Administrative & Legislative Updates

Presented to the Cook County Health Board on 1/18/2024



Legislative Updates - Local

- The week of December 11, CCH leadership appeared before the following Cook County Board committees to provide testimony and respond to questions from Commissioners.
 - Asset Management Committee Andrea Gibson, CCH Chief Strategy Officer appeared before the committee to respond to questions related to the County's acquisition of the following properties:
 - 5325 South 9th Avenue in Countryside, IL for use by Cook County Health for the Mail-Order Robotic Pharmacy,
 - 467 East 31st Street, Chicago, IL for use by Cook County Health for clinical space for Behavioral Health, Physical /Occupational Therapy and Family Medicine programs due to the planned renovation of Provident Hospital.
 - Finance Committee Pam Cassara, CCH CFO addressed questions related to the County's Monthly Revenues and Expenses Report as well as CCH finances. CCH Interim CEO Erik Mikaitis 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.
 - Health & Hospitals Committee Dr. LaMar Hasbrouck, CCDPH Chief Operating Officer provided the committee with an update on COVID-19 and other infectious diseases. Amy O'Rourke, CCDPH Program Manager Prevention Services presented CCDPH's 4th Quarterly Report on Good Food Purchasing.

Legislative Updates - State

- The General Assembly returned to Springfield January 16 for the start of the 2024 spring session. May 24 is the scheduled adjournment date for the House and Senate. Additional dates of note include:
 - February 21 Governor's state of the state and budget address
 - March 19 Primary Election Day
 - ☐ July 1 Start of the state fiscal year
 - November 5 General Election Day
- <u>Healthy Illinois 2028</u> is the latest five-year <u>State Health Improvement Plan</u> and <u>State Health Assessment</u> developed by the Illinois Department of Public Health. The plan prioritizes work related to chronic disease, COVID-19 and other emerging diseases, maternal and infant health, mental health and substance use disorder, and racism as a public health crisis. In 2024, IDPH intends to work with stakeholders to develop strategies, objectives, and timelines for implementation.
- More than 378,000 Illinois residents selected a private health insurance plan during the Affordable Care Act open enrollment period on the <u>Health Insurance Marketplace</u>. Nationally, more than 20 million people have selected a Marketplace plan, making the 2023/2024 open enrollment period one of the strongest since 2016. Additional resources for outreach and enrollment assistance combined with more generous premium subsidies that bring down costs for consumers have driven the increase in participation.
- Marketplace open enrollment for Illinois residents ended Tuesday, January 16, but individuals experiencing a qualified life event may be eligible for a special enrollment period later in the year.
- <u>Illinois currently operates a Marketplace</u> in partnership with the federal government. The Illinois General Assembly passed legislation in 2023 that seeks to establish an Illinois-based Marketplace starting plan year 2026.

Legislative Updates - Federal

Congress returned to Washington the week of January 8. Agreements on emergency supplemental appropriations for Ukraine, Israel and potentially some immigration/border reforms remain unfinished. Discussions around FY 2024 Appropriations continue.

FY 2024 Appropriations Process

- On Jan. 7, as Members were preparing to return to DC, Speaker Johnson and Senate Majority Leader Schumer announced an agreement on the top-line numbers for defense and non-defense discretionary spending for the rest of FY 2024. The agreement would include an additional \$6.1 billion in rescissions of funds appropriated meant for COVID-19 response in addition to the funding rescinded in Congress' debt limit/budget deal last year. A statement from Leader Schumer suggested that the rescinded funds would largely come from amounts that states were unable to spend and already returning to HHS.
- With the current temporary funding extension for four federal agencies expiring Jan. 19, the leaders floated a third continuing resolution (CR) on Jan. 9 to delay the deadline until March 1 for some agencies and to March 8 for the rest. Under the proposed CR, funding for the Labor-Health and Human Services-Education Appropriations (LHHSE) would expire on March 8.
- As we have noted before, though the Speaker has expressed a desire not to "govern by omnibus," it will be very challenging to write and pass all 12 appropriations bills by early March without a level of bipartisan and bicameral cooperation we have yet to see in the 118th Congress.

Medicaid DSH Cuts

- The proposed new CR includes another short-term delay of the statutory Medicaid disproportionate share hospital (DSH) cuts, which would begin taking effect after March 8, 2024. Like the previous CRs, it also extends funding for federally qualified health centers, graduate medical education, the National Health Service Corps and other expiring health programs.
- Before leaving for the holidays, the House passed H.R. 5379, the Lower Costs, More Transparency Act, the week of Dec. 11, with a large bipartisan majority. The bill includes a repeal of two years of the DSH cuts. Hospital groups support the DSH cut provision, but oppose controversial provisions related to Medicare site neutral payments, and some price transparency provisions.
- The path forward for this package is unclear and may take some time for agreement to be reached.

SUPPORT Act Reauthorization

Similarly, the House passed its version of the SUPPORT Act reauthorization, H.R. 4531, with a large bipartisan majority. The bill includes a provision to lift the Medicaid inmate exclusion for pregnant women in custody. The Senate Health, Education, Labor, and Pensions (HELP) Committee marked up its version on Dec. 12.

New Hires and Promotions



Welcome

New Hires

LaWanda Anderson

Clinical Nurse Manager, Specialty Clinics Administration

Tenisha Brewer

Manager of Complex Care Coordination, Managed Care

Sharonda Cheeks

Nurse Coordinator II, Peds ICU

Simi J. Joseph

Senior Director of Nursing Innovation & Research Programs, Nursing Administration

Erika Lester

Manager of Operations, Multispecialty Clinic, Pediatrics Clinic

Isaac Marrufo

Community Engagement Manager, Department of Public Health



Welcome

New Hires

Patricia Pickens

Managed Care Clinical Operations Manager, CountyCare

Allison Reynolds

Compliance Officer, County Care

Mark Spranca

Chief Scientific Officer, Administration

Adewunmi Sulaiman

Associate Manager of Respiratory Services, Pulmonary Med – Respiratory

Mark Wozny

Network Information Officer, Information Systems & Information Technology



Congratulations

Promotions

Steven E. Aks

Chief Academic Affairs Officer, Administration

Daniel Arzet

Ambulatory Clinic Manager, Equity and Inclusion

Michael Hoffman

Associate Chair of Medicine, Hospital Medicine

Lori Katich

Assistant Director of Public Health Emergency Preparedness and Response, Public Health

Lisa Naftzger

Director of Nursing Professional Development & Education, Nursing

Shelise Roberts

Public Health Nurse IV, Public Health



Congratulations

Promotions

Shelise Roberts

Public Health Nurse IV, Public Health

John Rose

Senior Manager of Rehabilitation Services, Physical Therapy

Dawn Simmons

Medicaid Managed Care Ops Manager, Managed Care

Ligi Vayalil

Nurse Coordinator II, Patient Care Services

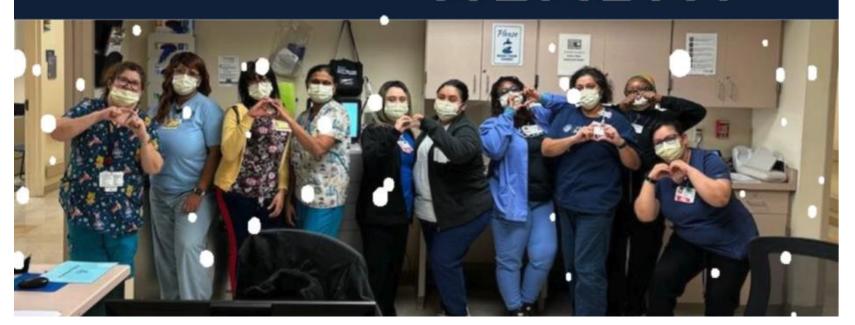


Awards & Recognition





Capturing the Spirit of HEALTH



APP Fellowship Accreditation

The Advanced Practice Provider Fellowship at Cook County Health has been awarded accreditation by the American Nurses Credentialing Center (ANCC).

This prestigious recognition reflects the high standards and quality of CCH's APP fellowship program, affirming our dedication to delivering exceptional education and fostering the development of competent and skilled advanced practice providers and commitment to meeting national standards.

CCH's APP fellowship is the only ANCC-accredited program in Chicago.





Food Is Medicine

Cook County Health and the Cook County Department of Public Health participated in Commissioner Dennis Deer's Food Is Medicine weekly health talks on January 9 and January 16.

Dr. LaMar Hasbrouck, COO, CCDPH, Bettina Tahsin, Registered Dietician and CCH Network Diabetes Program Manager, and Dr. Nicole Baltrushes-Hughes, participated the discussions with Commissioner Deer on the importance of healthy food.





First Baby of 2024

Cook County Health's first baby of 2024, Moses, was born at Stroger Hospital at 9:39 am on January 1.

Congratulations to his parents, Cosme, and Marisol, and big sister, Sandy!







The Office of Behavioral Health at Cook County Health is committed to transforming the behavioral health ecosystem of Cook County through community partnerships, systems alignment, innovation, and equity-driven funding.

We invite our fellow colleagues from across the County to convene at the first Cook County Behavioral Health Summit, February 15th, 2024 at UIC Dorin Forum, 725 W Roosevelt Road, Chicago, IL. This will be an all-day event.

Together, we will identify collective strategies and partnerships for expanding access, enhancing system quality, and addressing inequities across our region's systems of care. Perspectives gathered at the summit will be instrumental in developing a Cook County Behavioral Health Strategic Plan, prioritizing expansion of services and treatments across the county, and for structuring upcoming community-based funding opportunities from the Office of Behavioral Health's Impact Fund.

Help us build the Summit invite list at bit.ly/BHSummitList

Additional logistical details will follow.

The Cook County Health Impact Fund is supported by Cook County Government and the American Rescue Plan.





Office of Behavioral Health

Tom Nutter, MD

Chief Behavioral Health Officer



Office of Behavioral Health

Overview of Plans and Priorities

The Cook County Health Office of Behavioral Health was created to bolster mental health services and improve the behavioral health ecosystem throughout the county through the support of the Cook County Board President's Office and Board of Commissioners and ARPA funding.

<u>Plans and Priorities</u>:

- Hire an outstanding OBH team.
 - As of 1/16/24, eight of the ten central administrative staff onboarded, anticipate the full OBH administrative team being in place by late spring 2024.
- Gather community perspectives via the first-ever Cook County Behavioral Health Summit February 15, 2024, at the UIC Forum.
 - Input from the Summit will guide grant-making and strategic planning processes as well as aid in establishing CCH as a convener of public and private sector agencies to improve the landscape of MH and SUD throughout the county.
- Seize the opportunities provided by County allocation of ARPA funding for Behavioral Health.
- Utilize the findings of consultants completing a county-wide Community Needs Assessment and a Workforce Assessment to improve the effectiveness of post-Summit ARPA-funded grantmaking as well as the crafting of strategic plans.
- Establish a Community Triage and Stabilization Center at Provident Hospital.
- Assess strengths and weaknesses in care within the CCH Systems of Care and develop plans for improvement.
- Follow through on recently-awarded grants and projects.

Stewardship of ARPA TRO11 Funds (\$74M)

Spending Priorities

Though only \$1.8M has been spent and (as of 12/30/2023) \$6.6M obligated, we fully anticipate obligation of all funds in advance of the December 31, 2024, deadline--and that TRO11 monies will be utilized in a manner that brings substantive community benefit.

The current plan, assuming the recent Treasury guidance that clinical FTE cannot be ARPA-funded beyond 2024 holds, is as follows:

- Approximately \$45M -Open call* for grant applications following the Behavioral Health Summit
- Approximately \$9M -Capital improvements (particularly renovation of the Provident Hospital CTSC space and design of the 31st Street building)
- Approximately \$11M -Other projects identified as clinical priorities
- Approximately \$9M -Salary costs

*Open call being announced 3/6/2024



Impact Fund Awards

How Will Priorities be Determined for the Open Call

- Input from the Behavioral Summit and related processes (primarily the Summit breakout structured listening sessions)
- Input from other various community partners, internal subject matter experts, and the President's Office
- Input from CCH BH consultants the Kennedy Forum consultants
 - Summit (Kennedy Forum)
 - Community Needs Assessment (John Snow, Inc.)
 - Workforce Assessment (Sage/Trailhead)
- While the final Strategic Plans and recommendations for each of the latter three groups are not due until the fall of 2024, all have agreed to submit preliminary recommendations in mid to late-February 2024—and each group is meeting regularly (alongside OBH) to compare findings and avoid redundancies



Impact Fund

Potential Areas of Focus

- Opioid overdose prevention, treatment, support and recovery services and other gaps in Substance Use Disorder (SUD) care
- Gaps within the crisis care continuum
- Access to care and coordination of care across agencies
- Prevention strategies, particularly positive youth development
- · Upstream drivers of behavioral health and wraparound services including such as vocational rehabilitation and housing
- Development of new models of care in a manner that assures equitable access to historically under-resourced communities

Criteria for Evaluation

- Scope of potential benefit
- Addressing of gaps in care, particularly care to populations currently most under-resourced
- Fiscal sustainability/path to fiscal sustainability of proposed services

Ensuring equity in grantmaking

- Dividing up the county into 10 regions and assessing need at a community level and giving priority to communities with the highest need and social vulnerability index (SVI)
- During the Open Call, OBH will provide capacity building workshops on the grant application, program design, monitoring and evaluation and legal agreements so that organizations new and old, small and large have an opportunity to develop a successful grant application



Office of Behavioral Health Impact Fund Timeline

		J	anı	uary	7	Fe	ebru	ıary		M	Iarcl	1		Ap	ril			May			Ju	ne	Т	J	uly		A	lugu	ıst	
	Week #	1	2	3	4	1	2	3 .	4	1	2	3 4	. 1	2	3	4	1	2	3 4	- 1	2	3	4	1	2 3	4	1	2	3	4
Activities																														
Cook County Behavioral Health Summit	ook County Behavioral Health Summit																													
Preparation and Promotion of Summit																														
Hold Cook County Behavioral Health Summit																														
Develop of the Cook County Behavioral Health Strategic Plan																														
and Implementation Plan	<u> </u>			Ш																										
Impact Fund Open Call																														
Buildout the Impact Fund Open Call Application																							_					\perp	_	╛
Hold Press Conference Announcement/Launch Open Call																														
Hold Information Session/Capacity Building Trainings																														
Open FAQ																														
Post FAQs Responses																														
Develop Review Panel Training																														
Identify Review Panel Members																														
Hold Review Panel Training																														
Close Open Call																														
Phase 1 Review: Assess Eligibility																														
Phase 2 Review: Panel Reviews																														
Select Grantees																														
Receive Grantees Acceptance of Impact Fund Funding																														
Final Selection of Grantees																														
Hold Press Conference																														
Grant Implementation																														
Conduct Obligation Guidance and Training																														
Complete Risk Assessments for Each Grantee																														
Submit for Board Review and Approval (if >\$1M)																														
Draft Legal Agreements (Scope, Budget, Metrics)																														
Hold Subrecipient Orientation and Kickoff																												\Box		\exists



Media Dashboard

Presented to the Cook County Health Board on 1/18/24



2023 Year in Review

Media & Social Media Metrics





Earned Media Dashboard: 2023







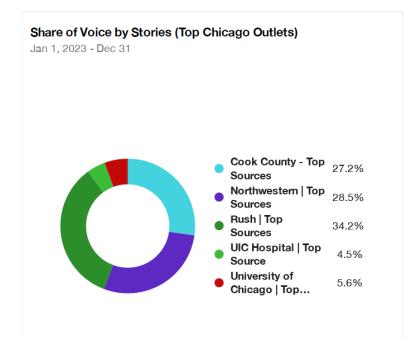
Top 5 Local Media Outlets

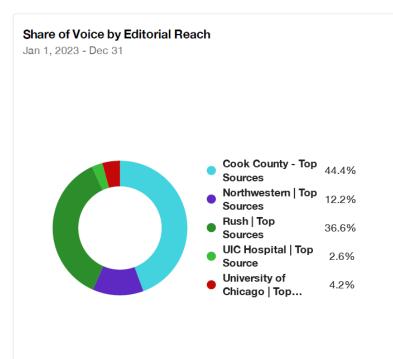
- 1. WBBM
- 2. WBEZ
- 3. WGN Radio
- 4. WGN Television
- 5. NBC 5 Television

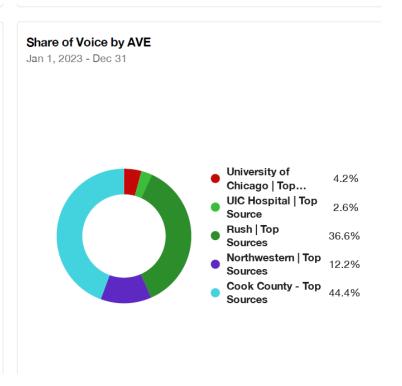


Media Benchmarking in 2023

Comparing CCH against competitors in coverage by top local media outlets









Overall Social Insights

2023

Cross Channel Overview (Facebook, Instagram, Twitter and LinkedIn)

Twitter

- Impressions: **237K** (up **35%**)
- Post Link Clicks: 562
- Engagements: 3.9K
- Followers: **4.7K** (up **3%**)

LinkedIn

- Impressions: 514K (up 28%)
- Page Views: **21.7K** (up **23%**)
- Engagements: **45.2K** (up **38%**)
- Followers: **12.4K** (up **27%**)

Facebook

- Total impressions: 2.4M
- Post engagement: 80.3K
- Post reach: **532.5**K
- Page followers: **8.6K** (up **23%**)

Instagram

- Impressions: 476K (up 14%)
- Engagement: **4.8K**
- Profile visits: 6.2K (up 8%)
- Followers: **3.3K** (up **12%**)



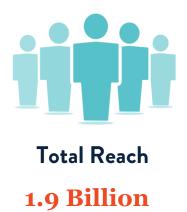
Monthly Media Report

December 11, 2023 - January 14, 2024



Earned Media Dashboard: December 11, 2023 – January 14, 2024







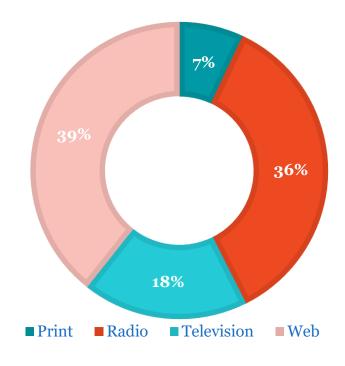
Top 5 Local Media Outlets

- 1. WBBM Radio
- 2. NBC 5 Chicago
- 3. WBEZ
- 4. ABC 7 Chicago
- 5. *WGN*



Media Dashboard: December 11, 2023 – January 14, 2024

Media Outlet Type



Most Common Topics

- 1. Masking updates
- 2. Respiratory Virus season
- 3. New Arrivals
- 4. New Year's Baby
- 5. New Year's Resolutions



Top Headlines



Mask mandates return at some US hospitals as Covid, flu jump



81K extra visits: How Cook County Health is meeting migrant healthcare demands



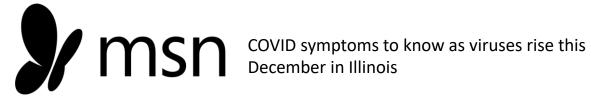
As COVID, RSV cases rise, more Cook County residents get up to date on vaccines



First Chicago-born babies of 2024!



12 Signs Your Vision Changes Aren't A **Normal Part Of Aging**





Cook County Health Doctor Talks Goalsetting in New Year



Hundreds of toys handed out to children across Chicago



Social Media Summary

December - January Activity

During December 11, 2023 – January 14, 2024, 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 – 70 posts

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

Twitter - 75

https://twitter.com/CookCtyHealth

Instagram – 70 posts (includes stories and IGTV)

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

LinkedIn – 62 posts

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



Social Media Summary

As of January 15

Twitter

- Impressions: 9.1K
- Post Link Clicks: 26 (up 13%)
- Engagements: 110
- Followers: **4,706** (up **4**)

LinkedIn

- Impressions: **54.5K** (up **32%**)
- Page Views: 1.9K
- Engagements: 4.7K
- Followers: **12.5K** (up **240**)

Facebook

- Total impressions: **38.5K**
- Post engagement: **2.6K**
- Post reach: 10K
- Page followers: **8,611** (up **32**)

Instagram

- Impressions: **21.9K** (up **25%**)
- Engagement: **733** (up **92%**)
- Profile visits: **453** (up **20%**)
- Followers: **3,341** (up **19**)

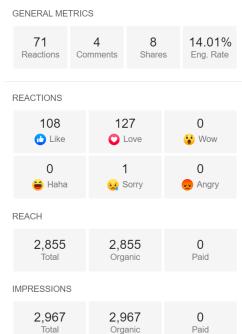


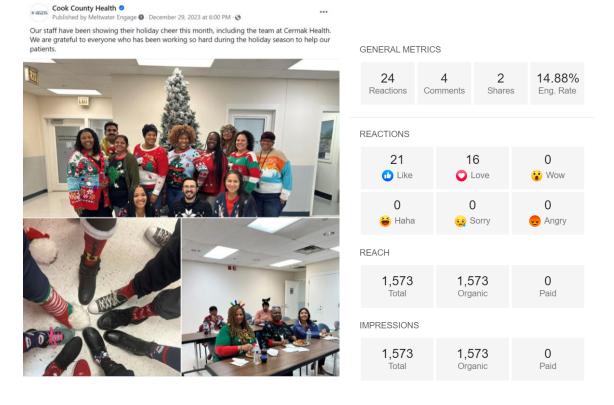
Facebook Insights

December 11, 2023 - January 14, 2024

Top Performing Posts









Twitter Insights

December 11, 2023 - January 14, 2024

Top Performing Posts





Thank you to all those who joined our Arlington Heights Health Center open house where we shared more about the services offered and gave a special tour of the clinic. We can't wait to have you become one of our patients. Call 312-864-0200 to schedule an appointment.



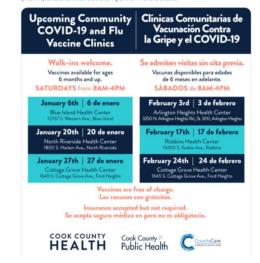
GENERAL METRICS

311	4	0
Impressions	Engagements	Likes
1 Retweets		2 Replies





COVID and flu is on the rise. CCDPH is hosting COVID-19 & Flu vaccine clinics in Suburban Cook County on select Saturdays at one of the five Cook County Health Ambulatory and Community Health Network (ACHN) sites. Check out the flyer for more details.



GENERAL METRICS

258 Impressions	6 Engageme	_					
4 Retweets			0 Replies				

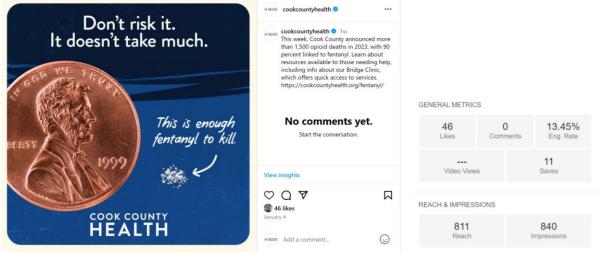


Instagram Insights

December 11, 2023 - January 14, 2024

Top Performing Posts







LinkedIn Insights December 11, 2023 - January 14, 2024

Top Performing Posts



Stroger Hospital at 9:39 am, weighing 6lbs, 4 oz. and measuring 18 inches. Congratulations to his parents, Cosme and Marisol, and big sister, Sandy.



GENERAL METRICS

150	2	1	149
Likes	Comments	Shares	Clicks
	8% nent Rate	7,7 Impre	



Today marks 21 years since the John H. Stroger, Jr. Hospital of Cook County opened on December 12, 2002. The state-of-the-art medical facility has allowed us to expand health care services and meet the evolving health needs of Cook County residents.

We look forward to serving generations to come.



GENERAL METRICS

...

159	10	2	310
Likes	Comments	Shares	Clicks
9.4	- , -	5,0	074
Engagen		Impre	ssions



Finance Metrics

Presented to the Cook County Health Board on 1/18/24



Executive Summary: Statement of Financial Condition - November 30, 2023

- On an accrual basis, interim financials show that CCH ended November with a \$362.1M favorable variance to budget. On a cash basis, the County's preliminary cash report on revenues and expenses shows a \$252.0M 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 \$81.2M unfavorable variance to budget due to true up of reserve for Incurred But Not Received (IBNR) claims and Health & Family Services risk adjustment
 - Membership just over 431,000, which is significantly greater than budgeted

Financial Results – November 30, 2023

Dollars in 000s	FY2023 Actual	FY2023 Budget	Variance	%	FY2022 Actual (3)
Revenue					
Net Patient Service Revenue (1)	\$1,252,614	\$793,368	\$459,246	57.89%	\$932,355
Government Support (2)	\$397,691	\$356,761	\$40,930	11.47%	\$435,710
Adjusted NPSR	\$1,650,305	\$1,150,129	\$500,176	43.49%	\$1,368,065
CountyCare Capitation Revenue	\$3,088,263	\$2,648,291	\$439,972	16.61%	\$2,869,885
Other	\$7,146	\$45,803	(\$38,657)	-84.40%	\$13,032
Total Revenue	\$4,745,714	\$3,844,223	\$901,491	23.45%	\$4,250,982
Operating Expenses					
Salaries & Benefits	\$712,874	\$756,349	\$43,474	5.75%	\$645,480
Overtime	\$52,668	\$46,090	(\$6,577)	-14.27%	\$39,112
Supplies & Pharmaceuticals	\$175,949	\$166,961	(\$8,988)	-5.38%	\$172,213
Purchased Services & Other	\$546,589	\$482,443	(\$64,145)	-13.30%	\$602,311
Medical Claims Expense (1)	\$3,009,834	\$2,509,282	(\$500,552)	-19.95%	\$2,622,333
Insurance	\$17,407	\$16,475	(\$932)	-5.66%	\$16,328
Utilities	\$13,090	\$14,328	\$1,238	8.64%	\$13
Total Operating Expenses	\$4,528,411	\$3,991,928	(\$536,483)	-13.44%	\$4,110,738
Operating Margin	\$217,302	(\$147,705)	\$365,008	-247.12%	\$140,244
Non-Operating Revenue	\$144,810	\$147,705	(\$2,894)	-1.96%	\$134,235
Net Income (Loss)	\$362,113	(\$0)	\$362,113	-145825229%	\$274,479

Year-end Work Underway:

- Various year-end accruals
- Final CountyCare revenue and expenses
- Final fixed assets/depreciation
- Final A/R reserves for BD & Charity
- Due to/From Medicare reconciliation
- Supplemental DSH
- Inventory reconciliation
- Property tax true up
- Pension & OPEB
- Real estate tax allocation
- County costs, including the allocated costs

Notes:

- CountyCare Elimination represents the elimination of intercompany activity Patient Service Revenue and Medical Claims Expense CountyCare patients receiving care at Cook County Health.
- Government Support includes DSH, BIPA, & Graduate Medical Education payments.

 Does not reflect Pension, OPEB, Depreciation/Amortization, or Investment Income.

Cook County Health Volumes: November, 2023

Key Revenue Indicators

Patient Activity Stroger	2023 YTD Actual	2023 YTD Budget	%	2022 YTD Actual	2021 YTD Actual	Nov 2023 Actual	Nov 2022 Actual
Average Daily Census *	306	267	14.5%	279	266	311	310
Emergency Room Visits	85,843	95,006	-9.6%	79,358	78,793	7,438	6,775
Surgeries	11,490	11,436	0.5%	11,338	11,300	906	940

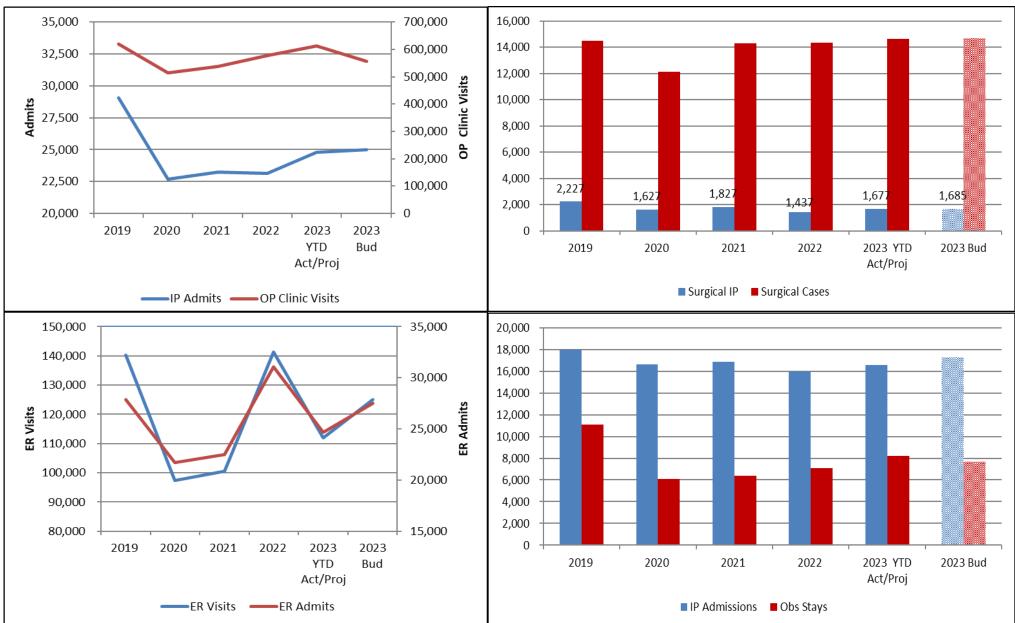
Patient Activity Provident	2023 YTD Actual	2023 YTD Budget	%	2022 YTD Actual	2021 YTD Actual	Nov 2023 Actual	Nov 2022 Actual
Average Daily Census *	20	26	-23.1%	12	7	22	21
Emergency Room Visits	26,180	29,994	-12.7%	22,489	20,376	2,050	2,361
Surgeries	3,442	3,248	6.0%	3,033	2,923	235	273

Patient Activity ACHN	2023 YTD Actual	2023 YTD Budget	%	2022 YTD Actual	2021 YTD Actual	v 2023 Actual	Nov 2022 Actual
Primary Care Visits	234,076	281,649	-16.9%	217,925	224,870	18,328	18,071
Specialty Care Visits	378,305	274,000	38.1%	364,049	345,690	30,735	29,260

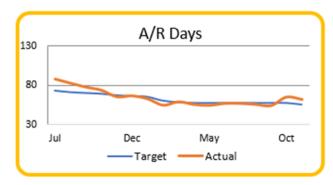
CountyCare	2023 YTD	2023 YTD	%	2022 YTD	2021 YTD	Nov 2023	Nov 2022
Membership	Actual	Budget	/0	Actual	Actual	Actual	Actual
Membership Count	449,446	391,105	14.9%	432,560	399,072	430,704	443,045

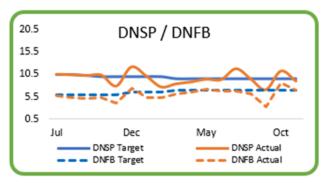
^{*} Includes IP + Observations

Cook County Health Operating Trends



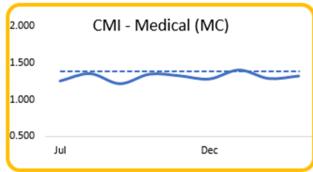
Revenue Cycle KPI Trending

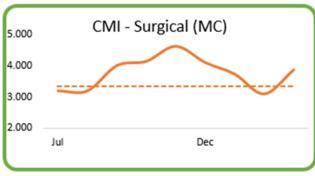












Commentary:

 The A/R metrics ended the year off target due to delays in Medicaid payment processing falsely denying claims for eligibility. This was resolved in December.

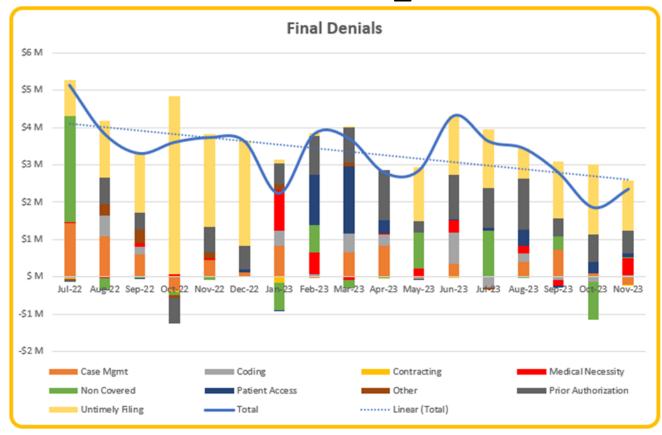
Definitions:

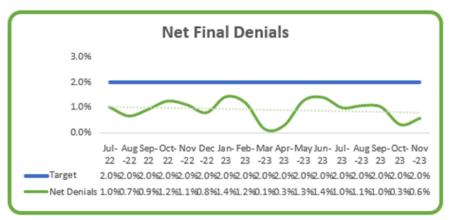
DNSP: Discharged Not Submitted to Payer - Gross dollars from initial 837 claims held by edits in claims processing tool that have not been sent to payer.

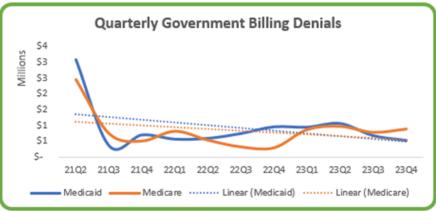
DNFB: Discharged Not Final Billed - Gross dollars in A/R for all patient accounts (inpatient and outpatient accounts) discharged but not yet final billed for the reporting month. Refers to accounts in suspense (within bill hold days) and pending final billed status in the patient accounting system.

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







Commentary

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

Cook County Health 2023 Charitable & Public Program Expenditures Budget/Projection (\$000s)

	Actual Net Benefit	Actual Net Benefit	Budget Net Benefit	:/Proj Net Benefit
Charitable Benefits and Community Programs				
Traditional Charity Care	\$ 162,626	\$ 122,499	\$ 120,232	\$ 105,040
Other Uncompensated Care	100,894	108,284	91,800	135,655
Cermak & JTDC Health Services	104,465	90,293	101,364	100,779
Department of Public Health	16,908	12,965	21,684	12,712
Other Public Programs & Community Services	68,750	66,321	62,138	62,138
Totals	\$ 453,643	\$ 400,362	\$ 397,217	\$ 416,323
% of Revenues *	38.6%	36.9%	34.5%	38.4%
% of Costs *	27.9%	22.0%	22.3%	22.9%

2023

2023

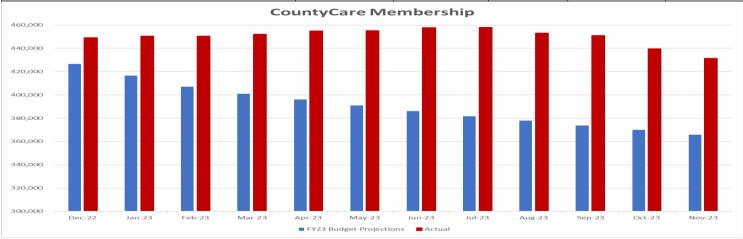
^{*} Excludes Health Plan Services

Cook County Health Savings Initiatives: November 30, 2023

	Budgeted	YTD	
Current Activities in Progress	FY23 Impact	Achieved	Status
Revenue Cycle:			
Chargemaster Review/Changes	3,200,000	3,244,445	
Timely Filing	6,800,000	2,920,000	Ö
Coverage Accuracy	9,000,000	10,278,630	
ACHN Coding Accuracy	5,100,000	4,068,333	
AR Recovery	3,500,000	7,236,667	
Self Pay Balance Support	1,700,000	2,548,333	
Point of Service Collections	700,000	1,004,338	
County Care:			
Vendor Contract Negotiations	12,500,000	12,500,000	
Health System:			
Vendor Contract Negotiations	5,000,000	5,122,350	
	<u>\$ 47,500,000</u>	<u>\$ 48,923,096</u>	103%
		Goal 12/12ths	100%

Health Plan Services Financial Results – November 30, 2023

Dollars in 000s except PMPM amounts	FY2023 Actual	FY2023 Budget	Variance	%	Fy22 Actual
Capitation Revenue	\$3,086,233	\$2,536,365	\$549,867	21.68%	\$2,871,439
Operating Expenses					
Clinical - CCH	\$116,849	\$99,716	(\$17,133)	(17.18%)	\$130,327
Clinical - External	\$2,893,891	\$2,293,875	(\$600,016)	(26.16%)	\$2,603,592
Administrative	\$156,728	\$142,775	(\$13,954)	(9.77%)	\$136,484
Total Expenses	\$3,167,469	\$2,536,365	(\$631,103)	(24.88%)	\$2,870,403
Operating Gain (Loss)	(\$81,236)	\$0	(\$81,236)		\$1,036
Activity Levels					
Member Months	5,403,734	4,693,261	710,473	15.14%	5,188,251
Monthly Membership	431,550	365,867	65,683	17.95%	443,459
CCH CountyCare Member Months	493,860	N/A	N/A	N/A	526,915
CCH % CountyCare Member Months	9.14%	N/A	N/A	N/A	10.16%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	\$571.13	\$540.43	\$30.70	5.68%	\$553.45
Clinical Cost PMPM	\$557.16	\$510.01	(\$47.15)	(9.25%)	\$526.94
Medical Loss Ratio (1)	96.6%	94.4%	(2.26%)	(2.39%)	93.4%
Administrative Cost Ratio	5.0%	5.6%	0.60%	10.60%	4.7%



Commentary

- Total YTD member months are exceeding budget by 710,473 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 redetermination 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 higher than budgeted membership.
- Operating Loss of \$81M
- Net loss is due to recent risk adjustment results and revenue updates from HFS that resulted in a significant revenue decrease.

Notes:

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



FY 2023 Year End Report & FY 2024 First Look

Presented to the Cook County Health Board on 1/18/24



FY23 Impact Summary - Hiring

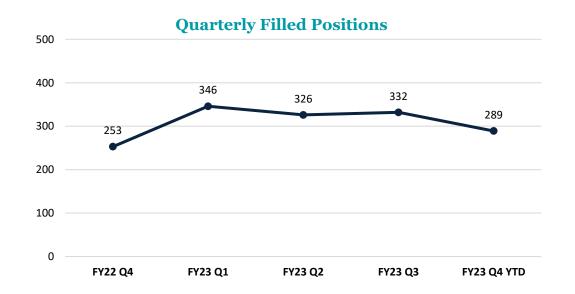
Filled Positions

1,359

Total Filled Positions YTD

291 YTD Net Hires

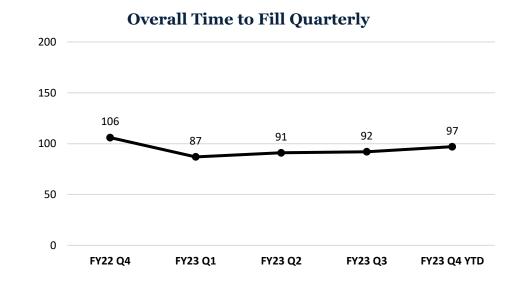
76% Offer Acceptance Ratio





853
Total External Filled Positions

97 days Overall FY23 Time to Fill



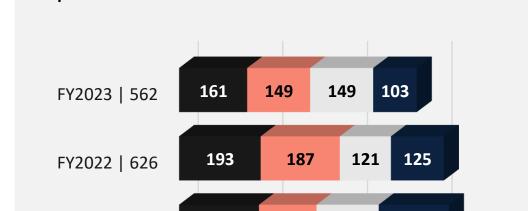
FY23 CCH HR Activity Report



Separations FY23 YTD

FY2021 | 638

Separations – Dec through Nov Year-Over-Year



136

200

Q2

147

400

Q3

166

■ Q4

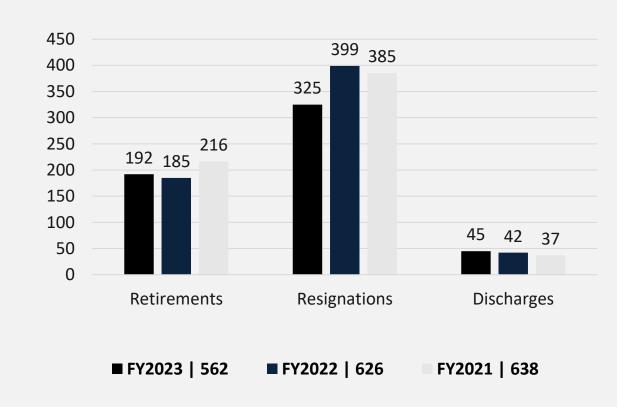
600

800

189

0

■ Q1

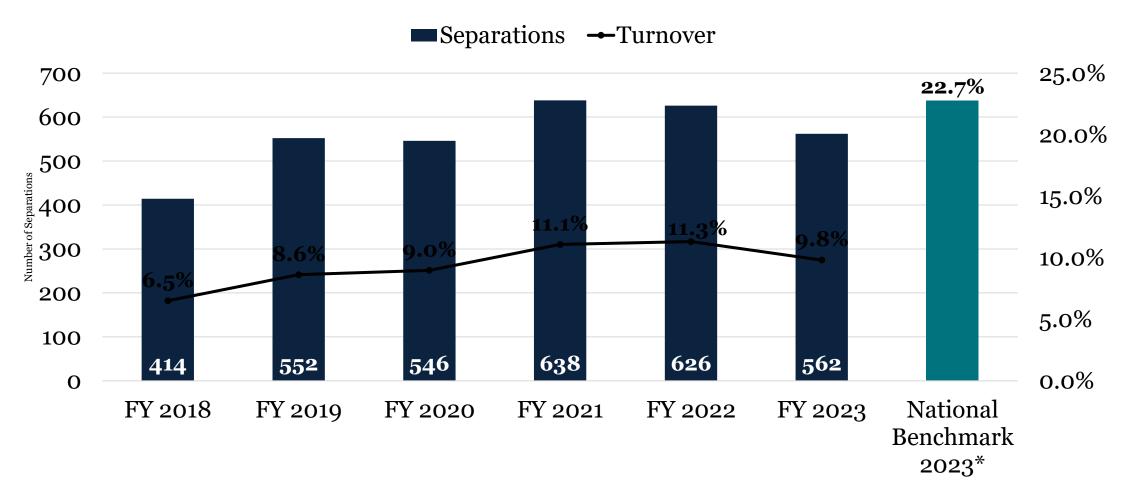


Does not include Consultants, Registry and House Staff

FY23 CCH HR Activity Report

Turnover - Pre-Pandemic - Dec through Nov YTD

9.8% YTD turnover



FY24 Impact Summary - Hiring



Filled Positions

99

Total Filled Positions YTD

72% Offer Acceptance Ratio



External Filled Velocity

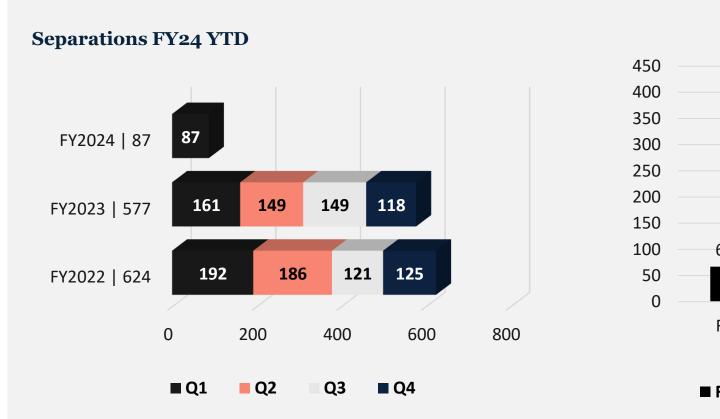
44

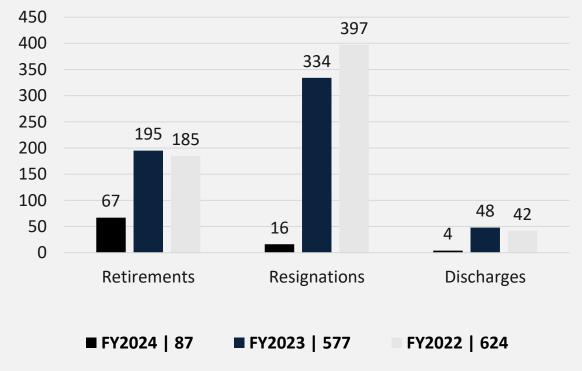
Total External Filled Positions

FY24 CCH HR Activity Report



Separations – Dec through Nov Year-Over-Year





Does not include Consultants, Registry and House Staff

Accelerated Nursing Hiring

Timeframe: 8/7/2023 - 01/08/2024



Quality & Patient Safety Metrics

Presented to the Cook County Health Board on 1/18/24





Data Definitions

In 2023 we looked at our data on monthly increments.

In 2024 we will look at most of our data on rolling 12-months increments to better quantify improvements. Not all data will have this format. As our Operational Excellence work continues to grow and evolve, we will expand this expectation to other data in the future.

Additionally, for 2024 we have added control charts for many, performance monitoring data. Control charts are visual depictions of quantitative data. They can be used for common variation monitoring or new process parameters (good/bad).

- True improvement occurs by working on the right tactics. We will see that improvement in changes in the data points above or below control limit based on the type of measurement.
 - <u>For higher is better data</u>: we should see our data advance several data points above the mean (dotted line) and eventually consecutive data points above the upper control limit of 2-standard deviations (top black sold line) above the mean.
 - <u>For Lower is better data</u>: we should see our data advance several data points below the mean (dotted line) and eventually consecutive data points below the lower control limit of 2-standard deviations (lower black solid line) below the mean.
 - Adversely if we see the data consistently trending in wrong direction it can be a call to action if it is not normal variation in the process.

Stroger

Operational Excellence Workgroups



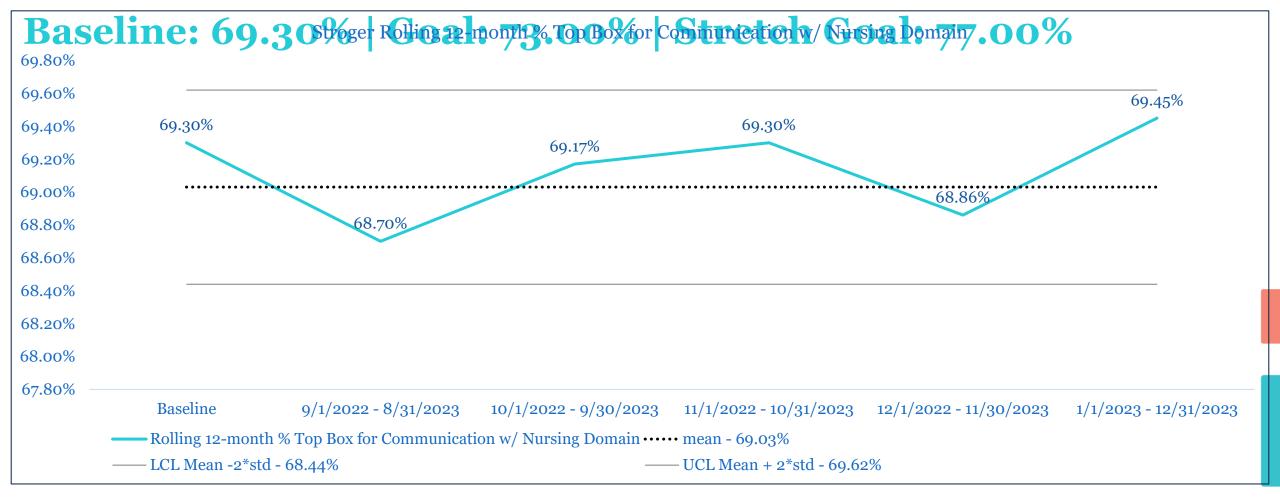
Stroger 2024 Areas of Focus

Site	Workgroup	Overall Workgroup Measure to Monitor Area of Focus	Baseline	Goal	Stretch Goal
	Patient Experience	Improve % Top Box for Communication w/ Nursing Domain	As of Nov 2022 - Oct 2023: 69.3% top box	73%	77%
Stroger	Patient Experience	Improve HCAHPS Survey Response Return %	As of Jan 2023 - Sept 2023: 13.6%	15%	16%
Stroger	Clinical Outcomes	Reduce CLABSI, CAUTI & CDIF Volume of occurrences	As of YTD Sept 2023: CLABSI: 8, annualized 11 CAUTI: 7, annualized 9 CDIF: 17, annualized 23	50% reduction CLASBI <= 4 CAUTI <=3 CDIF<=11	Zero Harm - o
Stroger	Clinical Outcomes	Reduce PSI - Patient Safety Indicator PSI12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis volume of occurrences	As of YTD Aug 2023 PSI12: 9 Annualized 14	50% reduction PSI-12 <=7	Zero Harm - o
Stroger	Readmissions	Reduce House wide Readmissions all Payors-including patients admitted elsewhere	Using IHA Data thru May 2023: 14%	13%	12%
Stroger	Throughput	Reduce timeline of Inpatient Ordered to physician verified (Diagnostic Radiology Orders)	As of Jan 2023 - Oct 2023: Order to Verified 795 mins	Reduction by 50% 398 mins	318
Stroger	Throughput	Improve GMLOS (geo-metric mean length of stay) variance	As of June 2023: 2.20 days variance to MS-DRG GMLOS	Reduce by .5 days	Reduce by 1.0 days
Stroger	Clinical Documentation	Increase Overall, Medical & Surgical CMI CMI Surgical	As of Jan 2023 - Aug 2023: Overall: 1.7560 Surgical: 3.0219 Medical: 1.2489	Improve by 10%: Overall: 1.9316 Surgical: 3.32409 Medical: 1.37379	Improved from Goal by 20%: Overall: 2.1 Surgical: 3.9 Medical: 1.74

Stroger Op Ex Patient Experience Workgroup

Rolling 12-months HCAHPS Comm. w/ Nursing Domain - Top Box Score by

Received Date





Stroger Op Ex Patient Experience Workgroup

Rolling 12-months Survey Response Rate for HCAHPS by Received Date

Baseline: 13.60% | Goal: 15.0% | Stretch: 16.0% Stroger Rolling 12-month Survey Response Rate 14.50% 14.00% 13.60% 13.50% 13.50% 13.50% 13.30% 13.00% 12.40% 12.50% 12.00% 11.50% 11.00% Baseline 9/1/2022 - 8/31/2023 10/1/2022 - 9/30/2023 11/1/2022 - 10/31/2023 12/1/2022 - 11/30/2023 1/1/2023 - 12/31/2023 Rolling 12-month Survey Response Rate — LCL Mean -2*std - 12.22% —— UCL Mean + 2*std - 14.06% ••••• mean - 13.14%



Stroger Op Ex Clinical Outcomes Workgroup

Volume of HAIs Occurrences: CLABSI

Goal: <=4 | Stretch Goal: Zero Harm o

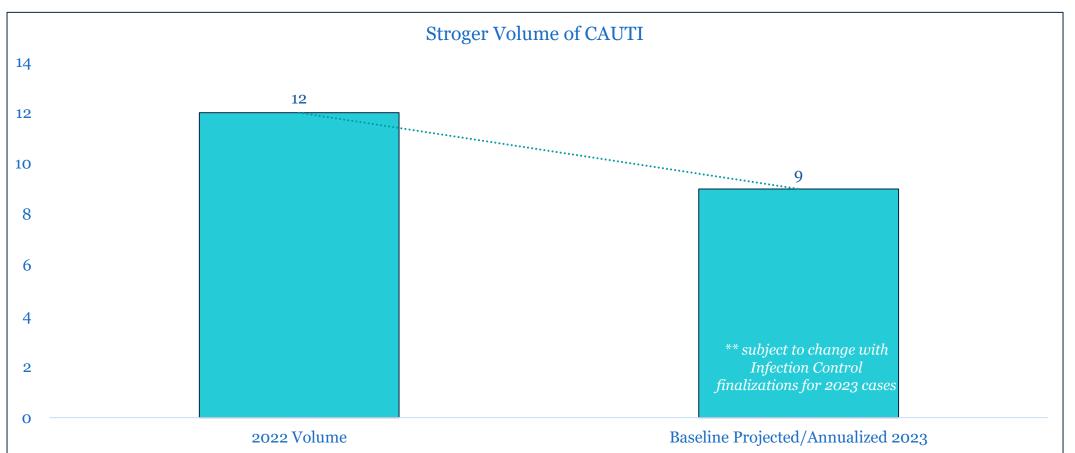


<u>Data Source:</u> Infection Control **Lower** is better

Stroger Op Ex Clinical Outcomes Workgroup

Volume of HAIs Occurrences: CAUTI

Goal: <= 3 | Stretch Goal: Zero Harm o



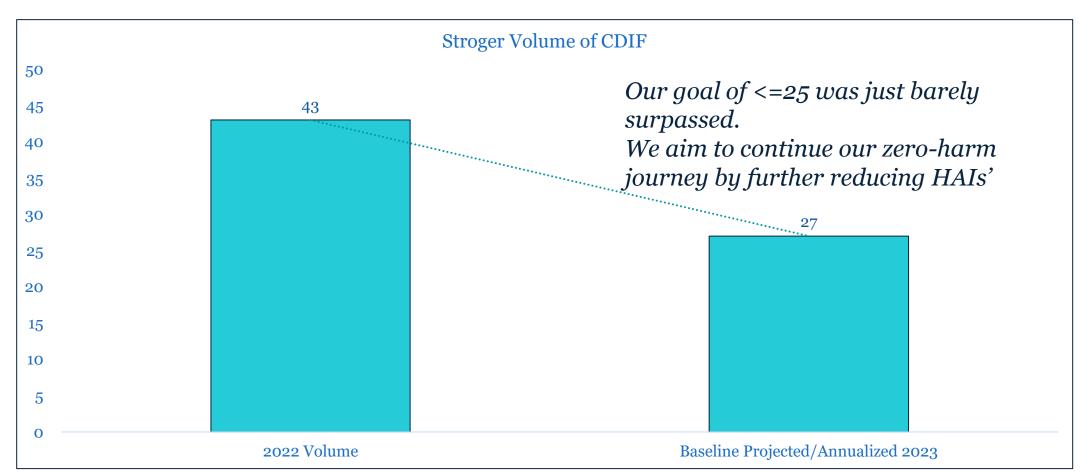


<u>Data Source:</u> Infection Control Lower is better

Stroger Op Ex Clinical Outcomes Workgroup

Volume of HAIs Occurrences: CDIF

Goal: <=11 | Stretch Goal: Zero Harm o

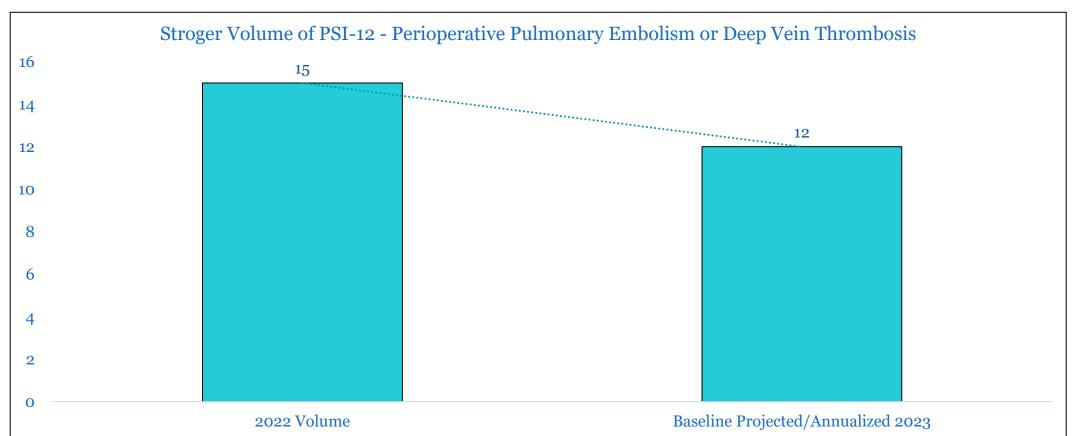




Stroger Op Ex Clinical Outcomes Workgroup Volume of PSI-12 - Perioperative Pulmonary Embolism or Deep Vein

Thrombosis

Goal: <=7 | Stretch Goal: Zero Harm o





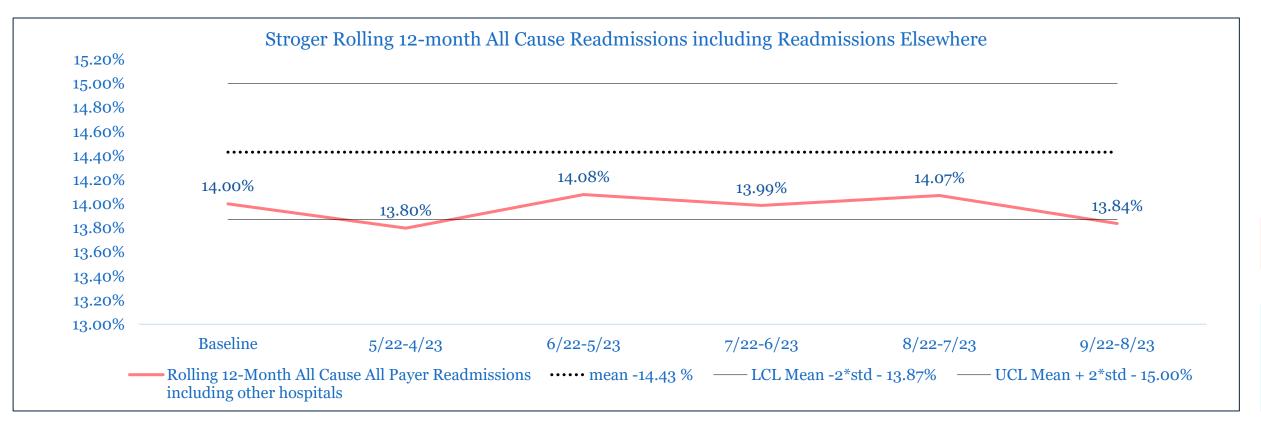
Data Source: Infection Control Lower is better

Stroger Op Ex Readmissions Workgroup

12-month Rolling All Cause Readmissions including Readmissions

Elsewhere

Baseline: 14% | Goal: 13% | Stretch Goal: 12%

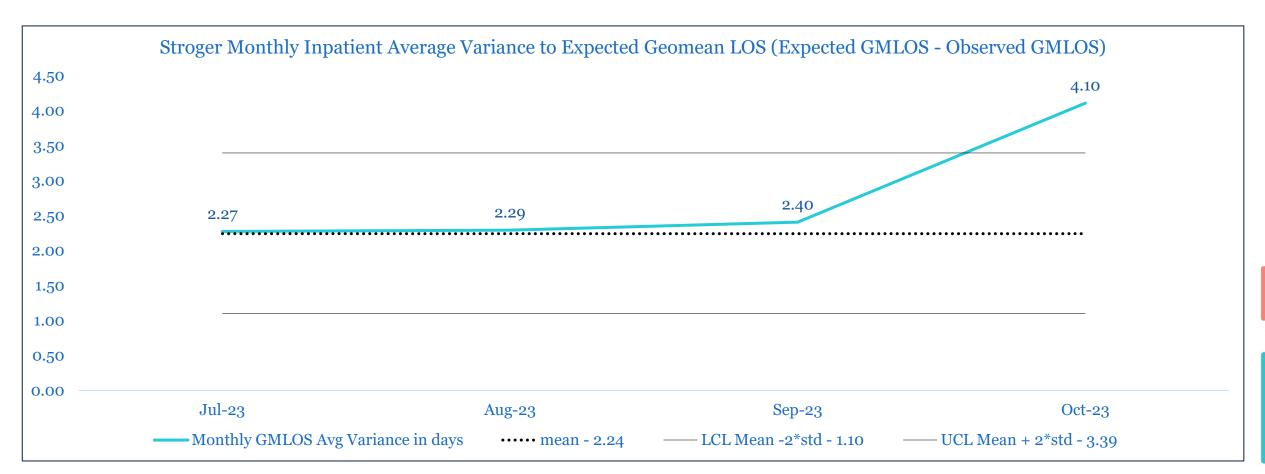




Stroger Op Ex Throughput Workgroup

Monthly Variance to GMLOS Expected

Baseline: 2.2 days | Goal: 1.7 days | Stretch Goal: 1.2 days

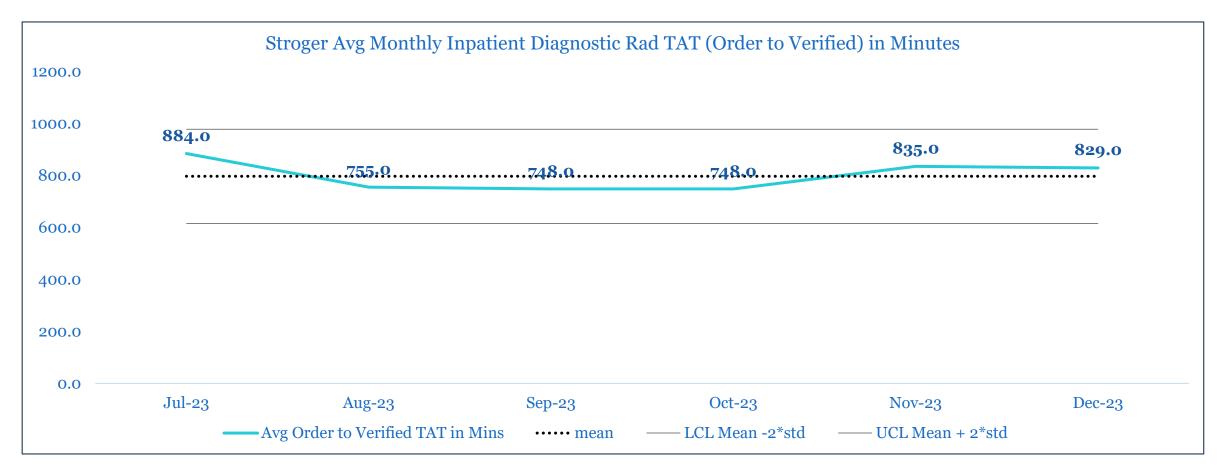




Stroger Op Ex Throughput Workgroup

Monthly Inpatient Diagnostic Rad TAT (Order to Physician Verified)

Baseline: 795 mins | Goal: 398 mins | Stretch Goal: 318 mins



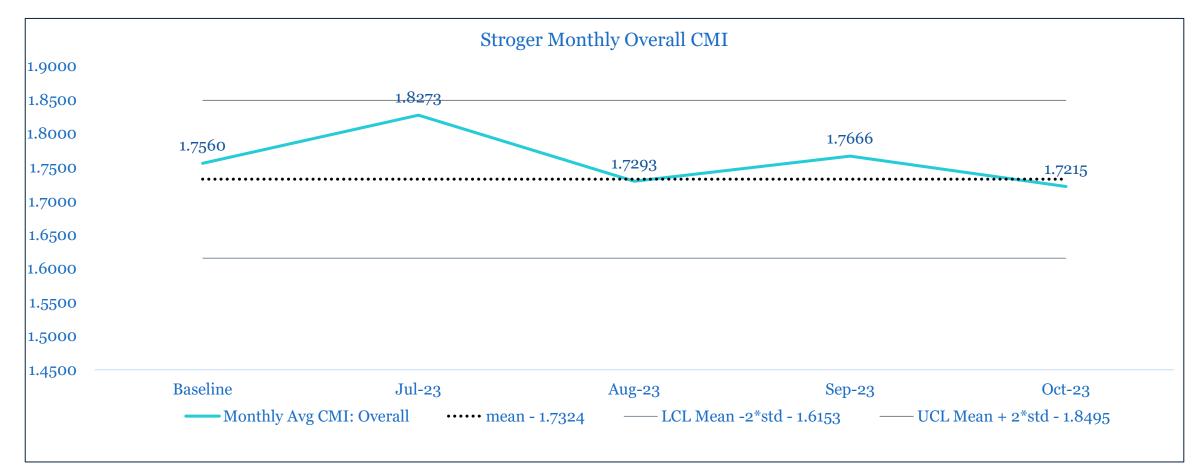


Control limits set from 01/2023-10/2023

Stroger Op Ex Clinical Documentation Workgroup

Monthly Overall CMI

Baseline: 1.7560 | Goal: 1.9316 | Stretch Goal: 2.10

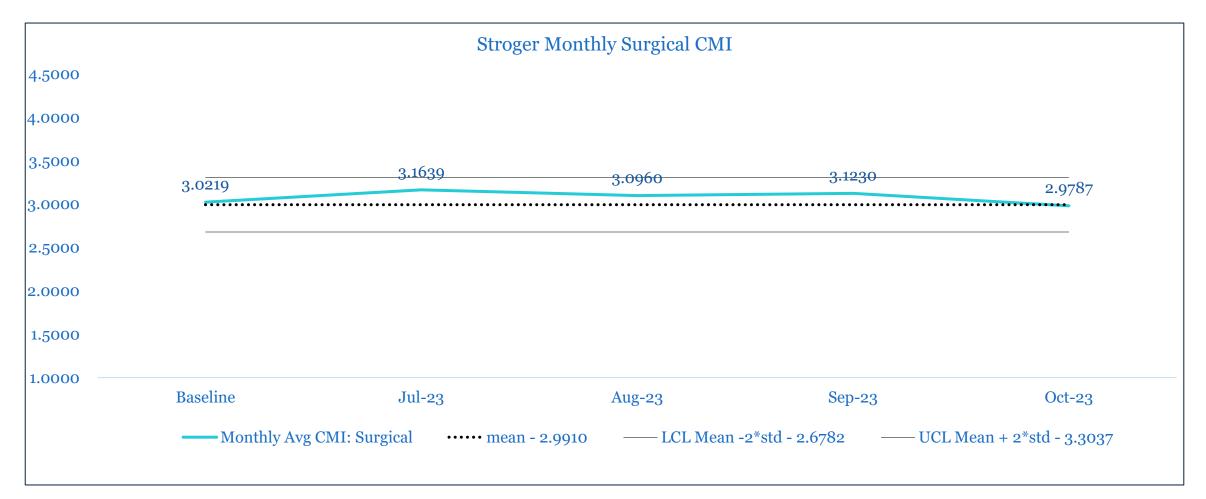




Stroger Op Ex Clinical Documentation Workgroup

Monthly Surgical CMI

Baseline: 3.0219 | Goal: 3.3241 | Stretch Goal: 3.90

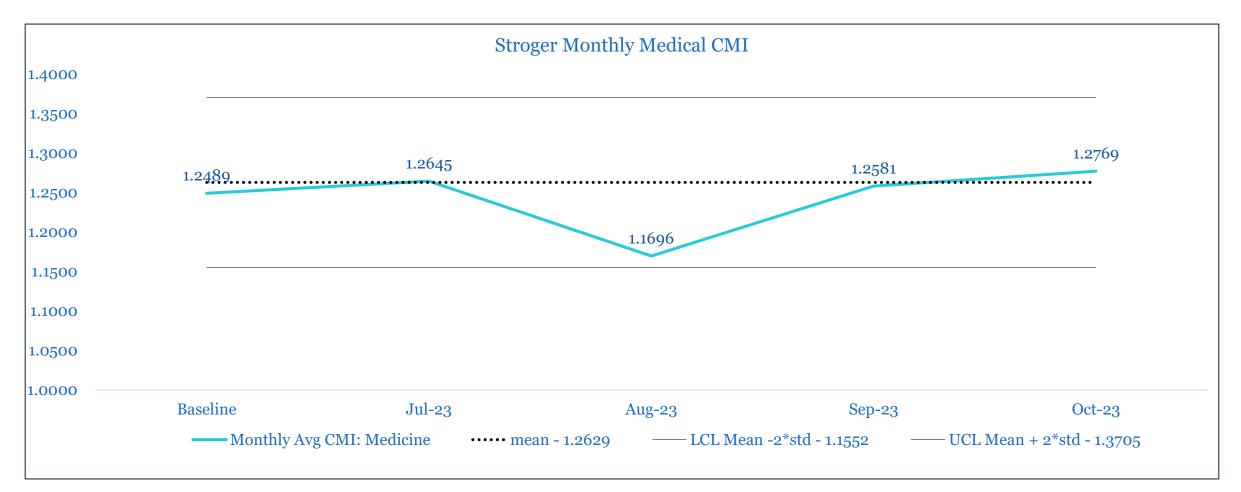




Stroger Op Ex Clinical Documentation Workgroup

Monthly Medical CMI

Baseline: 1.2489 | Goal: 1.3738 | Stretch Goal: 1.74





Provident Operational Excellence Workgroups



Provident 2024 Areas of Focus

<u>Site</u>	Workgroup	Overall Workgroup Measure to Monitor Area of Focus	Sourced from	<u>Baseline</u>	<u>Goal</u>	Stretch Goal
Provident	Patient Experience	,	Press Ganey, 12-month rolling top box	As of Sept 2023: 74.63% top box	79.8	80
Provident	Patient Experience			As of Jan 2023 - Sept 2023: 11.8%	18%	20%
Provident	Clinical Outcomes	Improve SEP-1 Compliance Rate	Abstracted data	As of Oct 2022 - Sept 2023: 50%	60%	65%
Provident		Improve HH Compliance and coach clinicians where we are not meeting the compliance	<i>v</i>	Baseline beginning mid 2023: 75.38%	80%	90%
Provident	Throughput		Tableau: System Volumes, Selection of Provident	As of Nov 2022 - Oct 2023: 5.5%	4.50%	4.00%

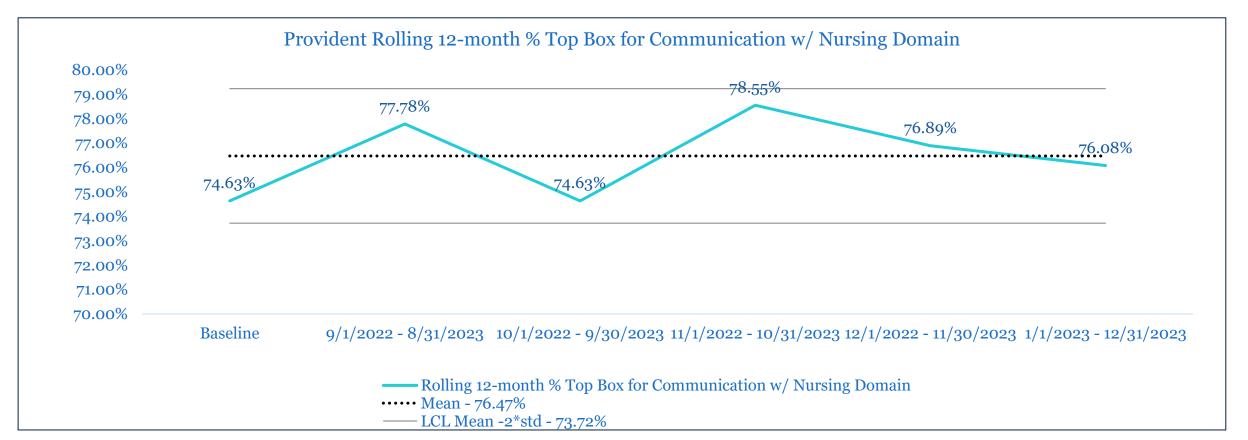


Provident Op Ex Patient Experience Workgroup

Rolling 12-months HCAHPS Comm. w/ Nursing Domain – Top Box Score by

Received Date

Baseline: 74.63% | Goal: 79.80% | Stretch: 80.00%

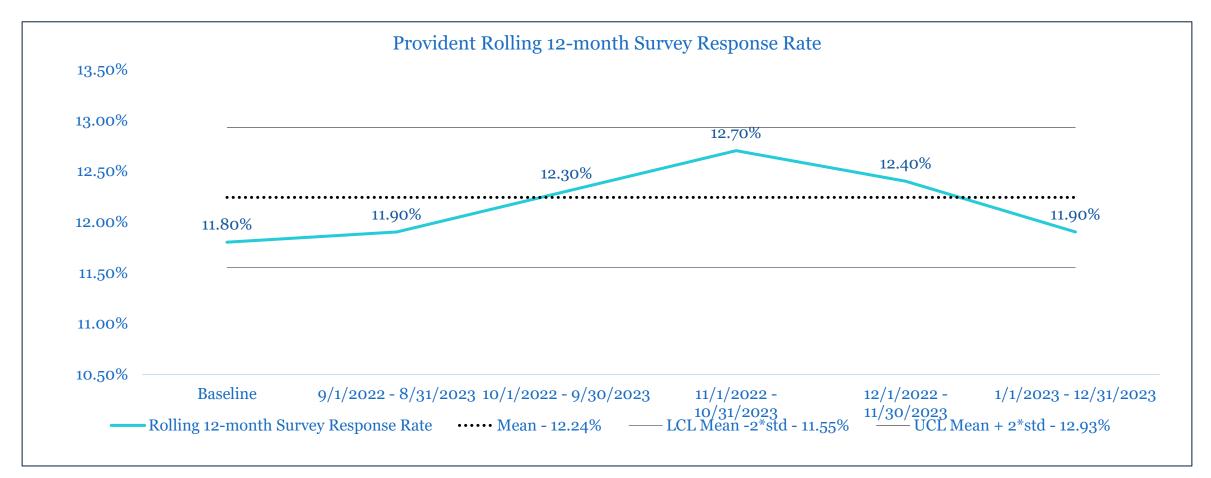




Provident Op Ex Patient Experience Workgroup

Rolling 12-months Survey Response Rate for HCAHPS by Received Date

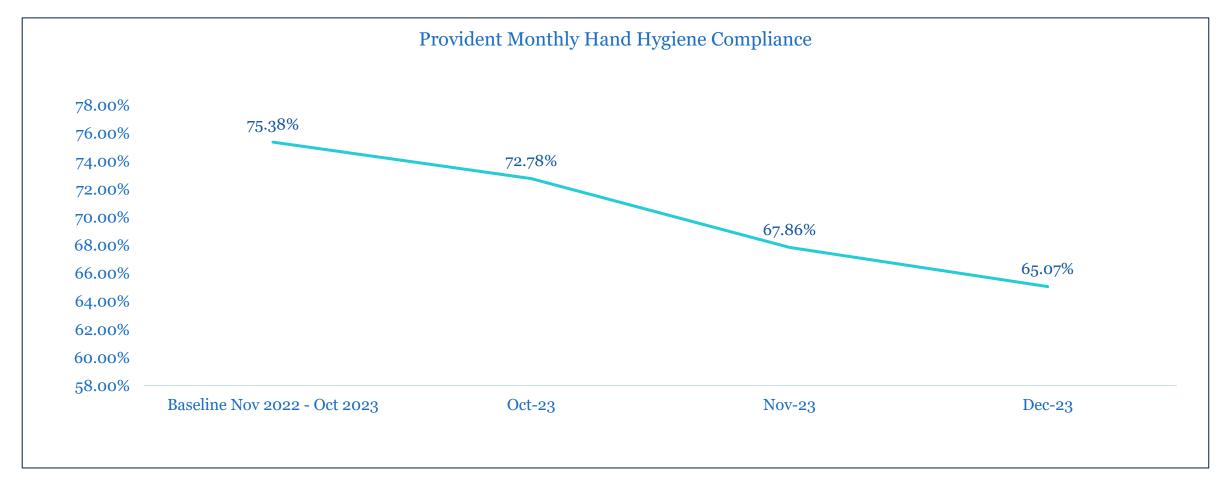
Baseline: 11.8% | Goal: 18.0% | Stretch: 20.0%



Provident Op Ex Clinical Outcomes Workgroup

Hand Hygiene Compliance Rate

Baseline: 75.38% | Goal: 80.0% | Stretch: 90.0%

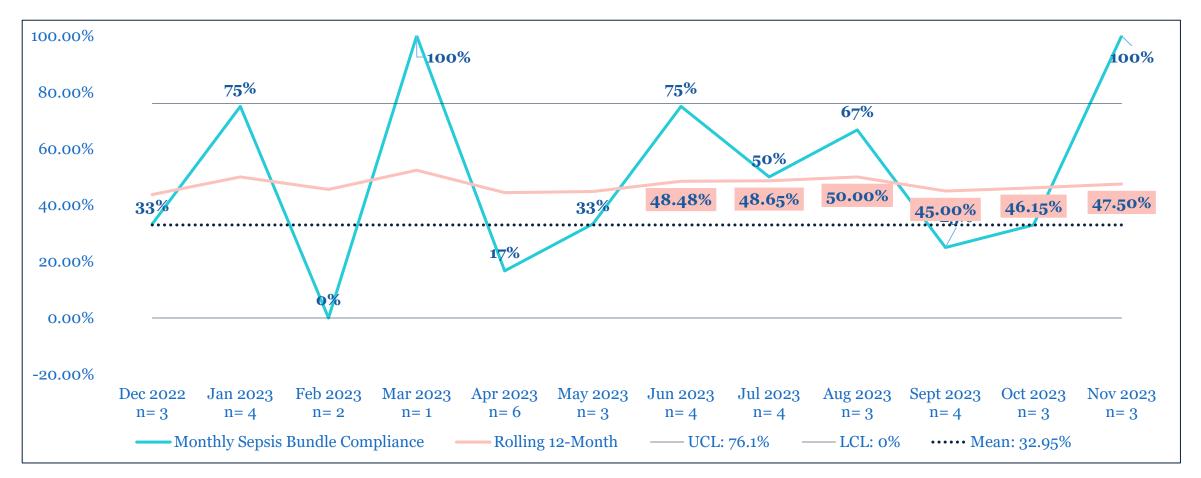




Provident Op Ex Clinical Outcomes Workgroup

CMS SEP-1 % of Patients with met Compliance

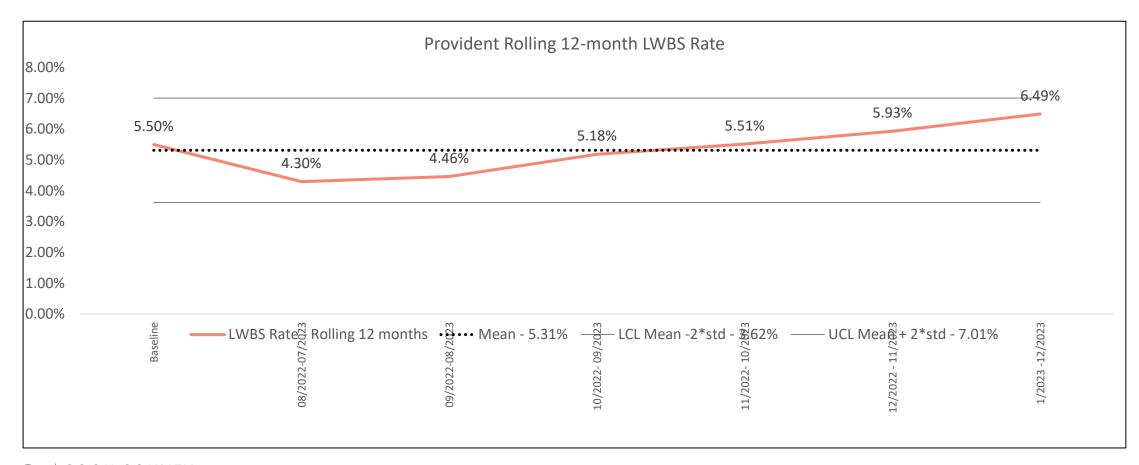
Goal: 60% | Stretch: 65%



Provident Op Ex Throughput Workgroup

Rolling 12-month LWBS Rate

Baseline: 5.5% | Goal: 4.5% | Stretch: 4.0%



ACHN - Ambulatory Operational Excellence Workgroups



Amb Services 2024 Areas of Focus

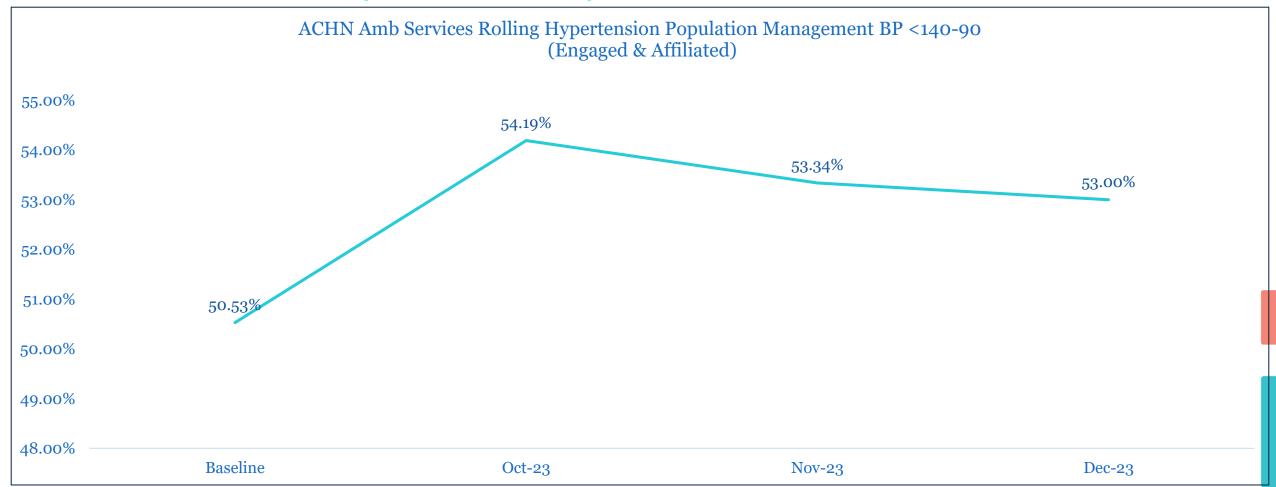
		Overall Workgroup Measure				
<u>Site</u>	<u>Workgroup</u>	to Monitor Area of Focus	Sourced from	<u>Baseline</u>	<u>Goal</u>	Stretch Goal
Amb		Concern of nurse/asst for	Press Ganey, 12-month	Baseline Nov 22 - Oct 23:		
Services	Patient Experience	problem	rolling top box	58.77%	61%	64%
Amb		CP explanations of	Press Ganey, 12-month	Baseline Nov 22 - Oct 23:		
Services	Patient Experience	prob/condition	rolling top box	64.78%	67%	70%
Amb			Press Ganey, 12-month	Baseline Nov 22 - Oct 23:		
Services	Patient Experience	Courtesy of registration staff †	rolling top box	60.00%	60%	65%
				As of Oct 2023:		
				BP <140/90: 50.53%	BP<140/90:	BP<140/90:
		BP <140/90	Healthe Registries use of	Cervical Cancer Screening:	55%	60%
Amb		and	engaged and affiliated	42.83%	Cervical	Cervical Cancer:
Services	Amb Quality	Cervical Cancer Screening	patients' logic		Cancer: 47%	52%
				As of Nov 2023:		
		Implement at least 2 payer		o contracts outside of		
Amb		contracts VBC language within 12		County Care have VBC	2 Contracts	4 Contracts
Services	VBC	months	Contracting for our payers	agreements in place	Implemented	Implemented



Amb Services Op Ex Hedis Workgroup

% of Hypertension Patients with Blood Pressure <140/90

Baseline: 50.53% | Goal: 55% | Stretch: 60%

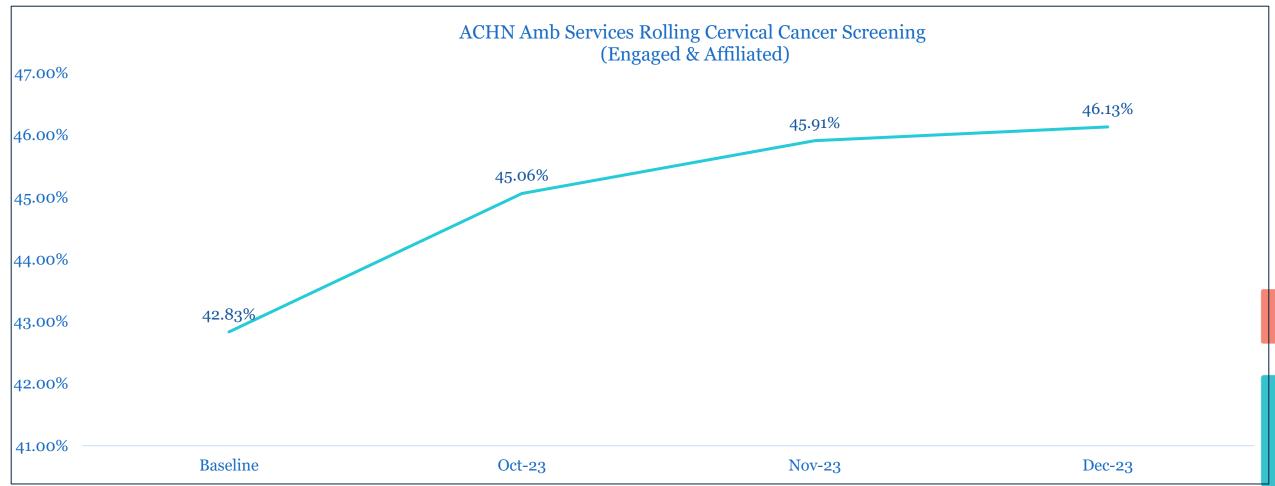




Amb Services Op Ex Hedis Workgroup

% of Qualified Patients with Completed Cervical Cancer Screenings

Baseline: 42.83% | Goal: 47% | Stretch: 52%

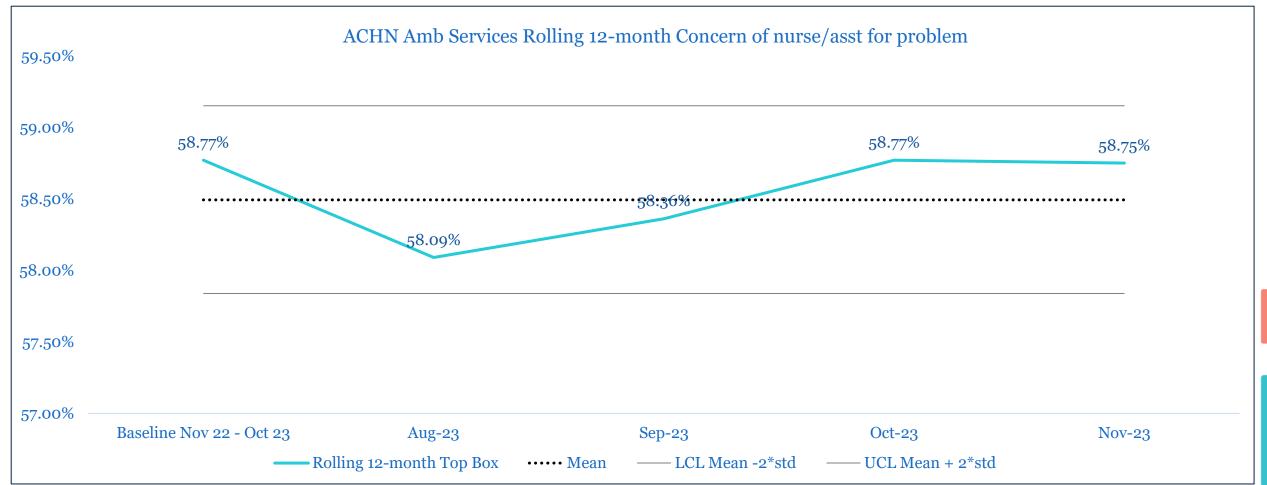




Amb Services Patient Experience Workgroup

12-month Rolling Top Box Nursing Concern

Baseline: 58.77% | Goal: 61.34% | Stretch: 63.56%

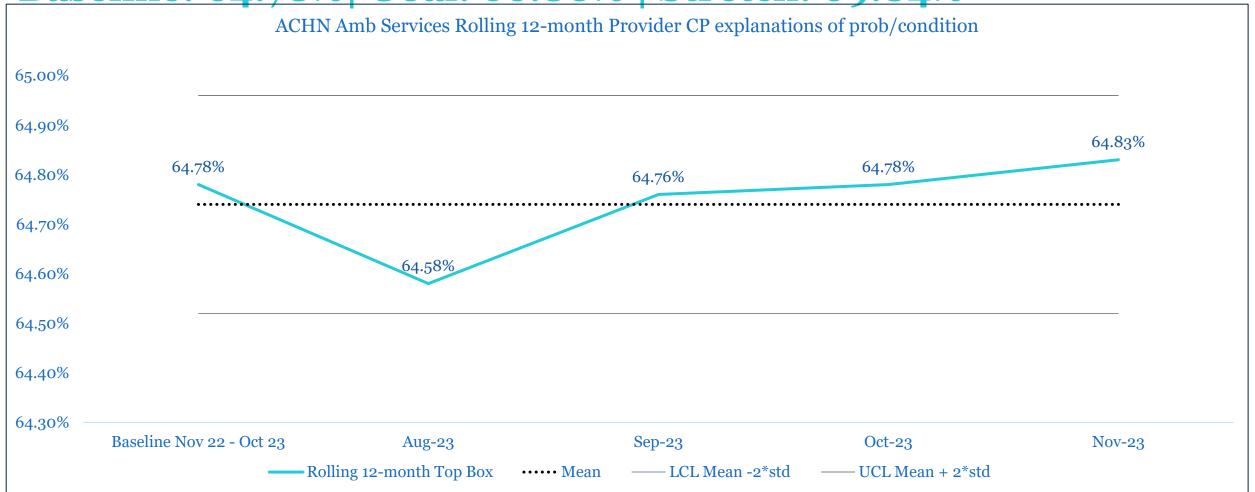




Amb Services Patient Experience Workgroup

12-month Rolling Top Box Provider Explanations of problem/condition

Baseline: 64.78% | Goal: 66.80% | Stretch: 69.84%

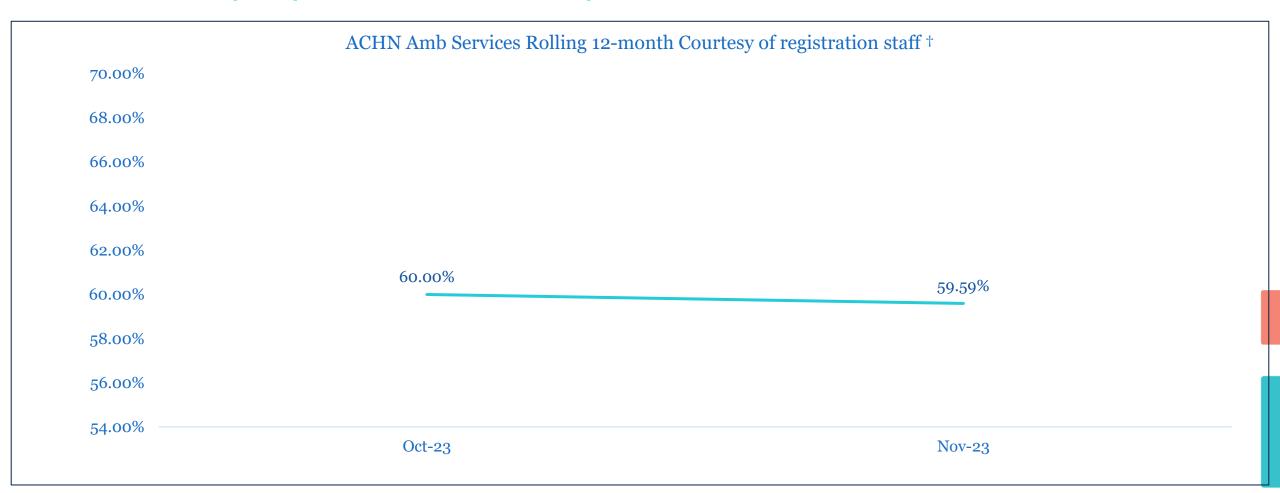




Amb Services Patient Experience Workgroup

12-month Rolling Top Box Courtesy of Registration Staff

Baseline: n/a | Goal: 60.00% | Stretch: 65.00%



A3 Development Underway

PARTNERSHIP with Quality and Workgroup Dyad Leaders

