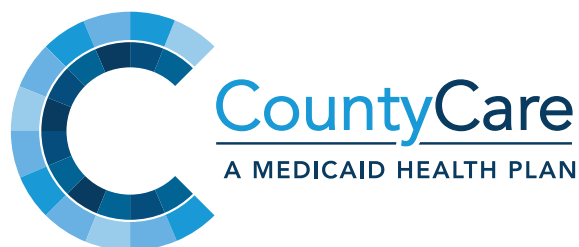


Working with CountyCare: A Guide for Providers



Thank You for Your Partnership

Because of you, CountyCare is able to provide coverage for health care services to more than 400,000 residents of Cook County.

CountyCare is the plan that understands.

We want working with us to be easy. Therefore, we have designed these materials to organize and simplify important information as we partner together to improve care and services to CountyCare members. Our goal is for you to know *where to look* or *who to contact* for all the information you need when you or your staff need it. Click the links below to view the materials in this file.

- 1 Working With CountyCare**
CountyCare contacts, tools, and resources
- 2 Prior Authorization Guide:**
Prior authorization information at a glance
- 3 Provider Portal Guide**
Why and how to use our secure portal
- 4 Open Enrollment and Redetermination**
Helping your patients keep their Medicaid coverage

We are dedicated to providing the information you need to deliver the best care.

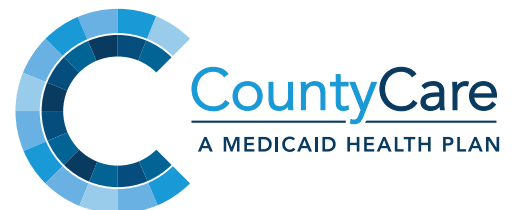
Visit our website at countycare.com to review the provider manual, notices and other tools and resources.

We appreciate your partnership and look forward to continuing to work together.



Need help or have questions?

Call your Provider Representative or CountyCare
Provider Services at 312-864-8200.



Working with CountyCare

CountyCare Tools and Resources

At CountyCare, we value our provider partners. We are here to make things easier for you to provide care to your CountyCare patients. Below is your quick and easy guide for partnering with us.



Use [CountyCare.com](#)

- Register for our secure [Provider Portal](#)
- Visit our dedicated [For Providers](#) page for reference
- Review the [Provider Orientation](#) and [Training Materials](#)
- Reference timely [provider notices](#) and [provider manuals](#)



Register for [Secure Provider Portal](#)

- Confirm member eligibility
- Review claim status reports
- Obtain EOP payment details
- View panel roster
- Submit and manage prior authorization requests
- Submit clinical appeals



[Review and Submit Prior Authorizations](#)

- Determine if a prior authorization (PA) is required by using the [CPT Code Look-up](#)
- Use the [Provider Portal](#) to request prior authorizations



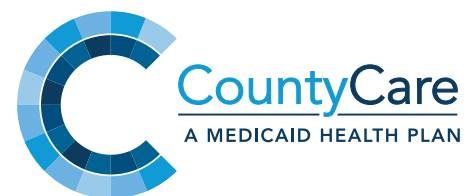
Submit Claims Timely

- 180 calendar days from date of service
- Clearinghouse Payor ID – 06541
- Paper Claims mailing address:
CountyCare Health Plan
P.O. Box 211592
Eagan, MN 55121-2892



Need help or have questions?

Call your Provider Representative or CountyCare Provider Services at 312-864-8200.



Prior Authorization Guide

Authorizations Made Easy

[Click here](#) to find out all you need to know about prior authorizations.

Determine if a prior authorization (PA) is required.

Use the [CPT look-up](#) on countycare.com to determine if a PA is necessary. The CPT look-up tool has the most up-to-date requirements, however, below are general services that require authorizations:

- Services related to an inpatient stay
- Services rendered by a non-contracted (out-of-network) provider unless related to an emergency
- Transplants



Failure to obtain PA for services that require plan approval may result in payment denials.

Use the [Provider Portal](#) to request and submit PAs.

The portal eliminates the need to call Provider Services by providing access to authorization requests, member eligibility, claim status, and payment details.

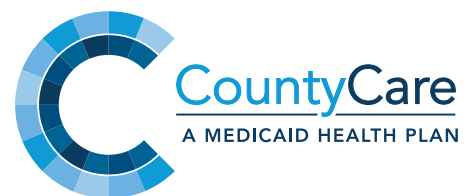
Follow the special instructions

Follow the special instructions [here](#) for pharmacy, dental, vision, and elective cardiology or oncology services.



Need help or have questions?

Call your Provider Representative or CountyCare Provider Services at 312-864-8200.



Secure Provider Portal Registration

Access Important Information at Your Convenience

Use the secure [Provider Portal](#) to access important CountyCare patient information.

It's easy to sign up, here's how:

- 1 Visit countycare.com, click on Provider Portal
- 2 Sign-up by clicking on "Register here."
- 3 Create a user account
- 4 Enter your first and last name, phone number, email, TIN, and password*
- 5 Confirm your password and email address
- 6 Agree to the Terms and Conditions

Now you are ready to enjoy the benefits of the portal! You can:

- Confirm member eligibility
- Obtain EOP payment details
- Submit clinical appeals
- Review claim status reports
- View panel roster
- Submit and check prior authorization requests

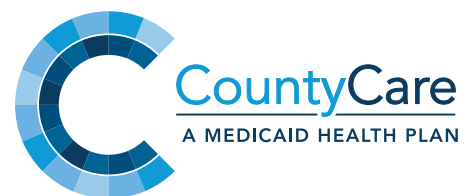
Step-by-step instructions for using the portal are available on countycare.com in the [Provider Portal User Guide](#).

**Passwords expire every 6 months. Users will receive an email to remind them to change their passwords when they expire. Once the user has successfully created a new password, they will receive a prompt to the login screen into the system.*



Need help or have questions?

Call your Provider Representative or CountyCare
Provider Services at 312-864-8200.



Open Enrollment & Redetermination

Help Your Patients Stay Covered

[Open enrollment](#) and [redetermination \(REDE\)](#) are two important State of Illinois processes that impact your patients Medicaid coverage and continuity of care.



Open Enrollment

Open enrollment occurs once a year based on the member's anniversary date with their health plan. Medicaid members can select a new health plan or stay with their current health plan. Enrollees will receive a letter in the mail from HealthChoice Illinois about two months before their anniversary date explaining how they can select a health plan. To stay with CountyCare, members don't need to do anything – they will automatically be re-enrolled.

Why is open enrollment important to providers?

Encourage your patients to choose or stay with CountyCare during their open enrollment period. Members will continue to receive all the benefits of being a CountyCare member as well as any ongoing services with your provider office.



Redetermination

REDE is the annual process of reviewing eligibility for the Medicaid program. This date does not correlate with member's open enrollment date. Enrollees will receive forms in the mail from Illinois Department of Human Services (IDHS). The forms must be completed and returned, or they will lose their Medicaid coverage. The enrollee also has the option to complete their REDE forms on the [state's website](#). You can view REDE dates for your patients in our secure [Provider Portal](#).

Why is redetermination important to providers?

Encourage your patients to submit their REDE paperwork by the deadline imposed by the state to maintain their Medicaid benefits. This will ensure no break in their coverage.



Need help or have questions?

Call your Provider Representative or CountyCare Provider Services at 312-864-8200.

