



# CountyCare Provider Quick Reference Guide

January 2021

## Provider Services

<b>CountyCare Website</b>	Visit for documents, forms, important health plan information, and provider and member resources.	 <a href="https://www.countycare.com">https://www.countycare.com</a>
<b>Provider Portal</b>	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>
<b>HFS MEDI System</b>	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>
<b>Universal Provider Roster</b>	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>
<b>Member &amp; Provider Services</b>	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)
<b>Transportation Scheduling</b>	Contact First Transit to request a ride 3 business days prior to member need.	 630-403-3210  630-873-1440
<b>Fraud, Waste and Abuse Hotline</b>	Use our confidential hotline to report concerns.	 844-509-4669
<b>Provider Disputes</b>	Submit disputes within 60 calendar days from EOP.	 <a href="http://www.countycareproviderdispute.jira.evolenthealth.com/">http://www.countycareproviderdispute.jira.evolenthealth.com/</a>
<b>Critical Incidents</b>	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)

<b>Clearinghouse Vendor</b>	Change Healthcare	 <a href="http://changehealthcare.com/">http://changehealthcare.com/</a>
<b>Paper Claims Mailing Address</b>		 CountyCare Health Plan P.O. Box 211592 Eagan, MN 55121-2892
<b>Payer ID</b>	06541	

## Claims (Medical and Behavioral Health continued)

### Claims Timely Filing Requirement

Submit claims 180 calendar days from date of service or discharge date.

### Claim Review Process

Complete a claim review form within 60 days of EOP receipt.



[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)



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



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

## Medical Management

### Inpatient Admissions

Contact Member Services within 24 hours of patient admission.



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



866-209-3703

### Prior Authorization CPT Look up

Use to CPT look-up to determine if an authorization is required.



[https://countycare.com/wp-content/uploads/CCR\\_CPTCodeListLOCKED\\_English\\_121720.xlsx](https://countycare.com/wp-content/uploads/CCR_CPTCodeListLOCKED_English_121720.xlsx)

### Prior Authorization Requests Medical and Behavioral Health

Complete the authorization request form:



[https://www.countycare.com/wp-content/uploads/CCH\\_InpatientPriorAuthorizationForm\\_English\\_092618.pdf](https://www.countycare.com/wp-content/uploads/CCH_InpatientPriorAuthorizationForm_English_092618.pdf)



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



[https://www.countycare.com/wp-content/uploads/CCH\\_OutpatientPriorAuthorizationForm\\_English\\_092618.pdf](https://www.countycare.com/wp-content/uploads/CCH_OutpatientPriorAuthorizationForm_English_092618.pdf)

### Care Management Referrals for Members in HCBS Waivers



312-864-0200, 711 (TTY/TDD)

### Referrals to Care Coordination

Complete the care coordination referral form:



[https://www.countycare.com/wp-content/uploads/CCR\\_CareCoordinationReferralForm\\_English\\_050319.pdf](https://www.countycare.com/wp-content/uploads/CCR_CareCoordinationReferralForm_English_050319.pdf)



[countycarereferrals@cookcountyhhs.org](mailto:countycarereferrals@cookcountyhhs.org)

### Dental Preauthorization

Request at Avesis.com Provider Portal.



<https://www.avesis.com/commercial3/providers/index.aspx>



855-337-1594

### Vision Preauthorization

Request at Avesis.com Provider Portal.



<https://www.avesis.com/commercial3/providers/index.aspx>



855-337-1596

### Pharmacy Preauthorization (including Specialty)

Submit the MedImpact medication request form:



[https://www.countycare.com/wp-content/uploads/CCR\\_MedicationRequestForm\\_English.pdf](https://www.countycare.com/wp-content/uploads/CCR_MedicationRequestForm_English.pdf)



858-790-7100



800-788-2949

### Medical Necessity Appeals

Submit appeals within 30 days of an authorization denial.



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



CountyCare Health Plan  
P.O. Box 21153  
Eagan, MN 55121