

YouthCare Provider Orientation

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Executive Summary

YouthCare offers health plans and programs that best serve our children in Illinois.

Our number one priority is the promotion of healthy lifestyles through preventive healthcare. YouthCare works to accomplish this goal by partnering with the providers who oversee the healthcare of our members. YouthCare serves our members consistently with our core philosophy that quality healthcare is best delivered locally.

Centene's Purpose and YouthCare

Centene Corporation has 30+ years of experience

Benefits include:

- Medical
- Behavioral Health
- Pharmacy
- Dental
- Vision



Transforming the health of the community, one person at a time.



**Focus on
Individuals**

**Emphasis
on Whole
Health**

**Active Local
Involvement**

We believe that holistically treating the member leads to better health outcomes.

Fulfilling Our Purpose

Local approach with cultural sensitivity

- Quality healthcare is best delivered locally
- Access to high quality services and resources to best serve our youth

Clinical interventions and programs

- Evidence-based clinical outcomes that target specific conditions
- Solutions for complex health needs

Provider Network

CMS Expectations

- Prioritize contracting with board-certified providers
- Monitor network providers to assure they use nationally recognized clinical practice guidelines when available
- Assure network providers are licensed and competent through the state of Illinois formal credentialing process
- Document the process for linking youth with services
- Coordinate the maintenance and sharing of the youth's healthcare information among providers and YouthCare staff

History of Managed Care in Illinois

What is managed care?

- Managed care is a type of health insurance program, and a method of Medicaid service distribution
- When a recipient of Medicaid enrolls in managed care, he/she/they become a member of that health plan
- Members currently have at least 5 health plans to choose from, depending on where they reside
- The health plan chosen will offer a full range of services while helping members coordinate their healthcare

When was managed care implemented for the general Medicaid population?

- In 2014, managed care was implemented in the state of Illinois.

Below is the link to the HFS managed care model contract:

<https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/ManagedCareContracts.aspx>

Below is the link to the HFS managed care website:

<https://www.illinois.gov/hfs/MedicalClients/ManagedCare/Pages/default.aspx>

What is YouthCare?

- YouthCare is a specialized healthcare program designed to address the needs of:
 - Department of Children and Family Services (DFCS) youth in care
 - Former youth in care, ages birth through 21
- YouthCare was chosen by the Department of Healthcare and Family Services (HFS) to administer the following coverage:
 - Medical
 - Behavioral health
 - Dental
 - Vision
 - Pharmacy

Who are Former Youth in Care?

- Former Youth in Care:
 - Youth who have been adopted
 - Are living with kinship providers
 - Have returned to biological parents
 - Have left the DCFS system
 - Previously were in DCFS
- YouthCare has been administering benefits for former youth in care since February 1, 2020



Who are Youth in Care?

Youth in care are youth that are currently in the state of Illinois' custody, living with foster parents, in group homes, or in residential settings.

- YouthCare has been administering benefits for youth in care since September 1, 2020
- The September 1, 2020 launch had no impact on the continued coverage for former youth in care, which began February 1, 2020

YouthCare has provided healthcare resources to Illinois' youth for more than three years.

Becoming a YouthCare Provider

- Providers with an existing IlliniCare Medicaid contract are by association considered in network with YouthCare
- You can join the YouthCare network by visiting the link below:
 - <https://www.ilyouthcare.com/providers/join-our-network.html>
- Please note a **provider must be registered with IMPACT**, the state's credentialing mechanism, first to contract with YouthCare. The IMPACT registration link is located below:
 - <https://impact.illinois.gov/uisezure/ILPselfservice/anonymous/register>

Join YouthCare with the above links.

YouthCare Eligibility

Eligibility is determined by Illinois Client Enrollment Services (CES).

- Youth in care
- Former youth in care

YouthCare
HealthChoice Illinois

Member Name: <First Name Last Name>
Medicaid ID #: <Medicaid ID#>
Effective Date: <Month, Day, Year>

PCP Name: <PCP Name>
PCP Number: <PCP Number>

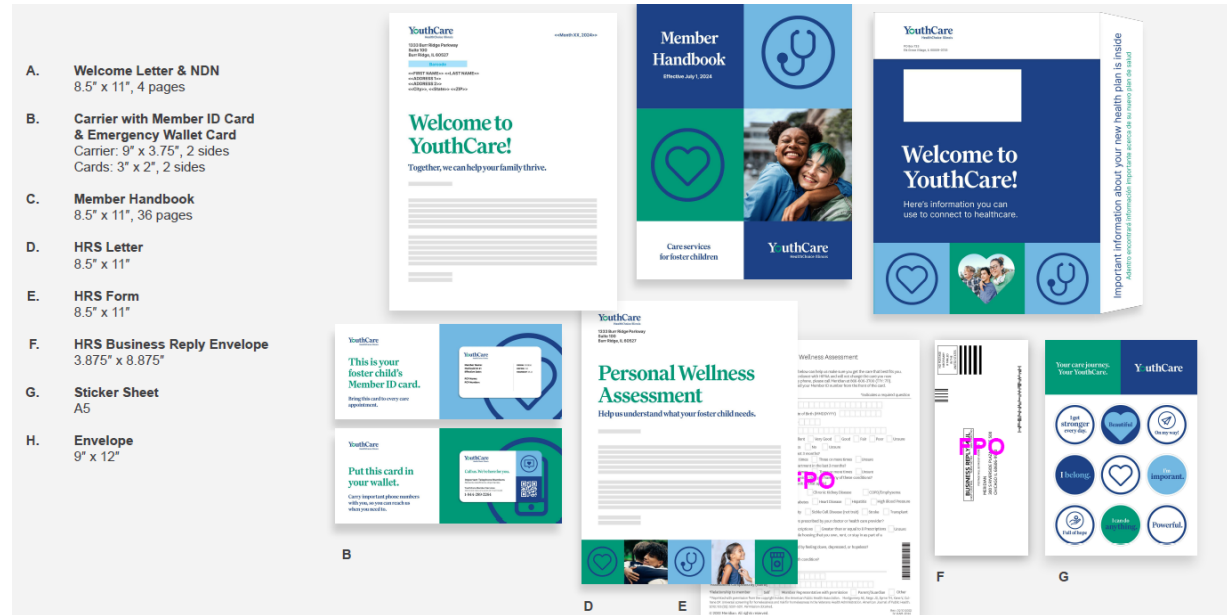
YouthCare
HealthChoice Illinois

RXBIN: 003858
RXPCN: MA
RXGROUP: 2EJA

YouthCare HealthChoice Illinois member ID

YouthCare Welcome Packets

- Members are sent welcome packets, which contain:
 - A welcome letter
 - Member ID card
 - Wallet card with emergency/important phone numbers
 - Member handbook
 - Personal Wellness Assessment (i.e., Health Risk Assessment)

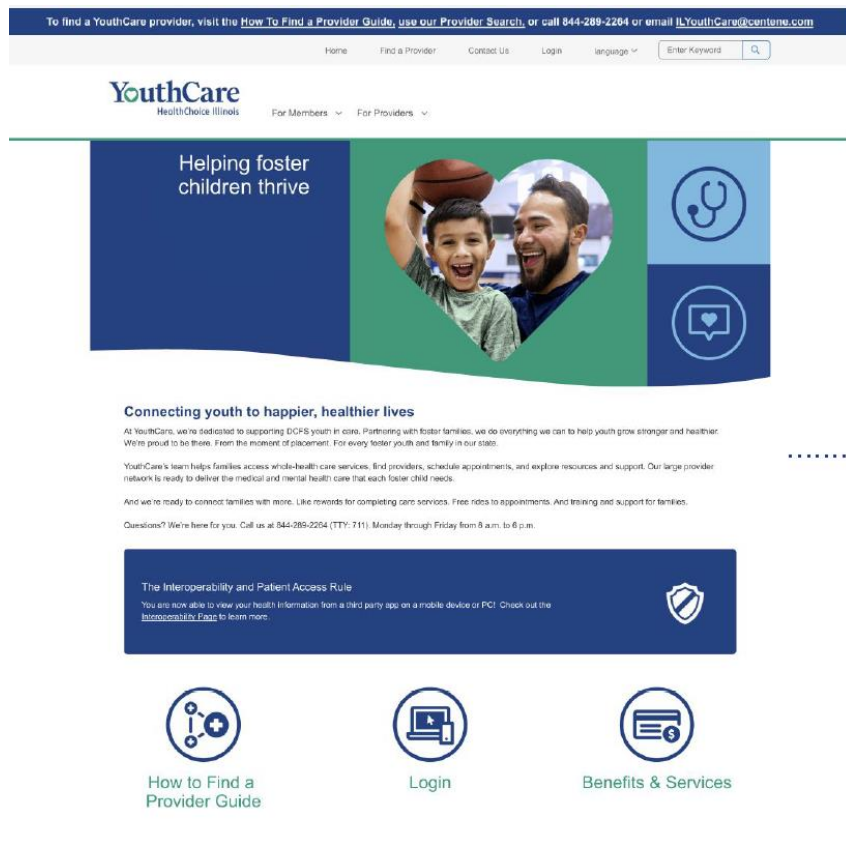


***Updated member materials coming spring 2024**

YouthCare Website

- Through the YouthCare website, you can access:
 - Provider manual
 - Provider directory
 - Secure provider portal
 - Quick reference guides
 - Benefit summaries
 - Online forms

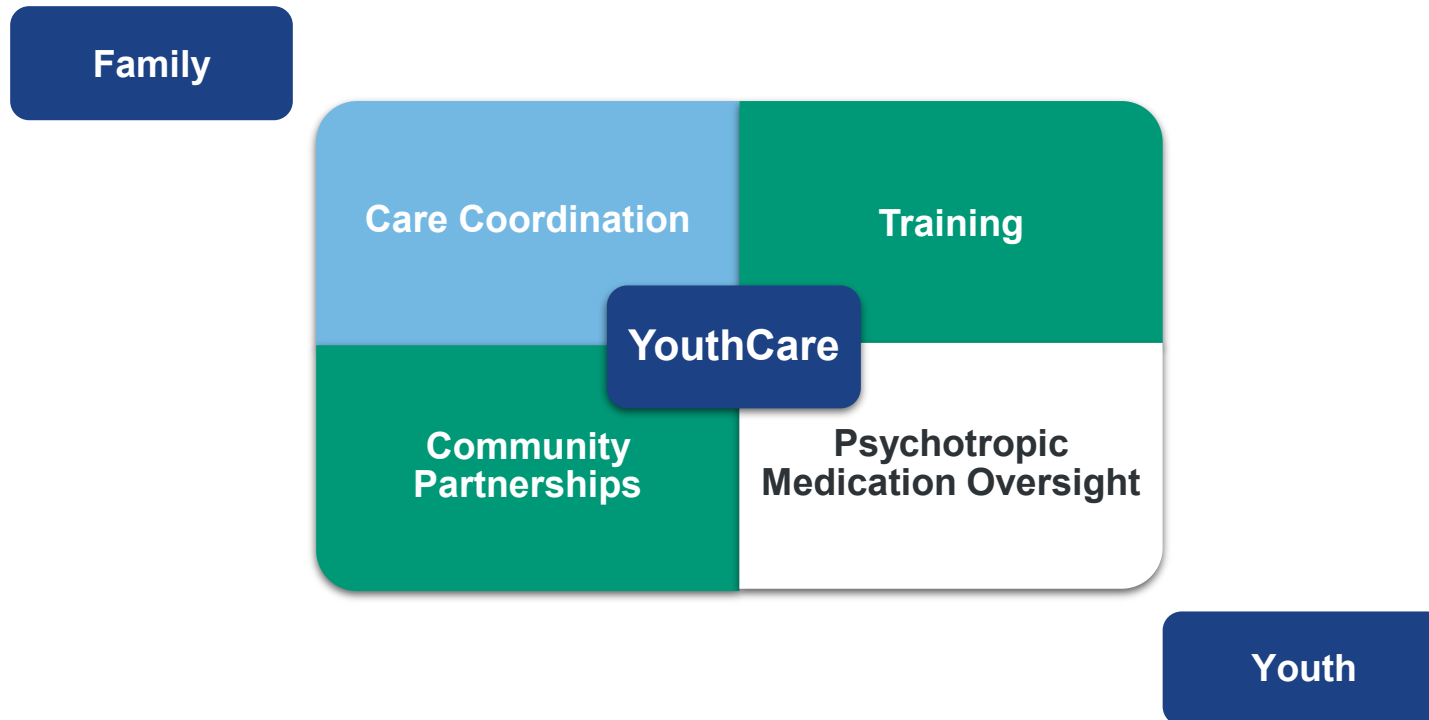
Register for the secure provider portal at [provider.Ilyouthcare.com](https://provider.ilyouthcare.com)



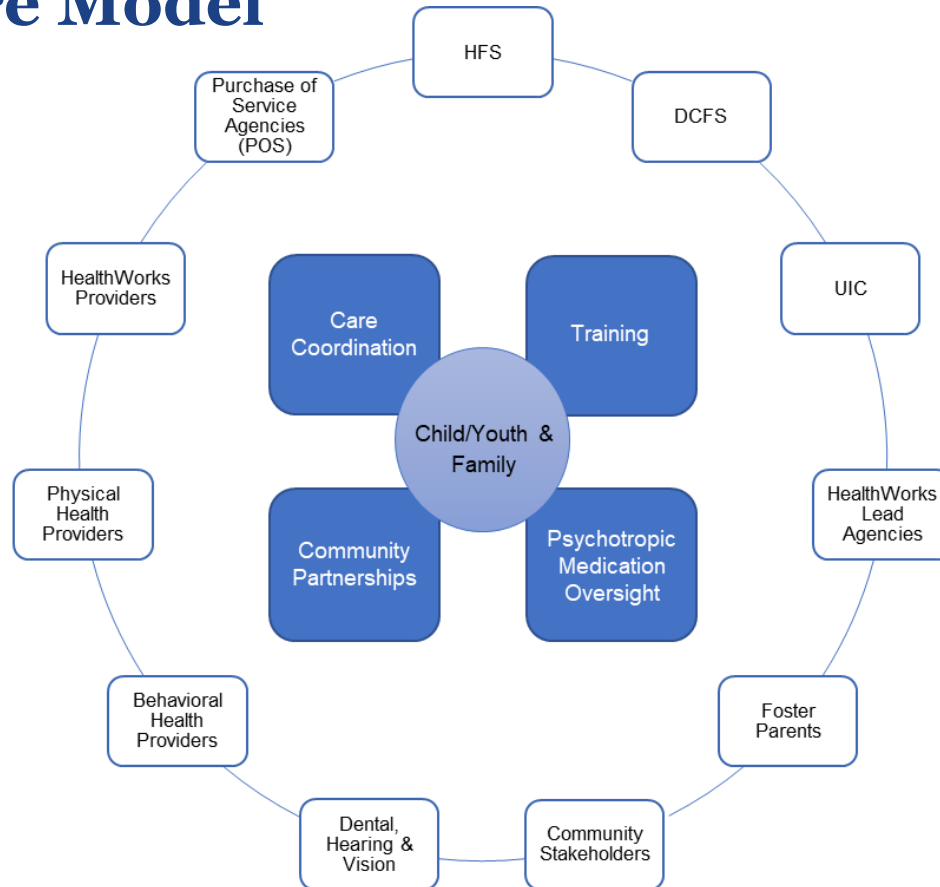
***Updated website homepage coming April 2024**

Clinical Models and Programs

Former Youth in Care Model

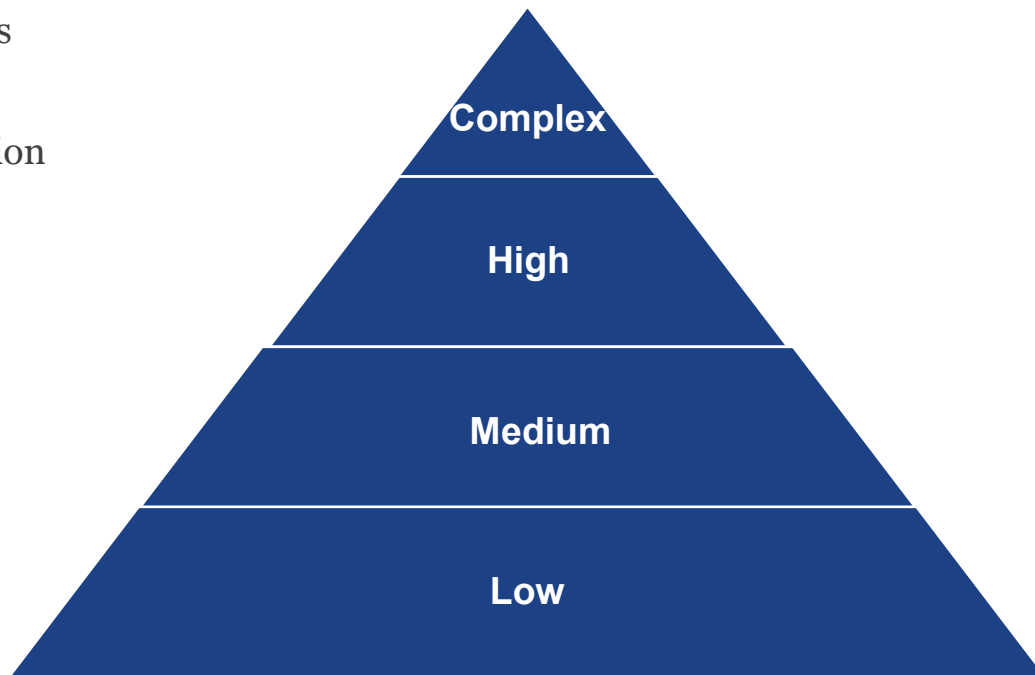


Youth in Care Model



Care Management Model

- Specialized Programs
 - a2A
 - Promoting Adoption
 - Success™
 - LGBTQ



Care Coordination Model

- The primary care provider (PCP) along with other critical providers and partners are vital in the YouthCare healthcare management model
- The YouthCare model allows us to:
 - Assist in establishing a member-provider relationship
 - Support the youth's continuity of care
 - Eliminate redundant services
 - Improve health outcomes in a more cost-effective way



Care Coordination Model

YouthCare Healthcare Coordination will:

- Coordinate individualized, holistic care
- Explain benefits and provide health education – including how to access care to youth and their caregivers
- Identify and engage youth with high physical and behavioral health needs
- Assist in identifying barriers to care
- Facilitate communication and coordination across specialties
- Establish partnerships with community stakeholders to promote healthy living and preventive care

Care Coordination Model



Improves access to:

- Medical care
- Behavioral health
- Social services



- o Improves coordination of care



- Improves transitions of care



- Increases appropriate utilization of services



- Improves health outcomes

The YouthCare Model of Care

Appointment Standards

Type of Care	Time Standard
Emergency Care	Immediately
Urgent Care	Within 24 hours
Non-Urgent Symptomatic	Within three (3) weeks
Routine Preventive Care	Within five (5) weeks For infants under six (6) months: Within two (2) weeks
Pregnant Women Visits	1st Trimester: 2 weeks 2nd Trimester: 1 week 3rd Trimester: 3 days
Post-Discharge Follow-Up	Within 7 days
Office Wait Times	Not to exceed 1 hour
After Hours	24/7 coverage (answering service - no voicemail)

If you cannot offer an appointment within these timeframes, please refer the youth/guardian to Member Services so they may be rescheduled with an alternative provider who can meet the access standards and member needs.

Healthcare Coordination



- New or replacement **ID Card**
- Help with a **healthcare bill**
- **Parent support** scheduling appointments
- Child/youth **changing homes**
- Child/youth returning for out of state
- Need **medical equipment** for new placement
- Help **replacing lost or broken** glasses



- Need a **doctor, specialist, therapist** or other providers
- A **record of the doctors** the child has seen
- Help to **see a specialist**



- Plan for **child/youth discharging** from ER or hospital
- Medication/pharmacy **issues**
- Support for child/youth with **multiple or complex needs**



- **Support/education for health conditions** (like asthma, anxiety, diabetes)
- School support for **special needs**

Call 1-844-289-2264 (TTD/TTY: 711) or email
ILYouthcare@centene.com

Prior Authorization

Requirements

- Prior authorization is required for:
 - Inpatient admission
 - Some outpatient surgeries
 - High-tech radiological services
 - Biopharmaceutical medications
 - All out-of-network, non-emergency services and providers

***Authorizations are reviewed and determined within 4 calendar days (can be extended an additional 4 calendar days).**

Where to Request Authorizations



YouthCare Provider Portal

- provider.Ilyouthcare.com



Call for authorizations:

- YouthCare:
844-289-2264



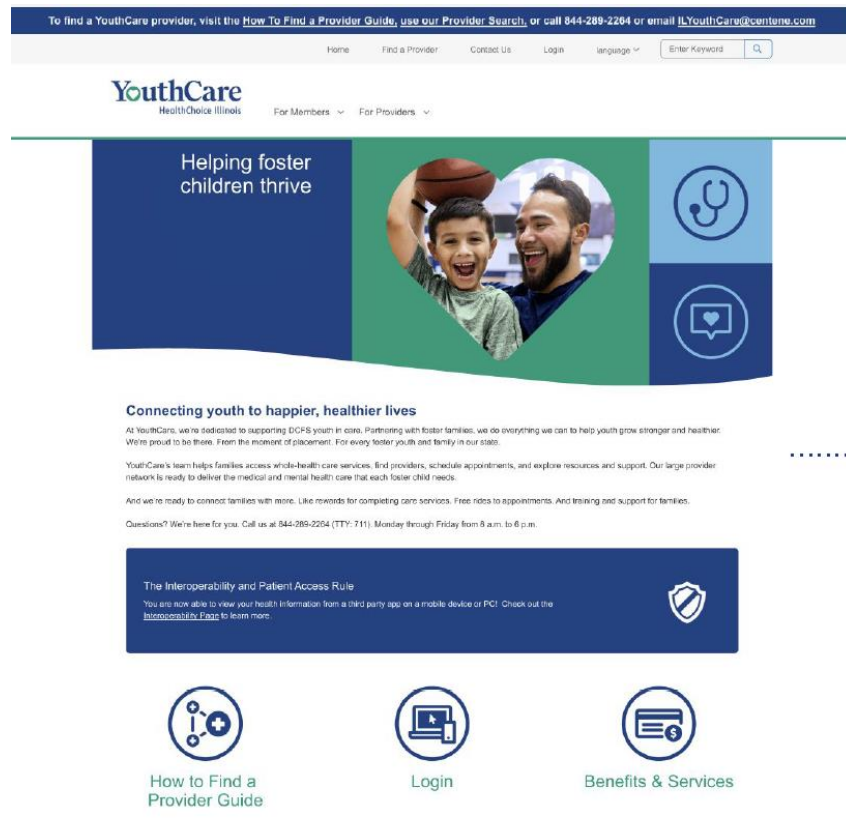
Fax authorizations:

- YouthCare:
 - Medical: 877-779-5234
 - BH: 844-528-3453

Please note there is a medical line and a behavioral health fax line.

Check Tool

- Go to ILYouthCare.com
- Click “For Providers”
 - A Provider Network Representative can come to your office for training



***Updated website homepage coming April 2024**

Provider Portal

- Review prior authorization requests and status on the secure provider portal
- Go to **provider.ILyouthcare.com** to access the provider portal

Log In

Email Address *

CONTINUE

CENTENE SSO

[Create New Account](#)



[Help](#) [Privacy Policy](#) [Terms of Use](#) © 2023 Centene

Provider Portal

- Create an authorization request:
 - All processed prior auth. requests submitted within the last 90 days will display on the “Authorizations” tab in the provider portal
 - Status, auth. ID, member name, date range for services, diagnosis, auth. type, and service are listed
 - Click the “Error” button to view prior auth. requests. This displays the auth. number and the auth. ID (the confirmation number when submitting a request on the provider portal)

Viewing Authorizations for : [] [v] [] [v]

Authorizations | Processed | Errors | **Important Enrollment**

Authorization # / Confirmation #: [] **Search**

Please call the health plan for questions regarding voided authorization submissions.

STATUS	AUTH ID	MEMBER ID	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE	[]	[]	01/01/2016	01/23/2016	435.9	INPATIENT	SNP-Custodial
APPROVE	[]	[]	07/01/2015	12/31/9999	733.15	INPATIENT	SNP-Custodial
APPROVE	[]	[]	07/01/2015	12/31/9999	496	INPATIENT	SNP-Custodial
APPROVE	[]	[]	07/01/2015	07/31/2015	V66.81	OUTPATIENT	Personal Care Worker
APPROVE	[]	[]	07/01/2015	09/30/2015	V66.81	OUTPATIENT	Homemaker Services
APPROVE	[]	[]	07/01/2015	09/30/2015	V66.81	OUTPATIENT	Homemaker Services
APPROVE	[]	[]	07/01/2015	06/31/2016	V66.81	OUTPATIENT	Personal Care Worker
APPROVE	[]	[]	07/01/2015	12/31/9999	255.70	INPATIENT	SNP-Custodial
APPROVE	[]	[]	07/01/2015	07/31/2015	V66.81	OUTPATIENT	Personal Care Worker
APPROVE	[]	[]	07/01/2015	07/31/2015	V66.81	OUTPATIENT	Personal Care Worker

Authorizations

Processed

1,209/1,209

Completed

1,209/1,209

Search

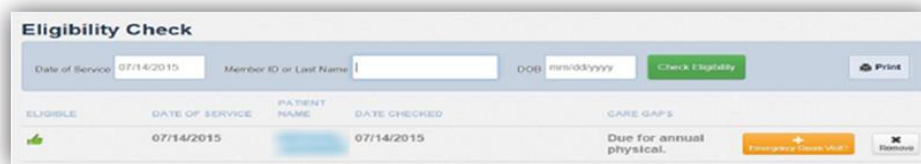
Authorization # / Confirmation #

Please call the health plan for questions regarding voided authorization submissions.

STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
Submitted auth is a duplicate of OP02637	792094						Outpatient Services
Submitted auth is a duplicate of OP0263	841082						Outpatient Services
Submitted auth is a duplicate of OP0260C	848905						Outpatient Services
Submitted auth is a duplicate of OP02704	898646						Outpatient Services
Error	932302						Outpatient Services

Provider Portal

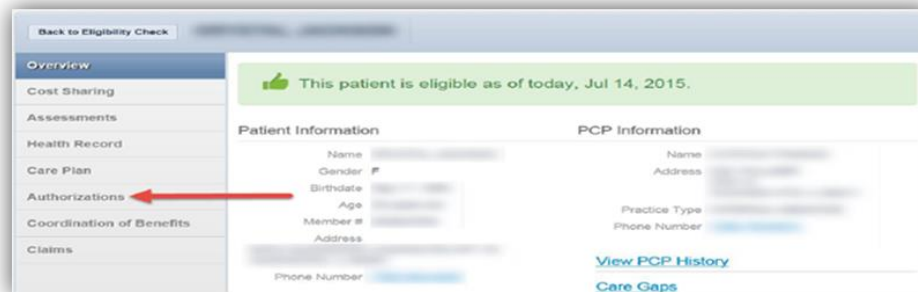
- Create an authorization request:
 - Enter the member's last name or member ID and DOB. Check eligibility. Click on the member's name to open the overview
 - Select the “Authorizations” tab.
 - Displays prior auth. requests previously submitted or creates a new prior auth.



Eligibility Check

Date of Service: 07/14/2015 Member ID or Last Name: [] DOB: mm/dd/yyyy [Check Eligibility](#) [Print](#)

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	CARE GAPS
	07/14/2015	[]	07/14/2015	Due for annual physical. Emergency Close Visit Remove



[Back to Eligibility Check](#)

Overview

[Cost Sharing](#)

[Assessments](#)

[Health Record](#)

[Care Plan](#)

[Authorizations](#) ←

[Coordination of Benefits](#)

[Claims](#)

This patient is eligible as of today, Jul 14, 2015.

Patient Information

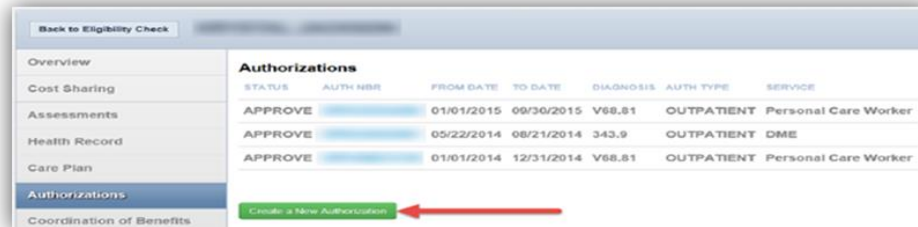
Name: []
Gender: F
Birthdate: []
Age: []
Member #: []
Address: []
Phone Number: []

PCP Information

Name: []
Address: []
Practice Type: []
Phone Number: []

[View PCP History](#)

[Care Gaps](#)



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Overview

[Cost Sharing](#)

[Assessments](#)

[Health Record](#)

[Care Plan](#)

Authorizations

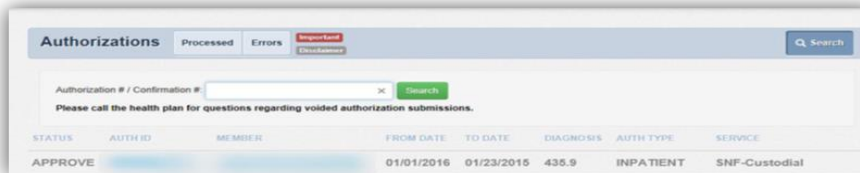
[Coordination of Benefits](#)

STATUS	AUTH NBR	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE	[]	01/01/2015	09/30/2015	V68.81	OUTPATIENT	Personal Care Worker
APPROVE	[]	05/22/2014	08/21/2014	343.9	OUTPATIENT	DME
APPROVE	[]	01/01/2014	12/31/2014	V68.81	OUTPATIENT	Personal Care Worker

[Create a New Authorization](#) ←

Provider Portal

- To view a prior auth. request, enter the auth. or confirmation number in the field and click “Search.”
- The prior auth. request will display the status, auth. number, member name, services date range, diagnosis, auth. type, and service.
- To view details of a prior auth. request, click the auth. number. You can view attached documents submitted with the request by clicking “View.”



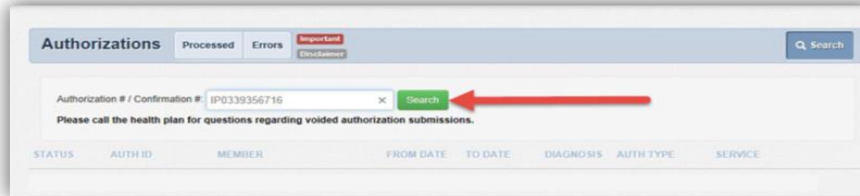
Authorizations | Processed | Errors | **Important** | [Discontinue](#)

Search

Authorization # / Confirmation # X [Search](#)

Please call the health plan for questions regarding voided authorization submissions.

STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE			01/01/2016	01/23/2015	435.9	INPATIENT	SNF-Custodial



Authorizations | Processed | Errors | **Important** | [Discontinue](#)

Search

Authorization # / Confirmation # X [Search](#)

Please call the health plan for questions regarding voided authorization submissions.

STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
--------	---------	--------	-----------	---------	-----------	-----------	---------



Auth Status: APPROVE
Auth Nbr:
Service:
Provider of Service(s):

Explanation: Pay
Auth Type: From Date: 12/27/2013 To Date: 01/27/2014
Notes & Attachments: [View](#)

Line Item	Service type	Start Date	End Date	Units Req.	Units Apprd	Modality	Location	Status	Medical Necessity	Decision Date
1		12/27/2013	01/27/2014	1	1			APPROVE	Met as requested	01/10/2014
1		12/27/2013	01/27/2014	1	1			PEND	Not Met	12/31/2013
1		12/27/2013	01/27/2014	1	0			VOID		01/16/2014

[Back to Authorization List](#)

Billing and Claims

Timely Filing Schedules

Initial Claims

- **180 days** from the date of service or date of discharge, whichever is later
- When YouthCare is the secondary payer, claims must be received within **90 calendar days** of the final determination of the primary payer.

Corrected or Resubmitted Claims

- **180 days** from the date of service or date of discharge, whichever is later

Request for Reconsideration (First Level Dispute)

- If a claim does not require any changes but a provider is not satisfied with the claims disposition, a Request for Reconsideration can be submitted **within 90 days of original determination** using the Provider Reconsideration Request Form located at ILYouthCare.com
- **Do not** include a copy of the claim with your Request for Reconsideration.

Claim Dispute (Second Level Dispute)

- A formal Claim Dispute can be submitted using the Claim Dispute Form located at ILYouthCare.com
- **Do not** include a copy of the claim with your Claim Dispute.
- Claim Disputes must be received **within 90 days** of Reconsideration response date.

Billing Dos and Don'ts

DO

- Submit your claim within 180 of the DOS
- Submit on a proper original form CMS 1500 in Red
- Mail to the correct PO Box number
- Submit all paper claim in a 9 x 12 or larger envelope
- Type all field completely and accurately
- Use type blue or black ink only in 9 pt font
- Include all other insurance information; policy holder, carrier name, ID number, address
- Re-check all information before mailing

DON'T

- Submit handwritten claims
- Use red ink on claim forms
- Circle on claim forms
- Add extraneous information to any field
- Use highlighter on any field
- Submit photocopies or black and white forms
- Submit carbon copied claim forms
- Submit claim forms via fax
- Send a copy of the claim or a claim form with a reconsideration or dispute

CMS 1500 – Professional Paper Claim Form

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/02

CLAIMANT

PATIENT AND INSURED INFORMATION

PATIENT OR SUPPLEMENTAL BENEFICIARY

PATIENT		INSURED		OTHER		INSURED'S SOCIAL NUMBER		Plan Program or Plan Code	
1. PATIENT'S NAME (Last, First, Middle Initial)	2. PATIENT'S ADDRESS (Line 1, Street)	3. CITY	4. STATE	5. ZIP CODE	6. TELEPHONE (Include Area Code)	7. PATIENT'S DATE OF BIRTH (MM/DD/YY)	8. PATIENT'S SEX (M/F)	9. INSURED'S NAME (Last, First, Middle Initial)	10. INSURED'S ADDRESS (Line 1, Street)
11. PATIENT'S RELATIONSHIP TO INSURED	12. INSURED'S RELATIONSHIP TO INSURED	13. CITY	14. STATE	15. ZIP CODE	16. TELEPHONE (Include Area Code)	17. INSURED'S DATE OF BIRTH (MM/DD/YY)	18. INSURED'S SEX (M/F)	19. INSURED'S POLICY GROUP OR PLAN NUMBER	20. INSURED'S POLICY GROUP OR PLAN NAME
21. PATIENT'S OCCUPATION	22. PATIENT'S EMPLOYMENT (Current or Periodic)	23. CITY	24. STATE	25. ZIP CODE	26. TELEPHONE (Include Area Code)	27. INSURED'S OCCUPATION	28. INSURED'S EMPLOYMENT (Current or Periodic)	29. INSURED'S POLICY GROUP OR PLAN NUMBER	30. INSURED'S POLICY GROUP OR PLAN NAME
31. PATIENT'S SIGNATURE	32. PATIENT'S SIGNATURE	33. CITY	34. STATE	35. ZIP CODE	36. TELEPHONE (Include Area Code)	37. INSURED'S SIGNATURE	38. INSURED'S SIGNATURE	39. INSURED'S POLICY GROUP OR PLAN NUMBER	40. INSURED'S POLICY GROUP OR PLAN NAME
41. PATIENT'S SIGNATURE	42. PATIENT'S SIGNATURE	43. CITY	44. STATE	45. ZIP CODE	46. TELEPHONE (Include Area Code)	47. INSURED'S SIGNATURE	48. INSURED'S SIGNATURE	49. INSURED'S POLICY GROUP OR PLAN NUMBER	50. INSURED'S POLICY GROUP OR PLAN NAME
51. PATIENT'S SIGNATURE	52. PATIENT'S SIGNATURE	53. CITY	54. STATE	55. ZIP CODE	56. TELEPHONE (Include Area Code)	57. INSURED'S SIGNATURE	58. INSURED'S SIGNATURE	59. INSURED'S POLICY GROUP OR PLAN NUMBER	60. INSURED'S POLICY GROUP OR PLAN NAME
61. PATIENT'S SIGNATURE	62. PATIENT'S SIGNATURE	63. CITY	64. STATE	65. ZIP CODE	66. TELEPHONE (Include Area Code)	67. INSURED'S SIGNATURE	68. INSURED'S SIGNATURE	69. INSURED'S POLICY GROUP OR PLAN NUMBER	70. INSURED'S POLICY GROUP OR PLAN NAME
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81. PATIENT'S SIGNATURE	82. PATIENT'S SIGNATURE	83. CITY	84. STATE	85. ZIP CODE	86. TELEPHONE (Include Area Code)	87. INSURED'S SIGNATURE	88. INSURED'S SIGNATURE	89. INSURED'S POLICY GROUP OR PLAN NUMBER	90. INSURED'S POLICY GROUP OR PLAN NAME
91. PATIENT'S SIGNATURE	92. PATIENT'S SIGNATURE	93. CITY	94. STATE	95. ZIP CODE	96. TELEPHONE (Include Area Code)	97. INSURED'S SIGNATURE	98. INSURED'S SIGNATURE	99. INSURED'S POLICY GROUP OR PLAN NUMBER	100. INSURED'S POLICY GROUP OR PLAN NAME
101. PATIENT'S SIGNATURE	102. PATIENT'S SIGNATURE	103. CITY	104. STATE	105. ZIP CODE	106. TELEPHONE (Include Area Code)	107. INSURED'S SIGNATURE	108. INSURED'S SIGNATURE	109. INSURED'S POLICY GROUP OR PLAN NUMBER	110. INSURED'S POLICY GROUP OR PLAN NAME
111. PATIENT'S SIGNATURE	112. PATIENT'S SIGNATURE	113. CITY	114. STATE	115. ZIP CODE	116. TELEPHONE (Include Area Code)	117. INSURED'S SIGNATURE	118. INSURED'S SIGNATURE	119. INSURED'S POLICY GROUP OR PLAN NUMBER	120. INSURED'S POLICY GROUP OR PLAN NAME
121. PATIENT'S SIGNATURE	122. PATIENT'S SIGNATURE	123. CITY	124. STATE	125. ZIP CODE	126. TELEPHONE (Include Area Code)	127. INSURED'S SIGNATURE	128. INSURED'S SIGNATURE	129. INSURED'S POLICY GROUP OR PLAN NUMBER	130. INSURED'S POLICY GROUP OR PLAN NAME
131. PATIENT'S SIGNATURE	132. PATIENT'S SIGNATURE	133. CITY	134. STATE	135. ZIP CODE	136. TELEPHONE (Include Area Code)	137. INSURED'S SIGNATURE	138. INSURED'S SIGNATURE	139. INSURED'S POLICY GROUP OR PLAN NUMBER	140. INSURED'S POLICY GROUP OR PLAN NAME
141. PATIENT'S SIGNATURE	142. PATIENT'S SIGNATURE	143. CITY	144. STATE	145. ZIP CODE	146. TELEPHONE (Include Area Code)	147. INSURED'S SIGNATURE	148. INSURED'S SIGNATURE	149. INSURED'S POLICY GROUP OR PLAN NUMBER	150. INSURED'S POLICY GROUP OR PLAN NAME
151. PATIENT'S SIGNATURE	152. PATIENT'S SIGNATURE	153. CITY	154. STATE	155. ZIP CODE	156. TELEPHONE (Include Area Code)	157. INSURED'S SIGNATURE	158. INSURED'S SIGNATURE	159. INSURED'S POLICY GROUP OR PLAN NUMBER	160. INSURED'S POLICY GROUP OR PLAN NAME
161. PATIENT'S SIGNATURE	162. PATIENT'S SIGNATURE	163. CITY	164. STATE	165. ZIP CODE	166. TELEPHONE (Include Area Code)	167. INSURED'S SIGNATURE	168. INSURED'S SIGNATURE	169. INSURED'S POLICY GROUP OR PLAN NUMBER	170. INSURED'S POLICY GROUP OR PLAN NAME
171. PATIENT'S SIGNATURE	172. PATIENT'S SIGNATURE	173. CITY	174. STATE	175. ZIP CODE	176. TELEPHONE (Include Area Code)	177. INSURED'S SIGNATURE	178. INSURED'S SIGNATURE	179. INSURED'S POLICY GROUP OR PLAN NUMBER	180. INSURED'S POLICY GROUP OR PLAN NAME
181. PATIENT'S SIGNATURE	182. PATIENT'S SIGNATURE	183. CITY	184. STATE	185. ZIP CODE	186. TELEPHONE (Include Area Code)	187. INSURED'S SIGNATURE	188. INSURED'S SIGNATURE	189. INSURED'S POLICY GROUP OR PLAN NUMBER	190. INSURED'S POLICY GROUP OR PLAN NAME
191. PATIENT'S SIGNATURE	192. PATIENT'S SIGNATURE	193. CITY	194. STATE	195. ZIP CODE	196. TELEPHONE (Include Area Code)	197. INSURED'S SIGNATURE	198. INSURED'S SIGNATURE	199. INSURED'S POLICY GROUP OR PLAN NUMBER	200. INSURED'S POLICY GROUP OR PLAN NAME
201. PATIENT'S SIGNATURE	202. PATIENT'S SIGNATURE	203. CITY	204. STATE	205. ZIP CODE	206. TELEPHONE (Include Area Code)	207. INSURED'S SIGNATURE	208. INSURED'S SIGNATURE	209. INSURED'S POLICY GROUP OR PLAN NUMBER	210. INSURED'S POLICY GROUP OR PLAN NAME
211. PATIENT'S SIGNATURE	212. PATIENT'S SIGNATURE	213. CITY	214. STATE	215. ZIP CODE	216. TELEPHONE (Include Area Code)	217. INSURED'S SIGNATURE	218. INSURED'S SIGNATURE	219. INSURED'S POLICY GROUP OR PLAN NUMBER	220. INSURED'S POLICY GROUP OR PLAN NAME
221. PATIENT'S SIGNATURE	222. PATIENT'S SIGNATURE	223. CITY	224. STATE	225. ZIP CODE	226. TELEPHONE (Include Area Code)	227. INSURED'S SIGNATURE	228. INSURED'S SIGNATURE	229. INSURED'S POLICY GROUP OR PLAN NUMBER	230. INSURED'S POLICY GROUP OR PLAN NAME
231. PATIENT'S SIGNATURE	232. PATIENT'S SIGNATURE	233. CITY	234. STATE	235. ZIP CODE	236. TELEPHONE (Include Area Code)	237. INSURED'S SIGNATURE	238. INSURED'S SIGNATURE	239. INSURED'S POLICY GROUP OR PLAN NUMBER	240. INSURED'S POLICY GROUP OR PLAN NAME
241. PATIENT'S SIGNATURE	242. PATIENT'S SIGNATURE	243. CITY	244. STATE	245. ZIP CODE	246. TELEPHONE (Include Area Code)	247. INS			

UBo4 Billing Form

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										<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 10/14/2014 10/14/2014 </div>	
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A. BIRTHDATE: <input type="text"/>										B. SEX: <input type="text"/>	
C. OCCUPATION: <input type="text"/>										D. EDUCATION: <input type="text"/>	
E. MARITAL STATUS: <input type="text"/>										F. ETHNICITY: <input type="text"/>	
G. RELIGION: <input type="text"/>										H. RACE: <input type="text"/>	
I. CURRENT ADDRESS: <input type="text"/>										J. PHONE NUMBER: <input type="text"/>	
K. EMPLOYER: <input type="text"/>										L. EMPLOYER ADDRESS: <input type="text"/>	
M. EMPLOYER PHONE: <input type="text"/>										N. EMPLOYER FAX: <input type="text"/>	
O. EMPLOYER TYPE: <input type="text"/>										P. EMPLOYER CATEGORY: <input type="text"/>	
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CO. EMPLOYER CONTACT: <input type="text"/>										CP. EMPLOYER CONTACT: <input type="text"/>	
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DQ. EMPLOYER CONTACT: <input type="text"/>										DR. EMPLOYER CONTACT: <input type="text"/>	
DS. EMPLOYER CONTACT: <input type="text"/>										DT. EMPLOYER CONTACT: <input type="text"/>	
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EA. EMPLOYER CONTACT: <input type="text"/>										EB. EMPLOYER CONTACT: <input type="text"/>	

Billing Education & Tips

Extra resources for reference:

- **AMHP Comprehensive Billing Guide**

- <https://www.medicaidlearning.com/learn-more-and-faqs>

- **Medical Billing Training**

- <https://www.medicalbillingandcoding.org/billing-training/>

Claims Submissions

Providers can file claims in three ways:



- **Provider Portal**

- Secure Online Portal



- **Paper Claims**

- Submit through a specific address



- **Electronic Clearinghouse (EDI Partners)**

- Submit Electronically

Claims Submission

Provider Portal

- Submit claims electronically on the secure provider portal.
- Go to **ILYouthCare.com** to access the provider portal. Or directly to: **provider.ILyouthcare.com**

The screenshot shows the YouthCare HealthChoice Illinois website. At the top, the logo 'YouthCare HealthChoice Illinois' is on the left, and navigation links 'For Members' and 'For Providers' are on the right. The main heading is 'Login'. On the left, a blue-bordered box titled 'Notice' contains text: 'ALL PROVIDERS must complete and submit a new provider roster by March 12, 2021. Email rosters to providerrosters.il@mhplan.com'. On the right, a form titled 'I am a :' has a dropdown menu with 'Provider' selected and a blue 'Submit' button. Below the login section, there are two paragraphs: 'Member Portal' with the text 'Create your own online account today!' and 'YouthCare offers many convenient and secure tools to assist you. You also have access to your healthcare information. To enter our secure portal, click on the login button. A new window will open. You can login or register. Creating an account is free and easy. By creating an account, you can:', and 'Provider Portal' with the text 'If you are a contracted provider, you can register now. If you are a non-contracted provider, you will be able to register after you submit your first claim. After creating an account within the provider portal you can.'

Claims Submission

Send paper claims to:

YouthCare

Attn: Claims

P.O. Box 4020

Farmington, MO 63640-4402

Claims Submission

Electronic Clearinghouse

- YouthCare Payer ID: 68069 for claims date of service 1/1/2021
- Prior to dates of service 1/1/21, the payer ID is 13189.
- EDI partners with Availity

**Note: For claims with a date of service prior to 1/1/2021
the 13189 payer ID must be utilized.**

Claims Payment

PaySpan Health

- YouthCare partners with PaySpan Health to deliver electronic payments (EFTs) and remittance advices (ERAs)
- FREE to YouthCare participating providers
- Electronic deposits for your claim payments
- Electronic remittance advice presented online
- HIPAA compliant
- payspan.com/contact

Register at PaySpanHealth.com or call 877-331-7154
or providersupport@payspanhealth.com

Common Causes of Upfront Rejections

- **Unreadable Information** within the claim form. The ink is faded, too light, or too bold (bleeding into other characters or beyond the box), the font is too small, or information is handwritten or submitted on a black and white claim form
- **Member Name or identification (ID) number/DOB (date of birth)** is missing or invalid
- **Provider Name, Taxpayer Identification Number (TIN), or National Practitioner Identification (NPI)** number is missing
- **Date of Service (DOS)** on the claim is not prior to receipt of claim (future date of service) or is prior to the member's effective date
- **DATES** are missing from required fields. Example: "Statement From" UB-04 & Service From" 1500 (02/12). "To Date" before "From Date"

Common Causes of Upfront Rejections

- **Service Line Detail** – No service line detail submitted
- **Admission Type** is missing (Inpatient Facility Claims – UB-04, field 14)
- **Patient Status** is missing (Inpatient Facility Claims – UB-04, field 17).
- **Occurrence Code/Date** is missing or invalid
- **Revenue Code (RE code)** is missing or invalid
- **CPT/Procedure Code/Modifier** is missing or invalid
- **CLIA** – Missing/incomplete/invalid CLIA certification number
- **Type of Bill (TOB)** entered is invalid
- **Diagnosis Code** is missing, invalid, or incomplete

Common Causes of Claim Processing Delays and Denials

- **Diagnosis Code** is missing the 4th, 5th, and 6th character requirements and 7th character extension requirements
- **DRG code** is missing or invalid
- **Explanation of Benefits (EOB)** from the Primary insurer is missing or incomplete
- **Claim submission timeframe has expired** – Claim was not submitted within 180 days from date of service or date of discharge, whichever is later
- **Claim is an exact duplicate of previously submitted claim** – If the intent is to dispute the original claim outcome, submit a Request for Reconsideration when no changes on the claim are needed.
- **Place of Service Code** is invalid
- **Provider TIN and NPI** does not match
- **Dates of Service span** do not match the listed days/units
- **Physician Signature** is missing
- **Tax Identification Number (TIN)** is invalid
- **Third Party Liability (TPL)** information is missing or incomplete

Provider Responsibilities

Cultural and Linguistic Competency

- Patients of racial/ethnic minority populations, those with limited English proficiency, and those with disabilities experience:
 - Poorer access to necessary health care
 - Poorer quality of treatment
 - Poorer health outcomes
- YouthCare trusts our providers to develop facilities that can meet the unique needs of every youth regardless of race, ethnicity, culture, language proficiency, or disability in accordance with federal and state laws and regulations

You are trusted to give the highest quality of care to each member regardless of race, ethnicity, cultural differences, or language barrier.

YouthCare Health Resources

- Language services at no cost
 - Interpreter services are available by telephone in 200+ languages
 - Video remote and face-to-face interpreter services at your facility (5-7 business days advance notice preferred)
 - Translation of written materials into other languages and alternative formats such as audio and Braille
- Accessible Transportation Services at no cost 2 business days advance notice preferred
- Visit the link below for educational training, including but not limited to cultural competency training:
<https://attendee.gototraining.com/2c781/catalog/6538323256454355968?tz=America/Chicago>

For interpreter services, contact Provider Services at 844-289-2264.

For translation and transportation services, direct your patient to call Member Services at 844-289-2264 or TTY: 711.

Patient Information and Documentation

- Inform, Facilitate and Document
 - Inform patients that they have access to medical interpreters, signers, accessible transportation, and TTY services
 - Facilitate patients' access to these services using your practice's resources or direct patients to call YouthCare Member Services 844-289-2264 (TTY: 711)
 - Document a request and/or refusal of these services in the medical record
- Participate in cultural competency education and training
- Infuse cultural competency throughout your practice's planning and operations
 - Collect race and language specific member information
 - Translate posted and printed materials in Spanish and other prevailing languages in the region

ADA Committee

YouthCare has an Americans with Disabilities Act (ADA) Committee.

- The ADA Committee is committed to ensuring that all youth have access to essential health care services by:
 - Overseeing the development and implementation of an annual ADA Plan
 - Recommending and enforcing corrective actions where ADA deficiencies at provider offices are identified
 - Monitoring ADA Plan progress and conducting an annual assessment of the Plan's overall effectiveness

Providers are required to follow and adhere to requirements in the ADA.

Critical Incidents

Critical Incidents

Illinois Department of Healthcare and Family Services defines a Critical Incident as follows:

- Actual or alleged Abuse, Neglect, Exploitation, or any incident that has the potential to place an Enrollee, or an Enrollee's services, at risk, including those which do not rise to the level of Abuse, Neglect, or Exploitation; this includes events that may cause substantial or serious harm to the physical or mental health of a member, or the safety of a member's services.

Critical Incidents



Abuse

- The **willful infliction** of injury, unreasonable confinement, intimidation, verbal assaults, harassment, inappropriate or unwanted sexual behavior, or **punishment** with resulting physical harm, pain or mental anguish.



Neglect

- **Failure** to **notify** a health care professional when needed
- **Failure** to provide or arrange **necessary services** to **avoid physical or psychological harm**, such as food, medications, shelter, and clothing
- **Failure** to **terminate** the **residency** of a member whose needs can **no longer be met**, causing an avoidable **decline in function**.
- Neglect may be willful or passive (non-malicious).



Exploitation

- The **misuse** or **withholding** of a person's resources (including **funds** or **property**) by another person, which causes a loss of money or property.

Signs of Abuse/Exploitation

Abuse by Caregiver

- Prevents youth from speaking or seeing others
- Anger, indifference, or aggressiveness towards youth
- Lack of affection
- Conflicting accounts of incidents
- Talk about youth as a burden
- History of substance abuse, mental illness, or violence

Financial Exploitation

- Sudden changes in bank account
- Unexplained withdrawal of money
- Adding additional names on bank account
- Unapproved withdrawals of money
- Unpaid bills despite having enough money

Mandatory Reporting to the State

Critical incidents involving a youth in care **MUST** be immediately reported to the DCFS hotline or caseworker.

Referral Entity	When to Refer
Adult Protective Services 866-800-1409	To report suspected abuse, neglect, or financial exploitation of a member age 60 or older or a member with disabilities age 18-59.
IDPH - NF Complaint Hotline 800-252-4343	To report suspected abuse, neglect, or financial exploitation of members living in nursing facilities (NF).
HFS - SLF Complaint Hotline 800-226-0768	To report suspected abuse, neglect, or financial exploitation of members living in skilled living facilities (SLF).
DHS/Office of the Inspector General 800-368-1463	To report suspected abuse, neglect, or financial exploitation of members with a disability who reside in or receive mental health/developmental disability services from DHS-operated or DHS-funded agencies.
Child Abuse Hotline 800-252-2873	If you suspect that a child has been harmed or is at risk of being harmed by abuse or neglect.

Member Grievance and Appeals

Grievance and the Grievance Process

- A member grievance is defined as any expression of dissatisfaction by a member about any matter other than an Action
- The grievance process allows the member, or the member's appointed representative (guardian, caretaker, relative, PCP or other treating physician) acting on behalf of the member, to file a grievance either verbally or in writing or an appeal or request a State Fair Hearing
- YouthCare Grievance System includes an informal complaints process and a formally structured grievance and appeals process. YouthCare Grievance System is compliant with Section 45 of the Managed Care Reform and Patient Rights Act and 42 CFR Section 438 Subpart F, including procedures to ensure expedited decision making when a member's health so necessitates

All YouthCare members have the right to file a grievance if they feel they have been treated unfairly.

Grievance and Appeals

- The review may be requested in writing or verbally within 60 days of the Notice of Adverse Action, however verbal requests for appeals must be followed by a written request.
- Appeals may be submitted verbally or in writing to:

- YouthCare

Attn: Grievance and Appeals

PO Box 733

Elk Grove Village, IL 60009-0733

YouthCare: 844-289-2264 (TTY: 711)

Timeframe & Notice of Resolution

- Grievance investigation and review will occur expeditiously as the youth's health condition requires
 - Fifteen (15) days from the receipt of all information or thirty (30) days from the date the grievance is received by YouthCare
 - Written notification of the grievance resolution will be made within five (5) days after the determination and will include the resolution and HFS requirements, including but not be limited to, the decision reached by YouthCare

For a full overview of the grievance and appeals process, please review the YouthCare provider manual on our website at [ILYouthCare.com](https://www.ilyouthcare.com)

Provider Resources

Regional Organization

DCFS Liaisons

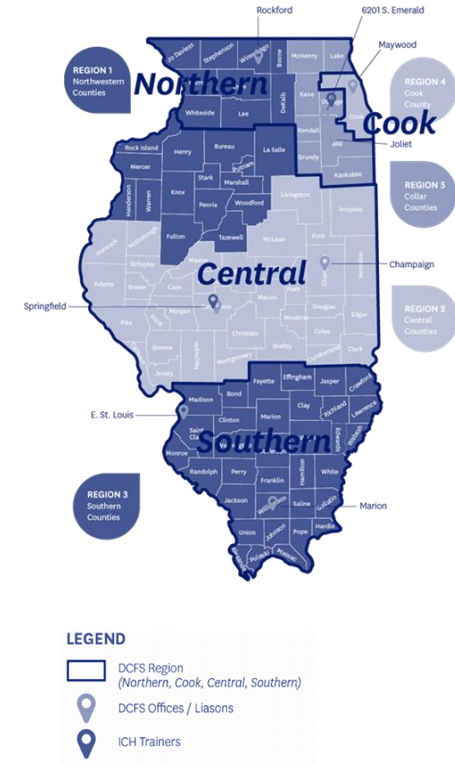
2 Liaisons per Region

- Qualifications: 100% with IL child welfare system experience and either Social Work or Community Relations experience
- Local approach – DCFS Liaisons within DCFS offices working in collaboration with caseworkers to troubleshoot issues
- Serve as entry points for inquiries and questions

Trainers

YouthCare Trainers: 2

- National Trainers
- Numerous topics available for in person trainings and live webinars
- Help support understanding of trauma, abuse, neglect, brain development, developmental ages, difference between mental health issues and behavioral issues, ADHD and trauma, etc.



DCFS Liaisons

Name	Email	Work Cell	DCFS – Office Region
Victor Foyles	Victor.I.Foyles@centene.com	630-334-4639	Cook
Jane Lemon	Jane.a.Lemon@centene.com	312-859-2390	Cook
Jennifer Purefoy	Jpurefoy@centene.com	815-355-4629	Northern
Brenda Snider	Brenda.Snider@centene.com	630-441-7171	Northern
Leslie Vice	Leslie.Vice@centene.com	217-369-2602	Central
Viviana Jimenez	Viviana.Jimenez@centene.com	217-402-3688	Central
Heather Jumps	Heather.Jumps@centene.com	618-910-7172	Southern
Jessica Listner	Jessica.Listner@centene.com	618-910-8447	Southern
Tanisha White	Tanisha.L.White@centene.com	331-251-9319	Supervisor DCFS Liaison All regions

Claims and Prior Auth

- **Prior Authorizations**

- Medical PA Fax: 877-779-5234
- BH PA Fax: 844-528-3453

- **Claim Submission:**

- YouthCare Provider Portal
- Payer ID: 68069
- YouthCare

Attn: Claims

P.O. Box 4020

Farmington, MO 63640-4402

Claims can be submitted via the provider portal, electronic submission using the EDI payer number, or by paper.

YouthCare Illinois

- Member/Provider Services
 - Phone: 844-289-2264
 - Email: ILYouthCare@Centene.com
- For assistance with:
 - Claim Questions
 - Enrollment Inquiries
 - Credentialing Status
 - Care Coordination
- Rapid Response Team
 - The Rapid Response Team is comprised of subject matter experts, who are positioned to respond to and resolve all YouthCare urgent inquiries. Email: ILYouthCare@Centene.com
 - The team can be reached Monday – Friday
 - Email: ILYouthCare@Centene.com
 - Phone: 844-289-2264

Please contact Provider Services at the number listed or submit your question via email to our Rapid Response team.

Crisis Stabilization Multidisciplinary Team

- What Is Our Purpose?
 - In 2003, the Children's Mental Health Act was passed, creating the Illinois Children's Mental Health Partnership
 - a statewide public and private partnership developed to build a comprehensive and coordinated mental health system targeting the needs of children, adolescents, and their families in Illinois
 - The Crisis Stabilization Multidisciplinary Team (CSMDT) seeks to support this partnership by:
 - promoting and developing community-based alternatives to hospital treatment
 - ensure the coordinated health and social care of Youth in Care experiencing a behavioral health crisis

Crisis Stabilization Multidisciplinary Team

- The establishment of the CSMDT is to enact a higher level of systematic response to address the complex and varied mental health needs of highest acuity Illinois Department of Children and Family Services (DCFS) Youth in Care.
- The CSMDT will coordinate efforts to support the Mobile Crisis Response (MCR) team by addressing the immediate needs of Youth in Care who meet criteria for CSMDT response. A statewide public and private partnership developed to build a comprehensive and coordinated mental health system targeting the needs of children, adolescents, and their families in Illinois.
- The Crisis Stabilization Multidisciplinary Team is the shared responsibility of DCFS, Illinois Health and Family Services (HFS), and YouthCare Health Choice Illinois.

For more information contact: YouthCare

Email: MCRNotification@centene.com

Provider Enrollment

Provider Enrollment

- Participation Requirements
 - All providers who participate in YouthCare HealthChoice Illinois must be a Medicaid provider in good standing
- Universal IAMHP Roster
 - The Universal IAMHP Roster template should be used to add new practitioners to existing contracts, demographic updates, and/or terminating providers from your organization.
 - Roster template located at: <https://iamhp.net/providers/>
 - Go to Quick Links and select the current Updated IAMHP Roster Template
 - Send completed Universal Roster to: ILrostersubmission@mhplan.com
 - Regardless of provider updates or changes, rosters should be submitted at least quarterly to the ILrostersubmission@mhplan.com

Provider Specialized Training - Medical Practitioner

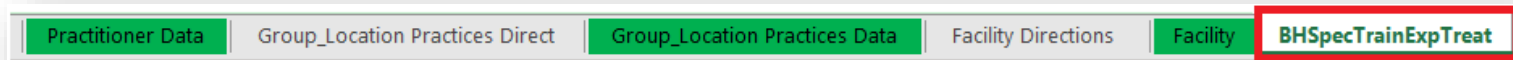
- To ensure we can appropriately and effectively refer members to your providers, we need your assistance in reporting each provider's specialized training and treatment experience
 - For Medical Practitioner, refer to tab **MedicalSpecTrainExpTreat** for a full listing of training and experience options



- Applicable specialized training and experience in treating should be entered in columns BK-BN of the Practitioner Data tab on the Universal IAMHP Roster
- For YouthCare, we are especially needing practitioners identified with expertise in the following specialties:
 - Eating Disorders
 - LGBTQ+
 - Substance Abuse

Provider Specialized Training – Behavioral Health Practitioner

- For Behavioral Health Practitioner, refer to tab **BHSpecTrainExpTreat** for a full listing of training and experience options



- Applicable specialized training and experience in treating should be entered in columns BK-BN of the Practitioner Data tab on the Universal IAMHP Roster
- For YouthCare, we are especially needing practitioners identified with expertise in the following specialties:
 - ✓ Eating Disorders
 - ✓ LGBTQ+
 - ✓ Substance Abuse

Provider Specialized Training – Behavioral Health Practitioner

- Addictive Disorders
- Anger Management
- Anxiety/Panic Disorder
- Attention Deficit Disorder (ADD/ADHD)
- Autism Spectrum Disorders
- Christian Counseling
- Cognitive Behavioral Therapy
- Crisis Intervention
- Depression
- Dialectical Behavior Therapy (DBT)
- Domestic Violence
- Eating Disorders
- Electroconvulsive Therapy (ECT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Grief/Loss/Bereavement
- HIV/AIDS
- LGBTQ+
- Marital Issues
- Medication Management
- Men's Issues
- Methadone/Suboxone Medication Services
- Mood Disorders
- Obsessive Compulsive Disorder
- Pain Management
- Play Therapy
- Post-Traumatic Stress Disorder (PTSD)
- Sexual Offenders
- Sexual/Physical Abuse
- Sexually Problematic Behaviours
- Stress Management
- Substance Abuse
- Trauma Informed Care
- Women's Issues

Next Steps

- We Need Your Help
 - Again, to ensure we can refer members appropriately and effectively, we need your assistance in reporting and maintaining Medical and Behavioral Health Practitioners specialized training and treating experience on the Universal IAMHP roster. Regardless of provider updates or changes, rosters should be submitted at least quarterly to the ILrostersubmission@mhplan.com
 - Please add all practitioners specialized training and experience in columns BK-BN of the Practitioner Data tab on the Universal IAMHP roster.

Send completed Universal Roster to: ILrostersubmission@mhplan.com
Subject line should read: "Specialized Provider Training Included"

Next Steps

Provider Finder and Provider Directory

- Once your roster is submitted, our Provider Data Management team will be processing the providers' information into our database systems.
- Meanwhile, more work is being completed to have specialized training and treating experience populated via Provider Finder and Provider Directory.
- Please be patient as we work through this process and further notification will be forthcoming once this process has been completed.

The screenshot displays the YouthCare website interface. At the top, there are two tabs: "FOR MEMBERS" and "FOR PROVIDERS". Below the "FOR PROVIDERS" tab, the "Find a Provider" link is highlighted with a red box. To the left, a sidebar menu lists various options: "Login", "Find a Provider", "Eligibility", "Benefits and Services", "Member Resources", "Training and Support", "Coronavirus Information", and "Events". The main content area under "Find a Provider" includes a disclaimer about the directory's development, a list of links for guides and search options, and a "Downloadable Provider Directories" section with links to PDFs for different regions.

FOR MEMBERS **FOR PROVIDERS**

YOUTHCARE

Login

Find a Provider

Eligibility

Benefits and Services +

Member Resources +

Training and Support

Coronavirus Information +

Events +

Find a Provider

YouthCare is working to build a robust provider network to serve the membership. The directory you see is under development and does not include all providers contracted to date.

- [Getting Started with YouthCare – A Quick “How-To Find a Provider” Guide](#)
- [Click here if you want to search for a provider online.](#)
- [LGBTQ+ Affirming Providers](#)

Please note: If you cannot find a provider that fits your needs, or to report inaccurate provider information, please call Member Services at 844-289-2264 (TTY: 711) or email LYouthCare@centene.com

Downloadable Provider Directories

- [Provider Directory - Full Directory \(PDF\)](#)
- [Provider Directory - Central Region \(PDF\)](#)
- [Provider Directory - Collar Counties \(PDF\)](#)
- [Provider Directory - Cook County \(PDF\)](#)
- [Provider Directory - Northwest Region \(PDF\)](#)
- [Provider Directory - Southern Region \(PDF\)](#)

Provider Resources – Vendor List

Service	Vendor Name	Contact Information
High Tech Imaging	National Imaging Associates	1-866-214-2569 radmd.com
Vision Service	Envolve Vision Benefits	1-800-334-3937 envolvevision.com
Dental Service	Dental Health and Wellness	dentalhw.com
Pharmacy Service	Envolve Pharmacy Solutions	1-866-399-0928 Phone 1-866-399-0929 Fax
Transportation	MTM	tphelpdesk@mtm-inc.net
Musculoskeletal Authorizations	Turning Point	myturningpoint-healthcare.com 872-221-6010

Thank you

Questions?