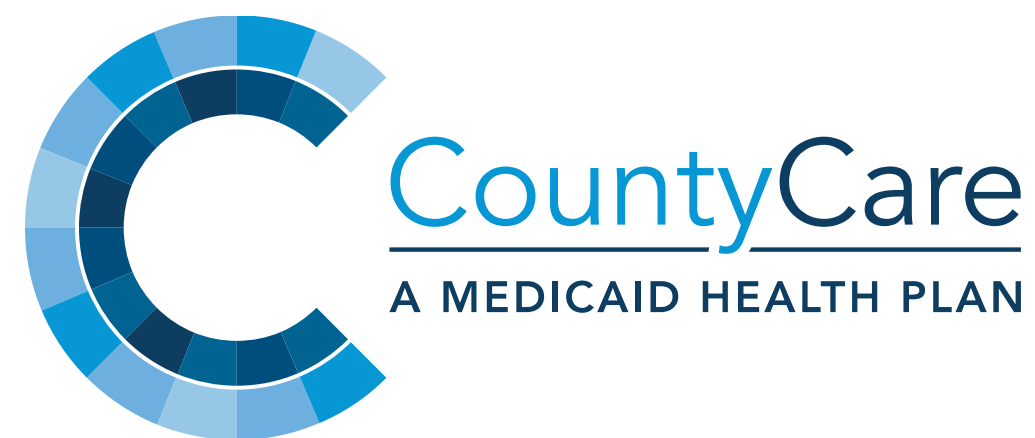


Health Plan Services Managed Care Committee

October 18, 2024

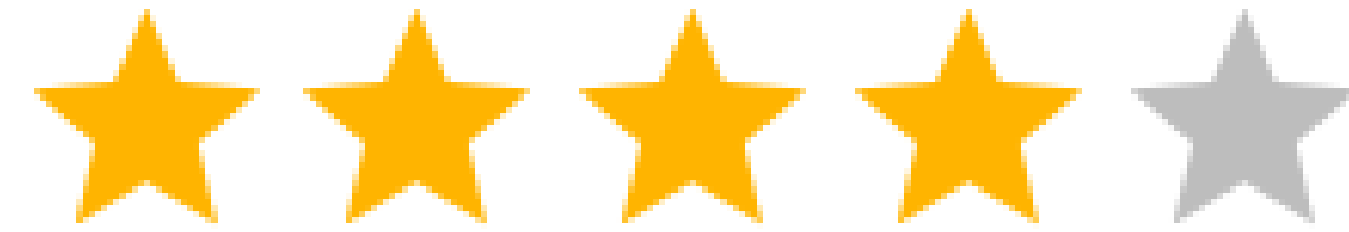
**Presented by Aaron Galeener
Chief Administrative Officer**



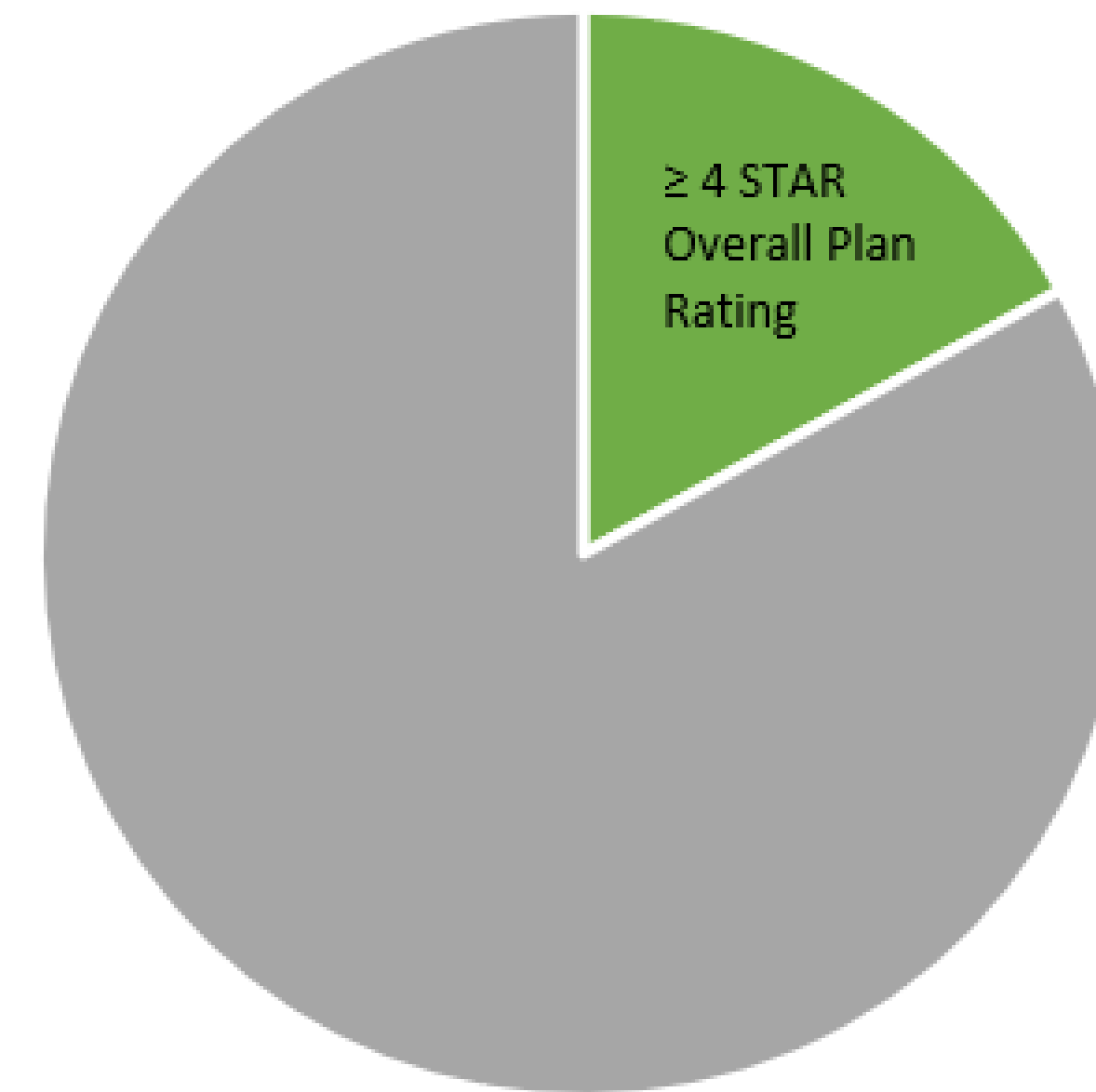
Health Plan Successes

2024 NCQA Health Plan Ratings

CountyCare is proud to have achieved a 4-STAR overall plan rating in the 2024 NCQA Health Plan Ratings.



- Only 20% of Medicaid health plans achieved a 4-STAR rating or higher in rating year 2024.
- CountyCare was one of only two Illinois Medicaid MCOs that received a 4-STAR overall plan rating in 2024.



Successes: 4-STAR Health Plan

Cook County Health & Hospitals System's CountyCare Health Plan



Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation



Molina Healthcare of Illinois, Inc.



Meridian Health Plan of Illinois, Inc.



Aetna Better Health of Illinois Inc.

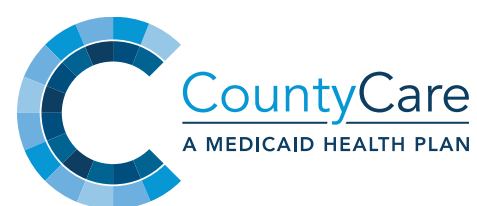


Successes: APEX Awards

CountyCare won 2 Illinois Association of Medicaid Health Plans (IAMHP) APEX awards categories. IAMHP APEX awards are a venue for IL Medicaid health plans to highlight their innovative work that improves health.

Provider Partner Category Winner - CountyCare: Leveraging Value-Based Care to Improve Member Outcomes

Provider Relations & Engagement Category Winner - CountyCare: Partnering with Providers During the Great Unwinding



CountyCare Community Baby Shower

- CountyCare hosted a community baby shower for pregnant and postpartum CountyCare members on Saturday, September 28th at Provident Hospital
- The shower included presentations, giveaways, games, lunch, and tables with community organizations



JOIN US

CountyCare's Community Baby Shower

Sign up today, spots are limited!



CountyCare Community Baby Shower





CountyCare attended the Bud Billiken Parade

National Association of Counties (NACo) Awards

- The National Association of Counties (NACo) awards program recognizes innovative county government programs
- **CountyCare won three National Association of Counties (NACo) Awards for:**
 - **Addressing food insecurity (Best in Health Category)**
 - **Engaging members during redetermination**
 - **Improving member demographics**



Health Plan Metrics

Current Membership

Monthly membership as of Sept 5th, 2024

Category	Total Members	ACHN Members	% ACHN
FHP	241,562	11,932	4.90%
ACA	105,203	11,982	11.40%
ICP	31,032	4,604	14.80%
MLTSS	9,537	-	0%
SNC	7,446	327	4.40%
HBIA	17,775	2,111	11.90%
HBIS	4,620	665	14.40%
Total	417,175	31,621	7.60%

ACA: Affordable Care Act

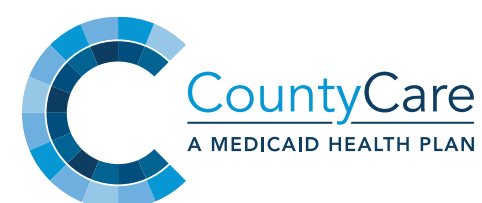
FHP: Family Health Plan

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



Health Benefits for Immigrants Membership

Monthly membership as of Sept 5th, 2024

Category	Sep 2024 Membership	Aug 2024 Membership	Net Growth %
HBIA	17,775	21,963	-19.07%
HBIS	4,620	6,670	-30.73%
Total	22,395	28,633	-21.79%

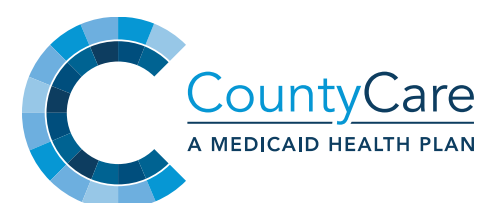
- **Observed a 21.79% drop in HBIA/S membership for September 2024**
- **Actions to retain members during the 90-day grace period (until 11/27)**
 - Developed lists of members that have not completed redetermination
 - CountyCare contacting all members via text and outbound calls
 - Lists to have been shared with primary care provider groups
 - Escalation to HFS and DHS for members that have been wrongfully disenrolled
 - Partnership with County Commissioners and other government officials
 - Ongoing redetermination events to provide in-person assistance

Managed Medicaid Market

Illinois Department of Healthcare and Family Services June 2024 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	428,653	34.2%
Blue Cross Blue Shield	343,136	27.4%
Meridian (a WellCare Co.)	270,893	21.6%
IlliniCare (Aetna/CVS)	113,664	9.1%
Molina	87,147	7.0%
YouthCare	8,978	0.7%
Total	1,252,471	100.0%

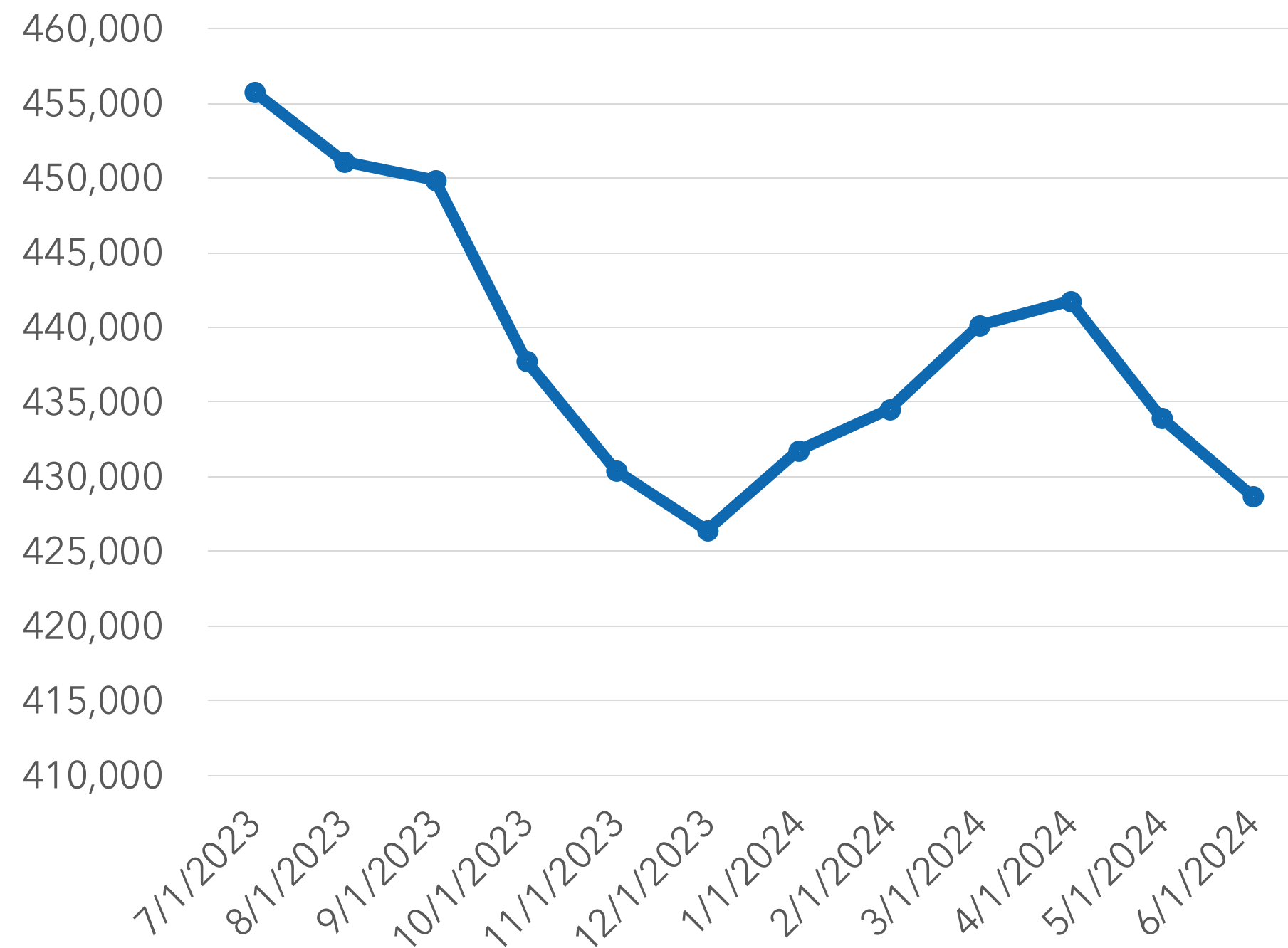
* Only Operating in Cook County



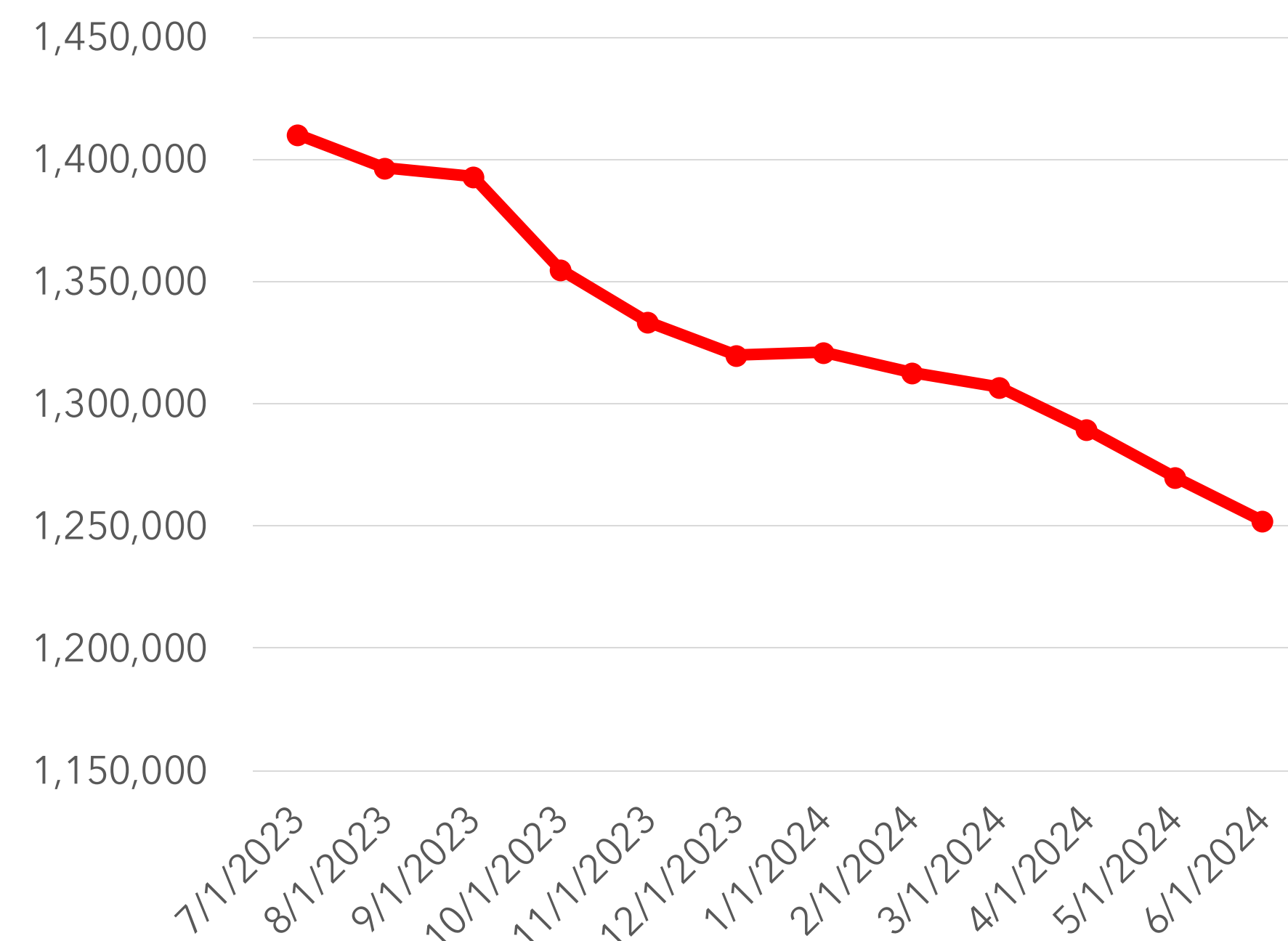
IL Medicaid Managed Care Trend in Cook County (charts not to scale)

CountyCare's enrollment **decreased** 1.22% in June 2024 compared to the prior month, and is slightly lower than Cook County's **decrease** of 1.40%

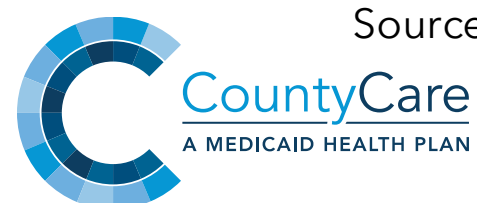
CountyCare



Cook County Medicaid Managed Care

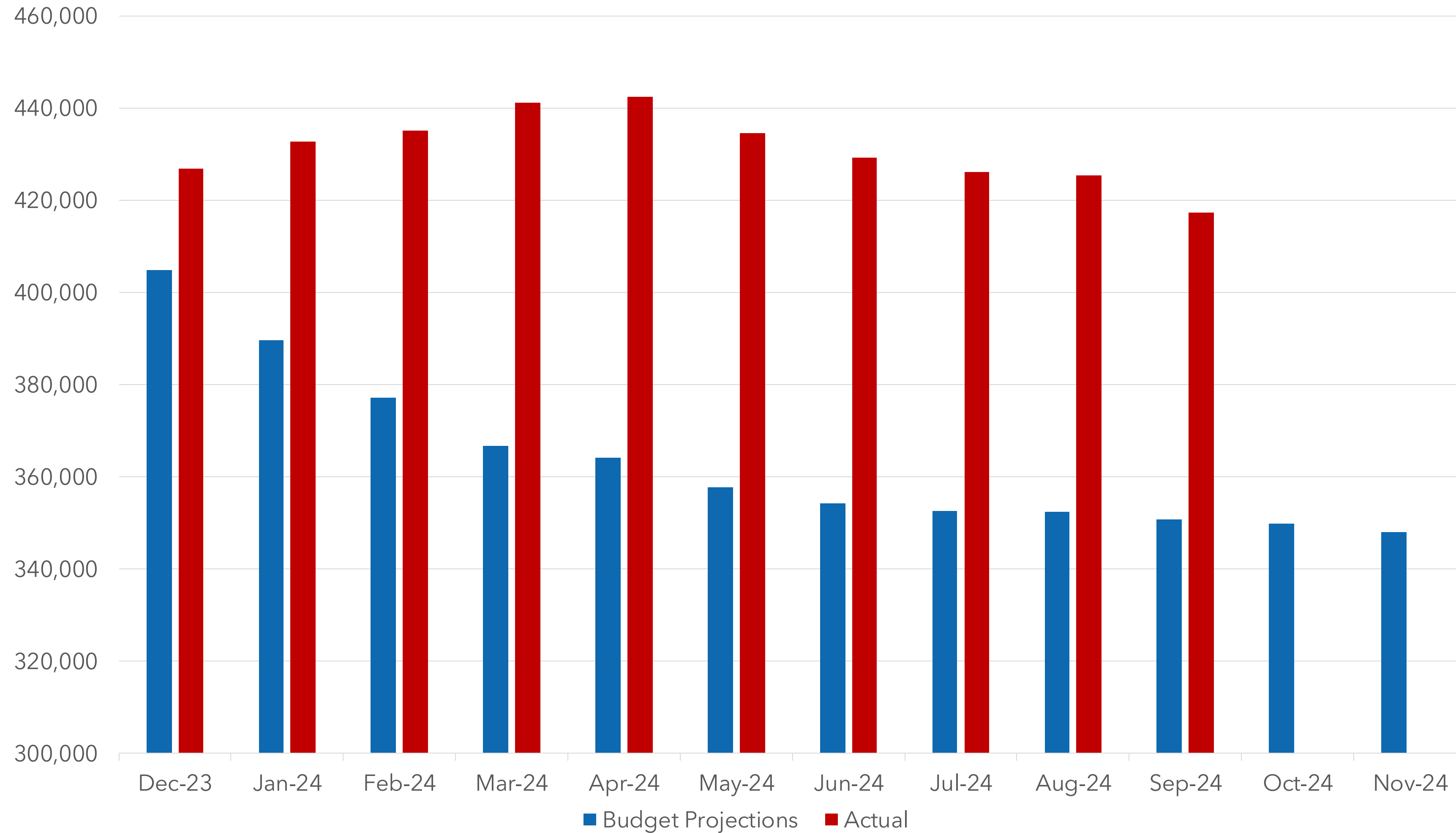


Source: [Total Care Coordination Enrollment for All Programs | HFS \(illinois.gov\)](https://www.hfs.gov/total-care-coordination-enrollment)



FY 24 Budget | Membership

CountyCare Membership



Quality

1. NCQA
2. HealthChoice Report Card
3. Plans for Improving Quality

2024 NCQA Health Plan Ratings



- **CountyCare is proud to have achieved a 4-STAR overall plan rating in the 2024 NCQA Health Plan Ratings.**
- Only 20% of Medicaid health plans achieved a 4-STAR rating or higher in rating year 2024.
- CountyCare was one of only two Illinois Medicaid MCOs that received a 4-STAR overall plan rating in 2024.



2024 NCQA Health Plan Ratings

- CountyCare was the only plan to achieve a 4 STAR sub-category rating for Satisfaction with Plan and Plan Services.
- CountyCare led with Prevention and Equity, earning a 3.5 STAR category rating with the highest measure ratings for Adolescent Immunizations, BMI Percentile Assessment, and Prenatal Immunizations.

NCQA Category/Measure Rating	Aetna Better Health of Illinois, Inc. (ABHIL)	Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation	Cook County Health & Hospitals System's CountyCare Health Plan	Meridian Health Plan of Illinois, Inc.	Molina Healthcare of Illinois, Inc.
Overall Health Plan Rating	3.0	4.0	4.0	3.5	3.5
Patient Experience Category Rating	2.0	2.5	3.0	3.5	2.0
Satisfaction with Plan and Plan Services	1.5	3.0	4.0	3.5	1.5
Rating of Health Plan	1.0	3.0	4.0	3.0	1.0
Rating of Care	2.0	3.0	4.0	4.0	2.0
Prevention and Equity Category Rating	2.5	3.5	3.5	3.0	3.0
Children and Adolescent Well-Care Sub-Category Rating	2.0	3.0	3.5	3.0	2.5
Adolescent Immunizations	2.0	3.0	4.0	3.0	3.0
BMI Percentile Assessment	2.0	2.0	4.0	2.0	2.0
Women's Reproductive Health Sub-Category Rating	3.0	3.5	3.5	3.0	3.5
Prenatal Immunizations	3.0	3.0	4.0	3.0	3.0
Cancer Screening Sub-Category Rating	2.0	3.5	3.5	3.0	2.5

HCI Report Card

Performance Rating		Performance Change*	
Highest Performance ★★★★★	Average Performance ★★★	Rating Got Better	↑
High Performance ★★★★	Low Performance ★★	Rating Stayed the Same	—
	Lowest Performance ★	Rating Got Worse	↓

Plan	Doctors' Communication	Change*	Access to Care	Change*	Living With Illness	Change*	Behavioral Health	Change*	Women's and Children's Health	Change*
Aetna Better Health	★	—	★★	—	★★★	—	★★★	—	★	—
Blue Cross Community Health Plans	★★★	—	★	—	★★★★★	—	★★★★★	—	★★★★★	—
CountyCare Health Plan	★★★	—	★★★	—	★★★	—	★	—	★★★★★	—
MeridianHealth	★★★★	↑	★★★★★	—	★★★	—	★★★	—	★★★	—
Molina Healthcare	★★★★	—	★★★	—	★★	—	★★★	—	★	—

*Change symbols are shaded based on how managed care plans compare to national Medicaid ratings in the current year:

Green = high performance; **Blue** = average performance; **Red** = low performance

What is Rated in Each Performance Area?

Doctors' Communication

- Doctors explain things well to members
- How happy members are with their doctor

Access to Care

- Members get the care they need when they need it

Living With Illness

- Members living with conditions, like diabetes and high blood pressure, get the care they need by getting tests, checkups, and the right medicines


Behavioral Health

- Members with behavioral health conditions get the follow-up care they need
- Members who use drugs and alcohol get the help they need

Women's and Children's Health

- Children get regular checkups and important shots that help them stay healthy
- Women get screenings and tests for female cancers and diseases
- Women receive care before and after their babies are born

HFS Health Plan Report Card



Measures with - 2 STAR decrease	Measures with - 1 STAR decrease	Measure Category	Measures with + 1 STAR increase	Measures with + 2 STAR increase
1	4	Doctor's Communication		
		Access to Care	3	
		Women's Health	2	
		Living with Illness	3	
	2	Behavioral Health	2	
		Keeping Kids Healthy	1	3

- Progress with measure ratings on the HFS Health Plan report card was observed this year.
- **Two-thirds (66%) of measures that changed in STAR rating from the prior year changed positively.**

Progress on Low Performing Measures

Abbrev.	Measure	MY2022	MY2023	% change
AAP	Adults' Access to Preventive/Ambulatory Health Services	69.56%	70.76%	1.20%
BPD	Blood Pressure Control for Patients with Diabetes	58.15%	65.45%	7.30%
CBP	Controlling High Blood Pressure	53.53%	54.63%	1.10%
CIS	Childhood Immunization Status - Combo 3	60.58%	63.99%	3.41%
CIS	Childhood Immunization Status - Combo 10	32.36%	30.41%	-1.95%
COL	Colorectal Cancer Screening	33.37%	35.36%	1.99%
FUH	Follow-up After Hospitalization for Mental Illness - 7-day	23.10%	23.55%	0.45%
FUH	Follow-up After Hospitalization for Mental Illness - 30-day	40.44%	42.75%	2.31%
HBD	Hemoglobin A1c Control for Patients with Diabetes - < 8%	48.91%	58.15%	9.24%
HBD	Hemoglobin A1c Control for Patients with Diabetes - > 9%	44.77%	32.36%	-12.41%
IET	Initiation and Engagement of SUD Treatment - Initiation	39.19%	39.38%	0.19%
POD	Pharmacotherapy for Opioid Use Disorder	22.91%	19.01%	-3.90%
PPC	Prenatal and Postpartum Care - Timeliness of Prenatal Care	84.23%	86.89%	2.66%
PPC	Prenatal and Postpartum Care - Postpartum Visit	76.70%	81.64%	4.94%
W30	Well-Child Visits in the First 30 Months of Life - 15-30 Months	60.38%	68.11%	7.73%

CountyCare observed **rate increases for nearly 87% of low performing measures** from the prior year's HFS Health Plan Report Card.

Performance Improvement Strategy

Though there are specific strategies for each measure, many strategies impact multiple measures.

Performance Improvement Workgroups

- **Four performance improvement groups meet regularly** to work on interventions to impact measures and evaluate if interventions are having the intended impact.

Provider & CME Partnership

- **Quality presentation in provider partnership and Care Management Entity (CME) Joint Operating Committee (JOC) meetings** to share quality performance, discuss priorities and collaborate on improvement efforts.

Data Improvement

- **Working on expanding supplemental data sources** through payer data exchange options and the addition of new supplemental sources.

Value-Based Care & Incentives

- **Include priority measures in value-based care (VBC) agreements and provider incentives** to align provider quality improvement efforts with health plan areas of focus.

Member Engagement

- **Education, outreach, and communication in multiple modalities** to ensure members are receiving relevant information to their care needs and care gaps.

Highlights of 2024 Initiatives

Preventative Care

- **Mobile services:** mammogram & dental van partnership
- **Health Fairs**
- Implement **scalable interventions** to support low risk members in accessing care & services
- RFP for Population Health Services
- **Focused interventions in disproportionately impacted areas (DIAs)**

Living with Chronic Conditions

- Expansion of FoodCare programming & **Medically Tailored Meals**
- Continue to leverage and expand **disease management programming** across CountyCare and partners
- Leverage **strategic outreach campaigns**

Behavioral Health (BH)

- Increase in behavioral health **member rewards**
- Partnering with BH providers to **create direct referral processes** to services.
- Establish **strategy for high utilizers** of acute BH settings
- Expand **Value Based Care agreements** and incentives for priority measures
- Expand BH **telehealth services** available

Maternal Child Health

- Enhance reports to improve early **identification of members**
- Evaluating **healthcare access for pregnancy** and delivery
- Examining **perinatal outcomes** by provider type stratified by race and region
- Community Baby Shower event
- RFP for **comprehensive MCH population health** Services

Strategic Initiatives and Priorities:
HealthChoice Illinois RFP timing and listening sessions

HealthChoice Illinois RFP Update

Background

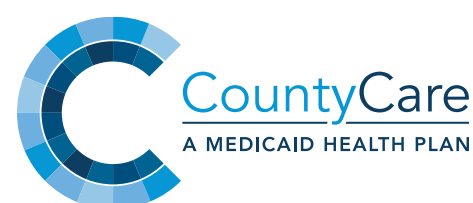
- In 2017, the Illinois Department of Healthcare and Family Services (HFS) posted a request for proposals (RFP) for Managed Care Organizations (MCOs) to enter risk-based contracts
- CountyCare was awarded a contract for period of 2018-2022, and later received extensions through the end of the 2026 plan year

Project Updates

- HFS advised **the HealthChoice Illinois RFP will be delayed and will be released summer of 2025**
- New MCO contracts will take effect **1/1/2027**
- HFS hosting listening sessions to understand what works in managed care and what needs improvement

Project Plan Summary

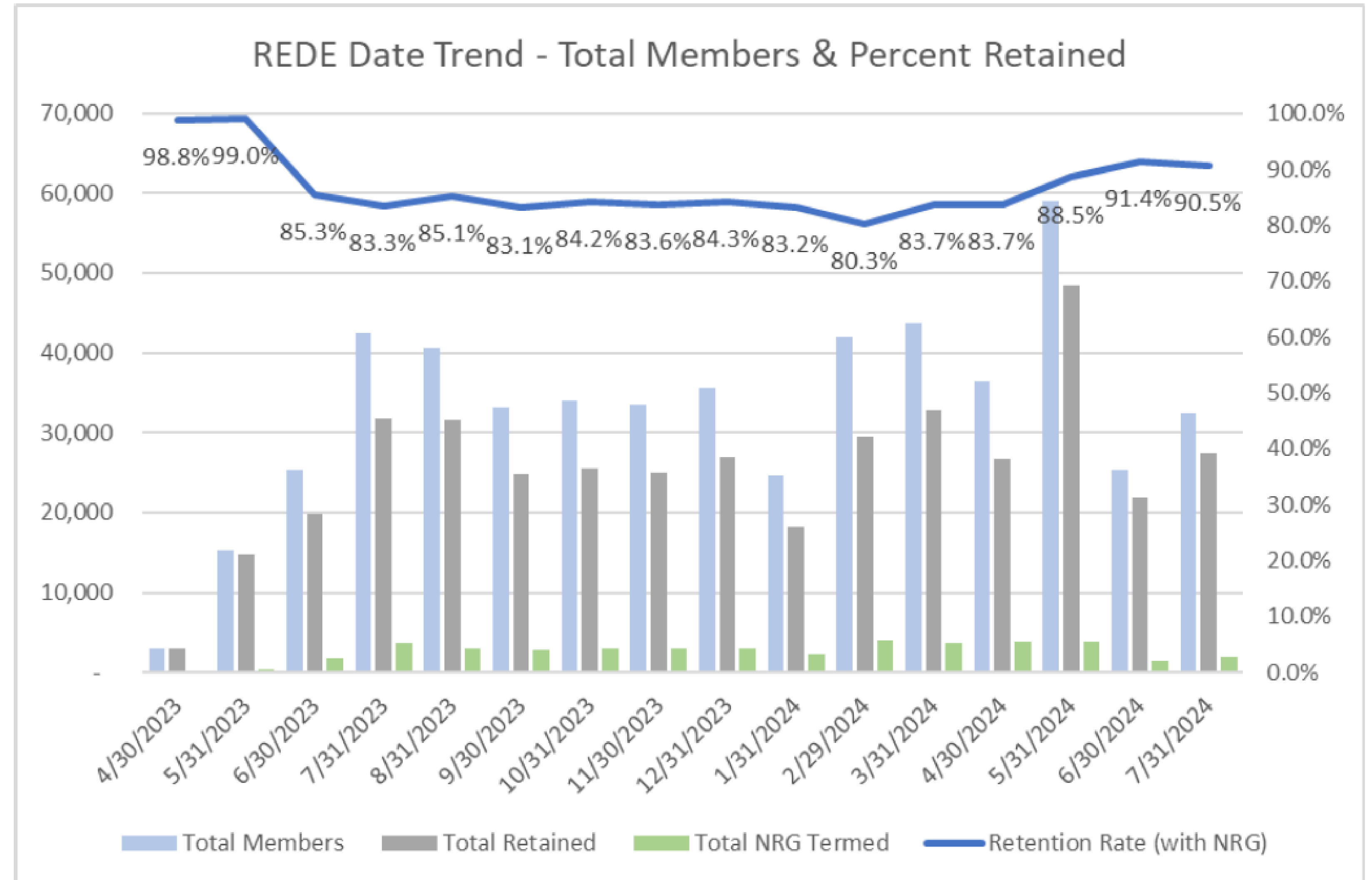
- CountyCare has completed two drafts of the RFP response
- CountyCare focusing on key initiatives to support RFP response in 2025



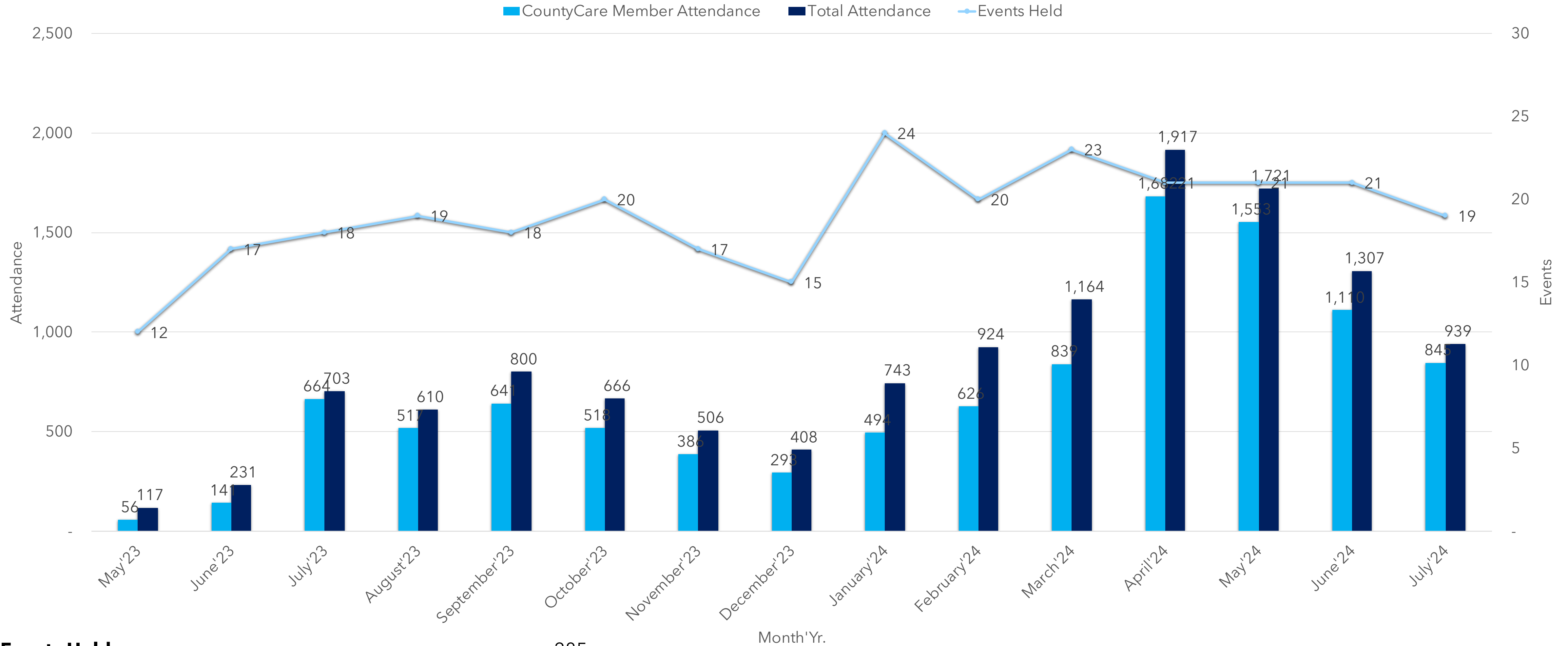
Strategic Initiatives and Priorities: Redetermination outcomes and redetermination events

Monthly Redetermination Outcomes

Members with a 07/31/2024 redetermination date had a retention rate of 90.5%



Redetermination Events, May'23-July'24



Events Held

285

CountyCare Member Attendance

10,356

Total Attendance

12,756

Average Attendance

45

Strategic Initiatives and Priorities: Provider Network Enhancements

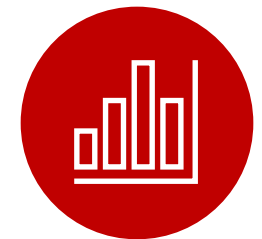
Key Components of the 2024 Provider Network Strategy



Telehealth Implementation



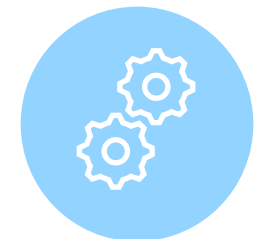
Value Based Agreements



Network Performance Analytics and Proactive Network Management



Provider Engagement and Network Expansion



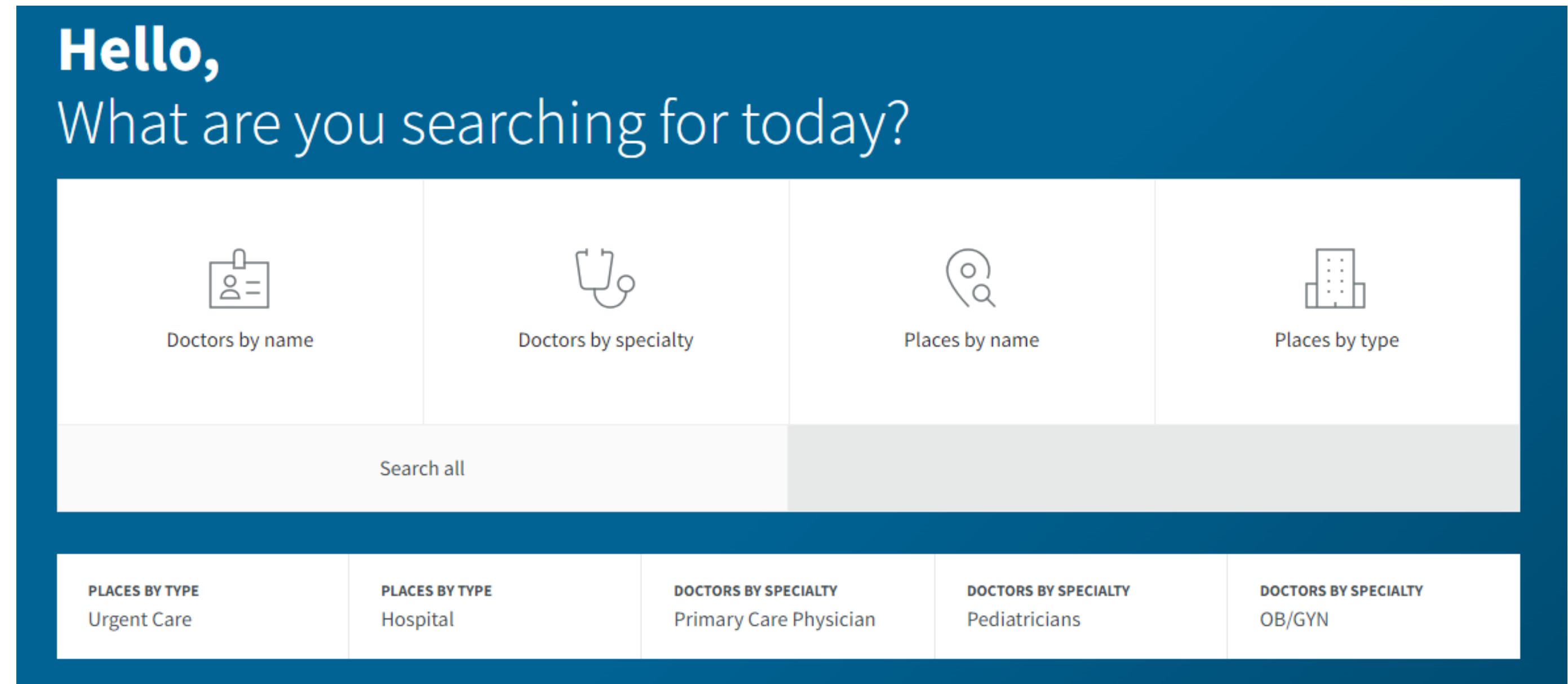
Network Technical Improvements



Specialty Care Access Initiatives

Provider Directory

- CountyCare's new provider directory went live on **Thursday, September 19th, 2024.**
- The new provider directory accessible via [the CountyCare website](#)



Telehealth Initiative 1: Focused contracting of telehealth providers broadens access to care

- To date, CountyCare has contracted with 10 telehealth providers, adding at least 84 practitioners to the virtual care network
- Behavioral Health (BH) is the domain more generally supported by virtual care providers.

Next Steps:

- Educate members on virtual care
- Promote virtual care options
- Implement analytics for ongoing evaluation
- Do periodic review of virtual offerings

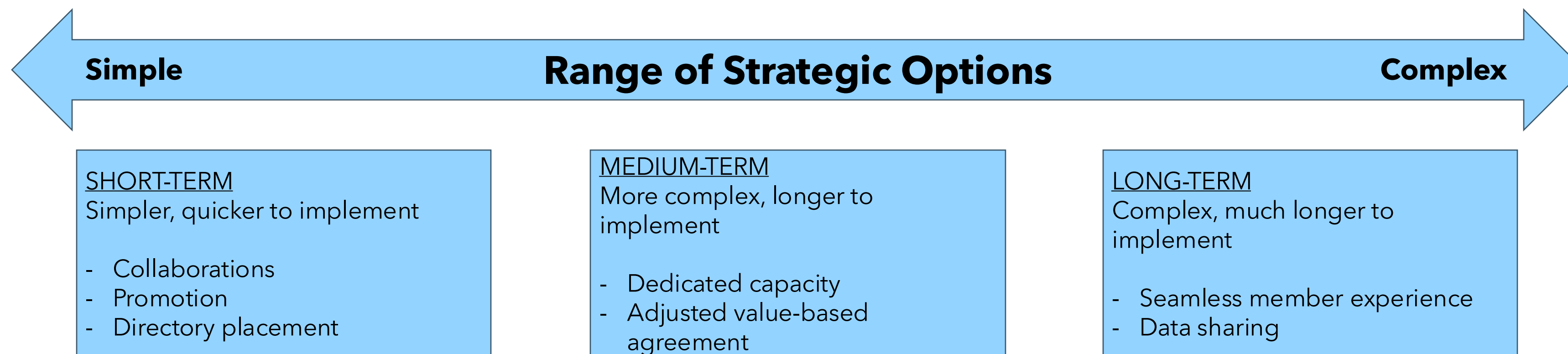
PROVIDER	DOMAIN(S)
Brave Health	BH
MFCR	BH
JoinCareTeam	Preventive Care
Thriving Lane	BH
Virtual Physician Associates d/b/a My Own Doctor Medical Group	BH
MK Counseling & Wellness	BH
Chrysalis Health	BH
Serene Health IPA Medical Corp.	BH
Robinson Health Services	BH
Medical Mind Clarity	BH

Telehealth Initiative 2: CountyCare's Telehealth RFP seeks innovative, comprehensive solutions

- The RFP looks for vendor proposals across three domains: BH, primary care, and specialty care.
- Successful proposals would offer more integrated and comprehensive solutions than standard contracts offer, such as population assignments.
- The purpose is to improve access and reduce wait times to care by encouraging innovative, cost-effective solutions.
- The RFP uniquely allows for one or more awards in each of the three domains.
- Implementation for selected vendors begins in early 2025.

Telehealth Initiative 3: The ExpressCare partnership boosts CountyCare's virtual care strategy

- CCH's ExpressCare is a patient-friendly, easy-to-use virtual platform serving a list of urgent care conditions.
 - *Link to CCH ExpressCare:* <https://cookcountyhealth.org/services/immediate-care-virtual-visit/>
- ExpressCare capacity allows for about 75 daily virtual encounters, and it has plans to increase.
 - Hours of operation of M-F 11 am to 7 pm will be expanded to 7 am-7 pm and weekends.
 - Increased capacity expected by adding a triage nurse.
- CountyCare is in the exploratory phase of assessing partnership options with ExpressCare.
- The range of options spans from simple collaboration initiatives to complex integrations for a seamless member experience.



Strategic Initiatives and Priorities:
Non-emergency medical transportation transition

Non-Emergency Medical Transportation (NEMT)

Effective 8/1/2024, members can schedule rides to and from appointments with CountyCare's new partner, ModivCare, by:

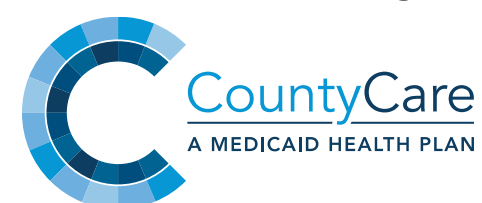


Calling 312-864-8200

Monday through Friday, 7:00 a.m. to 7:00 p.m.,
Saturday and Sunday, 9:00 a.m. to 1:00 p.m.



**Using the Modivcare
mobile app or [website](#)**



August Go-Live Statistics



25,229
Calls Received



82.63% Average
Service Level

Service Level: Percentage of calls
answered within 30 seconds



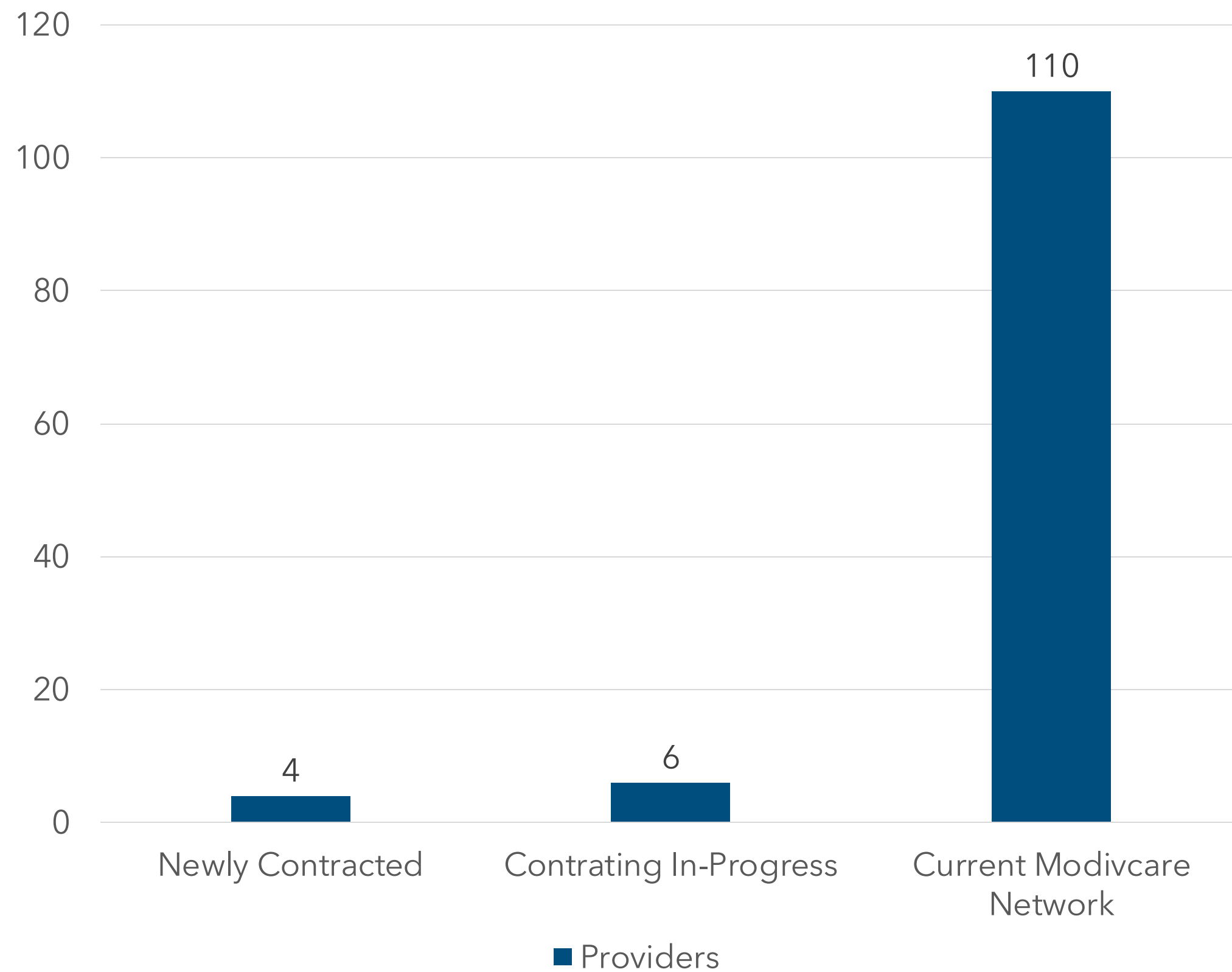
28.70 Average
Seconds
Answered (ASA)



93,305
Trips Scheduled

Transportation Network

Providers



120 providers in Modivcare's transportation network

- **140% increase in network**
- **Contracting with high performing providers**
- **Increase in MBE/WBE providers**



Modivcare currently has over 100 contracted providers not previously part of our network.

Strategic Initiatives and Priorities: 1115 Waiver

1115 Waiver Update

What is an 1115 Waiver?

Federally approved state-based experimental, pilot, or demonstration project that promotes the objectives of the Medicaid and Children's Health Insurance Program (CHIP) programs

May waive certain provisions of the Medicaid law to give states additional flexibility to design and improve their programs

Illinois 1115 Waiver

Five-year extension of Illinois Behavioral Health Transformation 1115 waiver (approved in 2018)

Initial extension application submitted in June 2023

Approved as of 7/2/2024 until 6/30/2029



*bolded text is the current 1115 waiver project focus

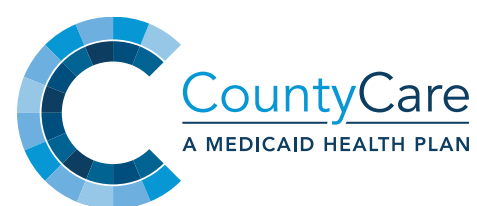
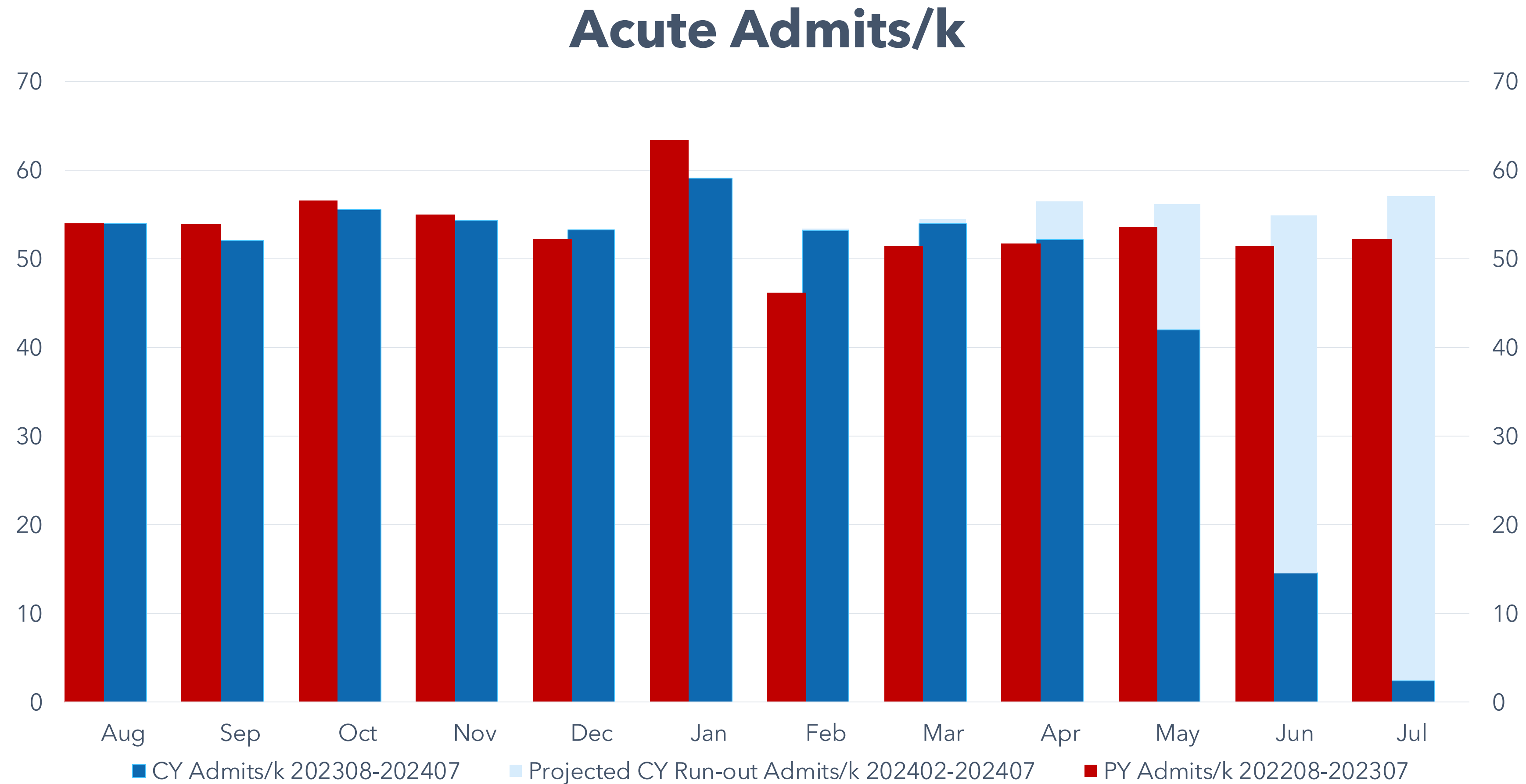
Questions?
Thank you!

Appendix

Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	State Goal	Jun 2024	Jul 2024	Aug 2024
Member & Provider Services Call Center Metrics				
Inbound Call Volume	N/A	48,358	54,599	51,083
Abandonment Rate	< 5%	1.61%	1.28%	1.17%
Average Speed to Answer (minutes)	1:00	0:26	0:23	0:22
% Calls Answered < 30 seconds	> 80%	84.55%	83.21%	84.26%
Quarterly				
Claims/Encounters Acceptance Rate	98%	98%		

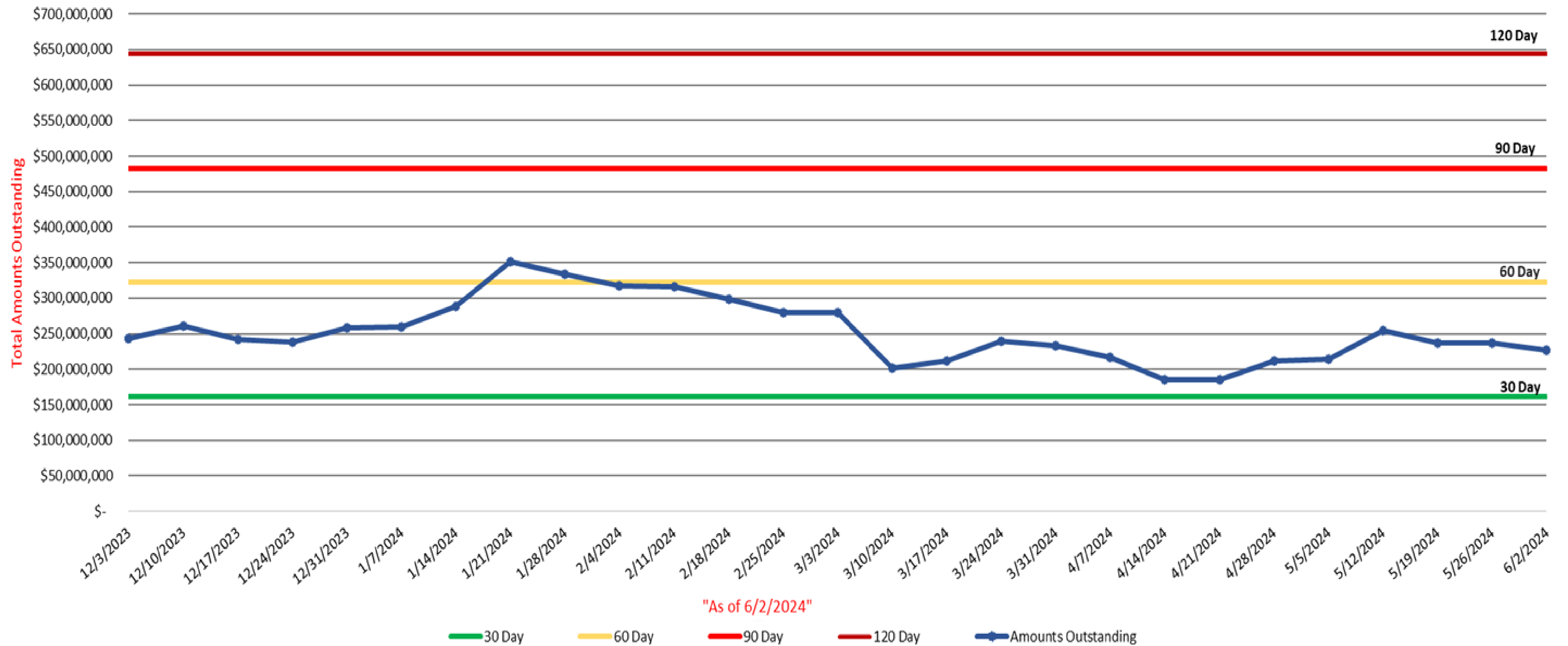
Current v. Prior Year: IP Acute Admits/1000



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

Claims Payments

Received but Not Yet Paid Medical Claims



"As of 6/2/2024"

*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.

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 6/2/2024	\$ 197,157,668	\$ 29,434,635	\$ 124,237	\$ 33,748	\$ 226,750,289

- *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