



**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

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# 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

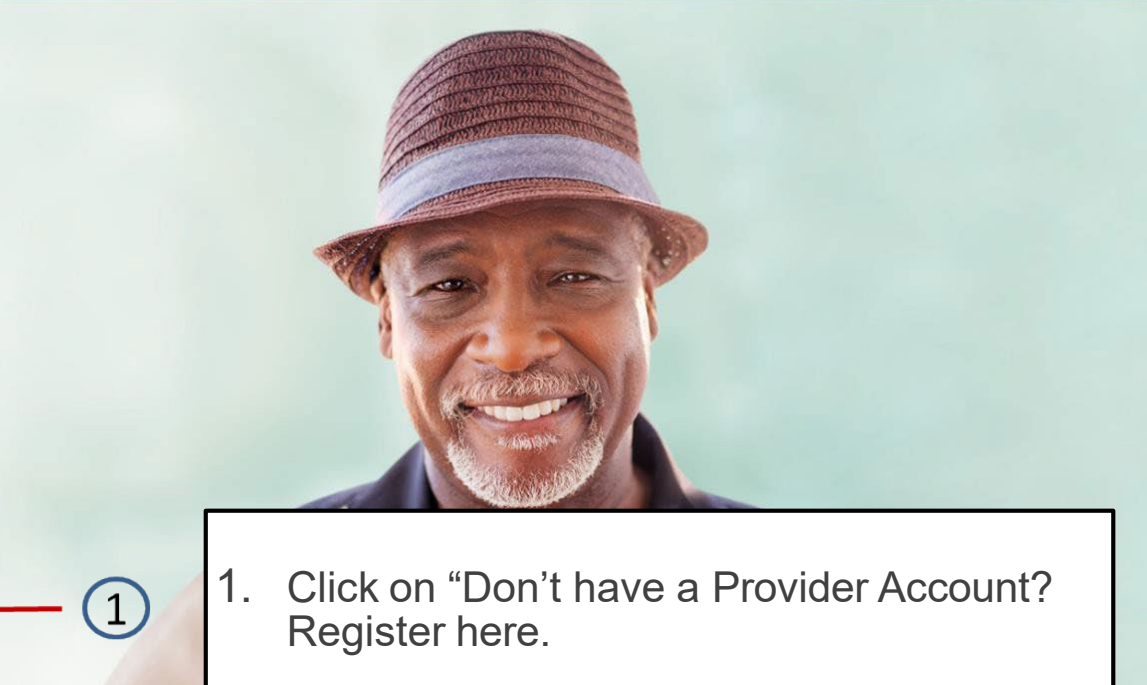
Username [Forgot?](#)

Password [Forgot?](#)

**Log In**

Don't have a Member Account?  
Register here.

Don't have a Provider Account?  
Register here.



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

CountyCare Health Plan | Administrative Offices: 1900 West Polk Street, Suite 2200 | Chicago, IL 60612 | [countycare.com](http://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”
-----------------	--------------------------------	-------------------------------------

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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

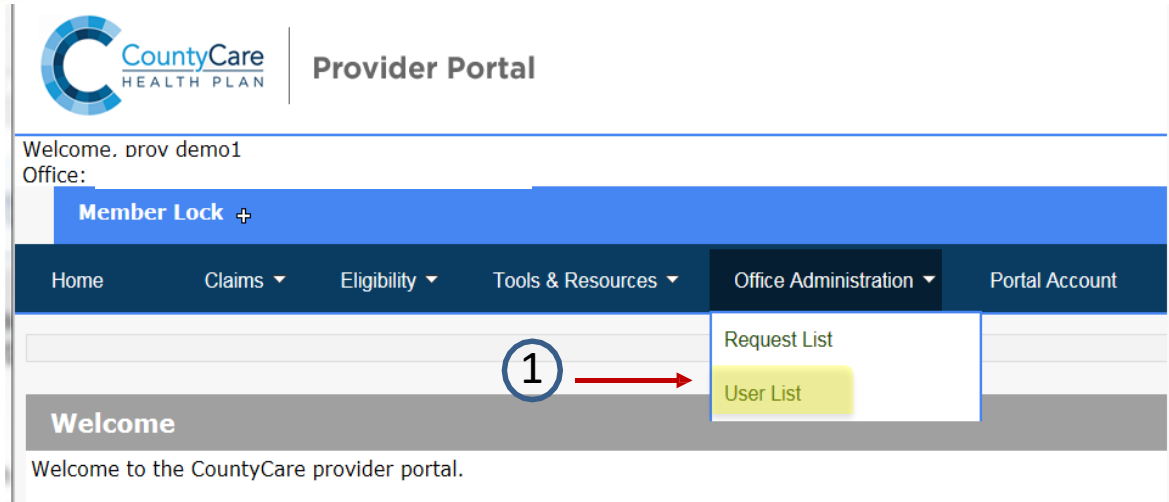
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# Create New User Accounts (Administrators Only)

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](#)





# 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  No ?

Deleted  No ?

**Results**

Name	Username ?	Office	
<a href="#">Test Tester1</a>	Ttester1	264085828	Provider Super User

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

1

**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.

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

**User Information**

2

\* Last Name  Smith ?

\* First Name  Test ?

Middle Name  ?

\* User Role  ?

\* Username  ?

\* Password  ?

\* Confirm Password  ?

Password Question 1

Password Answer 1

\* Email  test@testemail.com

# Provider Portal Log In Page

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

The screenshot shows the CountyCare Health Plan logo in the top left. A dark blue banner at the top right contains the text "IF YOU HAVE QUESTIONS, CALL US AT" followed by the large white number "312-864-8200" and "SELECT OPTION 2" in smaller text. Below the banner is a large background image of a smiling man wearing a straw hat. On the left side, there is a white login box titled "Log In Here". Inside this box, there are two input fields: "Username" (containing "thurman") and "Password" (containing "\*\*\*\*\*"). Each field has a "Forgot?" link to its right. Below the password field is a green "Log In" button. At the bottom of the login 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 Username field, arrow 2 points 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 login box, a white box with a black border contains 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**

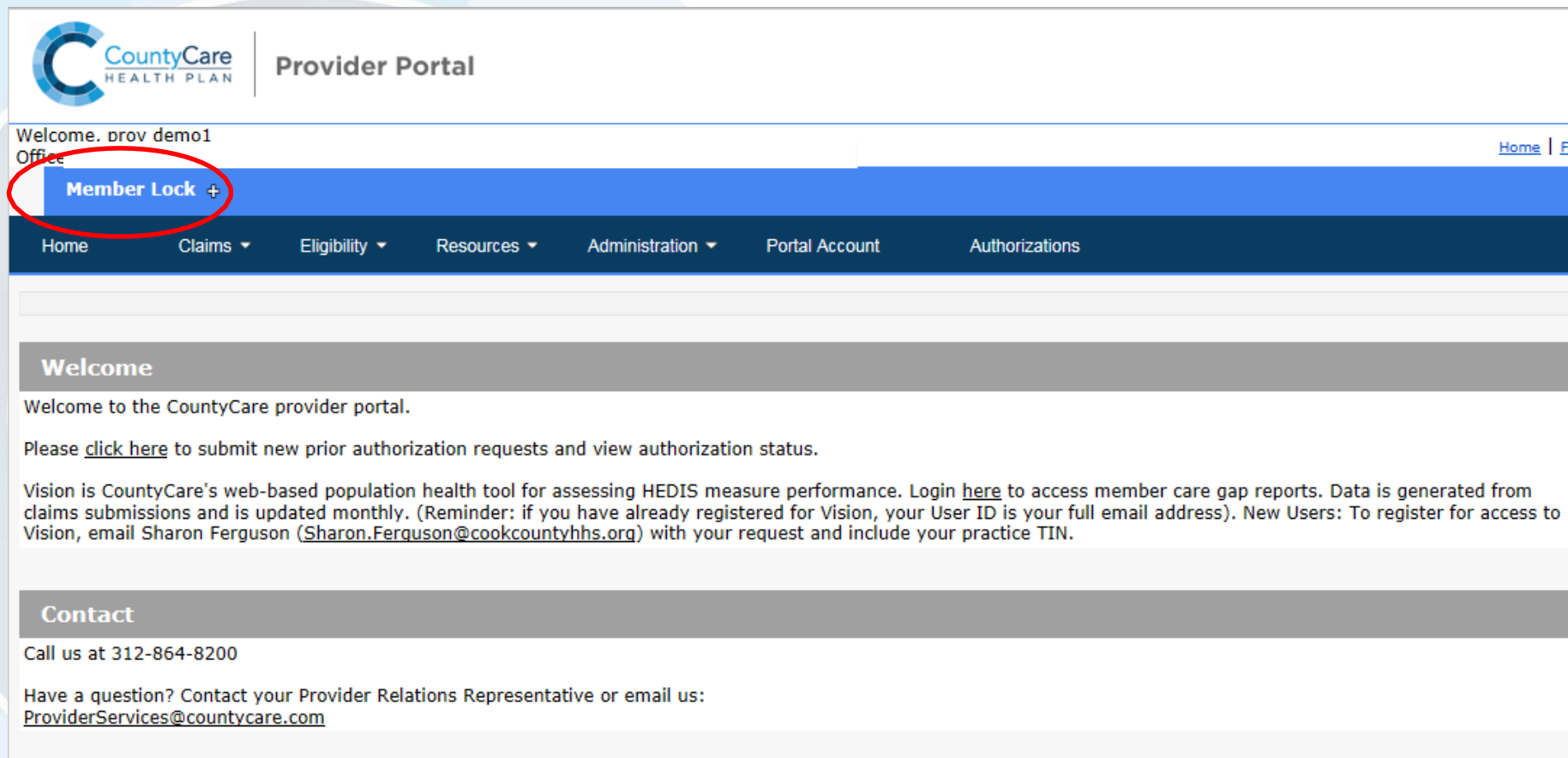
Don't have a Member Account?  
Register here.

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

# Provider Portal Home Page and Member Lock

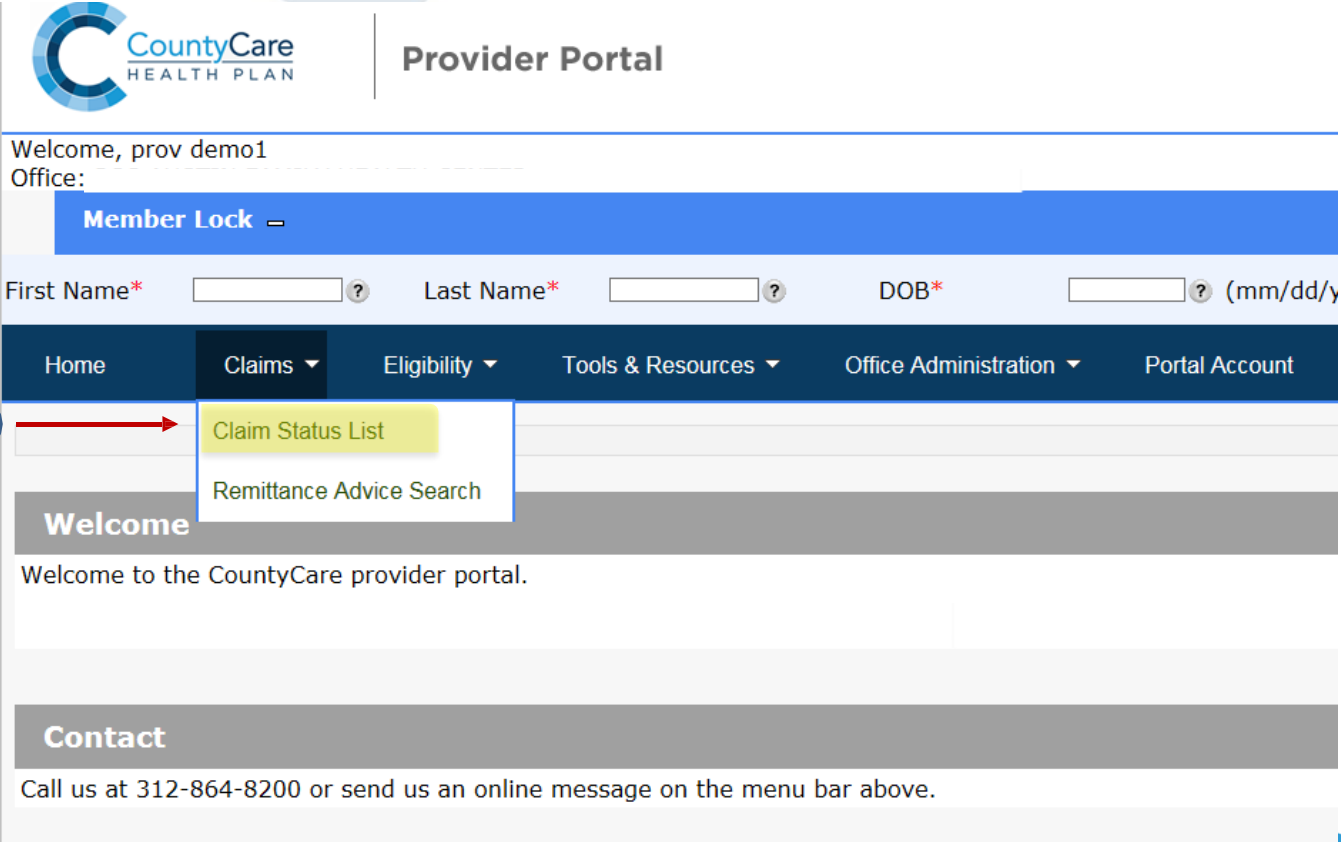


The screenshot shows the CountyCare Provider Portal interface. At the top left is the CountyCare Health Plan logo. To its right is the text 'Provider Portal'. Below the logo, it says 'Welcome, prov demo1' and 'Office'. In the top navigation bar, 'Member Lock' with a plus icon is circled in red. Other navigation links include Home, Claims, Eligibility, Resources, Administration, Portal Account, and Authorizations. The main content area has a 'Welcome' section with the text: '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](mailto:Sharon.Ferguson@cookcountyhhs.org)) with your request and include your practice TIN.' Below this is a 'Contact' section with the text: 'Call us at 312-864-8200. Have a question? Contact your Provider Relations Representative or email us: [ProviderServices@countycare.com](mailto: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 is the text "Provider Portal". Below the logo, it says "Welcome, prov demo1" and "Office:". A blue bar labeled "Member Lock" is visible. Below this is a search bar with fields for "First Name\*", "Last Name\*", and "DOB\*" (mm/dd/y). A navigation menu is located below the search bar, with options: "Home", "Claims", "Eligibility", "Tools & Resources", "Office Administration", and "Portal Account". A red arrow points to the "Claims" menu item, which has a dropdown box open. The dropdown box contains two options: "Claim Status List" (highlighted in yellow) and "Remittance Advice Search". A circled number "1" is placed next to the red arrow. Below the navigation menu, there is a "Welcome" section with the text "Welcome to the CountyCare provider portal." and a "Contact" section with 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 web interface for viewing claim status search results. A red line connects callout 1 to the table header. Callout 2 points to the 'Claim #' column. Callout 3 points to the 'Download File' button.

Results										Download File
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

**Payer**

Name: [REDACTED]  
Address: [REDACTED]  
Address 2: [REDACTED]  
City: [REDACTED]  
State: [REDACTED]  
Zip Code: [REDACTED]  
Contact Name: [REDACTED]  
Contact Phone: [REDACTED]

**Member:** [REDACTED]  
**Health Plan ID#:** [REDACTED]  
**Medicaid ID#:** [REDACTED]  
**Group Or Policy No:** [REDACTED]  
**Claim #:** [REDACTED]  
**Svc date:** [REDACTED]  
**Provider:** [REDACTED]

**Payee**

### 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


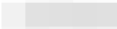


On this page you will find additional claim detail including:

## Claim Status Detail




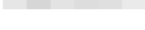
This page displays the selected claim's detail.

### Patient Information

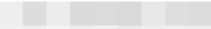
 [Printer Friendly Format](#)  [View EOB](#)

Member   
Health Plan ID#   
DOB   
Gender 

### Servicing Provider Information

Provider   
Provider No   
Provider TIN   
Provider NPI 

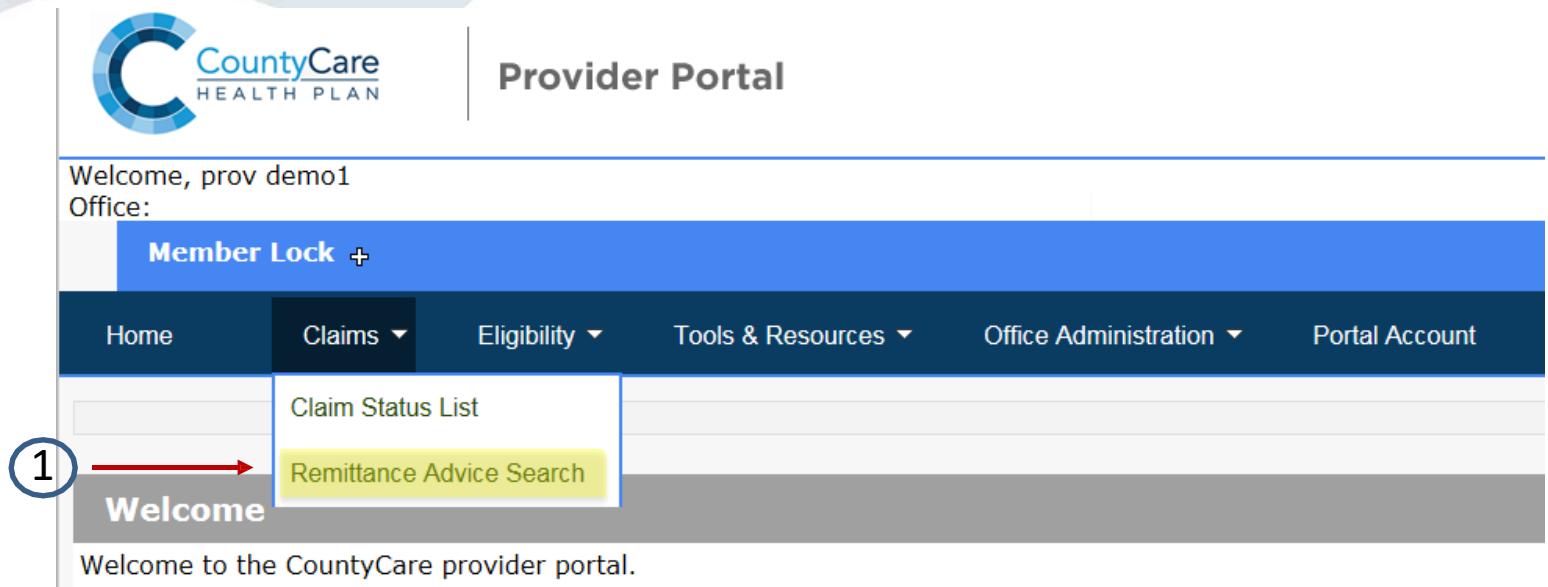
### Claim Information

Claim #   
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.



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.

Payment Information

Printer Friendly Format Expand All Collapse All

CHK-10000000

06/29/2017

Payee

\$38.89

Memo

Contact

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](http://www.myhfs.illinois.gov)
- ☐ A member **should not be denied services** if their name does not appear on the eligibility roster

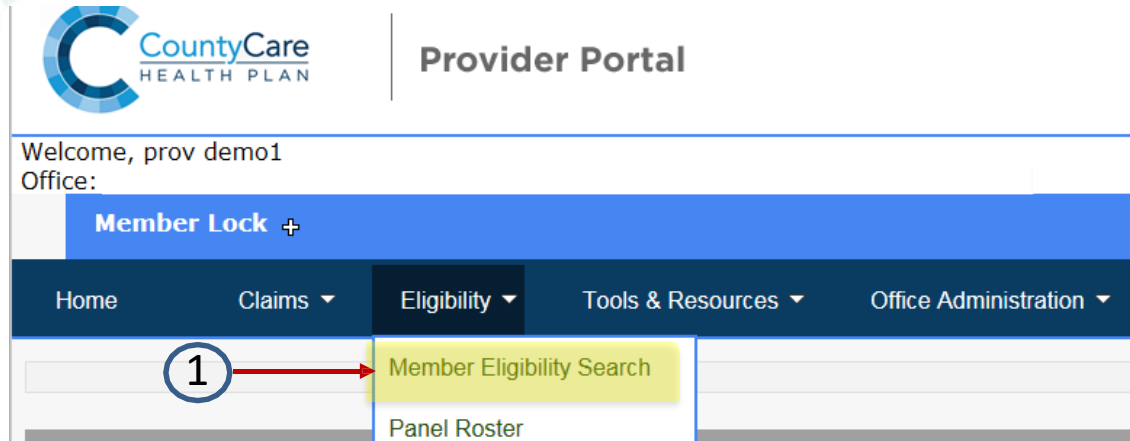
# Member Eligibility Search

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 ▾

1 → Member Eligibility Search

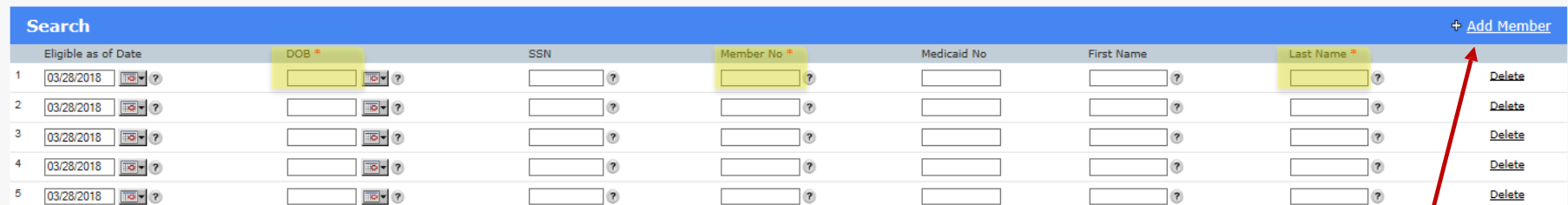
Panel Roster

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.

\*Required Fields



Search

+ Add Member

	Eligible as of Date	DOB *	SSN	Member No *	Medicaid No	First Name	Last Name *	
1	03/28/2018							Delete
2	03/28/2018							Delete
3	03/28/2018							Delete
4	03/28/2018							Delete
5	03/28/2018							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.

Active															*Required Fields	
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																

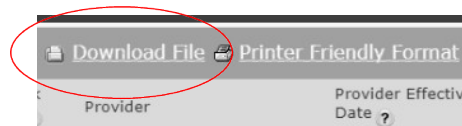
Ineligible											Download File	
Order Entered	Eligible as of Date ?	Eligibility Member No ?	Medicaid ID#	DOB	Member	Lock-In ?	SSN ?	Group No	Eligibility Effective Date ?	Eligibility Expiration Date ?	Benefit Information	
3												
1												

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.

Note: If you wish to search again, the information you originally entered for these members will be retained allowing you to correct any information you previously entered.

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

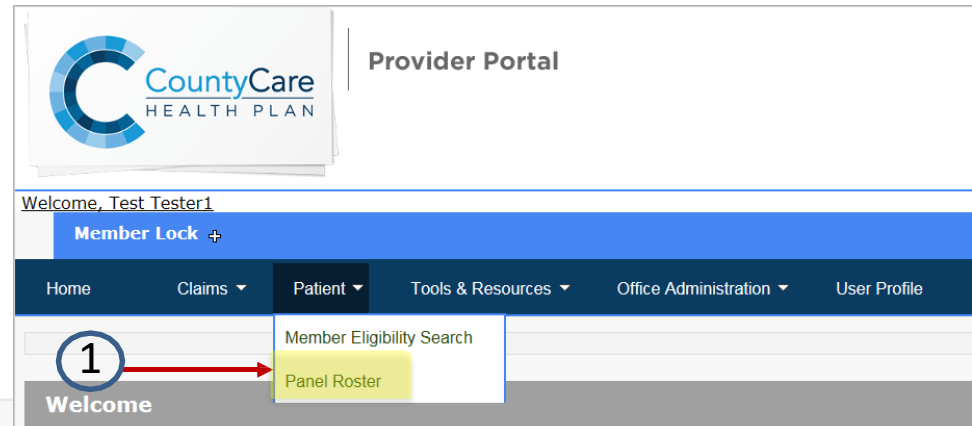
3. **New feature:** “Download File” link will export the content listed to an excel spreadsheet.





# 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



# Panel Roster Results Section

1. Click on the Member name to view the "Member Detail" for additional information regarding that member. Click on Policy Benefit Name to view the "Summary of Benefits" page for benefit plan specific documentation.
2. "Download File" link will export the content listed to an excel spreadsheet. ②

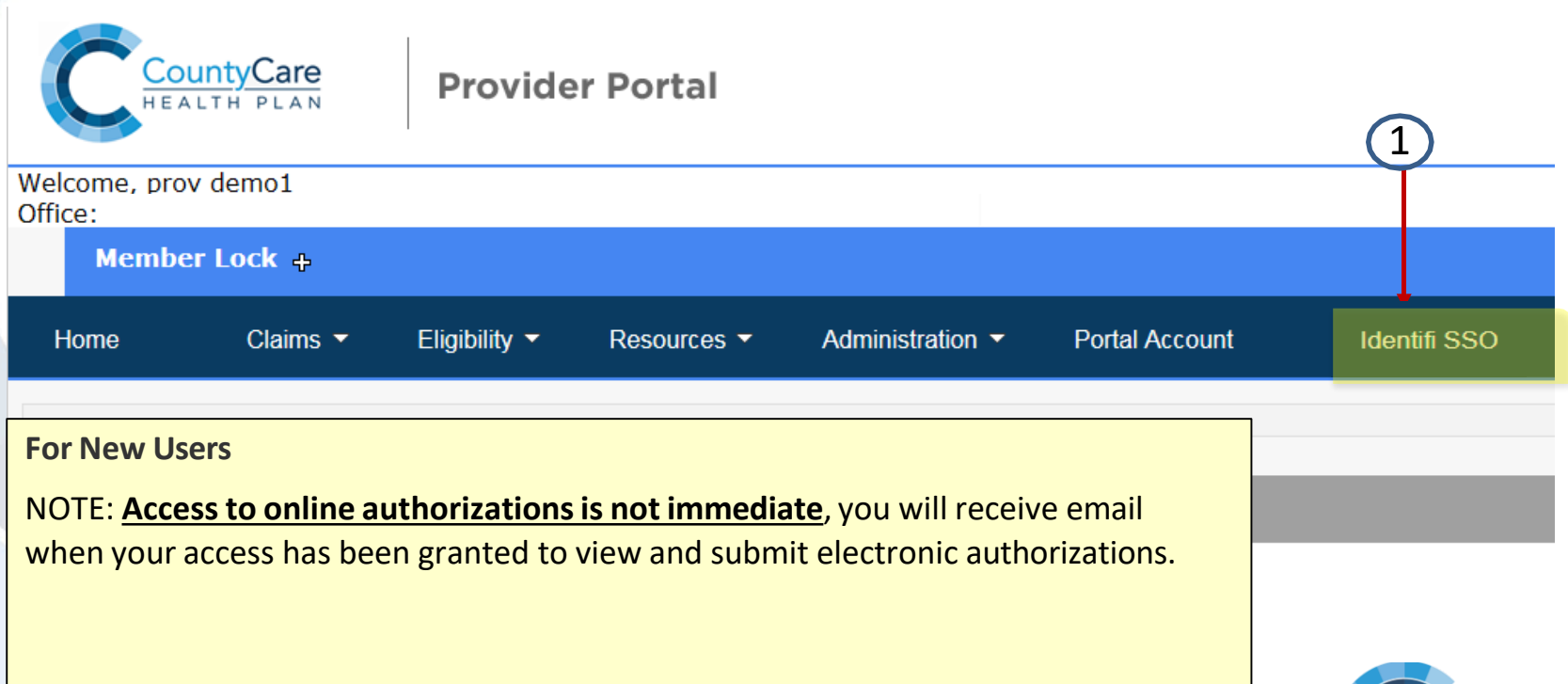
2. "Download File" link will export the content listed to an excel spreadsheet.

The screenshot shows a web application interface with a table of 142 members. The table has columns for Provider, Member, Health Plan ID#, Medicaid ID#, Line Of Business Name, SSN, DOB, Gender, Relationship, Policy Benefit Name, Language Code, Address, and Home Phone. A red line connects the 'Download File' link in the top right to the table. A red circle highlights the 'Download File' link. A red arrow points from the number 2 to the 'Download File' link.

# 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.



**CountyCare**  
HEALTH PLAN

**Provider Portal**

Welcome, prov demo1  
Office:


**Member Lock +**

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

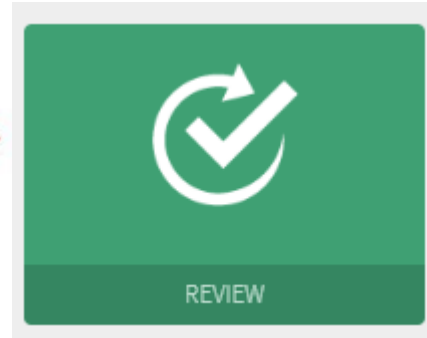
**For New Users**

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 Identifi Practice
2. Click on Authorization Requests
3. Click on GREEN  Button then ADD AUTHORIZATION REQUEST

1



**Identifi** | PRACTICE | POPULATION SUMMARY | **AUTHORIZATION REQUESTS** | REPORTS

My Draft 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

**ADD AUTHORIZATION REQUEST**

Authorization Requests

Showing 100 most recent requests (to view more or refine the list, use filter option to the right)

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

2

3



# 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)

3  
Step 3  
Enter Supporting  
Documentation

☒ Add Care Note (Optional)

ACTIVITY DATE \*  
09/14/2017 11:45 am

ACTIVITY CATEGORY \*  
Select Activity Category

ACTIVITY ACTION  
Select Activity Action

ACTIVITY WITH  
Select Activity with

RESPONSE  
Select response

TIME SPENT ON ACTIVITY  
hour(s) minute(s)

CARE NOTES

☒ SIGNATURE

☒ Upload Received Document (Optional)

RELATED TO  
Patient

RECEIVED DATE/TIME \*

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

Choose File

 No file chosen

DOCUMENT COMMENTS

SENDER \*  
Select a contact

# 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 table titled 'Authorization Requests' shows the 100 most recent requests. A filter overlay is active, showing search criteria for Reference#, Created by Me, Requesting Provider, Patient, Request Type, Request Status, and Created Between. A red circle with the number '2' highlights the filter overlay. A red circle with the number '1' highlights the filter icon in the top right corner of the table.

**Filters:**

- REFERENCE#
- CREATED BY ME ☐
- REQUESTING PROVIDER
- PATIENT
- REQUEST TYPE
- REQUEST STATUS
  - ☐ In Progress
  - ☐ Closed
  - ☐ Void
- CREATED BETWEEN and

Selected items: 0

**Authorization Requests**

Showing 100 most recent requests (to view more or refine the list, use filter on the right)

Reference #	Patient Name (DOB, Gender, ID)
D7002252	UNDERHILL, LOGAN (10/16/1974, M, 220190577)
D7001997	SANDERS, CINDY (08/07/1977, F, 220201994)
D7001969	LUNDQUIST, DIANA (07/08/1944, F, 200204781)
D7001966	LUNDQUIST, DIANA (07/08/1944, F, 200204781)
D7001947	BIHAN, FRIN (11/24/1955, F, 220046849)

**Request Status**

Request Status	Created Date
In Progress	09/08/2017
Closed	01/31/2017
In Progress	12/30/2016
In Progress	12/29/2016
In Progress	12/14/2016

**CountyCare HEALTH PLAN**



# 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

[FAQ](#) | [Sign Out](#)

**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](mailto: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](mailto:ProviderServices@countycare.com)

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



# For More Information

- Contact your Provider Relations Representative or email us: [CountyCareProviderServices@cookcountyhhs.org](mailto:CountyCareProviderServices@cookcountyhhs.org)
- Visit our Provider website at <http://www.countycare.com/providers>

**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**