MCO Performance Metric Dashboard Summary
Quarterly Business Review - Q2 2020

Care Coordination:

New Enrollee Screening & Assessments:

HFS requires that 70% of new enrollees have a health risk assessment or a health risk screening completed within 60 days of enrollment. To date, no health plans have reached this goal and the industry average is 47% completion rate within 60 days. It is worth noting that the department has seen a sizeable improvement in the completion of health risk assessments or health risk screenings since 2019, with the average improvement rate being 51%. Health Risk Screenings and Health Risk Assessments are not completed for members in the fee for service program.

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	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	met/ not met	% change from Q1 2019	Threshold:
Blue Cross Community Health Plan	27.24%	26.75%	25.21%	24.39%	31.72%	41.97%	not met	55%	70%
CountyCare Health Plan	28.72%	37.68%	40.54%	41.46%	41.92%	44.05%	not met	41%	
IlliniCare Health	36.80%	44.54%	46.01%	46.87%	50.84%	55.02%	not met	41%	
Meridian Health Plan	44.25%	17.37%	18.08%	23.63%	35.69%	46.74%	not met	14%	
Molina Healthcare	20.20%	27.77%	36.56%	40.15%	47.19%	49.69%	not met	106%	

BCBSIL: The BCBSIL Care Coordination team has focused on several key initiatives beginning late 2019 to improve HRS, HRA and IPOC completions. The BCBSIL Care Coordination team has deployed the following new strategies to locate and engage our members sooner: Strategic partnerships with organizations embedded in our member communities to find and engage members in care coordination, data mining of member contact information and comparison across multiple data sources, and text campaigns to obtain Health Risk Screenings and inform members of benefit information after obtaining contact consent.

County Care: CountyCare has shown continuous improvement in performance of timely completion of health risk screens. CountyCare utilizes multiple teams to complete screens; the highest performing teams are medical home organizations. CountyCare has been building additional processes and methods to reach members and complete screens: adding more PCPs/medical home teams that can do HRSs, promoting the CountyCare Reward (incentive) for members who complete a screen, adding a text message way for members to complete a screen, and setting targets for all teams that complete screens, with incentives to reach targets.

IlliniCare Health: The health plan continues to utilize innovative member outreach strategies to increase HRS and HRA completions. These strategies include text messaging campaigns, proactive outreach calls, embedded IlliniCare staff at provider offices, and partnering with providers to complete health risk screenings using EMR systems. IlliniCare also utilizes high performing BEP vendors who are driving pioneering approaches to improve health outcomes by connecting provider partners to the HRS results and scheduling appointments in alignment with the members' risk profiles. IlliniCare's focus on these strategies has resulted in the continuous improvement of the collection of members' health risk screening data as demonstrated in the quarterly results.

Meridian: Meridian has achieved significant improvements in New Enrollee Screenings and Assessments over the past year. Meridian has accomplished 30-50% improvement each Quarter since Q3 2019. The increase has been driven by improved tracking and reporting through system enhancements, deployment of a dedicated expert outreach team to locate and engage difficult to reach members, and external

vendor collaborations with proven industry leaders in finding, engaging, and assessing the most difficult to locate members.

Molina: Molina has more than doubled its success rate in reaching newly onboarded members and conducting a health risk screener with them; it now reaches approximately 50% of new members. For July 2020 new membership, Molina successfully screened over 9,000 members. 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 it 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.

Risk Stratification Seniors & People with Disabilities:

HFS requires that 20% of seniors and people with disabilities be identified as moderate or high risk. Further, HFS requires that 5% of seniors and people with disabilities be categorized as high risk. Risk stratification is based on predictive modeling algorithms and manual clinical review that consult medical history as well as other data, to assess member need across several domains, including clinical acuity, social determinants of health need, and personal health engagement. When a member is stratified as high or moderate risk, they are enrolled in specific care coordination programs. It is worth noting that there may be fluctuation of members stratified as high or moderate risk due to membership changes and not necessarily changes to a health plan's policy.

Enrollee Engagement: Risk Stratification									
% of Enrollees (Seniors or Person with Disabilities) identified as Moderate (level 2) or High Risk (level 3)	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	met/ not met	% change from Q1 2019	Threshold:
Blue Cross Community Health Plan	24.30%	37.12%	39.07%	36.91%	36.04%	34.30%	met	41.16%	20%
CountyCare Health Plan	27.78%	26.96%	31.25%	32.13%	32.33%	31.71%	met	14%	
IliniCare Health	23.93%	24.34%	24.86%	26.51%	27.14%	30.70%	met	28.30%	
Meridian Health Plan	20.48%	20.45%	20.30%	20.50%	24.65%	26.74%	met	30.54%	
Molina Healthcare	24.02%	26.56%	27.86%	28.65%	24.05%	18.33%	not met	-23.68%	

% of Enrollees (Seniors or Person with Disabilities) identified as High Risk (level 3)	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	met/ not met	% change from Q1 2019	Threshold:
Blue Cross Community Health Plan	11.92%	12.97%	13.70%	11.91%	10.63%	10.77%	met	-10%	5%
CountyCare Health Plan	14.70%	15.47%	15.48%	15.26%	15.11%	14.68%	met	0%	
IliniCare Health	8.93%	8.53%	8.22%	9.45%	10.83%	14.04%	met	57%	
Meridian Health Plan	4.95%	4.92%	5.00%	5.00%	5.49%	6.13%	met	24%	
Molina Healthcare	7.77%	8.82%	8.76%	8.48%	7.40%	9.23%	met	19%	

Risk Stratification Dual Eligible:

HFS requires that 90% of dual eligible adults be identified as moderate or high risk. Further, HFS requires that 20% of dual eligible members be categorized as high risk. Risk stratification is based on predictive modeling algorithms and manual clinical review that consult medical history as well as other data, to assess member need across several domains, including clinical acuity, social determinants of health need, and personal health engagement. When a member is stratified as high or moderate risk, they are enrolled in specific care coordination programs. It is worth noting that there may be fluctuation of members stratified as high or moderate risk due to membership changes and not necessarily changes to a health plan's policy.

% of Enrollees (Dual Eligible Adults) identified as Moderate (level 2) or High Risk (level 3)	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	met/ not met	% change from Q1 2019	Threshold:
Blue Cross Community Health Plan	87.14%	96.10%	85.31%	88.62%	95.30%	93.82%	met	8%	90%
CountyCare Health Plan	80.68%	65.79%	89.75%	92.32%	91.71%	95.73%	met	19%	
IliniCare Health	85.01%	90.26%	90.65%	90.63%	90.59%	91.38%	met	7%	
Meridian Health Plan	100.00%	100.00%	100.00%	100.00%	98.42%	95.23%	met	-5%	
Molina Healthcare	93.23%	96.52%	76.28%	97.70%	81.29%	90.03%	met	-3%	

% of Enrollees (Dual Eligible Adults) identified as High Risk (level 3)	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	met/ not met	% change from Q1 2019	Threshold:
Blue Cross Community Health Plan	9.41%	13.03%	12.75%	12.14%	21.07%	20.21%	met	115%	20%
CountyCare Health Plan	21.99%	19.48%	20.78%	18.65%	17.82%	16.71%	not met	-24%	
IliniCare Health	16.56%	19.96%	21.36%	20.43%	20.01%	21.31%	met	29%	
Meridian Health Plan	19.97%	20.00%	20.00%	20.00%	21.88%	21.71%	met	9%	
Molina Healthcare	20.84%	24.72%	13.75%	27.58%	25.76%	29.69%	met	42%	

County Care: CountyCare's Q2 initiatives to improve risk stratification were deferred to Q3 as a result of priority shifts due to COVID19. However, since that time CountyCare has implemented new methods to increase the risk stratification, as well as provided additional training and resources to care coordinators to assist them in the stratification process.

Risk Stratification Families & Children:

HFS requires that 2% of enrollees within the family and children eligibility category be identified as high risk. Risk stratification is based on predictive modeling algorithms and manual clinical review that consult medical history as well as other data, to assess member need across several domains, including clinical acuity, social determinants of health need, and personal health engagement. When a member is stratified as high risk, they are enrolled in specific care coordination programs. It is worth noting that there may be fluctuation of members stratified as high or moderate risk due to membership changes and not necessarily changes to a health plan's policy.

% of Enrollees (Families and Children) identified as High Risk (level 3)	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	met/ not met	% change from Q1 2019	Threshold:
Blue Cross Community Health Plan	4.58%	4.72%	4.43%	2.43%	2.65%	3.25%	met	-29.11%	2%
CountyCare Health Plan	2.22%	2.10%	2.06%	2.07%	1.83%	1.65%	not met	-26%	
IliniCare Health	2.25%	2.31%	2.03%	2.00%	2.27%	3.28%	met	45.68%	
Meridian Health Plan	2.00%	2.00%	2.00%	2.00%	2.97%	3.01%	met	50.42%	
Molina Healthcare	2.64%	2.87%	3.01%	3.09%	2.14%	1.82%	not met	-31.21%	

County Care: County Care delayed implementation of an improved risk stratification process to Q3 of 2020 due to COVID-19. Additionally, CountyCare performed at the 4 Star level on quality measures for women and children. A High engagement level of members correlates with lower risk overall.

Risk Stratification ACA adults:

HFS requires that 2% of ACA eligible adults be identified as high risk. Risk stratification is based on predictive modeling algorithms and manual clinical review that consult medical history as well as other data, to assess member need across several domains, including clinical acuity, social determinants of health need, and personal health engagement. When a member is stratified as high risk, they are enrolled in specific care coordination programs. It is worth noting that there may be fluctuation of members stratified as high or moderate risk due to membership changes and not necessarily changes to a health plan's policy.

% of Enrollees (ACA Adult) identified as High Risk (level 3)	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	met/ not met	% change from Q1 2019	Threshold:
Blue Cross Community Health Plan	4.29%	4.66%	5.08%	4.58%	4.05%	4.87%	met	13%	2%
CountyCare Health Plan	5.38%	5.47%	5.70%	5.84%	5.88%	5.46%	met	1%	
IlliniCare Health	3.14%	3.09%	3.06%	2.69%	2.14%	2.44%	met	-22%	
Meridian Health Plan	2.00%	2.00%	2.00%	2.00%	3.13%	3.33%	met	66%	
Molina Healthcare	2.30%	2.41%	2.25%	2.17%	1.81%	2.42%	met	5%	

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 45.84% completion within 90 days, and this represents an industry average improvement of 50% compared to the first quarter of 2019.

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	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Trend	% change from Q1 2019	Threshold:
Blue Cross Community Health Plan	19.48%	24.18%	28.00%	20.75%	13.79%	21.30%	Increasing	9%	**Monitor**
CountyCare Health Plan	33.46%	51.07%	55.83%	54.61%	53.60%	57.28%	Increasing	71%	
IlliniCare Health	22.65%	37.63%	30.55%	30.72%	37.44%	60.79%	Increasing	168%	
Meridian Health Plan	45.22%	45.93%	37.02%	35.27%	23.10%	32.50%	Decreasing	-28%	
Molina Healthcare	43.92%	58.65%	58.86%	49.10%	42.86%	57.31%	Increasing	30%	

Meridian: Meridian strives to reach all High-Risk members within 90 days of eligibility to complete a Comprehensive Health Risk Assessment (HRA) and Individualized Plan of Care (IPOC). Challenges towards improvement have been identified and mitigation plans have been implemented including improved reporting and more intensive engagement efforts. As of Q2 2020, the dedicated Outreach Team has begun assisting care coordinators with the most difficult to reach members for engagement. Meridian expects these efforts to improve performance.

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 59.3% completion within 90 days, and this represents an industry average improvement of 100% in relation to the first quarter of 2019.

% **moderate risk** Enrollees with an IPoC completed **within 90 days** after being identified as moderate risk	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Trend	% change from Q1 2019	Threshold:
Blue Cross Community Health Plan	30.58%	28.80%	46.78%	51.27%	14.79%	37.48%	Increasing	23%	**Monitor**
CountyCare Health Plan	40.32%	46.84%	53.85%	56.11%	55.11%	59.55%	Increasing	48%	
IlliniCare Health	48.19%	55.17%	55.41%	60.89%	63.31%	71.58%	Increasing	49%	
Meridian Health Plan	11.85%	7.30%	14.42%	15.07%	34.51%	48.34%	Increasing	308%	
Molina Healthcare	46.27%	60.05%	55.06%	72.88%	83.21%	79.53%	Increasing	72%	

County Care: Overall CountyCare has shown continuous improvement in performance of care assessment and IPoC. This metric includes all members stratified to high and moderate risk and over time, CountyCare has engaged more of this population, however it's important to remember the population itself is dynamic. We are continuously identifying members with new high risks, whom we seek to

engage, and as members' risks decreases, members leave this group. We have always prioritized in order of risk, particularly during the COVID-19 pandemic: highest priority is high risk, then moderate and so on.

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 75.36% completion within 15 days, and this represents an industry average improvement of 33% as measured against the first quarter of 2019.

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	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Trend	% change from Q1 2019	Threshold:
Blue Cross Community Health Plan	57.71%	73.10%	69.99%	65.77%	71.98%	72.30%	Increasing	25%	**Monitor**
CountyCare Health Plan	45.93%	38.57%	52.41%	57.88%	73.82%	77.19%	Increasing	68%	
IliniCare Health	60.87%	70.25%	76.06%	77.46%	72.55%	73.12%	Increasing	20%	
Meridian Health Plan	58.13%	61.66%	68.89%	73.33%	78.99%	80.77%	Increasing	39%	
Molina Healthcare	64.37%	68.18%	70.53%	67.62%	62.16%	73.42%	Increasing	14%	

County Care: During the peak months of COVID-19 there was an overall re-prioritization of work on COVID-related urgent needs, which affected several performance metrics, particularly for timely completion of activities. In addition, many CountyCare HCBS Nurse Care Coordinators were impacted as they assisted Cook County Health in filling COVID-related staffing needs. Overall CountyCare has shown continuous improvement in performance of timely service plans due to prioritizing this important metric, improved assignment of cases, efficiency of workflows, and close oversight.

IlliniCare Health: IlliniCare completes documented outreach for 100 percent of all enrollees deemed newly eligible for the HCBS Waiver within 15 days after the health plan is notified of the eligibility. If the reporting metric for service plan completion excluded instances of member out-of-state relocation, member expiration, lack of member eligibility, member hospitalization, and member's refusal of the waiver, IlliniCare's results for Q2 2020 would improve from 73.12% to 95.8%.

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 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Trend	% change from Q1 2019	Threshold:
Blue Cross Community Health Plan	98.86%	100.00%	100.00%	99.98%	99.98%	100.00%	Increasing	1%	**Monitor**
CountyCare Health Plan	100.00%	99.78%	99.68%	99.72%	99.76%	99.60%	No Change	0%	
IliniCare Health	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	No Change	0%	
Meridian Health Plan	100.00%	51.37%	100.00%	100.00%	100.00%	100.00%	No Change	0%	
Molina Healthcare	91.57%	87.85%	89.42%	99.96%	100.00%	100.00%	Increasing	9%	

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 resolved in less than or equal to 15 business days	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Trend	% change from Q1 2019	Threshold:
Blue Cross Community Health Plan	99.16%	99.81%	99.32%	98.27%	99.64%	99.42%	No Change	0%	**Monitor**
CountyCare Health Plan	6.02%	95.28%	99.59%	98.16%	99.43%	100.00%	Increasing	1560%	
IliniCare Health	86.40%	96.64%	97.67%	94.44%	99.02%	100.00%	Increasing	16%	
Meridian Health Plan	84.48%	99.69%	100.00%	100.00%	99.47%	100.00%	Increasing	18%	
Molina Healthcare	100.00%	100.00%	100.00%	99.55%	99.27%	100.00%	No Change	0%	

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 85.3%. 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 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Trend	% change from Q1 2019	Threshold:
Blue Cross Community Health Plan	81.16%	79.27%	80.85%	82.25%	81.63%	84.38%	Increasing	4%	**Monitor**
CountyCare Health Plan	95.39%	95.23%	95.39%	92.45%	93.38%	93.18%	Decreasing	-2%	
IliniCare Health	79.83%	72.52%	71.39%	70.92%	95.80%	75.46%	Decreasing	-6%	
Meridian Health Plan	96.13%	87.72%	86.53%	86.63%	88.71%	87.24%	Decreasing	-10%	
Molina Healthcare	76.44%	80.65%	80.50%	77.29%	85.77%	86.30%	Increasing	11%	

IlliniCare Health: The health plan's overall goal with respect to approval of prior authorizations is to ensure the appropriate level of care while reducing administrative burden for provider partners. IlliniCare's clinical leaders conduct thorough quarterly reviews of all prior authorization requirements and results to identify any opportunities to make adjustments. Nearly all imaging denials were due to lack of medical necessity. For each imaging denial, due to lack of medical necessity, evidenced-based alternative imaging is always recommended. If imaging denials were excluded for Q2 2020, IlliniCare's percentage of total approval increases from 75.46% to 96.14%.

Meridian: Due to the pandemic and in accordance with HFS guidance for waiving certain prior authorizations, the total number of authorization requests reviewed during the second quarter dropped by more than 50%. The authorizations that were reviewed were in categories that have historically had a lower volume but a higher denial rate. This higher denial rate for those categories has been attributed primarily to missing information submitted for the initial review.

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 91.6%. 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 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Trend	% change from Q1 2019	Threshold:
Blue Cross Community Health Plan	99.50%	99.67%	99.50%	99.23%	99.41%	99.71%	No Change	0%	**Monitor**
CountyCare Health Plan	86.93%	84.78%	87.69%	90.16%	93.03%	67.76%	Decreasing	-22%	
IlliniCare Health	89.09%	88.68%	90.16%	92.31%	91.84%	94.44%	Increasing	6%	
Meridian Health Plan	100.00%	99.67%	100.00%	99.08%	100.00%	97.53%	Decreasing	-2%	
Molina Healthcare	95.08%	96.04%	93.35%	95.98%	96.47%	98.54%	Increasing	4%	

CountyCare: Throughout 2019 CountyCare BH UM staff provided many trainings to BH providers on use of guidelines with improved results: higher rates of approval due to more complete submission of clinical information consistent with guidelines. In Q2 2020 CountyCare implemented a new requirement for prior authorization, resulting in a cohort of initial of adverse decisions, however, did not result in any appeals. This pattern has not continued into Q3, but if it does, will lead to provider engagement and education.

IlliniCare Health: Behavioral Health consistently has a low number of pre-service authorization requests based on the nature of treatment and services. IlliniCare's member-centric approach encourages providers to be proactive in beginning treatment so that members get timely access to care. As a result, in Q2 2020, 34 out of 36 total prior authorizations account for 94.44% of the plan's BH PA approvals.

Provider Complaints:

HFS provider complaint portal:

HFS tracks the number of provider disputes submitted through the HFS complaint portal per 1000 member months. The industry average is .09. The number of provider disputes has decreased by an industry average of 14% in relation to the first quarter of 2019. 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 Summary **Data Source: HFS Provider Complaint Portal.**									
# of disputes **(per 1,000 Member Months)**	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Trend	% change from Q1 2019	Threshold:
Blue Cross Community Health Plan	0.21	0.14	0.14	0.12	0.06	0.03	Decreasing	**-73%**	**Monitor**
CountyCare Health Plan	0.05	0.05	0.09	0.04	0.04	0.03	Decreasing	**-16%**	
IlliniCare Health	0.13	0.12	0.22	0.19	0.15	0.04	Increasing	**14%**	
Meridian Health Plan	0.09	0.06	0.09	0.08	0.10	0.06	Increasing	**15%**	
Molina Healthcare	0.12	0.07	0.09	0.06	0.11	0.04	Decreasing	**-8%**	

IlliniCare: As a result of Aetna/CVS' acquisition of IlliniCare Health, the MCO has experienced an increase in provider inquiries as providers seek to quickly resolve any outstanding questions associated with pre-acquisition claims.

Meridian: HFS sunset the existing HFS Provider Dispute Portal at the end of February 2020 and began using a new dispute process with added requirements. When the announcement of this change was communicated to providers, Meridian experienced an increase HFS provider disputes which is why we saw the number of provider disputes per 1000 members go up Q1.

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. Every Health Plan met the 80% threshold and the industry average percentage is 92.28% 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 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	met/ not met	% change from Q1 2019	Threshold:
Blue Cross Community Health Plan	97.54%	96.94%	93.52%	92.94%	93.35%	96.83%	met	-1%	80% in 30 seconds or less
CountyCare Health Plan	67.86%	75.48%	48.91%	66.38%	87.91%	93.62%	met	38%	
IliniCare Health	80.13%	81.61%	89.09%	92.08%	91.93%	83.45%	met	4%	
Meridian Health Plan	73.45%	78.59%	73.72%	85.75%	89.37%	90.97%	met	24%	
Molina Healthcare	94.66%	91.20%	81.67%	78.61%	80.41%	96.53%	met	2%	

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. Every Health Plan met the fewer than 5% threshold and the industry average percentage is 1.73 % of calls being abandoned.

% of calls abandoned (combined Provider and Enrollee calls)	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	met/ not met	% change from Q1 2019	Threshold:
Blue Cross Community Health Plan	14.47%	2.04%	2.41%	3.90%	3.45%	1.68%	met	-88%	5% or less
CountyCare Health Plan	8.62%	4.64%	15.96%	7.23%	2.10%	1.62%	met	-81%	
IliniCare Health	1.95%	2.33%	1.27%	1.05%	2.62%	3.94%	met	102%	
Meridian Health Plan	3.51%	2.85%	2.41%	0.79%	0.78%	0.82%	met	-77%	
Molina Healthcare	0.86%	0.91%	2.33%	3.26%	3.06%	0.60%	met	-30%	

Summary Data Source:

This quarterly Performance Metric Dashboard Summary was prepared by the HCI MCOs and IAMHP. The level of data provided is based on the information each MCO has identified to share for their plan, by metric category.