

Minutes of the Meeting of the Managed Care Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, April 19, 2024 at the hour of 10:30 A.M., at 1950 West Polk Street, Room 5301, in Chicago, Illinois.

## **I. Attendance/Call to Order**

Chair Currie called the meeting to order.

Present: Chair Robert Currie and Directors Joseph M. Harrington and Mia Webster Cross, MSN, RN (3)

Remotely

Present: Director Tanya R. Sorrell, PhD, PMHNP-BC

Absent: None (0)

Additional attendees and/or presenters were:

Sherri Aufderheide – Executive Director of Clinical Services, Health Plan Services  
Aaron Galeener – Chief Administrative Officer, Health Plan Services  
Jeff McCutchan – General Counsel

Erik Mikaitis, MD – Interim Chief Executive Officer  
Alexandra Normington – Interim Chief Marketing and Communications Officer  
Alisha Patel – Assistant General Counsel  
Deborah Santana – Secretary to the Board

The next regular meeting of the Managed Care Committee is scheduled for Friday, July 19, 2024 at 10:30 A.M.

## **II. Public Testimony**

There was no public speaker testimony provided.

## **III. Report on Health Plan Services** (Attachment #1)

Aaron Galeener, Chief Administrative Officer of Health Plan Services, and Sherri Aufderheide, Executive Director of Clinical Services, Health Plan Services, provided an overview of the report. Alexandra Normington, Interim Chief Marketing and Communications Officer, provided an overview of the information regarding the Choice Campaign. The Committee reviewed and discussed the information.

The Report included information on the following subjects:

- Health Plan Metrics
- Strategic initiatives and priorities
  - Redetermination
  - CountyCare Access (Health Benefits for Immigrant Adults and Seniors)
  - HealthChoice Illinois RFP
  - Quality and Equity
  - Choice Campaign



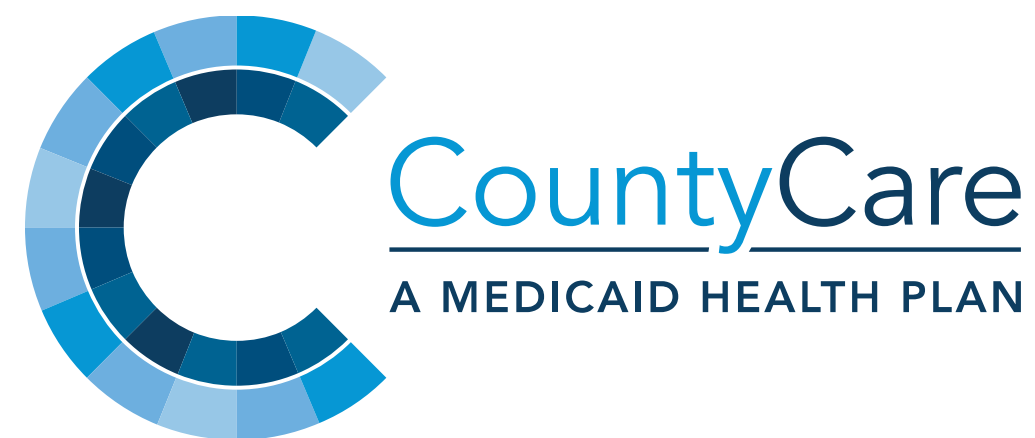
Cook County Health and Hospitals System  
Minutes of the Managed Care Committee Meeting  
April 19, 2024

ATTACHMENT #1

# Health Plan Services Managed Care Committee

**April 19, 2024**

**Presented by Aaron Galeener  
Chief Administrative Officer**



# Agenda

- **Health plan metrics**
- **Strategic initiatives and priorities**
  - Redetermination
  - CountyCare Access (Health Benefits for Immigrant Adults and Seniors)
  - HealthChoice Illinois RFP
  - Quality and Equity
  - Choice Campaign

Member  
Safety, Clinical  
Excellence,  
and Quality



# Health Plan Metrics



# Current Membership

Monthly membership as of April 5, 2024

| Category     | Total Members  | ACHN Members  | % ACHN      |
|--------------|----------------|---------------|-------------|
| FHP          | 254,479        | 13,849        | 5.4%        |
| ACA          | 108,070        | 13,977        | 12.9%       |
| ICP          | 30,757         | 4,742         | 15.4%       |
| MLTSS        | 9,223          | -             | 0%          |
| SNC          | 5,450          | 261           | 4.8%        |
| HBIA         | 26,373         | 2,084         | 7.9%        |
| HBIS         | 8,300          | 646           | 7.8%        |
| <b>Total</b> | <b>442,652</b> | <b>35,559</b> | <b>8.0%</b> |

**ACA:** Affordable Care Act

**FHP:** Family Health Plan

**ICP:** Integrated Care Program

**MLTSS:** Managed Long-Term Service and Support (Dual Eligible)

**SNC:** Special Needs Children

**HBIA/HBIS:** Health Benefit for Immigrant Adults/Seniors



# Managed Medicaid Market



Illinois Department of Healthcare Services December 2023 Data

| Managed Care Organization | Cook County      | Cook Market Share |
|---------------------------|------------------|-------------------|
| *CountyCare               | 426,395          | 32.3%             |
| Blue Cross Blue Shield    | 364,207          | 27.6%             |
| Meridian (a WellCare Co.) | 300,909          | 22.8%             |
| IlliniCare (Aetna/CVS)    | 122,888          | 9.3%              |
| Molina                    | 96,116           | 7.3%              |
| YouthCare                 | 9,171            | 0.7%              |
| <b>Total</b>              | <b>1,319,686</b> | <b>100.0%</b>     |

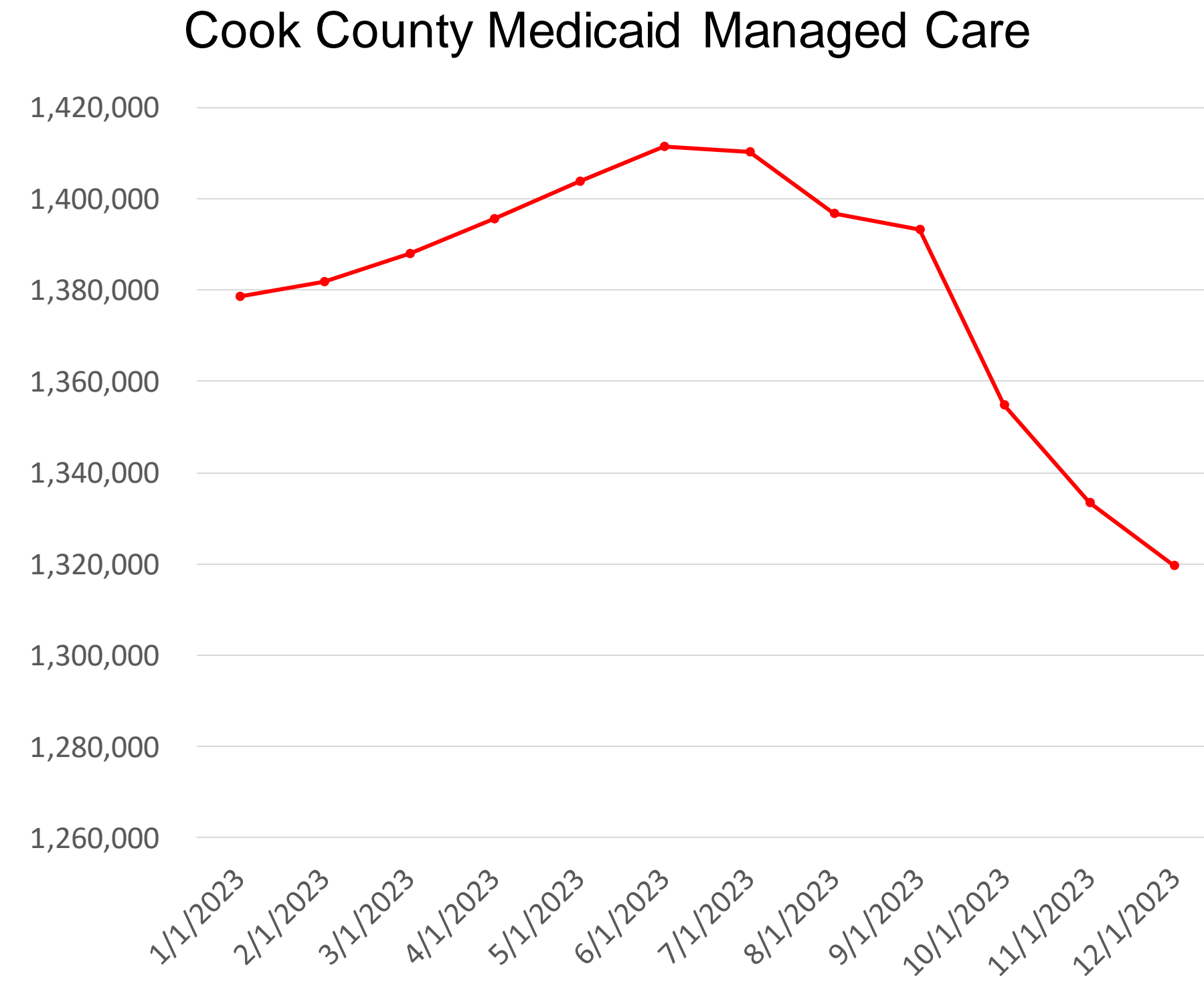
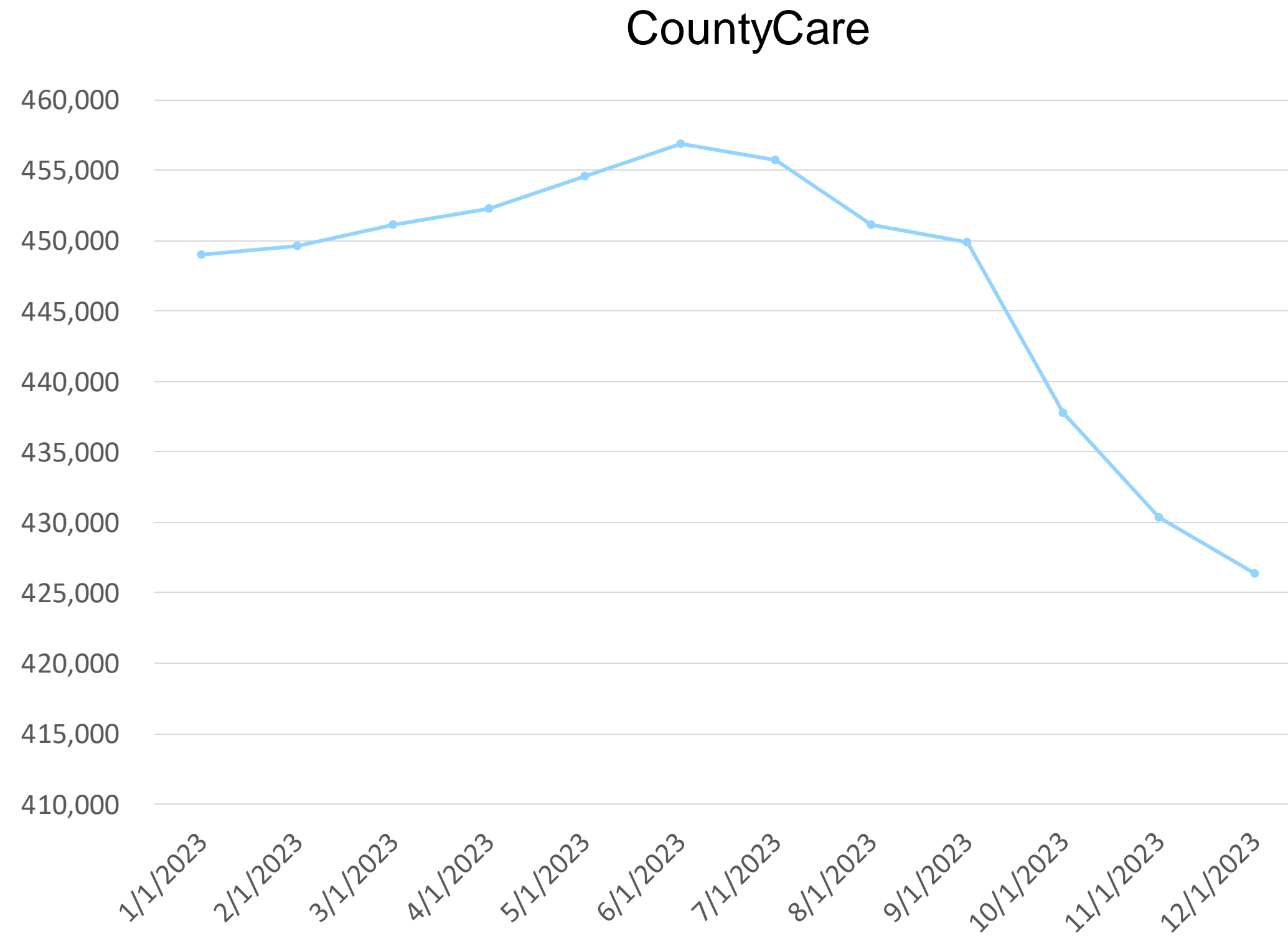


\* Only Operating in Cook County



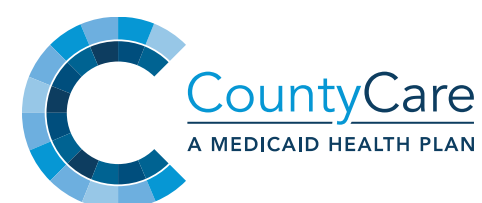


# IL Medicaid Managed Care Trend in Cook County (charts not to scale)



- CountyCare's enrollment decreased 0.92% in December 2023 compared to the prior month, in line with the Cook County decrease of 1.04%

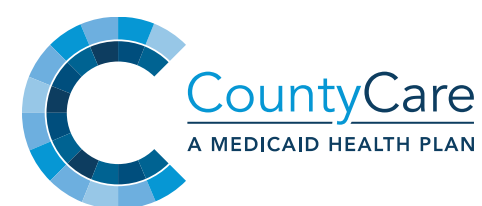
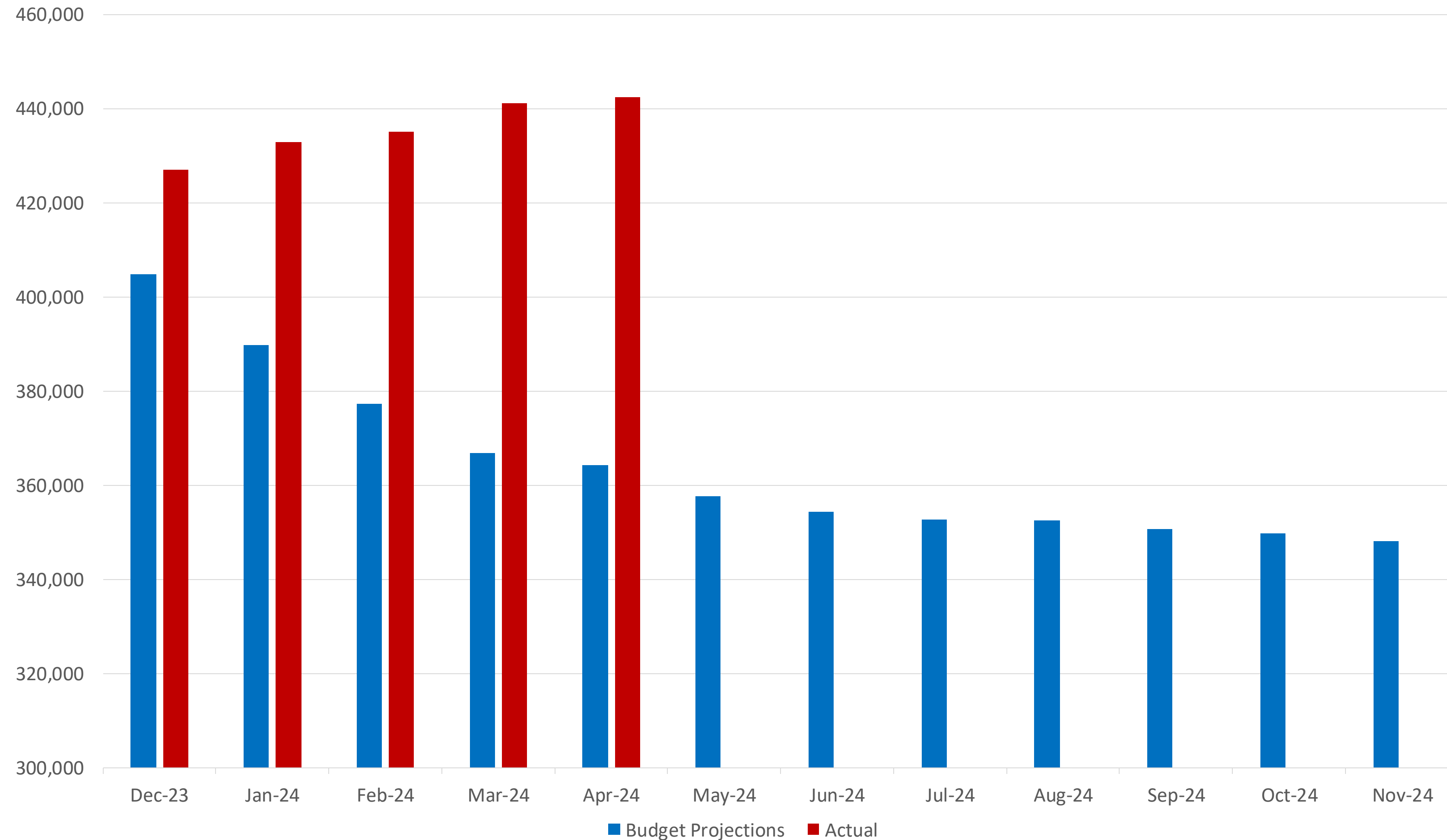
Source: [Total Care Coordination Enrollment for All Programs | HFS \(illinois.gov\)](#)





# FY24 Budget | Membership

CountyCare Membership



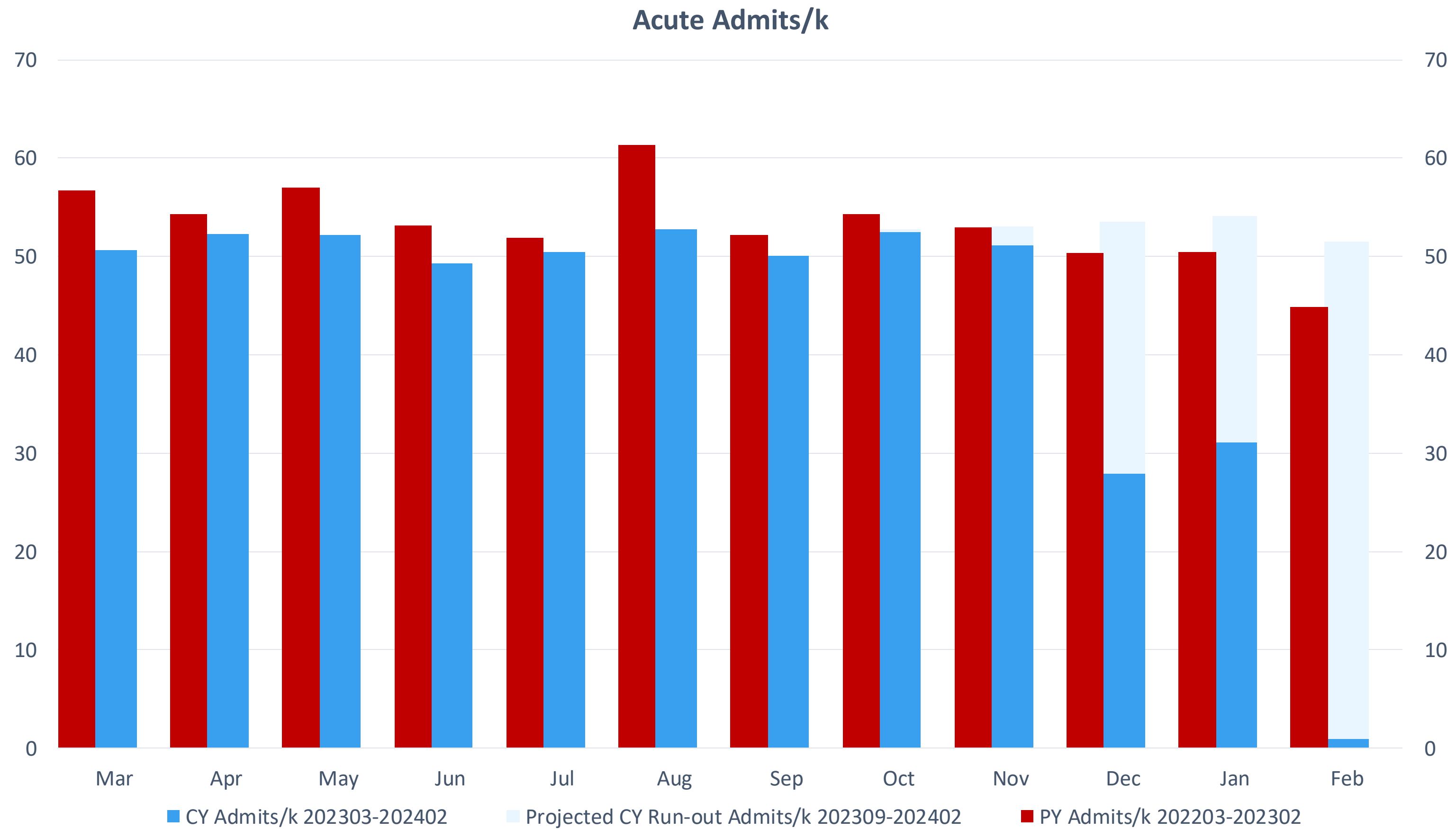


# Operations Metrics: Call Center & Encounter Rate

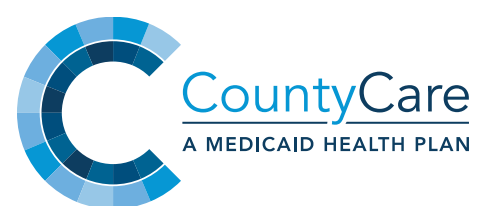
| Key Metrics   | State Goal | Performance |          |          |
|---|------------|-------------|----------|----------|
|   |            | Jan 2024    | Feb 2024 | Mar 2024 |
| <b>Member &amp; Provider Services Call Center Metrics</b> |            |             |          |          |
| Inbound Call Volume                                       | N/A        | 54,936      | 53,682   | 52,892   |
| Abandonment Rate  | < 5%       | 1.74%       | 1.74%    | 1.21%    |
| Average Speed to Answer (minutes)                         | 1:00       | 0:23        | 0:19     | 0:12     |
| % Calls Answered < 30 seconds                             | > 80%      | 82.55%      | 85.91%   | 91.57%   |
| <b>Quarterly</b>  |            |             |          |          |
| Claims/Encounters Acceptance Rate                         | 98%        | 98%         |          |          |



# Current v. Prior Year: IP Acute Admits/1000

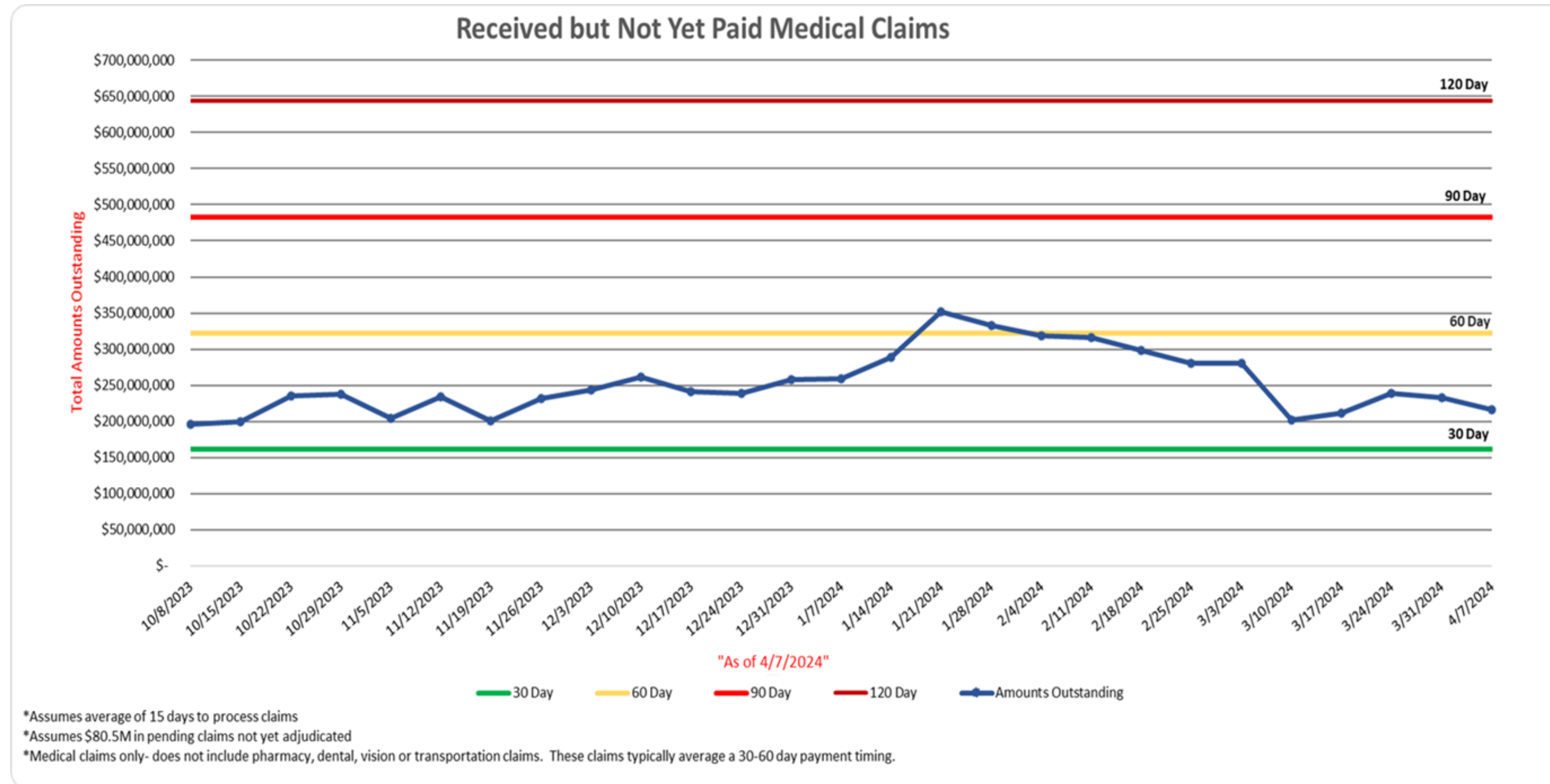


Updated monthly, paid through January 2024  
All acute and surgical cases + approved acute authorizations  
Domestic admissions are not included since they do not require Prior Authorization





# Claims Payments







# Claims Payments

## Received but Not Yet Paid Claims

| Aging Days       | 0-30 days      | 31-60 days    | 61-90 days    | 91+ days      | Grand Total    |
|------------------|----------------|---------------|---------------|---------------|----------------|
| Q1 2020          | \$ 109,814,352 | \$ 53,445,721 | \$ 46,955,452 | \$ 9,290,569  | \$ 219,506,093 |
| Q2 2020          | \$ 116,483,514 | \$ 41,306,116 | \$ 27,968,899 | \$ 18,701,664 | \$ 204,460,193 |
| Q3 2020          | \$ 118,379,552 | \$ 59,681,973 | \$ 26,222,464 | \$ 71,735     | \$ 204,355,723 |
| Q4 2020          | \$ 111,807,287 | \$ 73,687,608 | \$ 61,649,515 | \$ 1,374,660  | \$ 248,519,070 |
| Q1 2021          | \$ 111,325,661 | \$ 49,497,185 | \$ 4,766,955  | \$ 37,362     | \$ 165,627,162 |
| Q2 2021          | \$ 131,867,220 | \$ 49,224,709 | \$ 566,619    | \$ 213,967    | \$ 181,872,515 |
| Q3 2021          | \$ 89,511,334  | \$ 25,733,866 | \$ 38,516     | \$ 779,119    | \$ 116,062,835 |
| Q4 2021          | \$ 125,581,303 | \$ 90,378,328 | \$ 112,699    | \$ 1,114,644  | \$ 217,186,974 |
| Q1 2022          | \$ 144,241,915 | \$ 12,166,101 | \$ 2,958,928  | \$ 2,183,828  | \$ 161,550,772 |
| Q2 2022          | \$ 120,267,520 | \$ 735,088    | \$ 2,476,393  | \$ 4,676,897  | \$ 128,155,898 |
| Q3 2022          | \$ 105,262,634 | \$ 16,617,110 | \$ 59,407     | \$ 15,171     | \$ 121,954,322 |
| Q4 2022          | \$ 142,815,499 | \$ 62,495,024 | \$ 2,403,391  | \$ 2,056,097  | \$ 209,770,011 |
| Q1 2023          | \$ 110,831,299 | \$ 7,841,360  | \$ 3,067,736  | \$ 443,885    | \$ 122,184,280 |
| Q2 2023          | \$ 149,387,487 | \$ 31,299,177 | \$ 1,319,945  | \$ 346,575    | \$ 182,353,184 |
| Q3 2023          | \$ 191,389,015 | \$ 38,673,162 | \$ 743,469    | \$ 97,943     | \$ 230,903,588 |
| Q4 2023          | \$ 181,111,957 | \$ 75,730,673 | \$ 1,511,954  | \$ 20,819     | \$ 258,375,403 |
| Q1 2024          | \$ 194,081,254 | \$ 5,307,661  | \$ 33,846,206 | \$ 160,417    | \$ 233,395,538 |
| Week of 4/7/2024 | \$ 167,790,141 | \$ 47,791,165 | \$ 663,762    | \$ 155,228    | \$ 216,400,296 |

- \*0-30 days is increased for an estimated \$80.5M of received but not adjudicated claims
- \*Medical claims only-does not include pharmacy, dental, vision or transportation claims
- \*The amounts in the table are clean claims

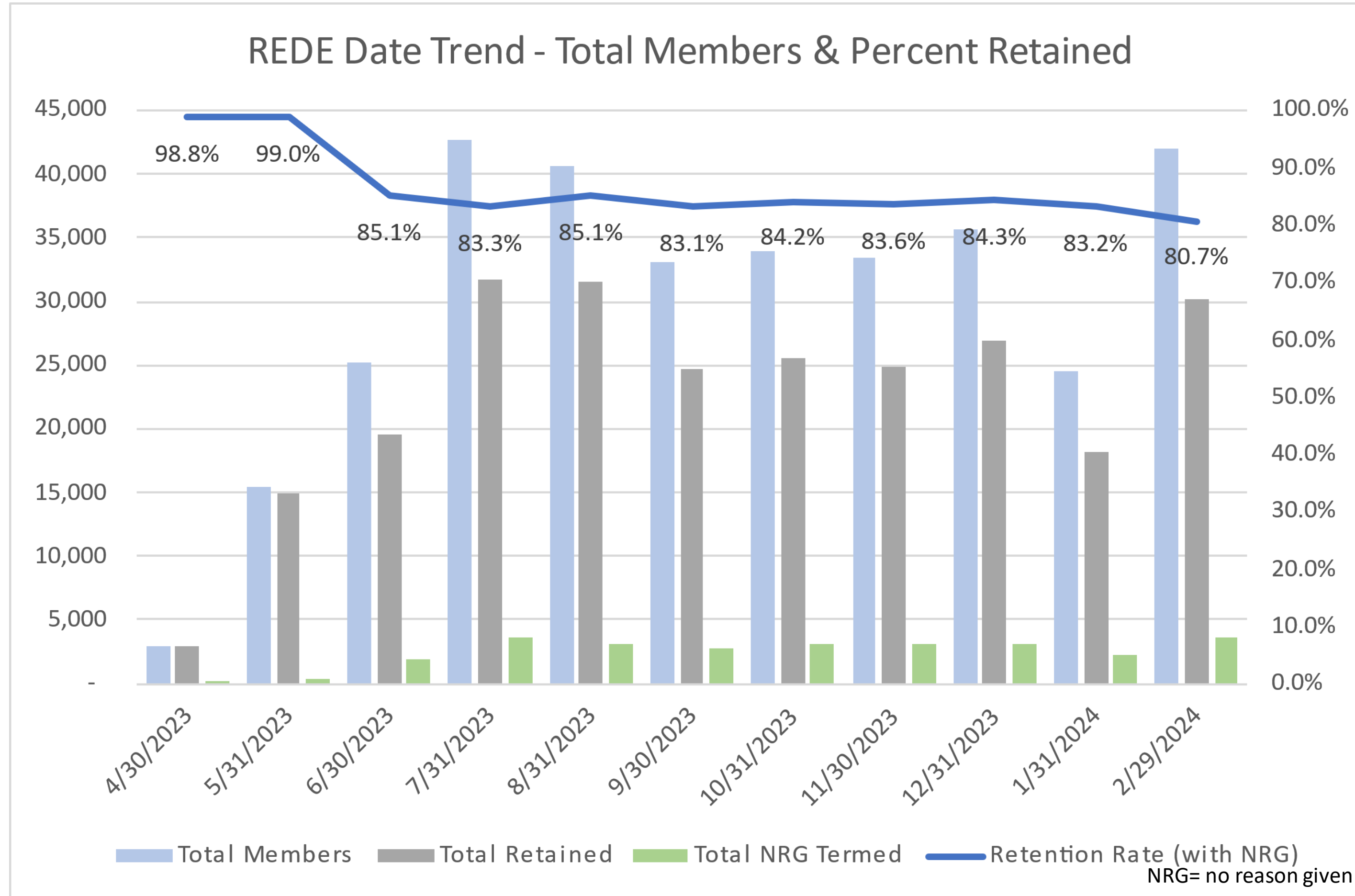
Member  
experience





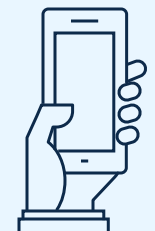
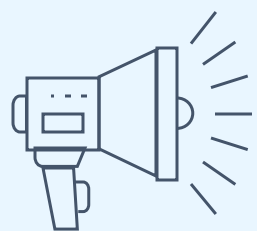
# Strategic Initiative Highlight

## Redetermination


# Redetermination



### Health Plan Response (As of Jan 2024)

- 
**961,500**  
 Postcards Mailed to Households
- 
**259,000**  
 Texts with REDE information
- 
**82,400**  
 Inbound/Outbound Calls from REDE Hotline Call Center
- 
**1.3M**  
 Efforts made to Members for REDE

### REDE Ads (May2023-Jan 2024)



#### Search Engines and Social Media

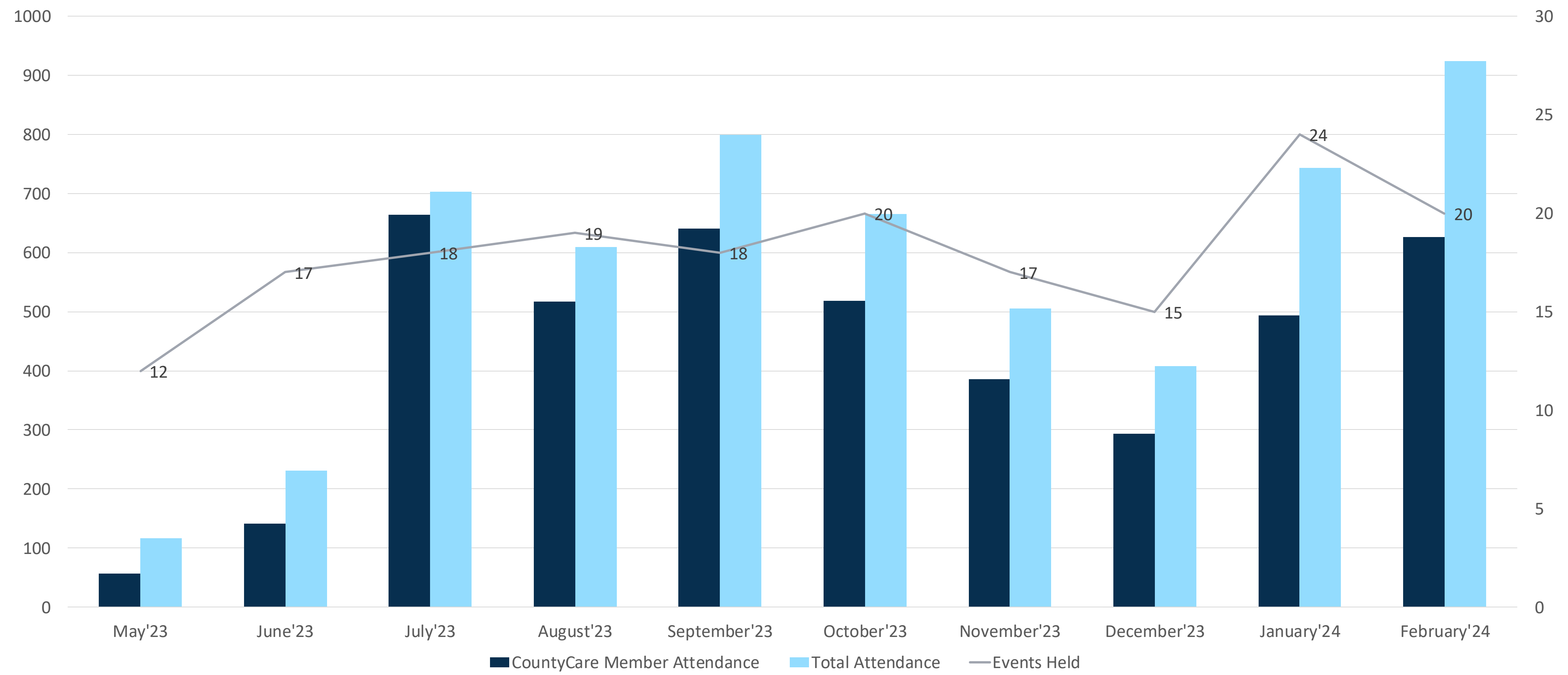
- **108,500** total clicks on REDE web page
- **604,800** reached (number that saw ad)
- **22,825** total calls
- **7.9M** total impressions (times ad shown)



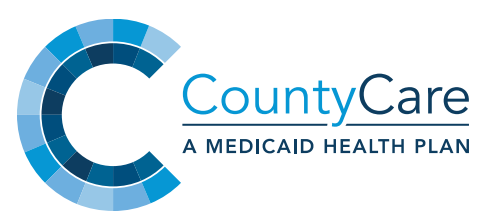


# Redetermination events held

CountyCare Redetermination Events and Attendance, May 2023-February 2024



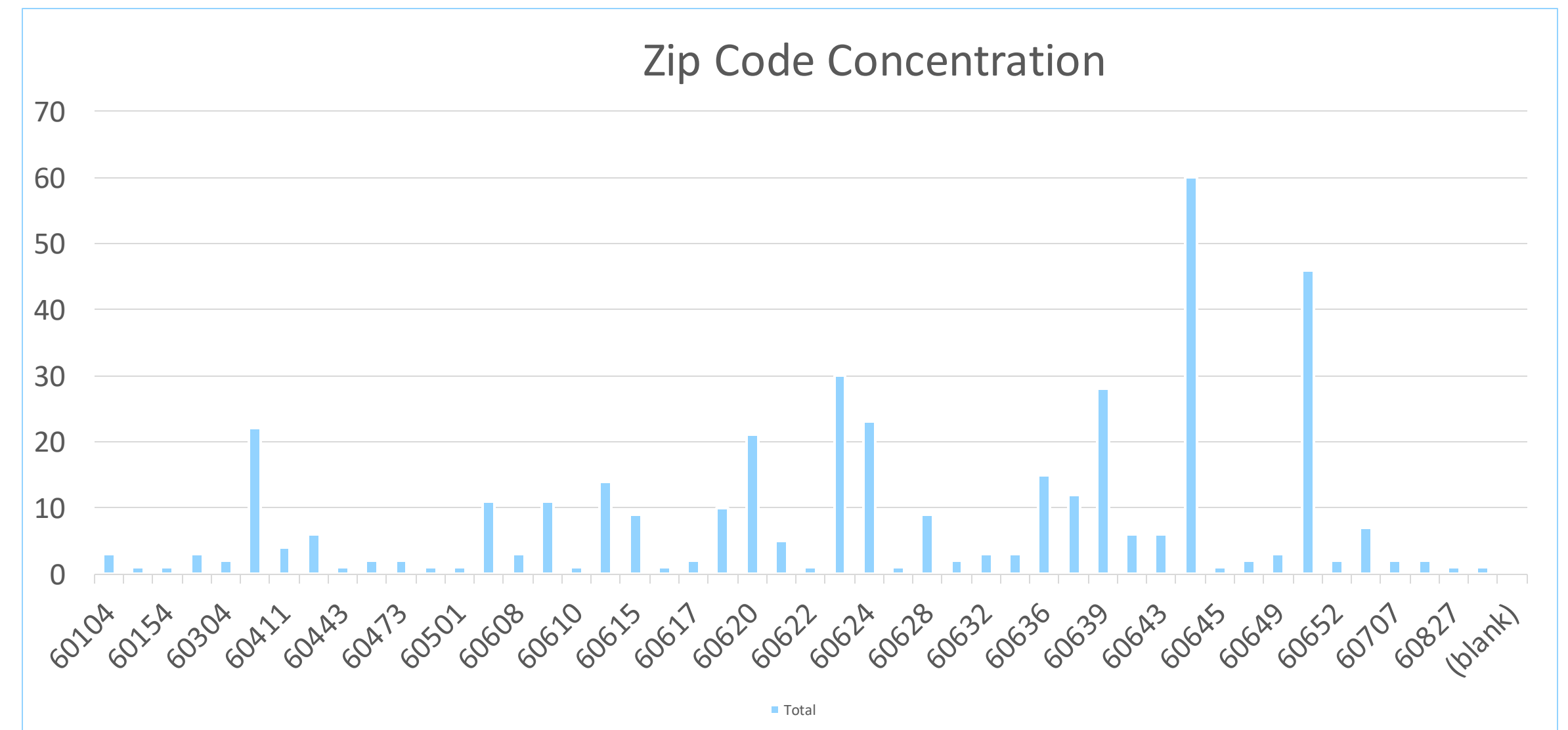
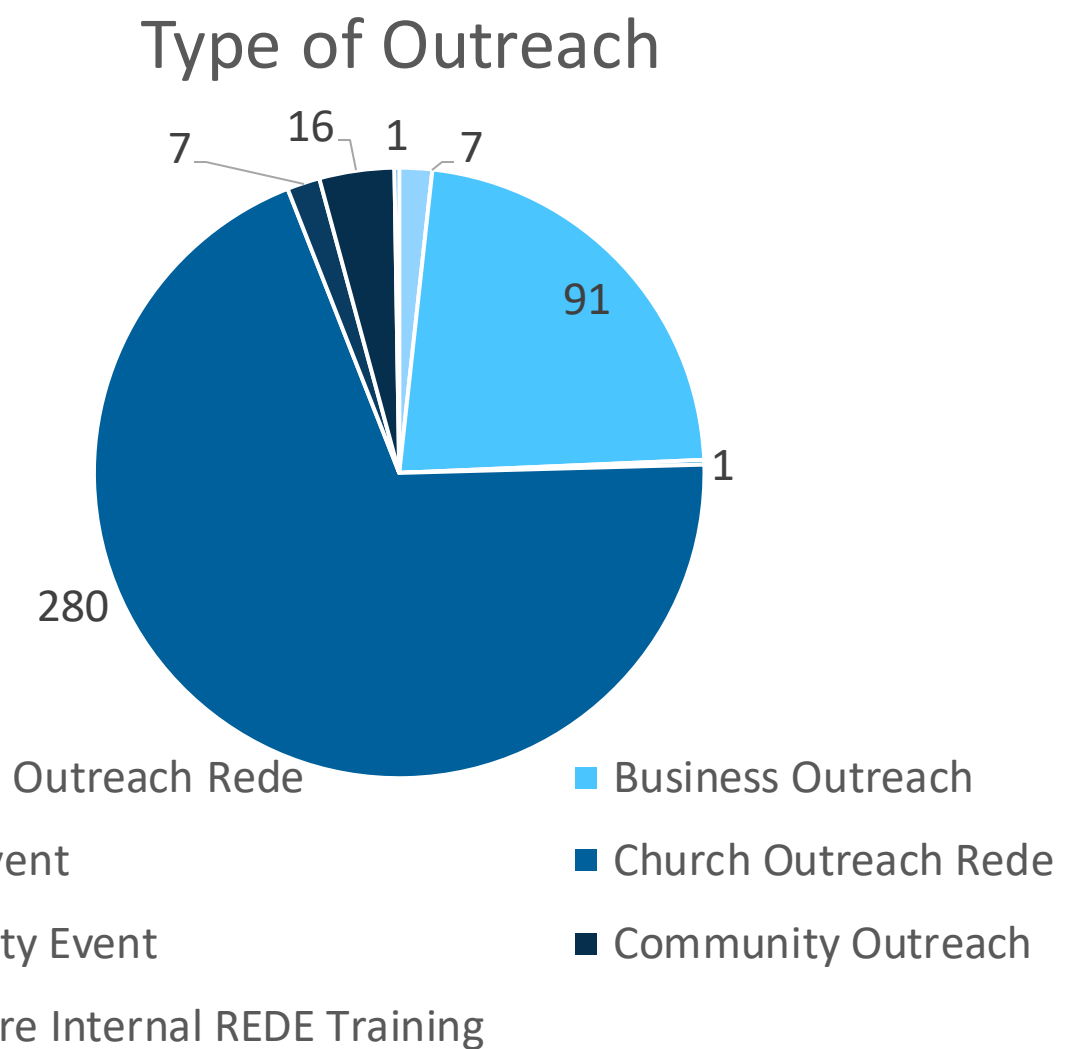
|                                     |       |
|-------------------------------------|-------|
| <b>Events Held</b>                  | 180   |
| <b>CountyCare Member Attendance</b> | 4,336 |
| <b>Total Attendance</b>             | 5,708 |



# Collaboration with Faith-based leaders and other trusted messengers



- Total Events - 403
- Community and Speaking Events - 8
- Church Campaigns/Speaking Events – 3
  - Over 2,500 community members in attendance
- Boots on the Ground - 386
  - Businesses and Community – 98
  - Churches – 281
  - Alderman – 7
- Zip Codes – 47 unique zip codes
- E-Blast to Churches – 500+ individuals



Growth  
Innovation,  
and  
Transformation



# Strategic Initiative Highlight

## CountyCare Access

(Health Benefits for Immigrant Adults and Seniors)



# Health Benefits for Immigrant Adults & Seniors (HBIA/S) – CountyCare Access

**HBIA/S members transitioned into Medicaid Managed Care beginning on 1/1/2024**

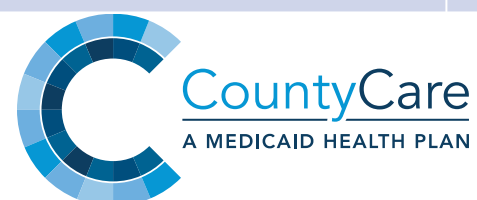
- Members residing in Cook County will be auto-assigned to CountyCare, except for those with a family member in another plan
- CountyCare received **100%** on HSAG readiness review

## CountyCare Program Enrollment to Date

| Age            | January Membership | February Membership | March Membership | April Membership |
|----------------|--------------------|---------------------|------------------|------------------|
| Senior (65+)   | 1,398              | 1,540               | 2,782            | 2,593            |
| Adults (42-64) | 7,819              | 5,989               | 7,817            | 6,736            |
| <b>TOTAL</b>   | 9,217              | 7,529               | 10,599           | 9,329            |

79% of participants are in the Adults population

Total of 34,679\* members to date



\*Total membership does not equal incremental/monthly membership



# Health Benefits for Immigrant Adults & Seniors (HBIA/S) – CountyCare Access



## CountyCare designed its CountyCare Access program with an equity lens:

- Community involvement in decision making process
- **No cost-sharing or co-pays**
- Full [Member Rewards](#) program
- Medical-home based care management
- Translation of member materials into Spanish and Polish
- Increased bilingual call center and care management staffing

CountyCare Access

CountyCare Access is a program within CountyCare, a Medicaid plan that is part of HealthChoice Illinois.

- CountyCare Access is for people who were approved for the Health Benefits for Immigrant Adults (HBIA) or Seniors (HBIS) program by the Illinois Department of Healthcare and Family Services.
- Health Benefits for Immigrant Adults (HBIA) and Health Benefits for Immigrant Seniors (HBIS) are programs for people who are 42 years old or older, meet income guidelines, and are not eligible for Medicaid due to immigration status.
- Your health care team includes your primary care provider (PCP), specialty providers, care coordinators, your pharmacist, and you. Our main goal is to make sure you receive high quality health care.
- No-copays! CountyCare Access is the only Medicaid health plan that offers covered services at no-cost to you and your family.

Unique website for CountyCare Access members: [CountyCare Access – CountyCare Health Plan](#) including all member materials and FAQ in English, Spanish, and Polish

Growth  
Innovation,  
and  
Transformation



# Strategic Initiative Highlight

## HealthChoice Illinois Request for Proposals



# HealthChoice Illinois RFP Update

## Background

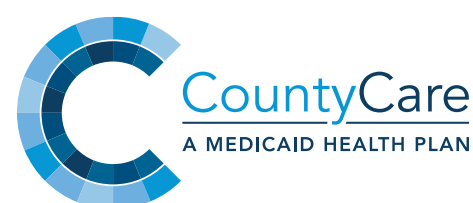
- In 2017, the Illinois Department of Healthcare and Family Services (HFS) posted an RFP for Managed Care Organizations (MCOs) to enter risk-based contracts
- CountyCare was awarded a contract for period of 2018-2022, and later received an extension through the end of the 2025 plan year

## Project Updates

- On February 20, HFS advised **the HealthChoice Illinois RFP will be delayed one year**
- All current MCO contracts will have an extension through **CY2026** and new MCO contracts will take effect **1/1/2027**
- HFS anticipates the release of HealthChoice RFP in **Q1 2025**

## Project Plan Summary

- CountyCare has completed two drafts of the RFP response
- CountyCare focusing on key initiatives to support RFP response in 2025



Source: CMS 2021 Model Application [Contract Year 2021 CAPITATED FINANCIAL ALIGNMENT Model Application \(cms.gov\)](#)

Health Equity,  
Community  
Health, and  
Integration



# Strategic Initiative Highlight

## Quality and Health Equity

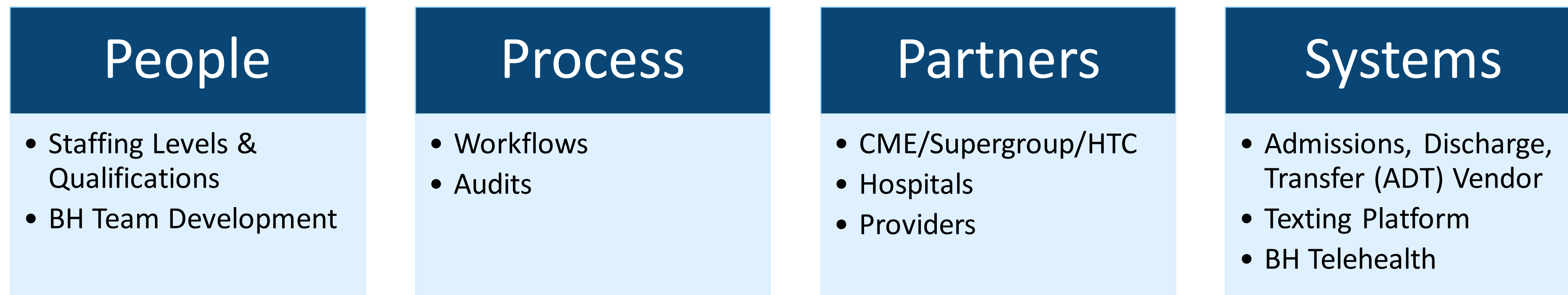




# Quality

## HEDIS Updates Pillars 1 & 2: Adult and Child Behavioral Health

# Project Structure Updates





# Clinical Services



- **Accomplishments**

- Onboarded Complex Care Manager (CM) for behavioral health (BH) focus
- High utilizer strategy developed
- Expansion of partner facilities for BH readmission management
- Detailed process audit completed
- Process finalized for members with home and community-based services (HCBS) waivers

- **Action Items**

- New BH telehealth company referral education to care management staff
- Review and action related to audit results/workflow optimization
- Admission, Discharge, and Transfer (ADT) optimization



# Operations/Member Services



- **Accomplishments**
  - Increased BH follow-up care incentives
  - Kick-off of texting process for BH care management
- **Action Items**
  - Consistent contact information integrity
  - Refinement of texting processes/reporting
  - Analysis of call center/web traffic related to BH



# Network/Value Based Care

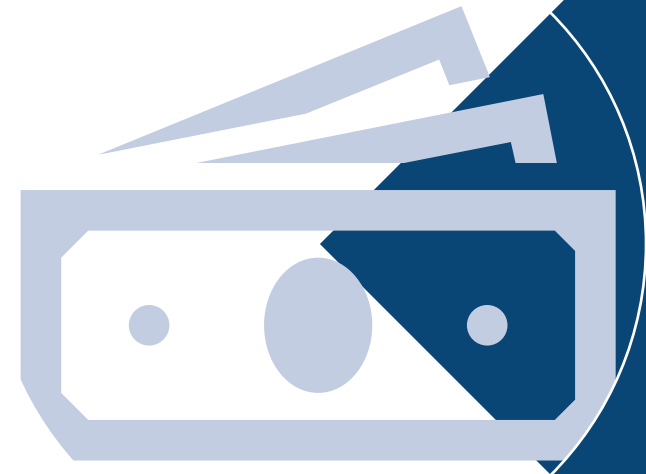


- **Accomplishments**

- Contract secured with BH telehealth company
- Capacity agreement for a pilot with a new BH provider
- Value-Based Care (VBC) focus on follow-up after hospitalization (FUH) and follow-up after emergency department visits (FUM) outcomes with care management entities (CMEs)

- **Action Items**

- Telehealth provider for BH
- Healthcare Transformation Collaborative partner engagement for BH
- Enhancement of statewide BH network operations/collaboration



# Finance



- Accomplishments
  - IL statewide BH network incentive payment validation and processing
- Action Items
  - Alignment of BH provider coding/documentation and risk adjustment strategy



# Behavioral Health Initiative

- Strategic roadmap for 2024
  - Monthly/quarterly tactics and goals by workstream
  - Focus on high utilizer impact
- Leverage professional staff for gap closure
  - Interim assessment and intervention
- Illinois statewide BH network
  - Network availability/extension of hospital-based resources
- Healthcare Transformation Collaborative (HTC)
  - Review and intake of BH-focused programs
- CME Collaboration
  - MHN adoption of interim assessment and intervention strategy
  - Roll-out of appointment access via contract with new BH telehealth company



# HEDIS Updates

## Pillar 3:

### Maternal and Child Health





# MCH Strategy Project Workstreams

## Operations/Project Management

- **Goal:** *Provide project management oversight through development of key milestones with completion dates, creation of project plan, project charter, governance structure, and track to staffing support*
- Staffing Health Plan for Maternal and Child Health (MCH) team

## Data – IT & Eligibility

- **Goal:** *Develop clear methodologies for identification of eligible members, incorporate eligible member information into downstream workflows, develop a suite of MCH reporting, use available data to complete population analyses and intervention evaluations.*
- Member Identification – Prenatal, Postpartum, Reproductive Age
- Reporting – inventory, develop additional needed reports
- Analysis of maternal health deserts

## Social Determinants of Health (SDOH)/ Social Risk Factors

- **Goal:** *Address identified social risk factors to improve maternal and child health outcomes.*
- FoodCare Meals for pregnant members
- Evidence-based MCH organization collaboration – develop referral pathways to MCH organizations using evidence-based interventions



# MCH Strategy Project Workstreams

## Communications and Member Services

- **Goal:** *Disseminate new provider information and benefits/rewards information to eligible members; Create training and scripting for customer service reps; connect with community leaders/orgs on new provider types*
- Brighter Beginnings Text Message Campaign
- One Key Question Text Message
- Diaper Bag Pilot – Part II
- EAC/CSC Meetings
- Community Baby Showers

## Clinical

- **Goal:** *Establish workflows for care management screening, assessments, referrals and care planning for MCH populations.*
- Health Plan Maternal Care Management Team
- CHW Navigator Outreach & HRS Campaign
- MCH Telehealth Vendor

## Network and Benefits

- **Goal:** *Establish contracts with new MCH provider types, onboard new MCH provider types into network.*
- Onboarding of Lactation Consultants, Doulas and Home Visitors into CountyCare Network
- Bundled Payment Model
- Health System (CCH) Collaboration

## Quality and Care Gap Closure

- **Goal:** *Track to HEDIS measures monthly and provide data to identify members*
- Quality workgroup with performance improvement Interventions
- Immediate member outreach campaigns with provider groups





# HEDIS Updates

## Pillar 4: Equity



# Smoking Cessation

Working on a multi-modal strategy to promote education, timely screening, and smoking cessation

## Prevention & Education

- Develop educational content on eligible population for screening, screening locations/options
- Distribute smoking cessation tools and resources via website and to CMEs

## Timely Screening Completion

- Complete regular claims analysis to determine population eligible for lung cancer screening
- Outreach to members in various modalities (mail, text, care coordination) to promote timely screening

## Smoking Cessation

- Prioritize outreach and smoking cessation education for specific sub-groups (asthma, COPD, hypertension, pregnancy, etc.)
- Develop comprehensive smoking cessation toolkit and distribute



# HEDIS Updates

## Pillar 5:

### Community Health and Promotion



# Primary Care Engagement

## HEDIS Measure Performance Report: CountyCare Health Plan

| Measure | Stratification | Admin     |       |       |        |                   |           |           |          |         |        |
|---------|----------------|-----------|-------|-------|--------|-------------------|-----------|-----------|----------|---------|--------|
|         |                | Numerator |       |       | Denom  | Members needed to |           |           | Rate     |         |        |
|         |                | Admin     | Suppl | Total |        | 50th Perc         | 75th Perc | 90th Perc | Previous | Current | Diff   |
| AAP     | (20-44)        | 31392     | 1212  | 32604 | 129639 | 57742             | 64224     | 70369     | 14.55%   | 25.15%  | 10.60% |
| AAP     | (45-64)        | 23916     | 714   | 24630 | 65954  | 28252             | 30825     | 32526     | 22.58%   | 37.34%  | 14.76% |
| AAP     | (65+)          | 3945      | 65    | 4010  | 10091  | 4086              | 4911      | 5293      | 24.98%   | 39.74%  | 14.76% |
| AAP     | (Total)        | 59253     | 1991  | 61244 | 205684 | 88721             | 99355     | 107767    | 17.60%   | 29.78%  | 12.18% |

- Findings emphasize the need to work to prioritize the 20-44 age group
  - Smallest improvement with largest sub-group denominator
  - The younger adult age group is below 45-64 and 65+ by approximately 12%
- Development of communication and engagement strategies for this population has begun.



# Health Equity Updates

## Housing



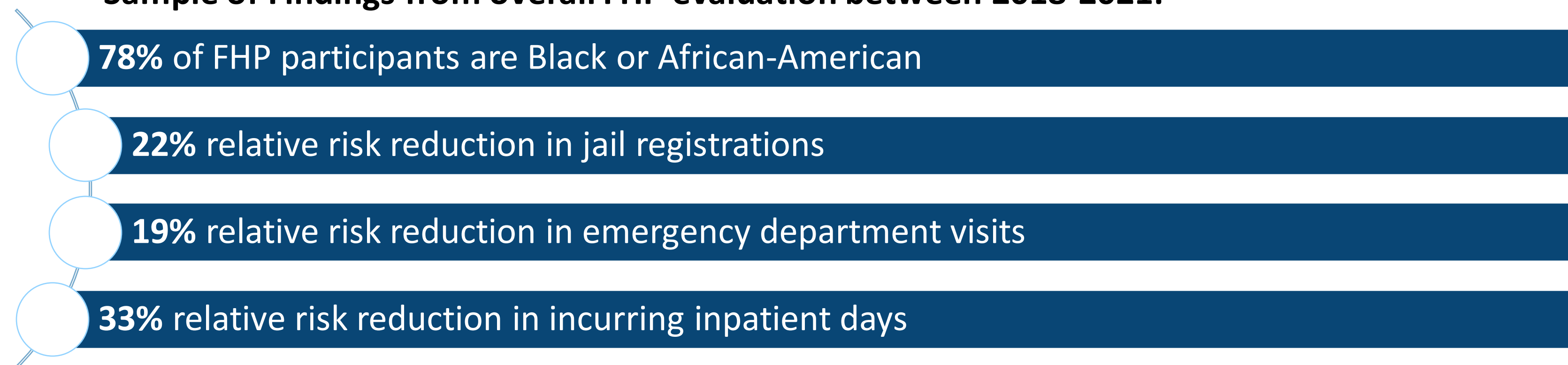




# Flexible Housing Pool

- In 2021, CountyCare Health Plan invested into the Flexible Housing Pool, a permanent supportive housing program in collaboration with cross-sector partners
- Program Design:
  - Housing and wrap-around services for 67 eligible CountyCare members/households for 3 years\*
  - Direct communication between Housing Case Managers/Community Partners and our Care Coordinators/Teams

## Sample of Findings from overall FHP evaluation between 2018-2021:



\* 67 housed members is not inclusive of all CountyCare members currently housed through the Flexible Housing Pool





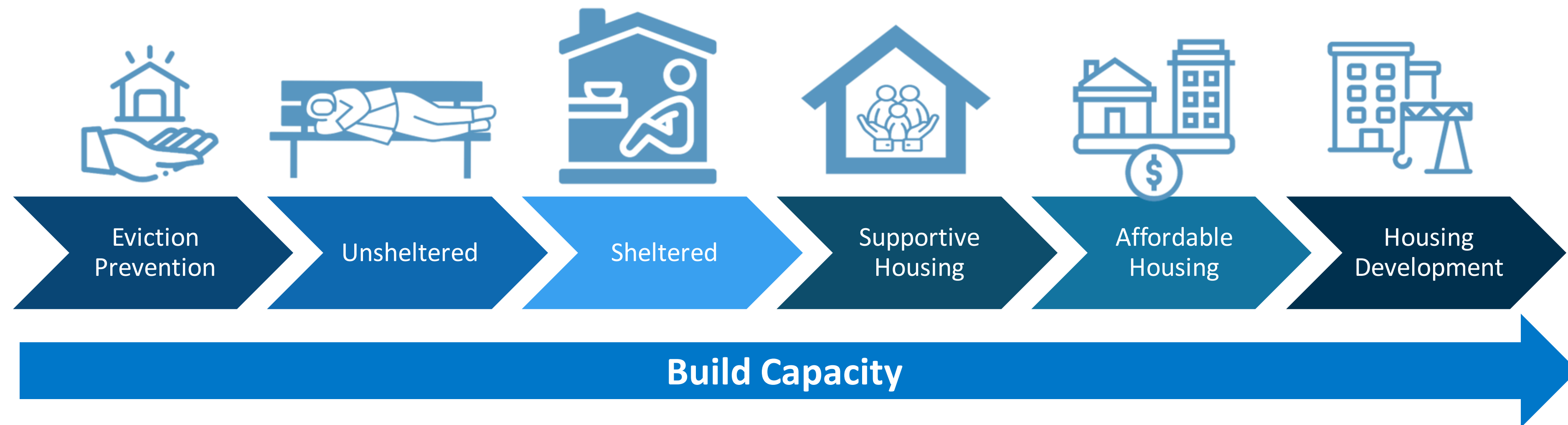
# Housing Programs Overview

| Program Name   | Overview  | # of Members Currently Housed |
|--|---|-------------------------------|
| FHP (CountyCare and Cook County Health ARPA funded)        | Permanent Supportive housing for 3 years with wrap around supports and case management  | 79                            |
| Wellness West (HFS Healthcare Transformation Grant)        | CountyCare members who are housed through FHP slots designated to Wellness West   | 14                            |
| IHDA Program   | State funded permanent supportive housing program (3 years) for members who have zero or very low income  | 20                            |
| Wellness Initiative Network Supportive Housing (WIN2/Plus) | Permanent subsidized housing with ongoing wrap-around supportive services and case management   | 33                            |
| The Boulevard  | Offers medical respite to members who qualify. Members are triaged by level to determine if they need housing for 30 days (level 1) or more (level 2) | 20                            |

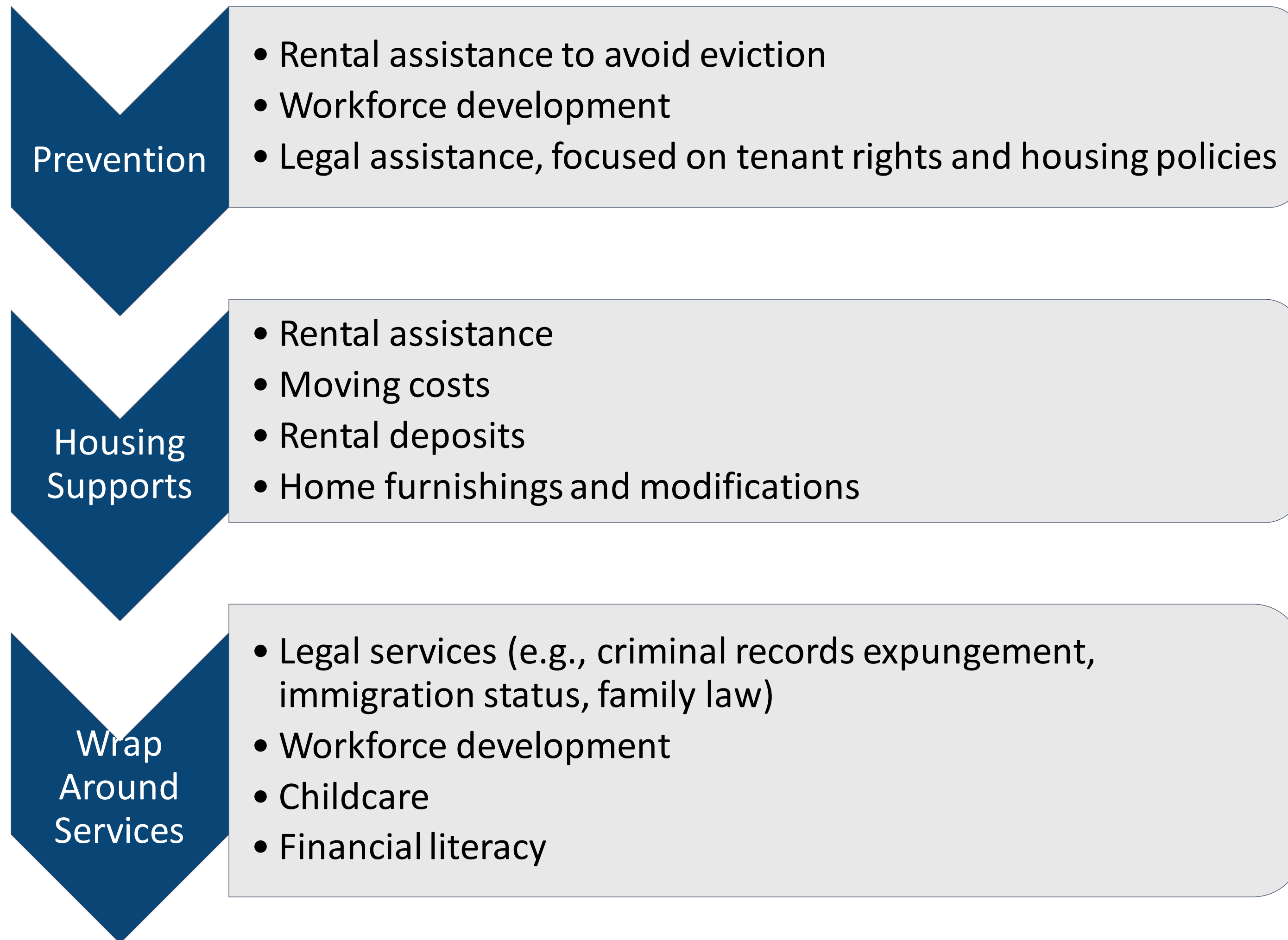


# Next Steps: RFP to expand Housing

- Goal: Build an end-to-end housing strategy
- Approach: Housing First Model



# RFP Components – Tenancy Supports



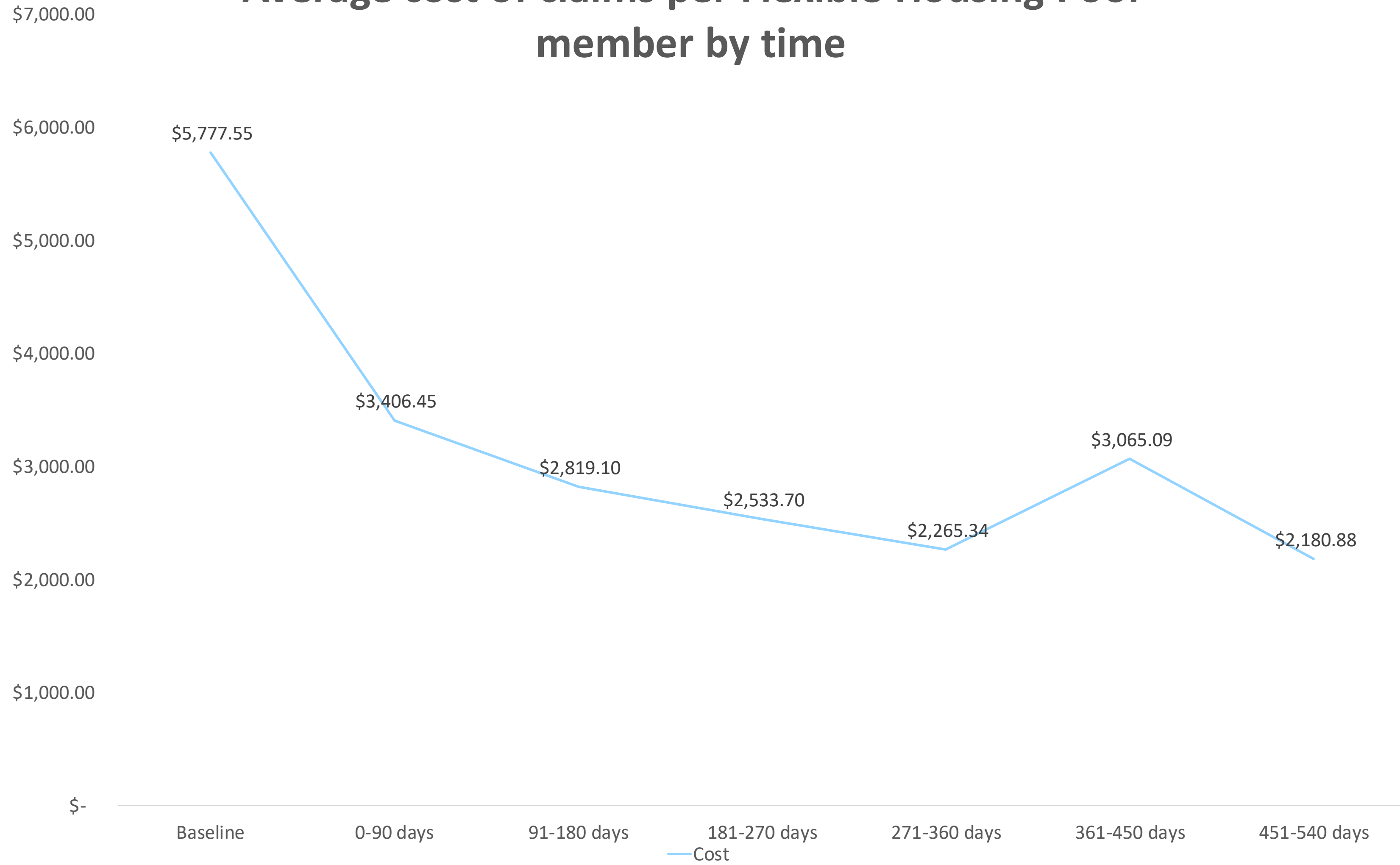


# Health Equity Lens

- Prioritize populations living in disproportionately impacted areas (DIA) zip codes
- Prioritize historically marginalized populations:
  - Pregnant individuals
  - Justice-involved individuals
  - LGBTQ+ youth
  - Youth transitioning from the foster system

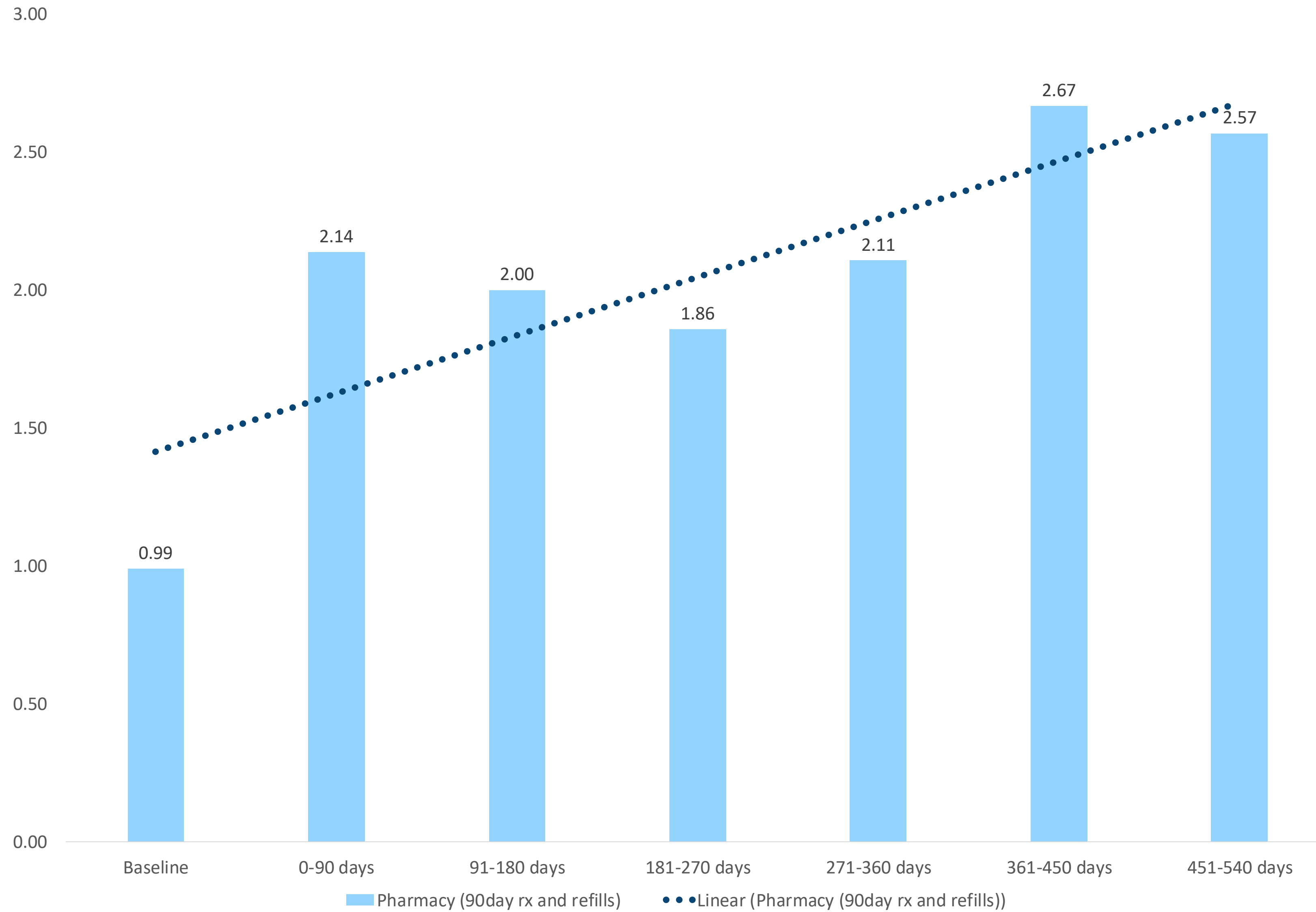


## Average cost of claims per Flexible Housing Pool member by time





# Number of pharmacy claims (90-day and refills)





# CountyCare Recognition



“Thank you for CountyCare’s extraordinary support of the Flexible Housing Pool and the Center for Housing and Health (CHH). Because of your continued impact on the community, CHH would like to honor County Care at our annual meeting.”

- *Peter Toepfer, Executive Director Center for Housing and Health*





# Health Equity Updates

## FoodCare Program



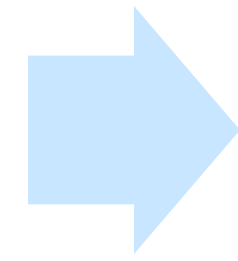




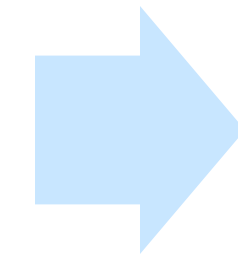
# FoodCare Goal and Objectives

Goal: Improve the health and quality of life of CountyCare members through nutritional education and improving member access to healthy food

Develop sustainable programs that will support, encourage, and educate members on healthy food selection and preparation



Reduce cost of care and improve health of members through reduction of readmissions, chronic disease prevention, reduction of ER visits, and improved health outcomes for pregnant women and their infants



Address food insecurity by providing access to healthy food to identified members resulting in a reduction of members who are food insecure



# FoodCare Project Design

| Phases  | Overview   | Launch Date  |
|---------|--|--------------|
| Phase 1 | Emergency meals – 2 meals a day for 14 days  | January 2023 |
| Phase 2 | Full member program – tele-nutrition appointments registered dietician for all members   | April 2023   |
| Phase 3 | Medically tailored meals (MTMs) - MTMs for members with a select number of diagnosis: diabetes, hyperlipidemia, hypertension, and gestational diabetes | June 2023    |



# Specific Metrics by Category

## Process Measures

Program Metrics:  
overall enrollment  
and enrollment by  
program type

Enrollment and Usage  
of Programs

Tele-nutrition:  
Scheduled & Completed  
Visits

Nutriquiz Takes &  
Retakes

Operational  
Metrics: FoodCare  
delivery and  
receipt metrics

Tier One Emergency  
Meals: Delivery &  
Fulfillment

FoodCare  
Delivery/Coverage by  
Condition & Zip Code

## Outcome Measures

Health Metrics:  
user-level  
information from  
nutriquiz and/or  
registered dietitian

Nutrition Improvement

Weight Loss

EBT Usage

Monetary Issues/Food  
Insecurity

HBA1C Measurement  
(Diabetes)

Triglycerides/Total  
Cholesterol/LDL-HDL

Blood Pressure  
(Hypertension)

Claims Analyses:  
deep-dives based  
on cohorts

PMPM Savings Across  
Cohorts

Detailed Comorbidity &  
Healthcare Utilization

MTM/Foodbox Dosage  
Review



# FoodCare Program Metrics: Enrollment to date



## Enrollment:

9.5% of 10% Goal  
41,385 members  
enrolled of 43,492  
enrolled



## Tele-nutrition:

20,446 initial visits  
completed  
88,737 follow up visits  
completed since  
launch  
109,183 total visits



## Medically Tailored Meals

4,732 emergency meals  
distributed as of 3/31/2024.  
In March 1,029 members  
newly enrolled in MTM-the  
highest number to date.





# Member Success Story

“CountyCare patient success! A patient is only on her 4th visit but is making exceptional progress. She has swapped morning Dunkin Donuts and large sugary coffee for smoothies with protein and healthy fats. The patient has been consistently walking 1 hour per day and has included her family. She is also very conscious about reading nutrition labels now and is enjoying learning more each session. The patient notes that her kids are excited to join her for walks and are starting to ask nutrition /food questions. In her words 'I'm so thankful for Foodsmart in this poverty-stricken community; most people around here don't know about nutrition or what to eat. You are giving us resources to live a long healthy life. I've been telling everyone I know- If you have CC do Foodsmart. It will change your life.'”

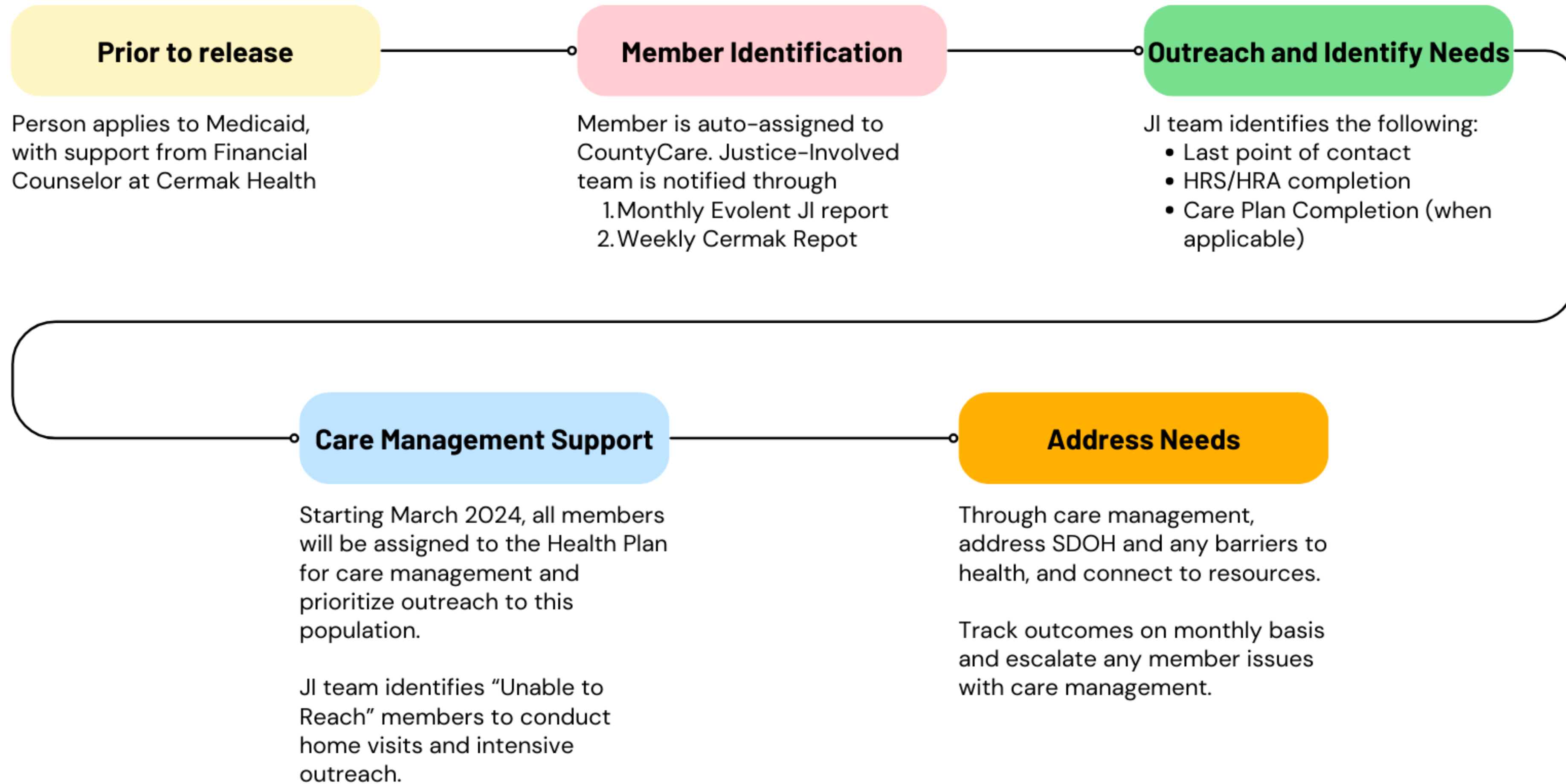
***-Registered Dietitian***





# Health Equity Updates

## Justice Involved Members







# Population Needs Identified by Justice-Involved Team

## Members with BH Conditions

- BH education
- Crisis Safety Plan
- Prescription needs
- Follow up appointment with BH Provider
- Follow up appointment with primary care provider (PCP)

## Members with Medical and Complex Medical Conditions

- Education centered on their condition(s)
- Follow-up appointment with PCP
- Follow-up appointment with specialist
- Prescription needs

## Members with SDOH Needs

- Legal assistance
- Public entitlements SSI
- Housing
- Transportation
- Employment
- FoodCare
- Clothing

## Pregnant Members

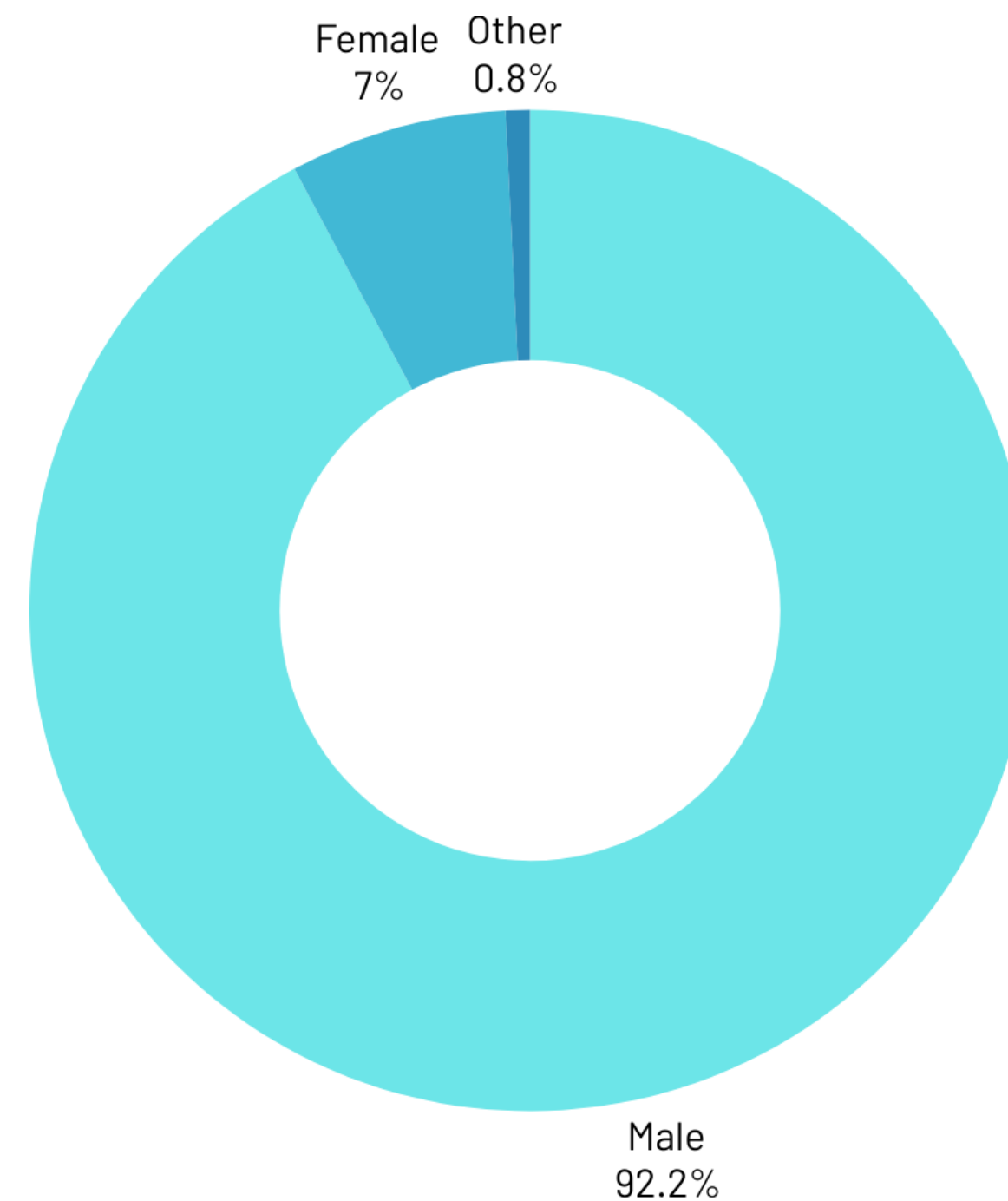
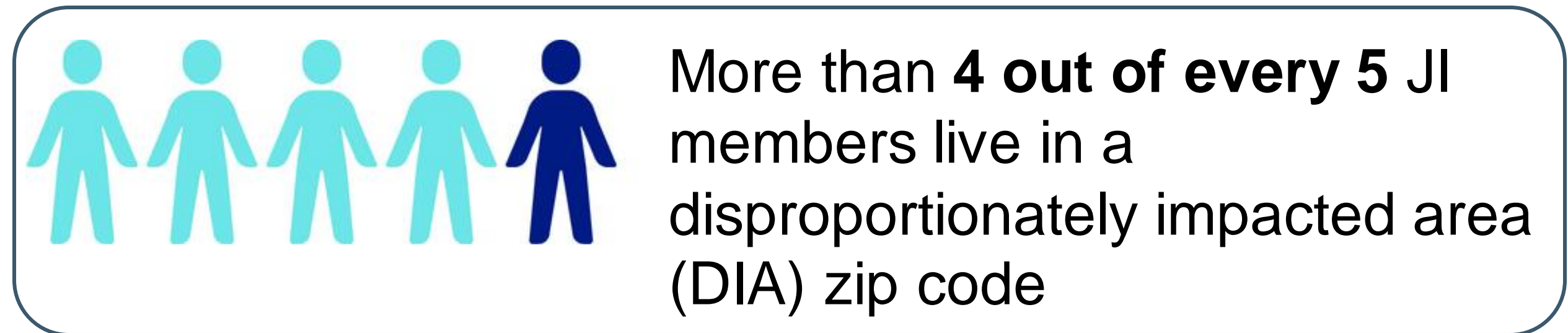
- PCP appointments
- Healthcare education
- Supportive counseling
- Nutritional needs



# Justice Involved Demographics

*(January 2024)*

| Race                      | N   | %     |
|---------------------------|-----|-------|
| Asian or Pacific Islander | 3   | 0.5%  |
| Black or African-American | 403 | 64.9% |
| White                     | 102 | 15.9% |
| Not Provided              | 133 | 20.6% |
| TOTAL                     | 641 | 100%  |



Sex of JI-members is overwhelming Male



# Justice Involved: Updates and Key Priorities

- Hire a social worker who will sit within Cermak Health System twice a week and act as liaison to CountyCare
- Implement a JI transition plan that includes SDOH screener
- Partner with parole officers
  - Supports member outreach
  - Helps us understand recidivism
  - Understand any additional needs
- Brainstorm what other support services for this priority population



# Health Equity – Next Steps and Priorities

## NCQA Health Equity Accreditation

- Conducting a readiness assessment and setting timeline for application

## Climate change

- Will develop a climate change plan and develop strategies to support members who live in areas most impacted by environmental racism

## 1115 waiver

- Continued commitment to address health-related social needs (HRSNs)
- Connecting with community partners and preparing to expand our capacity to address HRSNs as 1115 waiver is rolled out

Member  
Experience



# Strategic Initiative Highlight

## Marketing Campaign



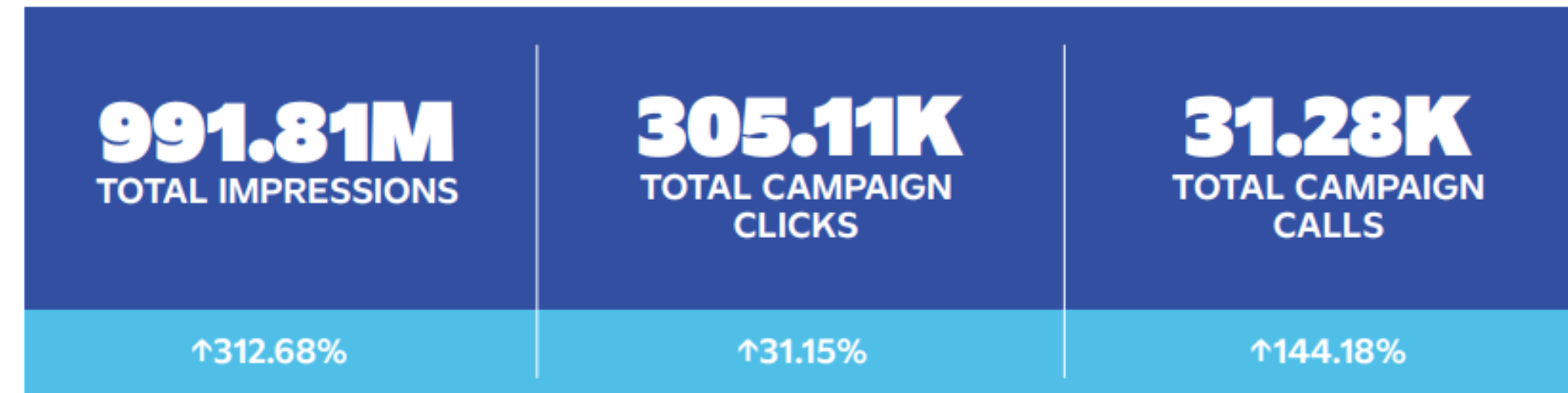
# Bring On The Benefits 2023-24 Choice Campaign



**Media:** 360 Campaign: TV, Radio, Digital, Out Of Home (OOH) and Print  
**Results:** October– February 2024  
**Goals:** Retention & Acquisition  
**Strategies:** Increase awareness [impressions] & engagement [calls, clicks]

## Media results outperformed last year's campaign:

- Total impressions increased **312%** [991M] compared to similar period last year
- The number of calls and clicks increased **144%** [31k] and **31%** [305k] respectively compared to last year



**BRING ON THE BENEFITS**

CountyCare gives Visa cash rewards for check-ups, screenings and more

The CountyCare Visa Rewards program cannot be used for the purchase of alcohol, tobacco, firearms or gambling.

**AQUÍ ESTÁN SUS BENEFICIOS**

CountyCare cubre el acceso a 20,000 especialistas

**تمتع بالمزايا!**

عمل نظارات النظر والعدسات اللاصقة CountyCare تغطي  
 وعمليات تصحيح النظر

**带来好处!**

CountyCare 涵盖视力、牙科和紧急护理

## Since the campaign started:

- Satisfaction with the plan increased to **82%** a record high
- Likelihood of members to recommend the plan increased from **+59 to +76** [Net Promoter Score\*]
- Likelihood of continuing with plan remains very high, with **90%** saying they are “Very Likely” to stay
- **Growth** in choice enrollment

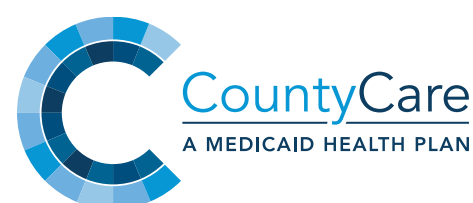
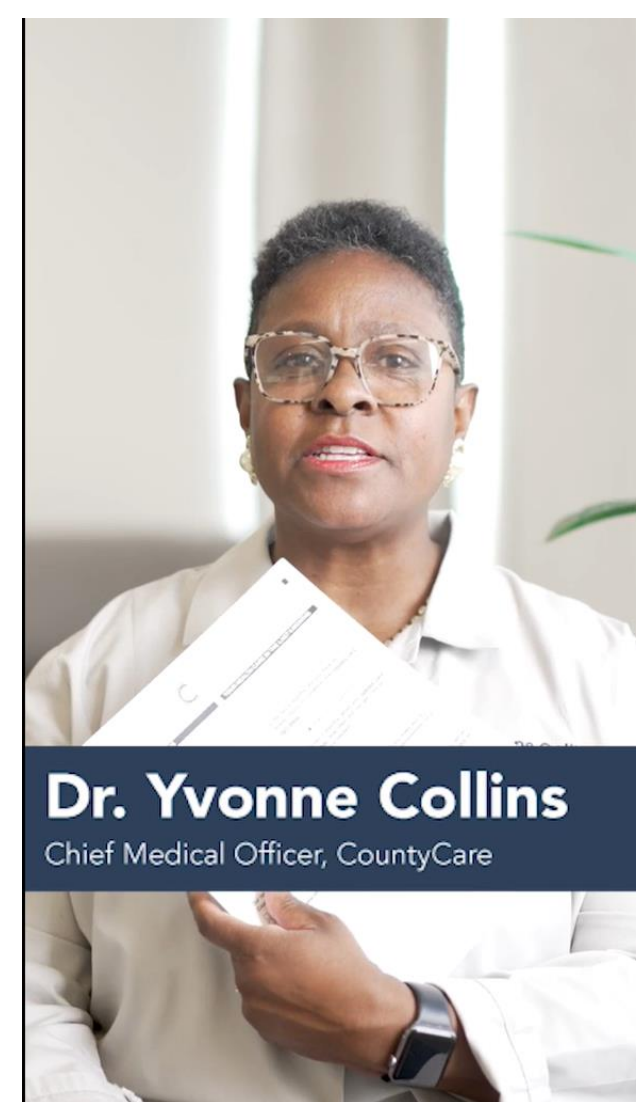
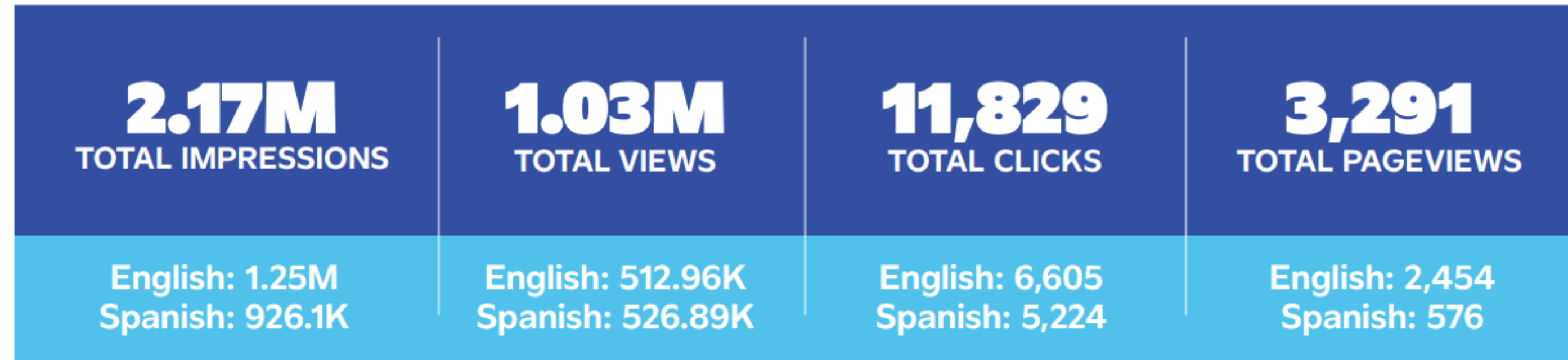
\*A good NPS for a healthcare company would typically fall within the positive range, with scores above 30 or 40 considered strong.



# Choice Campaign Extension: CAHPS

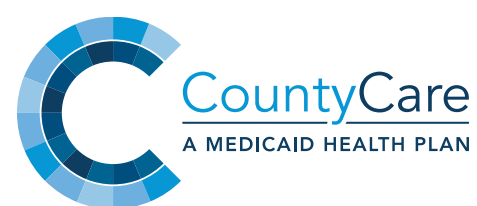
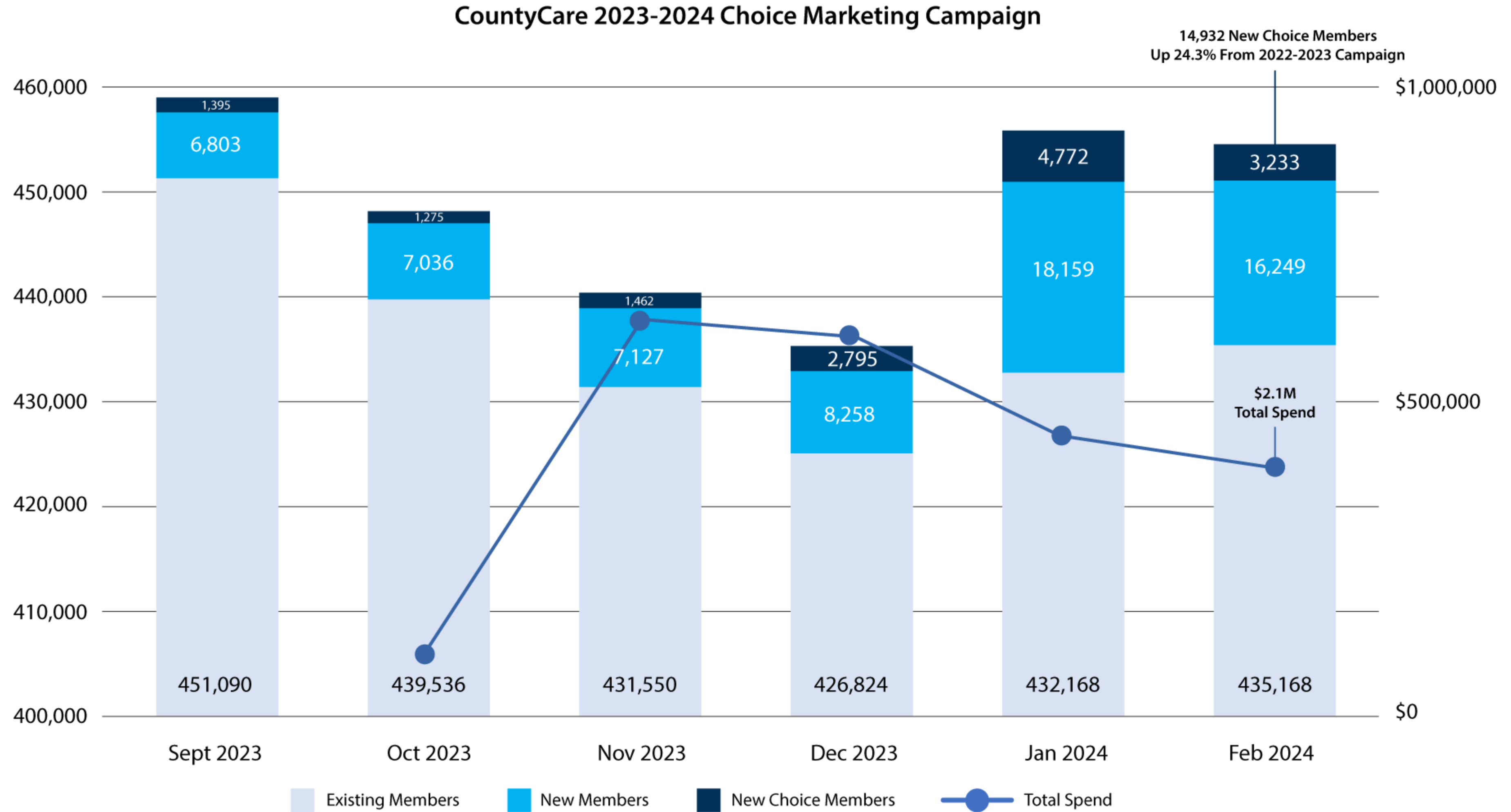
## Digital Results

February 1 – February 29, 2024





# Monthly Member Results During Campaign



| NEW CHOICE MEMBERS | Sep   | Oct   | Nov   | Dec   | Jan   | Feb   | Mar | Apr | TOTAL  |
|--------------------|-------|-------|-------|-------|-------|-------|-----|-----|--------|
| 2023-2024 Campaign | 1,395 | 1,275 | 1,462 | 2,795 | 4,722 | 3,233 | N/A | N/A | 14,882 |

Questions?  
Thank you!