



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>

The screenshot shows the CountyCare Health Plan Provider Portal Log In Page. The page features a dark blue header with the CountyCare Health Plan logo on the left and the phone number 312-864-8200 in the center, with the text "IF YOU HAVE QUESTIONS, CALL US AT" above it and "SELECT OPTION 2" below it. The main content area has a light blue background with a large photo of a smiling man wearing a hat. On the left side of the main content area is a white box titled "Log In Here" containing a login form. The form has two input fields: "Username" (with the text "thurman" entered) and "Password" (with masked characters "*****" entered). Each input field has a "Forgot?" link to its right. Below the input fields is a green "Log In" button. At the bottom of the white box are two dark blue buttons: "Don't have a Member Account? Register here." and "Don't have a Provider Account? Register here." Four numbered red arrows point to specific elements: arrow 1 points to the "Forgot?" link next to the Username field; arrow 2 points to the "Forgot?" link next to the Password field; arrow 3 points to the "Log In" button; and arrow 4 points to the "Forgot?" link next to the Username field. To the right of the main content area is a white box containing a numbered list of instructions.

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. You can include an attachment to your message. Clicking on the link will take you to a description of your i

Providers, select the reason for appeal from the dropdown menu. You can also 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 for submitting a new claim review. It includes sections for attachments, claim and member numbers, and a description. Numbered annotations (4, 5, 6) with red arrows point to specific elements: 4 points to the 'Attachment' header, 5 points to the magnifying glass icon in the 'Claim No' field, and 6 points to the 'Description & Contact Information' text area. At the bottom right, a red arrow points to the 'Submit' button.

Attachment

[Upload](#) [View](#) [Clear](#)

[Add Another Attachment](#)

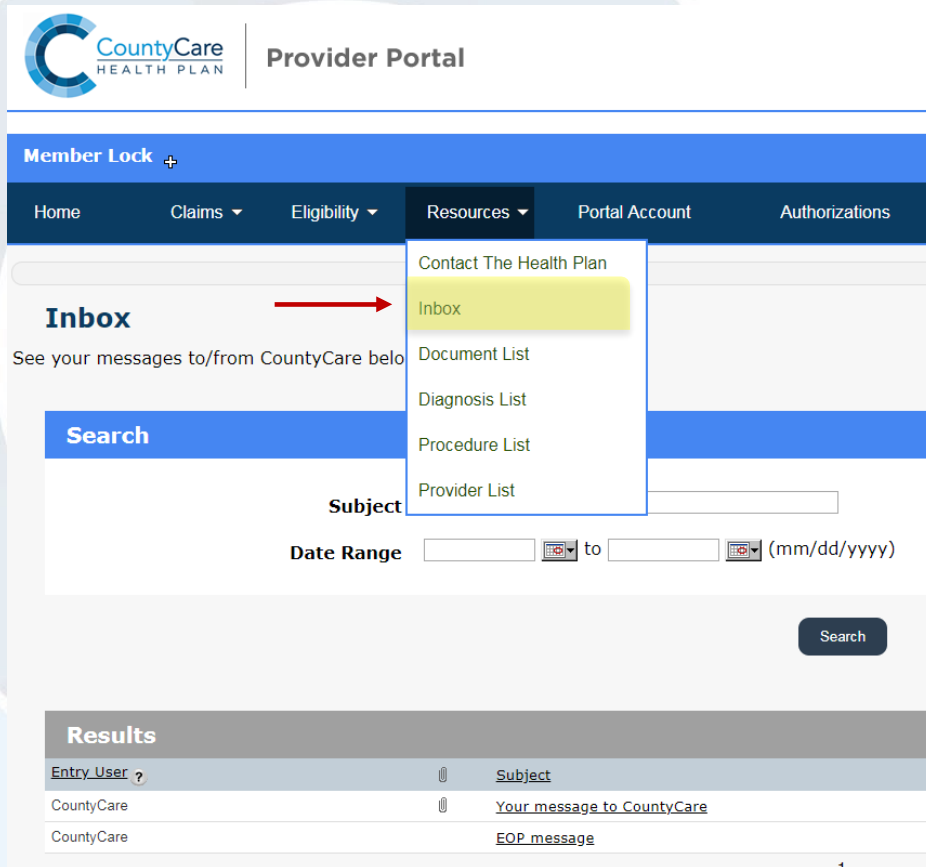
Claim No [Clear Claim](#)

Member No [Clear Member](#)

Description & Contact Information

[Submit](#) [Cancel](#)

Claim Review Receipt Confirmation



CountyCare HEALTH PLAN | **Provider Portal**

Member Lock +

Home Claims ▾ Eligibility ▾ **Resources ▾** Portal Account Authorizations

Inbox
See your messages to/from CountyCare below

Search

Subject

Date Range to (mm/dd/yyyy)

Search

Results

Entry User ?	Subject
CountyCare	Your message to CountyCare
CountyCare	EOP message

1

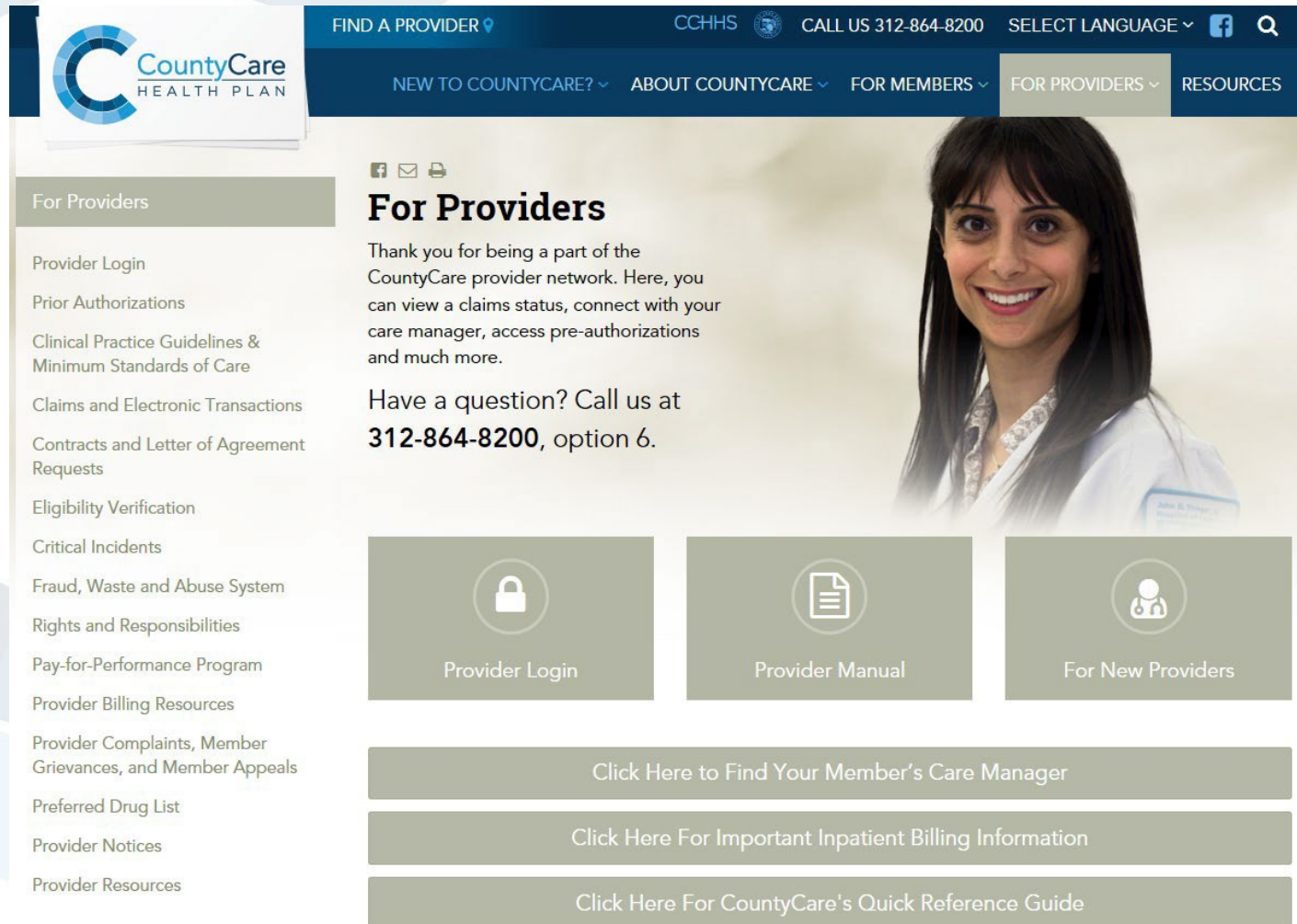
- An email with a reference ticket number will be sent following submission of a claim review through the Provider Portal.
- Click “Resources” on the menu bar then “Inbox” in the dropdown to review confirmation messages as well as ticket status updates.

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: CountyCareProviderServices@cookcountyhhs.org
- Visit our Provider website at <http://www.countycare.com/providers>



The screenshot displays the CountyCare Health Plan Provider website. The header features the CountyCare Health Plan logo, navigation links such as 'FIND A PROVIDER', 'CGHHS', 'CALL US 312-864-8200', 'SELECT LANGUAGE', and a search icon. A secondary navigation bar includes 'NEW TO COUNTYCARE?', 'ABOUT COUNTYCARE', 'FOR MEMBERS', 'FOR PROVIDERS', and 'RESOURCES'. The main content area is titled 'For Providers' and includes a list of links on the left: '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', and 'Provider Resources'. The central text area welcomes providers and provides contact information: 'Have a question? Call us at 312-864-8200, option 6.' Below this are three buttons: 'Provider Login', 'Provider Manual', and 'For New Providers'. At the bottom, there are three large buttons: 'Click Here to Find Your Member's Care Manager', 'Click Here For Important Inpatient Billing Information', and 'Click Here For CountyCare's Quick Reference Guide'.

CountyCare HEALTH PLAN

FIND A PROVIDER  CGHHS  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