

COOK COUNTY  
HEALTH



# Monthly Report

to the Cook County Board of Commissioners

November 2021



COOK COUNTY  
HEALTH

# Administrative & Legislative Updates



Presented to the CCH Board on 10/29/2021



COOK COUNTY  
**HEALTH**

# Administrative Updates – Activities and Announcements

## COVID-19

- **Employee Mandate** – CCH’s COVID-19 vaccine mandate requires all team members to be fully vaccinated or have an approved medical or religious exemption. As of October 28, 94% of CCH’s workforce is fully vaccinated and 97% have at least one dose. Compliance with this mandate is a condition of employment.
- **Boosters** – The FDA and CDC have approved booster shots for some individuals who have received two doses of the Pfizer and Moderna vaccines and one dose of the Johnson & Johnson vaccine. Individuals who are age 65 or older, living in long-term care facilities, have underlying medical conditions, or are at-risk for COVID-exposure at work are eligible. CCH is currently offering Pfizer and J&J booster shots. Moderna booster shots will be offered beginning November 2. Individuals who are eligible may receive a booster shot of any vaccine they choose.

CCH is preparing for the administration of vaccine to children ages 5 -11 while we await final CDC approval. It is anticipated that administration of vaccines for children 5-11 could begin the week of November 8<sup>th</sup>.

- **Community Vaccinations** – Both CCH and CCDPH continue to offer vaccines in the community. A full list of upcoming events can be found [here](#).

## Food As Medicine

- As access to healthy food remains a great need for our patients and communities, the Fresh Truck partnership between Cook County Health (CCH) and the Greater Chicago Food Depository (GCFD) continues. The onset of the COVID-19 pandemic required CCH and GCFD to develop and implement revised protocols for the Fresh Truck distributions that allow for appropriate screenings and social distancing to protect patients, as well as CCH and GCFD staff and volunteers. These revised protocols are in place until further notice.

Through October 21, CCH’s Fresh Truck partnership with the Greater Chicago Food Depository (GCFD) resulted in 353 visits to CCH health centers – Arlington Heights, Austin, Blue Island, the CORE Center, Cottage Grove, Englewood, Logan Square, North Riverside, Provident/Sengstacke, Prieto, and Robbins.

Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables, as well as some shelf stable items during the COVID-19 pandemic, to an estimated 40,556 households, representing 133,919 individuals, totaling more than 909,150 pounds of food. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

- **GCFD Fresh Truck Distributions**

The Greater Chicago Food Depository’s Fresh Food Truck visits for the month of November include:

- November 4      **Prieto Health Center**      2424 S. Pulaski Road, Chicago, IL 60623
- November 9      **Provident Hospital/Sengstacke Health Center**      500 W. 51<sup>st</sup> Street, Chicago, IL 60615
- November 18      **Arlington Heights**      3520 N. Arlington Heights Road, Arlington Heights, IL 60004
- November 19      **CORE Center**      2020 W. Harrison Street, Chicago, IL 60612
- November 23      **Belmont Cragin Health Center**      5501 W. Fullerton Avenue, Chicago, IL 60647
- November 30      **Blue Island Health Center**      12757 S. Western Ave., Blue Island, IL 60406



# Administrative Updates – Activities and Announcements

## Community Advisory Councils

- Cook County Health Advisory Councils include patients, community and religious organizations and serve as a way to promote our services in the communities where our centers are located. The Councils provide feedback to our staff and help strengthen our health center’s relationships in the community. The councils meet quarterly to provide current information on Cook County Health and as an avenue for members to share information about their organization.

Upcoming CAC meeting dates, including the 2021 schedule:

- **Robbins:** Tuesday at 1:00 PM: November 16  
13450 S. Kedzie Road, Robbins, IL 60472
  - **Blue Island:** Wednesday at 1:00 PM: November 17  
3520 N. Arlington Heights Road, Arlington Heights, IL 60004
  - **Arlington Heights:** Tuesday at 1:00 PM: November 23  
12757 S. Western Avenue, Blue Island, IL 60406
  - **North Riverside:** Wednesday at 1:00 PM: December 15  
1800 S. Harlem Avenue, North Riverside, IL 60546
  - **Englewood:** Thursday at 1:00 PM: December 16  
1135 W. 69<sup>th</sup> Street, Chicago, IL 60621
  - **Provident Hospital/Sengstacke Health Center:** Complete for FY2021  
500 W. 51<sup>st</sup> Street, Chicago, IL 60609
  - **Cottage Grove:** Tuesday at 1:00 PM: Complete for FY2021  
1645 S. Cottage Grove Avenue, Ford Heights, IL 60411
- Please note that this will be the first meeting of the **Blue Island Health Center**. To date, the Advisory Council has more than 10 members including representatives from Addus HomeCare, Catholic Charities, Cook County School District 130 (Blue Island), Guildhaus, the Housing Authority of Cook County, Pathlights, Sisters Working It Out, and the South Suburban Council on Alcoholism and Substance Abuse. Agenda items for this meeting include introduction of the Health Center Staff and Programs, CCH Fiscal Year 2022 Budget, CCH Housing programs, and a presentation by Gift of Hope.

IMPACT 2023 Focus Area 5



# Administrative Updates – CCH Employee Recognition

- Cook County Health has been awarded a five-year grant with funding for \$2.625 million from the Substance Abuse and Mental Health Services Administration. The Project REACCH-OUT: Rapid Engagement and Access at Cook County Health for Opioid Use Treatment award aims to enhance the treatment and recovery of individuals diagnosed with opioid use disorder (OUD) and substance use disorder by implementing a rapid access, low-barrier and high-capacity bridge clinic on Illinois Medical Campus. For persons struggling with OUD, this clinic aims to be a safety-net for those persons leaving one setting (like jail or a hospital), those persons returning to care, or those in-between providers or settings. A combination of in-person assessments, telehealth visits, and outreach/community events will be used to encourage participation in our clinic. Ultimately, this award will help connect and retain more patients into medication-assisted treatments, improving a patient’s quality of life and reducing the risk of overdose from opioids like heroin and fentanyl. Congratulations to:
  - **Dr. Andrew Birkhead**, Family Medicine Physician
  - **Dr. Joyce Miller**, Chair of Psychiatry
  - **Dr. Juleigh Nowinski-Konchak**, Chair of Preventative Medicine and Project Consultant
  - **Whitney Towey**, Grant Writer
  - **Dr. Jeffrey Watts**, Project REACCH-OUT Director, and Psychiatrist and Addiction Medicine Physician
  - **Ebony Winn**, Grant Analyst
- John H. Stroger Jr. Hospital of Cook County has earned Level 9 status in the College of Healthcare Information Management Executive’s 2021 Most Wired program for following best practices in information technology. The Most Wired program conducts an annual survey to assess how effectively health care organizations apply core and advanced technologies into their clinical and business programs to improve health and care in their communities. Stroger Hospital was one of two hospitals in Illinois to receive Level 9 status, which was the highest by any health care organization in Illinois. Thank you to following staff for being our champions:
  - **Andrew Bullock**, Technology Project Manager
  - **Dr. Christopher Caudill**, Interim Chief Medical Information Officer
  - **Amanda Grasso**, Director of Decision Support and Business Intelligence
  - **Amy Looi**, Director of Clinical Informatics
  - **Angela O’Banion**, Interim Chief Information Officer
  - **Jerry Pagell**, Security and Network Information Officer
  - **Bryan Pravel**, Technology Information Officer
  - **Angie Smith**, Director of Clinical Core Applications
  - **Adam Weber**, Director of Clinical Ancillary Applications

# Administrative Updates – Community Outreach

As in person event participation continues to increase, Cook County Health and CountyCare will be present at events to promote the health system and the Medicaid program. Events in the month of November include the following:

- November 3            Cook County Health and CountyCare promotion at the **Day of Beauty for ALL Cancer Survivors Event** which is hosted by **Sisters Working it Out** and will take place at the Liberty Temple Chicago Church located at 2233 W. 79<sup>th</sup> Place in Chicago.
- November 5 & 12      Cook County Health and CountyCare promotion at **Ventanilla de Salud Program** which is sponsored by the **Mexican Consulate General** and which takes place at the consulate located at 204 S. Ashland Avenue in Chicago. Ventanilla de Salud brings resources to Mexican nationals living in the United States. Promotion will focus on CountyCare/Medicaid enrollment for undocumented Seniors which are now eligible to enroll in Medicaid as part of Illinois’ program expansion.
- November 20           Cook County Health and CountyCare promotion at the **Thanks for Giving Food!!** event, which is hosted by **Unida Dominicana**, a Dominican community group, and will take place at the Chicago Housing Authority’s Las Americas Apartment Complex located at 1611 S. Racine Avenue in Chicago. Promotional giveaways and literature will be provided in the Thanksgiving boxes provided to attendees.
- November 20           CountyCare promotion at the **Annual Turkey Giveaway** event which is hosted by **Roseland Hospital** and will take place at the hospital located at 45 W. 111<sup>th</sup> Street in Chicago. Promotional giveaways and literature will be provided in the Thanksgiving boxes provided to attendees.
- November 20           Cook County Health and CountyCare promotion at **Turkey Giveaway** event which is hosted by **Journey Church of Chicago** and which will take place at the church located at 424 W. 103<sup>rd</sup> Street in Chicago. Promotional giveaways and literature will be provided in the Thanksgiving boxes provided to attendees.

# Administrative Updates – COVID-19 Vaccine

## Employee Mandate

- CCH's COVID-19 vaccine mandate requires all team members to be fully vaccinated or have an approved medical or religious exemption. As of October 28, 94% of CCH's workforce is fully vaccinated and 97% have at least one dose. Compliance with this mandate is a condition of employment.

## Boosters

- The FDA and CDC have approved booster shots for some individuals who have received two doses of the Pfizer and Moderna vaccines and one dose of the Johnson & Johnson vaccine. Individuals who are age 65 or older, living in long-term care facilities, have underlying medical conditions, or are at-risk for COVID-exposure at work are eligible. CCH is currently offering Pfizer and J&J booster shots. Moderna booster shots will be offered beginning November 2. Individuals who are eligible may receive a booster shot of any vaccine they choose.

CCH is preparing for the administration of vaccine to children ages 5 -11 while we await final CDC approval. It is anticipated that administration of vaccines for children 5-11 could begin the week of November 8<sup>th</sup>.

## Community Vaccinations

- Both CCH and CCDPH continue to offer vaccines in the community. A full list of upcoming events can be found [here](#).

IMPACT 2023 Focus Areas 1 and 5

# Legislative Updates

## STATE

- The legislature returned to Springfield October 19-21 and October 26-28 for the 2021 Fall Veto Session. There were no gubernatorial vetoes to take action on during the 2021 veto session, but legislators took action on a number of issues including (*below status as of October 28 @10:30am*):
  - [HB3401](#) (Rep. Gabel/Sen. Castro) is the Midwife Practice Act, which seeks to license certified professional midwives (CPMs). CPMs mostly support out-of-hospital births and advocates have tried to pass CPM licensure legislation for the past 35 years. HB3401 includes bipartisan sponsors and support from both chambers. It awaits a concurrence vote in the House.
  - [HB370](#) (Rep. Moeller/Sen. Sims) is the Illinois Health Youth and Safety Act which repeals the Parental Notification of Abortion Act and creates a taskforce to identify support and resources for pregnant and parenting youth. The bill passed the Senate 32-22-0 and the House 62-51-3. The bill will be sent to the Governor who is expected to sign this bill, which has an effective date of June 1, 2022.
  - [SB1169](#) (Sen. Harmon/Rep. Gabel) amends the Health Care Right of Conscious Act with specific language that excludes efforts to prevent contraction or transmission of COVID-19 from this Act, which is intended to address pending legal challenges against employer vaccination and testing requirements. SB1169 passed 64-52-2 in the House and awaits a concurrence vote in the Senate. If approved by the Senate signed by the Governor, SB1169 would take effect June 1, 2022.
- New Congressional maps based on 2020 Census data and legislation related to clean energy and electric vehicles may also be considered before end of the 2021 veto session.
- The Spring 2022 state legislative calendar has not yet been posted but will likely be online within the next several weeks. There is a great deal of speculation that the 2022 spring session will be a “light” one given the abundance of activity in the 2021 session, the June primary election, and the November general election.
- The Illinois Department of Healthcare and Family Services published a report that provides a comprehensive review of nursing home payments with recommendations for reform, as required by state law. The report and recommendations are intended to guide legislative efforts for nursing home Medicaid rate reform. Medicaid covers approximately 45,000 nursing home residents in Illinois and is the largest payer of nursing facility days in the state.

## FEDERAL

- **FY 2022 Budget and Reconciliation** – During most of October congressional Democrats and the White House negotiated among themselves to reach an agreement on legislation to advance the human infrastructure components of the President’s agenda. Democratic leaders have been upbeat about the likelihood that an agreement was within reach with votes possible before the end of October. Negotiations have focused on reducing the \$3.5 trillion price tag of the House bill to around \$2 trillion to meet the demands of Senators Joe Manchin (D-W.V.) and Kyrsten Sinema (D-Ariz.). CCH, in alignment with the County has continued to advocate directly, and in collaboration with other organizations, for keeping the following programs in the bill as this process and negotiation unfolds:
  - **Medicaid Reentry Act:** This provision would permit Medicaid to reimburse for services provided to Cook County Jail inmates during the 30 days prior to their release. This provision is supported by the National Association of Counties, the National Sheriffs’ Association and a broad coalition of health and mental health organizations.
  - **Safety-Net Hospital Infrastructure:** This provision would provide \$10 billion over ten years to give award grants for construction or modernization projects to increase capacity and update hospitals and other medical facilities to better serve communities in need. The bill would require HHS to give priority to projects that will include public health preparedness, natural disaster emergency preparedness, or cybersecurity against cyber threats. This effort is supported by America’s Essential Hospitals and other large urban public health and hospital systems, including New York City Health + Hospitals and Los Angeles County Department of Health Services.





# Legislative Updates

## FEDERAL (cont.)

- **Public Health Infrastructure:** This provision would provide \$7,000,000,000 in funding to support core public health infrastructure activities to strengthen the public health system through grants to state, territorial, local, or Tribal health departments, and expanding and improving activities of the CDC. Grants would go directly from CDC to each state, territory and local public health department serving counties with population over 2 million and cities over 400,000. This provision is supported by the National Association of County and City Health Officials and a broad coalition of public health organizations.
- **Maternal Mortality:** The “Momnibus” provisions require states to cover pregnant women for a full twelve months postpartum and make investments to reduce inequities in maternal health outcomes and strengthen the maternal health workforce.

With top health priorities being trimmed, including expanding Medicare coverage for vision, hearing and dental services, closing the Medicaid gap for low income people in non-expansion states, extending the American Recovery Plan Act’s more generous subsidies for ACA coverage and prescription drug pricing relief, all the smaller health programs are thought to be at risk as well.

- **Appropriations** – On September 30, Congress passed, and the President signed, H.R. 5305, which provides continuing FY 2022 appropriations for federal agencies through December 3 and extends some expiring programs and authorities.

On October 18, Senate Appropriations Committee Chairman Pat Leahy (D-N.H.) released the remaining nine FY 2022 Appropriations bills, including the Labor-HHS-Education bill which funds the U.S. Department of Health and Human Services. The Democrats-only move was decried by Republicans since appropriations bills will require bipartisan support to pass the Senate. The sides remain far apart on the top-lines for defense and non-defense discretionary spending.

The bill proposes \$9.73 billion for the Centers for Disease Control and Prevention (CDC), \$1.85 billion more than the FY 2021 level. If enacted, this would be the largest increase provided to CDC in decades. The bill also includes \$600 million for public health infrastructure and \$900 million from the Prevention and Public Health Fund (PPHF).

The bill includes \$1.1 billion for maternal and child health programs, \$180 million more than in FY 2021, and \$2.5 billion for the Ryan White HIV/AIDS program, \$131 million more than FY 2021.

- **Biden Administration** – On October 21, CDC Director Rochelle Walensky endorsed the CDC Advisory Committee on Immunization Practices’ (ACIP) recommendation for a booster shot of COVID vaccines in specific populations.

Individuals who received a Pfizer or Moderna vaccine and are in the following groups are eligible for a booster shot at 6 months or more after their initial series:

- 65 years and older
- Age 18+ who live in long-term care settings
- Age 18+ who have underlying medical conditions
- Age 18+ who work or live in high-risk settings

CDC recommends booster shots for those who got a Johnson & Johnson vaccine who are 18 and older and who were vaccinated two or more months ago.

CDC’s recommendations allow for mix and match dosing for boosters, and eligible individuals may choose which vaccine they receive as a booster dose.



# Finance Metrics



Presented to the CCH Finance Committee on 10/21/2021

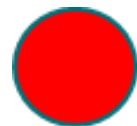


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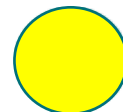
# Executive Summary: Statement of Financial Condition – August 31, 2021

On an accrual basis, interim financials show that CCH is ending August with a \$43M positive variance. On a cash basis, CCH also has a positive variance of \$59M. CountyCare PMPM payment impacted the revenue variance and increased claims payments impacted expenses. In addition, recoupment of the \$28M FY2020 Medicare advance is underway.

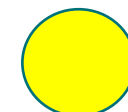
- Revenue Commentary:
  - Realization of the DSH enhanced FMAP impact due to legislative change from Federal Stimulus Legislation
  - Slow down in CountyCare utilization of CCH facilities
- Expenditures:
  - Rolling FEMA reimbursements reflected in August financials
  - Excess in salary and benefits due to hiring timing
- CountyCare:
  - CountyCare is showing an operating gain of \$8.9M
  - Membership is exceeding 400,000, greater than the 356,000 monthly average expected
  - Capitation revenue and claims expenses are higher due to membership growth
- Revenue Cycle Indicators:



Accounts Receivable



Discharged Not  
Final Billed



Denials

# Financial Results – August 31, 2021

Dollars in 000s	FY2021 Actual	FY2021 Budget	Variance	%	FY2020 Actual (3)
<b>Revenue</b>					
Net Patient Service Revenue (1)	\$451,345	\$455,427	(\$4,082)	-0.90%	\$418,496
Government Support (2)	\$308,214	\$286,613	\$21,600	7.54%	\$446,724
CountyCare Capitation Revenue	\$1,803,766	\$1,569,226	\$234,541	14.95%	\$1,449,390
Other	\$13,972	\$11,250	\$2,722	24.20%	\$4,042
CountyCare Elimination (1)	(\$64,276)	(\$56,280)	(\$7,996)	14.21%	(\$74,922)
<b>Total Revenue</b>	<b>\$2,513,021</b>	<b>\$2,266,236</b>	<b>\$246,785</b>	<b>10.89%</b>	<b>\$2,243,730</b>
<b>Operating Expenses</b>					
Salaries & Benefits	\$497,638	\$540,605	\$42,966	7.95%	\$507,497
Overtime	\$33,236	\$26,233	(\$7,004)	-26.70%	\$34,545
Supplies & Pharmaceuticals	\$112,095	\$101,610	(\$10,485)	-10.32%	\$108,387
Purchased Services & Other	\$274,652	\$272,805	(\$1,847)	-0.68%	\$239,522
Medical Claims Expense (1)	\$1,702,288	\$1,467,263	(\$235,025)	-16.02%	\$1,379,716
Insurance	\$23,898	\$27,108	\$3,209	11.84%	\$23,898
Utilities	\$10,897	\$7,718	(\$3,178)	-41.18%	\$9,532
CountyCare Elimination (1)	(\$64,276)	(\$56,280)	\$7,996	-14.21%	(\$74,922)
<b>Total Operating Expenses</b>	<b>\$2,590,429</b>	<b>\$2,387,061</b>	<b>(\$203,367)</b>	<b>-8.52%</b>	<b>\$2,228,177</b>
<b>Operating Margin</b>	<b>(\$77,408)</b>	<b>(\$120,825)</b>	<b>\$43,418</b>	<b>35.93%</b>	<b>\$15,553</b>
<b>Non-Operating Revenue</b>	<b>\$92,029</b>	<b>\$92,029</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$64,913</b>
<b>Net Income (Loss) (3)</b>	<b>\$14,621</b>	<b>(\$28,797)</b>	<b>\$43,418</b>	<b>150.77%</b>	<b>\$80,466</b>

**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 Graduate Medical Education payments.
- (3) Does not reflect Pension, OPEB, Depreciation/Amortization, or Investment Income.

# CCH Vendor Contract Savings to Date

<b>Savings Target</b>	<b>Vendor Contract Renegotiation Savings</b>	<b>Vendor Contract Utilization Savings</b>	<b>Total Savings Achieved</b>
16.5M	\$9.4M	\$1.1M	\$10.5M

Major categories of savings include:

- Lab Diagnostics
- Supplemental staffing
- Security services
- Transportation
- Parking /Valet
- Actuarial Services
- Facility Maintenance
- Information Technology Contracts

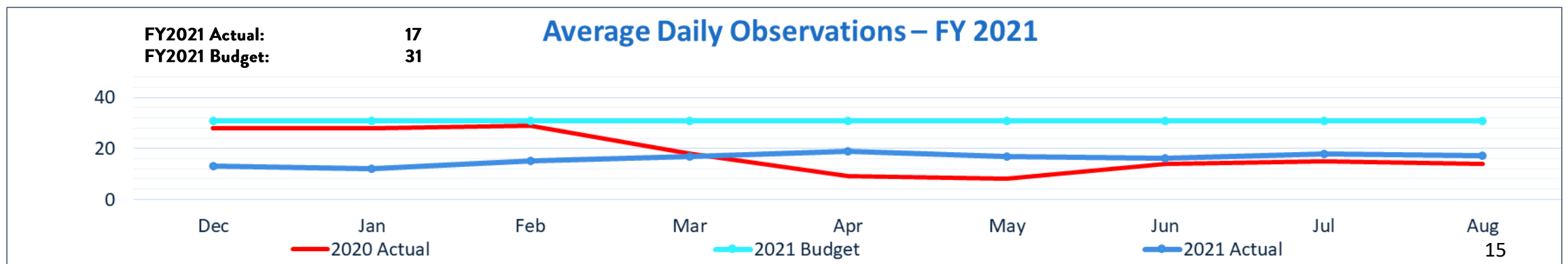
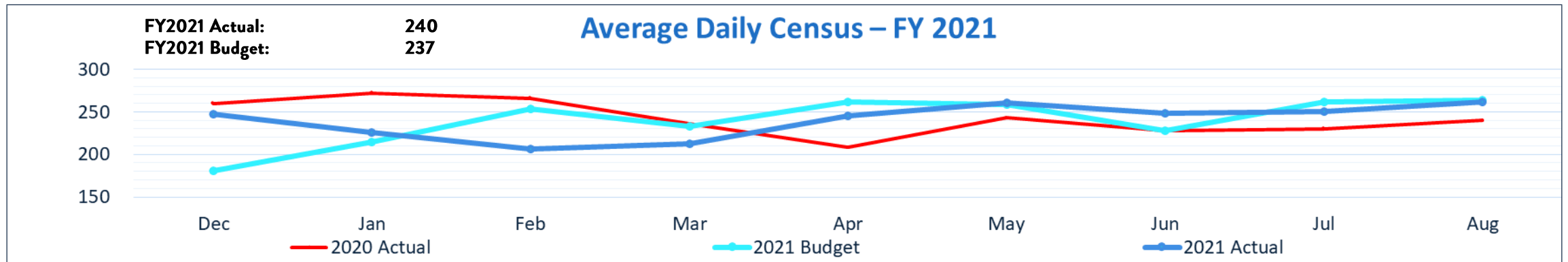
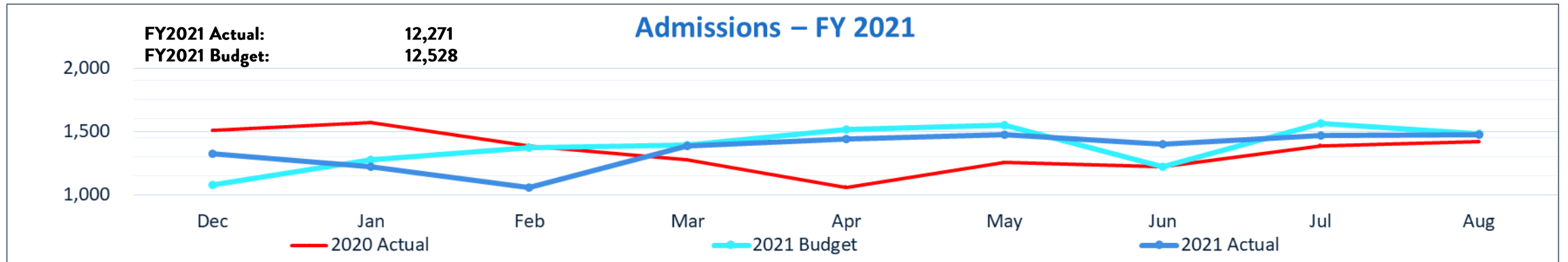


# CCH Health Providers Revenue – August 31, 2021

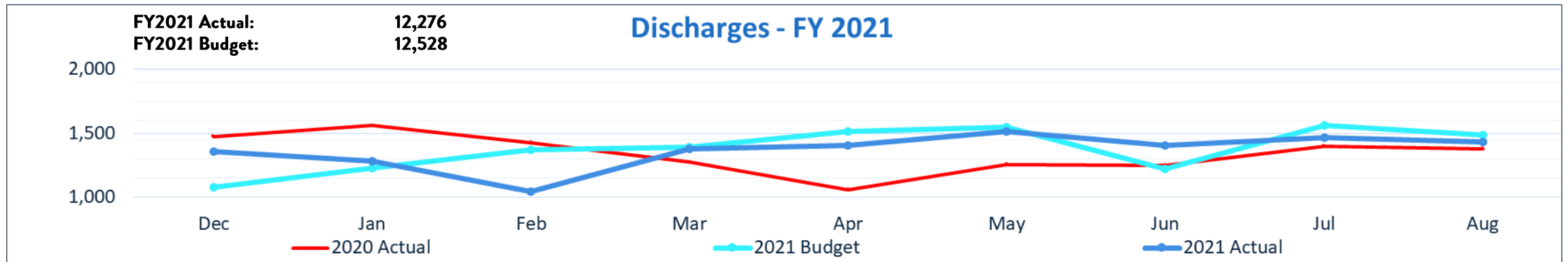
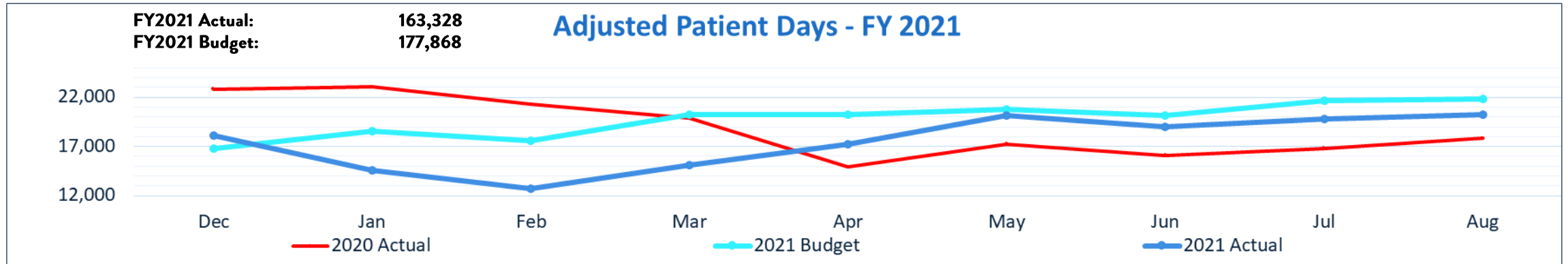
## Revenue Operating Indicators

Patient Activity	YTD 2021 Actual	YTD 2021 Budget	%	Aug 2021 Actual	Aug 2020 Actual	Aug 2019 Actual	2020 YTD Actual	2019 YTD Actual
Admissions	12,271	12,528	-2.0%	1,478	1,421	1,530	12,099	12,360
Patient Days	65,875	64,930	1.5%	8,189	7,426	8,160	66,693	69,437
Average Daily Census	240	237	1.3%	264	240	263	243	254
Adjust Patient Days	163,328	177,868	-8.2%	20,228	17,831	22,099	169,982	186,316

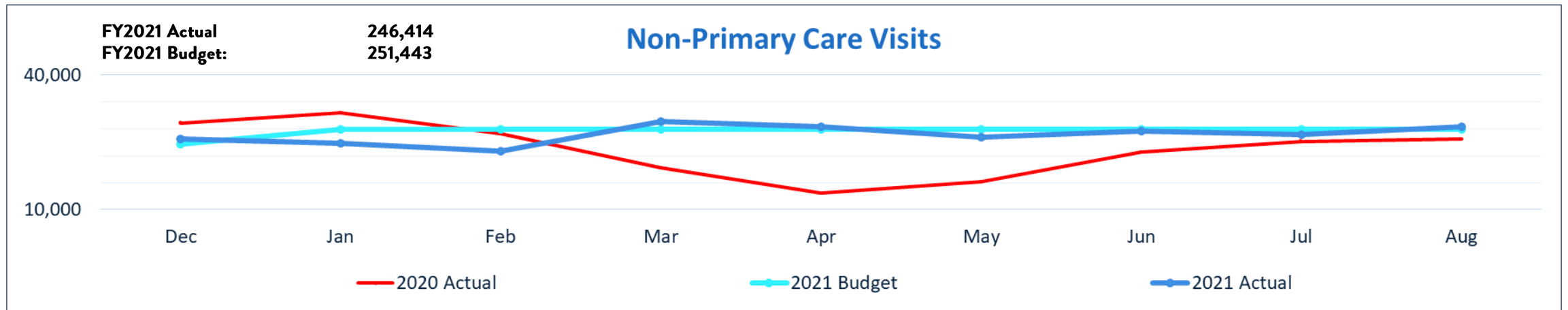
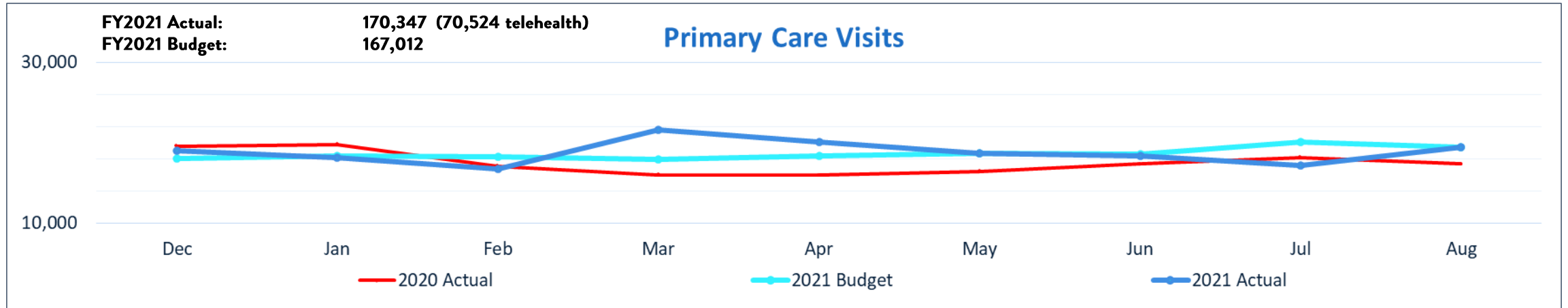
# CCH 12 Month Patient Activity Levels



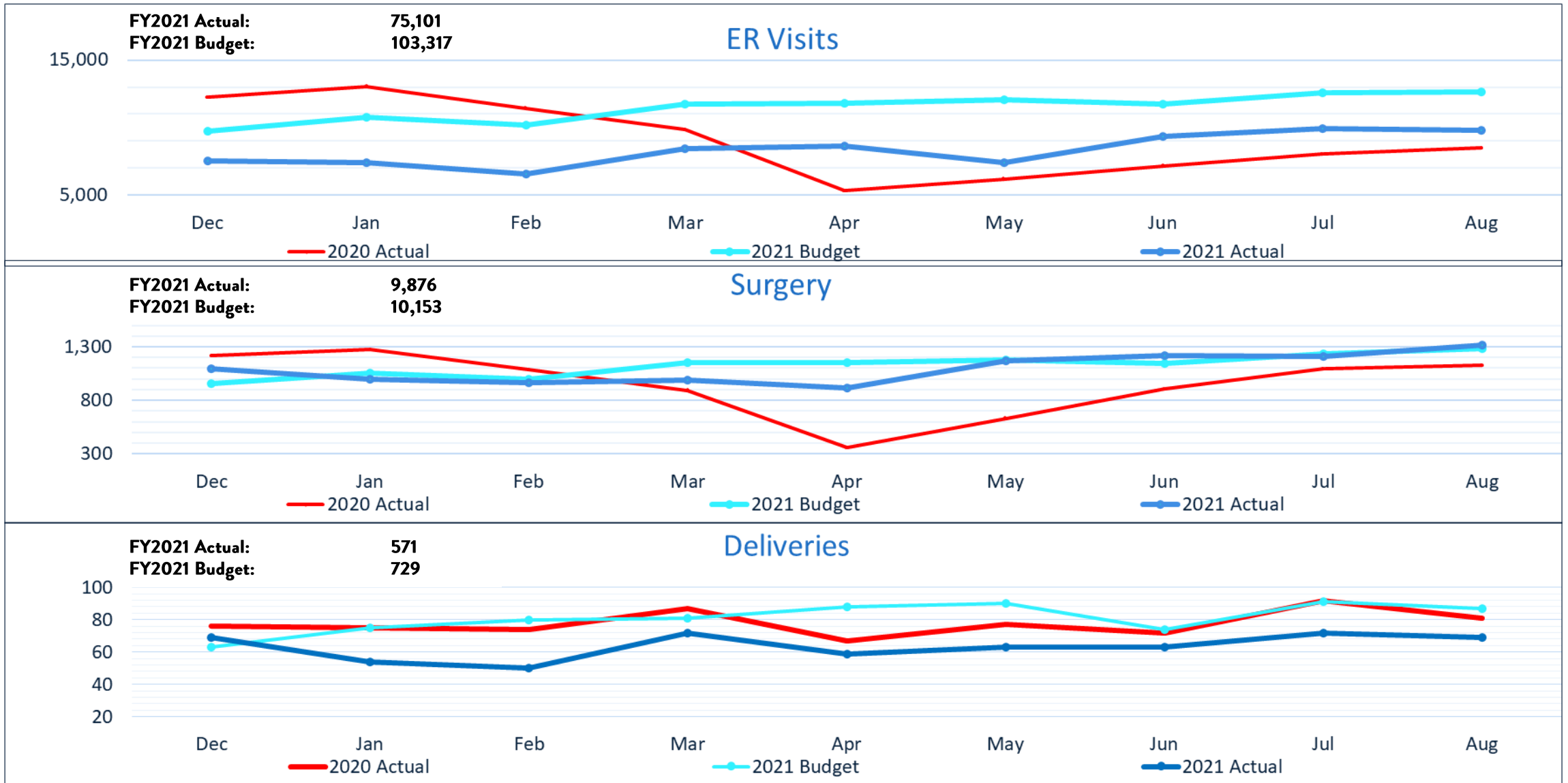
# CCH 12 Month Patient Activity Levels



# Patient Activity Indicators – FYTD 2021



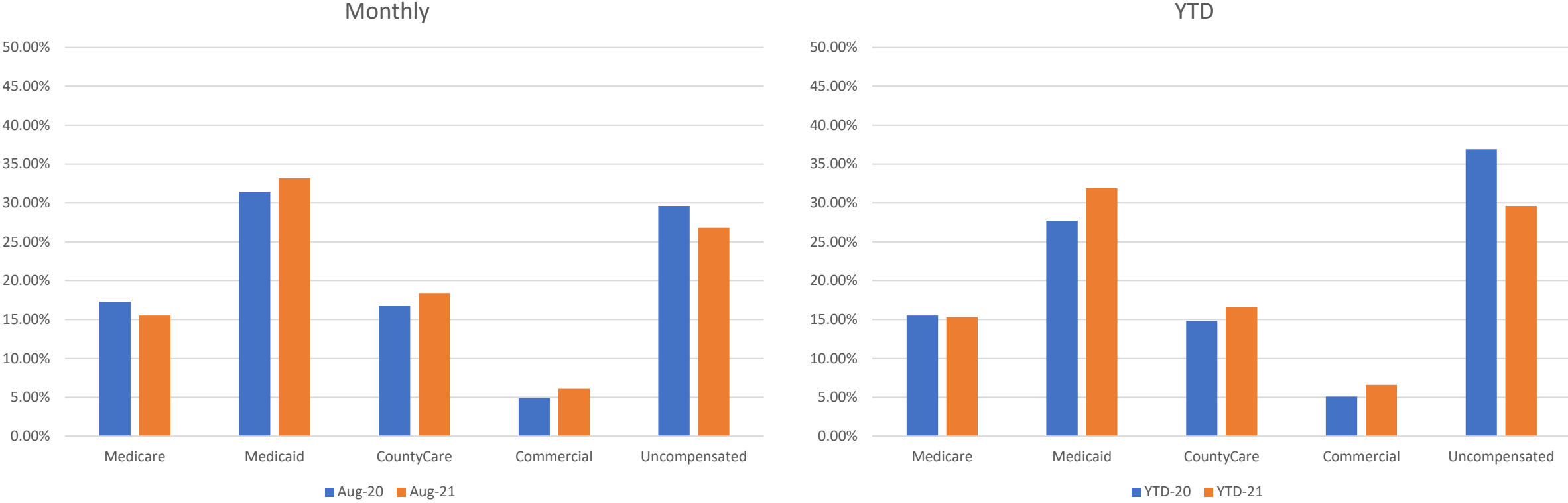
# Patient Activity Indicators – FYTD 2021





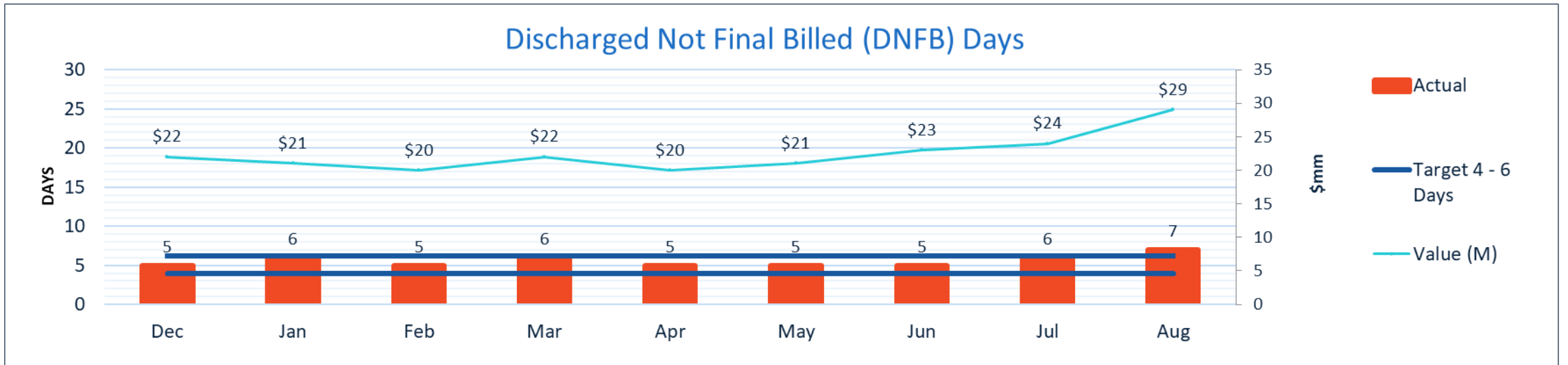
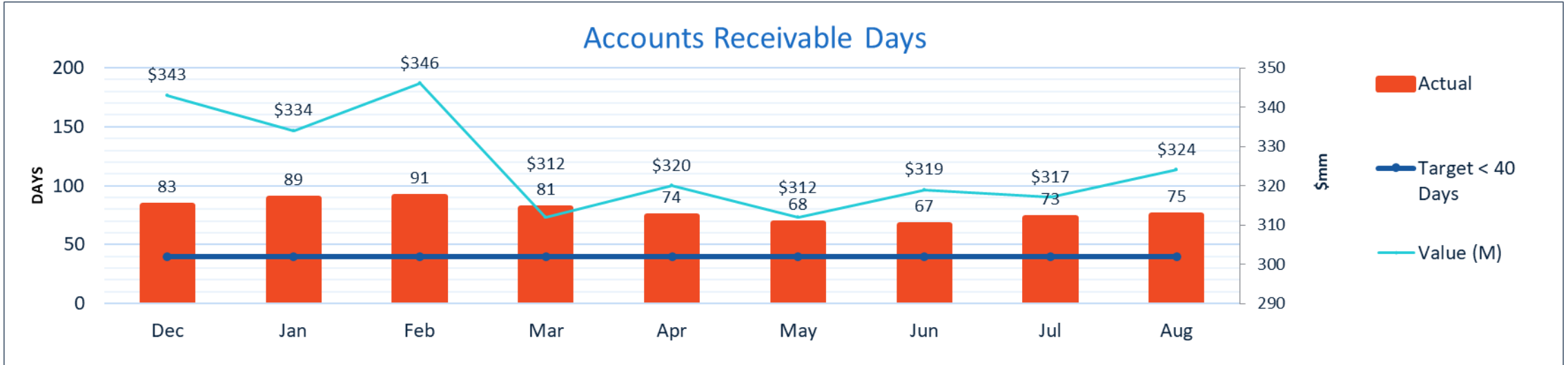
# CCH Health Providers Revenue – August 31, 2021

## Payer Mix Analysis (by Charges)



**Note:** CountyCare is a Medicaid managed care program. It is shown separately to provide visibility to CountyCare.

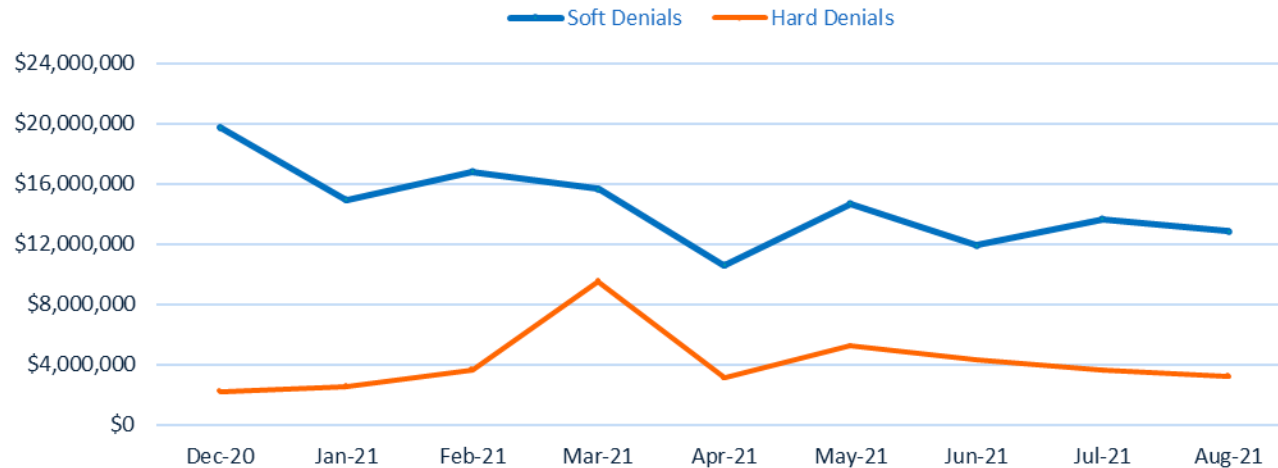
# Financial Key Performance Indicators – 2021 FYTD



# Denials - August 31, 2021

Type	Current Month		FY21 YTD		Benchmark
	%	\$	%	\$	%
Soft Denials*	10%	\$12,843,561	11%	\$130,928,245	5%
Hard Denials**	2%	\$3,254,701	3%	\$37,500,393	2%

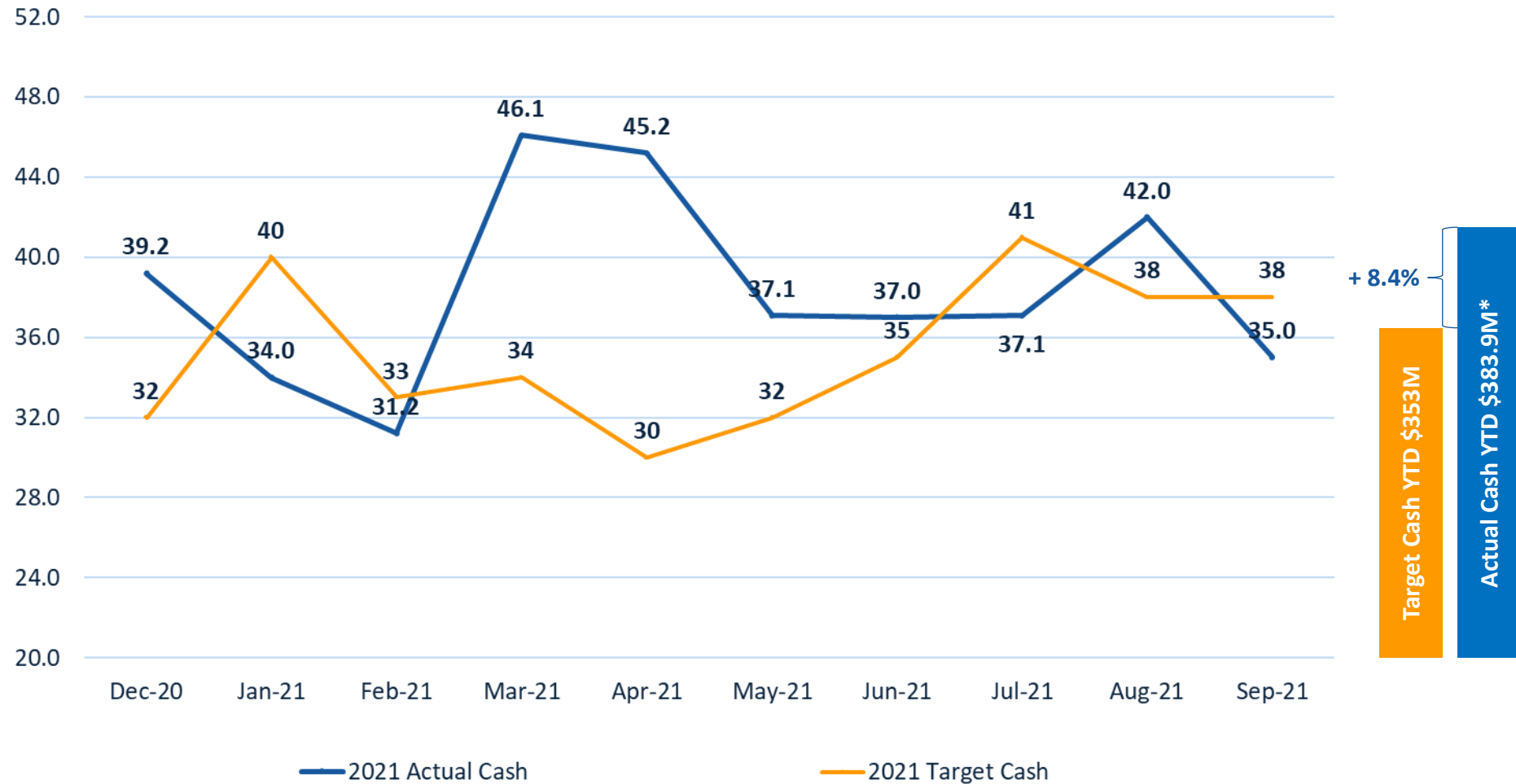
\* Claim is denied soon after submission, but there is an opportunity to mitigate/appeal  
 \*\* Claim is denied and needs to be written off



Hard Denial Summary	Amount
Case Management	\$999,762
Prior Authorization	\$966,843
Timely Filing	\$621,600
Non-Covered Services	\$513,244
Patient Access	\$109,157
Other	\$23,775
Coding	\$20,320
<b>Total</b>	<b>\$3,254,701</b>

Denials are reported as gross charges, the amount of money charged to a patient for services prior to adjustments.

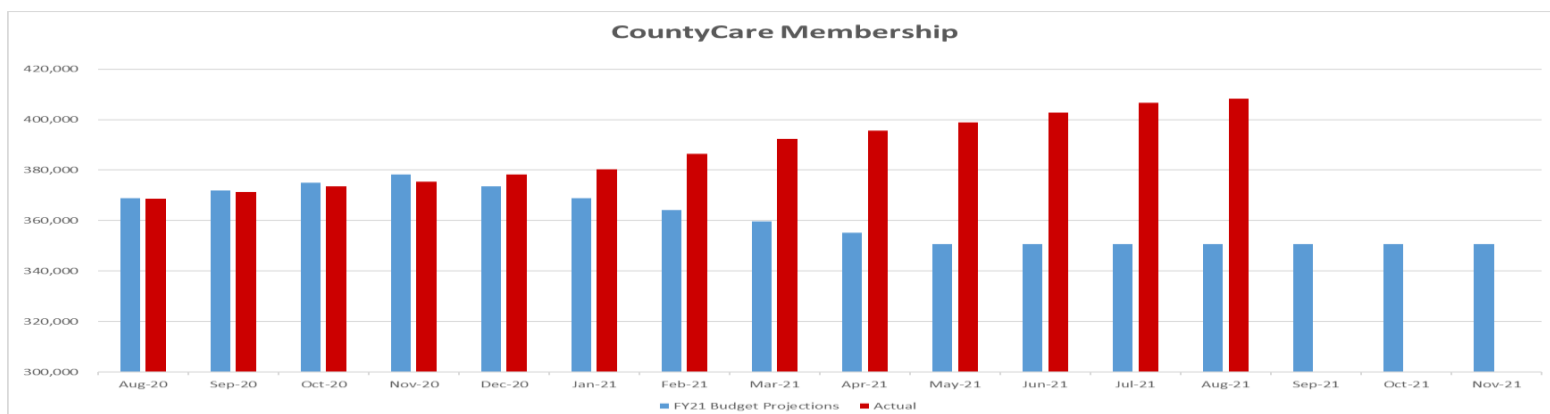
# CCH Cash YTD Target vs. Actual – September 30, 2021



\*14.2M in recouplement of 28M Medicare Advance has been received.

# Health Plan Services Financial Results – August 31, 2021

Dollars in 000s except PMPM amounts	FY2021 Actual	FY2021 Budget	Variance	%	Fy20 Actual
<b>Capitation Revenue</b>	\$1,803,766	\$1,569,226	\$234,541	14.95%	\$1,449,390
<b>Operating Expenses</b>					
Clinical - CCH	\$64,276	\$56,280	(\$7,996)	(14.21%)	\$74,922
Clinical - External	\$1,638,012	\$1,411,215	(\$226,797)	(16.07%)	\$1,304,794
Administrative	\$92,542	\$105,715	\$13,173	12.46%	\$74,514
Total Expenses	\$1,794,830	\$1,573,210	(\$221,620)	(14.09%)	\$1,454,230
Operating Gain (Loss)	\$8,936	(\$3,985)	\$12,921	(324.27%)	(\$4,840)
<b>Activity Levels</b>					
Member Months	3,549,608	3,224,016	325,592	10.10%	3,012,461
CCH CountyCare Member Months	370,026	N/A	N/A	N/A	319,375
CCH % CountyCare Member Months	10.42%	N/A	N/A	N/A	10.60%
<b>Operating Indicators</b>					
Revenue Per Member Per Month (PMPM)	\$508.16	\$486.73	\$21.43	4.40%	\$481.13
Clinical Cost PMPM	\$479.57	\$455.18	(\$24.39)	(5.36%)	\$458.00
Medical Loss Ratio (1)	92.2%	93.40%	1.23%	1.32%	92.24%
Administrative Cost Ratio	4.7%	6.35%	1.67%	26.27%	4.58%



## Commentary

- Total YTD member months exceed budget by 325,592 due to increased Medicaid enrollment as a result of the COVID-19 induced growth in unemployment, and no state redetermination of Medicaid eligibility.
- CountyCare expects enrollment to continue to exceed budget as auto-assignment increased to 50% as of February 2021. This change was due to CountyCare’s top-quality ranking among Medicaid MCOs.
- CountyCare’s reimbursement to CCH for domestic spend is exceeding budget.
- Operating Gain of \$8.9M consists of \$16M from CountyCare and a loss of \$(7.1)M from Medicare.
- Agreement executed with State of Illinois and CCH to reduce IGT by 50% beginning in January 2021. This change has been reflected in the results.

### Notes:

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

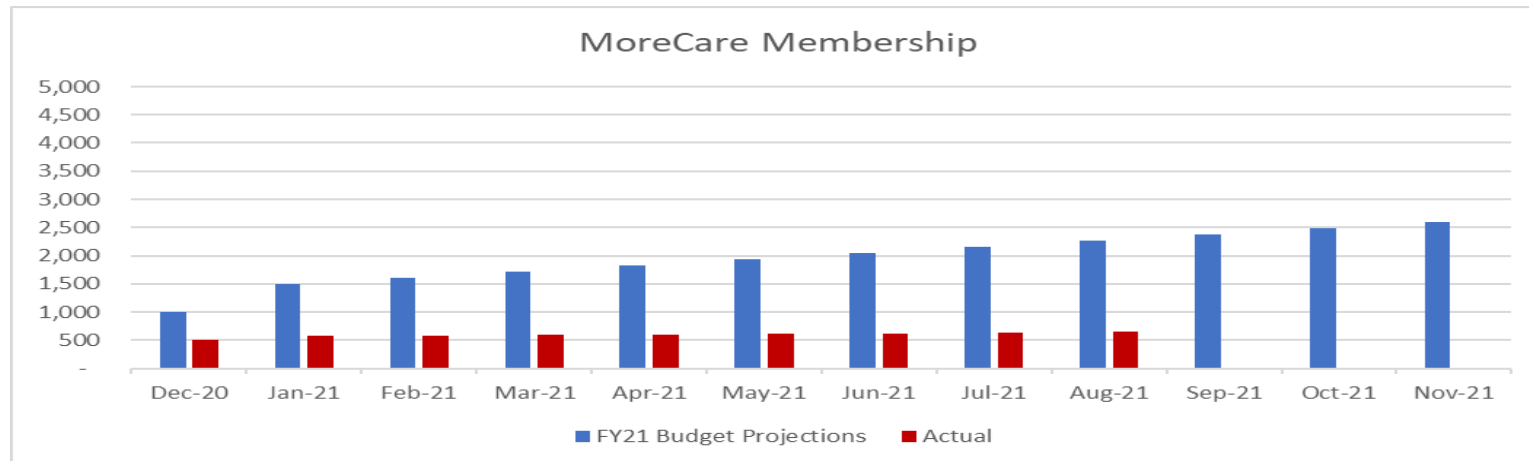


# Medicare Financial Results – August 31, 2021

Dollars in 000s except PMPM amounts	FY2021 Actual	FY2021 Budget	Variance	%
<b>Capitation Revenue (Total dollar amount)</b>	\$10,347	\$23,769	(\$13,421)	(56.47%)
<b>Operating Expenses</b>				
Clinical Expenses	\$10,510	\$23,769	\$13,259	55.78%
Administrative	\$6,889	\$7,579	\$690	9.10%
Total Expenses	\$17,399	\$31,348	\$13,949	44.50%
Operating Gain (Loss)	(\$7,052)	(\$7,579)	\$528	(6.96%)
<b>Activity Levels</b>				
Member Months	5,376	16,095	(10,719)	(66.60%)
<b>Operating Indicators</b>				
Revenue Per Member Per Month (PMPM)	\$1,924.75	\$1,476.76	\$448.00	30.34%
Clinical Cost PMPM	\$1,954.98	\$1,476.76	(\$478.22)	(32.38%)

## Commentary

- Membership is lower than budget, driving lower than expected revenue and cost.
- Revenue and cost on a per member per month basis is exceeding budgeted PMPM due to population mix (more members enrolled in higher premium Special Needs Plans versus lower premium MA-PD Plan).
- Total operating loss is lower than budget by \$528K.



# Managed Care Metrics



Presented to the CCH Board on 10/29/2021



COOK COUNTY  
**HEALTH**

# Current Membership

Monthly membership as of October 14, 2021

Category	Total Members	ACHN Members	% ACHN
FHP	256,511	20,396	8.0%
ACA	112,028	17,799	15.9%
ICP	30,230	5,377	17.8%
MLTSS	7,919	0	N/A
SNC	7,778	912	11.7%
<b>Total</b>	<b>414,466</b>	<b>44,484</b>	<b>10.7%</b>

**ACA:** Affordable Care Act  
**FHP:** Family Health Plan

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

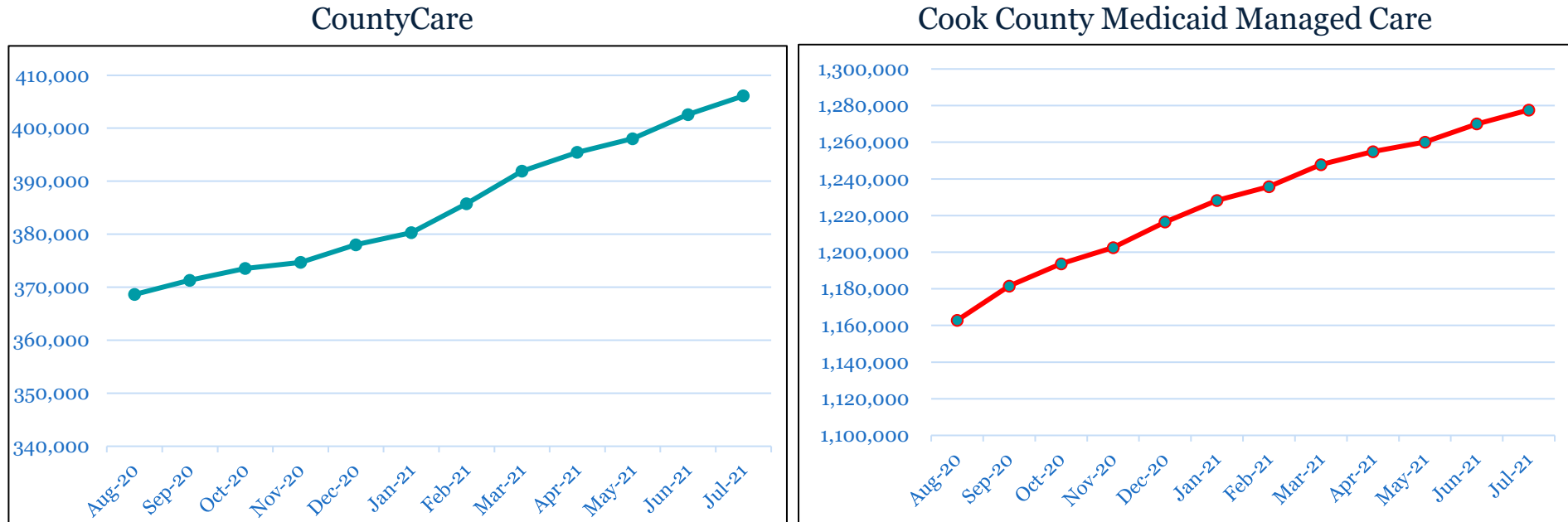
# Managed Medicaid Market

Illinois Department of Healthcare and Family Services July 2021 Data

Managed Care Organization	Cook County	Cook County Market Share
*CountyCare	406,102	31.8%
Blue Cross Blue Shield	327,298	25.6%
Meridian (a WellCare Co.)	314,116	24.6%
IlliniCare (Aetna/CVS)	125,664	9.8%
Molina	94,550	7.4%
YouthCare	9,842	0.8%
<b>Total</b>	<b>1,277,572</b>	<b>100.0%</b>

\* Only Operating in Cook County

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



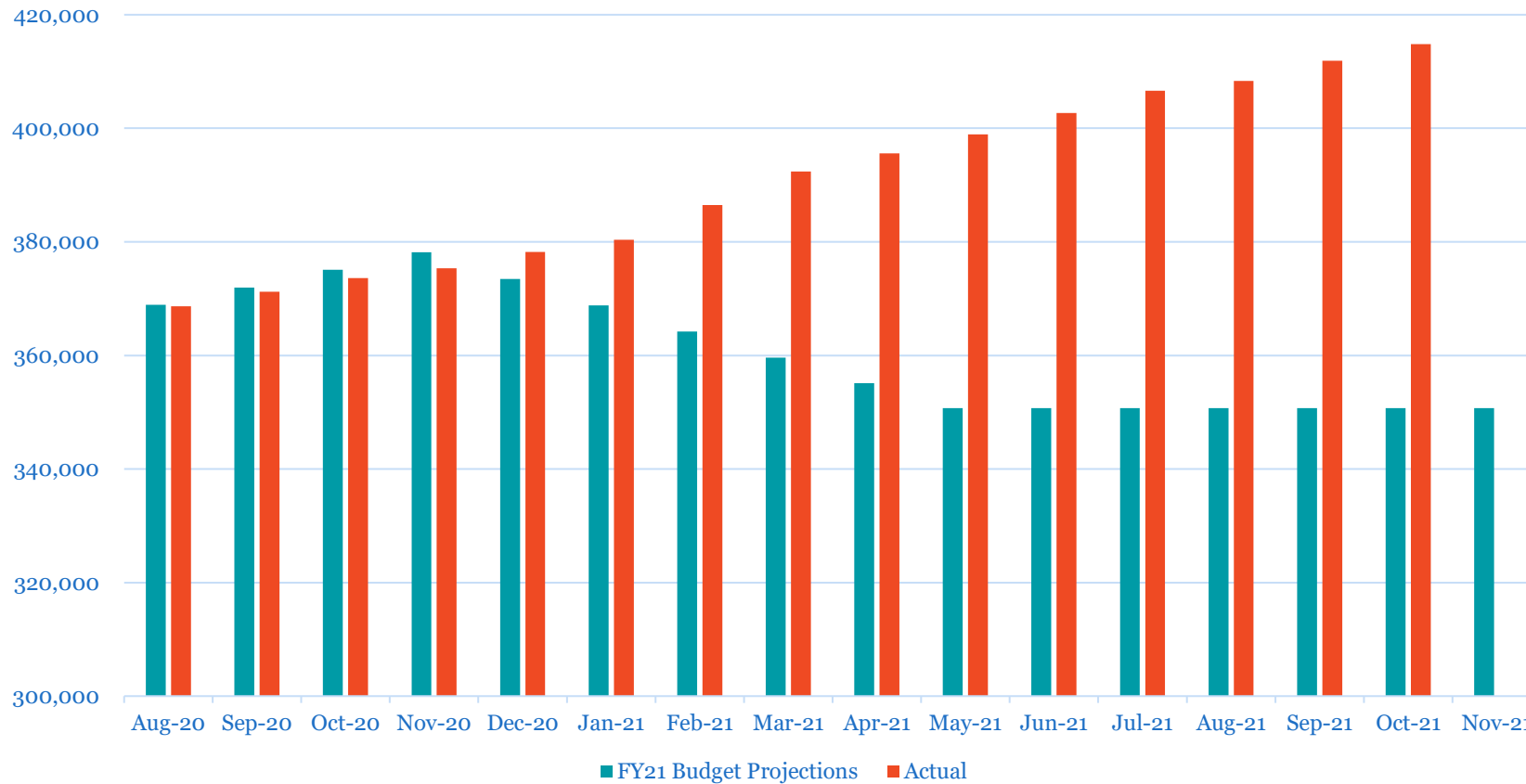
- CountyCare's enrollment has increased 10% over the past 12 months, in line with the Cook County increase of 10%
- CountyCare's enrollment increased 0.9% in July 2021 compared to the prior month

Source: <https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx>  
Note: HFS source website did not report August 2020 enrollment



# FY 21 Budget | Membership

## CountyCare Membership



# Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	State Goal	Aug 2021	Sept 2021	Oct 2021
<b>Member &amp; Provider Services Call Center Metrics</b>				
Abandonment Rate	< 5%	7.00%	5.00%	2.34%
Hold Time (minutes)	1:00	1:44	1:05	0:28
% Calls Answered < 30 seconds	> 80%	59.31%	68.72%	83.61%
<b>Quarterly</b>				
Claims/Encounters Acceptance Rate	98%	98%		

# Operational Updates

Request for Proposals	Posting Date	Expected Completion
Pharmacy Benefit Managers	October, 2021	January/February, 2022
Third Party Administrative Services	October, 2021	January/February, 2022
Care Management	November, 2021	1 <sup>st</sup> Quarter, 2022

# Current v. Prior Year: IP Acute Admits/1000



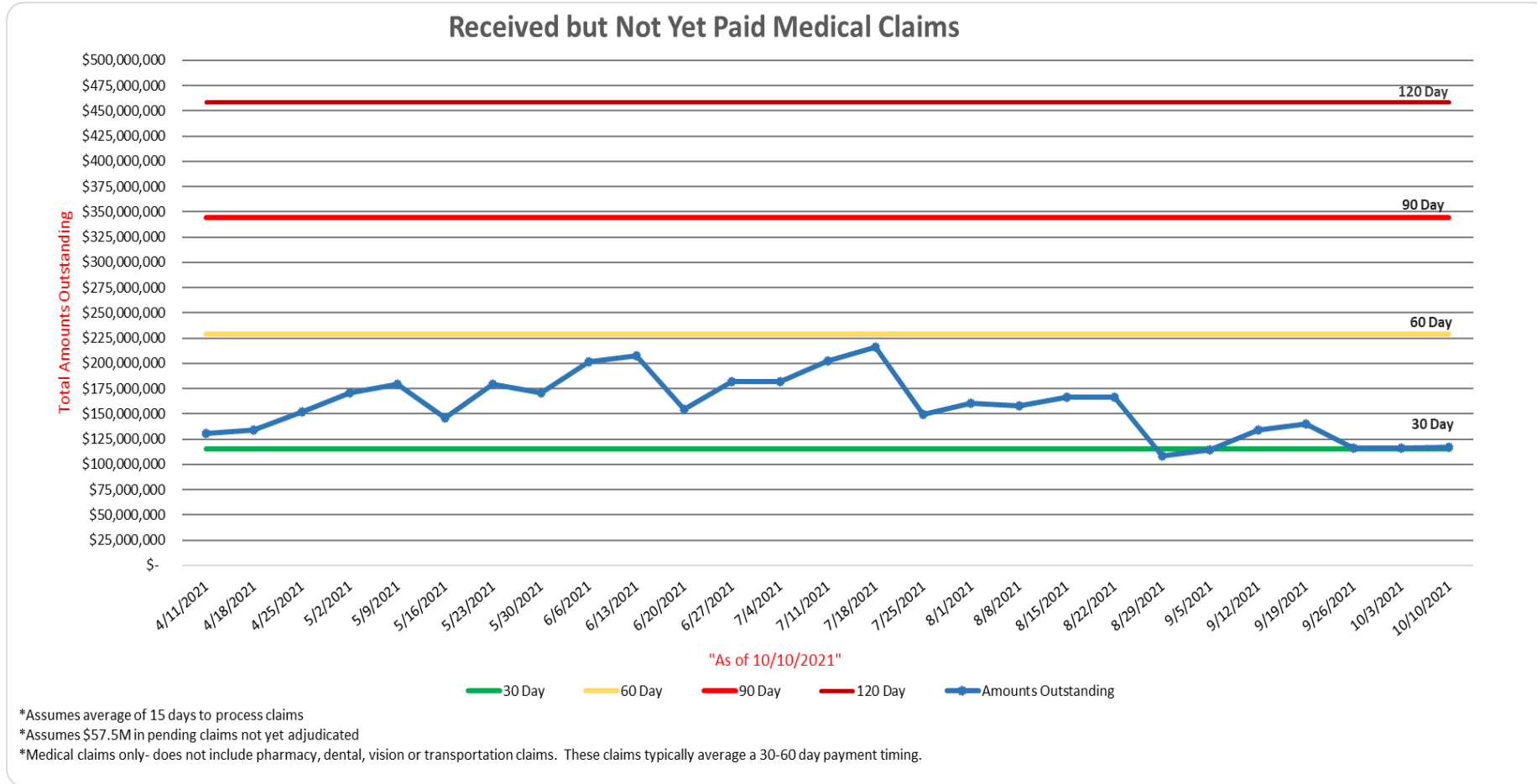
Updated monthly, paid through September 2020  
All acute and surgical cases occurred at a General Acute Care hospital

# CountyCare COVID Vaccination Rates

Vaccination Phase	Count of Membership	Percent of Total Membership (407k)	Percent of Vaccine-Eligible Membership (294k)
1st of 2 doses only:	19,093	4.69%	6.47%
Fully Vaccinated:	122,092	29.96%	41.39%
Vaccinated with at least 1 dose:	141,185	34.65%	47.86%

Data as of 10/1/2021

# Claims Payments



# Claims Payments

## Received but Not Yet Paid Claims

Ageing 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
Week of 10/10/2021	\$ 97,272,348	\$ 19,154,193	\$ 29,912	\$ 786,940	\$ 117,243,393

\*0-30 days is increased for an estimated \$57.5M of received but not adjudicated claims

\*Medical claims only-does not include pharmacy, dental, vision or transportation claims

\*The amounts in the table are clean claims



# Quality & Patient Safety Metrics



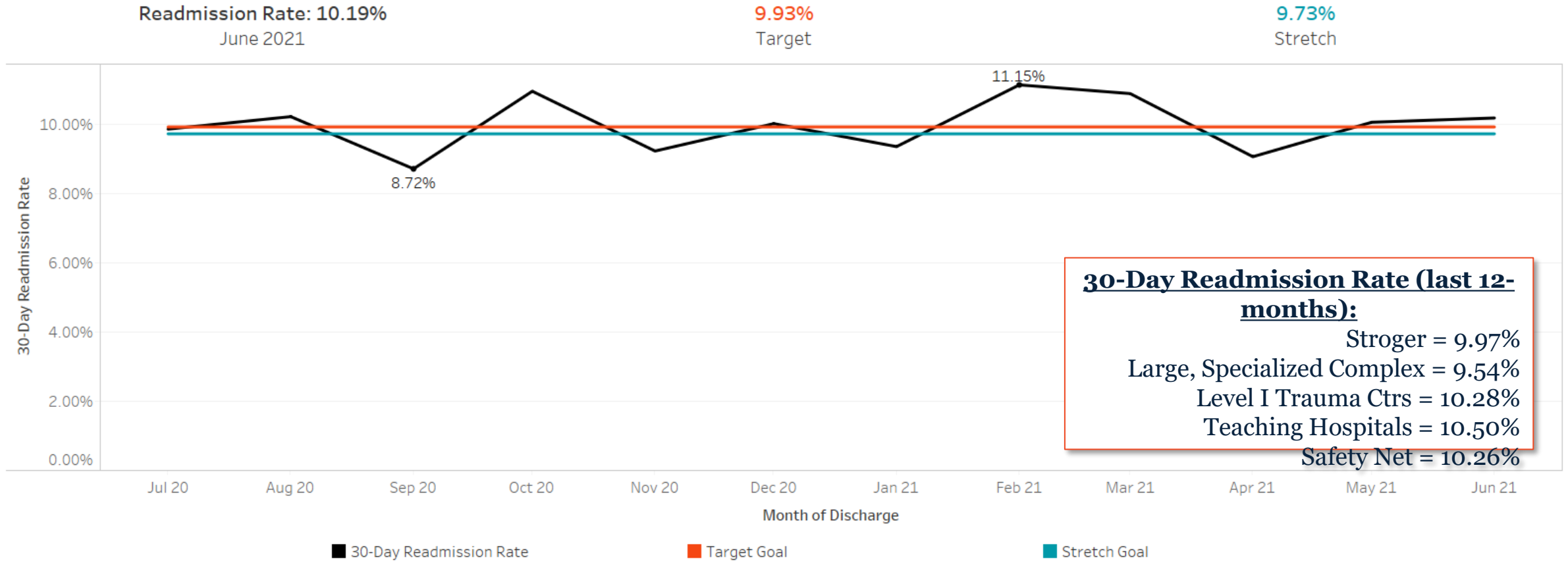
Presented to the CCH Quality and Patient Safety Committee on 10/21/2021



COOK COUNTY  
HEALTH

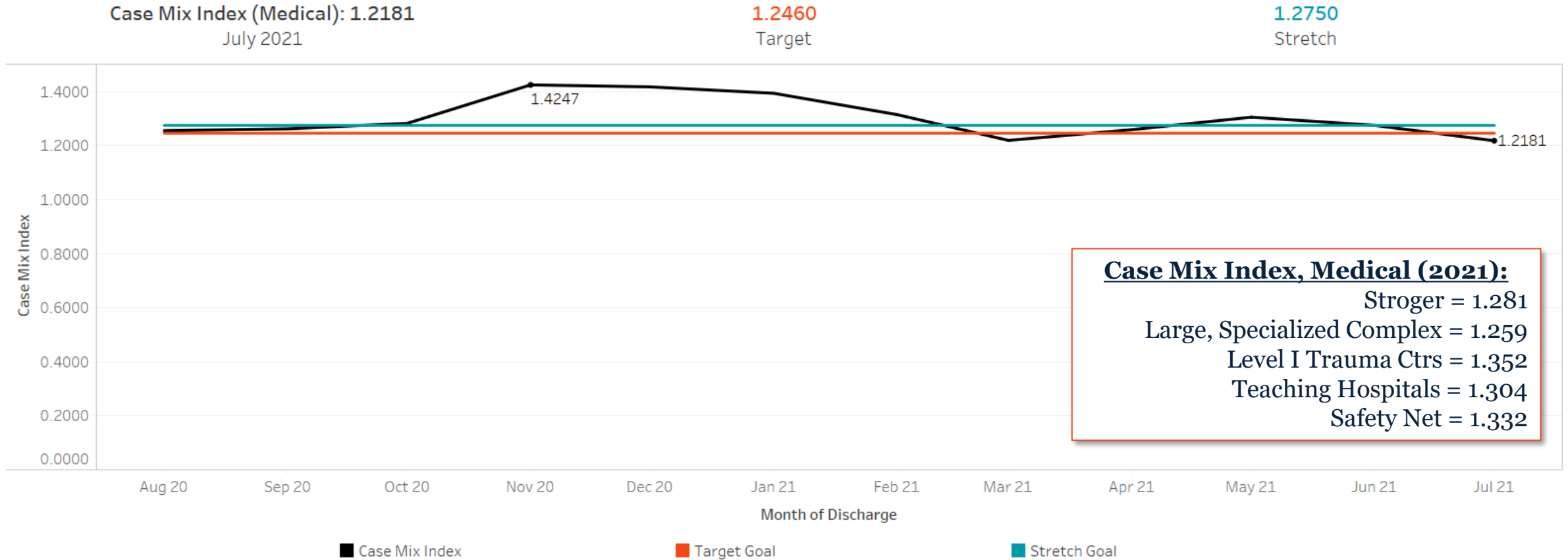
# 30-Day Readmission Rate (Stroger Hospital)

HRO Domain: Readmissions



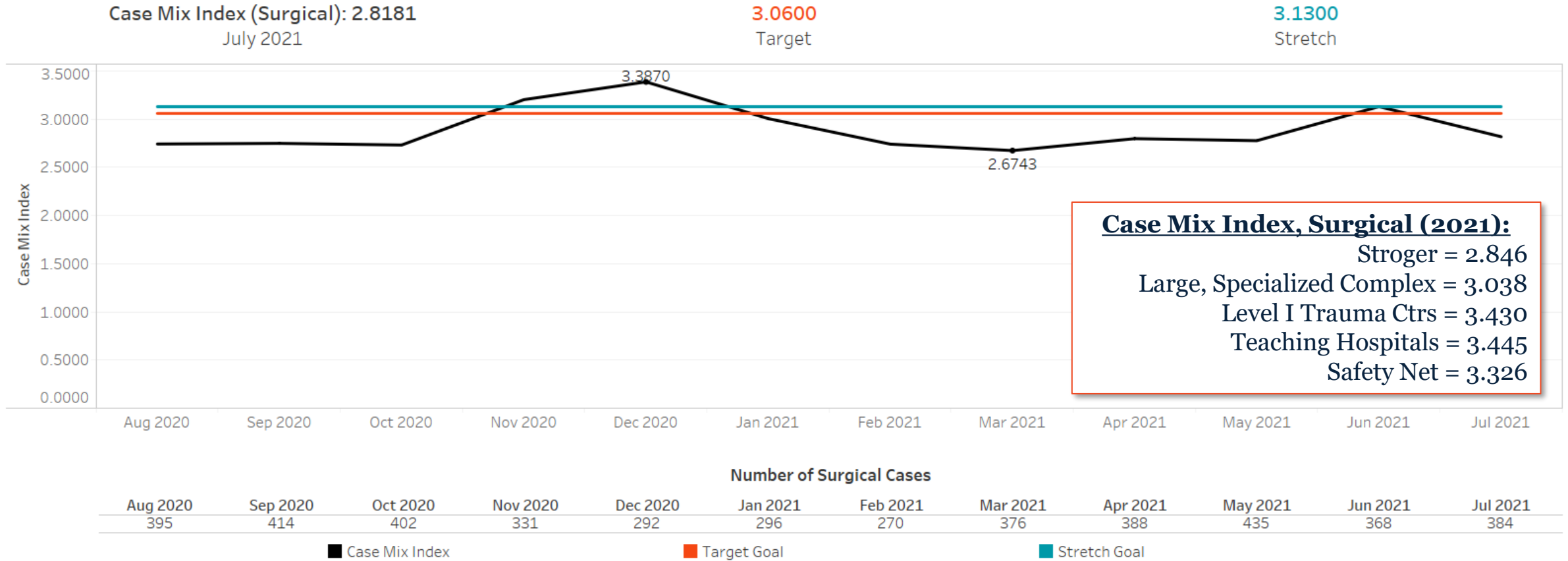
# Case Mix Index, Medical MS-DRG (Stroger Hospital)

HRO Domain: Clinical Documentation



# Case Mix Index, Surgical MS-DRG (Stroger Hospital)

HRO Domain: Clinical Documentation



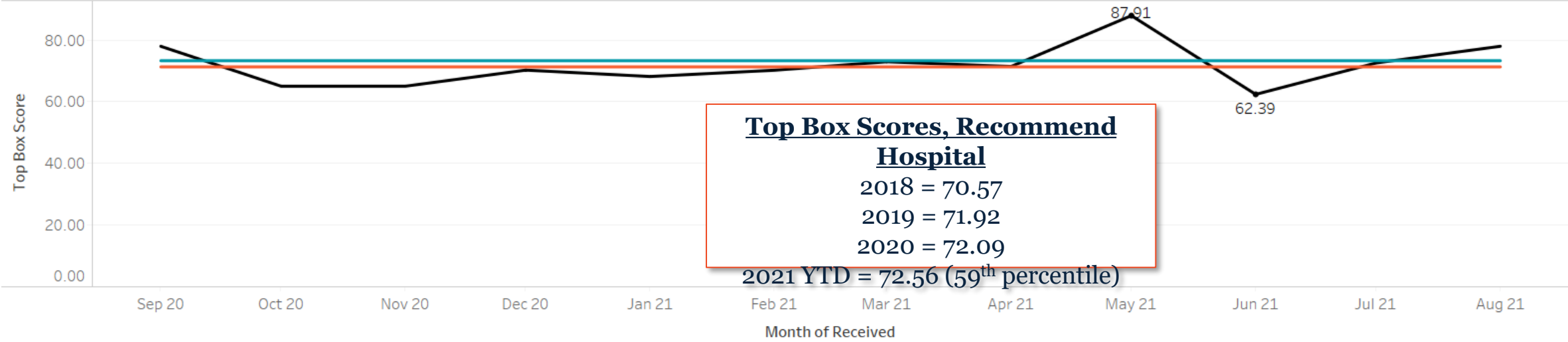
# Top Box Score, Recommend the Hospital (Stroger Hospital)

## HRO Domain: Patient Experience

Top Box Score (Recommend Hospital): 77.98  
August 2021

71.30  
Target

73.30  
Stretch



■ Top Box Score      ■ Target Goal      ■ Stretch Goal

**Total Patient Experience Surveys Received in Month**

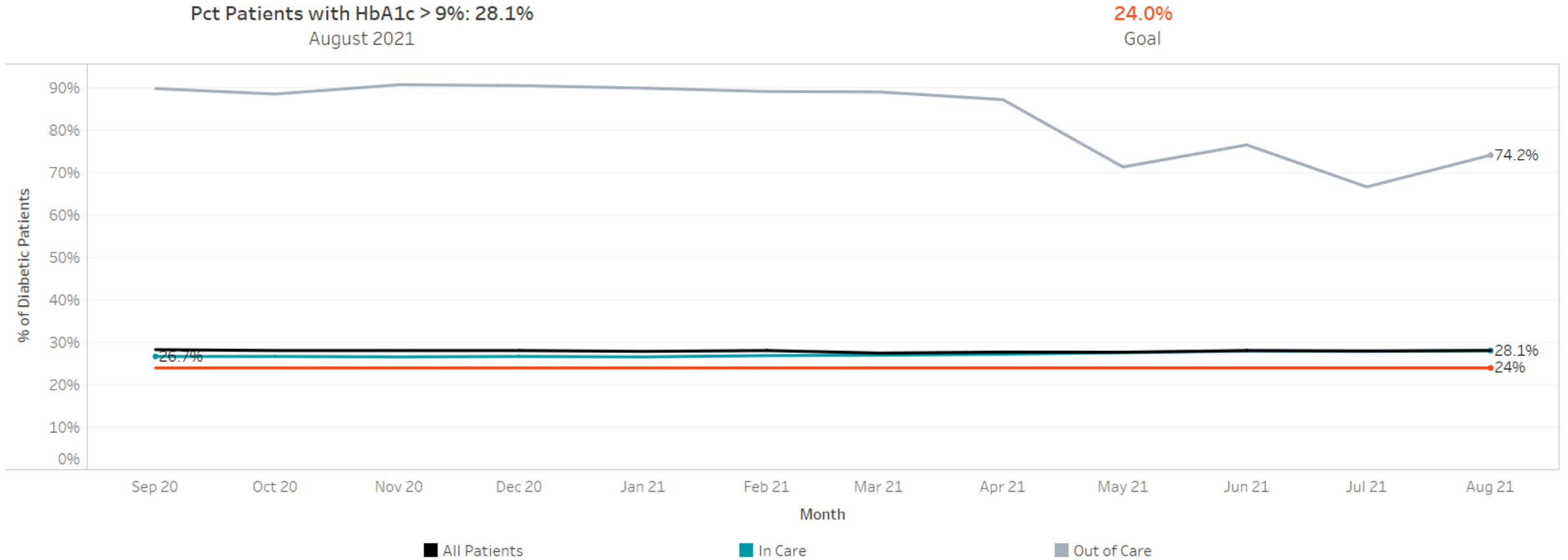
Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21
118	143	123	158	110	94	159	140	91	117	113	109



\*Higher top box score is favorable

# HbA1c >9%

## HRO Domain: HEDIS



## Metric

## Definition

### 30-Day Readmission Rate

- Patient unplanned admission to Stroger within 30 days after being discharged from an earlier hospital stay at Stroger
- **Calculation:** Raw unplanned readmission rate (# of readmissions / total # of eligible discharges)
- **Population included:** all inpatient discharges from Stroger
- **Cohort inclusions:** any payer; any age; alive at discharge
- **Cohort exclusions:** Admitted for primary psychiatric dx; admitted for rehabilitation; admitted for medical treatment of cancer (chemotherapy, radiation therapy); admitted for dialysis; admitted for delivery/birth
- **Reporting timeframe:** reported monthly with a 1-month lag to allow for 30-day readmission window; reported by month of patient discharge
- **Data source:** Vizient Clinical Data Base

### Case Mix Index

- Average relative DRG weight of a hospital's inpatient discharges, calculated by summing the Medicare Severity-Diagnosis Related Group (MS-DRG) weight for each discharge and dividing by the total number of discharges
- **Population included:** all inpatient discharges from Stroger
- **Cohort inclusions:** any payer; any age; reported by Medical MS-DRG and Surgical MS-DRG (Surgical: an OR procedure is performed)
- **Cohort exclusions:** none
- **Reporting timeframe:** reported monthly by most current month available; reported by month of patient discharge
- **Data source:** Vizient Clinical Data Base

### Recommend the Hospital

- Percent of patient responses with "Definitely Yes" (top box response) for Recommend the Hospital item in HCAHPS survey
- **Calculation:** Percent of patient responses with "Definitely Yes" (top box) / total survey responses
- **Population included:** Stroger; 18 years or older at time of admission; non-psychiatric MS-DRG/principal diagnosis at discharge; alive at discharge; >1 overnight stay in hospital as inpatient
- **Cohort exclusions:** discharged to hospice care; discharged to nursing homes or SNFs; court/law enforcement patients; patients with a foreign home address; "no-publicity" patients"; patients who are excluded because of rules and regulates of state in which hospital is located
- **Reporting timeframe:** reported monthly by most current month available; reported by month of survey received date
- **Data source:** Press Ganey

### HbA1c >9%

- Percent of adults (ages 18-75) with diabetes Type 1 or Type 2 where HbA1c is not in control (>9.0%)
- **Calculation:** Percent of diabetic patients with HbA1c not in control / total diabetic patients
- **Population included:** (Age 18-75 years as of December 31 of current year AND two diabetic Outpatient/ED visits in the current year or previous year) OR (One diabetic Inpatient visit in the current year or previous year) OR (Prescribed insulin or hypoglycemic or anti-hyperglycemics in the current year or previous year)
- **Cohort exclusions:** none
- **Reporting timeframe:** reported monthly by most current month available; reported by month of patient visit
- **Data source:** NCQA, HEDIS



# Media Dashboard

September 21 – October 22



COOK COUNTY  
**HEALTH**



# Earned Media Dashboard: September 21– October 22, 2021



Total Media Placements

**193**



Total Reach

**244.2 Million People**



Total Media Value

**\$2.3 Million**

## Top 5 Local Media Outlets

1. *WBBM Radio*
2. *WGN Radio*
3. *WGN Television*
4. *WBEZ*
5. *Crain's Chicago Business*

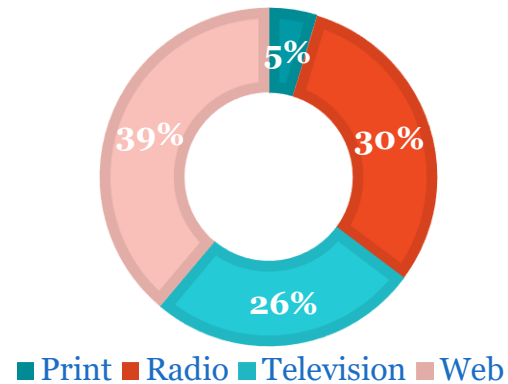
## Top National Media Outlets

1. *CNN*
2. *Yahoo News*
3. *MSN*



# Media Dashboard: September 21– October 22, 2021

## Media Outlet Type



## Most Common Topics

1. Dr. Hoffman Editorial
2. Flu and COVID-19
3. Trust Us Campaign
4. Vaccines and Kids
5. COVID and schools

# Recent Cook County Health COVID-19 Media Coverage

2,869 media Hits on COVID-19 since February 2020

BECKER'S  
**HOSPITAL REVIEW**

12 hospital marketing execs share the campaign they're most proud of



CDC Approves Pfizer Booster Shots For Seniors, Others At Increased Risk From COVID-19



Merck is working on an experimental COVID-19 pill. What is there to know about it? We asked the experts.



U.S. COVID Cases, Hospitalizations, and Deaths Declining



High health system tax rates



Are we ready to vaccinate new wave of children?



Why are Hispanic Americans at greater risk for COVID-19?



Cook County Health Doctor Talks In-Home COVID-19 Tests



Is there a possibility of a twindemic this season with COVID-19 and the flu?

# Social Media Summary

## September – October Activity

During September 21 – October 22, 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 and the hospital, and health tips.

**Facebook – 40 posts**

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

**Instagram – 25 posts + 5 stories + 2 IGTV**

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

**Twitter – 41 (includes retweets)**

<https://twitter.com/CookCtyHealth>

**LinkedIn – 17 posts**

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

# Social Media Insights

As of October 25

## Twitter (28-Day Summary)

- Impressions: **27.8K** (up **31%**)
- Profile visits: **4.4K** (up **78%**)
- Mentions: **129** (up **93%**)
- Followers: **4,247** (up **81**)

## LinkedIn (30-Day Summary)

- Impressions: **19.4K**
- Unique visitors: **671** (up **10%**)
- Followers: **7,151** (up **138**)

## Facebook (28-Day Summary)

- Post reach: **1.2M**
- Post engagement: **28.1K** (up **60%**)
- Page views: **2.7K** (up **71.0%**)
- Page followers: **7,480** (up **113**)

## Instagram (30-Day Summary)

- Impressions: **16.0K** (up **17.7%**)
- Reach: **1.8K** (up **12.5%**)
- Profile visits: **977** (up **55.3%**)
- Followers: **2,563**(up **42**)

# Top Social Media Posts

September 21 – October 20



COOK COUNTY  
**HEALTH**

# Top Social Media Posts: Facebook

## Post Performance

- Reach: **2.3K**
- Impressions: **2.3K**
- Engagement: **110**



Join us tonight at 6 pm for a conversation with Hispanics, Latinos and Latinas in medicine in celebration of Hispanic Heritage Month!

COMMUNITY FORUM

### Celebrating Hispanic Heritage Month A Conversation with Hispanics, Latinos and Latinas in Medicine

THURSDAY, OCTOBER 14, 2021

6:00 p.m.

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



Moderated by  
**Israel Rocha, Jr.**  
Chief Executive Officer, Cook County Health

#### OPENING REMARKS BY



**Toni Preckwinkle**  
Cook County Board President

#### PANELISTS



**Dr. Fidel Abrego**  
Chair, Division of  
Obstetrics & Gynecology



**Makel M. Frias**  
CCDPH, Assistant Director-  
Communicable Disease Control Unit



**Jesus "Manny" Estrada**  
Chief Operating Officer for Cermak  
Health Services





# Top Social Media Posts: Facebook

## Post Performance

- Impressions: **2.4K**
- Reach: **2.2K**
- Engagement: **805**

**Cook County Health** ✓  
October 18 at 10:29 AM · 🌐

The Belmont Cragin Health Center is now open! Cook County Health welcomed some of its first patients at the new site, which replaces the Logan Square Health Center. Drs. Cardona, Verma and Cunill are ready to see you. Learn more about the services we offer and how to make an appointment by visiting <https://cookcountyhealth.org/.../belmont-cragin-health.../>.

Belmont-Cragin Health Center  
5501 W Fullerton Avenue  
Parking

Boost this post to get more reach for Cook County Health.

Boost Post

55  
1 Comment 8 Shares



# Top Social Media Posts: Instagram

## Post Performance

- Impressions: **1.3K**
- Reach: **1.1K**
- Interactions: **131**



# Top Social Media Posts: Instagram

## Post Performance

- Reach: **114**
- Impressions: **1.2**
- Likes: **51**



# Top Social Media Posts: Twitter

## Post Performance

- Impressions: **1.7K**
- Total engagements: **89**



Next Thursday, October 14 at 6 pm, Cook County Health will host a conversation with Hispanics, Latinos and Latinas in medicine to celebrate Hispanic Heritage Month. We look forward to you joining us!



COMMUNITY FORUM  
**Celebrating Hispanic Heritage Month  
A Conversation with Hispanics, Latinos  
and Latinas in Medicine**  
THURSDAY, OCTOBER 14, 2021  
6:00 p.m.  
Watch via [Cook County Health's Facebook Live](#)

Moderated by  
**Israel Rocha, Jr.**  
Chief Executive Officer, Cook County Health

OPENING REMARKS BY

**Toni Preckwinkle**  
Cook County Board President

PANELISTS

**Dr. Fidel Alonzo**  
Chair, Division of  
Obstetrics & Gynecology

**Mabel M. Fries**  
CCDPH Assistant Director-  
Communicable Disease Control Unit

**Jesse "Manney" Estrada**  
Chief Operating Officer for Central  
Health Services

**Hana Mars**  
Chief Administrative Officer  
for Ambulatory Services

**Jessica Salgado**  
Nurse Manager for  
Wound and Ostomy

**Dr. Pamela Vergara-Rodriguez**  
Chair of Psychiatry for CORE  
Center and Attending  
Physician, Internal Medicine

 **COOK COUNTY  
HEALTH**

4:13 PM · Oct 8, 2021 · Twitter for iPhone

 View Tweet activity

2 Retweets 13 Likes

# Top Social Media Posts: Twitter

## Post Performance

- Impressions: **2.6K**
- Total engagements: **328**

 Cook County Health  
@CookCityHealth

On [#WorldHeartDay](#), we want to acknowledge our Cardiology Team who recently performed its first Transcatheter Aortic Valve Replacement (TAVR) as an alternative to open heart surgery. The first procedure was successful, and the patient is doing very well. [#WellnessWednesdays](#)



3:12 PM · Sep 29, 2021 · Twitter for iPhone

[View Tweet activity](#)

6 Retweets 2 Quote Tweets 40 Likes


# Top Social Media Posts: LinkedIn

## Post Performance

- Impressions: **3.3K**
- Clicks: **742**
- Reactions: **84**

**Cook County Health**  
7,151 followers  
1w • 🌐

The Belmont Cragin Health Center is now open! Cook County Health welcomed some of its first patients at the new site today, which replaces the Logan Square Health Center. Drs. Cardona, Verma and Cunill are ready to see you. Learn more about the services we offer and how to make an appointment by visiting <https://lnkd.in/gmyKV--r>.



Jason M. Raidbard, MPA, CPME and 83 others  
3 comments



# Top Social Media Posts: LinkedIn

## Post Performance

- Impressions: **5.5K**
- Clicks: **765**
- Reactions: **108**

**Cook County Health**  
HEALTH 7,151 followers  
3w • 🌐

On [#WorldHeartDay](#), we want to acknowledge our Cardiology Team who recently performed its first Transcatheter Aortic Valve Replacement (TAVR) as an alternative to open heart surgery. The procedure was successful, and the patient is doing very well, having recently been seen in clinic for his follow-up. [#wellnesswednesday](#)



👍❤️🌱 Amanda Edelston Grasso, MPH and 107 others  
12 comments

Thank you.



COOK COUNTY  
HEALTH