



2022 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 2021 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 (or referral) |
| OB-GYN | Prenatal - 1st trimester | Within 2 weeks |
| | Prenatal - 2nd trimester | Within 1 weeks |
| | Prenatal - 3rd trimester | Within 3 days |
| Behavioral Health Providers | Care for non-life-threatening emergency | Within 6 hours (may be directed to ER or BH crisis unit) |
| | Urgent care within 48 hours | Within 48 hours |
| | Initial visit for routine care | Within 10 business days |
| | Follow-up routine care | Within 30 days |
| Specialty Care Providers | Initial visit for routine care | Within 4 weeks |
| | Follow-up routine care | |
| All Provider Types | Average office wait time | Equal to or less than one hour |
| All Provider Types | All appointment types | No more than six scheduled per hour |
| PCP Specialty Care Providers | After hours | 24/7 coverage (voicemail only not accepted) |
| | | Member must connect to someone who can render a clinical decision or reach the PCP or specialist for a clinical decision. After-hours clinical coverage must be accessible using the medical office's daytime telephone number. |

Utilization Management

CountyCare's Utilization Management department hours of operation are Monday through Friday from 8:30 a.m. to 5:00 p.m. CST (excluding holidays). Tel: 312-864-8200/855-444-1661. There are 3 fax lines: Inpatient: 800-856-9434; Outpatient: 866-209-3703; Behavioral Health: 800-498-8217.

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 behavioral health adverse determination with a Medical Director within 2 business days. The Medical Director may be contacted by calling 312-864-8200/855-444-1661 and asking for a peer-to-peer discussion with 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 who have medical, behavioral health, and/or social support service needs. Please visit [countycare.com](#) to refer patients who might benefit from our Care Coordination services.

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 every quarter. 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 notify CountyCare at least 90 days prior to leaving the network without cause or provide at least 60 days' notice with cause. Additionally, Providers must continue to render covered services to:

- Members who are existing patients at the time of termination for 60 calendar days or until such time as CountyCare can arrange for appropriate health care for the member with a participating provider whichever comes first
- Members who are pregnant in their second or third trimester for the entirety of 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.