Provider Quick Reference Guide

CountyCare
A MEDICAID HEALTH PLAN

Contact Us

CountyCare.com/providers

Provider & Member Services:
312-864-8200, 711 (TTY/TDD)
Mon. - Fri. 8 a.m. to 6 p.m. and Sat. 9 a.m. - 1 p.m.

Provider Portal - Essentials.Availity.com
Access member eligibility, important documents, forms, authorization submissions and status, claim status, claim review requests and panel rosters.

Transportation Scheduling

Contact Modivcare to request a ride three (3) business days prior to member need.

312-864-8200

855-444-1661 (toll-free) / 711 (TDD/TTY)

member.modivcare.com/en/login

Claims Submission (Medical and Behavioral Health) and Review Process

Clearinghouse Vendor & Electronic Claim Submission	Availity - **Essentials.Availity.com**
Payer ID	06541
Claims Timely Filing Requirement	Submit claims within 180 calendar days from date of service or discharge date. Submit corrected claims within sixty (60) calendar days of the Explanation of Payment (EOP) and within 180 days from the date of service or discharge date.
Claim Request for Reconsideration	Submit within sixty (60) calendar days of EOP. Submit reconsiderations via 'Message the Payer' within the Availity portal.
Provider Claim Disputes	Submit within sixty (60) calendar days of EOP. Submit via Identifi (access Identifi through Availity portal).
Post-Service Authorization Disputes	Submit within sixty (60) calendar days of EOP. Must include extenuating circumstance for not obtaining prior auth within the required timeframe.

All claims submission must comply with the terms of your provider agreement with CountyCare.

Provider Rosters

Submit provider changes, additions and terminations using the IAMHP Universal Roster Template to **CountyCareProviderRosterSubmission@cookcountyhhs.org**.

Medical Management

Referrals to Care Coordination
Complete the care coordination referral form:

countycare.com/referral-to-care-coordination/
countycarereferrals@cookcountyhhs.org

Care Management Referrals for Members in HCBS Waivers

312-864-0200, 711 (TTY/TDD)
countycarewaivers@cookcountyhhs.org

Prior Authorization

Prior Authorization (PA) Look-up Tool	Determine if an authorization is required.	**essentials.availity.com** **countycare.com/providers/#prior-authorizations**
Medical Necessity Appeals	Submit appeals within 30 days of an authorization denial. Medical Necessity appeals may only be submitted on behalf of the member with a completed Authorized Representative Form. Submit completed form electronically via Identifi (access Identifi through Availity portal via 'Payer Spaces'). **bit.ly/CCAuthorizedRep**	**essentials.availity.com** **CountyCare Health Plan** **P.O. Box 21153** **Eagan, MN 55121**
Inpatient Admissions	Contact Member Services within **24 hours** of patient admission.	**312-864-8200, 711 (TTY/TDD)** **866-209-3703**
Medical and Behavioral Health	For in-network providers, please submit authorization requests electronically via Identifi (accessed through Availity portal). Alternatively, review forms here: **bit.ly/InpatientPA** **bit.ly/OutpatientPA** **bit.ly/BehavioralHealthPA**	**essentials.availity.com**
Specialty Services Musculoskeletal surgery for the spine, interventional pain management (IPM), physical, occupational and speech therapy, advanced imaging and diagnostic cardiology*	Submit authorization request to Evolent Specialty Services (formerly National Imaging Associates). **For cardiac imaging refer to the PA Look-up Tool for authorization submission information.*	**RadMD.com**
Cardiology/Oncology Cardiology and oncology imaging, radiology, related medications and hospital review	Submit authorization requests to Evolent Specialty Services (formerly New Century Health).	**carepro.evolent.com**
Neonatal/NICU Maternity & NICU Care Management	Submit authorization requests to Progeny Health.	**progenyhealth.com**
Dental	Submit requests through the Avesis Provider Portal.	**myavesis.com/providers** **855-337-1594**
Vision	Submit requests through the Avesis Provider Portal.	**myavesis.com/providers** **855-337-1594**
Pharmacy (including Specialty)	Submit the CVS Caremark medication request form: **caremark.com/portal/asset/Medicaid_PA_request_form.pdf**	**866-255-7569** **800-364-6331**