

CCH Monthly Report

Item #: 25-1171

Presented to the Cook County Health Board on 7/24/25



COOK COUNTY
HEALTH

CEO Report Legislative Updates

Local



The **week of June 9**, CCH leadership appeared before the following Cook County Board committees to provide testimony and respond to questions from Commissioners.

- **Audit Committee** – Andrea Gibson, CCH Chief Strategy Officer addressed questions related to the County Auditor’s report on the ARPA-Healing Hurt People Chicago Program.
- **Finance Committee** – Pam Cassara, CCH Chief Financial Officer addressed questions related to the County’s *Monthly Revenues and Expenses Report* as well as *CCH’s June 2025 Monthly Report* which is a compilation of the metrics and presentations made to the CCH Board of Directors from the previous month.
- **Health & Hospitals Committee** – Dr. Kiran Joshi, CCDPH COO and Denise Gilbert, CCDPH Chief Nursing Officer presented CCDPH’s *Quarterly CCDPH Report/Q2 Nursing Unit*. Dr. Joshi also presented CCDPH’s *Semi-annual Disparities Report*. The committee also approved a Resolution declaring *Maternal Morbidity and Mortality a Public Health Crisis*. Presentations on the *Maternal Healthcare and Morbidity and Mortality Rates in Cook County Resolution* were deferred to a future meeting.
- **Legislation & Intergovernmental Affairs Committee** – Gina Massuda-Barnett and Heather Steans appeared before the committee as their appointments to the Cook County Health Board of Directors were considered. The committee approved both appointments unanimously.

CEO Report Legislative Updates

Local



The **Cook County Board of Commissioners met on June 12, 2025**. The following items pertaining to CCH appeared on the agenda:

- The following Cook County Audit reports were referred to the Cook County Audit Committee for consideration:
 - Cook County Annual Comprehensive Financial Report;
 - Cook County Illinois Report to the County President, Board of Commissioners, and the Audit Committee;
 - Cook County Illinois Report on Federal Awards (In accordance with the Single Audit Act Amendments of 1996, and Uniform Guidance);
 - Cook County Health and Hospitals System of Illinois d/b/a Cook County Health (an Enterprise Fund of Cook County, Illinois) Financial Report;
 - Cook County Health and Hospitals System d/b/a Cook County Health Report to the Audit and Compliance Committee;
 - Cook County Illinois Actuarial Study of the Workers Compensation and Liability Self-Insured Programs.
- Cook County's Prevailing Wage Ordinance for COUPE was approved.
- CCH's *Semi-annual Mental Health Report* was referred to the Health & Hospitals Committee for consideration;
- CCH's *Bi-annual Agency Utilization Report* was referred to the Health & Hospitals Committee for consideration.

CEO Report Legislative Updates State

The House and Senate adjourned the Spring 2025 session and passed a \$55.2B state budget which takes effect on July 1.

The Fall/Veto session days will be October 14-16 and 28-30, but legislators may return to Springfield sooner for special session, to address unresolved issues with the regional public transit system as well responding to actions from Congress and the White House.

Updates related to Cook County Health's spring session priorities are listed below:

- **Protecting/preserving Medicaid**
 - No cuts to eligibility, provider rates, covered services for traditional Medicaid.
 - Health Benefits for Immigrant Adults (HBIA), which provides Medicaid-like coverage for immigrants 42-64 was not funded. Coverage for approximately 30,400 Illinois residents (with 20,700 in Cook County) will end June 30. CCH has been reaching out to HBIA enrollees and encouraging them to get care prior to the coverage end date. CCH is also providing presumptive eligibility for HBIA enrollees into CareLink, the health system's financial assistance (charity care) program.
 - Health Benefits for Immigrant Seniors (HBIS), which provides Medicaid-like coverage to immigrant seniors 65+ will continue and is funded at \$110M. New enrollment remains frozen.

CEO Report Legislative Updates State

Increasing funding to local health departments

- The local health protection line in the Illinois Department of Public Health's budget remains flat funded from FY25 at just over \$20M.

Supporting harm reduction legislation that reduces overdose deaths and prioritizes treatment

- [HB2929](#) to establish pilot overdose prevention sites in Chicago did not advance.
- [HB4039](#), a harm reduction omnibus that was filed last in the spring session did not advance; the sponsor intends to work on this bill over the summer.

Improving behavioral health infrastructure and addressing gaps in workforce

- [HB3511](#) to provide grants to nonprofits that hire Licensed Clinical Social Workers and expands an existing social worker loan repayment program passed the House but did not pass the Senate.
- [SB1560](#) to promote a new state resource (BEACON) that helps families seeking behavioral health services for children and establishes a pathway for universal mental health screenings in schools passed both chambers.
- \$3M was included in the Illinois Department of Public Health's budget to support loan repayment and scholarships for the [Equity and Representation in Health Care Act](#), legislation that was championed by CCH in 2022 that seeks to support existing staff and recruit new employees working at Cook County Health facilities, as well as Federally Qualified Health Centers. ERHCA is modeled after the National Health Service Corps (NHSC) program but allows for additional participants and sites not currently eligible through NHSC. CCH has been working with IDPH for the last several years to draft administrative rules, which must be approved before the program can start accepting applicants.

CEO Report Legislative Updates

State

- In absence of a federal solution, states are passing legislation to protect the 340B prescription drug discount program. [HB2371](#) seeks to prohibit pharmaceutical manufacturers from restricting or interfering with 340B covered entities and their contract pharmacies. The bill passed the full Senate and the House Executive Committee unanimously but was not called for a vote on the House floor. CCH supported this legislation and will continue to work with the Illinois Health and Hospital Association and the Illinois Primary Health Care Association on future advocacy efforts.
- The [State of Illinois reaffirmed that pregnant people in Illinois](#) have the right to the full range of life-saving care, including abortions, in Illinois hospital emergency rooms. Illinois codified these protections in 2024 via [Illinois Public Act 103-0784](#). This re-affirmation came in response to federal guidance that was recently rescinded by the [Trump Administration](#).

CEO Report Legislative Updates State

1115 Waiver

The Illinois Department of Healthcare and Family Services (HFS) continues to move forward with the [Medicaid 1115 waiver](#) that was approved by the federal government July 2024. HFS has received federal approval for the contract, protocols, and plans necessary to implement the waiver.

An [announcement from federal CMS](#) to no longer support Medicaid waivers that include designated state health programs (DSHPs) and designated state investment programs (DSIPs) does not have any impact on Illinois' approved 1115 waiver, as the Illinois waiver does not include DSHPs or DSIPs.

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

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

HFS expects to launch coverage of the first phase of new waiver covered services in 2026.

CEO Report Legislative Updates

Federal – info current as of June 27

Budget Reconciliation State of Play in the Senate

- **All committees have released bill text for the policies under their jurisdiction for budget reconciliation**
- **Vote in the Senate anticipated the week of June 23rd but that timing could slip**
- **Because the Senate bill will be different from the House-passed H.R. 1, the House will have to vote again on whatever bill the Senate passes**
- **Senate staff are meeting with the Senate Parliamentarian on both a partisan and bipartisan basis after which the Parliamentarian will provide guidance on whether provisions of the bill text comply with the Byrd Rule**
 - Should a provision fail to comply, any senator must raise a budget point of order on such provision (or multiple provisions) during floor consideration of the budget reconciliation bill
 - A motion to waive a budget point of order requires 60 votes and should it fail to achieve the vote threshold, the provision(s) subject to the point of order falls out of the bill
- **Senate Finance Committee bill text, which contains cuts to Medicaid and the Affordable Care Act (ACA), was released on June 16th and has been met with opposition by several Republicans leading some to call it an “initial draft”**
 - While a Congressional Budget Office (CBO) score is not available, it is likely that the number of uninsured individuals will go up from 16 million and the cuts to Medicaid of more than \$800 billion over 10 years in H.R. 1 will be higher as well
- **Republicans can only lose 3 votes on the floor and while timing of the floor vote is uncertain, the real deadline to get a final bill to the President is before the August recess because the bill raises the debt ceiling limit**

CEO Report Legislative Updates

Federal – info current as of June 27



Summary of Key Health Provisions in Senate Finance Committee Bill Text (as compared to H.R. 1)

Work Requirements

- Has same requirement as H.R. 1 that beginning not later than December 31, 2026, states conditions Medicaid eligibility and enrollment on compliance with work reporting requirements for adults ages 19 through 64 enrolled through Medicaid expansion (or section 1115 minimum essential coverage)
- However, applies the work requirement to parents, guardians and caregivers of children older than 14 years of age
- Allows the Secretary to exempt a state from compliance with the work requirements not later than December 31, 2028, if the Secretary determines the state is demonstrating good faith to comply with the work requirements

Immigrants

- Imposes the same 10% reduction in the expansion FMAP (reducing it from 90% to 80%) if a state provides comprehensive coverage or subsidizes the purchase of private insurance for undocumented immigrants regardless of the source of funding (public or private) beginning on or after October 1, 2027
 - **Note: Illinois has an automatic trigger that removes Medicaid eligibility for the ACA expansion population if the federal government reduces the federal match to anything less than 90%**
- Adds a provision that cuts the federal funding states receive for emergency services provided to individuals who would qualify for Medicaid expansion but for their immigration status, lowering the states FMAP to their FMAP for non-expansion populations effective October 1, 2026
- Adds language eliminating Medicaid, CHIP, Medicare and ACA eligibility for refugees, asylees, parolees, certain abused spouses and children, certain victims of trafficking

CEO Report Legislative Updates

Federal – info current as of June 27



Summary of Key Health Provisions in Senate Finance Committee Bill Text (cont'd)

Eligibility Determinations – Contains the same requirement that states to conduct eligibility determinations for expansion population adults every 6 months (versus annually) starting December 31, 2026 but adds an exception for individuals with a disability

Retroactive Coverage – Limits retroactive coverage in Medicaid to one month (versus 90 days) for Medicaid expansion beneficiaries and two months for traditional Medicaid beneficiaries

Provider Taxes and State Directed Payments (SDPs)

- Prohibits states from establishing new provider taxes and in 2027, expansion states must reduce provider taxes for facilities other than nursing or intermediate care facilities by 0.5% annually until it reach a 3.5% max in 2031
- Beginning in 2027, SDPs in Medicaid expansion states are reduced by 10% annually until they reach the Medicare-related payment limit
- Clarifies that the calculation of the Medicare rate would be on the total payment rather than the SDP impacting the ability to get higher base rates

Copays – No change to H.R. 1 requiring copays of not more than \$35 per service for Medicaid expansion adults with income above 100% FPL with exceptions for primary, prenatal, pediatric, emergency room care

Medicaid DSH Cut Delays – Does not contain the provision in H.R.1 that delays \$8 billion per year in Medicaid DSH cuts from taking effect until federal FY 29-31

Gender-Affirming Care – Contains the same prohibition of federal payment for gender-affirming care for both young people and adults as in H.R. 1

ACA enhanced premium tax credits – Much like H.R.1, it does not extend the enhanced premium tax credits enacted under the American Rescue Plan Act

CEO Report Legislative Updates

Federal – info current as of June 27

Other Provisions in the Senate Budget Reconciliation Bill

SNAP – Cuts federal spending by \$209 billion over 10 years (compared to \$300 billion in H.R. 1)

- Requires a state match for SNAP allotments in FY28 for the first time ever based on a state's payment error rate
 - If the Illinois error rate remains unchanged, the state would pay 15% of the cost of SNAP allotments
- Contains the same increase in the state share of administrative costs from 50% to 75%
- Increases the age for SNAP work requirements to age 64 (from 54), applies the work requirement to parents of children older than 10 years of age (current law is 18 years of age), and removes the Secretary's discretion to waive work requirements because of insufficient jobs

Child Tax Credit (CTC) and Earned Income Tax Credit (EITC)

- Increases the maximum CTC from \$2,000 to \$2,200 (as opposed to \$2,500 in H.R. 1) but does not reinstate full eligibility for the 17 million children who don't get the full credit because their families' earnings are too low and increases that number to 20 million
- Strips eligibility for American children who are currently eligible but who don't have a parent with a Social Security Number (H.R.1 denied eligibility if *any* parent lacks a Social Security Number)
- Makes it harder for low- and moderate-income families to access EITC

Border Security and Immigration

- \$45 billion to build immigration detention for families and adults
- \$27 billion for immigration enforcement and removal
- New fees for applications for humanitarian protection including \$3,500 for sponsors of unaccompanied children
- \$46.5 billion for border wall and other border enforcement

CEO Report Legislative Updates

Federal

Federal Fiscal Year 2026 Budget and Appropriations

More details of President Trump's FY26 budget have been released

- Toplines: a 25% reduction in funding for HHS which includes a nearly 40% cut to the Centers for Disease Control and Prevention
- Proposed elimination of dozens of federal programs including many that are fully authorized and some whose authorizations have lapsed
- Proposed creation of the Administration for a Healthy America under which some HHS agencies would be moved although whether Congress will authorize this proposal is uncertain

FY26 appropriations process is underway in the House and on pause in the Senate

- House Labor-HHS Subcommittee markup scheduled for July 21 and full House Appropriations Committee markup on July 24
- Senate has indicated it will not move forward with FY26 Labor-HHS appropriations until after completing work on budget reconciliation

CEO Report Legislative Updates

Federal



Trump-Vance Administration Health and Immigration Priorities

Presidential Memo on June 6th “Eliminating Waste, Fraud and Abuse in Medicaid”

- Calls on HHS to take appropriate action to eliminate waste, fraud, and abuse in Medicaid, including by ensuring Medicaid payment rates are not higher than Medicare under SDPs
- Regulation on SDPs in development but not released publicly

Centers for Medicaid and CHIP Services (CMS) Announces Increased Oversight of Medicaid Funding for Health Care of Undocumented Immigrants

- CMS oversight will include focused evaluations of select state Medicaid spending reports (CMS-64 form submissions); in-depth reviews of select states’ financial management systems; and assessing existing eligibility rules and policies to close loopholes and strengthen enforcement

Immigration Enforcement Priorities

- Trump Administration reverse guidance exempting farms, hotels and restaurants from immigration raids and orders ICE to expand effort to detain and deport undocumented immigrants in Democratic-run cities including Chicago

Vaccination Policy

- HHS removed the 17 sitting members of the Advisory Committee for Immunization Practices (ACIP) and days later appointed 8 new members including ones with vaccine skeptical viewpoints

New Hires and Promotions

New Leadership Hires

Ayokunle Abegunde, Chair of the Division of Gastroenterology, Medicine

Ping Tang, Chair of the Division of Surgical Pathology, Clinical & Anatomical Services

Amy Melvin, Director of Tuberculosis Prevention and Control, Tuberculosis Clinical Services Program, DPH

Susan Costello, Director of Nursing Operations, Nursing Services Administration

Candice Mulder, Director of Clinical Research, Research & Clinical Trials

Rebecca Messina, Clinical Nurse Leader, Nursing Professional Development & Education

Kajal Jindal, Physical Therapy Manager-Pediatrics, Physical Therapy

Angela Tefera, Tuberculosis Clinic Nurse Manager, TB Control, DPH

Lisa Brown-Reed, RN Coordinator Bed Management, Nursing Administration, Stroger

Delicia Holiday-Chatman, Manager of Complex Care Coordination, CountyCare

New Leadership Hires

Sheri Hurdle, Manager of Operations-Community Health Center, Westside Health Center, ACHN

Franky Russell, Manager of Quality of Care & Population Health, CountyCare

Lauren Hollowell, Pharmacist Manager, Pharmacy Inpatient Services, Stroger

Latravia Johnson, Nurse Coordinator II, Preoperative Nursing

Christopher Isada, Nurse Coordinator II, Medical ICU Nursing

Darian Gurrola, Process Improvement Manager, Nursing Staffing Float Pool, Stroger

Vakisha Rachel, House Administrator, Patient Care Services Nursing, Cermak

Congratulations

Promotions

Cristina Turino, Chief Operating Officer, Health Plan Services, CountyCare

Juan Ruiz, Medical Director of Dialysis Services, Renal Diseases

Paul Allegretti, Director of the Division of Adult Emergency-Medical Staff, PMC

Cynthia Washington, Executive Director of Patient Services, Revenue Cycle

George Papadopoulos, Director of Environmental Public Health, Environmental Health, DPH

Joseph Teves, Director of Nursing Operations, Nursing Services Administration

Amir Budhwani, Director of System Integration & Support-Supply Chain, Administration

Laura Ternand-Hughes, Mental Health Director, Mental Health Services, Cermak

Lamont Boswell, Senior Manager of Complex Care Coordination, Community Care Coordination

Jasmin Sanchez, Senior Project Manager, Strategic Planning and Implementation

Recognition & Announcements

Thank You Provident Team



Thank you to the Provident Hospital and facilities teams for the response during this week's heat wave that strained the hospital's HVAC system. Their quick action, around-the-clock efforts, and teamwork ensured that patient care and safety were maintained during these challenging conditions. Your expertise and dedication are much appreciated!

Adam Weber
Alejandro Corona
Alicia Taylor
Amy O'Malley
Dr. Anna Tzonkov
Dr. Arnold Turner
Arpeja Love
Beena Peters
Bikram Sahdev
Bryan Pravel
Carol Duncan
CaTanya Norwood
Christopher Revekant
Craig Williams

Cynthia Walsh
Dan Ruiz
Dawn Purnell
Deborah Crooks-Reed
Denise Goodie
Donnica Austin-Cathy
Graciela Paladines
Jackie Whitten
Jarvis Pittman
Jennifer Barnickel
Jillyan Iwinski
John Prendergast
Joseph Kapenas
Karey Raines

Kate Hedlin
LaTrice Porter-Thomas
Dr. Lauren Smith
Marlon Kirby
Michael Moonan
Octavia Rolland
Pamela Assam
Patricia Taylor
Paul Allegretti
Priscilla Bennet
Patricia Taylor
Raji Thomas
Raphael Parayao
Ronald Robinson

Ruben Gonzalez
Dr. Rudolf Kumapley
Saadia Carter
Sandra Kwarteng
Scott Stoll
Dr. Sharon Welbel
Susan Edralin
Thelma Lim
Tobbish Holmes
Tony Leung
Victor Galfano
Wayne Pollard
William Brown
William McCracken

And thanks to the many others who also supported!

Nursing Clinical Excellence Award Winners

Layla Wey, Emergency Services Nurse of the Year

Falynn Demby, Medical Surgical
Rising Star

Mareena George, Medical Surgical
Clinical Nursing

Ancy Jacob, PalliativeCare
Advance Practice Nursing

Shiny James, Cermak Health
Correctional Health

Karen A Jones, CountyCare
Preceptorship

Linda Magee, CCDPH
Public Health Care

AlmeAiesha Meghie, Medical Surgical
Education & Mentorship

Wanida Mekaroonkamol, Cardiology
Volunteerism

Albeza V. Ruiz, Community Care Coordination
Community Care

Theresa Scott-Reed, Medical Surgical
Partners in Nursing

Joseph Teves, Endoscopy
Leadership

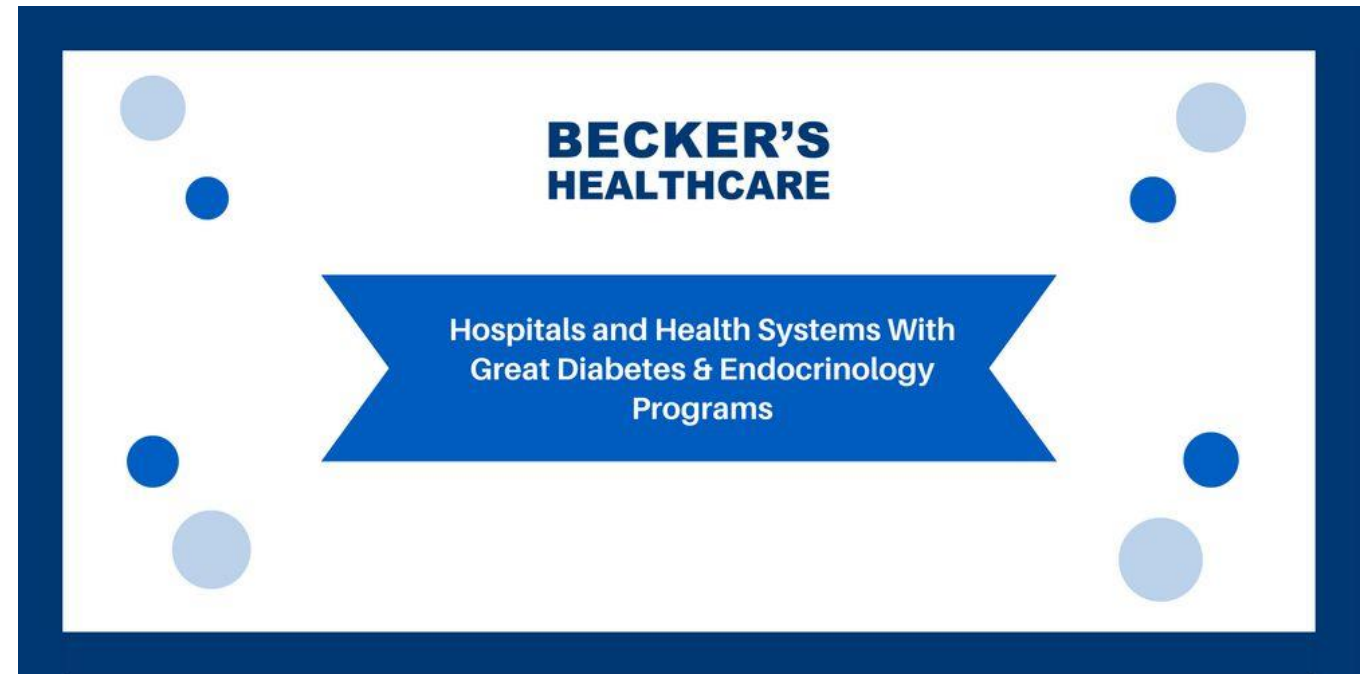
Tyrisha Whisenton, Emergency Services
Patient Care Support

COOK COUNTY
HEALTH

Accessible. Exceptional. For All.



Congratulations to CCH's diabetes and endocrinology team for being recognized by Becker's Healthcare as one of the nation's great programs!



The Toy Foundation Supports Stroger Pediatrics

Cook County Health's Stroger Hospital has been awarded an \$18,000 grant from The Toy Foundation's Children's Hospital Play Fund Program.

The Toy Foundation awarded 23 projects at hospitals across the nation, recognizing programs that reflected the importance of play in children's hospitals, particularly those in underserved communities.

Congratulations to the Child Life Team!



Healthcare Advertising Awards



Cook County Health's communication and marketing team was recognized with several national industry awards this month.

Healthcare Advertising Awards

- Silver Award: Total Health Talks podcast
- Bronze Award: Website redesign

PRNews Nonprofit Awards

- Podcast Category: Total Health Talks podcast
- Internal Publications: System Briefs

Aster Awards

Gold Award

- Multilingual Advertising: CountyCare "Bring on the Benefits"
- Surgical Services Marketing: Robotic surgery campaign

Silver Award

- Overall Campaign: CountyCare "Bring on the Benefits"
- TV/Video Advertising: CountyCare "Bring on the Benefits"
- Social Media Category: CountyCare POV series



Aster Awards
HONORING EXCELLENCE IN HEALTHCARE ADVERTISING

Protect Medicaid Press Conference

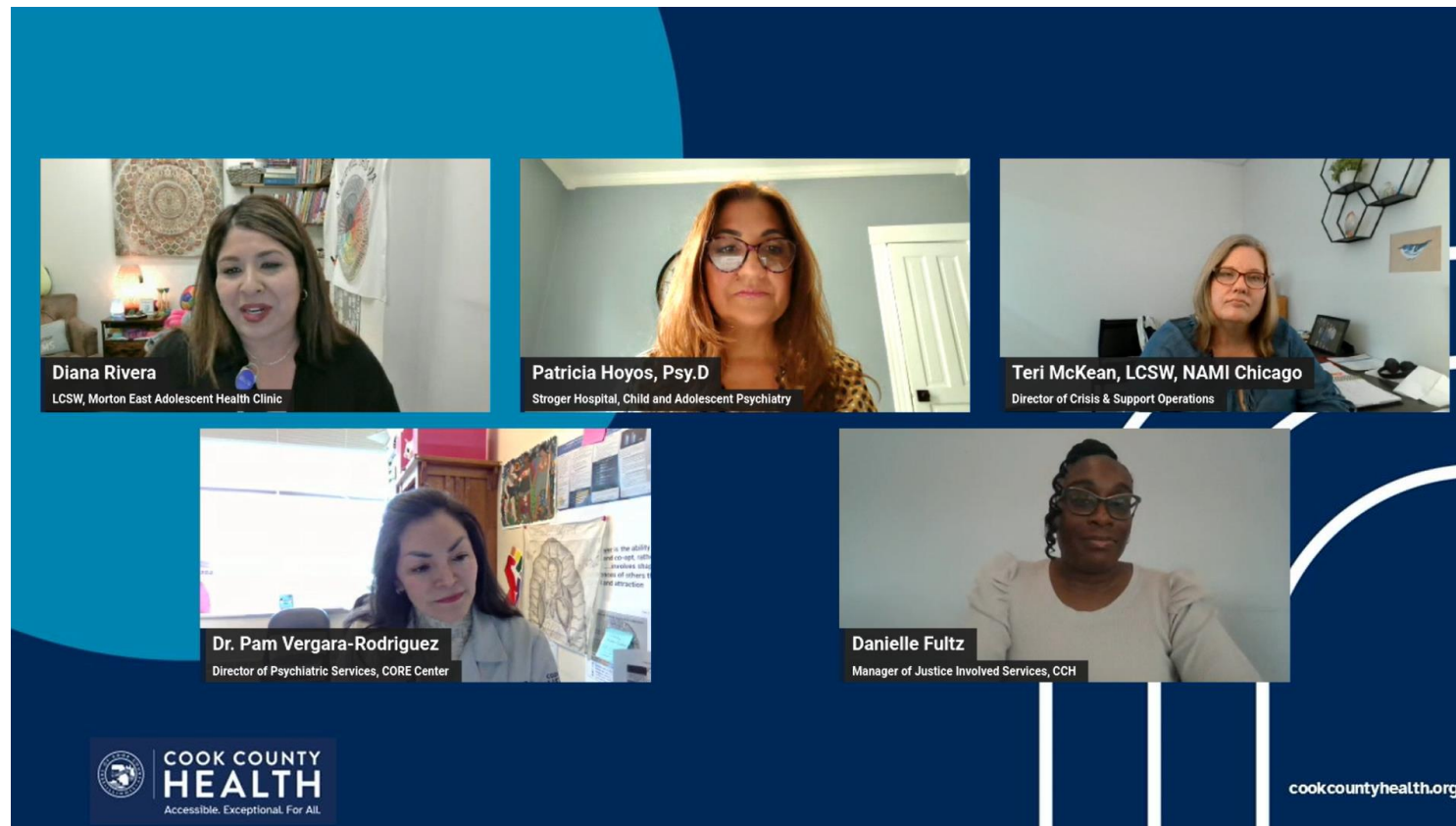
On June 20, Cook County Health hosted at Blue Island Health Center US Representative Robin Kelly and several local elected officials to talk about the potential impact of Medicaid funding cuts.

CCH continues to advocate to protect Medicaid as program that is critical to the health of our patients, members, and communities.



Let's Talk: Ending the Stigma Around Mental Health

In honor of Mental Health Month, Cook County Health led a virtual discussion about tools for mental wellness and discussed the importance of breaking down the barriers that come to seeking out care.
Thank you to our experts who participated!



ARPA Update



COOK COUNTY
HEALTH

ARPA Progress to Date

CCH ARPA Expenses and Budgets



■ Total Expenses to date

▨ Remaining Expenditures

Updated Guidelines:

- The County corporate fund will cover FY2025 personnel

Next Steps:

- Cash flow estimates complete, accelerating expenditures
- Progress addressing payment backlog to sub-recipients
- Monitoring monthly expenditures against goal
- Developing an updated sustainability plan post-ARPA



Finance Metrics



COOK COUNTY
HEALTH

Executive Summary: Statement of Financial Condition - April 30, 2025

- On an accrual basis, interim financials show that CCH ended April with a **\$59.8M unfavorable** variance to budget. County's preliminary cash report on revenues and expenses, which is cash-based accounting, shows that CCH is **unfavorable** to budget by **\$153.7M**.
- Revenue Commentary:
 - **Unfavorable** NPSR variance to Budget due to lower than budgeted volumes and increase in Charity Care
 - **Favorable** capitation variance to Budget due to higher than budgeted CountyCare membership
- Expenditures:
 - CountyCare claims **unfavorable** variance to budget due to higher than budgeted membership
- CountyCare:
 - CountyCare financials \$23.8M **unfavorable** to budget driven by medical loss ratio 1% higher than expected
 - Membership remains over 414,000 which is 4.6% greater than budgeted

Financial Results – April 30, 2025

Dollars in 000s	FY2025 Actual	FY2025 Budget	Variance	%	FY2024 Actual
Revenue					
Net Patient Service Revenue (1)	\$392,806	\$485,138	(\$75,381)	-15.54%	\$475,094
Government Support (2)	\$164,031	\$164,595	(\$564)	-0.34%	\$158,695
Adjusted NPSR	\$556,836	\$649,733	(\$75,945)	-11.69%	\$633,789
CountyCare Capitation Revenue	\$1,530,545	\$1,396,986	\$133,559	9.56%	\$1,380,932
Other	\$28,436	\$28,805	(\$369)	-1.28%	\$29,951
Total Revenue	\$2,115,818	\$2,075,525	\$57,245	2.76%	\$2,044,672
Operating Expenses					
Salaries & Benefits	\$321,723	\$381,438	\$59,715	15.66%	\$311,551
Overtime	\$24,333	\$22,195	(\$2,138)	-9.63%	\$22,723
Supplies & Pharmaceuticals	\$115,229	\$104,726	(\$10,503)	-10.03%	\$85,628
Purchased Services & Other	\$344,414	\$346,897	\$2,483	0.72%	\$301,630
Medical Claims Expense (1)	\$1,426,831	\$1,263,754	(\$163,077)	-12.90%	\$1,251,716
Insurance	\$14,021	\$12,655	(\$1,366)	-10.80%	\$0
Utilities	\$5,208	\$6,249	\$1,040	16.65%	\$5,431
Total Operating Expenses	\$2,251,759	\$2,137,914	(\$113,845)	-5.33%	\$1,978,679
Operating Margin	(\$118,989)	(\$62,389)	(\$56,600)	90.72%	\$65,993
Non-Operating Revenue	\$62,515	\$65,710	(\$3,195)	-4.86%	\$65,382
Net Income (Loss)	(\$56,474)	\$3,322	(\$59,795)	-1800.19%	\$131,375

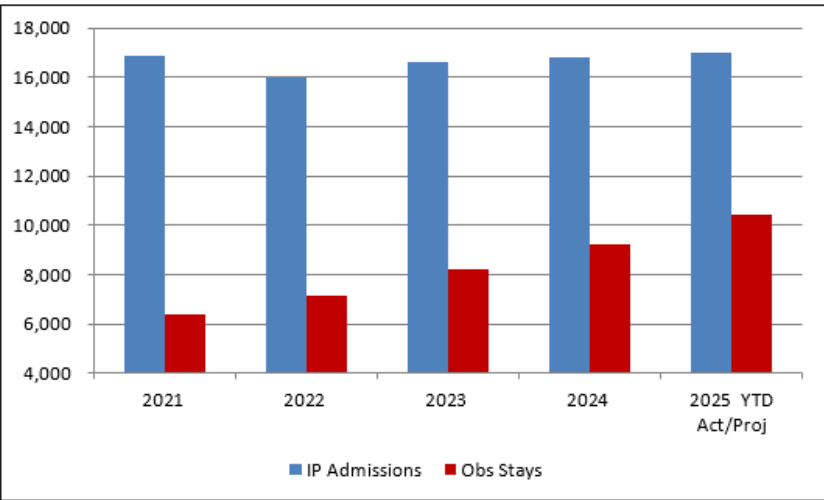
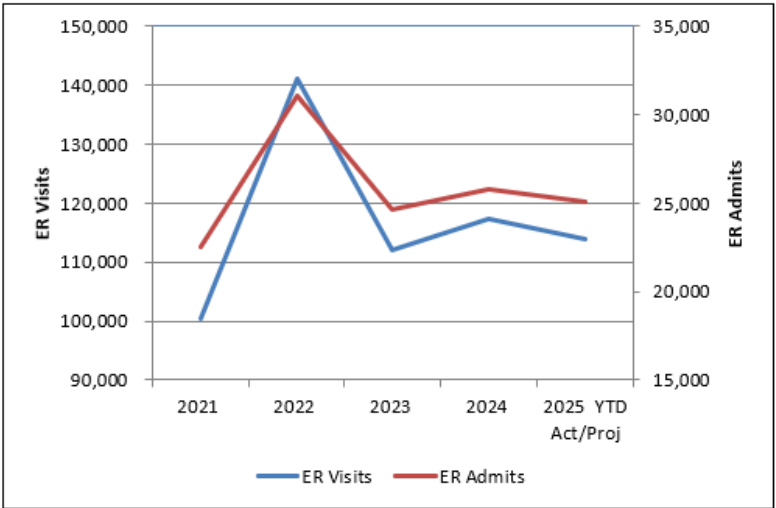
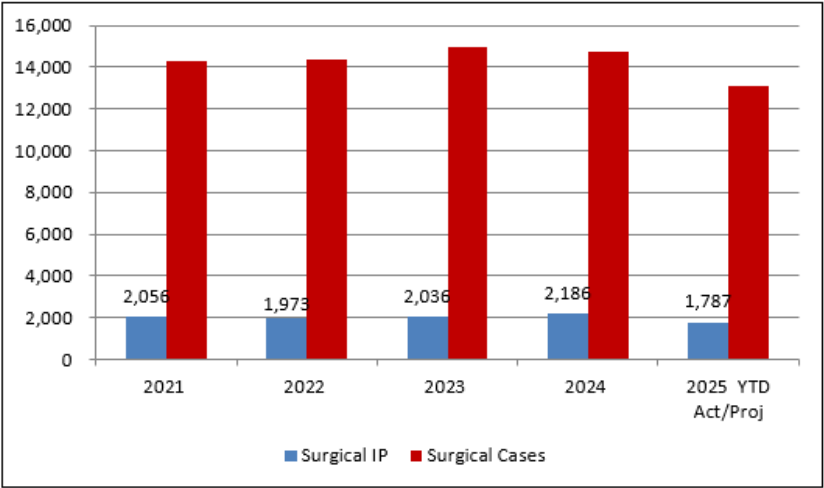
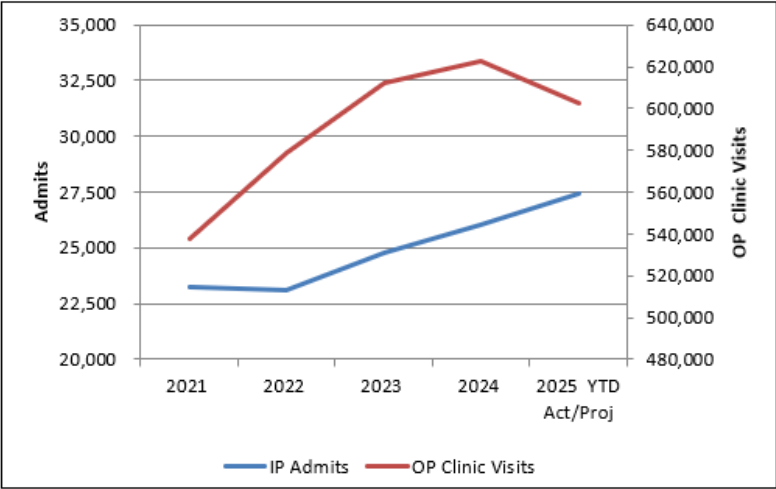
Notes:

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

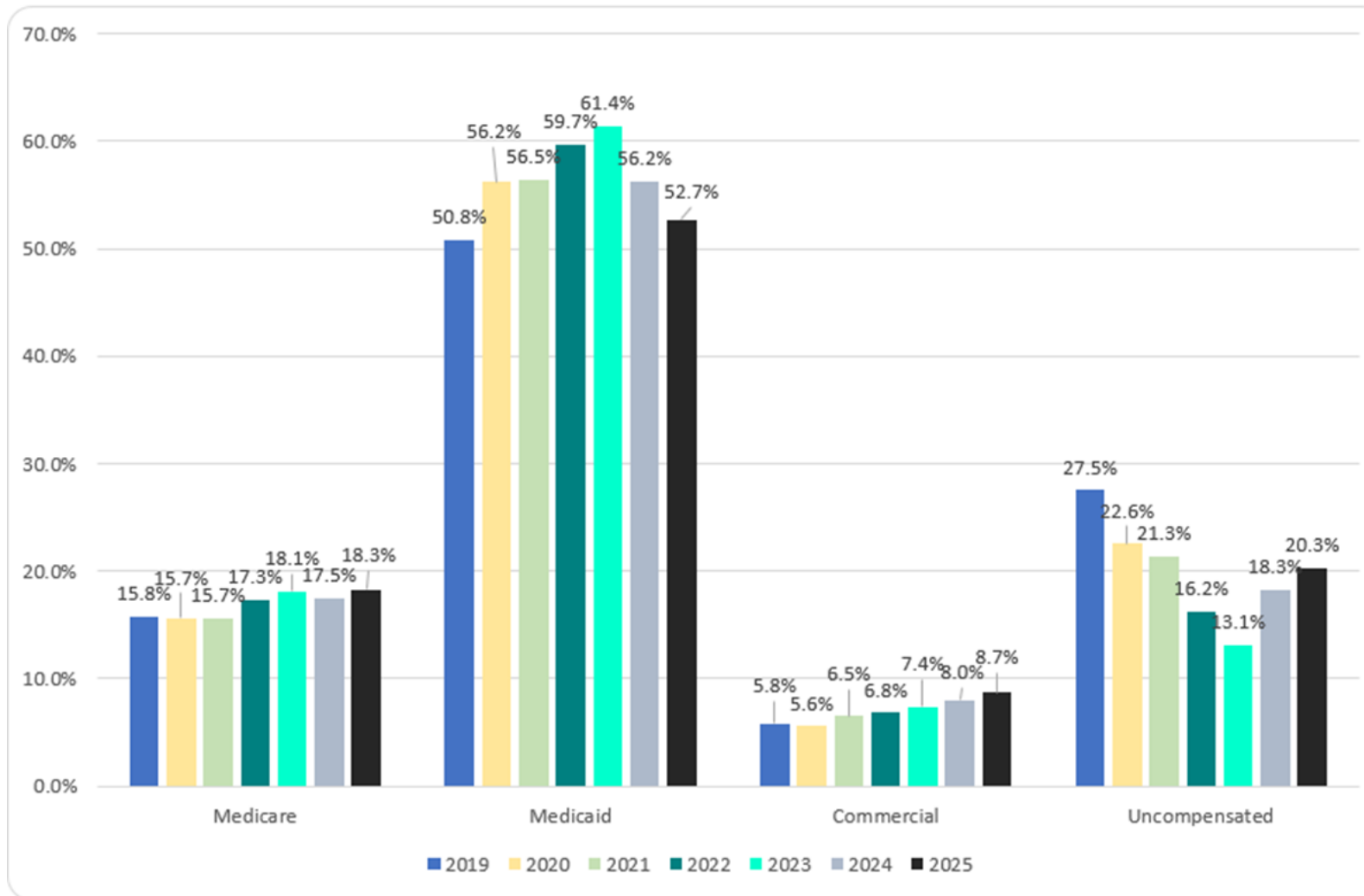
Key Volume and Revenue Indicators

Patient Activity Stroger	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual		Apr 2025 Actual	Apr 2024 Actual
Average Daily Census	315	319	-1.3%	323	312		295	329
Emergency Room Visits	36,878	38,068	-3.1%	37,564	33,673		7,220	7,407
Surgeries	4,531	5,028	-9.9%	4,638	4,539		1,005	991
Patient Activity Provident	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual		Apr 2025 Actual	Apr 2024 Actual
Average Daily Census	18	29	-37.3%	22	22		18	19
Emergency Room Visits	10,542	10,911	-3.4%	10,796	10,749		1,958	2,243
Surgeries	931	1,246	-25.3%	1,240	1,482		222	271
Patient Activity ACHN	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual		Apr 2025 Actual	Apr 2024 Actual
Primary Care Visits	91,025	100,256	-9.2%	101,265	97,524		20,163	22,543
Specialty Care Visits	160,098	158,080	1.3%	160,553	154,571		35,805	35,131
CountyCare Membership	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual		Apr 2025 Actual	Apr 2024 Actual
Membership Count	414,303	396,102	4.6%	435,499	450,750		410,325	442,325

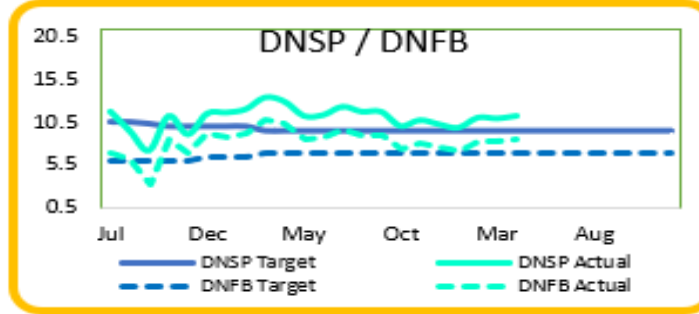
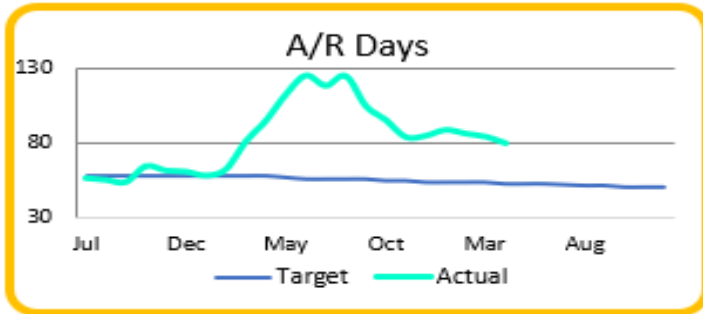
Operating Trends



Payer Mix



Revenue Cycle KPI



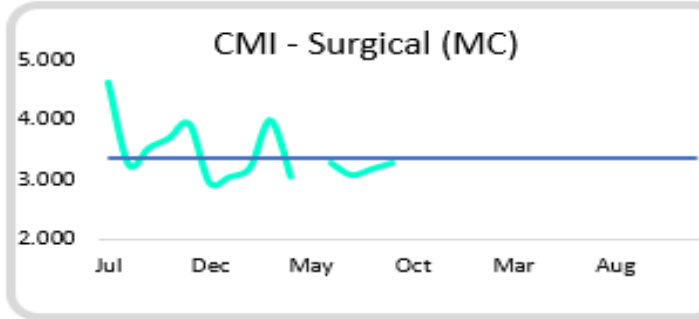
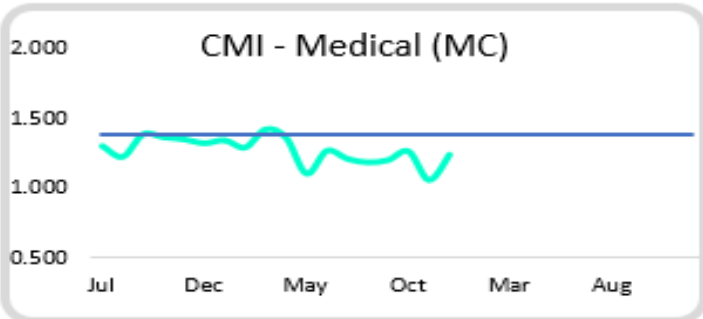
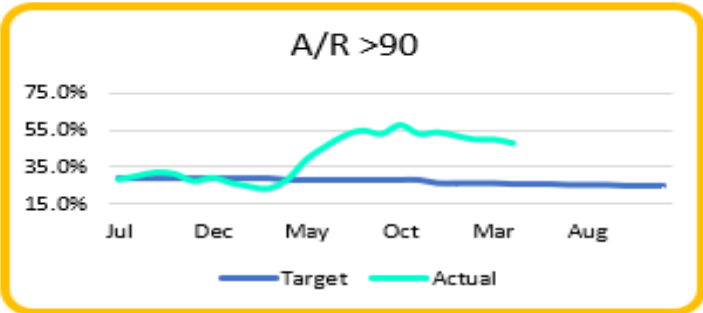
Commentary:

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

Definitions:

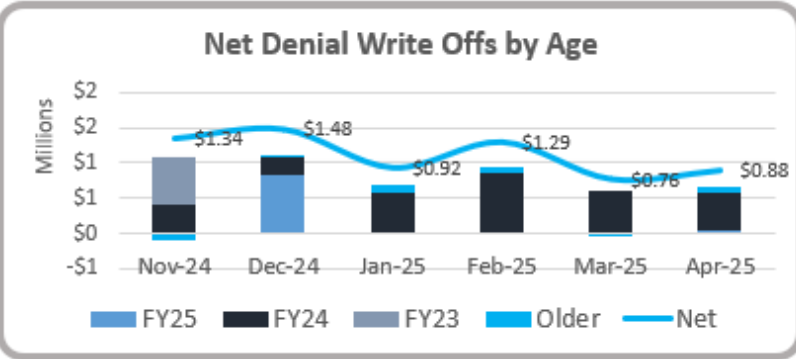
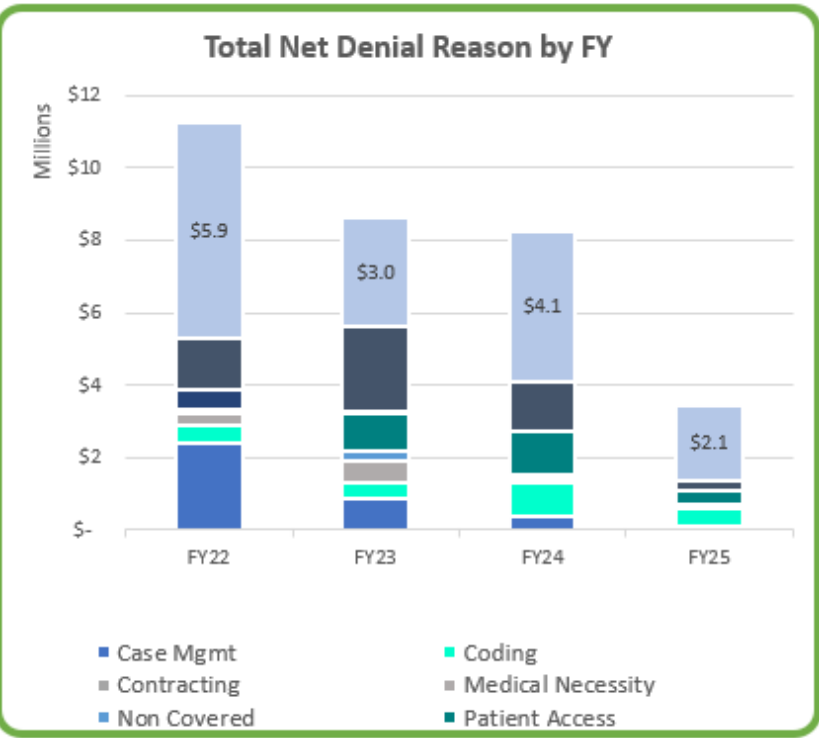
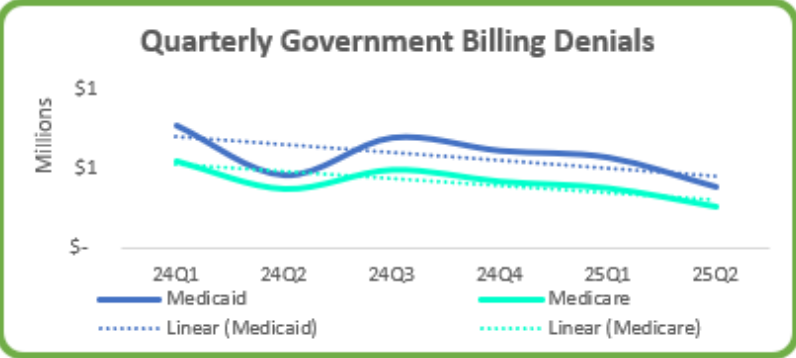
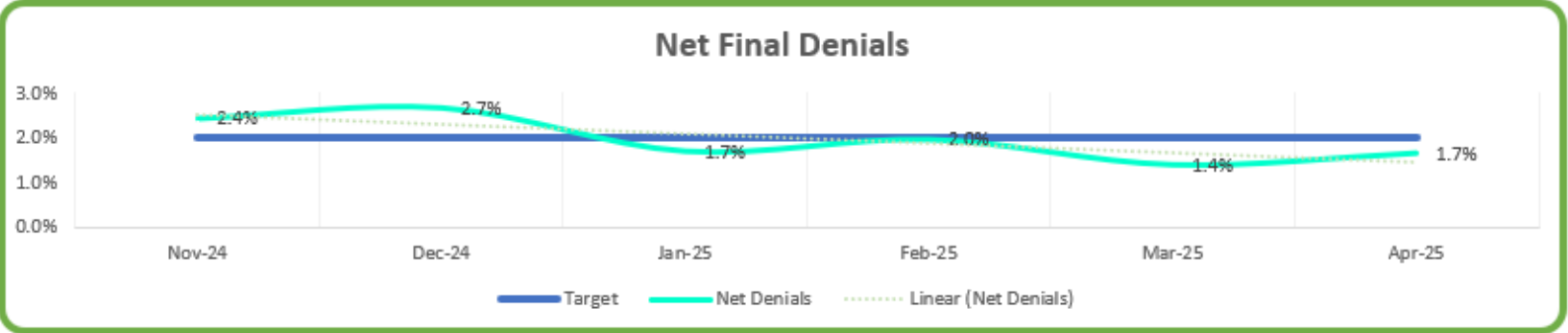
DNSP: Discharged Not Submitted to Payer - Gross dollars from initial 837 claims held by edits in claims processing tool that have not been sent to payer.

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



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

Denied Claims



Charitable & Public Program Expenditures

<u>Charitable Benefits and Community Programs</u>	2023 Actual	2024 Actual	2025 Budget	2025 Projected
Traditional Charity Care	\$ 105,040	\$ 201,962	\$ 232,719	\$ 259,396
Other Uncompensated Care	135,655	80,164	88,500	122,079
Cermak & JTDC Health Services	100,779	116,223	143,621	122,659
Department of Public Health	12,712	22,113	27,553	25,846
Other Public Programs & Community Services	66,321	71,600	52,870	52,870
Totals	\$ 420,506	\$ 492,062	\$ 545,263	\$ 582,850
% of Revenues *	38.8%	30.5%	31.6%	39.0%
% of Costs *	23.1%	28.5%	24.2%	29.9%

* Excludes County Care Health Plan Services

Savings Initiatives

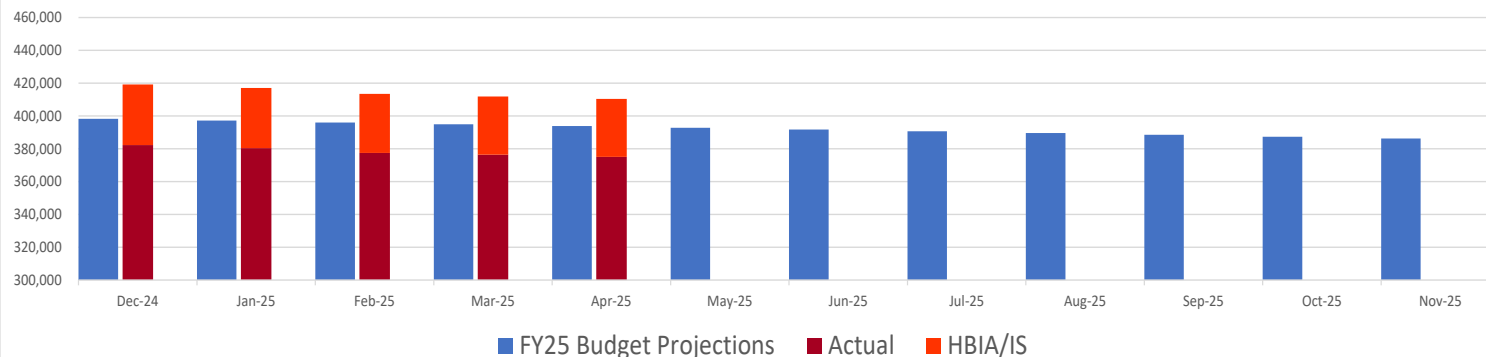
Current Activities in Progress	Budgeted FY25 Impact	YTD Achieved	Status
<u>Revenue Cycle:</u>			
CDM Annual Pricing Review	2,650,000	894,375	●
Revenue Recovery	3,400,000	1,147,500	●
Point of Service Collections	300,000	171,250	●
<u>County Care:</u>			
Vendor Contract Negotiations- (term eff July)	2,400,000		●
<u>Health System:</u>			
Vendor Contract Negotiations	20,000,000	8,500,000	●
	<u>\$ 28,750,000</u>	<u>\$ 10,713,125</u>	37%
		Goal 5/12ths	42%

Dollars in 000s except PMPM amounts	FY2025 Actual	FY2025 Budget	Variance	%	Fy24 Actual
Capitation Revenue	\$1,537,789	\$1,400,942	\$136,847	9.77%	\$1,366,623
Operating Expenses					
Clinical - CCH	\$59,638	\$58,699	(\$939)	(1.60%)	\$51,229
Clinical - External	\$1,426,230	\$1,275,111	(\$151,118)	(11.85%)	\$1,246,307
Administrative	\$75,728	\$65,716	(\$10,012)	(15.24%)	\$66,530
Total Expenses	\$1,561,595	\$1,399,526	(\$162,070)	(11.58%)	\$1,364,066
Operating Gain (Loss)	(\$23,807)	\$1,416	(\$25,223)		\$2,556
Activity Levels					
Member Months	2,072,176	1,980,508	91,668	4.63%	2,178,670
Monthly Membership	410,423	393,913	16,510	4.19%	442,503
CCH CountyCare Member Months	154,055	N/A	N/A	N/A	144,903
CCH % CountyCare Member Months	7.43%	N/A	N/A	N/A	6.65%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	\$742.11	\$707.37	\$34.75	4.91%	\$627.27
Clinical Cost PMPM	\$717.06	\$673.47	(\$43.59)	(6.47%)	\$595.56
Medical Loss Ratio (1)	96%	95%	(1%)	(1%)	93.9%
Administrative Cost Ratio	4.9%	4.7%	(0.2%)	(4%)	4.8%
Total FTEs	382	429	47		350

Commentary

- Total YTD member months are exceeding budget by 91,668 members.
- Revenue and claims expense are higher than budget due to higher than budgeted membership.
- CountyCare's reimbursement to CCH for domestic spend is exceeding budget.
- Operating Loss of \$23M
- Operating loss driven by 1% higher medical loss ratio than expected.

CountyCare Membership



Notes:

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

Human Resources Metrics



COOK COUNTY
HEALTH

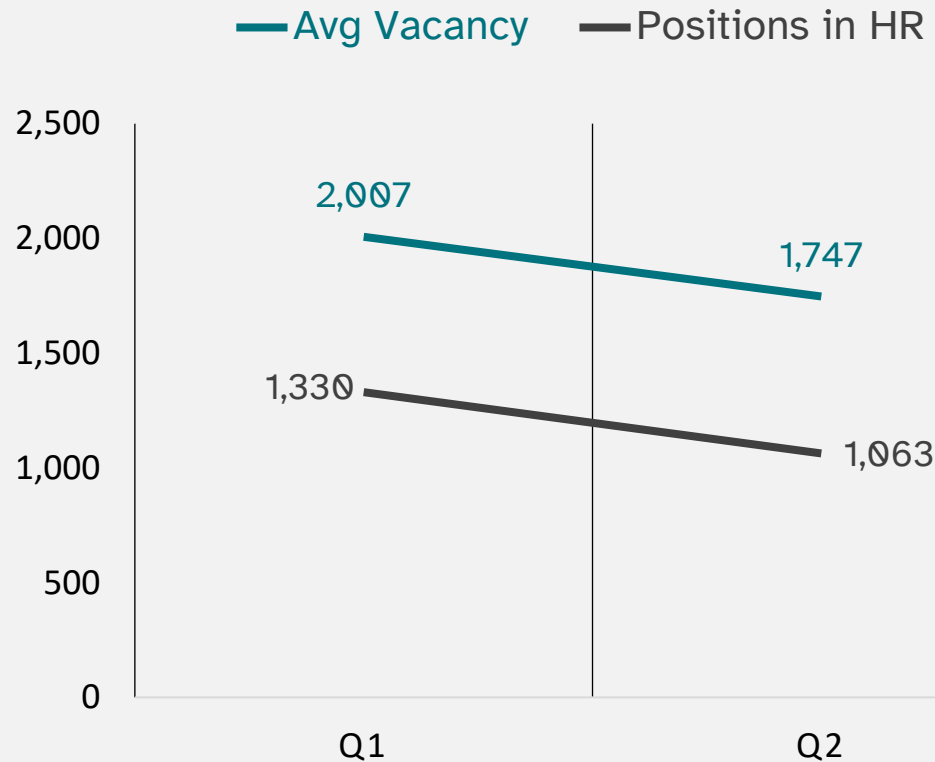
FY25 CCH HR Activity Report

12/01/2024 - 05/31/2025

As of 05/31/2025



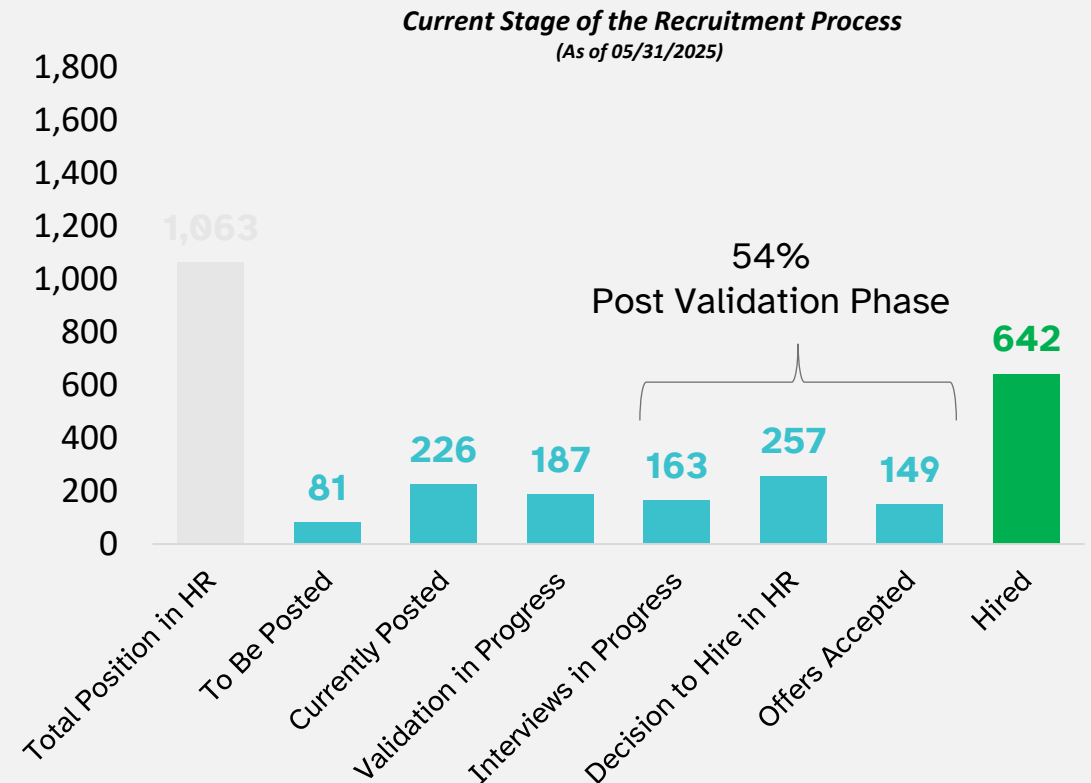
Vacant Positions



Vacancy Source: Budget



Positions in Process



Source: Hiring Dashboard

Current State Of Hiring & Separation

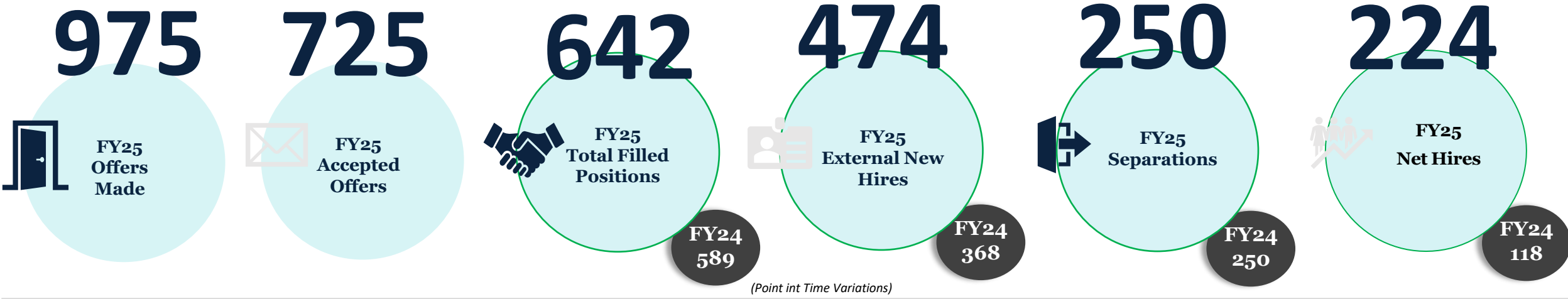
YTD Net New Hires Activity



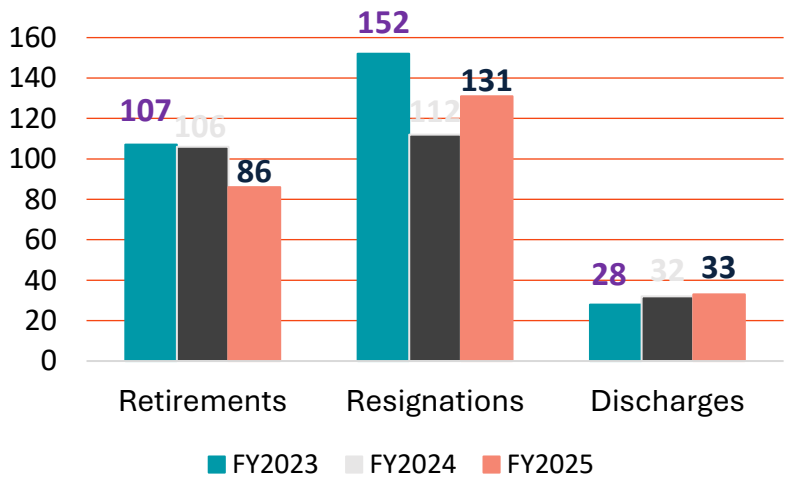
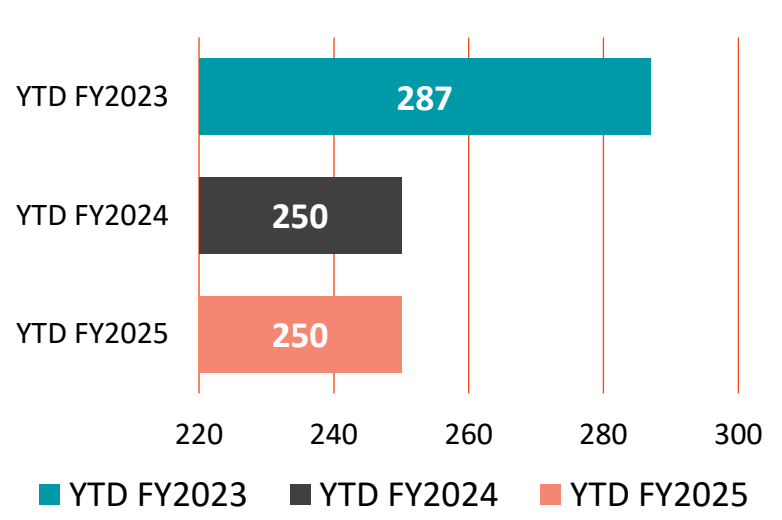
COOK COUNTY
HEALTH

May 2025

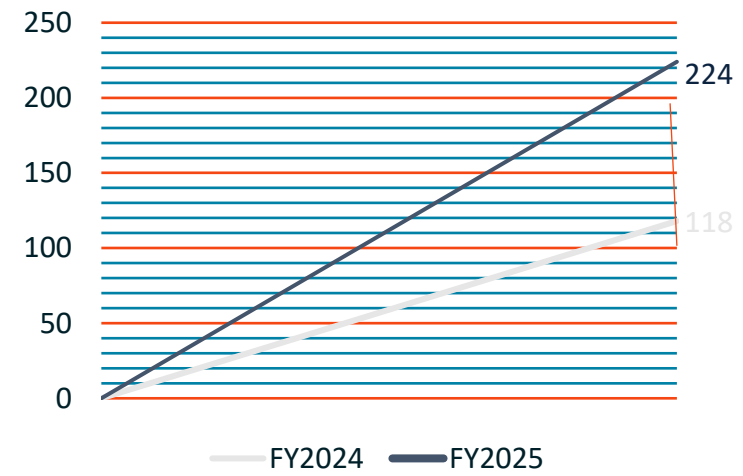
12/01/2024 - 05/31/2025



YTD Separations



YTD Net New Hires Activity



Nursing Hiring Activity

12/01/2024 thru 05/31/2025



Filled Positions

199

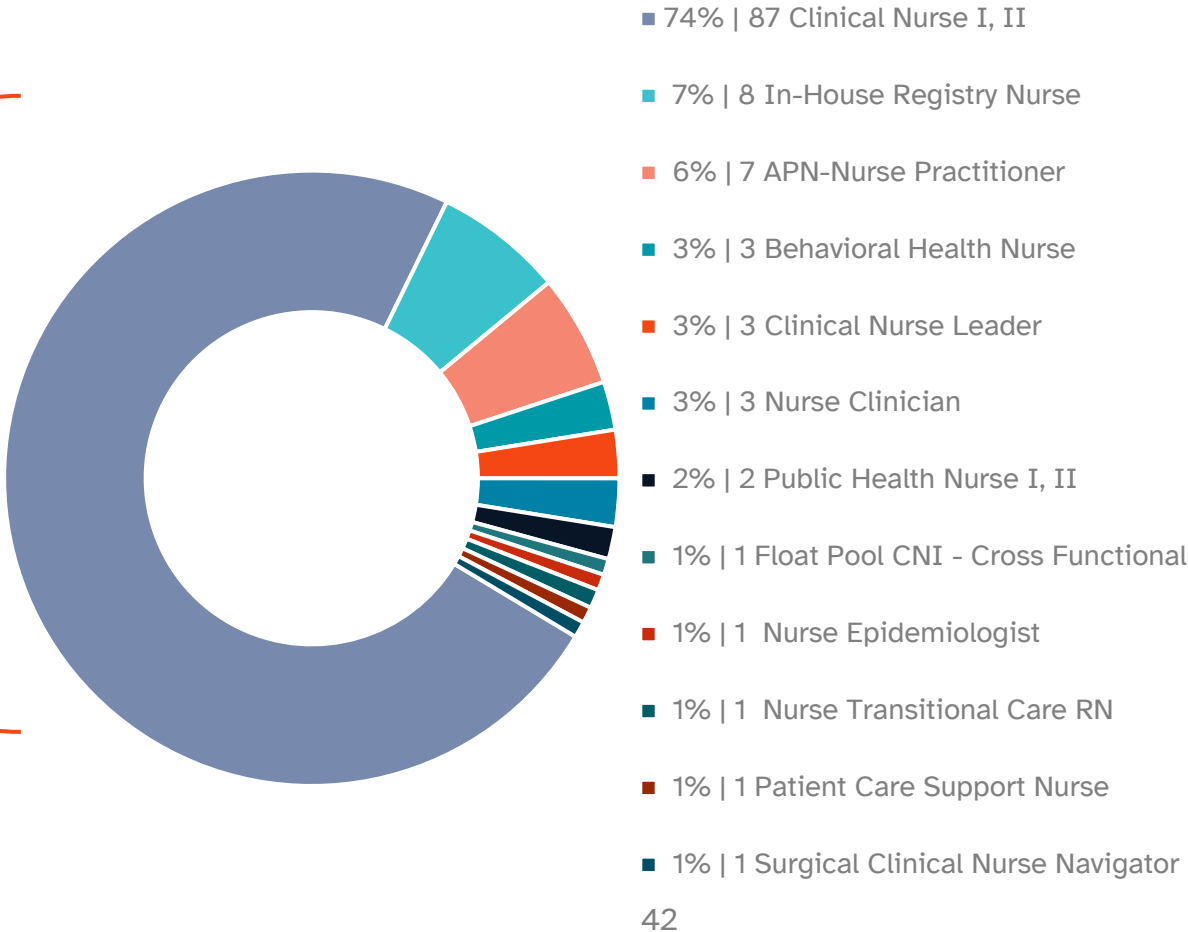
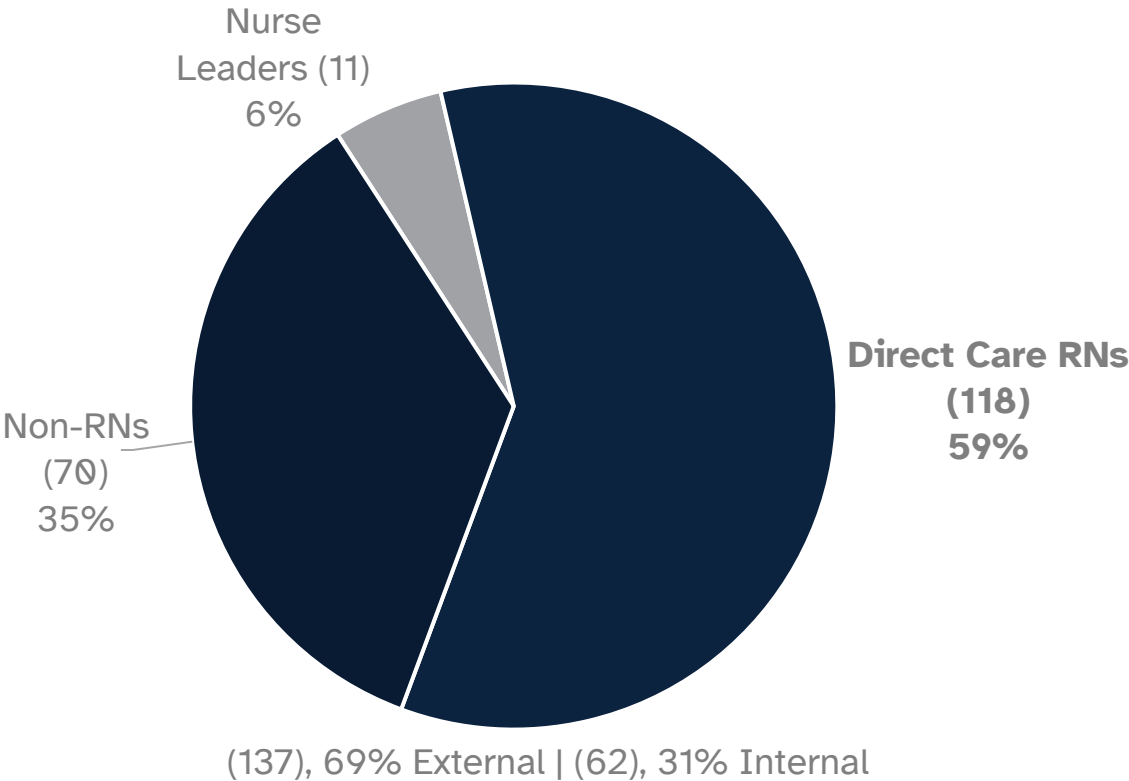
Total Filled Positions YTD



Direct Care RN Filled Velocity

118

Internal & External Filled Positions



NEW! ACCELERATED HIRING PROCESS

What is its function?

The process is designed to expedite hiring for critical positions where delays could significantly impact operations or funding requirements.

When can it be used?

When multiple vacancies exist under a single job posting and the Department Head has approved.'

How is it different than the General Hiring Process?

- Shorter external posting period (5 business days)
- Automatic HR screening of applicants in order by category: (1) *Internal*, (2) *Veteran*, (3) *Contractor*, (3) *Student/Intern*, (4) *Other*
- No interviews
- Hiring Manager does not evaluate candidates or decide who to hire or not to hire
- HR evaluates eligibility of applicants in their screened order and makes offers to those eligible

What is the Hiring Department's role?

- ☐ Submits a Request to Hire (RTH) form requesting multiple PIDs, identifying Accelerated Hiring as the hiring process of choice, and including the Department Head's signature (signifying approval of use of the process).
- ☐ Onboards new hires

Managed Care Metrics



COOK COUNTY
HEALTH

Current Membership

Monthly Membership as of June 12th, 2025



Category	Total Members	ACHN Members	% ACHN
FHP	223,774	9,829	4.4%
ACA	105,259	10,625	10.1%
ICP	31,560	4,550	14.4%
MLTSS	10,068	-	0%
SNC	7,845	320	4.1%
HBIA	15,568	2,992	19.2%
HBIS	4,178	1,194	28.6%
HBIC	15,581	1,520	9.8%
Total	413,833	31,051	7.5%

ACA: Affordable Care Act

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

FHP: Family Health Plan

SNC: Special Needs Children

ICP: Integrated Care Program

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

Managed Medicaid Market

Illinois Department of Healthcare and Family Services April 2025 Data

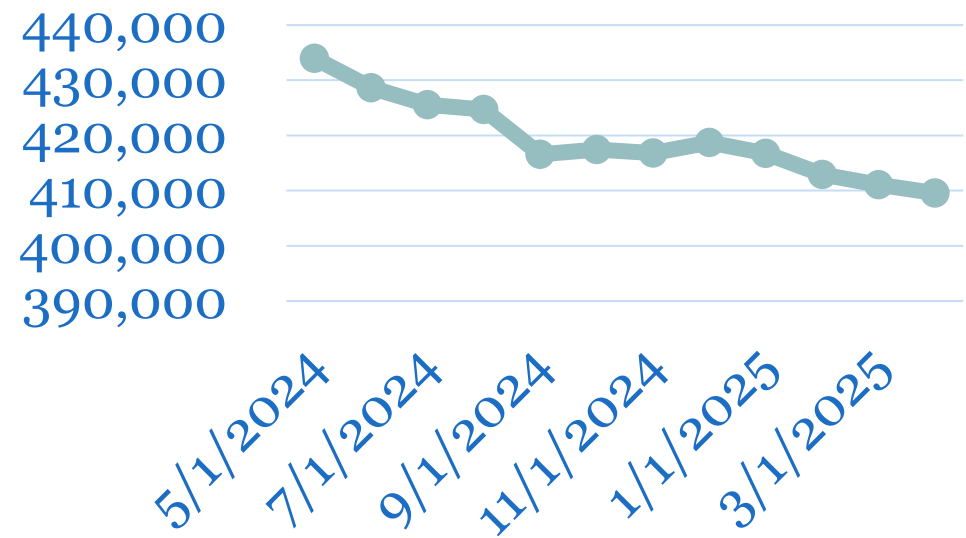
Managed Care Organization	Cook County	Cook Market Share
*CountyCare	409,549	35.1%
Blue Cross Blue Shield	326,895	28.0%
Meridian (a WellCare Co.)	239,349	20.5%
IlliniCare (Aetna/CVS)	104,656	9.0%
Molina	78,984	6.8%
YouthCare	7,712	0.7%
Total	1,167,145	100.0%

IL Medicaid Managed Care Trend in Cook County

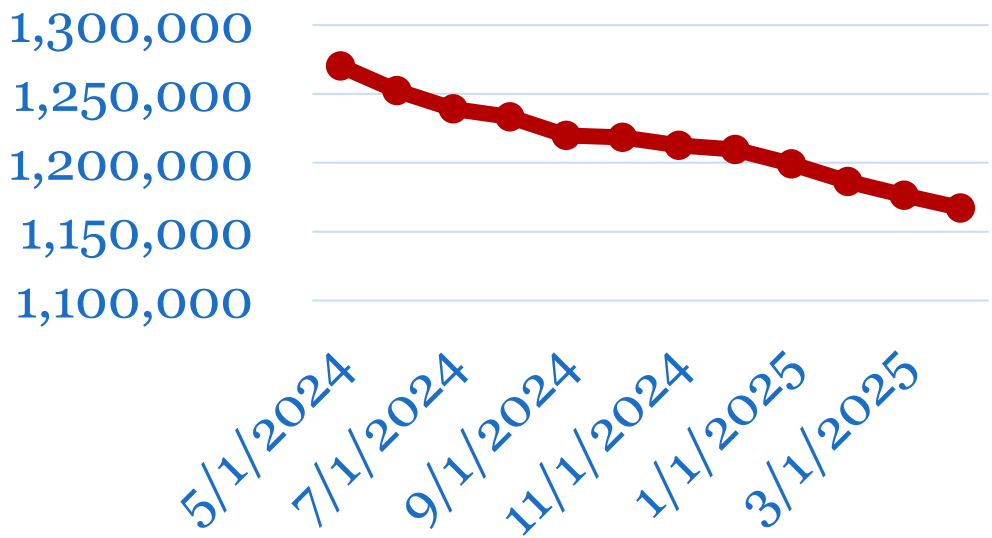
Charts not to scale



CountyCare



Cook County Medicaid Managed Care

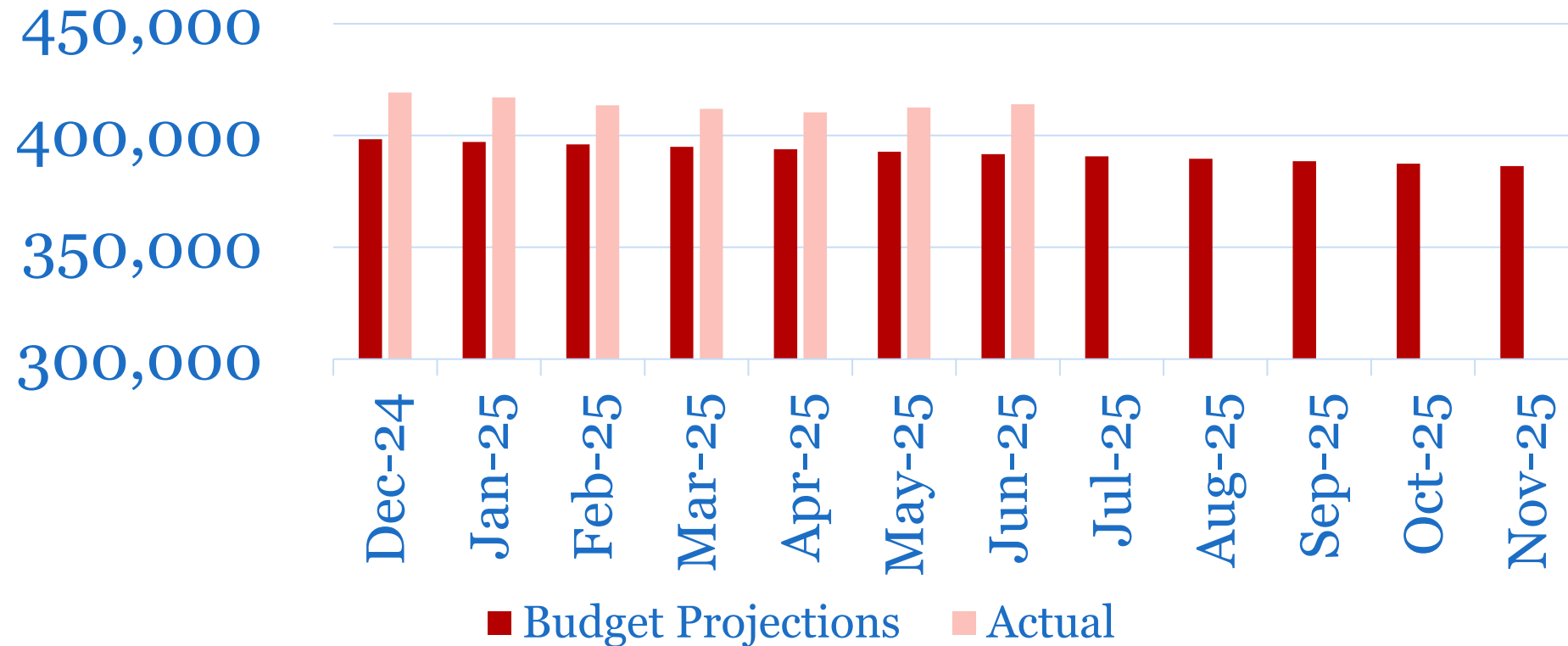


- CountyCare’s enrollment **decreased** 0.37% in April 2025 and is lower than Cook County’s **decrease** of 0.78%.

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

FY25 Budget | Membership

CountyCare Membership



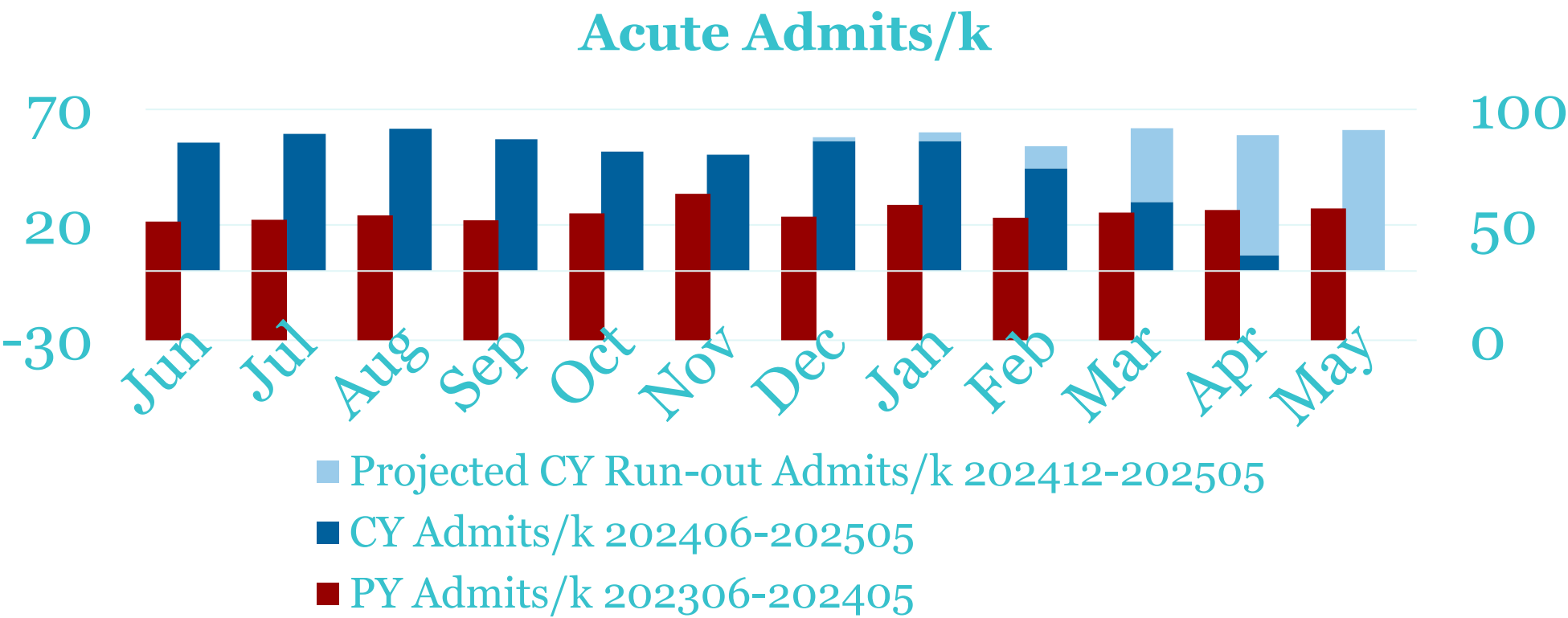
Operations Metrics: Call Center & Encounter Rate



COOK COUNTY
HEALTH

		Performance		
Key Metrics	State Goal	Mar 2025	Apr 2025	May 2025
Member & Provider Services Call Center Metrics				
Inbound Call Volume	N/A	49,780	51,984	50,456
Abandonment Rate	< 5%	0.38%	0.67%	0.89%
Average Speed to Answer (minutes)	1:00	0:04	0:10	0:13
% Calls Answered < 30 seconds	> 80%	97.6%	95.3%	94.7%
Quarterly				
Claims/Encounters Acceptance Rate	98%	98%		

Current v Prior Year: IP Acute Admits/1000



Updated monthly, paid through May 2025
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 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	\$ 743,469	\$ 97,943	\$ 230,903,588
Q4 2023	\$ 181,111,957	\$ 75,730,673	\$ 1,511,954	\$ 20,819	\$ 258,375,403
Q1 2024	\$ 194,081,254	\$ 5,307,661	\$ 33,846,206	\$ 160,417	\$ 233,395,538
Week of 6/2/2024	\$ 197,157,668	\$ 29,434,635	\$ 124,237	\$ 33,748	\$ 226,750,289

*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