Minutes of the Meeting of the Managed Care Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, February 19, 2021 at the hour of 9:45 A.M. This meeting was held by remote means only, as permitted by the Illinois Open Meetings Act.

I. Attendance/Call to Order

Chair Munar called the meeting to order.

Present: Chair David Ernesto Munar and Directors Robert Currie, Joseph M. Harrington and Mike Koetting (4)
Board Chair M. Hill Hammock (ex-officio) and Directors Mary Driscoll, RN, MPH and Ada Mary Gugenheim

Absent: None (0)

The next regular meeting of the Managed Care Committee is scheduled for Friday, May 21, 2021 at 9:45 A.M.

Additional attendees and/or presenters were:

Aaron Galeener – Interim Chief Executive Officer, Health Plan Services
Israel Rocha, Jr. – Chief Executive Officer
Deborah Santana – Secretary to the Board
Jeff McCutchan – General Counsel

II. Electronically Submitted Public Speaker Testimony

There were no public testimonies submitted.

III. Report on CountyCare Health Plan (Attachment #1)

Aaron Galeener, Interim Chief Executive Officer of Health Plan Services, provided an overview of the report. The Committee reviewed and discussed the information.

The presentation included information on the following subjects:

- Metrics:
  - Current Membership
  - Cook County Managed Medicaid Market
  - Illinois Medicaid Managed Care Trend in Cook County
  - FY21 Budget: Membership
  - 2020 Operations Metrics: Call Center & Encounter Rate
  - Claims Payment
- Membership Trends
  - Cook County Market Share Trends in 2020
  - Open Enrollment Comparison
  - Membership Attrition / Term Reason
  - Open Enrollment Attrition
  - Cook County Auto Assignment Change
  - Impact of 50% Auto Assignment Rate
  - New Enrollee Composition
  - 90-Day Membership Retention
- Medical Cost Action Plan
  - Approach
  - Areas of 2021 Focus
III. Report on CountyCare Health Plan (continued)

Chair Munar stated that the Committee should have a discussion in the future regarding how CountyCare members are being educated about the plan benefits.

Director Koetting requested that a report be provided at the next meeting regarding what is going on with the Medicare initiatives.

During the discussion of the information on slide 22 regarding Areas of 2021 Focus, Director Currie recommended that future reports be provided to the Committee on some of the initiatives listed.

IV. Action Items

A. Minutes of the Managed Care Committee Meeting, November 20, 2020

Director Harrington, seconded by Director Currie, moved to accept the minutes of the Managed Care Committee Meeting of November 20, 2020. A roll call vote was taken, the votes of yeas and nays being as follows:

Yeas: Chair Munar and Directors Currie, Harrington and Koetting (4)
Nays: None (0)
Absent: None (0)

THE MOTION CARRIED UNANIMOUSLY.

B. Any items listed under Section IV

V. Adjourn

As the agenda was exhausted, Chair Munar declared the meeting ADJOURNED.

Respectfully submitted,
Managed Care Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXX
David Ernesto Munar, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/Follow-up:
Follow-up: The Committee should have a discussion in the future regarding how CountyCare members are being educated about the plan benefits. Page 2

Request: A request was made for a report to be provided at the next meeting regarding what is going on with the Medicare initiatives. Page 2

Follow-up: Regarding Areas of 2021 Focus, it was recommended that future reports be provided to the Committee on some of the initiatives listed.
ATTACHMENT #1
CountyCare Update
Prepared for: CCH Managed Care Committee

Aaron Galeener
Interim Chief Executive Officer, CountyCare
February 19, 2021
Plan Metrics
## Current Membership

Monthly membership as of February 4, 2021

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Members</th>
<th>ACHN Members</th>
<th>% ACHN</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHP</td>
<td>241,930</td>
<td>18,300</td>
<td>7.6%</td>
</tr>
<tr>
<td>ACA</td>
<td>99,375</td>
<td>14,951</td>
<td>15.0%</td>
</tr>
<tr>
<td>ICP</td>
<td>30,044</td>
<td>5,457</td>
<td>18.2%</td>
</tr>
<tr>
<td>MLTSS</td>
<td>6,703</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>SNC</td>
<td>7,689</td>
<td>1,043</td>
<td>13.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>385,741</strong></td>
<td><strong>39,751</strong></td>
<td><strong>10.3%</strong></td>
</tr>
</tbody>
</table>

**ACCA:** Affordable Care Act  
**FHP:** Family Health Plan  
**ICP:** Integrated Care Program  
**MLTSS:** Managed Long-Term Service and Support (Dual Eligible)  
**SNC:** Special Needs Children  
**ACHN:** CCH Ambulatory and Community Health Network
## Cook County Managed Medicaid Market

### Illinois Department of Healthcare and Family Services November 2020 Data

<table>
<thead>
<tr>
<th>Managed Care Organization</th>
<th>Cook County Enrollment</th>
<th>Cook County Market Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>CountyCare*</td>
<td>374,687</td>
<td>31.2%</td>
</tr>
<tr>
<td>Meridian (a WellCare Co.)**</td>
<td>314,108</td>
<td>26.1%</td>
</tr>
<tr>
<td>Blue Cross Blue Shield</td>
<td>305,550</td>
<td>25.4%</td>
</tr>
<tr>
<td>Aetna/CVS Health</td>
<td>120,824</td>
<td>10.0%</td>
</tr>
<tr>
<td>Molina</td>
<td>87,284</td>
<td>7.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,202,453</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

* Only Operating in Cook County

**Meridian and WellCare merged as of 1/1/2019. Meridian is pending merger with Centene.
IL Medicaid Managed Care Trend in Cook County

- CountyCare’s monthly enrollment trend closely follows the overall Managed Care enrollment trend in Cook County.

Source: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCEnrollmentforAllPrograms.aspx
Note: HFS source website did not report August 2020 enrollment
IL Medicaid Managed Care Trend in Cook County (charts not to scale)

- CountyCare’s enrollment has increased 17.4% over the past 12 months, slightly lagging the Cook County increase of 18.9%
- CountyCare’s enrollment increased 0.3% in November 2020 compared to the prior month

Source: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx
Note: HFS source website did not report August 2020 enrollment
FY 21 Budget | Membership

CountyCare Membership

- Actual
- FY21 Budget Projections
## 2020 Operations Metrics: Call Center & Encounter Rate

<table>
<thead>
<tr>
<th>Key Metrics</th>
<th>State Goal</th>
<th>Sep 2020</th>
<th>Oct 2020</th>
<th>Nov 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Member &amp; Provider Services Call Center Metrics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abandonment Rate</td>
<td>&lt; 5%</td>
<td>1.52%</td>
<td>4.53%</td>
<td>1.23%</td>
</tr>
<tr>
<td>Hold Time (minutes)</td>
<td>1:00</td>
<td>0:16</td>
<td>0:28</td>
<td>0:08</td>
</tr>
<tr>
<td>% Calls Answered &lt; 30 seconds</td>
<td>&gt; 80%</td>
<td>94.04%</td>
<td>87.62%</td>
<td>94.71%</td>
</tr>
<tr>
<td><strong>Quarterly</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claims/Encounters Acceptance Rate*</td>
<td>98%</td>
<td></td>
<td></td>
<td>96.2%</td>
</tr>
</tbody>
</table>

*Preliminary score*
Claims Payment

Separated bank account structure for CountyCare PMPM
Prioritizing claims payment invoices for expedited processing

* Assumes average of 15 days to process claims
* Assumes $57.5M in pending claims not yet adjudicated
* Medical claims only - does not include pharmacy, dental, vision or transportation claims. These claims typically average a 30-60 day payment timing.

Source: CCH Health Plan Services Analytics.
Membership Trends
### Cook County Market Share Trends in 2020

<table>
<thead>
<tr>
<th></th>
<th>BCBS</th>
<th>CVS Health</th>
<th>Meridian**</th>
<th>Molina</th>
<th>CountyCare*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 2020</td>
<td>24.4%</td>
<td>10.1%</td>
<td>21.8%</td>
<td>6.3%</td>
<td>31.6%</td>
</tr>
<tr>
<td>Feb 2020</td>
<td>24.3%</td>
<td>10.4%</td>
<td>21.5%</td>
<td>6.3%</td>
<td>31.5%</td>
</tr>
<tr>
<td>Mar 2020</td>
<td>24.6%</td>
<td>10.3%</td>
<td>21.5%</td>
<td>6.3%</td>
<td>31.6%</td>
</tr>
<tr>
<td>Apr 2020</td>
<td>24.7%</td>
<td>9.8%</td>
<td>21.8%</td>
<td>6.3%</td>
<td>31.9%</td>
</tr>
<tr>
<td>May 2020</td>
<td>24.8%</td>
<td>9.8%</td>
<td>21.8%</td>
<td>6.3%</td>
<td>31.9%</td>
</tr>
<tr>
<td>Jun 2020</td>
<td>25.0%</td>
<td>9.8%</td>
<td>21.6%</td>
<td>6.3%</td>
<td>32.1%</td>
</tr>
<tr>
<td>Jul 2020</td>
<td>25.0%</td>
<td>10.1%</td>
<td>26.1%</td>
<td>6.9%</td>
<td>31.9%</td>
</tr>
<tr>
<td>Aug 2020</td>
<td>25.1%</td>
<td>10.1%</td>
<td>26.0%</td>
<td>7.0%</td>
<td>31.7%</td>
</tr>
<tr>
<td>Sep 2020</td>
<td>25.2%</td>
<td>10.0%</td>
<td>26.3%</td>
<td>7.1%</td>
<td>31.4%</td>
</tr>
<tr>
<td>Oct 2020</td>
<td>25.3%</td>
<td>10.1%</td>
<td>26.2%</td>
<td>7.2%</td>
<td>31.3%</td>
</tr>
<tr>
<td>Nov 2020</td>
<td>25.4%</td>
<td>10.0%</td>
<td>26.1%</td>
<td>7.3%</td>
<td>31.2%</td>
</tr>
</tbody>
</table>

- CountyCare market share has held consistent throughout the year
- BCBS and Molina each gained one percentage point since January
- Meridian saw the largest increase driven by the Next Level transition

* Only Operating in Cook County

**Meridian and WellCare merged as of 1/1/2019. Meridian is pending merger with Centene.
Open Enrollment Comparison

- Early results from 2021 open enrollment period outpace 2020 results by over 2%, and 2019 results by over 4%
The uptick in December 2020 for ‘No Reason Given’ terms is likely members choosing to leave during open enrollment.

Overall attrition in December 2020 was ~5,700 members versus attrition of ~16,500 in December 2019.
Open Enrollment Attrition

• The number of members who changed MCOs spiked in December but has returned to normal levels in January 2020
• Approximately 55% of members leaving the plan switched to BCBS
Cook County Auto Assignment Change

• Since early 2020, all MCOs were receiving 20% auto assignment during the COVID-19 emergency period

• Effective February 2021, CountyCare is receiving 50% auto assignment going forward
Impact of 50% Auto Assignment Rate

- 83% of all new members in February 2021 were Auto Assigned, outpacing the historical proportion of 60%
- February 2021 saw ~4k more Auto Assigned members than January 2021, showing the impact of increased Auto Assignment rate
New Enrollee Composition

- Enrollment growth has increased over the past two months
- On average every 3 out of 4 new enrollees are brand new members to CountyCare, whereas 1 of 4 are re-enrolling within a 90-day window
The plan continues to retain ~95% of Choice members within 90 days.

The pandemic fueled high 90-day retention rates for Auto Assigned members but in recent months retention has declined.
Medical Cost Action Plan
MCAP

A Medical Cost Action Plan (MCAP) is designed as a mechanism to deliver on savings opportunities and cost strategies across CountyCare to position the plan for future success.

How it works

1. Health Plan business owners identify areas where cost can be decreased through specific interventions
2. Leadership approves and sponsors MCAP initiatives.
3. Finance manages the MCAP process to ensure appropriate goals, accountability on progress and measure financial impact
Approach

Selecting a MCAP
- Data evaluated from finance, analytics, actuaries, or other areas, focus on areas of high spend or unexpected/outlier spending
- Interventions that can lead to short- and long-term savings can be implemented in this fiscal year
- Emphasis on initiatives that also improve quality

Approval and Monitoring
- Finance assists in setting financial targets and monitoring savings
- CountyCare Executive Owners and leads are assigned
- Finance monitors progress through weekly meetings with initiative leads
- Bi-weekly meetings of CountyCare Leadership to track progress, milestones, accomplishments, roadblocks and decisions needed

Targets
- FY 2021 Target is to achieve between approximately $50-$60M
- Target set to address estimated 2020 operating loss and ensure plan sustainability
Areas of 2021 Focus

**Pharmacy:** FY21 Savings: $3-5M
- Medication Reconciliation and Management
- 340B Opportunities
- Coordination of Benefits

**Finance:** FY21 Savings: $33-38M
- IGT with HFS
- SSI/SSDI Program
- Risk Adjustment
- Administrative Contracts

**Medical Management:** FY21 Savings: $4-6M
- High cost member workplans
- High quality surgery network

**Network:** FY21 Savings: $6-8M
- Continued remediation of contract rates
- Opportunities for streamlined network
- Expansion of shared-risk provider agreements

**Compliance:** FY21 Savings: $4-6M
- Fraud Waste and Abuse, Mismanagement
Questions