

CountyCare Update

Prepared for: CCH Managed Care Committee

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Metrics



Current Membership

Monthly membership as of February 7, 2019

Category	Total Members	ACHN Members	% ACHN
FHP	213,771	22,645	10.6%
ACA	72,016	14,700	20.4%
ICP	29,673	6,539	22.0%
MLTSS	5,534	0	N/A
Total	320,994	43,884	13.7%

ACA: Affordable Care Act
FHP: Family Health Plan

ICP: Integrated Care Program
MLTSS: Medicaid Long-Term Service and Support



Managed Medicaid Market

Illinois Department of Healthcare and Family Services January 2019 Data

Managed Care Organization	Cook County Enrollment	Cook County Market Share
*CountyCare	325,556	31.5%
Meridian (a WellCare Co.)	245,422	23.8%
Blue Cross Blue Shield	238,732	23.1%
IlliniCare	109,166	10.6%
Molina	68,166	6.6%
*Next Level	45,230	4.4%
Total	1,032,272	100.0%

* Only Operating in Cook County



2018 Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	State Goal	Oct	Nov	Dec
Member & Provider Services Call Center Metrics				
Abandonment Rate	< 5%	0.79%	0.39%	0.79%
Hold Time (minutes)	1:00	0:06	0:05	0:11
% Calls Answered < 30 seconds	> 80%	95.39%	95.22%	91.42%
Quarterly				
Claims/Encounters Acceptance Rate	95%	96.99%		

2018 Operations Metrics: Claims Payment

		Performance		
Key Metrics	State Goal	Oct	Nov	Dec
Claims Payment Turnaround Time & Volumes				
% of Clean Claims Adjudicated < 30 days	90%	94.2%	95.6%	97.1%
% of Claims Paid < 30 days	90%	35.2%	62.5%	65.7%
Total Claims Adjudicated	N/A	397,673	452,893	436,813

2018 Operations Metrics:

Overall Care Management Performance

		Performance		
Key Metrics	Market %	Oct	Nov	Dec
Completed HRS/HRA (all populations)				
Overall Performance	40%	53.4%	57.0%	57.4%
Completed Care Plans on High Risk Members				
Overall Performance	65%	69.7%	64.7%	67.4%

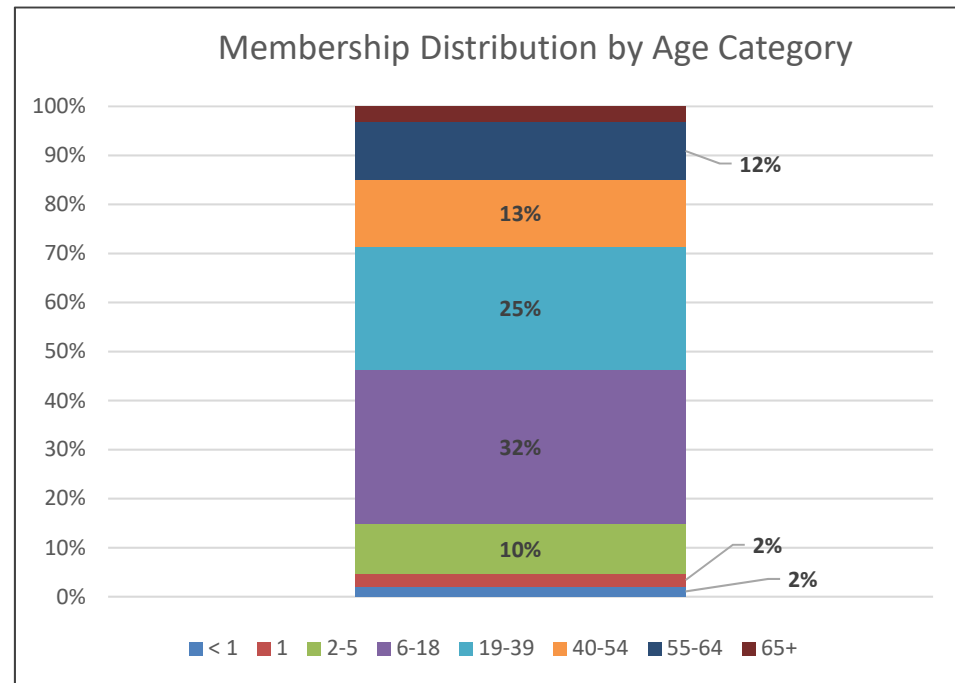
- CountyCare's high risk percentage exceeds the State's requirement of 2% for Family Health Plan and 5% for Integrated Care Program.



Overall Member Age Distribution

Age Category	Membership
< 1	7,254
1	8,304
2-5	33,966
6-18	105,737
19-39	84,403
40-54	45,146
55-64	39,980
65+	10,560

Average Age = 27.1 years



ACA Member Age Distribution

Age Category	Membership
19-39	34,284
40-54	22,282
55-64	23,225
65+	834

Average Age = 42.7 years

ACA: Affordable Care Act



**Open
Enrollment**



2019 Open Enrollment Trends

Cook County: 2019 Open Enrollment Window				
MCO	Oct-18	Jan-19	Net Change 10/18 - 1/19	% Change 10/18 - 1/19
CountyCare	334,896	325,556	-9,340	-3%
Meridian* (a WellCare Co.)	249,553	245,422	-4,131	-2%
Blue Cross Blue Shield	248,422	238,732	-9,690	-4%
IlliniCare	108,236	109,166	930	1%
Molina	70,040	68,166	-1,874	-3%
Next Level	53,574	45,230	-8,344	-16%
Total	1,064,721	1,032,272	-32,449	-3%

- Overall MCO enrollment in Cook County has declined during the open enrollment window thus far
- No MCO has experienced material organic enrollment growth
- We may see more fluctuations post open enrollment

* Meridian and Harmony membership is combined due to merger



2019 Open Enrollment Trends

MCO	Cook County: Market Share		
	Oct-18	Jan-19	Change
CountyCare	31.5%	31.5%	0.0%
Meridian* (a WellCare Co.)	23.4%	23.8%	0.4%
Blue Cross Blue Shield	23.3%	23.1%	-0.2%
IlliniCare	10.2%	10.6%	0.4%
Molina	6.6%	6.6%	0.0%
Next Level	5.0%	4.4%	-0.6%
Total	100.0%	100.0%	0.0%

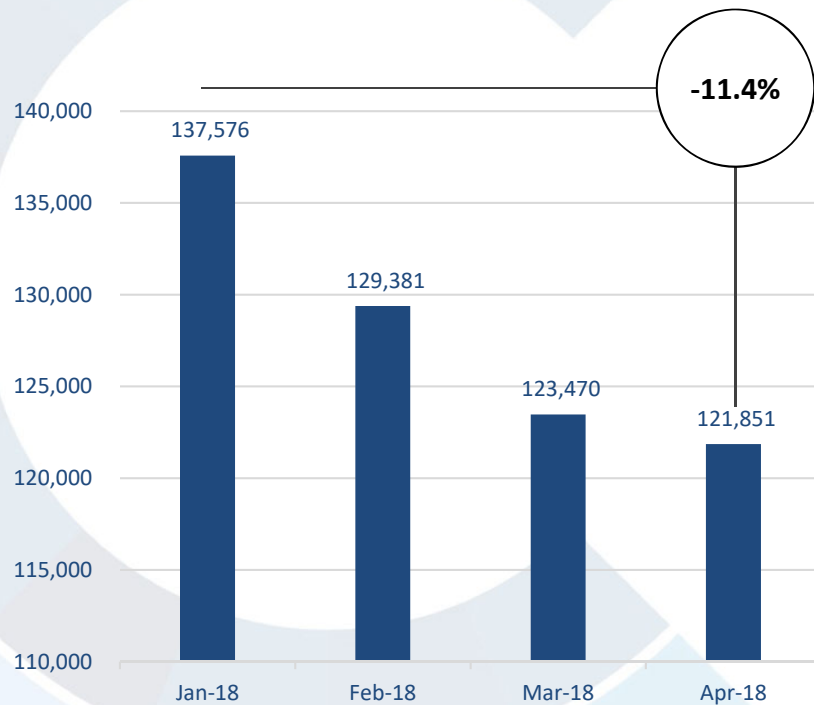
- Despite Meridian/Harmony merger, being outspent by other plans, auto-assignment contract terms not enforced; CountyCare has maintained its strong lead in market share
- Focused outreach, primary care physician relationships and redetermination efforts at all member points of contact are critical

* Meridian and Harmony membership is combined due to their merger

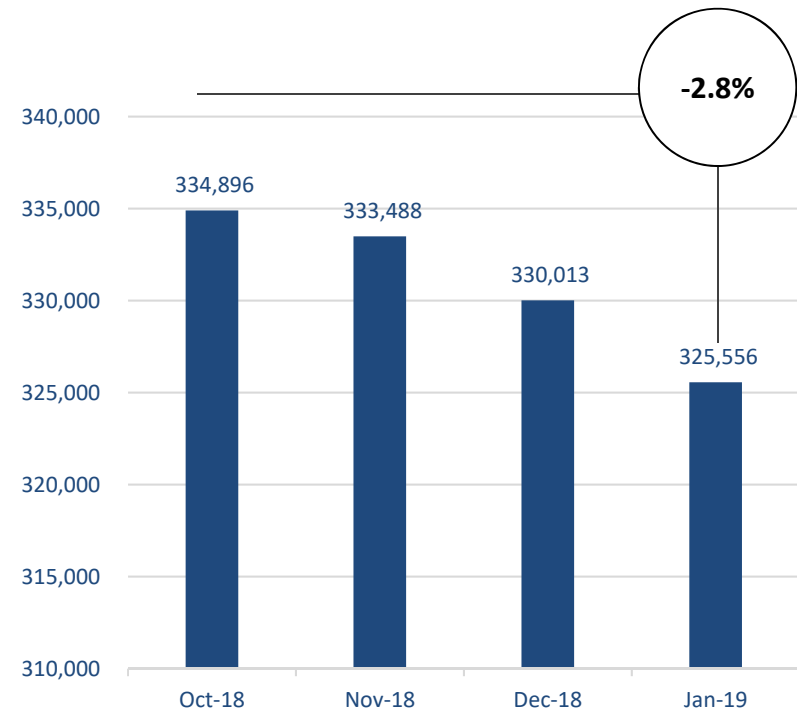


Open Enrollment: 2018 vs 2019

2018 Open Enrollment | **Legacy CountyCare Only**

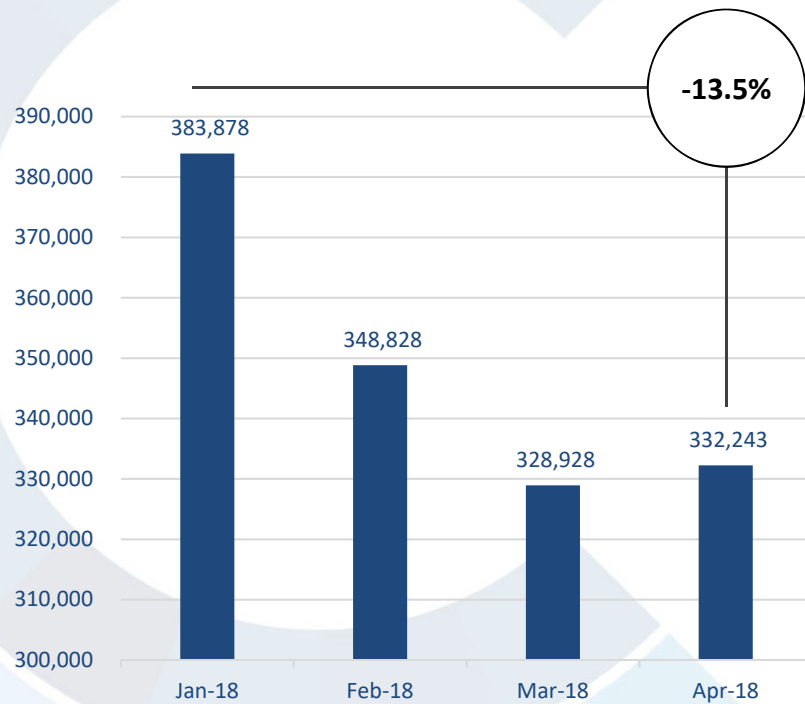


2019 Open Enrollment | **Full Population**

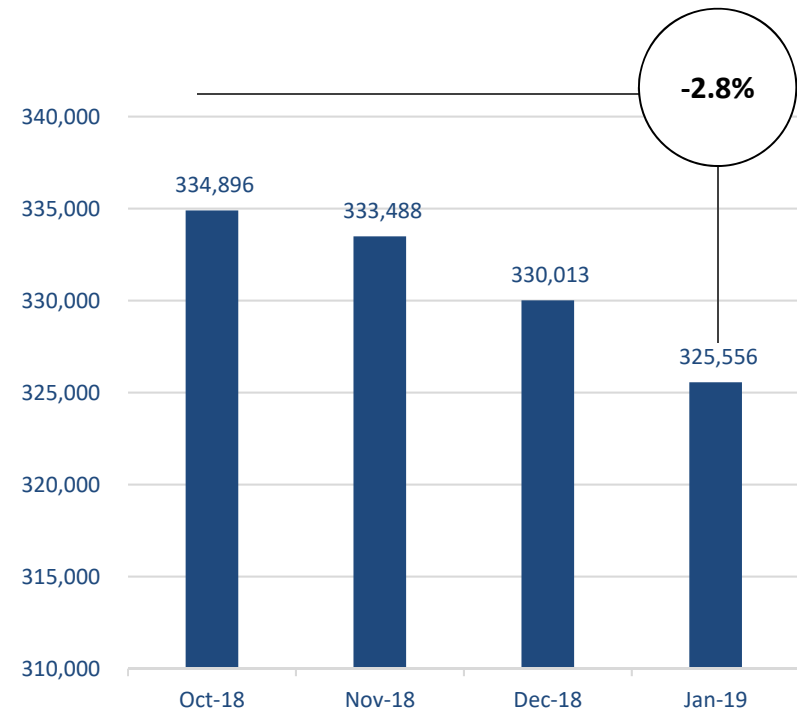


Open Enrollment: 2018 vs 2019

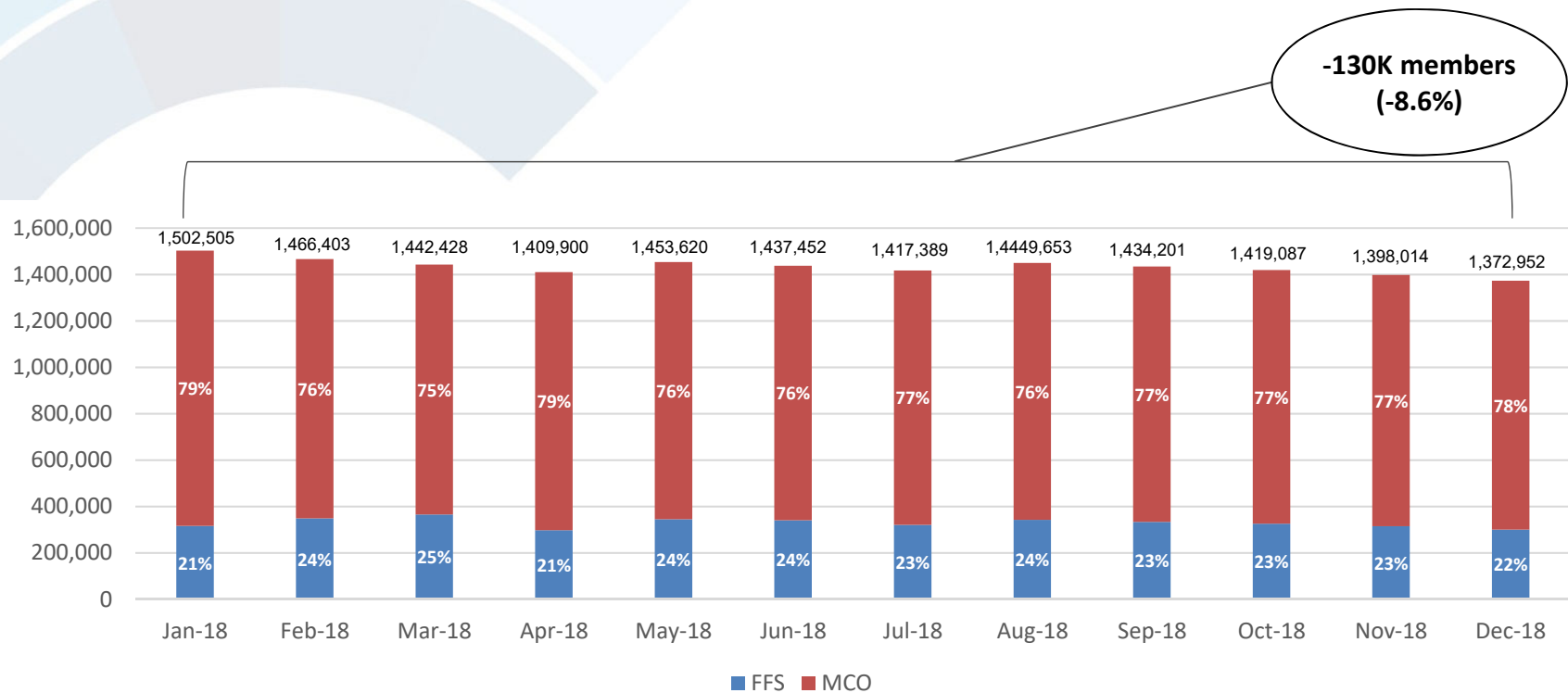
2018 Open Enrollment | Full Population



2019 Open Enrollment | Full Population



Cook County FFS vs MCO Enrollment 2018



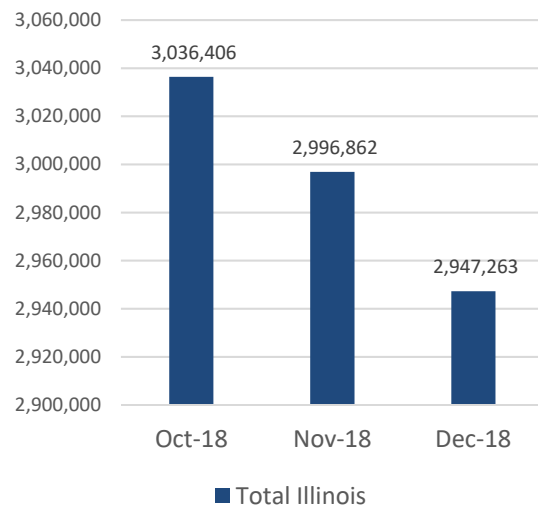
- Overall Cook County Medicaid enrollment decreased 8.6% (130K members) over 2018
- % of population enrolled in Managed Care fluctuated throughout the year, but is back to 78% as of December

Data is January 2018 through December 2018

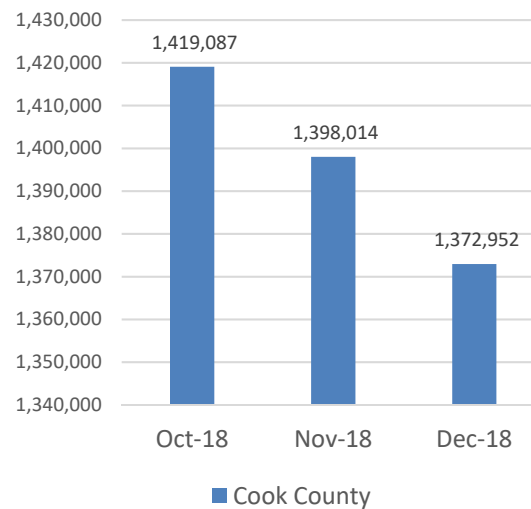


Illinois Medicaid Enrollment: 2018 Q4

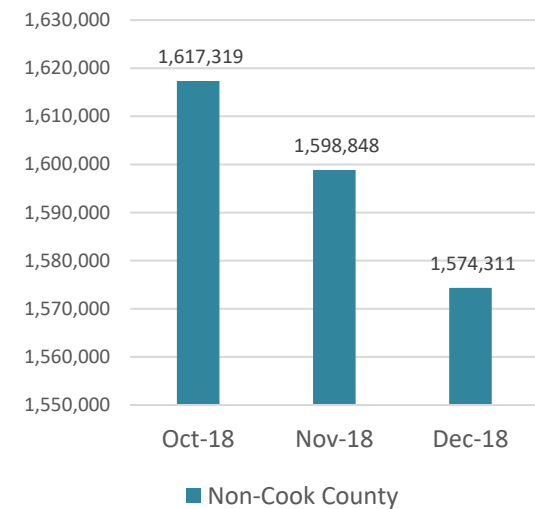
Total Illinois Enrollment: Managed Care and Fee For Service Combined



2.9% decrease



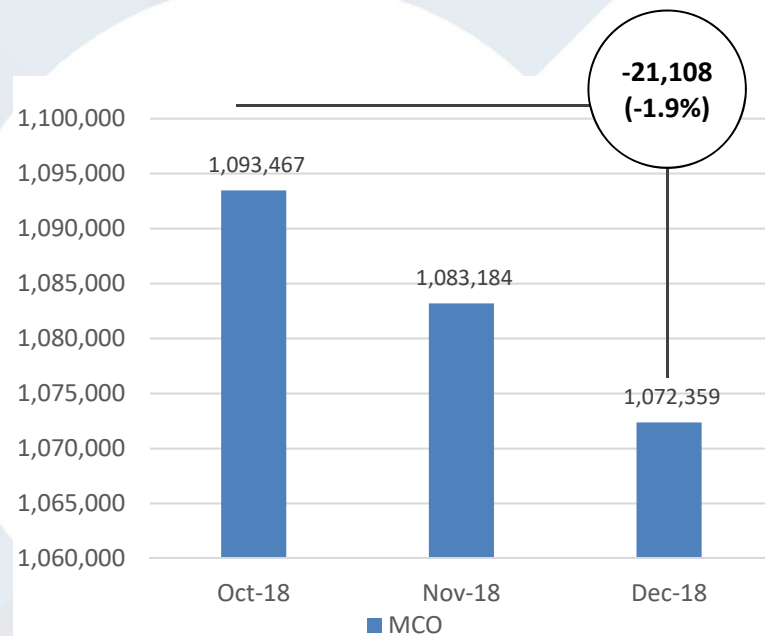
3.3% decrease



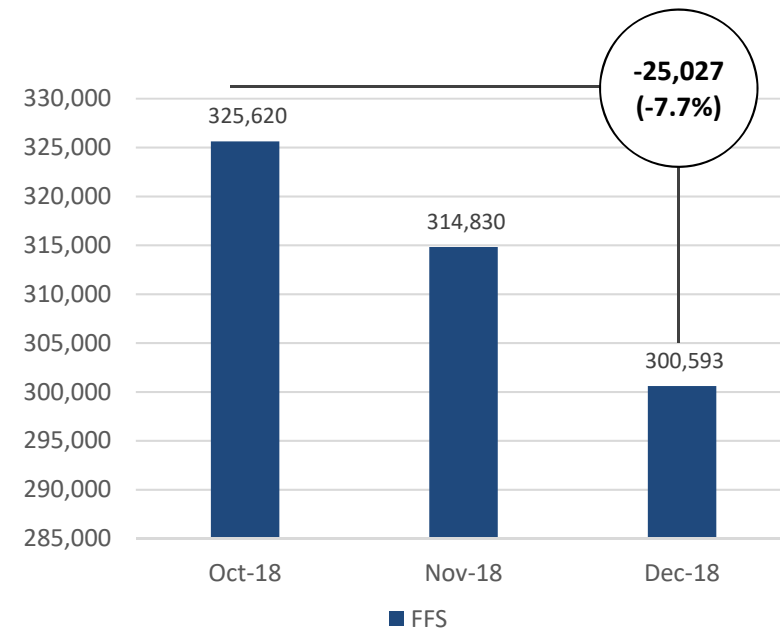
2.7% decrease

Cook County Enrollment Attrition

2018 Q4 | MCO Enrollment



2018 Q4 | FFS Enrollment



- Overall population enrolled in Medicaid in Cook County has decreased by 46,135 members (-3.3%) in 2018 Q4 alone

Repatriation



CountyCare
HEALTH PLAN

Context of Repatriation Effort

- Goal is to promote the Medical Home model
- Members should be assigned to the PCP they actually visit
- Comprehensive plan review to understand PCP visit patterns versus empanelment status



Analyzing PCP Visit Patterns by Cohort

Cohort Analysis Summary - Current Members		
Cohort	Members	Percent
(A) Members with only empaneled PCP visits	132,090	47%
(B) Members with no PCP visits	98,079	35%
(C) Member with at least 1 non-empaneled PCP visit	53,314	18%

- Members were segmented into cohorts based on PCP visit patterns
- 65% of the members in Group B have at least one non-PCP medical or pharmacy claim. Members in Group B, have lower than average utilization rate and lower per capita cost.

Notes: Reflects members active in the plan as of 2/15/19. Cohorts are mutually exclusive.
DOS Jan – Dec 2018 for members with at least three months of eligibility



Cohort Overview in Detail

Cohort Analysis Summary - Current Members		
Cohort	Members	Percent
(A) Members with only empaneled PCP visits	132,090	47%
(B) Members with no PCP visits	98,079	35%
(C1) Members with empaneled and non-empaneled PCP visits	20,631	7%
(C2) Members with only 1 non-empaneled PCP visit	29,790	11%
(C3) Members with more than 1 non-empaneled PCP visits	2,893	1%

- Members only visiting one PCP (Groups A and C2) are lower utilizers and incur lower costs than those visiting multiple providers for PC
 - Groups A & C2 -> 19 encounters/member and \$2,966/member
 - Groups C1 & C3 -> 41 encounters/member and \$7,745/member

Notes: Reflects members active in the plan as of 2/15/19. Cohorts are mutually exclusive.
DOS Jan – Dec 2018 for members with at least three months of eligibility.



Actions Taken For Repatriation

- Detailed analysis of primary care visit utilization history
- Town hall held along with other messaging to communicate to primary care partners
- Messaging our members impacted along with new membership cards reflecting PCP where they get their care
- Enforcing medical home payment restrictions with our PCPs



Byproduct of this Effort

- Efficient and coordinated care via the Medical Home
- Higher HEDIS scores and other quality outcomes
- Improved effectiveness of MHN Connect to reduce unnecessary ED utilization
- More effective redetermination efforts
- Better ability for us to drive domestic spend ay accurately knowing attributed PCP and affiliated facility
- Overall reduction of costs to plan allowing us to better invest in coordination of care, housing/food insecurity and other various health related initiatives



State Legislation



2019 Spring Session

- 336 bills and resolutions on CCH's tracking list and 122 bills related to Medicaid or Medicaid managed care
 - Provider-specific bills
 - HB315/SB1604 (DME)
 - HB1638, HB2944, HB2912, SB1811 (ambulance)
 - HB2715/SB1697 (hospitals)
 - HB2814/SB1807, HB3352/SB1820 (safety-net hospitals)
 - Audits and additional reporting by MCOs
 - HB2117/SB1238, HB2658/SB1685, HB2690, HB3048/SB2012



2019 Spring Session

- Ending/limiting participation in Medicaid managed care
 - HB1603/SB43, HB3245, HB3267
 - Placing additional administrative burden on Medicaid managed care providers
 - HB2730/SB1703 (require a new administrative appeals process)
- Improving redetermination and initial Medicaid application processes
 - SB2021
- MCO assessment
 - HB272 (not the model being discussed in the Governor's office)

