



CCH Monthly Report



Item #: 23-1210

March 2023



COOK COUNTY
HEALTH

Administrative & Legislative Updates

Presented to the Cook County Health Board on February 24, 2023



COOK COUNTY
HEALTH

Recognition



COOK COUNTY
HEALTH

January Commitment to Excellence Awards

Thank you to our staff for going above and beyond!

Qursheed Ali, RRT

Respiratory Department, Stroger
Hospital

Adewunmi Sulaiman, RRT

Respiratory Department, Stroger
Hospital

Dr. Ashlea Winfield

Emergency Medicine, Stroger
Hospital

Brian Alston

HIS

Rene Jackson

HIS

Melvin Williams

Inpatient /8 West, Provident
Hospital

Patient Care Team

Trauma Unit, Stroger Hospital

To nominate a colleague for a Commitment to Excellence Award

send an email to CTEA@cookcountyhealth.org.

Black History Month Panel

In celebration of Black History Month, Cook County Board President Toni Preckwinkle joined Cook County Health for a discussion on health equity and health issues that impact the Black community.

Thank you to Shannon Andrews, Dr. Fegan, Dr. Myhand, and Dr. McNeal for a successful and insightful event!

COMMUNITY FORUM
Celebrating Black History Month
A Conversation with
African American Leaders in Medicine

THURSDAY, FEBRUARY 16, 2023

12:00 p.m. - 1:00 p.m.

Watch via [Cook County Health's Facebook Live](#)

OPENING REMARKS BY



Toni Preckwinkle
Cook County Board President



Shannon Andrews
Chief Equity and Inclusion Officer



MODERATED BY

Dr. Jacquelyn Whitten,
Chief Nursing Officer at Stroger Hospital

PANELISTS



Dr. Claudia Fegan
Chief Medical Officer
Cook County Health



Dr. Kristen Crittle Myhand
Obstetric Gynecologist



Dr. Mark Grevious
Chair of Plastic Surgery

Dr. Jenea McNeal
(not pictured)
Attending Psychiatrist of
Correctional Psychology at
Cermak Health Services



COOK COUNTY
HEALTH

America's Essential Hospital Fellowship

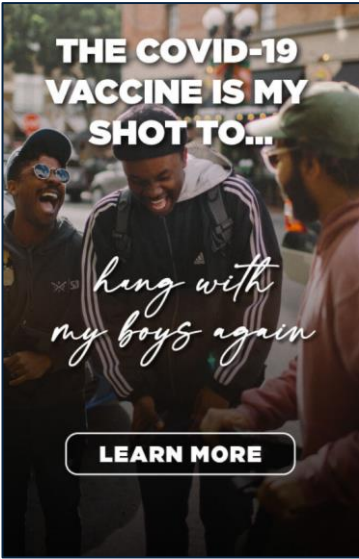
Congratulations to these leaders who are graduating from the America's Essential Hospitals Fellowship program this month:

- Iliana Mora, Chief Administrative Officer, Ambulatory Services
- Dr. Whitney Lyn, Attending Physician, Family & Community Medicine
- Christina Urbina, Director of Maternal & Child Health Programs



Healthcare Digital Marketing Award

Cook County Health's My Shot campaign has won another award! The Healthcare Digital Marketing Awards (HDM Awards) recognized the Covid campaign with a Silver award, making it our campaign's 14th award.



Healthcare Digital Marketing Award

Last year's County Care's Choice campaign, "CountyCare is there," has won a Gold award from the Healthcare Digital Marketing Awards (HDM Awards) for our Total Digital Marketing Program. This is the campaign's 5th award!



End of Public Health Emergencies



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HEALTH

Medicaid Redetermination

Federal and State COVID-19 Public Health Emergencies ending

- Medicaid redetermination begins on April 1
 - Has been paused for three years under federal/state PHE
- All Medicaid members will be up for redetermination on a rolling basis next 12+ months
- Estimated 384,000 - 700,000 Medicaid members expected to lose coverage due to ineligibility or lack of completing redetermination paperwork

Medicaid Redetermination

Call to Action:

- Educate Medicaid members that redetermination is starting
- Encourage them to update their mailing address with Illinois Department of Healthcare and Family Services by calling 877-805-5312 or visiting HFS website:
www2.illinois.gov/hfs/MedicalClients/Pages/addresschange.aspx



MEDICAID CUSTOMER!
Updating your address is easy, fast and free

 CALL 877.805.5312 OR
TTY: 877.204.1012
MON-FRI 7:45 - 4:30PM

 MEDICAID.ILLINOIS.GOV

 HFS
Illinois Department of
Healthcare and Family Services

DON'T RISK LOSING YOUR HEALTH INSURANCE



¡MIEMBROS DE MEDICAID!
¡Actualizar su dirección es fácil, rápido y gratuito!

 LLAME AL 877.805.5312 O AL TTY: 877.204.1012
LUN-VIE 7:45 a. m. - 4:30 p. m.

 MEDICAID.ILLINOIS.GOV

 HFS
Illinois Department of
Healthcare and Family Services

NO SE ARRIESGUEN A PERDER SU SEGURO MÉDICO



One Source Enterprise: Transforming Patient Access

Angela O'Banion, Chief Information Officer

Iliana Mora, Chief Administrative Officer, Ambulatory Services



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Objectives

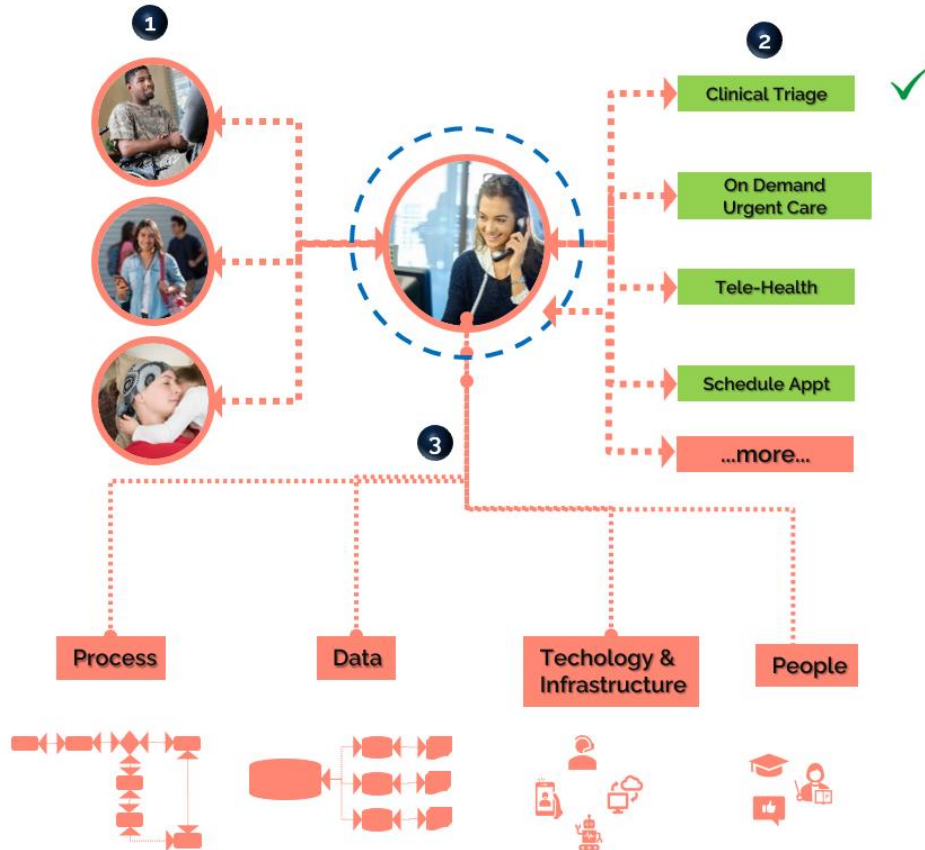
1. Overview of One Source Enterprise (OSE)-Transforming Patient Access
 - a. Alignment with Strategic Pillars
 - b. Urgent Care
 - c. Virtual Care
 - d. Patient Experience
 - e. Agent Patient 360

2. Implementation Roadmap



One Source Enterprise (OSE)

From Concept to Delivery



Envisioned State

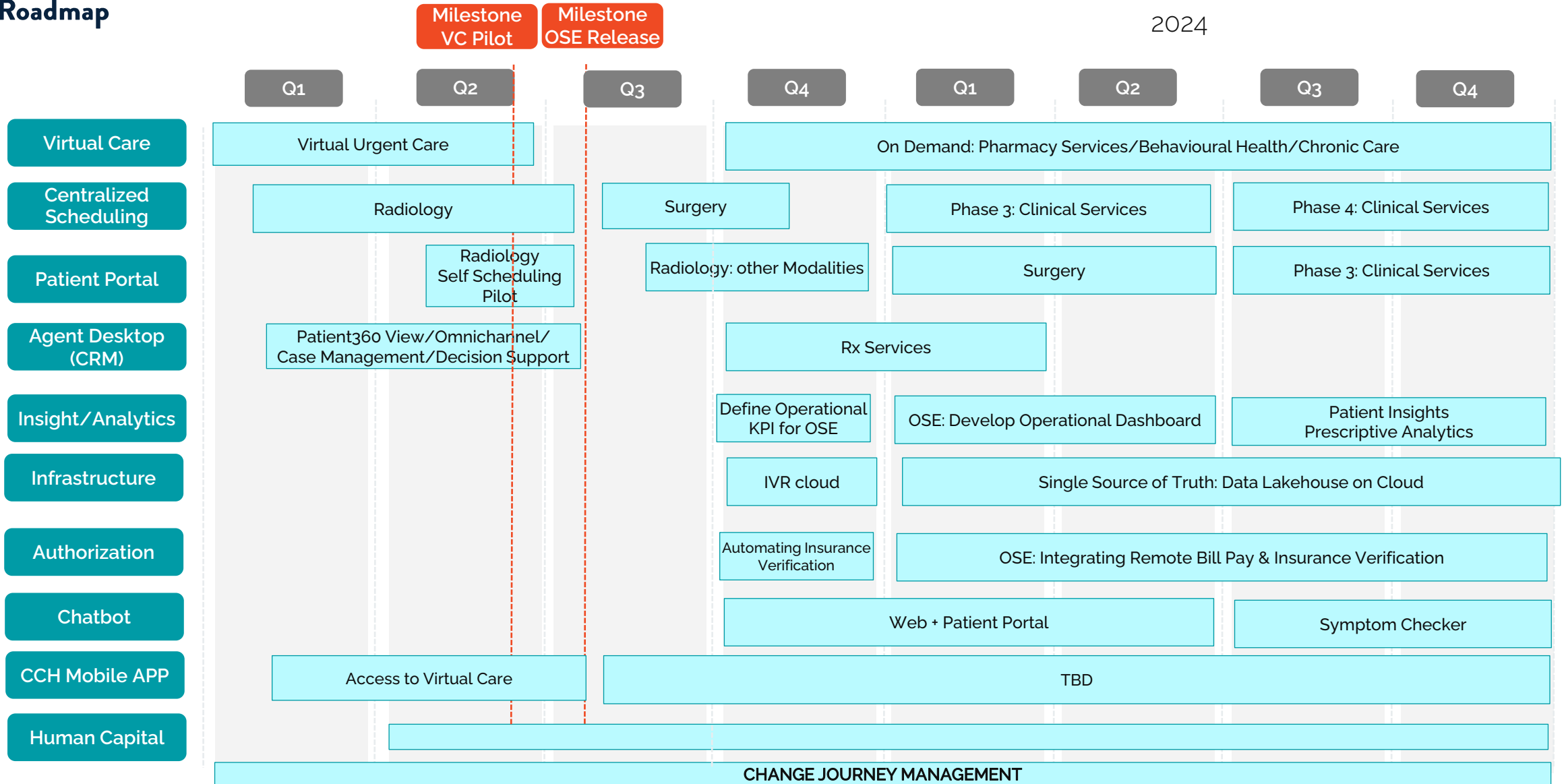
1. Patient/Caretaker/Care giver (**CONSUMER**) reaches out to the Contact Center
2. The Contact Center will provide all required **services** in its scope.
3. The Contact Center has a set of **capabilities** to steer the consumer and connect her/him to a specific service(s), e.g., "On-demand Emergency Services," Clinical Triage or Telehealth Services at the Point of Care .

One Source Enterprise

- The OSE will present contextually appropriate views of the consumer to the Contact Center Agent and **allow personalized consumer engagement** through a human, with the help of digital agents across interaction channels within Cook County's business ecosystem.
- OSE will **empower Contact Center** with the ability to field inbound calls and incorporate targeted outbound calling initiatives with contextual consumer data.
- OSE also works to **connect all departments** and ecosystem business partners on one platform.

OSE – Business Outcome Timeline – 24 month

Roadmap



Virtual Care

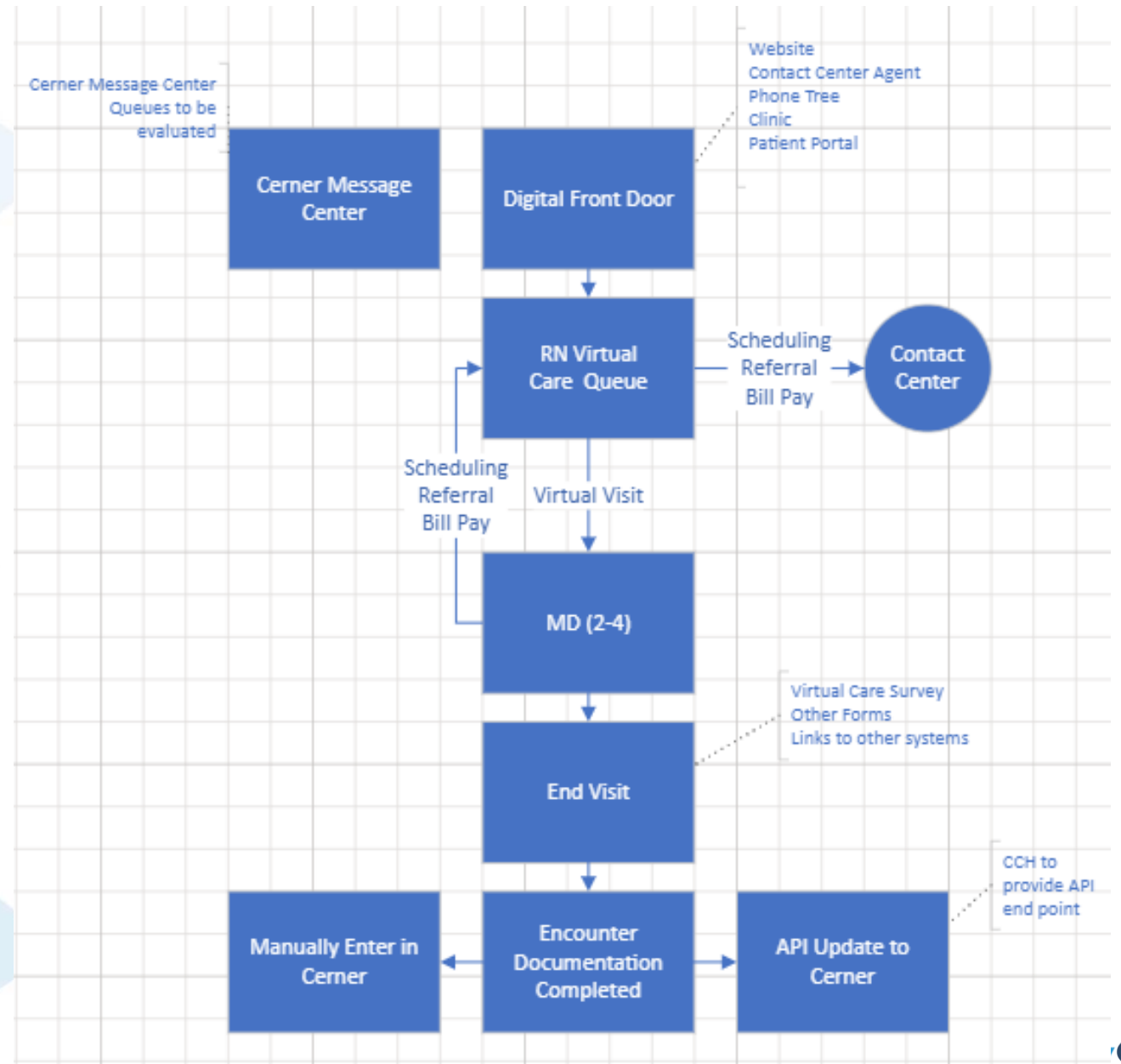


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Virtual Care

Nurse Triage and Urgent Care

- Open access
- Immediate appointments
- Consistent and quality experience
- Scalability (thousands of calls a day/100+ programs)
- Nurse Triage - Contact Center coordination
- Relieve clinic overload
- Message Center backlog
- Data flows to Cerner



Phase 1

Urgent Care Scope of Services:

- Accidents and falls
- Bleeding/cuts—not bleeding a lot but requiring stitches
- Breathing difficulties (i.e., mild to moderate asthma)
- Diagnostic services, including X-rays and laboratory tests.
- Eye irritation and redness
- Fever or flu
- Minor broken bones and fractures (i.e., fingers, toes)
- Moderate back problems
- Severe sore throat or cough
- Skin rashes and infections
- Sprains and strains
- Urinary tract infections
- STIs
- Chest Pain: X-ray pneumonia- EKG if mild pain on chest (initial)
- Headaches: treat the migraine away

Go Live Date: Spring 2023

Belmont Cragin Urgent Care Hours of Operation:

- Monday : 4:00 pm- 10:00 pm
- Saturday: 10:00 am – 4: 00 pm.
- Sunday: 10:00 am – 4: 00 pm.



Patient Experience



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OSE Patient Experience Enhancements

The screenshot displays the 'My Appointments' section of the Cook County Health patient portal. The navigation bar at the top includes 'Home', 'My Health Record', 'My Messages', 'My Appointments' (highlighted), 'Refill My CCHP...', 'Prescription Re...', and 'More'. The left sidebar contains links for 'My Appointments', 'View Upcoming Appointments', 'Schedule an Employee Health Appointment' (highlighted), and 'Test Connection for Your Video Visit'. The main content area is titled 'Select a Time' and features a 'Start Date' input field with a calendar icon and a 'Need a specific provider?' dropdown menu. Below these are 'Advanced filters' and an 'Apply' button. The appointment list shows three options for Thursday, Apr 07, 2022, all at SHCC Employee Booster Station A: 12:00 p.m. CDT, 12:05 p.m. CDT, and 12:10 p.m. CDT, each with a 'Select' button. A right-hand panel shows 'Appointment Selections' for 'CERMAK PMBUILD' with a 50% progress bar and details for 'Reason: CCH Staff Booster', 'Location: Employee Testing - Stroger Location', and 'Preferred Days: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday'. A message at the bottom right prompts the user to 'Please select the desired date and time for your appointment.'

Agent Experience



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Welcome, Patient Contact Center Agents!

Open CTI Softphone: Available

Record Type · Updated a few

Search this list...

Charles Green
Incoming (415) 715-7447...
0:08

Decline Accept

Subject	Status	Priority
Diabetic Counseling	New	Medium
Colonoscopy Preventive Appointment	New	Medium
Breast Cancer Screening Appointment	New	Medium
Cataract - Left IOL	New	Medium
Diabetes Consultation Appointment	New	Medium
Pre-Surgical Consultation for Total Hip Replace...	New	Medium

Patient CSAT Index

Record Count

Customer Satisfaction Index

- A - Extremely Satisfied ...
- B - Satisfied
- C - Neutral
- D - Dissatisfied - At risk ...

Phone Omni-Channel (Offline) Macros Rewind History Log In As



Managing Inbound Inquiries

A call comes in as Hannah makes herself available online. The system automatically recognizes Charles Green as the caller. As Hannah accepts the call, she can see Charles' patient record which opens up.

Legislative Updates – Local

Local

- As access to healthy food remains a great need for our patients and communities, the Fresh Truck partnership between Cook County Health (CCH) and the Greater Chicago Food Depository (GCFD) continues.
- Through February 21, CCH's Fresh Truck partnership with GCFD resulted in 436 visits to CCH health centers – Arlington Heights, Austin, Belmont Cragin, Blue Island, the CORE Center, Cottage Grove, Englewood, North Riverside, Provident/Sengstacke, Prieto, and Robbins.
- Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables, as well as some shelf stable items during the COVID-19 pandemic, to 45,002 households, representing 148,663 individuals. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.
- On February 7, 2023, the Cook County Legislation & Intergovernmental Relations Committee met to consider the appoints of Tanya Sorrell and Mia Webster Cross to the CCH Board of Directors. Both appointments were approved by the committee and then ratified by the Cook County Board at the February 9 Cook County Board meeting.
- Also, on February 7, CCH appeared before the Cook County Health & Hospitals Committee and Dr. LaMar Hasbrouck, CCDPH COO presented the Monthly COVID-19 Vaccination Program Update.

Legislative Updates – State

State

- More than 6000 bills and resolutions have been filed in the House and Senate. The deadline to pass bills out of committee of the originating chamber is March 10. The House and Senate are scheduled to adjourn May 19.
- CCH’s legislative priorities for 2023 include:
 - [SB1670/HB2888](#) – Amends Freedom of Information Act (FOIA) to ensure that HIPAA protected information is not subject to FOIA requests. This bill passed out of the Senate in 2022 with unanimous support and no opposition, but time ran out before it could pass the House.
 - [SB1953/HB2887](#) – Appropriations request for Equity and Representation in Health Care Act to fund scholarships and loan repayment for health care providers who work at Cook County Health or at Federally Qualified Health Centers. Funds were also included in the Governor’s proposed FY2024 budget.
 - [SB122/HB1570](#) – Healthy Illinois Medicaid expansion that would provide Medicaid-like coverage to low-income adults 19-41 years of age, regardless of immigration status.
- The Governor delivered his state of the state and FY2024 budget address on February 15. He highlighted plans to expand investments in early childhood education, housing, and higher education. The Governor also spoke about \$3M to fund the Equity and Representation in Health Care Act (PA 102-0942), legislation passed in the 2022 session by CCH and the Illinois Primary Health Care Association that creates a new loan repayment and scholarship program for clinical personnel working at CCH facilities (or FQHCs), with awards prioritized for individuals from demographics and backgrounds underrepresented in the health care sector.
- Full text of the Governor’s address can be found at www.illinois.gov/news/press-release. The legislature will draft a budget that will be voted on before the end of the session. Historically, when the legislature and the Governor are of the same political party, the legislature will use the Governor’s proposed budget as a starting point for budget discussions.

Legislative Updates – Federal

Federal

118th Congress Organizes, Health Policy Implications

- During late January and early February, the U.S. House of Representatives was occupied with getting organized for the 118th Congress, after its historically chaotic start. This includes formally naming chairs and ranking minority members to committees and filling out their membership rosters. Likewise, the U.S. Senate took some time to organize, with Senate Republicans only finalizing their committee rosters in the first week of February.
- The House committee of jurisdiction for the Medicaid program and other public health programs is the Committee on Energy and Commerce, chaired by Rep. Cathy McMorris Rodgers (R-Wash.) with Rep. Frank Pallone (D-N.J.) as the ranking member. The Subcommittee on Health will be led by Rep. Brett Guthrie (R-Ky.) with Rep. Anna Eshoo (D-Calif.) as the top Democrat. In the health space, Chair McMorris Rodgers has indicated she plans to conduct oversight into the origins of the COVID-19 pandemic and the federal government response. She also plans to focus on the fentanyl crisis, including reauthorizing the bipartisan 2018 SUPPORT Act, which aimed to address the opioid crisis. Notably missing from her stated agenda are calls to “repeal and replace” the Affordable Care Act, though many of the more conservative members of her caucus have expressed ambitious plans to cut the federal budget, which would, if they were to be implemented, almost certainly require significant changes to federal health care programs, including Medicaid and Medicare.
- In the Senate, the Committee on Finance has jurisdiction over the Medicaid and Medicare programs. Finance will be chaired again by Sen. Ron Wyden (D-Ore.) with committee Republicans led by Sen. Mike Crapo (R-Idaho). Sen. Ben Cardin (D-Md.) has been chosen to chair the Health Care Subcommittee with Sen. Steve Daines (R-Mont.) as the ranking Republican. Sens. Wyden and Crapo have indicated that they intend to continue bipartisan work in the behavioral health space. The Committee on Health, Education, Labor and Pensions (HELP) has jurisdiction over many public health programs, including those administered by the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Health Resources and Services Administration (HRSA). The HELP Committee will be chaired by Sen. Bernie Sanders (I-Vt.) with Sen. Bill Cassidy (R-La.). Sen. Ed Markey (D-Mass.) will be the chair of the Primary Health Retirement Security Subcommittee and Sen. Roger Marshall (R-Kan.) will be the ranking member. Sens. Cassidy and Marshall are both physicians. The HELP Committee will take the lead on reauthorizing the SUPPORT Act (the 2018 opioid bill) and the Pandemic and All Hazards Preparedness Act.

Legislative Updates – Federal

Federal

Debt Limit and Entitlement Reform

- On January 19, the U.S. Treasury announced that it had reached the statutory debt limit and would have to begin to use “extraordinary measures” to meet its obligations. They estimate that the limit of these measures will be reached sometime in June. Congressional Republicans have called for the Administration to negotiate unspecified spending cuts in exchange for a vote to raise the debt ceiling. While the White House has instead called for a clean debt ceiling vote and negotiations over future spending. Unlike Medicare and Social Security, Medicaid has not been front and center in the ongoing back and forth. However, Medicaid is always at risk in these wide-ranging debates about federal budgets, debt, and deficits. We will continue to monitor and report on any emerging threats to the stability of the Medicaid program in these ongoing discussions. Bipartisan work on the health care workforce also seems possible.

Biden Administration

- On January 26, CMS approved a Medicaid section 1115 demonstration for the state of California to provide Medicaid services to inmates in state prisons and county jails during the ninety days before their release back into their communities. CMS also announced that they would be releasing guidance for other states to follow to implement similar waivers.
- On January 30, the White House announced that the COVID-19 public health emergency (PHE) and national emergency would both end on May 11, 2023. The announcement was made in a Statement of Administrative Policy in response to a House Republican bill which would end the PHE immediately. While the omnibus package enacted at the end of last year addressed the end of continuous enrollment and enhanced FMAP, as well as laying out requirements for the “unwinding” process, a host of other flexibilities and waivers linked to the end of the PHE will end when it concludes.
- On February 13, at the National Association of Counties (NACo) legislative conference, U.S. Health and Human Services Secretary Xavier Becerra encouraged county officials to work with their state officials to seek creative Medicaid waivers to address social risk factors.
- Also, at the NACo Legislative Conference, CCH CEO Israel Rocha, made a presentation on the Change Institute and how CCH is addressing social risk factors.

Media Dashboard



Presented to the Cook County Health Board on February 24, 2023



COOK COUNTY
HEALTH

Earned Media Dashboard: January 23 – February 20, 2023



Total Media Placements

194



Total Reach

980.1M



Total Media Value

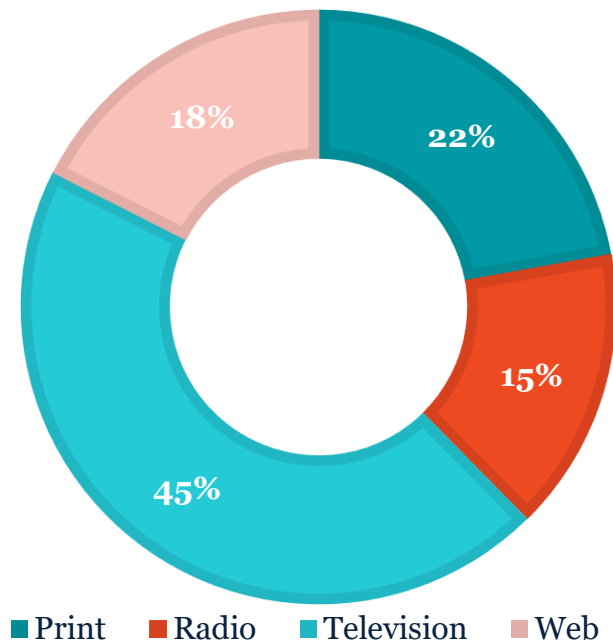
\$9.1M

Top 5 Local Media Outlets

1. ABC 7 Chicago
2. WBBM Radio
3. WTTW
4. CBS 2 Chicago
5. NBC 5 Chicago

Media Dashboard: January 23 – February 20, 2022

Media Outlet Type



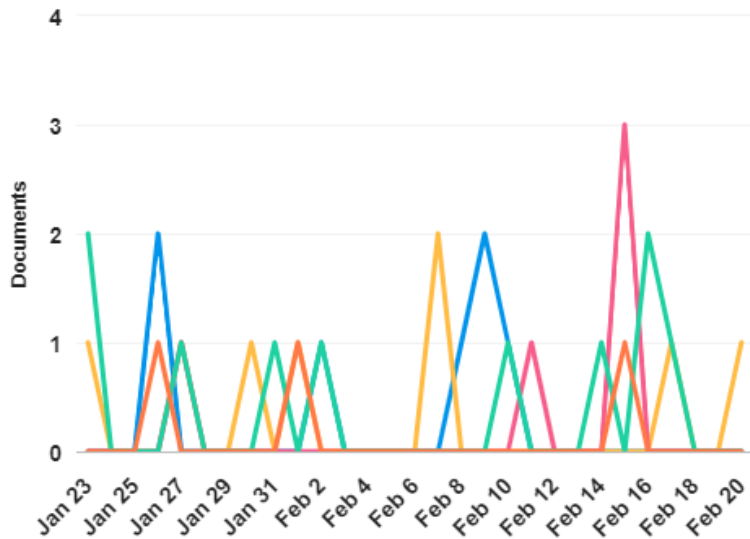
Most Common Topics

1. Blood bank history and the importance of donations
2. Opioids (Xylazine)
3. Fungus and infections
4. Provident history and Black History Month
5. Marijuana and edible safety

Media Benchmarks

Top Chicago media outlets share of voice

Mentions Trend



- Cook County - Top Sources
- Northwestern | Top Sources
- University of Chicago | Top Sources
- Rush | Top Sources
- UIC Hospital | Top Source

Share of Voice by Search



Social Media Summary

January – February Activity

During January 23 – February 20, 2023, the communications team posted content on Facebook, Twitter, Instagram and LinkedIn for Cook County Health.

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

Facebook – 63 posts

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

Twitter – 68

<https://twitter.com/CookCtyHealth>

Instagram – 62 posts (includes stories and IGTV)

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

LinkedIn – 51 posts

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

Social Media Summary

As of January 23

Twitter

- Impressions: **16.9K** (up **39%**)
- Post Link Clicks: **15**
- Engagements: **340** (up **94%**)
- Followers: **4,570** (up **9**)

LinkedIn

- Impressions: **40.3K** (up **38%**)
- Page Views: **1.2K**
- Engagements: **2.8K** (up **70%**)
- Followers: **10.3K** (up **341**)

Facebook

- Total impressions: **83.7K**
- Post engagement: **3.2K**
- Post reach: **30.1K**
- Page followers: **7,947** (up **77**)

Instagram

- Impressions: **19.3K**
- Engagement: **441**
- Profile visits: **387**
- Followers: **3,000** (up **30**)

Finance Metrics



Presented to the Cook County Health Finance Committee on February 16, 2023



COOK COUNTY
HEALTH

Executive Summary: Statement of Financial Condition – December 31, 2022

- On an accrual basis, interim financials show that CCH ended December with a \$37.0M **favorable** variance to budget. On a cash basis, the County's preliminary cash report on revenues and expenses shows a \$49.7M **favorable** variance primarily due to the timing difference of CountyCare PMPM payments impacting the revenue and claims payments impacting expenses.
 - Revenue Commentary:
 - **Favorable** variance to Budget due to BIPA received in December not budgeted until January
 - **Favorable** variance to Budget due to higher than budgeted CountyCare membership
 - Expenditures:
 - Supplies and Purchased Services **favorable** variance to Budget due to lower than budgeted volumes
 - CountyCare claims **unfavorable** variance to budget due to higher than budgeted membership
 - CountyCare:
 - CountyCare is showing an operating gain of \$6.1M
 - Membership remains over 449,000, which is greater than the 426,479 budgeted

Financial Results – December 31, 2022

Dollars in 000s	FY2023 Actual	FY2023 Budget	Variance	%	FY2022 Actual (3)
Revenue					
Net Patient Service Revenue (1)	\$79,678	\$68,951	\$10,726	15.56%	\$69,108
CountyCare Elimination-Claims (1)	(\$7,812)	\$0	(\$7,812)		(\$6,198)
Government Support (2)	\$29,730	\$17,805	\$11,925	66.98%	\$29,730
Adjusted NPSR	\$101,596	\$86,756	\$14,839	17.10%	\$92,639
CountyCare Capitation Revenue	\$252,541	\$241,974	\$10,567	4.37%	\$205,748
CountyCare Elimination-Directed Payments (1)	(\$9,987)	(\$10,411)	\$424		(\$14,146)
Other	\$1,049	\$1,640	(\$591)	-36.05%	\$1,257
Total Revenue	\$345,199	\$319,960	\$25,239	7.89%	\$285,498
Operating Expenses					
Salaries & Benefits	\$61,989	\$60,615	(\$1,374)	-2.27%	\$56,108
Overtime	\$4,228	\$4,562	\$335	7.33%	\$3,734
Supplies & Pharmaceuticals	\$12,576	\$14,703	\$2,127	14.46%	\$11,606
Purchased Services & Other	\$43,261	\$48,380	\$5,119	10.58%	\$31,951
Medical Claims Expense (1)	\$232,362	\$230,462	(\$1,900)	-0.82%	\$185,806
CountyCare Elimination-Directed Payments and Claims (1)	(\$17,799)	(\$10,411)	\$7,388	-70.96%	(\$20,344)
Insurance	\$2,440	\$3,160	\$720	22.78%	\$2,736
Utilities	\$1,047	\$1,011	(\$36)	-3.53%	\$1,168
Total Operating Expenses	\$340,104	\$352,482	\$12,378	3.51%	\$272,764
Operating Margin	\$5,095	(\$32,523)	\$37,618	115.67%	\$12,734
Non-Operating Revenue	\$0	\$635	(\$635)	-100.00%	\$11,475
Net Income (Loss)	\$5,095	(\$31,888)	\$36,983	115.98%	\$24,209

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.

Source: CCH unaudited financial statements and FY23 budget.

Cook County Health

Volumes: December 31, 2022

Key Revenue Indicators

Patient Activity Stroger	2023 YTD Actual	2023 YTD Budget	%	2022 YTD Actual	2021 YTD Actual		Dec 2022 Actual	Dec 2021 Actual
Average Daily Census *	306	234	31.0%	290	261		306	290
Emergency Room Visits	6,595	8,069	-18.3%	6,668	5,831		6,595	6,668
Surgeries	899	971	-7.4%	910	841		899	910

Patient Activity Provident	2023 YTD Actual	2023 YTD Budget	%	2022 YTD Actual	2021 YTD Actual		Dec 2022 Actual	Dec 2021 Actual
Average Daily Census *	23	26	-11.5%	8	7		23	8
Emergency Room Visits	2,211	2,547	-13.2%	1,962	1,401		2,211	1,962
Surgeries	256	276	-7.2%	133	249		256	133

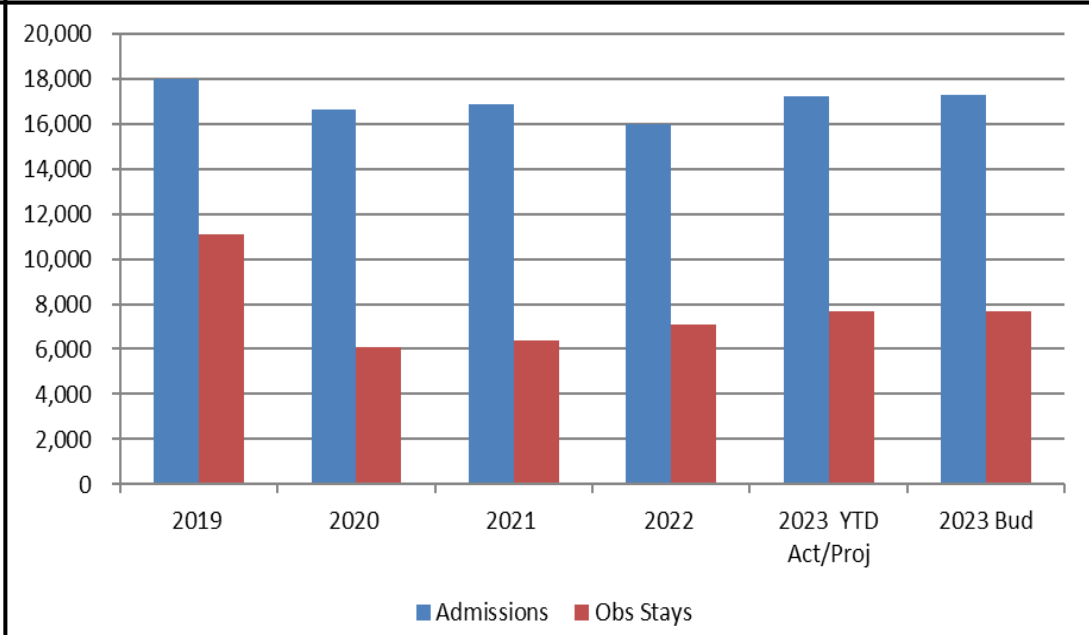
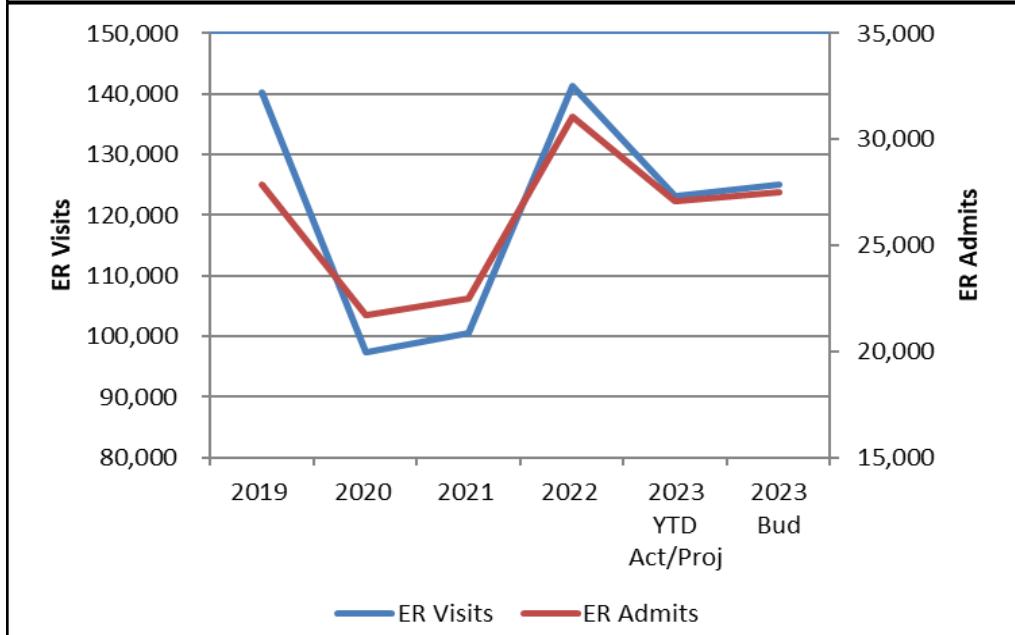
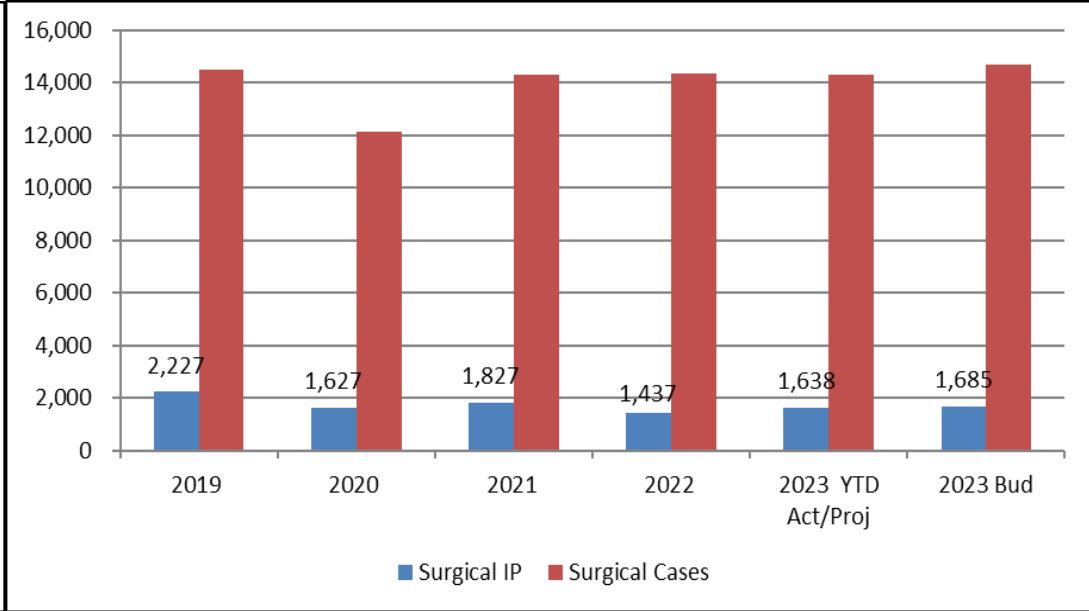
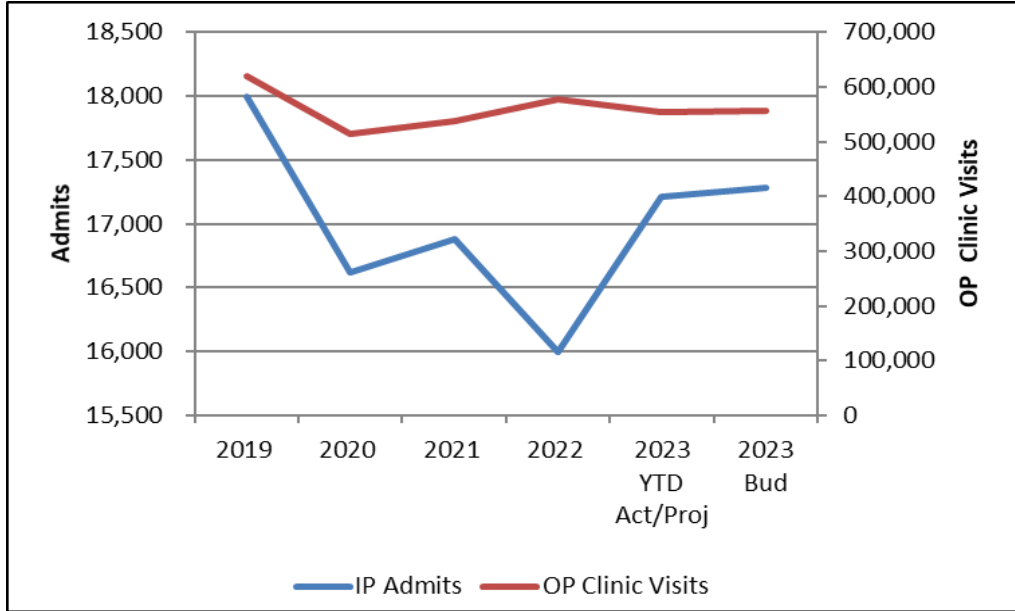
Patient Activity ACHN	2023 YTD Actual	2023 YTD Budget	%	2022 YTD Actual	2021 YTD Actual		Dec 2022 Actual	Dec 2021 Actual
Primary Care Visits	17,858	23,921	-25.3%	17,423	19,386		17,858	17,423
Specialty Care Visits	28,249	23,271	21.4%	28,197	27,723		28,249	28,197

CountyCare Membership	2023 YTD Actual	2023 YTD Budget	%	2022 YTD Actual	2021 YTD Actual		Dec 2022 Actual	Dec 2021 Actual
Membership Count	449,070	426,479	5.3%	422,519	377,888		449,070	422,519

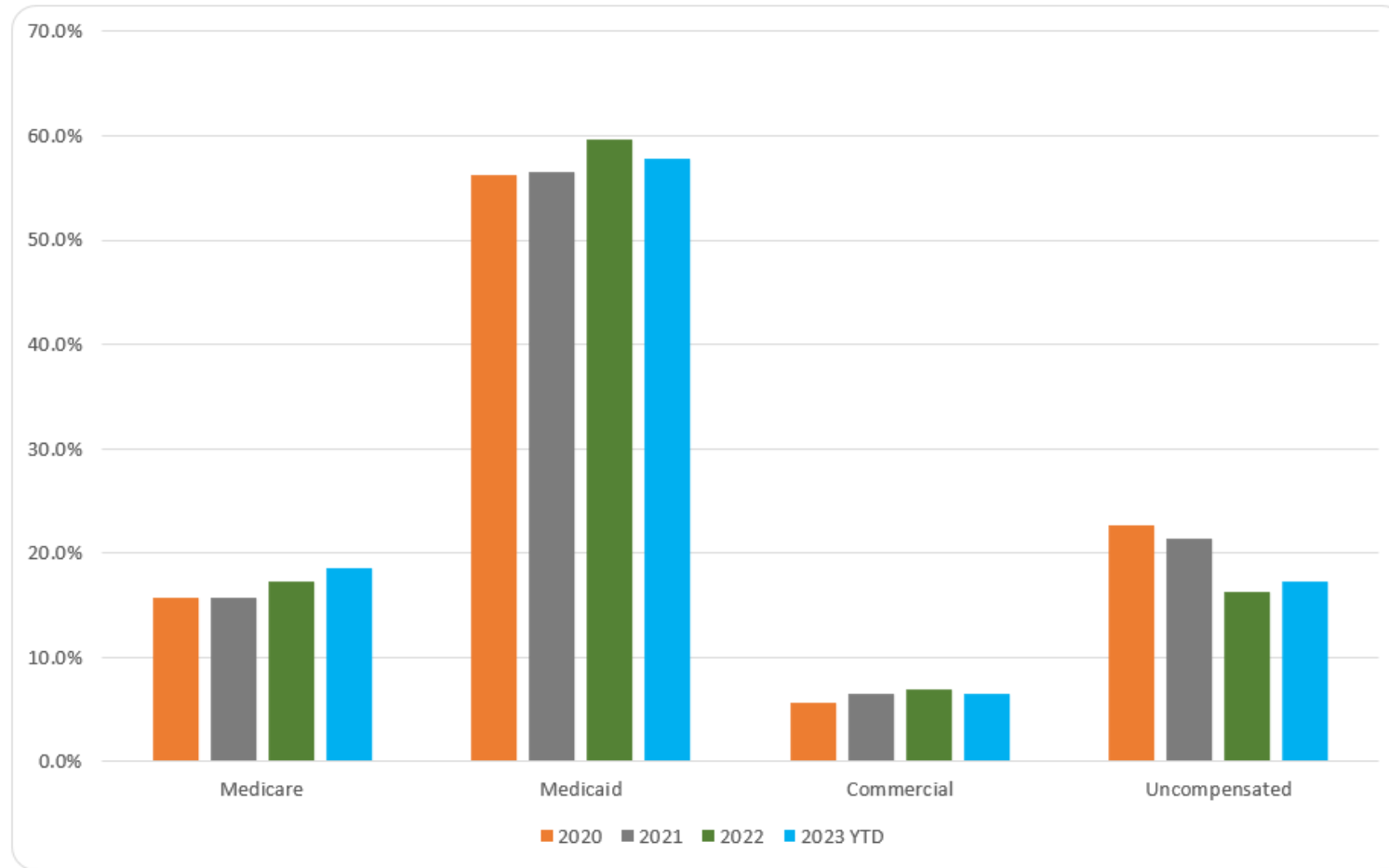
* Includes IP + Observations

Cook County Health

Operating Trends



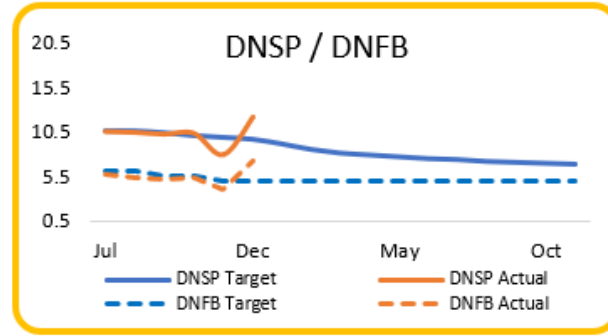
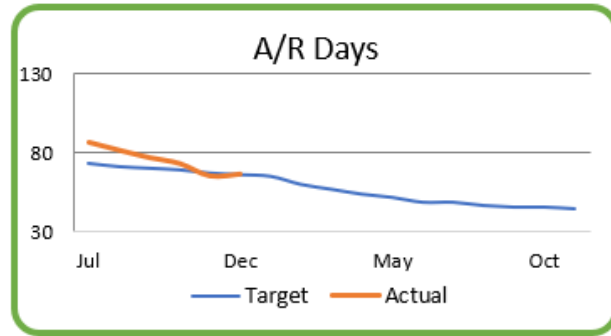
Payer Mix – YoY Comparison



Commentary

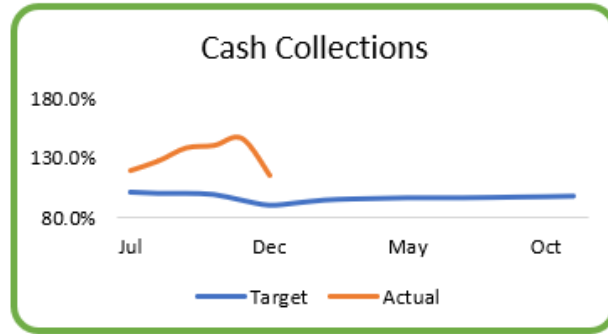
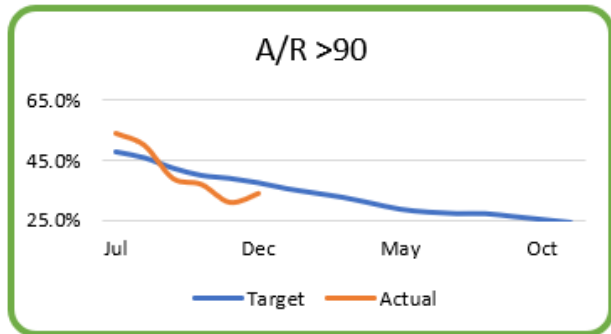
- Payer coverage continues to increase year over year while uncompensated decreases.

Revenue Cycle KPI Trending



Commentary

DNSP & DNFB are slightly off target due to a system issue identified mid-December where the system was not applying a semi-private room, resulting in an increase in these worklist of ~\$5M. The system issue has been corrected and the team is currently working through the affected accounts.

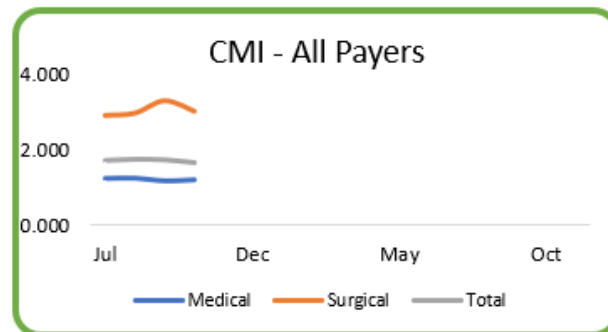
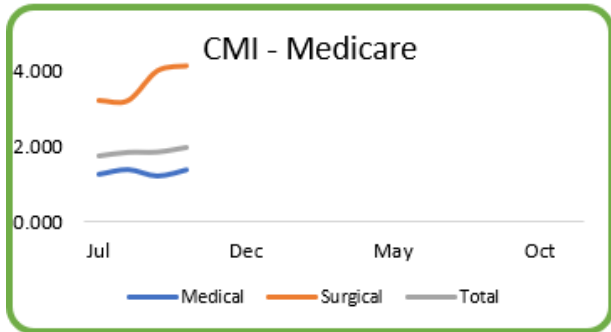


Definitions:

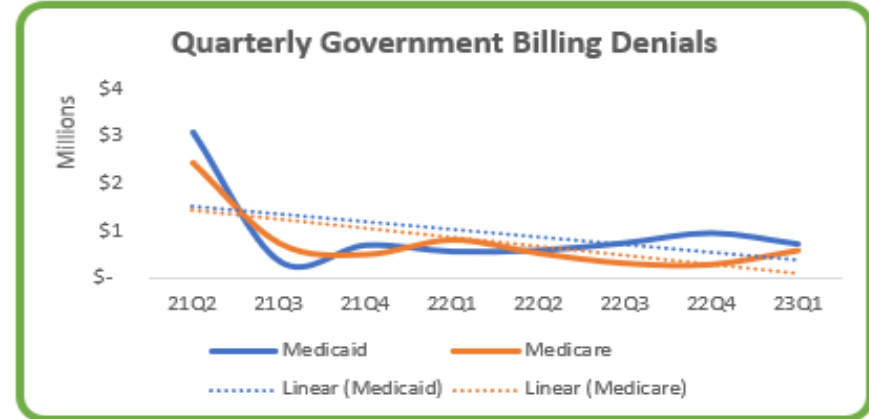
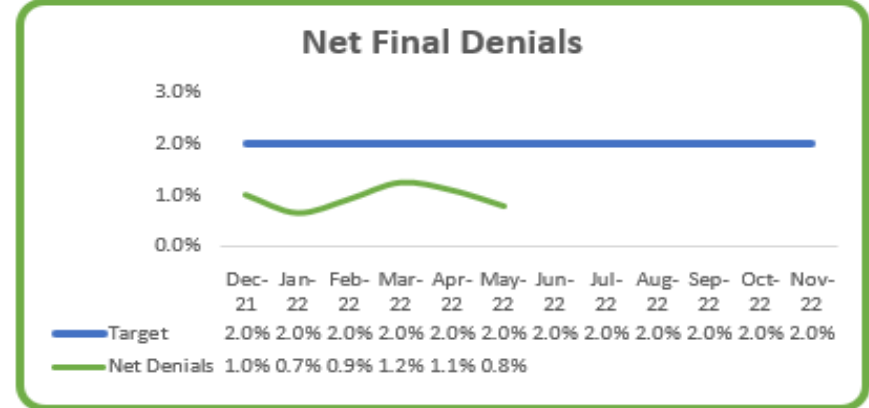
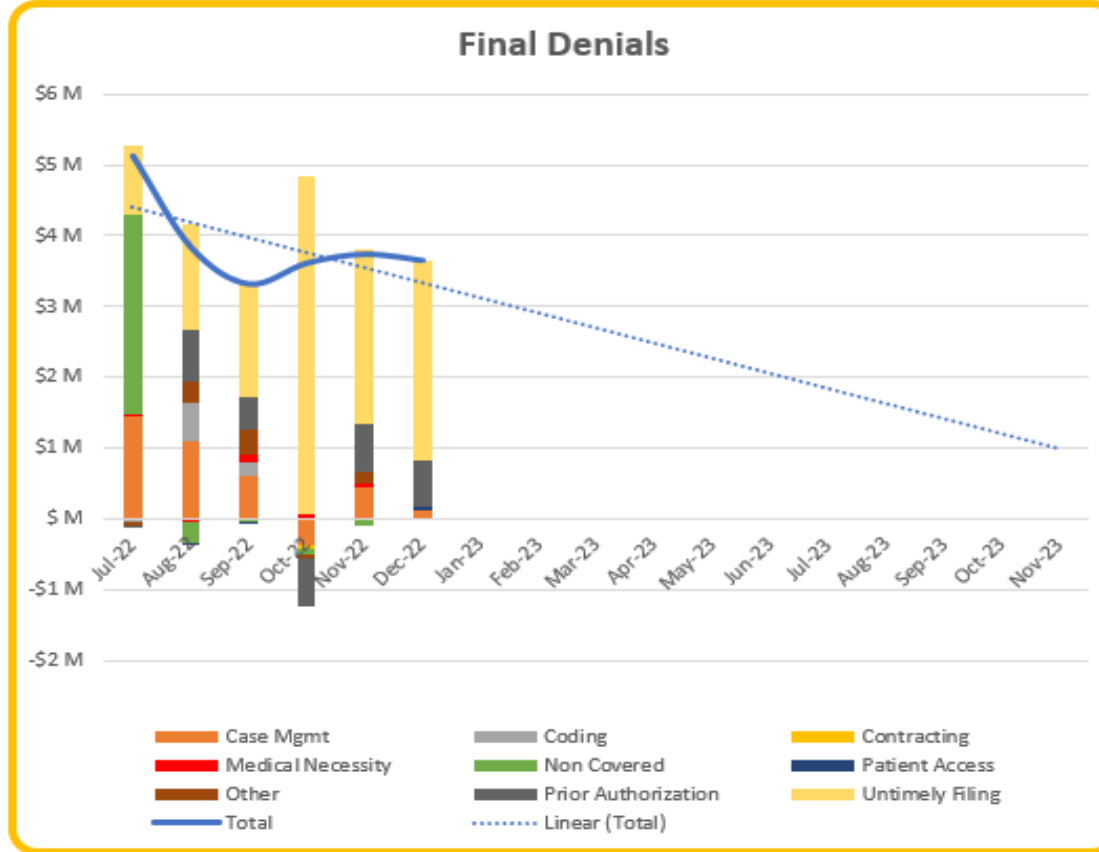
DNSP: Discharged Not Submitted to Payer - Gross dollars from initial 837 claims held by edits in claims processing tool that have not been sent to payer.

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.



Denial Trend & Focus



Commentary

Total Denials and Government Denials continue to trend down. Net Final Denials below national benchmark of <2% of Cash Collections.

Cook County Health

2023 Charitable & Public Program Expenditures










Budget/Projection (\$000s)

	2021 Actual Net Benefit	2022 Actual Net Benefit	2023 Budget Net Benefit	2023 Act/Proj Net Benefit
<u>Charitable Benefits and Community Programs</u>				
Traditional Charity Care	\$ 162,626	\$ 122,499	\$ 120,232	\$ 118,518
Other Uncompensated Care	100,894	108,284	91,800	101,264
Cermak & JTDC Health Services	104,465	90,293	101,364	100,883
Department of Public Health	16,908	12,965	21,684	20,529
Other Public Programs & Community Services	68,750	66,321	62,138	62,138
Totals	\$ 453,643	\$ 400,362	\$ 397,217	\$ 403,332
% of Revenues *	38.6%	36.9%	34.5%	37.2%
% of Costs *	27.9%	22.0%	22.3%	22.1%

* Excludes Health Plan Services

Cook County Health

Savings Initiatives: December 31, 2022

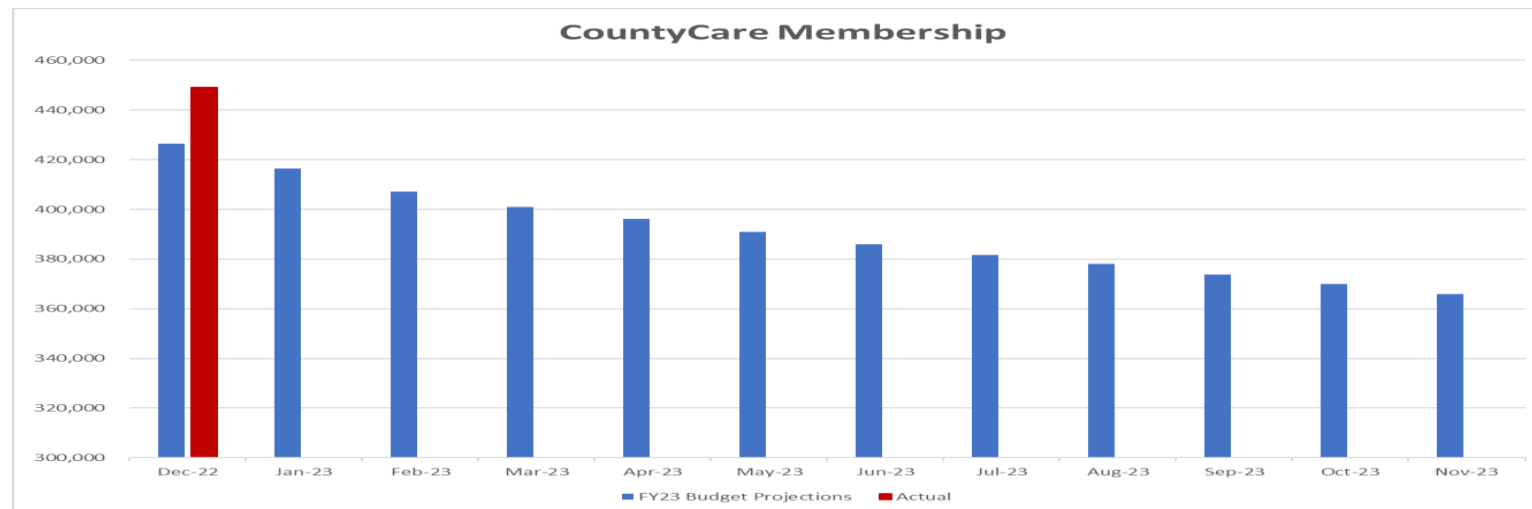
Current Activities in Progress	Budgeted FY23 Impact	YTD Dec Achieved	Status
<u>Revenue Cycle:</u>			
Chargemaster Review/Changes	3,200,000	266,667	
Timely Filing	6,800,000	200,000	
Coverage Accuracy	9,000,000	100,000	
ACHN Coding Accuracy	5,100,000	150,000	
AR Recovery	3,500,000	100,000	
Self Pay Balance Support	1,700,000	100,000	
Point of Service Collections	700,000	100,000	
<u>County Care:</u>			
Vendor Contract Negotiations	12,500,000	500,000	
<u>Health System:</u>			
Vendor Contract Negotiations	5,000,000	416,667	
	<u>\$ 47,500,000</u>	<u>\$ 1,933,333</u>	4%
		Goal 1/12th	8%

Health Plan Services Financial Results – December 31, 2022

Dollars in 000s except PMPM amounts	FY2023 Actual	FY2023 Budget	Variance	%	Fy22 Actual
Capitation Revenue	\$252,541	\$231,563	\$20,978	9.06%	\$205,748
Operating Expenses					
Clinical - CCH	\$7,812	\$9,061	\$1,249	13.79%	\$6,198
Clinical - External	\$224,550	\$210,990	(\$13,560)	(6.43%)	\$179,608
Administrative	\$14,017	\$11,544	(\$2,474)	(21.43%)	\$11,268
Total Expenses	\$246,379	\$231,595	(\$14,784)	(6.38%)	\$197,074
Operating Gain (Loss)	\$6,163	(\$31)	\$6,194		\$8,674
Activity Levels					
Member Months	449,070	423,736	25,334	5.98%	422,572
Monthly Membership	449,070	423,736	25,334	5.98%	422,572
CCH CountyCare Member Months	41,588	N/A	N/A	N/A	44,789
CCH % CountyCare Member Months	9.26%	N/A	N/A	N/A	10.60%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	\$562.37	\$546.48	\$15.89	2.91%	\$486.89
Clinical Cost PMPM	\$517.43	\$519.31	\$1.88	0.36%	\$439.70
Medical Loss Ratio (1)	89.9%	95.0%	5.10%	5.36%	88.0%
Administrative Cost Ratio	5.5%	5.0%	(0.51%)	(10.16%)	5.0%

Commentary

- Total YTD member months are exceeding budget by 25,334 members.
- Revenue and claims expense are higher than budget due to higher than budgeted membership.
- CountyCare enrollment projected to exceed budget due to 50% auto-assignment as well as continued re-determination suspension.
- CountyCare's reimbursement to CCH for domestic spend is under budget.
- Operating Gain of \$6.1M consists of \$7.3M from CountyCare and a loss of \$(1.2)M from Medicare.
- Medicare Product exit: December 31st, 2022



Notes:

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

Human Resources Metrics



Presented to the Cook County Health Human Resources Committee February 16, 2023



COOK COUNTY
HEALTH

FY23 Impact Summary - Hiring



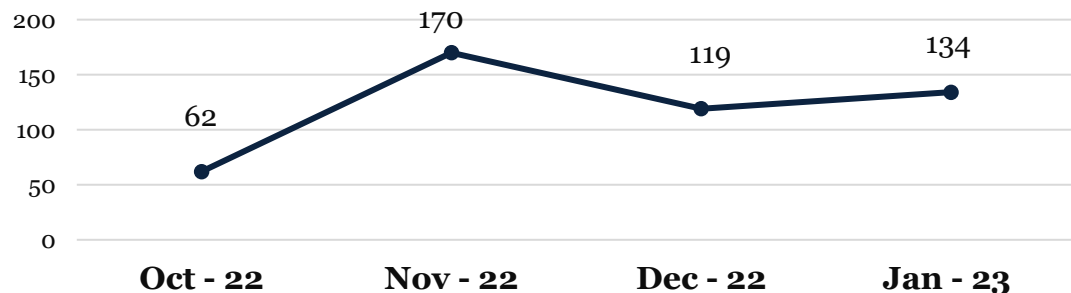
Filled Positions

253

Total Filled Positions YTD (Accepted Offers or Hired)

- **18%** (Patient Care Tech, Respiratory Therapist)
- **17%** Nursing (RN, APRN, LPN)
- **16%** Admin / Clerical Support

Monthly Filled Positions



82% Offer Acceptance Ratio (46 offers declined; reason #1 Salary)



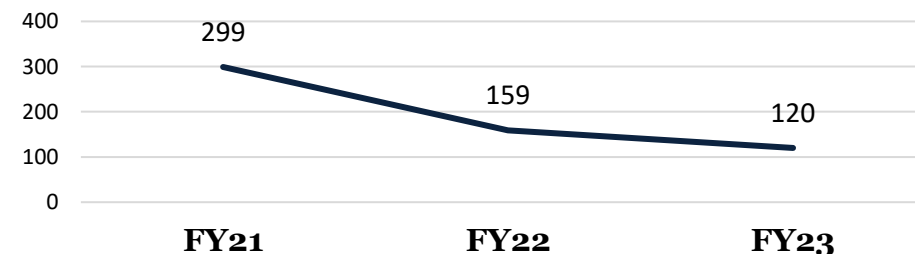
External Hiring Velocity

156

Total External Filled Positions (Accepted Offers or Hired)

- **120 days** FY23 Time to Fill (159 FY22 comparison)
 - **130 days** FY23 Nursing (**22%** reduction since EOY 2022)
- **25%** Decrease in Days to Offer compared to our FY22 average

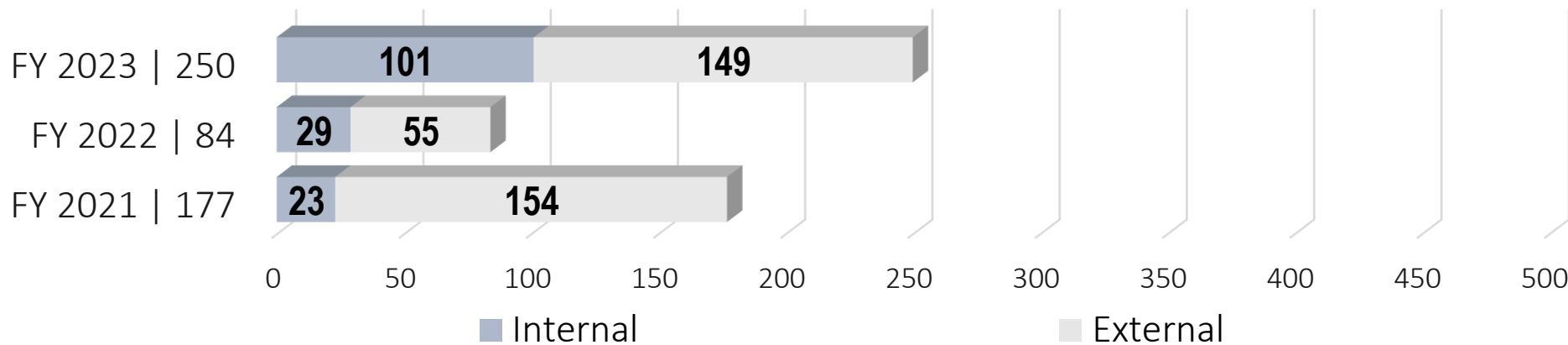
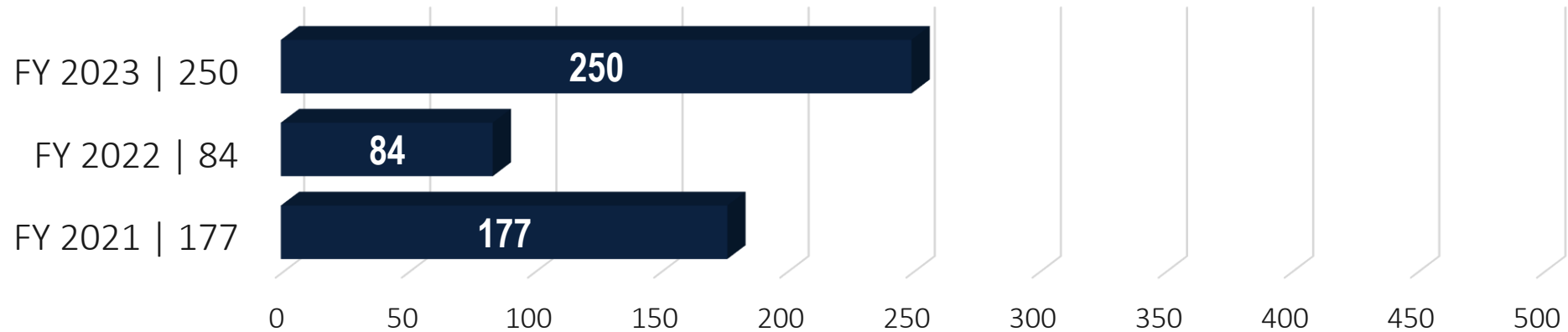
Time to Fill (Annual)



This chart represents positions that were received in prior years and closed.
 Note: FY22 positions received and closed during that 12-month period avg days to offer was 106 days.

FY 23 CCH HR Activity Report

Hiring Updates – Dec through Jan (Year-Over-Year)

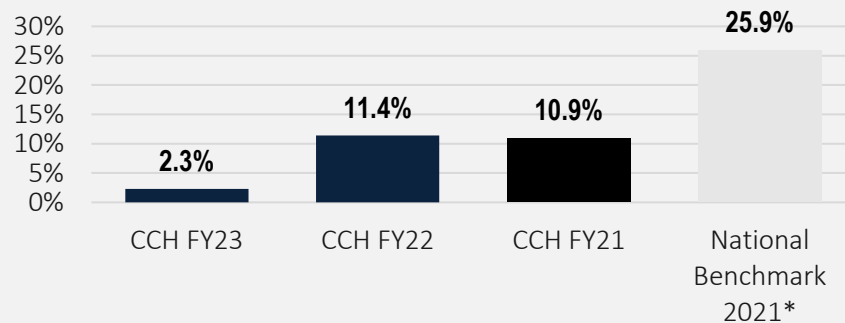


FY23 Impact Summary – Turnover & Separations

Turnover & Separations

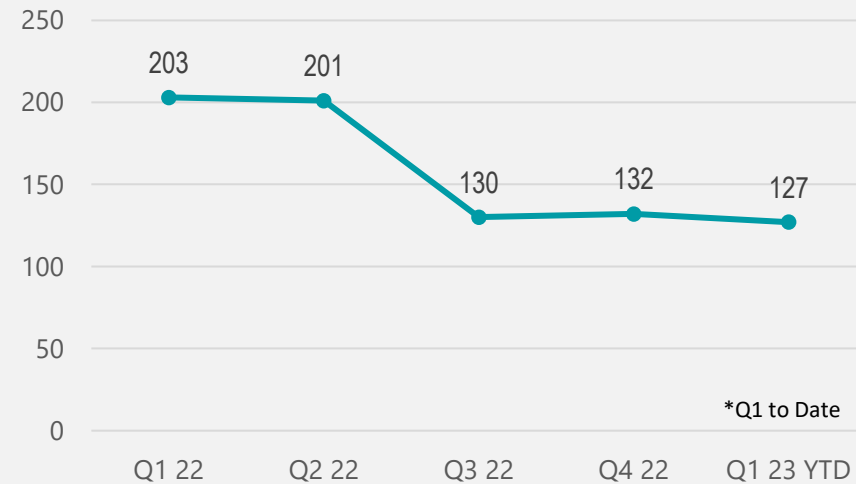
- **2.3%** YTD turnover
- **65% (82)** of separations were due to retirement

Turnover Benchmark



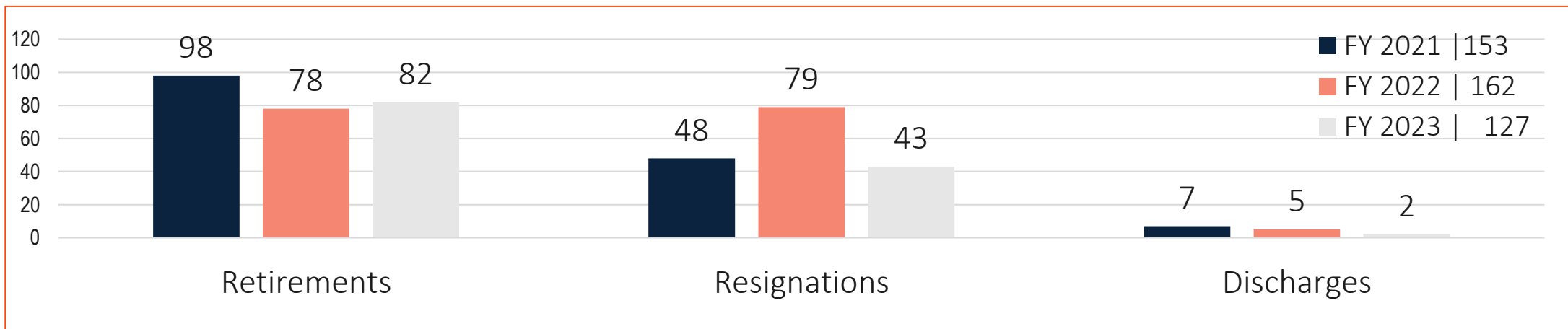
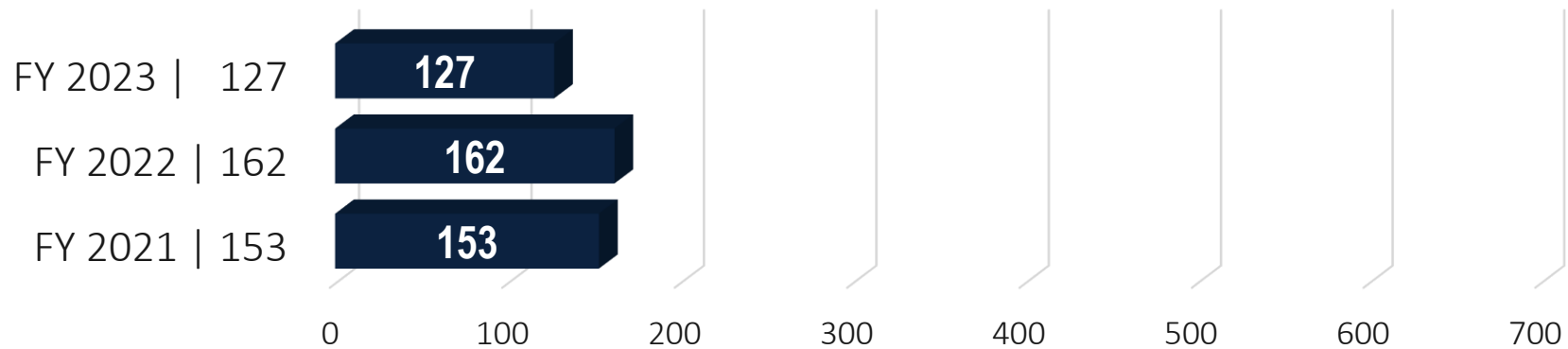
**Source: 2022 NSI National Health Care Retention & RN Staffing Report*

Separations FY23 YTD



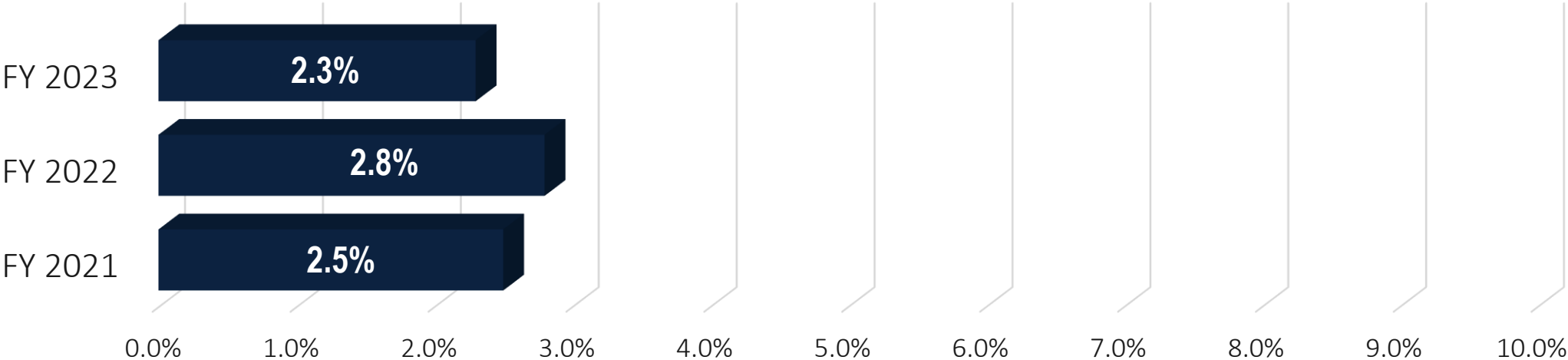
FY 23 CCH HR Activity Report

Separations – Dec through Jan Year-Over-Year



FY 23 CCH HR Activity Report

Turnover – Dec through Jan YTD



FY21 YTD		
# of Employees	Separations	Turnover
6,056	153	2.5%

FY22 YTD		
# of Employees	Separations	Turnover
5,722	162	2.8%

FY23 YTD		
# of Employees	Separations	Turnover
5,556	127	2.3%

HR Optimization. Vendor Overview

CCH has aligned strategic vendors to optimize HR operations and accelerate hiring.

Slalom

Process Optimization for Hiring & Recruiting

- Process Standardization & Training Support
- Portfolio Management & Vendor Integration
- Data Management & Reporting
- Communications Management
- Technology Enablement

Deloitte

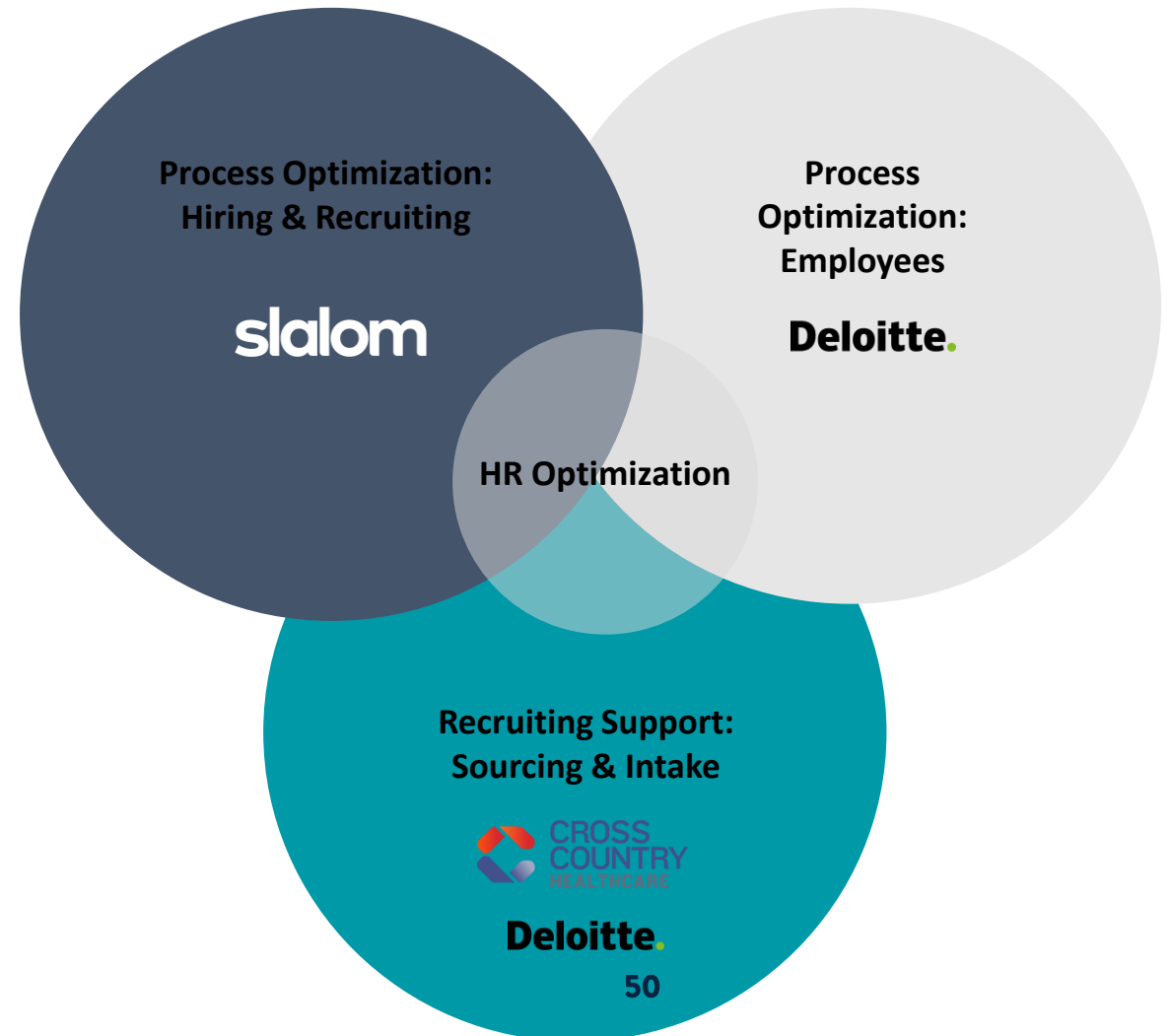
Process Optimization for Employees, Recruiting Support

- Recruitment Support – Intake
- Compensation Analysis
- Workforce Development
- Performance Management
- Technology Enablement

Cross Country

Recruiting Support & Marketing

- Recruitment Support – Sourcing & Intake
- Hiring Fairs
- Marketing & Communication Strategy



Vendor Summary: Slalom

SCOPE OF WORK



Project Management

Manage all the workstreams and provide clear executive reporting and insights as needed.

Outcomes:

- Provide a simple process for managing work and provide visibility into initiative progress to executive leadership
- Governance model to efficiently managing HR initiatives and distributing and clarifying decision making.



Technology

Enhancing technology and data capabilities to accelerate hiring velocity, manage recruiting data centrally and automate manual processes.

Outcomes:

- Drive data-driven decision making in recruiting and hiring
- Digital Automation to drive recruiter time savings per new hire
- Consistent digital space to perform recruiting work. Improved measurement and accountability.



Hiring & Recruitment Process Optimization

Improving the approach to recruitment and hiring, to allow for a more efficient way to bring employees to CCH.

Outcomes:

- Increasing the capacity of recruiting, to reduce the number of job openings per recruiter
- Hosting hiring fairs, offering hiring bonuses and deploying more efficient recruiting processes to reduce time to offer.



Employee Experience

Co-creating an approach and plan to understand employee needs and establish a path to thrive.

Outcomes:

- Provide a simple process for managing work and provide visibility into initiative progress to executive leadership
- Governance model to efficiently managing HR initiatives and distributing and clarifying decision making.

Key Performance Indicators



30-60
Est. mins saved for
recruiters per new hire



120
DTHs closed by
recruiters in January
using new DTH tool
with an average time
to close of **5.9 days**.

Highlights

- Created HR Vendor Portfolio Management Office (PMO) **which oversees 5+ vendors and 20+ deliverables.**
- **4 dashboards created for CCH stakeholders** to receive hiring metrics and key outcomes. Dashboards have collectively generated **2200+ views since initial launch** by CCH users.
- Partnered with the HR and Marketing teams to implement a robust communication strategy, driving increased traffic to the newly refreshed Careers page, which is now the **3rd most viewed page on the site.**

HR Optimization & Digitization

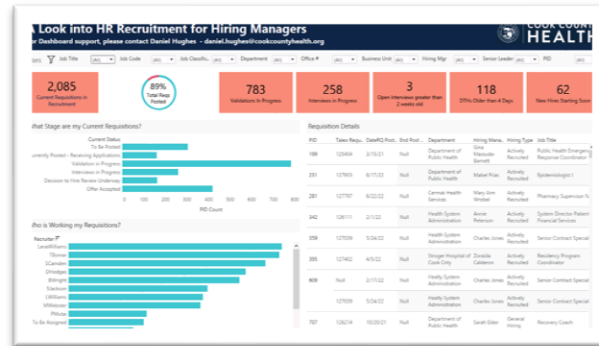
Hiring Manager Dashboard

Delivered July 2022

Automated reporting to provide hiring managers and staff transparency into recruiting process and status of their PIDs.

Benefits:

- *Data-driven goal setting*
- *Improved reporting accuracy*
- *Automated analytics*



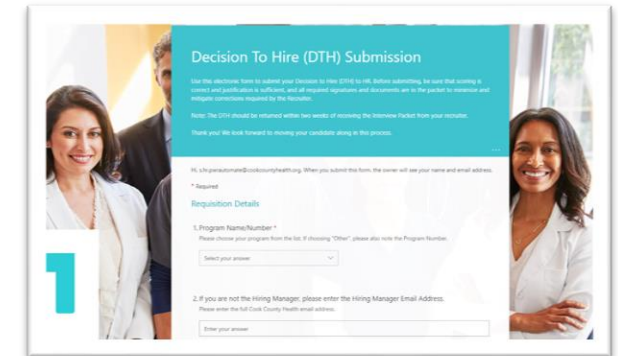
DTH Digitization

Delivered September 2022

Consistent and more efficient process to submit and complete Decision to Hire Requests, leading to increased hiring velocity.

Benefits:

- *Time savings*
- *Better tracking*
- *Performance metrics*



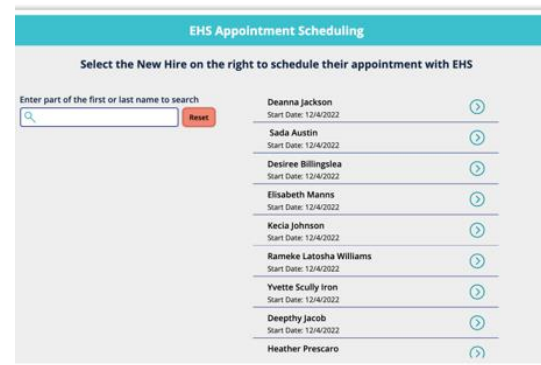
EHS Digital Apt. Scheduling

Launched January 2023

Technology solution for digitally scheduling appointments for New Hires with EHS.

Benefits:

- *Time savings*
- *Better tracking*
- *Improved onboarding experience*



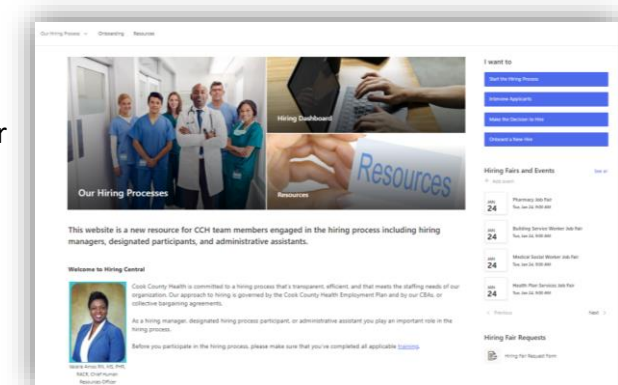
Hiring Central

Launched January 2023

SharePoint site providing simplified access to hiring steps and resources for employees involved in the talent acquisition process.

Benefits:

- *Time savings*
- *Increased hiring velocity*
- *Improved hiring experience*



Vendor Summary: Deloitte (HR Optimization)

SCOPE OF WORK



Workforce Development

- Redesign pre/on/off-boarding processes for CCH employees
- Created an onboarding maturity model from development (current state) to market leading (future state)
- Establishing business-driven requirements for enhancing learning strategies and technology

Outcomes:

- New Pre, On, Off Boarding program for internal and outreach programs
- Learning Management Requirements & Recommendations
- Learning and Workforce Development Roadmap



Performance Management

- Conducted stakeholder discovery across 17 business units
- Establishing solutions to increase staff mentorship and development, reimagine the culture of performance mgmt. with aims to reduce the cultural fear of discipline, to create drivers for the optimal use of technology, business processes, and drive strategic priorities

Outcomes:

- Current State Analysis
- Future State Technology Vision and Roadmap



Compensation and Job Architecture

- ~60% of CCH jobs have a single incumbent (industry: 35%)
- 852 job titles / 857 job codes (industry: 500-750)
- 181 pay grades/bands (industry: 15-20)

Outcomes:

- Current State Pay and Pay Equity Analysis
- Job Architecture Framework and Job Description Library
- Compensation Strategic Plan
- Pay and Job Architecture Implementation Roadmap



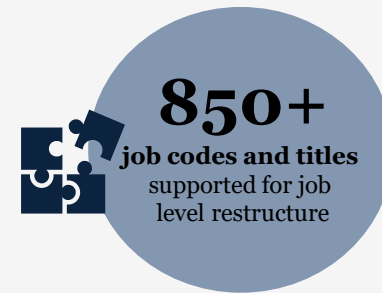
HR Technology

- Conducted stakeholder discovery across 36 HR functions/business units
- Identified in-depth perspectives on ServiceLink, PSV processes and obstacles related to lack of electronic document management
- Identified disconnected tools, lack of technical support, low-end user adoption, sign-in issues, heavy reliance on shared drives and manual workarounds

Outcomes:

- Current State Analysis
- Future State HR Technology Portfolio & Governance Recommendations

Key Performance Indicators



Highlights

- Identified critical **behavioral and cultural solutions** to reimagine how performance management is applied across CCH.
- Developed a **High-Impact HR Technology Landscape** with **opportunities to optimize** Unified Engagement Platforms, RFA capabilities, and future integrations with Oracle EBS.

Workforce Development

Orientation

Connecting with New Hires and introducing the CCH purpose, culture, leadership, and strategic priorities.

Overview

To connect New Hires and introduce the CCH purpose, culture, leadership, and strategic priorities, CCH Orientation was reviewed and updated to create an engaging and interactive experience for all new hires. Providing the opportunity to create networks, immerse in the desired culture and come out with a strong sense of belonging.

Why this matters

Providing New Hires an immersive experience builds excitement and a sense of belonging from their first day. New hires are equipped and prepared to start their journey at CCH with the key information and actions required to be successful in their first weeks. New hires are provided with a support network and a safe space to seek further assistance.

Key Deliverables



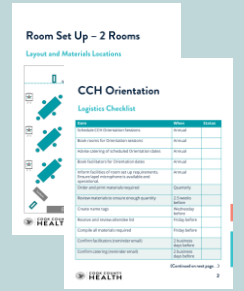
Presentation Pack
CCH Orientation Slides

- Content and activity slides for facilitator use in CCH Orientation



Onboarding Journal
New Hire Workbook

- Comprehensive workbook for New Hires to complete in session
- Onboarding Chart serves as a cheat sheet for New Hire onboarding activities



Facilitation & Logistics Guide
Detailed guides for Orientation

- Checklist to prepare for CCH orientation sessions
- Detailed facilitation guide for CCH Orientation
- Room set up and materials preparation

Impact



Vendor Summary: Deloitte (HR Operations)

SCOPE OF WORK



Increase Operations Work Capacity

- Redesign pre/on/off-boarding processes for CCH employees
- Created an onboarding maturity model from development (current state) to market leading (future state)
- Establishing business-driven requirements for enhancing learning strategies and technology



Position Refresh Initiative

- Refresh all outdated positions and update salaries to attract new candidate pools

Outcomes

Sourcing Support

- Expand the awareness of CCH employment opportunities
- Build a more robust and higher qualified pipeline of potential applicants for current and future positions
- Expand reach of current CCH recruitment initiatives



Operational Efficiency and Improvements

- Improve Salary Determination process
- Cleanup of historical Job tracker data
- Provide process improvement recommendations



Job Fair Support (To begin in January 2023)

- Provide hiring fair support as needed

Increased Operations Capacity

- Reduce current backlog of open, unfilled positions
- Increase velocity of individual steps within hiring process
- Decrease time to fill positions
- Balance workload for CCH recruiting team to enable individual backlog reduction

Key Performance Indicators



441
Job actions
(postings, validations, packets, and determinations), between Oct-Jan.



615
In-process positions
reviewed.



24hr
Time to complete
for job postings, decision to hire and validations.

Highlights

- Improved Salary Determination process to **reduce administrative burden and improve ease of review** for Talent Acquisition leadership approval.

Vendor Summary: Cross Country

SCOPE OF WORK March 2022-Present



Job Fair Support

Assist with hiring fair preparation and coordination with registration, validation, reviewing the interview evaluation forms, and Offer coordination process



Extension of HR

Supports recruitment efforts for 652 positions



Candidate Sourcing Initiatives

Multi-faceted sourcing campaigns including direct and alternative channels for top of the funnel candidate generation for PID's and hiring fairs



Marketing Strategy Development & Execution

Brand Reinforcement, with development of Digital Marketing Presence



Interview Coordination & Selection Process

Created additional roles to optimize Offer Process and Sourcing Efforts through the addition of HR Assistants and Sourcers



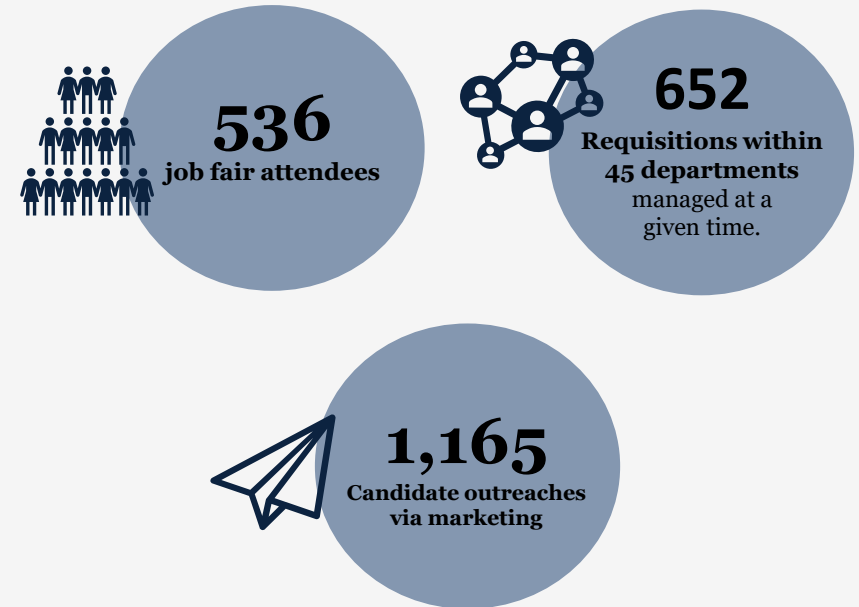
Market Intelligence & Analysis

Provide Market Intelligence and analysis for key data consideration

Outcomes

- Deliver exceptional candidate experience at Hiring Fairs with minimal process interruptions
- Transform job descriptions into engaging recruitment videos to attract candidates to CCH
- Develop Tik Tok content, matching the look and feel of the platform, to promote hiring fairs and gain higher engagement

Key Performance Indicators



Highlights

- **Support/coordination for 14 CCH Job Fairs**
- **Sourcing campaign yielded 1,165 Candidates submitted during hiring fairs (March-December)**
- **Social marketing campaign yielded Impressions / Views**

40.6K
56

Outreach & Marketing

Expanding Cook County Health's Brand Reach

1,165
Candidate
Applications

40.6k
TikTok & Indeed Impressions

4.9k
TikTok Views
& Indeed Clicks

TikTok Campaigns



Social Media Outreach



Videos



Flyers

Signing Bonus for New Recruits!

Tuesday January 24th
9:00 am - 3:00 pm CST

Building Service Worker | Job Fair

Cook County Health Professional Building
1950 West Polk Street
5th Floor Chicago, IL 60612

Positions & Locations

- Hiring for Building Service Workers.
- Various shifts available at John H. Stroger, Jr. and Provident Hospitals of Cook County.
- Competitive salaries!

Interviewing

- The only opportunity to interview will be at the Job Fair.
- Onsite interviews & same-day contingent offers made while vacancies remain.
- Please bring your resume & applicable certifications.

Must submit an online application to be considered!

Apply Today: <https://cookcountyhealth.org/join-our-team/>

Questions? Call 312-864-0430.

ADDITIONAL PARKING
Candidates can park at the Cook County Juvenile Temporary Detention Center garage located at 1200 S. Hamilton for \$2.00 and may use the CCH Employee Shuttle service to 1950 W. Polk St. (across from Professional Building driveway) free of charge. The shuttle runs every 15-20 minutes. When you arrive, please look for Building Service Workers Fair signage and CCH staff.

COOK COUNTY HEALTH
cookcountyhealth.org

Vendor Summary: Brazen

SCOPE OF WORK



Virtual Event Platform for Recruitment/Hiring Teams

Provide a browser-based chat software that allows CCH recruitment/hiring teams to connect with job candidates through private Chat. Audio and Video conversations.

Outcomes:

- Provide a simple and repeatable process to standup hiring events in a virtual space with as much frequency as desired
- Expand candidate reach and provide increased accessibility for candidates who could not otherwise attend live events. Finding niche audiences and increasing candidate volume



Employer and Candidate Experience

Brazen Virtual Events are proven to increase candidate engagement. Capture of post chat metrics give insight to help improve recruiter and candidate experience.

Outcomes:

- Provide employees & candidates with meaningful engagement, and movement through the hiring process in a single event format
- Various employment stage engagement ranging from information only session to complete hiring career fairs which separates and elevates CCH's hiring experience from other competitors.



Hiring and Recruitment Process Optimization

Brazen Virtual Events are designed to convey the CCH brand through Videos, Webinars and other content that help educate candidates and connect them to recruitment teams in a space that can accelerate the CCH hiring process.

Outcomes:

- Engage candidates with high intent, while filtering out unqualified candidates
- Accelerate the CCH hiring process, where possible, by bringing all players (internal and external) together on a virtual platform.

Key Performance Indicators



5
Virtual Career Engagements.



86%
Candidate Attendance Rate
(Industry Benchmark 40-50%).

Highlights

- **390 Candidate Registrations** completed.
- **641 New Candidate Names and Emails** received.

Goal Setting. FY23 Strategy

Our focus moving forward into FY23 is to continue development of *sustainable* tools, optimizations and resources for HR. In order to do that, we will focus on the following **to continue momentum and accelerate hiring outcomes:**



Workload Prioritization

Focus:
Accelerate Hiring

- Establish organization-wide prioritization process
- Equip recruiters to focus on most critical roles for CCH



Executive Alignment

Focus:
Unified Vision

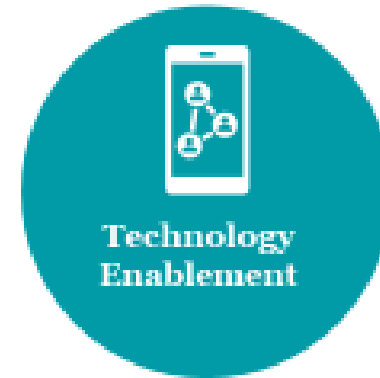
- Define recruiting goals and strategies for FY23



Data & Communication

Focus:
Clarity and credibility between HR and its stakeholders

- Establish internal transparency around HR goals and progress
- Deliver regular / balanced communication & dashboard reporting



Technology Enablement

Focus:
Time Savings & Efficiency

- Accelerate processes
- Equip HR stakeholders (hiring managers, recruiters, managers, etc.) to work more effectively
- Develop tools that limit manual steps

Health Plan Services Job Fair

**SIGNING
BONUS**
for
Certain Positions!



When:

**Tuesday,
February 21st**

9:00 AM – 3:00 PM CST

Where:

**COOK COUNTY HEALTH
PROFESSIONAL BUILDING**

1950 WEST POLK STREET
5TH FLOOR CHICAGO, IL 60612

Job Details

- Competitive salaries!
- Hiring for Community Based Social Worker Care Coordinator, Long Term Care Social Work Coordinator, and Social Work Transitional Care Coordinator positions.
- Full-time field work available in Cook County and surrounding areas.

Interviewing

- The only opportunity to interview will be at the Job Fair.
- Onsite interviews & same-day contingent offers made while vacancies remain.
- Please bring your resume & applicable certifications.

Questions? Call **312-864-0430**.

**MUST SUBMIT AN ONLINE
APPLICATION TO BE CONSIDERED!**



APPLY TODAY
cookcountyhealth.org/join-our-team/



**COOK COUNTY
HEALTH**
cookcountyhealth.org

ADDITIONAL PARKING: Candidates can park at the Cook County Juvenile Temporary Detention Center garage located at 1100 S. Hamilton for \$2.00 and may use the CCH Employee Shuttle service to 1900 W. Polk St. (across from Professional Building driveway) free of charge. The shuttle runs every 15 – 20 minutes. When you arrive, please look for Job Fair signage and CCH staff.



**Pharmacy
Job Fair**

**SIGNING
BONUS**
for
New Recruits!

We are
HIRING

When:

**Tuesday,
February 21st**
9:00 AM – 3:00 PM CST

Where:

**COOK COUNTY HEALTH
PROFESSIONAL BUILDING**
1950 WEST POLK STREET
5TH FLOOR CHICAGO, IL 60612

Job Details

- Competitive salaries!
- Hiring for Pharmacy Technician positions.
- Various shifts available at John H. Stroger, Jr., Provident, and Cermak Health Services of Cook County.

Interviewing

- The only opportunity to interview will be at the Job Fair.
- Onsite interviews & same-day contingent offers made while vacancies remain.
- Please bring your resume & applicable certifications.

Questions? Call **312-864-0430**.

**MUST SUBMIT AN ONLINE
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APPLY TODAY
cookcountyhealth.org/join-our-team/



**COOK COUNTY
HEALTH**
cookcountyhealth.org

ADDITIONAL PARKING: Candidates can park at the Cook County Juvenile Temporary Detention Center garage located at 1100 S. Hamilton for \$2.00 and may use the CCH Employee Shuttle service to 1900 W. Polk St. (across from Professional Building driveway) free of charge. The shuttle runs every 15 – 20 minutes. When you arrive, please look for Job Fair signage and CCH staff.



Radiology Job Fair

SIGNING BONUS
for
Certain Positions!



When:
Tuesday,
February 21st
9:00 AM – 3:00 PM CST

Where:
COOK COUNTY HEALTH
PROFESSIONAL BUILDING
1950 WEST POLK STREET
5TH FLOOR CHICAGO, IL 60612

Job Details

- Competitive salaries!
- Hiring for the following positions:
 - Technologist – CAT, Radiologic, Mammography, and Special Procedures - X-Ray/Computed Tomography.
 - Supervisor – Technical Ultrasound, Mammography Operations, Ultrasound Technician.
 - MRI Technician.
 - Nursing – Clinical Nurse I.
- Various shifts available at John H. Stroger, Jr. and Provident hospitals of Cook County Health.

Interviewing

- The only opportunity to interview will be at the Job Fair.
- Onsite interviews & same-day contingent offers made while vacancies remain.
- Please bring your resume & applicable certifications.

Questions? Call **312-864-0430**.

MUST SUBMIT AN ONLINE APPLICATION TO BE CONSIDERED!



APPLY TODAY
cookcountyhealth.org/join-our-team/



COOK COUNTY HEALTH
cookcountyhealth.org

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**Medical Assistants
Patient Care Technicians
Ward Clerks
Job Fair**

**SIGNING
BONUS**
for
Certain Positions!



When:

**Wednesday,
February 22nd**

9:00 AM – 3:00 PM CST

Where:

**COOK COUNTY HEALTH
PROFESSIONAL BUILDING**

1950 WEST POLK STREET
5TH FLOOR CHICAGO, IL 60612

**MUST SUBMIT AN ONLINE
APPLICATION TO BE CONSIDERED!**



APPLY TODAY
cookcountyhealth.org/join-our-team/

Job Details

- Competitive salaries!
- Hiring for Medical Assistant, Ward Clerk and Patient Care Technician positions.
- Various shifts available at John H. Stroger, Jr., Cermak Health Services, Ambulatory and Community Health Network of Cook County.

Interviewing

- The only opportunity to interview will be at the Job Fair.
 - Onsite interviews & same-day contingent offers made while vacancies remain.
 - Please bring your resume & applicable certifications.
- Questions? Call **312-864-0430**.



**COOK COUNTY
HEALTH**
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Managed Care Metrics



Presented to the Cook County Health Board on February 24, 2023



COOK COUNTY
HEALTH

Current Membership

Monthly membership as of Feb 7th, 2023

Category	Total Members	ACHN Members	% ACHN
FHP	279,473	18,201	6.5%
ACA	124,396	18,319	14.7%
ICP	30,153	4,891	16.2%
MLTSS	8,561	-	0%
SNC	7,681	389	5.1%
Total	450,264	41,800	9.3%

ACA: Affordable Care Act
FHP: Family Health Plan

ICP: Integrated Care Program
MLTSS: Managed Long-Term Service and Support (Dual Eligible)
SNC: Special Needs Children



Managed Medicaid Market

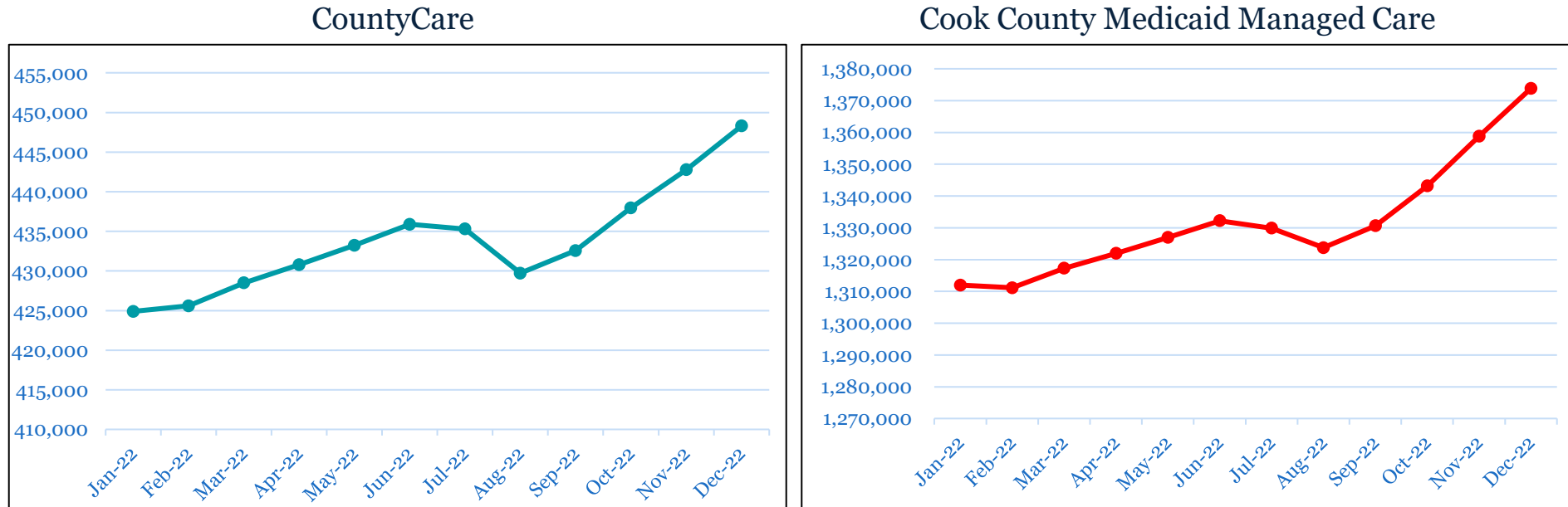
Illinois Department of Healthcare and Family Services December 2022 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	448,307	32.6%
Blue Cross Blue Shield	357,951	26.1%
Meridian (a WellCare Co.)	323,994	23.6%
IlliniCare (Aetna/CVS)	131,580	9.6%
Molina	102,260	7.4%
YouthCare	9,753	0.7%
Total	1,373,845	100.0%

* Only Operating in Cook County



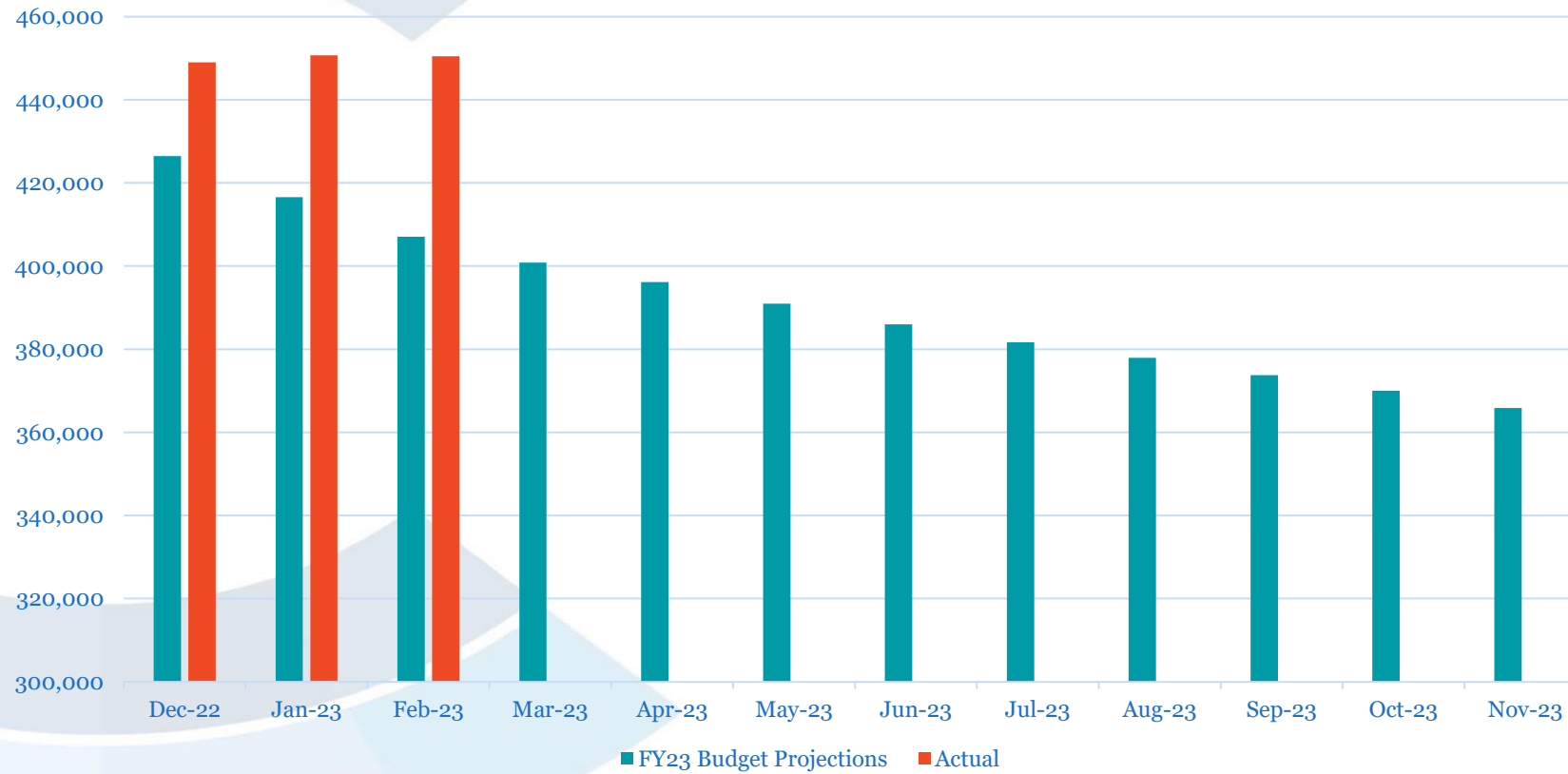
IL Medicaid Managed Care Trend in Cook County (charts not to scale)



- CountyCare’s enrollment has increased 6% over the past 12 months, ahead of the Cook County increase of 5%
- CountyCare’s enrollment increased 1.3% in December 2022 compared to the prior month, ahead of the Cook County increase of 1.1%

FY 23 Budget | Membership

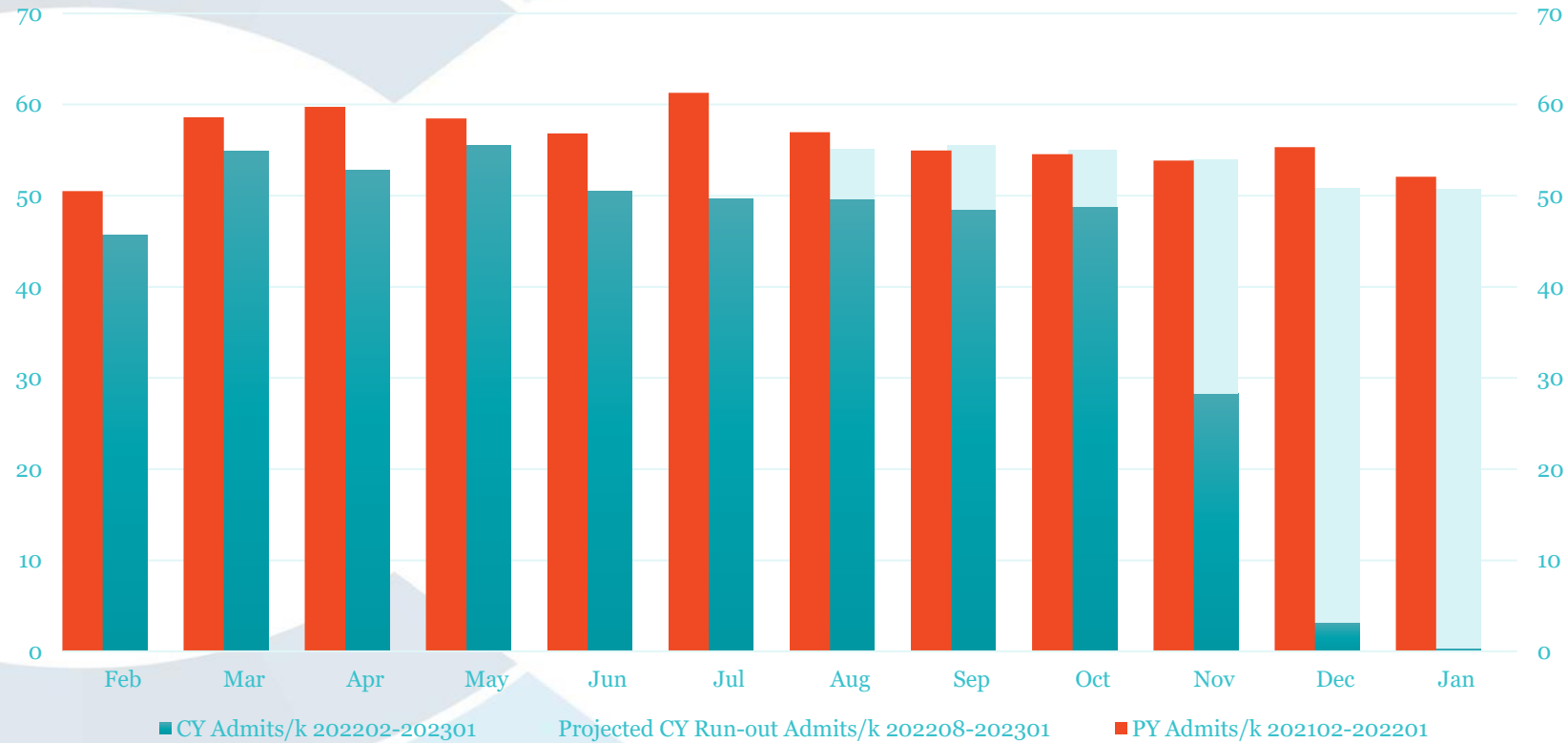
CountyCare Membership



Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	State Goal	Nov 2022	Dec 2022	Jan 2023
Member & Provider Services Call Center Metrics				
Inbound Call Volume	N/A	38,923	51,203	55,884
Abandonment Rate	< 5%	1.54%	7.78%	7.51%
Hold Time (minutes)	1:00	0:12	1:21	3:05
% Calls Answered < 30 seconds	> 80%	93.03%	72.04%	71.42%
Quarterly				
Claims/Encounters Acceptance Rate	98%	97%		

Current v. Prior Year: IP Acute Admits/1000



Updated monthly, paid through January 2023
 All acute and surgical cases + approved acute authorizations
 Domestic admissions are not included since they do not require Prior Authorization



CountyCare COVID Vaccination Rates

Age Category	Total	At Least 1 Dose		Series Complete		Updated (Bivalent) Booster		All Booster/3rd Dose
	Eligible Members	% of Total Eligible Members	CDC Benchmark	% of Total Eligible Members	CDC Benchmark	% of Total Eligible Members	CDC Benchmark	% of Total Eligible Members
	<2 yrs	18,321	6.48%	7.60%	3.97%	3.70%	0.01%	0.20%
2-4 yrs	29,229	9.72%	10.30%	5.87%	5.50%	0.03%	0.30%	1.28%
5-11 yrs	71,027	38.55%	39.70%	33.12%	32.60%	3.60%	4.00%	7.85%
12-17 yrs	64,354	58.23%	71.90%	53.22%	61.60%	6.69%	7.00%	18.49%
18-24 yrs	54,959	59.28%	81.90%	52.64%	66.50%	5.02%	6.70%	20.27%
25-49 yrs	137,299	54.90%	85.20%	49.29%	72.00%	7.30%	11.20%	21.48%
50-64 yrs	58,445	72.97%	95.00%	68.91%	83.70%	20.20%	20.30%	46.24%
>=65 yrs	16,396	76.38%	95.00%	72.61%	94.20%	26.48%	40.80%	56.80%
Total	450,030	51.55%		46.44%		8.90%		21.11%

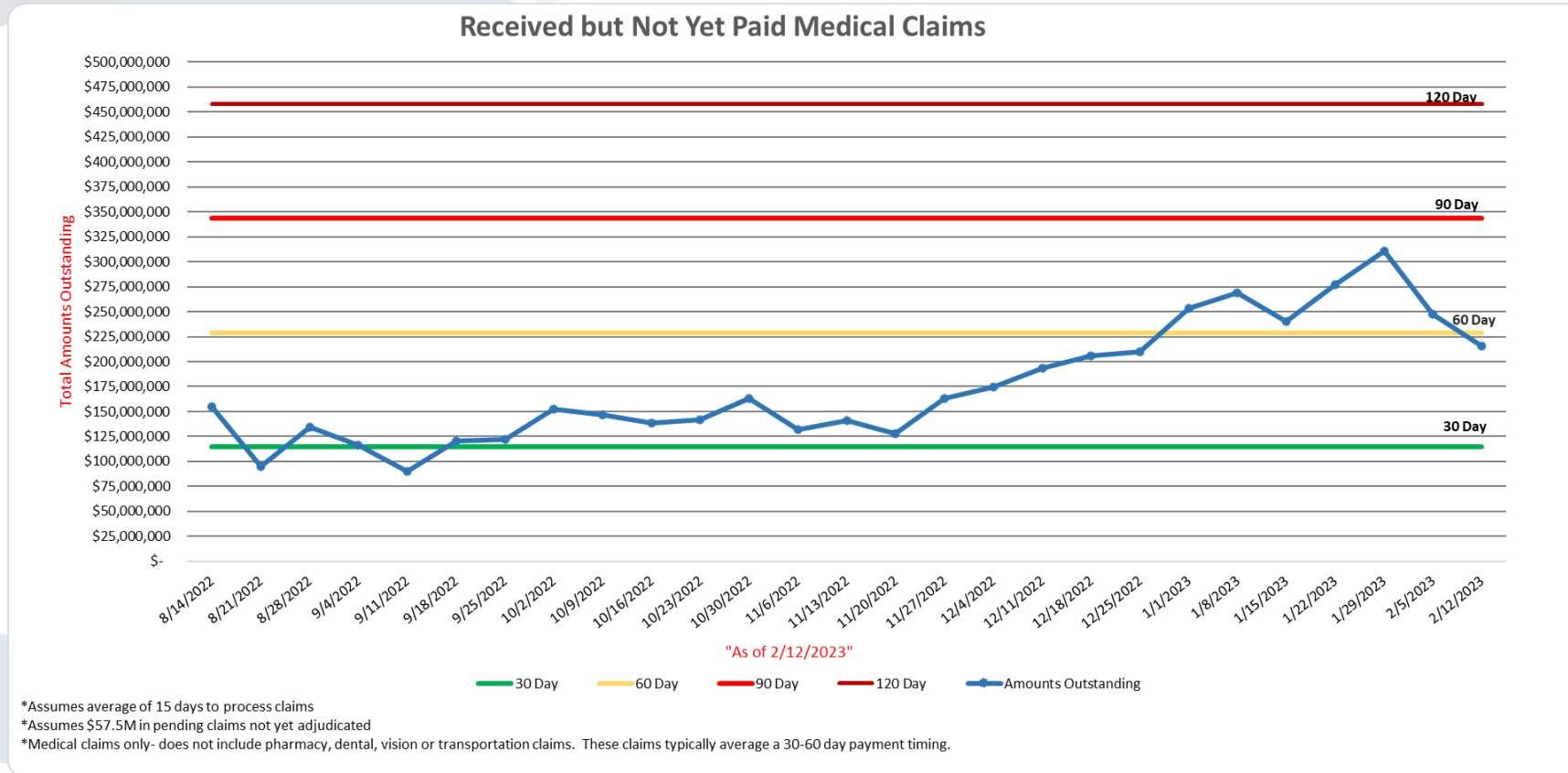
Data as of 2/8/2023

Notes: Benchmark data in the table above is obtained from CDC. For booster, the benchmark data only captures the updated bivalent booster.

Benchmark for each age category: <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends>

Benchmark for overall vaccination rate: https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-people-onedose-pop-total

Claims Payments



Claims Payments

Received but Not Yet Paid Claims

Aging Days	0-30 days	31-60 days	61-90 days	91+ days	Grand Total
Q1 2020	\$ 109,814,352	\$ 53,445,721	\$ 46,955,452	\$ 9,290,569	\$ 219,506,093
Q2 2020	\$ 116,483,514	\$ 41,306,116	\$ 27,968,899	\$ 18,701,664	\$ 204,460,193
Q3 2020	\$ 118,379,552	\$ 59,681,973	\$ 26,222,464	\$ 71,735	\$ 204,355,723
Q4 2020	\$ 111,807,287	\$ 73,687,608	\$ 61,649,515	\$ 1,374,660	\$ 248,519,070
Q1 2021	\$ 111,325,661	\$ 49,497,185	\$ 4,766,955	\$ 37,362	\$ 165,627,162
Q2 2021	\$ 131,867,220	\$ 49,224,709	\$ 566,619	\$ 213,967	\$ 181,872,515
Q3 2021	\$ 89,511,334	\$ 25,733,866	\$ 38,516	\$ 779,119	\$ 116,062,835
Q4 2021	\$ 125,581,303	\$ 90,378,328	\$ 112,699	\$ 1,114,644	\$ 217,186,974
Q1 2022	\$ 144,241,915	\$ 12,166,101	\$ 2,958,928	\$ 2,183,828	\$ 161,550,772
Q2 2022	\$ 120,267,520	\$ 735,088	\$ 2,476,393	\$ 4,676,897	\$ 128,155,898
Q3 2022	\$ 105,262,634	\$ 16,617,110	\$ 59,407	\$ 15,171	\$ 121,954,322
Q4 2022	\$ 142,815,499	\$ 62,495,024	\$ 2,403,391	\$ 2,056,097	\$ 209,770,011
Week of 2/12/2023	\$ 147,673,702	\$ 60,858,587	\$ 6,670,604	\$ 546,862	\$ 215,749,755

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

Quality & Patient Safety Metrics



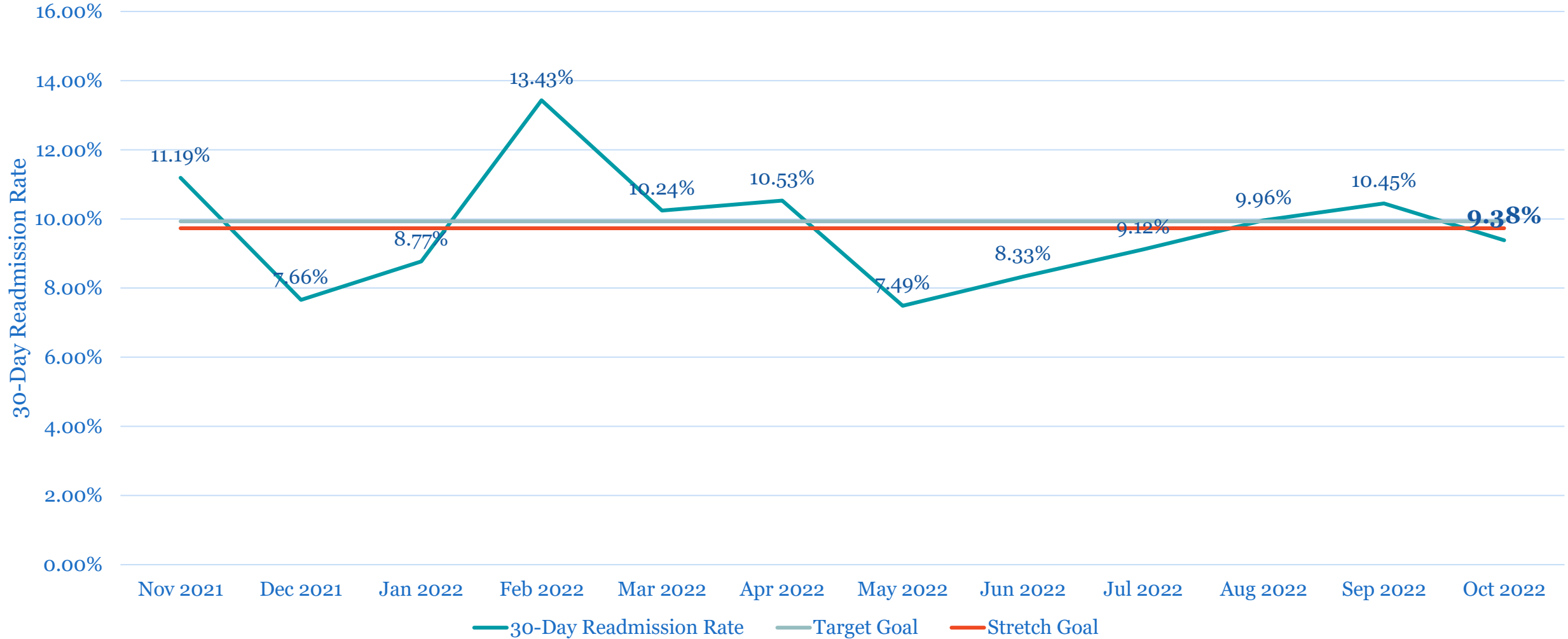
Presented to the Cook County Health Quality & Patient Safety Committee on February 16, 2023



COOK COUNTY
HEALTH

30-Day Readmission Rate (Stroger Hospital)

HRO Domain: Readmissions



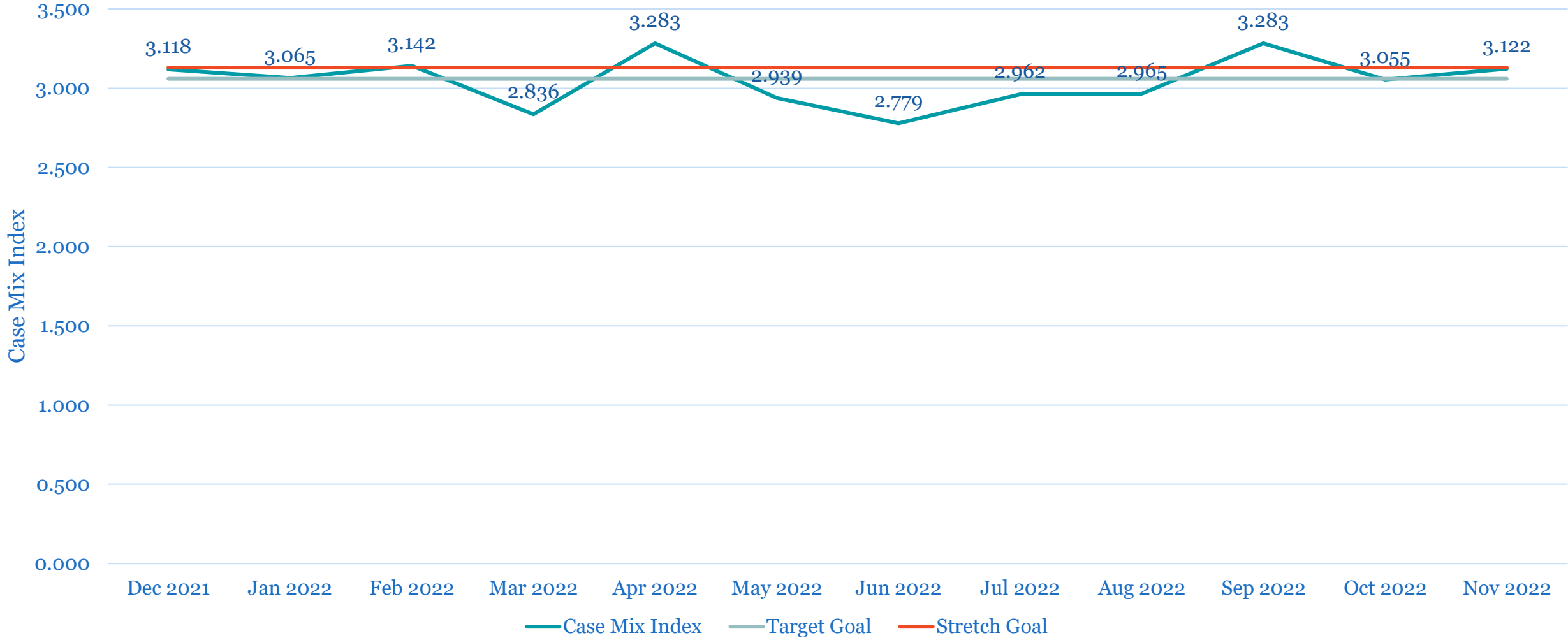
Case Mix Index, Medical Cases (Stroger Hospital)

HRO Domain: Clinical Documentation



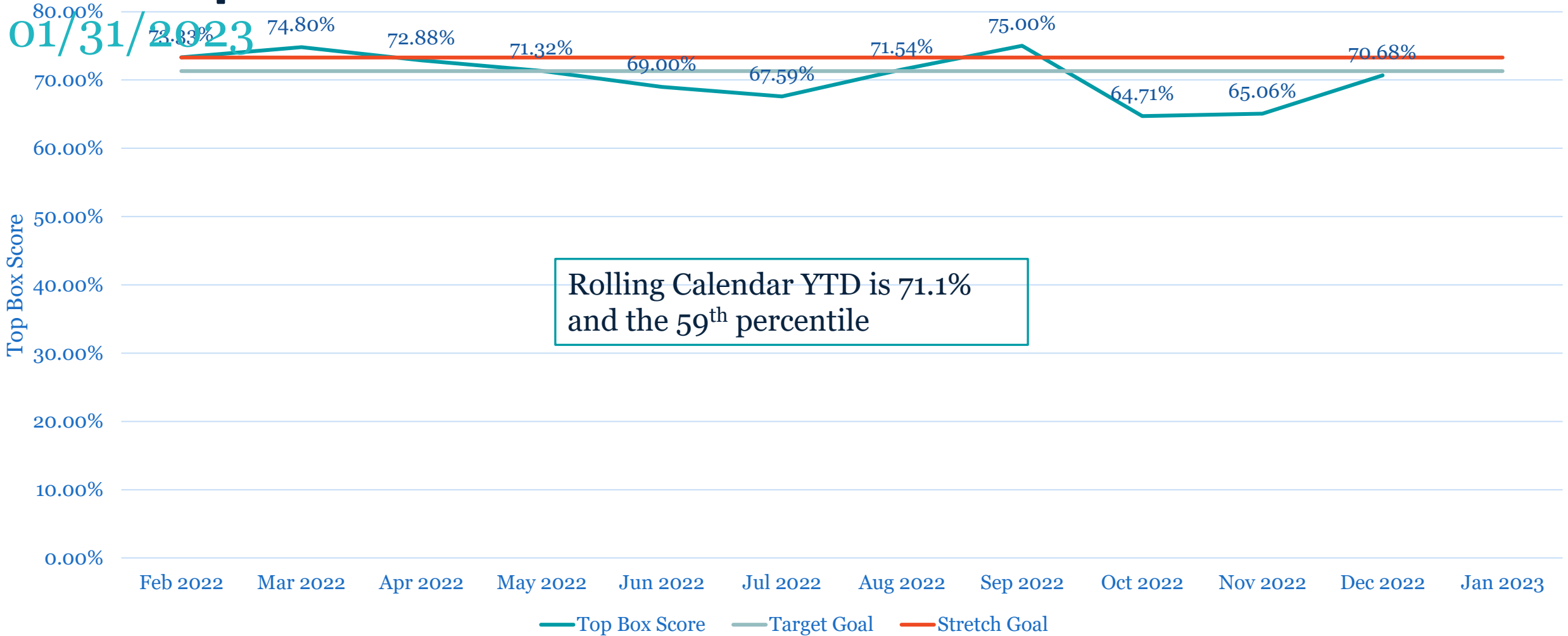
Case Mix Index, Surgical Cases (Stroger Hospital)

HRO Domain: Clinical Documentation



Top Box Score, Recommend Hospital (Stroger Hospital)

HRO Domain Patient Experience, rolling calendar 02/01/2022 to 01/31/2023



Rolling Calendar YTD is 71.1% and the 59th percentile

HbA1c > 9% for In-Care Patients

HRO Domain: HEDIS



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