Q3 2022 Quarterly Business Review (QBR) Report

Purpose of QBR Reports

The HealthChoice Illinois Quarterly Business Review is designed to provide measures and context around key subject areas and categories. All thresholds and requirements reflected here were developed based on best practices nationally as well as the Department's managed care Quality Strategy and Pillars. Among other objectives, these include improving access to care, fostering outcome-based approaches, addressing social determinants of health and promoting equity. The target for plans to meet most of the thresholds is January 1, 2023.

For each category below, the report offers (1) an explanation of major goals, (2) data showing changes over time and (3) where appropriate, highlights from individual plans.

Care Coordination:

New Enrollee Screening & Assessments:

Health Plans contact 100% of members to complete a Health Risk Screenings and Health Risk Assessment. HFS has a target threshold of 70% of new enrollees to have a health risk assessment or a health risk screening completed within 60 days of enrollment. To vigorously promote care coordination, this threshold was set higher than the industry average, which is a 54% completion rate within 60 days. Also, it should be noted that HRSs and HRAs are not completed for members in the fee for service program. This is a service available only through managed care.

Care Coordination: New Enrollee Screening and Assessments										
% of new Enrollees with a health risk assessment or a health risk screening within 60 days of enrollment ***Changed as of 12/2021-The metric now only looks at screening status as of 2 months after enrollment.**	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	met/not met	% change from Q1 2021	Threshold:
Blue Cross Community Health Plan	42.73%	47.69%	48.11%	47.71%	64.71%	63.90%	72.72%	met	70%	**70%**
CountyCare Health Plan	42.71%	35.50%	32.49%	31.04%	27.29%	37.54%	48.46%	not met	13%	
Aetna (IlliniCare Health)	42.54%	37.78%	41.92%	43.92%	45.35%	36.04%	43.74%	not met	3%	
Meridian Health Plan	52.58%	50.73%	44.69%	37.60%	49.55%	67.29%	55.56%	not met	6%	
Molina Healthcare	35.88%	45.00%	52.53%	66.32%	39.07%	42.84%	48.32%	not met	35%	

Aetna Better Health of Illinois: ABHIL conducted a thorough and deep dive of our end-to-end HRS reporting process. Upon analysis, the numbers reported from the various workstreams were not aligning to our reported total. Every newly enrolled member beginning in April 2022 was cross walked against our reporting tools; significant discrepancies were identified, resulting in under-reporting. This finding was remediated by correcting the data extraction logic as well as incorporating all work streams into our HRS documentation platform. The remediation results reveal the following updated performance: Q2 2022 = 39.08%; Q3 2022 = 51.08%.

BCBSIL: BCBSIL met the performance target of 70% of new enrollees to have a health risk assessment or a health risk screening completed within 60 days of enrollment for Q3 2022. Our significant improvement in 2022 is a result of improving member engagement, adding additional staff, training, and extending hours of operation to conduct outreach at a more convenient time for members.

CountyCare: CountyCare has implemented a multi-channel approach to improve member engagement with progress towards the goal of 70%. CountyCare's team has been identifying how to improve current outreach mechanisms to account for members' needs such as language. CountyCare continues to use

member and HRS data to form concentrated strategies for continued improvement in meeting and exceeding the metric goal.

Meridian: The plan has implemented improvements and innovations to existing processes in efforts to meet and exceed HFS' target. Strong relationships with Business Enterprise Program (BEP) certified vendors, exploration of provider partnerships, improved tracking tools, and maintained level of urgency will improve Meridian's HRS completion rates. We have created interdepartmental workgroups to leverage the talent across the organization and create solutions to increase our percentage of new enrollee contact rates.

Molina: Molina noted a reduction in performance pertaining to changes in outreach staffing and systems in early 2022. As new systems were emplaced, Molina enhanced its outreach efforts and modalities and began to see an increase in performance in 2022 that it expects to continue for the remainder of the year. Initial screening is only one way that Molina identifies the needs of incoming members. For all members, Molina applies predictive modeling tools based on historical medical claims and other factors to identify its most at-risk members and focuses outreach and interventions on those members. Molina also outreaches to members who have been hospitalized, and it works closely with providers who send referrals for case management.

Care Plan Assessment & Individual Plan of Care High Risk:

HFS requires that high risk enrollees have an individual plan of care completed. Health plans report on the percentage of individual care plans completed within 90 days. Care plans are created with the member to identify the member's medical and other goals and identify ways the member and the health plan can work together to help the member achieve them. The industry average is approximately 43% completion within 90 days.

Enrollee Engagement: Care Assessment and Individualized Plan of Care (IPoC)										
% **high risk** Enrollees with an IPoC completed **within 90 days** after being identified as high risk ***New threshold as of 1/1/2022**	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	met/not met	% change from Q1 2021	Threshold:
Blue Cross Community Health Plan	22.86%	25.57%	27.92%	38.95%	35.99%	28.73%	27.12%	not met	19%	**60%**
CountyCare Health Plan	51.86%	42.24%	41.46%	53.24%	50.41%	58.75%	23.57%	not met	-55%	
Aetna (IlliniCare Health)	72.91%	55.07%	73.16%	66.57%	72.18%	78.02%	74.47%	met	2%	
Meridian Health Plan	51.59%	48.13%	11.69%	32.03%	34.96%	34.81%	28.17%	not met	-45%	
Molina Healthcare	61.45%	44.36%	46.96%	31.77%	35.22%	30.47%	62.25%	met	1%	

Aetna Better Health: Aetna has amplified our efforts in engagement strategies; returning to the field - not only with boots on the ground with Community Health Workers, but with onsite in our high-volume facilities and provider offices – have enhanced our engagement capabilities. Accelerators to improve the health and well-being of our members include: completing Health Equity assessments upon identification of any social or structural (determinants of health) member need; more frequent training on Motivational Interviewing; accurate documentation and follow-up for assessment and on-going interventions, utilizing clinical pathways; and broader auditing to ensure compliance and effectiveness.

BCBSIL: BCBSIL is continuing to implement strategies to increase the volume of IPOC completions. BCBSIL has seen improvements in member engagement with the utilization of text messaging and incentives. Staff education and training focused on outreach date targets that cover initial and annual assessments, IPOC and service plan completions.

CountyCare: County Care has identified a need to make practice adjustments due to a downward trend for IPoC completion rate. This downward trend is attributed to recent increases in HRS rates which has increased the number of members stratified, and therefore increasing the number of members within

care management. CountyCare is pursuing multiple new strategies to increase and build meaningful member engagement, increase staffing levels, and improve IPoC completion rates.

Meridian: Meridian is continuing to evaluate and implement strategies and tactics to increase the number of individual care plans completed.

Care Plan Assessment & Individual Plan of Care Moderate Risk:

HFS requires that moderate risk enrollees have an individual plan of care completed. Health plans report on the percentage of individual care plans completed within 90 days. Care plans are created with the member to identify the member's medical and other goals and identify ways the member and the health plan can work together to help the member achieve them. The industry average is 55% completion within 90 days.

% **moderate risk** Enrollees with an IPoC completed **within 90 days** after being identified as moderate risk ***New threshold as of 1/1/2022**	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	met/not met	% change from Q1 2021	Threshold:
Blue Cross Community Health Plan	32.87%	49.96%	55.37%	63.46%	61.89%	65.78%	60.91%	met	85%	**60%**
CountyCare Health Plan	41.18%	41.52%	40.86%	43.65%	43.42%	41.10%	50.50%	not met	23%	
Aetna (IlliniCare Health)	55.47%	63.24%	72.04%	71.54%	66.37%	63.10%	55.92%	not met	1%	
Meridian Health Plan	67.26%	75.42%	58.31%	70.41%	41.65%	40.30%	34.08%	not met	-49%	
Molina Healthcare	76.29%	44.00%	54.49%	45.03%	57.52%	59.57%	75.70%	met	-1%	

Aetna Better Health of Illinois: Aetna has amplified our efforts in engagement strategies; returning to the field - not only with boots on the ground with Community Health Workers, but with onsite in our high-volume facilities and provider offices - has enhanced our engagement capabilities. Accelerators to improve the health and well-being of our members include: completing Health Equity assessments upon identification of any social or structural (determinants of health) member need; more frequent training on Motivational Interviewing; accurate documentation and follow-up for assessment and on-going interventions, utilizing clinical pathways; and broader auditing to ensure compliance and effectiveness.

CountyCare: Though CountyCare has remained in the same range towards completing the 60% target, additional remediation plans have been implemented in Quarter 3 2022. Expectation is to see tracking upward in the quarter summary forthcoming.

Meridian: Meridian is continuing to evaluate and implement strategies and tactics to increase the number of individual care plans completed.

Service Plan for HCBS members:

HFS requires that HCBS eligible members have a service plan in place. Health plans report on the percentage of individual service plans in place within 15 days after the Health Plan is notified of HCBS waiver eligibility. Health Plans also provide all members a 90-day "continuity of care" period that ensures their waiver services are not changed until they have had a chance to review their plan with health plan care managers. The industry average is 76% completion within 15 days.

Enrollee Engagement: Service Plan										
% of Enrollees deemed newly eligible for HCBS Waiver who had a Service Plan **within 15 days** after the MCO is notified of the Enrollees HCBS Waiver eligibility ***New threshold as of 1/1/2022**	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	met/not met	% change from Q1 2021	Threshold:
Blue Cross Community Health Plan	82.39%	83.88%	86.17%	80.52%	79.58%	81.44%	83.80%	not met	2%	**90%**
CountyCare Health Plan	81.18%	82.84%	80.11%	73.02%	69.61%	73.24%	78.26%	not met	-4%	
Aetna (IlliniCare Health)	55.04%	53.30%	53.10%	53.53%	58.12%	67.96%	60.98%	not met	11%	
Meridian Health Plan	81.71%	78.51%	67.81%	71.89%	85.61%	86.36%	86.11%	not met	5%	
Molina Healthcare	61.90%	67.43%	60.37%	70.92%	71.92%	71.33%	68.44%	not met	11%	

Aetna Better Health of Illinois: Aetna has increased its capacity for outreach and engagement via staffing, restructuring and end-to-end operational improvements to ensure compliance with this metric, and all Waiver metrics. Additional accelerators include: enhanced reporting and auditing, as well as monthly refresher trainings.

BCBSIL: BCBSIL is continuing to evaluate reporting logic and implement strategies to increase the number of service plans in place within 15 days of HCBS waiver eligibility. Refresher trainings are occurring quarterly with staff focusing on best practices to improve member engagement.

CountyCare: CountyCare recognizes the importance of service planning within 15 days for members with new waiver eligibility. We continually strive to improve this metric thru enhancing our workflows and hiring of additional staff and resources.

Meridian: Meridian strives to ensure that members have service plans in place within 15 days of eligibility notification. Meridian Care Management has returned to the field effective April 2022, and we expect this metric to increase as we increase our opportunities for member touchpoints.

Molina: Molina has improved success rate for 15-day service plans for HCBS members since 2021, and it expects the positive trend to continue as its case managers return to the field following the lifting of COVID restrictions in 2023. During Q3 2022, we were able to successfully reach and assess approximately 77% of our new waiver enrollees, with service plan development lagging shortly behind that marker. Molina plans to make some organizational changes into Q1 2023 to provide a safety net, assuring that the maximum amount of outreach be conducted to increase successful reach, assessment, and service planning within the 15-day window.

Grievance and Appeals:

Resolution of Grievances:

Health plans are required to adjudicate grievances in a timely fashion. They report on the percentage of grievances resolved in less than or equal to 90 days. Nearly all grievances across the industry are resolved within 90 days.

% of Grievances resolved in less than or equal to 90 days	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Trend	% change from Q1 2021	Threshold:
Blue Cross Community Health Plan	100.00%	100.00%	99.87%	100.00%	100.00%	99.95%	99.42%	Decreasing	-1%	**Monitor**
CountyCare Health Plan	99.87%	99.13%	99.86%	100.00%	99.55%	99.70%	100.00%	Increasing	0%	
Aetna (IlliniCare Health)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	No Change	0%	
Meridian Health Plan	100.00%	100.00%	98.77%	93.41%	100.00%	99.42%	100.00%	Decreasing	0%	
Molina Healthcare	99.93%	100.00%	100.00%	99.89%	99.85%	100.00%	100.00%	Increasing	0%	

BCBSIL: BCBSIL continues to maintain steady performance of above 98%.

Meridian: Meridian implemented improvements to reduce grievance resolution turnaround time. Additionally, Meridian is reviewing root causes for grievances in order to reduce the overall volume and has successfully reduced this. The normalized volume of enrollee grievances per 1,000 members remains very low, indicative of a positive enrollee experience with Meridian.

Molina: Molina continues to meet member grievance turnaround times as indicated by reaching timely resolution on cases resolved. Molina utilizes a more aggressive internal goal to ensure this is accomplished. Additionally, Molina continues to monitor all cases received to identify trends, share trends with impacted departments within the Health Plan and take appropriate actions as needed, such as process improvement and/or corrective action.

Resolution of Appeals:

Health plans are required to adjudicate appeals in a timely fashion. They report on the percentage of appeals resolved in less than or equal to 15 days. Nearly all appeals across the industry are resolved within 15 days.

% of Appeals (non-expedited) resolved in less than or equal to 15 business days	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Trend	% change from Q1 2021	Threshold:
Blue Cross Community Health Plan	100.00%	99.30%	96.23%	99.36%	99.39%	99.12%	98.57%	Decreasing	-1%	**Monitor**
CountyCare Health Plan	99.39%	99.67%	99.16%	90.51%	98.43%	100.00%	100.00%	Increasing	1%	
Aetna (IlliniCare Health)	100.00%	99.43%	98.37%	97.22%	100.00%	99.79%	99.67%	Decreasing	0%	
Meridian Health Plan	99.14%	98.93%	90.82%	98.52%	99.84%	100.00%	99.85%	Increasing	1%	
Molina Healthcare	100.00%	100.00%	99.80%	100.00%	100.00%	100.00%	100.00%	No Change	0%	

Aetna Better Health of Illinois: The Aetna Appeals team continues to strive to meet Turn Around Time (TAT) for all appeals and continuously monitors the appeals review and resolution process for opportunities to ensure compliance. Improvement efforts include TAT optimization for appeals requiring additional clinical review through updated processes for transmission between G&A, Medical Affairs, and Care Management. Additionally, the Appeals team has implemented a regular review process with more granular analytics to identify key trends and enable proactive resolution of appeal drivers.

BCBSIL: BCBSIL continues to maintain steady performance of above 98%.

Meridian: Meridian identified and implemented opportunities to ensure its appeals are all processed within the allotted time.

Molina: Molina continues to ensure timely resolution of appeals, with a focus on production, adherence to timeliness and quality. Previously implemented system enhancements streamlined the workflow by removing several manual processes, allowing for improved team member production efficiency, in support of both our members and providers.

Utilization Management:

Prior Authorization Medical:

Health plans are required to report on the percentage of prior authorizations that are approved for medical services. The industry average is 87%. Health plans utilize established criteria and medical necessity guidelines when determining clinical appropriateness. Prior authorizations may be denied because the request is missing clinical information and incomplete or the service requested does not meet clinical criteria.

Prior Authorization requests for Medical (non Behavioral Health), Nursing Facility, Rehab, DME, Home Health, Imaging & Pain Management										
% of total **Approved** (all services requested were approved)	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Trend	% change from Q1 2021	Threshold:
Blue Cross Community Health Plan	82.22%	82.60%	83.19%	84.10%	84.46%	83.71%	85.60%	Increasing	4%	**Monitor**
CountyCare Health Plan	92.63%	94.31%	94.79%	94.49%	93.48%	93.88%	93.87%	Increasing	1%	
Aetna (IlliniCare Health)	84.70%	84.64%	84.21%	83.52%	83.31%	78.93%	80.34%	Decreasing	-5%	
Meridian Health Plan	86.06%	82.90%	77.46%	75.57%	84.41%	83.42%	85.82%	Decreasing	0%	
Molina Healthcare	83.99%	84.71%	84.05%	83.56%	84.17%	88.49%	88.46%	Increasing	5%	

Aetna Better Health of Illinois: Aetna is strengthening its capabilities in receiving clinical information via increased use of Provider portal, EMR access, as well as exploring additional integration opportunities into the Provider clinical documentation systems. It is important to note that Aetna continues its strong attention to appropriateness of care, as evidenced by the top two denial reasons being: (1) 'Does Not Meet Medical Necessity' at ~89.8%; (2) 'Not a covered benefit/benefit exhausted' at ~6.6%.

Meridian: Through its Utilization Management program, Meridian continually strives to ensure that its members are getting the right care, at the right level and at the right time. Meridian is continuing to evaluate and implement strategies and tactics to increase the number of individual care plans completed.

Prior Authorization Behavioral Health:

Health plans are required to report on the percentage of prior authorizations that are approved for medical services. The industry average is 97%. Health plans utilize established criteria and medical necessity guidelines when determining clinical appropriateness. Prior authorizations may be denied because the request is missing clinical information and incomplete or the service requested does not meet clinical criteria.

Prior Authorization (Behavioral Health Only)										
% of total **Approved** (all services requested were approved)	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Trend	% change from Q1 2021	Threshold:
Blue Cross Community Health Plan	99.69%	99.63%	99.79%	99.73%	99.72%	99.66%	99.56%	Decreasing	0%	**Monitor**
CountyCare Health Plan	87.80%	89.97%	86.72%	90.76%	89.32%	91.69%	95.11%	Increasing	8%	
Aetna (IlliniCare Health)	98.86%	97.76%	91.13%	95.01%	94.37%	93.20%	94.35%	Decreasing	-5%	
Meridian Health Plan	99.85%	99.68%	100.00%	N/A	98.59%	100.00%	100.00%	Increasing	0%	
Molina Healthcare	97.38%	97.27%	98.46%	98.25%	98.30%	95.63%	93.87%	Decreasing	-4%	
YouthCare (Meridian Health Plan)	92.28%	100.00%	100.00%							

Provider Complaints:

HFS Provider Complaint Portal:

HFS tracks the number of provider disputes submitted through the HFS complaint portal per 1,000 member months. The industry average is .12. The new HFS provider complaint portal was put in place at the end of Q1 2020, since its implementation all provider complaints have been resolved by the plans within 30 days or receipt.

Provider Disputes/Complaints Portal Summary (Data Source - HFS Provider Resolution Portal)										
# of disputes **(per 1,000 Member Months)**	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Trend	% change from Q1 2021	Threshold:
Blue Cross Community Health Plan	0.01	0.05	0.10	0.11	0.13	0.09	0.09	Increasing	866%	**Monitor**
CountyCare Health Plan	0.02	0.01	0.02	0.03	0.06	0.04	0.06	Increasing	276%	
Aetna (IlliniCare Health)	0.01	0.08	0.10	0.12	0.15	0.14	0.13	Increasing	869%	
Meridian Health Plan	0.01	0.13	0.16	0.17	0.21	0.16	0.24	Increasing	3217%	
Molina Healthcare	0.01	0.04	0.06	0.05	0.08	0.06	0.06	Increasing	392%	

Aetna Better Health of Illinois: The Aetna Claims team has seen marginal improvement over the course of 2022 in the HFS Provider Complaint portal volumes. Key focus areas continue to include trending of portal complaints by provider to identify and support high volume providers, proactive provider notices for global issues and information sharing with Provider Experience representatives to transmit directly to providers. Aetna continues to work towards increasing levels of proactive mitigation to minimize volume of complaints driven to the HFS portal and has kicked off a taskforce in 2023 to further accelerate and hone efforts addressing provider escalation.

Meridian: Meridian has worked diligently with providers and internally to reduce the volume of disputes by focusing on trends identified in a focused review of disputes. Meridian's goal is to provide an even better and more seamless experience for providers. Meridian meets with providers and trade associations on an ongoing basis to work through specific issues and reviews internal reports to both close disputes and resolve potential issues before they rise to the level of a dispute. Meridian continues to implement additional proactive claims review and is enhancing provider education opportunities to reduce dispute numbers.

Call Center:

Calls Answered:

Health Plans report on the percentage of calls answered within 30 seconds or less separately for members and providers and are required to maintain a threshold of 80% of calls being answered within 30 seconds for members. The data reported by the state combines both member and provider call times. The industry average is 88% of calls being answered within 30 seconds.

Provider and Enrollee Service Call Center										
% of calls answered in 30 seconds or less (combined Provider and Enrollee calls)	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	met/not met	% change from Q1 2021	Threshold:
Blue Cross Community Health Plan	95.95%	95.72%	95.91%	97.69%	96.44%	96.46%	96.73%	met	1%	80% in 30 seconds or less
CountyCare Health Plan	86.21%	84.74%	70.13%	85.56%	85.80%	84.75%	83.95%	met	-3%	
Aetna (IlliniCare Health)	90.04%	83.45%	69.03%	92.91%	96.08%	96.85%	93.93%	met	4%	
Meridian Health Plan	92.87%	87.69%	86.46%	88.88%	88.48%	91.73%	83.36%	met	-10%	
Molina Healthcare	73.19%	68.28%	79.38%	89.41%	72.90%	84.38%	81.39%	met	11%	

Molina: Molina is working to leverage provider portal enhancements and self-service features in IVR to give providers enhanced options. To improve future performance, Molina has implemented some programs to improve employee retention and utilized some temporary staff to support through this period.

Calls Abandoned:

Health Plans report on the percentage of calls abandoned and are required to maintain a threshold of fewer than 5% of calls being abandoned for member calls. The data published combines abandonment rate for both member and provider calls. Nearly every Health Plan met the fewer than 5% threshold and the industry average percentage is less than 2% for calls being abandoned.

% of calls abandoned (combined Provider and Enrollee calls)	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	met/not met	% change from Q1 2021	Threshold:
Blue Cross Community Health Plan	3.57%	1.63%	1.18%	1.00%	1.04%	1.07%	1.38%	met	-61%	5% or less
CountyCare Health Plan	2.24%	2.45%	4.83%	1.90%	2.20%	2.00%	1.80%	met	-20%	
Aetna (IlliniCare Health)	1.22%	1.46%	3.33%	0.68%	0.68%	0.60%	1.09%	met	-11%	
Meridian Health Plan	0.71%	1.56%	1.78%	2.04%	3.31%	2.16%	2.67%	met	275%	
Molina Healthcare	5.75%	7.13%	5.45%	1.08%	12.41%	1.97%	2.07%	met	-64%	