

Non-Participating Provider Reimbursement

Network doctors and other non-facility healthcare professionals (“Participating Providers”) who treat members covered under the member contracts of employers and insurers contracted with HealthLink (“Payors”) agree to accept contracted rates as payment in full for the services they provide.

For services provided by doctors and health care professionals who have not contracted with HealthLink to treat Payors’ members (“Non-Participating Providers”), the amounts that will be allowed for such services (“Non-Participating Provider Reimbursement Amounts”) are based on the Payors’ member contracts. These amounts may be subject to deductibles, co-pays, and other limitations under the terms of the applicable Payor’s member contracts. For some Payors’ member contracts, databases (“Fair Health Databases”) produced by Fair Health, Inc., a subsidiary of UnitedHealth Group, Inc., are used to determine Non-Participating Provider Reimbursement Amounts. For other Payors’ member contracts, these amounts are determined based on fee schedules supported by the Payors’ member contracts. These fee schedules are based on contracted rates with similar providers in that service area, Medicare/CMS data and/or pricing specifically requested by a Payor.

Because there is no Provider contract or participating agreement, a Non-Participating Provider has not agreed to a reimbursement rate for services provided to Payors’ members. Therefore, absent a regulation or law, the Non-Participating Provider can bill the member for the difference between the amounts they charge and the Non-Participating Provider Reimbursement Amount. Members are responsible for paying Non-Participating Providers this difference. Depending on the service, this difference can be substantial.

HealthLink[®], Inc., an Illinois corporation, owns and operates HealthLink HMO, Inc., a Missouri corporation (hereinafter collectively referred to as “HealthLink”). Both are separately formed corporations. HealthLink, Inc. is an organizer of independently contracted provider networks, which it makes available by contract to a variety of payors of health and workers’ compensation benefits, including insurers, third party administrators or employers (“Payors”). HealthLink HMO, Inc. is a licensed third party claims administrator and health maintenance organization. HealthLink HMO administers the health benefit programs and pays claims on behalf of sponsors of self-funded health plans that contract with HealthLink HMO for these services. HealthLink, Inc. is not an insurance company. Neither HealthLink, Inc. nor HealthLink HMO, Inc. has liability for benefits under health benefit plans offered or administered by Payors. The Payor has the sole discretionary authority to interpret the health benefit plan and its plan documents and to determine all questions arising in the administration, interpretation and application of the health benefits plan, including, but not limited to, eligibility, benefits, limitations and exclusions under the health benefit plan.