

Item # 23-0202
**Cook County Health &
Hospitals Committee
Meeting**

February 3, 2026

Aaron Galeener, Chief Administrative Officer



CountyCare
A MEDICAID HEALTH PLAN

Meeting Agenda

- Membership Update
- Health Plan 2025 Successes
- Medicaid Policy Update
- Financial Report
- Health Choice Illinois RFP

Health Plan Metrics

Current Membership

Monthly Membership as of January 10th, 2026

Category	Total Members	ACHN Members	% ACHN
FHP	215,782	9,792	4.54%
ACA	100,556	10,098	10.04%
ICP	31,345	4,441	14.17%
MLTSS	11,871	-	0.00%
SNC	8,207	330	4.02%
HBIS	3,782	1,138	30.09%
HBIC	15,234	1,543	10.13%
Total	386,777	27,342	7.07%

ACA: Affordable Care Act

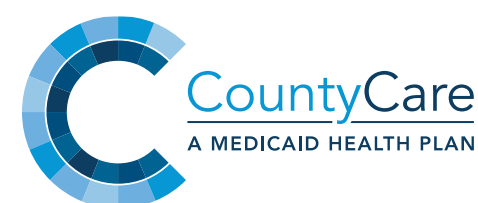
FHP: Family Health Plan

ICP: Integrated Care Program

MLTSS: Managed Long-Term Service and Support (Dual Eligible)

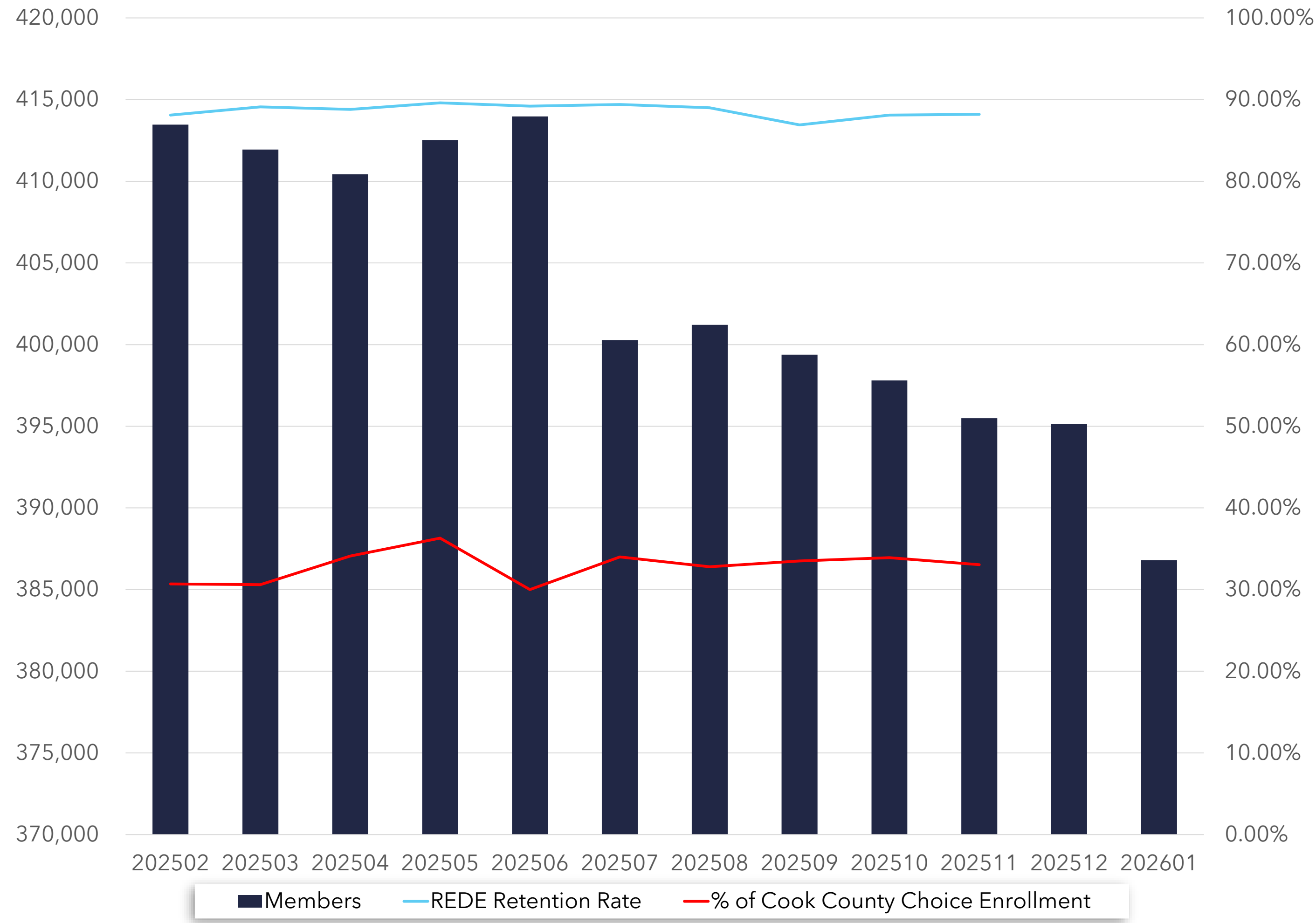
SNC: Special Needs Children

HBIS/HBIC: Health Benefit for Immigrant Seniors/Children

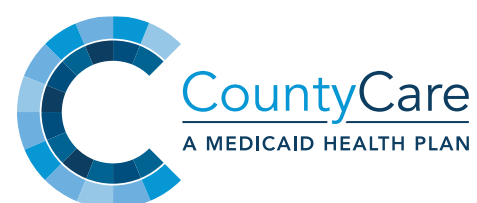


Overall Membership

Monthly Membership for February 2024 – January 2026



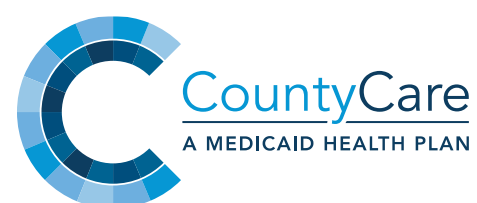
Month	Members	REDE Retention Rate	% of Cook County Choice Enrollment
202502	413,469	88.10%	30.7%
202503	411,945	89.10%	30.6%
202504	410,422	88.80%	34.1%
202505	412,523	89.60%	36.3%
202506	413,967	89.20%	30.0%
202507	400,265	89.40%	34.0%
202508	401,207	89.00%	32.8%
202509	399,386	86.20%	33.5%
202510	397,806	88.10%	33.9%
202511	395,492	88.20%	33.1%
202512	395,143		33.2%
202601	386,808		



Managed Medicaid Market

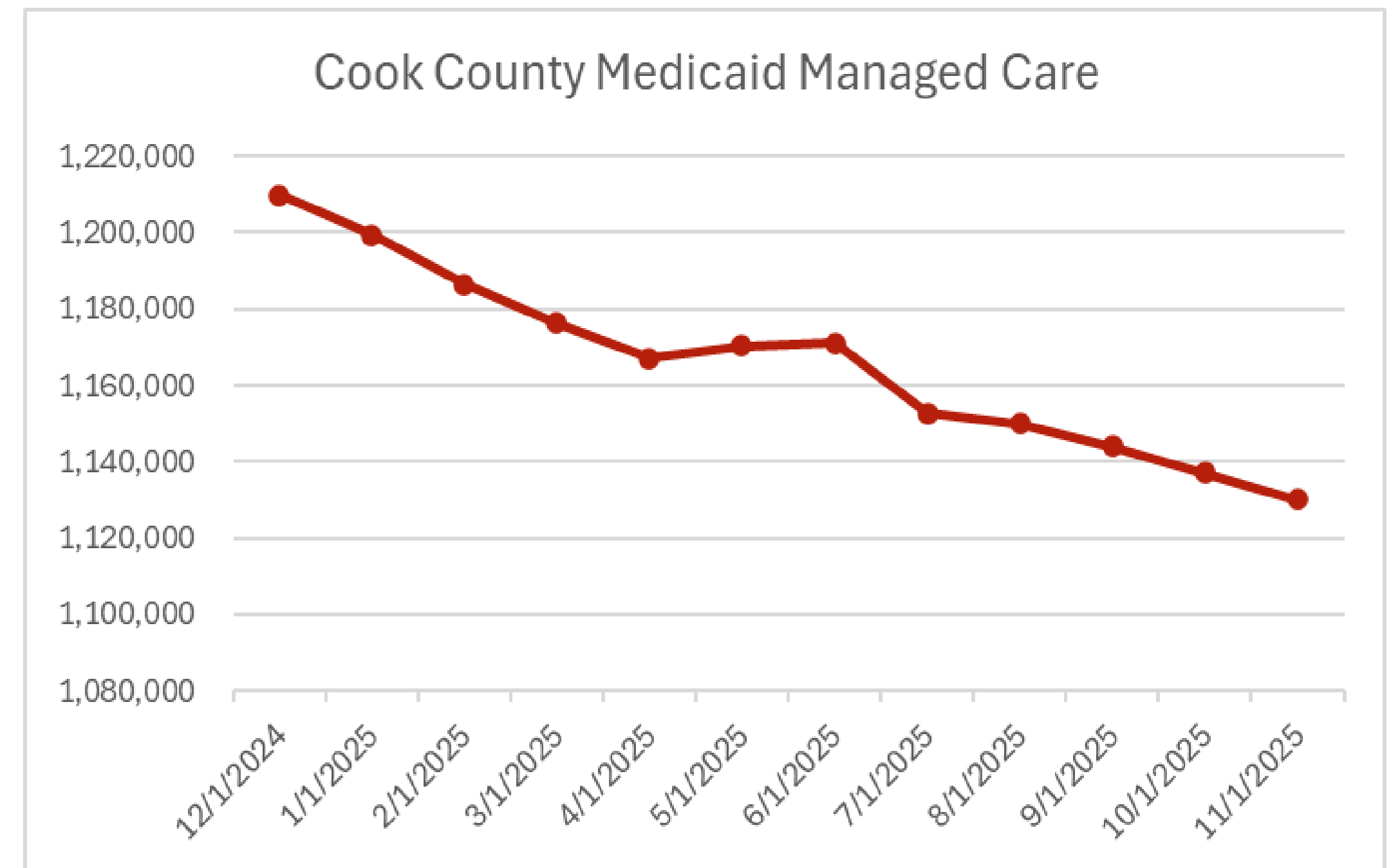
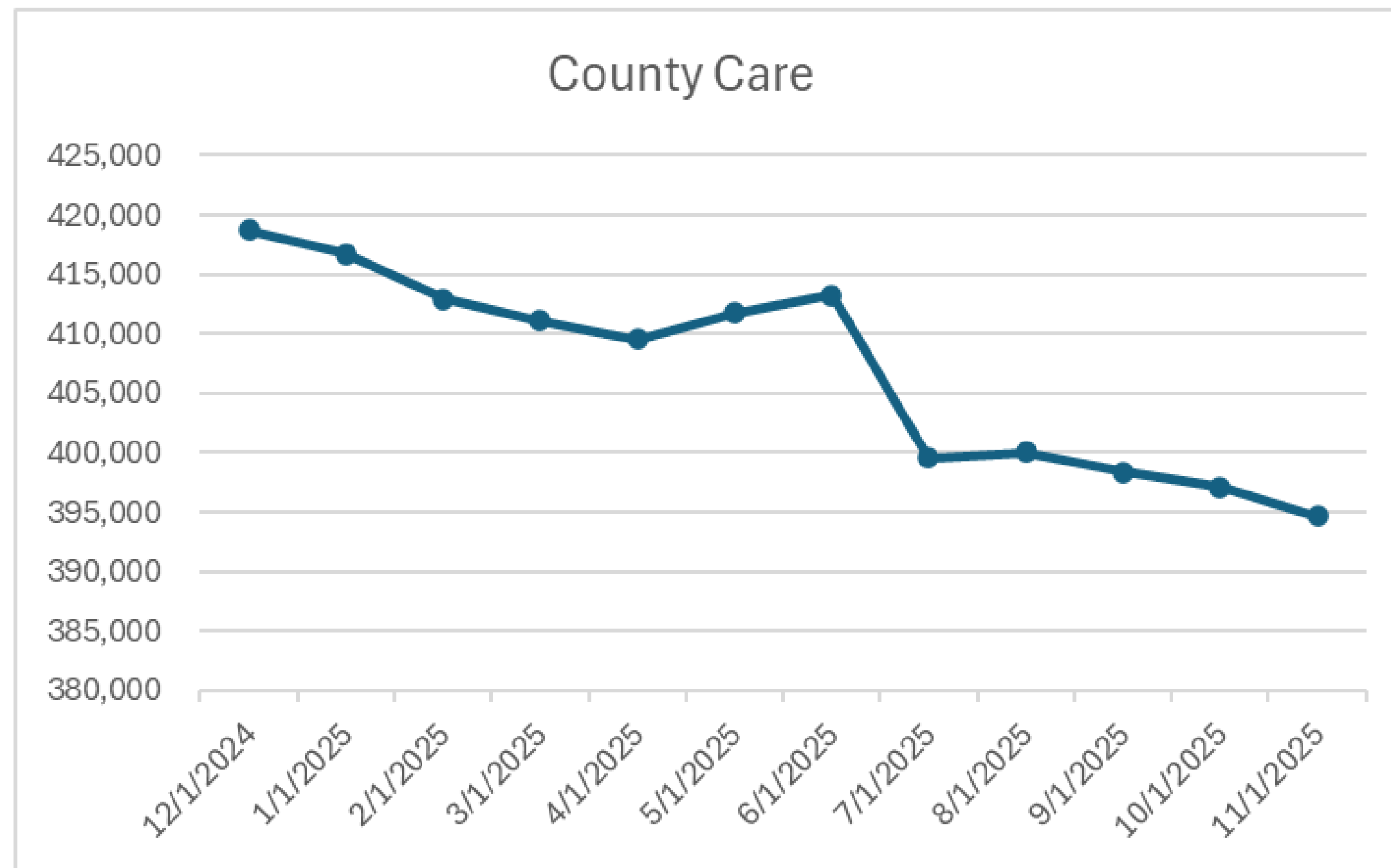
Illinois Department of Healthcare and Family Services November 2025 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	394,615	34.9%
Blue Cross Blue Shield	320,828	28.4%
Meridian (a WellCare Co.)	228,737	20.2%
IlliniCare (Aetna/CVS)	101,849	9.0%
Molina	76,031	6.7%
YouthCare	8,116	0.7%
Total	1,130,176	100.0%



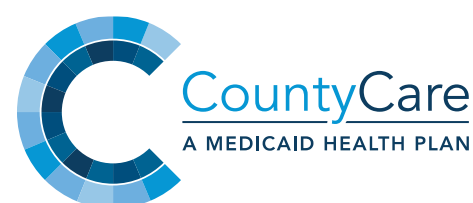
IL Medicaid Managed Care Trend in Cook County

Charts not to scale



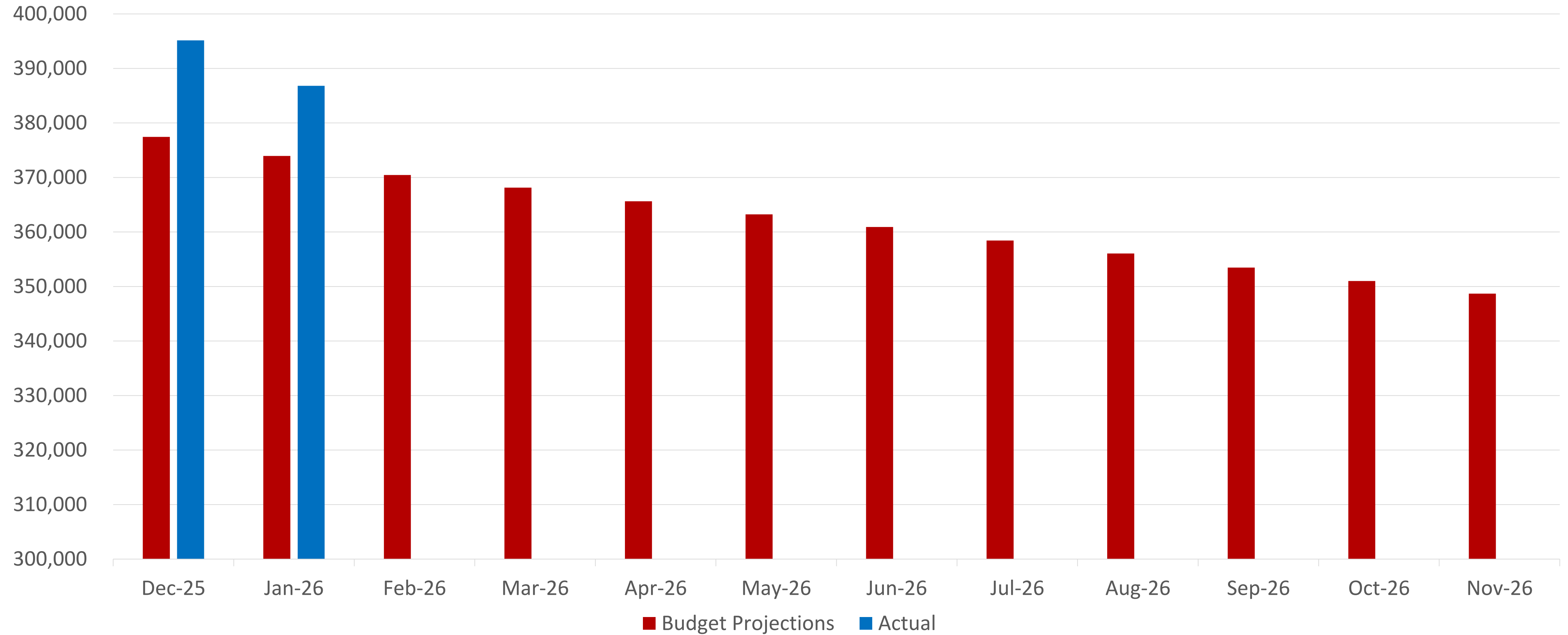
- CountyCare's enrollment **declined** slightly by **0.62%** in November, decreasing from 397,085 in October to 394,615. Cook County's overall enrollment also continued its downward trend, **dropping** by **0.60%** from 1,136,945 to 1,130,176 over the same period.

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



FY26 Budget | Membership

CountyCare Membership



Health Plan Successes

2025 Wins

2025 Wins Summary



Member Safety, Clinical Excellence, and Quality

- ✓ **4-star health plan from NCQA and highest quality health plan in Cook County**
- ✓ Consistent 69% health risk screening rating since February 2025
- ✓ **Launched new outbound call center team with over 40K completed interactions**



Health Equity, Community Health, and Integration

- ✓ **Won 2 NACo Awards for HBIA/HBIS implementation and water filter program**
- ✓ Received 100% across all populations for State Transportation Performance Improvement Plan
- ✓ 3 Health Fairs and 2 Community Baby Showers



Member Experience

- ✓ **5 stars in CAHPS Rating of Health Plan measure**
- ✓ **Launch of “Health Plan Built Around You” Campaign with over 180M total impressions (+237% above 2024)**
- ✓ **>230 redetermination and outreach events**



Growth, Innovation, and Transformation

- ✓ **Submitted HealthChoice RFP**
- ✓ Highest market share - increase in market share (34.8%) and high choice enrollment (32% 12-month average)
- ✓ **4 Aster Awards for “Bring on the Benefits” (1 Gold and 3 Silver)**



Workforce: Talent and Teams

- ✓ Staff Engagement activities – including Field Day, Midday Mingles
- ✓ Hired >30 staff
- ✓ Participation in Bud Billiken Parade and Pride Parade



Fiscal Resilience

- ✓ 57% spend in value-based care (2024)
- ✓ **Kicked off Fiscal Resilience Project**



Optimization and Systemization

- ✓ Onboarding of Advocate and Loyola
- ✓ Ongoing Strategic Partnership Reviews with providers
- ✓ **Enhanced digital experience – new website and member portal**

*Bolded items are expanded upon within this slide deck

CountyCare received a 4-Star NCOA Health Plan Rating for a second year!

- **CountyCare is proud to have achieved a 4-star overall plan rating in the 2025 NCOA Health Plan Ratings.**

- CountyCare was the only Illinois Medicaid MCO to receive a 4-star overall plan rating in 2025.
- Nationwide - only 22% of Medicaid health plans achieved a 4-star rating or higher in rating year 2025.



Cook County Health & Hospitals System's CountyCare Health Plan	★★★★★
Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation a Mutual Legal Reserve Company.	★★★★★
Molina Healthcare of Illinois, Inc.	★★★★★
Meridian Health Plan of Illinois, Inc.	★★★★★
Aetna Better Health of Illinois Inc.	★★★★★

Enhancing the CountyCare Member Experience

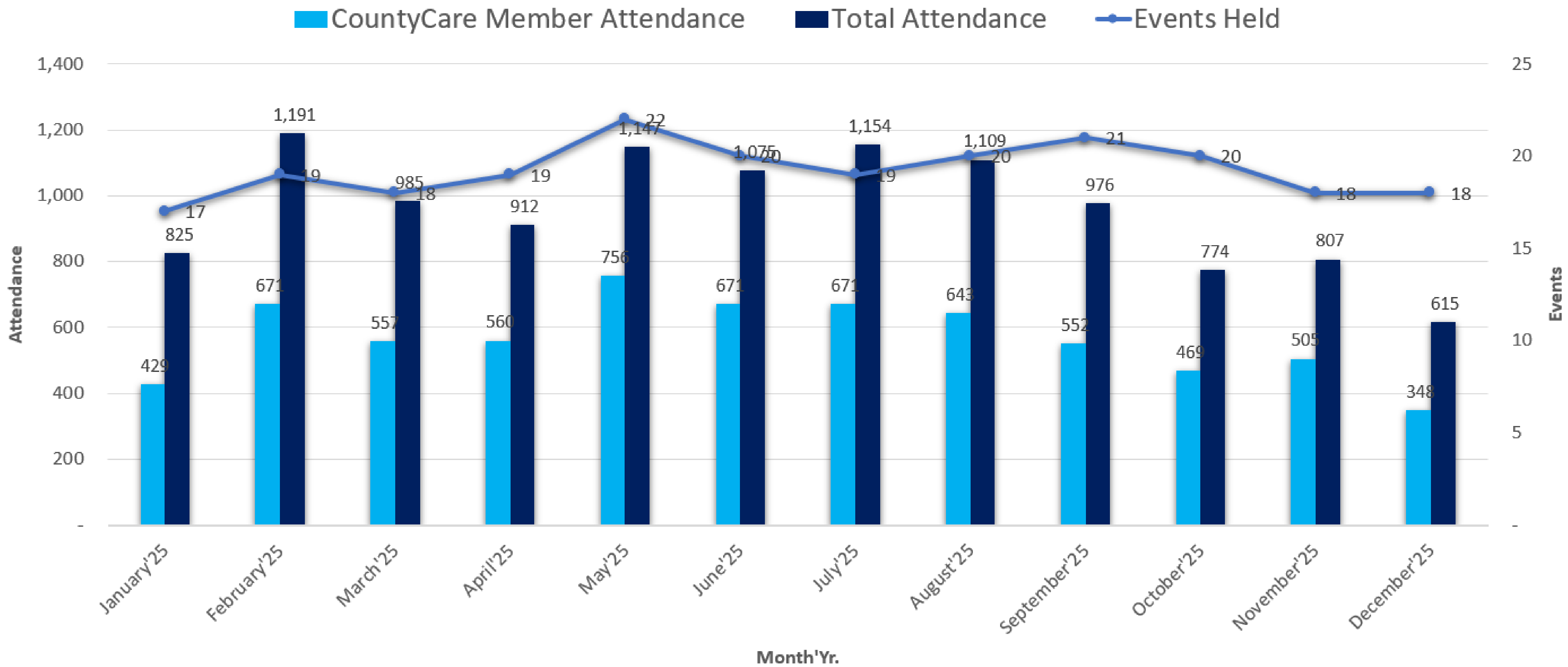
Member feedback motivated CountyCare to enhance the digital member experience:

- ✓ New provider directory - September 2024
- ✓ New outbound outreach team - February 2025
- ✓ New text message tool - April 2025
- ✓ New member portal - June 2025
- ✓ New member website - July 2025
- ✓ Ongoing: Outreach and Redetermination Events, new provider contracting to improve access, and focus on language access

In 2025, CountyCare earned 5-stars on the CAHPS "Rating of a Health Plan" measure



Redetermination Events & Attendance – January'25 - December'25



Events Held	231
CountyCare Member Attendance	6,832
Total Attendance	11,570
Average Attendance	50



CountyCare Health Fairs & Baby Showers

In 2025, CountyCare hosted 3 health fairs and 2 community baby showers

Event	Date	Attendance
Community Baby Shower	May 17 th 2025	110
Men's Health Fair	June 7 th 2025	77
Children's Health Fair	August 23 rd 2025	30
Community Baby Shower	October 4 th 2025	80
Women's Health Fair	October 18 th 2025	27



CountyCare hosts health fairs enable members to:

- See a medical provider to close identified care gaps
- Verify redetermination dates and submit information
- Learn about CountyCare rewards
- Receive fresh produce and schedule appointments with nutritionists at FoodSmart
- Meet community organizations, receive a haircut, enjoy breakfast or lunch, and dance to the DJ's music



96th Bud Billiken Parade August 9, 2025



CountyCare
A MEDICAID HEALTH PLAN

**Bring on
the Benefits**

312-864-8200, 711 (TTY/TDD)
www.CountyCare.com



CountyCare in the Pride Parade



National Association of Counties (NACo) Awards

- The National Association of Counties (NACo) awards program recognizes innovative county government programs
- **CountyCare won two National Association of Counties (NACo) Awards for:**
 - Eliminating Lead for Drinking Water for Illinois Families with Medicaid
 - CountyCare Access: Providing Health Benefits for Immigrant Adults and Immigrant Seniors in Cook County



Marketing Awards 2025

Aster Awards

Bring on the Benefits

Award: Gold

Category: Multilingual Advertising – Series

Bring on the Benefits

Award: Silver

Category: Total Advertising Campaigns

Bring on the Benefits

Award: Silver

Category: TV/Video Advertising – Series

CountyCare Social: POV Series

Award: Silver

Category: Social Media Campaign

Healthcare Digital Marketing Awards

Institutional Website

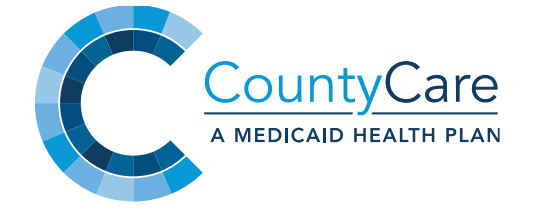
Award: Silver

Category: Institutional Website-Update/Refresh



A Health Plan Built Around You

CountyCare Choice Campaign 2025-2026

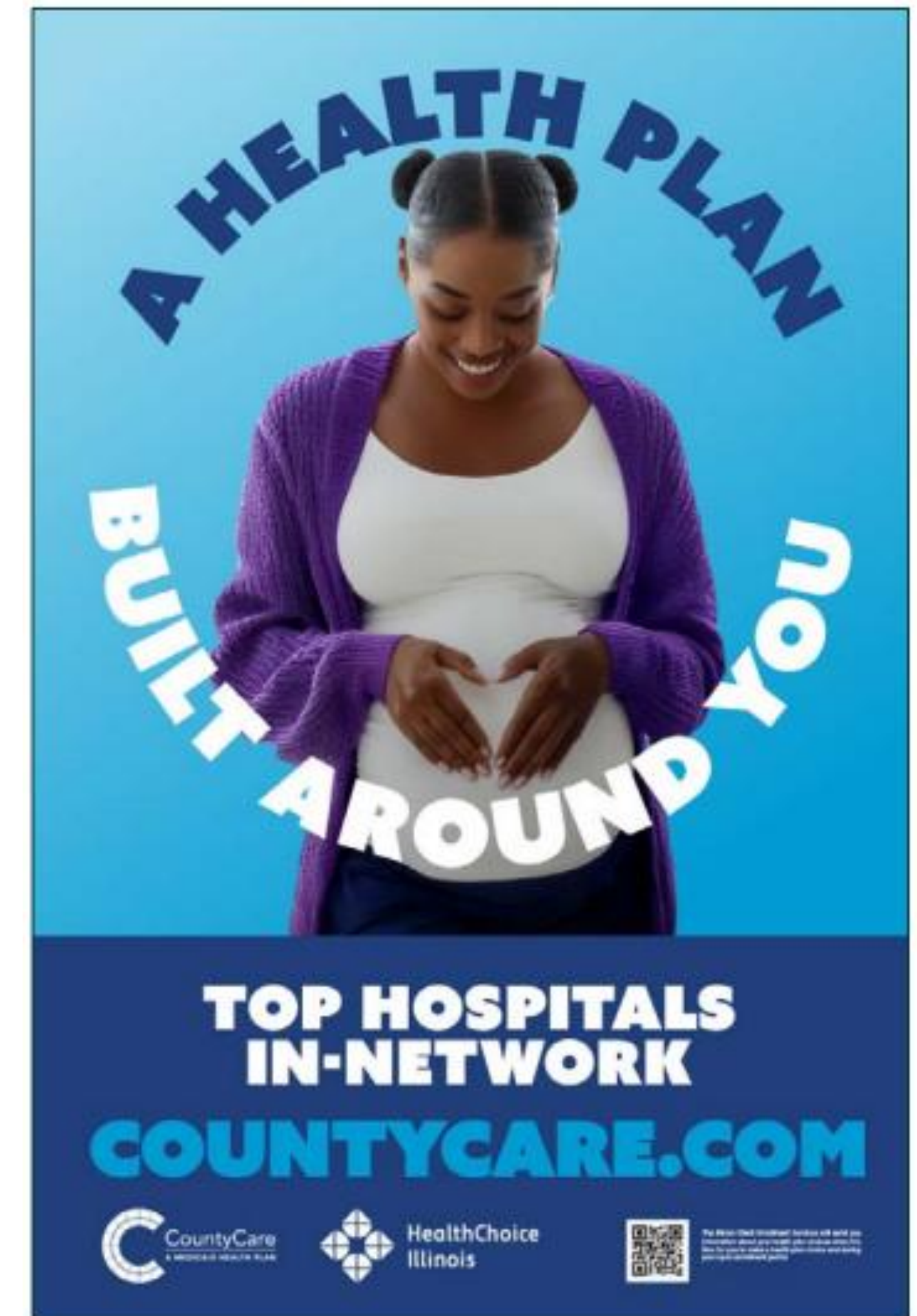
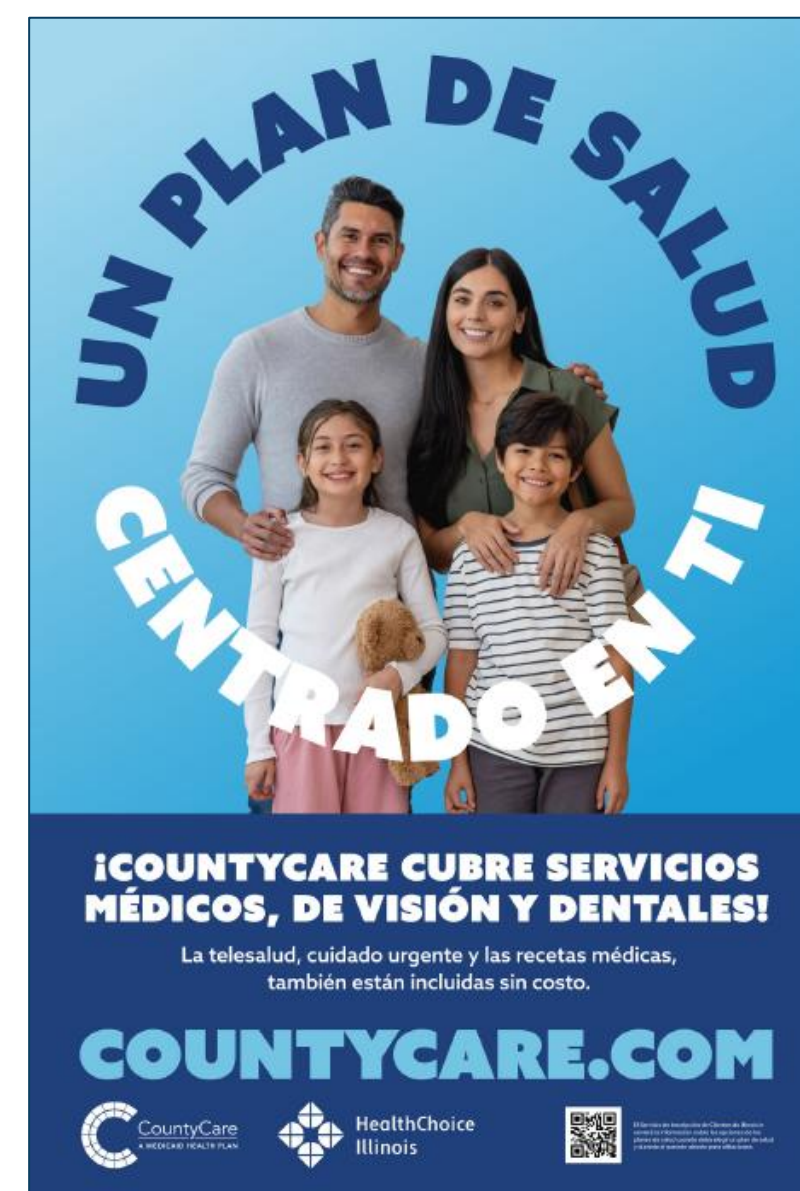


Research: Conducted focus groups with participants representing the core target.

Media: Digital and Out-Of-Home

Goals: *Retention & acquisition*

The CountyCare Choice Campaign is outperforming last year's results and benchmarks. Integrated media drove broad reach and frequency, while strong digital engagement signals high message relevance.



Target selection was based on the Membership Analysis 2025 conducted by Res Publica Group

Policy Updates

SNAP Benefits

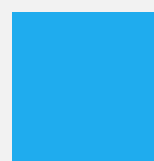


Federal changes to SNAP were made in H.R.1, the One Big Beautiful Bill Act (OBBBA). Changes **include SNAP work requirements starting February 1, 2026**. Additionally, the 2025 federal shutdown **caused significant disruption to the Supplemental Nutrition Assistance Program (SNAP)**, delaying monthly food benefits. In Illinois, nearly 2 million households rely on SNAP, including ~900K in Cook County.

Illinois acted quickly:



- 1) On Oct 30th, Gov. Pritzker signed an Executive Order directing **\$20M to IL food banks**
- 2) The **IL Department of Human Services issued** partial benefits Nov 6th and used outbound texts and social media to keep households updated in real time



With the passage of the CR, **SNAP is now fully funded through Sept 2026**. All IL SNAP recipients received full November benefits by Nov 20th ([IDHS](#)).

NOTE:

- CountyCare provided Call Center staff with information for members about the government shutdown, including SNAP.
- The Greater Chicago Food Depository presented to all CountyCare staff on the impact of legislative changes to SNAP.

H.R. 1-The One Big Beautiful Bill ACT (OBBBA): Medicaid Snapshot

Provision	Description	Projected Impact	Implementation Timeline
<p>Mandatory Work Requirements</p>	<p>Requires states to implement work requirements for ACA expansion adults (able-bodied adults age 19-64) and parents of children age 14+.</p> <p>Several exemptions exist (e.g. pregnancy, disability).</p>	<ul style="list-style-type: none"> CountyCare has ~105K ACA adults who will likely need to adhere to new reporting requirements Increased administrative burden for the state, MCOs and enrollees 	<p>December 31, 2026</p>
<p>Six Month Redetermination</p>	<p>Requires ACA expansion adults to undergo eligibility checks every 6 months, instead of every 12 months.</p>	<ul style="list-style-type: none"> Need for additional education, outreach and navigation support to adhere to requirements 	<p>December 31, 2026</p>
<p>Immigrant Restrictions</p>	<p>Includes changes to the definition of “qualified alien” which affects which immigrants are eligible for federal Medicaid.</p>	<ul style="list-style-type: none"> Refugees, asylees and other immigrants will no longer be eligible for federal Medicaid coverage. <i>CountyCare has an estimated ~2,270 members in this category.</i> 	<p>October 1, 2026</p>

CMS Information Bulletin – Work Requirements

On December 8, 2025, CMS issued an [informational bulletin](#) regarding the H.R. 1 work requirements provision. The bulletin mostly reiterates what was already in the statute and prior CMS communications.

New Information Shared:

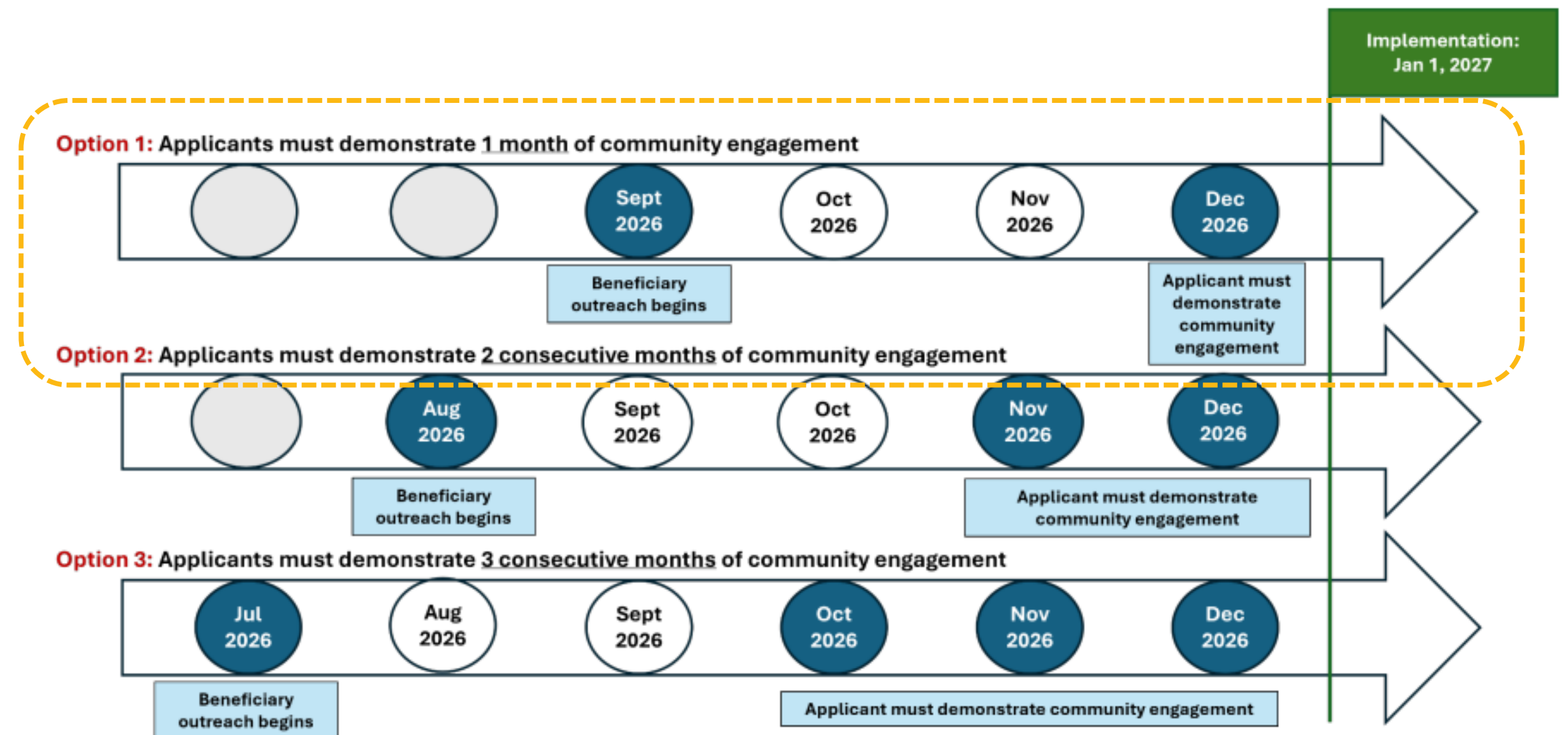
- This guidance includes a more detailed explanation of the required timeline for state outreach to affected beneficiaries.
- Indicates that waivers for delayed implementation will be limited to states making meaningful efforts toward implementation that face severe and/or unexpected challenges.
- Indicates additional guidance is forthcoming on acceptable documentation and **the role of managed care plans.**

“CMS expects to issue further guidance on the potential role that managed care plans can appropriately play in activities that are not related to determining beneficiary compliance.”

It is expected that Illinois will implement Option 1.

Appendix: State Options for Initial Community Engagement Beneficiary Outreach and Compliance Review Periods at Application

Based on the statutory implementation date of January 1, 2027, the following graphic depicts state options for timelines accounting for the required three months of initial outreach to existing beneficiaries and the state’s “review period” – how many months an applicable individual must demonstrate community engagement to qualify for Medicaid at application (one to three months, at state option).



CountyCare H.R.1 Planning Sessions

Starting in January CountyCare began hosting internal H.R.1 planning sessions, with representation from interdepartmental teams (Policy, Outreach, Operations, Clinical and more).

Immediate action items:

- ✓ Create an internal question log with outstanding questions related to H.R. 1 policy
- ✓ Track ideas generated from subgroups and share ideas with Cook County Health and the State for possible implementation

The CountyCare team is participating in Cook County Health's Medicaid Impact Workgroup

The CountyCare policy team continues to track updates released at both the state and federal levels about HR1

The CountyCare Policy Team has created a question log to internally track questions our teams have about H.R.1 implementation

CCH Medicaid Impact Workgroup: CountyCare Participation

Several CountyCare team members participate in the CCH Medicaid Impact Workgroup Subgroups

Subgroup	Goal	Example deliverables
Communicate & Educate	Keep key audiences coordinated, informed and ready to act	<ul style="list-style-type: none"> •Information hub •Communications toolkit •Impact report
Innovate & Create	Identify barriers and design improvements	<ul style="list-style-type: none"> •Create comprehensive map outlining steps to apply for renew, and choose Medicaid coverage •Technology assessment report
Coalition Building	Develop partnerships	<ul style="list-style-type: none"> •List of target partners and individualized outreach strategy •Application support training series •Resource alignment plan

Health Plan Fiscal Updates

Fiscal Resilience Project Goals and Outcomes

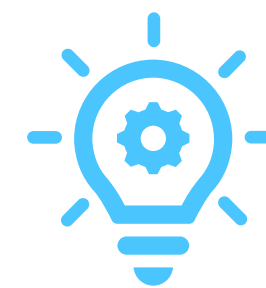
Goals

- ✓ Generate \$100M in cost savings across implemented cost-savings initiatives
- ✓ Become consistently a \$25-\$50M profit margin plan over the next 1-2 years
- ✓ Improve health plan quality while driving down costs

Timeline: Dec 2025 - Aug 2026 (9 months)

This project launched on
December 15th

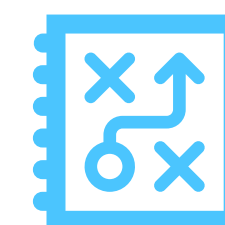
Outcomes



At the CountyCare level: Provide sustainability for plan innovative programs and initiatives.



At the Cook County Health Level: Position the plan to help sustain the health system and allow for greater impact.



Looking to the future: Significant profitability will help us to garner support on new product strategies and enable further programming on health-related social needs.

Example Cost-Savings Initiatives



Finance initiatives center on tactics such as improving revenue accuracy, reducing interest payments, enhancing risk adjustment and converting agency to permanent staff.

Key Initiatives:

- Intergovernmental Transfer (IGT) reduction
- Interest payment reduction
- Revenue Reconciliation Process Improvement
- Risk Adjustment (e.g., NICU, SDOH Z-Code)



Operations initiatives are broken into three sub-streams, focused on vendor optimization, network optimization and LTSS optimization.

Key Initiatives:

- Rewards and extra benefits adjustments
- Changes and terminations of value-based contracts
- Insourcing/bringing in contracts
- LTSS optimization (e.g., waiver conversion, service plan reconciliation)



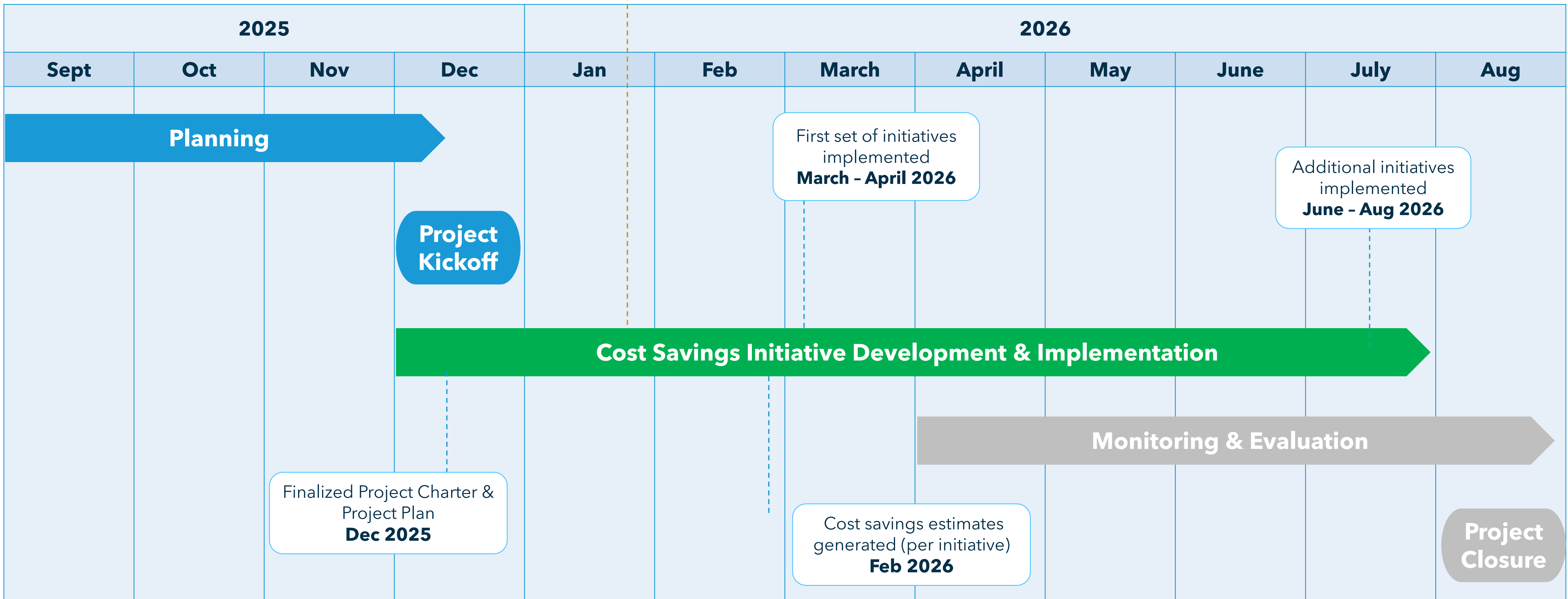
Clinical initiatives focus on enhanced identification and engagement of high-cost members and pharmacy optimization.

Key Initiatives:

- Enhanced Risk Stratification and Highest-Cost Member Identification and Engagement
- Pharmacy Opportunities: Market Pricing Review and Formulary Optimization

Project Milestones

★ We are here!



Finance Initiatives Snapshot

Initiative	Description	Status	Estimated Savings Value	Timeline
Risk adjustment - NICU babies	Enhance risk adjustment methodology to account for high-cost NICU cases, aligning reimbursement with actual member acuity.	Complete	\$3M	1/15/2026
Risk adjustment - Members Age 0-3	Adjust risk scoring for young children to capture higher acuity and ensure appropriate reimbursement.	Complete		
Reduce Interest Expenses	Reduce interest expenses by improving cash flow management and payment timing to providers.	In Progress	\$3.5M	3/31/2026
Revenue Reconciliation Process Improvements	Reconcile revenue with state payments and identify discrepancies, to enhance revenue collection.	In Progress	\$15M	4/30/2026
State Risk Adjustment (SDOH)	Incorporate social determinants of health (SDOH) into risk adjustment models to better reflect member complexity and improve revenue accuracy.	In Progress	\$10M	6/1/2026
Convert Agency to Permanent Staff	Transition roles from temp agency workers to permanent employees to reduce reliance on high-cost staffing solutions.	In Progress	\$2.5M	6/30/2026
Accurate Provider Diagnosis Coding	Implement a new process to accurately capture the acuity of CountyCare's membership through encounters data.	In Progress	TBD	TBD

Operations Initiatives Snapshot

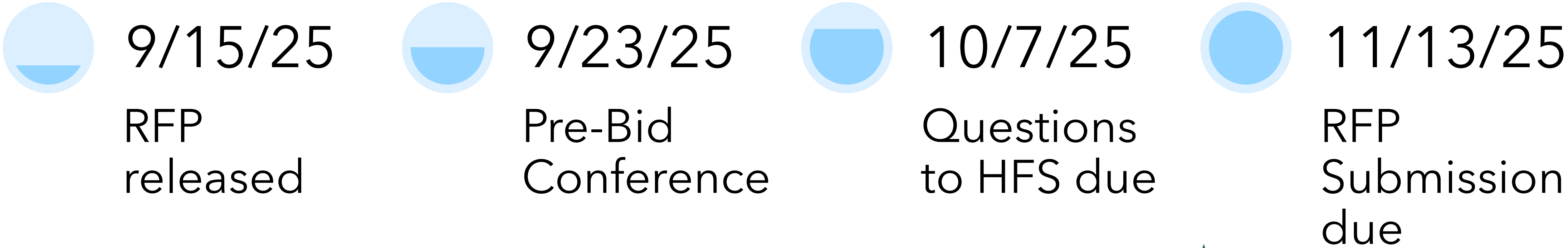
Initiative	Description	Status	Estimated Savings Value	Timeline
Vendor Optimization				
FoodCare Benefit Reduction	Adjust eligibility criteria for FoodCare benefits to reduce program costs and prioritize high need/cost members (expected ~\$15M savings)	In Progress	15M	3/1/2026
TPA Pass Through Cost Reduction	Review and evaluate pass-through cost reduction opportunities.	In Progress	TBD	4/1/2026
Risk Stratification RFP	Develop and issue an RFP for advanced risk stratification tools to better identify high-cost, high-risk members for targeted interventions.	In Progress	TBD	8/1/2026
Network Optimization				
Low Performing Provider Termination/Adjustment	Assess FFS provider performance on quality and financial metrics and terminate or adjust contracts for low-performing providers to improve outcomes and reduce unnecessary spend.	In Progress	TBD	7/30/2026
VBC Contract Optimization (current agreements)	Review existing value-based care contracts to amend terms or exit agreements that are not delivering expected financial or quality results.	In Progress	TBD	7/30/2026
VBC Contract Innovation (new opportunities)	Explore and pilot new value-based care models with providers (e.g., SNFs, specialists) to drive improved outcomes and cost efficiency, while planning for longer-term partnerships.	In Progress	TBD	12/31/2026
LTSS Optimization				
Waiver Member Rate Cell Reconciliation	Audit and reconcile waiver member service plans against premium rate cells to ensure accurate alignment and maximize revenue. <i>**note synergy with Revenue Reconciliation in Finance Workstream**</i>	In Progress	TBD	3/31/2026
Waiver Conversion	Identify members eligible for waiver programs and support transitions to these programs to secure higher reimbursement rates and reduce plan costs.	In Progress	TBD	4/30/2026
Waiver Service Plan Authorization	Leverage service plans as a front-end authorization tool to ensure services billed align with approved care plans, reducing unapproved or unnecessary utilization.	In Progress	TBD	5/29/2026

Clinical Initiatives Snapshot

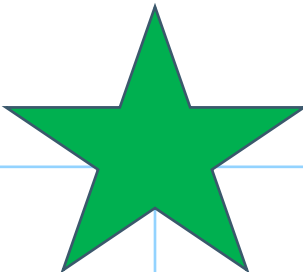
Initiative	Description	Status	Estimated Savings Value	Timeline
Care Management Prioritization				
Highest-Cost Member Identification and Engagement	Enhance workflows to ensure members with consistently high-cost claims are prioritized for care coordination and connected to available supports	In Progress	TBD	6/1/2026
Pharmacy				
PBM RFP Pre-Planning (Market Pricing Review)	Conduct a market pricing review to benchmark our current PBM contract terms, against benchmarks to identify savings opportunities and inform/strengthen our CVS renewal/negotiation position and inform RFP decision	In Progress	TBD	4/30/2026
Streamline Supplemental Drug List	Review and update the supplemental drug list by removing non-required items to reduce costs while balancing member experience and clinical needs.	In Progress	TBD	4/1/2026
Hyperinflated NDC Replacement Opportunities	Identify and replace hyperinflated National Drug Code items with lower-cost alternatives to capture additional savings beyond the 2025 review.	In Progress	TBD	4/1/2026
Biosimilar Conversation Opportunities	Explore new biosimilar conversion opportunities aligned and consider utilization management strategies like step therapy to reduce high-cost drug use.	In Progress	TBD	6/1/2026
Cell Gene Therapy Model	TBD - Assess potential cost-savings opportunities for participation in the new CMS Cell and Gene Therapy (CGT) Access Model, which negotiates outcomes-based agreements and guaranteed discounts for high-cost sickle cell gene therapies	Tentative	TBD	TBD
Misc.				
Prior Authorization Modifications	Refine prior authorization requirements for high-cost services to strengthen utilization management and reduce avoidable spend	In Progress	TBD	5/29/2026

Health Choice Illinois (HCI) Request for Proposals (RFP)

Health Choice Illinois (HCI) Request for Proposals (RFP) Submission Timeline



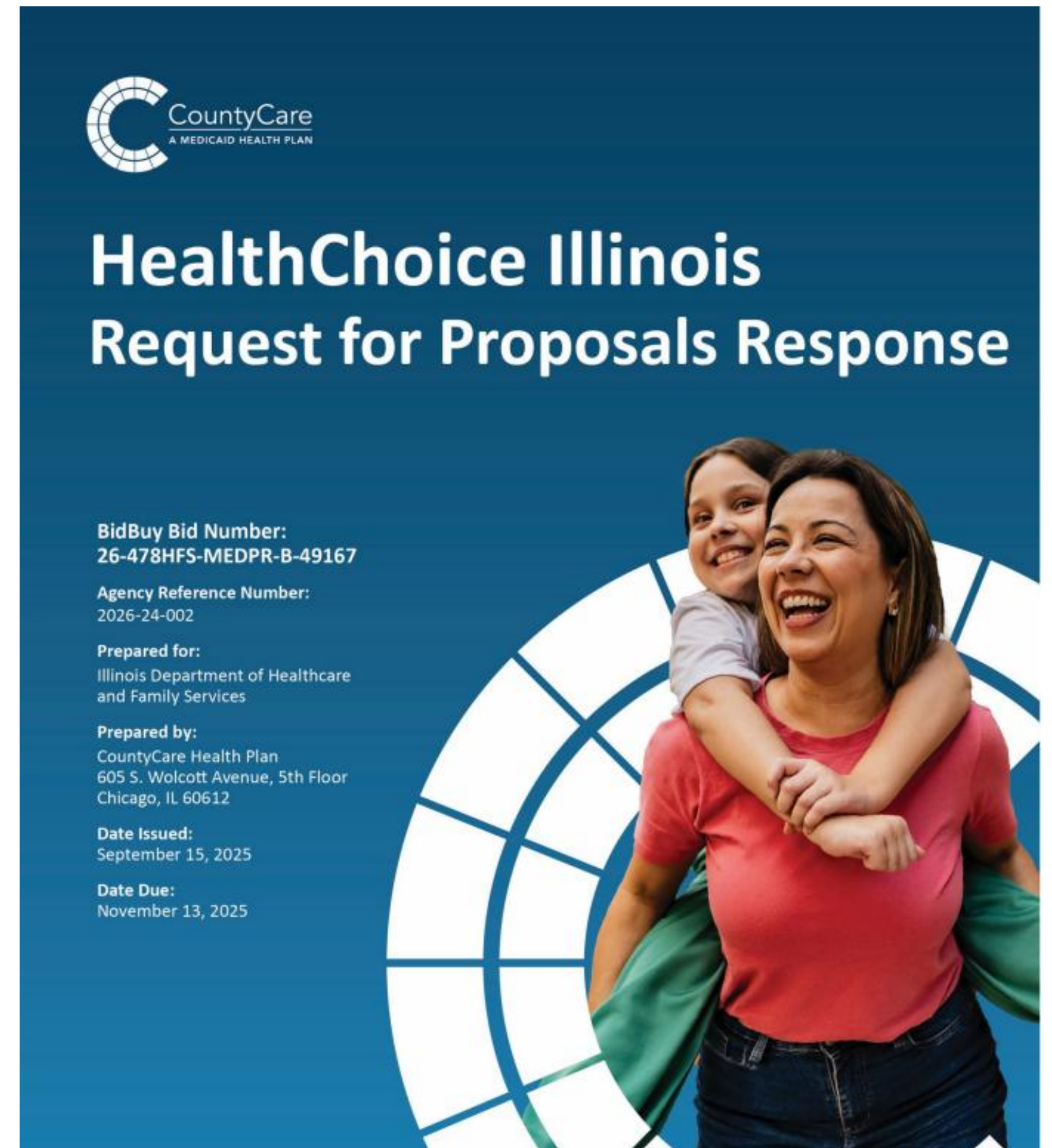
58 days



CountyCare RFP Response Submitted 11/11/25

HCI RFP - Submission Summary

- 340-page Technical Proposal that included:
 - **Health Plan overview**
 - **Population Health**, including a focus on quality and social determinants of health
 - **Clinical Services**, including a focus on preventative care, maternal and child health, care coordination, long-term services and supports, and behavioral health
 - **Network**, including a focus on provider relations, access, availability, and value-based care
 - **Operations**, including a focus on compliance and reporting
- 1,260-page Commitment to Diversity documentation
 - Time and spend on diversity, equity, and inclusion activities
 - Staff diversity
 - Business Enterprise Program (BEP) Utilization Plan
- 420 pages of subcontractor disclosures



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HealthChoice Illinois Request for Proposals Response

BidBuy Bid Number:
26-478HFS-MEDPR-B-49167

Agency Reference Number:
2026-24-002

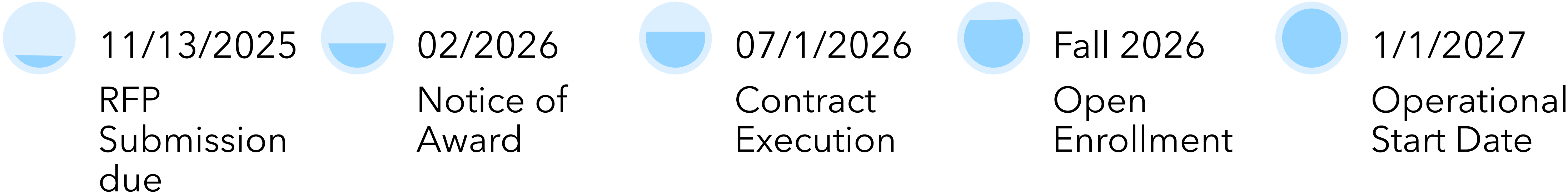
Prepared for:
Illinois Department of Healthcare
and Family Services

Prepared by:
CountyCare Health Plan
605 S. Wolcott Avenue, 5th Floor
Chicago, IL 60612

Date Issued:
September 15, 2025

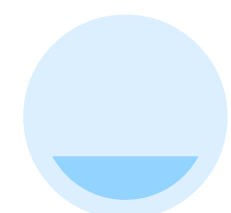
Date Due:
November 13, 2025

HCI RFP - Contract Timeline



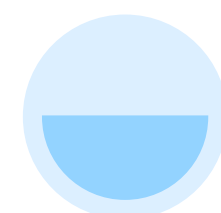
HCI RFP - Contract Terms

- The Contracts resulting from this procurement will have an **initial term starting July 1, 2026, or the last date of signature execution, whichever is later, and ending December 31, 2030**
- The State has the **option to renew for up to five years and six months (5 ½ years)** in any combination of six months or more.



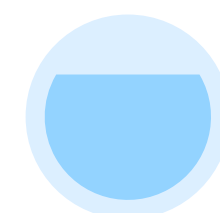
07/1/2026

Contract
execution



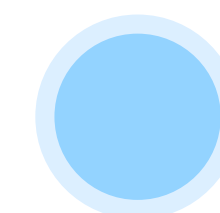
01/01/2027

Operational
start date



12/31/2030

Contract
end date



7/1/2036

Contract
end date
with
maximum
extensions

HCI RFP - Who Applied



HealthChoice
Illinois

- Illinois currently has five Managed Care Plans (Aetna, BCBS, CountyCare, Meridian, & Molina)
- Six organizations applied for the Health Choice Illinois RFP (all current MCOs + Humana Benefit Plan of Illinois, Inc)
 - Note that Aetna, Humana, Molina, & Meridian were selected in 2024 to offer *Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)* in Illinois for members dually eligible for Medicaid and Medicare.
 - CountyCare did not apply for the *FIDE SNP* RFP.



Aetna Better Health® of Illinois



Questions?
Thank you!



CountyCare
A MEDICAID HEALTH PLAN