CCH Monthly Report

Item #: 25-1172

Presented to the Cook County Health Board on 7/25/25



New Hires and Promotions



Welcome



New Leadership Hires

Ellie Bane, Chief Legal Officer, Legal and Risk Management

Ayokunle Abegunde, Chair of Gastroenterology

Edgardo Javier Medero, Executive Director of Surgical and Procedural Services, Nursing

Karen Hughes, Director of Talent Acquisition

Amy Melvin, Director of Tuberculosis Prevention and Control

Curissa Sutherland-Smith, CCHIP Director of Behavioral Health Counseling Services

Lauren Hollowell, Pharmacist Manager

Kyla Quigley, Program Manager, Communicable Disease Prevention & Control

Lasheena Miller, Senior Project Manager - HIV Services

Tracy Lytwyn, Corporate Communications Manager

Imani J. Harris, Communications Manager

Welcome



New Leadership Hires

Franky Russell, Manager, Quality Care & Population Health, Health Plan Services

James Olaoye, Nurse Coordinator II, Cermak

Christopher Isada, Nurse Coordinator II, Medical ICU

Lisa Brown-Reed, RN Coordinator Bed Management

Salil Ghassemi, Clinical Operations Nurse Supervisor, Critical Care

Congratulations



Promotions

Craig Williams, Executive Chief Operating Officer

Cristina Turino, Chief Operating Officer, Health Plan Services

Rachel Senecal, Associate Chief Data Officer-Analytics

Jennifer Rozenich, Associate Chief Data Officer-Clinical Analytics

Claudia Burchinal, Executive Director of Ambulatory Care Operations

Cynthia Washington, Executive Director of Patient Services, Finance

George Papadopoulos, Director of Environmental Public Health

Joseph Teves, Director of Nursing Operations, Endoscopy

Renata Raggs, Manager of Financial Counseling

Lamont Boswell, Senior Manager of Complex Care Coordination

Recognition & Announcements



Joint Commission Equity Certification



In June, Cook County Health completed our inaugural equity survey with The Joint Commission and earned full certification!

This national recognition acknowledges the health system's outstanding work to identify and close health care disparities.

Congratulations!



Excellent Health Outcomes for All Certified

Provident Scholarship Fund



On June 26, Cook County Health and the Cook County Health Foundation announced the fourth cohort of Provident Scholarship Fund awardees, celebrating \$1.5+M in scholarships for 106 students who are pursuing careers in the medical field.

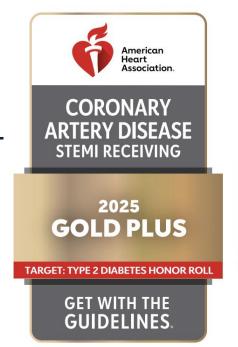


Cook County Health Recognized by the American Heart Association for Turning Guidelines into Lifelines



CCH earned several American Heart
Association Get With The Guidelines®
achievement awards for demonstrating
commitment to following up-to-date, researchbased guidelines for the treatment of heart
failure, coronary artery disease and stroke.

The health system was also included on the Type 2 diabetes honor roll. This is the highest level of recognition the health system has achieved through this program.







Congratulations!

Department of Medicine Unsung Heroes



It has become the tradition of the Department of Medicine (DOM) to recognize the "UNSUNG HERO" in each Medicine division during the Faculty and Staff meeting held at the end of the academic year.

This recognition honors individuals who demonstrate relentless effort, commitment, and dedication, often working behind the scenes within their division/department.

Victor Pelaez. MD

Cardiology

Ronny Espinosa

Clinic Manager Dermatology

Bettina Tahsin

Program Manager Endocrinology

Anas Almoghrabi, MD

Gastroenterology

Amit Joshi, MD

Nephrology

Michael Mullane, MD

Hematology-Oncology

Ebonie Moore

Administrator Neurology

Angela Tefera

Nurse Case Manager

Pulmonary

Robert Glowacki, Pharm D

Infectious Disease

Ahmad Nauman, MD

Hospital Medicine

Arora Shilpa, MD

Rheumatology

Louis Rohr, MD

Postgraduate

Patrika Smith, MD, FACP

General Medicine

Shanta Reynolds-Woods

Business Manager

Medicine Administration



CONGRATULATIONS ALL!

National Medical Association





Cook County Health was proud to welcome the W. Montague Cobb Board of the National Medical Association during the NMA's Annual Scientific Meeting last week.

The NMA made a generous donation to the Cook County Health Foundation for the Provident Scholarship Fund. CCH is grateful for the NMA's support and celebrates the association's mission to advocate for health equity and eliminate health disparities.

Health Award Winner



Congratulations to **Manny Estrada**, Chief Operating Officer, Correctional Health, for being recognized by Health & Medicine Policy Research Group as a Health Award recipient!

The Health Award recognizes an individual who advances public health, equity, and improvements in the health of a specific population.

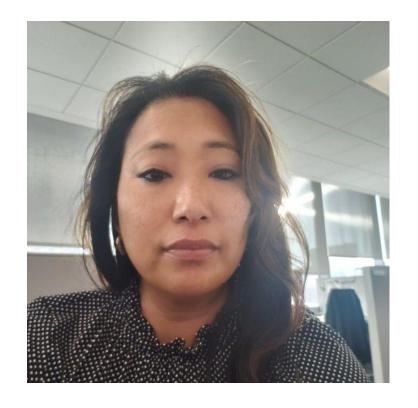


Cheers for Peers Winner



Congratulations to the first winner of the Cheers for Peers Recognition Program: **Sharon Barnes!**

Sharon received 27.6% of all peer nominations, earning the top spot with resounding support from across the organization. Ms. Barnes was nominated for her outstanding contributions to the administrative team with CCH's Department of Family and Community Medicine.



Daisy Award Winner



Congratulations to Stroger Nurse, **Suprisia Villagomez** for becoming a DAISY Award honoree!

The DAISY Award is a recognition program to celebrate and recognize nurses by collecting nominations from patients, families, and coworkers.



First Ladies Initiative 2025



On Sunday, June 30, Cook County Health participated in the First Ladies initiative which seeks to bring health resources to African American churches around Cook County. This year, staff from CCH, CCDPH, CountyCare and CCHIP promoted the health system resources at 15 churches. Organizers were grateful for our efforts, long-term partnership and commitment to bringing resources to the community.













Pride Parade



Thanks to the more than 50 Cook County Health staff who represented CCH and CountyCare at this year's Pride Parade.

CCH Board member Dr.
Maya Green was named one
of the 2025 Community
Grand Marshals.

Kudos to all for making it a fantastic celebration!





2025 Bike Commuter Challenge



Congratulations to all **44 members of the CCH staff** who conquered Active Transportation Alliance's 2025 Bike Commuter Challenge!

Cook County Health came in 1st among public agencies, and 4th among ALL teams (over 100 teams participated).

The CCH team logged a total of 5181.54 miles, saving almost 2 million grams in carbon emissions, and nearly half of our team members logged at least 100 miles over the challenge.



ARPA Progress to Date

CCH ARPA Expenses and Budgets

\$77.6M

97.4M

■ Total Expenses to date

Remaining Expenditures

Updated Guidelines:

The County corporate fund is covering FY2025 personnel

Next Steps:

- Catching up on subrecipient payments
- Cash flow estimates complete, accelerating expenditures
- Monitoring monthly expenditures against the goal
- Develop an updated sustainability plan post-ARPA



CEO Report Legislative Updates Local



The **week of July 21**, CCH leadership appeared before the following Cook County Board committees to provide testimony and respond to questions from Commissioners.

- Audit Committee Pam Cassara, Chief Financial Officer participated in the meeting to address questions related to the Cook County Annual Audit.
- **Finance Committee** Pam Cassara, Chief Financial Officer addressed questions related to the County's *Monthly Revenues and Expenses Report* as well as *CCH*'s *July 2025 Monthly Report* which is a compilation of the metrics and presentations made to the CCH Board of Directors from the previous month.
- **Health & Hospitals Committee** Dr. Kiran Joshi, CCDPH COO presented CCDPH's *Quarterly COVID-19* and Other *Infectious Diseases Report*. Dr. Thomas Nutter, Chief Behavioral Health Officer presented CCH's *Semi-annual Behavioral Health Report*. Dr. Kiran Joshi, CCDPH COO, Manny Estrada, Correctional Health Services COO and Dr. Brian Conant, Juvenile Justice Behavioral Health Director also participated in the meeting to respond to questions from Commissioners. Craig Williams, Executive Chief Operating Officer and Win Buren, Chief Human Resources Officer presented CCH's first *Semi-Annual Agency Utilization Report*. The Resolution that created this report requires reports semi-annually and an annual presentation.

CEO Report Legislative Updates Local



The **Cook County Board of Commissioners met on July 24, 2025**. The following items pertaining to CCH appeared on the agenda:

- President Preckwinkle and Commissioner Bridget Degnen, along with other Commissioners introduced a Resolution calling for Evaluation and Reform of the Cook County Mosquito Abatement Districts. The Resolution requests CCDPH conduct an evaluation and present recommendations to the Cook County Board by June 1, 2026. The Resolution was approved.
- Commissioner Stanley Moore introduced a Resolution Calling for the Elimination of Unnecessary Degree Requirements from Cook County Employment Practices. The Resolution was approved.
- A contract amendment with Everon Solutions for Provident Hospital's Nurse Call & Overhead Paging System was referred to the Asset Management Committee for consideration.
- CCH's budget transfer was approved.
- CCH's grant award for AFC Ryan White Part A Medical Case Management was approved.
- CCH's grant award from the Illinois Criminal Justice Information Authority(ICJIA) for Peer Recovery Services was approved.
- CCH's grant award from HHS/HRSA for Ryan White Title IV Women, Infants, Children, Youth & Affected Family Members AIDS Healthcare was approved.
- CCDPH's Quarterly Report on Environmental Health was referred to the Health & Hospitals Committee for consideration.
- · Cook County's Prevailing Wage Ordinance for COUPE was approved.

CEO Report Legislative Updates State



The House and Senate are scheduled to return to Springfield October 14-16 and 28-30 for the Fall/Veto Session. Since the majority of the provisions in the federal budget reconciliation bill that cut Medicaid and the Supplemental Nutrition Assistance Program (SNAP) do not take effect until late 2026/early 2027, legislators are not expected to reconvene for a special session before October.

Governor Pritzker issued a <u>press release</u> on the impact of the budget reconciliation bill on Illinois Medicaid. Estimated impact includes:

- 330,000 individuals losing Medicaid this amounts to about 11% of total Medicaid enrollees in Illinois
- Over \$50B lost in Medicaid funding over the next 10 years
- Increases of 75% on health insurance premiums for those purchasing on the Marketplace

The Governor also issued a <u>press release</u> on the impact of the budget reconciliation bill on SNAP. Estimated impact includes:

- 360,000 Illinois residents at risk of losing SNAP benefits
- Currently, SNAP supports 18K jobs and \$1B in wages for grocers and other food retailers these jobs and local economic impacts will be at risk with the SNAP cuts
- Shifts costs of SNAP benefits to states Illinois estimates that it will cost \$705M annually (currently Illinois pays \$0)

CEO Report Legislative Updates State



Governor Pritzker <u>signed Executive Order 2025-03</u> that directs various state agencies to review the impact of federal tariffs on good and services, impact on Illinois residents, employment, and emergency response supplies. The EO also says that Illinois shall coordinate with other states to share its data and conclusions and evaluate and propose coordinated actions with other states to mitigate impact of tariffs on state economies. State agencies are due to report back in 100 days. Of interest to CCH, the Illinois Department of Public Health is directed to:

- Analyze categories of medical supplies experiencing significant supply chain disruptions;
- Analyze critical supply shortages or price fluctuations;
- Analyze medical services or products experiencing price fluctuations; and
- Review concerns raised by healthcare providers regarding supply costs.

CEO Report Legislative Updates State



1115 Medicaid Waiver

The Illinois Department of Healthcare and Family Services (HFS) continues to move forward with the <u>Medicaid 1115 waiver</u> that was approved by the federal government July 2024. HFS has received federal approval for the contract, protocols, and plans necessary to implement the waiver.

An <u>announcement from federal CMS</u> to no longer support Medicaid waivers that include designated state health programs (DSHPs) and designated state investment programs (DSIPs) <u>does not</u> have any impact on Illinois' approved 1115 waiver, as the Illinois waiver does not include DSHPs or DSIPs.

The 1115 waiver permits Illinois Medicaid to cover new health related social needs including food/nutrition, housing and housing supports, medical respite, violence prevention/intervention, non-emergency transportation, and supported employment. Individuals will need to meet yet to be announced criteria to qualify for these new benefits, which will be administered through Medicaid Managed Care. Additionally, the waiver will allow individuals residing in state prisons or the Cook County Jail to be covered by Medicaid up to 90 days pre-release, to support these individuals in their re-entry efforts.

CCH is actively engaged in the various HFS workgroups and planning discussions that have been taking place over the last several months. The first phase of waiver services include food/nutrition, medical respite, housing, and re-entry. Internal waiver readiness meetings have also been taking place at CCH since early 2023, and stakeholders include leaders from strategy, finance, operations, clinical, and managed care.

HFS expects to launch coverage of the first phase of new waiver covered services in 2026.

CEO Report Legislative Updates Federal



H.R. 1, the One Big Beautiful Bill Act

- On July 4, 2025, President Trump signed H.R. 1 into law after the Senate passed the bill by a vote of 51-50 (Vice President J.D. Vance cast the tie-breaking vote) and the House passed it again by a vote of 218-214
- Three GOP Senators (Sens. Tillis, Collins and Paul) and 2 GOP House members (Reps. Massie and Fitzpatrick) joined all democratic members in voting no
- A final Congressional Budget Office (CBO) score is still pending but preliminary ten-year estimates show H.R. 1 will:
 - Cut more than \$1 trillion from health care programs resulting in 17 million Americans losing health coverage (assuming ACA premium tax credit expire at the end of this year)
 - Cut SNAP by more than \$200 billion
 - Increase the deficit by \$4.5 trillion
- During the Senate consideration of the House-passed H.R. 1 numerous provisions were changed, added or dropped during negotiations or because the Senate Parliamentarian ruled provisions non-compliant with the "Byrd Rule"
- Gov. Pritzker estimates 330,000 Illinoisans could lose Medicaid under H.R. 1

CEO Report Legislative Updates Federal



Summary of Select Health Provisions in H.R. 1, as enacted

Eligibility

- **Work requirement** Conditions eligibility and enrollment in Medicaid on demonstrating compliance with work or other qualifying activities for adults ages 19 through 64 in Medicaid expansion (including parents of children older than 14 years of age) starting December 31, 2026, or earlier at state option
- Eligibility redeterminations requires states to conduct eligibility determinations for expansion population adults every 6 months (versus annually)
 starting December 31, 2026
- Retroactive coverage Limits retroactive coverage in Medicaid to one month (versus 90 days) for Medicaid expansion beneficiaries and two
 months for traditional Medicaid beneficiaries starting December 31, 2026
- Immigrants Restricts the definition of qualified immigrants for eligibility purposes excluding many currently eligible and lawfully present immigrants, including those with humanitarian protections starting October 1, 2026

Financing

- Provider taxes and state directed payments Freezes or reduces how states finance Medicaid through the use of provider taxes and state directed payments beginning January 1, 2028
- **Emergency Medicaid services** Reduces the state match rate for emergency Medicaid services for Medicaid expansion populations who would qualify but for their immigration status from the expansion FMAP to the state's regular FMAP beginning October 1, 2026

Cost Sharing

Requires states to impose cost sharing of up to \$35 per service on expansion adults with incomes 100-138% FPL beginning October 1, 2028, while maintaining the out-of-pocket expenses cap of 5% of family income; exempts primary care, mental health and SUD services and services provided by FQHCs, behavioral health clinics and rural health clinics

CEO Report Legislative Updates Federal



Summary of Select Health Provisions (Cont'd)

Delays Rules

- o Prohibits HHS from implementing, administering or enforcing the nursing home staffing final rule until October 1, 2034
- Prohibits HHS from implementing, administering or enforcing certain provisions in both the Eligibility and Enrollment final rules until October 1, 2034

Home and Community Based Services – Allows states to establish 1915(c) Home and Community Based Services waivers for people who do not need an institutional level of care beginning July 1, 2028

Rural Health Funding – Establishes a rural health fund to provide \$50 billion in grants to states from FY 2026 through FY 2030 to be used for payments to rural health care providers and other purposes

Planned Parenthood - Prohibits Medicaid funding for one year to Planned Parenthood and other Medicaid essential community providers (Note: As of 7/9/25 implementation of this provision has been temporarily halted by a federal judge)

Home Equity Limits - Reduces the maximum home equity limits to qualify for long-term care under Medicaid to \$1 million regardless of inflation

CEO Report Legislative Updates Federal



Health Provisions Not Included in H.R. 1, as enacted

Medicaid DSH - The final bill does not delay Medicaid DSH cuts set to take effect on October 1, 2025

Gender-Affirming Care Ban - The final bill does not contain a prohibition on Medicaid financing of gender-affirming care

FMAP Penalty - The final bill no longer includes a reduction in the Medicaid expansion match rate from 90% to 80% for states that provide health coverage or financial assistance to undocumented individuals

Reasonable Opportunity Period - The final bill does not eliminate the requirement for states to provide Medicaid coverage during a reasonable opportunity period of 90 days while an applicants immigration status is being verified

Enhanced Premium Tax Credits – The bill does not extend the enhance premium tax credits to make the purchase of ACA exchange plans more affordable (wasn't in either House or Senate bill)

Streamlined Enrollment for Out-of-State Pediatric Providers – The final bill does not require states to establish a process for out-of-state providers to enroll as participating providers without further screening requirements for services to enrollees under age 21

CEO Report Legislative Updates Federal



Other Provisions in H.R. 1, as enacted **SNAP**

- Requires states, for the first time in SNAP's history, to contribute to the cost of SNAP food benefits beginning in fiscal year 2028 and absorbing a higher amount of SNAP's administrative costs beginning in fiscal year 2027
 - o If the Illinois error rate remains unchanged, the state would pay 15% of the cost of SNAP allotments
- Expands the work requirement through age 64 and to parents or guardians of children at or over the age of 14 and narrows the exceptions to and waivers from work requirements beginning July 4, 2025
- Excludes many currently eligible and lawfully present immigrants, including those with humanitarian protections and a pathway to citizenship, from eligibility for SNAP beginning July 4, 2025

Child Tax Credit (CTC)

- Makes permanent the CTC limit of \$2,200 (up from \$2,000) but does not reinstate full eligibility for the 17 million children who do not get the full credit because their families' earnings are too low
- Denies more than 2.6 million children the Child Tax Credit because they do not have a parent with a Social Security Number (even if they
 pay taxes using an individual taxpayer identification number)

Border Security and Immigration

- \$85 billion in new spending for Immigration and Customs Enforcement detention, including family detention, and enforcement available as of July 4, 2025
- \$59 billion for Customs and Border Protection, including for border wall construction, available as of July 4, 2025
- New or increased fees for humanitarian protection beginning July 4, 2025

CEO Report Legislative Updates Federal



Looking Beyond Budget Reconciliation

FY 2025 rescissions package

 Senate and House must vote on Trump Administration's FY 2025 spending rescissions package by Friday, July 18th which is privileged and only requires a simple majority vote in the Senate

Future budget reconciliation bills possible

 Speaker Johnson and House Budget Committee Chair Arrington have indicated their desire to move at least one more budget reconciliation bill starting this fall which would include further cuts to Medicaid

FY 2026 appropriations process is underway in the House and Senate

- House Labor-HHS subcommittee markup postponed until September
- Senate has not scheduled a markup of its FY 2026 Labor-HHS bill

Health extenders

 Medicaid DSH, Medicare telehealth flexibility, and other extenders that expire on October 1, 2025, and the ACA enhanced premium tax credits which expire at the end of the year are under discussion for congressional action

HHS Nominees

 CDC Director nominee Susan Monarez advanced out of committee and is awaiting a Senate floor vote and Assistant Secretary for Health nominee Dr Brian Christine receives committee hearing

Community Advisory Councils



Cook County Health Advisory Councils include patients, community and religious organizations and serve as a way to promote our services in the communities where our centers are located. The Councils provide feedback to our staff and help strengthen our health center's 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.

The 2025 Third Quarter presentations include:

- CCH's Dental/Oral health programs
- Provident's Clinical Triage and Stabilization Center
- CountyCare food initiatives
- CCDPH programs

Community Advisory Councils



Upcoming CAC meeting dates, including the 2025 schedule:

Blue Island: Wednesday at 1:00 PM: August 13, November 12 12757 S. Western Ave., Blue Island, IL 60406

Belmont Cragin: Thursday at 1:00 PM: August 14, November 13 5501 W. Fullerton Avenue, Chicago, IL 60639

Arlington Heights: Tuesday at 1:00 PM: August 19, November 18 3520 N. Arlington Heights Road, Arlington Heights, IL 60004

Prieto: Tuesday at 1:00 PM: September 2, December 2 2424 S. Pulaski, Chicago, IL 60623

Robbins: Tuesday at 1:00 PM: September 9, December 9 13450 S. Kedzie Road, Robbins, IL 60472

North Riverside: Wednesday at 1:00 PM: September 10, December 10 1800 S. Harlem Avenue, North Riverside, IL 60546

Englewood: Thursday at 1:00 PM - September 11, December 11 1135 W. 69th Street, Chicago, IL 60621

Provident/Sengstacke: Wednesday at 9:00 AM: October 8 500 W. 51st Street, Chicago, IL 60609

Cottage Grove: Tuesday at 1:00 PM: October 21 1645 S. Cottage Grove Avenue, Ford Heights, IL 60411

Community Events



Every month the outreach teams of Cook County Health, the Cook County Department of Public Health, CountyCare and the Cook County HIV Integrated Programs (CCHIP) participate in health fairs, resource fairs, presentations, tabling events or general community events around Cook County. These are some of the events in which the groups are participating in August 2025.

- August 1 Cook County School District 59 and Commissioner Kevin Morrison's Back to School
 Health Fair John Jay Elementary School, 1835 Pheasant Trail, Mount Prospect, IL 60056
- August 1-3 Black Women's Expo 2025 McCormick Place, 2301 S King Dr, Chicago, IL McCormick
 Place, Chicago, IL 60616
- August 2 Senator Celina Villanueva's 2025 Back to School Resource Fairs Maria Saucedo School, 2850 W. 24th Street, Chicago, IL 60623
- August 2 Cook County School District 59 and Commissioner Kevin Morrison's Back to School
 Health Fair Oasis Mobile Home Park, 7500 Elmhurst Road, Des Plaines, IL 60018
- August 2 Hands Around The Hundreds & Women Of West Pullman's 5th Annual Block Party –
 West Pullman Street, 120th Union Avenue, Chicago, IL 60628
- August 2 Apostolic Church of God's 2025 Health Fair Apostolic Church of God, 6320 South Dorchester Avenue, Chicago, IL 60637
- August 2 Phalanx Family Services Back to School Event Visions Odeum & Events, 11901 S. Loomis Street, Chicago, IL, 60643
- August 3 Senator Kimberly A. Lightford's 15th Annual Family Fall Fun Day Brookfield Zoo Discovery Zone, 8400 31st St, Brookfield, IL 60513
- August 3 Emanual COGIC's Back-2-School Community Giveaway Emanual COGIC Church, 3058 West Van Buren Street, Chicago, IL 60612
- August 5 Senator Celina Villanueva's 2025 Back to School Resource Fairs Bridgeport Back to School, Between Bosley Park and Holden Elementary, 3044 S Bonfield Street, Chicago, IL 60608
- August 5 Maywood Police Department Annual National Night Out Veterans Park, 125 S. 5th Avenue, Maywood, IL 60153
- August 6 Pathways to Cook County Summit UIC Dorin Forum, 725 W. Roosevelt, Road, Chicago, IL 60607
- August 7 March of Dimes' Fall/Back to School & Immunization Awareness Month Imani
 Village, 901 E. 95th Street, Chicago, IL 60619
- August 8 Senator Celina Villanueva's 2025 Back to School Resource Fairs BPNC and New Life Church - Kelly Park, 2725 W. 41st Street, Chicago, IL 60632
- August 8 South Chicago Neighborhood Network and Claretian Associates Claretian Associates, 9108 S Brandon Avenue, Chicago, IL 60617

- August 8 **Housing Authority of Cook County's Annual Back-to-School Giveaway** Vera Yates Apartments, 1055 Berkeley, Ford Heights, IL 60411
- August 9 Cornerstone Community Development Corporation NFP's 11th Health & Wellness Fair 2025 Cornerstone CDC, 943 E Lincoln Highway, Ford Heights, IL 60411
- August 9 8th Annual Health Equity Fiesta Tour BUILD, Inc Community Center, 5100 W. Harrison Street, Chicago, IL 60644
- August 9 Robbins Park District Back to School Robbins Park District, 13650 Clare Boulevard, Robbins, IL 60472
- August 9 **State Representative Will Guzzardi & State Senator Graciela Guzman Back to School Fair** Kelvyn Park, 4438 W. Wrightwood Avenue, Chicago, IL 60639
- August 9 Christ Temple Apostolic Faith Church Resource Event Christ Temple Apostolic Faith Church, 14 South Ashland, Chicago, IL 60607
- August 9 Westside Pastor's Coalition for Aids and Inner City Health Back to School Health and Resource Fair – West Suburban Medical Center, 3 Erie Street, Oak Park, IL 60302
- August 9 **Bud Billiken Parade & Festival** Washington Park, 5531 S. King Drive, Chicago, IL 60637
- August 9 Living Beyond Our Dreams ("LBOD") Foundation, Inc.'s Beating the Odds Back to School Event Street at S. Luella Avenue and E. 79th Street, Chicago, IL 60649
- August 10 **West 40's BackPack GiveBack Resource Fair** Joseph C. Vallez Activity Center, 1529 Harlem Avenue, Berwyn, IL 60402
- August 12 Community Consolidated School District 59'S Meet the Teacher/Supply-drop off Event – John Jay Elementary School, 1835 W Pheasant Trail, Mount Prospect, IL 60056
- August 12 **Housing Authority of Cook County's Annual Back-to-School Giveaway** Sunrise Properties, 1314 Wentworth Ave., Chicago Heights, IL 60411
- August 13 Senator Celina Villanueva's 2025 Back to School Resource Fairs Beyond the Ball at Gary Elementary, 3740 W. 31st Street, Chicago, IL 60623
- August 14 Office of State Representative Kam Buckner Back to School Resource Fair Ellis Park, 3520 S. Cottage Grove, Chicago, IL 60653
- August 14 Chicago Public School's Back to School Resource Fair Seward Academy, 4600 S. Seward, Chicago, IL 60609

Community Events



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- August 15 Housing Authority of Cook County's Annual Back-to-School
 Giveaway Richard Flowers Homes, 13906 Grace Street, Robbins, IL 60402
- August 15 Senator Celina Villanueva's 2025 Back to School Resource
 Fairs Rauner Family YMCA, 2700 S. Western Avenue, Chicago, IL 60608
- August 16 8th Annual Health Equity Fiesta Tour Hegewisch Community Center, 13323 S. Green Bay Avenue, Chicago IL 60633
- August 16 Mission of Our Lady of the Angels and Kelly Hall Back to School Block Party and Resource Fair – Mission OLA, 3800 W. Iowa Street, Chicago, IL 60651
- August 16 St. Luke's Church of God in Christ 2025 Community and Back to School Outing – St. Luke Church of God In Christ, 1310 North Sedgwick
 Parking Lot, Chicago, IL 60610
- August 17 Fellowship Missionary Baptist Church's Back to School Wellness Fair – Fuller Park, 331 W. 45th Street, Chicago, IL 60609
- August 23 First Missionary Church of Chicago Resource Fair First
 Missionary Church of Chicago, 1515 N. Homan Avenue, Chicago, Il 60651
- August 23 Family Solutions Wellness Fest Dvorak Park, 1119 W.
 Cullerton Street, Chicago, IL 60608

- August 23 Unity in the Community Back to School Fun and Wellness Community Fair Colin Powell Middle School & Matteson Community Center, 20600 Matteson Avenue, Matteson, IL 60443
- August 23 **Sisters Working It Out (SWIO) 2025 Gala** Hilton Oak Lawn, 9333 S. Cicero Avenue, Oak Lawn, IL 60453
- August 24 Chicago Hispanic Health Coalitions 19th Annual ¡Vive tu Vida! Get Up! Get Moving – UIC Outdoor Field Complex, 900 W. 14th Place, Chicago, IL 60608
 - August 28 Senator Celina Villanueva's 2025 Back to School Resource Fairs Liberty School, 4946 W. 13th Street, Cicero, IL 60804
 August 29 West Side Heroin/Opioid Task Force's International
 Overdose Awareness Day 2025 Alt Space, 5645 W. Corcoran Place,
 Chicago, IL 60644
- August 30 **Congressman Jonathan L. Jackson** Chicago State University, 9501 S King Dr, Chicago, IL 60628
- August 31 **Wellness Fair at Fellowship Missionary Baptist Church** Fuller Park, 331 W. 45th Street, Chicago, IL 60609

Redetermination Events



Cook County Health and CountyCare are currently hosting a series of Rede events in the System's facilities, other FQHCs and community partners. Rede events target CountyCare members living in or close to the Zip Codes of the hosting site. Members receive calls, postal correspondence, email, and texts advising them of the event happening in their vicinity.

- August 4 North Riverside Health Center 800 S. Harlem Avenue, North Riverside, IL 60546
- August 5 Cottage Grove Health Center 1645 S. Cottage Grove Avenue, Ford Heights, IL 60411
- August 5 CPS Back to School Event 3100 S. Keeler Avenue, Chicago, IL 60623
- August 5 National Night Out 11th District 3400-3600 W. Roosevelt Road. Chicago, IL
 60624
- August 6 **Primecare Health Center** 5635 W. Belmont Avenue, Chicago, IL 60634
- August 7 CPS Back to School Event Gately Park 103rd & Cottage Grove Avenue, Chicago, IL 60628
- August 7 Fall/Back to School Immunization Awareness Month- Imani Village 901
 E. 95th Street, Chicago, IL 60619
- August 8 St. Bernard Hospital 6307 S Stewart Street, Chicago, IL 60621
- August 9 8th Annual Equity Fiesta Tour Build Chicago 5100 W. Harrison Street, Chicago, IL 60644
- August 10 **Annual Backpack Give Away** Joseph C. Vallez Activity Center, 1529 S. Harlem Avenue, Berwyn, IL 60402
- August 12 **Robbins Health Center** 13450 S. Kedzie Avenue, Robbins, IL 60472

- August 13 **Provident Hospital** 500 E. 51st Street, Chicago, IL 60615
- August 14 **Alivio Health** 2021 S. Morgan Street, Chicago, IL 60608
- August 16 **8th Annual Equity Fiesta Tour Hegewisch Community Center** –13323 S. Green Bay Avenue, Chicago, IL 60633
- August 18 Blue Island Health Center 12757 S. Western Avenue, Blue Island, IL 60406
- August 19 Esperanza Health Center 4700 S. California Avenue, Chicago, IL 60632
- August 20 **Primecare Health Center** 5635 W. Belmont Avenue, Chicago, IL 60634
- August 21 Friend Health 5635 S. Pulaski Road, Chicago IL 60629
- August 22 Englewood Health Center 1135 W. 69th Street, Chicago, IL 60621
- August 23 Provident Hospital 500 E. 51st Street, Chicago, IL 60615
 - August 25 **Chicago Family Health Center** 9119 S. Exchange Avenue, Chicago, IL 60617
- August 26 **Lawndale Christian Health Center** 3750 W. Ogden Avenue, Chicago, IL 60623
- August 27 **Provident Hospital** 500 E. 51st Street, Chicago, IL 60615
- August 28 **Stroger Hospital** 1969 W. Ogden Avenue, Chicago, IL 60612
- August 29 **Arlington Heights Health Center** 3520 N. Arlington Heights Road, Arlington Heights, IL 60004

Media Dashboard



Earned Media Dashboard









262

872.3M

\$8.1M

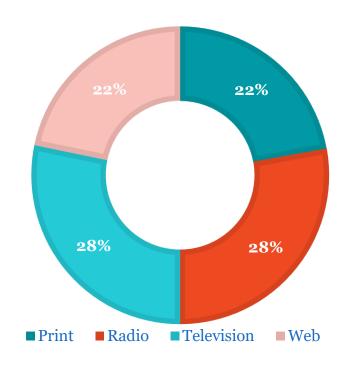
Top Local Media Outlets

- 1. WGN Radio
- 2. WBBM Radio
- 3. WGN Television
- 4. NBC 5 Chicago
- 5. ABC 7 Chicago

Media Dashboard



Media by Outlet Type



Most Common Topics

- 1. Dealing with Heat
- 2. Medicaid Cuts
- 3. Maternal Health

Top Headlines





Cook County launches Measles awareness toolkit to combat misinformation and promote vaccination



Some Chicago hospitals scramble to cool amid soaring temperatures



How can extreme heat affect your health now and down the road?



Chicago's safety net hospitals face potential service cuts, layoffs after signing of 'big, beautiful' tax bill



Dr. Kiran Joshi Named Chief Operating Officer at Cook County Department of Public Health



In backdrop of shuttered MetroSouth hospital in Blue Island, south suburban officials warn Medicaid cuts could undermine health care



Cook County Health hands out healthcare scholarships



Cook County Health Partners with Walgreens for HIV Testing Day



Overdose-reversing vending machine coming to Howard CTA station



35 health systems win advertising awards

Medicaid Cuts Media





Chicago Tribune

Chicago's safety net hospitals face potential service cuts, layoffs after signing of 'big, beautiful' tax bill

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Lisa Schencker, Chicago Tribune Sun, July 13, 2025 at 1:40 PM CDT



PRESS RELEASE

Cook County Health Statement on the Spending Bill

July 3, 2025

A Statement from COOK COUNTY HEALTH

Chicago Tribune

In backdrop of shuttered MetroSouth hospital in Blue Island, south suburban officials warn Medicaid cuts could undermine health care

Media Coverage:

- WGN
- Chicago Tribune
- WBEZ
- NBC 5 Chicago
- Fox 32 Chicago

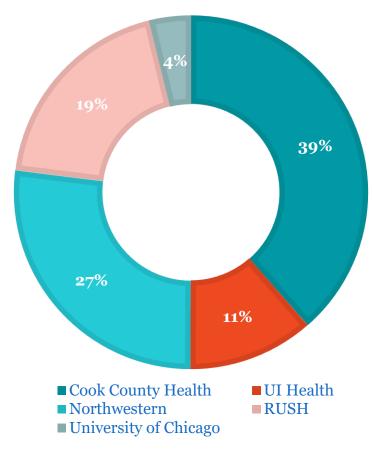




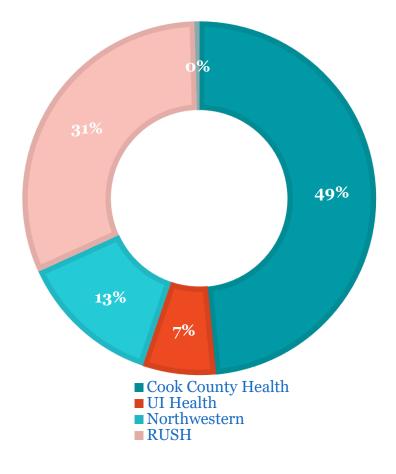
Media Benchmarking (Top Outlets)







Share of Reach



Social Media Summary



During June 9 – July 13, 2025, the communications team posted content on Facebook, Twitter, Instagram and LinkedIn for Cook County Health.

Facebook - 63 posts

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

Twitter - 61

https://twitter.com/CookCtyHealth

Instagram - 66 posts (includes stories and IGTV)

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

LinkedIn - 49 posts

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

Social Media Summary



(In comparison to last year during the same time period)

Twitter

- Impressions: 6.2K
- Post Link Clicks: 25 (up 127%)
- Engagements: 87 (up 81%)
- Followers: 4.6K

LinkedIn

- Impressions: 52.6K
- Page Views: 3.6K
- Engagements: 4.0K
- Followers: 18.2K (up 2%)

Facebook

- Total impressions: 111K
- Post engagement: 4.5K
- Page Clicks: 451
- Page followers: 9.7K (up 57 from previous report)

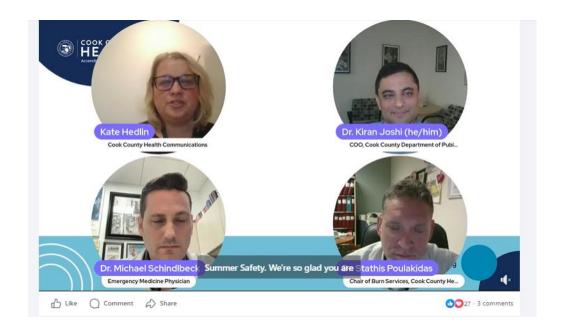
Instagram

- Impressions: 47.5K
- Engagement: 469
- Followers: 4.1K (up 2%)

Facebook Insights



Top Boosted Posts



PARA SU BIENESTAR GENERAL

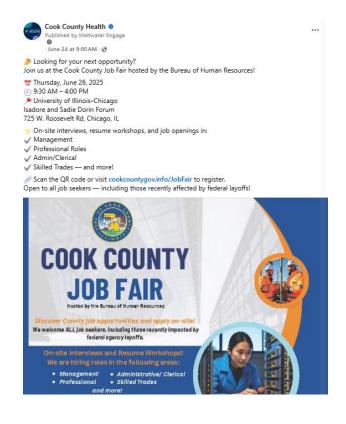
Reach: 12.3K

Impressions: 21.9K Video Views: 12.7K Reach: 3.1K Impressions: 15.2K Video Views: 9.3K

Facebook Insights



Top Organic Posts





Reach: 7.3K

Impressions: 7.3K

Engagement Rate: 4.2%

Reach: 1.4K

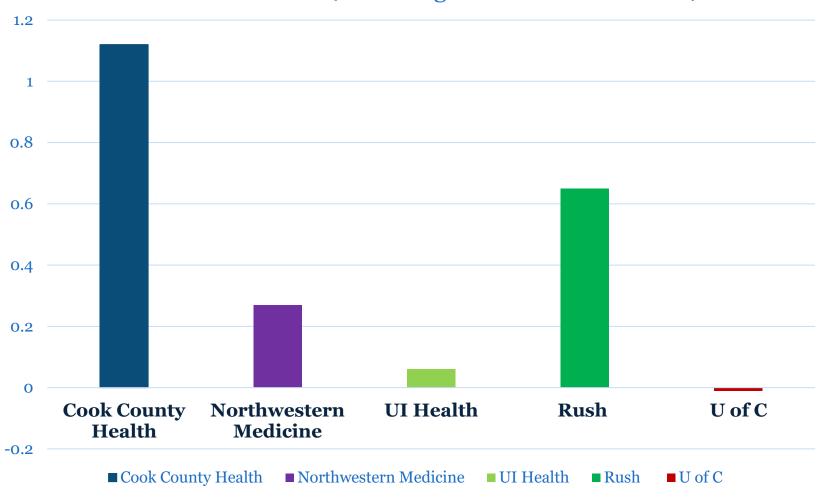
Impressions: 1.5K

Engagement Rate: 17.6%

Facebook Benchmarking

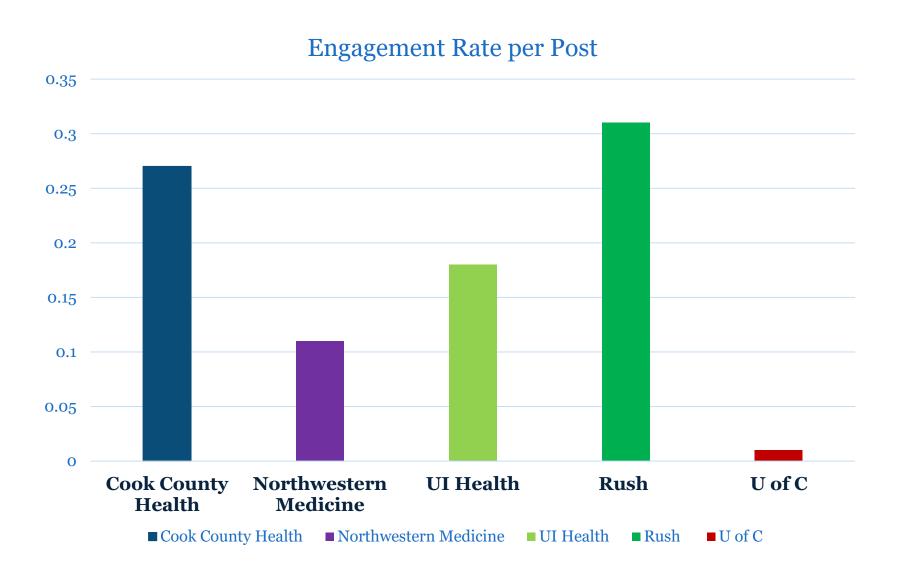


Followers Growth (Percentage of Current Followers)



Facebook Benchmarking



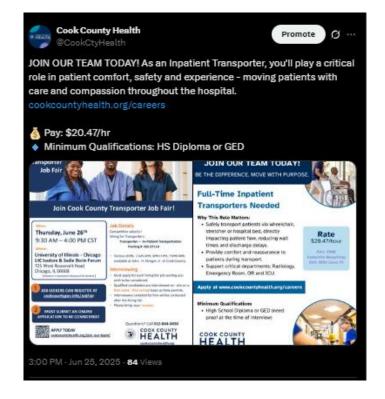


Twitter Insights



Top Posts





Impressions: 84

Instagram Insights



Top Posts



ALL ARE cookcountyhealth 4w **WELCOME** Cook County Health proudly cares for all residents, regardless of immigration status. All are welcome here. Read more at **HERE** Cook County Health believes health No comments yet. care is a human right. We care Start the conversation. for all people, regardless of their immigration status, religious beliefs, sexual orientation or ability Boost post View insights 这里真诚欢迎大家 TODOS SON BIENVENIDOS AQUI Тут раді кожному OOA WSZYSCY SA TUTAJ MILE WIDZIANI ≯¶ 23 likes الجميع مرحب بهم هنا HEALTH cookcountyhealth.org Add a comment... 0

cookcountyhealth 🥏

Impressions: 2.1K

Reach: 1.2K Likes: 23

Impressions: 1.7K

Reach: 2.1K Likes: 23

LinkedIn Insights



Top Posts



COOK COUNTY HEALTH Impressions: 4.4K Engagement Rate: 14.7%

Clicks: 535



Cook County Health Chief Medical Officer Dr. Lauren Smith joined Cook County

leaders last week to talk about the country's maternal health care crisis. Cook County

Cook County Health

Impressions: 3.9K

Likes: 168 Clicks: 339

Finance Metrics



Executive Summary: Statement of Financial Condition - May 31, 2025



- On an accrual basis, interim financials show that CCH ended May with a \$66.1M unfavorable variance to budget. County's preliminary cash report on revenues and expenses, which is cash-based accounting, shows that CCH is unfavorable to budget by \$86.4M.
 - Revenue Commentary:
 - ▶ **Unfavorable** NPSR variance to Budget due to lower than budgeted volumes and increase in Charity Care
 - Favorable capitation variance to Budget due to higher than budgeted CountyCare membership
 - Expenditures:
 - CountyCare claims unfavorable variance to budget due to higher than budgeted membership
 - CountyCare:
 - CountyCare financials \$22.6M unfavorable to budget driven by medical loss ratio 1.4% higher than expected
 - Membership is 414,000 which is 4.6% greater than budgeted

Financial Results - May 31, 2025



	-				
Dollars in 000s	FY2025 Actual	FY2025 Budget	Variance	%	FY2024 Actual
Revenue					
Net Patient Service Revenue (1)	\$500,465	\$583,600	(\$83,135)	-14.25%	\$577,819
Government Support (2)	\$196,543	\$198,164	(\$1,621)	-0.82%	\$190,627
Adjusted NPSR	\$697,008	\$781,763	(\$84,755)	-10.84%	\$768,446
CountyCare Capitation Revenue	\$1,817,056	\$1,674,169	\$142,887	8.53%	\$1,676,052
Other	\$34,144	\$34,566	(\$422)	-1.22%	\$36,239
Total Revenue	\$2,548,208	\$2,490,498	\$57,710	2.32%	\$2,480,736
Operating Expenses					
Salaries & Benefits	\$388,646	\$457,961	\$69,315	15.14%	\$382,641
Overtime	\$28,680	\$26,781	(\$1,899)	-7.09%	\$26,757
Supplies & Pharmaceuticals	\$137,499	\$125,963	(\$11,536)	-9.16%	\$114,277
Purchased Services & Other	\$406,458	\$416,259	\$9,801	2.35%	\$347,238
Medical Claims Expense (1)	\$1,701,069	\$1,516,276	(\$184,793)	-12.19%	\$1,532,651
Insurance	\$16,814	\$15,177	(\$1,637)	-10.79%	\$14,945
Utilities	\$7,163	\$7,499	\$336	4.48%	\$6,521
Total Operating Expenses	\$2,686,329	\$2,565,916	(\$120,413)	-4.69%	\$2,425,030
Operating Margin	(\$138,121)	(\$75,417)	(\$62,703)	83.14%	\$55,706
Non-Operating Revenue	\$75,465	\$78,852	(\$3,388)	-4.30%	\$97,669
Net Income (Loss)	(\$62,656)	\$3,435	(\$66,091)	-1924.04%	\$153,375

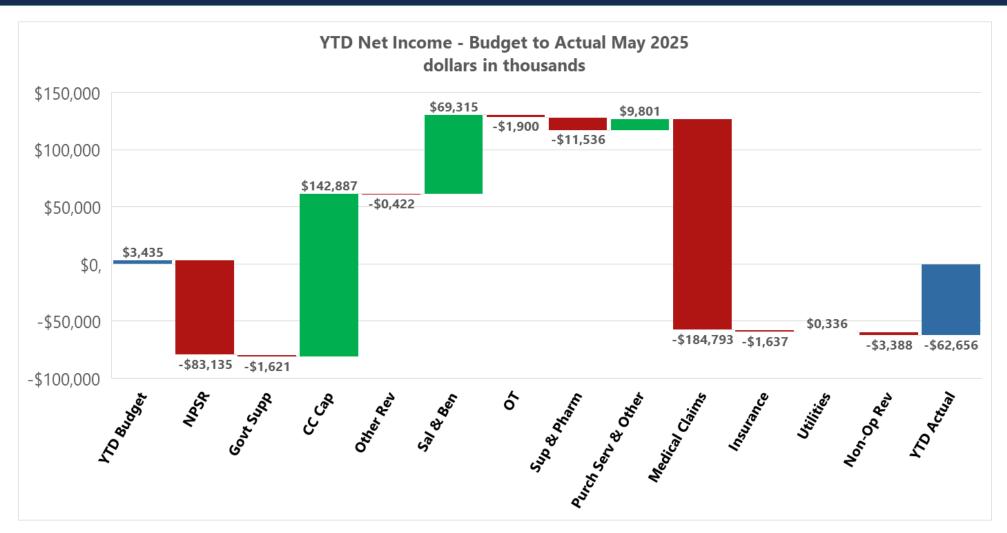
Notes:

- (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 DSH, BIPA, & Graduate Medical Education payments.
- (3) Does not reflect Pension, OPEB, Depreciation/Amortization, or Investment Income.



YTD Net Income Waterfall Report







Key Volume and Revenue Indicators

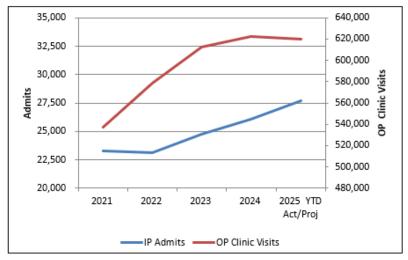


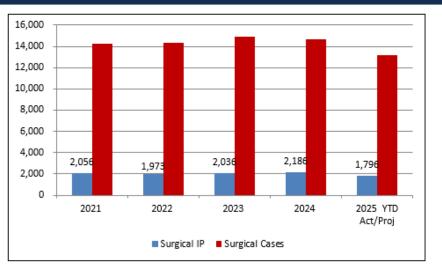
Patient Activity Stroger	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual	May 2025 Actual	May 2024 Actual
Average Daily Census	311	317	-1.8%	323	312	293	323
Emergency Room Visits	44,294	45,883	-3.5%	45,309	41,055	7,416	7,745
Surgeries	5,458	6,060	-9.9%	5,677	5,564	927	1,039
Patient Activity Provident	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual	May 2025 Actual	May 2024 Actual
Average Daily Census	18	29	-38.6%	21	21	16	18
Emergency Room Visits	12,580	13,151	-4.3%	13,057	13,061	2,038	2,261
Surgeries	1,130	1,502	-24.8%	1,523	1,810	199	283
Patient Activity ACHN	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual	May 2025 Actual	May 2024 Actual
Primary Care Visits	111,690	120,500	-7.3%	122,046	119,548	19,402	20,781
Specialty Care Visits	198,323	190,000	4.4%	194,446	189,016	34,217	33,893
CountyCare Membership	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual	May 2025 Actual	May 2024 Actual
Membership Count	413,940	395,555	4.6%	435,277	451,476	412,337	434,167

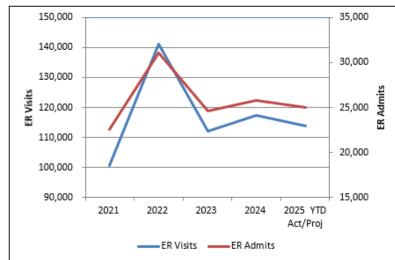


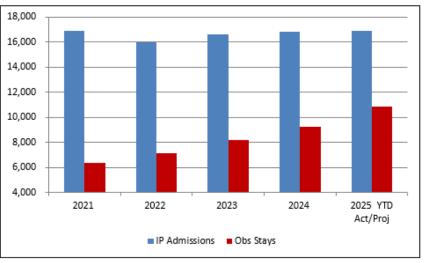
Operating Trends







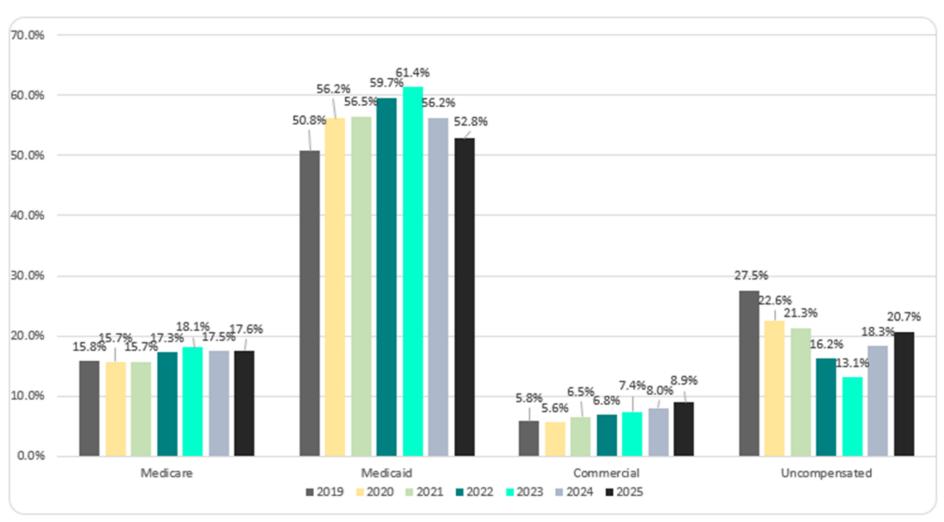






Payer Mix

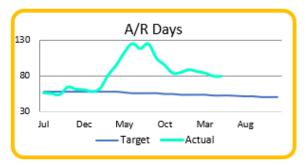


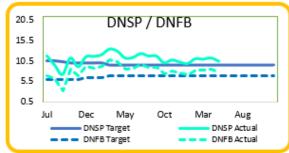




Revenue Cycle KPI

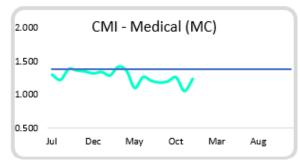


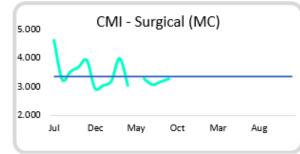












Commentary:

Our AR metrics are off target but recovering due to the Change Healthcare cyberattack. The remaining recovery efforts are in aged AR >90. We continue to work with the payers to provide additional documentation to get these impacted claims resolved.

Definitions:

DNSP: Discharged Not Submitted to Payer - Gross dollars from initial 837 claims held by edits in claims processing tool that have not been sent to payer.

DNFB: Discharged Not Final Billed - Gross dollars in A/R for all patient accounts (inpatient and outpatient accounts) discharged but not yet final billed for the reporting month. Refers to accounts in suspense (within bill hold days) and pending final billed status in the patient accounting system.

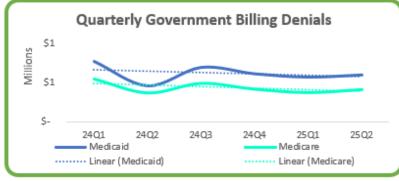
CMI: Case Mix Index - Represents the average diagnosis-related group (DRG) relative weight for that hospital. It is calculated by summing the DRG weights for all Medicare discharges and dividing by the number of discharges.

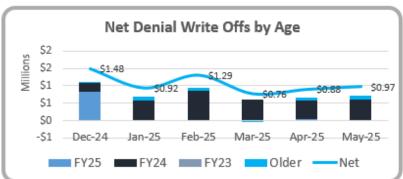


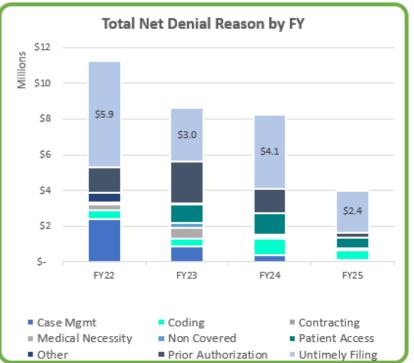
Denied Claims













Charitable & Public Program Expenditures



Charitable Benefits and Community Programs	2023 Actual	2024 Actual	2025 Budget	2025 Projected
Traditional Charity Care	\$105,040	\$201,962	\$232,719	\$262,738
Other Uncompensated Care	135,655	80,164	88,500	123,909
Cermak & JTDC Health Services	100,779	116,223	143,621	121,540
Department of Public Health	12,712	22,113	27,553	25,439
Other Public Programs & Community Services	66,321	71,600	52,870	52,870
Totals	\$420,506	\$492,062	\$545,263	\$ 586,496
% of Revenues * % of Costs *	38.8% 23.1%	30.5% 28.5%	31.6% 24.2%	38.5% 29.8%

^{*} Excludes County Care Health Plan Services



Savings Initiatives



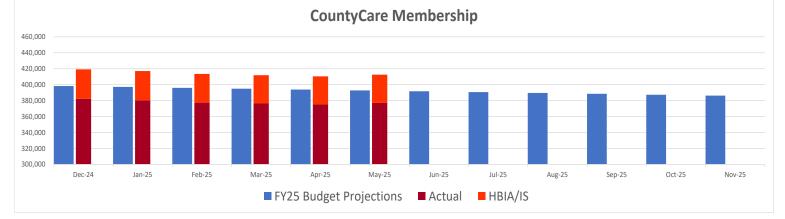
	Budgeted	YTD	
Current Activities in Progress	FY25 Impact	Achieved	Status
Revenue Cycle: CDM Annual Pricing Review Revenue Recovery Point of Service Collections	2,650,000 3,400,000 300,000	1,336,042 1,714,167 186,250	000
County Care: Vendor Contract Negotiations- (term eff July)	2,400,000		•
Health System: Vendor Contract Negotiations	20,000,000	10,325,698	•
	<u>\$ 28,750,000</u>	\$ 13,562,157	47%
		Goal 6/12ths	50%



CountyCare



Dollars in 000s except PMPM amounts	FY2025 Actual	FY2025 Budget	Variance	%	Fy24 Actual
Capitation Revenue	\$1,825,571	\$1,678,916	\$146,655	8.74%	\$1,676,634
Operating Expenses					
Clinical - CCH	\$57,170	\$70,341	\$13,171	18.72%	\$69,801
Clinical - External	\$1,705,220	\$1,528,024	(\$177,196)	(11.60%)	\$1,523,687
Administrative	\$84,041	\$78,851	(\$5,190)	(6.58%)	\$83,025
Total Expenses	\$1,846,432	\$1,677,216	(\$169,215)	(10.09%)	\$1,676,514
Operating Gain (Loss)	(\$20,860)	\$1,699	(\$22,560)		\$120
Activity Levels					
Member Months	2,484,700	2,373,333	111,367	4.69%	2,613,275
Monthly Membership	412,524	392,825	19,699	5.01%	434,605
CCH CountyCare Member Months	185,101	N/A	N/A	N/A	214,809
CCH % CountyCare Member Months	7.45%	N/A	N/A	N/A	8.22%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	\$734.72	\$707.41	\$27.32	3.86%	\$641.58
Clinical Cost PMPM	\$709.30	\$673.47	(\$35.83)	(5.32%)	\$609.77
Medical Loss Ratio (1)	96.5%	95.2%	(1.34%)	(1.40%)	93.9%
Administrative Cost Ratio	4.6%	4.7%	0.15%	3.10%	4.9%
Total FTEs	393	430	37		355



Commentary

- Total YTD member months are exceeding budget by 111,367 members.
- Revenue and claims expense are higher than budget due to higher than budgeted membership.
- CountyCare's reimbursement to CCH for domestic spend is under budget.
- Operating Loss of \$20M
- Operating loss driven by 1% higher medical loss ratio than expected.

Notes:

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

Human Resources Metrics

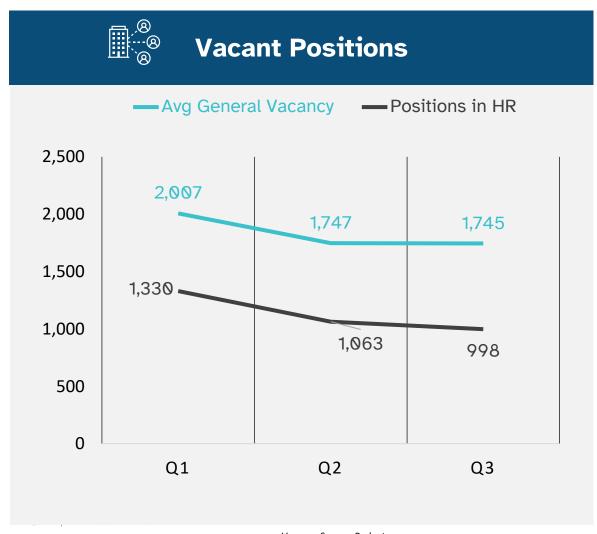


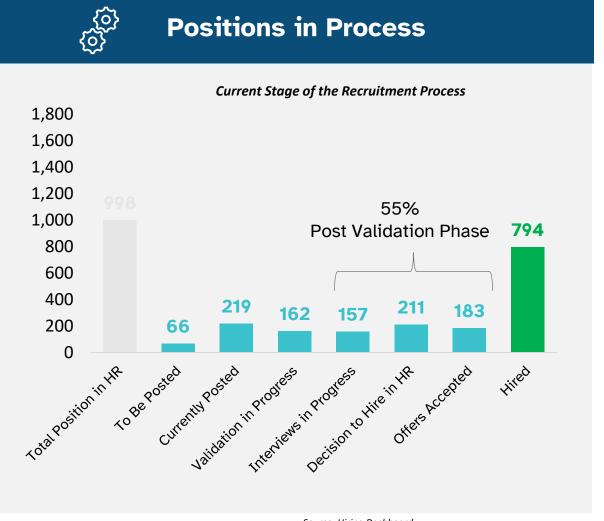
FY25 CCH HR Activity Report



12/01/2024 - 06/30/202

As of 06/30/2025



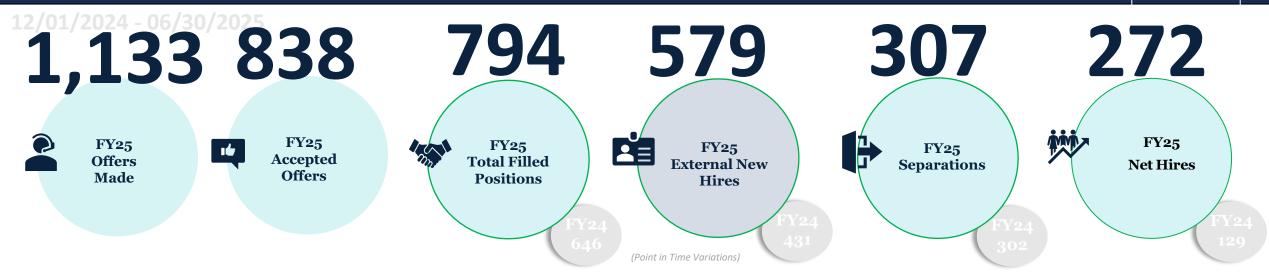


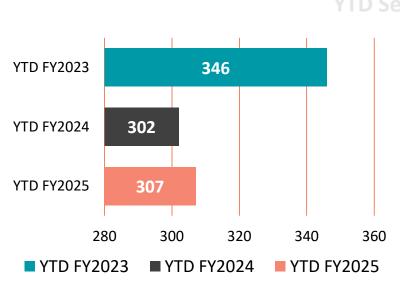
Vacancy Source: Budget Source: Hiring Dashboard

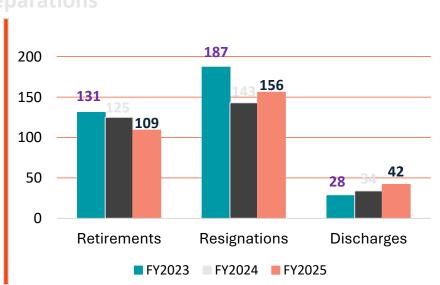
Current State Of Hiring & Separation HEALTH



June 2025









Nursing Hiring Activity



Filled Positions

258

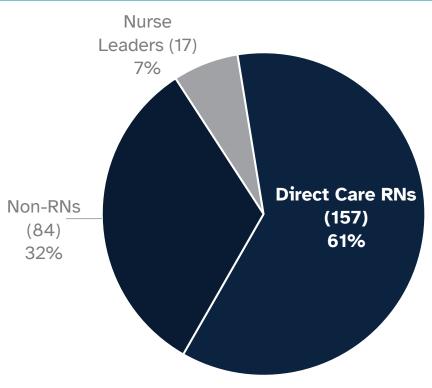
Total Filled Positions YTD



Direct Care RN Filled Velocity

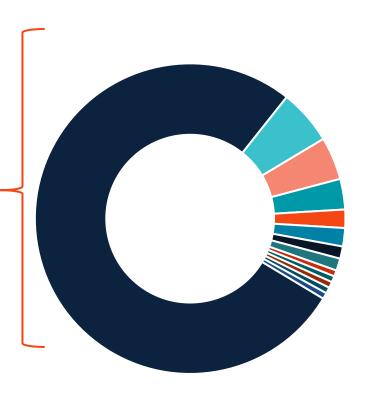
157

Internal & External Filled Positions





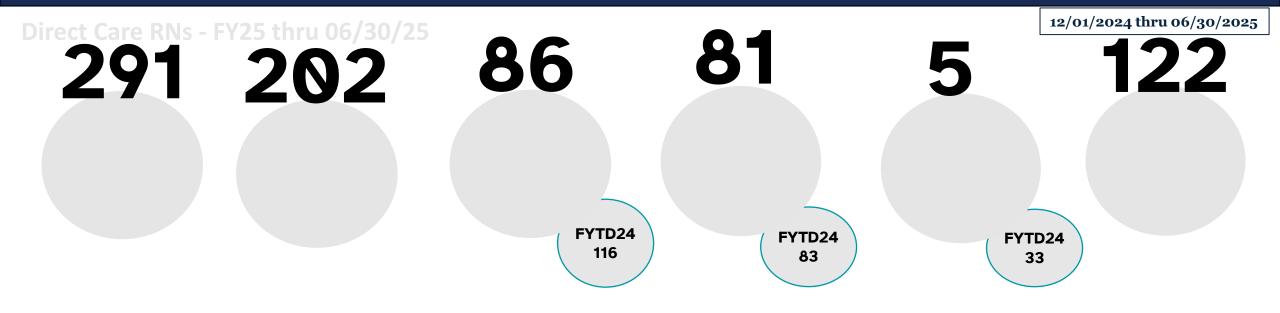




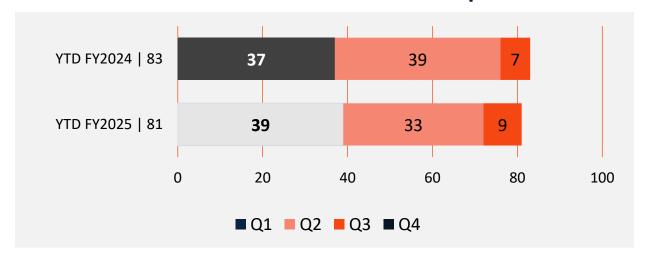
- 74% | 121 Clinical Nurse I, II
- 6% | 9 In House Registry Nurse
- 4% | 7 Advanced Practice Nurse
- 3% | 5 Nurse Clinician
- 2% | 3 Behavioral Health Nurse
- 2% | 3 Clinical Nurse Leader
- 1% | 2 Cardiac Catheterization Nurse
- 1% | 2 Public Health Nurse I, II
- 1% | 1 Float Pool Clinical Nurse
- 1% | 1 Nurse Epidemiologist
- 1% | 1 Nurse Transitional Care Coordinator RN
- 1% | 1 Patient Care Support Nurse
- 1% | 1 Surgical Clinical Nurse Navigator

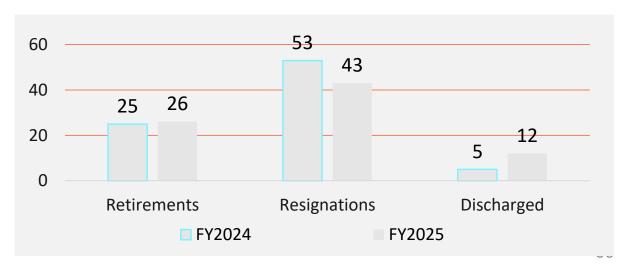
RN Nursing Hiring Velocity & Attrition





Direct Care RN Separations – December thru June Year-Over-Year





Managed Care Metrics



Current Membership Monthly Membership as of June 12th, 2025



Category	Total Members	ACHN Members	% ACHN
FHP	223,774	9,829	4.4%
ACA	105,259	10,625	10.1%
ICP	31,560	4,550	14.4%
MLTSS	10,068	-	0%
SNC	7,845	320	4.1%
HBIA	15,568	2,992	19.2%
HBIS	4,178	1,194	28.6%
HBIC	15,581	1,520	9.8%
Total	413,833	31,051	7.5%

ACA: Affordable Care Act

MLTSS: Managed Long-Term Service and Support (Dual Eligible)

FHP: Family Health Plan

SNC: Special Needs Children

ICP: Integrated Care Program

HBIA/HBIS/HBIC: Health Benefit for Immigrant Adults/Seniors/Children

Managed Medicaid Market



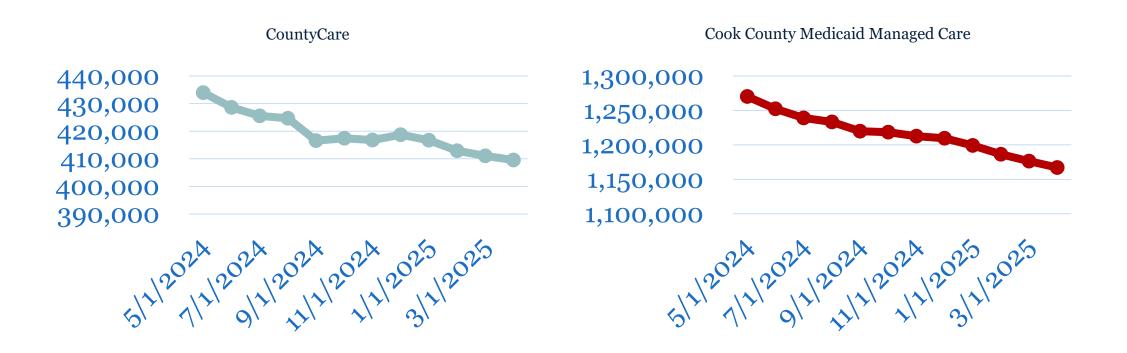
Illinois Department of Healthcare and Family Services April 2025 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	409,549	35.1%
Blue Cross Blue Shield	326,895	28.0%
Meridian (a WellCare Co.)	239,349	20.5%
IlliniCare (Aetna/CVS)	104,656	9.0%
Molina	78,984	6.8%
YouthCare	7,712	0.7%
Total	1,167,145	100.0%

IL Medicaid Managed Care Trend in Cook County



Charts not to scale

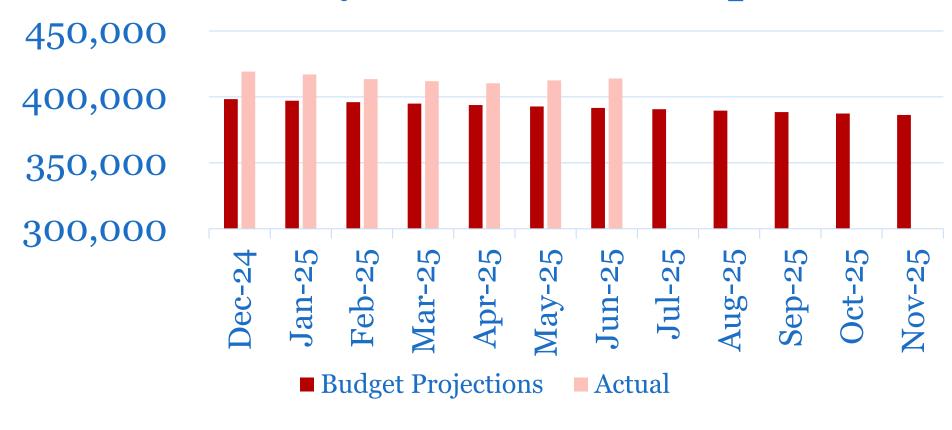


• CountyCare's enrollment **decreased** 0.37% in April 2025 and is lower than Cook County's **decrease** of 0.78%.

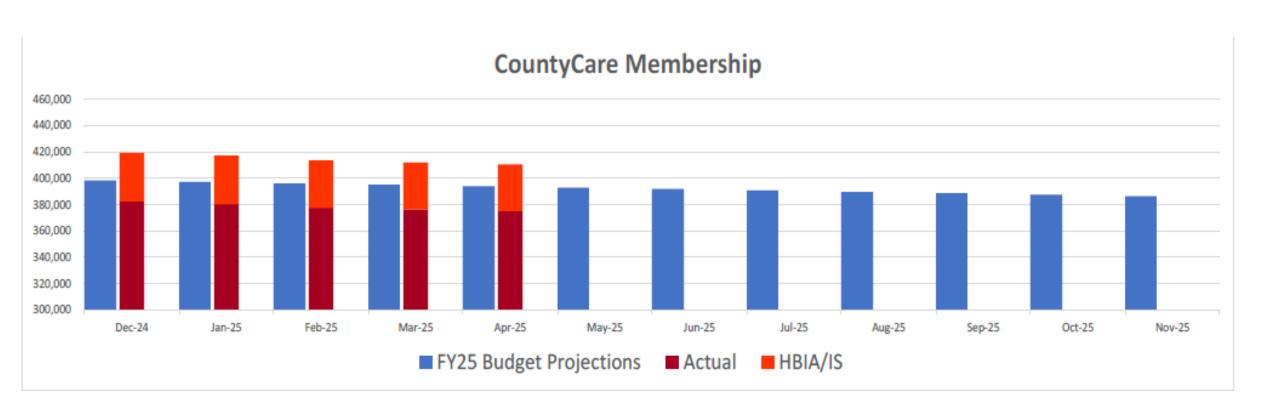
FY25 Budget | Membership



CountyCare Membership







Operations Metrics: Call Center & Encounter Rate COOK COUNTY HEALTH



		P	erformanc	ee			
Key Metrics	State Goal	Mar 2025	Apr 2025	May 2025			
Member & Provider Services Call Cente	er Metrics						
Inbound Call Volume N/A		49,780	51,984	50,456			
Abandonment Rate	< 5%	0.38%	0.67%	0.89%			
Average Speed to Answer (minutes)	1:00	0:04	0:10	0:13			
% Calls Answered < 30 seconds	> 80%	97.6%	95.3%	94.7%			
		Quarterly					
Claims/Encounters Acceptance Rate	98%	98%					

HBIA & HBIS Program Update

The Health Benefits for Immigrant Adults (HBIA) program will sunset on July 1, 2025.

- HBIA members who turned 65 in June or July will be auto-converted to HBIS by HFS. This is 77 CountyCare members.
- The last day of benefits will be **June 30th**, **2025**. We encouraged all HBIA members to see their providers, fill their prescriptions for 90 days in June, and use their rewards.

The Health Benefits for Immigrant Seniors (HBIS) program has been funded.

- HBIS has \$110 million allocated in the Illinois' July 1, 2025 June 30, 2026 budget.
- HBIS is not open to new enrollment. Only members who currently have HBIS are covered by this program.

Outreach taken to inform all HBIA members that their coverage is ending.

- Healthcare and Family Services (HFS) mailed all HBIA members a letter about HBIA sunsetting.
- HFS will mail another letter to all HBIA members about HBIA sunsetting.
- CountyCare texted all HBIA members on 6/5.
- CountyCare emailed all vendors, community partners, and providers in early June about HBIA sunsetting.
- CountyCare staff presented about the HBIA program sunsetting.

State Legislative Changes

CountyCare tracks and implements changes per state Medicaid legislation. Several bills were passed this Illinois legislative session, including:

New covered services (included in the Medicaid Omnibus - Public Act 104-0009)

- Electrocardiogram monitoring: Reimbursement for long-term (48-hour +) electrocardiogram monitoring, not less than 80% of the Medicare physician fee schedule.
- Choline dietary supplement: Reimbursement for over-the-counter choline dietary supplements for pregnant persons, subject to federal approval

New timelines (Medicaid Omnibus)

• 72-hour/gold card delay: 72-hour (mandates 72-hour inpatient stabilization without prior authorization) and gold card rules (providers with 90% approved prior auth prior year are gold carded for the following year) shall apply to services provided on or after 7/1/2026

Pharmacy Benefit Manager Regulation (<u>HB1697</u>)

• PBMs must pay \$15 per member annually to the state of Illinois

Prior Authorization Change (HB3019)

Bars prior authorization on outpatient behavioral health services

Federal Policy Updates

On July 3rd, 2025, Congress passed the "One Big Beautiful Bill Act", a sweeping budget reconciliation package that enacts deep federal spending cuts across health, social, and economic programs.

Key Changes to Medicaid:

- Cuts nearly \$1 trillion from Medicaid over 10 years.
- Introduces **mandatory work requirements** for certain adults including ACA expansion adults and parents of children 14+.
- Requires more frequent eligibility redeterminations for ACA adults (6 months vs 12 months).
- Phases down provider taxes, reducing states' flexibility to finance Medicaid.

Potential Loss in Coverage

Illinois: State officials estimate **330,000** Illinoisans are at risk of losing Medicaid coverage.

Source: Capitol News Illinois (7/3/2025)

Cook County: CCH projects that **10% of Medicaid members locally** will lose health coverage when work requirements are implemented.

Source: Message from the CCH CEO (7/3/2025)

Medicaid Member Story Initiative



With federal cuts to the Medicaid program proposed, there is a need for impactful member stories that highlight the benefits of the Medicaid program.

Member stories will be leveraged for media, press, advocacy, and other opportunities.

The CountyCare project management office is working closely with the outreach teams and Cook County Health communications office.

Thus far we have over 30 member stories collected.

Medicaid Member Story

Natalie* is a 30-year-old CountyCare member who gave birth to a premature baby boy. Her baby spent time in the NICU, Natalie lost her job, and she was at risk of losing her apartment. Natalie shared her situation with a care coordinator who sprang into action to help.

Natalie was referred to Legal Aid Chicago and other eviction resources. Natalie used these resources to create an agreement with her landlord. Due to this assistance, Natalie has a home to raise her baby. She kept all her follow-up appointments, secured a part-time job, and is on track with paying her rent. Natalie expressed deep gratitude for the work of her kind care coordinator.

*Name has been changed to protect anonymity



HealthChoice Illinois RFP Update COOK COUNTY

Background

- In 2017, the Illinois Department of Healthcare and Family Services (HFS) posted a request for proposals (RFP) for Managed Care Organizations (MCOs) to enter risk-based contracts
- CountyCare was awarded a contract for period of 2018-2022, and later received extensions through the end of the 2026 plan year

Project Updates

- HFS advised the HealthChoice Illinois RFP will be delayed and will be released summer of 2025
- New MCO contracts will take effect 1/1/2027 In anticipation of the RFP release, CountyCare relaunched formally relaunched its RFP efforts on 6/23/25

Project Plan Summary

- CountyCare has completed two drafts of the RFP response
- CountyCare focusing on key initiatives to support RFP response in 2025 Project team developed project timelines and assignments for RFP submission Project team updating key RFP documents

What is HEDIS?

- **HEDIS** stands for Healthcare Effectiveness Data and Information Set
 - One of health care's most widely used quality performance measurement tools
 - Set of standardized performance measures used by more than 90% of all United States health insurance plans
 - Contribute to health insurance plan ratings by NCQA
- The National Committee for Quality Assurance (NCQA) developed, updates, and maintains HEDIS measures
- The HEDIS reporting period is from February-May annually for the prior year's quality results, final HEDIS ratings for all health plans are posted in the fall (Sept-Oct)



Access to Care Measures Trending

- Improvement was observed in all priority Access to Care measures from MY2023.
- Access to Care is critical to continued improvement in other HEDIS measures like cancer screenings and chronic disease management activities.

	Change from	MY2024
Access to Care Measure	MY2023	Rating
Adults' Access to Preventive/Ambulatory Health Services (AAP)	↑ 1.95%	***
Well-Child Visits in the First 30 Months of Life (W30) - First 15 Months	↑ 3.51%	****
Well-Child Visits in the First 30 Months of Life (W30) - 15-30 Months	↑ 4.46%	***
Child and Adolescent Well-Care Visits (WCV)	↑ 2.77%	***



Access to Care Measures - Improvement Activities

Health Fairs

- Men's Health Fair completed this month with great attendance
- Women's Health Fair
- Health fair for children being planned.

Outreach

- Call Center completing outbound outreach to members who have not seen their primary care provider
- Value-based care incentives for childhood well-visits

Member Rewards

- \$50 reward for annual well-visits
- Additional rewards for vaccines and other preventive care services



Maternal Child Health Measures Trending

Cancer Screening Measure	Change from MY2023	MY2024 Rating
Childhood Immunization Status (CIS) - Combo 3	↑ 8.16%	***
Childhood Immunization Status (CIS) - Combo 10	↑ 4.74%	***
Immunizations for Adolescents (IMA) - Combo 2	↓ 0.49%	***
Prenatal & Postpartum Care (PPC) - Timeliness of Prenatal Care	↑ 0.80%	***
Prenatal & Postpartum Care (PPC) - Postpartum Visit	↑ 2.21%	***





Maternal Child Health Strategy

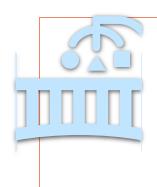


Outreach and Engagement:

Community baby showers, text, phone, and letter outreach for pregnant and postpartum members, MCH-focused EAC, MCH event tabling



Driven by data: Prenatal Care PIP 2.0, MY2024 MCH reporting for HFS, Maternal Health Desert Analysis, MCH Steering Committee, Brighter Beginnings analysis, updated MCH dashboard (in development)



Collaboration: Presentations to CBOs and provider groups on MCH Program and member benefits and rewards like Sleep Safe Kits and car seats, MCH-focused CSC, CCH MCH collaboration, MCH workgroups and taskforces



Innovation: New MCH Providers, new Child Health Fair, new workflow for pregnancy intention among women of reproductive age (in development)



Chronic Disease Measures Trending

• 100% of priority chronic disease measures improved from 2023, with the largest increases in blood pressure control measures for members with hypertension and diabetes. This led to improved measure ratings for this set of measures as well.

Cancer Screening Measure	Change from MY2023	MY2024 Rating
Blood Pressure Control for Patients with Diabetes (BPD)	↑ 6.65%	***
Controlling Blood Pressure (CBP)	↑ 7.47%	***
Eye Exam for Patients with Diabetes (EED)	↑ 1.57%	***
Glycemic Status Assessment for Patients with Diabetes (GSD)	↑ 1.99%	****
Kidney Health Evaluation for Patients with Diabetes (KED)	↑ 6.50%	****



Behavioral Health Measures Trending

	Change fromMY2023	Rating
Cancer Screening Measure	10112023	Rating
Follow-up After ED Visit for SUD (FUA) - 7-day follow-up	1.07%	***
Follow-up After Hospitalization for Mental Illness (FUH) - 7-day follow-up	↑ 6.10%	**
Follow-up After High-Intensity Care for SUD (FUI) - 7-day follow-up	↑ 3.12%	****
Follow-up After ED Visit for Mental Illness (FUM) - 7-day follow-up	↑ 1.25%	****
Pharmacotherapy for Opioid Use Disorder (POD)	4.56%	***

• Significant improvement in most BH measures in MY2024 from prior year. FUH showed the largest improvement from MY2023. Continued focus on facilitating linkage to BH and SUD services will help in driving continued improvement in 2025.



Chronic Condition - Improvement Actions

Existing activities include:

- Medically Tailored Meals diabetes and hypertension support
- In-home diabetic visits labs and education
- Provider/CME reporting distribution of care gaps for timely outreach
- Value-Based Care incentives to drive quality outcomes for chronic condition measures
- Pharmacy encourage adherence to medications that support optimal management

CountyCare continues to improve:

- Promote member rewards
- Assist with scheduling members for PCP visits for chronic condition management
- Educate members about chronic disease maintenance and healthy behaviors



Behavioral Health Measures Trending

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Cancer Screening Activities



Cologuard Bulk Ordering

Continued partnership with Exact
Sciences and several FQHCs to identify
members with colorectal cancer
screening gaps that could be screened
with Cologuard. Worked to bulk order
tests for nearly >3,000 members.



Provider Incentives/VBC

CountyCare has prioritized cancer screenings in value-based care agreements and in provider incentives. Providers receive regular care gaps detail and HEDIS performance reporting.



Mobile Mammography

Continued partnership with Jackson Park & UIC to offer mobile mammography events in 2025. In

2024, > 10 mobile events were facilitated in geographic areas with higher numbers of care gaps.

CAHPS Survey Overview

The Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey is administered to a sample of Medicaid members once annually.

Questions asked are set by National Committee for Quality Assurance (NCQA) and used by all health plans.

Several measures contribute to CountyCare's NCQA Health Plan Ratings.



2024-2025 Actions Completed



Getting Needed Care/ Getting Care Quickly

- New provider directory
- New transportation provider
- Expansion in urgent care and telehealth offerings
- Advocate/Loyola in network



Rating of Health Plan

- >300 outreach events
- 4-star NCQA quality rating
- 2024-2025 Choice and CAHPS campaigns



Customer Service

- Launched new outbound call center
- Improved call center performance and
 Spanish call handling



Rating of All Health Care

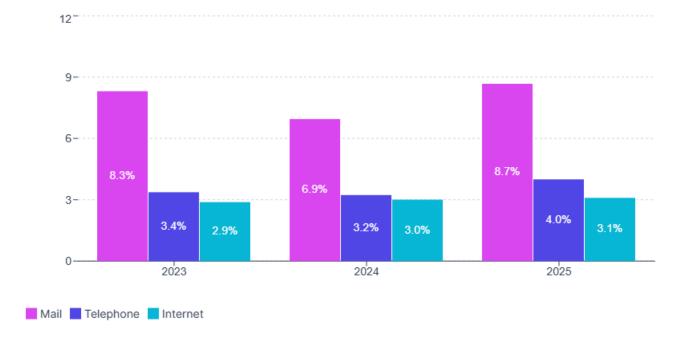
- Focus on behavioral health, maternal and child health, and primary care
- Increased vision benefit for glasses and contacts

Adult Survey Response Rates

Total response rate of 15.8% (418/2700), a 2% increase from last year.

Significant improvement in Spanish language engagement. Surveys completed in Spanish doubled from previous years.

Response Rate by Mode





Adult Respondent Demographics Race & Ethnicity



Black member representation remained steady, around 49– 54% over three years

White members increased from 26.0% (2024) to 30.5% (2025)

Hispanic/Latino representation increased each year, from 32.6% (2023) to 41.8% (2025)



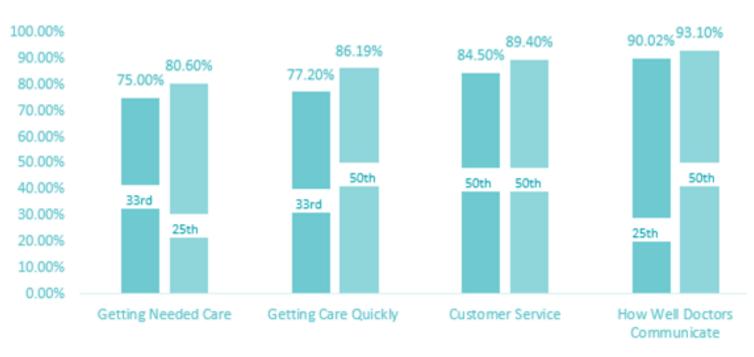


Increase in rates for all four categories achieved

Increase in percentile for Getting Care Quickly, and How well Doctors Communicate

Decrease in percentile for Getting Needed Care, though the rate increased over 5% from 2024-2025.

Percentile remained at 50% for Customer Service even though nearly a 5% increase in rate from 2024-2025



■ 2024 ■ 2025

 $\hbox{``White bar represents percentile achieved'}\\$

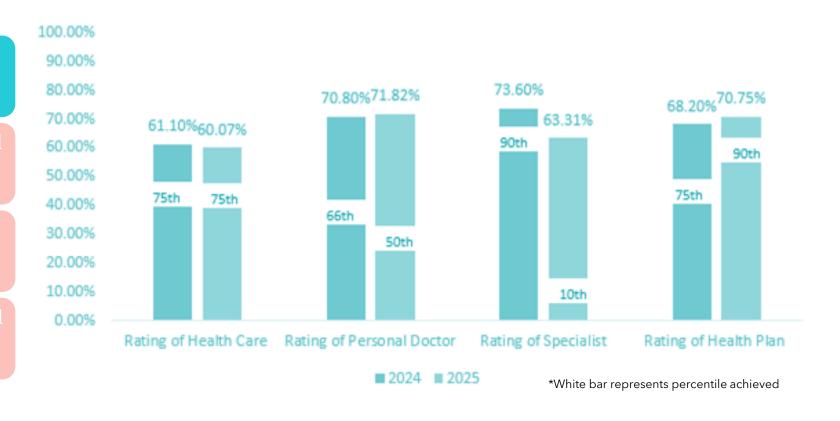


Rating of Health Plan observed an increase in rate and percentile achieving the 90th percentile

Although Rating of Personal Doctor had a 1% increase, there was a decrease in percentile for the measure

Rating of Specialist decreased about 10%.

Rating of Health Care slightly decreased about 1% but remained at the 75th percentile.



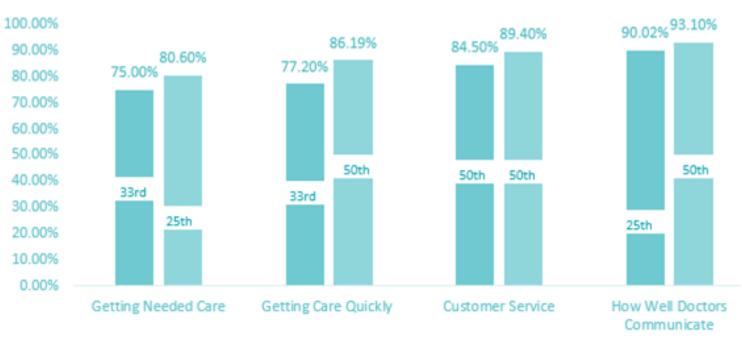


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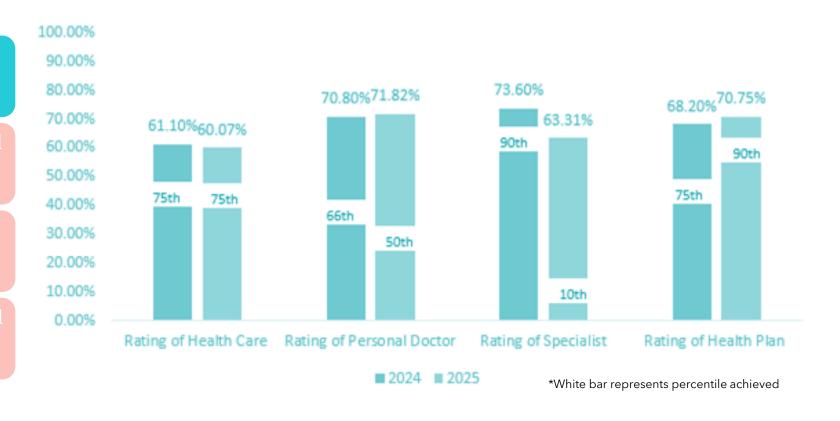


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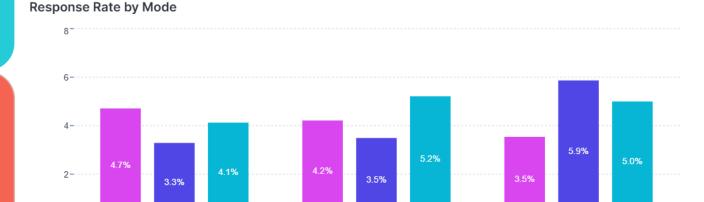
Child Survey Response Rates



Total response rate of 14.4% (513/3630) a 1.5% increase from last year.

English completes rose from 247 in 2024 to 292 in 2025 (+45). Spanish responses remained about the same.

Telephone responses increased from 3.5% to 5.9% from 2024-2025. The second highest mode of survey completion was internet at 5%.



Mail Telephone Internet

Child Survey Demographics

Race & Ethnicity

COOK COUNTY HEALTH

Hispanic/Latino representation remained high, with a slight decline from 67.7% (2024) to 66.0% (2025)

White children's representation increased slightly from 41.1% to 43.6%. Black children decreased slightly from 27.4% to 27.0%

The "Other" Race category remained relatively stable at 29.8% this year.



Choice Campaign 2024-25 "CountyCare Rewards You"

Goals: Retention & Acquisition

Strategies: Awareness [Impressions] & Engagement [Clicks, Calls]

Media: TV, Radio, Digital, Social Media, Out of Home (OOH), and

Print

Period: Sep 2024 – May 2025









Optimized Media Strategy Based on 2023-24 Learnings

- Timing: Extended flight to cover key enrollment months (Sep–May)
- Broadcast: Expanded presence across TV and radio formats
- Out of Home (OOH): Launched new tactics, including Divvy stations and local posters
- Spanish Media: Increased Spanish-language TV and radio investment
- Digital: Focused on calls and clicks over impressions
- Creative: Leveraged creative variation to optimize awareness and engagement



Choice Campaign 2024-25 "CountyCare Rewards You"

Media results outperformed last year's campaign

Choice Campaign	"Bring on the Renefits" County Care BRING ON THE BENEFTS CONFIGURATION COUNTY COUNTY ALONG COUNTY ALONG COUNTY COUNTY ALONG COUNTY AL	\$2.5 million \$3.0 million \$4.5 million \$3.8 million \$3.9 K 40 K \$4.4 K	Change Year Over Year
Investment	\$2.5 million	\$3.0 million	+20%
	Media Results Compar	ison Year over Year	
Impressions	758 million	849 million	+12%
Thousestment \$2.5 million \$3.0 million +20% Media Results Comparison Year over Year Impressions 758 million 849 million +12% Clicks 359K 766K +113% Calls 40K 71.4K +79%	+113%		
	+79%		
Video Views	8.75 million	11.3 million	+29%

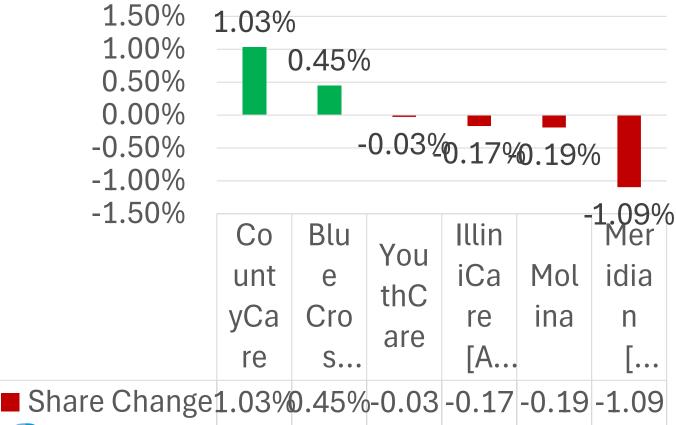
Strong gains in brand awareness and member advocacy

- Awareness of CountyCare increased from 53% to 66%.
- Likelihood to recommend the plan increased from +47 to +61 [NPS*].
- Net Promoter Score (NPS) among those who recalled the "rewards" message was +75.



MCO Market Performance Overview During Choice Campaign Period: Sep 2024 - May 2025

Market Share Change Sep 2024 - May 2025



- The Cook County MCO market contracted by 4.1% during the campaign period.
- Despite overall market contraction,
 CountyCare increased its market share
 by 1.03%, reaching 35.18% total market share, a 7-point lead over the nearest competitor.
- CountyCare led in member retention, with only a 1.2% membership loss, significantly outperforming competitors, which saw losses ranging from 2.5% to 9.0%.



CAHPS Campaign 2025 Pilot

Goals: Increase CAHPS Response Rates, Enhance Member

Awareness of Quality and Access

Strategies: Highlighting quality ratings and improvements

Media: Text, Newsletters, Meta, YouTube, TikTok

Period: Feb 2025 – April 2025

CAHPS Campaign	2025 Pilot
Investment	\$18K
Media Results	
Impressions	4.7 million
Clicks	19K
Video Views 1.1 million	

The 2025 CAHPS campaign successfully boosted response rates and engagement from 2024 to 2025

Survey	Response Rate Results
Overall Rate	2-point increase to 15.8%
Gender	Male respondents increased 9.1 to 46.7%
Language Surveys completed in Spanish doubled from previous years Hispanic Increased 6.6%, from 35.2% into 41.8%.	• •
Hispanic	, 33
African American	Remained stable, ranging from 49.8 and 49.7%
White	Increased 4.5% to 30.5% in 2025.



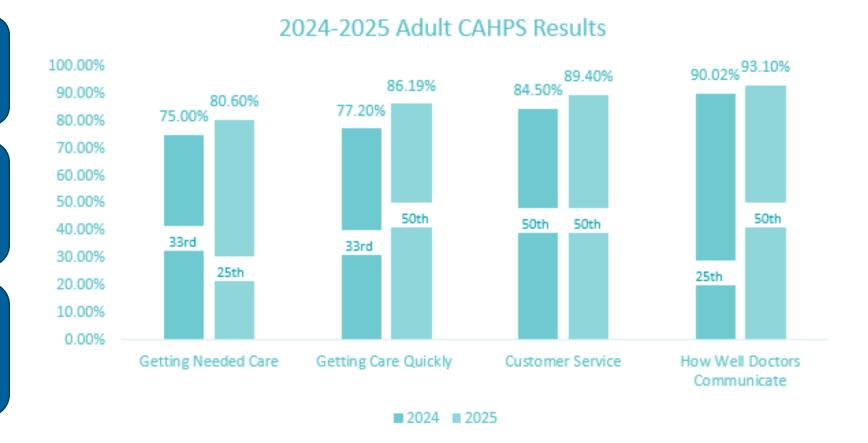
Results Supported Increased Rates for All Four Categories

Strong campaign perception contributed to higher ratings and percentile gains across key experience measures.

"Rating of Health Plan" increased from 75th to 90th percentile

"How Well Doctors
Communicate" and "Getting
Care Quickly" rose to the 50th
percentile

Percentile remained at 50% for "Customer Service" even though nearly a 5% increase in rate from 2024-2025

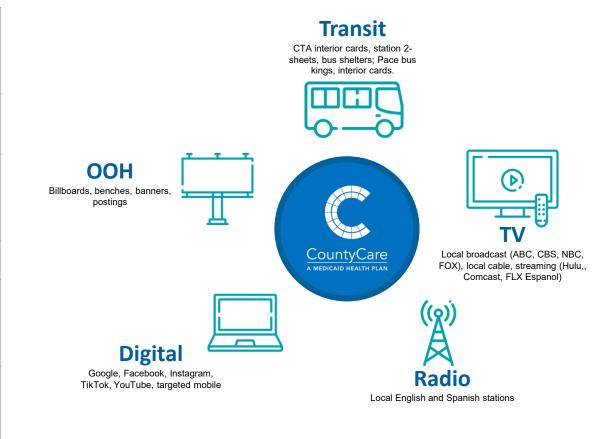




CAHPS Campaign 2026

Given the promising results of the pilot, we propose continuing and expanding the CAHPS campaign in 2026.

Goals	Continue to Encourage CountyCare members to complete the CAHPS survey
Strategy	Highlighting quality ratings and improvements
Key Messaging	Getting Care Quickly/Needed Care Rating of Health Plan Rating of All Health Care
Investment	\$500K
Period	Extend campaign to cover survey timing Feb – May 2026
Media	Expand reach by using broadcast as an anchor media to enhance awareness and engagement





Quality & Patient Safety Metrics



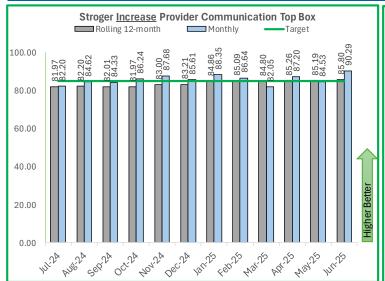
Met or Exceeded Stretch Goal

Met or Exceeding Target, not meeting Stretch
Improvement from Baseline, not meeting Target

At Baseline, not improving from baseline



Op Ex Steering Committee Dashboard for Stroger Hospital



Stroger Decrease Patient Safety Indicator PSI-90 Composite

Rolling 12-month

1.40

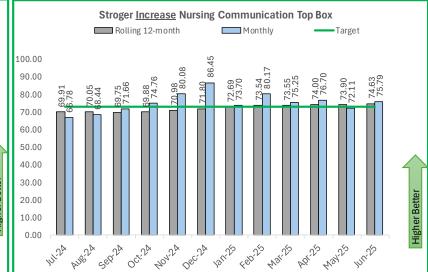
1.20

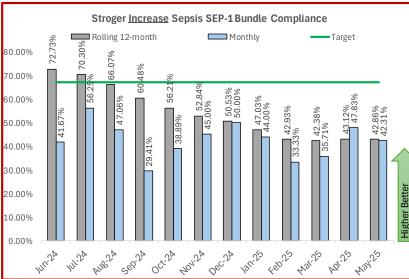
1.00

0.80

0.60

0.40







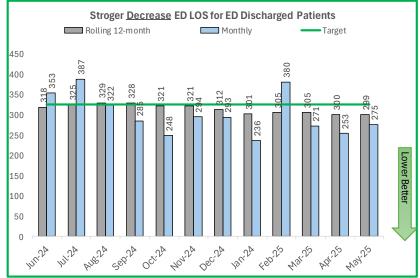
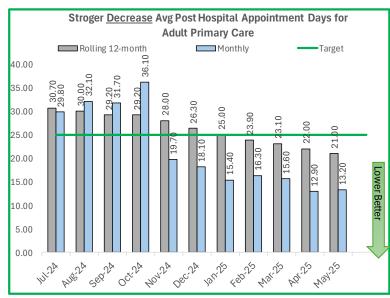
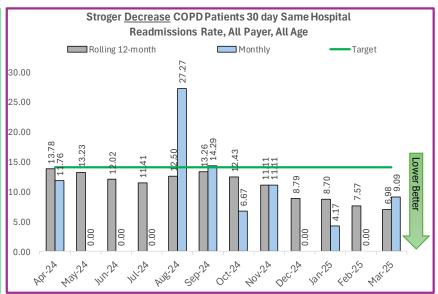


Chart performance monitoring-color based on the most recent rolling 12-month scoring measure results.







Stroger Op Ex Committee Dashboard

Met or Exceeded Stretch Goal
Met or Exceeding Target, not meeting Stretch
Improvement from Baseline, not meeting Target
At Baseline, not improving from baseline



Oi	p Ex Steering	g Committee I	Dashboard t	for Stroge	r Hospi	tal

DOMAIN WORKGROUPS Metrics

			Quarterly												
	Stretch		Improvement	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Target	Target	Baseline	Expected												
85.00	87.50	82.01	0.75	81.97	82.20	82.01	81.97	83.00	83.21	84.86	85.09	84.80	85.26	85.19	85.80
				82.20	84.62	84.33	86.24	87.68	85.61	88.35	86.64	82.05	87.20	84.53	90.29
			Quarterly												
	Stretch		Improvement	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Target	Target	Baseline	Expected												
73.00	75.00	69.75	0.81	69.91	70.05	69.75	69.88	70.98	71.80	72.69	73.54	73.55	74.00	73.90	74.63
				66.78	68.44	71.66	74.76	80.08	86.45	73.70	80.17	75.25	76.70	72.11	75.79
			Quarterly												
	Stretch		Improvement	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
Target	Target	Baseline	Expected												
0.80		0.86	-0.02	0.99	0.94	0.94	0.91	0.93	0.96	1.00	1.01	1.00	1.00	0.99	0.96
				0.88	0.69	0.97	0.79	1.18	1.19	1.12	0.97	0.97	0.84	1.01	0.76
			Quarterly												
	Stretch		Improvement	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
Target	Target	Baseline	Expected	-			_	-							·
0.907		1.008	-0.025	1.02	1.15	1.08	1.12	1.06	1.10	1.05	1.05	1.05	0.97	0.91	0.89
				0.96	1.20	0.79	0.88	0.80	1.22	0.86	0.90	0.97	0.81	0.78	0.96
			Ouarterly												
	Stretch		•	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-2
Target		Baseline	•			6									, _
			2.75%	72 720/	70 20%	66 07%	60 49%	EG 2104	E2 0/10/	50 53%	47 020%	42 0206	42 200/	43.12%	12 860
67%		56%	2./3%	/2./3%	70.3070	00.0770	00.4070	30.2170	32.0470	30.3370	47.0370	42.3370	42.3070	TU. 1270	72.00/
	Target 73.00 Target 0.80	85.00 87.50 Stretch Target Target 73.00 75.00 Stretch Target 0.80 Stretch Target 0.80 Stretch Target O.907	Stretch Target Target	85.00 87.50 82.01 0.75 Stretch Target Target Baseline Expected 73.00 75.00 69.75 0.81 Stretch Target Target Baseline Expected 0.80 0.86 0.86 0.02 Quarterly Improvement Expected 0.80 0.86 0.02 Quarterly Improvement Expected 0.907 1.008 0.025 Quarterly Improvement Expected 0.907 0.025	Stretch	Stretch	Stretch	Stretch	Stretch	Stretch	Stretch	Stretch Company Stretch Stretch Target Target	Stretch	Stretch Stretch Genome Stretch Stret	Stretch Compared to Stretch Compared to Stretch Compared to Compared to

2024	YTD 2025	% in change	Q1- 2025	Q2- 2025
83.21	86.50	4.0%	2.9	3.8
,				
	YTD	% in	Q1-	Q2-
2024	2025	change	2025	2025
74.00		5.00/		
71.80	75.58	5.3%	5.7	3.6
•				
2024	YTD	% in	Q1-	Q2-
	2025	change	2025	2025
1.01	0.90	-10.9%	0.1	-0.1
	YTD	% in	01-	Q2-
2024	2025	change	2025	2025
			<u> </u>	<u> </u>
1.048	1.104	5.3%	-0.24	-0.03
_				
_	YTD	% in	Q1-	Q2-
2024	2025	change	2025	2025
50.53%	40.96%	-18.9%	-20%	-14%

Stroger Op Ex Committee Dashboard

Met or Exceeded Stretch Goal
Met or Exceeding Target, not meeting Stretch
Improvement from Baseline, not meeting Target
At Baseline, not improving from baseline



			Quarterly												
	Stretch		Improvement	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Target	Target	Baseline	Expected												
14.00	13.00	15.40	-0.35	13.78	13.23	12.02	11.41	12.50	13.26	12.43	11.11	8.79	8.70	7.57	6.98
				11.76	0.00	0.00	0.00	27.27	14.29	6.67	11.11	0.00	4.17	0.00	9.09
			Quarterly												
	Stretch		Improvement	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Target	Target	Baseline	Expected												
25.00	20.00	32.50	-1.88	30.70	30.00	29.20	29.20	28.00	26.30	25.00	23.90	23.10	22.00	21.00	20.30
				29.80	32.10	31.70	36.10	19.70	18.10	15.40	16.30	15.60	12.90	13.20	15.30
			Quarterly												
	Stretch		Improvement	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	1 Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
Target	Target	Baseline	Expected												
1.50	1.30	1.87	-0.09	1.89	1.93	1.93	1.91	1.89	1.91	1.91	1.85	1.80	1.72	1.66	1.59
				1.63	2.21	1.92	1.40	1.68	1.52	1.74	1.36	1.63	1.54	1.36	1.11
			Quarterly												
	Stretch		Improvement	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	1 Jan-24	Feb-25	Mar-25	Apr-25	May-25
Target	Target	Baseline	Expected												
324	288	360	-9	318	325	329	328	321	321	312	301	305	305	300	299
				252	387	300	295	2/10	20/	203	236	380	271	252	275
	14.00 Target 25.00 Target 1.50	Target Target 14.00 13.00 Stretch Target 25.00 20.00 Stretch Target 1.50 1.30 Stretch Target Target Target	Target Target Baseline 14.00 13.00 15.40 Stretch Target Target Baseline 25.00 20.00 32.50 Stretch Target Baseline 1.50 1.30 1.87 Stretch Target Baseline	StretchImprovementTargetTargetBaselineExpected14.0013.0015.40-0.35Quarterly ImprovementTargetTargetBaselineExpected25.0020.0032.50-1.88Quarterly ImprovementTargetTargetBaselineExpected1.501.301.87-0.09Quarterly ImprovementTargetStretchQuarterly ImprovementTargetTargetBaselineExpected	Stretch Improvement Expected 14.00 13.00 15.40 -0.35 13.78 11.76	Stretch Improvement Expected 14.00 13.00 15.40 -0.35 13.78 13.23 11.76 0.00	Target Target Baseline Expected Target Target	Stretch Improvement Expected 14.00 13.00 15.40 -0.35 13.78 13.23 12.02 11.41 11.76 0.00 0.00 0.00 0.00	Target Target Baseline Expected Target Target Baseline Expected Target Target Baseline Expected Target Target Target Baseline Expected Target Targe	Target Target Baseline Expected Target Target Baseline Expected Target Ta	Stretch Improvement Apr-24 May-24 Jul-24 Aug-24 Sep-24 Oct-24	Stretch Improvement Apr-24 May-24 Jun-24 Jul-24 Aug-24 Sep-24 Oct-24 Nov-24 Target Target Baseline Expected	Stretch Improvement Apr-24 May-24 Jul-24 Aug-24 Sep-24 Oct-24 Nov-24 Dec-24 Id-00 13.00 15.40 -0.35 13.78 13.23 12.02 11.41 12.50 13.26 12.43 11.11 8.79	Stretch Improvement Expected Improvement Expected Improvement Improvemen	Stretch Improvement Expected Improvement Expected Improvement Improvemen

2024	YTD 2025	% in change	Q1- 2025	Q2- 2025
8.79	4.17	-52.6%	-10.4	
			·	
2024	YTD 2025	% in change	Q1- 2025	Q2- 2025
26.3	15.20	-42.2%	-14.4	-14.7
2024	YTD 2025	% in change	Q1- 2025	Q2- 2025
2024 1.85			_	-
	2025	change	2025	2025
	2025	change	2025	2025

Provident Op Ex Committee Dashboard

Met or Exceeded Stretch Goal

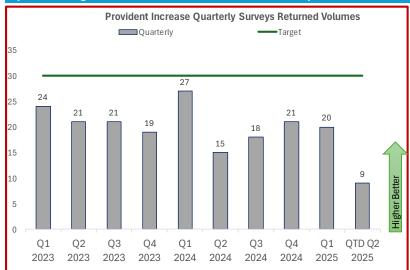
Met or Exceeding Target, not meeting Stretch

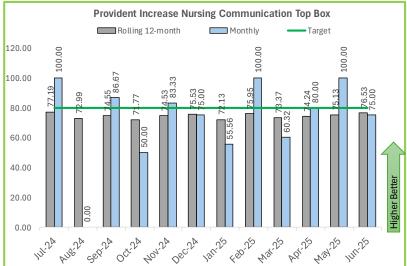
Improvement from Baseline, not meeting Target

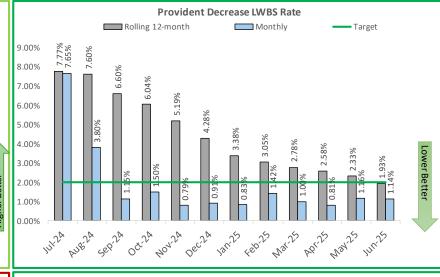
At Baseline, not improving from baseline

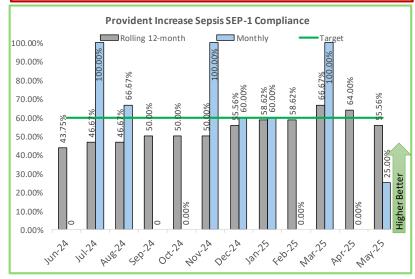


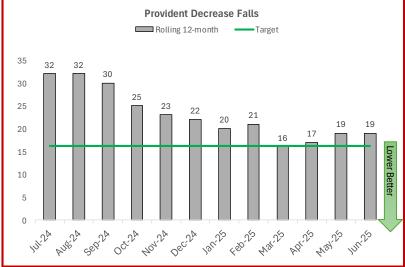












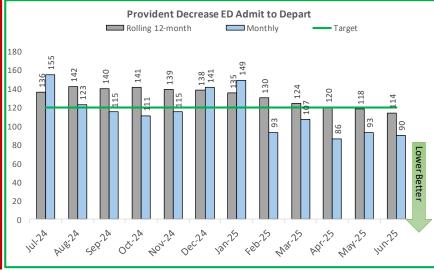


Chart performance monitoring-color based on the most recent rolling 12-month scoring measure results.

Provident Op Ex Committee Dashboard

Met or Exceeded Stretch Goal

Met or Exceeding Target, not meeting Stretch
Improvement from Baseline, not meeting Target

At Baseline, not improving from baseline



Op Ex Steering Committee Dashboard for Provident Hospital

DOMAIN WORKGROUPS Metrics

				Quarterly										OTD 02	QTD Q3	QTD (
PATIENT EXPERIENCE		Stretch		Improvement	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	2025	2025	202
	Target	Target	Baseline	Expected										2025	2025	202
Increase Qtrly Survey Return Volumes	30	35	19	3	24	21	21	19	27	15	18	21	20	9		
Data lagging updated often																
				Quarterly												
		Stretch		Improvement	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-2
	Target	Target	Baseline	Expected												
Increase Rolling 12-month Top Box Comm w/ Nursing Domain	80.00	83.00	74.55	0.613	77.19	72.99	74.55	71.77	74.53	75.53	72.13	75.95	73.37	74.24	75.13	76.5
Increase Monthly Top Box Comm w/ Nursing Domain					100.00	0.00	86.67	50.00	83.33	75.00	55.56	100.00	60.32	80.00	100.00	75.0
				Quarterly												
CLINICAL OUTCOMES		Stretch		Improvement	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-
	Target	Target	Baseline	Expected			_								-	-
Increase Rolling 12-month Increase Sepsis SEP-1 Compliance	60%	65%	47%	3.33%	43.75%	46.67%	46.67%	50.00%	50.00%	50.00%	55.56%	58.62%	58.62%	66.67%	64.00%	55.56
Increase Monthly Increase Sepsis SEP-1 Compliance					no data	100.00%	66.67%	no data	0.00%	100.00%	60.00%	60.00%	0.00%	100.00%	0.00%	25.00
				Quarterly												
		Stretch		Improvement	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	1 05					I C
		Juliculi		improvement	Jul-24	Aug-24	3ep-24	OC1-24	1101-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-2
	Target	Target	Baseline	•	Jul-24	Aug-24	3ep-24	001-24	1404-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-2
Decrease Rolling 12-month Inpatient Falls	Target 16		Baseline 18	•	32	32	30	25	23	22	Jan-25 20	Peb-25	Mar-25	Apr-25	May-25	Jun-2 19
		Target		Expected												
		Target		Expected	32	32	30	25	23	22	20	21	16	17	19	19
		Target		Expected	32	32	30	25	23	22	20	21	16	17	19	19
Decrease Monthly Inpatient Falls		Target	18	Expected -0.45	32	32	30	25	23	22	20	21	16	17	19	19
Decrease Monthly Inpatient Falls		Target 15 Stretch	18	Expected -0.45 Quarterly Improvement	32 7	32 0	30 0	25	23 1	22 0	20 0	21 2	16	17 2	19 2	19 2
Decrease Monthly Inpatient Falls THROUGHPUT	16	Target 15 Stretch Target	18	Expected -0.45 Quarterly Improvement	32 7	32 0	30 0	25	23 1	22 0	20 0	21 2	16	17 2	19 2	19 2 Jun-2
Decrease Monthly Inpatient Falls THROUGHPUT Decrease Rolling 12-month Median ED Admit Decision to Depart ED	16	Target 15 Stretch Target	18 Baseline	Expected -0.45 Quarterly Improvement Expected	32 7 Jul-24	32 0 Aug-24	30 0 Sep-24	25 2 Oct-24	23 1 Nov-24	22 0	20 0 Jan-25	21 2 Feb-25	16 1 Mar-25	17 2 Apr-25	19 2 May-25	19 2 Jun-2
Decrease Monthly Inpatient Falls THROUGHPUT Decrease Rolling 12-month Median ED Admit Decision to Depart ED	16	Target 15 Stretch Target	18 Baseline	Expected -0.45 Quarterly Improvement Expected	32 7 Jul-24	32 0 Aug-24	30 0 Sep-24	25 2 Oct-24	23 1 Nov-24	22 0 Dec-24	20 0 Jan-25	21 2 Feb-25	16 1 Mar-25	17 2 Apr-25	19 2 May-25	19 2
Decrease Monthly Inpatient Falls THROUGHPUT Decrease Rolling 12-month Median ED Admit Decision to Depart ED	16	Target 15 Stretch Target	18 Baseline	Expected -0.45 Quarterly Improvement Expected	32 7 Jul-24	32 0 Aug-24	30 0 Sep-24	25 2 Oct-24	23 1 Nov-24	22 0 Dec-24	20 0 Jan-25	21 2 Feb-25	16 1 Mar-25	17 2 Apr-25	19 2 May-25	19 2 Jun-2
Decrease Monthly Inpatient Falls THROUGHPUT Decrease Rolling 12-month Median ED Admit Decision to Depart ED	16	Target 15 Stretch Target	18 Baseline	-0.45 Quarterly Improvement Expected -4.75	32 7 Jul-24	32 0 Aug-24	30 0 Sep-24	25 2 Oct-24	23 1 Nov-24	22 0 Dec-24	20 0 Jan-25	21 2 Feb-25	16 1 Mar-25	17 2 Apr-25	19 2 May-25	19 2 Jun-2 114
Decrease Monthly Inpatient Falls THROUGHPUT Decrease Rolling 12-month Median ED Admit Decision to Depart ED	16	Stretch Target 100.00	18 Baseline 139.00	Cuarterly Improvement Expected -4.75 Quarterly Improvement Expected -4.75	32 7 Jul-24 136 155	32 0 Aug-24 142 123	30 0 Sep-24 140 115	25 2 Oct-24 141 111	23 1 Nov-24 139 115	22 0 Dec-24	20 0 Jan-25 135 149	21 2 Feb-25 130 93	16 1 Mar-25 124 107	17 2 Apr-25 120 86	19 2 May-25 118 93	19 2 Jun-2
Decrease Rolling 12-month Inpatient Falls Decrease Monthly Inpatient Falls THROUGHPUT Decrease Rolling 12-month Median ED Admit Decision to Depart ED Decrease Monthly Median ED Admit Decision to Depart ED	16 Target 120.00	Target 15 Stretch Target 100.00	18 Baseline	Cuarterly Improvement Expected -4.75 Quarterly Improvement Expected -4.75	32 7 Jul-24 136 155	32 0 Aug-24 142 123	30 0 Sep-24 140 115	25 2 Oct-24 141 111	23 1 Nov-24 139 115	22 0 Dec-24	20 0 Jan-25 135 149	21 2 Feb-25 130 93	16 1 Mar-25 124 107	17 2 Apr-25 120 86	19 2 May-25 118 93	19 2 Jun-2 114

2024	Linear Trend 2025	% in change	Q1- 2025	Q2- 2025
77	58	-0.2	-1.9	
,				
	YTD	% in	Q1-	Q2-
2024	2025	change	2025	2025
75.53	78.82	4.4%	-0.6	7.6
,				
	YTD	% in	Q1-	Q2-
2024	2025	change	2025	2025
55.56%	38.46%	-30.8%	0.0%	-33.3%
,		_		
,	Linear	% in	Q1-	Q2-
2024	YTD		-	-
	YTD 2025	change	2025	2025
2024	YTD		-	-
	YTD 2025	change	2025	2025
22	YTD 2025	change	2025 -1.6	2025 1.9
	YTD 2025 19	-13.6% % in	2025 -1.6	2025 1.9 Q2-
22	YTD 2025 19 YTD 2025	change -13.6% % in change	2025 -1.6 Q1- 2025	2025 1.9 Q2- 2025
22	YTD 2025 19	-13.6% % in	2025 -1.6	2025 1.9 Q2-
22	YTD 2025 19 YTD 2025	change -13.6% % in change	2025 -1.6 Q1- 2025	2025 1.9 Q2- 2025
22	YTD 2025 19 YTD 2025 102	change -13.6% % in change -26.1%	2025 -1.6 Q1- 2025 -18.3	2025 1.9 Q2- 2025 -41.0
22	YTD 2025 19 YTD 2025	change -13.6% % in change	2025 -1.6 Q1- 2025	2025 1.9 Q2- 2025

4.28% 1.07% -75.0%

ACHN Op Ex Committee Dashboard

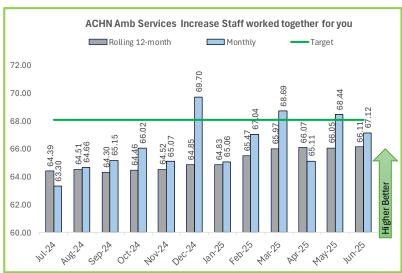
Met or Exceeded Stretch Goal

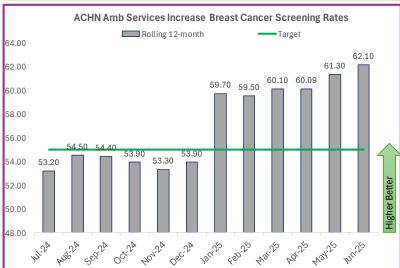
Met or Exceeding Target, not meeting Stretch
Improvement from Baseline, not meeting Target

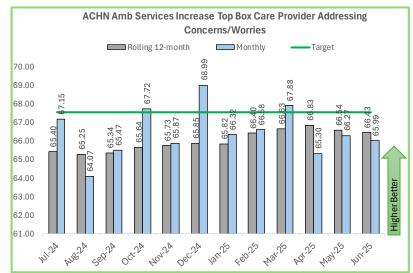
At Baseline, not improving from baseline

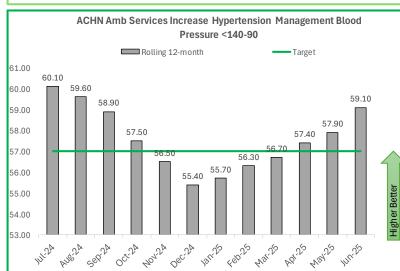


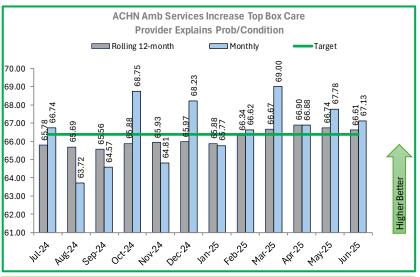
Op Ex Steering Committee Dashboard for ACHN











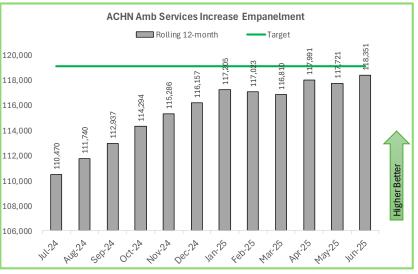


Chart performance monitoring-color based on the most recent rolling 12-month scoring measure type

ACHN Op Ex Committee Dashboard

Increase Empanelment of Engaged / Affiliated Patients

Met or Exceeded Stretch Goal Met or Exceeding Target, not meeting Stretch At Baseline, not improving from baseline



Op Ex Steering Committee Dashboard for ACHN																							
DOMAIN WORKGROUPS Metrics																							
				Quarterly															YTD	% in	Q1-	Q2-	Q3
PATIENT EXPERIENCE TOP BOX SCORING	_	Stretch		Improvement	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25		2024		change	2025	2025	202
	Target		Baseline										A= A=		00.05	00.44		24.05	20.01				
Increase Rolling 12-month Top Box - Staff worked together for you	68.08	69.78	65.66	0.61	64.39	64.51	64.30	64.46	64.52 65.07	64.85	64.83	65.47	65.97	66.07	66.05	66.11	-	64.85	66.84	3.1%	0.7	-0.2	
Increase Monthly Staff worked together for you				-	63.30	64.66	65.15	66.02	65.07	69.70	65.06	67.04	68.69	65.11	68.44	67.12							
				Quarterly																			
		Stretch		Improvement	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	Mav-25	Jun-25		2024	YTD	% in	Q1-	Q2-	Q3-
	Target	Target	Baseline	•	Jul 24	nug 2-1	00p 24	000 24	1101 24	200 24	Juli 20	. 02 20	1 Iui 20	7.01 20	u, 20	Juli 20		202-7	2025	change	2025	2025	2025
Increase Rolling 12-month Top Box - Care Provider Addr.	67.54	69.13	65.62	0.48	65.40	65.25	65.34	65.64	65.73	65.85	65.82	66.40	66.63	66.83	66.54	66.43	_	65.85	66.44	0.9%	0.9	-0.8	
Increase Monthly Care Provider Addressing Concerns/Worries					67.15	64.07	65.47	67.72	65.87	68.99	66.32	66.58	67.88	65.30	66.27	65.99	_						
				-													-						
				Quarterly														,	YTD	% in	Q1-	Q2-	02
		Stretch		Improvement	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25		2024		change	2025	2025	Q3- 2025
	Target	Target	Baseline	Expected														_			/_		2020
Increase Rolling 12-month Top Box - Care Provider Explains	66.39	68.36	64.47	0.48	65.78	65.69	65.56	65.88	65.93	65.97	65.88	66.34	66.67	66.90	66.74	66.61	_	65.97	67.22	1.9%	2.2	1.8	
Increase Monthly Care Provider Explains Prob/Condition					66.74	63.72	64.57	68.75	64.81	68.23	65.77	66.62	69.00	66.88	67.78	67.13							
				0														•					
HEDIS		Stretch		Quarterly	Jul-24	۸۰۰ م	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar 0E	Apr-25	Mav-25	lum OF		2024	YTD	% in	Q1-	Q2-	Q3-
HEDIS	Target	_		Improvement Expected	Jul-24	Aug-24	3ep-24	UCI-24	NUV-24	Dec-24	Jan-25	ren-25	Mar-25	Apr-25	14ay-25	Jun-25		2024	2025	change	2025	2025	2025
Increase Rolling 12-month Breast Cancer Screening Rate	55.00	58.40	53.30	0.43	53.20	54.50	54.40	53.90	53.30	53.90	59.70	59.50	60.10	60.09	61.30	62.10	_	50.50	58.30	15.4%	5.5	6.3	
mercuse nothing 12 month breast ouncer occenning nate	- 55.00	00.40	00.00	0.40	00.20	04.00	04.40	00.00	00.00	00.00	00.70	00.00	00.10	00.00	01.00	02.10	_	00.00	00.00	10.470	0.0	0.0	
				Quarterly														•					
		Stretch		Improvement	lul-24	Διισ-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	Mav-25	Jun-25		2024	YTD	% in	Q1-	Q2-	Q3-
	Target	_		•	Jul-24	Aug-24	36p-24	001-24	1404-24	Dec-24	Jan-25	165-25	1-101-25	Ap1-25	11ay-25	Juli-25		2024	2025	change	2025	2025	2025
Increase Rolling 12-month Hypertension Management Blood	57.00	61.00	55.00	1.58	60.10	59.60	58.90	57.50	56.50	55.40	55.70	56.30	56.70	57.40	57.90	59.10	-	52.80	55.00	4.2%	-1.1	-1.0	
Pressure Rate <140/90 for patients																	_				56.58	58.15	59.73
																		,			55.50	37.20	
				Ouarterly																			
		Stretch		Quarterly Improvement	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25		2024	YTD	% in	Q1-	Q2-	Q3-
Empanelment	Target	_		Improvement	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25		2024		% in change	Q1- 2025	Q2- 2025	Q3- 2025

Data Definitions & Legend Reference

Measures	Data Source / Definition
CLIN OUTCOMES - Falls	Nursing Quality, includes all falls including with Injury. Volume counts only
CLIN OUTCOMES - Mortality Index	Vizient, Mortality Index, data is lagging due to uploads and is typically 2 months behind
CLIN OUTCOMES - PSI-90	Vizient, all payers composite, data is lagging due to uploads and is typically 2 months behind
CLIN OUTCOMES - SEPSIS SEP-1	Quality Abstraction, Iris Esquivel, this information is lagging due to clinical quality abstraction needed, typically 1-2 months behind
Empanelment - Empanelment of Engaged / Affiliated Patients	Health Registries/Analytics, unique patient count
HEDIS - Hypertension Management Rate	Health Registries/Analytics, portion of patients that have their hypertension managed blood pressure < 140/90
HEDIS- Breast Cancer Screening Rate	Health Registries/Analytics, portion of patients that have their breast cancer screening compliance met
Pat Exp - Provider Addressing Concerns/Worries	Press Ganey, custom question, using the filter for the sample, Received Date
Pat Exp - Staff worked together for you	Press Ganey, custom question, using the filter for the sample, Received Date
Pat Exp- Care Provider Explains Prob/Condition	Press Ganey, custom question, using the filter for the sample, Received Date
Pat Exp- HCAPS Nursing Communication Domain	Press Ganey, CMS Reportable Filter, Received date
Pat Exp HCAPS Provider Communication Domain	Press Ganey, CMS Reportable Filter, Received date
Pat Exp -Survey Returned Volumes	Press Ganey, all surveys returned by received/aka processed date, Data refreshed monthly up to 6 months retrospectively
READMIT - CMS COPD Readmissions Rate	Vizient, all payers/age; this data is lagging due to readmissions being a look forward 30-31 days for month prior, typically 3 months behind
READMIT - Post Hospital Follow-up Days	Cerner, avg days post hospital discharge to post hospital appointment made, primary care specific
THROUGHPUT - Admit Dec to ED Depart	BI Tableau Dashboard for throughput using Median ED Admit Decision to depart
THROUGHPUT - ED LOS for ED Discharged Patients	Quality Abstraction, Iris Esquivel, this information is lagging due to clinical quality abstraction needed, typically 1-2 months behind
THROUGHPUT - GeoMean LOS	Vizient, excluding OBSERVED GMLOS >30 days, this information is lagging due to the coding, billing and documentation needed and is typically 2 months behind
THROUGHPUT- LWBS	BI Tableau dashboard - system volumes, to include all patients, Numerator / Denominator calculations

