



YouthCare

HealthChoice Illinois

Centene Corporation has **30+ years** of experience

Benefits Include

Medical

Behavioral
Health

Pharmacy

Dental

Vision

Our Purpose



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

Focus on Individuals

Emphasis on Whole
Health

Active Local
Involvement

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

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 health care information among providers and YouthCare staff

History of Managed Care in IL



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, 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 the member coordinate their health care.

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?



What is YouthCare? YouthCare is a specialized healthcare program designed specifically to address the needs of Department of Children and Family Services (DCFS) youth in care and former youth in care, ages birth through 21. YouthCare was chosen by the Department of Healthcare and Family Services (HFS) to administer medical, behavioral health, dental, vision and pharmacy coverage.

Who are Former Youth in Care? Former youth in care are youth who have been adopted, are living with kinship providers, have returned to biological parents, and/or youth who have left the DCFS system. All of these youth were in DCFS previously. 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 will begin administering benefits for youth in care on September 1, 2020. The September 1, 2020 launch of YouthCare for youth in care has no impact on the continued coverage for former youth in care, which began February 1, 2020.

Becoming a YouthCare Provider



Providers with an existing Illinicare Medicaid contract are by association considered in network with YouthCare.

If the above does not apply you can join the YouthCare network by emailing internalcontracting@centene.com or by visiting the link below:

- <https://www.ilyouthcare.com/providers/join-our-network.html>

Please note a provider must be registered with IMPACT, the states credentialing mechanism first in order to contract with YouthCare. The registration link is located below.

- <https://impact.illinois.gov/uisezure/ILPselfservice/anonymous/register>


YouthCare Eligibility



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

- Youth in care
- Former youth in care

YouthCare HealthChoice Illinois ID card:

YouthCare HealthChoice Illinois	
Member Name:	RXBIN: 020545
Medicaid ID #:	RXPCN: RXA383
Effective Date:	RXGROUP: RXGMCIL01
PCP Name:	
PCP Number:	

MEMBERS Member Services, Behavioral Health, Dental, Transportation, 24/7 Nurse Advice Line: 844-289-2264 TTY: 711 ILYouthCare.com	Mailing Address YouthCare HealthChoice Illinois PO Box 92050 Elk Grove Village, IL 60009-2050
PROVIDERS 24/7 Eligibility and Prior Auth Check: 844-289-2264 Involve Pharmacy Solutions Help Desk: 800-678-6237 Payer ID #: 68069 Claim and EFT/ERA information on ILYouthCare.com	Paper Claims YouthCare HealthChoice Illinois Attn: Claims PO Box 4020 Farmington, MO 63640-4402

YouthCare Welcome Packets



Members were sent welcome packets on 8/12/2020 the packets contained:

- A welcome letter
- Fridge magnet with important numbers
- Member Handbook
- Permanent ID Card
- Welcome Kit Envelope



PO Box 733
Elk Grove Village, IL 60009-0733

Dear YouthCare Member,

We are excited to let you know that MeridianHealth is the new healthcare partner for YouthCare HealthChoice Illinois. MeridianHealth is the Managed Care Organization that oversees YouthCare. We realize that you may have questions about what this means to you. Here is what you need to know...

Nothing is changing.

YouthCare members can depend on the same benefits, network, supports and services you have come to expect. Your current Member ID card is still your key to good health.

If you would like more information, or if you have questions, please call Member Services at 844-289-2264 (TTY: 711) Monday through Friday from 8 a.m. – 6 p.m. You can also visit our website at www.ILYouthCare.com.

Thank you for being a valued YouthCare member. We are happy to have you with us.

Sincerely,

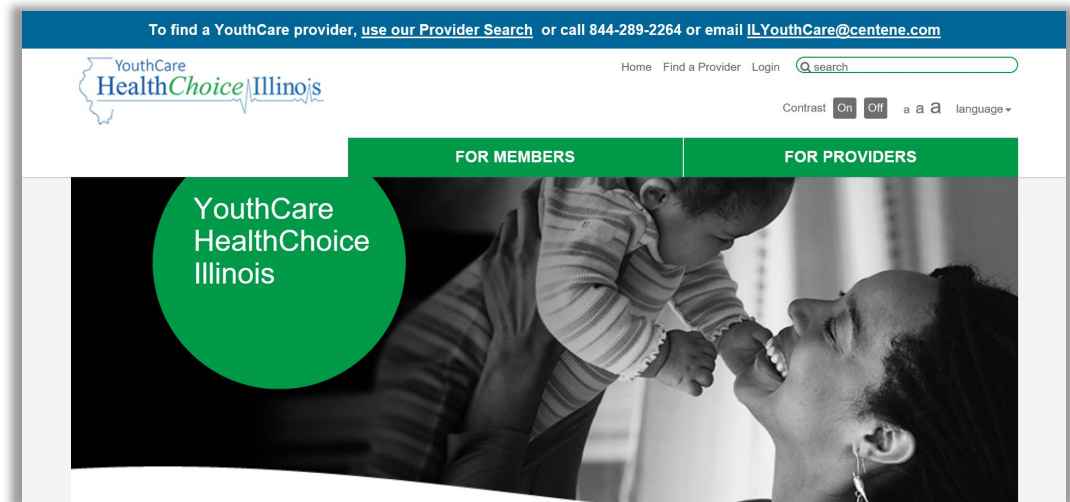
YouthCare HealthChoice Illinois

YouthCare Website



Through the YouthCare website, you can access:

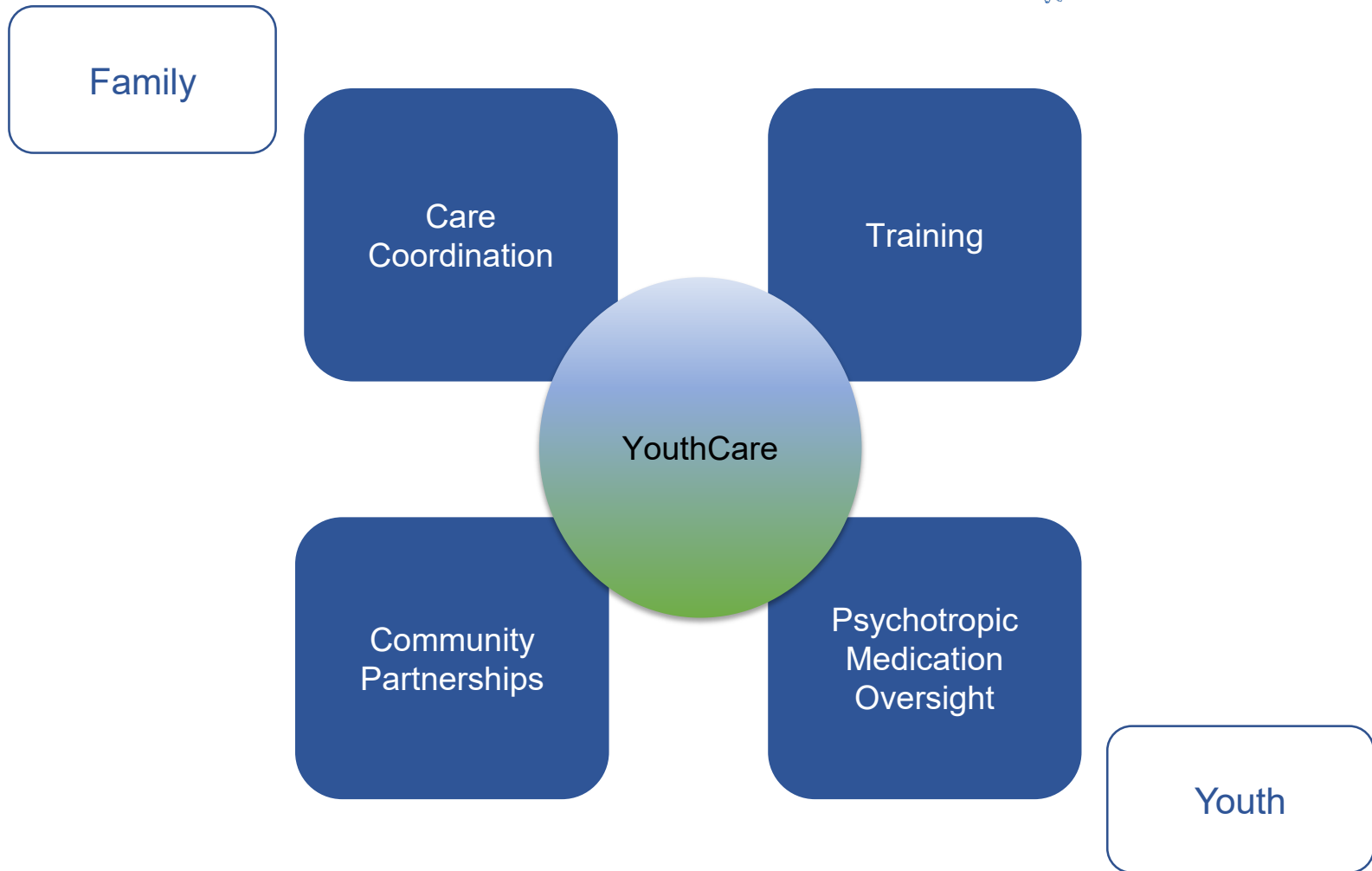
- Provider manual
- Provider directory
- Quick reference guides
- Benefits summaries
- Online forms
- Secure Provider Portal



www.ILYouthCare.com

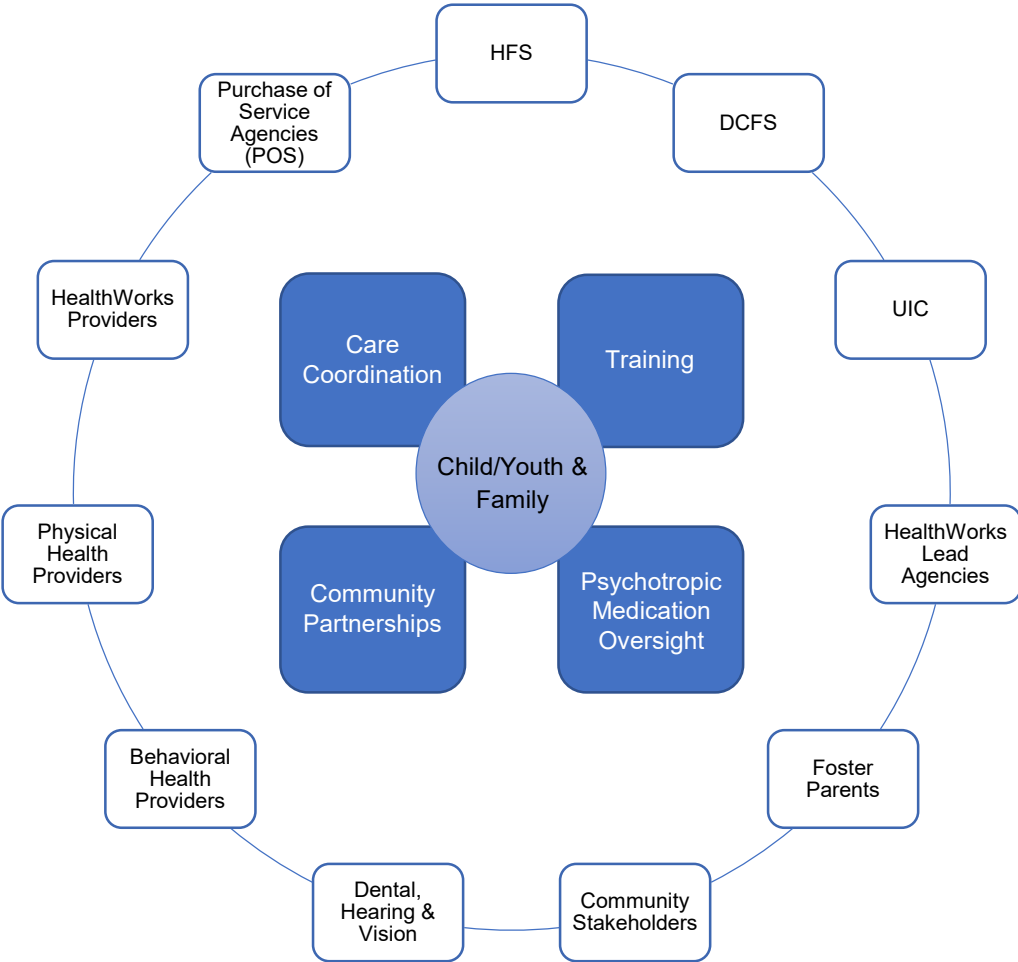
Clinical Models and Programs

Former Youth in Care Model



Youth in Care Model

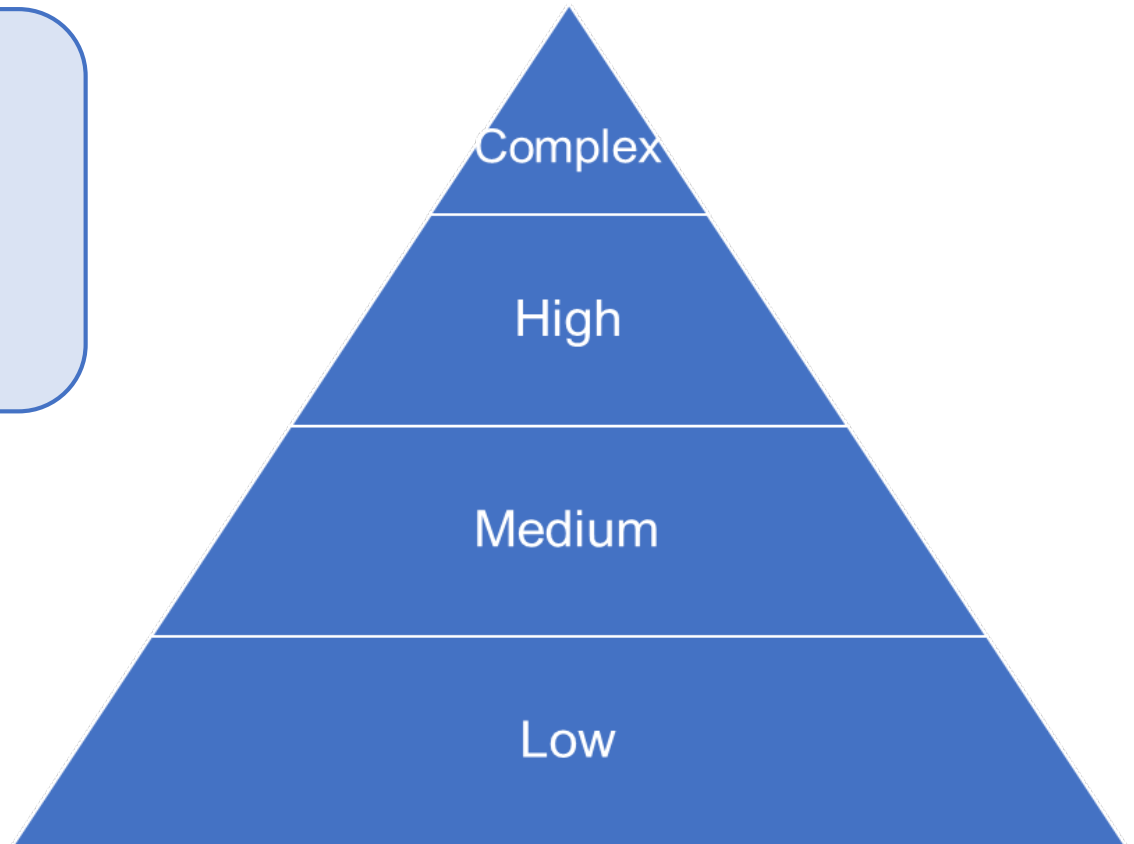
Member / Guardianship at the Center



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 health care 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



The YouthCare Model of Care:

- Improves access to medical, behavioral, and social services
- Improves coordination of care
- Improves transitions of care
- Increases appropriate utilization of services
- Improves health outcomes

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.

Prior Authorization

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).

Please note: Authorization requirements for outpatient services will be waived for 180 days from the youth in care program effective date, 9/1/2020

Prior Authorization



- YouthCare Provider Portal
 - ILYouthCare.com

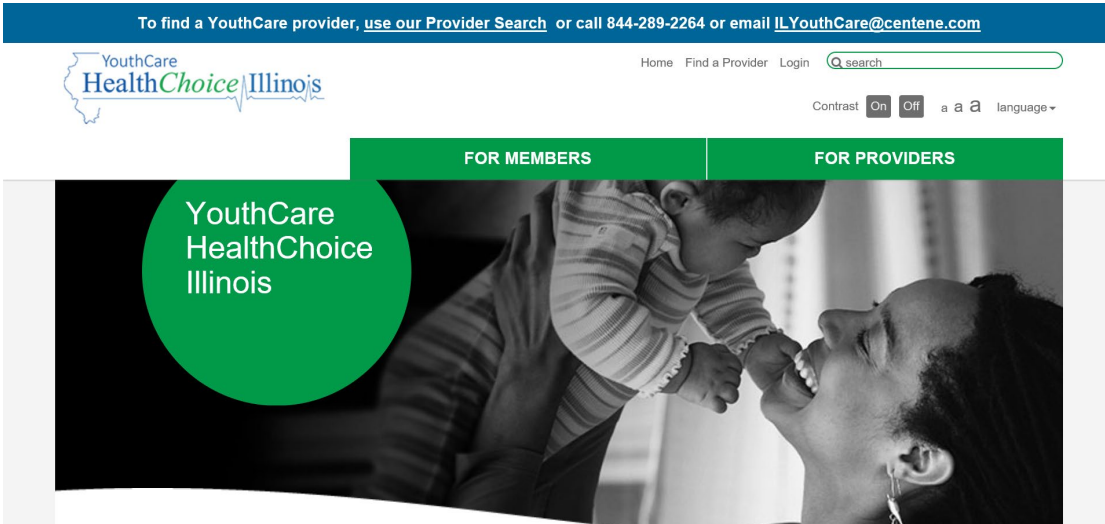


- Call for authorizations:
 - YouthCare: 844-289-2264



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

Prior Authorization CHECK TOOL



1 Go to ILYouthCare.com

2 Click “For Providers”

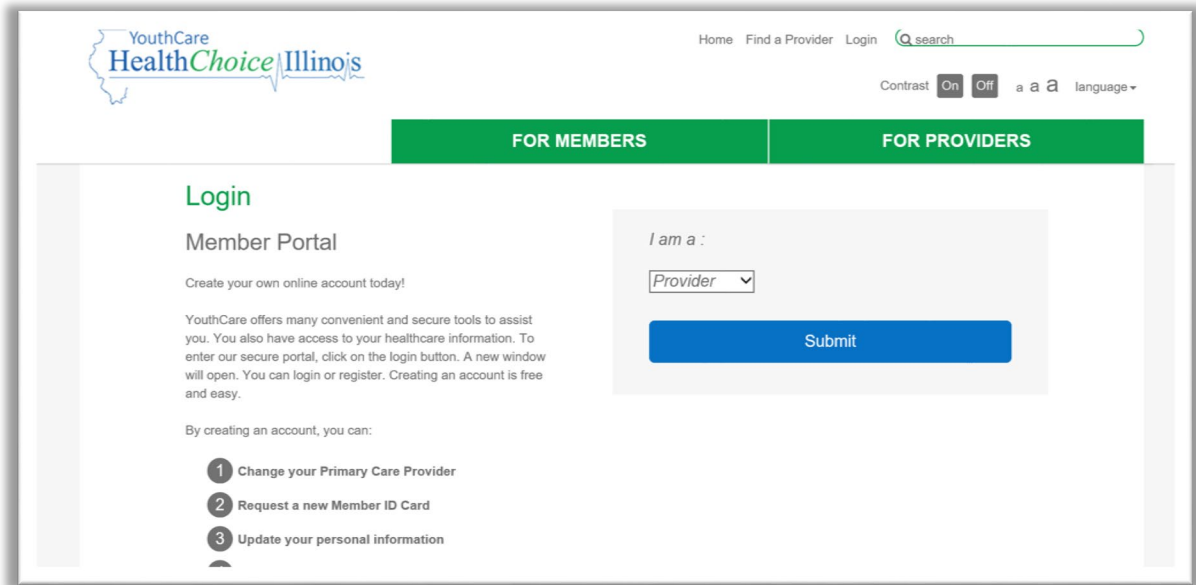
A Provider Network Representative can come to your office for training.

Prior Authorization

PROVIDER PORTAL



- Review prior authorization requests and status on the secure Provider Portal.
- Go to ILYouthCare.com to access the provider portal.



Prior Authorization

PROVIDER PORTAL



1 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.

2 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).

STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE			01/01/2016	01/23/2016	435.9	INPATIENT	SNF-Custodial
APPROVE			07/01/2015	12/31/9999	733.15	INPATIENT	SNF-Custodial
APPROVE			07/01/2015	12/31/9999	496	INPATIENT	SNF-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	08/31/2015	V66.81	OUTPATIENT	Personal Care Worker
APPROVE			07/01/2015	12/31/9999	295.70	INPATIENT	SNF-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

STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
Submitted auth is a duplicate of OP02537	792094						Outpatient Services
Submitted auth is a duplicate of OP0263	841082						Outpatient Services
Submitted auth is a duplicate of OP02660	848905						Outpatient Services
Submitted auth is a duplicate of OP02754	896646						Outpatient Services
Error	932302						Outpatient Services

Prior Authorization

PROVIDER PORTAL



Create an authorization request:

- 1 Enter the member's last name or member ID and DOB. Check eligibility. Click on the member's name to open the overview.
- 2 Select the "Authorizations" tab.
- 3 Displays prior auth. requests previously submitted, or create a new prior auth. request.

Eligibility Check

Date of Service: 07/14/2015 Member ID or Last Name: DOB: mm/dd/yyyy

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	CARE GAPS
	07/14/2015	[blurred]	07/14/2015	Due for annual physical. <input type="button" value="Emergency Check Visit"/> <input type="button" value="Return"/>

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

PCP Information

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

[View PCP History](#)
[Care Gaps](#)

[Back to Eligibility Check](#)

Overview

- Cost Sharing
- Assessments
- Health Record
- Care Plan
- Authorizations**
- Coordination of Benefits

Authorizations

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

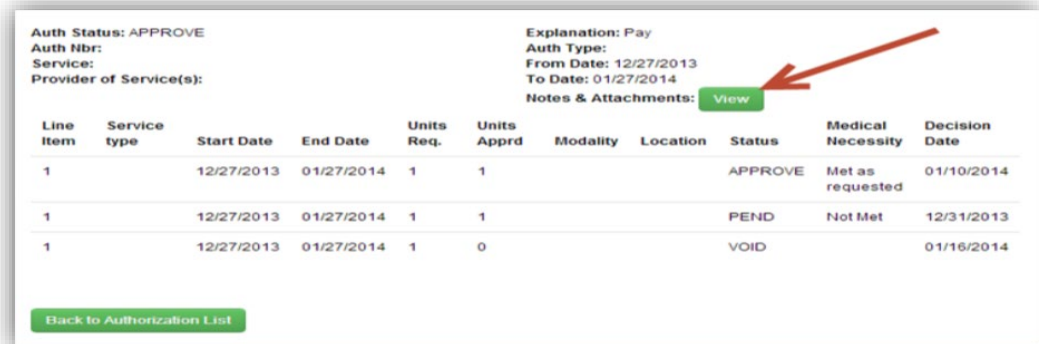
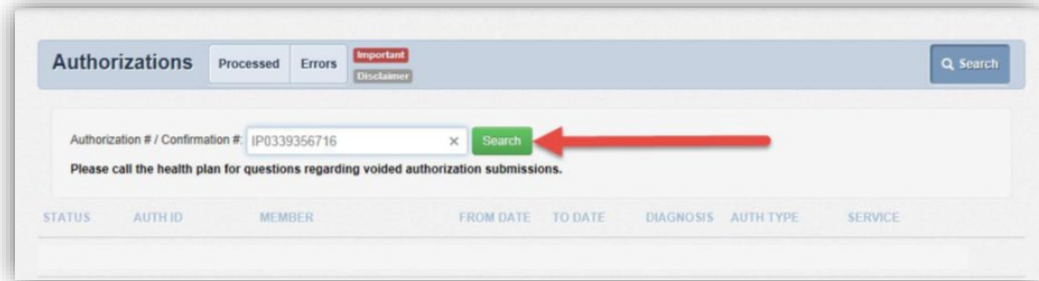
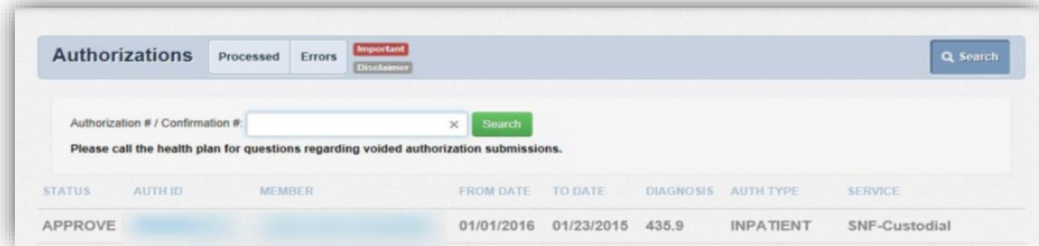
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Prior Authorization

PROVIDER PORTAL



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



Billing and Claims

Claims Submission

TIMELY FILING GUIDELINES



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/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

Billing Education & Tips



IAMHP Comprehensive Billing Guide

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

Medical Billing Training

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

Claims Submission

Providers can file claims three ways:



Provider Portal



Paper claims



Electronic Clearinghouse (EDI partners)

Claims Submission

PROVIDER PORTAL



- Submit claims electronically on the secure Provider Portal.
- Go to ILYouthCare.com to access the provider portal.

A screenshot of the YouthCare HealthChoice Illinois Provider Portal login page. The page features the YouthCare HealthChoice Illinois logo in the top left corner. In the top right corner, there are navigation links for "Home", "Find a Provider", "Login", and a search bar. Below these links are accessibility options for "Contrast" (On/Off) and "language". The main content area is divided into two sections: "FOR MEMBERS" and "FOR PROVIDERS". The "FOR PROVIDERS" section is active, showing a "Login" heading and a "Member Portal" sub-heading. Below this, there is a prompt to "Create your own online account today!" and a paragraph explaining the benefits of the portal. A dropdown menu labeled "I am a :" is set to "Provider", and a blue "Submit" button is visible. At the bottom, there is a list of three benefits: "1 Change your Primary Care Provider", "2 Request a new Member ID Card", and "3 Update your personal information".

Claims Submission

PAPER CLAIMS



Send paper claims to:

YouthCare
Attn: Claims
P.O. Box 4020
Farmington, MO 63640-4402

Claims Submission

ELECTRONIC CLEARINGHOUSE



- YouthCare Payer ID: 68069
- EDI partners include:
 - Availity
 - Emdeon
 - Smart Data Solutions
 - SSI
 - Trizetto Provider Solutions

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
- Register at PaySpanHealth.com or call 877-331-7154.

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 hand written 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

Continuity of Care Period



- YouthCare has a continuity of care period to allow families access to all current providers through February 28, 2021. Even if those providers are not in the YouthCare network.
- YouthCare members will have a YouthCare ID Card.
- You will bill YouthCare for any services provided to YouthCare members.

Provider Responsibilities

CULTURAL & 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 are capable of meeting the unique needs of every youth regardless of race, ethnicity, culture, language proficiency, or disability in accordance with federal and state laws and regulations

Provider Responsibilities

YOUTH-CARE 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

Cultural competency training to providers upon request

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

Provider Responsibilities



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

Provider Responsibilities

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

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; or 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

Member Grievance and Appeals



- 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.

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)

Grievance and Appeals

TIMEFRAME & NOTICE OF RESOLUTION



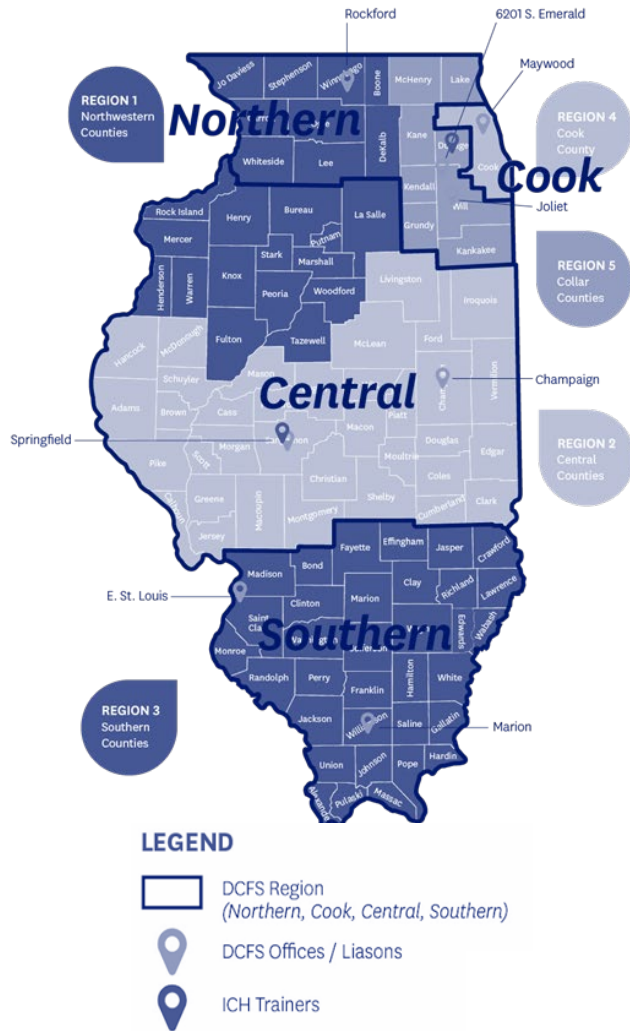
Grievance investigation and review will occur expeditiously as the youth's health condition requires.

- 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 over view of the grievance and appeals process, please review the YouthCare Provider manual on our website ILYouthCare.com

Provider Resources

Regional Organization



8 DCFS Liaisons

- 2 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

Provider Resources

YOUTH CARE ILLINOIS



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

Provider Resources

YOUTH-CARE ILLINOIS



Member/Provider Services

- Phone: 844-289-2264 or email ILYouthCare@Centene.com

For assistance with:

- Claim Questions
- Enrollment Inquiries
- Credentialing Status
- Care Coordination

Making Updates & Changes



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Rosters

- Any updates or changes such as adding a new provider or terming one should be submitted on a IAMHP Roster template to ILrostersubmission@centene.com
- The roster template can be found on the IAMHP website under the providers tab on the bottom right hand corner of the page under “Universal IAMHP Roster Template” at the link listed here <https://iamhp.net/providers>
- Please note that regardless of updates or changes rosters should be submitted at least quarterly to the ILrostersubmission@centene.com mailbox.

Thank You

Questions?