

COOK COUNTY
HEALTH



Monthly Report

to the Cook County Board of Commissioners

September 2021



COOK COUNTY
HEALTH

Administrative & Legislative Updates



Presented to the CCH Board on August 27, 2021



COOK COUNTY
HEALTH

Administrative Update

RECOGNITION

In late July, the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine strongly recommended that all pregnant women get vaccinated for COVID-19. This recommendation came after reviewing data of thousands of cases of pregnant women who got the vaccine and found it is safe in pregnancy. However, some women who are trying to become pregnant, are pregnant or are nursing have concerns about getting the COVID-19 vaccine.

Dr. Carmen Adams, an obstetrician and gynecologist at Cook County Health, who received her first COVID-19 vaccine before giving birth to her son and then got the second dose after he was born, has been an ambassador to spread the message about the importance of vaccination for expectant mothers.

Dr. Adams, along with several of her OBGYN colleagues, spoke on 28 news programs last month to discuss vaccination during pregnancy. Dr. Fidel Abrego, Chair of Obstetrics and Gynecology, forwarded a message from another physician who stated that after showing a vaccine-hesitant pregnant patient one of the TV news stories featuring Dr. Adams, the patient got her vaccine.

The work by the physicians and our media team to address concerns about the vaccine through local and national media is making a difference.

CCH emergency medicine physician **Dr. Pilar Guerrero** has been selected as one of the National Hispanic Medical Association's 2021 Leadership Fellows, a program sponsored by the Centers for Disease Control and Prevention.

To receive this fellowship, one must be committed to improving the health of Hispanics and other underserved populations by supporting health professionals to be able to make a difference at the local and national levels of medicine and public health.

Dr. Guerrero has worked for Cook County Health for the last 19 years and is an Assistant Professor of Emergency Medicine at Rush Medical College. She has focused her work on improving patient experience, resident education, medical Spanish, underrepresented minority recruitment and on public health initiatives affecting vulnerable populations, including those affected by COVID-19.

Previously, Dr. Guerrero was recognized in both 2018 and 2019 for Who's Who in Hispanic Health Care Chicago and was recently named Co-Vice Chair of Diversity, Equity and Inclusion for CCH.

Earlier this month, **Dr. Matt Kaminsky**, a trauma surgeon at CCH, was chosen to speak to surgical students at Walter Reed National Military Medical Center as part of its Trauma Day. Dr. Kaminsky spoke as part of the 19th Annual Martin Silverstein Distinguished Surgical Lecture, discussing the impact of gun violence in Chicago.

Dr. Kaminsky was an excellent representative of Cook County Health, dispelling much of the misinformation that circulates nationally about the gun violence epidemic while showcasing the excellent work that is done day-in and day-out by our comprehensive trauma team.

He and his colleagues in trauma continue to do important work caring for people that have been impacted by gun violence.

Thank you to members of the **Ruth M. Rothstein CORE Center** for a successful **HRSA** survey. Following an intensive site visit, they were recognized as an outstanding program.



Administrative Update

RECOGNITION ctd.

Over the last 20 years, the staff at the CORE Center have built a comprehensive program to care for HIV and AIDS patients, becoming one of the largest HIV and AIDS clinics in the United States. Their extensive work in early intervention testing along with linkages to care and prevention services have been critical services to this city and area.

Thank you to:

| | | |
|---|---|--------------------------------|
| Alice Cameron, Executive Director, HIV Services | Greg Huhn, Interim Medical Director; Senior Medical Director HIV Services | Jackie Boone, Nursing Director |
| Freddie Shufford, Director of Social Services | Chamille Johnson | Amy Morales |
| Marisol Gonzalez | James Lones | Jessica Zamora |
| Greg Norels | Katie Bozylinski | Ixchell Ortiz |
| LaDonna Spencer | Shaleyah Floyd | Jenae Jackson |
| Alex Kimbrough | Colleen McLuckie | Jennifer Catrambone |
| Jesus Estrada | Ashley Ford | Teianna Cooper |

Thank you to our team members who volunteered at the **2021 Bud Billiken Day Parade** on Saturday, August 14, making it another successful year for Cook County Health. Staff were on-hand to provide medical care along the parade route's five first-aid stations, offered COVID vaccinations and handed out information about the health system's services inside the festival.

| Organizing Team | Medical Staff Participants | Family Medicine Residents | ER Residents | Operations Team | Participants | Honored Guest Volunteer Retiree | Dietary | COVID-19 Testing | COVID-19 Education |
|-------------------------|-------------------------------------|---------------------------|--------------------|-------------------|------------------------|---------------------------------|------------------|----------------------|--------------------|
| Tanya Seaton | Dr. Paul Allegretti, ER Physician | Breanna Joiner | Taylor Wahrenbrock | Bobby Steps | Paulette Harden | Henry White | LaSheva Funches | Victor Martin | Michael Chrepta |
| Dr. Arnold Turner | Pam West, Cermak Nurse | Anita Isama | Kelly Gorsuch | Jim Gannon | Everett Hobson-Johnson | | Sandra Mabry | Crystal Winston | Dr. Rachel Rubin |
| Dr. Whitney Lyn | Dr. Gail Floyd, FM Program Director | Julie Liang | | Denise Washington | Debra Ali | | Michael Richards | Bianca Richardson | Kevin Nunley |
| Nurse Navis Carson-Dunn | | Melissa Palma | | Vicki Yates | Keenisha Crowder | | | Leslie Duah | Esmeralda Esparza |
| Wade Bluck | | Thurman Robertson | | Willie Stallworth | Kary Raines | | | Kimberly Hunt, RN | Kimberly Johnson |
| Tiffani McDowell | | Desmond Rowe | | Leo Watkins | DJ FAB | | | Carolyn Bentley, RN | Jimmy Winfrey |
| Shavelle Bell | | Iruoma Nwangwu | | Wayne Pollard | Chayil Israel | | | Tyahna Smith, MA | Wendy Urueta |
| | | Diane Chen | | Tony Yarber | Janae Brown | | | Liliana Paglicua, MA | |

Administrative Update

ACTIVITIES and ANNOUNCEMENTS

Mental Health and Frontline Healthcare Workers

On August 25th, Cook County Board President Toni Preckwinkle, CCH CEO Israel Rocha and CCH frontline staff joined US Congressman Raja Krishnamoorthi to discuss the mental health impact that COVID has had on frontline staff. Congressman Krishnamoorthi is a cosponsor of HR1667, the Dr. Lorna Breen Health Care Provider Protection Act which seeks to address mental health needs of frontline healthcare workers by studying the problem and providing a myriad of resources from grants to education.

IMPACT 2023 Focus Areas 4 and 5

COVID-19 Vaccine Strategy

Employee Mandate

Cook County Health has implemented a system-wide COVID-19 vaccine mandate for all team members. All CCH staff, contractors and students must be fully vaccinated by October 1st or demonstrate a verifiable medical or religious exemption. Compliance with this mandate is a condition of employment. Employees who are not in compliance will be subject to disciplinary action, up to and including termination.

Indoor Mask Mandate

The Cook County Department of Public Health announced on Friday, August 20 that all individuals, regardless of vaccination status, will be required to wear a mask indoors, beginning on Monday, August 23. The order requires all people over age two who can medically tolerate a mask to wear one in multi-unit residential buildings and public places, such as restaurants, movie theaters, retail establishments, fitness clubs, and on public transportation. According to the order, businesses will be required to post signage that states that masks are required.

This announcement comes as COVID-19 cases continue to climb. According to the Centers for Disease Control and Prevention (CDC), transmission of the virus in Cook County is “high”.

Boosters

The U.S. Food and Drug Administration (FDA) recently amended the emergency use authorizations for both the Pfizer and Moderna COVID-19 vaccines to allow for the use of an additional dose in certain immunocompromised individuals. The CDC also adopted a recommendation from its Advisory Council on Immunization Practice in support of booster shots for individuals with weakened immune systems. CCH will be offering boosters to eligible individuals at all of its vaccination sites.

We expect the FDA and CDC to shortly release guidance on booster shots for all vaccinated individuals, perhaps recommending boosters be given as soon as eight months after their last dose. The first health care workers, including CCH staff, received their vaccines in December 2020, putting them near the window for a booster. CCH is making preparations to accommodate boosters for staff and eligible members of the public as soon as formal guidance is issued.

Community Vaccinations

Both CCH and CCDPH continue to offer vaccines in the community. A full list of upcoming events can be found [here](#).

Administrative Update

ACTIVITIES and ANNOUNCEMENTS ctd.

My Shot Cook County Public Awareness and Education Campaign

Cook County, Cook County Health and the Cook County Department of Public Health are rolling out the latest phase of the My Shot Cook County campaign. The creative for this phase centers around the idea that “life is better vaxed” and targets the 18–34-year-old demographic, which continues to have the lowest rates of vaccine uptake.

The campaign, which is particularly focused in priority communities in the west and south suburbs, includes radio, out of home, and digital elements. Sharable assets were provided to local elected officials and CBOs to post on social media, websites and more.

The next phase in the vaccine marketing campaign, Trust Us, will launch on September 1. This phase will include broadcast, out of home and digital advertising leveraging the trust the public has in their physicians to encourage consumers to get the vaccine.

Destination Vaccination

Cook County Department of Public Health (CCDPH) launched its “Destination: Vaccination” program, which will provide free rides to many vaccination locations throughout suburban Cook County. The program will enable individuals with limited mobility or transportation issues to easily get vaccinated, removing a key barrier for many residents. The program is open to suburban Cook County residents, as well as Chicago residents who wish to utilize a Cook County Health location within the city. “Destination: Vaccination” is a partnership between CCDPH, Kaizen Health, and several Community Based Organizations (CBOs) to provide transportation for residents who need assistance getting to nearby vaccination clinics. Kaizen can provide vehicles to accommodate most residents, including those in wheelchairs or those who require child seats.

Though advanced scheduling is preferred, residents can call for a ride and one should arrive between 30 and 60 minutes, depending on time of day and fleet availability. This service is provided at no cost. Residents who need a ride to a vaccination location can call 833-308-1988 to schedule a ride.

IMPACT 2023 Focus Areas 1 and 5

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 August 15, CCH’s Fresh Truck partnership with the GCFD resulted in 340 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 39,555 households, representing 130,764 individuals, totaling more than 873,000 pounds of food. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

Administrative Update

Food as Medicine ctd.

The Greater Chicago Food Depository's Fresh Food Truck visits for the month of September include the following ACHN Health Centers:

- September 2 – **Prieto Health Center** – 2424 S. Pulaski Road, Chicago, IL 60623
- September 14 – **Provident Hospital/Sengstacke Health Center** – 500 W. 51st Street, Chicago, IL 60615
- September 16 – **Arlington Heights** – 3520 N. Arlington Heights Road, Arlington Heights, IL 60004
- September 17 – **CORE Center** – 2020 W. Harrison Street, Chicago, IL 60612
- September 28 – **Logan Square Health Center** – 2840 W. Fullerton Avenue, Chicago, IL 60647
- September 23 – **Blue Island Health Center** – 12757 S. Western Ave., Blue Island, IL 60406

IMPACT 2023 Objective 5.1C

Community Advisory Councils

Cook County Health Community Advisory Councils (CAC) include patients, community and religious organizations and provide 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: September 15, December 15
1800 S. Harlem Avenue, North Riverside, IL 60546

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

Provident Hospital/Sengstacke Health Center: Wednesday at 10:00 AM: October 13
500 W. 51st Street, Chicago, IL 60609

Cottage Grove: Tuesday at 1:00 PM: October 26
1645 S. Cottage Grove Avenue, Ford Heights, IL 60411

Robbins: Tuesday at 1:00 PM: November 16
13450 S. Kedzie Road, Robbins, IL 60472

Arlington Heights: Tuesday at 1:00 PM: November 23
3520 N. Arlington Heights Road, Arlington Heights, IL 60004

IMPACT 2023 Focus Area 5



Legislative Update

LOCAL

- On August 9, CCH's FY2022 Proposed Preliminary Budget was introduced to the Board of Directors. Public Hearings were conducted on August 23 and 24. After discussion, the CCH Finance Committee voted to approve the FY2022 Proposed Preliminary Budget. It will be considered by the full CCH Board of Directors on August 27 and if approved will move to the County Board for approval for inclusion in the FY2022 Executive Budget Recommendation. The Cook County Board is expected to approve the FY2022 Annual Appropriation Ordinance in November.

STATE

- Over 7,800 bills and resolutions were filed by House and Senate members in the spring legislative session. The legislature passed a total of 666 bills.

As of August 25, the Governor signed 583 of the bills into law. Once bills are sent to the Governor, he has 60 days to take action; if he takes no action, the bill automatically becomes law on day 61. Nearly all bills that await action will reach or pass the 60 day mark by August 31.

Governor Pritzker signed [SB1840](#), the joint effort between Cook County and Cook County Health to improve health equity and access to care by increasing transparency and reporting requirements in nonprofit hospital community benefits reports and improving the process for uninsured patients to access hospital-based services. While the bill was signed on August 25, most provisions do not take effect until January 1, 2022. CCH is working with stakeholders to ensure successful implementation.

Additional legislation of interest to CCH includes:

- [SB2017](#) (2022 Budget Implementation Bill or BIMP) – Includes expansion of Medicaid-like coverage to immigrants 55 – 64 years of age with income less than 138% FPL, with coverage starting no later than May 2022. This builds on the Medicaid-like expansion for older adult immigrants authorized in the FY2021 BIMP. *Signed June 17 (Public Act 102-0016); takes immediate effect unless otherwise noted in the bill.*
- [SB2294](#) (Medicaid omnibus) – Adds additional covered services and providers to the Medicaid program, increases reimbursement rates for certain dental codes for adults and children as well as administrative fees for immunizations provided to children, and makes other changes related to Medicaid. *Signed July 6 (Public Act 102-0043); takes immediate effect unless otherwise noted in the bill.*
- [SB818](#) – Requires Illinois public and charter schools to teach comprehensive personal health and safety education in grades K-5 and comprehensive sexual health education in grades 6-12 that is age and developmentally appropriate, medically accurate, complete, culturally appropriate, inclusive, and trauma informed. *Signed August 20; takes immediate effect.*
- [HB1063](#) – Repeals harmful and outdated HIV criminalization law and treats HIV like any other chronic disease, using proven and effective public health strategies. *Signed July 27; takes immediate effect.*
- [HB3308](#) – Makes permanent (until 2027 for most services) telehealth coverage, reimbursement, and flexibilities initiated in response to COVID-19. While the bill only applies to private insurance plans regulated by the Illinois Department of Insurance, the Illinois Department of Healthcare and Family Services (HFS) has agreed to payment parity and coverage of telehealth for Medicaid beneficiaries beyond the end of the pandemic, as permitted by the telehealth administrative rules filed last year. HFS intends to meet with stakeholders over the next several months to determine what, if any, legislative changes need to be in place. *Signed July 22 (Public Act 102-0104); takes immediate effect unless otherwise noted in the bill.*
- [HB3739](#) – Requires local lead service line replacement and creates a low-income assistance program to help fund water infrastructure projects, including replacement. *Awaits action by the Governor.*
- [HB711](#) – Reforms the prior approval/prior authorization process by increasing transparency and standardization among Medicaid MCOs and private insurance plans regulated by the Illinois Department of Insurance, and also improves continuity of care and clinical review standards. *Signed August 19; January 1, 2022 effective date.*

Legislative Updates

STATE (cont)

- Following the recent release of 2020 data from the US Census Bureau, the House and Senate will return to Springfield on August 31 for a special session to consider legislation related to the redistricting plan. Legislators may also vote on an omnibus climate/energy bill.

The fall veto session is currently scheduled to take place October 19-21 and 26-28.

- Pending federal approval, [the Diabetes Prevention Program \(DPP\) and the Diabetes Self-Management Education and Support \(DSMES\) will be covered by the Illinois Medicaid program.](#)

An [HFS provider notice issued August 20](#) indicates that these services will be covered with dates of service beginning August 1, 2021. Providers may start the enrollment process now and will be notified once fee-for-service claims can be accepted; managed care plans may begin coverage as soon as their billing systems are ready to receive claims.

DPP was developed by the US Centers for Disease Control (CDC) and seeks to reduce the risk of adults with prediabetes progressing to Type 2 diabetes, with a curriculum focused on increased physical activity, healthy eating, and stress management. Adults enrolled in Medicaid 18-64 years old with a minimum Body Mass Index (BMI) who have elevated blood-glucose or a history of gestational diabetes mellitus will be eligible to enroll in DPP.

DSMES provides services to prevent the progression of diabetes, and services may include counseling on long-term dietary changes and nutrition, increased physical activities, skills for diabetes self-care, and behavioral strategies for weight control. Services may be offered via telehealth, in-home, health center, or outpatient facility. Adults enrolled in Medicaid 18-64 years old with a documented diagnosis based on certain criteria of Type 1, Type 2 or gestational diabetes who have a written referral from a qualified provider are eligible to received 18 hours of DSMES during a 12-month period.

FEDERAL

- **FY 2022 Budget and Reconciliation** – On August 10, the Senate passed a \$1 trillion bipartisan “hard” infrastructure package. Notably for health and hospital systems, the bill did not use the Provider Relief Fund (PRF) or public health funding from last year’s COVID relief bills as payors, as had been feared, though the 2 percent annual Medicare sequestration cut was extended for one year.

After passing the infrastructure bill, the Senate turned immediately to consideration of the FY 2022 Budget Resolution released by the Senate Budget Committee on August 9. The budget resolution unlocks the possibility of a Democrats-only “human” infrastructure package later this fall intended to fulfill President Biden’s American Families Plan. This procedure is known as “budget reconciliation.”

The FY 2022 budget resolution gives “reconciliation instructions” to specific committees to draft legislation. These instructions set budgetary parameters to the committees but allow them to fill in the details. The committees’ bills will then be rolled together into the FY 2022 Reconciliation bill, which can pass the Senate on a simple majority but will require all 50 Senate Democrats to vote for the bill, with Vice President Kamala Harris providing the tie-breaking vote.

In the health policy space, the budget resolution instructs the Senate Finance Committee and Health, Education, Labor and Pensions (HELP) Committee to craft bills that could add a new dental, vision and hearing benefit to Medicare; extend Affordable Care Act (ACA) expanded subsidies that were in the American Rescue Plan Act; provide a major expansion of Home and Community Based Services; create a new federal program for low income Americans in states that have not expanded Medicaid under the ACA and lower prescription drug costs. The latter is expected to be one of the most significant revenue generators in the package – and one likely to create intraparty conflict for Democrats.

Legislative Updates

FEDERAL (cont)

The Budget Resolution passed the Senate 50-49, early in the morning on August 11.

The House of Representatives is returning to Washington the week of August 23 to take up the Budget Resolution and voting rights legislation. Democrats have a narrow majority in the House and Speaker Nancy Pelosi must hold the progressive and moderate members of the caucus together to pass the measure and unlock reconciliation.

Assuming the budget resolution passes, the County is advocating for two health policy provisions which would support CCH operations to be included in the Reconciliation bill. The first is language which would implement the Medicaid Reentry Act (H.R. 955). This measure would permit Medicaid to reimburse for healthcare services provided to Cook County Jail detainees during the 30 days prior to their release. This provision was originally included in the House version of the American Rescue Plan Act but was stripped out before it went to the House floor. The County is working with a coalition including the National Association of Counties, the National Sheriffs Association, and others to press leadership to include it in the reconciliation package.

The second provision the County is supporting is a reauthorization of the dormant Hill-Burton Grant Program (H.R. 1846). The Hill-Burton Grant Program would provide funding for safety-net hospitals to build or upgrade brick and mortar infrastructure. This measure was included in the LIFT America Act (H.R. 1848), a package endorsed by all the Democrats on the House Energy and Commerce Committee. This effort is supported by America's Essential Hospitals and other large urban public health and hospital systems, including New York City Health + Hospitals and Los Angeles County Department of Health Services.

- **FY 2022 Appropriations** – During the first weeks of August, the Senate Appropriations Committee began subcommittee markups, though Labor-HHS-Education was not among the early bills to be taken up. Of note for CCH, however, Senator Durbin submitted a Congressionally Directed Spending request to the Labor-HHS-Education subcommittee for \$315,000 to expand the Cook County Health CARE Trailblazer Program for a new Emergency Medical Technician Apprenticeship. While the subcommittee, full committee and ultimately both chambers will need to agree to these and other requests, this is a crucial first step.
- **Biden Administration** – Health care organizations are advocating that the Administration release the remaining Provider Relief Funds (PRF). According to HHS, there is approximately \$24 billion in remaining unallocated funds in the PRF program, and the American Rescue Plan Act added an additional \$8.5 billion in new funding for rural providers. HHS reports that the Health Services and Resources Administration (HRSA) is working as quickly as possible to distribute these funds and will soon provide updates on when the resources will be made available.

On August 13, CMS announced new guidance for state Medicaid agencies, giving states a full year after the end of the COVID public health emergency ends to complete their eligibility redeterminations.

On August 18, HHS announced that the Administration was planning to plan to begin giving booster shots to people who received Pfizer and Moderna mRNA vaccines, starting eight months after they received their second shot. The announcement said that they also anticipate administering booster shots to people who received the Johnson & Johnson vaccine.

Community Outreach

Cook County Health and CountyCare will be present at fewer events in September as organizations begin to limit activities in response to the surge in COVID cases. At this time, events in the month of September include the following:

- September 9** Cook County Health and CountyCare promotion at **Hanover Township's Just 4 the Health of It Health Fair** which takes place at the William Tiknis Campus located at 240 S. IL Route 59 in Bartlett. The Cook County Health Covid-19 vaccination team will also participate and provide vaccinations to attendees.
- September 10** CountyCare promotion at **Humboldt Park Health and Aunt Martha's Community Wellness Event** which takes place at Humboldt Park Health's grounds located at 1044 N. Francisco in Chicago.
- September 11** CountyCare promotion at **Near North Health Back to School Fair** which takes place at the Komed Center located at 4259 S. Berkeley Avenue in Chicago.
- September 18** Cook County Health and CountyCare promotion at **Holy Family School Health and Resource Fair** which takes place at the school located at 3415 West Arthington Street in Chicago. The event is co-sponsored by the Sinai Health Ministry Program.
- September 25** Cook County Health and CountyCare promotion at the **14th Annual Vive tu Vida! Get Up! Get Moving! Chicago Family Health and Wellness Fair** which takes place at the McKinley Park Fieldhouse located at 2210 W. Pershing Rd. in Chicago. This event sponsored by the Chicago Hispanic Health Coalition encourages people to "get moving", fight diabetes and other diseases and become healthy.

Finance Metrics

Presented to the CCH Finance Committee on 08/19/2021
Approved by the CCH Board on 08/27/2021



COOK COUNTY
HEALTH

Executive Summary

On an accrual basis, interim financials show that CCH is ending June with a \$40.7M positive variance. On a cash basis, CCH has a negative variance of \$23M due CountyCare PMPM payment impacted the revenue variance and increased claims payments impacted expenses. In addition, recoupment of the \$28M FY2020 Medicare advance has started.

- Revenue Commentary:
 - Net patient service revenue exceeding expectation
 - Realization of the DSH enhanced FMAP impact due to legislative change from Federal Stimulus Legislation
 - Better than expected CountyCare utilization of CCH facilities
- Expenditures:
 - Pending reimbursements related to COVID related expenses (estimated \$10M)
 - Excess in salary and benefits due to hiring timing
- CountyCare:
 - CountyCare is showing an operating gain of \$10.3M
 - 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:



Interim Financial Results

June 30, 2021 FYTD

| Dollars in 000s | FY2021 Actual | FY2021 Budget | Variance | % | FY2020 Actual (3) |
|---------------------------------|--------------------|--------------------|--------------------|---------------|--------------------|
| Revenue | | | | | |
| Net Patient Service Revenue (1) | \$345,638 | \$329,817 | \$15,820 | 4.80% | \$267,256 |
| Government Support (2) | \$227,525 | \$222,922 | \$4,604 | 2.07% | \$391,206 |
| CountyCare Capitation Revenue | \$1,402,397 | \$1,226,453 | \$175,944 | 14.35% | \$1,078,163 |
| Other | \$12,403 | \$8,750 | \$3,653 | 41.75% | \$2,950 |
| CountyCare Elimination (1) | (\$64,201) | (\$43,760) | (\$20,441) | 46.71% | (\$119,482) |
| Total Revenue | \$1,923,762 | \$1,744,181 | \$179,580 | 10.30% | \$1,620,092 |
| Operating Expenses | | | | | |
| Salaries & Benefits | \$387,451 | \$434,498 | \$47,047 | 10.83% | \$392,447 |
| Overtime | \$26,626 | \$20,403 | (\$6,223) | -30.50% | \$27,505 |
| Supplies & Pharmaceuticals | \$85,182 | \$79,030 | (\$6,152) | -7.78% | \$84,753 |
| Purchased Services & Other | \$216,544 | \$197,973 | (\$18,571) | -9.38% | \$178,533 |
| Medical Claims Expense (1) | \$1,322,358 | \$1,146,854 | (\$175,504) | -15.30% | \$984,486 |
| Insurance | \$18,588 | \$21,084 | \$2,496 | 11.84% | \$18,588 |
| Utilities | \$8,407 | \$6,003 | (\$2,404) | -40.04% | \$7,442 |
| CountyCare Elimination (1) | (\$64,201) | (\$43,760) | \$20,441 | -46.71% | (\$119,482) |
| Total Operating Expenses | \$2,000,955 | \$1,862,085 | (\$138,869) | -7.46% | \$1,574,272 |
| Operating Margin | (\$77,193) | (\$117,904) | \$40,711 | 34.53% | \$45,820 |
| Non-Operating Revenue | \$71,578 | \$71,578 | \$0 | 0.00% | \$48,245 |
| Net Income (Loss) (3) | (\$5,615) | (\$46,326) | \$40,711 | 87.88% | \$94,065 |

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.



CCH Vendor Contract Savings to Date

| Savings Target | Vendor Contract Renegotiation Savings | Vendor Contract Utilization Savings | Total Savings Achieved |
|----------------|---------------------------------------|-------------------------------------|------------------------|
| 16.5M | \$7.9M | \$1.1M | \$9.0M |

Major categories of savings include:

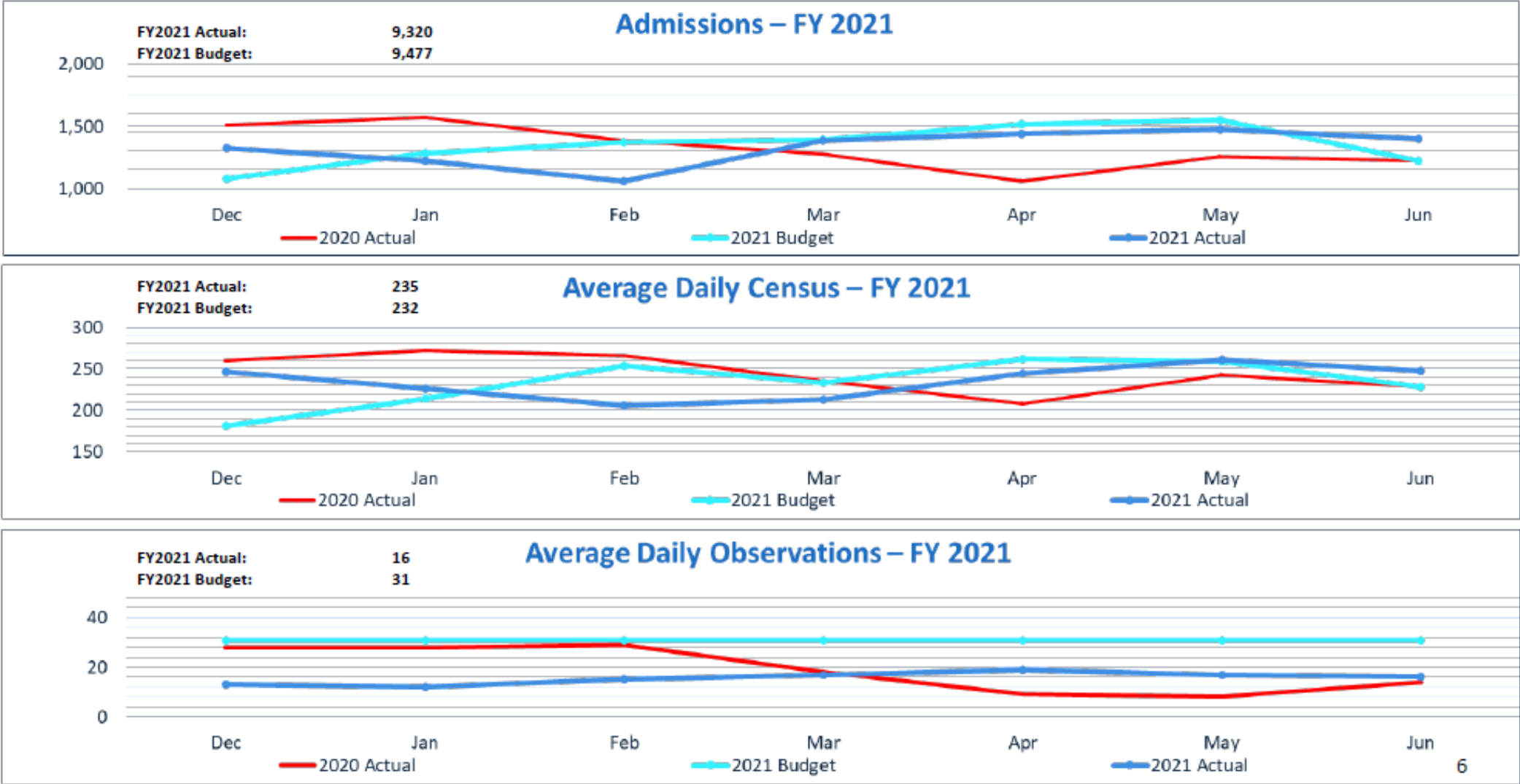
- Lab Diagnostics
- Supplemental staffing
- Security services
- Transportation
- Parking /Valet
- Actuarial Services
- Facility Maintenance
- Information Technology Contracts

CCH Health Providers Revenue June 30, 2021

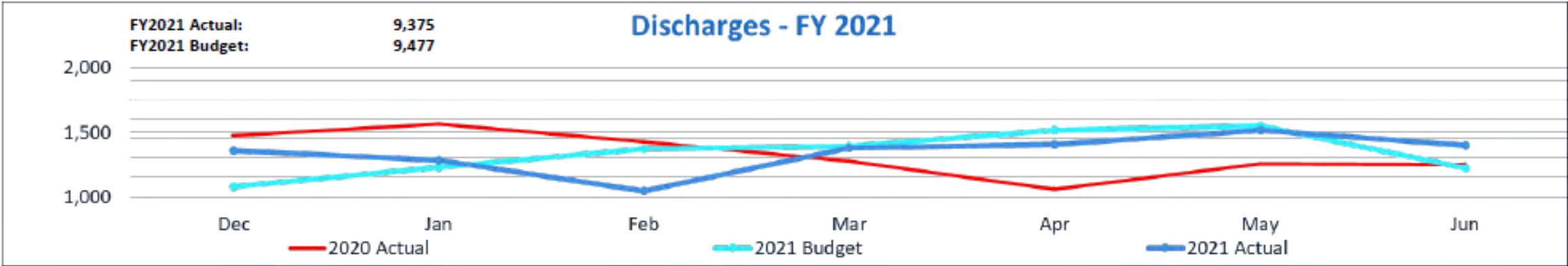
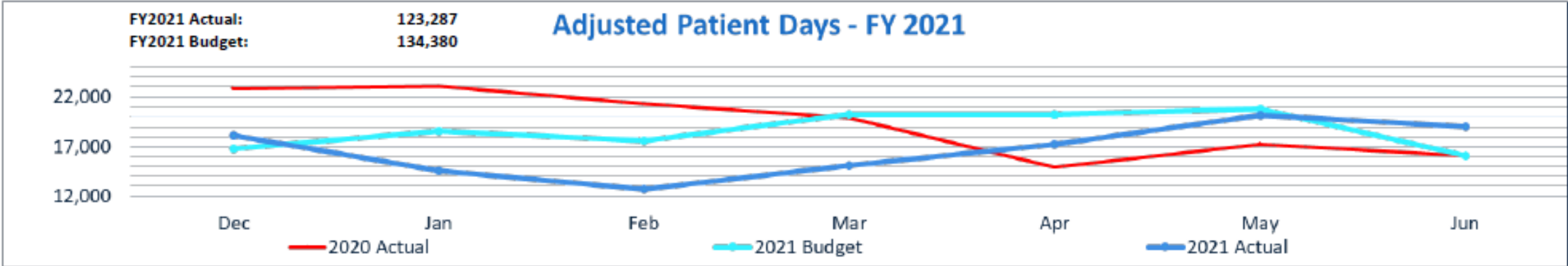
Revenue Operating Indicators

| Patient Activity | YTD 2021 Actual | YTD 2021 Budget | % | June 2021 Actual | June 2020 Actual | June 2019 Actual | 2020 YTD Actual | 2019 YTD Actual |
|-----------------------|-----------------|-----------------|-------|------------------|------------------|------------------|-----------------|-----------------|
| Admissions | 9,320 | 9,477 | -1.7% | 1,402 | 1,223 | 1,229 | 9,287 | 9,355 |
| Patient Days | 49,921 | 49,116 | 1.6% | 7,433 | 6,851 | 7,939 | 52,146 | 52,993 |
| Average Daily Census | 235 | 232 | 1.3% | 248 | 228 | 265 | 245 | 250 |
| Adjusted Patient Days | 123,287 | 134,380 | -8.3% | 19,028 | 16,125 | 21,471 | 135,323 | 142,638 |

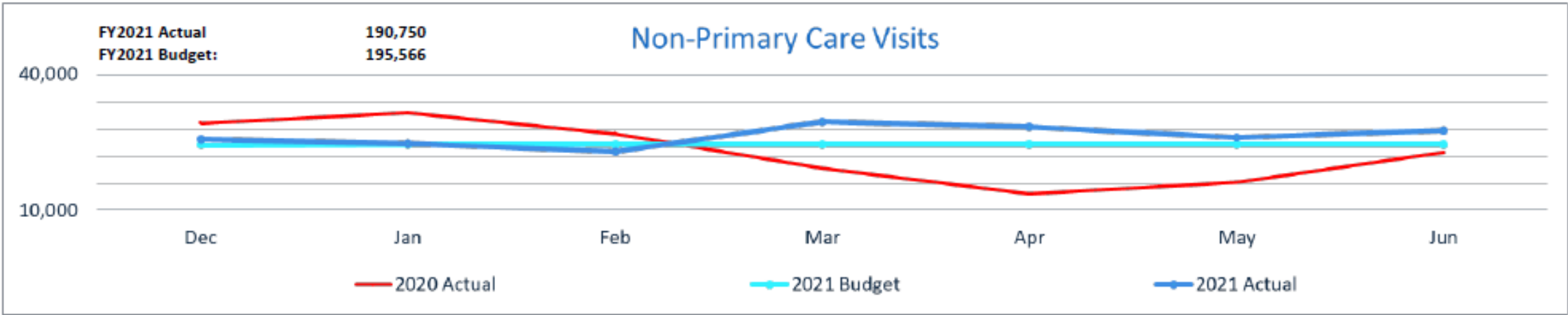
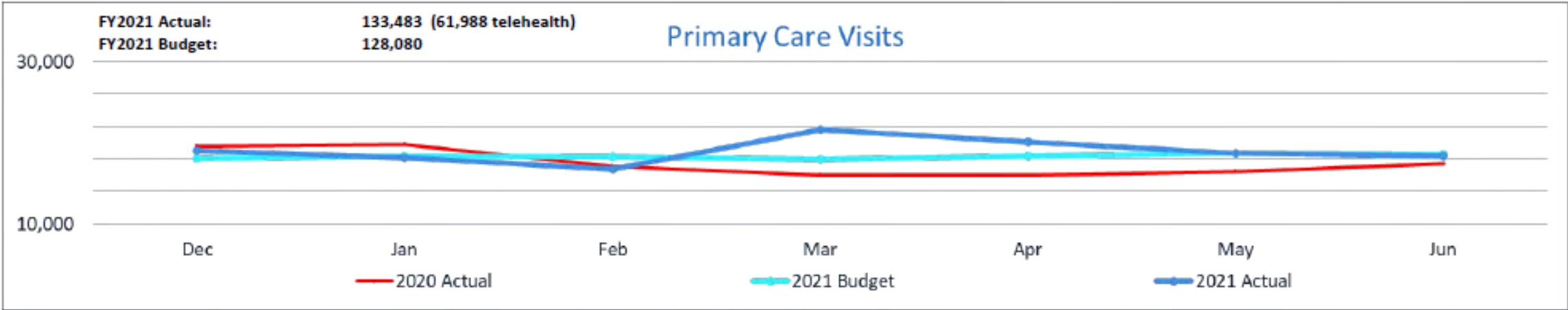
CCH 12 Month Patient Activity Levels



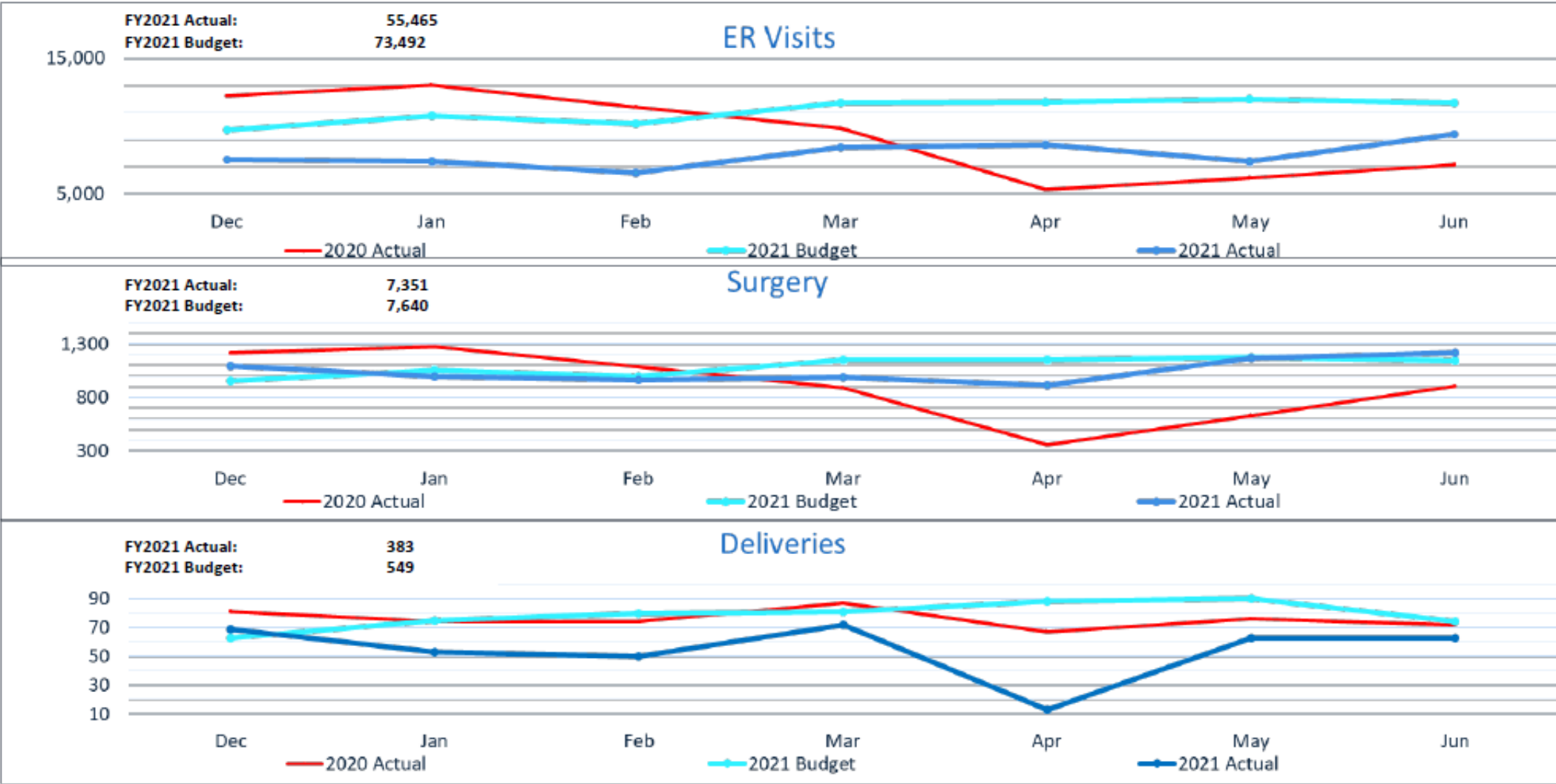
CCH 12 Month Patient Activity Levels



Patient Activity Indicators FYTD 2021

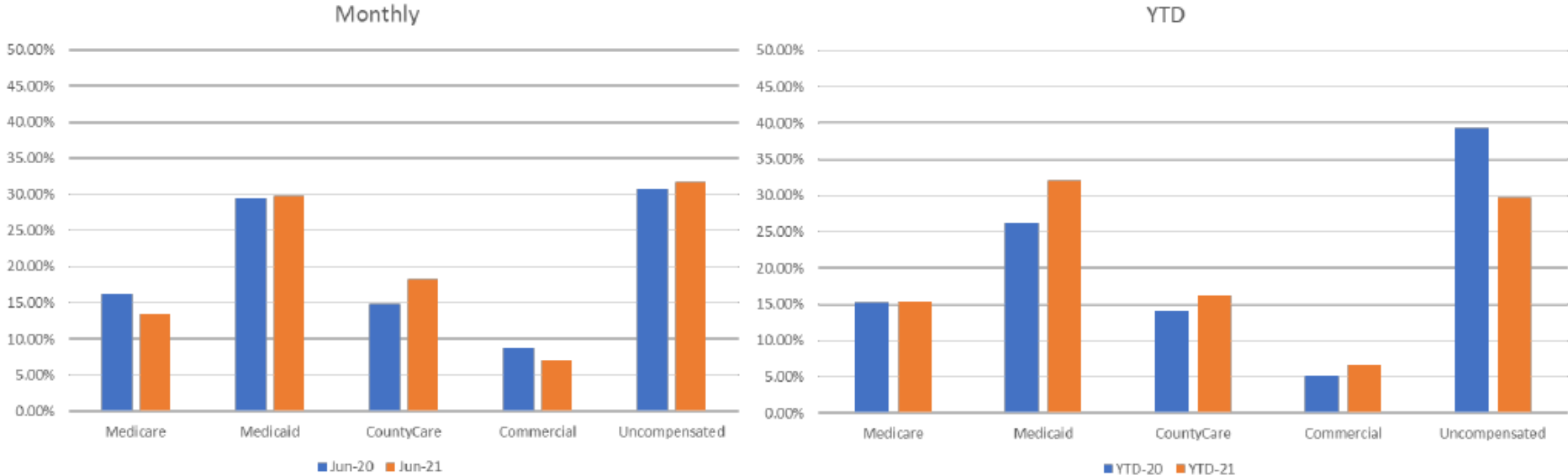


Patient Activity Indicators FYTD 2021



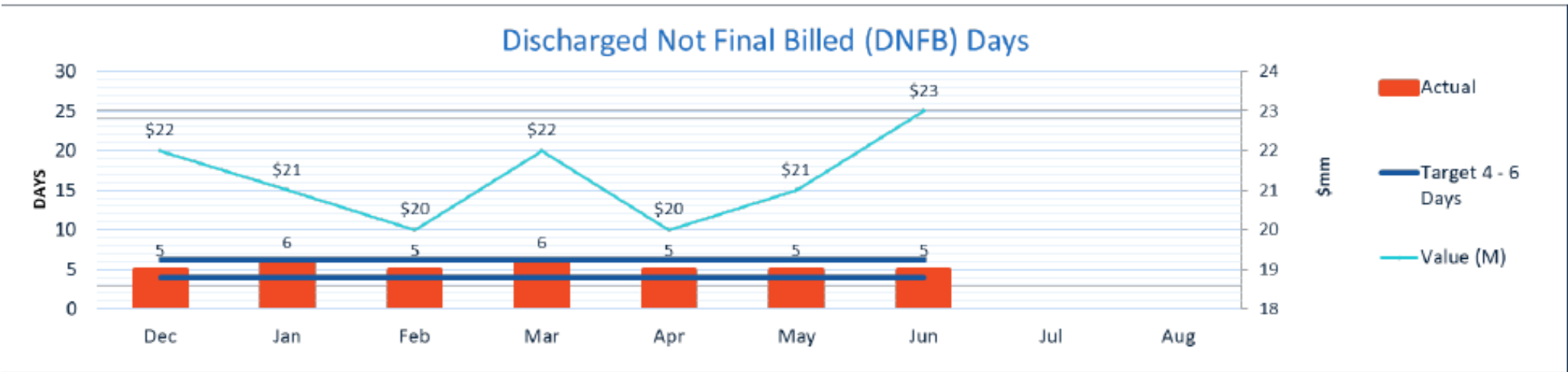
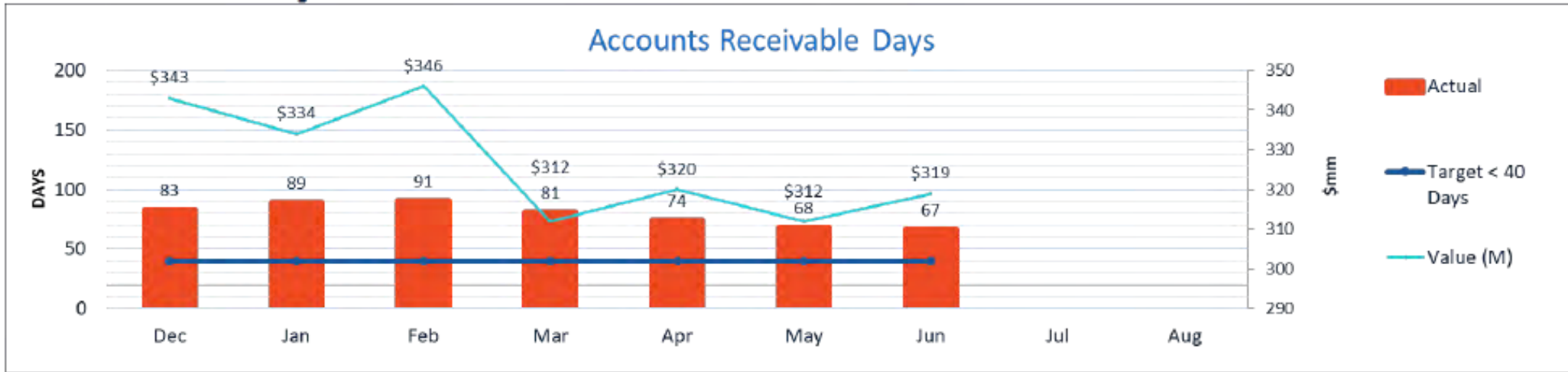
CCH Health Providers Revenue June 30, 2021 FYTD

Payer Mix Analysis (by Charges)



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

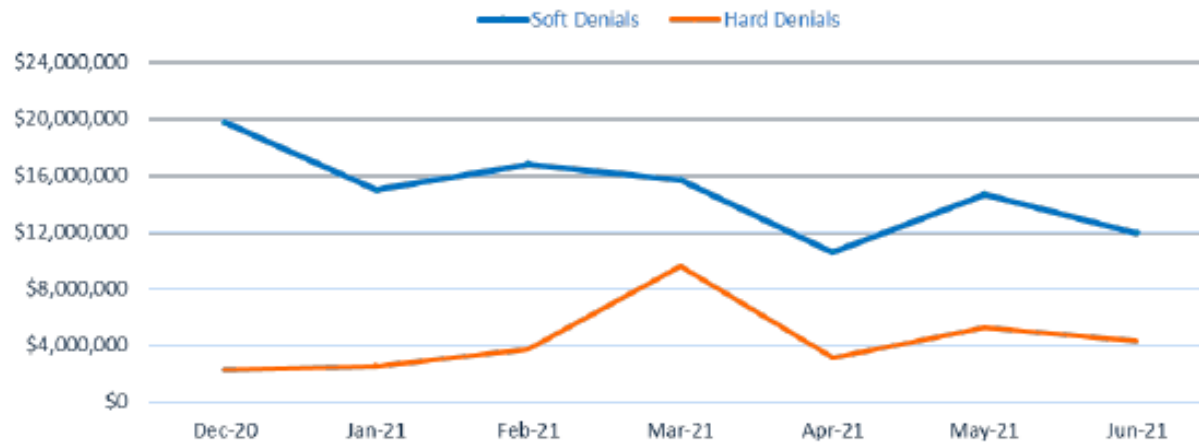
Financial Key Performance Indicators 2021 FYTD



Denials— June 30, FYTD 2021

| Type | Current Month | | FY21 YTD | | Benchmark |
|----------------|---------------|--------------|----------|---------------|-----------|
| | % | \$ | % | \$ | % |
| Soft Denials* | 10% | \$11,938,263 | 12% | \$104,427,537 | 5% |
| Hard Denials** | 4% | \$4,279,036 | 3% | \$30,630,404 | 2% |

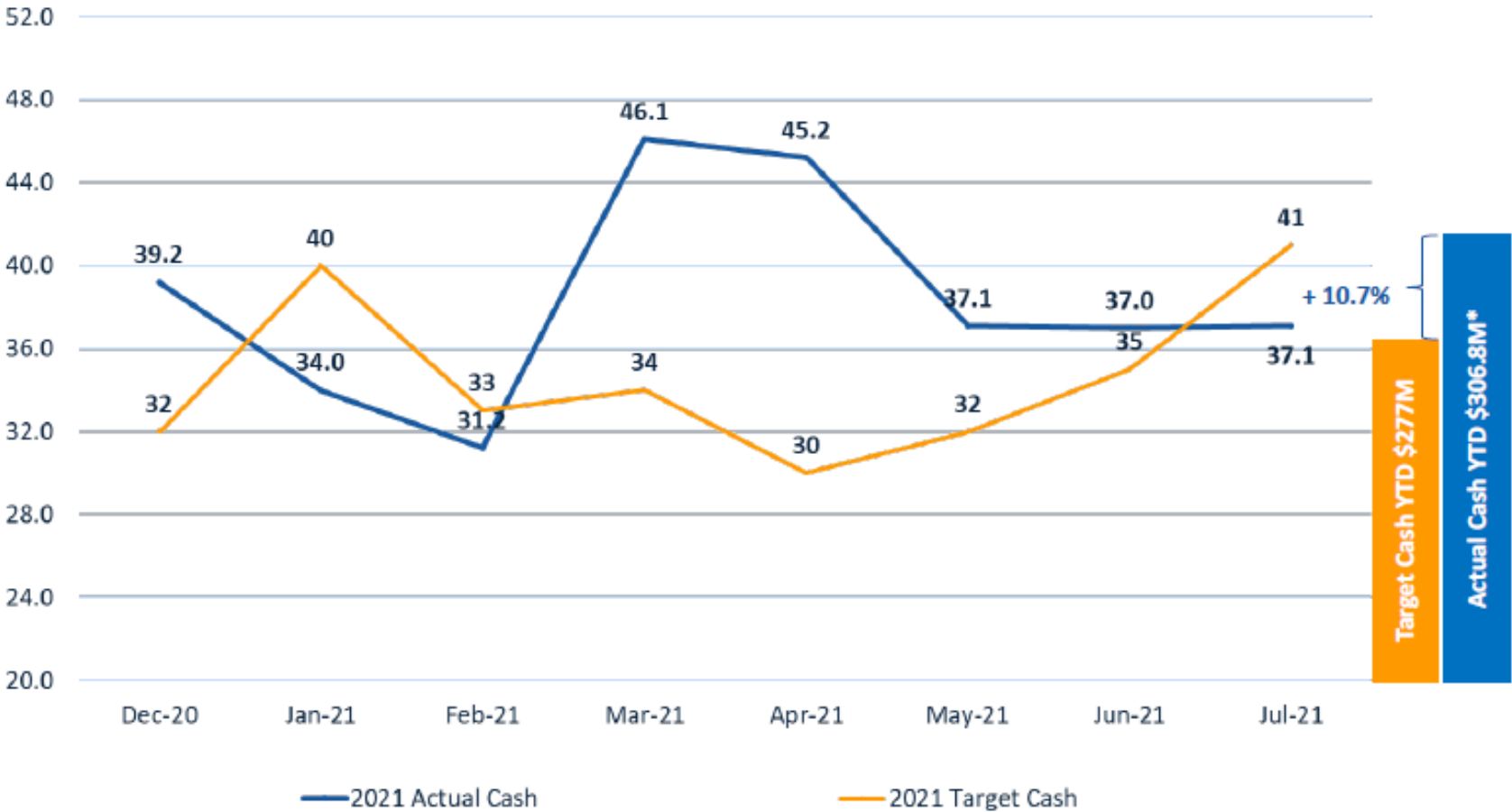
* Claim is denied soon after submission, but there is an opportunity to mitigate/appeal
 ** Claim is denied and needs to be written off



| Hard Denial Summary | Amount |
|----------------------|--------------------|
| Case Management | \$1,230,857 |
| Prior Authorization | \$1,176,288 |
| Timely Filing | \$1,053,953 |
| Non-Covered Services | \$479,278 |
| Patient Access | \$200,349 |
| Coding | \$97,254 |
| Other | \$41,057 |
| Total | \$4,279,036 |

CCH Cash YTD Target vs. Actual June 30, 2021

*7.5M of the FY20 28M Medicare Advance has been recouped



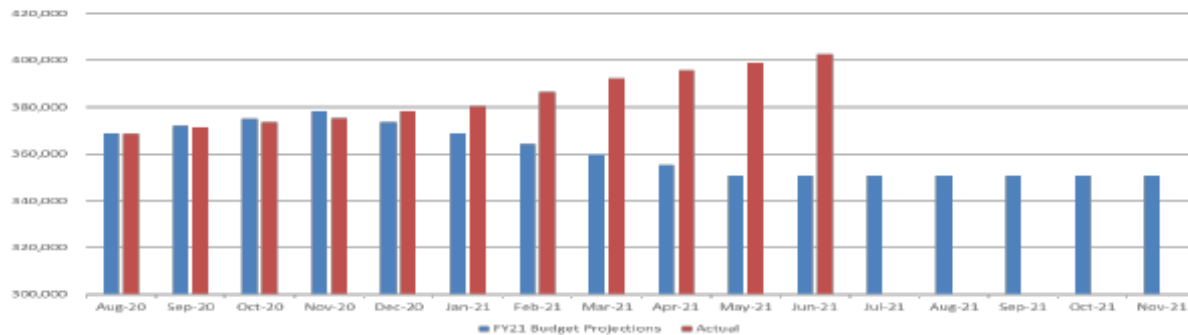
Health Plan Services Financial Results as of 30, 2021

| Dollars in 000s except PMPM amounts | FY2021 Actual | FY2021 Budget | Variance | % | Fy20 Actual |
|-------------------------------------|---------------|---------------|-------------|-----------|-------------|
| Capitation Revenue | \$1,402,397 | \$1,226,453 | \$175,944 | 14.35% | \$1,040,358 |
| Operating Expenses | | | | | |
| Clinical - CCH | \$64,201 | \$43,760 | (\$20,441) | (46.71%) | \$53,660 |
| Clinical - External | \$1,258,157 | \$1,103,094 | (\$155,063) | (14.06%) | \$930,826 |
| Administrative | \$69,683 | \$82,681 | \$12,998 | 15.72% | \$55,854 |
| Total Expenses | \$1,392,041 | \$1,229,535 | (\$162,506) | (13.22%) | \$1,040,340 |
| Operating Gain (Loss) | \$10,355 | (\$3,082) | \$13,438 | (435.97%) | \$18,018 |
| Activity Levels | | | | | |
| Member Months | 2,734,766 | 2,522,617 | 212,149 | 8.41% | 2,278,953 |
| CCH CountyCare Member Months | 283,573 | N/A | N/A | N/A | 242,255 |
| CCH % CountyCare Member Months | 10.37% | N/A | N/A | N/A | 10.63% |
| Operating Indicators | | | | | |
| Revenue Per Member Per Month (PMPM) | \$512.80 | \$486.18 | \$26.62 | 5.48% | \$456.51 |
| Clinical Cost PMPM | \$483.54 | \$454.63 | (\$28.91) | (6.36%) | \$431.99 |
| Medical Loss Ratio (1) | 91.9% | 93.40% | 1.47% | 1.57% | 90.72% |
| Administrative Cost Ratio | 4.5% | 6.35% | 1.83% | 28.85% | 4.95% |

Commentary

- Total member months exceed budget by 212,149 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 \$10.3M consists of \$17M from CountyCare and a loss of \$(6.7)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.

CountyCare Membership



Notes:

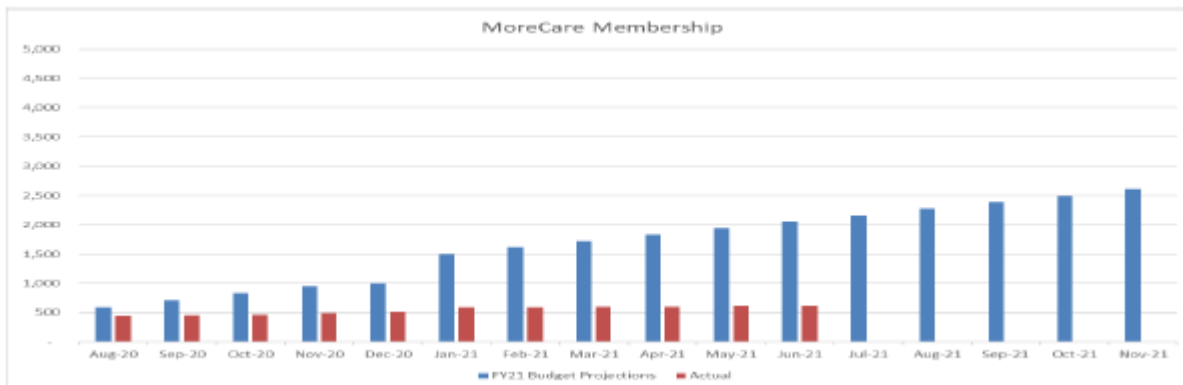
- (1) Medical Loss Ratio is a measure of the percentage of premium that a health plan spends on medical claims.

Medicare Financial Results June 30, 2021

| Dollars in 000s except PMPM amounts | FY2021 Actual | FY2021 Budget | Variance | % |
|---|------------------|------------------|----------------|---------------|
| Capitation Revenue (Total dollar amount) | \$7,786 | \$17,216 | (\$9,430) | (54.78%) |
| Operating Expenses | | | | |
| Clinical Expenses | \$7,632 | \$17,216 | \$9,584 | 55.67% |
| Administrative | \$6,911 | \$5,895 | (\$1,016) | (17.23%) |
| Total Expenses | \$14,543 | \$23,111 | \$8,568 | 37.07% |
| Operating Gain (Loss) | (\$6,757) | (\$5,895) | (\$862) | 14.63% |
| Activity Levels | | | | |
| Member Months | 4,086 | 11,658 | (7,572) | (64.95%) |
| Operating Indicators | | | | |
| Revenue Per Member Per Month (PMPM) | \$1,905.53 | \$1,476.76 | \$428.78 | 29.04% |
| Clinical Cost PMPM | \$1,867.94 | \$1,476.76 | (\$391.18) | (26.49%) |

Commentary

- Membership is lower than budget, driving lower than expected revenue. Revenue and cost on a per member per month basis is exceeding budgeted PMPM due to population mix.
- Initiatives underway to increase enrollment growth in special needs plan products and “age-ins” into general enrollment product.
- Revenue does not include risk adjustment, which is expected to increase total revenue once risk-adjustment completed by CMS.
- Total operating loss is above budget by \$862K.



FY2022 Proposed Budget

Approved by the CCH Board on 08/27/2021



COOK COUNTY
HEALTH

FY22 Health Fund

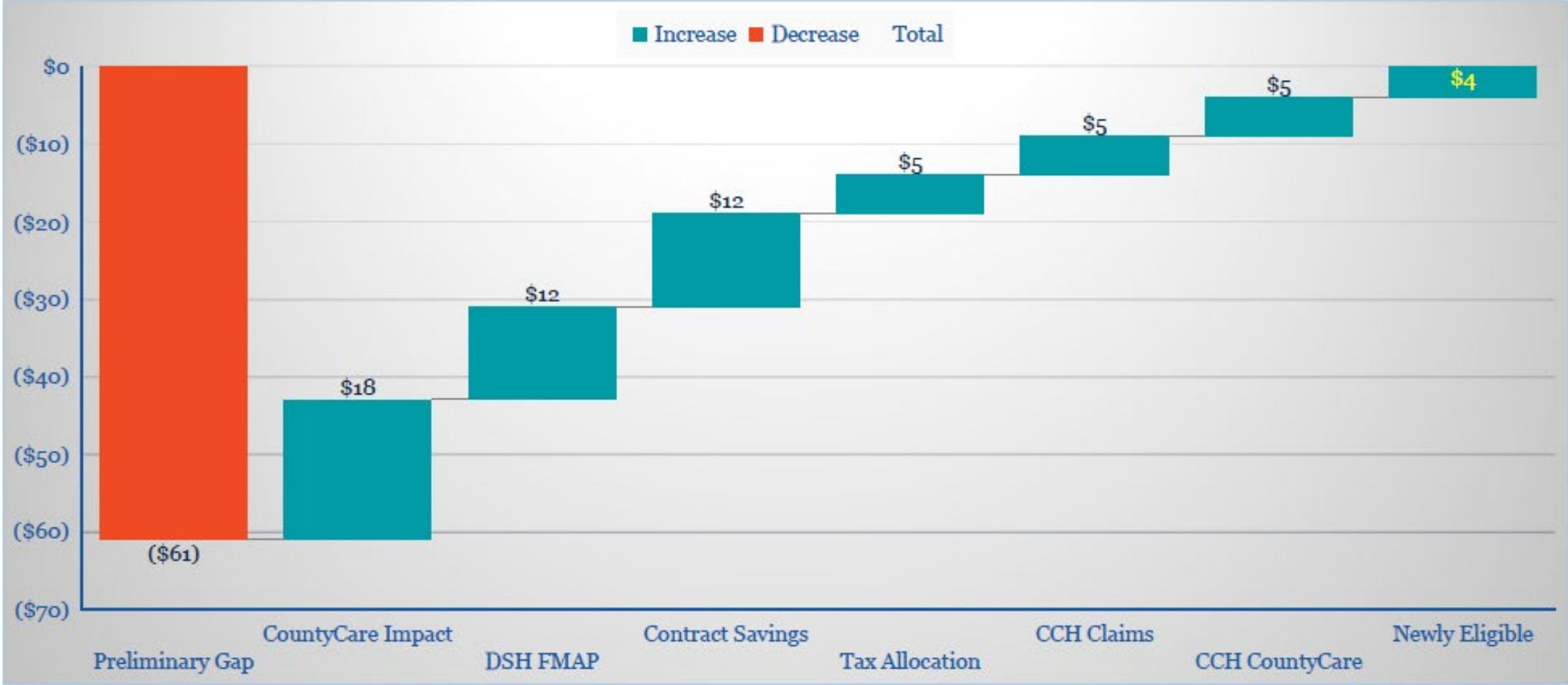
| In millions | FY2021 Budget | FY2022 Proposed Budget | Variance | FY2021 Budgeted FTEs | FY2022 Proposed FTEs | Variance | Adjusted* |
|-----------------------------|----------------|------------------------|--------------|----------------------|----------------------|--------------|--------------|
| 240 – Cermak | \$96 | \$98 | \$2 | 667 | 657 | (10) | (10) |
| 241 – JTDC | \$8 | \$8 | \$0 | 59.8 | 60.8 | 1 | 1 |
| 890 - Health Administration | \$50 | \$50 | \$0 | 317 | 367 | 50 | 50 |
| 891 – Provident | \$63 | \$71 | \$8 | 388.2 | 395 | 6.8 | 101.8 |
| 893 – ACHN/Outpatient | \$84 | \$132 | \$48 | 345.1 | 882 | 536.9 | 58.9 |
| 894 – CORE | \$25 | \$25 | \$0 | 71 | 72 | 1 | 1 |
| 895 - Public Health | \$17 | \$18 | \$1 | 128 | 128 | 0 | 0 |
| 896 - Health Plan Services | \$2,230 | \$2,635 | \$405 | 344 | 442 | 98 | 98 |
| 897 – Stroger | \$774 | \$814 | \$40 | 4,482.4 | 4,556.5 | 74.1 | 457.1 |
| 899 - Fixed Charges | \$41 | \$38 | (\$3) | 0 | 0 | 0 | 0 |
| Total | \$3,388 | \$3,889 | \$501 | 6,803 | 7,560.3 | 757.8 | 757.8 |

FY2022 Volume Assumptions

| Visit Type | FY2019 | FY2020 | FY2021 Projected | FY2022 Assumptions |
|--|---------|---------|------------------|--------------------|
| Surgical Cases | 14,506 | 12,125 | 13,991 | 16,842 |
| Emergency Visits | 148,362 | 106,598 | 92,830 | 141,214 |
| Primary Care Visits | 254,908 | 233,086 | 228,670 | 260,874 |
| Specialty Care Visits | 381,299 | 310,271 | 332,666 | 382,888 |
| Deliveries | 1,041 | 934 | 727 | 1,041 |
| Average Daily Census – Stroger (Inpatient and Observation) | 301 | 263 | 282 | 301 |
| Average Daily Census – Provident/Med-Surg | 13.8 | 11.7 | 11.7 | 20 |
| Average Daily Census – Provident/ICU | .7 | 1.7 | 0 | 4 |

Closing the FY22 Deficit Total

Compared to Preliminary Forecast



Health Administration

| In millions | FY2021 Budget | FY2022 Proposed Budget | Variance | FY2021 FTEs | FY2022 FTEs | Variance |
|------------------------------|---------------|------------------------|----------|-------------|-------------|----------|
| Health Administration | \$50 | \$50 | \$0 | 317 | 367 | 50 |

Expense Drivers:

- Establishes Equity and Inclusion Office and funding for an additional MBE/WBE resource at the County; Funding for microgrant program on gun violence prevention
- Establishes the Strategic Planning and Implementation Office, including Clinical Affairs
- FTEs increased to provide appropriate level of administrative infrastructure (e.g. Human Resources, Prior Authorization, etc.)
- Shift of Cook Medical Group Claims payments from Stroger
- Establishes \$10M investment fund contingent on excess revenue generation
- Increases offset by reduction tied to contracts, health benefit and turnover savings

Outpatient (ACHN)

| In millions | FY2021 Budget | FY2022 Proposed Budget | Variance | FY2021 FTEs | FY2022 FTEs | Variance |
|--------------------------|---------------|------------------------|----------|-------------|-------------|----------|
| ACHN/Outpatient Services | \$84 | \$132 | \$48 | 345 | 882 | 537 |

Expense Drivers:

- Shift of Ambulatory Clinics from Stroger and Provident to consolidate all outpatient activity under the same leadership
 - 478 FTEs shift from Stroger and Provident
 - Addressing health disparities by investing in navigation and access positions in specialty clinics
- Shift of ambulance and fleet costs from Stroger to ACHN
- Net impact after adjusting for restructuring – 58.9 additional FTEs

Provident

| In millions | FY2021 Budget | FY2022 Proposed Budget | Variance | FY2021 FTEs | FY2022 FTEs | Variance |
|------------------|---------------|------------------------|----------|-------------|-------------|----------|
| Provident | \$63 | \$71 | \$8 | 388.2 | 395 | 6.8 |

Expense Drivers:

- Re-establish ICU operations, expand Medical Surgical capacity, and restore ambulance runs
 - Increase in staffing, supplies, pharmacy, registry
- Implementation of improved colonoscopy program to increase colon screening
- Expansion in hemodialysis, general surgery, ophthalmology, plastics, and maxillofacial surgical services
- Full year of expanded imaging and lifestyle center
- Shift 95 FTEs from Provident ambulatory clinic to ACHN
- Net impact after adjusting for restructuring – 101.8 additional FTEs

Stroger

| In millions | FY2021 Budget | FY2022 Proposed Budget | Variance | FY2021 FTEs | FY2022 FTEs | Variance |
|-------------|---------------|------------------------|----------|-------------|-------------|----------|
| Stroger | \$774 | \$814 | \$40 | 4,482 | 4,556 | 74 |

Expense Drivers:

- Nursing positions added to align to staffing plan, agency reduction, float pool, suicide prevention and FMLA coverage
- Addition of new service line investment: cardiology, neurology, and cancer center
- Additional case management/social work staff to improve patient throughput and medical home management
- Maximize utilization of 17 operating rooms
- Total vendor contract savings expectation is \$12M
- Establishes non-union physician incentive program
- Invests in new inventory management system (eventually system-wide)
- Increase in lab, supplies, pharmacy due to rising costs, utilization rates, and service line investments
- Shift 383 FTEs from Stroger specialty clinics to ACHN ambulatory
- Net impact after adjusting for restructuring – 457.1 additional FTEs

Correctional Health

| In millions | FY2021 Budget | FY2022 Proposed Budget | Variance | FY2021 FTEs | FY2022 FTEs | Variance |
|---------------|---------------|------------------------|----------|-------------|-------------|----------|
| Cermak | \$96 | \$98 | \$2 | 667 | 657 | (10) |
| JTDC | \$8 | \$8 | \$0 | 59.8 | 60.8 | 1 |

Expense Drivers:

- COVID-19 distancing requirements remains in place for FY22
- Increased cost of pharmaceuticals – not eligible for 340B
- Conversion of some Licensed Practical Nurses to Clinical Nurses
- Rising number of detainees
- Increase one physician at JTDC to address detailing people away from ambulatory clinics

Public Health

| In millions | FY2021 Budget | FY2022 Proposed Budget | Variance | FY2021 Budgeted Positions | FY2022 Proposed Positions | Variance |
|-----------------|---------------|------------------------|--------------|---------------------------|---------------------------|--------------|
| Health Fund | \$17 | \$18 | \$1 | 128 | 128 | 0 |
| Lead Fund | \$3 | \$2.4 | \$(.6) | 17 | 18 | 1 |
| Contact Tracing | \$12.6 | \$0.50 | \$(12.1) | 400 | 230 | (170) |
| Other Grants | \$9.5 | \$27.4 | \$17.9 | 47 | 77 | 30 |
| Total | \$42.1 | \$48.3 | \$6.2 | 592 | 453 | (139) |

Expense Drivers:

- Decrease in Contact Tracing Grant personnel
- Contact tracing grant ending in December FY22
- \$25M CDC grant beginning in FY21 for 2 years to May 31, 2023

FY22 Health Plan Services: CountyCare/CareCare

| In millions | FY2021 Budget | FY2022 Proposed Budget | Variance | FY2021 Budgeted FTEs | FY2022 Proposed FTEs | Variance |
|----------------------------|---------------|------------------------|----------|----------------------|----------------------|----------|
| 896 - Health Plan Services | \$2,230 | \$2,635 | \$405 | 344 | 442 | 98 |

- Projected membership to decline due to estimated January 1st redetermination resumption and annual State assessment of auto assignment; reduction in auto assignments to 35%
- Average membership per month is estimated to increase to 390,000, from FY2021 membership budget target of 356,000
- Revenue per member per month expected to increase 3% in line with prior year trends
- MLR 2021 experience is used as baseline for FY 2022 budget.
 - FY2019: 94.1% FY2020: 92.2% Projected FY2021: 91.5% FY2022: 90.6%
- CountyCare CCH expense is projected to be consistent with current trend
- Staffing is based on membership growth and required care management staffing ratios, as well as insourcing functions
- CountyCare is targeting \$10M in vendor contract savings
- Continue to increase membership in Medicare Advantage product
- Establishes a total Incurred But Not Received (IBNR) reserve of \$50 million in line with as a best practices for health plans

FY2022 Proposed Health Plan Services Financial Summary

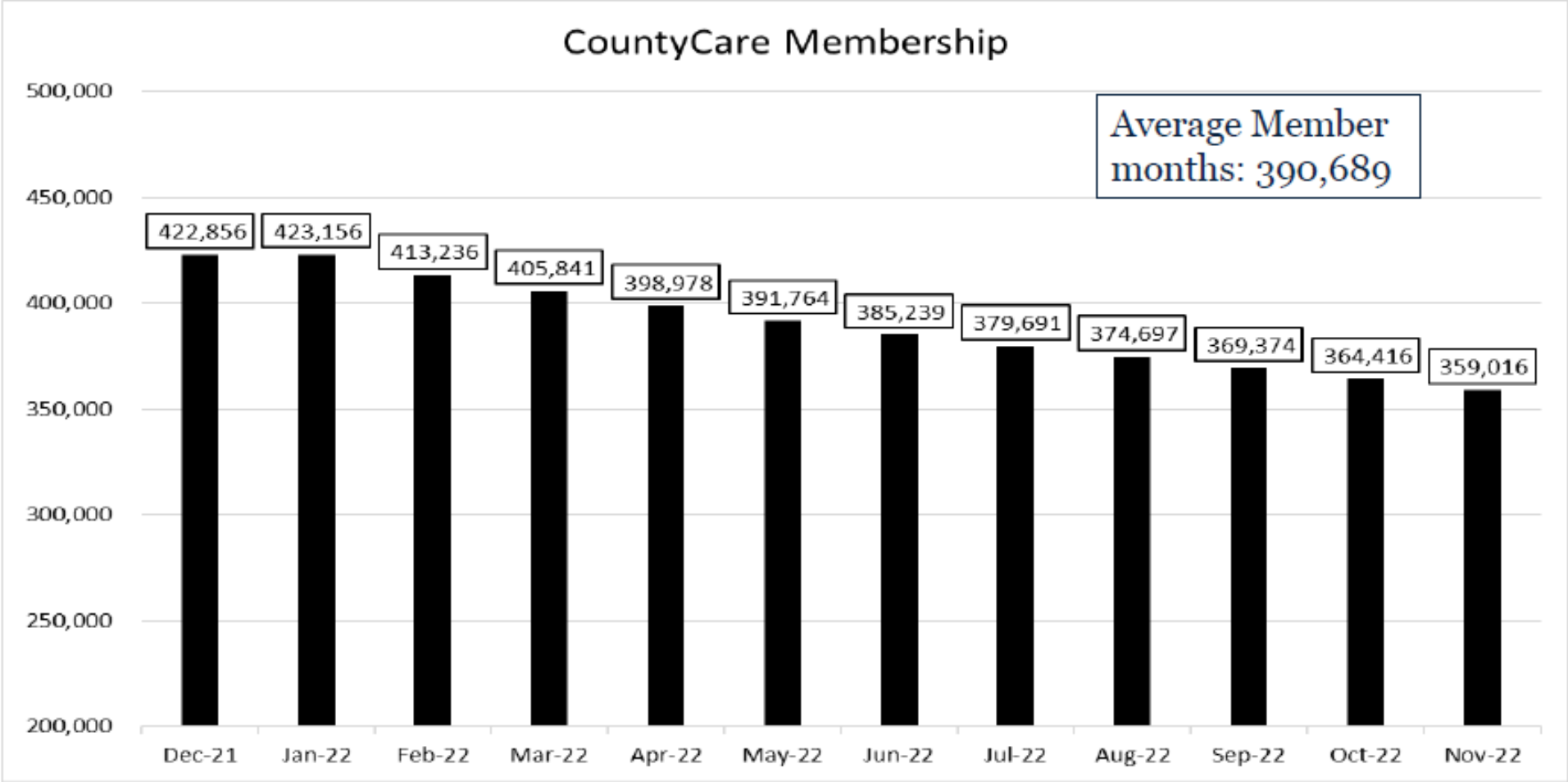
(in millions)

| | ACA Adult | FHP | SPD | MLTSS/ LTSS/IMD | SNC | TOTAL |
|--------------------------------------|-----------|---------|--------|--------------------|-------|----------------|
| Projected 2022 Membership | 103,468 | 242,900 | 29,526 | 7,154 | 7,641 | 390,689 |
| CountyCare PMPM Revenue | \$759 | \$828 | \$701 | \$243 | \$82 | \$2,613 |
| Other Revenue (IBNR Reserve) | \$9 | \$10 | \$7 | \$3 | \$1 | \$30 |
| Medical Expense (CCH) | \$77 | \$91 | \$49 | \$11 | \$2 | \$230 |
| Medical Expense (Network) | \$675 | \$672 | \$579 | \$196 | \$64 | \$2,186 |
| Administrative Expense | \$39 | \$45 | \$34 | \$19 | \$3 | \$140 |
| IBNR Reserve | \$15 | \$17 | \$12 | \$5 | \$1 | \$50 |
| Total CountyCare Expenses | \$806 | \$825 | \$674 | \$231 | \$70 | \$2,606 |
| CountyCare Profit/(Loss) | (\$38) | \$13 | \$34 | \$15 | \$13 | \$37 |
| Medicare Revenue | | | | | | \$21 |
| Medicare Expenses | | | | | | \$29 |
| Medicare Profit/(Loss) | | | | | | (\$8) |
| Health Plan Net Income (Loss) | | | | | | \$29 |
| Total CCH Contribution | | | | | | \$259 |

NOTE: Some numbers are rounded to nearest million for display purposes and could result in small arithmetical differences.

ACA – Affordable Care Act, FHP – Family Health Program, SPD – Seniors and Persons with Disabilities, MLTSS – Medicaid and Long-Term Services and Supports, LTSS – Long Term Services and Supports, IMD – Institution for Mental Disease, SNC – Special Needs Children

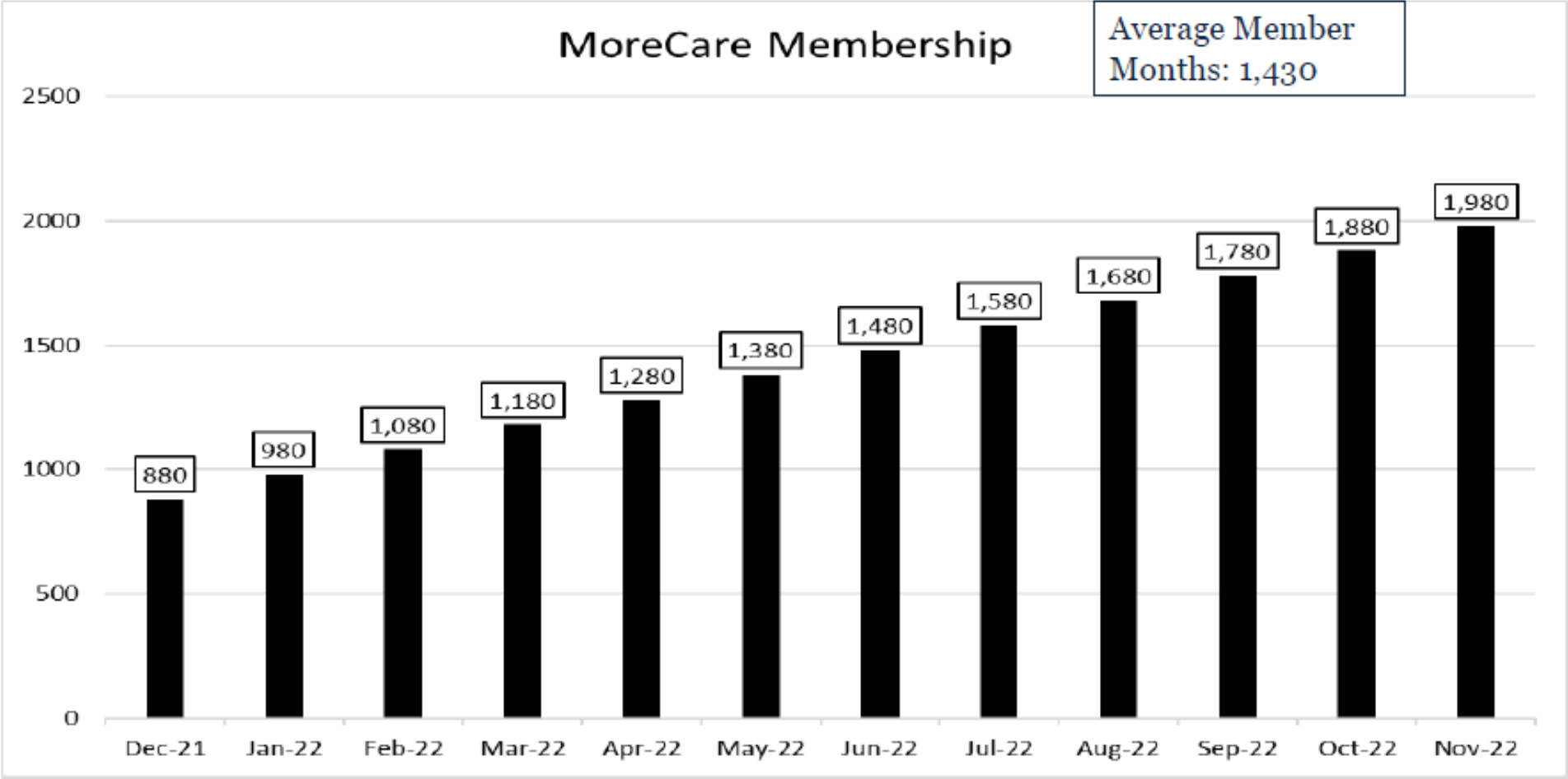
FY2022 Membership Projections: CountyCare



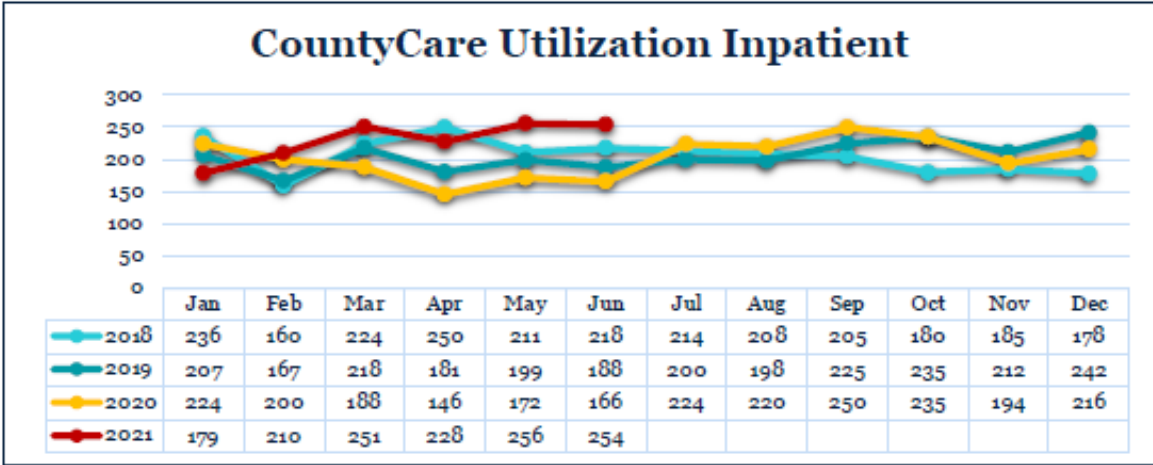
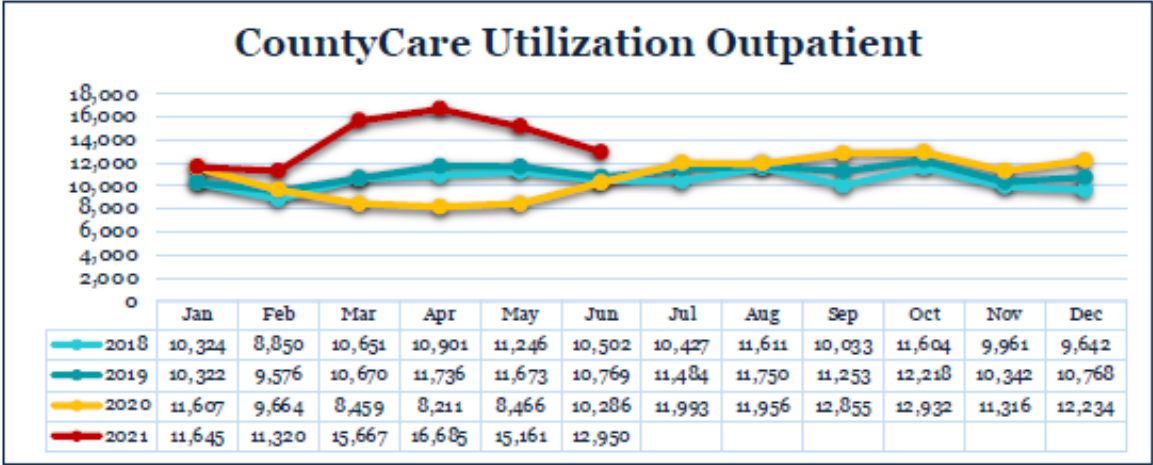
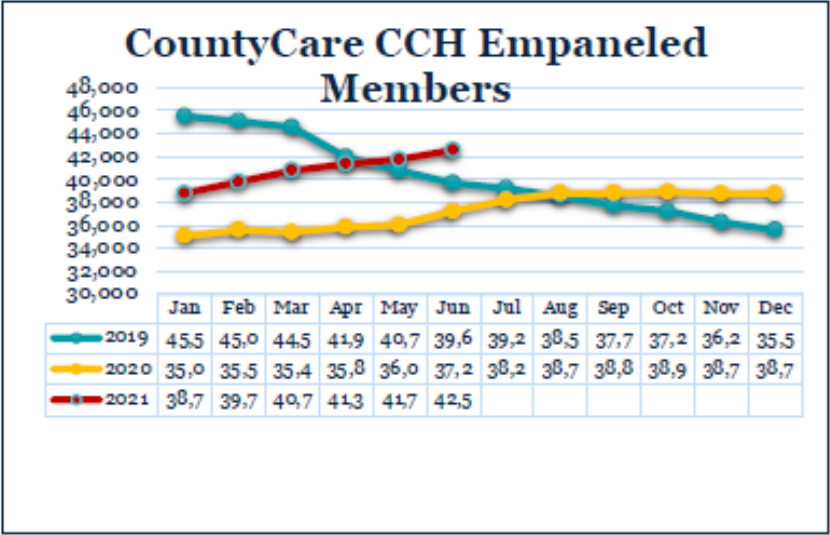
Assumption on economic improvement, resumption of State redetermination process and reduction in auto assignment



FY2022 Membership Projection MoreCare



CCH Utilization– CountyCare Members



Revenue Assumptions

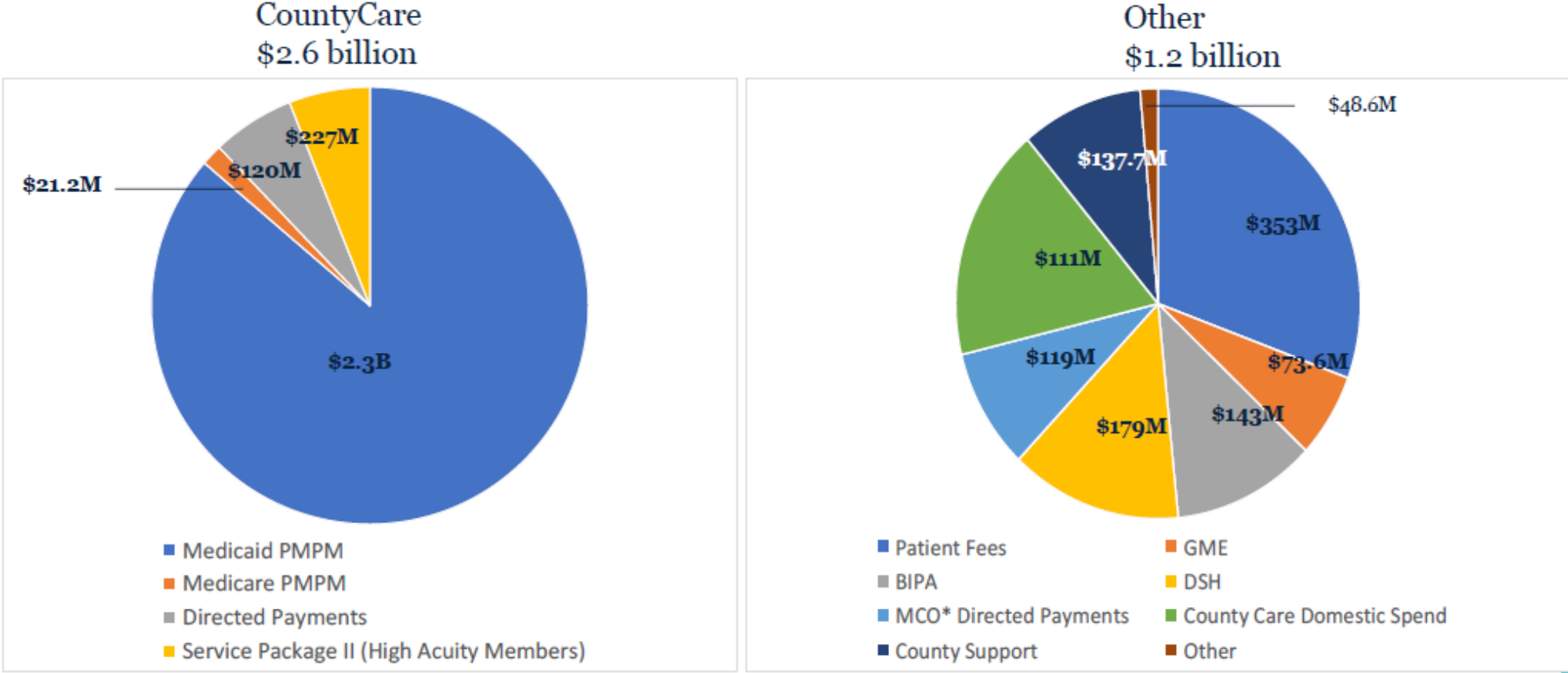
- FY2019 volume assumptions as a baseline
- 5% reduction in Stroger Emergency Room visits from FY2019 baseline
- Increase in surgical cases and procedures at Stroger and Provident
- Ramp up of new initiatives such as new service lines, expanded eligibility to undocumented population
- 3% rate increase in CountyCare Per Member Per Month
- Enhanced Federal Medical Assistance Percentages (FMAP) impact on DSH/BIPA
- Increased CountyCare membership utilization of CCH by \$5M
- County tax allocation up by \$15M to cover Correctional and Public Health direct costs and some charity care
- Newly eligible 55-64 undocumented population – May 31, 2022
- Assumes some cash collection delay due to Cerner Patient Accounting implementation

FY2022 Proposed Revenue

| In millions | FY2021 Budget | FY2021 Year End Estimated | FY2022 Proposed Budget | Variance (FY21 Budget v. FY2022) |
|----------------------------|------------------|---------------------------|------------------------|----------------------------------|
| Health Plan Services | \$2,220.4 | \$2,576.6 | \$2,633.7 | \$413.3 |
| CCH Provider Patient Fees* | \$720.8 | \$731.5 | \$746.3 | \$25.5 |
| BIPA/DSH | \$308.4 | \$308.4 | \$322.1 | \$13.7 |
| IBNR | - | - | \$30.0 | \$30.0 |
| Tax Allocation | \$122.7 | \$122.7 | \$137.7 | \$15.0 |
| Other | \$15.0 | \$15.0 | \$18.7 | \$3.7 |
| Total | \$3,387.3 | \$3,754.2 | 3,888.5 | \$501.2 |

*Variance relates to expansion of Medicaid eligibility, domestic spend increase, FY21 trend, directed payments trend

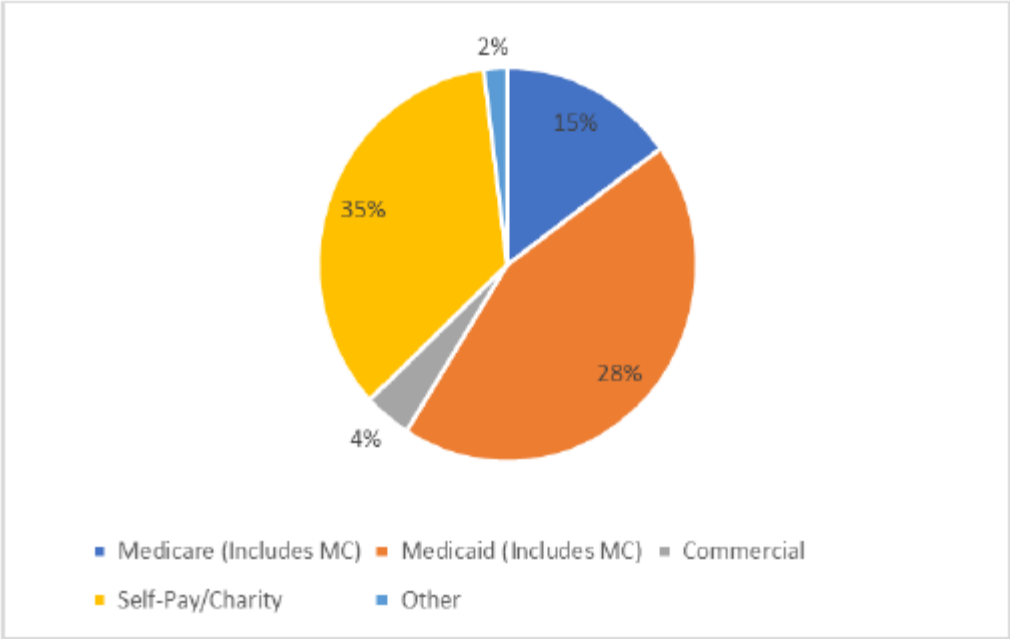
FY2022 Proposed Revenue by Source



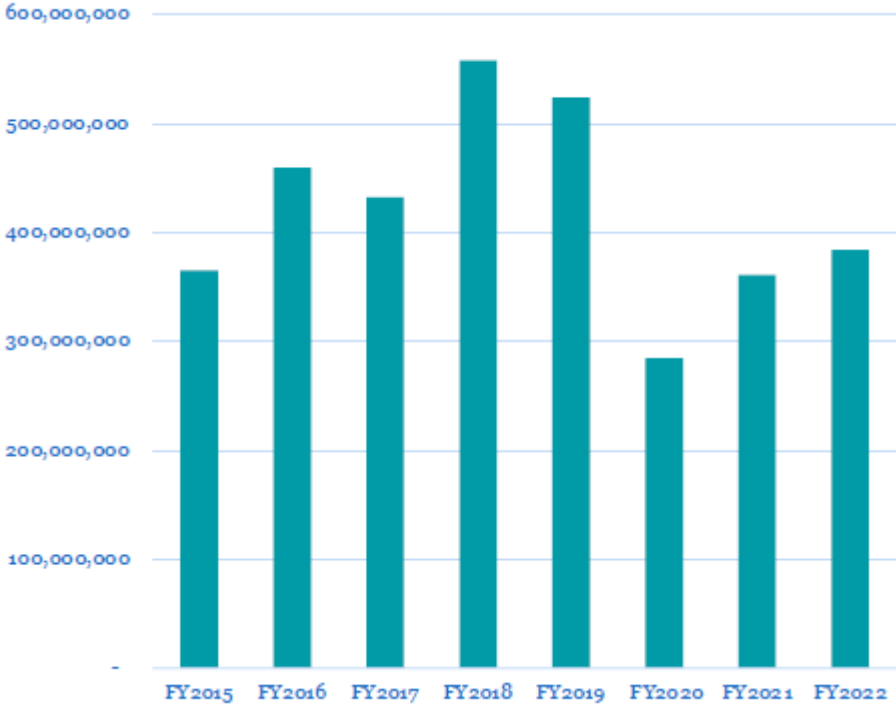
MCO: Managed Care Organization
 GME: Graduate Medical Education Payments
 BIPA: Benefits Improvement and Protection Act Payments
 DSH: Disproportionate Share Hospital Payments

System Payor Mix by Charges

Expected Payor Mix



Charity Care Trending



- Post 2020 volume recovery
- Offset by increased coverage for uninsured

Revenue Cycle Improvements

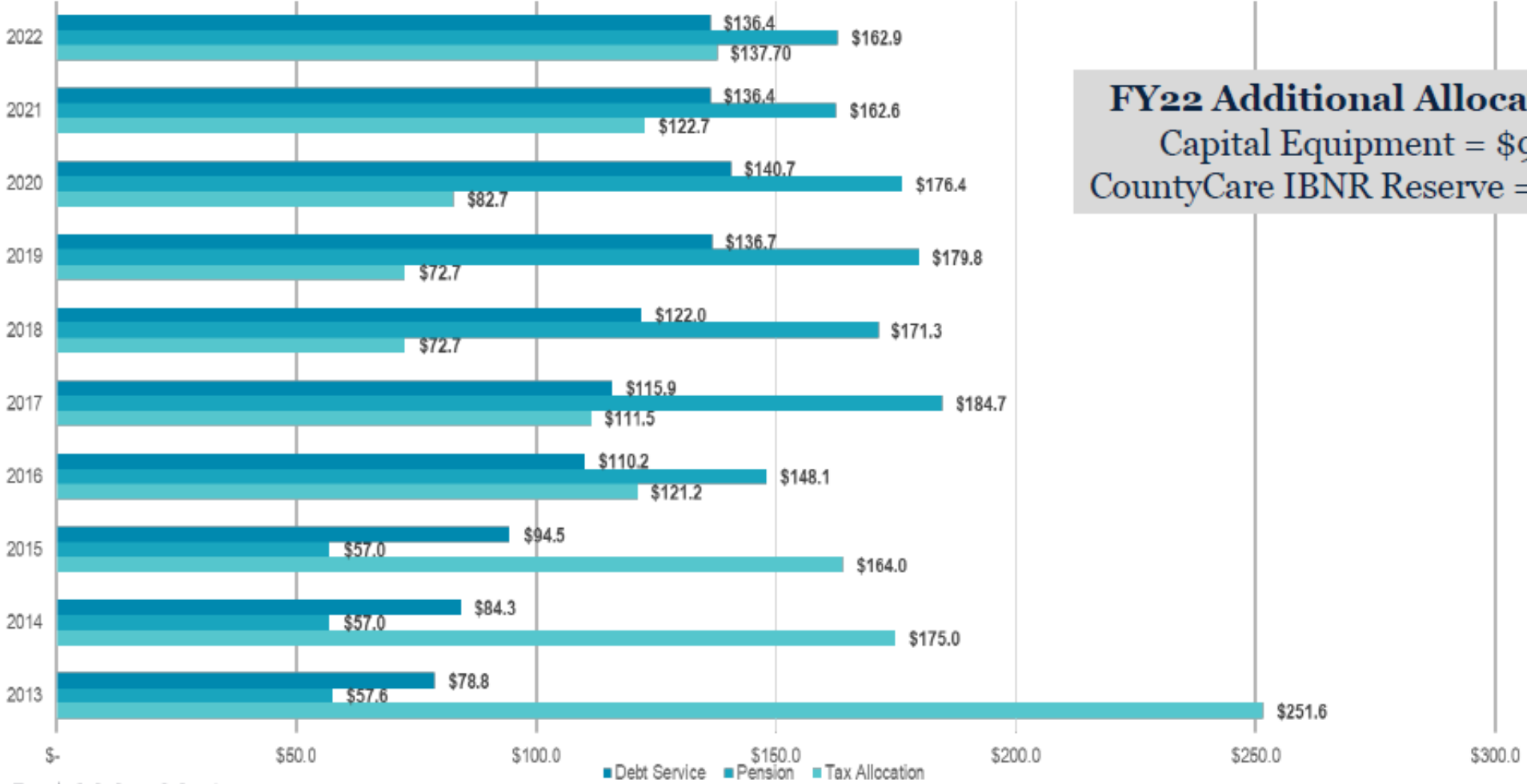
Completed

- ✓ Chief Revenue Officer
- ✓ Out of Network Scheduling
- ✓ Online bill payment
- ✓ Medical Necessity Denial Mitigation
- ✓ Prior authorization phase 1
- ✓ Self-pay discount
- ✓ Co-pay pilot program
- ✓ Daily Key Performance Indicators
- ✓ Accountability process
- ✓ Accounts Receivable days
- ✓ Discharged Not Final Billed (DNFB)
- ✓ Denial management phase 2
- ✓ Chargemaster audit

In Progress/Planned

- Prior authorization phase 2
- Clinical Documentation Improvement project
- Denial management phase 2
- Registration standardization
- Daily charge capture
- Chargemaster pricing adjustment
- Enhanced Managed Care Organization contracting
- Bad debt reduction
- Pharmacy accounts receivable
- Zero balance collection services

County Support of Cook County Health



FY22 Additional Allocations
 Capital Equipment = \$9M
 CountyCare IBNR Reserve = \$30M

Budget Accountability

- Key metrics to report to the Board of Directors:
 - Monthly updates on volumes and revenues, and necessary adjustments
 - Monitoring CountyCare and MoreCare membership compared to expectation
 - Progress of key initiatives
 - Service lines
 - Provident service expansion
 - Quarterly update on nursing agency utilization and float pool status
 - Quarterly update on specialty wait times
 - Quarterly updates on integrated referral progress
 - Routine update on Medical Loss Ratio for Health Plan Services

FY2022 Budget Calendar

- ✓ June 24, 2021 President's FY2021/2022 Preliminary Budget Forecast Released
- ✓ July 7, 2021 President's Preliminary Forecast Public Hearing
- ✓ July 19 -23, 2021 Cook County Finance Committee Meeting – Mid Year Budget Hearings
- ✓ July 30, 2021 CCH Full Board – FY2022 County Preliminary Forecast and Tax Allocation Discussion
- ✓ August 9, 2021 CCH Special Board Meeting – FY2022 Proposed Budget Introduced

- **August 19, 2021** **CCH Finance Committee – FY2022 Budget Request for Approval**

- August 23, 2021 9:00 a.m. Public Hearing

- August 24, 2021 6:00 p.m. Public Hearing

- August 27, 2021 CCH Board Meeting – FY2022 Budget Request for Approval

- September 23, 2021 Cook County Board Meeting – CCH FY2022 Proposed Budget Introduced & Approved (for inclusion in the Executive Budget Recommendation)

- October, 2021 President's FY2022 Executive Budget Recommendation Introduced

- Oct/November, 2021 Cook County Public Hearings, Agency & Department Budget Review Meetings, Proposed Amendments, Annual Appropriation Bill Adopted



Appendix: Acronyms (added 8/23/21)

- 340B – federal drug pricing control program
- ACA – Affordable Care Act
- ACHN – Ambulatory and Community Health Network of Cook County (CCH Outpatient Services)
- BIPA – Benefits Improvement and Protection Act (in terms of revenue source)
- CORE – Ruth M. Rothstein CORE Center of Cook County
- DSH – Disproportionate Share Hospital (in terms of revenue source)
- DNFB – Discharged Not Final Billed
- FMAP – Federal Medical Assistance Percentage
- FMLA – Family Medical Leave Act
- FTE – Full Time-Equivalent Employee
- GME – Graduate Medical Education (in terms of revenue source)
- IBNR – Incurred But Not Received
- JTDC – Juvenile Temporary Detention Center
- MBE/WBE – Minority and Women-Owned Business Enterprise
- MCO – Managed Care Organization
- MLR – Medical Loss Ratio
- PMPM – Per Member Per Month

Human Resources Metrics

Approved by the CCH Board on 08/27/2021



COOK COUNTY
HEALTH

FY 2021 CCH HR Activity Report

Hires

75% FY 2021 New Hires
353 out of 468 positions



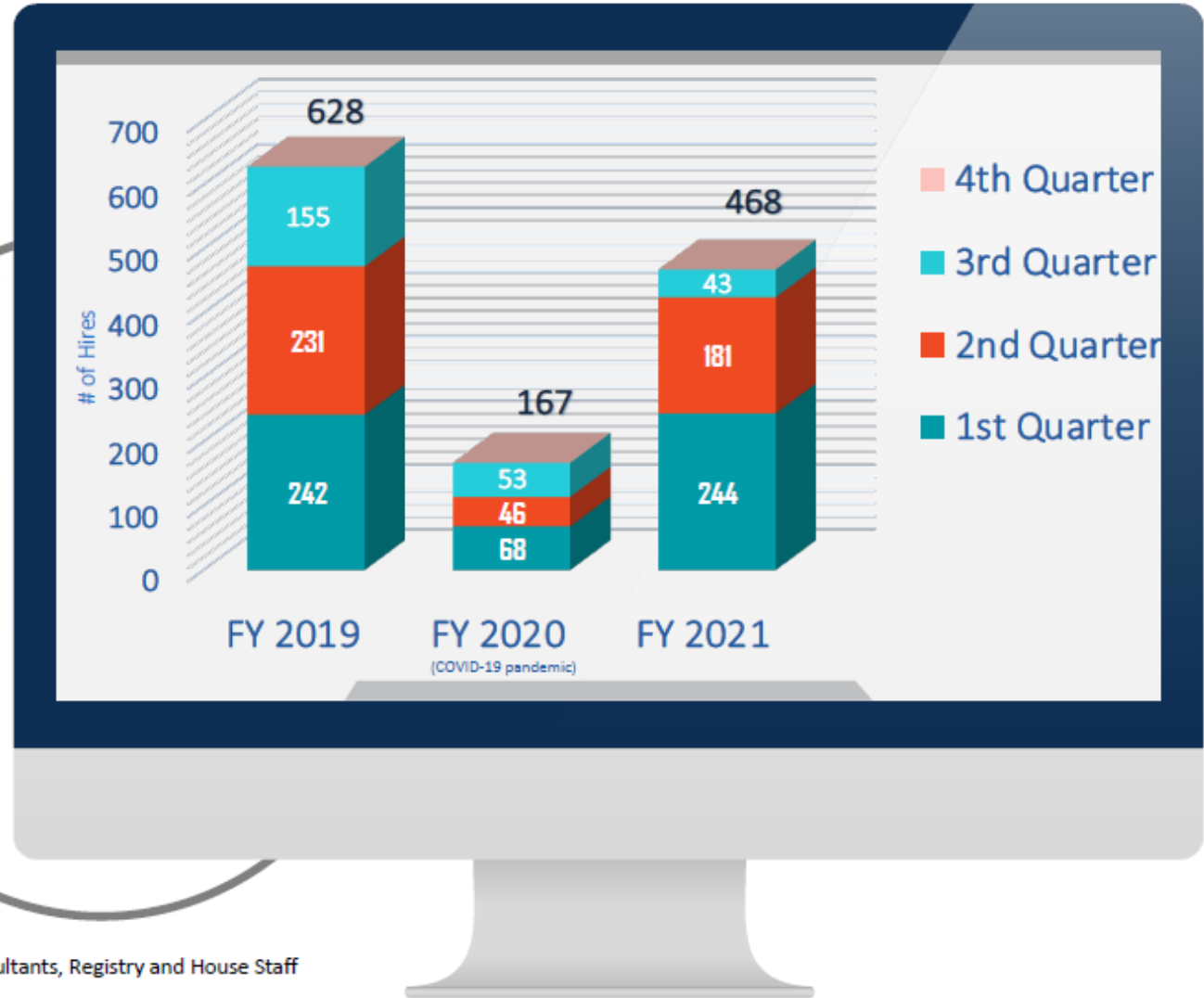
10% FY 2021 Promotions
49 out of 468 positions



14% FY 2021 Transfers
64 out of 468 positions

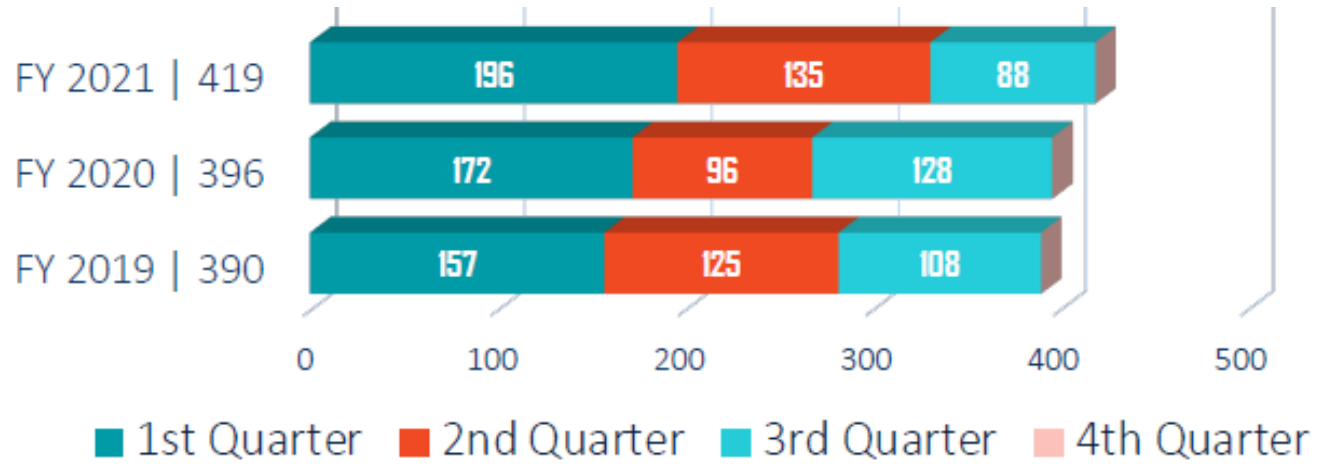


Does not include Consultants, Registry and House Staff

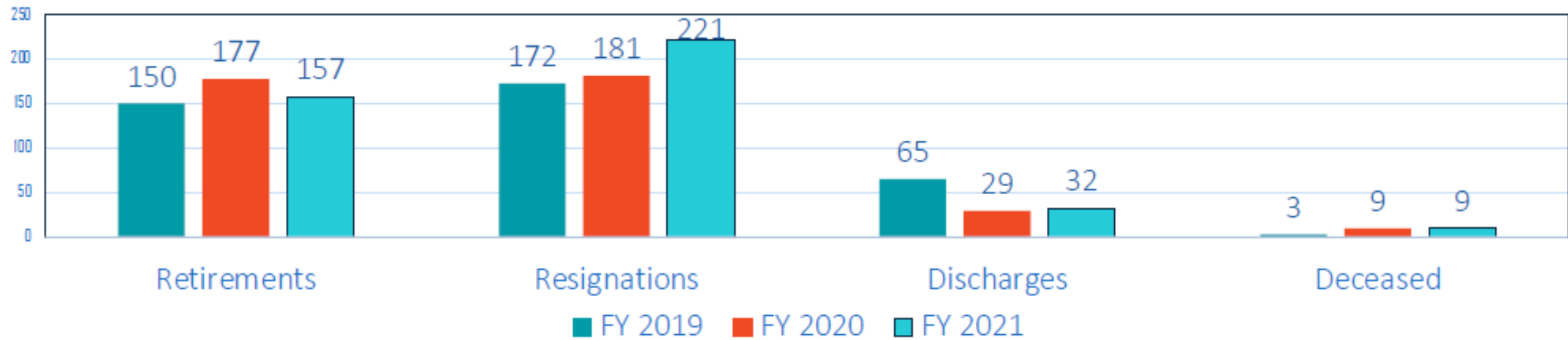


FY 2021 CCH HR Activity Report

Separations

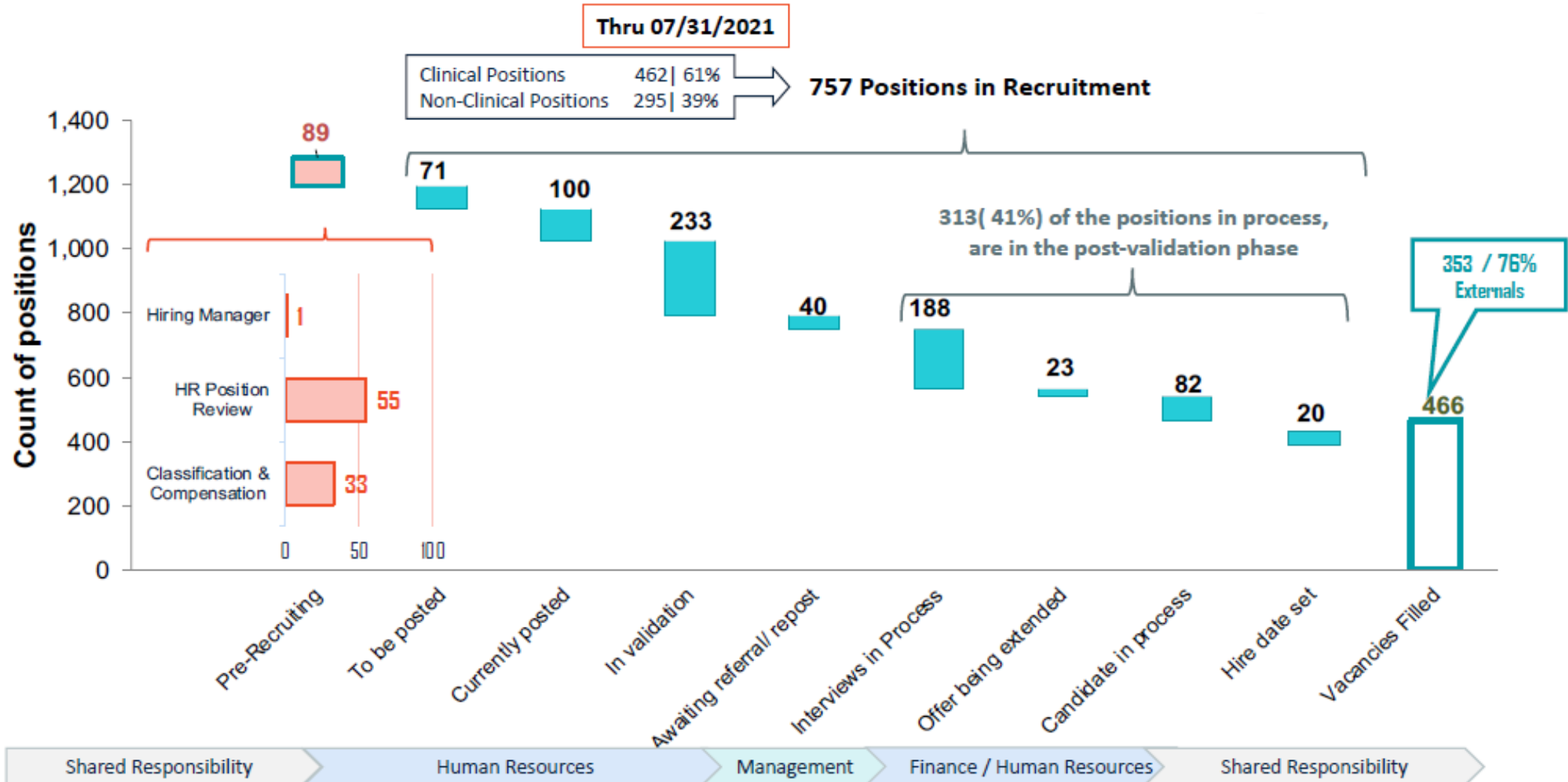


Net
-64



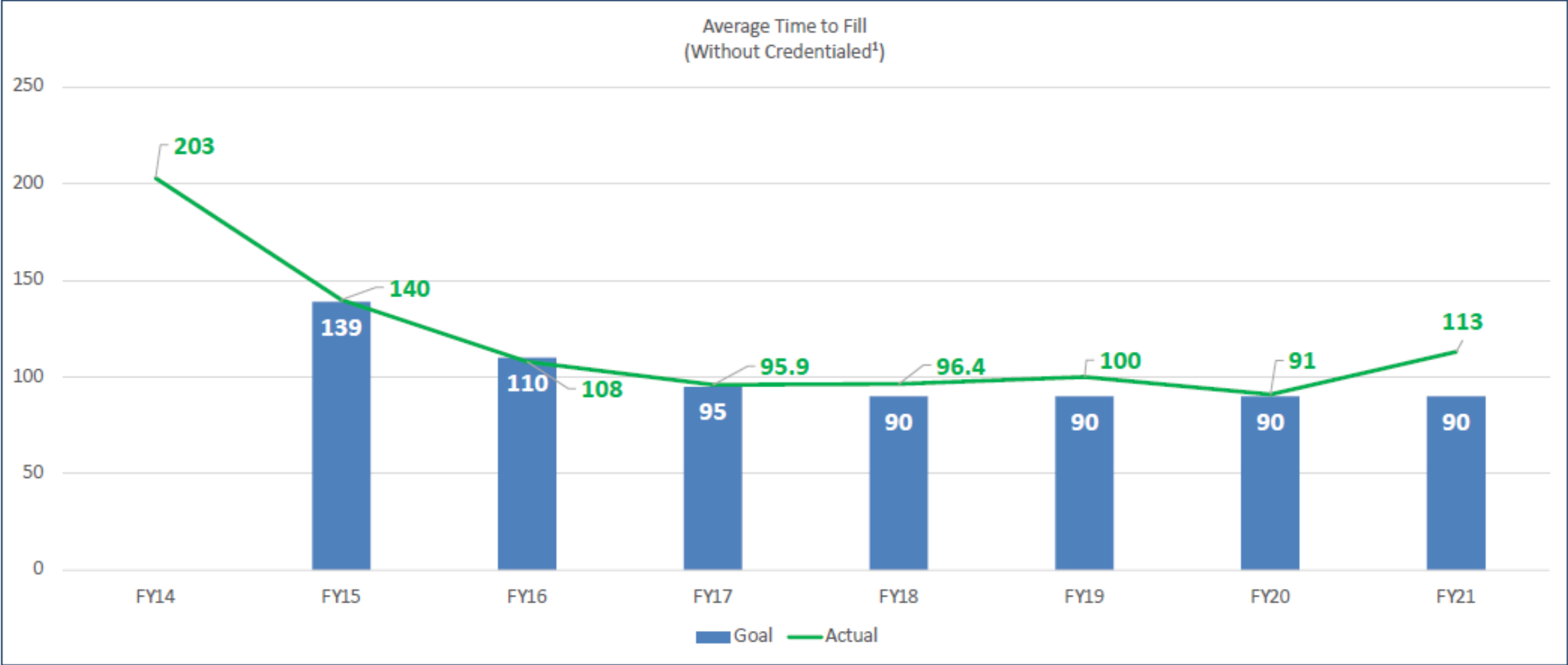
Does not include Consultants, Registry and House Staff

FY 2021 Cook County Health HR Activity Reporting Snapshot



FY 2021 Cook County Health HR Activity Report

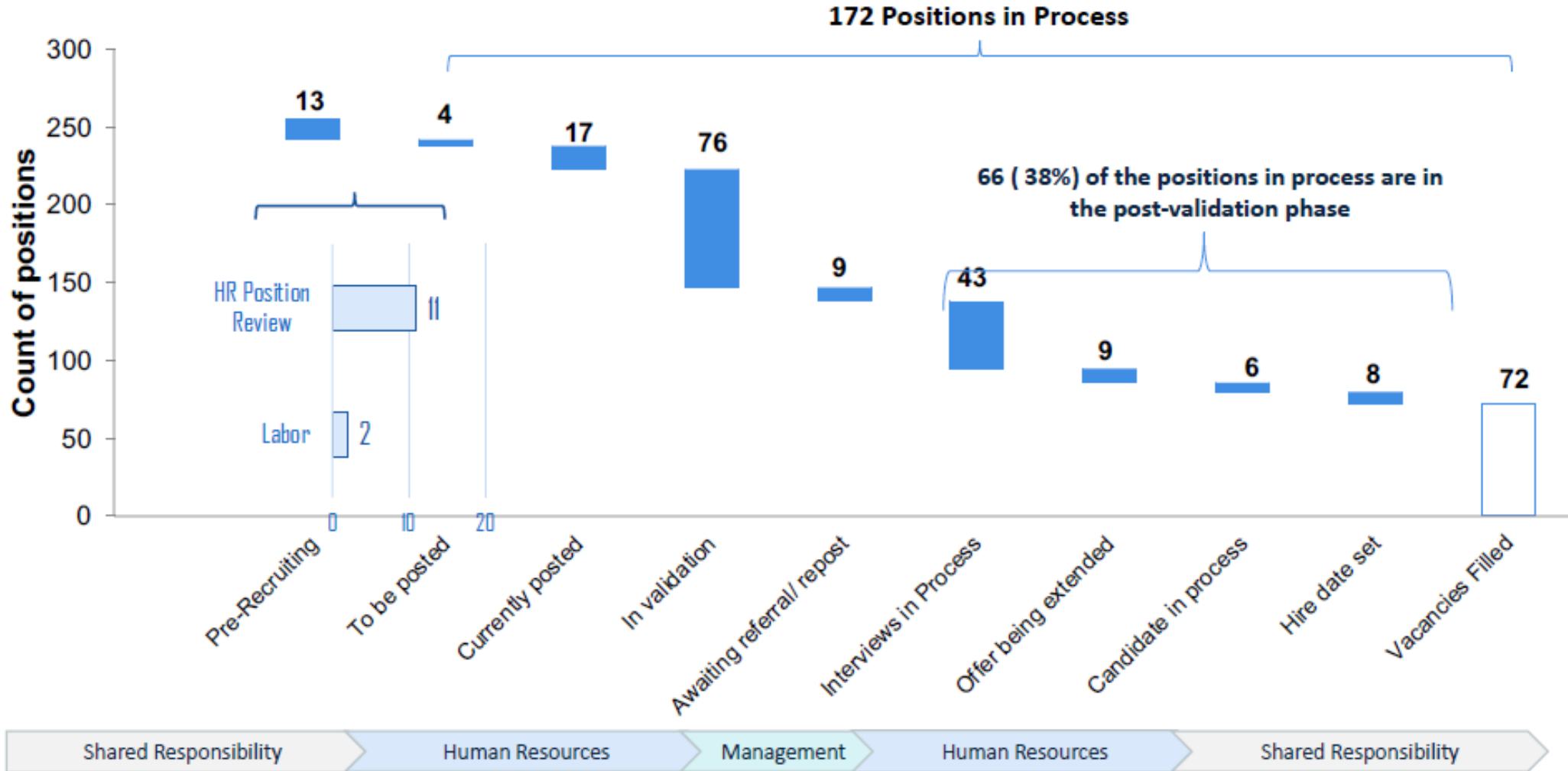
Thru 07/31/2021



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

FY 2021 Cook County Health HR Activity Report Nursing Hiring: CNI, CNI

Thru 07/31/2021



Does not include Consultants, Registry and House Staff

Nursing Job Fair

Attendees

Number of Walk-In Candidates by Hour
OR and Med/Surg Nurse Recruitment Fair
July 14, 2021



Metrics

| | Med/Surg | OR | |
|------------------------|-----------|----------|-----------|
| Attendees | 118 | 13 | 131 |
| Qualified Candidates | 55 | 7 | 62 |
| Offers Extended | 35 | 6 | 41 |
| Offers Accepted | 30 | 4 | 34 |
| Offer Declinations | 5 | 2 | 7 |
| Alternate Rank List* | | | 21 |

*Ranked, qualified candidates who are in the pipeline for anticipated offers, once internal postings are completed per CBA

Q4 Calendar

Hiring Events

September

| Department | Dates | Targeted Jobs |
|------------------|-------------|---------------|
| Pharmacy | 9/13 - 9/17 | 33 |
| ACHN - CNI & MAs | 9/20 - 9/24 | 61 |
| Labs | 9/20 - 9/23 | 6 |

October

| Department | Dates | Targeted Jobs |
|--------------------|-------|---------------|
| Cermak - LPN, CN I | TBD | 88 |
| CC & ED CN I | TBD | 90 |
| County Care | TBD | TBD |

November

| Department | Dates | Targeted Jobs |
|------------|-------|---------------|
| TBD | | |
| TBD | | |
| TBD | | |

Managed Care Metrics

Presented to the CCH Managed Care Committee on 08/20/2021
Approved by the CCH Board on 08/27/2021



COOK COUNTY
HEALTH

Monthly Membership as of August 5, 2021

| Category | Total Members | ACHN Members | % ACHN |
|--------------|----------------|---------------|--------------|
| FHP | 252,147 | 19,781 | 7.8% |
| ACA | 109,395 | 17,159 | 15.7% |
| ICP | 30,179 | 5,406 | 17.9% |
| MLTSS | 7,569 | 0 | N/A |
| SNC | 7,777 | 951 | 12.2% |
| Total | 407,067 | 43,297 | 10.6% |

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

ACHN: CCH Ambulatory and Community Health Network



Managed Medicaid Market

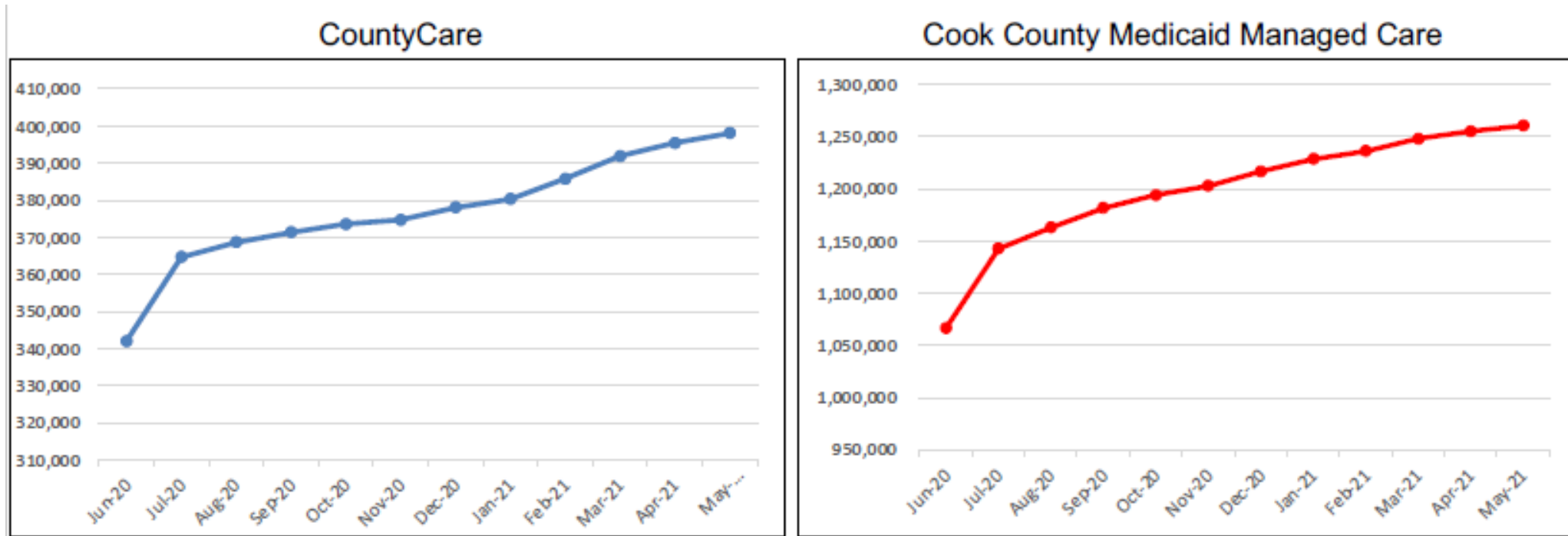
Illinois Department of Healthcare and Family Services May 2021 Data

| Managed Care Organization | Cook County | Cook Market Share |
|---------------------------|------------------|-------------------|
| *CountyCare | 398,040 | 31.6% |
| Blue Cross Blue Shield | 323,382 | 25.7% |
| Meridian (a WellCare Co.) | 316,024 | 25.1% |
| IlliniCare (Aetna/CVS) | 123,152 | 9.8% |
| Molina | 93,501 | 7.4% |
| YouthCare | 5,991 | 0.5% |
| Total | 1,260,090 | 100.0% |

* Only operating in Cook County

IL Medicaid Managed Care Trend in Cook County

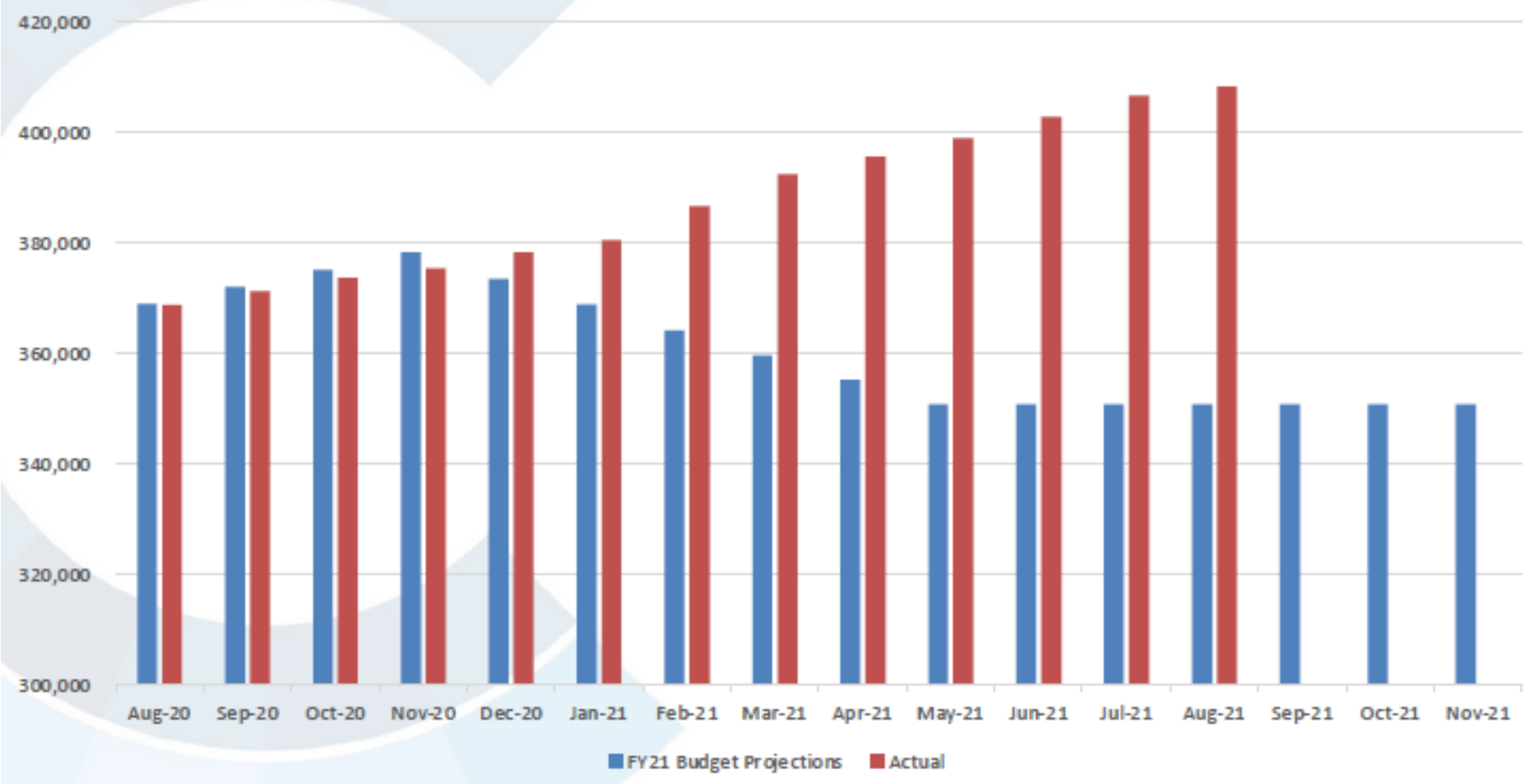
(charts not to scale)



- CountyCare's enrollment has increased 16.5% over the past 12 months, slightly lagging the Cook County increase of 18%
- CountyCare's enrollment increased 0.7% in May 2021 compared to the prior month



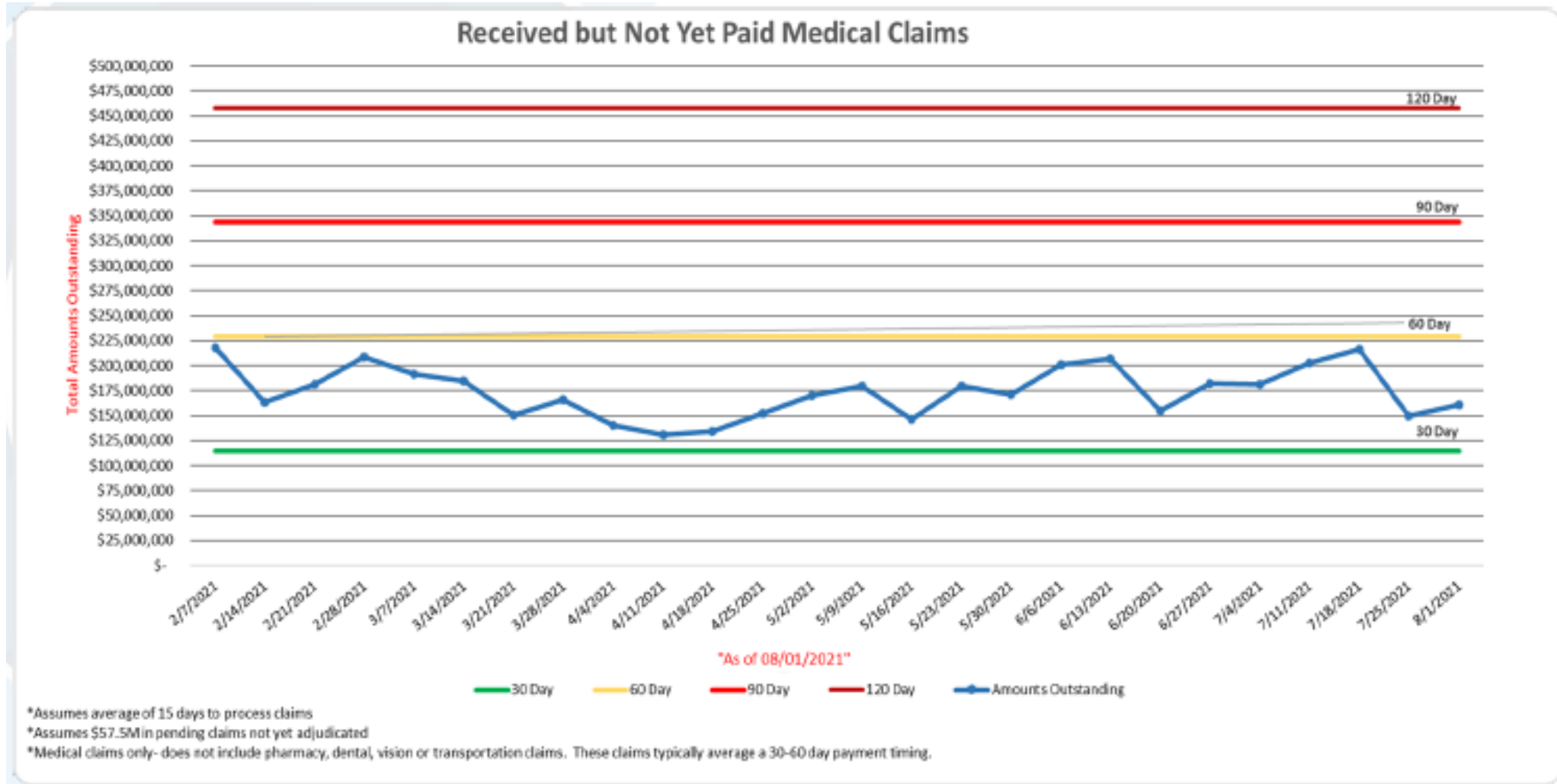
FY21 Budget | Membership



Operations Metrics: Call Center & Encounter Rate

| | | Performance | | |
|---|------------|-------------|----------|----------|
| Key Metrics | State Goal | Apr 2021 | May 2021 | Jun 2021 |
| Member & Provider Services Call Center Metrics | | | | |
| Abandonment Rate | < 5% | 3.50% | 2.62% | 3.17% |
| Hold Time (minutes) | 1:00 | 0:24 | 0:19 | 0:34 |
| % Calls Answered < 30 seconds | > 80% | 85.99% | 82.27% | 79.72% |
| Quarterly | | | | |
| Claims/Encounters Acceptance Rate | 99% | 98.0% | | |

Claims Payment



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 |
| Week of 8/1/2021 | \$ 122,728,408 | \$ 37,241,815 | \$ 740,816 | \$ 62,696 | \$ 160,773,735 |

- *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



Quality & Patient Safety

Metrics

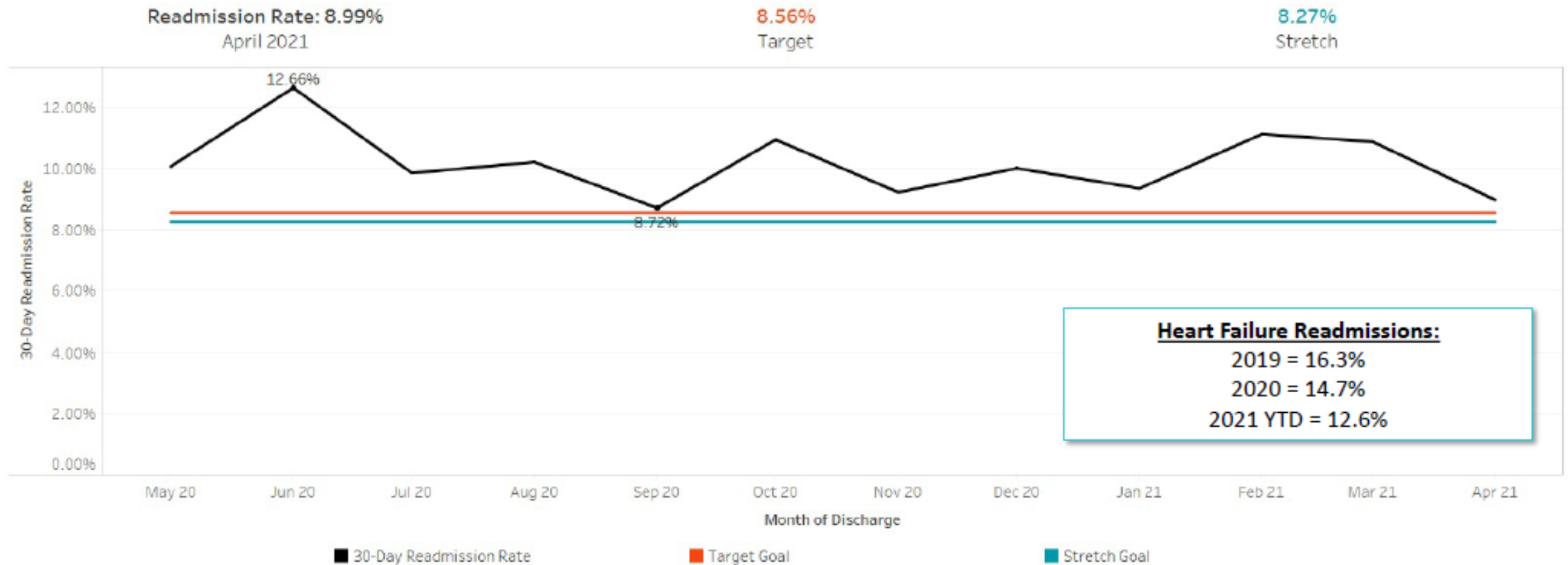
Presented to the CCH QPS Committee on 08/19/2021
Approved by the CCH Board on 08/27/2021



COOK COUNTY
HEALTH

30-Day Readmission Rate (Stroger Hospital)

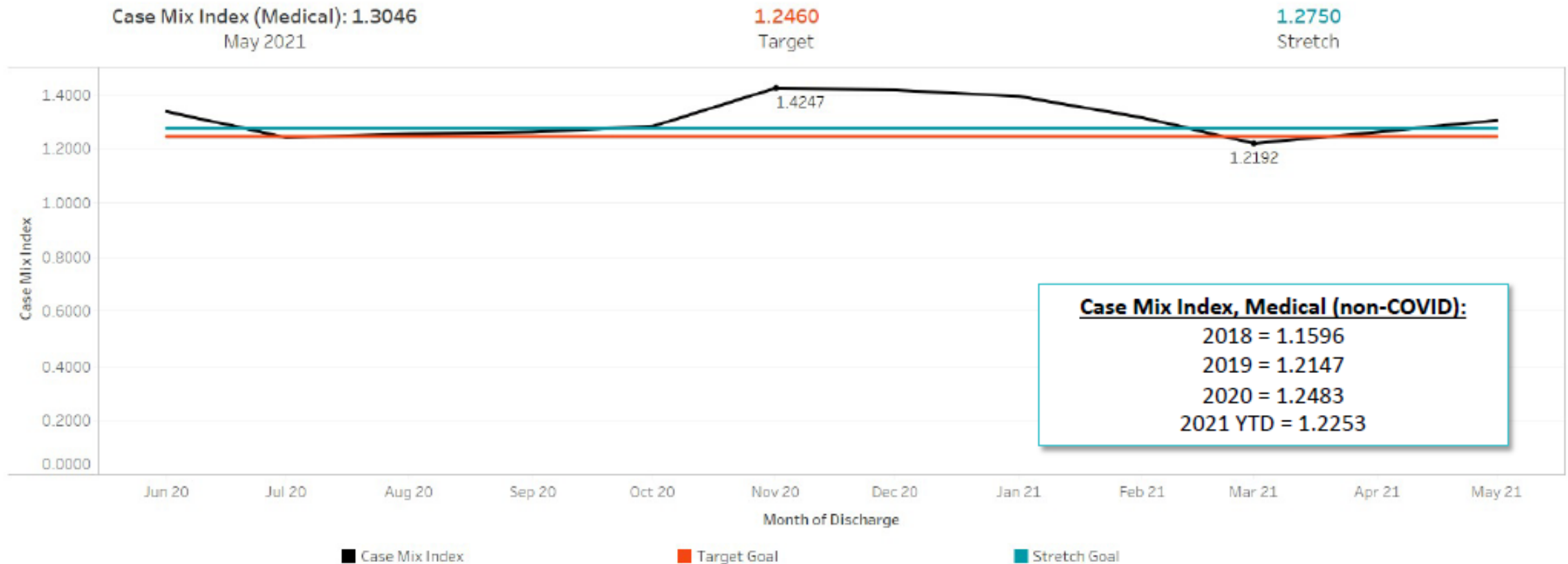
HRO Domain: Readmissions



*Lower readmission rate is favorable

Case Mix Index, Medical MSRG (Stroger Hospital)

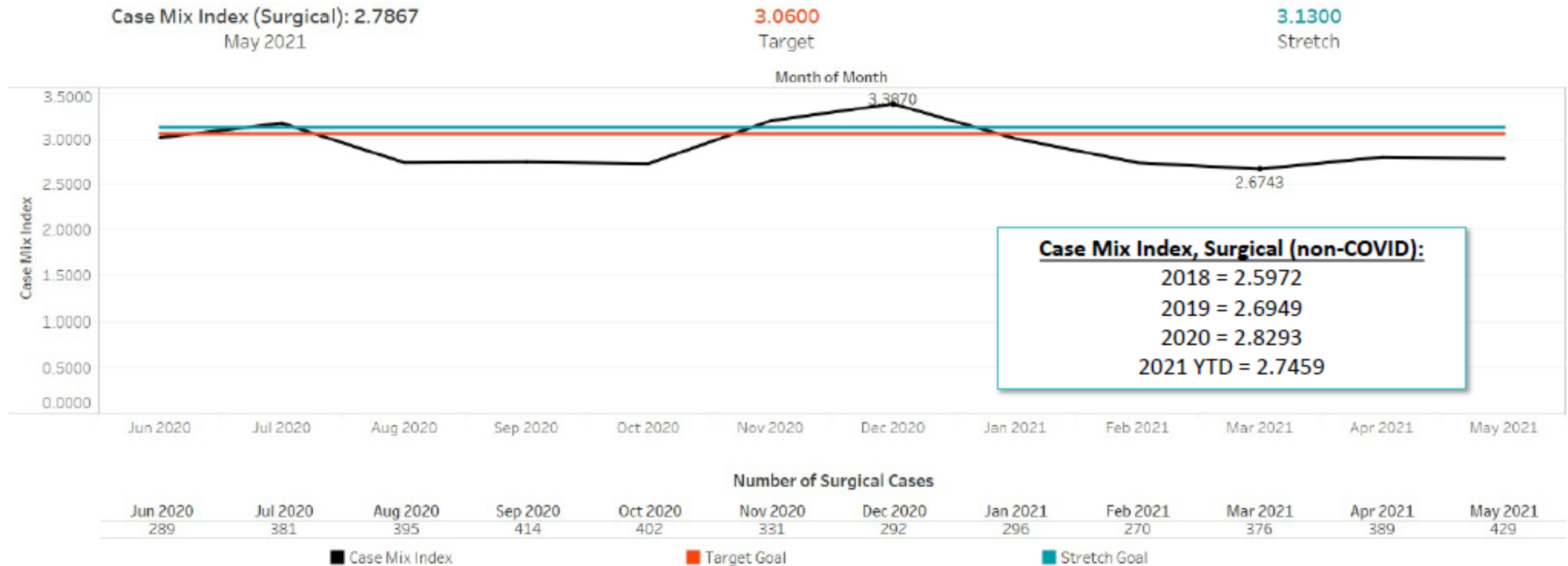
HRO Domain: Clinical Documentation



*Higher case mix index is favorable

Case Mix Index, Surgical MSRG (Stroger Hospital)

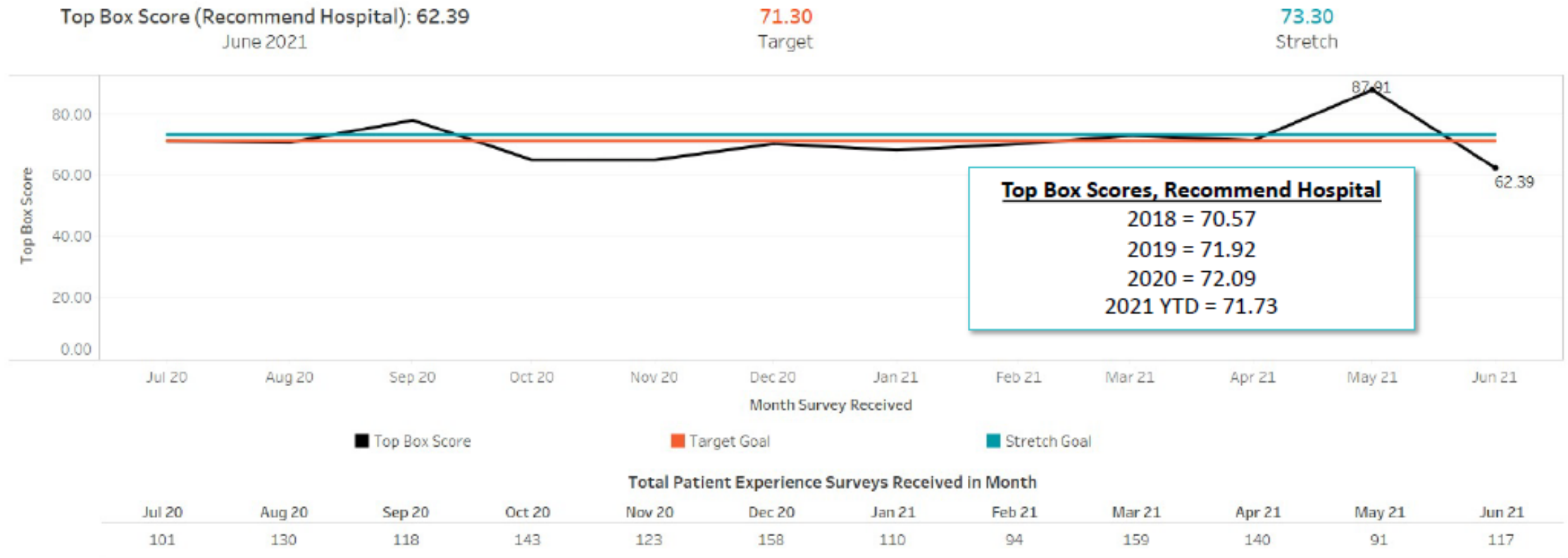
HRO Domain: Clinical Documentation



*Higher case mix index is favorable

Top Box Score, Recommend the Hospital (Stroger Hospital)

HRO Domain: Patient Experience



*Higher top box score is favorable

HbA1C <9%

HRO Domain: HEDIS



| Metric | Definition |
|-------------------------|--|
| 30-Day Readmission Rate | <ul style="list-style-type: none"> • <i>Patient unplanned admission to Stroger within 30 days after being discharged from an earlier hospital stay at Stroger</i> • Calculation: Raw unplanned readmission rate (# of readmissions / total # of eligible discharges) • Population included: all inpatient discharges from <u>Stroger</u> • 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 | <ul style="list-style-type: none"> • <i>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</i> • Population included: all inpatient discharges from <u>Stroger</u> • Cohort inclusions: any payer; any age; reported by Medical MS-DRG and Surgical MS-DRG (<i>Surgical: an OR procedure is performed</i>) • 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 | <ul style="list-style-type: none"> • <i>Percent of patient responses with "Definitely Yes" (top box response) for Recommend the Hospital item in HCAHPS survey</i> • 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% | <ul style="list-style-type: none"> • <i>Percent of adults (ages 18-75) with diabetes Type 1 or Type 2 where HbA1c is not in control (>9.0%)</i> • 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 |



Social Media Dashboard



COOK COUNTY
HEALTH

Earned Media Dashboard: July 20 - Aug 20, 2021



Total Media Placements

1,422
Up 304%



Total Reach

1.8 Billion People
Up 20%



Total Media Value

\$16.7 Million
Up 16.8%

Top 5 Local Media Outlets

1. *Illinois Patch* – 88
2. *WBBM Radio* – 72
3. *NBC 5 Chicago* – 45
4. *WGN Radio* – 32
5. *Fox Chicago* – 28

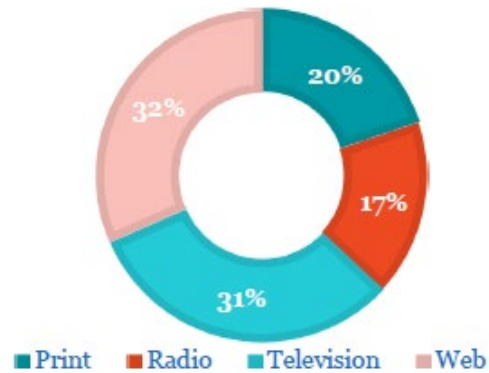
Top National Media Outlets

1. *Associated Press*
2. *Good Morning America*
3. *Yahoo News*

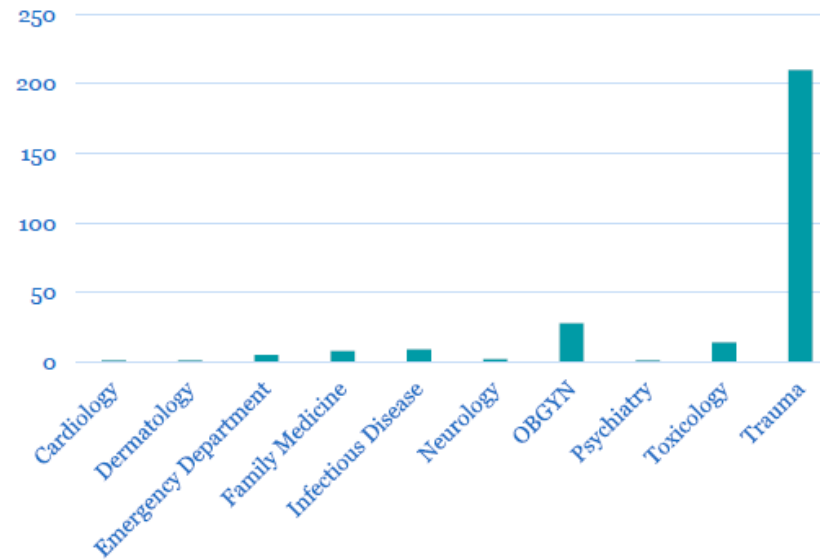
Cook County Health Media Compilation

July 24– August 20, 2021

Media Outlet Type



Media Mentions by Department



Most Common Topics

1. Addressing vaccine hesitancy
2. Safety of the vaccine on pregnant women
3. Gun violence in Cook County
4. COVID mitigation efforts in school
5. Cook County Health issues vaccine mandate for employees
6. Masking guidance

Recent Cook County Health COVID-19 Media Coverage

3,444 Media Hits on COVID-19 from February 2021



Cook County adjusts school mask guidance to align with new CDC mask guidelines



Cook County offering free rides to COVID-19 vaccine sites



Us Turns To Social Media Influencers To Boost Vaccine Rates



'I had very mild side effects': Doctor joins group in urging pregnant women to get the COVID-19 vaccine



Three of Chicago's largest health systems mandate COVID vaccines for workers



Few complaints as Chicagoans required to mask up - again



Chicago Doctor Breaks Down Latest Guidance on COVID Vaccine Booster Shots



'It's Incredibly Contagious': The COVID Delta Variant Is Strong, Local Doctors Say A Vaccine Is The Best Defense

Social Media Summary

July– August Activity

During July 24 – August 20, the communications team posted content on Facebook, Twitter, Instagram and LinkedIn for Cook County Health.

Posts included content such as COVID-19, interviews with local media, recognition for physicians and the hospital, and health tips.

Facebook – 37 posts + 2 stories

<https://www.facebook.com/Cookcountyhhs/>

Instagram – 25 posts + 4 stories + 2 IGTV

<https://www.instagram.com/cookcountyhealth/>

Twitter – 32 (includes retweets)

<https://twitter.com/CookCtyHealth>

LinkedIn – 15 posts

<https://www.linkedin.com/company/cook-county-health/>

Social Media Insights

As of August 20

Twitter (28-Day Summary)

- Impressions: **27.3K**
- Profile visits: **1.6K**
- Mentions: **64**
- Followers: **4,122** (up **31**)

LinkedIn (30-Day Summary)

- Impressions: **16.1K**
- Unique visitors: **597** (up **6.0%**)
- Followers: **6,900** (up **108**)

Facebook (28-Day Summary)

- Post reach: **598.6K** (up **1.0%**)
- Post engagement: **10.8K**
- Page views: **1.5K** (up **21.0%**)
- Page likes: **5,735** (up **60**)
- Page followers: **7,404** (up **74**)

Instagram (30-Day Summary)

- Impressions: **14.3K**
- Reach: **1.3K**
- Profile visits: **425**
- Followers: **2,434** (up **23**)



Top Social Media Posts

July 24 – August 20



COOK COUNTY
HEALTH

Top Social Media Posts: Facebook

Post Performance

- Reach: **2.3K**
- Engagements: **162**



Top Social Media Posts:

Facebook

Post Performance

- Reach: **948**
- Reactions, comments and shares: **146**



Cook County Health ✓

Published by Kate Hedlin · August 20 at 4:05 PM · 🌐



On Friday, the [Cook County Department of Public Health](#) announced an indoor mask mandate for everyone over 2 years old, regardless of vaccination status, beginning Monday, August 23. Wearing a mask – and doing so properly – is critical in helping contain the spread of the virus. One of Cook County Health's physicians treating COVID-19 patients, Dr. Mike Alebich, reminds us all how to properly wear a mask.



COOK COUNTY
HEALTH

Top Social Media Posts: Instagram

Post Performance

- Reach: **1,148**
- Views: **552**
- Likes: **63**



cookcountyhealth

cookcountyhealth Cook County Health reminds you to (properly) mask up

On Friday, the @cookcountypublichealth announced an indoor mask mandate for everyone over 2 years old, regardless of vaccination status, beginning Monday, August 23. Wearing a mask – and doing so properly – is critical in helping contain the spread of the virus. One of Cook County Health's physicians treating COVID-19 patients, Dr. Mike Alebich, reminds us all how to properly wear a mask.

2d

georgiannsuzanne So no openings on side of masks? Should be closed and flat on side of face.

552 views
2 DAYS AGO

Top Social Media Posts: Instagram

Post Performance

- Impressions: **658**
- Reach: **511**
- Likes: **29**



Visit the COVID-19 Information Center for vaccine resources.

 **cookcountyhealth**  

 **cookcountyhealth**  The Cook County Health team is at the @budbillikenparade. Stop by and see us! And, if you haven't gotten your COVID-19 vaccine, we will be doing them until 4 pm. More photos to come ...

1w

[View Insights](#)

 Liked by county_doc and 23 others

AUGUST 14

 Add a comment... [Post](#)

Top Social Media Posts: Twitter

Post Performance

- Impressions: **2.0K**
- Total engagements: **30**



Cook County Health
@CookCtyHealth



On July 17, Cook County Health, [@stopthespread19](#), the [@c19coalition](#) and [@projectn95](#) held a community vaccination event in Matteson. People who came for their vaccine were treated to live music, a meal to take home and a supply of PPE. Thank you to our partners for their work.



3:03 PM · Jul 27, 2021 · Twitter Web App



COOK COUNTY
HEALTH

Top Social Media Posts: Twitter

Post Performance

- Impressions: **1.2K**
- Views: **128**



Top Social Media Posts: LinkedIn

Post Performance

- Impressions: **3.1K**
- Clicks: **418**
- Reactions: **36**



Top Social Media Posts: LinkedIn

Post Performance

- Impressions: **2.4K**
- Clicks: **95**
- Reactions: **42**



Thank you.



COOK COUNTY
HEALTH