



# CountyCare's Value-Based Care Strategy

May 31, 2024



COOK COUNTY  
**HEALTH**

# Executive Summary

- **CountyCare's value-based care (VBC) strategy is designed to improve quality, enhance member experience, and promote equity while ensuring financial sustainability**
- **CountyCare is a leader nationally and locally in terms of annual medical spend in alternative payment models**
  - Early VBC efforts focused on building robust primary care partnerships, including delegated care management
  - More recently, CountyCare has expanded its portfolio to include a variety of novel, specialty care-focused VBC programs
- **VBC delivers differentiated outcomes for our members and providers across Cook County**
  - Moreover, as a provider-led plan embedded in the safety net, CountyCare is committing to supporting provider groups on the path value
- **Looking ahead, CountyCare is committed to continued growth and innovation in the VBC space**

# Value-based care aligns with CCH's strategic objectives



**Improve quality and clinical outcomes**



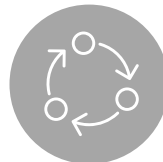
**Enhance member experience**



**Ensure fiscal resilience**



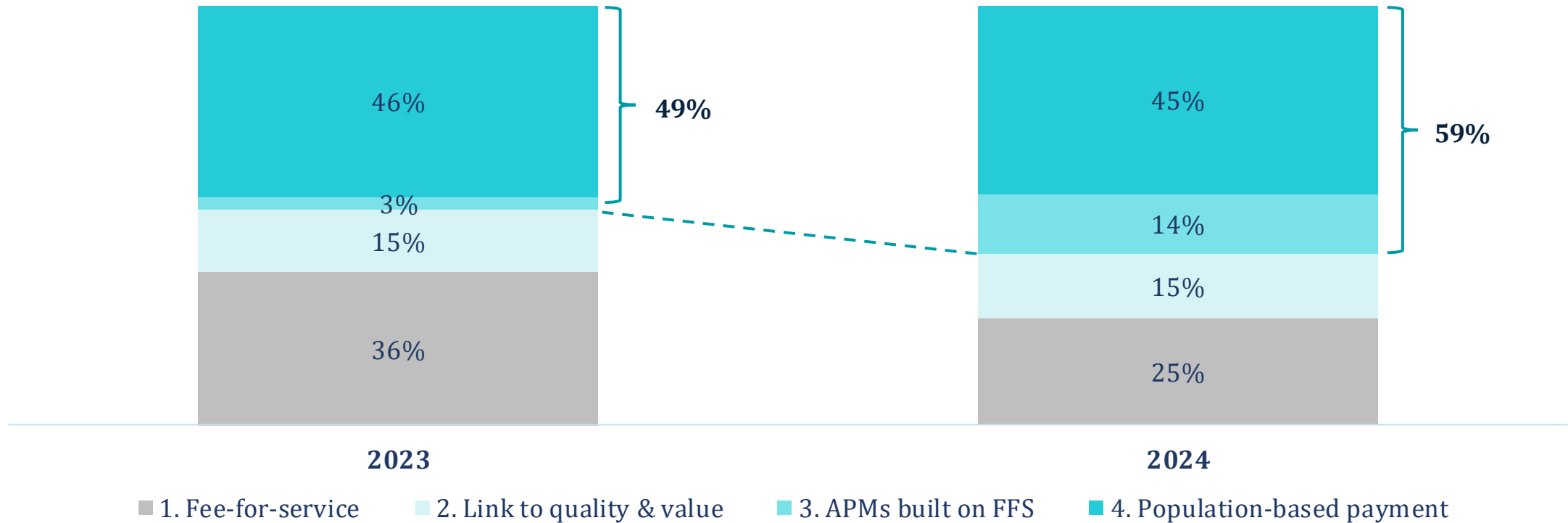
**Promote health equity**



**Operate sustainably**

# Category 3-4 APMs projected to account for nearly 60% of CountyCare medical spend in 2024

CountyCare medical spend (estimate)



CountyCare performance exceeds HCP-LAN's goal of shifting 30% of Medicaid spend to Category 3-4 APMs by 2025





# CountyCare's robust, value-based primary care partnerships benefit providers...

*"CountyCare has been a leader among the MCOs in investing in Cook County's robust community health system and in their willingness to delegate Care Management so it is fully integrated into the primary care medical home. Through MHN ACO, **CountyCare has become an economic engine for job creation and reinvestment of earned value-based dollars back into our services and into our communities for 16 Cook County safety net organizations.** In addition to the industry-leading Care Management services we provide to CountyCare, **our value-based arrangement allows us to retain and grow our staff, better serve uninsured and under-insured members, and to create more vibrant economies in many of the State's most disproportionately impacted area (DIA) zip codes.** We are grateful to the Cook County HHS and CountyCare leadership for their vision and partnership."*

*– Lee Francis, MD, CEO, Erie Family Health*

*"CountyCare is one of our best health plan partners to work with in value-based care and delegated care coordination. CountyCare's leadership team is organized, consistent, and collaborative with ACCESS' leadership with mutual goals to improve our patients' health outcomes."*

*– Anh Reiland, APN, MBA, VP of Population Health & Quality, ACCESS*



# ...as well as our members

Primary care partners in value-based arrangements outperform on key quality measures

		Measurement Year 2022 HEDIS performance		
Clinical area	Measure	CountyCare	VBC partner 1	VBC partner 2
Equity	Adults' Access to Preventive / Ambulatory Health Services	69.56%	<b>76.25%*</b>	<b>75.49%*</b>
	Breast Cancer Screening	53.00%	51.95%	<b>57.80%*</b>
	Cervical Cancer Screening	53.56%	<b>59.38%*</b>	<b>69.89%*</b>
Maternal & child health	Prenatal & Postpartum Care – Prenatal	75.37%	<b>80.78%*</b>	<b>87.20%*</b>
	Prenatal & Postpartum Care – Postpartum	75.88%	<b>76.45%*</b>	74.39%
	Childhood Immunization Status – Combo 10	27.93%	<b>34.87%*</b>	<b>37.61%*</b>
	Childhood Immunization Status – Combo 3	56.86%	<b>63.59%*</b>	<b>65.60%*</b>
Behavioral health	Follow-up After Hospitalization for Mental Illness – 30 day	40.44%	39.85%	<b>48.62%*</b>
	Follow-up After Emergency Department Visit for Mental Illness – 30 day	50.70%	50.38%	<b>57.72%*</b>

**\*Performance exceeds overall CountyCare rate**



# CountyCare's VBC portfolio also spans specialty care

Specialty-focused initiatives are designed to achieve clinical objectives



**Kidney care** program focused on improving outcomes for members with CKD and ESRD



**Behavioral health** partnership aimed at increasing access with focus on HEDIS measures for follow-up after hospitalizations and emergency department visits for mental illness



**Oncology & cardiology** intervention to promote evidence-based treatment pathways



**Orthopedics** partnership to ensure timely access for urgent and nonurgent appointments

# VBC goals for 2024 and beyond

- **Executing new value-based agreements**
  - Continue supporting primary care providers on path from FFS to shared savings and/or global risk
  - Explore alternative payment models with new provider types, such as home health agencies and waiver providers
- **Enhancing core capabilities**
  - Standardize and scale infrastructure to support value-based provider partners
  - Build more robust data exchange and analytics capabilities
  - Rigorously evaluate provider performance and adjust agreement terms, as needed
- **Aligning value to equity**
  - Measure and incentivize equity-related outcomes
  - Grow value-based partnerships among safety net providers
  - Expand the collection and utilization of social determinants of health-related data



# In 2024, CountyCare and Cook County Health entered into new value-based payment arrangement

**In addition to traditional fee-for-service payment and care coordination fees, CCH will be eligible for:**

✓ **Pay-for-performance incentives tied to key quality outcomes**





- Adults' Access to Preventive/Ambulatory Health Services
- Cervical Cancer Screening
- Hemoglobin A1c Control for Patients with Diabetes
- Prenatal & Postpartum Care – Timeliness of Prenatal Care
- Prenatal & Postpartum Care – Postpartum Visit
- Childhood Immunization Status – Combo 10
- Follow-up After Emergency Department Visit for Mental Illness
- Colorectal Cancer Screening

✓ **Shared savings opportunity based on risk-adjusted total cost of care**

Annual quality and cost performance will be assessed for  
~38,000 members empaneled to CCH primary care providers



# HCP-LAN Alternative Payment Model Categories

			
<b>CATEGORY 1</b> FEE FOR SERVICE - NO LINK TO QUALITY & VALUE	<b>CATEGORY 2</b> FEE FOR SERVICE - LINK TO QUALITY & VALUE	<b>CATEGORY 3</b> APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE	<b>CATEGORY 4</b> POPULATION - BASED PAYMENT
	<b>A</b> <b>Foundational Payments for Infrastructure &amp; Operations</b> (e.g., care coordination fees and payments for HIT investments)	<b>A</b> <b>APMs with Shared Savings</b> (e.g., shared savings with upside risk only)	<b>A</b> <b>Condition-Specific Population-Based Payment</b> (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)
	<b>B</b> <b>Pay for Reporting</b> (e.g., bonuses for reporting data or penalties for not reporting data)	<b>B</b> <b>APMs with Shared Savings and Downside Risk</b> (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)	<b>B</b> <b>Comprehensive Population-Based Payment</b> (e.g., global budgets or full/percent of premium payments)
	<b>C</b> <b>Pay-for-Performance</b> (e.g., bonuses for quality performance)		<b>C</b> <b>Integrated Finance &amp; Delivery Systems</b> (e.g., global budgets or full/percent of premium payments in integrated systems)
		<b>3N</b> Risk Based Payments NOT Linked to Quality	<b>4N</b> Capitated Payments NOT Linked to Quality



# CCH Value-Based Care Strategy



CCH, as a Provider of Care

May 31, 2024

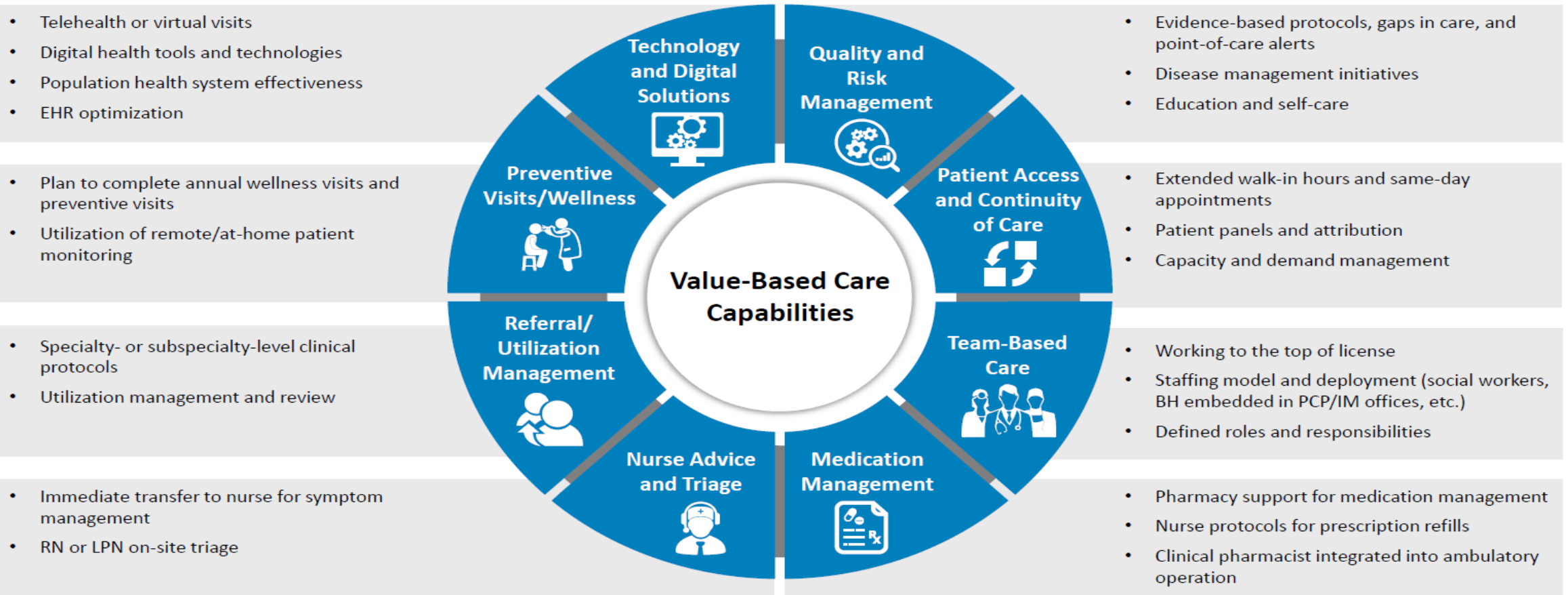


COOK COUNTY  
HEALTH



# Components Driving Value-Based Care

Further, certain core capabilities must be established among ambulatory groups pursuing value-based care strategies.



# CCH Readiness

## Cook County Health Value-Based Care Goal

The purpose of this initiative is to develop a VBC system at CCH that addresses the health of our population, reduces healthcare costs, and enhances the quality of care delivered.

### Insurance Plan VBC evaluation approach:

- Typically, MCOs set thresholds for Medical Loss Ratios between 88% and 90%
- For some of our MCO agreements we are already performing better than their threshold



# CCH Readiness – Next Steps

## Created Six Subgroups with Objectives

Subgroup	Overall Objectives of SubGroup
Care Coordination and Integration	Seamless connection of patient care through CCH system
Panel Management and Risk Stratification	Identify patient population and their complexity
Data/IT	Provide visibility on patient population to allow data driven decisions for patient care
Contracting and Rev Cycle	Align contracts and rev cycle activity with operations
Clinical Operations and Medical Management	Develop tools and processes for best practice in patient care
Education: Clinical and Front-Line Operations	Educate front line teams

# Value-Based Care Agreements

- ✓ CountyCare
  - ✓ Entered into a value-based care agreement April 30, 2024
  - ✓ Review occurs at monthly Provider/Plan Alignment meetings
- Two additional agreements expected this summer

OKR	Baseline (MY2023)	Q2 Goal	Q3 Goal	Q4 Goal
Increase cervical cancer screening from 39.02% to 57.11%	39.02%	28.56%	42.84%	57.11%
Increase prenatal visit completion in the first trimester from 75.31% to 84.23%	75.31%	84.23%	84.23%	84.23%
Increase timely postpartum visit completion from 70.29% to 78.10%	70.29%	78.10%	78.10%	78.10%
Increase completion of childhood immunizations (CIS Combo 10) from 22.54% to 30.90%	22.54%	15.46%	23.19%	30.90%
Increase colorectal cancer screening from 35.54% to 50%	35.54%	25%	37.5%	50%

# Next Steps

- Finalize additional VBC agreements
- Continue to build infrastructure to review metrics that drive value-based care