



HFS
Illinois Department of
Healthcare and Family Services

JB Pritzker, Governor
Elizabeth M. Whitehorn, Director

201 South Grand Avenue East, Springfield, Illinois 62763
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November 20, 2024

Cristal Gary, CEO
Meridian HealthCare

RE: YouthCare EUM 2024 Eval 3 \$50,000 Financial Penalty

Dear Ms. Gary:

This letter serves as notification to YouthCare Health Plan (“YouthCare”) of sanction pursuant to Section 7.16.6 of the Contract for Furnishing Health Services by a Managed Care Organization through the DCFS Youth Managed Care Specialty Plan (“contract”) between the Department of Healthcare and Family Services (“Department”) and YouthCare:

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;
- 7.16.6.2 impose an enrollment hold on Contractor; or
- 7.16.6.3 impose both.

YouthCare’s Encounter Summary report for EUM 2024 Evaluation Period 3 Subcategory scores for Dental, 70.80%, LTC + Hospice, 70.90%, and Home Health, 75.20% are below the threshold of 80% related to the \$50,000 Financial Penalty outlined in Attachment XIII. The Department is hereby providing written notice that YouthCare failed to meet the established expectation and is therefore fining YouthCare in the amount of \$50,000. YouthCare is to issue an electronic payment to the Department, by either ACH or Wire Transfer, no later than Friday, December 20, 2024. The electronic payment shall include the following fields for payment identification and tracking purposes by the Department:

ORIG CO NAME: Meridian Health Plan Inc
ORIG ID: ██████████
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: Meridian Health Plan Inc
REMARK: YIC EUM 2024 Eval 3
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: Daniel Rich, Ryan Litteken, Robert Miromonti, Amy Roberts, Keshonna Lones, Veronica Trimble, Rich Allen,
and Joe Merwin