

Care Coordination Monthly Webinar

September 14th, 2021



Agenda

1. Welcome
2. CAHPS Survey – Laurel Chadde (2:00-2:30)
3. Open Enrollment - Heather Holberg and Peter Gustafson (2:30-2:45)
4. Care Coordinator Spotlight (2:45-2:50)
5. CountyCare Updates & Announcements (2:50-2:55)
6. Open Forum (2:55-3:00)



CAHPS Survey

Laurel Chadde

Manager of Population Health and Performance Improvement



Learning Objectives

- What is the CAHPS survey?
- What are the CAHPS survey questions?
- Why is the CAHPS survey important?
- What is CountyCare doing to improve on the CAHPS survey?
- How can Care Coordinators help to improve CAHPS survey results?

What is the CAHPS survey?

- **Consumer Assessment of Healthcare Providers and Systems (CAHPS®)** survey
- Frequency: Conducted by health plans on an annual basis
- Purpose: To gather feedback about members' experience with their health plan and health care providers
 - CountyCare can use the survey results to identify strengths and weaknesses, determine where we need to improve, and track progress over time
- The survey is anonymous, voluntary, and administered to a statistically significant number of members

What questions are asked on the CAHPS survey?

- Questions asked are set by NCQA and used by all health plans
- CountyCare is allowed to add a certain number of custom questions to the survey each year
- Questions roll up to categories:

Getting
Needed Care

Getting Care
Quickly

Customer
Service

How Well
Doctors
Communicate

Coordination of Care

(NOT care
coordination)

Rating of
Health
Care

Rating of
Personal
Doctor

Rating of
Specialist

Rating of
Health
Plan

Questions: Getting Needed Care

- Q9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
- Q20. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?
- Response options: Always, Usually, Sometimes, Never
- *Chat box – How have you helped a member get needed care? Please share any best practices. Please share any barriers with helping members get the care they need.*

Interventions: Getting Needed Care

Q9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

Q20. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

Member Newsletter Articles

- Prior Authorization Timeliness
- Appointment Availability Standards

Specialist Provider Heat Maps

- Contract with additional providers as needed to add to provider network based on heat map analysis.

Education for Providers

- Educated Supergroups on Appointment Availability Standards during Q1 2021 quarterly performance meetings
- Asked Supergroups what is their process when members need to see a specialist

Address Access and Availability Provider

- PR reps called prioritized specialties to ask about next appointment availability

Improve Transportation

- Added vehicles to First Transit fleet

Revamp Find-A-Provider Tool

- Update tool to make it easier for members to search for providers

Questions: Getting Care Quickly

- Q4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
- Q6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?
- Response options: Always, Usually, Sometimes, Never
- *Chat box – How have you helped a member get care quickly? Please share any best practices. Please share any barriers with helping members get care as soon as needed.*

Interventions: Getting Care Quickly

Q4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

Q6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

Member Newsletter Articles

- After-hours care
- Immediate care process
- 24/7 Nurse Line

Text Message Campaigns

- Immediate Care Process
- Promoted telehealth visits with PCP and 24/7 Nurse Line
- Promoted telehealth BH counseling services offered through Aunt Martha's

Provider Education

- Educated Supergroups on getting immediate care process and expectations during Q1 2021 quarterly performance meetings
- Asked Supergroups what is their process when members need immediate care

Provider Newsletter

- Process for Members Needing Immediate Care

Revamp Find-A-Provider Tool

- Update tool to make it easier for members to search for providers

Interventions: Communications Examples



After-Hours Care

You can reach your assigned PCP after business hours. Call your medical office's main phone number and they will put you in contact with someone who can answer your medical questions or help you reach a physician.

You can also call:

- **24/7 Nurse Advice Line:** Registered nurses can assess symptoms, help with medication doses or confirm whether you need emergency care. Simply call 312-864-8200, 711 (TDD/TTY) and follow the prompts.
- **24/7 CARES Behavioral Health Crisis Line:** CARES is a dedicated telephone response service that handles mental health crisis calls for children and youth in Illinois. The number is 1-800-345-9049 (TTY 1-773-523-4504).

Updates from the CountyCare Quality Team

Process for Members Needing Immediate Care. When members require care immediately, they will be referred to their assigned PCP to maintain and strengthen the PCP-member relationship. Remember that by contract, members who need care immediately must be able to obtain an urgent visit with their PCP within 1 business day or their PCP must refer the member to another in-network PCP that can meet the timeframe. After hours coverage is required 24 hours a day, 7 days a week.



DID YOU KNOW?

Many providers offer telehealth appointments. This means you can see your PCP or behavioral health provider without leaving home through your phone or computer. You can also call the 24/7 Nurse Advice Line with health questions or concerns. Call **312-864-8200** and choose "options for members," then select Nurse Advice Line.



Need Care Immediately?

What to do and Where to go

If you need care immediately, call your assigned PCP listed on your Member ID card. These are times where you need prompt attention but it is not life-threatening.

Immediate care is not the same as emergency care.

Your PCP will see you within one business day or will tell you where to go to receive care. Some examples include:

- Minor cuts and scrapes
- Sprains and minor injuries
- Fever
- Earache

You should **ONLY** go to the hospital emergency department (ED) for life-threatening situations or when your PCP advises you to go there. Call your PCP or the **24-hour Nurse Advice Line at 312-864-8200, 711 (TDD/ TTY)**, and they will help you decide where to get care. If you need help finding a PCP or for questions, call **Member Services at 312-864-8200, 711 (TDD/TTY)**.

<https://countycare.com/members/newsletter/>



Questions: Customer Service

- Q24. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
- Q25. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?
- Response options: Always, Usually, Sometimes, Never

Interventions: Customer Service

Q24. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

Q25. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

Talking Points/Education

- Member Newsletter content
- Immediate Care Process and 24/7 Nurse Line

Training on new Find-A-Provider Directory

- Enhancements made

Updated Member Services Reference Manual

- New Find A Provider tool on CountyCare website
- Process for members who need immediate care
- Process for members to get telehealth appointments
- Prior Authorization standards
- Appointment availability standards

Secret Shopper Calls to Member Services

- CountyCare calling to ask about updated information recently educated on

Survey at the end of each call to Member Services

- Survey asks members if they received information needed and treated with curtesy and respect
- Survey started June 2021



Questions: How Well Doctors Communicate

- The How Well Doctors Communicate composite score is calculated by taking the average of four questions:
 - Q12. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
 - Q13. In the last 6 months, how often did your personal doctor listen carefully to you?
 - Q14. In the last 6 months, how often did your personal doctor show respect for what you had to say?
 - Q17. In the last 6 months, how often did your personal doctor spend enough time with you?
 - Response options: Always, Usually, Sometimes, Never

Questions: Coordination of Care

- Q 17. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?
 - NOT related to care coordination/care management
- Response options: Always, Usually, Sometimes, Never

Questions: Ratings

- “Using any number from 0 to 10, where 0 is the worst possible and 10 is the best possible...”
- Q8. What number would you use to rate all your health care in the last 6 months?
- Q18. What number would you use to rate your personal doctor?
- Q22. We want to know your rating of the specialist you talked to most often in the last 6 months. What number would you use to rate that specialist?
- Q28. What number would you use to rate your health plan?
- Response options: scale of 0-10

Interventions: Ratings

What number would you use to rate your health care/personal doctor/specialist/health plan in the last 6 months?

CountyCare Rewards Program

- Highlight CountyCare Rewards Program in member communications
- Add additional rewards

Training on new Find-A-Provider Directory

- Enhancements made

Updated Member Services Reference Manual

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Custom Questions

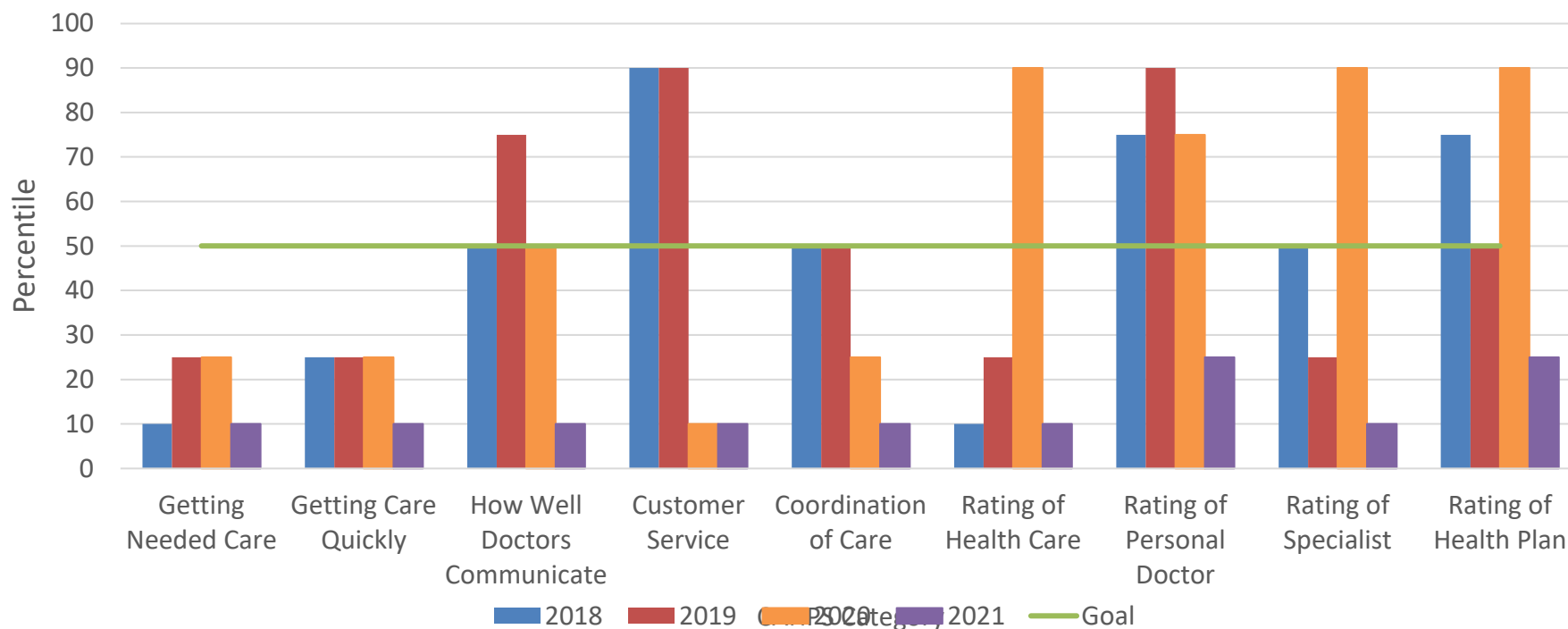
- Able to add several custom questions to the survey
- Must pick from NCQA-approved questions
- CountyCare picks custom questions based on prior year results

2021 CAHPS Survey

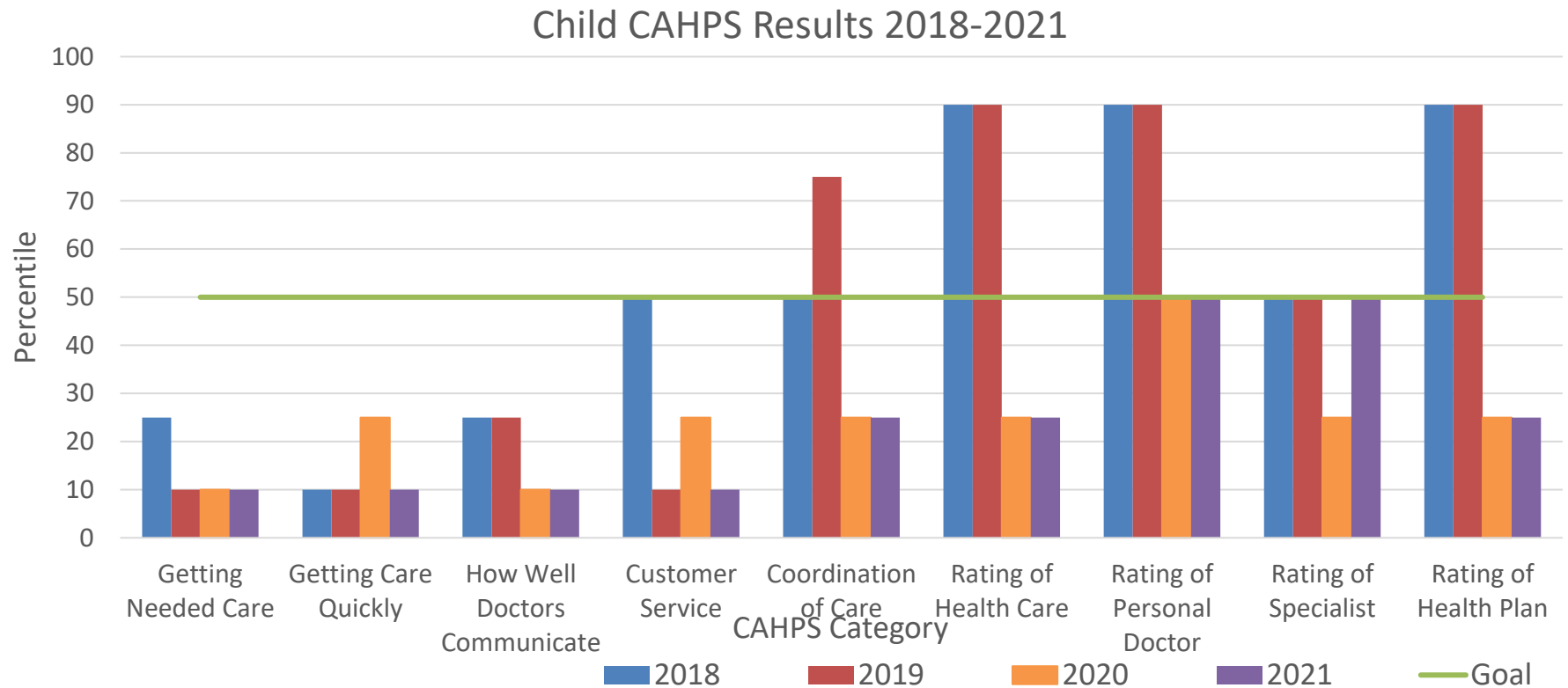
- Administered to CountyCare members February to May 2021
 - Sent via mail, if not returned, phone call
- Adult Response Rate: **18.4%**, 321/1755 (decline from 20.2% in 2020)
- Child Response Rate: **14.4%**, 308/2145 (decline from 14.6% in 2020)
- Segmentation by provider Supergroup – receive CAHPS results broken down by provider Supergroup

Adult CAHPS Results Trending

Adult CAHPS Results 2018-2021



Child CAHPS Results Trending



Adult: Custom Questions

Survey Item			Plan Summary Rate Score
			2021
Q42. In the last 6 months, what type of care, test or treatment did you have trouble getting?			
	Opt-Outs	Total	(n=321)
I did not have difficulty getting care, a test, or treatment			179
	Valid Responses	Base	(n=93)
Care at my primary care physician's office			23.7%
Care at a specialist's office			25.8%
Care at a hospital or surgery center			7.5%
Labs			7.5%
Medication			25.8%
X-ray, MRI, etc.			14.0%
Medical equipment (e.g., brace, wheelchair)			5.4%
Other			32.3%

Adult: Custom Questions

Survey Item			Plan Summary Rate Score
			2021
Q43. In the last 6 months, if you had a problem seeing a specialist, what type of specialist did you need to see?			
	Valid Responses	Base	(n=90)
	Cardiologist (Heart doctor)		7.8%
	Orthopedic (Bone doctor)		12.2%
	Surgeon		3.3%
	Allergist/ENT		2.2%
	Endocrinologist (Diabetes/Thyroid doctor)		7.8%
	Ophthalmologist (Eye doctor)		16.7%
	Dermatologist (Skin doctor)		15.6%
	Psychiatrist (Behavioral Health doctor)		10.0%
	Gastroenterologist (Stomach/Intestinal doctor)		15.6%
	Obstetrician/Gynecologist (Pregnancy/Women's Health doctor)		8.9%

2020 top responses: Cardiologist, Psychiatrist

Adult: Custom Questions

Survey Item	Opt-out Responses <i>Out of 321 Total Respondents</i>	Category Responses <i>Based on Valid Responses Per Question</i>				Plan Summary Rate Score		
						2019	2020	2021
Q44. In the last 6 months, how often did your personal doctor consider your cultural needs, including race, ethnicity or background, when providing care?	I did not receive any health care services in the last 6 months 54	Always 27.4%	Usually 10.8%	Sometimes 9.0%	Never 52.9%	---	---	(n = 223) 38.1%
Q45. In the last 6 months, did you need any mental health treatment or counseling for a personal or family problem?		Yes 13.3%	No 86.7%			(n = 362) 17.1%	(n = 322) 12.4%	(n = 285) 13.3%
Q46. In the last 6 months, was it easy to get the mental health treatment or counseling you needed through your health plan?		Yes 69.4%	No 30.6%			(n = 58) 82.8%	(n = 40) 75.0%	(n = 36) 69.4%
Q47. In the last 6 months, did anyone from your health plan, doctor's office, or clinic help coordinate your mental health care among these doctors or other health providers?		Yes 62.9%	No 37.1%			(n = 57) 68.4%	(n = 39) 64.1%	(n = 35) 62.9%
Q48. Were you satisfied with the help you received to coordinate your care in the last 6 months?		Yes 69.7%	No 30.3%			(n = 39) 94.9%	(n = 38) 92.1%	(n = 33) 69.7% ⚡↓
Q49. Do you receive additional care through your plan's waiver service?		Yes 9.5%	No 90.5%			(n = 251) 8.0%	(n = 236) 12.3%	(n = 210) 9.5%

Summary Rate Indicator

Grey shading indicates that the response is included in the summary rate score.

Significance Testing

Current year score is significantly higher than 2020 score (↑), the 2019 score (⚡) or benchmark score (▲).
Current year score is significantly lower than 2020 score (↓), the 2019 score (⚡) or benchmark score (▼).

Low Base

⚡ Indicates a base size smaller than 20. Interpret results with caution.

Adult + Child Custom Question

Survey Item			Adult		Child	
			Plan Summary Rate Score		Plan Summary Rate Score	
			2020	2021	2020	2021
Q41. If you did not think that it was easy to get the care or tests you thought you needed, what was the main problem you had getting care or tests?						
	Opt-Outs	Total	---	(n=321)	(n=311)	(n=308)
	Did not have a problem		---	101	120	141
	None of the above		---	84	79	67
	Valid Responses	Base	(n=79)	(n=73)	(n=60)	(n=65)
	Authorization process		11.4%	12.3%	11.7%	10.8%
	Difficulty working with your PCP or other provider for services you need		7.6%	8.2%	3.3%	9.2%
	Difficulty finding in-network providers for services		11.4%	5.5%	13.3%	9.2%
	Difficulty getting prescription medication(s)		8.9%	9.6%	3.3%	4.6%
	Difficulty getting vision or dental services		12.7%	17.8%	8.3%	16.9%
	Waiting for approval for services you need (example: Home health services, Durable Medical Equipment, surgery etc.)		7.6%	4.1%	10.0%	3.1%
	Services were not approved		6.3%	2.7%	6.7%	4.6%
	Difficulty getting an immediate appointment with my doctor or other provider		21.5%	19.2%	30.0%	23.1%
	Difficulty getting assistance when calling my insurance company		2.5%	1.4%	3.3%	3.1%
	Difficulty getting in touch with my service coordinator assigned to me from my insurance company		0.0%	2.7%	1.7%	6.2%
	Transportation issues		10.1%	16.4%	8.3%	9.2%

Child: Custom Questions

Survey Item			Plan Summary Rate Score
			2021
Q44. In the last 6 months, which type of specialist was it difficult to get an appointment with for your child?			
	Opt-Outs	Total	(n=308)
I did not have difficulty getting an appointment in the last 6 months for my child			117
I did not try to make an appointment with a specialist in the last 6 months for my child			93
	Valid Responses	Base	(n=59)
	Dentist (Teeth or Mouth)		42.4%
	Ophthalmologist/Optometrlist (Eyes or Glasses)		10.2%
	Orthopedist/Orthopedic Surgeon (Bones or Joints)		6.8%
	Cardiologist/Cardiac Surgeon (Heart)		1.7%
	Gynecologist/Obstetrician (Women's Care or Pregnancy)		0.0%
	Psychiatrist or Psychologist (Behavioral/Mental Health)		8.5%
	Counselor (Therapy)		6.8%
	Neurologist/Neurosurgeon (Spine, Brain or Nerves)		0.0%
	Endocrinologist (Diabetes, Thyroid, etc.)		0.0%
	Gastroenterologist (Stomach, Gut or Bowels)		3.4%
	Rheumatologist (Joints, Muscles, and Ligaments)		0.0%
	Other		20.3%

2020 top responses: Allergist/ENT, Dermatologist

Child: Custom Questions

Survey Item			Plan Summary Rate Score
			2021
Q45. In the last 6 months, it was not easy to get the after hours care I needed for my child because:			
	Valid Responses	Base	(n=83)
I did not know where to go for after hours care			26.5%
I wasn't sure where to find a list of doctor's offices or clinics for my child's health plan or network that are open for after hours care			37.3%
The doctor's office or clinic that had after hours care was too far away			9.6%
Office or clinic hours for after hours care did not meet my child's needs			26.5%

Child: Custom Questions

Survey Item	Opt-out Responses <i>Out of 308 Total Respondents</i>	Category Responses <i>Based on Valid Responses Per Question</i>				Plan Summary Rate Score
						2021
Q46. In the last 6 months, how often did your personal doctor consider your child's cultural needs, including race, ethnicity or background, when providing care?	My child did not receive any health care services in the last 6 months	<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	(n = 205)
	69	32.2%	14.6%	11.7%	41.5%	46.8%

Child: Custom Questions

Survey Item			Plan Summary Rate	
			Score	
			2020	2021
Q43. How do you prefer to learn about information regarding your child's health plan?				
Valid Responses		Base	(n=240)	(n=264)
Member Handbook			22.5%	26.1%
Website			11.3%	12.1%
By calling Customer Service			20.4%	21.2%
Newsletter/flier			45.8%	40.5%

Custom Question Takeaways

- Challenges:
 - Access to dental and vision services for both adults and children
 - Due to COVID-19 or something else?
 - Adults getting care at provider offices, getting medications
 - Don't know the specialists within "Other" for Child
- Improvements:
 - Ease of finding in-network providers
 - Approval (prior authorization) of services
- Areas of Opportunity:
 - Member/Parent education on where to go and what to do for immediate care
 - Continue to utilize the member newsletter for important updates

2019 HealthChoice Illinois Plan Report Card: Cook County

- HFS releases star ratings showing how the managed care plans in Cook County perform compared to benchmarks on each measure within key performance areas
- Publicly available tool members can use to help them pick the best Medicaid plan based on their needs

Plan	Doctors' Communication	Change	Access to Care	Change	Women's Health	Change	Living With Illness	Change	Behavioral Health	Change	Keeping Kids Healthy	Change
Aetna Better Health*	★★★★	—	★★★★	—	★	—	★★★★	—	★★★★★	—	★	—
Blue Cross Community Health Plans	★★★★★	—	★★★★	—	★★	—	★★★★	—	★★★★★	—	★	—
CountyCare Health Plan	★★★★	—	★★★★	—	★★★★★	—	★★	—	★★★★	—	★★★★★	—
MeridianHealth	★★★★	—	★★★★	—	★★★★★	—	★★★★	—	★★★★	—	★★★★	—
Molina Healthcare	★★★★	—	★★★★	—	★★	—	★★★★	—	★	—	★★★★	—

*Formerly known as IlliniCare

https://www2.illinois.gov/hfs/healthchoice/reportcard/Pages/statewide_sc20.asp

2019 HealthChoice Illinois Plan Report Card: Cook County

- CAHPS measures included: Doctors' Communication, Smoking Cessation, Rating of Personal Doctor, and Access to Care

HealthChoice Illinois Plans' National Ratings
The star ratings below show how the managed care plans in Cook County compare to national Medicaid ratings for each measure within key performance areas.

Key

Plan	Aetna Better Health*	Blue Cross Community Health Plans	CountyCare Health Plan	MeridianHealth	Molina Healthcare
Doctors' Communication					
Adult—How Well Doctors Communicate	★★★	★★★★★	★★	★★★★	★★★★
Child—How Well Doctors Communicate	★★	★★★★	★	★★★★	★★★★★
Adult—Rating of Personal Doctor	★★★★	★★★★★	★★★★★	★★	★★★★★
Child—Rating of Personal Doctor	★	★★★★	★★★★	★★★★★	★★
Talking to Tobacco Users About How to Quit	★★★★	★★	★★★★★	★	★
Talking About Medicines to Stop Tobacco Use	★★★★★	★★★★	★★★★★	★★★★	★★
Talking About Plans to Stop Tobacco Use	★★★★★	★★	★★★★★	★★	★★
Access to Care					
Adult—Getting Needed Care	★★	★	★★	★★	★★
Child—Getting Needed Care	NA	★	★	★★	★★★★
Adult—Getting Care Quickly	★	★★	★★	★★	★★★★
Child—Getting Care Quickly	NA	★	★★	★★★★	★★★★
Outpatient or Preventive Care Visits	★★	★★★★★	★★	★★	★
Adult Body Mass Index (BMI)	★	★	★★	★★	★★★★
Annual Dental Visits	★★	★★★★★	★★★★★	★★	★★

*Formerly known as IlliniCare
NA = not enough data

NCQA Health Insurance Plan Ratings

- Based on combined HEDIS, CAHPS, and NCQA Accreditation status
 - Performance includes three subcategories: Consumer Satisfaction, Rates for Clinical Measures, NCQA Accreditation Standard Scores
 - Patient Experience weights are 1.5
- Published online in September for potential members to utilize during open enrollment
 - No Health Plan Ratings in 2020 due to COVID-19
 - 2021 Health Plan Ratings will be published 09/15/2021

	Rating
A plan that is in the top decile of plans.....	5
A plan that is in the top 3rd of plans, but not in the top 10th.....	4
A plan in the middle 3rd of all plans.....	3
A plan that is in the bottom 3rd of plans, but not in the bottom 10 percent.....	2
A plan that is in the bottom 10 percent of plans.....	1

2019 NCQA Health Insurance Plan Ratings

Rating	Plan Name	States	Type	NCQA Accreditation	Consumer Satisfaction	Prevention	Treatment
3.5	Cook County Health & Hospitals System's CountyCare Health Plan <i>Other Name: CountyCare - FHP/ACA Medicaid, Child</i>	IL	HMO	Yes	2.5	3.5	3.0
3.5	Meridian Health Plan of Illinois, Inc.	IL	HMO	Yes	2.5	3.0	3.0
3.5	Molina Healthcare of Illinois, Inc.	IL	HMO	Yes	2.5	3.0	3.0
3.0	IlliniCare Health	IL	HMO	Yes	3.0	2.0	2.5
Partial Data Reported	Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation	IL	HMO	Yes	I	I	I
No Data Reported	Harmony Health Plan, Inc. (Illinois) <i>Special Area: IL Region</i>	IL	HMO	No			

Key Takeaways

- Every member interaction counts
- Importance of working closely with provider groups
- Care coordinators play a significant role in helping members get the care and services they need
- We need your input in order to make changes – you know best because dealing directly with members
- Feedback on barriers or issues is welcomed and appreciated
- *Thank you for all the work you do everyday to support CountyCare members and our mission!*



Medicaid Open Enrollment

Health Plan Choice Selection

Open Enrollment

Medicaid recipients select their Managed Care Health Plan once a year

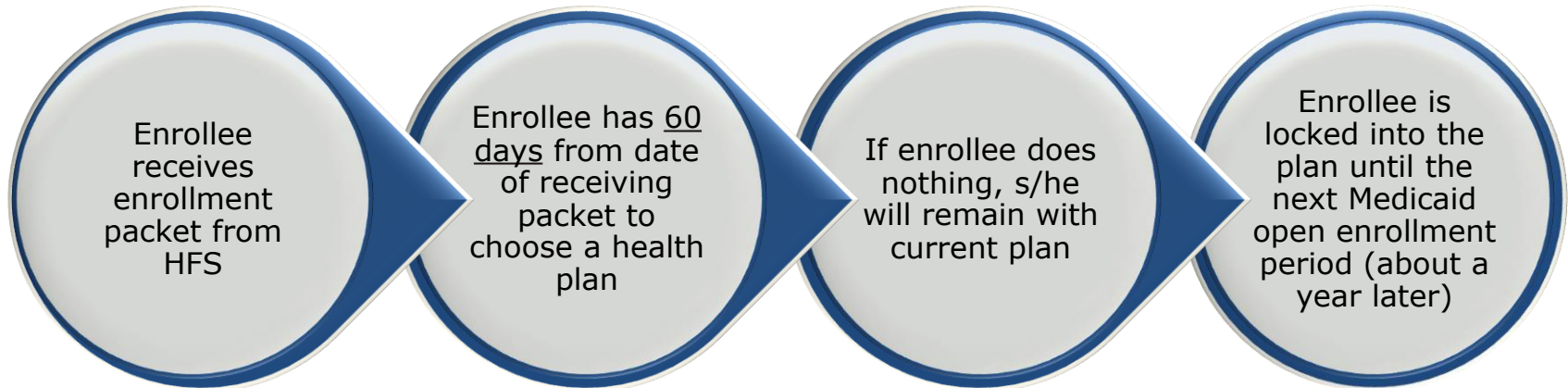
- Estimated 40% of CountyCare enrollees will be able to choose a health plan between October 1-December 31 for January 1 start date



Health Plan Choice Selection

Open Enrollment

- Enrollees currently enrolled in an MCO:



Health Plan Choice Selection

Open Enrollment

HFS (Healthcare and Family Services) will notify Medicaid recipients of their open enrollment period

HFS Mail Date	Recipient's Anniversary Date
October	01/01/2022
November	02/01/2022
December	03/01/2022
January	04/01/2022
February	05/01/2022

If members receive their letter from the state and they do nothing, they will stay with current MCO



Health Plan Choice

Health Plan Choice Selection

Plan selection is made with HealthChoice Illinois

❑ Two ways to make a choice:

❑ Call: 1-877-912-8880

❑ Visit www.enrollhfs.illinois.gov



Member Outreach

- Partnership with in-network CCH providers
 - Provider preferred plan letters to all Medicaid MCO members
- Text Message and Email Campaign
- CountyCare letter to members
- Member Newsletter
- Member Services Outbound Retention Team
- Community Events
 - In-person & Virtual
- Social Media Campaign
 - Facebook, Instagram, YouTube
- CountyCare Website Carousel

Provider Outreach

- Email Blast
- Provider Newsletter
- Town Hall



Health Plan Choice Selection

CountyCare Providers, including CCH, believe that CountyCare Health Plan is the right choice:

- ☐ There are no copays for doctor visits, emergency room visits or prescriptions.
- ☐ Patients have access to over 70 hospitals, 4,500 primary care providers and 20,000 specialists.
- ☐ CountyCare has great extra benefits for members that qualify such as free care seats for pregnant moms and children, monthly coupon for free diapers and a free newborn Sleep Safe Kit.
- ☐ CountyCare also offers rewards to members for certain medical services. Members can use the rewards to purchase items they need at local stores including Walmart and Walgreens.
- ☐ Members have a primary care doctor and a care coordinator to ensure they get the services they need.
- ☐ Free transportation to medical appointments or pharmacy. Members may choose from CTA/PACE cards or schedule a ride to be picked up at their home.

Reminders/Tips – Members or patients with an approaching Open Enrollment Date

- If they do nothing, they will remain in same MCO for next year
 - HFS has a strict lock-in policy
- Confirm member's preferred provider is in-network with CountyCare
- Provide member with information about CountyCare rewards and extra benefits





CountyCare
HEALTH PLAN

Thank you!

COVID-19 Updates



COVID-19 Updates

COVID-19 Case Overview (9/14/21)		Vaccination Overview (9/13/21)**	
# Cases	28,106 (3.3% increase)	# only 1 dose*	19,873 (6.66%)
# Deaths	247 (1.2% increase)	# fully vaccinated	114,865 (38.47%)

*where 2 doses are needed

**vaccine rates now includes 12–16-year-olds

CountyCare is the MCO with the most members vaccinated!



Vaccination Locations Updates

IL has entered Phase 2. All Illinois residents **age 12 and older** are eligible for the vaccine.

Chicago

- Make an appointment by phone (in home or at a site): **312.746.4835**
- Make an appointment online: www.zocdoc.com/vaccine
- Find a Vaccine: <https://www.chicago.gov/city/en/sites/covid19-vaccine/home/vaccine-finder.html>

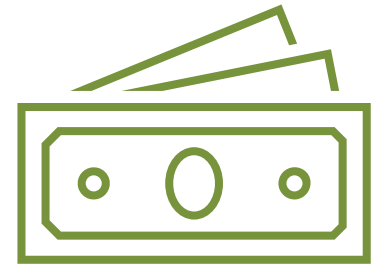
Suburban Cook County

- Make an appointment by phone: **833-308-1988**
- [Make a vaccination appointment](#)
- [Find a vaccination location](#)
- [Request in-home vaccination](#)
- [Request a vaccine team for an event or workplace](#)



City of Chicago Vaccine Incentives

- City of Chicago is offering **\$100** to residents who receive the vaccine at a vaccination event or in home (all residents are eligible for in home vaccinations) > \$50 per shot for two dose Pfizer or two \$50 cards for Johnson and Johnson
- Find a Vaccine Event:
<https://www.chicago.gov/city/en/sites/covid19-vaccine/home/calendar-of-events.html>
- For In Home Vaccine: Call 312-746-4835 or go to
<https://www.chicago.gov/city/en/sites/covid19-vaccine/home/in-home-vaccination-program.html>



COVID19 Vaccine for Pregnant Members

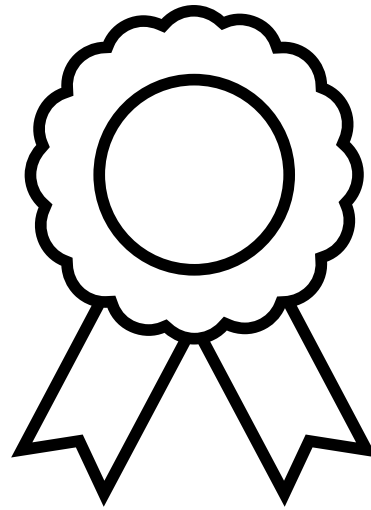
COVID-19 vaccination is recommended for all people aged 12 years and older, including people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future. Pregnant and recently pregnant people are more likely to get severely ill with COVID-19 compared with non-pregnant people. Getting a COVID-19 vaccine can protect you from severe illness from COVID-19.



- ❖ CDC recommending COVID19 vaccination for pregnant and breastfeeding people
- ❖ Care Coordinators: Encourage pregnant members to get vaccinated



Care Coordinator Spotlight



Care Coordinator Spotlight

Mishell Kerr, RN Case Manager



ICARE Standard: Excellence

Mishell was acknowledged by a member's mother as dedicated, compassionate, and attentive to her son's needs. Mishell "took the time to listen," "took the matter personal and reacted urgently," and "Her compassion and professionalism is beyond measure."

Q: What is your number 1 tip for success as a Care Coordinator?

A: As a care coordinator, I enjoy speaking to members about preventive health. Being able to offer people the education and resources needed to make their lives better is what makes me happy. My number one tip is to meet people where they are, exercise great listening skills and always focus on the TOTAL person.

Q: What's a fun fact about you?

A: I am the proud GLAMMA of a 4 yrs. old preschooler. His name is Kyri. I call him my Pookie Wookie. Acting was my second career choice, and I was accepted into drama school. Maybe someday I'll revisit that idea.

Care Coordinator Spotlight

Tiffany Blakey, RN Case Manager



ICARE Standard: Respect

Tiffany was acknowledged by a member for her professionalism, kindness, and work ethic. The member highlighted Tiffany's expertise and attention to detail. Tiffany "takes the time to listen," and "gives me the right information."

Q: What is your number 1 tip for success as a Care Coordinator?

A: Treat people with the upmost respect. With regards to respect, actively listening is very important. When you listen more, the member will know that you are fully engaged and that you actually care about their issues. They will be more willing to open up to you and it makes everything more easier when everyone is on the same page.

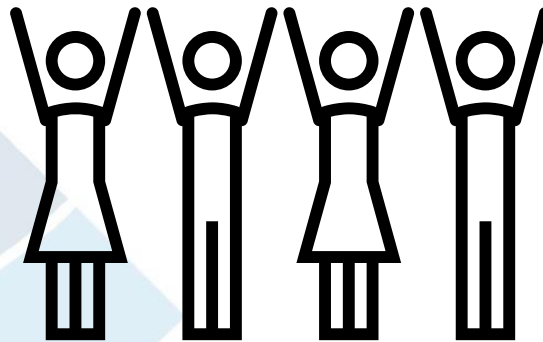
Q: What's a fun fact about you?

A: I used to be an extreme couponer for 5 years

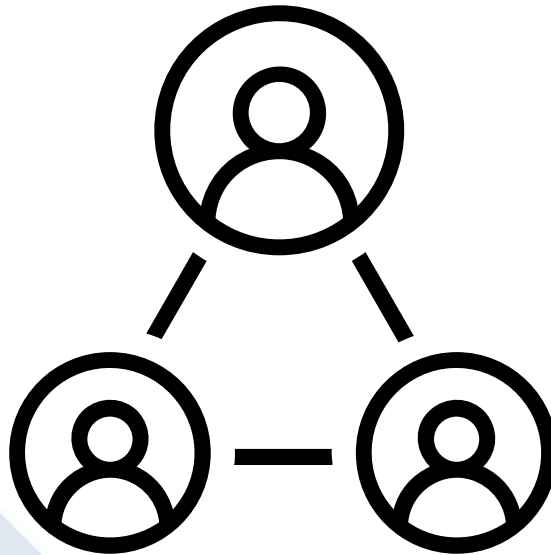


Care Coordinator Spotlight Reminder

- <https://redcap3.cookcountyhhs.org/surveys/?s=77EX8JYL9W>
 - ICARE criteria used to make nominations
 - Nominators can remain anonymous
 - **Separate survey** from CM webinar Feedback form



Resources & Reminders



Reminders

- The next webinar is scheduled for **Wednesday, October 13th**
– **Topic: Early Childhood Literacy and Development**
- Webinar feedback: <https://redcap.link/23k1fzzb>
- Slides will be posted to the CountyCare Care Coordination Webpage:
<http://www.countycare.com/carecoordination>

Webinars for Care Coordinators

2021	^
• Webinar: Care Coordination Addressing COVID-19 Vaccine Hesitancy (1/2021 slides)	
2020	v
2019	v
2018	v





Open Forum

Please share any needs or questions you have by
typing in the chat box

