



# Managed Care Committee

January 19, 2024

**CountyCare**  
A MEDICAID HEALTH PLAN

# Agenda

- **Health plan metrics**
- **2023 successes and year in review**
- **Areas of focus for FY24**
- **Strategic initiatives and priorities**
  - Network strategy and telehealth
  - Redetermination
  - CountyCare Access (Health Benefits for Immigrant Adults and Seniors)
  - HealthChoice Illinois RFP





# Health Plan Metrics



# Current Membership

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

Category	Total Members	ACHN Members	% ACHN
FHP	262,791	15,239	5.8%
ACA	113,384	15,616	13.8%
ICP	30,488	4,843	15.9%
MLTSS	9,307	-	0%
SNC	7,392	341	4.6%
IA	7,827	441	5.6%
IS	1,400	97	6.9%
<b>Total</b>	<b>432,589</b>	<b>36,577</b>	<b>8.5%</b>



**ACA:** Affordable Care Act

**FHP:** Family Health Plan

**IA/IS:** HBIA/HBIS

**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 October 2023 Data

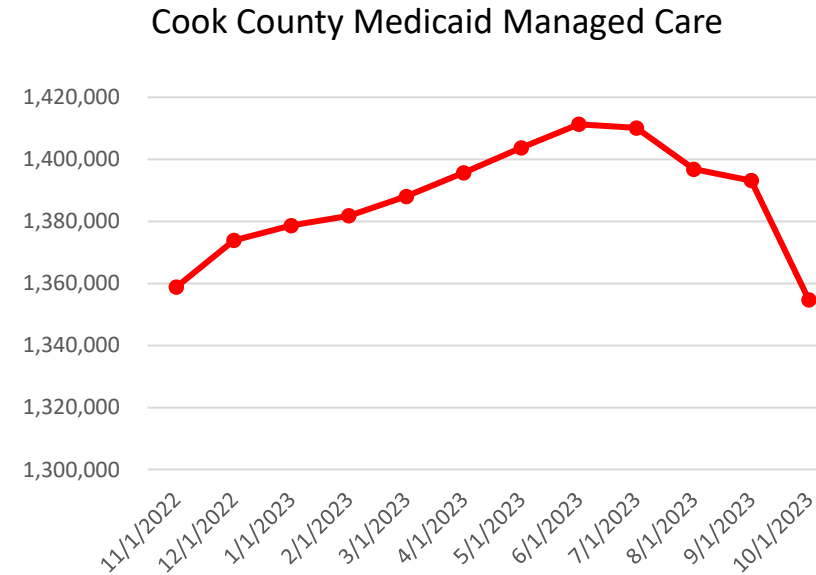
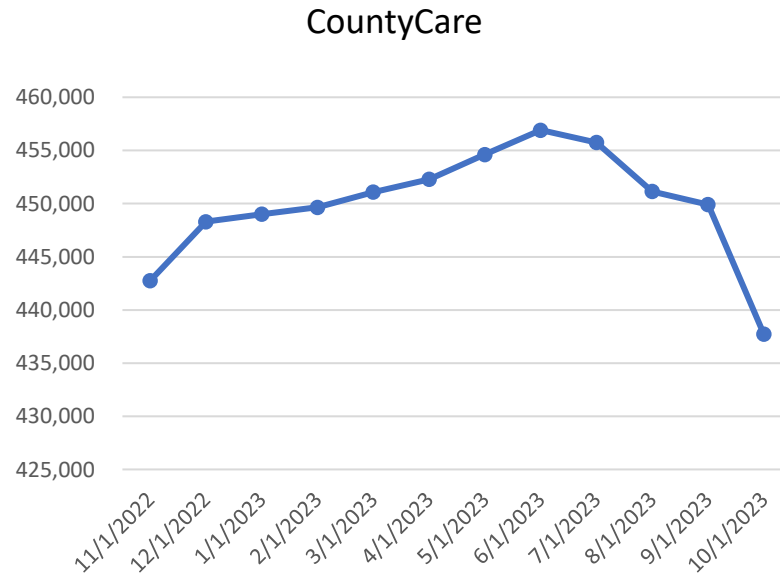
Managed Care Organization	Cook County	Cook Market Share
*CountyCare	437,733	32.3%
Blue Cross Blue Shield	368,663	27.2%
Meridian (a WellCare Co.)	310,927	23.0%
IlliniCare (Aetna/CVS)	128,811	9.5%
Molina	99,362	7.3%
YouthCare	9,259	0.7%
<b>Total</b>	<b>1,354,755</b>	<b>100.0%</b>



\* Only Operating in Cook County

# IL Medicaid Managed Care Trend in Cook County

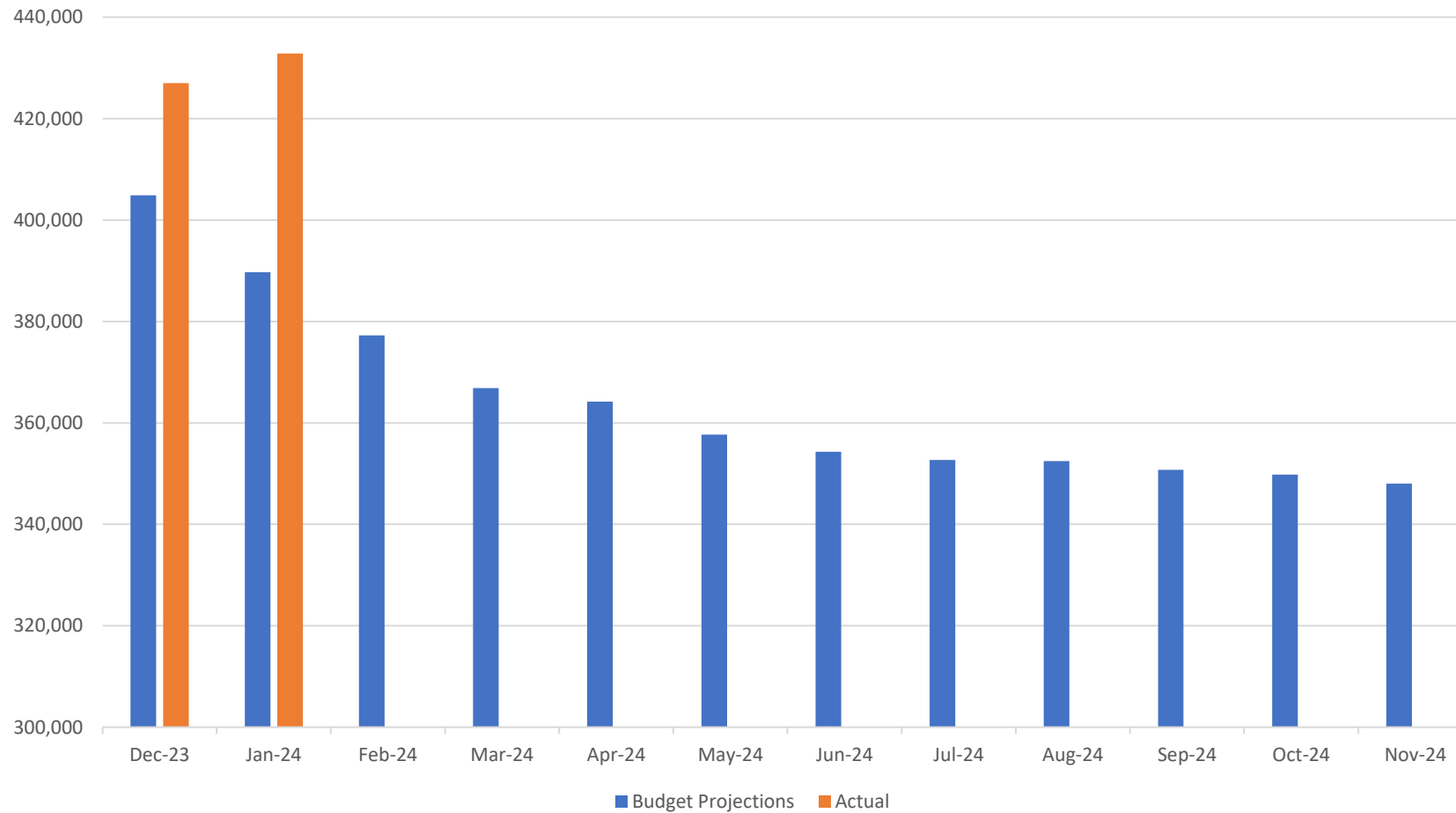
(charts not to scale)



- CountyCare's enrollment decreased 2.71% in October 2023 compared to the prior month, in line with the Cook County decrease of 2.76%

# FY 24 Budget | Membership

CountyCare Membership



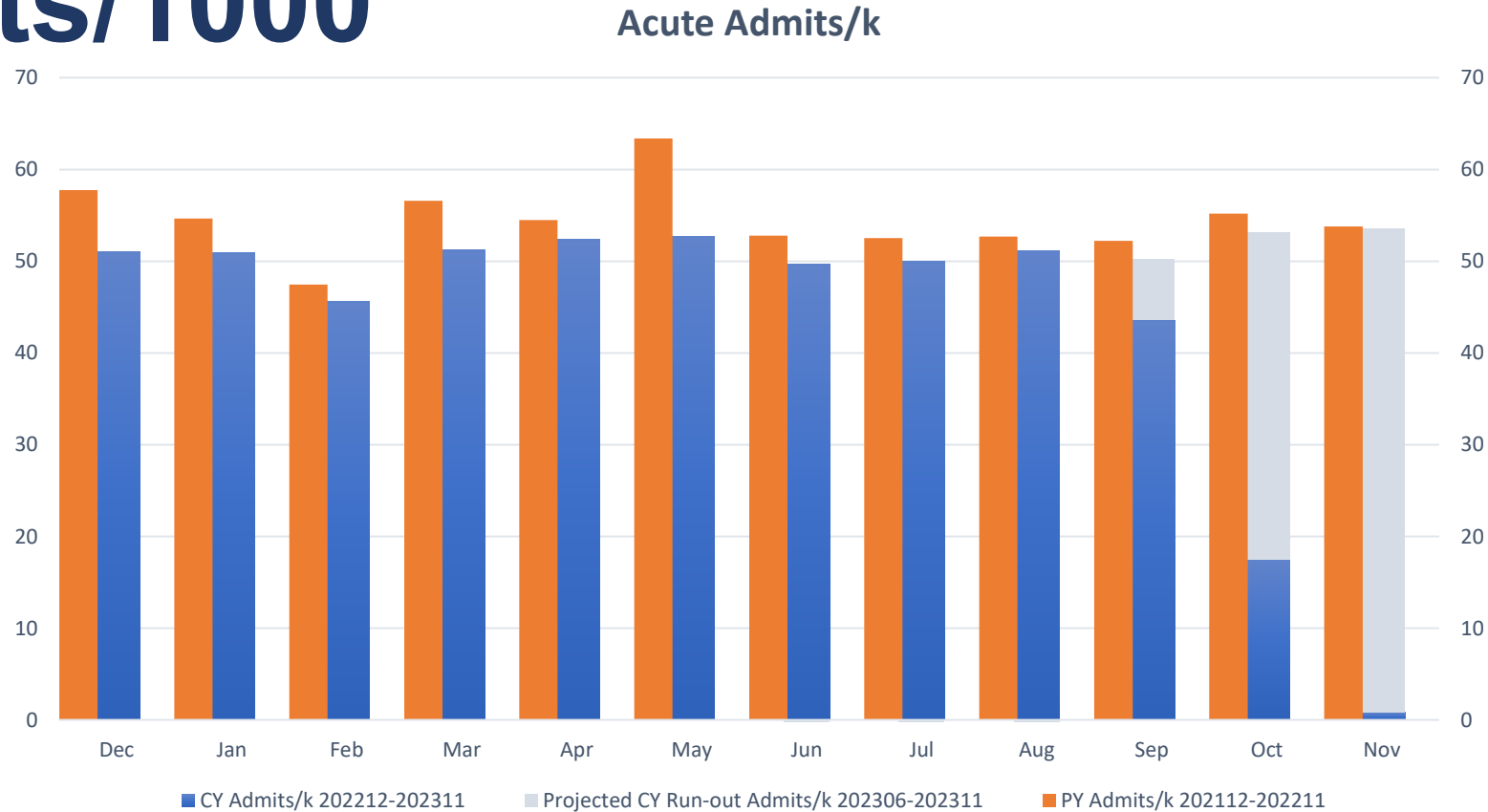
# Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	State Goal	Oct 2023	Nov 2023	Dec 2023
<b>Member &amp; Provider Services Call Center Metrics</b>				
Inbound Call Volume	N/A	47,971	44,537	41,586
Abandonment Rate	< 5%	0.35%	0.88%	0.82%
Average Speed to Answer (minutes)	1:00	0:03	0:10	0:09
% Calls Answered < 30 seconds	> 80%	97.89%	92.81%	91.43%
<b>Quarterly</b>				
Claims/Encounters Acceptance Rate	98%	98%		





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



Updated monthly, paid through October 2023

All acute and surgical cases + approved acute authorizations

Domestic admissions are not included since they do not require Prior Authorization

# CountyCare COVID Vaccination Rates

	Total	At Least 1 Dose		Series Complete		Updated (Bivalent) Booster		All Booster/3rd Dose
Age Category	Eligible Members	% of Total Eligible Members	CDC Benchmark	% of Total Eligible Members	CDC Benchmark	% of Total Eligible Members	CDC Benchmark	% of Total Eligible Members
<2 yrs	17,712	4.96%	8.90%	3.34%	4.70%	2.89%	0.60%	3.01%
2-4 yrs	28,063	11.25%	10.90%	7.77%	6.10%	3.67%	0.60%	4.56%
5-11 yrs	69,989	34.57%	40.00%	29.40%	32.90%	6.47%	4.80%	9.56%
12-17 yrs	62,578	55.86%	72.20%	50.92%	61.80%	10.02%	7.80%	19.12%
18-24 yrs	48,788	59.28%	82.30%	52.87%	66.80%	7.90%	7.40%	21.97%
25-49 yrs	128,072	53.69%	85.50%	48.08%	72.20%	9.28%	12.10%	21.88%
50-64 yrs	54,348	71.78%	95.00%	67.73%	83.80%	23.24%	21.70%	45.80%
>=65 yrs	17,401	75.73%	95.00%	72.35%	94.40%	32.58%	43.30%	57.65%
Total	426,951	49.90%		44.97%		11.15%		22.05%

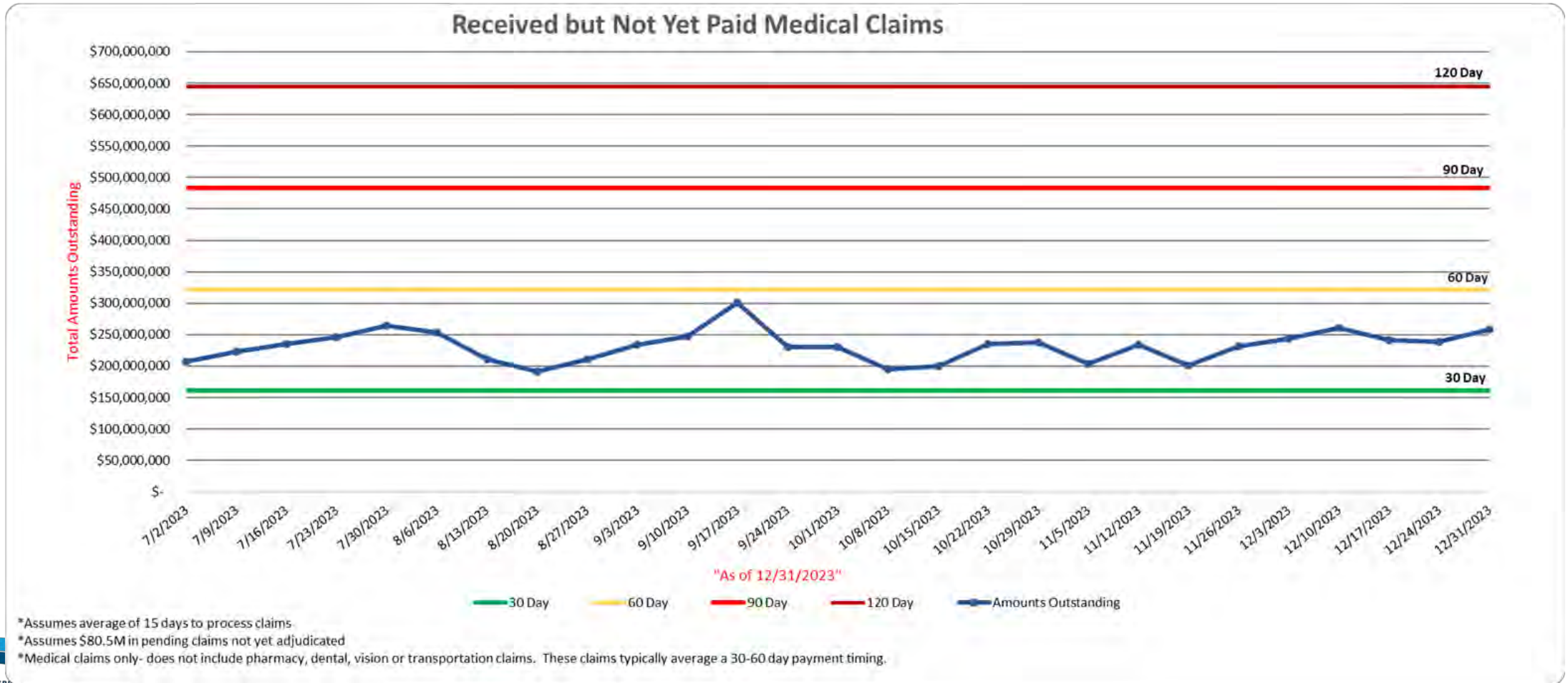
Data as of 12/28/2023

Notes: Benchmark data in the table above is obtained from CDC. For booster, the benchmark data only captures the updated bivalent booster.

Benchmark for each age category: <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends>

Bechmark for overall vaccination rate: [https://covid.cdc.gov/covid-data-tracker/#vaccinations\\_vacc-people-onedose-pop-total](https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-people-onedose-pop-total)

# 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
Week of 12/31/2023	\$ 181,111,957	\$ 75,730,673	\$ 1,511,954	\$ 20,819	\$ 258,375,403



\*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



# 2023 successes and year in review



# 2023 successes and year in review



## Member Safety, Clinical Excellence, and Quality

- ✓ Highest NCQA quality rating across all MCOs
- ✓ >67% adults with a PCP visit
- ✓ Increase in CAHPS scores
- ✓ NACo Award for Brighter Beginnings



## Health Equity, Community Health, and Integration

- ✓ >23,100 members enrolled in the FoodCare program, with >1,300 receiving medically tailored meals
- ✓ >700k member records updated through the Member Demographics Initiative
- ✓ 81 people housed through Flexible Housing Pool (ARPA/quality withhold)



## Member Experience

- ✓ Execution of redetermination strategy (>120 rede events and ~85% rede response rates)
- ✓ Launched value-based BH provider
- ✓ Distributed 3,000 turkeys at 15 Turkey Giveaway Events before Thanksgiving



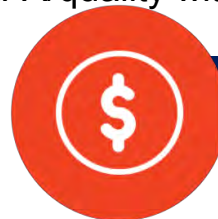
## Growth, Innovation, and Transformation

- ✓ Highest membership of 457k
- ✓ Maintained 50% auto-assignment
- ✓ Created new program for individuals seeking asylum
- ✓ Achieved auto-assignment of Health Benefits for Immigrant Adults/Seniors in CC



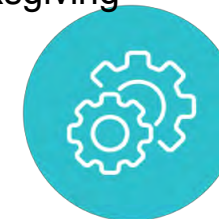
## Workforce: Talent and Teams

- ✓ Hired 231 positions
- ✓ Launched new CountyCare orientation
- ✓ Established individual objectives and key results
- ✓ 80.5% team satisfaction on CountyCare staff survey



## Fiscal Resilience

- ✓ New Pharmacy Benefits Manager implemented
- ✓ Launched a value-based program for members with Chronic Kidney Disease
- ✓ Increased investment earnings



## Optimization and Systemization

- ✓ Insourced provider relations
- ✓ Optimized systems to integrate care gaps (e.g., call center and care management system)
- ✓ Improved ADT segmentation and reporting



# Areas of focus for 2024












# 2024 Actions and Initiatives

- Behavioral Health Initiative
- Maternal and Child Health Initiative
- HEDIS vendor transition
- Improved HEDIS/quality data capture
- Housing Programs
- Domestic Violence Reduction
- Non-emergency medical transition
- Dental/vision transition (possible)
- **Expansion of telehealth/virtual care**
- **Improvements to the provider directory**
- CAHPS
- **Redetermination and community outreach**
- **Health Benefits for Immigrant Adults and Seniors**
- **HealthChoice Illinois RFP**
- Optimize CareLink and Cook Medical Group
- Improved professional development and performance management
- Improved retention/ staff satisfaction
- Medical Cost Action Plan initiatives
- Value-based contracting





# FY24 Annual Objectives and Key Results

	Strategic Pillar	Key Results
	<b>Member Safety, Clinical Excellence, &amp; Quality</b>	<ul style="list-style-type: none"><li>• Earn a 4- or 5-star measure rating on all measures on the HealthChoice Illinois Plan Report Card in 2024.</li><li>• Achieve at least the 75<sup>th</sup> percentile on the HEDIS Adults' Access to Preventive/Ambulatory (AAP) measure and for Follow-up After Hospitalization and Emergency Department Visit for Mental Illness (FUH/FUM).</li></ul>
	<b>Health Equity, Community Health, &amp; Integration</b>	<ul style="list-style-type: none"><li>• Achieve the 90<sup>th</sup> percentile for Blood Sugar Control for Patients with Diabetes (HBD), Prenatal and Postpartum Care (PPC), and Childhood Immunization Status (CIS) Combo 10.</li><li>• Develop a climate action plan for the health plan by June 30, 2024. Implement 2 areas by November 30, 2024.</li></ul>
	<b>Member Experience</b>	<ul style="list-style-type: none"><li>• At least 85% for "Rating of Health Plan."</li></ul>
	<b>Workforce: Talent &amp; Teamwork</b>	<ul style="list-style-type: none"><li>• Greater than or equal to 90% staff satisfaction as measured in the 2024 Staff Satisfaction survey.</li><li>• 95% of staff are retained in their first year of employment.</li></ul>
	<b>Fiscal Resilience</b>	<ul style="list-style-type: none"><li>• Achieve 64% of medical spend in Category 3-4 Advanced Payment models for calendar year 2024.</li></ul>
	<b>Optimization, Systemization, &amp; Performance Improvement</b>	<ul style="list-style-type: none"><li>• Improve access to care with a focus on primary care, behavioral health, women's health, and prenatal care.</li><li>• Optimize systems to improve quality outcomes.</li></ul>
	<b>Growth, Innovation, &amp; Transformation</b>	<ul style="list-style-type: none"><li>• Attain &gt;420,000 members across all products by end of FY24.</li><li>• Achieve choice enrollment equal to 33% of the market by end of 2024.</li></ul>

Optimization,  
Systemization,  
and  
Performance  
Improvement



# Strategic initiative highlight

## Network Strategy and Telehealth



# Medicaid Network & New 2023 Agreements

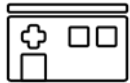


**Network fully meets HFS adequacy standards across all provider types**

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70 Hospitals



150 Urgent Care Clinics



~6,600 PCPs



~26,000 Specialists

**>230 new provider organizations added to the network in 2023**

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53 Behavioral Health Providers

49 PCPs & Specialists

30 Waiver Providers

22 Skilled Nursing Facilities

21 Ancillary Providers





# 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 Data Management Technical Improvements**
-  **Specialty Care Access Initiatives**





# Telehealth Strategy

## Challenge

Access to care has become increasingly challenging with shortages of providers in a variety of specialties, with a particular issue in certain areas such as Behavioral Health

## Goals

- ✓ Expand overall access to care
- ✓ Reduce barriers to care (e.g. transportation)
- ✓ Improve member experience (e.g. CAHPS “getting care quickly” measures)
- ✓ Improve quality, with a focus on high-need specialties (e.g. HEDIS behavioral health follow-up measures)
- ✓ Address health equity (e.g. provider deserts, language/cultural competence, other SDOH barriers)



Our objective is to bring as many additional, high-quality virtual providers as possible to the CountyCare network





# Value based agreements

Value-based care aligns with CCH's strategic objectives



**Improve quality and clinical outcomes**



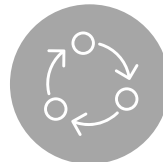
**Enhance member experience**



**Ensure financial sustainability**



**Promote health equity**



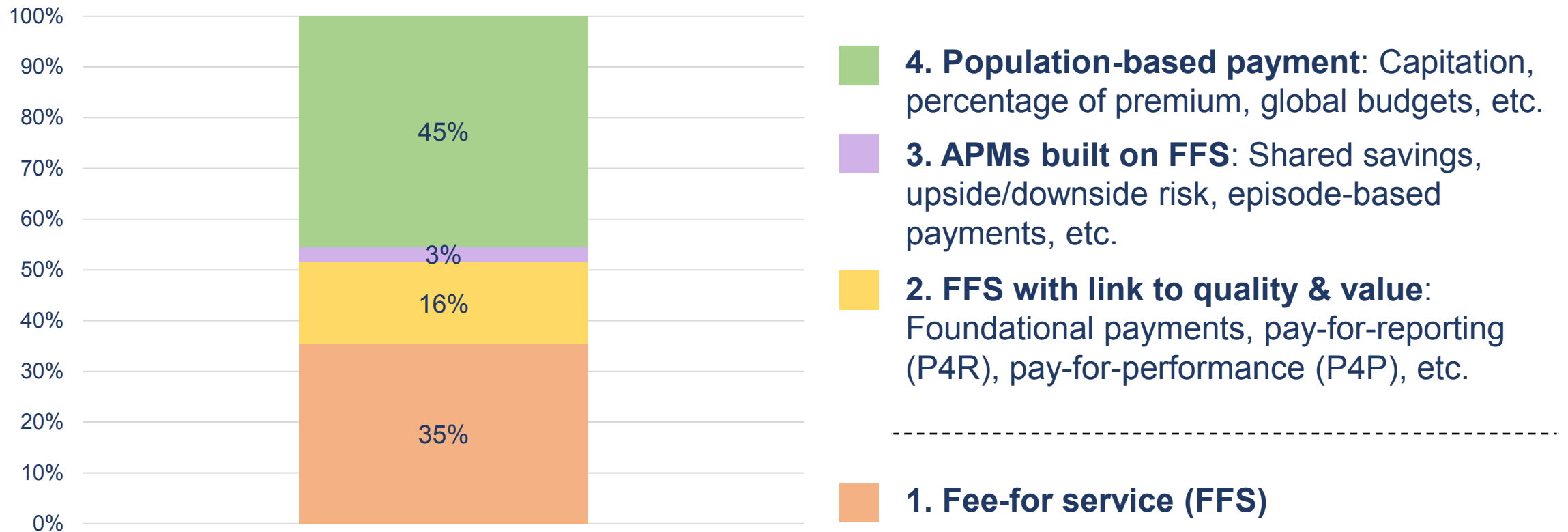
**Operate sustainably**





# Today, CountyCare is the leader among Illinois MCOs in the most advanced population-based payment models

2023 CountyCare medical spend (estimate)



Source: HCP-LAN Alternative Payment Model framework ([link](#)); CountyCare internal reporting

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# Strategic plan to guide value-based payment innovation in 2024 and beyond

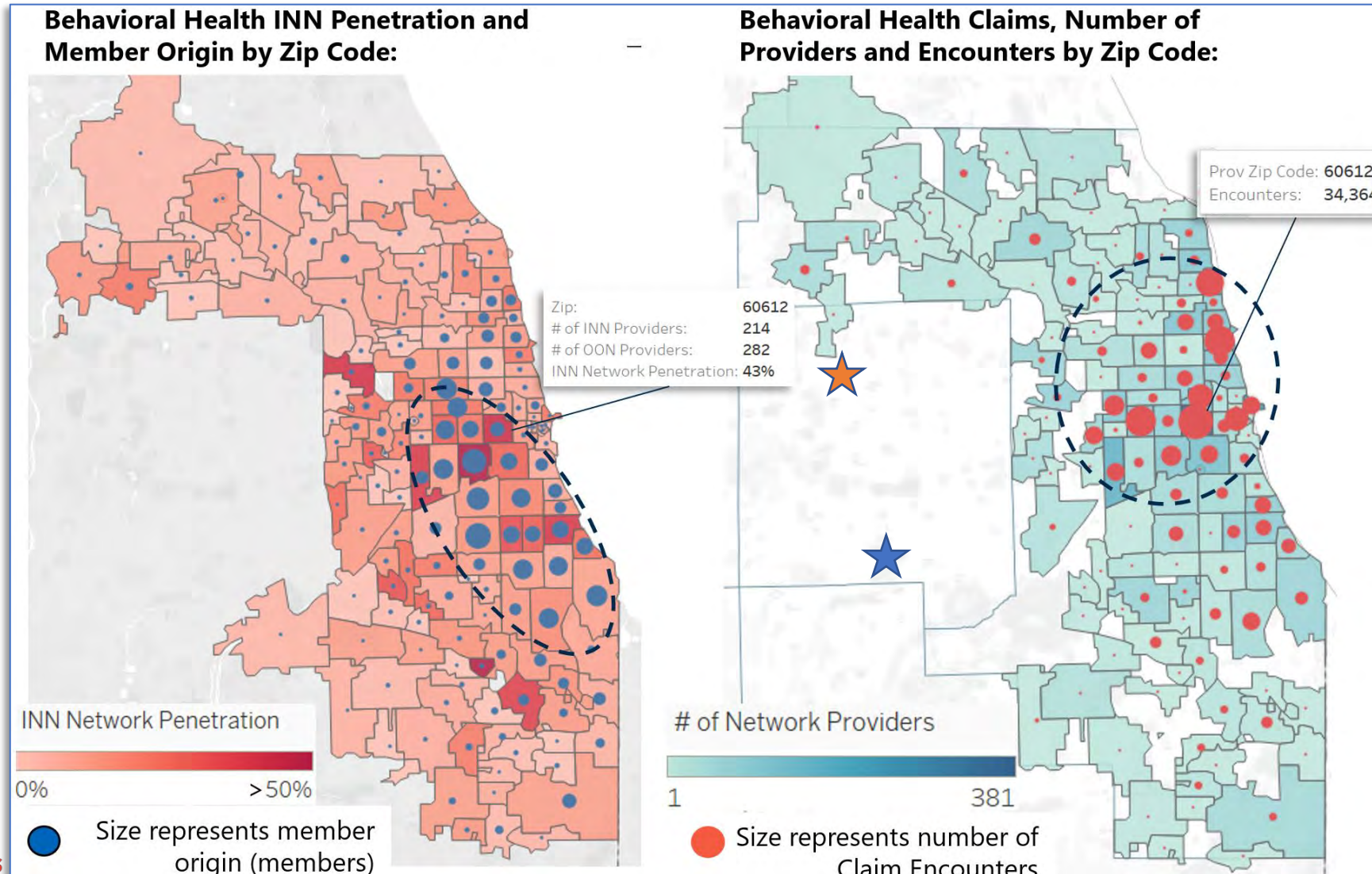
Priorities include:

- **Executing new value-based agreements**
  - Support remaining FFS primary care providers on path to shared savings and/or global risk
  - Explore advanced payment models with new provider types, such as home health agencies
- **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





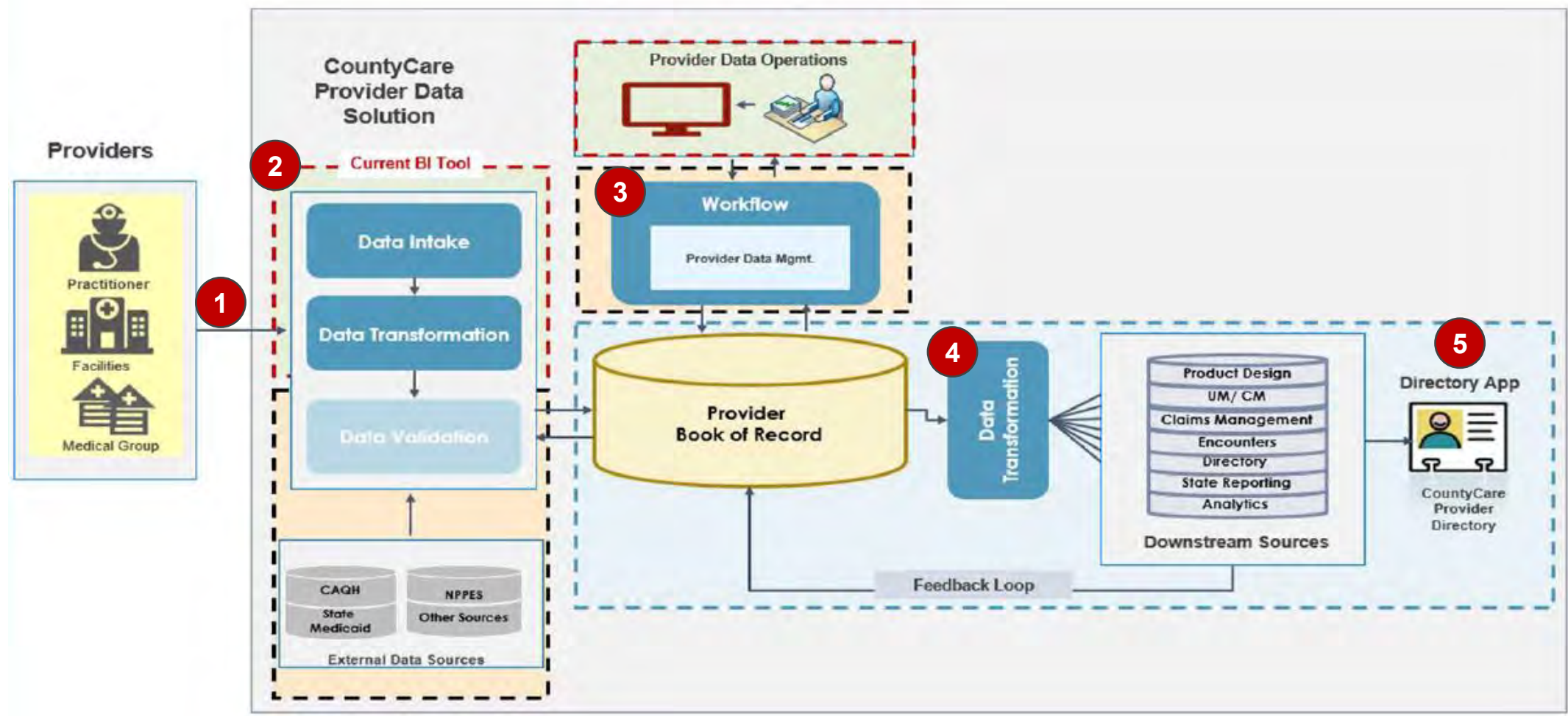
# NETWORK PERFORMANCE ANALYTICS FOR PROACTIVE NETWORK MANAGEMENT



Source: CCHP Claims Data, CY2022; Chartis NPI Database, 2022; Chartis Specialty Network Access Analysis, 2023



# Network Data Management Technical Improvements



- 1. Contract Management System
- 2. BI tool enhancements (In-house tool)
- 3. Process flow optimization

- 4. Provider Data Cleansing Tool
- 5. Provider Directory



# Specialty Care Access Initiatives

Initiative Description	Est. Reduction in Days To Access Care	Est. Members to be Impacted
<b>Telehealth:</b> Expand specialty care access via telehealth and virtual first providers, with initial focus on behavioral health	17	~40,000
<b>Strategic conversion of OON to INN:</b> Close specialty care gaps through targeted contracting based on geography, care model, capacity, and quality	11	~30,000
<b>Increased INN provider alignment:</b> Optimize existing specialty capacity	5	~20,000
<b>Greater integration with CCH:</b> Leverage CCH to extend integrated specialty care network	5	~10,000
<b>Value-based contracting:</b> Incentivize specialty care providers to improve access and quality	2	~10,000
<b>Network performance measurement:</b> Evaluate and monitor provider performance vis-à-vis access, quality, experience, cost, and equity	5	~20,000
<b>Education &amp; communication:</b> Target messaging to members, providers, and key stakeholders	N/A	N/A

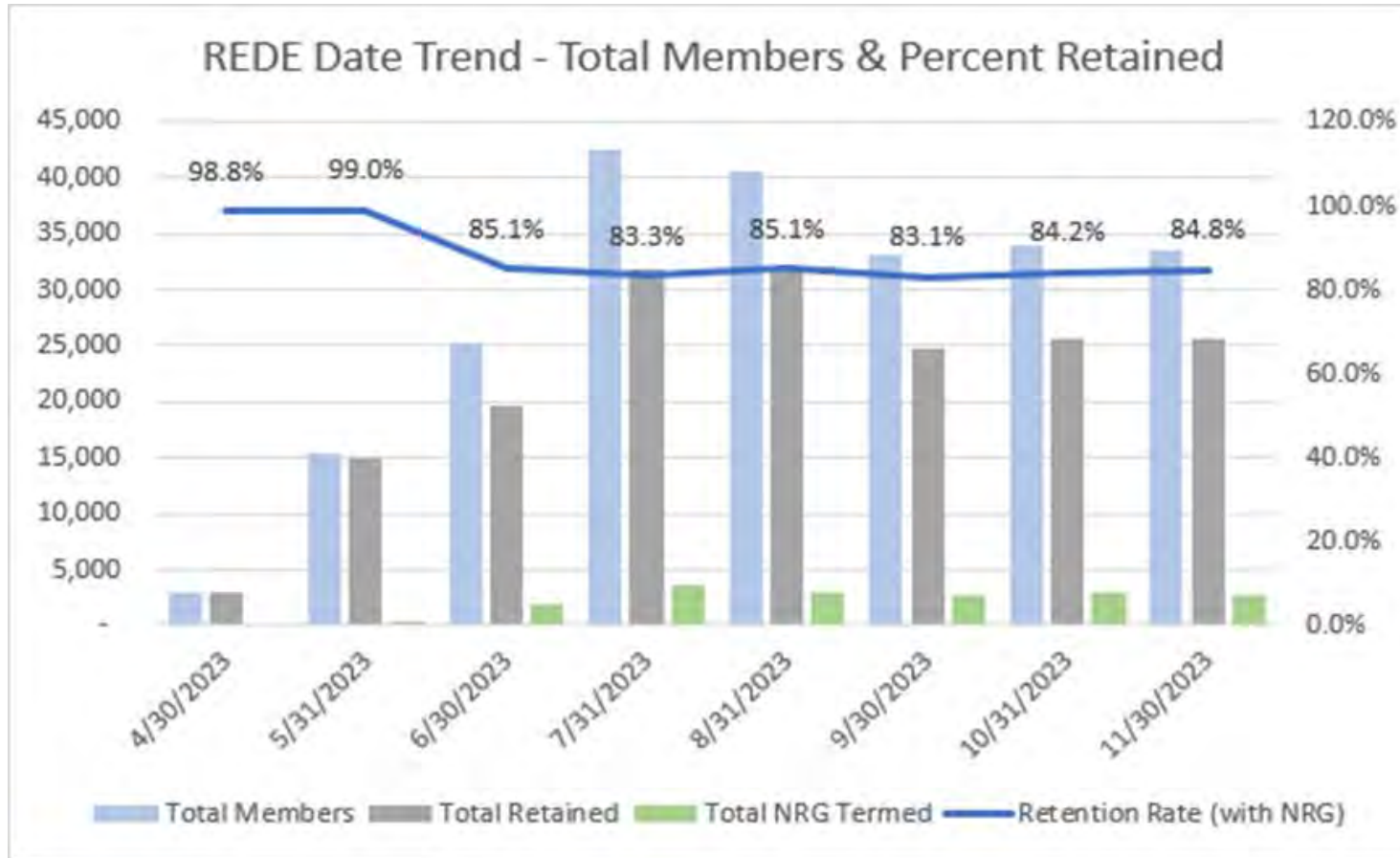


# Strategic initiative highlight

## Redetermination



# Redetermination



## Health Plan Response (As of November 2023)



**809,000**

Postcards Mailed to Households



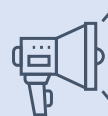
**253,000**

Texts with REDE information



**61,100**

Inbound/Outbound Calls from REDE Hotline Call Center



**1.1M**

Efforts made to Members for REDE



**1,450**

Member Addresses Updated



## REDE Ads (May-Nov 2023)



### Search Engines and Social Media

- **98,600** total clicks on REDE web page
- **593,879** reached (number that saw ad)
- **22,000** total calls
- **7.5M** total impressions (times ad shown)

# Redetermination events



Categories	May-Nov
REDE Events Held	121
Total Attendance	3,633
CountyCare Member Attendance	2,923
Submitted REDE or Documents	990
Re-applied/ New Application	120
Provided REDE information	2,883
Gave Rewards Program information	1,279
Food Boxes distributed	1,969
Met with Care Coordinator	1,078
Completed HRS	1,075





# 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 expects about 40,000 to join the plan between January and April

## CountyCare Program Enrollment, January 2024

Age	Number of members
Senior (65+)	1,398
Adults (42-64)	7,819
<b>TOTAL</b>	<b>9,217</b>

85% of participants are in the Adults population

65% of participants statewide currently reside in Cook County



Sources IDHS: Health Benefit Coverage for Immigrant Adults: Ages 42 to 54 Years Old ([state.il.us](https://state.il.us))

IDHS: Health Benefit Coverage for Immigrants Age 55 through 64 Years Old ([state.il.us](https://state.il.us))

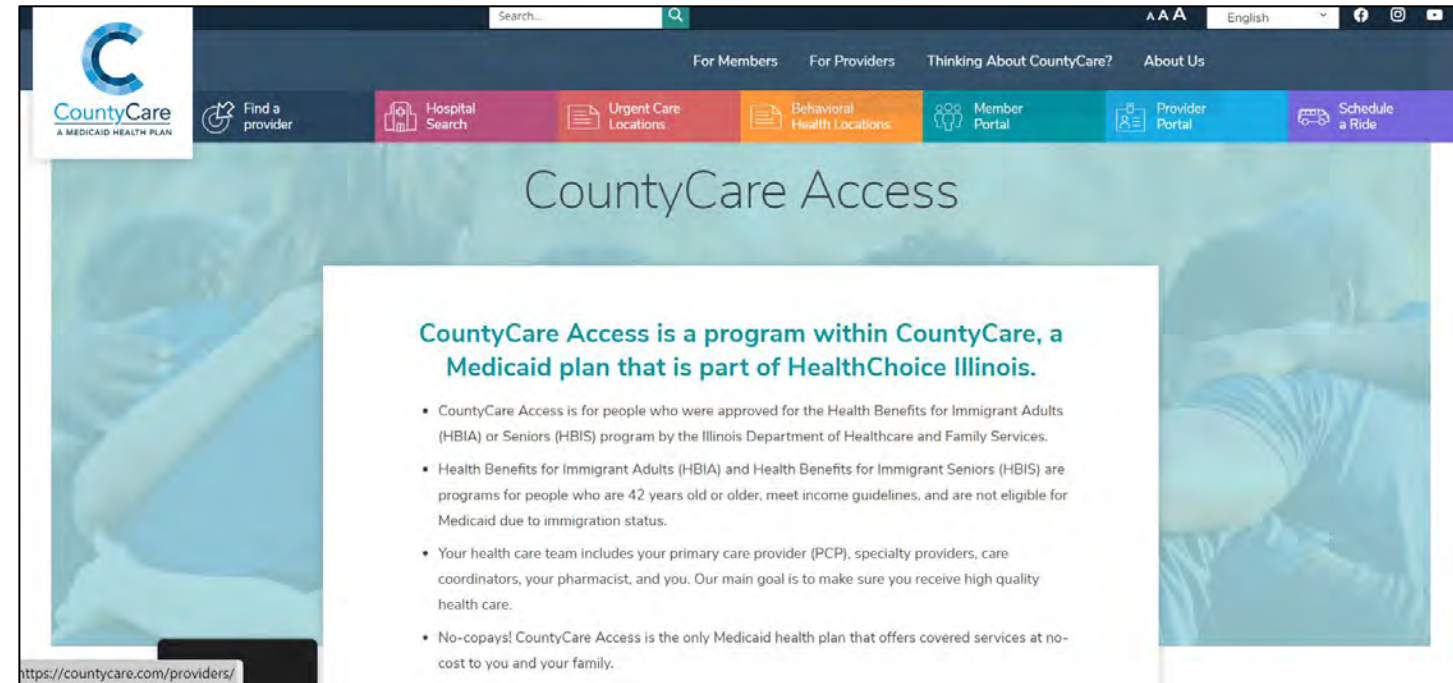
HFS Announces Next Steps for Health Benefits for Immigrant Adults and Seniors Programs ([illinois.gov](https://illinois.gov))





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

The transition of HBIA/S members into CountyCare successfully went live on 1/1/2024

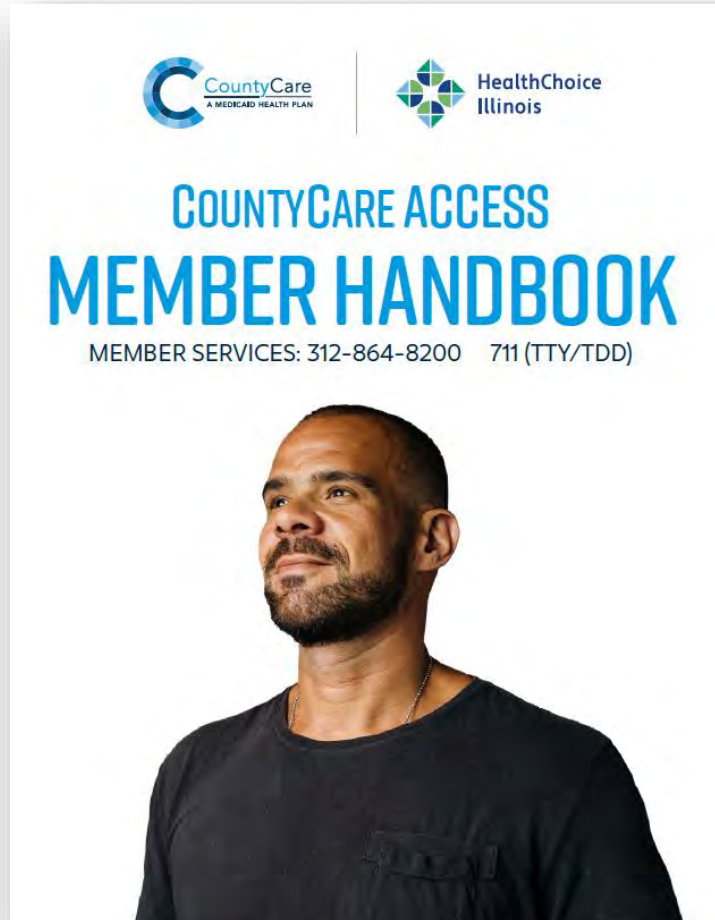


Unique website for CountyCare Access members: [CountyCare Access – CountyCare Health Plan](https://countycare.com/providers/) including all member materials and FAQ in English, Spanish, and Polish

***CountyCare is the only plan that removed co-pays and cost-sharing for the HBIA/S population***



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



CountyCare A MEDICAID HEALTH PLAN	
Member Name:	
Medicaid ID#:	
Product:	
PCP Name:	
PCP Phone:	
Rx: CVS Caremark	Member Services 312-864-8200 855-444-1661 (toll-free) 711 (TDD/TTY) CountyCare.com
RxBIN: 004336	
RxPCN: MCAIDADV	Effective Date:
RxGroup: RX23BT	
Regulatory Agency – HealthCare and Family Services	

**CountyCare Access members will receive the following materials within their first week of enrollment in the plan.**

- Member Handbook
- ID card and letter
- “Quick Start Guide”

**Member materials are available in English, Spanish, and Polish.**



# Strategic initiative highlight

## HealthChoice Illinois Request for Proposals



# HealthChoice Illinois RFP

## 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
- CountyCare must submit a new proposal to act as Managed Care Community Network beyond 2025
- The Illinois Department of Healthcare and Family Services (HFS) will release a new a Request for Proposals (RFP) for services to start in the 2026 plan year, anticipated Q2 2024

## Project Plan Summary

- CountyCare has completed a first draft RFP response (11/21/2023)
- A second draft will be completed prior to the release of the RFP (1/12/2024)
- A consultant will support development and submission of the final response



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