



HFS
Illinois Department of
Healthcare and Family Services

JB Pritzker, Governor
Elizabeth M. Whitehorn, Director

201 South Grand Avenue East, Springfield, Illinois 62763
Telephone: +1 217-782-1200, TTY: +1 800-526-5812



February 6, 2026

Aaron Galeener
CountyCare Health Plan

RE: HCI EUM 2025 Eval 3 \$100,000 Financial Penalty

Dear Mr. Galeener:

This letter serves as notification to CountyCare Health Plan ("CountyCare") of sanction pursuant to Section 7.16.6 of the Contract for Furnishing Health Services by a Managed Care Organization ("contract") between the Department of Healthcare and Family Services ("Department") and CountyCare:

7.16. Failure to submit Encounter Data. The Department and Contractor acknowledge and agree that they will work in good faith to implement mutually agreed-upon system requirements resulting in the complete and comprehensive transfer and acceptance of Encounter Data, and that such mutual agreement shall not be unreasonably withheld. Contractor shall submit complete and accurate data quarterly to the Department in accordance with the Illinois Medicaid Health Plan Encounter Utilization Monitoring (EUM) requirements document, as set forth in Attachment XXIII, for each evaluation period. If Contractor does not meet the standards by the evaluation date as set forth in Attachment XXIII, the Department, without further notice, may:

7.16.6.1 impose a monetary penalty of up to US \$100,000;

7.16.6.1.1 impose a monetary penalty of up to US \$100,000 for each unmet standard, beginning with the calendar year 2022 third quarter EUM data;

7.16.6.2 impose an enrollment hold on Contractor; or

7.16.6.3 impose both.

CountyCare's HealthChoice Illinois (HCI) Encounter Summary report for EUM 2025 Evaluation Period 4 Subcategory scores for Dental, 88.3%, is below the 92% threshold related to the \$100,000 Financial Penalty outlined in Attachment XIII. The Department is hereby providing written notice that CountyCare failed to meet the established expectation and is therefore fining CountyCare in the amount of \$100,000. CountyCare is to issue an electronic payment to the Department, by either ACH or Wire Transfer, no later than Friday, March 06, 2026. The electronic payment shall include the following fields for payment identification and tracking purposes by the Department:

ORIG CO NAME: Cook Co Hlth & Hosp System

ORIG ID: XXXXXXXXX

ENTRY DESCR: this is to be left blank

ENTRY CLASS: *CCD*
TRACE NO: *Bank Information*
ENTRY DATE: *yymmdd*
IND ID NO: *Bank Information*
IND NAME: **Cook Co Hlth & Hosp System**
REMARK: **EUM 2025 Eval 4**
ORIG BANK: *Bank Name*

*The information highlighted in yellow is specific to the Department and payment detail requirements, and shall not be changed or modified by the MCO.

*The information in gray is the banking information.

If you have any questions regarding this information, please contact Devang Ghadia at 217-524-2502.

Sincerely,

Helena Lefkow, Deputy Administrator, Managed Care Performance
Division of Medical Programs

cc: Crissy Turino, Jai Mehta, Becca Barrera, Jackie Zavala, Keshonna Lones, Jessica Pickens, Veronica Trimble, Bola Adeyiga, Amy Roberts, Rich Allen, Devang Ghadia, Lindsey Freeman, and Adam Lewis.