



CountyCare
HEALTH PLAN

Claim Review Submission Portal User Guide

Updated September 2019



Claim and Medical Necessity Reviews

- Providers have the right to request a review of any claim decision made by CountyCare. The review process affords the provider the opportunity to refute a denial of payment, or provide corrected information to the original request. Provider claim reviews may be submitted for any of the following denial reasons: timely filing, review of contract rate/ payment, duplicate claim, authorization, or other unforeseen reason.
- All requests for claim reviews **must be received within 60 calendar days from the date of the Explanation of Payment (EOP) or Remittance Notice.**
- Please refer to the CountyCare Provider Manual for more information:
<http://www.countycare.com/providers/provider-manual>



Provider Portal - Overview

- Portal access is available for contracted providers only.
- Access the CountyCare Provider Portal home page here:
<http://www.countycare.com/providers/portal>
- Authorization status and new prior authorization requests can be accessed directly here: <https://www.myidentifi.com>
- User Roles
 - Administrator – access all portal functionality AND able to create user accounts under TIN
 - User – access to all portal functionality BUT cannot create user accounts under TIN
- Passwords will expire every 6 months

For New Users

You can self-register for the CountyCare Provider Portal using your practice Tax ID Number (TIN) here: <https://countycare.valence.care/>

To access online authorizations: The "Authorization Provider Portal Registration" form is required for new users. Please visit <http://www.countycare.com/providers/portal>

Provider Portal Log In Page

<http://www.countycare.com/providers/portal>



IF YOU HAVE QUESTIONS, CALL US AT

312-864-8200

SELECT OPTION 2

Log In Here

Username [Forgot?](#)

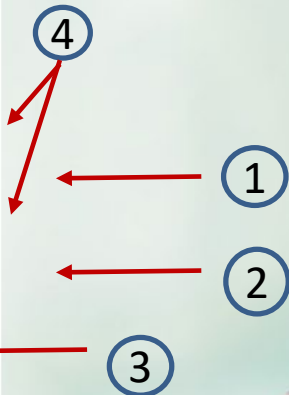
thurman

Password [Forgot?](#)

Log In

Don't have a Member Account?
Register here.

Don't have a Provider Account?
Register here.



1. Enter Your "Username"
2. Enter your "Password"
3. Click "Log In"
4. If you forgot your username or password, click "Forgot?" and enter email address to obtain further instructions

CountyCare Health Plan | Administrative Offices: 1900 West Polk Street, Suite 220C | Chicago, IL 60612 | countycare.com | 312-864-8200



Submit a New Claim Review



Provider Portal

Member Lock +

Home Claims Eligibility Resources Administration Portal Acc

Home

Contact CountyCare

Use the below screen to send us a secure message with an attachment to your message. Clicking on the message type will take you to a description of your options.

Providers, select the reason for appeal from the dropdown menu and search for the claim.

The claim number is required for all

Contact The Health Plan

Inbox

Document List

Diagnosis List

Procedure List

Provider List

1. Click “Resources” on the menu bar then “Contact the HealthPlan” in the dropdown

2. Select which type of claim review

- Claim Review
- Medical Necessity

3. Select Reason for Review

Message

Your Name Provider Test

* Message Type

Claim Review
Medical Necessity

2

Providers Select Reason for Review

Attachment

Authorization
Duplicate
Member Eligibility
Other
Paid Incorrectly
Processed as Out of Network
Untimely Filing

3

Submit a New Claim Review (continued)

4. Upload a completed **Provider Claim Review Form** and any other applicable attachments
5. Click on the magnifying glass icon to search for the claim number for this appeal request
6. Enter additional details if needed

Then click submit

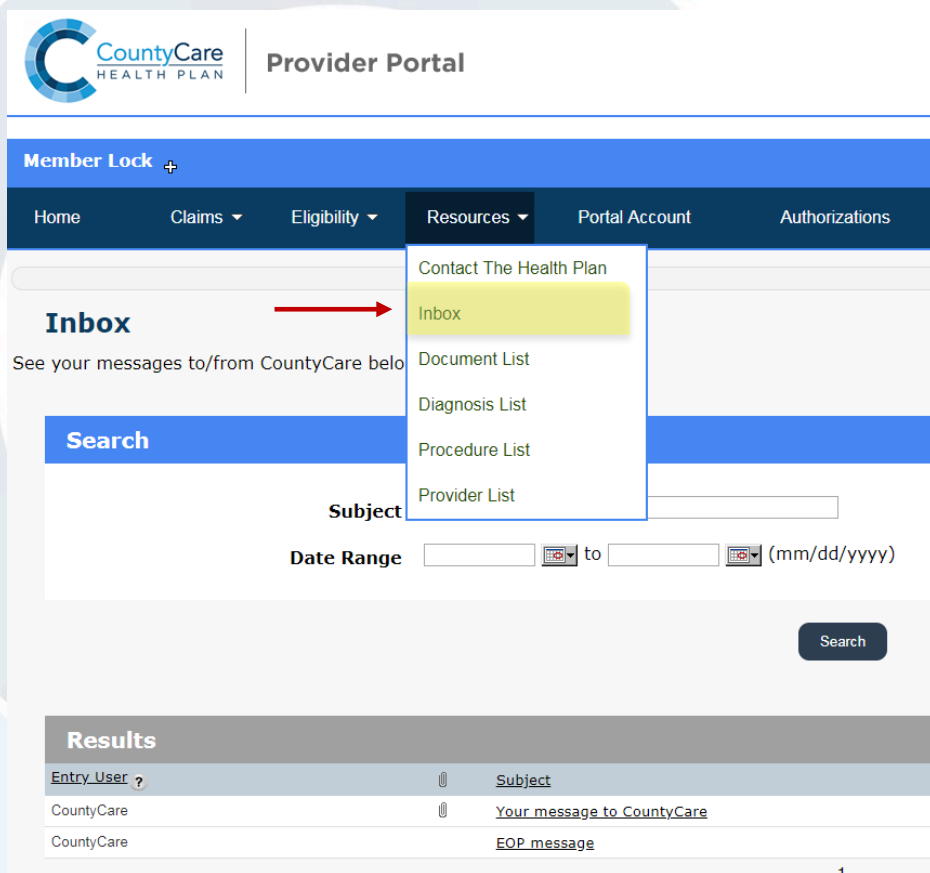
The screenshot shows a web form with the following elements:

- Attachment** section: A yellow header bar. Below it are links for [Upload](#), [View](#), and [Clear](#). A dark blue button labeled "Add Another Attachment" is positioned below the links.
- Claim No** section: A dark blue button with a magnifying glass icon and the text "Clear Claim".
- Member No** section: A dark blue button with a magnifying glass icon and the text "Clear Member".
- Description & Contact Information** section: A yellow header bar above a large, empty text input field.
- Submit** and **Cancel** buttons: Located at the bottom right of the form, with a red arrow pointing to the "Submit" button.

Annotations on the left side of the form:

- A circled "4" with a red arrow pointing to the "Attachment" header.
- A circled "5" with a red arrow pointing to the magnifying glass icon in the "Claim No" section.
- A circled "6" with a red arrow pointing to the "Description & Contact Information" header.

Claim Review Receipt Confirmation



The screenshot displays the CountyCare Provider Portal interface. At the top left is the CountyCare Health Plan logo. The main navigation bar includes 'Home', 'Claims', 'Eligibility', 'Resources', 'Portal Account', and 'Authorizations'. The 'Resources' dropdown menu is open, showing options: 'Contact The Health Plan', 'Inbox' (highlighted in yellow), 'Document List', 'Diagnosis List', 'Procedure List', and 'Provider List'. A red arrow points from the 'Inbox' text in the main content area to the 'Inbox' option in the dropdown. Below the navigation bar, there is an 'Inbox' section with a search bar and a 'Date Range' selector. The 'Results' section shows a table with columns 'Entry User' and 'Subject'.

Entry User	Subject
CountyCare	Your message to CountyCare
CountyCare	EOP message

- An email with a reference ticket number will be sent following submission of a claim review through the Provider Portal.
- Click “Resources” on the menu bar then “Inbox” in the dropdown to review confirmation messages as well as ticket status updates.

Claim Review Resolution

- CountyCare will provide a substantive response intended to resolve the review after receipt of the review request. That resolution may be:
 1. Reprocessing your claim and issuing a notice to you on a current EOP and payment, or
 2. A determination that reprocessing is not appropriate and issuing you an EOP to that effect.
- The Provider Portal Claim Review ticket will be updated with one of the following resolution statuses:
 - Review Reviewed, No Further Benefit Payable
 - Review Denied, No Authorization Received
 - Review Received and Reviewed, Additional Payment is Warranted

For More Information

- Contact your Provider Relations Representative or email us: ProviderServices@countycare.com
- Visit our Provider website at <http://www.countycare.com/providers>

The screenshot shows the CountyCare Health Plan website interface for providers. The top navigation bar includes 'FIND A PROVIDER', 'CCHHS', 'CALL US 312-864-8200', 'SELECT LANGUAGE', and social media icons. The main navigation menu has 'NEW TO COUNTYCARE?', 'ABOUT COUNTYCARE', 'FOR MEMBERS', 'FOR PROVIDERS', and 'RESOURCES'. The 'FOR PROVIDERS' section is active, displaying a sidebar with various links and a main content area with a 'For Providers' heading, a welcome message, contact information, and three action buttons: 'Provider Login', 'Provider Manual', and 'For New Providers'. Below these are three large buttons for finding a care manager, inpatient billing information, and a quick reference guide.

CountyCare HEALTH PLAN

FIND A PROVIDER CCHHS CALL US 312-864-8200 SELECT LANGUAGE

NEW TO COUNTYCARE? ABOUT COUNTYCARE FOR MEMBERS **FOR PROVIDERS** RESOURCES

For Providers

Provider Login
Prior Authorizations
Clinical Practice Guidelines & Minimum Standards of Care
Claims and Electronic Transactions
Contracts and Letter of Agreement Requests
Eligibility Verification
Critical Incidents
Fraud, Waste and Abuse System
Rights and Responsibilities
Pay-for-Performance Program
Provider Billing Resources
Provider Complaints, Member Grievances, and Member Appeals
Preferred Drug List
Provider Notices
Provider Resources

For Providers

Thank you for being a part of the CountyCare provider network. Here, you can view a claims status, connect with your care manager, access pre-authorizations and much more.

Have a question? Call us at **312-864-8200**, option 6.

Provider Login
Provider Manual
For New Providers

Click Here to Find Your Member's Care Manager
Click Here For Important Inpatient Billing Information
Click Here For CountyCare's Quick Reference Guide