CCH Monthly Report

Item #: 25-4419

Presented to the Cook County Health Board on 11/21/25



CEO Report Legislative Updates Local



The **week of October 20**, CCH leadership appeared before the following Cook County Board committees to provide testimony and respond to questions from Commissioners.

- Asset Management Committee the committee received and filed the County's CMaR (Construction Manager at Risk) report for Stroger and Provident hospitals. Craig Williams, Executive Chief Operating Officer participated in the meeting to respond to Commissioner questions if asked. A proposed lease amendment for the CCH Arlington Heights Health Center was deferred.
- **Finance Committee** Pam Cassara, Chief Financial Officer addressed questions related to the County's *Monthly Revenues and Expenses Report* as well as *CCH*'s *October 2025 Monthly Report* which is a compilation of the metrics and presentations made to the CCH Board of Directors from the previous month.
- Health & Hospitals Committee Dr. Kiran Joshi-CCDPH COO, presented CCDPH's Quarterly COVID-19 and Infectious Disease Report which was received and filed by the committee. Andrea Gibson, Chief Strategy Officer, presented CCH's 2026-2028 Transforming Care Strategic Plan and responded to questions from Commissioners. The Strategic Plan was approved.

The Cook County Board of Commissioners met on October 23, 2025. The following items pertaining to CCH appeared on the agenda:

- A Resolution creating the Chicago-Cook Violence Against Women Task Force of which CCH will be a member was approved.
- A Resolution changing the reporting frequency of the Cook County Semi-Annual Mental Health Report from semi-annual to annual was referred to the Health & Hospitals Committee for consideration.
- CCH's CountyCare budget transfer was approved.
- CCH's grant award renewal with Project REACCH-OUT: Rapid Engagement and Access at Cook County Health for Opioid Use Treatment was approved.

CEO Report Legislative Updates State



The House and Senate are back in Springfield October 14-16 and 28-30 for the Fall/Veto Session. The Spring 2026 calendar has not yet been published.

The Governor's Office of Management and Budget published a report that projects a \$267M deficit in the current state fiscal year 2026 budget, and a \$2.2B deficit in the state fiscal year 2027 budget. The state fiscal year runs from July 1 through June 30. Primary drivers include lower than projected corporate income tax receipts, which appear to be in line with national trends, combined with trickle down impacts of the budget reconciliation bill (HR1) that also makes major cuts to SNAP and Medicaid. According to the report, most of the impact on the state budget from HR1 won't occur until state fiscal year 2028. The Illinois Department of Healthcare and Family Services (HFS) estimates that the losses over the next decade in the Medicaid program will be at least \$26B, mostly due to a mandatory reduction in federal matching funds from a cap on provider assessments collected from hospitals and managed care organizations.

The <u>Illinois Department of Human Services shared</u> that they received notice from the federal government that states will not receive their November 2025 Supplemental Nutrition Assistance Program (SNAP) funds if the federal government remains shutdown. As a result, SNAP customers will not have access to any new food benefits starting November 1, unless the federal government is reopened. Illinois has 1.9M SNAP recipients; 45% of SNAP households have children, 37% have older adults, and 44% have a person with a disability.

CEO Report Legislative Updates State



1115 Medicaid Waiver

In July 2024, the Illinois Department of Healthcare and Family Services (HFS) received federal approval for its <u>Medicaid 1115 waiver</u>. Federal CMS has approved the 1115 waiver contract, protocols, and plans necessary for implemention.

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

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

While HFS still intends to eventually launch the waiver services, HFS notified stakeholders that they are pausing their external workgroups. HFS shared that the passage of the federal budget reconciliation bill/OBBBA has made the waiver planning process more complex, and HFS needs to understand the impact on budget, timing, and roll-out of waiver services.

HFS is hosting a <u>virtual public forum on the 1115 waiver on October 3, 11am-1pm</u>. The purpose of the forum is to provide an update on progress of the waiver and solicit comments. Cook County Health and CountyCare submitted public comments that expressed support for efforts to implement the waiver.



Where we are...

A quick history:

- 1970s: 6 shutdowns between 1976 and 1979 each averaging 11 days
- 1980s: 10 shutdowns between 1980 and 1990 each averaging 1.75 days
- November 14-19, 1995: 5 days
- December 16, <u>1995</u> to January 6, 1996: 21 days
- October 1-17, 2013: 16 days
- January 20-23, 2018: 3 days
- December 22, <u>2018</u> to January 25, 2019: 35 days

October 1, 2025 to ?????????????





Why we are here?

- H.R. 1, the One Big Beautiful Bill Act
- \$9.4 billion recission package passed by Congress
- \$5 billion pocket recission by the White House
- Expiring enhanced ACA premium tax credits
- March continuing resolution vote



What's next?

- Senate voted down the House-passed continuing resolution for the 11th time
 - No democrats are changing their vote
- House hasn't taken a vote since September 19th and there are no votes this week
 - Speaker Johson refusing to swear in Rep.-Elect Adelita Grijalva (D-AZ)
- GOP attempts to pass defense appropriations or pay for active-duty troops failing to get 60 votes in the senate
- ACA open enrollment begins on November 1st
 - Bipartisan conversations happening among Senators on the enhanced ACA premium tax credits but level of engagement by leadership and the White House is unclear



What's the impact?

Medicaid DSH

- Medicaid DSH cuts are in effect as of October 1
- Extension of the Medicaid DSH cut delay are in continuing resolutions proposed by GOP and democrats
- Evaluating the need to ensure DSH delay is retroactive to October 1 in any future continuing resolution

Medicare Telehealth Flexibilities

- CMS holding not denying claims for telehealth services provided after October 1
- Providers can continue billing through December 31 for virtual non-behavioral health services occurring after September 30 at FQHCs and rural health clinics
- Those who began receiving telehealth behavioral health services before October 1 not subject to 6-month in-person requirements



What's the impact? (cont'd)

SNAP

- USDA has told states that they have funding for SNAP benefits and operations through October but there are insufficient funds pay full November SNAP benefits
- USDA has directed states to hold payment of November SNAP benefits; if benefits are delayed,
 they will be reimbursed

WIC

 White House has moved \$300 million in tariff revenue, along with unobligated or contingency funding, to ensure WIC remains open

HHS Reductions in Force

- 982 HHS employees terminated (1,760 people got notices but many were sent in error) including large reductions at CDC and SAMHSA
- Federal court order partially halted firing of (mostly CDC) employees



Trump Administration News

CMS State Medicaid Director Letter (September 30)

- CMS is no longer allowing Medicaid payment for immigrants who are ineligible for full-scope Medicaid through managed care effective January 1, 2027
- Impacts Emergency Medicaid and state-only coverage programs

Rural Health Transformation Fund

- States have until November 5, 2025, to apply for funding; CMS will announce awardees by December 31, 2025
 - \$5 billion/year will be distributed equally to states with approved applications and \$5 billion/year will be distributed at the discretion of the CMS Administrator (at least 25% must go to states with approved applications)

New Hires and Promotions



Welcome



New Leadership Hires

Audrey Tanksley, Chief Medical Officer, Managed Care

Sagar Shah, Physician Advisor, Medical Administration

Aranee Ticzon, Patient Safety Manager

Tony Wormley Sr, Hospital Lieutenant Security

Recognition & Announcements



UI and Cook County Health Expand Partnership





On October 28, leaders from Cook County Health, UI Health and the University of Illinois Chicago announced an expansion of our partnership to better serve patients, enhance medical education and advance public health research.

Specialty Pharmacy Accreditation



Congratulations to Cook County Health for earning reaccreditation in **URAC Specialty Pharmacy**!

This recognition shows patients that our pharmacy adheres to the highest standards of quality.

Congratulations!



Primary Stroke Center Redesignation



Congratulations to the **John H. Stroger, Jr. Hospital of Cook County** for its redesignation as a Primary Stroke Center by the Illinois Department of Public Health (IDPH)!

The redesignation reflects the hospital's sustained excellence in rapid diagnosis, advanced treatment, and coordinated multidisciplinary care for patients experiencing stroke.



Distinguished Medical Educator & Mentorship Award



Congratulations to **Dr. Josune Iglesias** for being recognized by the Illinois Northern Chapter of the American College of Physicians!

Dr. Iglesias received the 2025 Illinois Northern Chapter Distinguished Medical Educator and Mentorship Award.

This award honors a member who has demonstrated an enduring commitment to outstanding teaching and mentorship and sustained commitment to medical education and excellence in the practice of medicine.



Emerging Hand Therapist Award



Congratulations to certified hand therapist **Laura Carlos** for being recognized by the American Society of Hand Therapists with the Emerging Hand Therapist Award!

The award addresses the issues and achievements faced by Certified Hand Therapists within the first five years of initial HTCC certification as they begin in their specialty careers.



Strategy Initiatives October 2025





Quality, Safety and Experience

Accomplished:

- Stroger Hospital was redesignated by IDPH as a Primary Stroke Center facility
- · The lab had a successful College of American Pathologists survey
- · The Englewood Health Center, held Walk with a Doc event
- Participated health fairs, breast cancer screening fair and 24 other community redetermination events
- · Seasonal vaccine clinics started on Saturdays at Robbins Health Center
- CCDPH released a report on suicide prevention recommendations in suburban Cook
- Valet parking started at Provident 10/1

Coming Soon:

Opening a dental clinic at Blue Island in FY2026



Workforce

Accomplished:

- Finalized draft of UIC's college of business agreement to allow student to work on CCH data projects over the next 5 years
- Seven nursing externship students completed a 16-week program and are expected to graduate in December
- The bike storage rack mural was completed and hosted a mural painting party at JTDC

Coming Soon:

• Three new psychiatrists are joining the Cermak interdisciplinary care team



Transformation and Growth

Accomplished:

- CCH's Strategic Plan was approved by the County Board of Commissioners
- Belmont Cragin dental clinic opened
- · A behavioral health APRN is doing CTSC triaging in the Provident ED
- · Successfully completed a nursing-led eSitter pilot utilizing telehealth carts
- Par excellence launched in Stroger first floor clinics
- · An ED transfer review daily huddle started at Provident
- Completed a block scheduling plan for improved OR utilization

Coming Soon:

- Beginning design of the Stroger GI expansion
- Construction documents are in process for completion for new mail order pharmacy Developing a strategy to transition from 12% scratch cooked food to 20% by December 2025 and 40% by July 2026 at JTDC.



Fiscal Resilience

Accomplished:

- Launched pilot mPage to provide visibility into incomplete and/or unattested notes older than 7 days
- Hosted inaugural Medicaid Impact Workgroup

Coming Soon:

• Automated physician clinical effort form being rolled out at orientation

Provident Hospital Update

Arnold F. Turner, MD, CHE Victor Galfano, Associate CHE Michael Moonan, RN, MBA CNO





Provident Hospital Overview



First African American owned hospital in US located in the historic Bronzeville community 38 med/surg bed capacity, 6 ICU beds, 11 CTSC chairs, and 10 operating rooms

Scope of services



Two clinics under the Provident license, Sengstacke and Bronzeville Health Centers

Quality, Safety, Experience



















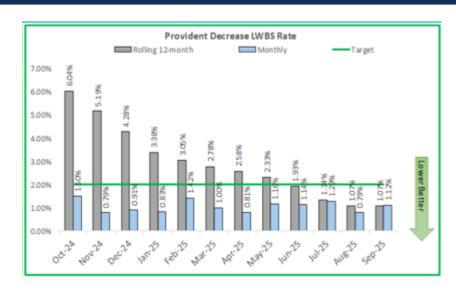
- Revamped surgical workflow thru utilization of new Preop space
- System surgical optimization has driven growth in Gyne, Pain, General Surgery cases at Provident

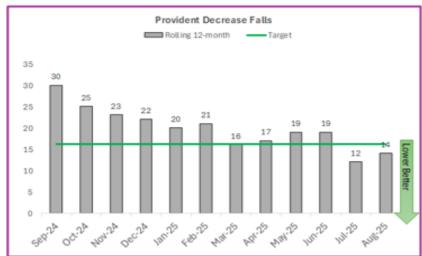


- Provident led system Nursing in Employee engagement survey
- Nursing Teams are on "Pathway to Excellence" journey with Unit & Nurse Staffing Councils Formulated and active

Quality, Safety, Experience







LWBS

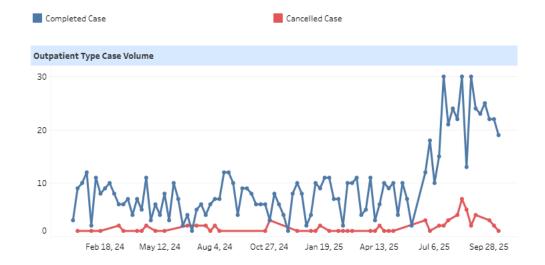
- Left without being seen- key metric across nation's emergency departments
- JAMA 2025 Study showed 28.4% of LWBS will return to hospital within 30 days
- The return visit is often accompanied by worse symptoms and increased utilization costs
- Provident Providers and Nurses partnered aggressively to make significant improvements from >10% to <2% monthly

FALLS

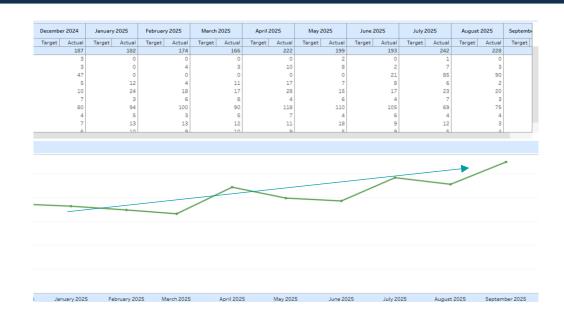
- Inpatient falls cost hospitals an estimated \$14,000 per incident, factoring in extended stays, diagnostics, and treatment. (JAMA Health Forum)
- Falls are associated with increased morbidity and mortality, especially among adults 75+
- Provident Implementation of evidence-based fall prevention strategies in addition to unique tailored Provident strategies (Fall Rooms) shows a trend to cutting fall in HALF

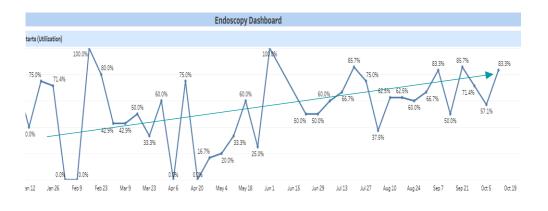
Growth- Surgery





Outpatient Case Volume									
	Completed Cases Show		Sh	Same Day Car now		Show	Grand Total		
	Case #	Case %	Case #	Case %	Case #	Case %	Case #	Case %	
	0	0.0%	1	50.0%	1	50.0%	2	100.0%	
Eye Refract	0	0.0%	2	100.0%	0	0.0%	2	100.0%	
MOR 01	266	90.8%	26	8.9%	1	0.3%	293	100.0%	
MOR 02	234	90.7%	23	8.9%	1	0.4%	258	100.0%	
Grand Total	500	90.1%	52	9.4%	3	0.5%	555	100.0%	





Transformation & Growth - Projects Prealth

Projects - Estimated Completion

- Compactor Replacement March 2026
- Vincennes Sewer Replacement March 2026
- Pharmacy Renovation May 2026
- Heating/Cooling Replacement June 2026
- Ambulance Bay Upgrade October 2026
- Parking Garage Upgrade (security and charging stations) October 2026
- Ballistic Window Installation November 2026
- Lobby/Interior Updates December 2026

Workforce - Employee Engagement THEALTH



Engagement Indicator



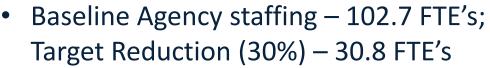
2024

- Results were shared at the Monthly Manager's Meeting.
- Each Department has selected one of the questions with a negative result in relation to the National Comparison Hospital.
- Two departments/month present their activities and findings at the Monthly Manager's Meeting.

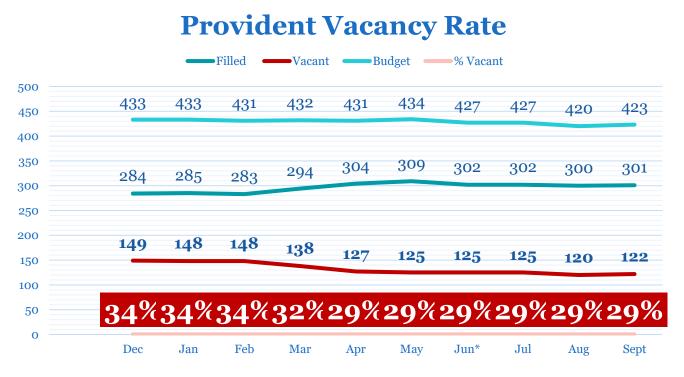
Fiscal Resilience



		Drovi	dent A	done	Llco						
		PIOVI	uent <i>F</i>	gency	use						
	2024 Baseline	30% Reduction	Jan	Feb	Mar	Apr	Mav	June	July	Aug	Sept
Nursing 8W	21.0	14.7	11.4	15.4	15.0	16.2	14.5	12.9	13.2	13.0	11.3
Environmental Services	18.0	12.6	18.0	15.0	12.0	5.0	1.0	1.0	1.0	1.0	1.0
Laboratory Services	11.0	7.7	11.0	8.5	5.7	7.2	7.2	7.0	4.1	4.1	4.1
Emergency Room Nursing	10.0	7.0	6.4	11.9	11.0	9.0	8.1	8.5	8.3	9.9	6.9
Surgery Nursing	10.0	7.0	4.8	6.3	6.0	5.5	6.5	7.2	8.5	3.3	7.5
Radiology	7.4	5.2	7.4	8.0	7.0	6.3	6.2	6.1	6.3	7.7	5.2
Pharmacy	6.0	4.2	9.0	7.0	1.0	3.0	3.0	3.0	3.0	3.0	3.0
ICU	5.0	3.5	2.6	4.0	3.0	2.9	4.0	3.5	3.3	0.0	3.9
Respiratory Therapy	4.0	2.8	6.0	6.0	3.0	1.1	2.0	2.0	2.0	2.0	2.0
Physical Therapy	3.3	2.3	1.4	1.4	1.0	1.2	1.2	1.2	1.1	0.7	0.7
Nursing Administration	3.0	2.1	0.5	0.2	1.0	1.3	1.4	0.5	0.1	3.5	0.0
Admitting	2.0	1.4	3.0	3.0	2.0	1.0	1.0	1.0	1.0	1.0	1.0
Cardiology	1.0	0.7	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Mtrls	1.0	0.7	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Behavioral Health (CTSC)	0.0	0.0	0	6	7	8.2	8.2	12.7	13.6	16.2	13.7
Total	102.7	71.9	83.5	94.7	76.7	69.9	66.3	68.6	67.5	67.4	62.3
Progress to Target											
Hit Target											
Improved											
No Change											
Worse											



- Current Agency Staffing (Sept 2025) –
 62.3 FTE's
 - Reduction of 40.4 FTE's



Challenge – 29+% vacancy rate.

Accreditations, Honors & Community Engagement



Accreditations and Honors

Joint Commission Hospital and Primary Care Medical Home 2023

Joint Commission Health Equity Accreditation 2025

Provident Dialysis Center IDPH Accreditation 2025

College of American Pathologists Laboratory Accreditation 2025

American College of Radiology 3D Mammography and Nuclear Medicine Accreditation 2025

Becker's Top 100 Community Hospital 2023

Leapfrog Top General Hospital 2024

Community Engagement

Women's Health Fair

Men's Health Fair

Children's Health Fair

Community Baby Shower

Commissioner Lowry's Health Fair

Volume Strategies



Increase Provident Average Daily Census

Increase inpatient volume

Increase ambulance runs and acuity level

Decrease Provident ED admissions to Stroger inpatient unit

Establish Stroger ED to Provident inpatient unit admissions

Increase primary care referrals

Increase surgery cases that require an observation stay

Increase CTSC volume

Revise the admission criteria

Embedded Psych APRN in the ED

Establish liaisons with community behavioral health and SUD treatment centers

Establish Stroger ED to CTSC transfers

Marketing Provident: Phase I



Objective	Awareness and Engagement			
Strategy	Messaging highlighting key services, legacy and investment [English and Spanish]			
Period	October-November			
Media	 Digital: Geo targeted Meta, Google & TikTok Website: Update landing page Mailing: Postcard 			
Audience	Zip codes surrounding Provident			
Estimated Results	2.3M impressions1k calls10K clicks			

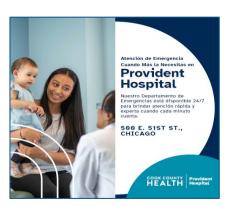


















Media Dashboard



Earned Media Dashboard









647

617.4M

\$20.4M

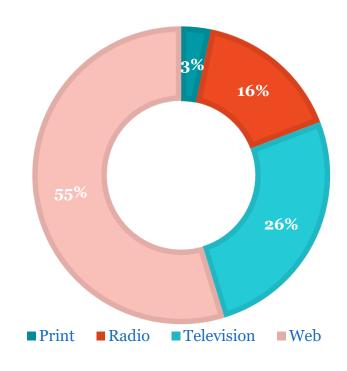
Top Local Media Outlets

- 1. WBBM Radio
- 2. ABC 7 Chicago
- 3. Fox 32 Chicago
- 1. NBC 5 Chicago
- 5. CBS 2 Chicago

Media Dashboard



Media by Outlet Type



Most Common Topics

- 1. CountyCare NCQA Top Rating
- 2. Measles Updates
- 3. West Nile Updates
- 4. CTA Partnership
- 5. Budget/Medicaid cuts

Top Headlines





How Chicago doctors are encouraging telehealth during the expected ICE surge



Narcan vending machines added to five CTA stations



Naloxone vending machines available now at 5 CTA rail stations across Chicago



Food Insecurity in Chicago



Black babies die suddenly, unexpectedly at 14 times the rate of white babies in Cook County, report says



Cook County Public Health: Don't Let Your Guard Down Against West Nile Virus



Chicago's safety-net hospitals look for ways to cope with looming federal cuts



CountyCare Ranked Highest-Quality Medicaid Health Plan in Illinois



82 hospitals in Illinois recognized for efforts to improve outcomes for Americans with heart disease and stroke



Doctora de Cook County Health habla sobre la importancia de no posponer la atención médica

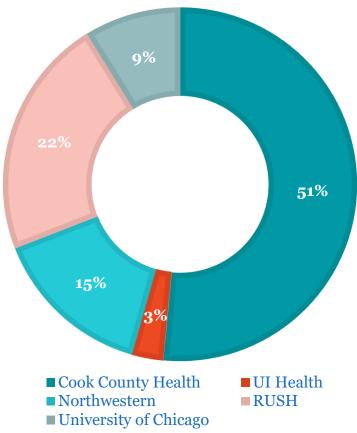


Prostate Cancer Awareness Month Facts, Signs and Symptoms to Watch For

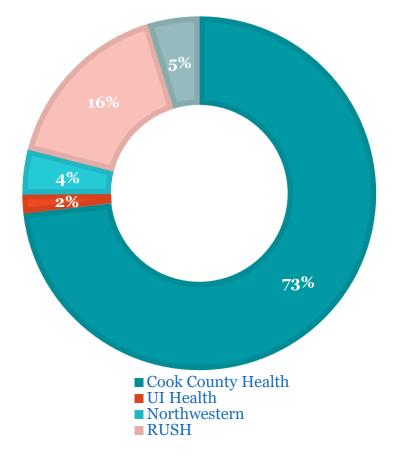
Media Benchmarking (Top Outlets)



Share of Voice



Share of Reach



Social Media Summary



During September 8 – October 12, 2025, the communications team posted content on Facebook, Twitter, Instagram and LinkedIn for Cook County Health.

Facebook - 66 posts

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

Twitter - 64 posts

https://twitter.com/CookCtyHealth

Instagram - 67 posts (includes stories and IGTV)

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

LinkedIn - 49 posts

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

Social Media Summary



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

Twitter

- Impressions: 5.8K (up 39%)
- Post Link Clicks: 10
- Engagements: 71 (up 20%)
- Followers: 4.6K

LinkedIn

- Impressions: 56.1K (up 8%)
- Page Views: 6.1K (up 7%)
- Engagements: 3.7K
- Followers: 19.7K (up 3%)

Facebook

- Total impressions: 101K
- Post engagement: 5.0K
- Page Clicks: 541
- Page followers: 9.9K (up 111 from previous report)

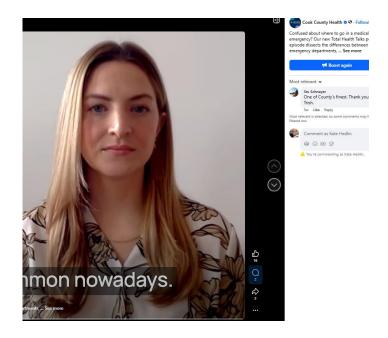
Instagram

- Impressions: 54.K (up 9%)
- Engagement: 609
- Followers: 4.2K (up 2%)

Facebook Insights



Top Boosted Posts



Impressions: 24.1K

Reach: 13.6K Views: 15.7K



Impressions: 17.6K

Reach: 13.6K

Engagement Rate: 10.3%

Facebook Insights



Top Organic Posts



Reach: 3.2K Impressions: 2.9K

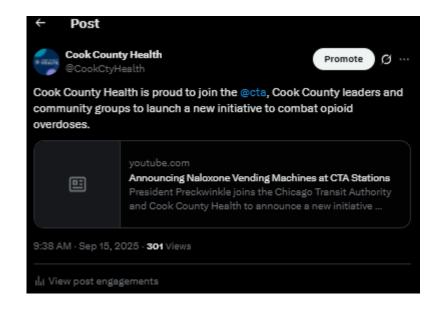


Reach: 2.6K Impressions: 2.4K Engagement Rate: 3%

Twitter Insights



Top Posts





Impressions: 300 Impressions: 255

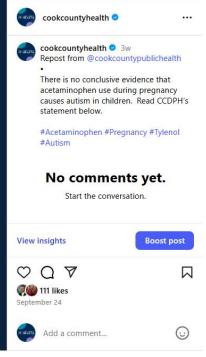
Instagram Insights



Top Posts

Likes: 111







Impressions: 857 Impressions: 5.1K Reach: 3.0K

Reach: 380 Likes: 21

LinkedIn Insights



Top Posts



Cook County Health 19,765 followers

Physical Therapy helps to improve mobility and function, manage pain and chronic disease, recover from and prevent injury, and avoid surgery or rehab afterward. Physical therapits (PTs) are movement experts who team up with physical therapy assistants (PTA) to treat people of all ages and abilities. They improve quality of life through hands-on care, patient education, and prescribed movement. They work with you to develop strategies and treatment plans to achieve fitness, wellness, and job or sport specific goals.

The PTs at CCH work together with the interdisciplinary teams to provide high quality care to our patients. Physical therapy at CCH is provided at 6 locations – John H. Stroger Jr Hospital, Harrison Square, Provident Hospital, Bronzeville Health Center, Blue Island Health Center, and Cermak Health Services. Learn more: https://lnkd.in/g_7uyijA



Impressions: 2.0K Engagement Rate: 18.4% Likes: 70



Impressions: 1.3K

Engagement Rate 15.9%

Clicks: 174

Community Advisory Councils



Cook County Health Advisory Councils include patients, community and religious organizations and serve as a way to promote our services in the communities where our centers are located. The Councils provide feedback to our staff and help strengthen our health center's relationships in the community. The councils meet quarterly to provide current information on Cook County Health and as an avenue for members to share information about their organizations.

The 2025 Fourth Quarter presentations include:

- Cook County Health's 2026 Budget
- Cermak Health Services Presentation
- CountyCare Open Enrollment
- CCDPH's HIV and STI Programs

Community Advisory Councils



Upcoming CAC 2025 meetings:

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

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

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

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

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

North Riverside: Wednesday at 1:00 PM: December 10

1800 S. Harlem Avenue, North Riverside, IL 60546

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

Provident/Sengstacke/Bronzeville:

Wednesday at 9:00 AM: 2026 500 W. 51st Street, Chicago, IL 60609

Cottage Grove: Tuesday at 1:00 PM: 2026 1645 S. Cottage Grove Avenue, Ford Heights, IL 60411

Community Events



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

November 1 - New Grace Emmanuel COGIC Health and Resource Fair - New Grace Emmanuel COGIC, 2734 East 83rd Resource Event - Otto Veterans Square Housing, 1440 Otto Street, Chicago, IL 60617.

November 1 - Speaker Welch's 2025 Annual Senior and 8601 W. Roosevelt Road, Forest Park, IL 60130.

November 5 – **Nicor Gas Community Connection Resource** Fair - Calvin Coolidge Elementary School, 17845 Henry Street, Lansing, IL 60438.

November 5 - ABHIL Giving Thanks for Your Health Health & Resource Fair - Salaam Community Wellness Center, 613 E. 67th Street, Chicago, IL 60637.

November 5/6 - Area Planning Council (APC) District 504 College & Community Resource Fair - Triton College, Building B, 2000 5th Avenue, River Grove, IL 60171. November 7 - LifeHouse Group, Calumet Memorial Park District, and the Illinois Department of Employment **Security's Fall Fest Hiring Event** – Sand Ridge Community Center, 600 Oglesby Avenue, Calumet City, IL 60409.

November 7 – **Housing Authority of Cook County 's Veterans** Boulevard, Chicago Heights, IL 60411.

November 8 - Purple Path Bi-Annual Healing Retreat - Tinley Veteran's Resource Fair - Proviso Math and Science Academy, Park Convention Center, 18501 Convention Center Drive Suite 1, Tinley Park, IL 60477.

> November 8 - March of Dimes' Winter/Prematurity **Awareness Month** – Shine Bright Community Center, 8560 S. Cottage Grove Avenue, Chicago, IL 60619.

November 8 - Sisters Working It Out (SWIO)'s Day of Beauty - The Kroc Center, 1250 W. 119th Street, Chicago, IL 60643.

November 8 - Chicago Office of Emergency Management & **Communications' 8th District - House of Worship Emergency Preparedness Training and Resource Event -**Hope Church Midway, 6059 S. Archer Avenue, Chicago, IL 60638.

November 9 - Village of Robbins Senior Veterans Event -Kellar Middle School, 14123 Lydia Avenue, Robbins, IL 60472.

Community Events



November 10 - Alderman William Hall, 6th Ward's Male of Greatness Event - St. James Community Church, 8000 S. Michigan Avenue, Chicago, IL 60619.

Greatness Event - St. James Community Church, 8000 S. Michigan Avenue, Chicago, IL 60619.

November 13 - Kids Above All's Health and Wellness Fair -The Oakwood Center, 3725 S. Vincennes, Chicago, IL 60653. November 13 - Cook County Emergency Management and **Regional Security "Training and Preparedness Summit** 2025" - Moraine Business and Conference Center. 9000 W. College Parkway, Palos Hills, IL 60465.

November 13 - Howard Brown Health Center's National **Diabetes Awareness Month Education & Resource Fair -**Kennedy King College, U Building, 740 W. 63rd Street, Chicago, Center of Cicero, 5341 W. Cermak Road, Cicero, IL 60804. IL 60621.

November 13/14 - Sista Afya Community Care 's 2025 Mental Health Advocacy, Legislation & Policy Impact Event 12 South Oakley Boulevard, Chicago, IL 60624. - The Erikson Institute, 451 N. La Salle, Chicago, IL 60654. November 15 - Chicago Office of Emergency Management & Resource Fair - Greater Galilee Baptist Church, 1308 South **Communications' 2nd District - House of Worship Emergency Preparedness Training and Resource Event -**

Lady of Africa Church, 607 E. Oakwood, Chicago, IL 60653.

November 19 - LEARN Charter School Network Resource Fair - James N. Thorp Elementary School, 8914 S. Buffalo, Chicago, IL 60617.

November 12 - Alderman William Hall, 6th Ward's Women of November 19 - Mayors Office for Peoples with Disabilities' Resource Fair - Central West Community Center, 2102 W. Ogden, Chicago, IL 60612.

> November 19 – Nicor Gas Community Connection Resource Fairs - Thornwood High School, 17101 S. Park Avenue, South Holland. IL 60473.

November 20 - Cook County Health's Walk with a Doctor Program - The Salvation Army's Red Shield Center, 945 W. 69th Street, Chicago, IL 60621.

November 21 - The Alliance for Resiliency and Equity's **Thanksgiving Takeaway** – Family Service and Mental Health November 22 - Thanksgiving "Feed the Hungry" at the New Bethlehem Healing Temple - New Bethlehem Healing Temple,

November 23 - Greater Galilee Baptist Church Health and Independence, Chicago, IL 60624.

Redetermination Events



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

November 1 - North Riverside Health Center - 1800 S.

Harlem Avenue Suite A, North Riverside, IL 60546.

November 1 – **Men's Empowerment Workshop** – 10920 S.

Princeton Avenue, Chicago, IL 60628.

November 3 - North Riverside Health Center - 1800 S.

Harlem Avenue Suite A, North Riverside, IL 60546.

November 4 – Cottage Grove Health Center – 1645 S.

Cottage Grove Avenue, Ford Heights, IL 60411.

November 5 – **Primecare Health Center** – 5635 W. Belmont Avenue, Chicago, IL 60634.

November 6 – **Friend Health** – 5635 S. Pulaski Road, Chicago IL 60629.

November 7 – **St. Bernard Hospital** – 6307 S Stewart Street, Chicago, IL 60621.

November 8 - Cottage Grove Health Center - 1645 S.

Cottage Grove Avenue, Ford Heights, IL 60411.

November 8 - Winter/Prematurity Awareness Month at the Shine Bright Community Center -8560 S. Cottage Grove Avenue, Chicago, IL 60619.

November 10 - **Dr. Jorge Prieto Health Center** -2424 S.

Pulaski Road, Chicago, IL 60623.

November 12 – **Provident Hospital** – 500 E. 51st Street,

Chicago, IL 60615.

November 13 - Alivio Health - 2021 S. Morgan Street,

Chicago, IL 60608.

November 14 - Stroger Hospital - 1969 W. Ogden Avenue,

Chicago, IL 60612.

November 14 - Veterans Health Fair at the Double Tree

Hilton -500 W. 127th Street, Alsip, IL 60803.

November 15 - **Blue Island Health Center** - 12757 S. Western

Avenue, Blue Island, IL 60406.

November 17 - Chicago Family Health Center - 9119 S.

Exchange Avenue, Chicago, IL 60617.

November 18 - **Esperanza Health Center** - 4700 S. California

Avenue, Chicago, IL 60632

November 19 – **Primecare Health Center** – 5635 W. Belmont

Avenue, Chicago, IL 60634.

Redetermination Events



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

November 20 – **Friend Health** – 5635 S. Pulaski Road, Chicago IL 60629.

November 21 – **Englewood Health Center** – 1135 W. 69th Street, Chicago, IL 60621.

November 22 - Arlington Heights Health Center - 3520 N.

Arlington Heights Road, Arlington Heights, IL 60004.

November 24 - **Blue Island Health Center** - 12757 S. Western

Avenue, Blue Island, IL 60406.

November 25 - Lawndale Christian Health Center - 3750 W.

Ogden Avenue, Chicago, IL 60623.

Finance Metrics



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



- On an accrual basis, interim financials show that CCH ended August with a \$93.2M unfavorable variance to budget. County's preliminary cash report on revenues and expenses, which is cash-based accounting, shows that CCH is favorable to budget by \$21.6M.
 - Revenue Commentary:
 - ▶ **Unfavorable** NPSR variance to Budget due to lower than budgeted volumes and increase in Charity Care
 - Favorable capitation variance to Budget due to higher than budgeted CountyCare membership
 - Expenditures:
 - CountyCare claims unfavorable variance to budget due to higher than budgeted membership
 - CountyCare:
 - CountyCare financials \$48.9M unfavorable to budget driven by medical loss ratio 1% higher than expected
 - Membership is 401,208 which is 3.0% greater than budgeted

Financial Results - August 31, 2025



Dollars in 000s	FY2025 Actual	FY2025 Budget	Variance	%	FY2024 Actual
Revenue					
Net Patient Service Revenue (1)	\$693,627	\$878,298	(\$184,671)	-21.03%	\$858,412
Government Support (2)	\$322,586	\$297,787	\$24,799	8.33%	\$286,411
Adjusted NPSR	\$1,016,214	\$1,176,085	(\$159,872)	-13.59%	\$1,144,823
CountyCare Capitation Revenue	\$2,783,595	\$2,501,327	\$282,268	11.28%	\$2,524,907
Other	\$49,347	\$51,800	(\$2,453)	-4.74%	\$41,829
Total Revenue	\$3,849,155	\$3,729,212	\$119,944	3.22%	\$3,711,559
Operating Expenses					
Salaries & Benefits	\$595,896	\$688,047	\$92,151	13.39%	\$570,692
Overtime	\$44,960	\$41,196	(\$3,765)	-9.14%	\$40,898
Supplies & Pharmaceuticals	\$194,132	\$189,356	(\$4,776)	-2.52%	\$173,837
Purchased Services & Other	\$582,881	\$624,365	\$41,484	6.64%	\$522,377
Medical Claims Expense (1)	\$2,607,535	\$2,274,223	(\$333,312)	-14.66%	\$2,333,654
Insurance	\$25,193	\$22,755	(\$2,438)	-10.72%	\$22,417
Utilities	\$10,349	\$11,248	\$899	7.99%	\$10,400
Total Operating Expenses	\$4,060,947	\$3,851,190	(\$209,756)	-5.45%	\$3,674,274
Operating Margin	(\$211,791)	(\$121,978)	(\$89,813)	73.63%	\$37,285
Non-Operating Revenue	\$114,891	\$118,279	(\$3,388)	-2.86%	\$154,240
Net Income (Loss)	(\$96,900)	(\$3,700)	(\$93,201)	2519.22%	\$191,525

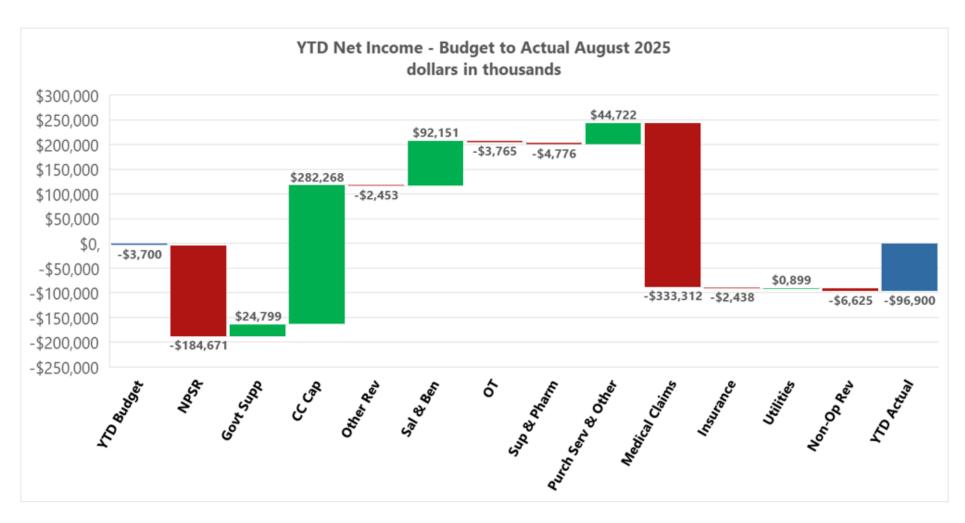
Notes:

- (1) CountyCare Elimination represents the elimination of intercompany activity Patient Service Revenue and Medical Claims Expense for CountyCare patients receiving care at Cook County Health.
- (2) Government Support includes DSH, BIPA, & Graduate Medical Education payments.
- (3) Does not reflect Pension, OPEB, Depreciation/Amortization, or Investment Income.



YTD Net Income Waterfall Report







Key Volume and Revenue Indicators

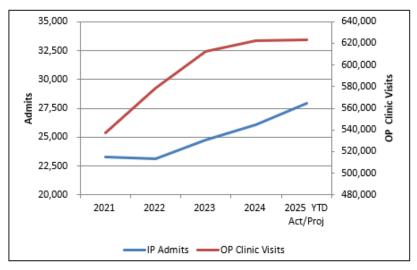


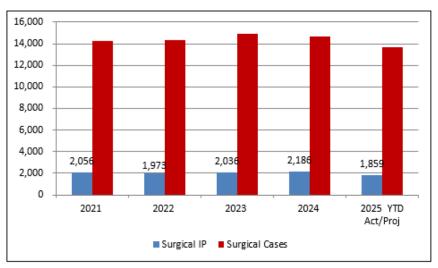
Patient Activity Stroger	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual	Aug 2025 Actual	Aug 2024 Actual
Average Daily Census	306	317	-3.3%	325	317	305	322
Emergency Room Visits	67,086	69,076	-2.9%	68,177	63,029	7,844	7,854
Surgeries	8,439	9,124	-7.5%	8,668	8,473	985	937
Patient Activity Provident	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual	Aug 2025 Actual	Aug 2024 Actual
Average Daily Census	16	29	-44.8%	21	20	15	19
Emergency Room Visits	18,707	19,799	-5.5%	19,767	19,939	2,135	2,256
Surgeries	1,793	2,261	-20.7%	2,298	2,696	228	268
Patient Activity ACHN	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual	Aug 2025 Actual	Aug 2024 Actual
Primary Care Visits	168,398	181,232	-7.1%	179,753	178,782	18,807	20,347
Specialty Care Visits	299,102	285,760	4.7%	291,034	284,387	32,836	33,443
CountyCare Membership	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual	Aug 2025 Actual	Aug 2024 Actual
Membership Count	410,907	393,924	4.3%	432,416	452,710	400,687	425,282

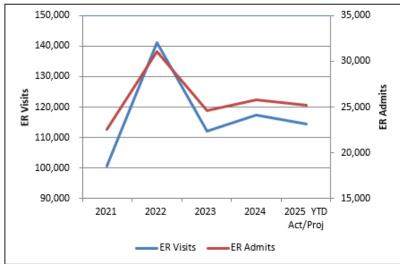


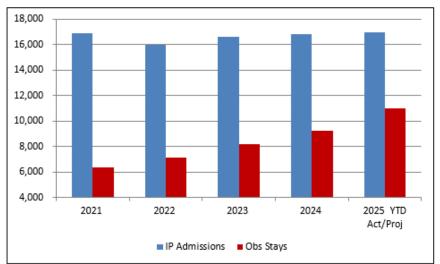
Operating Trends







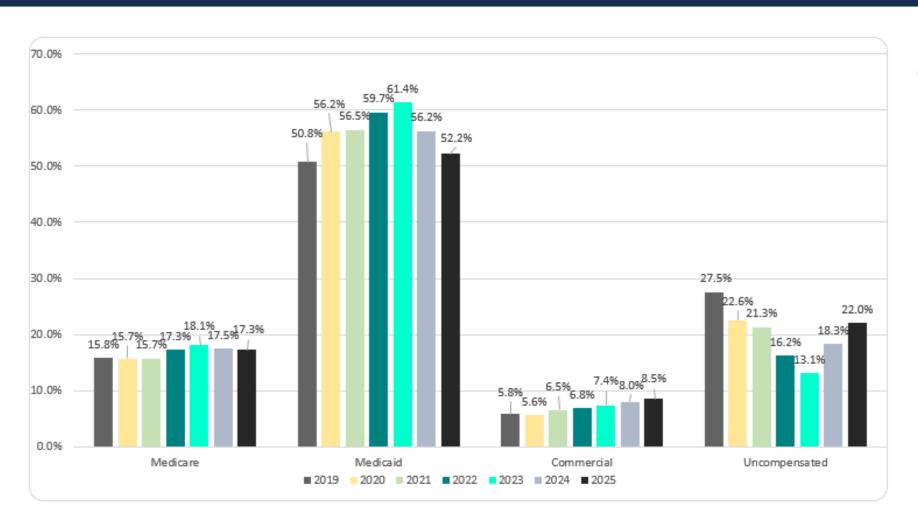






Payer Mix





Commentary:

Prior Month Change:

Medicare: -0.1%

Medicaid: -0.3%

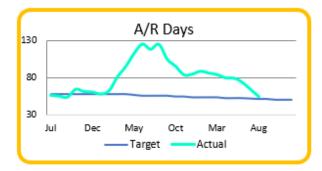
Commercial: -0.1%

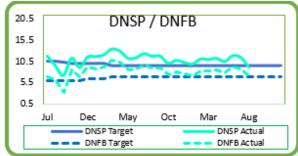
Uncompensated: +0.5%



Revenue Cycle KPI

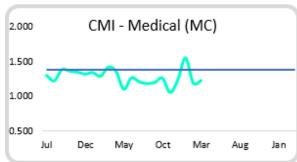


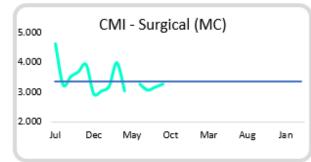












Commentary:

Our AR metrics are improving and recovering from the Change Healthcare cyberattack. Remaining recovery efforts are in aged AR >90. We continue to work with the payers to provide additional documentation to get these impacted claims resolved.

Definitions:

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

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

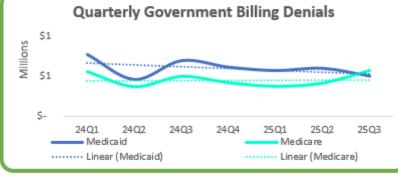
CMI: Case Mix Index - Represents the average diagnosis-related group (DRG) relative weight for that hospital. It is calculated by summing the DRG weights for all Medicare discharges and dividing by the number of discharges.



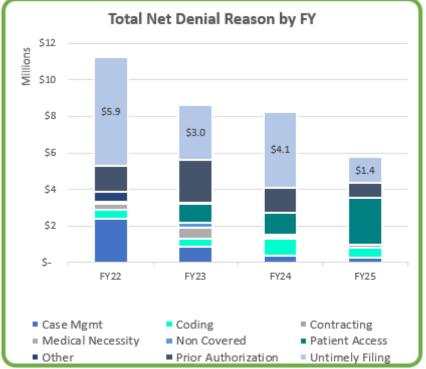
Denials













Charitable & Public Program Expenditures



Charitable Benefits and Community Programs	2023 Actual	2024 Actual	2025 Budget	2025 Projected
Traditional Charity Care	\$ 105,040	\$201,962	\$232,719	\$316,539
Other Uncompensated Care	135,655	80,164	88,500	128,812
Cermak & JTDC Health Services	100,779	116,223	143,621	126,213
Department of Public Health	12,712	22,113	27,553	25,726
Other Public Programs & Community Services	66,321	71,600	52,870	52,870
Totals	\$420,506	\$492,062	\$545,263	\$650,160
% of Revenues * % of Costs *	38.8% 23.1%	30.5% 28.5%	32.6% 24.2%	45.7% 33.1%

^{*} Excludes County Care Health Plan Services



Savings Initiatives



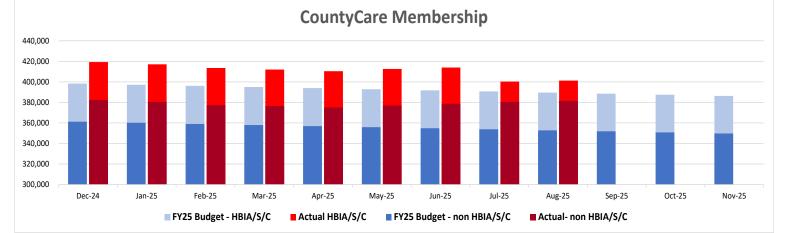
	Budgeted	YTD	
Current Activities in Progress	FY25 Impact	Achieved	Status
Revenue Cycle:			
CDM Annual Pricing Review	2,650,000	2,042,708	
Revenue Recovery	3,400,000	2,620,833	
Point of Service Collections	300,000	246,250	0
<u>County Care:</u> Vendor Contract Negotiations- (term eff July)	2,400,000	2,400,000	•
<u>Health System:</u> Vendor Contract Negotiations	20,000,000	16,910,654	•
	\$ 28,750,000	\$ 24,220,445	84%
		Goal 9/12ths	75%



CountyCare



Dollars in 000s except PMPM amounts	FY2025 Actual	FY2025 Budget	Variance	%	Fy24 Actual
Capitation Revenue	\$2,796,135	\$2,508,447	\$287,689	11.47%	\$2,540,200
Operating Expenses					
Clinical - CCH	\$93,621	\$105,077	\$11,456	10.90%	\$103,825
Clinical - External	\$2,606,490	\$2,282,581	(323,909)	(14.19%)	\$2,316,797
Administrative	\$144,968	\$118,241	(\$26,727)	(22.60%)	\$132,437
Total Expenses	\$2,845,078	\$2,505,898	(\$339,180)	(13.54%)	\$2,553,058
Operating Gain (Loss)	(\$48,942)	\$2,549	(\$51,491)		-\$12,858
Activity Levels					
Member Months	3,700,142	3,545,313	154,829	4.37%	3,894,196
Monthly Membership	401,208	389,581	11,627	2.98%	425,555
CCH CountyCare Member Months	272,021	N/A	N/A	N/A	313,610
CCH % CountyCare Member Months	7.35%	N/A	N/A	N/A	8.05%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	\$755.68	\$707.54	\$48.14	6.80%	\$652.30
Clinical Cost PMPM	\$729.73	\$673.47	(\$56.26)	(8.35%)	\$621.60
Medical Loss Ratio (1)	96.6%	95.2%	(1.38%)	(1.45%)	94.3%
Administrative Cost Ratio	5.1%	4.7%	(0.41%)	(8.67%)	5.2%
Total FTEs	387	429	42		366



Commentary

- Total YTD member months are exceeding budget by 154,829 members.
- Revenue and claims expense are higher than budget due to higher than budgeted membership.
- CountyCare's reimbursement to CCH for domestic spend is under budget due to HBIA coverage termination.
- Operating Loss of \$48.9M
- Operating loss driven by 1% higher medical loss ratio than expected.
- ➤ Higher MLR due to rate underfunding for high-cost drugs and NICU cases. Discussions with State are underway and approximately \$10M-\$20 in reimbursement is expected (not yet reflected in financial statements)

Notes:

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

Managed Care Metrics



CountyCare received a 4-Star NCQA Health Plan Rating for a second year!



CountyCare is proud to have achieved a 4-star overall plan rating in the 2025 NCQA Health Plan Ratings.

CountyCare was the only Illinois Medicaid MCO to receive a 4-star overall plan rating in 2025. Only 22% of Medicaid health plans achieved a 4-star rating or higher in rating year 2025.



National Association of Counties (NACo) Awards



The National Association of Counties (NACo) awards program recognizes innovative county government programs

CountyCare won two National Association of Counties (NACo) Awards for:

- Eliminating Lead for Drinking Water for Illinois Families with Medicaid
- CountyCare Access: Providing
 Health Benefits for Immigrant
 Adults and Immigrant Seniors in
 Cook County









CountyCare Children's Health Fair

On Saturday August 23rd, CountyCare hosted its inaugural Children's Health Fair at Provident.

There was a DJ, barber, balloon animals, games, food carts, and an ice cream truck for families.

Around 30 members attended with their families.



Rafael Guzman, Community Outreach Worker, delighted children dressed as Olaf from the Disney movie Frozen

Community Baby Shower

On Saturday, October 4th CountyCare hosted its 3rd community baby shower at Shine Bright Community Center, located near Calumet and Pullman neighborhoods.

Over 20 CountyCare members and their families attended the event.



Current Membership



Monthly Membership as of September 15th, 2025

Category	Total Members	ACHN Members	% ACHN
FHP	223,718	9,956	4.45%
ACA	105,315	10,647	10.11%
ICP	31,464	4,535	14.41%
MLTSS	11,058	-	0.00%
SNC	8,082	334	4.13%
HBIS	3,827	1,119	29.24%
HBIC	15,522	1,558	10.04%
Total	398,986	28,149	7.06%

ACA: Affordable Care Act

FHP: Family Health Plan

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

SNC: Special Needs Children

HBIS/HBIC: Health Benefit for Immigrant Seniors/Children

ICP: Integrated Care Program

Managed Medicaid Market

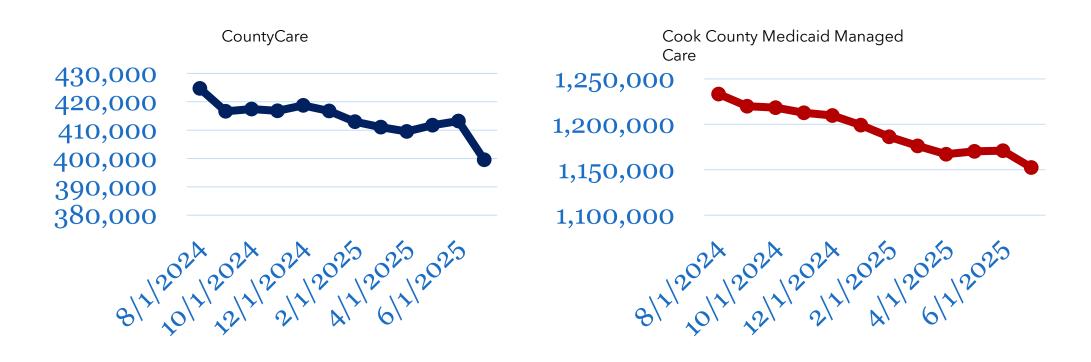


Illinois Department of Healthcare and Family Services July 2025 Data

Managed Care Organization	Cook County	Cook Market Share
CountyCare	399,526	34.7%
Blue Cross Blue Shield	326,064	28.3%
Meridian (a WellCare Co.)	236,175	20.5%
IlliniCare (Aetna/CVS)	104,508	9.1%
Molina	78,404	6.8%
YouthCare	7,887	0.7%
Total	1,152,564	100.0%

IL Medicaid Managed Care Trend in **Cook County**





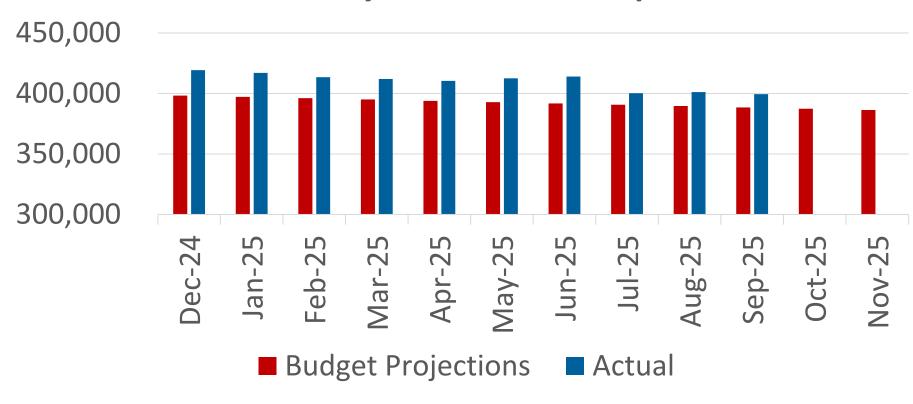
CountyCare's enrollment decreased 3.30% in July 2025, falling from 413,211 in June to 399,526. This decline is larger than Cook County's decrease of 1.58%, with enrollment dropping from 1,171,050 to 1,152,564 over the same period.

Source: Total Care Coordination Enrollment for All Programs | HFS (illinois.gov)

FY25 Budget | Membership







Operations Metrics: Call Center & Encounter Rate



		Performance			
Key Metrics	State Goal	Jun 2025	Jul 2025	Aug 2025	
Member & Provider Services Call Cente	er Metrics				
Inbound Call Volume	N/A	48,304	50,606	48,088	
Abandonment Rate	< 5%	0.61%	0.56%	0.84%	
Average Speed to Answer (minutes)	1:00	0:06	0:07	0:10	
% Calls Answered < 30 seconds	> 80%	96.6%	96.9%	95.7%	
	Quarterly				
Claims/Encounters Acceptance Rate	98%	98.4%			

The One Big Beautiful Bill (H.R. 1): Medicaid Snapshot

Provision	Description	Projected Impact	Implementation Timeline
Mandatory Work Requirements	Requires states to implement work requirements for ACA expansion adults (ablebodied adults age 19-64) and parents of children age 14+. Several exemptions exist (e.g. pregnancy, disability).	 CountyCare has ~105K ACA adults who will likely need to adhere to new reporting requirements Increased administrative burden for the state MCOs 	December 31, 2026 Potential extension if IL applies and is approved
Six Month Redetermination	Requires ACA expansion adults to undergo eligibility checks every 6 months, instead of every 12 months.	 burden for the state, MCOs and enrollees Need for additional education, outreach and navigation support to adhere to requirements 	December 31, 2026
Immigrant Restrictions	Includes changes to the definition of "qualified alien" which affects which immigrants are eligible for federal Medicaid.	 Refugees, asylees and other immigrants will no longer be eligible for federal Medicaid coverage. CountyCare has an estimated ~2,270 members in this category. 	October 1, 2026

Updated insight on projected H.R. 1 impact to Medicaid in Illinois

Projected Coverage Losses

• Illinois: Healthcare and Family Services (HFS) projections show that about 270K-500K Illinoisans will lose coverage due to the work requirements provision.



- CountyCare:
 - Work requirements and more frequent redetermination: ~105K+ members may need to adhere to requirements. Evidence from other states suggest ~20% may lose coverage due to work requirements administrative burden.
 - Immigrants: An estimated 2,270 members may lose coverage October 2026.



Projected Funding Losses (State)

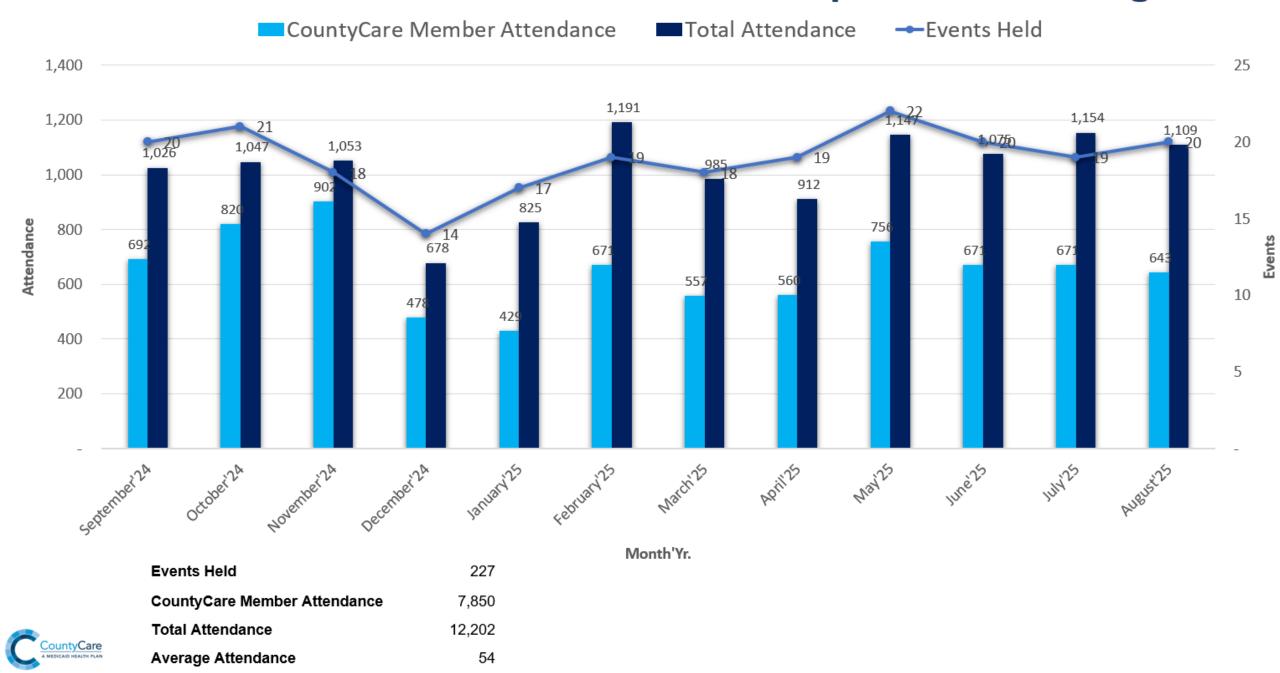
 Internal HFS projections for certain provisions show Illinois will face at least a \$26B reduction in federal funding in the next decade.



Sources: <u>HFS (July 2025)</u>

projections

Redetermination Events & Attendance – September'24 - August'25



HealthChoice Illinois RFP

COOK COUNTY HEALTH

Background

- In 2017, the Illinois Department of Healthcare and Family Services (HFS)
 posted an RFP seeking services from qualified, experienced, and financially
 sound Managed Care Organizations (MCOs) to enter into risk-based
 contracts for the Medicaid Managed Care Program.
 - CountyCare was awarded a contract for period of 2018-2022, and later received extensions through the end of 2026.
- CountyCare must submit a new proposal to act as Managed Care Community Network beyond 2026.
- September 15th, The Illinois Department of Healthcare and Family Services (HFS) released a new a Request for Proposals (RFP) for services to start January 1, 2027.

HealthChoice Illinois RFP

Submission Timeline





9/15/25

RFP released



9/23/25

Pre-Bid Conference



10/7/25

Questions to HFS due



11/13/25

RFP Submission due

58 days

HealthChoice Illinois RFP

COOK COUNTY

Implementation Timeline



11/2025

RFP

due

Submission



2/2026

Notice of Award



7/2026

Contract Execution



Fall 2026





1/2027

Operational Start Date

13.5 months

Initial term for contracts awarded: July 1, 2027-December 31, 2030 (with option to renew for up to 5.5 years)

How are NCQA Health Plan Ratings Created?

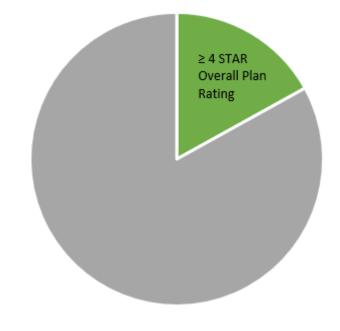
- **HEDIS** (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures used by more than 90% of all United States health insurance plans.
- CAHPS (Consumer Assessment of Healthcare Providers & Systems) is a survey administered to a sample of Medicaid members once annually.
- The National Committee for Quality Assurance (NCQA) develops, updates, and maintains HEDIS measures and the CAHPS survey.
- NCQA quality survey ratings are conducted annually for all health plans.
 NCQA develops these ratings by assessing performance on clinical quality (HEDIS) and patient experience (CAHPS). These scores are weighted to produce a 1-5 rating.



2025 NCQA Health Plan Ratings



- CountyCare is proud to have achieved a 4-star overall plan rating in the 2025 NCQA Health Plan Ratings.
- Only the top 22% of Medicaid health plans nationally achieved a 4-star rating or higher in rating year 2025.
- CountyCare was the only Illinois Medicaid MCO to receive a 4-star overall plan rating in 2025.





2025 NCQA Health Plan Ratings



CountyCare was the only plan to achieve:

- 4-star rating for Overall Health Plan Rating.
- 3.5-star ratings for Patient Experience and Prevention & Equity.

—	Aetna Better Health of Illinois, Inc. (ABHIL) (MY2024)	Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation (MY2024	Cook County Health & Hospitals System's CountyCare Health Plar (MY2024)	Meridian Health Plan	Molina Healthcare of Illinois, Inc. (MY2024)
Overall Health Plan Rating	3.5	3.5	4.0	3.5	3.5
Patient Experience Category Rating	1.5	2.5	3.5	3.0	3.0
Prevention and Equity Category Rating	2.5	3.0	3.5	3.0	2.5
Treatment Category Rating	3.0	3.0	3.0	3.0	3.0

NCQA Successes – Member Experience

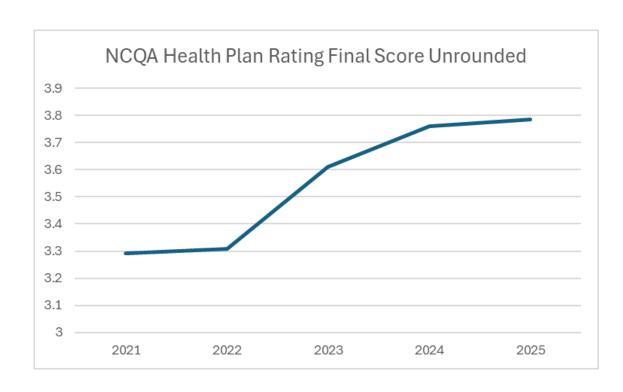
V	Aetna Better Health of Illinois, Inc. (ABHIL) (MY2024)	Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation (MY2024	Cook County Health & Hospitals System's CountyCare Health Plan (MY2024)	Meridian Health Plan of Illinois, Inc. (MY2024)	Molina Healthcare of Illinois, Inc. (MY2024)
Patient Experience Category Rating	1.5	2.5	3.5	3.0	3.0
Getting Care Sub-Category Rating	2.0	2.0	3.0	2.5	3.0
Getting Care Easily	2.0	2.0	3.0	3.0	3.0
Getting Care Quickly	2.0	2.0	3.0	2.0	3.0
Satisfaction with Plan and Plan Services	1.0	3.0	4.5	3.5	3.0
Rating of Health Plan	1.0	3.0	5.0	4.0	2.0
Rating of Care	1.0	3.0	4.0	3.0	4.0

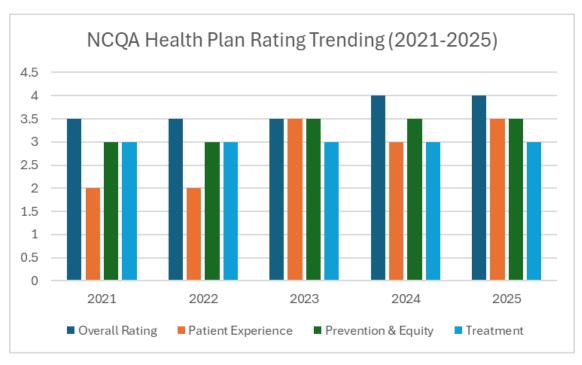


CountyCare is a leader in Illinois with Satisfaction with Plan and Plan Services achieving a 4.5-star sub-category rating, along with a 5-star rating for Rating of Health Plan.

NCQA Rating – Continued Progress









- CountyCare's raw total score, which determines overall plan rating, has improved year-over-year consistently for the past five years.
- As a result, the category and overall plan ratings have also improved over the past few years.

Progress on Low Performing Measures



Measure	MY2023	MY2024	% Change
Childhood Immunization Status - Combo 10	30.4%	33.0%	2.6%
Prenatal and Postpartum Care - Postpartum Care	81.6%	83.8%	2.2%
Breast Cancer Screening	55.2%	57.0%	1.8%
Asthma Medication Ratio (Total)	54.1%	60.6%	6.5%
Appropriate Testing for Pharyngitis (Total)	74.3%	82.2%	7.9%
Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	69.8%	70.0%	0.2%
Blood Pressure Control for Patients With Diabetes	65.4%	72.0%	6.6%
Eye Exam for Patients With Diabetes	56.4%	58.0%	1.6%
Hemoglobin A1c Control for Patients With Diabetes - HbA1c Control (<8%)	58.1%	60.4%	2.3%
Controlling High Blood Pressure	54.6%	62.1%	7.5%
Follow-Up After Hospitalization For Mental Illness - 7 days (Total)	23.5%	29.6%	6.1%
Follow-Up After Emergency Department Visit for Mental Illness - 7 days (Total)	38.8%	40.1%	1.3%
Follow-Up After Emergency Department Visit for Substance Use - 7 days (Total)	24.0%	25.1%	1.1%
Follow-Up After High-Intensity Care for Substance Use Disorder - 7 Days (Total)	35.4%	38.5%	3.1%
Antidepressant Medication Management - Effective Continuation Phase Treatment	43.0%	47.0%	4.0%
Pharmacotherapy for Opioid Use Disorder (Total)	19.0%	23.5%	4.5%
Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing	37.0%	34.3%	-2.7%
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	47.3%	50.1%	2.8%
Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment - Total	10.4%	13.0%	2.6%

CountyCare observed rate increases for > 90% of low performing measures from the prior year's NCQA measure ratings

Goal to Achieve 4.5-Star Overall Rating in 2026

Strategy for Continued Improvement:

- All health plan departments and teams have been engaged in targeted performance improvement activities.
- Efforts have been prioritized based on analysis to drive the most impact for MY2025 ratings and member outcomes.

Workstreams focusing on interventions:

- Provider Engagement & Pharmacy
- Member & Community Outreach
- Data & Quality
- Benefits & Programs

Performance Improvement Strategy



CountyCare's goal is to achieve a NCQA 4.5-star rating in 2026

Performance Improvement Workgroups

Four performance improvement groups meet regularly to work on interventions to impact measures and evaluate if interventions are having the intended impact.

Provider and CME Partnership

Quality presentation in provider partnership and Care Management Entity (CME) Joint Operating Committee (JOC) meetings to share quality performance, discuss priorities and collaborate on improvement efforts.

Data Improvement

Working on expanding supplemental data sources through payer data exchange options and the addition of new supplemental sources.

Value-Based Care and Incentives

Include priority measures in value-based care (VBC) agreements and **provider incentives** to align provider quality improvement efforts with health plan areas of focus.

Education, outreach, and communication

Member Engagement

Member Rewards and Benefits

in multiple modalities to ensure members are receiving relevant information to their care needs Reviewing benefits and rewards communication and comprehension to

Transport from brown on the manufaction of a vant

Quality & Patient Safety Metrics



Stroger Op Ex Committee Dashboard

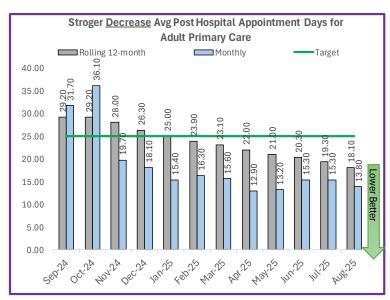
Met or Exceeded Stretch Goal
Met or Exceeding Target, not meeting Stretch
Improvement from Baseline, not meeting Target
At Baseline, not improving from baseline

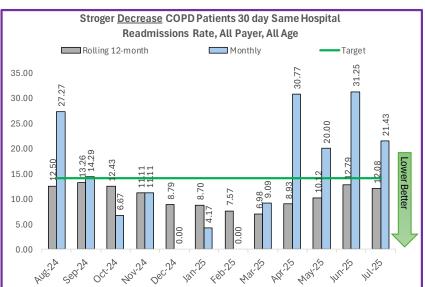


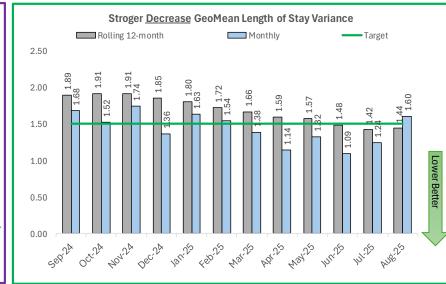


Chart performance monitoring-color based on the most recent rolling 12-month scoring measure results.









Stroger Op Ex Committee Dashboard

Stretch

67%

Increase Rolling 12-month Sepsis SEP-1 Bundle Compliance

Increase Monthly Sepsis SEP-1 Bundle Compliance

Baseline

56%

Expected

2.75%

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

52.84% 50.53% 47.03% 42.93% 42.38% 43.12% 43.72% 44.17% 41.87% 41.90%

29.41% 38.89% 45.00% 50.00% 44.00% 33.33% 35.71% 47.83% 50.00% 47.62% 27.27% 45.83%



50.53% 42.05% -16.8%

-20% -13%

Op Ex Steering Committee Dashboard for Stroger Hospita	l					
DOMAIN WORKGROUPS N	1etrics					
				Quarterly	YTD % in Q1- Q2-	Q3-
PATIENT EXPERIENCE				Improvement	Sep-24 Oct-24 Nov-24 Dec-24 Jan-25 Feb-25 Mar-25 Apr-25 Mav-25 Jun-25 Aug-25 Sep-25 2024 "	2025
	Target	Stretch	Baseline	Expected	2020 Citalige 2020 2020	2025
Increase Rolling 12-month Top Box Comm w/ Physician Domain	85.00	87.50	82.01	0.75		-2.4
Increase Monthly Top Box Comm w/ Physician Domain					84.33 86.24 87.68 85.61 88.35 86.64 82.05 87.20 84.53 90.29 83.82 78.14	7
				Quarterly		
				Improvement	Sep-24 Oct-24 Nov-24 Dec-24 Jan-25 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Aug-25 Sep-25 2024	Q3-
	Target	Stretch	Baseline	Expected	2025 change 2025 2025	2025
Increase Rolling 12-month Top Box Comm w/ Nursing Domain	73.00	75.00	69.75	0.81	69.75 69.88 70.98 71.80 72.69 73.54 73.55 74.00 73.90 74.63 76.33 76.14 71.80 75.29 4.9 % 5.7 3.6	2.5
Increase Monthly Top Box Comm w/ Nursing Domain					71.66	
				Quarterly		
CLINICAL OUTCOMES				Improvement	Sep-24 Oct-24 Nov-24 Dec-24 Jan-25 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25	Q3-
CLINICAL OUTCOMES	Target	Stretch	Baseline	Expected	Sep-24 Oct-24 Nov-24 Dec-24 Jail-25 Feb-25 Mai-25 Api-25 May-25 Juli-25 Juli-25 Aug-25 2024 2025 change 2025 2025	2025
Decrease Rolling 12-month Mortality Index	Target 0.80	SHELLII	0.86	-0.02	0.93	0.2
Decrease Monthly Mortality Index	0.60		0.00	-0.02	1.18 1.19 1.12 0.97 0.97 0.84 1.01 0.75 0.88 0.98 1.03 0.92	0.2
Decrease Monthly Mortality index					1.10 1.19 1.12 0.97 0.97 0.04 1.01 0.73 0.00 0.90 1.03 0.92	
				Quarterly	YTD % in Q1- Q2-	Q3-
			A Described	Improvement	Sep-24 Oct-24 Nov-24 Dec-24 Jan-25 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25 2024 2025 change 2025 2025	2025
	Target	Stretch		Expected		221
Decrease Rolling 12-month Patient Safety Indicator PSI-90 Composite	0.907		1.008	-0.025		0.21
Decrease Monthly Patient Safety Indicator PSI-90 Composite					0.80 1.22 0.86 0.90 0.97 0.81 0.87 0.78 1.09 0.94 1.39 0.82	
				Quarterly	YTD % in 01- 02-	02
				Improvement	Sep-24 Oct-24 Nov-24 Dec-24 Jan-25 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25 2024	Q3-
4				/	2025 change 2025 2025	2025

Stroger Op Ex Committee Dashboard

Decrease Monthly Median ED LOS for ED Discharged Patient

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

239 373



READMISSIONS	Target	Stretch	Baseline	Quarterly Improvement Expected	Aug-24 Sen-24 Oct-24 Nov-24 Dec-24 Jan-25 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 2024	Q2- Q3- 2025 2025
Decrease Rolling 12-month COPD Readmission Rate (all ages, all payers)	14.00	13.00	15.40	-0.35	12.50 13.26 12.43 11.11 8.79 8.70 7.57 6.98 8.93 10.12 12.79 12.08 8.79 16.83 91.5% -10.4 1	13.5 7.1
Decrease Monthly COPD Readmission Rate (all ages, all payers)					27.27 14.29 6.67 11.11 0.00 4.17 0.00 9.09 30.77 20.00 31.25 21.43	
	Target	Stretch	Baseline	Quarterly Improvement Expected	Sep-24 Oct-24 Nov-24 Dec-24 Jan-25 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25 2024	Q2- Q3- 2025 2025
Decrease Rolling 12-month Post Hospital Appointment Days for Adult	25.00	20.00	32.50	-1.88	29.20 29.20 28.00 26.30 25.00 23.90 23.10 22.00 21.00 20.30 19.30 18.10 26.3 15.20 -42.2% -14.4 -	14.7 -12.0
Decrease Monthly Post Hospital Appointment Days for Adult Primary Care					31.70 36.10 19.70 18.10 15.40 16.30 15.60 12.90 13.20 15.30 15.30 13.80	
THROUGHPUT	Target	Stretch	Baseline	Quarterly Improvement Expected	Sep-24 UCT-24 NOV-24 Dec-24 Jan-25 Fep-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25 2024	Q2- Q3- 2025 2025
Decrease Rolling 12-month Geometric Mean Length of Stay (GMLOS)	1.50	1.30	1.87	-0.09	1.89 1.91 1.91 1.85 1.80 1.72 1.66 1.59 1.57 1.48 1.42 1.44 1.85 1.37 -25.9% -0.3 -	-0.5 -0.2
Decrease Monthly Hospital Geometric Mean Length of Stay (GMLOS)					1.68 1.52 1.74 1.36 1.63 1.54 1.38 1.14 1.32 1.09 1.24 1.60	
	Target	Stretch	Baseline	Quarterly Improvement Expected	Sep-24 Oct-24 Nov-24 Dec-24 Jan-24 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25 2024	Q2- Q3- 2025 2025
Decrease Rolling 12-month Median ED LOS for ED Discharged Patients	324	288	360	-9	328 321 321 312 301 305 305 300 299 296 286 293 312 303 -2.9% -56.0 -6	87.0 55.0
4						

Provident Op Ex Committee Dashboard

Met or Exceeded Stretch Goal

Met or Exceeding Target, not meeting Stretch

Improvement from Baseline, not meeting Target

At Baseline, not improving from baseline



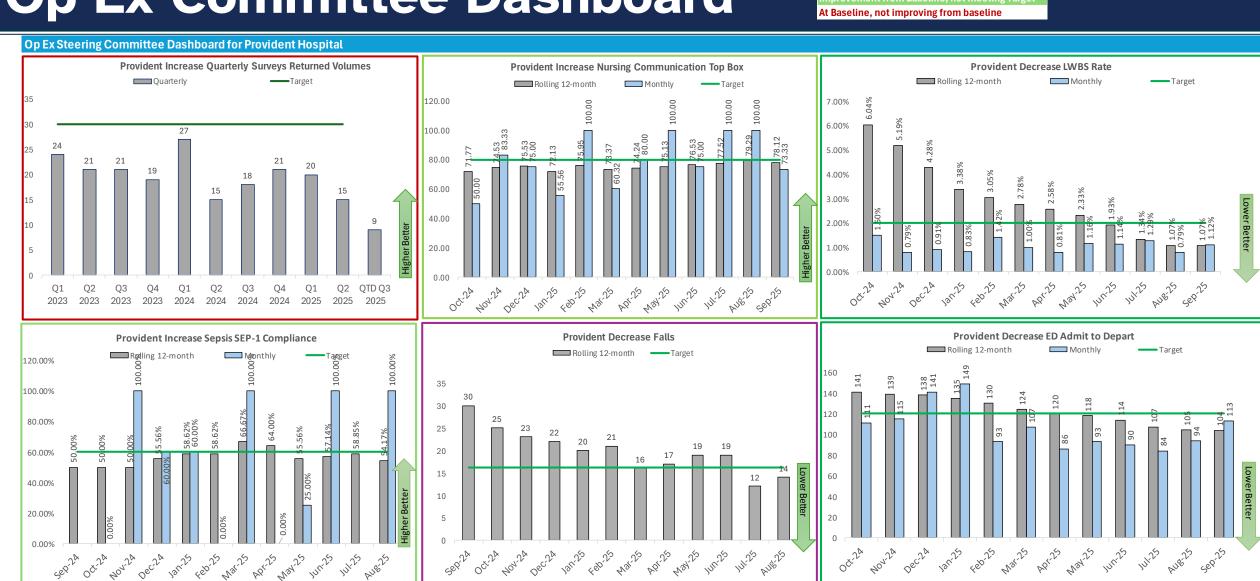


Chart performance monitoring-color based on the most recent rolling 12-month scoring measure results.

Provident Op Ex Committee Dashboard

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



Op Ex Steering Committee Dashboard for Provident Hospital

DOMAIN \	VORKGROUPS	Metrics

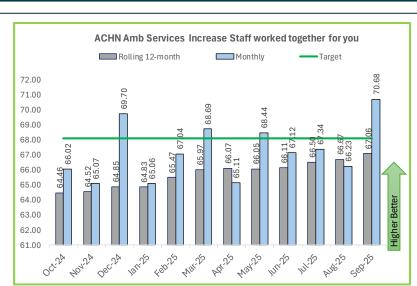
				O												
DATIENT EVDERIENCE				Quarterly	04 0000	00.0000	00.000	0.4.0000	04 0004	00.0004	00.0004	040004	04 0005	00.000	QTD Q3	QTD
PATIENT EXPERIENCE	T	044.4	D!!	Improvement	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	2025	202
				Expected				- 40	-	4=	- 40	~		4=		
Increase Qtrly Survey Return Volumes	30	35	19	3	24	21	21	19	27	15	18	21	20	15	9	
Data lagging updated often																
				Quarterly												
				Improvement	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-
			Baseline	Expected												
Increase Rolling 12-month Top Box Comm w/ Nursing Domain	80.00	83.00	74.55	0.613	71.77	74.53	75.53	72.13	75.95	73.37	74.24	75.13	76.53	77.52	79.29	78.1
Increase Monthly Top Box Comm w/ Nursing Domain					50.00	83.33	75.00	55.56	100.00	60.32	80.00	100.00	75.00	100.00	100.00	73.3
				Quarterly												
CLINICAL OUTCOMES				Improvement	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-
	Target	Stretch	Baseline	Expected												
Increase Rolling 12-month Increase Sepsis SEP-1 Compliance	60%	65%	47%	3.33%	50.00%	50.00%	50.00%	55.56%	58.62%	58.62%	66.67%	64.00%	55.56%	57.14 %	58.85%	54.1
Increase Monthly Increase Sepsis SEP-1 Compliance					no data	0.00%	100.00%	60.00%	60.00%	0.00%	100.00%	0.00%	25.00%	100.00%	no data	100.0
				Quarterly												
				Improvement	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-
	Target	Stretch	Baseline	Expected												
Decrease Rolling 12-month Inpatient Falls	16	15	18	-0.45	30	25	23	22	20	21	16	17	19	19	12	14
Decrease Monthly Inpatient Falls					0	2	1	0	0	2	1	2	2	2	0	2
, ,																
				Quarterly												
THROUGHPUT				Improvement	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-
	Target	Stretch	Baseline	Expected							•					
Decrease Rolling 12-month Median ED Admit Decision to Depart ED	120.00		139.00	-4.75	141	139	138	135	130	124	120	118	114	107	105	10
Decrease Monthly Median ED Admit Decision to Depart ED					111	115	141	149	93	107	86	93	90	84	94	11:
,																
				Quarterly												
				Improvement	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	Mav-25	Jun-25	Jul-25	Aug-25	Sep-
	Target	Stretch	Baseline	Expected	JUL 24	27	300 24	Juli 20	. 0.0 20		7.p. 20	. 14, 20	Jun 20	Jul 25	20	COP
Decrease Rolling 12-month LWBS Rate	2.0%	1.0%	4.3%	-0.6%	6.04%	5.19%	4.28%	3.38%	3.05%	2.78%	2.58%	2.33%	1.93%	1.34%	1.07%	1.07
Decrease Monthly Decrease LWBS Rate	2.070	1.070	4.070	-0.070	1.50%	0.79%	0.91%	0.83%	1.42%	1.00%	0.81%	1.16%	1.14%	1.29%	0.79%	1.12
Decidase Fioritity Decidase LWDS hate					1.50%	0.75%	0.91%	0.03%	1.4270	1.00%	0.01%	1.10%	1.1470	1.25%	0.75%	1,12

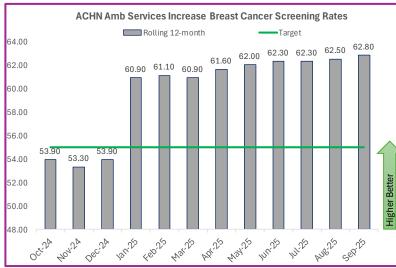
,						
	Linear	% in		Q1-	Q2-	Q3-
2024	Trend	change	2	2025	2025	2025
77	2025	-0.2		-1.9	-9.6	-18.3
77	59	-0.2	_	-1.9	-9.6	-10.3
	YTD	% in		Q1-	Q2-	Q3-
2024	2025	change		2025	2025	2025
					/	<u> </u>
75.53	81.83	8.3%	_	-0.6	7.6	12.5
	YTD	% in		Q1-	Q2-	Q3-
2024	2025	change		2025	2025	2025
						-
55.56%	46.70%	-15.9%	_(0.0%	-20.0%	43.3%
	Linear	% in		Q1-	Q2-	Q3-
2024	YTD	change		2025	2025	2025
	2025	onungo	,			2020
22	11	-50.0%	_	-1.6	1.9	-2.7
	YTD	% in		Q1-	Q2-	Q3-
2024	2025	change		2025	2025	2025
				<u>/_</u>	7	7
138	99	-28.3%		18.3	-41.0	-29.8
	YTD	% in		Q1-	Q2-	Q3-
2024	2025	change		2025	2025	2025
			•	<u> </u>	<u> </u>	<u> </u>
4.28%	1.07 %	-75.1%	-2	2.63%	-2.11%	-1.51%

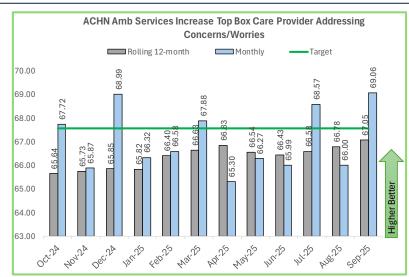
Met or Exceeded Stretch Goal
Met or Exceeding Target, not meeting Stretch
Improvement from Baseline, not meeting Target

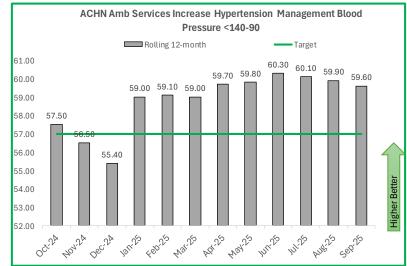
At Baseline, not improving from baseline

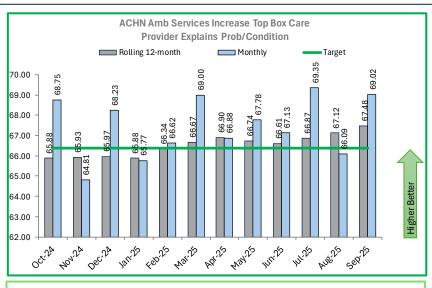


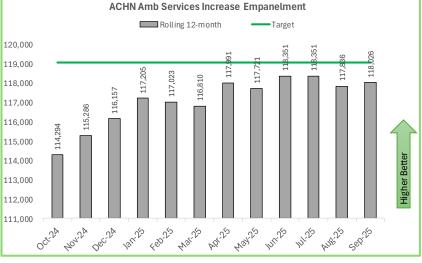












ACHN Op Ex Committee Dashboard

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



Op Ex Steering Committee Dashboard for ACHN

board for ACTIN																					
Metrics																					
				Quarterly																	
c					Oct-24	Nov-24	Dec-24	lan-25	Foh-25	Mar-25	Δnr-25	May-25	lun-25	lul-25	Διισ-25	San-25		2024	YTD	% in	Q1
Í	Target	Stretch		•	OC1-24	1404-24	Dec-24	Jai1-25	160-25	1101-25	Ap1-23	14ay-25	Juli-25	Jul-25	Aug-25	3ep-23		2024	2025	change	202
ff worked together for you				•	64.46	64.52	64.85	64.83	65.47	65.97	66.07	66.05	66.11	66.50	66.67	67.06		64.85	67.16	3.6%	0.
for you					66.02	65.07	69.70	65.06	67.04	68.69	65.11	68.44	67.12	67.34	66.23	70.68	-				
				•																	
				Quarterly															VTD	0/. in	01
				Improvement	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25		2024			Q1 202
	Target			<u> </u>															2020		
	67.54	69.13	65.62	0.48			65.85											65.85	66.90	1.6%	<u> </u>
ing Concerns/Worries					67.72	65.87	68.99	66.32	66.58	67.88	65.30	66.27	65.99	68.57	66.00	69.06					
					Oct 24	Nov 24	Doc 24	lan OF	Fob OF	Mor OF	Anr OF	May 25	lum OF	lul OF	Aug OF	Con OF		2024	YTD	% in	Q1
	Target	Stratch		•	UCI-24	NOV-24	Dec-24	Jaii-25	ren-25	Mai-25	Apr-25	May-25	Juli-25	Jui-25	Aug-25	Sep-25		2024	2025	change	202
e Provider Explains					65.88	65.93	65.97	65.88	66.34	66 67	66.90	66.74	66.61	66.87	67.12	67.48		65 97	67.54	2 4%	2.
·	00.00	00.00	04.47	0.40		64.81	68.23	65.77							66.09		-	00.07	07.04	2.470	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ļ	00.70	00_	00.20			00.00				00,000		00.02					
				Quarterly															VTD	0/ 1	0.4
				Improvement	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25		2024			Q
	Target	Stretch	Baseline	Expected															2025	change	202
r Screening Rate	55.00	58.40	53.30	0.43	53.90	53.30	53.90	60.90	61.10	60.90	61.60	62.00	62.30	62.30	62.50	62.80		50.50	57.10	13.1%	6.
				Quarterly															VTD	% in	01
				Improvement	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25		2024			202
	Target			Expected																	
ı Management Blood	57.00	61.00	55.00	1.58	57.50	56.50	55.40	59.00	59.10	59.00	59.70	59.80	60.30	60.10	59.90	59.60	•	52.80	55.90	5.9%	0.
																					56.
				•															YTD	% in	01
	_			•	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25		2024	2025	change	202
				•	444.001	445.000	440.455	447.005	447.000	440.040	447.004	447 704	440.054	440.054	447.000	440.000	I	440.457			
iliated Patients	119,061	121,965	116,157	1,452	114,294	115,286	116,157	117,205	117,023	116,810	117,991	117,721	118,351	118,351	117,836	118,026	=	116,157	118,026	1.6%	-75
																					11/6
f .	Metrics G If worked together for you for you e Provider Addr. ing Concerns/Worries e Provider Explains s Prob/Condition r Screening Rate	Metrics G Target If worked together for you for you Target e Provider Addr. ing Concerns/Worries Target e Provider Explains s Prob/Condition Target Target 110.061 Target 110.061	Metrics G Target Stretch ff worked together for you for you Target Stretch e Provider Addr. ing Concerns/Worries Target Stretch e Provider Explains a Prob/Condition Target Stretch r Screening Rate Target Stretch 55.00 58.40 Target Stretch 119.061 121.965	Target Stretch Baseline for you Target Stretch Baseline 68.08 69.78 65.66 Target Stretch Baseline 67.54 69.13 65.62 Target Stretch Baseline 66.39 68.36 64.47 Target Stretch Baseline 66.39 68.36 64.47 Target Stretch Baseline 7 Screening Rate Target Stretch Baseline 7 Stretch Baseline	Metrics Target Stretch Baseline Expected	Target Stretch Baseline Expected Gr.54 Gr.54 Gr.72	Metrics	Metrics	Metrics	Metrics	Metrics	Provider Addr. Farget Stretch Baseline Expected Improvement Oct-24 Nov-24 Dec-24 Jan-25 Feb-25 Mar-25 Apr-25 A	Quarterly Improvement Oct-24 Nov-24 Dec-24 Jan-25 Feb-25 Mar-25 Apr-25 May-25 Ma	Netrics Provider Explains Provider Explains Provider Expected Provider Explains Provider Expla	Provider Addr.	Metrics Company Comp	Provider Explains Ga.38 Ga.39 Ga.36 Ga.30 Ga.38 Ga.39 Ga.39	Quarterly Improvement Oct-24 Nov-24 Dec-24 Jan-25 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25 Sep-25	Management Bloof Street Street	Mary Content Content	Provider Explains Gas Stretch Baseline Expected Col. 24 Nov. 24 Dec. 24 Jan. 25 Feb. 25 Mar. 25 Mar. 25 Jul. 2

Data Definitions & Legend Reference

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

