Q4 2021 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 45% 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.**	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	met/not met	% change from Q2 2020	Threshold:
Blue Cross Community Health Plan	40.88%	33.27%	38.12%	42.73%	47.69%	48.11%	47.71%	not met	17%	**70%**
CountyCare Health Plan	43.55%	39.21%	51.71%	42.71%	35.50%	32.49%	31.04%	not met	-29%	
Aetna (IlliniCare Health)	53.12%	44.54%	47.36%	42.54%	37.78%	41.92%	43.92%	not met	-17%	
Meridian Health Plan	49.19%	43.24%	52.30%	52.58%	50.73%	44.69%	37.60%	not met	-24%	
Molina Healthcare	46.74%	40.72%	43.64%	35.88%	45.00%	52.53%	66.32%	not met	42%	
YouthCare (Meridian Health Plan)				53.15%	38.08%	39.33%	22.42%	not met	N/A	

Aetna Better Health of Illinois: Aetna continues its on-going improvement efforts that focus on HRS success while strengthening our provider and vendor partnerships and creating processes to support various workstreams completing the HRS. Aetna continues to educate our community partners and providers on the benefits of participating in the HRS completion process and scheduling appointments early in member's eligibility to improve member, provider, and community engagement. Aetna continues to optimize the use of the HRS mini screener across our providers, vendors, and call center teams. Aetna has analyzed completion rates across different ZIP Codes and identified hyperlocal opportunities to target that will optimize HRS completion rates.

BCBSIL: BCBSIL continues to implement strategies to strengthen our data mining processes to increase timely HRS completions. Although our HRS target Q4 landed at 47.7%, goal was met in December at 51.2%. BCBSIL is incorporating text and incentives to engage members and are seeing incremental success. We are also adjusting employee work schedules to engage our members more after work hours.

CountyCare: Two system advancements in 2022 have been implemented which, with full engagement as of April 2022, CountyCare is anticipating metric improvement. These are launch of a new care management system and full implementation of the State's ADT portal, Collective Medical, which provides extensive member contact data from multiple provider and State sources.

Meridian: Meridian continues to strive for 100% Health Risk Screening (HRS) within 60 days of new member enrollment. The plan is committed to making continuous improvements to existing processes as well as implement innovative ideas 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 and HRA completion rates. Historically, Meridian has performed at or above the industry average consistently since Q4 2020. The decrease in performance in Q3 and Q4 are related to the transition to Centene systems.

Molina: Molina is proud to be the performance leader in Q4 2021 for New Enrollee Health Risk Screening and Assessments completed within 60 days of enrollment. 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.

YouthCare: YouthCare has made improvements in conducting health risk screenings of new enrollees within 60 days of enrollment in 2022. The YouthCare team will continue to work closely with DCFS and other stakeholders to ensure that we are reaching all members in a timely manner.

Risk Stratification: Overview

HFS requires risk stratification to help ensure that care strategies take into account differing needs. HFS requires that 20% of a plan's senior members and members 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. When a customer is stratified as high or moderate risk, they are enrolled in specific care coordination programs. 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. 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.

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)	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	met/not met	% change from Q2 2020	Threshold:
Blue Cross Community Health Plan	34.30%	21.30%	21.08%	20.36%	20.42%	20.47%	20.38%	met	-41%	20%
CountyCare Health Plan	31.71%	31.14%	31.29%	32.51%	30.96%	30.96%	26.59%	met	-16%	
Aetna (IlliniCare Health)	30.70%	24.52%	22.64%	25.21%	26.91%	27.85%	27.83%	met	-9%	
Meridian Health Plan	26.74%	26.18%	25.91%	26.40%	22.83%	20.85%	20.00%	met	-25%	
Molina Healthcare	18.33%	21.86%	22.02%	22.57%	21.69%	24.75%	24.82%	met	35%	
% of Enrollees (Seniors or Person with Disabilities) identified as High Risk (level 3)	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	met/not met	% change from Q2 2020	Threshold:
Blue Cross Community Health Plan	10.77%	6.07%	5.72%	5.29%	5.29%	5.09%	5.12%	met	-52%	5%
CountyCare Health Plan	14.68%	14.61%	15.04%	16.76%	15.51%	15.51%	12.55%	met	-15%	
Aetna (IlliniCare Health)	14.04%	7.51%	5.22%	5.03%	5.15%	5.37%	5.21%	met	-63%	
Meridian Health Plan	6.13%	5.82%	5.63%	6.13%	5.55%	5.21%	5.00%	met	-18%	
Molina Healthcare	9.23%	10.36%	11.08%	10.83%	12.30%	10.41%	10.20%	met	11%	

Aetna Better Health of Illinois: Aetna continues to meet/exceed the risk stratification targets as established by HFS, leveraging multiple referral streams in the identification of our highest need members.

Meridian: Meridian continues to meet or exceed the HFS requirement for 20% of seniors and people with disabilities to be identified as moderate or high risk as well as assuring at least 5% are identified in the high-risk category. Meridian understands that timely and accurate identification of at-risk populations is paramount to assure members with the highest needs are prioritized appropriately for outreach, assessment, and care planning.

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)	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	met/not met	% change from Q2 2020	Threshold:
Blue Cross Community Health Plan	93.82%	87.28%	91.01%	89.01%	91.85%	90.23%	90.54%	met	-3%	90%
CountyCare Health Plan	95.73%	96.28%	96.14%	95.18%	93.74%	93.74%	90.72%	met	-5%	
Aetna (IlliniCare Health)	91.38%	90.56%	93.02%	98.60%	99.30%	99.47%	99.33%	met	9%	
Meridian Health Plan	95.23%	90.02%	90.00%	90.33%	90.07%	90.08%	90.01%	met	-5%	
Molina Healthcare	90.03%	86.17%	86.28%	91.31%	92.54%	94.61%	95.37%	met	6%	
% of Enrollees (Dual Eligible Adults) identified as High Risk (level 3)	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	met/not met	% change from Q2 2020	Threshold:
Blue Cross Community Health Plan	20.21%	18.92%	20.58%	19.64%	20.47%	20.04%	20.00%	met	-1%	20%
CountyCare Health Plan	16.71%	16.13%	21.50%	21.60%	20.24%	20.24%	20.61%	met	23%	
Aetna (IlliniCare Health)	21.31%	20.11%	18.51%	16.18%	21.81%	21.84%	21.22%	met	0%	
Meridian Health Plan	21.71%	20.01%	20.00%	20.00%	20.00%	20.08%	20.00%	met	-8%	
Molina Healthcare	29.69%	45.75%	38.08%	37.61%	30.08%	30.15%	24.87%	met	-16%	

Meridian: Meridian continues to meet HFS' expectations for identifying, categorizing, and care managing appropriate Dual Eligible members. Risk stratification is based on predictive modeling algorithms using historical medical claims and other factors to identify its most at-risk members. At Meridian the entire Dual Eligible population is enrolled in our care coordination program.

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)	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	met/not met	% change from Q2 2020	Threshold:
Blue Cross Community Health Plan	3.25%	2.05%	2.07%	2.06%	2.11%	2.06%	2.05%	met	-37%	2%
CountyCare Health Plan	1.65%	1.52%	1.49%	1.41%	1.25%	1.25%	1.12%	not met	-32%	
Aetna (IlliniCare Health)	3.28%	2.32%	2.02%	0.97%	1.17%	2.05%	2.18%	met	-34%	
Meridian Health Plan	3.01%	2.05%	2.01%	2.02%	1.94%	2.00%	2.00%	met	-34%	
Molina Healthcare	1.82%	1.92%	2.12%	2.14%	1.91%	2.56%	2.71%	met	49%	

CountyCare: CountyCare is launching a Maternal Child Program in the second quarter of 2022 to focus clinical interventions for pregnant members and their children. This will further advance our focus into Family Health Plan membership.

Meridian: Meridian continues to meet or exceed the HFS requirement that 2% of enrollees within the family and children eligibility category are identified as high risk. Meridian understands that timely and accurate identification of at-risk populations is paramount to assure members with the highest needs are prioritized appropriately for outreach, assessment, and care planning. In Q3, we began the Start Smart for Baby program which includes a process to obtain a pregnancy health risk screening which is inclusive of physical, behavioral, and social determinants data. Our risk stratification includes the screening data and pulls in data from over 200 data sources including claims to appropriately stratify pregnant members. In Q4 we obtained 76% completion rate. In addition, Meridian has collaborated with a BEP vendor specializing in remote monitoring to enroll high-risk maternity members, with a focus on members with heightened social determinants of health to improve health equities within our membership populations.

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)	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	met/not met	% change from Q2 2020	Threshold:
Blue Cross Community Health Plan	4.87%	2.81%	2.18%	2.18%	2.24%	2.22%	2.16%	met	-56%	2%
CountyCare Health Plan	5.46%	4.77%	4.83%	5.63%	4.85%	4.85%	3.71%	met	-32%	
Aetna (IlliniCare Health)	2.44%	3.09%	2.02%	1.47%	1.77%	2.07%	2.25%	met	-8%	
Meridian Health Plan	3.33%	2.17%	2.08%	2.04%	2.00%	2.00%	2.00%	met	-40%	
Molina Healthcare	2.42%	2.65%	2.72%	2.90%	2.73%	2.97%	2.99%	met	24%	

Meridian: Meridian continues to meet HFS' expectations for identifying, categorizing and care managing ACA Adult populations. Meridian recognizes timely and accurate identification of at-risk populations is the first important step towards outreach, assessment, and care planning. The integration of Centene systems

and platforms includes a robust stratification process which pulls data from over 200 sources, including but not limited to: Demographics, Race, Claims, SDOH indicators, assessments, to identify risk on an ongoing basis and allows for more effective identification of members in need of Care Management/Coordination.

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 48% completion within 90 days, and this represents an industry average improvement of 8% compared to the second quarter of 2020.

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**	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Trend	% change from Q2 2020	Threshold:
Blue Cross Community Health Plan	21.30%	22.36%	26.67%	22.86%	25.57%	27.92%	38.95%	Increasing	83%	**60%**
CountyCare Health Plan	57.28%	61.71%	64.15%	51.86%	42.24%	41.46%	53.24%	Decreasing	-7%	
Aetna (IlliniCare Health)	60.79%	66.57%	80.76%	72.91%	55.07%	73.16%	66.57%	Increasing	10%	
Meridian Health Plan	32.50%	38.32%	48.26%	51.59%	48.13%	11.69%	32.03%	Decreasing	-1%	
Molina Healthcare	57.31%	59.20%	50.65%	61.45%	44.36%	46.96%	31.77%	Decreasing	-45%	
YouthCare (Meridian Health Plan)				43.96%	59.64%	53.54%	66.67%	Increasing	N/A	

Aetna Better Health of Illinois: Aetna has solid processes in place to promote compliance to this measurement through our engagement dashboards. Staff are alerted daily of impending timelines for engagement in accordance with members' level of acuity. This staff specific tracking tool has optimized our engagement enabling Aetna to exceed the threshold established by HFS.

BCBSIL: High Risk Enrollees with Completed IPOC saw the largest growth in Q4 2021, with an increase in performance of 11.03%. BCBSIL is incorporating text and incentives to engage members is are seeing incremental success. BCBSIL Care Coordination team implemented face-to-face engagement in March 2022 with staff currently in field targeting those more difficult to reach members and facilities.

Meridian: For Q4 2021, Meridian continues to strive for improvement completing Individualized Plans of Care for high-risk populations. Of note: Meridian underwent significant Care Management department changes in Q3 as we transitioned from legacy Meridian to Centene systems, platforms, and procedures. The transition resulted in a temporary decline of performance in this measure from Q2. Meridian has implemented mitigation and we expect to improve in this metric in the coming quarters.

YouthCare: YouthCare continues to make improvements completing Individualized Plans of Care for the Care Management of member identified as High or Complex Risk within 90 Days of eligibility as evidenced by increases made. YouthCare implemented new processes for monitoring IPOC completion and overall staff productivity.

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 52% completion within

90 days, and this represents an industry average improvement of 9% in relation to the second quarter of 2020.

% **moderate risk** Enrollees with an IPoC completed **within 90 days** after being identified as moderate risk ***New threshold as of 1/1/2022**	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Trend	% change from Q2 2020	Threshold:
Blue Cross Community Health Plan	37.48%	40.18%	32.05%	32.87%	49.96%	55.37%	63.46%	Increasing	69%	**60%**
CountyCare Health Plan	59.55%	65.43%	47.55%	41.18%	41.52%	40.86%	43.65%	Decreasing	-27%	
Aetna (IlliniCare Health)	71.58%	71.54%	73.31%	55.47%	63.24%	72.04%	71.54%	No Change	0%	
Meridian Health Plan	48.34%	46.41%	47.01%	67.26%	75.42%	58.31%	70.41%	Increasing	46%	
Molina Healthcare	79.53%	51.64%	66.98%	76.29%	44.00%	54.49%	45.03%	Decreasing	-43%	
YouthCare (Meridian Health Plan)				23.94%	25.19%	36.99%	19.57%	Decreasing	N/A	

Aetna Better Health of Illinois: Aetna has solid processes in place to promote compliance to this measure through our engagement dashboards. Staff are alerted daily of impending timelines for engagement in accordance with members' level of acuity. This staff specific tracking tool has optimized our engagement enabling Aetna to exceed the threshold established by HFS.

BCBSIL: BCBSIL Care Coordination team continues working on process and reporting enhancements to ensure that our IPoC completions are being accurately captured and reported. Moderate Risk Enrollees with Completed IPOC has seen the most growth in 2021.

Meridian: Meridian continues to improve the completion of Individualized Plans of Care for moderate-risk populations. After migrating to Centene systems, we experienced a temporary decline in performance in this measure in Q3. By providing additional training coupled with staff getting use to the new systems/processes, we have seen performance rebound in Q4 and expect it to continue to improve.

YouthCare: YouthCare revised its internal processes and oversight to ensure completion of the Individuated Plans of Care for moderate risk members.

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 70% 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**	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Trend	% change from Q2 2020	Threshold:
Blue Cross Community Health Plan	72.30%	73.22%	81.25%	82.39%	83.88%	86.17%	80.52%	Increasing	11%	**90%**
CountyCare Health Plan	77.19%	78.47%	82.24%	81.18%	82.84%	80.11%	73.02%	Decreasing	-5%	
Aetna (IlliniCare Health)	73.12%	75.79%	68.85%	55.04%	53.30%	53.10%	53.53%	Decreasing	-27%	
Meridian Health Plan	80.77%	79.00%	77.67%	81.71%	78.51%	67.81%	71.89%	Decreasing	-11%	
Molina Healthcare	73.42%	83.16%	66.67%	61.90%	67.43%	60.37%	70.92%	Decreasing	-3%	

Aetna Better Health of Illinois: Aetna under-reported performance on this metric for Q3 and Q4 with actual performance at 69% and 65% respectively. The Aetna results materially improve if the reporting metric for service plan completion excludes instances of member out-of-state relocation, member expiration, lack of member eligibility, member hospitalization, and member's refusal of the waiver. Aetna requests consideration from HFS for these reasonable exclusions.

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

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	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Trend	% change from Q2 2020	Threshold:
Blue Cross Community Health Plan	100.00%	100.00%	99.94%	100.00%	100.00%	99.87%	100.00%	No Change	0%	**Monitor**
CountyCare Health Plan	99.61%	100.00%	99.83%	99.87%	99.13%	99.86%	100.00%	No Change	0%	
Aetna (IlliniCare Health)	100.00%	99.83%	100.00%	100.00%	100.00%	100.00%	100.00%	No Change	0%	
Meridian Health Plan	100.00%	100.00%	97.84%	100.00%	100.00%	98.77%	93.41%	Decreasing	-7%	
Molina Healthcare	100.00%	100.00%	99.96%	99.93%	100.00%	100.00%	99.89%	No Change	0%	
YouthCare (Meridian Health Plan)				100.00%	100.00%	100.00%	100.00%	No Change	N/A	

Meridian: Meridian identified opportunities to improve grievance resolution timeliness, including improving internal communication to prevent delays. Additionally, Meridian is reviewing root causes for grievances in order to reduce the overall volume.

Molina: Molina continues to place a priority on the timely resolution of member grievances, specifically related to pharmacy and access to care related grievances. Molina identified these two areas as leading indicators to ensure member satisfaction.

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	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Trend	% change from Q2 2020	Threshold:
Blue Cross Community Health Plan	99.42%	99.08%	98.01%	100.00%	99.30%	96.23%	99.36%	No Change	0%	**Monitor**
CountyCare Health Plan	100.00%	98.24%	100.00%	99.39%	99.67%	99.16%	90.51%	Decreasing	-9%	
Aetna (IlliniCare Health)	100.00%	100.00%	100.00%	100.00%	99.43%	98.37%	97.22%	Decreasing	-3%	
Meridian Health Plan	100.00%	98.86%	99.62%	99.14%	98.93%	90.82%	98.52%	Decreasing	-1%	
Molina Healthcare	100.00%	100.00%	100.00%	100.00%	100.00%	99.80%	100.00%	No Change	0%	
YouthCare (Meridian Health Plan)				N/A	100.00%	100.00%	100.00%	No Change	N/A	

Aetna Better Health of Illinois: Aetna continues to identify opportunities to streamline the appeals review and resolution process to ensure adherence. Recent improvements include implementation of optimized workflows across intake, consolidated reporting, staff cross-training and enhanced monitoring of cases.

CountyCare: CountyCare continues to review appeal resolution times. Our contract allows extension of routine appeals; however, there were system limitations. Enhancements are being made to allow configuration for extensions within this system.

Molina: Molina continues to review and resolve standard pre-service appeals in a timely manner. Pre-service appeals main driver are pharmacy related appeals. Many of those appeals can be overturned based on the additional information that is submitted by the provider community.

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 86%. 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)	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Trend	% change from Q2 2020	Threshold:
Blue Cross Community Health Plan	84.38%	82.76%	82.95%	82.22%	82.60%	83.19%	84.10%	No Change	0%	**Monitor**
CountyCare Health Plan	93.18%	93.57%	93.19%	92.63%	94.31%	94.79%	94.49%	Increasing	1%	
Aetna (IlliniCare Health)	75.46%	67.71%	83.34%	84.70%	84.64%	84.21%	83.52%	Increasing	11%	
Meridian Health Plan	87.24%	84.90%	84.66%	86.06%	82.90%	77.46%	75.57%	Decreasing	-13%	
Molina Healthcare	86.30%	80.78%	82.62%	83.99%	84.71%	84.05%	83.56%	Decreasing	-3%	
YouthCare (Meridian Health Plan)				92.44%	98.92%	92.84%	N/A	Increasing	N/A	

Meridian: Through its Utilization Management program, Meridian continually strives to ensure that its members are getting the right care, at the right level, at the right time. Due to the COVID-19 pandemic and in accordance with HFS guidance for waiving certain prior authorizations, the total number of authorization requests received during Q4 2021 continues to trend below the normal volume. 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 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)	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Trend	% change from Q2 2020	Threshold:
Blue Cross Community Health Plan	99.71%	99.55%	99.57%	99.69%	99.63%	99.79%	99.73%	No Change	0%	**Monitor**
CountyCare Health Plan	67.76%	95.33%	88.61%	87.80%	89.97%	86.72%	90.76%	Increasing	34%	
Aetna (IlliniCare Health)	94.44%	94.12%	99.66%	98.86%	97.76%	91.13%	95.01%	Increasing	1%	
Meridian Health Plan	97.53%	99.67%	100.00%	99.85%	99.68%	100.00%	N/A	No Change	0%	
Molina Healthcare	98.54%	97.14%	95.56%	97.38%	97.27%	98.46%	98.25%	No Change	0%	
YouthCare (Meridian Health Plan)				92.28%	100.00%	100.00%	N/A	No Change	N/A	

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 .10. 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)**	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Trend	% change from Q2 2020	Threshold:
Blue Cross Community Health Plan	0.03	0.01	0.01	0.01	0.05	0.10	0.11	Increasing	254%	**Monitor**
CountyCare Health Plan	0.03	0.02	0.02	0.02	0.01	0.02	0.03	Decreasing	-10%	
Aetna (IlliniCare Health)	0.04	0.01	0.01	0.01	0.08	0.10	0.12	Increasing	212%	
Meridian Health Plan	0.06	0.01	0.01	0.01	0.13	0.16	0.17	Increasing	185%	
Molina Healthcare	0.04	0.02	0.02	0.01	0.04	0.06	0.05	Increasing	34%	

Aetna Better Health of Illinois: Aetna has taken a multi-pronged approach to mitigate portal complaint volume: 1) Increased provider education through hosted webinars and targeted outreaches based on issue trends; 2) Developed targeted processes to conduct root cause analysis and prioritize trending escalations; and 3) Increased transparency with Providers via notices and emails regarding latest plan updates, global projects, etc.

Meridian: Meridian migrated claims processing platforms in July 2021 and is working through issues identified post-migration. When global issues are identified and remediated, whenever possible, Meridian will reprocess all impacted claims without any action needed by providers. Meridian is meeting with providers and trade associations on an ongoing basis to work through specific issues. Through detailed review of claims metrics, Meridian will identify and resolve issues with goal of resolution prior to rising to level of a HFS portal dispute.

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 91% 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)	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	met/not met	% change from Q2 2020	Threshold:
Blue Cross Community Health Plan	96.83%	90.15%	94.08%	95.95%	95.72%	95.91%	97.69%	met	1%	80% in 30 seconds or less
CountyCare Health Plan	93.62%	91.13%	89.61%	86.21%	84.74%	70.13%	85.56%	met	-9%	
Aetna (IlliniCare Health)	83.45%	72.14%	60.72%	90.04%	83.45%	69.03%	92.91%	met	11%	
Meridian Health Plan	90.97%	83.04%	79.55%	92.87%	87.69%	86.46%	88.88%	met	-2%	
Molina Healthcare	96.53%	82.34%	83.78%	73.19%	68.28%	79.38%	89.41%	met	-7%	

Meridian Health Plan: During this timeframe, MHP implemented system enhancements focused on increasing efficiency and improving user experience, solicited overtime commitments, adjusted schedules, and coordinated with vendor partners to effectively handle increased calls volumes, and completed

numerous leadership trainings focused on providing accurate and timely information to both Members and Providers.

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. We started to see overall improvement in the 4th Quarter as a result of these efforts.

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 1% for calls being abandoned.

% of calls abandoned (combined Provider and Enrollee calls)	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	met/not met	% change from Q2 2020	Threshold:
Blue Cross Community Health Plan	1.68%	4.17%	4.06%	3.57%	1.63%	1.18%	1.00%	met	-40%	5% or less
CountyCare Health Plan	1.62%	1.71%	1.81%	2.24%	2.45%	4.83%	1.90%	met	17%	
Aetna (IlliniCare Health)	3.94%	5.00%	10.92%	1.22%	1.46%	3.33%	0.68%	met	-83%	
Meridian Health Plan	0.82%	1.72%	2.54%	0.71%	1.56%	1.78%	2.04%	met	150%	
Molina Healthcare	0.60%	2.69%	2.32%	5.75%	7.13%	5.45%	1.08%	met	79%	

Meridian Health Plan: While the health plan met goal, future enhancements include cross training efforts to provide flexibility in staffing, an agent shift analysis to maximize interval coverage, and IVR enhancements to provide additional self-servicing options. These initiatives will provide for even better performance in upcoming business cycles.

Molina: Significant improvement in lowering the call abandonment rate in the 4th Quarter as a result of enhanced employee hiring and retention efforts.