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:

Create New Account-Self Registration

http://www.countycare.com/providers/portal
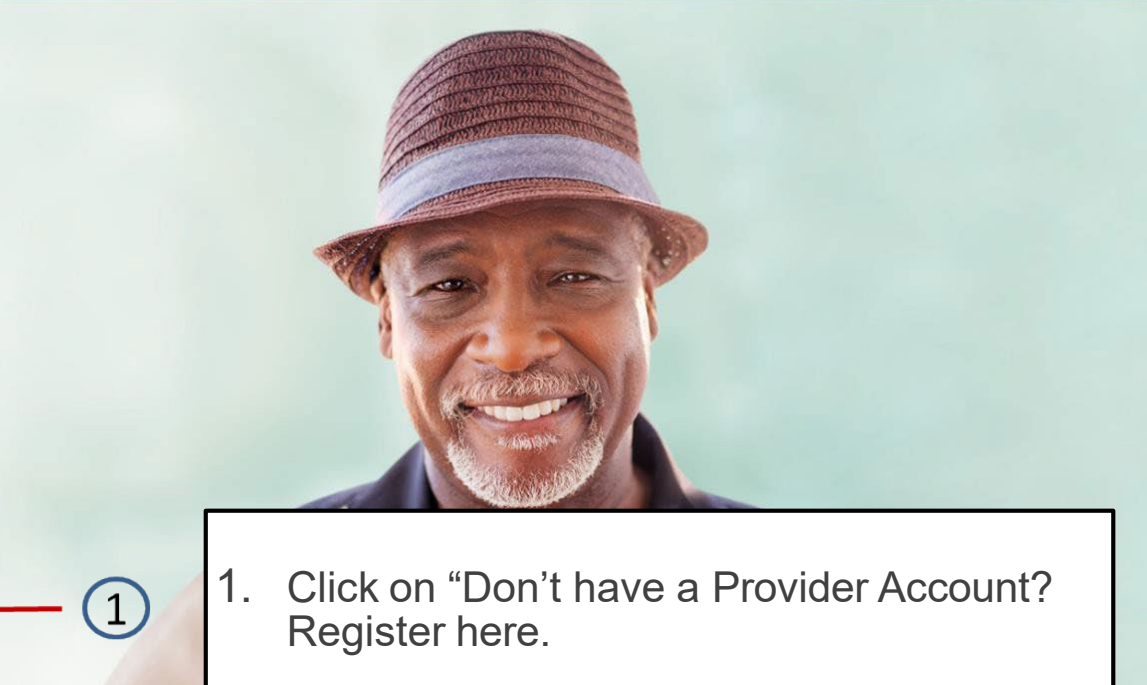
1. Click on "Don't have a Provider Account? Register here.

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		?
* Last Name		?
* Phone		?
* Email		?

Search for your Provider Office

* Tax ID Number [T_____] ← See note above explaining the "T"

Next >   Cancel

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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	[ ] ?
* First Name	[ ] ?
Middle Initial	[ ] ?
* Username	[ ] ?
* Password	[ ] ?
* Confirm Password	[ ] ?
* Password Question 1	[▼]
* Password Answer 1	[ ]
* Email	[ ] ?
* Confirm Email	[ ] ?

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.

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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

Next > Cancel

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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
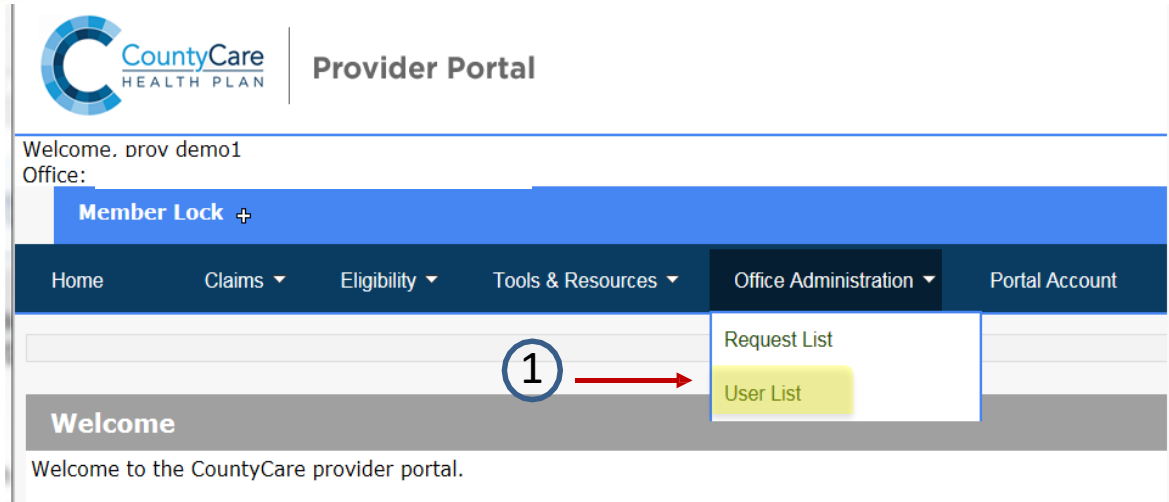
Create New User Accounts (Administrators Only)

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 delete the user.

Search

First Name

Last Name

Username

User Role

Office

Locked No ?

Deleted No ?

Search

①

Results

Download File ⊕ Add User

Name	Username ?	Office	
Test Tester1	Ttester1	264085828	Provider Super User

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"

②

User Information

*** **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

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

Provider Portal Home Page and Member Lock

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.

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] [Cancel]

Search claims by:
- **member information** (name or Medicaid Recipient ID Number)

or

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

Then click "Search"

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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.

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.

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.
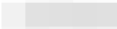
Claim Status Detail

On this page you will find additional claim detail including:

Claim Status Detail
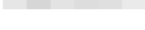
This page displays the selected claim's detail.
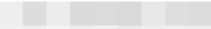
Patient Information   🖨 Printer Friendly Format 🔍 View EOB

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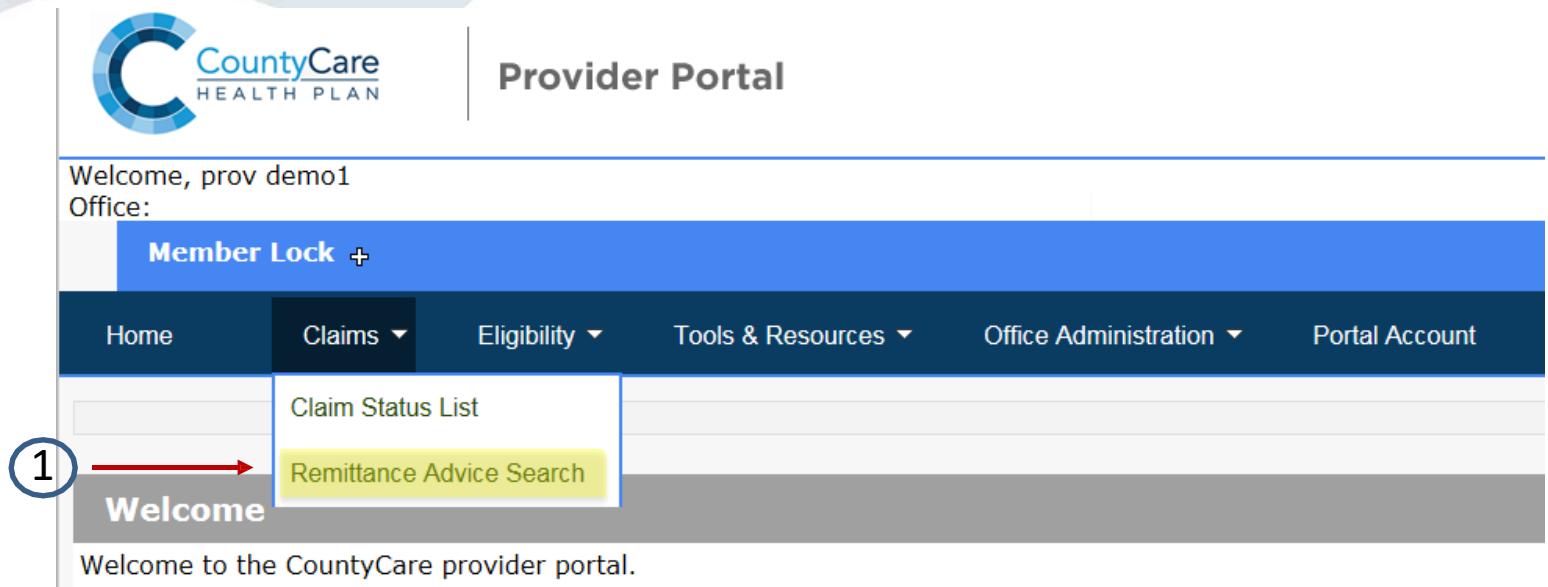
This feature will allow you to search/view Explanation of Payments (EOPs) associated with your portal user account security rights.

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	[Search]

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

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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
① 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 Fie

Payment Information	🖨 Printer Friendly Format ▽ Expand All ▷ Collapse All
	CHK-**10000000**
②	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

- ❑ A member **should not be denied services** if their name does not appear on the eligibility roster

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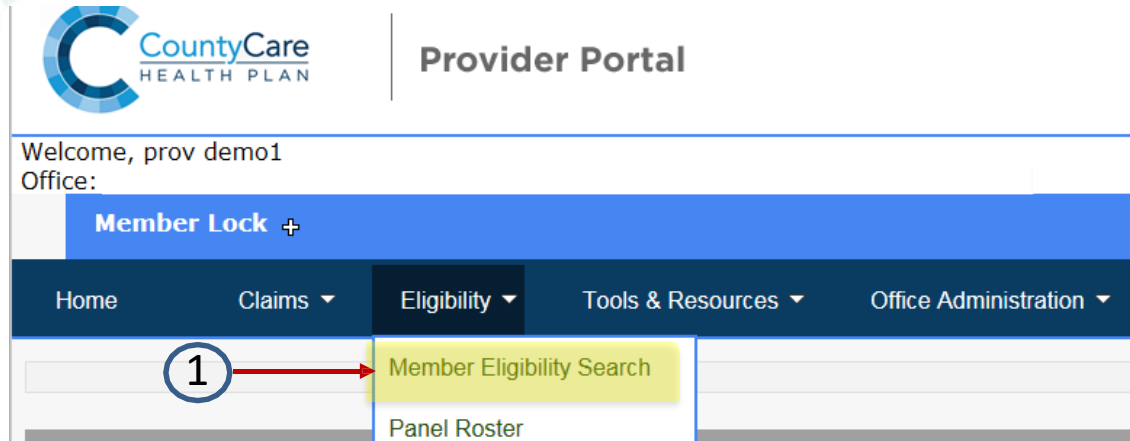
Member Eligibility Search

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

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Welcome, prov demo1
Office:

Member Lock +

| Home | Claims ▾ | Eligibility ▾ | Tools & Resources ▾ | Office Administration ▾ |
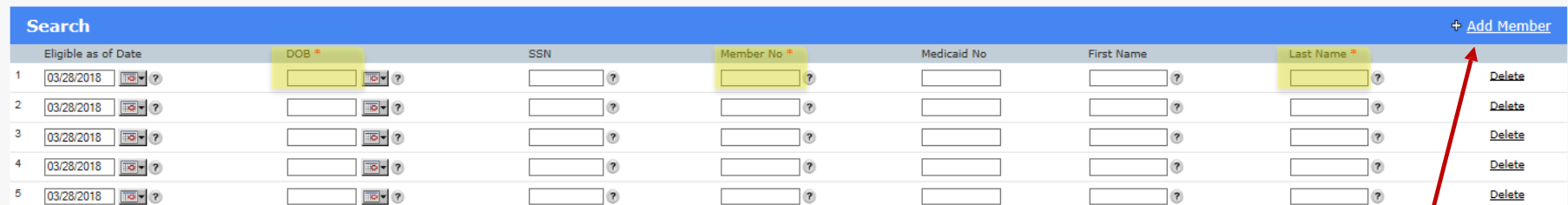
1 → Member Eligibility Search
Panel Roster

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

Home

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.

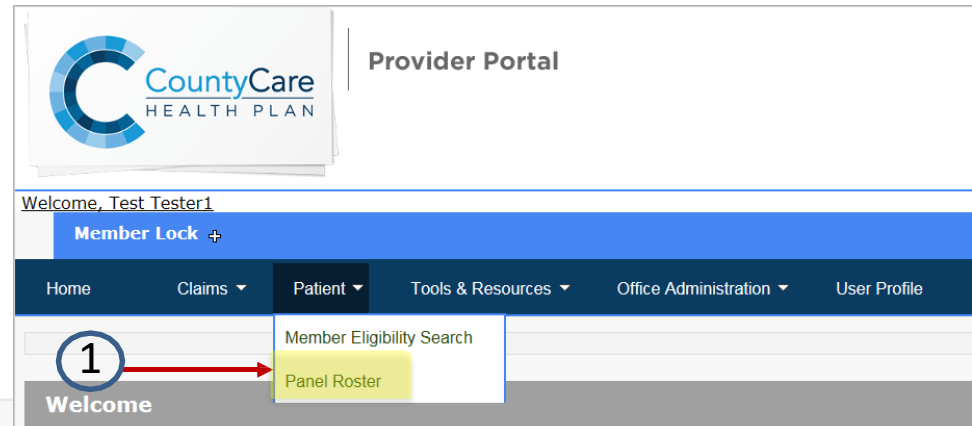2. Review eligibility date and assigned Primary Care Physician (PCP).

3. New feature: "Download File" link
will export the content listed to an excel spreadsheet.
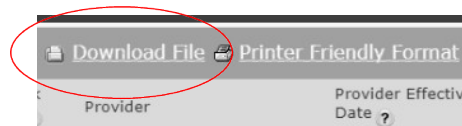
Panel Roster Information

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 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.

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.

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 → REVIEW
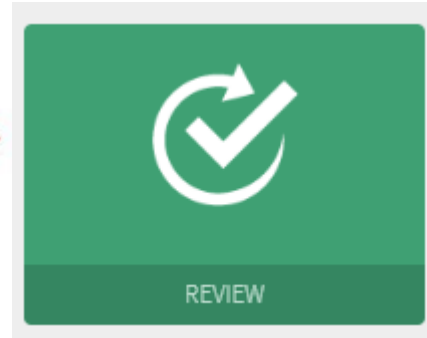
Identifi | PRACTICE   POPULATION SUMMARY   AUTHORIZATION REQUESTS   REPORTS⧉

② AUTHORIZATION REQUESTS

③ ➕ ADD AUTHORIZATION REQUEST

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	🗑

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

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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.*

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

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

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.

For More Information

- Contact your Provider Relations Representative or email us: CountyCareProviderServices@cookcountyhhs.org

- Visit our Provider website at http://www.countycare.com/providers