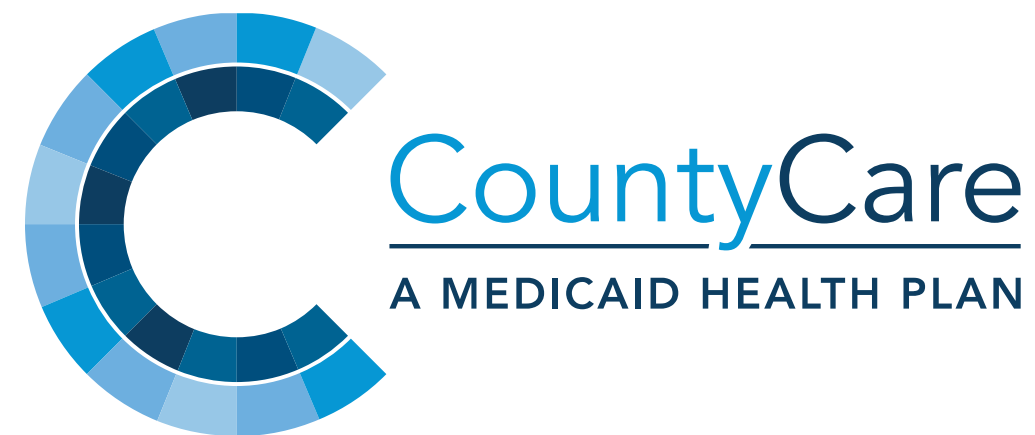


March's Care Management Webinar

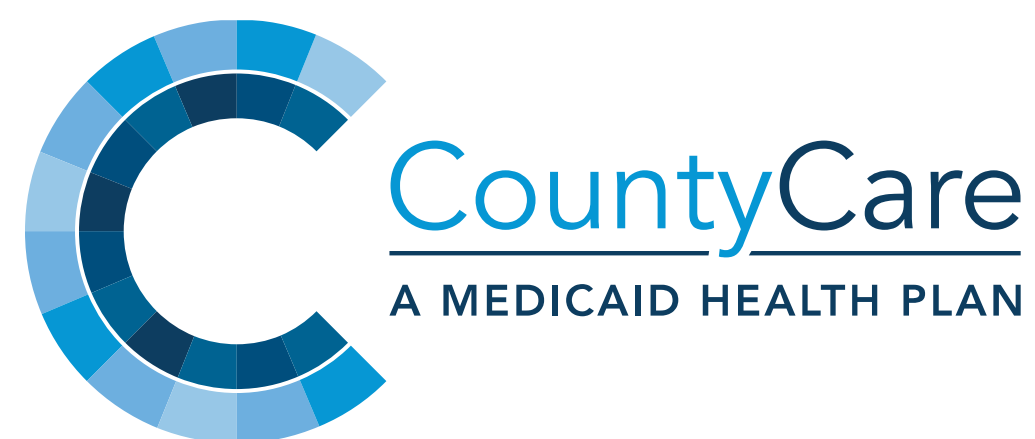
Wednesday, March 19th, 2025



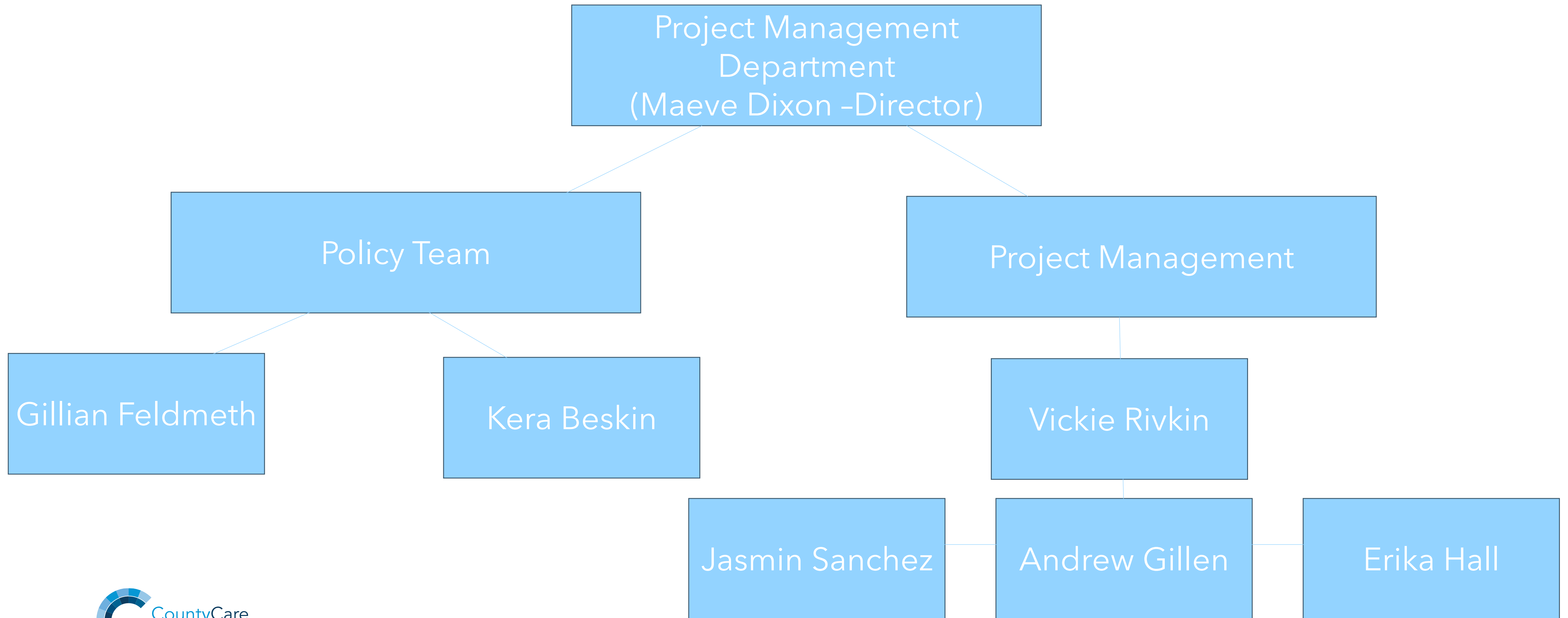
2025 Policy Updates

March 19th 2025

Kera Beskin, Senior Manager of Policy & Innovation



Policy Team at CountyCare



Talking Points

- There has been a lot of discussion about changes to the Medicaid program and the Health Benefits for Immigrant Adults program.
- CountyCare staff is working on finalizing talking points for
 - Care Managers
 - Call Center
 - Provider Relations
- Today I'll review the questions with you. We welcome feedback if there are other questions you are hearing from members.

Federal Policy

- The 119th Congress is currently in session and budget reconciliation is underway.
 - A continuing resolution passed March 15 which avoided a government shut down. Funding runs until end of September.
 - The FY2026 Budget Resolution (which is what includes potential changes to Medicaid) is still in development. It is expected to pass sometime this summer.
- We are closely monitoring potential Federal changes to the Medicaid program (e.g. per capita cuts, reduced FMAP rates, provider tax rates, work requirements) .



Medicaid Member Stories Initiative – CountyCare is working closely with the Cook County Health Communications and Policy teams to gather member stories* to highlight the importance of the Medicaid program to be leveraged for media, press, advocacy and other opportunities.

**with appropriate consents*

How can you help?

- Call your representatives to let them know how important Medicaid is
 1. [Find and contact your Illinois state senator, house representative or Chicago alderman | Illinois Policy](#)
 2. [Find My Elected Officials](#)
- Contribute to the Medicaid Member Stories Project
 - CountyCare is working closely with the Cook County Health Communications and Policy teams to gather member stories* to highlight the importance of the Medicaid program to be leveraged for media, press, advocacy and other opportunities.



Questions in the Federal Medicaid Changes FAQs Talking Points

- **I am a CountyCare member, and I don't want Medicaid to be cut. What can I do to help?**
- **I am a CountyCare member and I heard that Medicaid will be cut. Will I lose my benefits?**
- **I heard Medicaid funding is getting cut. What is happening?**
- **Any other FAQ you would like added to the document?**

CountyCare Access - Health Benefits for Immigrant Adults

- On February 19th, 2025, Governor Pritzker gave his 7th budget address, which included the proposed elimination of the Health Benefits for Immigrant Adults (HBIA) program. The Health Benefits for Immigrant Seniors (HBIS) program is *not* being eliminated.
- The Illinois Department of Human Services posted an informational memo on their website that references the sunseting of the HBIA program in the Governor's proposed FY26 budget, **effective July 1, 2025**.
 - The memo shares that HBIA enrollees will receive at least 90 days notice before their coverage will end and that more information will be forthcoming. In the next few weeks, the Illinois Department of Healthcare and Family Services is expected to file administrative rules that outline the process to sunset HBIA.
 - HFS released a letter on the sunseting of this program on 3/10/2025 [IDHS: Health Benefits for Immigrant Adults \(HBIA\) Sunset](#)

HBIA Changes Talking Points

- CountyCare has created talking points for our member-facing teams, who are receiving questions from members and providers on the future of HBIA. We are encouraging current HBIA members to continue to use their benefits, including primary care, preventive and specialty care, pharmacy, and rewards benefits.



CountyCare

A MEDICAID HEALTH PLAN

Medical Redetermination

March 2025

Redetermination Overview

- Redetermination (REDE) or Medicaid Renewal.

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- Medicaid redetermination is the process members must complete **annually*** to determine their eligibility for Medicaid.
- If members do not complete the renewal process and provide the required eligibility documents, their Medicaid benefits may be terminated.

* Every six months if they also receive SNAP benefits.

Form A & Form B Renewals

- **Form A – No response required:**

- Many members can be redetermined without submitting any forms or documents. This is called Ex-Parte or Form A.
- Form A notifies the member that their coverage has been renewed using electronic verification. No action is required, and members will keep their Medicaid coverage.

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- **Form B – Response is required:**

- Members who receive Form B, must complete their REDE by the due date by returning the forms mailed to them, completing the renewal application on ABE, or over the phone by calling the DHS call center.

HFS Renewal Mailings

- Form A & B are mailed to members from DHS



HFS 915IES (N-4-15)

State of Illinois
Department of Human Services
Department of Healthcare and Family Services
PO Box 19138
Springfield IL 62763

IMPORTANT INFORMATION. OPEN IMMEDIATELY.

Medicaid Customer
1234 Somewhere Street
Somewhere, Illinois 12345

**IMPORTANT INFORMATION
ABOUT YOUR COVERAGE**

INFORMACIÓN IMPORTANTE SOBRE SU COBERTURA
WAŻNA INFORMACJA O GWARANCJI
ВАЖНАЯ ИНФОРМАЦИЯ О ВАШЕМ ОСВЕЩЕНИИ
關於你的報導的重要信息

Redetermination Overview

- Form A Letter
Example – 3 Pages

How to File an Appeal

Medical groups providing full health coverage meet the requirements for insurance under federal law, so you do not have to pay any tax penalty.

If you may re...
to rep...
must c...
418-4...
HFS.F...
Washi...

Find t...
below

State of Illinois
Department of Human Services
Department of Healthcare and Family Services

SAMPLE FORM A

Date of Notice: May 1, 2023
Case Number: 087654321

Inform...
ACA A...
them.

To ap...
✓ Adults
✓ Doctor
✓ Inpatient
✓ Outpatient
✓ Emergency
✓ Prescription

<MAILING BARCODE>
JOHN SMITH
401 S CLINTON ST.
CHICAGO IL, 60607

Medical Benefits Redetermination Notice

Dear John Smith,

Based on the information we have today, the person(s) listed in the table below are approved to keep getting medical benefits after June 30, 2023. However, if we get new information about a change in your circumstance your eligibility for medical benefits may change. If that happens, we will send you a new notice.

| Name | Birth Date | Medical ID (RIN) | Medical Group | Start of Ongoing Coverage |
|------------|--------------|------------------|---------------|---------------------------|
| John Smith | Jan 15, 1980 | 123456789 | ACA Adult | July 1, 2023 |

We will send you a new medical card before July 2023.

Important Information about Your Medical Group(s)

Medical benefits covered are different depending on your provide full medically necessary health coverage.

List of Common Services Provided for Medical Groups

- Doctor and clinic visits
- Inpatient and outpatient hospital
- Emergency room
- Prescription medicine
- Surgery
- Podiatric (feet) services
- Hospice care
- Emergency medical transportation
- Lab tests
- Medical equipment
- Family planning
- Mental health services
- Home health care
- Chiropractic
- Physical therapy
- Dental
- And more, check with your health care provider for details

Turn this page over to read more information on the back.

HFS 2381A (R 9-15)
(Medical Benefits Redetermination Notice)

Page 1 of 3

<Scanning Barcode>

Redetermination Overview

- Form B Letter Example – 4 Pages

8. 3. Is the address at the top of this page your correct mailing address? ☐ Yes ☐ No If No, tell us the correct mailing address:

If y
If th
If th

Out
☐

State of Illinois
Department of Human Services
Department of Healthcare and Family Services

Date of Notice: May 1, 2023
Case Number: 987654321

Office Name: South Loop
Office Address: 1112 S Wabash

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6. Are

If yes,

7. Do

If yes,
Who is
Name
Who is

HFS
(Med

HFS 643
(Medical

HFS 6
(Med

SAMPLE FORM B

State of Illinois
Department of Human Services
Department of Healthcare and Family Services

<MAILING BARCODE>
Maria Lopez
401 S CLINTON ST.
CHICAGO IL, 60607

You
June

To fi
You

Medical Benefits: Time to Renew Notice

Dear Maria Lopez,

It is time to renew your Medical benefits!

You must complete your redetermination to continue your Medical benefits after June 30, 2023

To learn how to renew your Medical benefits, read the first page of the Medical Benefits Renewal Form which is included in this envelope.

Call us at the phone number listed at the top of this form if you cannot send everything on time or if you have questions. We may be able to help you get the proofs you need.

Electronic Review of Eligibility for Medical Benefits

We checked our records for information about your household and put it on your Medical Benefits Renewal Form that is included with this notice. We need more information to decide if you are still eligible.

Please review the information on the Medical Benefits Renewal Form carefully. Correct any information that is wrong and add any information that is missing.

Redetermination Mailing Timeline

- Redetermination paperwork is sent out at least 30 days before the due date printed on the form.
- Enrollees are instructed to complete their redetermination by the due date, or they could lose their Medicaid coverage.
- HFS has a grace period of 15 days for enrollees who submit late. If the information is not received by the end of the grace period, the enrollee's coverage will be canceled.
- Renewal forms will continue to be sent out monthly to different cohorts of Medicaid enrollees over the next 12 months until the entire population has been redetermined.

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Redetermination Mailing Timeline Cont...

| Month of Redetermination | Date HFS Mails REDE Forms | REDE Due Date Printed on Forms | 15 Day Grace Period Ends | First Day/Month of Coverage Loss | End of 90 day Reinstatement Period |
|--------------------------|---------------------------|--------------------------------|--------------------------|----------------------------------|------------------------------------|
| March | 2/1/2025 | 3/1/2025 ¹⁷ | 3/15/2025 | 4/1/2025 | 6/30/2025 |
| April | 3/1/2025 | 4/1/2025 | 4/15/2025 | 5/1/2025 | 7/31/2025 |
| May | 4/1/2025 | 5/1/2025 | 5/15/2025 | 6/1/2025 | 8/31/2025 |
| June | 5/1/2025 | 6/1/2025 | 6/15/2025 | 7/1/2025 | 9/30/2025 |
| July | 6/1/2025 | 7/1/2025 | 7/15/2025 | 8/1/2025 | 10/31/2025 |
| August | 7/1/2025 | 8/1/2025 | 8/15/2025 | 9/1/2025 | 11/30/2025 |

How to Complete Renewal/Redetermination Paperwork?

- Ways to complete and submit redetermination forms:

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Online

through
ABE.Illinois.gov
Click on
"Manage My



By Phone

Call the DHS Call
Center
1-800-843-6154
Or
CountyCare
REDE Hotline
312-864-7333

Return the Renewal
Form **by mail or
fax:**

P.O. Box 19138
Springfield, IL 62763
Fax: 1-844-736-
3563

Return the form **in
person** to

Department of
Human Services
(DHS) office
dhs.state.il.us/page.aspx?module=12

**Attend a Rede
Event.**
Scan the code
below



CountyCare's Redetermination Strategy

Since the resumption of redetermination, CountyCare has executed a comprehensive strategy to ensure members keep their benefits.

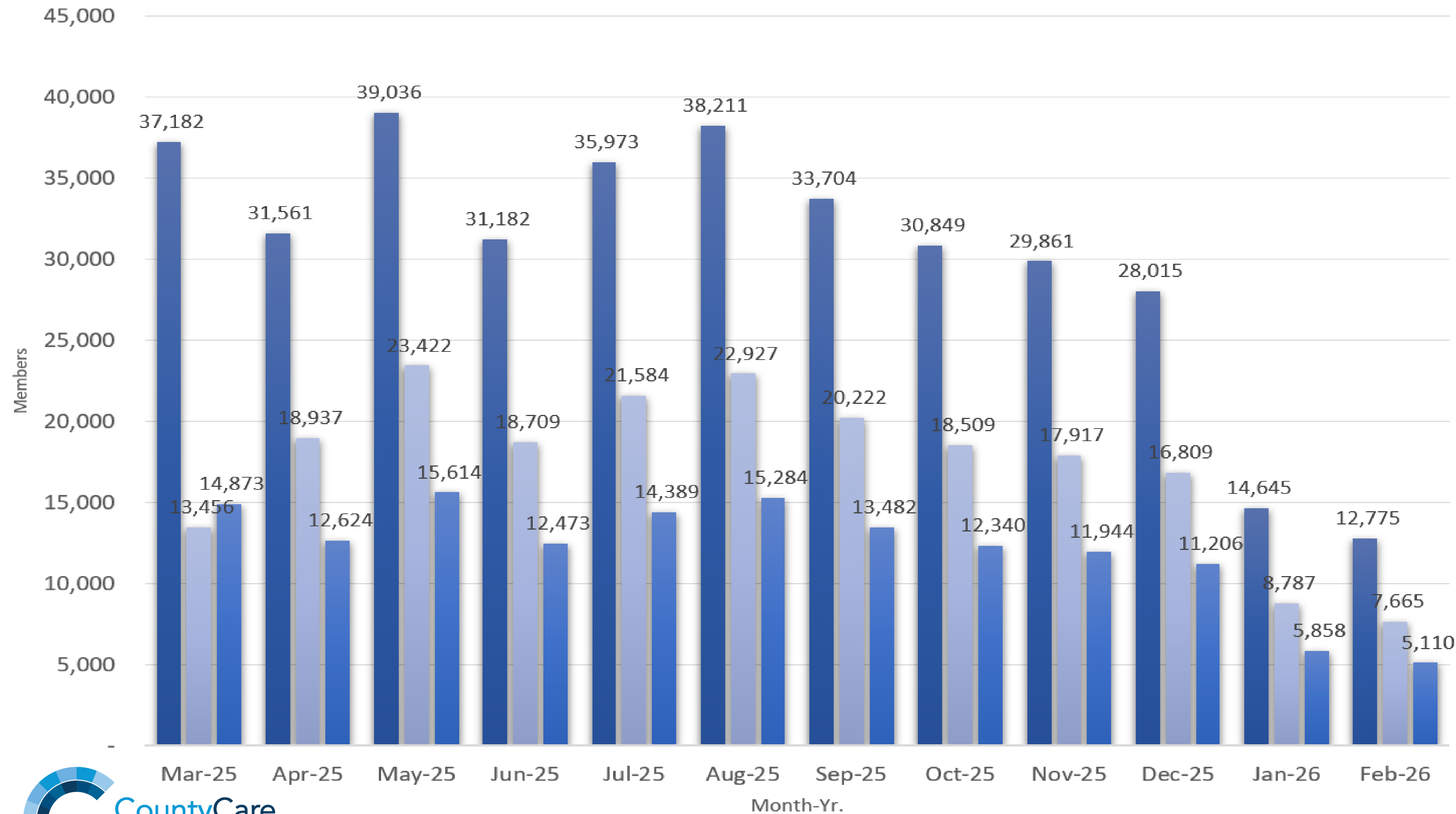
19



CountyCare Members Due for Redetermination - February'25

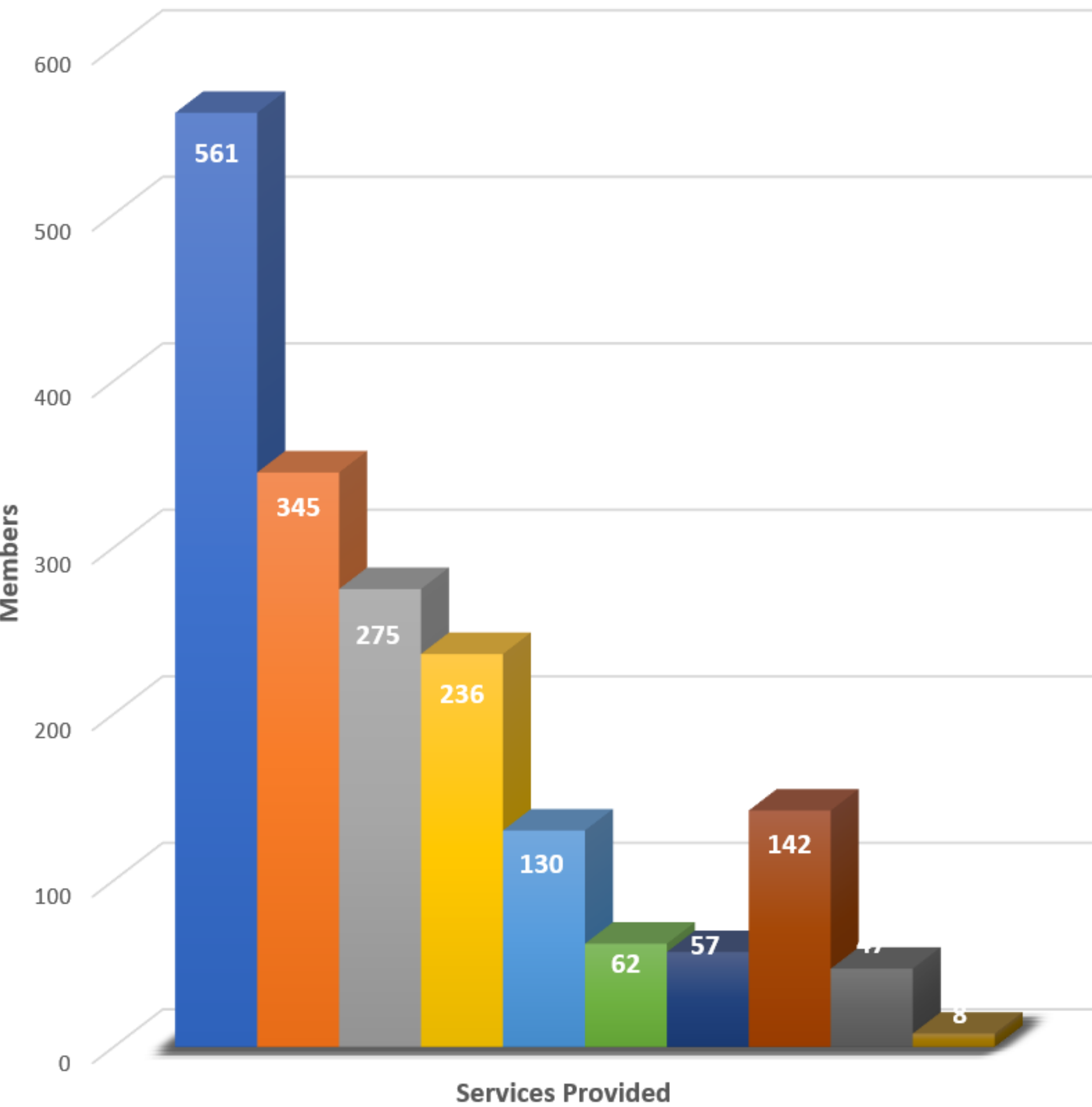
40 % Projection

Members Due for REDE Form B Members Form A Members



| Month-Yr. | Monthly Member Count | Estimated Form B | Estimated Form A |
|-----------|----------------------|----------------------|------------------|
| Mar-25 | 37,182 | 13,456* | 14,873 |
| Apr-25 | 31,561 | 18,937 | 12,624 |
| May-25 | 39,036 | 23,422 | 15,614 |
| Jun-25 | 31,182 | 18,709 | 12,473 |
| Jul-25 | 35,973 | 21,584 | 14,389 |
| Aug-25 | 38,211 | 22,927 | 15,284 |
| Sep-25 | 33,704 | 20,222 | 13,482 |
| Oct-25 | 30,849 | 18,509 | 12,340 |
| Nov-25 | 29,861 | 17,917 | 11,944 |
| Dec-25 | 28,015 | 16,809 | 11,206 |
| Jan-26 | 14,645 | 8,787 | 5,858 |
| Feb-26 | 12,775 | 7,665 | 5,110 |
| Total | 362,994 | 208,943 ⁹ | 145,198 |

REDE Outreach Event Outcome: February 2025

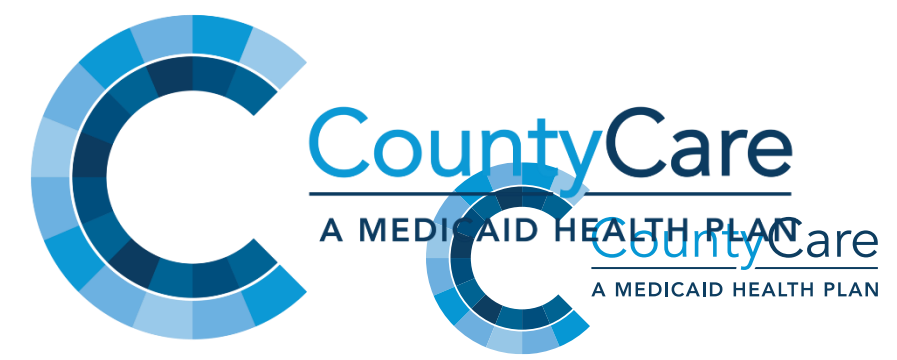
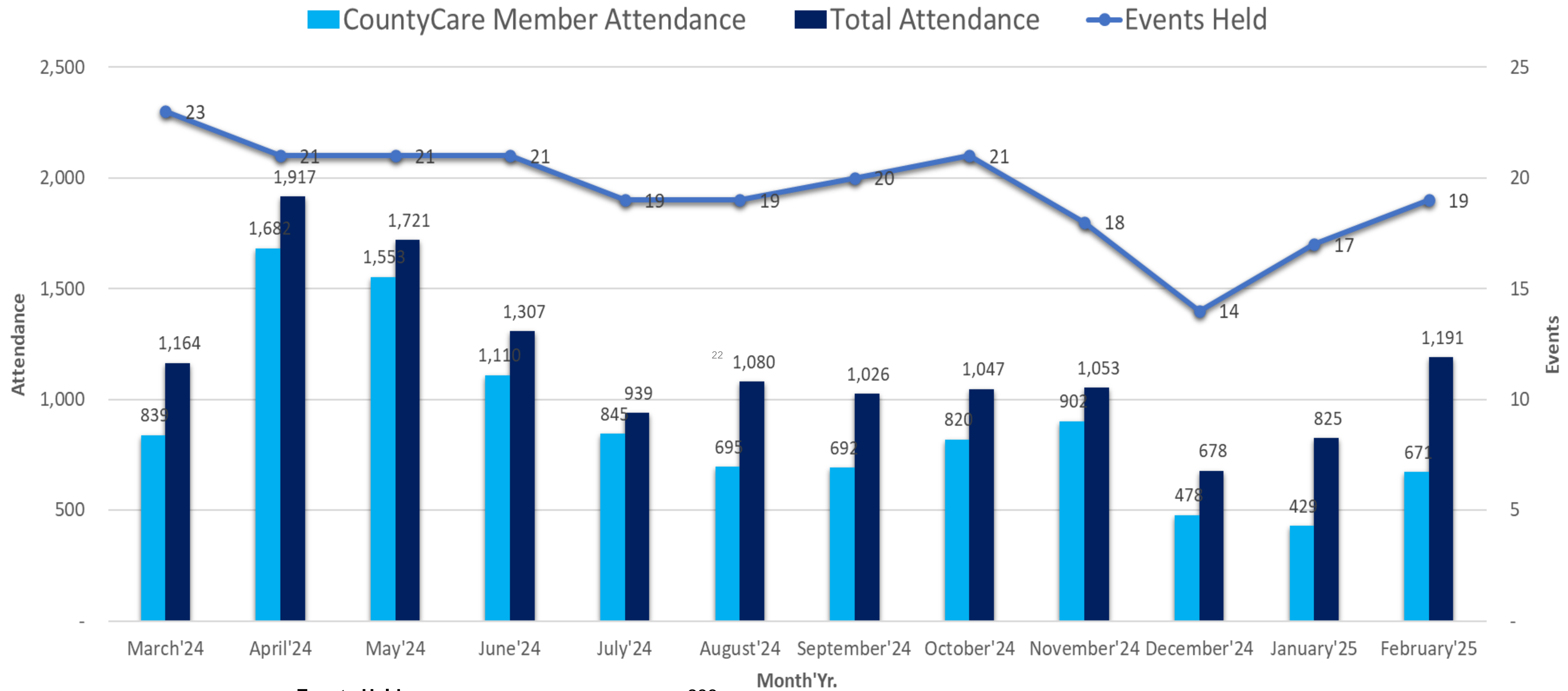


- Provided REDE information
- Gave Rewards Program information
- Met with Care Coordinator
- Completed HRS
- REDE Completed via ABE
- Provided other Medicaid Information
- Re-applied/ New Application
- Submitted REDE or Documents
- Contacted DHS for Coverage Clarification
- Denied Coverage (Reason Provided)

| REDE Events Held – January 2025 | 19 |
|---------------------------------|-------|
| CountyCare Member Attendance | 671 |
| Total Attendance | 1,191 |

| Services Provided | Members |
|--|---------|
| REDETERMINATION | |
| REDE Completed via ABE | 130 |
| Submitted REDE or Documents | 142 |
| Re-applied/ New Application | 57 |
| Provided REDE information | 561 |
| Provided other Medicaid Information | 62 |
| Contacted DHS for Coverage Clarification | 47 |
| Denied Coverage (Reason Provided) | 8 |
| MEMBER INCENTIVES | |
| Gave Rewards Program information | 345 |
| CARE COORDINATION | |
| Met with Care Coordinator | 275 |
| Completed HRS | 236 |

Redetermination Events & Attendance – March'24 - February'25

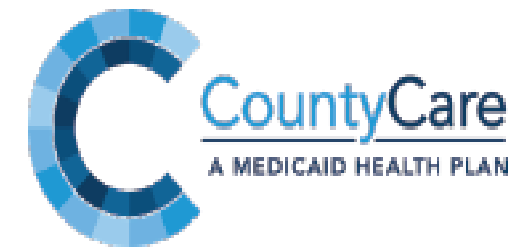


| | |
|------------------------------|--------|
| Events Held | 233 |
| CountyCare Member Attendance | 10,716 |
| Total Attendance | 13,948 |
| Average Attendance | 60 |

CountyCare Outreach Participation



CountyCare Redetermination Events Monthly Flyer



Keep your medical coverage



Watch for your redetermination forms in the mail from the State of Illinois. Scan here to complete them online at abe.illinois.gov. Or, attend one of our redetermination events. We will get copies of your renewal forms and help you submit them.

| DATE | CLINIC LOCATION | ADDRESS |
|---------------------------|---|---|
| April 3, 2025 10AM-2PM | Friend Health Clinic - Pulaski | 5635 S. Pulaski Rd., Chicago, IL 60629 |
| April 7, 2025 10AM-2PM | North Riverside Health Center | 1800 S. Harlem Ave., North Riverside, IL 60546 |
| April 8, 2025 10AM-2PM | Robbins Health Center | 13450 S Kedzie Avenue, Robbins, IL 60472 |
| April 9, 2025 10AM-2PM | PrimeCare Health Center | 5635 West Belmont Ave., Chicago, IL 60634 |
| April 10, 2025 1PM-5PM | Casa Maravilla Alivio | 2021 S. Morgan St., Chicago, IL 60608 |
| April 11, 2025 10AM-2PM | Englewood Health Center | 1135 W. 69th St., Chicago, IL 60621 |
| April 15, 2025 10AM-2PM | Cottage Grove Health Center | 1645 Cottage Grove Ave., Ford Heights, IL 60411 |
| April 16, 2025 10AM-2PM | Provident Hospital/Sengstacke H.C. | 500 E. 51st St., Chicago, IL 60615 |
| April 17, 2025 10AM-2PM | Friend Health Clinic - Pulaski | 5635 S. Pulaski Rd., Chicago, IL 60629 |
| April 21, 2025 10AM-2PM | Chicago Family Health | 9119 S. Exchange Ave., Chicago, IL 60617 |
| April 22, 2025 10AM-2PM | Esperanza Health Centers Brighton Park | 4700 S. California Ave., Chicago, IL 60632 |

CountyCare Informational Flyer

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Keep Your Medicaid Coverage

If you have Medicaid, you have not had to complete your redetermination forms since the COVID-19 pandemic. From May 2023 to April 2024, the State of Illinois will send redetermination paperwork to Medicaid enrollees.

NEED HELP COMPLETING YOUR REDETERMINATION FORMS?

Look for a letter in the mail from the State of Illinois asking for information about your eligibility. Complete the form and return by the due date listed.

QUESTIONS? WE CAN HELP.

312-864-REDE

(7333)

HOTLINE HOURS MONDAY-FRIDAY 8AM - 6PM SATURDAY 8AM - 4PM



countycare.com



Scan here to visit the State of Illinois Application for Benefits Eligibility (ABE) then click on "Manage My Case" to check your redetermination due date and complete your renewal.

Beware of scams. Illinois will never ask you for money to renew or apply for Medicaid. Report scams to the fraud report website (<https://www2.illinois.gov/hfs/oig/Pages/ReportFraud.aspx>) or the Medicaid fraud hotline at 1-844-453-7283/1-844-ILFRAUD.

CountyCare Social Media

**Need help renewing
your Medicaid?
CountyCare is here for
you!**

²⁶
Attend a REDE event to:

- ✓ **Get help with your renewal paperwork**
- ✓ **Receive a free box of fresh produce**
- ✓ **Meet with a care coordinator**

Questions? Call 312-864-7333.



CountyCare Redetermination Events

March 4th | 10AM-2PM

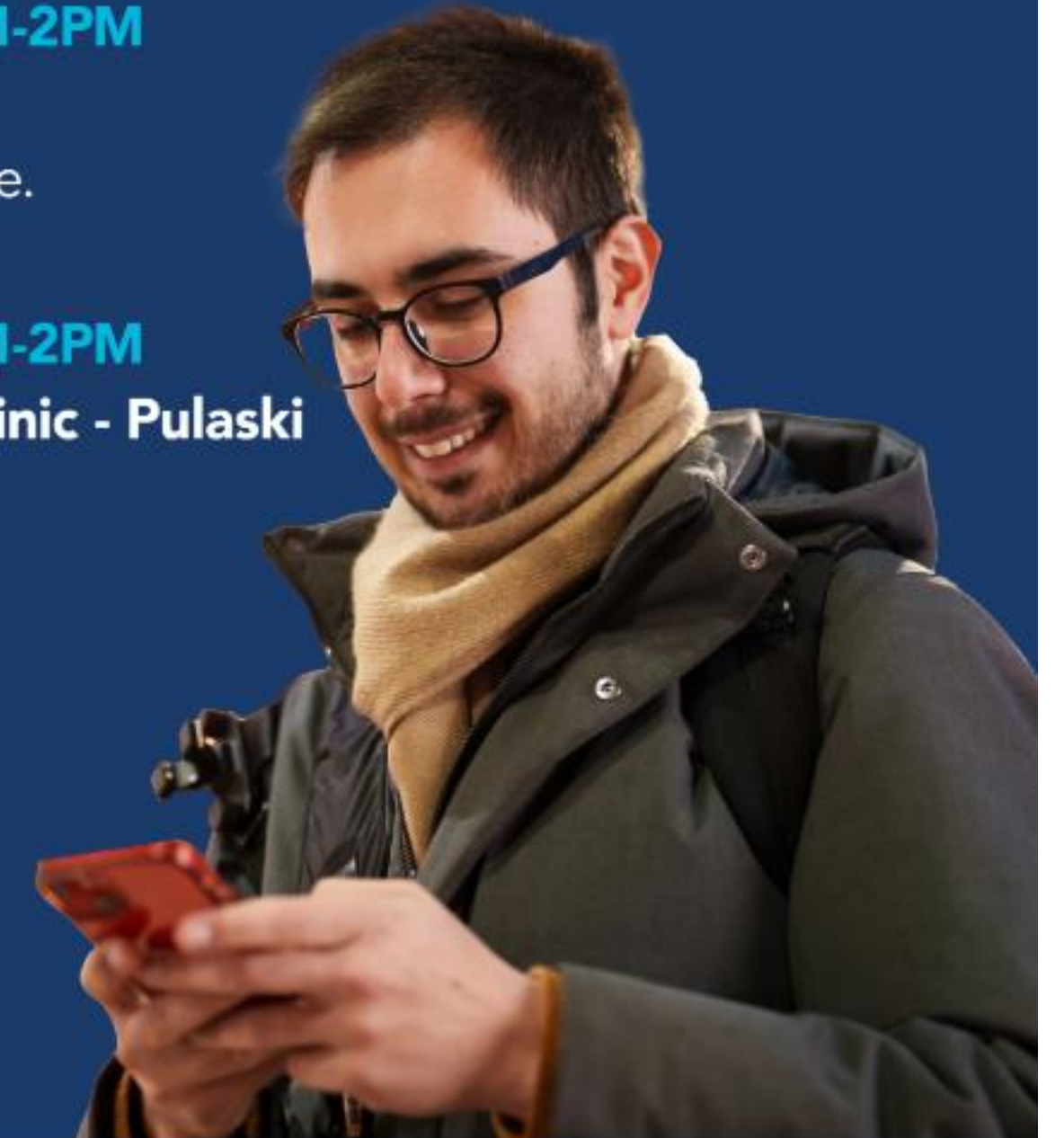
Stroger Hospital

1969 W Ogden Ave.
Chicago, IL 60612

March 6th | 10AM-2PM

Friends Health Clinic - Pulaski

5635 S Pulaski Rd.
Chicago, IL 60629



Register for the event by calling 312-864-REDE (7333)

Walk-ins are welcome.



CountyCare

A MEDICAID HEALTH PLAN

Thank you!



Evolut Grievance Overview

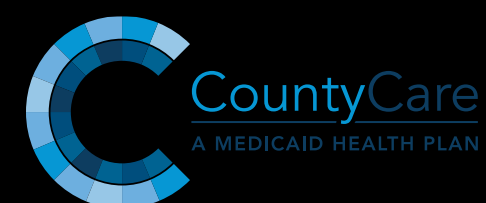
By: Evolut A&G Team

Keona Nettles, Manager

Kasey Bevers, Senior Coordinator

Susana Valenzuela, Senior Coordinator

March 19, 2025



What is a Grievance?

- an expression of dissatisfaction about any matter other than an adverse benefit determination
- Grievance resolution turnaround time = 45 calendar days


Care Management (CM) Grievance:

- What is a CM Case? – If member is dissatisfied with the services provided by their assigned care coordinator and/or if the member needs care coordination services
 - Member complaint Examples:
 - Care coordinator is not returning phone calls to the member or not showing up to scheduled home visits.
 - Care Coordinator is rude or not assisting with the services the member is requesting.
 - Member referral (services needed) Example:
 - If member needs care coordination assistance with homecare, homemaker services, changing pcp, finding specialist, assistance with prior auth needs, health risk survey, etc.
- What is NOT a CM Case? – If the member expresses dissatisfaction not related to Care Coordination services or in need of Care Coordination services. (If received, case should be returned to A&G Coordinator for investigation)
 - Example:
 - Dissatisfaction with the Provider/Office Staff and does not want to change providers.
 - DME issues
 - Customer Service issues.

Case Management (CM) Referrals and Grievances

Referrals for Care Coordination

Complaints against Care Coordination Services



Referral to Care Coordination

The Care Coordination Program helps CountyCare members with medical, behavioral health, and support services to improve their health care. Care Coordinators help members use their benefits to get needed services and find their way through the health care system. Members with specific health needs may also enroll in Care Management and/or Disease Management Programs. Children with special health needs can be referred directly to La Rabida Care Coordination [here](#).

Clinicians, Discharge Planners, Utilization Reviewers and Caregivers: Please use this form to refer members to these programs. Follow the instructions at the bottom of this page. Within five (5) business days of receiving this referral, a Care Coordinator will reply to the contact people listed on this form. If the need is more urgent, please call 312-864-8200/855-444-1661 (toll-free) / 711 (TDD/TTY) and press option 4, then option 8.

Grievance and Appeal Coordinators: Please email to Care Management entity.

Members: If you want to refer yourself to Care Coordination, you can bypass this form by sending an email message through the Member Portal at <http://www.countycare.com/members/portal>. Or you can submit this form by following the instructions at the bottom of this page.

Who is completing this form?

| | |
|---------------|--------------------------|
| Date: | Organization/Department: |
| Name & Title: | Relationship to Member: |
| Phone: | Email: |

Member information

| | |
|----------------------------------|----------------------|
| Name: | DOB: |
| RIN: | Medical Home/PCP: |
| Phone: 3124451969 | Address: |
| Phone Type: Voice/TTY/Videophone | Language Preference: |

Reason for Referral (check all that apply)

☐ Complex medical condition(s)

☐ Disease management

☐ Difficulty following a medication or treatment plan

☒ Home Health

☐ Multiple emergency room visits and/or hospital admissions

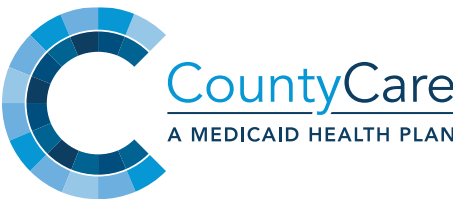
☐ diabetes ☐ asthma


☐ Help with medical services/ community resources

☐ Help with eating, bathing, dressing, etc. (activities of daily living)

☐ Other _____

Additional Comments (please be as detailed as possible):
|





Care Coordination Grievance and Request for Response

| | |
|-------------------------|--|
| Date: | SharePoint Ticket Number: |
| Care Management Entity: | Care Coordinator Involved in Complaint (if known): |
| Member Name: | Member DOB: |
| Member RIN: | Member Phone Number: |

Dear Care Management Entity,

Please be advised that the above named member has filed a care coordination grievance or complaint. Please find the summary of the grievance below.

Grievance Summary:

☒ **Response required in 30 days:** CountyCare requires response detailing your internal investigation and the actions taken to address the incident or concern within **30 days** of the date on this letter.

☐ **Response required in 2 days:** in some cases a more rapid response is needed, such as when a grievance is related to access to a care coordinator. If the box is checked, it is required that the member's care coordinator or care manager contact them within **2 business days** and the CME designee send an email response to the below grievance coordinator indicating that member has been reached, or an attempt to contact has been made with date(s) and name/contact info of assigned care coordinator. A referral form with more details is attached.

Thank you for working with CountyCare to ensure high quality health care services. Please feel free to contact me should you have any questions.

| | |
|-----------|------------|
| GAC Name: | GAC Email: |
|-----------|------------|

Grievance and Appeals Department, CountyCare

Examples of requests to CM for action:

- "Requesting: Outreach to address request for MRI, and about jaw, chest, and throat pain. Establish care with member and HRS. Assist as needed."
- "Member filed a grievance about an incident at a doctor's office. It was sent as a Critical Incident on intake. Response from Critical Incident referral staff at countycarequalityofcare@cookcountyhhs.org declined to proceed as Critical Incident but advised to forward for a Quality-of-Care review (will be done separately). Response included the directive: "Although we are not opening a case for this member, we do require ongoing safety assessments to be performed with this member." Requesting: Outreach to member to establish care (and do Health Risk Survey?) and take actions deemed appropriate. Please confirm receipt and advise when member is contacted, and assessment is complete. "
- "Member has requested help finding a INN REPRODUCTIVE ENDOCRINOLOGIST. Please outreach and assist."

Examples of requests to CM for action con't.:

- "Requesting outreach to assist member. Member desires surgery for chronic pain issues and provider is not helping as member desires. Member may desire change in doctor. "
- "Requesting outreach to assist member getting the medication they need and associated services."
- "Requesting outreach to assist member with info regarding diagnosis, as well as changing therapists and location."
- "Member filed a grievance saying that she needed help finding a Dialysis office that is INN. Please outreach and assist."
- "Member has filed a request for a new doctor. She has concerns that her medications were increased improperly and is making her take tests she does not need. We will also be sending a Fraud/Waste/Abuse referral regarding member's concerns."

How cases are sent to CM for review

All grievances/referrals are sent for Case Management review via email

- Appeals and Grievance (A&G) Coordinators will fill out the “Care Coordination Referral form” or “Care Coordination Grievance and Request for Response form”.
- The A&G coordinators will email the appropriate form to the Care Coordination email box. CountyCare Referrals countycarereferrals@cookcountyhhs.org, CountyCare Referrals team forwards email received to designated CME.
- A&G Coordinators will use an email template when sending the Care Coordination emails.
- CME must confirm receipt and provide regular updates via email to all parties in the email thread.
- If additional information is needed, CME should request information from A&G Coordinators as soon as possible to ensure case is resolved by response due date.
- A&G requires an action for both referrals for care coordination and care coordination grievances.



Examples of Email Template

Email Subject Line: [Case Number] CM Referral [RESPONSE DUE DATE] #secure#

Email Body:

Action Required: (Directions for CME Team)

Care Management response due date: (When response from CME is due)

Immediate Care Needs: (Any time sensitive needs for the member)

Other Investigation (Optional): (Additional information discovered outside of member call)

Intake call Reviews, TC with Member, Claim review, etc.

Summary of Grievance:

Member: (Member Name)

ID# (Member ID #)

PH: (Member Telephone number)

Reason for Call: (reason for member grievance)

Provider/Location/Facility/Vendor Information: (Provider information)

Date Incident Occurred: (Date of service or incident)

Grievance info received: (Information received during intake call)

Thank you!

Common Barriers

- **Care Management Entity Changes:**

- If member changes Care Management entity during open case requesting care coordination services
 - CME should respond to email thread advising member is no longer active and directing CountyCare referrals team the request should be sent to new CME.

- **Delayed Responses:**

- CME not acknowledging receipt of case
- Responses are not provided by case due date.
 - Responses are not sent until A&G coordinator request for updates and then extension is requested by CME.
 - This results in cases not resolved within 45 calendar days.

Examples of responses from CM

Complaint about care coordination services:

Good morning,

I have spoken to [REDACTED] providing her with my information to follow up with me with any concerns she may have. She continues to reiterate that she does not want [REDACTED] providing her care coordination. [REDACTED] has been instructed to not meet with [REDACTED] to respect her wishes.

Referral for care coordination services:

1/23/2025 @ 1230: RNCC received inbound return call from Cami @ Nu motion concerning the DME that the member has not received. Cami informed me that this matter has been escalated to illinois medicaid/ and evicore. Cami states the issue is due to improper coding and that county care is working to have this matter resolved. Cami states that the next scheduled follow up from county care is scheduled for Feb 3, 2025. per Cami/ the RP was informed of the status of the DME and that county care will be responding by feb 3rd, 2025.

I sent a UTR letter on 1/10/2025, and no response was received.

1/28/2025 @1314 attempted to contact RP/ VM and text message left.

Thank You

Examples of responses from CM cont.

Referral for care coordination services:

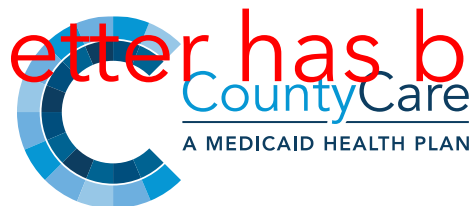
Member was upset that provider would not issue more than one months refill at a time requiring a monthly visit which he did not feel was necessary, and the provider was ignoring requests from pharmacy to refill in spite of member having just been seen the month before.

I sent a request/message to provider on 12/23. Member picked up medications on 12/27. Member visited provider on 1/8 and received 4 additional refills. The issue has been resolved.

01/21/2025 - 11:03 AM Phone - Outbound Member Care Coordination Follow-up Successful

NOTES: RNCC spoke to member to assist with finding a GI Specialist that would be able to see her earlier than appointment scheduled with GI at Northwestern in July 2025. Member was understandably irate, and reported that "I don't even care anymore, If they want me to keep going to the ER for medical management every month then so be it". Member reported that all her doctors are at Northwestern, and she is on a waiting list to be seen by a GI specialist ASAP but currently they could only offer her the appointment scheduled July 2025. Member refused assistance by this writer, with finding another GI provider at other facilities at this time.

Please Note: If the member is unreachable, Appeals & Grievance team needs confirmation Unable to Reach (UTR) letter has been sent to the member to resolve case.



Q&A

Announcements

- Next webinar is April 16th, 2025!
- Slides posted on CountyCare Care Coordination Webpage:
 - <http://www.countycare.com/carecoordination>
- Have feedback? Ideas for future topics? Please share!
 - <https://redcap.link/23k1fzzb>
- Please email questions/concerns: stephanie.nickles@cookcountyhealth.org

