CountyCare
A MEDICAID HEALTH PLAN

2025 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 2025 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. CountyCare 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
Primary Care	Regular, routine care (preventative >6 months old) Routine care (infant <6 months old) Non-urgent care or complaint Urgent care referral	Within 5 weeks Within 2 weeks Within 3 weeks Within 1 business day
Prenatal	Prenatal - 1st trimester Prenatal - 2nd trimester Prenatal - 3rd trimester	Within 2 weeks Within 1 week Within 3 days
Behavioral Health	Care for non-life-threatening emergency Urgent care Initial visit for routine care Follow-up routine care	Within 6 hours (or directed to ER or BH crisis unit) Within 48 hours Within 10 business days Within 20 business days
Specialty Care	Initial visit for routine care Follow-up routine care	Within 4 weeks Within 4 weeks
All Provider Types	Average office wait time All appointment types	Equal to or less than one hour No more than six scheduled per hour
Primary Care, Behavioral Health, Specialty Care Providers	After-hours care	24/7 coverage (voicemail only not accepted) The selected method of 24-hour coverage must connect members to providers who can render a clinical decision or reach the PCP or specialist for a clinical decision within 30 minutes of the initial contact. After-hours clinical coverage must be accessible using the provider's office daytime telephone number.

Utilization Management

CountyCare's Utilization Management department's hours of operation are Monday through Friday from 8:30 a.m. to 5:00 p.m. CST (excluding holidays). Phone: 312-864-8200 / 855-444-1661 Fax: 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 two (2) business days. Contact the Medical Director by calling 312-864-8200/855-444-1661 and asking for a peer-to-peer review 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 the online Medication Request Form or fax the printed Medication Request Form. Include detailed clinical information that will help CVS Caremark understand the need for the drug being requested. CVS Caremark's Pharmacy Help Desk is available to answer your Pharmacy-related questions, 7 days a week, 6am-10pm CST at (833) 845-4702.

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. All unique TIN, NPI1, NPI2, Service Location 1 and Service Location 2 instances being billed, having members assigned, or shown in the directory, need to be represented and submitted via the Universal IAMHP roster.

Providers must submit a full and complete IAMHP roster every quarter. Any provider additions, changes, or terminations must be sent monthly to: CountyCareProviderRosterSubmission@cookcountyhhs.org. Please submit a comprehensive roster with the most updated IAMHP Universal Roster Template to ensure all required fields are populated and formatted as required for timely processing.

Voluntarily Leaving the Network & Continued Access to Care

Providers must notify CountyCare at least 90 days prior to leaving the network for convenience or 60 days prior to leaving the network with cause. Additionally, providers must continue to render covered services to members as follows:

- Continuation of care at the time of termination for up to sixty (60) calendar days or until CountyCare can arrange for appropriate health care for the member with a participating provider, whichever comes first.
- Continuation of care through the postpartum period for members in their second or third trimester of pregnancy. CountyCare will reimburse providers through the completion of postpartum care.
- Continuation of treatment for members undergoing active treatment for a chronic or acute medical condition, or for up to ninety (90) calendar days, whichever is less.