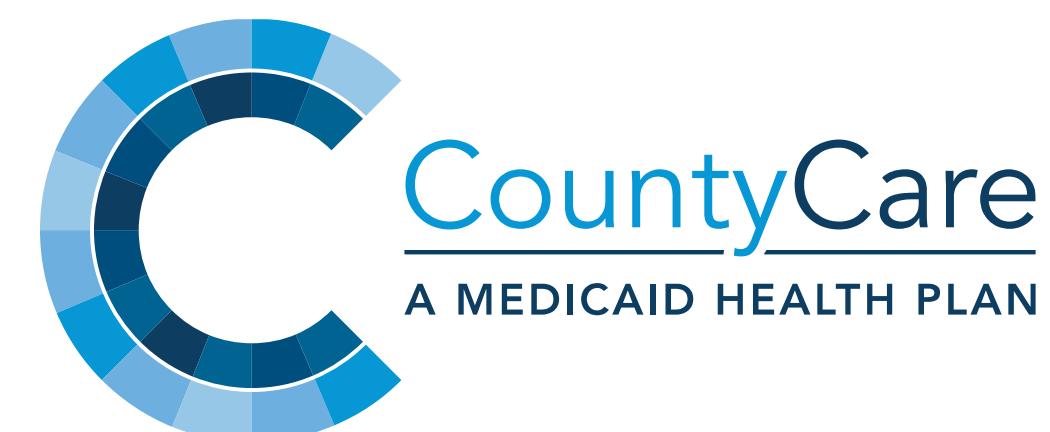


# CountyCare Network Provider Orientation



# HealthChoice Illinois

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

- Blind, Disabled or Aged (65 or older) OR
- Have children under the age of 19 OR
- Pregnant
- Health Benefits for Immigrant Seniors(65+)

Medicaid members must also meet financial eligibility criteria, residency requirements and in most cases, must be citizens (except for children and seniors).

See the Health & Medical Services page for more information.

# Health Plan Overview

- CountyCare Health Plan (CountyCare) is a Managed Care Organization contracted with the Illinois Department of Healthcare and Family Services (HFS) to serve members residing in Cook County through the HealthChoice Illinois Program.
- CountyCare is Cook County's largest Medicaid health plan, available exclusively to HealthChoice Illinois enrollees who live in Cook County. With access to more than 6,600 primary care providers, 26,000+ specialists, over 70 hospital locations, and 150+ urgent care sites throughout Cook County.
- CountyCare is a top-rated Medicaid health plan, offering premium benefits, extra rewards and comprehensive coverage all at no cost to our members.

# CountyCare's Mission

CountyCare Health Plan (CountyCare) focuses on providing improved health status, successful outcomes, and member and provider satisfaction. CountyCare is 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

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

Contracted providers may be in other areas surrounding Cook County.

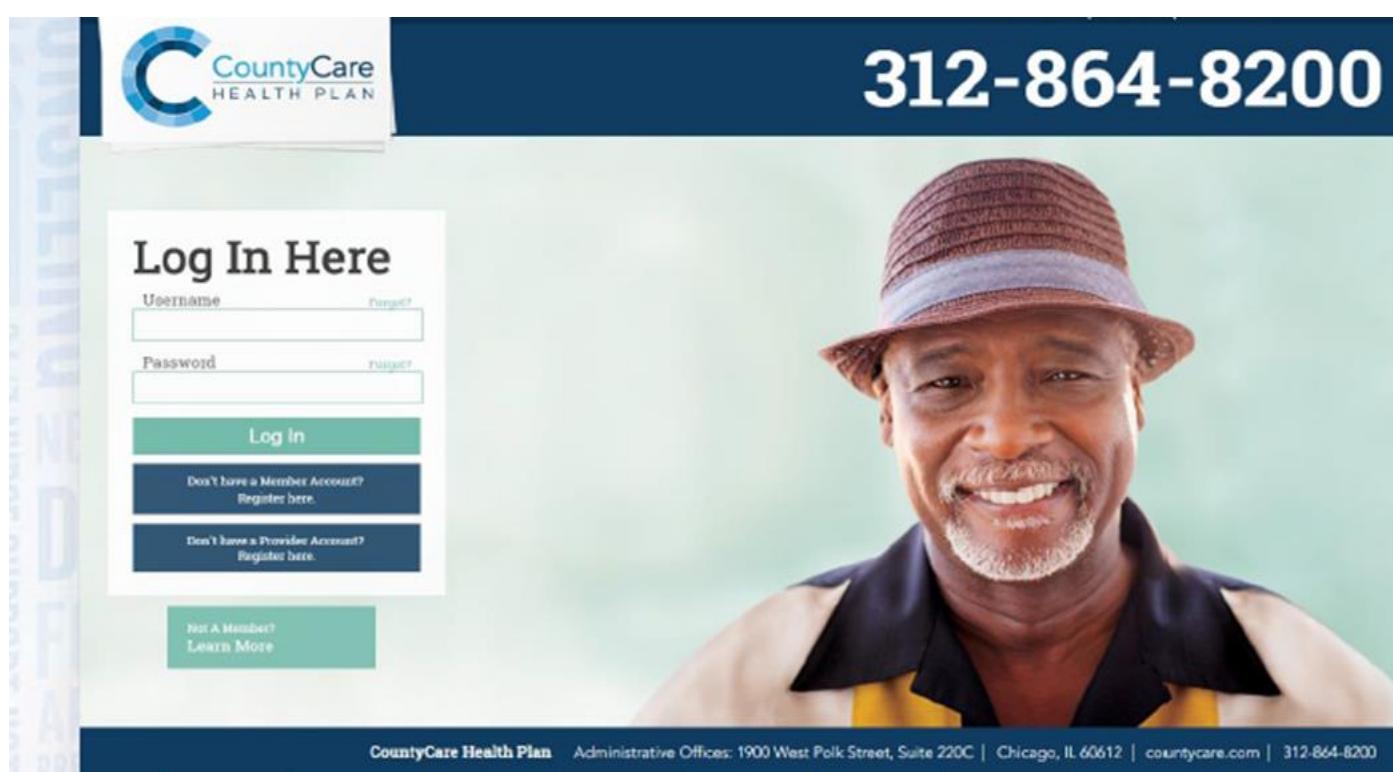


# Provider Resources

# Provider Online Resources

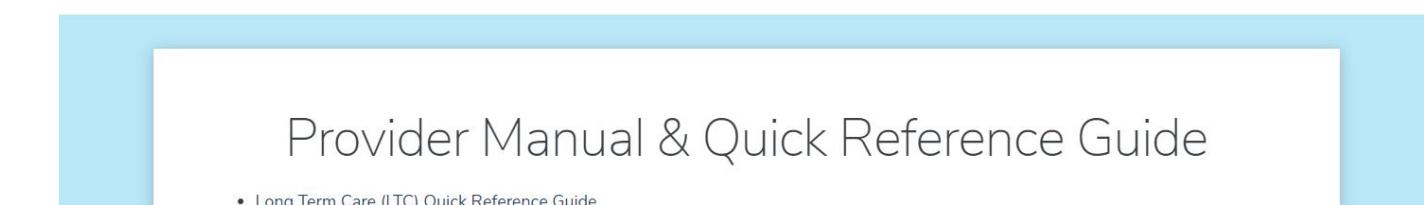
## 1. Provider Portal

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

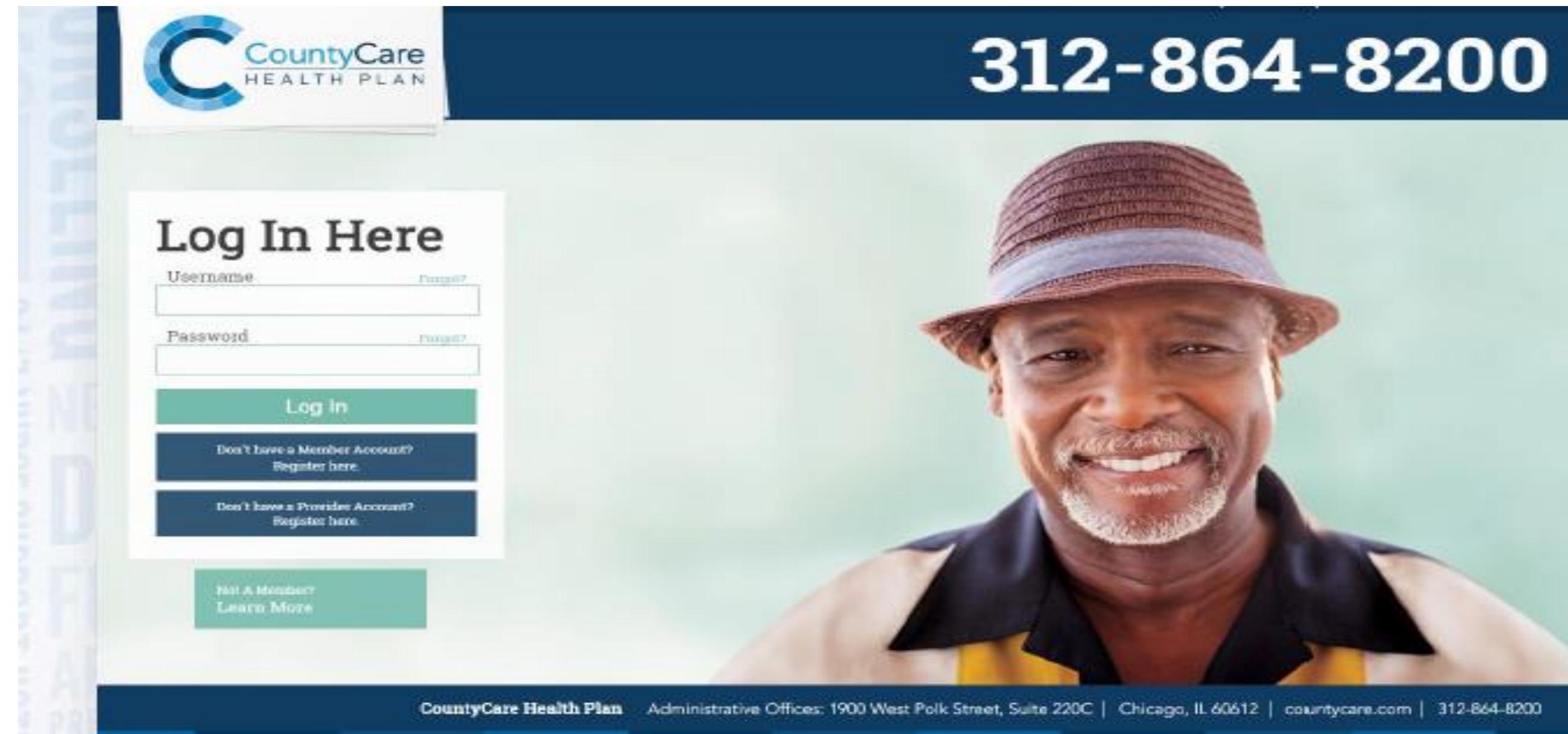


## 2. Provider Website

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



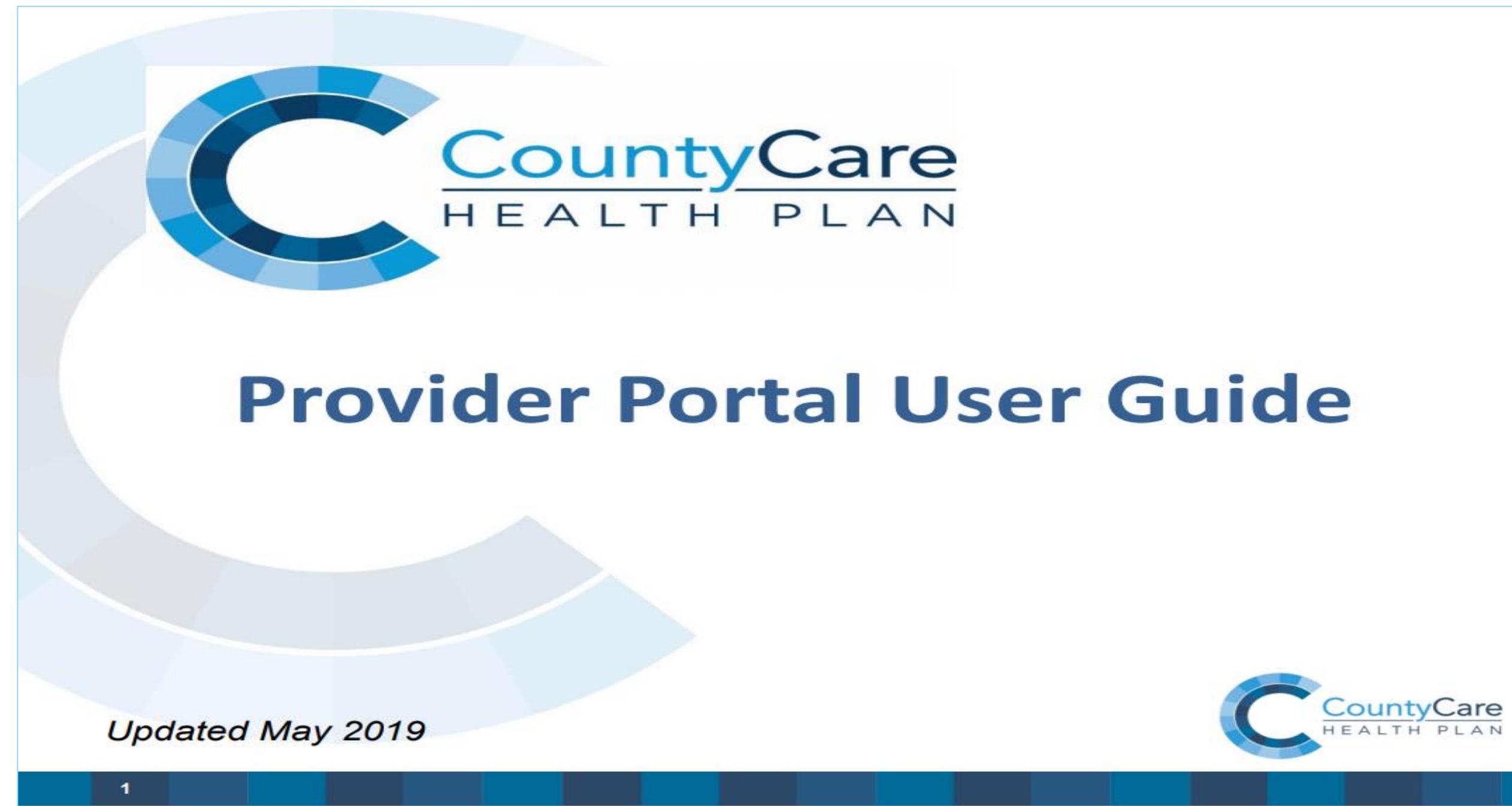
# Provider Portal



- ✓ 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



## Portal User Guide

- For additional training, contact your Provider Relations Representative

# Provider Manual

- 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
- Additional Provider Resources are available [here](#)



# Provider Manual

## PROVIDER RELATIONS

312-864-8200, 711 (TTY/TDD)

JANUARY 2025



# Provider Services

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

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



**General provider inquiries:**  
**CountyCareProviderServices@cookcountyhhs.org**

**312-864-8200**

**Who is my CountyCare Provider Relations Representative?** Click [here](#) to locate the contact information for your assigned Representative.

# Provider Quick Reference Guide

## Provider Services

### CountyCare Website

Find documents, forms, important health plan information, and provider and member resources.

 <https://www.countycare.com>

### Provider Portal

Provides access to member eligibility, important documents, forms, authorization submission and status, claim status, claim review requests, and panel rosters.

 <http://countycare.valence.care/>

### HFS MEDI System

Utilize system to verify Medicaid eligibility.

 <https://www.illinois.gov/hfs/MedicalProviders/EDI/medi/Pages/default.aspx>

### Universal Provider Roster

Submit any provider additions, changes, or terminations monthly and send a comprehensive IAMHP universal roster, quarterly. Please note 'comprehensive roster' in request.

 <https://www.iamhp.org/providers>  
 [CountyCareProviderRosterSubmission@cookcountyhhs.org](mailto:CountyCareProviderRosterSubmission@cookcountyhhs.org)

### 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 Modivcare to request a ride 3 business days prior to member need.

 **312-864-8200**  
 **855-444-1661 (toll-free) / 711 (TDD/TTY)**  
 <https://member.modivcare.com/en/login>

### Fraud, Waste and Abuse Hotline

Use our confidential hotline to report concerns.

 **844-509-4669**

### Critical Incidents

Complete a critical incident form:  
 <https://countycare.com/wp-content/uploads/CC-Health-CI-Incident-Reporting-Form012125.pdf>

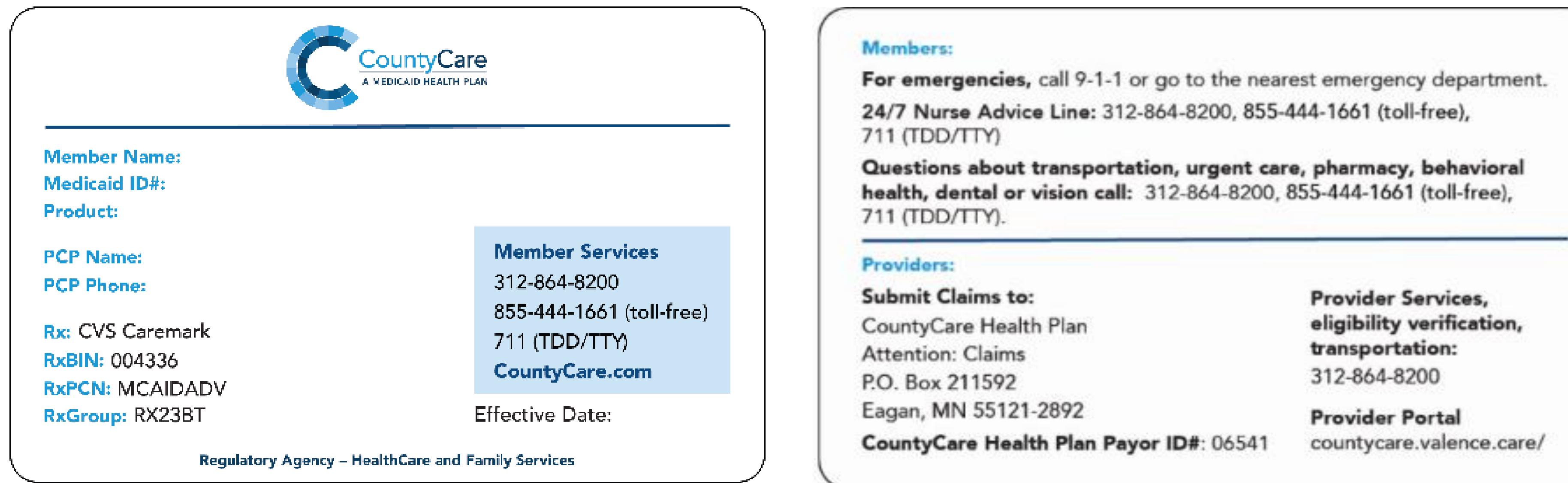
 **312-864-8200, 711 (TTY/TDD)**  
 [countycarequalityofcare@cookcountyhhs.org](mailto:countycarequalityofcare@cookcountyhhs.org)

# Eligibility, Authorizations, and Claims

# Member Identification Cards

- 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

## CountyCare Member ID Card\*



# Checking Member Eligibility

- Secure online provider portal**

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

- Automated IVR Phone Line:** Call our 24-hour member eligibility interactive voice response (IVR) system at 312-864-8200, 711 (TTY/TDD)

- 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

- State member eligibility system, MEDI** [www.myhfs.Illinois.gov](http://www.myhfs.Illinois.gov)

# Overview of Prior Authorizations

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

## Prior Authorizations

Some services require prior authorization for reimbursement to be issued to the provider. All out-of-network and out-of-state services require prior authorization except for Emergency Care and Family Planning Services.

**Prior Authorization  
Look-up Tool**

Check PA requirements instantly

**Clinical Criteria for  
Prior Authorization**

Review approval criteria

**Medical Drug Policies  
for Prior Authorization**

Access drug PA policies

Questions? [View our FAQs](#) or call the CountyCare Medical Management and Prior Authorization Department at [312-864-8200](tel:312-864-8200) / [855-444-1661](tel:855-444-1661).

To determine if a service requires a prior authorization, click [here](#).

# Prior Authorization

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

## **Electronic Claims**

Payer ID: 06541

## **Paper Claims**

All claims and encounters should be submitted to:

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

# Basic Claim Requirements

- Billing guidance for all provider types is available on the [IAMHP website](#).
- Ensure members are eligible with CountyCare on the date of service.
- Verify service is a covered benefit on the date of service.
- Follow prior authorization processes; prior authorization requirements can be found [here](#).
- Submit all claims within 180 days from the date of service.
- 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 participating providers.**

- Using an ERA helps reduce costs and speeds secondary billings.
- For initial ERA enrollment with Availity, please contact Availity directly.
- If you currently work with a different clearinghouse for your electronic claims submission, your clearinghouse will work directly with Availity to set up ERA.
- Availity Provider Support: 800-282-4548

# Electronic Funds Transfer (EFT)

## **CountyCare provides Electronic Funds Transfer (EFT) to participating providers.**

- Using EFT helps reduce costs and can improve cash flow. CountyCare joined the InstaMed Network to deliver payments via free electronic remittance advice (ERA) and electronic funds transfer (EFT).
- 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.

Two 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 to (877) 755-3392

# Provider Training

# Access & Availability Standards

CountyCare monitors compliance of Access and Availability standards and conducts ongoing assessments. Providers must adhere to the following 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

# Access & Availability Standards

**CountyCare follows the accessibility requirements set forth by regulatory and accrediting agencies.**

- As part of our continuous efforts to ensure CountyCare members have timely access to care, in-network providers are randomly selected to participate in telephone surveys to monitor compliance. CountyCare will also utilize surveys to verify the following information:
  - 1. Office locations and phone numbers
  - 2. Hospital affiliations
  - 3. Accepting new patients
  - 4. Office staff awareness of the provider's participation in the CountyCare Health Plan network.

Your participation in these surveys is greatly appreciated and ensures that we can provide our members with timely access to care and accurate information for in-network providers.

For additional information please review the [CountyCare Provider Manual](#).

# Required Provider Trainings

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.

- Health, Safety, Welfare, Reporting and Follow-up of Incidents
- Cultural Competency
- 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, CountyCare has established a Cultural Competency and Humility training to help guide and monitor provider efforts to ensure cultural competency and humility, 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.

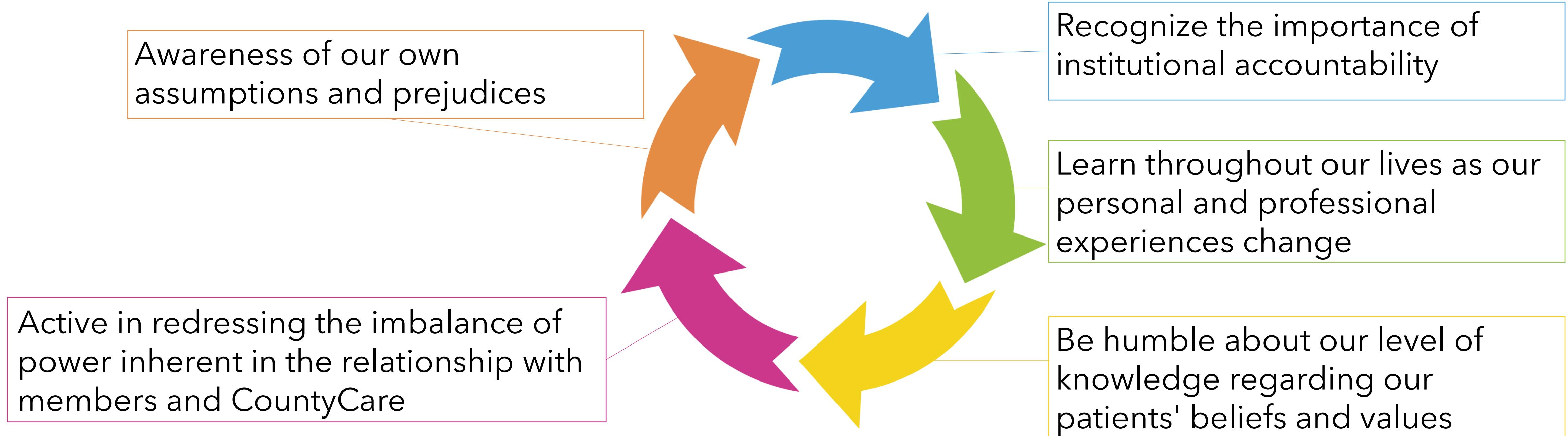
- Culturally and linguistically appropriate services (CLAS) are healthcare services that are respectful of, and responsive to, the patient's cultural and linguistic needs.
- Care is designed to be effective understandable and respectful.

# 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.

# Cultural Humility



# What is Cultural Humility?

“[A] commitment and active engagement in a lifelong process that individuals enter into on an ongoing basis with patients, communities, colleagues, and with themselves”

***Melanie Tervalon, MD, MPH & Jann Murray-Garcia, MD, MPH***

# Cultural Humility vs Cultural Competency

Culturally Competency	Cultural Humility
"I am the expert"	The community, member or patient is the expert.
Assumes there is an "end" goal to understanding others lived experience	A lifelong process of learning and reflecting
Generalizations about populations and communities	Individualized approach and conversations with each member

# Patient-Centered

- Our team is collaborative, coordinated, and accessible. The right support is provided at the right time and the right place.
- Care focuses on emotional well-being as well.
- Members' preferences, values, cultural traditions, and socioeconomic conditions are considered and respected.
- Members and their desired support systems are an expected part of the care team and play a role in decisions.
- Information is shared fully and in a timely manner so that members and their support system can make informed decisions.

# Fraud, Waste, and Abuse (FWA)

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)

**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 Fraud, Waste and Abuse, 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, despite intent.

### **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

Incidents involving member abuse, neglect and financial exploitation must be reported to the appropriate authorities, as mandated by state law. CountyCare takes member health, safety and welfare very seriously, and has a reporting process that complies with Illinois and federal laws

**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
- doctors, nurses, psychologists, dentists, social service workers
- 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.

# Health, Safety, Welfare, Critical Incidents

**How to Report an Incident:** Incidents related to CountyCare members can be reported to CountyCare 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 IDPH Nursing Home Complaint Hotline at 800-252-4343 24 hours a day.

# Pay for Performance (P4P)

Provider P4P program updates are posted on the CountyCare website. Click [here](#) for more information on the CountyCare P4P program.

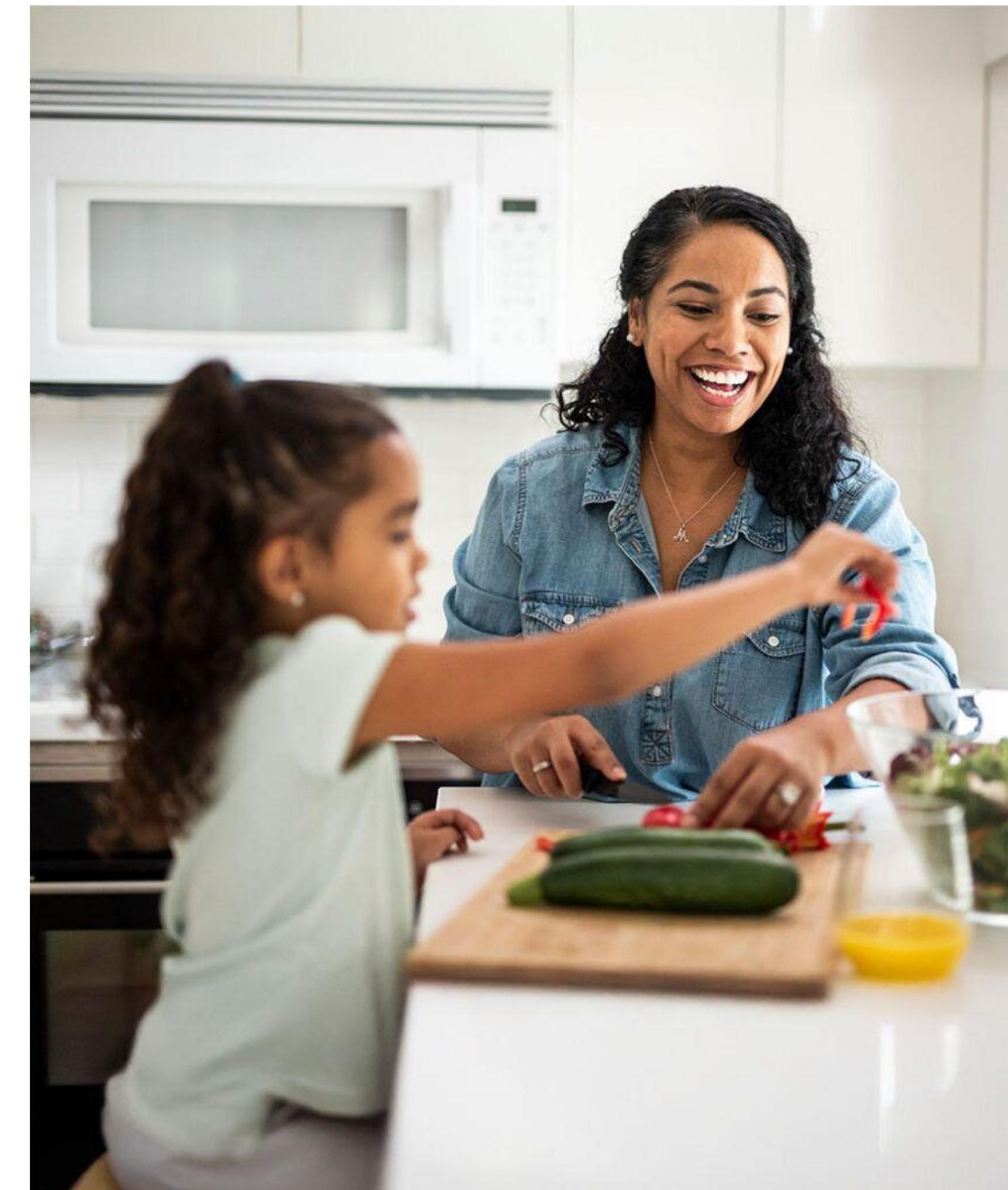
## Pay-For-Performance (P4P) Program

**CountyCare is pleased to offer providers a pay-for-performance (P4P) program in 2025.** The P4P program provides a simple, focused, and rewarding bonus structure for high-quality performance.

# Member Rewards

# FoodCare

- Qualifying CountyCare members get no-cost access to a personalized nutrition and food program provided by FoodCare.
- FoodCare is a personal nutrition program that helps members create a nutrition plan that fits their health and wellness goals, and budget. We offer members a simple solution to managing their health and reaching their nutrition goals.
- To Learn more about FoodCare, and how members can join, click [here](#).



# Free LASIK

- CountyCare is the first and only Medicaid plan in Illinois that covers LASIK surgery.
- Members can visit [here](#) to help find an eye care provider.
- Members can call CountyCare Member Services at 312-864-8200 for details or if they have additional questions.



# Additional Member Rewards

- CountyCare members have access to additional benefits and rewards in addition to their regular health care coverage.
- For details on all member rewards, please visit the CountyCare [website](#).

## How To Earn CountyCare Rewards

- PCP Annual Visit – \$50 reward**  
CountyCare will give each member 16 months and older a \$50 reward for seeing their assigned PCP for an annual checkup.
- Annual Health Risk Screening – \$15 reward**  
CountyCare will give each member a \$15 credit on their rewards card once a year for completing a health risk screening. [Click here](#) to complete the online form. You may also complete the form by texting "SURVEY" to 84908.
- Colorectal Cancer Screening – \$50 reward**  
CountyCare will give each member ages 45 to 75 a \$50 credit on his/her rewards card once a year for completing a colorectal cancer screening from a network provider.
- Cervical Cancer Screening – \$50 reward**  
CountyCare will give female members ages 21 to 64 a \$50 credit on her rewards card once a year for completing a cervical cancer screening from a network provider.
- Pre- and Postnatal Doctor Visits – \$50/\$10 reward**  
Pregnant members should see their doctor regularly, including after you have your baby.
  - \$50 reward for prenatal visits in the first trimester
  - \$10 reward per prenatal visit after the first trimester, up to 14 visits for the entire pregnancy
  - \$50 reward for a visit to your doctor 1-12 weeks after you have your baby
- Notification of Pregnancy– \$50 reward**  
Members who are pregnant can earn a \$50 reward when they complete the Notification of Pregnancy form at [countycare.com](#) under Member Resources.
- Managing Diabetes – \$25 rewards**  
Diabetic members ages 18-75 who visit a CountyCare doctor can receive the following rewards:
  - \$25 for blood tests and urine screens once a year
  - \$25 for an eye exam once a year
- Statin Drug Fulfillment – \$25 rewards**  
Members ages 18-75 who fill a prescription for statin drugs for the first time
- Behavioral Health Follow-up Visits – \$50/\$100**  
Members who follow up with their doctors after ER visits or inpatient hospital stay for behavioral health will receive the following rewards:
  - \$100 for seeing your doctor within 7 days after an emergency room visit or inpatient hospital stay for behavioral health; or
  - \$50 for seeing your doctor within 8-30 days after an emergency room visit or inpatient hospital stay for behavioral health.
- COVID-19 Vaccines – \$25 reward**  
Members ages 50 and older can earn a \$25 reward for getting the first COVID-19 vaccine.
- HPV Vaccine – \$25/\$50 reward**  
Members ages 9-45 who receive both HPV vaccines at least 146 days apart can earn \$25 for the first dose and \$50 for the second dose.

# Access to Care

# Take Care, Take Control Program

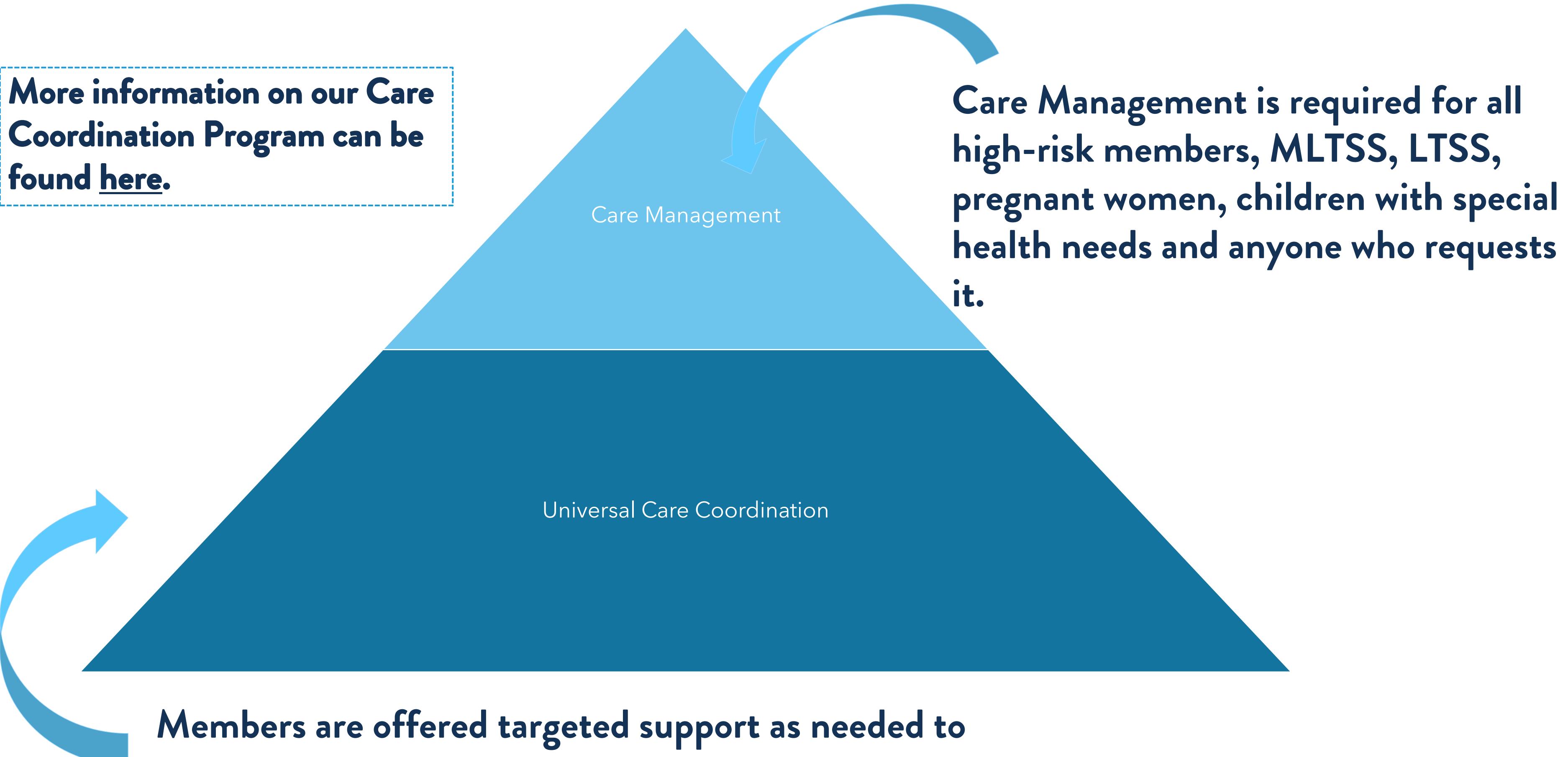
**CountyCare's Take Care & Take Control program is a guide to learning about diabetes and how to manage it.**

Benefits for Members with Diabetes: CountyCare offers special benefits to help members manage their blood sugar and improve their health.

- Weight Watchers
- Glucometers
- Continuous glucose monitors
- Blood pressure monitors
- Cash rewards
- Help to quit smoking
- Medication
- Free transportation
- Care coordination

# CountyCare Care Coordination

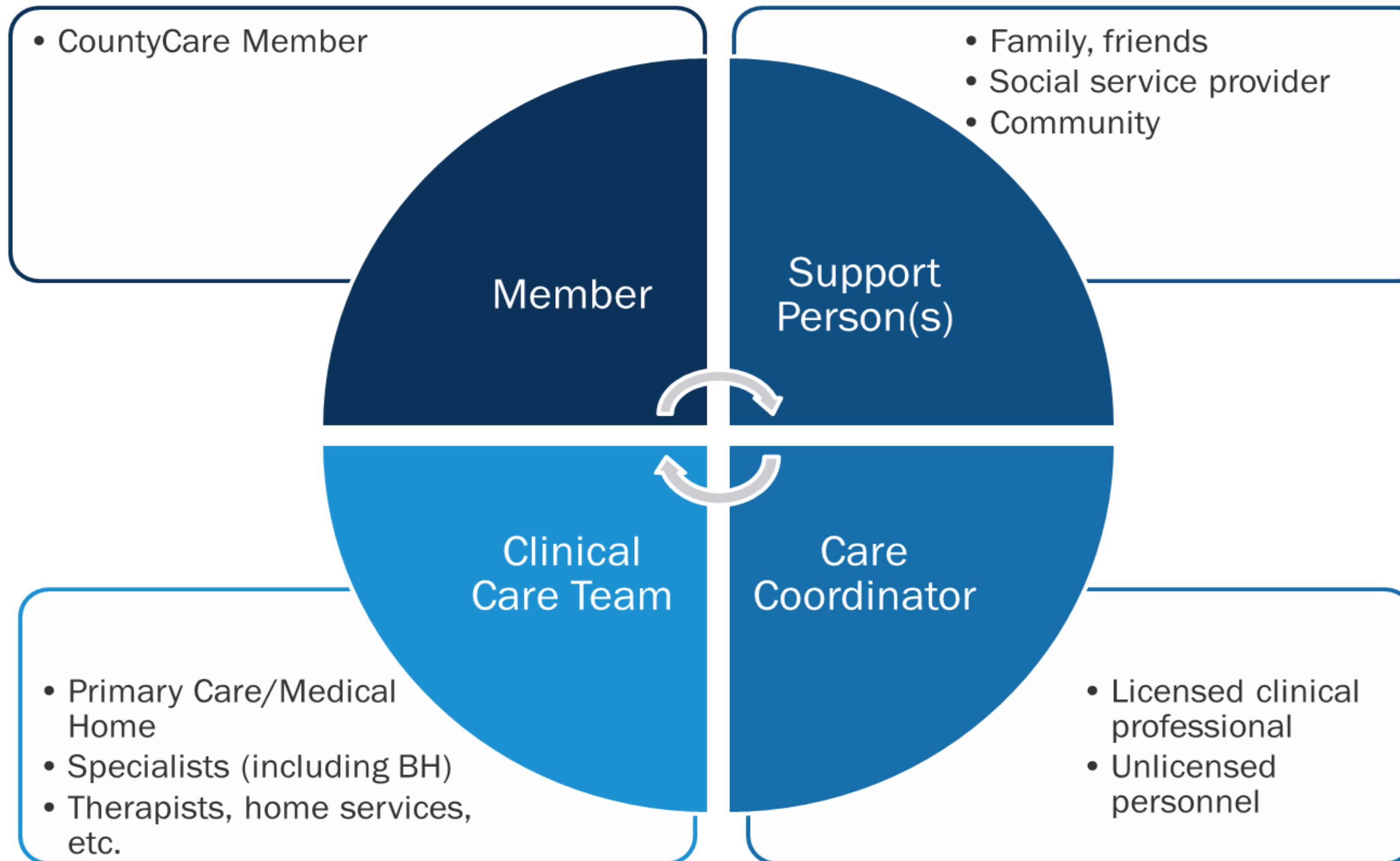
More information on our Care Coordination Program can be found [here](#).



# 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



# Q & A