Minutes of the Special Meeting of the Managed Care Committee of the Board of Directors of the Cook County Health and Hospitals System held Wednesday, May 27, 2020 at the hour of 10:30 A.M. This meeting was held by remote means only, in compliance with the Governor's Executive Orders 2020-7, 2020-10, and 2020-18.

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 Ada Mary Gugenheim; Mary Driscoll, RN, MPH; Mary B. Richardson-Lowry; and Otis L. Story, Sr.

Absent: None (0)

Additional attendees and/or presenters were:

Debra D. Carey, Interim Chief Executive Officer
Yvonne Collins, MD – Chief Medical Officer, Health
  Plan Services

James Kiamos – Chief Executive Officer, Health
  Plan Services
Kent Ray –Associate General Counsel
Deborah Santana – Secretary to the Board

II. **Electronically Submitted Public Speaker Testimony**

Chair Thomas noted that there were no public testimonies submitted.

The Secretary responded that there were none submitted.

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

James Kiamos, Chief Executive Officer of Health Plan Services, provided an overview of his report. Yvonne Collins, MD, Chief Medical Officer, Health Plan Services, reviewed the slides regarding Quality. The Committee reviewed and discussed the information.

The presentation included information on the following subjects:

- Metrics:
  - Current Membership
  - Managed Medicaid Market
  - Medicaid Managed Care Trend in Cook County
  - Claims Payment
- Open Enrollment and Redetermination
  - Open Enrollment Comparison 2018-2020
  - Redetermination Trends
- Covid-19 Response
- Four Areas of Focus
  - Member Outreach
  - Clinical Efforts
  - Provider Support
  - Forward Thinking

III.   Report on CountyCare Health Plan (continued)

- Covid-19 Projections Trends
  - CountyCare Member Projections – Covid
  - Claims Received Trends / All Claims
  - Claims Received Trends / Claim Type
  - Updated Results Using Claims Data to Identify Covid-19 Patients
  - Lag Between Positive Covid-19 Diagnosis and Claim Receipt
- Quality
- NCQA Health Insurance Plan Ratings 2019-2020
- 2018 HealthChoice Illinois Plan Report Card
- HEDIS Results: Top Performing Measures
- HEDIS Results: Opportunities for Improvement
- Performance Improvement Initiatives
- Results: Adult and Child CAHPS

During the discussion of the information on slide 3 of the presentation, Director Munar noted that there was a new metric being presented regarding the number of CountyCare members who are patients within Ambulatory Services. He asked for information about the significance of the percentage of members attributed to CCH. What is the benchmark/goal? Debra D. Carey, Interim Chief Executive Officer, stated that information on the number of CountyCare members empaneled at CCH primary care medical homes over the years can be provided. She noted that, if members are empaneled at CCH primary care medical homes, that may increase the likelihood that they will use other CCH provider services, so the administration is very interested in seeing that number grow. Mr. Kiamos commented that, in the past, the percentage of empaneled CountyCare members may have been smaller, but now the denominator is much larger.

Following the conversation, Director Driscoll requested information on the total number of Ambulatory Services patients, in order to determine what percentage of Ambulatory Services patients are CountyCare members. Mr. Kiamos responded that he will provide that information.

IV.   Action Items

A. Minutes of the Managed Care Committee Meeting, December 12, 2019

> Director Munar, seconded by Director Koetting, moved to accept the minutes of the Managed Care Committee Meeting of December 12, 2019.   THE MOTION CARRIED UNANIMOUSLY.

B. Any items listed under Section IV

V.   Adjourn

> As the agenda was exhausted, Chair Thomas declared the meeting ADJOURNED.

Respectfully submitted,
Managed Care Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXX
Sidney A. Thomas, MSW, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/Follow-up:

Request: A request was made for information on the total number of Ambulatory Services patients, in
             order to determine what percentage of Ambulatory Services patients are CountyCare members.
             Page 2

Cook County Health and Hospitals System
Minutes of the Managed Care Committee Meeting
May 27, 2020

ATTACHMENT #1

CountyCare Update
Prepared for: CCH Managed Care Committee

James Kiamos

CEO, Health Plan Services

May 27, 2020

Plan Metrics

Current Membership

Monthly membership as of May 5, 2020

Category	Total Members	ACHN Members	% ACHN
FHP	210,781	15,614	7.4%
ACA	75,882	12,316	16.2%
ICP	29,783	5,665	19.0%
MLTSS	5,991	0	N/A
SNC	7,174	1,235	17.2%
Total	**329,551**	**34,830**	**10.6%**

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

CountyCare
HEALTH PLAN

Managed Medicaid Market

Illinois Department of Healthcare and Family Services April 2020 Data

Managed Care Organization	Cook County Enrollment	Cook County Market Share
*CountyCare	326,631	31.9%
Blue Cross Blue Shield	252,951	24.7%
Meridian (a WellCare Co.)	222,670	21.8%
IlliniCare (a Centene Co.)	100,411	9.8%
Molina	64,681	6.3%
*Next Level	56,421	5.5%
Total	**1,023,765**	**100.0%**

* Only Operating in Cook County

Meridian and WellCare (dba Harmony) merged as of 1/1/2019. Pending Merger with Centene (dba IlliniCare)
CVS/Aeta purchasing IlliniCare legacy Medicaid

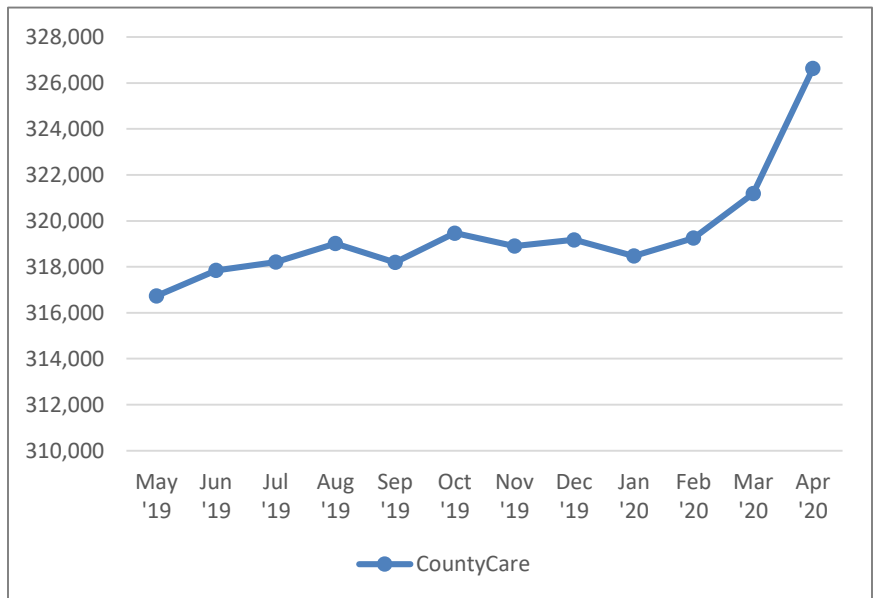Source: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx

CountyCare
HEALTH PLAN

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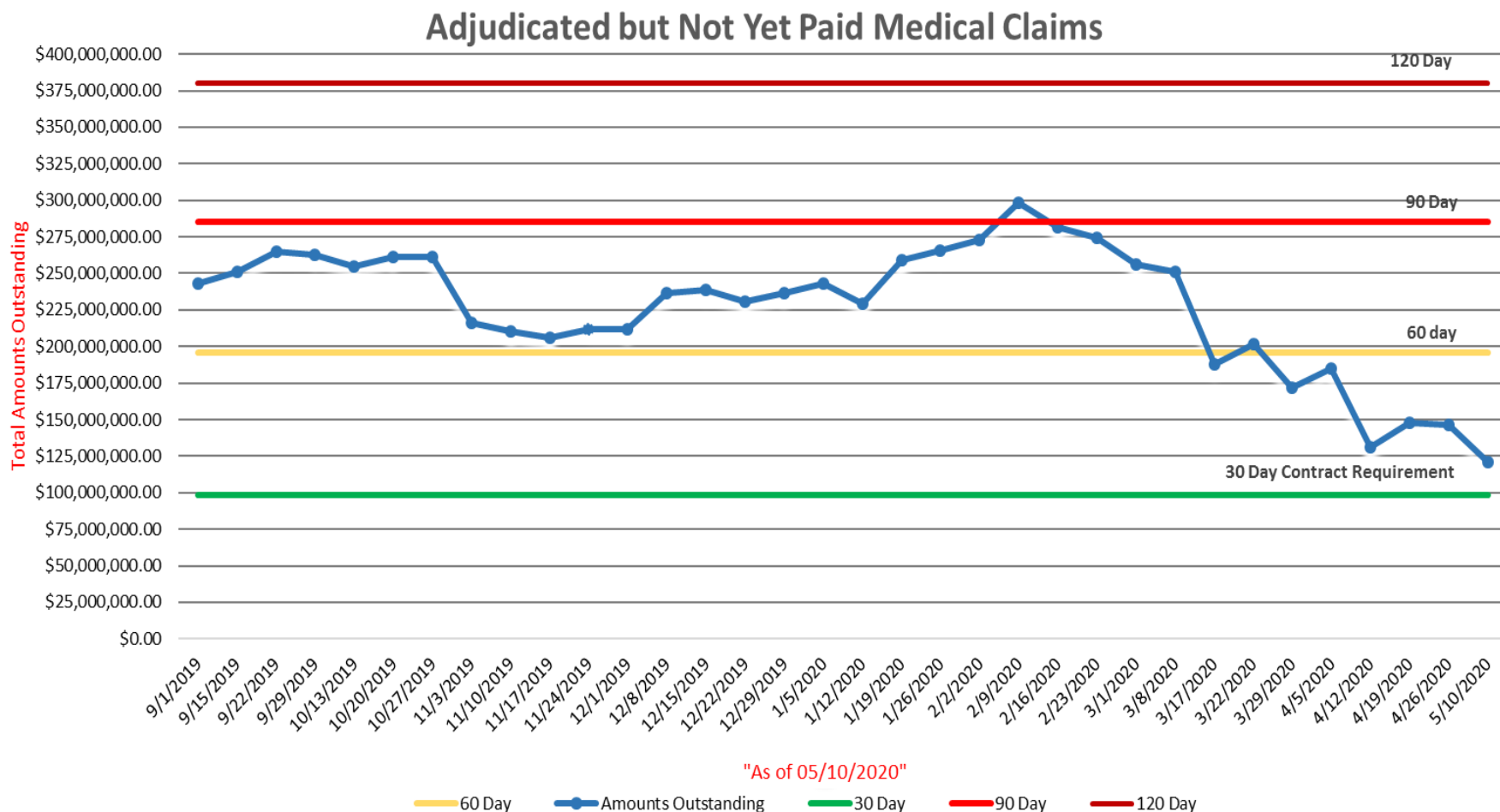(charts not to scale)

Cook County Medicaid Managed Care
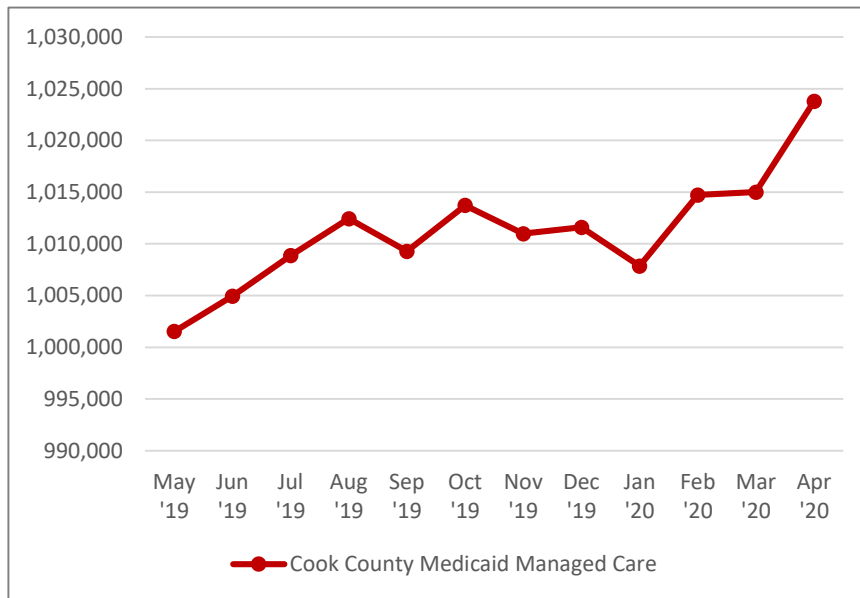
CountyCare

- CountyCare's enrollment increased almost 2% in April 2020 compared to the prior month

Source: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx
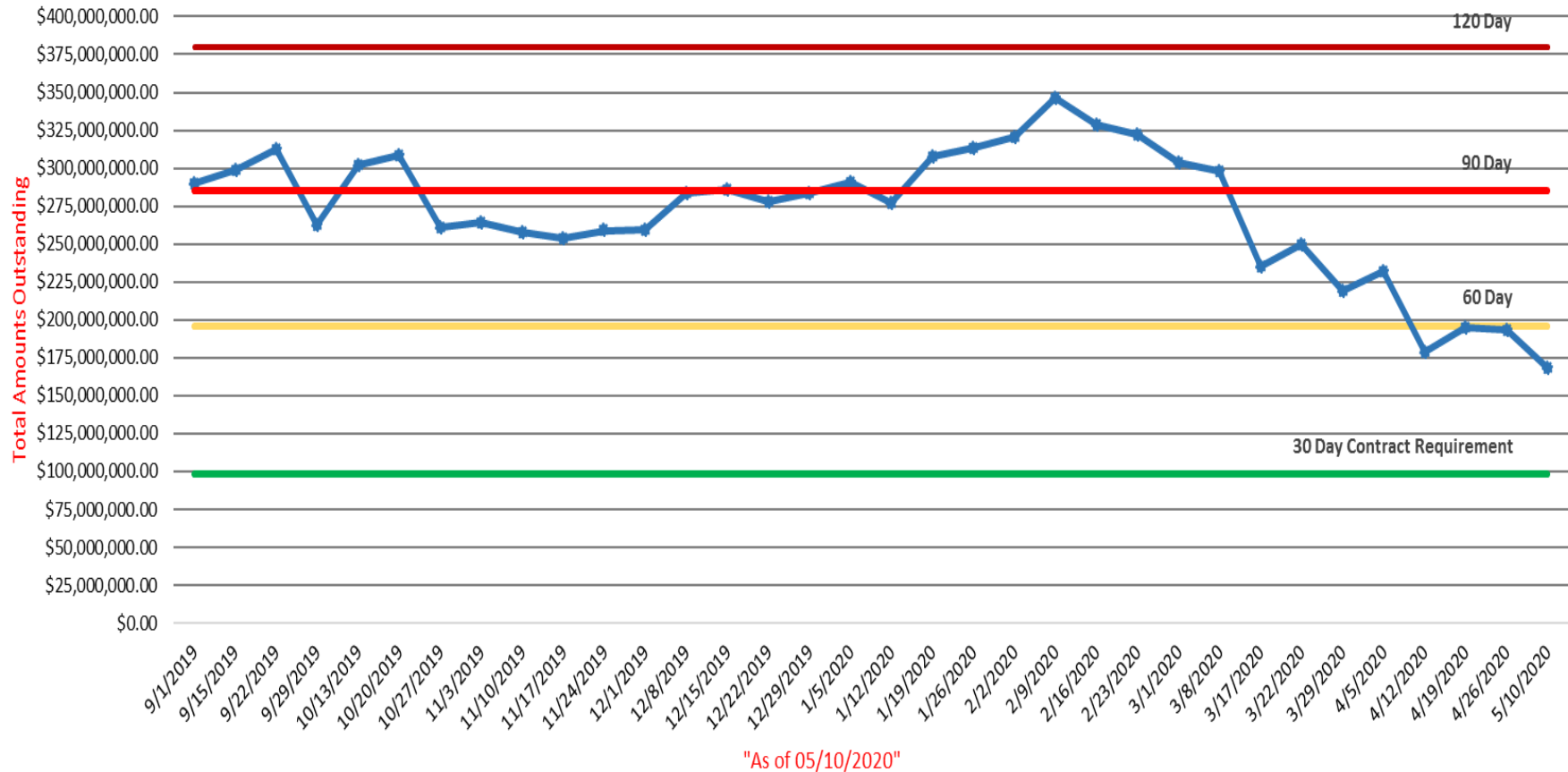
Claims Payment

Claims Payment

Received but Not Yet Paid Medical Claims

"As of 05/10/2020"

*Assumes average of 15 days to process claims
*Assumes $47.5M in pending claims not yet adjudicated
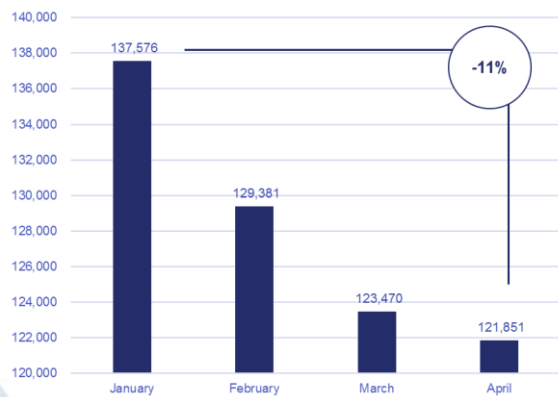*Medical claims only- does not include pharmacy, dental, vision or transportation claims

Source: CCH Health Plan Services Analytics

7
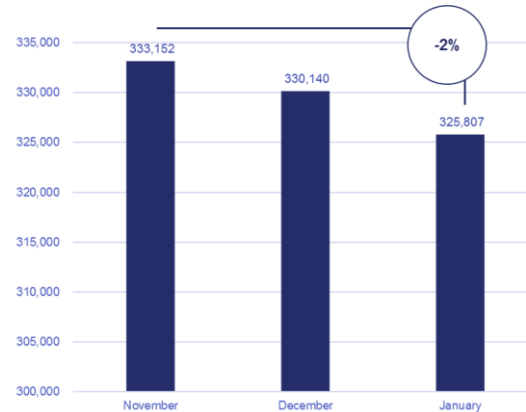
Open Enrollment
&
Redetermination
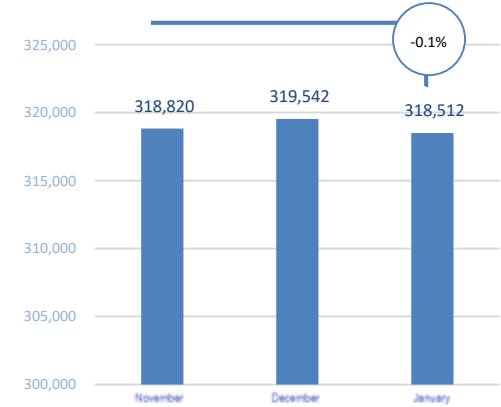
Open Enrollment Comparison | 2018-2020

2018 Open Enrollment | CountyCare Only

2019 Open Enrollment | Full Population
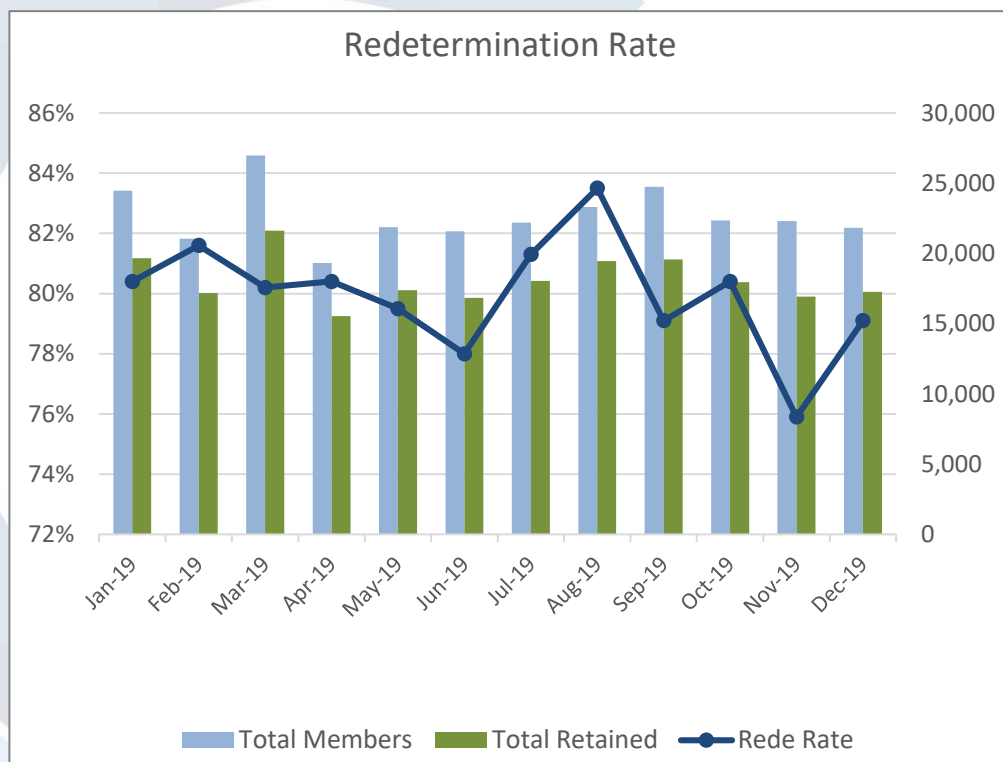

2020 Open Enrollment | ~90% Jan OE

- Through January 2020, results of Open Enrollment much more positive than 2018 and 2019

Source: CCH Health Plan Services Analytics

Redetermination Trends

Redetermination Rate chart showing Total Members (light blue bars), Total Retained (green bars), and Rede Rate (dark blue line) from Jan-19 to Dec-19.

	January 2019	January 2020
Retained Members	12,087	16,926
Total REDE Members	16,902	22,303
REDE Success Rate	72%	76%

- YOY comparison between January 2019 and January 2020 has overall rede rate improvement of +4%

- Monthly tracking and delivery of rede rate and prospective members

- Monthly rede post cards and events continue to be opportunity for members to maintain coverage continuity

Source: CCH Health Plan Services Analytics

COVID -19 Response

COVID-19 Response

In addition to the core requirements from the Department of Healthcare and Family Services (HFS) and the Centers for Medicare & Medicaid Services (CMS), CountyCare has initiated its own innovative quality initiatives to ensure CountyCare members have access to the services they need during the COVID-19 public health crisis.

Four Areas of Focus

- Member Outreach

- Clinical Efforts

- Provider Support

- Forward Thinking

CountyCare
HEALTH PLAN

Member Outreach

- **Home Delivered Meals:** We've expanded our benefits for members for home delivered meals.

- **Identification & Outreach to High Risk Members:** Our risk stratification algorithms have been adapted to prioritize members at highest risk of COVID-19 complications for our Care Management Teams outreach.

- **Increase in Care Management Outreach:** We've developed partnerships to increase Care Management outreach efforts for the higher risk members.

- **Education to our Members:** We are proactively outreaching to members to educate them on symptoms, CDC prevention guidelines, and ensure CPS members have awareness of meal support during school closures.

Clinical Efforts

- **Telemonitoring Program & Homemaker Agencies:** We've partnered with home health providers to support telemonitoring programs and are coordinating with homemaker agencies to assist with wellness checks to provide services.

- **Transition of Care Support:** We've developed a protocol for prompt assistance of transfers and discharges of members via our care coordination team.

- **Mail Order Pharmacy** process put in place as well as adjustments to allow out of network pharmacies to fill prescriptions, edit day supply, and allow "refill too soon."

CountyCare
HEALTH PLAN

Provider Support

- **Nuanced Billing Support:** The Provider Relations Team is virtually connecting with our providers to implement coding and billing for COVID-19 as critical changes evolve including authorization and telehealth billing requirements.

- **Advanced Payment Options:** Our existing advanced hospital payment model is being explored to be more broadly applied as best practices across other MCOs. We've also developed operational processes to support advanced payment options to FQHCs.

- **Timely Filing / Appeal Extension:** We are extending timelines for submission.

Forward Thinking

- **Wellness Kits:** Working to build out "Wellness" Kits for high-risk members to send directly to members' homes.

- **Offering Enrollment Support:** We've offered support via our Oak Forest call center to assist with online enrollment similar to redeterminations .

- **Transportation:** We are identifying additional providers for safe transportation for members for Non-Emergent transport.

- **Housing Efforts and Support:** Developing a model to coordinate and refer high-risk and vulnerable members to alternative housing.

COVID-19 Projections Trends
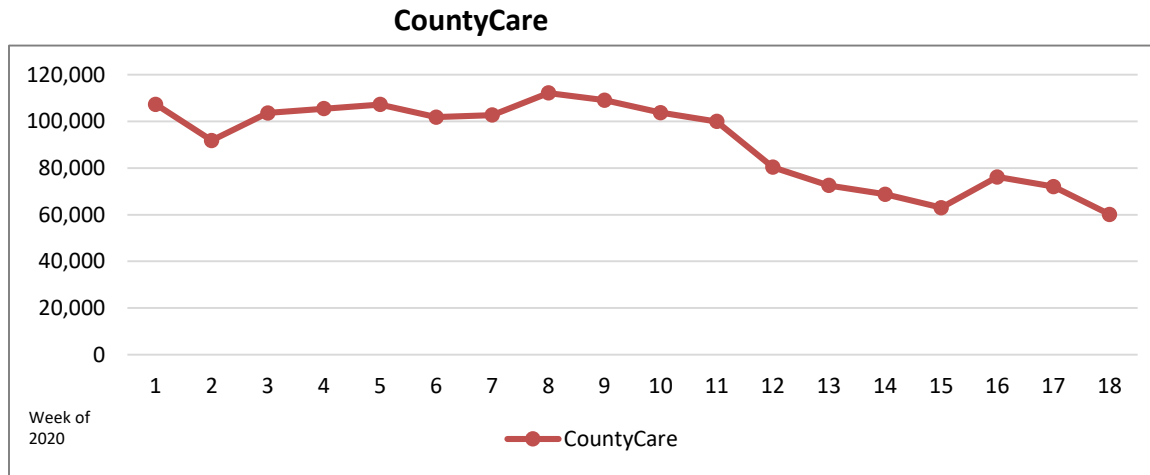
CountyCare Member Projections – COVID
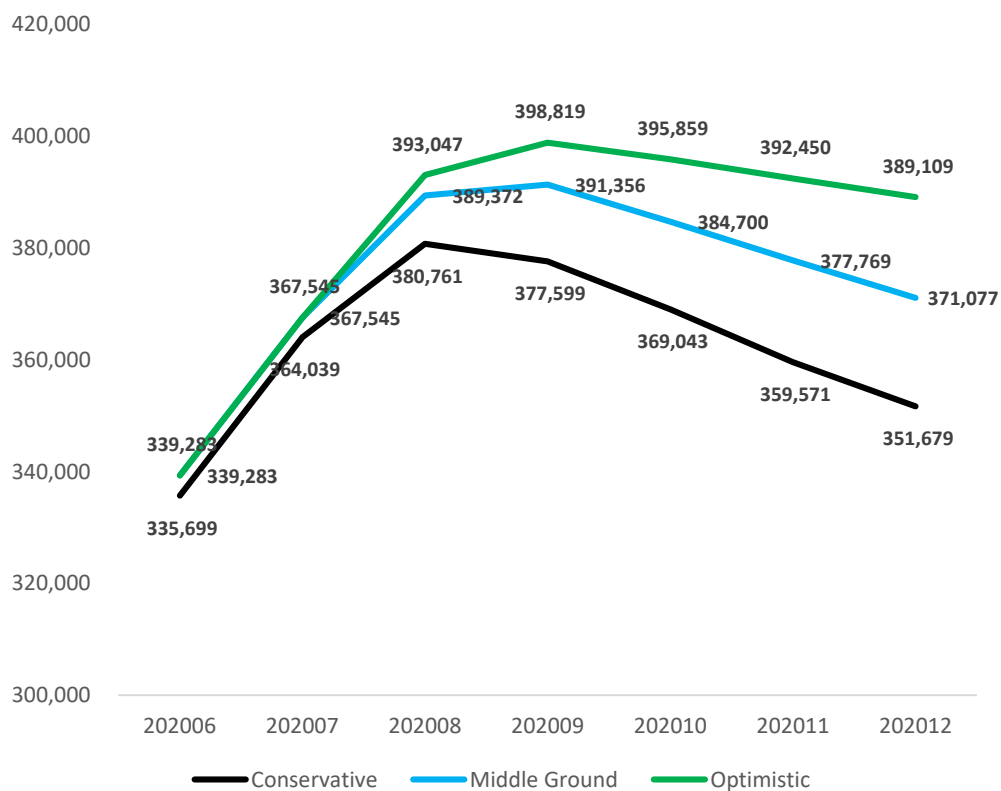
Based on HFS Projections at 20% auto-assignment starting 7/1.

Scenario	90 Day Choice Behavior	REDE Resumes	HFS Add Adjustments
Conservative	**4.9%** (2x Open Enrollment)	Rede resumes 2021	Adjusts Q4 adds to be in line with historical rates with 20% auto-assignment applied
Middle	**3.4%** (>1% Open Enrollment)	Rede resumes 2021	Adjusts Q4 adds to be in line with historical rates with 20% auto-assignment applied
Optimistic	**2.4%** (Historical Open Enrollment)	Rede resumes 2021	Adjusts Q4 adds to be in line with historical rates with 20% auto-assignment applied

Source: CCH Health Plan Services Analytics
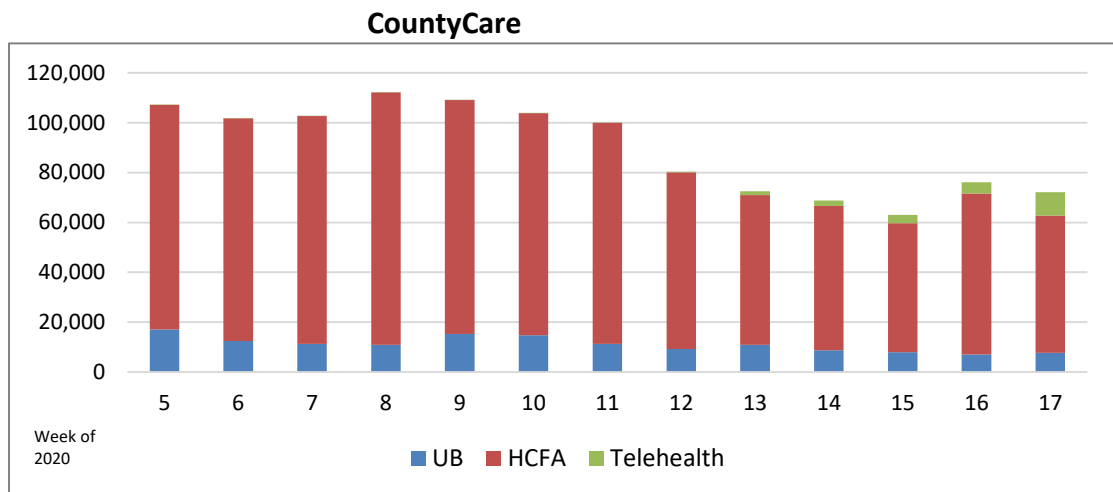
Claims Received Trends | All Claims

CountyCare

Week of 2020	Total Claims
1	107,348
2	91,815
3	103,629
4	105,481
5	107,234
6	101,823
7	102,719
8	112,226
9	109,117
10	103,797
11	99,963
12	80,390
13	72,522
14	68,741
15	62,997
16	76,163
17	72,088
18	60,132

- After declining 17% this week, overall claim volume has reached its low point in 2020

Data current through 5/10/2020

Source: CCH Health Plan Services Analytics

Claims Received Trends | Claim Type

CountyCare

Week of 2020

■ UB ■ HCFA ■ Telehealth

Week of 2020	Telehealth Claims
5	8
6	35
7	7
8	8
9	13
10	17
11	32
12	286
13	1,524
14	2,111
15	3,350
16	4,572
17	9,350

- Since late March, Telehealth has increased from virtually zero to ~9K claims per week

Data current through 5/3/2020

Source: CCH Health Plan Services Analytics

Updated Results using Claims Data to Identify COVID-19 Patients

As of Week Ending In	Claims Received	Members w/ Positive Dx	Members w/ Dx Test	Members w/ Antibody Test	IP Admits	Total Cost
April 18	631	179	406	0	10	$104K
April 25	1,343	468	1,247	0	77	$788K
May 9	7,958	1,245	2,377	20	115	$2.1M

Source: CCH Health Plan Services Analytics

Lag Between Positive COVID-19 Diagnosis and Claim Receipt

Identified COVID19 Positive Members by Claim Recieved Date and Claim Service Date
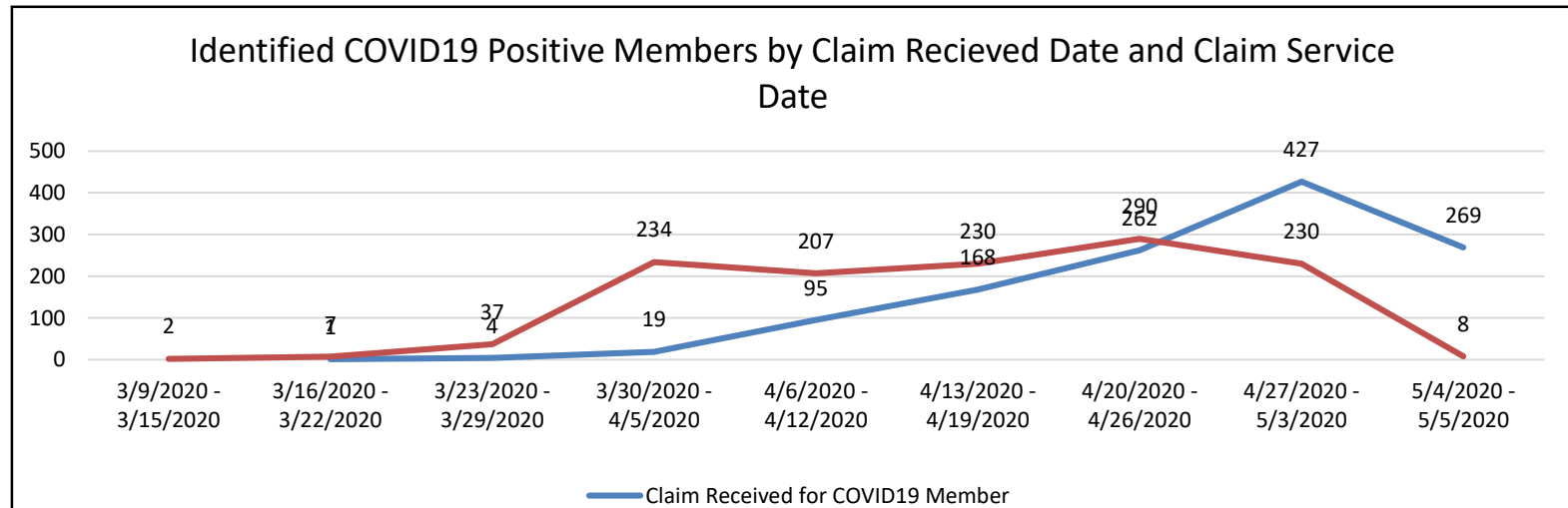
- The continued spike in COVID-19 case count identified using claims data is primarily driven by providers catching up with claims submissions
- Positive diagnoses appear to have peaked and are slightly declining

Quality

Yvonne Collins, MD
CountyCare CMO

NCQA Health Insurance Plan Ratings 2019-2020

NCQA Health Insurance Plan Ratings 2019-2020 - Summary Report (Medicaid)

Search for a health insurance plan by state, plan name or plan type (private, Medicaid, Medicare). Click a plan name for a detailed analysis.

In 2019, NCQA rated more than 1,000 health insurance plans based on clinical quality, member satisfaction and NCQA Accreditation Survey results. Ratings emphasize care outcomes (the results of care) and what patients say about their care.
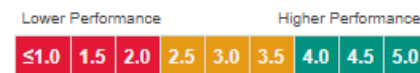
Note: The overall rating is the weighted average of all measures, not the average of the three composites (Consumer Satisfaction, Prevention, Treatment). For more information about the ratings, including how they are calculated, visit our 2019 ratings page.

Lower Performance					Higher Performance			
≤1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0

Medicaid ▾ | Illinois ▾ | Enter Plan Name | Search

Rating ⬍	Plan Name ⬍	States	Type ⬍	NCQA Accreditation ⬍	Consumer Satisfaction ⬍ ⑦	Prevention ⬍ ⑦	Treatment ⬍ ⑦
3.5	Cook County Health & Hospitals System's CountyCare Health Plan	IL	HMO	Yes	2.5	3.5	3.0
3.5	Meridian Health Plan of Illinois, Inc.	IL	HMO	Yes	2.5	3.0	3.0
3.5	Molina Healthcare of Illinois, Inc.	IL	HMO	Yes	2.5	3.0	3.0
3.0	IlliniCare Health	IL	HMO	Yes	3.0	2.0	2.5
Partial Data Reported	Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation	IL	HMO	Yes	I	I	I
Partial Data Reported	NextLevel Health Partners	IL	HMO	Yes	I	I	I
No Data Reported	Harmony Health Plan, Inc. (Illinois) *Special Area: IL Region*	IL	HMO	No			

2018 HealthChoice Illinois Plan Report Card

HealthChoice Illinois: 2018 HealthChoice Illinois Plan Report Card

Comparing HealthChoice Illinois Plans

This report card is for individuals in the HealthChoice Illinois Managed Care Program in **Cook County**. The report shows how the managed care plans compare to one another in key performance areas. The ratings for each plan are to help pick a plan that is best for you. The change for each performance area shows if the plan's rating got better, worse, or stayed the same from last year's report card.

Performance Rating

Highest Performance ★★★★★	Average Performance ★★★
High Performance ★★★★	Low Performance ★★
	Lowest Performance ★

Performance Change

Rating Got Better	⬆
Rating Stayed the Same	—
Rating Got Worse	⬇

Plan^	Doctors' Communication and Patient Engagement	Change	Access to Care	Change	Women's Health	Change	Living With Illness	Change	Behavioral Health	Change	Keeping Kids Healthy	Change
Blue Cross Community Health Plans	★★★★	—	★★★	⬆	★★★★★	—	★★★	⬆	★★★★★	—	★★★★★	—
CountyCare Health Plan	★★★	—	★★★	—	★★★★★	—	★★★	—	★★★	—	★★★★★	—
IlliniCare Health	★★★	⬆	★★★	⬆	★★	—	★★★★★	—	★★★★★	—	★★	—
MeridianHealth*	★★★	—	★★★★★	—	★★★	—	★★★	—	★★★★	—	★★★	⬇
Molina Healthcare	★★	⬆	★★★	—	★★★	—	★★★★★	—	★★★	—	★★★★★	—

^Plan ratings include data for NextLevel Health Partners but results for NextLevel are not shown.
*Data for MeridianHealth also include data for members enrolled in Harmony in 2018.

What is Rated in Each Performance Area?

Doctors' Communication and Patient Engagement
- Doctors explain things well to members
- Doctors involve members in decisions about their care

Access to Care
- Members get the care they need, when they need it

Women's Health
- Women get screenings and tests for female cancers and diseases
- Women receive care before and after their babies are born

Living With Illness
- Members living with conditions, like diabetes and asthma, 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

Keeping Kids Healthy
- Children get regular checkups and important shots that help them stay healthy

HEDIS Results: Top Performing Measures

80th Percentile

- Prenatal and Postpartum Care – Timeliness (PPC)*
- Prenatal and Postpartum Care – Postpartum (PPC)*

75th Percentile

- Breast Cancer Screening (BCS)

60th Percentile

- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment – Initiation Total (IET)

*Hybrid measure, results not final

HEDIS Results: Opportunities for Improvement

CY2019/HY2020 (MY2019)

50th Percentile

- Adult Access to Preventative/Ambulatory Services (AAP)
- Antidepressant Medication Management – Acute (AMM)

25th Percentile

- Antidepressant Medication Management – Continuation (AMM)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
- Comprehensive Diabetes Care – HbA1c Screen (CDC)*
- Comprehensive Diabetes Care – Med Attn for Nephr (CDC)*
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment – Engagement Total (IET)
- Medication Management for People With Asthma – 75% Compliant (MMA)
- Well-Child Visit within the First 15 Months of Life – 6 visits (W15)*
- Well-Child Visit in the 3, 4, 5, 6 Year of Life (W34)*

*Hybrid measure, results not final

Performance Improvement Initiatives

- Launched Brighter Beginnings
  - Program for expectant families and babies offering resources and rewards
  - Quality Measures impacted: CIS, PPC, W15

- Expanded the CountyCare Rewards Program
  - Reward for PCP annual visit for all members 16 months and older
  - Quality Measures impacted: AAP, AWC, CAP, W34

- Offering in-home diabetic retinal eye exams
  - Quality Measure impacted: CDC

- Member Self-Management Program
  - A mobile-phone enabled self-management software for members to learn and practice appropriate self-care for asthma, diabetes, hypertension, and obesity
  - Quality Measures impacted: ABA, CBP, CDC, MMA

Performance Improvement Initiatives

- New Health and Wellness page on the CountyCare website
  - Offers lifestyle and condition assessments, fitness and health calculators, health topic brochures
  - Quality Measures impacted: ABA, AMM, CBP, CDC, MMA
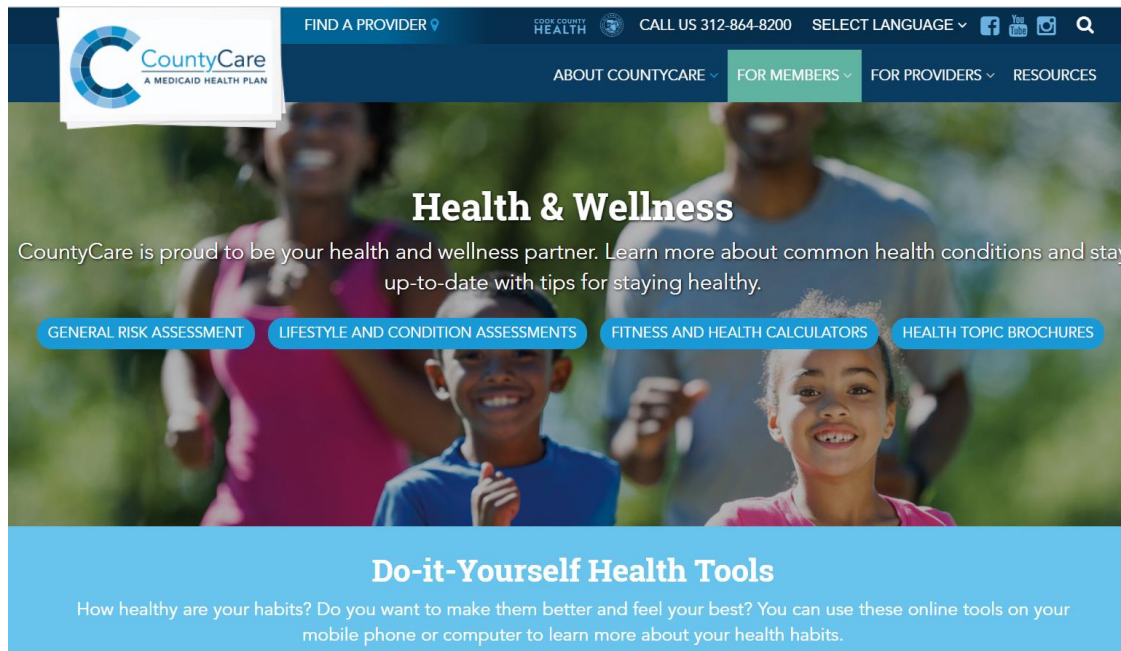
Performance Improvement Initiatives

- Implemented retinal cameras in clinics
  - ➢ Quality Measure impacted: CDC

- Exploring school-based health centers pilot program
  - ○ Establish model for MCO and school-based health center collaboration for shared CountyCare/Chicago Public Schools members to coordinate care and identify and close care gaps
  - ➢ Quality Measures impacted: APM, AWC. IMA, W34

- Pay for Performance program
  - ➢ Quality Measures impacted: AAP, APM, BCS, MMA, PPC

- Quarterly performance meetings
  - ○ Share data with provider groups on membership, costs, utilization, chronic conditions, and HEDIS measures
  - ○ Provide gaps in care member lists for outreach
  - ➢ Impacts all quality measures

Performance Improvement Initiatives

- Improved HEDIS measure data capture and completeness
  - Using adjudicated, but not yet paid claims
  - Educated providers on including rendering provider on claims

- Incorporated additional supplemental data sources
  - I-CARE
  - Electronic medical record files from medical homes
  - Medical record reviews

- Updated reporting structure for providers
  - Actionable member lists
  - Trending HEDIS performance

Results: Adult CAHPS

90th Percentile	• Customer Service • Rating of Personal Doctor
75th Percentile	• N/A
50th Percentile	• Coordination of Care • Rating of Health Plan
25th Percentile	• Getting Needed Care: • Getting Care Quickly • Rating of Health Care • Rating of Specialist

Results: Child CAHPS

90th Percentile	• Rating of Healthcare • Rating of Personal Doctor • Rating of Health Plan
75th Percentile	• Coordination of Care
50th Percentile	• N/A
25th Percentile	• Getting Needed Care
<25th Percentile	• Getting Care Quickly • Customer Service

Performance Improvement Initiatives

CAHPS

- Segmented results by provider group and shared with providers

- Expanded use of platform to improve ease of referrals to specialists

- Selection of additional supplemental questions for 2020 CAHPS survey

- Presentation and discussion of results with input from members at Quality Management Committee

- Education of CountyCare staff

- Initiation of CAHPS workgroup