



**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



March 2, 2026

Aaron Galeener  
CountyCare Health Plan

**RE: CountyCare HCI Untimely IKN Data Confirmation Ad-Hoc Sanction**

Dear Mr. Galeener:

This letter serves as written notification to CountyCare Health Plan (CountyCare) of sanction pursuant to Section 7.16.3 of the Contract for Furnishing Health Services by a Managed Care Organization between the Department of Healthcare and Family Services (“Department”) and CountyCare.

CountyCare failed to respond timely to the Department’s ad-hoc request issued by the Department, on Tuesday, January 6, 2026, at 4:00 PM, under the email title of “HCI & YC MCO ACCT MGR ACTION: IKN Data Submission Deadline Reminder – Due no later than COB Feb 4, 2026”. This ad-hoc request required CountyCare to review the IKN data submission reminder, ensure all data is submitted timely, and shall provide an email to confirm that this request has been completed, to the HFS.AMrequests inbox, your BMC Account Manager, and Bradley Ray, no later than COB, February 4, 2026. CountyCare did not respond to the HFS.AMrequests inbox for this ad-Hoc request on or before COB February 4, 2026, and CountyCare did not request an extension to the ad-hoc request due date. As such, the Department is sanctioning CountyCare \$5,000. CountyCare is to issue an electronic payment to the Department, by either ACH or Wire Transfer, no later than Friday, March 27, 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: Health Care Service Corp  
REMARK: CC Ad-Hoc IKN Data Sanction  
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 notification, please contact your HFS Account Management team Jessica Pickens at [Jessica.A.Pickens@illinois.gov](mailto:Jessica.A.Pickens@illinois.gov), Veronica Trimble at [Veronica.A.Trimble@illinois.gov](mailto:Veronica.A.Trimble@illinois.gov) or Bola Adeyiga at [Bola.O.Adeyiga@illinois.gov](mailto:Bola.O.Adeyiga@illinois.gov).

Sincerely,

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

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