



GLOBALHEALTH HOLDINGS, LLC

GlobalLink Training Manual

Version 5.1



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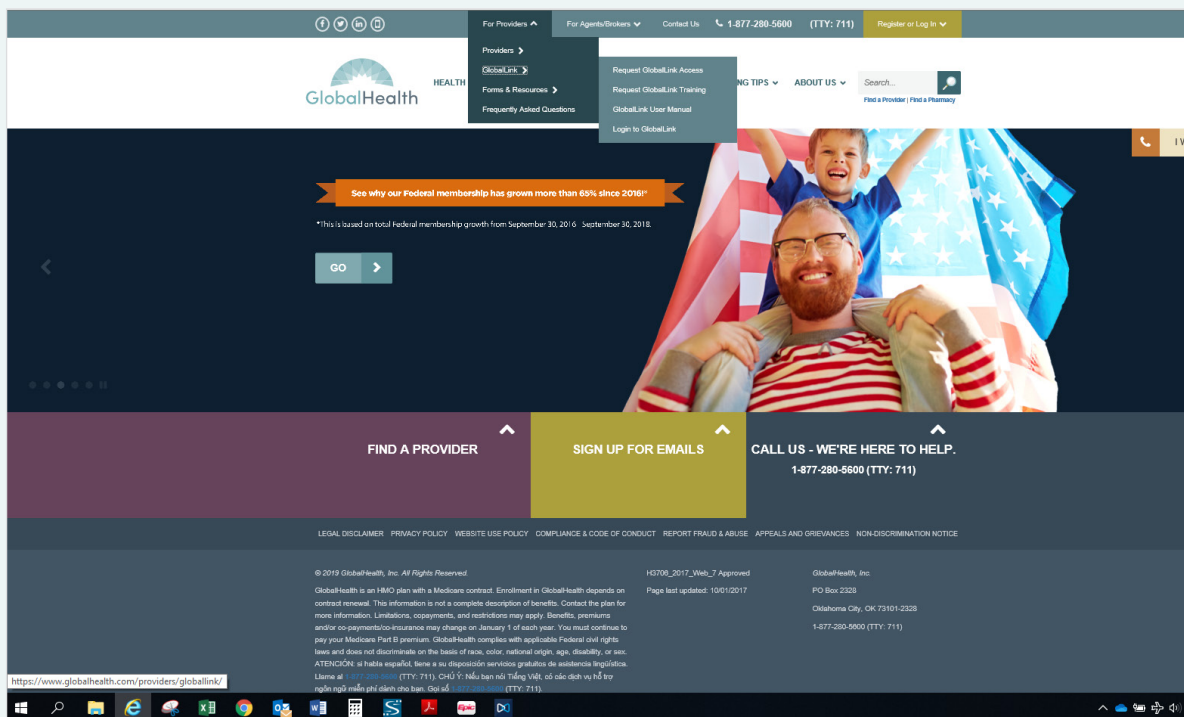
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GlobalLink™ Overview

GlobalLink™ is an online tool available to all Contracted Providers. GlobalLink™ is provided to allow Contracted Providers to:

- Verify eligibility
- Review member demographics
- View benefit information
- Create Prior authorizations/referrals
- Check Prior Authorizations/referrals review status
- Check claim status
- Communicate with GlobalHealth



GlobalLink™ is available 24 hours a day, 7 days a week.

For purposes of this GlobalLink™ training the term Prior Authorizations and referrals are used interchangeably and is defined as the process whereby a provider receives prior written authorization from GlobalHealth to treat the GlobalHealth member. Prior Authorization of services is not a guarantee of payment.



Accessing GlobalLink™ on GlobalHealth website

You may access information about GlobalLink™ on our website at:

www.globalhealth.com/providers/globallink/

GlobalLink™ Access Request

Submit a GlobalLink™ Access Request form for each user.

Each user must have their own GlobalLink™ unique user name and password.

Request access at www.globalhealth.com/providers/globallink-access-request/

Alternatively, you may contact the GlobalHealth GlobalLink™ Team (globallink.access@globalhealth.com) to request a Bulk User Access Request Form. Access is granted within 7 (seven) business days.

GlobalLink™ Training

Training sessions are available the first and third Tuesday each month. Register online at www.globalhealth.com/providers/globallink-provider-training/. This is a live webinar training with Questions and Answer time.

The screenshot shows the 'GLOBALLINK ACCESS REQUEST' form on the GlobalHealth website. The form includes sections for Office Location, Contact Information, and a checkbox for acknowledging the GlobalHealth representative's role. It also features a Captcha field at the bottom.

GLOBALLINK ACCESS REQUEST

Please complete the form below to request access to GlobalLink™. Note that GlobalLink™ is only available to contracted providers. Please allow 7 business days to process your request.

To request multiple users, please submit a separate form for each user. Alternatively you may contact Provider Relations (globallink.access@globalhealth.com) to request a Bulk User Access Request Form.

Enter office locations, tax IDs, and NPIs below. The first row is required. More rows are provided if your access request is for multiple offices / locations or tax IDs.

Office Location

Office / Location Name *	S-Digit Tax ID *	Organization NPIs *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Information

What do you need access to for the provided office locations? *

☐ Claims
☐ Referrals

Enter the contact information for the user requesting access to GlobalLink.

First Name *

Last Name *

Contact Work Phone Number *

Work Email Address *

Office Manager First Name *

Office Manager Last Name *

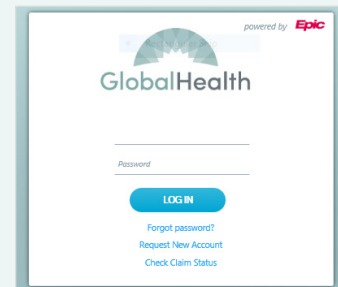
Office Manager Work Phone Number *

By checking this box, you acknowledge that a GlobalHealth representative may contact your office manager to validate the information provided. *

☐ ☐

Captcha

☐ I'm not a robot



Using your unique login credentials, enter your User ID and Password and click **Log In**.

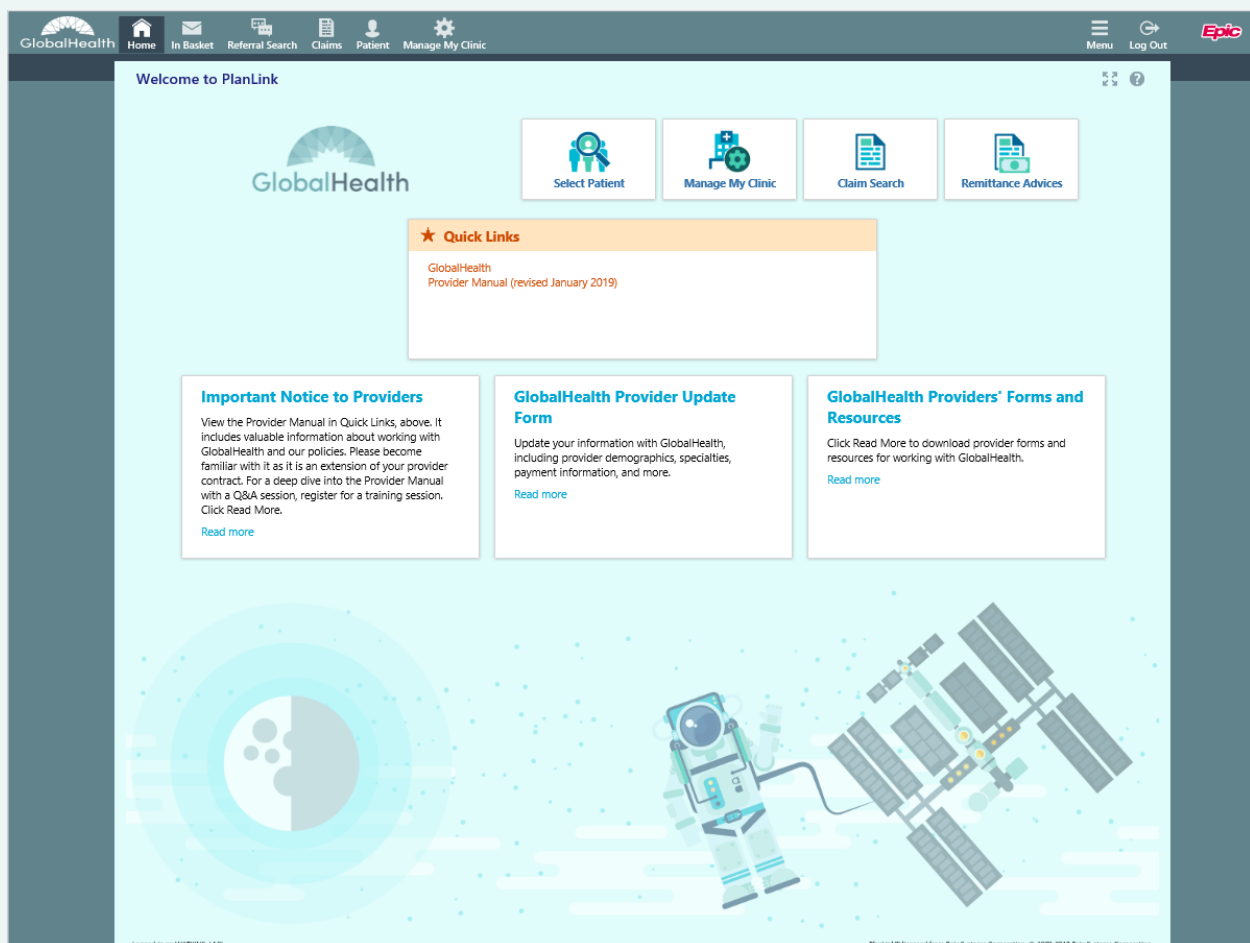


GlobalLink™ Support

For user access questions and/or technical issues with GlobalLink™, such as forgotten passwords or error messages, please contact the GlobalHealth GlobalLink™ Team at globallink.access@globalhealth.com

Home Page Navigation

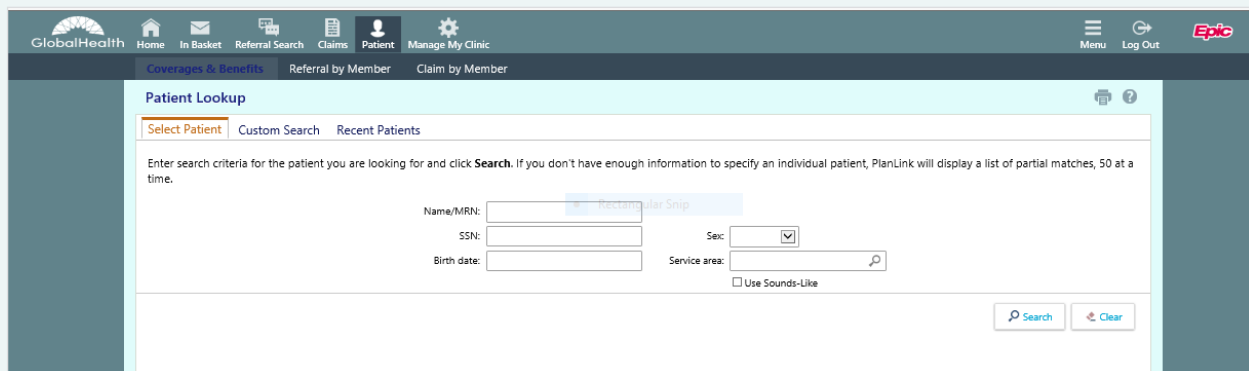
The screenshot below depicts the GlobalLink™ home page. You may navigate by selecting the appropriate option.



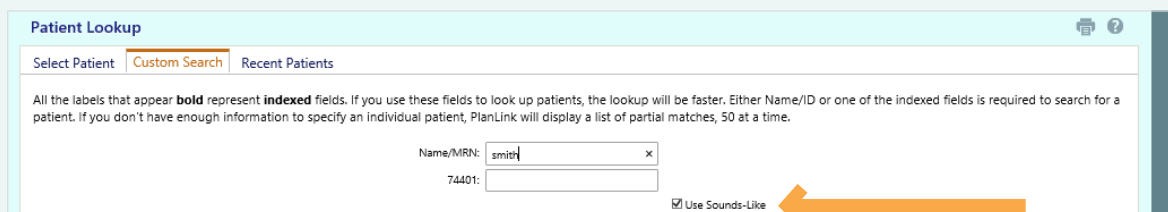
Patient Lookup

There are three ways to locate a patient: Select Patient, Custom Search, Recent Patients. From these pages users can access the patients they are authorized to view.

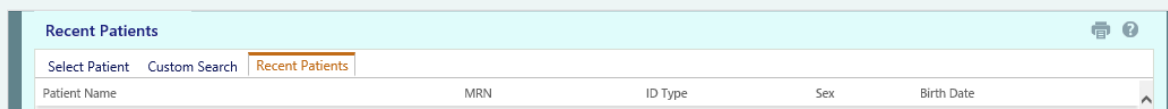
Select Patient: Entering the full member ID number will bring an exact member match. Entering other fields will garner results to make further selections. Most member ID numbers are 11 digits. Be sure to include all digits to ensure an accurate search. The member name will appear in a blue hyperlink. Selecting the member's name will open their record.



Custom Search: You can select the “Use Sounds-Like” box when you are unsure of the member’s name or ID number.



Recent Patients: This selection will show the members name that have been recently viewed.



Coverage and Benefits

From the screen below, you will see the selected patient's information. Select the desired time frame in the **View available coverages as of** field.

The screenshot displays the Epic system interface for the 'Coverages & Benefits' section. The patient information on the left identifies the patient as Link O. Training, a 69-year-old female born on 2/9/1950. The main content area shows a table of coverages on file, with the following data:

Payor/Plan	Eff. Date	Term. Date	Member ID	Employer Group	Filing Order
GH GENERATIONS / GH GEN CLASSIC 2019	03/01/2019		10000001901	GENERATIONS CLASSIC (HMO)	1

An orange arrow points to the 'View available coverages as of' field, which is set to 7/31/2019. The screen also includes a 'Benefits Summary' link and a 'Coverage Detail Report' link.

Benefits

Click the **Benefits Summary** tab for a benefit overview.

GH GEN CLASSIC 2019

Deductibles/Maximum Out-of-Pocket

GH GEN CLASSIC 2019

MOOPs - All Encounters			Individual Total		
Family Total	Paid	Remaining	Individual Total	Paid	Remaining
\$3,400.00	\$0.00	\$3400.00	\$3,400.00	\$0.00	\$3400.00

Services

Jump to:

[Expand All](#) [Collapse All](#)

PCP SERVICES

Type of Service	Network	Referral Required?	Level	Applies to	Patient Portion	Limit	Remaining*	Bucket	Admission Group
Primary care office visit	In	No	1		No Payment				

SPECIALIST SERVICES

Type of Service	Network	Referral Required?	Level	Applies to	Patient Portion	Limit	Remaining*	Bucket	Admission Group
Specialty care office visit	N/A	Yes-Internal	1	MOOP	\$40.00 copay				

URGENT CARE

Type of Service	Network	Referral Required?	Level	Applies to	Patient Portion	Limit	Remaining*	Bucket	Admission Group
Urgent care	N/A	No	1	MOOP	\$35.00 copay				

CHIROPRACTIC SERVICES

Type of Service	Network	Referral Required?	Level	Applies to	Patient Portion	Limit	Remaining*	Bucket	Admission Group
Chiropractic care	In	No	1	MOOP	\$20.00 copay				
	Out	Yes-Internal	1	MOOP	\$20.00 copay				

AMBULANCE

Type of Service	Network	Referral Required?	Level	Applies to	Patient Portion	Limit	Remaining*	Bucket	Admission Group
Ambulance	N/A	No	1	MOOP	\$100.00 copay				

ASC FACILITY FEE

Type of Service	Network	Referral Required?	Level	Applies to	Patient Portion	Limit	Remaining*	Bucket	Admission Group
Ambulatory Surgery	N/A	Yes-Internal	1	MOOP	\$250.00 copay				

CHEMOTHERAPY

Type of Service	Network	Referral Required?	Level	Applies to	Patient Portion	Limit	Remaining*	Bucket	Admission Group
Chemotherapy	N/A	Yes-Internal	1	MOOP	20% coinsurance				

*The counts in the Remaining column do not include unprocessed services.

[Back](#)

Select the **Back** tab to return to the previous menu.

Eligibility

Click on the **Coverage Detail Report** tab for eligibility information.

The screenshot displays the Epic Training Link One interface. The top navigation bar includes icons for Home, In Basket, Patient List, Referral Search, Claims, Training Link One (selected), and Manage My Clinic. The left sidebar shows the user profile for Link O. Training, a 69-year-old female, with a PCP of Me and a status of Not on File. The main content area is titled 'Eligibility Information as of 07/30/2019' and contains three sections: Eligibility, Coverage Information, and Subscriber Level Information.

Eligibility Information as of 07/30/2019 TRAINING.LINK ONE [261]

Eligibility			
Employer Group	Benefit Plan	Carrier	Payor
GENERATIONS CLASSIC (HMO) [1020161]	GH GEN CLASSIC 2019 [778]	GH GENERATIONS [200400]	GH GENERATIONS [200400]
Service Area	Networks	Primary Location	PCP
	GH GENERATIONS PHYSICIAN*		TRAINING, GLOBAL L

Coverage Information			
Covered Flag	Type	Effective From	Effective To
Yes	Managed Care	03/01/2019	
Relationship to Subscriber	Member Number	Patient Application Date	Patient Late Enrollment
Self - Self	10000001901	02/15/2019	Yes

Subscriber Level Information				
Subscriber ID	Subscriber Name	Employment Date	COBRA Status	COBRA Date
10000001901	Training.Link One			

At the bottom left, there is a 'Change patient' button. At the bottom right, there is a 'Back' button.

Select the **Back** tab to return to the previous menu.

Generating New Prior Authorization/Referral Request

Refer to the Provider Manual for details on which services need Prior Authorization. There are some direct access services that do not require Prior Authorizations. The Provider Manual can be found at www.globalhealth.com/media/3976/2019_providermanual_final.pdf

To generate a new Prior Authorization request, click on the New Referral Tab from the menu.

Referral Type

Select the **Referral Type** Tab

Click on the Search icon to select the appropriate Referral Type.

The screenshot displays the 'New Referral' workflow in the GlobalHealth system. The top navigation bar includes links for Home, In Basket, Patient List, Referral Search, Claims, Training, Link One, and Manage My Clinic. The main interface has tabs for 'Coverages & Benefits', 'New Referral', 'Referral by Member', and 'Claim by Member'. The 'New Referral' tab is active, showing sub-tabs for 'Referral Type', 'General Information', and 'Diagnoses/Services'. The 'Referral Type' sub-tab is selected, displaying a 'Referral' icon and a search bar labeled 'Referral type'. An orange arrow points to the 'Referral Type' sub-tab, another points to the 'New Referral' tab, and a third points to the search bar. Below the main interface, a modal window titled 'Please make a selection' is open, showing a search results table for 'Referral type:'. The table lists various medical services with their corresponding IDs.

Name	ID
CHEMOTHERAPY	103
DIAGNOSTIC PROCEDURE	2
DIALYSIS	104
DURABLE MEDICAL EQUIPMENT	1
HOME HEALTH	4
HOSPICE	20
Infusion	107
INPATIENT ADMISSION	5
LAB SERVICES	19
OBSERVATION	102
OCCUPATIONAL THERAPY	31
OFFICE VISIT	12
OUTPATIENT SURGERY	7

18 items loaded. [Cancel]

Double click to select the desired service. The selection will return to the Referral Type screen. Select **Next** when ready to proceed to the next screen.

General Information Tab

The screenshot shows the Epic EHR interface for a 'New Referral'. The top navigation bar includes links for Home, In Basket, Patient List, Referral Search, Claims, Training, Link One, and Manage My Clinic. The left sidebar displays the user profile for Link O. Training, a 69-year-old female, and lists her PCP as 'Me'. The main content area is titled 'New Referral' and has three tabs: 'Referral Type', 'General Information' (selected), and 'Diagnoses/Services'. The 'General Information' tab contains the following fields:

- Priority:** A dropdown menu with 'Routine [1]' selected.
- Type:** A dropdown menu with 'OFFICE VISIT [12]' selected.
- Start date:** A date field showing '7/29/2019'.
- Expiration date:** A date field showing '10/27/2019'.
- Referral By:** A section with a 'Provider' dropdown menu that is currently empty and has a red error icon.
- Referral To:** A section with three fields: 'Provider' (empty), 'Provider specialty' (empty with a red error icon), and 'Location/POS type' (empty).
- Vendor:** An empty dropdown menu.

Selecting Authorization Priority

Select the appropriate Priority: "Routine" or "Urgent". Prior Authorization requests should be performed 5 (five) days prior to the anticipated service.

An urgent status should only be used if the patient has a potentially life-threatening condition. Failure to timely request a Prior Authorization request does not constitute an urgent status.

Prior Authorization Start Date

GlobalHealth does not issue retroactive Prior Authorizations. The Start Date is automatically populated as the date of the request.

Expiration Date

Prior Authorization requests are granted for a 90-day period. An extended Expiration Date can be requested for chronic illnesses.

Referral By

Click on the Search icon to select the name of the Referring By provider. If known, the GlobalHealth provider identification number can be entered directly into the field instead of using the search option.

Referral To

Click on the Search icon to select the name of the Referring To provider. If known, the GlobalHealth provider identification number can be entered directly into the field instead of using the search option.

Provider Specialty

Select the Referral To provider's specialty.

Vendor/Facility

Click on the Search icon to select the name of the Facility (Vendor) where services will be performed. If known, the GlobalHealth Facility (Vendor) identification number can be entered directly into the field instead of using the search option.

Location/POS (Place of Service) Type

Future enhancement to appropriately identify the Place of Service.
Select **Next** when ready to proceed to the next screen.



Diagnosis/Services Tab

The screenshot shows the Epic 'New Referral' form with the 'Diagnosis/Services' tab selected. The left sidebar displays patient information for Link O. Training, a 69-year-old female, and lists her allergies as 'Not on File'. The main form area has three tabs: 'Referral Type', 'General Information', and 'Diagnosis/Services'. The 'Diagnosis/Services' tab contains three sections: 'Diagnoses' with a search icon and a green '+ Add' button; 'Services' with fields for Procedure, Revenue code, Modifiers, Qty, and Unit type, each with a search icon, and a green '+ Add' button; and 'Notes' with a 'Note type' dropdown (currently set to 'Global Link Notes [2030]'), a 'Note summary' text area, and an 'Attachment' section with an 'Add file' button and a '10.0 MB Total Allowed' limit. At the bottom right, there are three buttons: 'Back', 'Request Referral', and 'Cancel Request'.

Diagnoses

Click on the Search icon to select the accurate Diagnoses codes or type the codes directly into the field.

Click on the Green Cross **+ Add** to add additional codes.

Services

Click on the Search icon to select the accurate procedure codes or type the codes directly into the field.

Click on the Green Cross **+ Add** to add additional codes.

Notes

Add any notes or attachments that are pertinent to the Prior Authorization request. Select **Back** to make any changes; Select **Request Referral** to send the request to GlobalHealth; Select **Cancel Request** to cancel the Prior Authorization request.

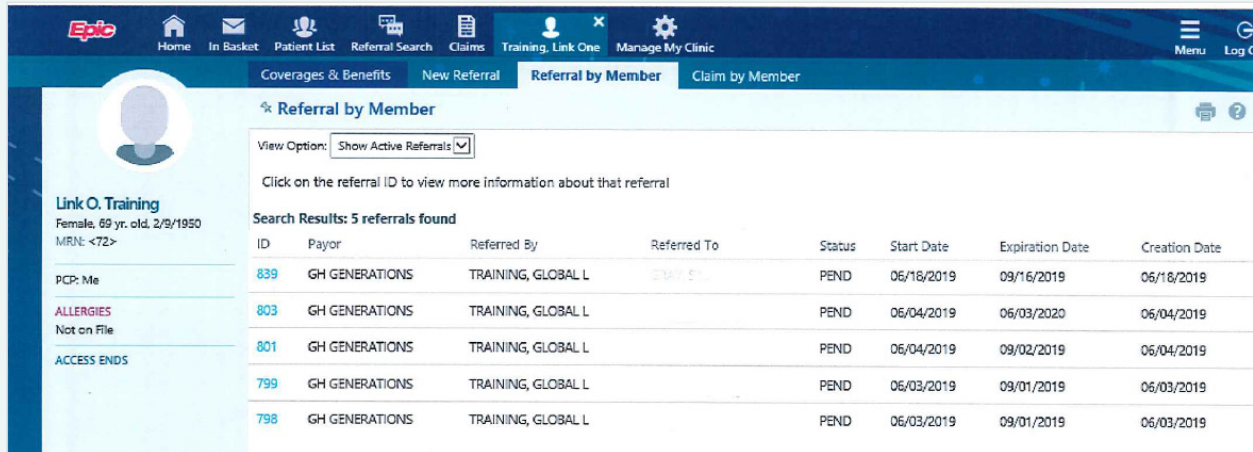


Viewing Prior Authorization Summary

Select the Referral by Member Tab to see the Prior Authorization requests for this member.

Select **Show Active Referrals** or **Show all Referrals**.

Click on the blue Authorization number to open the record.



The screenshot shows the Epilo web application interface. The top navigation bar includes links for Home, In Basket, Patient List, Referral Search, Claims, Training, Link One, and Manage My Clinic. The main navigation bar has tabs for Coverages & Benefits, New Referral, Referral by Member (selected), and Claim by Member. On the left, a sidebar displays the member's profile: Link O. Training, Female, 69 yr. old, 2/9/1950, MRN: <72>. Below this, there are links for PCP: Me, ALLERGIES (Not on File), and ACCESS ENDS. The main content area is titled "Referral by Member" and includes a "View Option:" dropdown set to "Show Active Referrals". A message states: "Click on the referral ID to view more information about that referral". Below this, it says "Search Results: 5 referrals found". A table lists the referrals with columns for ID, Payor, Referred By, Referred To, Status, Start Date, Expiration Date, and Creation Date.

ID	Payor	Referred By	Referred To	Status	Start Date	Expiration Date	Creation Date
839	GH GENERATIONS	TRAINING, GLOBAL L	GLOBAL L	PEND	06/18/2019	09/16/2019	06/18/2019
803	GH GENERATIONS	TRAINING, GLOBAL L		PEND	06/04/2019	06/03/2020	06/04/2019
801	GH GENERATIONS	TRAINING, GLOBAL L		PEND	06/04/2019	09/02/2019	06/04/2019
799	GH GENERATIONS	TRAINING, GLOBAL L		PEND	06/03/2019	09/01/2019	06/03/2019
798	GH GENERATIONS	TRAINING, GLOBAL L		PEND	06/03/2019	09/01/2019	06/03/2019

Data may be sorted by clicking the column headings.

Viewing Prior Authorizations

Review each field to ensure the accurate provider/facility-vendor/procedure has been requested.

PAY SPECIAL ATTENTION TO:

Referral Status

This field must be populated as Approved for the Prior Authorization to be valid.

Start Date; Expiration Date

This is the Prior Authorization period.

Procedure Information Requested; Approved

View this field to determine the requested and approved services. The system automatically enters the approved quantity prior to the Prior Authorization being approved. A valid authorization MUST have an APPROVED status.

The authorization expires when the quantity is used, OR the Expiration Date occurs, whichever occurs first.

Sample Authorization

The screenshot displays the EpiCare web application interface. The top navigation bar includes links for Home, In Basket, Patient List, Referral Search, Claims, Training, Link One, and Manage My Clinic. The main content area is titled 'Referral by Member' and shows details for a referral by Link O. Training. The patient information on the left sidebar indicates the patient is a 69-year-old female with MRN: <72>. The referral details table shows a referral for a colonoscopy with a status of 'Pending Review'. The procedure information table shows a requested quantity of 1 and an approved quantity of 1. The diagnosis information table shows a diagnosis of 'Gastrointestinal hemorrhage, unspecified' with a code of K92.2. The referred to vendor information table shows the vendor as 'MERCY CLINIC OKLAHOMA COMMUNITIES INC' with a phone number of 405-755-8160.

Referral Information			
Referral #	Creation Date	Referral Status	Status Update
799	06/03/2019	Pending Review	06/03/2019: Status History
Status Reason	Referral Type	Referral Reasons	Referral Class
Pend for Review	OFFICE VISIT	none	Outgoing
To Specialty	To Provider	To Location/Place of Service	To Department
GASTROENTEROLOGY	William R Kakish	none	none
To Vendor	Referred By	By Location/Place of Service	By Department
MERCY CLINIC OKLAHOMA COMMUNITIES INC	Global L Training	none	none
Priority	Start Date	Expiration Date	Referral Entered By
Routine	06/03/2019	09/01/2019	Global L Training

Procedure Information					
Procedure	Modifiers	Revenue Code	Provider	Requested	Approved
45380 (CPT®) - COLONOSCOPY W/BIOPSY	None	None		1	1
SINGLE/MULTIPLE					

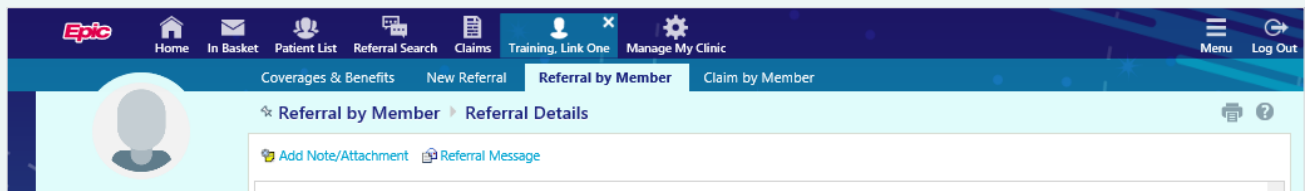
Diagnosis Information	
Diagnosis	Diagnosis Code
Gastrointestinal hemorrhage, unspecified	K92.2
Benign neoplasm of sigmoid colon	D12.5

Referred To Vendor	
Vendor	Vendor Phone
MERCY CLINIC OKLAHOMA COMMUNITIES INC	405-755-8160
Referred to Provider's Phone:	405-749-4247

Automatic Prior Authorizations

GlobalHealth is developing a process that would allow some services to be automatically processed in GlobalLink. As a result, the request can be checked upon entry to determine approval status.

Referral Messages, Notes, Attachments



Referral Messages

Within the Authorization, Select the **Referral Message** option to request changes to the existing Authorization. In the "To" field, type UM, select Kelly Butler and Julie Jakowski. Complete the remaining fields with the information regarding the requested changes. Click **Send Message** when complete.

Notes, Attachments

Within the Authorization, Select the **Add Note/Attachment** option. Attach the desired file and include pertinent notes. Click **Add Note** when complete.

Checking Claims Status

Checking Claims by Member

This feature allows providers to view the claims for specific patients. Providers can view claim number, service date, date that the claim was received, status of the claim, and a detailed report concerning the claim. Select **Claims / Claims Search** to view claims.

The screenshot displays the Epic Claims Search interface. The top navigation bar includes links for Home, In Basket, Patient List, Referral Search, Claims, Patient, and Manage My Clinic. The main content area is titled 'Claim Search' and 'Remittance Advice Search'. Below this, the 'Claim Search' tab is active, showing a 'Claim Review Report' for a member named 'Test, Gens'.

Member Information:

- Name: Test, Gens
- Member ID: 411101
- SSN: xxx-xx-9999

Claim Dates:

- Date Received: 08/01/2019
- Service From Date: 06/03/2019

Coverage:

- Coverage Used: GH GENERATIONS, GH GEN CLASSIC 2019
- Method Used: Primary Coverage

Status:

- Claim Status: Check Mailed

Check:

- Number: X15
- Date: 8/1/2019

Claim Totals:

Total Billed	Patient Total	Net Payable	Interest	Penalty	Date Received	Service Date
5,000.00	365.00	818.30	0.00	0.00	08/01/2019	06/03/2019

Physician(s):

- Physician: Globallink Test, Dr.
- Other Physician:

Vendor:

- TEST, VENDOR

Diagnoses:

- S09.90XA (ICD-10-CM) - Unspecified injury of head, initial encounter

Procedures, Medications:

Procedure/Medication	From Date	To Date	Quantity
0201 - R&B INTENSIVE CARE SURGICAL	06/03/2019	06/03/2019	1.00

Claims Data:

Services	Charge Amount	Allowed Amount	Not Covered	Copay/ Coins/ Deduct	Paid	Claim Code
Rev Code: 0201	5,000.00	1,200.00	0.00	365.00	835.00	
R&B INTENSIVE CARE SURGICAL						
Totals:	5,000.00	1,200.00	0.00	365.00	835.00	

Claim Level:

Claim Code	Description
SEQ	SEQUESTRATION-REDUCTION IN FEDERAL SPENDING

A 'Back' button is located at the bottom right of the report.

Checking Remittance Advices

This feature allows providers to view the Remittance Advice for specific patients. Select **Claims / Remittance Advice Search** to view details.

Epic Home In Basket Patient List Referral Search Claims Roberts, Lillian Menu Log Out

Claim Search **Remittance Advices**

Remittance Advices

To search for remittance advices by vendor, select Search by Vendor and click Search. Leave the From and To Date fields empty in order to view the last 10 remittance advices, or select a specific date range for all remittance advices in that range. To search for remittance advices by check number, select Search by Check Number, enter a check number, and click Search. Click on any Check Number in the table of search results to view a detailed report.

☒ Search by Vendor ☐ Search by Check Number

Vendor

☒ LYLE MEMORIAL HEALTHCARE [Tax ID: 321321]

☐ MC PINK FLAMINGO MEMORIAL HOSPITAL (EXTERNAL HOSPITAL)

From Date:

To Date:

Search

Check Number	RA Date	RA Date Range	Mailed Date	Total Amount
737	12/31/2024	07/31/2017 to 07/31/2017		1000.00
735	12/31/2024	07/31/2017 to 07/31/2017		30000.00
738	12/31/2024	07/31/2017 to 07/31/2017		212.50
945	12/31/2024	08/01/2017 to 08/01/2017		212.50
739	12/31/2024	07/31/2017 to 07/31/2017		212.50
742	12/8/2024	07/31/2017 to 07/31/2017		212.50

Clicking on the blue hyperlink will provide detailed information.

Epic Home In Basket Patient List Referral Search Claims Roberts, Lillian Menu Log Out

Claim Search **Remittance Advices**

Remittance Advices ▶ Remittance Advice Report

Remittance Advice for Lyle Memorial Healthcare
Business Group: Mc Business Group

Amount: \$212.50
Check: 980 (Dated: 04/25/18)

Whitecoat, Walt

Ins. Co. Mc Carrier [1641800000]

Patient Alfaro, Trevor

Claim 8865
Member ID 7495154
Interest 0.00

Group University Hourly [2]
DOB 04/25/1998
Withhold 0.00

Date	Proc / DRG	Billed	Disallow	Ref Ben Penalty	Allowed	Net Covd	Deduct	Cover / Coins	Excess Benefit	Patient Total	Adjust Rate	Adj Ben Penalty	Discount Codes	Primary Ins	Net Payment
04/11/18	0320	500.00	0.00	0.00	250.00	0.00	0.00	37.50	0.00	37.50	0.00	0.00	250.00 2, 45, C	0.00	212.50
Totals		500.00	0.00	0.00	250.00	0.00	0.00	37.50	0.00	37.50	0.00	0.00	250.00	0.00	212.50

Reason Codes
2: Coinsurance Amount
45: Chgs exceed the sch may allowable
C: Contracted Rate Payment

Date	Proc / DRG	Billed	Disallow	Ref Ben Penalty	Allowed	Net Covd	Deduct	Cover / Coins	Excess Benefit	Patient Total	Adjust Rate	Adj Ben Penalty	Discount Codes	Primary Ins	Net Payment
Totals		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Date	Proc / DRG	Billed	Disallow	Ref Ben Penalty	Allowed	Net Covd	Deduct	Cover / Coins	Excess Benefit	Patient Total	Adjust Rate	Adj Ben Penalty	Discount Codes	Primary Ins	Net Payment
Whitecoat, Walt Totals		500.00	0.00	0.00	250.00	0.00	0.00	37.50	0.00	37.50	0.00	0.00	250.00	0.00	212.50

Claims Totals

Interest	Withhold	Billed	Disallow	Ref Ben Penalty	Allowed	Net Covd	Deduct	Cover / Coins	Excess Benefit	Patient Total	Adjust Rate	Adj Ben Penalty	Discount	Primary Ins	Total Payment
0.00	0.00	500.00	0.00	0.00	250.00	0.00	0.00	37.50	0.00	37.50	0.00	0.00	250.00	0.00	212.50

← Back

Manage My Clinic

This will be a future enhancement.

Securing Your Session

It is important to remember to log out of GlobalLink™ when your work is complete rather than simply closing your web browser. You may logout of GlobalLink™ at any time by clicking the **Log Out** button in the top right corner of the GlobalLink™ toolbar. For security reasons, you will be automatically logged out of GlobalLink™ after a period of inactivity.

Non-Contracted Providers

Non-contracted providers can view limited claims status when specific claim details are known. From the GlobalLink™ sign in screen, select the **Check Claim Status** option.



FAQ

This frequently asked questions (FAQ) section outlines common questions.

Issue/Question	Answer/Resolution
Where do I obtain training on GlobalLink™?	https://globalhealth.com/providers/globallink-provider-training/ to schedule virtual training via web conferencing.
How do I get a GlobalLink™ ID?	Visit https://www.globalhealth.com/providers/globallink-access-request/ and submit the request through 'Request a GlobalLink™ Access' tab.
What if I have forgotten my password?	Send an email to Globallink.access@GlobalHealth.com giving your user ID, tax identification number and group NPI.
Can our organization use a shared ID?	No. HIPAA Access Control §164.312(a)(1) prevents shared user IDs.
Can our organization use the user name and password of a former employee?	No. GlobalHealth should be notified when an employee terminates so their access can be terminated.
Are there situations where a user's account is closed?	Yes. Accounts with 90 days of inactivity are permanently closed. The user must submit a GlobalLink™ Access Form to establish a new account.