



CountyCare
HEALTH PLAN

Provider Portal User Guide

Updated May 2019



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>
- 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

For New Users

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

NOTE: **Access to online authorizations is not immediate**, you will receive email when your access has been granted to view and submit electronic authorizations.

Provider Portal User Guide

Table of Contents:

- p. 4 Self-registration for new users
- p. 8 Create new user accounts (administrators only)
- p. 10 Login instructions
- p. 11 Home page menu bar and Member Lock
- p. 12 Claim status search
- p. 17 Remittance advice search
- p. 20 Member eligibility search (effective date and PCP assignment)
- p. 23 Panel roster
- p. 25 Request and view prior authorizations
- p. 30 Access Key Documents and Forms
- p. 31 Contact Information and Resources

Create New Account-Self Registration

<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

1. Click on "Don't have a Provider Account? Register here."

CountyCare Health Plan Administrative Offices: 1900 West Park Street, Suite 2200 | Chicago, IL 60612 | countycare.com | 312-864-8200

For New Users

NOTE: **Access to online authorizations is not immediate**, you will receive email when your access has been granted to view and submit electronic authorizations.



Create New Account-Self Registration

Please enter information in all fields then click “Next”

Provider Information

Please Note: For the required field of TIN you will need to enter a prefix of T in front of your Tax Identification Number (TIN), for example TIN is 091234567 so the field will need T091234567 populated (the field will need to be entered exactly as shown, please do not include any extra characters).

*Required Fields

How may we contact you?

* First Name	<input type="text"/>	?
* Last Name	<input type="text"/>	?
* Phone	<input type="text"/>	?
* Email	<input type="text"/>	?

Search for your Provider Office

* Tax ID Number	<input type="text" value="T"/>	← See note above explaining the “T”
-----------------	--------------------------------	-------------------------------------

© 2018 Copyright - Aldera.com - All Rights Reserved.
X03_95_27_11162017_P04



Create New Account-Self Registration

Please enter information in all fields then click “Submit”

User Information

Complete the below fields to establish a user account that will allow you to access the portal

*Required Fields

Enter User Information

* Last Name	<input type="text"/>	?
* First Name	<input type="text"/>	?
Middle Initial	<input type="text"/>	?
* Username	<input type="text"/>	?
* Password	<input type="password"/>	?
* Confirm Password	<input type="password"/>	?
* Password Question 1	<input type="text"/>	▼
* Password Answer 1	<input type="text"/>	
* Email	<input type="text"/>	?
* Confirm Email	<input type="text"/>	?

Please Note:

Passwords expire every 6 months, users will receive an email to remind them to change their passwords when they expire. Once the user has successfully created a new password, they will receive a prompt to the login screen to log into the system.



Create New Account-Self Registration



Please Note:

To continue with the self-registration process you will need to agree with the statement supplied. Scroll all the way down to the bottom of the screen, select **“Yes, I agree with the statement”** then click **“Next.”**

Terms and Conditions

 [Printer Friendly Format](#)

STANDARD TERMS OF USE

https://countycare.valence.care is owned and operated by CountyCare. The following Terms of Use apply to your use of https://countycare.valence.care and any of its information, features, or services (all together referred to as "the Website and Services"). You should carefully review the entire Terms of Use because by using the Website and Services you are agreeing to these Terms of Use.

NOTE:

Certain features of the Website and Services may be governed by additional terms of use, so please refer to those additional terms of use for more information. By agreeing to the Terms of Use, you are agreeing to all applicable terms and restrictions including these additional terms of use.

TERMS OF USE

In order to continue, you must agree with the statement.

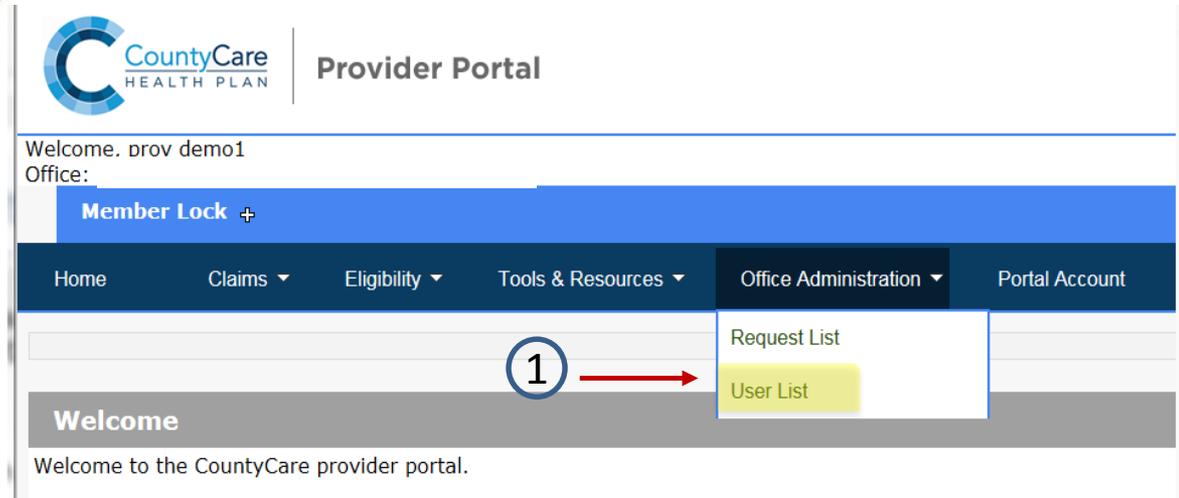
Yes, I agree with the statement No, I do not agree with the statement

© 2018 Copyright - Aldera.com - All Rights Reserved.



Create New User Accounts (Administrators Only)

1. The User List feature will allow you to maintain the user accounts for associates at your office. Click “Office Administration” on the menu bar then “User List” in the dropdown box
2. Search user list to:
 - Edit existing user accounts
 - Delete existing user accounts
 - Send a user a temporary password
 - Unlock a user account



User Detail

This page allows you to view details for the selected user. You can edit or delete the user and reset the user's password.

User Information

Name Test Tester1
Username Ttester1
Role Provider Super User
Password Question 1 What is your favorite color?
Password Answer 1 GREEN
Email [REDACTED]@evolenthealth.com
Office [REDACTED]
Locked N
Deleted N

[Reset Password](#) [Edit User](#) [Delete User](#)

2

Create New User Accounts (Administrators Only)

1. To add a new user, select “Add User” found just above the User List Results section

User List

This page lists all the users defined for your system. To narrow the list, you can sort the list by last name, username, or role. You can add or delete the user.

Search

First Name

Last Name

Username

User Role

Office

Locked

Deleted

Results

[Download File](#) [Add User](#)

Name	Username	Office	
Test Tester1	Ttester1	264085828	Provider Super User

2. Enter all required fields in User Information then click “Submit”

User Information

Last Name

First Name

Middle Name

User Role

Username

Password

Confirm Password

Password Question 1

Password Answer 1

Email

Please Note: User account has now been created but the portal does not send any automated emails with sign on credentials. You will now need to send the user the portal website link, their username, and password. This is a temporary password. Once the user logs in for the first time, they will be asked to reset their password.

Provider Portal Log In Page

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

IF YOU HAVE QUESTIONS, CALL US AT
312-864-8200
SELECT OPTION 2

CountyCare
HEALTH PLAN

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

Provider Portal Home Page and Member Lock

The screenshot shows the CountyCare Provider Portal home page. At the top left is the CountyCare Health Plan logo. To its right is the text 'Provider Portal'. Below the logo, the text 'Welcome. prov demo1' and 'Office' is visible. A blue navigation bar contains the 'Member Lock +' button, which is circled in red. Below this bar is a dark blue menu with links for Home, Claims, Eligibility, Resources, Administration, Portal Account, and Authorizations. The main content area has a 'Welcome' section with a message: 'Welcome to the CountyCare provider portal. Please [click here](#) to submit new prior authorization requests and view authorization status.' Below this is a paragraph about Vision, a web-based population health tool. The 'Contact' section at the bottom provides the phone number 312-864-8200 and the email ProviderServices@countycare.com.

New Feature “Member Lock” allows user to view portal features specific to one member.



Claim Status - Search

1. Search for Claim Status by clicking “Claims” on the menu bar then “Claim Status List” in the dropdown box.

The screenshot displays the CountyCare Health Plan Provider Portal. At the top left is the CountyCare Health Plan logo. To its right, the text "Provider Portal" is displayed. Below the logo, a welcome message reads "Welcome, prov demo1" followed by "Office:". A blue bar labeled "Member Lock" is visible. Below this, there are input fields for "First Name*", "Last Name*", and "DOB*" (mm/dd/y). A dark blue navigation menu contains the following items: Home, Claims (with a dropdown arrow), Eligibility (with a dropdown arrow), Tools & Resources (with a dropdown arrow), Office Administration (with a dropdown arrow), and Portal Account. The "Claims" dropdown menu is open, showing "Claim Status List" (highlighted in yellow) and "Remittance Advice Search". A red arrow points from a circled number "1" to the "Claim Status List" option. Below the navigation menu, a "Welcome" section contains the text "Welcome to the CountyCare provider portal." and a "Contact" section contains the text "Call us at 312-864-8200 or send us an online message on the menu bar above."

Claim Status - Search

Claim Status List

Search

Patient/Subscriber Information

First Name ?

Last Name ?

Member No ? (123456)

Medicaid No

Patient Control No

DOB ? (mm/dd/yyyy)

Gender

Claim Information

Servicing Provider Name

Claim No Show Related Claims

Claim Type

Claim Status

Service Date From to

Claim Received Date From to

Search claims by:

- **member information** (name or Medicaid Recipient ID Number)

or

- **claim information** (status, type, service date or received date)

Then click "Search"

Search

Cancel



Claim Status – Search Results

1. All corresponding claims will appear and include information such as claim number, claim type, member name, date of service, provider name, claim status, charge amount and payment amount.

The screenshot shows a table of search results for claim status. A red bracket labeled '1' spans the entire table. A red arrow labeled '2' points to the 'Claim #' column. A red arrow labeled '3' points to the 'Download File' button in the top right corner of the table.

Claim #	Claim type	Member	Health Plan ID#	Medicaid ID#	Svc date	Provider	Claim status	Charge amt	Patient resp	Payment
	Professional				05/19/2017		Finalized/Payment			

2. Click on the claim number to view **claim status detail**.
3. Click on Download File to export claim status report to your computer.

EOB (Explanation of Benefit) Detail

This page displays EOB detail for the selected claim. Click “Printer Friendly Format” to print a rendered version of the EOB.

EOB Detail

This page displays EOB detail for the selected claim.

Information

[Printer Friendly Format](#)

Payer	Payee
Name: [REDACTED]	Member: [REDACTED]
Address: [REDACTED]	Health Plan ID#: [REDACTED]
Address 2: [REDACTED]	Medicaid ID#: [REDACTED]
City: [REDACTED]	Group Or Policy No: [REDACTED]
State: [REDACTED]	Claim #: [REDACTED]
Zip Code: [REDACTED]	Svc date: [REDACTED]
Contact Name: [REDACTED]	Provider: [REDACTED]
Contact Phone: [REDACTED]	

Details

Svc date	Procedure	Diagnosis Code 1	Quantity	Line Item Control No	Charge Amt	Allowed Amount	Non Covered Charge Amt	Deductible	Copay	CoInsurance	3rd Party	Payment	Member Payment Amt	Remarks
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Please Note:

Explanation of Benefits (EOB) details are a rendered version of the EOB with appropriate content displaying on the rendered form. The EOB that displays is **not** a PDF of what was mailed.



Claim Status Detail

On this page you will find additional claim detail including:

Claim Status Detail
This page displays the selected claim's detail.

Patient Information [Printer Friendly Format](#) [View EOB](#)

Member [REDACTED]
Health Plan ID# [REDACTED]
DOB [REDACTED]
Gender [REDACTED]

Servicing Provider Information

Provider [REDACTED]
Provider No [REDACTED]
Provider TIN [REDACTED]
Provider NPI [REDACTED]

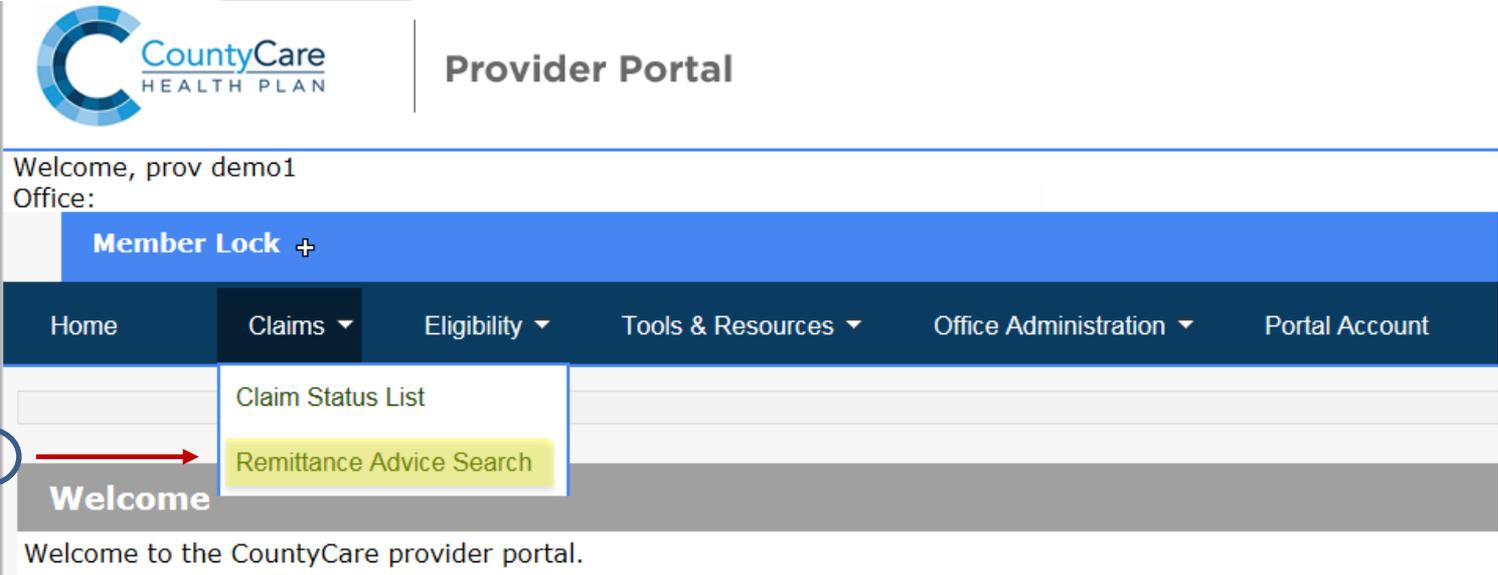
Claim Information

Claim # [REDACTED]
Claim type Professional

1. Patient Information
2. Servicing Provider Information
3. Claim Information
 - Claim #, Claim Type, Claim Status, Service Dates, Claim Amount, Received Date, Adjudicated Date
4. Payment Information
 - Payment Amount, Check/EFT Trace #, Check/EFT Issue Date
5. Service Line Information and Claim Service Details
 - # of Lines, DOS, Service ID, Procedure and Dx Codes, Rev Codes Days/Units

Remittance Advice Search

1. Search for Remittance Advice by clicking “Claims” on the menu bar then “Remittance Advice Search” in the dropdown box.



The screenshot displays the CountyCare Health Plan Provider Portal. At the top left is the CountyCare Health Plan logo. To its right, the text "Provider Portal" is displayed. Below the logo, a welcome message reads "Welcome, prov demo1" followed by "Office:". A blue bar contains the text "Member Lock +". A dark blue navigation bar includes links for "Home", "Claims", "Eligibility", "Tools & Resources", "Office Administration", and "Portal Account". The "Claims" link is active, and its dropdown menu is open, showing "Claim Status List" and "Remittance Advice Search". A red arrow points from a circled number "1" to the "Remittance Advice Search" option. Below the navigation bar, the word "Welcome" is visible, followed by the text "Welcome to the CountyCare provider portal."

This feature will allow you to search/view Explanation of Payments (EOPs) associated with your portal user account security rights.

Remittance Advice Search Page

Remittance Advice Search

Search

Payee Member 

Clear

Remittance Advice No

Search Date Type Service Date
 Payment Date

Time Frame

-OR-

Single Date  (mm/dd/yyyy)

-OR-

Date Range  to  (mm/dd/yyyy)

Check Or Eft Trace No

Payer Claim Control No

Payment Method Code

Patient Control No

Payer Name

Member No

Patient Last Name

Patient First Name

Rendering Provider Name

*Required Fields

Locate the Explanation of Payment by using any of the search options then Click "Search"

Search



Remittance Advice Results Page

1. Select the “Check or EFT Trace No” link from your results section to open additional detail for that Explanation of Payment.

Results						Download File
Check or EFT Trace No	Payer Name	Payee Name	Check Issue Or Eft Date	Payment Method Code	Tot Provider Payment Amt	
10000000			06/29/2017	Check	\$38.89	
			1			

2. Remittance Advice Detail page allows you to view detailed payment information on a selected claim. You can print a copy of the information by clicking the *Printer Friendly Format* icon. To expand the information click the *Expand All* icon and to minimize the information, click the *Collapse All* icon.

Remittance Advice Detail

Remittance Advice No

This page allows you to view detailed payment information on a selected claim. You can print a copy of the information by clicking the Printer Friendly Format icon. To expand the information click the Expand All icon and to minimize the information, click the Collapse All icon.

*Required Field

Payment Information		Printer Friendly Format	Expand All	Collapse All
				CHK-10000000
				06/29/2017
Payee				\$38.89
Memo <input type="text"/>	Contact <input type="text"/>	Customer Service		

Search

Checking Member Eligibility – Quick Reference Guide

- ID Cards are not a guarantee of active member eligibility
- Please use the following options to check member eligibility
 - ✓ CountyCare provider portal
 - ✓ Automated interactive voice response (IVR) member eligibility system
Call 312-864-8200 or toll-free at 855-444-1661. Press 6 then 1 to search by member Medicaid ID number
 - ✓ State MEDI system at www.myhfs.illinois.gov
- A member **should not be denied services** if their name does not appear on the eligibility roster

Member Eligibility Search

1. Search for member eligibility details by clicking “Eligibility” on the menu bar then “Member Eligibility Search ” in the dropdown box.

Please Note:

Required fields are DOB and Last Name **OR** Member Medicaid ID# / RIN.

You can search for multiple members at one time. Initially you will find 5 rows available

CountyCare HEALTH PLAN | Provider Portal

Welcome, prov demo1
Office:

Member Lock +

Home | Claims ▾ | Eligibility ▾ | Tools & Resources ▾ | Office Administration ▾

Member Eligibility Search
Panel Roster

2. After entering appropriate required fields select the "Search" button.

Member Eligibility Search

This page allows you to enter search criteria for a member. Health plans designate these criteria. Per HIPAA regulations, no more than four data elements can be required for a search. If you wish to search for ineligible members, select yes from the dropdown menu.

Search							+ Add Member
Eligible as of Date	DOB *	SSN	Member No *	Medicaid No	First Name	Last Name *	
1	03/28/2018 [IC] ?	<input type="text"/> ?	<input type="text"/> ?	<input type="text"/>	<input type="text"/> ?	<input type="text"/> ?	Delete
2	03/28/2018 [IC] ?	<input type="text"/> ?	<input type="text"/> ?	<input type="text"/>	<input type="text"/> ?	<input type="text"/> ?	Delete
3	03/28/2018 [IC] ?	<input type="text"/> ?	<input type="text"/> ?	<input type="text"/>	<input type="text"/> ?	<input type="text"/> ?	Delete
4	03/28/2018 [IC] ?	<input type="text"/> ?	<input type="text"/> ?	<input type="text"/>	<input type="text"/> ?	<input type="text"/> ?	Delete
5	03/28/2018 [IC] ?	<input type="text"/> ?	<input type="text"/> ?	<input type="text"/>	<input type="text"/> ?	<input type="text"/> ?	Delete

Include Ineligible Yes ▾

2 → Search

If you need to search for more than 5 members at one time, select the "Add Member" link (to a max of 30 rows)

Member Eligibility Search Results

1. Click on the Member Name to view member details including member contact and eligibility information.

Member Eligibility List

This page displays the members meeting the search criteria. You can conduct another search by clicking search again, view member detail by clicking a member name link, view benefit plan information by clicking a plan number link, and display results in a form suitable for printing.

*Required Fields

Active															Download File	Printer Friendly Format
Order Entered	Eligible as of Date ?	Health Plan ID# ?	Medicaid ID#	DOB ?	Member	Lock-In ?	SSN ?	Effective Dates	Policy Benefit Name ?	Benefit	Group No	Coverage Type Code	Network Name ?	Provider	Provider Effective Date ?	
1																
2																
3																

1

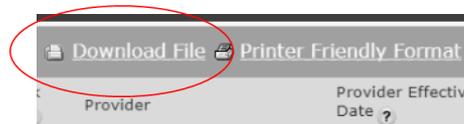
Ineligible											Download File
Order Entered	Eligible as of Date ?	Eligibility Member No ?	Medicaid ID#	DOB	Member	Lock-In ?	SSN ?	Group No	Eligibility Effective Date ?	Eligibility Expiration Date ?	Benefit Information
3											

1

Not Found							
Order Entered	Health Plan ID# ?	Medicaid ID#	DOB ?	First Name ?	Last Name ?	SSN ?	Error Message
4							Unable to identify member. You can search again with additional information or contact the health plan.

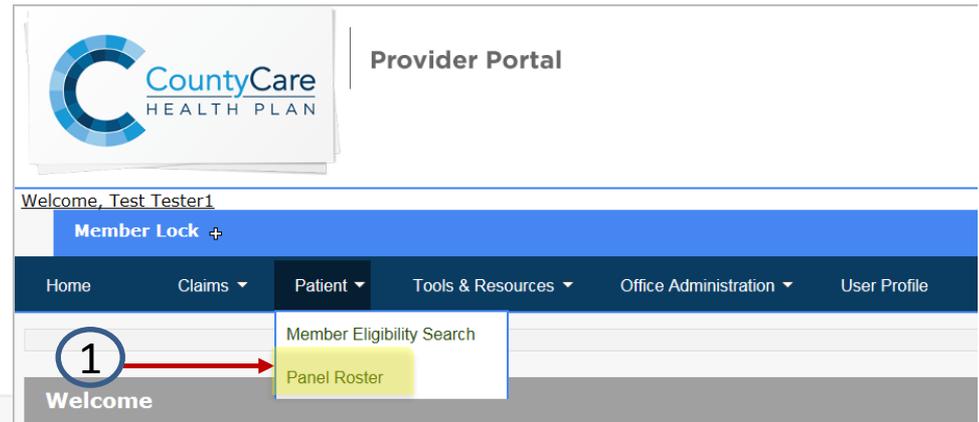
2. Review eligibility date and assigned Primary Care Physician (PCP).

3. **New feature:** “Download File” link will export the content listed to an excel spreadsheet.



Panel Roster Information

1. Access a list of members that have selected or have been assigned to the physician as their PCP by clicking “Patient” on the menu bar then “Panel Roster” in the dropdown box.
2. Search for member assignments by provider and/or specific member information.



Panel Roster

This page enables you to view a list of members currently assigned to a provider as primary care physician (PCP).

Select a Provider

Provider

Show Full Roster

Member Information

To Search for a specific member, enter the Member information in any of the fields provided.

Last Name

First Name

Member No
(123456)

Medicaid No

Line of Business

Intervention Code

Show Only Inpatient, Maternity Auths

Time Frame

DOB
(mm/dd/yyyy)

Date Range to
(mm/dd/yyyy)

Search

Clear



Request and View Authorizations

Provider portal home page will feature a link to: <https://countycare.valencehealth.com>

1. To submit a request for prior authorization, click on the “Identifi SSO” authorization link located in the blue header bar at the top of the page.

Welcome, prov demo1
Office:

Member Lock +

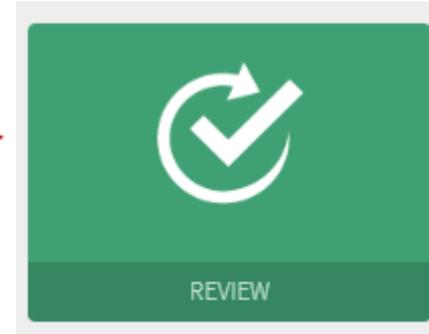
Home Claims ▾ Eligibility ▾ Resources ▾ Administration ▾ Portal Account **Identifi SSO**

For New Users
NOTE: **Access to online authorizations is not immediate**, you will receive email when your access has been granted to view and submit electronic authorizations.



Submit New Authorization

1. Click on Identify Practice
2. Click on Authorization Requests
3. Click on GREEN + Button then ADD AUTHORIZATION REQUEST



The screenshot shows the 'Identifi' software interface. The top navigation bar includes 'Identifi', 'PRACTICE', 'POPULATION SUMMARY', 'AUTHORIZATION REQUESTS' (highlighted with an orange box and a red arrow from a circled '2'), and 'REPORTS'. Below the navigation bar, there is a 'My Draft Requests' section with a table of one request. To the right of this table is a green '+ ADD AUTHORIZATION REQUEST' button with a checkmark icon, indicated by a red arrow from a circled '3'. Below this is the 'Authorization Requests' section, which displays a table of 100 most recent requests.

Request Type	Patient Name (DOB, Gender, ID)	Last Updated Date/Time
Outpatient/Home	HARRIS, HUBERT (08/03/1946, M, M2000552100)	11/10/2017 04:37:36 PM

Reference #	Patient Name (DOB, Gender, ID)	Request Type	Requesting Provider	Request Status	Created Date
D7013106	ABTAHI, HALEY (02/14/1976, F, 220049568)	Outpatient/Home	MEGHAN DUFFIELD-JOHNSON	In Progress	11/17/2017
7013037	ELLISON JR., GLENN (06/29/1945, M, M0001067700)	Inpatient	James T Croner MD	In Progress	11/15/2017
7012787	HARRIS, HUBERT (08/03/1946, M, M2000552100)	Outpatient/Home	LESLIE BENTINGANAN	In Progress	11/07/2017
D7012662	RITTER, ABIOLA (07/23/1943, F, 200007624)	Inpatient	ERIC PURDY	In Progress	10/30/2017
D7012564	POSTON, DANIELLE (07/18/1938, F, 200003500)	Outpatient/Home	SARA HUFFER	In Progress	10/27/2017
D7011983	BLALOCK, JERRY (08/15/1968, M, 200009317)	Inpatient	KATHRYN PECK	In Progress	10/16/2017



Submitting Authorizations (continued)

1. Search for a Patient using First Name, Last Name and Date of Birth or Patient Medicaid ID Number
2. Then click ADD to select which type of authorization request (DME, Inpatient, or Outpatient)
3. Follow the 3 Step Process.

*All Fields with * are Required.*

①

Search for a Patient

FIRST NAME	LAST NAME	PATIENT ID	DATE OF BIRTH
Diana	Lundquist	200204781	

CLEAR SEARCH

LUNDQUIST, DIANA (Active)
07/09/1944 | 200204781-01
1483 DEERFIELD POINTE DR, DAYTON, Ohio 45404

②

ADD ▾

- DME
- Inpatient
- Outpatient/Home

TRAINING
Identifi | PRACTICE AUTHORIZATION REQUESTS

LUNDQUIST, DIANA (07/09/1944, Female, 200204781-01)

③

Add Inpatient Request

① Step 1 Enter Request Details

② Step 2 Add Inpatient Review(s)

③ Step 3 Enter Supporting Documentation

REQUESTOR NAME * Enter Requestor Name	REQUESTOR TYPE * Select Requestor Type	REQUESTOR PHONE *
REQUESTOR EMAIL Enter Requestor Email	PLACE OF SERVICE * Select Place of Service	SERVICE TYPE * Select Service Type

Submitting Authorizations (continued)

Include as much clinical information as possible to support medical necessity. If additional information is required the request for Prior Authorization will be delayed while the necessary information is obtained.

Remember: You will never be told you submitted too much clinical information.

Authorization requests with clinical documentation for multiple patients will be voided for privacy reasons

Add Inpatient Request

Step 1 Enter Request Details Step 2 Add Inpatient Review(s) Step 3 Enter Supporting Documentation

Add Care Note (Optional)

ACTIVITY DATE *	ACTIVITY CATEGORY *	ACTIVITY ACTION
09/14/2017 11:45 am	Select Activity Category	Select Activity Action
ACTIVITY WITH	RESPONSE	TIME SPENT ON ACTIVITY
Select Activity with	Select response	hour(s) minute(s)

CARE NOTES

SIGNATURE

Upload Received Document (Optional)

RELATED TO
Patient

RECEIVED DATE/TIME *

SENDER *

Select a contact

DOCUMENT (UP TO 50 MB. SUPPORTED FILE TYPES - .PDF, .DOC, .DOCX, .XLS, .XLSX, .TIF, .PNG, .WAV, .JPEG)

No file chosen

DOCUMENT COMMENTS

Checking Authorization Status

IMPORTANT UPDATE

For Authorizations submitted PRIOR to 10/8/2018, please visit <https://countycare.valencehealth.com>

For Authorizations submitted AFTER 10/8/2018, please visit <https://www.myidentifi.com>

1. Click on the filter to search for Authorization Request
2. Search by date, reference number, patient, provider, request type or status

The screenshot displays the 'Identifi PRACTICE AUTHORIZATION REQUESTS' interface. A filter overlay is open, showing various search criteria. A red box highlights the filter overlay, and a circled '2' points to it. A circled '1' points to a dropdown arrow in the table header. The table lists authorization requests with columns for Reference #, Patient Name (DOB, Gender, ID), Request Status, and Created Date.

Reference #	Patient Name (DOB, Gender, ID)	Request Status	Created Date
D7002252	UNDERHILL, LOGAN (10/16/1974, M, 220190577)	In Progress	09/08/2017
D7001997	SANDERS, CINDY (08/07/1977, F, 220201994)	Closed	01/31/2017
D7001989	LUNDQUIST, DIANA (07/08/1944, F, 200204781)	In Progress	12/30/2016
D7001986	LUNDQUIST, DIANA (07/08/1944, F, 200204781)	In Progress	12/29/2016
D7001987	BHAN, FRIN (11/24/1955, F, 220046849)	In Progress	12/14/2016

Access Key Documents and Forms

Click “Related Documents” link on the bottom right corner of the home page to view important Health Plan communications, forms, and educational tools.

CountyCare HEALTH PLAN | Provider Portal

Welcome. prov demo1
Office

Member Lock +

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

Welcome

Welcome to the CountyCare provider portal.

Please [click here](#) to submit new prior authorization requests and view authorization status.

Vision is CountyCare's web-based population health tool for assessing HEDIS measure performance. Login [here](#) to access member care gap reports. Data is generated from claims submissions and is updated monthly. (Reminder: if you have already registered for Vision, your User ID is your full email address). New Users: To register for access to Vision, email Sharon Ferguson (Sharon.Ferguson@cookcountyhhs.org) with your request and include your practice TIN.

Contact

Call us at 312-864-8200

Have a question? Contact your Provider Relations Representative or email us:
ProviderServices@countycare.com

» [Event Calendar](#)
» [Related Documents](#)



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', 'CGHS', '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 large buttons: 'Provider Login', 'Provider Manual', and 'For New Providers'. Below these are three more 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 | CGHS | CALL US 312-864-8200 | SELECT LANGUAGE | f | Q

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