

Minutes of the Meeting of the Managed Care Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, October 18, 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 Director Joseph M. Harrington (2)

Remotely Present: Director Mia Webster Cross, MSN, RN (1)

Absent: None (0)

Director Harrington, seconded by Chair Currie, moved to allow Director Webster Cross to remotely participate as a voting member in this meeting. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Aaron Galeener –Chief Administrative Officer,  
Health Plan Services  
Emily Lupo – Director of Population Health and  
Performance Improvement, Health Plan Services  
Jeff McCutchan – General Counsel

Erik Mikaitis, MD – Interim Chief Executive Officer  
Angela O’Banion – Chief Information Officer  
Alisha Patel – Assistant General Counsel  
Deborah Santana – Secretary to the Board

The Managed Care Committee’s regular meeting schedule for 2025 has not yet been determined; however, it is expected that the Committee will begin holding their quarterly meetings starting in January 2025.

## **II. Public Testimony**

There was no public speaker testimony provided.

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

The following individuals provided an overview of the Report: Aaron Galeener, Chief Administrative Officer of Health Plan Services; and Emily Lupo, Director of Population Health and Performance Improvement, Health Plan Services. The Committee reviewed and discussed the information.

The Report included information on the following subjects:

- Health Plan Successes: 2024 NCQA Health Plan Ratings, APEX Awards., CountyCare Community Baby Shower, Bud Billiken Parade, National Association of Counties (NACo) Awards
- Health Plan Metrics
- Quality: NCQA
- Quality: HealthChoice Report Card
- Quality: Plans for Improving Quality
- Strategic Initiatives and Priorities:
  - HealthChoice Illinois RFP timing and listening sessions
  - Redetermination outcomes and redetermination events
  - Provider Network Enhancements
  - Non-emergency medical transportation transition

- 1115 Waiver
- Appendix

During the discussion of telehealth initiatives, Director Harrington inquired regarding the number of urgent care conditions that would be served under the virtual care strategy. Angela O’Banion, Chief Information Officer, replied that the list includes 20 or so conditions; she stated that she can provide an exact list.

**IV. Action Items**

**A. Minutes of the Managed Care Committee Meeting, August 2, 2024**

Director Harrington, seconded by Chair Currie, moved to accept Item IV(A) the Minutes of the Managed Care Committee Meeting of August 2, 2024. THE MOTION CARRIED UNANIMOUSLY.

**B. Any items listed under Section IV**

**V. Adjourn**

Dr. Erik Mikaitis, Interim Chief Executive Officer, noted that this would be Chair Currie’s final Managed Care Committee Meeting, as his term as a Director will soon be ending. He thanked Chair Currie for his outstanding efforts and unwavering support as Chair of this Committee.

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

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Robert Currie, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Deborah Santana, Secretary

Requests/Follow-up:

Follow-up: During the discussion of telehealth initiatives, Director Harrington inquired regarding the number of urgent care conditions that would be served under the virtual care strategy. Angela O’Banion, Chief Information Officer, replied that the list includes 20 or so conditions; she stated that she can provide an exact list. Page 2

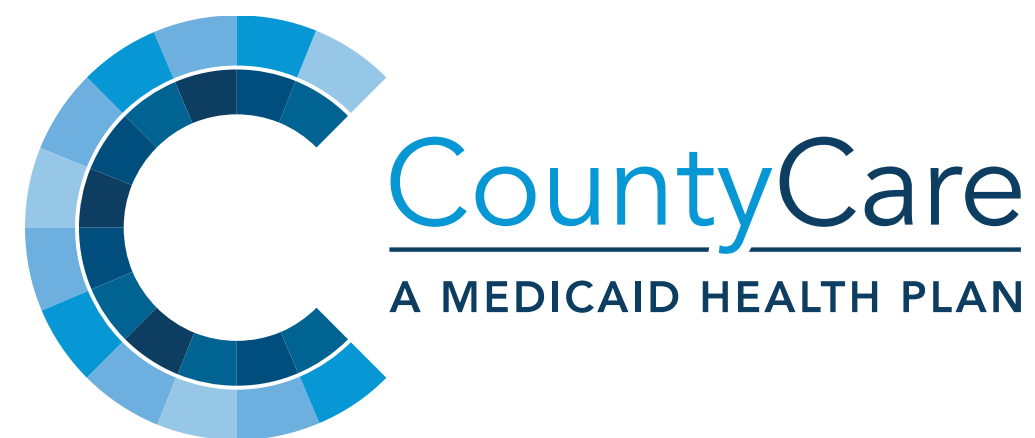
Cook County Health and Hospitals System  
Minutes of the Managed Care Committee Meeting  
October 18, 2024

ATTACHMENT #1

# Health Plan Services Managed Care Committee

**October 18, 2024**

**Presented by Aaron Galeener  
Chief Administrative Officer**



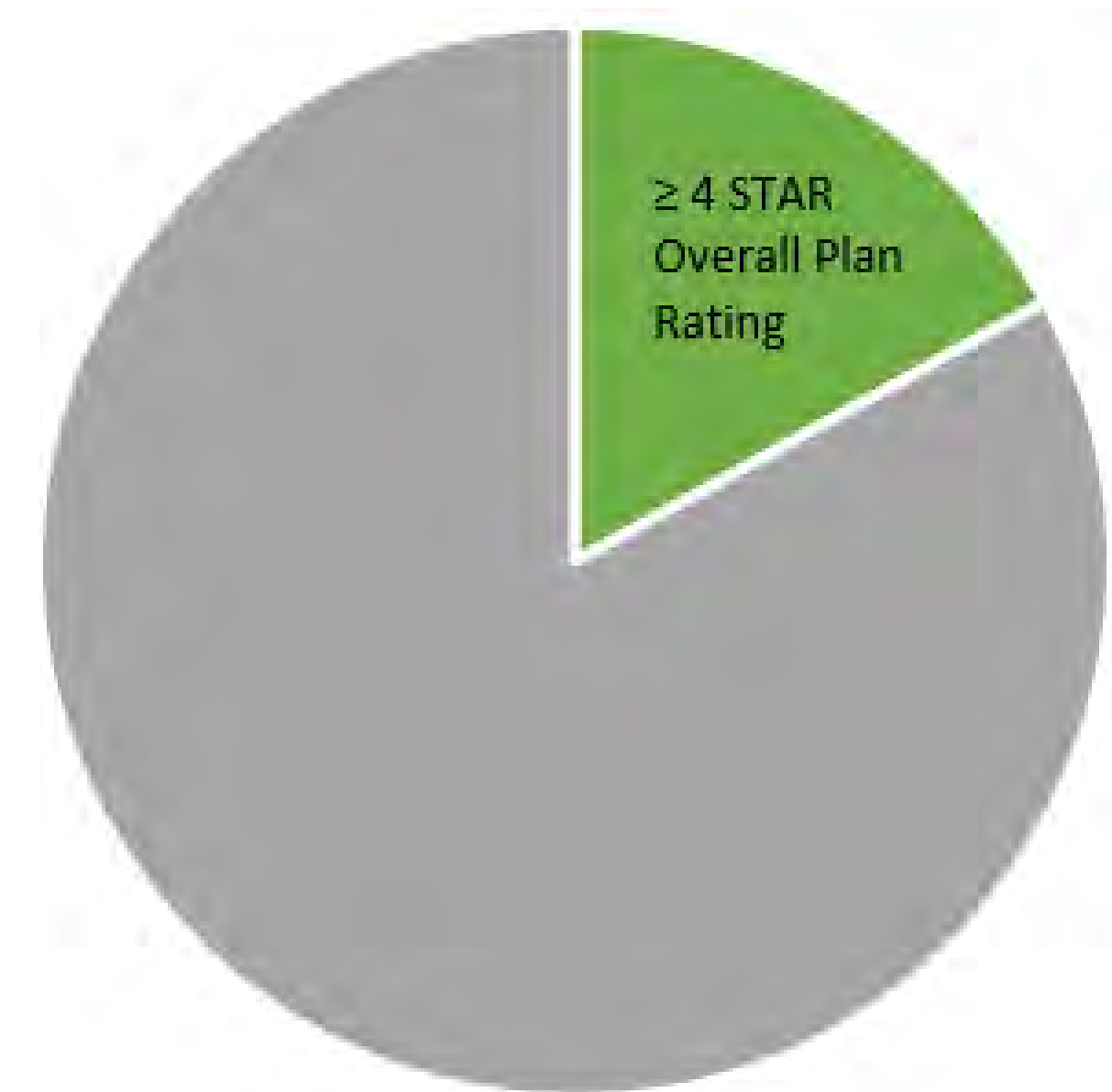
# Health Plan Successes

# 2024 NCQA Health Plan Ratings

**CountyCare is proud to have achieved a 4-STAR overall plan rating in the 2024 NCQA Health Plan Ratings.**



- Only 20% of Medicaid health plans achieved a 4-STAR rating or higher in rating year 2024.
- CountyCare was one of only two Illinois Medicaid MCOs that received a 4-STAR overall plan rating in 2024.



# Successes: 4-STAR Health Plan

Cook County Health & Hospitals System's CountyCare Health Plan



Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation



Molina Healthcare of Illinois, Inc.



Meridian Health Plan of Illinois, Inc.



Aetna Better Health of Illinois Inc.

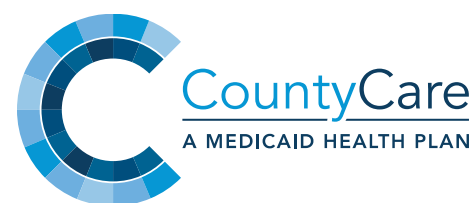


# Successes: APEX Awards

**CountyCare won 2 Illinois Association of Medicaid Health Plans (IAMHP) APEX awards categories. IAMHP APEX awards are a venue for IL Medicaid health plans to highlight their innovative work that improves health.**

Provider Partner Category Winner - CountyCare: Leveraging Value-Based Care to Improve Member Outcomes

Provider Relations & Engagement Category Winner - CountyCare: Partnering with Providers During the Great Unwinding





# CountyCare Community Baby Shower

- CountyCare hosted a community baby shower for pregnant and postpartum CountyCare members on Saturday, September 28<sup>th</sup> at Provident Hospital
- The shower included presentations, giveaways, games, lunch, and tables with community organizations



# CountyCare Community Baby Shower





CountyCare attended the Bud Billiken Parade

# National Association of Counties (NACo) Awards

- The National Association of Counties (NACo) awards program recognizes innovative county government programs
- **CountyCare won three National Association of Counties (NACo) Awards for:**
  - **Addressing food insecurity (Best in Health Category)**
  - **Engaging members during redetermination**
  - **Improving member demographics**



# Health Plan Metrics

# Current Membership

Monthly membership as of Sept 5<sup>th</sup>, 2024

Category	Total Members	ACHN Members	% ACHN
FHP	241,562	11,932	4.90%
ACA	105,203	11,982	11.40%
ICP	31,032	4,604	14.80%
MLTSS	9,537	-	0%
SNC	7,446	327	4.40%
HBIA	17,775	2,111	11.90%
HBIS	4,620	665	14.40%
<b>Total</b>	<b>417,175</b>	<b>31,621</b>	<b>7.60%</b>

**ACA:** Affordable Care Act

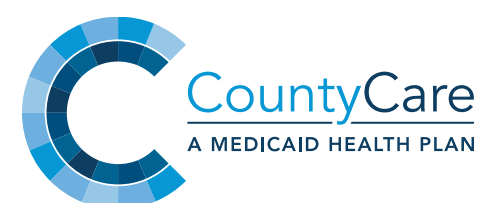
**FHP:** Family Health Plan

**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



# Health Benefits for Immigrants Membership

Monthly membership as of Sept 5<sup>th</sup>, 2024

Category	Sep 2024 Membership	Aug 2024 Membership	Net Growth %
HBIA	17,775	21,963	-19.07%
HBIS	4,620	6,670	-30.73%
<b>Total</b>	<b>22,395</b>	<b>28,633</b>	<b>-21.79%</b>

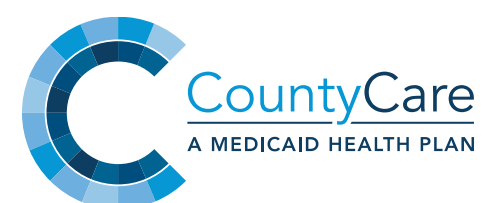
- **Observed a 21.79% drop in HBIA/S membership for September 2024**
- **Actions to retain members during the 90-day grace period (until 11/27)**
  - Developed lists of members that have not completed redetermination
  - CountyCare contacting all members via text and outbound calls
  - Lists to have been shared with primary care provider groups
  - Escalation to HFS and DHS for members that have been wrongfully disenrolled
  - Partnership with County Commissioners and other government officials
  - Ongoing redetermination events to provide in-person assistance

# Managed Medicaid Market

Illinois Department of Healthcare and Family Services June 2024 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	428,653	34.2%
Blue Cross Blue Shield	343,136	27.4%
Meridian (a WellCare Co.)	270,893	21.6%
IlliniCare (Aetna/CVS)	113,664	9.1%
Molina	87,147	7.0%
YouthCare	8,978	0.7%
<b>Total</b>	<b>1,252,471</b>	<b>100.0%</b>

\* Only Operating in Cook County

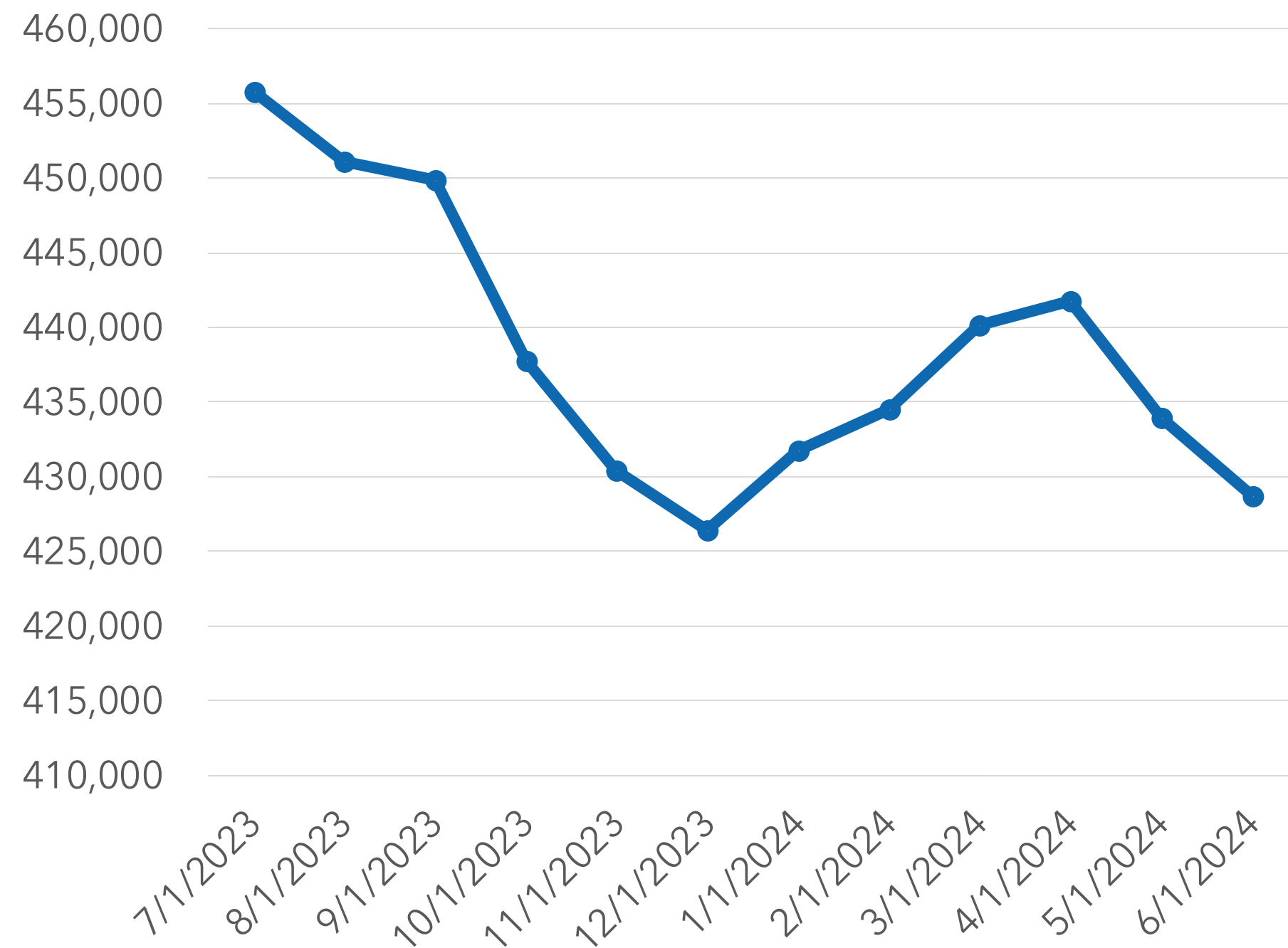




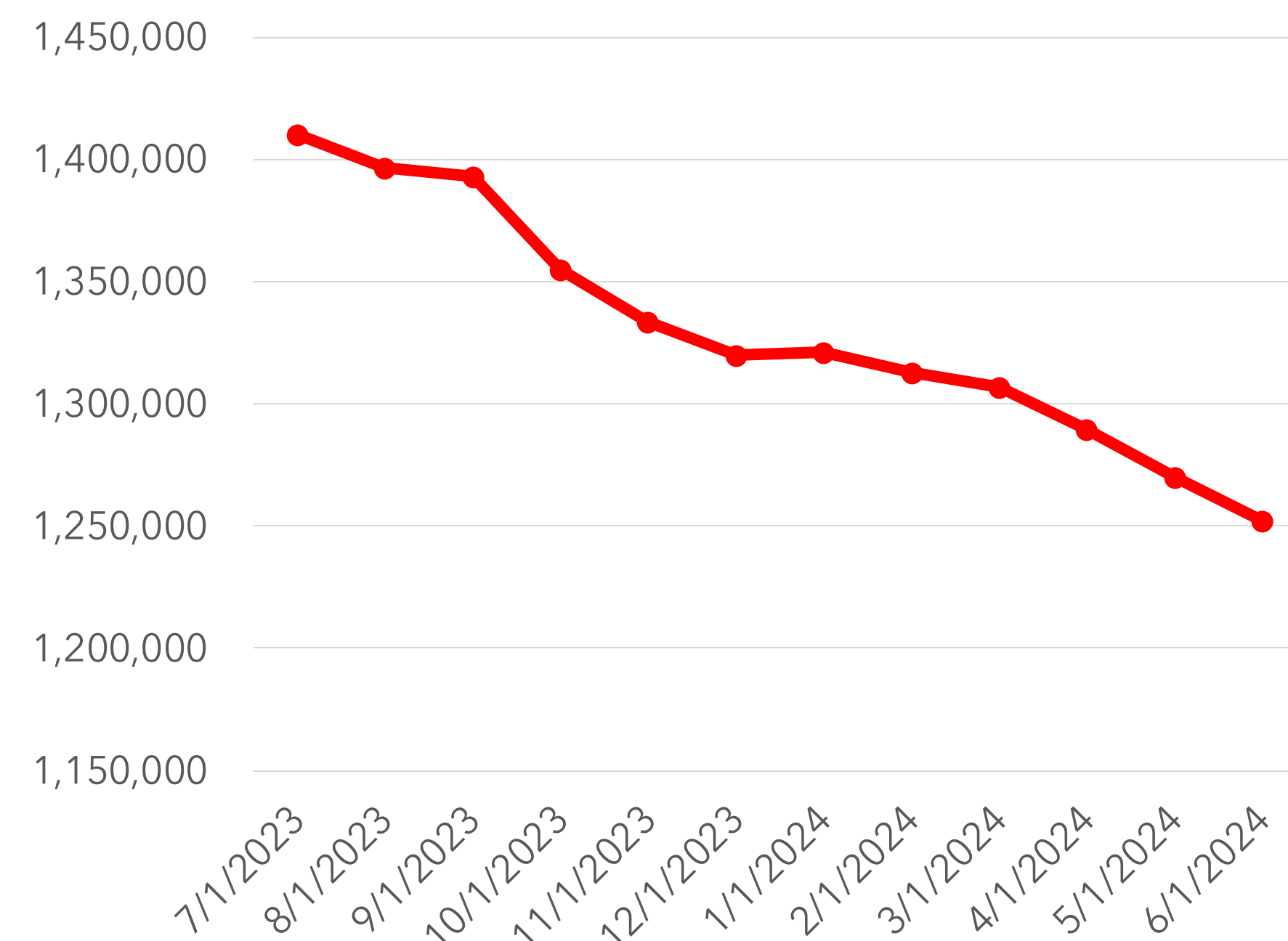
# IL Medicaid Managed Care Trend in Cook County (charts not to scale)

CountyCare's enrollment **decreased** 1.22% in June 2024 compared to the prior month, and is slightly lower than Cook County's **decrease** of 1.40%

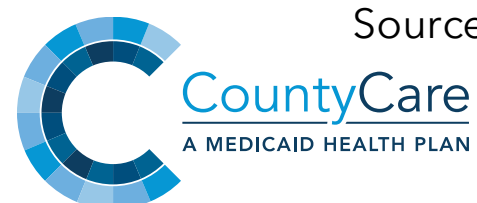
### CountyCare



### Cook County Medicaid Managed Care

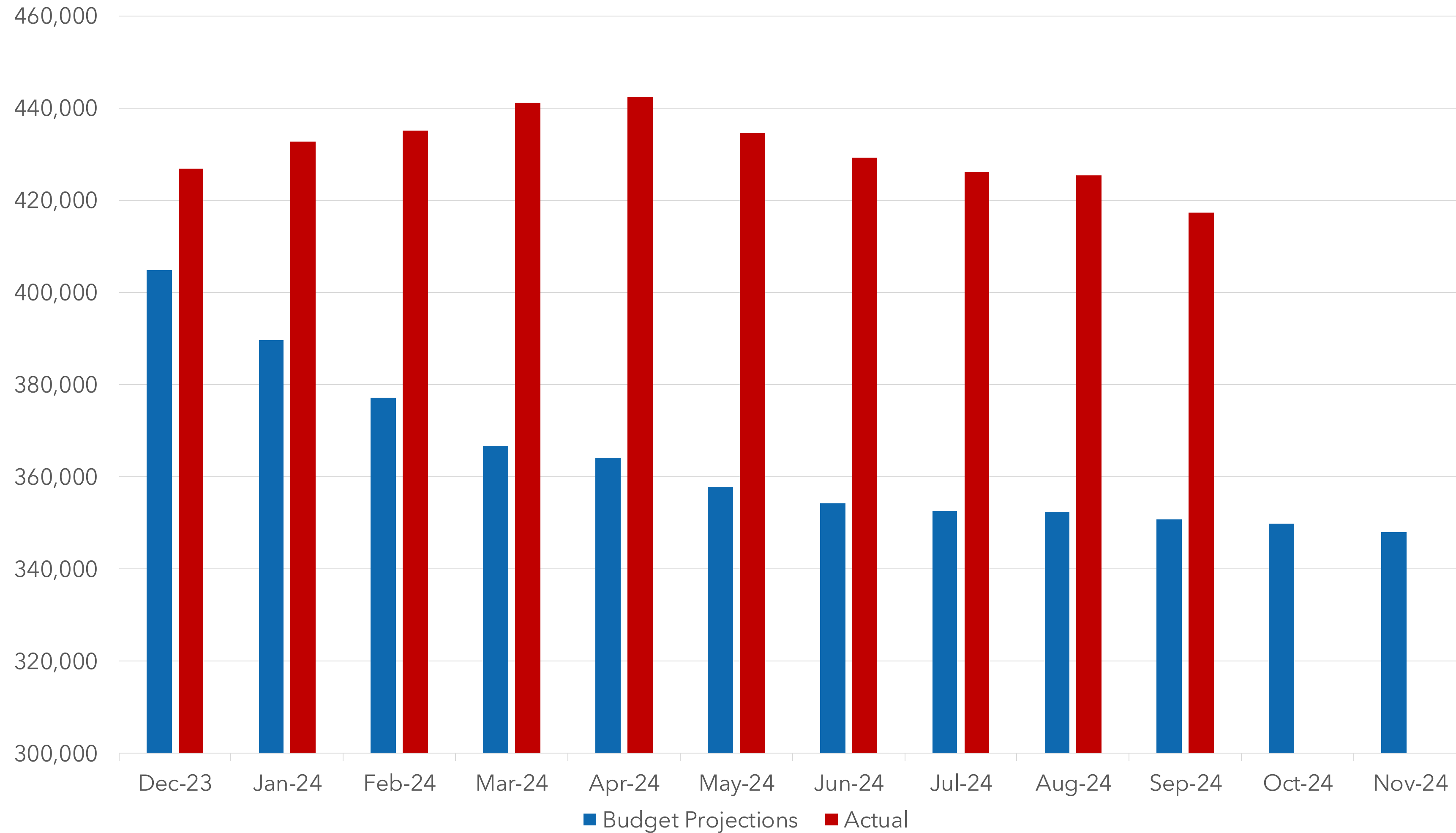


Source: [Total Care Coordination Enrollment for All Programs | HFS \(illinois.gov\)](https://www.hfs.illinois.gov/Total-Care-Coordination-Enrollment-for-All-Programs)



# FY 24 Budget | Membership

## CountyCare Membership



# Quality

1. NCQA
2. HealthChoice Report Card
3. Plans for Improving Quality

# 2024 NCQA Health Plan Ratings



- **CountyCare is proud to have achieved a 4-STAR overall plan rating in the 2024 NCQA Health Plan Ratings.**
- Only 20% of Medicaid health plans achieved a 4-STAR rating or higher in rating year 2024.
- CountyCare was one of only two Illinois Medicaid MCOs that received a 4-STAR overall plan rating in 2024.



# 2024 NCQA Health Plan Ratings

- CountyCare was the only plan to achieve a 4 STAR sub-category rating for Satisfaction with Plan and Plan Services.
- CountyCare led with Prevention and Equity, earning a 3.5 STAR category rating with the highest measure ratings for Adolescent Immunizations, BMI Percentile Assessment, and Prenatal Immunizations.

NCQA Category/Measure Rating	Aetna Better Health of Illinois, Inc. (ABHIL)	Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation	Cook County Health & Hospitals System's CountyCare Health Plan	Meridian Health Plan of Illinois, Inc.	Molina Healthcare of Illinois, Inc.
<b>Overall Health Plan Rating</b>	3.0	4.0	4.0	3.5	3.5
<b>Patient Experience Category Rating</b>	2.0	2.5	3.0	3.5	2.0
<b>Satisfaction with Plan and Plan Services</b>	1.5	3.0	4.0	3.5	1.5
Rating of Health Plan	1.0	3.0	4.0	3.0	1.0
Rating of Care	2.0	3.0	4.0	4.0	2.0
<b>Prevention and Equity Category Rating</b>	2.5	3.5	3.5	3.0	3.0
<b>Children and Adolescent Well-Care Sub-Category Rating</b>	2.0	3.0	3.5	3.0	2.5
Adolescent Immunizations	2.0	3.0	4.0	3.0	3.0
BMI Percentile Assessment	2.0	2.0	4.0	2.0	2.0
<b>Women's Reproductive Health Sub-Category Rating</b>	3.0	3.5	3.5	3.0	3.5
Prenatal Immunizations	3.0	3.0	4.0	3.0	3.0
<b>Cancer Screening Sub-Category Rating</b>	2.0	3.5	3.5	3.0	2.5

# HCI Report Card

Performance Rating		Performance Change*	
Highest Performance ★★★★★	Average Performance ★★★★	Rating Got Better ↑	
High Performance ★★★★	Low Performance ★★	Rating Stayed the Same -	
	Lowest Performance ★	Rating Got Worse ↓	

Plan	Doctors' Communication	Change*	Access to Care	Change*	Living With Illness	Change*	Behavioral Health	Change*	Women's and Children's Health	Change*
Aetna Better Health	★	—	★★	—	★★★★	—	★★★★	—	★	—
Blue Cross Community Health Plans	★★★★	—	★	—	★★★★★★	—	★★★★★★	—	★★★★★★	—
CountyCare Health Plan	★★★★	—	★★★★	—	★★★★	—	★	—	★★★★★★	—
MeridianHealth	★★★★★	↑	★★★★★★	—	★★★★	—	★★★★	—	★★★★	—
Molina Healthcare	★★★★★	—	★★★★	—	★★	—	★★★★	—	★	—

\*Change symbols are shaded based on how managed care plans compare to national Medicaid ratings in the current year:

**Green** = high performance; **Blue** = average performance; **Red** = low performance

## What is Rated in Each Performance Area?

### Doctors' Communication

- Doctors explain things well to members
- How happy members are with their doctor

### Access to Care

- Members get the care they need when they need it

### Living With Illness

- Members living with conditions, like diabetes and high blood pressure, get the care they need by getting tests, checkups, and the right medicines


### Behavioral Health

- Members with behavioral health conditions get the follow-up care they need
- Members who use drugs and alcohol get the help they need

### Women's and Children's Health

- Children get regular checkups and important shots that help them stay healthy
- Women get screenings and tests for female cancers and diseases
- Women receive care before and after their babies are born

# HFS Health Plan Report Card



Measures with - 2 STAR decrease	Measures with - 1 STAR decrease	Measure Category	Measures with + 1 STAR increase	Measures with + 2 STAR increase
1	4	Doctor's Communication		
		Access to Care	3	
		Women's Health	2	
		Living with Illness	3	
	2	Behavioral Health	2	
		Keeping Kids Healthy	1	3

- Progress with measure ratings on the HFS Health Plan report card was observed this year.
- **Two-thirds (66%) of measures that changed in STAR rating from the prior year changed positively.**

# Progress on Low Performing Measures

Abbrev.	Measure	MY2022	MY2023	% change
AAP	Adults' Access to Preventive/Ambulatory Health Services	69.56%	70.76%	1.20%
BPD	Blood Pressure Control for Patients with Diabetes	58.15%	65.45%	7.30%
CBP	Controlling High Blood Pressure	53.53%	54.63%	1.10%
CIS	Childhood Immunization Status - Combo 3	60.58%	63.99%	3.41%
CIS	Childhood Immunization Status - Combo 10	32.36%	30.41%	-1.95%
COL	Colorectal Cancer Screening	33.37%	35.36%	1.99%
FUH	Follow-up After Hospitalization for Mental Illness - 7-day	23.10%	23.55%	0.45%
FUH	Follow-up After Hospitalization for Mental Illness - 30-day	40.44%	42.75%	2.31%
HBD	Hemoglobin A1c Control for Patients with Diabetes - < 8%	48.91%	58.15%	9.24%
HBD	Hemoglobin A1c Control for Patients with Diabetes - > 9%	44.77%	32.36%	-12.41%
IET	Initiation and Engagement of SUD Treatment - Initiation	39.19%	39.38%	0.19%
POD	Pharmacotherapy for Opioid Use Disorder	22.91%	19.01%	-3.90%
PPC	Prenatal and Postpartum Care - Timeliness of Prenatal Care	84.23%	86.89%	2.66%
PPC	Prenatal and Postpartum Care - Postpartum Visit	76.70%	81.64%	4.94%
W30	Well-Child Visits in the First 30 Months of Life - 15-30 Months	60.38%	68.11%	7.73%

CountyCare observed **rate increases for nearly 87% of low performing measures** from the prior year's HFS Health Plan Report Card.



# 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 & CME Partnership

- **Quality presentation in provider partnership and Care Management Entity (CME) Joint Operating Committee (JOC) 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 value-based care (VBC) agreements and provider incentives** to align provider quality improvement efforts with health plan areas of focus.

## Member Engagement

- **Education, outreach, and communication in multiple modalities** to ensure members are receiving relevant information to their care needs and care gaps.

# Highlights of 2024 Initiatives

## Preventative Care

- **Mobile services:** mammogram & dental van partnership
- **Health Fairs**
- Implement **scalable interventions** to support low risk members in accessing care & services
- RFP for Population Health Services
- **Focused interventions in disproportionately impacted areas (DIAs)**

## Living with Chronic Conditions

- Expansion of FoodCare programming & **Medically Tailored Meals**
- Continue to leverage and expand **disease management programming** across CountyCare and partners
- Leverage **strategic outreach campaigns**

## Behavioral Health (BH)

- Increase in behavioral health **member rewards**
- Partnering with BH providers to **create direct referral processes** to services.
- Establish **strategy for high utilizers** of acute BH settings
- Expand **Value Based Care agreements** and incentives for priority measures
- Expand BH **telehealth services** available

## Maternal Child Health

- Enhance reports to improve early **identification of members**
- Evaluating **healthcare access for pregnancy** and delivery
- Examining **perinatal outcomes** by provider type stratified by race and region
- Community Baby Shower event
- RFP for **comprehensive MCH population health** Services

Strategic Initiatives and Priorities:  
HealthChoice Illinois RFP timing and listening sessions

# HealthChoice Illinois RFP Update

## Background

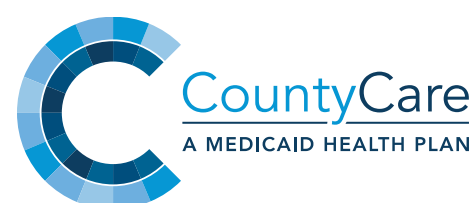
- In 2017, the Illinois Department of Healthcare and Family Services (HFS) posted a request for proposals (RFP) for Managed Care Organizations (MCOs) to enter risk-based contracts
- CountyCare was awarded a contract for period of 2018-2022, and later received extensions through the end of the 2026 plan year

## Project Updates

- HFS advised **the HealthChoice Illinois RFP will be delayed and will be released summer of 2025**
- New MCO contracts will take effect **1/1/2027**
- HFS hosting listening sessions to understand what works in managed care and what needs improvement

## Project Plan Summary

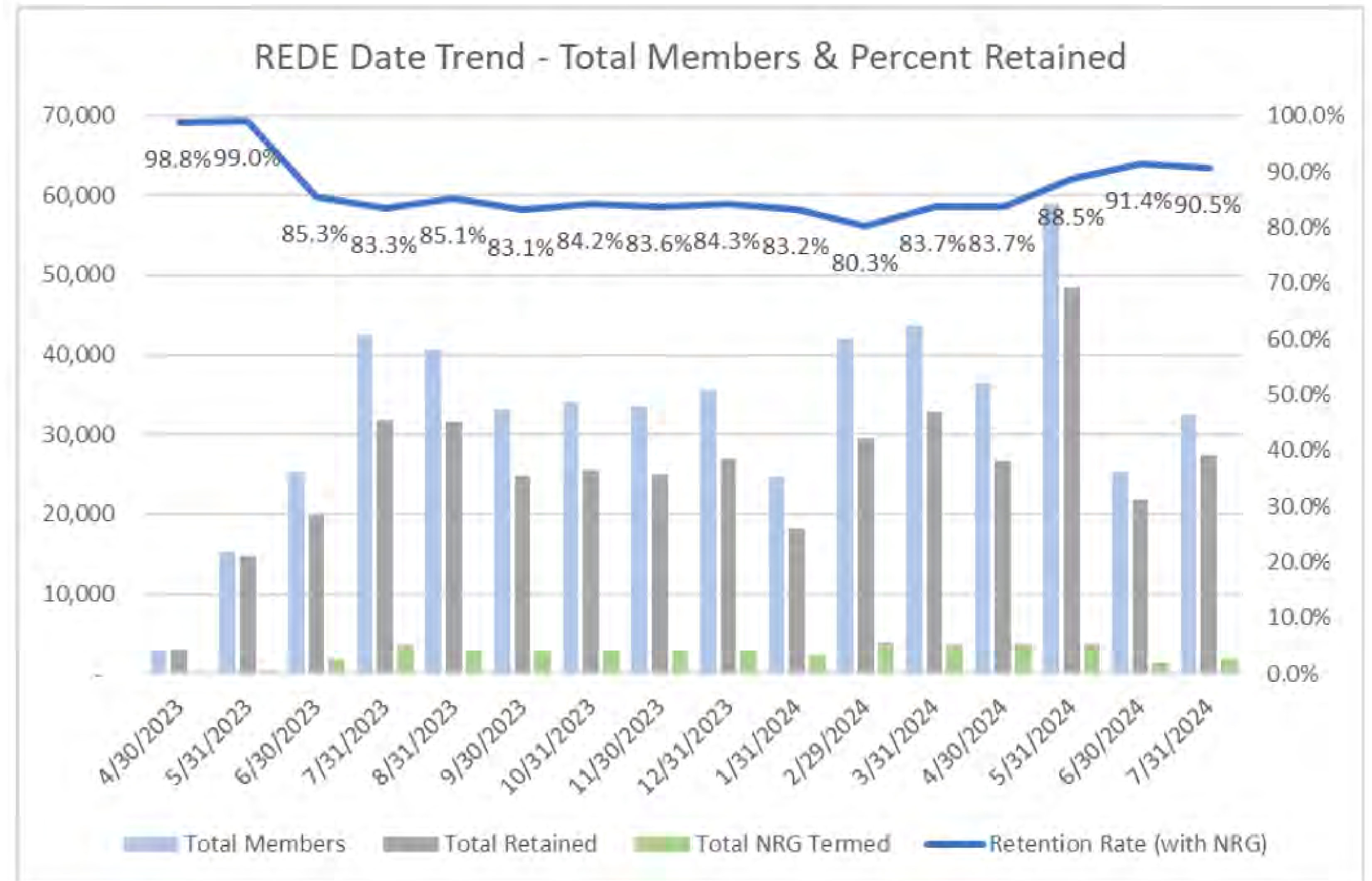
- CountyCare has completed two drafts of the RFP response
- CountyCare focusing on key initiatives to support RFP response in 2025



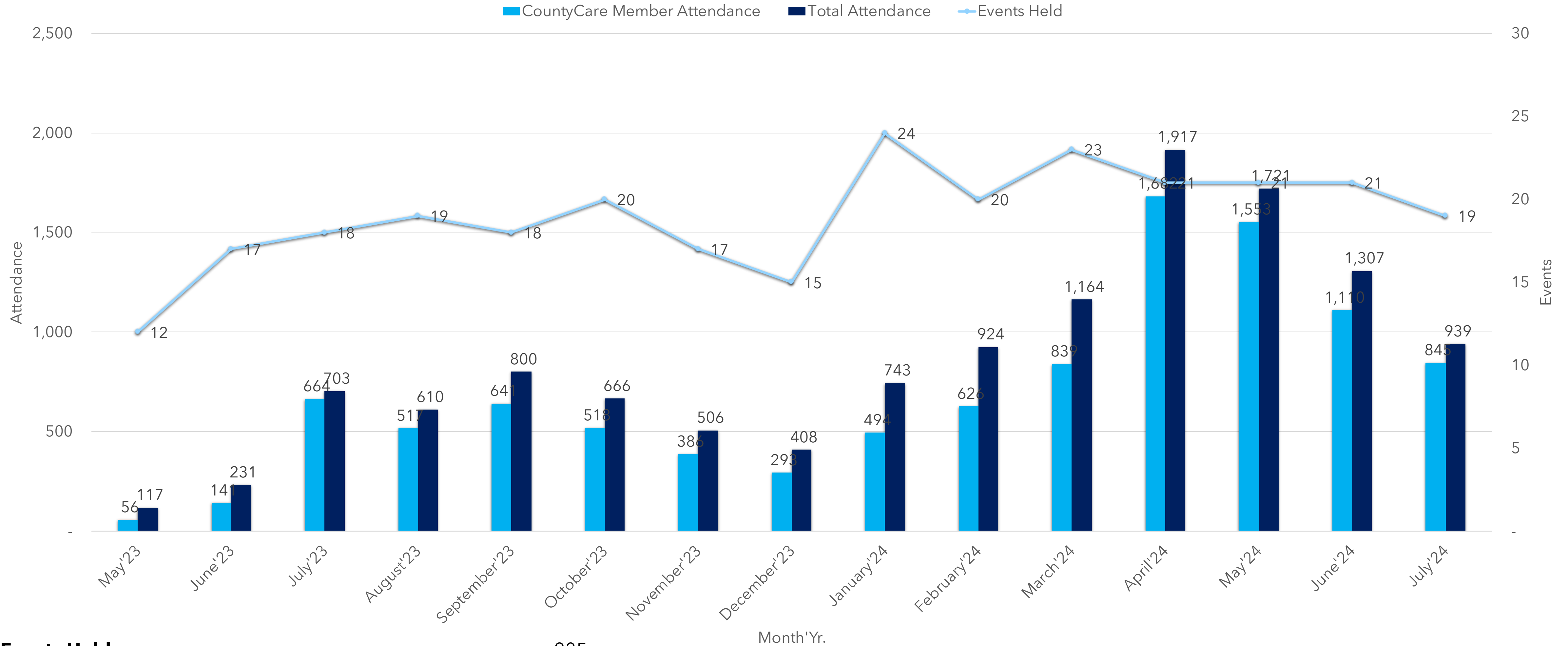
# Strategic Initiatives and Priorities: Redetermination outcomes and redetermination events

# Monthly Redetermination Outcomes

Members with a 07/31/2024 redetermination date had a retention rate of 90.5%



# Redetermination Events, May'23-July'24



**Events Held**

285

**CountyCare Member Attendance**

10,356

**Total Attendance**

12,756

**Average Attendance**

45

# Strategic Initiatives and Priorities: Provider Network Enhancements



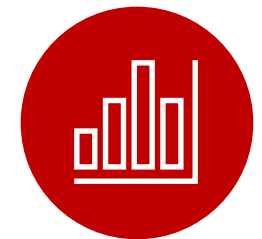
# Key Components of the 2024 Provider Network Strategy



Telehealth Implementation



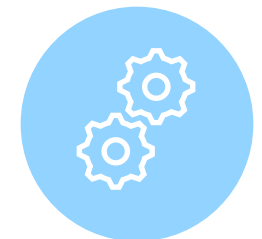
Value Based Agreements



Network Performance Analytics and Proactive Network Management



Provider Engagement and Network Expansion



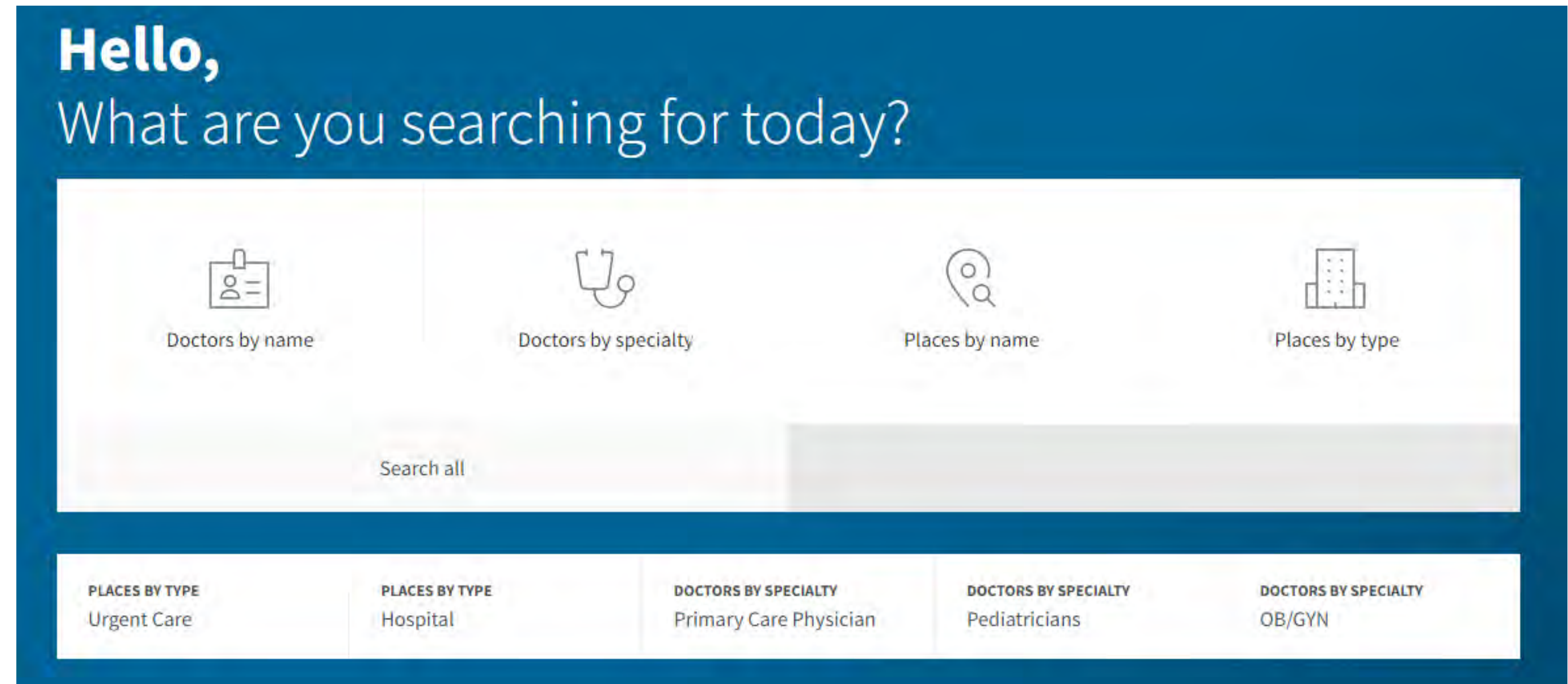
Network Technical Improvements



Specialty Care Access Initiatives

# Provider Directory

- CountyCare's new provider directory went live on **Thursday, September 19<sup>th</sup>, 2024.**
- The new provider directory accessible via [the CountyCare website](#)



# Telehealth Initiative 1: Focused contracting of telehealth providers broadens access to care

- To date, CountyCare has contracted with 10 telehealth providers, adding at least 84 practitioners to the virtual care network
- Behavioral Health (BH) is the domain more generally supported by virtual care providers.

## Next Steps:

- Educate members on virtual care
- Promote virtual care options
- Implement analytics for ongoing evaluation
- Do periodic review of virtual offerings

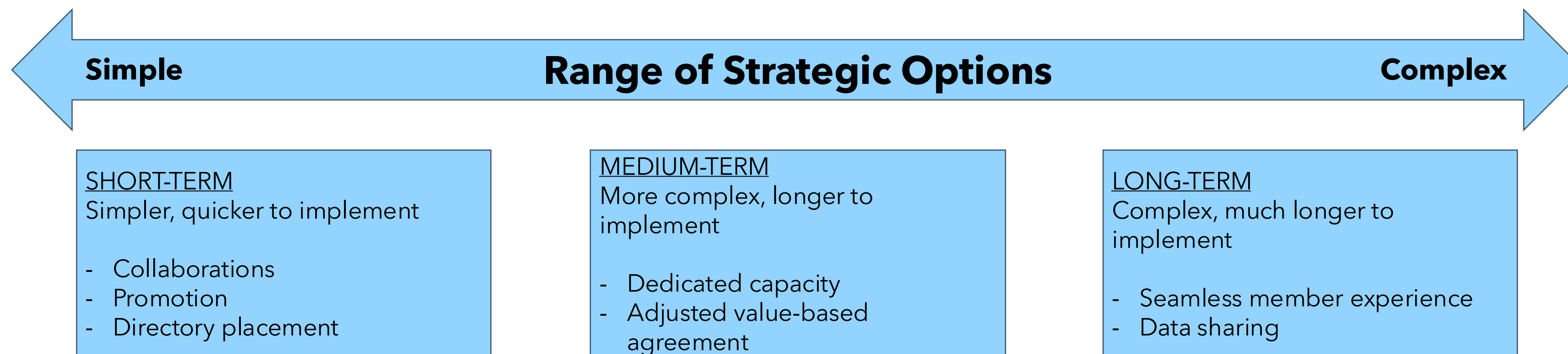
PROVIDER	DOMAIN(S)
Brave Health	BH
MFCR	BH
JoinCareTeam	Preventive Care
Thriving Lane	BH
Virtual Physician Associates d/b/a My Own Doctor Medical Group	BH
MK Counseling & Wellness	BH
Chrysalis Health	BH
Serene Health IPA Medical Corp.	BH
Robinson Health Services	BH
Medical Mind Clarity	BH

# Telehealth Initiative 2: CountyCare's Telehealth RFP seeks innovative, comprehensive solutions

- The RFP looks for vendor proposals across three domains: BH, primary care, and specialty care.
- Successful proposals would offer more integrated and comprehensive solutions than standard contracts offer, such as population assignments.
- The purpose is to improve access and reduce wait times to care by encouraging innovative, cost-effective solutions.
- The RFP uniquely allows for one or more awards in each of the three domains.
- Implementation for selected vendors begins in early 2025.

# Telehealth Initiative 3: The ExpressCare partnership boosts CountyCare's virtual care strategy

- CCH's ExpressCare is a patient-friendly, easy-to-use virtual platform serving a list of urgent care conditions.
  - *Link to CCH ExpressCare:* <https://cookcountyhealth.org/services/immediate-care-virtual-visit/>
- ExpressCare capacity allows for about 75 daily virtual encounters, and it has plans to increase.
  - Hours of operation of M-F 11 am to 7 pm will be expanded to 7 am-7 pm and weekends.
  - Increased capacity expected by adding a triage nurse.
- CountyCare is in the exploratory phase of assessing partnership options with ExpressCare.
- The range of options spans from simple collaboration initiatives to complex integrations for a seamless member experience.



Strategic Initiatives and Priorities:  
Non-emergency medical transportation transition

# Non-Emergency Medical Transportation (NEMT)

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

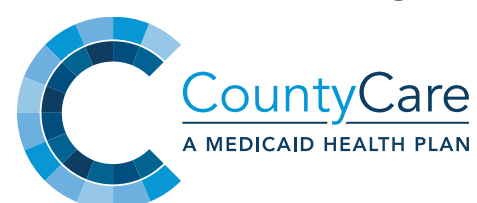
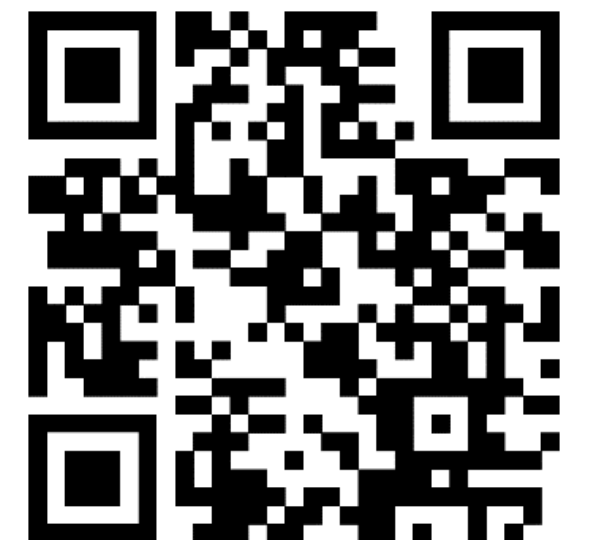


**Calling 312-864-8200**

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



**Using the Modivcare  
mobile app or [website](#)**



# August Go-Live Statistics



**25,229**  
**Calls Received**



**82.63% Average**  
**Service Level**

Service Level: Percentage of calls  
answered within 30 seconds



**28.70 Average**  
**Seconds**  
**Answered (ASA)**

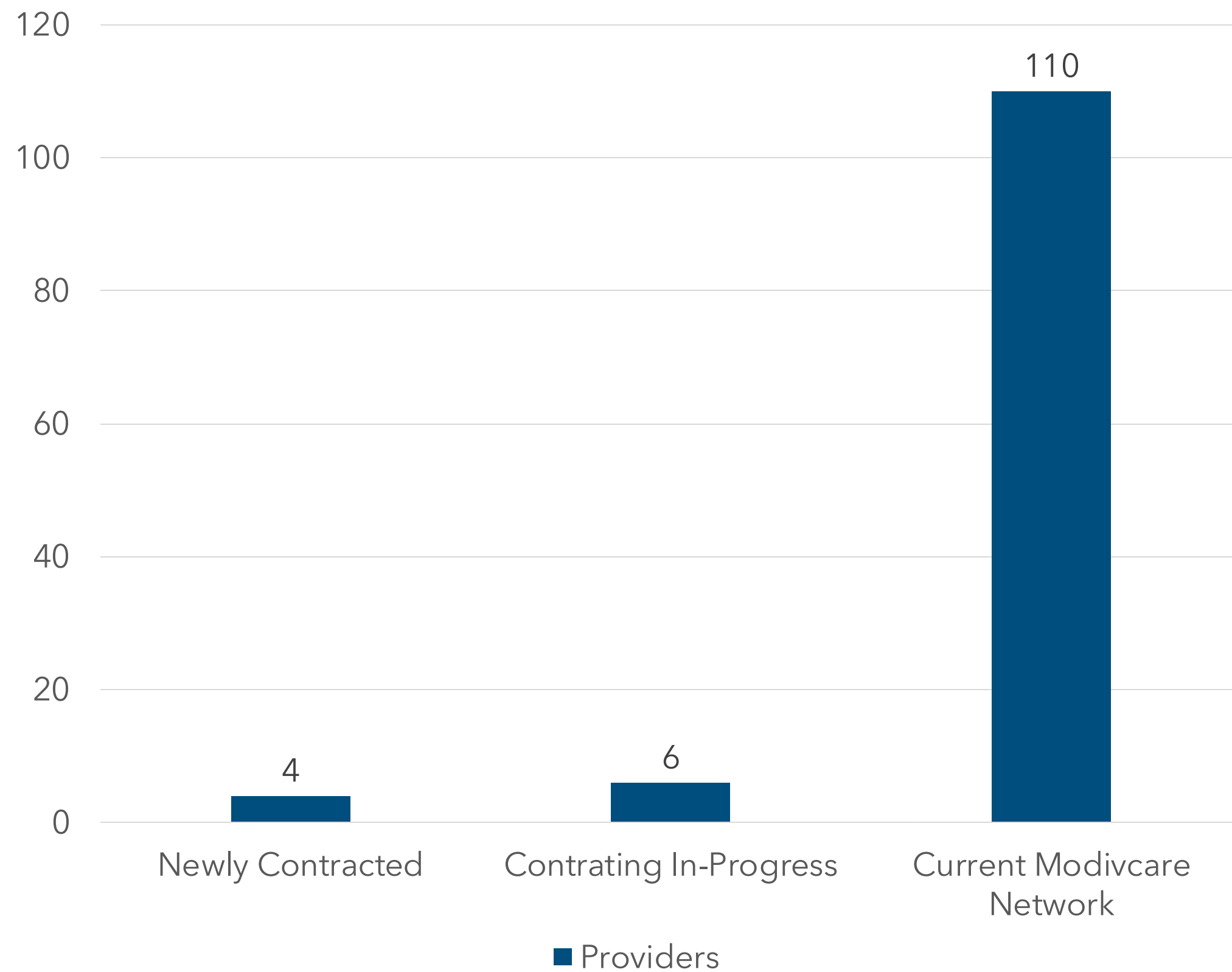


**93,305**  
**Trips Scheduled**



# Transportation Network

## Providers



**120 providers in Modivcare's transportation network**

- **140% increase in network**
- **Contracting with high performing providers**
- **Increase in MBE/WBE providers**



Modivcare currently has over 100 contracted providers not previously part of our network.

# Strategic Initiatives and Priorities: 1115 Waiver

# 1115 Waiver Update

## What is an 1115 Waiver?

Federally approved state-based experimental, pilot, or demonstration project that promotes the objectives of the Medicaid and Children's Health Insurance Program (CHIP) programs

May waive certain provisions of the Medicaid law to give states additional flexibility to design and improve their programs

## Illinois 1115 Waiver

Five-year extension of Illinois Behavioral Health Transformation 1115 waiver (approved in 2018)

Initial extension application submitted in June 2023

Approved as of 7/2/2024 until 6/30/2029



\*bolded text is the current 1115 waiver project focus

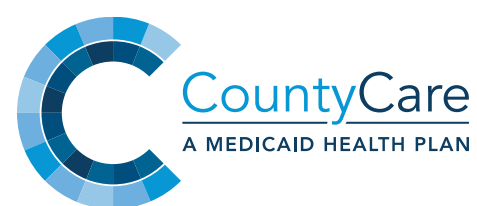
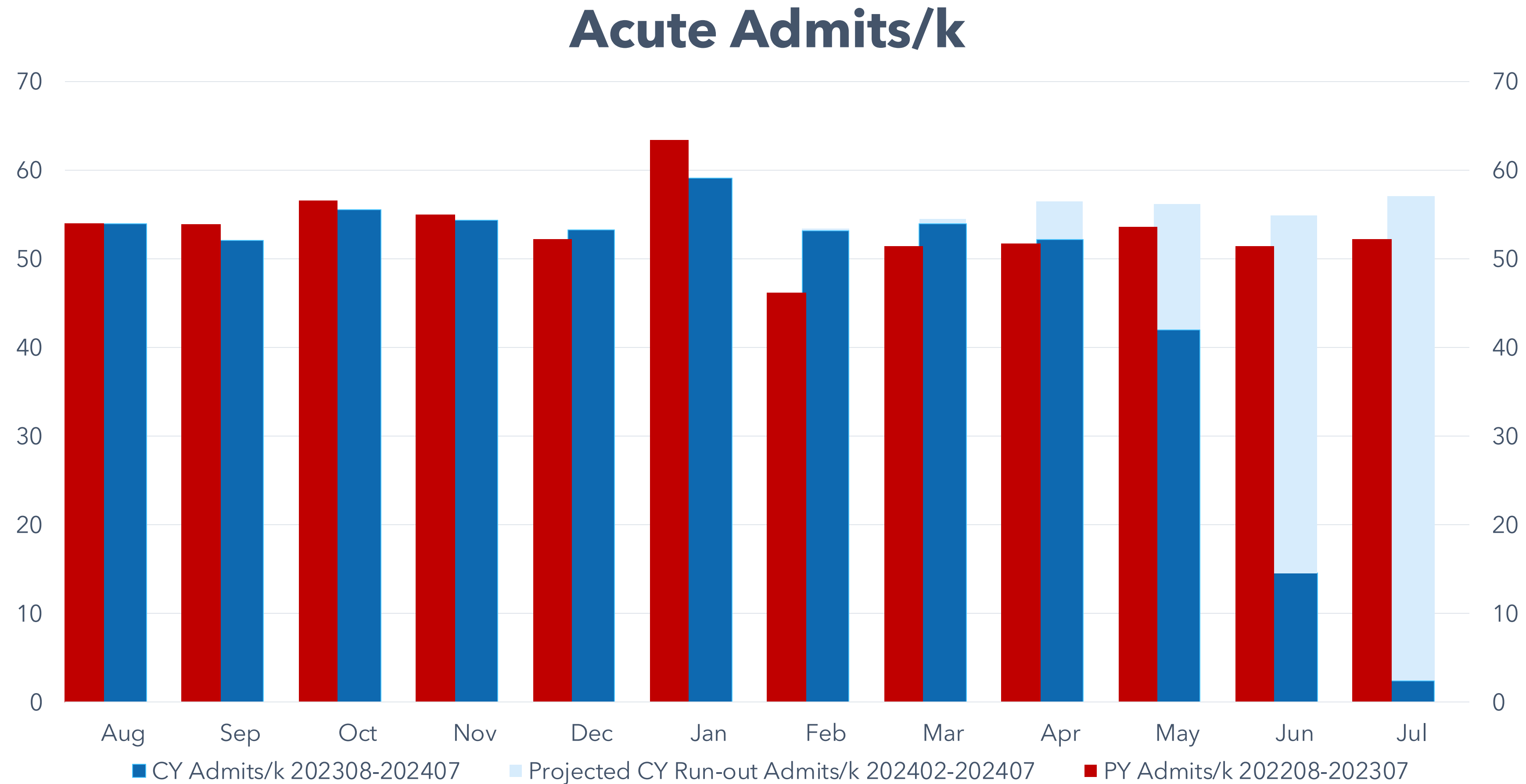
**Questions?**  
**Thank you!**

# Appendix

# Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	State Goal	Jun 2024	Jul 2024	Aug 2024
<b>Member &amp; Provider Services Call Center Metrics</b>				
Inbound Call Volume	N/A	48,358	54,599	51,083
Abandonment Rate	< 5%	1.61%	1.28%	1.17%
Average Speed to Answer (minutes)	1:00	0:26	0:23	0:22
% Calls Answered < 30 seconds	> 80%	84.55%	83.21%	84.26%
<b>Quarterly</b>				
Claims/Encounters Acceptance Rate	98%	98%		

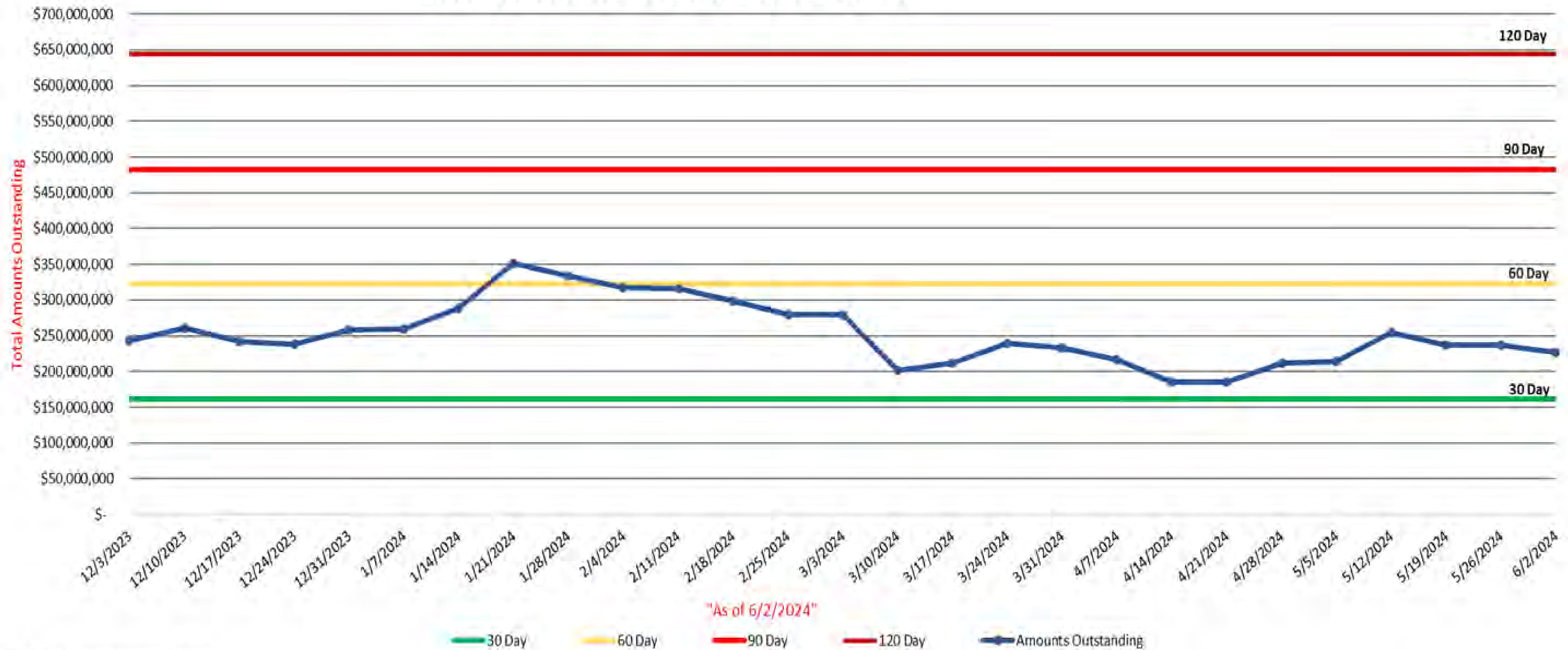
# Current v. Prior Year: IP Acute Admits/1000



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

# Claims Payments

## Received but Not Yet Paid Medical Claims



"As of 6/2/2024"

\*Assumes average of 15 days to process claims  
 \*Assumes \$80.5M in pending claims not yet adjudicated  
 \*Medical claims only- does not include pharmacy, dental, vision or transportation claims. These claims typically average a 30-60 day payment timing.



# 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
- \*Medical claims only-does not include pharmacy, dental, vision or transportation claims
- \*The amounts in the table are clean claims