



**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**



September 22, 2025

Aaron Galeener  
CountyCare Health Plan

**RE: CountyCare HCI Untimely Ad-Hoc Request Response 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 on Tuesday, September 2, 2025, at 10:58 am under the email title of "URGENT HCI & YC MCO ACCT MGR ACTION: FOIA 25-584 Request – Response Due by COB Thursday, September 4, 2025". This ad-hoc request required CountyCare to review its 2025 Care Gap Plan report and identify if there are any components that should be considered confidential or proprietary and therefore redacted. If requesting confidential or proprietary treatment, CountyCare was to submit clearly labeled redacted versions of the report. If no redactions were necessary, CountyCare was to respond confirming their determination. Responses were due no later than COB, Thursday, September 4, 2025. CountyCare did not respond to this ad-hoc request on or before COB, Thursday, September 4, 2025, and CountyCare did not request an extension to the 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, October 17, 2025. 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: [REDACTED]  
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: **Ad-Hoc 09192025**

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 Keshonna Lones at Keshonna.Lones@illinois.gov, or Bola Adeyiga at Bola.O.Adeyiga@illinois.gov.

Sincerely,

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

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