

# Health Plan Services Update

*Prepared for: CCH Managed Care Committee*

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# Metrics



# Current Membership

Monthly membership as of August 5, 2021

Category	Total Members	ACHN Members	% ACHN
FHP	252,147	19,781	7.8%
ACA	109,395	17,159	15.7%
ICP	30,179	5,406	17.9%
MLTSS	7,569	0	N/A
SNC	7,777	951	12.2%
<b>Total</b>	<b>407,067</b>	<b>43,297</b>	<b>10.6%</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



# Managed Medicaid Market

Illinois Department of Healthcare and Family Services May 2021 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	398,040	31.6%
Blue Cross Blue Shield	323,382	25.7%
Meridian (a WellCare Co.)	316,024	25.1%
IlliniCare (Aetna/CVS)	123,152	9.8%
Molina	93,501	7.4%
YouthCare	5,991	0.5%
<b>Total</b>	<b>1,260,090</b>	<b>100.0%</b>

\* Only Operating in Cook County

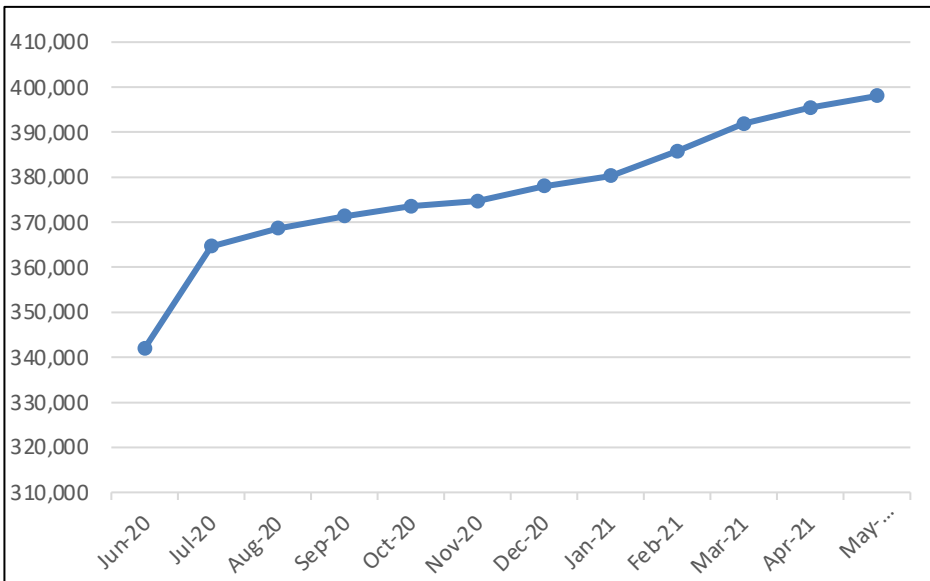
YouthCare is a Meridian plan serving DCFS children



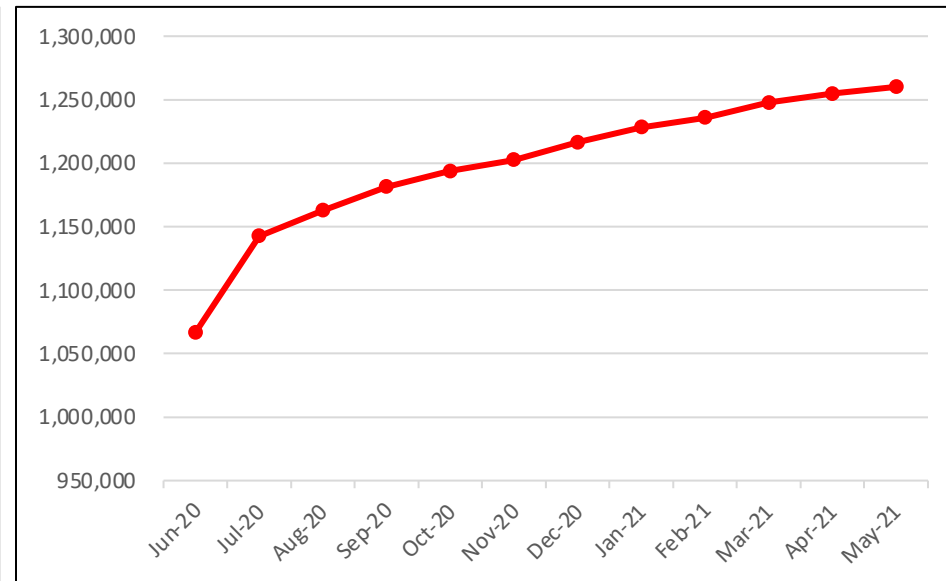
# IL Medicaid Managed Care Trend in Cook County

(charts not to scale)

CountyCare



Cook County Medicaid Managed Care



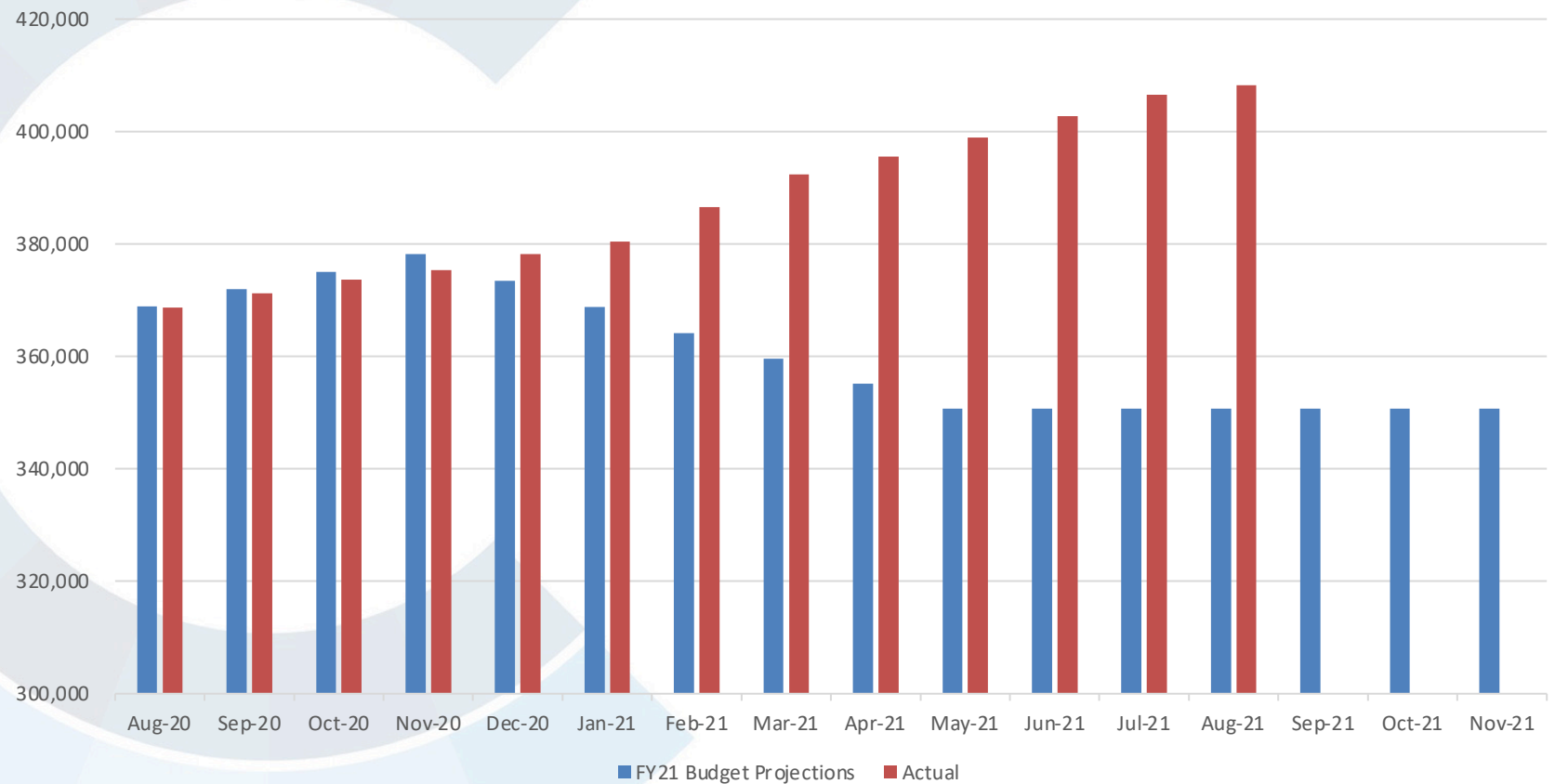
- CountyCare's enrollment has increased 16.5% over the past 12 months, slightly lagging the Cook County increase of 18%
- CountyCare's enrollment increased 0.7% in May 2021 compared to the prior month

Source: <https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx>

Note: HFS source website did not report August 2020 enrollment

# FY 21 Budget | Membership

## CountyCare Membership

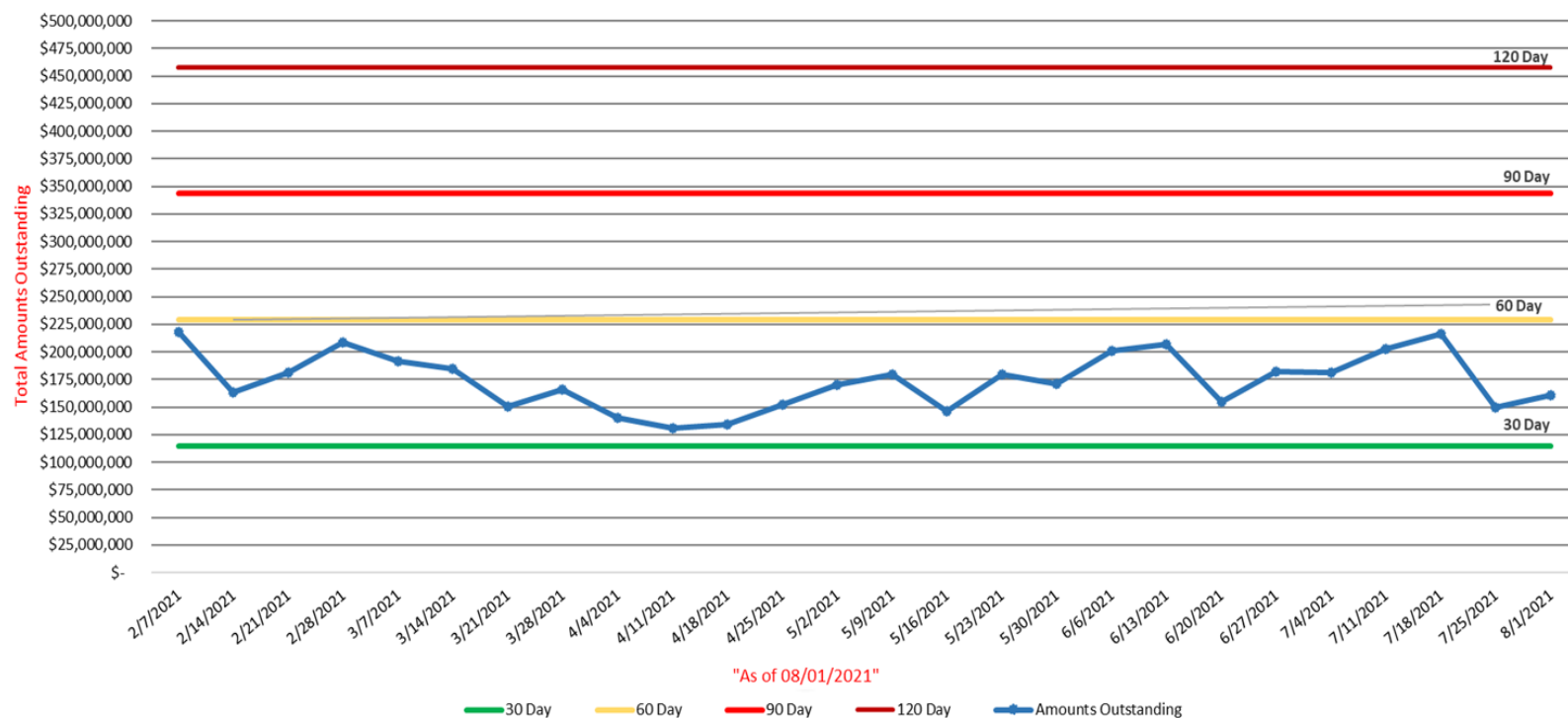


# Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	State Goal	Apr 2021	May 2021	Jun 2021
<b>Member &amp; Provider Services Call Center Metrics</b>				
Abandonment Rate	< 5%	3.50%	2.62%	3.17%
Hold Time (minutes)	1:00	0:24	0:19	0:34
% Calls Answered < 30 seconds	> 80%	85.99%	82.27%	79.72%
<b>Quarterly</b>				
Claims/Encounters Acceptance Rate	99%	98.0%		

# Claims Payments

Received but Not Yet Paid Medical Claims



\*Assumes average of 15 days to process claims

\*Assumes \$57.5M in pending claims not yet adjudicated

\*Medical claims only- does not include pharmacy, dental, vision or transportation claims. These claims typically average a 30-60 day payment timing.



# 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
Week of 8/1/2021	\$ 122,728,408	\$ 37,241,815	\$ 740,816	\$ 62,696	\$ 160,773,735

\*0-30 days is increased for an estimated \$57.5M 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

**Growth**



# Growth Initiatives

Population	Initiative
Choice Attrition	Interventions based on attrition areas – PCP engagement, network changes, member experience
New Members/COVID Enrollment	Targeted campaigns and PCP engagement for new members
Newborn Retention	Outreach and education to hospitals with highest attrition
55+ and 65+ new Medicaid populations	Medicaid enrollment effective 1/1/2021 for 65+, expected Medicaid MCO enrollment during 2022 55+ Medicaid coverage expected during 2022
Justice-Involved Population	Auto-assignment effective 4/1 with developing clinical model
All populations	Targeted network changes for additional PCP groups/hospitals
All populations	Continued marketing and branding presence throughout year. Focus groups for 2022 planning.
All populations	Innovation/Quality to continue 50% Auto-Assignment

# Finance



# Finance Initiatives

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

## How it works

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

# FY 2021 Initiatives Completed

Department	Initiatives	Annual Amount
Pharmacy	Coordination of Benefits, 340B	\$2-3M
Network	Provider Contracts, Value-Based Agreements	\$6-8M
Finance	Intergovernmental Transfer, Administrative Contracts, SSI/SSDI	\$30-\$32M
Medical Management	High Cost Members, Care Management, Re-admissions	\$2-3M
Compliance	FWA, Claims Data Reviews	\$6-8M

# Areas of FY 2021/2022 Focus

Department	Initiatives	Annual Amount
Pharmacy	Coordination of Benefits, MTM, 340B	\$3-5M
Network	Provider Contracts, Value-Based Agreements	\$2-4M
Finance	Intergovernmental Transfer, Administrative Contracts, Risk Adjustment	\$45-50M
Medical Management	High Cost Members, Transitions of Care, Care Management, Re-admissions, Insourcing	\$5-8M
Compliance	FWA, Data Reviews	\$4-6M

**Quality**

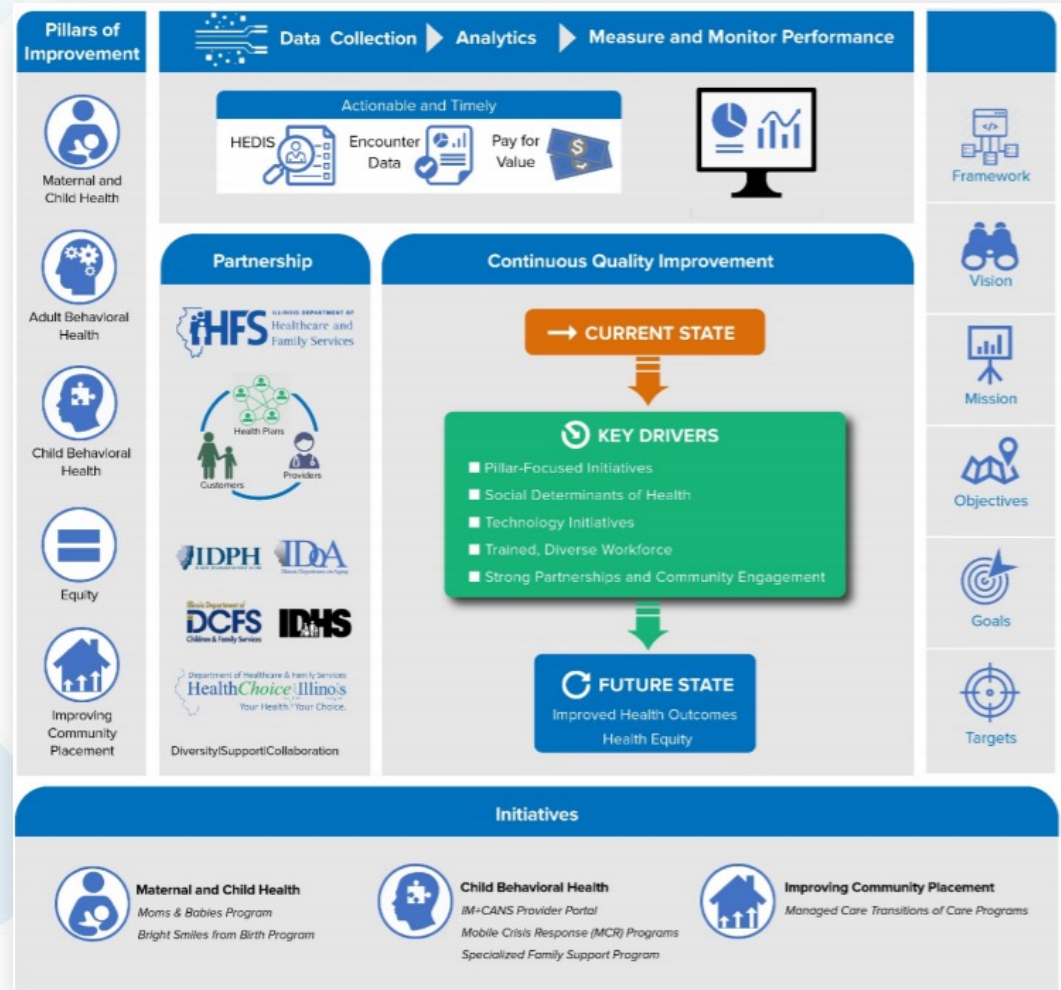




# Quality, Performance and Improvement

## Areas of Focus

- Pillar #1 – Adult Behavioral Health
- Pillar #2 – Child Behavioral Health
- Pillar #3 – Maternal & Child Health
- Pillar #4 – Equity
- Pillar #5 – Improving Community Placement



# P4P Measures

Measure Abbreviation	P4P Measures	P4R Measures for Reporting
<b>Aim: Better Care</b>		
<b>Pillar: Adult Behavioral Health</b>		
FUH	1. Follow-Up After Hospitalization for Mental Illness: 7-Day 2. Follow-Up After Hospitalization for Mental Illness: 30-Day	1. Follow-Up High Intensity Care for Substance Use Disorder (FUI) - 7 day follow-up 2. Follow-Up High Intensity Care for Substance Use Disorder (FUI) - 30 day follow-up
FUA	3. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: 7 day 4. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: 30 day	3. Pharmacotherapy for Opioid Use Disorder (POD)
<b>Pillar: Child Behavioral Health</b>		
FUH	1. Follow-Up After Hospitalization for Mental Illness: 7-Day (6-17 years of age) 2. Follow-Up After Hospitalization for Mental Illness: 30-Day (6-17 years of age)	1. Mobile Crisis Response Services that Result in Hospitalization (EDW data) 2. Visits to the ER for BH services that Result in Hospitalization (EDW data) 3. Overall Number and Length of BH Hospitalizations (EDW data) 4. Number of Repeat BH Hospitalizations (EDW data)
FUM	3. Follow-Up After Emergency Department Visit for Mental Illness: 7-day (6-17 years of age) 4. Follow-Up After Emergency Department Visit for Mental Illness: 30-day (6-17 years of age)	
<b>Pillar: Maternal and Child Health</b>		
PPC	1. Prenatal and Postpartum Care: Timeliness of Prenatal Care 2. Prenatal and Postpartum Care: Postpartum Care	1. C-section rate for low-risk women with no prior births (EDW data) 2. Well-Child Visits in the First 30 Months of Life (W30) 3. Child and Adolescent WellCare Visits (WCV) 4. Annual Dental Visit (ADV) - Age Groups: 2-3 years, 4-6 years, 7-10 years, 11-14 years, 15-18 years, 19-20 years
CIS	3. Childhood Immunization Status (Combo 3) - (CIS)	5. Childhood Immunization Status (CIS) - Combo 10
<b>Aim: Healthy People/Healthy Communities</b>		
<b>Pillar: Equity</b>		
BCS	1. Breast Cancer Screening	1. HIV Viral Load Suppression (CMS Adult Core Set)
CCS	2. Cervical Cancer Screening	2. Gap in HIV Medical Visits
CBP	3. Controlling High Blood Pressure	3. Prescription of HIV Antiretroviral Therapy
AAP	4. Adults' Access to Preventive/Ambulatory Health Services	
<b>Pillar: Improving Community Placement</b>		
	None	1. LTSS Comprehensive Care Plan and Update 2. Successful Transition after Long-term Care Stay

# Performance Improvement Workgroups (PIW)

Quality Improvement Committee

Performance Improvement  
and Population Health

**P1: Adult BH**  
**P2: Child BH**  
**Aim: Better Care**

Lead  
Executive Sponsor

**P3: Maternal/Child  
Health**  
**Aim: Better Care**

Lead  
Executive Sponsor

**P4: EQUITY**  
**Aim: Health People/Health  
Communities**

Lead  
Executive Sponsor

**P5: Improving Community  
Placement**  
**Aim: Health People/Healthy  
Communities**

Lead  
Executive Sponsor

# Outcomes and Utilization

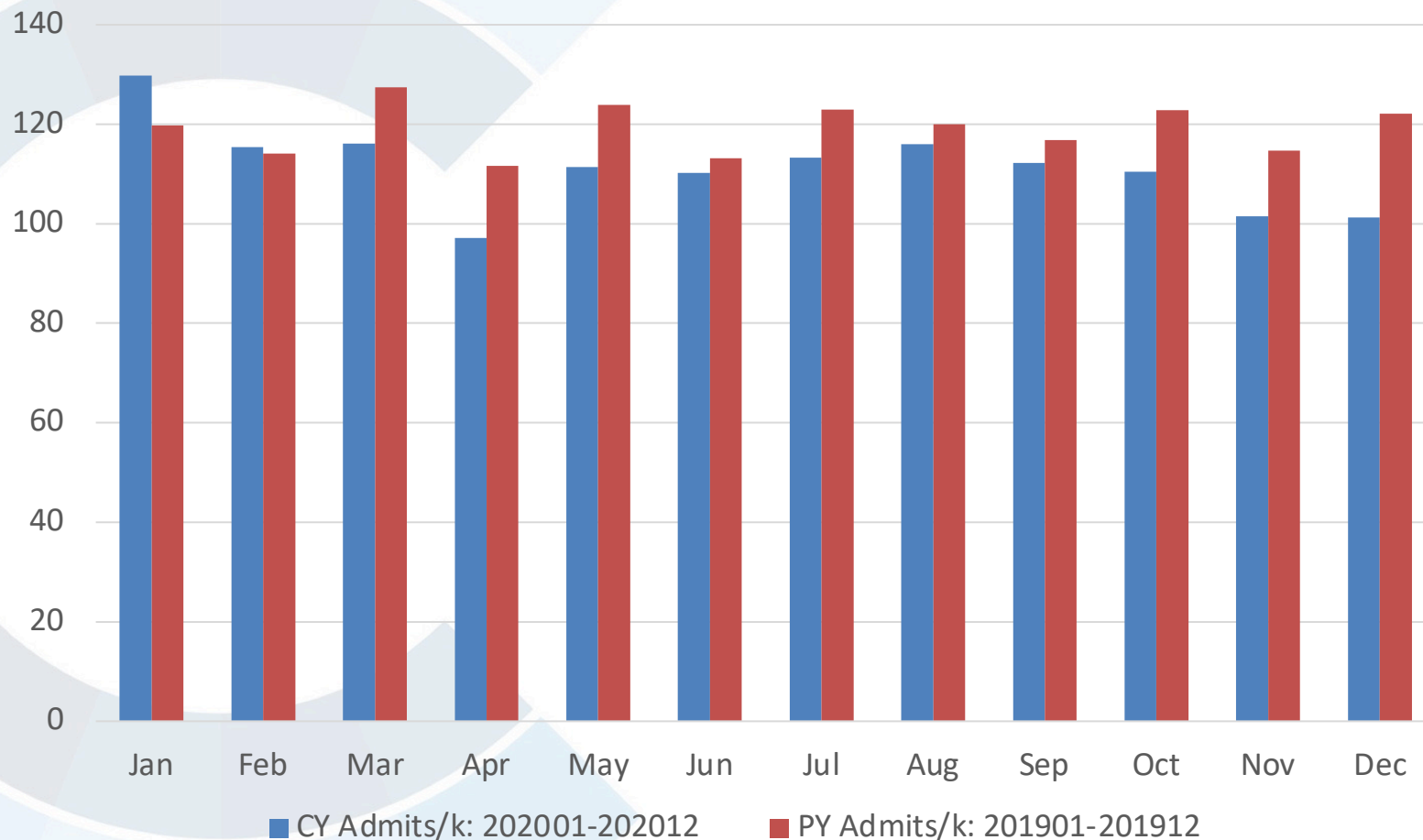


# CC v. Market: Overall Utilization



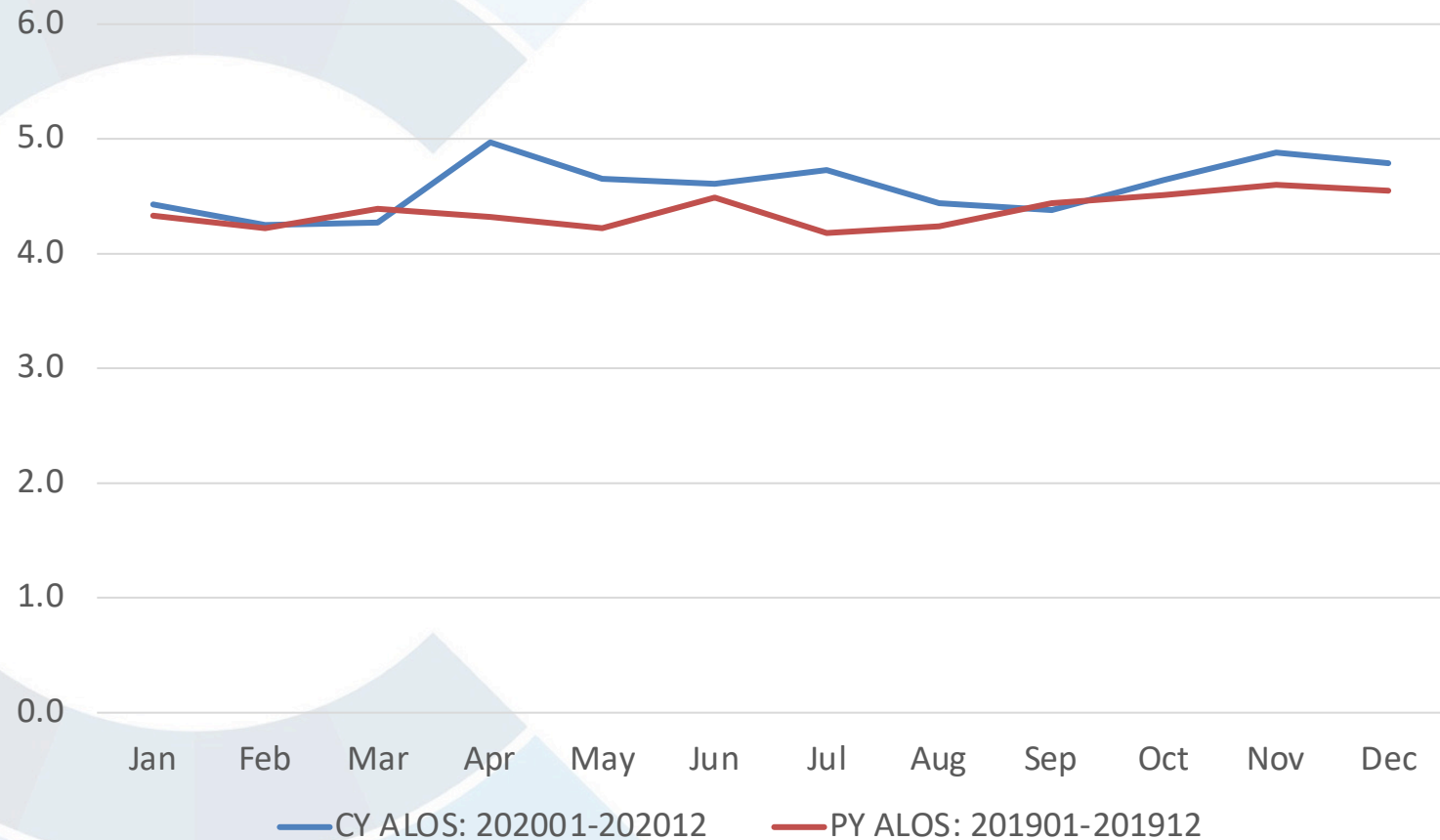
Updated quarterly in the last month of each quarter (March, June, September, December)

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



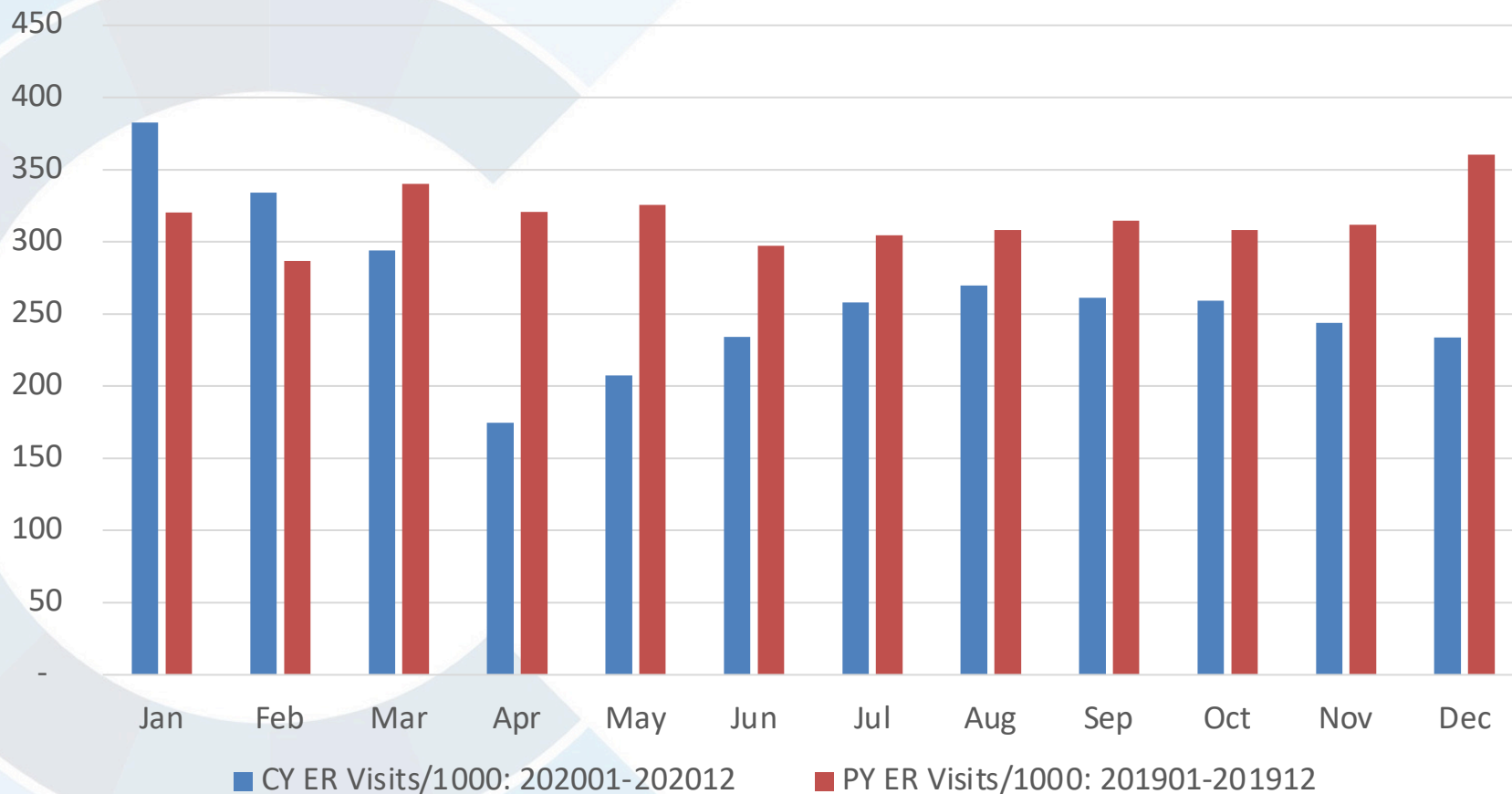
Updated monthly  
All cases occurred at a General Acute Care hospital

# Current Year v. Prior Year: IP Acute Admits LOS



Claims-based, services incurred December 2019-November 2020, paid through April 2021  
Updated monthly  
All cases occurred at a General Acute Care hospital

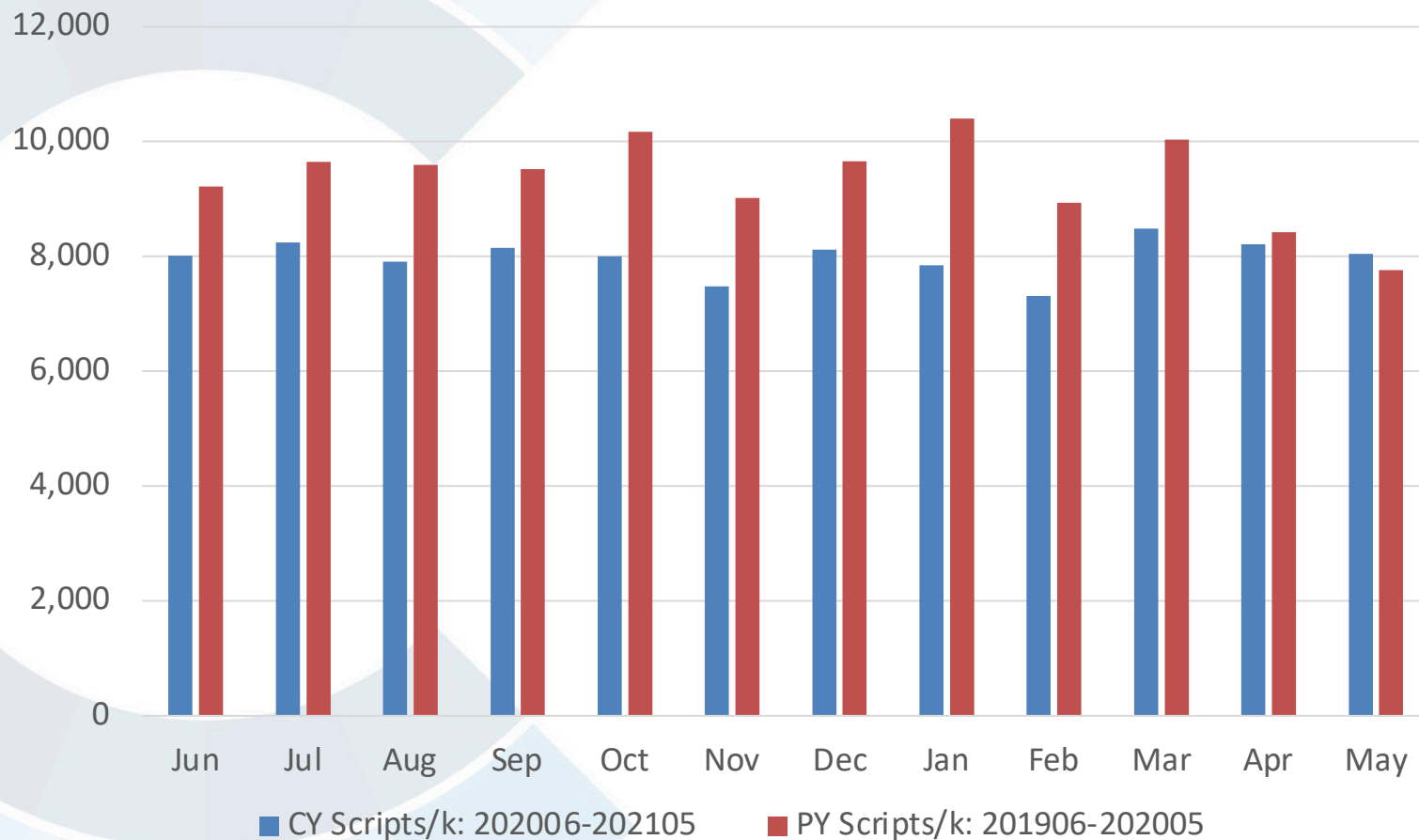
# Current v. Prior Year: OP ED Visits/k



Updated monthly, claims paid through June 2021



# Pharmacy Scripts/1000



Updated quarterly in the last month of each quarter (March, June, September, December)

# COVID Vaccinations



# CountyCare COVID Vaccination Rates

Vaccination Phase	Count of Eligible Members	% of Eligible Members
1st of 2 doses only:	17,070	5.79%
Fully Vaccinated:	100,636	34.16%

**39.95%** of vaccine-eligible CountyCare members have received at least 1 dose of the vaccine

Member Counts by Residential Area (*DIA= Disproportionately Impacted Area):	
<u>Residential Area</u>	<u># of members with 1 dose</u>
DIA Cook County	<b>86,933</b>
non-DIA Cook County	30,511
Other	262
<b>Total</b>	<b>117,706</b>

Data as of 8/5/2021, eligible members= 12+ y/o

# Vaccine Initiatives

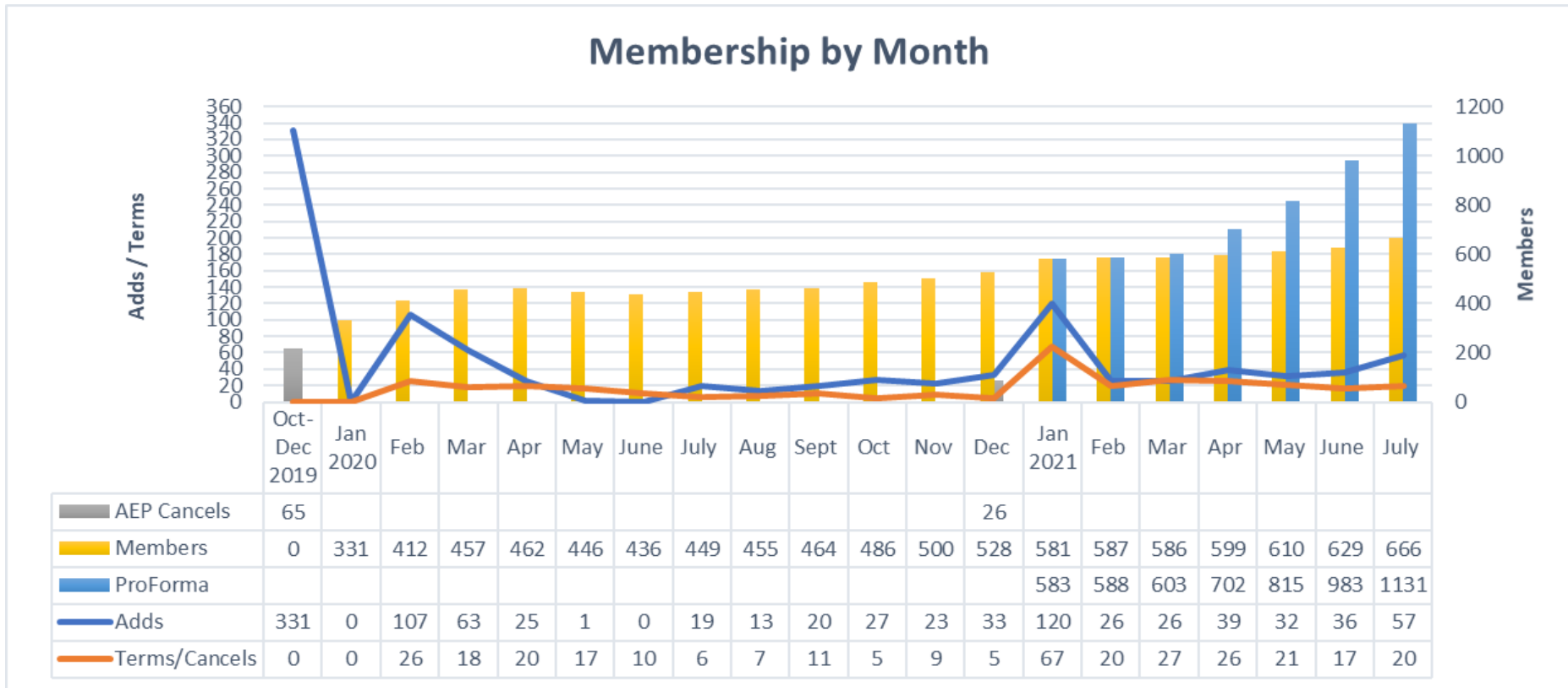
- Text messaging and outreach campaigns
  - Utilizing conversational AI
  - Fotonovela (virtual story book) was utilized for Spanish-speaking members.
  - Of those who interacted with the Fotonovela, 72% said they were more likely to get a vaccine, and 50% later received their vaccine.
- Scheduling Assistance
  - Since January 2021, over 200,000 text messages to eligible members directing them to sites to book vaccine appointments.
  - Includes any priority equity sites set up by CCH and community-based organization events.
- 2<sup>nd</sup> Dose Reminders
  - Outbound call outreach to members who have received 1<sup>st</sup> of 2 doses to provide reminders of 2<sup>nd</sup> dose
  - Provides information on how/where to schedule 2<sup>nd</sup> dose appointment
- Vaccine Incentives
  - Beginning August 2021, CountyCare is offering a \$25 Reward Incentive for members who receive their 1<sup>st</sup> dose
  - This reward is automatically loaded to their OTC Reward card.
  - Marketing this via text messages and through care management entities.



# Medicare Advantage



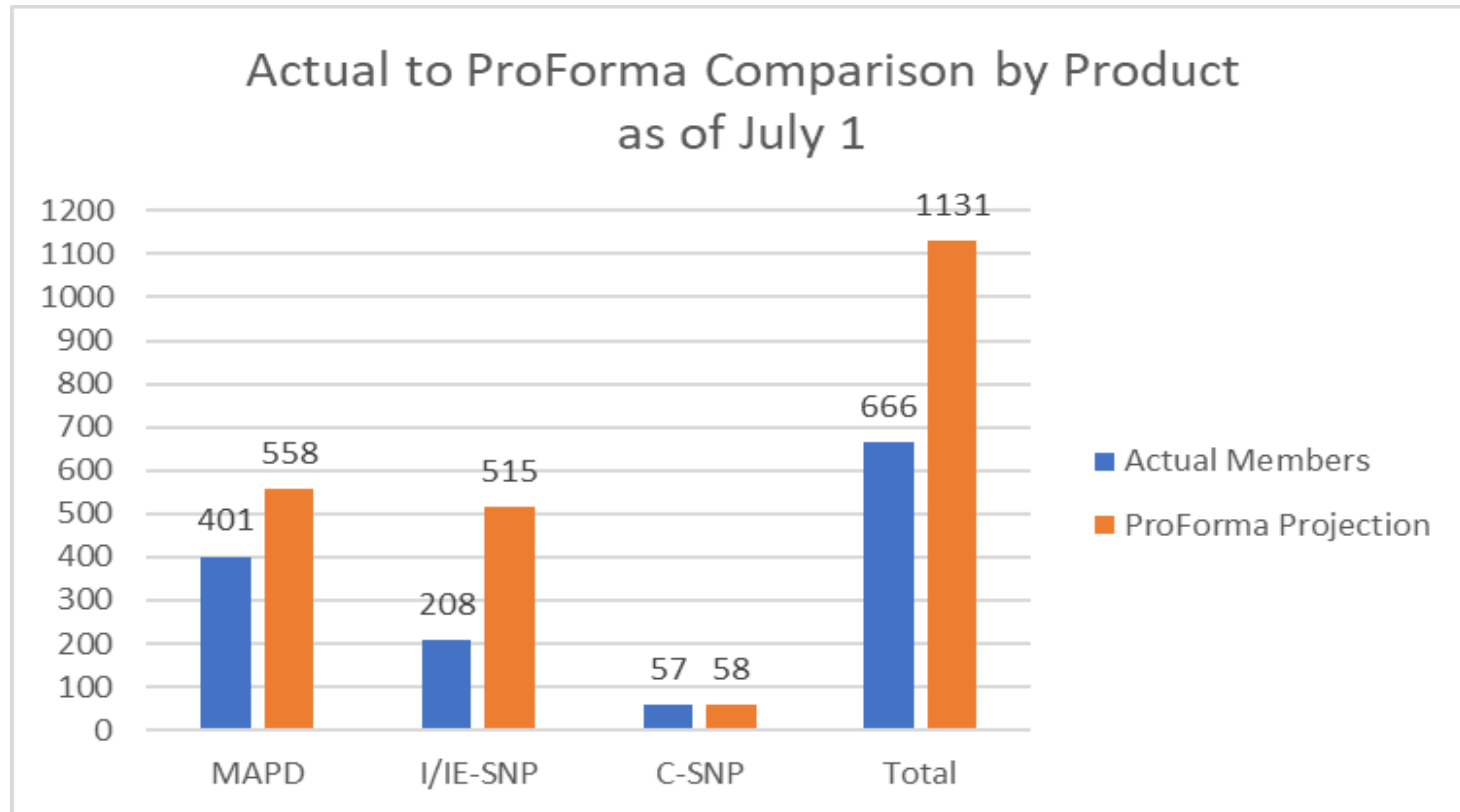
# MoreCare Membership: Overall Membership Trends



## Analysis as of July 1, 2021

- July total membership at 666 with about a 40% increase in sales from June to July
- Total membership lags projections of 1,131 members by about 40%
- Multiple sales and retention efforts in play with AEP approaching in 2 months

## MoreCare Membership: Overall Membership Trends



Analysis as of July 1, 2021

- C-SNP on track
- Moderate gap in MAPD
- Largest difference in IE-SNP with 307 member shortfall

# Financial

- Requires acceleration of growth to continue scaling administrative costs
- Re-evaluation of administrative cost
- MLR performance
  - FY 2020 – 89.6%

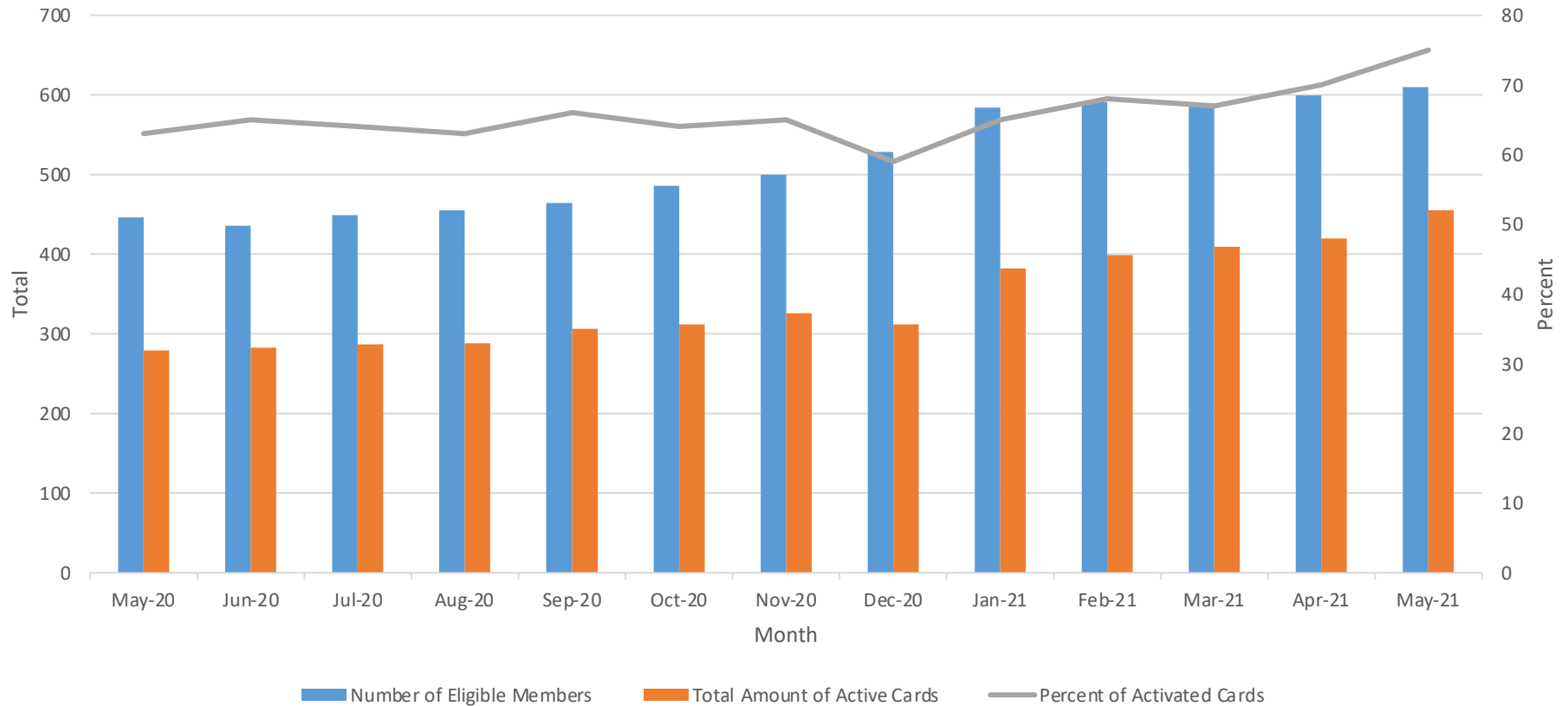


## *MoreCare Membership: Growth Activity by Product*

Product	Growth Opportunity
MAPD	Launched Outreach Activities, initial event planned for August
MAPD	Provider mailings to patients at CCH and FQHC partners for “Age-Ins” and Open Enrollment
MAPD	Provider education and workflows for “permission to contact forms”
CSNP	Education of CORE staff about unique benefit design
ISNP	Additional LTC facilities being on-boarded for on-site sales
IE SNP	Developing partnerships with additional SLF facilities for on-site sales
All Products	Retention efforts including outreach and PCP engagement

# Additional Benefits

## OTC Activation



- Total amount of active cards continues to increase in 2021.

# Network

- Network expansion opportunities to drive growth
- Three additional areas of focus to ensure appropriate network adequacy based on CMS requirements
  - **Chiropractor**; Provider outreach underway for additional contracting
  - **Orthopedic Surgery**; Contract discussions underway, expected to be completed by 1/1/2022
  - **Radiation Oncology**; This is due to an incomplete roster received from providers/receiving updating roster in process

# 2021 MoreCare STARS Summary

## Summary

- All areas have **focused attention and activities** to drive progress toward goals.
- **Workgroup meets weekly** to align workstream activities and track progress.

## Risks

- **Member Experience measures:** highly weighted with no current baseline.
- **Establishment supplemental EMR data;** this data is important for accurate measurement of performance and identification of gaps.

## Opportunities

- **CAHPS simulation survey:** results will provide baseline and allow for proactive interventions ahead of live survey.
- **Telehealth Diabetes & Well-Visits:** Plans to engage members for chronic disease maintenance and well-visits, as well to support HCC coding for visits completed this year.

# MoreCare: HEDIS/Part C STARS

Key Activities	Action Date(s)
• Worked with specific <b>provider groups</b> to provider member-level lists of care gaps to push 'Every Member Counts' care gap closure campaign.	Ongoing
• Regular <b>provider meetings</b> in 2021 with largest provider groups to review performance and quality initiatives quarterly. Include Pharmacy, Network, Operations.	Quarterly
• Meetings with <b>Care Management</b> to provide training on working to close care gaps	June 2021
• Updated the <b>Part C Measure Inventory</b> and created a <b>calendar of Part C initiatives</b> .	May – June 2021
• Developing EMR workflows to provide supplemental data to improve rates and more accurately measure performance during year	July 2021
• Developed draft <b>materials for member outreach</b> to close preventive care and diabetes gaps	May 2021
• <b>Transitions of Care (TRC)</b> metrics and workflow evaluation and enhancements	3 <sup>rd</sup> Quarter 2021

# 2021-Q2 Pharmacy Activities & Milestones

## Benefits

- 100-day medication supply campaign
- OTC mail order campaign
- Reward benefit program development

## Clinical/Stars

- Medical drug management strategies (2022)
- Drug Management Program (2022)
- LTC facility vaccination activities
- Mental Health Program
  - 4 pillars
- Palliative Care & Hospice Program
- Adherence activities
- Clinical Pharmacy Interventions
- Pharmacy Outlier and Patient Safety Reports

## Clinical Operations

- Coverage Determination and Redetermination oversight
- ESRD & Dialysis Program
- Mobile Texting Program
- Provider and Facility Communication Channels

## Plan Operations

- Mock Audit, findings and next steps
  - Update/New P&Ps
- Paid (v1) and Reject (v2) Claims daily review and interventions
- 2022 Plan documents preparations
- Pharmacy Roundtable Meeting
- Stars Part D Activities Meeting
- MoreCare (C-SNP) Sales Worksheet – Financial Assistance
- Monthly Website Documents

# Member Calls

