



# Provider Orientation

February 2021



**CountyCare**  
A MEDICAID HEALTH PLAN

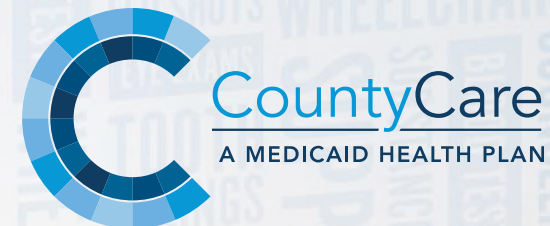
# Health Plan Overview

## Who are we?

CountyCare Health Plan (CountyCare) is a Managed Care Community Network (MCCN) contracted with the Illinois Department of Healthcare and Family Services (HFS) to serve Cook County, Illinois members through the HealthChoice Illinois Program

- HealthChoice Illinois is the state Medicaid managed care program as of January 1, 2018.
- Medicaid members who were previously enrolled with an HFS FHP/ACA, ICP, or MLTSS were all transitioned to the HealthChoice Illinois program and have been assigned (or have chosen) a managed care health plan.

CountyCare has the expertise to work with Medicaid managed care members to improve their health status and quality of life.





# Our Mission

CountyCare Health Plan (CountyCare) focuses on providing improved health status, successful outcomes, and member and provider satisfaction in a coordinated care environment. CountyCare has been designed to achieve the following goals:

- Ensure access to primary and preventive care and services
- Ensure care is delivered in the best setting to achieve an optimal outcome
- Improve access to all necessary healthcare services
- Encourage quality, continuity, and appropriateness of medical care
- Provide medical coverage in a cost-effective manner

# Service Area

## Cook County, Illinois

CountyCare offers health plan services to Medicaid members who live in Cook County, Illinois only.

Contracted providers may be located in areas outside of Cook County.





# HealthChoice Illinois

## Eligibility

[Medicaid eligibility](#) is determined by the Department Health and Family Services (HFS). To qualify a person must be either:

1. Blind, Disabled or Aged (65 or older), or
2. have children under the age of 19, or
3. be pregnant.

Must also meet financial eligibility criteria, residency requirements and in most cases must be citizens (except for children). See the [Health & Medical](#) Services page for more information.

# Contacting Us



**CountyCare**

A MEDICAID HEALTH PLAN



# Provider Quick Reference Guide

Download the Quick Reference Guide by clicking [here](#)

## Provider Services

CountyCare Website	Visit for documents, forms, important health plan information, and provider and member resources.	 <a href="https://www.countycare.com">https://www.countycare.com</a>
Provider Portal	Provides access to member eligibility, important documents, forms, authorization submission and status, claim status, claim review requests, and panel rosters.	 <a href="http://countycare.valence.care/">http://countycare.valence.care/</a>
HFS MEDI System	Utilize system to verify Medicaid eligibility.	 <a href="https://www.illinois.gov/hfs/MedicalProviders/EDI/medi/Pages/default.aspx">https://www.illinois.gov/hfs/MedicalProviders/EDI/medi/Pages/default.aspx</a>
Universal Provider Roster	Submit any provider addition, change or terminations monthly and send a complete IAMHP Universal roster quarterly.	 <a href="mailto:CountyCareProviderRosterSubmission@cookcountyhhs.org">CountyCareProviderRosterSubmission@cookcountyhhs.org</a>
Member & Provider Services	Mon. - Fri.: 8:00 a.m. - 6:00 p.m. CT Sat.: 9:00 a.m. - 1:00 p.m. CT	 312-864-8200, 711 (TTY/TDD)
Transportation Scheduling	Contact First Transit to request a ride 3 business days prior to member need.	 630-403-3210  630-873-1440
Fraud, Waste and Abuse Hotline	Use our confidential hotline to report concerns.	 844-509-4669
Provider Disputes	Submit disputes within 60 calendar days from EOP.	 <a href="http://www.countycareproviderdispute.jira.evolenthealth.com/">http://www.countycareproviderdispute.jira.evolenthealth.com/</a>
Critical Incidents	Complete a critical incident form: <a href="https://countycare.com/wp-content/uploads/CCR_CriticalIncidentReportingForm_English_092120.pdf">https://countycare.com/wp-content/uploads/CCR_CriticalIncidentReportingForm_English_092120.pdf</a>	 312-864-8200, 711 (TTY/TDD)  <a href="mailto:countycarequalityofcare@cookcountyhhs.org">countycarequalityofcare@cookcountyhhs.org</a>

## Claims (Medical and Behavioral Health)

Clearinghouse Vendor	Change Healthcare	 <a href="http://changehealthcare.com/">http://changehealthcare.com/</a>
Paper Claims Mailing Address		 <b>CountyCare Health Plan</b> P.O. Box 211592 Eagan, MN 55121-2892

Payer ID 06541

# Provider Quick Reference Guide, cont.

Download the Quick Reference Guide by clicking [here](#)

## Claims (Medical and Behavioral Health continued)

<b>Claims Timely Filing Requirement</b>	Submit claims 180 calendar days from date of service or discharge date.	
<b>Claim Review Process</b>	Complete a claim review form within 60 days of EOP receipt. <a href="https://countycare.com/wp-content/uploads/CCR_Claim-and-Medical-Necessity-Review-Form_Dec2020.pdf">https://countycare.com/wp-content/uploads/CCR_Claim-and-Medical-Necessity-Review-Form_Dec2020.pdf</a>	<a href="http://countycare.valence.care/">http://countycare.valence.care/</a> 312-864-8200, 711 (TTY/TDD)

## Medical Management

<b>Inpatient Admissions</b>	Contact Member Services within 24 hours of patient admission.	312-864-8200, 711 (TTY/TDD) 866-209-3703
<b>Prior Authorization CPT Look up</b>	Use to CPT look-up to determine if an authorization is required.	<a href="https://countycare.com/wp-content/uploads/CCR_CPTCodeListLOCKED_English_121720.xlsx">https://countycare.com/wp-content/uploads/CCR_CPTCodeListLOCKED_English_121720.xlsx</a>
<b>Prior Authorization Requests Medical and Behavioral Health</b>	Complete the authorization request form: <a href="https://www.countycare.com/wp-content/uploads/CCR_InpatientPriorAuthorizationForm_English_092618.pdf">https://www.countycare.com/wp-content/uploads/CCR_InpatientPriorAuthorizationForm_English_092618.pdf</a> <a href="https://www.countycare.com/wp-content/uploads/CCR_OutpatientPriorAuthorizationForm_English_092618.pdf">https://www.countycare.com/wp-content/uploads/CCR_OutpatientPriorAuthorizationForm_English_092618.pdf</a>	<a href="https://countycare.valence.care/">https://countycare.valence.care/</a>
<b>Care Management Referrals for Members in HCBS Waivers</b>		312-864-0200, 711 (TTY/TDD) countycarewaivers@cookcountyhhs.org
<b>Referrals to Care Coordination</b>	Complete the care coordination referral form: <a href="https://www.countycare.com/wp-content/uploads/CCR_CareCoordinationReferralForm_English_050319.pdf">https://www.countycare.com/wp-content/uploads/CCR_CareCoordinationReferralForm_English_050319.pdf</a>	countycarereferrals@cookcountyhhs.org
<b>Dental Preauthorization</b>	Request at Avesia.com Provider Portal.	<a href="https://www.avesia.com/commercial3/providers/index.aspx">https://www.avesia.com/commercial3/providers/index.aspx</a> 855-337-1594
<b>Vision Preauthorization</b>	Request at Avesia.com Provider Portal.	<a href="https://www.avesia.com/commercial3/providers/index.aspx">https://www.avesia.com/commercial3/providers/index.aspx</a> 855-337-1596
<b>Pharmacy Preauthorization (including Specialty)</b>	Submit the MedImpact medication request form: <a href="https://www.countycare.com/wp-content/uploads/CCR_MedicationRequestForm_English.pdf">https://www.countycare.com/wp-content/uploads/CCR_MedicationRequestForm_English.pdf</a>	858-790-7100 800-788-2949
<b>Medical Necessity Appeals</b>	Submit appeals within 30 days of an authorization denial.	<a href="https://countycare.valence.care/">https://countycare.valence.care/</a> CountyCare Health Plan P.O. Box 21153 Eagan, MN 55121



# Provider Portal

Real-time access to valuable information

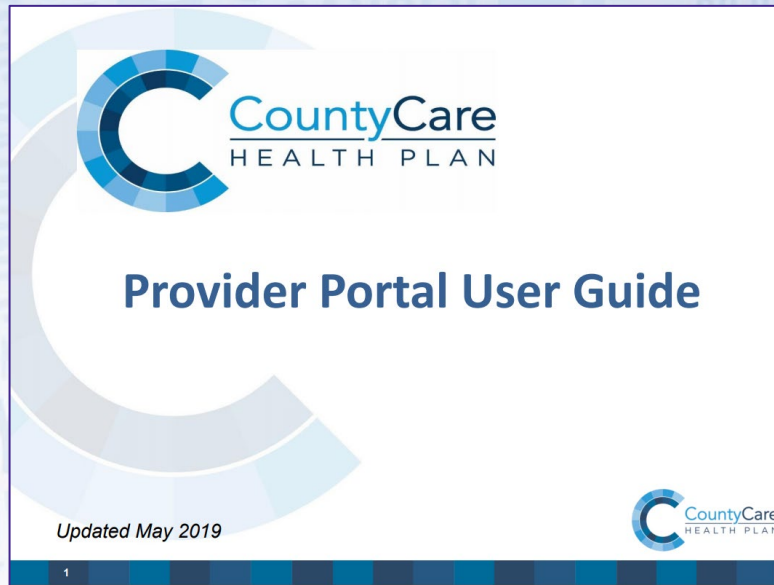


- ✓ Check Member Eligibility
- ✓ Claim Status Reports
- ✓ View EOP Payment Details
- ✓ View Panel Roster
- ✓ Submit Prior Authorization Requests
- ✓ View Prior Authorization Status

Click on the image above to access the Provider Portal.

# Provider Portal

## Support and User Guide



- ✓ Access the provider Portal User Guide: [https://countycare.com/wp-content/uploads/CCR\\_ProviderPortalUserGuide\\_English\\_2019.pdf](https://countycare.com/wp-content/uploads/CCR_ProviderPortalUserGuide_English_2019.pdf)
- ✓ Contact your Provider Relations Representative
- ✓ Email questions to [ProviderServices@CountyCare.com](mailto:ProviderServices@CountyCare.com)



# Eligibility, Authorizations, and Claims



CountyCare

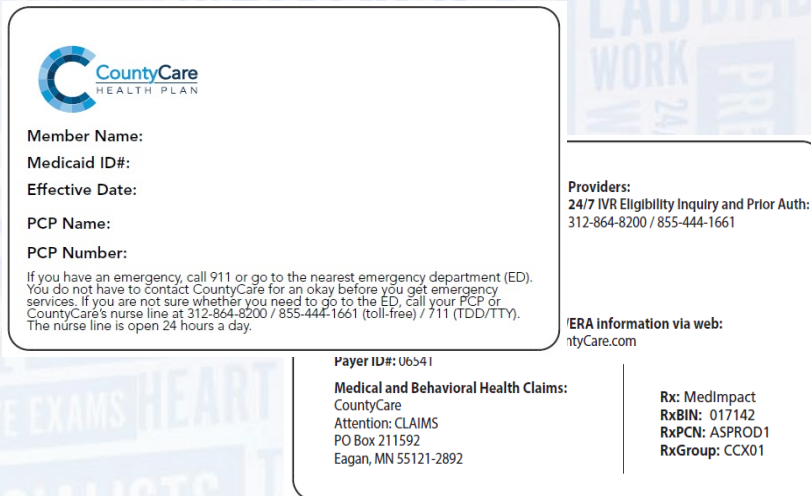
A MEDICAID HEALTH PLAN

# Member Identification Cards

Verify eligibility on each date of service

- ✓ Members should present their ID cards at the time of service
- ✓ Request to see a photo ID if you are not familiar with the member
- ✓ Contact Provider Services for any suspected fraud at 312-864-8200

## Medicaid Member ID Card



**CountyCare**  
HEALTH PLAN

**Member Name:**  
**Medicaid ID#:**  
**Effective Date:**  
**PCP Name:**  
**PCP Number:**

If you have an emergency, call 911 or go to the nearest emergency department (ED). You do not have to contact CountyCare for an okay before you get emergency services. If you are not sure whether you need to go to the ED, call your PCP or CountyCare's nurse line at 312-864-8200 / 855-444-1661 (toll-free) / 711 (TDD/TTY). The nurse line is open 24 hours a day.

**Providers:**  
24/7 IVR Eligibility Inquiry and Prior Auth:  
312-864-8200 / 855-444-1661

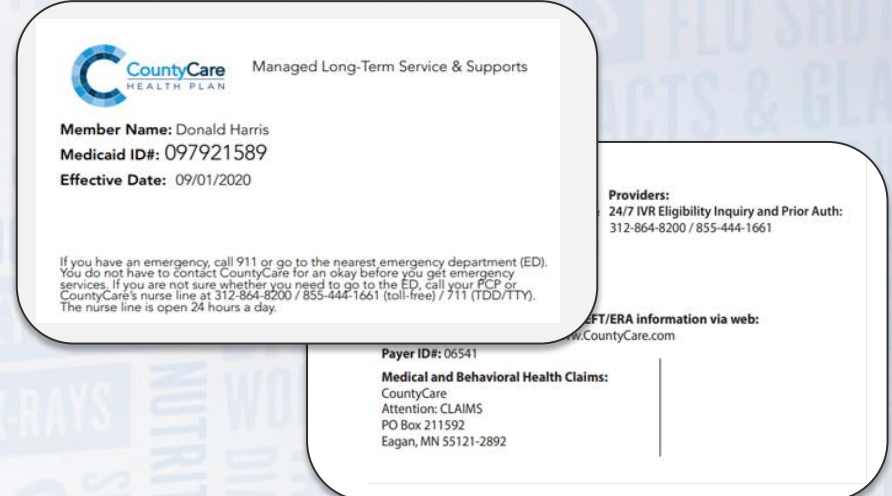
**ERA information via web:**  
CountyCare.com

**Payer ID#:** 06541

**Medical and Behavioral Health Claims:**  
CountyCare  
Attention: CLAIMS  
PO Box 211592  
Eagan, MN 55121-2892

**Rx:** MediImpact  
**RxBIN:** 017142  
**RxPCN:** ASPROD1  
**RxGroup:** CCX01

## MLTSS Member ID Card



**CountyCare** Managed Long-Term Service & Supports  
HEALTH PLAN

**Member Name:** Donald Harris  
**Medicaid ID#:** 097921589  
**Effective Date:** 09/01/2020

If you have an emergency, call 911 or go to the nearest emergency department (ED). You do not have to contact CountyCare for an okay before you get emergency services. If you are not sure whether you need to go to the ED, call your PCP or CountyCare's nurse line at 312-864-8200 / 855-444-1661 (toll-free) / 711 (TDD/TTY). The nurse line is open 24 hours a day.

**Providers:**  
24/7 IVR Eligibility Inquiry and Prior Auth:  
312-864-8200 / 855-444-1661

**ERA information via web:**  
CountyCare.com

**Payer ID#:** 06541

**Medical and Behavioral Health Claims:**  
CountyCare  
Attention: CLAIMS  
PO Box 211592  
Eagan, MN 55121-2892



# Checking Member Eligibility (Medicaid & MLTSS)

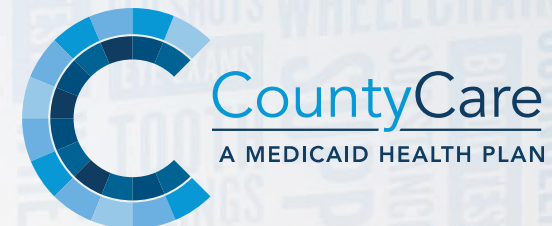
*Verify eligibility on each date of service*

*ID Cards are not a guarantee of active member eligibility*

1. **Secure online provider portal** <http://www.countycare.com/providers/portal>
2. **Automated IVR Phone Line:** Call our 24-hour member eligibility interactive voice response (IVR) system at 312-864-8200, 711 (TTY/TDD)
3. **CountyCare Provider Services:** If you cannot confirm a member's eligibility using the methods above, call us at 312-864-8200, 711 (TTY/TDD)

## **Provide the following**

- Member Name
  - Member ID Number
  - Member DOB
4. **State member eligibility system, MEDI** [www.myhfs.illinois.gov](http://www.myhfs.illinois.gov)



# Overview of Prior Authorizations

*Easiest way to submit Prior Authorizations is to use the Provider Portal*

Search here... English

For Members For Providers Thinking About CountyCare? About Us

Covid-19 Updates Find a Provider Member Portal Provider Portal

## Prior Authorizations

**Some services require prior authorization from CountyCare for reimbursement to be issued to the provider**

All out-of-network services require prior authorization except for Emergency Care and Family Planning Services. [Click here](#) for a list of all services requiring prior authorization.

Questions? Call the CountyCare Medical Management and Prior Authorization Department at 312-864-8200 / 855-444-1661.

**PRIOR AUTHORIZATION CPT LOOK-UP**

To determine if a service requires a Prior Authorization click [here](#).

For faster turn-around-time and easier tracking, submit Prior Authorization request via the CountyCare Provider Portal! [Click here to Login.](#)



# Prior Authorization

## Turn-Around-Times

Prior authorization for any service, including behavioral health, should be requested **at least 14 calendar days before the requested service delivery date.**

- CountyCare renders decisions on routine requests within **four (4) calendar** days of the receipt of request.
- CountyCare renders decisions on urgent/emergent requests within **48 hours** of receipt of the request.

Prior authorization requests must include all relevant clinical information needed to make a medical necessity decision.

*“Relevant clinical information” includes the results of any face-to-face clinical evaluation (including diagnostic testing) or second opinion that may be required. Failure to submit necessary clinical information can result in an administrative denial of the requested service.*

# Submitting Claims

*2 methods to submit claims*

## 1. Electronic Claims

For submission of medical and behavioral health services use  
Change Healthcare Payer ID: **06541**

## 2. Paper Claims Submission

All claims and encounters should be submitted to:

CountyCare Health Plan  
P.O. Box 211592  
Eagan, MN 55121-2892



# Basic Claim Requirements

- ✓ Billing guidelines can be found [here](#).
- ✓ Submit all claim within 180 days from the date of service.
- ✓ Ensure the member is effective with CountyCare on date of service.
- ✓ Verify service is a covered benefit on date of service.
- ✓ Prior authorization processes are followed. Check prior authorization requirements [here](#).
- ✓ All requests for claim reviews, claim disputes and appeals **must be received within 60 calendar days from the date of the Explanation of Payment (EOP) or Remittance Notice.**

# Electronic Remittance Advice (ERA)

CountyCare also provides Electronic Remittance Advice (ERA) to its participating providers. Using ERA helps reduce costs and speeds secondary billings. For the initial ERA enrollment set-up with Change Healthcare, please contact Change Healthcare directly. If you currently work with a different clearinghouse for your electronic claim's submission, your clearinghouse will work directly with Change Healthcare to set up ERA. You can access the ERA enrollment form by clicking [here](#).

If you or your clearinghouse have any questions regarding the ERA enrollment process or form completion, please contact Change Healthcare Provider Support at [877-363-3666](tel:877-363-3666) and follow the appropriate prompts.



# Electronic Funds Transfer (EFT)

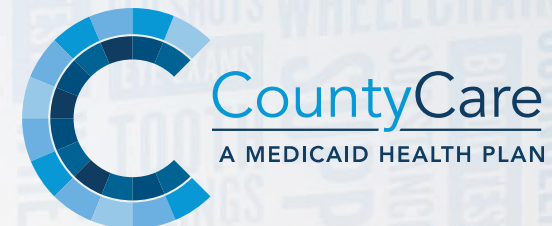
CountyCare provides Electronic Funds Transfer (EFT) to its participating providers. Using EFT helps reduce costs and can improve cash flow. CountyCare Health Plan has joined the InstaMed Network to deliver your payments via free electronic remittance advice (ERA) and electronic funds transfer (EFT). To receive CountyCare Health Plan payments as free ERA/EFT, register at [www.instamed.com/eraeft](http://www.instamed.com/eraeft).

ERA/EFT is a convenient, paperless and secure way to receive claim payments. Funds are deposited directly into your designated bank account and include the TRN Reassociation Trace Number, in accordance with CAQH CORE Phase III Operating Rules for HIPAA standard transactions. Additional benefits include:

You have two simple options to register for free ERA/EFT from InstaMed:

Online: visit [www.instamed.com/eraeft](http://www.instamed.com/eraeft)

Paper: [complete the order form](#) and fax it to (877) 755-3392



# Primary Care Engagement



CountyCare

A MEDICAID HEALTH PLAN



# Primary Care Engagement

## Definition

- CountyCare Health Plan members are required to see their assigned primary care provider for services.
- Patients requesting primary care appointments with a primary care provider to which they are not assigned should be redirected to their PCP of record or to CountyCare Member Services at 312-864-8200, 711 (TTY/TDD).
- Primary care providers will only be reimbursed for appointments with members assigned to their panel.

# How does CountyCare define a primary care claim?

## Primary Care Engagement

### Included in definition

#### ✓ Claims with a Place of Service (POS)

- 11 – Office
- 50 – FQHC
- 71 – Public Health Clinic
- 72 – Rural Health Clinic

*and*

#### ✓ Claims billed by providers in our system as a PCP

- You have indicated PCP = Yes on your monthly roster submission

### Excluded from definition

#### × Any claim billed with a POS other than 11, 50, 71 or 72

- Examples: POS 15 = mobile unit; POS 03 = SBHC; or POS 04 = homeless shelter

#### × Women's healthcare providers such as OB/GYN

- Taxonomy codes: 207V00000X, 207VG0400X, 363LW0102X or 363LX0001X

#### × FQHC claims that also contain a mental health modifier

- Modifiers: AJ, AH or HO

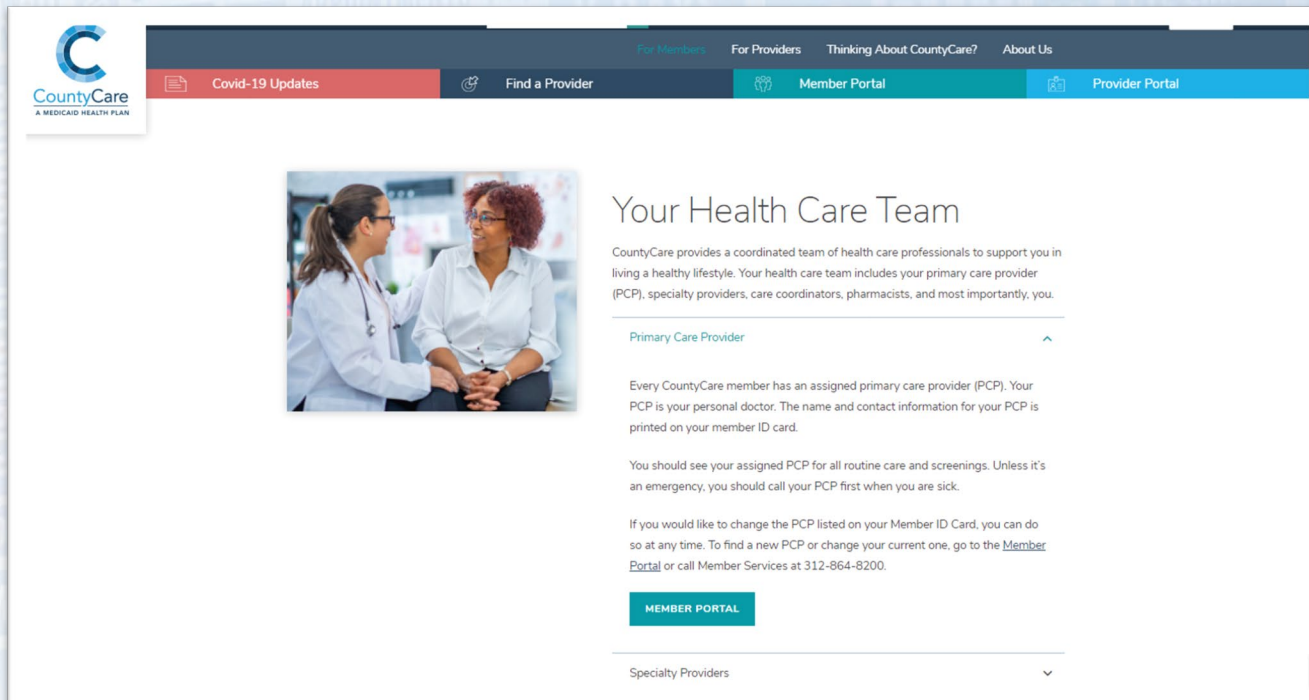
#### × Claims submitted for an MLTSS member



# Primary Care Provider

Members are required to see assigned PCP for primary care services

- In April 2019, CountyCare notified members of the requirement to seek primary care services from their **provider of record**



The screenshot displays the CountyCare website interface. At the top left is the CountyCare logo, a blue 'C' with the text 'CountyCare A MEDICAID HEALTH PLAN'. The navigation bar includes links for 'For Members', 'For Providers', 'Thinking About CountyCare?', and 'About Us'. Below the navigation bar are four main menu items: 'Covid-19 Updates', 'Find a Provider', 'Member Portal', and 'Provider Portal'. The main content area features a photograph of a doctor and a patient. To the right of the photo is the heading 'Your Health Care Team' followed by a paragraph: 'CountyCare provides a coordinated team of health care professionals to support you in living a healthy lifestyle. Your health care team includes your primary care provider (PCP), specialty providers, care coordinators, pharmacists, and most importantly, you.' Below this is a section titled 'Primary Care Provider' with a downward arrow. The text explains that every member has an assigned PCP and that the name and contact information are on the member ID card. It also states that members should see their PCP for routine care and screenings, and call first in an emergency. A 'MEMBER PORTAL' button is provided for finding or changing the PCP. At the bottom, there is a section for 'Specialty Providers' with a downward arrow.

Source: <http://www.countycare.com/members/pcp-engagement>

# What to do when...

*...a non-empaneled patient requests an appointment*

- Patients requesting primary care appointments with a provider to which they are not assigned should be redirected to their provider of record or to CountyCare to change their primary care provider.
- A member can change their PCP at any time with an effective date the following month.
  - ✓ Log on to the CountyCare Member Portal
  - ✓ Call CountyCare Member Services
  - ✓ Fax a PCP Change [form](#) to 312-548-9940

## Effective Date of PCP Change

A PCP change requested the 1<sup>st</sup> thru the 31<sup>st</sup> day of the current month will be effective the 1<sup>st</sup> day of the following month.

*For example, a PCP change request received August 1<sup>st</sup> thru August 31<sup>st</sup> would be effective September 1<sup>st</sup>.*



# Provider Resources



CountyCare

A MEDICAID HEALTH PLAN

# Provider Online Resources

24/7 Resources

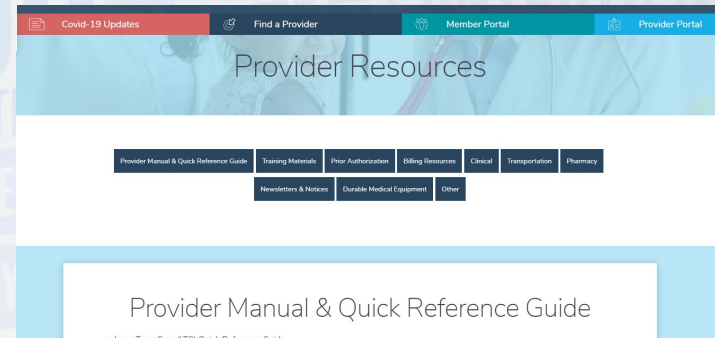
## 1. [Provider Portal](#)

- Check member eligibility
- Review claim status reports
- View payment details
- View authorization status
- Submit authorization requests



## 2. [Provider Website](#)

- Provider Manual
- Provider forms
- Billing Manual
- Prior authorization information
- Wellness information
- Prevention and clinical care





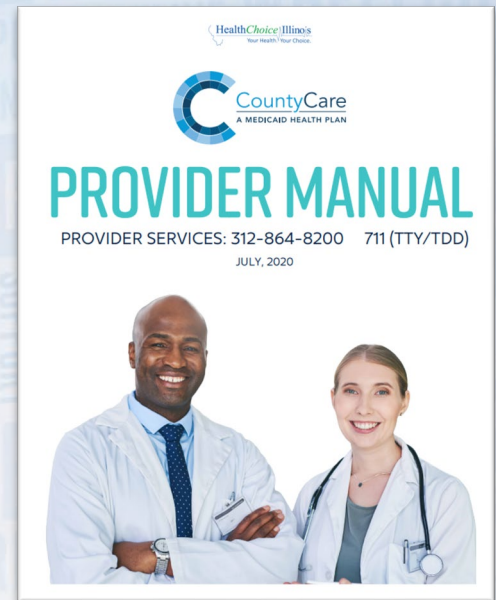
# Provider Manual

## *A Comprehensive Reference Tool*

The Provider Manual serves as an extension of your provider agreement and is a comprehensive reference tool and includes the following information:

- Administrative processes
- Prior authorization and referral processes
- Claims and encounter submission processes
- Plan benefits
- Clinical practice guidelines
- Availability and access standards
- Care management programs
- Enrollee rights

<https://countycare.com/providers/provider-resources/>



# Provider Services

## How to Contact Us

### Top 5 reasons to contact your Provider Relations Representative

1. To schedule an orientation for new staff or for ongoing education for existing staff.
2. To learn more about our electronic solutions for authorizations, claims status and eligibility verification.
3. To obtain clarification on policies, procedures or your provider agreement.
4. To learn about HEDIS and other quality programs and initiatives
5. To learn how your practice can grow with County Care

### Who is my **CountyCare Provider Relations Representative?**

Click [here](#) to locate the contact information for your assigned Representative. You may also use the general contact information below.

	<a href="mailto:ProviderServices@CountyCare.com">ProviderServices@CountyCare.com</a>
	Provider Services 312-864-8200



# Quality Improvement



CountyCare

A MEDICAID HEALTH PLAN

# Population Health Tool – ProviderLink

## Vital Data Technology (VDT)

- **Goal:** To provide timely and actionable HEDIS measure reporting and member gaps in care lists for providers
- Vital Data Technology provides HEDIS reporting solution for CountyCare
- Includes web-based population health tool, *ProviderLink*, for providers and Care Management Entities
  - View and export HEDIS measure performance rates
  - Gaps in care member lists
  - Member claims history

Monthly claims data refreshes

Inclusion of additional data sources

Automated reports

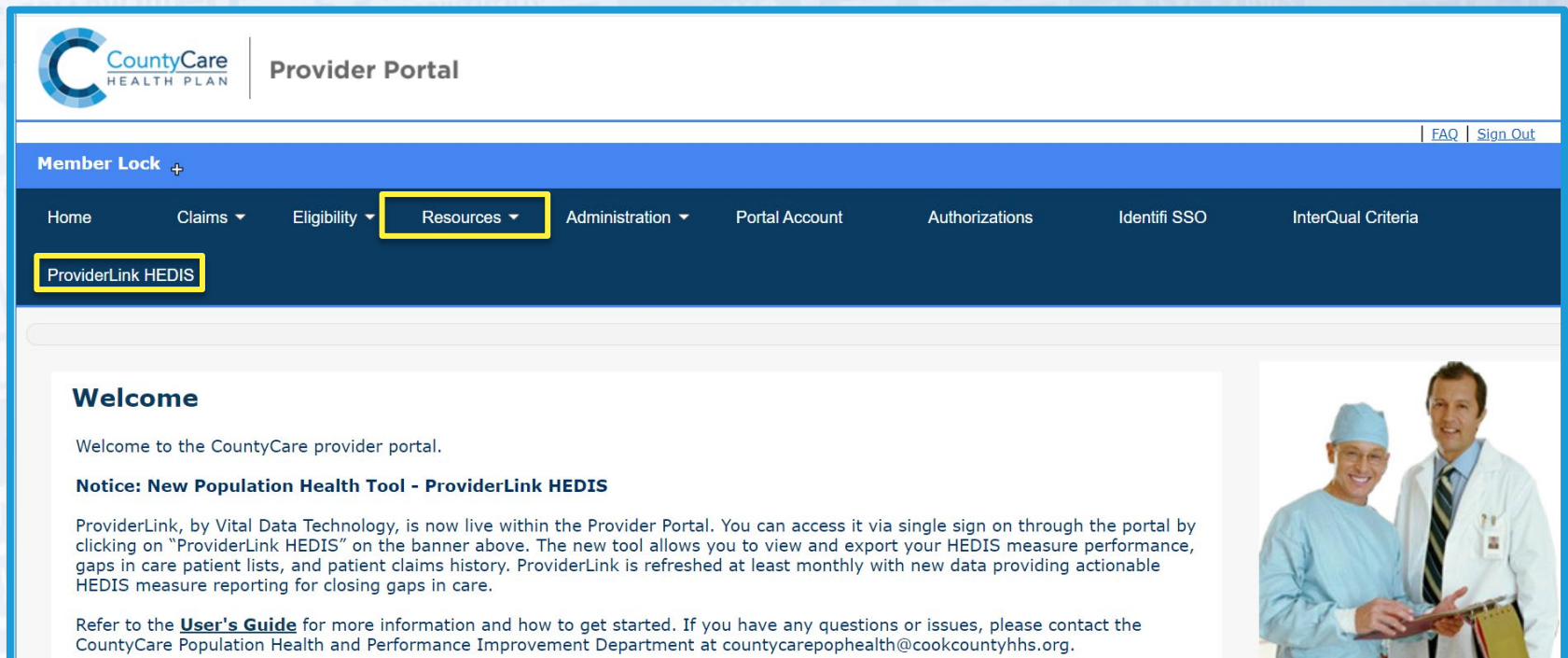




# Population Health Tool – ProviderLink

## How to access ProviderLink

- Single sign on to ProviderLink through CountyCare Provider Portal available: <https://countycare.valence.care/>



The screenshot displays the CountyCare Provider Portal interface. At the top left is the CountyCare Health Plan logo. The main header area contains the text "Provider Portal" and links for "FAQ" and "Sign Out". Below this is a blue navigation bar with a "Member Lock" indicator and a plus sign. The navigation menu includes "Home", "Claims", "Eligibility", "Resources" (highlighted with a yellow box), "Administration", "Portal Account", "Authorizations", "Identifi SSO", and "InterQual Criteria". A sub-menu under "Resources" is visible, with "ProviderLink HEDIS" highlighted by a yellow box. The main content area features a "Welcome" section with the text: "Welcome to the CountyCare provider portal." Below this is a "Notice: New Population Health Tool - ProviderLink HEDIS" section, which states: "ProviderLink, by Vital Data Technology, is now live within the Provider Portal. You can access it via single sign on through the portal by clicking on 'ProviderLink HEDIS' on the banner above. The new tool allows you to view and export your HEDIS measure performance, gaps in care patient lists, and patient claims history. ProviderLink is refreshed at least monthly with new data providing actionable HEDIS measure reporting for closing gaps in care." At the bottom of the notice, it refers to the "User's Guide" and provides contact information for the CountyCare Population Health and Performance Improvement Department at [countycarepophealth@cookcountyhhs.org](mailto:countycarepophealth@cookcountyhhs.org). To the right of the text is an image of two healthcare professionals, a woman in blue scrubs and a man in a white lab coat, smiling and looking at a tablet.

# In-Home Diabetes Care

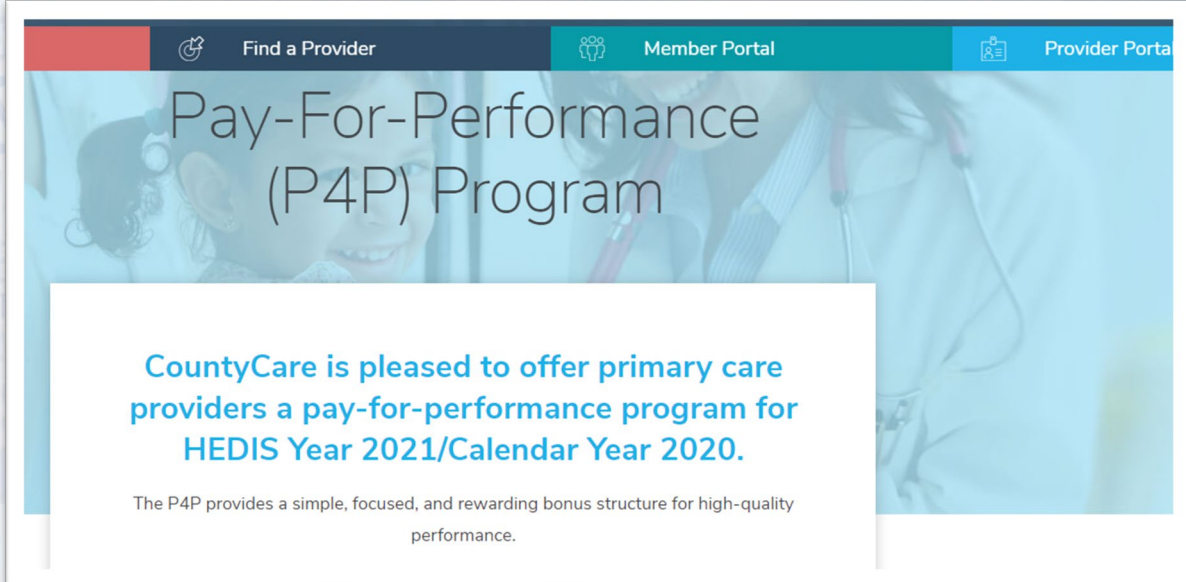
*Provided by Canary Telehealth*

- Canary Telehealth contacts members with diabetes care gaps to schedule in-home appointments
  - Diabetic retinal exams (CDC-Eye Exam HEDIS measure)
  - HbA1c lab (CDC-HbA1c Screen HEDIS measure)
  - Estimated glomerular filtration rate (eGFR) and urine albumin creatinine ratio (uACR) labs (KED HEDIS measure)
- All results faxed or emailed to PCP



# Pay for Performance (P4P)

- Provider P4P program updates will be posted on the CountyCare website and a provider notice will be emailed.
- Click [here](#) for more information on the CountyCare P4P program.



The screenshot shows a web page with a dark blue header containing navigation links: "Find a Provider", "Member Portal", and "Provider Portal". The main content area features a light blue background with a photograph of a smiling child. The title "Pay-For-Performance (P4P) Program" is centered in a large, dark font. Below the title, a white box contains the following text:

**CountyCare is pleased to offer primary care providers a pay-for-performance program for HEDIS Year 2021/Calendar Year 2020.**

The P4P provides a simple, focused, and rewarding bonus structure for high-quality performance.

# Training



CountyCare

A MEDICAID HEALTH PLAN



# Required Provider Trainings

*Annual Trainings Available at [CountyCare.com](https://www.CountyCare.com)*

Completion of the following trainings on an annual basis is a contractual requirement. These trainings can be completed by downloading the presentation materials and [submitting an attestation form](#).

1. [Health, Safety, Welfare, Reporting and Follow-up of Incidents](#)
2. [Cultural Competency](#)
3. [Fraud, Waste and Abuse](#)

For additional training opportunities available click [here](#).

# Cultural and Linguistic Competency

CountyCare is committed to having all CountyCare network providers fully recognize and care for the culturally diverse needs of the members they serve. To accomplish this aim, CountyCare has established a Cultural Competency Plan to help guide and monitor efforts to ensure cultural competency, building on CountyCare partner experience and established relationships in the communities served. CountyCare's Cultural Competency Plan is based on the adoption of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care, published by the US Department of Health and Human Services' Office of Minority Health in 2000 and NCQA Health Plan Standards and Guidelines. Culturally and linguistically appropriate services (CLAS) are healthcare services that are respectful of, and responsive to, the patient's cultural and linguistic needs. Care is designed to be effective understandable and respectful.



# Cultural Competency Standards

*To respond effectively and appropriately to different cultural/generational contexts in the provider setting*

- Seek first to understand others' point of views, then to be understood;
- Don't judge others by your own cultural standards;
- Don't assume your culture's way is the only way;
- Don't talk down to anyone-communicate effectively;
- Acknowledge & accept differences;
- Don't stereotype;
- Respect others' opinions;
- Be open to learning about other cultures and ideas;
- Give others the benefit of the doubt in dispute.

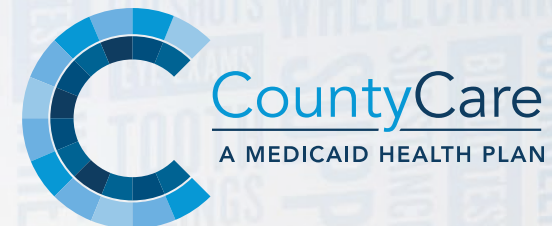
# Fraud, Waste, and Abuse (FWA)

## Overview

CountyCare takes the detection, investigation, and prosecution of fraud and abuse very seriously, and has a fraud, waste, and abuse program that complies with Illinois and federal laws. CountyCare's fraud, waste and abuse program performs front and back-end audits to ensure compliance with billing regulations.

A Special Investigation Unit (SIU) performs back-end audits which, in some cases, may result in taking the appropriate actions against those who, individually or as a practice, commit fraud, waste and/or abuse, including but not limited to:

- Remedial education and/or training to attempt to eliminate the egregious action
- Increasingly stringent utilization review
- Recoupment of previously paid monies from a provider/practice
- Termination of provider agreement or other contractual arrangement
- Civil and/or criminal prosecution
- Any other remedies available to rectify the issue identified





# Fraud, Waste, and Abuse (FWA)

## Overview

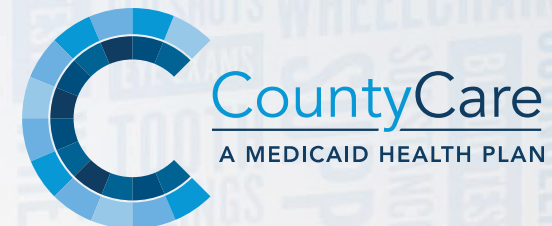
Some of the most common fraud, waste and abuse issues identified are:

- Unbundling of codes
- Up-coding
- Add-on codes without primary CPT
- Diagnosis and/or procedure code not consistent with the member's age/gender
- Use of exclusion codes
- Excessive use of units
- Misuse of benefits
- Claims for services not rendered

If you suspect or witness a provider inappropriately billing for Medicaid services or a member receiving inappropriate services, please call our anonymous and confidential hotline at 844-509-4669.

CountyCare takes all reports of potential fraud, waste and/or abuse very seriously and will investigate all reported issues.

For more information on CountyCare's Fraud, Waste and Abuse system, please see the [Provider Manual](#).



# Health, Safety, Welfare, Critical Incidents

## ABUSE, NEGLECT, & EXPLOITATION DEFINED

Health, Safety Welfare, Reporting and Follow-Up of Incidents regarding members are defined by Illinois State law. They involve actions that may jeopardize the health, safety and well-being of vulnerable adults by causing harm or creating a serious risk of harm to a person by their caregiver or other trusted individual, whether or not harm is intentional.

CountyCare takes member health, safety and welfare very seriously, and has a reporting process that complies with Illinois and federal laws.

### Types of Incidents

- **Physical abuse** – the willful infliction of physical pain or injury, or the willful deprivation of services necessary to the physical safety of an individual
- **Psychological abuse** – an act that inflicts emotional harm, invokes fear or humiliation, or otherwise negatively impacts the mental health or safety of an individual
- **Neglect** – the failure of an agency, facility, employee or caregiver to provide essential services necessary to maintain the physical and or mental health of a vulnerable adult
- **Financial exploitation** – the misuse or taking of the vulnerable adult's property or resource by means of undue influence, breach of fiduciary relationship, deception, harassment, criminal coercion, theft or other unlawful or improper means



# Health, Safety, Welfare, Critical Incidents

## How to Report

Incidents involving member abuse, neglect and financial exploitation must be reported to the appropriate authorities, as mandated by state law. An incident must be reported before it can be investigated. Mandated reporters are required by law to report abuse, neglect and financial exploitation. Mandated reporters can be employees of facilities, community agencies and certain professionals, including doctors, nurses, psychologists, dentists, social service workers and law enforcement personnel. Others may report incidents voluntarily. In either case, the identity of the reporter is not disclosed without the written permission of the reporter, except when required by court order.

### How to Report an Incident

Incidents related to County Care members can be reported to County Care by fax, email, or phone.

- Fax a completed [Critical Incident Reporting Form](#) to 312-637-8312
- Email a completed [Critical Incident Reporting Form](#) to [countycarequalityofcare@cookcountyhhs.org](mailto:countycarequalityofcare@cookcountyhhs.org)
- Call Provider Services at 312-864-8200, 711 (TTY/TDD)

You may also report incident to the appropriate state agency, as follows:

- For members age 18 and older – Contact the Illinois Department on Aging, Adult Protective Services Hotline at 866-800-1409.
- For members in nursing facilities – Contact the Illinois Department of Public Health, Nursing Home Complaint Hotline at 800-252-4343 24 hours a day.

# Access to Care



CountyCare

A MEDICAID HEALTH PLAN



# Access Standards-Provider Appointments

CountyCare monitors compliance and conducts ongoing assessment of availability and accessibility of services to our members. Providers must adhere to these regulatory standards:

Appointment Type	Access & Wait Time Standards
Urgent Care	Within 24 Hours
Average Office Wait Time	Equal to or Less than One Hour
Provider Appointments	No More Than Six Scheduled per Hour
<b>Primary Care Provider (PCP) or Prenatal Care</b>	
Emergency Care	Triage Immediately
Non-Urgent Symptomatic	Within three weeks of the request
Routine Preventive Care	Within 5 weeks of the request
Prenatal Care –First Trimester	Within 2 weeks of the request
Second trimester	Within one week of Request
Third trimester	Within 3 days of request
Follow Up Post Discharge	Within 7 days of discharge
<b>Specialty Care provider</b>	
Routine Care (non-urgent)	Within 10 working days of the request
<b>Behavioral health</b>	
Non-Life threatening Emergency Care	Within 6 hours of request
Urgent Care	Within 24 hours
Routine care	Within 10 business days of request

# CountyCare Care Coordination

## Model of Care

For more information on our Care Coordination Program can be found [here](#).

Care Management

Care Management is required for all high-risk members, MLTSS, LTSS, pregnant women, children with special health needs and anyone who requests it.

Universal Care Coordination

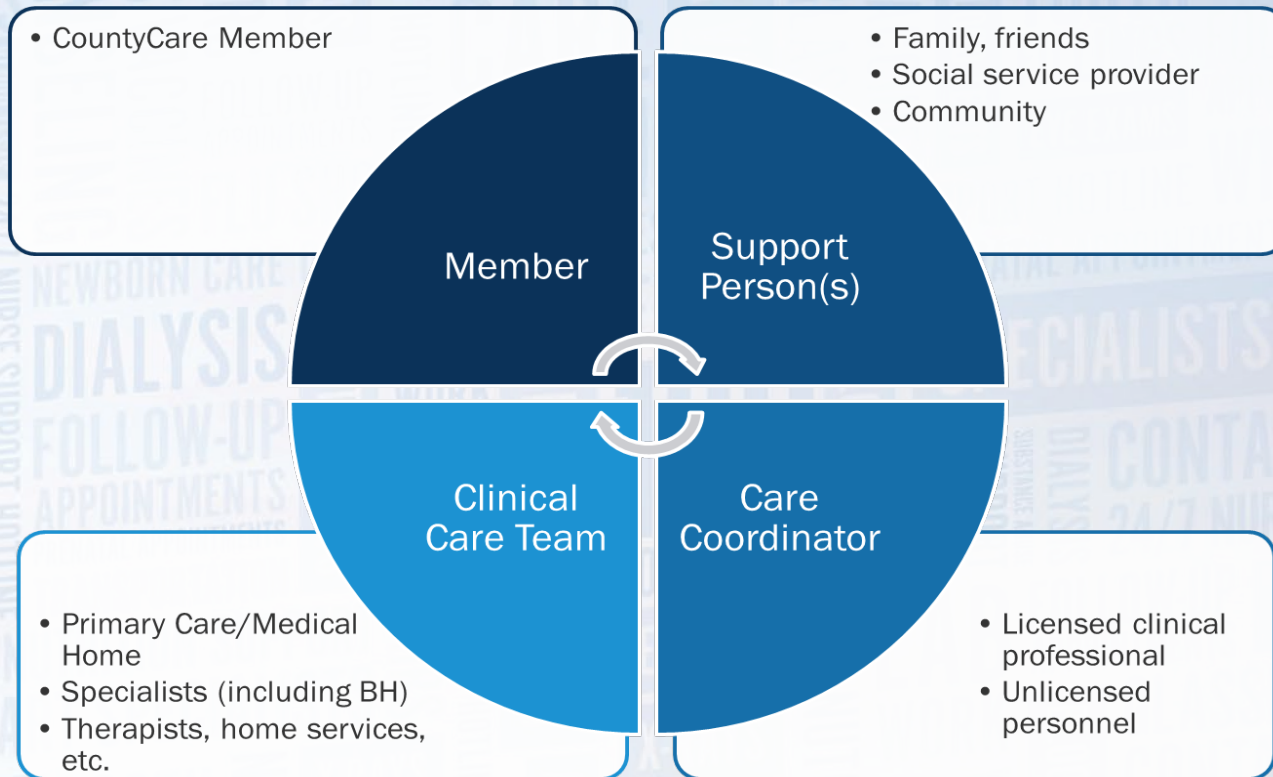
Members are offered targeted support as needed to overcome barriers to accessing care. Support through health care transitions, and self-management support are offered



# Care Management Activities

- Health Risk Screen (HRS)/Member Stratification Health Risk Assessment (HRA)
- Individualized Plan of Care (IPoC)
  - Member centered – member driven
  - Multiple partners included (Integrated Care Team)
  - Updated to address member changing needs
- (M)LTSS plan and authorization for in-home services
- Routine follow-up
- Transitions of Care

# Integrated Care Team







**Thank You!**



**CountyCare**

A MEDICAID HEALTH PLAN