Administrative Manual

HealthLink Member ID Cards & Office Co-payments

Chapter 5

HealthLink®

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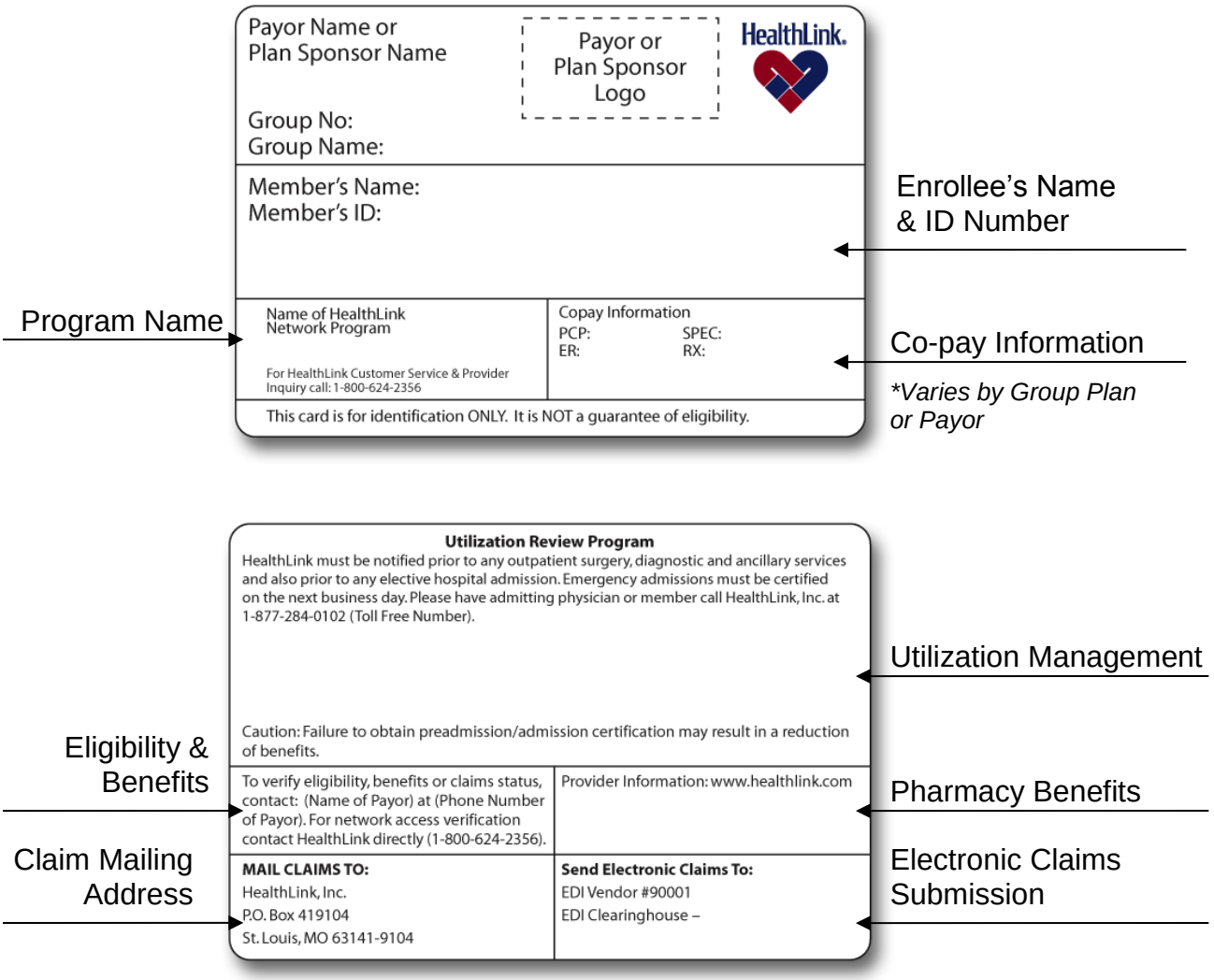
HealthLink Member ID Cards and Office Co-payments

HealthLink ID Card Requirements

The following items are required for each HealthLink member ID card:

- Payor Name (and/or Group Name)
- Payor Logo (and/or Group logo)
- HealthLink Logo and HealthLink Network Program (PPO, OAI, etc.)
- Toll-Free Number for Benefit Verification and Eligibility Information
- Subscriber Name
- Subscriber ID Number
- Group Name
- Group Identification Number
- Utilization Management Toll-Free Number
- Customer Service Nationwide Numbers
- Claims Filing Address
- Disclaimer

If an enrollee presents an ID card with a HealthLink logo, the claims address and Customer Service contact information will be noted on the ID card.



Office Visit Co-payment

The office visit co-payment varies by payor health plan. Typically, a specific dollar amount co-payment is indicated on the patient's enrollee ID card if the health plan coverage includes a flat co-payment. Collect this co-payment at the time of service. If the health plan has a co-insurance percentage and/or deductible, the amount payable by the patient may vary as benefits are used during the health plan benefit year. Co-insurance and deductibles usually are not printed on the patient's enrollee ID card.

File your claim as directed on the patient's enrollee ID card. The Explanation of Benefits will advise you and your patient of the expense paid by the health plan and the amount payable by the patient, if any. Practices are responsible for collecting any monies due from patients.

Explanation of Benefits (EOBs)

Explanation of Benefits forms (EOBs) are sent by payors to both enrollees and providers. These EOBs provide necessary information about claim payment and patient responsibility amounts. Patient responsibility amounts are needed for accurate patient balance billing. EOBs are reviewed by HealthLink upon payor implementation and compliance is checked periodically thereafter.

Both enrollee and provider EOBs shall include the following elements:

- Name and address of payor*
- Toll-free number of payor*
- Subscriber's name/address*
- Subscriber's ID number*
- Patient name*
- Provider name*
- Provider tax identification number (TIN)*
- Provider participation status (e.g. PPO, OAII)
- Claim date of service*
- Type of service
- Total billed charges*, allowed amount* and discount amount
- Excluded charges
- Explanation of excluded charges (code and associated key)
- Amount applied to deductible
- Co-payment/co-insurance amount
- Total patient responsibility amount*
- Total payment made and to whom*
- Benefit level information (annual deductible amount, annual out-of-pocket amount and/or lifetime maximum amount applied)
- ERISA disclosure (if applicable)
- Discount remark – "Discount For HealthLink Participation" *

** Required on all EOBs*

Strategic Payor Relationships

UniCare Providers seeing HealthLink Members
Since UniCare is a HealthLink affiliate, UniCare providers should recognize the HealthLink logo and identification card in the same manner as the former UniCare logo.

HealthLink will continue to reprice claims in accordance with your UniCare Provider Agreement.

All Explanations of Benefits (EOB) will come from HealthLink. The EOBs will clearly indicate the UniCare contract allowed amount as the “HealthLink (HLK) Allowed Amount” so that your staff can readily identify the UniCare contract as the source for applicable discounts.