

**Cook County Health and  
Hospitals System of Illinois d/b/a  
Cook County Health**

An Enterprise Fund of Cook County, Illinois

Financial Report  
November 30, 2020

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## **Independent Auditor's Report**

To the Board of Directors  
Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health

### **Report on the Financial Statements**

We have audited the accompanying basic financial statements of Cook County Health and Hospitals System of Illinois d/b/a Cook County Health (CCH), an enterprise fund of Cook County, Illinois, as of and for the year ended November 30, 2020, and the related notes to the financial statements, as listed in the table of contents.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these basic financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to CCH's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the basic financial statements referred to above present fairly, in all material respects, the financial position of CCH as of November 30, 2020, and the changes in its financial position and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

**Emphasis of Matter**

As discussed in Note 1 to the financial statements, the basic financial statements referred to above present only those of CCH and do not purport to, and do not, present fairly the financial position of Cook County, Illinois, as of November 30, 2020, or the changes in its financial position, and, where applicable, its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

**Other Matter***Required Supplementary Information*

Accounting principles generally accepted in the United States of America require that management's discussion and analysis on pages 3-10 and the pension and post-retirement benefit data on pages 39-41 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, which considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

*RSM US LLP*

Chicago, Illinois  
May 28, 2021

## **Management's Discussion and Analysis**

### **Introduction**

One of the largest public health systems in the nation, the Cook County Health and Hospitals System (CCH) serves as the safety net for health care in Chicago and suburban Cook County. CCH is comprised of two Joint Commission-accredited hospitals, Stroger and Provident, more than a dozen community health centers, the Ruth M. Rothstein Core Center, a primary care center for patients with HIV and other infectious diseases, the Cook County Department of Public Health and Cermak Health Services, which provides primary and specialty care to individuals at the Cook County Jail and the Juvenile Temporary Detention Center, and CountyCare, a managed Medicaid health plan with more than 375,000 members in FY2020.

CCH cares for more than 300,000 unique patients each year with a commitment to providing comprehensive, compassionate and high quality care. CCH's flagship 450-bed John H. Stroger, Jr. Hospital provides nationally-certified stroke, oncology and burn care and has centers of excellence in emergency medicine, infectious disease, endocrinology and others. The nation's first comprehensive trauma unit opened at Cook County Hospital in 1966. CCH's emergency department saw over 107,000 visits in FY2020.

CCH's history and mission to care for all dates back to 1835. In that time, the system has cared for millions of individuals, trained thousands of doctors and supported important research that has contributed to modern day best practices in hospitals.

CCH's Strategic Plan, Impact 2023, aims at transforming the provision of health care in Cook County by promoting community-based primary and preventive care, developing a robust, collaborative health plan and enhancing the patient experience.

The following discussion and analysis provides an overview of CCH's financial activities and financial position for the fiscal years ended November 30, 2020 and 2019. This discussion focuses on the significant financial and operational activities and the resulting changes in financial position including comparative data for the prior year and should be read in conjunction with the accompanying financial statements and related note disclosures.

### **Summary of Operating and Financial Highlights**

The Cook County Board of Commissioners established the Cook County Health and Hospitals System Board (CCH Board) in 2008 to provide independent oversight of health care operations. The CCH Board is accountable to the Cook County Board of Commissioners. CCH is included in the reporting entity of Cook County, Illinois (County) as an enterprise fund. As an enterprise fund, CCH's financial statements are prepared using proprietary fund accounting that focuses on the determination of changes in net position, financial position, and cash flows in a manner similar to private sector businesses. The financial statements are prepared on an accrual basis of accounting, which recognizes revenue when earned and expenses when incurred.

## Financial Highlights for 2020

The CCH Board and Management continue to work to identify new sources of revenues, reduce costs or realign services in order to mitigate operating losses due to declining federal reimbursements, dependency on Illinois Medicaid payments, a large self-pay population, and rising labor and medical costs.

All amounts within this Management's Discussion and Analysis are expressed in thousands of dollars.

A broad measure of CCH's financial progress is net position, or assets and deferred outflows, minus liabilities and deferred inflows. CCH's net position increased by \$7,955 in fiscal year 2020, continuing improvement from a net position increase of \$18,102 in fiscal year 2019.

- At November 30, 2020, CCH maintained a total cash and cash equivalents balance of \$236,904 or 23 days in cash.
- The liabilities and deferred inflows of resources of CCH exceeded its assets and deferred outflows of resources at the close of fiscal year 2020 by \$4,735,992. Of this amount, \$5,275,885 is unrestricted net deficit. In addition, in 2020, CCH's net investment in capital assets increased by \$18,810. It is important to note that nearly all of the unrestricted net deficit is related to the net pension and OPEB liabilities.
- The total addition to net position was \$7,955 in fiscal year 2020. The change in net position for 2020 is the result of loss before capital contributions and transfers of \$255,010 and capital contributions and net transfers in of \$263,365.
- Loss from operations in fiscal year 2020 was \$513,007. The increase in the loss is primarily the result of the increase in pension and OPEB expense of \$220,895.
- During fiscal year 2020, CCH payor mix experienced the following changes: Medicare decreased to 15.5%, Commercial Insurance decreased to 5.2%, Medicaid increased to 28.9%, the Self-Pay component decreased to 35.3%, and CountyCare increased to 15.1%. Changes in the payor mix can largely be attributed to reduced volumes due to the COVID-19 pandemic and the emergency expansion of Medicaid coverage due to the COVID-19 pandemic.
- Changes in estimates relating to prior years increased fiscal year 2020 net patient service revenue by approximately \$2,102.
- The provision for bad debt decreased in fiscal year 2020 by \$127,164 or 43% to \$166,484. The decrease is largely due to emergency Medicaid Expansion due to the COVID-19 pandemic, thus reducing Self-Pay activity.
- Although the COVID-19 pandemic caused reduced utilization at CCH facilities, the emergency Medicaid expansion increased the insured patient population.
- To assist CCH for the lost utilization and additional expenses due to the COVID-19 pandemic, CCH received \$153,393 from the CARES Act. These funds increased CCH's net position.

## Financial Highlights for 2019

The CCH Board and Management continue to work to identify new sources of revenues, reduce costs or realign services in order to mitigate operating losses due to declining federal reimbursements, dependency on Illinois Medicaid payments, a large self-pay population, and rising labor and medical costs.

All amounts within this Management's Discussion and Analysis are expressed in thousands of dollars.

A broad measure of CCH's financial progress is net position, or assets and deferred outflows, minus liabilities and deferred inflows. CCH's net position increased by \$18,102 in fiscal year 2019, an improvement from a net position reduction of \$25,044 in fiscal year 2018.

- At November 30, 2019, CCH maintained a total cash and cash equivalents balance of \$45,053 or 5 days in cash.
- The liabilities and deferred inflows of resources of CCH exceeded its assets and deferred outflows of resources at the close of fiscal year 2019 by \$4,743,947. Of this amount, \$5,267,507 is unrestricted net deficit. In addition, in 2019, CCH's net investment in capital assets increased by \$6,997. It is important to note that nearly all of the unrestricted net deficit is related to the net pension and OPEB liabilities.
- Total addition to net position was \$18,102 in fiscal year 2019. The change in net position for 2019 is the result of loss before capital contributions and transfers of \$208,704 and capital contributions and net transfers in of \$226,806.
- Loss from operations in fiscal year 2019 was \$294,574. The decrease in the loss is primarily the result of the decrease in OPEB expense of \$99,012.
- During fiscal year 2019, CCH payor mix experienced the following changes: Medicare increased to 15.6%, Commercial Insurance increased to 5.5%, Medicaid decreased to 23.2%, the Self-Pay component increased to 40.5%, and CountyCare increased to 14.2%.
- Changes in estimates relating to prior years increased fiscal year 2019 net patient service revenue by approximately \$13,185.
- The provision for bad debt decreased in fiscal year 2019 by \$46,259 or 19% to \$293,648. The increase is due to increase in Self-Pay activity, leading to more risk in collection activity thereby increasing the need for higher bad debt provision.

*Notes to Financial Statements*

The notes provide additional information that is essential to a full understanding of the data provided in the fund financial statements. The notes to the financial statements can be found on pages 16-38 of this report.

*Other Information*

In addition to the financial statements and accompanying notes, this report also presents certain required supplementary information concerning the County’s progress in funding its obligation to provide pension and post-employment health benefits to its employees. Required supplementary information can be found on pages 39-41 of this report.

**Operating Statistics**

The utilization statistics for CCH for the fiscal years ended November 30, 2020 and 2019, are as follows:

	2020	2019	Percent Change	2018
Patient days	89,388	94,134	(5.0) %	89,387
Average daily census	245	258	(5.0) %	245
Admissions	16,244	16,775	(3.2) %	16,549
Average length of stay (days)	5.50	5.61	(2.0) %	5.40

**Fund-Wide Financial Analysis**

Net position may serve over time as a useful indicator of a fund’s financial condition. In the case of CCH, liabilities and deferred inflows of resources exceeded assets and deferred outflows of resources by \$4,735,992 at November 30, 2020 and \$4,743,947 at November 30, 2019.

A portion of CCH’s net deficit reflects its investments in capital assets. CCH uses these capital assets to provide services; consequently, these assets are not available for future spending.



**Table 1****Statements of Net Position  
November 30, 2020 and 2019  
(In Thousands)**

	<b>2020</b>	2019
Current assets	<b>\$ 632,335</b>	\$ 415,789
Refundable deposits	<b>56,160</b>	50,000
Capital assets, net	<b>539,893</b>	521,083
Total assets	<b>1,228,388</b>	986,872
Deferred outflows of resources	<b>1,177,119</b>	711,592
Current liabilities	<b>973,773</b>	751,350
Other liabilities	<b>5,493,706</b>	4,740,555
Total liabilities	<b>6,467,479</b>	5,491,905
Deferred inflows of resources	<b>674,020</b>	950,506
Net position (deficit):		
Net investment in capital assets	<b>539,893</b>	521,083
Restricted for patient care	-	2,477
Unrestricted	<b>(5,275,885)</b>	(5,267,507)
Total net deficit	<b>\$ (4,735,992)</b>	\$ (4,743,947)

**Table 2**

**Statements of Revenues, Expenses, and Changes in Net Position  
Years Ended November 30, 2020 and 2019  
(In Thousands)**

	2020	2019
Operating revenues:		
Net patient service revenue - net of bad debt provision of \$166,484 (2020) and \$293,648 (2019)	\$ 567,475	\$ 608,677
Graduate medical education revenue	75,781	109,194
CountyCare capitation revenue	2,015,345	1,771,596
Directed payments and Provident Hospital access payments	191,720	75,326
Other revenue	12,151	18,455
Total operating revenues	<u>2,862,472</u>	<u>2,583,248</u>
Nonoperating revenues:		
Provider relief funding	153,393	-
Property taxes	79,437	70,737
Grant revenue	24,617	14,691
Interest income	151	442
Total nonoperating revenues	<u>257,598</u>	<u>85,870</u>
Total revenues	<u>3,120,070</u>	<u>2,669,118</u>
Operating expenses:		
Salaries, wages and benefits	734,946	730,884
Pension	166,097	29,698
OPEB	9,170	(75,326)
Supplies	141,672	147,334
Purchased services, rental and other	315,675	310,238
Foreign claims	1,876,697	1,610,156
Insurance	32,832	51,277
Depreciation	34,522	35,339
Utilities	14,007	14,521
Services contributed by other County offices	49,862	23,701
Total operating expenses	<u>3,375,480</u>	<u>2,877,822</u>
<b>Loss before capital contributions and transfers in</b>	<b>(255,410)</b>	<b>(208,704)</b>
Capital contributions	44,789	25,439
Transfers in	218,576	201,367
<b>Change in net position</b>	<b>7,955</b>	<b>18,102</b>
Net deficit:		
Beginning of year	<u>(4,743,947)</u>	<u>(4,762,049)</u>
End of year	<u>\$ (4,735,992)</u>	<u>\$ (4,743,947)</u>

## **2020 Activity**

In fiscal year 2020, total operating revenues, net of bad debt provision increased to \$2,862,472 from the prior year, which represents an 10.8% increase in total operating revenues. This increase is primarily due to increased CountyCare capitation revenue of \$243,749.

Changes in estimates relating to prior years increased fiscal year 2020 net patient service revenue by approximately \$2,102.

In fiscal year 2020, nonoperating revenues increased by \$171,728 from the prior year to \$257,598. The increase in nonoperating revenues was due to provider relief funding of \$153,393, which was recorded in FY20 for the first time, and the County allocation of property tax revenue.

In fiscal year 2020, salaries, wages and benefits (excluding pension and OPEB expense) increased by \$4,062 from the prior year to \$734,946. The normal step increases, along with hiring employees with higher salaries during fiscal year 2020 compared to fiscal year 2019, accounted for most of this increase. Pension expense increased \$136,399 (459.3%) from the prior year primarily due to decline in measurement from the prior measurement period. OPEB expense increased \$84,496 (112.2%) from the prior year to \$9,170. The increase in OPEB expense is a result of the increase in subsidies provided to retirees and a decrease in the discount rate.

Supplies expense including pharmaceuticals, decreased to \$141,672. This 3.8% decrease is primarily due to a decrease in the volume of patient visits during fiscal year 2020 compared to fiscal year 2019.

Purchased services, rental and other expenses increased \$5,437 (1.8%) from prior year to \$315,675 in fiscal year 2020. The increase is primarily due to an increase in the hiring of professional services due to the need for contractors to assist in difficult to fill positions.

Foreign claims expense increased by \$266,541 (16.6%) from the prior year to \$1,876,697 in fiscal year 2020. The increase is primarily due to the increase in membership services from outside of domestic network.

In fiscal year 2020, the operating loss of CCH increased by \$218,433 from the prior year to \$513,007.

## **2019 Activity**

In fiscal year 2019, total operating revenues, net of bad debt provision increased to \$2,583,248 from the prior year, which represents a 1.4% increase in total operating revenues. This increase is primarily due to GME revenue of \$109,194, which was recorded in FY19 for the first time.

Changes in estimates relating to prior years increased fiscal year 2019 net patient service revenue by approximately \$11,190.

In fiscal year 2019, nonoperating revenues increased by \$2,599 from the prior year to \$85,870. The increase in nonoperating revenues was due to the County allocation of property tax revenue.

In fiscal year 2019, salaries, wages and benefits (excluding pension and OPEB expense) increased by \$23,056 to \$730,884 from the prior year. The normal step increases, along with hiring employees with higher salaries during fiscal year 2019 compared to fiscal year 2018, accounted for most of this increase. Pension expense decreased \$49,705 (63%) from the prior year primarily due to improvement in measurement from the prior measurement period. OPEB expense decreased \$99,012 (418%) from the prior year to \$(75,326). The decrease in OPEB expense is a result of the decrease in subsidies provided to retirees and an increase in the discount rate.

Supplies expense including pharmaceuticals, increased to \$147,334. This 5% increase is primarily due to an increase in the volume of patient visits during fiscal year 2019 compared to fiscal year 2018.

## **2019 Activity (Continued)**

Purchased services, rental and other expenses increased \$37,683 (14%) from prior year to \$310,238 in fiscal year 2019. The increase is primarily due to an increase in the hiring of professional services due to the need for contractors to assist in difficult to fill positions.

Foreign claims expense increased by \$64,144 (4%) from the prior year to \$1,610,156 in fiscal year 2019. The increase is primarily due to the increase in membership services from outside of domestic network.

In fiscal year 2019, the operating loss of CCH decreased by \$68,284 from the prior year to \$294,574.

## **Capital Assets and Debt Administration**

### *Capital Assets*

CCH's investment in capital assets amounts to \$539,893, net of accumulated depreciation, as of November 30, 2020. This investment includes building, improvements, equipment and intangible assets. The \$18,810 increase in capital assets for fiscal year 2020 is the result of depreciation expense of \$34,522, contributed capital assets of \$44,789 and investment in capital assets of \$8,543. In 2021, CCH will increase the investment in capital to improve their patient experience and efficiency.

Additional information of CCH's capital assets can be found in Note 6 on page 24 of this report.

### *Debt Administration*

It should be noted that all debts associated with the capital assets of CCH are the general obligations of the County. These debts are expected to be paid by the County and, therefore, are not reflected in the financial statements of CCH.

## **Economic Factors**

The health care industry is highly dependent upon a number of factors that have a significant effect on the future operations and financial condition of CCH. These factors include federal and state regulatory authorities, Medicare and Medicaid laws and regulations, health care reform initiatives, and managed care contract terms and conditions.

On January 24, 2020, the Federal government declared a national emergency related to the COVID-19 pandemic. CCH modified operations to cancel or defer routine appointments and elective surgeries, or provide alternate healthcare delivery systems such as telehealth, starting March 16, 2020 and as of this writing continues to moderate activities based on guidance on dealing with COVID-19. These changes in operations have had an impact on volumes and revenues. See Note 17 in the accompanying financial statements for additional information.

In 2020, CCH's volumes decreased due to the COVID-19 pandemic. This decrease in volume negatively impacted CCH operations, but was somewhat offset by the provider relief funding and the emergency expansion of Medicaid.

CCH continues to increase its insured patient population in fiscal year 2020 as compared to 2019. While it continues to carry the highest uninsured volume in the State of Illinois, this is a significant improvement. However, the percentage of its revenues tied to individuals insured by the government continues to rise and makes CCH subject to risks related to changes in state and federal policies covering these individuals.

## **Contacting CCH's Financial Management**

This financial report is intended to provide our patients, elected officials, citizens, creditors and vendors with a general overview of CCH's finances and to demonstrate accountability for the tax funding that it receives. If you have any questions regarding this report or need additional information, please contact CCH's Chief Executive Officer at 1950 West Polk Street, Executive Offices 9<sup>th</sup> Floor, Chicago, Illinois 60612, [www.cookcountygov.com](http://www.cookcountygov.com).

**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Statement of Net Position  
November 30, 2020**

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**Assets and Deferred Outflows**

Current assets:

Cash and cash equivalents (Note 5)	\$ 236,903,674
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Total cash and cash equivalents	236,903,674
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Property taxes receivable - net of allowance of \$7,235,991

Tax levy - current year	82,704,918
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Tax levy - prior year	2,882,646
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Total property taxes receivable	85,587,564
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Receivables:

Patient accounts - net of allowances of \$116,361,047	92,383,610
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Due from State of Illinois (Note 15)	165,995,456
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Directed payments receivable (Note 16)	5,631,594
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Third-party settlements	14,553,221
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Other receivables	22,716,761
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Total receivables	301,280,642
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Inventories	8,562,367
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Total current assets	632,334,247
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Refundable deposits (Note 15)	56,160,000
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Capital assets, net of accumulated depreciation (Note 6)	511,198,323
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Capital assets not being depreciated (Note 6)	28,694,370
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	539,892,693
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Total assets	1,228,386,940
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**Deferred Outflows of Resources:**

Pension related amounts (Note 10)	1,040,212,645
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OPEB related amounts (Note 11)	136,906,669
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	1,177,119,314
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**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Statement of Net Position (Continued)  
November 30, 2020**

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**Liabilities, Deferred Inflows and Net Deficit**

Current liabilities:

Accounts payable	\$ 103,812,935
Accrued salaries, wages and other liabilities	20,319,681
Claims payable (Note 15)	573,219,090
Compensated absences	8,047,928
Pension and OPEB contributions payable (Notes 10 and 11)	68,311,302
Unearned revenue (Note 7)	76,573,808
Due to State of Illinois (Note 15)	61,759,734
Self-insurance claims (Notes 3 and 12)	32,132,526
Medicare advance payments (Note 17)	28,000,000
Due to other County governmental fund	43,455
Trust funds	1,552,716
Total current liabilities	<u>973,773,175</u>

Compensated absences, less current portion	45,604,926
Self-insurance claims, less current portion (Notes 3 and 12)	159,679,693
Property tax objections (Note 8)	10,522,431
Net pension liability (Note 10)	4,691,490,430
Total OPEB liability (Note 11)	<u>586,408,209</u>

Total liabilities	<u>6,467,478,864</u>
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Commitments and contingencies (Note 14)

**Deferred Inflows of Resources:**

Pension related amounts (Note 10)	570,052,059
OPEB related amounts (Note 11)	103,967,810
	<u>674,019,869</u>

**Net Position (Deficit):**

Net investment in capital assets	539,892,693
Unrestricted	<u>(5,275,885,172)</u>

Total net deficit	<u>\$ (4,735,992,479)</u>
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See notes to financial statements.

**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Statement of Revenues, Expenses, and Changes in Net Position  
Year Ended November 30, 2020**

Operating revenues:	
Net patient service revenue - net of bad debt provision of \$166,484,336	\$ 567,474,704
Graduate medical education revenue (Note 3)	75,780,962
CountyCare capitation (Note 15)	2,015,344,698
Directed payments and Provident Hospital access payments (Note 16)	191,719,797
Other revenue	12,151,402
Total operating revenues	<u>2,862,471,563</u>
Operating expenses:	
Salaries and wages	634,393,176
Employee benefits	100,552,648
Pension (Note 10)	166,096,889
Other post-employment benefits (Note 11)	9,170,025
Supplies	141,671,559
Purchased services, rental and other	315,675,394
Foreign claims (Note 15)	1,876,696,722
Insurance	32,832,222
Depreciation	34,522,015
Utilities	14,006,638
Services contributed by other County offices (Note 9)	49,861,510
Total operating expenses	<u>3,375,478,798</u>
<b>Operating loss</b>	<u>(513,007,235)</u>
Nonoperating revenues:	
Provider relief funding (Note 17)	153,392,712
Property taxes	79,436,723
Grant revenue	24,616,511
Interest income	151,235
Total nonoperating revenues	<u>257,597,181</u>
<b>Loss before capital contributions     and transfers in</b>	<u>(255,410,054)</u>
Capital contributions (Note 9)	44,788,567
Transfers in	218,576,476
<b>Change in net position</b>	<u>7,954,989</u>
Net deficit:	
Beginning of year	<u>(4,743,947,468)</u>
End of year	<u>\$ (4,735,992,479)</u>

See notes to financial statements.

**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Statement of Cash Flows  
Year Ended November 30, 2020**

Cash flows from operating activities:	
Receipts from third-party payors and patients	\$ 2,843,016,284
Payments to employees	(720,617,401)
Contributions to the pension/OPEB plans for employee benefits	(175,448,142)
Payments to contracted health care providers and suppliers	(2,244,319,309)
Other receipts	88,531,953
<b>Net cash used in operating activities</b>	<u>(208,836,615)</u>
Cash flows from capital financing activities:	
Acquisition of capital assets	(8,543,513)
<b>Net cash used in capital financing activities</b>	<u>(8,543,513)</u>
Cash flows from noncapital financing activities:	
Provider relief funding	153,392,712
Receipts from grantors	24,616,511
Refundable deposits	(6,160,000)
Real and personal property taxes received, net	68,515,396
Transfers from other County funds	168,714,966
<b>Net cash provided by noncapital financing activities</b>	<u>409,079,585</u>
Cash flows from investing activities:	
Interest received	151,235
<b>Net cash provided by investing activities</b>	<u>151,235</u>
<b>Change in cash and cash equivalents</b>	191,850,692
Cash and cash equivalents:	
Beginning of year	<u>45,052,982</u>
End of year	<u>\$ 236,903,674</u>
Supplemental disclosure of noncash transactions:	
Transfers - capital assets	<u>\$ 44,788,567</u>

(Continued)



**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Statement of Cash Flows (Continued)  
Year Ended November 30, 2020**

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Reconciliation of operating loss to net cash used in operating activities:	
Operating loss	\$ (513,007,235)
Adjustments to reconcile operating loss to net cash used in operating activities:	
Depreciation	34,522,015
Provision for bad debts	166,484,337
Services contributed by other County offices	49,861,510
Net change in assets and liabilities:	
Patient accounts receivable	(165,949,109)
Due from State of Illinois	(54,784,448)
Directed payments receivable	(5,631,594)
Capitation receivable	60,671,903
Third-party settlements	(16,497,259)
Other receivables	599,589
Inventories	(610,644)
Accounts payable	(11,116,450)
Accrued salaries, wages and other liabilities	7,434,670
Pension and OPEB contributions payable	(2,592,979)
Self-insurance claims payable	(6,946,842)
Net pension liability	623,104,438
Total OPEB liability	121,380,430
Deferred amounts related to pensions	(617,938,568)
Deferred amounts related to OPEB	(124,075,178)
Claims payable	95,919,830
Compensated absences	6,834,382
Unearned revenue	56,183,255
Due to State of Illinois	58,809,937
Medicare advance payments	28,000,000
Trust funds	226,330
Property tax objections	281,065
	<hr/>
<b>Net cash used in operating activities</b>	<b><u><u>\$ (208,836,615)</u></u></b>

See notes to financial statements.

**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Notes to Financial Statements**

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**Note 1. Reporting Entity**

Cook County Health and Hospitals System of Illinois d/b/a Cook County Health (CCH) is included in the reporting entity of Cook County, Illinois (County), as an enterprise fund. Enterprise funds account for operations that are financed and operated in a manner similar to private business enterprises, where the intent of the governing body is that the costs of providing goods and services to the general public on a continuing basis be financed or recovered through revenue from user fees. CCH also receives various tax and County subsidies to support its operations. The Board of Commissioners is responsible for the operation of CCH. CCH is presented as a business-type activity in the basic financial statements of the County.

CCH includes the following entities: John H. Stroger, Jr. Hospital of Cook County (JSH), Oak Forest Health Center (OFHC), CountyCare, Provident Hospital (PH), the Cook County Department of Public Health (DPH), the Bureau of Health Services (BHS), the Ambulatory and Community Health Network (ACHN), the Ruth Rothstein Core Center (CORE) and Cermak Health Services of Cook County (CHS).

BHS oversees the operational, planning and policy activities of CCH.

Collectively, JSH, OFHC, PH, DPH, ACHN, CORE and CHS provide primary, intermediate acute and tertiary medical care to patients, without regard to their ability to pay. These entities also provide disease prevention and health promotion services.

CountyCare capitation, Medicaid and Medicare revenue account for a significant portion of CCH's total revenues. CCH receives Medicaid reimbursement under an interagency agreement between the Board of Commissioners and the Illinois Department of Healthcare and Family Services (DHFS) (see Note 7). Property and other taxes also represent an important source of financing for CCH. The receipt of future revenues by CCH is subject to, among other factors, federal and state policies affecting CCH and the health care industry.

In October 1998, Cook County/Rush Health Center (Health Center) was opened to combat HIV/AIDS and other related communicable diseases. The CORE Foundation, an Illinois not-for-profit corporation, funded the development and construction of the Health Center. CCH leases the Health Center from the CORE Foundation for \$1 per year. CCH staffs and operates the Health Center. CCH accounts for the Health Center as part of ACHN.

On May 20, 2008, the Board of Commissioners created the Cook County Health and Hospitals System Board of Directors to provide independent oversight of health care operations. The Cook County Health and Hospitals System Board of Directors is accountable to the Board of Commissioners. In May 2010, the Board of Commissioners voted to make the Cook County Health and Hospitals System Board of Directors permanent.

**Note 2. Financial Condition**

Losses from operations for CCH totaled \$513,007,235 for the year ended November 30, 2020.

The health care industry is highly dependent upon a number of factors that have a significant effect on operations, such as laws and regulations, and continuing shifts in payor utilization. Additionally, certain salaries in the health care industry have become very competitive as a result of the national shortage of health care professionals.

**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Notes to Financial Statements**

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**Note 2. Financial Condition (Continued)**

In 2012, CCH and the Cook County Board Officials collaborated to cut Medicaid costs, help County taxpayers, and transform Cook County's hospital system by jump-starting national health care reform in Cook County. In October 2012, the Federal government approved CCH's Medicaid Expansion Program (CountyCare) by creating the Centers for Medicare and Medicaid Services (CMS) waiver under Section 1115 of the Social Security Act (1115 Waiver) for Cook County, allowing CCH to enroll more than 115,000 individuals who would become eligible for Medicaid in 2014 under the Affordable Care Act.

Once enrolled in CountyCare, members receive covered services at no cost including but not limited to primary and specialty visits within a broad network of doctors and hospitals. The CountyCare network consists of 138 primary care access points including CCH facilities, all Federally Qualified Health Centers (FQHCs) in Cook County, over 35 community hospitals, and five major academic medical centers.

CountyCare began as an Illinois Medicaid Demonstration program. When the demonstration program period ended on June 30, 2014, CountyCare members were transitioned into a County Managed Care Community Network (MCCN), which is an Illinois-designated Medicaid managed care structure to ensure members can remain with their medical home and network of care.

CCH management expects to reduce operating losses in the future by retaining CountyCare membership, growing specialty and clinical services, improving denials management, bending the cost curve and increasing patient satisfaction and retention. To this end, CCH is establishing initiatives to sustain the trend of managing operating losses. CountyCare, and by extension CCH, continue to be highly dependent on timely reimbursement from the DHFS for cash flow.

CCH management continues to work on strategies to increase revenues through making its services more attractive to patients, managed care organizations, and other providers. It is also working on decreasing costs by reducing overtime hours and bringing high cost services in-house where financially/operationally justifiable. The financial climate for safety net hospitals continues to be challenging and CCH must continue to grow its base activity and its ability to accurately capture, bill and collect for the services in the Medicaid managed care environment.

For the year ended November 30, 2020, CCH's payor utilization based on gross patient service revenue was as follows:

Self-pay	\$ 514,250,122
Medicaid and Medicaid managed care	420,473,671
Medicare	225,054,838
Other	<u>75,813,811</u>
Total	<u>\$ 1,235,592,442</u>

For the year ended November 30, 2020, estimated gross charges associated with services provided to CountyCare patients totaled approximately \$219,377,000. Charges related to CountyCare patients are excluded from the table above as CCH is reimbursed through capitation rather than through patient service revenue, and any gross charges associated with CCH services provided to CountyCare patients are eliminated in combination.

CCH's revenue associated with CountyCare patients is reported in CountyCare capitation revenue in the statement of revenues, expenses, and changes in net position.

**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Notes to Financial Statements**

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**Note 3. Summary of Significant Accounting Policies**

**Basis of presentation:** The financial statements have been presented in conformity with accounting principles generally accepted in the United States of America and in accordance with the pronouncements of the Governmental Accounting Standards Board (GASB). Accounting records are maintained on the economic resources measurement focus and the accrual basis of accounting. Revenues are recognized when earned, and expenses are recorded when a liability is incurred regardless of the timing of related cash flows. Property taxes are recognized as revenues in the year for which they are levied. Grants and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met.

**Use of estimates:** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements, including the notes thereto, and related disclosures of commitments and contingencies, if any. Actual results could differ from those estimates.

**Combination:** These financial statements include the accounts of JSH, OFHC, CountyCare, PH, DPH, BHS, CORE, ACHN and CHS. The accounts of ACHN, CORE and OFHC are presented with those of JSH. All material intra-account transactions have been eliminated.

**Operating and restricted accounts:** Operating accounts are used for unrestricted funds, which arise from normal operations. Restricted accounts are resources whose use has been limited by donors or grantors. Restricted accounts are accounted for in specific purpose accounts until expended for their identified purpose, at which time they are reported as operating revenues and expenses.

When an expense is incurred for purposes for which both restricted and unrestricted resources are available, it is CCH's policy to first apply restricted resources and then unrestricted resources to the expense.

There was no restricted net position as of November 30, 2020.

**Cash and cash equivalents:** Cash and cash equivalents consist primarily of time deposits and cash invested in other authorized short-term securities (Note 5) with maturities at the date of purchase of three months or less. Net appreciation (depreciation) in fair value attributable to cash equivalents, if any, is included as a component of nonoperating revenue in the statement of revenues, expenses, and changes in net position. Cash and cash equivalents are recorded at either amortized cost or fair value, depending on the nature of investment.

**Property taxes receivable:** Property taxes are levied each calendar year on all taxable real property. The owner of the property on January 1 in any year is liable for taxes of that year. Property taxes attach as an enforceable lien on property as of January 1 of the levy year. The taxes are collected by the Cook County Collector (who is also the County Treasurer), who remits to CCH its respective portion. The County's taxes levied in one year become payable during the following year in two installments, one on March 1 and the second on August 1, or 30 days after the tax bills are mailed, whichever is later. The first installment is an estimated bill and is one-half of the prior year's tax bills. The second installment is based on the current levy, assessment, and equalization and reflects any changes from the prior year in those factors.

Any changes from the prior year will be reflected in the second installment bill. Property taxes receivable as of November 30, 2020, represents CCH's portion of the tax year 2020 taxes and uncollected tax year 2019 taxes.

**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Notes to Financial Statements**

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**Note 3. Summary of Significant Accounting Policies (Continued)**

CCH records property taxes as revenue in the year in which they are levied. Property taxes receivable are recognized for the current and prior fiscal year. Uncollected taxes are written off at the end of the fiscal year immediately following the year in which the taxes become due. The County's annual appropriation ordinance includes a provision for uncollectible property taxes. CCH records its portion of this provision and a corresponding allowance for loss against property taxes receivable.

**Patient accounts receivable:** Patient accounts receivable represents amounts owed to CCH for services provided to patients. The receivable is either due from a third-party payor, such as Medicare, Medicaid or commercial insurance carriers, or directly from the patient. Patient accounts receivable are presented net of allowances for contractual discounts and uncollectible accounts. CCH evaluates the collectability of its patient accounts receivable based on the length of time the receivable is outstanding, payor class, and historical experience. Accounts receivable are charged against the allowance for uncollectible accounts when they are deemed uncollectible. Medicaid patient accounts receivable (excluding Medicaid managed care) represented approximately 27% of patient accounts receivable, net as of November 30, 2020.

**Inventories:** Inventories are stated at the lower of cost or market. Cost is determined using the first-in, first-out method.

**Capital assets:** The County contributes to the acquisition of capital assets for the operation of CCH. The assets, which include land improvements, buildings, building improvements, and equipment and furniture, are recorded at cost at the time of receipt. Construction in progress is transferred to CCH from the County throughout construction and recorded in CCH's financial statements. No value has been assigned to the land upon which most of CCH facilities are located. Capital assets are defined by CCH as assets with an initial, individual cost of \$5,000 or more. Donated capital assets from parties outside of the County are recorded at acquisition value at the date of donation. Prior to fiscal year 2016, donated capital assets were recorded at their estimated fair value. The costs of normal repairs and maintenance that do not add to the value of the asset or materially extend asset lives are not capitalized. Major outlays for capital assets and improvements are capitalized as costs are incurred.

Depreciation is provided over the estimated useful life of each class of assets. Estimated useful lives are as follows:

Land improvements	5–25 years
Buildings	20–40 years
Building improvements	5–40 years
Equipment and furniture	3–20 years
Intangible assets	4 years

Depreciation is calculated on a straight-line method for all institutions, except JSH, which used the 150% declining balance on assets acquired prior to 2008. Beginning in 2008, new acquisitions at JSH are depreciated using the straight-line method for better cost allocation. One-half year's depreciation is taken in the year of acquisition.

**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Notes to Financial Statements**

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**Note 3. Summary of Significant Accounting Policies (Continued)**

**Claims payable:** Claims payable represents amounts payable to providers outside of CCH for services provided to CountyCare members. This estimate reflects the estimated ultimate cost of services incurred but not paid, net of expected stop-loss insurance recoveries. Stop-loss coverage limits vary based on the services provided and are reimbursed based on a percentage of charges. Management believes that the claims payable liability is adequate to cover the claims incurred but not paid as of November 30, 2020.

**Compensated absences:** Employees can earn from 10 to 25 vacation days per year, depending on their length of employment with the County. An employee can accumulate no more than the equivalent of two years' vacation. Accumulated vacation leave is due to the employee, or employee's beneficiary, at the time of termination or death. Salaried employees can accumulate sick leave at the rate of one day for each month worked, up to a maximum of 175 days. Accumulated sick leave is forfeited at the termination of employment; therefore, sick leave pay is not accrued and is charged to employee benefits expense when paid. Sick leave does not vest, but any unused sick and vacation leave, up to six months in duration, accumulated at the time of retirement may be used in the determination of length of service for retirement benefit purposes. Changes in compensated absences were as follows for the year ended November 30, 2020:

Balance, December 1, 2019	Additions	Reductions	Balance, November 30, 2020	Amount Due Within One Year
\$ 46,818,472	\$ 53,928,785	\$ (47,094,403)	\$ 53,652,854	\$ 8,047,928

**Self-insurance claims payable:** Self-insurance claims payable represents CCH's allocation of an actuarially-determined estimate of the County's liability for medical malpractice, workers' compensation, general automobile and other self-insured risks. Changes in self-insurance claims payable were as follows for the year ended November 30, 2020:

Balance, December 1, 2019	Additions	Reductions	Balance, November 30, 2020	Amount Due Within One Year
\$ 198,759,061	\$ 50,082,192	\$ (57,029,034)	\$ 191,812,219	\$ 32,132,526

**Net position:** CCH classifies its net position into three categories as follows:

Net investment in capital assets – consists of capital assets, net of accumulated depreciation and reduced by outstanding balances for bonds, other debt and deferred inflows and outflows of resources that are attributable to the acquisition, construction or improvement of those assets.

Restricted – results when constraints placed on the use of the net position are either externally imposed by creditors, grantors, contributors, or imposed by law through constitutional provisions or enabling legislation.

Unrestricted – consists of the remaining net position that does not meet the previously listed criteria.

**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Notes to Financial Statements**

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**Note 3. Summary of Significant Accounting Policies (Continued)**

**Operating and nonoperating revenues and expenses:** The principal operating revenues of the CCH enterprise fund, with the exception of DPH, are charges to patients for services performed and payments received under CountyCare. The principal operating revenues of DPH are grants. Operating expenses of CCH include the cost of patient care services to CCH patients, services provided by providers outside of CCH to CountyCare members, administrative expenses, and depreciation on capital assets. All revenues and expenses not meeting this definition are reported as nonoperating revenues and expenses.

**Net patient service revenue:** A significant amount of CCH's net patient service revenue is derived from the Medicaid and Medicare programs. Payments under these programs are based on a specific amount per case or on a contracted price or cost, as defined, of rendering services to program beneficiaries.

Net patient service revenue is reported at estimated realizable amounts from patients, third-party payors, and others for services rendered. Retroactive adjustments under reimbursement agreements with third-party payors are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and are adjusted in future periods as final settlements are determined. Estimated amounts due from or to third-party payors are reported as third-party settlements in the statement of net position.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates may change. Estimates for cost report settlements and contractual allowances can differ from actual reimbursements based on the results of subsequent reviews and cost report audits. Net patient service revenue increased approximately \$2,102,000 for the year ended November 30, 2020, for third-party settlements and changes in estimates related to services rendered in previous years.

**Graduate medical education revenue:** CCH has historically operated graduate medical education (GME) in an effort to train future physicians and ensure adequate supply. The cost of operating the GME program is considerable and Illinois Medicaid has traditionally reimbursed CCH for their respective share. Prior to July 1, 2018, the reimbursement for GME was included in Stroger and Provident Hospitals' (Hospitals) cost based DRG rates. Over the recent years, Medicaid managed care has significantly increased in the market and a significant share of Medicaid funding has transitioned out of the State of Illinois to the Medicaid Managed Care Organizations (MCOs). As a result of this transition, the Hospitals have become more dependent on MCOs for patient volume and cash flow.

Due to GME reimbursement, the Hospitals' inpatient rates were higher than rates of other hospitals in the Chicago area. As a result, there was concern that MCOs would more likely direct their Medicaid members away from the Hospitals. To help mitigate this and to provide for improved cash-flow, effective July 1, 2018, the value of the GME portion of the DRG cost based rates was removed from the base DRG rates. This effectively decreased the Hospitals' inpatient rates to be more competitive with other hospitals in the Chicago area. CCH started receiving the GME separate payment in July 2019.

**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Notes to Financial Statements**

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**Note 3. Summary of Significant Accounting Policies (Continued)**

**New accounting pronouncements:** Management is currently assessing the impact that the adoption of the following GASB Statements, which are not implemented and not required for the fiscal year ended November 30, 2020, will have in CCH's future financial statements:

- GASB Statement No. 84, *Fiduciary Activities*, will become effective for CCH's fiscal year ending November 30, 2021 due to the implementation of GASB Statement No. 95 issued in May 2020.
- GASB Statement No. 87, *Leases*, will become effective for CCH's fiscal year ending November 30, 2022 due to the implementation of GASB Statement No. 95 issued in May 2020.
- GASB Statement No. 92, *Omnibus 2020*, will become effective for CCH's fiscal year ending November 30, 2022 due to the implementation of GASB Statement No. 95 issued in May 2020.
- GASB Statement No. 94, *Public-Private and Public-Public Partnerships and Availability Payment Agreements*, will become effective for CCH's fiscal year ending November 30, 2023.
- GASB Statement No. 96, *Subscription-Based Information Technology Agreements*, will become effective for CCH's fiscal year ending November 30, 2023.
- GASB Statement No. 97, *Certain Component Unit Criteria, and Accounting and Financial Reporting for Internal revenue Code Section 457 Deferred Compensation Plans-an amendment of GASB Statements No. 14 and No. 84, and a supersession of GASB Statement No. 32*, will become effective for CCH's fiscal year ending November 30, 2022.

Management has not yet determined the impact these pronouncements will have on the CCH financial statements.

**Note 4. Charity Care**

CCH's mission is to treat all patients in need of medical services without regard to their ability to pay. Medical services are available at all CCH's locations for those patients that are unable to pay for them. All patients are evaluated through CCH's financial counseling services. If a patient qualifies for Medicaid or other federal programs, CCH will assist the patient in completing the applications for those programs.

For those patients who do not qualify for Medicaid or any other federal programs, CCH has a charity care program for Cook County residents that evaluates the patient's need based on family size and income. The guidelines to qualify for charity care are adjusted each year based on changes in the federal government's poverty guidelines. The charity program covers patients with incomes up to 600% of the federal poverty guidelines. CCH is committed to identifying patients needing charity care at the point of service.



**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Notes to Financial Statements**

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**Note 4. Charity Care (Continued)**

Patients who are not residents of Cook County that need financial assistance in paying for their medical services are also offered a discount under the Illinois Uninsured Patient Discount program if their income is less than 600% of the federal poverty guidelines. Charity care is measured based on CCH's estimated direct and indirect costs of providing charity care services. That estimate is made by calculating a ratio of cost to gross charges, applied to the uncompensated charges associated with providing charity care to patients. During fiscal year 2020, CCH management reviewed its charity care policy and definition which resulted in a refinement of the methodology to calculate charity care.

For the year ended November 30, 2020, charges forgone for charity care and the related estimated costs were as follows:

Charges forgone	<u>\$ 284,311,569</u>
Estimated costs incurred	<u>\$ 235,947,619</u>

**Note 5. Cash Management**

The Cook County Treasurer and the County Comptroller each maintains cash records for the County funds, including CCH. The County Comptroller maintains cash records for each individual fund, whereas the Cook County Treasurer maintains records for the County Comptroller's cash on a pooled basis. The Cook County Treasurer deposits cash into various bank accounts. The County Comptroller issues checks for authorized County expenditures, which represent a claim for payment when presented to the County's operating disbursement bank. Funding for County checks is made at the time of issue into the appropriate disbursement checking account. Balances in the disbursement accounts, which represent checks not yet presented, are invested by the County Treasurer.

The Cook County Treasurer invests on an aggregate basis, consistent with a written investment policy. The current policy is primarily concerned with the safety of invested principal and then with liquidity and rates of return. Securities approved for investment include U.S. government securities, certificates of deposit, or time deposits issued by certain banks and limited other investments permitted by State of Illinois law. The Cook County Treasurer does not invest in derivatives, structured notes, or other leveraged investments.

As of November 30, 2020, CCH's cash and cash equivalents consisted of the following:

Demand deposits held in banks	\$ 4,817,847
Pooled cash	136,938,673
Working cash fund	<u>95,147,154</u>
Total	<u>\$ 236,903,674</u>

**Cook County Health and Hospitals System of Illinois  
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**Notes to Financial Statements**

**Note 5. Cash Management (Continued)**

**Custodial credit risk – cash and certificates of deposit:** In the case of deposits, there is the risk that in the event of a bank failure, the County's or CCH's deposits may not be returned. The County's Investment Policy states that in order to protect the County's public fund deposits, depository institutions are to maintain collateral pledges on County certificates of deposit during the term of the deposit of at least 102% of marketable U.S. government or approved securities or surety bonds issued by top-rated issuers. Collateral is required as security whenever deposits exceed the insured limits of the Federal Deposit Insurance Corporation (FDIC). CCH's total bank deposits as of November 30, 2020, were fully insured or collateralized.

Working cash funds are maintained by the County. The money to establish and increase these working cash funds was obtained from the issuance of long-term bonds and from legally available County resources. Monies on deposit in the working cash funds are invested with the interest earnings being credited to the working cash funds. Of the total working cash funds maintained by the County, as of November 30, 2020, \$95,147,154 is reported at CCH.

**Note 6. Capital Assets**

A summary of capital assets activity for the year ended November 30, 2020 follows:

	Balance, December 1, 2019	Additions and Transfers	Disposals and Transfers	Balance, November 30, 2020
Depreciable capital assets:				
Land improvements	\$ 2,631,392	\$ -	\$ -	\$ 2,631,392
Buildings and building improvements	828,674,124	42,512,890	-	871,187,014
Equipment and furniture	224,843,493	7,907,967	-	232,751,460
Intangible assets	37,108,875	-	-	37,108,875
Total depreciable capital assets	1,093,257,884	50,420,857	-	1,143,678,741
Less accumulated depreciation:				
Land improvements	2,105,743	58,497	-	2,164,240
Buildings and building improvements	382,516,740	16,968,426	-	399,485,166
Equipment and furniture	194,342,324	8,217,868	-	202,560,192
Intangible assets	18,993,596	9,277,224	-	28,270,820
Total accumulated depreciation	597,958,403	34,522,015	-	632,480,418
Total depreciable capital assets at cost, net	495,299,481	15,898,842	-	511,198,323
Capital assets not being depreciated:				
Land	990,911	-	-	990,911
Construction in process	24,792,236	44,788,567	(41,877,344)	27,703,459
Total capital assets not being depreciated	25,783,147	44,788,567	(41,877,344)	28,694,370
Total capital assets, net	\$ 521,082,628	\$ 60,687,409	\$ (41,877,344)	\$ 539,892,693

**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Notes to Financial Statements**

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**Note 7. Intergovernmental Agreements**

CCH receives enhanced Medicaid reimbursement by means of an Intergovernmental Agreement (Agreement) between CCH and DHFS. Under terms of the Agreement, DHFS will direct additional funding to CCH for cost reimbursement methodologies. In addition, the Agreement requires DHFS to provide CCH additional funding to assist CCH in offsetting the cost of its uncompensated care from disproportionate share (DSH) and Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA). Such adjustment amounts include federal matching funds.

Under the terms of the Agreement, CCH received \$398,285,831 in additional payments from DHFS during the year ended November 30, 2020. Of the amounts received, \$71,862,500 is unearned as of November 30, 2020, and is included in unearned revenue in the statement of net position. Such unearned revenue is excluded from net patient service revenue and represents amounts to be earned during CCH's following fiscal year. Included in net patient service revenue as earned is \$318,374,372 for the year ended November 30, 2020, which takes into consideration the prior-year unearned revenue of \$15,701,042.

Reimbursement under the Agreement will automatically terminate if federal funds under Title XIX are no longer available to match 50% of the amounts collected and disbursed according to the terms of the Agreement. The Agreement will also automatically terminate in any year in which the General Assembly of the State of Illinois fails to appropriate or re-appropriate funds to pay DHFS's obligations under these arrangements or any time that such funds are not available. The Agreement can be terminated by either party upon 15 days' notice. Additionally, the Agreement requires the parties to comply with certain laws, regulations and other terms of operations.

Additionally, a liability of approximately \$23,775,000 has been recorded as of November 30, 2020, for a potential BIPA overpayment due to a change in the Federal Medical Assistance Percentages (FMAP). This liability is included in Due to State of Illinois in the statement of net position.

**Note 8. Other Liabilities**

Other liabilities activity for the year ended November 30, 2020, was as follows:

	Balance, December 1, 2019	Increase	Decrease	Balance, November 30, 2020	Amount Due Within One Year
Property tax objections	\$ 10,241,366	\$ 2,271,829	\$ (1,990,764)	\$ 10,522,431	\$ -

**Note 9. Related-Party Transactions**

During 2020, significant related-party transactions between the County and CCH included the provision of various services and the contribution of capital assets.

**Working cash loan:** In order to finance operations pending the collection of taxes and to provide for month-to-month cash flow needs, the County maintains a Working Cash Fund. The County's Working Cash Fund and the outstanding bonds that were issued to create it are reported in the County's long-term obligations and, therefore, are not reflected in the accompanying financial statements. Amounts advanced from the County's Working Cash Fund may be designated as either loans or operating contributions. During the year ended November 30, 2020, there were no working cash loans received by CCH from the County's Working Cash Fund.

**Cook County Health and Hospitals System of Illinois  
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**Notes to Financial Statements**

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**Note 9. Related-Party Transactions (Continued)**

**Cash held by Cook County Treasurer:** The County maintains bank accounts for the cash receipts and disbursements of CCH. Cash held by the Cook County Treasurer represents balances maintained for CCH activities by the Cook County Treasurer. These balances are reflected within cash and cash equivalents in the statement of net position.

**Transfers from the County:** Certain expenses incurred in the operation of CCH have been recorded in the financial statements of CCH (e.g., reimbursement, data processing, purchasing and auditing) as an expense, with a corresponding credit to transfer in for the subsidy. These expenses amounted to \$49,861,510 in FY 2020. In addition, CCH recorded contra expenses related to employee health claims of \$(6,733,176). These expenses are included in the cost reimbursement reports submitted by CCH to the State and federal health care intermediary. Additionally, pension/OPEB contributions of \$175,448,142 were transferred to CCH whereby they were then remitted to the Plan.

**Contribution of capital assets:** The County has contributed the construction and acquisition of significant capital assets to the operations of CCH. Any general obligation bonds issued to finance such contributed assets are reported in the County's long-term obligations and, therefore, are not reflected in the accompanying financial statements. The County does not expect the payment of the debt related to the capital assets to be repaid from the operating results of CCH and, therefore, the debt resides with the County.

During the year ended November 30, 2020, CCH has recognized capital assets and capital contributions from the County of \$44,788,567 in the statement of revenues, expenses, and changes in net position.

**Note 10. Pension Plan**

**General Information about the Pension Plan**

**Plan description:** Substantially all of CCH's full-time employees participate in the County Employees' and Officers' Annuity and Benefit Fund of Cook County (the A & B Plan), which is the administrator of the single employer defined benefit pension plan established by the State of Illinois on January 1, 1926. The A & B Plan is governed by legislation contained in the Illinois Pension Code particularly Chapter 40 of the Illinois Compiled Statutes (ILCS), Article 9 (Article). The A & B Plan (including employer and employee contribution requirements) can be amended only by the Illinois Legislature. The A & B Plan was created for the purpose of providing retirement, death (spouse or children) and disability benefits for full-time employees of the County and the dependents of such employees. The A & B Plan Board consists of nine members – two members of the Board are ex officio, four are elected by the employee members of the A & B Plan and three are elected by the annuitants of the A & B Plan. The two ex officio members are the Comptroller of Cook County, or someone chosen by the Comptroller, and the Treasurer of Cook County, or someone chosen by the Treasurer. The County Employees' and Officers' Annuity and Benefit Fund of Cook County issues a publicly available financial report that includes financial statements and required supplementary information for the A & B Plan.

To obtain a copy of this report, write:  
Cook County Pension Board  
70 West Madison Street, Suite 1925  
Chicago, Illinois 60602, or at  
[www.cookcountypension.com](http://www.cookcountypension.com)

**Cook County Health and Hospitals System of Illinois  
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**Notes to Financial Statements**

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**Note 10. Pension Plan (Continued)**

**Benefits provided:** The A & B Plan provides retirement, disability, and death benefits to plan members and beneficiaries. Tier 1 employees age 50 or over and Tier 2 employees age 62 or over with at least 10 years of service are entitled to receive a minimum formula annuity of 2.4% for each year of credited service to a maximum benefit of 80% of the final average monthly salary. For Tier 1 employees under age 60 and Tier 2 employees under age 67, the monthly retirement benefit is reduced 0.5% for each month the participant is below the age. This reduction is waived for Tier 1 participants having 30 or more years of credited service.

Benefit terms provide for annual cost-of-living adjustments to each employee's retirement allowance subsequent to the employee's retirement date. The annual adjustments are 3.0% compounded annually for Tier 1 participants, and the lesser of 3.0% or one half of the increase in the Consumer Price Index for Tier 2 participants.

If a covered employee leaves employment without qualifying for an annuity, accumulated employee contributions are refundable with interest (3% or 4% depending on when the employee became a participant).

**Contributions and payable to the pension plan:** The A & B Plan is a single employer defined benefit pension plan with a defined contribution minimum. Illinois Compiled Statutes (40 ILCS 5/9-169) establish the contribution requirements of the County and may only be amended by the Illinois Legislature. The County is required to levy a tax at a rate not more than an amount equal to the total amount of contributions by the employees to the A & B Plan made in the fiscal year two years prior to the year for which the annual applicable tax is levied, multiplied by a factor of 1.54.

For the year ended November 30, 2020, employees were required to contribute 8.5% of their salary to the A & B Plan, subject to the salary limitations for Tier 2 participants in 40 ILCS 5/1-160. The County's pension contributions to the A & B Plan for the year ended November 30, 2020, were \$162.7 million (County and CCH totals). These contributions which are legally due to the A & B Plan for the County's current fiscal year are reported as a payable to the A & B Plan. Amounts remitted to the A & B Plan by the County during the current fiscal year represent collections of the prior fiscal year levy, and personal property replacement taxes collected during the current fiscal year.

In addition, in December 2019 the Cook County Board authorized an Intergovernmental Agreement with Cook County Officer and Employees Annuity and Benefit Fund (Pension Fund) to establish a mechanism by which the County can disburse additional funds from the Pension Fund, from the County's Retailers' Occupation and Services Occupation Tax. The Pension Fund can receive these funds from the County, independent and in addition to the sums provided for in Sections 9-169 of Illinois Pension Code (40 ILCS 5/9-169). The County Board authorized this supplemental contribution in the sum of \$306.2 million (County and CCH totals) in the County's FY2020 Appropriation Bill and the entire amount was remitted to the Pension Fund during FY2020. \$281.2 million (County and CCH totals) of this amount was remitted after the December 31, 2019 measurement date and is included as a deferred outflow of resources in County's financial statements and CCH's financial statements.

CCH's portion of the contributions to the A & B Plan is determined using an allocation based on the percentage of CCH's covered payroll to all covered payroll (County and CCH combined). CCH's portion of regular and supplemental contributions pertaining to FY2020 were \$155,077,942.

**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Notes to Financial Statements**

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**Note 10. Pension Plan (Continued)**

**Net pension liability:** The County's net pension liability was measured as of December 31, 2019, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of December 31, 2019. CCH's proportionate share of the County's net pension liability as of December 31, 2019, was \$4,691,490,430 or approximately 34.55% of the total net pension liability (County and CCH combined). This percentage was determined based on the percentage of CCH's covered payroll to the total covered payroll (County and CCH combined).

**Pension expense and deferred outflows (inflows) of resources related to pensions:** For the year ended November 30, 2020, CCH recognized total pension expense of \$166,096,889. At November 30, 2020, CCH reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Net differences between expected and actual experience	\$ 2,916,130	\$ (55,421,122)
Changes of assumptions	710,188,892	(338,161,227)
Net differences between projected and actual earnings on pension plan investments	-	(168,824,698)
Changes in proportionate share of the net pension liability	174,687,297	(7,645,012)
Contributions subsequent to measurement date	152,420,326	-
	<u>\$ 1,040,212,645</u>	<u>\$ (570,052,059)</u>

Contributions subsequent to the measurement date of \$152,420,326 for 2020 will be recognized as a reduction of the net pension liability in the subsequent fiscal year. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions will be recognized in pension expense as follows:

Years ending November 30,

2021	\$ 23,277,259
2022	145,935,481
2023	228,607,256
2024	(80,079,736)
Total	<u>\$ 317,740,260</u>

**Payable to the pension plan:** At November 30, 2020, CCH reported a payable of \$55,276,017 for the outstanding amount of contributions payable to the A & B Plan and is reported within current liabilities in the statement of net position..

**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Notes to Financial Statements**

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**Note 10. Pension Plan (Continued)**

**Actuarial assumptions:** The total pension liability in the December 31, 2019 actuarial valuation was determined using the Entry Age Normal actuarial cost method and using the following actuarial assumptions, applied to all periods included in the measurement:

	2019
Inflation	2.75%
Salary increases	3.50% to 8.00%
Investment rate of return	7.25%, net of investment expense, including inflation
Municipal bond rate	2.75%
Discount rate	4.14%

Mortality rates were based on an experience analysis of the County Employees Annuity and Benefit Fund over the period 2013 through 2016. The RP-2014 Blue Collar Mortality Table, base year 2006, Buck Modified MP-2017 projection scale was used.

The long-term expected rate of return on the Fund's investments was determined based on the results of an experience review performed by a consultant. The investment return assumption was based on the target allocation of the A & B Plan. In the experience review, the best estimate ranges of expected future real rates of return (net of pension plan investment expense and inflation) were developed for each major asset class. These ranges were combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. Best estimates or arithmetic real rates of return (net of inflation) for each major asset class included in the Fund's target asset allocation are listed in the table below.

	<u>Target Allocation</u>	<u>Long-term Expected Real Rate of Return</u>
Domestic equity	33.00%	5.45%
International equity	21.00%	5.65%
Fixed income	26.00%	1.75%
Real estate	9.00%	4.25%
Private equity	4.00%	7.25%
Hedge funds	6.00%	3.25%
Short-term investments	1.00%	0.60%

**Discount rate:** The discount rate used to measure the total pension liability was 4.14%. The projection of cash flows used to determine the discount rate assumed that employee contributions will be made at the current contribution rate and that County contributions will be made at rates required by the Illinois Pension Code (40 ILCS 5/9-169). Based on this assumption, the A & B Plan's fiduciary net position was projected to be insufficient to make all projected future benefit payments of current plan members.

**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Notes to Financial Statements**

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**Note 10. Pension Plan (Continued)**

A municipal bond rate of 2.75% was used in the development of the blended discount rate after that point. The 2.75% rate is based on the S&P Municipal Bond 20-Year High Grade Rate Index as of the measurement dates (December 31, 2019). Based on the long-term rate of return of 7.25% and the municipal bond rate of 2.75%, the blended discount rate was 4.14%, which is a 0.84 decrease from the discount rate used in the prior valuation of 4.98%.

*Sensitivity of the net pension liability to changes in the discount rate.* The following presents the net pension liability of CCH, calculated using the discount rate of 4.14%, as well as what CCH's net pension liability would be if it were calculated using a discount rate that is 1-percentage-point lower (3.14%) or 1-percentage-point higher (5.14%) than the current rate:

Net Pension Liability		
1% Decrease	Current Discount Rate	1% Increase
\$ 6,074,738,966	\$ 4,691,490,430	\$ 3,574,274,459

**Note 11. Other Postemployment Benefits (OPEB)**

**Plan description:** The County Employees' and Officers' Annuity and Benefit Fund of Cook County (Plan) administers the Healthcare Premium Plan (HPP), a single-employer defined benefit postemployment health care plan. HPP is administered pursuant to Chapter 40, Article 5/9 of the Illinois Compiled Statutes, which establishes the authority to provide an optional OPEB benefit to the Pension Board of Trustees. HPP provides a health care premium subsidy to annuitants who elect to participate in HPP. The Plan is included in the County's financial statements as a Post-employment Healthcare trust fund. Although the Plan is administered through a trust, the fiduciary net position of the Plan at the end of each year is zero, and is administered on a "pay as you go" basis. The financial statements of the HPP are audited by an independent public accountant and are the subject of a separate report.

**Contributions and benefits provided:** The premium contribution requirements of Plan members and the County are established and may be amended by the Pension Board of Trustees. The funding source for employer contributions are derived from real estate taxes as authorized under Chapter 40, Article 5/9 of the Illinois Compiled Statutes for employer pension contributions, with no separate designated employer contribution for the Plan (OPEB), and the legislature retains authority to amend employer and active employee contributions to the County Employee's and Officers' Annuity and Benefit Fund of Cook County which administers the Plan. The employer contribution is based on projected "pay-as-you-go" financing requirements as determined by the Pension Board of Trustees. The Plan may pay all or any portion of the premium for health insurance on behalf of each annuitant who participates in any of the Plan's health care plans, subject to the determination of the Pension Board of Trustees. The employee and spouse annuitants pay between 52%-66% and 42%-56% of the annual medical costs, respectively, depending upon Medicare eligibility and coverage type. The remaining costs are funded by an allocation from the Plan.



**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Notes to Financial Statements**

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**Note 11. Other Postemployment Benefits (OPEB) (Continued)**

The County maintains and funds the HPP, which includes CCH employees. CCH's portion of the contributions to the A & B Plan is determined using an allocation based on the percentage of CCH's active employees to the total active employee headcount (County and CCH combined). Contributions to the A & B Plan made by the County on behalf of CCH were \$11,795,222 during the year ended November 30, 2020.

OPEB contributions payable by CCH to the A & B Plan totaled \$13,035,285 as of November 30, 2020, and is reported within current liabilities in the statement of net position.

**Total OPEB liability:** The County's total OPEB liability was measured as of December 31, 2019, and was determined by an actuarial valuation as of December 31, 2019. CCH's proportionate share of the County's total OPEB liability as of December 31, 2019, was \$586,408,209, or approximately 30.85%, of the total OPEB liability (County and CCH combined). This percentage was determined based on the percentage of CCH's active employees to the total active employee headcount (County and CCH combined).

**OPEB expense and deferred outflows (inflows) of resources related to OPEB:** For the year ended November 30, 2020, CCH recognized total OPEB expense of \$9,170,025. At November 30, 2020, CCH reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Net differences between expected and actual experience	\$ -	\$ (30,697,786)
Changes of assumptions	99,904,998	(73,270,024)
Changes in proportionate share of total OPEB liability	23,966,386	-
Contributions subsequent to measurement date	13,035,285	-
	<u>\$ 136,906,669</u>	<u>\$ (103,967,810)</u>

Contributions subsequent to the measurement date of \$13,035,285 for 2020 will be recognized as a reduction of the total OPEB liability in the subsequent fiscal year. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expense as follows:

Years ending November 30,

2021	\$ 54,467
2022	54,467
2023	54,467
2024	1,298,581
2025	12,721,810
Thereafter	5,719,782
Total	<u>\$ 19,903,574</u>

**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Notes to Financial Statements**

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**Note 11. Other Postemployment Benefits (OPEB) (Continued)**

**Actuarial assumptions:** The total OPEB liability in the December 31, 2019, actuarial valuation was determined using the Entry Age Normal actuarial cost method and using the following actuarial assumptions, applied to all periods included in the measurement:

	2019
Inflation	2.75%
Salary increases	3.50% to 8.00%
Discount rate	2.75%
Health care cost trend rates	<p>7.25%, in the first year, decreasing by 0.25% per year until an ultimate rate of 4.75% is reached for pre-Medicare</p> <p>5.75%, in the first year, decreasing by 0.25% per year until an ultimate rate of 4.75% is reached for post-Medicare</p>

Mortality rates were based on an experience analysis of the County Employees Annuity and Benefit Fund over the period of 2013 through 2016. The RP-2014 Blue Collar Mortality Table base year 2006, Buck Modified MP-2017 projection scale was used.

**Discount rate:** The discount rate used to measure the total OPEB liability was 2.75%. The rate is based on the S&P Municipal Bond 20-Year High Grade Rate Index as of the measurement date (December 31, 2019). The discount rate used of 2.75%, is a 1.38% increase from the discount rate used in the prior valuation of 4.13%.

Additional changes in benefits and assumptions or inputs since the previous measurement date are also noted below:

- The 2020 subsidy for member health benefits was changed from 41% to 38% for annuitants in the Choice Plan Medicare, and from 38% to 34% for annuitants in the Choice Plus Plan Medicare.
- The 2020 subsidy for survivor health benefits was changed from 54% to 48% for survivors in the Choice Plan Medicare, and from 51% to 44% for survivors in the Choice Plus Plan Medicare.
- The 2020 subsidy for survivor health benefits was changed from 61% to 58% for survivors in the Choice Plan non-Medicare, and from 56% to 53% for survivors in the Choice Plus Plan non-Medicare.
- The per capita plan costs were updated to reflect the most recent year of claims experience, drug rebates and Employee Group Waiver Plan (“EGWP”) subsidies. Additionally, working premium rates were updated for 2020.
- The assumption pertaining to health care cost trend rates was reset to begin in fiscal year 2020.

**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Notes to Financial Statements**

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**Note 11. Other Postemployment Benefits (OPEB) (Continued)**

*Sensitivity of the total OPEB liability to changes in the discount rate.* The following presents the total OPEB liability of CCH, calculated using the discount rate of 2.75%, as well as what CCH's total OPEB liability would be if it were calculated using a discount rate that is 1-percentage-point lower or 1-percentage-point higher than the current rate:

Total OPEB Liability		
1% Decrease	Current Discount Rate	1% Increase
\$ 694,752,834	\$ 586,408,209	\$ 500,522,455

*Sensitivity of the total OPEB liability to changes in the health care cost trend rate.* The following presents the total OPEB liability of CCH, calculated using the health care cost trend rate, as well as what CCH's total OPEB liability would be if it were calculated using a health care cost trend rate that is 1-percentage-point lower or 1-percentage-point higher than the current rate:

Total OPEB Liability		
1% Decrease	Current Trend Rate	1% Increase
\$ 493,201,541	\$ 586,408,209	\$ 711,647,882

Additional information on the pension and OPEB Plans can be found in the County's Comprehensive Annual Financial Report (CAFR). Additional information about the pension plan's fiduciary net position is available in the separately issued A & B Plan financial report.

To obtain a copy of the County's CAFR, write:  
 Controller, Cook County  
 118 North Clark Street  
 Chicago, Illinois 60602

To obtain a copy of the HPP's financial statements, write:  
 Executive Director  
 Office of the Cook County and Forest Preserve District Employees' and  
 Officers' Annuity and Benefit Funds  
 70 West Madison Street, Suite 1925  
 Chicago, Illinois 60602

**Cook County Health and Hospitals System of Illinois  
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**Notes to Financial Statements**

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**Note 12. Insurance**

The County self-insures many risks, including medical malpractice, workers' compensation, general automobile, employee health claims and other liabilities. The County purchases excess liability coverage for medical malpractice and other claims that exceed the County's self-insured retentions. The current medical malpractice policy is on a claims-made basis and provides up to \$75 million of limits above the County's self-insured retention of \$25 million per claim. The County is a defendant in lawsuits alleging work-related injuries, malpractice, and other claims in which it is involved. Cases related to these areas are in various stages in the legal process. Additional information on the County's self-insurance claims, including those pertaining to CCH are available in the County's CAFR.

The County engages an independent actuary to provide an actuarial estimate of its liabilities for self-insured expenses. CCH's portion of the self-insurance liability included in the County's financial statements was \$191,812,219 at November 30, 2020. The liability recorded reflects a 0.19% discount factor. Beginning in fiscal year 2009, the County began to allocate a portion of self-insurance costs to other County funds; CCH has recorded a reduction of insurance expense of \$6,946,842 related to this allocation during the year ended November 30, 2020.

The County funds its self-insurance liabilities, including those of CCH, on a current basis and has the authority to finance such liabilities through the levy of property taxes. While it is difficult to estimate the timing or amount of expenditures, management of the County believes that the self-insurance liabilities recorded are adequate to provide for potential losses resulting from medical malpractice, workers' compensation, and general liability claims, including incurred but not reported claims. The self-insurance liabilities recorded are based on facts known at the current time and an estimate for claims incurred but not reported; however, the discovery of additional information concerning specific cases could affect estimated costs in the future.

**Note 13. General Obligation Bonds Issued by Cook County**

Approximately \$650,980,000 of the County's net outstanding debt as of November 30, 2020, pertains to CCH capital projects. These outstanding bonds are expected to be paid by the County and, therefore, are not reflected in the financial statements of CCH.

**Note 14. Commitments and Contingencies**

**Leases:** CCH leases data processing and other equipment. Lease agreements frequently include renewal options and usually require CCH to pay for maintenance costs. Rental payments for operating leases are charged to operating expense in the period incurred. Rental expense for operating leases was approximately \$33,609,000 during the year ended November 30, 2020.

**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Notes to Financial Statements**

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**Note 14. Commitments and Contingencies (Continued)**

Approximate minimum future payments under noncancelable lease obligations are as follows:

Years ending November 30,	
2021	\$ 24,886,591
2022	19,774,188
2023	12,904,081
2024	5,521,563
2025	3,542,538
Thereafter	<u>13,134,170</u>
Total	<u>\$ 79,763,131</u>

**Asset use and disposal:** During 1990, the County purchased property known as the Provident Hospital facility from the U.S. Department of Housing and Urban Development for \$1. The purchase agreement restricts the use of the property to a general public hospital or other public health care facility for a period of 50 years, or the remaining useful life of the property. Additional restrictions exist related to the distribution of proceeds from any sale of the property.

**Third-party administrator (TPA) contract:** CCH executed a contract on March 31, 2016, with Evolent (Valence), to provide third-party administrative services, managed care and clinical services for CountyCare. This contract is for 69 months with options for a total of four 1-year renewals. The administrative portion of the contract is \$261,099,000, over the 69 month period. Over the 69 month period, the CCH Board approved claims payments to Evolent to be paid to providers in the amount of \$6,473,379,222. CCH has also contracted with additional benefit managers to process claims, including MedImpact for pharmacy claims, Avesis for dental and vision claims, and First Transit for transportation claims.

**Health care regulation:** The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Recently, governmental activity has continued with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. Violations of these laws and regulations create a possibility of significant repayments for patient services previously billed. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time.

Congress passed the Medicare Modernization Act in 2003, which among other things established a three-year demonstration of the Medicare Recovery Audit Contractor (RAC) program. The program, which uses RACs to search for potentially improper Medicare payments that may have been made to health care providers, identified and corrected a significant amount of improper overpayments to providers. In 2006, Congress passed the Tax Relief and Health Care Act of 2006 which authorized the expansion of the RAC program to all 50 states by 2010. CMS implemented the RAC program in Illinois in 2010. CCH deducts from revenue amounts that are assessed under the RAC audits when sufficient information is available to make a reasonable estimate of amounts due.

**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Notes to Financial Statements**

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**Note 14. Commitments and Contingencies (Continued)**

Management believes that CCH is in compliance, in all material respects, with applicable government laws and regulations. While no regulatory inquiries have been made that are expected to have a material effect on the financial statements, compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time.

The State of Illinois has restructured the Medicaid managed care organization (MCO) program.

CCH continues to honor the Interagency Transfer Agreement (Agreement) in order to receive enhanced Medicaid reimbursement.

**Note 15. CountyCare**

As described in Note 2, in October 2012 the federal government approved CCH's Medicaid Expansion Program (CountyCare) by creating the CMS waiver under Section 1115 of the Social Security Act (1115 Waiver) for Cook County. CountyCare began as an Illinois Medicaid demonstration project that ran through June 30, 2014, at which time CountyCare members were transitioned into a County Managed Care Community Network (MCCN). Before the 1115 Waiver, most of the CountyCare members were already patients being treated by CCH without compensation.

Under the 1115 Waiver, CCH received Per Member Per Month (PMPM) revenue for CountyCare members of \$629, but subject to the FMAP, which CCH funded through the Interagency Transfer Agreement. As a result, through December 31, 2013, CCH retained only \$314.50 PMPM. Effective January 1, 2014, the PMPM increased to \$632, with no FMAP requirement. Currently PMPM varies by membership type.

At November 30, 2020, estimated amounts due from the State of Illinois relating to the CountyCare program totaled \$165,995,456, which is reported in due from State of Illinois in the statement of net position.

As of November 30, 2020, total receivables for Health Plan Services was \$165,995,456, in comparison to total payables of \$596,254,082, consisting of \$23,034,992 of accounts payable and \$573,219,090 of claims payable. The net difference between these receivable and payable amounts for Health Plan Services is \$(430,258,627). All medical claims for payment of CountyCare are handled by Evolent, a third-party administrator (TPA) under contract, whether the claims are generated by CCH facilities (domestic claims) or the network of outside providers (foreign claims). Total estimated foreign claims expense for the year ended November 30, 2020, was approximately \$1,876,697,000. Of this amount, total claims payable included in the statement of net position as of November 30, 2020, was \$573,219,090. Throughout the course of the year CCH records intra-entity transactions between internal reporting units such as Stroger and CountyCare. These intra-entity transactions are eliminated upon consolidation for financial reporting purposes. One of the most significant intra-entity transactions relates to services provided by CCH facilities and providers, such as Stroger, to CountyCare members.

**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Notes to Financial Statements**

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**Note 15. CountyCare (Continued)**

Under the agreement with the current TPA, CountyCare maintains on deposit with the TPA \$56,160,000 at November 30, 2020, which the TPA draws from to pay claims and subsequently invoices CountyCare to replenish the deposit amount. This amount is included in refundable deposits in the statement of net position. As of November 30, 2020, the balance of the deposit held by the TPA was \$5,774,123. The remaining amount of \$50,385,877, which represents amounts invoiced to CountyCare by the TPA that have yet to be paid by CountyCare to replenish the \$56,160,000 deposit, is included in claims payable.

**Note 16. Directed Payments and Provident Hospital Access Payments**

In 2014, the CCH Board entered into an agreement with the State of Illinois to receive payments from other Medicaid MCOs to continue to make services available at Provident Hospital. Through December 31, 2019, CCH received a payment of \$10 per member, per month, but these payments were subject to the FMAP which CCH funds through the Interagency Transfer Agreement.

Starting January 1, 2020, the capitated access payments ended and were replaced by directed payments from the State, passed through Medicaid MCOs to CCH. At November 30, 2020, estimated amounts due from various Medicaid MCOs for these directed payments totaled approximately \$5,631,000, reported as directed payments receivable in the statement of net position.

**Note 17. Novel Coronavirus Disease 2019 (COVID-19) Pandemic and Relief Funding**

On January 30, 2020, the World Health Organization declared the COVID-19 coronavirus outbreak a "Public Health Emergency of International Concern" and on March 11, 2020, declared it to be a pandemic. The spread of COVID-19, a novel strain of coronavirus, is altering the behavior of business and people in a manner that is having negative effects on local, regional and global economies, including disrupting the healthcare industry.

The pandemic adversely impacted CCH's operations, including a decline in patient volumes and patient service revenue as local authorities shut down elective surgeries and other procedures from mid-March through mid-May 2020. Additionally, certain physician offices and ambulatory facilities were temporarily closed, and patients' desire to seek care was initially diminished. CCH has also incurred, and will continue to incur, significant costs to address COVID-19, which include increased supply costs, including for personal protective equipment, and additional labor costs. Although patient volumes have largely recovered since the onset of the pandemic, the potential future impact of the pandemic on CCH's market and facilities is difficult to predict.

In response to the COVID-19 pandemic, Congress passed the CARES Act, which was signed into law on March 27, 2020. The CARES Act provides funding to fight the COVID-19 pandemic, stimulate the U.S. economy, and provide assistance to affected industries. The CARES Act clarifies that all COVID-19 testing, preventive services, and vaccines are to be provided by private insurance plans without cost sharing. The CARES Act also delays certain Medicare and Medicaid cuts (e.g. Medicare sequestration, disproportionate share hospital reductions) and extends certain other government programs. In addition, the U.S. Department of Health and Human Services, the Centers for Medicare and Medicaid Services, and the Health Resources and Services Administration all issued various waivers of regulations governing coverage of specific services and conditions of program participation.

**Cook County Health and Hospitals System of Illinois  
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**Notes to Financial Statements**

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**Note 17. Novel Coronavirus Disease 2019 (COVID-19) Pandemic and Relief Funding (Continued)**

The CARES Act expanded CMS' existing advance payment program to a broader group of providers. As a result, CCH received \$28,000,000 of advance payments from the Medicare program during the year ended November 30, 2020. Providers and suppliers are not required to repay accelerated and advance payments until twelve months after the payment was issued. After this 12-month period ends for CCH in April 2021, Medicare payments will be recouped from Medicare submitted claims. Final repayment of the accelerated and advanced payments will be due by October 2022. The related liability is reported as Medicare advance payments in the statement of net position.

The CARES Act included emergency funding for health care expenses or lost revenues not otherwise reimbursed, for treating COVID-19 patients. CCH received approximately \$153,393,000 of Provider Relief Fund program distributions, all of which have been recorded as nonoperating revenue in the statement of revenues, expenses, and changes in net position. Provider Relief Fund distributions are not loans and, therefore, they are not subject to repayment unless funds received exceed qualifying health care related expenses and lost revenues. However, as a condition to receiving distributions, CCH agreed to certain terms and conditions, including, among other things, that the funds are being used for lost revenues and COVID-related costs. Amounts recognized as revenue could change in the future based upon the evolving grant compliance guidance provided by the government.

**Note 18. Subsequent Events**

Management has evaluated subsequent events and transactions through May 28, 2021, the date that these financial statements were issued.

Effective January 1, 2021, the Intergovernmental Agreement between DHFS and CCH was amended to reduce the amount transferred by CCH to DHFS by 50%. In compliance with the amended agreement, CCH will transfer 5% of the Affordable Care Act PMPM payment to DHFS. The impact of this change is estimated to be \$30,000,000 annually.



## **Required Supplementary Information**

**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Schedule of CCH's Proportionate Share of the Total OPEB Liability  
Last 3 Fiscal Years\***

	2020	2019	2018
CCH's proportion of the total OPEB liability	30.85%	30.31%	29.87%
CCH's proportionate share of the total OPEB liability	\$ 586,408,209	\$ 465,027,779	\$ 641,761,676
Covered employee payroll	\$ 634,393,176	\$ 622,304,729	\$ 608,401,290
CCH's proportionate share of the total OPEB liability as a percentage of covered employee payroll	92.44%	74.73%	105.48%
Plan fiduciary net position as a percentage of total OPEB liability	0.00%	0.00%	0.00%

Notes to Schedule:

*Changes of Benefits*

*The 2020 subsidy for member health benefits was changed from 41% to 38% for annuitants in the Choice Plan Medicare, and from 38% to 34% for annuitants in the Choice Plus Plan Medicare*

*The 2020 subsidy for survivor health benefits was changed from 54% to 48% for survivors in the Choice Plan Medicare, and from 51% to 44% for survivors in the Choice Plus Plan Medicare*

*The 2020 subsidy for survivor health benefits was changed from 61% to 58% for survivors in the Choice Plan non-Medicare, and from 56% to 53% for survivors in the Choice Plus Plan non-Medicare*

*Changes of Assumptions:*

*The discount rate used changed from 4.13% in FY2019 to 2.75% in FY2020*

*The Mortality tables used in FY2020 remained the same as FY2018, RP-2014 Blue Collar*

*Generational mortality improvement factors were also added (0.75% ultimate improvement rate) in FY2020*

*The percentage of active employees who elect medical coverage upon retirement remained at 65%*

*The percentage of those retirees who elect spouse coverage remained at 35%*

*The percentage of vested terminated participants who elect medical coverage upon retirement remained at 40%*

*The age at which vested terminated employees retire and elect medical coverage remained at age 61, from an assumption that varied by age*

*The per capita plan costs were updated to reflect the most recent year of claims experience and working premium rates were updated for 2020*

*Future retirees are assumed to elect among the plan choices in the same proportion as employees who retired during the last year. This election percentage was updated to reflect current retiree experience*

*The estimate of the High-Cost Plan Excise Tax was updated based on the 2020 working premium rates*

*Projected salary increases remained the same as in FY2019: 3.50%-8.00%*

*Healthcare Cost Trend Rate remained at 7.25% in FY2020 grading down to 4.75% through 2030+*

*The inflation rate in FY2020 remained at 2.75%*

\*CCH implemented the provisions of GASB 75 in FY 2018. CCH has presented as many years as is available.

**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Schedule of CCH's Proportionate Share of the Net Pension Liability  
Last 6 Fiscal Years\***

	2020	2019	2018	2017	2016	2015
CCH's proportion of the net pension liability	34.54%	34.30%	31.66%	31.89%	31.74%	32.87%
CCH's proportionate share of the net pension liability	\$ 4,691,490,430	\$ 4,068,385,992	\$ 3,967,522,298	\$ 4,504,508,046	\$ 4,862,886,038	\$ 4,232,624,501
CCH's covered payroll	\$ 524,868,518	\$ 527,303,543	\$ 488,548,533	\$ 504,124,427	\$ 498,907,277	\$ 521,919,207
CCH's proportionate share of the net pension liability as a percentage of its covered payroll	893.84%	771.55%	812.10%	893.53%	974.71%	810.97%
Plan fiduciary net position as a percentage of total pension liability	45.83%	45.40%	45.37%	41.32%	36.07%	41.32%

Notes to Schedule:

*Changes of Benefits - None noted in FY2020*

*Changes of Assumptions:*

*The discount rate changed from 4.98% in FY2019 to 4.14% in FY2020*

*The Mortality tables used in FY2020 remained the same in FY2019, RP-2014 Blue Collar*

*Generational mortality improvement factors were also added (0.75% ultimate improvement rate) in FY2020*

*The investment rate of return in FY2020 remained the same as FY2019, 7.25%*

*Projected salary increases remained the same as in FY2019: 3.50%-8.00%*

*The inflation rate in FY2020 remained the same as in FY2019, 2.75%*

\*CCH implemented the provisions of GASB 68 in FY2015. CCH has presented as many years as is available.

**Cook County Health and Hospitals System of Illinois  
d/b/a Cook County Health**

**Schedule of County Contributions  
Last 10 Fiscal Years  
(Information for all County Employees)**

Fiscal Year Ended November 30:	Statutory Maximum Required Contributions	Actual Contributions in Relation to the Statutory Maximum Contributions	Contribution Excess (Deficiency)	Covered Payroll	Actual Contributions as a Percentage of Covered Payroll
2020	\$ 207,649,768	\$ 211,428,226	\$ 3,778,458	\$ 1,553,498,503	14%
2019	206,605,123	230,240,750	23,635,627	1,533,721,507	15%
2018	214,607,612	201,341,690	(13,265,922)	1,567,480,401	13%
2017	212,069,887	197,140,648	(14,929,239)	1,580,251,254	12%
2016	199,160,990	185,912,498	(13,248,492)	1,572,417,298	12%
2015	196,493,559	191,609,506	(4,884,053)	1,514,550,023	13%
2014	198,459,042	190,032,872	(8,426,170)	1,484,269,715	13%
2013	196,469,308	187,817,644	(8,651,664)	1,478,253,368	13%
2012	199,352,794	190,720,776	(8,632,018)	1,456,444,123	13%
2011	196,805,657	198,837,424	2,031,767	1,494,093,567	13%

Separate information for CCH is not available.