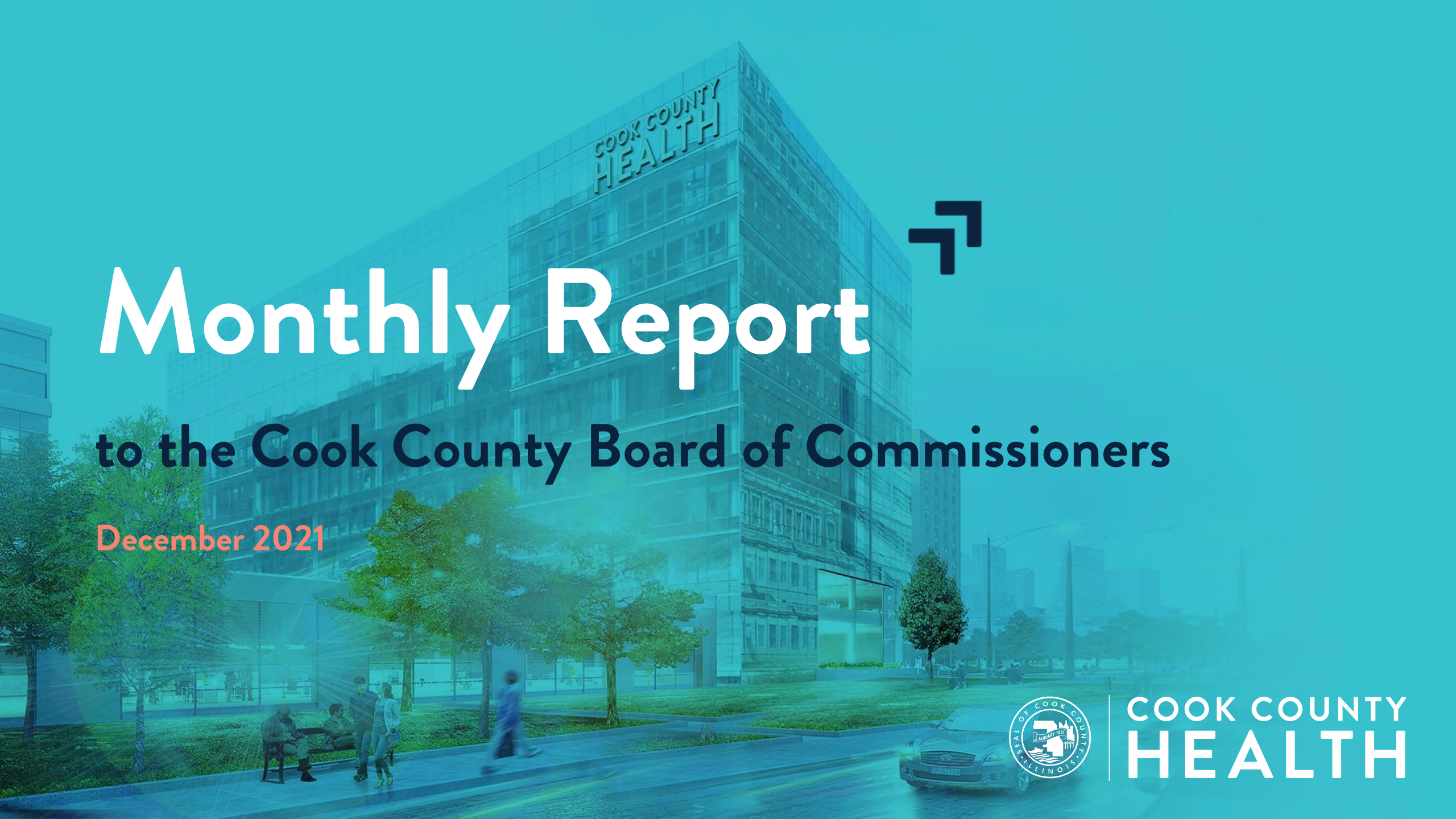


Monthly Report

to the Cook County Board of Commissioners

December 2021

COOK COUNTY HEALTH

Administrative & Legislative Updates

Presented to the CCH Board on 11/19/2021

COOK COUNTY HEALTH

Administrative Updates – CCH Employee Recognition

- **Dr. Sean Bryant,** Attending Physician in Emergency Medicine and Assistant Director for our Toxicology Fellowship Program has been being elected to the Board of Trustees for the American Academy of Clinical Toxicology (AACT). The AACT is one of the two major clinical toxicology organizations in the country, and Dr. Bryant was elected to the prestigious position by a vote of his peers.

- **Dr. Tarlan Hedayati,** Attending Physician in Emergency Medicine, is the recipient of the University of Illinois Tamara O'Neal Health Justice Service Award for her continued dedication to medical education and addressing topics of social emergency medicine. Dr. Hedayati has devoted her career to working on the frontlines of patient care, taking pride in treating all patients regardless of immigration status or ability to pay, and is committed to the medical education and training of future medical providers.

- **Dr. Lakshmi Warrior,** Chair of Neurology, is one of 22 women leaders representing public and private health care systems, state departments of health, payers and academic medical centers across the country who were welcomed into the Carol Emmott Fellowship Class of 2022, and she is one of four women to be awarded full scholarships to increase participation of women from backgrounds historically underrepresented in this and similar programs. The Carol Emmott Fellowship is a prestigious, 14-month experience for exceptional, innovative women leaders who are making lasting change in their communities and institutions and serving as exemplary advocates for equity in the workplace and beyond. The fellowship is a signature initiative of The Carol Emmott Foundation, established in 2016, dedicated to inclusive gender equity at the highest levels of health care leadership and governance.

- **At the Illinois Perinatal Quality Collaborative's ninth annual conference on October 28, 2021**, Cook County Health was recognized with two awards – Birth Equity Outstanding Launch Award and Promoting Vaginal Birth Recognition Award. To address the significant racial disparities in health outcomes that exist for pregnant and postpartum patients in Illinois, the state is working with hospitals to reduce maternal disparities, promote equity, and help all mothers and babies thrive. Additionally, hospital teams across the state are working to achieve the Healthy People 2030 goal to optimize vaginal births and reduce cesarean delivery rates. The Cook County Health team at Stroger Hospital has been hard at work to launch these initiatives and submit data to the state of Illinois, showing progress in these areas.
  - **Birth Equity Outstanding Launch Award:**
    - **Dr. Mary Arlandson**, Attending Physician, Obstetrics and Gynecology
    - **Sidney Battle**, Program Manager for Maternal Child Health
    - **Omar LaBlanc**, Assistant Administrator, Medical Administration
    - **Dr. Whitney Lyn**, Attending Physician, Family Medicine
    - **Christina Urbina**, Director of Maternal Child Health Programs and Initiatives
    - **Darleen Vlahovic**, Nursing Director of Maternal Child Health
  - **Promoting Vaginal Birth Recognition Award:**
    - **Kelly Metoyer**, Manager of Family Planning Services
    - **Dr. Joy Ungaretti**, Attending Physician, Obstetrics and Gynecology
    - **Emily Wass**, Family Planning Program Quality Analyst

Administrative Updates – COVID-19 Update

Employee Vaccination

- As of November 17th, 95% of CCH employees are fully vaccinated and 98% of employees have at least one vaccine.

Community Vaccinations

- Cook County Health began vaccinating children ages 5-11 against COVID-19 on Friday, November 5. CCH hosted a media event that day featuring CCH providers and staff getting their children vaccinated in an effort to address parental vaccine hesitancy and encourage vaccination. The event was covered by multiple local news outlets. In all, CCH administered more than 1,500 doses of vaccine to kids ages 5-11 in the last week. CCH has administered more than 900,000 vaccine doses in total. All CCH clinical facilities are offering primary vaccines for individuals ages 5 and older, as well as booster shots, on a walk-in basis and by appointment. CCH and CCDPH will continue our efforts to educate parents, and all residents of Cook County, about the importance of vaccination for all eligible adults and children. Both CCH and CCDPH continue to offer vaccines, including booster shots, in the community. A full list of locations, dates and times can be found at My Shot – Cook County, this is our shot to beat COVID-19. Are you taking it? (myshotcookcounty.com).

My Shot Cook County Public Awareness and Education Campaign

- The My Shot Cook County campaign has received the following MarCom Awards:
  - My Shot Cook County
    - Advertising campaign – Platinum
    - Advertising photography – Platinum
    - Influencer Content – Platinum
    - Website – Gold
  - Trust Us
    - PSA campaign – Gold

- MarCom honors excellence in marketing and communication while recognizing the creativity, hard work, and generosity of industry professionals. Since its inception in 2004, MarCom has evolved into one of the largest, most-respected creative competitions in the world. Each year about 6,500 print and digital entries are submitted from dozens of countries. Platinum is the highest award given awarded to only 17 % of all entries. MarCom is administered by the Association of Marketing and Communication Professionals (AMCP). The international organization consists of several thousand marketing, communication, advertising, public relations, digital, and web professionals.

Administrative Updates – Activities and Announcements

Belmont-Cragin Ribbon Cutting

- A ribbon cutting was held on November 17th at CCH's new Belmont-Cragin community health center. Patients have access to pediatric and adult primary care, along with women's health services, and specialty care services, such as cardiology and endocrinology. The WIC food assistance program is an on-site resource, and patients and community members alike can walk in or make an appointment to get their COVID-19 vaccine at the site. Importantly, our comprehensive patient care team includes bilingual Spanish-speaking staff members to better serve our patients in the language they are most comfortable speaking.

Food As Medicine

- Food As Medicine As access to healthy food remains a great need for our patients and communities, the Fresh Truck partnership between Cook County Health (CCH) and the Greater Chicago Food Depository (GCFD) continues. The onset of the COVID-19 pandemic required CCH and GCFD to develop and implement revised protocols for the Fresh Truck distributions that allow for appropriate screenings and social distancing to protect patients, as well as CCH and GCFD staff and volunteers. These revised protocols are in place until further notice. Through November 9, CCH's Fresh Truck partnership with the Greater Chicago Food Depository (GCFD) resulted in 355 visits to CCH health centers – Arlington Heights, Austin, Blue Island, the CORE Center, Cottage Grove, Englewood, Logan Square, North Riverside, Provident/Sengstacke, Prieto, and Robbins. Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables, as well as some shelf stable items during the COVID-19 pandemic, to an estimated 40,672 households, representing 134,101 individuals, totaling more than 912,650 pounds of food. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

- The Greater Chicago Food Depository's Fresh Food Truck visits for the month of December include the following ACHN Health Centers.
  - December 2 Austin Health Center 4800 W. Chicago Avenue, Chicago, IL 60651
  - December 7 North Riverside Health Center 1800 S. Harlem Avenue, North Riverside, IL 60546
  - December 14 Cottage Grove Health Center 1645 Cottage Grove Avenue, Ford Heights, IL 60411
  - December 16 Englewood Health Center 1135 W. 69th Street, Chicago, IL 60621
  - December 21 Robbins Health Center 13450 S. Kedzie Avenue, Robbins, IL 60472

Administrative Updates – Activities and Announcements

CountyCare Choice Period Marketing Campaign

- The 2021-22 Choice period marketing campaign is in market. This year's campaign, CountyCare is There, was developed following consumer research which continues to indicate that the plan is highly regarded for its breadth of services provided to its members. The campaign includes traditional out of home advertising (billboards, bus shelters, transit, etc.) as well as broadcast and digital strategies that are targeted to reach the Medicaid population. The campaign is in English and Spanish.

Administrative Updates – Community Advisory Councils

- Cook County Health Community Advisory Councils (CAC) include patients, community and religious organizations and provides an opportunity to engage patients, organizations, and civic leaders in the communities where our centers are located. The Councils provide feedback to our staff and help strengthen our health centers' relationships in the community. The Councils meet quarterly to provide current information on Cook County Health and as an avenue for members to share information about their organizations.

- Upcoming CAC meeting dates include:

    - North Riverside: Wednesday at 1:00 PM: December 15
      1800 S. Harlem Avenue, North Riverside, IL 60546

    - Englewood: Thursday at 1:00 PM: December 16
      1135 W. 69th Street, Chicago, IL 60621

Legislative Updates – State

- The legislature concluded their Fall 2021 Veto Session. There were no gubernatorial vetoes to act on, but legislators passed several bills including:
- o HB3401 (Rep. Gabel/Sen. Castro) - The Midwife Practice Act seeks to license certified professional midwives (CPMs). CPMs primarily support out-of-hospital births and advocates have attempted to pass CPM licensure legislation for the past 35 years. HB3401 includes bipartisan sponsors and support from both chambers. The amended bill passed both chambers and will be sent to the Governor for his signature.
- o HB370 (Rep. Moeller/Sen. Sims) - The Illinois Health Youth and Safety Act repeals the Parental Notification of Abortion Act and creates a taskforce to identify support and resources for pregnant and parenting youth. The bill passed the Senate 32-22-0 and the House 62-51-3. The bill will be sent to the Governor who is expected to sign this bill, which has an effective date of June 1, 2022.
- o SB1169 / PA 102-0667 (Sen. Harmon/Rep. Gabel) amends the Health Care Right of Conscious Act with specific language that seeks to address pending legal challenges employees have brought against employer regarding COVID-19 vaccination and testing requirements. SB1169 passed 64-52-2 in the House and 31-24-0 in the Senate. The Governor signed SB1169, which takes effect June 1, 2022.
- The General Assembly also authorized new Congressional maps based on 2020 Census data and clean energy/electric vehicle legislation.
- The Spring 2022 House and Senate calendars are posted online. Legislators will return to Springfield January 4 and are scheduled to adjourn April 8.
- The Governor's State of the State and Budget Address is scheduled for February 2. Legislators are expected to return in May for a brief session to pass the budget before the May 31 deadline.
- In 2022, primary elections will take place in June (instead of March) with the general election in November.
- The Governor signed Executive Order 2021-29 declaring gun violence a public health crisis and announcing support for $250M in state investments over the next three years to implement the Reimagine Public Safety Plan.
- The Plan includes the creation of the Office of Firearm Violence Prevention (OFVP) within the Illinois Department of Human Services to focus on reducing firearm deaths and injuries in communities with the highest rates of gun violence. Efforts will include high-risk youth intervention, violence prevention services, youth development programs, and trauma recovery programs for young people. OFVP will announce funding opportunities of $50M for the current state fiscal year; $100M will be requested in the 2023 and 2024 state budgets.
- For the youth trauma recovery services, HFS will seek approval from federal CMS to fund these services through Medicaid.
- The Affordable Care Act Marketplace Open Enrollment began November 1, 2021 and runs through January 15, 2022. In Illinois, the Marketplace is better known as Get Covered Illinois and is administered as a partnership with the federal government by the Illinois Department of Insurance. A total of 11 carriers are participating in the Illinois Marketplace for plans effective 2022.
- More people have access to increased premium subsidies to help them afford Marketplace plans as a result of federal COVID-19 relief legislation; continuation of these subsidies for another three years through 2025 is included in the Congressional reconciliation package / Build Back Better Act.

Legislative Updates – Federal

Federal FY 2022 Budget and Reconciliation

- House Democratic Leadership secured an agreement with the Majority Caucus to proceed to a final vote on the bipartisan Infrastructure Investment and Jobs Act on November 5 and the bill was signed by the President on November 15. In exchange moderate Democrats agreed to vote on the Build Back Better Act (reconciliation bill or BBB) the week of November 15, after the Congressional Budget Office releases its fiscal analysis, or "score." Votes are expected before the end of the week, but the session could stretch into the weekend before the Thanksgiving recess.

  Assuming the House passes the Build Back Better Act, the Senate must subject it to its own reconciliation rules, which will almost certainly require changes to the bill. There will also be ongoing negotiations among Democratic senators. Democratic Leadership in the Senate expect a vote on the Senate bill before Christmas. The County has continued to advocate directly, and in collaboration with other organizations, for keeping the following programs in the bill as this process and negotiations unfolds:
  - **Medicaid Reentry Act**: This provision would permit Medicaid to reimburse for services provided to Cook County Jail detainees during the 30 days prior to their release. This provision is supported by the National Association of Counties, the National Sheriffs' Association and a broad coalition of health and mental health organizations.
  - **Public Health Infrastructure**: This provision would provide $7,000,000,000 in funding to support core public health infrastructure activities to strengthen the public health system through grants to state, territorial, local, or Tribal health departments, and expanding and improving activities of the CDC. Grants would go directly from CDC to each state, territory and local public health department serving counties with populations over 2 million and cities over 400,000. This provision is supported by the National Association of County and City Health Officials and a broad coalition of public health organizations.
  - **Maternal Mortality**: The "Momnibus" provisions require states to cover pregnant women for a full twelve months postpartum and make investments to reduce inequities in maternal health outcomes and strengthen the maternal health workforce.

- The Safety-Net Hospital Infrastructure provision, which would provide $10 billion over ten years to give award grants for construction or modernization projects to increase capacity and update hospitals and other medical facilities, was dropped from the latest version of the House bill released by the Rules Committee on November 3. The House draft also includes a provision to phase out the 6.2 percent enhanced FMAP, beginning March 31, 2022, instead of at the end of the quarter when the public health emergency (PHE) ends. The BBB proposal would reduce the FMAP bump to 3 percent on April 1, 2022, and 1.5 percent on July 1, 2022. The increase would end on September 30, 2022. The Administration has indicated the PHE will last through 2021. HHS Secretary Becerra last renewed the PHE on October 15 for an additional 90-days.

Appropriations

- The parties are still deadlocked on the top-line FY 2022 appropriations levels for defense and nondefense discretionary spending. Without an agreement an additional continuing resolution (CR) to keep the government functioning after the current CR expires on December 3 is almost inevitable. The debate appears to be over whether to pass another short CR lasting until mid to late December, putting pressure on the parties to reach an agreement, or to punt until sometime in early 2023.

Legislative Updates – Federal (cont.)

Biden Administration

- On October 22. CMS issued new guidance pursuant to the American Rescue Plan Act, that requires state Medicaid programs to provide coverage for certain comorbidities that put patients with COVID-19 at higher risk of complications, without cost-sharing. Covered treatments include specialized equipment and therapies, like monoclonal antibodies. The guidance says that preventative therapies will also be required when they become available. States must also cover any FDA approved or authorized under an EUA to treat or prevent COVID-19.

- On November 4, CMS announced an emergency rule that health care workers would be required to be fully vaccinated against COVID-19 by January 4, 2022. The rule allows medical and religious exemptions but does not allow workers to test out of the vaccination requirement. It will apply to clinical or non-clinical employees, in addition to students, trainees, and volunteers, who work at a facility receiving federal funding from Medicare or Medicaid.

- While some states have banned COVID-19 vaccine requirements, the Administration says that CMS and the OSHA rules clearly preempt any inconsistent state or local laws against vaccination, masks, or testing.

- On November 12 President Biden announced his nomination of former FDA commissioner Robert Califf to again lead the regulatory agency. The nomination follows months of concern that the agency crucial to the government's COVID19 response has lacked a permanent leader.

  Califf is a cardiologist and clinical trial specialist, who served as FDA commissioner for the last 11 months of President Barack Obama's second term. He previously worked as a researcher at Duke University designing studies for leading drug manufacturers. If confirmed, Califf would be the first FDA commissioner since the 1940s to return for a second term leading the agency.

Audit & Compliance Metrics

State FY2021 (July 1, 2020 – June 30, 2021)

Presented to the CCH Audit & Compliance Committee on 11/5/2021

COOK COUNTY HEALTH

CountyCare Compliance Recoveries

State Fiscal Year (S-FY) 2021 with a comparison to S-FY 2020

Retrospective Recoveries

S-FY	Reporting Period	Overpayments Identified	Overpayments Collected
2021	07/01 -06/30/21	$ 6,323,000	$ 1,699,600

Proactive Preventative Loss

S-FY	Reporting Period	Overpayments Collected
2021	07/01 -06/30/21	$ 3,368,400

Compared to S-FY 2020

S-FY	Reporting Period	Overpayments Identified	Overpayments Collected
2020	07/01 -06/30/20	$ 7,158,000	$ 5,370,000

Compared to S-FY 2020

S-FY	Reporting Period	Overpayments Collected
2020	07/01 -06/30/2020	$ 672,600

Finance Metrics

Presented to the CCH Finance Committee on 11/10/2021

COOK COUNTY HEALTH

Executive Summary:
Statement of Financial Condition – September 30, 2021

On an accrual basis, interim financials show that CCH ended September with a $42M positive variance. On a cash basis, CCH also has a positive variance of $97M. CountyCare PMPM payment impacted the revenue variance and increased claims payments impacted expenses. Recoupment of the $28M FY2020 Medicare advance continues.

- Revenue Commentary:
  - Realization of the DSH enhanced FMAP impact due to legislative change from Federal Stimulus Legislation
  - Slow down in CountyCare utilization of CCH facilities
- Expenditures:
  - Rolling FEMA reimbursements are reflected in September financials
  - Excess in salary and benefits due to hiring timing
- CountyCare:
  - CountyCare is showing an operating gain of $9.0M
  - Membership is exceeding 400,000, greater than the 356,000 monthly average expected
  - Capitation revenue and claims expenses are higher due to membership growth
  - Revenue Cycle Indicators:

Financial Results – September 30, 2021

Dollars in 000s	FY2021 Actual	FY2021 Budget	Variance	%	FY2020 Actual (3)
Revenue					
Net Patient Service Revenue (1)	$490,489	$517,190	($26,701)	-5.16%	$481,551
Government Support (2)	$340,060	$318,459	$21,600	6.78%	$479,316
CountyCare Capitation Revenue	$2,016,191	$1,740,857	$275,334	15.82%	$1,623,209
Other	$14,156	$12,500	$1,656	13.25%	$5,009
CountyCare Elimination (1)	($68,928)	($62,589)	($6,338)	10.13%	($79,108)
Total Revenue	**$2,791,968**	**$2,526,417**	**$265,551**	**10.51%**	**$2,509,977**
Operating Expenses					
Salaries & Benefits	$555,595	$606,558	$50,963	8.40%	$562,179
Overtime	$27,057	$29,148	$2,091	7.17%	$38,506
Supplies & Pharmaceuticals	$121,698	$112,900	($8,797)	-7.79%	$118,117
Purchased Services & Other	$296,118	$296,972	$855	0.29%	$259,149
Medical Claims Expense (1)	$1,903,389	$1,628,061	($275,328)	-16.91%	$1,557,998
Insurance	$26,554	$30,119	$3,566	11.84%	$26,554
Utilities	$12,033	$8,576	($3,457)	-40.31%	$10,627
CountyCare Elimination (1)	($68,928)	($62,589)	$6,338	-10.13%	($79,108)
Total Operating Expenses	**$2,873,514**	**$2,649,745**	**($223,769)**	**-8.44%**	**$2,494,021**
Operating Margin	**($81,546)**	**($123,328)**	**$41,782**	33.88%	**$15,956**
Non-Operating Revenue	**$102,254**	**$102,254**	**$0**	**0.00%**	**$72,702**
Net Income (Loss) (3)	**$20,708**	**($21,074)**	**$41,782**	**198.26%**	**$88,657**

Notes:

(1) CountyCare Elimination represents the elimination of intercompany activity – Patient Service Revenue and Medical Claims Expense – for CountyCare patients receiving care at Cook County Health.

(2) Government Support includes Graduate Medical Education payments.

(3) Does not reflect Pension, OPEB, Depreciation/Amortization, or Investment Income.

Source: CCH unaudited financial statements and FY21 budget.

CCH Vendor Contract Savings to Date

Savings Target	Vendor Contract Renegotiation Savings	Vendor Contract Utilization Savings	Total Savings Achieved
16.5M	$8.2M	$4M	$12.2M

Major categories of savings include:

- Lab Diagnostics
- Supplemental staffing
- Security services
- Transportation
- Parking /Valet
- Actuarial Services
- Facility Maintenance
- Information Technology Contracts
- Pharmacy utilization

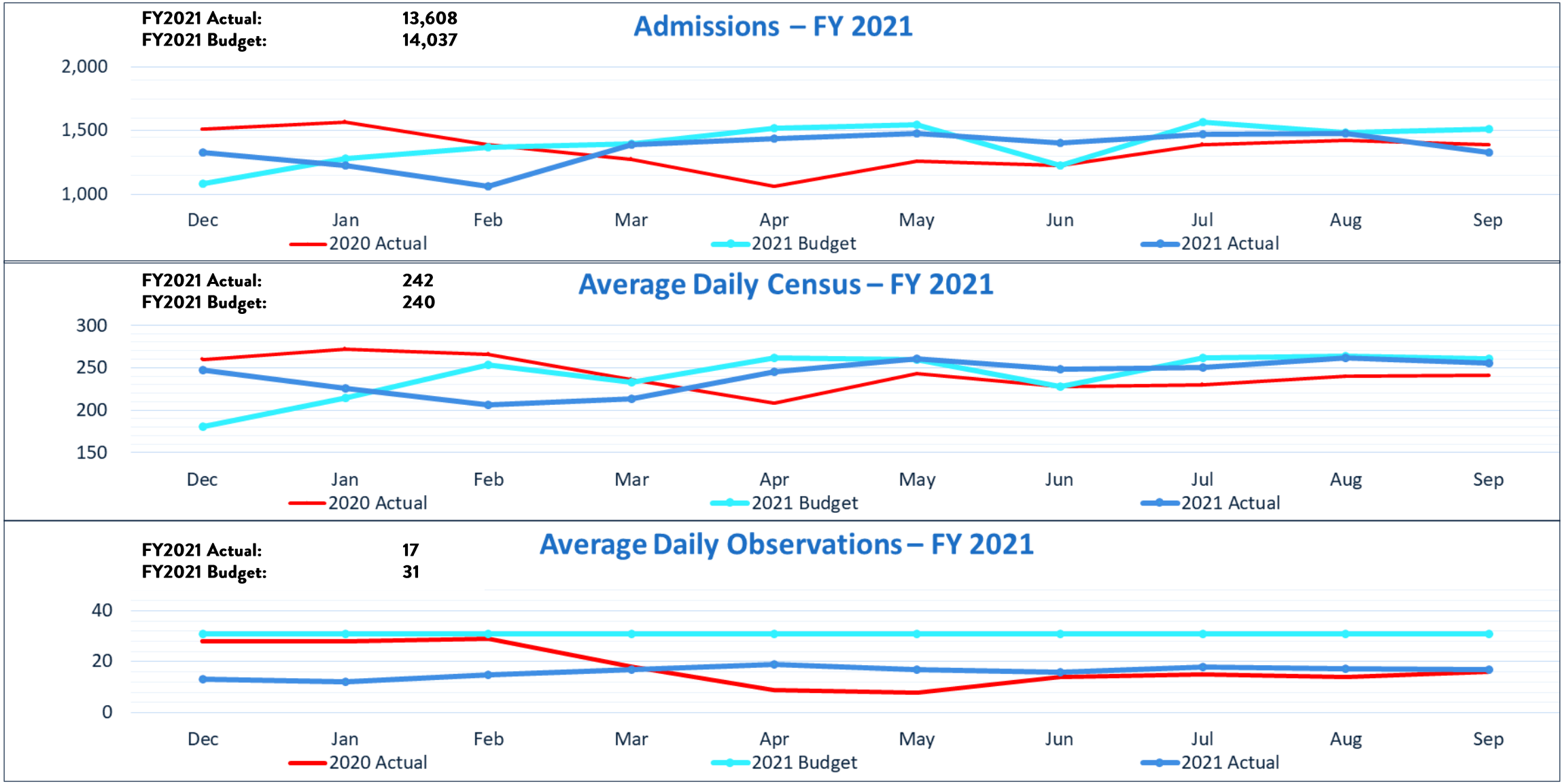
As of October 9, 2021 ($ in Millions)

CCH Health Providers Revenue – September 30, 2021

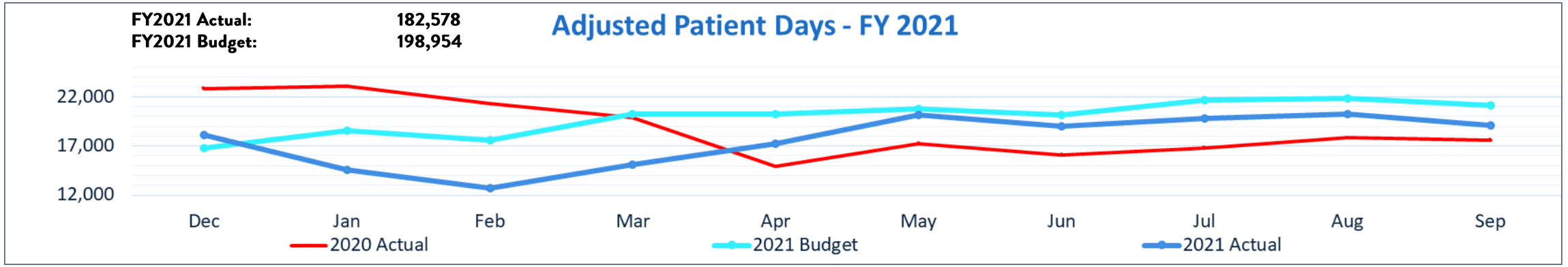
Revenue Operating Indicators

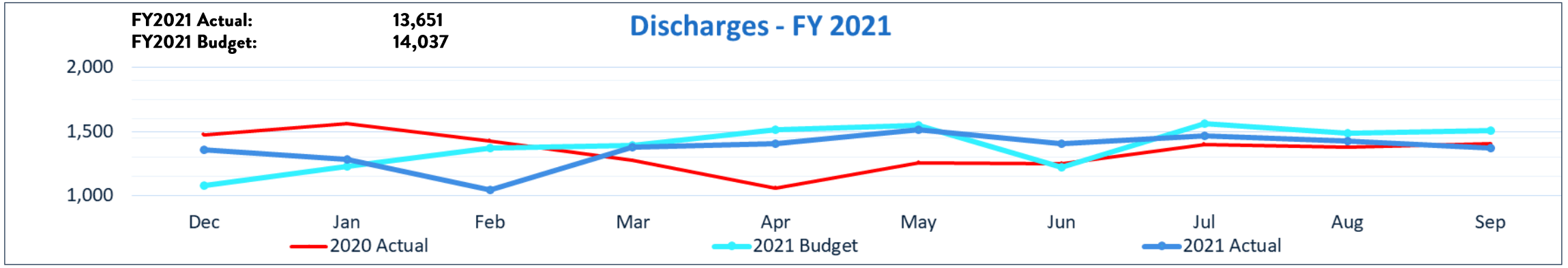
Patient Activity	YTD 2021 Actual	YTD 2021 Budget	%	Sept 2021 Actual	Sept 2020 Actual	Sept 2019 Actual	2020 YTD Actual	2019 YTD Actual
Admissions	13,600	14,037	-3.1%	1,329	1,388	1,466	13,487	13,826
Patient Days	73,519	72,753	1.1%	7,644	7,216	8,502	73,909	77,939
Average Daily Census	242	240	0.8%	255	241	283	242	257
Adjusted Patient Days	182,378	198,954	-8.3%	19,050	17,602	22,837	187,584	209,153

CCH 12 Month Patient Activity Levels

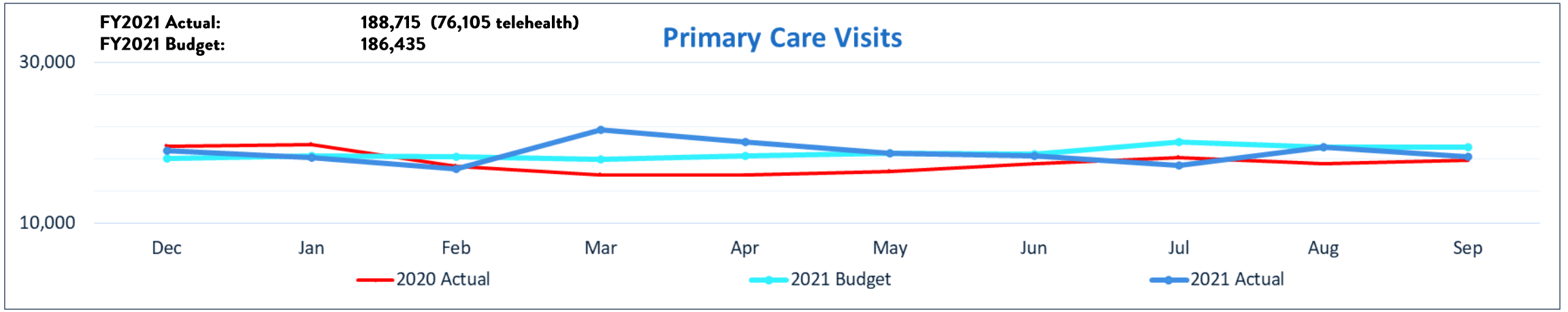


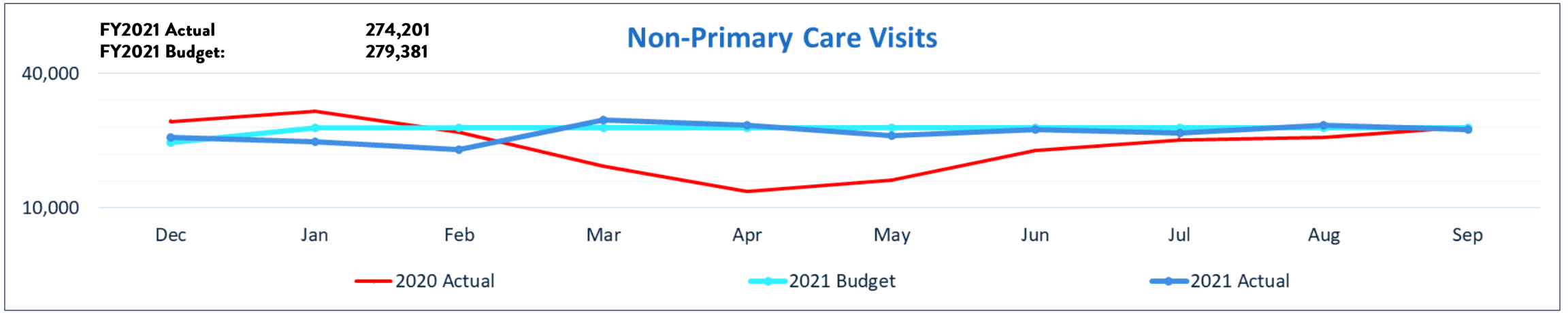
CCH 12 Month Patient Activity Levels



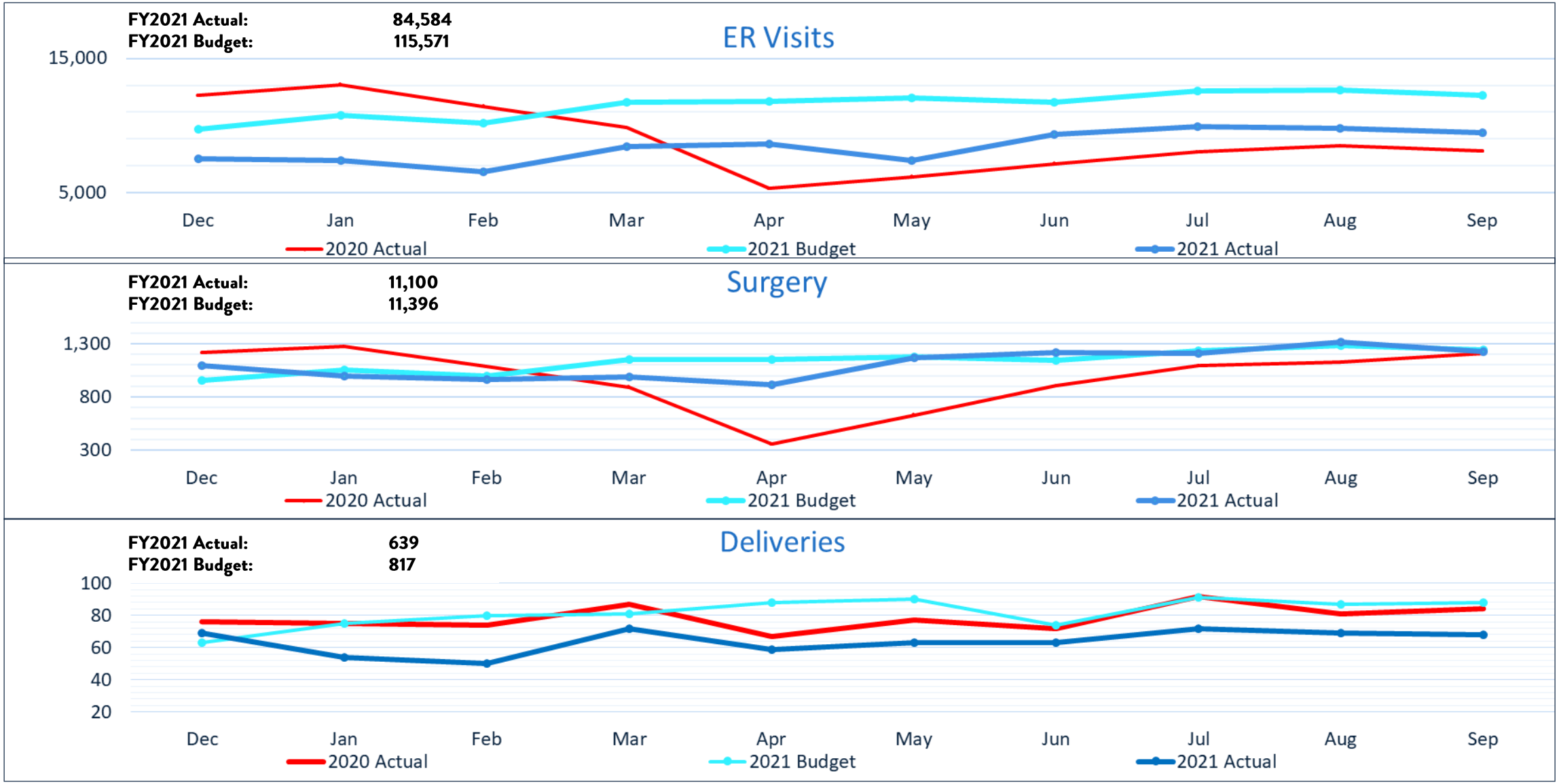


Patient Activity Indicators – FYTD 2021



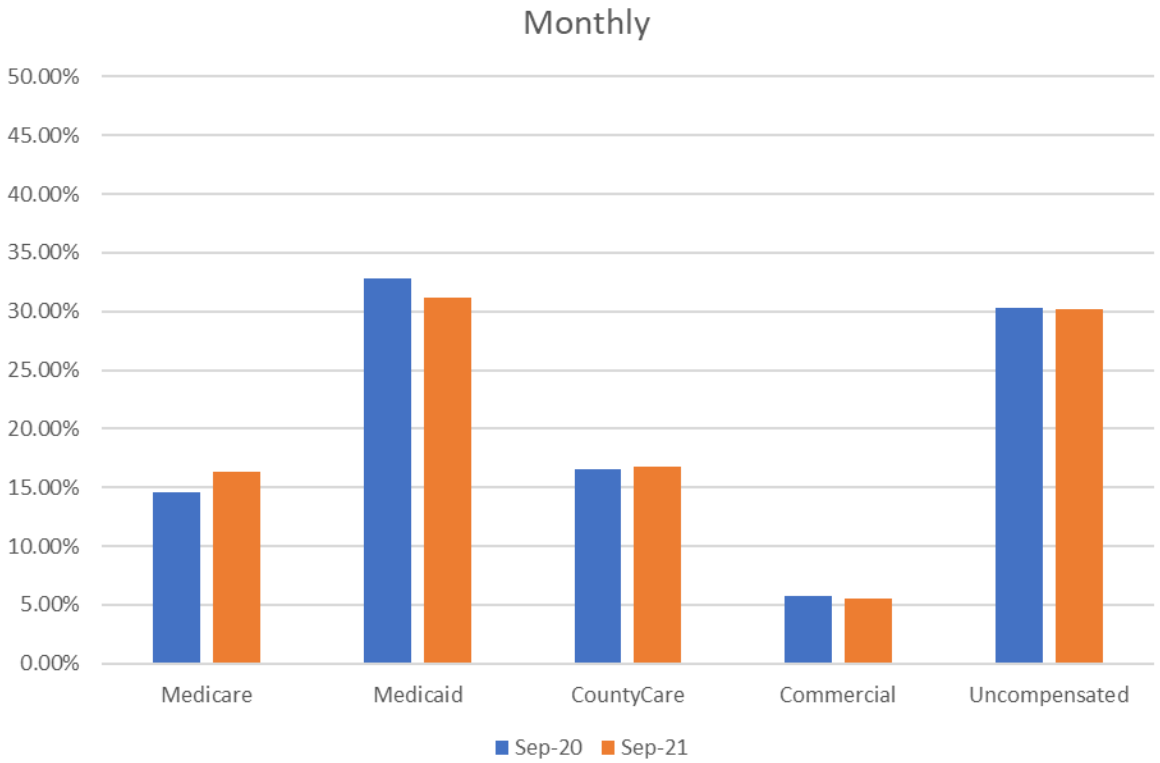


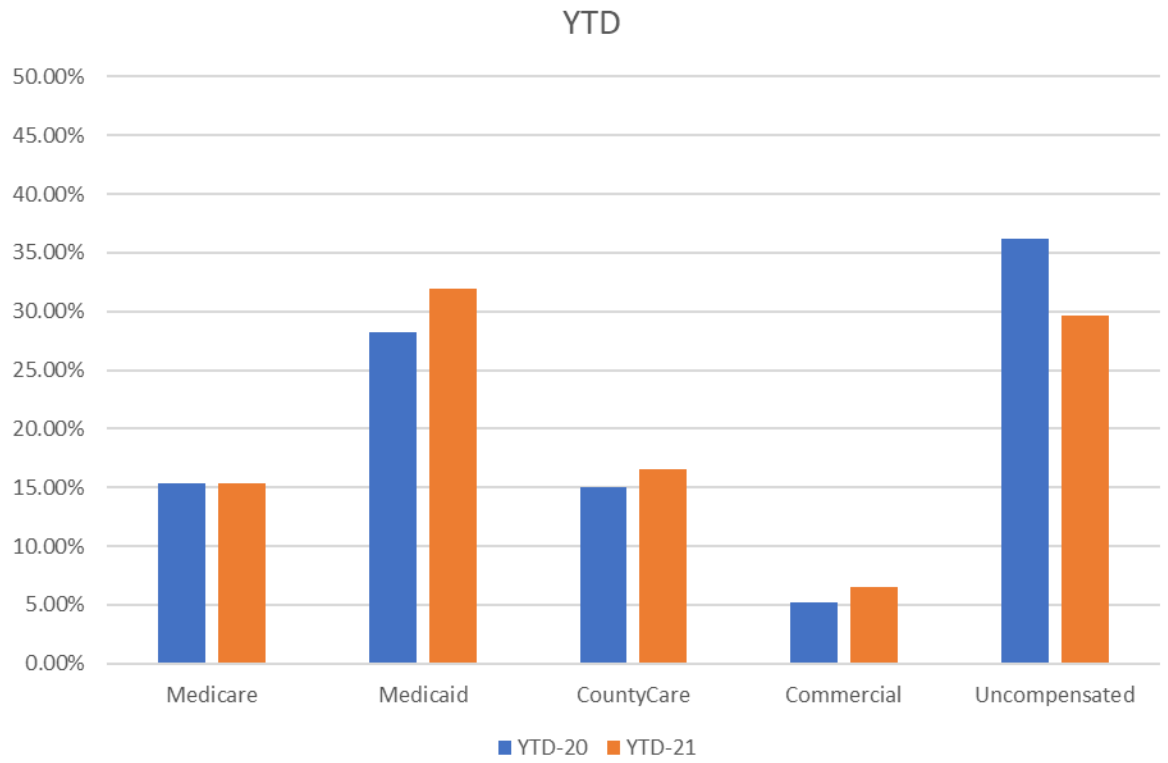
Patient Activity Indicators – FYTD 2021



CCH Health Providers Revenue – September 30, 2021

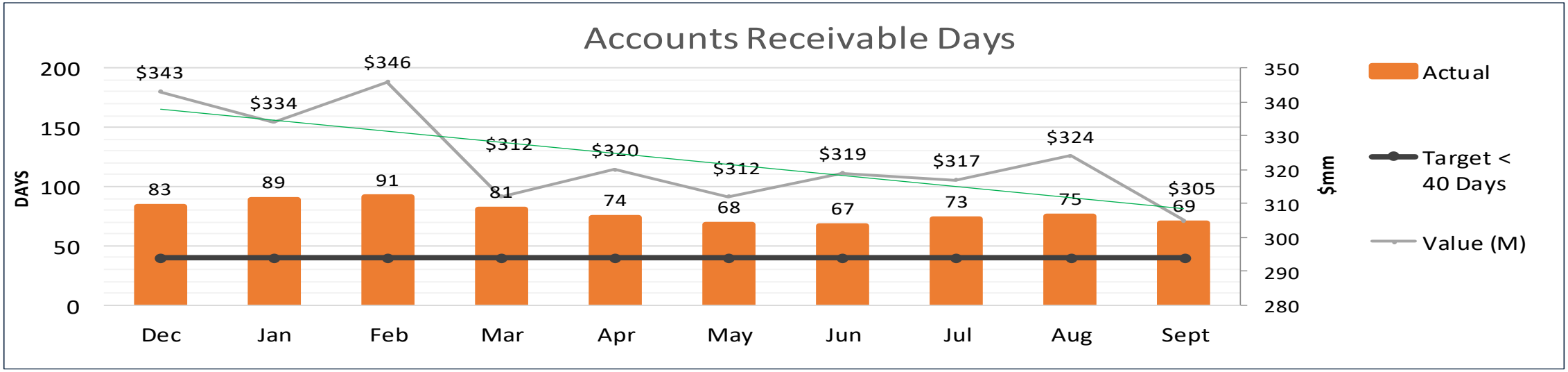
Payer Mix Analysis (by Charges)

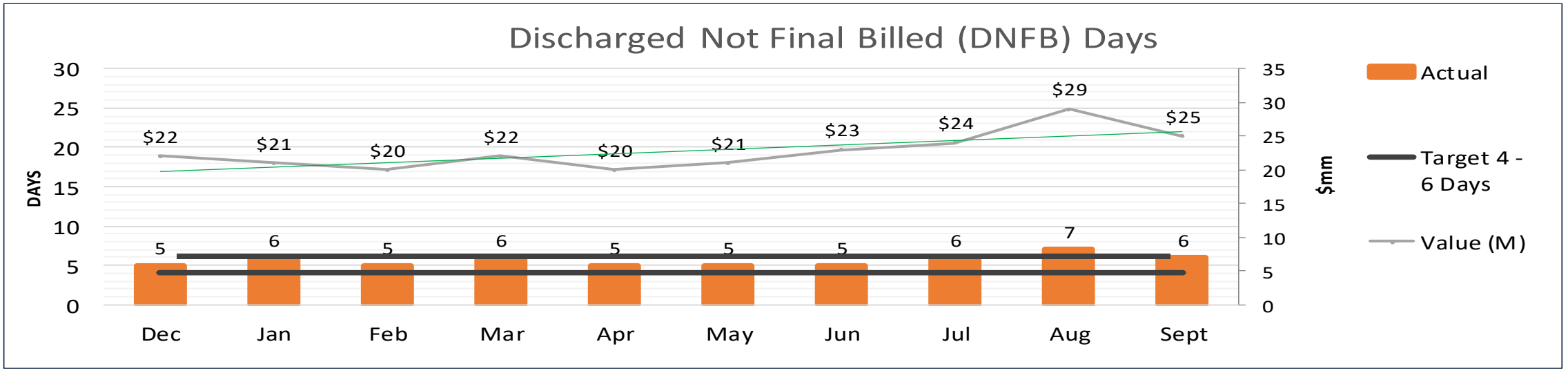




Note:
CountyCare is a Medicaid managed care program. It is shown separately to provide visibility to CountyCare.

Financial Key Performance Indicators – 2021 FYTD



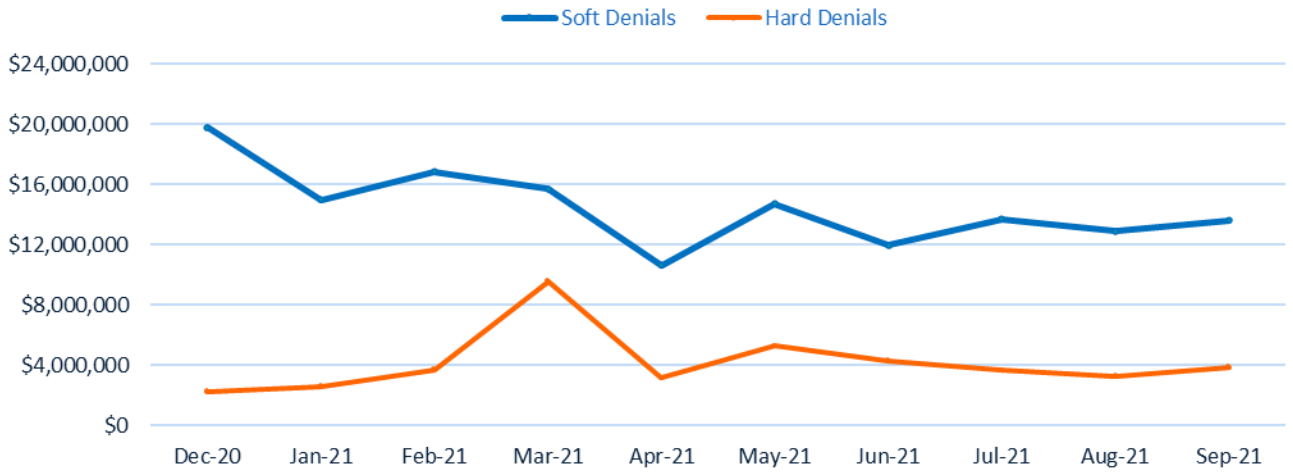


Denials - September 30, 2021

Type	Current Month %	Current Month $	FY21 YTD %	FY21 YTD $	Benchmark %
Soft Denials*	10%	$13,592,663	11%	$144,520,908	5%
Hard Denials**	3%	$3,826,582	3%	$41,326,975	2%

** Claim is denied soon after submission, but there is an opportunity to mitigate/appeal*

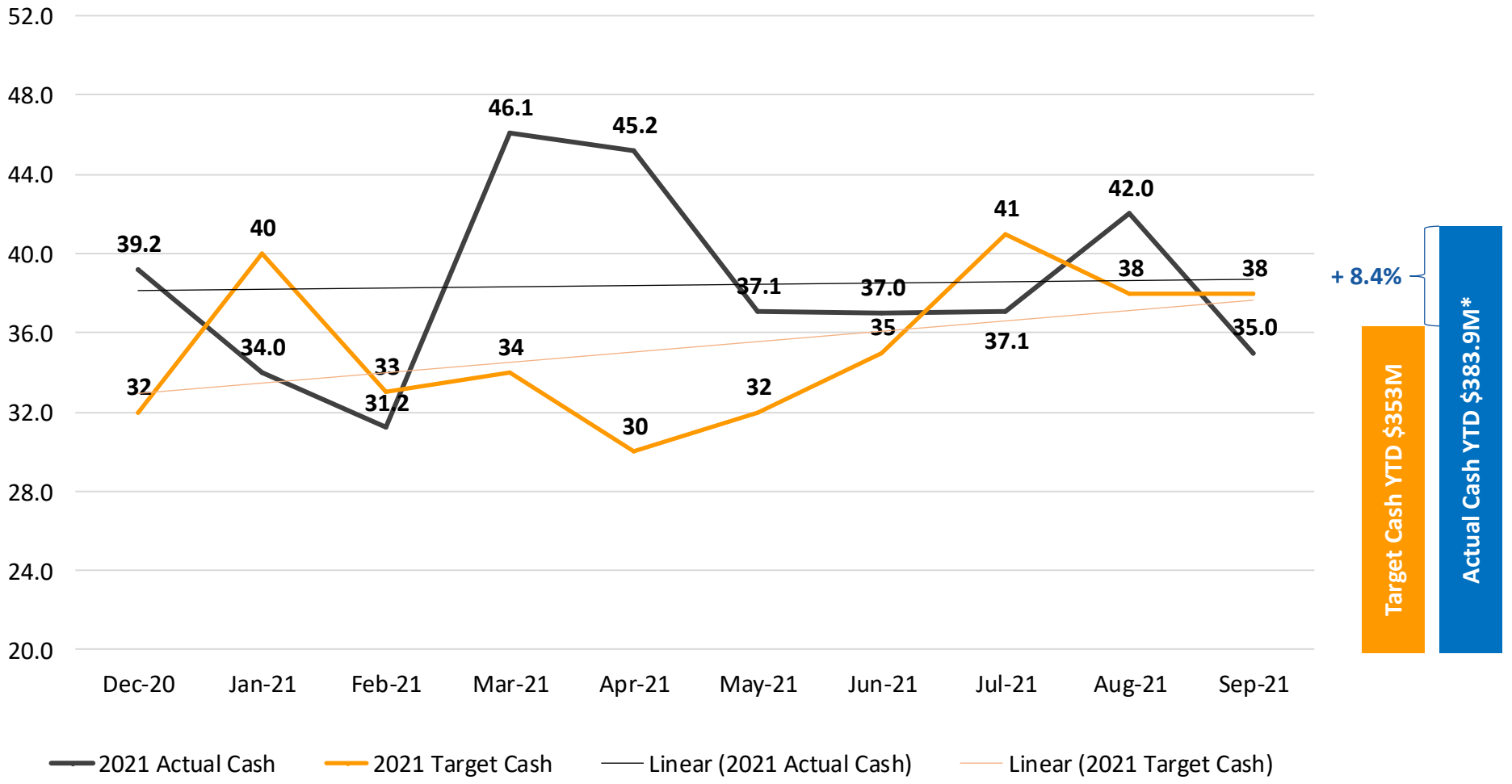
*** Claim is denied and needs to be written off*



Hard Denial Summary	Amount
Case Management	$1,590,935
Timely Filing	$903,066
Prior Authorization	$534,025
Non-Covered	$471,026
Patient Access	$190,567
Coding	$116,486
Other	$20,477
Total	**$3,826,582**

Denials are reported as gross charges, the amount of money charged to a patient for services prior to adjustments.

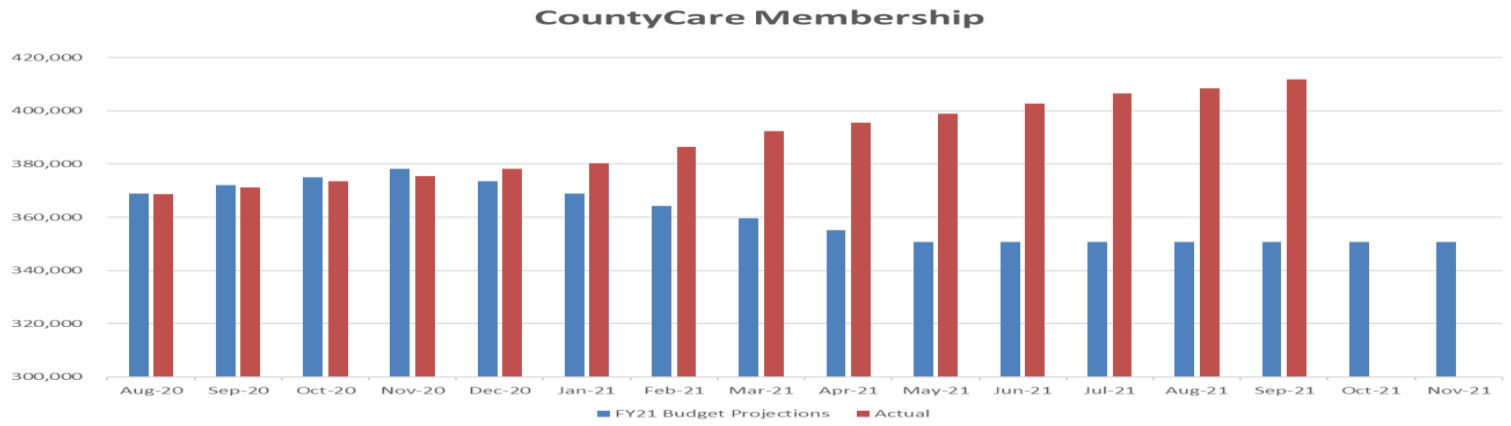
CCH Cash YTD Target vs. Actual – September 30, 2021



*15.3M in recoupment of 28M Medicare Advance has been received.

Health Plan Services Financial Results – September 30, 2021

Dollars in 000s except PMPM amounts	FY2021 Actual	FY2021 Budget	Variance	%	Fy20 Actual
Capitation Revenue	$2,016,191	$1,740,857	$275,334	15.82%	$1,623,209
Operating Expenses					
Clinical - CCH	$68,928	$62,589	($6,338)	(10.13%)	$79,108
Clinical - External	$1,834,461	$1,565,472	($268,989)	(17.18%)	$1,478,890
Administrative	$103,800	$117,232	$13,432	11.46%	$83,130
Total Expenses	$2,007,189	$1,745,293	($261,896)	(15.01%)	$1,641,128
Operating Gain (Loss)	$9,002	($4,436)	$13,438	(302.95%)	($17,918)
Activity Levels					
Member Months	3,961,497	3,574,715	386,782	10.82%	3,383,695
CCH CountyCare Member Months	414,234	N/A	N/A	N/A	358,244
CCH % CountyCare Member Months	10.46%	N/A	N/A	N/A	10.59%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	$508.95	$486.99	$21.95	4.51%	$479.72
Clinical Cost PMPM	$480.47	$455.44	($25.03)	(5.50%)	$460.44
Medical Loss Ratio (1)	92.2%	93.40%	1.17%	1.26%	92.57%
Administrative Cost Ratio	4.7%	6.35%	1.65%	25.93%	4.56%



Commentary

- Total YTD member months exceed budget by 386,782 due to increased Medicaid enrollment as a result of the COVID-19 induced growth in unemployment, and no state redetermination of Medicaid eligibility.
- CountyCare expects enrollment to continue to exceed budget as auto-assignment increased to 50% as of February 2021. This change was due to CountyCare's top-quality ranking among Medicaid MCOs.
- CountyCare's reimbursement to CCH for domestic spend is exceeding budget.
- Operating Gain of $9M consists of $16.8M from CountyCare and a loss of $(7.8)M from Medicare.
- Agreement executed with State of Illinois and CCH to reduce IGT by 50% beginning in January 2021. This change has been reflected in the results.

Notes:

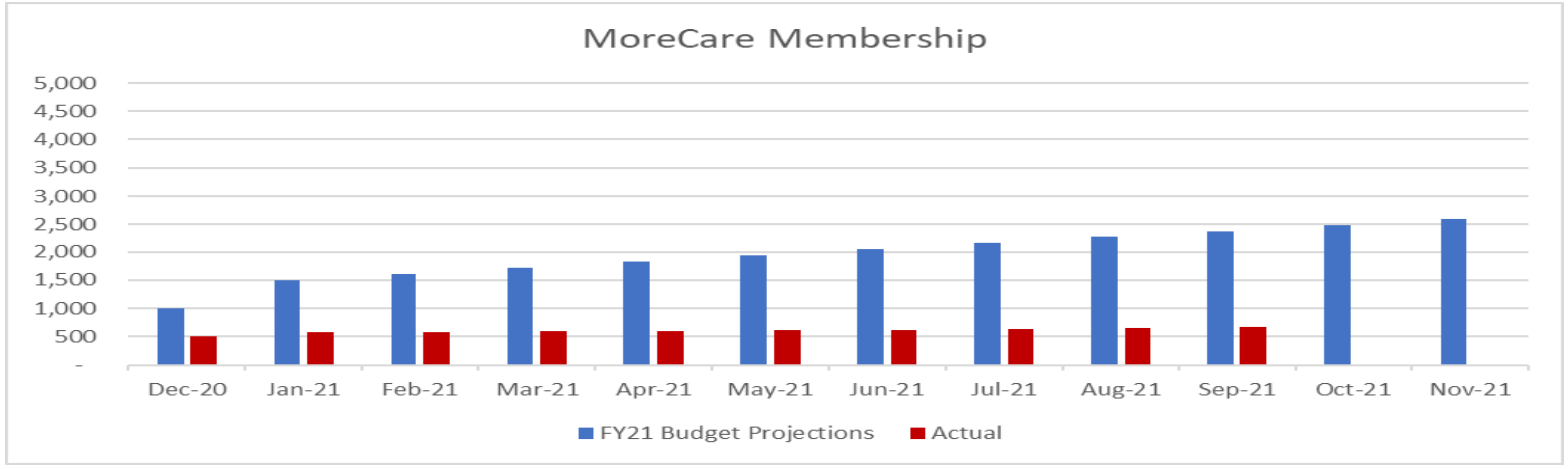
(1) Medical Loss Ratio is a measure of the percentage of premium that a health plan spends on medical claims.

Medicare Financial Results – September 30, 2021

Dollars in 000s except PMPM amounts	FY2021 Actual	FY2021 Budget	Variance	%
Capitation Revenue (Total dollar amount)	$11,675	$27,290	($15,614)	(57.22%)
Operating Expenses				
Clinical Expenses	$11,509	$27,290	$15,781	57.83%
Administrative	$8,046	$8,421	$375	4.46%
Total Expenses	$19,555	$35,711	$16,156	45.24%
Operating Gain (Loss)	($7,880)	($8,421)	$541	(6.43%)
Activity Levels				
Member Months	6,047	18,480	(12,433)	(67.28%)
Operating Indicators				
Revenue Per Member Per Month (PMPM)	$1,930.78	$1,476.76	$454.03	30.74%
Clinical Cost PMPM	$1,903.30	$1,476.76	($426.55)	(28.88%)

Commentary

- Membership is lower than budget, driving lower than expected revenue and cost.
- Revenue and cost on a per member per month basis is exceeding budgeted PMPM due to population mix (more members enrolled in higher premium Special Needs Plans versus lower premium MA-PD Plan).
- Total operating loss is lower than budget by $541K.



Human Resources Metrics

Presented to the CCH Board on 11/19/2021

COOK COUNTY HEALTH

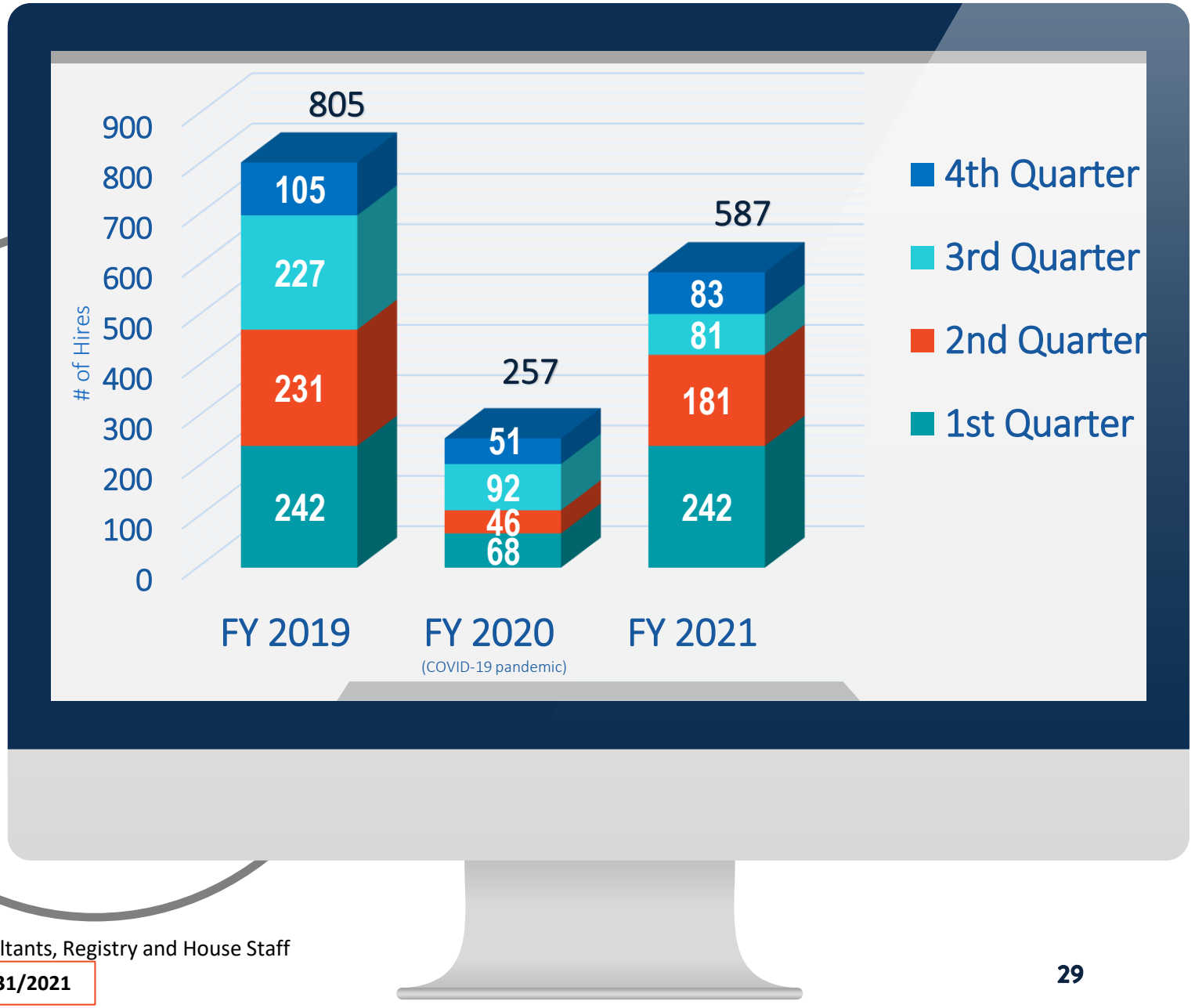
FY 2021 CCH HR Activity Report

Hires

74% FY 2021 New Hires
434 out of 587 positions

12% FY 2021 Promotions
72 out of 587 positions

14% FY 2021 Transfers
81 out of 587 positions



COOK COUNTY HEALTH

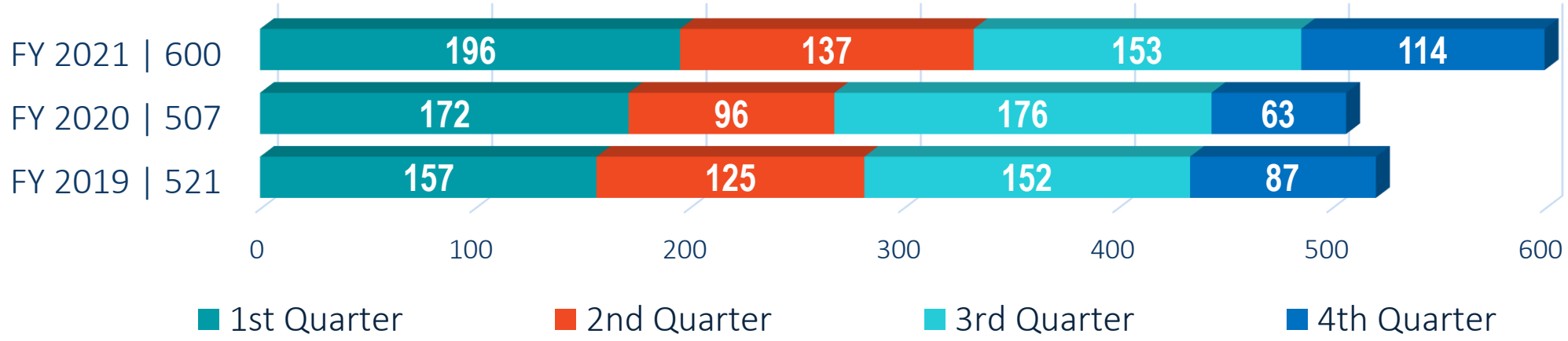
Does not include Consultants, Registry and House Staff

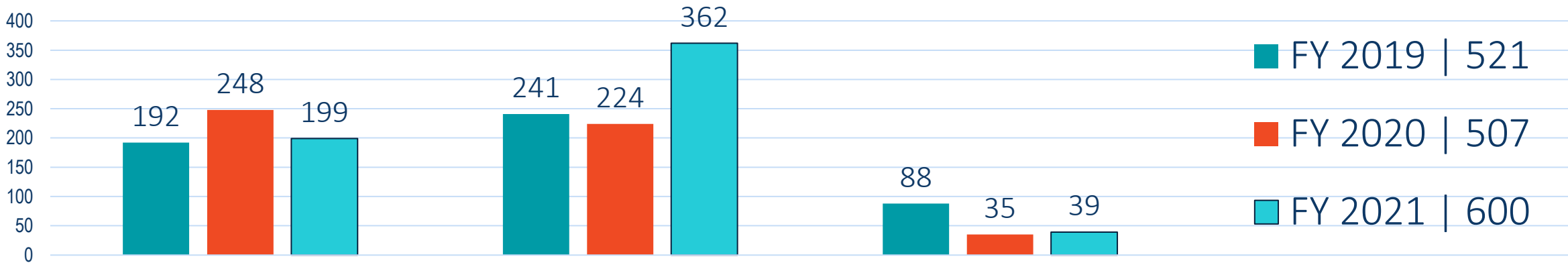
Thru 10/31/2021

FY 2021 CCH HR Activity Report

Separations

Thru 10/31/2021





COOK COUNTY HEALTH

Does not include Consultants, Registry and House Staff

FY 2021 CCH HR Activity Report

Resignations – Post Pandemic

- The "Great Resignation"
  - Post-pandemic resignation boom
  - Healthcare appears to be the most impacted by this trend, with a high percentage of nurses, physicians, and other providers reporting burnout[1].
- According to a report from the Bureau of Labor Statistics (BLS), 4.3 million Americans across a variety of industries resigned from their jobs in August, which is the highest since 2000.
  - The health care industries were among one of the hardest hit. 534,000 U.S. workers in health care or social assistance positions resigned in August.
  - Reasons for the increased resignations:

U.S. BUREAU OF LABOR STATISTICS

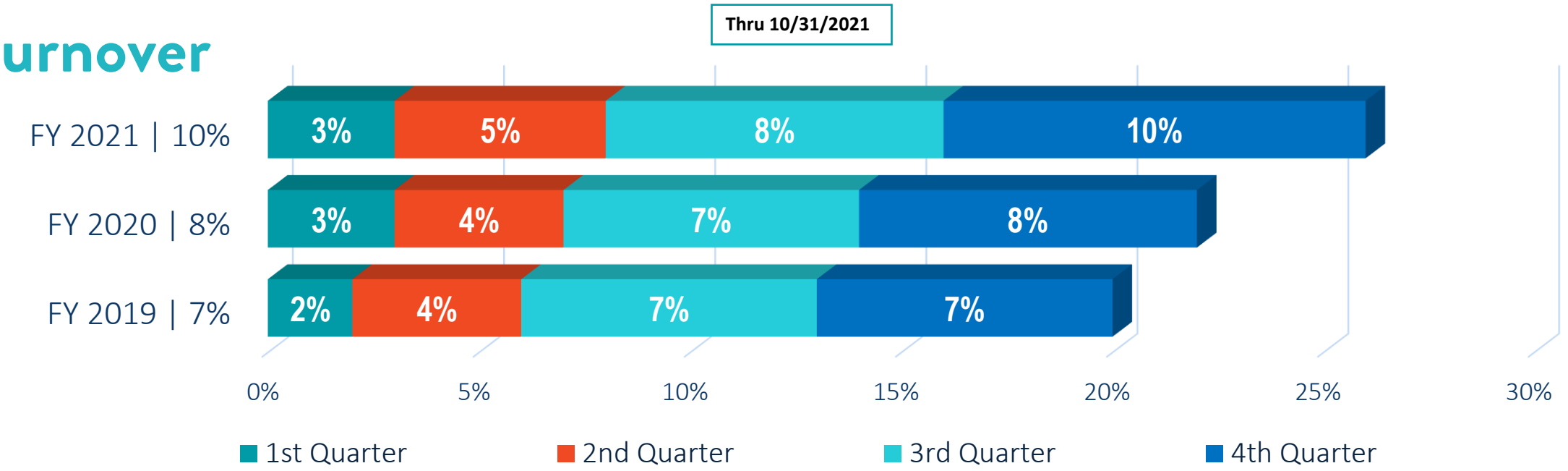
- Employer practice driving burnout
- People wanting to work remotely
- People reassessing value of their work
- People seeking better pay and benefits
- People living on government benefits
- Family pressures

COOK COUNTY HEALTH

[1] https://www.advisory.com/daily-briefing/2021/10/18/employees-quitting

FY 2021 CCH HR Activity Report

Turnover



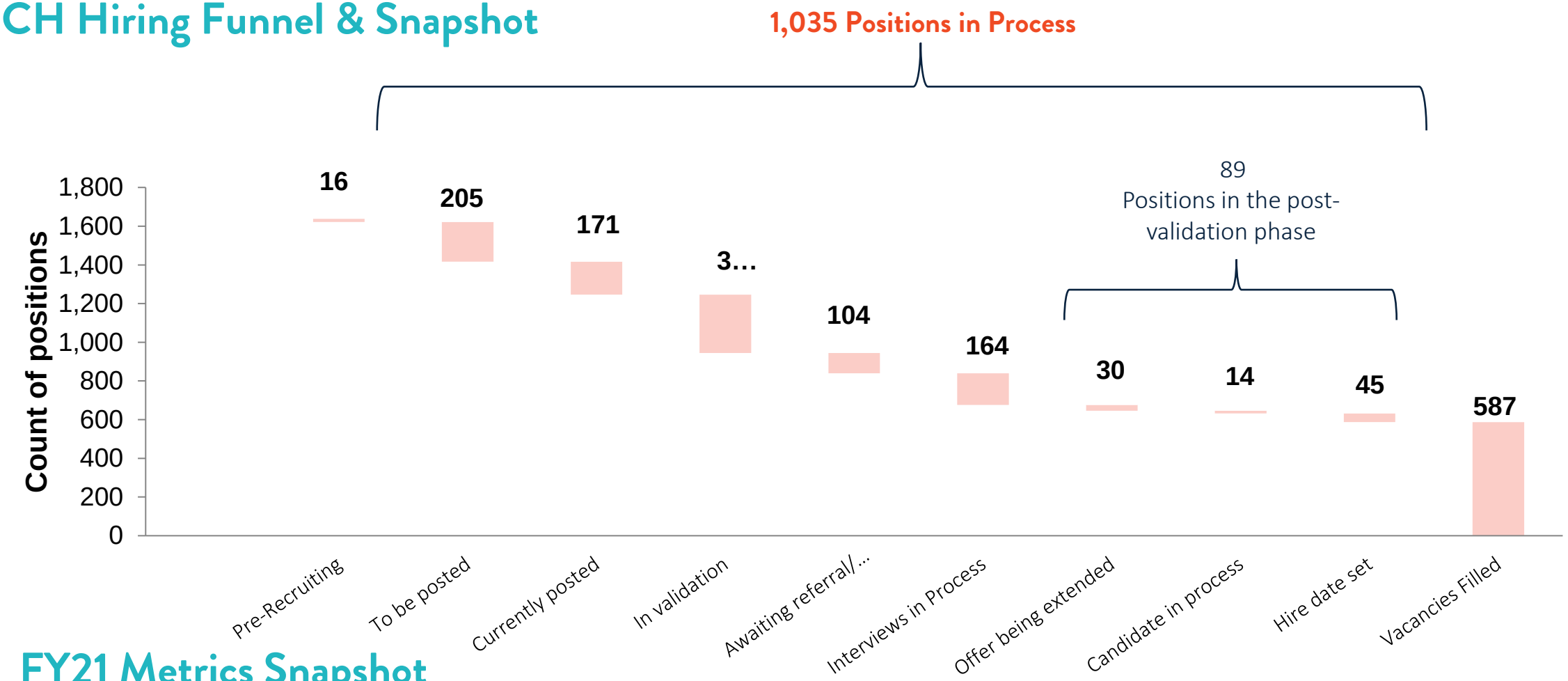
2019			
Qtr.	# of Employees	Separations	Turnover
Q1	6366	157	2%
Q2	6407	282	4%
Q3	6437	434	7%
Q4	6409	521	8%

2020			
Qtr.	# of Employees	Separations	Turnover
Q1	6263	172	3%
Q2	6200	268	4%
Q3	6078	444	7%
Q4	6056	507	8%

2021			
Qtr.	# of Employees	Separations	Turnover
Q1	6071	196	3%
Q2	6038	332	5%
Q3	5926	469	8%
Q4	5890	600	10%

FY 2021 CCH HR Activity Report

CCH Hiring Funnel & Snapshot



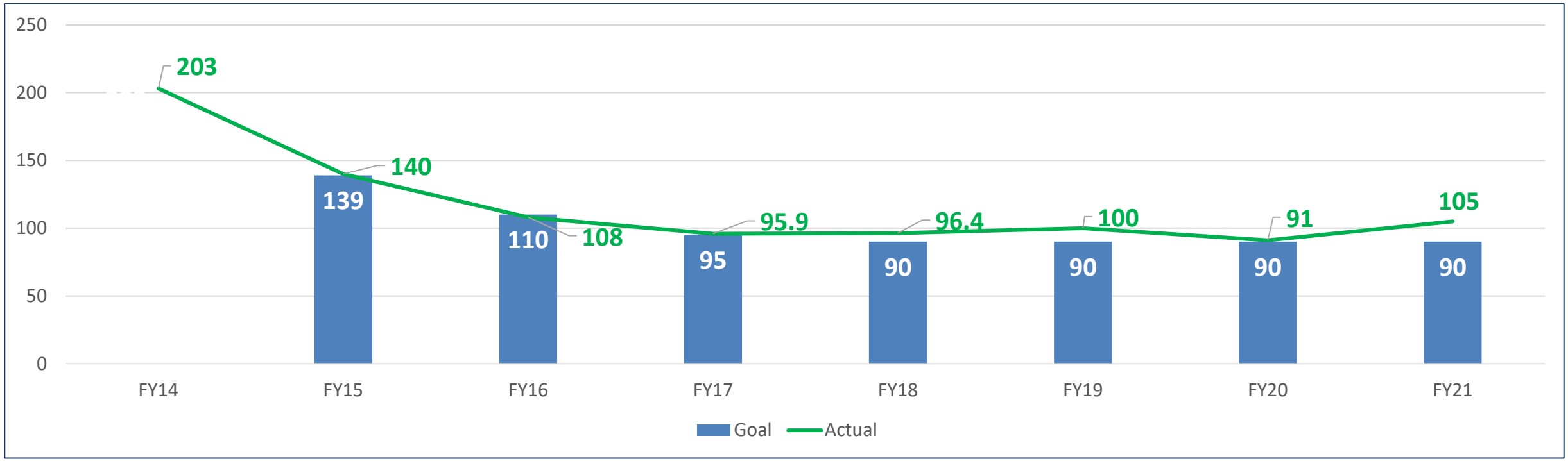
FY21 Metrics Snapshot

Vacancies (RTH)	Posted	Postings Closed	Validation Completed	Referred for Interview	Interviews Completed	Candidate Offers	Hired
1,622	1,417	1,246	944	840	676	646	587

FY 2021 CCH HR Activity Report

Average Time to Fill

Thru 10/31/2021



Drivers to decrease TTF:

- Resources – perm/contractors
- RPO
- Enhanced technology solutions
- Streamline the recruitment process thru the use Job fairs and blitzes
- Proactive candidate sourcing, timely offers and onboarding practices.

COOK COUNTY HEALTH

[1]Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.

Managed Care Metrics

Presented to the CCH Managed Care Committee on 11/5/2021

COOK COUNTY HEALTH

Current Membership

Monthly membership as of October 14, 2021

Category	Total Members	ACHN Members	% ACHN
FHP	256,511	20,396	8.0%
ACA	112,028	17,799	15.9%
ICP	30,230	5,377	17.8%
MLTSS	7,919	0	N/A
SNC	7,778	912	11.7%
Total	**414,466**	**44,484**	**10.7%**

ACA: Affordable Care Act
FHP: Family Health Plan
ICP: Integrated Care Program
MLTSS: Managed Long-Term Service and Support (Dual Eligible)
SNC: Special Needs Children

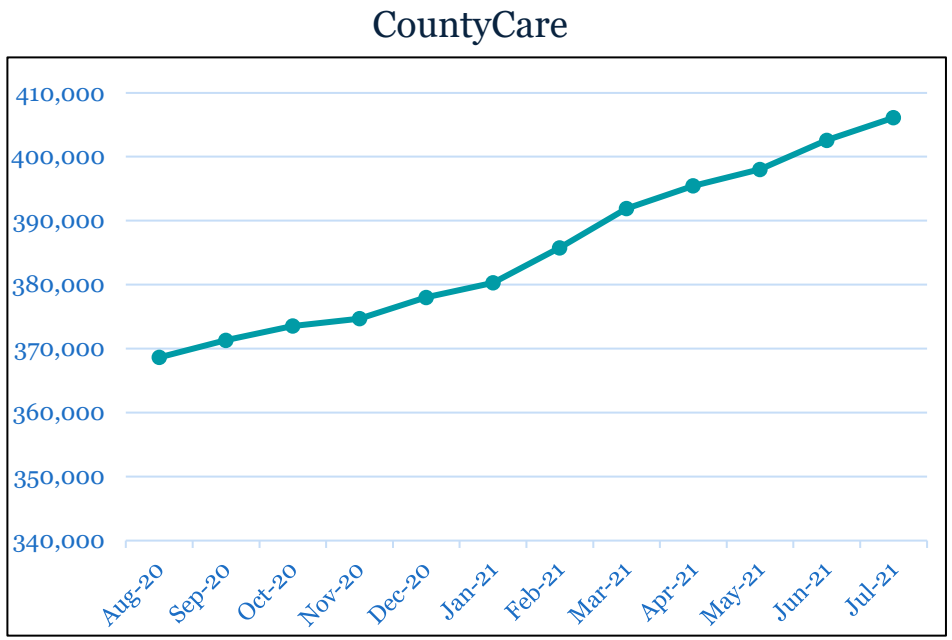
Managed Medicaid Market

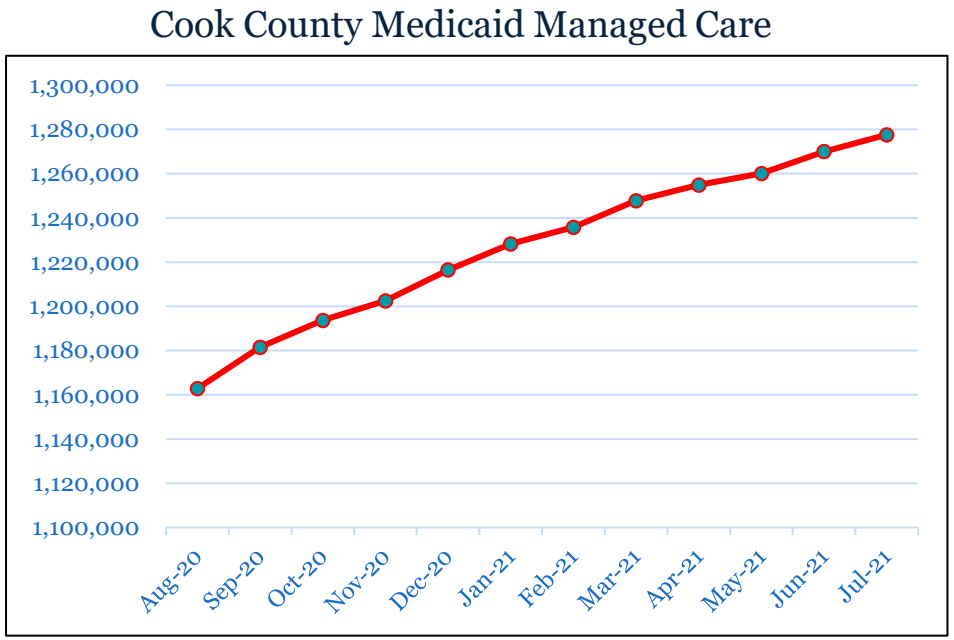
Illinois Department of Healthcare and Family Services July 2021 Data

Managed Care Organization	Cook County	Cook County Market Share
*CountyCare	406,102	31.8%
Blue Cross Blue Shield	327,298	25.6%
Meridian (a WellCare Co.)	314,116	24.6%
IlliniCare (Aetna/CVS)	125,664	9.8%
Molina	94,550	7.4%
YouthCare	9,842	0.8%
Total	**1,277,572**	**100.0%**

* Only Operating in Cook County

IL Medicaid Managed Care Trend in Cook County (charts not to scale)

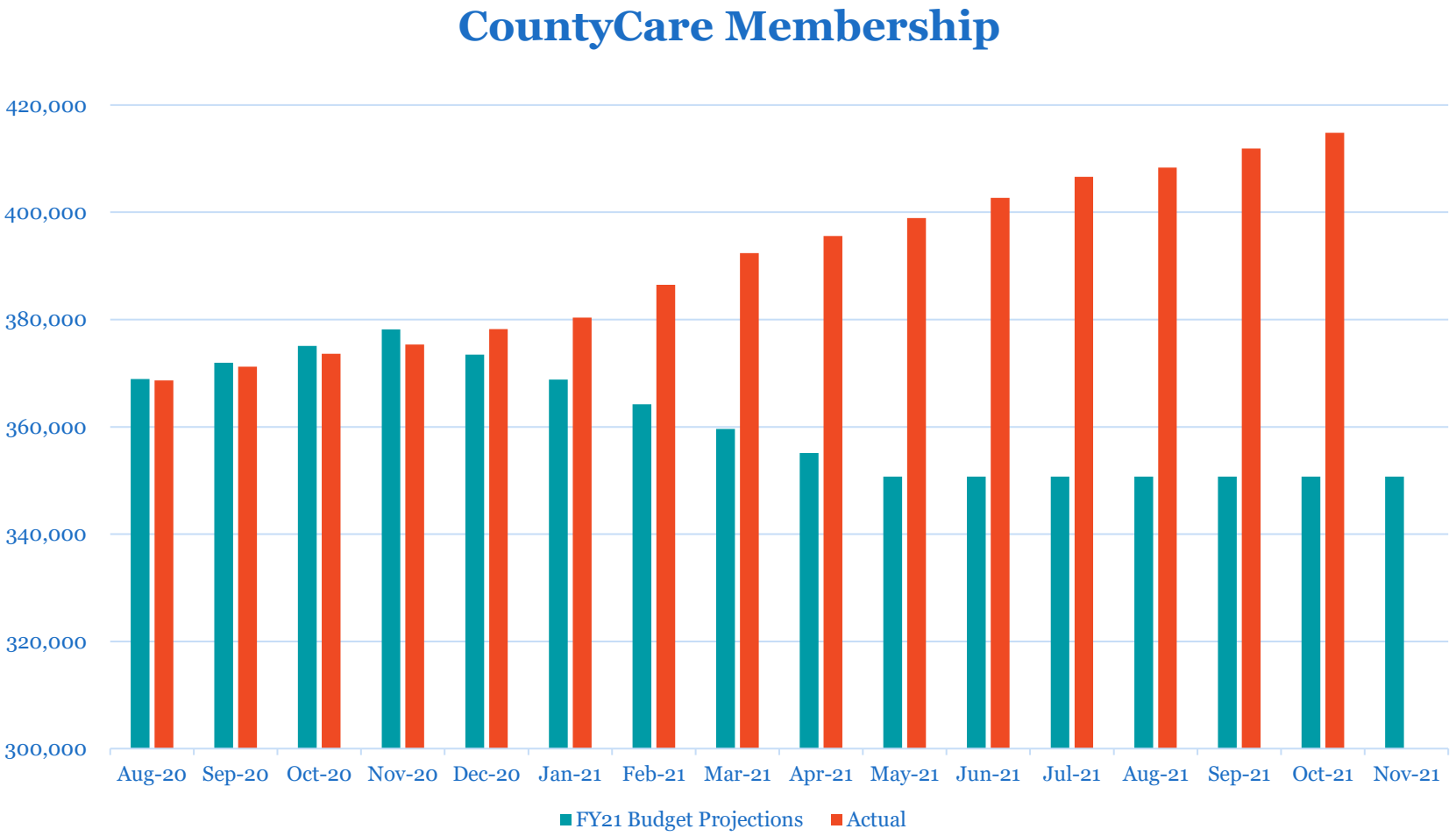




- CountyCare's enrollment has increased 10% over the past 12 months, in line with the Cook County increase of 10%
- CountyCare's enrollment increased 0.9% in July 2021 compared to the prior month

Source: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx
Note: HFS source website did not report August 2020 enrollment

FY 21 Budget | Membership



Operations Metrics: Call Center & Encounter Rate

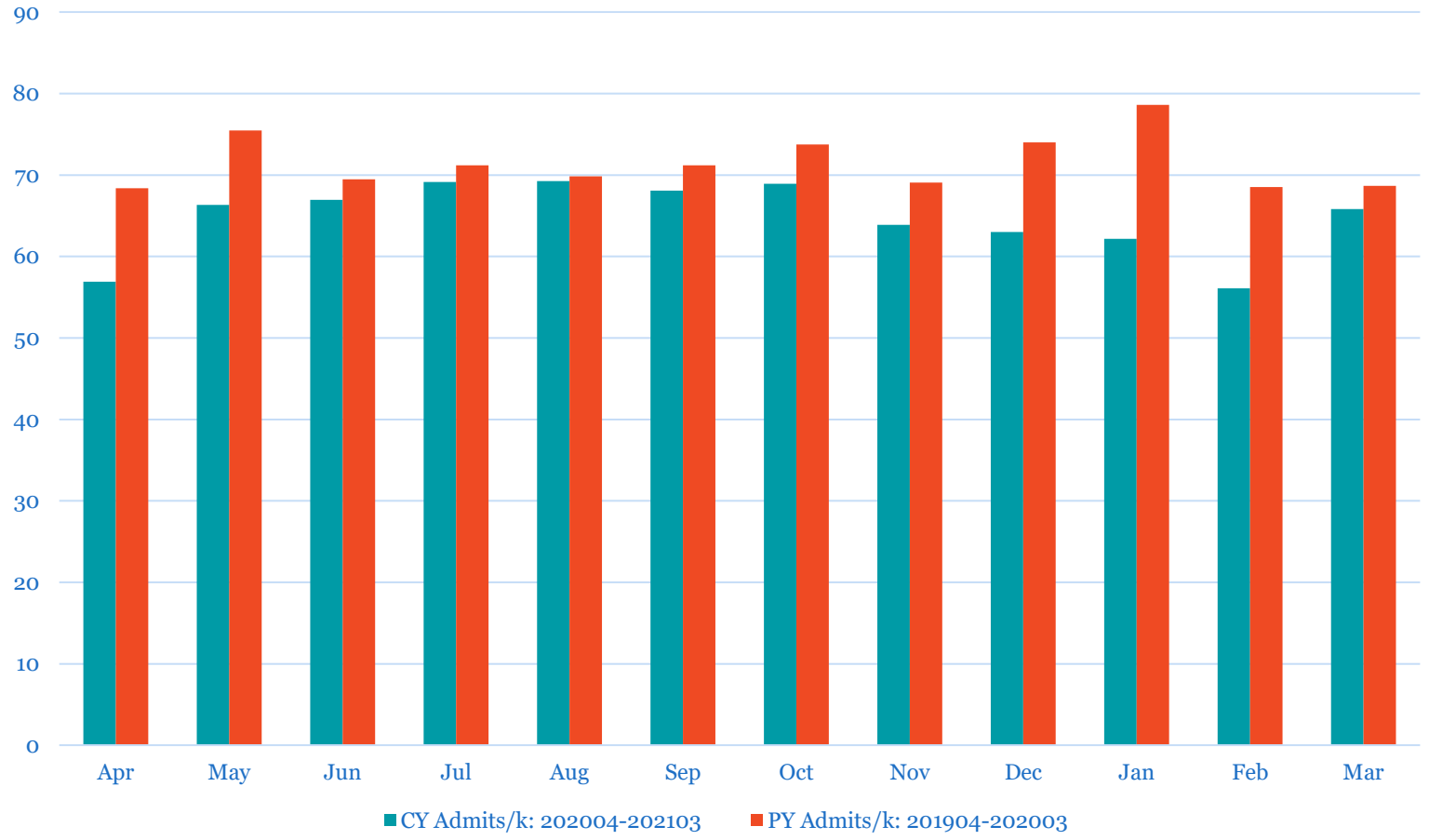
		Performance		
Key Metrics	**State Goal**	**Aug 2021**	**Sept 2021**	**Oct 2021**
Member & Provider Services Call Center Metrics				
Abandonment Rate	< 5%	7.00%	5.00%	2.34%
Hold Time (minutes)	1:00	1:44	1:05	0:28
% Calls Answered < 30 seconds	> 80%	59.31%	68.72%	83.61%
		Quarterly		
Claims/Encounters Acceptance Rate	98%	98%		

Operational and Contract Updates

Request for Proposals	Posting Date	Expected Completion	Implementation
Pharmacy Benefit Managers	October, 2021	January/February, 2022	January, 2023
Third Party Administrative Services	October, 2021	January/February, 2022	January, 2023
Care Management	November, 2021	January/February, 2022	2nd Quarter, 2022

- ILS Care Management Contract In-Sourcing Completed October 1, 2021
- Internal CMIS Care Management System Go-Live Expected 2/1/2022

Current v. Prior Year: IP Acute Admits/1000



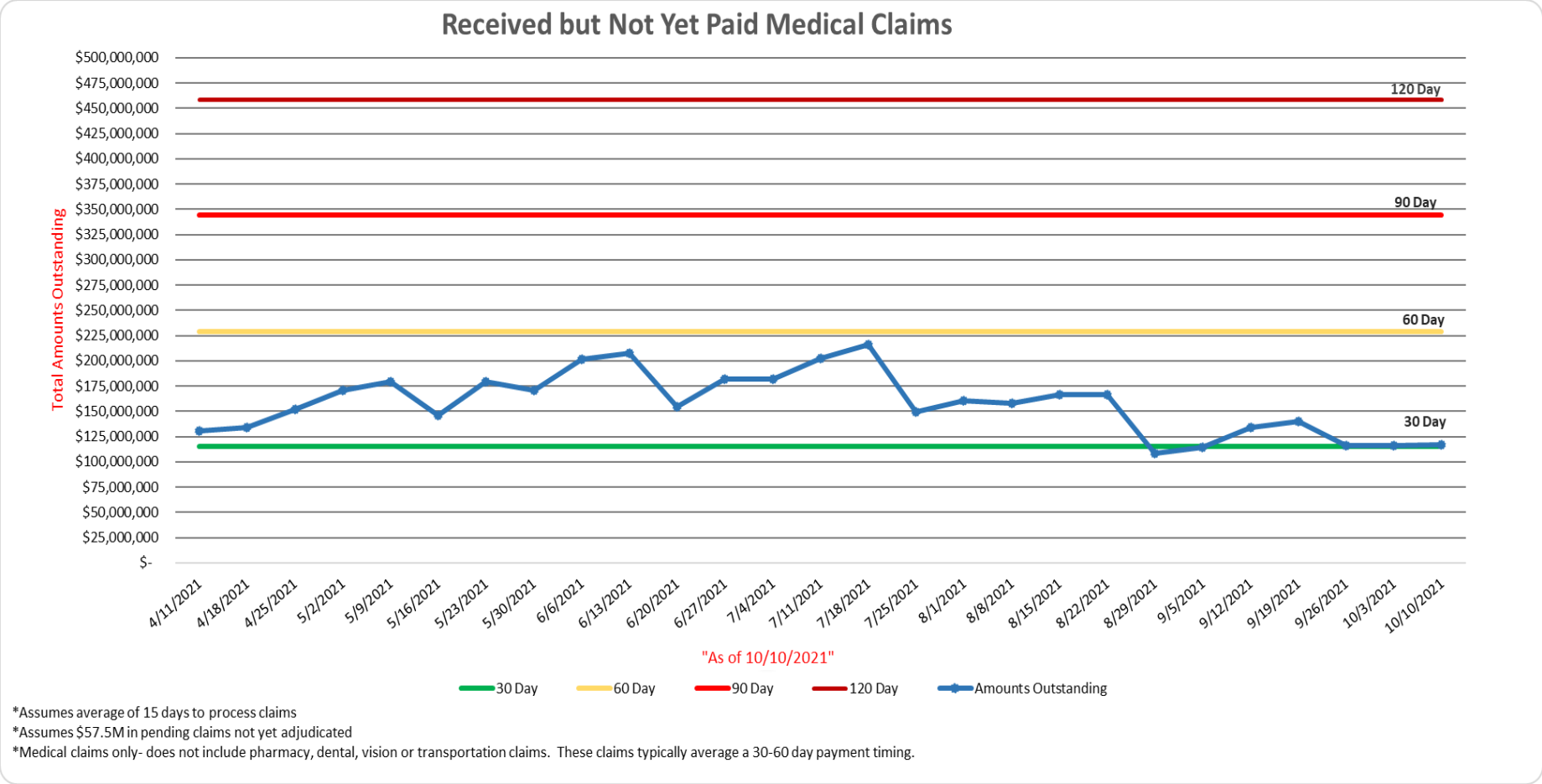
Updated monthly, paid through September 2020
All acute and surgical cases occurred at a General Acute Care hospital

CountyCare COVID Vaccination Rates

Vaccination Phase	Count of Membership	Percent of Total Membership (407k)	Percent of Vaccine-Eligible Membership (294k)
1st of 2 doses only:	19,093	4.69%	6.47%
Fully Vaccinated:	122,092	29.96%	41.39%
Vaccinated with at least 1 dose:	141,185	34.65%	47.86%

Data as of 10/1/2021

Claims Payments



*Assumes average of 15 days to process claims
*Assumes $57.5M in pending claims not yet adjudicated
*Medical claims only- does not include pharmacy, dental, vision or transportation claims. These claims typically average a 30-60 day payment timing.

Claims Payments

Received but Not Yet Paid Claims

Aging Days	0-30 days	31-60 days	61-90 days	91+ days	Grand Total
Q1 2020	$ 109,814,352	$ 53,445,721	$ 46,955,452	$ 9,290,569	$ 219,506,093
Q2 2020	$ 116,483,514	$ 41,306,116	$ 27,968,899	$ 18,701,664	$ 204,460,193
Q3 2020	$ 118,379,552	$ 59,681,973	$ 26,222,464	$ 71,735	$ 204,355,723
Q4 2020	$ 111,807,287	$ 73,687,608	$ 61,649,515	$ 1,374,660	$ 248,519,070
Q1 2021	$ 111,325,661	$ 49,497,185	$ 4,766,955	$ 37,362	$ 165,627,162
Q2 2021	$ 131,867,220	$ 49,224,709	$ 566,619	$ 213,967	$ 181,872,515
Q3 2021	$ 89,511,334	$ 25,733,866	$ 38,516	$ 779,119	$ 116,062,835
Week of 10/10/2021	$ 97,272,348	$ 19,154,193	$ 29,912	$ 786,940	$ 117,243,393

***0-30 days is increased for an estimated $57.5M of received but not adjudicated claims**
***Medical claims only-does not include pharmacy, dental, vision or transportation claims**
***The amounts in the table are clean claims**

Medicare-Medicaid Capitated Financial Alignment Initiative

Selected Through a Joint Process with Healthcare and Family Services (HFS) & Centers for Medicare and Medicaid Services (CMS)

- **Medicare-Medicaid Plans (MMPs) Goal:**
  - Increase access to seamless, quality programs that integrate primary, acute, behavioral, prescription drugs and long-term care supports and services for the beneficiary
  - Improves the quality and reduces the costs of the two programs while preserving or enhancing the quality of care furnished to dual eligible beneficiaries
- **MMP Payment:**
  - Blended capitated rate for full continuum of benefits provided to dual-eligible beneficiaries across both programs
- **3-Way Selection Process and Contracting:**
  - Illinois HFS, CMS and health plan
- **Auto-assignment, enrollment, and continuity for CountyCare members that are aging into Medicare**
  - Auto-Assignment: State of Illinois auto-assigns members aging out of a Medicaid plan into the MMAI plan
  - This auto-assignment provides a direct growth pipeline of 2,500+ members per year
  - Allows retention of members currently in CountyCare that are aging into Medicare or become

Source: CMS 2021 Model Application Contract Year 2021 CAPITATED FINANCIAL ALIGNMENT Model Application (cms.gov)

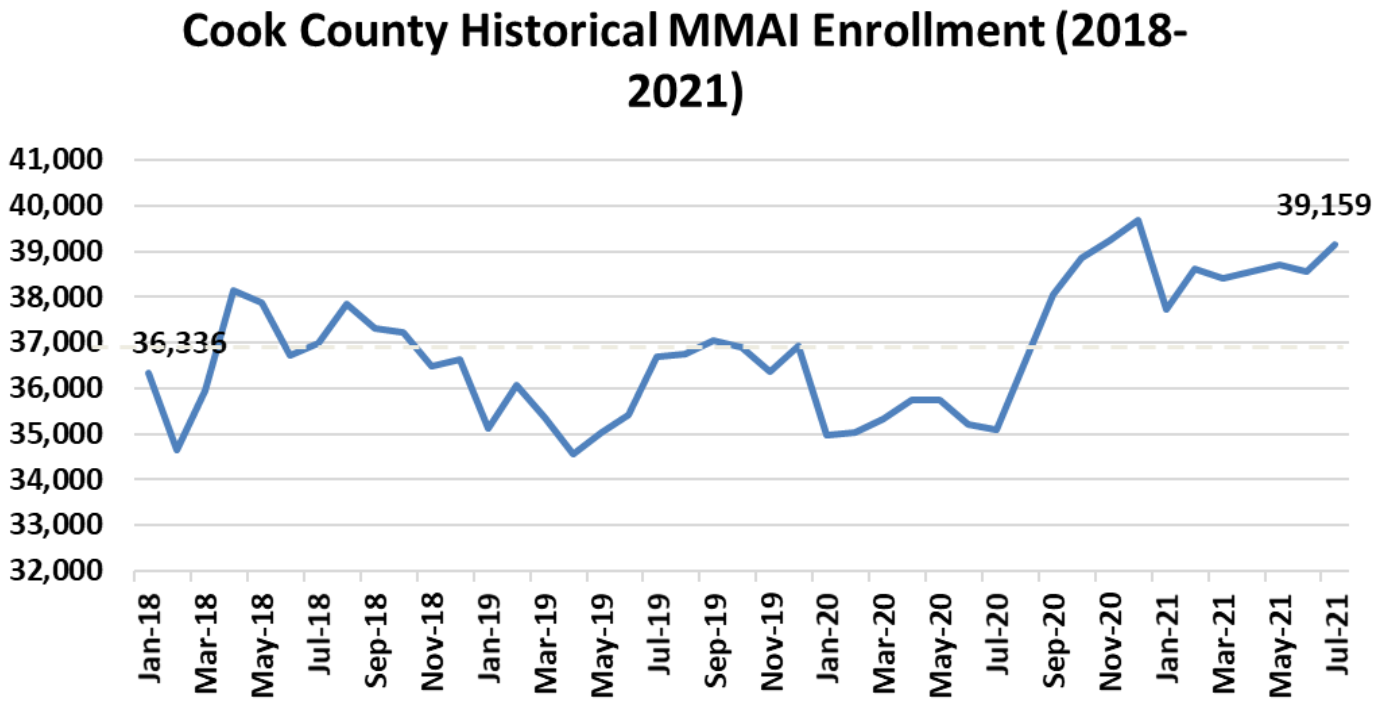
Age-In Cohort

Total of ~3,600 CountyCare members will turn 65 between 01/01/2023-12/31/2023

- **About ~3,300-3,600 CountyCare members turn 65 each year**
- **It is expected that ~3,600 will age-in in 2022**
- **Over ~11,500 current members are >65:**
  - >~6,300 of those members are in long term care or have a home and community based services waiver
  - >~4,600 of those members are in Managed Long Term Services and Supports (MLTSS)

Category	Percent/n
Total	n=3,673
Gender	
Female	54%/n=1998
Male	46%/n=1675
Long Term Services and Supports	
Waiver member	10%/n=382
Long term care member	3%/n=123
Non-LTSS	87%/n=3,168
CountyCare Lines of Business	
ACA	47%/n=1,730
ICP	47%/n=1,719
MLTSS	4%/n=130
FHP	3%/n=94

MMAI Enrollment in Cook County has ranged from 35k-39k from 2018-2021, with signs of continued growth in the first half of 2021



Source: https://www2.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx

Note: data available through 7/1/2021 enrollment totals.

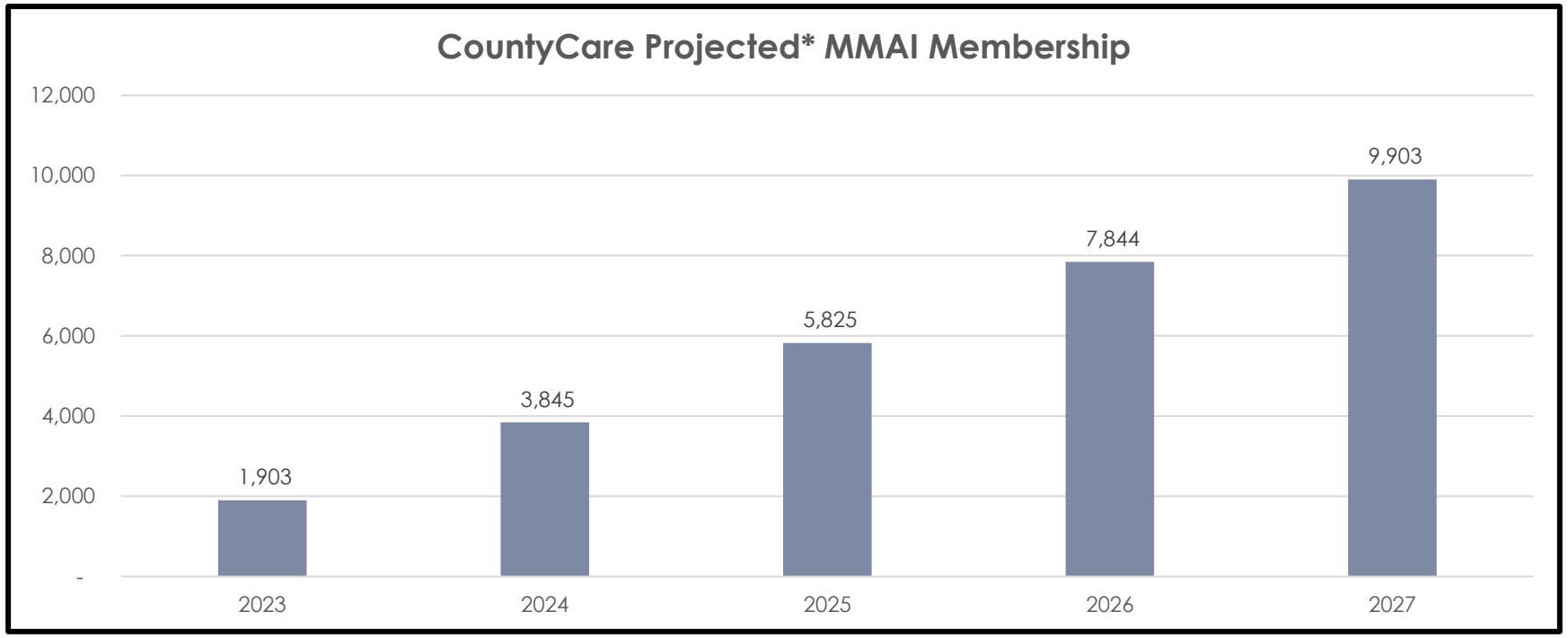
MMAI enrollment in Cook County

Cook County MMAI enrollment as of July 2021

County	Aetna Better Health	Blue Cross/ Blue Shield of Illinois	Humana Health Plan	Meridian Complete	Molina Healthcare	County Total
Adams			*	*	*	*
Alexander					*	*
Boone	*	*	*		*	*
Bureau		*			*	*
Calhoun				*		*
Cass					*	*
Champaign		*		*	1,357	***1,357***
Christian					147	***147***
Clark		*		*	*	*
Clay		*		*		*
Coles		*		*	*	*
Cook	7,746	14,133	6,638	10,633	9	***39,159***
Grand Total	***9,810***	***20,215***	***9,985***	***13,705***	***8,915***	***62,630***

*Table truncated to omit all counties and reflect Cook County totals and Statewide totals

Projected CountyCare MMAI enrollment



*2023-2027 projections assume a 1% increase in the overall market size each year. Assumes a steady state market share of 20% in Cook County beginning with 5% market share in 2023 with 5% annual increases up to 25%. Subsequent years factor in member retention.

MMAI increases value for CountyCare

1

Revenue Retention

- Retain members aging out of CountyCare

2

Net-New Revenue

- Addition of new membership from current MMAI market

3

Domestic Spend

- Increase domestic spend by targeting additional services
- Expand care mgmt. capabilities

Key success factors in MMAI market

Capabilities	Description
Member-Focused Operating Model	• Understand the key attributes of membership by segments of business (Duals, EGWP, etc.) • Develop care programs that look at member conditions holistically and help them navigate care delivery.
Network Strategy	• Build a strong set of provider networks that align with mission & vision of CountyCare. • Leverage provider network to tap into the existing Medicare members on the FFS side. • Demonstrate partnership with provider community as opposed to traditional transactional relationship.
Brand Recognition	• Create a unique set of brand values tailored to the market dynamics and existing CountyCare members. • Extend marketing capabilities inside the walls of provider offices/ facilities. • Identify and expand strong relationships in the community.
Talent & Expertise	• Invest in building and retaining a dedicated talent pool to implement and manage MMAI operations. The right talent is key for the success due to the uniqueness in this population. • Identify key functions such as member engagement, care management, network strategy to incrementally grow talent.

Business Impacts

- ✓ Increased membership growth through cost-effective channels (such as provider networks, etc.)
- ✓ Increased revenue through same-store membership segments and incremental product lines.
- ✓ Highly efficient care management programs that targets whole person care model.
- ✓ Increased operational efficiency and competitive ALR driving financial success.
- ✓ Increased provider alignment & satisfaction contributing to STAR ratings.

Timeline

Action item	Due Date
CCH Managed Care Committee – MMAI informational presentation	Nov. 5, 2021
CMS/HFS Notice of Intent to Apply for MMAI	Nov. 11, 2021
CMS Application Submission	Feb. 16, 2022
Regulatory review by HFS/CMS and readiness on-site review	June 2022
Contract with CMS/HFS executed	Sept. 2022
Open Enrollment begins	Oct.2022
MMAI Product launch	Jan. 2023

Quality & Patient Safety Metrics

Presented to the CCH Quality and Patient Safety Committee on 11/10/2021

COOK COUNTY HEALTH

Leapfrog Hospital Safety Grade

Stroger Hospital, Fall 2021

Fall 2021

C

Metric Improvements

Increase in bar code medication administration scores

Met hand hygiene observation goals for all departments

Decrease in PSI-90 composite, driven by significant decrease in hospital acquired pressure injury

Areas for Opportunity

Patient experience scores

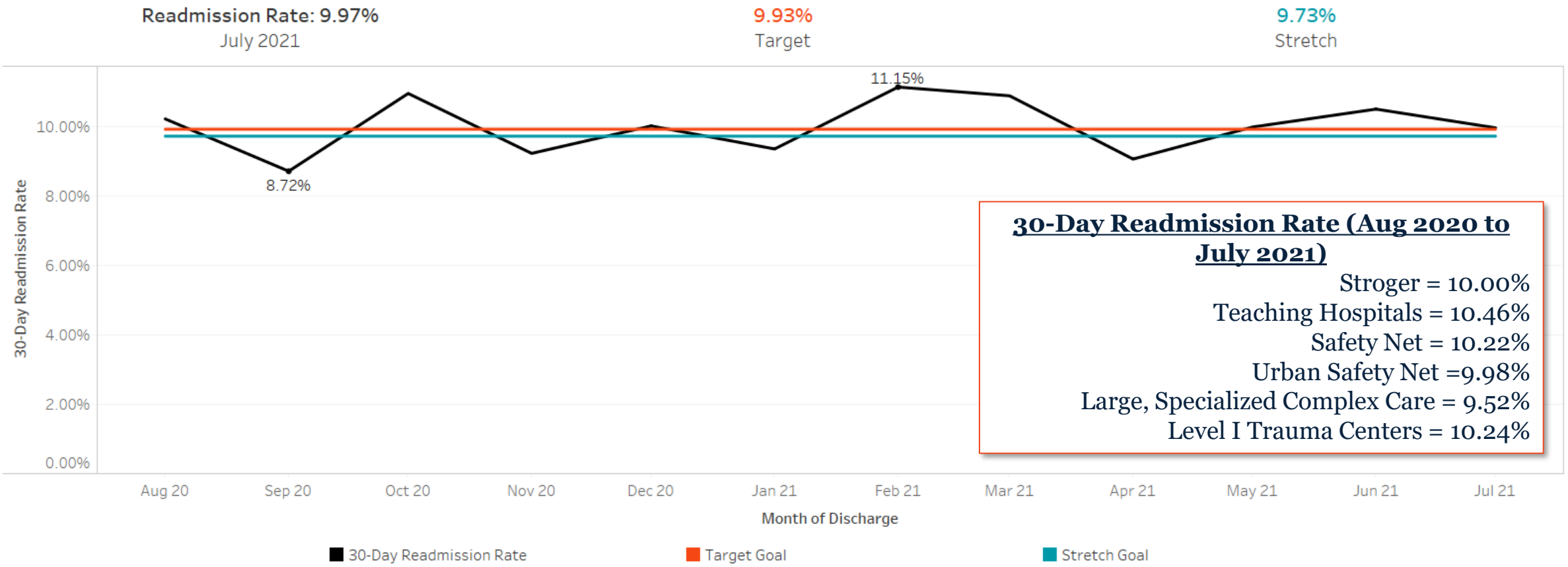
Hospital acquired infections

- Stroger has improved since the Leapfrog reporting period (2019Q2 to 2019Q4, 2020Q3)

COOK COUNTY HEALTH

30-Day Readmission Rate (Stroger Hospital)

HRO Domain: Readmissions



30-Day Readmission Rate (Aug 2020 to July 2021)

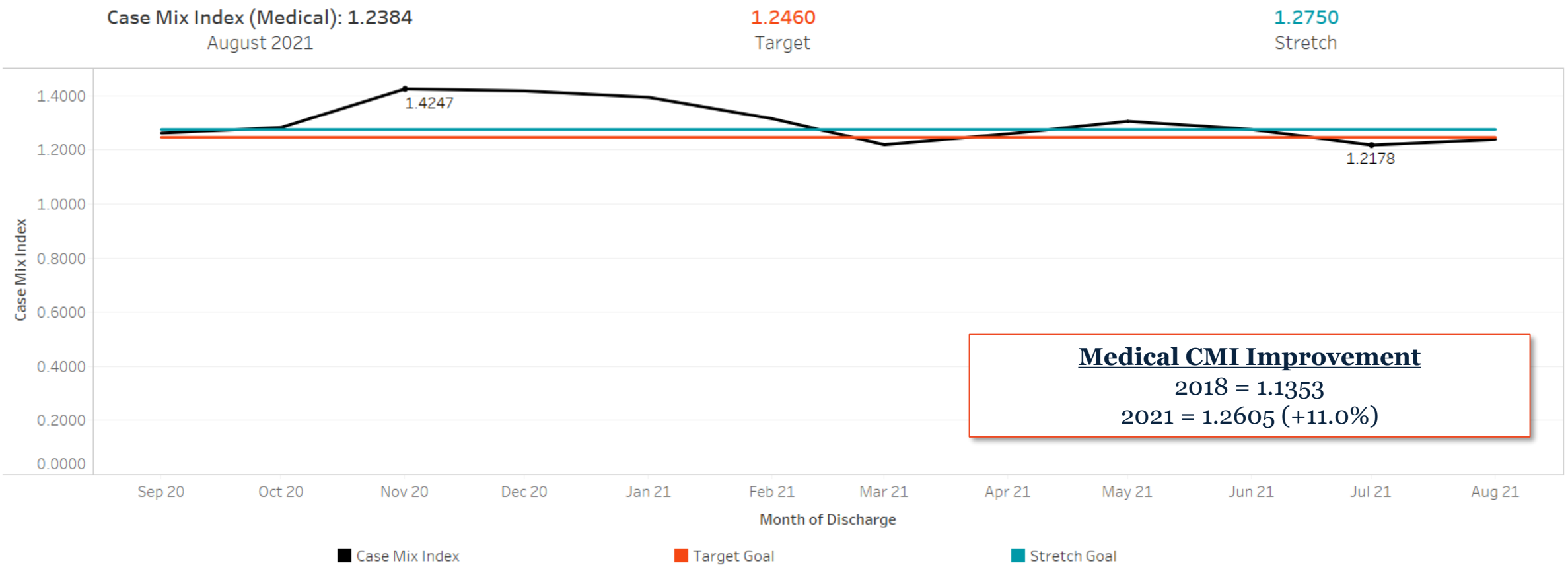
Stroger = 10.00%
Teaching Hospitals = 10.46%
Safety Net = 10.22%
Urban Safety Net =9.98%
Large, Specialized Complex Care = 9.52%
Level I Trauma Centers = 10.24%

*Lower readmission rate is favorable

COOK COUNTY HEALTH

Case Mix Index, Medical MS-DRG (Stroger Hospital)

HRO Domain: Clinical Documentation



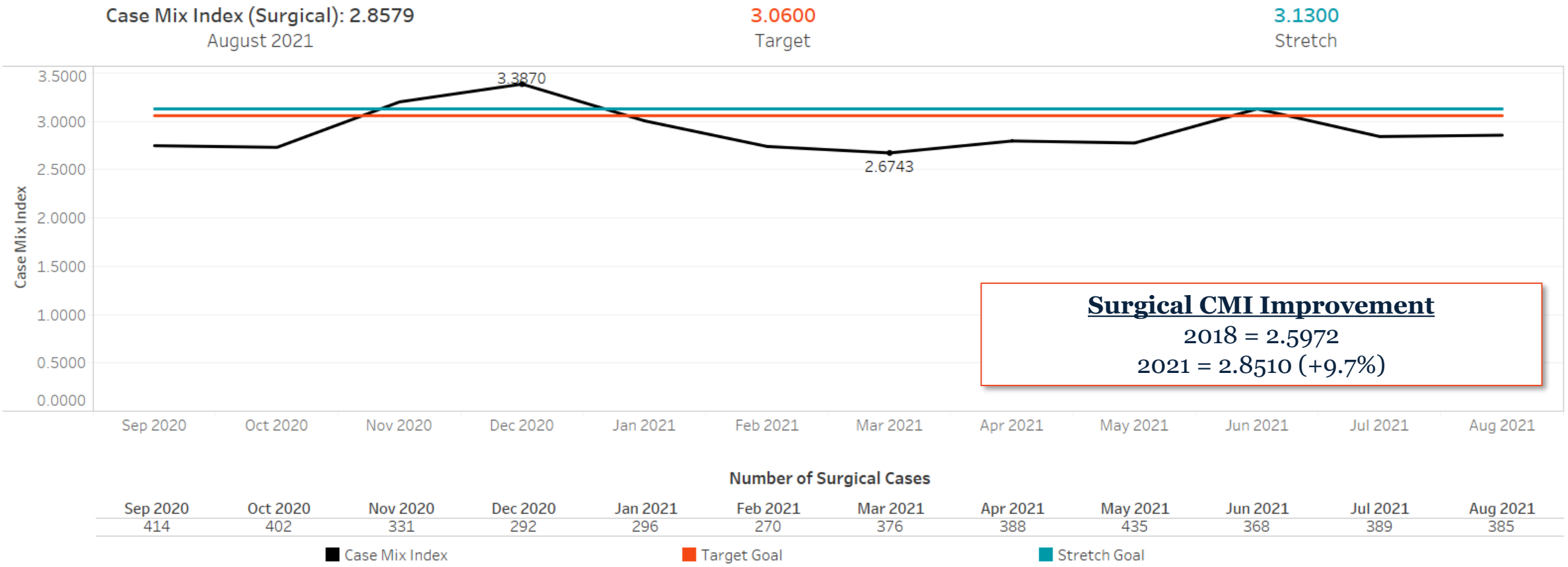
Medical CMI Improvement
2018 = 1.1353
2021 = 1.2605 (+11.0%)

COOK COUNTY HEALTH

*Higher case mix index is favorable

Case Mix Index, Surgical MS-DRG (Stroger Hospital)

HRO Domain: Clinical Documentation

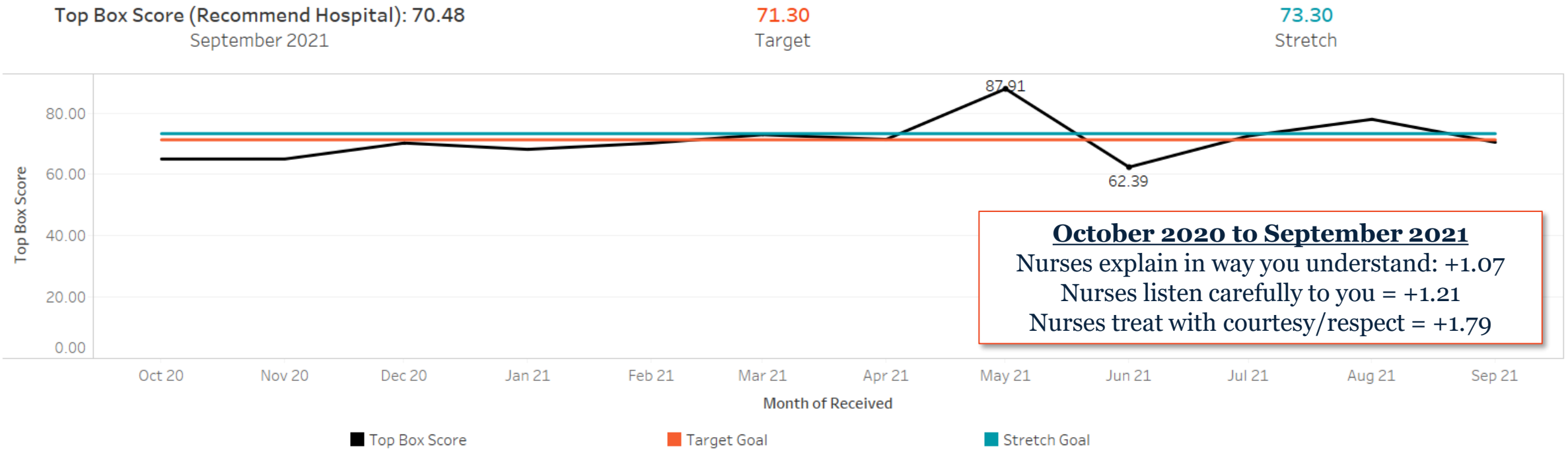


COOK COUNTY HEALTH

*Higher case mix index is favorable

Top Box Score, Recommend the Hospital (Stroger Hospital)

HRO Domain: Patient Experience



October 2020 to September 2021
Nurses explain in way you understand: +1.07
Nurses listen carefully to you = +1.21
Nurses treat with courtesy/respect = +1.79

Total Patient Experience Surveys Received in Month

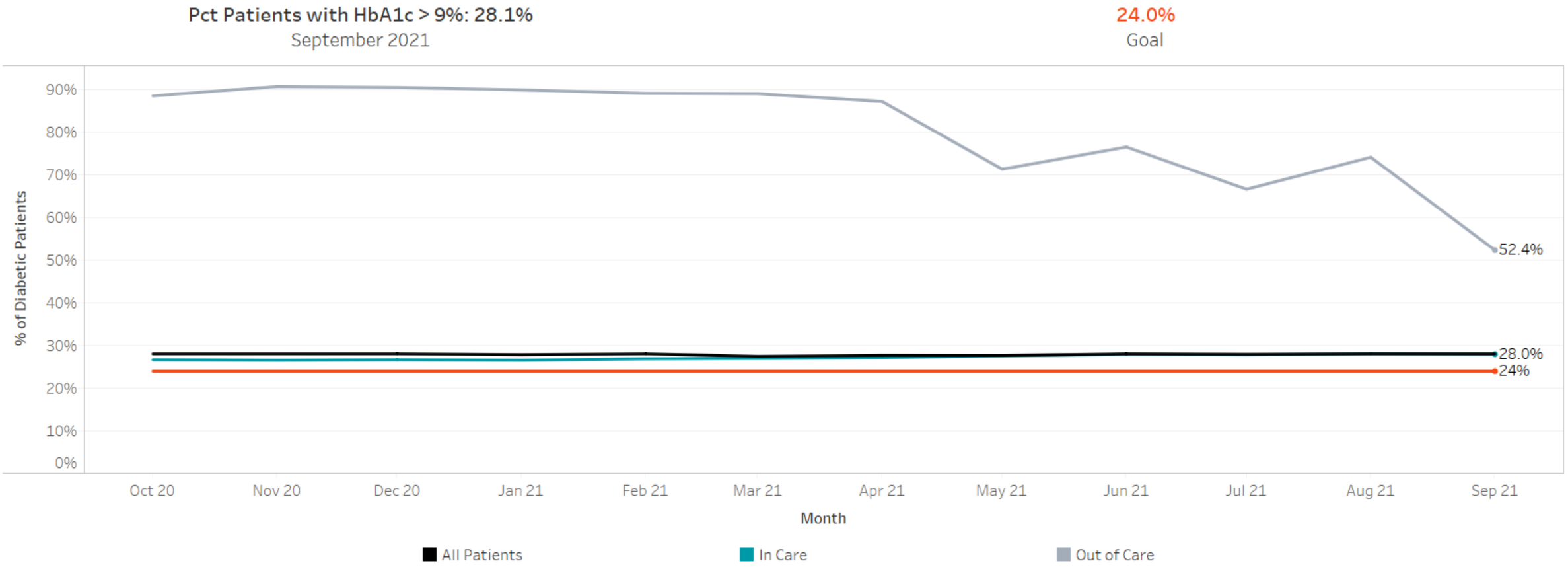
Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21
143	123	158	110	94	159	140	91	117	113	109	105

COOK COUNTY HEALTH

*Higher top box score is favorable

HbA1c >9%

HRO Domain: HEDIS



COOK COUNTY HEALTH

*__Lower__ percent of diabetics patients (>9%) is favorable

Metric	Definition
30-Day Readmission Rate	• *Patient unplanned admission to Stroger within 30 days after being discharged from an earlier hospital stay at Stroger* • **Calculation:** Raw unplanned readmission rate (# of readmissions / total # of eligible discharges) • **Population included:** all inpatient discharges from Stroger • **Cohort inclusions:** any payer; any age; alive at discharge • **Cohort exclusions:** Admitted for primary psychiatric dx; admitted for rehabilitation; admitted for medical treatment of cancer (chemotherapy, radiation therapy); admitted for dialysis; admitted for delivery/birth • **Reporting timeframe:** reported monthly with a 1-month lag to allow for 30-day readmission window; reported by month of patient discharge • **Data source:** Vizient Clinical Data Base
Case Mix Index	• *Average relative DRG weight of a hospital's inpatient discharges, calculated by summing the Medicare Severity-Diagnosis Related Group (MS-DRG) weight for each discharge and dividing by the total number of discharges* • **Population included:** all inpatient discharges from Stroger • **Cohort inclusions:** any payer; any age; reported by Medical MS-DRG and Surgical MS-DRG (*Surgical: an OR procedure is performed*) • **Cohort exclusions**: none • **Reporting timeframe:** reported monthly by most current month available; reported by month of patient discharge • **Data source:** Vizient Clinical Data Base
Recommend the Hospital	• *Percent of patient responses with "Definitely Yes" (top box response) for Recommend the Hospital item in HCAHPS survey* • **Calculation:** Percent of patient responses with "Definitely Yes" (*top box*) / total survey responses • **Population included:** Stroger; 18 years or older at time of admission; non-psychiatric MS-DRG/principal diagnosis at discharge; alive at discharge; >1 overnight stay in hospital as inpatient • **Cohort exclusions:** discharged to hospice care; discharged to nursing homes or SNFs; court/law enforcement patients; patients with a foreign home address; "no-publicity" patients"; patients who are excluded because of rules and regulates of state in which hospital is located • **Reporting timeframe:** reported monthly by most current month available; reported by month of survey received date • **Data source:** Press Ganey
HbA1c >9%	• *Percent of adults (ages 18-75) with diabetes Type 1 or Type 2 where HbA1c is not in control (>9.0%)* • **Calculation:** Percent of diabetic patients with HbA1c not in control / total diabetic patients • **Population included:** (Age 18-75 years as of December 31 of current year AND two diabetic Outpatient/ED visits in the current year or previous year) *OR* (One diabetic Inpatient visit in the current year or previous year) *OR* (Prescribed insulin or hypoglycemic or anti-hyperglycemics in the current year or previous year) • **Cohort exclusions**: none • **Reporting timeframe:** reported monthly by most current month available; reported by month of patient visit • **Data source:** NCQA, HEDIS

Metric	Definition
30-Day Readmission Rate	• Patient unplanned admission to Stroger within 30 days after being discharged from an earlier hospital stay at Stroger • **Calculation:** Raw unplanned readmission rate (# of readmissions / total # of eligible discharges) • **Population included:** all inpatient discharges from Stroger • **Cohort inclusions:** any payer; any age; alive at discharge • **Cohort exclusions:** Admitted for primary psychiatric dx; admitted for rehabilitation; admitted for medical treatment of cancer (chemotherapy, radiation therapy); admitted for dialysis; admitted for delivery/birth • **Reporting timeframe:** reported monthly with a 1-month lag to allow for 30-day readmission window; reported by month of patient discharge • **Data source:** Vizient Clinical Data Base
Case Mix Index	• Average relative DRG weight of a hospital's inpatient discharges, calculated by summing the Medicare Severity-Diagnosis Related Group (MS-DRG) weight for each discharge and dividing by the total number of discharges • **Population included:** all inpatient discharges from Stroger • **Cohort inclusions:** any payer; any age; reported by Medical MS-DRG and Surgical MS-DRG (Surgical: an OR procedure is performed) • **Cohort exclusions**: none • **Reporting timeframe:** reported monthly by most current month available; reported by month of patient discharge • **Data source:** Vizient Clinical Data Base
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Thank you.

COOK COUNTY HEALTH