

Agent Frequently Asked Questions

IL Coordinated Care Network (CCN)



What is the IL Coordinated Care Network?

The IL Coordinated Care Network (CCN) is a gated HMO network consisting of seven provider systems: Advocate, Loyola, NorthShore, Northwest, Presence, Progress and Swedish. A unique feature of this offering is members will choose which of the seven provider systems they will have their care provided through, and will stay within that provider system for the plan year. Members will receive care through the hospitals, physicians, diagnostic centers and other elements within the provider system they have chosen. This provider-based model is being introduced to share information, reduce duplication and make treatment decisions based on clinical and institutional best practices.

What is unique about a Coordinated Care Network?

- Offers employees the opportunity to choose the solution that best meets their needs.
 - Our multiple solutions ensure adequate coverage in various geographies based on the location of the employee.
 - Members finally have the freedom to choose a specific provider system without having to pay for access to other systems that they do not use.
 - Creates awareness for the employer of the difference in cost between provider systems and gives them the opportunity to influence their health care cost based on the enrollment in the lower cost high-value networks.
- The CCN can be offered alongside a broad network option, like CPOS or HMO Select, giving employees the ability to choose the option that best meets their lifestyle, price point and desire for coordinated care.
- Places value on the primary care physician (PCP) relationship by making him/her the care coordinator.

How does a Coordinated Care Network work with our current Humana products?

Plans/products are tied to Coordinated Care Network. Fully insured plans that include Go365 and Total Health will continue to be an option.

Are product grids available?

IL Coordinated Care Network HMO grid

In what counties will the IL Coordinated Care Network be available?

- Cook
- DuPage
- Kane
- Kankakee
- Lake
- Will

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What's the value to employers?

- Utilizes a gated HMO network that enables primary care physicians to coordinate members' care to reduce costs and improve the member experience.
- Helps drive utilization of primary care services and preventive care services by partnering with local providers to focus on the health of members of their communities.
- Allows employer to provide the employee a plan benefit option in each of the provider systems to select what best meets their lifestyle, price point and desire for coordinated care.
- Innovative network that offers a consumer choice model which allows families to select a specific system based on their healthcare needs and their price sensitivity.

What's the value to employees?

Delivers an improved patient experience:

- Supports a patient-centered approach through relationships providers have in their communities.
- Employees can select one of the seven provider systems through which they want to receive health care for themselves and covered family members.
- Requires employees to choose a PCP, which will make them less likely to visit an Emergency Room when they have a non-emergency health concern. Note: Selection must be from one of seven systems.

Leads to improved health:

- Combines the integrated care delivery model with Humana's clinical and consumer tools to best support employee health.
- Offers Go365, our turn-key wellness program for fully Insured plans that incentivizes members for health and wellness choices.

Are there special considerations when selling/communicating a Coordinated Care Network?

- IL CCN is comprised of seven provider systems.
- The employer must offer the entire bundled solution to employees (all seven provider systems).
- The employees will select one of the provider systems to receive all healthcare services for themselves and covered dependents for the plan year; a PCP for each covered member must be selected from this same provider system.

| Network | Provider System (One of Seven) | In System Referrals Required | Out of System Referrals Required |
|---------|--------------------------------|------------------------------|----------------------------------|
| IL CCN | Ex: Advocate | No | Yes |

- For 51-100 and 100+, employers can choose between Select Rx and National Rx; for 1-50, National Rx is the only option (Select Rx now includes CVS (including inside Target), Walmart, Sam's Club, HEB, and Publix).

Are there industries or employers to target selling a Coordinated Care Network to?

- Located in the CCN service area
- Open to offering an HMO
- Seeking lower-cost option while trying to balance reduction in benefits

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Who is this offering attractive to?

- Groups with a single headquarters (single site used)
- Groups with cost sensitivity
- Professionals who are financially savvy; they appreciate the cost transparency of the Simplicity product

Where should we avoid selling this offering?

- Groups with a large number of families with children who attend college far from home;
- Members who travel extensively for extended periods of time;
- Groups whose associates travel throughout or are spread over a large geographical area; i.e. long haul trucking companies.

Selling a Group FAQ:

What are the naming conventions for quoting Large and Small groups?

The large group and small group quotes currently have different naming conventions for the CCN. Here's an example:

Community Rated 1-50, Non-Community Rated 51-100 and Non-Community Rated 101+

Quoting Name:

Advocate

Loyola

NorthShore

Northwest

Presence

Progress

Swedish

What is needed for new case enrollment?

The group selects one Plan Benefit Option. The same Plan Benefit Option must be selected for each of the seven Provider Systems.

Community Rated 1-50 and Non-Community Rated 51-100

List enrollment will be required.

Non-Community Rated 101+

One-time spreadsheet will be required.

Each employee selects one of the Provider Systems. Each member must select a PCP within the Provider System that was elected by the employee.

What ID Cards will the members receive?

Each member receives an ID card with the PCP's name. Since a child dependent's PCP will be a pediatrician, the child dependent will have his or her own card.

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Is every member required to have a PCP on their application?

Coordinated Care Network is a gated HMO, which means PCP selection is required. Members need to insert the PCP name and ID number on the application, which can be found on humana.com under the “Find a doctor” section. A PCP assignment is necessary to process the member’s enrollment, allow a referral to a specialist, and to ensure correct payment of claims.

All family members’ PCPs must be selected from the same provider system.

Please see [*How to find the PCP ID*](#). This one pager is a member-facing description on how to find and enter the PCP ID. Take this piece to enrollment meetings.

For members who don’t enter a PCP, one needs to be assigned. Please see below for that process.

What is the process for PCP assignment?

Community Rated Groups 1-50

Provider system election and PCP election will be required for all family members. There will be no auto-assignment.

Non-Community Rated Groups 51-100

Follow the Community Rated process above.

Non-Community Rated Groups 101+

There are two options:

1. Follow the Community Rated process above.
2. Call customer service process: Member receives an ID card, indicating they need to call customer service to have a PCP assigned.

Where can I find more information?

Please contact your Humana Sales Representative or Client Executive for more information.

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