CCH Monthly Report

Item #: 25-1169

Prepared for the Cook County Health Board on 5/8/25

COOK COUNTY HEALTH

Legislative Updates – Local

The week of April 7, CCH leadership appeared before the following Cook County Board committees to provide testimony and respond to questions from Commissioners.

Asset Management Committee – Cook County's Bureau of Asset Management Chief, Elizabeth Granato, Director of Capital Planning, Earl Manning and Director of Real Estate, James Essex presented an overview on the following items related to CCH:

- A proposed contract for a Construction Manager at Risk (CmaR) for Stroger Hospital with Power/Ujama JV for $372M;
- A proposed contract for design services for Stroger's MRI Center expansion with Eckenhoff Saunders Architects
- A proposed lease at CCH's Austin Health Center with the West Side Health Authority

Craig Williams, CCH Chief Administrative Officer and Charles Jones, CCH Chief Procurement Officer also participated in the meeting to responded respond to questions.

Contract Compliance Committee – Nicole Mandeville, Cook County's Compliance Officer and Raffi Sarafian, Cook County's Procurement Officer presented an overview on the findings of Cook County's *2023 Business Diversity Report* and *2024 Business Diversity Report*. Charles Jones, CCH Chief Procurement Officer also participated in the meeting and was available to respond to questions from related to the reports.

Finance Committee – Pam Cassara, CCH CFO addressed questions related to the *County's Monthly Revenues and Expenses Report* as well as CCH finances. CCH leadership was also available to respond to questions related to *CCH's April 2025 Monthly Report* which is a compilation of the metrics and presentations made to the CCH Board of Directors from the previous month. Craig Williams, CCH Chief Administrative Officer and Win Buren, CCH Chief Human Resources Officer also participated in the meeting to respond to questions related to the status of agency utilization.

Health & Hospitals Committee – Dr. Kiran Joshi, CCH Interim CCDPH COO appeared before the committee to present CCH's *Quarterly COVID-19 and other Infectious Diseases Report*.

Legislative Updates – State

The House returns to Springfield April 22 and the Senate returns April 29. The scheduled adjournment date for the Illinois General Assembly and the deadline to pass any bills and the state budget with a simple majority remains May 31. Bills that pass after this date require super majority approval if the bill has an enactment date in the current calendar year.

- Last month, HFS issued a provider notice indicating that the last day of coverage for individuals enrolled in the Health Benefits for Immigrant Adults (HBIA) program will be June 30, 2025. HBIA enrollees are immigrants 42-64 years of age who do not qualify for traditional Medicaid due to their immigration status. HBIA was not included in the Governor's proposed FY2026 budget. As of February, there were 32,083 HBIA enrollees statewide, with 21,256 individuals residing in Cook County.
- The notice advises that providers should continue to care for HBIA enrollees through June 30, 2025 and also includes resources for HBIA enrollees to get their ongoing primary and preventive care at Federally Qualified Health Centers and free and charitable clinics on or after July 1, 2025. The notice also states that individuals who lose coverage will continue to be eligible for emergency services through the Emergency Medical Coverage for non-citizens process, with a FAQ document posted on the HFS website.
- HFS is required to provide notice to enrollees at least 90 days in advance of changes to eligibility, and a letter has been sent to HBIA enrollees with information similar to what is in the provider notice. Customer information is also posted on the HFS website.
- The Illinois Department of Public Health launched a new "Measles Outbreak Simulator Dashboard" that provides information to the public about the potential impact of a measles outbreak. The dashboard includes vaccination rates by school based on data reported to the Illinois State Board of Education for the 2023-2024 school year.
- Governor JB Pritzker and Attorney General Kwame Raoul joined respective governors and attorney generals in letters that urge the federal government to reverse planned changes to the Affordable Care Act Marketplaces. The federal government proposes reducing the open enrollment period to 45 days and eliminating special enrollment periods for low-income individuals, which would impact both federally facilitated Marketplaces as well as state-based Marketplaces. Illinois is in the process of standing up its state-based Marketplace, also known as Get Covered Illinois, starting Fall 2025 for plans that take effect in 2026. Nearly 466,000 Illinois residents signed up for Marketplace coverage during the 2024-2025 open enrollment period.
- The Illinois Department of Healthcare and Family Services (HFS) continues to move forward with the Medicaid 1115 waiver that was approved by the federal government July 2024. HFS has received federal approval for the contract, protocols, and plans necessary to implement the waiver.

Legislative Updates – Federal

On March 27, the U.S. Department of Health & Human Services (HHS) released HHS' Transformation to Make America Healthy Again. The HHS Fact Sheet is below:

The plan combines personnel cuts, centralization of functions, and consolidation of HHS divisions, including:

- The current 82,000 full-time employees will be reduced to 62,000
- 28 divisions will be consolidated to 15
- 10 regional offices will become 5
- Human Resources, Information Technology, Procurement, External Affairs, and Policy will be centralized.

Regarding FDA, CDC, NIH, and CMS:

- FDA will decrease its workforce by approximately 3,500 full-time employees, with a focus on streamlining operations and centralizing administrative functions. This reduction will not affect drug, medical device, or food reviewers, nor will it impact inspectors.
- The CDC will decrease its workforce by approximately 2,400 employees, with a focus on returning to its core mission of preparing for and responding to epidemics and outbreaks. This includes moving ASPR under CDC to enhance coordination of response efforts. NOTE: The "CDC" decrease would only be 1,400 if you included the individuals coming over from ASPR (approx. 1,000 individuals).
- The NIH will decrease its workforce by approximately 1,200 employees by centralizing procurement, human resources, and communications across its 27 institutes and centers.
- CMS will decrease its workforce by approximately 300 employees, with a focus on reducing minor duplication across the agency. This reorganization will not impact Medicare and Medicaid services.

The consolidation and cuts are designed not only to save money, but to make the organization more efficient and more responsive to Americans' needs, and to implement the Make America Healthy Again goal of ending the chronic disease epidemic.

No additional cuts are currently planned, but the Department will continue to look for further ways to streamline its operations and agencies.

New Hires and Promotions

COOK COUNTY HEALTH

Congratulations

New Leadership Hires
Devanshi Pandya Bangera, Executive Director of Nursing Clinical Operations & Workforce, Nursing Administration
Laina Fox, Director of Revenue Cycle Systems, Finance
Sandra Chavez, Clinical Nurse Leader, ACHN Specialty Clinics
Rachel Belonio, Nurse Coordinator II, Medical Surgical Telemetry
Savitre Tubrung, HRIS Manager, Human Resources
Dilisha Wormely, Manager of Finance, CountyCare*
Jason Losieczka, Manager of Inventory Control, Material Management

**From Other Cook County Entity*

Congratulations

COOK COUNTY HEALTH

Promotions
Tareq Alyousef, Chair of the Division of Cardiology
Vesna Petronic-Rosic, Chair of the Division of Dermatology
Monica Mercon Almeida, Medical Director-CORE and Ambulatory Services, Infectious Disease
Robert Needleman, Director of the Division of Adult Emergency Medicine, Stroger Hospital
Jessica Chatman, Director of Clinical Operations, CountyCare
Cynthia Walsh, Director of Quality Improvement, Quality Assurance
Marie Jennifer Seares, Associate Program Director-Internal Medicine
Beronica Woodson, Senior Manager, Pre-Registration & Financial Clearance, Revenue Cycle
Nessa Nkemnji, Speech-Language Pathology Associate Manager, Speech, Language And Hearing Services
Arahany Villasenor-Mustain, Clinical Operations Nurse Supervisor, OB/GYN
Lieutenant Gwendolyn Lanfair, Hospital Security Officer III, Security

Recognition & Announcements

COOK COUNTY HEALTH

Bronzeville Health Center Opens

Cook County Health celebrated the ribbon cutting on the new Bronzeville Health Center.

Serving as an extension of CCH's historic Provident Hospital, Bronzeville Health Center offers family medicine, psychiatry, and rehabilitation services, including physical therapy, occupational therapy, and speech therapy.

The 26,000 square foot facility is projected to see 85,000 visits in its first year It represents a $10M investment by Cook County in access to care on the South Side of Chicago.

Thank you to all who supported the establishment of the new health center.

4th Annual Provident Scholarship

COOK COUNTY HEALTH

Cook County Health, in partnership with Cook County government and Cook County Health Foundation, has launched the fourth year of the Provident Scholarship.

The scholarship program awards future health care professionals with scholarships between $10,000-$20,000.

Scholarships will support awardees who are from, and dedicated to serving, underrepresented communities in Cook County.

Deadline to Apply: May 18

For more information:
cookcountyhealth.org/provident-scholarship-fund

Medicaid Roundtable

On April 15, CCH hosted Congressman Raja Krishnamoorthi, leaders from Protect Our Care Illinois local health care providers, advocates, and patients for a roundtable discussion on the importance of protecting Medicaid.

North Riverside Health Center: Dental Clinic Opening

COOK COUNTY HEALTH

We’re proud to announce that the dental clinic at our North Riverside Health Center is now open and accepting new patients!

Congratulations to the entire team who made this project come to live!

Methadone Clinic at Austin Health Center

Congratulations to the Austin Health Center team for launching CCH's first methadone clinic!

Methadone clinics provide medication-assisted treatment to those with opioid use disorder.

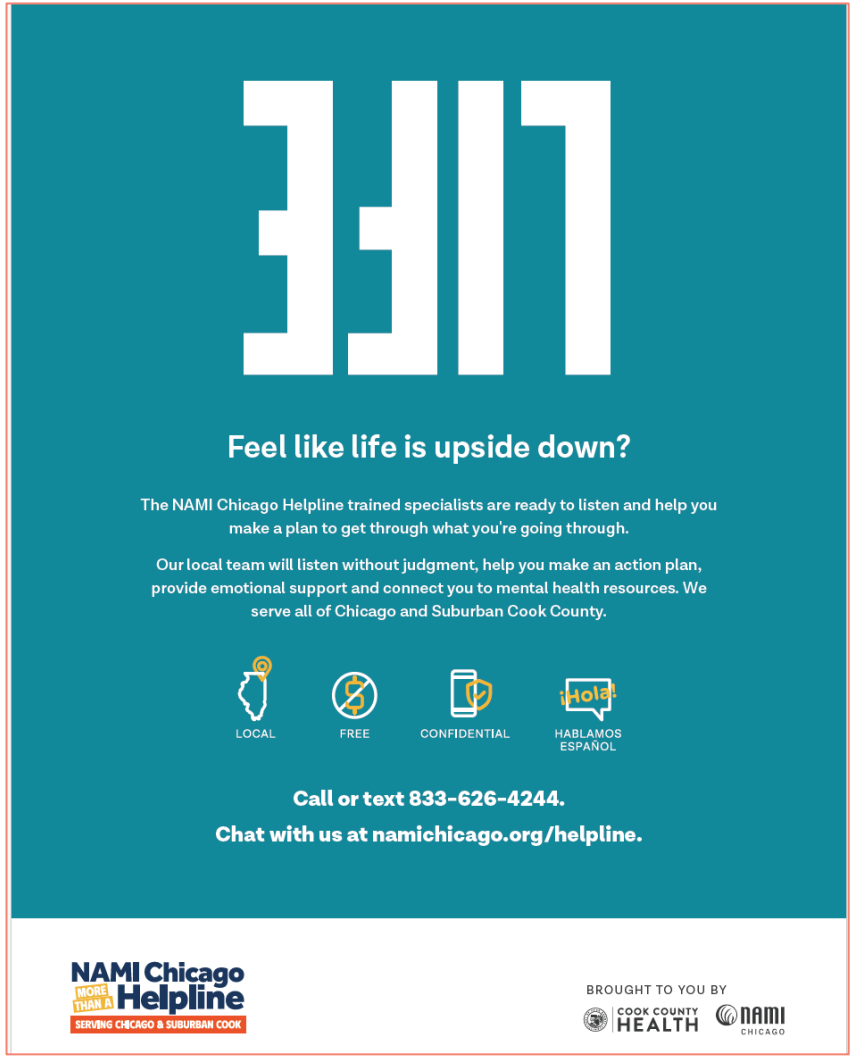
The program at our Austin location is a pilot meant to serve CCH patients seeking integrated primary care plus treatment of substance use disorders.

NAMI Helpline Expansion

One April 23, CCH and NAMI Chicago held a press conference to recognize efforts to improve access to high-quality behavioral health support through NAMI Chicago's Helpline and community-based peer-support groups.

The CCH Office of Behavioral Health is supporting the establishment of helpline text-to-chat capabilities and the launch of a public awareness campaign.

The goals of this work are to reduce stigma and help more residents take the first step toward support.



John H. Stroger Jr. Hospital named a Castle Connolly Top Hospital

Congratulations to the entire team at Stroger Hospital for being recognized as a Castle Connolly Top Hospital for 2025!

The hospital was awarded this prestigious distinction for its exceptional performance in mastectomy surgery and care, ranking among the best in the United States, Illinois, and the Chicago metro area. Additionally, Stroger Hospital was named a top hospital in Illinois and the Chicago metro area for hernia surgery. The hospital earned a Gold Standard rating for both surgical procedures at the state level.

IDPH Renewal for Emergency Department Approved for Pediatrics (EDAP) Status

Congratulations to the Stroger team for getting a renewal of their **Emergency Department Approved for Pediatrics (EDAP) status** within Emergency Medical Services Region 11 in the State of Illinois!

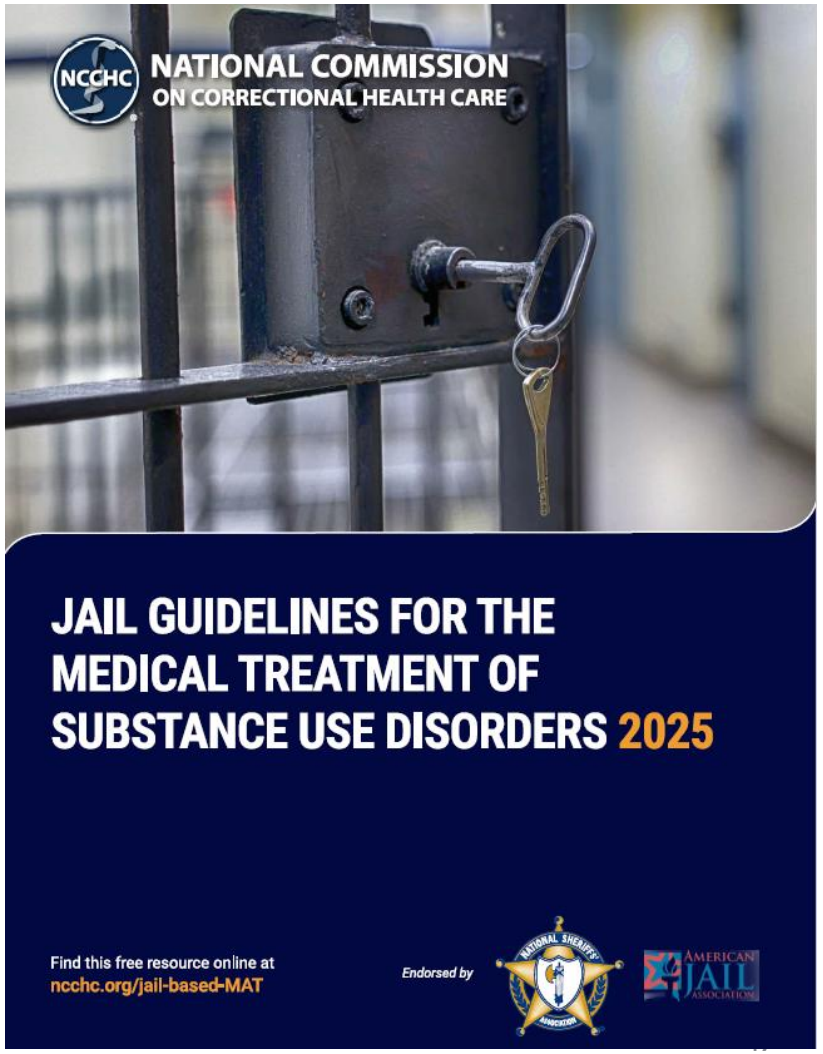
This recognition status is effective until 2028.

National Commission on Correctional Health Care

Congratulations to the Cermak Health Services team for being recognized by the National Commission on Correctional Health Care as part of their 2025 Jail Guidelines for the Medical Treatment of Substance Use Disorders!

Their work with the opioid treatment program at Cook County Jail was highlighted as one of 5 case studies on MAT programs in action in the country.

Congratulations for the recognition on a national stage!



Marketing Campaign to Promote HIV Testing and Services

Cook County Health launched a new public health campaign aimed at increasing awareness of HIV prevention, testing, and services.

The bilingual marketing campaign includes a combination of out-of-home advertising, digital media, and community engagement efforts, providing both education and an actionable path to seek services at Cook County Health.

The campaign is funded by a grant from the Chicago Department of Public Health through the Ryan White HIV/AIDS program from the U.S. Health Resources & Services Administration (HRSA).

Congratulations to the Cook County HIV Integrated Programs and marketing/communications teams!

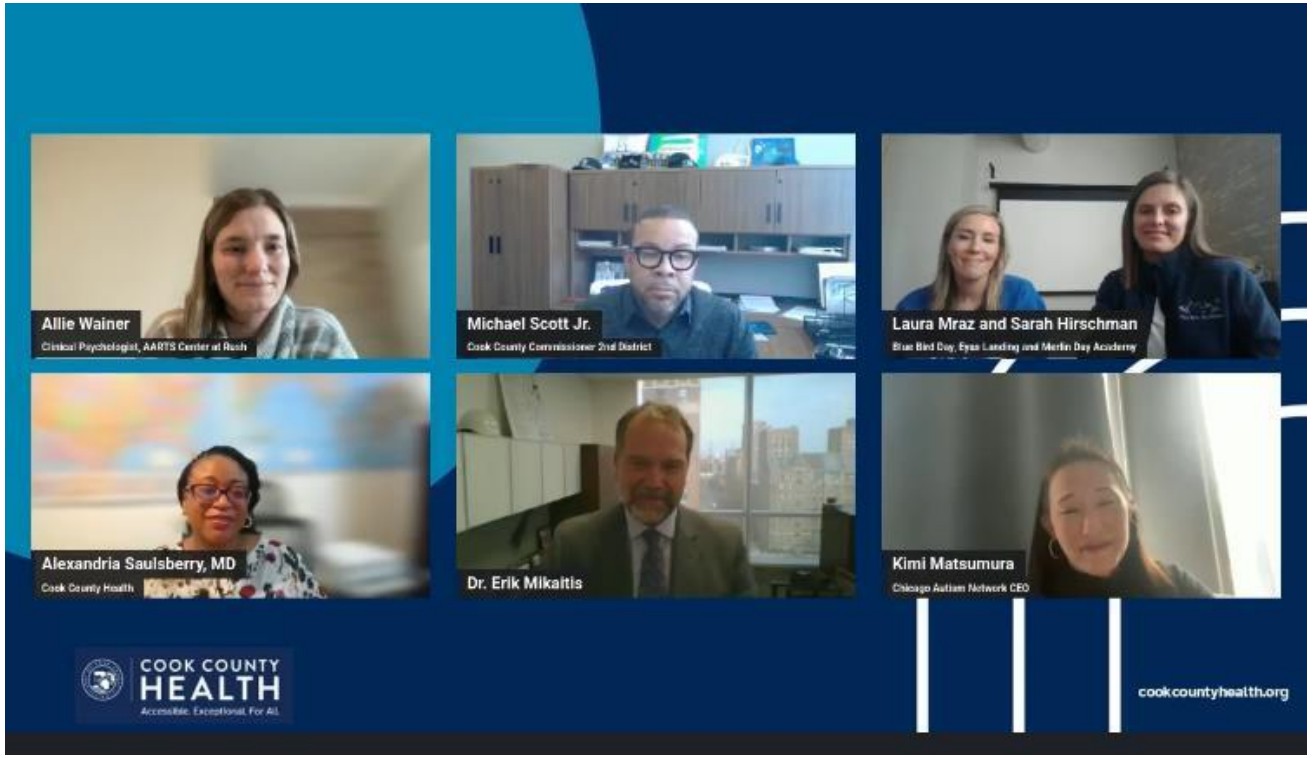
IOMC Maternal & Child Health Symposium

The Institute of Medicine Chicago and Cook County Health hosted a Maternal & Child Health Symposium on April 22 to unite industry leaders, community advocacy groups, and experts in maternal and child health across the Chicagoland area to provide a comprehensive overview of the latest advancements in maternal and child health, emphasizing the intersection of physical and mental health.

Autism Awareness Panel

In honor of Autism Awareness Month, Cook County Health held a Facebook Live on Autism Spectrum Disorder, as well as screening and services in Cook County.

Commissioner Michael Scott, Dr. Alexandria Saulsberry, CCH Developmental and Behavioral Pediatrician, and local organizations shared resources available to help support patients and their families. A list of resources is now available on the CCH website under Pediatrics.



Patient Safety & Experience Week: Poster Fair Winners

COOK COUNTY HEALTH

Most Impactful	1st Place	Sharon F. Welbel, Onofre Donceras, Thelma Lim, Renee Partida-McClenic, Sheila Collins-Johnson	Investigation of a Cluster of Methicillin-Sensitive Staphylococcus aureus (MSSA) Infections in a Neonatal Intensive Care Unit: A Call for Enhanced Infection Control Measures
	2nd Place	Brian Ervin	Promoting Interdisciplinary Mobility to Improve Patient Outcomes, Prevent Immobility-Related Harm, and Improve Hospital Throughput
	3rd Place	Iris Esquivel and Ralphael Parayao	The Importance of Hand Hygiene Compliance and Observation
Best Team Project	1st Place	Nimmy Tom	Journey to Zero Fall - New Strategies to Decrease Falls
	2nd Place	Ancy Jacob	APRN Led Patient-Centered Communication for Goal Concordant Care
	3rd Place	Susan Hurley and Ma Nieves Marcelo	Closing the Gap: Enhancing Population Health through Pre-visit Planning in Value-based Care
Most Innovative Project	1st Place	Yoselin Colorado, Shalonda Carter, Renee Odom, Ashlesha Patel, Kelly Metoyer	Reproductive Life Imaged: The Intersection of Technology and Contraceptive Choice
	2nd Place	Humberto Magallan, Diego Olague, Tanisha Spraggins, Girlie Barbaso, Arlicia Lee, Si'edah Westbrooks	Reducing Risk of Developing Intraoperative Deep Vein Thrombosis
	3rd Place	Ananya Stoller and Tine Ndhlovu	CountyCare Community Baby Shower
Audience Choice		Humberto Magallan, Diego Olague, Tanisha Spraggins, Girlie Barbaso, Arlicia Lee, Si'edah Westbrooks	Reducing Risk of Developing Intraoperative Deep Vein Thrombosis

Thank you to everyone who participated in the Patient Safety & Experience Week!

IDPH Spotlight for National Public Health Week

Congratulations to Dr. Rachel Rubin, Senior Medical Officer, Cook County Department of Public Heath, for being celebrated by the Illinois Department of Public Health's *30 Days of Public Health*.

Dr. Rachel Rubin was recognized for her dedication to community health, public health leadership, and mentorship!

Top Women in PR

COOK COUNTY HEALTH

Congratulations to Alex Normington, Chief Communications & Marketing Officer, for being recognized by PR News on their Top Women in PR list for 2025!

The honorees include supportive, innovative, inspiring women making an impact on their organization.

TOP WOMEN AWARDS

PRESENTED BY PRNEWS

Doctor of the Year

We are proud to celebrate Dr. Anwer Hussain who has been voted CCH's "Doctor of the Year" for 2025.

Congratulations!

Special Recognition: Stroger Hospital Team

Presented by Gift of Hope

COOK COUNTY HEALTH

Accessible. Exceptional. For All.

giftofhope®

Organ & Tissue Donor Network

Strategic Plan Updates

COOK COUNTY HEALTH

Strategy Initiatives April

Accomplished

- Successful Primary Stroke Center recertification by the Joint Commission; Cermak's Outpatient Treatment Program was highlighted in the National Commission on Correctional Health Care publication "Jail Guidelines for the Medical Treatment of Substance Use Disorders 2025"
- Provident Scholarship Fund launched for 90 scholarships; CCH held a colorectal cancer screening education fair with 118 participants at Provident; Cermak Health Services Opioid Treatment Program was recognized for providing wrap around care coordination and linkage services to patients in the National Commission on Correctional Health; CountyCare went live with new text messaging vendor offering enhanced language communication in 5 different languages
- Request for Qualifications for Professional trainers opened for vendors to design a variety of training courses for CCH employees; The CCH Promise Point Learning Community, our new online clinical documentation improvement education platform is live
- The Laboratory has identified an opportunity to capture $2.7M/year in Medicaid Revenue by using 2 approved test codes for Gonorrhea and Chlamydia testing; Interventional Radiology was able to capture an additional $228,273 in first two months by identifying billable IR supplies
- Opened dental services at North Riverside; Went live with a new central pulse command center to improve patient flow
- Family Medicine, Pediatrics and Physical Therapy moved to Bronzeville; Contracted with a Gastroenterologist to resume endoscopy at Provident; Operating room and sterile processing tracking boards went live at Provident and Stroger

Coming Soon

- Neurosciences team is reviewing clinical research trials for stroke and traumatic brain injury
- The Stroger nursing team is developing “Change Champion” workshops to develop knowledge and tools to lead change within teams; Social Workers and Case Managers participation on interdisciplinary rounds
- Transfer of all grants from Hektoen to CCH
- Updating administrative space policy to improve space utilization; Finalizing operational database submissions for clinical resources, environmental services, hospital administration, infection control, neuro-diagnostics, nursing services, pharmacy, public safety and transportation; Drafting complex care escalation process to present to LOS workgroup

ARPA Updates

COOK COUNTY HEALTH

ARPA Progress to Date

Updated Guidelines:

- The County corporate fund will cover FY2025 personnel

Next Steps:

- Rollover budgets are finalized
- Cash flow estimates complete, accelerating expenditures
- Monitoring monthly expenditures against the goal
- Develop an updated sustainability plan post-ARPA

COOK COUNTY HEALTH

*Expenditure as of 4/21

Media Dashboard

COOK COUNTY HEALTH

Earned Media Dashboard

Total Media Placements

125

Total Reach

706.1M

Total Media Value

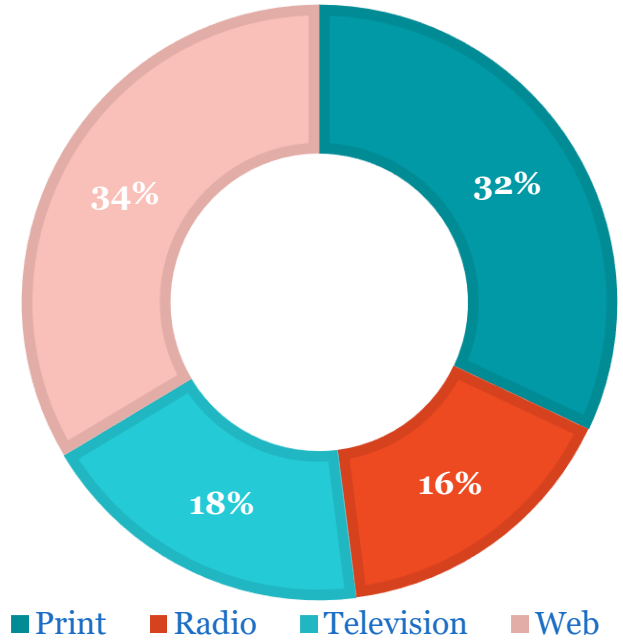
$6.5M

Top Local Media Outlets

1. *WTTW*
2. *WVON*
3. *ABC-7*
4. *WBBM*
5. *WBEZ*

Media Dashboard

Media by Outlet Type



Most Common Topics

1. Migrant Health
2. Federal Funding Cuts
3. Measles/Measles Vaccine
4. Crisis Triage and Stabilization Center opening

Top Headlines

CBS NEWS CHICAGO

Fewer people are dying from opioid overdoses in Illinois: an analysis of the trend

HYDE PARK HERALD

Provident Hospital to open behavioral health center

Cook County to Youth on April Fool's Day: Don't be fooled by Big Tobacco

wttw

Illinois, Cook County Public Health Officials Say Federal Funding Cuts Came With Little Notice

WBEZ

Cook County Health Launches Campaign to Promote HIV Testing and Services

WBEZ

Five years since COVID, how Chicago works to improve the health of the city

yahoo!news

How to check the measles vaccination rate at your child's school

CBS NEWS CHICAGO

Colorectal Cancer Awareness Month

Triage and Stabilization Press Conference

PRESS RELEASE

Cook County Health Cuts Ribbon on Mental Health Triage and Stabilization Center

March 19, 2025

HYDE PARK HERALD

Subscribe Donate Search...

NEWS SPORTS A&E OPINION OBITUARIES ANNOUNCEMENTS LOCAL EVENTS ARCHIVES PUBLIC NOTICES

Provident Hospital to open behavioral health center

Evgenia Anastasakos, contributing writer · Mar 21, 2025 Updated Mar 21, 2025 · 0

Most Popular

1 Where is Chicago's Bla... Achievement Committ...

2 'Egg-stravaganzas' an... Easter celebrations h... Hyde Park this weeke...

3 Nonprofit to distribu... and culture grants

Media Coverage:

- Hyde Park Herald
- WVON
- ABC 7 Chicago
- WGN Radio
- Politico

Social Media Report

COOK COUNTY HEALTH

Social Media Summary

During March 10 – April 13, 2025, the communications team posted content on Facebook, Twitter, Instagram and LinkedIn for Cook County Health.

Facebook – 67 posts
https://www.facebook.com/Cookcountyhhs/

Twitter – 65
https://twitter.com/CookCtyHealth

Instagram – 66 posts (includes stories and IGTV)
https://www.instagram.com/cookcountyhealth/

LinkedIn – 55 posts
https://www.linkedin.com/company/cook-county-health/

Social Media Summary

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

Twitter

- Impressions: **6.2K**
- Post Link Clicks: **5**
- Engagements: **100**
- Followers: **4,585**

Facebook

- Total impressions: **399K**
- Post engagement: **7.0K** (up **19%**)
- Post reach: **133.8K**
- Page followers: **9.4K** (up **102 from last month**)

LinkedIn

- Impressions: **40.4K**
- Page Views: **4.1K** (up **18%**)
- Engagements: **3.3K**
- Followers: **16.9K** (up **461**)

Instagram

- Impressions: **45.2K**
- Engagement: **675**
- Followers: **3.9K** (up **1%**)

Facebook Insights

Top Boosted Posts

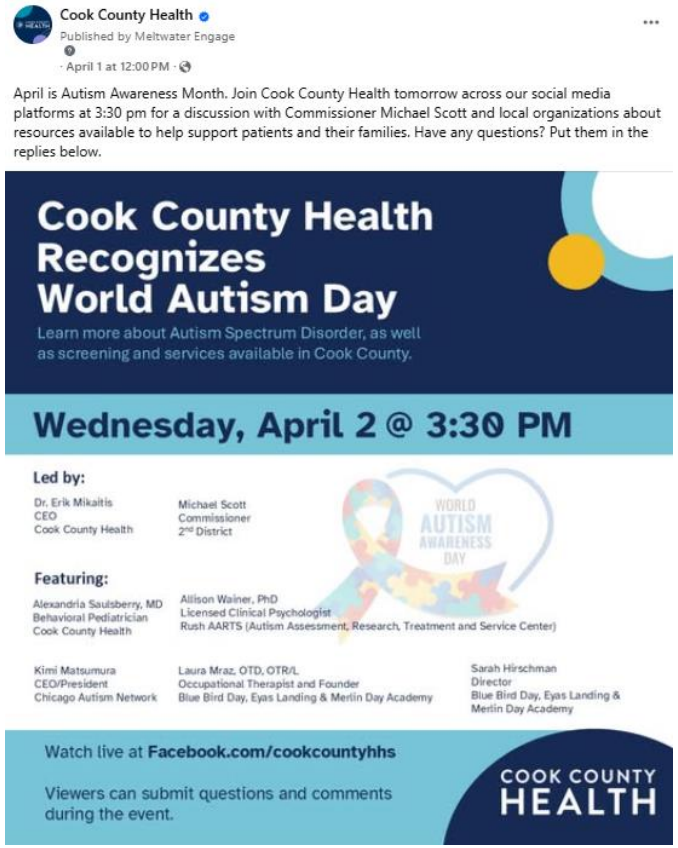
Reach: 57.8K
Impressions: 95.7K

Reach: 47.9K
Impressions: 79.2K

Facebook Insights

Top Organic Posts

Reach: 1.7K
Impressions: 1.8K
Engagement rate: 4.9%



Reach: 1.3K
Impressions: 1.4K
Engagement rate: 6.9%

Facebook Live: Autism Awareness Month

30,799
Impressions

20,037
Reach

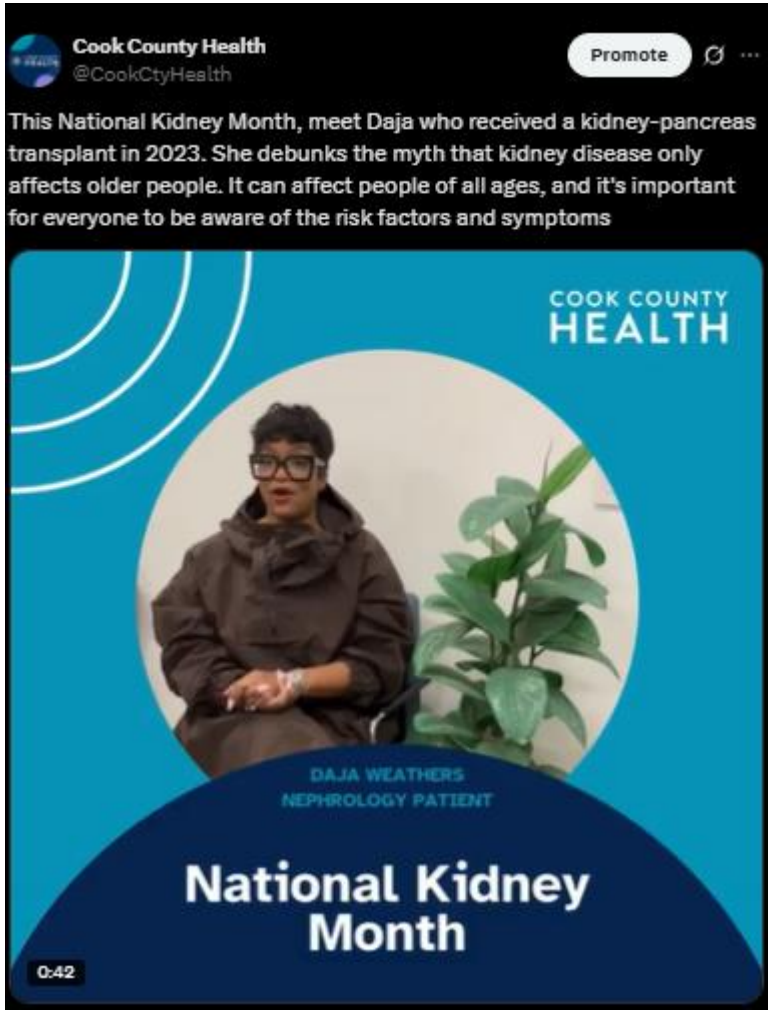
28,462
Plays

Twitter Insights

COOK COUNTY HEALTH

Top Posts

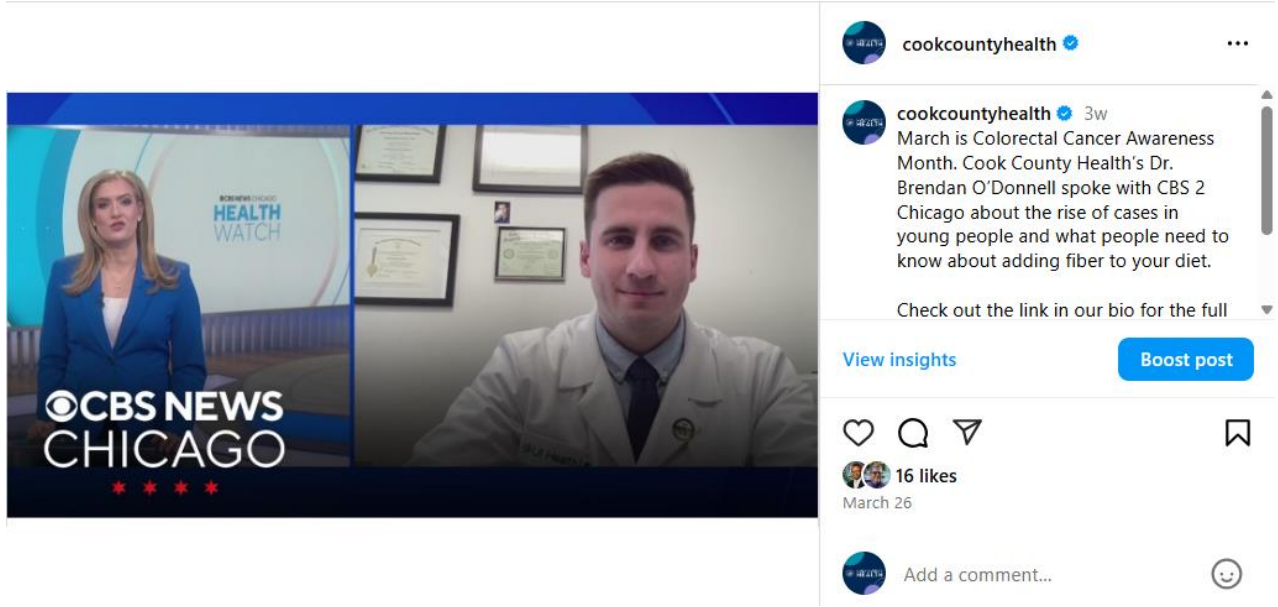
Impressions: 202



Impressions: 201

Instagram Insights

Top Posts



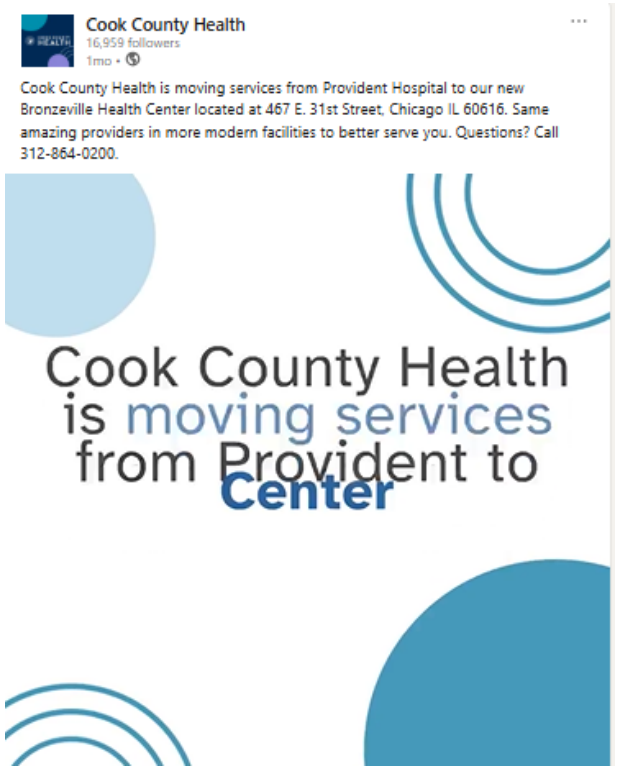
Impressions: 1,044
Reach: 896
Likes: 16

Impressions: 938
Reach: 846
Likes: 24

LinkedIn Insights

Top Posts

Impressions: 3.7K
Likes: 172
Clicks: 272



Impressions: 2.4K
Views: 1.2K
Likes: 65

Finance Metrics

COOK COUNTY HEALTH

Executive Summary: Statement of Financial Condition - February 28, 2025

COOK COUNTY HEALTH

- On an accrual basis, interim financials show that CCH ended February with a **$25.7M unfavorable** variance to budget. County's preliminary cash report on revenues and expenses, which is cash-based accounting, shows that CCH is **unfavorable** to budget by **$108.0M**.
  - 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 $11.7M **unfavorable** to budget; rates paid by state continue to not reflect newly covered high-cost drugs
    - Membership remains over 416,000 which is 4.9% greater than budgeted

Financial Results – February 28, 2025

COOK COUNTY HEALTH

Dollars in 000s	FY2025 Actual	FY2025 Budget	Variance	%	FY2024 Actual
Revenue					
Net Patient Service Revenue (1)	$235,959	$288,738	($52,779)	-18.28%	$311,258
Government Support (2)	$101,919	$98,540	$3,379	3.43%	$94,831
Adjusted NPSR	**$337,879**	**$387,278**	**($49,400)**	**-12.76%**	**$406,090**
CountyCare Capitation Revenue	$917,892	$840,413	$77,479	9.22%	$795,942
Other	$15,666	$17,361	($1,695)	-9.76%	$20,336
Total Revenue	**$1,271,437**	**$1,245,052**	**$26,384**	**2.12%**	**$1,222,368**
Operating Expenses					
Salaries & Benefits	$190,670	$228,686	$38,016	16.62%	$180,351
Overtime	$15,578	$13,207	($2,371)	-17.96%	$14,088
Supplies & Pharmaceuticals	$72,601	$62,540	($10,061)	-16.09%	$55,795
Purchased Services & Other	$192,897	$208,152	$15,255	7.33%	$226,488
Medical Claims Expense (1)	$849,727	$758,329	($91,399)	-12.05%	$733,905
Insurance	$8,382	$7,600	($783)	-10.30%	$0
Utilities	$2,132	$3,749	$1,617	43.13%	$2,349
Total Operating Expenses	**$1,331,989**	**$1,282,263**	**($49,726)**	**-3.88%**	**$1,212,975**
Operating Margin	**($60,552)**	**($37,210)**	**($23,342)**	**62.73%**	**$9,392**
Non-Operating Revenue	**$37,082**	**$39,426**	**($2,344)**	**-5.95%**	**$39,134**
Net Income (Loss)	**($23,470)**	**$2,216**	**($25,686)**	**-1159.20%**	**$48,526**

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.

Key Volume and Revenue Indicators

Patient Activity Stroger	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual		Feb 2025 Actual	Feb 2024 Actual
Average Daily Census	326	326	0.0%	334	316		331	342
Emergency Room Visits	22,172	22,689	-2.3%	22,662	19,843		6,748	7,239
Surgeries	2,591	2,997	-13.5%	2,675	2,638		833	879

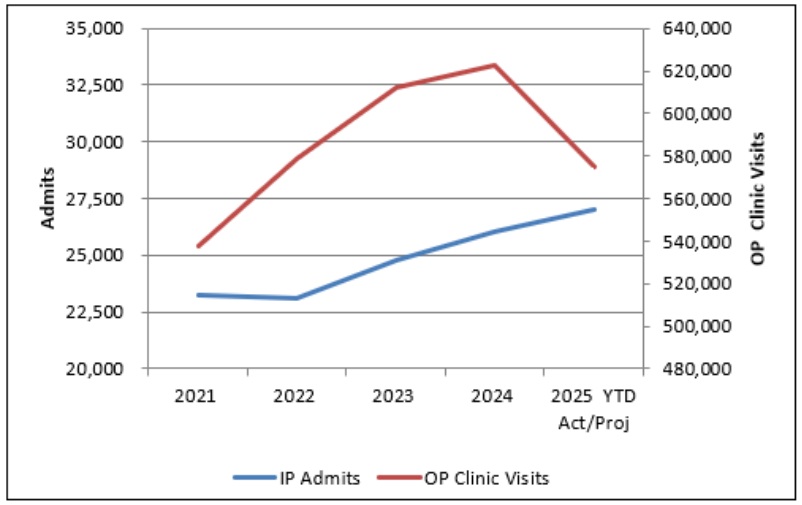
Patient Activity Provident	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual		Feb 2025 Actual	Feb 2024 Actual
Average Daily Census	19	29	-34.3%	24	22		19	27
Emergency Room Visits	6,397	6,503	-1.6%	6,308	6,389		1,942	2,140
Surgeries	543	743	-26.9%	737	822		174	259

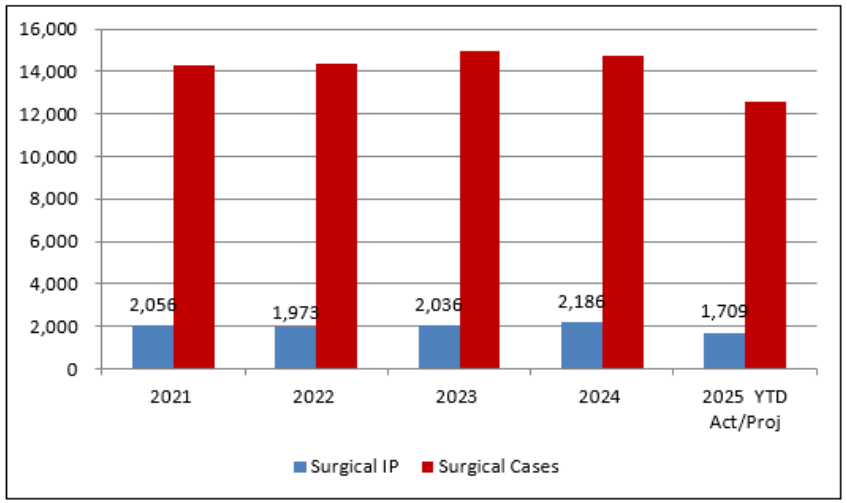
Patient Activity ACHN	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual		Feb 2025 Actual	Feb 2024 Actual
Primary Care Visits	52,446	58,804	-10.8%	58,391	55,884		15,901	19,032
Specialty Care Visits	91,205	92,720	-1.6%	92,634	88,436		28,826	30,627

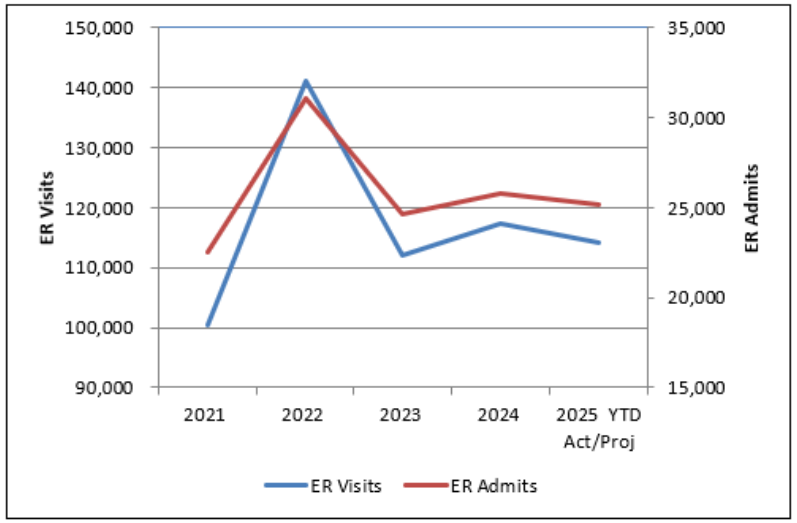
CountyCare Membership	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual		Feb 2025 Actual	Feb 2024 Actual
Membership Count	416,683	397,197	4.9%	431,424	449,654		413,405	434,890

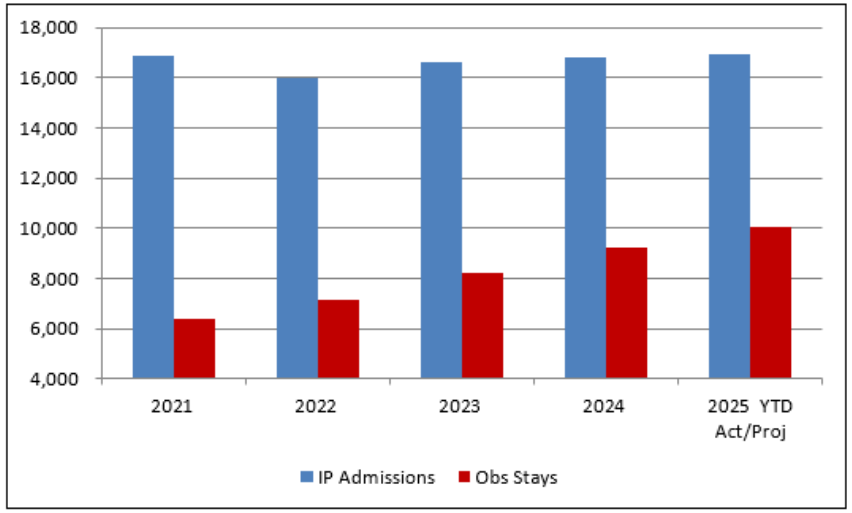
* Includes IP + Observations

Operating Trends







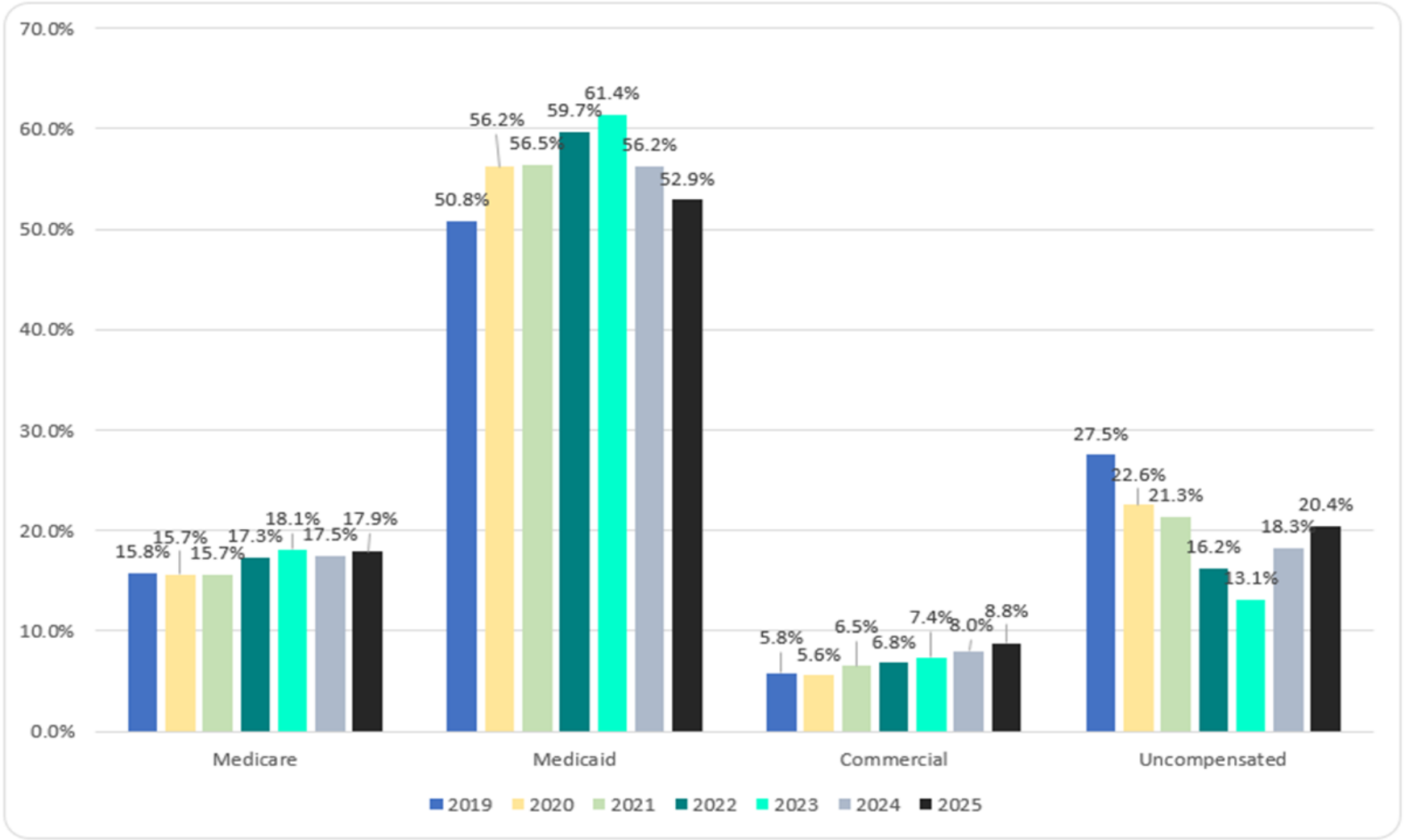


Payer Mix – YoY Comparison

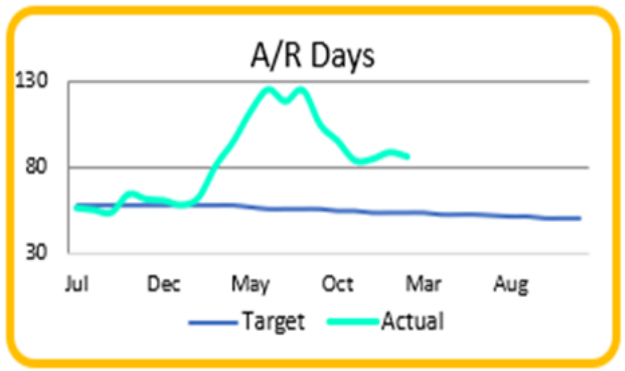
Commentary:

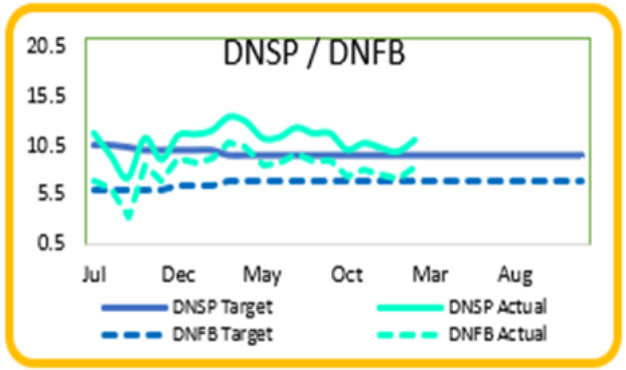
- Prior Month Change:
  - Medicare: +0.2%
  - Medicaid: +0.2%
  - Commercial: -0.2%
  - Uncompensated: -.1%

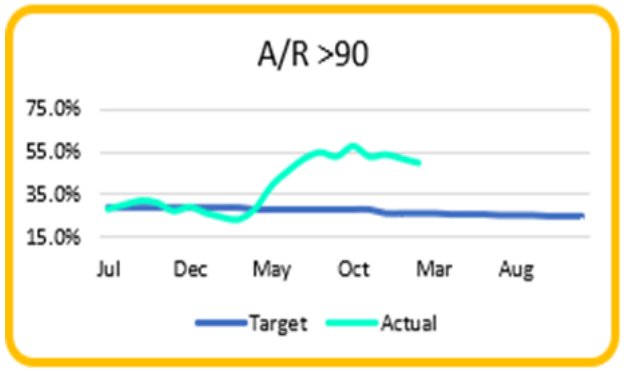
*NOTE: FY2025 reflects 3 months (Dec -Feb) and is not a rolling 12.

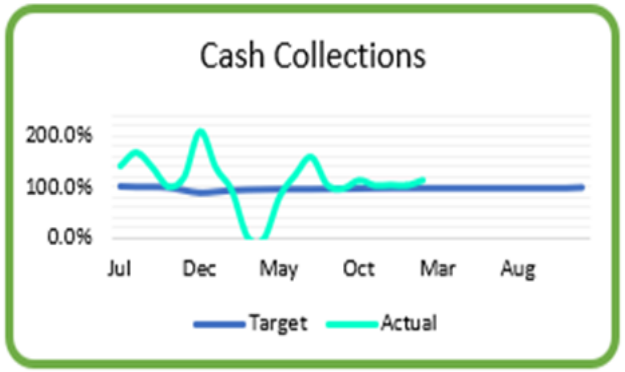


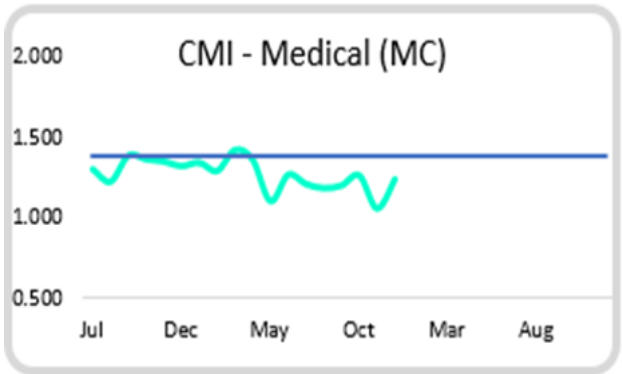
Revenue Cycle KPI Trending

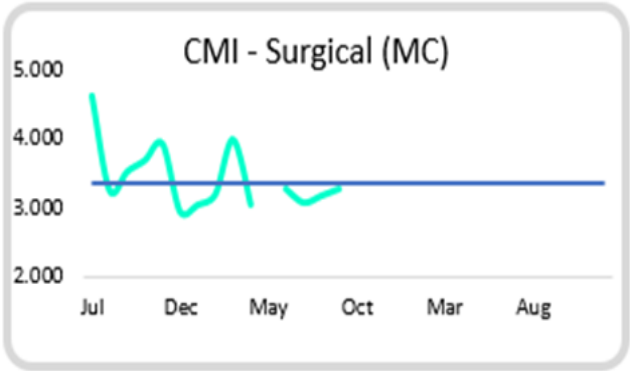












Commentary:

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

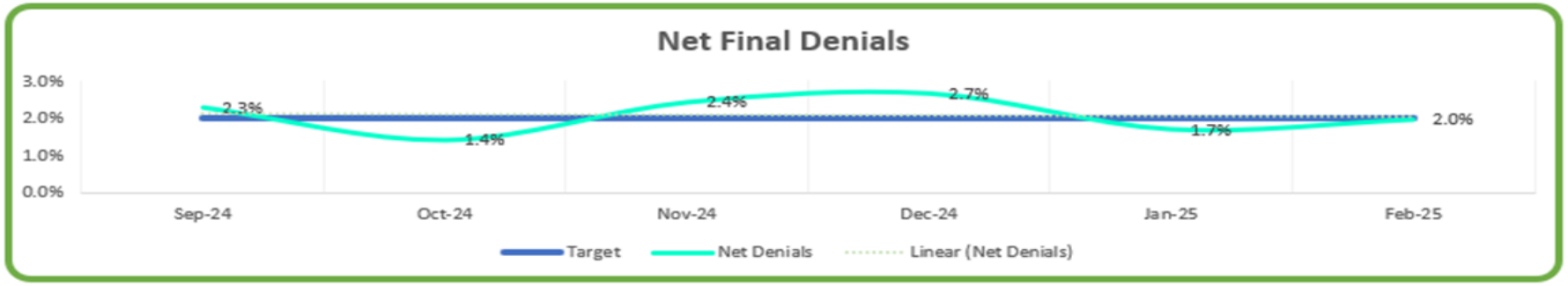
Definitions:

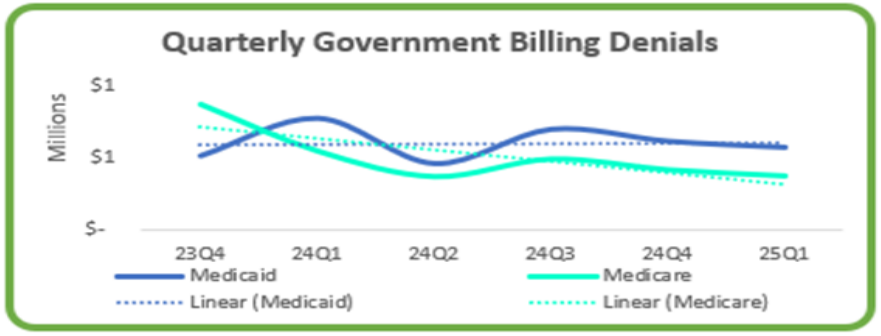
DNSP: Discharged Not Submitted to Payer - Gross dollars from initial 837 claims held by edits in claims processing tool that have not been sent to payer.

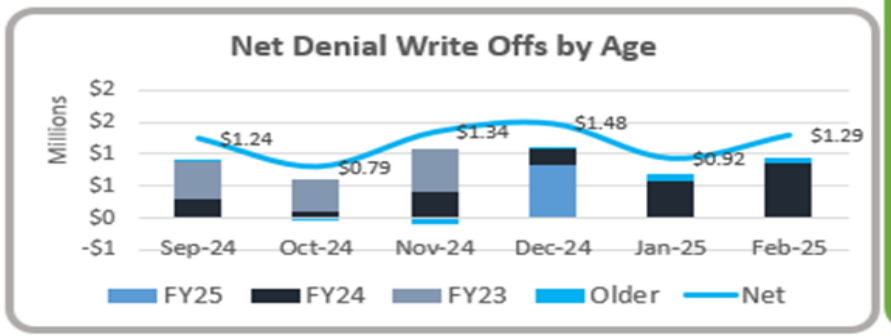
DNFB: Discharged Not Final Billed - Gross dollars in A/R for all patient accounts (inpatient and outpatient accounts) discharged but not yet final billed for the reporting month. Refers to accounts in suspense (within bill hold days) and pending final billed status in the patient accounting system.

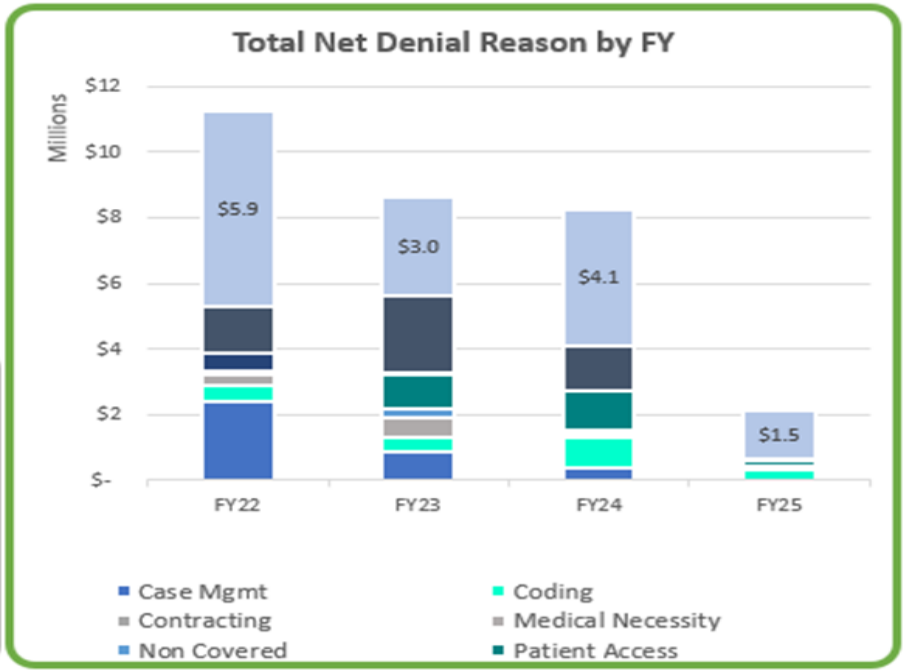
CMI: Case Mix Index - Represents the average diagnosis-related group (DRG) relative weight for that hospital. It is calculated by summing the DRG weights for all Medicare discharges and dividing by the number of discharges.

Denial Focus & Trending









Charitable & Public Program Expenditures

Charitable Benefits and Community Programs	2023 Actual Net Benefit	2024 Actual Net Benefit	2025 Budget Net Benefit	2025 Projected Net Benefit
Traditional Charity Care	$ 105,040	$ 201,962	$ 232,719	$ 223,322
Other Uncompensated Care	135,655	80,164	88,500	134,338
Cermak & JTDC Health Services	100,779	116,223	143,621	152,315
Department of Public Health	12,712	22,113	27,553	34,015
Other Public Programs & Community Services	66,321	71,600	52,870	52,870
Totals	$ 420,506	$ 492,062	$ 545,263	$ 596,859
% of Revenues *	38.8%	30.5%	31.6%	34.5%
% of Costs *	23.1%	28.5%	24.2%	26.4%

* Excludes Health Plan Services

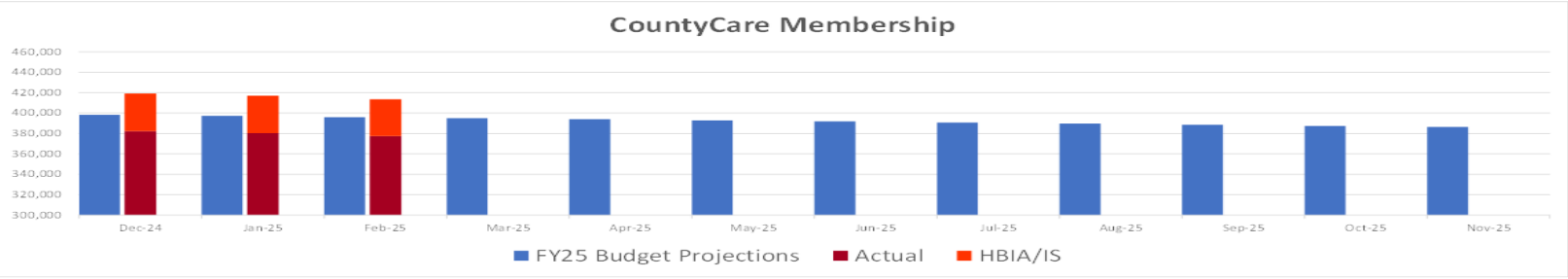
Savings Initiatives: February 28, 2025

COOK COUNTY HEALTH

Current Activities in Progress	Budgeted FY25 Impact	YTD Achieved	Status
Revenue Cycle:			
CDM Annual Pricing Review	2,650,000	673,542	
Revenue Recovery	3,400,000	864,167	
Point of Service Collections	300,000	151,250	
County Care:			
Vendor Contract Negotiations- (term eff July)	2,400,000	-	
Health System:			
Vendor Contract Negotiations	20,000,000	2,059,210	
	$ 28,750,000	$ 3,748,169	13%
		Goal 3/12ths	25%

CountyCare

Dollars in 000s except PMPM amounts	FY2025 Actual	FY2025 Budget	Variance	%	Fy24 Actual
Capitation Revenue	$922, 639	$842,786	$79,853	9.47%	$801,399
Operating Expenses					
Clinical - CCH	$38,591	$35,317	($3,275)	(9.27%)	$22,525
Clinical - External	$849,521	$767,182	($82,338)	(10.73%)	$735,203
Administrative	$45,424	$39,438	($5,987)	(15.18%)	$42,278
Total Expenses	$933,536	$841,937	($91,600)	(10.88%)	$800,007
Operating Gain (Loss)	($10,897)	$850	($11,747)		$1,392
Activity Levels					
Member Months	1,249,807	1,191,591	58,216	4.89%	1,294,988
Monthly Membership	413,470	396,098	17,372	4.39%	435,168
CCH CountyCare Member Months	93,580	N/A	N/A	N/A	73,308
CCH % CountyCare Member Months	7.49%	N/A	N/A	N/A	5.66%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	$738.23	$707.28	$30.95	4.38%	$618.85
Clinical Cost PMPM	$710.60	$673.47	($37.13)	(5.51%)	$585.12
Medical Loss Ratio (1)	96%	95%	(0.38%)	(0.40%)	93.8%
Administrative Cost Ratio	4.9%	4.7%	(0.21%)	(4.49%)	5.2%
Total FTEs	382	429	47		346



Commentary

- Total YTD member months are exceeding budget by 58,216 members.
- Revenue and claims expense are higher than budget due to higher than budgeted membership.
- CountyCare's reimbursement to CCH for domestic spend is exceeding budget.
- Operating Loss of $10.8M
- Operating loss driven by 1% higher medical loss ratio than expected.

Notes:

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

Managed Care Metrics

COOK COUNTY HEALTH

Current Membership

COOK COUNTY HEALTH

Monthly Membership as of March 5, 2025

Category	Total Members	ACHN Members	% ACHN
FHP	224,871	9,799	4.4%
ACA	102,746	10,649	10.4%
ICP	31,359	4,521	14.4%
MLTSS	9,877	-	0%
SNC	7,690	331	4.3%
HBIA	16,518	2,842	17.2%
HBIS	4,678	1,157	24.7%
HBIC	14,283	1,120	7.8%
Total	412,022	30,419	7.4%

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

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

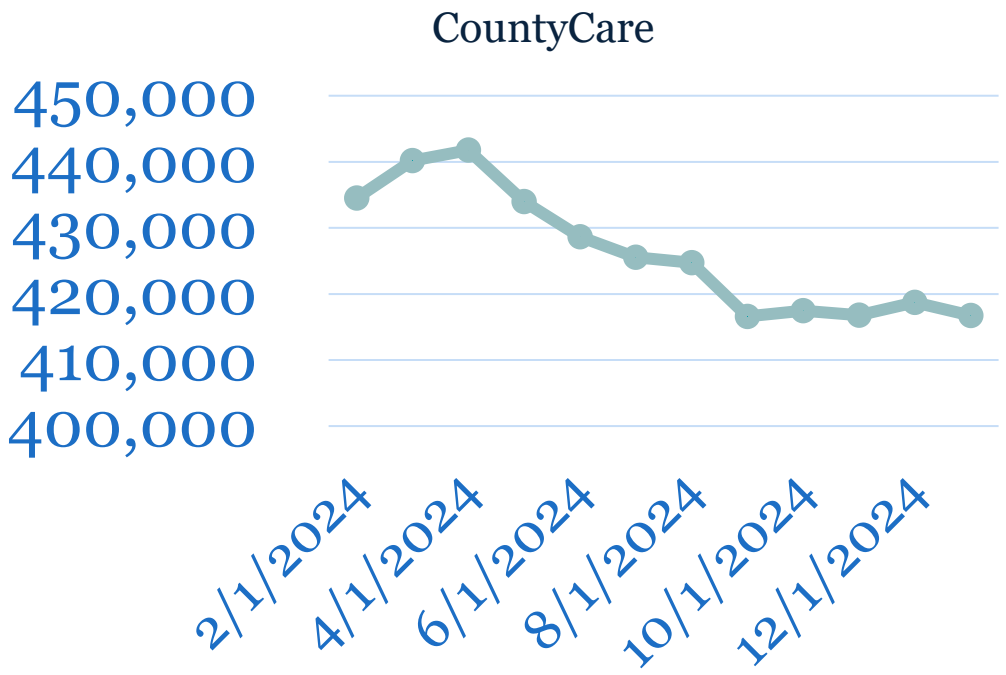
Managed Medicaid Market

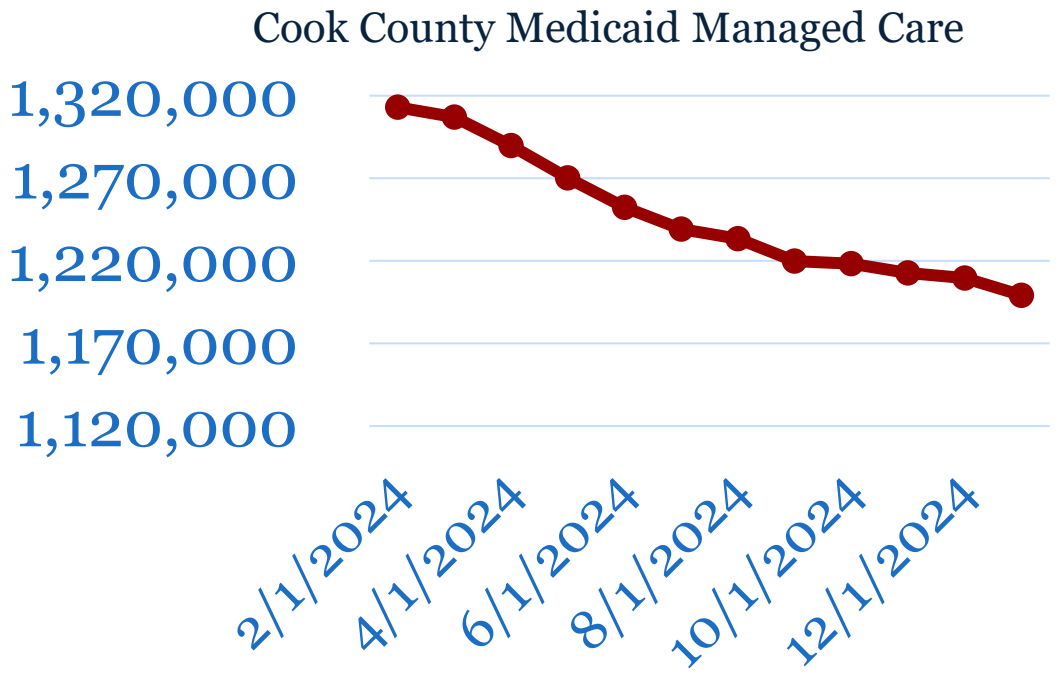
Illinois Department of Healthcare and Family Services January 2025 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	416,758	34.8%
Blue Cross Blue Shield	332,993	27.8%
Meridian (a WellCare Co.)	251,897	21.0%
IlliniCare (Aetna/CVS)	107,813	9.0%
Molina	81,917	6.8%
YouthCare	7,857	0.7%
Total	**1,199,235**	**100.0%**

IL Medicaid Managed Care Trend in Cook County

Charts not to scale



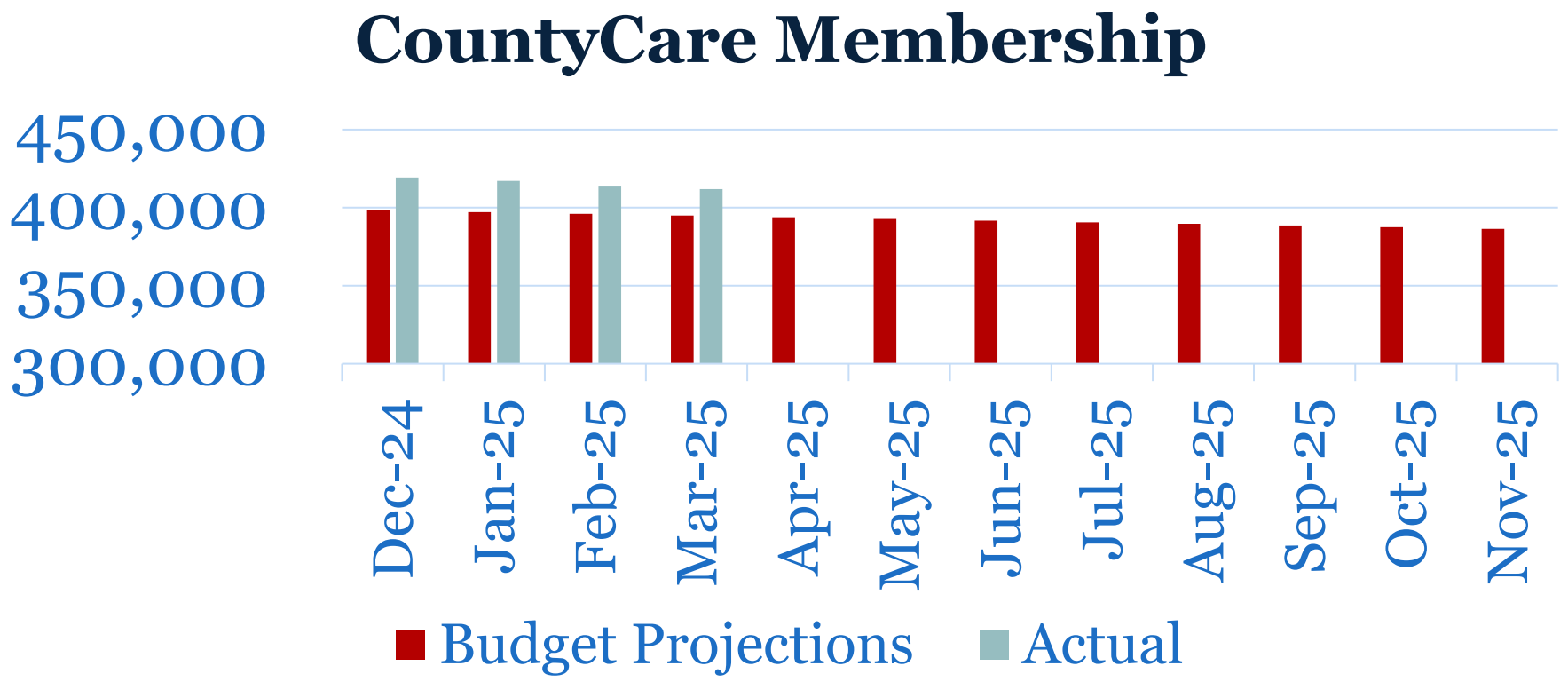


CountyCare's enrollment **decreased** 0.46% in January 2025 and is lower than Cook County's **decrease** of 0.86%.

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

FY25 Budget | Membership

COOK COUNTY HEALTH



Operations Metrics: Call Center & Encounter Rate

COOK COUNTY HEALTH

		Performance		
Key Metrics	**State Goal**	**Dec 2024**	**Jan 2025**	**Feb 2025**
Member & Provider Services Call Center Metrics				
Inbound Call Volume	N/A	50,847	55,946	49,629
Abandonment Rate	< 5%	0.99%	0.55%	0.39%
Average Speed to Answer (minutes)	1:00	0:13	0:07	0:04
% Calls Answered < 30 seconds	> 80%	90.9%	95.5%	97.8%
		Quarterly		
Claims/Encounters Acceptance Rate	98%	98%		

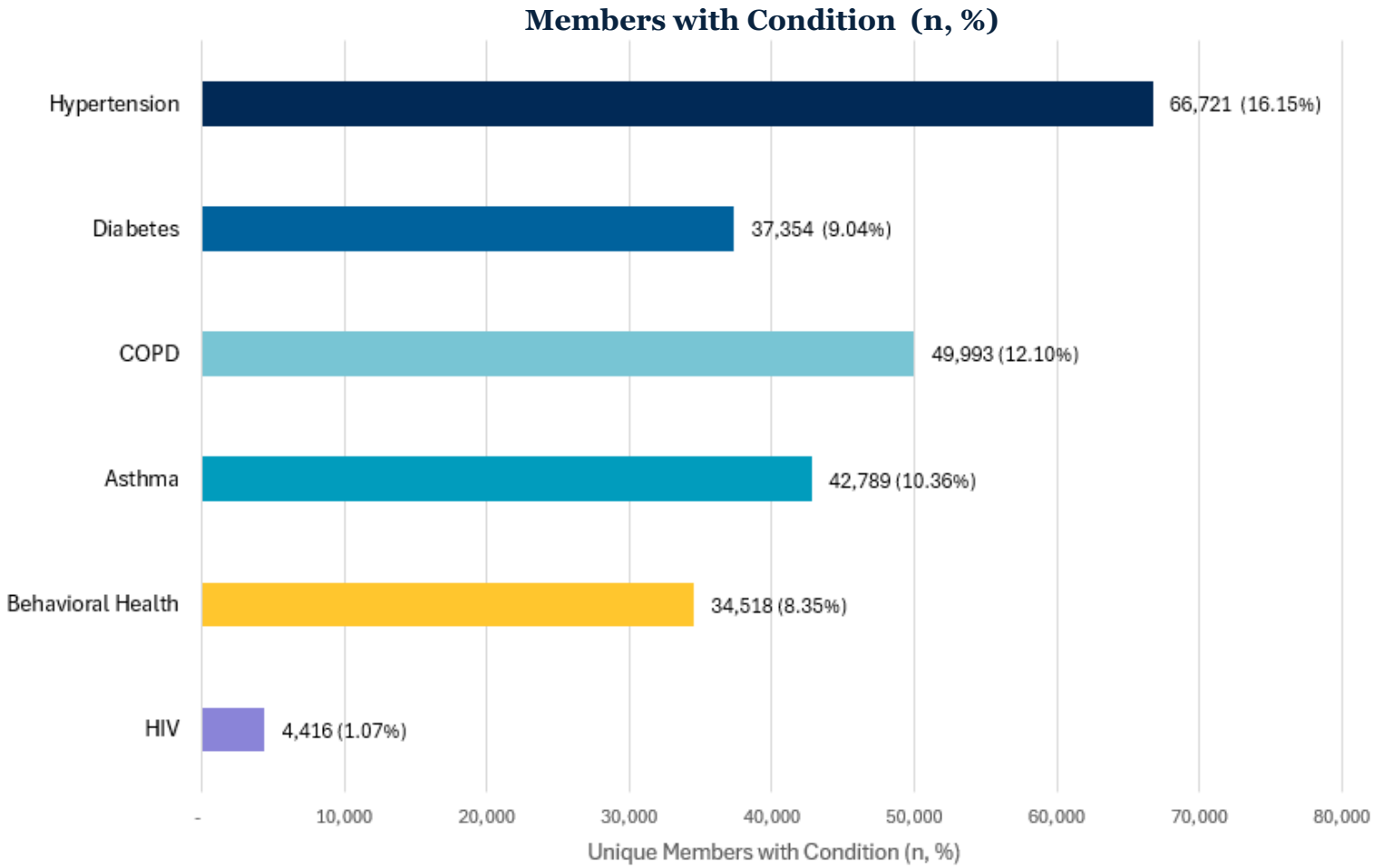
CountyCare Disease Prevalence

February 2025 Membership

1 in 6
Members are managing a hypertension diagnosis

92,000+
Members have asthma or COPD

1 in 100
Members are living with HIV



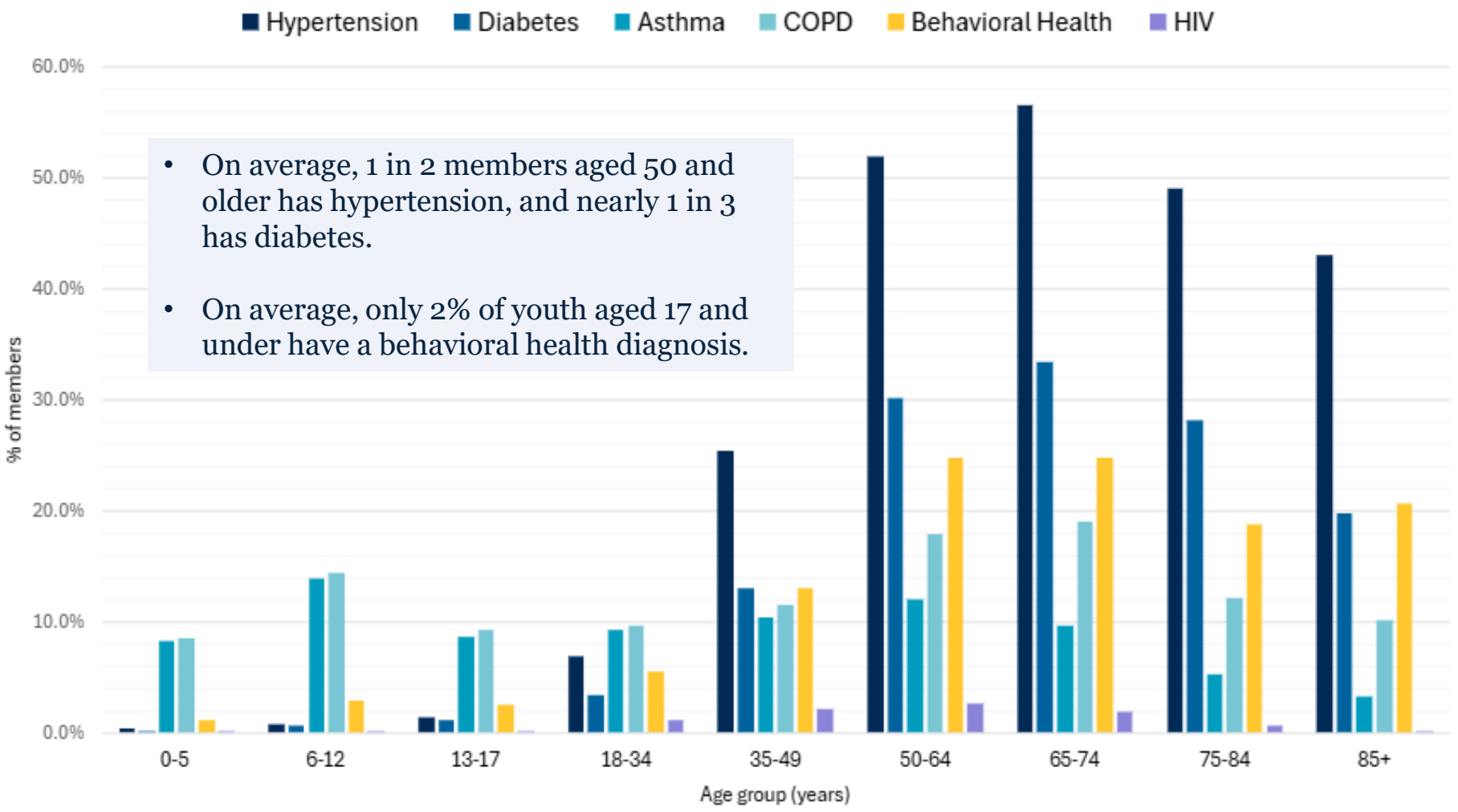
Methodology: All members with at least one diagnosis of the condition within the last three years (Jan 2022 - Feb 2025). Diagnoses are identified at all levels (primary – 25th diagnosis).

CountyCare Disease Prevalence by Age

February 2025 Membership

Age Group (years)	Total CountyCare Members
0-5	54,321
6-12	70,059
13-17	51,367
18-34	92,662
35-49	62,632
50-64	59,220
65-74	14,225
75-84	6,221
85+	2,494
Grand Total	413,201

Members with Condition, by Age Group (%)

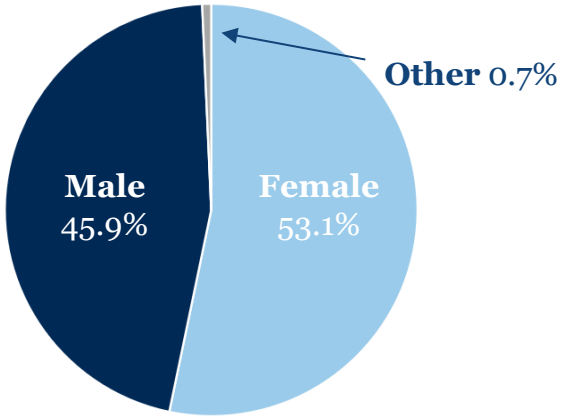


- On average, 1 in 2 members aged 50 and older has hypertension, and nearly 1 in 3 has diabetes.
- On average, only 2% of youth aged 17 and under have a behavioral health diagnosis.

CountyCare Disease Prevalence by Gender

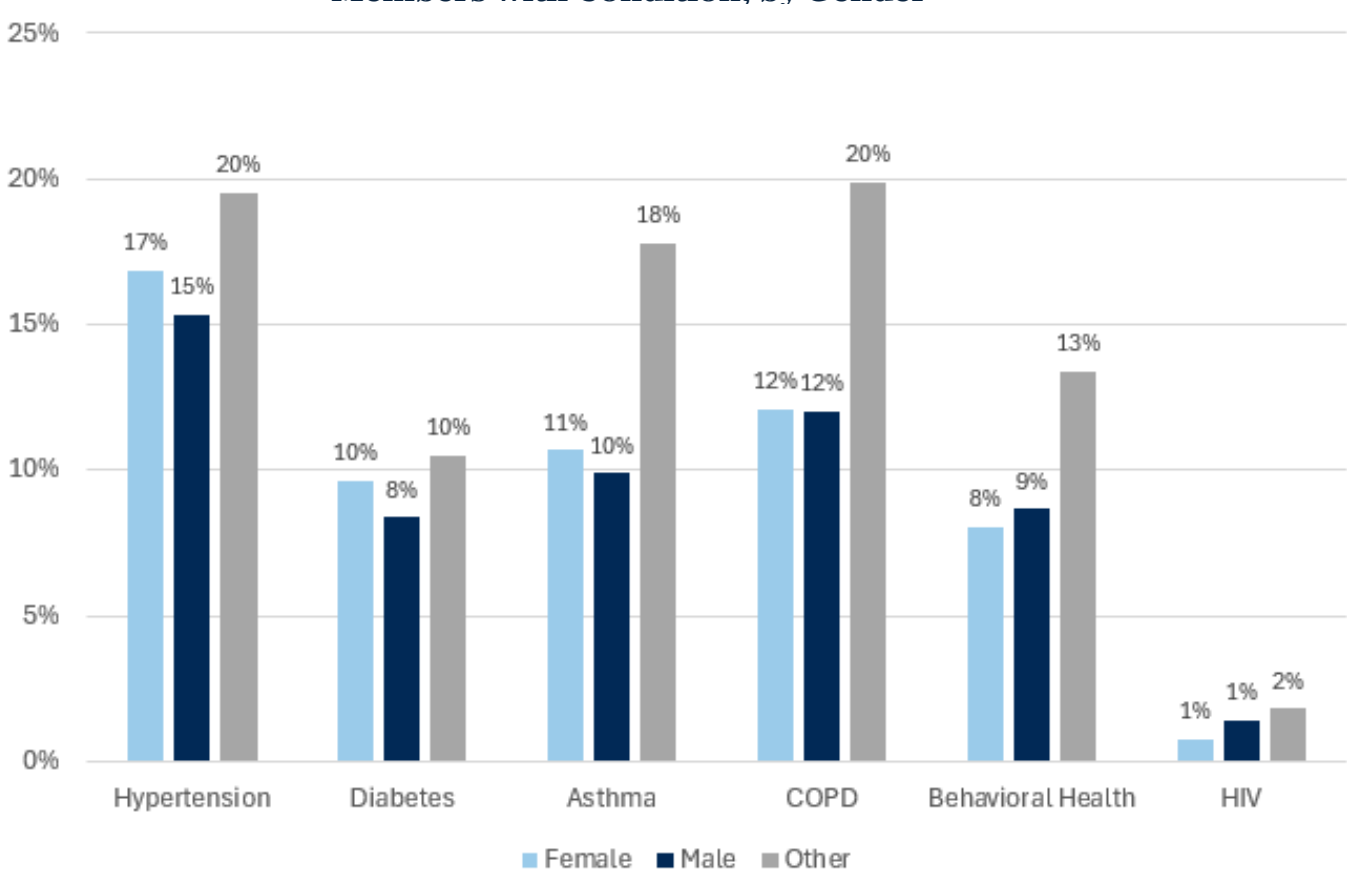
February 2025 Membership

Total CountyCare Members, by Gender (%)



- As compared to male members, female members have a slightly higher prevalence of hypertension (16.9% vs 15.3%), diabetes (9.6% vs 8.4%) and asthma (10.7% vs 9.9%).
- Despite representing less than 1% of all CountyCare members, 1 in 5 members reporting their gender as something other than male or female have a diagnosis of either hypertension or COPD.

Members with Condition, by Gender

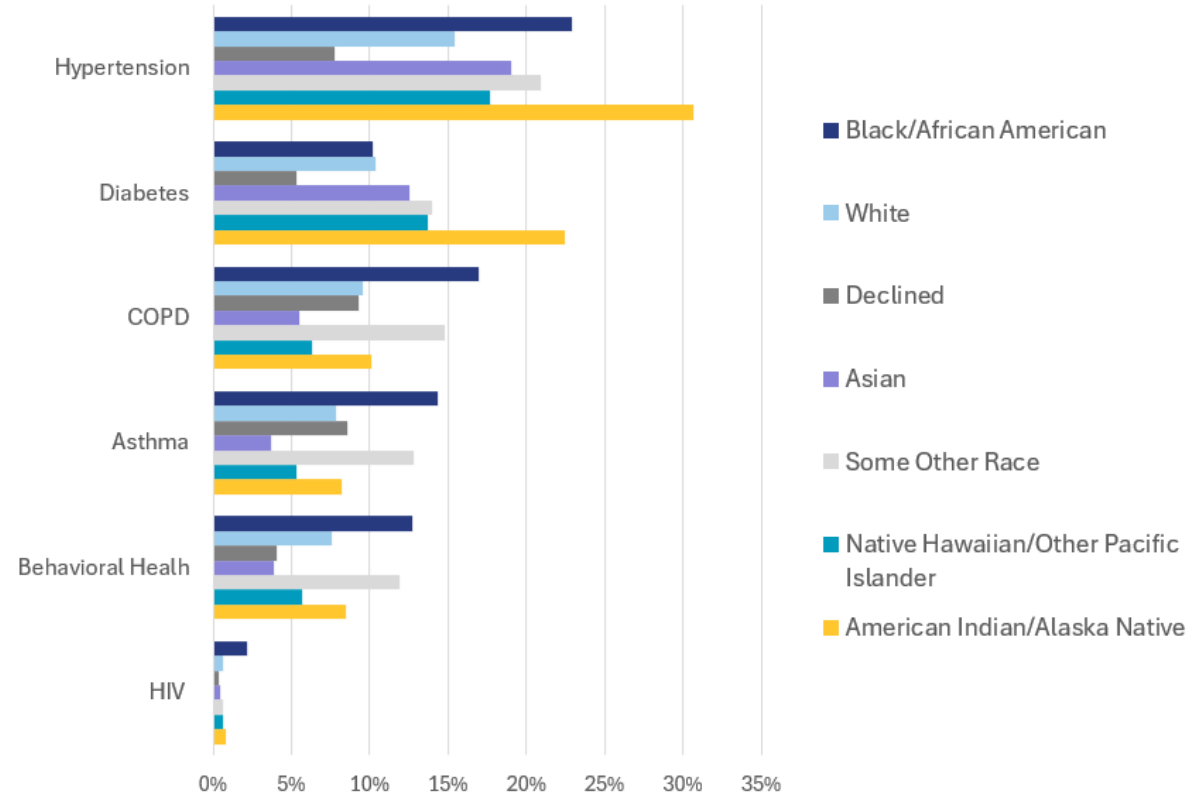


Note: These charts do not include members (n=1,155 or 0.3% of all members) who declined/did not provide gender information.

CountyCare Disease Prevalence by Race/Ethnicity

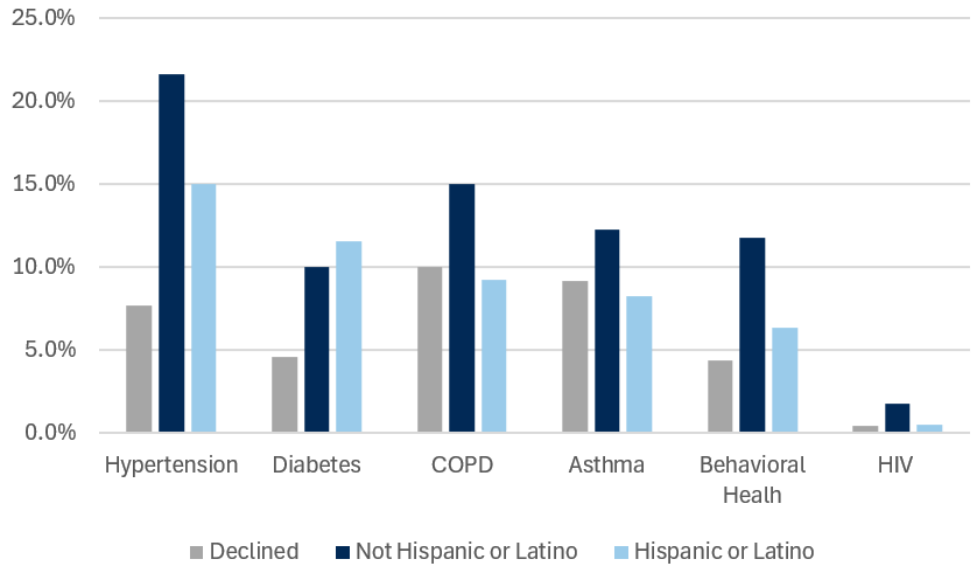
February 2025 Membership

Members with Condition, by Race (%)



- Nearly 1 in 4 (23%) Black or African American members have a hypertension diagnosis.
- The prevalence of both hypertension and diabetes is twice as high for American Indian or Alaska Native members, as compared to White members (31% and 22% vs. 15% and10%, respectively).

Members with Condition, by Ethnicity (%)



Federal Policy

- The 119th Congress is currently in session and budget reconciliation is underway.
    - A continuing resolution passed March 15 which avoided a government shut down. Funding runs until September 30, 2026.
- We are closely monitoring potential Federal changes to the Medicaid program as part of the FY2026 Budget Resolution (e.g. per capita cuts, reduced FMAP rates, provider tax rates, work requirements).

Medicaid Member Stories Initiative

CountyCare is working closely with the Cook County Health Communications and Policy teams to gather member stories.* These stories will help to highlight the importance of the Medicaid program and could be leveraged for media, press, advocacy and other opportunities.

**with appropriate consents*

State Policy

Illinois 2025 legislative session: January 8 – May 31, 2025

- Example key topic areas include:
  - Prior authorization limits
  - Pharmacy Benefit Manager (PBM) oversight

Illinois Association of Medicaid Health Plan (IAMHP) annual Lobby Day in Springfield, IL hosted on Wednesday, April 9th. CountyCare sent a team of seven staff.

- Focus areas: Utilization Management, Behavioral Health, Care Coordination

CountyCare Access - Health Benefits for Immigrant Adults

On February 19th, 2025, Governor Pritzker gave his 7th budget address, which included proposed elimination of the Health Benefits for Immigrant Adults (HBIA) program. The Health Benefits for Immigrant Seniors (HBIS) program is not being eliminated.

The Illinois Department of Human Services posted an informational memo on their website that references the sunsetting of the HBIA program in the Governor's proposed FY26 budget, effective July 1, 2025.

The memo shares that HBIA enrollees will receive at least 90 days notice before their coverage will end and that more information will be forthcoming. In the next few weeks, the Illinois Department of Healthcare and Family Services is expected to file administrative rules that outline the process to sunset HBIA.

CountyCare has created talking points for our member-facing teams, who are receiving questions from members and providers on the future of HBIA. We are encouraging current HBIA members to continue to use their benefits, including primary care, preventive and specialty care, pharmacy, and rewards benefits.

FY25 Objective and Key Result

Objective:	Key Result:
Member experience: create the best possible member experience with comprehensive benefits, an engaged and empowered membership, and exemplary customer service.	The 95th percentile or 85.05% for Rating of Health Plan (Adults) and 92.6% for Rating of Health Plan (Children)

Proprietary, confidential, and not for distribution

CAHPS Survey Overview

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

Questions asked are set by NCQA and used by all health plans

CountyCare's partner launched the survey in March and "fielding" will continue through mid-May

Results will be available in the Fall of 2025

Categories

CAHPS Key Messages

Getting Care Quickly and Getting Care Quickly

Expansion in urgent care: 150 urgent care sites

Expanding telehealth network

Transportation to and from appointments

Rating of Health Plan

NCQA 4-Star Rating

5 stars in Women and Children's Health

Members are choosing CountyCare

Rating of All Health Care

Healthcare starts with your medical home: last year >70% of CountyCare members saw their PCP

Top hospitals and providers in network

Broad network: 6,600 PCPs, 26,000 specialists, 70 hospitals, 150 urgent care sites, vision, and dental

Outbound Call Center Updates

COOK COUNTY HEALTH

Previous outbound call center partner

January 2025 Welcome Calls

- 3% connection rate
- 80% left voicemail
- HRSs not in scope

Total members on file for January: 7,007

New outbound call center partner

February 2025 Welcome Calls

- 28.56% connection rate
- 36% left voicemail
- 1187 HRSs completed

Total members on file for February: 7,805

Outbound Call Center Objectives

Enhance CountyCare's outreach campaigns to improve member experience, close care gaps, increase appointment access, and support member retention through redetermination outreach.

Increase Member Engagement Rate

- Target call connection rate of at least 50%
- Quality interactions and responsiveness

Provide Exceptional Member Experience

- Estimated 11,000 new member welcome calls each month
- Ensure interpreter availability within eight minutes
- Provide bi-lingual support in Spanish and English on at least 90% of all calls

Close Care Gaps

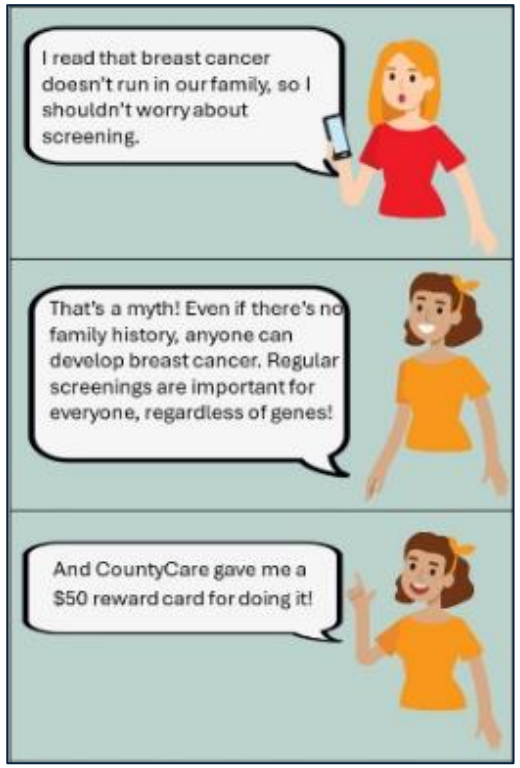
- Proactively engage
- Three call attempts within 30 days
- Aim to close a significant percentage of identified care gaps

Text Message Vendor Transition

On 4/1/25, CountyCare will go live with a new text message vendor.

The transition to a new text message vendor has allowed CountyCare to:

- Review and refine all text campaigns
- Streamline data sharing processes
- Translate messages into 5 languages
- Update and condense the health risk screening (HRS) survey
- Develop two updated email campaigns



Health Equity FY25 Objective

Objective:	Key Result
Health Equity, Community Health, & Integration: Reduce health inequities through the creation of opportunities for our members to access quality care in their communities and meet their health-related social needs.	• Implement policies, processes and infrastructure to successfully achieve NCQA Health Equity Accreditation. • Identify and address the health-related social needs of our members (including housing and food).

CountyCare Members Affected by Housing Instability

COOK COUNTY HEALTH

CountyCare Member Need Snapshot

Almost 1 in every 3 members reported they needed help with food, clothing or shelter.

More than 1,200 reported they are homeless or in a shelter.

More than 1 in 3 members self-reported poor health.

Health Risk Screening Data	(n)	%
Help with food, clothing, shelter	37,796	31.77%
Lack of transportation	15,097	12.69%
Difficulty paying for medication	15,097	12.69%
Self-reported health of fair or poor	40,687	34.20%
Physically or emotionally abused	2,664	2.24%
BMI >30	21,071	17.71%
Depression	9,835	8.27%
Homeless or in shelter	1,253	1.05%
Alcohol or drug abuse	8,755	7,36%
Refuses smoking cessation	43,095	36.22%

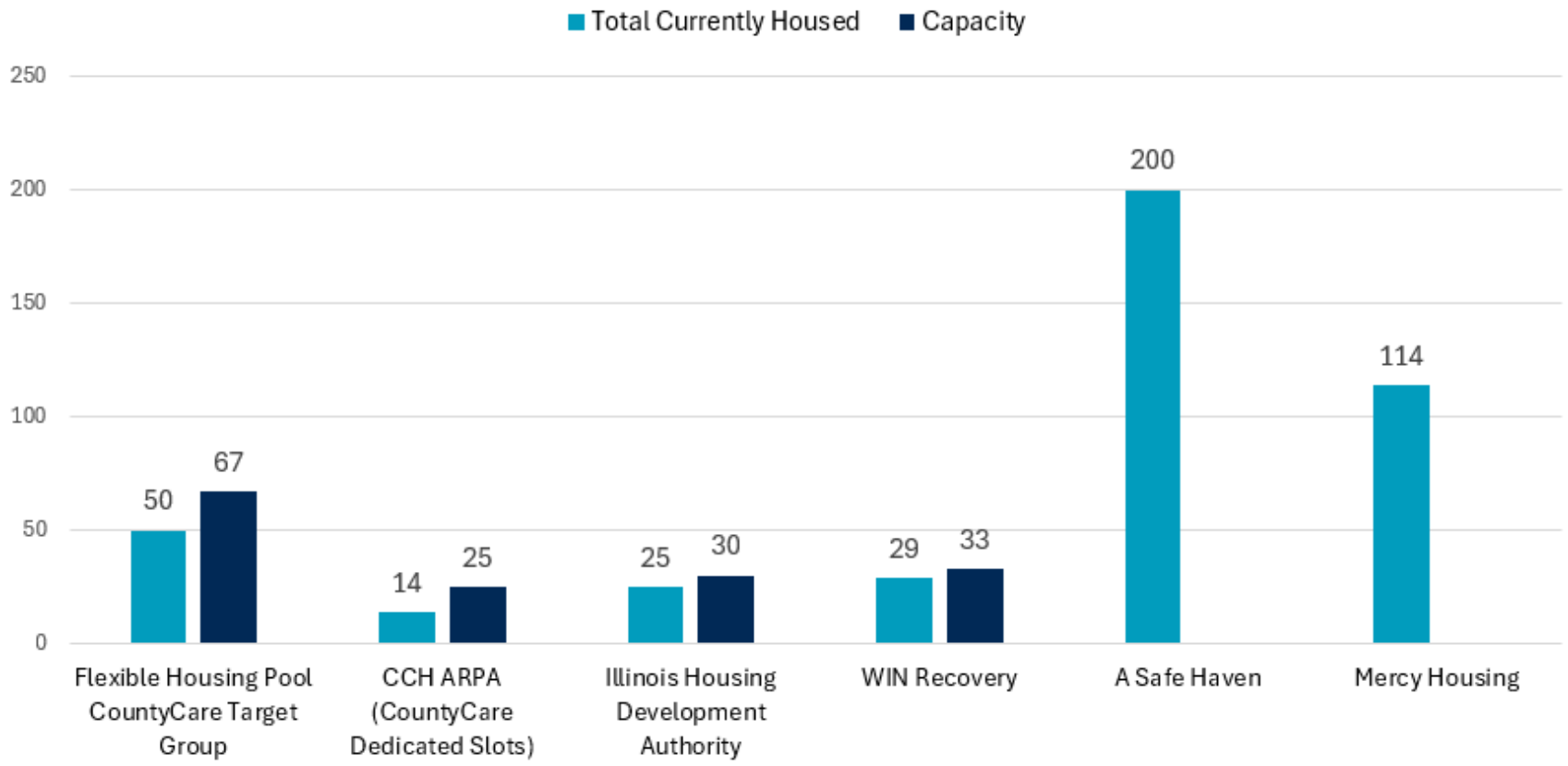
Data Source: Health risk screening data for 118,969 members (July 2023- June 2024)

Housing Program Snapshot

COOK COUNTY HEALTH

Data as of March 2025

CountyCare currently has **432 unique members** housed through the Flexible Housing Pool and other CountyCare housing programs.



Flexible Housing Pool

In 2020, **CountyCare invested $5 million into the Flexible Housing Pool (FHP),** a permanent supportive housing program in collaboration with cross-sector partners.

In 2025, CountyCare added $3 million to that investment.

Program Design:

- Prioritizes members with substance use disorder and CountyCare families with children
- Housing and wrap-around services for members/households for 3 years

Goals

↑
- Housing stability
- Income
- Improved health
- Improved outpatient utilization

↓
- Emergency department and Inpatient utilization
- Jail/prison stays
- Emergency shelter days
- Crisis services

Flexible Housing Pool Outcomes

Outcomes

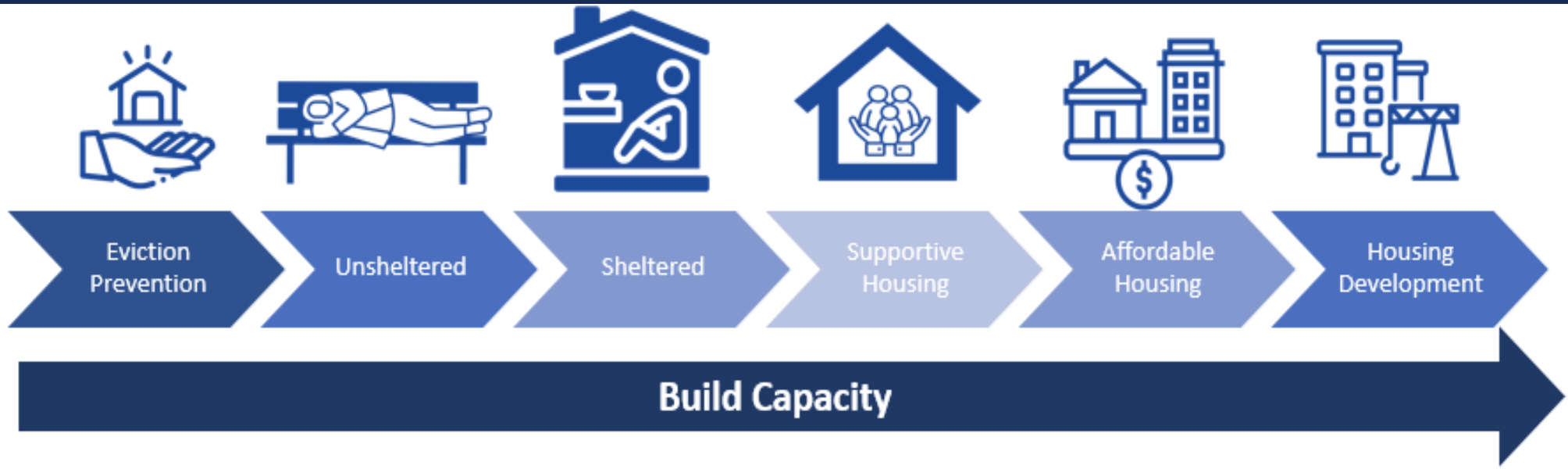
Process

- 1,373 Persons housed in 806 households
- 97% program retention

Impact

- 33% reduction of inpatient stays compared to control group
- 19% reduction of emergency dept visits compared to control group
- 22% reduction of jail registrations compared to control group
- 30% reduction in all cause mortality
- Average annual cost offsets range from $2,000 to $45,000 per client depending on pre-housing utilization tertiles

Source: Cross Sector Linkage for Evaluating the Flexible Housing Pool of Chicago and Cook County, 2018-2021



COOK COUNTY HEALTH

What comes next in CountyCare's housing strategy?

CountyCare issued a comprehensive RFP to expand housing services

Two partners have been selected and will be implemented in 2025

Scope of services will include:

- Transitional housing
- Permanent supportive housing
- Wraparound supports including workforce development, parenting support groups, legal aid, and financial literacy

Preparation for the Illinois 1115 waiver

Overview of Accreditations and Distinctions

COOK COUNTY HEALTH

NCQA Accreditation

NCQA health plan accreditation provides a current, rigorous and comprehensive framework for essential quality improvement and measurement.

CountyCare is currently preparing for reaccreditation

LTSS Distinction

LTSS standards provide a framework for organizations to deliver effective, person-centered care that meets people's needs, helps keep people in their preferred setting and aligns with state requirements.

Core areas of focus drive organizational effectiveness and efficiency:

Person-Centered Care Planning.

Care Transitions.

Coordination of Services. Critical Incident Management System.

Qualifications and Assistance for LTSS Providers.

Health Equity Accreditation

NCQA Health Equity Accreditation is a guide to help health systems, health plans, and other care organizations advance health equity.

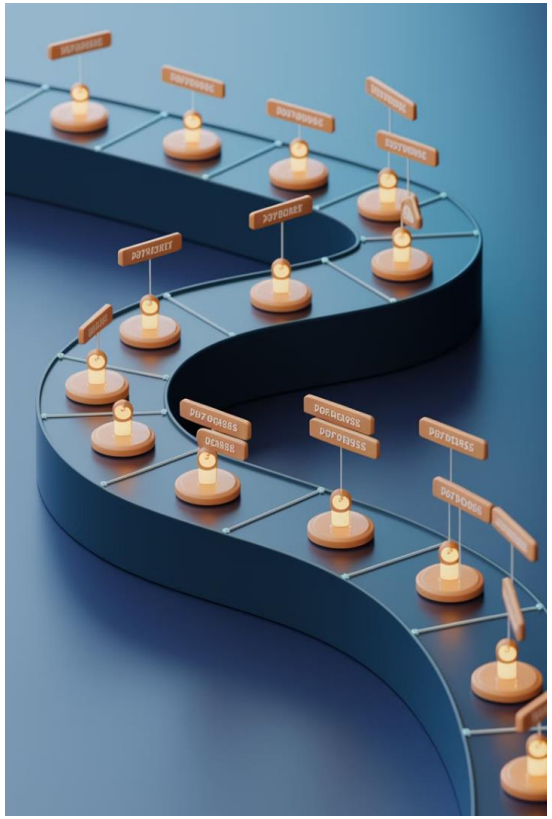
Health Equity accreditation provides a comprehensive framework for achieving health equity goals, delivering culturally and linguistically appropriate

services, and reducing disparities

Sources:
https://www.ncqa.org/programs/health-plans/long-term-services-and-supports/ltss-distinction-for-health-plans/
www.ncqa.org/programs/health-equity-accreditation/)

NCQA Resurvey

1. **Current Accreditation Period**
   6/1/2024 through 5/31/2026
2. **Project Launch**
   Kick-off began on: 12/3/2024
3. **Year Two Lookback Period**
   HP Renewal Survey Year 2 Look Back Period Begins in June of 2025
4. **Apply for Health Equity Accreditation**
   Submit Health Equity Application Q3 2025
5. **Apply for Health Plan Renewal and LTSS Distinction**
   Submit Health Plan Renewal and LTSS Distinction in September of 2025
6. **Submit Health Equity Survey**
   CountyCare submits HE materials to NCQA in Spring of 2026
7. **Submit Health Plan Renewal and LTSS Distinction Survey**
   CountyCare submits Health Plan Renewal and LTSS Distinction materials to NCQA in June of 2026
8. **NCQA Accreditation Renewed and LTSS Distinction and Health Equity Accreditation Obtained**
   CountyCare obtains Health Plan Renewal, LTSS Distinction and Health Equity Accreditation in Fall of 2026



CountyCare
A MEDICAID HEALTH PLAN

HealthChoice Illinois RFP Update

COOK COUNTY HEALTH

Background

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

Project Updates

- HFS advised **the HealthChoice Illinois RFP will be delayed and will be released summer of 2025**
- New MCO contracts will take effect **1/1/2027**
- HFS hosting listening sessions to understand what works in managed care and what needs improvement

Project Plan Summary

- CountyCare has completed two drafts of the RFP response
- CountyCare focusing on key initiatives to support RFP response in 2025

Source: CMS 2021 Model Application Contract Year 2021 CAPITATED FINANCIAL ALIGNMENT Model Application (cms.gov)

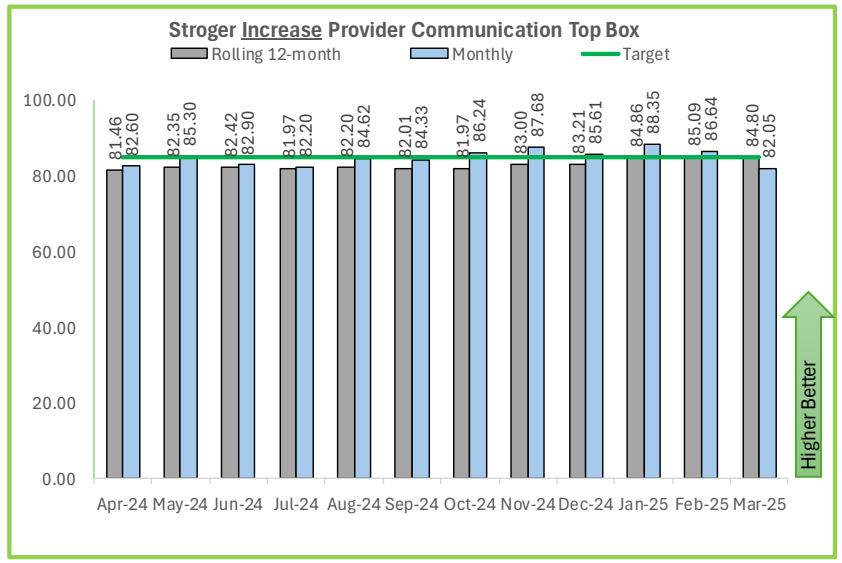
Quality & Patient Safety Metrics

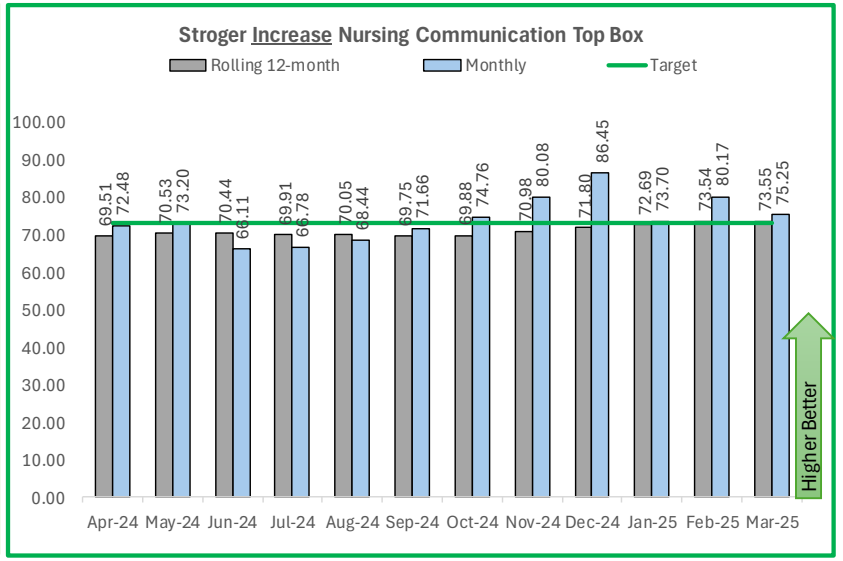
COOK COUNTY HEALTH

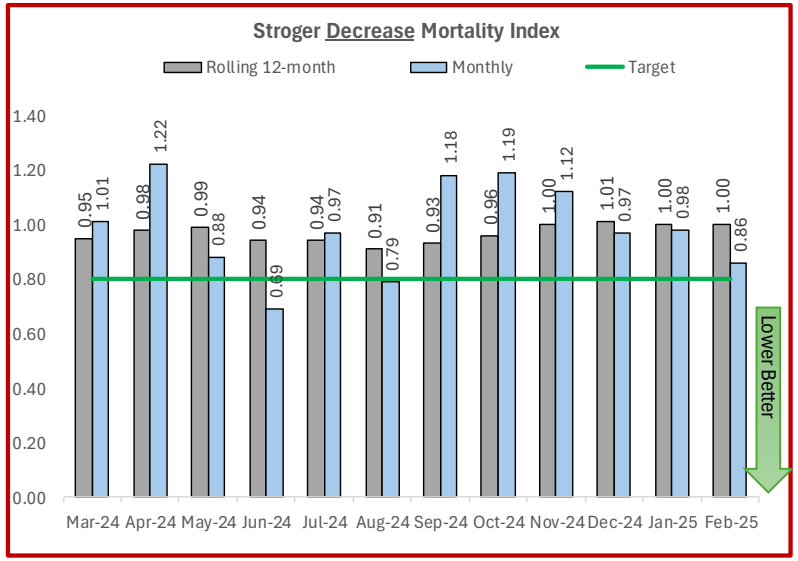
Stroger
Op Ex Committee Dashboard

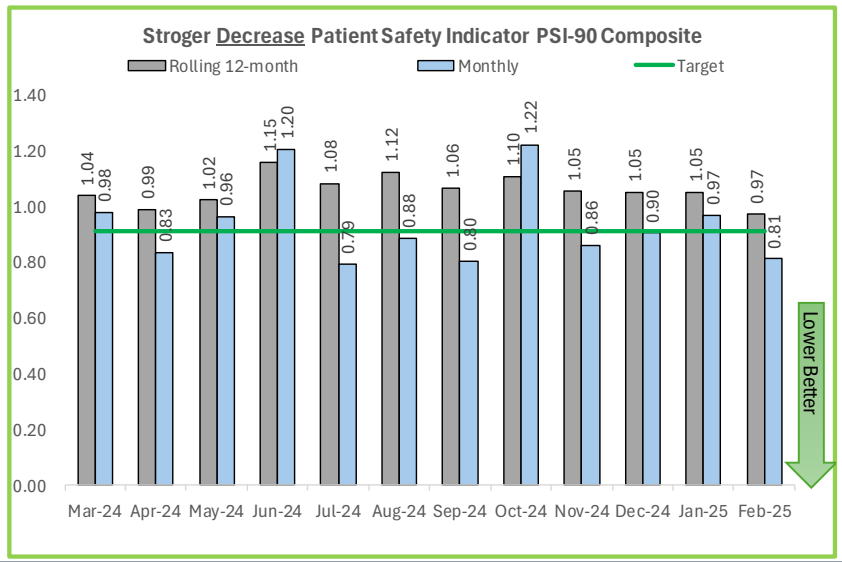
Met or Exceeded Stretch Goal
Met or Exceeding Target, not meeting Stretch
Improvement from Baseline, not meeting Target
At Baseline, not improving from baseline

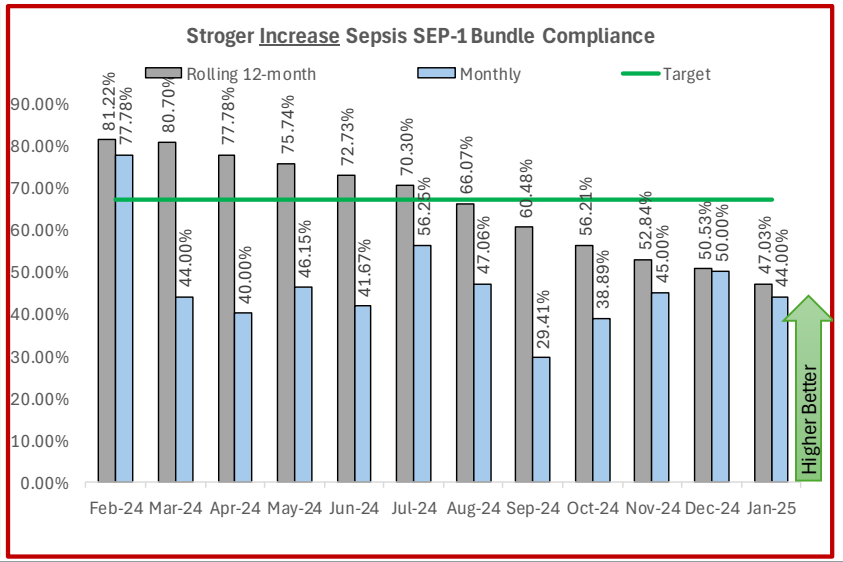
COOK COUNTY HEALTH











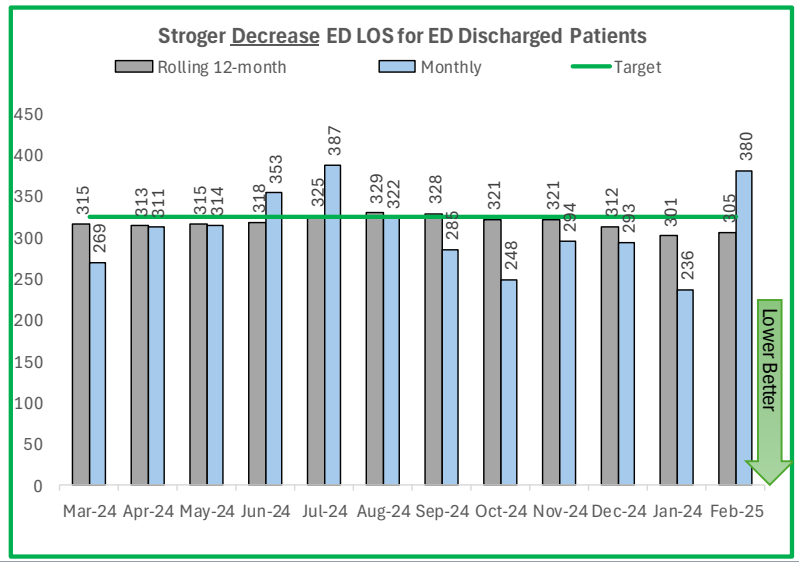
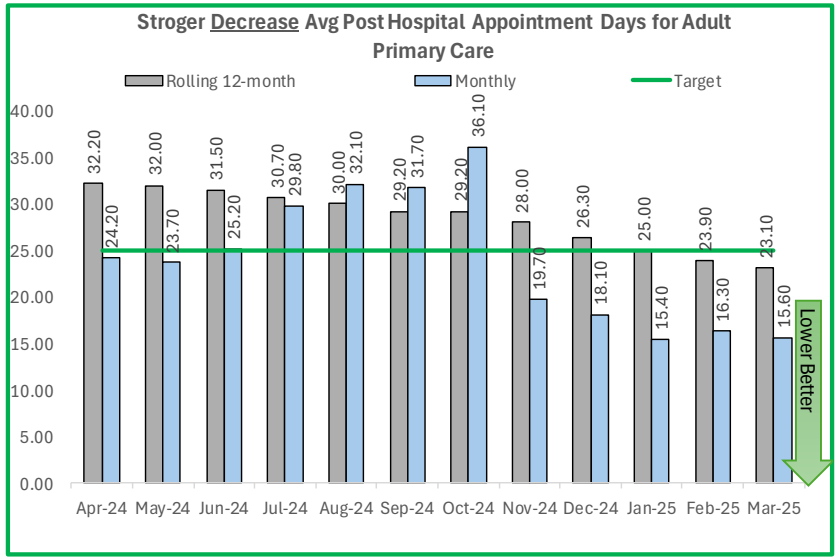


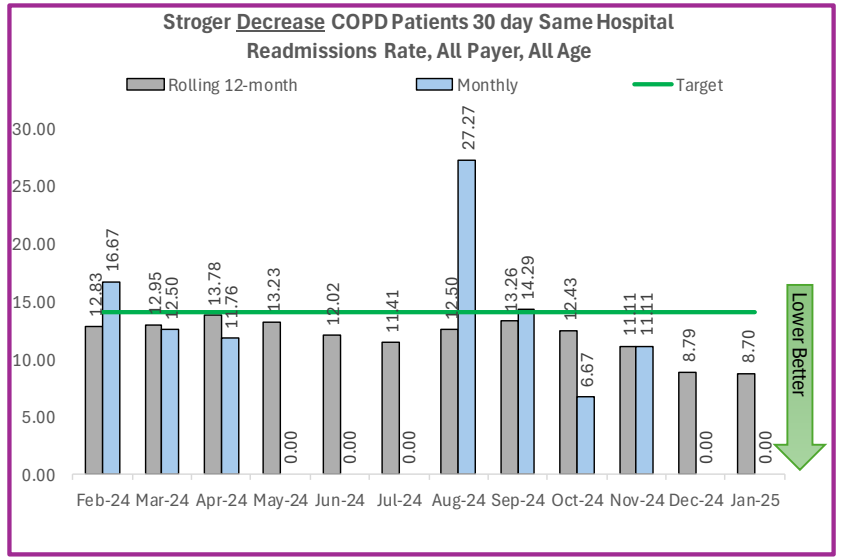
Chart performance monitoring-color based on the most recent rolling 12-month scoring results.

Stroger
Op Ex Committee Dashboard

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

COOK COUNTY HEALTH





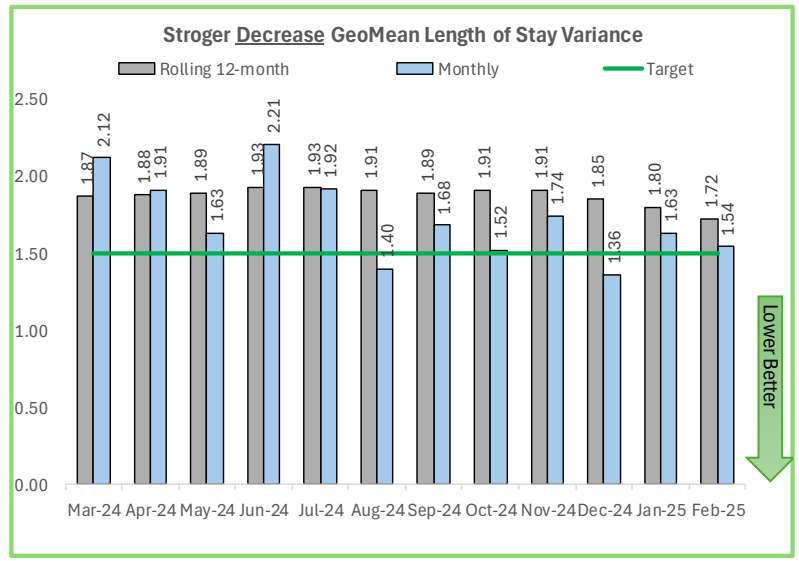


Chart performance monitoring-color based on the most recent rolling 12-month scoring results.

Stroger
Op Ex Committee Dashboard

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

COOK COUNTY HEALTH

Op Ex Steering Committee Dashboard for Stroger Hospital

DOMAIN WORKGROUPS — **Metrics**

PATIENT EXPERIENCE	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	2024	YTD 2025	% in change	Q1-2025
Increase Rolling 12-month Top Box Comm w/ Physician Domain	85.00	87.50	82.01	0.75	81.46	82.35	82.42	81.97	82.20	82.01	81.97	83.00	83.21	84.86	85.09	84.80	83.21	85.61	2.9%	2.9
Increase Monthly Top Box Comm w/ Physician Domain					82.60	85.30	82.90	82.20	84.62	84.33	86.24	87.68	85.61	88.35	86.64	82.05				

	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	2024	YTD 2025	% in change	Q1-2025
Increase Rolling 12-month Top Box Comm w/ Nursing Domain	73.00	75.00	69.75	0.81	69.51	70.53	70.44	69.91	70.05	69.75	69.88	70.98	71.80	72.69	73.54	73.55	71.80	76.28	6.2%	5.7
Increase Monthly Top Box Comm w/ Nursing Domain					72.48	73.20	66.11	66.78	68.44	71.66	74.76	80.08	86.45	73.70	80.17	75.25				

CLINICAL OUTCOMES	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	2024	YTD 2025	% in change	Q1-2025
Decrease Rolling 12-month Mortality Index	0.80		0.86	-0.02	0.95	0.98	0.99	0.94	0.94	0.91	0.93	0.96	1.00	1.01	1.00	1.00	1.01	0.93	-7.9%	0.1
Decrease Monthly Mortality Index					1.01	1.22	0.88	0.69	0.97	0.79	1.18	1.19	1.12	0.97	0.98	0.86				

	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	2024	YTD 2025	% in change	Q1-2025
Decrease Rolling 12-month Patient Safety Indicator PSI-90 Composite	0.907		1.008	-0.025	1.04	0.99	1.02	1.15	1.08	1.12	1.06	1.10	1.05	1.05	1.05	0.97	1.048	0.833	-20.5%	-0.1
Decrease Monthly Patient Safety Indicator PSI-90 Composite					0.98	0.83	0.96	1.20	0.79	0.88	0.80	1.22	0.86	0.90	0.97	0.81				

	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	2024	YTD 2025	% in change	Q1-2025
Increase Rolling 12-month Sepsis SEP-1 Bundle Compliance	67%		56%	2.75%	81.22%	80.70%	77.78%	75.74%	72.73%	70.30%	66.07%	60.48%	56.21%	52.84%	50.53%	47.03%	50.53%	44.00%	-12.9%	-15%
Increase Monthly Sepsis SEP-1 Bundle Compliance					77.78%	44.00%	40.00%	46.15%	41.67%	56.25%	47.06%	29.41%	38.89%	45.00%	50.00%	44.00%				

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

COOK COUNTY HEALTH

READMISSIONS	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	2024	YTD 2025	% in change	Q1-2025
Decrease Rolling 12-month COPD Readmission Rate (all ages, all payers)	14.00	13.00	15.40	-0.35	12.83	12.95	13.78	13.23	12.02	11.41	12.50	13.26	12.43	11.11	8.79	8.70	8.79	0.00	-100.0%	-100%
Decrease Monthly COPD Readmission Rate (all ages, all payers)					16.67	12.50	11.76	0.00	0.00	0.00	27.27	14.29	6.67	11.11	0.00	0.00				

	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	2024	YTD 2025	% in change	Q1-2025
Decrease Rolling 12-month Post Hospital Appointment Days for Adult Primary Care	25.00	20.00	32.50	-1.88	32.20	32.00	31.50	30.70	30.00	29.20	29.20	28.00	26.30	25.00	23.90	23.10	26.3	16.10	-38.8%	-14.5
Decrease Monthly Post Hospital Appointment Days for Adult Primary Care					24.20	23.70	25.20	29.80	32.10	31.70	36.10	19.70	18.10	15.40	16.30	15.60				

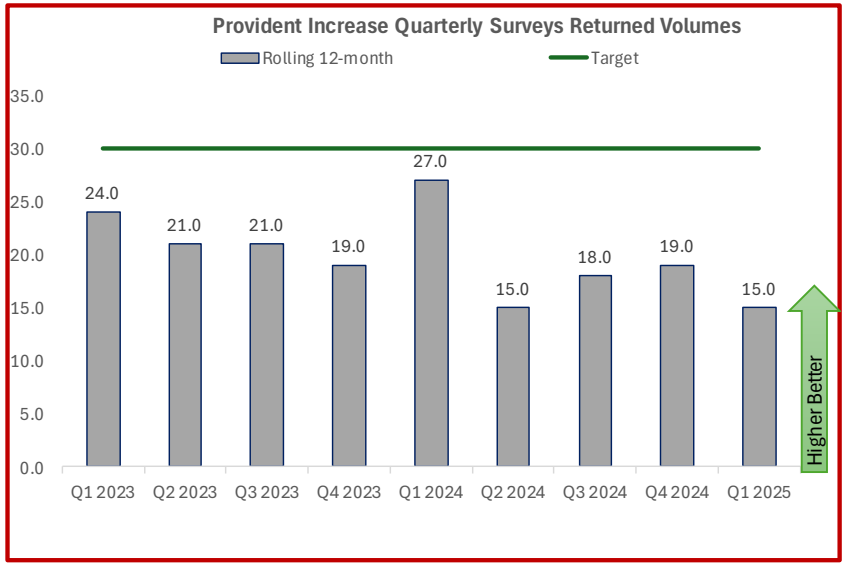
THROUGHPUT	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	2024	YTD 2025	% in change	Q1-2025
Decrease Rolling 12-month Hospital Geometric Mean Length of Stay (GMLOS)	1.50	1.30	1.87	-0.09	1.87	1.88	1.89	1.93	1.93	1.91	1.89	1.91	1.91	1.85	1.80	1.72	1.85	1.58	-14.6%	-0.2
Decrease Monthly Hospital Geometric Mean Length of Stay (GMLOS)					2.12	1.91	1.63	2.21	1.92	1.40	1.68	1.52	1.74	1.36	1.63	1.54				

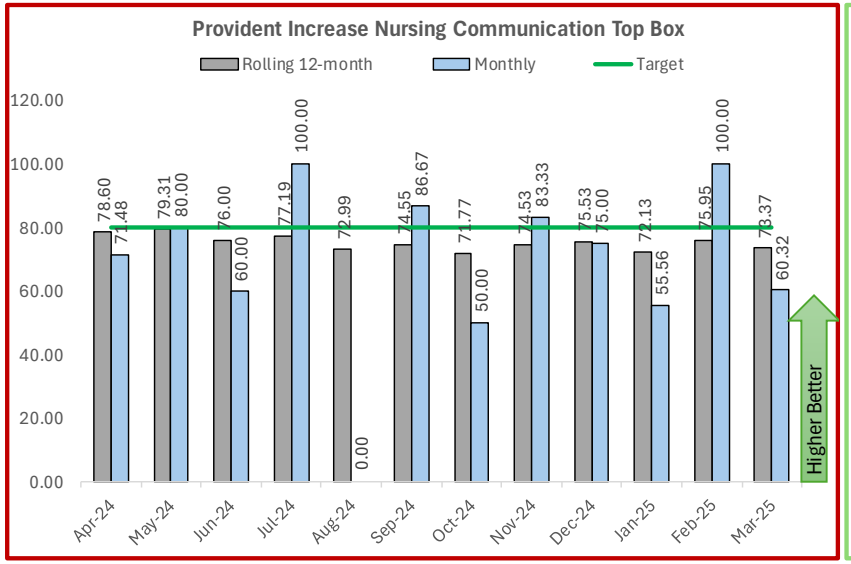
	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-24	Feb-25	2024	YTD 2025	% in change	Q1-2025
Decrease Rolling 12-month ED LOS for ED Discharged Patients	324	288	360	-9	315	313	315	318	325	329	328	321	321	312	301	305	312	308	-1.3%	-43.0
Decrease Monthly ED LOS for ED Discharged Patient					269	311	314	353	387	322	285	248	294	293	236	380				

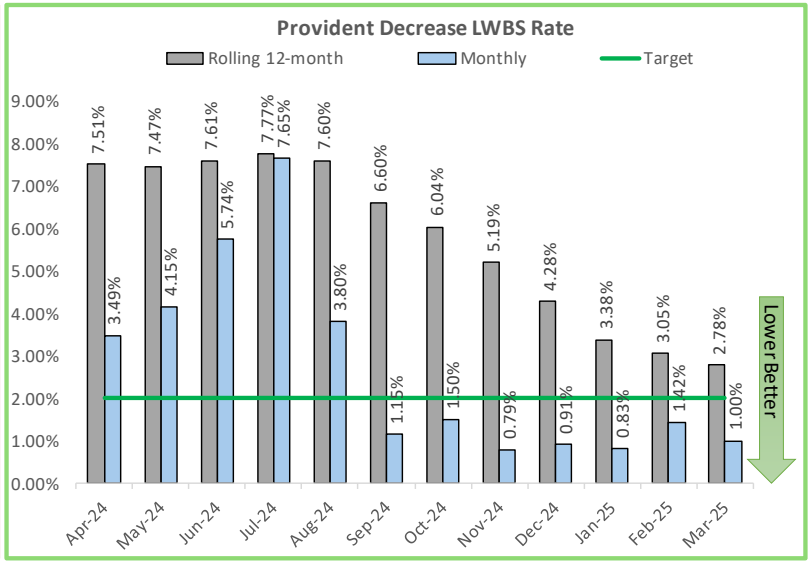
Provident Op Ex Committee Dashboard

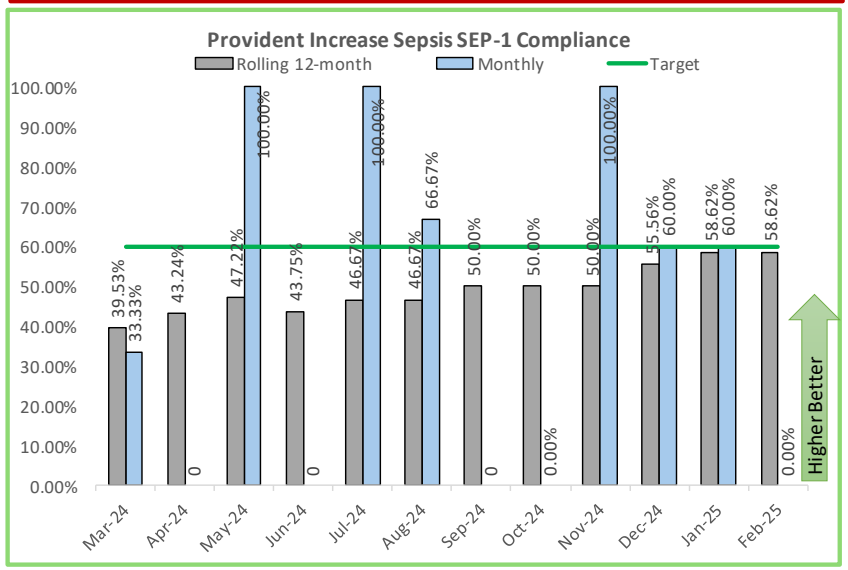
Met or Exceeded Stretch Goal
Met or Exceeding Target, not meeting Stretch
Improvement from Baseline, not meeting Target
At Baseline, not improving from baseline

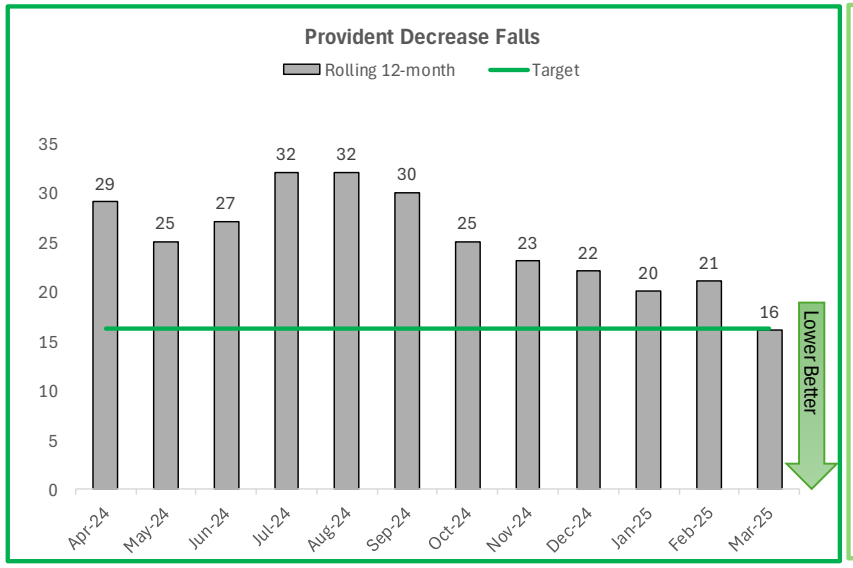
COOK COUNTY HEALTH

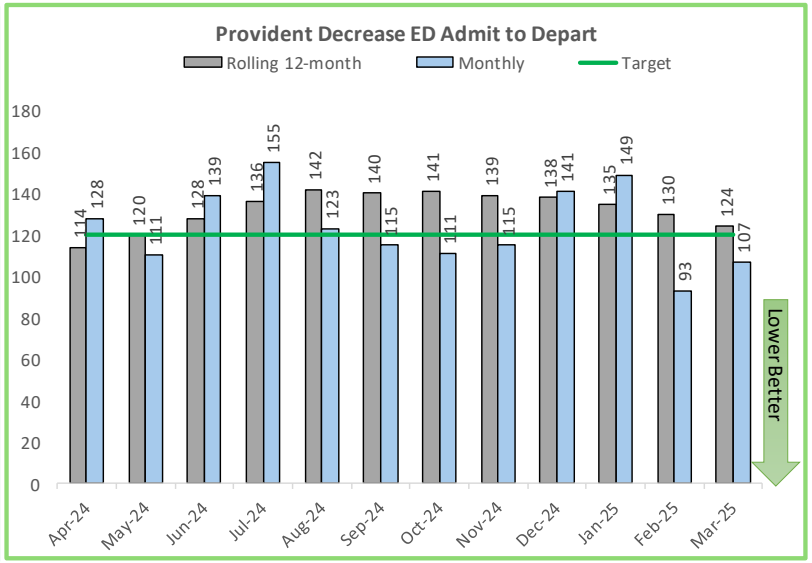












Provident
Op Ex Committee Dashboard

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

COOK COUNTY HEALTH

Op Ex Steering Committee Dashboard for Provident Hospital

DOMAIN WORKGROUPS **Metrics**

PATIENT EXPERIENCE	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	QTD Q2 2025	QTD Q3 2025	QTD Q4 2025	2024	YTD 2025	% in change	Q1-2025
Increase Qtrly Survey Return Volumes	30.0	35.0	19.2	2.7	24.0	21.0	21.0	19.0	27.0	15.0	18.0	19.0	15.0				77.0	15.0	-0.8	-6.9

	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	2024	YTD 2025	% in change	Q1-2025
Increase Rolling 12-month Top Box Comm w/ Nursing Domain	80.00	83.00	74.55	0.613	78.60	79.31	76.00	77.19	72.99	74.55	71.77	74.53	75.53	72.13	75.95	73.37	75.53	75.49	-0.1%	0.3
Increase Monthly Top Box Comm w/ Nursing Domain					71.48	80.00	60.00	100.00	0.00	86.67	50.00	83.33	75.00	55.56	100.00	60.32				

CLINICAL OUTCOMES	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	2024	YTD 2025	% in change	Q1-2025
Increase Rolling 12-month Increase Sepsis SEP-1 Compliance	60%	65%	47%	3.33%	39.53%	43.24%	47.22%	43.75%	46.67%	46.67%	50.00%	50.00%	50.00%	55.56%	58.62%	58.62%	55.56%	42.86%	-22.9%	-7%
Increase Monthly Increase Sepsis SEP-1 Compliance					33.33%	*no data*	100.00%	*no data*	100.00%	66.67%	*no data*	0.00%	100.00%	60.00%	60.00%	0.00%				

	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	2024	YTD 2025	% in change	Q1-2025
Decrease Rolling 12-month Inpatient Falls	16	15	18	-0.45	29	25	27	32	32	30	25	23	22	20	21	16	22	3	-86.4%	-1.6
Decrease Monthly Inpatient Falls					1	0	2	7	0	0	*2*	*1*	0	0	2	1				

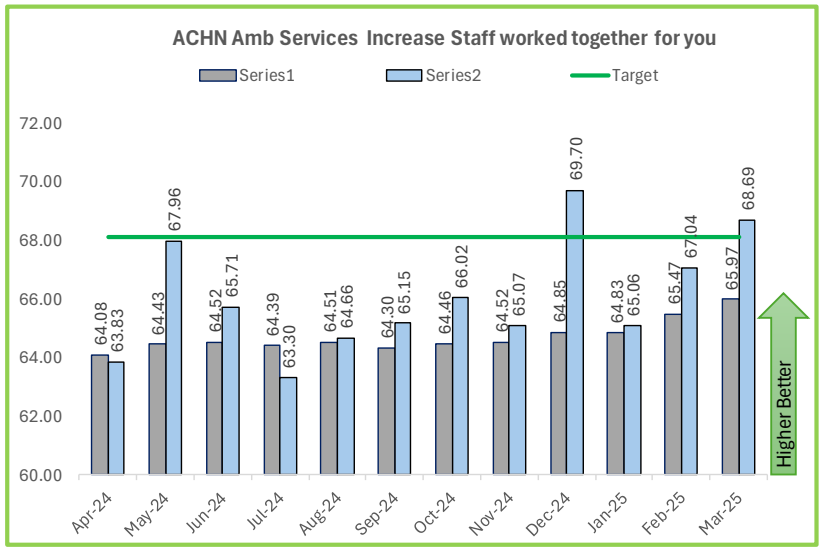
THROUGHPUT	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	2024	YTD 2025	% in change	Q1-2025
Decrease Rolling 12-month Median ED Admit Decision to Depart ED	120.00	100.00	139.00	-4.75	114	120	128	136	142	140	141	139	138	135	130	124	138	117	-15.2%	-17.3
Decrease Monthly Median ED Admit Decision to Depart ED					128	111	139	155	123	115	111	115	141	149	93	107				

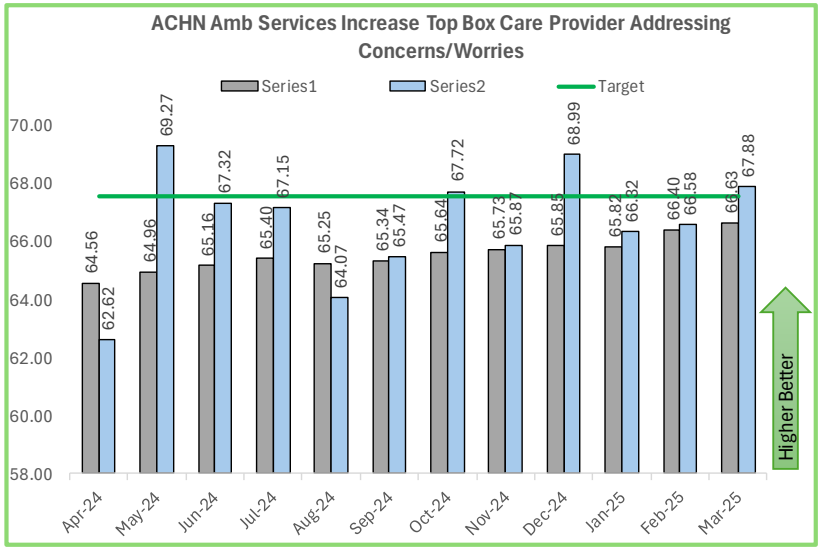
	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	2024	YTD 2025	% in change	Q1-2025
Decrease Rolling 12-month LWBS Rate	2.0%	1.0%	4.3%	-0.6%	7.51%	7.47%	7.61%	7.77%	7.60%	6.60%	6.04%	5.19%	4.28%	3.38%	3.05%	2.78%	4.28%	1.08%	-74.7%	-2.65%
Decrease Monthly Decrease LWBS Rate					3.49%	4.15%	5.74%	7.65%	3.80%	1.15%	1.50%	0.79%	0.91%	0.83%	1.42%	1.00%				

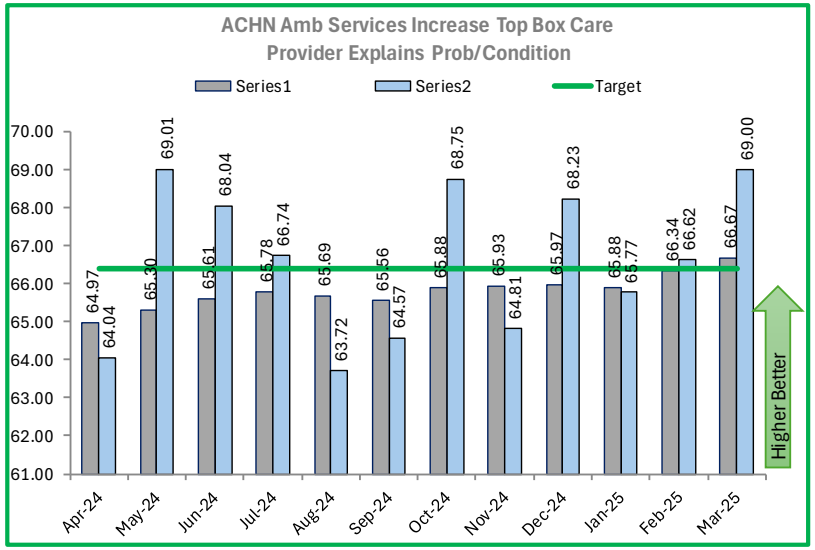
ACHN
Op Ex Committee Dashboard

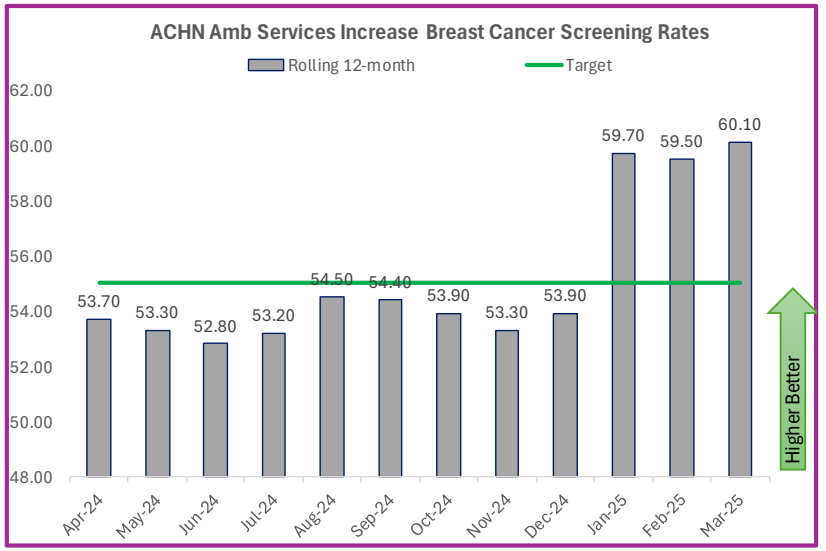
Met or Exceeded Stretch Goal
Met or Exceeding Target, not meeting Stretch
Improvement from Baseline, not meeting Target
At Baseline, not improving from baseline

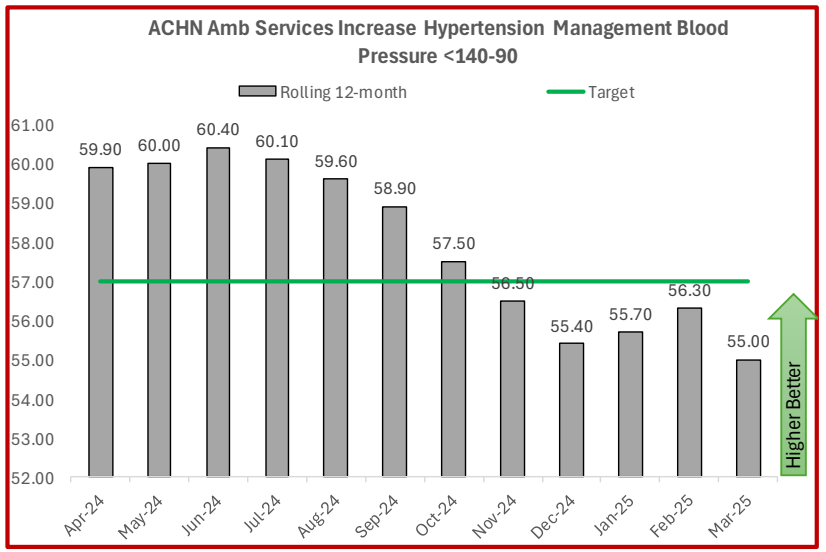
COOK COUNTY HEALTH











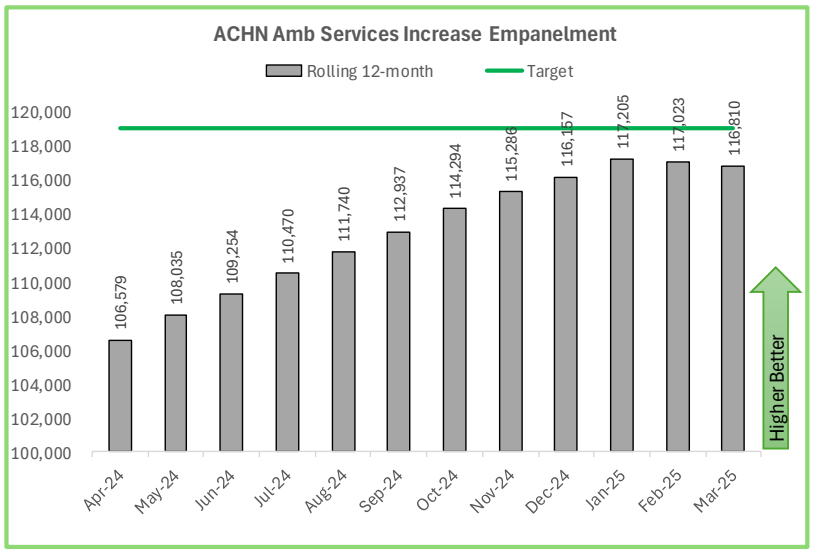


Chart performance monitoring-color based on the most recent rolling 12-month scoring results.

ACHN
Op Ex Committee Dashboard

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

COOK COUNTY HEALTH

Op Ex Steering Committee Dashboard for ACHN

DOMAIN WORKGROUPS **Metrics**

PATIENT EXPERIENCE TOP BOX SCORING	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	2024	YTD 2025	% in change	Q1-2025
Increase Rolling 12-month Staff worked together for you	68.08	69.78	65.66	0.61	64.08	64.43	64.52	64.39	64.51	64.30	64.46	64.52	64.85	64.83	65.47	65.97	64.85	66.96	3.3%	0.7
Increase Monthly Staff worked together for you					63.83	67.96	65.71	63.30	64.66	65.15	66.02	65.07	69.70	65.06	67.04	68.69				

	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	2024	YTD 2025	% in change	Q1-2025
Increase Rolling 12-month Care Provider Addr. Concerns/Worries	67.54	69.13	65.62	0.48	64.56	64.96	65.16	65.40	65.25	65.34	65.64	65.73	65.85	65.82	66.40	66.63	65.85	66.96	1.7%	0.9
Increase Monthly Care Provider Addressing Concerns/Worries					62.62	69.27	67.32	67.15	64.07	65.47	67.72	65.87	68.99	66.32	66.58	67.88				

	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	2024	YTD 2025	% in change	Q1-2025
Increase Rolling 12-month Care Provider Explains Prob/Condition	66.39	68.36	64.47	0.48	64.97	65.30	65.61	65.78	65.69	65.56	65.88	65.93	65.97	65.88	66.34	66.67	65.97	67.19	1.8%	2.2
Increase Monthly Care Provider Explains Prob/Condition					64.04	69.01	68.04	66.74	63.72	64.57	68.75	64.81	68.23	65.77	66.62	69.00				

HEDIS	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	2024	YTD 2025	% in change	Q1-2025
Increase Rolling 12-month Breast Cancer Screening Rate	55.00	58.40	53.30	0.43	53.70	53.30	52.80	53.20	54.50	54.40	53.90	53.30	53.90	59.70	59.50	60.10	50.50	59.10	17.0%	5.4

	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	2024	YTD 2025	% in change	Q1-2025
Increase Rolling 12-month Hypertension Management Blood Pressure <140/90 for patients	57.00	61.00	55.00	1.58	59.90	60.00	60.40	60.10	59.60	58.90	57.50	56.50	55.40	55.70	56.30	55.00	52.80	55.00	4.2%	-1.6

Empanelment	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	2024	YTD 2025	% in change	Q1-2025
Increase Rolling 12-month Empanelment of Engaged / Affiliated Patients	119,061	121,965	116,157	1,452	106,579	108,035	109,254	110,470	111,740	112,937	114,294	115,286	116,157	117,205	117,023	116,810	116,157	116,810	0.6%	-799.0

Data Definitions & Legend Reference

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