HFS
Illinois Department of
Healthcare and Family Services

JB Pritzker, Governor
Elizabeth M. Whitehorn, Director

201 South Grand Avenue East, Springfield, Illinois 62763
Telephone: +1 217-782-1200, TTY: +1 800-526-5812

October 10, 2025

Aaron Galeener
CountyCare Health Plan

RE: CountyCare HCI Q3 CY2025 (July - September) Provider Resolution Portal Sanction Payment Notice

Dear Mr. Galeener:

This letter serves as written notification to CountyCare Health Plan ("CountyCare") of sanction pursuant to Section 7.16.17 of the Contract for Furnishing Health Services by a Managed Care Organization between the Department of Healthcare and Family Services ("Department") and CountyCare and pursuant to 89 Ill. Adm. Code 140.75.

These requirements state that within 30 calendar days after receiving a disputed claim from the Department's provider complaint portal, the MCO will develop a written proposal to resolve the disputed claims, which shall be electronically transmitted to the provider and uploaded to the provider complaint portal. CountyCare is in direct violation of 89 Ill. Adm. Code 140.75 by not providing a written response/resolution within the 30-calendar day timeframe for the following tickets:

Overdue Provider Resolution Ticket Details:
Ticket Ref No: MCP-250715-115612-03
Written Proposal Resolution Due Date: 08/15/2025
MCO Written Proposal Response Submission Date: 08/18/2025
Complaint Type: Payment/Claims
Fine Due: $5,000.00

Therefore, the Department is sanctioning CountyCare $5,000. CountyCare is to issue an electronic payment to the Department, by either ACH or Wire Transfer, no later than Friday, November 7, 2025. The electronic payment shall include the following fields for payment identification and tracking purposes by the Department:

ORIG CO NAME: Cook Co Hlth & Hosp System
ORIG ID: [redacted]
ENTRY DESCR: this is to be left blank

ENTRY CLASS: *CCD*
TRACE NO: *Bank Information*
ENTRY DATE: *yymmdd*
IND ID NO: *Bank Information*
IND NAME: Health Care Service Corp
REMARK: Q3 CY2025 Provider Resolution Portal
ORIG BANK: *Bank Name*

*The information highlighted in yellow is specific to the Department and payment detail requirements, and shall not be changed or modified by the MCO.
*The information in gray is the banking information.

If you have any questions regarding this notification, please contact your HFS Account Management team Keshonna Lones at Keshonna.Lones@illinois.gov, or Bola Adeyiga at Bola.O.Adeyiga@illinois.gov.

Sincerely,

Helena Lefkow, Deputy Administrator, Managed Care Performance
Division of Medical Programs

cc: Crissy Turino, Jai Mehta, Becca Barrera, Jackie Zavala, Veronica Trimble, Bola Adeyiga, Keshonna Lones, Amy Roberts, Rich Allen, Adam Lewis and Joe Merwin