

Report on Health Plan Services

Prepared for: CCH Managed Care Committee

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Metrics



Current Membership

Monthly membership as of October 14, 2021

Category	Total Members	ACHN Members	% ACHN
FHP	256,511	20,396	8.0%
ACA	112,028	17,799	15.9%
ICP	30,230	5,377	17.8%
MLTSS	7,919	0	N/A
SNC	7,778	912	11.7%
Total	414,466	44,484	10.7%

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 July 2021 Data

Managed Care Organization	Cook County	Cook County Market Share
*CountyCare	406,102	31.8%
Blue Cross Blue Shield	327,298	25.6%
Meridian (a WellCare Co.)	314,116	24.6%
IlliniCare (Aetna/CVS)	125,664	9.8%
Molina	94,550	7.4%
YouthCare	9,842	0.8%
Total	1,277,572	100.0%

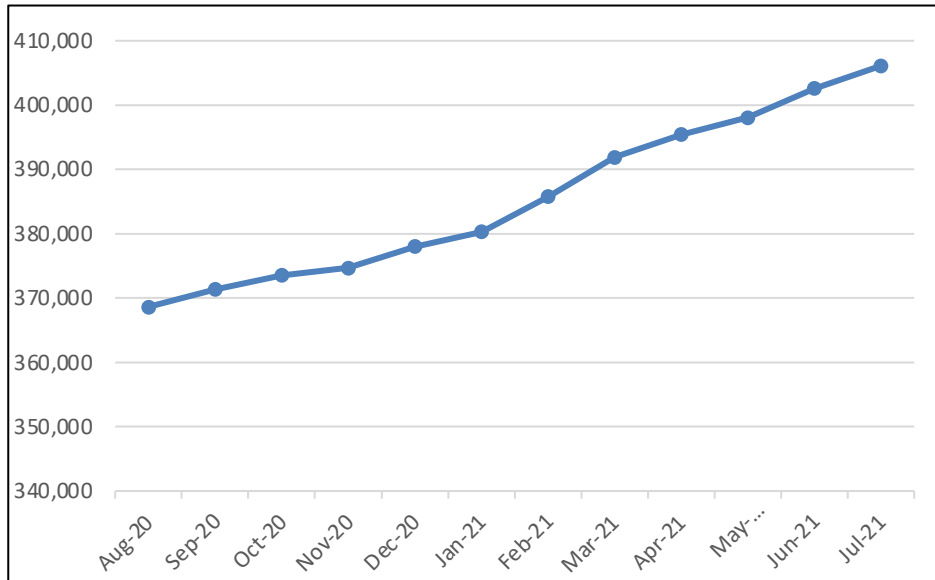
* Only Operating in Cook County



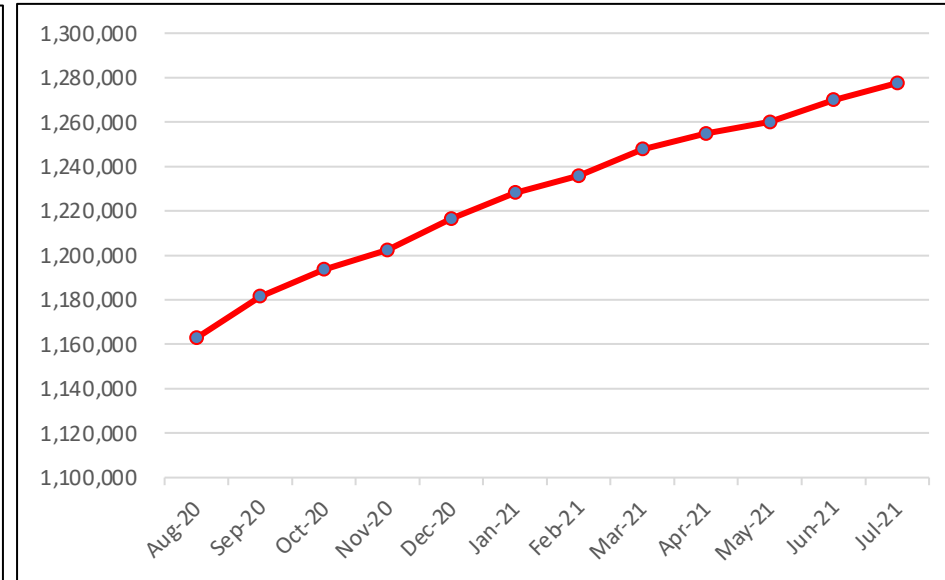
IL Medicaid Managed Care Trend in Cook County

(charts not to scale)

CountyCare



Cook County Medicaid Managed Care



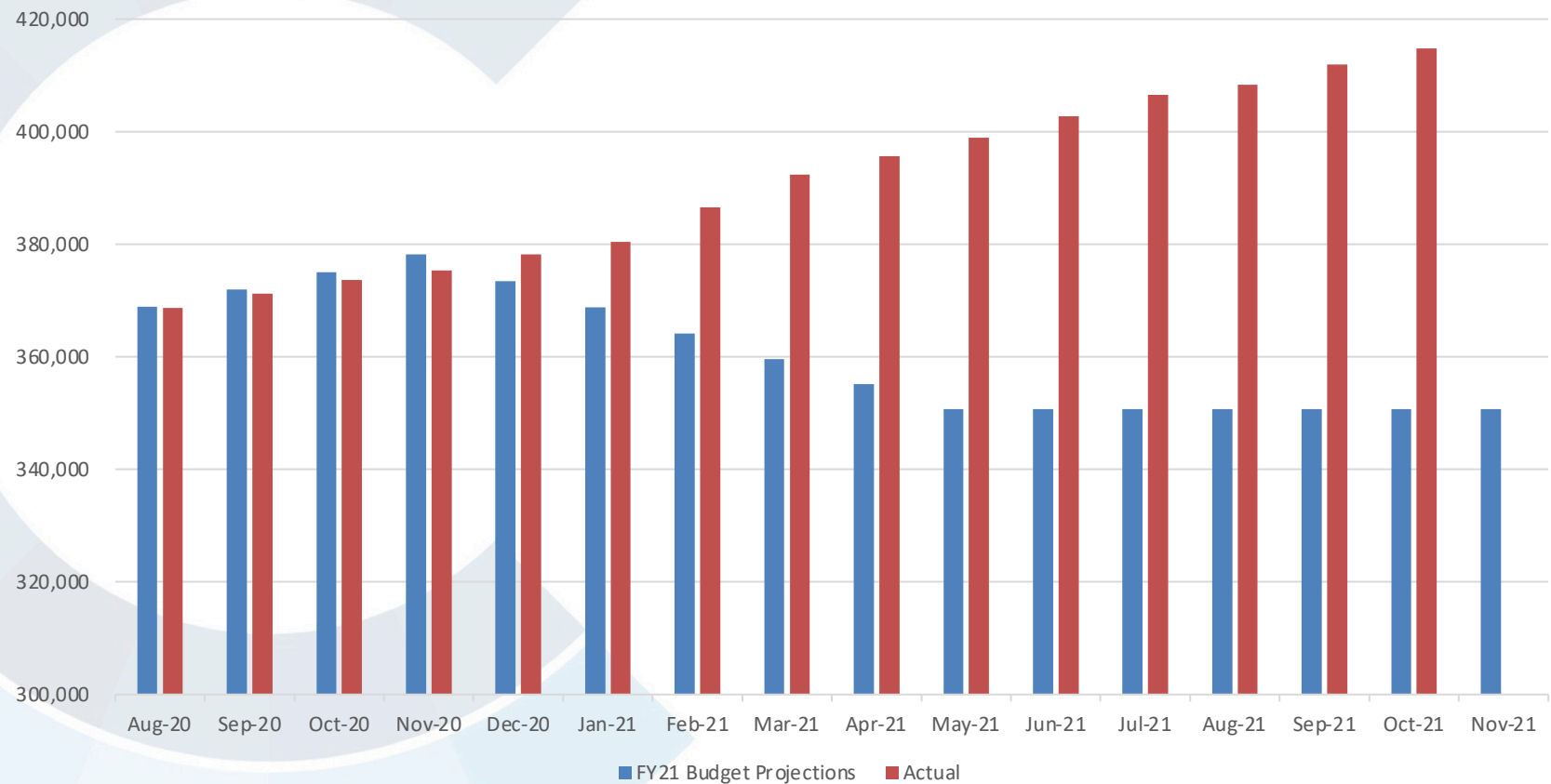
- CountyCare's enrollment has increased 10% over the past 12 months, in line with the Cook County increase of 10%
- CountyCare's enrollment increased 0.9% in July 2021 compared to the prior month

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

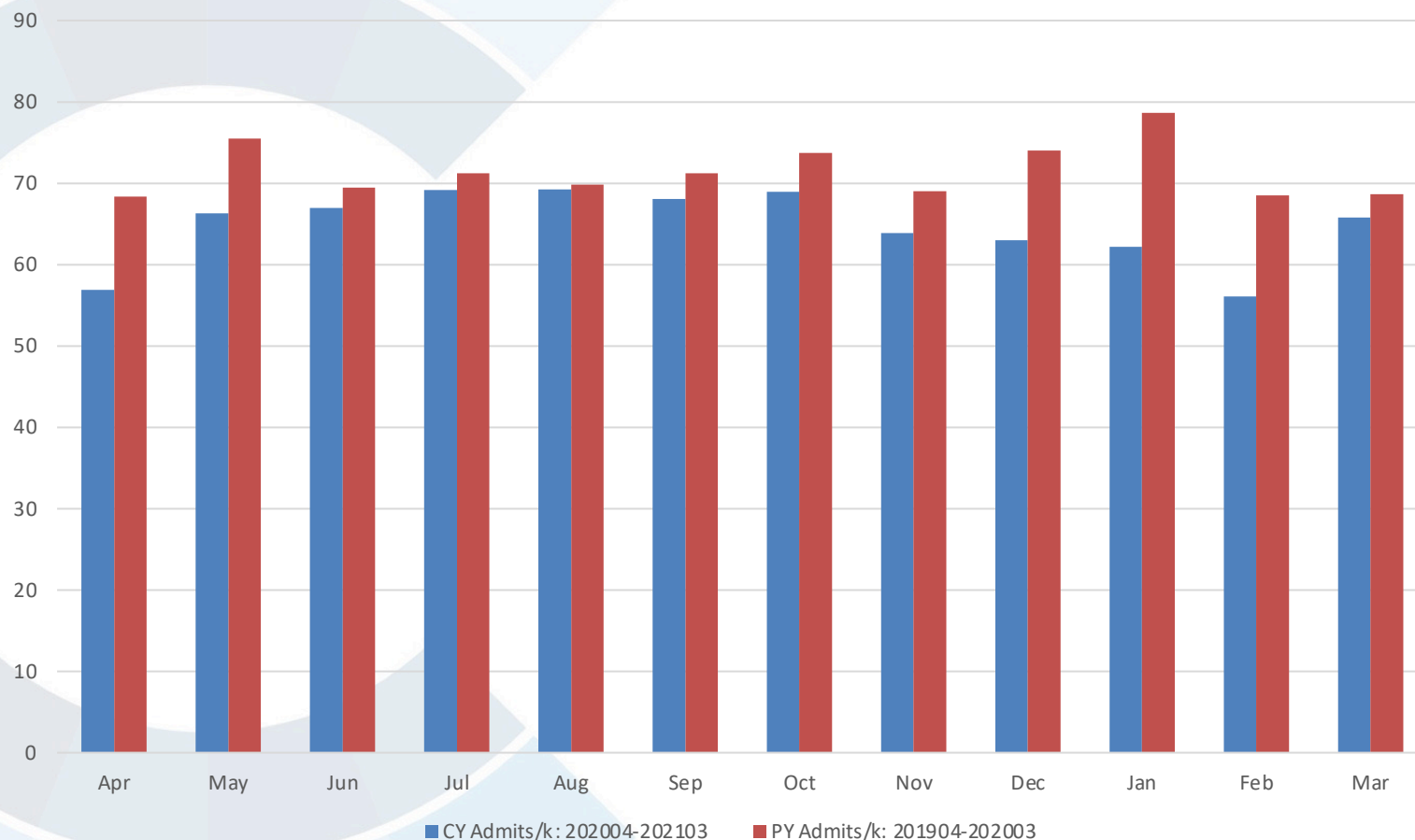
		Performance		
Key Metrics	State Goal	Aug 2021	Sept 2021	Oct 2021
Member & Provider Services Call Center Metrics				
Abandonment Rate	< 5%	7.00%	5.00%	2.34%
Hold Time (minutes)	1:00	1:44	1:05	0:28
% Calls Answered < 30 seconds	> 80%	59.31%	68.72%	83.61%
Quarterly				
Claims/Encounters Acceptance Rate	98%	98%		

Operational and Contract Updates

Request for Proposals	Posting Date	Expected Completion	Implementation
Pharmacy Benefit Managers	October, 2021	January/February, 2022	January, 2023
Third Party Administrative Services	October, 2021	January/February, 2022	January, 2023
Care Management	November, 2021	January/February, 2022	2 nd Quarter, 2022

- ILS Care Management Contract In-Sourcing Completed October 1, 2021
- Internal CMIS Care Management System Go-Live Expected 2/1/2022

Current v. Prior Year: IP Acute Admits/1000



Updated monthly, paid through September 2020
All acute and surgical cases occurred at a General Acute Care hospital

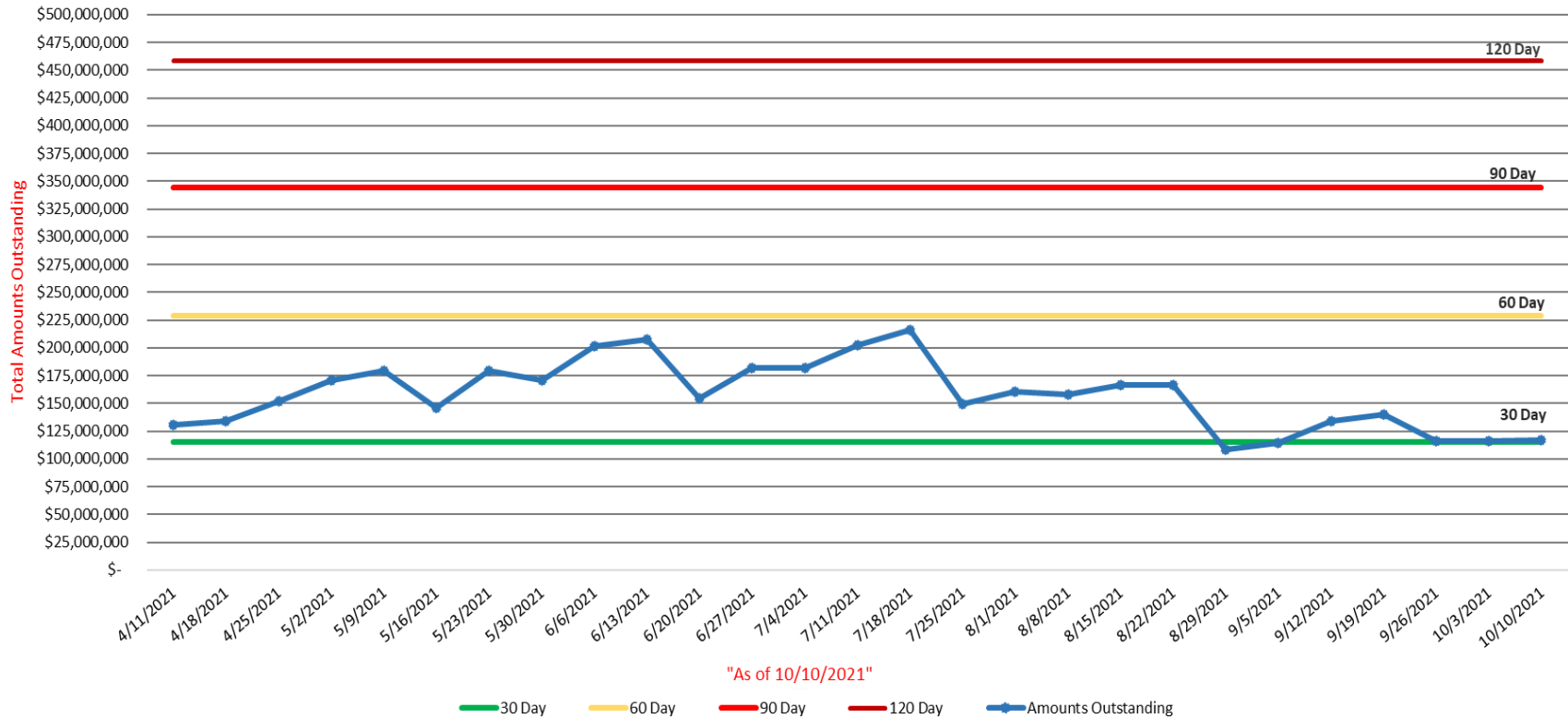
CountyCare COVID Vaccination Rates

Vaccination Phase	Count of Membership	Percent of Total Membership (407k)	Percent of Vaccine-Eligible Membership (294k)
1st of 2 doses only:	19,093	4.69%	6.47%
Fully Vaccinated:	122,092	29.96%	41.39%
Vaccinated with at least 1 dose:	141,185	34.65%	47.86%

Data as of 10/1/2021

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
Q3 2021	\$ 89,511,334	\$ 25,733,866	\$ 38,516	\$ 779,119	\$ 116,062,835
Week of 10/10/2021	\$ 97,272,348	\$ 19,154,193	\$ 29,912	\$ 786,940	\$ 117,243,393

*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

MMAI Overview



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Medicare-Medicaid Capitated Financial Alignment Initiative

Selected Through a Joint Process with Healthcare and Family Services (HFS) & Centers for Medicare and Medicaid Services (CMS)

- **Medicare-Medicaid Plans (MMPs) Goal:**
 - Increase access to seamless, quality programs that integrate primary, acute, behavioral, prescription drugs and long-term care supports and services for the beneficiary
 - Improves the quality and reduces the costs of the two programs while preserving or enhancing the quality of care furnished to dual eligible beneficiaries
- **MMP Payment:**
 - Blended capitated rate for full continuum of benefits provided to dual-eligible beneficiaries across both programs
- **3-Way Selection Process and Contracting:**
 - Illinois HFS, CMS and health plan
- **Auto-assignment, enrollment, and continuity for CountyCare members that are aging into Medicare**
 - Auto-Assignment: State of Illinois auto-assigns members aging out of a Medicaid plan into the MMAI plan
 - This auto-assignment provides a direct growth pipeline of 2,500+ members per year
 - Allows retention of members currently in CountyCare that are aging into Medicare or become eligible for Medicare due to a disability

Age-In Cohort

Total of ~3,600 CountyCare members will turn 65 between 01/01/2023-12/31/2023

- About ~3,300-3,600 CountyCare members turn 65 each year
- It is expected that ~3,600 will age-in in 2022
- Over ~11,500 current members are >65:
 - >~6,300 of those members are in long term care or have a home and community based services waiver
 - >~4,600 of those members are in Managed Long Term Services and Supports (MLTSS)

Category	Percent/n
Total	n=3,673
Gender	
Female	54%/n=1998
Male	46%/n=1675
Long Term Services and Supports	
Waiver member	10%/n=382
Long term care member	3%/n=123
Non-LTSS	87%/n=3,168
CountyCare Lines of Business	
ACA	47%/n=1,730
ICP	47%/n=1,719
MLTSS	4%/n=130
FHP	3%/n=94



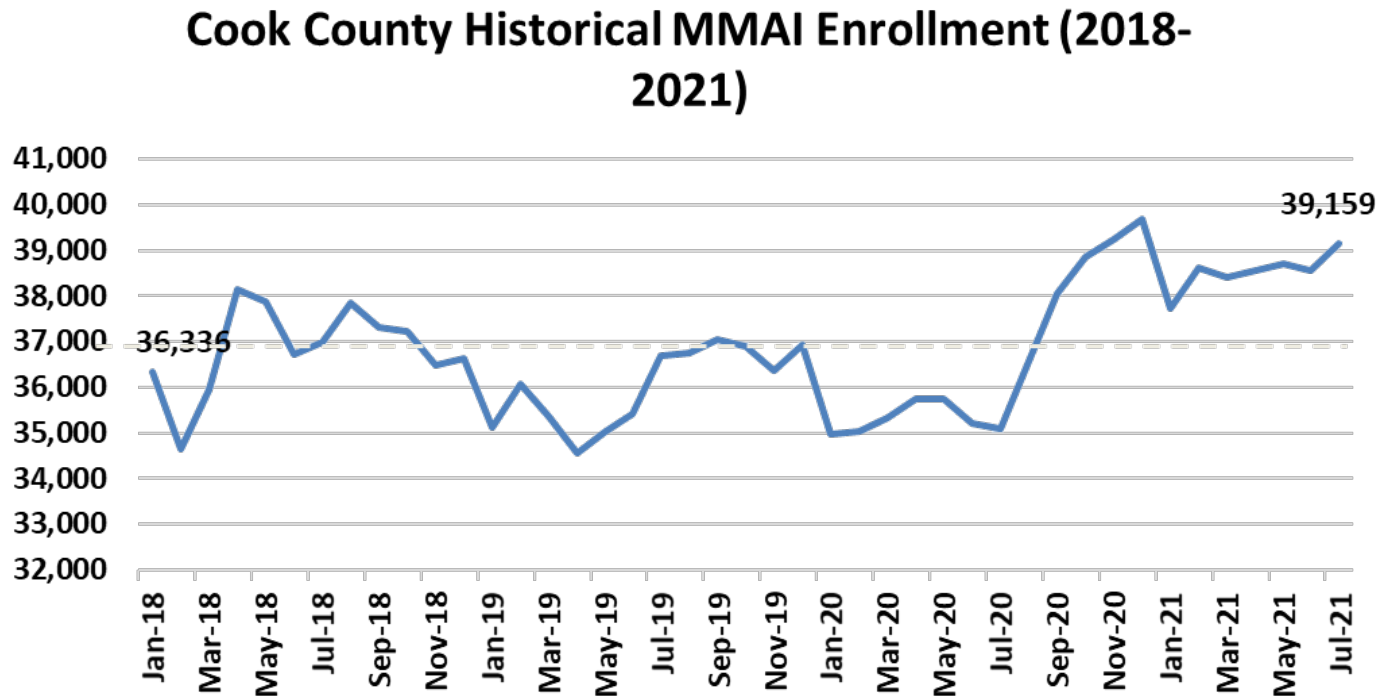
Market analysis

and membership projections



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MMAI Enrollment in Cook County has ranged from 35k-39k from 2018-2021, with signs of continued growth in the first half of 2021



Source: <https://www2.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx>

Note: data available through 7/1/2021 enrollment totals.

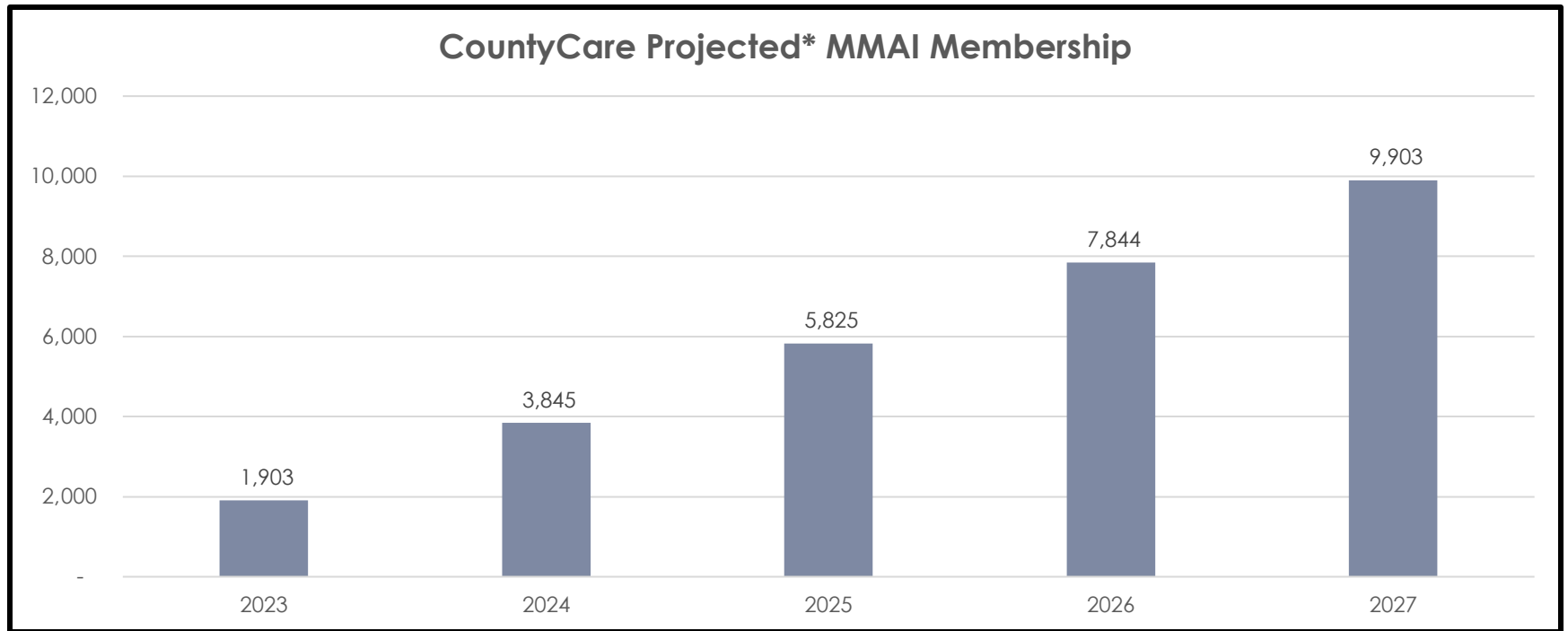
MMAI enrollment in Cook County

Cook County MMAI enrollment as of July 2021

County	Aetna Better Health	Blue Cross/ Blue Shield of Illinois	Humana Health Plan	Meridian Complete	Molina Healthcare	County Total
Adams			*	*	*	*
Alexander					*	*
Boone	*	*	*		*	*
Bureau		*			*	*
Calhoun				*		*
Cass					*	*
Champaign		*		*	1,357	1,357
Christian					147	147
Clark		*		*	*	*
Clay		*		*		*
Coles		*		*	*	*
Cook	7,746	14,133	6,638	10,633	9	39,159
Grand Total	9,810	20,215	9,985	13,705	8,915	62,630

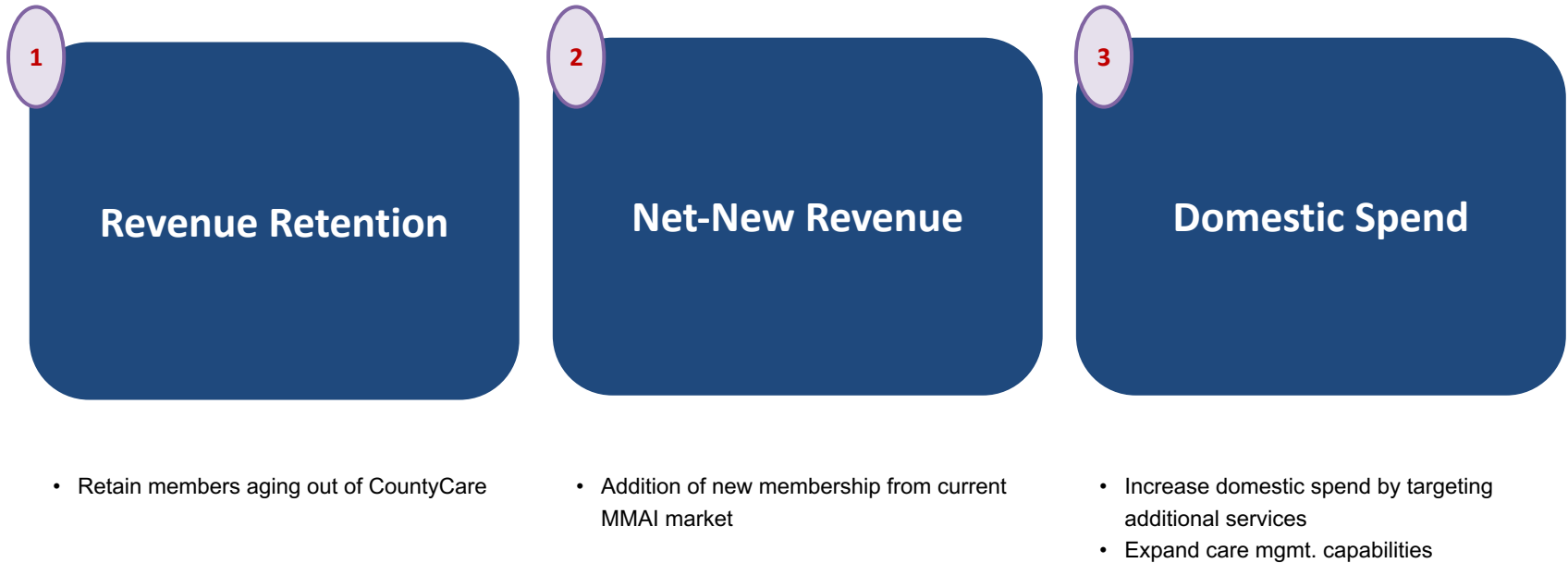
*Table truncated to omit all counties and reflect Cook County totals and Statewide totals

Projected CountyCare MMAI enrollment



*2023-2027 projections assume a 1% increase in the overall market size each year. Assumes a steady state market share of 20% in Cook County beginning with 5% market share in 2023 with 5% annual increases up to 25%. Subsequent years factor in member retention.

MMAI increases value for CountyCare



Critical success factors

and key resources



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Key success factors in MMAI market

Capabilities	Description	Business Impacts
Member-Focused Operating Model	<ul style="list-style-type: none"> Understand the key attributes of membership by segments of business (Duals, EGWP, etc.) Develop care programs that look at member conditions holistically and help them navigate care delivery. 	✓ Increased membership growth through cost-effective channels (such as provider networks, etc.)
Network Strategy	<ul style="list-style-type: none"> Build a strong set of provider networks that align with mission & vision of CountyCare. Leverage provider network to tap into the existing Medicare members on the FFS side. Demonstrate partnership with provider community as opposed to traditional transactional relationship. 	✓ Increased revenue through same-store membership segments and incremental product lines.
Brand Recognition	<ul style="list-style-type: none"> Create a unique set of brand values tailored to the market dynamics and existing CountyCare members. Extend marketing capabilities inside the walls of provider offices/facilities. Identify and expand strong relationships in the community. 	✓ Highly efficient care management programs that targets whole person care model.
Talent & Expertise	<ul style="list-style-type: none"> Invest in building and retaining a dedicated talent pool to implement and manage MMAI operations. The right talent is key for the success due to the uniqueness in this population. Identify key functions such as member engagement, care management, network strategy to incrementally grow talent. 	✓ Increased operational efficiency and competitive ALR driving financial success.
		✓ Increased provider alignment & satisfaction contributing to STAR ratings.



Next steps

and key dates



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Timeline

Action item	Due Date
CCH Managed Care Committee – MMAI informational presentation	Nov. 5, 2021
CMS/HFS Notice of Intent to Apply for MMAI	Nov. 11, 2021
CMS Application Submission	Feb. 16, 2022
Regulatory review by HFS/CMS and readiness on-site review	June 2022
Contract with CMS/HFS executed	Sept. 2022
Open Enrollment begins	Oct. 2022
MMAI Product launch	Jan. 2023



Thank you

questions and discussion



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