COUNTYCARE HEALTH PLAN

Provider Dispute Submission User Guide

HealthChoice Illinois (HCI) | MCO Internal Dispute Process

Updated September 2026

CountyCare Provider Dispute System

- Providers have the right to submit a dispute.
- Disputes are submitted through the CountyCare Provider Dispute System.
- Provider Services and Provider Representatives cannot submit disputes on a provider's behalf. Providers must submit disputes directly to the system.

Disputes may be submitted for:

Payment / Claims

- denied as duplicate, timely filing
- rejections
- recoupments
- incorrect payment amount
- patient credit file adjustments
- prior authorization

- IMPACT / Legacy Registration Status
- Member Eligibility
- Provider Contracting

60 days

All dispute requests must be received within 60 calendar days from the date of the Explanation of Payment (EOP).

30 days

Once all necessary information is received, disputes are researched and answered within 30 calendar days including a completed resolution or a substantive response detailing the actions and timeframe to resolve.

Which Set of Steps Applies to You?

Access to the Dispute Portal depends on whether you already have a CountyCare Availity Provider Portal account. Find your scenario below, then follow that section.

SECTION A

Availity Portal Users

You have a CountyCare Availity Provider Portal account

and have not previously registered for Jira / Dispute Portal access.

You will reach the Dispute Portal through Availity and Identifi Single Sign-On.

Go to Section A (12 steps)

SECTION B

Direct Portal Users

You do not have a CountyCare Availity Provider Portal account.

You will access the Dispute Portal directly by web address, then set up your login.

Go to Section B (7 steps)

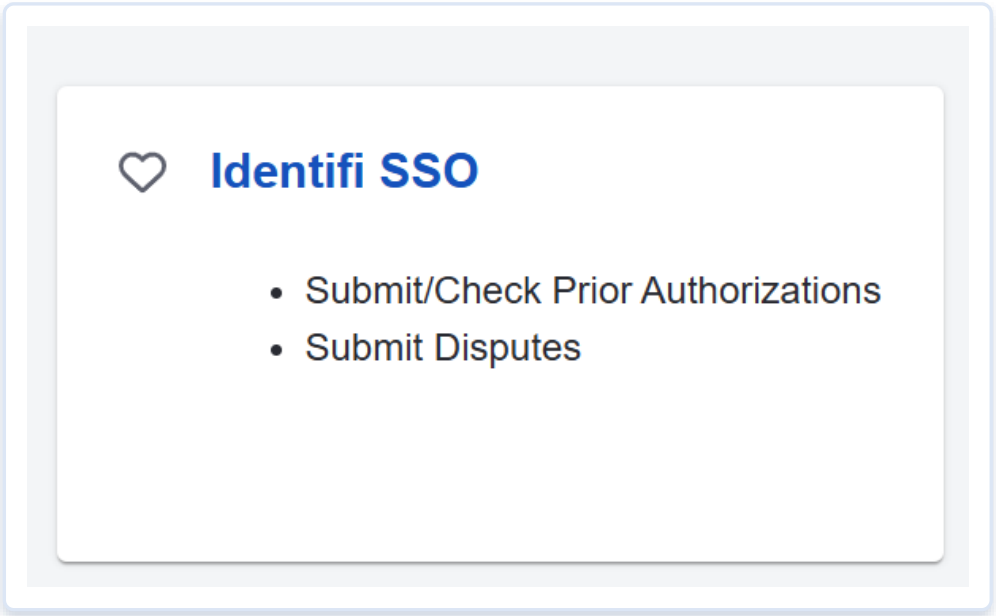
SECTION A

Availity Portal Users

For providers with a CountyCare Availity Provider Portal account who have not previously registered for Jira access. Steps 1 through 12.

Sign In and Launch Identifi

1. Sign in to the CountyCare Availity Provider Portal.
2. Select Payer Spaces, then choose CountyCare Health Plan.
3. Launch Identifi using the Single Sign-On (SSO) link.
4. Select the appropriate provider by NPI.

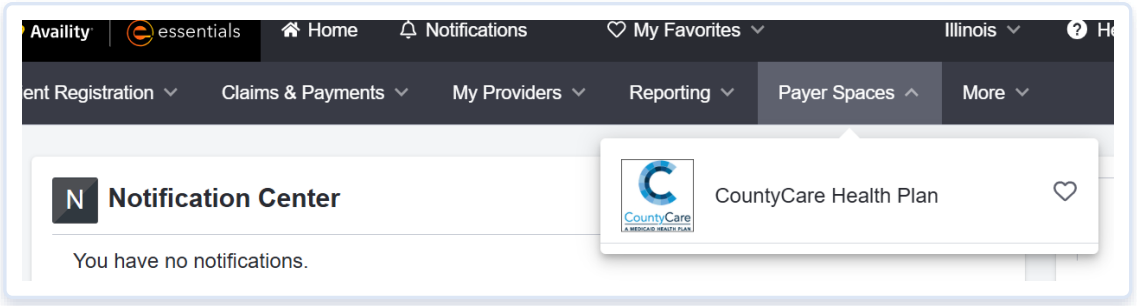


Click the Identifi box to launch Single Sign-On. It covers both prior authorizations and disputes.

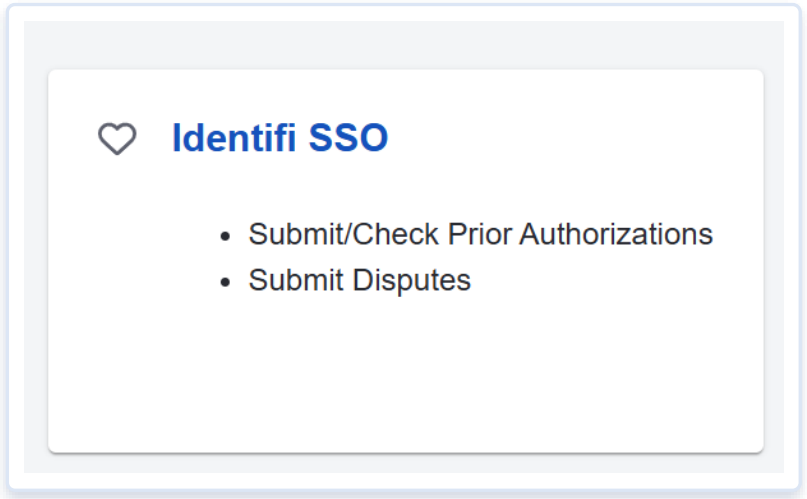
Finding Payer Spaces and Identifi

These screens show where to click in Availity for Steps 2 through 4 above.

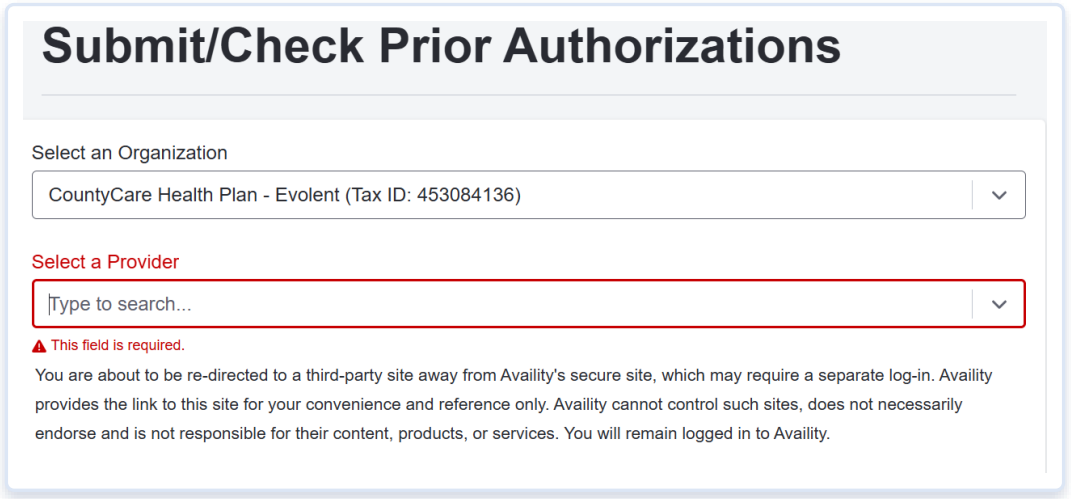
Step 2 / Payer Spaces › CountyCare Health Plan



Step 3 / Click the Identifi box



Step 4 / Select your provider by NPI

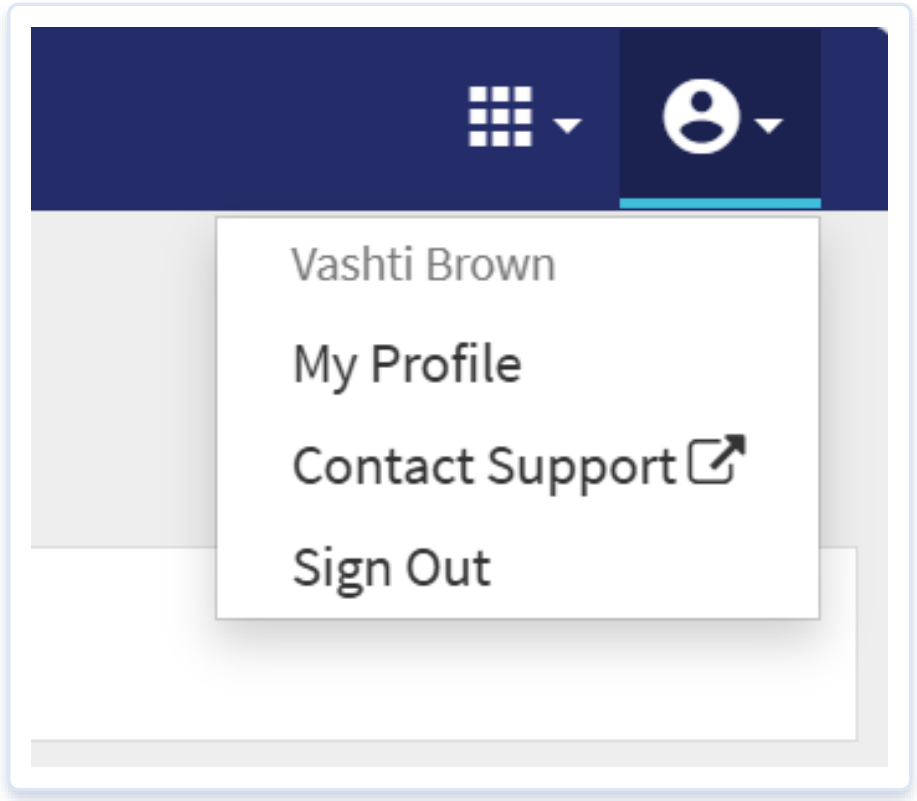


Open the Support Center

5 **In Identifi, click the Account icon in the upper right corner.**

6 **Select Contact Support from the menu.**

The Account icon is easy to miss. It sits at the far top-right, next to the grid / apps icon.



Steps 5 and 6: Account icon (upper right) › Contact Support

Set Up Your Dispute Portal Login

7. **When the Dispute Portal login page appears, enter your email address and select Next.**
8. **Select Continue with Single Sign-On.**
9. **Select Forgot Password.**
10. **Enter the verification code sent to your email.**
11. **Create and confirm your new password.**
12. **Select Yes to remain signed in.**

Same screens as Section B

Steps 7 to 12 use the same Support Center login and Single Sign-On screens shown in Section B.

See the next slides for those images:

- Support Center email entry (Step 7)
- Continue with Single Sign-On (Step 8)

Forgot Password creates your password on first-time setup, even though you have not used this portal before.

SECTION B

Direct Portal Users

For providers without a CountyCare Availity Provider Portal account, who access the Dispute Portal directly. Steps 1 through 7.

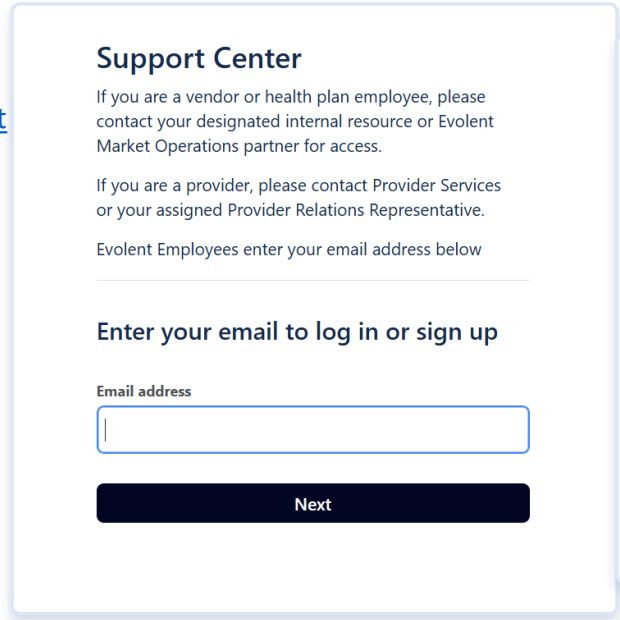
Access the Portal and Set Up Login

1. **Go to the CountyCare Dispute Portal.**

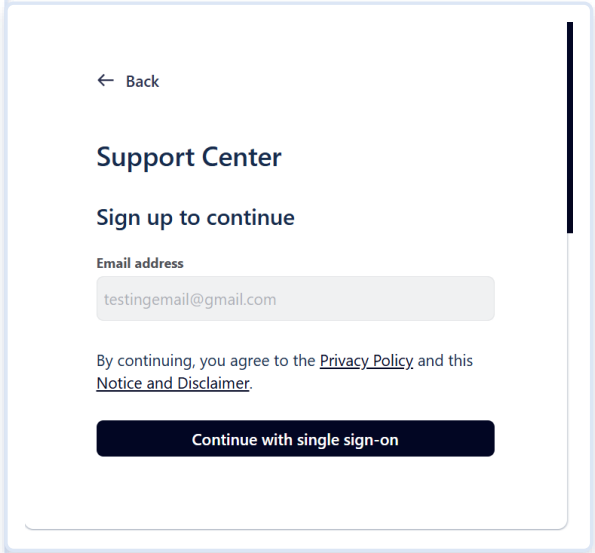
   jira.supportcenter.evolent.com/servicedesk/customer/user/login?destination=portals

2. **Enter your email address and select Next.**

3. **Select Continue with Single Sign-On.**



Steps 1 to 2: Support Center login



Step 3: Continue with single sign-on

4. **Select Forgot Password.**

5. **Enter the verification code sent to your email.**

6. **Create and confirm your new password.**

7. **Select Yes to remain signed in.**

BOTH SECTIONS

Submitting a Provider Dispute

Once signed in, both Section A and Section B providers navigate to the dispute form the same way, then complete it.

1 Choose Evolent Service Desk

On the Portals page, select the Evolent Service Desk portal.

2 Choose CountyCare Provider Disputes

On the Evolent Service Desk page, under "Contact us about," select CountyCare Provider Disputes.

3 Open the dispute form

Select CountyCare Provider Dispute Form. To be used by CountyCare providers only.

4 Multiple claims

If the dispute impacts more than one claim, complete and attach the Multiple Claim Dispute Template at the top of the form.

5 Summary (required)

Enter a brief summary for the dispute title.

6 Reason (required)

Select a reason for the dispute (see next slide for the full list).

7 Description (required)

Provide as much detail as possible, including any prior outreach to resolve the dispute.

8 Tracking number

On submission, a CountyCare tracking number populates at the top of the ticket. It leads with 03, format 03-YYMMDD-xxxxx.

Dispute Reasons and Categories

Reason for Dispute

- Claim denied as duplicate
- Claim denied for no auth, but auth not required
- Claim denied for no auth, but auth was obtained
- Claim denied for readmission
- Claim denial for timely filing
- Claim paid for incorrect amount
- Provider Contracting
- Claim rejection
- IMPACT - Provider Enrollment
- Member Eligibility
- Patient Credit File
- Payment not received / delayed
- Prior Authorization
- Recoupment

Dispute Category

Claim Dispute

Claim Dispute - Readmission

Matches "Claim denied for readmission" under Reason.

Medical Necessity Appeal

Required fields also include Claim Number, Member ID, Provider ID, Date of Service, Provider Name, TIN, NPI, and Provider Type.

Viewing Submitted Disputes

- Click the Requests button in the top right corner of the screen.
- Use filter and search to find previously submitted disputes.
- Ticket statuses show the current state of each dispute.
- If more information is needed, the status changes to Awaiting Provider Clarification and an email is sent. Respond within 10 calendar days or the ticket will be closed.
- Any status change triggers an email notification to the provider.

Status	What it means
Triage	Ticket submitted, pending MCO review
Awaiting Provider Clarification	MCO needs more detail from the submitter
Queued	Routed to the appropriate team for review
Under MCO Review	MCO administrators are reviewing the dispute
In Progress	The dispute is being actively worked
Resolution Proposed	Root cause identified and a plan is in place
Closed	Work is complete and the dispute is resolved

THE FINAL STEP

Provider Dispute Resolution

1 Information complete

Once all necessary information has been received from the provider, the ticket status becomes In Progress.

2 Researched and answered

Disputes are researched and responded to within 30 calendar days, with either a completed resolution or a substantive response detailing the actions and timeframe to resolve.

Questions? Contact Provider Services or your assigned Provider Relations Representative.