

CountyCare Update

Prepared for: CCH Managed Care Committee

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Metrics



Current Membership

Monthly membership as of May 3, 2021

Category	Total Members	ACHN Members	% ACHN
FHP	247,307	19,011	7.7%
ACA	106,008	16,306	15.4%
ICP	30,205	5,410	17.9%
MLTSS	7,213	0	N/A
SNC	7,801	1,012	13.0%
Total	398,534	41,739	10.5%

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
ACHN: CCH Ambulatory and Community Health Network



Managed Medicaid Market

Illinois Department of Healthcare and Family Services March 2021 Data

Managed Care Organization	Cook County Enrollment	Cook County Market Share
*CountyCare	391,901	31.4%
Blue Cross Blue Shield	320,753	25.7%
Meridian (a WellCare Co.)	315,015	25.2%
IlliniCare (Aetna/CVS)	121,566	9.7%
Molina	92,624	7.4%
YouthCare	5,946	0.5%
Total	1,247,805	100.0%

* Only Operating in Cook County

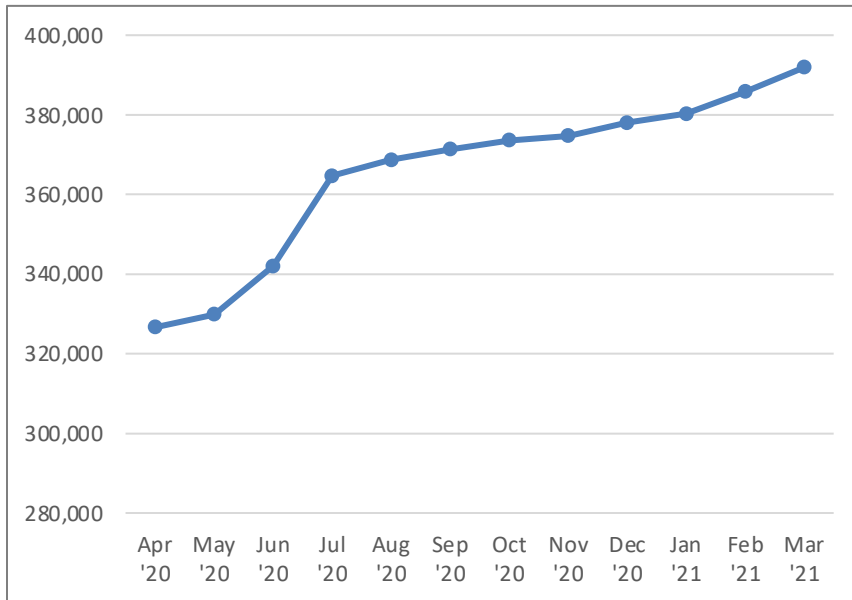
Meridian and WellCare (dba Harmony) merged as of 1/1/2019. Pending Merger with Centene (dba IlliniCare)



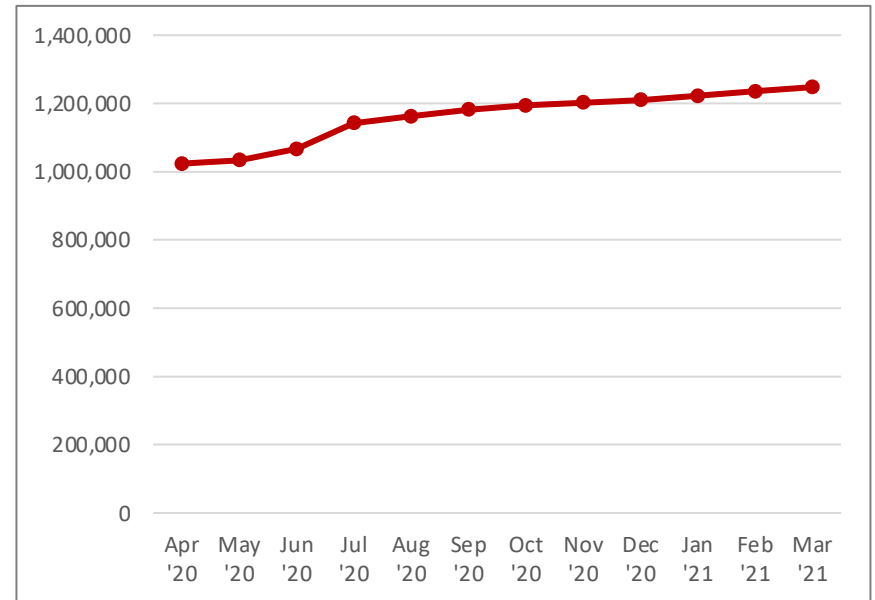
IL Medicaid Managed Care Trend in Cook County

(charts not to scale)

CountyCare



Cook County Medicaid Market



- CountyCare's enrollment has increased 20.0% over the past 12 months, slightly lagging the Cook County increase of 21.9%
- CountyCare's enrollment increased 1.6% in March 2021 compared to the prior month

FY 21 Budget | Membership

CountyCare Membership

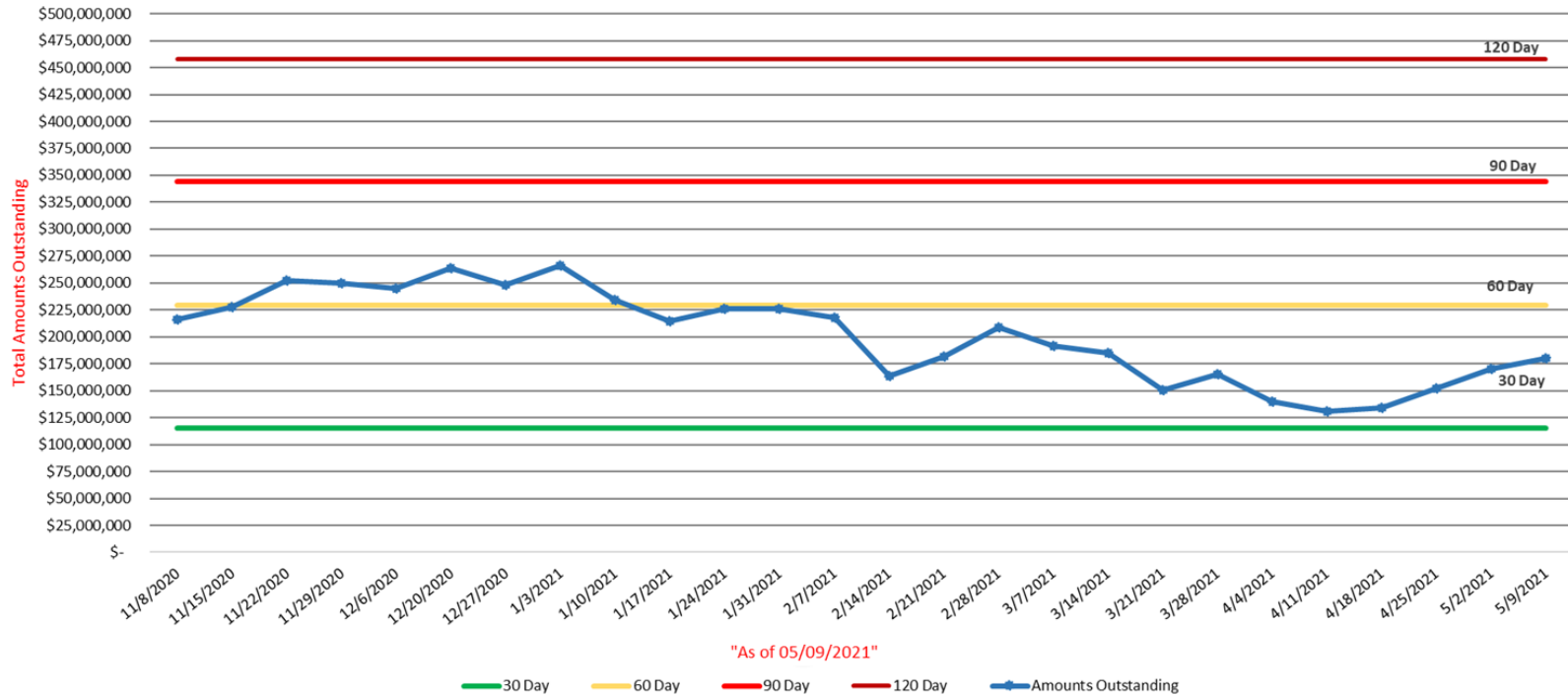


Operations Metrics: Call Center & Encounter Rate

Key Metrics	State Goal	Performance		
		Jan 2021	Feb 2021	Mar 2021
Member & Provider Services Call Center Metrics				
Abandonment Rate	< 5%	2.39%	2.55%	2.62%
Hold Time (minutes)	1:00	0:19	0:20	0:18
% Calls Answered < 30 seconds	> 80%	86.75%	85.53%	85.18%
Quarterly				
Claims/Encounters Acceptance Rate	98%	98.0%		

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
Week of 5/9/2021	\$ 105,513,227	\$ 60,796,423	\$ 13,331,195	\$ 112,774	\$ 179,753,619

*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



Growth



Growth Initiatives - Framework



Growth Initiatives

Enrollment and Retention

- Newborn Retention – Identifying top areas of attrition and focusing retention efforts
- COVID Enrollment – Retain membership increases that resulted from COVID-19 through targeted campaigns and PCP engagement
- Choice Attrition – Identify members who leave CountyCare during choice period and implement data-driven interventions
- Justice-Involved Population – auto-assignment effective 4/1 with developing clinical model
- Senior Immigrant Population – Medicaid enrollment effective 1/1/2021, expected Medicaid MCO enrollment during Q3 2021



Growth Initiatives

Provider Network

- PCP – CCHHS Network, engaging CCH PCPs to identify members and enroll age-in population into Medicare
- External PCPs – Evaluation of geographic gaps, attrition, new potential partnerships to drive growth
- PCP Engagement – Ensure connection to PCPs early on in member enrollment with plan

Marketing and Branding – Continued Market Presence

Innovation/Quality – Auto-Assignment Impact

Talent and Expertise - Staff Retention and Recruitment



Finance



Finance Initiatives

A Medical Cost Action Plan (MCAP) is designed as a mechanism to deliver on savings opportunities and cost strategies across CountyCare to position the plan for future success.

How it works

1. Health Plan business owners identify areas where cost can be decreased through specific interventions
2. Leadership approves and sponsors MCAP initiatives.
3. Finance manages the MCAP process to ensure appropriate goals, accountability on progress and measure financial impact

Department Lead	Targeted Annual Savings
Pharmacy	\$3-5M
Finance	\$33-38M
Clinical	\$4-6M
Network	\$6-8M
Compliance	\$4-6M



Finance Initiatives

Department Lead	Initiative	Status
Finance	Intergovernmental Transfer/State	Complete
Finance	Administrative Contracts	Complete
Finance	SSI/SSDI Enrollment	
Pharmacy	340B Opportunities	
Pharmacy	Coordination of Benefits	
Finance	Risk Adjustment	
Clinical	High Cost Member Workplans	
Network	Provider Agreement Rates	
Network	Shared-Risk Provider Agreements	
Compliance	Fraud, Waste, Abuse, and Mismanagement	

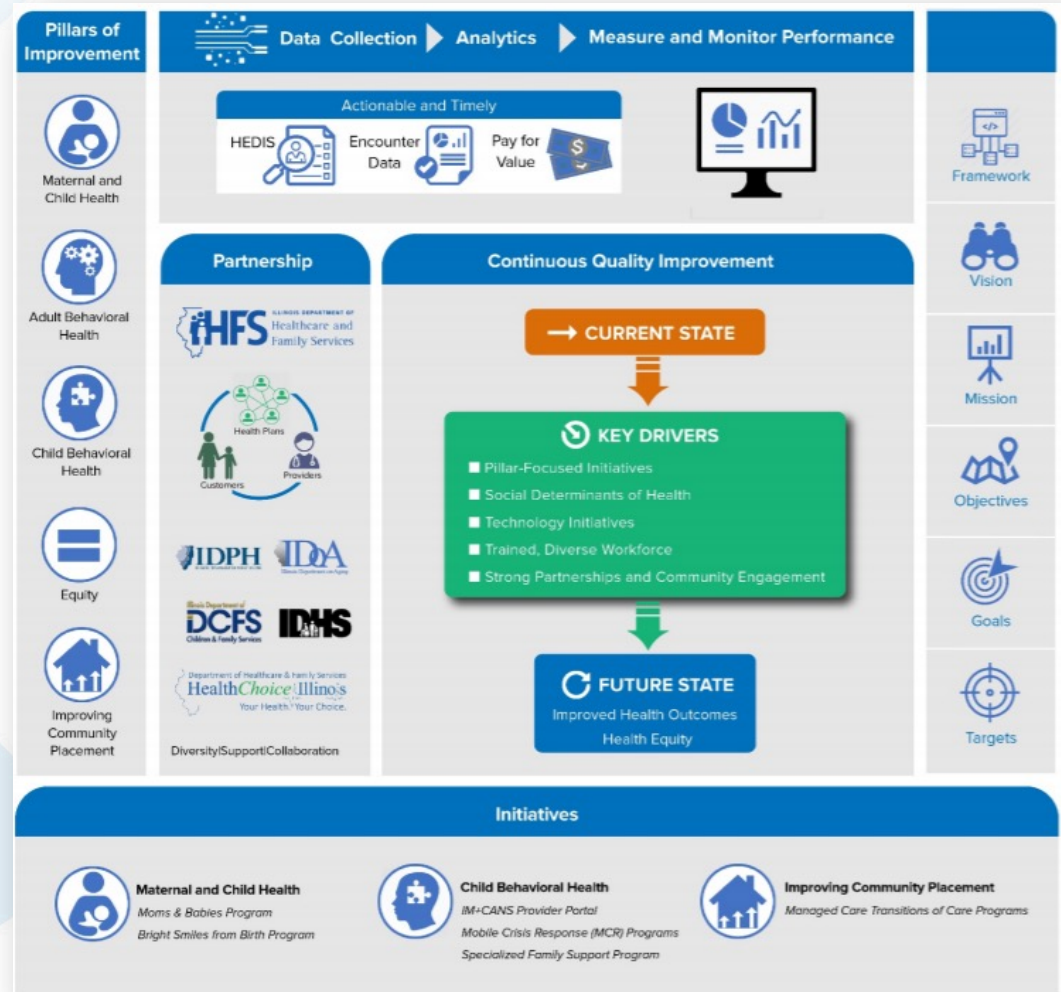
Quality



Quality, Performance and Improvement

Areas of Focus

- Pillar #1 – Adult Behavioral Health
- Pillar #2 – Child Behavioral Health
- Pillar #3 – Maternal & Child Health
- Pillar #4 – Equity
- Pillar #5 – Improving Community Placement



P4P Measures

Measure Abbreviation	P4P Measures	P4R Measures for Reporting
Aim: Better Care		
Pillar: Adult Behavioral Health		
FUH	1. Follow-Up After Hospitalization for Mental Illness: 7-Day 2. Follow-Up After Hospitalization for Mental Illness: 30-Day	1. Follow-Up High Intensity Care for Substance Use Disorder (FUI) - 7 day follow-up 2. Follow-Up High Intensity Care for Substance Use Disorder (FUI) - 30 day follow-up
FUA	3. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: 7 day 4. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: 30 day	3. Pharmacotherapy for Opioid Use Disorder (POD)
Pillar: Child Behavioral Health		
FUH	1. Follow-Up After Hospitalization for Mental Illness: 7-Day (6-17 years of age) 2. Follow-Up After Hospitalization for Mental Illness: 30-Day (6-17 years of age)	1. Mobile Crisis Response Services that Result in Hospitalization (EDW data) 2. Visits to the ER for BH services that Result in Hospitalization (EDW data) 3. Overall Number and Length of BH Hospitalizations (EDW data) 4. Number of Repeat BH Hospitalizations (EDW data)
FUM	3. Follow-Up After Emergency Department Visit for Mental Illness:7-day (6-17 years of age) 4. Follow-Up After Emergency Department Visit for Mental Illness: 30-day (6-17 years of age)	
Pillar: Maternal and Child Health		
PPC	1. Prenatal and Postpartum Care: Timeliness of Prenatal Care 2. Prenatal and Postpartum Care: Postpartum Care	1. C-section rate for low-risk women with no prior births (EDW data) 2. Well-Child Visits in the First 30 Months of Life (W30) 3. Child and Adolescent WellCare Visits (WCV) 4. Annual Dental Visit (ADV) - Age Groups: 2-3 years, 4-6 years, 7-10 years, 11-14 years, 15-18 years, 19-20 years
CIS	3. Childhood Immunization Status (Combo 3) - (CIS)	5. Childhood Immunization Status (CIS) - Combo 10
Aim: Healthy People/Healthy Communities		
Pillar: Equity		
BCS	1. Breast Cancer Screening	1. HIV Viral Load Suppression (CMS Adult Core Set)
CCS	2. Cervical Cancer Screening	2. Gap in HIV Medical Visits
CBP	3. Controlling High Blood Pressure	3. Prescription of HIV Antiretroviral Therapy
AAP	4. Adults' Access to Preventive/Ambulatory Health Services	
Pillar: Improving Community Placement		
	None	1. LTSS Comprehensive Care Plan and Update 2. Successful Transition after Long-term Care Stay



Performance Improvement Workgroups (PIW)

Quality Improvement Committee

Performance Improvement
and Population Health

P1: Adult BH

P2: Child BH

Aim: Better Care

Lead
Executive Sponsor

**P3: Maternal/Child
Health**

Aim: Better Care

Lead
Executive Sponsor

P4: EQUITY
**Aim: Health People/Health
Communities**

Lead
Executive Sponsor

**P5: Improving Community
Placement**
**Aim: Health People/Healthy
Communities**

Lead
Executive Sponsor

COVID Vaccinations



CountyCare COVID Vaccination Rates

Vaccination Phase	Count of Eligible Members	% of Eligible Members
% 1st of 2 doses:	26,416	10.72%
% Fully Vaccinated:	40,526	16.44%

27.16% of vaccine-eligible CountyCare members have received at least 1 dose of the vaccine

Member Counts by Residential Area (*DIA= Disproportionately Impacted Area):

<u>Residential Area</u>	<u># of members with 1 dose</u>
DIA Cook County	48,733
non-DIA Cook County	18,099
Other	128
Total	66,960

Data as of 5/7/2021, eligible members= 16+ y/o



Vaccination Initiatives

- CCDPH has partnered with HFS and CountyCare to provide a set amount of vaccines appointments for CountyCare to schedule their members on the CCDPH registration site. CountyCare is outreaching to those members in identified vulnerable sub-populations to schedule appointments.
- CountyCare partnered with CCH to schedule appointments at the United Center for suburban Cook County residents particularly those in disproportionately impacted areas. Calls began in March and are ongoing with the CCH call center.
- Since January 2021, CountyCare has sent vaccine-eligible members text messages directing them to the various sites to book vaccine appointments.
- Utilizing an innovative text platform, CountyCare targets educational efforts based on member readiness to get the vaccine. The platform allows CountyCare to interact with members utilizing Conversational AI technology. CountyCare is working on implementing the platform, with a focus to target member communications to underserved communities.

