

CountyCare Provider Quick Reference Guide

April 2025

Provider Services

CountyCare Website

Find documents, forms, important health plan information, and provider and member resources.

 <https://www.countycare.com>

Provider Portal

Provides access to member eligibility, important documents, forms, authorization submission and status, claim status, claim review requests, and panel rosters.

 <http://countycare.valence.care/>

HFS MEDI System

Utilize system to verify Medicaid eligibility.

 <https://www.illinois.gov/hfs/MedicalProviders/EDI/medi/Pages/default.aspx>

Universal Provider Roster

Submit any provider additions, changes, or terminations monthly and send a comprehensive IAMHP universal roster, quarterly. Please note 'comprehensive roster' in request.

 <https://www.iamhp.org/providers>

 CountyCareProviderRosterSubmission@cookcountyhhs.org

Member & Provider Services

Mon. - Fri.: 8:00 a.m. - 6:00 p.m. CT
Sat.: 9:00 a.m. - 1:00 p.m. CT

 312-864-8200, 711 (TTY/TDD)

Transportation Scheduling

Contact Modivcare to request a ride 3 business days prior to member need.

 312-864-8200

 855-444-1661 (toll-free) / 711 (TDD/TTY)

 <https://member.modivcare.com/en/login>

Fraud, Waste and Abuse Hotline

Use our confidential hotline to report concerns.

 844-509-4669

Critical Incidents

Complete a critical incident form:

 <https://countycare.com/wp-content/uploads/CC-Health-CI-Incident-Reporting-Form012125.pdf>

 312-864-8200, 711 (TTY/TDD)

 countycarequalityofcare@cookcountyhhs.org

Claims Submission (Medical and Behavioral Health)

Clearinghouse Vendor

Availity

 <http://www.availity.com/>

Paper Claims Mailing Address

 CountyCare Health Plan
P.O. Box 211592
Eagan, MN 55121-2892

Payer ID

06541

Claims Timely Filing Requirement

Claims must be submitted within 180 calendar days from date of service or discharge date.

Claims Review Process

Claim Request for Reconsideration

Submit a request for claim reconsideration within sixty (60) calendar days of Explanation of Payment (EOP) receipt.

 <https://countycare.valence.care/>

Provider Claim Disputes

Submit disputes within sixty (60) calendar days from EOP.

 <https://jira.evolent.com/servicedesk/customer/portals>

Post Service Authorization Disputes

Submit disputes within sixty (60) calendar days from EOP. Must include extenuating circumstance for not obtaining prior auth within required timeframe.

 <https://jira.evolent.com/servicedesk/customer/portals>

Medical Necessity Appeals

Submit appeals within 30 days of an Authorization denial.
Medical Necessity appeals may only be submitted on behalf of the member with a completed Authorized Representative Form.

 https://countycare.com/wp-content/uploads/CCAuthorizedRepresentative_English_01082025.pdf

 <https://countycare.valence.care/>

 **CountyCare Health Plan**
P.O. Box 21153
Eagan, MN 55121

Prior Authorization

CPT Look up

Use CPT look-up to determine if an authorization is required.

 <https://countycare.com/providers/prior-authorizations/>

Medical and Behavioral Health

Complete the authorization request form:

 https://countycare.com/wp-content/uploads/CCH_Inpatient-PriorAuthorizationForm_English_05082025-1.pdf

 https://countycare.com/wp-content/uploads/CCH_Outpatient-PriorAuthorizationForm_English_05082025-1.pdf

 https://countycare.com/wp-content/uploads/CCR_Behavioral-HealthPA_English_05082025-1.pdf

 <https://countycare.valence.care/>

Musculoskeletal

Musculoskeletal surgery for the spine, interventional pain management (IPM), physical, occupational and speech therapy, advanced imaging and diagnostic cardiology

Submit authorization request to Evolent Specialty Services (formerly National Imaging Associates).

 [RadMD.com](https://www.radmd.com)

Cardiology

Cardiology, oncology, imaging, radiology oncology and medication, cardiology medication and hospital review

Submit authorization requests to Evolent Specialty Services (formerly New Century Health).

 [New Century Health \(NCH\) - my.newcenturyhealth.com/](https://my.newcenturyhealth.com/)

Maternity

Maternity & NICU Care Management

Submit authorization requests to Progeny Health.

 [ProgenyHealth - progenyhealth.com](https://progenyhealth.com)

Dental

Request at the Avesis Provider Portal.

 <https://myavesis.com/providers/>
 855-337-1594

Vision

Request at the Avesis Provider Portal.

 <https://myavesis.com/providers/>
 855-337-1594

Pharmacy (including Specialty)

Submit the CVS Caremark medication request form:

 https://www.caremark.com/portal/asset/Medicaid_PA_request_form.pdf

 866-255-7569
 800-364-6331

Inpatient Admissions

Contact Member Services within **24 hours** of patient admission.

 312-864-8200, 711 (TTY/TDD)
 866-209-3703

Medical Management

Care Management Referrals for Members in HCBS Waivers

 312-864-0200, 711 (TTY/TDD)
 countycarewaivers@cookcountyhhs.org

Referrals to Care Coordination

Complete the care coordination referral form:

 https://countycare.com/wp-content/uploads/CCR_CareCoordinationReferralForm_English_10.27.2023.pdf

 countycarereferrals@cookcountyhhs.org