

# State of Illinois Cook County/CountyCare 1115 Waiver Demonstration Independent Evaluation Review Period: January 1, 2013 – June 30, 2014

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## Executive Summary

This evaluation was conducted as part of the Special Terms and Conditions of the 1115 Medicaid Demonstration Waiver (Waiver) granted by the Centers on Medicare and Medicaid (CMS) to the State of Illinois. The Illinois Department of Healthcare and Family Services (HFS), submitted the Waiver in the fall of 2012 in collaboration with Cook County local government. The Waiver permitted HFS and Cook County to enroll uninsured, eligible individuals into the Medicaid program under the “early option” authorized by the Accountable Care Act (ACA). The “early option” provision of the ACA allowed states to expand their Medicaid eligibility categories to include a new category of individuals who met the household eligibility criteria. Thus the “early option” made it possible for Cook County to enroll eligible individuals prior to the 1/1/14 effective date as outlined by the ACA.

The State of Illinois Medicaid program was well underway in transforming what was largely a fee for service Medicaid program to what would become a managed care program designed to achieve better health, better healthcare, and lower Medicaid spending in the State. The HFS and Cook County Health and Hospitals System (CCHHS) Waiver was designed to enroll a large number of uninsured eligible individuals in the Medicaid program and to align the CCHHS delivery of healthcare services with the State’s Medicaid transformation plan. Thus HFS and CCHHS embarked on the single biggest transformation of the State’s largest public healthcare systems.

The goals of the Waiver included:

- (1) assist the state in enrolling an estimated 125,000 eligible uninsured Cook County residents in the Medicaid program during the original 12 month Waiver period (12/12 – 12/13);
- (2) expand access to Medicaid covered services with a focus on mental health, substance use, and prescription drug services; and
- (3) provide access to primary care physicians and/or other primary care teams of professionals to establish medical homes by expanding the geographic and temporal access to Medicaid covered services.

The relatively short 12 month Waiver period, together with the inherent complexities associated with a major transformation, required a bold new approach by CCHHS to better align with the State’s Medicaid reforms. It is important to note that under typical circumstances, Medicaid Waivers are operated for five years with an evaluation component at the end of the operating period. In the case of the CCHHS Waiver there was a sense of urgency to expand access to Medicaid coverage as soon as possible and well in advance of the proposed 1/1/14 statewide expansion. Thus HFS and Cook County government received federal approval to implement the “early option” in Cook County for the period 12/12 – 12/13. Everyone involved in the planning and the implementation of the CCHHS Medicaid waiver was under pressure to

enroll at least 125,000 eligible individuals in the Medicaid program. Aligning the Waiver with the State's Medicaid Reform plan required CCHHS to establish a new managed care health plan comprised of the CCHHS hospitals and ambulatory care clinics as well as dozens of other critical healthcare providers such as the FQHCs who together would offer the previously uninsured population access to a regular, primary care physician and/or a healthcare team, i.e., a medical home with the goal of better care coordination and additional access to specialty care.

### **CCHHS WAIVER OPERATIVE PRINCIPLES**

The CCHHS Waiver program, known as CountyCare, had three operative principles:

- (1) Expanding Medicaid coverage to a newly eligible low-income adult population with no children in their household to improve access to Medicaid covered healthcare services which would promote regular primary care under a medical home;
- (2) Expanding Medicaid coverage in Cook County, the most populated County in the State of Illinois, would jump-start the planned expansion of Medicaid coverage statewide effective 1/1/14 (required legislative action); and
- (3) Building stronger collaborations between the CCHHS and other healthcare providers in Cook County and the surrounding area to expand CountyCare primary care, specialty care, and other healthcare service capacity to benefit the targeted Medicaid residents of Cook County (projected 125,000 individuals) participating in the CountyCare program as well as potentially other Cook County residents who were not participating in the early option CountyCare program but who would potentially be enrolled in the Medicaid program beginning in 1/1/2014 (expansion required legislative action).

### **COUNTY-CARE EVALUATION PLAN**

The CountyCare evaluation plan included several approaches:

- (1) structured interviews with Cook County leadership both at the Cook County government level and at the CCHHS and CountyCare leadership level;
- (2) focused surveys of point of care managers;
- (3) analyses of multiple data sets,
- (4) other interviews, focus groups, and surveys with smaller groups of CCHHS employees to provide a qualitative context for the data, senior personnel involved with the development and high-level implementation of CountyCare and with front-line managers and care coordinators.

## COUNTY CARE EVALUATION FINDINGS

- Enrolled 113,779 eligible individuals in the Medicaid program under the new eligibility category (during the 12/12- 12/13 Waiver period);
- Expanded the CCHHS healthcare delivery capacity by negotiating network provider contracts with a broad network of healthcare providers which expanded capacity by:
  - adding 141 FQHC sites to the existing CountyCare 17 ambulatory clinic sites (16 local and one regional);
  - adding 30 community hospitals including 2 teaching hospitals to the County Care CCHHS existing 2 hospitals (Stroger and Provident);
  - adding over 100 physician specialists to the existing CountyCare capacity; and
  - adding numerous other medical and allied health practitioners as well as dozens of local pharmacies to the CountyCare provider network,
- Provided medically necessary care to 68% of the CountyCare newly covered individuals in the first 6 months of Waiver operation;
- Provided medically necessary care to 85% of the CountyCare newly covered individuals within the 12 month of Waiver operation;
- Expanded choice of a primary care medical home to include the existing CountyCare ambulatory clinic sites (17) as well as the 141 FQHC sites.

## LESSONS LEARNED

- Medicaid eligibility determination and enrollment was a lengthy process which could potentially be addressed in future large scale enrollment initiatives by developing various models of presumptive eligibility;
- Expanding the network of providers too quickly resulted in confusion with respect to referrals and intake across the provider network which could potentially be addressed in future large scale provider network development initiatives by timing staff training programs prior to any network referrals;
- Selection of a primary care physician and/or a healthcare professional team by the newly covered individuals was a positive step, in terms of having options to choose among (17 CCHHS sites and 141 FQHC sites). However, it also created a significant change in practice and delivery for the healthcare providers as well as the newly covered group, i.e., patients

could previously seek care without regard to a specific clinic/site as well as also seek care from any hospital ER. Therefore, the new CountyCare program was considered by some patients as inconvenient, while healthcare professionals could only marginally provide care coordination across network providers when they had no knowledge of the care provided to patients by other clinic sites and ERs. Care coordination appeared to be working within CCHHS clinic sites or within an FQHC sites and its affiliated providers, but less so when patients were treated by multiple providers, which could potentially show the need for education and training for both CookCounty healthcare professionals as well as the CountyCare participants.

- Projections regarding the profile of the newly covered individual's choice of a primary care medical home turned out to be inaccurate because the group selecting CCHHS providers was a group comprised of an older and more medically complex patient population as compared with the average newly eligible group who made other choices (possibly due to access to the specialty care including trauma, HIV/Aids; and other highly specialized care).
- Assessing quality of care provided under CountyCare against HEDIS health plan measure proved to be a challenge given: (1) the short Waiver period; (2) the new CountyCare health plan implemented a managed care model, which, for the first time included a greatly expanded provider network, representing a nearly 10 fold increase in number of clinic sites; (3) a patient population accustomed to seeking care from free clinics and/or ERs regardless of location; and (4) the change in practice transformation was evolving during the early stages of CountyCare and would not initially lend itself to traditional HEDIS measurement.

Lastly, at this writing, CountyCare strengthened some of their procedures and processes to improve the continued operation of this program including: (1) revising the contract with the state Medicaid agency to reflect formal status as an MCCN as permitted under state statutes; (2) entering into new agreements with the commercial IlliniCare Health Plan (Centene Corporation) to serve as its third party administrator (TPA); and (3) entering into an agreement with the Medical Home Network, Inc. to address EHR interoperability across the provider network.

## Background

In January 2012, the Illinois Department of Healthcare and Family Services (HFS), in collaboration with the Cook County Health and Hospitals System (CCHHS), submitted an 1115 Medicaid Demonstration Waiver proposal to the Centers for Medicare and Medicaid Services (CMS). Under this proposal, HFS and the CCHHS would implement the “early option” under the Patient Protection and Affordable Care Act (ACA) that would permit HFS to enroll eligible Cook County residents in the Medicaid program. The “early option” was part of the ACA’s Medicaid expansion provisions that established a new eligibility category to cover individuals who have an income at or below 133% of the federal poverty level (FPL) and who have no dependents between the ages of 19 and 64. In essence, the adoption of the “early option” by HFS would provide Medicaid coverage for a large number of uninsured individuals residing in Cook County who otherwise would not be eligible until January of 2014. Cook County chose to participate in the “early option” by using its taxing authority to provide the non-federal funding for the early option expansion, as only the regular match rate was offered during the “early” period. The federal Waiver was necessary because CMS had to waive the “statewideness” and other Medicaid standard provisions, which then allowed the State and CCHHS to proceed with the planned “early expansion” in Cook County.

It is important to note that the proposed Waiver was not going to proceed in isolation of the HFS Medicaid transformation already underway in the state. HFS was pursuing a total transformation of the Illinois Medicaid program by re-designing the program from a largely fee for service program focused on volume to a managed care/care coordination model with risk based capitation focused on better care and better outcomes while reducing total spending. HFS was mandated by the state legislature to include at least 50% of the nearly 2.8 million Medicaid beneficiaries in the state in this new managed care/care coordination model of service delivery. The transformation of the state Medicaid program was taking place within the rapidly evolving healthcare changes resulting from the passage of the ACA.

With both Cook County and State leadership committed to the waiver, the focus quickly turned to a plan for extending coverage to Cook County residents who were currently uninsured but expected to be eligible under the new program. Under the Waiver, Cook County government agreed to develop a risk based health insurance plan, to be known as CountyCare, with public participation and with the support of the state legislature. This laid the groundwork for future Illinois legislative action, which would be necessary to expand the state Medicaid program on a statewide basis beginning in January of 2014.

Recognizing the inextricable links between the national ACA reforms and the Illinois Medicaid transformation already underway, it was clear that CountyCare would have to be designed in alignment with the federal and state transformations. CountyCare could not simply enroll the targeted 125,000 Cook County residents in the Medicaid program and continue to provide care and treatment in the same manner as current practice and be reimbursed under the same fee for service methodology. CountyCare would have to be designed to operate as a health

insurance plan, i.e. a managed care plan which would require expansion of network provider capacity under a risk based contract with HFS. In addition, both the Cook County Hospitals and Health System as well as the network providers would have to change current service delivery models to provide healthcare care services under a primary care medical home model which centers on better coordination of care and care at the right time and the right place.

Such changes in healthcare delivery would prove to be a challenge for CCHHS as well as the contracted provider network and the patients themselves. By and large, providers were good at coordinating care within their own clinics and systems. However, patients had become accustomed to seeking and receiving care from multiple providers and ERs with little coordination across the various sites. Thus, the implementation of CountyCare would begin a fundamentally transformative process for the CCHHS system and for hundreds of providers who contracted to become part of the CountyCare network.

It is important to note the current and historical significance of CCHHS in terms of access to healthcare services by low-income families and children, both by those who are uninsured and those who have been covered by Medicaid. Over 150 years, CCHHS has evolved to include: (1) two acute care hospitals (Stroger and Provident); (2) one regional outpatient health center (Oak Forest), (3) 16 Ambulatory Health Centers (ACHN/clinics); and (4) one regional HIV/AIDS Center (CORE Center). All of these facilities were built by Cook County with tax revenue and private philanthropic financing including the John H. Stroger, Jr. Hospital of Cook County which opened in 2002. Thus, CCHHS has been a critical healthcare provider for more than a century with a full complement of healthcare services including: (1) inpatient and outpatient medical care; (2) trauma/emergency care services; (3) specialty and primary outpatient care; and (4) HIV/AIDS comprehensive care. While CCHHS is of significant importance to the families and children who rely on these services, it has been equally important to the entire healthcare system in Cook County and the surrounding area because the sheer volume of care provided to the uninsured population of Cook County would easily overwhelm the private hospitals and clinics that would not have the capacity to care for the hundreds of thousands of uninsured and many of those covered by Medicaid. Thus, CCHHS is widely considered to be the most critical safety net healthcare provider not only in Cook County but in the surrounding counties as well.

All healthcare providers enrolled in the Illinois Medicaid program would undergo very significant changes implemented by the state Medicaid agency beginning in 2006 with the assignment of a Primary Care Physician (PCP) and the increased emphasis on coordinated managed care. Therefore, both HFS leadership and Cook County leadership considered the 1115 Waiver as the vehicle that would allow CCHHS to make the necessary changes in operations and clinical models of treatment in order to maintain their more than 150 year old commitment to caring for hundreds of thousands of Cook County's low income residents.



## CountyCare Description

The CountyCare 1115 waiver was designed to allow CCHHS to create a new health insurance plan that focused on early enrollment of an estimated 125,000 adult residents of Cook County who did not previously qualify for traditional Medicaid coverage, many of whom were already receiving care at CCHHS and the community FQHC system in Cook County. CountyCare eligibility excludes individuals already eligible for Medicaid, CHIP, or Medicare coverage but includes all others, without an asset test, for applicants who meet the following requirements:

- Income at or below 133% FPL;
- 19 years of age or older and under 65 years of age;
- Cook County residency;
- Either US Citizenship or an immigrant lawfully in the US for more than five years;
- And not otherwise eligible for Medicaid categories such as the following populations:
  - Blind persons, disabled persons and persons 65 or older with income under 100% FPL and assets under the ABD asset level;
  - Pregnant women;
  - Parents and caretaker relatives living with their children.

With the exception of Cook County residency, these were effectively the eligibility rules of the ACA Medicaid Expansion.

Core benefits for CountyCare members include inpatient and outpatient hospital services, physician services, prescription drugs, mental health services, laboratory and x-ray services, emergency services, family planning services, and emergency and non-emergency transportation services. In developing the provider network, CountyCare placed an emphasis on servicing the needs of members with mental health and substance abuse needs. This is a critical component, given the profile of the individuals covered by the waiver.

Services under the Waiver were to be delivered through a provider network developed by CCHHS using community providers, e.g., hospitals, clinics, and other providers from the Cook County region that complement the CCHHS provider infrastructure. Except for emergency services, access to care for the Waiver population was limited to those provided directly by CCHHS and the contracted network of providers participating in CountyCare. The comprehensive CountyCare healthcare network was comprised of: (a) two CCHHS hospitals, one regional ambulatory clinic, as well as 17 local ambulatory clinic sites; (b) 141 federally qualified health centers (FQHCs) sites, (c) 30 hospitals; (d) more than 100 added specialists; and (e) numerous other allied health professionals and providers of healthcare and support services.

Delivering a single model of high-quality care for the patient population is consistent with the paradigm shift in healthcare delivery from isolated, event-focused measures to quality outcomes and cost containment across entire populations. Payment approaches in Medicaid and Medicare are moving from fee-for-service to a per-person capitated arrangement with

controls for quality and patient experience.

In this context, CountyCare uses a medical home model along with the administrative structure to support care coordination at varying levels of service for the population based on their risk and complexity. CountyCare applicants choose a primary care physician (PCP), which becomes their medical home to enhance access to better coordinated healthcare services and a team of healthcare practitioners who provide ongoing care and are accountable for the health of that patient population.

## Goals of the CountyCare Demonstration

The primary goals of the CountyCare 1115 Waiver demonstration were to provide healthcare coverage under a newly established health insurance plan for the eligible Cook County uninsured population and to provide a primary care physician or team of medical providers who become the patient's medical home, thereby increasing access to better coordinated healthcare. In this respect, the goals of CountyCare were aligned with the goals of the state Medicaid agency, which was implementing a broad Medicaid transformation across the state.

### *Summary of Demonstration Goals and Hypotheses*

The Special Terms and Conditions (STCs) defined five waiver goals, and three broad hypotheses to be tested.

#### **Demonstration Goals**

- GOAL 1:** Provide healthcare coverage, over the course of the demonstration, to approximately 125,000 previously uninsured Cook County residents.
- GOAL 2:** Provide previously uninsured individuals with the additional benefit of mental health, substance use disorder services, and prescription services.
- GOAL 3:** Ensure that services are provided in an effective and coordinated fashion through primary care physicians or a team of medical providers who become the patient's medical home that will ensure that appropriate services are provided in a cost-effective manner for this population.
- GOAL 4:** Provide comprehensive coverage for individuals not eligible for Medicaid or CHIP.
- GOAL 5:** Expand the network of providers within the CCHHS network to ensure access to services for the Waiver demonstration population and build collaborations as the state prepares for expanded coverage in 2014.

### Waiver Demonstration Hypotheses

- HYPOTHESIS 1:** Expanding Medicaid services to the low-income adult population will improve the quality, coordination, and cost effectiveness of care at CCHHS.
- HYPOTHESIS 2:** Expanding eligibility to the currently uninsured low-income adult population will jump-start the enrollment process for the sub-group of individuals who will be newly eligible for Medicaid state plan benefits in 2014.
- HYPOTHESIS 3:** Building partnerships with community providers such as area FQHCs, mental health, and substance use providers will prepare the safety net for the substantial changes that will take place starting in 2014.

### GOALS OF THE EVALUATION

In accordance with the Waiver Special Terms and Conditions (STCs) approved by the Centers for Medicare and Medicaid Services, the University of Illinois at Chicago (UIC) was selected to conduct the independent evaluation of the Illinois/Cook CountyCare Section 1115 demonstration waiver. The UIC/School of Public Health conducted this evaluation in collaboration with the UIC/Office of Medicaid Support Services. The UIC/School of Public Health team was led by Dr. Jack Zwanziger and included highly experienced faculty and staff from the Division of Health and Policy Administration.

Recognizing the relatively short Waiver period (12 months of operation with a 6 month extension), this evaluation, out of necessity, was limited in focus though still very important to residents of Cook County and the system itself. The evaluation primarily focused on providing an analysis of the initial challenges that CCHHS faced when implementing CountyCare, as well as the progress CCHHS made towards meeting its stated goals. As a result, we have attempted to identify critical organizational-level changes related to the implementation of CountyCare, and their operational implications.

Numerous changes had to be implemented in a short amount of time, which impacted every facet of the CCHHS operation. Of critical importance both to CCHHS and to the state was assessing areas such as: (1) the application and enrollment process in Medicaid; (2) the enrollment process in the CountyCare health plan; (3) the referral process by and between CountyCare and other network providers; (4) the service relationships between CCHHS and the new network of practitioners; (5) the service relationship between the CCHHS specialty care providers and the new network specialty care practitioners; and (6) the service relationships between the CCHHS hospitals and the new network hospitals. All of these critical changes were expected to impact patient utilization. Understanding these implications is vital both to the

CCHHS operation and to the state Medicaid agency so it can learn from this CCHHS experience as it expands managed care enrollment to 50% in 2015.

The evaluation seeks to answer the following questions:

***What were the initial developmental challenges?***

We identify critical process areas for the smooth functioning at the initial stages. These include:

- a. Design and operationalize similar to a managed care plan (CountyCare) with associated back office functions;
- b. Recruit and complete CountyCare applications for submission to state Medicaid agency targeting 125,000 uninsured individuals;
- c. Affirm the status of Medicaid eligibility as determined by DHS;
- d. Enroll state approved individuals in CountyCare;
- e. Recruit and negotiate network agreements with community partners (projected to include hundreds of providers);
- f. Determine and design IT infrastructure to support the transfer of critical patient care data among all CCHHS practitioners and the network community partners (eligibility, health status, services, etc.); and
- g. Assess the degree of actual care coordination occurring and the impediments to its complete implementation.

***Did CountyCare make substantial progress towards enrolling the targeted 125,000 individuals in CountyCare and did service utilization change over time comparatively by this population?***

We provide an initial assessment of the effectiveness of the program by analyzing the following:

- a. The number of individuals enrolled in CountyCare over time, and their age, gender, and geographic distribution;
- b. Member self-reported health status upon enrollment;
- c. Primary care site empanelment; and
- d. Short-term quality of care measures.

## CountyCare Evaluation Data and Methods

We address the goals of the evaluation through an analysis of multiple datasets as well as focused surveys of point of care managers. We worked closely with the program and technical staff of CCHHS to obtain the requisite data and qualitative information.

For this evaluation, we used interviews, focus groups, and surveys with smaller groups of CCHHS employees conducted throughout the demonstration period to provide a qualitative context for the data. We interviewed senior personnel involved with the development and higher-level implementation of CountyCare, front-line managers at primary care sites, and care coordinators. Questions were exploratory in nature and were designed to elicit the experiences of the parties involved in the development and implementation of the CountyCare program. These data are included in the Appendices to provide insight into the successes and obstacles that were encountered in the Waiver period of time.

We obtained quantitative data from multiple sources. CCHHS provided information about CountyCare enrollment data, claims data, pharmacy claims data, and Health Risk Assessment (HRA) data from January 1, 2013, through June 30, 2014. We describe each of these datasets in more detail in the Appendices.

### Qualitative Data and Methods

The qualitative data focus on the many cross-currents occurring in the course of developing CountyCare from the point of view of key participants. The qualitative data allowed the evaluation team to obtain a deeper understanding of the practical and strategic changes that were happening within CCHHS and the participating FQHCs as CountyCare was rolled out. We conducted six interviews with staff at multiple levels within the focus organizations, two focus groups with FQHC or ACHN managers, and two small online surveys to learn more about the development and implementation of CountyCare. Each category is briefly discussed below while more detailed information appears in the Appendices.

### Semi-structured Interviews

We conducted six semi-structured interviews with representatives from CountyCare, CCHHS, and primary care sites that participated in the early enrollment process. The goal of these interviews was to learn about events that the evaluation team could not observe directly, but that influenced the implementation and success of CountyCare. In this way, participants were not randomly selected, but instead served as experts who were familiar with CountyCare and could provide insight into what transpired during the evaluation period. We targeted a set of key individuals who were closely connected with the 1115 Waiver implementation. This data, then, is used in combination with the quantitative data from CountyCare to triangulate the phenomenon and expand our quantitative findings to present a fuller portrait of the CountyCare 1115 Waiver.

Participants were primarily asked about three key topics: the application and enrollment process, the impact of CountyCare on patients' quality of and access to care, and any organizational changes that occurred as a result of the initiative to increase care coordination for this newly insured population. More detailed information about the structure of these interviews appears in the Appendices.

Specifically, some aspects of each broad topic include:

**1) Application and enrollment:**

1. The process for and experience with recruiting potential members
2. The characteristics of those who enrolled and those who were not
3. The proportion of their patients enrolled in CountyCare
4. The pre-approval period length and management of utilization
5. Processes for risk stratification
6. The grievance and appeal procedures
7. Member characteristics

**2) The impact of CountyCare on access to care:**

1. The rate of missed appointments and measures taken to reduce this rate
2. The changes made to scheduling appointments
3. The effect of CountyCare on their overall utilization
4. Access to specialty, ancillary, and laboratory services
5. Differences in access to care
6. The effects of CountyCare on their members, generally
7. Network provider capacity

**3) Care coordination:**

1. The care coordination process under CountyCare
2. The measures for evaluating the effectiveness of care coordination
3. The challenges of coordinating care of a previously uninsured population
4. The effectiveness of various modes of communicating with members

The group discussions with primary care site managers and care coordinators were guided topics that included the 1) enrollment process for new enrollees; 2) how CountyCare changes the process of *receiving* care for new enrollees; 3) the extent to which changes in a variety of dimensions related to care, care coordination and service characteristics which relate to the essential elements of a medical home where the patient has relationship with a regular primary care physician or a team of providers which comprise the patient's medical home; 4) metrics tracked on care coordination; identifying areas that might have been handled differently; 5) the relationship of physicians to the care management processes, and 6) questions about the provider network in terms of sufficiency. Appendix A is the primary care site manager discussion guide.

## **Quantitative Data and Methods**

We were able to assess various aspects of CountyCare by analyzing the following administrative data sets:

### **Enrollment Data**

CCHHS provided enrollment data for members enrolled in CountyCare between January 1, 2013, and June 30, 2014. The enrollment data included member identifier, benefit begin and end date, gender, race/ethnicity, and address.

### **Empanelment Data**

CCHHS provided CountyCare members' empanelment data between January 1, 2013, and June 30, 2014. The empanelment data included each member's primary care site assignment or selection for primary care. Since the members were allowed to change their primary care sites, the data included members' current as well past primary care site assignments/selections.

### **Application and Health Risk Assessment Data**

CCHHS provided data for the applications initiated for CountyCare between November 1, 2012, and June 30, 2014. The data included the applicant number, application status, application start date, application submit date, and applicant's Health Risk Assessment (HRA). CountyCare began collecting HRA data beginning in March 2013 but applicants were not required to complete the HRA information.

### **Claims Data**

CCHHS provided claims data for services delivered to CountyCare members at all in-network primary care sites (CCHHS and FQHC sites) and the partnering hospitals between January 1, 2013 and June 30, 2014. The analysis used the unique member identifier, service date, ICD-9 diagnosis codes, CPT/HCPCS procedure codes, revenue codes, place of service codes, and admit source code. The data also included an indicator identifying whether the claim was a CCHHS or non-CCHHS claim.

### **Pharmacy Claims Data**

CCHHS contracted with Catamaran to provide pharmacy benefit management services (PBM) to CountyCare members. As the sole PBM, Catamaran provided paid pharmacy claims data for all CountyCare prescriptions filled between January 1, 2013 and June 30, 2014. Of the data provided, the analysis used the unique member identifier, the prescription fill date, the Generic Product Identifier (GPI), and the number of days that the prescription was written to cover. Catamaran provided a crosswalk between the GPI and the National Drug Code (NDC), which enabled patient utilization analyses within clinical condition categories defined by the NDC.

### **HEDIS Quality Measures**

Using the claims data, NCQA uses a core set of Healthcare Effectiveness Data and Information Set (HEDIS) to measure health insurance plan performance on important dimensions of care and service. It is important to note that the short duration of the Waiver period and the rolling enrollment of new individuals monthly during the one year period made it difficult to assess the CountyCare health plan's performance utilizing HEDIS measures. While these measures do

provide some early evaluation perspectives, a more complete assessment would be obtained by reexamining after full implementation. On-going reassessments would also measure relative improvements as managed care becomes deep rooted in both provider and enrollee behavior.

**Figure 1: Definition of HEDIS Measures and Data Sources**

HEDIS Measure	Data	Method	Caveat
<b>Effectiveness of Care</b>			
Comprehensive Diabetes Care	Claims/Encounter, Pharmacy	Administrative	Included members who were in the CountyCare program for the entire period starting May 1, 2013 through April 30, 2014
Antidepressant Medication Management	Claims, Pharmacy	Administrative	
Adherence to Antipsychotics for Individuals with Schizophrenia			
Follow-Up After Hospitalization for Mental Illness	Claims	Administrative	Used proxy of mental health diagnosis for a mental health practitioner on a follow up outpatient visit, an intensive outpatient encounter, or partial hospitalization
<b>Access/availability of care</b>			
Initiation and Engagement of Alcohol and Other Drug Dependence (AOD) Treatment	Claims	Administrative	
<b>Prevention and Health Promotion</b>			
Diabetes Short-term Complications Admission Rate	Claims/Encounter, Pharmacy	Administrative	
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	Claims	Administrative	
Asthma in Younger Adults Admission Rate	Claims	Administrative	
Plan All-Cause Readmissions	Claims	Administrative	Data did not allow exclusion of Inpatient stays with discharge status of death

We followed the guidelines as specified in the Technical Specifications and Resource Manual for Federal Fiscal Year 2014 Reporting<sup>1</sup> published by the CMS to calculate HEDIS measures.

However, for certain measures that identify procedures using CPT, HCPCS, LOINC and ICD9PCS codes (e.g.: Comprehensive diabetes care, and Alcohol and other drug treatment), only the CPT and HCPCS codes were available in the data and used in the calculations. For measures that specify measurement year as ending on the December 31, December 1 and November 15, we used April 30, 2014, March 31, 2014, and March 15, 2014, respectively as the ending period and included the data starting May 1, 2013. The CountyCare rate is the observed rate and has not been weighted or risk adjusted.

<sup>1</sup> Centers for Medicare and Medicaid Services. (2014). Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Medicaid Adult Core Set). Retrieved from <http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Medicaid-Adult-Core-Set-Manual.pdf>



## CountyCare Evaluation Results

### Qualitative Findings

CountyCare presented two broad transformational opportunities, internal and external to CCHHS. While the focus of evaluation is not the transformative process CCHHS must continue to manage, CCHHS' capabilities to bring forth a managed care plan had to address its own transformative needs as well as those of developing a wider integrated network.

The first, internal to CCHHS, was to leverage the CountyCare 1115 Waiver as a foundation. It would force CCHHS to make organizational and process changes, enabling it to align its services with the state Medicaid transformation direction, and to develop a managed care health plan. CCHHS would have to work with State-imposed risk based requirements and responsibility for managing patient care across multiple providers. At the center of this transformation would be the patient's medical home (primary care physician or team of healthcare professionals) medical home model which would be available to all Waiver beneficiaries.

The second transformational opportunity was external. This was to bridge the gap between the CCHHS and non-CCHHS providers such as FQHCs, other clinics, hospitals, and other practitioners, to build collaboratively an integrated delivery system and managed care plan that would serve the expanded Medicaid population.

### Requisite Organizational Improvement in CCHHS Enabling CountyCare

CountyCare's development presented the opportunity to address institutional issues that evolved providing acute and tertiary care to an uninsured population residing in Cook County. Examples of operational problems to be addressed via CountyCare included:

- the ability to track referrals to specialty providers;
- reporting of laboratory and other clinical reports to primary care sites;
- billing and payment;
- eliminating non-patient-centric processes; and
- reducing avoidable emergency room use through redirection to primary care sites

New administrative capabilities requiring development within CCHHS for CountyCare included:

- negotiating contracts with community providers including the FQHCs, hospitals and specialty physicians and networks, as well as information services, and care coordination and case management;

- Direct contracting with Third Party Administrators to administer the network, prior authorizations, and claims payments, as well as pharmacy benefits management.
- Integrating CCHHS' IT systems to support managed care, and ultimately support the funding, audit, and actuarial processes for rate-setting for a State-approved Managed Care Plan by HFS (Medicaid).

These capabilities had to translate to the front-line settings of CCHHS care delivery sites in its hospitals and its ambulatory care sites. This required educating CCHHS providers, support staff and patients regarding health insurance procedures and processes. Financial registration required patient education so that patients could understand the implications for remaining uninsured and the value of health insurance. Coders had to be trained in order to manage the new claims.

CountyCare work groups met regularly to enable the necessary contracts and to develop the application process. This provided an opportunity to work on many of the details of CountyCare implementation. Transformational roles were assigned in clinical and patient operations, focusing on accessing care, appropriateness of care, and outcomes. There was a focus on specialty care, ensuring patients receiving specialty care had primary care sites and physicians, and on the development of the needed ambulatory capacities. CCHHS partnered with third parties that could execute functions that had to be developed, such as providing and supporting application assistance services that resulted in submission of Medicaid applications to the state, consistent with HFS and DHS requirements.

#### **Beyond CCHHS: Developing a Wide Geographic Network**

CCHHS understood that care had to be geographically accessible, requiring an expanded provider network across Cook County. This meant integrating the FQHCs operating in Cook County, unaffiliated with CCHHS, into an expanded network in which CountyCare members had choices of a regular primary care physician or team of healthcare professionals who would become the patient's medical home.

Many of the FQHCs had relationships with the CCHHS pharmacy, and CCHHS specialists were also known. CCHHS had to build new relationships with the other providers to whom the FQHCs referred their patients. CountyCare contracted with all FQHCs and the American Indian Health Center operating in Cook County. The complete list of network members is in D.

As part of the Waiver, CountyCare provided mental health benefits including counseling, substance abuse treatment, inpatient mental health, and prescriptions. Many individuals enrolling in CountyCare had a strong need for mental health services. Twenty one percent (21%) of CountyCare members with a claim had a mental health diagnosis at some point during their enrollment period,

12% received treatment for substance abuse, and 5.5% had both. Within the CCHHS/Ambulatory Clinic sites, there was a five-fold increase in the number of behavioral health staff to expand service capacity. CountyCare was successful in expanding the behavioral health provider network by including the local FQHCs who provide services to Cook County residents.

### The Enrollment Process

Outreach and marketing efforts had to fit within a strategy that could identify prospective members, screen for eligibility on a preliminary basis, and take an application. Opening an application required supplemental documentation and follow-up. Once the application was completed and submitted, it needed verification by the Illinois Department of Human Service (DHS).

The application process was started early with webinars and a dissemination of information. The CountyCare strategy was to engage the sickest people first who presented in the CCHHS system including the patients who received treatment in the CCHHS Stroger and Provident Hospital. The application process then moved to the CCHHS/ambulatory care sites. The third step was to do outreach to the public via marketing on public transportation, etc. For the FQHCs, the application process started as the FQHC executed the network provider contract with CountyCare. Most FQHCs aggressively recruited as many of their currently uninsured, eligible patients as possible to help them to apply for CountyCare. As was the case with CCHHS, the FQHCs reported developing resources to mount outreach to the target population.

The time from the initial application submission to the Illinois Department of Human Services (DHS) to DHS approval was typically four months. The length of the approval/enrollment process created a number of issues:

- Some individuals moved primary residences in the time interval, and then could not be found to receive additional materials (not found during the Waiver period)
- Multiple applications submitted for the same individual,
- Some individuals did not remember they had applied, and
- Some individuals received services at CCHHS after applying, but before approval.

The lengthy process meant that some people who applied for CountyCare became enrolled much later in the Waiver period (later in 2013) than anticipated. Eighty-five percent (85%) or more of the total number of applicants however were enrolled by DHS into the Medicaid program. State laws and the Waiver itself prohibited CountyCare from providing Medicaid covered services to the group of uninsured individuals whose applications were pending but there was no prohibition against CCHHS nor the community FQHCs

providing care to any uninsured individual since both CCHHS and the FQHCs did then and would continue to provide care to uninsured individuals.<sup>b</sup>

### The Non-CCHHS Provider Network Experiences

When CountyCare was introduced, some clinicians providing care in the contracted provider network, e.g., the FQHCs, indicated that they did not have adequate information about CountyCare in the beginning. Some CountyCare enrolled patients received their CountyCare health plan cards apparently before the clinicians in the contracted network sites understood whether they should provide treatment or a referral. The newly enrolled patients were also sometimes confused. Consequently, there was a period in the early operational months when some front line staff in contracted clinics and hospitals did not have adequate information about the CountyCare program. Better communication and probably more staff training in all contracted provider sites could have prevented some of the early confusion.

In spite of the difficulties during the initial operating period, CountyCare executed the network provider contracts and the contracted providers operationalized the contracts and agreements. In a few cases, a hospital would limit its CountyCare participation to only patients referred from specific FQHCs with whom the hospital had a direct relationship previously established and/or where FQHC physicians might be on the hospital's staff. These relationships did have expanded benefits to the larger network by opening up opportunities for "one-off" specialty services for rare, highly specialized referrals and treatment.

### Perceptions of Impact on Patients, Engagement and Quality

The advent of CountyCare did influence the operations of the community FQHCs. Examples include: communication with patients; new efforts to train front line staff; and new efforts to educate patients about health coverage, routine healthcare, etc. To enroll as many eligible uninsured individuals, the FQHCs reached out to their current uninsured patients by phone, mailings, meeting them in the lobby, and using additional signage. The view that CountyCare has been transformational for many patients was shared among the FQHCs' staff and managers. Patients are discovering how to be insurance literate. In the FQHCs, the staff spoke emotionally about how transformational the experience of having health insurance has been for the patients who had become CountyCare members.

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<sup>b</sup> As a condition of the waiver, CMS agreed to retroactively pay CCHHS for services provided and incurred up to ninety (90) days prior to first of the month in which an approved member's application was submitted for CountyCare\*\*See related note\*\* This was not extended to care received at the FQHCs or non-CCHHS hospitals.

By contrast, while the CCHHS primary care site managers staff related positive patient responses, they also shared stories about patients who expressed inconvenience as a result of the new insurance requirements e.g., having to fill out forms when they did not have to do so previously.

With respect to the CCHHS ambulatory care sites, we conducted a survey of managers and received 16 responses. In general, these 16 respondents tended to agree that CountyCare made it easier for patients to get the care they needed (10/16 agreed or strongly agreed, while 5 neither agreed nor disagreed), and received better access to healthcare services (9/16 agreed or strongly agreed, and 7 neither agreed nor disagreed). However, it was noted that CountyCare also meant more paperwork for employees (8/16 agreed or strongly agreed, 5 neither agreed nor disagreed).

When asked about ways of improving the application process, many (12/16) of the site managers indicated that they would have preferred online querying to confirm whether a person already had an application pending or had been approved. Participants indicated better communication (8/16) and more on-site application assistance (4/16) as important improvements (selected from a list they were given). Other improvements that they suggested were to make it easier to contact CountyCare with questions, developing an online application so that patients could apply on their own, and simplified rules, so that there is no dual enrollment on Application for Benefits Eligibility and CountyCare. The evaluation team recognizes that these are larger issues that may not be directly addressed by CountyCare alone.

There was also general agreement that changes in the types of services available to enrollees seemed to increase their overall utilization. The majority of respondents (9/13) agreed that care was more effective now than before CountyCare. As one staff person noted, “Before, as an uninsured individual, patients would float around the system. Now they’re tied into an HMO network.”

## Quantitative Findings

### Enrollment

We analyzed the enrollment and application data provided by CountyCare for these analyses. We performed a geospatial analysis to understand the geographic distribution of the CountyCare eligible and enrolled population in Cook County. We also analyzed demographic distribution by gender and age.

We used CCHHS encounter data to identify enrollees who had any utilization of CCHHS services prior to January 1, 2013. We found that 46% of CountyCare enrollees with prior utilization at CCHHS selected an FQHC as their primary care medical home. We also found that 74% of enrollees who had not had any prior CCHHS utilization chose an FQHC as their primary care site. Given the geographic dispersion of FQHC sites throughout Cook County, the choice of FQHCs may have been due to their proximity to the enrollee's home. However, the reasons for primary care selection were beyond the scope of this evaluation.

The figures below provide information regarding the projected total Cook County resident population potentially eligible under the new Medicaid category and the enrolled population in the CountyCare program.

**Figure 2: Distribution of people who were eligible<sup>c</sup> and who enrolled in CountyCare by Gender**

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<sup>c</sup> Illinois Health Matters. (2014). *Report of Cook County Medicaid Eligible Population*.

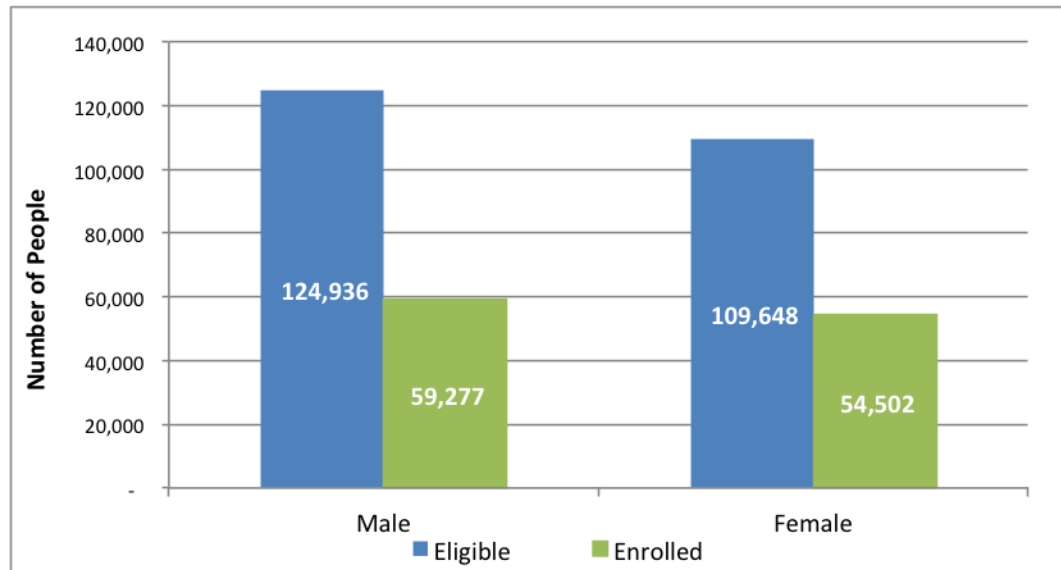


Figure 2 shows that the distribution of gender within CountyCare enrollees is similar to the gender distribution in the eligible population.

**Figure 3: Distribution of CountyCare Members 1<sup>st</sup> Primary Care Site Selection and Total Waiver Eligible<sup>3</sup> Population in the County**

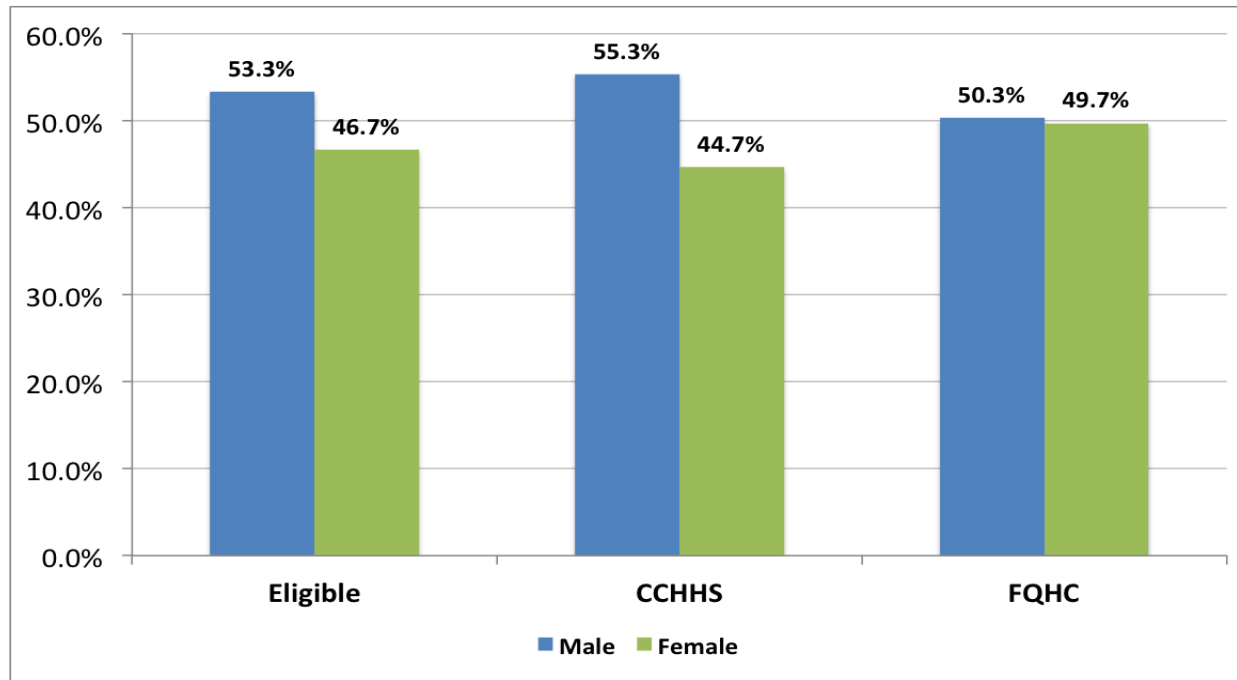


Figure 3 shows that the distribution of gender within those who selected CCHHS as their 1<sup>st</sup> primary care site skews towards male and is similar to the overall Cook County eligible population, while FQHCs have a balanced male-to-female ratio (approximately 1:1).

**Figure 4: Distribution of people who were eligible<sup>3</sup> and who enrolled in CountyCare by Age Range**



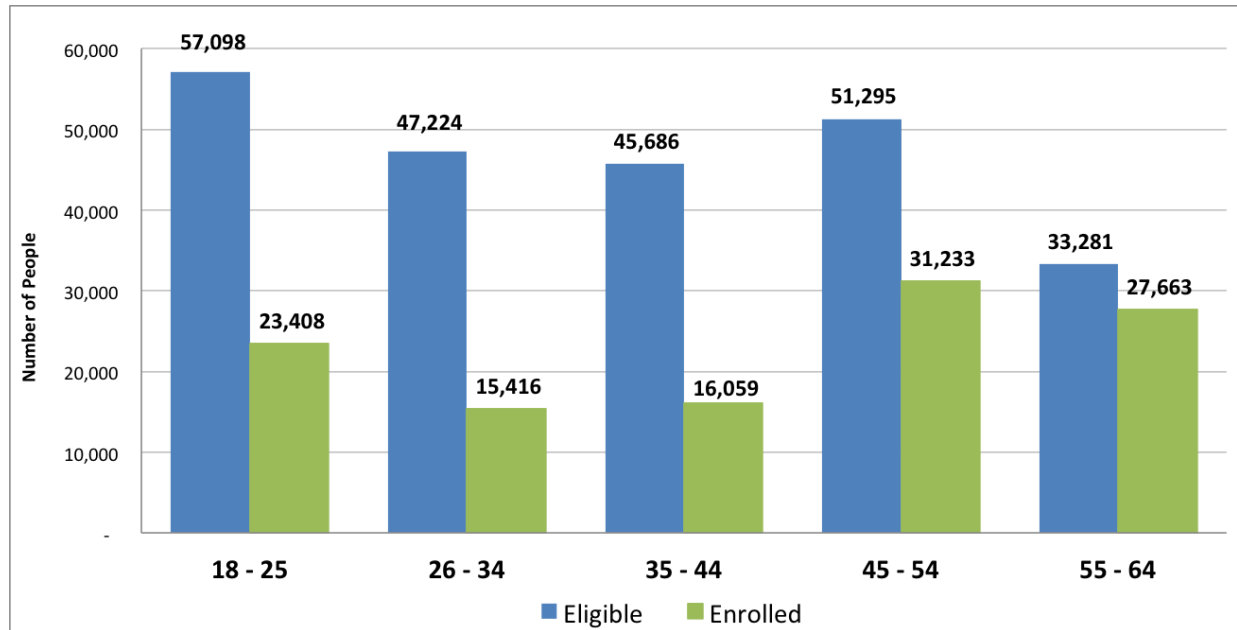


Figure 4 shows that the distribution of age within the population enrolled in CountyCare skews older, suggesting that enrollment was higher for those groups in the population who may have had a greater need for health care, or who have been without health insurance for a longer period of time.

**Figure 5. Distribution of people who were eligible<sup>3</sup> and enrolled members by age and 1<sup>st</sup> Primary Care site selection**

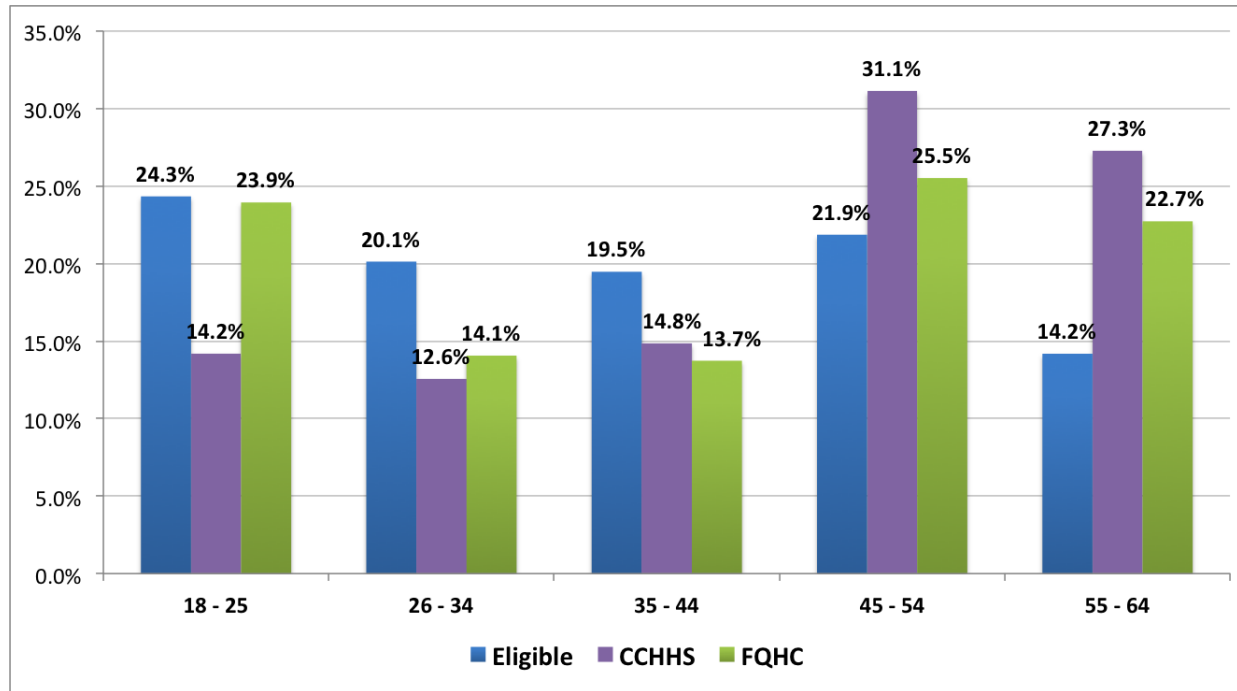


Figure 5 shows that the distribution of age within those who selected CCHHS as their 1<sup>st</sup> primary care site skews much older than the eligible population, while those who selected a FQHC were more likely to be somewhat older than the eligible population (but younger than those choosing CCHHS).

**Figure 6: Applications initiated, submitted and new members enrolled by Month-Year**

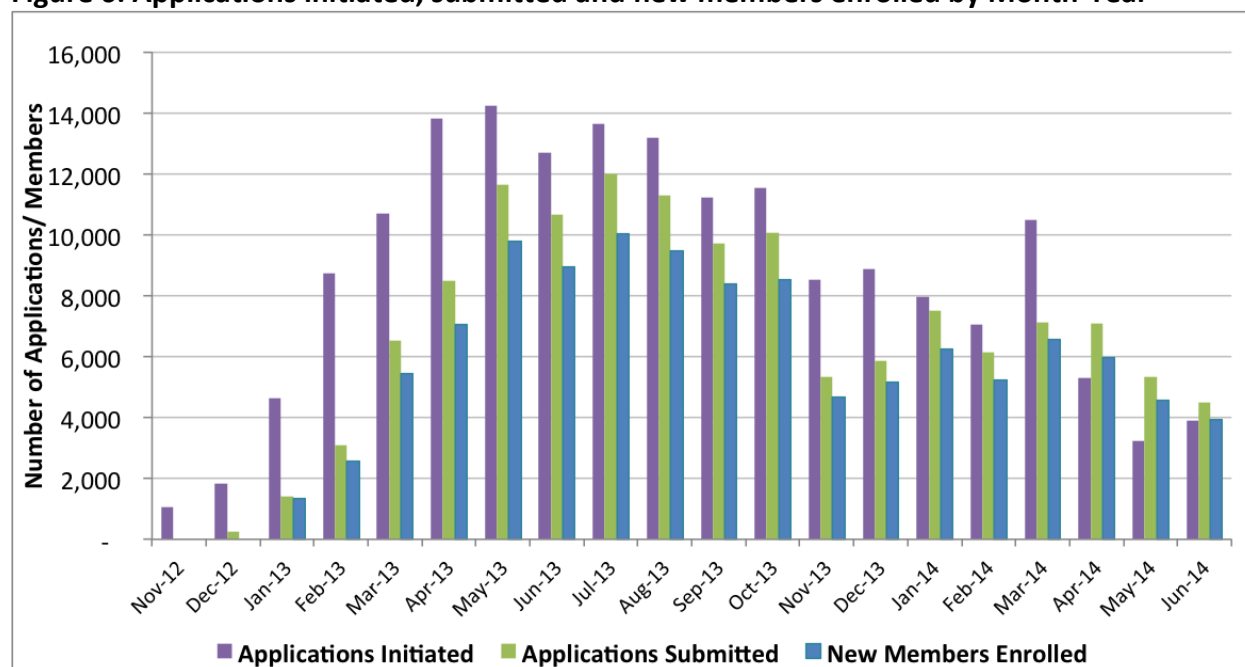


Figure 6 shows how the number of newly enrolled members accelerated rapidly in the early months of 2013 from 1,348 in January to its peak of 10,015 in July, 2013. The May peak of applications initiated corresponds to the high number of new members in Summer of 2013. Thereafter, the number of new members each month decreased so that by June 2014 only 3,928 people were newly enrolled that month. This downward trend started prior to January 2014 when those who were eligible under the ACA had a competing insurance option, Medicaid fee-for-service.

**Figure 7: Number of Memberships Cancelled or Terminated by Month-Year**

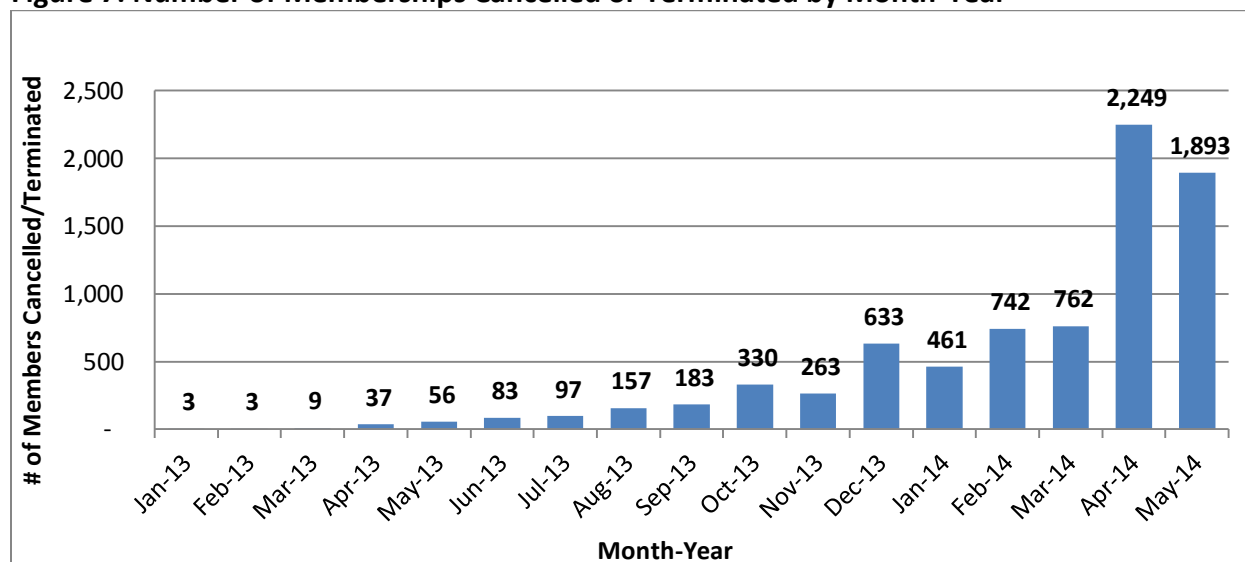
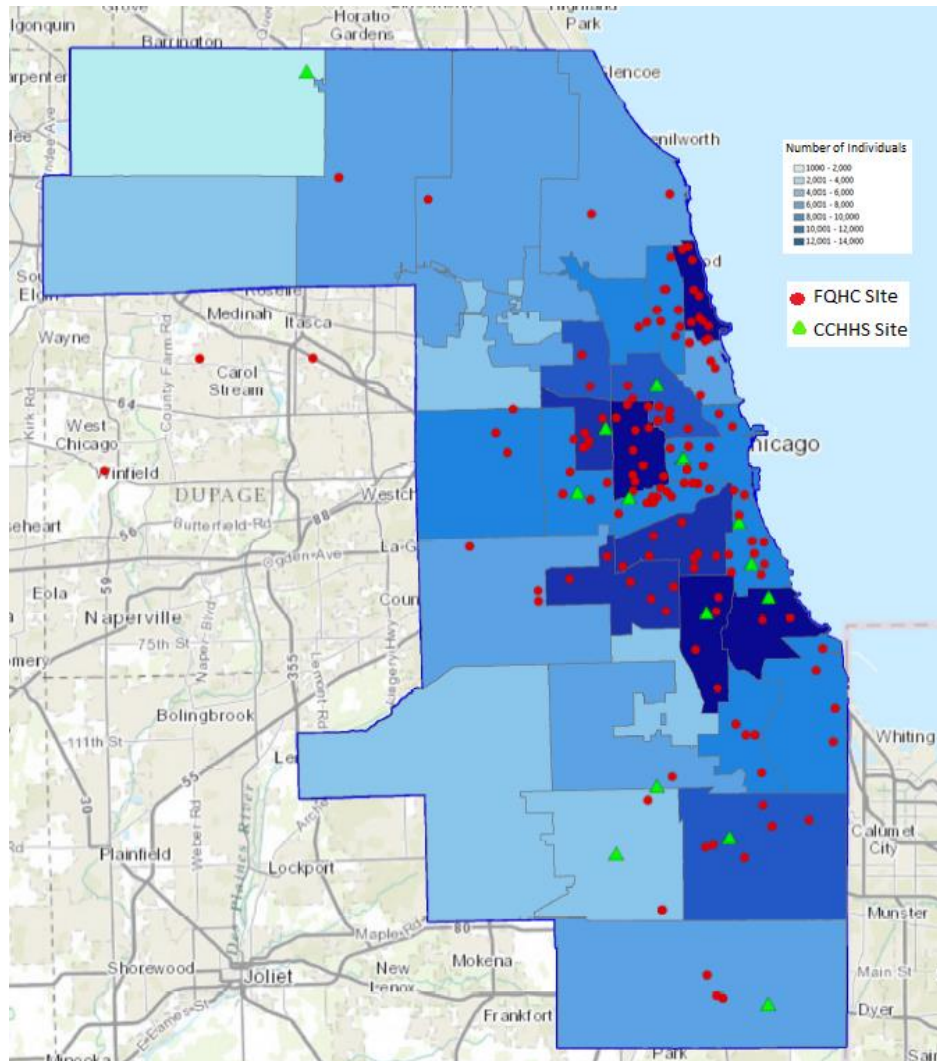


Figure 7 shows that terminations and cancellations are distributed quite uniformly throughout the year, with a jump beginning in April, 2014. Membership was most commonly 8-14 months long with a higher proportion of memberships being terminated at 14 months, which is when enrollees were required to renew their membership, or if enrollees no longer met eligibility requirements. The rapid increase in April and May 2014 is associated with the increase in enrollment 8-12 months earlier.

### Geographic Distribution

We analyzed the geographic distribution of the population that was eligible for Medicaid expansion in Cook County and compared that to those who enrolled and the CountyCare primary care site network. In order to comply with confidentiality requirements, we used Public Use Microdata Areas (PUMAs), which are statistical geographic areas, built on census tracts and counties, and are defined by the Census Bureau as areas with at least 100,000 people.

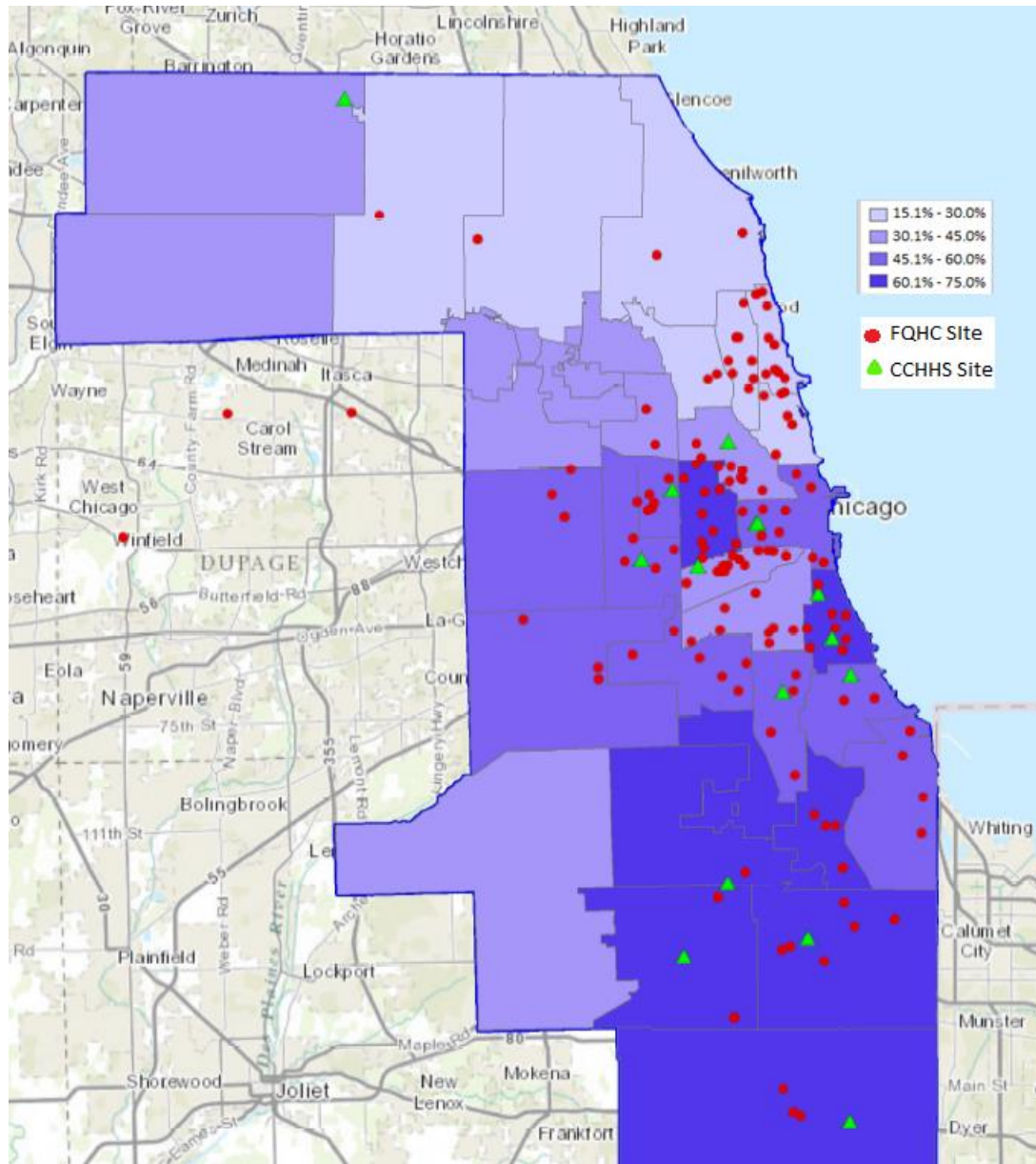
### Map 1. Distribution of the Medicaid Expansion Eligible<sup>3</sup> Population in Cook County



Map 1 shows the geographic distribution of the population eligible<sup>3</sup> for the Medicaid expansion. The southern and western portions of Chicago have the highest concentration of the eligible population with an “island” of high concentration further north along the lake in the neighborhoods of Edgewater, Rogers Park, and Uptown.

Geographic distribution of CountyCare's contracted provider network roughly parallels the distribution of the eligible population.

**Map 2: Ratio of Eligible population<sup>3</sup> who enrolled in CountyCare and Primary Care site locations**



Map 2 shows that the ratio of the eligible population who enrolled in CountyCare to the total enrolled population.

Oak Park/Cicero, Bronzeville/Hyde Park, Oak Lawn/Evergreen Park, Oak Forest/Midlothian, Calumet City/Harvey, Chicago Heights/Matteson, Beverly/Morgan Park, and Roseland/Pullman have a higher percentage of eligible population who enrolled in CountyCare. The Chicago neighborhoods of North and South Lawndale, Humboldt Park, and East and West Garfield Park have a higher concentration of eligible and enrolled individuals, as compared to their adjoining neighborhoods.

By comparison, the north side Chicago neighborhoods of Edgewater, Uptown, Rogers Park, Lake View, and Lincoln Square as well as the townships of Niles and Evanston have a relatively low ratio of eligible individuals who enrolled (15.5% - 30.0%) in CountyCare, despite having a large number of eligible. Additionally, the Chicago neighborhoods of Archer Heights, Brighton Park, McKinley Park, Bridgeport, New City, Armour Square have a lower enrollment rate (30.1% - 45.0%) than adjoining neighborhoods despite extensive provider networks. These communities represent potential areas of enrollment outreach.

### *Health Risk Assessment (HRA)*

**Figure 8: Percent of CountyCare members who self-reported as having any of these chronic conditions and overall reported prevalence in The City of Chicago<sup>d</sup>**

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<sup>d</sup> Chicago Health Atlas. (2014). *Chronic Disease Conditions*. Retrieved from <http://www.chicagohealthatlas.org/map>



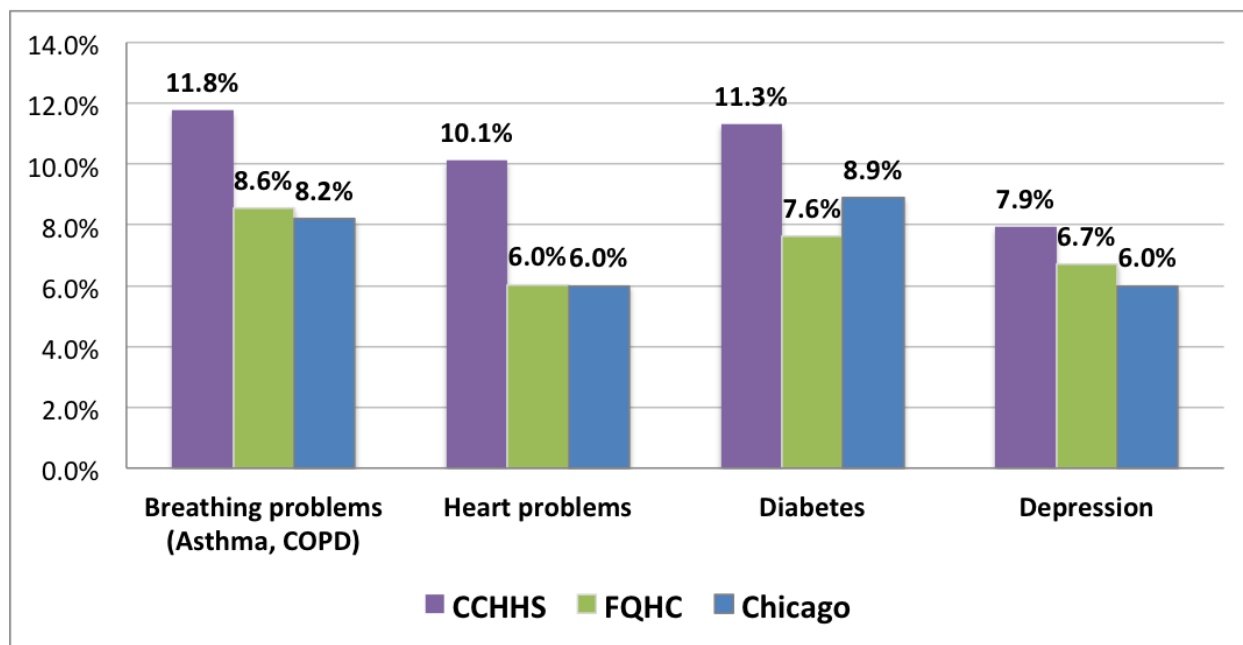


Figure 8 uses self-reported HRA data to show the prevalence of four chronic conditions within CountyCare members compared to the overall prevalence within the City of Chicago. The figure suggests that the CCHHS member population has a higher prevalence of these chronic conditions than both the FQHC members and the overall City of Chicago population.

Another important metric not represented in the above graph is in regards to homelessness. Over 20% of those who completed a Health Risk Assessment also indicated that they were worried about where they would be sleeping that night or in the near future. HRA results are based responses from 72,935 enrollees who completed the survey. *HEDIS Measures*

#### Figure 9: HEDIS Measures Results for CountyCare

Any limitations in calculating HEDIS rates are discussed in detail on page 14.

HEDIS Measure	Numerator	Denominator	CountyCare Rate	National Medicaid Rate	Comparison
<b>Effectiveness of Care</b>					
Comprehensive Diabetes Care					
LDL-C Screening	1,862	4,317	43%	69%	Worse than national average

HbA1c Testing	2,805	4,317	65%	76%	Worse than national average
Antidepressant Medication Management					
Acute Phase	247	307	80%	62%	Better than national average
Continuation Phase	201	307	65%	46%	Better than national average
Adherence to Antipsychotics for Individuals with Schizophrenia	54	111	48.6%		
Follow-Up After Hospitalization for Mental Illness					
Follow-Up Within 30 Days of Discharge	1,583	1,742	90.9%	63.6%	Better than national average
Follow-Up Within 7 Days of Discharge	1,484	1,742	85.2%	43.7%	Better than national average
<b>Access/availability of care</b>					
Initiation and Engagement of Alcohol and Other Drug Dependence (AOD) Treatment					
Initiation of AOD Treatment	1,461	5,204	28.1%	39.4%	Worse than national average
Engagement of AOD Treatment	593	5,204	11.4%	10.8%	Better than national average
<b>Prevention and Health Promotion</b>					
Diabetes Short-term Complications Admission Rate					
Per 100,000 Member-Months	196	821,981	23.84	59.76	Better than national average
Per 100,000 Diabetics	196	11,452	1711.49	899.37	Worse than national average
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate					
Per 100,000 Member-Months	556	528,841	105.14	287.5	Better than national average
Asthma in Younger Adults Admission Rate					
Per 100,000 Member-Months	109	293,140	37.18	50.66	Better than national average
Plan All-Cause Readmissions	77	536	0.14		

## Effectiveness of Care

1. *Comprehensive Diabetes Care*: CountyCare's rate for the LDL-C screening was 43% and for the HbA1c screening was 65%, which is below 25<sup>th</sup> percentile of the national threshold<sup>5</sup> for both the measures of LDL-C screening (69%) and HbA1c testing (76%).
2. *Antidepressant Medication Management*: CountyCare's rate for the acute phase treatment was 80% and for the continuation phase treatment was 65%, which is above 90<sup>th</sup> percentile of the national threshold<sup>5</sup> for both the measures of acute phase treatment (62%) and continuation phase treatment (46%).
3. *Adherence to Antipsychotics for Individuals with Schizophrenia*: CountyCare's rate for the adherence to antipsychotics for individuals with Schizophrenia was 48.6% (there is no national standard for this measure but the rate of adherence to antipsychotic medications for individuals with schizophrenia in Illinois Medicaid for Aetna was 80.89% and for IlliniCare was 70.97%.<sup>6</sup>
4. *Follow-Up After Hospitalization for Mental Illness*: CountyCare's rate of discharges for which the enrollee received follow-up within 30 days of discharge was 90.9% and for the follow-up within 7 days of discharge was 85.2%. CountyCare's rate is higher than the national rate<sup>7</sup> of 63.6% for follow-up within 30 days of discharge and 43.7% for follow-up within 7 days of discharge.

## Access/availability of care

1. *Initiation and Engagement of Alcohol and Other Drug Dependence (AOD) Treatment*: CountyCare's rate for the initiation of AOD treatment was 28.1%, which is lower than the national rate<sup>7</sup> of 39.4%. CountyCare's rate for the engagement of AOD treatment was 11.4%, which is slightly higher than the national rate<sup>7</sup> of 10.8%.

## Prevention and Health Promotion

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<sup>5</sup> National Committee for Quality Assurance. (2013). 2013 Benchmarks and Thresholds. Retrieved from [http://www.ncqa.org/Portals/0/PolicyUpdates/Trending%20and%20Benchmarks/archives/2013\\_BENCHMARKSANDTHRESHOLDS\\_for%20MidYear%20Update\\_Final.pdf](http://www.ncqa.org/Portals/0/PolicyUpdates/Trending%20and%20Benchmarks/archives/2013_BENCHMARKSANDTHRESHOLDS_for%20MidYear%20Update_Final.pdf)

<sup>6</sup> <http://www2.illinois.gov/hfs/SiteCollectionDocuments/2013ILICPHEDIS.pdf>

<sup>7</sup> National Committee for Quality Assurance. (2013). Improving Quality and Patient Experience. Retrieved from [http://www.ncqa.org/Portals/0/Newsroom/SOHC/2013/SOHC-web\\_version\\_report.pdf](http://www.ncqa.org/Portals/0/Newsroom/SOHC/2013/SOHC-web_version_report.pdf)

Prevention and health promotion measures can be used to identify quality of care for ambulatory care sensitive conditions. These are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease<sup>8</sup>. These indicators are not measures of hospital quality, but rather measures of outpatient care and other healthcare not related to hospitalizations<sup>9</sup>.

1. *Diabetes Short-Term Complications Admission Rate*: CountyCare's diabetes short-term complications admission rate per 100,000 member-months was 23.84, which was lower than the national benchmark<sup>10</sup> of 59.76 per 100,000 member-months. However, CountyCare's rate per 100,000 diabetics was 1711.49 which was higher than the national benchmark<sup>10</sup> of 899.37 per 100,000 diabetics
2. *Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate*: CountyCare's COPD or asthma in older adults admission rate was 105.14 per 100,000 member-months, which was lower than the national benchmark<sup>10</sup> of 287.5.
3. *Asthma in Younger Adults Admission Rate*: CountyCare's Asthma in younger adults admission rate was 37.18 per 100,000 member-months, which was lower than the national benchmark<sup>8</sup> of 50.66.
4. *Plan All-Cause Readmissions*: As per CMS guidelines, plan all-cause readmission requires risk adjustment. However, since this measure does not currently have a risk adjustor for the Medicaid population, we have reported the unadjusted rate for this measure. For this rate, CountyCare's count of Index Hospital Stays was 536, and the count of 30-Day Readmissions was 77 and plan all-cause readmission observed rate was 0.14. While a Medicaid benchmark is unavailable for this rate, CountyCare's readmission rate is lower compared to that of commercial and Medicare plans, which range between 0.8 and 0.9 for commercial and Medicare HMOs and PPOs.<sup>7</sup>

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<sup>8</sup> Agency for Healthcare Research and Quality. (2014). Prevention Quality Indicators Overview. Retrieved from [http://www.qualityindicators.ahrq.gov/modules/pqi\\_overview.aspx](http://www.qualityindicators.ahrq.gov/modules/pqi_overview.aspx)

<sup>9</sup> Agency for Healthcare Research and Quality. (2014). Diabetes mellitus: hospital admission rate for short-term complications. Retrieved from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=38557>

<sup>10</sup> Agency for Healthcare Research and Quality. (2013). Prevention Quality Indicator v4.5 Benchmark Data Tables. Retrieved from [http://www.qualityindicators.ahrq.gov/Downloads/Modules/PQI/V45/Version\\_45\\_Benchmark\\_Tables\\_PQI.pdf](http://www.qualityindicators.ahrq.gov/Downloads/Modules/PQI/V45/Version_45_Benchmark_Tables_PQI.pdf)

## APPENDICES

### *Appendix A. Group Discussion Guide*

1. Could you please tell us about the enrollment process for new enrollees at your site under County Care?

PROBE: Did the enrollees receive services under County Care that they would not have received previously?

PROBE: Were general personal health services delivered differently prior to County Care enrollment?

PROBE: For the uninsured population that was previously served either in the current ACHN network sites or at Stroger, are their personal health services different or more comprehensive now that they are enrolled in CountyCare?

2. Please tell us about how CountyCare has changed the process of receiving care for new enrollees at your site under County Care.

PROBE: Has County Care changed the processes for getting patients to tertiary testing, specialists and/or hospital admissions? How?

PROBE: Has CountyCare changed the experience for this population across the network, beyond Stroger? How?

3. On a scale from 4=A lot to 0=not at all, to what extent do you think that County Care has led to beneficial changes in things like:
  - a. Quality of experience?
  - b. Patient coordination?
  - c. Treatment effectiveness?
  - d. Clinic processes?
  - e. Electronic health records (EHRs)?
  - f. Referrals to specialists?
  - g. Availability of laboratory services?
  - h. Wait times?
  - i. Other? \_\_\_\_\_

PROBE: How so? Would you mind sharing an example?

4. What measures or metrics have you used to determine whether patient care is better coordinated? Less costly? More effective? under County Care

5. In retrospect, what do you wish your site had done differently to improve the coordinated care model?
6. Do you feel that your site's providers were integral or influenced the care management processes within Stroger Hospital when their patients were referred?
7. How about at other network hospitals when your patients are referred?
8. As a primary care site manager, is the provider network across both the ACHN sites and hospitals sufficient?
9. Does the provider network have the needed capacity for the *full* range of services needed? Could you give us an example?

## Appendix B. Care Coordinator Survey

Q1 Thank you for agreeing to participate! This is an evaluation of the CountyCare 1115 waiver. The purpose of this evaluation is to learn more about how organizational changes that took place at Cook County affected patients' enrollment in CountyCare and their utilization of healthcare resources within the Cook County healthcare system.

In the following screens, you will be asked to respond to a series of questions about the CountyCare 1115 waiver. These questions will ask about organizational changes proposed by Cook County and about your experiences with the implementation of the changes. There are no right or wrong answers. We are interested in learning about your experiences.

There are no direct costs to you for participating in the evaluation, other than the time required to complete the survey. There are also no direct benefits to you for participating in this evaluation. However, your responses will help us to understand how new programs could be more effective at enrolling members and helping them to improve their health through healthcare utilization

Your participation in this evaluation is completely voluntary. You may refuse to take part in it, or you may stop participating at any time. Doing so will **not** affect your relationship with your employer or with the University of Illinois at Chicago in any way.

If you have any questions about the evaluation, you can contact: Jonathan Dopkeen, School of Public Health and Psychiatric Institute, 1603 W. Taylor Street, Chicago, Illinois 60612 [jdopkeen@uic.edu](mailto:jdopkeen@uic.edu)

Q2 What is your job title?

Q3 At which site(s) do you work?

- ☐ Cermak Health Services of Cook County
- ☐ Cook County Department of Public Health
- ☐ John H. Stroger, Jr. Hospital of Cook County
- ☐ Mercy Hospital and Medical Center
- ☐ Mount Sinai Hospital
- ☐ Norwegian American Hospital
- ☐ Oak Forest Health Center
- ☐ Our Lady of the Resurrection Medical Center
- ☐ Provident Hospital of Cook County
- ☐ Resurrection Medical Center
- ☐ Roseland Community Hospital
- ☐ Saint Alexius Medical Center
- ☐ Saint Anthony Hospital
- ☐ Saint Bernard Hospital
- ☐ Saint Francis Hospital
- ☐ Saint James Hospital and Health System+
- ☐ Saint James Hospital and Health System
- ☐ Saint Joseph Hospital
- ☐ Saints Mary and Elizabeth Medical Center
- ☐ Saints Mary and Elizabeth Medical Center (Saint Elizabeth Campus)
- ☐ Saints Mary and Elizabeth Medical Center (Saint Mary Campus)
- ☐ Schwab Rehabilitation Hospital
- ☐ South Shore Hospital
- ☐ Swedish Covenant Hospital
- ☐ Thorek Memorial Hospital

- ☐ University of Illinois Hospital and Health Sciences System
- ☐ Weiss Memorial Hospital – Vanguard
- ☐ West Suburban Medical Center - Vanguard
- ☐ Westlake Hospital – Vanguard
- ☐ Other \_\_\_\_\_

Q4 Do you work as a Care Coordinator?

- ☐ Yes
- ☐ Sometimes
- ☐ No

Q5 What do you do as a Care Coordinator?

Q6 Think about your work as a care coordinator last week. On a typical day last week, how many hours did you spend on the following aspects of your job? (Try to make sure that the total hours are not more than the hours you would work on a given day)

- \_\_\_\_\_ Enrolling new patients into CountyCare
- \_\_\_\_\_ Talking with patients about their care needs
- \_\_\_\_\_ Coordinating care with other healthcare employees
- \_\_\_\_\_ Other

Q7 What criteria are used to identify a prospective applicant / enrollee? (Please select all that apply)

- ☐ Anyone age 18-64
- ☐ Anyone who is uninsured
- ☐ Anyone living in Cook County
- ☐ Other \_\_\_\_\_

Q8 Regarding the criteria you listed in the last question, please indicate to what extent you agree or disagree with the following items. The criteria for identifying applicants:

Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree

- ... Are clear and easy to follow
- ... Make it easy to determine who should be enrolled
- ... Are explicitly defined in organizational policies and procedures
- ... Were developed internally
- ... Are required by an external agency

Q9 Anytime a new process is implemented, there are bound to be some benefits as well as some challenges associated with it. Please answer the following questions to the best of your knowledge. There are no right or wrong answers, we are interested in your perceptions of CountyCare.

Q10 For each item below, please indicate the extent to which you agree or disagree that it is a benefit of the new enrollment process under CountyCare. In other words, please indicate whether processes are better since CountyCare was implemented.

Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree

- ... It is easier now to know who should be enrolled in the program
- ... The procedure for enrolling patients is very clear now
- ... It is easier now for patients to get the care they need
- ... It is easier for me to refer patients now
- ... It is easier now for me to coordinate a patient's care
- ... Patients receive better access to healthcare services now



- ... Patients receive better access to dental services now
- ... The patients receive better quality care now
- ... I have less paperwork to fill out for patients now
- ... I have more contact with people in other sites or departments who can help the patients now

Q11 For each item, please indicate the extent to which you agree or disagree that each factor associated with the enrollment process is an obstacle to enrolling patients since CountyCare was implemented

Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree

- ... It is harder for patients to get care now
- ... There are not enough doctors for the new patients, so we have to overbook
- ... Patients receive less care now than they did before CountyCare was introduced
- ... It is difficult to manage the increased volume, or patient load, due to new enrollment in CountyCare
- ... There is little coordination across sites
- ... It is hard to schedule patients' appointments in a timely manner
- ... I have more paperwork
- ... I am not sure who to contact to get things done

Q12 How do you think the enrollment process could be improved?

- ☐ More on-site enrollment assistance from CountyCare
- ☐ More communication between sites
- ☐ More staff to handle the increased patient load (please indicate staffing needs, if any) \_\_\_\_\_
- ☐ Better communication with patients
- ☐ Online query to confirm whether someone already has an application on-file, pending, or has already been enrolled.
- ☐ Other \_\_\_\_\_

Q13 How do you think care coordination could be improved?

- ☐ More on-site enrollment assistance from CountyCare
- ☐ More communication between sites
- ☐ More staff to handle the increased patient load (please indicate staffing needs, if any) \_\_\_\_\_
- ☐ Better communication with patients
- ☐ Online query to confirm whether someone already has an application on-file, pending, or has already been enrolled.
- ☐ Other \_\_\_\_\_

Q14 Once individuals were enrolled in CountyCare, their access to care likely changed. In this section, please tell us your perception of how enrollment in CountyCare changed individuals' access to healthcare.

Q15 How much do you agree or disagree that enrollees received better access to the following under CountyCare?

Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree

- ... Services in general
- ... Mental health services
- ... Substance abuse services
- ... Prescription services
- ... Coordinated care

Q16 Has CountyCare improved patients' abilities to receive:

Yes, No, Don't Know

- ... Tertiary diagnostic lab testing?
- ... Tertiary diagnostic imaging?
- ... Specialist appointments?
- ... Scheduled hospital admissions?

Q17 Are there other new services, besides the ones listed above, that enrollees received under CountyCare. Please list other new services they received.

Q18 How much do you agree or disagree that *care is better coordinated* now than it was before enrollment in CountyCare began?

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

Q19 How much do you agree or disagree that *care is more effective [patients receive more effective treatment]* now than the care provided before enrollment in CountyCare began?

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

Q20 In your opinion, to what extent did process changes resulting from the new program lead to improvements in:

A lot, Some, Not a lot, Not at all

- ... The quality of the enrollee's experience
- ... Patient coordination
- ... Treatment effectiveness
- ... Clinical processes
- ... Use of Electronic Health Records (EHRs)
- ... Number of referrals to specialists
- ... Availability of laboratory services
- ... Wait times
- ... The cost of providing care services
- ... The effectiveness of enrollee's care outcomes
- ... Other?

Q21 Is documentation available for the process changes made in your organization?

- ☐ Yes
- ☐ No

Q22 How many years have you worked for your current organization?

Q23 How many years have you worked in your current job?

Q24 Do you work at your current job:

- ☐ Full-time (35 or more hours a week)
- ☐ Part-time (less than 35 hours a week)

Q25 What is your gender?

- ☐ Male
- ☐ Female

Q26 What year were you born? (please indicate the year you were born: 19xx)

Q27 Are you of Hispanic or Latino origin or decent?

- ☐ Yes
- ☐ No

Q28 Please answer yes or no to each of the following racial groups. Are you:

	Yes	No
White	<input type="radio"/>	<input type="radio"/>
Black or African-American	<input type="radio"/>	<input type="radio"/>
Asian	<input type="radio"/>	<input type="radio"/>
Native Hawaiian or other Pacific Islander	<input type="radio"/>	<input type="radio"/>
American Indian or Alaska Native	<input type="radio"/>	<input type="radio"/>
Other: Please specify	<input type="radio"/>	<input type="radio"/>

Q29 What is the highest level of education you have completed?

- ☐ Less than High School
- ☐ Some high school, but did not graduate
- ☐ High school / GED
- ☐ High school plus vocational education
- ☐ Some College or 2-year degree
- ☐ 4-year College degree
- ☐ Master's degree
- ☐ Doctoral degree
- ☐ Professional degree (JD, MD)

Q30 Is there anything else you'd like to tell us about the transition to CountyCare?

Q31 Thank you for participating in this survey! Your answers have been very helpful.

### Appendix C. Patient Centered Medical Home Survey

Q1 Thank you for agreeing to participate! This is an evaluation of the CountyCare 1115 waiver. The purpose of this evaluation is to learn more about how organizational changes that took place at Cook County affected patients' enrollment in CountyCare and their utilization of healthcare resources within the Cook County healthcare system.

In the following screens, you will be asked to respond to a series of questions about the CountyCare 1115 waiver. These questions will ask about organizational changes proposed by Cook County and about your experiences with the implementation of the changes. There are no right or wrong answers. We are interested in learning about your experiences.

There are no direct costs to you for participating in the evaluation, other than the time required to complete the focus group. There are also no direct benefits to you for participating in this evaluation. However, your responses will help us to understand how new programs could be more effective at enrolling members and helping them to improve their health through healthcare utilization

Your participation in this evaluation is completely voluntary. You may refuse to take part in it, or you may stop participating at any time. Doing so will **not** affect your relationship with your employer or with the University of Illinois at Chicago in any way.

If you have any questions about the evaluation, you can contact:

Jonathan Dopkeen  
School of Public Health and Psychiatric Institute  
1603 W. Taylor Street  
Chicago, Illinois 60612  
jdopkeen@uic.edu

Q2 Please briefly describe the enrollment process for the PCMH under CountyCare. Be sure to include the key steps in the enrollment process.

Q3 Where does patient enrollment take place (e.g., where is the enrollment process handled)?

- ☐ Enrollment takes place at the site level (PCMH)
- ☐ Enrollment takes place at the CountyCare level
- ☐ Enrollment could take place at either the site or CountyCare levels, depending on the context
- ☐ Other \_\_\_\_\_

Q4 During the enrollment process, who at the PCMH ultimately *determines* whether to encourage a person to submit an application to the program? (Please select all that apply)

- ☐ PCMH site manager
- ☐ Front-desk receptionist
- ☐ Care coordinator
- ☐ Nurse
- ☐ Doctor
- ☐ Administrator
- ☐ Billing Account Manager
- ☐ Case Manager
- ☐ Outreach/Enrollment Assistance Coordinator (internal to site)
- ☐ Outreach/Enrollment Assistance Coordinator (From CountyCare)
- ☐ Other \_\_\_\_\_

Q5 During the enrollment process, who *enrolls* or helps a person submit an application to the program? (Please select all that apply)

- ☐ PCMH manager
- ☐ Front-desk receptionist
- ☐ Care coordinator
- ☐ Nurse
- ☐ Doctor
- ☐ Administrator
- ☐ Billing Account Manager
- ☐ Case Manager
- ☐ Outreach/Enrollment Assistance Coordinator (internal to site)
- ☐ Outreach/Enrollment Assistance Coordinator (From CountyCare)
- ☐ Other \_\_\_\_\_

Q6 Does the person who enrolls the applicant know whether the enrollee was previously known to:

- |   | Yes                   | No                    | It depends            |
|---|-----------------------|-----------------------|-----------------------|
| PCMH?                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| CCHHS / Stroger (if different than PCMH)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q7 How does the person who enrolls the applicant know whether the enrollee was previously known to PCMH? (Please check all appropriate responses)

- ☐ Patient presents for a follow-up appointment
- ☐ Patient is known to PCMH site or enroller
- ☐ Patient announces prior experience
- ☐ Patient answers the question
- ☐ Other \_\_\_\_\_

Q8 How does the person who enrolls the applicant know whether the enrollee was previously known to Stroger? (Please check all appropriate responses)

- ☐ Patient presents for follow-up appointment
- ☐ Patient is known to site or enroller
- ☐ Patient announces prior experience
- ☐ Patient answers the question
- ☐ Other \_\_\_\_\_

Q9 What criteria are used to identify a prospective applicant / enrollee? (Please select all that apply)

- ☐ Anyone age 18-64
- ☐ Anyone who is uninsured
- ☐ Anyone living in Cook County
- ☐ Other \_\_\_\_\_

Q10 Regarding the criteria you listed in the last question, please indicate to what extent you agree or disagree with the following items. The criteria:

Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree

- ... Are clear and easy to follow
- ... Make it easy to determine who should be enrolled
- ... Are explicitly defined in organizational policies and procedures
- ... Were developed internally
- ... Are required by an external agency

Q11 At what point is an applicant considered to be enrolled in the program? (Please indicate the requirements that must be met before applicants can be followed in the Care Coordination Model.)

- ☐ No requirements, they can be followed even if we did not previously know the patient
- ☐ If we know the patient well when the application is submitted
- ☐ If the patient has a condition and is going to be followed by the same physician or team anyway
- ☐ Not until enrollment is confirmed by CountyCare (with a RIN#)
- ☐ Not until they can present their insurance card
- ☐ Other (Please specify): \_\_\_\_\_

Q12 Anytime a new process is implemented, there are bound to be some benefits as well as some challenges associated with it.

Please answer the following questions to the best of your knowledge. There are no right or wrong answers, we are interested in your perceptions of CountyCare.

Q13 For each item below, please indicate the extent to which you agree or disagree that it is a benefit of the new enrollment process or the PCMH under CountyCare.

Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree

- ... It is easy to know who should be enrolled in the program
- ... The procedure for enrolling patients is very clear
- ... It is easier for patients to get the care they need
- ... Patients receive better access to healthcare services
- ... It is easier to refer patients
- ... The patients receive better quality care
- ... I have less paperwork to fill out for patients
- ... I have more contact with people in other sites or departments who can help the patients

Q14 Please rank the factors that you indicated above in order from the greatest (1) to the least beneficial factor associated with the new enrollment program?

Q15 For each item, please indicate the extent to which you agree or disagree that each factor associated with the enrollment process is an obstacle to enrolling patients for the PCMH under CountyCare

Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree

- ... It is harder for patients to get care now than it was before this program started
- ... Patients receive less care now than they did before CountyCare was introduced
- ... It is difficult to manage the increased volume due to new enrollment in CountyCare
- ... There is little coordination across sites
- ... I have more paperwork
- ... I am not sure who to contact to get things done

Q16 Please rank the factors that you indicated above in order from the biggest (1) to the smallest obstacle to enrolling new patients for the PCMH under CountyCare

Q17 How do you think the enrollment process could be improved?

- ☐ More on-site enrollment assistance from CountyCare
- ☐ More delegation to the PCMH
- ☐ Better communication with patients
- ☐ Online query to confirm whether someone already has an application on-file, pending, or has already been enrolled.
- ☐ Other \_\_\_\_\_

Q18 How long does the enrollment process take, on average, from the initial application date to the enrollment decision?

- ☐ Less than 1 month
- ☐ More than 1 month and less than 2 Months
- ☐ More than 2 month and less than 3 Months
- ☐ More than 3 month and less than 4 Months
- ☐ Greater than 4 months

Q19 What proportion of participants who submitted an enrollment application from your site are approved, pending, or denied? (Please be sure the totals sum to 100%)

\_\_\_\_\_ Approved  
 \_\_\_\_\_ Pending  
 \_\_\_\_\_ Denied

Q20 What percentage (of the applications from your site that were approved) increased, decreased, or maintained the same level of utilization after enrolling in CountyCare? (Please make sure the total sums to 100%)

Percentage of approved enrollees who:

\_\_\_\_\_ Increased utilization  
 \_\_\_\_\_ Maintained the same level of utilization  
 \_\_\_\_\_ Decreased utilization  
 \_\_\_\_\_ Not sure

Q21 In general, please indicate the extent to which you agree or disagree with each statement:

Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree

- ... The enrollment process met CountyCare's expectations for the PCMH
- ... The enrollment process met your site's expectations for the PCMH
- ... The final number of enrollees met CountyCare's expectations for the PCMH
- ... The final numbers of enrollees met your site's expectations for the PCMH

Q22 Once individuals were enrolled in CountyCare, their access to care likely changed.

In this section, please tell us your perception of how enrollment in CountyCare changed individuals' access to healthcare.

Q23 How much do you agree or disagree with the following?

Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree

- ... Applicants who were pending enrollment approval were placed into the Site's coordinated care model
- ... CountyCare offers all of the same services as before
- ... CountyCare offers more services to enrollees than before
- ... Enrollees are able to access services more quickly
- ... Enrollees receive new types of services under CountyCare than they had received previously
- ... The enrolled and non-enrolled populations receive different services even if they visit the same providers
- ... Changes in the types of services available to enrollees increased their overall utilization
- ... Changes in the types of services available to enrollees have hindered my Site's ability to meet service levels
- ... The result of coordination was that enrollees received services that would not have otherwise been provided to them

Q24 Were the services provided to the enrolled population comprehensive according to the ACA definition

- ☐ Yes
- ☐ No

Q25 How much do you agree or disagree with the following? Enrollees received better access (e.g., access to a greater variety of services in that domain or access to more thorough / better quality services) to the following services under CountyCare than they would have received previously:

Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree

- ... Services in general
- ... Mental health services
- ... Substance abuse services
- ... Prescription services
- ... Coordinated care

Q26 Has CountyCare improved patients' abilities to receive:

Yes, No, Don't Know

- ... Tertiary diagnostic lab testing?
- ... Tertiary diagnostic imaging?
- ... Specialist appointments?
- ... Scheduled hospital admissions?

Q27 Are there other new services, besides the ones listed above, that enrollees received under CountyCare. Please list other new services they received.

Q28 Please indicate the new aspects of care or the new care services provided through the PCMH that are improvements on the care enrollees would have received previously. (Please select all that apply)

- ☐ Greater access to specialist services (wider range of services)
- ☐ Faster access to specialist services (shorter time to services)
- ☐ Enrollees would have received the same services here (at their own expense or on fee scale)
- ☐ Referrals for tertiary out-patient services bypass the standard registration process
- ☐ Pre-admission services to referral hospitals that expedite admission
- ☐ Other \_\_\_\_\_

Q29 Please list the new aspects of care or the new care services provided through CountyCare that are improvements on the care enrollees would have received previously.

- ☐ Greater access to specialist services (wider range of services)
- ☐ Faster access to specialist services (shorter time to services)
- ☐ Enrollees would have received the same services here (at their own expense or on fee scale)
- ☐ Referrals for tertiary out-patient services bypass the standard registration process
- ☐ Pre-admission services to referral hospitals that expedite admission
- ☐ Other \_\_\_\_\_

Q30 Please list the new aspects of care or the new care services provided by CCHHS / Stroger Hospital that are improvements on the care enrollees would have received previously.

- ☐ Greater access to specialist services (wider range of services)
- ☐ Faster access to specialist services (shorter time to services)
- ☐ Enrollees would have received the same services here (at their own expense or on fee scale)
- ☐ Referrals for tertiary out-patient services bypass the standard CCHHS registration process
- ☐ Pre-admission services to referral CCHHS that expedite admission
- ☐ Other: \_\_\_\_\_

Q31 Please list the new aspects of care or the new care services provided to the PCMH that are improvements on the care that the PCMH would have received previously.

- ☐ Greater referral access to specialist services (wider range of services)



- ☐ Faster referral access to specialist services (shorter time to services)
- ☐ Greater communication
- ☐ Fewer bureaucratic obstacles
- ☐ Better patient coordination
- ☐ Other \_\_\_\_\_

Q32 Are you sending CountyCare members to hospitals other than CCHHS / Stroger Hospital?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Q33 For hospitals other than Stroger, has enrollment in CountyCare improved care outcomes for enrollees compared to prior treatment of these individuals?

- ☐ Yes
- ☐ No

Q34 At which other hospitals have you observed improved care that is likely attributable to CountyCare participation?

- ☐ Advocate Christ Medical Center
- ☐ Advocate Illinois Masonic Medical Center
- ☐ Advocate Lutheran General Hospital
- ☐ Advocate South Suburban Hospital
- ☐ Advocate Trinity Hospital
- ☐ Alexian Brothers Medical Center
- ☐ Alexian Brothers Rehab Hospital
- ☐ Alexian Brothers Women and Children's Hospital
- ☐ Holy Family Medical Center
- ☐ Loretto Hospital
- ☐ MacNeal Hospital - Vanguard
- ☐ Mercy Hospital and Medical Center
- ☐ Methodist Hospital of Chicago
- ☐ MetroSouth Medical Center
- ☐ Mount Sinai Hospital
- ☐ Norwegian American Hospital
- ☐ Our Lady of the Resurrection Medical Center
- ☐ Resurrection Medical Center
- ☐ Roseland Community Hospital
- ☐ Saint Alexius Medical Center
- ☐ Saint Anthony Hospital
- ☐ Saint Bernard Hospital
- ☐ Saint Francis Hospital
- ☐ Saint James Hospital and Health System+
- ☐ Saint James Hospital and Health System
- ☐ Saint Joseph Hospital
- ☐ Saints Mary and Elizabeth Medical Center
- ☐ Saints Mary and Elizabeth Medical Center (Saint Elizabeth Campus)
- ☐ Saints Mary and Elizabeth Medical Center (Saint Mary Campus)
- ☐ Schwab Rehabilitation Hospital
- ☐ South Shore Hospital
- ☐ Swedish Covenant Hospital
- ☐ Thorek Memorial Hospital
- ☐ University of Illinois Hospital and Health Sciences System

- ☐ Weiss Memorial Hospital – Vanguard
- ☐ West Suburban Medical Center - Vanguard
- ☐ Westlake Hospital – Vanguard

Q35 How much do you agree or disagree that *care is better coordinated* now than it was before enrollment in CountyCare began?

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

Q36 How much do you agree or disagree that *care is more effective* now than the care provided before enrollment in CountyCare began?

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

Q37 How so? (Please provide specific examples)

Q38 In your opinion, to what extent did process changes resulting from the new program lead to improvements in:

A lot, Some, Not a lot, Not at All

- ... The quality of the enrollee's experience?
- ... Patient coordination?
- ... Treatment effectiveness?
- ... Clinical processes?
- ... Use of Electronic Health Records (EHRs)?
- ... Number of referrals to specialists?
- ... Availability of laboratory services?
- ... Wait times?
- ... Making the provision of care services less costly
- ... The effectiveness of enrollee's care outcomes

Q39 Is documentation available for the process changes made in your organization?

- ☐ Yes
- ☐ No

Q40 In retrospect, what would your PCMH have done differently to have improved the coordinated care model?

Q41 How many years have you worked for your current organization?

Q42 How many years have you worked in your current job?

Q43 Do you work at your current job:

- ☐ Full-time (35 or more hours a week)
- ☐ Part-time (less than 35 hours a week)

Q44 What is your gender?

- ☐ Male

☐ Female

Q45 What year were you born?

Q46 Are you of Hispanic or Latino origin or decent?

- ☐ Yes  
☐ No

Q47 Please answer yes or no to each of the following racial groups. Are you:

	Yes	No
White	<input type="radio"/>	<input type="radio"/>
Black or African-American	<input type="radio"/>	<input type="radio"/>
Asian	<input type="radio"/>	<input type="radio"/>
Native Hawaiian or other Pacific Islander	<input type="radio"/>	<input type="radio"/>
American Indian or Alaska Native	<input type="radio"/>	<input type="radio"/>
Other: Please specify	<input type="radio"/>	<input type="radio"/>

Q48 What is the highest level of education you have completed?

- ☐ Less than High School  
☐ Some high school, but did not graduate  
☐ High school / GED  
☐ High school plus vocational education  
☐ Some College or 2-year degree  
☐ 4-year College degree  
☐ Master's degree  
☐ Doctoral degree  
☐ Professional degree (JD, MD)

Q49 Thank you for participating in this survey! Your answers have been very helpful.

**Appendix D. List of In-Network Providers**

Health Center	Address	Zip Code	Geographic Regions	Phone	Hours	Languages Spoken in Addition to English
ACCESS at Anixter Center	2020 N. Clybourn Ave., Chicago, IL	60614	Northside	773-404-5277	M, Tu, W: 8:30am-5pm Th, F: 8:30am-4pm	N/A
ACCESS at St. Francis Health Center	7464 N. Clark Street Chicago, IL	60626	Northside	773-381-8700	M-F: 9am-5pm Sat: 9am-1pm	Spanish
ACCESS Evanston-Rogers Park Family Health Center	1555 W. Howard Street Chicago, IL	60626	Northside	773-764-7146	M: 9am-10pm Tu, W, Th: 9am-7pm F: 9am-8pm; Sat: 9am-1pm	Spanish, Russian
American Indian Health Service of Chicago, Inc.	4087 N. Broadway Chicago, IL	60613	Northside	773-883-9100	M-F 8:30 – 4:30	None
Asian Human Services Family Health Center	2424 W. Peterson Chicago, IL 60659	60659	Northside	773-761-0300	M,W,F: 9am-5pm Tu-Th: 9am-7pm Sat: 9am-1pm	Urdu, Hindi, Vietnamese, Tagalog, Thai, Somali, Punjabi, Spanish, Bosnian
Asian Human Services Family Health Center	2501-09 W. Peterson Chicago, IL <i>(Will Open 8/1/2013)</i>	60659	Northside	773-761-0300	Opens August 2013	Opens August 2013
Erie Evanston/Skokie Health Center	2100 Ridge Ave. Evanston, IL	60201	Northside	847-666-3494	M,T,Th,F: 8:30-5:30 W: 10-6; Sat: 10-6	Spanish
Erie Helping Hands Health Center	4747 N. Kedzie Avenue, Chicago, IL	60625	Northside	312-432-3494	M,T,Th,F: 8:30am-5:30pm W: 10am-5:30pm Sat: 9am-1pm	Spanish
Erie Lake View School-Based Health Center <b>TEEN HEALTH SERVICES</b>	4015 N. Ashland Ave, Chicago, IL	60613	Northside	312-666-3494	M-F: 8am-4:30pm	Spanish
Erie Teen Health Center	1925 W. Wilson Avenue, 5th Floor Chicago, IL	60640	Northside	312-432-3494	M,T,Th,F: 9am-6pm W: 10am-6pm Sat: call for hours	Spanish
Heartland Health Center - C4 (Community Counseling Centers of Chicago)	4740 N. Clark Chicago, IL	60640	Northside	773-508-6135	W: 1pm-5pm Walk-ins accepted daily	N/A
Heartland Health Center - Lincoln Square	2645 W. Lawrence Avenue, Chicago, IL	60625	Northside	773-275-1680	M,Tu,W,F: 8:30am-5pm Th: 8:30am-8pm Sat: 8:30am-12:30pm Walk-ins accepted daily	N/A
Heartland Health Center - Rogers Park	2200 W. Touhy Avenue, Chicago, IL	60640	Northside	773-751-1875	M,W,Th,F: 8:30am-5pm Tu: 8:30am-8pm Sat: 8:30am-12:30pm Walk-ins accepted daily	N/A
Heartland Health Center - Senn High School	5900 N. Glenwood Avenue, Chicago, IL	60660	Northside	773-751-1860	M-F: 8am-4pm Walk-ins accepted daily	N/A
Heartland Health Center - Trilogy	1400 W. Greenleaf Avenue, Chicago, IL	60626	Northside	773-508-6135	M-F: 8:30am-4:30pm Walk-ins accepted daily	N/A
Heartland Health Center - Wilson	845 W. Wilson Avenue, Chicago, IL	60640	Northside	773--506-4283	M-F: 8:30am-5pm Walk-ins accepted daily	N/A
Heartland Health Center Broadway	5710 N. Broadway Chicago, IL	60660	Northside	773.275.1680	Mon 9-2:30 Thurs: 9-2:30	Spanish

Hospital Contracts for Inpatient Services					
Hospital	Service Address	Service Zip Code	Phone	Comments	Data Entry Date
Advocate Christ Medical Center	4440 W. 95th St. Oak Lawn	60453	708-684-8000		3/13/13
Advocate Illinois Masonic Medical Center	836 W. Wellington Ave. Chicago	60657	773-975-1600		3/13/13
Advocate Lutheran General Hospital	1775 Dempster St. Park Ridge	60068	847-723-2210		3/13/13
Advocate South Suburban Hospital	17800 S. Kedzie Ave. Hazel Crest	60429	708-799-8000		3/13/13
Advocate Trinity Hospital	2320 E. 93rd St. Chicago	60617	773-967-2000		3/13/13
Holy Family Medical Center Long Term Acute Care	100 N. River Rd. Des Plaines, IL	60016	847-297-1800	Includes rehabilitation unit and long term acute care	5/28/13
MacNeal Hospital - Vanguard	3249 S. Oak Park Ave. Berwyn	60402	708-383-9100		3/13/13
Mercy Hospital and Medical Center	2525 S. Michigan Ave. Chicago	60616	312-567-2000	Inpatient includes rehabilitation unit	3/13/13
MetroSouth Medical Center	12935 South Gregory St. Blue Island, Illinois	60643	708-597-2000		2/8/13
Mount Sinai Hospital	1501 S. California Ave Chicago	60608	773-542-2000		3/13/13
Norwegian American Hospital	1044 N. Francisco Ave. Chicago	60622	773-292-8200		1/31/13
Our Lady of the Resurrection Medical Center	5645 W. Addison St. Chicago, IL	60634	773-282-7000		5/28/13
Resurrection Medical Center	7435 W. Talcott Ave. Chicago, IL 60631	60631	773-774-8000	Includes rehabilitation unit	5/28/13
Roseland Community Hospital	45 W. 111th St. Chicago	60628	773-995-3000		3/13/13
Saint Anthony Hospital	2875 W. 19th St. Chicago	60623	773-484-1000		2/8/13
Saint Bernard Hospital	326 W. 64th St. Chicago	60621	773-962-3900	Inpatient includes detox. Ambulatory surgery available.	1/31/13
Saint Francis Hospital	355 Ridge Ave. Evanston, IL 60202	60202	847-316-4000		5/28/13
Saint James Hospital and Health System	1423 Chicago Road Chicago Heights, IL	60411	708-756-1000		5/10/13
Saint James Hospital and Health System	20201 S. Crawford Ave. Olympia Fields, IL	60461	708-747-4000		5/10/13
Saint Joseph Hospital	2900 N. Lake Shore Dr. Chicago 60657	60657	773-665-3000	Inpatient includes rehabilitation unit, skilled nursing and wound care	5/28/13
Saints Mary and Elizabeth Medical Center	1127 N Oakley Chicago, IL	60622	708-410-0615	Includes skilled nursing Note: Claims will only show SMEMC's official address: 2233 W. Division St. Chicago, IL 60622	5/28/13
Saints Mary and Elizabeth Medical Center Saint Elizabeth Campus	1431 N Claremont Chicago, IL	60622	773-278-2000	Note: Claims will only show SMEMC's official address: 2233 W. Division St. Chicago, IL 60622	5/28/13
Saints Mary and Elizabeth Medical Center Saint Mary Campus	2233 W Division St. Chicago, IL	60622	312-770-2000		5/28/13
Schwab Rehabilitation Hospital	1401 S. California Ave. Chicago	60608	773-522-2010		3/13/13
South Shore Hospital	8012 S. Crandon Ave. Chicago	60617	773-356-5415		1/31/13
Swedish Covenant Hospital	5145 N. California Chicago	60625	773-878-8200		3/13/13
University of Illinois Hospital and Health Sciences System	1740 W. Taylor Chicago, IL	60612	800-842-1002		7/12/13
Weiss Memorial Hospital - Vanguard	4646 N. Marine Drive Chicago	60640	773-878-8700		3/13/13
West Suburban Medical Center - Vanguard	3 Erie Court, Oak Park	60302	708-383-6200		3/13/13
Westlake Hospital - Vanguard	1225 W Lake St. Melrose Park	60160	708-681-3000		3/13/13

Health Center	Address	Zip Code	Geographic Regions	Phone	Hours	Languages Spoken in Addition to English
Heartland Health Center Uptown <i>HOMELESS &amp; HIV/AIDS PATIENTS ONLY</i>	1015 W. Lawrence Avenue, 2nd Floor Chicago, IL	60640	Northside	773-275-2586	M,W,Th,F: 8:30am-5pm Tu: 8:30am-8pm	Spanish
Howard Brown Health Center Sheridan	4025 N. Sheridan Road, Chicago, IL	60613	Northside	773-388-1600	M,Tu: 9am-7pm W,Th: 9am-6pm F: 9am-5pm Sat: 9am-1pm (2nd & 4th)	Spanish
Howard Brown TRIAD Health Practice	3000 N. Halsted Street, Suite 711, Chicago, IL	60657	Northside	773-296-8400	M,W,Th,F: 9am-5pm Tu: 10am-6pm Sat: 9am-1pm (1st only)	Spanish
Near North Denny Health Center	30 W. Chicago Avenue, #107, Chicago, IL	60654	Northside	312-337-1073	M,T,Th,F: 8am-4pm Walk-ins accepted daily	Spanish
Near North Uptown Health Center	4867 N. Broadway Avenue Chicago, IL	60640	Northside	773-878-8098	M,T,Th: 8am-5pm Walk-ins accepted daily	Spanish
Near North Winfield Moody Health Center	1276 N. Clybourn Ave, Chicago, IL	60610	Northside	312-337-1073	M,W,Th,F: 8am-5pm Tu: 8am-8:30pm Sat: 9am-1pm Walk-ins accepted daily	Spanish
PrimeCare Portage Park	5647 W. Addison Street Chicago, IL	60634	Northside	(773) 736-1830	M,W,Th,F: 8:30am-5pm Tu: 9:30am-5pm Sat: 8:30am-2pm	Spanish, Polish
Mile Square IHC North Center	4219 North Lincoln Ave, Chicago, IL 60618	60618	Northwest	(773)435-0119	m.-F.-9-5pm	Spanish
ACCESS Addison Family Health Center	1111 W Lake St Addison, IL	60101	Northwest Suburbs	630-628-1811	M,Tu,W,F: 9am-5pm Th: 9am-2pm	Spanish
ACCESS Genesis Center for Health & Empowerment	1 N. Broadway Des Plaines, IL	60016	Northwest Suburbs	847-298-3150	M,Tu,W: 9am-5:30pm Th: closed; F: 9am-4:30pm Sat: 9am-11:30pm	Spanish
ACCESS Martin T. Russo Family Health Center	245 S Gary Ave Lower Level Bloomingdale, IL	60108	Northwest Suburbs	630-893-5230	M,W,F: 8am-8pm Tu: 8am-7pm; Th: 8am-6pm	Arabic, Spanish
ACCESS Northwest Family Health Center	675 W. Central Road Arlington Heights, IL	60005	Northwest Suburbs	847-342-1554	M-F: 8:30am-5pm Sat: 8am-1pm	Spanish
ACCESS West Chicago Family Health Center	245 W. Roosevelt Rd Building 14, Suite 150 West Chicago IL	60185	Northwest Suburbs	630-293-4124	M,W,F: 9am-5pm Tu: 9am-6pm Th: 9am-7pm	Spanish
ACHN Vista Health Center	1585 Rand Rd. Palatine, IL	60074	Northwest Suburbs	312-864-0200	M,W: 10am-6pm T,Th,F: 8am-4pm	Spanish
ACCESS at Illinois Eye Institute	3241 S. Michigan Avenue Chicago, IL	60616	South	312-949-7770	M-Th: 9am-5pm F: 9am-4pm Sat: 9am-1pm (1st & 3rd)	N/A
ACCESS Booker Family Health Center	654 E. 47th Street Chicago, IL	60653	South	773-624-4800	M-Th: 8am-5pm F: 8am-4pm; Sat: 8am-2pm	Spanish
ACHN John Sengstacke Health Center	450 E. 51st St. Chicago, IL	60615	South	312-572-1278	M,Tu,W,F: 8:30am-5pm Th: 10:45am-6:45pm Every 3rd Fri: 8:30am-noon	

Health Center	Address	Zip Code	Geographic Regions	Phone	Hours	Languages Spoken in Addition to English
ACHN Near South Health Center	3525 S. Michigan Ave. Chicago, IL	60653	South	312-945-4090	M,Tu,W: 8am-4pm Th: 10am-6pm; F: 7am-3pm	
ACHN Woodlawn Health Center	6337 S. Woodlawn Chicago, IL	60637	South	773-753-5508	M,W,F: 8am-5pm Tu: 11am-7pm Th: 8am-7pm	
ACHN Woodlawn Health Center	6337 S. Woodlawn Chicago, IL	60637	South	773-753-3308	M,W,F: 8am-5pm Tu: 11am-7pm Th: 8am-7pm	
Aunt Martha's Roseland Community Health Center	200 E. 115th St. Chicago, IL	60628	South	877-692-8686	M,T,W,F: 9am-5pm	N/A
Aunt Martha's Southeast Side Community Health Center	3528 E. 118th St. Chicago, IL 60617	60617	South	877-692-8686	M,Th,F: 8:30am-5pm Tu: 8:30am-6pm W: 10:30am-7pm	Spanish
Beloved Community Family Wellness Center	6821 S. Halsted Street Chicago, IL	60621	South	773-651-3629	M: 8:30am-7pm; W: 1-5:30pm Tu, Th, F: 8:30am-5:30pm Sat: 8:30am-2pm (1st & 3rd)	Spanish, French
Chicago Family Health Center South Chicago	9119 S. Exchange, Chicago, IL	60617	South	773-768-5000	M,Th: 8:30am-8pm Tu,W,F: 8:30am-5pm Sat: 8:30am-1pm Walk-ins accepted daily	Spanish, Haitian, Creole, Arabic, French
Chicago Family Health Center Pullman	556 E. 115th Street, Chicago, IL	60628	South	773-768-5000	M,T,W,F: 8:30am-5pm Th: 8:30am-8pm Sat: 9am-1pm Walk-ins accepted daily	Spanish, Haitian, Creole, Arabic, French
Christian Community Health Center Halsted (Main Clinic)	9718 S. Halsted Chicago, IL	60628	South	773-233-4100	M,Tu: 8am-7pm W: 8am-8pm; Th: 1pm-8pm F: 9am-5pm; Sat: 9am-1pm (closed 5th Sat)	Spanish
Friend Family Health Center, Inc. Cottage (East)	800 E. 55 <sup>th</sup> Street Chicago, IL	60615	South	773-702-2193	M,W,Th: 8am-8pm Tu: 9:30am-8pm F: 8am-5pm; Sat: 8am-noon	Spanish
Mercy Family Health Center @ Mercy Hospital and Medical Center	2525 S. Michigan Ave. Chicago	60616	South	312-567-7616	M,W: 8:30am-5pm Tu: 7:30am-6pm Th: 8:30am-6pm Fri: 7:30am-5pm	Spanish, Chinese (Cantonese & Mandarin)
Mile Square at South Shore	7131 South Jeffrey Blvd, Chicago, IL 60649	60649	South	(312)996-2000	m,tu,th,f.-9:5:30pm, w.9:30-5:30pm	Spanish
TCA Health, Inc.	1029 East 130th St. Chicago, IL	60628	South	(773)995-6300	M - F : 8am-6pm	Spanish
Young Women's Leadership Charter School	2641 South Calumet Ave, Chicago, IL 60616	60616	South	(312)949-0337	m.-f.-8-4pm	Spanish
ACCESS Blue Island Family Health Center	13000 Maple Street Blue Island, IL	60406	South Suburbs	708-385-6100	M,Tu,W: 9am-4pm Th: 9am-7pm; Sat: 9am-4pm	N/A
ACCESS Family Health Society	152 W. Lincoln Highway Chicago Heights, IL	60411	South Suburbs	708-755-7359	M-Th: 8am-8pm F: 8am-4pm; Sat: 8-noon	N/A

Health Center	Address	Zip Code	Geographic Regions	Phone	Hours	Languages Spoken in Addition to English
ACHN Cottage Grove Medical Center	1645 Cottage Grove Ave. Ford Heights, IL	60411	South Suburbs	708-753-5813	M,Th,F: 8:30am-5pm Tu,W: 10am-6pm Every 1st Fri: 8:30am-noon	
ACHN Oak Forest Ambulatory Health Center	15900 S. Cicero Ave. Oak Forest, IL	60452	South Suburbs	708-633-4294	M,W,Th,F: 8am-4pm Tu: 8am-7pm	
ACHN Robbins Health Center	13450 S. Kedzie Robbins, IL	60472	South Suburbs	708-293-8145	M,Tu,F: 8:30am-5pm W,Th: 10am-6pm	
ACHN Woody Winston Health Center	650 W. Phoenix Center Dr. Phoenix, IL	60426	South Suburbs	708-225-9933	Monday through Friday: 8:30am-4:30pm	
Aunt Martha's Chicago Heights Community Health Center	1536 Vincennes Avenue, Chicago Heights, IL	60411	South Suburbs	877-692-8686	M, Th: 8am-7pm Tu-W: 8am-5pm F: 8am-4:30pm Sat: 8am-2pm	Spanish
Aunt Martha's Harvey Community Health Center	159 East 154 <sup>th</sup> St., Harvey, IL	60426	South Suburbs	877-692-8686	M-F: 8:30am-5pm	Spanish
Aunt Martha's Hazel Crest Community Health Center	17850 S. Kedzie Avenue, #1150 Hazel Crest, IL	60429	South Suburbs	877-692-8686	M,T,W,Th: 8:30am-6:30pm F: 10:30am-2:30pm Sat: 10am-2pm	Spanish
Aunt Martha's Hazel Crest Community Health Center (OB Services)	17850 S. Kedzie Avenue, #3200 Hazel Crest, IL	60429	South Suburbs	877-692-8686	M: 10am-5pm T,Th: 8:30am-5pm W: 8:30am-7pm	Spanish
Aunt Martha's South Holland Community Health Center (Medical)	52 West 162nd Street, South Holland, IL	60473	South Suburbs	877-692-8686	M,W,Th,F: 8:30am-5pm Tu: 10:30am-6:30pm	Spanish
Aunt Martha's Women's Health Center	233 W. Joe Orr Rd., Chicago Heights, IL	60411	South Suburbs	877-692-8686	M,T,W: 8:30am-5pm Th: 8:30am-6pm F: 8:30am-7pm	Spanish
Beloved Community Family Wellness Center Robbins Satellite	3518 W. 139th Street 2nd Floor Robbins, IL	60472	South Suburbs	708-577-5060	M - F: 8:30am - 5pm	Spanish
Christian Community Health Center Calumet City Clinic	364 Torrence Ave. Calumet City, IL	60409	South Suburbs	773-233-4100	M: 9am-7pm; Tu: 9am-5pm W: 8am-6pm; Th: 1pm-8pm F: 9am-5pm Sat: 9am-1pm (1st & 3rd)	Spanish
Christian Community Health Center South Holland Clinic	901 E. Sibley Blvd. South Holland, IL	60473	South Suburbs	773-233-4100	M-W: 8am-5pm; Th: 1pm-8pm F: 9am-5pm Sat: 9am-1pm (2nd & 4th)	Spanish
Family Christian Health Center - Dolton	713 E 142nd Street Dolton, IL 60419	60419	South Suburbs	708-841-5395	Mon thru Thurs: 2pm - 8pm F: 2pm-5pm; Sat: 10am-1pm	Spanish
Family Christian Health Center - Harvey	31 W 155 <sup>th</sup> Street Harvey, IL 60426	60426	South Suburbs	708-596-5177	M,T,W,F: 7am-7pm Th: 10am-7pm; Sat: 10am-3pm	Spanish
ACCESS Ashland Family Health Center	5159 S. Ashland Chicago, IL	60609	South-Southwest Side	773-434-9216	M-F: 9am-5:30pm Sat: 9am-1pm	N/A
ACCESS at Gary Comer Youth Center <i>WILL ENROLL EXISTING 18 YEAR-OLD PATIENTS ONLY</i>	7200 S. Ingleside Ave., Chicago, IL	60619	South-Southwest Side	773-324-6942	M,Tu, W, F: 9:30am-6pm Th: 10:30am - 7pm	N/A
ACCESS at Holy Cross	2701 W. 68th Street Chicago, IL	60629	South-Southwest Side	773-434-4040	M-Th: 9am-5pm F: 9am-noon	Spanish



Health Center	Address	Zip Code	Geographic Regions	Phone	Hours	Languages Spoken in Addition to English
ACCESS Auburn-Gresham Family Health Center	8234 S. Ashland Avenue Chicago, IL	60620	South-Southwest Side	773-874-1400	M-F: 8:30am-5pm Sat: 9am-1pm	N/A
ACCESS Brandon Family Health	8300 S. Brandon Avenue Chicago, IL	60617	South-Southwest Side	773-721-7600	M-F: 9am-6pm Sat: 9am-2pm	Spanish
ACCESS Des Plaines Valley Health Center	7450 W. 63rd. Street Summit, IL	60501	South-Southwest Side	708-458-0757	M: 8am-8pm Tu-F: 8am-4:30pm	Spanish
ACCESS Doctors Medical Center	6240 W. 55th Street Chicago, IL	60638	South-Southwest Side	773-284-2200	M: 9am-5pm; Tu,W: 9am-7pm Th: 9am-6pm; F: 9am-8pm Sat: 9am-noon	N/A
ACCESS Grand Boulevard Health & Specialty Center	5401 S. Wentworth Ave Chicago, IL	60609	South-Southwest Side	773-288-6900	M-Th: 9am-9pm; F: 9am-6pm Sat: 8:30am-4pm	N/A
ACCESS Kedzie Family Health Center	3229 W. 47th Street Chicago, IL	60632	South-Southwest Side	773-254-6044	M: 8am-9pm Tu, W, F: 8am-6pm Th: 8am-8pm; Sat: 9am-2pm	N/A
ACCESS Southwest Family Health Center	4839 W. 47th St. Chicago, IL	60638	South-Southwest Side	773-735-2345	M-F: 8am-5pm Sat: 9am-2pm	Spanish
ACHN Englewood Health Center	1135 W. 69th St. Chicago, IL	60621	South-Southwest Side	773-483-6499	M,T,W,Th: 8:30am-4:30pm F: 7am-3pm	
Chicago Family Health Center East Side	10536 S. Ewing Chicago, IL	60617	South-Southwest Side	773-768-5000	M: 8:30am-8pm Tu,Th,F: 8:30am-5pm W: 9am-8pm; Sat: 9am-1pm Walk-ins accepted daily	Spanish, Haitian, Creole, Arabic, French
Chicago Family Health Center Roseland	120 W. 111th Street, Chicago, IL	60628	South-Southwest Side	773-768-5000	M: 8:30am-8pm T,W,Th,F: 8:30am-5pm Sat: 9am-1pm Walk-ins accepted daily	Spanish
Chicago Family Health Center Chicago Lawn	3223 W. 63rd Street, Chicago, IL	60629	South-Southwest Side	773-768-5000	M-F: 8:30am-5pm Walk-ins accepted daily	Spanish
Davis Wellness and Health Center <i>SEES LIMITED NUMBER OF ADULTS UNTIL JANUARY 2014</i>	3050 West 39th Place, Chicago, IL 60632	60632	South-Southwest Side	(773)376-8008	m.-f.-8:30-4:30pm	Spanish
Friend Family Health Center, Inc. Beethoven (School Based)	25 W 47 <sup>th</sup> Street Chicago, IL	60609	South-Southwest Side	773-536-4879	Tu,Th,F: 8am-4:30pm	N/A
Friend Family Health Center, Inc. Pulaski	5635 S. Pulaski Rd. Chicago, IL	60629	South-Southwest Side	773-585-3900	M,W,Th,F: 8am-5pm Tu: 9:30am-5pm	Spanish
Friend Family Health Center, Inc. West 47th Street Ashland	2436 W 47 <sup>th</sup> Street Chicago, IL	60632	South-Southwest Side	773-376-9400	M,W,Th,F: 8am-5pm Tu: 9:30a.-5pm	Spanish
Friend Family Health Center, Inc. Western (West)	5843 S. Western Chicago, IL	60636	South-Southwest Side	773-434-8600	M,Th,F: 8am-5pm Tu: 9:30am-5pm; W: 8am-8pm Sat: 8am-noon	Spanish
Lawndale Christian Health Center Archer	5122 S. Archer Chicago, IL	60632	South-Southwest Side	872-588-3000	M-F: 8:30am-5pm	Spanish
Mercy Family Health Center @ Lower West	1713 S. Ashland Ave. Chicago	60608	South-Southwest Side	312-567-7616	M-F: 8:30am-4:30pm	Spanish
Mill Square at Back of the Yards	4636 South Bishop Street, Chicago, IL 60609	60609	South-Southwest Side	(312)996-2000	m.tu.th.f.-9-5:30pm, w.-9-30-5:30pm, sa.-8:30-12:30pm	Spanish

Health Center	Address	Zip Code	Geographic Regions	Phone	Hours	Languages Spoken in Addition to English
Mile Square IHC New City(South)	734 West 47th Street, Chicago, IL 60609	60609	South-Southwest Side	(773)536-2406	m.-F.-9-5pm	Spanish
Near North Cottage View Health Center	4829 S. Cottage Grove, Chicago, IL	60615	South-Southwest Side	773-548-1170	M-F: 8am-5pm Sat: 9am-2pm Walk-ins accepted daily	Spanish
Near North Komed Holman Health Center	4259 S. Berkeley Chicago, IL	60653	South-Southwest Side	773-268-7600	M,T,Th,F: 8am-5pm W: 8am-7pm Walk-ins accepted daily	Spanish
Mile Square at Englewood	641 West 63rd Street, Chicago, IL 60621	60621	West Southwest	(312)996-2000	m.tu.th.f.-9:5:30pm, w.9:30-5:30pm	Spanish
Mile Square at Cicero	4747-51 West Cermak Road, Cicero, IL 60804	60804	West Suburbs	(312)996-2000	m.tu.th.f.-9-5:30pm, w.9:30-5:30pm	Spanish
ACCESS Cabrini Family Health Center	3450 S. Archer Avenue Chicago, IL	60608	Westside	773-523-1000	M,W: 8am-8pm Tu, Th, F: 8am-6pm Sat: 8am-noon	N/A
ACCESS Centro Medico	3700 W. 26th Street Summit, IL	60623	Westside	773-542-5203	M-Th: 8am -5:30pm F: 8am-5pm; Sat: 11am-3pm	Spanish
ACCESS Hawthorne Family Health Center	2307-09 S. Cicero Avenue Cicero, IL 60804	60804	Westside	708-780-9777	M, Th, F: 8am-6pm Tu, W: 8am-8pm Sat: 8:30am-2pm	N/A
ACCESS Humboldt Park Family Health Center	3202 W. North Ave Chicago, IL	60647	Westside	773-489-6333	M-F: 9am-5:30pm Sat: 9am-1pm	Spanish
ACCESS Kling Professional Medical Center	2720 W. 15th Street Chicago, IL	60608	Westside	773-257-6730	M: 8:30am-5:30pm Tu, F: 8:30am-5pm W: 8am-6:30pm Th: 8:30am-6:30pm Sat: 8am-noon	Spanish
ACCESS Madison Family Health	3800 W. Madison Street Chicago, IL	60624	Westside	773-826-6600	M-Th: 9am-6pm F: 2pm-6pm; Sat: 10am-2pm	N/A
ACCESS Melrose Park Family Health Center	8321 W. North Avenue Melrose Park, IL	60160	Westside	708-681-2298	M,W,F: 8:30am-5pm Tu, Th: 7:30am-4pm Sat: 9am-1pm	Spanish
ACCESS Pilsen Family Health Center	1817 S. Loomis St. Chicago, IL	60608	Westside	312-666-6511	M, Th: 8:30am-8pm Tu, W, F: 8:30am-6pm Sat: 8:30am-2pm	N/A
ACCESS Plaza Medical Center	2533 W. Cermak Road Chicago, IL	60608	Westside	773-523-0900	M, Tu, Th, F: 8am-6pm W: 8am-8pm Sat: 8:30am-1pm	Spanish
ACCESS San Rafael Family Health Center	3204 W. 26th St. Chicago, IL	60623	Westside	773-927-3100	M-F: 8:30am-5pm Sat: 8:30am-2:30pm	Spanish
ACCESS Servicios Medicos La Villita	3303 W. 26th St. Chicago, IL	60623	Westside	773-277-6589	M-F: 8:30am-10pm Sat: 8:30am-5:30pm	Spanish
ACCESS Warren Family Health Center	2409 W. Warren Blvd. Chicago, IL	60612	Westside	312-733-4475	M-F: 9am-6pm Sat: 9am-1pm	N/A
ACCESS West Division Family Health	4401 W. Division Street Chicago, IL	60651	Westside	773-252-3122	M-F: 8:30am-5pm	Spanish
ACCESS Westside Family Health Center	3752 W. 16th Street Chicago, IL	60623	Westside	773-762-2435	M-F: 9am-6pm Sat: 9am-12:30pm	N/A
ACHN Austin Health Center	4800 W. Chicago Ave. Chicago, IL	60651	Westside	312-864-0200	M,W,F: 8am-4pm Tu,Th: 10am-6pm Every 3rd Th: 10am-2pm	

Health Center	Address	Zip Code	Geographic Regions	Phone	Hours	Languages Spoken in Addition to English
ACHN Cicero Health Center	5912 W. Cermak Chicago, IL	60804	Westside	312-864-0200	M,W,Th: 8am-4pm Tu: 10am-6pm; F: 7am-3pm	Spanish
ACHN Dr. Jorge Prieto Health Center	2424 S. Pulaski Rd. Chicago, IL	60623	Westside	312-864-0200	M,W: 10am-7pm T,Th,F: 8am-5pm Sat: 8am-4pm	Spanish
ACHN Fantus General Medicine Clinic	1901 W. Harrison St. Chicago, IL	60612	Westside	312-864-0200	M,T,W,Th: 7am-8:30pm F: 7:30am-5pm	
ACHN Logan Square Health Center	2840 W. Fullerton Ave. Chicago, IL	60647	Westside	312-864-0200	M,W: 9:30am-6pm T,Th,F: 7:30am-4pm	Spanish
ACHN Ruth M Rothstein CORE Center <i>HIV/AIDS Patients Only</i>	2020 W Harrison St. Chicago, IL	60612	Westside	312-572-4500	M - F: 8am-4:30pm <i>HIV/AIDS Patients Only</i>	
Alivio Medical Center John Spry Community School & Community Links High School	2400 S. Marshall Blvd., Chicago, IL 60623	60623	Westside	773-254-1400	M-F: 8:30am-5pm	Spanish
Alivio Medical Center Cicero	4842 W. Cermak Road, Cicero, IL	60804	Westside	773-254-1400	M,T,F: 9am-5pm W: 1pm-8pm Th: 9am-1pm Sat: 9am-1pm (4th only)	Spanish
Alivio Medical Center Jose Clemente Orozco Academy of Fine Arts & Sciences	1940 W. 18th Street, Chicago, IL 60608	60608	Westside	773-254-1400	M-F: 8:30am-5pm	Spanish
Alivio Medical Center Little Village Lawndale High School Campus	3120 S. Kostner Avenue Chicago, IL	60623	Westside	773-254-1400	M-F: 8:30am-5pm	Spanish
Alivio Medical Center Morgan	966 W. 21st Street, Chicago, IL	60608	Westside	773-254-1400	M,T,Th,F: 8:30am-5:30pm W: 1pm-8pm Sat: 8:30am-1pm	Spanish, Mandarin, Cantonese
Alivio Medical Center Western	2355 S. Western Avenue, Chicago, IL	60608	Westside	773-254-1400	M,T,Th,F: 8:30am-5:30pm W: 1pm-8pm Sat: 8:30am-1pm	Spanish, Mandarin, Cantonese, Urdu
Circle Family HealthCare Network	115 N. Parkside Ave. Chicago, IL	60644	Westside	773-921-9669	M-F: 8:30am-4:30pm	Spanish, French, Polish
Circle Family HealthCare Network	231 N. Pine Ave. Chicago, IL	60644	Westside	773-287-9770	M: 9am-3pm Th: 10am-noon	N/A
Circle Family HealthCare Network	4909 W. Division Chicago, IL	60651	Westside	773-921-8100	M-F: 8:30am-5pm	Spanish, French, Polish
Community Nurse Health Center – Medical Services	110 Calendar Ave. LaGrange, IL	60525	Westside	708-352-0081	M,Tu,Th,F: 8:30am-5pm W: 8:30am-8pm Sat: 9am-noon	Spanish
Erie Amundsen School-Based Health Center <b>TEEN HEALTH SERVICES</b>	5110 N. Damen Avenue, Chicago, IL	60625	Westside	312-432-3494	M-F: 7:30am-4pm	Spanish
Erie Clemente Wildcats Student Health Center <b>TEEN HEALTH SERVICES</b>	1147 N. Western Avenue, Chicago, IL	60622	Westside	312-432-3494	M,T,Th,F: 8am-4:30pm	Spanish
Erie Division Street	2418 W. Division Street, Chicago, IL	60622	Westside		M,T,Th,F: 8:30am-5:30pm W: 10am-7pm	Spanish
Erie Henson School-Based Health Center <b>STUDENT &amp; ADULT SERVICES</b>	1326 S. Ayers Avenue, Chicago, IL	60623	Westside	312-432-3494	M-F: 8:30am-5pm	Spanish
Erie Humboldt Park Health Center	2750 W. North Avenue, Chicago, IL	60647	Westside	312-432-3494	M,T,Th: 8:30am-7:30pm W: 10:30am-7:30pm F: 8:30am-5:30pm Sat: 8:30am-4:30pm	Spanish

Health Center	Address	Zip Code	Geographic Regions	Phone	Hours	Languages Spoken in Addition to English
Erie West Town Health Center	1701 W. Superior Street, Chicago, IL	60622	Westside	312-432-3494	M,T,Th: 8:30am-7:30pm W: 10:30am-7:30pm F: 8:30am-5:30pm Sat: 8:30am-4:30pm	Spanish
Erie Westside Health Center located at Ryerson Elementary School <b>TEEN &amp; ADULT SERVICES</b>	646 N. Lawndale Avenue, Chicago, IL	60624	Westside	312-432-3494	M,T,Th,F: 8am-4:30pm W: 10am-4:30pm	Spanish
Esperanza California Avenue	2001 S. California Ave. Chicago, IL	60608	Westside	773.584.6200	M,Tu,W: 8am-8pm Th: 11:30am-8pm F: 8am-6pm; Sat: 8am-5pm	Spanish
Esperanza Little Village	3059 W. 26th St. Chicago	60623	Westside	773.932.2111	M,W,F: 8am-5pm Tu: 8am-6pm; Th: noon-7pm Sat: 8am-2pm	Spanish
Hope Institute Learning Academy	1628 W. Washington Blvd, Chicago, IL 60612	60612	Westside	(312)226-3541	m.-f.-8:30-4:30pm	Spanish
Lawndale Christian Health Center Farragut Career Academy	3256 W. 24th Street, Chicago, IL	60623	Westside	872-588-3000	M: 8:30am-9pm Tu, W,Th,F: 8:30am-5pm Sat: 8:30am-5pm	Spanish
Lawndale Christian Health Center Homan Square	3517 W. Arthington Street, Chicago, IL	60624	Westside	872-588-3000	M,Tu: 8:30am-9pm W,Th,F,Sat: 8:30am-5pm	Spanish
Lawndale Christian Health Center Ogden Avenue	3750-3860 W. Ogden Avenue, Chicago, IL	60623	Westside	872-588-3000	M,T,Th: 8:30am-9pm W,F,Sat: 8:30am-5pm	Spanish
Mile Square Health Center	2045 W. Washington Blvd, Chicago, IL 60612	60612	Westside	(312)996-2000	m.tu.th.f.-9-5:30pm, w.-9:30-5:30pm, sa.-8:30-12:30pm	Spanish
Mile Square IHC Near West	2045 W. Washington Blvd, Chicago, IL 60612	60612	Westside	(312)413-7938	tu.th.-9-5pm	Spanish
National Teachers Academy	55 West Cermak Road, Chicago, IL 60616	60616	Westside	(312)326-4396	m.-f.-8:30-4:30pm	Spanish
Near North Louise Landau Health Center	800 N. Kedzie Chicago, IL	60651	Westside	773-826-3450	M-F: 8am-5pm Walk-ins accepted daily	Spanish
PCC Community Wellness Austin Family Health Center	5425 W. Lake Street, Chicago, IL	60644	Westside	773-378-3347	M,T,W,Th: 8:30am-8pm F: 8:30am-4:30pm Sat: 9am-12:30pm Walk-in M-F: 12:45-1:45pm	Spanish
PCC Community Wellness Lake Street Family Health Center	14 W. Lake Street, Oak Park, IL	60302	Westside	708-383-0113	M,T,W,Th: 8am-8pm F: 8am-4pm; Sat: 9-noon	Spanish
PCC Community Wellness Melrose Park Family Health Center	1111 Superior Street Suite 207 Melrose Park, IL	60160	Westside	708-406-3040	M,Tu,Th: 8:30am-8pm W,F: 8:30am-5pm	Spanish

County Care Referral Network: M.D. Services								
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Specialty	Affiliation	Service Address	Service Zip Code	Hours Services Provided	Phone for Appointments	Patient Call or PCP Call	Helpful Hints	Data Entry Date
<b>Women's Health</b>								
Women's Health	Planned Parenthood Austin	5937 West Chicago Avenue, Chicago, IL	60651	M: Closed Tu, Th: 10am-7pm W: 8am-5pm	773.287.2020	Either	Routine provider visits related to women's health issues Online appointments available at: <a href="http://ppil.org">ppil.org</a>	3/27/13
Women's Health	Planned Parenthood Englewood	6059 South Ashland, Chicago IL	60636	M, Tu: 10am-7:30pm W,Th: 8am-5:30pm F: 8am-1pm (Fri-supplies only)	Toll free 800-230-PLAN (800-230-7526)	Either	Routine provider visits related to women's health issues Online appointments available at: <a href="http://ppil.org">ppil.org</a>	3/27/13
Women's Health	Planned Parenthood Loop	18 South Michigan Avenue, 6th Floor, Chicago, IL	60603	M,Tu,W: 8am-4pm Th: 11am-7pm F,Sat: 8am-2pm	Toll free 800-230-PLAN (800-230-7526)	Either	Routine provider visits related to women's health issues Online appointments available at: <a href="http://ppil.org">ppil.org</a>	3/27/13
Women's Health	Planned Parenthood Near North	1200 North LaSalle Street, Chicago, IL	60610	M: 9am-5pm; Tu:10am-5pm W: 9am-3pm Th: 11am-7pm F: 8am-3pm Sat: 7:45am-1:30pm (Sat: supplies only)	Toll free 800-230-PLAN (800-230-7526)	Either	Focused women's health services only: contraception and STD screening and treatment Online appointments available at: <a href="http://ppil.org">ppil.org</a>	3/27/13
Women's Health	Planned Parenthood Orland Park Focused Services	14470 S. LaGrange Rd, Suite 101, Orland Park, IL	60462	M: closed Tu, W: 8am-4pm Th: 11am-7pm F, Sat: 8am-2pm	Toll free 800-230-PLAN (800-230-7526)	Either	Routine provider visits related to women's health issues Online appointments available at: <a href="http://ppil.org">ppil.org</a>	3/27/13
Women's Health	Planned Parenthood Rogers Park	6353 North Broadway, Chicago, IL	60660	M,Tu,W: 8am-4pm Th: 11am-7pm F: 8am-2pm	Toll free 800-230-PLAN (800-230-7526)	Either	Routine provider visits related to women's health issues Online appointments available at: <a href="http://ppil.org">ppil.org</a>	3/27/13
Women's Health	Planned Parenthood Roseland	11250 South Halsted, Chicago, IL	60628	M,Tu,W: 8am-4pm Th: 11am-7pm F: 8am-2pm	Toll free 800-230-PLAN (800-230-7526)	Either	Routine provider visits related to women's health issues Online appointments available at: <a href="http://ppil.org">ppil.org</a>	3/27/13
Women's Health	Planned Parenthood Wicker Park	1152 North Milwaukee Avenue, Chicago, IL	60642	M,Tu,W: 8am-4pm Th: 11am-7pm F, Sat: 8am-2pm	Toll free 800-230-PLAN (800-230-7526)	Either	Always need primary physician's contact information	4/17/13
Urogynecology	Resurrection Medical Center	7447 W. Talcott Ave., #418, Chicago	60631	M - F: 9am-5pm	773-775-2180	Either		6/14/13
Urogynecology	Swedish Covenant Hospital	5140 N. California Ave, #635, Chicago, IL	60625	Wed 10-4 Th 1-7 Fri 7-3	773-878-7787	Either	fellowship trained urogynecologist and accepting patients with urinary and fecal incontinence as well as prolapse and other pelvic floor disorders	8/16/13
Pelvic Pain Center	OUR LADY OF THE RESURRECTION MEDICAL CENTER	5645 W ADDISON ST CHICAGO, IL	60634	Mon - Fri 8 am - 4:30 pm	773-527-5071	Either		6/21/13
Gynecology - Family Planning	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-413-7500	Either		7/5/13
Gynecology	Mount Sinai Hospital Medical Center	1239 W. 18th Chicago	60608	M - F: 8am-5pm	773-257-2273	Either		3/28/13

County Care Referral Network: M.D. Services								
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Specialty	Affiliation	Service Address	Service Zip Code	Hours Services Provided	Phone for Appointments	Patient Call or PCP Call	Helpful Hints	Data Entry Date
Gynecology	Mount Sinai Hospital Medical Center	2218 S. Michigan Ave Chicago	60616	M - F: 8am-5pm	773-257-2273	Either		3/28/13
Gynecology	Mount Sinai Hospital Medical Center	3109 W Armitage Ave Chicago	60647	M - F: 8am-5pm	773-257-2273	Either		3/28/13
Gynecology	Mount Sinai Hospital Medical Center	5470 West Madison Street	60644	M - F: 8am-5pm	773-257-2273	Either	Dr. Murali Vinta	5/31/13
Gynecology	Norwegian American Hospital	1044 N. Francisco Ave	60622		773-292-2600			3/27/13
Gynecology	Our Lady of the Resurrection	5600 W. Addison St., #504 Chicago	60634	M - F: 8am-5pm	773-282-5299 773-248-6913	Either		6/21/13
Gynecology	Resurrection Medical Center	7447 W. Talcott Ave., #418 Chicago	60631	M - F: 8am-5pm	773-775-2180	Either		6/21/13
Gynecology	Roseland Community Hospital	134 W 111th Street Chicago	60628	9am-4pm (Tu, Wed, Th)	773-995-3463	Patient		3/27/13
Gynecology	Saint Francis Hospital	4905 Old Orchard Ctr., #618 Skokie	60077	M - F: 8am-5pm	847-673-1051	Either		6/21/13
Gynecology	Saint Francis Hospital	800 Austin St. East Tower, #354, Evanston	60202	M - F: 8am-5pm	847-491-6890	Either		6/21/13
Gynecology	Saint Francis Hospital	800 Austin St. West Tower, #505, Evanston	60202	M - F: 8am-5pm	847-869-0437	Either		6/21/13
Gynecology	Swedish Covenant Hospital	5140 N. California Ave, #635/645, Chicago, IL	60625	M 9a - 7:30p T 7:30a - 7p W 8:30a - 7:30p; TH 7a - 7p; F 7a - 2:30 p	773-878-7787	Either		3/27/13
Gynecology	Swedish Covenant Hospital	4753 N. Elston Ave, Chicago, IL	60630	M-F 8a - 4:30p	773-205-7200	Either		3/28/13
Gynecology	University of Illinois Medical Center	2045 W. Washington, Chicago, 60602	60612	M-F 8:30am-5pm	312-996-2000	Either		7/5/13
<b>Other Specialist Services (alphabetical)</b>								
Allergy	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-355-1700	Either		7/5/13
Allergy & Immunology	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-355-1700	Either		7/5/13
Asthma Clinic	Roseland Community Hospital	134 W 111th Street Chicago	60628	1pm-3pm (Tu) 9am-12pm (Fri)	773-995-3170	Either		3/27/13
Cardiology	Mount Sinai Hospital Medical Center	2218 S. Michigan Ave Chicago	60616	M - F: 8am-5pm	773-257-2273	Either		3/28/13
Cardiology	Mount Sinai Hospital Medical Center	2653 W Ogden Ave. 3rd Flr Suite A, Chicago	60608	M - F: 8am-5pm	773-257-2273	Either	Dr. Ali Kutom	5/31/13
Cardiology	Norwegian American Hospital	1044 N. Mozart Ave Suite 502	60622	Call for hours	773-292-5961	Either		3/27/13

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Specialty	Affiliation	Service Address	Service Zip Code	Hours Services Provided	Phone for Appointments	Patient Call or PCP Call	Helpful Hints	Data Entry Date
Cardiology	Norwegian American Hospital	1044 N. Francisco Chicago	60622	none provided	773-342-3333	PCP		8/16/13
Cardiology	Roseland Community Hospital	134 W 111th Street Chicago	60628	2pm-5pm (Tu, Fri)	773-995-3020	Either		1/31/13
Cardiology	Saint Bernard Hospital	326 W. 64th St. Chicago	60621	8 a.m. to 4:30 p.m.	773-488-7824	Either		5/10/13
Cardiology	Saint Bernard Hospital	326 W. 64th Street Chicago	60621	8 a.m. to 8 p.m.	773-488-7824	Either		6/14/13
Cardiology	Saints Mary and Elizabeth Medical Center	2222 W. Division Suite 300, Chicago	60622	none provided	773-342-3333	PCP	Request appointment with Dr. Raghu Ramadurai	8/16/13
Cardiology	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-6480	Either		7/5/13
Cardiology	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-6370	Either		7/5/13
Cardiology	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-355-1700	Either		7/5/13
Cardiology	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-2923	Either		7/5/13
Cardiology	Advocate South Suburban Hospital	17800 S Kedzie Ave, Hazel Crest, IL	60429		708-213-1000	Either		6/14/13
Cardiology	Advocate Trinity Hospital	2320 E 93rd St Chicago, Ill	60617	715am - 330pm	773-967-1000	Either		7/5/13
Cardiovascular Disease	Saint Francis Hospital	800 Austin St, West Tower, #501, Evanston	60202	M - F: 9am-5pm	847-905-1001	Either		6/14/13
Cardiovascular Disease	Saint Joseph Hospital	2800 N. Sheridan Rd., #500, Chicago	60657	M - F: 9am-5pm	773-348-0700	Either		3/27/13
Cardiovascular Disease	Swedish Covenant Hospital	5140 N. California Ave, #G465, Chicago, IL	60625	M-F 9a - 5:30 pm	773-271-4444	Either		3/27/13
Cardiovascular Disease	Swedish Covenant Hospital	2740 W. Foster Ave, Ste 412, Chicago, IL	60625	M 2p-5p; T 10a-12:30 p; F 2p - 5 p	773-769-1697	Either		3/27/13
Cardiovascular Disease	Swedish Covenant Hospital	4733 N. Damen, Chicago, IL	60625	F 1p - 4p (2nd & 4th Fri of the Month)	773-878-6060	Either		3/28/13
Dermatology	Mount Sinai Hospital Medical Center	1108 S. Kedzie Ave Chicago	6061	M - F: 8am-5pm	773-257-2273	Either		3/27/13
Dermatology	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-8666	Either		7/5/13
Electrophysiology	Swedish Covenant Hospital	5140 N. California Ave, #705, Chicago, IL	60625	W & F 1:30p - 4p; TH 9a -12p	773-989-3957	Either		3/28/13
Endocrinology	Mount Sinai Hospital Medical Center	2901 W. Touhy Ave Chicago	60645	M - F: 8am-5pm	773-257-2273	Either		3/28/13
Endocrinology	Mount Sinai Hospital Medical Center	2653 W Ogden Ave. 3rd Flr Suite A, Chicago	60608	M - F: 8am-5pm	773-257-2273	Either		3/27/13
Endocrinology	Swedish Covenant Hospital	2740 W. Foster Ave, #316, Chicago, IL	60625	M,T,W,F 9a - 5p; S 8a - 2p	773-769-9200	Either		6/14/13

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Specialty	Affiliation	Service Address	Service Zip Code	Hours Services Provided	Phone for Appointments	Patient Call or PCP Call	Helpful Hints	Data Entry Date
Endocrinology	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-355-1700	Either		7/5/13
Endocrinology	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-6060	Either		7/5/13
Endocrinology, Diabetes and Metabolism	Resurrection Medical Center	7447 W. Talcott Ave., #551, Chicago	60631	M - F: 9am-5pm	773-467-9977	Either		6/14/13
Endocrinology, Diabetes and Metabolism	Saint Francis Hospital	800 Austin St, East Tower, #354, Evanston	60202	M - F: 9am-5pm	847-491-6890	Either		6/14/13
Endocrinology, Diabetes and Metabolism	Saint Joseph Hospital	2800 N. Sheridan Rd., #309, Chicago	60657	M - F: 9am-5pm	773-248-6913	Either		6/14/13
Endocrinology, Diabetes and Metabolism	Saint Joseph Hospital	2719 N. Halsted St., #C-1, Chicago	60614	M - F: 9am-5pm	773-388-5685	Either		6/14/13
Endocrinology, Diabetes and Metabolism	Saints Mary and Elizabeth Medical Center	5322 W. Fullerton Ave., Chicago	60639	M - F: 9am-5pm	773-622-0056	Either		3/28/13
ENT	Mount Sinai Hospital Medical Center	1501 S. California Ave Chicago	60608	M - F: 8am-5pm	773-257-2273	Either		6/14/13
ENT	Resurrection Medical Center	7447 W. Talcott Ave., #507, Chicago	60631	M - F: 9am-5pm	773-427-8114	Either	Gary Wiesman, MD	1/31/13
ENT	Saint Anthony Hospital	2875 W. 19th St. Chicago	60623	M-SAT: 7:30AM to 6PM	(773) 484-4425	Either		6/14/13
ENT	Saint Francis Hospital	800 Austin St, East Tower, #363, Evanston	60202	M - F: 9am-5pm	847-316-7055	Either		3/28/13
ENT	University of Illinois Medical Center	1855 W. Taylor, Chicago, 60612	60612	M-F 8:30am-5pm	312-996-6555	Either		7/5/13
ENT	University of Illinois Medical Center	1855 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-6554	Either		7/5/13
ENT	University of Illinois Medical Center	1855 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-6582	Either		7/5/13
Gastroenterology	Mount Sinai Hospital Medical Center	1108 S. Kedzie Ave Chicago	60612	M - F: 8am-5pm	773-257-2273	Either		3/28/13
Gastroenterology	Mount Sinai Hospital Medical Center	2653 W Ogden Ave. 3rd Flr Suite A, Chicago	60608	M - F: 8am-5pm	773-257-2273	Either		3/27/13
Gastroenterology	Norwegian American Hospital	1044 N Francisco Chicago	60622	M, W, F: 10am - 1pm Th: 3pm - 6pm	773-292-8247	PCP	Request appointment with Dr. Arun Verma	8/16/13
Gastroenterology	Physicians Community Medical Specialists	5320 W 159TH ST SUITE 200 Chicago	60452	M-S 9AM-5PM	708-798-8112	EITHER		8/2/13
Gastroenterology	Roseland Community Hospital	134 W 111th Street Chicago	60628	2pm -5pm (Wed)	773-995-3141	Either		5/10/13
Gastroenterology	Saint Bernard Hospital	326 W. 64th Street Chicago	60621	8 a.m. to 8 p.m.	773-488-7824	Either		3/27/13
Gastroenterology	Swedish Covenant Hospital	5140 N. California Ave, #635/645, Chicago, IL	60625	M-W 7a - 5p; TH 9a - 7p	773-878-7787	Either		2/20/13
Gastroenterology	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-3800	Either		7/5/13



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Specialty	Affiliation	Service Address	Service Zip Code	Hours Services Provided	Phone for Appointments	Patient Call or PCP Call	Helpful Hints	Data Entry Date
Gastroenterology	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-355-1700	Either		7/5/13
Gastroenterology	West Suburban Medical Center	1 Erie Court, Ste 3200, Oak Park, IL	60302	Office hours = 8a -5pm Procedure hours = Mon thru Friday 7:30-12:30 Office Visit (consultation) hours= Mon 2p-4:30p Tues 9:30am -12n, 2:30p-4:30p Thurs 2:30p-4:30p, Friday 9am-12n	708 763-2907 or 708 763-8248	PCP or Patient	For PCP: Please fill-out Consultation Request form (available upon request) and fax to 708 383-7875 to expedite scheduling of patients.	3/28/13
Hematology/Oncology	Mount Sinai Hospital Medical Center	1501 S. California Ave Chicago	60608	M - F: 8am-5pm	773-257-2273	Either		5/10/13
Hematology/Oncology	Saint Bernard Hospital	326 W. 64th Street Chicago	60621	8 a.m. to 8 p.m.	773-488-7824	Either		6/14/13
Hematology/Oncology	Saint Francis Hospital	767 Park Ave. West, #120 Highland Park	60035	M - F: 9am-5pm	847-568-9930	Either		6/14/13
Hematology/Oncology	Saint Francis Hospital	9711 Skokie Blvd., #A, Skokie	60077	M - F: 9am-5pm	847-568-9930	Either		6/14/13
Hematology/Oncology	Saint Joseph Hospital	2900 N Lake Shore Drive, Chicago	60657	M - F: 9am-5pm	773-661-5800	Either		3/28/13
Hematology/Oncology	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-355-1700	Either		7/5/13
Hematology/Oncology	University of Illinois Medical Center	6801 W. 34th Street, Berwyn, IL 60402-5591	60402	M-F 8:30am-5pm	708-484-8400	Either		7/5/13
Hematology/Oncology	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-7416	Either		7/5/13
Infectious Disease	Mount Sinai Hospital Medical Center	2653 W Ogden Ave. 3rd Flr Suite A, Chicago	60608	M - F: 8am-5pm	773-257-2273	Either		3/27/13
Infectious Disease	Roseland Community Hospital	134 W 111th Street Chicago	60628	9am-12pm (Tu, Th)	773-995-3010	Either		5/10/13
Infectious Disease	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-8337	Either		7/5/13
Infectious Disease	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-355-1700	Either		7/5/13
Infectious Disease	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-355-1700	Either		7/5/13
Infusion Therapy	Advocate Trinity Hospital	2320 E 93rd St Chicago, Ill	60617	8am - 4pm	773-967-4638	Either		7/5/13
Nephrology	Saint Bernard Hospital	326 W. 64th Street Chicago	60621	8 a.m. to 8 p.m.	773-488-7824	Either		3/28/13

<b>County Care Referral Network: M.D. Services</b>								
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Specialty	Affiliation	Service Address	Service Zip Code	Hours Services Provided	Phone for Appointments	Patient Call or PCP Call	Helpful Hints	Data Entry Date
Nephrology	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-355-1700	Either		7/5/13
Nephrology	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-6735	Either		7/5/13
Nephrology	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-8337	Either		7/5/13
Neurology	Mount Sinai Hospital Medical Center	1501 S. California Ave Chicago	60608	M - F: 8am-5pm	773-257-2273	Either		6/14/13
Neurology	Saint Francis Hospital	800 Austin St, East Tower, #354, Evanston	60202	M - F: 9am-5pm	847-491-6890	Either		6/14/13
Neurology	Saint Francis Hospital	800 Austin St, East Tower, #363, Evanston	60202	M - F: 9am-5pm	847-316-7055	Either		3/28/13
Neurology	Schwab Rehabilitation Hospital	1401 S. California Ave. Chicago	60608	M - F: 8am-5pm	773-257-2273	Either		3/27/13
Neurology	Swedish Covenant Hospital	2740 W. Foster Ave, Ste 210, Chicago, IL	60625	M,W,TH 10a - 12p; W-F 10a - 12p	773-989-5571	Either		3/27/13
Neurology	Swedish Covenant Hospital	6225 W. Touhy Ave, Chicago, IL	60646	T 11a - 4p	773-775-7540	Either		3/27/13
Neurology	Swedish Covenant Hospital	5115 N. Francisco Avenue, Chicago, IL	60625	M-F 8:30 a - 4:30 p	773-271-2225	Either	Please be certain that patient brings physician order/referral, picture ID and CountyCare card.	3/13/13
Neurology	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-355-1700	Either		7/5/13
Neurology	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-355-0510	Either		7/5/13
Neurology	University of Illinois Medical Center	1855 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-6590	Either		7/5/13
Oncology	Mercy Hospital and Medical Center	2525 S. Michigan Ave. Chicago	60616	Tu-F: 8m-noon	312-567-2273	Either		1/31/13
Oncology	Saint Anthony Hospital	2875 W. 19th St. Chicago	60623	M-F 8AM to 5PM	(773) 484-1883	Either		3/27/13
Oncology - Gynecologic	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-413-7500	Either		7/5/13
Oncology - Gynecologic	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-413-9874	Either		7/5/13
Oncology - Medical	Swedish Covenant Hospital	5140 N. California Ave, G115, Chicago, IL	60625	M, TH, F 8a - 5p; W 8a - 6p	773-989-3803	Either		3/27/13
Oncology - Medical	Swedish Covenant Hospital	160 E. Illinois St., Chicago, IL 60611	60611		312-477-2400	Either		3/27/13
Oncology - Medical	Swedish Covenant Hospital	800 Austin Ave., # 607 West Tower, Evanston, IL	60202	M - F 7:30a - 4:30p	847-475-6063	Either		3/28/13

<b>County Care Referral Network: M.D. Services</b>								
<i>Please remind patient to bring picture ID and CountyCare card to appointment.</i>								
Specialty	Affiliation	Service Address	Service Zip Code	Hours Services Provided	Phone for Appointments	Patient Call or PCP Call	Helpful Hints	Data Entry Date
Oncology - Radiation	Mount Sinai Hospital Medical Center	1501 S. California Ave Chicago	60608	M - F: 8am-5pm	773-257-2273	Either	Have PCP/office staff call if patient is unable to provide diagnosis, type of ultrasound, and any other pertinent information. Please be certain patient brings physician order/referral, picture ID and CountyCare card.	3/13/13
Oncology - Radiation	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-3630	Either		7/5/13
Oncology - Surgical	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-355-4300	Either		7/5/13
Oncology - Surgical	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-9751	Either		7/5/13
Ophthalmology	Mount Sinai Hospital Medical Center	1501 South California Avenue	60608	M - F: 8am-5pm	773-257-2273	Either		5/10/13
Ophthalmology	Saint Bernard Hospital	326 W. 64th Street Chicago	60621	8 a.m. to 8 p.m.	773-488-7824	Either		3/28/13
Ophthalmology	University of Illinois Medical Center	1855 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-6590	Either		7/5/13
Ophthalmology	University of Illinois Medical Center	1855 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-6660	Either		7/5/13
Ophthalmology	Illinois College of Optometry	3241 S. Michigan Avenue	60616	8:00a-5:00p	(312) 225-6200	Either		6/26/13
Pain Management	Advocate South Suburban Hospital	17800 S Kedzie Ave, Hazel Crest, IL	60429		708-213-1000	Either	Dr. Pareja	6/14/13
Pain Management	MetroSouth Medical Center Hospital	12935 South Gregory St. Blue Island, Illinois	60406	M-S 7AM - 3:30PM	708-597-2000 follow prompts	Attending Surgeon/Office Staff	Sunday CLOSED	6/7/13
Pain Management	Norwegian American Hospital	17800 S Kedzie Ave, Hazel Crest, IL	60622		773-292-8388			3/27/13
Pain Management	Roseland Community Hospital	134 W 111th Street Chicago	60628	1pm-4pm (Wed)	773-995-3463	Either		3/27/13
Pain Management	Swedish Covenant Hospital	6225 W. Touhy Ave, Chicago, IL	60646	F 9a - 5p	773-775-7540	Either	Comprehensive pain management center	2/20/13
Pain Management	Westlake	7411 W. Lake Street, River Forest, IL	60305	9:00am - 5:00pm	708-938-7111	Either		6/14/13
Pain Management	Our Lady of the Resurrection	5645 W Addison St, Chicago	60634	M - F: 9am-5pm	773-282-7000	Either	Dr. Campinini	5/31/13
Pain Management	Swedish Covenant Hospital	5215 N California Ave, Chicago suite 600	60625	Mon- Fri 9:00am - 5:00pm alternative Saturdays 9:00am - 2:00pm	773 878 6222	Either	Must have an order, ID, and insurance cards with at time of service. If needed insurance approval must also be obtained with the proper RQI Number.	4/17/13
Physical Medicine & Rehabilitation	Mount Sinai Hospital Medical Center	1401 S. California Ave Chicago	60608	M - F: 8am-5pm	773-522-2010	Either		5/10/13
Physical Medicine & Rehabilitation	Saint Bernard Hospital	326 W. 64th Street Chicago	60621	8 a.m. to 8 p.m.	773-488-7824	Either		6/14/13

County Care Referral Network: M.D. Services								
<i>Please remind patient to bring picture ID and CountyCare card to appointment.</i>								
Specialty	Affiliation	Service Address	Service Zip Code	Hours Services Provided	Phone for Appointments	Patient Call or PCP Call	Helpful Hints	Data Entry Date
Physical Medicine & Rehabilitation	Saint Francis Hospital	7380 N. Lincoln Ave., Lincolnwood	60712	M - F: 9am-5pm	847-568-7400	Either		6/14/13
Physical Medicine & Rehabilitation	Saint Joseph Hospital	2900 N Lake Shore Drive, Chicago	60657	M - F: 9am-5pm	773-665-4964	Either		3/27/13
Physical Medicine & Rehabilitation	Saints Mary and Elizabeth Medical Center	2222 W. Division St., #235, Chicago	60622	M - F: 9am-5pm	773-486-7200	Either		3/27/13
Physical Medicine & Rehabilitation	Swedish Covenant Hospital	5215 N. California Ave, # 600, Chicago, IL	60625	M 9a - 4p; T, TH 1p - 4:30p; W 9a - 4p; F 1p - 4:30p	773-989-6222	Either		3/27/13
Physical Medicine & Rehabilitation	Swedish Covenant Hospital	6225 W. Touhy Ave, Chicago, IL	60646	W 2p - 4:30p	773-775-7540	Either		5/31/13
Physical Medicine & Rehabilitation	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-355-0510	Either		7/5/13
Physical Medicine & Rehabilitation	University of Illinois Medical Center	839 W. Roosevelt, Chicago, IL 60607	60612	M-F 8:30am-5pm	312-355-4404	Either		7/5/13
Podiatry	Mount Sinai Hospital Medical Center	1108 S. Kedzie Ave Chicago	60612	M - F: 8am-5pm	773-257-2273	Either	Services limited to diabetics	4/30/13
Podiatry	Norwegian American Hospital	1044 N. Francisco Ave. Chicago	60622	Monday & Friday 1:00 p.m. - 3:00 p.m.	773-292-8247	EITHER	Services limited to diabetics. Dr. Joel Anderson & Dr Paul Santangelo	5/31/13
Podiatry	Norwegian American Hospital	1044 N. Francisco Ave. Chicago	60622		773-292-8247		Services limited to diabetics	3/27/13
Podiatry	Roseland Community Hospital	134 W 111th Street Chicago	60628	3pm-5pm (Wed)	312-226-5376	Either	Services limited to diabetics. Also call (773) 484-4425 for Sarah Naglich, DPM	2/8/13
Podiatry	Saint Anthony Hospital	2875 W. 19th St. Chicago	60623	M-SAT: 7:30AM to 6PM	(773) 523-0400	Either	Services limited to diabetics	5/10/13
Podiatry	Saint Bernard Hospital	326 W. 64th Street Chicago	60621	8 a.m. to 8 p.m.	773-488-7824	Either	Services limited to diabetics	3/28/13
Podiatry	Saint Francis Hospital	800 Austin West # 611 Evanston	60202	M-F: 9am - 5pm	847-328-2282	Either	Dr. Kevin Tunnat Evanston Foot & Ankle Clinic	7/19/13
Podiatry	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-5625	Either	Services limited to diabetics	7/5/13
Podiatry	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-1300	Either	Services limited to diabetics	7/5/13
Pulmonary Medicine	Mount Sinai Hospital Medical Center	1401 S. California Ave Chicago	60608	M - F: 8am-5pm	773-257-2273	Either		3/28/13
Pulmonary Medicine	Mount Sinai Hospital Medical Center	1501 S. California Ave Chicago	60608	M - F: 8am-5pm	773-257-2273	Either		3/28/13
Pulmonary Medicine	Mount Sinai Hospital Medical Center	2901 West Touhy Avenue	60645	M - F: 8am-5pm	773-257-2273	Either		3/28/13
Pulmonary Medicine	Mount Sinai Hospital Medical Center	2653 W Ogden Ave. 3rd Flr Suite A, Chicago	60608	M - F: 8am-5pm	773-257-2273	Either		5/10/13
Pulmonary Medicine	Saint Bernard Hospital	326 W. 64th Street Chicago	60621	8 a.m. to 8 p.m.	773-488-7824	Either		3/28/13

County Care Referral Network: M.D. Services								
<i>Please remind patient to bring picture ID and CountyCare card to appointment.</i>								
Specialty	Affiliation	Service Address	Service Zip Code	Hours Services Provided	Phone for Appointments	Patient Call or PCP Call	Helpful Hints	Data Entry Date
Pulmonary Medicine	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-355-1700	Either		7/5/13
Pulmonary Medicine	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-9247	Either		7/5/13
Pulmonology/Allergy	Mount Sinai Hospital Medical Center	2653 W Ogden Ave. 3rd Flr Suite A, Chicago	60608	M - F: 8am-5pm	773-257-2273	Either		2/20/13
Radiology - Interventional	West Suburban Medical Center	3 Erie Court, Oak Park, IL	60302	7a-4:30p M-F	708-763-6518	Either		3/28/13
Rheumatology	Mount Sinai Hospital Medical Center	1239 W. 18th Chicago	60608	M - F: 8am-5pm	773-257-2273	Either	Dr. Popesue	5/31/13
Rheumatology	Norwegian American Hospital	1045 N. Francisco Ave 2nd Floor	60623		773-292-8388			3/28/13
Rheumatology	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-355-1700	Either		7/5/13
Sleep Medicine	Mount Sinai Hospital Medical Center	2653 W Ogden Ave. 3rd Flr Suite A, Chicago	60608	M - F: 8am-5pm	773-257-2273	Either	Please be certain that patient brings physician order/referral, picture ID and CountyCare card.	3/13/13
Surgery - Bariatric	Mercy Hospital and Medical Center	Mercy LapBand Program 2600 S. Michigan Ave. Suite 408, Chicago	60616	M, Tu, W: 9am-5pm Th: 9am-4pm F: 7am-3pm	312-567-5481	Either	comprehensive surgical program.	2/20/13
Surgery - Bariatric	Mount Sinai Hospital Medical Center	1500 S. Fairfield Chicago	60608	M-F: 8am-5pm	773-257-2273	Either	Must have order, ID, and insurance cards with at time of service	6/14/13
Surgery - Bariatric	Westlake	1225 W. Lake Street, Melrose Park, IL	60160	8:00 am - 5:00 pm	708-938-4673	Either		2/27/13
Surgery - Bariatric - Laparoscopic	OUR LADY OF THE RESURRECTION MEDICAL CENTER	5645 W ADDISON ST CHICAGO, IL	60634	Hot line for patient info.: 847-596-8226	773-665-3904	Either	*Bariatric patients are referred to St. Joseph Hospital - Chicago. These services are not provided at OLRMC.	6/21/13
Surgery - Bariatric - Laparoscopic	SAINT JOSEPH HOSPITAL	2900 N LAKE SHORE DR CHICAGO, IL	60657	N/A	N/A	PCP / Specialist		6/14/13
Surgery - Cardiothoracic	Swedish Covenant Hospital	5140 N. California Ave, #600, Chicago, IL	60625	1p - 5p F	773-907-1035	Either		3/28/13
Surgery - Cardiothoracic	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-355-4300	Either		7/5/13
Surgery - Cardiothoracic	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-6480	Either		7/5/13
Surgery - Cardiovascular	Mount Sinai Hospital Medical Center	1501 S. California Ave Chicago	60608	M - F: 8am-5pm	773-257-2273	Either		3/28/13
Surgery - Cardiovascular	Mount Sinai Hospital Medical Center	2653 W Ogden Ave. 3rd Flr Suite A, Chicago	60608	M - F: 8am-5pm	773-257-2273	Either		3/28/13
Surgery - Colorectal	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-355-4300	Either		7/5/13
Surgery - General	Mount Sinai Hospital Medical Center	1501 South California Avenue	60608	M - F: 8am-5pm	773-257-2273	Either		4/30/13

<b>County Care Referral Network: M.D. Services</b>								
<i>Please remind patient to bring picture ID and CountyCare card to appointment.</i>								
Specialty	Affiliation	Service Address	Service Zip Code	Hours Services Provided	Phone for Appointments	Patient Call or PCP Call	Helpful Hints	Data Entry Date
Surgery - General	Mount Sinai Hospital Medical Center	2653 W Ogden Ave. 3rd Flr Suite A, Chicago	60608	M - F: 8am-5pm	773-257-2273	Either		3/28/13
Surgery - General	Norwegian American Hospital	1044 N. Francisco Ave. Chicago	60622	By Appointment	773-292-8333	PCP	Dr. Jose DeLeon	5/31/13
Surgery - General	Norwegian American Hospital	1044 N. Mozart St Suite 502	60622		773-292-8381	Either		2/8/13
Surgery - General	Saint Anthony Hospital	2875 W. 19th St. Chicago	60623	M-SAT: 7:30AM to 6PM	(773) 484-4425	Either		5/10/13
Surgery - General	Saint Bernard Hospital	326 W. 64th Street Chicago	60621	8 a.m. to 8 p.m.	773-488-7824	Either		3/27/13
Surgery - General	Suburban Surgery Center	1980 N. Harlem Ave. Elmwood Park, IL	60707	M-F: 9am - 5pm	708-453-6800	Either		8/16/13
Surgery - General	Suburban Surgery Center Resurrection Medical Center	7447 W. Talcott Ave. Suite 302, Chicago	60631	Thursday: 8am-1pm	708-453-6800	Either		8/16/13
Surgery - General	Suburban Surgery Center Chicago Institute of Advanced Bariatrics	2913 N. Commonwealth Suite 400, Chicago	60657	M: 7am-noon Th: noon-6pm	708-453-6200	Either		8/16/13
Surgery - General	Suburban Surgery Center Elmhurst Center for Health	1200 S. York Rd., Ste 4240, Elmhurst, IL	60126	as needed	708-453-6200	Either		8/16/13
Surgery - General	Swedish Covenant Hospital	5140 N. California Ave, Ste 560, Chicago, IL	60625	T 9a - 5p; TH 1p - 5p	773-275-4496	Either		3/28/13
Surgery - General	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-355-4300	Either		7/5/13
Surgery - General	University of Illinois Medical Center	1801 W. Taylor, Chicago, 60612	60612	M-F 8:30am-5pm	312-996-9300	Either		7/5/13
Surgery - General	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-355-1493	Either		7/5/13
Surgery - General	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-9936	Either		7/5/13
Surgery - Neurological	Mount Sinai Hospital Medical Center	1401 S. California Ave Chicago	60608	M - F: 8am-5pm	773-257-2273	Either		3/28/13
Surgery - Neurological	Mount Sinai Hospital Medical Center	2653 W Ogden Ave. 3rd Flr Suite A, Chicago	60608	M - F: 8am-5pm	773-257-2273	Either		3/27/13
Surgery - Neurological	Swedish Covenant Hospital	6225 W. Touhy Ave, Chicago, IL	60646	M 9a - 2p; TH 9a - 3p	773-775-7540	Either		3/27/13
Surgery - Neurological	Swedish Covenant Hospital	160 E. Illinois St., Chicago, IL	60611		312-477-2400	Either		3/27/13
Surgery - Neurological	Swedish Covenant Hospital	1200 S. York Rd., Ste 4240, Elmhurst, IL	60126	W 8a - 1p	773-271-2225	Either		3/27/13
Surgery - Neurological	Swedish Covenant Hospital	5115 N. Francisco Avenue, Chicago, IL 60625	60625	M-F 8:30 a - 4:30 p	773-271-2225	Either		6/14/13
Surgery - Neurological	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-355-4300	Either		7/5/13
Surgery - Neurological	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-4842	Either		7/5/13

County Care Referral Network: M.D. Services								
<i>Please remind patient to bring picture ID and CountyCare card to appointment.</i>								
Specialty	Affiliation	Service Address	Service Zip Code	Hours Services Provided	Phone for Appointments	Patient Call or PCP Call	Helpful Hints	Data Entry Date
Surgery - Orthopaedic	Mount Sinai Hospital Medical Center	3109 W Armitage Ave Chicago	60647	M - F: 8am-5pm	773-257-6665	Either		3/28/13
Surgery - Orthopaedic	Mount Sinai Hospital Medical Center	1501 South California Avenue	60608	M - F: 8am-5pm	773-257-6665	Either		5/10/13
Surgery - Orthopaedic	Saint Anthony Hospital	2875 W. 19th St. Chicago	60623	F: 8am - noon	773-484-4425	Either	Request appointment with Dr. Chandrasekhar Sanpatti.	8/16/13
Surgery - Orthopaedic	Saint Bernard Hospital	326 W. 64th Street Chicago	60621	8 a.m. to 8 p.m.	773-488-7824	Either	Pt must be assigned to an On Staff Physician and that Physician must write order for Pain Clinic to use this center.	6/14/13
Surgery - Orthopaedic	Saints Mary and Elizabeth Medical Center	1431 N. Western Ave., #134, Chicago	60622	M - F: 9am-5pm	773-235-1915	Either		6/14/13
Surgery - Orthopaedic	Saints Mary and Elizabeth Medical Center	2222 W. Division St., #235, Chicago	60622	M - F: 9am-5pm	773-486-7200	Either		3/27/13
Surgery - Orthopaedic	Swedish Covenant Hospital	5115 N. Francisco Ave, 1st Floor, Chicago, IL	60625	M 10a - 5p; TH 10a - 3p	773-907-7750	Either		3/27/13
Surgery - Orthopaedic	Swedish Covenant Hospital	600 W. Lake Cook Rd., Buffalo Grove, IL	60089	T 10a - 5p; S 9a - 12p	847-520-8900	Either	Request appointment with Dr. Jaroslaw Dzwinyk	3/28/13
Surgery - Orthopaedic	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-1300	Either		7/5/13
Surgery - Orthopaedic Hand	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-1300	Either		7/5/13
Surgery - Plastic and Reconstructive	Mount Sinai Hospital Medical Center	2653 W Ogden Ave. 3rd Flr Suite A, Chicago	60608	M - F: 8am-5pm	773-257-2273	Either		3/27/13
Surgery - Plastic and Reconstructive	University of Illinois Medical Center	1855 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-6554	Either		7/5/13
Surgery - Plastic and Reconstructive	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-355-4300	Either		7/5/13
Surgery - Plastic and Reconstructive	University of Illinois Medical Center	1740 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-9313	Either		7/5/13
Surgery - Plastic and Reconstructive	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-355-4300	Either		7/5/13
Surgery - Plastic and Reconstructive	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-9936	Either		7/5/13
Surgery - Surgical Bariatric Consult - Lapband	Mercy Lapband Program	2600 S. Michigan Ave. Chicago	60616	M-W: 9am-5pm Th: 9am-4pm Fri: 7am-3pm	312-567-5481	Either	Patient must attend information session prior to appointment. Call for additional information. Please be sure that patient brings physician order.	5/10/13
Surgery - Vascular	Swedish Covenant Hospital	5140 N. California Ave, #705, Chicago, IL	60625	M 9a - 4p	773-989-3957	Either		3/28/13
Surgery - Vascular	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-9336	Either		7/5/13
Surgery - Vascular	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-355-4300	Either		7/5/13

<b>County Care Referral Network: M.D. Services</b>								
<i>Please remind patient to bring picture ID and CountyCare card to appointment.</i>								
Specialty	Affiliation	Service Address	Service Zip Code	Hours Services Provided	Phone for Appointments	Patient Call or PCP Call	Helpful Hints	Data Entry Date
Surgery - Vascular	University of Illinois Medical Center	1801 W. Taylor, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-8459	Either		7/5/13
Surgery- Maxillofacial Prosthetics	University of Illinois Medical Center	811 S. Paulina, Chicago, IL 60612	60612	M-F 8:30am-5pm	312-996-6933	Either		7/5/13
Urology	Mount Sinai Hospital Medical Center	2653 W Ogden Ave. 3rd Flr Suite A, Chicago	60608	M - F: 8am-5pm	773-257-2273	Either		1/31/13
Urology	Saint Bernard Hospital	326 W. 64th Street Chicago	60621	8 a.m. to 8 p.m.	773-488-7824	Either		6/14/13
Urology	Saint Bernard Hospital	6441 S. Pulaski Ave. Chicago	60629	by appointment	773-884-0460	Either	fax referral to 773-884-0461	8/2/13
Urology	Saint Bernard Hospital	2315 E. 93rd, #416 Chicago	60617	by appointment	773-768-5770	Either	fax referrals to 7737680702	8/2/13
Urology	Saint Bernard Hospital	7531 S. Stony Island Chicago	60649	by appointment	773-947-7716	Either	fax referrals to 7739477731	8/2/13
Urology	University of Illinois Medical Center	1801 W. Taylor, Chicago, 60612	60612	M-F 8:30am-5pm	312-355-4300	Either		7/5/13
Urology	University of Illinois Medical Center	900 N. Michigan Ave, Chicago, IL 60611	60611	M-F 8:30am-5pm	312-440-5127	Either		7/5/13
Urology	University of Illinois Medical Center	722 W. Maxwell Street, Chicago, IL 60607	60607	M-F 8:30am-5pm	312-996-2779	Either		7/5/13



## Appendix E. Health Risk Assessment Results

% Members\* who Selected True to Questions on HRA by Members' 1st PCP Site Group

Question #	Question Description	CCHHS	FQHC	Undesignated	Total	# Members
Q1	Do you have a doctor, health center, or clinic that you go to when you need medical care?	48.9%	40.6%	58.7%	43.4%	31,683
Q2	Have you visited a health care provider within the last 12 months?	56.2%	47.3%	60.9%	50.3%	36,702
Q3	Do you take medications for any of the following reasons:	33.7%	23.6%	21.7%	27.0%	19,726
Q3A	Breathing problems? (Asthma, COPD)	11.8%	8.6%	8.7%	9.6%	7,037
Q3B	Heart problems? (Angina, Heart Failure)	10.1%	6.0%	4.3%	7.4%	5,407
Q3C	Diabetes? ('Sugar')	11.3%	7.6%	13.0%	8.9%	6,474
Q3D	Depression?	7.9%	6.7%	4.3%	7.1%	5,193
Q3E	Are you able to obtain these medications?	18.2%	14.6%	19.6%	15.8%	11,540
Q4	Do you have any health care services provided in your home?	0.7%	0.7%	0.0%	0.7%	509
Q5	Have you been hospitalized or in the ED within the last 6 months?	32.3%	20.0%	21.7%	24.1%	17,611
Q6	Are you worried about having a place to stay tonight or in the near future?	16.8%	21.8%	19.6%	20.1%	14,679

\* Here the denominator is the members with HRA at each primary care site type. The total number of members with HRA is 72,935 and by primary care site type of CCHHS is 24,665, FQHC is 48,234, and Undesignated is 46.

## ***Appendix F. Qualitative Data Description and Methods***

Interview participants were recruited through word-of-mouth or referral from previous interviewees, or with the assistance of CCHHS representatives. Participants had diverse experiences with CountyCare, some having helped to develop it, some having implemented it, and some having been on the front line as members were enrolled. Because many of the participants were very busy, the interviews were primarily conducted at the participants' sites, either in their offices or in large conference rooms nearby.

Two evaluators attended each interview and took copious notes that were later transcribed and shared with the rest of the research team. After each interview, the two evaluators would compare their notes and discuss what they heard. They would also talk about how the new information seemed to “fit” with what they had previously heard. They discussed factors that were consistent with information they had received from previous interviews or focus groups, as well as information that seemed new or inconsistent with what they had heard. Following established evaluation models<sup>6</sup>, the evaluators identified possible themes that emerged during the interview process, but also remained cautious about avoiding pitfalls associated with qualitative research. They remained open to new information and tried to talk with people from different levels in the organizations and with different affiliations, to triangulate a complete understanding of the situation.

### **Focus Groups**

Two focus groups were conducted with primary care site managers. The first was comprised of managers from ACHN sites, while the second was comprised of managers from a community health network of 35 FQHC sites. The goal of these focus groups was to hear from a range of people outside CCHHS about the actual implementation of CountyCare, from their perspective. We again asked questions primarily related to enrollment, changes in the quality and type of care their patients or clients were now able to access, and the steps they had taken to improve care coordination for this newly insured population.

The focus groups were semi-structured discussions, where the evaluators asked both open- and closed-ended questions, but also facilitated discussion between participants and maintained flexibility around the direction of the conversation.

Participants in the first focus group were recruited by representatives of CountyCare, from a list of their network of managers. Participants in the second group were recruited through the network of federally qualified health centers.

Two evaluators attended each focus group and followed a similar procedure for recording notes and debriefing after each meeting as the procedure described for the semi-structured interviews.

### Closed-Ended Surveys

To provide an opportunity for other members of the organization to share their thoughts about the implementation of CountyCare, a link to an online survey was distributed to CCHHS staff, ACHN site managers, and to ACHN site staff. The survey was created using Qualtrics, and was distributed by a representative from CountyCare asking employees to participate by following a link in the email. Employees were not required to participate, nor were they offered any incentive for participation, but they were told that their responses would be used to evaluate the success of the CountyCare 1115 waiver. Participants were also told that their responses would be anonymous and would remain confidential. Copies of the surveys used for site managers and Care Coordinators are attached in the Appendix B and C.

These surveys included primarily closed-ended questions, which corresponded to the information we had heard in the initial focus group and interviews with front-line workers. However, they also included a few open-ended questions, where participants could elaborate or provide greater detail. In general, surveys took about 15 minutes to complete.

### Methods

As described above, two evaluators discussed the interviews and focus groups after they were finished, highlighting ideas, themes, or concepts that seemed to correspond to previous information, or that seemed different from what had been previously heard.

Once all interviews and focus groups were completed, the two evaluators went through a process of identifying common themes across the interviews, and grouping statements or information from the transcripts into these broad themes. Since one of the goals was to expand on themes, the two evaluators used the multiple perspectives of the interviewees to try to piece together a consistent story of the CountyCare implementation.

To test the reliability of their measures, they asked other members of the evaluation team (who had not been involved with the interviews) to match a series of quotes or ideas from the interviews and focus groups to the broad themes they had developed. This allowed the evaluators to ensure that their themes reflected the content of the interviews, and that the themes were different enough that the other team members could clearly distinguish between them.