



Long Term Care (LTC) Quick Reference Guide

Key Resources

<p>CountyCare Website</p>	<p>www.countycare.com</p> <ul style="list-style-type: none"> • Provider resource page • Specific billing and claim resources, including current claim projects • Request a contract • Remark Code Description Matrix
<p>CountyCare Provider Portal</p>	<p>http://www.countycare.com/providers/portal</p> <ul style="list-style-type: none"> • Submit authorizations • Check authorization status • View member eligibility • Check claims status • View EOPs • Important documents and forms
<p>Universal Roster Template for provider/practitioner adds/changes/deletions</p>	<p>Providers should notify CountyCare 30 days in advance of changes pertaining to facility and/or billing information.</p> <p>Visit https://iamhp.net/providers or http://www.countycare.com/resources and click on <i>Universal IAMHP Roster Template</i>. Send completed roster to: CountyCareProviderRosterSubmission@cookcountyhhs.org with a cc to your Provider Representative</p>

Key Contacts

<p>Provider Relations Representative</p>	<p>✉ Email ProviderService@countycare.com or contact assigned Provider Representative directly to discuss escalated Issues, concerns, questions as well as requests for training (plan, benefits, portal, processes, etc.)</p>
<p>Member & Provider Services Mon - Fri: 8:00AM - 6:00PM CT Saturday: 9:00AM - 1:00PM CT</p>	<p>☎ 312-864-8200 /855-441-1661 toll free/711 TTY/TDD</p>



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<p>Member & Provider Services (cont.) Mon - Fri: 8:00AM - 6:00PM CT Saturday: 9:00AM - 1:00PM CT</p>	<p>Live representative service assistance offered:</p> <ul style="list-style-type: none"> • Check member eligibility • Check member benefits • Check claims status • Claims reconsiderations • Request authorization • Report a Critical Incident • File Grievance or Medical Appeal • 24 Hour Nurse Hotline
<p>Fraud, Waste and Abuse</p>	<p>☎ 844-509-4669 toll free</p>
<p>Provider Grievances/Complaints</p>	<p>✉ Mail to: CountyCare Health Plan P.O. Box 21153 Eagan, MN 55121</p>

Eligibility Verification

<p>Eligibility for LTSS services (HCBS Waiver or LTC)</p>	<p>Contact CountyCare Provider Services ☎ 312-864-8200 / 855-444-1661</p>
<p>CountyCare Resources for non-LTSS services</p>	<p>Option One: Online via secure web portal 🌐 http://www.countycare.com/providers/portal</p> <p>Option Two: Automated interactive voice ☎ 312-864-8200 or 855-444-1661 Toll free Provider Service number and follow prompts to speak with a representative</p>
<p>Illinois MEDI</p>	<p>Log in to the State MEDI System 🌐 www.myhfs.illinois.gov</p>





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Prior Authorizations & Notifications






<p>Prior Authorization Contact Information:</p> <p>☎ 312-864-8200 option 5 / 855-441-1661 toll free/ 711 TTY/TDD</p>	
<p>Request a New Prior Authorization or Check Authorization Status</p>	<p>Option One: Online via secure web portal 🌐 http://www.countycare.com/providers/portal</p> <p>Option Two: Submit authorization form via fax. Authorization forms available here on CountyCare website.</p> <ul style="list-style-type: none"> 📠 Inpatient Medical Fax: 800-856-9434 📠 Outpatient Medical Fax: 866-209-3703 📠 Inpatient/Outpatient Behavioral Health Fax: 800-498-8217 <p>Option Three: ☎ 312-864-8200 option 5</p>
<p>Prior Authorization Appeals</p>	<p>✉ Mail to: CountyCare Health Plan P.O. Box 21153 Eagan, MN 55121</p>
<p>Care Management Referrals for Members in HCBS Waivers</p>	<p>CountyCare service plans you receive from CountyCare care coordinators serve as your authorization. Service plan data will be used by CountyCare to pay claims; therefore, authorization numbers will not be required for claims payment of any service on a valid CountyCare service plan.</p> <p>For questions about current CountyCare members and their HCBS service plans call: ☎ 312-864-8200 and ask to be routed to the member’s care coordinator</p>



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<p>Care Coordination</p>	<p>Option One: For members with assigned Care Coordinator  312-864-8200 and ask to be routed to the member's care coordinator</p> <p>Option Two: Refer a member for Care Coordination  http://www.countycare.com/providers/find-your-case-coordinator</p>
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Claims & Billing

<p>Claims & Configuration Projects</p>	<p>Click HERE to access the latest updates on known claims and configuration projects</p>
<p>Provider Billing Guidelines</p>	<p>Click HERE to access CountyCare's Provider Billing Manual</p>
<p>Claims Reconsiderations</p>	<p>Option One:  312-864-8200</p> <p>Option Two: <i>New feature coming to Provider Portal Feb 2019</i>  http://www.countycare.com/providers/portal</p>
<p>Claims Appeals</p>	<p>Option One:</p> <p> Mail to: CountyCare Health Plan P.O. Box 211592 Eagan, MN 55121-2892</p> <p>Or  Fax: 312-548-9940</p> <p>Option Two: <i>New feature coming to Provider Portal Feb 2019</i>  http://www.countycare.com/providers/portal</p>



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Submitting additional MEDI information

Option One: Send a secure, encrypted email

PatientCreditFile@countycare.com

1. Subject Line: MEDI PCF Screenshot [Company Name or Facility Location]
2. Include the following (can be in email or excel)
 - Facility TIN
 - Member Name
 - Dates of Service
 - Member Medicaid ID #/RIN
 - Claim #
3. Filename for corresponding MEDI screenshots: claim number and Medicaid ID number/RIN

Option Two: For paper claims **ONLY**

✉ Mail to:

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

Include MEDI documentation with the claim upon submission: Documentation will be scanned with claim