CCH Monthly Report

Item #: 23-5671

November / 2023

COOK COUNTY HEALTH

Administrative & Legislative Updates

Presented to the Cook County Health Board on 10/27/23

COOK COUNTY
HEALTH

Legislative Updates – Local

- **The week of October 16, 2023 CCH leadership appeared before the following Cook County Board committees to provide testimony and respond to questions from Commissioners.**

  Finance Committee

  - Pam Cassara, CCH CFO addressed questions related to the County's Monthly Revenues and Expenses Report as well as CCH finances. CCH CEO Israel Rocha was also available to respond to questions related to the CCH Monthly Report to the Cook County Board. The CCH Monthly Report is a compilation of the metrics and presentations made to the CCH Board of Directors from the previous month.

  - The week of October 23ʳᵈ the Cook County Finance Committee conducted their *Annual Departmental Budget Review Hearings.* CCH CEO Israel Rocha and CFO Pam Cassara provided the committee with an overview of CCH's FY24 Budget and responded to Commissioner questions.

  Health & Hospitals Committee

  - Dr. Rachel Rubin, CCDPH Senior Medical Officer appeared before the Committee to provide an overview of CCDPH's 3ʳᵈ Quarterly Report of 2023 on STI's and Tobacco Enforcement.

  - Dr. Thomas Nutter, Chief Behavioral Health Officer, Manny Estrada – Chief Operating Officer Correctional Health Services, Dr. Yvonne Collins – Chief Medical Officer CountyCare Health Plan Services and Dr. Kiran Joshi – CCDPH Senior Medical Officer appeared before the committee to respond the County Board's *Treatment Not Trauma Resolution* which was sponsored by Commissioner Dennis Deer.

  - CCH's presentation in response to the County Board's Agency Utilization Resolution was deferred to a later date and time due to lack of a quorum. It is expected that hearing will occur on October 31.

- **At the October 19, 2023 Cook County Board meeting the following items were introduced pertaining to Cook County Health:**

  - A resolution on *Food is Medicine* sponsored by Commissioner Dennis Deer was referred to the Health & Hospitals Committee. A hearing on this resolution is anticipated to be scheduled in November.

  - A resolution on *Ongoing Violence and Systemic Barriers Against Cook County Transgender Residents* sponsored by Commissioner Kevin Morrison was referred to the Human Rights and Ethics Committee. A hearing on this resolution is anticipated to be scheduled in November.

  - The resolution on *Investigations into Missing and Murdered Black Women and Girls* sponsored by Commissioner Monica Gordon introduced at the September County Board meeting and referred to the Health & Hospitals Committee remains in committee. A hearing on this resolution is expected to be scheduled in late 2023 or early 2024.

Legislative Updates –State

- **The Illinois General Assembly returned to Springfield this week for the first of two weeks of the fall Veto Session; the second week of veto session is scheduled for November 7-9. The 2024 spring legislative calendar has not yet been announced.**

- **Illinois Department of Healthcare and Family Services Director Theresa Eagleson will be stepping down at the end of this year. Governor Pritzker has appointed Lizzie Whitehorn, who currently serves as First Assistant Deputy Governor for Health and Human Services to serve as HFS Director starting January 1, 2024. Ms. Whitehorn's appointment requires confirmation by the Illinois Senate.**

- **The Governor also announced that Director Marc Smith who leads the Illinois Department of Children and Family Services and Director Paula Basta who leads the Illinois Department on Aging will also be stepping down from their leadership positions at the end of this year. Their successors were not named, but a nationwide search is underway. Camilie Lindsay was also announced as Acting Director of Professional Regulation at the Illinois Department of Financial and Professional Regulation. Ms. Lindsay currently serves as First Assistant Deputy Governor for Public Safety, Infrastructure, Environment, and Energy.**

- **The Illinois Department of Healthcare and Family Services (HFS) announced a temporary pause on new enrollments into the Health Benefits for Immigrant Seniors (HBIS) program, effective November 6.**
  - **HBIS provides Medicaid-like coverage to immigrants 65 years and older who have household income at or below 100% of the Federal Poverty Level ($14,580/year for a one-person household or $19,720/year for a two-person household) and who meet an asset test. Long term care including nursing home care as well home and community-based services are *excluded* from HBIS coverage.**
  - **Earlier this year, enrollment into the Health Benefits for Immigrant Adults (HBIA) program (42-64 years, at or below 138% FPL, no asset test) was temporarily paused. It is not clear when HBIA will reopen enrollment.**

- **Open enrollment for Illinois residents shopping for private health insurance on the Health Insurance Marketplace/Affordable Care Act Exchange starts November 1, 2023, and ends January 15, 2024. Illinois currently operates the Illinois Marketplace (Get Covered Illinois) in partnership with the federal government, but legislation passed and signed earlier this year sets Illinois on the path to establish a state-based Marketplace, effective plan year 2026.**

Legislative Updates – Federal

- After 21 House Republicans voted with all Democrats on September 29 to sink a month-long continuing resolution (CR) which included a partisan border security measure, House Speaker Kevin McCarthy (R-CA), brought a relatively "clean" CR to the floor on September 30, the last day of FY 2023. This measure passed the House overwhelmingly with bipartisan support and went on to be passed by the Senate and signed by President Biden, averting a government shutdown, at least until November 17. This move, however, prompted a motion to vacate the chair, which passed the House on October 3, ousting McCarthy from the Speakership and setting in motion an unprecedented three-weeks-long process to elect a new Speaker, which culminated in the election of Rep. Mike Johnson (R-LA) on October 25.

FY 2024 Appropriations Process

- The current CR expires on November 17, giving Congress just about three weeks to reach an agreement on the next steps.

- In a letter to his Republican colleagues dated October 23, prior to his election as Speaker, Johnson proposed adopting a CR that would run into January, or even April of 2024, in order to give the House time to process the FY 2025 appropriations bills individually and to negotiate with the Senate and the White House. He also recommended that the perennially controversial bill that includes funding for the U.S. Department of Health and Human Services along with the Food and Drug Administration (FDA) part of the bill that funds the U.S. Department of Agriculture, be brought to the floor the week of November 13, without an Appropriations Committee markup. House Republicans have sought to add a number of controversial policy riders to these measures related to issues such as abortion and gender affirming care, which Senate Democrats and the White House would not accept.

- While the Senate Appropriations Committee has marked up its version of the FY 2024 Labor-HHS-Education Appropriations bill, it has not yet been brought to the Senate floor for consideration.

Medicaid DSH Cuts

- The current CR included a short-term delay of the statutory Medicaid disproportionate share hospital (DSH) cuts, which are now scheduled to begin taking effect after November 17. It also extended funding for federally qualified health centers, graduate medical education, the National Health Service Corps and other expiring health programs.

- While this serves as another indication of bipartisan support for addressing the DSH cuts, the path towards a longer-term solution remains unclear. H.R. 5379, the Lower Costs, More Transparency Act, which includes a repeal of two years of the DSH cuts, continues to be in legislative limbo, in part because it also includes controversial provisions related to Medicare site neutral payments, opposed by many hospitals.

Charity Care

- On October 10, Senate Health Education Labor & Pensions (HELP) Committee Chair Bernie Sanders (I-VT) released a report indicating that several of the largest non-profit tax-exempt hospital systems are contributing a small fraction of their revenues into charity care. Chairman Sanders is recommending that Congress and the U.S. Department of the Treasury Internal Revenue Service (IRS) take steps to crack down on non-profit hospitals' charity care practices. Sanders' report argues that the non-profits' charity care information is hard to find, and many patients are unaware that they could access free or reduced-cost care. The American Hospital Association also released its own report on non-profits, which criticized Sanders' report for a too narrow view of what comprises legitimate community benefit.

New Hires and Promotions

Welcome

New Hires

Keisha Barber
Director of Clinical Affairs, Strategic Planning and Implementation

Lashondra Brown
Manager of Operations-Multispecialty Practice, Ophthalmology

Tatiana Grier
Nurse Coordinator II, Patient Care Services

Emilia Nichols
Process Improvement Manager, Quality Assurance

Tamara Nolan
Care Management Nurse Coordinator, Managed Care

COOK COUNTY
HEALTH

Congratulations

Promotions

Rebecca Barrera
Director of Program Management & Performance Excellence, Health Plan Services CountyCare

Jeelan McCray
Nurse Coordinator II, Cermak Nursing Administration

Octavia Rolland
Executive Director-Ambulatory Care Operations, Administration

COOK COUNTY
HEALTH

CEO Report

Illinois Organization of Nurse Leaders

Nimmy Tom and Gins Thachil

Congratulations to Nimmy Tom and Gins Thachil, Nurse Coordinators, Medical/Surgical Division, Stroger Hospital, for winning 3rd place for their poster presentation titled "Prevention is Better than Treatment: Journey to Zero Falls" at the 2023 Illinois Organization of Nurse Leaders conference!

Their posted detailed efforts aimed at reducing falls within Med/Surg. These prevention efforts have already demonstrated a significant reduction in falls over the last six months.

Congratulations!

COOK COUNTY
HEALTH
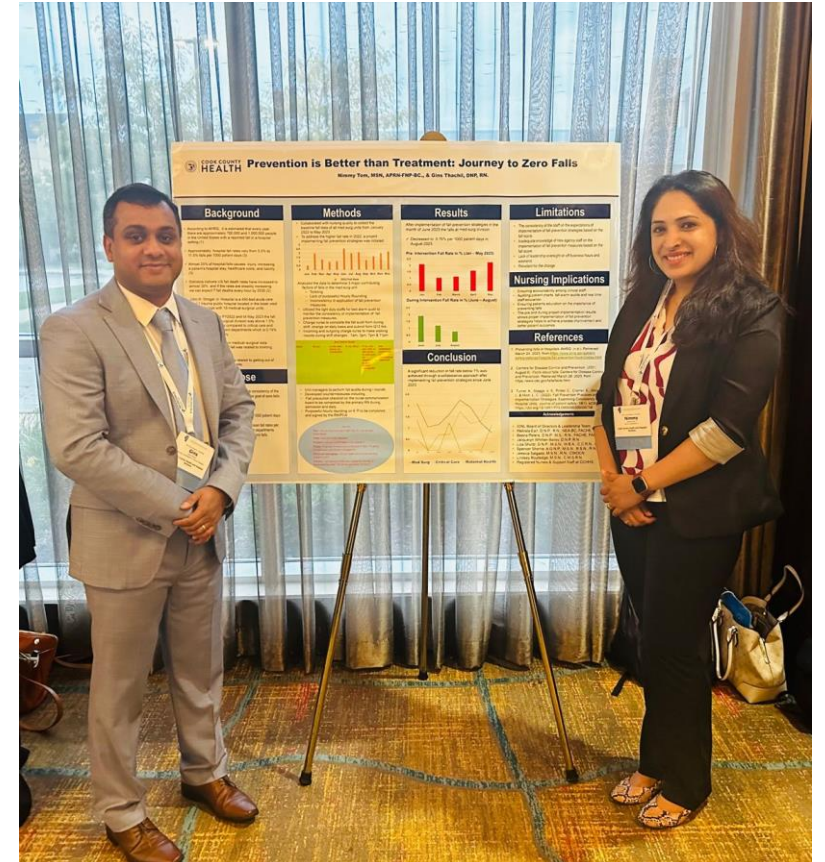
International Association of Forensic Nurses

Serena Valino and Domenica Flanagan

Serena Valino, Associate Director of Nursing Services for Professional Development and Education, and Domenica Flanagan, Clinical Nurse I, Emergency Medicine, were invited to present a poster presentation at the International Conference on Forensic Nursing Science & Practice.

The project, "Keeping Things Fresh! Building a SANE Reference Library", was deemed innovative in providing 24/7 educational tools to clinicians working with victims of violence.

The best practices developed by our sexual assault nurse examiner (SANE) program were shared with more than 10,000 forensic nursing experts from around the world.

Congratulations!

COOK COUNTY
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2023 National Faculty Teaching Award

Dr. Tarlan Hedayati

In recognition of her outstanding contributions and dedication to the education of physicians, students, and others in emergency medicine, Dr. Tarlan Hedayati was awarded the 2023 National Faculty Teaching Award by the American College of Emergency Physicians at their annual conference. Congratulations!

Dr. Hedayati also delivered the Leon L. Haley, Jr. Lecture, detailing how outcomes in cardiovascular emergencies differ dramatically across gender, race, ethnicity, etc., and how they can be improved.

Leon L. Haley, Jr. Lecture
Inclusive Cardiovascular Care: The Time for Equity is Now
TARLAN HEDAYATI, MD, FACEP

COOK COUNTY
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Crain's Chicago Business' List of Notable Leaders in DEI

Shannon Andrews

Congratulations to Shannon Andrews, Chief Equity and Inclusion Officer, who was named to Crain's Chicago Business' List of Notable Leaders in Diversity, Equity & Inclusion!

The list recognizes leaders who are striving to ensure that their organizations maintain a workforce, supplier chain and ecosystem that represent all people.

COOK COUNTY HEALTH

Crain's Chicago Business 40 Under 40 Class of 2023

Aaron Galeener

Congratulations to Aaron Galeener, Chief Administrative Officer, Health Plan Services for being named to Crain's Chicago Business' 40 Under 40 class of 2023!

Their annual feature profiles rising stars across a range of industries in the Chicago area.

COOK COUNTY
HEALTH

Hospital and Health System COOs to Know

Craig Williams

Congratulations to Craig Williams, Chief Administrative Officer, for getting recognized by Becker's Hospital Review on their "COOs to Know" list!

The list included leaders who are highly strategic and lead the ideation, development and implementation of initiatives that enhance operational efficiency at their organizations.

COOK COUNTY HEALTH

CIO of the Year Award

Angela O'Banion

Since 1995, the Society for Information Management, Chicago Chapter along with The Executives' Club of Chicago and the AITP-Chicago Chapter have recognized technology leaders with the premier CIO of the Year Award in Chicagoland. This year, Angela O'Banion, Chief Information Officer, brought home the award. Congratulations!

The selection committee considered many attributes, including leadership in driving business value, technological innovation, business partnerships and creating best-in-class workplaces for technology professionals.

COOK COUNTY HEALTH

Strategic Initiatives - October

Accomplished

- Went live with 24/7 neuro critical care coverage at Stroger
- CountyCare increased health screens from 37% last year to 61% this year
- Added virtual care in the Stroger Emergency Department
- The Provident and Stroger Sleep Labs were reaccredited with distinction.
- "Courtesy of Staff" and "Communication with Doctors" Press Ganey rating at all time high
- New contract management system is now live
- 47 job fairs have been conducted over the past two years
- CountyCare implemented Coordination of Benefits (COB) process
- Established dedicated team to focus on rev cycle operations at outpatient health center locations (ACHN)

Coming Soon

- CountyCare to implement health benefits for Immigrant Adult/Seniors beginning Jan. 1, 2024
- Food baskets to CountyCare members during the holidays
- Build of Patient Satisfaction survey platform for CAHPS (Consumer Assessment of Healthcare Providers and Systems)
- Implementing transfer agreement - St. Bernard's to Provident
- Implementation of new and improved referral platform
- Employee "pulse" survey targeted for later this year
- PC refresh wave 2 consists of 1,051 PC deployment to Cermak, Provident, General Medicine Clinic, Arlington Heights, Blue Island, Belmont Cragin, and North Riverside.
- Purchasing underway for new OMFS Chairs, office chairs in Trauma, cart washer, and 3 instrument washers for SPD
- Generated preliminary, system-wide draft RVU report
- CDI training targeted for November

17

Clinical Research Footprint

Cook County seeks to expand our institutional focus on original research projects and research collaborations that expand our understanding of disease and health conditions of our patients

We work to understand the root causes of **health care disparities** that affect public health.

We conduct research projects that allow our patients to have access to **cutting edge treatments** or study ways to deliver **high-quality**, **cost-effective care**.

Approximately **200 Principal Investigators**

All projects receive feasibility assessment to ensure alignment with the **mission, vision and values** of the health system and affiliates.

Home to single site, **Minority-Based National Clinical Oncology Research Program** (MB-NCORP) through the **National Cancer Institute** (NCI)

Research proposals are reviewed by CCH **Institutional Review Board** (IRB).

Clinical Research Office Achievements

Clinical Research Office (CRO) Advisors
- Executive Sponsors
- Steering Committee
- Project Sponsors

Policy & Procedure
- 9 Approved Policies
- 3 Draft Policies
- SOPs, Guidance and forms published to support policies

Research Job Architecture
- 10 New Research JDs
- Recruiting Key Leadership
  - CSO; CRO Dir; CRO financial manager

Cerner Research Billing
- Subject Flag
- Charge Review & Segregation
- Research Claims modification

New CR Workflows
- Feasibility – began August
- Coverage Analysis
- Budget / Contract
- Congruency check

Research Engagement
- Dept/Div Liaisons
- Monthly Round Table
- Monthly Newsletter
- Quarterly Townhall
- CRO Intranet

10 YEARS
COUNTYCARE

CRO Future Initiatives

Many of these initiatives are currently in development to further support the CCH CRO research operations including:

- Workforce Development, Research Training and Networking Opportunities
- Research Mission and Goals
- Define Research Key Performance Indicators
- Quality Assurance – FY2024 Research Audit Plan
- Clinical Trials Management System

➢ **The CRO will begin accepting feasibility assessment forms from PI/study teams for consideration in the clinical trial pilot re-launch on November 1.**

COOK COUNTY HEALTH

CCH Brand Campaign

Alexandra Normington

Interim Chief Communications & Marketing Officer

COOK COUNTY
HEALTH

Metrics Report

55.6M total impressions, 103.5K clicks and 17,600 calls

TOTAL IMPRESSIONS BY HEALTH CLINIC

ACHN LOCATION	OOH IMPRESSIONS	DIGITAL IMPRESSIONS	TOTAL IMPRESSIONS
ARLINGTON HEIGHTS	4,535,512	2,005,131	6,540,643
BELMONT CRAGIN	2,725,289	642,771	3,368,060
BLUE ISLAND	5,204,168	2,286,709	7,490,877
COTTAGE GROVE	3,267,772	2,349,281	5,617,053
ENGLEWOOD	11,123,761	2,189,071	13,312,832
NORTH RIVERSIDE	3,914,543	1,754,121	5,668,664
ROBBINS	3,348,513	2,836,940	6,185,453
SENGSTACKE	4,752,176	2,043,203	6,795,379
TOTAL	38,871,734	16,107,227	54,978,961

Note: Although YouTube impression are part of the digital total, they are not included in the health clinic's location-based breakdown. As a result, the overall total is higher.

Earned Media Dashboard: September 25 – October 22, 2023

Total Media Placements

275 (15% increase)

Total Reach

1.1 Billion

Total Media Value

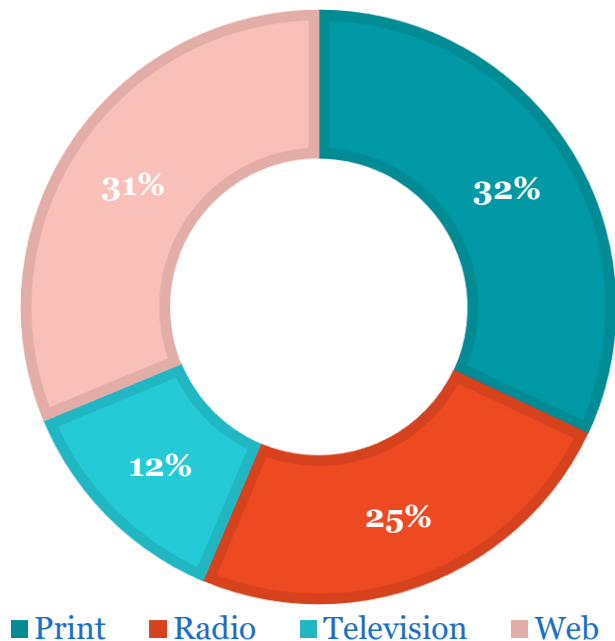**$9.9 Million**

Top 5 Local Media Outlets

1. *WBBM Radio*
2. *Chicago Tribune*
3. *WBEZ*
4. *NBC 5 Chicago*
5. *WVON*

COOK COUNTY HEALTH

Media Dashboard: September 25 – October 22, 2023

Media Outlet Type

- Print 32%
- Radio 25%
- Television 12%
- Web 31%

Most Common Topics

1. Measles
2. COVID and the flu
3. Budget
4. Migrant Health
5. Opioids

COOK COUNTY HEALTH

Media Benchmarks

Top Chicago media outlets share of voice

Top performing news content (vs. major competitors)

Share of Voice

Top Article by Reach ⓘ

CBS News · By CBS Chicago Team
Editorial | US | Sep 25 · 4:34 PM

Free COVID tests now available as cases are on the rise

Dr. **Michael Hoffman** is the Lead Physician with **Cook County Health** COVID-19 Units. He discusses the COVID cases on the rise in the **Chicago** .....

Social Echo 🅕 20 🐦 0 🔴 38
47M Reach   Neutral ○

Top Article by Reach and Volume ⓘ
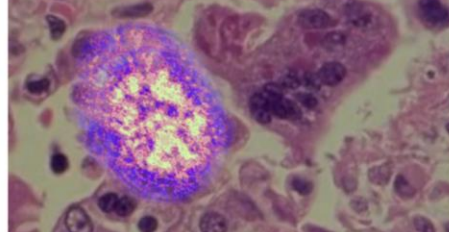
Chicago Tribune (Premium) · Caroline Kub...
Editorial | US | Oct 13 · 4:54 PM

Illinois identifies first measles case since 2019, public health officials say

... it still can affect those who are unvaccinated." The **Cook County Department of Public Health** first reported the case Tuesday and the st...

Social Echo 🅕 0 🐦 0 🔴 0
5.55M Reach   Neutral ○

Top Article by Social Echo ⓘ

WLS-TV - ABC 7 Chicago
Editorial | US | Oct 14 · 7:44 AM

Illinois reports first measles case in 4 years, state health officials confirm

... state's first case of measles in four years Friday. The **Cook County Health Department** reported the suspected case Tuesday to the Illino...

Social Echo 🅕 89 🐦 118 🔴 3
4.23M Reach   Neutral ○

● Cook County - Top Sources — 60.5%
● Northwestern | Top Sources — 21.1%
● University of Chicago | Top... — 15.8%
● UIC Hospital | Top Source — 2.6%
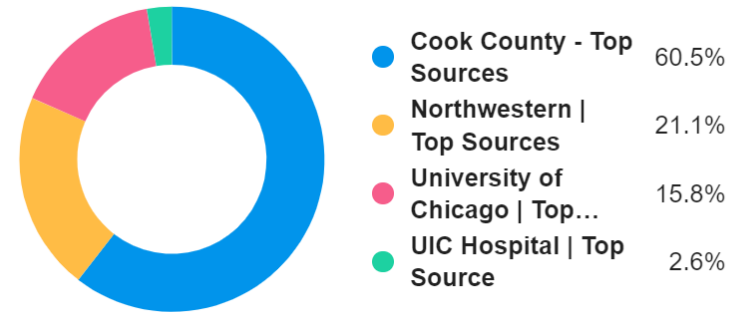
COOK COUNTY
HEALTH

Top Headlines

Pruebas de COVID-19 gratuitas en Illinois

With cold weather coming, doctors recommend COVID, flu vaccines

Inside Cook County Jail's battle against drug-soaked paper trade

El Hospital Stroger de Cook County Health Ocupa el Puesto Número 1 Como Hospital con Mayor Inclusión Racial en Illinois

Measles case identified in Cook County, a first in Illinois since 2019

Cook County Health Helps Provide Care to Pregnant Migrants

What parents need to know about childhood obesity

Condado Cook invita a personas a vacunarse contra influenza y refuerzo del coronavirus

COOK COUNTY HEALTH

Social Media Summary

September - October Activity

During September 25 – October 22, 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 – 53 posts
https://www.facebook.com/Cookcountyhhs/

Twitter – 53
https://twitter.com/CookCtyHealth

Instagram – 49 posts (includes stories and IGTV)
https://www.instagram.com/cookcountyhealth/

LinkedIn – 40 posts
https://www.linkedin.com/company/cook-county-health/

COOK COUNTY
HEALTH

Social Media Summary

As of October 23

Twitter

- Impressions: **15.2K**
- Post Link Clicks: **34**
- Engagements: **242**
- Followers: **4,686** (up **26**)

LinkedIn

- Impressions: **38.7K** (up **11%**)
- Page Views: **1.8K**
- Engagements: **2.7K**
- Followers: **12.3K** (up **231**)

Facebook

- Total impressions: **45.9K**
- Post engagement: **2.5K** (up **13%**)
- Post reach: **14.1K**
- Page followers: **8,507** (up **52**)

Instagram

- Impressions: **16.9K**
- Engagement: **394** (up **48%**)
- Profile visits: **462**
- Followers: **3,306** (up **55**)

COOK COUNTY
HEALTH

Facebook

September 25 – October 22, 2023

COOK COUNTY
HEALTH

Facebook Insights
September 25 – October 22, 2023

Top Organic Performing Post

GENERAL METRICS

32	0	3	15.43%
Reactions	Comments	Shares	Eng. Rate

REACTIONS

54	24	0
👍 Like	❤️ Love	😮 Wow
0	0	0
😂 Haha	😢 Sorry	😠 Angry

REACH

1,121	1,121	0
Total	Organic	Paid

IMPRESSIONS

1,147	1,147	0
Total	Organic	Paid

Top Boosted Performing Post

GENERAL METRICS

69	1	8	5.92%
Reactions	Comments	Shares	Eng. Rate

REACTIONS

72	5	0
👍 Like	❤️ Love	😮 Wow
0	0	0
😂 Haha	😢 Sorry	😠 Angry

REACH

9,752	251	9,438
Total	Organic	Paid

IMPRESSIONS

21,284	271	21,013
Total	Organic	Paid

Twitter

September 25 – October 22, 2023

Twitter Insights
September 25 – October 22, 2023

Top Performing Posts

Cook County Health
@CookCtyHealth
Promote ···

During Domestic Violence Awareness Month, we remind you that no one deserves to experience abuse of any kind—for any reason.
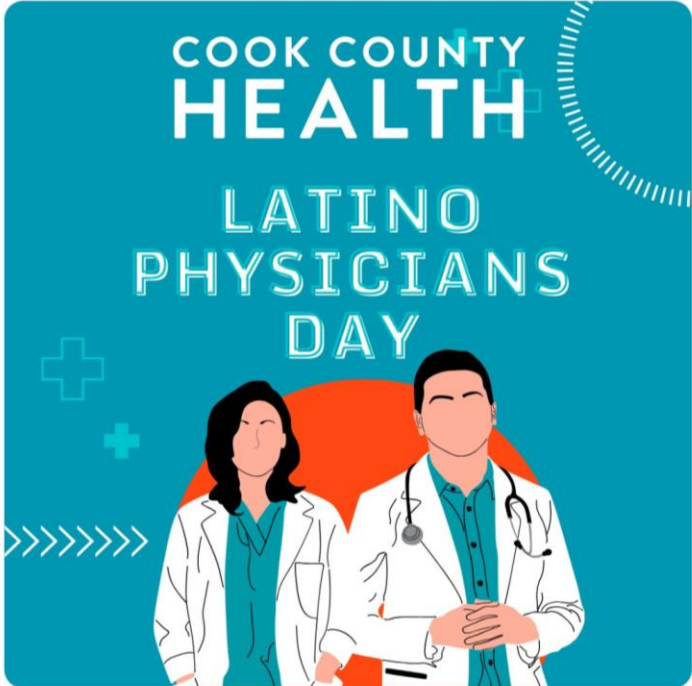
You are not alone. If you or someone you know needs help, please call the National Domestic Violence Hotline at 1-800-799-7233.

GENERAL METRICS

703 Impressions	10 Engagements	5 Likes
5 Retweets	0 Replies	

Cook County Health
@CookCtyHealth
Promote ···

Did you know that nationally only 6% of physicians are Latino/a? National Latino Physicians Day was Oct. 1, and this week, Cook County Health will be highlighting some of our Latino/a physicians. We are proud of our diverse staff and ability to provide culturally competent care.

GENERAL METRICS

638 Impressions	15 Engagements	7 Likes
1 Retweets	0 Replies	

Instagram

September 25 – October 22, 2023

COOK COUNTY HEALTH

Instagram Insights
September 25 – October 22, 2023

Top Performing Posts

LinkedIn Insights
September 25 – October 22, 2023

Top Performing Posts

Cook County Health
12,285 followers
3w • Edited • 🌐

Congratulations to Shannon E. Andrews, Chief Equity and Inclusion Officer, who was named to Crain's Chicago Business' List of Notable Leaders in DEI. It was noted that Shannon develops programs that create a positive care environment for patients and foster a positive work environment for employees.

https://lnkd.in/g7GNihBU

Valarie Ransom - Amos and 165 others   26 comments • 3 reposts

GENERAL METRICS

166	26	0	139
Likes	Comments	Shares	Clicks

8.91%	3,716
Engagement Rate	Impressions

Cook County Health
12,285 followers
1w • 🌐

Congratulations to Cook County Health's John H. Stroger Jr. Hospital for being named by the Lown Institute the #1 most racially inclusive hospital in Illinois and #2 most racially inclusive hospital in the US!

John H. Stroger, Jr. Hospital of Cook County is recognized as the **most racially inclusive** hospital in Illinois by the Lown Institute

COOK COUNTY HEALTH

Maritza Guzman and 144 others   2 comments • 18 reposts

GENERAL METRICS

144	2	3	63
Likes	Comments	Shares	Clicks

6.34%	3,342
Engagement Rate	Impressions

COOK COUNTY HEALTH

Audit & Compliance Metrics

Presented to the Cook County Health Board on 10/27/23

COOK COUNTY
HEALTH

Meeting Objectives

Review

- Compliance Program Overview
  - Review and Approve Audit & Compliance Committee Charter

- Metrics
  - System Compliance Program
  - CountyCare Medicaid Health Plan Compliance Program
    - Recoveries

COOK COUNTY HEALTH

CCH Compliance Program

Compliance Program Overview

Structure of the CCH Compliance Program

Formalized Controls and Activities

The main purpose of the CCH Compliance Program is to **prevent** violations of laws, rules and regulations, **detect** violations as they happen and **correct** any issues that could lead to future violations.

PREVENTION CONTROLS AND ACTIVITES	**DETECTION** CONTROLS AND ACTIVITIES	**CORRECTION** CONTROLS AND ACTIVITIES
Written Policies & Standards	Effective Lines of Communication	Response to Offenses and Corrective Actions
Compliance Program Oversight	Internal Monitoring & Auditing	
Education and Training	Enforcement of Standards and Disciplinary Guidelines	

COOK COUNTY
HEALTH

Audit & Compliance Committee Charter

- Last approved 11/16/2021

- Review and Approve

	COOK COUNTY HEALTH	Category: **CHARTER POLICY**	
Subject: **CHARTERS FOR THE BOARD OF DIRECTORS**		Page: 1 of 4	
Title: **AUDIT & COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS CHARTER**		Approval Date:	Posting Date:

This document sets forth the duties and responsibilities, and governs the operations of the Audit & Compliance Committee of the Board of Directors of Cook County Health (CCH).

PURPOSE
CCH Chief Executive Officer (CEO) and the Board of Directors (Board) are committed to the proper oversight of our Audit and Compliance programs. In furtherance of this objective, the Board initiated an Audit and Compliance Committee (Committee)[1] composed of independent directors.

The purpose of the Committee is to provide oversight to the CCH internal audit and corporate compliance programs and monitor that systems are in place to ensure the quality of information used by the Board of CCH or by external agencies to evaluate the fiscal affairs and regulatory compliance. Additionally, the Audit and Compliance Committee will provide oversight to ensure the Board of Directors and management of CCH establishes a culture based on honesty and integrity.

The Committee shall advise the Board in matters relating to:
1) the integrity of CCH financial reporting;
2) the effectiveness of CCH internal controls;
3) the performance and effectiveness of CCH internal audit and corporate compliance programs;
4) the implementation of standards and processes to promote professional responsibility and honest behavior; and
5) the compliance with regulatory requirements, as they relate to CCH corporate compliance.

COOK COUNTY HEALTH

Q1-Q3 CFY 2023
Contacts by Category
CCH System Compliance Program

Contract
51%

Fraud Waste Abuse
3%

Privacy/Security
13%

Documentation
5%

Conflict of
Interest 1%

Human Resources
11%

Other
3%

Regulatory/Policy
13%
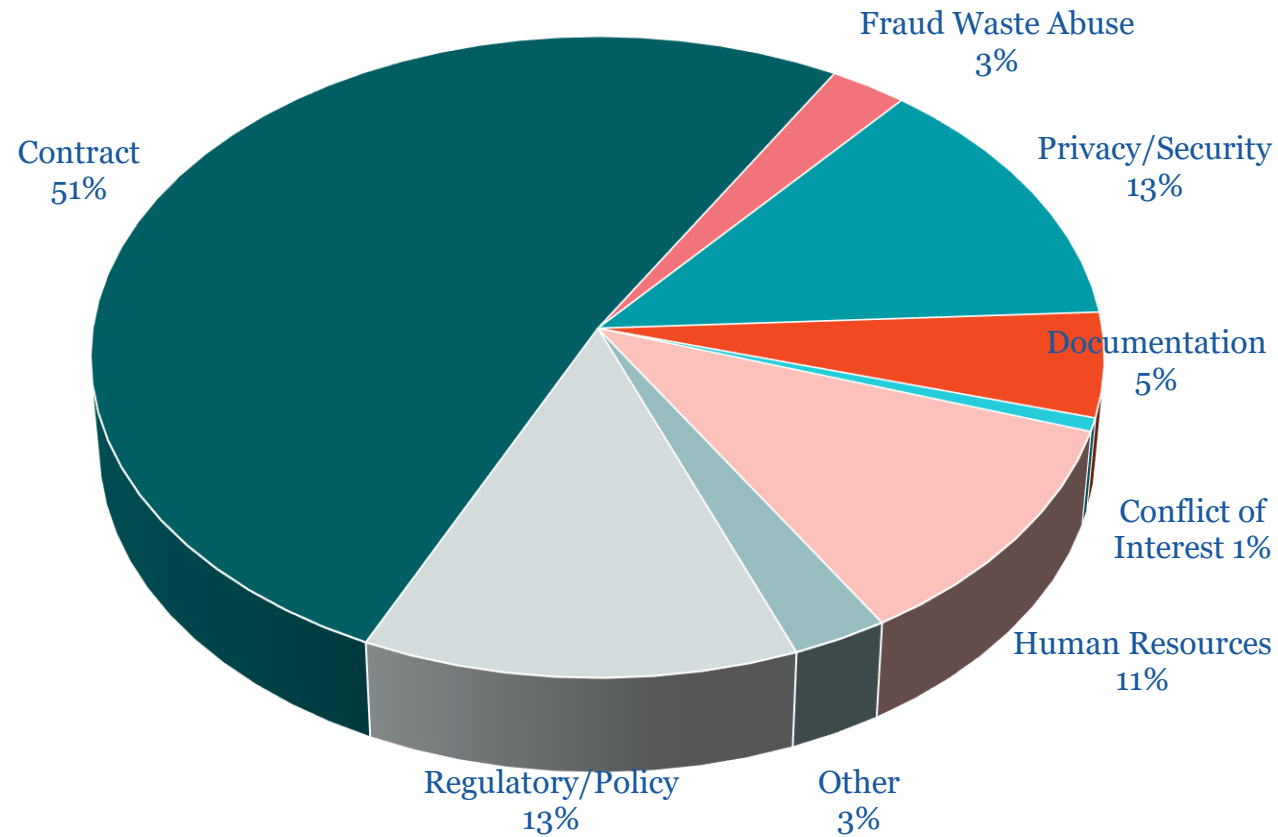
Categories	2023		2022
	Contact Count & % of Total Contacts		% of Total Contacts
Privacy/Security (HIPAA)	97	13%	25%
Documentation	39	5%	7%
Conflict of Interest	5	<1%	2%
Human Resources	83	11%	10%
Other (Research, Quality, Theft)	21	3%	9%
Regulatory/Policy	95	13%	13%
Fraud Waste & Abuse	20	2%	12%
Contracts	382	51%	22%
	742		

COOK COUNTY HEALTH

Q1-Q3 CFY 2023
Contacts by Category
CountyCare Compliance Program

Fraud Waste Abuse
38%

Privacy/Security
11%

Other
5%

Regulatory/
Policy 6%

Contracts
40%
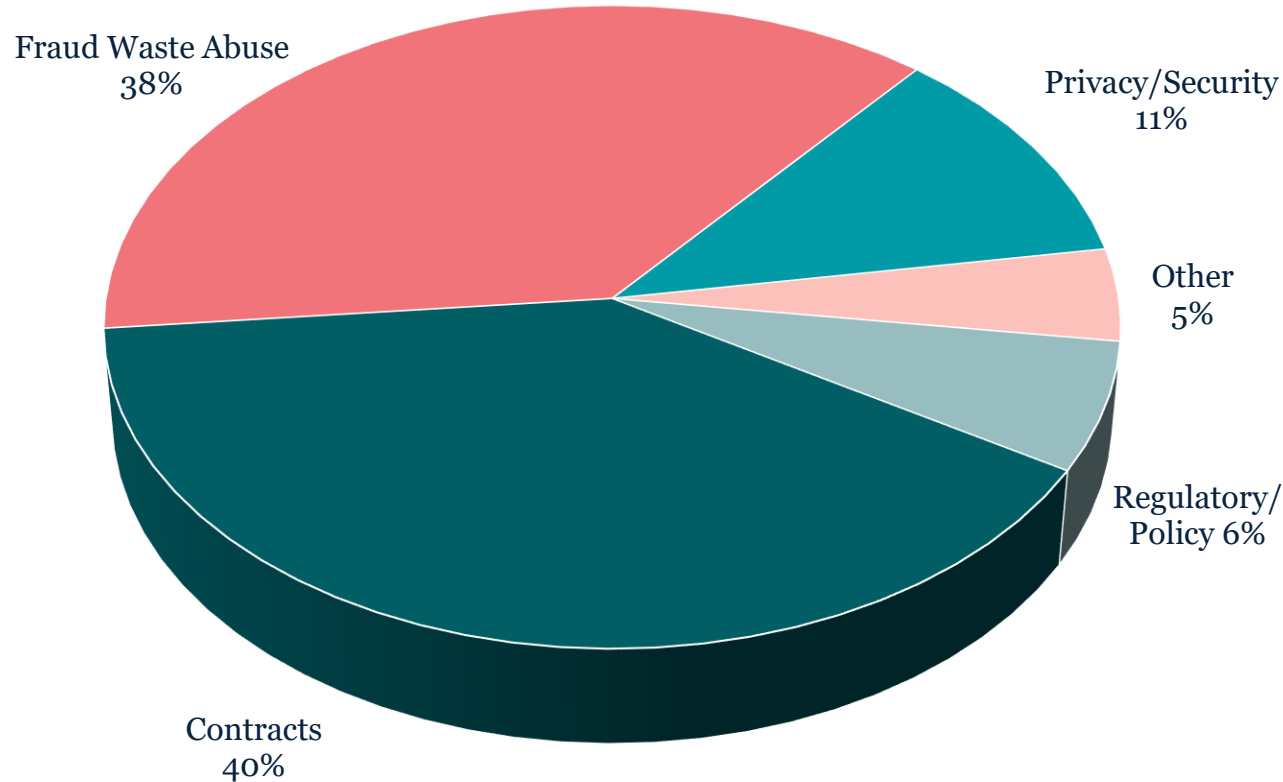
Categories	2023		2022
	Contact Count & % of Total Contacts		% of Total Contacts
Fraud Waste & Abuse[2]	162	38%	49%
Privacy/Security (HIPAA)	49	11%	16%
Contracts	172	40%	12%
Regulatory/Policy	28	6%	9%
Other (Conflict of Interest, Documentation, Human Resources, Quality)	20	5%	14%
431			

[2] The majority of Fraud Waste & Abuse activity is directly attributed to the Department of Healthcare and Family Services (HFS) Office of Inspector General provider notifications and requests for information.

COOK COUNTY
HEALTH

CountyCare Compliance Recoveries

State Fiscal Year 2023 (All Quarters)

Retrospective Recoveries

S-FY	Reporting Period	Overpayments Identified	Overpayments Collected
2023	Q1 07/01 -09/30/22	$ 1,445,090	$ 632,343
2023	Q2 10/01 – 12/31/22	$ 744,846	$ 1,985,028
2023	Q3 01/01 – 03/31/23	$ 926,018	$ 3,162,686
2023	Q4 04/01 – 06/30/23	$ 1,141,919	$ 1,116,104
	TOTAL – SFY 2023		$6,968,261

Proactive Preventative Loss

S-FY	Reporting Period	Overpayments Collected
2023	Q1 07/01 -09/30/22	$ 306,186
2023	Q2 10/01 – 12/31/22	$ 287,672
2023	Q3 01/01 – 03/31/23	$ 866,517
2023	Q4 04/01 – 06/30/23	$ 216,169
	TOTAL – SFY 2023	$1,676,544

COOK COUNTY
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Finance Metrics

Presented to the Cook County Health Finance Committee on 10/12/23

COOK COUNTY
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Executive Summary: Statement of Financial Condition – August 31, 2023

➢ On an accrual basis, interim financials show that CCH ended August with a **$427.0M favorable** variance to budget. On a cash basis, the County's preliminary cash report on revenues and expenses shows a **$381.9M favorable** variance primarily due to the timing difference of CountyCare PMPM payments impacting the revenue and claims payments impacting expenses.

  ➢ Revenue Commentary:
    ➢ **Favorable** NPSR variance to Budget due to higher than budgeted IP volumes, higher than budgeted Directed Payments, receipt of prior year cost report settlement and Medicaid retroactive rate increase
    ➢ **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 **$977K unfavorable** variance to budget due to true up of IBNR reserve
    ➢ Membership remains over 450,000, which is significantly greater than budgeted

Financial Results – August 31, 2023

Dollars in 000s	FY2023 Actual	FY2023 Budget	Variance	%	FY2022 Actual (3)
Revenue					
Net Patient Service Revenue (1)	$887,484	$533,301	$354,183	66.41%	$562,428
Government Support (2)	$298,354	$197,796	$100,558	50.84%	$298,331
Adjusted NPSR	$1,185,838	$731,097	$454,742	62.20%	$860,758
CountyCare Capitation Revenue	$2,317,452	$1,937,332	$380,121	19.62%	$1,957,203
Other	$5,230	$14,759	($9,529)	-64.56%	$10,690
Total Revenue	**$3,508,521**	**$2,683,188**	**$825,333**	**30.76%**	**$2,828,651**
Operating Expenses					**($0)**
Salaries & Benefits	$532,007	$525,037	($6,969)	-1.33%	$498,129
Overtime	$37,124	$49,336	$12,212	24.75%	$34,195
Supplies & Pharmaceuticals	$124,653	$136,230	$11,577	8.50%	$122,666
Purchased Services & Other	$456,329	$435,406	($20,923)	-4.81%	$441,179
Medical Claims Expense (1)	$2,128,134	$1,753,055	($375,079)	-21.40%	$1,755,834
Insurance	$12,246	$28,439	$16,193	56.94%	$21,961
Utilities	$9,721	$9,101	($619)	-6.81%	$9,504
Total Operating Expenses	**$3,300,213**	**$2,936,604**	**($363,609)**	**-12.38%**	**$2,883,469**
Operating Margin	**$208,308**	**($253,417)**	**$461,725**	**182.20%**	**($54,817)**
Non-Operating Revenue	**$108,073**	**$142,757**	**($34,684)**	**-24.30%**	**$102,392**
Net Income (Loss)	**$316,381**	**($110,660)**	**$427,040**	**385.90%**	**$47,574**

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.

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Source: CCH unaudited financial statements and FY23 budget.

Cook County Health
Volumes: August, 2023

Key Revenue Indicators

Patient Activity Stroger	2023 YTD Actual	2023 YTD Budget	%	2022 YTD Actual	2021 YTD Actual		Aug 2023 Actual	Aug 2022 Actual
Average Daily Census *	302	267	12.9%	272	261		299	295
Emergency Room Visits	63,057	71,320	-11.6%	58,874	58,498		7,620	6,699
Surgeries	8,737	8,584	1.8%	8,552	8,389		1,027	1,024

| Patient Activity Provident	2023 YTD Actual	2023 YTD Budget	%	2022 YTD Actual	2021 YTD Actual		Aug 2023 Actual	Aug 2022 Actual
Average Daily Census *	19	26	-25.4%	11	7		18	15
Emergency Room Visits	19,955	22,516	-11.4%	16,157	14,840		2,357	2,044
Surgeries	2,696	2,438	10.6%	2,189	2,258		302	314

Patient Activity ACHN	2023 YTD Actual	2023 YTD Budget	%	2022 YTD Actual	2021 YTD Actual		Aug 2023 Actual	Aug 2022 Actual
Primary Care Visits	177,525	211,430	-16.0%	161,886	170,788		19,923	19,431
Specialty Care Visits	281,320	205,687	36.8%	273,388	287,853		32,170	33,441

CountyCare Membership	2023 YTD Actual	2023 YTD Budget	%	2022 YTD Actual	2021 YTD Actual		Aug 2023 Actual	Aug 2022 Actual
Membership Count	452,869	398,184	13.7%	430,705	393,933		451,875	435,781

* Includes IP + Observations
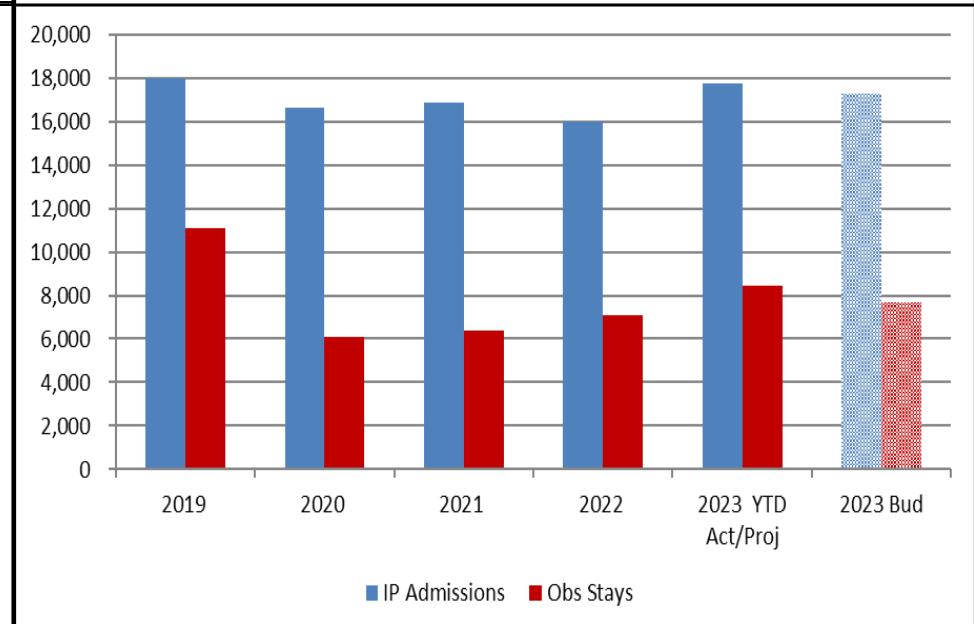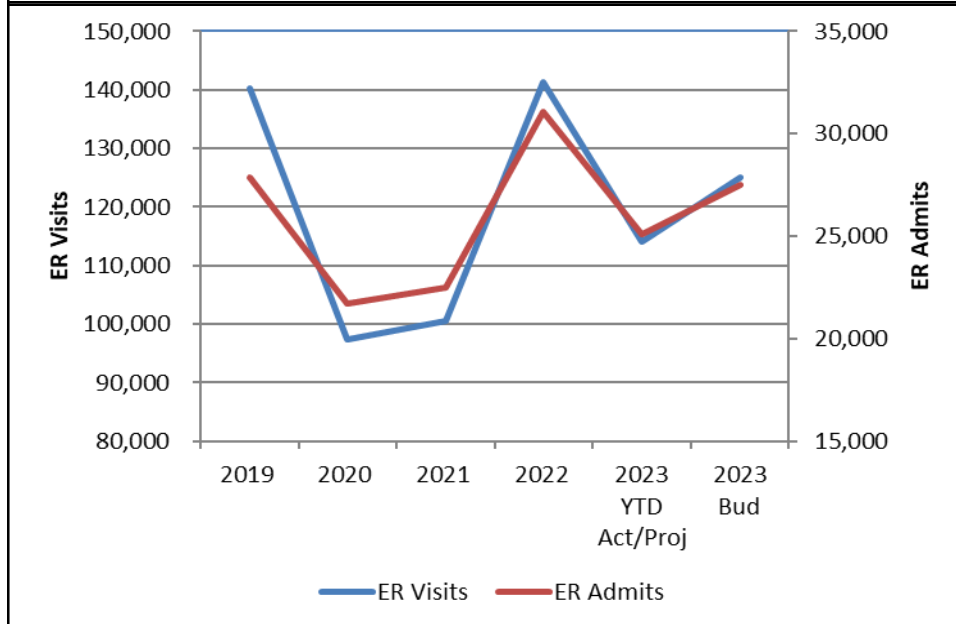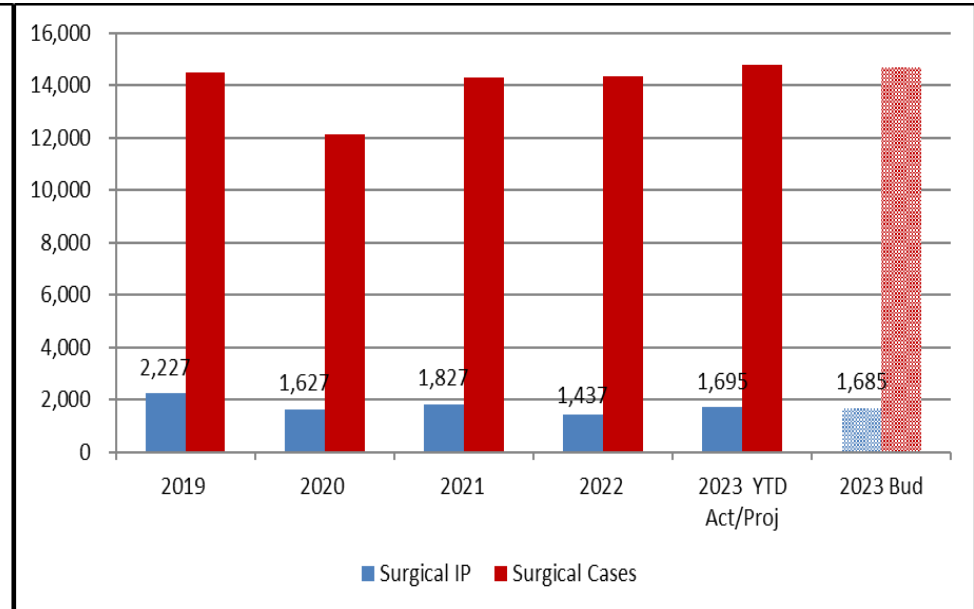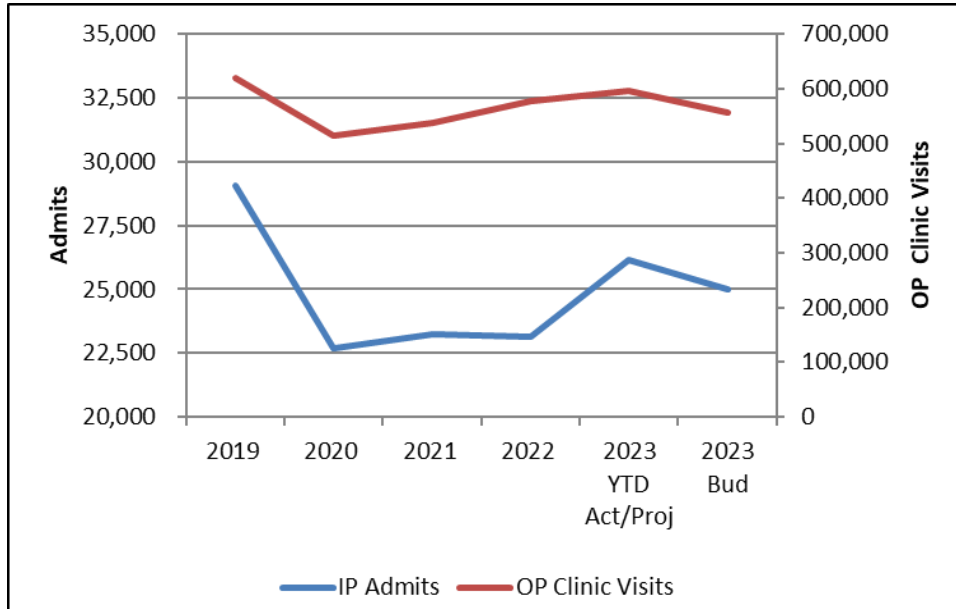
YTD Payer Mix – YoY Comparison
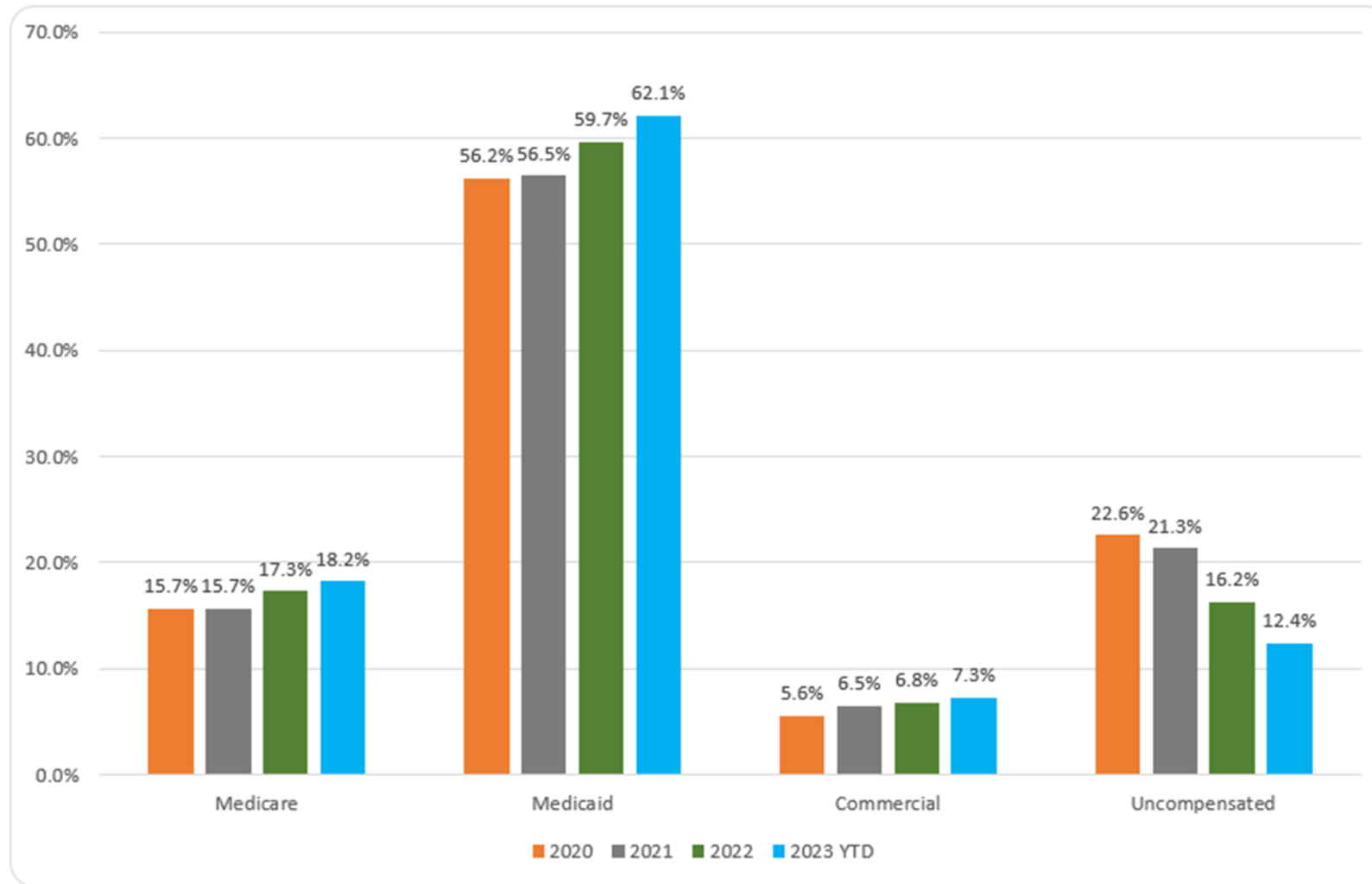
Commentary

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

- Jul-Aug Change:
  - Medicare: -0.2%
  - <mark>Medicaid: -0.3%</mark>
  - Commercial: -0.1%
  - <mark>Uncompensated: +0.6%</mark>

  Jun-Jul Change:
  - Medicare: 0.0%
  - Medicaid: +0.7%
  - Commercial: +0.3%
  - Uncompensated: -1.0%

Revenue Cycle KPI Trending

A/R Days — Target, Actual

DNSP / DNFB — DNSP Target, DNSP Actual, DNFB Target, DNFB Actual

A/R >90 — Target, Actual

Cash Collections — Target, Actual

CMI - Medical (MC)

CMI - Surgical (MC)
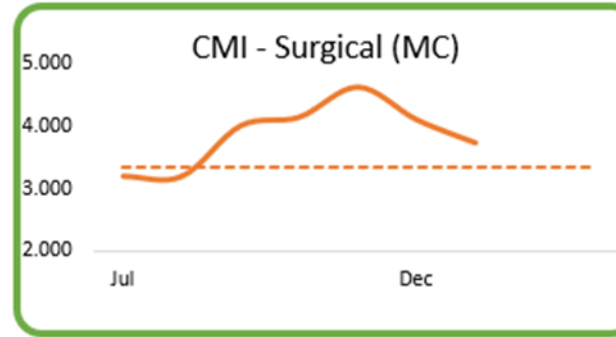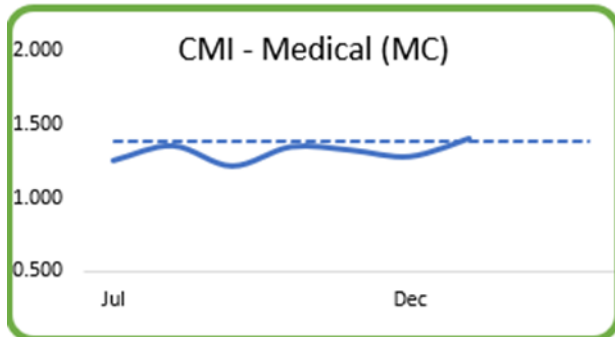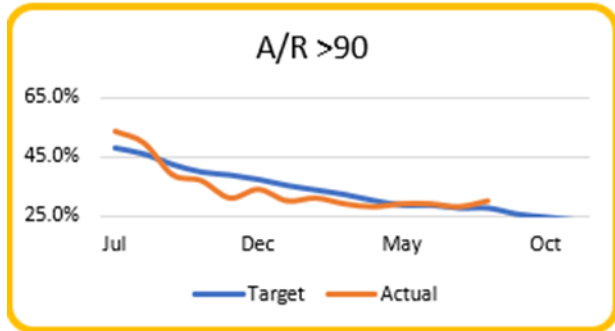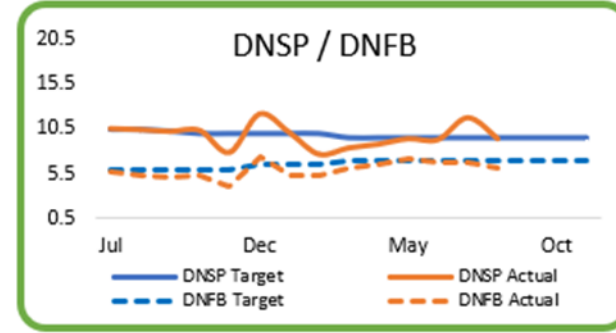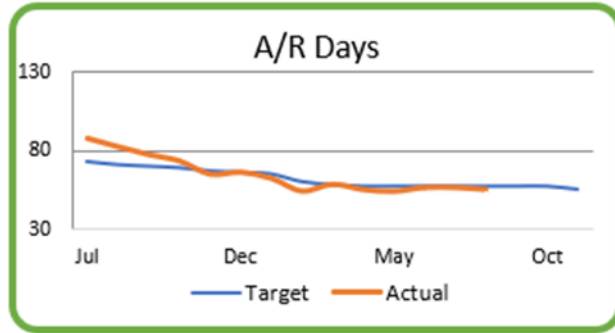
Commentary:

- Performance metrics on target with the exception of AR > 90. This metric is 2% off target this month due to statement and credentialing holds on refugee accounts ($7.1M)

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.

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Denial Focus & Trending

Final Denials

Legend: Case Mgmt, Coding, Contracting, Medical Necessity, Non Covered, Patient Access, Other, Prior Authorization, Untimely Filing, Total, Linear (Total)

Net Final Denials

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Target	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%		
Net Denials	1.0%	0.7%	0.9%	1.2%	1.1%	0.8%	1.4%	1.2%	0.1%	0.3%	1.3%	1.4%	1.0%	1.1%			

Quarterly Government Billing Denials

Legend: Series1, Series2, Linear (Series1), Linear (Series2)

Commentary

- Net final denials are hitting targets and final denials are aligned to corrective action plans.
- Continued improvement on reducing government denials.

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CCH Annual Pricing Review Strategy – 2024

	STRATEGIC INCREASE	NET REIMBURSEMENT IMPACT	CONTRACTUAL ALLOWANCE IMPACT	CHARITY IMPACT	BAD DEBT IMPACT
ROOM & BOARD	14%	$ 872,924	$ 36,663,239	$ 4,948,798	$ 4,201,809
SURGERY	68%	$ 2,188,657	$ 88,273,325	$ 11,926,580	$ 10,126,341
ED	15%	$ 18,927	$ 9,626,313	$ 1,271,636	$ 1,079,691
LAB PRICE	-52%	$ -	$ (71,529,966)	$ (9,430,568)	$ (8,007,086)
	4%	$ 3,080,508	$ 63,032,911	$ 8,716,446	$ 7,400,756

CCH RATES COMPARED TO AREA HOSPITALS								
R&B TYPE	CCH	U of I	LOYOLA	MT SINAI	RUSH	NMH	AVERAGE	NEW PRICE
PRIVATE ROOM	$2,604	$2,849	$3,929	$4,279	$2,120	$2,674	$3,170	$3,177
SEMI-PVT	$2,429	$2,849	$3,929	$4,279	$2,120	$2,674	$3,170	$3,157
NURSERY	$1,260	$1,639	$2,218	$1,092	$1,331	$2,420	$1,740	$1,739
NICU LEVEL 1	$1,260	$4,807	$2,218	$2,197	$1,331	$2,420	$2,595	$2,583
NICU LEVEL 2	$2,604	$5,425	$2,929	$4,435	$2,766	$3,224	$3,756	$3,750
NICU LEVEL 3	$4,350	$5,881	$5,026	$5,068	$4,620	$7,435	$5,606	$5,612
NICU LEVEL 4	$6,525	$6,272	$7,192	$7,796	$6,014	$10,426	$7,540	$7,504
INTENSIVE CARE	$6,525	$6,272	$6,879	$6,005	$4,370	$5,994	$5,904	$5,905
INTERMEDIATE CARE	$4,350	$3,851	$6,314	$4,217	$2,682	$4,906	$4,394	$4,394
OBSERVATION PER HOUR	$96	$128	$164	$114	$88	$139	$127	$127
SURGERY TIME BASED LEVELS								
SURGERY BASIC LVL 1	$3,608	$5,715	$4,066	$7,478	$4,899	$9,364	$6,304	$6,314
SURGERY INTER LVL 2	$5,589	$5,715	$4,244	$7,478	$6,682	$18,848	$8,593	$8,551
SURGERY COMPL LVL 3	$7,590	$5,715	$6,968	$7,478	$7,128	$23,496	$10,157	$10,171
EMERGENCY DEPT								
ER LEVEL 1	$195	$259	$422	$532	$400	$475	$418	$224
ER LEVEL 2	$362	$737	$770	$666	$875	$900	$790	$417
ER LEVEL 3	$636	$948	$1,300	$1,150	$2,050	$1,600	$1,410	$732
ER LEVEL 4	$990	$1,838	$2,082	$1,846	$3,050	$3,000	$2,363	$1,139
ER LEVEL 5	$1,422	$2,984	$3,119	$3,257	$3,750	$4,200	$3,462	$1,637
ER CRITICAL CARE 30-74 MIN	$1,992	$2,448	$3,654	$4,387	$4,100	$4,412	$3,800	$2,293
ER CRITICAL CARE +30 MIN	$352	$1,104	$272	$417	$850	$1,728	$874	$405
TRAUMA TEAM ACTIVATION	$2,988		$9,570	$8,454		$1,438	$6,487	$3,439

Commentary

➢ Current state, CCH's pricing is approximately 36% below the market with a 4% annual price increase cap from our payer contracts.

➢ Strategic Price Target, focus on R & B (~14% % below market) surgery rate (~68% below market) and ED (~15% below market) realignment.

> ➢ Effective Date: 12/01/2023 with an annual review thereafter.

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
Charitable Benefits and Community Programs				
Traditional Charity Care	$ 162,626	$ 122,499	$ 120,232	$ 103,396
Other Uncompensated Care	100,894	108,284	91,800	137,771
Cermak & JTDC Health Services	104,465	90,293	101,364	100,800
Department of Public Health	16,908	12,965	21,684	15,890
Other Public Programs & Community Services	68,750	66,321	62,138	62,138
Totals	$ 453,643	$ 400,362	$ 397,217	$ 419,995
% of Revenues *	38.6%	36.9%	34.5%	38.8%
% of Costs *	27.9%	22.0%	22.3%	23.1%

*Excludes Health Plan Services

Cook County Health
Savings Initiatives: August 31, 2023

Current Activities in Progress	Budgeted FY23 Impact	YTD Achieved	Status
Revenue Cycle:			
Chargemaster Review/Changes	3,200,000	2,425,397	🟢
Timely Filing	6,800,000	2,220,000	🟡
Coverage Accuracy	9,000,000	7,048,630	🟢
ACHN Coding Accuracy	5,100,000	2,318,333	🟡
AR Recovery	3,500,000	4,850,000	🟢
Self Pay Balance Support	1,700,000	1,850,000	🟢
Point of Service Collections	700,000	687,671	🟢
County Care:			
Vendor Contract Negotiations	12,500,000	7,100,000	🟡
Health System:			
Vendor Contract Negotiations	5,000,000	3,333,333	🟢
	$ 47,500,000	$ 31,833,364	67%
		Goal 9/12ths	75%

Health Plan Services Financial Results – August 31, 2023

Dollars in 000s except PMPM amounts	FY2023 Actual	FY2023 Budget	Variance	%	Fy22 Actual
Capitation Revenue	$2,330,938	$1,937,332	$393,606	20.32%	$2,109,533
Operating Expenses					
Clinical - CCH	$84,925	$76,141	($8,785)	(11.54%)	$97,331
Clinical - External	$2,128,407	$1,753,055	($375,352)	(21.41%)	$1,907,864
Administrative	$116,988	$106,541	($10,447)	(9.81%)	$98,054
Total Expenses	$2,330,319	$1,935,736	($394,583)	(20.38%)	$2,103,249
Operating Gain (Loss)	$619	$1,596	($977)		$6,284
Activity Levels					
Member Months	4,081,558	3,583,659	497,899	13.89%	3,872,205
Monthly Membership	453,037	377,946	75,091	19.87%	429,483
CCH CountyCare Member Months	375,195	N/A	N/A	N/A	397,702
CCH % CountyCare Member Months	9.19%	N/A	N/A	N/A	10.27%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	$571.09	$540.60	$30.49	5.64%	$544.79
Clinical Cost PMPM	$542.28	$510.43	($31.85)	(6.24%)	$517.84
Medical Loss Ratio (1)	94.0%	94.4%	0.39%	0.41%	93.1%
Administrative Cost Ratio	5.0%	5.5%	0.53%	9.58%	4.6%

CountyCare Membership

Commentary

- Total YTD member months are exceeding budget by 497,899 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 exceeding budget.

- Administrative Expenses are higher than budget while the Administrative Cost Ratio(ACR) is lower than budget due to actual revenue exceeding budget.

- Operating Gain of $619K.
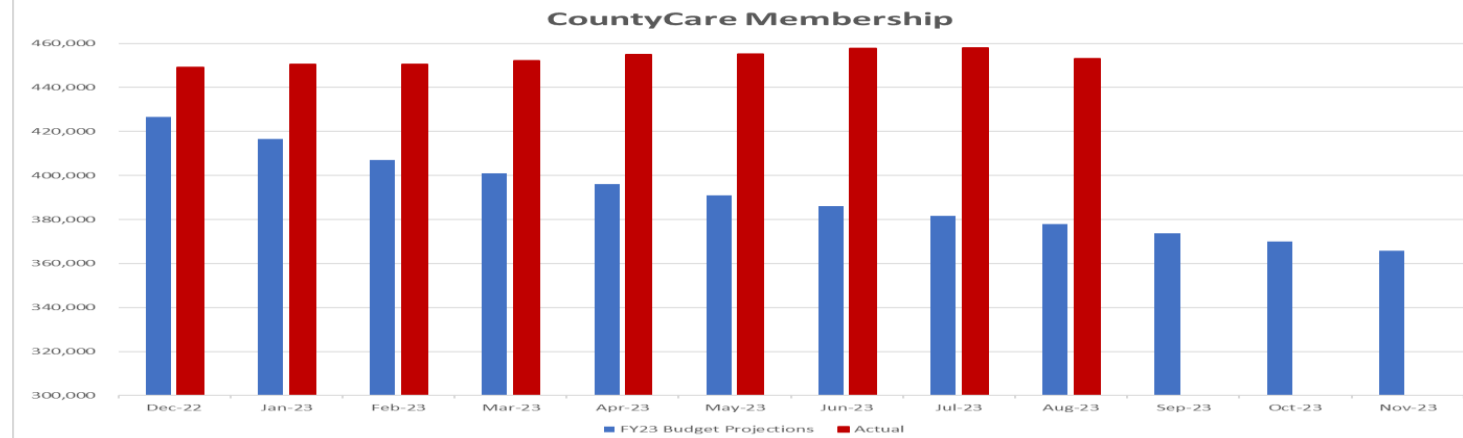
Notes:
(1)   Medical Loss Ratio is a measure of the percentage of premium that a health plan spends on medical claims.

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Human Resources Metrics

Presented to the Cook County Health Board on 10/27/23

COOK COUNTY
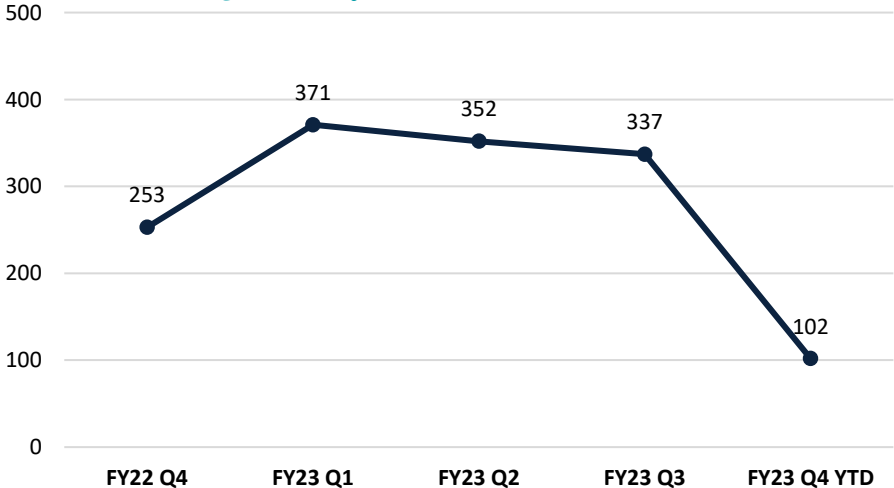HEALTH

FY23 Impact Summary - Hiring

Filled Positions

1,162 (1,540 offers)

Total Filled Positions YTD (Accepted Offers or Hired)

271 YTD Net Hires (External Hires-Total Separations)

77% Offer Acceptance Ratio (346 offers declined)

External Filled Velocity

750

Total External Filled Positions (Accepted Offers or Hired)

91 days Overall FY23 Time to Fill (goal = 90 days or less)

Quarterly Filled Positions

	FY22 Q4	FY23 Q1	FY23 Q2	FY23 Q3	FY23 Q4 YTD
	253	371	352	337	102

Overall Time to Fill (days) Quarterly

	FY22 Q4	FY23 Q1	FY23 Q2	FY23 Q3	FY23 Q4 YTD
	106	87	91	92	91
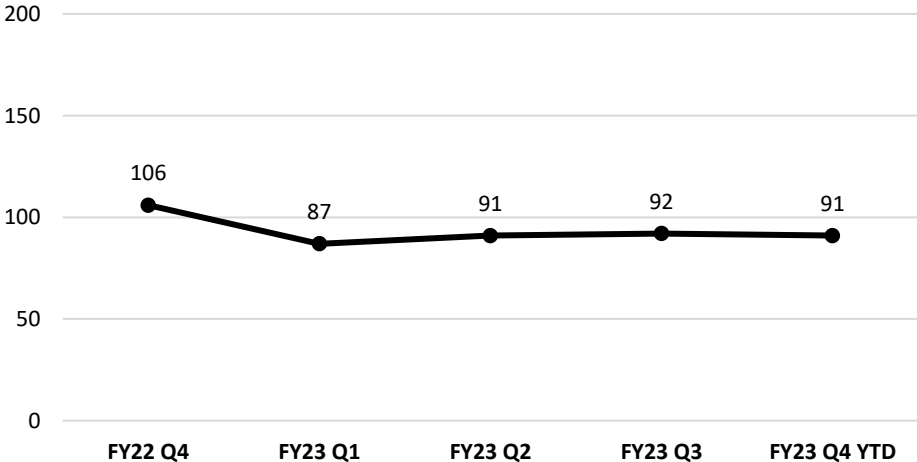
FY23 CCH HR Activity Report

Hires who have started – Dec through Sep (Year-Over-Year)

Hires by Quarter

	Q1	Q2	Q3	Q4
FY2023 | 1,146	361	326	332	127
FY2022 | 497	120	143	186	48
FY2021 | 562	242	181	91	48

Hires Internal vs External

	Internal	External
FY2023 | 1,146	396	750
FY2022 | 497	210	287
FY2021 | 562	153	409

COOK COUNTY HEALTH

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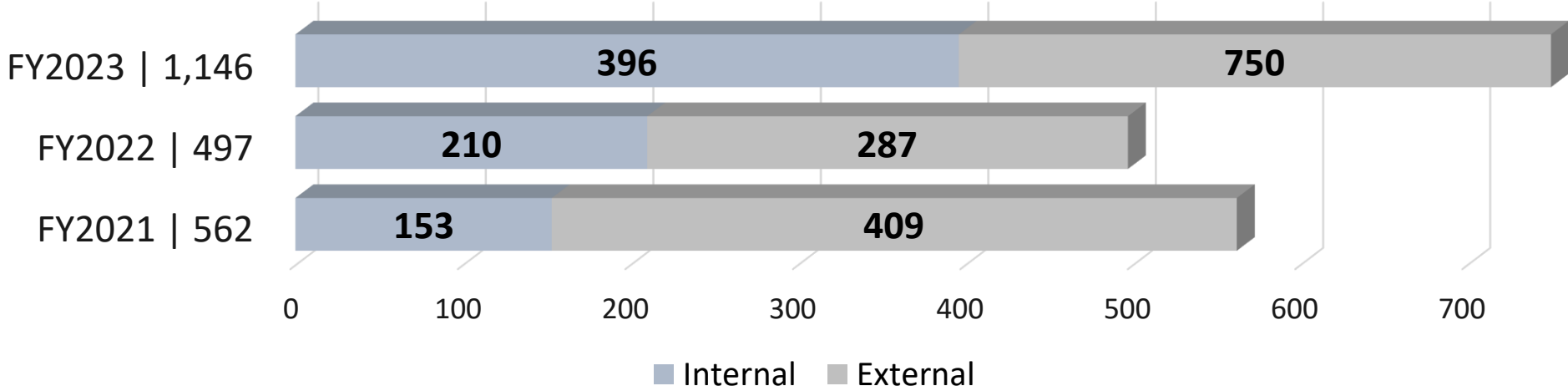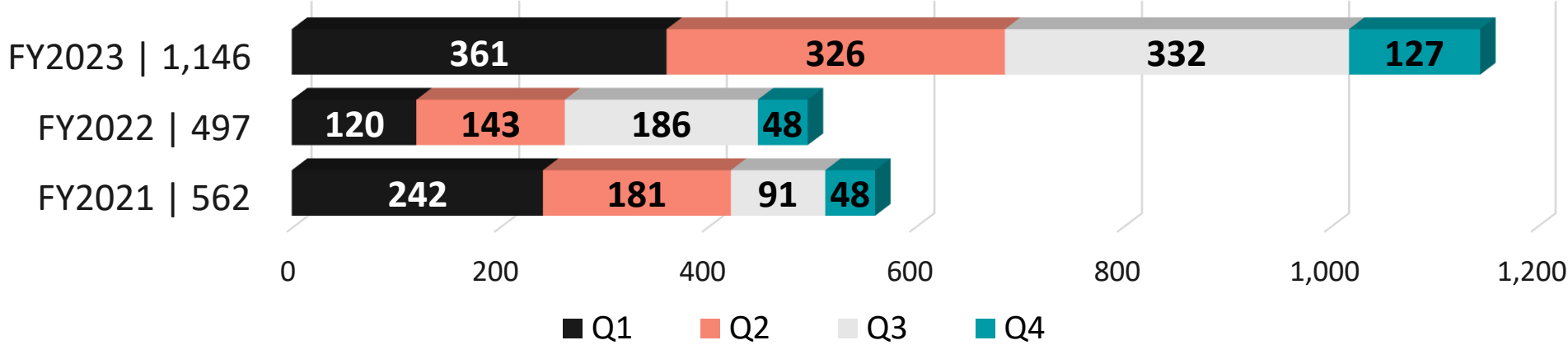
FY23 Impact Summary – Turnover & Separations

Turnover & Separations

8.4% YTD turnover
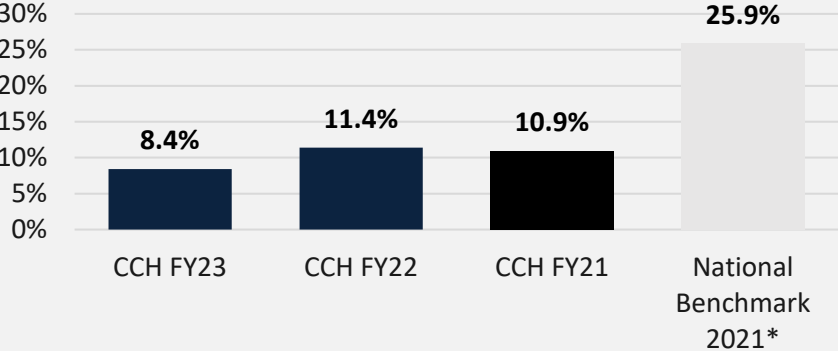
Turnover Benchmark

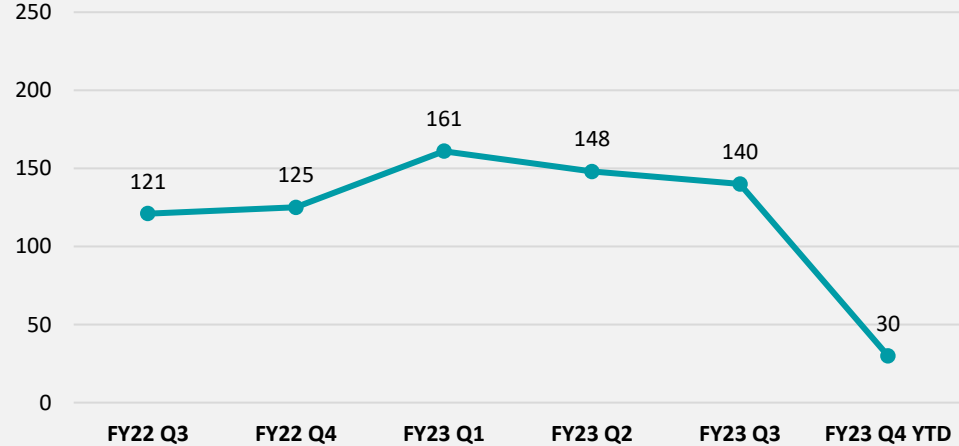|			
8.4%	**11.4%**	**10.9%**	**25.9%**
CCH FY23	CCH FY22	CCH FY21	National Benchmark 2021*

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

Separations FY23 YTD

FY22 Q3	FY22 Q4	FY23 Q1	FY23 Q2	FY23 Q3	FY23 Q4 YTD
121	125	161	148	140	30

COOK COUNTY HEALTH

FY23 CCH HR Activity Report
Separations – Dec through Sep Year-Over-Year

	Q1	Q2	Q3	Q4
FY2023 | 479	161	148	140	30
FY2022 | 552	193	188	121	50
FY2021 | 534	190	136	147	61

Legend: ■ Q1 ■ Q2 ■ Q3 ■ Q4

	Retirements	Resignations	Discharges
FY2023 | 479	167	276	36
FY2022 | 552	163	351	38
FY2021 | 534	187	314	33

COOK COUNTY HEALTH

Does not include Consultants, Registry and House Staff
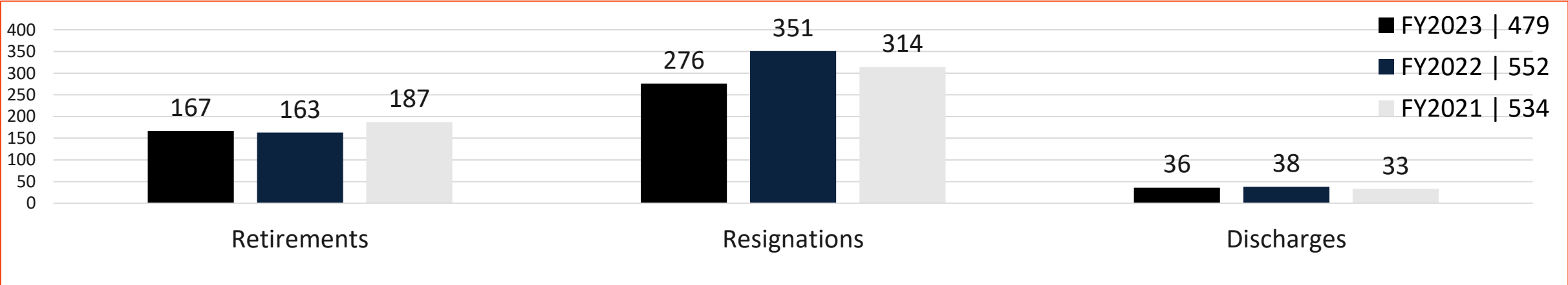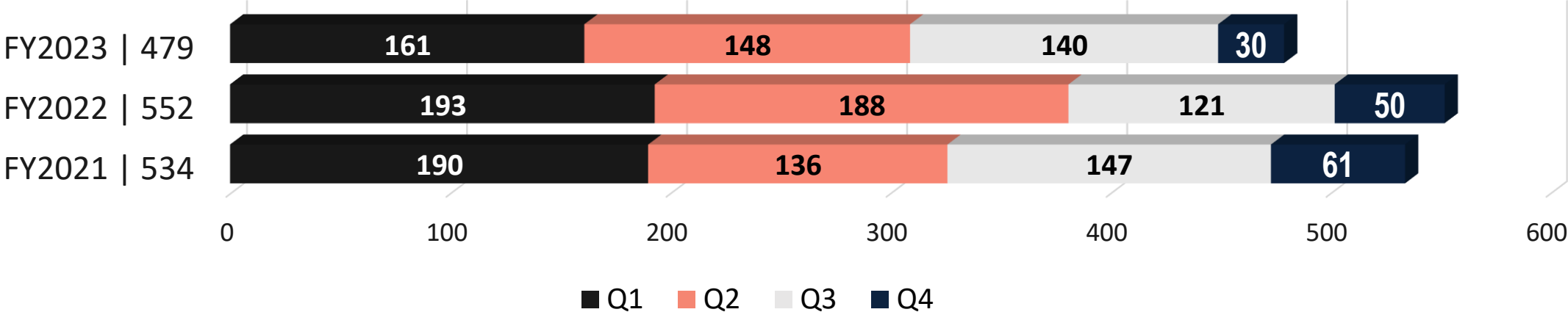
FY23 CCH HR Activity Report

Turnover – Dec through Sep Year-Over-Year
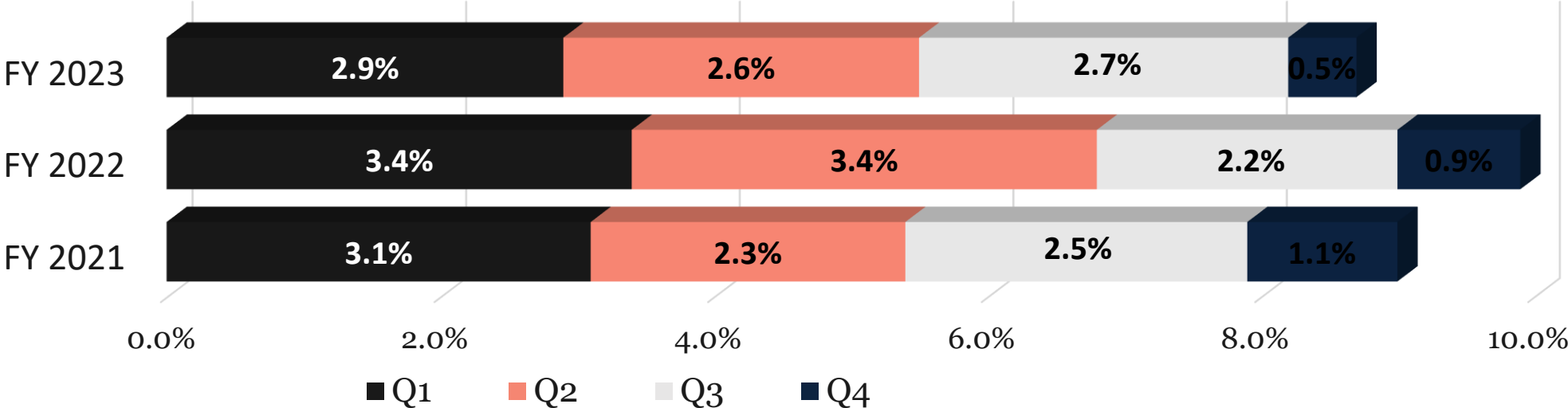
FY 2021 = 534			
Qtr.	# of Employees	Separations	Turnover
Q1	6,071	190	3.1%
Q2	6,038	136	2.3%
Q3	5,837	147	2.5%
Q4	5,809	61	1.1%

FY 2022 YTD = 552			
Qtr.	# of Employees	Separations	Turnover
Q1	5,682	193	3.4%
Q2	5,564	188	3.4%
Q3	5,523	121	2.2%
Q4	5,523	50	0.9%

FY 2023 YTD = 479			
Qtr.	# of Employees	Separations	Turnover
Q1	5,610	160	2.9%
Q2	5,637	147	2.6%
Q3	5,681	142	2.7%
Q4	5,709	28	0.5%

COOK COUNTY HEALTH

FY23 CCH HR Activity Report
Turnover – Pre-Pandemic – Dec through Sep YTD

■ Separations — Turnover

	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
Separations	340	469	456	534	552	479
Turnover	5.6%	7.5%	7.7%	9.1%	10.0%	8.4%

68
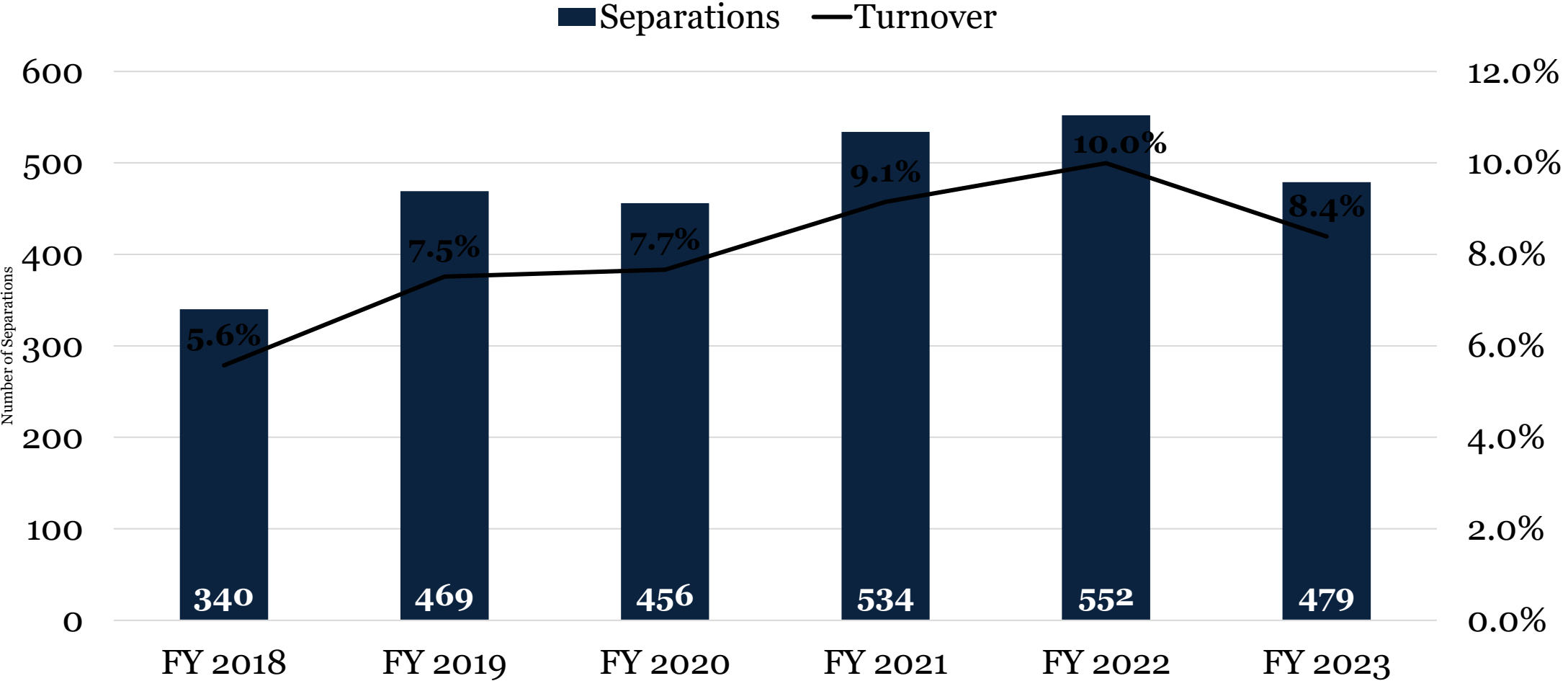
Accelerated Nursing Hiring

Timeframe: 8/7/2023 - 10/17/2023

Accelerated Nursing Hiring
Current as of 10/12/2023

195 Offers

120 Accepted

14 Pending

61 Declined

Nurse Hiring Progress

83 External | **37** Internal
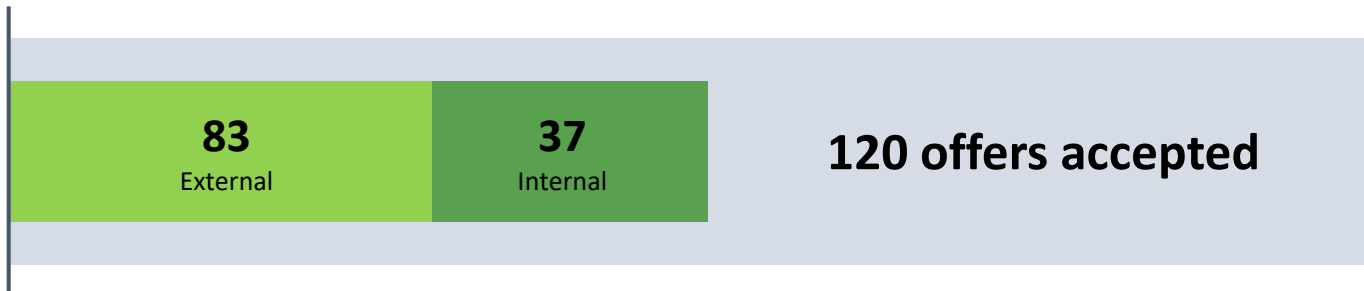
120 offers accepted
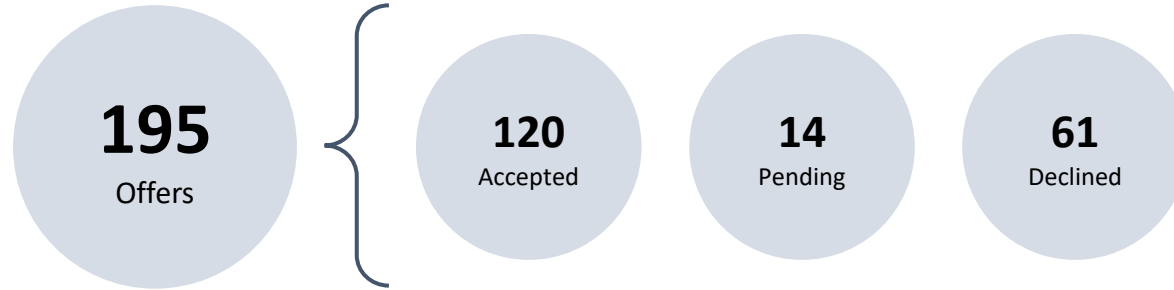
62% Acceptance Rate

80% Eligible Applications

32% Decline Rate

Managed Care Metrics

Presented to the Cook County Health Managed Care Committee on 10/20/23

COOK COUNTY
HEALTH

Current Membership

Monthly membership as of October 5th, 2023

Category	Total Members	ACHN Members	% ACHN
FHP	272,188	16,927	6.2%
ACA	119,908	17,416	14.5%
ICP	30,477	4,951	16.2%
MLTSS	9,418	-	0%
SNC	7,478	371	5.0%
Total	**439,469**	**39,665**	**9.0%**

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 August 2023 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	451,150	32.3%
Blue Cross Blue Shield	377,435	27.0%
Meridian (a WellCare Co.)	322,087	23.1%
IlliniCare (Aetna/CVS)	133,503	9.6%
Molina	103,218	7.4%
YouthCare	9,413	0.7%
Total	**1,396,806**	**100.0%**

* Only Operating in Cook County

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

CountyCare

Cook County Medicaid Managed Care
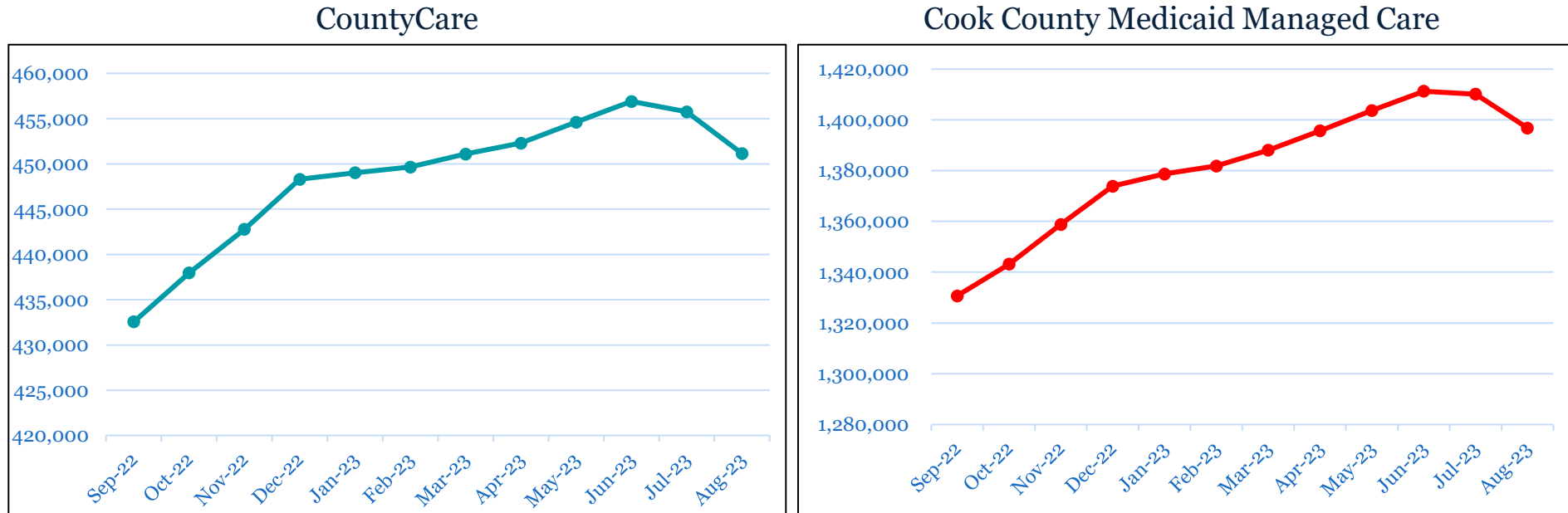
- CountyCare's enrollment has increased 4% over the past 12 months, behind the Cook County increase of 5%
- CountyCare's enrollment decreased 1.0% in August 2023 compared to the prior month, behind with the Cook County decrease of 0.9%

Source: Total Care Coordination Enrollment for All Programs | HFS (illinois.gov)
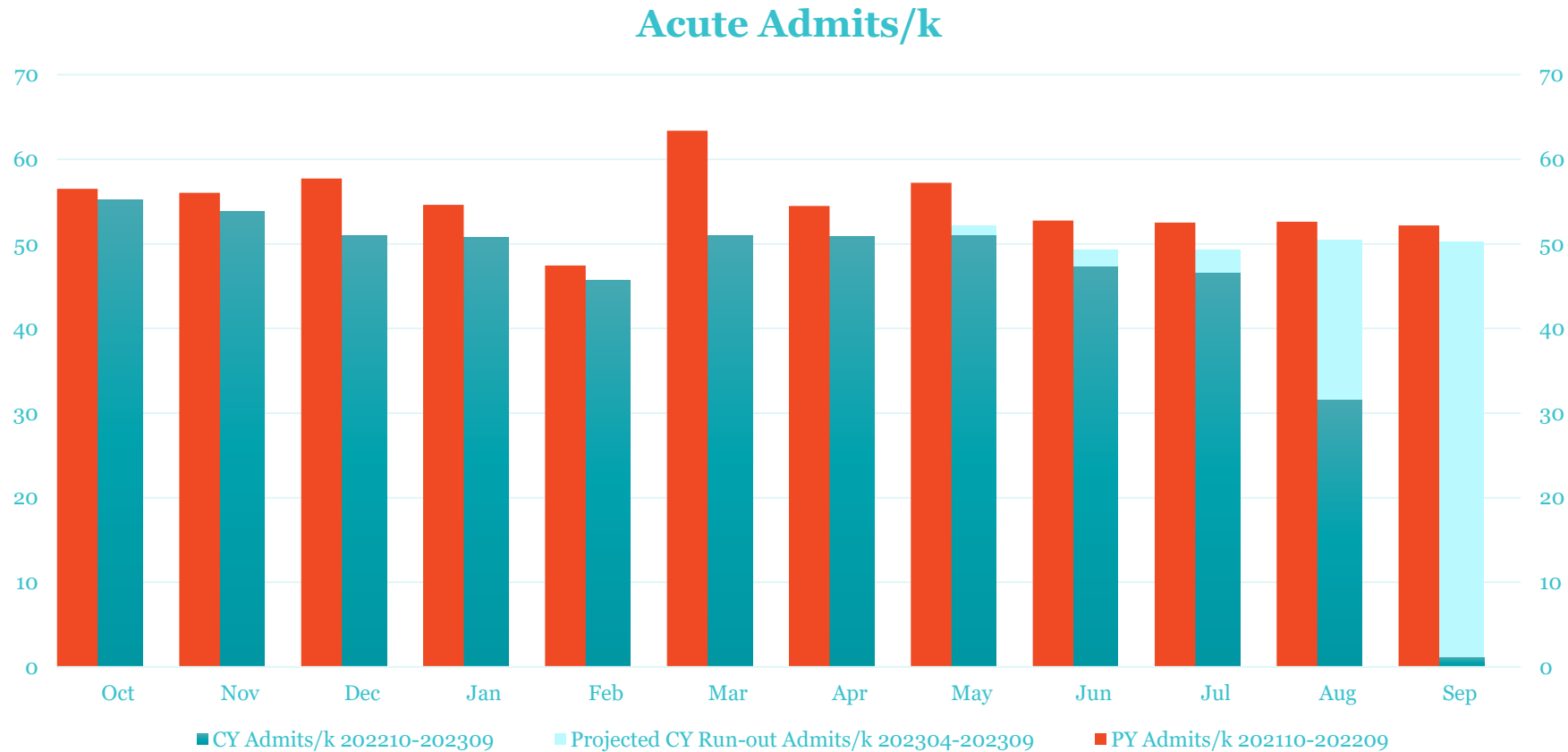
FY 23 Budget | Membership

CountyCare Membership

Legend: FY23 Budget Projections, Actual

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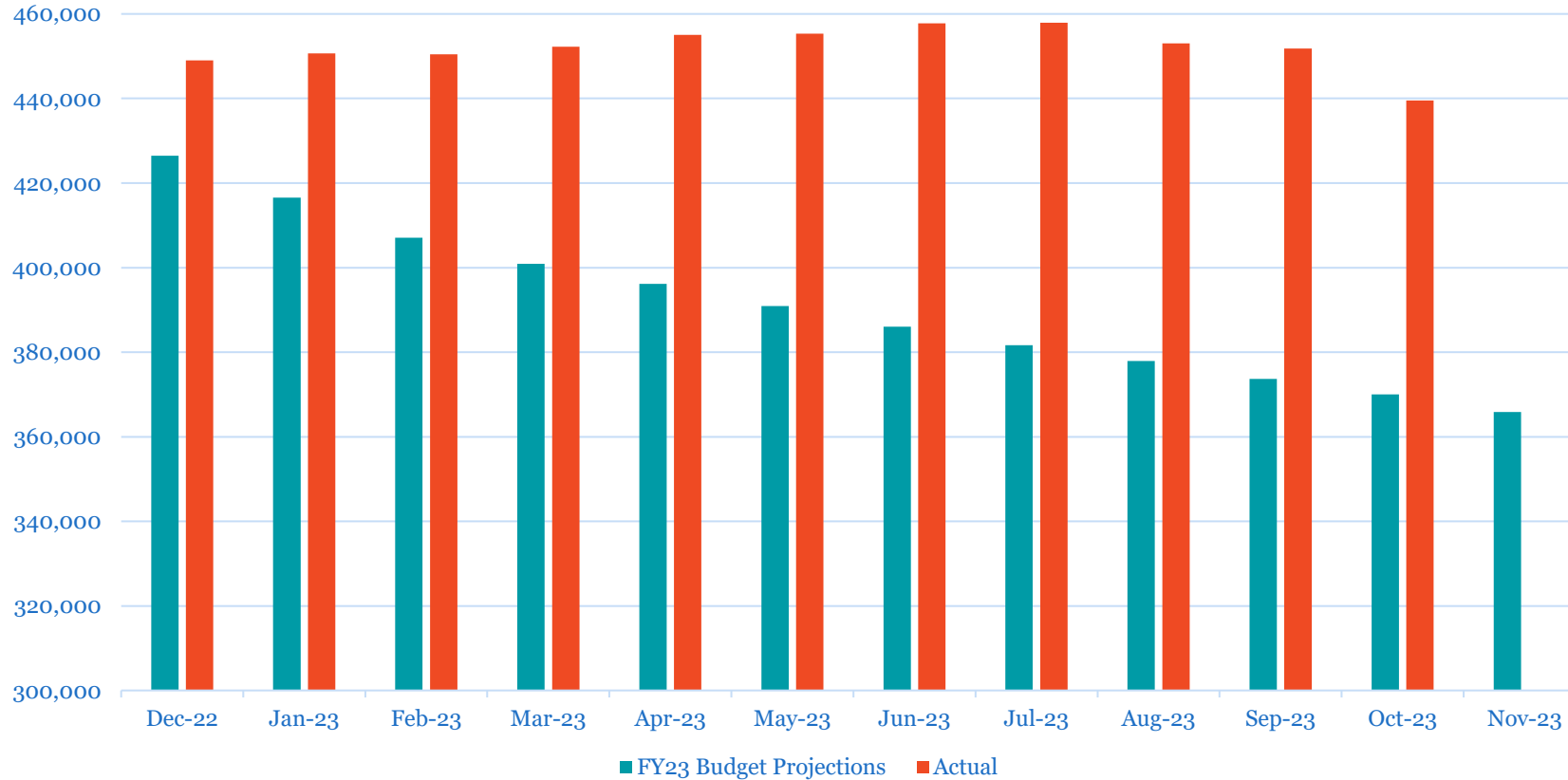
Operations Metrics: Call Center & Encounter Rate

Key Metrics	State Goal	Performance		
		Jul 2023	Aug 2023	Sep 2023
Member & Provider Services Call Center Metrics				
Inbound Call Volume	N/A	34,616	37,302	33,021
Abandonment Rate	< 5%	0.26%	0.27%	0.54%
Average Speed to Answer (minutes)	1:00	0:02	0:02	0:05
% Calls Answered < 30 seconds	> 80%	99.14%	99.23%	96.49%
		Quarterly		
Claims/Encounters Acceptance Rate	98%	98%		

Current v. Prior Year: IP Acute Admits/1000

Acute Admits/k

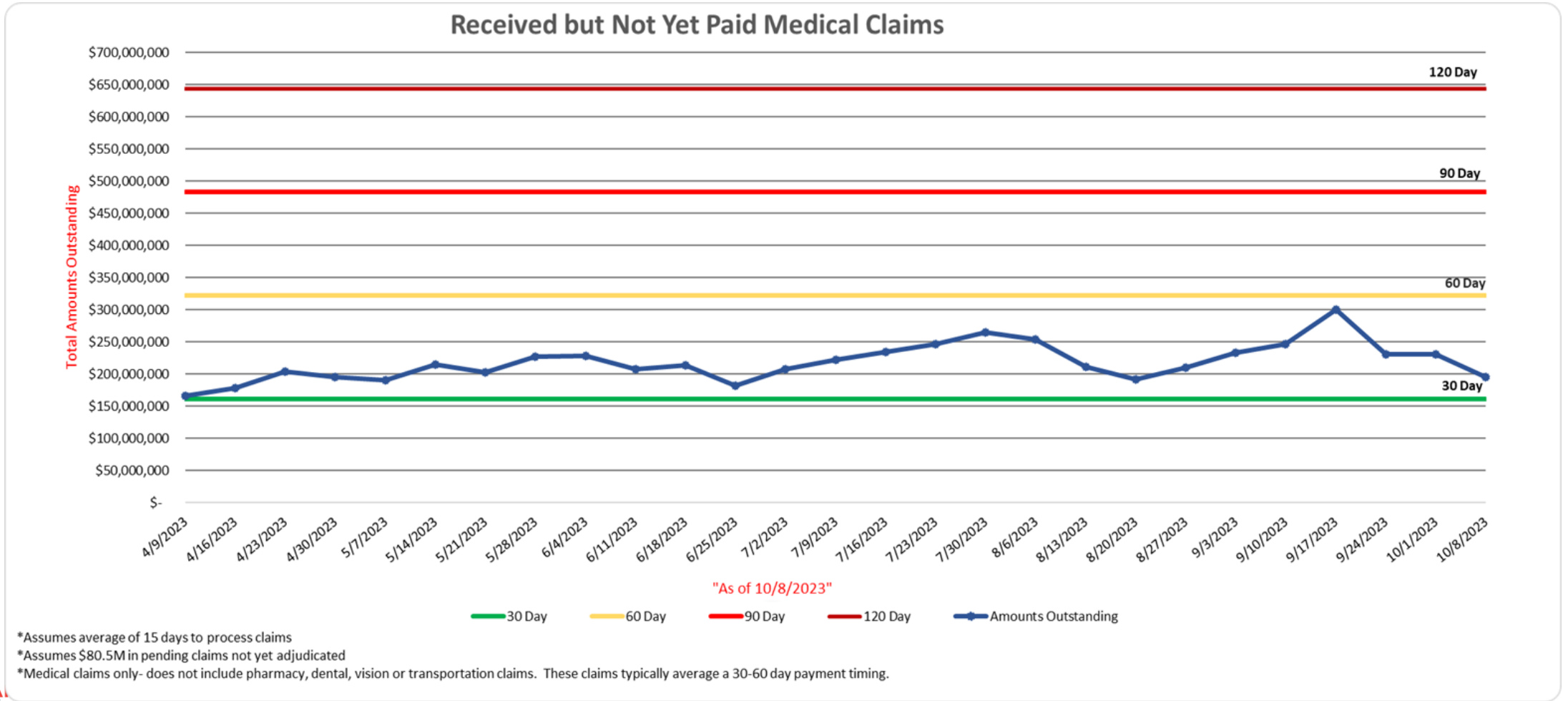Legend: CY Admits/k 202210-202309 | Projected CY Run-out Admits/k 202304-202309 | PY Admits/k 202110-202209

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

Claims Payments

Received but Not Yet Paid Medical Claims

*Assumes average of 15 days to process claims
*Assumes $80.5M in pending claims not yet adjudicated
*Medical claims only- does not include pharmacy, dental, vision or transportation claims. These claims typically average a 30-60 day payment timing.

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
Q1 2023	$ 110,831,299	$ 7,841,360	$ 3,067,736	$ 443,885	$ 122,184,280
Q2 2023	$ 149,387,487	$ 31,299,177	$ 1,319,945	$ 346,575	$ 182,353,184
Q3 2023	$ 191,389,015	$ 38,673,162	$ 743,468.64	$ 97,942.54	$ 230,903,588
Week of 10/8/2023	$ 171,419,897	$ 23,862,987	$ 108,264.37	$ 25,015.76	$ 195,416,164

*0-30 days is increased for an estimated $80.5M 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

Health Plan Quality Metrics

1. **NCQA Quality Ratings**
2. **HealthChoice IL Report Card**
3. **Behavioral Health Analysis**

NCQA quality ratings summary

3.5 stars

Category level ratings demonstrate the **highest performance across all health plans**

	Aetna Better Health of Illinois, Inc. (ABHIL)	Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation	Cook County Health & Hospitals System's CountyCare Health Plan	Meridian Health Plan of Illinois, Inc.	Molina Healthcare of Illinois, Inc.
Overall Health Plan Rating	3.0	3.5	3.5	3.5	3.5
Patient Experience Category Rating	2.0	3.0	3.5	3.0	3.0
Prevention and Equity Category Rating	2.5	3.0	3.5	2.5	3.0
Treatment Category Rating	3.0	3.0	3.0	3.0	3.0

NCQA quality ratings summary

Distribution of Measure Rating Scores

MY2021 (Rating Year 2022)		MY2022 (Rating Year 2023)		Change - MY2021 to MY2022
Measure Score	Count of Measures	Measure Score	Count of Measures	
5	2	5	1	-1
4	12	4	22	10
3	18	3	16	-2
2	14	2	11	-3
1	1	1	0	-1

HealthChoice IL Report Card

Background

Report card is for individuals in the HealthChoice Illinois Program **in Cook County**

The report shows how the managed care plans compare to one another in key performance areas

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What is Rated in Each Performance Area?

Doctors' Communication
- Doctors explain things well to members
- How happy members are with their doctor

Access to Care
- Members get the care they need when they need it

Women's Health
- Women get screenings and tests for female cancers and diseases
- Women receive care before and after their babies are born

Living With Illness
- Members living with conditions, like diabetes and high blood pressure, get the care they need by getting tests, checkups, and the right medicines

Behavioral Health
- Members with behavioral health conditions get the follow-up care they need
- Members who use drugs and alcohol get the help they need

Keeping Kids Healthy
- Children get regular checkups and important shots that help them stay healthy

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10 YEARS
COUNTYCARE

HealthChoice IL Report Card

Plan	Doctors' Communication	Change	Access to Care	Change	Women's Health	Change	Living With Illness	Change	Behavioral Health	Change	Keeping Kids Healthy	Change
Aetna Better Health	★★★	—	★★	—	★	—	★★	—	★★★★	—	★	—
Blue Cross Community Health Plans	★★	⬇	★★	—	★★★★★	—	★★★★	—	★★★★★	—	★★★★★	—
CountyCare Health Plan	★★★★★	⬆	★★	—	★★★★★	—	★★★	—	★	—	★★★★	—
MeridianHealth	★★★	—	★★★★★	—	★★★	—	★★★	—	★★★★	—	★★★	—
Molina Healthcare	★★★	—	★★★★	—	★★★	—	★★★	—	★★★	—	★★	—

- **20** total stars
- Highest possible rating for **Doctors' Communication** and **Women's Health**
- Only plan to show **improvement from prior year**

Performance Rating		Performance Change	
Highest Performance ★★★★★	Average Performance ★★★	Rating Got Better	⬆
High Performance ★★★★	Low Performance ★★	Rating Stayed the Same	—
	Lowest Performance ★	Rating Got Worse	⬇

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HealthChoice IL Report Card
Cook County

MCO	Total 5 Ratings	Total 4 Ratings	Total 3 Ratings	Total 2 Ratings	Total 1 Ratings	% 4 and 5 Ratings	% 1 and 2 Ratings
Aetna	0	5	10	18	15	10%	69%
BCBS	1	6	20	14	7	15%	44%
CountyCare	2	6	15	17	8	17%	52%
Meridian	1	5	17	17	6	13%	48%
Molina	1	5	14	22	6	13%	58%
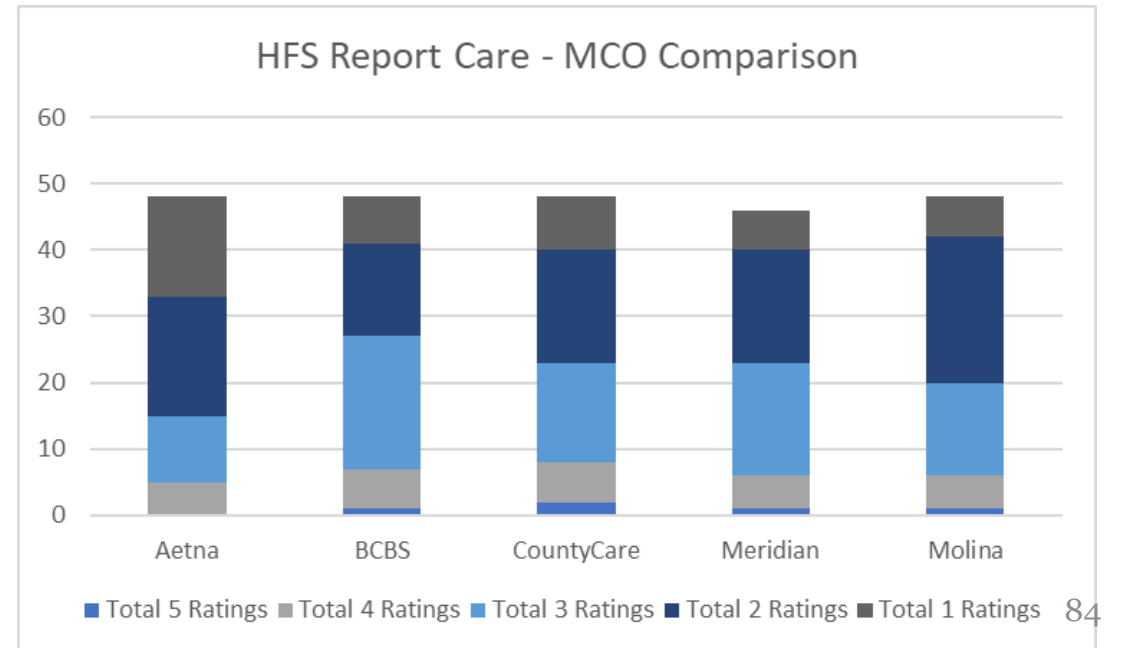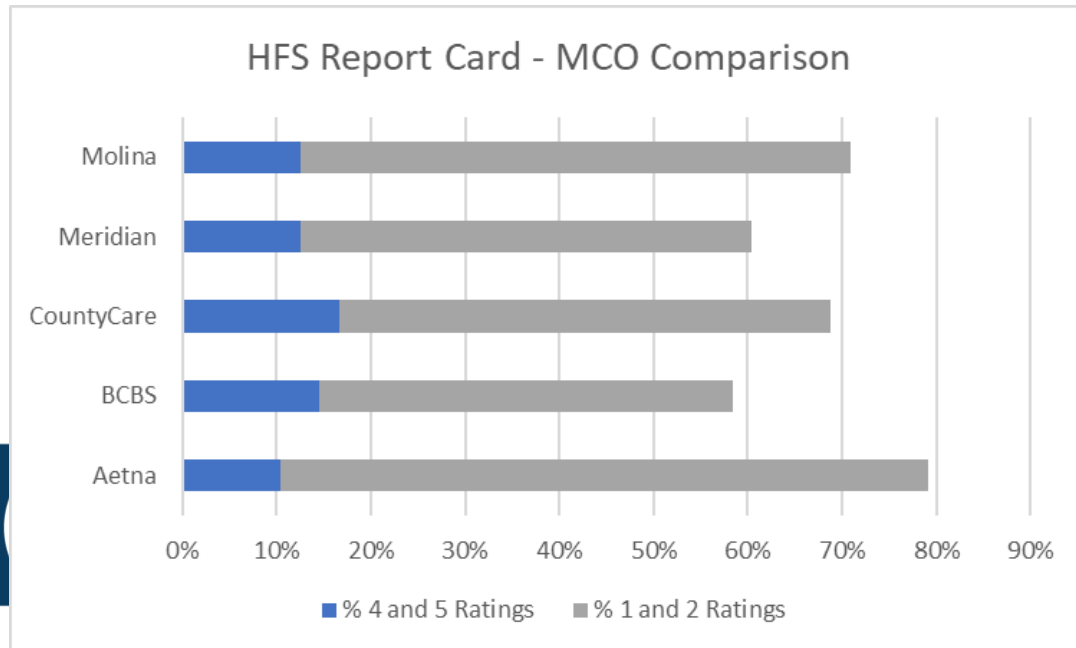
Quality ratings: next steps

Strengths

Rating of personal doctor (adults)

Talking to tobacco users

Women's health screenings

BMI Percentile for kids/teenagers

Nutrition and physical activity counseling for children

Areas for Improvement

Getting needed care and getting care quickly (child and adult)

Chronic Conditions: Adults with controlled blood pressure; diabetes management

Behavioral health follow up after emergency room and after hospital visit (7 and 30 days)

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HealthChoice IL Report Card - BH

Plan	Aetna Better Health	Blue Cross Community Health Plans	CountyCare Health Plan	MeridianHealth	Molina Healthcare
Behavioral Health					
Follow-Up Care Within 7 Days After an Emergency Room Visit Due to Mental Illness	★★★★	★★★★	★★★	★★★★	★★★★
Follow-Up Care Within 30 Days After an Emergency Room Visit Due to Mental Illness	★★★	★★★	★★	★★★★	★★★★
Follow-Up Care Within 7 Days After a Hospital Visit Due to Mental Illness	★★	★★	★	★★	★
Follow-Up Care Within 30 Days After a Hospital Visit Due to Mental Illness	★★	★	★	★★	★★
Follow-Up Care Within 7 Days After Care for Addiction Treatment	★★★	★★★	★★★	★★★	★★★
Follow-Up Care Within 30 Days After Care for Addiction Treatment	★★★	★★★	★★★	★★★	★★★
Follow-Up Care Within 7 Days After an Emergency Room Visit for Addiction	National rules on how to collect and report these data changed.				
Follow-Up Care Within 30 Days After an Emergency Room Visit for Addiction	National rules on how to collect and report these data changed.				
Received Medications to Help With Opioid Use	★★	★★	★★	★★	★
Start of Addiction Treatment	National rules on how to collect and report these data changed.				
Start and Continue Addiction Treatment	National rules on how to collect and report these data changed.				

HealthChoice IL Report Card - BH

Illinois—Cook County	Aetna Better Health	Blue Cross Community Health Plans3	CountyCare Health Plan4	Meridian Health	Molina Healthcare5	Percentage difference from highest scored plan
Behavioral Health						
Follow-Up Care Within 7 Days After an Emergency Room Visit Due to Mental Illness	53.59%	51.87%	41.64%	57.31%	53.93%	-16%
Follow-Up Care Within 30 Days After an Emergency Room Visit Due to Mental Illness	62.75%	61.58%	50.70%	65.28%	64.14%	-15%
Follow-Up Care Within 7 Days After a Hospital Visit Due to Mental Illness	31.82%	30.25%	23.10%	30.14%	29.17%	-9%
Follow-Up Care Within 30 Days After a Hospital Visit Due to Mental Illness	52.19%	50.45%	40.44%	51.27%	52.00%	-12%
Follow-Up Care Within 7 Days After Care for Addiction Treatment	38.35%	37.63%	38.18%	37.46%	40.11%	-2%
Follow-Up Care Within 30 Days After Care for Addiction Treatment	55.10%	53.66%	53.55%	55.22%	57.38%	-4%
Follow-Up Care Within 7 Days After an Emergency Room Visit For Addiction	24.43%	27.40%	19.06%	26.88%	28.51%	-9%
Follow-Up Care Within 30 Days After an Emergency Room Visit for Addiction	34.57%	37.69%	26.90%	37.24%	41.01%	-14%
Received Medications to Help With Opioid Use	27.46%	24.96%	22.91%	25.91%	7.56%	-5%
Start of Addiction Treatment	40.18%	48.42%	39.19%	44.22%	46.66%	-9%
Start and Continue Addiction Treatment	13.82%	14.27%	10.38%	13.24%	12.72%	-4%
Checkups for Kids/Teenagers on Mental Health Medications—Antipsychotics (Blood Glucose Testing)	62.35%	64.90%	58.28%	59.32%	58.15%	-7%
Checkups for Kids/Teenagers on Mental Health Medications—Antipsychotics (Cholesterol Testing)	32.46%	39.78%	34.70%	32.29%	31.01%	-5%
Checkups for Kids/Teenagers on Mental Health Medications—Antipsychotics (Blood Glucose and Cholesterol Testing)	31.76%	38.75%	33.51%	31.51%	30.34%	-5%

CountyCare ranges 2 to 16 percentage points below the highest scoring plan

Star ratings are relative to standard deviations above or below the Medicaid Health Plan average

Current HEDIS Rates for Pillars 1 & 2

- MY2023 - dates of service through 09/06/2023

Measures Hitting Target by Pillar			Percentile Obtained by Pillar	<25th	25th	50th	Target 75th
1 of 4 →	Pillar 1 ADULT BEHAVIORAL HEALTH	FUH	Follow-Up After Hospitalization for Mental Illness • FUH 7 and 30 Days / Ages 18-64 and 65+	7-day, 18-64 30-day, 18-64 30-day 65+	7-day, 65+		
		FUA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence • FUA 7 and 30 Days /Ages 18+			30-day, 18+	7-day, 18+
0 of 4 →	Pillar 2 CHILD BEHAVIORAL HEALTH	FUH	Follow-Up After Hospitalization for Mental Illness • FUH 7 and 30 Days / Ages 6-17	7-day, 6-17 30-day, 6-17			
		FUM	Follow-Up After Emergency Department Visit for Mental Illness • FUM 7 and 30 Days /Ages 6-17		30-day, 6-17	7-day, 6-17	

Orange denotes change from prior quarter

BH improvement strategy

Member Safety, Clinical Excellence, and Quality

- ✓ Developed new transition of care workflows
- ✓ Created after visit assessment
- ✓ Established co-location at Loretto and St. Mary's

Health Equity, Community Health, and Integration

- ✓ Workflow to provide food for members transitioning from hospital to home

Member Experience

- ✓ Created BH find-a-provider tool
- ✓ Set up capabilities to follow up with members by text or phone
- • Expand network with BH telehealth providers

Growth, Innovation, and Transformation

- ✓ Developed HEDIS coding toolkits, FAQs, and provider trainings
- ✓ Leverage care management partners to augment staffing and co-location

Workforce: Talent and Teams

- ✓ Completed staffing assessment and established dedicated team to complete follow up

Fiscal Resilience

- ✓ Executed contract with IHPA, performance based BH agreement covering 28k lives
- ✓ Implemented IHPA on July 1, 2023
- ✓ Built BH incentives into value-based agreements with MHN ACO/ACCESS

Optimization and Systemization

- ✓ Improved ADT segmentation and reporting in alignment with HEDIS measures
- • Continued advocacy to improve the data quality of ADT from PointClick Care

Behavioral Health Focused Efforts

Development of standardized process		
Standardized member identification	Timelines and expectations for outreach and follow-up	Documentation requirements

Staffing alignment for BH focused intervention

Creation of HEDIS compliant assessment/intervention tool in Care Management System

Supplemental data reporting from CMIS
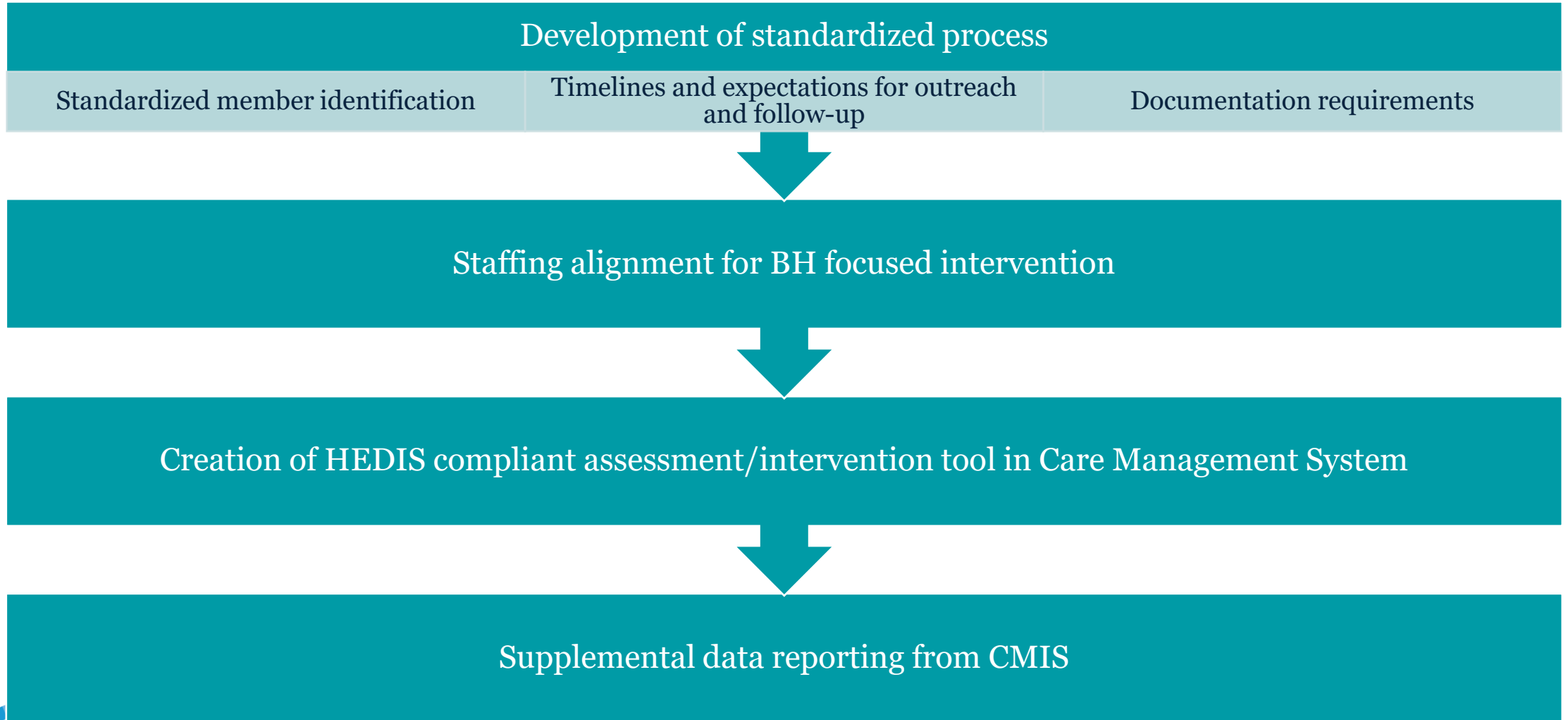
Engagement of Care Coordination Staff

- Education and Training
- Standardized reporting to demonstrate opportunities and performance
- Streamlining of workflows to enhance consistency and improve accuracy
- Hospital Co-Location

FUH Analysis

Race & Gender Segmented Analysis

Continued monitoring shows that males have a higher percentage of non-compliance, as compared to females experiencing BH events.

Black/African-American members are significantly less likely to complete timely follow-up.

FUH 7 Days Compliance Rates by Race
(September 2023)

- MET NOT MET

Race	MET	NOT MET
Black/Afric Amer	17%	83%
White	21%	79%
Unknown	23%	77%
Asian/Pacific Islander	31%	69%
Amer Ind/Alaska	33%	67%

FUH
FU After Hosp for Mental Illness 7 Days

FUH 7 Days Compliance NOT MET Member Breakdown
by Race and Gender Percentage
(September 2023)

- MALE FEMALE OTHER/UNKNOWN (0-4%)

Race	MALE	FEMALE
Black/Afric Amer	54%	44%
White	52%	47%
Unknown	50%	48%
Asian/Pacific Islander	45%	52%
Amer Ind/Alaska	50%	50%

FUH
FU After Hosp for Mental Illness 7 Days

Risk & CM Analysis
FUH 7-Days

30% of members in the FUH denominator are high risk.

18% of members are enrolled in care management.

Members who are enrolled in CM have a 9% higher compliance rate.

Trends are consistent for FUH 30-day follow-up.

FUH FU After Hosp for Mental Illness 7 Days - Risk Level

- LOW 61%
- MEDIUM, 8%
- HIGH, 30%
- UNASSIGNED, 2%

FUH 7 Days Care Management Enrollment

- YES 18%
- NO 82%

FUH FU After Hosp for Mental Illness 7 Days

FUH: FU After Hosp for Mental Illness 7 Days Compliance Rate MET Comparison by Care Mgt Enrollment

- All Members 19%
- Members In Care Mgt 27%
- Members Not In Care Mgt 18%
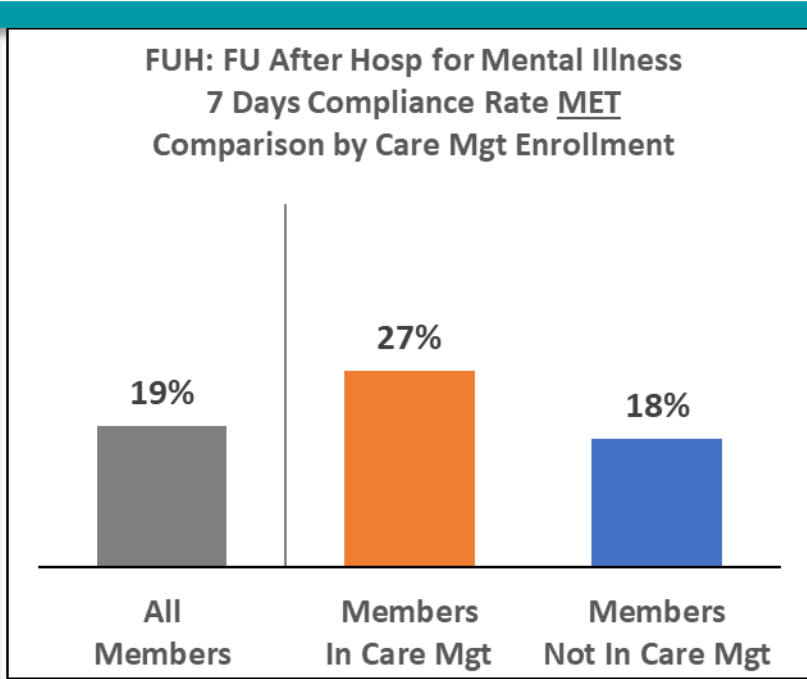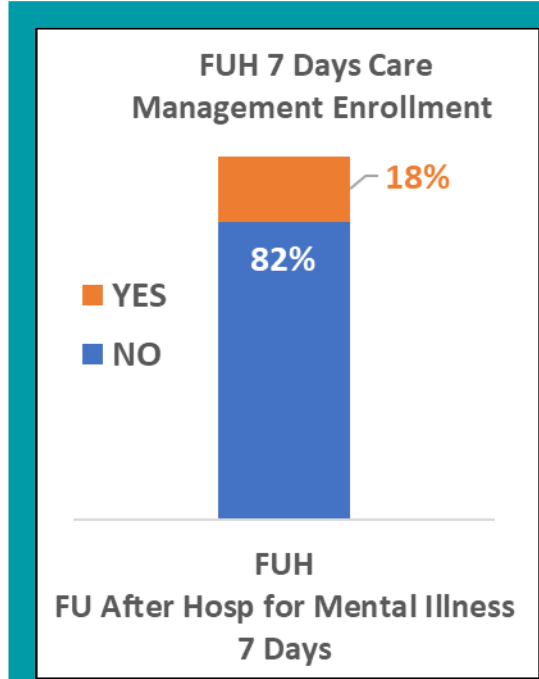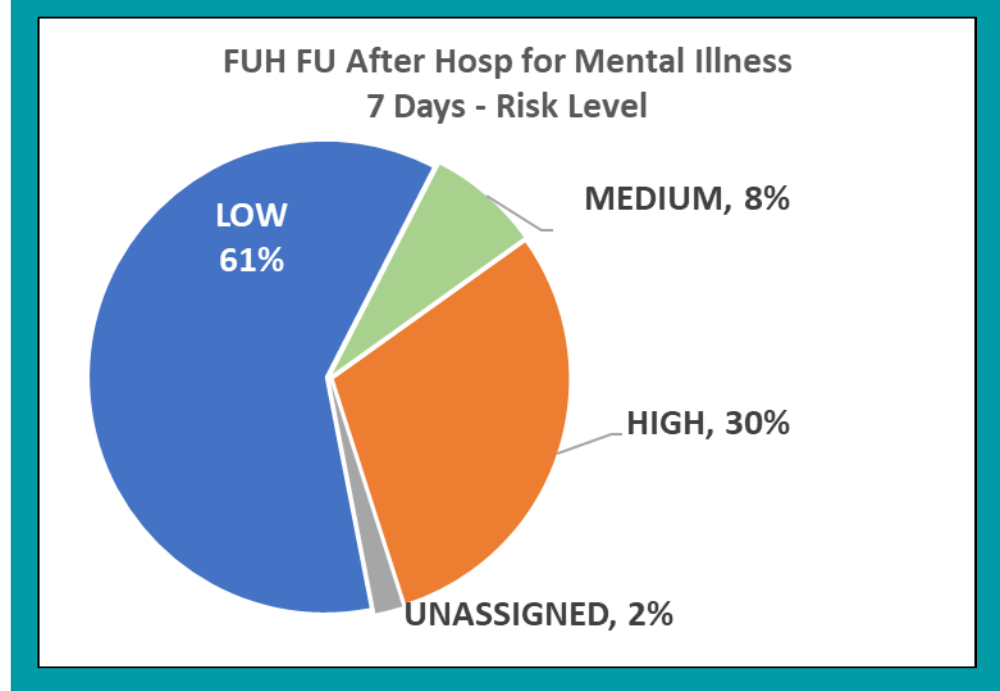
Focused tactics for outreach and engagement in Care Management

Criteria based referrals for MAT Services

- Monitoring of medication claims by Pharmacy
- Increase in medication assisted treatment
- Reduction in Inpatient Admissions and ED Utilization
- Reduction in Overall Cost of Care for population

Opportunity to impact high-utilizers

Readmission Rounds

- Focused Provider/Health Plan rounds with Care Coordination engagement to remove discharge planning barriers and optimize follow-up and community support
- Review of organizational performance against benchmark
- Discussion of barriers and collaborative opportunity

Bundling

- Facility directed support that structures authorization process to cover multiple episodes/levels of care to provide comprehensive coverage
- Creates single point of access to ease transition of care
- Currently in trial with high volume/consistent BH partner BH provider

BH Improvement Initiative

Targeted CM outreach continues to occur for identified FUH events.

Goal: 75% attempted outreach

Baseline: No targeted outreach

Current: 61.15% FUH outreach for YTD 2023.

Working through regular review of eligible cases and continued troubleshooting of barriers.
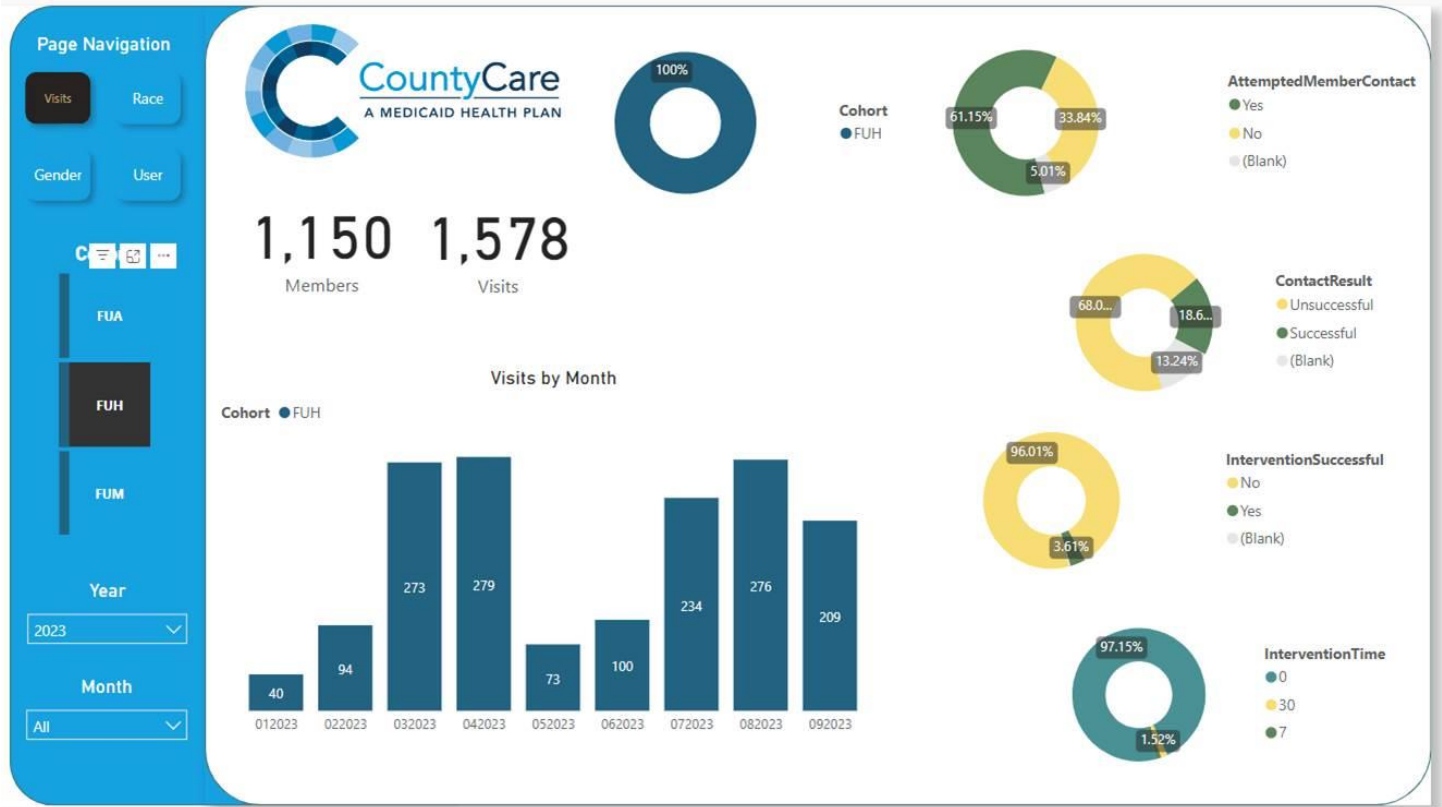
Next Steps

Phase 2

General

Increase ADT integrity for timely member identification

Consider impact of increased member incentives to increase engagement

Collaborative monitoring of opportunities with VBC partners

CME Quality Committee

Monthly JOC

Clinical Services

Hardwire process consistency and system functionality

Add texting functionality to member outreach

Continue to increase impact of partner relationships on managing transitions of care

Redetermination

Redetermination response rate

Rede Responses by Individual MCO Overall Progress – August 2023

	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	FFS	Humana Health Plan	Meridian Health Plan	Molina Healthcare
■ Responded by original due date	30,191	55,431	31,034	43,205	1,473	64,764	25,201
■ Responded within additional 30 days	4,188	7,607	4,631	7,522	84	8,898	3,689
■ No Response	4,991	8,653	4,387	17,029	136	9,259	4,307

89% of CountyCare members due for redetermination in August responded within 45 days

REDE Retention Rate Snapshot (June – October)

Legend: Members Retained — REDE Terms — Other Terms — Percetage Retained

Month	Members Retained	REDE Terms	Other Terms	Percentage Retained
June	19,757	3,279	2,255	85.77%
July	31,879	6,551	4,165	82.95%
August	31,989	5,399	3,321	85.56%
September*	30,749	0		0%
October*	33,072	0		0%
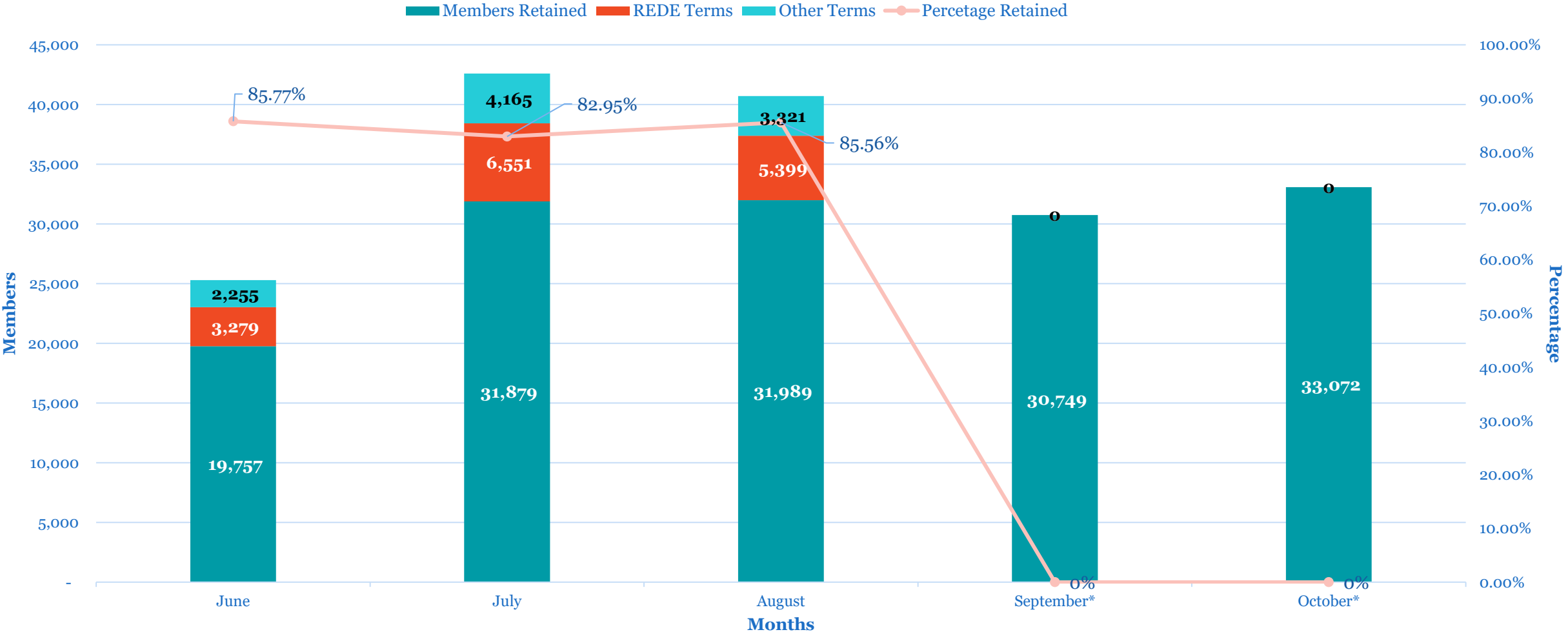
- * Following metrics are omitted for September and October REDE Retention due to grace period for documents submission being still open.
- Data based on October monthly 834 file

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REDE paid ads overview

To inform Medicaid members about the redetermination process, CountyCare launched a paid digital campaign in English and Spanish with informational videos, static ads and event promotions.

Messages reinforce key calls-to-action and augment CountyCare member outreach efforts

Tactics
- Google search, call-only, and display (PMAX)
- Meta (Facebook/Instagram)
- YouTube
- TikTok
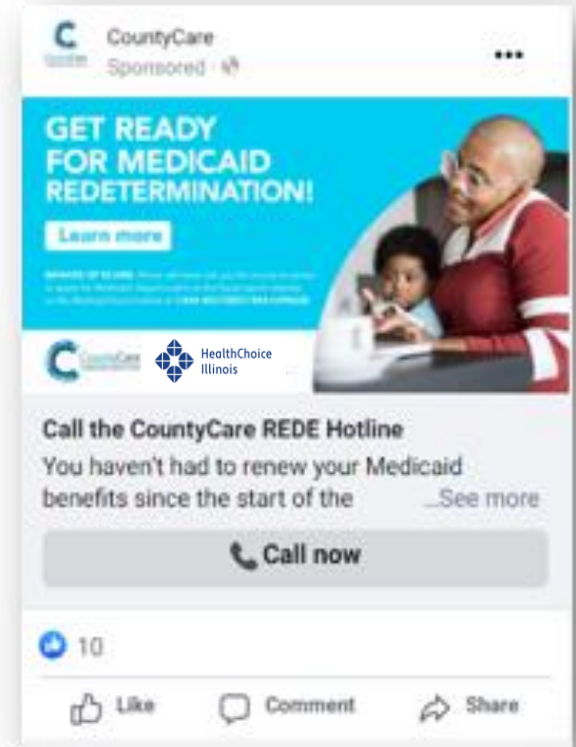
3.4M
Total Impressions

43,032
Total Clicks
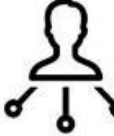
12,136
Total Engagement

9,496
Total Calls

458,738
Total Plays/Views

347,141
Total Reach

585
Total Event Responses

103

Redetermination creative samples

Google Call Only

Facebook Event - Desktop

Facebook Event - Mobile

META Static

META Video

TikTok

Google Pmax

HBIA/HBIS
implementation

Growth, innovation, and transformation

Health Benefits for Immigrant Adults & Seniors (HBIA/S)

HBIA/S members will be transitioning Medicaid Managed Care on 1/1/2024
Members residing in Cook County will be auto-assigned to CountyCare
CountyCare expects about 45,000 to join the plan between January and April

Program Enrollment, July 2023

Program	Statewide	Cook
Senior (65+)	15,243	10,086
Adults (42-64)	52,801	35,830
TOTAL	68,044	45,916

CCH Utilization, through July 2023

Program	Other	CCH
Senior (65+)	$237,629,228	$157,196,619
Adults (42-64)	$231,448,293	$225,194,216
TOTAL	$469,077,521	$382,390,835

45% of claims paid through July (statewide) were at CCH

Sources IDHS: Health Benefit Coverage for Immigrant Adults: Ages 42 to 54 Years Old (state.il.us)
IDHS: Health Benefit Coverage for Immigrants Age 55 through 64 Years Old (state.il.us)
HFS Announces Next Steps for Health Benefits for Immigrant Adults and Seniors Programs (illinois.gov)

HBIA/S community engagement

Goal

To improve implementation design and proactively receive input from organizations who work with immigrant communities in Cook County

Objectives

Understand current experiences of HBIA/S participants

Partner in communications and outreach

Focus on health equity and language access

Structure

- Monthly in person stakeholder convenings
- Meetings will be in Spanish and English, concurrently and monolingual

HealthChoice IL RFP

Growth, Innovation, and Transformation

HealthChoice Illinois RFP

- In 2017, the Illinois Department of Healthcare and Family Services (HFS) posted a RFP for Managed Care Organizations (MCOs) to enter into risk-based contracts

- CountyCare was awarded a contract for period of 2018-2022, and later received an extension through the end of the 2025 plan year

- CountyCare must submit a new proposal to act as Managed Care Community Network beyond 2025

- The Illinois Department of Healthcare and Family Services (HFS) will release a new a Request for Proposals (RFP) for services to start in the 2026 plan year

CountyCare has begun writing the RFP response and will have a draft ready in advance of the release of the RFP in February or March

NCQA reaccreditation results

CountyCare is accredited by the National Committee of Quality Assurance (NCQA), a best practice and requirement of our contract with Healthcare and Family Services

CountyCare completed its 3-year reaccreditation in August 2023

CountyCare's reaccreditation is based on a technical submission, HEDIS, and CAHPs scores

CountyCare earned a final score of 115/131

This final score was 87.7%, vs the required benchmark of 80% for accreditation

NCQA reaccreditation results

Scored <80% for two specific areas: Quality Management and Improvement (QI) and Population Health Management (PHM)

Resurvey of the QI and PHM standards within 12 months of the accreditation decision

CountyCare is completing comprehensive remediation plan to ensure a successful resurvey

2023-2024 HealthChoice advertising campaign update

2023-2024 Choice Campaign Goals & Strategy

Goals

- Retain & increase positive brand awareness

- Increase market penetration

- Increase choice enrollment to offset attrition

- Promote new programs and benefits

Strategy

- Reinforce the CountyCare promise to current & auto-assigned members

- Targeting new opportunity zip codes in Chicago and the suburbs

- Enhance awareness of brand to targeted audiences

- Promote by highlighting new and highly-rated plan features

2023 Opportunity Zip Codes

For the 2023-2024 choice campaign opportunity zip codes, we started by analyzing last year's opportunity zip codes to identify which areas saw the most growth in membership. The zips marked in dark blue will remain as part of this year's opportunity zip codes.

Shaded in light blue are the 13 new opportunity zip codes, which were identified by having membership growth percentages above 11% while also having at least 1,000 CountyCare members currently enrolled. These areas also have a high Medicaid enrollee population, creating an opportunity for CountyCare to improve market share.

In total, we will be targeting 25 opportunity zip codes in addition to our historic Medicaid zip codes.

Sample of creative assets

Sample of creative assets
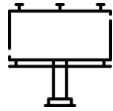
Sample of creative assets

Budget overview

$2.5 Million Media Buy
+$1M or 68.8%

OOH
$664K (+49.4%)
Billboards, trestles, gas station TVs, benches, shopping banners, wild postings

Transit
$714K (+69.3%)
CTA bus backs, interior cards, station 2-sheets, bus shelters; Pace bus kings, interior cards, bus shelters; Metra interior cards

TV & Streaming
$565K (+69.5%)
Local broadcast (ABC, CBS, NBC, FOX), local cable, streaming (Hulu, Canela, Comcast, FLX Espanol)

Digital
$380K (+34.9%)
Google, Meta, TikTok, YouTube, Ogury targeted mobile

Radio & Audio
$130K (n/a)
Local Spanish stations (WLEY-FM and WPPN-FM), local Urban stations (WVAZ-FM and WGCI-FM)

Print
$45K (n/a)
Local ethnic newspapers (English, Spanish, Polish, Arabic, Mandarin), standby ads with Tribune, Sun-Times, Daily Southtown, La Raza, Lawndale News, Polish Daily News, Polish News Portal, China Journal, Chicago Chinese News

2022-2023 Campaign ROI Highlights
- Campaign budget increased 15% from 2021-2022 and earned 54% increase in impressions
- Google search ads had a 22% click-through-rate, 568% higher than platform average for health/medical ads
- Compared to 2021-2022 campaign, social media clicks and click-through-rates both increased by 32%
- 26.5% increase in new Choice members during campaign period compared to same time the year prior

Quality & Patient Safety Metrics

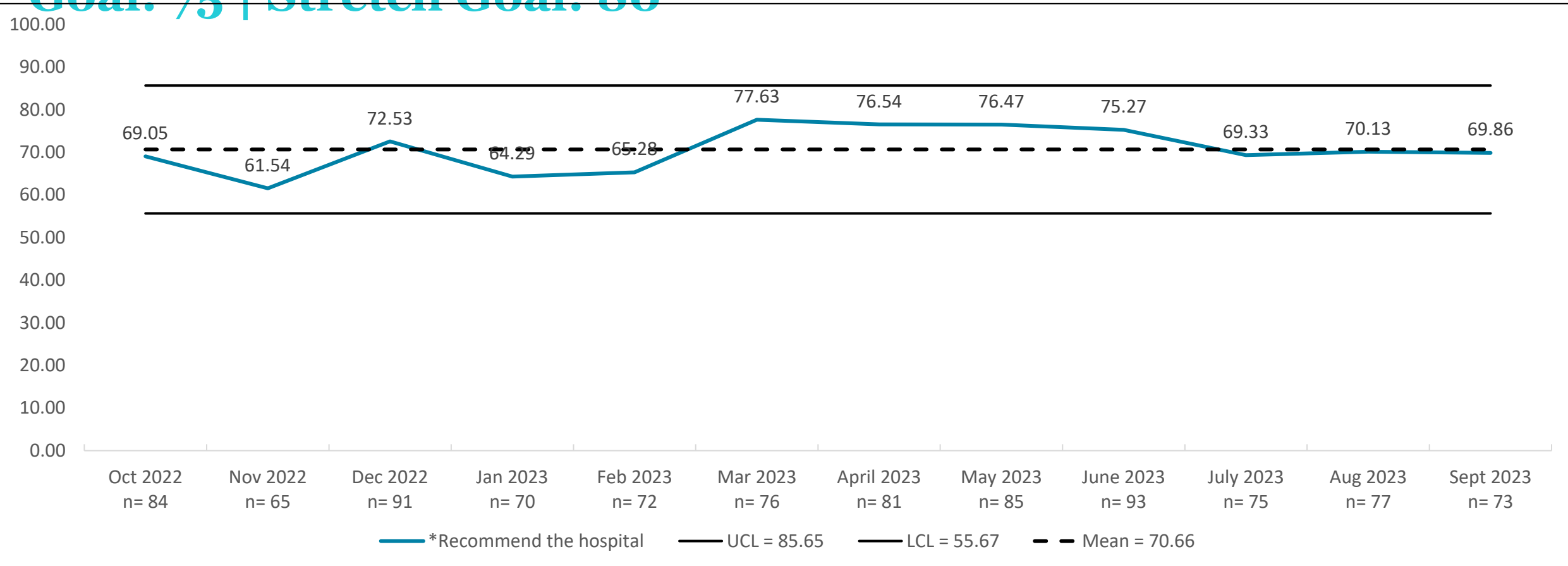Presented to the Cook County Health Quality & Patient Safety Committee on 10/12/23

COOK COUNTY
HEALTH

Stroger Op Ex Patient Experience Workgroup

HCAHPS Communication w/ Nursing Domain – Top Box Score by Received Date

Last 12-months Top Box Score: 10/1/22 – 9/30/23 – 69.17 Goal: 73 | Stretch Goal: 77

| | Oct 2022 n= 84 | Nov 2022 n= 68 | Dec 2022 n= 92 | Jan 2023 n= 72 | Feb 2023 n= 76 | March 2023 n= 77 | April 2023 n= 82 | May 2023 n= 88 | June 2023 n= 96 | July 2023 n= 78 | Aug 2023 n= 81 | Sept 2023 n= 75 |

Data points: 70.63, 72.55, 63.84, 67.59, 65.01, 77.22, 70.33, 62.66, 67.72, 72.51, 66.51, 76.00

Legend: *Comm w/ Nurses Domain Performance — UCL = 82.71 — LCL = 56.06 --- Mean = 69.38

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COOK COUNTY HEALTH
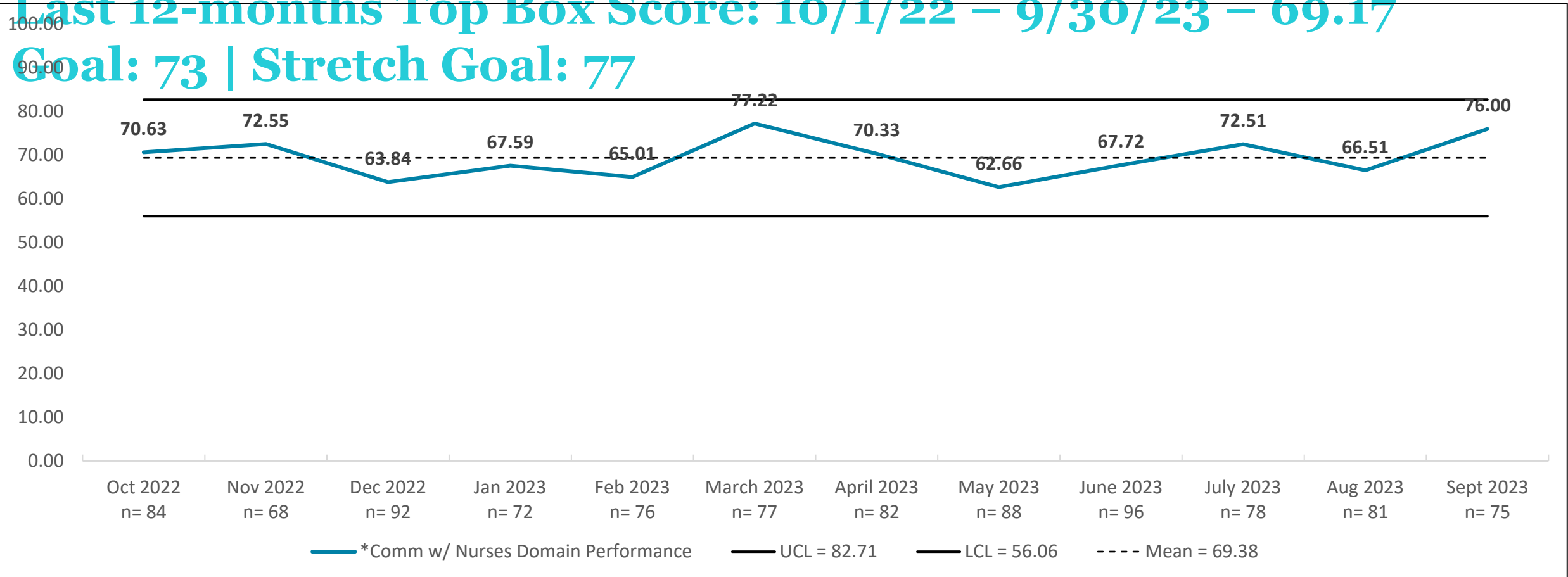
Stroger Op Ex Patient Experience Workgroup

HCAHPS Hospital Environment Cleanliness – Top Box Score by Received Date
Last 12-months Top Box Score: 10/1/22 – 9/30/23 – 57.31
Goal: 58 | Stretch Goal: 65

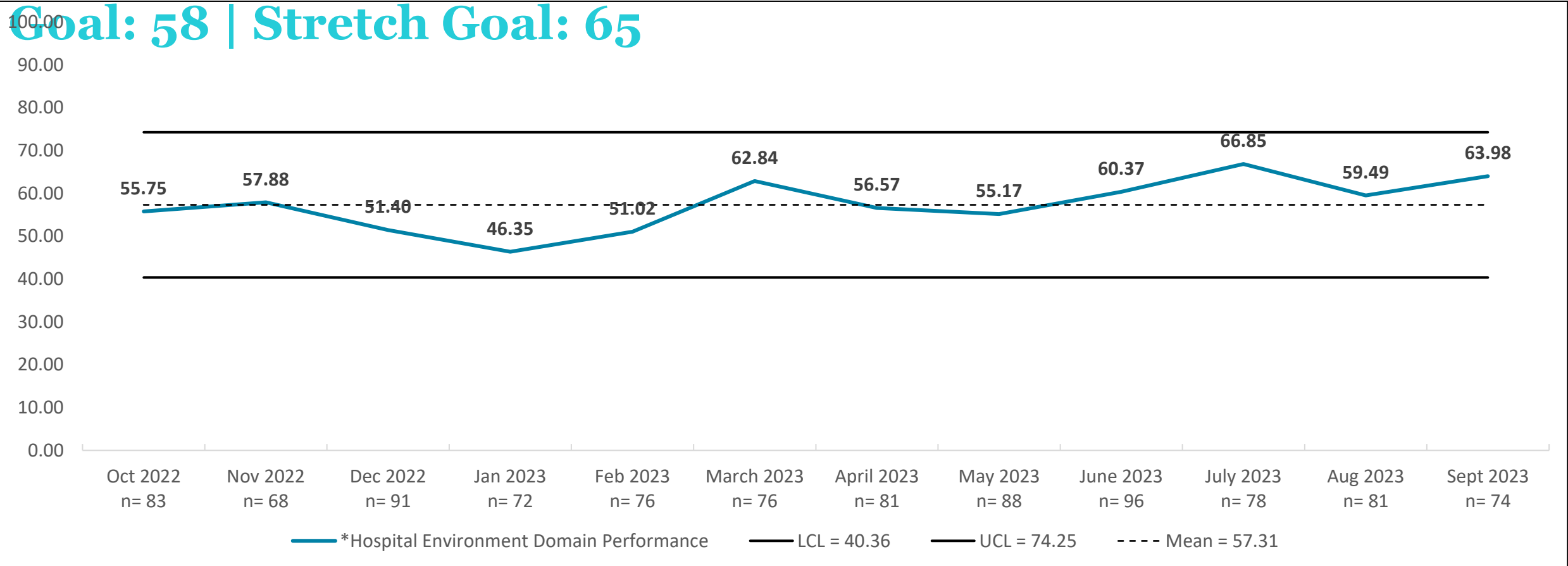|	Oct 2022 n= 83	Nov 2022 n= 68	Dec 2022 n= 91	Jan 2023 n= 72	Feb 2023 n= 76	March 2023 n= 76	April 2023 n= 81	May 2023 n= 88	June 2023 n= 96	July 2023 n= 78	Aug 2023 n= 81	Sept 2023 n= 74
*Hospital Environment Domain Performance	55.75	57.88	51.40	46.35	51.02	62.84	56.57	55.17	60.37	66.85	59.49	63.98

LCL = 40.36   UCL = 74.25   Mean = 57.31

COOK COUNTY HEALTH

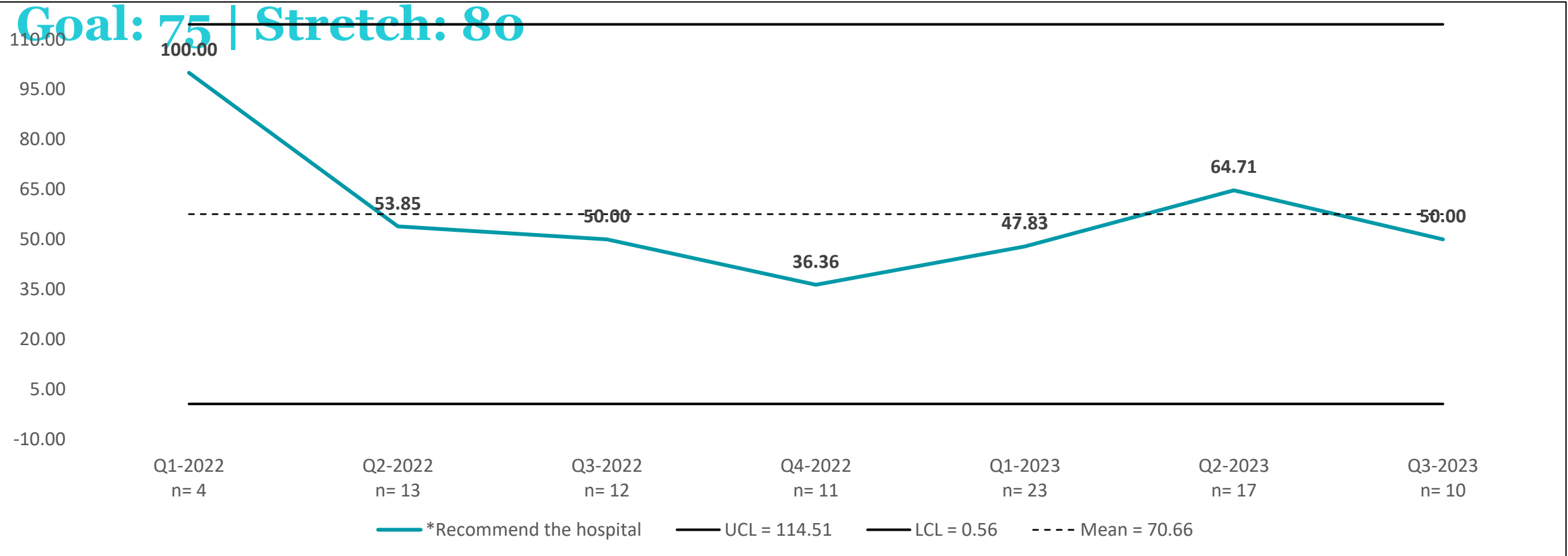**Data Source:** Press Ganey
Received by Date

Provident Op Ex Patient Experience Workgroup

HCAHPS Likelihood to Recommend – Top Box Score by Received Date
Last 12-months Top Box Score: 10/1/22-9/30/23 – 57.38, n = 61 surveys
Goal: 75 | Stretch: 80

	Q1-2022 n= 4	Q2-2022 n= 13	Q3-2022 n= 12	Q4-2022 n= 11	Q1-2023 n= 23	Q2-2023 n= 17	Q3-2023 n= 10
*Recommend the hospital	100.00	53.85	50.00	36.36	47.83	64.71	50.00

Legend: *Recommend the hospital — UCL = 114.51 — LCL = 0.56 - - - Mean = 70.66
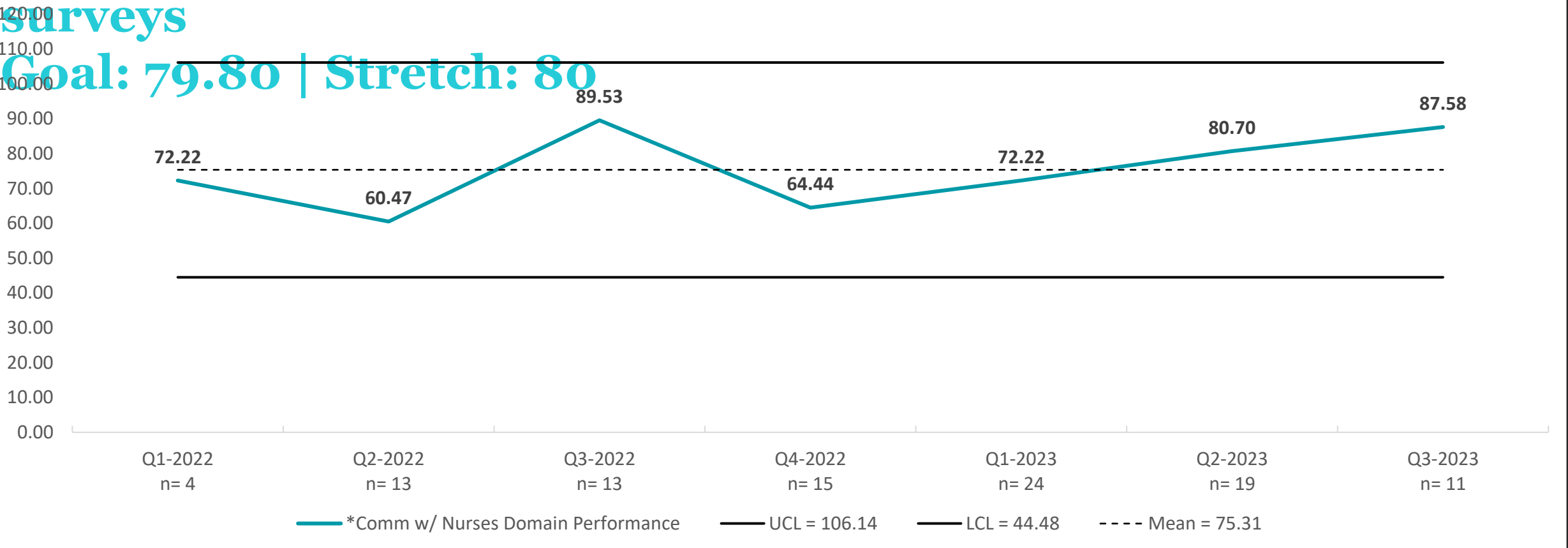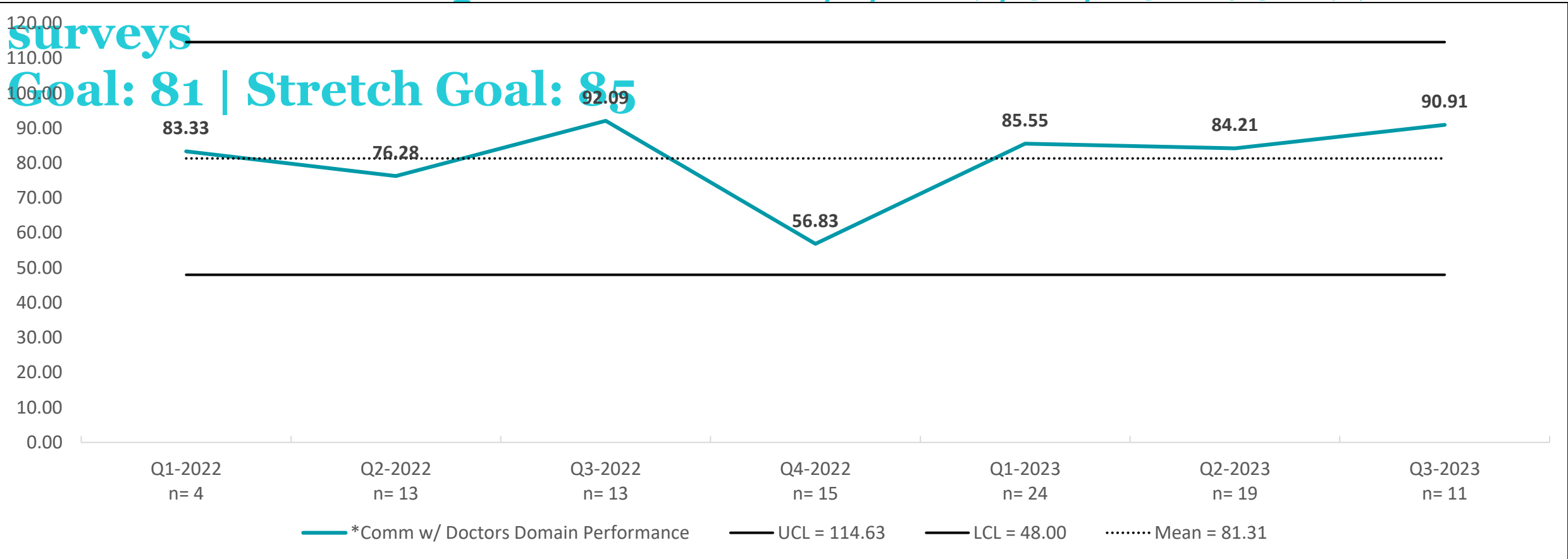
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COOK COUNTY HEALTH

Provident Op Ex Patient Experience Workgroup

HCAHPS Communication w/ Nursing Domain – Top Box Score by Received Date

Last 12-months Top Box Score: 10/1/22-9/30/23 – 74.63, n = 66 surveys

Goal: 79.80 | Stretch: 80

Chart: *Comm w/ Nurses Domain Performance — UCL = 106.14, LCL = 44.48, Mean = 75.31

Data points:
- Q1-2022 (n= 4): 72.22
- Q2-2022 (n= 13): 60.47
- Q3-2022 (n= 13): 89.53
- Q4-2022 (n= 15): 64.44
- Q1-2023 (n= 24): 72.22
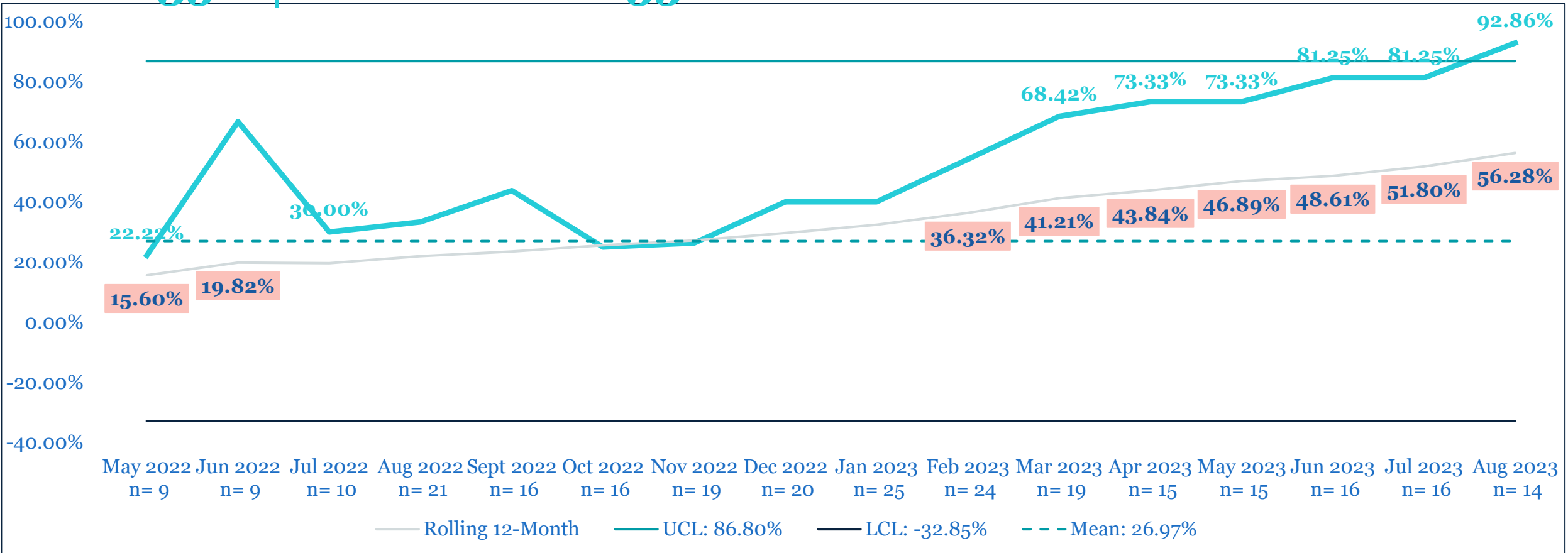- Q2-2023 (n= 19): 80.70
- Q3-2023 (n= 11): 87.58

COOK COUNTY HEALTH

Stroger Op Ex Clinical Outcomes Workgroup

CMS SEP-1 % of Patients with met Compliance
Last 12-months Score: 56.28%
Goal: 35% | Stretch Goal: 55%
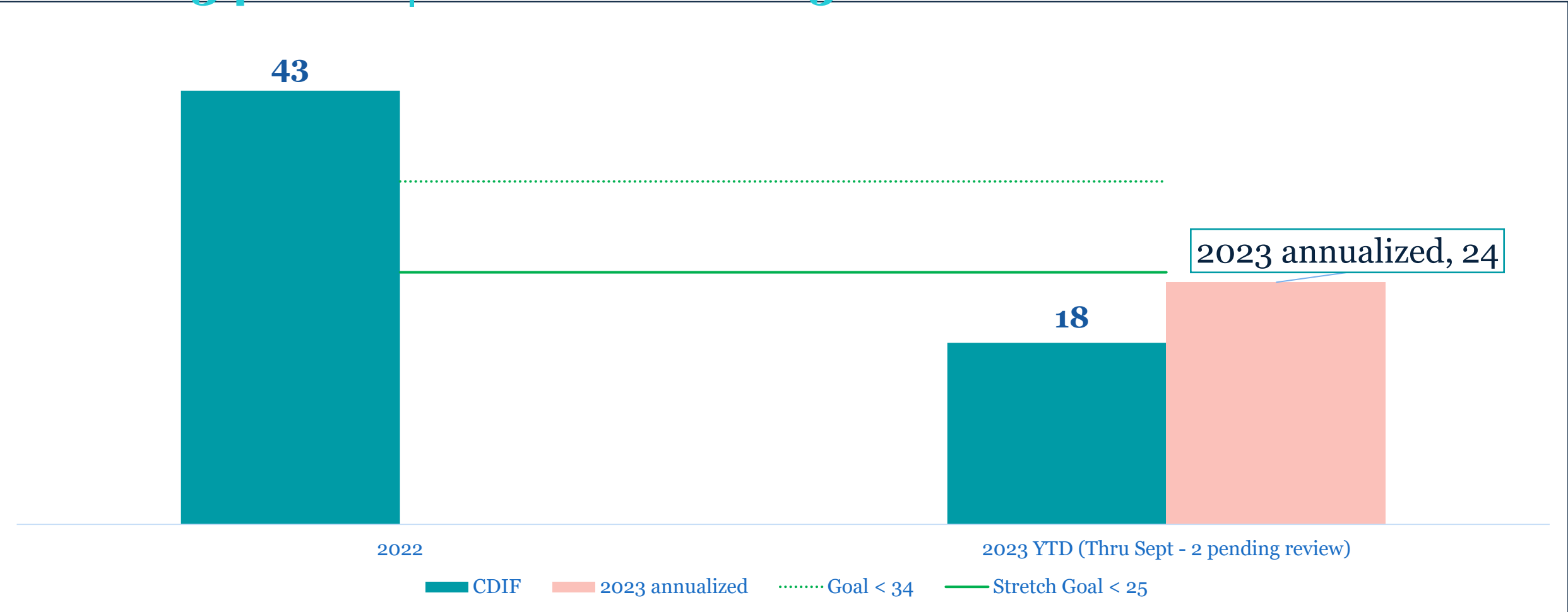
92.86%
81.25%   81.25%
73.33%   73.33%
68.42%
56.28%
51.80%
48.61%
46.89%
43.84%
41.21%
36.32%
30.00%
22.22%
19.82%
15.60%

	May 2022	Jun 2022	Jul 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023
	n= 9	n= 9	n= 10	n= 21	n= 16	n= 16	n= 19	n= 20	n= 25	n= 24	n= 19	n= 15	n= 15	n= 16	n= 16	n= 14

Rolling 12-Month — UCL: 86.80% — LCL: -32.85% — — Mean: 26.97%

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COOK COUNTY HEALTH

Higher is better

Stroger Op Ex Clinical Outcomes Workgroup

CDIFF Volume

Goal: <34 cases | Stretch Goal <25 cases

2023 annualized, 24

43

18

2022

2023 YTD (Thru Sept - 2 pending review)

- CDIF
- 2023 annualized
- Goal < 34
- Stretch Goal < 25

COOK COUNTY
HEALTH

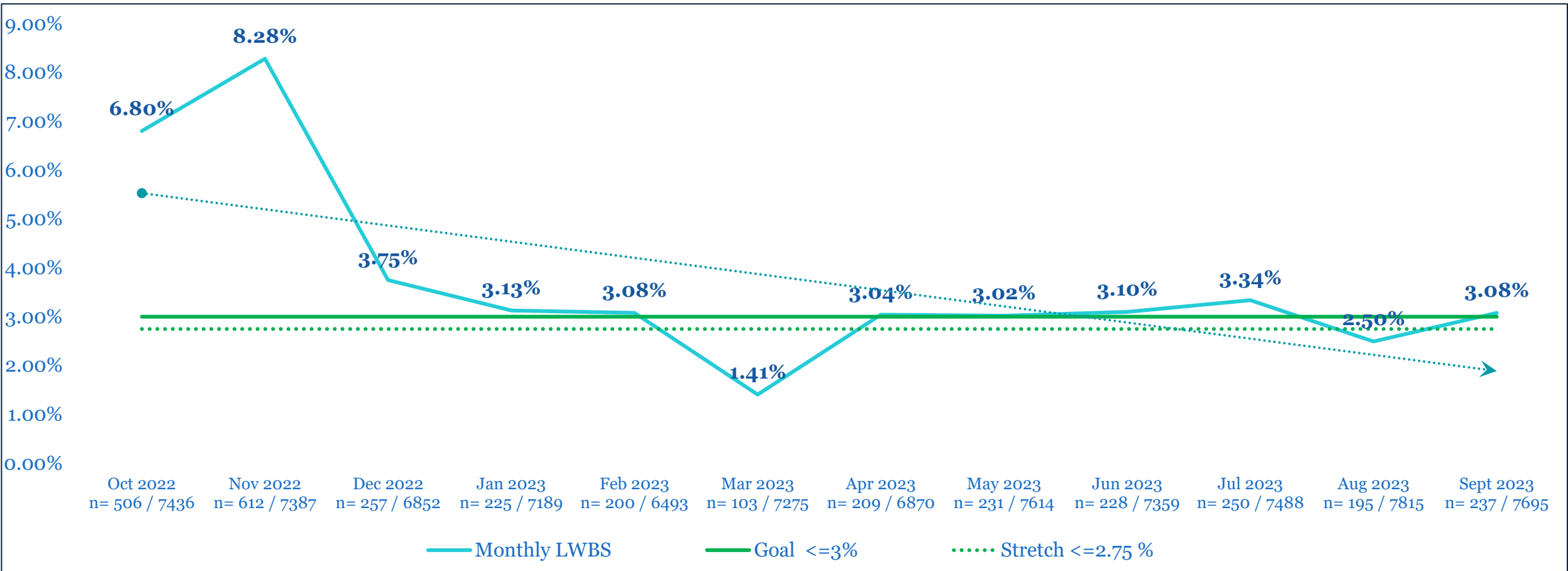*Sept 2023 – 2 cases pending final review*

Source: Infection Control
Lower is better

Stroger Op Ex Throughput Workgroup
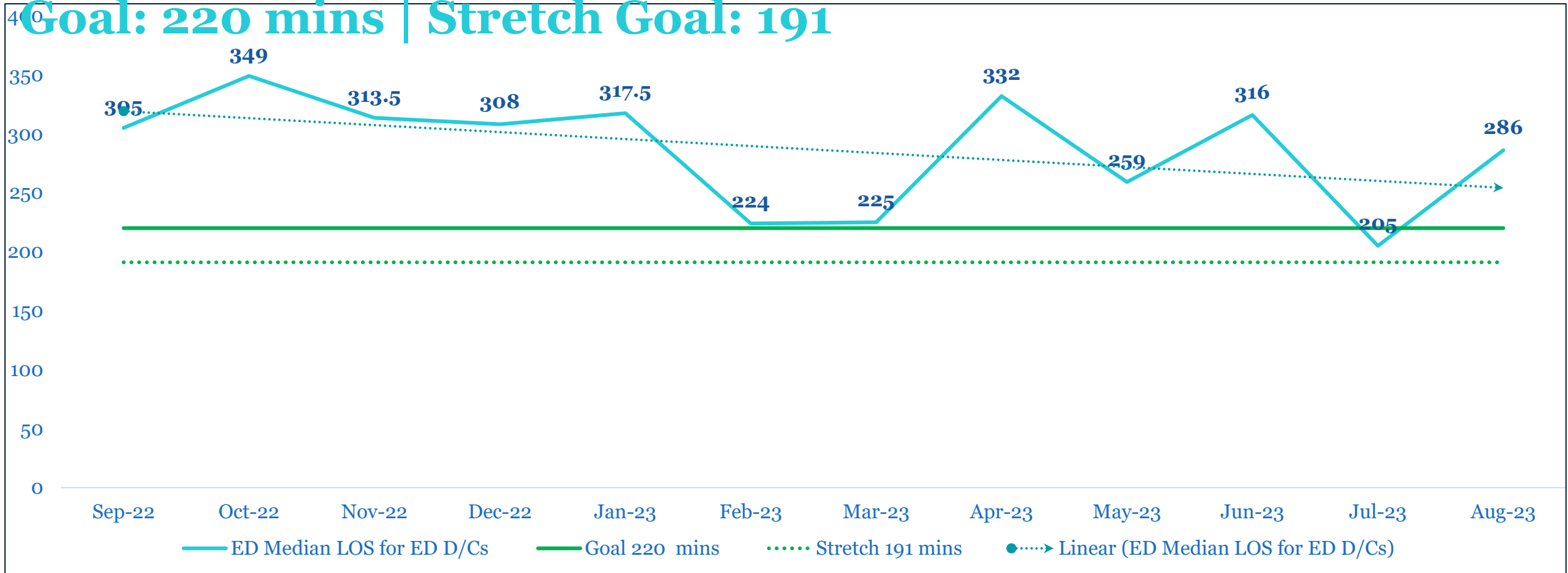
ED Left Without Being Seen
Goal <3% | Stretch <=2.75%

Stroger Op Ex Throughput Workgroup

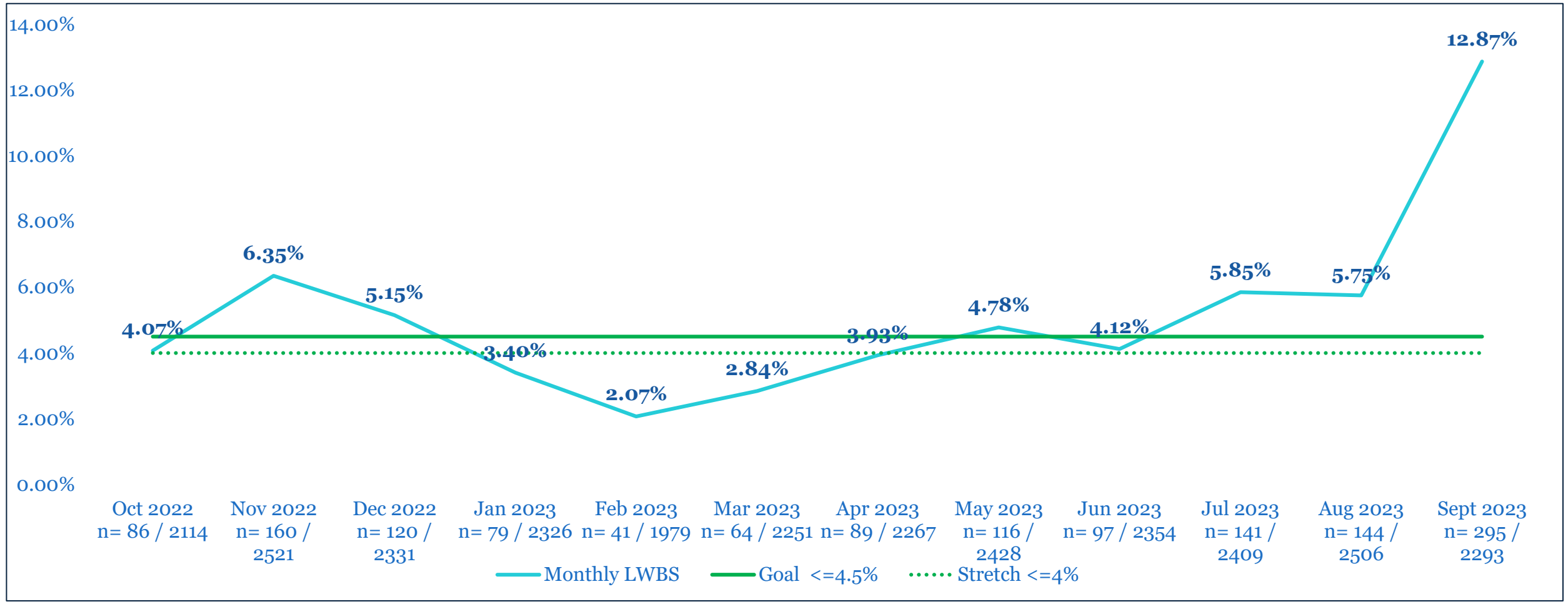ED Median Length of Stay for ED Discharges - OP18b, *n=34 sampled monthly*

Goal: 220 mins | Stretch Goal: 191

Legend: ED Median LOS for ED D/Cs — Goal 220 mins — Stretch 191 mins — Linear (ED Median LOS for ED D/Cs)

Data points:
- Sep-22: 305
- Oct-22: 349
- Nov-22: 313.5
- Dec-22: 308
- Jan-23: 317.5
- Feb-23: 224
- Mar-23: 225
- Apr-23: 332
- May-23: 259
- Jun-23: 316
- Jul-23: 205
- Aug-23: 286

COOK COUNTY HEALTH

Data Source: Cerner, Abstracted Results
Lower is better

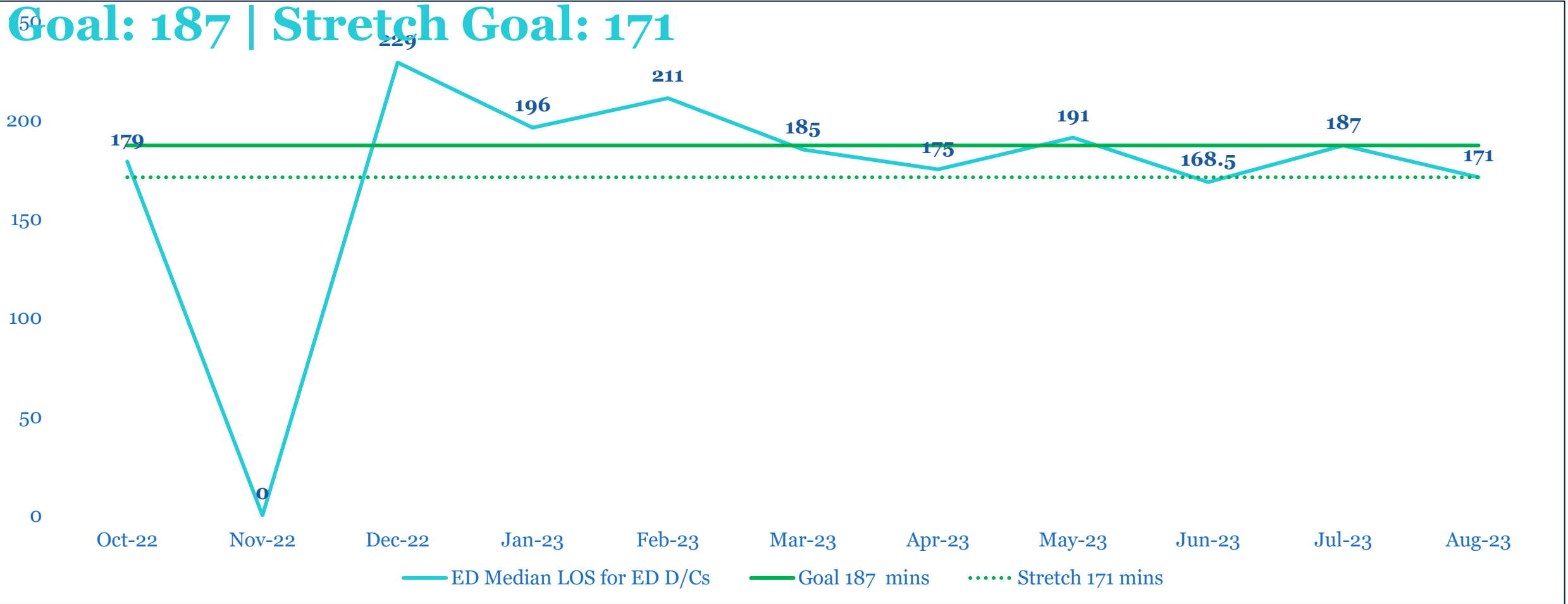# Provident Op Ex Throughput Workgroup

ED Left Without Being Seen
Goal: <=4.5% | Stretch Goal: <=4%

Provident Op Ex Throughput Workgroup

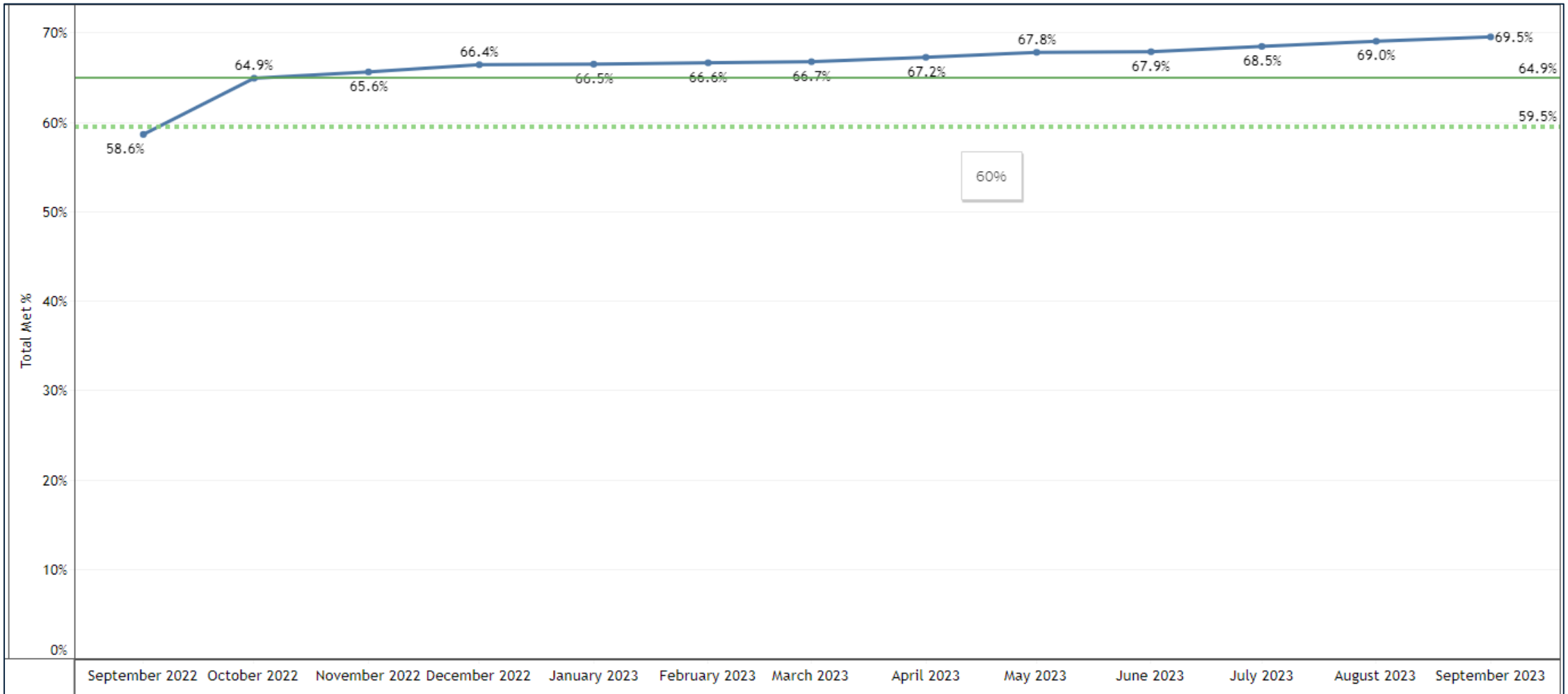ED Median Length of Stay for ED Discharges – OP18b, *n=34 sampled monthly*

Goal: 187 | Stretch Goal: 171

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COOK COUNTY HEALTH

Op Ex HEDIS Workgroup

Breast Cancer Screening for women 52-74 > 59%
Total Registry Performance: 69.45%

COOK COUNTY
HEALTH

Data Source: Cerner Healthe Analytics/Registries
__Higher__ is better

Op Ex HEDIS Workgroup
Hypertension Blood Pressure <140/90 Compliance
Total Registry Performance: 58.54%

COOK COUNTY
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