

Behavioral Health Provider Quick Reference Guide

General Information	
Website IlliniCare.com	Use the IlliniCare Health website to find: <ul style="list-style-type: none"> • Training and manuals • Preferred drug lists • Provider news • Contact information • Find your Provider Relations representative
Secure Provider Portal Provider.IlliniCare.com	Use the Secure Provider Portal 24/7 for: <ul style="list-style-type: none"> • Electronic claims submission • Claim status checks • Member eligibility verification • Prior authorization submission
Provider Relations Department mailbox: ProviderRelations_IL@centene.com Each provider is assigned an IlliniCare Health representative to provide training and education, assist with questions, as well as preform periodic onsite visits to provider offices. Find your PR representative here: https://www.illinicare.com/providers/resources.html	
Provider Services HealthChoice Illinois (Medicaid): 866-329-4701 Medicare-Medicaid Plan: 877-941-0482	Contact Provider Services for questions on claims status, member eligibility, and claim adjustment requests.
Member Services (and 24/7 Nurse Advice Line) HealthChoice Illinois (Medicaid): 866-329-4701 Medicare-Medicaid Plan: 877-941-0482	Members can contact Member Services for help with: <ul style="list-style-type: none"> • Benefit inquiries • Assistance with locating a provider • Transportation assistance • General inquiries and complaints • Fraud, waste, and abuse reporting • Behavioral health crisis hotline
Provider Complaints IlliniCare Health Attn: Provider Complaints PO Box 92050 Elk Grove Village, IL 60009 HealthChoice Illinois (Medicaid): 866-329-4701 Medicare-Medicaid Plan: 877-941-0482	Provider Complaints can be submitted either by paper through mail or fax.

Claims Submission and Payment

- **All claims must be submitted within 180 days from the date of service.** This applies to both initial and resubmitted claims.
- Claim disputes and reconsiderations must be received within 180 days of the date of service or the date of discharge, whichever is later.
- When IlliniCare Health is the secondary payer, claims must be received within 90 calendar days of the final determination of the primary payer.

Paper Claims

IlliniCare Health
Attn: BH Claims
PO Box 4020
Farmington, MO 63640

Paper claims must be submitted on CMS standardized claims forms, using CMS-1500 or CMS-1450/UB-04.

Electronic Claims

Secure Provider Portal: Provider.IlliniCare.com

Clearinghouse Payer ID: **68069**

Corrected Claims & Requests for Reconsideration

IlliniCare Health
Attn: BH Claims
PO Box 7300
Farmington, MO 63640

Claim Disputes

IlliniCare Health
Attn: BH Dispute
PO Box 6000
Farmington, MO 63640

Claim Payment

- Providers can receive paper or electronic payments and remittance
- Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) is a free service
- To register, call **877-331-7154** or visit PaySpanHealth.com

Claim Status

- Claim status can be check through the Secure Provider Portal at Provider.IlliniCare.com
- For questions about claims, call Provider Services at **866-329-4701**

Prior Authorization

Prior Auth Check Tool

Use this tool to see if prior auth is needed: <https://www.illinicare.com/providers/preauth-check.html>

Prior Authorization Forms

Prior Auth forms can be found at: <https://www.illinicare.com/providers/resources/forms-resources.html>

Prior Auth Requests

Secure Provider Portal:
Provider.IlliniCare.com

Phone:
866-329-4701

Fax:
844-528-3453

Provider Contracting

Contract Request

Complete the Provider Intake Form to begin the contracting process:
<https://www.illinicare.com/providers/become-a-provider/contract-request-form.html>

Department mailbox: ILContracting@centene.com