



Administrative Manual

Introduction

Chapter 1



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Introduction

Welcome to HealthLink®, Inc.

We thank you for being part of HealthLink's networks of participating physicians, hospitals and other health care professionals. Our primary objective is to provide outstanding service within the framework of a common goal – providing enrollees with convenient access to quality health care at a reasonable cost.

This administrative manual was created as a resource to help you and your staff understand HealthLink programs, policies and guidelines. As business practices evolve, we will keep you informed through periodic updates to this manual as well as through other communication channels, i.e. Provider Newsletter – *In-Touch*, HealthLink websites, and other direct mailings. We encourage you to contact us if you have any questions or comments regarding HealthLink's programs or services.

About HealthLink

Background

HealthLink was incorporated in January 1985 by a consortium of St. Louis metropolitan hospitals. HealthLink builds regional provider networks and makes them available by contract to multiple Payors of health benefits, including insurers, third party administrators, union trust funds and employers. HealthLink contracts with more than 90,000 physicians and other health care professionals and more than 500 hospitals and facilities in its service area of Missouri, Illinois, Arkansas, Indiana, Ohio and Kentucky. The company offers several network options including PPO, AWC+ and Open Access network programs, as well as access to the industry's most comprehensive portfolios of wellness and cost management programs and administrative services.

Business Focus

HealthLink is a preferred provider administrator or network organizer that contracts with physicians, hospitals and other health care professionals and arranges for the delivery of health care services to Payors that sponsor, administer or insure plans. The company contracts with health care providers and Payors, requiring each party to comply with specific obligations in the business relationship.

On one side of health service transactions, HealthLink contracts with health care providers to deliver health care services at discounted rates in exchange for patient volume, prompt payment, promotion, and other specified terms. On the other side of the transaction, HealthLink contracts with health care Payors that agree to reimburse participating physicians, hospitals and other health care professionals directly, promptly and according to contract rates, and whose plan or insured members are encouraged to use the HealthLink network. Forms of encouragement may include "soft" directing patients to physicians, hospitals and other health care professionals in the network, which is typically characterized by benefit design: offering contracted plan members financial incentives in terms of increased benefit coverage and reduced out-of-pocket costs and premium contributions for use of HealthLink participating physicians, hospitals and other health care professionals. Payors include contracted health carriers, third-party claims administrators, and self-funded self-administered health & welfare trust funds or employers. Under the terms of this arrangement, HealthLink brings to the market multiple Payors that offer various health benefit programs utilizing participating providers' services, thus offering providers access to more Payors under a single contract arrangement and offering Payors access to networks, enabling them to focus on their core business of health benefit administration.

HealthLink offers participating physicians, hospitals, other health care professionals and Payors a variety of programs and services, including, but not limited to, Open Access networks for health benefit programs and Workers' Compensation programs. HealthLink also offers medical review consultative services and claims pricing as core business practices. Claim pricing permits HealthLink to offer participating providers a central source for claims filing and enables HealthLink to retain its contract rates within its organization.

URAC Accreditation

Utilization Review Accreditation Committee (URAC), an independent, nonprofit organization, is well-known as a leader in promoting health care quality through its accreditation and certification programs. URAC's mission is to promote continuous improvement in the quality and efficiency of health care delivery by achieving a common understanding of excellence among purchasers, providers, and patients through the establishment of standards, programs of education and communication, and a process of accreditation.

The URAC accreditation process demonstrates a commitment to quality services and serves as a framework to improve business processes through benchmarking organizations against nationally recognized standards.

HealthLink has been awarded Health Utilization Management accreditation from URAC.

HealthLink's Purpose, Vision, and Values

With a reputation for innovation, HealthLink is committed to establishing a relationship with customers, physicians, hospitals and other health care professionals as trusted partners.

Purpose Statement

Together we are transforming health care with trusted and caring solutions.

Vision

To be America's valued health partner.

Values

- Accountable
- Caring
- Easy to do business with
- Innovative
- Trustworthy

HealthLink Network Programs

HealthLink supports a continuum of health benefit products offered by Payors. HealthLink's programs as outlined in Chapters 3 and 8 are as follows:

- HealthLink PPO
- HealthLink Open Access
- HealthLink AWC⁺

Geographic Service Area

HealthLink's provider networks are currently located in the following states:

- | | |
|-------------|------------|
| ■ Arkansas | ■ Kentucky |
| ■ Illinois* | ■ Missouri |
| ■ Indiana | ■ Ohio |

*UniCare Life & Health Insurance Company (UniCare) and HealthLink, Inc. (HealthLink) are both separately incorporated and capitalized subsidiaries. Certain N. Illinois providers are contracted directly with UniCare. Through "affiliate" terms outlined in the UniCare contract, providers are considered HealthLink participating providers allowing health care access to HealthLink members.

Network Arrangements

Physician participation includes a mix of primary care physicians and specialists. Hospital participation includes tertiary and community hospitals as well as specialty hospitals in pediatric and rehabilitative care. HealthLink provides access to contracted ancillary health care services through network hospital contracts and independent physician agreements.

All participating physicians, hospitals and other health care professionals, contracted through HealthLink or through our affiliate networks are part of the network organized by HealthLink, and are independent contractors who exercise independent medical judgment, and over whom HealthLink has no control or right of control. They are not agents or employees of HealthLink, its parent or affiliated companies.

Multi-Payor Distribution System

HealthLink is not tied to any single Payor organization. Rather, HealthLink contracts with more than 90 Payors, that include insurers, self-funded, employer sponsored benefit programs, health and welfare trust funds and third party administrators. There are several ways to identify a Payor:

1. The patient's enrollee ID card names the claims Payor and HealthLink is identified on the remittance advice or explanation of benefits as the source of a discount taken for the covered service that was delivered to a patient who is enrolled in a plan contracted to access the HealthLink network programs;
2. Monthly claims activity reports identify the claims Payor by name and phone number for each patient account;
3. *ProviderInfoSource*® can identify the Payor by name and phone number for each patient account.
4. HealthLink's Customer Service staff;
5. Claims Interactive Voice Response system (IVR); and

HealthLink Payors have agreed to incorporate HealthLink's networks, fee arrangements and certain administrative services, including claim pricing and quality assurance, into the health plans they offer. Further, Payors are solely responsible for administering benefit plan provisions, determining enrollee eligibility and paying claims according to the benefit plan for PPO, Open Access and State of Illinois Open Access clients.

In its agreements with contracted Payors, HealthLink agrees to:

1. Develop and maintain relationships with its physicians, hospitals and other health care professionals;
2. Provide Utilization Management services, as contracted;
3. Perform quality assurance services;
4. Price participating practitioners' claims according to HealthLink contractual allowance;
5. Provide customer service support; and
6. Assist in marketing efforts.

Enrollee Rights and Responsibilities

HealthLink believes that health care should be physician-driven and based on a strong relationship between doctor and patient. The following lists of Enrollee Rights and Responsibilities acknowledge some fundamental elements of this relationship.

Enrollee Rights

1. To receive considerate and respectful care and services from participating physicians, hospitals and other health care professionals, and considerate and respectful services from HealthLink staff.
2. To receive medically necessary care and services.
3. To receive from one's physician (or the hospital/office personnel) complete and understandable information about one's illness, possible treatments and likely outcome, and to discuss this information with the attending physician(s). No restriction shall be placed on the dialogue between practitioner and patient.
4. To participate in any decision-making related to care.
5. To know the names and roles of the attending health care professionals.
6. To consent to or refuse a treatment as permitted by law. If one refuses a recommended treatment, he or she will receive other needed, reasonable and available care.
7. Consideration of privacy concerning medical care. Case discussion, consultations and treatments should be conducted discreetly, with only necessary individuals present.
8. To have all communications and records pertaining to medical care treated as confidential, released only with the enrollee's permission or as permitted by law.
9. To review medical records and to have the information explained, except when restricted by law.
10. To be informed of complaint and grievance procedures and to file a complaint if dissatisfied with the health care received.
11. To receive information about HealthLink, its services and its participating physicians, hospitals and other health care professionals in a clear and concise manner.

Enrollee Responsibilities

1. To select and establish a relationship with a medical practitioner.
2. To seek medical care at the earliest possible time when one experiences symptoms that may indicate illness or injury.
3. To provide, to the best of one's knowledge, accurate and complete information about present complaints, past illness, hospitalizations, medications or other health-related matters.
4. To communicate to medical personnel if one does not clearly understand what is expected or how to take prescribed medications.
5. To follow the treatment plan recommended by the physician primarily responsible for care.
6. To keep scheduled appointments.
7. To take medications as prescribed or communicate the reason for not doing so.
8. To adhere to any prescribed diet or exercise program, or to consult with the prescribing health care professional to adjust the requirements or resolve problems.
9. To recognize the effect of lifestyle and preventive care on personal health.
10. To read all benefit plan information and to follow instructions regarding claims, eligibility and hospitalization.
11. To carry one's health identification card and to identify oneself as an enrollee of a HealthLink program when seeking health care services.
12. To provide, to the best of one's knowledge, accurate and complete information about current health coverage to physicians, hospitals and other health care professionals.

Distribution of this Manual

The most current version of this manual is available at <http://providerinfosource.healthlink.com>. If you do not have internet access, please contact your Network Consultant.

Provider Newsletter – *IN-TOUCH*

In-Touch is a newsletter informing our physicians, hospitals and other health care professionals of any updates to HealthLink. A new edition is released quarterly with the latest updates for claims, billing, medical and other important news. Please join *ProviderInfoSource*[®], to receive the *In-Touch* electronically.

Copyright and Contract Issues

HealthLink®, Inc., is an Illinois corporation. HealthLink is an organizer of independently contracted provider networks, which it makes available by contract to a variety of Payors of health benefits, including insurers, third party administrators or employers. HealthLink has no control or right of control over the professional, medical judgment of contracted physicians, hospitals and other health care professionals, and is not liable for any acts or failures to act, by contracted providers. HealthLink, Inc. is not an insurance company and has no liability for benefits under benefit plans offered or administered by Payors. HealthLink is a registered trademark of HealthLink, Inc.

The contents of this HealthLink Administrative Manual are descriptive and supplement your contract. If there is any inconsistency between the manual and your agreement with HealthLink, the agreement will control.