Health Plan Services
Managed Care Committee

April 19, 2024

Presented by Aaron Galeener

Chief Administrative Officer

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Agenda

- **Health plan metrics**
- **Strategic initiatives and priorities**
  - Redetermination
  - CountyCare Access (Health Benefits for Immigrant Adults and Seniors)
  - HealthChoice Illinois RFP
  - Quality and Equity
  - Choice Campaign

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Member
Safety, Clinical
Excellence,
and Quality

Health Plan Metrics

Current Membership

Monthly membership as of April 5, 2024

Category	Total Members	ACHN Members	% ACHN
FHP	254,479	13,849	5.4%
ACA	108,070	13,977	12.9%
ICP	30,757	4,742	15.4%
MLTSS	9,223	-	0%
SNC	5,450	261	4.8%
HBIA	26,373	2,084	7.9%
HBIS	8,300	646	7.8%
Total	**442,652**	**35,559**	**8.0%**

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
HBIA/HBIS: Health Benefit for Immigrant Adults/Seniors

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Managed Medicaid Market

Illinois Department of Healthcare Services December 2023 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	426,395	32.3%
Blue Cross Blue Shield	364,207	27.6%
Meridian (a WellCare Co.)	300,909	22.8%
IlliniCare (Aetna/CVS)	122,888	9.3%
Molina	96,116	7.3%
YouthCare	9,171	0.7%
Total	**1,319,686**	**100.0%**

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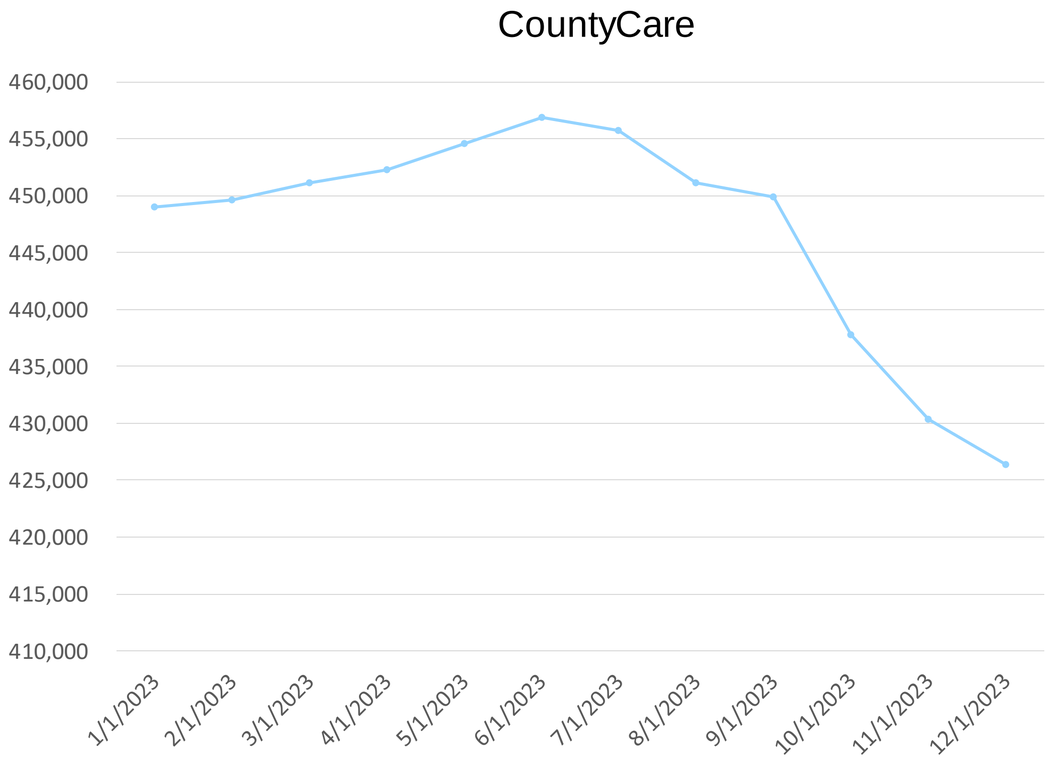
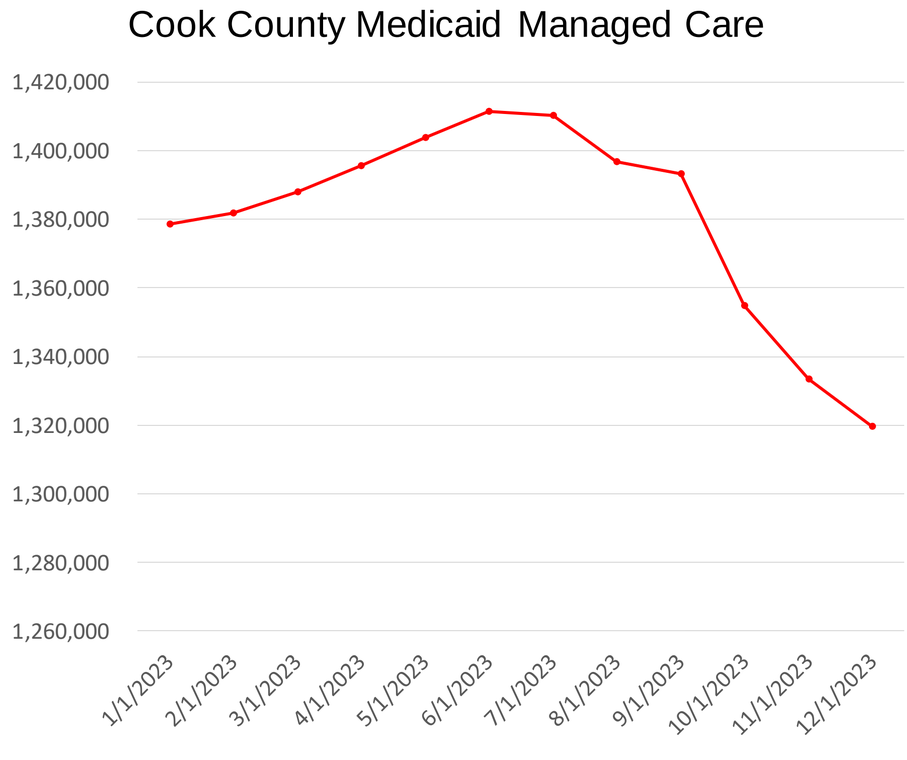
* Only Operating in Cook County

IL Medicaid Managed Care Trend in Cook County
(charts not to scale)





- CountyCare's enrollment decreased 0.92% in December 2023 compared to the prior month, in line with the Cook County decrease of 1.04%

Source: Total Care Coordination Enrollment for All Programs | HFS (illinois.gov)

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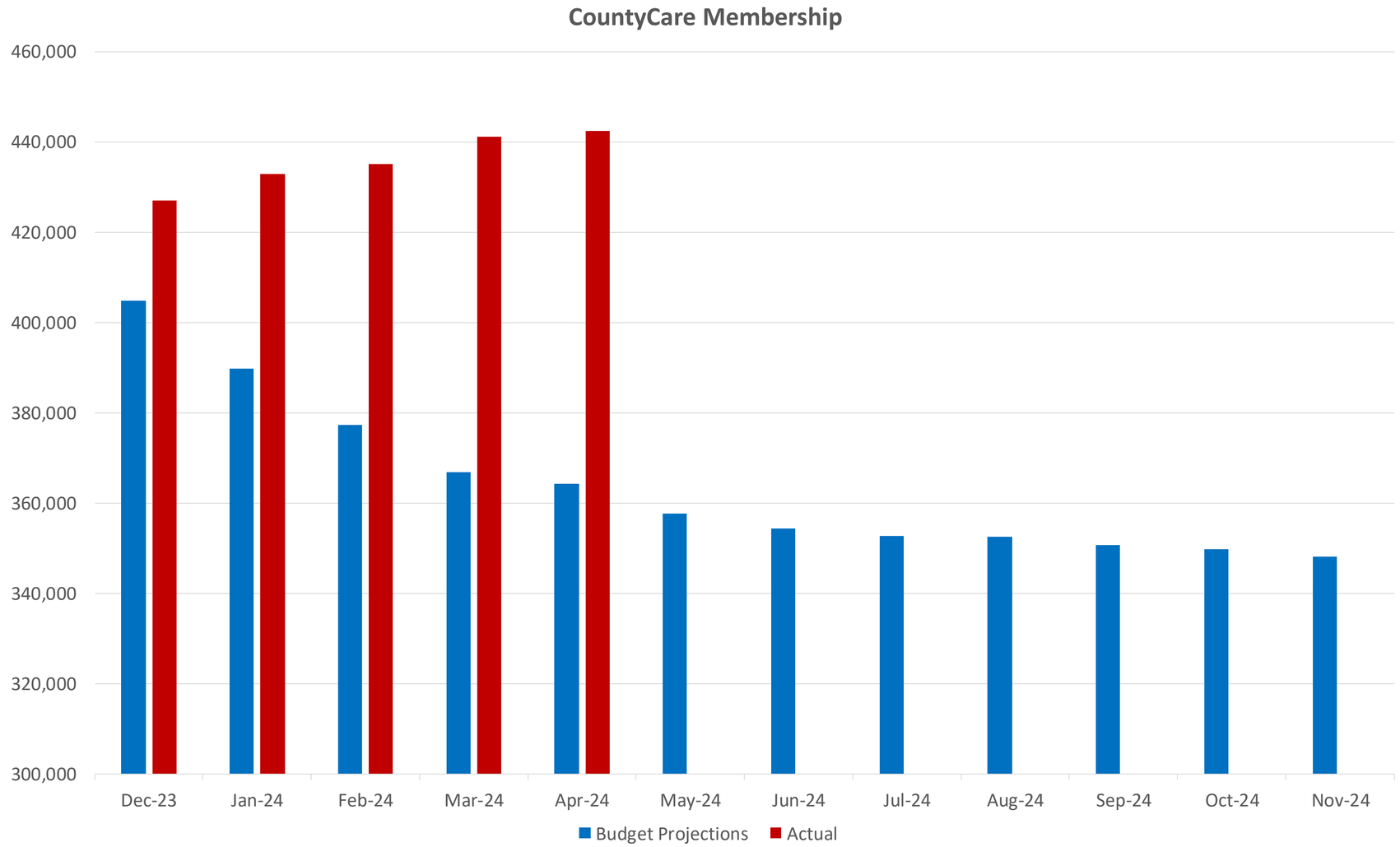
FY24 Budget | Membership



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Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	**State Goal**	**Jan 2024**	**Feb 2024**	**Mar 2024**
Member & Provider Services Call Center Metrics				
Inbound Call Volume	N/A	54,936	53,682	52,892
Abandonment Rate	< 5%	1.74%	1.74%	1.21%
Average Speed to Answer (minutes)	1:00	0:23	0:19	0:12
% Calls Answered < 30 seconds	> 80%	82.55%	85.91%	91.57%
		Quarterly		
Claims/Encounters Acceptance Rate	98%	98%		

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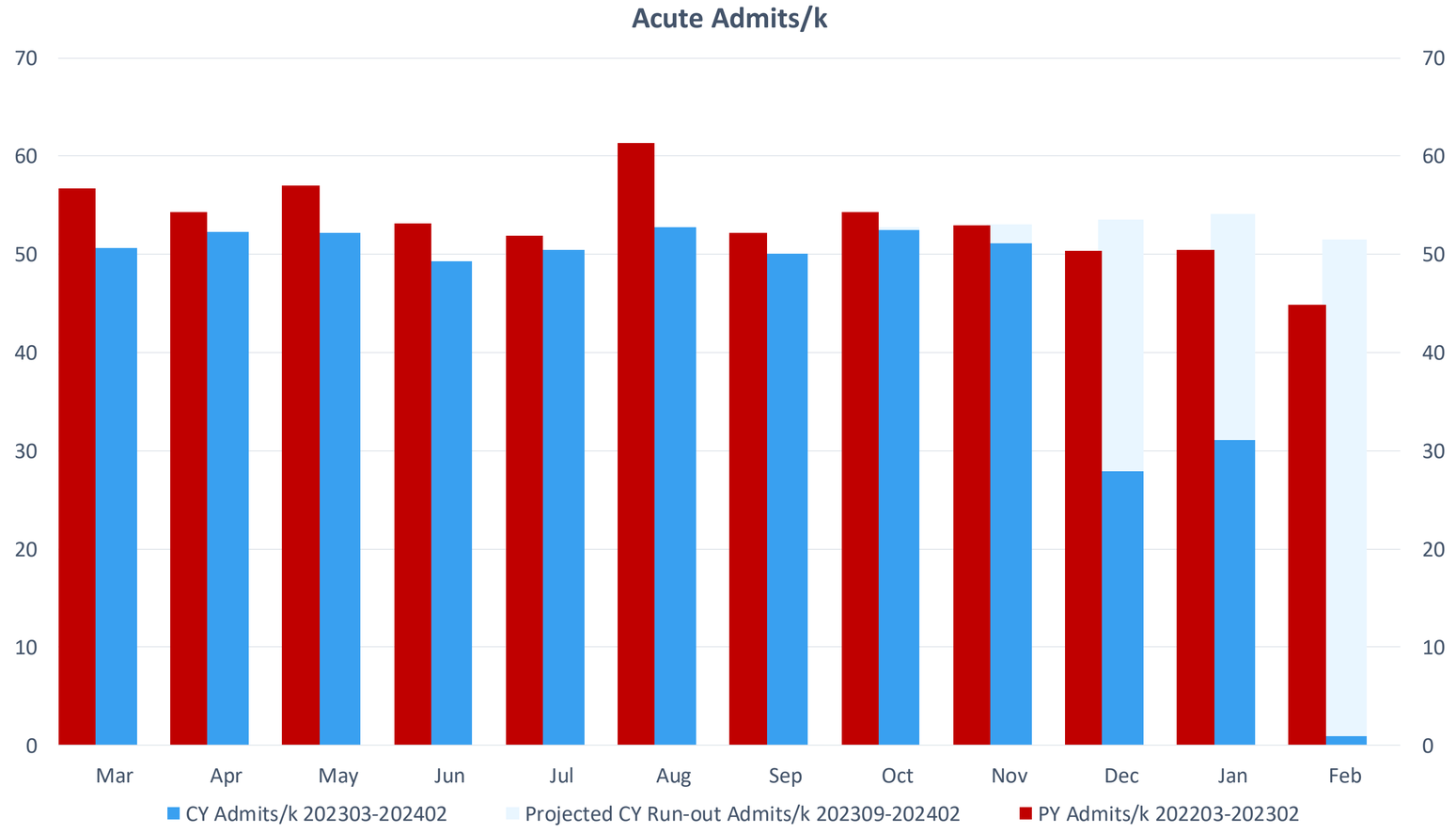
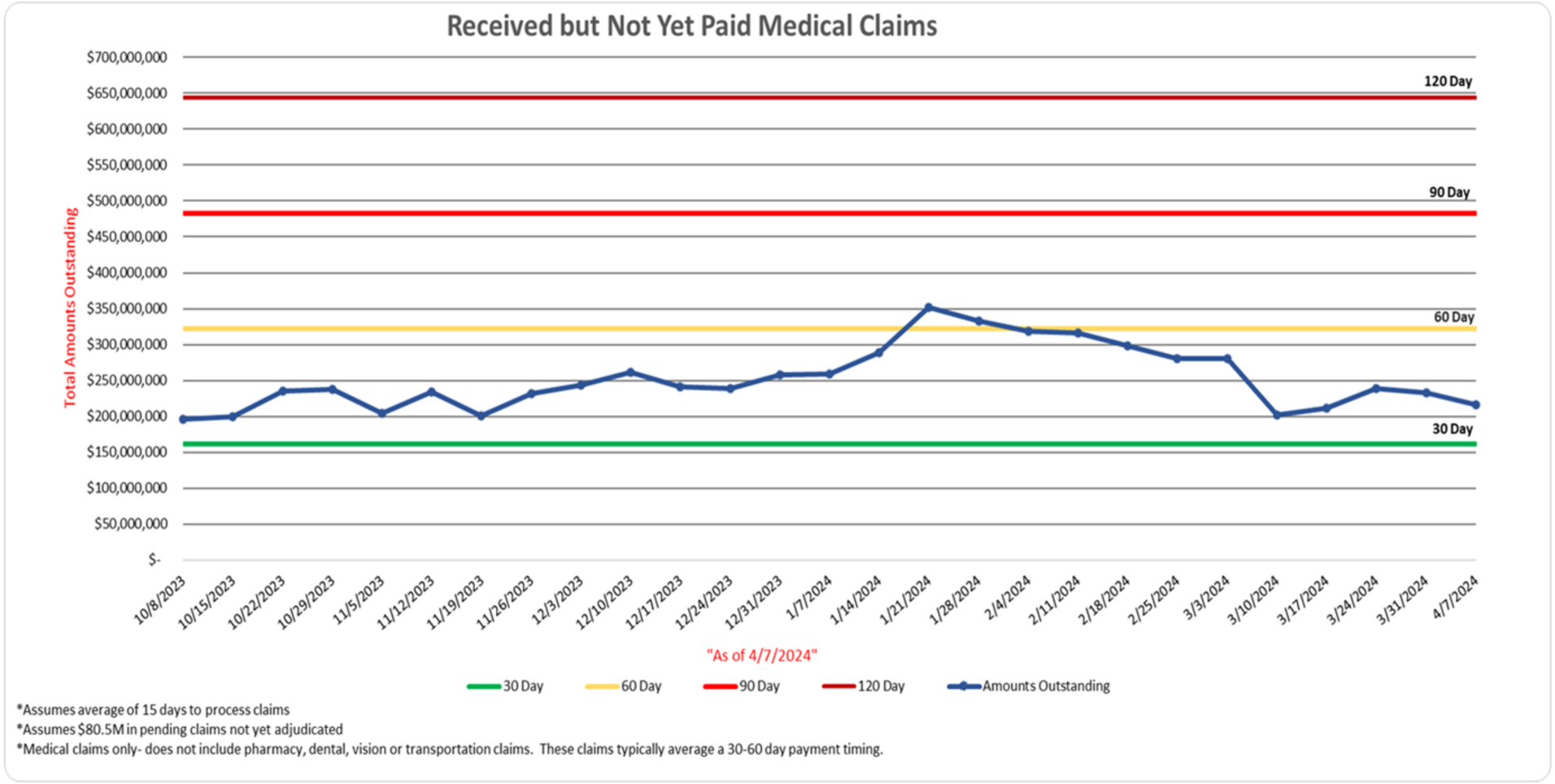
Current v. Prior Year: IP Acute Admits/1000



Updated monthly, paid through January 2024
All acute and surgical cases + approved acute authorizations
Domestic admissions are not included since they do not require Prior Authorization

Claims Payments



*Assumes average of 15 days to process claims
*Assumes $80.5M 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.

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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
Q4 2023	$ 181,111,957	$ 75,730,673	$ 1,511,954	$ 20,819	$ 258,375,403
Q1 2024	$ 194,081,254	$ 5,307,661	$ 33,846,206	$ 160,417	$ 233,395,538
Week of 4/7/2024	$ 167,790,141	$ 47,791,165	$ 663,762	$ 155,228	$ 216,400,296

***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**

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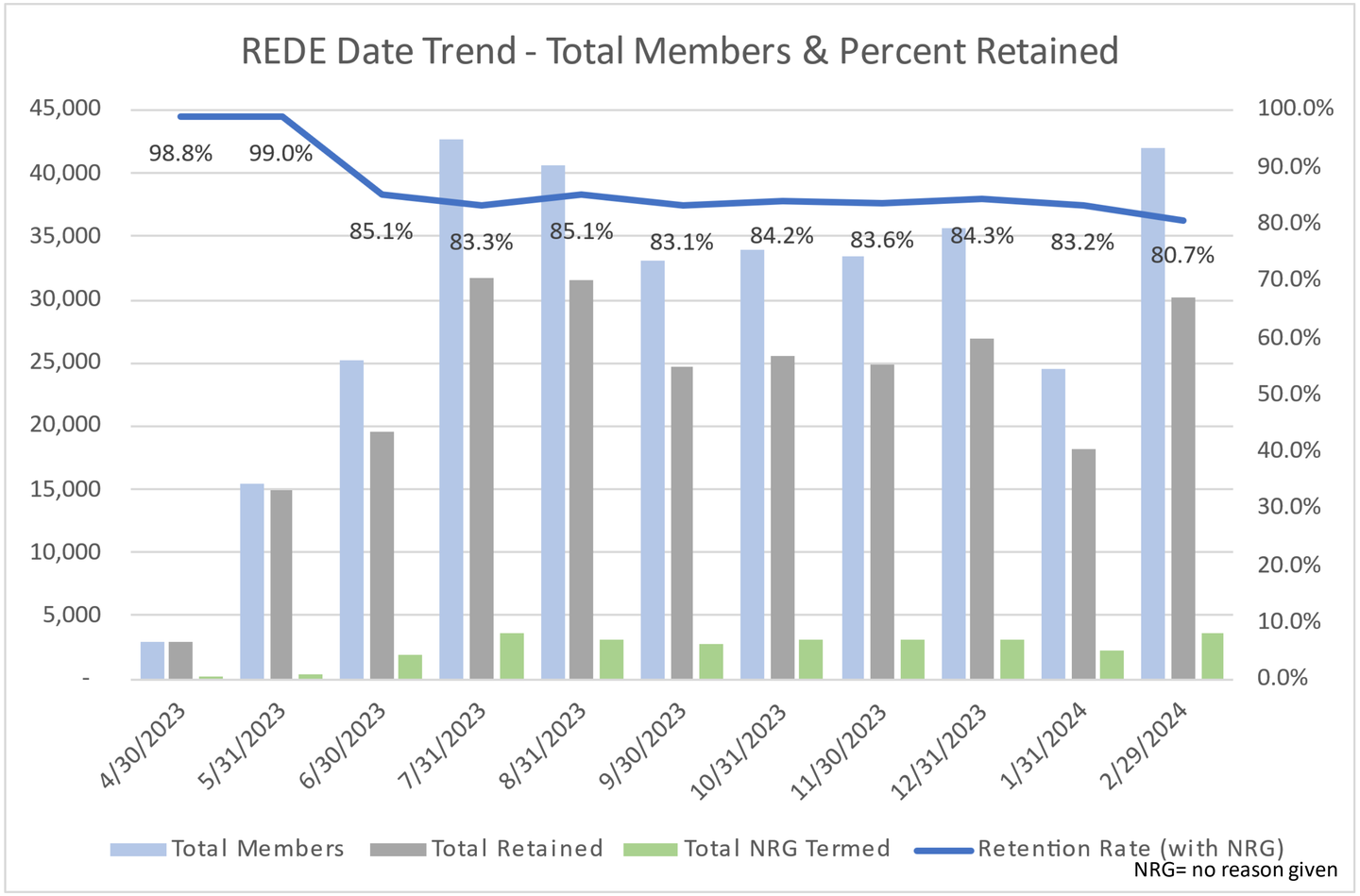
Member experience

Strategic Initiative Highlight

Redetermination

Redetermination



NRG= no reason given

Health Plan Response (As of Jan 2024)

961,500
Postcards Mailed to Households

259,000
Texts with REDE information

82,400
Inbound/Outbound Calls from REDE Hotline Call Center

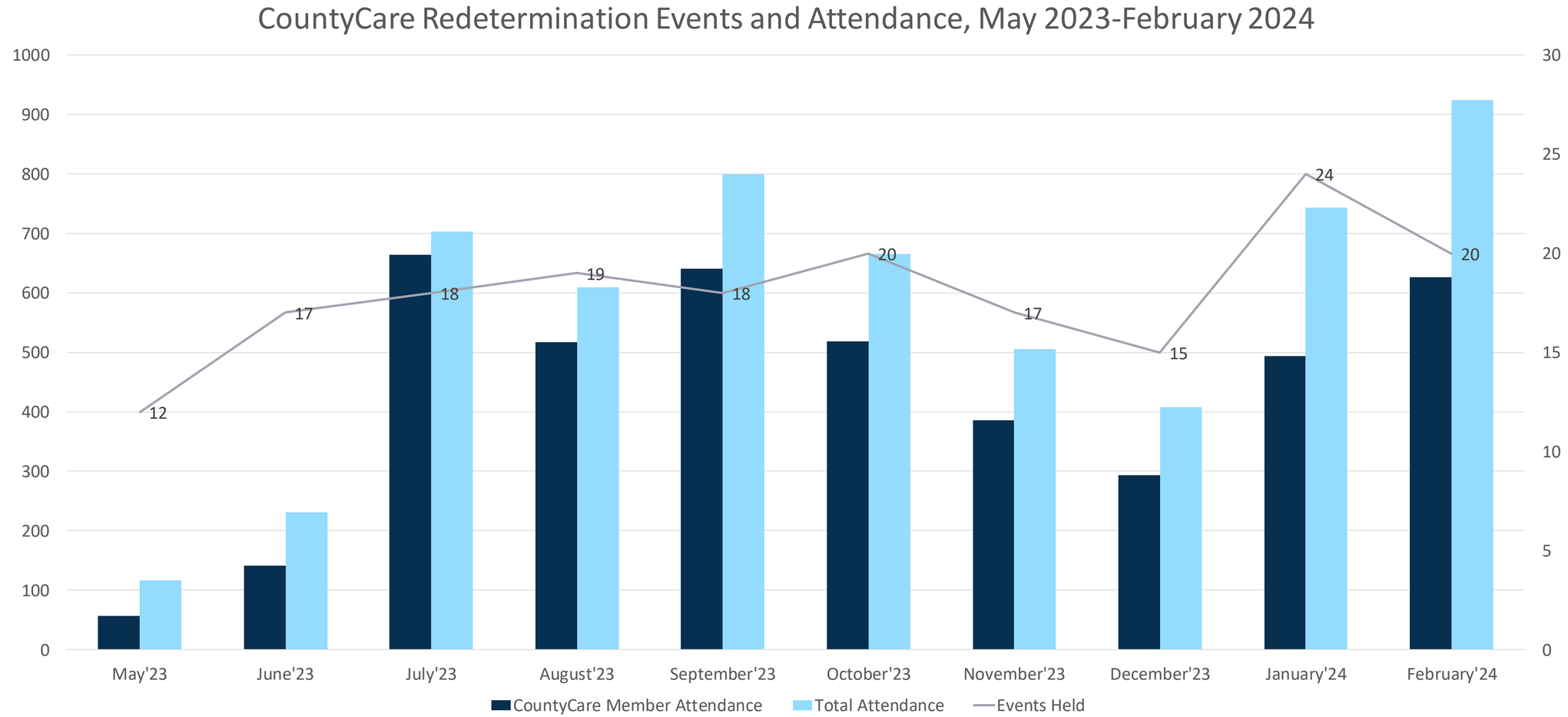
1.3M
Efforts made to Members for REDE

REDE Ads (May2023-Jan 2024)

Search Engines and Social Media

- **108,500** total clicks on REDE web page
- **604,800** reached (number that saw ad)
- **22,825** total calls
- **7.9M** total impressions (times ad shown)

Redetermination events held



Events Held	180
CountyCare Member Attendance	4,336
Total Attendance	5,708

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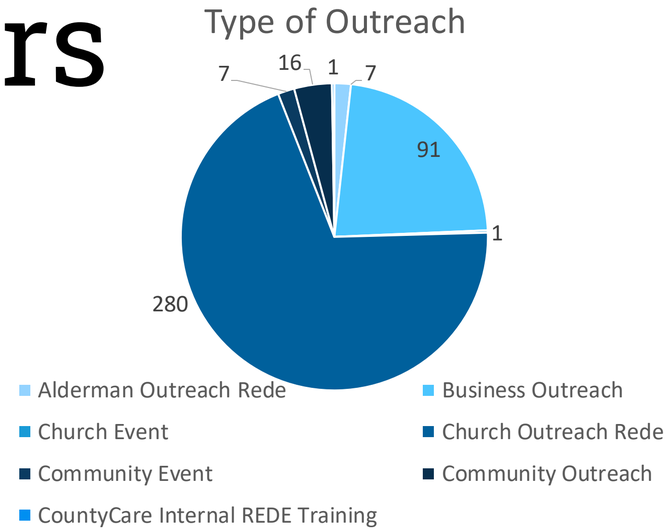
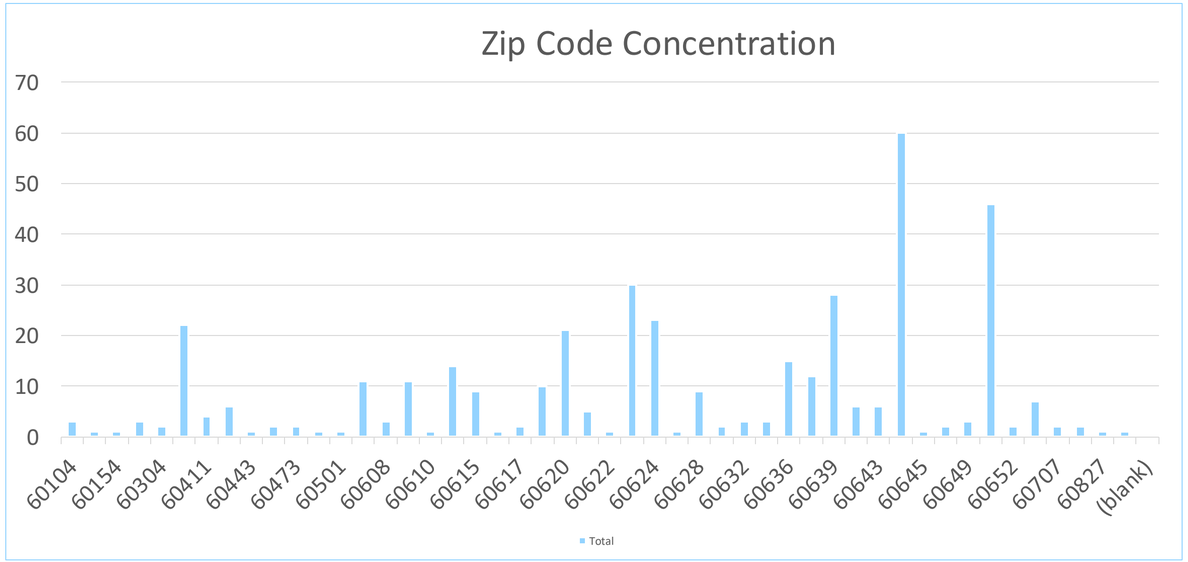
Collaboration with Faith-based leaders and other trusted messengers

- Total Events - 403
- Community and Speaking Events - 8
- Church Campaigns/Speaking Events – 3
  - Over 2,500 community members in attendance
- Boots on the Ground - 386
  - Businesses and Community – 98
  - Churches – 281
  - Alderman – 7
- Zip Codes – 47 unique zip codes
- E-Blast to Churches – 500+ individuals





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Growth
Innovation,
and
Transformation

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 received **100%** on HSAG readiness review

CountyCare Program Enrollment to Date

Age	January Membership	February Membership	March Membership	April Membership
Senior (65+)	1,398	1,540	2,782	2,593
Adults (42-64)	7,819	5,989	7,817	6,736
TOTAL	9,217	7,529	10,599	9,329

79% of participants are in the Adults population

Total of 34,679* members to date

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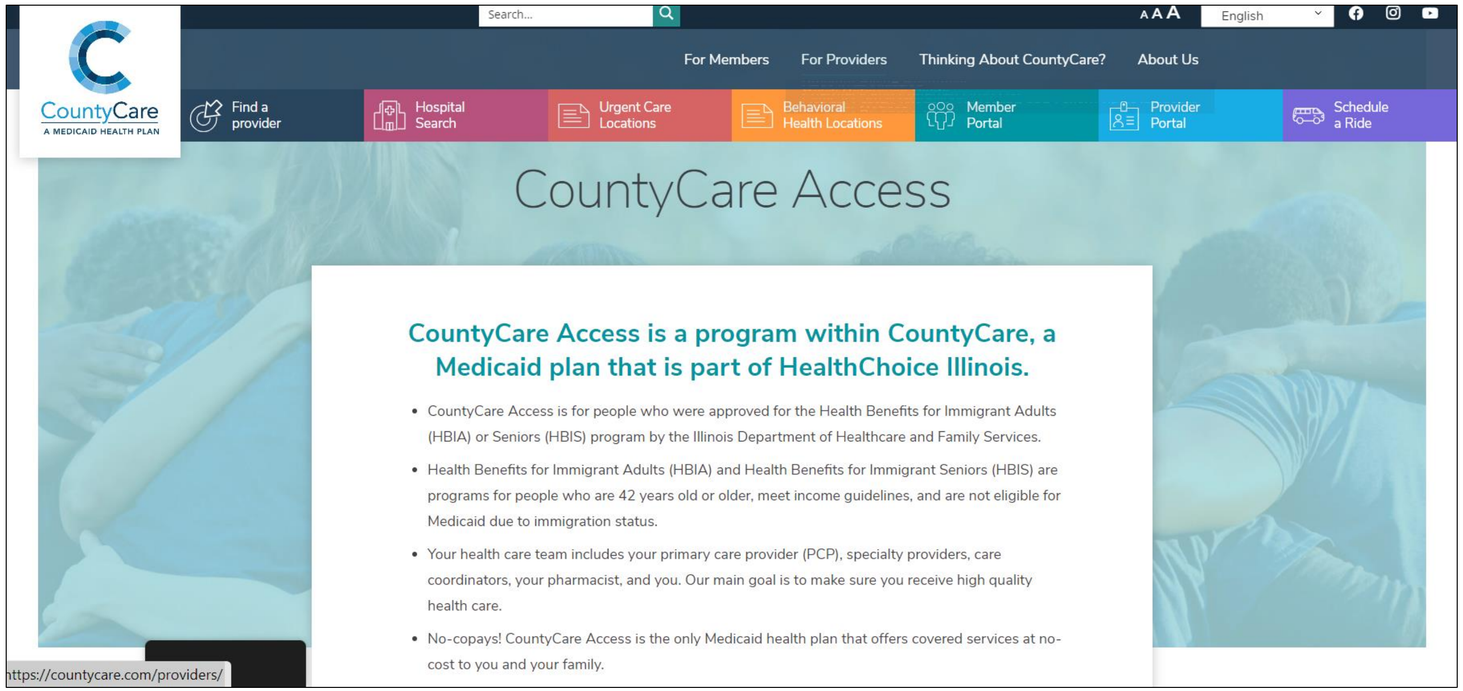
*Total membership does not equal incremental/monthly membership

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

CountyCare designed its CountyCare Access program with an equity lens:

- Community involvement in decision making process
- **No cost-sharing or co-pays**
- Full Member Rewards program
- Medical-home based care management
- Translation of member materials into Spanish and Polish
- Increased bilingual call center and care management staffing



Unique website for CountyCare Access members: CountyCare Access – CountyCare Health Plan including all member materials and FAQ in English, Spanish, and Polish

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Strategic Initiative Highlight

HealthChoice Illinois Request for Proposals

HealthChoice Illinois RFP Update

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

Project Updates

- On February 20, HFS advised **the HealthChoice Illinois RFP will be delayed one year**
- All current MCO contracts will have an extension through **CY2026** and new MCO contracts will take effect **1/1/2027**
- HFS anticipates the release of HealthChoice RFP in **Q1 2025**

Project Plan Summary

- CountyCare has completed two drafts of the RFP response
- CountyCare focusing on key initiatives to support RFP response in 2025

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Source: CMS 2021 Model Application Contract Year 2021 CAPITATED FINANCIAL ALIGNMENT Model Application (cms.gov)

Strategic Initiative Highlight

Quality and Health Equity

Quality
HEDIS Updates Pillars 1 & 2: Adult and Child Behavioral Health

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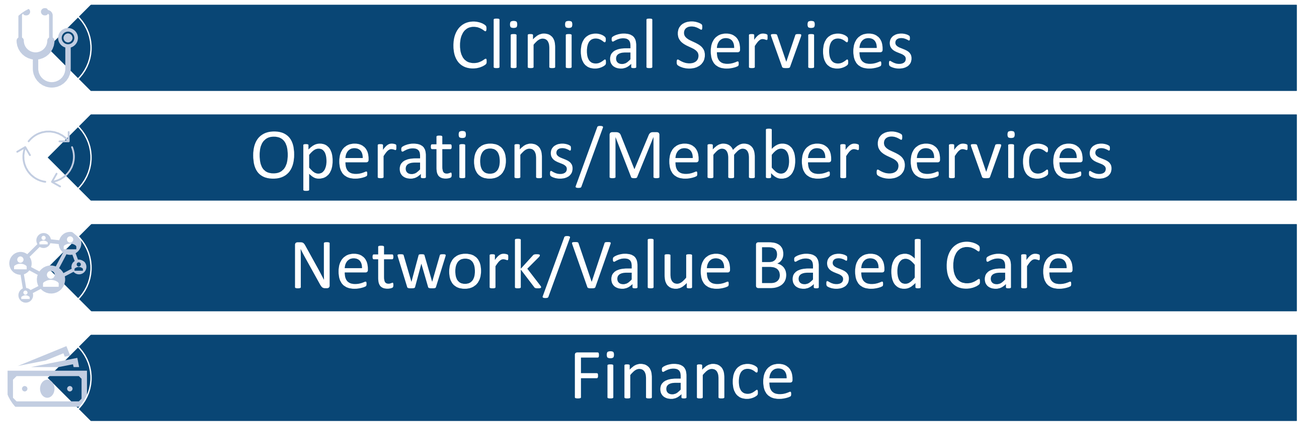
Project Structure Updates



People	Process	Partners	Systems
• Staffing Levels & Qualifications • BH Team Development	• Workflows • Audits	• CME/Supergroup/HTC • Hospitals • Providers	• Admissions, Discharge, Transfer (ADT) Vendor • Texting Platform • BH Telehealth

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Clinical Services

- Accomplishments
  - Onboarded Complex Care Manager (CM) for behavioral health (BH) focus
  - High utilizer strategy developed
  - Expansion of partner facilities for BH readmission management
  - Detailed process audit completed
  - Process finalized for members with home and community-based services (HCBS) waivers
- Action Items
  - New BH telehealth company referral education to care management staff
  - Review and action related to audit results/workflow optimization
  - Admission, Discharge, and Transfer (ADT) optimization

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Operations/Member Services

- Accomplishments
  - –Increased BH follow-up care incentives
  - –Kick-off of texting process for BH care management
- Action Items
  - –Consistent contact information integrity
  - –Refinement of texting processes/reporting
  - –Analysis of call center/web traffic related to BH

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Network/Value Based Care

- Accomplishments
  - Contract secured with BH telehealth company
  - Capacity agreement for a pilot with a new BH provider
  - Value-Based Care (VBC) focus on follow-up after hospitalization (FUH) and follow-up after emergency department visits (FUM) outcomes with care management entities (CMEs)

- Action Items
  - Telehealth provider for BH
  - Healthcare Transformation Collaborative partner engagement for BH
  - Enhancement of statewide BH network operations/collaboration

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Finance

- Accomplishments
  - IL statewide BH network incentive payment validation and processing
- Action Items
  - Alignment of BH provider coding/documentation and risk adjustment strategy

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Behavioral Health Initiative

- Strategic roadmap for 2024
  - Monthly/quarterly tactics and goals by workstream
  - Focus on high utilizer impact
- Leverage professional staff for gap closure
  - Interim assessment and intervention
- Illinois statewide BH network
  - Network availability/extension of hospital-based resources
- Healthcare Transformation Collaborative (HTC)
  - Review and intake of BH-focused programs
- CME Collaboration
  - MHN adoption of interim assessment and intervention strategy
  - Roll-out of appointment access via contract with new BH telehealth company

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HEDIS Updates
Pillar 3:
Maternal and Child Health

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MCH Strategy Project Workstreams

Operations/Project Management

- **Goal:** *Provide project management oversight through development of key milestones with completion dates, creation of project plan, project charter, governance structure, and track to staffing support*
- Staffing Health Plan for Maternal and Child Health (MCH) team

Data – IT & Eligibility

- **Goal:** *Develop clear methodologies for identification of eligible members, incorporate eligible member information into downstream workflows, develop a suite of MCH reporting, use available data to complete population analyses and intervention evaluations.*
- Member Identification – Prenatal, Postpartum, Reproductive Age
- Reporting – inventory, develop additional needed reports
- Analysis of maternal health deserts

Social Determinants of Health (SDOH)/ Social Risk Factors

- **Goal:** *Address identified social risk factors to improve maternal and child health outcomes.*
- FoodCare Meals for pregnant members
- Evidence-based MCH organization collaboration – develop referral pathways to MCH organizations using evidence-based interventions

MCH Strategy Project Workstreams

Communications and Member Services

- **Goal:** *Disseminate new provider information and benefits/rewards information to eligible members; Create training and scripting for customer service reps; connect with community leaders/orgs on new provider types*
- Brighter Beginnings Text Message Campaign
- One Key Question Text Message
- Diaper Bag Pilot – Part II
- EAC/CSC Meetings
- Community Baby Showers

Clinical

- **Goal:** *Establish workflows for care management screening, assessments, referrals and care planning for MCH populations.*
- Health Plan Maternal Care Management Team
- CHW Navigator Outreach & HRS Campaign
- MCH Telehealth Vendor

Network and Benefits

- **Goal:** *Establish contracts with new MCH provider types, onboard new MCH provider types into network.*
- Onboarding of Lactation Consultants, Doulas and Home Visitors into CountyCare Network
- Bundled Payment Model
- Health System (CCH) Collaboration

Quality and Care Gap Closure

- **Goal:** *Track to HEDIS measures monthly and provide data to identify members*
- Quality workgroup with performance improvement Interventions
- Immediate member outreach campaigns with provider groups

HEDIS Updates
Pillar 4:
Equity

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Smoking Cessation

Working on a multi-modal strategy to promote education, timely screening, and smoking cessation

Prevention & Education	Timely Screening Completion	Smoking Cessation
• Develop educational content on eligible population for screening, screening locations/options • Distribute smoking cessation tools and resources via website and to CMEs	• Complete regular claims analysis to determine population eligible for lung cancer screening • Outreach to members in various modalities (mail, text, care coordination) to promote timely screening	• Prioritize outreach and smoking cessation education for specific sub-groups (asthma, COPD, hypertension, pregnancy, etc.) • Develop comprehensive smoking cessation toolkit and distribute

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HEDIS Updates
Pillar 5:
Community Health and Promotion

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Primary Care Engagement

HEDIS Measure Performance Report: CountyCare Health Plan											
		Admin									
		Numerator			Denom	Members needed to			Rate		
Measure	Stratification	Admin	Suppl	Total		50th Perc	75th Perc	90th Perc	Previous	Current	Diff
AAP	(20-44)	31392	1212	32604	129639	57742	64224	70369	14.55%	25.15%	10.60%
AAP	(45-64)	23916	714	24630	65954	28252	30825	32526	22.58%	37.34%	14.76%
AAP	(65+)	3945	65	4010	10091	4086	4911	5293	24.98%	39.74%	14.76%
AAP	(Total)	59253	1991	61244	205684	88721	99355	107767	17.60%	29.78%	12.18%

- Findings emphasize the need to work to prioritize the 20-44 age group
  - Smallest improvement with largest sub-group denominator
  - The younger adult age group is below 45-64 and 65+ by approximately 12%
- Development of communication and engagement strategies for this population has begun.

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Health Equity Updates
Housing

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Flexible Housing Pool

- In 2021, CountyCare Health Plan invested into the Flexible Housing Pool, a permanent supportive housing program in collaboration with cross-sector partners
- Program Design:
  - Housing and wrap-around services for 67 eligible CountyCare members/households for 3 years*
  - Direct communication between Housing Case Managers/Community Partners and our Care Coordinators/Teams

Sample of Findings from overall FHP evaluation between 2018-2021:

- **78%** of FHP participants are Black or African-American
- **22%** relative risk reduction in jail registrations
- **19%** relative risk reduction in emergency department visits
- **33%** relative risk reduction in incurring inpatient days

* 67 housed members is not inclusive of all CountyCare members currently housed through the Flexible Housing Pool

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Housing Programs Overview

Program Name	Overview	# of Members Currently Housed
FHP (CountyCare and Cook County Health ARPA funded)	Permanent Supportive housing for 3 years with wrap around supports and case management	79
Wellness West (HFS Healthcare Transformation Grant)	CountyCare members who are housed through FHP slots designated to Wellness West	14
IHDA Program	State funded permanent supportive housing program (3 years) for members who have zero or very low income	20
Wellness Initiative Network Supportive Housing (WIN2/Plus)	Permanent subsidized housing with ongoing wrap-around supportive services and case management	33
The Boulevard	Offers medical respite to members who qualify. Members are triaged by level to determine if they need housing for 30 days (level 1) or more (level 2)	20

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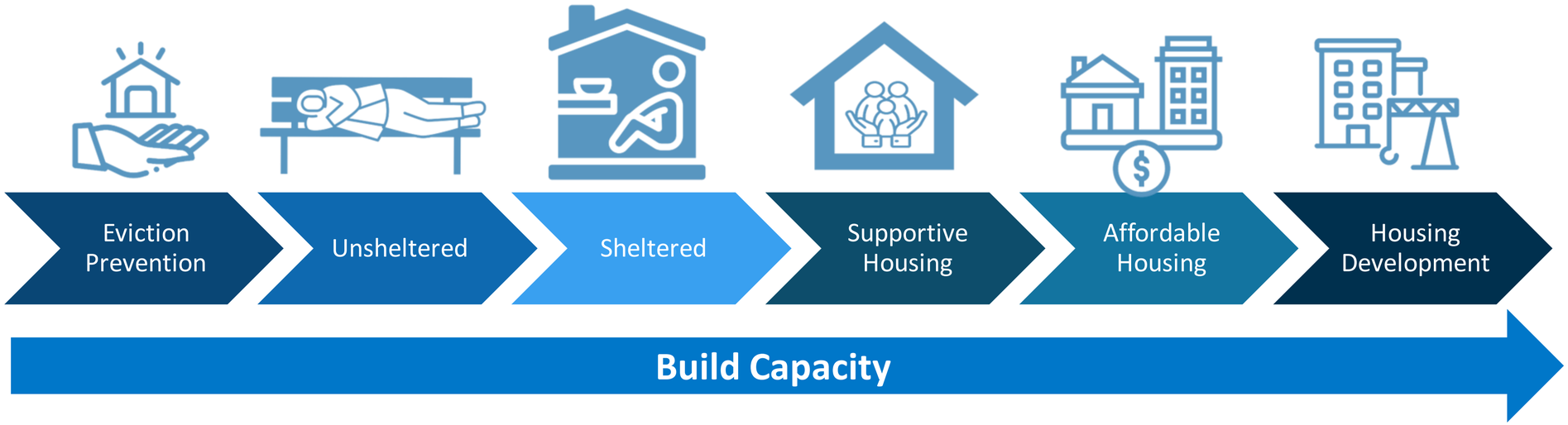
Next Steps: RFP to expand Housing

- Goal: Build an end-to-end housing strategy
- Approach: Housing First Model



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RFP Components – Tenancy Supports

Prevention

- Rental assistance to avoid eviction
- Workforce development
- Legal assistance, focused on tenant rights and housing policies

Housing Supports

- Rental assistance
- Moving costs
- Rental deposits
- Home furnishings and modifications

Wrap Around Services

- Legal services (e.g., criminal records expungement, immigration status, family law)
- Workforce development
- Childcare
- Financial literacy

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Health Equity Lens

- Prioritize populations living in disproportionately impacted areas (DIA) zip codes
- Prioritize historically marginalized populations:
  - Pregnant individuals
  - Justice-involved individuals
  - LGBTQ+ youth
  - Youth transitioning from the foster system

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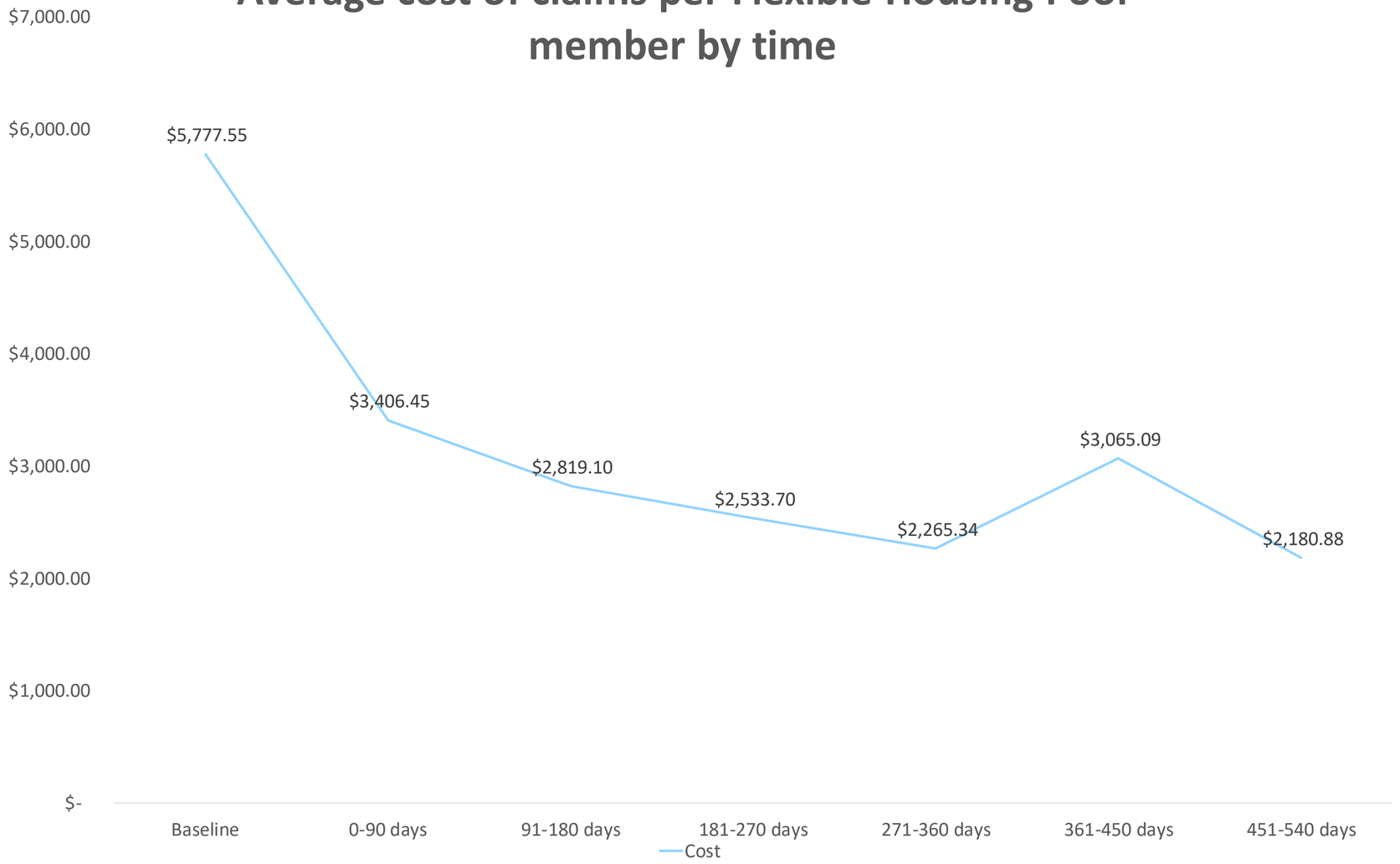
Average cost of claims per Flexible Housing Pool member by time



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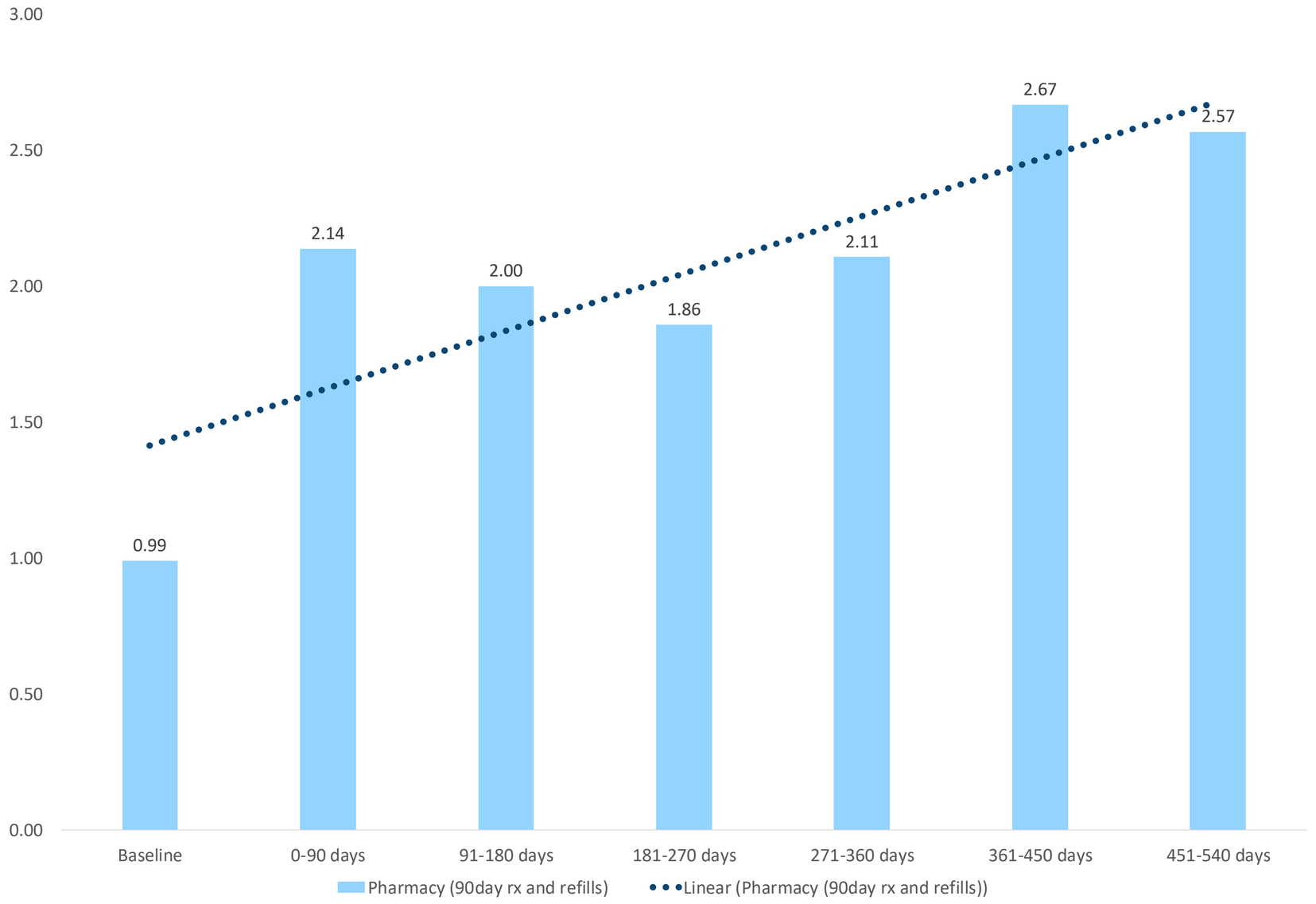
Number of pharmacy claims (90-day and refills)



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CountyCare Recognition

"Thank you for CountyCare's extraordinary support of the Flexible Housing Pool and the Center for Housing and Health (CHH). Because of your continued impact on the community, CHH would like to honor County Care at our annual meeting."

- Peter Toepfer, Executive Director Center for Housing and Health

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Health Equity Updates

FoodCare Program

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FoodCare Goal and Objectives

Goal: Improve the health and quality of life of CountyCare members through nutritional education and improving member access to healthy food

Develop sustainable programs that will support, encourage, and educate members on healthy food selection and preparation

Reduce cost of care and improve health of members through reduction of readmissions, chronic disease prevention, reduction of ER visits, and improved health outcomes for pregnant women and their infants

Address food insecurity by providing access to healthy food to identified members resulting in a reduction of members who are food insecure

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FoodCare Project Design

Phases	Overview	Launch Date
Phase 1	Emergency meals – 2 meals a day for 14 days	January 2023
Phase 2	Full member program – tele-nutrition appointments registered dietician for all members	April 2023
Phase 3	Medically tailored meals (MTMs) - MTMs for members with a select number of diagnosis: diabetes, hyperlipidemia, hypertension, and gestational diabetes	June 2023

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Specific Metrics by Category

Process Measures

Program Metrics: overall enrollment and enrollment by program type

- Enrollment and Usage of Programs
- Tele-nutrition: Scheduled & Completed Visits
- Nutriquiz Takes & Retakes

Operational Metrics: FoodCare delivery and receipt metrics

- Tier One Emergency Meals: Delivery & Fulfillment
- FoodCare Delivery/Coverage by Condition & Zip Code

Outcome Measures

Health Metrics: user-level information from nutriquiz and/or registered dietitian

- Nutrition Improvement
- Weight Loss
- EBT Usage
- Monetary Issues/Food Insecurity
- HBA1C Measurement (Diabetes)
- Triglycerides/Total Cholesterol/LDL-HDL
- Blood Pressure (Hypertension)

Claims Analyses: deep-dives based on cohorts

- PMPM Savings Across Cohorts
- Detailed Comorbidity & Healthcare Utilization
- MTM/Foodbox Dosage Review

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FoodCare Program Metrics: Enrollment to date

Enrollment:

9.5% of 10% Goal

41,385 members enrolled of 43,492 enrolled

Tele-nutrition:

20,446 initial visits completed

88,737 follow up visits completed since launch

109,183 total visits

Medically Tailored Meals

4,732 emergency meals distributed as of 3/31/2024.

In March 1,029 members newly enrolled in MTM-the highest number to date.

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Member Success Story

“CountyCare patient success! A patient is only on her 4th visit but is making exceptional progress. She has swapped morning Dunkin Donuts and large sugary coffee for smoothies with protein and healthy fats. The patient has been consistently walking 1 hour per day and has included her family. She is also very conscious about reading nutrition labels now and is enjoying learning more each session. The patient notes that her kids are excited to join her for walks and are starting to ask nutrition /food questions. In her words 'I'm so thankful for Foodsmart in this poverty-stricken community; most people around here don't know about nutrition or what to eat. You are giving us resources to live a long healthy life. I've been telling everyone I know- If you have CC do Foodsmart. It will change your life.’”

-Registered Dietitian

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Health Equity Updates
Justice Involved Members

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Justice-Involved Program

Member Journey

Prior to release

Person applies to Medicaid, with support from Financial Counselor at Cermak Health

Member Identification

Member is auto-assigned to CountyCare. Justice-Involved team is notified through

1. Monthly Evolent JI report
2. Weekly Cermak Repot

Outreach and Identify Needs

JI team identifies the following:

- Last point of contact
- HRS/HRA completion
- Care Plan Completion (when applicable)

Address Needs

Through care management, address SDOH and any barriers to health, and connect to resources.

Track outcomes on monthly basis and escalate any member issues with care management.

Care Management Support

Starting March 2024, all members will be assigned to the Health Plan for care management and prioritize outreach to this population.

JI team identifies "Unable to Reach" members to conduct home visits and intensive outreach.

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Population Needs Identified by Justice-Involved Team

Members with BH Conditions	Members with Medical and Complex Medical Conditions	Members with SDOH Needs	Pregnant Members
• BH education • Crisis Safety Plan • Prescription needs • Follow up appointment with BH Provider • Follow up appointment with primary care provider (PCP)	• Education centered on their condition(s) • Follow-up appointment with PCP • Follow-up appointment with specialist • Prescription needs	• Legal assistance • Public entitlements SSI • Housing • Transportation • Employment • FoodCare • Clothing	• PCP appointments • Healthcare education • Supportive counseling • Nutritional needs

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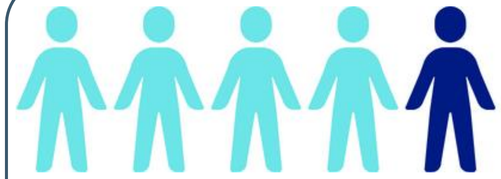
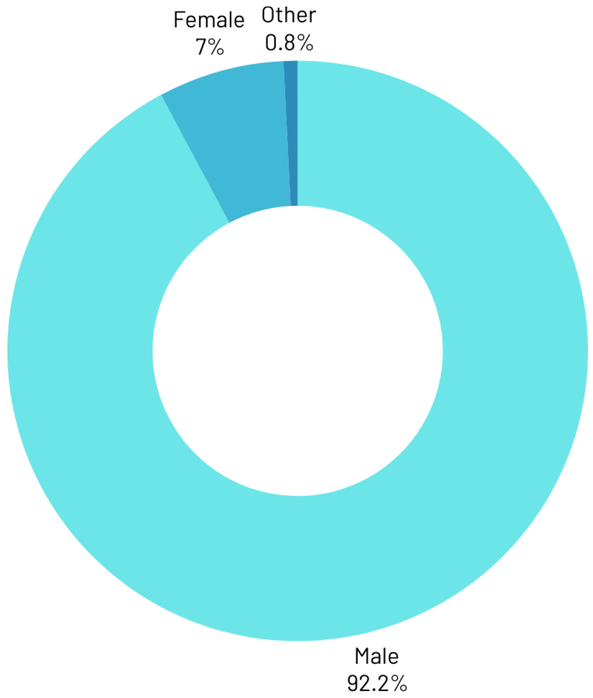
Justice Involved Demographics

(January 2024)

Race	N	%
Asian or Pacific Islander	3	0.5%
Black or African-American	403	64.9%
White	102	15.9%
Not Provided	133	20.6%
TOTAL	641	100%



More than **4 out of every 5** JI members live in a disproportionately impacted area (DIA) zip code



Sex of JI-members is overwhelming Male

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Justice Involved: Updates and Key Priorities

- Hire a social worker who will sit within Cermak Health System twice a week and act as liaison to CountyCare
- Implement a JI transition plan that includes SDOH screener
- Partner with parole officers
  - Supports member outreach
  - Helps us understand recidivism
  - Understand any additional needs
- Brainstorm what other support services for this priority population

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Health Equity – Next Steps and Priorities

NCQA Health Equity Accreditation

- Conducting a readiness assessment and setting timeline for application

Climate change

- Will develop a climate change plan and develop strategies to support members who live in areas most impacted by environmental racism

1115 waiver

- Continued commitment to address health-related social needs (HRSNs)
- Connecting with community partners and preparing to expand our capacity to address HRSNs as 1115 waiver is rolled out

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Member Experience

Strategic Initiative Highlight

Marketing Campaign

Bring On The Benefits 2023-24 Choice Campaign

Media: 360 Campaign: TV, Radio, Digital, Out Of Home (OOH) and Print
Results: October– February 2024
Goals: Retention & Acquisition
Strategies: Increase awareness [impressions] & engagement [calls, clicks]

Media results outperformed last year's campaign:

- Total **impressions increased 312%** [991M] compared to similar period last year
- The number of **calls and clicks increased 144%** [31k] **and 31%** [305k] respectively compared to last year

991.81M TOTAL IMPRESSIONS	305.11K TOTAL CAMPAIGN CLICKS	31.28K TOTAL CAMPAIGN CALLS
↑312.68%	↑31.15%	↑144.18%

Since the campaign started:

- **Satisfaction with the plan increased to 82%** a record high
- Likelihood of members to **recommend the plan increased from +59 to +76** [Net Promoter Score*]
- Likelihood of **continuing with plan remains very high, with 90%** saying they are "Very Likely" to stay
- **Growth** in choice enrollment

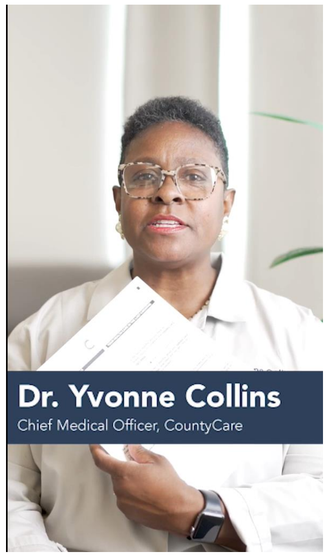
***A good NPS for a healthcare company would typically fall within the positive range, with scores above 30 or 40 considered strong.**

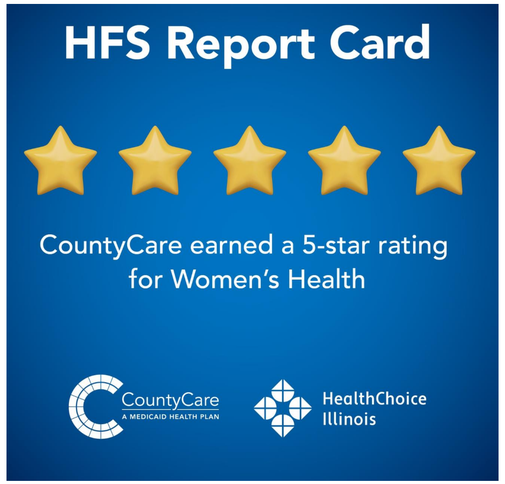
Choice Campaign Extension: CAHPS

Digital Results

February 1 – February 29, 2024

2.17M TOTAL IMPRESSIONS	1.03M TOTAL VIEWS	11,829 TOTAL CLICKS	3,291 TOTAL PAGEVIEWS
English: 1.25M Spanish: 926.1K	English: 512.96K Spanish: 526.89K	English: 6,605 Spanish: 5,224	English: 2,454 Spanish: 576





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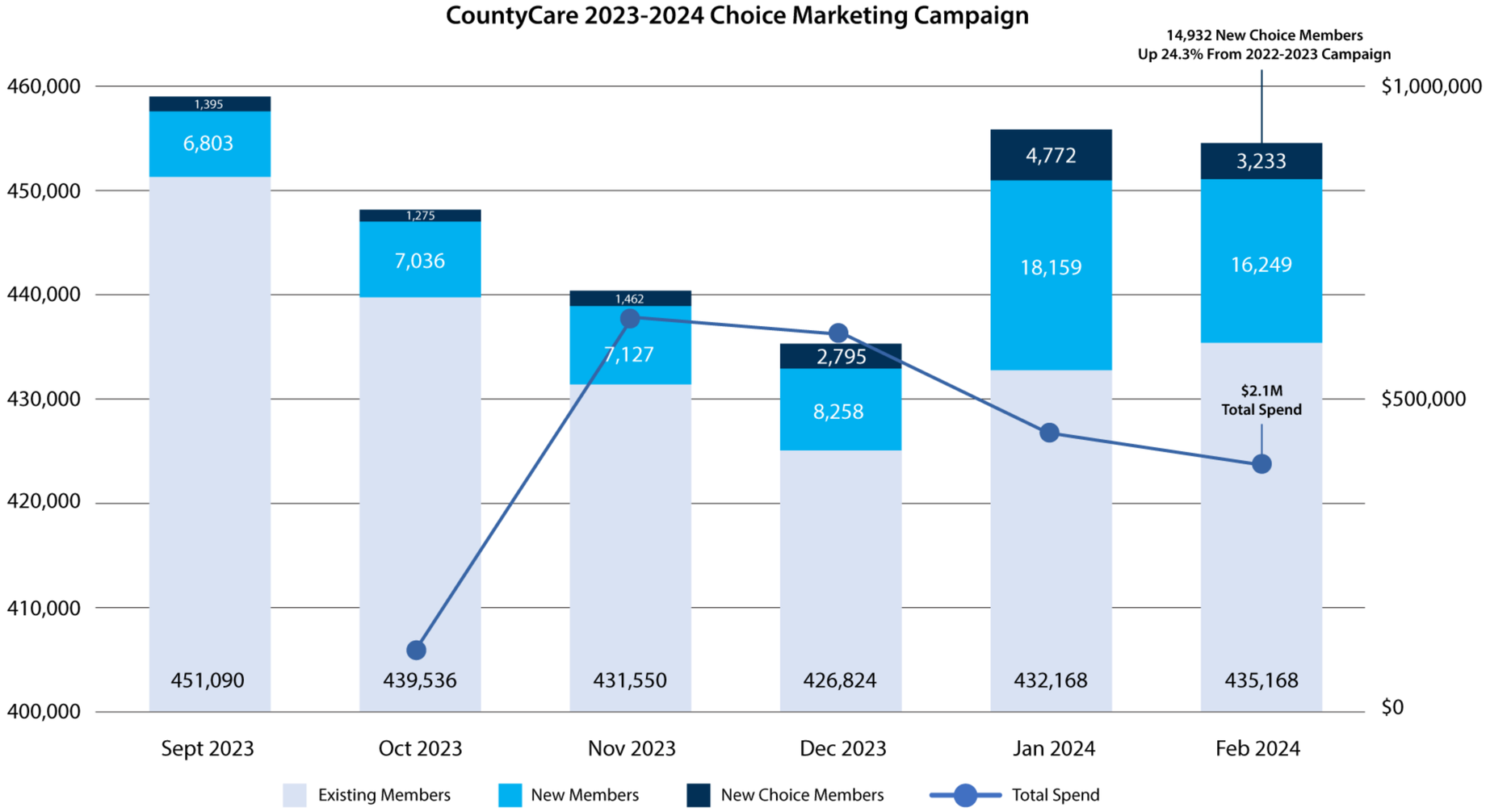
Monthly Member Results During Campaign



NEW CHOICE MEMBERS	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	TOTAL
2023-2024 Campaign	1,395	1,275	1,462	2,795	4,722	3,233	N/A	N/A	14,882

Questions?

Thank you!

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