

Capsules

New Requirements for Credentialing and Certification

Effective July 1, 2016, HealthLink will require credentialing for several additional practitioner and health delivery organization (HDO) provider types. See page 3 for full story.



AIM Precertification Reminder

HealthLink continues to see an increase in groups adding Medical Management with AIM services to their health plans! Please remember to check the back of members' ID cards to see if precertification is necessary. Please contact HealthLink Customer Service with any questions.



ProviderInfoSource Access

Password resets, locked accounts and new access can all be managed and maintained by your organization's Provider Administrator. If the Provider Administrator has left your organization, please contact HealthLink Customer Service to reset your organization's administrator information.

The Importance of Referring to In-Network Labs

Saving your patients money with in-network lab referrals

For your patients and for your practice, every dollar counts.

As a participating physician, you have the ability to help reduce your patients' health care costs while maintaining quality of care. Choices such as where to send a lab specimen or whether to prescribe a generic drug can have a significant beneficial impact on your patients' out-of-pocket liability. That's why we want to remind you of one simple way to keep out-of-pocket costs down for your patients by referring to in-network labs.

Here's how the costs add up for patients:

Most of our members participate in benefit plans that have coinsurance or deductibles. After meeting an annual deductible, when they see in-network providers, these members pay a specific percentage of the contracted rate until an out-of-pocket maximum is reached. Although benefit designs vary, the most common plan designs set coinsurance at 10% - 20% for services provided by in-network providers. For members with out-of-network benefits, the percentage is most commonly set at 30% - 40% or more.

Members who have not reached their annual deductible are responsible for paying the full contracted rate for an in-network lab or 100% of the lab's billed charges in the case of an out-of-network lab. As noted, even after reaching their deductible, these members will be obligated to pay the applicable percentage of the contracted rate (or 100% of the non-participating lab's billed charges) until they reach their out-of-pocket maximum.

For members who have already satisfied their deductible, this means if the contracted rate with a participating lab for a test is \$45, the patient with typical coinsurance benefit will pay \$4.50 - \$9. Likewise, if the contracted rate for those same services with a participating hospital lab is \$200, the patient would be responsible for \$20 - \$40. Finally, if those same services were provided by a non-participating lab and the non-par lab's billed charges were \$400, the member with out-of-network benefits might owe \$120 - \$160. Moreover, members who have not reached their annual deductible would be responsible for the full contracted rate for tests provided by a participating lab and for the billed charges in the case of a non-participating lab. Not only is there potential savings in choosing an in-network lab, there can also be significant cost differences between in-network labs due to variation in contracted rates.

continued on page 2

In This Issue:

Physician Spotlight.....	2
Alternative Payment Solution for State of Illinois	2
Requirements for Credentialing and Certification	3
Coding Corner	4



Health First IPA

Health First IPA is an independent physician association in Southeast Missouri with 120 physicians. Established in 2001, Health First IPA's mission is to advance the independent practice of medicine, and provide more choices for physicians and patients that lead to better care. Their physicians, with privileges at Poplar Bluff Regional Medical Center, are dedicated to the delivery of personalized, high-quality, cost-effective care.

Health First IPA is governed by a group of dedicated independent primary care physicians and specialists who continually strive to offer options for insurance products and medical services to patients and physicians. They achieve this goal by constantly working to improve quality and efficiency at reasonable costs while maintaining a compassionate, caring environment for patients.



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Alternative Payment Solution for State of Illinois Delay

At HealthLink, we value our providers and understand the difference you make in the lives of members. As you may be aware the State of Illinois has yet to enact a budget for Fiscal Year 2016, which has put them in uncharted territory in regard to funding critical state services, including the health care service for the State Employees Group Insurance Program. We are empathetic to this situation and we are working with the State to process as many payments as possible and determine alternative payment solutions.

Providers affected by the State's delayed payment schedule should have received a recent communication from HealthLink informing you that you may be contacted by Healthcare Finance, LLC. Healthcare Finance is a third party purchaser of accounts receivable that may be able to advance payment on your HealthLink claim receivables in a timely manner during these extraordinary circumstances.

While HealthLink does not exercise any ownership in Healthcare Finance, we are collaborating with them to determine alternative payment opportunities for interested providers.

If you would like to learn more about this program, or if you have additional questions, please contact Healthcare Finance at 800-969-4085 or visit www.healthcare-finance.com.

In-Network Labs

continued from page 1

So what can you do?

We are confident that our in-network laboratories provide the quality and breadth of services deserving of your patients, and our members.

When possible and clinically appropriate, order tests from an in-network, independent lab.

HealthLink participates with the following independent labs in Missouri and Illinois:

- Laboratory Corporation of America
- Quest Diagnostics
- Springfield Clinic Lab
- Boyce and Bynum Pathology Lab
- Millennium Laboratories
- Pathology Inc.
- Pathgroup Labs

If you don't already have an account or pickup schedule established with independent in-network labs, contact them directly. You can access a complete list of our participating independent labs on our website at www.healthlink.com by using the "Find a Provider" tool. We appreciate your partnership in considering the financial impact to your patients.

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New Requirements for Credentialing and Certification

For certain provider types who are *newly contracted* (i.e., initial applicants), a process to begin credentialing will start July 1, 2016. For these same provider types who already have a contract in place, a credentialing process will be developed to ensure your credentialing is complete within the next 18 months.

The following are the new practitioner and HDO provider types that will require credentialing effective July 1 (for a full list visit www.healthlink.com > Providers > Important Updates):

Practitioner provider types:

- Licensed genetic counselors
- Audiologists
- Acupuncturists (non-medical doctors (MD) or doctors of osteopathic medicine (DO))
- Nurse practitioners, certified nurse midwives and physician assistants
- Registered dietitians

Credentialing will be required for the above practitioners when they are:

- Contracted independently
- Contracted at a group practice level and are listed in our directories
- Licensed by the state to practice independently

HDO provider types:

- Behavioral health facilities providing mental and/or substance abuse treatment in inpatient, residential or ambulatory settings
- Birthing centers
- Convenient care centers/retail health clinics/walk-in clinics
- Federally Qualified Health Centers (FQHC)
- Intermediate care facilities
- Home infusion therapy
- Rural health clinics
- Urgent care centers

Credentialing will be required for the above HDOs when they are contracted independently by HealthLink today or are listed in our directories.

How to get started

Based on your provider type, you will either use the Council for Affordable Quality Healthcare's (CAQH) ProView online service along with required attachments, or work directly with your HealthLink Contract Specialist.

If contracted today independently or listed in our directories, the following providers must use CAQH's ProView:

- Licensed genetic counselors
- Audiologists
- Acupuncturists (non-medical doctors (MD) or doctors of osteopathic medicine (DO))
- Nurse practitioners, certified nurse midwives and physician assistants

ProView is a free, online service that allows health care providers to fill out one application to meet the credentialing data needs of multiple organizations. ProView allows health care providers to:

- Complete and attest to multiple state credentialing applications in one workflow design.
- Upload supporting documents directly into ProView to eliminate the need for manual submission and to improve the timeliness of completed applications.
- Review and approve practice manager information.
- Self-register with the system before a health plan initiates the application process.

If you are already using CAQH, please keep your application updated so there is no delay in the credentialing process and your provider directory listing. We will take care of adding you to our CAQH roster. If you don't currently use CAQH's Global Authorization, please be sure to authorize HealthLink to view your credentials.

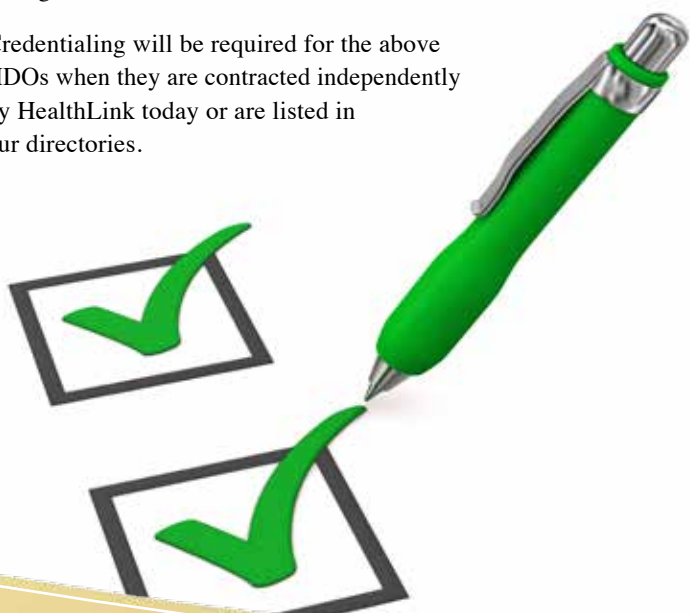
If you don't currently use CAQH, you may self-register with CAQH at www.caqh.org.

Certification Process

In addition to the change in the provider scope for credentialing, we will begin to verify certifications and licensure, as applicable, for the following provider types when contracted as part of a certification review process:

- Certified behavioral analysts
- Certified addiction counselor
- Substance abuse practitioners
- Clinical laboratories
- End stage renal disease (ESRD) service providers (dialysis facilities)
- Portable x-ray suppliers

The certification process will include a review of licensure or certifications, such as Medicare or CLIA, and a review of any federal sanctions. The Credentialing team looks forward to working with you.



Coding Corner

Helpful Claim Submission Reminders



When reporting a CPT code combination that may not be billed together, one or more codes may bundle. In the event you receive a bundled denial, check the National Correct Coding Initiative (NCCI) edits tables. If they show your combination of codes can never be billed together, the denial was correct. If they show your combination of codes may be billed with an appropriate modifier, determine if a modifier would be appropriate and, if so, which one. Resubmit the claim as a “corrected claim.”

HealthLink®, Inc., is an Illinois corporation. HealthLink, Inc. is an organizer of independently contracted provider networks, which it makes available by contract to a variety of payors of health benefits. HealthLink has no control or right of control over the professional, medical judgment of contracted providers, 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.

Stay In-Touch!

Online Resources for HealthLink Providers

Provider Satisfaction Survey

<https://www.surveymonkey.com/s/HealthLinkProviderSatisfactionSurvey>

Provider Name/Address/TIN/NPI Change Form

https://www.healthlink.com/physician_add_name_tin_form.asp

ProviderInfoSource

<https://providerinfosource.healthlink.com/ProviderInfoSource/public/Home>

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