August CM Webinar

Wednesday, August 19, 2026

Stephanie R. Nickles

Clinical Training Manager

CountyCare
A MEDICAID HEALTH PLAN

Meeting Schedule

Wednesday, August 19th, 2026

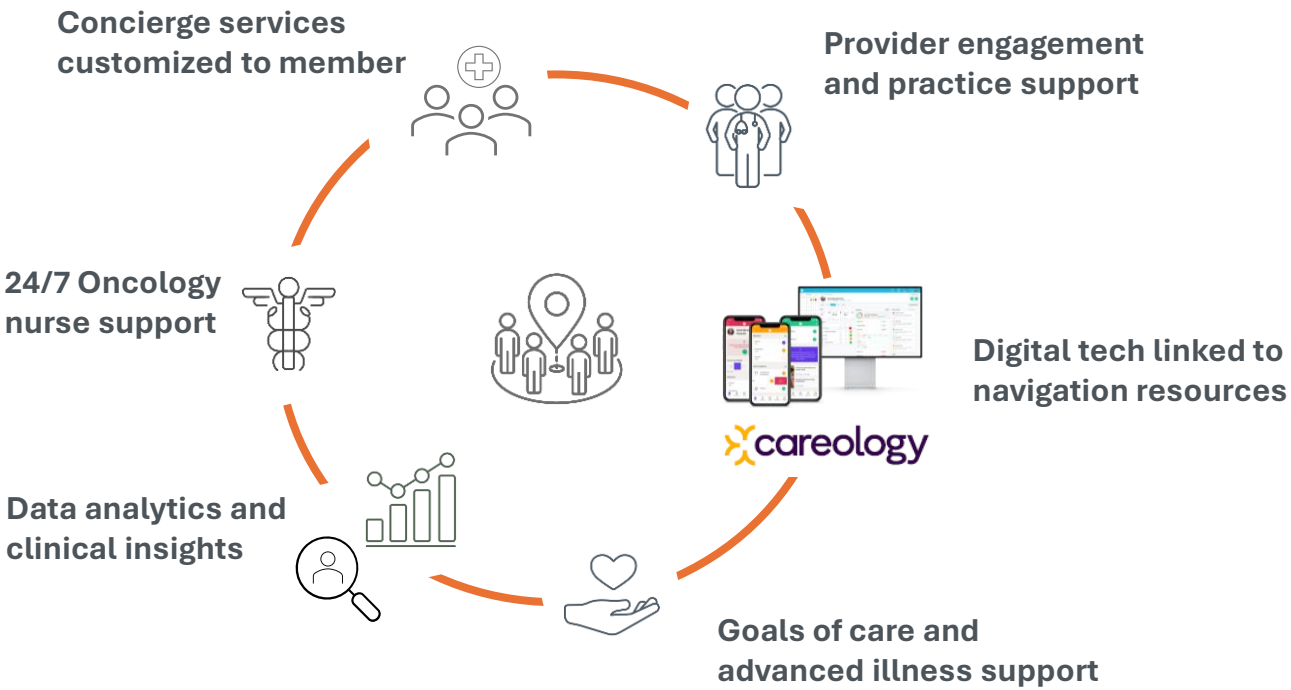
1. Korrine Lee– Evolent Oncology (20 Minutes)
2. Kera Beskin- HR1 Training(40 minutes)

CountyCare
A MEDICAID HEALTH PLAN

Evolent's Oncology Navigation Program

Korinne Lee, FNP-C, AOCNP

Our services: Whole-person focus supporting each member from diagnosis through every step of the cancer care experience



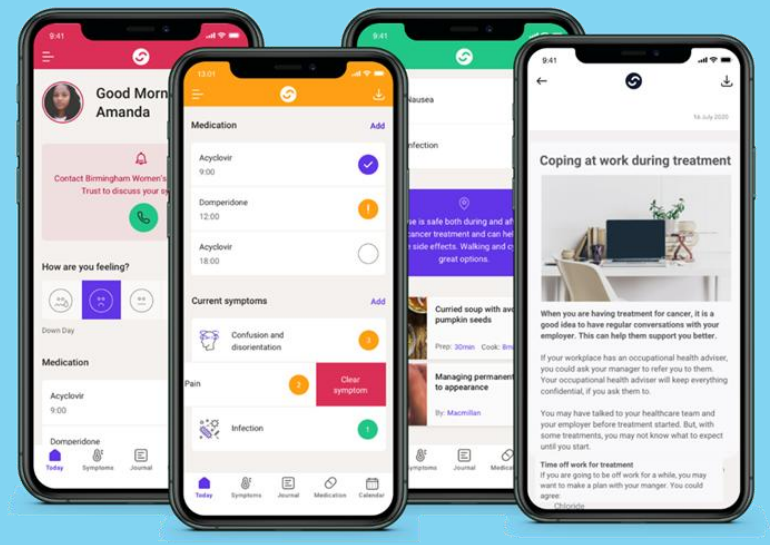
- ***Early identification*** **of member risk through Evolent data and provider collaboration**
- ***Flexible, integrated*** **patient engagement modalities – high-tech, high-touch support**
- ***Deep expertise in patient activation*** **to engage in support and empower in care journey**
- ***Evidence-based clinical insights*** **driving all interventions as part of Oncology condition management**

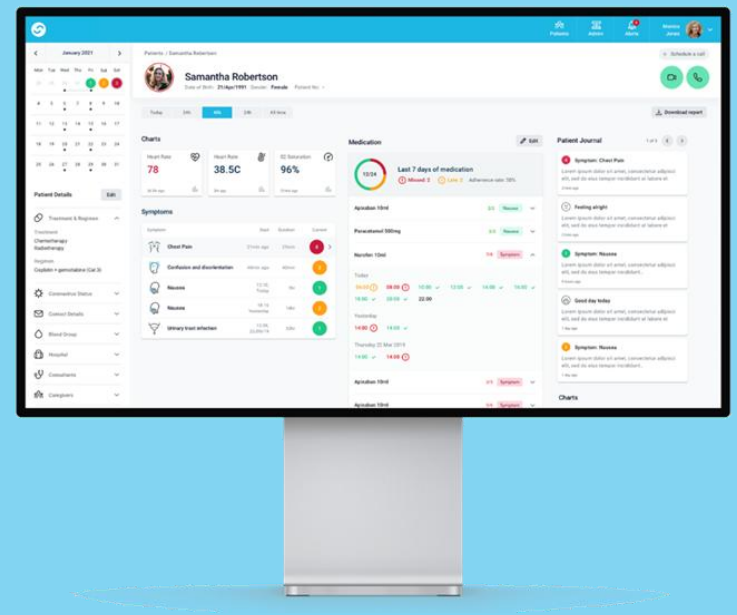
Careology®

evolent

Evolent's partnership with Careology provides patients with an intuitive tool which empowers our navigators to intervene in real time.

Real time symptom escalation allows our navigators to reach out to patients with guidance and support any time day or night 365 days a year.





- Symptoms & side effects
- Medication management
- Personalized supportive care
- PROs & assessments
- Treatment journal
- History

- Visibility of patient status
- Escalation path / Directionality
- Watch lists
- Patient engagement
- Interoperability
- Content prescription

Patient story

Meet Janet

- 48-year-old member with breast cancer
- Status post left mastectomy, starting chemotherapy
- Limited family support, multiple comorbidities

Before Navigation

- Historically used the ER to manage symptoms
- Gaps in understanding her cancer and treatment
- Fearful of side effects and comorbidity impact
- Reluctant to call for help when symptoms arose
- No advance care planning in place

After Navigation

Our Approach in Action

- **Personalized plan**: Motivational interviewing led holistic intake
- **Provider feedback loops**: Coordination with her oncology team and case managers
- **Longitudinal engagement**: Careology app symptom logging and ongoing check-ins

Concrete Interventions

- Tailored emergency plan and treatment education
- Real-time coaching on side effects, avoiding the ER and dehydration
- ACP discussions with the Primary Navigator
- Financial needs coordinated with case management

Results

Improved member experience

- Completed chemotherapy feeling supported
- Symptoms managed from home
- Confident using the app for support
- Prepared for the radiation phase

Cost Savings

Avoided unnecessary hospital and ED visits

Estimated savings:
$50,200

Integrated Care team

- Executable Advance Directive sent to patient
- Oncology and navigation teams aligned

Member Participation

Cancer Care Navigation Program

Who is eligible to participate?

- Active County Care Medicaid member
- 18 years or older
- Confirmed cancer diagnosis

How do members join the program?

- Referrals from CCH Care management team
- Interest form on CountyCare website (Self-Referral)
- Data model
- Referrals from Providers

Care Navigation Program: Referral Portal

Leverage our secure Referral Portal using the link below to quickly and seamlessly refer members to Evolent's Care Navigation program.

- Key components and features:
  - Built to accelerate referrals and simplify communication
  - Real-Time Support: Direct line to the full navigation team
  - Document Upload: Attach supporting files in pdf form

https://care.navigation.Evolent.com

Evolent Navigation program

Slides deck to share with CCH CM team

Understanding Medicaid and H.R. 1 Medicaid Eligibility Changes

Kera Beskin

August 19, 2026

Cook County Dept. of Public Health | Building Healthier Communities
CountyCare A Medicaid Health Plan
Cook County Health

Agenda

- Welcome and Introductions
- Overview of Cook County Health
- Medicaid 101
- H.R. 1 Medicaid eligibility changes
- Response from Cook County Health
- How to help - resources and actions to take now
- Q&A

H.R. 1 Medicaid Eligibility Changes

COOK COUNTY HEALTH

H.R.1 / One Big Beautiful Bill Act (OBBBA)

- H.R. 1 was signed by President Trump July 4, 2025. The law makes significant changes to Medicaid, SNAP, and the social safety net, making it harder for individuals to get and keep benefits and shifting costs to state and local governments.
- The Congressional Budget Office and other sources estimate that over next 10 years, H.R. 1:
  - Cuts $1+ trillion from health care programs and result in 10M people losing health insurance coverage
  - Cuts $187 billion from the Supplemental Nutrition Assistance Program (SNAP) with estimated losses of 300,000 people/month
    - Illinois has seen a 16% decrease in SNAP statewide about ~305,000 individuals
  - Increases federal deficit by $3.4 trillion
- **H.R.1 will result in more uninsured people in every state.** This will lead to more people delaying care, reduction or closure of health care services/facilities, and other harmful effects that will be devasting and deadly.
- Even for those who do not rely on Medicaid, the downstream impacts will be felt in access to emergency and primary care, health care premiums, and public health.

H.R. 1 Medicaid Eligibility Changes

400,000 Illinoisans at risk of losing coverage

"Qualified" Immigrants

Federal definition changing Oct. 2026 to exclude many previously eligible, lawfully present immigrants from Medicaid coverage

Emergency Medicaid remains unchanged

ACA Adults

- Individuals age 19-64
- Income up to 138% FPL
- No Medicare coverage
- No dependent children living with them

What's Changing Effective October 2026

- These groups of adult non-citizens will no longer qualify for Medicaid
  - Refugees and asylum seekers
  - Victims of domestic violence and trafficking
- These groups of non-citizens will still qualify for Medicaid
  - Children under 19
  - Pregnant and postpartum people
  - Green card holders, living in the US for 5+ years
  - Cuban and Haitian immigrants
  - Compact of Free Association (COFA) migrants

What's Changing Effective January 2027

- Must renew coverage every 6 months
- Report 80 hours of work, school, or volunteering in a one-month period
  - *Exemptions may be available for some, including for those who can show income of at least $580/month.*
  - *Federal guidance published June 1, 2026 still under review*

Current CountyCare Membership by Lines of Business

Monthly Membership as of June 10th, 2026

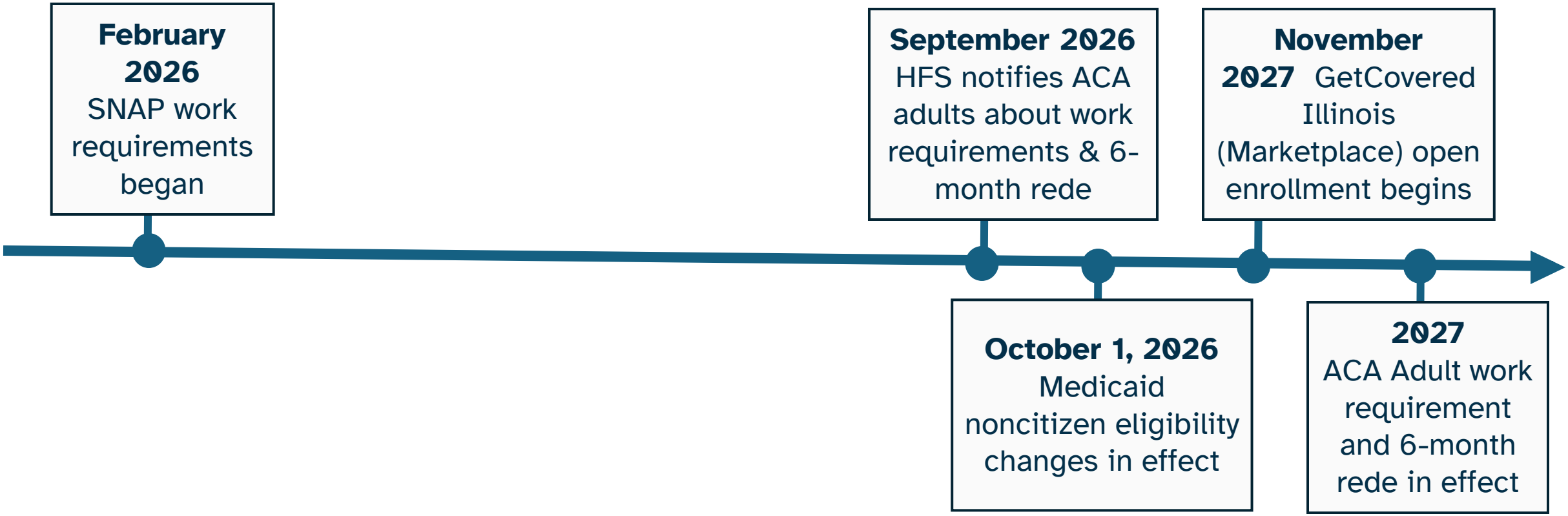
Category	Total Members	Ambulatory & Community Health Network of Cook County Members	% ACHN
Family Health Plan	213,461	9,841	4.61%
Affordable Care Act	97,316	9,640	9.91%
Integrated Care Program	31,712	4,404	13.89%
Managed Long Term Service and Support (Dual Eligible)	10,848	-	0.00%
Special Needs Children	8,310	330	3.97%
Health Benefits for Immigrant Seniors	3,223	1,050	32.58%
Health Benefits for Immigrant Children	12,462	1,208	9.69%
Total	**377,332**	**26,473**	**7.02%**

Note: ACHN is a measure for how many CountyCare members seek care at a Cook County affiliated clinic

Work requirements and every 6-month REDE only apply to ACA adults.

ACA Adults are 97,316 CountyCare members (26% of CountyCare membership)

H.R.1 Changes & Eligibility Changes Timeline



This slide contains content from the 6/12 HFS Medicaid Advisory Committee (MAC) Public Education meeting

H.R. 1 Eligibility Changes – Immigrants

Starting October 1, 2026, many noncitizens who have long been eligible for federally matched Medicaid will lose coverage, including:

- ❑Refugees
- ❑Asylees
- ❑Humanitarian parolees (including Ukrainian & Afghan parole programs)
- ❑Trafficking survivors
- ❑Amerasian immigrants not adjusted to Legal Permanent Resident (LPR) status
- ❑Conditional entrants
- ❑Domestic violence victims
- ❑American Indians born in Canada
- ❑Immigrant whose deportation is withheld

Note: HFS reviews eligibility for any other program when a member loses current coverage. (this includes the state programs on the next slide)

Immigrant Eligibility - What is NOT changing

Non-citizen coverage programs unchanged by H.R. 1:

- All Kids and Moms & Babies: Coverage for children and pregnant/12-months postpartum individuals, including those who terminated their pregnancy or had a miscarriage
- State-funded programs, including:
  - Asylum Applicants and Torture Victims (AATV)
  - Victims of Trafficking , Torture or Other Serious Crimes (VTTC), now AATV
  - Violence Against Women Act (VAWA) petitioners
  - Coverage for current Health Benefit for Immigrant Seniors (HBIS) enrollees
  - State funded kidney/renal coverage

H.R. 1 Work Requirements: Exemptions

HR 1 provides exemptions from work requirements for some populations and for individuals with certain circumstances, including:

- Parents, guardians and caretakers of dependent children 13 years or younger or disabled individuals
- Veterans with total disability ratings
- Medically frail individuals
- Individuals subject to Supplemental Nutrition Assistance Program (SNAP) work requirements
- Pregnant individuals or those receiving postpartum coverage (12 months postpartum)
- Foster youth or former foster youth under age 26

H.R. 1 Work Requirements: Compliance

Individuals subject to work requirements can satisfy the requirement in multiple ways:

- **Employment** = A minimum of 80 hours of work per month OR a monthly income of $580 per month. (Different rules for seasonal workers.)
- **Community service** = A minimum of 80 hours of community service per month.
- **Work program participation** = Participation in a work program for a minimum of 80 hours per month.
- **Enrollment in an educational program** = Enrollment at least half-time in higher education or a career or technical education program.

Any combination of these activities totaling at least 80 hours/month satisfies the work requirement.

H.R. 1 Work Requirements: Compliance

- **At application**, Illinois will use a 1-month lookback period for work requirement compliance for ACA Adults.
- **At redetermination,** Illinois will select a 1-month lookback period, requiring ACA Adults to show 1 month of work requirement compliance or exemption between 6-month eligibility verifications.
- The 1-month lookback period was selected by Illinois from among the state options authorized under HR1 to support a smooth and accurate implementation.

Illinois Guidance on 6-month Rede

Illinois will opt to implement 6-month redetermination cohort by cohort starting in January 2027 rather than adjusting all certification periods for ACA adults.

- This option enables Illinois to avoid large clusters of renewals in January 2027 and ensures a more even distribution of renewal periods into the future.
- Remember, individuals exempt from work requirements still must go through 6-month redetermination.
- Remember, some individuals may be able to have their eligibility redetermined ex-parte.

Ex-parte is an automated, administrative renewal process that allows the state to use existing data like pay information to determine that someone is still eligible for Medicaid. This reduces the administrative burden on the enrollee since no action is needed from them.

Retractive Eligibility Changes for All Medicaid

Generally, applicants for Medicaid can request and, if eligible, receive coverage for the 3 months prior to their first month eligibility.

Starting 1/01/2027, HR1 reduces federal match for retroactive coverage:

- ACA Adults to 1 month*
- Other eligibility categories to 2 months

Impact: Reduced reimbursement for providers, increased medical debt or forgone care for customers, and increased workload for patients and providers.

***Illinois Update**: Will provide retroactive coverage for all populations for two months, beginning 1/01/2027

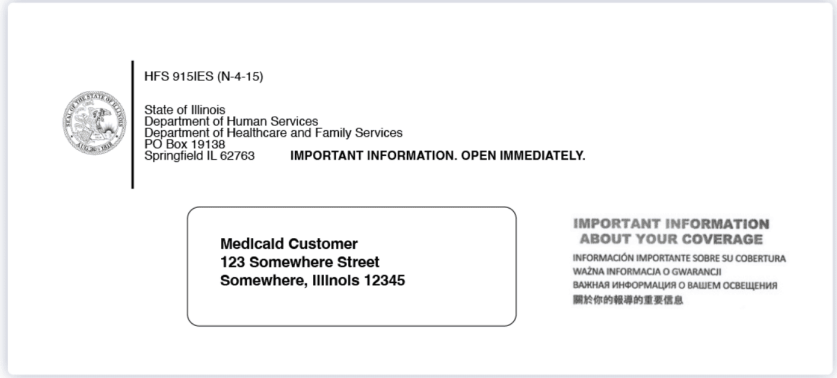
Member Attrition During Redetermination

- CountyCare has among the highest retention rate of any Medicaid managed care plan in Illinois, thanks to concerted member outreach strategies
- Even so, 11-14% of CountyCare members still lose coverage during every redetermination period

What causes coverage loss during redetermination?

Paperwork/admin issue: **70%**

Enrollee no longer eligible: 30%

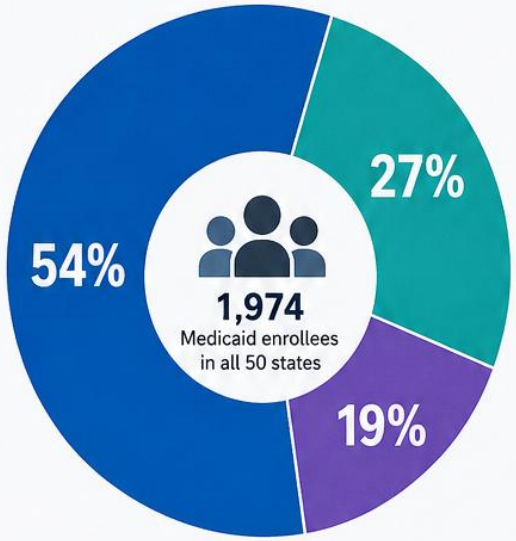


The Challenge: Most Enrollees Are Unaware Of Changes

WHAT WORK REQUIREMENTS?

A survey of 1,974 Medicaid enrollees in all 50 states shows most are unaware—or only vaguely aware—of new work requirements.

AWARENESS OF NEW WORK REQUIREMENTS



54% Completely unaware
More than half of enrollees are completely unaware of new work requirements.

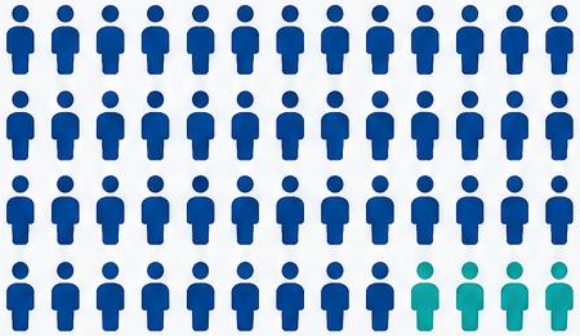
27% Vaguely aware
Another 27% are only vaguely aware of them.

19% Very/somewhat aware
Fewer than 1 in 5 are very or somewhat aware.

The Republican-passed work requirements take effect Jan. 1, though some states plan to start sooner.

Those who aren't exempt will need to show that they're eligible for Medicaid **twice a year.**

AWARENESS OF SHIFT TO EVERY-SIX-MONTHS ELIGIBILITY REDETERMINATIONS



85%
of enrollees said the shift from annual to every-six-months eligibility redeterminations was news to them.

85% News to me

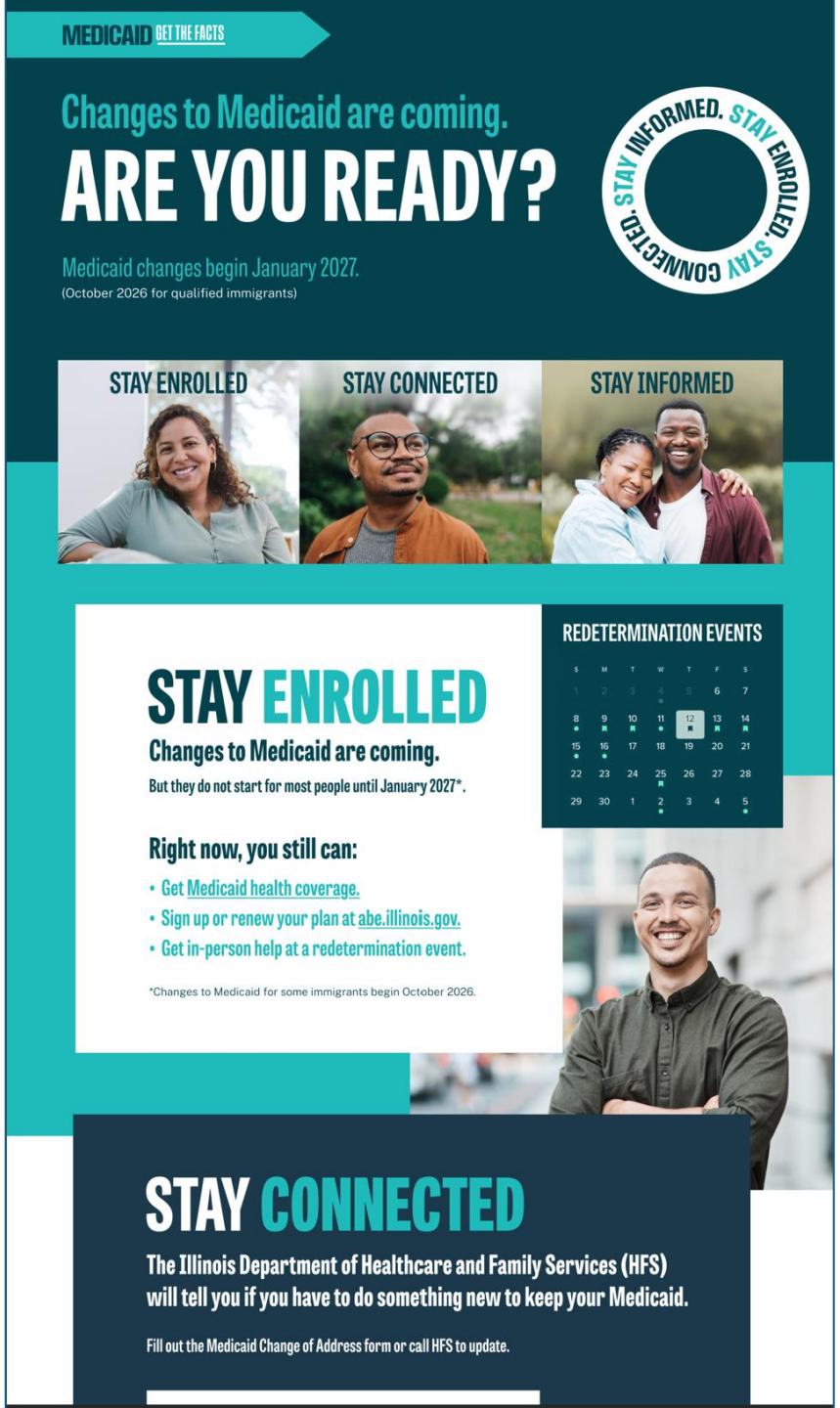
15% Not news to me

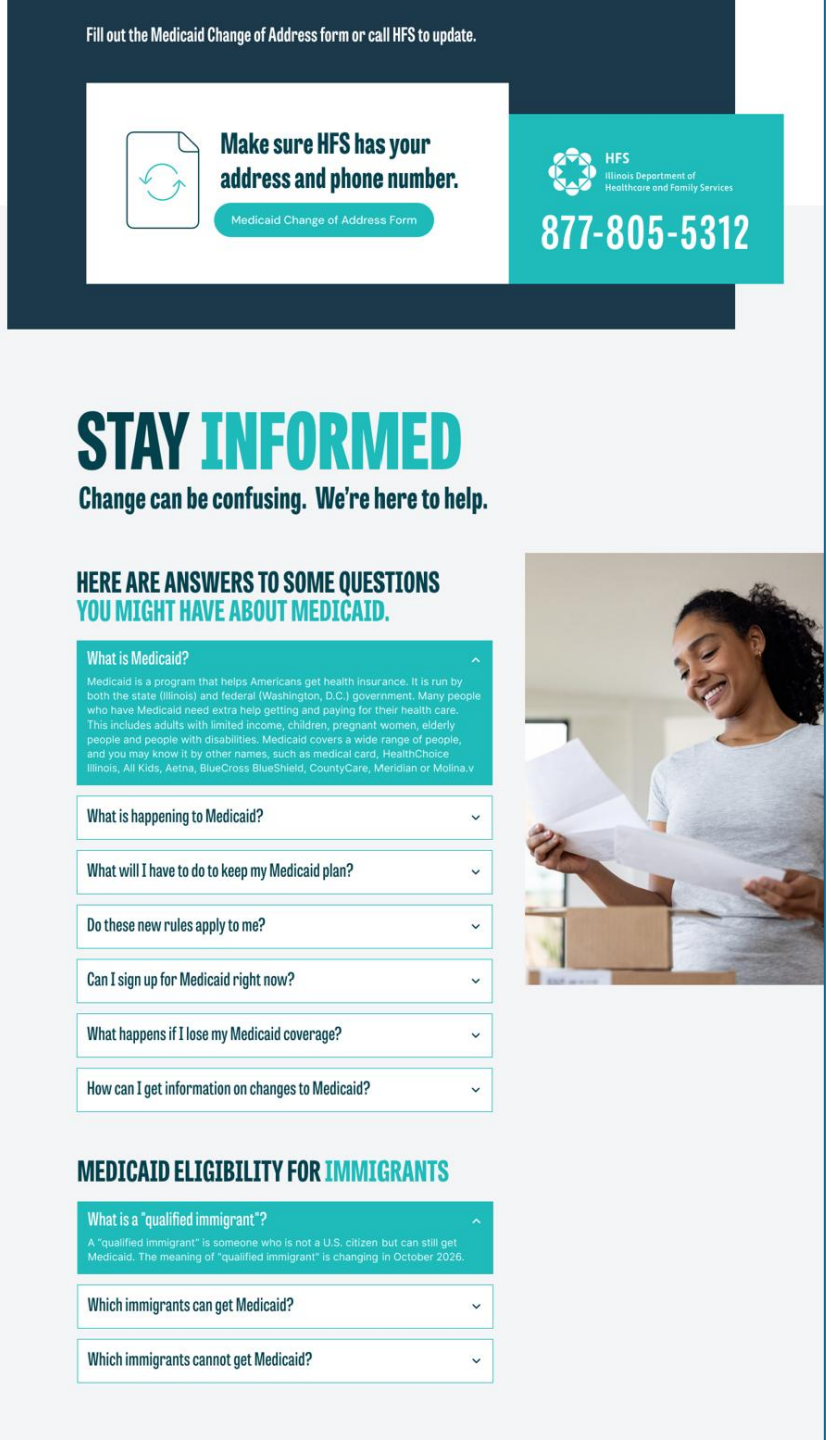
Source: Health Management Academy survey of 1,974 Medicaid enrollees in all 50 states.

GetMedicaidFacts.com

Microsite & Toolkit

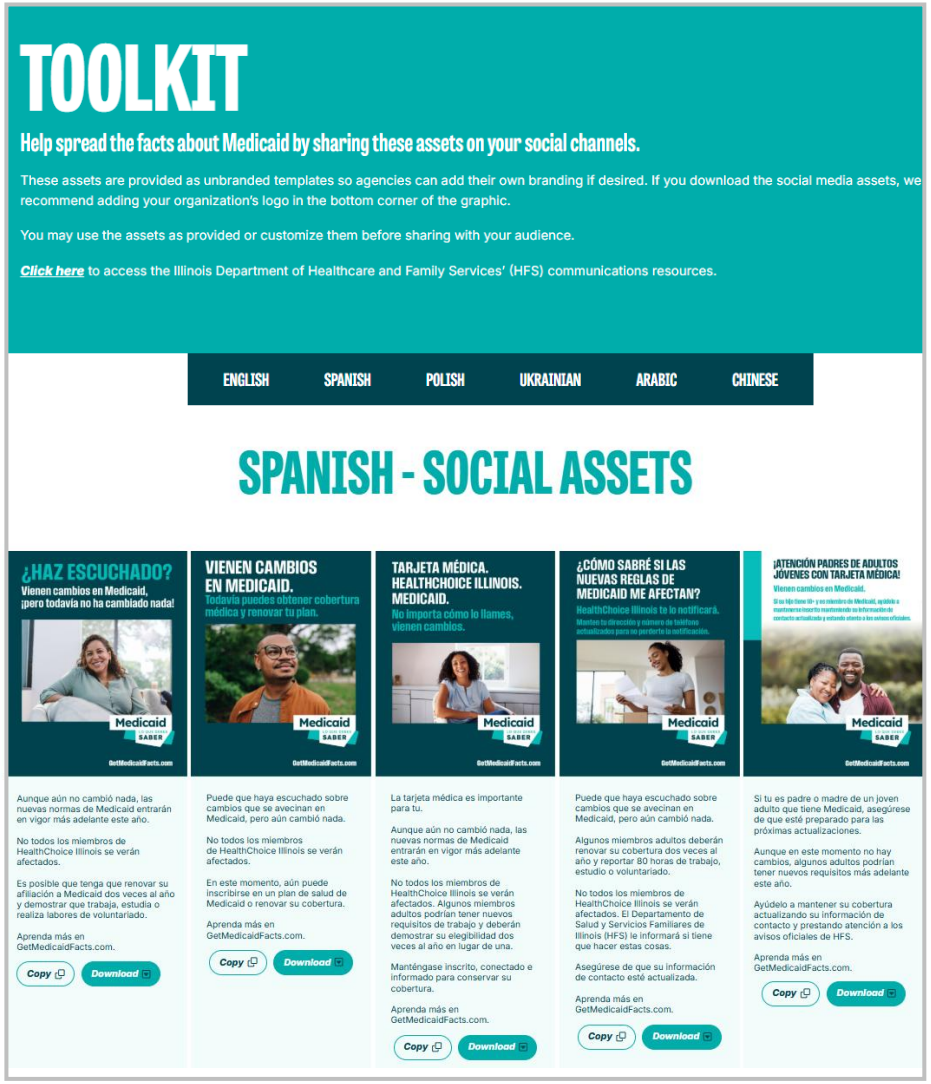
Stay Enrolled
Stay Connected
Stay Informed



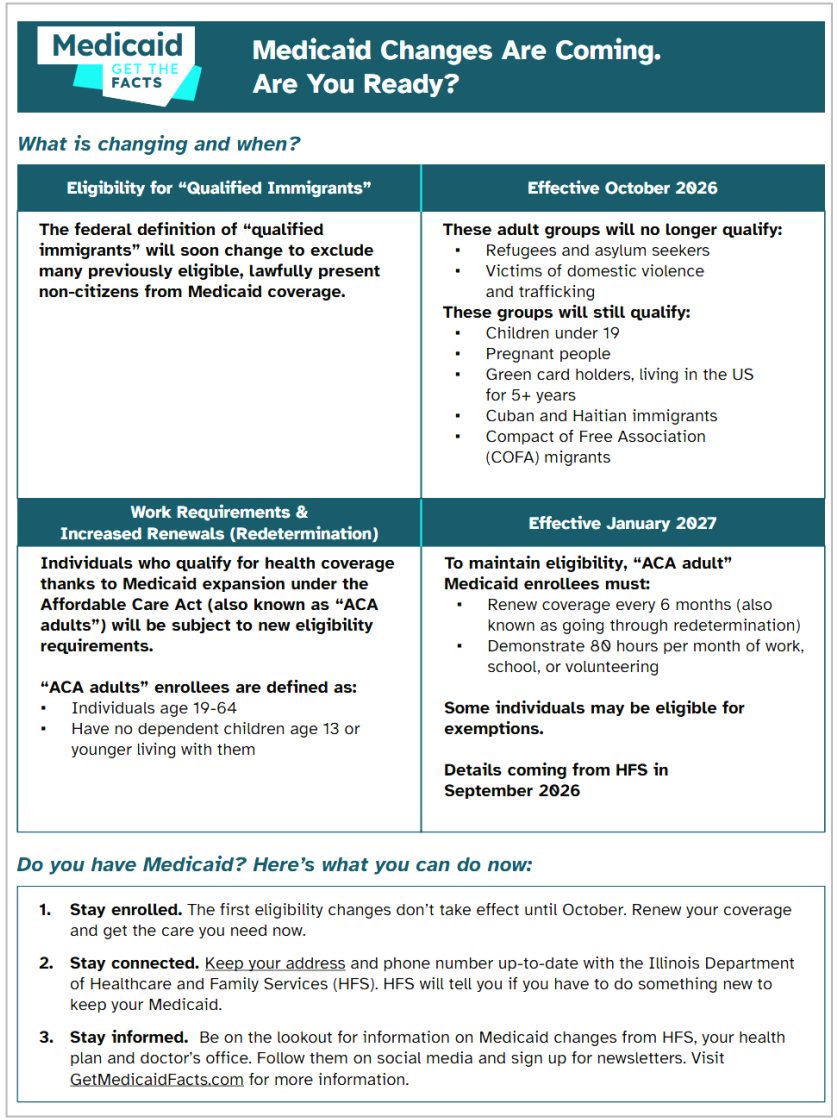


Enrollee Education Materials

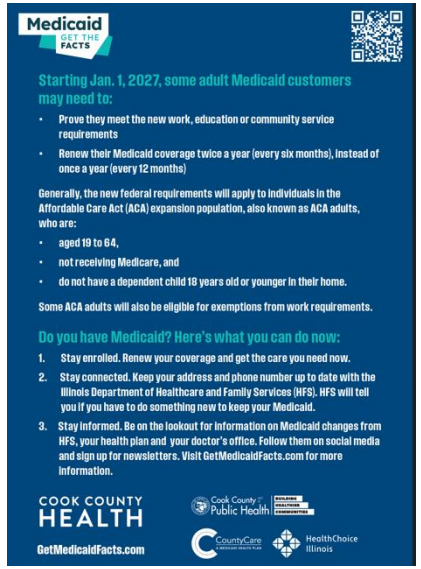
One page summary, social media assets available in English, Spanish, Polish, Simplified Chinese, Arabic, Ukrainian online at GetMedicaidFacts.com.



Online Toolkit



One-Page Summary



Postcard

Enrollee Education Materials

HFS Federal Resource Center includes Toolkits on Phase 2 (6-month renewal and work requirements), Phase 1 (update your address with the state of Illinois), and Noncitizen changes https://hfs.illinois.gov/info/fedresctr.html

Phase 2

Noncitizen Changes

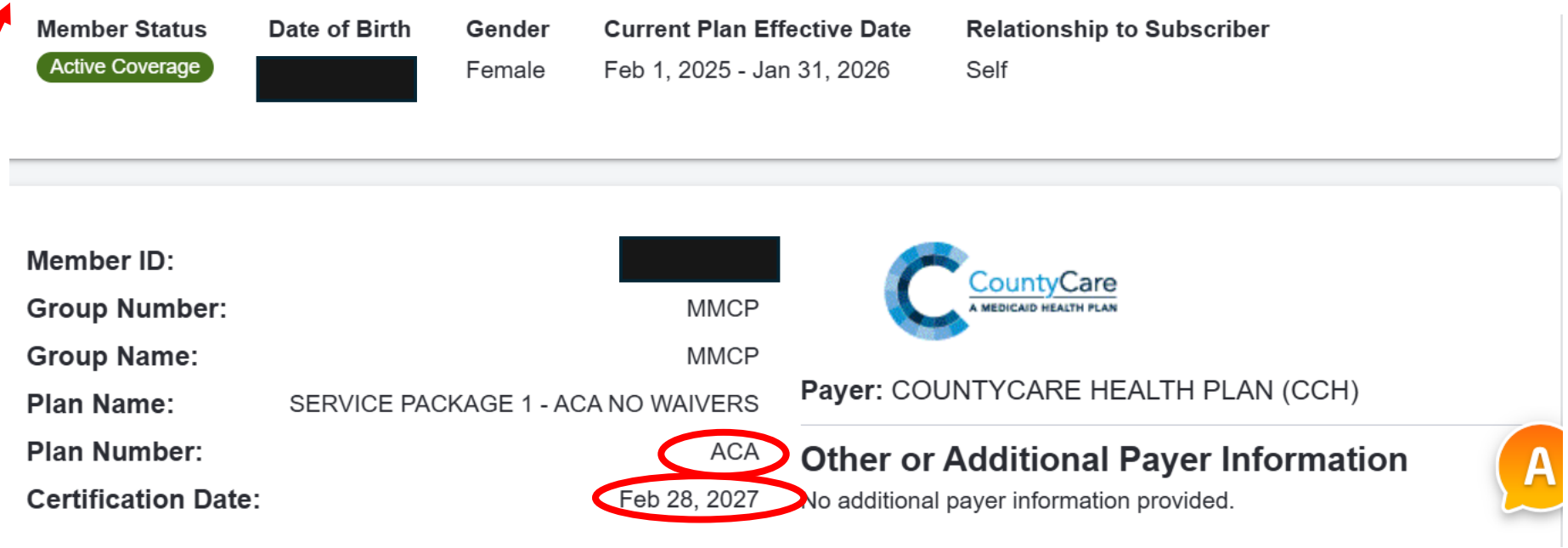
Phase 1

Online Toolkit

Line of Business – Where can Providers find this info?

- CountyCare has a provider portal where any in-network provider can log in, look up members and see their line of business. Plan Number=LOB
- Providers can also look at “Certification Date” for the member’s rede date.
- Providers can also see the member’s current physical address.

Enrollee name & address is listed at the top (phone number and email are not provided



Finding Medical Coverage Group Category

Customers who are not sure what medical group they are classified as can find their medical coverage category in a few places.

- **Notices:**
  - Mail from the State including Notice of Decision, Redetermination paperwork, or processing of a change.
  - ABE Manage My Case – last 12 months of Notices are available

- **Manage My Case**
  - Case Summary Tab
  - Benefit Details Tab
  - Notices

Notice Examples

Medical Benefits

The person(s) listed in the table below have been **approved** for ongoing Medical benefits

Name	Birth Date	Medical ID (RIN)	Medical Group	Start of Ongoing Coverage
[redacted]	[redacted]	[redacted]	AATV Medical	Jun 01

The person(s) listed in the table below have been **approved** for coverage for earlier date

Name	Birth Date	Medical ID (RIN)	Medical Group	Coverage Dates
[redacted]	[redacted]	[redacted]	VTTC Medical	Dec 01 Jan 31
[redacted]	[redacted]	[redacted]	AATV Medical	Feb 01 May 31

State of Illinois
Department of Human Services
Department of Healthcare and Family Services

Date of Notice: March 01, 2026
Case Number: [redacted]
Client Name:
Individual ID:
Office Name: OGDEN FCRC
Office Address: 3920 W OGDEN AVE CHICAGO, IL 60623
Phone: 773-522-8370
TTY: 866-439-3716
Fax: 844-736-3563

[redacted]

You can manage your case online at abe.illinois.gov

Esta notificación está disponible en Español. Usted puede solicitarla por Internet en abe.illinois.gov o llame al 1-800-843-6154 (TTY 1-866-324-5553)

Medical Benefits: Time to Renew Notice

[redacted]

Based on the information we have today, the members of your household listed in the table below are approved to continue receiving **medical benefits** after April 2026.

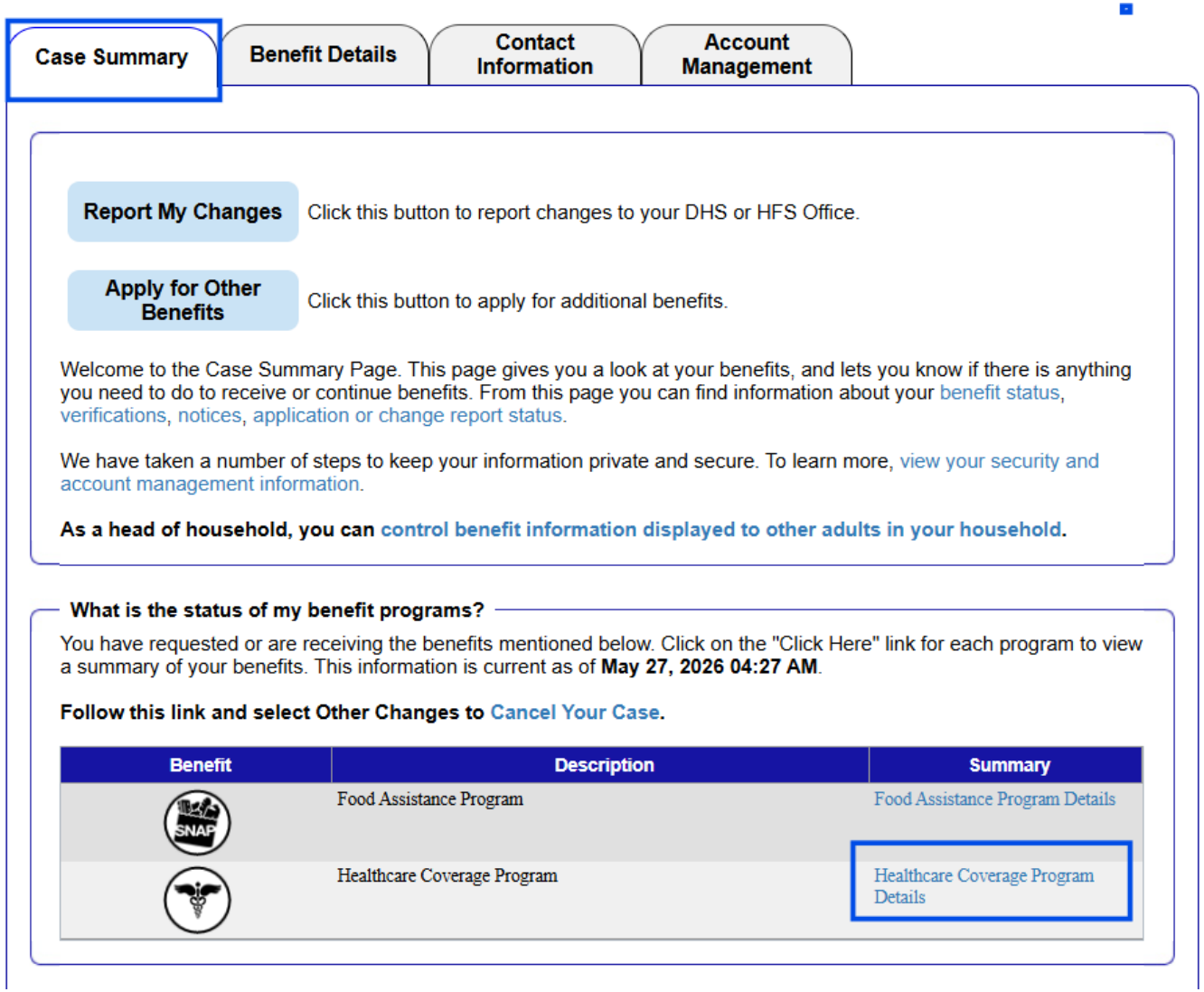
These individuals will receive a new medical card before their new certification date of May 01, 2026. However, if we get new information about a change in their circumstance, their eligibility for medical benefits may change. If that happens, we will send you a new notice.

Name	Birth Date	Medical ID(RIN)	Medical Group	Action Required
[redacted]	07[redacted]	[redacted]	ACA Adult	No

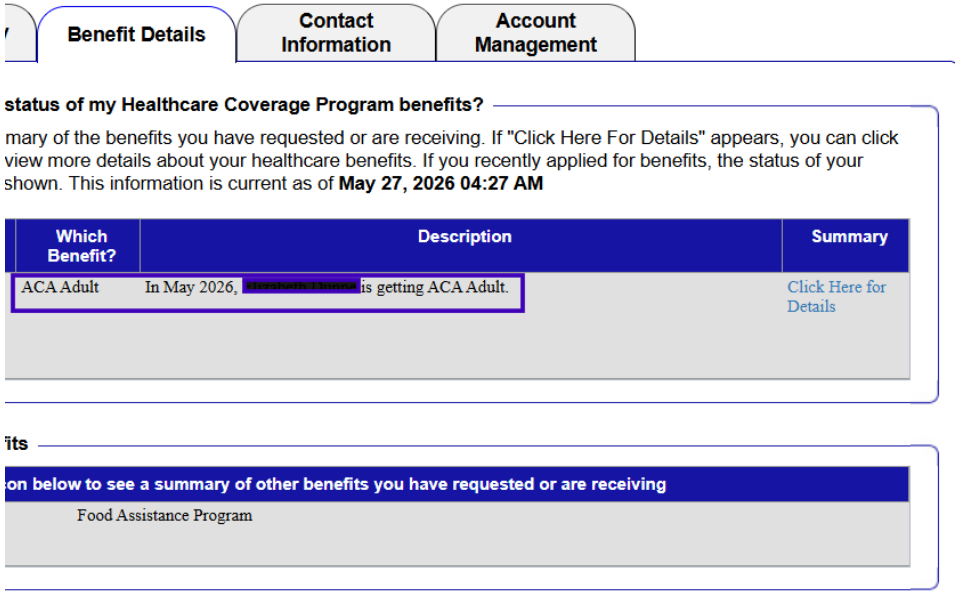
"Action Required= Yes" Individual must complete and return form included.
"Action Required= No" Individual's medical benefits have been automatically renewed.

If you are not currently receiving and want to apply for Food and/or Cash Assistance, go to www.abe.illinois.gov and choose "Apply for Benefits", call the ABE Help Line at 1-800-843-6154, or submit an application at a local Family Community Resource Center.

MMC: Case Summary Tab

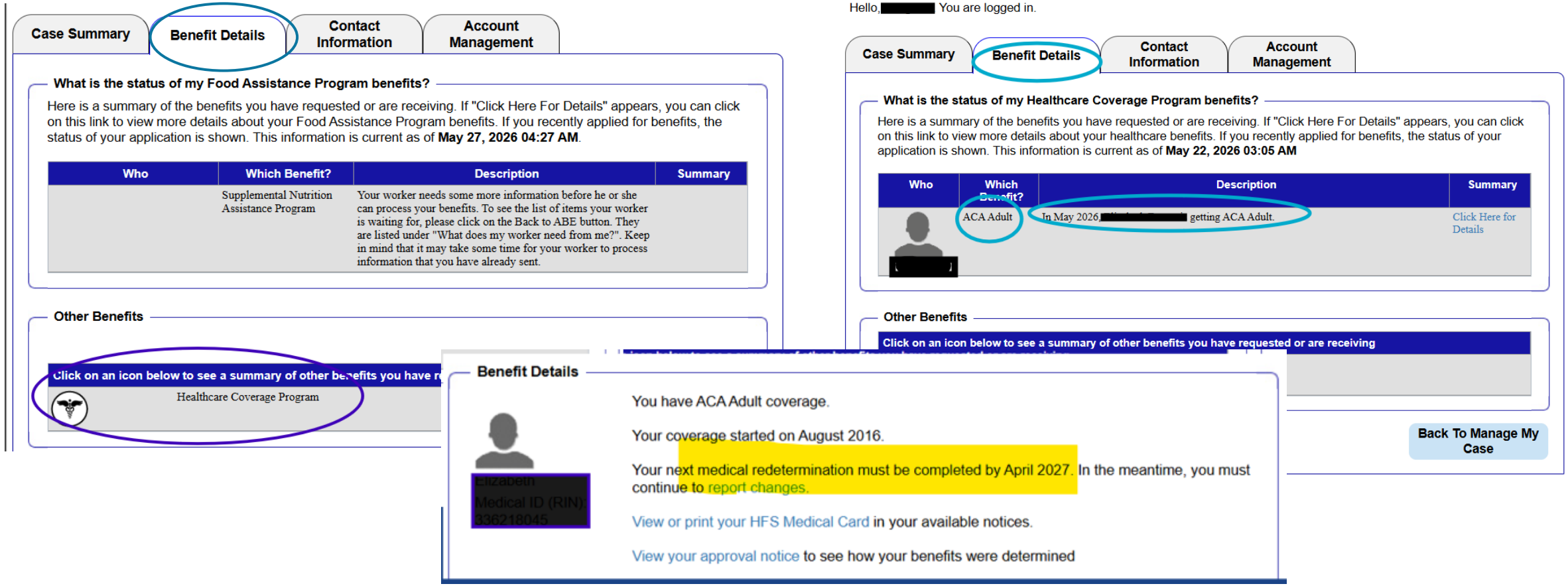


From Case Summary landing page in MMC, navigate to middle of page, **What is the status of my benefits programs?** Click on Healthcare Coverage Program Details in blue ink. This will take you to the Benefit Details page.



MMC: Benefit Details Tab

After logging in to Manage My Case (MMC), navigate to the Benefit Details tab. Choose **Healthcare Coverage Program.** For additional information on redetermination date choose Click Here for Details.



Manage My Case – Log in assistance

- For instructions on how to set up a Manage My Case Account and link it to an ABE (Applications for Benefits Eligibility): https://www.dhs.state.il.us/page.aspx?item=164791
- For instructions on how to Recover an Account or Password: https://iloginhelp.illinois.gov/how-to-guides/recover-account-or-password.html

CountyCare
A MEDICAID HEALTH PLAN

Line of Business –Where can Enrollees find this info?

- CountyCare has a member portal where Line of Business is currently being added.
- CountyCare enrollees can call the CountyCare call center anytime to determine their line of business.
- Care Managers also have access to a member's LOB
- If a member has a complex question about work requirements or gaining a medical exemption to work requirements, they will be directed to the state. HFS has not released work requirement exemption information so members may not get a lot of clarity currently.

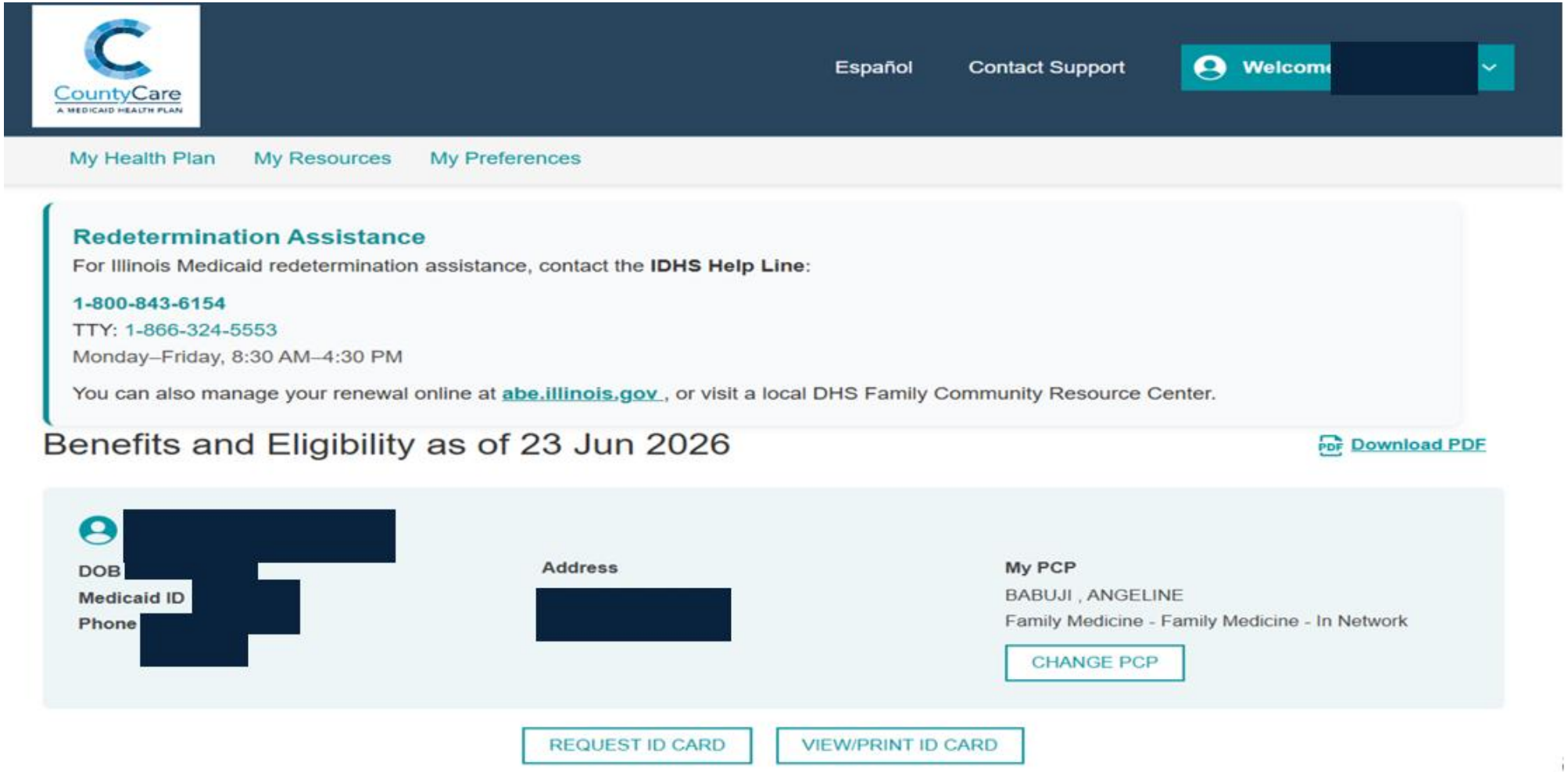
CountyCare Member Services Call Center Number: 312-864-8200

HFS Call Center Number: 800-843-6154

CountyCare
A MEDICAID HEALTH PLAN

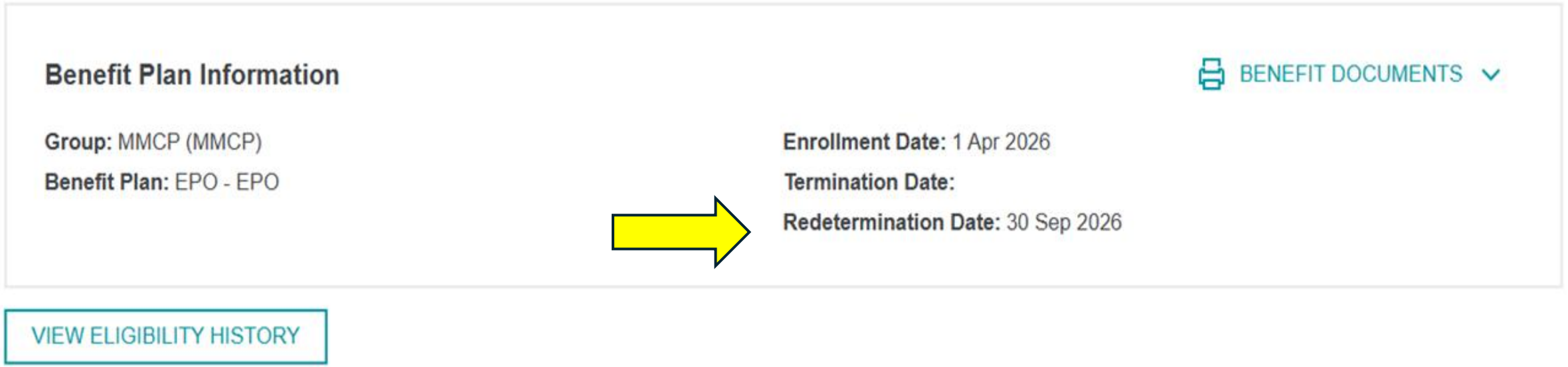
Line of Business –Where can Enrollees find this info?

Member Portal:



Line of Business –Where can Enrollees find REDE date?

Member Portal:



Financial Counselors

Cook County Health has financial counseling staff who can help by phone or in person. We can help with the following:

- Applying for state and federal assistance programs, such as Medicaid
- Completing Medicaid redetermination forms
- Understanding managed care options
- Understanding and applying for CCHs financial assistance (CareLink) program

You do not need to be an existing patient of Cook County Health or a CountyCare member to request help from financial counselors. CCH accommodates and respects all cultures and backgrounds. We have interpretation services available in more than 100 languages.

In-Person Financial Counseling by Location

Stroger Hospital and Central Campus

- Stroger Hospital, Room 1290, walk-in Monday through Friday from 7 am to 5 pm
- Most Specialty Clinics in Stroger Hospital and the Professional Building have financial counselors available for walk-in assistance during clinic operating hours

Provident Campus

- Provident Hospital (room 1003G0) and Emergency Department, walk-in
- Floors 6 and 7 as part of Sengstacke Health Center, walk-in

North Cluster Clinics Financial Counselors – by appointment, 312-864-0200
Arlington Heights 8AM – 4PM
Austin 7:30 AM - 3:30 PM
Belmont Cragin 8 AM – 4 PM
North Riverside 8 AM – 4 PM
Prieto 8 AM - 4 PM

South Cluster Clinics Financial Counselors – walk-in
Blue Island 8 AM – 4 PM
Bronzeville 8 AM - 4 PM
Cottage Grove 7:30 AM - 3:30 PM
Englewood 8 AM - 4 PM
Robbins 8 AM – 4 PM

Phone-Based Financial Assistance

Cook County Health Call Center

(866) 223-2817

Monday through Friday 8am to 6pm

Saturday 8am to 4pm

More information online at:

https://cookcountyhealth.org/patients-visitors/billing-insurance/

How to Help: Resources and Actions

COOK COUNTY HEALTH

For Enrollees

- **Keep contact information up to date,** especially your mailing address, with:
  - The Illinois Department of Healthcare and Family Services (HFS) https://ilhfspartner3.dynamics365portals.us/addressupdate/
  - Your Medicaid health plan
  - Your doctor's office or hospital
- **Create an iLogin account and Manage My Case account** to manage your application or renewal electronically at abe.illinois.gov.
- Determine **if the new requirement will affect you** and the steps you may need to do to keep your coverage (certain immigrants and ACA adult Medicaid)
- **Know that nothing has changed about Medicaid yet**. Use your Medicaid coverage as you have been normally.
- If you have CountyCare, call the hotline and ask if you will be impacted: 312-864-8200
- **Be on the look out for more information**, especially official communication from HFS.

For Organizations

	Tasks
Educate	Ask enrollees if their contact information has changed. If so, report to HFS at 1-800-843-6154 or 1-877-805-5312.
	Download materials from GetMedicaidFacts.com and share with enrollees via posters, in newsletters, on social media, etc. Materials are available in 13 languages.
Outreach	If you are a Medicaid vendor or provider, you may have access to eligibility data including information on who has ACA adult and rede dates. You can use this info to educate and engage.
Connect	If you host a community event (health fair, back to school event, job fair, etc.), we may have staff who can attend and share more information. Contact events@cookcountyhhs.org with details about your event.
	Help Medicaid enrollees create a Manage My Case account. CCH Financial Counselors may also be able to assist – call (866) 223-2812
	CountyCare plan members can call the CountyCare hotline and ask whether they will be impacted by these changes: 312-864-8200.
	Subscribe to the Cook County Health newsletter visit https://cookcountyhealth.org/patient-and-visitors/community-relations/

Q&A

Thank you!

COOK COUNTY HEALTH

Appendix

COOK COUNTY HEALTH

H.R.1 Implementation Timeline

HR1 Provision	Effective Date
Freeze current and prohibit new provider taxes	July 4, 2025
Prohibit Medicaid funding to Planned Parenthood for 1 year	July 4, 2025
Cap new State Directed Payments (SDP) at 100% Medicare payment rates	July 4, 2025
Rural Health Transformation Program	Awarded, Implementation ongoing
Narrow the definition of “qualified aliens” terminating eligibility for many lawfully present individuals	October 1, 2026
6-month eligibility redetermination for ACA adults	January 1, 2027
Work requirements for ACA Adults	January 1, 2027
Ending federal match for 3 months of eligibility pre-application, limited to 2 months	January 1, 2027
Reduce current SDPs by 10% points per year until the SDPs are no greater than 100% of Medicare	January 1, 2028
Cost-sharing for ACA adults	October 1, 2028
Modify “generally redistributive” provider tax criteria	Transition period of up to 3 years
Several other eligibility-related proposals	January 1, 2027-October 1, 2029

requirements

This slide contains content from the 6/12 HFS Medicaid Advisory Committee (MAC) Public Education meeting

CountyCare Preparation for H.R.1

- **CountyCare has developed a strategy and plan to be fully prepared to implement all H.R. 1 changes**

Communications

Focused on **noncitizen eligibility changes** going into effect October 1, 2026

Created **GetMedicaidFacts.com** toolkit

Created an **FAQ document** for call center and care management staff

Creating communications plan for members, providers, and community organization partners

Outreach and Partnerships

Utilizing CountyCare's existing **Redetermination Events to share information on HR1**

Creating a **list of partner organizations** including workforce, education, and others to share information on HR1

Data Sharing

Creating a **FAQ document for providers** on how to find line of business and redetermination dates for members

Working with HFS to **create data shares** required by HR1

Creating a list of questions for HFS on data sharing requirements for HR1

Announcements

- Our next webinar is Wednesday September 16th at 2:00pm.
- Slides posted on CountyCare Care Coordination Webpage:
  - http://www.countycare.com/carecoordination
- Have feedback? Ideas for future topics? Please share!
  - stephanie.nickles@cookcountyhealth.org