Minutes of the meeting of the Managed Care Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, March 15, 2019 at the hour of 10:30 A.M. at 1950 W. Polk Street, in Conference Room 5301, Chicago, Illinois.

I. Attendance/Call to Order

Chair Thomas called the meeting to order.

Present: Chair Sidney A. Thomas, MSW and Director Mike Koetting (2)

Director Ada Mary Gugenheim

Telephonically
Present: Director David Ernesto Munar (1) and Board Chair M. Hill Hammock

Absent: None (0)

Director Koetting, seconded by Chair Thomas, moved to allow Director Munar to telephonically participate in the meeting as a voting member. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Debra Carey – Deputy Chief Executive Officer of Operations
James Kiamos – Chief Executive Officer, CountyCare
Jeff McCutchan –General Counsel
Mary Sajdak – Chief Operating Officer, Integrated Care
Deborah Santana – Secretary to the Board
John Jay Shannon, MD – Chief Executive Officer

The next meeting of the Committee will be held on Thursday, June 20, 2019 at 10:30 A.M.

II. Public Speakers

Chair Thomas asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

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

James Kiamos, Chief Executive Officer of CountyCare, provided an overview of the Report on the CountyCare Health Plan. The Committee reviewed and discussed the information.

The Report included information on the following subjects:

- Metrics:
  - Current Membership
  - Managed Medicaid Market
  - Call Center and Encounter Rate
  - Claims Payment
  - Overall Care Management Performance Care Management
  - Overall Member Age Distribution
  - Affordable Care Act (ACA) Member Age Distribution

III. Report on CountyCare Health Plan (continued)

- Open Enrollment:
  - 2019 Open Enrollment Trends
  - Open Enrollment: 2018 vs. 2019
  - Cook County Fee For Service (FFS) vs. Managed Care Organization (MCO) Enrollment 2018
  - Illinois Medicaid Enrollment: 2018 Q4
  - Cook County Enrollment Attrition
- Repatriation
  - Context of Repatriation Effort
  - Analyzing Primary Car Physician Visit Patterns by Cohort
  - Cohort Overview in Detail
  - Actions Taken For Repatriation
  - Byproducts of this Effort
- State Legislation
  - 2019 Spring Session

IV. Recommendations, Discussion / Information Items

A. Strategic planning discussion:

➢ Integrated Care

Mary Sajdak, Chief Operating Officer of Integrated Care, provided an overview of the presentation on Integrated Care, which included information on the following subjects:

- Integrated Care Management – Department Organization
- Impact 2020 Recap – Status and Results
- FY2020-2022 – The Future: Environmental Scan of Market, Best Practices and Trends
- Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis
- FY2020-2022 – Integrated Care Strategic Planning Recommendations

➢ Medicaid Managed Care / Managed Populations

Mr. Kiamos provided an overview of the presentation on Medicaid Managed Care / Managed Populations, which included information on the following subjects:

- CountyCare Health Plan – Overview of Department
- Impact 2020 Recap – Status and Results
- FY2020-2022 – The Future: Environmental Scan of Market, Best Practices and Trends
- Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis
- FY2020-2022 – CountyCare Health Plan Strategic Planning Recommendations

V. Action Items

A. Minutes of the Managed Care Committee Meeting, December 13, 2018

Chair Thomas, seconded by Director Koetting, moved to accept the minutes of the Managed Care Committee Meeting of December 13, 2018. THE MOTION CARRIED UNANIMOUSLY.

B. Any items listed under Section V

VI. Adjourn

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

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

XXXXXXXXXXXXXXXXXXXXXXXXXX
Sidney A. Thomas, MSW, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/Follow-up:

There were no requests for follow-up made at the meeting.

ATTACHMENT #1

CountyCare Update

Prepared for: CCH Managed Care Committee

James Kiamos

CEO, CountyCare

March 15, 2019

Metrics

CountyCare HEALTH PLAN

Current Membership

Monthly membership as of February 7, 2019

Category	Total Members	ACHN Members	% ACHN
FHP	213,771	22,645	10.6%
ACA	72,016	14,700	20.4%
ICP	29,673	6,539	22.0%
MLTSS	5,534	0	N/A
Total	**320,994**	**43,884**	**13.7%**

ACA: Affordable Care Act
FHP: Family Health Plan
ICP: Integrated Care Program
MLTSS: Medicaid Long-Term Service and Support

Managed Medicaid Market

Illinois Department of Healthcare and Family Services January 2019 Data

Managed Care Organization	Cook County Enrollment	Cook County Market Share
*CountyCare	325,556	31.5%
Meridian (a WellCare Co.)	245,422	23.8%
Blue Cross Blue Shield	238,732	23.1%
IlliniCare	109,166	10.6%
Molina	68,166	6.6%
*Next Level	45,230	4.4%
Total	**1,032,272**	**100.0%**

* Only Operating in Cook County

CountyCare HEALTH PLAN

2018 Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	**State Goal**	**Oct**	**Nov**	**Dec**
Member & Provider Services Call Center Metrics				
Abandonment Rate	< 5%	0.79%	0.39%	0.79%
Hold Time (minutes)	1:00	0:06	0:05	0:11
% Calls Answered < 30 seconds	> 80%	95.39%	95.22%	91.42%
		Quarterly		
Claims/Encounters Acceptance Rate	95%	96.99%		

2018 Operations Metrics: Claims Payment

Key Metrics	State Goal	Performance		
		Oct	Nov	Dec
Claims Payment Turnaround Time & Volumes				
% of Clean Claims Adjudicated < 30 days	90%	94.2%	95.6%	97.1%
% of Claims Paid < 30 days	90%	35.2%	62.5%	65.7%
Total Claims Adjudicated	N/A	397,673	452,893	436,813

2018 Operations Metrics: Overall Care Management Performance

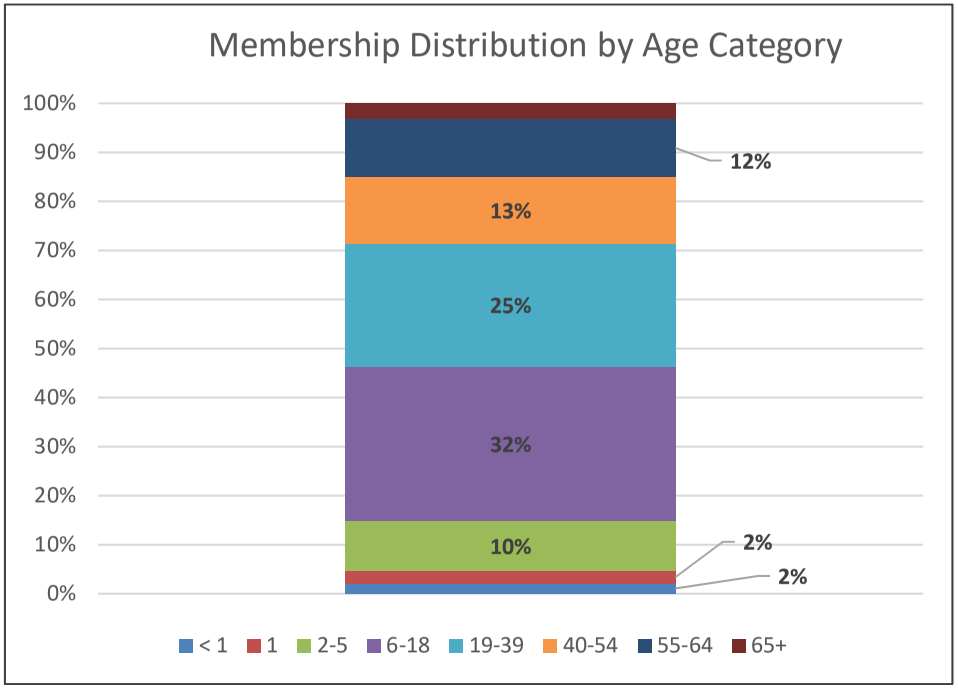
		Performance		
Key Metrics	**Market %**	**Oct**	**Nov**	**Dec**
Completed HRS/HRA (all populations)				
Overall Performance	**40%**	**53.4%**	**57.0%**	**57.4%**
Completed Care Plans on High Risk Members				
Overall Performance	**65%**	**69.7%**	**64.7%**	**67.4%**

- CountyCare's high risk percentage exceeds the State's requirement of 2% for Family Health Plan and 5% for Integrated Care Program.

Overall Member Age Distribution

Age Category	Membership
< 1	7,254
1	8,304
2-5	33,966
6-18	105,737
19-39	84,403
40-54	45,146
55-64	39,980
65+	10,560

Average Age = 27.1 years



ACA Member Age Distribution

Age Category	Membership
19-39	34,284
40-54	22,282
55-64	23,225
65+	834

Average Age = 42.7 years

ACA: Affordable Care Act

Open Enrollment

CountyCare HEALTH PLAN

2019 Open Enrollment Trends

	Cook County: 2019 Open Enrollment Window			
MCO	**Oct-18**	**Jan-19**	**Net Change 10/18 - 1/19**	**% Change 10/18 - 1/19**
CountyCare	334,896	325,556	-9,340	-3%
Meridian* (a WellCare Co.)	249,553	245,422	-4,131	-2%
Blue Cross Blue Shield	248,422	238,732	-9,690	-4%
IlliniCare	108,236	109,166	930	1%
Molina	70,040	68,166	-1,874	-3%
Next Level	53,574	45,230	-8,344	-16%
Total	**1,064,721**	**1,032,272**	**-32,449**	**-3%**

- Overall MCO enrollment in Cook County has declined during the open enrollment window thus far
- No MCO has experienced material organic enrollment growth
- We may see more fluctuations post open enrollment

* Meridian and Harmony membership is combined due to merger

CountyCare HEALTH PLAN

2019 Open Enrollment Trends

	Cook County: Market Share		
MCO	**Oct-18**	**Jan-19**	**Change**
CountyCare	31.5%	31.5%	0.0%
Meridian* (a WellCare Co.)	23.4%	23.8%	0.4%
Blue Cross Blue Shield	23.3%	23.1%	-0.2%
IlliniCare	10.2%	10.6%	0.4%
Molina	6.6%	6.6%	0.0%
Next Level	5.0%	4.4%	-0.6%
Total	**100.0%**	**100.0%**	**0.0%**

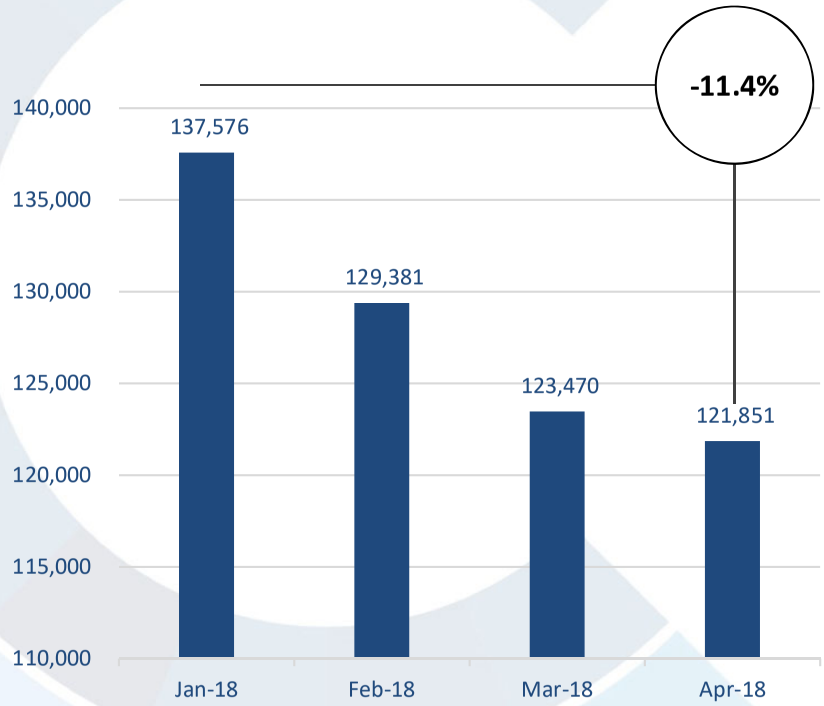
- Despite Meridian/Harmony merger, being outspent by other plans, auto-assignment contract terms not enforced; CountyCare has maintained its strong lead in market share
- Focused outreach, primary care physician relationships and redetermination efforts at all member points of contact are critical

* Meridian and Harmony membership is combined due to their merger

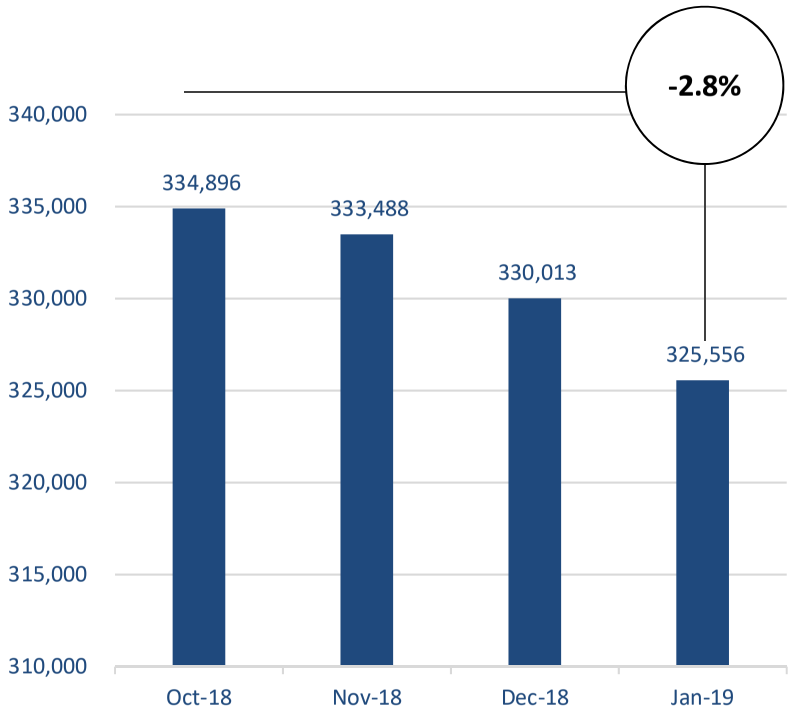
CountyCare HEALTH PLAN

Open Enrollment: 2018 vs 2019

2018 Open Enrollment | **Legacy CountyCare Only**

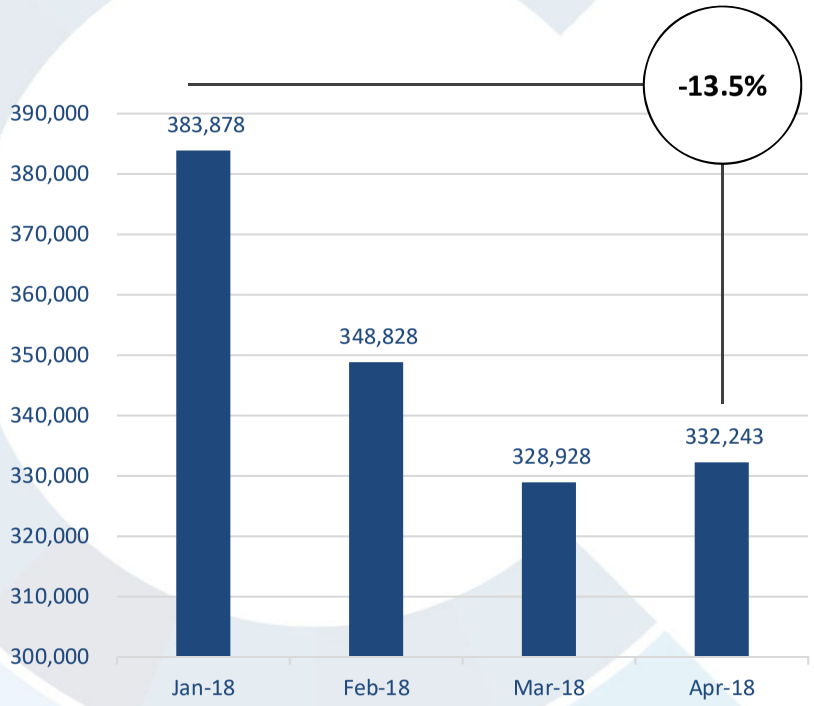


2019 Open Enrollment | **Full Population**

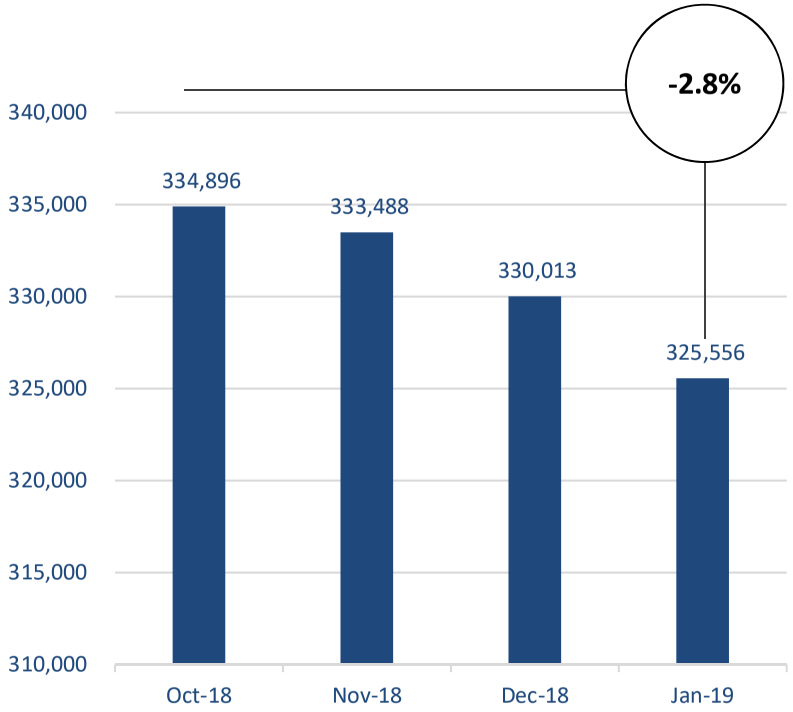


Open Enrollment: 2018 vs 2019

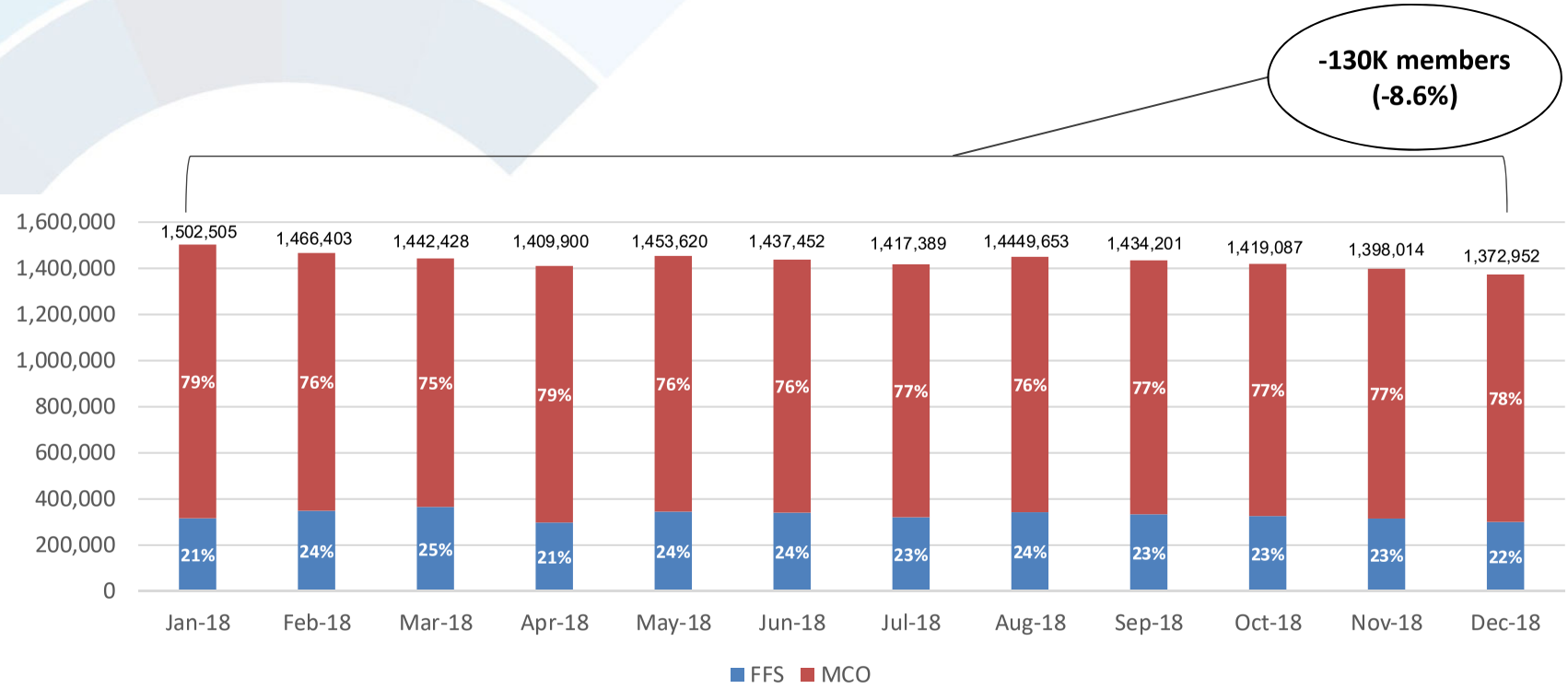
2018 Open Enrollment | **Full Population**



2019 Open Enrollment | **Full Population**



Cook County FFS vs MCO Enrollment 2018

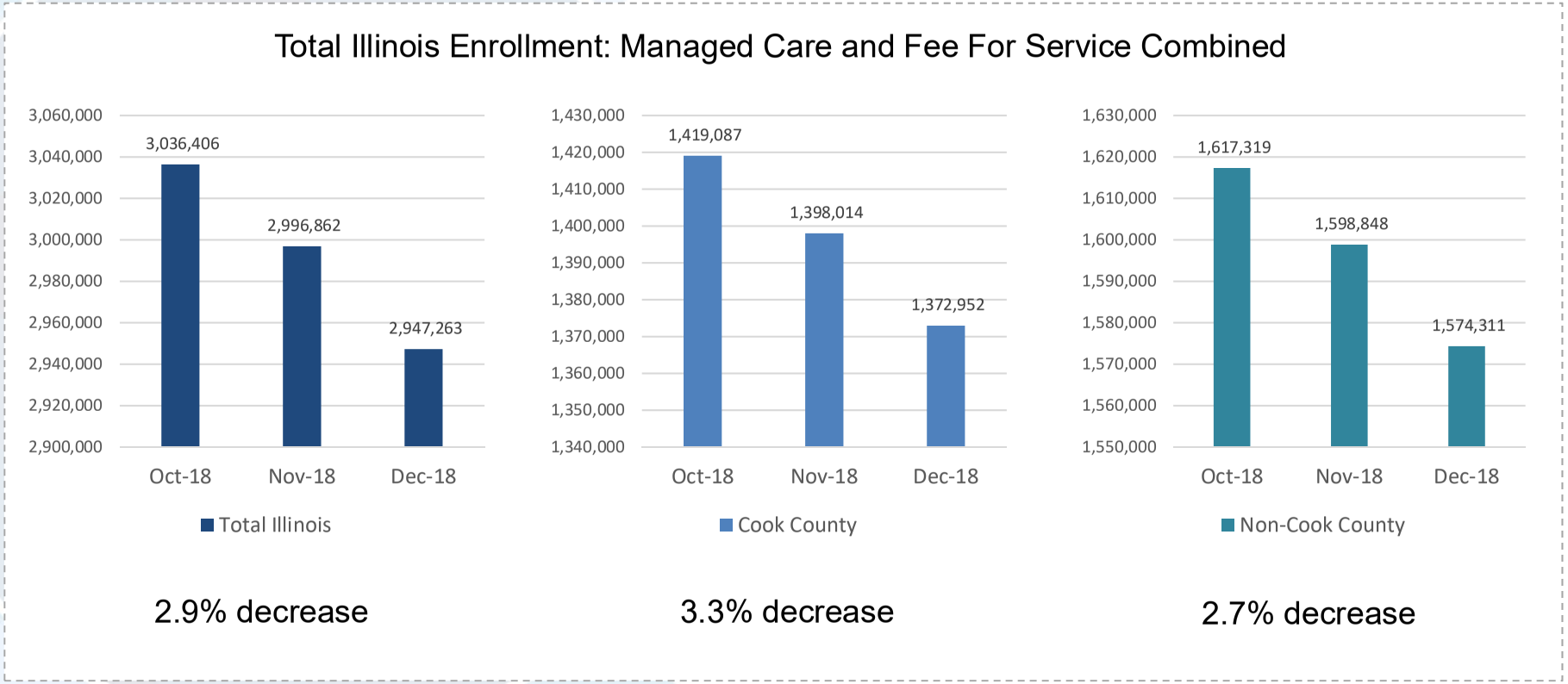


- Overall Cook County Medicaid enrollment decreased 8.6% (130K members) over 2018
- % of population enrolled in Managed Care fluctuated throughout the year, but is back to 78% as of December

Data is January 2018 through December 2018

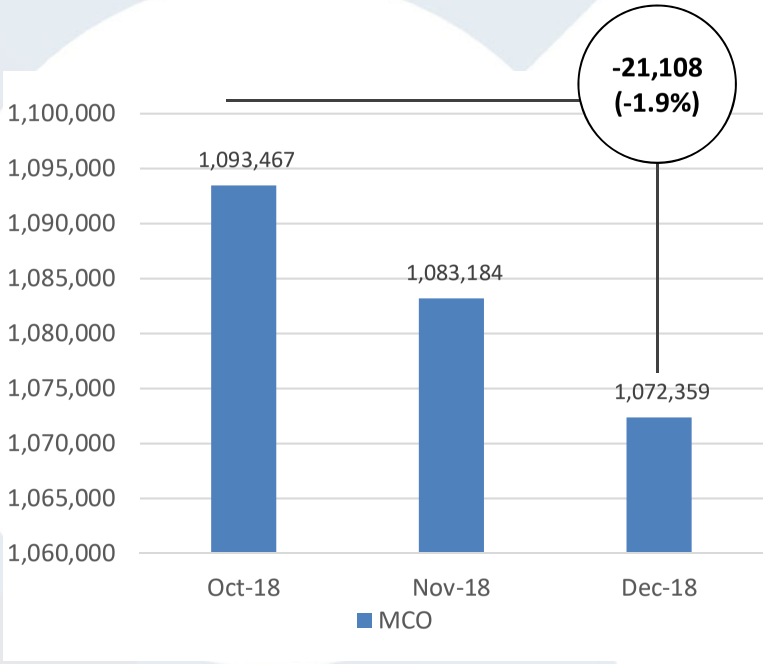
CountyCare HEALTH PLAN

Illinois Medicaid Enrollment: 2018 Q4

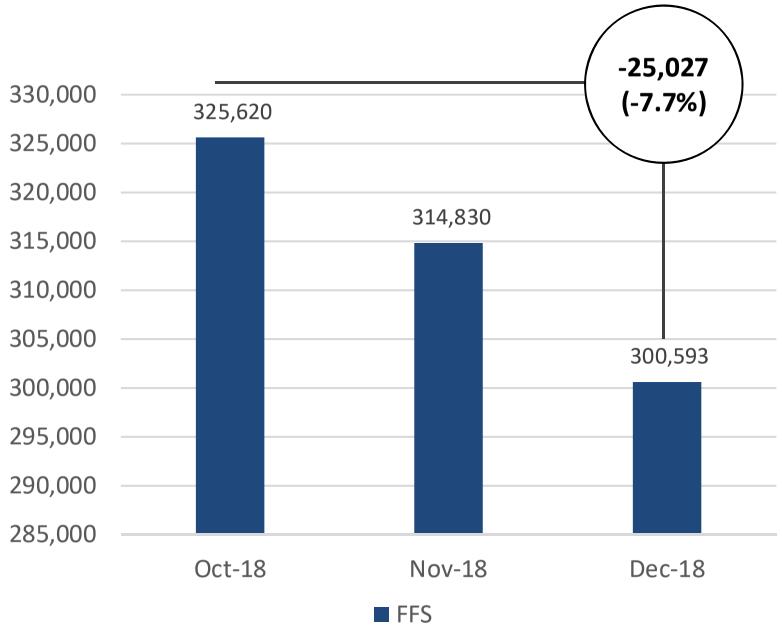


Cook County Enrollment Attrition

2018 Q4 | **MCO Enrollment**



2018 Q4 | **FFS Enrollment**



- Overall population enrolled in Medicaid in Cook County has decreased by 46,135 members (-3.3%) in 2018 Q4 alone

Repatriation

CountyCare
HEALTH PLAN

Context of Repatriation Effort

- Goal is to promote the Medical Home model
- Members should be assigned to the PCP they actually visit
- Comprehensive plan review to understand PCP visit patterns versus empanelment status

Analyzing PCP Visit Patterns by Cohort

Cohort Analysis Summary - Current Members		
Cohort	Members	Percent
(A) Members with only empaneled PCP visits	132,090	47%
(B) Members with no PCP visits	98,079	35%
(C) Member with at least 1 non-empaneled PCP visit	53,314	18%

- Members were segmented into cohorts based on PCP visit patterns
- 65% of the members in Group B have at least one non-PCP medical or pharmacy claim. Members in Group B, have lower than average utilization rate and lower per capita cost.

Notes: Reflects members active in the plan as of 2/15/19. Cohorts are mutually exclusive.
DOS Jan – Dec 2018 for members with at least three months of eligibility

Cohort Overview in Detail

Cohort Analysis Summary - Current Members		
Cohort	Members	Percent
(A) Members with only empaneled PCP visits	132,090	47%
(B) Members with no PCP visits	98,079	35%
(C1) Members with empaneled and non-empaneled PCP visits	20,631	7%
(C2) Members with only 1 non-empaneled PCP visit	**29,790**	**11%**
(C3) Members with more than 1 non-empaneled PCP visits	2,893	1%

- Members only visiting one PCP (Groups A and C2) are lower utilizers and incur lower costs than those visiting multiple providers for PC
  - Groups A & C2 -> 19 encounters/member and $2,966/member
  - Groups C1 & C3 -> 41 encounters/member and $7,745/member

Notes: Reflects members active in the plan as of 2/15/19. Cohorts are mutually exclusive.
DOS Jan – Dec 2018 for members with at least three months of eligibility.

Actions Taken For Repatriation

- Detailed analysis of primary care visit utilization history
- Town hall held along with other messaging to communicate to primary care partners
- Messaging our members impacted along with new membership cards reflecting PCP where they get their care
- Enforcing medical home payment restrictions with our PCPs

Byproduct of this Effort

- Efficient and coordinated care via the Medical Home
- Higher HEDIS scores and other quality outcomes
- Improved effectiveness of MHN Connect to reduce unnecessary ED utilization
- More effective redetermination efforts
- Better ability for us to drive domestic spend ay accurately knowing attributed PCP and affiliated facility
- Overall reduction of costs to plan allowing us to better invest in coordination of care, housing/food insecurity and other various health related initiatives

State Legislation

CountyCare HEALTH PLAN

2019 Spring Session

- 336 bills and resolutions on CCH's tracking list and 122 bills related to Medicaid or Medicaid managed care
    - Provider-specific bills
        - HB315/SB1604 (DME)
        - HB1638, HB2944, HB2912, SB1811 (ambulance)
        - HB2715/SB1697 (hospitals)
        - HB2814/SB1807, HB3352/SB1820 (safety-net hospitals)
    - Audits and additional reporting by MCOs
        - HB2117/SB1238, HB2658/SB1685, HB2690, HB3048/SB2012

2019 Spring Session

- Ending/limiting participation in Medicaid managed care
  - HB1603/SB43, HB3245, HB3267
  - Placing additional administrative burden on Medicaid managed care providers
    - HB2730/SB1703 (require a new administrative appeals process)
- Improving redetermination and initial Medicaid application processes
  - SB2021
- MCO assessment
  - HB272 (not the model being discussed in the Governor's office)

ATTACHMENT #2

Strategic Planning FY2020- 2022

Integrated Care Management

Mary Sajdak

Chief Operating Officer, Integrated Care

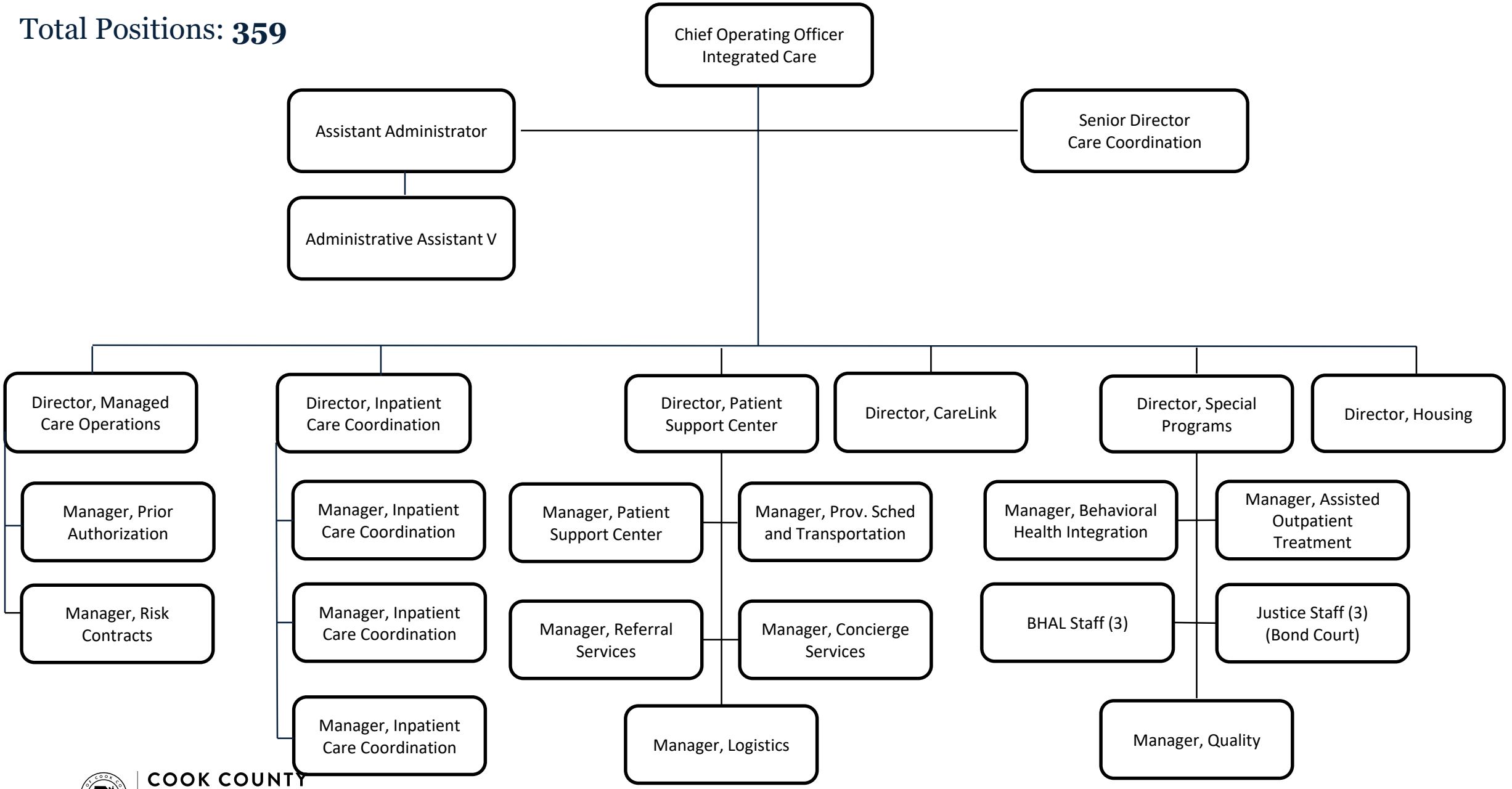
March 15, 2019

COOK COUNTY HEALTH

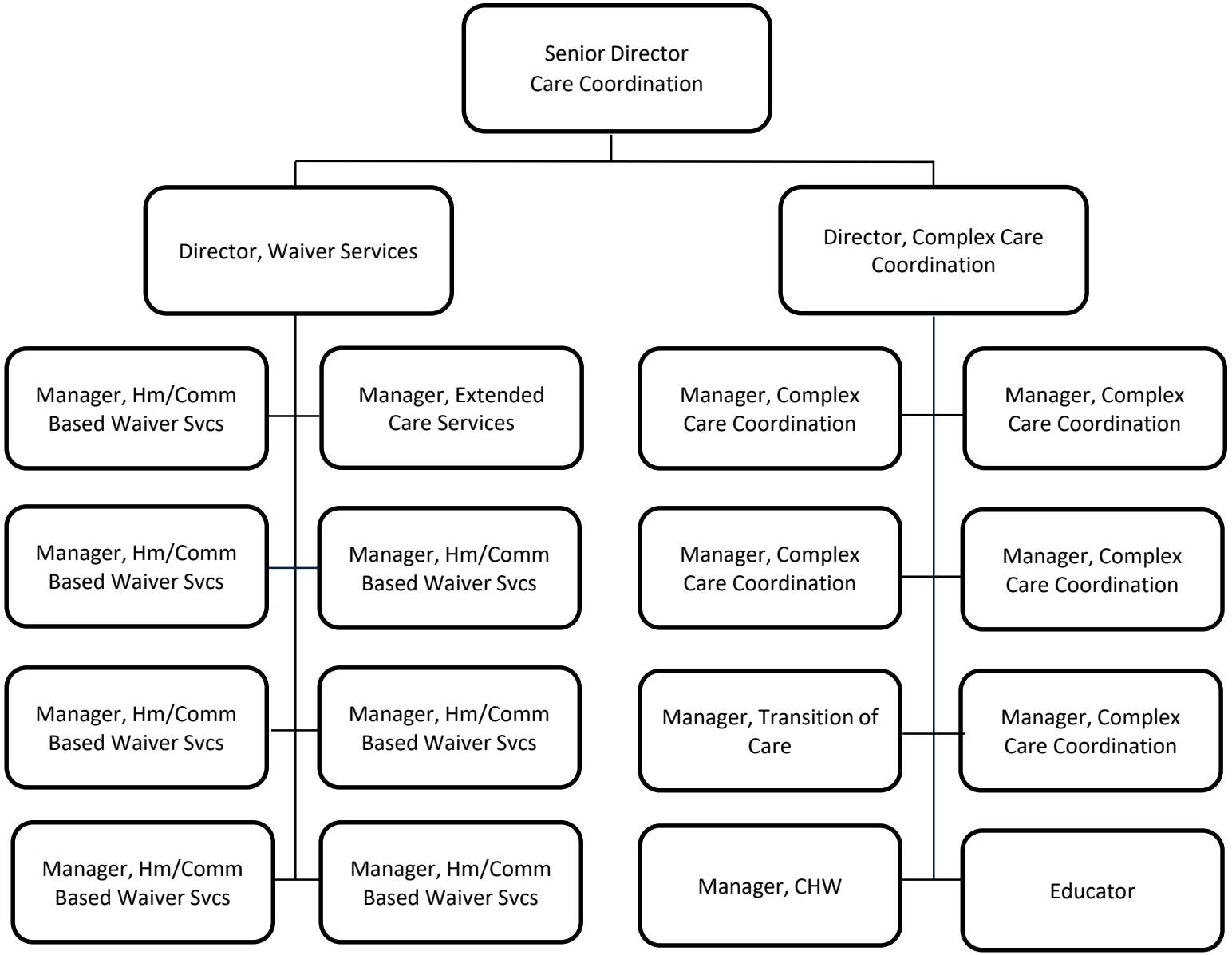
Integrated Care Management Department Organization

COOK COUNTY HEALTH

Total Positions: **359**



Department	Primary Function	Units
Managed Care	Contracting, contract compliance, managed care education, Managed Care Organization (MCO) interface, Cook Medical Group	Contract administration Prior authorization Cook Medical Group Administration
Patient Support Center	Home transportation, physician schedules, specialty referrals, appointments, care coordination logistical support, Concierge Services	4-Ride, Physician Schedules, Referral Support Center, Patient Appointments, Care Coordination logistics, patient navigation
Complex (Ambulatory) Care Coordination	Support high/moderate risk patients, link patients to community based services, provide transitions between health services, supports access to behavioral health services	Complex Care Coordination Long Term Service and Support Diabetes and Asthma Mgt. Behavioral Health Access Transition of Care Justice related Care Coordination
Inpatient Care Coordination	Provide medical justification for acute care, Support patient-centered discharges	Nurse Team Social Worker Team Emergency Department Team
Carelink	Administer Carelink Program	Matrixed
Housing	Interface with housing agencies, develop housing models	TBD


Senior Director
Care Coordination
Director, Waiver Services
Director, Complex Care Coordination
Manager, Hm/Comm Based Waiver Svcs
Manager, Extended Care Services
Manager, Complex Care Coordination
Manager, Complex Care Coordination
Manager, Hm/Comm Based Waiver Svcs
Manager, Hm/Comm Based Waiver Svcs
Manager, Complex Care Coordination
Manager, Complex Care Coordination
Manager, Hm/Comm Based Waiver Svcs
Manager, Hm/Comm Based Waiver Svcs
Manager, Transition of Care
Manager, Complex Care Coordination
Manager, Hm/Comm Based Waiver Svcs
Manager, Hm/Comm Based Waiver Svcs
Manager, CHW
Educator

Care Coordination-Current Positions

Number and Type of Staff

	CCC-High Risk	MLTSS LTSS Waiver	Transition Of Care	Behavioral Health Access Line	Justice Related Care Coord
Nurses	41	16	7	0	0
Social Workers	17	89	7	3	3
CHW*	12	4	0	0	1
Directors	1	1	0	0	0
Managers	6	8	1	0	0
Total	77	**118**	**15**	**3**	**4**

*Community Health Worker

Impact 2020 Update

Status and Results

- Deliver High Quality Care
- Grow to Serve and Compete
- Foster Fiscal Stewardship
- Invest in Resources
- Leverage Valuables Assets
- Impact Social Determinants
- Advocate for patients

COOK COUNTY HEALTH

Impact 2020

Progress and Updates

Focus Area	Name	Status
Deliver High Quality Care	1.1 Screen patients using evidence-based management techniques. Screen at least 70% of the assigned CountyCare population, approximately 56,000. (2019 membership is 178,000)	Ongoing resources added 1/19
	1.3 Deploy or enhance care coordination throughout the System and CountyCare, including community health workers.	Completed care coordination patients (CCC/LTSS)
	1.3 Conduct analysis of services and identify gaps in the continuum of care and add services.	Ongoing
	1.6 Integrate services with correctional health.	Complete behavioral health and primary care needs

Impact 2020

Progress and Updates

Focus Area	Name	Status
Foster Fiscal Stewardship	3.1 Maximize reimbursements from Managed Care Organizations (MCOs) and private insurance and complete on value, grow membership and influence in MCO strategy	In Progress increase likelihood of payment
Impact Social Determinants	6.3 Partner with other organizations to address population health; Screen for other social determinants of health including housing, exercise, clothing, drug and alcohol abuse, transportation and utilities.	Ongoing (Agreements in place) Depository
Impact Social Determinants	6.4 Further develop care coordination services across the CCHHS continuum of care to address social determinants of health to improve population health.	Ongoing coordination

FY2020-2022

The Future

Environmental Scan of Market, Best Practices and Trends

COOK COUNTY HEALTH

Environmental Scan of Market, Best Practices and Trends

Integrated Health Homes

- Fully integrate the delivery of behavioral, physical, and social healthcare
- Scale intensity of service provision to needs of the population
- Collaborative agreements to support a full provision of care
- Coordinated with and paid by MCOs
- Fee for service, with Pay for Performance (P4P)
- Membership is tiered according to Clinical Risk Group Software based upon 18 months of in/out patient and pharmacy data
  - Tier A-High behavioral, high physical
  - Tier B-High behavioral
  - Tier C-High physicial
- CCH, Complex Care Coordination Team has been accepted as an IHH

Environmental Scan of Market, Best Practices and Trends

Themes

State

- If Integrated Health Homes (IHH) is launched, significant change to structure, process, staffing patterns and technology requirements
- External MCOs requesting CCH support their IHH initiatives. CCH is in discussions and has predicated payment changes upon IHH participation.

National

- Recommendations for complex care coordination best practice from Institute for Health Care Improvement, Center for Health Care Strategies, and National Center for Complex Health and Social Needs

Thought Leaders

- Cross sector collaboration e.g. housing and health, justice and health

SWOT Analysis

Strengths, Weaknesses, Opportunities and Threats

COOK COUNTY HEALTH

SWOT Analysis

Strengths	Weaknesses
transportation, Legal Aid Foundation	care performance coordination benefits population served
Opportunities	**Threats**
creating a model that recognizes and responds to high-risk patients to help Care Coordination leap forward- determine what works?	risky in light of bullet #1 experience, quality and safety is major consideration of health plans when developing provider network

FY2020-2022

COOK COUNTY HEALTH

Deliver High Quality Care

FY2020-2022 Strategic Planning Recommendations

Care Coordination

outcomes for patient and provider

Grow to Serve and Compete-

FY2020-2022 Strategic Planning Recommendations

Referral Center

for patients seen who have community based providers

Foster Fiscal Stewardship

FY2020-2022 Strategic Planning Recommendations

Item

- Improve authorization process for inpatient/observation care by Inpatient Care Coordination team
- Reduce the number of denials for inpatient/observation care
- Evaluate ability of non-licensed, bachelor's prepared staff to support increased care coordination activities
- Create ability of select Patient Support Center staff to appoint patients identified as a result of discharge, care coordination, or reporting illness
- Support and track out-of-network admissions who are returned to CCH services for continued care (Cook Medical Group, County Care)

Invest in Resources

FY2020-2022 Strategic Planning Recommendations

Advanced Analytics

and the intersection of the two

achievement

Leverage Valuable Assets

FY2020-2022 Strategic Planning Recommendations

CCDPH Partnerships

outcomes for the people and communities served

provided by CCH

Impact Social Determinants/Advocate for Patients

FY2020-2022 Strategic Planning Recommendations

for Serious Mental Illness (SMI)

funding expires e.g. recovery coaches, AOT Assisted Outpatient Treatment (AOT) program, etc.

for scalability and ease of referrals

needs

Impact Social Determinants/Advocate for Patients FY 2020-2022 Strategic Planning Recommendations

Organizing for Impact and Sustainability

Create a coordinating committee -- success will depend on cross-department collaboration and coordination

Identify working definitions for social determinants of health, which ones may be in the purview of CCH departments and strategies for others that may have significant impact

- Complete gap analysis and provide recommendations
- Document resource requirements, training etc.
- Enter into discussions to support collaboration

Review information from cataloging existing programs and determine next steps

Complete implementation of social service data base

Thank you.

COOK COUNTY HEALTH

ATTACHMENT #3

Strategic Planning FY 2020-2022

CountyCare

James Kiamos, CEO, CountyCare Health Plan

March 15, 2019

COOK COUNTY HEALTH

Overview of Department

CountyCare Health Plan

COOK COUNTY HEALTH

Overview of Department

CountyCare Health Plan

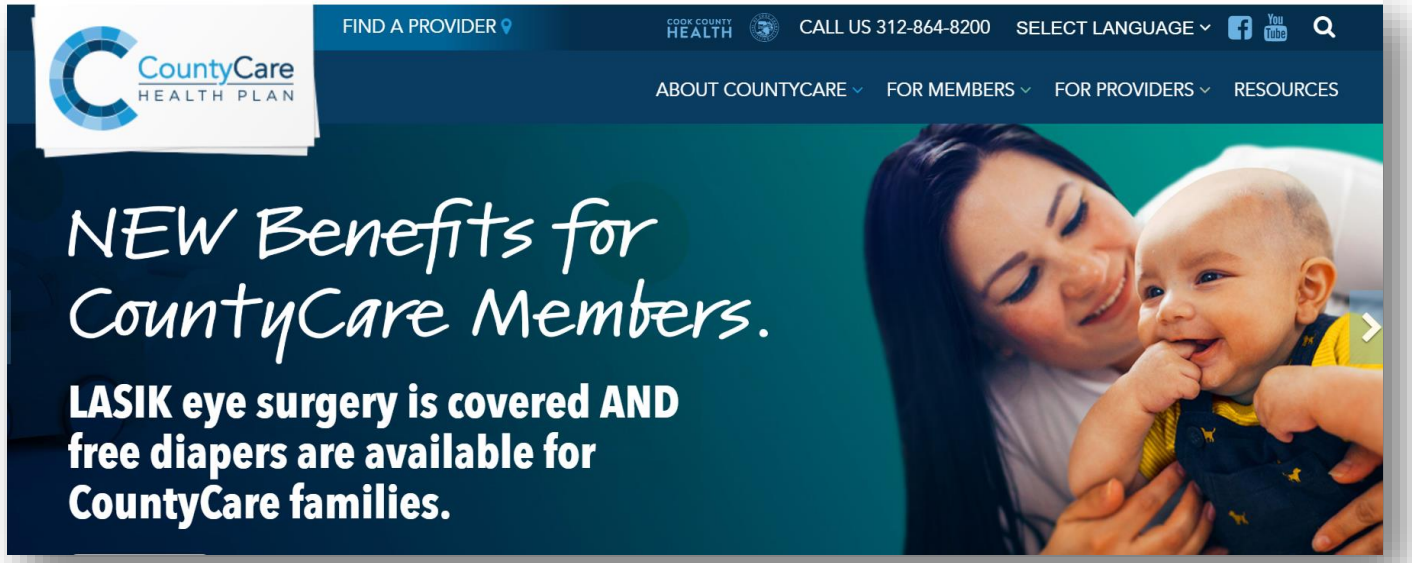
CountyCare is a Medicaid Managed Care plan providing health benefits and care coordination to 320,000 Medicaid beneficiaries in Cook County

CountyCare Divisions:

- Operations and Delegated Vendor Oversight
- Clinical Services and Care Management
- Pharmacy
- Finance
- Network Management
- Project Management
- Compliance

FY 2019 Budget: $1.817B

FY 2019 FTEs: 57



CountyCare website

Impact 2020 Recap

Status and Results

- Deliver High Quality Care
- Grow to Serve and Compete
- Foster Fiscal Stewardship
- Invest in Resources
- Leverage Valuables Assets
- Impact Social Determinants/Advocate for Patients

COOK COUNTY HEALTH

Impact 2020

CountyCare Health Plan Progress and Updates

Focus Area	Name	Status
Delivery High Quality Care	Maintain high-quality CountyCare network, including continuous improvement in quality measures year-over-year	Ongoing
	Develop mechanisms to ensure communications occur in members' preferred languages	In progress
	Expand use of MHNConnect real-time alerts platform for care coordination and continuity of care	Ongoing
	Roll out an innovative quality program for providers to collaborate with CountyCare initiatives and provide better care to members at the provider-level	Complete
	Implement provider performance scorecards and pay-for-performance programs	Ongoing
Grow to Serve & Compete	Acquire members through marketplace changes, including Family Health Network and Aetna transitions	Complete
	Leverage CountyCare data to provide value-added benefits, including a Member Incentive Program (e.g. diapers, prenatal vitamins, and LASIK program)	Complete
	Implement retain & gain strategy, including robust redetermination plan	Ongoing

Impact 2020

CountyCare Health Plan Progress and Updates

Focus Area	Name	Status
Grow to Serve & Compete (cont'd)	Exploring new lines of business to serve members as they age out of Medicare and seniors with chronic special needs	In progress
Foster Fiscal Stewardship	Develop high-performing CountyCare network, including opportunities to narrow network and implement risk- and value-based contracts	In progress
	Establish emergency department utilization reduction plan	In progress
	Increase domestic spend through targeted initiatives, including utilization of eConsult resulting in appropriate direct referrals, establishing centers of excellence and emergency department transfers	In progress
	Roll out medical cost action plans to include pharmacy cost saving initiatives	Complete
Invest in resources	Recruit, hire, and retain the best employees who are committed to CountyCare and CCH mission	Ongoing
Impact SDOH	Implement programs that address the social determinants of health, such as Black Oaks LINK matching program and flexible housing pool	Complete

FY2020-2022

The Future

Environmental Scan of Market, Best Practices and Trends

COOK COUNTY HEALTH

Environmental Scan of Market, Best Practices, Trends

Reduction in Medicaid coverage across Illinois

	Oct. 2018	Nov. 2018	% Change	Dec. 2018	% Change
Cook County	1,413,665	1,386,693	1.91% ↓	1,353,809	2.37% ↓
Other	1,617,146	1,591,627	1.58% ↓	1,556,278	2.22% ↓

- Steady decreases in Medicaid membership due to loss of coverage across fee-for-service and managed care.
- Cook County Medicaid beneficiaries are losing coverage at a higher rate than those in other IL counties. Possible cause of loss of Medicaid coverage is current redetermination policy.

Environmental Scan of Market, Best Practices, Trends

CountyCare Health Plan Market Share

Managed Care Organization	Cook County Enrollment	Cook County Market Share
*CountyCare	325,556	31.5%
Meridian (a WellCare Co.)	245,422	23.8%
Blue Cross Blue Shield	238,732	23.1%
IlliniCare	109,166	10.6%
Molina	68,166	6.6%
*Next Level	45,230	4.4%
Total	**1,032,272**	**100.0%**

Illinois Department of Healthcare and Family Services January 2019 Data

* Only Operating in Cook County

Environmental Scan of Market, Best Practices, Trends

CountyCare Health Plan Member Retention Through Redetermination

- CountyCare retention rate: 73%
- State fee-for-service retention rate: 54%
- Best practice: implement a robust retention strategy at all touchpoints at the member- and provider-level including redetermination events, and robust targeted outreach
- Leverage all engagement points within CCH
- Partner with medical homes to improve retention and redetermination
- Successful redetermination has a direct positive impact on the health system's payor mix

SWOT Analysis

Strengths, Weaknesses, Opportunities, and Threats

COOK COUNTY HEALTH

SWOT Analysis

Strengths
- Commitment to serving Cook County's vulnerable and underserved populations
- Provider-led health plan and care management
- Low administrative spend
- Flexible, delegation-based model
- Extensive provider network
- Mission-oriented and culturally competent staff
- Focus on social determinants of health (SDOH)

Weaknesses
- Difficulty scaling staff with plan growth
- Complexity associated with delegated model
- Limited branding and marketing resources
- Extensive provider network
- Challenges with data integrity with multiple vendors/partners
- Managed care learning curve for CCH

Opportunities
- Expanded product lines to serve new populations
- Policy change for a streamlined and efficient redetermination process with new administration
- Innovative programs to integrate behavioral health with medical
- Increased member engagement in medical homes to better quality outcomes and cost savings
- Greater investment disease analytics and SDOH
- Expanded retention efforts to preserve continuity of coverage and care
- Tighter relationship with CCH providers

Threats
- Federal changes to Medicaid policy
- State budget constraints
- Shrinking Medicaid population in Cook County
- Disruptive redetermination process
- Rising pharmaceutical costs
- Provider resistance to Managed Medicaid in Illinois
- Population that is increasingly complex, both medically and in terms of SDOH

FY2020-2022

CountyCare Health Plan

- Deliver High Quality Care
- Grow to Serve and Compete
- Foster Fiscal Stewardship
- Invest in Resources
- Leverage Valuables Assets
- Impact Social Determinants/Advocate for Patients

COOK COUNTY HEALTH

Deliver High Quality Care
FY 2020-2022 Strategic Planning Recommendations

CountyCare Health Plan

Improve Behavioral Health (BH) Quality and Integration

Top Inpatient Medical Diagnoses (Adult)	
Claims December 2017-November 2018	
Diagnosis Description (3-Digit Primary)	**Admissions**
Schizoaffective disorders	1,780
Bipolar disorder	1,711
Opioid related disorders	1,679
Major depressive disorder, recurrent	1,359
Schizophrenia	1,098
Other sepsis	1,014
Other chronic obstructive pulmonary disease	781
Alcohol related disorders	638
Essential (primary) hypertension	610
Major depressive disorder, single episode	590

Excludes diagnoses related to pregnancy, childbirth, and the puerperium

- From 2017-2018, 25% of admissions were related to behavioral health or substance use disorder diagnoses
- There are overall fewer BH admitting diagnoses and a wide range of medical diagnoses
- BH disease burden and comorbidity is significant within the CountyCare membership
- **Goal:** improve effective management of this population with integrated, comprehensive outpatient care

Deliver High Quality Care
FY 2020-2022 Strategic Planning Recommendations

CountyCare Health Plan

- Improve Behavioral Health (BH) Quality and Integration
  - Implement Integrated Health Homes to coordinate care for members' physical, behavioral, and social needs
  - Ensure 100% of in-network hospitals are on MHNConnect real-time alerts platform
  - Launch Transitions of Care Program and co-locate care coordination in 5-10 high volume BH hospitals
  - Increase utilization of medication assisted treatment (MAT) among members with opioid use disorder
- Transition high volume providers to value-based contracts
- Limit network for certain categories of care
- Continue National Committee for Quality Assurance (NCQA) readiness for 2020 re-survey

Grow to Serve and Compete
FY 2020-2022 Strategic Planning Recommendations

CountyCare Health Plan

Continue to implement a strong member retention and growth strategy to retain and gain membership through:

- Enhanced primary care engagement and repatriation efforts
- Rich value-based contracting efforts including enhanced reimbursement
- Development of a Newborn Program to increase mother and newborn retention
- Creation of a member retention team to focus on outbound calls to members to augment existing redetermination efforts
- Continued partnership with medical homes to increase Medicaid redetermination rates

Grow to Serve and Compete
FY 2020-2022 Strategic Planning Recommendations

CountyCare Health Plan

- Explore participation in Medicare Advantage and other lines of business
  - Chronic Conditions Special Needs Plan (C-SNP) for persons with HIV
  - Institutional Special Needs Plan (I-SNP)
  - Institutional Equivalent Special Needs Plan (IE-SNP)
  - Medicare-Medicaid Alignment Initiative (MMAI)
- Advocate for Medicaid premium plans in Illinois for those with incomes that exceed Medicaid income eligibility guidelines
- Implement a CountyCare Rewards Program 2.0 for improved health outcomes and member retention
  - Implement new rewards that align with membership growth strategy

Foster Fiscal Stewardship
FY 2020-2022 Strategic Planning Recommendations

CountyCare Health Plan

- Continue implementation of Medical Cost Action Plan, including poly-pharmacy and high utilizer initiatives.
- Implement Presumptive Eligibility Program for Home and Community Based Services Wavier (HCBS) Services:
    - Strategy to help members stay at home and reduce potentially unnecessary long term care utilization
- Increase membership in the Integrated Care Program (ICP) by assisting members with disabilities attain SSI/SSDI.
- Continued procurement and implementation to increase value and decrease costs for pharmacy, dental, vision, and transportation benefits.
- Seize opportunities to bring services to CCH in areas where we excel.
- Realignment of network to support the Quality Program
    - Identification of Skilled Nursing Facility and Home Health Partners

Invest in Resources/Leverage Valuable Assets
FY 2020-2022 Strategic Planning Recommendations

CountyCare Health Plan

- Continue to invest in employees that are committed to CountyCare and CCH mission
- Invest in programs and technology that improve team efficiency and effectiveness
- Strengthen CountyCare's workforce including restructuring CountyCare's organizational structure
- Facilitate and share resources across CCH and CountyCare to maximize workforce efficiencies and capacity
- Leverage all opportunities allotted to us as a health plan within a government health system to impact all aspects of public health and policy

Impact Social Determinants/Advocate for Patients FY 2020-2022 Strategic Planning Recommendations

CountyCare Health Plan

- Integrate health risk screening data on the social determinants of health (SDOH) into risk stratification methodology
- Increase connections between CountyCare care coordinators and CCH SDOH Initiatives
- Invest in SDOH Initiatives to serve members experiencing housing, food, and economic insecurity
- Improve access to housing for CountyCare members experiencing homelessness, e.g. Flexible Housing Pool
- Maximize Boulevard program by aligning quality and utilization goals with caseload outcomes
- CountyCare as an equal contributor to CCH SDOH initiatives from inception

Thank you.

COOK COUNTY HEALTH