibility	8-3
Workers' Compensation Claims Filing Process	8-3
Procedures for Primary Care Physicians	8-5
Workers' Compensation Appeals Process	8-7

Chapter 9

Inquiries, Complaints, Grievances and Appeals	
General Inquiries	9-1
General Correspondence and Complaints	9-1
Grievances and Administrative Appeals	9-1
Participating Provider Request for Review Form	9-2
Clinical Appeals	9-3

Chapter 10

HealthLink Tools/Resources

On-Line Tools	10-1
HealthLink Web Site	10-1
Create a Customized Directory	10-2
Claim Status Tools	10-4
<i>ProviderInfoSource</i> [®]	10-4
Claim Status Research	10-6
Claims Interactive Voice Response (IVR)	10-6
Utilization Management (UM) Tools	10-8
UM Contact Information	10-8
UM Fax Forms	10-8
UM Interactive Voice Response System (IVR)	10-9