NEW: HEALTH IMPROVEMENT PROGRAMS

Optional Health Improvement Programs are now available to all health plans that access the HealthLink networks of participating physicians, hospitals and other health care professionals. Offered for a nominal fee, the programs can pay off in expedited access to appropriate care, reduction of inappropriate care, increased enrollee satisfaction and lower overall costs.

The MedCall® program offers three levels of preventive self-care: 1) 24-hour access to nurse counselors via a health information phone line; 2) an audio health library of 300+ recorded messages; and 3) the Healthwise® Knowledgebase, a comprehensive web-based resource for personal care management.

Three other Health Improvement Programs offer an innovative, interdisciplinary approach to helping your health plan enrollees manage their asthma, diabetes and congestive heart failure.

Unlike traditional disease management options that offer a one-size-fits-all outreach and focus on a standardized educational approach, these programs use a concept known as “health coaching” to better target an individual patient’s personal lifestyle.

All Health Improvement Programs are intended to enhance the patient/physician relationship through enrollee education and health awareness.

UNeed2Know

HEALTHLINK/WELLPOINT ADVANTAGE: ACTUARIAL EXPERTISE

One of the many advantages of our relationship with our parent company, WellPoint Health Networks®, is the organization’s depth of actuarial expertise and the resulting positive impact on HealthLink and its clients.

WellPoint actuaries perform many important functions in the continuing development and implementation of cost effective health network programs. In addition to improving the efficiency of cost control mechanisms and countless areas of regulatory compliance, they also provide in-depth analysis of the effectiveness of our network programs.

WellPoint actuaries use sophisticated computer modeling techniques to analyze and evaluate the effectiveness of programs according to current market trends, enrollee demographics and client objectives. This information allows us to be more proactive in helping you build the strongest possible health benefit program – including the ability to recognize the cost/benefit value of changing from one HealthLink network program to another when the time and circumstances are right for you and your health plan enrollees.
Employers and health care payors have seen medical costs increase significantly over the past three years. These increases have been driven by a number of factors, including:

- Hospital increases in billed charges for both inpatient and outpatient services;
- Increased utilization of health services by aging population; and
- Rising cost of pharmaceuticals and implantable devices and other new technology.

HealthLink’s Network Services Department has addressed these trends through provider recontracting by implementing fixed-rate reimbursements on a number of health services. Examples of the changes implemented in various contracts include:

1. **RBRVS Physician Rate Schedules**
   We restructured provider-based fee schedules by RBRVS conversion factors.

2. **J-Code Injectable Drugs**
   We changed the reimbursement for high-cost drugs administered by physicians from percent discounts on billed charges to fixed prices based on AWP.

3. **ASC Pricing for Outpatient Surgery**
   Outpatient surgical procedures are now priced with fixed rate maximums by major category.

4. **Outpatient Radiology, Lab and Other Services**
   We converted the reimbursement for these services to fixed rates.

5. **High Cost Pharmacy**
   Hospital charges for high cost pharmaceuticals through Revenue Code 636 have been limited to specific drugs and a reimbursement based on hospital cost rather than a percentage of billed charges.

6. **Stop-Loss Thresholds**
   HealthLink has increased hospital stop-loss thresholds to reduce the number of cases reverting to a percentage of billed charges.

As a result of recontracting efforts, HealthLink clients may realize improved savings, depending on the service category.

At HealthLink, the clients’ ability to offer affordable health benefits and access to health care services to their enrollees are chief concerns. We will continue to be proactive in meeting the challenges of increasing medical costs through our recontracting efforts on your behalf.

If you have any questions on this topic or the information presented in this article, please contact your HealthLink Client Services representative.

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**NOTEWORTHY**

**MEET DAVE TOBEN: DIRECTOR OF CLIENT SERVICES**

New to HealthLink, Dave Toben leads the company’s Client Service team. Dave and his staff manage the accounts of clients that contract directly with HealthLink for network access and other services such as medical management, the health improvement/disease management program, and the MedCall® medical information service, among others.

The responsibilities of the Client Service team include resolution of plan administration issues, including liaison activities with brokers/consultants, claims payors and other vendors on behalf of mutual clients. The group also works in a consultative fashion with all parties to help clients manage medical plan costs by proactively analyzing the ongoing effectiveness of network utilization and plan designs, and providing alternative solutions to enhance plan savings.

Dave comes to HealthLink from Great West/General American with more than 13 years of operational experience. In his former position, Dave led case installation, plan administration, claims, and customer service units for group health plan customers of all sizes.

**HAVE YOU REVIEWED YOUR HEALTHLINK MANAGEMENT REPORTS?**

HealthLink’s management reports illustrate utilization patterns and the effects of plan design and network discounts. The documents also provide comparative information that illustrates key performance benchmarks among HealthLink customers in similar industries. Don’t forget to take advantage of this valuable documentation.