

Minutes of the Meeting of the Managed Care Committee of the Board of Directors of the Cook County Health and Hospitals System held Wednesday, July 22, 2020 at the hour of 9:00 A.M. This meeting was held by remote means only, in compliance with Illinois Public Act 101-0640.

**I. Attendance/Call to Order**

Chair Thomas called the meeting to order.

Present: Chair Sidney A. Thomas, MSW and Directors Mike Koetting and David Ernesto Munar (3)  
Board Chair M. Hill Hammock (ex-officio) and Directors Mary Driscoll, RN, MPH and Ada Mary Gugenheim

Absent: None (0)

Additional attendees and/or presenters were:

Debra D. Carey, Interim Chief Executive Officer	Jeff McCutchan –General Counsel
James Kiamos – Chief Executive Officer, Health Plan Services	Deborah Santana – Secretary to the Board

**II. Electronically Submitted Public Speaker Testimony**

Chair Thomas noted that there were no public testimonies submitted.

**III. Report on CountyCare Health Plan (Attachment #1)**

James Kiamos, Chief Executive Officer of Health Plan Services, provided an overview of his report. The Committee reviewed and discussed the information.

The presentation included information on the following subjects:

- Metrics:
  - Current Membership
  - Managed Medicaid Market
  - Illinois Medicaid Managed Care Trend in Cook County
  - Claims Payment
- Membership Trends
  - Membership Trends & Line of Business (LOB) Breakout
  - Membership Attrition
  - Membership Projections
- Growth by Area
  - New Members June and July 2020
- Covid Medical Trend
  - Weekly Claims Received Trends in 2020
- CountyCare Funding CCH Programs
  - Reinvestment Background
  - CountyCare included four CCH-driven Social Determinants of Health Initiatives
  - Cook County Flexible Housing Pool
  - South Side Y Alternate Shelter
  - The Cook County Health Fleet
  - Investment in Experimental Station's LinkMatch



Requests/Follow-up:

Request: A request was made for information on the number of CountyCare members receiving CCH specialty care services. Page 2

Cook County Health and Hospitals System  
Minutes of the Managed Care Committee Meeting  
July 22, 2020

ATTACHMENT #1

# CountyCare Update

*Prepared for: CCH Managed Care Committee*

James Kiamos

CEO, Health Plan Services

July 22, 2020



# Plan Metrics



# Current Membership

Monthly membership as of July 2, 2020

Category	Total Members	ACHN Members	% ACHN
FHP	229,238	17,023	7.4%
ACA	91,320	14,124	15.5%
ICP	30,583	5,794	18.9%
MLTSS	6,284	0	N/A
SNC	7,548	1,236	16.4%
<b>Total</b>	<b>364,973</b>	<b>38,177</b>	<b>10.5%</b>

**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

Source: CCH Health Plan Services Analytics



# Managed Medicaid Market

Illinois Department of Healthcare and Family Services May 2020 Data

Managed Care Organization	Cook County Enrollment	Cook County Market Share
*CountyCare	329,851	31.9%
Blue Cross Blue Shield	256,934	24.8%
Meridian (a Centene Co.)	225,072	21.8%
IlliniCare	101,285	9.8%
Molina	65,222	6.3%
*Next Level (sold to Centene)	55,640	5.4%
<b>Total</b>	<b>1,034,004</b>	<b>100.0%</b>

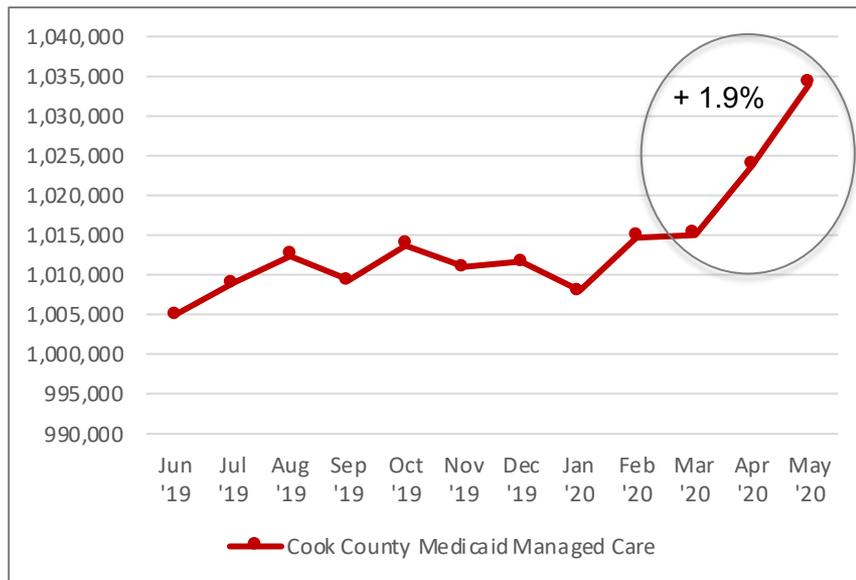
\* Only Operating in Cook County

Source: <https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx>

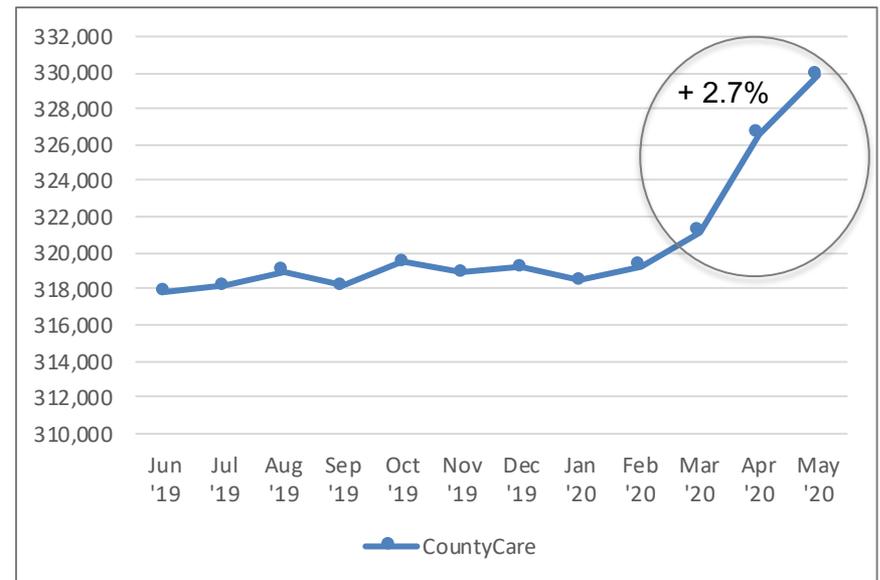


# IL Medicaid Managed Care Trend in Cook County (charts not to scale)

Cook County Medicaid Managed Care



CountyCare

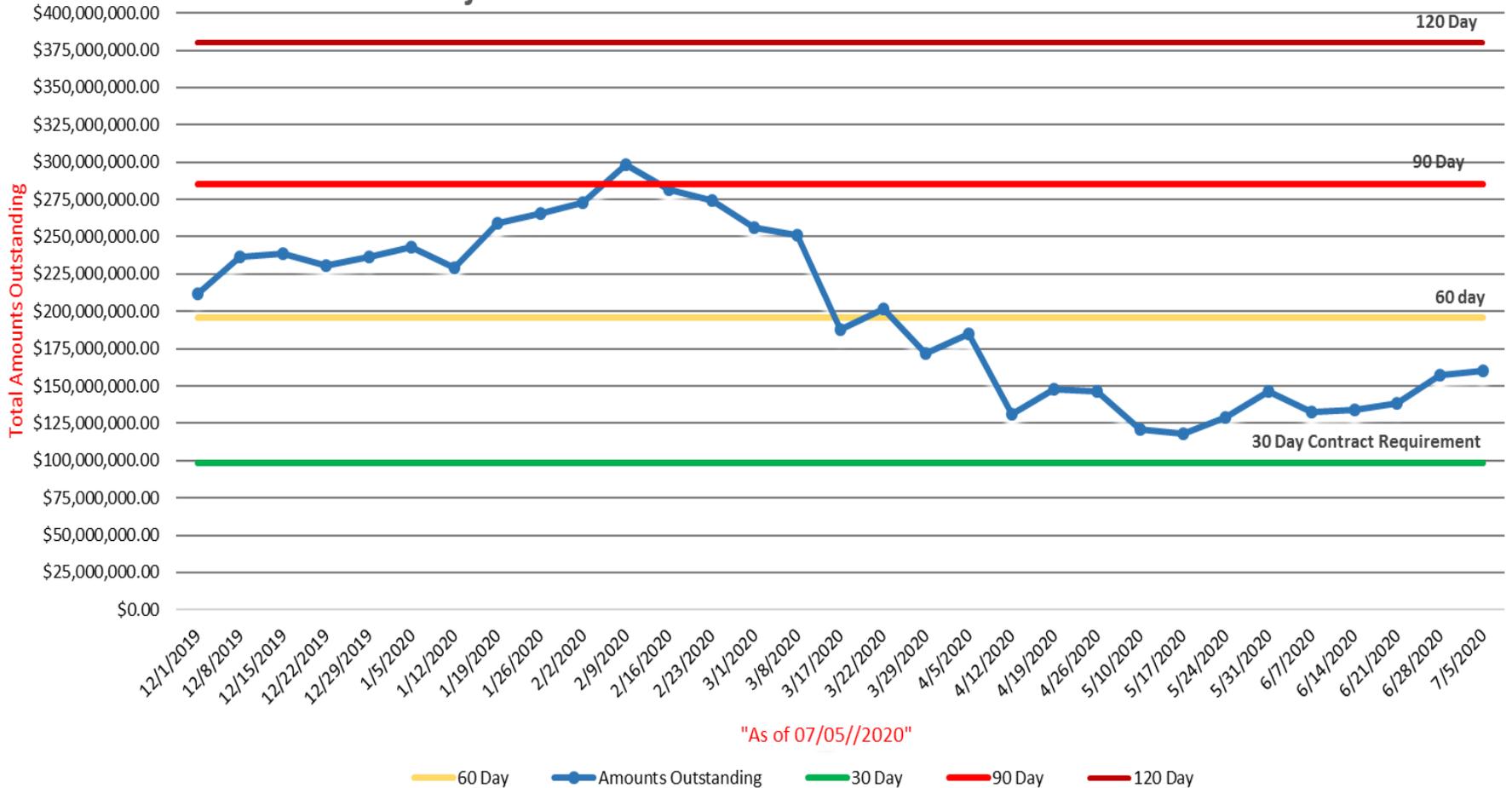


- In general CountyCare's monthly enrollment trend closely follows the overall Managed Care enrollment trend in Cook County
- However, in the past three months CountyCare's enrollment growth has outpaced Cook County's

Source: <https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx>

# Claims Payment

## Adjudicated but Not Yet Paid Medical Claims

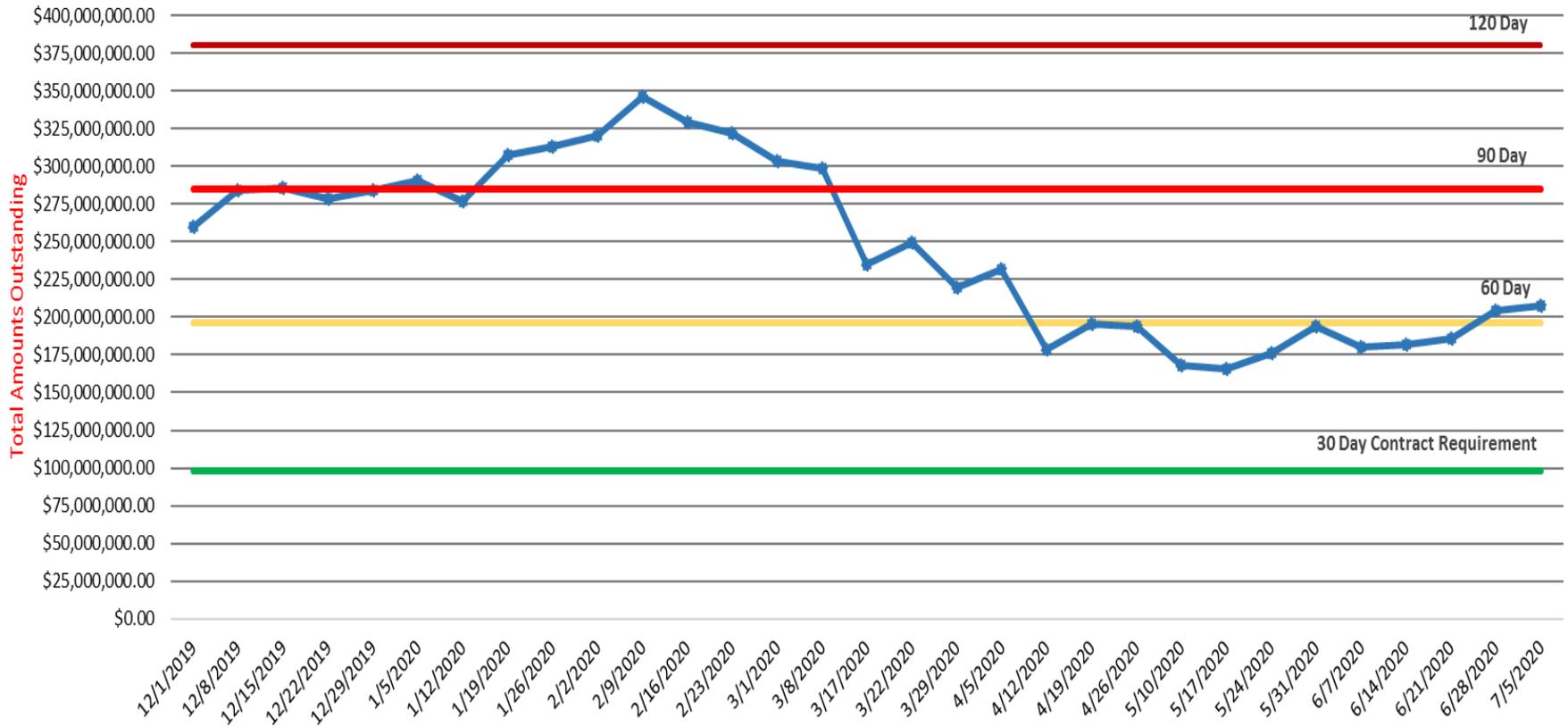


\*Medical claims only-does not include pharmacy, dental, vision or transportation claims

Source: CCH Health Plan Services Analytics

# Claims Payment

## Received but Not Yet Paid Medical Claims



"As of 07/05/2020"

\*Assumes average of 15 days to process claims

\*Assumes \$47.5M in pending claims not yet adjudicated

\*Medical claims only- does not include pharmacy, dental, vision or transportation claims

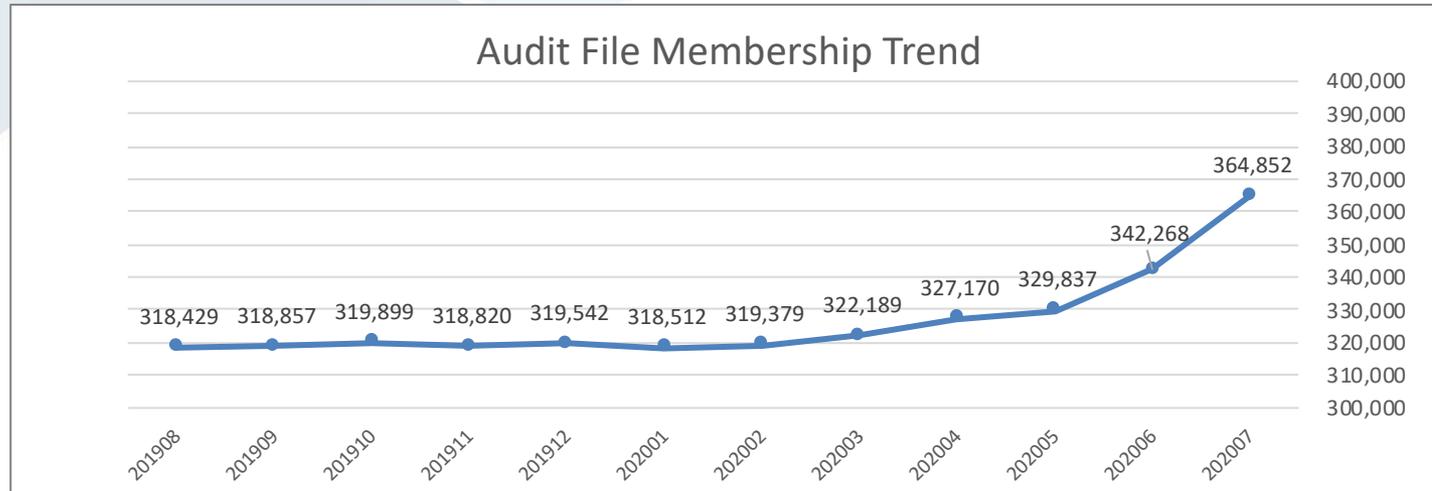
60 Day    Amounts Outstanding    30 Day    90 Day    120 Day

Source: CCH Health Plan Services Analytics

# Membership Trends



# Membership Trends & Line of Business (LOB) Breakout



- Membership increased 6.6% this month and is at its highest point ever

LOB	July 2020			July 2019		Year-over-Year Difference	
	Membership	Lost %	New %	Lost %	New %	YoY Lost % Diff	YoY New % Diff
ACA	91,320	0.7%	12.6%	4.4%	5.2%	-3.7%	7.4%
FHP	229,238	0.6%	5.3%	3.9%	3.8%	-3.2%	1.5%
ICP	30,583	0.8%	2.5%	2.2%	1.6%	-1.4%	0.9%
MLTSS	6,284	1.3%	6.2%	3.1%	3.8%	-1.9%	2.4%
SNC	7,548	0.8%	2.3%	N/A	N/A	N/A	N/A

- Recent membership increases are driven primarily by ACA adults becoming newly eligible for Medicaid

Source: CCH Health Plan Services Analytics



# Membership Attrition

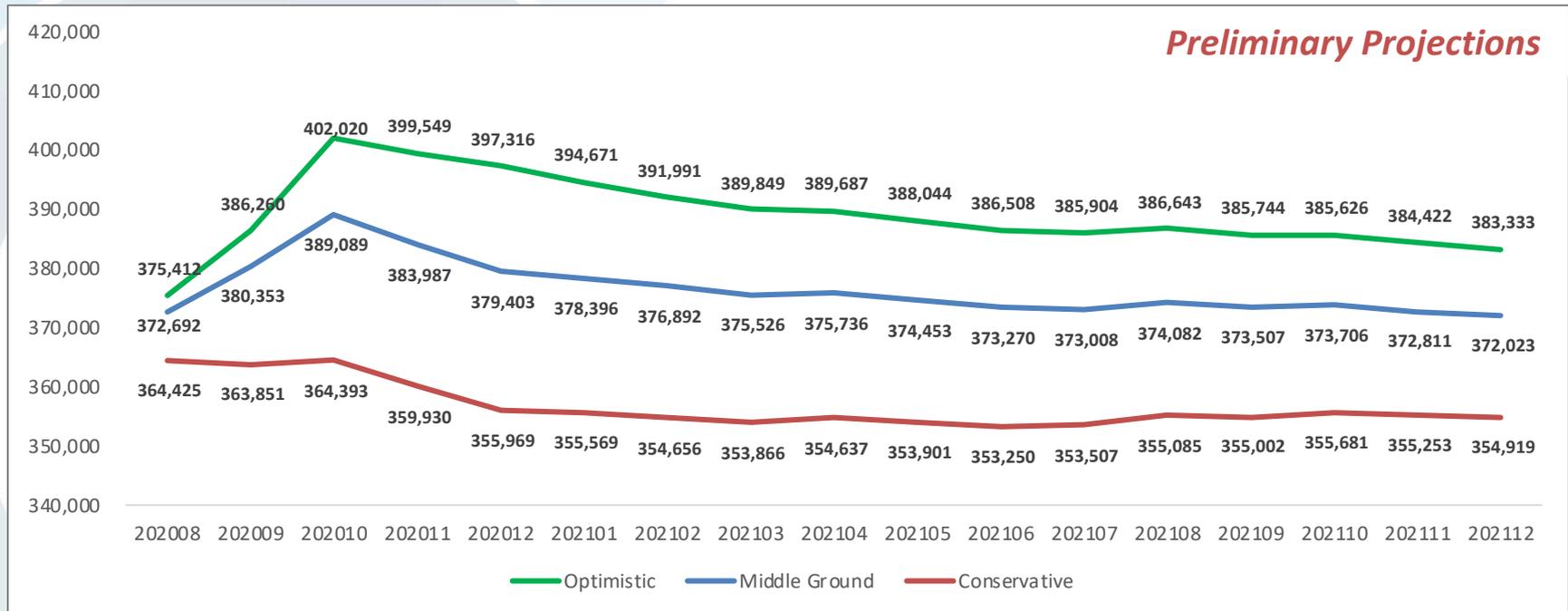


- Overall membership attrition has declined mostly due to a pause on redetermination

Source: CCH Health Plan Services Analytics



# Membership Projections



## Key Assumptions

- **Aggressive:** rede activated in 2020Q4, less voluntary attrition, 35% auto assignment in 2021
- **Moderate:** rede activated in 2020Q4, more voluntary attrition, 20% auto assignment in 2021
- **Conservative:** rede activated in 2020Q3, more voluntary attrition, 20% auto assignment in 2021

Projections are best estimates based on available data and are subject to change



# Growth by Area





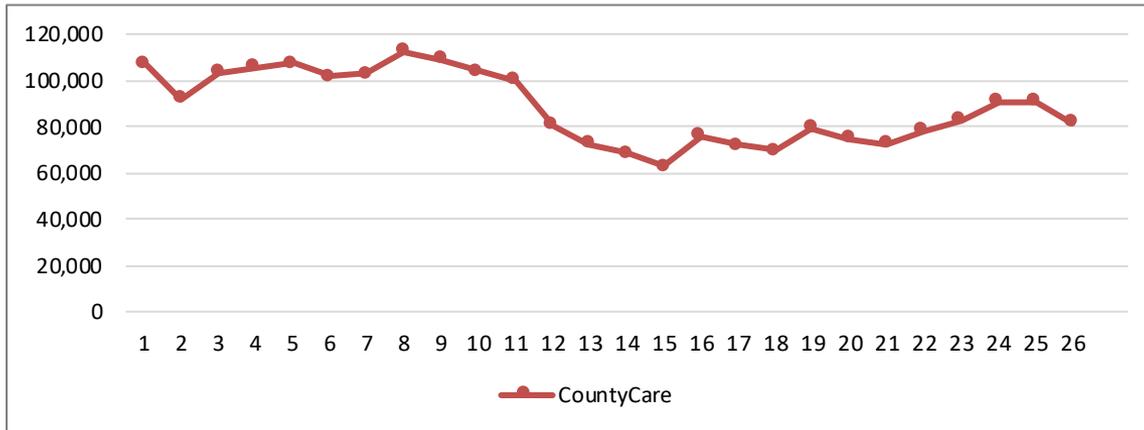


COVID  
Medical  
Trend



# Weekly Claims Received Trends in 2020

**All Claims**



- After increasing for or holding steady for the past month, volume decreased by 10% this week
- Claims volume is still up 30% from its lowest point in week 15 (mid April)

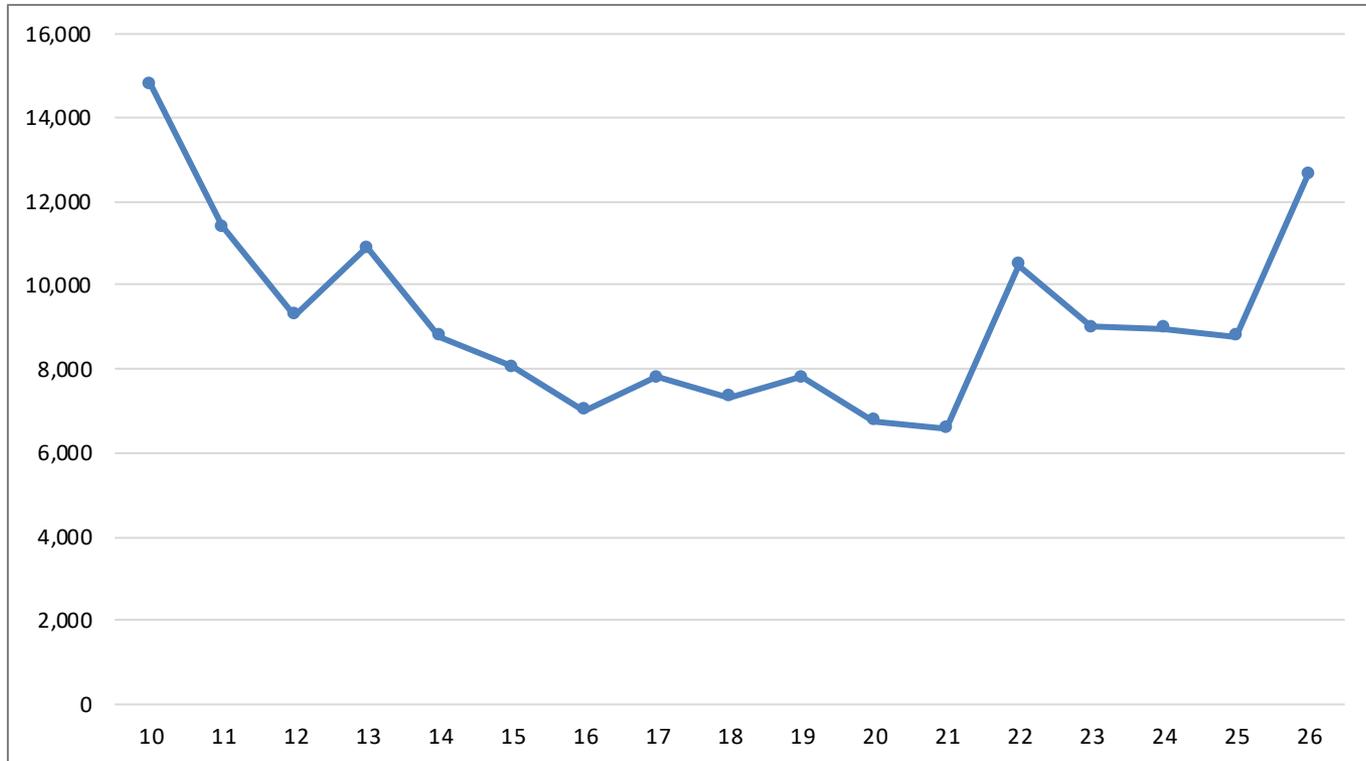
Week of 2020	Total Claims
10	103,797
11	99,963
12	80,390
13	72,522
14	68,741
15	62,998
16	76,167
17	72,088
18	69,819
19	79,501
20	74,834
21	72,295
22	77,925
23	82,774
24	90,500
25	90,704
26	81,901

Data current through 7/6/2020

Source: CCH Health Plan Services Analytics

# Weekly Claims Received Trends in 2020

## UB-04 Claims (institutional facilities)

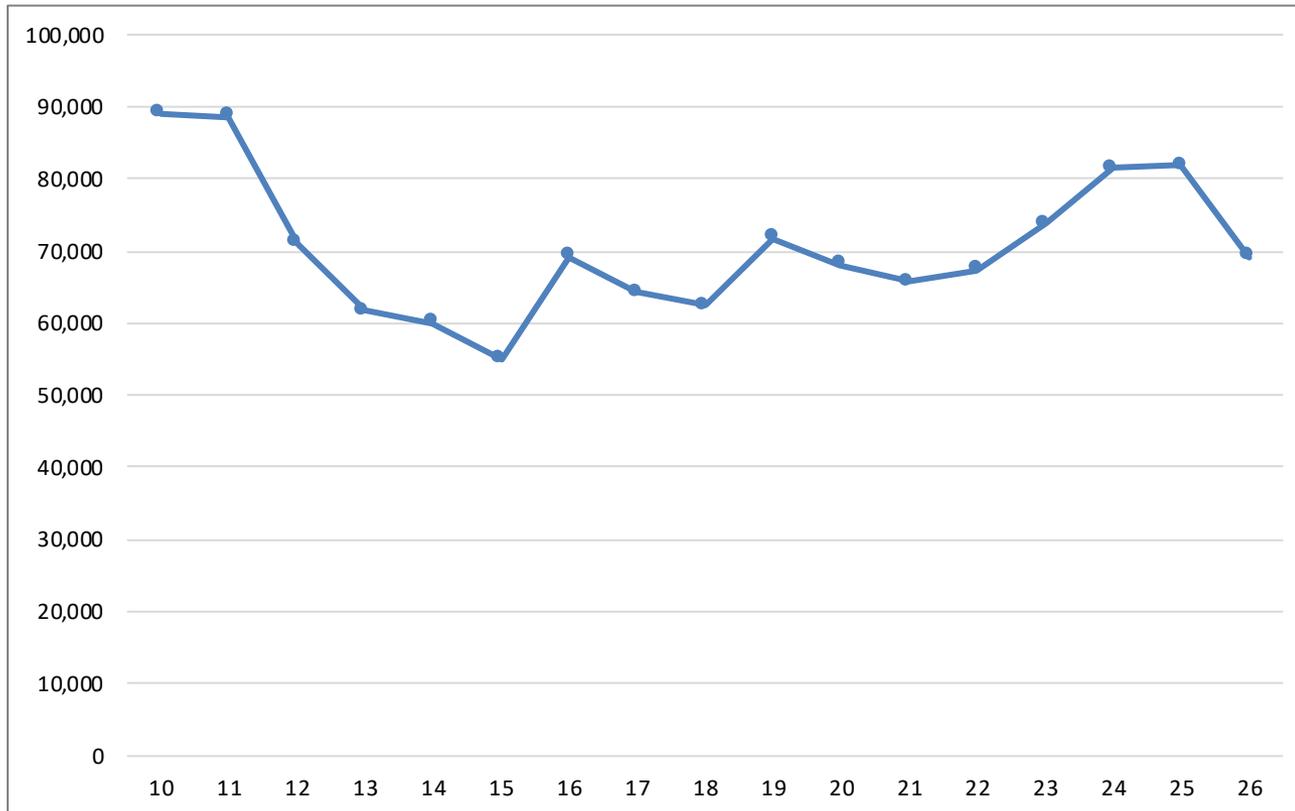


Data current through 7/6/2020

Source: CCH Health Plan Services Analytics

# Weekly Claims Received Trends in 2020

## HCFA-1500 Claims (professional services)

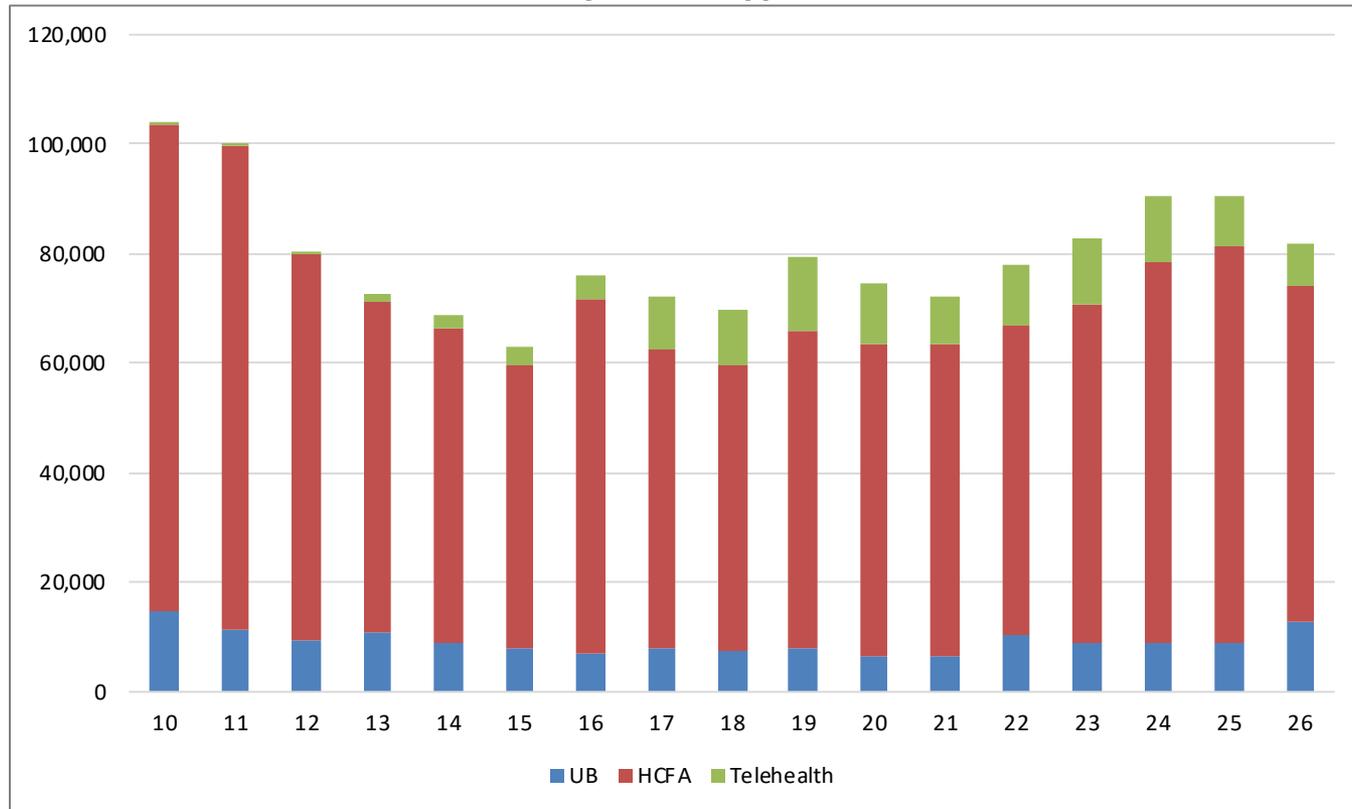


Data current through 7/6/2020

Source: CCH Health Plan Services Analytics

# Weekly Claims Received Trends in 2020

By Claim Type



- Since mid-April, Telehealth volume has been at least 10% of total volume
- Telehealth volume has tailed off the past two weeks (10% of total each week)

Data current through 7/6/2020

Source: CCH Health Plan Services Analytics

CountyCare  
Funding  
CCH  
Programs



# Reinvestment Background

- On May 4, 2020, the Department of Healthcare and Family Services (HFS) formally issued a notice to all Medicaid health plans that they would be returning the P4P withhold (January-May 2020) for reinvestment in the Illinois Medicaid program during the Covid-19 pandemic.
- This opportunity has provided CountyCare the opportunity to dedicate this funding to the many programs that we have already initiated and launched in a concerted effort to protect the health and wellbeing of our members during these difficult times.



# CountyCare included four CCH-driven Social Determinants of Health (SDOH) initiatives:

- The Cook County Flexible Housing Pool (FHP)
- South Side Y Alternate Shelter
- The Cook County Health Fleet
- Investment in Experimental Station's LinkMatch

# Cook County Flexible Housing Pool (FHP)

- **Reinvestment Total: \$2.5M**
- CountyCare will make a significant investment in the Flexible Housing Pool (FHP) to provide housing, tenancy supports, and care coordination to CountyCare members. The cost of housing and tenancy support per CountyCare member is \$24,500 per year. Each referral is a three-year commitment and the funds allocated will provide supportive housing to 33 CountyCare members for three years.
- \$1M has been invested in the FHP to date.



# South Side Y Alternate Shelter/Medical Respite Center

- **Reinvestment Total: \$612.5K**
- CountyCare will allocate funds to offset the cost of 14.5 FTEs (Physician 2.5FTE, Nurse 7FTE, Social Work 3FTE, Behavioral Health 1FTE and Support Staff 1FTE) that provide comprehensive medical, behavioral, and social services at the shelter.
- 51 patients benefited from the program in its 1<sup>st</sup> month of operating.
- \$109.4K has been invested in the South Side Y to date.



# The Cook County Health Fleet

- **Reinvestment Total: \$1.5M**
- CountyCare requested to use reinvestment funds to transition its highest risk members based on their health conditions from shared rides with First Transit to single rides with Cook County Health's Fleet Transportation.

# Investment in Experimental Station's LinkMatch

- **Reinvestment Total: \$16K**
- Cook County Health must complete a \$16K reimbursement to LinkMatch and the Experimental Station, a not-for-profit (501-c-3) incubator of innovative cultural, educational, and environmental projects and small-scale enterprise.
- LinkMatch, a program of Experimental Station, allows SNAP recipients to purchase food with SNAP benefits and receive a matched amount to spend on fresh produce at farmers markets.

**MCAP**  
Medical Cost  
Action Plan



# MCAP

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

# Approach

## **Selecting a MCAP**

- Data evaluated from finance, analytics, actuaries, or other areas, focus on areas of high spend or unexpected/outlier spending
- Interventions that can lead to short- and long-term savings can be implemented in this fiscal year
- Emphasis on initiatives that also improve quality

## **Approval and Monitoring**

- Finance assists in setting financial targets and monitoring savings
- CountyCare Executive Owners and leads are assigned
- Finance monitors progress through weekly meetings with initiative leads
- Bi-weekly meetings of CountyCare Leadership to track progress, milestones, accomplishments, roadblocks and decisions needed

## **Alignment with other Health Plan Strategies**

- CountyCare Strategic Plan and Roadmap
- Quality Workplans



# Prior Year Completed Initiatives

## **Pharmacy:** FY19 Savings: \$9M

- Formulary Changes
- Re-procurement and implementation of new PBM

## **Finance:** FY19 Savings: \$2M

- Procured SSI/SSDI Vendor
- Led Rate Discussions with HFS
- Implementation of capitated rates in cardiology and oncology

## **Operations:** FY19 Savings: \$1M

- Implemented newborn retention program
- Member incentive program changes

## **Medical Management:** FY19 Savings: \$13M

- High cost member workplans
- De-delegation of and insourcing of external care management
- Prior authorization changes

## **Network:** FY19 Savings: \$1M

- Remediation of contracts above 100% of Medicaid
- Elimination of capitated agreements

## **Compliance:** FY19 Savings: \$4M

- FWA/Coordination of Benefits
- Recoveries of provider payments



# Areas of 2020 Focus

## **Pharmacy:** FY20 Savings: \$3-5M

- Medication Reconciliation and Management
- Specialty pharmacy initiatives

## **Finance:** FY20 Savings: \$5-7M

- Implementation of SSI/SSDI Vendor
- Expansion of shared-risk provider agreements

## **Operations:** FY20 Savings: \$1-3M

- Member incentive program changes
- PCP engagement strategies

## **Medical Management:** FY20 Savings: \$2-4M

- High cost member workplans
- Single-source surgeries

## **Network:** FY20 Savings: \$3-5M

- Continued remediation of contracts above 100% of Medicaid
- Opportunities for streamlined network

## **Compliance:** FY20 Savings: \$3-5M

- FWA/Coordination of Benefits
- Recoveries of provider payments



# Summary

## Improvement Opportunities

- Formalizing process to increase “pipeline” of new ideas and initiatives to continually feed MCAP process
- Initiatives require dedicated resources to execute well

## Results

- Achieved over \$30 million in revenue/savings in FY 2019
- Targeting additional \$20-25 million in FY 2020