



CountyCare
HEALTH PLAN

Provider Claim and Medical Necessity Review User Guide

Updated December 2020



Claim Reviews

- Providers have the right to request a review of any claim decision made by CountyCare. The review process affords the provider the opportunity to refute a denial of payment or provide corrected information to the original request.
- Provider claim reviews may be submitted for any of the following denial reasons: timely filing, review of contract rate/ payment, duplicate claim, authorization, or other unforeseen reason.
- All requests for claim reviews **must be received within 60 calendar days from the date of the Explanation of Payment (EOP).**
- Once the claim review has been submitted, the review will be researched and responded to within 30 days.

How to Submit Claim Review

- In order to submit a Claim and Medical Necessity Review, **contracted** providers need:
 - ❑ The Claim Review Form, available at https://countycare.com/wp-content/uploads/CCR_Claim-and-Medical-Necessity-Review-Form_Dec2020.pdf
 - ❑ Access to the Provider Portal

- In order to submit a Claim and Medical Necessity Review, **non-contracted** providers need:
 - ❑ The Claim and Medical Necessity Review Form, available at https://countycare.com/wp-content/uploads/CCR_Claim-and-Medical-Necessity-Review-Form_Dec2020.pdf
 - ❑ Mail the form:
 - ATTN: CountyCare Health Plan
 - P.O. Box 211592
 - Eagan, MN 55121-2892



Access to Provider Portal

- ❑ Portal access is available for contracted providers only.
- ❑ Access the CountyCare Provider Portal home page here: <https://countycare.valence.care/>
- ❑ Authorization status and new prior authorization requests can be accessed directly here: <https://www.myidentifi.com>

The screenshot shows the CountyCare Health Plan login page. At the top, there is a dark blue header with the CountyCare logo on the left, the phone number 312-864-8200 in the center, and the text 'IF YOU HAVE QUESTIONS, CALL US AT' above the number and 'SELECT OPTION 2' below it. The main content area has a light green background with a smiling man in a hat. On the left, there is a 'Log In Here' form with fields for 'Username' (containing 'thurman') and 'Password' (containing '*****'). There are 'Forgot?' links next to both fields. Below the fields is a green 'Log In' button, and two dark blue buttons for 'Don't have a Member Account? Register here.' and 'Don't have a Provider Account? Register here.'. Four red arrows with numbered callouts (1, 2, 3, 4) point to the 'Forgot?' links, the 'Log In' button, and the 'Don't have a Member Account?' button. On the right, a black-bordered box contains a list of instructions: 1. Enter Your "Username", 2. Enter your "Password", 3. Click "Log In", and 4. If you forgot your username or password, click "Forgot?" and enter email address to obtain further instructions. At the bottom, a dark blue footer contains the text: 'CountyCare Health Plan Administrative Offices: 1900 West Polk Street, Suite 220C | Chicago, IL 60612 | countycare.com | 312-864-8200'. The CountyCare logo is also present in the bottom right corner.

IF YOU HAVE QUESTIONS, CALL US AT
312-864-8200
SELECT OPTION 2

Log In Here

Username Forgot?
thurman

Password Forgot?

Log In

Don't have a Member Account?
Register here.

Don't have a Provider Account?
Register here.

1. Enter Your "Username"
2. Enter your "Password"
3. Click "Log In"
4. If you forgot your username or password, click "Forgot?" and enter email address to obtain further instructions

CountyCare Health Plan Administrative Offices: 1900 West Polk Street, Suite 220C | Chicago, IL 60612 | countycare.com | 312-864-8200

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How to Submit Claim and Medical Necessity Reviews

The screenshot displays the CountyCare Health Plan Provider Portal interface. At the top left is the CountyCare Health Plan logo. The main navigation bar includes 'Home', 'Claims', 'Eligibility', 'Resources', 'Administration', 'Portal Account', and 'Access O'. A blue 'Member Lock' button is on the left. Below the navigation bar, a 'Home' link is followed by a 'Contact CountyCare' section. A red arrow labeled '1' points to the 'Resources' dropdown menu, which is open and shows options: 'Contact The Health Plan', 'Inbox', 'Document List', 'Diagnosis List', 'Procedure List', and 'Provider List'. Below this, a 'Message' form is shown with the following fields: 'Your Name' (Anita Ternoir), 'Message Type' (with a dropdown menu open showing 'Claim Review' and 'Medical Necessity'), and 'Attachment' (with a dropdown menu open showing options like 'Authorization', 'Duplicate', 'Member Eligibility', 'Other', 'Paid Incorrectly', 'Processed as Out of Network', and 'Untimely Filing'). A blue box labeled '3' points to the 'Message Type' dropdown, and another blue box labeled '2' points to the 'Attachment' dropdown.

After logging into the Provider Portal:

1. Click “Resources” on the menu bar and choose “Contact the HealthPlan” in the dropdown
2. Select “Claim Review” or “Medical Necessity” from the drop down
3. If “Claim Review” is selected, select the reason for review

How to Submit Claim and Medical Necessity Reviews

4 → Attachment

[Upload](#) [View](#) [Clear](#)

Add Another Attachment

5 → Claim No

Member No

Description & Contact Information

6 →

7 ↓

4. Upload a completed [Provider Claim and Medical Necessity Review Form](#) and any applicable attachments

5. If submitting a Claim Review, click on the magnifying glass icon to search for the claim number associated with the Claim Review

6. Enter contact information and additional details if needed

7. Submit

Claim and Medical Necessity Review Receipt Confirmation

The screenshot displays the CountyCare Provider Portal interface. At the top left is the CountyCare Health Plan logo. The main navigation bar includes 'Home', 'Claims', 'Eligibility', 'Resources', 'Portal Account', and 'Authorizations'. A red arrow points from the 'Resources' dropdown menu to the 'Inbox' option. Below the navigation bar, the 'Inbox' section is visible, showing a message titled 'View Message'. The message content includes 'Subject Information' and 'Ticket Details'.

Subject Information

From: CountyCare
To: [Redacted]
Date: 11/25/2020 03:51:30 PM
Subject: Your message to CountyCare
[View Detail](#)

Message: The following message has been sent to CountyCare:

Ticket Details:
Ticket #: 123958
Entry date: 11/25/2020 03:51:30 PM
Ticket type: Claim Review
Description:

Attachments

File Name	Download
	Download

[Delete](#)

- Following submission of the Claim and Medical Necessity Review, an email confirmation will be sent to the Provider Portal inbox
- To access the inbox, click “Resources” on the menu bar then “Inbox” in the dropdown
- Check this inbox regularly to review confirmation messages and to review for CountyCare responses



Claim and Medical Necessity Review Resolution

- Within 30 calendar days, CountyCare will provide a substantive response intended to resolve the Claim or Medical Necessity review via an email to the Provider Portal Inbox.
- Resolution may be:
 1. Reprocessing your claim and issuing a notice to you on a current EOP and payment, or
 2. A determination that reprocessing is not appropriate and issuing you an EOP to that effect.
- The Provider Portal Claim and Medical Necessity Review ticket will be updated with one of the following resolution statuses:
 - Review Reviewed, No Further Benefit Payable
 - Review Denied, No Authorization Received
 - Review Received and Reviewed, Additional Payment is Warranted

