Minutes of the Meeting of the Managed Care Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, August 2, 2024 at the hour of 9:00 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)

Directors Robert G. Reiter, Jr. and Tanya R. Sorrell, PhD, PMHNP-BC

Absent: None (0)

Additional attendees and/or presenters were:

Yvonne Collins, MD – Chief Medical Officer, CountyCare

Aaron Galeener –Chief Administrative Officer, Health Plan Services

Rachel Marrello – Operations Counsel Jeff McCutchan – General Counsel Alexandra Normington – Interim Chief Marketing and Communications Officer Deborah Santana – Secretary to the Board Cristina Turino – Chief Plan Officer, Health Plan Services

The next regular meeting of the Managed Care Committee is scheduled for Friday, October 18, 2024 at 10:30 A.M.

II. Public Testimony

There was no public speaker testimony provided.

III. Report from Health Plan Services (Attachment #1)

The following individuals provided an overview of the Report: Aaron Galeener, Chief Administrative Officer of Health Plan Services; Dr. Yvonne Collins, Chief Medical Officer, CountyCare; Cristina Turino, Chief Plan Officer, Health Plan Services; and Alexandra Normington, Interim Chief Marketing and Communications Officer. The Committee reviewed and discussed the information.

The Report included information on the following subjects:

- Health Plan Metrics
- Health Plan Successes: NACo Awards & Aster Judge's Choice Award
- Quality: HEDIS MY2023
- Quality: 2024 CAHPS
- Strategic Initiatives and Priorities:
 - 1115 Waiver Update
 - Lead Water Filter Benefit
 - Redetermination outcomes and redetermination events
 - FoodCare
 - Non-emergency medical transportation transition
 - Value-based strategy
 - Marketing Campaign

IV. Action Items

A. Minutes of the Managed Care Committee Meeting, April 19, 2024

Director Harrington, seconded by Director Webster Cross, moved to accept Item IV(A) the Minutes of the Managed Care Committee Meeting of April 19, 2024. THE MOTION CARRIED UNANIMOUSLY.

B. Any items listed under Section IV

V. Adjourn

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

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

Attest:

Deborah Santana, Secretary

Cook County Health and Hospitals System Minutes of the Managed Care Committee Meeting August 2, 2024

ATTACHMENT #1

Health Plan Services Managed Care Committee

August 2nd 2024

Presented by Aaron Galeener

Chief Administrative Officer



Health Plan Metrics

Current Membership

Monthly membership as of July 5th, 2024

Category	Total Members	ACHN Members	% ACHN
FHP	244,529	12,496	5.1%
ACA	104,979	12,443	11.9%
ICP	31,068	4,705	15.1%
MLTSS	9,324	_	0%
SNC	7,405	332	4.5%
HBIA	22,216	2,250	10.1%
HBIS	6,718	702	10.4%
Total	426,239	32,928	7.7%

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 and Family Services April 2024 Data

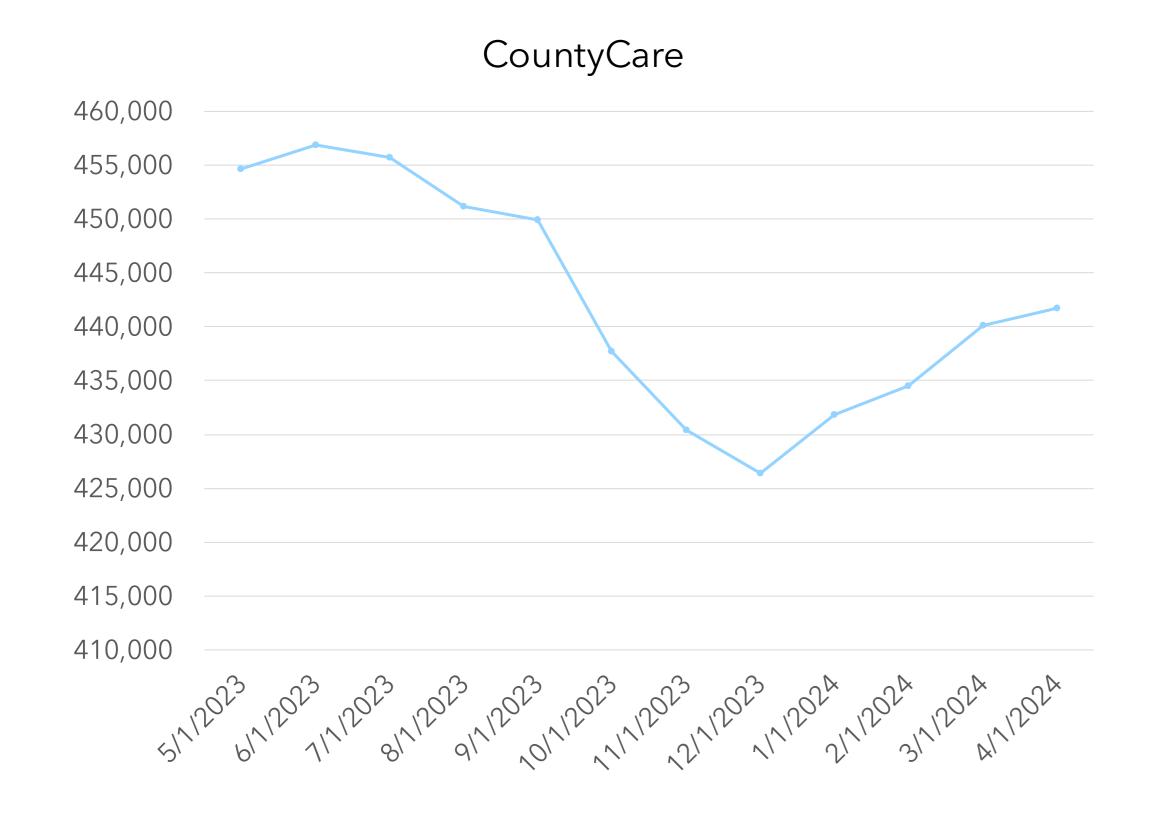
Managed Care Organization	Cook County	Cook Market Share
*CountyCare	441,754	34.2%
Blue Cross Blue Shield	351,247	27.2%
Meridian (a WellCare		
Co.)	280,663	21.8%
IlliniCare (Aetna/CVS)	117,040	9.1%
Molina	90,203	7.0%
YouthCare	8,986	0.7%
Total	1,289,893	100.0%

^{*} Only Operating in Cook County

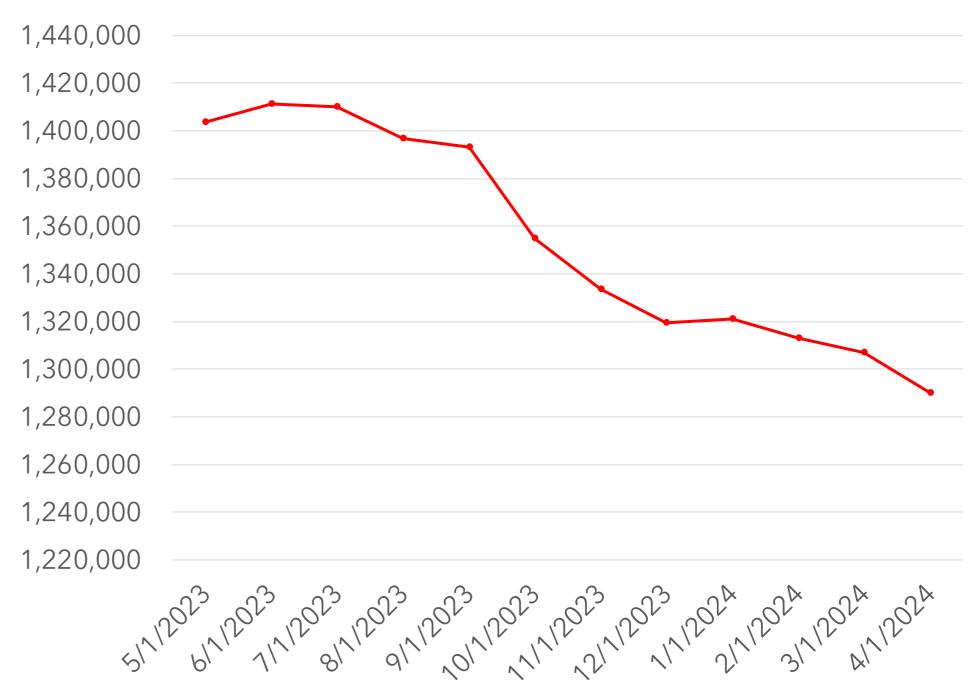


IL Medicaid Managed Care Trend in Cook County (charts not to scale)

CountyCare's enrollment **increased** 0.36% in April 2024 compared to the prior month, which can be attributed to HBI enrollment, and outperforms Cook County's **decrease** of 1.31%



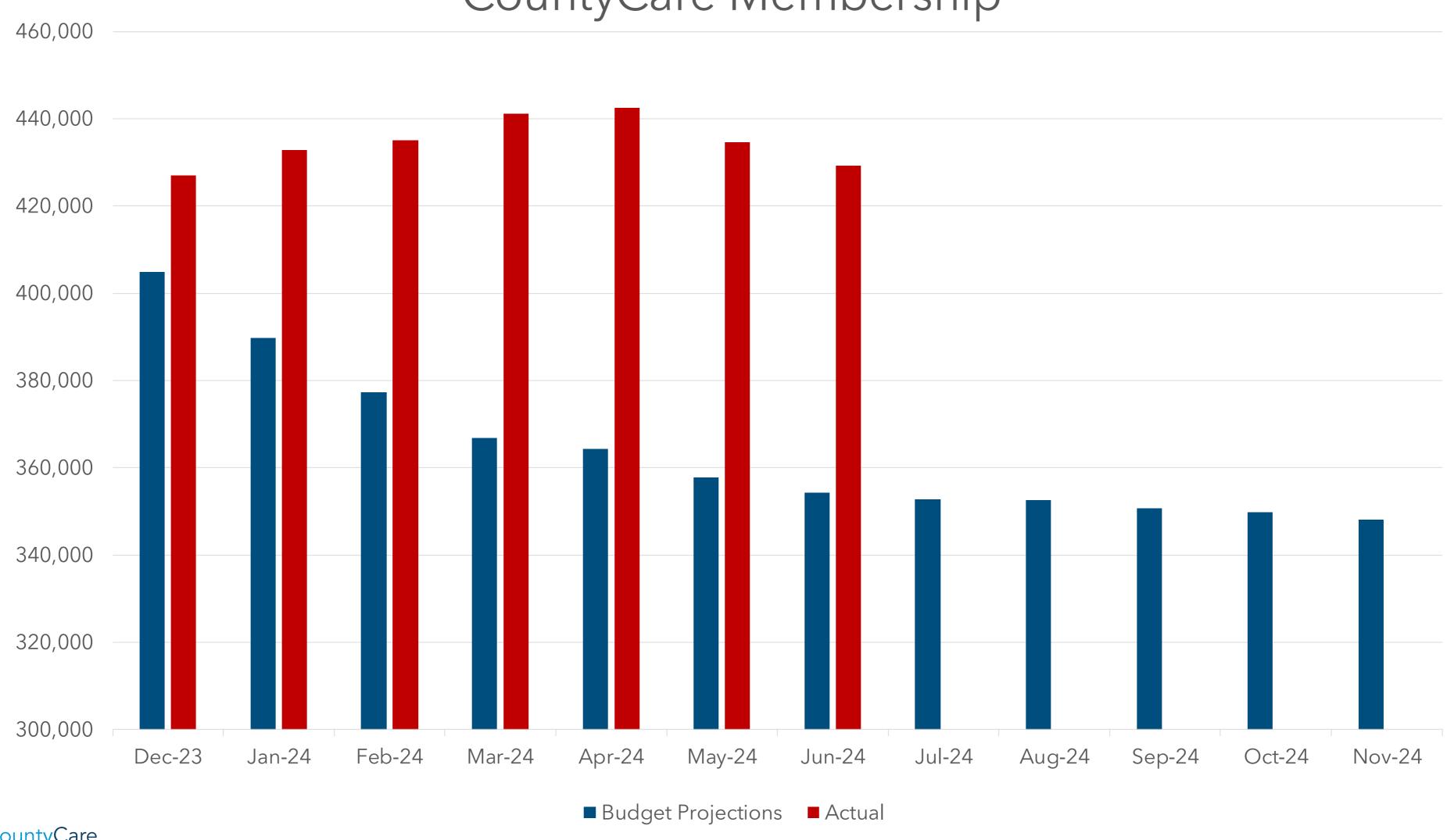






FY 24 Budget | Membership

CountyCare Membership





Operations Metrics: Call Center & Encounter Rate

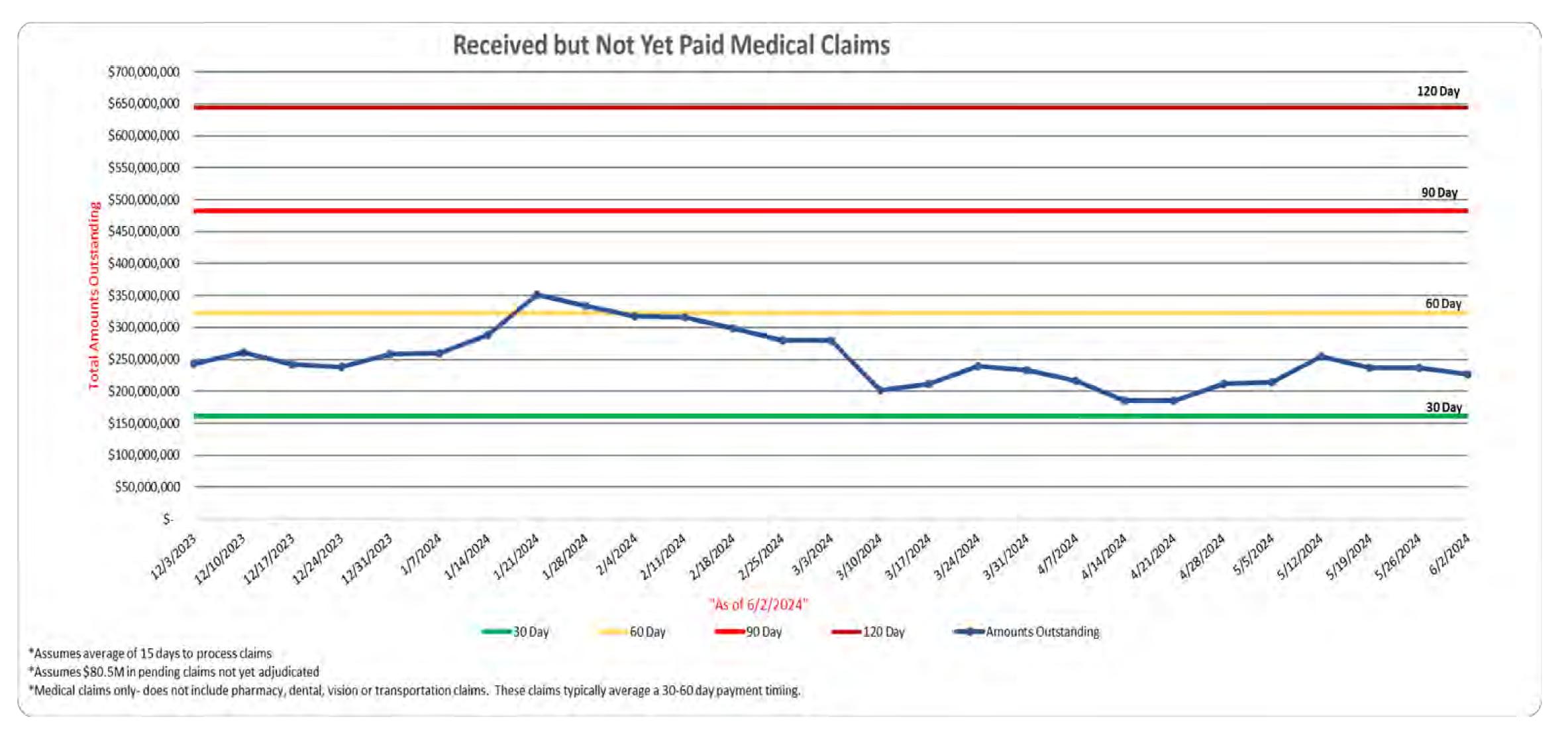
		Performance			
Key Metrics	State Goal	Apr 2024	May 2024	Jun 2024	
Member & Provider Services Call C	Center Metric	5			
Inbound Call Volume	N/A	57,461	53,595	48,358	
Abandonment Rate	< 5%	1.75%	2.13%	1.61%	
Average Speed to Answer (minutes)	1:00	0:22	0:29	0:26	
% Calls Answered < 30 seconds	> 80%	86.31%	82.56%	84.55%	
Quarterly					
Claims/Encounters Acceptance	98%	98%			

Current v. Prior Year: IP Acute Admits/1000

Acute Admits/k 60 Nov Dec Jan Feb ■ CY Admits/k 202306-202405 ■ Projected CY Run-out Admits/k 202312-202405 ■ PY Admits/k 202206-202305



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 6/2/2024	\$ 197,157,668	\$ 29,434,635	\$ 124,237	\$ 33,748	\$ 226,750,289

^{*0-30} days is increased for an estimated \$80.5M of received but not adjudicated claims

^{*}The amounts in the table are clean claims



^{*}Medical claims only-does not include pharmacy, dental, vision or transportation claims

Health Plan Successes: NACo Awards & Aster Judge's Choice Award

Health Plan Successes

- The National Association of Counties awards program recognizes innovative county government programs in 18 different categories.
- CountyCare won three National Association of Counties (NACo) Awards for:
 - Addressing food insecurity (Best in Health Category)
 - Engaging members during redetermination
 - Improving member demographics
- The Aster Awards is the nation's most elite competition for healthcare marketing professionals for excellence in advertising, marketing, and communications.
 - CountyCare won the Aster Judge's Choice Award for 2022-2023
 Campaign "There's a Plan for That"







2024 ACHIEVEMENT AWARD WINNER

"Optimism is the faith that leads to achievement." - Helen Keller

The National Association of Counties is proud to award Cook County, III.

A 2024 Achievement Award for its program titled:

Addressing Food Insecurity among Medicaid Members: FoodCare by CountyCare



Matthew Chase, CEO/Executive Director



Mary & McDeire Hon. Mary Jo McGuire, NACo President

NACo Achievement Awards

for Redetermination, Member Demographics, and FoodCare

CountyCare's FoodCare program won the best in the health category



Matthew Chase, CEO/Executive Director

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Quality: HEDIS MY2023

Scenario	# of measures at measure rating					
Scenario	5 STAR	4 STAR	3 STAR	2 STAR	1 STAR	
MY2023 HFS Projected Measure Ratings	1	13	18	15	5	
MY2022 HFS Health Plan Measure Ratings	2	6	15	17	8	
2022-2023 Change	-1	7	3	-2	-3	

HEDIS MY2023 Results

- HEDIS MY23 submitted in June
- Projecting 14 measures with a 4- or 5-star measure rating in 2024, based on Measurement Year 2023 HEDIS & CAHPS
- Number of 4-star measures projected to double from the prior year, going from 6 measures to 13 measures

HEDIS MY2023 Results

Star rating change by measure category, 2022-2023

				→
Measures with - 2 STAR decrease	Measures with - 1 STAR decrease	Measure Category	Measures with + 1 STAR increase	Measures with + 2 STAR increase
		Women's Health	3	
		Living with Illness	4	
	2	Behavioral Health	2	
		Keeping Kids Healthy	4	3

- In MY2023, nearly half of measures increased in measure rating score from MY22, improving by one or two stars
- Over 60% of measures with no change in measure rating score had an improved rate as compared to the prior year



HEDIS MY2023 Results

HEDIS MY23 focus on maternal and child health (MCH), behavioral health (BH), and primary care provider (PCP) engagement

Priority measure	Category	MY2022	MY2023
Adult Access to Preventive/Ambulatory Services (Total)	PCP	69.56%	70.76%
Well-Child Visits (Total)	PCP	50.73%	54.36%
Follow-Up After Hospitalization for Mental Illness (7-day)	ВН	23.10%	23.55%
Follow-Up After ED Visit for Mental Illness (7-day)	ВН	41.64%	38.89%
Prenatal and Postpartum Care - Prenatal Care	MCH	84.23%	86.89%
Prenatal and Postpartum Care - Postpartum Care	MCH	76.70%	81.64%



Opportunities for improvement Areas of focus for 2024 and 2025



Behavioral Health

- Continued focus on follow up after hospitalization and emergency department visit for mental health
- New initiatives to target substance use disorder





Living with Illness and Chronic Disease

 New strategies for controlling high blood sugar, diabetes, and initiation of cancer screenings



Maternal and Child Health

- Continued focus on prenatal and post partum care
- New initiatives on childhood immunizations

Performance Improvement Strategy



Though there are specific strategies for each measure, many strategies impact multiple measures.

Performance Improvement Workgroups

• Four performance improvement groups meet regularly to work on interventions to impact measures and evaluate if interventions are having the intended impact.

Provider & Care Management Partnership

 Quality participates in provider partnership and care management meetings to share quality performance, discuss priorities and collaborate on improvement efforts.

Data Improvement

• Working on expanding supplemental data sources through payer data exchange options and the addition of new supplemental sources.

Value-Based Care & Incentives

• Include priority measures in VBC agreements and provider incentives to align provider quality improvement efforts with health plan areas of focus.

Quality: 2024 CAHPS

Quality: Adult CAHPS

CAHPS Survey Overview

- The Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey is administered to a sample of Medicaid members once annually.
- Questions asked are set by NCQA and used by all health plans
- CountyCare is allowed to add a certain number of custom questions to the survey each year

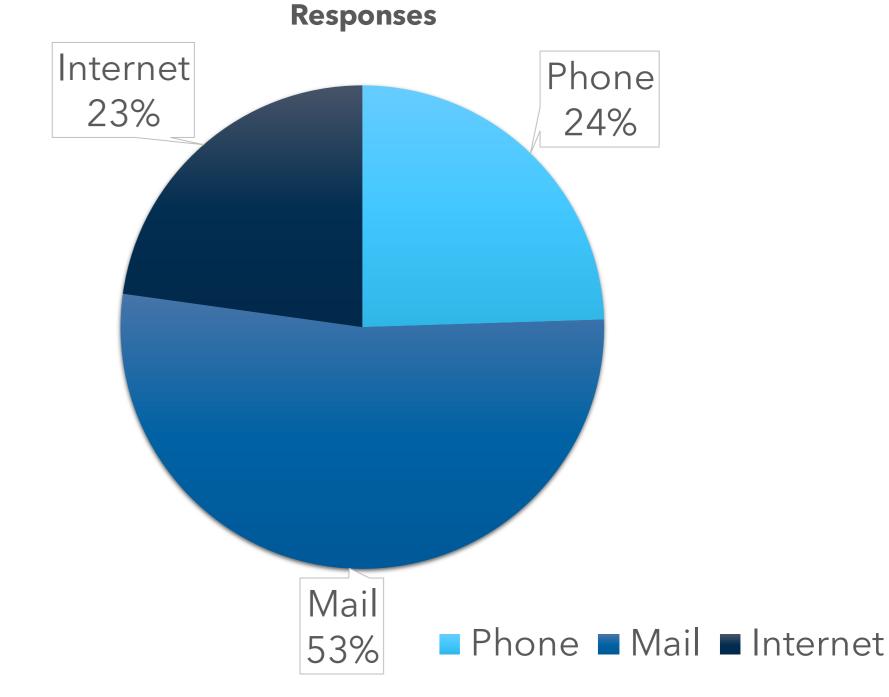
Categories

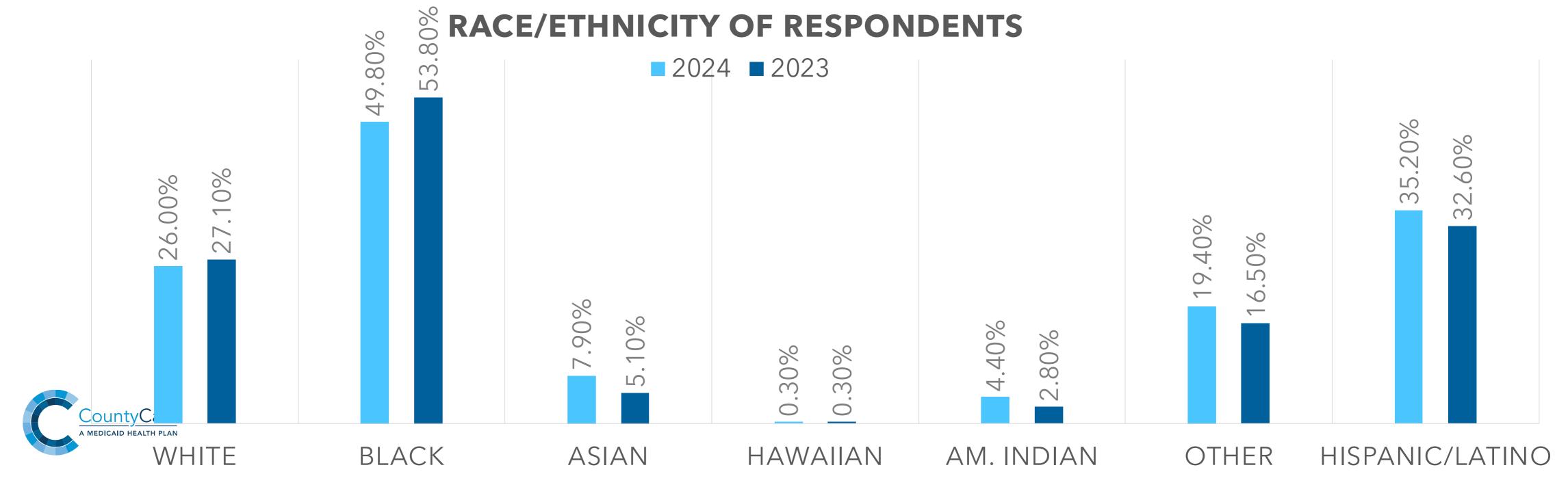


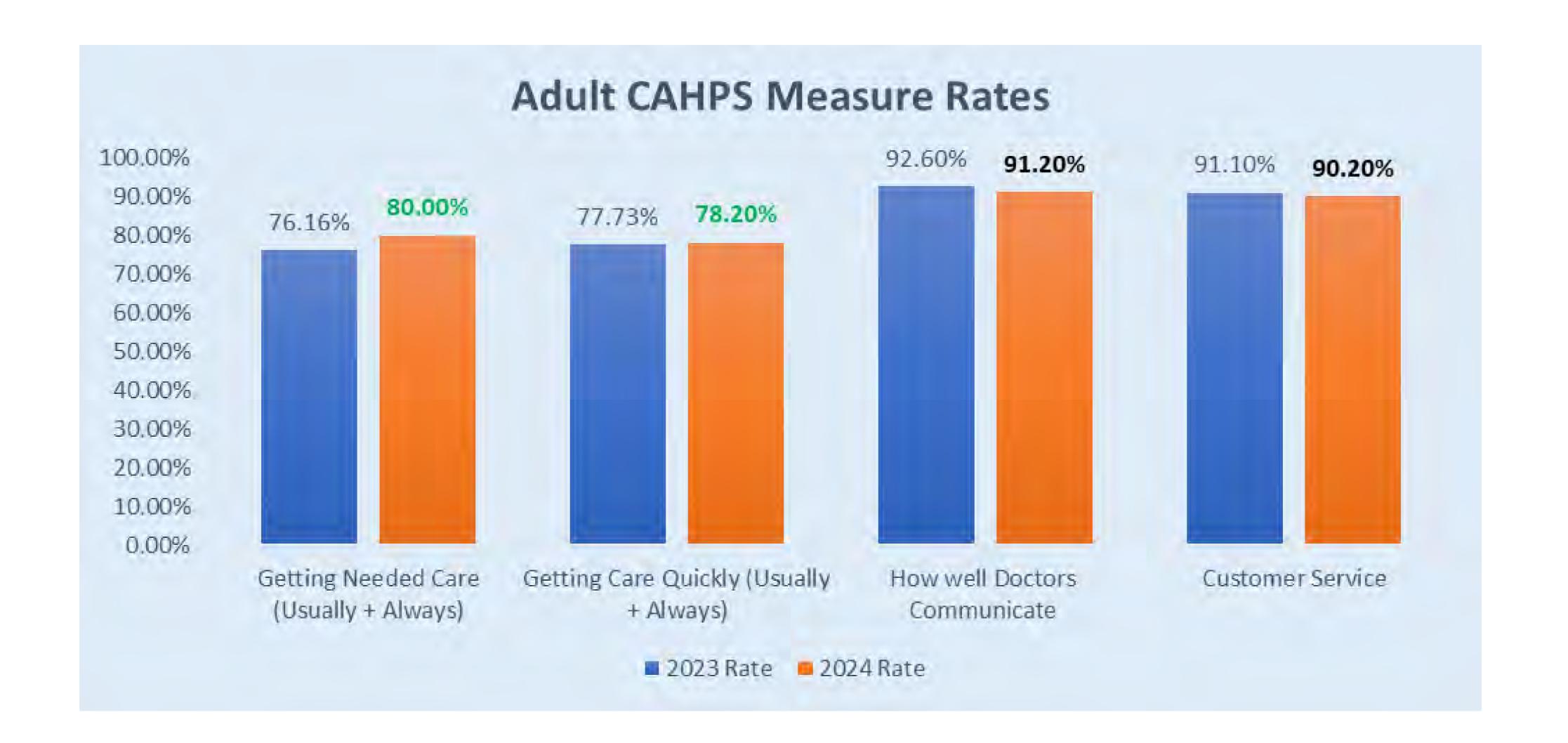


2024 Adult CAHPS Demographics

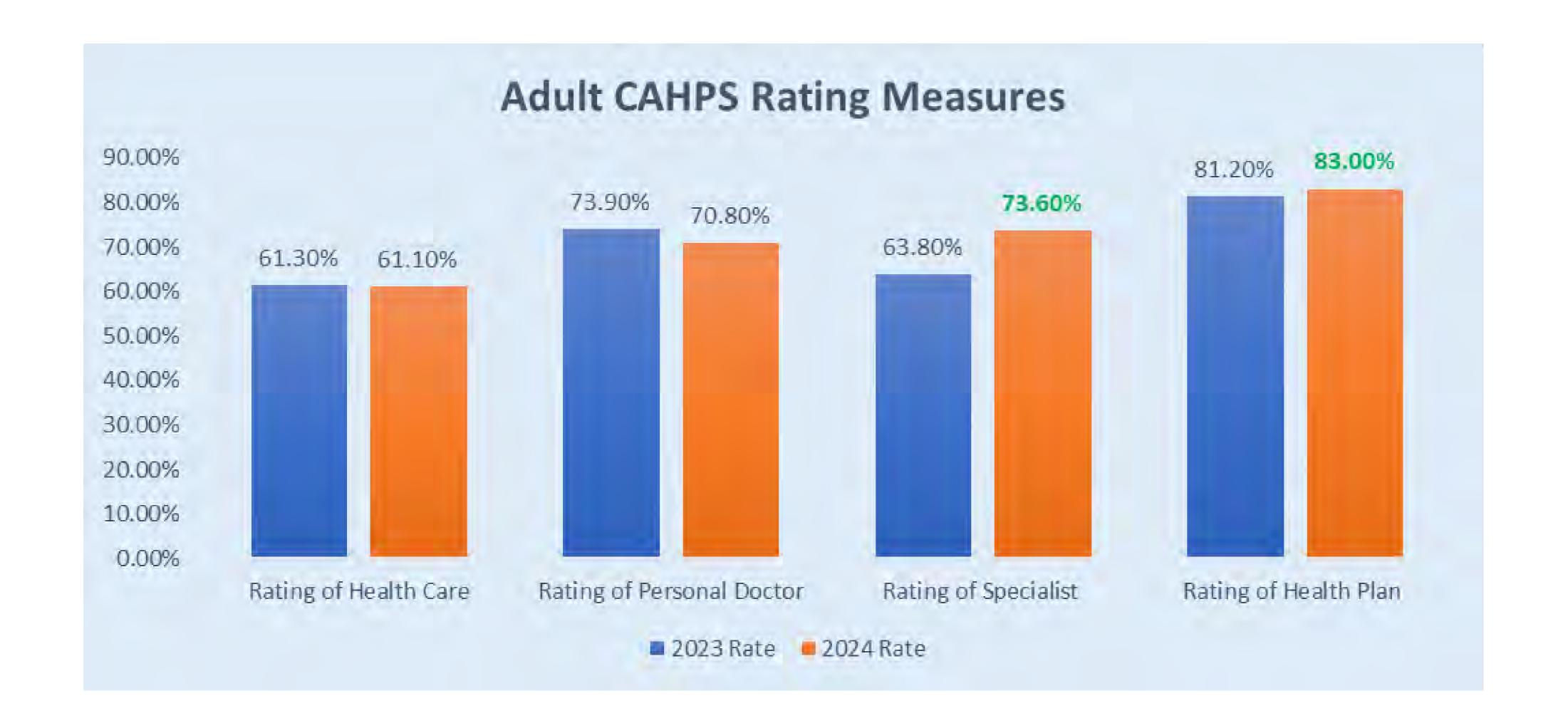
- Sample size=2,700
- Total complete=351
- Response rate=13.2% (compared to 14.6% in 2023)
- The survey was predominantly completed by female (62%) respondents 55+ of age.









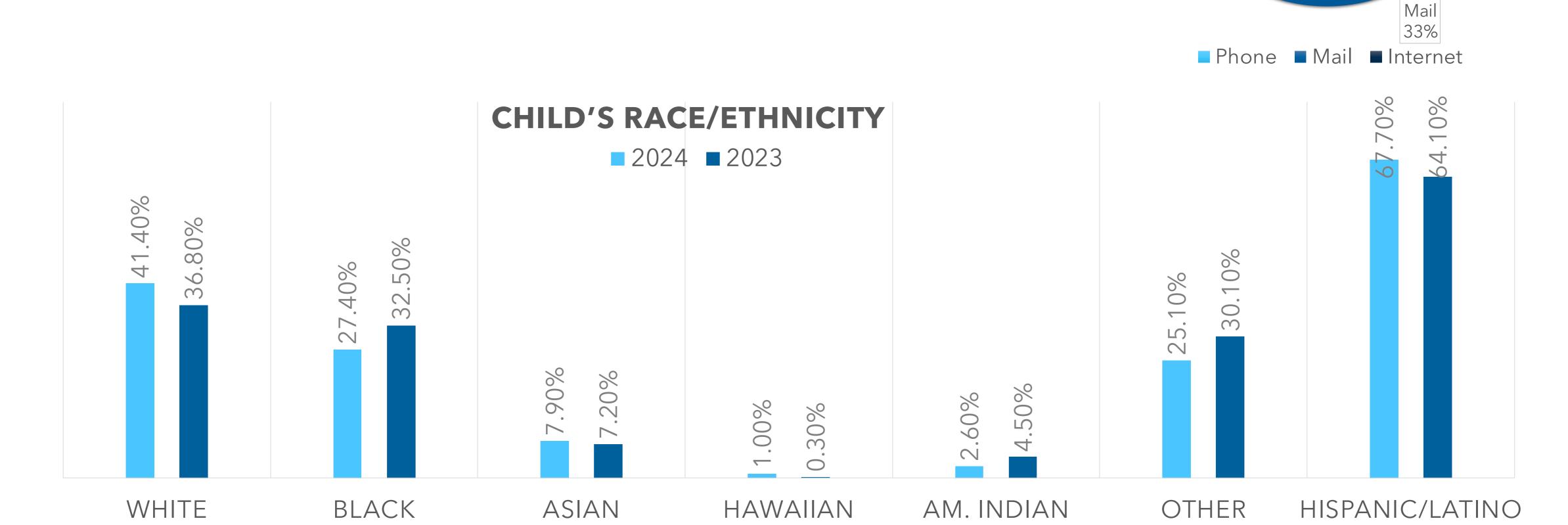




Quality: Child CAHPS

2024 Child CAHPS Demographics

- Sample size=3,630
- Total complete=466
- Response rate=12.9% (12.1% in 2023)
- The survey was predominantly completed by female respondents between 35-44 years of age.



Responses

Internet

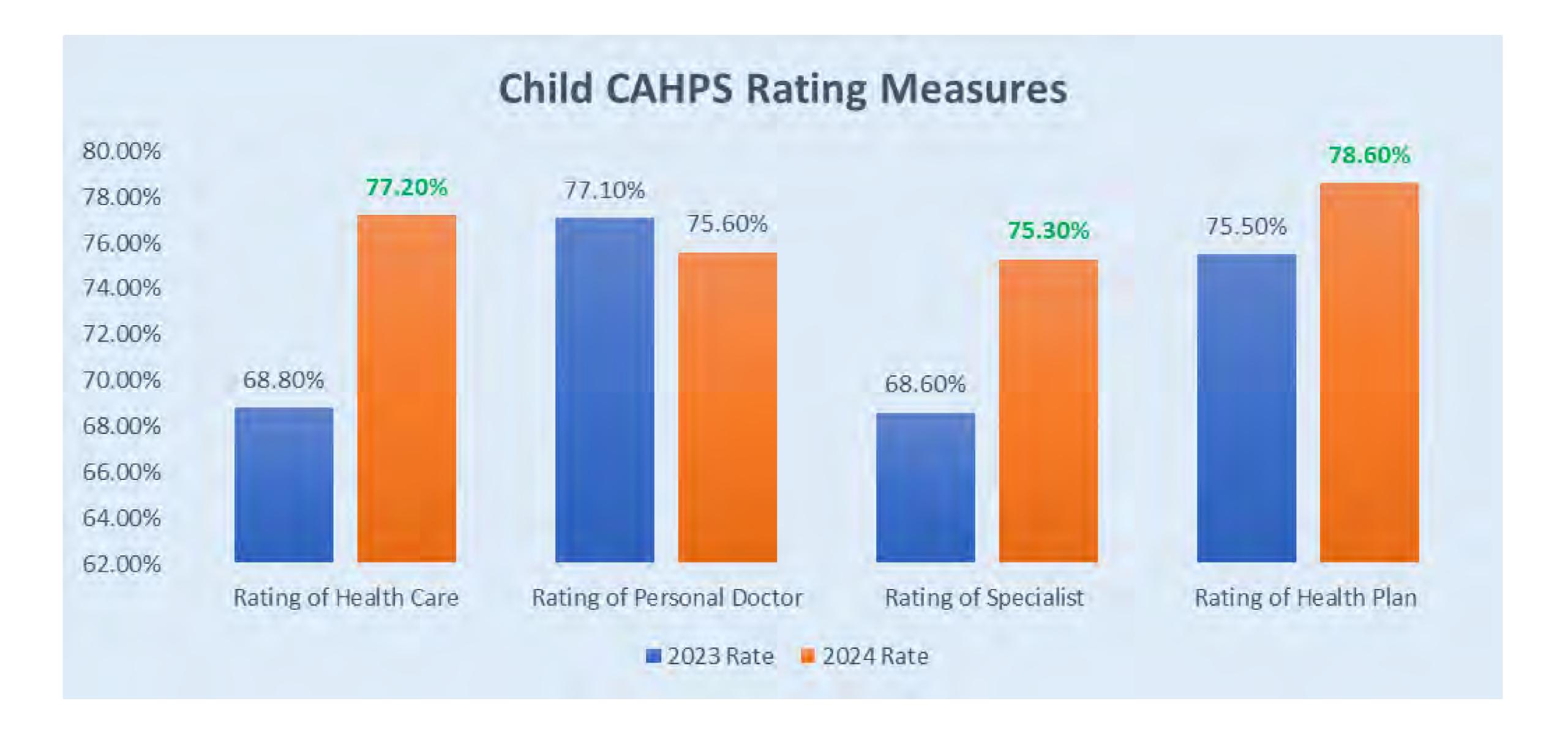
40%

Phone

27%

Child CAHPS Measure Rates 94.50% 94.50% 93.00% 100.00% 87.90% 82.34% 82.00% 90.00% 79.40% 74.35% 80.00% 70.00% 60.00% 50.00% 40.00% 30.00% 20.00% 10.00% 0.00% Getting Needed Care Getting Care Quickly How well Doctors Customer Service (Usually + Always) (Usually + Always) Communicate ■ 2023 Rate 2024 Rate







Performance Improvement Strategy

Areas of focus: Getting Needed Care, Getting Care Quickly, Rating of Health Plan

Workgroups focused on 4 key areas



Community engagement

Marketing/branding

Member communications

Outreach

Community partnerships

Equity and access



Provider network

Provider engagement/partnerships

Network access

Provider friendly-MCO



Clinical care

Quality of care

New clinical programs and initiatives

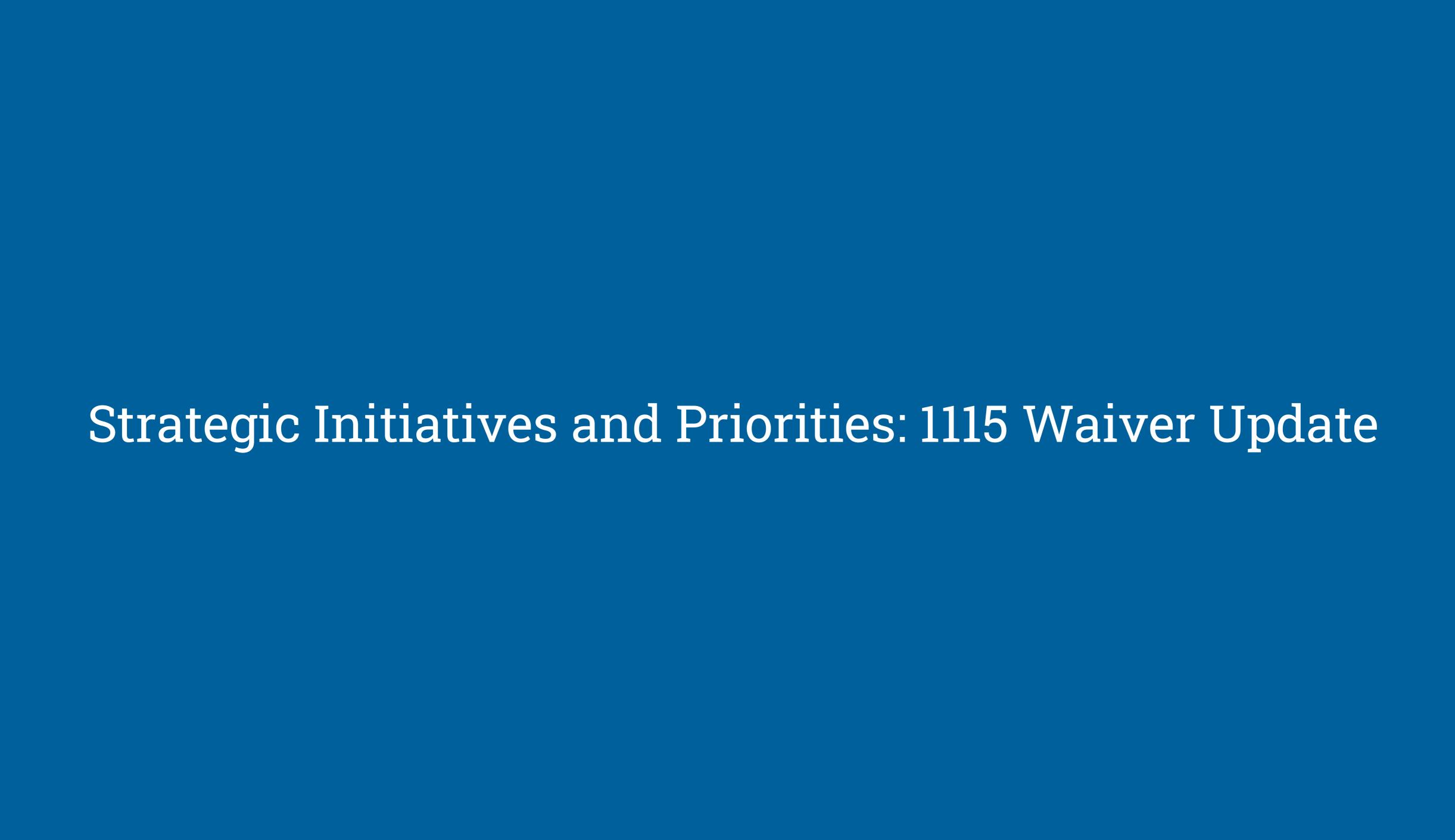


Supplemental benefits

New or improved supplemental benefits

Address health-related social needs





Illinois Healthcare Transformation 1115 Waiver

An 1115 waiver is "an experimental, pilot, or demonstration projects that promote the objectives of the Medicaid and Children's Health Insurance Program (CHIP) programs" Section 1115 Demonstrations | Medicaid

- Approved as of 7/2/2024 until 6/30/2029
- · The initiative specific goals of the demonstration are to provide:

1) Medical assistance to individuals with SUD;

2) Substance Use Disorder (SUD) case management;

3) Supported employment services;

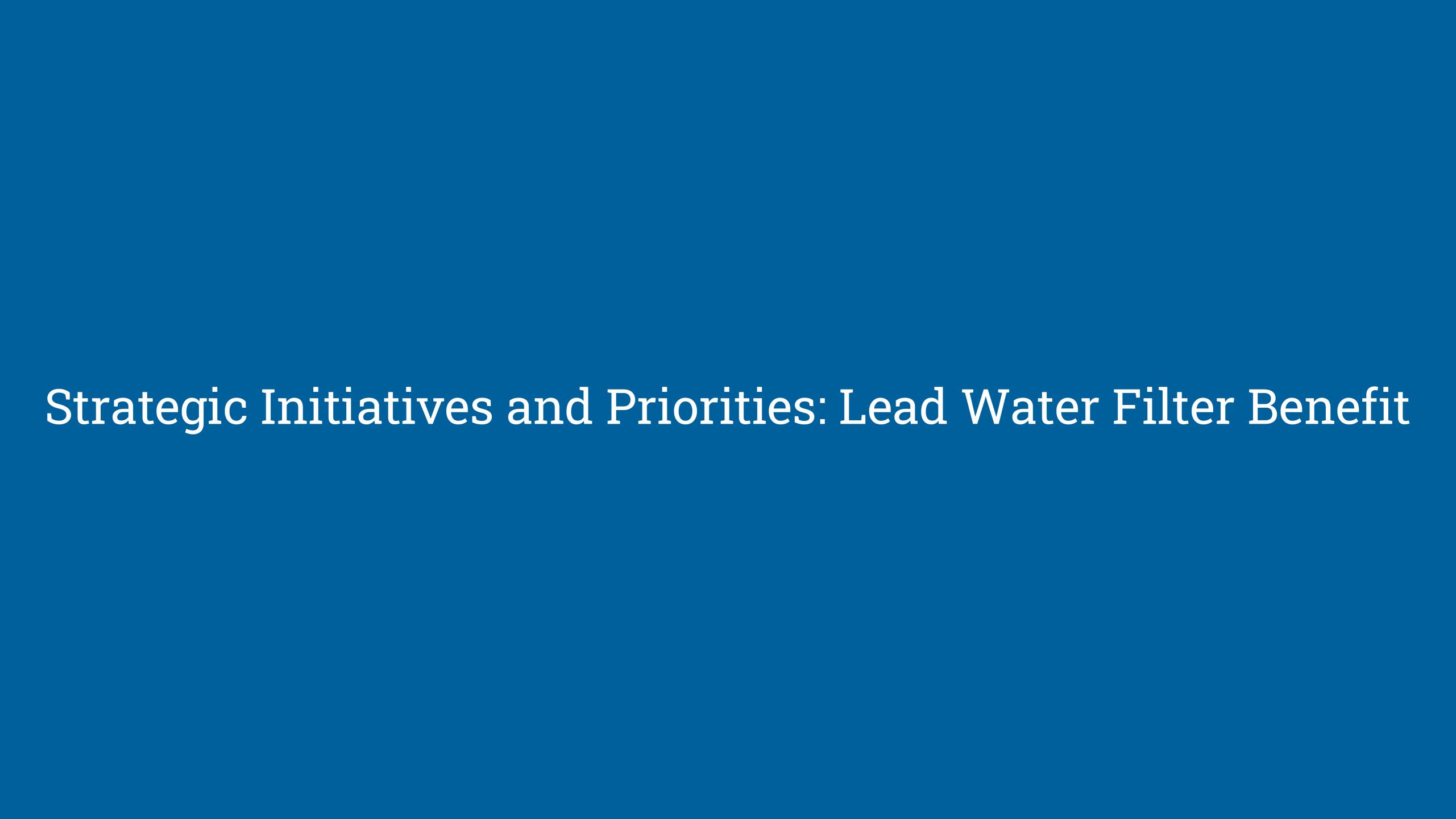
4) Targeted pre-release services to eligible individuals who are incarcerated and improve the health of communities and justice-involved populations in Illinois;

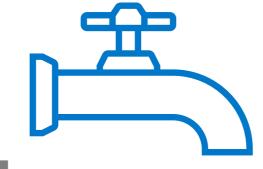
5) Health Related Social Needs (HRSN) services;

6) Violence prevention and intervention services; and

7) Non-medical transportation







Lead Poisoning of Prevention

- Background: Lead poisoning continues to be a major health issue in the Chicago area due to lead paint and lead pipes
- Action: CountyCare will send a onetime coupon to CountyCare households with a child(ren) 12 years or younger. About 90,000 households will receive the coupon.
- **Next steps:** August 2024 rollout of the coupons targeting DIA zip codes for the first distribution.





Hello from CountyCare!

Supporting your family's health is important to us! Please use this coupon to get a free water filter to remove lead from your drinking water.



What is lead?

Lead is a highly toxic metal that can cause health problems, especially in children under age 6. There is no safe level of lead in children.



Why is lead bad?

Children exposed to lead may have stomach (belly) pain, low blood count (anemia), behavior problems, and trouble paying attention in school.



How are children exposed to lead?

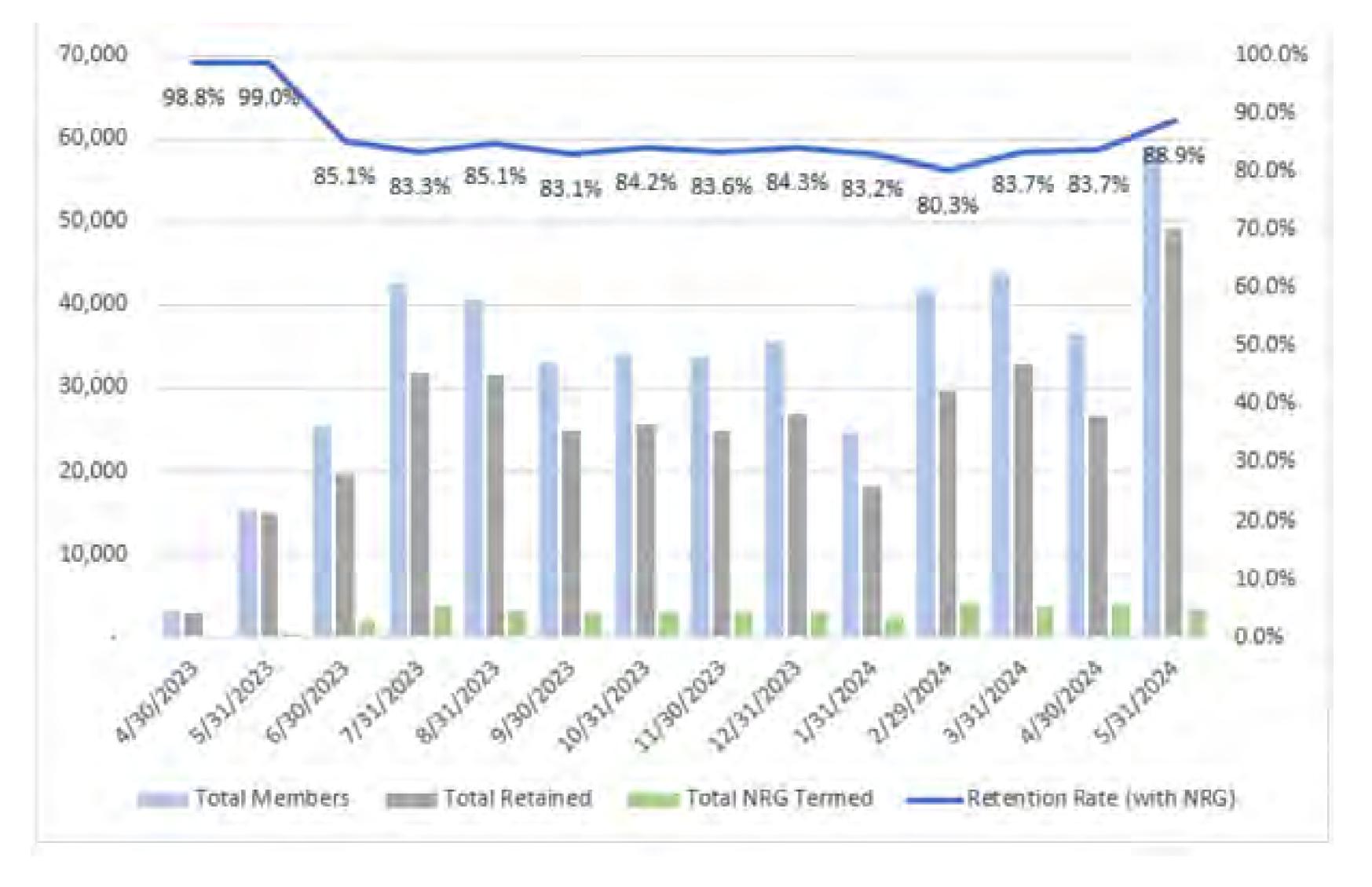
80% of children's lead exposure comes from paint in homes built before 1978. Lead can break down into dust or chips that children can breathe in or swallow. Lead can also be found in drinking water when the water takes in lead from lead pipes.

Educational material will be sent with the coupon. Developed in partnership with the Cook County Department of Public Health and Chicago Department of Public Health

Strategic Initiatives and Priorities: Redetermination outcomes and redetermination events

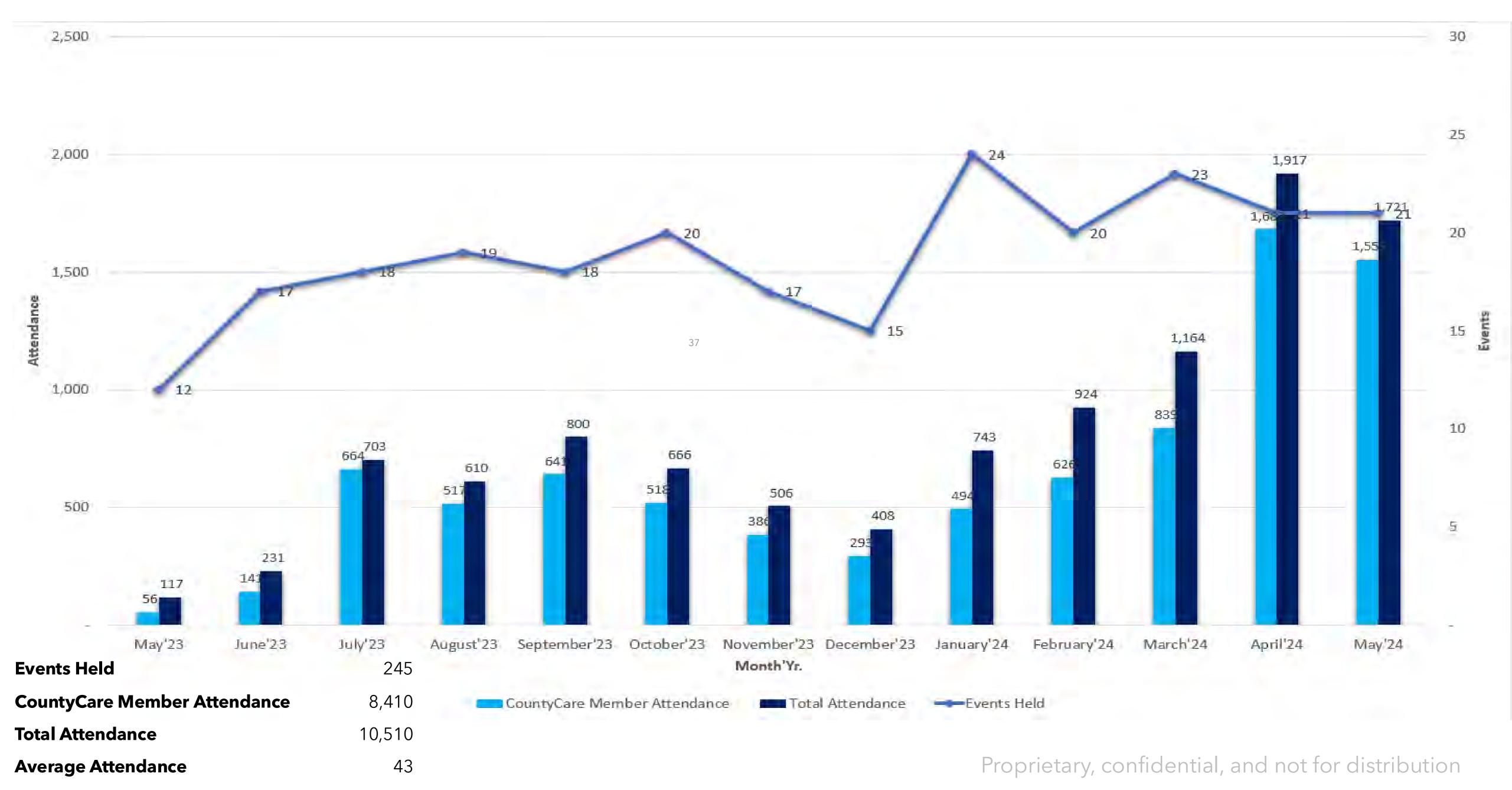
Monthly Redetermination Outcomes

Members with a 5/31/2024 redetermination date had an adjusted retention rate of 88.9%. This is 5.2 percentage points higher than April's rate of 83.7%.





Redetermination Events & Attendance - May'23 - May'24



Strategic Initiatives and Priorities: FoodCare

Overview of FoodCare

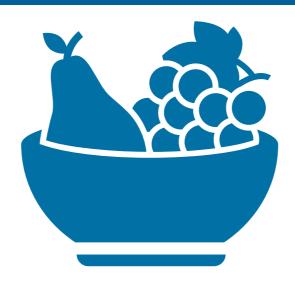
Phase 1: Emergency Meals



- Start Date: January 2023
- Objective: Provide immediate food support
- **Key Activities:** 14 prepared meals delivered to members within 48 hours of their request
- Number of emergency meals: >14,700

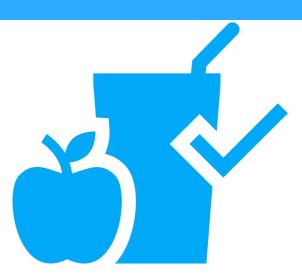


Phase 2: General Nutrition Program



- Start Date: April 2023
- **Objective:** Nutritional guidance and support, empowering individuals to make healthier choices effortlessly
- Key Activities:
- Members can access unlimited telenutrition visits
- Grocery planning and budgeting assistance
- Members engaged: >45,700

Phase 3: Medically Tailored Food



- Start Date: June 2023
- **Objective:** Address dietary needs for medical conditions
- Key Activities:
 - Delivery of prepared meals tailored to member's diagnosed condition
 - Support for chronic conditions
 - Members engaged: >1,400

Phase 1: Emergency Meals Program

Emergency Meals



- **Key Activities:** 14 prepared meals delivered to members within 48 hours of their request
- Number of emergency meals: >14,700

>14,700 meals have been delivered

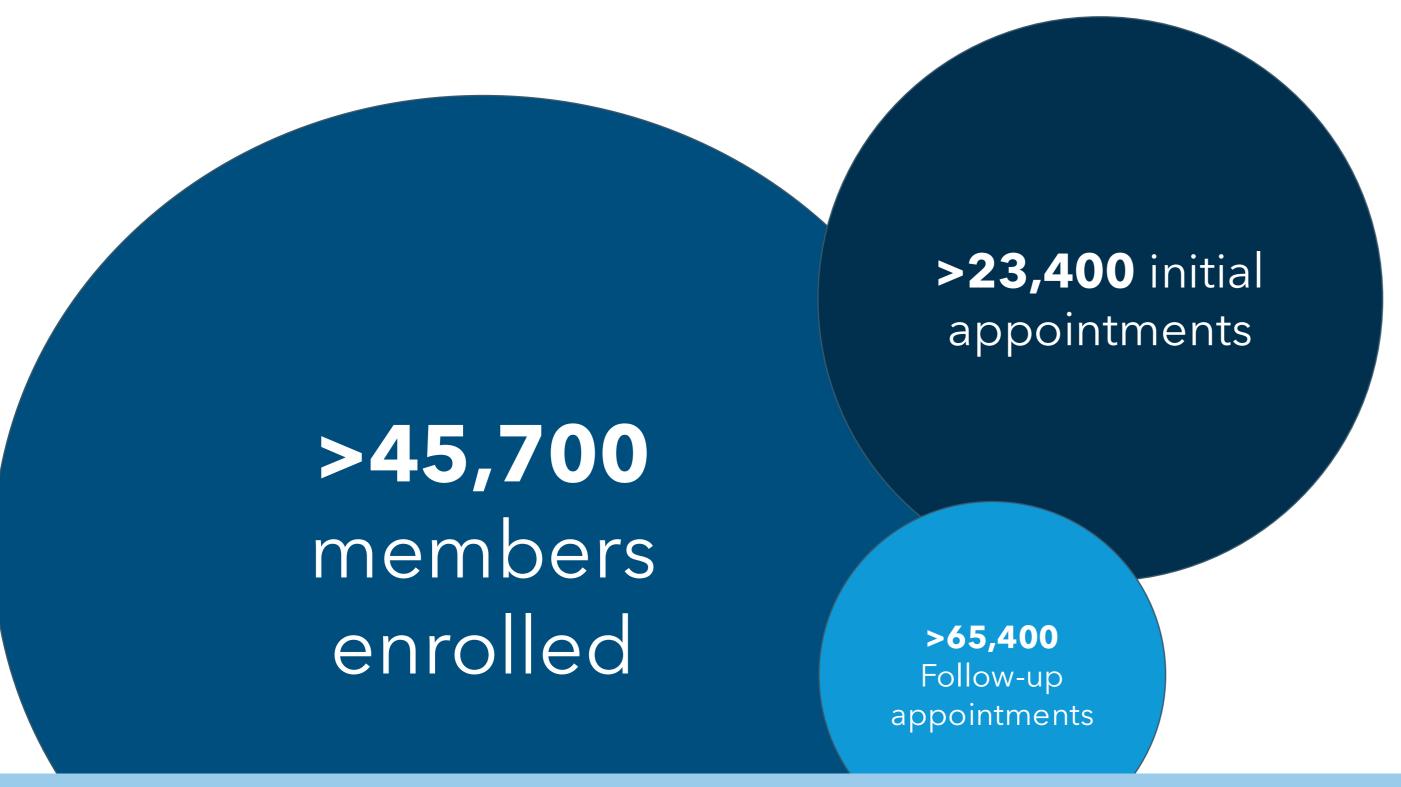
>1,000 members experiencing food insecurity have received meals

Emergency meal referrals can be made by anyone, but most often comes from the Care Coordinator

Data from January 2023-May 2024



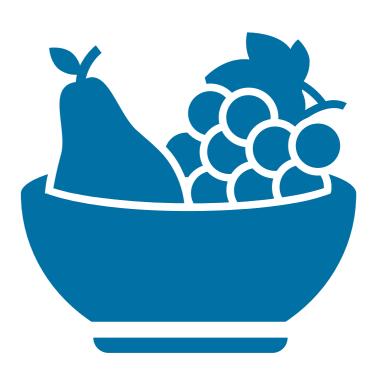
Phase 2: General Nutrition Program



Members receive \$50 in Instacart grocery funds for their first dietician appointment and \$15 for follow-up appointments



General Nutrition Program



- Key Activities:
- Members can access unlimited telenutrition visits
- Grocery planning and budgeting assistance
- Members engaged: >45,700

Phase 3: Medically Tailored Food (MTF) Program

Medically Tailored Meals



Key Activities:

- Delivery of prepared meals tailored to member's diagnosed condition
- Support for chronic conditions
- Members engaged: >1,400

1.4k members have received or are receiving MTF

7.8k members eligible for MTF after completing initial appointment with dietician



Clinical Improvements

Metric	Foodsmart BoB	CountyCare
% of obese users with weight loss	53%	56%
Average weight loss per obese	-11 lbs	-9 lbs
% Users with any improvement in Nutriscore	56%	66%
Avg. Blood Pressure reduction among members with Hypertension	-7/-5 mm Hg systolic/diastolic	-5/-5 mm hg systolic/diastolic
% Members with Hypertension achieve 0.5 mm Hg reduction in systolic or diastolic BP	48%	55%
% Members with Diabetes Achieve 0.5% reduction HA1c	54%	57%
Avg. Change in Ha1c among members with Diabetes	-0.6%	-0.6%
Avg. Nutriscore improvement, %	3%	9%



Meet Our Members

Single Mom

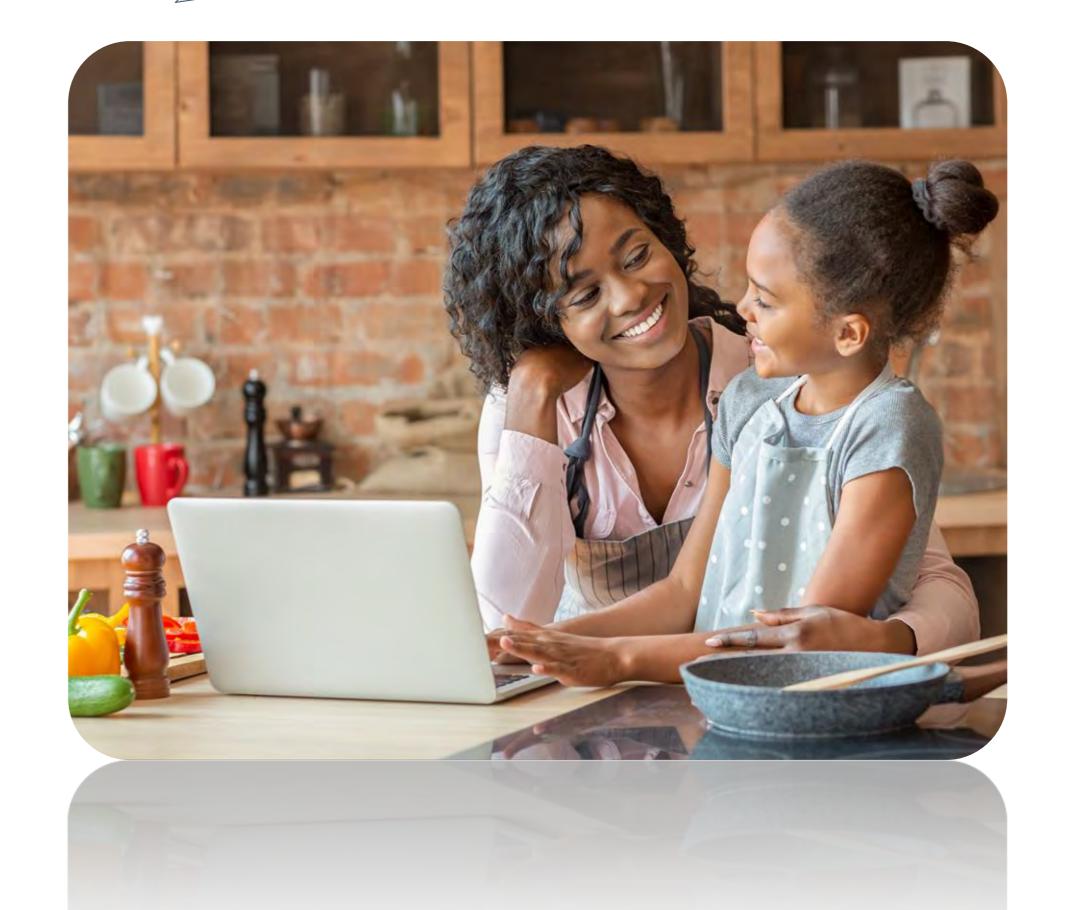
Has been trying to get help from a RD for over 11 years but has never been able to connect with anyone.

Joined FoodCare in November to help work on a Healthy Weight and making better food decisions for her son.

With FoodCare: Lost 40 pounds!

- Gained a new love for fruits and veggies.
- Has gotten her son eating vegetables for the first time.

"The combination of the grocery rewards and my RD have been an answer to my prayers. I love my RD and am grateful that CountyCare offered this service as I never would have been able to afford this help alone!"



Strategic Initiatives and Priorities: Non-emergency medical transportation transition

Transition of nonemergency transportation

Beginning August 1, 2024, CountyCare will transition to a new non-emergency transportation vendor, Modivcare.

Modivcare maintains a network of transportation providers that provide multiple levels of transportation services, including public transportation.

There is no change in the transportation benefit, however we will have a more extensive network. Trips must be medically necessary (ex: doctors' appointment, counseling, dialysis, etc.). Modivcare will determine the most appropriate type of transportation depending on the members health condition and mobility limitations.

This may include:

- Private Transportation Provider
- Public Transportation/Bus Passes
- Mileage Reimbursement



Non-Emergency Medical Transportation (NEMT) Vendor Transition

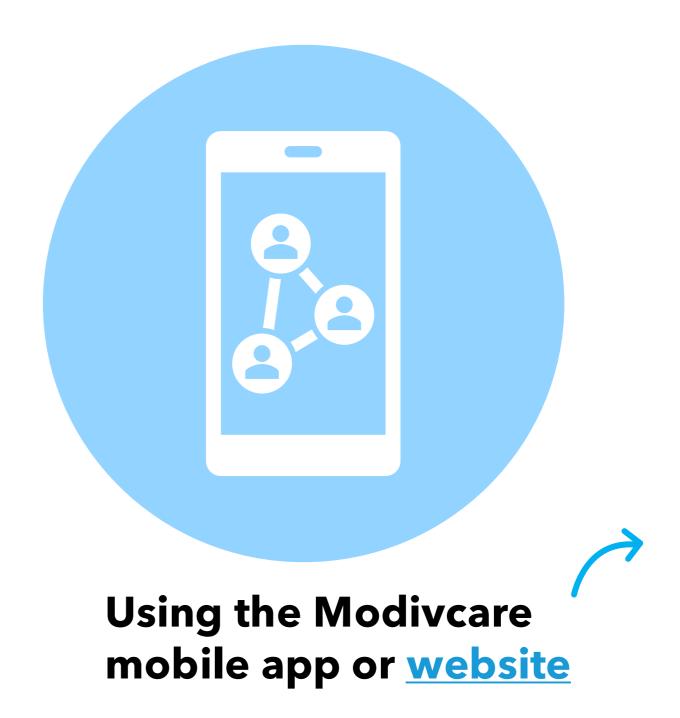
Effective 8/1/2024, members can schedule rides to and from appointments with CountyCare's new partner, ModivCare, by:



Calling 312-864-8200

Monday through Friday, 7:00 a.m. to 7:00 p.m., Saturday and Sunday, 9:00 a.m. to 1:00 p.m.

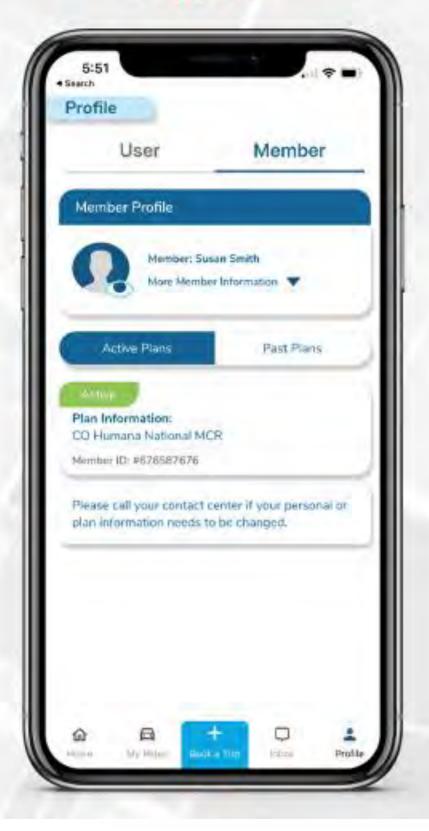




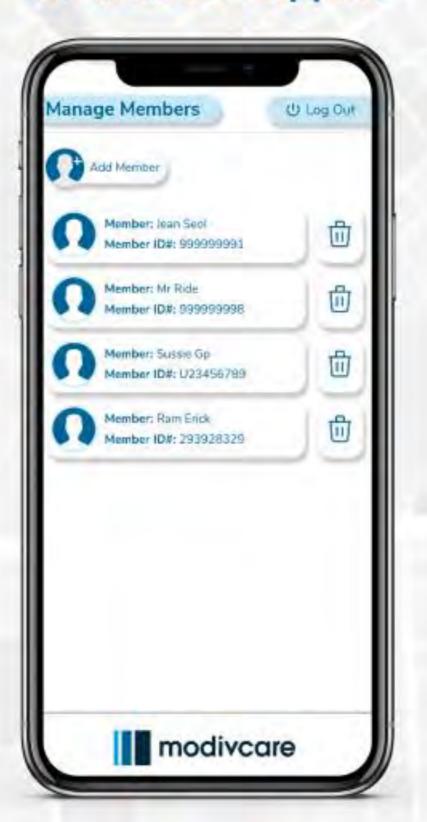


Preview: ModivCare application

Multiple Plan Support



Member & Caregiverfor-Member Support



Book and Manage Trips



Live Trip Tracking



Mileage Reimbursement







Executive Summary of Value-Based Care

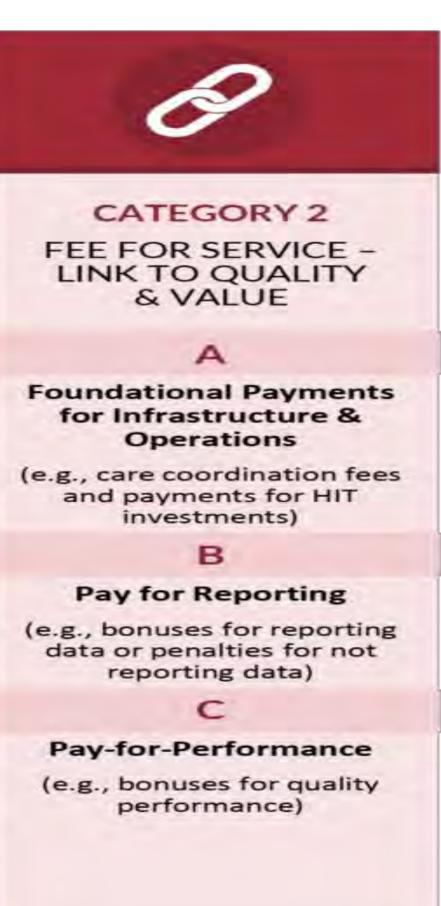
- CountyCare's value-based care (VBC) strategy is designed to improve quality, enhance member experience, and promote equity while ensuring financial sustainability
- CountyCare is a leader nationally and locally in terms of annual medical spend in alternative payment models
 - Early VBC efforts focused on building robust primary care partnerships, including delegated care management
 - More recently, CountyCare has expanded its portfolio to include a variety of novel, specialty care-focused VBC programs
- VBC delivers differentiated outcomes for our members and providers across Cook County
 - Moreover, as a provider-led plan embedded in the safety net, CountyCare is committing to supporting provider groups on the path to value
- Looking ahead, CountyCare is committed to continued growth and innovation in the VBC space

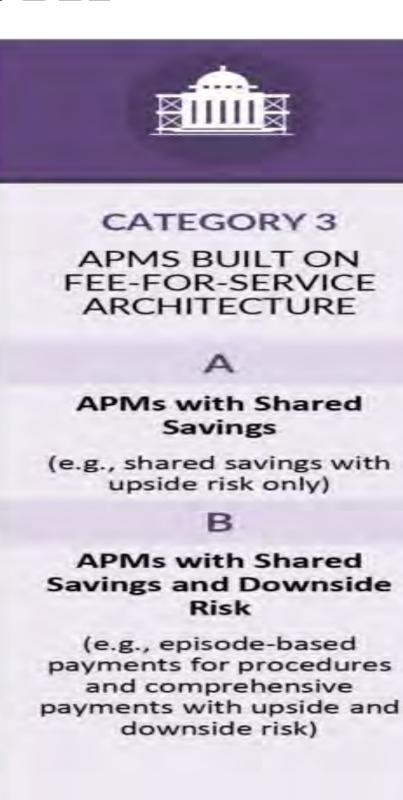


HCP-LAN Alternative Payment Model framework









3N **Risk Based Payments NOT Linked to Quality**



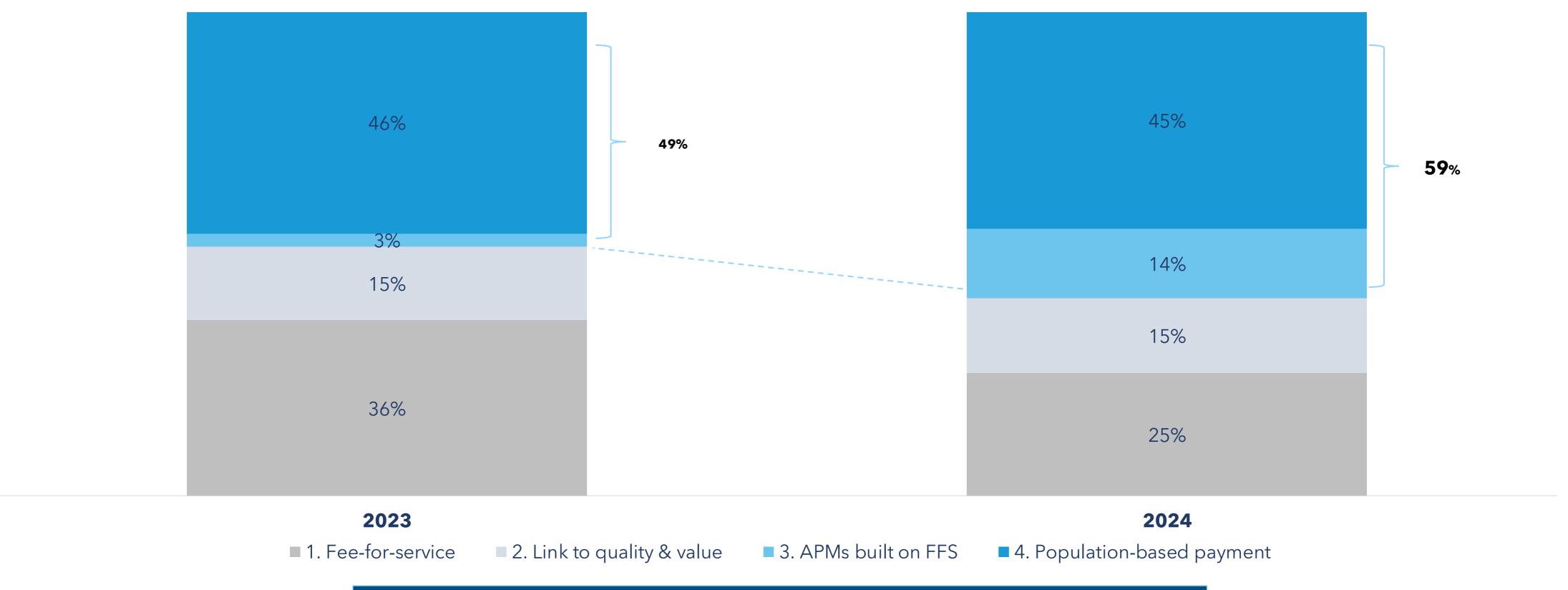
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Capitated Payments **NOT Linked to Quality**



Category 3-4 APMs projected to account for nearly 60% of CountyCare medical spend in 2024

Percentage of total CountyCare medical spend (estimate)



CountyCare performance exceeds Medicaid industry experience of ~40% in Category 3-4 APMs as reported by HCP-LAN



CountyCare's robust, value-based primary care partnerships benefit providers...

"CountyCare has been a leader among the MCOs in investing in Cook County's robust community health system and in their willingness to delegate Care Management so it is fully integrated into the primary care medical home. Through MHN ACO, CountyCare has become an economic engine for job creation and reinvestment of earned value-based dollars back into our services and into our communities for 16 Cook County safety net organizations. In addition to the industry-leading Care Management services we provide to CountyCare, our value-based arrangement allows us to retain and grow our staff, better serve uninsured and under-insured members, and to create more vibrant economies in many of the State's most disproportionately impacted area (DIA) zip codes. We are grateful to the Cook County HHS and CountyCare leadership for their vision and partnership."

- Lee Francis, MD, CEO, Erie Family Health

"CountyCare is one of our best health plan partners to work with in value-based care and delegated care coordination. CountyCare's leadership team is organized, consistent, and collaborative with ACCESS' leadership with mutual goals to improve our patients' health outcomes."

- Anh Reiland, APN, MBA, VP of Population Health & Quality, ACCESS



. . . As well as our members

Primary care partners in value-based arrangements outperform on key quality measures

	•	•		
		Measurement	Year 2023 HED	S performance
Clinical area	Measure	CountyCare	VBC partner 1	VBC partner 2
Equity	Adults' Access to Preventive /	70.76%	76.73%*	76.87%*
	Ambulatory Health Services			
	Breast Cancer Screening	55.25%	54.25%	72.82%*
	Cervical Cancer Screening	56.07%	66.67%*	65.32%*
Maternal &	Prenatal & Postpartum Care - Prenatal	86.89%	84.01%	86.51%
child health	Prenatal & Postpartum Care -	81.64%	80.26%	82.12%*
	Postpartum			
	Childhood Immunization Status -	28.35%	29.47%*	33.08%*
	Combo 10			
	Childhood Immunization Status -	58.51%	54.66%	65.32%*
	Combo 3			
Behavioral	Follow-up After Hospitalization for	42.75%	38.70%	50.91%*
health	Mental Illness - 30 day			
	Follow-up After Emergency Department	47.69%	52.07%*	52.51%*
	Visit for Mental Illness - 30 day			



*Performance exceeds overall CountyCare rate

VBC Goals for 2024 and Beyond

Executing new value-based agreements to achieve 75% medical spend in Category 3/4 APMs¹

- Continue supporting primary care providers on path from FFS to shared savings and/or global risk
- Explore alternative payment models with new provider types, such as home health agencies and waiver providers

Enhancing core capabilities

- Standardize and scale infrastructure to support value-based provider partners
- Build more robust data exchange and analytics capabilities
- Rigorously evaluate provider performance and adjust agreement terms, as needed

Aligning value to equity

- Measure and incentivize equity-related outcomes
- Grow value-based partnerships among safety net providers
- Expand the collection and utilization of social determinants of health-related data



In 2024, CountyCare and Cook County Health Entered into a New Value-Based Payment Arrangement

In addition to traditional fee-for-service payment and care coordination fees, CCH will be eligible for:

- ✓ Pay-for-performance incentives tied to key quality outcomes
 - o Adults' Access to Preventive/Ambulatory Health Services
 - Cervical Cancer Screening
 - Hemoglobin A1c Control for Patients with Diabetes
 - o Prenatal & Postpartum Care Timeliness of Prenatal Care
 - Prenatal & Postpartum Care Postpartum Visit
 - Childhood Immunization Status Combo 10
 - o Follow-up After Emergency Department Visit for Mental Illness
 - Colorectal Cancer Screening
- ✓ Shared savings opportunity based on risk-adjusted medical loss ratio



Annual quality and cost performance will be assessed for ~33,000 members empaneled to CCH primary care providers

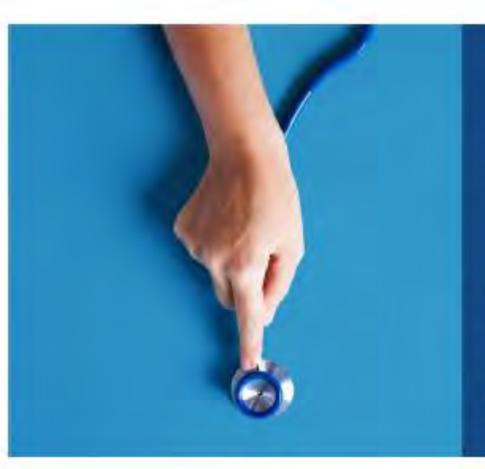












\$50 for your annual checkup = grocery run

CountyCare Rewards You





HealthChoice COUNTYCARE.COM





Up to \$260 for prenatal visits = lots of onesies

CountyCare Rewards You





HealthChoice COUNTYCARE.COM



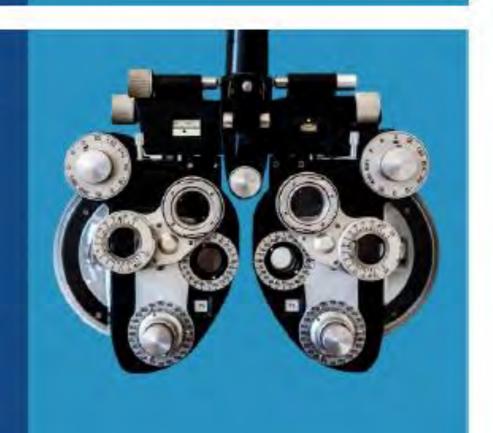


Get premium benefits like free LASIK with CountyCare

CountyCare Rewards You

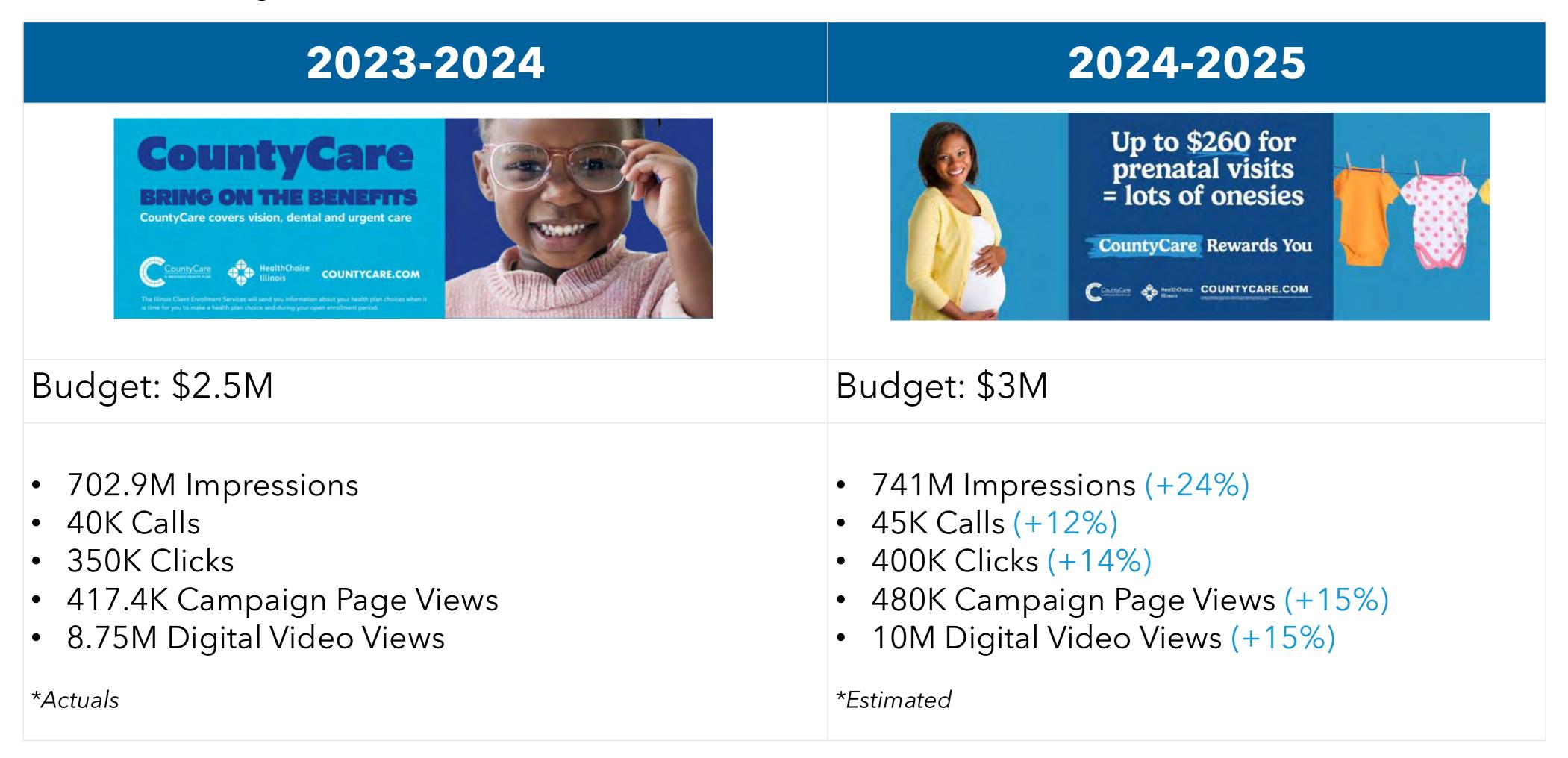








Media Buy: Year-Over-Year Investment & Results





Media Buy Strategy Highlights



Omnichannel campaign



Extended flight (Sept. '24 - May '25)



New OOH and hyperlocal/multilingual tactics



Increase video assets (broadcast/streaming TV, digital)



More weight in Spanish language media



Creative variation/swaps, and dynamic adjustments to digital based on performance



Prioritize action through calls and clicks



Priority Zip Codes

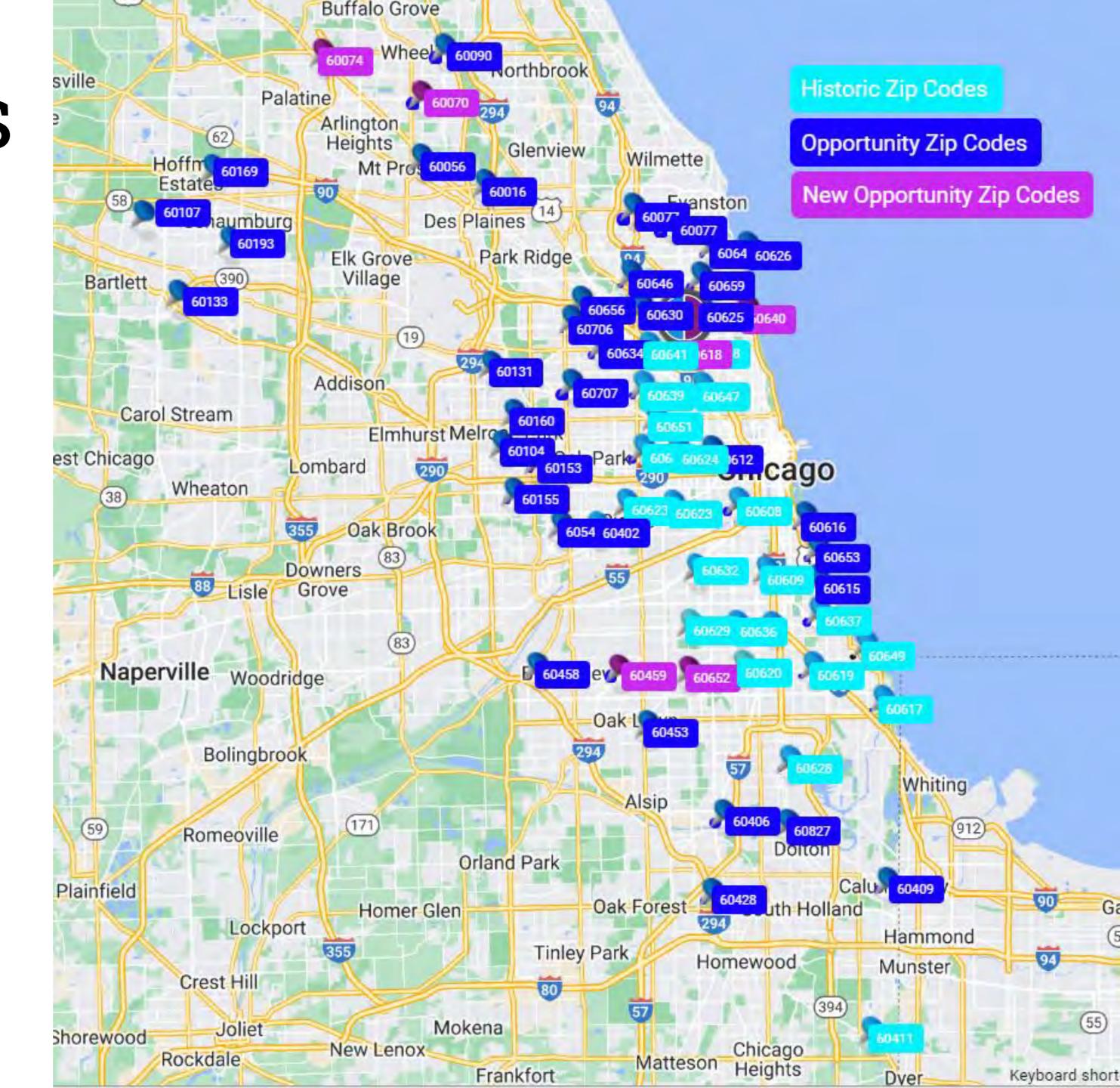
Zip Code Strategy

All historic and opportunity zip codes will be targeted in media buy

Opportunity zip codes determined based on:

- Prospect for significant market share growth
- Proximity to other targeted zip codes with a large pool of potential enrollees
- Existing network strength





Questions? Thank you!

Appendix

Illinois Healthcare Transformation 1115 Waiver Requests not approved:

1. Safety Net Hospital Health Equity and Access Leadership Grant Program which would provide funding to safety-net hospitals;

2. Cook County Disproportionate Share Hospital (DSH) which would have redirected DSH funding to create a pool of funding to fund strategies and interventions that tie to improving the health in underserved communities; and

3. Healthcare Transformation Collaboratives (HTC) which would include funding for social determinant of health assessments and training community health workers.





FoodCare Member Satisfaction

Survey Question	% of participants providing a rating of "Satisfied" or greater	
Amount of time provider spent with you	94.07%	
Appointment available within a reasonable amount of time	97.64%	
Convenient hours of operation	85.71%	
Ease of making your appointment	95.31%	
Effectiveness of our health information materials	85.71%	
Efficiency of the check-in process	91.67%	
Explaining things in a way you could understand	93.22%	
Getting advice or help when needed during office hours	82.18%	
Instructions regarding follow-up instructions and care	89.92%	
Knew important information about your medical history	84.03%	
Our practice	89.43%	
Provided care with empathy and compassion	92.44%	
Quality of audio and video connection during visit	88.60%	
Quality of your medical care	87.80%	
Taking time to listen and answer your questions	93.28%	
Your ability to contact us after hours	68.97%	
Your phone calls, emails, and portal questions answered promptly	83.19%	

