



# Provider Orientation Training



**CountyCare**  
HEALTH PLAN  
AN ILLINOIS MEDICAID HEALTH PLAN

# Health Plan Overview: Who are We?

CountyCare is a Managed Care Community Network (MCCN) contracted with the Illinois Department of Healthcare and Family Services (HFS) to serve Cook County, Illinois members through the HealthChoice Illinois Program

- HealthChoice Illinois is the new state Medicaid managed care program as of January 1, 2018.
- Members who were previously enrolled with an HFS FHP/ACA, ICP, or MLTSS managed care health plan were all transitioned to the HealthChoice Illinois program

CountyCare has the expertise to work with Medicaid managed care members to improve their health status and quality of life.



# CountyCare Health Plan (CCHP) Mission

CountyCare focuses on providing improved health status, successful outcomes, and member and provider satisfaction in a coordinated care environment. The CountyCare Health Plan (CCHP) has been designed to achieve the following goals:

- Ensure access to primary and preventive care and services
- Ensure care is delivered in the best setting to achieve an optimal outcome
- Improve access to all necessary healthcare services
- Encourage quality, continuity, and appropriateness of medical care
- Provide medical coverage in a cost effective manner



# CountyCare Health Plan (CCHP) Service Area

Map of Cook County, Illinois

CountyCare offers Medicaid health plan services to HFS enrollees who live in Cook County, Illinois

Contracted providers may be located in areas outside of Cook County








# CountyCare Key Affiliations

Vendor	Scope of work
	Third party administrator (back office), utilization management, member and provider services
    	Care management
	Pharmacy benefits management



# CountyCare Key Affiliations

Vendor	Scope of work
 <p><b>EyeQuest.</b> A product of DentaQuest</p>	Vision benefits management
 <p><b>DentaQuest.</b></p>	Dental benefits management
 <b>COOK COUNTY HEALTH</b>  <b>First Transit</b>	Transportation benefits management
 <p><b>CGG CHRYSLIS</b> CONSULTING GROUP</p>	Children's crisis & referral



# Healthchoice Illinois

Eligibility is determined by Illinois Client Enrollment Services (ICES).

- Seniors (65+ years old)
- Adults (19+ years old) in the ICP population
- Pregnant women and families with children under the age of 19
- Individuals age 19-64 who qualify based on FPL

## Exclusions:

- Individuals enrolled in with Dual Medicaid/Medicare (MMAI)
- Individuals with spend-down
- Individuals in the Illinois Breast and Cervical Cancer program
- Individuals with Third Party Insurance
- Individuals with presumptive eligibility

# Overview of Prior Authorization Portal

<http://www.countycare.com/providers/prior-authorizations>

The screenshot shows the CountyCare Health Plan website. The top navigation bar includes the CountyCare logo, a search bar, and links for 'FIND A PROVIDER', 'ABOUT COUNTYCARE', 'FOR MEMBERS', 'FOR PROVIDERS', and 'RESOURCES'. The 'FOR PROVIDERS' link is highlighted. A sidebar on the left lists various provider resources. The main content area features a text block about updated Prior Authorization forms and a 'Prior Authorizations' section with a link to 'Prior Authorization CPT Look-up'.

**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
- Pav-for-Performance Program

Effective March 1, 2018, CountyCare is requiring the use of updated Prior Authorization forms for Medical Inpatient, Medical Outpatient, and Behavioral Health Services. New Prior Authorization Forms for Medical and Behavioral Health Services were re-designed to help CountyCare and our providers more effectively and efficiently process prior authorization requests. Previous versions of these forms will no longer be accepted after March 31, 2018. Authorization requests submitted on the old forms will be rejected and returned.

## Prior Authorizations

[Prior Authorization CPT Look-up](#)

### Medical Services Prior Authorizations

For faster turn-around-time and easier tracking- submit your Medical Prior Authorization request via the CountyCare Provider Portal! Click here to [Login](#) or find out more information

Call 312-864-8200 711 TTD/TTY Option 4

The screenshot shows the 'Prior Authorization CPT Look-up' page. It features the CountyCare logo and navigation links. The main content area displays the filename 'CPTCodeList12212018.xlsx', the last modified date '12/21/2018 12:20:55 PM', and the filesize '1.49 MB'. A 'View / Download' button is visible.

CountyCare.com / Resources / Prior Authorization CPT Look-up

## Prior Authorization CPT Look-up

Filename	CPTCodeList12212018.xlsx
Last Modified	12/21/2018 12:20:55 PM
Filesize	1.49 MB

[View / Download](#)

For faster turn-around-time and easier tracking- submit Prior Authorization request via the CountyCare Provider Portal! [Click here to Login](#)



# Prior Authorization Turn-Around-Times

Prior authorization for any service, including behavioral health, should be requested at least 14 calendar days before the requested service delivery date.

CountyCare decisions for requests for authorization are made within 48 hours or four (4) calendar days of the request, with a possible extension of up to an additional 48 hours or four (4) calendar days, if additional clinical information is needed.

For urgent/emergent requests, a decision is made within 48 hours of receipt of all necessary information.

“Necessary information” includes the results of any face-to-face clinical evaluation (including diagnostic testing) or second opinion that may be required. Failure to submit necessary clinical information can result in an administrative denial of the requested service.



# Prior Authorization Fax Numbers

Prior Authorization Type	Fax Number
Inpatient Medical	1-800-856-9434
Outpatient Medical	1-866-209-3703
Inpatient/Outpatient Behavioral Health	1-800-498-8217
Dental Prior Authorization (DentaQuest)	1-262-834-3589
Vision Prior Authorization (EyeQuest)	1-888-696-9552
Prescription Drug Services (MedImpact)	1-858-790-7100
Specialty Pharmacy Services Prior Authorization (MedImpact)	1-858-790-7100

Updated prior authorization forms are available at [www.countycare.com](http://www.countycare.com)

# Eligibility, Claims and Balance Billing



# Checking Member Eligibility

*Eligibility should be verified on each date of service*

ID Cards are not a guarantee of active member eligibility

1. **Secure online:** provider portal [www.countycare.com/provider/login](http://www.countycare.com/provider/login)
2. **Touch Tone Automated Phone Line:** Call our 24-hour member eligibility interactive voice response (IVR) system at 312-864-8200 / 855-444-1661 / 711 TTD/TTY
3. **CountyCare Provider Services:** If you cannot confirm a member's eligibility using the methods above, call us at 312-864-8200 / 855-444-1661 / 711 TTD/TT

**Will need to provide the following**

- ✓ Member Name
- ✓ Member ID Number
- ✓ Member DOB

4. State MEDI system at [www.myhfs.Illinois.gov](http://www.myhfs.Illinois.gov)



# Member Identification Cards

- ✓ Members should present their ID cards at the time of service
- ✓ Request to see a photo ID if you are not familiar with the member
- ✓ Contact Provider Services for any suspected fraud at 1-312-864-8200



**Member Name:**

**Medicaid ID#:**

**Effective Date:**

**PCP Name:**

**PCP Number:**

If you have an emergency, call 911 or go to the nearest emergency department (ED). You do not have to contact CountyCare for an okay before you get emergency services. If you are not sure whether you need to go to the ED, call your PCP or CountyCare's nurse line at 312-864-8200 / 855-444-1661 (toll-free) / 711 (TDD/TTY). The nurse line is open 24 hours a day.

**Members:**

Member Services, Behavioral Health &  
24/7 Nurseline:  
312-864-8200 / 855-444-1661 (toll-free)  
TDD/TTY: 711

**Providers:**

24/7 IVR Eligibility Inquiry and Prior Auth:  
312-864-8200 / 855-444-1661

**Provider claims and EFT/ERA information via web:**  
[www.CountyCare.com](http://www.CountyCare.com)

**Payer ID#:** 06541

**Medical and Behavioral Health Claims:**  
CountyCare  
Attention: CLAIMS  
PO Box 211592  
Eagan, MN 55121-2892

**Rx:** MedImpact  
**RxBIN:** 017142  
**RxPCN:** ASPROD1  
**RxGroup:** CCX01

# Confirming Eligibility for LTSS Services

## To Verify Qualifications for

- Home and Community-Based Waiver Services (HCBS)
- Supportive Living Facilities (SLF)
- Long Term Care (LTC)

## Contact CountyCare Member Services to verify if member is eligible

- Eligibility is determined by the State of Illinois
- Member answers a series of questions using the Determination of Need (DON) assessment tool and provided an overall score
- State evaluates the DON score and makes the determination of eligibility

# Basic Claim Requirements for Payment

- ✓ Submit claim within 180 days from the date of service
- ✓ All requests for claim reconsideration, corrected claims, claim disputes or appeals **must be received within 60 calendar days from the date of the Explanation of Payment (EOP) or Remittance Notice.**
- ✓ Ensure the Member is effective with CountyCare on service date
- ✓ Service is covered benefit on service date
- ✓ Prior authorization processes were followed
- ✓ Billing guidelines were followed  
<http://www.countycare.com/providers/provider-billing-resources>

Electronic claims submission for medical and behavioral health services use  
Change Healthcare Payer ID: 06541

# Electronic Funds Transfer (EFT)

CountyCare provides Electronic Funds Transfer (EFT) to its participating providers. Using EFT helps reduce costs and can improve cash flow. CountyCare Health Plan has joined the InstaMed Network to deliver your payments via free electronic remittance advice (ERA) and electronic funds transfer (EFT). To receive CountyCare Health Plan payments as free ERA/EFT, register at [www.instamed.com/eraeft](http://www.instamed.com/eraeft) by **January 19, 2018**.

ERA/EFT is a convenient, paperless and secure way to receive claim payments. Funds are deposited directly into your designated bank account and include the TRN Reassociation Trace Number, in accordance with CAQH CORE Phase III Operating Rules for HIPAA standard transactions. Additional benefits include:

You have two simple options to register for free ERA/EFT from InstaMed:

Online: visit [www.instamed.com/eraeft](http://www.instamed.com/eraeft)

Paper: [complete the enclosed order form](#) and fax it to (877) 755-3392



# Electronic Remittance Advice (ERA)

CountyCare also provides Electronic Remittance Advice (ERA) to its participating providers. Using ERA helps reduce costs and speeds secondary billings. For the initial ERA enrollment set-up with Change Healthcare, please contact Change Healthcare directly. If you currently work with a different clearinghouse for your Electronic Claims Submission, your clearinghouse would work directly with Change Healthcare to set up ERA. You can access the ERA enrollment form by clicking [here](#).

If you or your clearinghouse have any questions regarding the ERA enrollment process or form completion, please contact Change Healthcare Provider Support at [1-877-363-3666](tel:1-877-363-3666) and follow the appropriate prompts.

# Claims Mailing Addresses

Paper Claims Submission, Medical Appeals and Grievances addresses for all paper written communication: One address for all paper claims and appeals and a second address for all Grievances and Medical Appeals.

## Paper Claims Submission

For CountyCare members, all claims and encounters should be submitted to:

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

## Provider Complaints, Member Grievances, and Member Appeals

Provider Complaints may be submitted in writing to: **CountyCare Health Plan**  
P.O. Box 21153  
Eagan, MN 55121

Or you can call Provider Services at [312-864-8200](tel:312-864-8200) / [855-444-1661](tel:855-444-1661) / 711 TTD/TTY.

**ALL  
THE BENEFITS.**

**NONE OF THE COST.**

**Primary Care  
Engagement**



**CountyCare**  
HEALTH PLAN  
AN ILLINOIS MEDICAID HEALTH PLAN

# Primary Care Engagement

## Definition

- CountyCare Health Plan members are required to see their assigned primary care provider for services
- Patients requesting primary care appointments with a primary care provider to which they are not assigned should be redirected to their PCP of record or to CountyCare Member Services
- Primary care providers will only be reimbursed for appointments with members assigned to their panel

# How does CountyCare define a primary care claim?

## Included in definition

- ✓ **Claims with a Place of Service (POS)**
  - 11 – Office
  - 50 – FQHC
  - 71 – Public Health Clinic
  - 72 – Rural Health Clinic

*and*

- ✓ **Claims billed by providers in our system as a PCP**
  - You have indicated PCP = Yes on your monthly roster submission

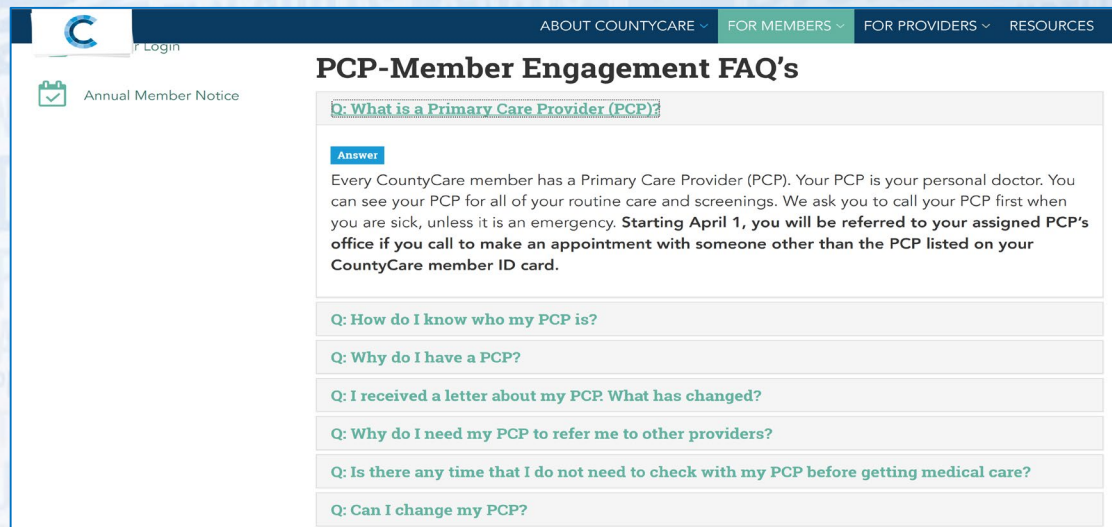
## Excluded from definition

- × **Any claim billed with a POS other than 11, 50, 71 or 72**
  - Examples: POS 15 = mobile unit; POS 03 = SBHC; or POS 04 = homeless shelter
- × **Women's healthcare providers such as OB/GYN**
  - Taxonomy codes: 207V00000X, 207VG0400X, 363LW0102X or 363LX0001X
- × **FQHC claims that also contain a mental health modifier**
  - Modifiers: AJ, AH or HO
- × **Claims submitted for an MLTSS or MLTSSW member**

# Member Engagement

Members are required to see assigned PCP for primary care services

- In April 2019, CountyCare began notifying members of the requirement to seek primary care services from their provider of record



The screenshot displays the CountyCare website's 'PCP-Member Engagement FAQ's' page. The page features a navigation bar with 'ABOUT COUNTYCARE', 'FOR MEMBERS', 'FOR PROVIDERS', and 'RESOURCES'. A 'Login' button is visible in the top left. A sidebar on the left contains a calendar icon and the text 'Annual Member Notice'. The main content area is titled 'PCP-Member Engagement FAQ's' and lists several questions with their corresponding answers. The first question is 'Q: What is a Primary Care Provider (PCP)?' with an answer stating that every CountyCare member has a PCP and that members should call their PCP first for routine care and screenings, starting April 1, unless it's an emergency. Other questions listed include 'Q: How do I know who my PCP is?', 'Q: Why do I have a PCP?', 'Q: I received a letter about my PCP. What has changed?', 'Q: Why do I need my PCP to refer me to other providers?', 'Q: Is there any time that I do not need to check with my PCP before getting medical care?', and 'Q: Can I change my PCP?'.

Source: <http://www.countycare.com/members/pcp-engagement>

# What to do when...

...a non-empaneled patient requests an appointment

- Patients requesting primary care appointments with a provider to which they are not assigned should be redirected to their provider of record or to CountyCare to change their primary care provider
- A member can change their PCP at any time
  - ✓ Log on to the CountyCare portal
  - ✓ Call CountyCare customer services
  - ✓ Fax a PCP Change form to 312-548-9940

A PCP change requested the 1<sup>st</sup> thru the 31<sup>st</sup> day of the current month will be effective the 1<sup>st</sup> day of the following month.

*For example, a PCP change request received August 1<sup>st</sup> thru August 31<sup>st</sup> would be effective September 1<sup>st</sup>*

# Provider Resources

**ONLINE  
RESOURCES**



**FOR  
TEACHING  
AND  
LEARNING**



# Provider Online Resources

Access 24 hours a Day, Seven Days Week

- Provider Manual
- Provider Forms
- Billing Manuals
- Companion Guide for Electronic Transactions
- Prevention and Clinical Care
- Prior Authorization Information
- Wellness Information

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

# Provider Portal

Real-time access to valuable information

**CountyCare**  
HEALTH PLAN

**312-864-8200**

## Log In Here

Username Forgot?

Password Forgot?

**Log In**

Don't have a Member Account?  
[Register here.](#)

Don't have a Provider Account?  
[Register here.](#)

Not A Member?  
[Learn More](#)

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

- ✓ Check Member Eligibility
- ✓ Claim Status Reports
- ✓ View EOP Payment Details
- ✓ Panel Roster
- ✓ View Prior Authorization Status
- ✓ Submit Prior Authorization Requests

# Portal Support

Questions or need additional assistance?



- ✓ Access the Provider Portal User Guide: [www.countycare.com/providers/portal](http://www.countycare.com/providers/portal)
- ✓ Contact your Representative
- ✓ Email questions to [ProviderServices@CountyCare.com](mailto:ProviderServices@CountyCare.com)

# Provider Manual

The Provider Manual Serves as a comprehensive reference tool and includes the following information

- Administrative Processes
- Prior Authorization and Referral Processes
- Claims and Encounter Submission Processes
- Plan Benefits
- Clinical Practice Guidelines
- Availability and Access Standards
- Care Management Programs
- Enrollee Rights

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

# How to get in touch with Network Management

## How to Contact Network Management?

	Contracted Provider Partners	Non- Contracted Providers
Email	Your assigned Representative email address is in the table below. You are encouraged to schedule routine on-site meetings with your assigned Representative.	Email <a href="mailto:ProviderServices@countycare.com">ProviderServices@countycare.com</a> The email queue is monitored, and issues are triaged to the appropriate expert for resolution. You will receive an email confirming that we have received and logged your issue within one business day.
Phone	Please contact CountyCare Provider Services at <b>312-864-8200, Option 6</b> . You can also use our Interactive Voice Response (IVR) system to verify eligibility. The Provider Services Representatives can assist you with eligibility and claim status. They can also connect you with your assigned Network Representative.	
Fax	Providers can fax us letters or information at <b>312-548-9940</b> . The fax queue is checked daily. Please allow 48 hours for a response. <b>Do not send claims, corrected claims, claim appeals, prior authorization, or clinical information to this fax number.</b>	

## Top 5 Reasons to Contact your Network Representative

1. To schedule an orientation to CountyCare for new staff or for ongoing education for existing staff.
2. To learn how to use electronic solutions for authorizations, claims status, and eligibility verification.
3. To obtain clarification of policies and procedures or your provider contract.
4. To learn about HEDIS and other quality programs and initiatives.
5. To learn how your practice can grow with CountyCare.

## Who is my CountyCare Representative?

Representative assignments for hospital systems, health care organizations and specific provider types are listed in the grid below. If your do not see your organization listed don't worry. Please contact us at [ProviderServices@countycare.com](mailto:ProviderServices@countycare.com) and we will connect you to a Representative. **Please allow 48 hours for contact.**



# Network Management

Representative	Email Address	Provider Organizations
<b>Tanisha Harvey</b>	<a href="mailto:tharvey@countycare.com">tharvey@countycare.com</a>	<ul style="list-style-type: none"> <li>• Ann &amp; Robert Lurie Hospital &amp; faculty practice providers</li> <li>• Sinai Health - Mount Sinai Hospital, Schwab Rehabilitation, Holy Cross &amp; affiliated medical groups</li> <li>• Northwestern Medicine hospitals &amp; medical groups</li> <li>• MetroSouth Medical Center &amp; affiliated physicians</li> <li>• Infinity Skilled Nursing Facilities</li> <li>• Alden Skilled Nursing Facilities</li> <li>• Little Company of Mary Hospital and affiliate physicians</li> <li>• Swedish Covenant Hospital &amp; Medical group</li> <li>• Roseland Hospital</li> <li>• University of Illinois Hospital, faculty practice providers &amp; Miles Square Clinic</li> </ul>
<b>Sabrina Rodriguez</b>	<a href="mailto:srodriguez@countycare.com">srodriguez@countycare.com</a>	<ul style="list-style-type: none"> <li>• Rush Health hospitals &amp; affiliated medical groups</li> <li>• Northwest Community Hospital</li> <li>• Kindred Hospitals</li> <li>• Shirley Ryan Ability Lab</li> <li>• Skilled Nursing Facilities</li> <li>• Supportive Living Facilities</li> <li>• Home Care Agencies</li> </ul>
<b>Diane Carreker</b>	<a href="mailto:dcarreker@countycare.com">dcarreker@countycare.com</a>	<ul style="list-style-type: none"> <li>• Pipeline Health - West Suburban, Louis A Weiss, Westlake Hospitals &amp; affiliated medical groups</li> <li>• MacNeal Hospital</li> <li>• St. Anthony Hospital &amp; Health Affiliates</li> <li>• University of Chicago Medical Center, Comers Children's, Ingalls Memorial Hospital &amp; affiliated medical groups</li> <li>• Advocate Healthcare</li> <li>• Amita Health</li> </ul>
<b>Alejandrina (Gina) Godinez</b>	<a href="mailto:agodinez@countycare.com">agodinez@countycare.com</a>	<ul style="list-style-type: none"> <li>• Saint Bernard Hospital &amp; Partners in Health PHO</li> <li>• Jackson Park Hospital &amp; affiliated medical group</li> <li>• South Shore Hospital</li> <li>• Shriners Hospital for Children</li> <li>• Apogee Health Partners</li> <li>• Oak Street Health</li> <li>• LaRabida Children's Hospital &amp; physicians</li> </ul>
<b>Scott Krugel</b>	<a href="mailto:skrugel@countycare.com">skrugel@countycare.com</a>	<ul style="list-style-type: none"> <li>• DASA/CMHC's</li> <li>• Behavioral Health (BH) providers</li> <li>• All BH Hospitals (even if apart of larger Hospital System)</li> <li>• Behavioral Health Consortium (BHC) agencies &amp; providers</li> </ul>

# Network Management

<b>ReTonya Ulmer</b>	<a href="mailto:rulmer@countycare.com">rulmer@countycare.com</a>	<ul style="list-style-type: none"> <li>• Cook County Health &amp; Ambulatory Community Health Network (ACHN) clinics</li> <li>• Northshore University Health System &amp; medical group</li> <li>• Norwegian American Hospital &amp; Century PHO &amp; NAH medical group</li> <li>• Loretto Hospital</li> <li>• Thorek Memorial Hospital &amp; affiliated providers</li> <li>• RML Specialty Hospital</li> </ul>
<b>Nakia Elliott</b>	<a href="mailto:nelliott@countycare.com">nelliott@countycare.com</a>	<ul style="list-style-type: none"> <li>• Hospice</li> </ul>
<b>Voytek Buczkowski</b>	<a href="mailto:vbuczkowski@countycare.com">vbuczkowski@countycare.com</a>	<ul style="list-style-type: none"> <li>• Mercy Hospital and affiliated physicians</li> <li>• Community First Medical Center</li> <li>• DME/Medical Supplies</li> <li>• Imaging Centers</li> <li>• Dialysis Facilities</li> <li>• Labs</li> </ul>
<b>Bridgette Adams</b>	<a href="mailto:badams@countycare.com">badams@countycare.com</a>	<ul style="list-style-type: none"> <li>• Waiver Providers - HCBS &amp; MLTSS</li> </ul>

# Quality Improvement





# Pay-for-Performance Program

- CountyCare is pleased to offer primary care providers a new pay-for-performance program for HEDIS Year 2020/Calendar Year 2019. The new program complements the revised primary care provider policy. The goal of the program is to offer a simple and focused, yet rewarding bonus structure for high quality performance.
- The below documents provide a list of the P4P measures and compliant codes and describe the mechanism through which performance will be evaluated and final payments calculated.
- [The population health tool, Vision](#), may be utilized to identify members with gaps in care or who need services captured by HEDIS measures. CountyCare providers are expected to provide high quality care, follow practice guidelines posted on CountyCare's website, and promote member self-management through getting needed care. In addition, care provided this calendar year will often support next year's HEDIS measure compliance, as measurement follows clinically appropriate look back periods.
- If you have any questions, please reach out to your Provider Relations representative or call Provider Relations at (312) 864-8200.

<http://www.countycare.com/providers/pay-for-performance-program>

# Provider P4P Measures HY2020/CY2019

CountyCare is pleased to offer primary care providers\* a new pay-for-performance program. The purpose of this document is to provide a list of the P4P measures and describe the mechanism through which performance will be evaluated and final payments calculated. Additional measures may be incentivized during the year at CountyCare's discretion. Note the target is the percent to achieve, not the percentile. More information about the P4P program may be found at <http://www.countycare.com/providers/pay-for-performance-program>.

Measure	Metric	Target	Bonus \$	Payout	Data Source
<b>Universal Population Measures (pay per visit)</b>					
APM	Metabolic Monitoring for Children and Adolescents (1-17 yrs) on Antipsychotics – One test for blood glucose or HbA1c	N/A	\$50	Quarterly	Claims
	Metabolic Monitoring for Children and Adolescents (1-17 yrs) on Antipsychotics – One test for LDL-C or cholesterol		\$50	Quarterly	Claims
PPC	Postpartum Visit (21-56 days after delivery)	N/A	\$20	Quarterly	Claims
	Prenatal Care - Initial prenatal visit in first trimester		\$20	Quarterly	Claims
<b>Jackpot Measures (pay per HEDIS compliant numerator if meet the target)</b>					
PPC	Postpartum Visit – 21-56 days after delivery	75%	\$100	End of HEDIS July 2020	Vision
	Prenatal Care Visit - Initial prenatal visit in first trimester	90%	\$100	End of HEDIS July 2020	Vision
<b>HEDIS Population Measures (pay per HEDIS compliant numerator if meet the target)</b>					
AAP	Adults' (20+ yrs) Access to Preventive/Ambulatory Health Services	90%	\$10	End of HEDIS July 2020	Vision
BCS	Breast Cancer Screening	70%	\$25	End of HEDIS July 2020	Vision
MMA	Medication Management for People (5-64 yrs) with Asthma	50%	\$50	End of HEDIS July 2020	Vision

## Payment Calculation

For Universal population measures – Payout will be quarterly. Payout will be based on adjudicated not yet paid claims data for services falling within the quarter. Bonus checks will be mailed or delivered by your Provider Representative (<http://www.countycare.com/Media/Default/pdf/PR-Rep-Team-Notice-Jan2019.pdf>).

For HEDIS population measures – Payout will be in July 2020, after final HEDIS rates are calculated in June 2020. Payout will be based on performance rates in Vision (<https://product.valencesolutions.com/login/Vision/>).

\*For non-Medical Home Network ACO and Cook County Health providers. MHN ACO and CCH providers – see your contract for your performance metrics.



# Required Provider Trainings

Completion of the following trainings on an annual basis is a contractual requirement. These trainings can be completed by downloading the presentation materials and [submitting an attestation form](#).

- Training Module Critical Incidents - Health Safety Welfare
- Training Module Cultural Competency
- Training Module Fraud, Waste and Abuse

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

# Cultural and Linguistic Competency

CountyCare is committed to having all CountyCare network providers fully recognize and care for the culturally diverse needs of the members they serve . To accomplish this aim, CountyCare has established a Cultural Competency Plan to help guide and monitor efforts to ensure cultural competency, building on CountyCare partner experience and established relationships in the communities served . CountyCare's Cultural Competency Plan is based on the adoption of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care, published by the US Department of Health and Human Services' Office of Minority Health in 2000 and NCQA Health Plan Standards and Guidelines . Culturally and linguistically appropriate services (CLAS) are healthcare services that are respectful of, and responsive to, the patient's cultural and linguistic needs. Care is designed to be effective understandable and respectful.

# Cultural Competence Take Aways

*To respond effectively and appropriately to different cultural/generational contexts in the provider setting*

- Seek first to understand others' point of views, then to be understood;
- Don't judge others by your own cultural standards;
- Don't assume your culture's way is the only way;
- Don't talk down to anyone-communicate effectively;
- Acknowledge & accept differences;
- Don't stereotype;
- Respect others' opinions;
- Be open to learning about other cultures and ideas;
- Give others the benefit of the doubt in dispute.

# Fraud, Waste, and Abuse

## FWA

CountyCare takes the detection, investigation, and prosecution of fraud and abuse very seriously, and has a fraud, waste, and abuse program that complies with Illinois and federal laws. CountyCare's fraud, waste and abuse program performs front and back end audits to ensure compliance with billing regulations.

A Special Investigation Unit (SIU) performs back end audits which, in some cases, may result in taking the appropriate actions against those who, individually or as a practice, commit fraud, waste and/or abuse, including but not limited to:

- Remedial education and/or training to attempt to eliminate the egregious action
- Increasingly stringent utilization review
- Recoupment of previously paid monies from a provider/practice
- Termination of provider agreement or other contractual arrangement
- Civil and/or criminal prosecution
- Any other remedies available to rectify the issue identified

# Fraud, Waste, and Abuse

## FWA

Some of the most common fraud, waste and abuse issues identified are:

- Unbundling of codes
- Up-coding
- Add-on codes without primary CPT
- Diagnosis and/or procedure code not consistent with the member's age/gender
- Use of exclusion codes
- Excessive use of units
- Misuse of benefits
- Claims for services not rendered

If you suspect or witness a provider inappropriately billing for Medicaid services or a member receiving inappropriate services, please call our anonymous and confidential hotline at 844-509-4669. CountyCare takes all reports of potential fraud, waste and/or abuse very seriously and will investigate all reported issues.

For more information on CountyCare's Fraud, Waste and Abuse system, please see the [Provider Manual](#).

# Critical Incidents

## ABUSE, NEGLECT, & EXPLOITATION

Critical incidents regarding member health, safety and welfare are defined by Illinois State law and involve actions that may jeopardize the health, safety and well-being of vulnerable adults by causing harm or creating a serious risk of harm to a person by their caregiver or other trusted individual, whether or not harm is intentional. CountyCare takes member health, safety and welfare very seriously, and has a reporting process that complies with Illinois and federal laws.

- Types of Critical Incidents
- Physical abuse – the willful infliction of physical pain or injury, or the willful deprivation of services necessary to the physical safety of an individual
- Psychological abuse – an act that inflicts emotional harm, invokes fear or humiliation, or otherwise negatively impacts the mental health or safety of an individual
- Neglect – the failure of an agency, facility, employee or caregiver to provide essential services necessary to maintain the physical and or mental health of a vulnerable adult
- Financial exploitation – the misuse or taking of the vulnerable adult’s property or resource by means of undue influence, breach of fiduciary relationship, deception, harassment, criminal coercion, theft or other unlawful or improper means



# Critical Incidents

## Reporting Requirements

Incidents involving member abuse, neglect and financial exploitation must be reported to the appropriate authorities, as mandated by state law. An incident must be reported before it can be investigated. Mandated reporters are required by law to report abuse, neglect and financial exploitation. Mandated reporters can be employees of facilities, community agencies and certain professionals, including doctors, nurses, psychologists, dentists, social service workers and law enforcement personnel. Others may report critical incidents voluntarily. In either case, the identity of the reporter is not disclosed without the written permission of the reporter, except when required by court order.

- How to Report a Critical Incident
- Critical incidents related to County Care members can be reported to County Care by fax, email, or phone.
- Fax a completed [Critical Incident Reporting Form](#) to 312-637-8312
- Email a completed [Critical Incident Reporting Form](#) to [countycarequalityofcare@cookcountyhhs.org](mailto:countycarequalityofcare@cookcountyhhs.org)
- Call Provider Services at [312-864-8200](tel:312-864-8200) / [855-444-1661](tel:855-444-1661) / 711 TTD/TTY
- You may also report a critical incident to the appropriate state agency, as follows:
  - For members age 18 and older – Contact the Illinois Department on Aging, Adult Protective Services Hotline at [866-800-1409](tel:866-800-1409)
  - For members in nursing facilities – Contact the Illinois Department of Public Health, Nursing Home Complaint Hotline at [800-252-4343](tel:800-252-4343) 24 hours a day.



# Access Standards-Provider Appointments

CountyCare monitors compliance and conducts ongoing Assessment regarding the availability and accessibility of services to members. Providers must adhere to these regulatory standards:

Appointment Type	Access & Wait Time Standards
Urgent Care	Within 24 Hours
Average Office Wait Time	Equal to or Less than One Hour
Provider Appointments	No More Than Six Scheduled per Hour
<b>Primary Care Provider (PCP) or Prenatal Care</b>	
Emergency Care	Triage Immediately
Non-Urgent Symptomatic	Within three weeks of the request
Routine Preventive Care	Within 5 weeks of the request
Prenatal Care –First Trimester	Within 2 weeks of the request
Second trimester	Within one week of Request
Third trimester	Within 3 days of request
Follow Up Post Discharge	Within 7 days of discharge
<b>Specialty Care provider</b>	
Routine Care (non-urgent)	Within 10 working days of the request
<b>Behavioral health</b>	
Non-Life threatening Emergency Care	Within 6 hours of request
Urgent Care	Within 24 hours
Routine care	Within 10 business days of request

# CountyCare Care Coordination Model



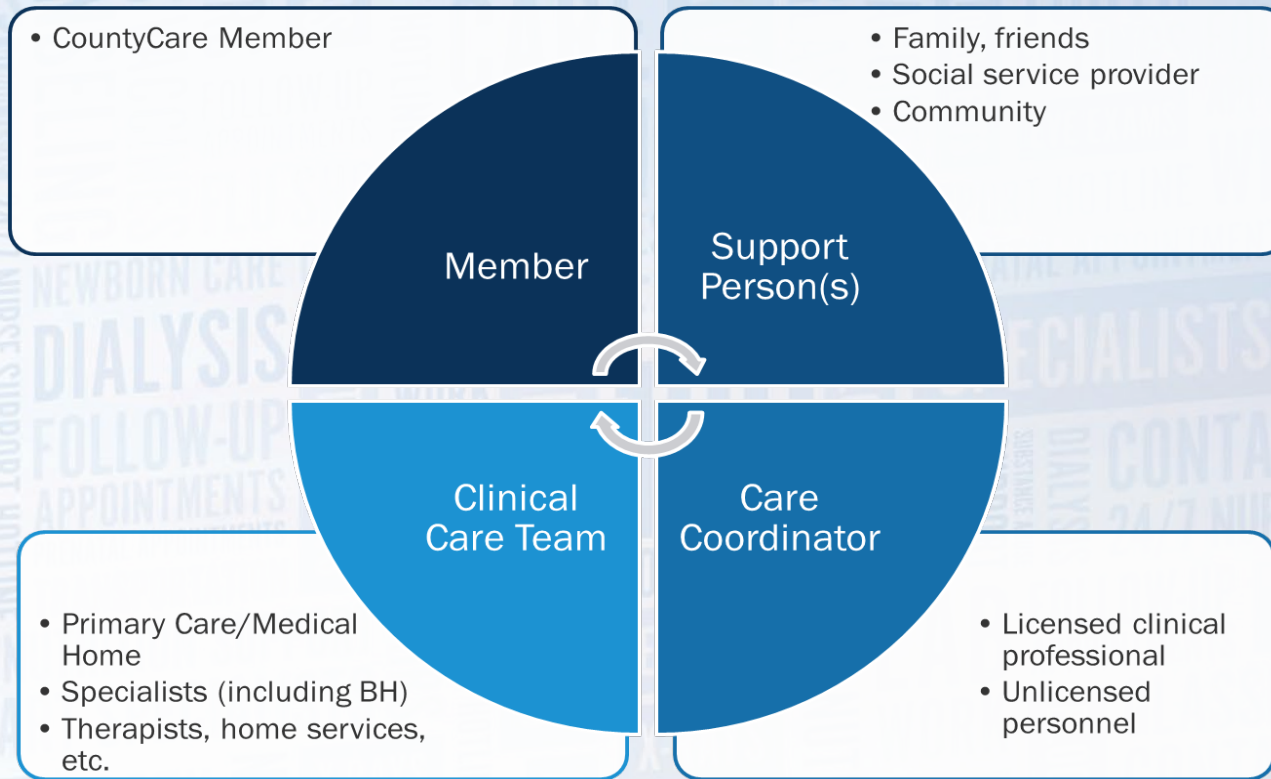
Care Management

Care Management is required for all high risk members, MLTSS, LTSS, pregnant women, children with special health needs and anyone who requests it

Universal Care Coordination

Members are offered targeted support as needed to overcome barriers to accessing care, support through health care transitions, and self-management support

# Integrated Care Team



# Care Management Activities

- Health Risk Screen (HRS)/Member Stratification Health Risk Assessment (HRA)
- Individualized Plan of Care (IPoC)
  - Member centered – member driven
  - Multiple partners included (Integrated Care Team)
  - Updated to address member changing needs
- (M)LTSS plan and authorization for in-home services
- Routine follow-up
- Transitions of Care



**Thank You!**



**CountyCare**  
HEALTH PLAN  
AN ILLINOIS MEDICAID HEALTH PLAN