CountyCare Update

Prepared for: CCH Managed Care Committee

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Interim Chief Executive Officer, CountyCare
February 19, 2021
# Current Membership

Monthly membership as of February 4, 2021

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Members</th>
<th>ACHN Members</th>
<th>% ACHN</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHP</td>
<td>241,930</td>
<td>18,300</td>
<td>7.6%</td>
</tr>
<tr>
<td>ACA</td>
<td>99,375</td>
<td>14,951</td>
<td>15.0%</td>
</tr>
<tr>
<td>ICP</td>
<td>30,044</td>
<td>5,457</td>
<td>18.2%</td>
</tr>
<tr>
<td>MLTSS</td>
<td>6,703</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>SNC</td>
<td>7,689</td>
<td>1,043</td>
<td>13.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>385,741</strong></td>
<td><strong>39,751</strong></td>
<td><strong>10.3%</strong></td>
</tr>
</tbody>
</table>

**Definitions:**
- 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
- ACHN: CCH Ambulatory and Community Health Network
# Cook County Managed Medicaid Market

Illinois Department of Healthcare and Family Services November 2020 Data

<table>
<thead>
<tr>
<th>Managed Care Organization</th>
<th>Cook County Enrollment</th>
<th>Cook County Market Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>CountyCare*</td>
<td>374,687</td>
<td>31.2%</td>
</tr>
<tr>
<td>Meridian (a WellCare Co.)**</td>
<td>314,108</td>
<td>26.1%</td>
</tr>
<tr>
<td>Blue Cross Blue Shield</td>
<td>305,550</td>
<td>25.4%</td>
</tr>
<tr>
<td>Aetna/CVS Health</td>
<td>120,824</td>
<td>10.0%</td>
</tr>
<tr>
<td>Molina</td>
<td>87,284</td>
<td>7.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,202,453</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

* Only Operating in Cook County

**Meridian and WellCare merged as of 1/1/2019. Meridian is pending merger with Centene.
IL Medicaid Managed Care Trend in Cook County

- CountyCare’s monthly enrollment trend closely follows the overall Managed Care enrollment trend in Cook County.

Source: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx
Note: HFS source website did not report August 2020 enrollment.
IL Medicaid Managed Care Trend in Cook County (charts not to scale)

- CountyCare’s enrollment has increased 17.4% over the past 12 months, slightly lagging the Cook County increase of 18.9%
- CountyCare’s enrollment increased 0.3% in November 2020 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

FY21 Budget Projections

Actual
# 2020 Operations Metrics: Call Center & Encounter Rate

## Key Metrics

<table>
<thead>
<tr>
<th>Member &amp; Provider Services Call Center Metrics</th>
<th>State Goal</th>
<th>Sep 2020</th>
<th>Oct 2020</th>
<th>Nov 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abandonment Rate</td>
<td>&lt; 5%</td>
<td>1.52%</td>
<td>4.53%</td>
<td>1.23%</td>
</tr>
<tr>
<td>Hold Time (minutes)</td>
<td>1:00</td>
<td>0:16</td>
<td>0:28</td>
<td>0:08</td>
</tr>
<tr>
<td>% Calls Answered &lt; 30 seconds</td>
<td>&gt; 80%</td>
<td>94.04%</td>
<td>87.62%</td>
<td>94.71%</td>
</tr>
</tbody>
</table>

**Quarterly Claims/Encounters Acceptance Rate**

| Claims/Encounters Acceptance Rate* | 98% | 96.2% |

*Preliminary score*
Claims Payment

Source: CCH Health Plan Services Analytics.

- Separated bank account structure for CountyCare PMPM
- Prioritizing claims payment invoices for expedited processing

* 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.
Membership Trends
Cook County Market Share Trends in 2020

<table>
<thead>
<tr>
<th></th>
<th>BCBS</th>
<th>CVS Health</th>
<th>Meridian**</th>
<th>Molina</th>
<th>CountyCare*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 2020</td>
<td>24.4%</td>
<td>10.1%</td>
<td>21.8%</td>
<td>6.3%</td>
<td>31.6%</td>
</tr>
<tr>
<td>Feb 2020</td>
<td>24.3%</td>
<td>10.4%</td>
<td>21.5%</td>
<td>6.3%</td>
<td>31.5%</td>
</tr>
<tr>
<td>Mar 2020</td>
<td>24.6%</td>
<td>10.3%</td>
<td>21.5%</td>
<td>6.3%</td>
<td>31.6%</td>
</tr>
<tr>
<td>Apr 2020</td>
<td>24.7%</td>
<td>9.8%</td>
<td>21.8%</td>
<td>6.3%</td>
<td>31.9%</td>
</tr>
<tr>
<td>May 2020</td>
<td>24.8%</td>
<td>9.8%</td>
<td>21.8%</td>
<td>6.3%</td>
<td>31.9%</td>
</tr>
<tr>
<td>Jun 2020</td>
<td>25.0%</td>
<td>9.8%</td>
<td>21.6%</td>
<td>6.3%</td>
<td>32.1%</td>
</tr>
<tr>
<td>Jul 2020</td>
<td>25.0%</td>
<td>10.1%</td>
<td>26.1%</td>
<td>6.9%</td>
<td>31.9%</td>
</tr>
<tr>
<td>Aug 2020</td>
<td>25.1%</td>
<td>10.1%</td>
<td>26.0%</td>
<td>7.0%</td>
<td>31.7%</td>
</tr>
<tr>
<td>Sep 2020</td>
<td>25.2%</td>
<td>10.0%</td>
<td>26.3%</td>
<td>7.1%</td>
<td>31.4%</td>
</tr>
<tr>
<td>Oct 2020</td>
<td>25.3%</td>
<td>10.1%</td>
<td>26.2%</td>
<td>7.2%</td>
<td>31.3%</td>
</tr>
<tr>
<td>Nov 2020</td>
<td>25.4%</td>
<td>10.0%</td>
<td>26.1%</td>
<td>7.3%</td>
<td>31.2%</td>
</tr>
</tbody>
</table>

- CountyCare market share has held consistent throughout the year
- BCBS and Molina each gained one percentage point since January
- Meridian saw the largest increase driven by the Next Level transition

* Only Operating in Cook County

**Meridian and WellCare merged as of 1/1/2019. Meridian is pending merger with Centene.
Open Enrollment Comparison

- Early results from 2021 open enrollment period outpace 2020 results by over 2%, and 2019 results by over 4%
Membership Attrition | Term Reason

- The uptick in December 2020 for ‘No Reason Given’ terms is likely members choosing to leave during open enrollment
- Overall attrition in December 2020 was ~5,700 members versus attrition of ~16,500 in December 2019
Open Enrollment Attrition

- The number of members who changed MCOs spiked in December but has returned to normal levels in January 2020
- Approximately 55% of members leaving the plan switched to BCBS
Cook County Auto Assignment Change

• Since early 2020, all MCOs were receiving 20% auto assignment during the COVID-19 emergency period

• Effective February 2021, CountyCare is receiving 50% auto assignment going forward
Impact of 50% Auto Assignment Rate

- 83% of all new members in February 2021 were Auto Assigned, outpacing the historical proportion of 60%
- February 2021 saw ~4k more Auto Assigned members than January 2021, showing the impact of increased Auto Assignment rate
New Enrollee Composition

- Enrollment growth has increased over the past two months
- On average every 3 out of 4 new enrollees are brand new members to CountyCare, whereas 1 of 4 are re-enrolling within a 90-day window
The plan continues to retain ~95% of Choice members within 90 days.

The pandemic fueled high 90-day retention rates for Auto Assigned members but in recent months retention has declined.
Medical Cost Action Plan
MCAP

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.
Approach

Selecting a MCAP
• Data evaluated from finance, analytics, actuaries, or other areas, focus on areas of high spend or unexpected/outlier spending
• Interventions that can lead to short- and long-term savings can be implemented in this fiscal year
• Emphasis on initiatives that also improve quality

Approval and Monitoring
• Finance assists in setting financial targets and monitoring savings
• CountyCare Executive Owners and leads are assigned
• Finance monitors progress through weekly meetings with initiative leads
• Bi-weekly meetings of CountyCare Leadership to track progress, milestones, accomplishments, roadblocks and decisions needed

Targets
• FY 2021 Target is to achieve between approximately $50-$60M
• Target set to address estimated 2020 operating loss and ensure plan sustainability
Areas of 2021 Focus

**Pharmacy:** FY21 Savings: $3-5M
- Medication Reconciliation and Management
- 340B Opportunities
- Coordination of Benefits

**Finance:** FY21 Savings: $33-38M
- IGT with HFS
- SSI/SSDI Program
- Risk Adjustment
- Administrative Contracts

**Medical Management:** FY21 Savings: $4-6M
- High cost member workplans
- High quality surgery network

**Network:** FY21 Savings: $6-8M
- Continued remediation of contract rates
- Opportunities for streamlined network
- Expansion of shared-risk provider agreements

**Compliance:** FY21 Savings: $4-6M
- Fraud Waste and Abuse, Mismanagement
Questions