



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	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

HealthLink Standards of Participation.....	2-1
Credentialing Scope	2-3
Initial Credentialing	2-5
Recredentialing.....	2-6
Appeals Process.....	2-7
HealthLink Credentialing Program Standards.....	2-8
Provider Record Updates	2-20
Coordination of Benefits	2-20
Physician Availability and Accessibility.....	2-20
Patient Selection and Transfer of Care.....	2-22
Confidentiality of Patient Information	2-22
HIPAA – Business Associate Guidelines	2-22
Records Inspection.....	2-22

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
Other HealthLink Programs	3-1

Chapter 4

Contact Us

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

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
Chapter 6	
Claim Processing Guidelines	
Claims Filing Process	6-1
Claim Information	6-2
Claim Processing Guidelines.....	6-3
Claim Edits and Modifier Use	6-3
Preventable Adverse Events	6-8
Reimbursement/Overpayment Process.....	6-10
Reimbursement/Underpayment and Verification Process	6-11
Workers' Compensation Claims Filing Process	6-12
Claim Status Tools	6-14
Chapter 7	
Utilization Management	
Utilization Management Procedures.....	7-1
HealthLink Medical Necessity Certification Process	7-1
Utilization Management Appeals Process	7-2
Utilization Management Tools	7-2
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
<i>ProviderInfoSource</i> [®]	10-1
HealthLink Web Site	10-3
Create a Customized Directory	10-4
Claim Status Tools	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