



Member | Access



Member Access User Guide – Claim History

Member Access is an on-line tool that gives you immediate access to information pertinent to your health.

www.healthlink.com

5.0 CLAIM HISTORY

5.1 Overview

The convenient **Claim History** feature allows you to view your claims online. You can look up a history of your claims in the results window, which will include such information as: HealthLink claim number, Member Name, Date of Service, Provider Name, Claim History, Total Billed charges, Check Number, Check Date.

You will also have the ability to click on a column header to resort the data. The primary sort is Date of Service, then Total Billed. If you click Name, the data will be resorted using Name as the primary sort. If you click another tab and later return to the Claim History, your results will remain.

The HealthLink claim number will be a hyperlink. When clicked, a PDF version of the Explanation of Benefits will be generated within a new window.

By the end of this **Claim History** section, you should be able to:

1. Successfully look up information about your claim (returned instantly)
2. Successfully view an Explanation of Benefits of one of your claims (returned instantly)

Following is an example of the **Claim History** tab located on *HealthLink Member Access Authenticated Home Page* (Figure 1).

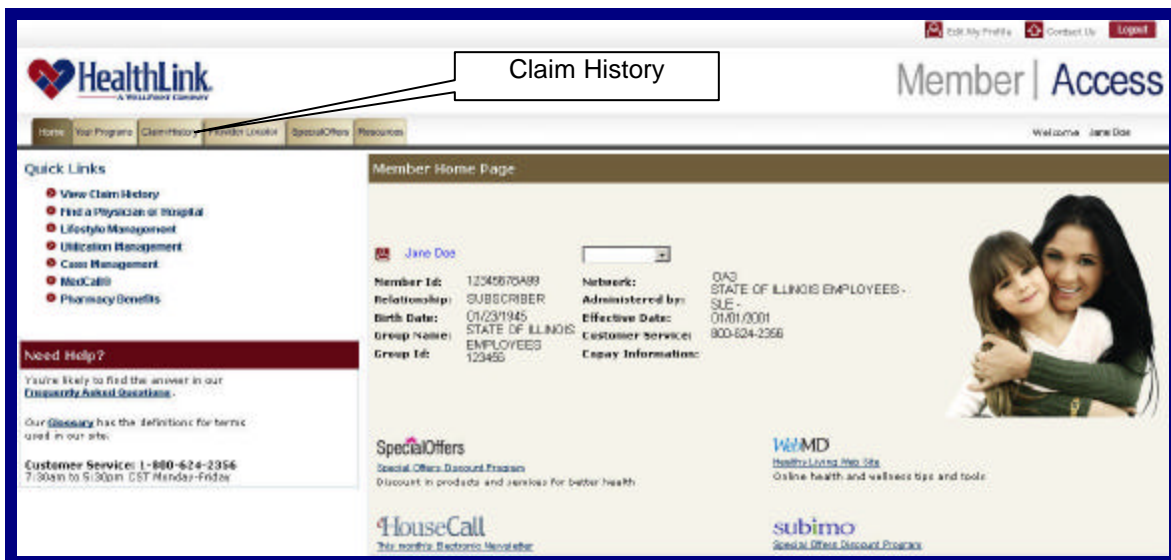


Figure 1. Claim History—Authenticated Home Page.

5.2 How to Look Up Your Claim and View Explanation of Benefits

a. How to Look Up Your Claim

1. Open Claim History

On the *HealthLink Member Access* Authenticated Home Page, click the tab labeled **Claim History** (Figure 2).

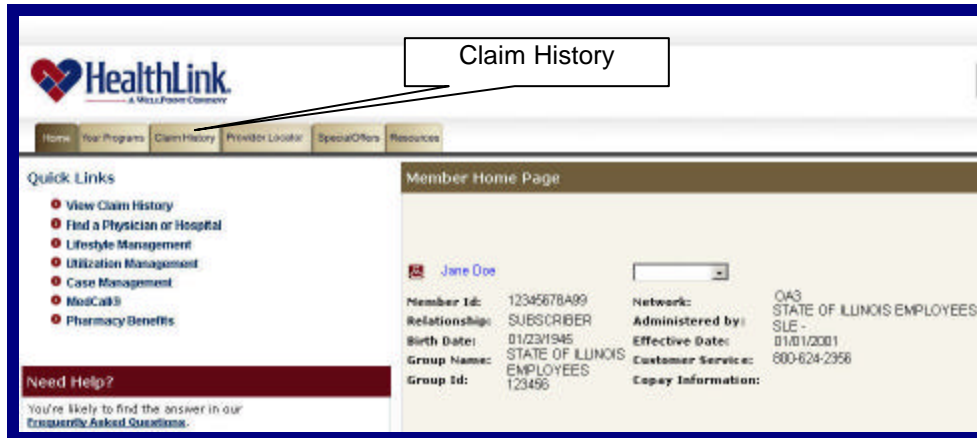



Figure 2. Claim History–Home Page Link.

2. Submit a Claim History Search

When the **Search Selection** window displays (Figure 3), complete the following steps:

- a) Enter the Dates of Service (Required Field). The only required search fields are the **Date of Service From:** and **To:** fields.

You can enter dates of service in mm/dd/yyyy format, or select dates using the calendar icons .

- b) You can also enter the HealthLink Claim Number. This is not a required field.
- c) Click the **Submit** button.

Figure 3. Claim History–Search Selection.

3. View Results

The **Results** window will display (Figure 4). This window displays the claims that matched the search criteria, and includes information about each claim.

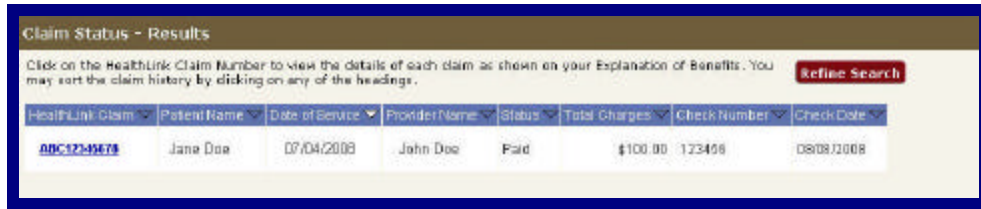


Figure 4. Claim History–Results.

b. How to View Explanation of Benefits

1. When the **Results** window displays (Figure 5), go to an individual claim record and click the linked **HealthLink Claim Number**.

Note: If no additional details are available for a claim, then the **HealthLink Claim Number** will not be underlined and will appear as normal text.



Figure 5. Claim History–Results–Click Claim Number.

2. When the **File Download** window displays (Figure 6), click Open. You can also click Save to save the Portable Document Format (PDF) file.

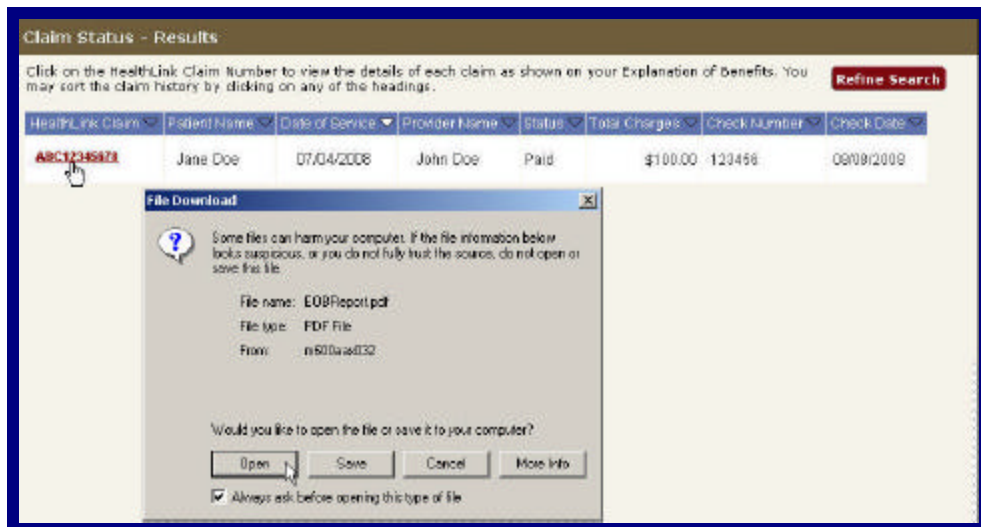



Figure 6. Claim History–Results–Click Open.

- 3.

The **Explanation of Benefits (EOB) Report** will display (Figure 7). This displays additional information about the selected claim.



Explanation of Benefits

This is not a bill

*** THIS IS A REPRINT OF AN ORIGINAL EOB ***

HealthLink HMO
 P.O. Box 411580
 St. Louis MO 63141
 (800) 624-2680

Claim ID
ABC12345678

JANE DOE
 123 PINE ST
 ANYTOWN, IL 61111

Group
123456

Subscriber
JANE DOE

Patient ID
JANE DOE 12345678A99

Provider of Service
ABC HOSPITAL

Deductibles and Limits

HMO Benefit Level	Individual	Family
Annual Deductible Requirement:	-	-
Deductible applied:	-	-
Out of Pocket Maximum:	-	-
Out of Pocket applied:	-	-

* Deductible and out of pocket totals are based on claim activity at the time of EOB processing and apply to the level of benefits used.

Services

Date of Service	Type of Service	Amount Billed	Amount Allowed	Amount Non-Covered	**	Deductible	Copay	Co-Insurance	Other Insurance
07-04-08	OUTPATIENT SERV	\$ 1000.00	\$700.00				\$150.00		
07-04-08	MED SUPPLIES	\$100.00	\$80.00						
07-04-08	MED SUPPLIES	\$100.00	\$80.00						
Total		\$1200.00	\$860.00				\$150.00		

Payment Information

A payment in the amount of \$710.00 was made to ABC HOSPITAL

Total Patient Responsibility: \$150.00

Messages

Figure 7. Claim History–Results–Explanation of Benefits.

Note: The displayed claims information is based upon data on file at HealthLink, and may not accurately represent patient or claim details. If you have questions regarding plan benefits/definitions, coverage limitations or exclusions, refer to your plan of coverage booklet, or you may contact HealthLink at **1-800-624-2356**. Be sure to reference the Claim Number appearing on the Explanation of Benefits.

5.3 How to View EOB Report with a Macintosh Computer.

- a. To view the Explanation of Benefits (EOB) report with a Macintosh computer, follow the previous steps in this section to perform your claim search.
- b. When the **Results** window displays, click the View menu in Safari.
- c. On the View menu, make sure that the Show Tab Bar command is checked (Figure 8).

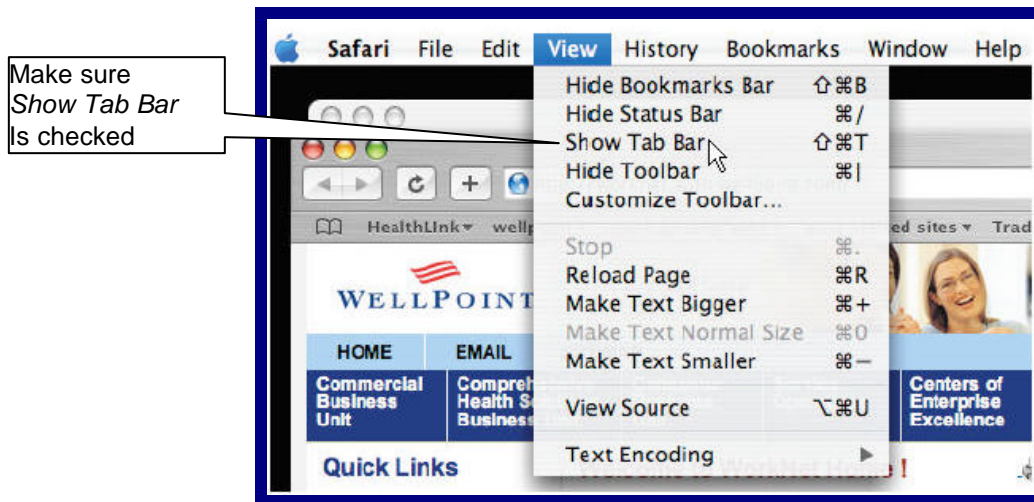


Figure 8. Claim History–Results–EOB via Macintosh–Show Tab Bar.

- d. Hold down your Control key and click the linked **HealthLink Claim Number**.
- e. To open the EOB in a new tab, click Open Link in New Tab. Or, if you want to download the EOB for Adobe Acrobat viewing, click Download Linked File As...(Figure 9).

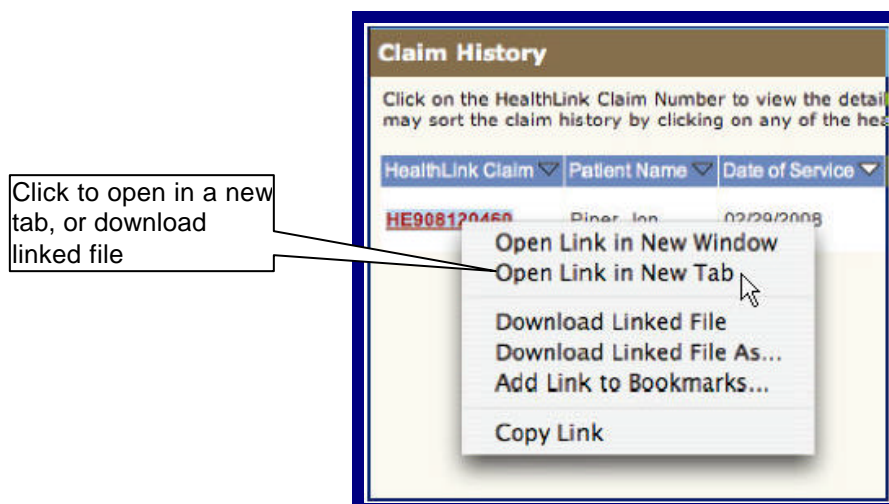


Figure 9. Claim History–Results–EOB via Macintosh–Open Link.

- f. The **Explanation of Benefits (EOB) Report** will display, showing additional information about the selected claim.

5.4 Field Descriptions

Following are descriptions of the fields that are displayed in the **Claim History** windows.

a. Fields – Claim History – Search Selection (Figure 10)



Figure 10. Claim History–Search Selection Fields.

Table 5. Claim History–Search Selection Fields

Field	Description
Date of Service From/Calendar	Allows you to enter a starting date of service when searching for claims. (The starting date must be no later than today’s date, and no more than 9 months in the past). You can also pick a date by clicking the Calendar icon and then selecting a date from the pop-up calendar.
Date of Service To/Calendar	Allows you to enter an ending date of service when searching for claims (The starting date must be no later than today’s date, no more than 9 months in the past and greater than or equal to the starting Date of Service From date). You can also pick a date by clicking the Calendar icon and then selecting a date from the pop-up calendar.
Patient	Use this drop-down list if you want to search for claims of a particular person on your policy. Otherwise, just leave the selection set to All Family Members.
HealthLink Claim Number	Allows you to enter the 11-digit HealthLink claim number.
Submit Button	Click this button to Submit your claims search request.
Reset Button	Clears the any text entered and resets the pull-down menu back to the defaults on the window.
Note	This note is to clarify that only claims for the past nine months are available on <i>HealthLink Member Access</i> . If you want information about a claim older than nine months, please contact Customer Service.

b. Fields – Claim History – Results (Figure 11)



Figure 11. Claim History–Results Fields.

Table 6. Claim History–Results Fields.

Field	Description
HealthLink Claim Number	Displays the 11-digit number of the HealthLink claim. If the HealthLink Claim Number is underlined and in bold font, this means that you can click the number to see additional details for the claim. If the claim number is not underlined and appears as normal text, no additional details are available for that claim.
Request Eligibility Details from Payor	If you check this checkbox and click the Submit button, an electronic eligibility status request will be generated and sent to the Payor. This checkbox is disabled if the Payor is not participating with <i>HealthLink Member Access</i> .
Patient Name	The patient’s name (first name, last name).
Date of Service	The date of service (mm/dd/yyyy) on the claim. The results are initially sorted by Date of Service (most recent first), but you can sort your search results by any of the displayed fields (HealthLink Claim, Patient Name, Provider Name, etc.). To re-sort your results, simply click the heading of the column want to use to sort.
Provider Name	The first and last name of the Provider.
Status	The status of the claim. Possible values include: <ul style="list-style-type: none"> - Paid - Processing - Priced - Denied - Rejected
Total Charges	The total charges that appear on the claim.
Check Number	If a check has been issued, this will be the check number of the check payment sent to the provider.
Check Date	If a check has been issued, this will be the date on which the check was issued.
Refine Search Button	Click this button if you want to go back to the Search Selection window to narrow or modify your search selection choices.

c. Fields – Claim History – Explanation of Benefits (Figure 12)

Note: The following are only brief descriptions of the fields that appear on an Explanation of Benefits. For more information about plan benefits/definitions, coverage limitations or exclusions, refer to your plan of coverage booklet or contact HealthLink at **1-800-624-2356**.

HealthLink **HealthLink HMO**
P.O. Box 411580
St. Louis MO 63141
(800) 624-2680

Explanation of Benefits
This is not a bill
*** THIS IS A REPRINT OF AN ORIGINAL EOB ***

Claim ID _____ **Group** _____
ABC12345678 123456

Subscriber _____
JANE DOE

Patient _____ **ID** _____
JANE DOE 12345678A99

Provider of Service _____
ABC HOSPITAL

Deductibles and Limits

HMO Benefit Level	Individual	Family
Annual Deductible Requirement:	-	-
Deductible applied:	-	-
Out of Pocket Maximum:	-	-
Out of Pocket applied:	-	-

* Deductible and out of pocket totals are based on claim activity at the time of EOB processing and apply to the level of benefits used.

Services

Date of Service	Type of Service	Amount Billed	Amount Allowed	Amount Non-Covered	**	Deductible	Copay	Co-Insurance	Other Insurance
07-04-08	OUTPATIENT SERV	\$ 1000.00	\$700.00				\$150.00		
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07-04-08	MED SUPPLIES	\$100.00	\$80.00						
Total		\$1200.00	\$860.00				\$150.00		

Payment Information

A payment in the amount of \$710.00 was made to ABC HOSPITAL

Total Patient Responsibility: **\$150.00**

Messages

Figure 12. Claim History–Explanation of Benefits Fields.

Table 7. Claim History–Explanation of Benefits Fields.

Category	Field	Description
Identifying information	Claim ID	The claim identification number. This is the same as the HealthLink Claim Number .
	Group	The group's identification number.
	Subscriber	The primary person listed on the policy.
	Patient	The person who received the service.
	ID	The patient's Member Identification Number as it appears on the policy.
Deductibles and Limits	Provider of Service	The medical professional or facility that delivered the service.
	Annual Deductible Requirement	Amount of the deductible the insured must pay each year.
	Deductible applied	The dollar amount for this claim that has been applied toward your Deductible.
	Out of Pocket Maximum	The maximum dollar amount that you would have to pay each year.
	Out of Pocket applied	The amount for this claim that has been applied toward reaching the Out of Pocket Maximum.

Services	Date of Service	The date of the visit, or the date the service was performed (mm/dd/yy).
	Type of Service	A brief description of the kind of service that was done.
	Amount Billed	The amount billed by the service provider for the claim. This is the same as the Total Charges listed in the Results window.
	Amount Allowed	The amount that HealthLink priced the claim.
	Amount Non Covered	The amount that your policy did not cover.
	Deductible	The dollar amount you must pay out-of-pocket before the plan will begin making payment for eligible benefits.
	Copay	The amount that you were expected to pay at the time of the service.
	Co-Insurance	This is the joint assumption of risk between the insurer and the insured, it is the percent of your medical bills that is covered by your policy, as compared to the percent that you are expected to pay.
	Other Insurance	If you have additional insurance, this is the dollar amount that insurance has been paid toward this claim.
Payment Information	Total Patient Responsibility	The dollar amount that you are responsible for paying.
Messages		Any messages about the claim will display here.

5.5 Frequently Asked Questions (FAQ)

If you were not able to complete a Claim History task, this **Frequently Asked Questions (FAQ)** section offers you assistance. This section describes possible scenarios in which you may not be able to complete a task, along with the solutions to those scenarios.

Question:

What if No Claims are Found? When I am performing a Claim History inquiry, no claims are found. I know there should be one or more claims within the dates I specified. What could be wrong? (Figure 13).

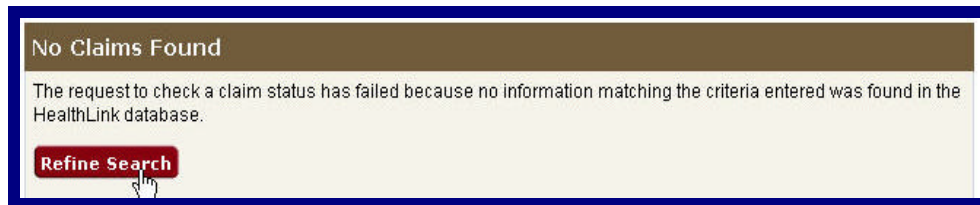


Figure 13. Claim History–No Claims Found.

Answer:

If the Claim History inquiry window displays **No Claims Found**, perhaps you were too specific with your search criteria. Try requesting a broader search. If you expand your search criteria, you can increase your results. The more specific you are with your search criteria limits the number of claims returned.

1. Click the **Refine Search** button.
2. When the **Claim History – Search Selection** window displays, refine and re-enter the criteria you want to use to search for claims. Then click the **Submit** button.

Question:

Can members view claims of people in other policies?

Answer:

No. For privacy reasons, no member, including subscribers, can view the claims of someone in another policy.

Question:

Within a policy, can dependents view the claims of other dependents?

Answer:

No. For privacy reasons, dependents within a policy (including spouses) cannot view the claims of other dependents (including minors).

Question:

What if the patient is a minor?

Answer:

If the patient is a minor, the subscriber/policy holder can view all information about the patient, including claims and Explanations of Benefits.

If the patient is *not* a minor (18 or older) and is a dependent on the policy (such as a spouse), then the patient must register with *HealthLink Member Access* and give permission to allow others to see his/her claims.

Question:

Can minors have their own user accounts?

Answer:

No. Minors (under age 18) cannot create or be given their own accounts.

Question:

Why, in the results screen, do some Claim Numbers appear as hyperlinks and some appear as just plain text?

Answer:

The hyperlink opens the Explanation of Benefits. But if the patient has not yet registered with *HealthLink Member Access*, the Claim Number will appear as plain text. The Claim Number will only be hyperlinked if the patient has registered and given permission to allow others to see his/her claims.

Another reason could be that the claim is still being processed. Claims that have a status of **In Process** will not have an Explanation of Benefits available yet. Please check back soon to see if the claim has been finalized.

Question:

Why, in the results screen, are some values *Confidential*?

Answer:

If you are the subscriber, you can view all dependents on your policy, but if a dependent has not yet registered with *HealthLink Member Access*, certain fields (Provider Name, Status, Date of Service) will appear as *Confidential*. This is to protect the privacy of the dependent.

Question:

What if I enter a date that is more than 9 months in the past?

Answer:

If you entered a date that is more than 9 months in the past, you will receive an error message: "Please enter a <From/To> date no more than 9 months in the past." Please re-try your search again using the requested format.

Question:

What if I Enter a Future Date?

Answer:

If you entered a date in the future, *HealthLink Member Access* displays an error message "Please enter a <From/To> date no later than today's date, (mm/dd/yyyy)." Please re-try your search again using the requested format.

Question:

What if I Enter an Invalid Month, Day, or Year?

Answer:

If you entered an invalid combination of month, day, and year, or dates that are later than today's date, *HealthLink Member Access* will display an error message: "Please enter a <From/To> date no later than today's date, (mm/dd/yyyy)." Please re-try your search again using the requested format.