



## CountyCare Behavioral Health FAQs

1. **What are the requirements to join the CountyCare Behavioral Health (BH) network?**

**Answer:** To be eligible for participation in the CountyCare BH network, the provider must be a State licensed organization identified as a Medical Provider Type 36 by HFS that provides mental health, or Provider Type 75, for substance use treatment services to Cook County Residents.

2. **How long does it take to be approved to join the CountyCare BH network?**

**Answer:** Assuming that the provider completes and returns all necessary documentation within 30-45 days, credentialing takes a minimum of 45 days, followed by a 30 day in load period. Total time is may be approximately 90 days but could take longer.

3. **How are billing rates established and what are they based on?**

**Answer:** CountyCare pays at standard Medicaid rates for Covered Services as defined by the IL Medicaid program.

4. **Who do I contact at CountyCare to initiate request to join the network?**

**Answer:** Please contact Daujuana Paramore, Business Manager of Provider Relations, at [dparamore@cookcountyhhs.org](mailto:dparamore@cookcountyhhs.org), or at 312-864-0921.

5. **Once I get a contract, and begin to bill for serves provided, how do I submit claims for payment?**

**Answer:** Billing guidelines are detailed in our Provider Manual which can be found on our website. All new providers receive an orientation on claims submission by an assigned provider representative as well.