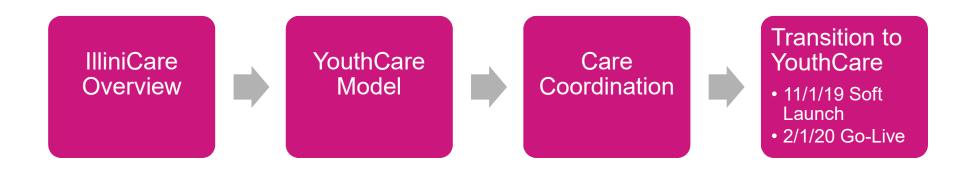
Health Choice Illinois





Agenda





IlliniCare Health Overview



We are local and committed to serving Illinois



Established in 2011

Operates State-wide participating in all Medicaid Managed Care products in Illinois

942 employees servicing 351,582 members*

*Includes Health Choice Illinois, MMAI

2011	2013	2014	2015	January 2016	January 2017	January 2018	January 2019	
16,000	22,000	88,000	200,000	205,000	210,000	240,000	351,582	
Members	Members	Members	Members	Members	Members	Members	Members	

Headquarters

Current Offices



5 Office Locations

BURR RIDGE



1333 BURR Ridge Parkway Burr Ridge, IL 60527

CHICAGO

77 W. Wacker Drive Suite 1500 Chicago, IL 60601

NAPERVILLE

1255 Bond Street Suite 121 Naperville, IL 60563

ROCKFORD

345 Executive Parkway Suite M3 Rockford, IL 61107

CARBONDALE

1175 E. Main Street Carbondale, IL 62901

We have rich expertise in providing healthcare



WHO WE ARE

IlliniCare Health provides:



Our parent company, Centene Corporation, has 30+ years of experience

IlliniCare Health employees are local and have market knowledge

 Our Integrated Care Teams understand the communities we serve and the resources available within those communities

Our mission and role for YouthCare is:



IlliniCare Health's approach to YouthCare focuses on improving the overall health outcomes for children and youth who are, or have been, in the foster care system.

HFS/DCFS/ IlliniCare Health



HFS: Medicaid

- The contracting entity
- Expectations:
 - Improved health care and quality outcomes
 - Improved coordination of services
 - Increased number and quality of providers across the state

DCFS:Child Welfare

- The legal guardian / the parent for youth in out of home care
- Expectations:
 - Improved access integrated health and behavioral health
 - Integration, innovation and collaboration with system of care

IlliniCare Health: Partner

- The MCO delivering YouthCare
- Expectations:
 - Partner with
 HFS and DCFS to
 improve outcomes,
 support permanency
 and expand quality
 providers and
 access to care

Our Goal



- To help adapt the Medicaid world to the Child Welfare System
- We serve as the healthcare partner, allowing the child welfare system to focus on other needs

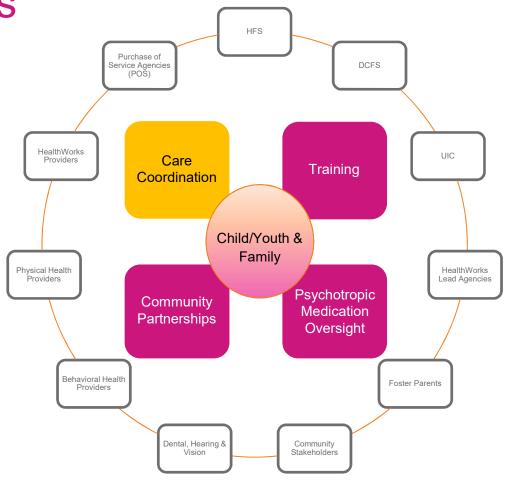
We become part of the team

YouthCare Model



YouthCare Model Four Pillars





We are aligning YouthCare staff by region



Regional Layout

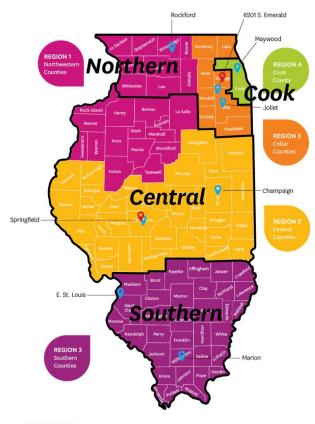
8 DCFS Liaisons:

- 2 per Region
- Qualifications: 100% with IL child welfare system experience and either Social Work or Community Relations experience
- Local approach –
 DCFS Liaisons within
 DCFS offices working in
 collaboration with
 caseworkers to
 troubleshoot issues
- Serve as entry points for inquiries and questions

Trainers:

- · Southern & Central: 1
- Northern & Cook: 1
- Floaters: 2
- National: 4

- Clinical provider trainers available to educate on 200 different evidence based curriculums
- Help support understanding of trauma, abuse, neglect, brain development, developmental ages, difference between mental health issue and behavioral issue, ADHD and trauma, etc.



LEGEND

DCFS Region (Northern, Cook, Central, Southern)



DCFS Offices / Liasons



ICH Trainers

ICH YouthCare Rapid Response Team



New dedicated department developed specifically for YouthCare to centralize coordination and response to inquiries, questions and complaints

Internal Rapid Response Team

- Inquiry Coordinator (1)
- Stakeholder Advocates (2)
- Provider Network Coordinators (2)
- Claims Specialist (1)
- PDM (1)
- Grievance & Appeals (2)
- DCFS Liaison Supervisor (1)

External Rapid Response Team

- DCFS Liaisons (8)
- Community Trainers (2)
- Provider Relations (4)

IlliniCare YouthCare Care Coordination Program



illinicare health...

PROPRIETARY AND CONFIDENTIAL



Care Coordination Topics

- Definition of Care Coordination
- Staffing for IlliniCare Youth Care Program
- Pre-Stratification of members prior to "Go-Live"
- Outreach Approach at "Go-Live"
- Ongoing Care Coordination



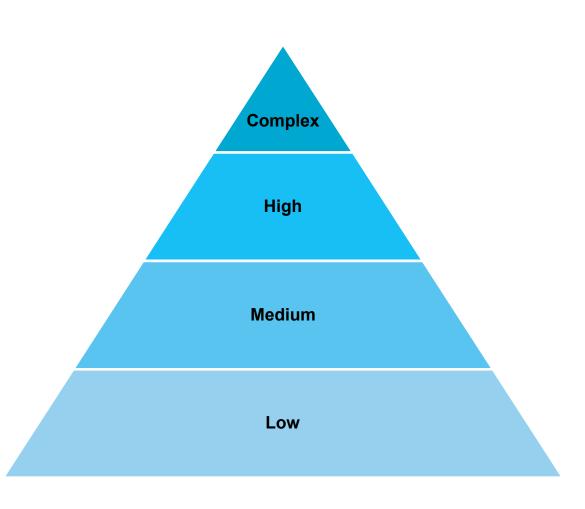
Care Coordination defined...

A collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality, cost-effective outcomes.

Health Risk Screenings



- A DCFS specific HRS has been developed for this program
- The HRS will be completed upon a child coming into YouthCare
- The HRS is scored, and will trigger additional assessments as applicable
- Children and Youth will be stratified as low, medium, high and complex





YouthCare Staffing Model

Youth stratified as **High / Complex** will be managed by **Health Service Managers**; these staff are licensed Behavioral Health clinicians and Registered Nurses

Mixed Caseload 1:55 youth with **High** and **Complex** needs

Contractual Outreach: Every 30 days for **High** and every 14 days for **Complex**

Face to Face Requirements as needed for both populations



YouthCare Staffing Model

Youth stratified as *moderate* will be managed by Health Service Specialist; these staff are trained professional and have experience in the medical and/or behavioral field. They serve as the "Social Workers" on the Integrated Care Team and have a degree in the Human Services (or related field)

They have a caseload of 150 youth with moderate needs

Contractual Outreach: Every 90 days



YouthCare Staffing Model

Youth stratified as *low* will be managed by **Health Care Coordinators**; these staff have experience in the medical field, customer service, and/or behavioral health

Caseload of 600 youth with low needs

Contractual Outreach: Every 180 days

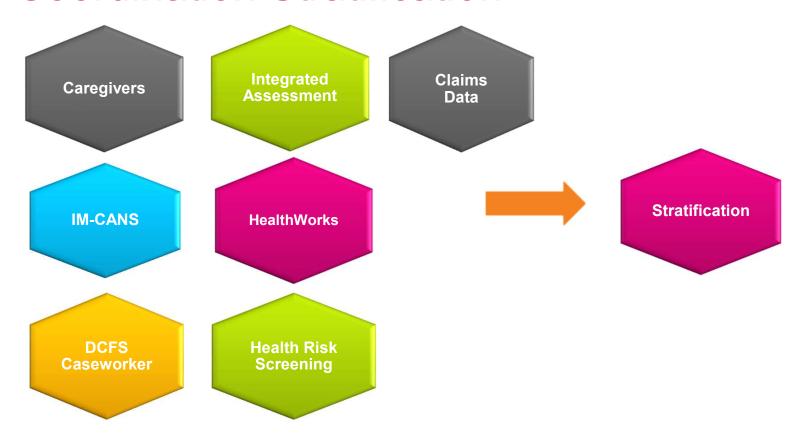


YouthCare Clinical Team

- Medical Director (Pediatrician)
- Medical Director (Psychiatrist)
- Clinical Director (LCPC/LCSW/RN)
- Clinical Manager(s) (LCPC, LCSW, RN)
- Utilization Manager (RN)
- Clinical Supervisor(s) (LCSW, LCPC, RN)
- Integrated Care Team (HSM, HSS, HCC)
- Health Engagement Coordinators
- Transitions of Care Specialist
- Utilization Management (Utilization Managers (RN. LCPC/LCSW), Prior Authorization and Concurrent Review Nurses (RN), Referral Specialist and Utilization Review Coordinators



Information that Feeds Care Coordination Stratification



Outreach Approach



Demographic information for youth received by IlliniCare at "Go-Live"

The Case Lead will outreach to authorized representatives, HealthWorks, POS Agencies, etc. to gather additional information Assigned Case Lead will ensure all needed services are in place for the youth by working with the Care Giver, DCFS Case Worker and any additional resources as needed

Clinical Medical
Management Leadership will
assign youth for outreach to
all Care Coordination team

Upon completion of a Health Risk Screening, the youth will be stratified and assigned a case Lead Based on the youths stratification, an Individualized Plan of Care (IPoC) will be created and shared with the appropriate parties

Care Coordinators will review TruCare for claims information, and any clinical information that may have been provided prior to outreach

Care Coordinators will outreach to authorized representatives to complete the Health Risk Screening

Ongoing outreach will be based on the members needs- but no less than contractually stated



Ongoing Care Coordination

Once the youth is enrolled in Care Coordination, they will receive a Welcome to Care Coordination Letter with information on how to outreach the Care Coordination Department.



Ongoing telephonic outreach and face-to-face visits (based on role and needs) will continue to ensure the youths' needs are met. Families are always able to connect with the Case Owner by calling into the Health Plan.



Ongoing
Assessment
of needs,
individualized plans
of care, advocacy,
collaboration, and
training to ensure
we, as a health
plan, are meeting
the needs of the
members.



Timeline

November 1, 2019 – Soft Launch

- Begin care coordination
 - 17K Youth in Out of Home Care
- Continue community meetings statewide
- Continue contracting providers

February 1, 2020

- Begin care coordination
 - 18+ Former Youth in Care
- Begin 6-month Continuity of Care
- Continue contracting providers