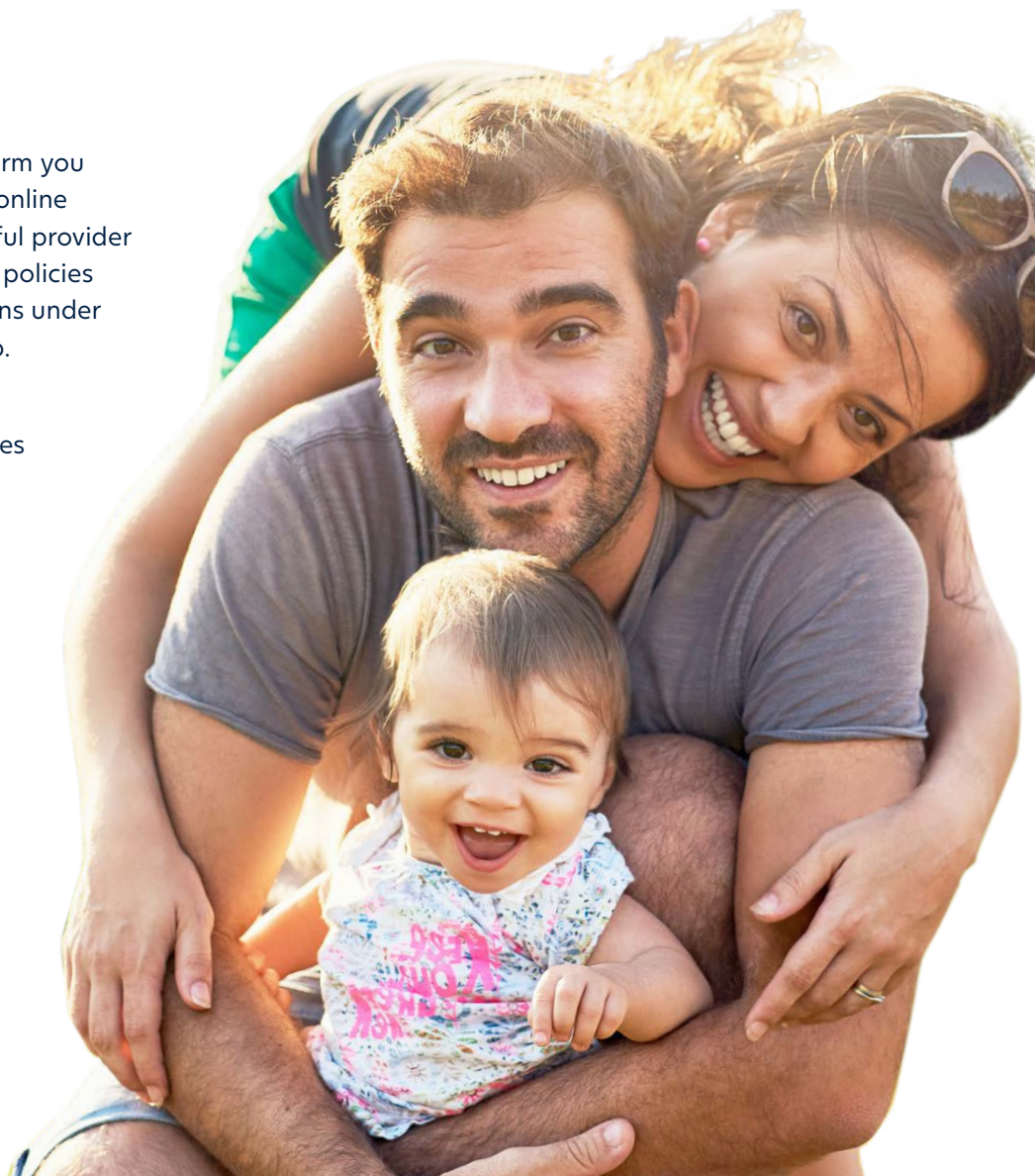


2020 ANNUAL NOTICE

FOR COUNTYCARE PROVIDERS

We are providing this notice to inform you of the availability of CountyCare's online Provider Manual and highlight useful provider information related to CountyCare policies and procedures and your obligations under the current contractual relationship.

The Provider Manual can be found [here](#) or you can call Provider Services at 312-864-8200/855-444-1661 to request a copy.



Members' Rights and Responsibilities

Upon enrollment, our members are granted federally mandated rights and protection of these rights in all their encounters with CountyCare employees, network providers, and anyone else who has a role in the delivery of care and service. We expect all of our affiliates to observe our members' rights.

In exchange for this careful observance of their rights, members guarantee to assume responsibility for their attitude and behavior related to the health care services they receive while enrolled.

Members are notified of their rights and responsibilities upon enrollment and annually thereafter.

Please see the Provider Manual for a complete listing of members' rights and responsibilities.

Appointment Accessibility Standards

CountyCare follows the accessibility requirements set forth by applicable regulatory and accrediting agencies. Provider Services monitors compliance with these standards on an annual basis. Providers must offer hours of operation no less than those hours offered to other insured patients in their practice.

| PROVIDER | CATEGORY | STANDARD |
|-----------------------------------|---|---|
| PCP | Regular, routine care (preventive) | Within 5 weeks |
| | Routine care (infant <6 months old) | Within 2 weeks |
| | Non-urgent problem or complaint | Within 3 weeks |
| | Urgent care referral | Within 1 business day |
| OB-GYN | Prenatal - 1st trimester | Within 2 weeks |
| | Prenatal - 2nd trimester | Within 1 weeks |
| | Prenatal - 3rd trimester | Within 3 days |
| Behavioral health | Care for non-life-threatening emergency | Within 6 hours |
| | Urgent care within 48 hours | Within 48 hours |
| | Initial visit for routine care | Within 10 business days |
| | Follow-up routine care | Within 30 days |
| High volume/high impact specialty | Initial visit for routine care | Within 4 weeks |
| | Follow-up routine care | Within 90 days |
| Average office wait time | | Equal to or less than one hour |
| Provider appointments | | No more than six scheduled per hour |
| After hours | | 24/7 coverage (voicemail only not accepted) |

Utilization Management

CountyCare's Utilization Management department hours of operation are Monday through Friday from 8:30 a.m. to 8:00 p.m. CST (excluding holidays). Tel: 312-864-8200/855-444-1661. Fax: 866-209-3703.

Providers may obtain the criteria used to make a specific adverse determination by contacting Utilization Management. Practitioners also have the option of discussing a medical or pharmaceutical adverse determination with a Medical Director or other appropriate

reviewer. The Medical Director may be contacted by calling 312-864-8200/855-444-1661 and asking for the Medical Director.

Pharmacy Benefit Management

On January 1, 2020, CountyCare began covering medications that are selected by Illinois Medicaid. To access the most up to date CountyCare Formulary, visit [here](#).

To submit a Formulary Exception Request please complete and submit the [Medication Request Form](#) online or fax the [Medication Request Form](#) to our Pharmacy Benefit Manager MedImpact at 1-858-790-7100.

Access to Care Coordination

CountyCare has several programs designed to improve the health of our members with medical, behavioral health, and social support services needs. You are encouraged to refer patients who you think would benefit from care coordination services by visiting [here](#).

Provider Directory

Inaccurate or incomplete provider information impacts our members' ability to make provider appointments and can result in delayed claims payments.

Providers must submit a full and complete IAMHP roster quarterly. Any provider additions, changes, or terminations must be sent on a monthly basis to: CountyCareProviderRosterSubmission@cookcountyhhs.org.

Voluntarily Leaving the Network & Continued Access to Care

Providers must continue to render covered services to:

- Members who are existing patients at the time of termination for 60 calendar days or such time as CountyCare can arrange for appropriate health care for the member with a participating provider which every comes first
- Members who are pregnant in their second or third trimester or in their postpartum period. CountyCare will reimburse providers through the completion of postpartum care.
- Members undergoing active treatment for a chronic or acute medical condition, for the duration of active treatment, or up to 90 calendar days, whichever is less.