

Evolent Health Utilization Management Department

June 27, 2018

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Kelli McGarey-Peters, UM Manager

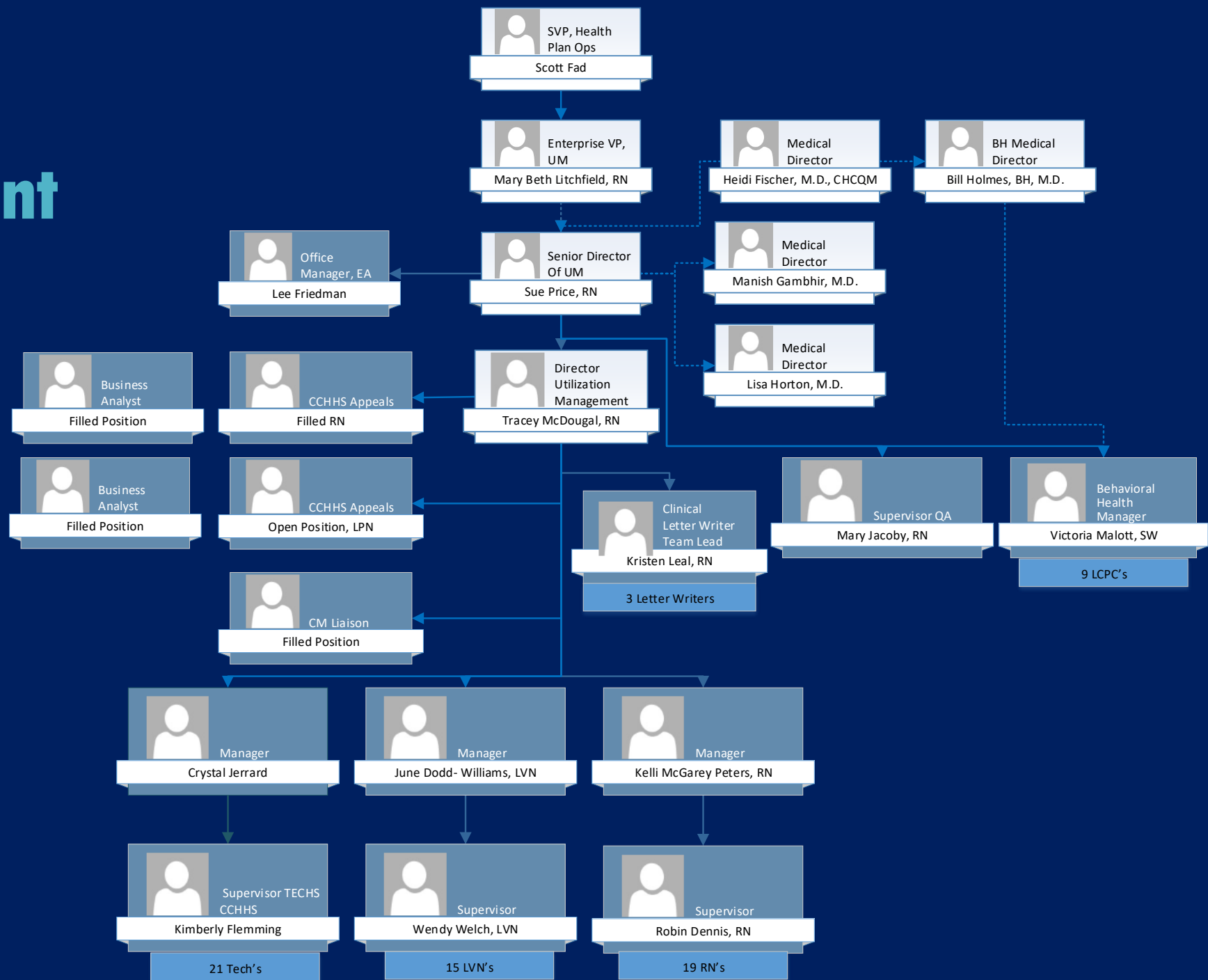
Victoria Malott, UM Manager-Behavioral Health

Crystal Jerrard, UM Manager-Technicians

Sarah Schutz, Market Analyst



Utilization Management Structure



UM Roles



UM Technicians

Behavioral Health Team

UM Licensed Vocational Nurses

UM Registered Nurses

UM Supervisors

UM Managers

Medical Directors

Clinical Letter Writers

Behavioral Health Overview

- Processes requests for behavioral health and substance use disorders such as:
 - Inpatient admissions for behavioral health, eating disorders and substance use disorders
 - Crisis Stabilization
 - Electroconvulsive Therapy (ECT)
 - Intensive Outpatient Program (IOP)
 - Partial Hospitalization Program (PHP)
 - Community Based Services (CBS)
- Requests are categorized by the primary diagnosis given by the provider

Methods for Submitting Prior Authorization Request



FAX

- A completed Prior Authorization Request Form can be submitted:
- Inpatient Fax Line: 800-856-9434
- Behavioral Health Fax Line: 800-498-8217
- Outpatient Fax Line: 866-209-3703
- Forms can be located on the website at <http://www.countycare.com/resources>

PHONE

- Contact Prior Authorization Department at 855-444-1661 option 5

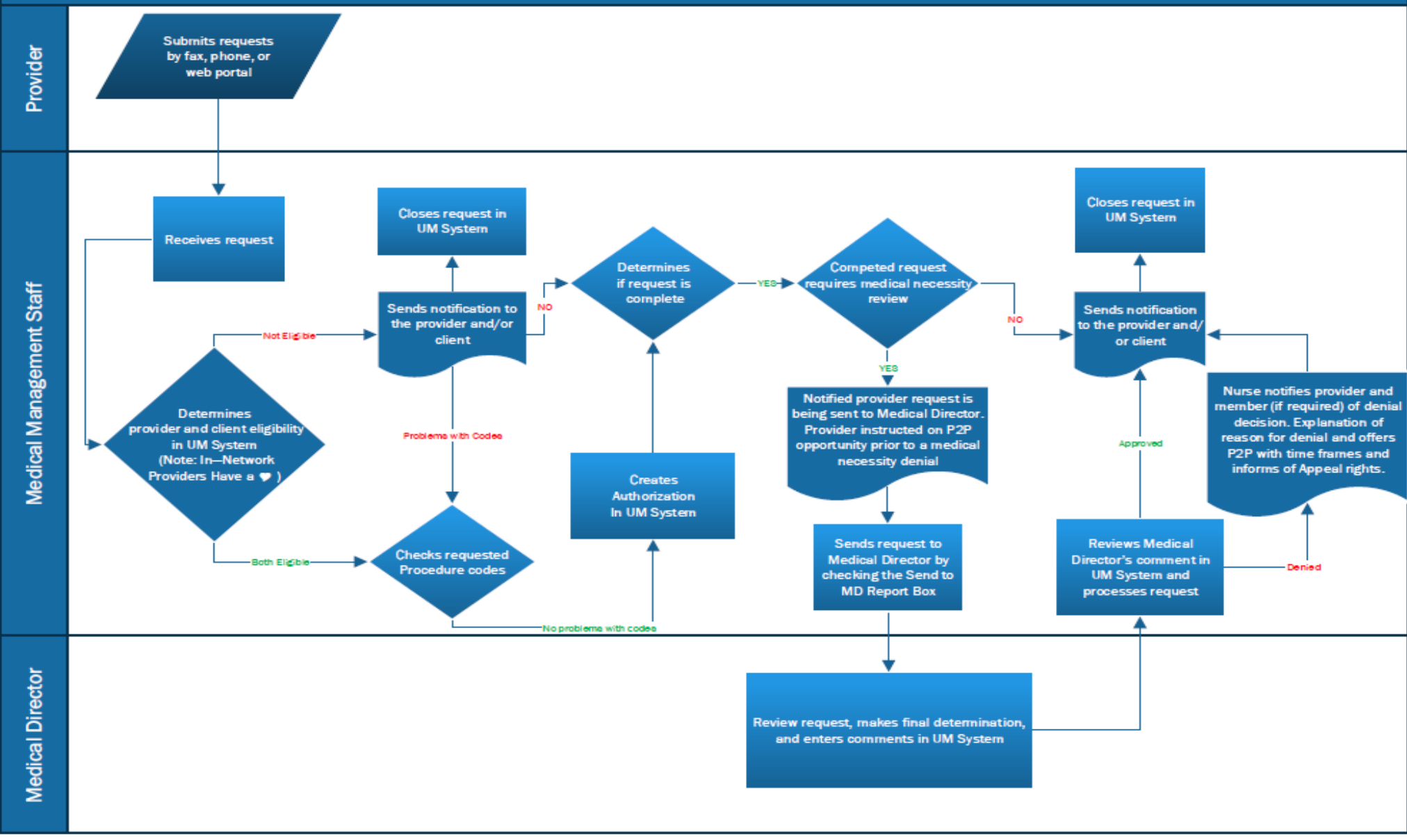
PORTAL

- Initial Authorization requests can be submitted on the provider portal by logging into <https://countycare.valence.care/>
- At this time requests to extend an existing authorization should be faxed in to the Um department.

UM Process Overview

Preauthorization and Concurrent Review

Workflow - PA Process Flow Graph



CountyCare Health Plan
P.O. Box 803758
Chicago, IL 60680



(PATIENT NAME)
(PATIENT ADDRESS)

Approval Letter

Date Mailed: 6/15/2018
Member ID: [REDACTED]
Member Date of Birth: [REDACTED]
Health Plan: COUNTYCARE

Auth. No: [REDACTED]
Status: Approved
Auth. Start Date: [REDACTED]
Auth. End Date: [REDACTED]

Dear (PATIENT NAME):

The request for the above service has been approved. If these services have already been provided, this letter is your confirmation.

Quantity	Procedure	Description
40	90999	Unlisted dialysis procedure, inpatient or outpatient

Approved 90999 - Unlisted dialysis procedure, inpatient or outpatient x40 visits to be performed by (TREATING PROVIDER) between dates of service (AUTH START DATE) to (AUTH END DATE).

You can present this authorization letter and member ID card at the time of your service.

If you have any questions, please contact CountyCare at 312-864-8200.

ATTENTION PROVIDERS:

The provider must notify the Utilization Management Department if additional services are needed. Approval of services are not a guarantee of payment.

Sincerely,

CountyCare Health Plan

cc: **Requesting Provider** [REDACTED] **Servicing Provider** [REDACTED] **Facility Provider** [REDACTED]

Illinois Client Enrollment Services will send you information about your health plan choices when it is time for you to make a health plan choice and during your Open Enrollment period.

Elements of an Approval Letter

Patient Demographics

Requested Services

Requesting & Treating Providers

Auth Start & End Dates

Contact Information



NOTICE OF ACTION

<<Letter Date>>

<<Member_full_name>>

<<Member_full_address>>

<<Member_full_address>>

For help to translate or understand this letter, please call 1-312-864-8200 or 1-855-444-1661 (toll-free) or 711 TDD/TTY

Re: Member Name: <<member_full_name>>
Member ID No.: <<member_external_id>>
Tracking Number: << Authorization number under which denial was issued>>

Dear [MEMBER NAME]:

CountyCare looked at services requested for <<MEMBER NAME>>. The request received on <<RECEIVED DATE>> for coverage of <<SERVICE>> was denied.

<<RATIONALE/NAME OF THE CRITERIA USED TO SUPPORT THE DECISION>>

<<ALTERNATIVE STATEMENT>>

You, or someone you name to help you, can request a free copy of criteria used in this decision. Your doctor knows about this decision. He/she can call to talk to us about this decision.

If you disagree with this decision, you can file an "Appeal". This is how you ask us to change our decision. If you want your doctor or someone else to act for you in the appeal, you must tell us this in writing.

APPEALS:

You, your doctor, or someone that you name to act for you, can ask us to change our decision. This is called an appeal. You can ask for an appeal in writing or by calling us. If you appeal by phone, you must also send in a written, signed appeal request. If you want your doctor or someone else to act for you in the appeal, you must tell us this in writing. To appoint someone to make an appeal for you, you need to fill out the Authorized Representative Designation form. This form is on our website, www.CountyCare.com.

If you want to appeal, you must tell us within sixty (60) calendar days of the date of this letter. You can file an Appeal by phone, fax, or writing to us at:

Elements of a Denial Letter

Patient Demographics

Requested Services

Requesting & Treating Providers

Auth Start & End Dates

Denial Rational & InterQual Subset

Alternative Statement

Contact Information

Peer-to-Peer & Appeal Instructions

Authorized Representative Designation Form



COUNTYCARE AUTHORIZED REPRESENTATIVE DESIGNATION

To have someone else act on your behalf in an appeal, complete and return this form. The person listed will be accepted as your authorized representative. We are unable to speak with this person on your behalf unless this form is completed, signed, and returned to us.

CountyCare
Attention: Appeals & Grievance Coordinator
P.O. Box 803758
Chicago, IL 60680
Fax: 312-548-9940

1. I hereby authorize the following person to act on my behalf in the filing and processing of my appeal or grievance with CountyCare:

Name of Authorized Representative

2. Brief description of the service and date(s) (if applicable) for which the Authorized Representative will be acting on your behalf:

3. Address of Authorized Representative

Street Address or PO Box		Apt #
City	State	Zip Code
()	()	()
Phone Number: Daytime		Phone Number: Evening

4. Member Signature

Printed Name of Member (or legal <u>representative</u>)*	Date
Signature of Member (or legal <u>representative</u>)*	Date

* Relationship if other than the Member:

☐ Parent

☐ Guardian

☐ Conservator

☐ Other – Please Specify:

Please note you may revoke this authorization at any time. A Revocation of Authorization form is located on our website, www.countycare.com.

TURN AROUND TIMES FOR PROCESSING REQUESTS (TAT)



Prospective/Routine

4 CALENDAR days

Prospective/Urgent

2 CALENDAR days



Concurrent/Routine

1 CALENDAR day

Concurrent/Urgent

1 CALENDAR day

**may be pended for an additional 48 hours if clinical is needed*



Retro requests

90 CALENDAR days

UM-CM Collaboration & Communication

Goals:

- Remove barriers to transitions of care
- Improve patient outcomes
- Promote quality

UM as CM
Referral Source

Case
Conferences &
Rounds

UM \leftrightarrow CM
Communication

CM Liaison

CountyCare Website

WWW.COUNTYCARE.COM



Website Resources:

Provider Manual -

http://www.countycare.com/Media/Default/manuals/CountyCare_Provider-Manual_042518.pdf

Quick Reference Guide -

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

Prior Authorizations -

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

Provider Notices -

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

Provider Log In - <https://countycare.valence.care/>

Member Log In -

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

Covered Services -

<http://www.countycare.com/members/covered-services>

CountyCare Provider Portal - Overview

A new experience launched May 14, 2018

Portal login web address: <http://www.countycare.com/providers/portal>

Prior authorization status and new requests can be accessed directly here:
<https://countycare.valencehealth.com>

Portal access is available for contracted providers only

2 User Roles

Administrator – access all portal functionality AND able to create user accounts under TIN

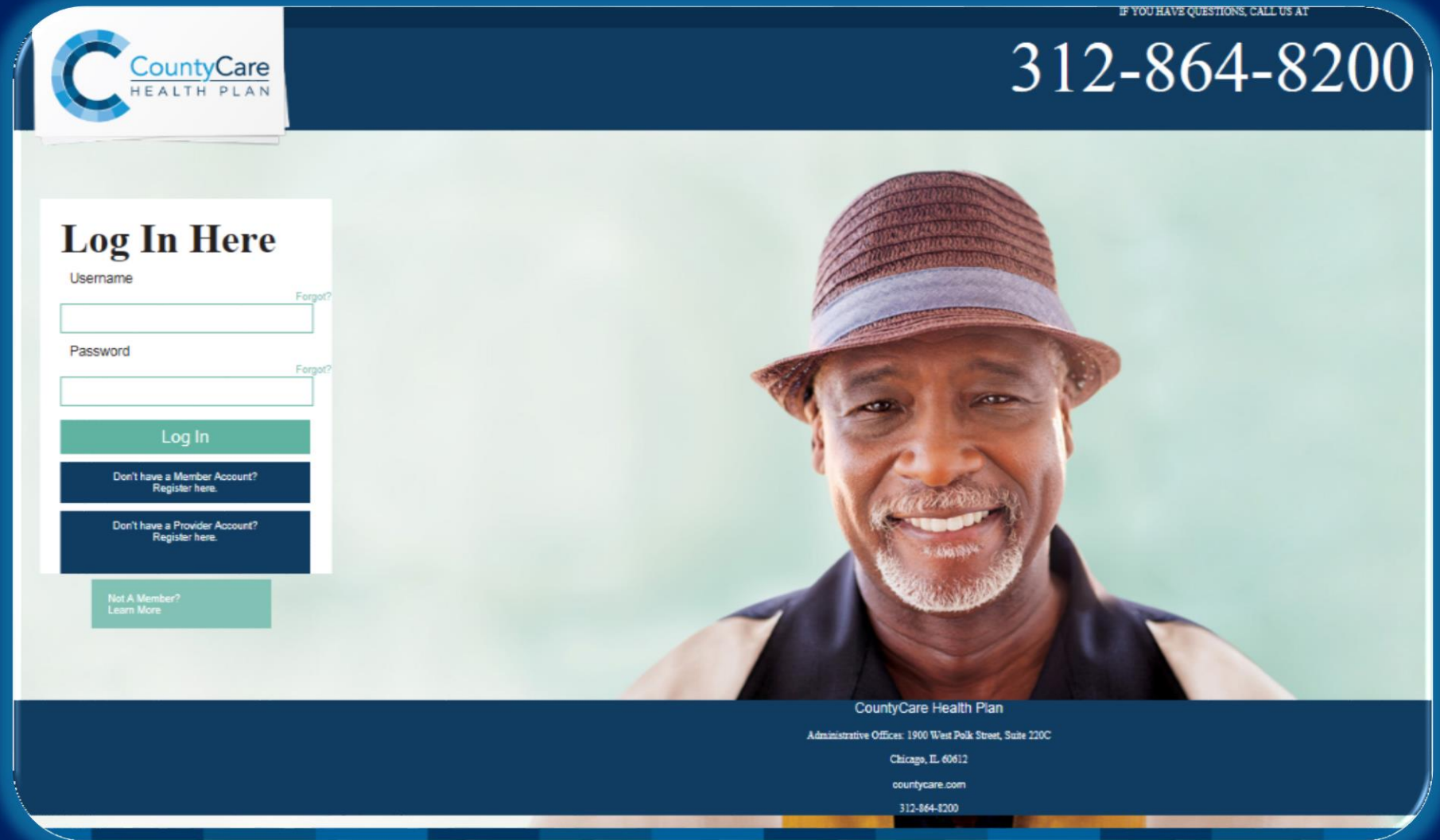
User – access to all portal functionality BUT cannot create user accounts under TIN

Provider Portal – What's New?

Provider Portal functions migrated to same platform as Member Portal

New features available:

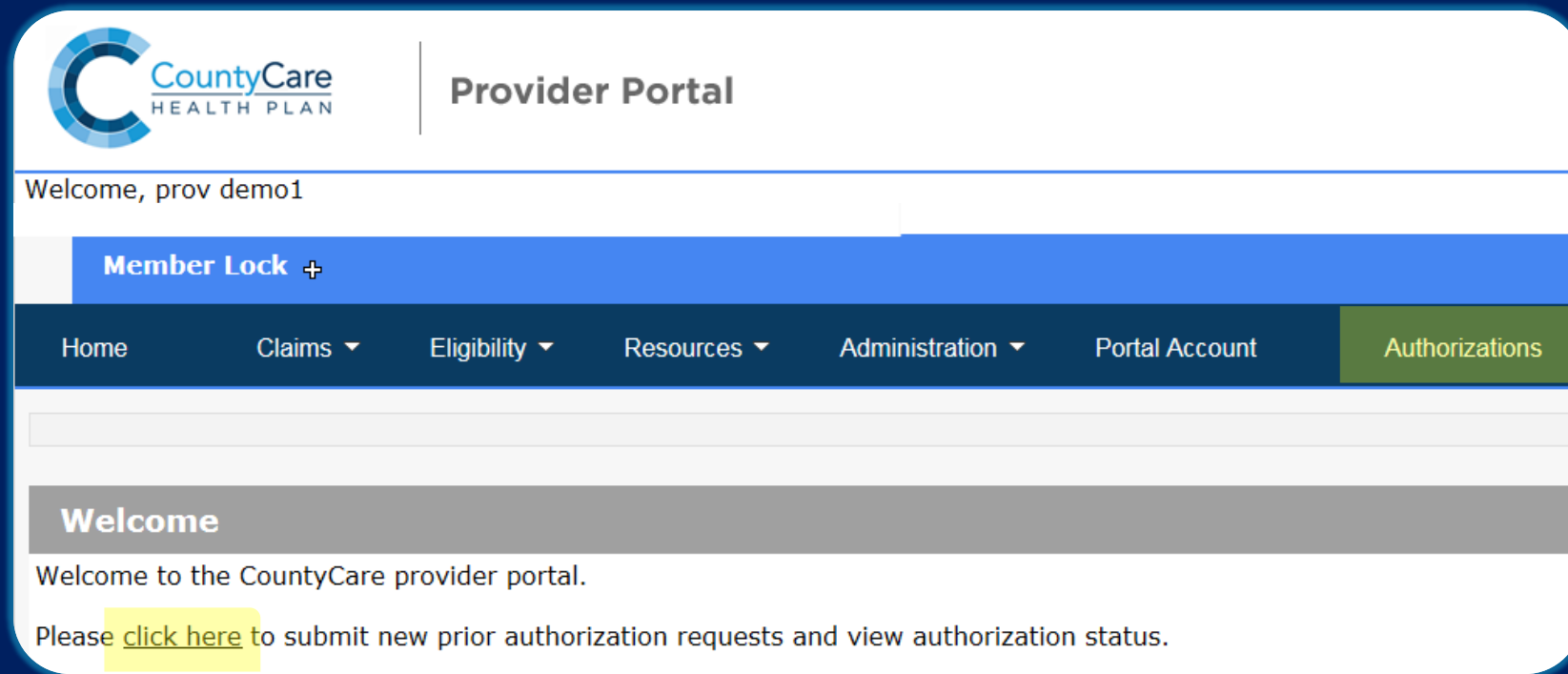
- ☐ Self Registration
- ☐ Search for member eligibility by Medicaid ID number/ RIN
- ☐ Export options for data reports
 - Member roster
 - Claim status



Provider Portal

Prior authorization status and new requests


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



Provider Portal

Request and View Authorizations

1. Sign In to <https://countycare.valencehealth.com>
2. Select “Authorizations” from the menu bar then click “New” from the dropdown box



Sign in

1 → Login ID:

Password:

[Forgot Password?](#)



Home Authorizations Documents Eligibility Search Provider Lo

2 → New
Status
Download CPT Code List



Welcome,
Vine, Jim

TIN - 000000001

If you experience any difficulties while using this site, please contact [Provider Services](#)

Provider Portal

Submit New Authorization Request

TIN - 000000001 Welcome, Vine, Jim | [Profile](#) | [Sign Out](#)



Home Authorizations

Referral / Authorization Request

3/9/2016

Patient


Referred By

Referred To

Referred Location Same as "Referred To"

Search Authorization Status

TIN - 000000001 Welcome, Vine, Jim | [Profile](#) | [Sign Out](#)



Home Authorizations **New** **Status** [Download CPT Code List](#)

Search By:


☒ Provider -- All Providers Within Practice --
Submitted From 2/10/2016 To 3/10/2016

☐ Member ID

☐ Authorization Reference #

Authorization	Date Submitted	Member ID	Referred To	Type of Service	Service Date	Total Approved	Status
2016030706351	03/07/2016	001001	PROVIDER A	Infertility	03/07/2016	0	Pended - Pended
2016030412550	03/04/2016	001001	PROVIDER A	Infertility	02/29/2016	0	Pended - Pended
2016030448519	03/04/2016	001001	PROVIDER A	IP Acute	03/04/2016	0	Pended - Pended
2016030498816	03/04/2016	001001	PROVIDER A	30 Day Cardiac Monitor	03/04/2016	0	Pended - Pended
2016030465782	03/04/2016	001001	PROVIDER A	23 Hour Observation	03/04/2016	0	Pended - Pended

Member Portal Authorization Status



Member Portal

[Home](#) [My Profile](#) [Find a Provider](#) [Claims](#) [Make a Request](#) [Message Center](#) [Document List](#)

[Home](#)

Prior Authorizations (PA)

Claim Status List

Prior Authorizations (PA)

Some services require approval from us. This is called "Prior Authorization" or PA. Your doctor will contact CountyCare if you need PA for a service your provider has made for you.

Search

Date Information


Search Date Type

☒ Submission Date
☐ Service Date

Time Frame



-OR-

Single Date

 (mm/dd/yyyy)

-OR-

Date Range

 To  (mm/dd/yyyy)

Search

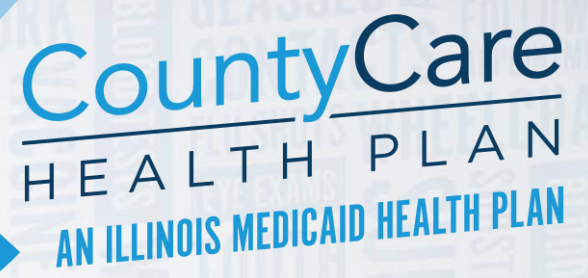
Results

Member Request No	Reference Number	Auth Type	Status	Submission Date	Service Dates	Member No	Member Name	R
No Results Found								

Escalation Process

- Providers and members can contact UM at 855-444-1661 or 361-864-8200 option 5 for specific UM questions and/or auth issues/needs. Intake specialists and nurses are available 8:30-5pm (CST) M-F
- Issues requiring escalation should be directed to your direct Supervisor
- Your Supervisor will reach out to the appropriate UM team members for assistance

Questions (All)



CCHHS/Black Oaks Fresh Food Market

- The Experimental Station's food culture program received a grant from the USDA to operate farmers markets in South Suburban Cook County
- Black Oaks farmers (local farmers in the South Suburb) to host fresh food market at its 3 South Suburban clinic locations – Oak Forest, Cottage Grove, and Robbins, IL.
- This pilot program is added benefit to assist in addressing social determinants of health of our members.

Program Goals

- Improve the health outcomes of patients, staff and members of the South suburban communities
- Address food insecurity by providing easy access to affordable, healthy fresh fruits and vegetables

How does it work?

- **Link Match:** Spend up to \$20 in Link and receive up to \$20 in Link Match to purchase of fresh fruits and vegetables. It is a dollar for dollar match up to \$20.
- **RX Bags:** Food as medicine to prevent and intervene in disease progression
- **Therapeutic food sessions:** Nutrition education

RX Bag Process

- Patient gets a prescription from CCHHS provider
- Brings it to the fresh food market, makes selection from the type of RX bag prescribed
- Patients can requests for refills that can be picked up, or delivered
- Forms of payment:
 - Link Card – receive Link Match Double Voucher Coupon
 - Credit/debit cards
 - WIC and Senior Voucher

Locations/Time of Markets

Mondays 10am – 2pm

Cottage Grove Health Center
1645 S. Cottage Grove
Ford Heights, IL 60411

Wednesdays 10am – 2pm

Oak Forest Health Center
15900 S. Cicero Avenue
Oak Forest, IL 60452

Fridays 10am – 2pm

Robbins Health Center
13450 S. Kedzie Avenue
Robbins, IL 60472





Therapeutic Foods for Disease Prevention

Patient Name: _____

Please check type of bag prescribed:

- ☐ Diabetes
- ☐ Cardiovascular/low sodium
- ☐ Chronic Renal/Dialysis
- ☐ WIC Children & Moms
- ☐ Wellness

Physician/NP signature

Rx Bags are available at all Fresh Food Market locations from 10 am-2pm, or delivery:

Monday	Wednesday	Friday
Cottage Grove Health Center 1645 South Cottage Grove Ford Heights, IL 60411	Oak Forest Health Center 15900 South Cicero Ave. Oak Forest, IL 60452	Robbins Health Center 13450 South Kedzie Ave. Robbins, IL 60472

**For Deliveries Contact
The Healthy Food Hub at 708-405-9476**



www.cookcountyhhs.org



www.healthyfoodhub.org



ALIMENTOS TERAPÉUTICOS PARA LA PROVENCIÓN DE ENFERMEDADES

Nombre Del Paciente: _____

Por favor revisa el tipo de bolsa prescrita:

- ☐ Diabetes
- ☐ Cardiovascular / Bajo En Sodio
- ☐ Renal Crónico / Diálisis
- ☐ WIC Niños y Madres
- ☐ Bienestar

Firma Del Médico / NP

Las Bolsas Rx están disponibles en todas las ubicaciones de Fresh Food Market de 10 a.m - 2 p.m, o de entrega:

Monday	Wednesday	Friday
Centro de Salud Cottage Grove 1645 South Cottage Grove Ford Heights, IL 60411	Centro de Salud Oak Forest 15900 South Cicero Ave. Oak Forest, IL 60452	Centro de Salud Robbins 13450 South Kedzie Ave. Robbins, IL 60472

**Para entregas, comuníquese con
The Healthy Food Hub 708-405-9476**



www.cookcountyhhs.org



www.healthyfoodhub.org



Therapeutic Food List

- **The following fruits and vegetables are tailored for prevention of disease progression**
 - Diabetes: Fruits-berries and melons emphasized for lower insulin requirements
 - Cardiovascular: Properly prepared brassicas, beets and celery
 - Renal Dialysis patients: only low phosphorus and potassium selections (apples, peaches, plums, cherries and berries, celery, cabbage etc.)

Outreach Materials

- Promotional video
 - <https://youtu.be/7DFBq27BMIA>: video is scheduled to run at each of the three Fresh Market ACHN clinics
- Black Oaks Flyer:
 - Care Coordination Website:
<http://www.countycare.com/carecoordination>
 - MHNConnect Home page under MHN News



**Thank You!
Questions?**



CountyCare
HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN