CCH Monthly Report

Item #: 25-1167

Presented to the Cook County Health Board on 2/6/25

COOK COUNTY HEALTH

Administrative & Legislative Updates

COOK COUNTY HEALTH

Legislative Updates – Local

The week of February 3, CCH leadership appeared before the following Cook County Board committees to provide testimony and respond to questions from Commissioners.

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

- **Health & Hospitals Committee –** Dr. Mohammed Sohel Ahmed, CCH Medical Director for Neurosciences appeared before the committee to present CCH's Semi-annual Disparities Report. The focus of this report was neurology and stroke. Dr. Thomas Nutter, CCH Chief Behavioral Health Officer appeared before the committee to present CCH's Semi-annual Mental Health Report which provides an overview of mental health services provided by Cermak Health Services, at the Juvenile Temporary Detention Center (JTDC) and by the Cook County Department of Public Health. Semi- annual Mental Health Reports were also presented by the Cook County Sheriff's Office and the Cook County State's Attorney's Office. Semi-annual Reports from the Cook County Chief Judge's Office and the Cook County Public Defender's Office will be presented at the March Cook County Board's Health & Hospitals Committee meeting.

The Cook County Board of Commissioners met on February 6, 2025. The following items pertaining to CCH appeared on the agenda:

- Resolution recognizing Dr. Claudia Fegan's on her retirement and her service to CCH.

- CCDPH's Quarterly Report for Q1 was introduced. This item was referred to the Health & Hospitals Committee for consideration.

Legislative Updates – State

Governor Pritzker delivered his state of the state and FY2026 budget address on Wednesday, February 19. The Governor's budget address kicks off the process for the House and Senate to craft a budget that they will attempt to pass by the May 31 scheduled adjournment date. The new state fiscal year starts July 1.

While a November report projected a $3.2B deficit for FY2026, updated revenues from earlier this week provided a more favorable financial outlook that shrunk the projected deficit considerably. The Governor proposed a $55.2B budget for FY2026, which represents a 2.5% increase ($1.3B) from revised FY2025 estimated spending. Most of the increase will go towards education, pensions, and medical expenses in Medicaid and state employee health insurance.

- CCH is still reviewing the budget documents but of significant concern is the proposed elimination of the Health Benefit for Immigrant Adults (HBIA) program, which provides Medicaid-like coverage to non-citizen Illinois adults 42-64 years of age with income at or below 138% of the Federal Poverty Level. Statewide enrollment of HBIA is 32,827, with 22,188 HBIA enrollees living in Cook County. CCH provides care to many individuals with HBIA, and CountyCare serves as the MCO to more than 17K HBIA enrollees. CCH will be working with the legislative team in the President's Office to communicate the impact of this change on CCH and our patients, and the importance of including HBIA in the final FY2026 state budget.

- The proposed budget preserves the Health Benefits for Immigrant Seniors (HBIS) program, which provides Medicaid-like coverage to non-citizen Illinois older adults 65+ years with income at or below 100% FPL and who meet an asset test. The coverage freeze that went into place November 2023 would remain in place, so no new enrollments would occur for HBIS.

- Aside from HBIA, no other changes are proposed to Medicaid eligibility or coverage in the proposed budget.

- Legislators were in Springfield the week of February 17 and are scheduled to be in Springfield nearly every week until the May 31 adjournment date. Nearly 6,400 bills have been filed in the House and Senate. March 21 is the deadline to pass bills out of the originating chamber.

- The Illinois Opioid Remediation Advisory Board (IORAB) makes advisory recommendations regarding the use of opioid settlement funds received by the State of Illinois. Earlier this month, the IORAB approved proposals that would provide up to $18M over three years to pilot Overdose Prevention Sites (OPSs) and $20M towards supportive housing that uses a Housing First model. The recommendations will now be considered by the Governor's Opioid Prevention and Recovery Steering Committee.

- HB2929 would authorize OPSs in Illinois. The bill is awaiting assignment to committee and has the support of harm reduction advocates in Illinois.

- 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.

- 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.

Legislative Updates – Federal

Budget Reconciliation and Medicaid

On February 13, the House Budget Committee passed its version of the 2025 budget on a party-line vote. The measure includes provisions for $4.5 trillion in tax cuts, $2 trillion in spending reductions over the next decade, a $4 trillion increase in the debt ceiling, and an additional $300 billion allocated for border security and national defense. The budget resolution provides a blueprint for Congress to advance these key items in President Trump's agenda by "Budget Reconciliation." This allows the Budget Reconciliation bill to proceed under expedited rules, including bypassing the Senate filibuster and passing with a simple majority, instead of the usual 60 vote threshold required for most legislation.

The House Budget Resolution directs the Energy and Commerce Committee to identify at least $880 billion in spending reductions over ten years for inclusion in the Reconciliation bill. This would almost certainly require deep cuts to Medicaid, and could include work requirements, reducing the federal match (FMAP) for the Affordable Care Act expansion population, an FMAP penalty for states that provide state-only Medicaid coverage for undocumented people, new limits on state directed payments in Medicaid managed care, new limits on provider taxes or other sources of the non-federal share of Medicaid, imposing block grants or per capita caps.

The Senate currently is proceeding on a separate approach, with its initial "skinny" budget resolution. The Senate measure aims to set up a first Reconciliation bill to beef up border security and invest in the military, with a future bill later in the year to tackle tax cuts and the required spending cuts to pay for them.

Both chambers must pass identical budget resolutions in order to unlock reconciliation and at the moment the path forward is not clear.

Trump-Vance Administration Health Policy Agenda Executive Orders

President Donald J. Trump was sworn in on January 20. As he had promised, he began issuing Executive Orders (EO's), which direct federal agencies to take specific actions. Many of the first EO's impact federal health policy. These initial EO's included an order rescinding many EO's issued by the Biden Administration, and one initiating the withdrawal of the U.S. from the World Health Organization (WHO):

"Initial Rescissions of Previous Administrations' Harmful Executive Orders and Actions":

Revokes approximately 75 earlier EOs and requires additional review of government policies and reporting out within 45 days on whether additional EOs or policy changes will be needed.

Executive Order 13987 of January 20, 2021

- Organizing and Mobilizing the United States Government To Provide a Unified and Effective Response To Combat COVID-19 and To Provide United States Leadership on Global Health and Security.

Executive Order 13988 of January 20, 2021

- Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation.

Executive Order 13990 of January 20, 2021

- Protecting Public Health and the Environment and Restoring Science to Tackle the Climate Crisis.

Legislative Updates – Federal- Con't...

Executive Order 13995 of January 21, 2021

- Ensuring an Equitable Pandemic Response and Recovery.

Executive Order 13996 of January 21, 2021

- Establishing the COVID-19 Pandemic Testing Board and Ensuring a Sustainable Public Health Workforce for COVID-19 and Other Biological Threats.

Executive Order 13997 of January 21, 2021

- Improving and Expanding Access to Care and Treatments for COVID-19.

Executive Order 13999 of January 21, 2021

- Protecting Worker Health and Safety).

Executive Order 14009 of January 28, 2021

- Strengthening Medicaid and the Affordable Care Act.

Executive Order 14070 of April 5, 2022

- Continuing to Strengthen Americans' Access to Affordable, Quality Health Coverage.

Withdrawing the United States from the World Health Organization:

- The United States issues a formal notice of its withdrawal from the World Health Organization (WHO).
- Executive Order 13987 of January 25, 2021
  - Organizing and Mobilizing the United States Government to Provide a Unified and Effective Response to Combat COVID–19 and to Provide United States Leadership on Global Health and Security, is revoked.
- Recalls and reassigns United States Government personnel or contractors working in any capacity with the WHO.
- While withdrawal is in progress, the Secretary of State will cease negotiations on the WHO Pandemic Agreement and the amendments to the International Health Regulations, and actions taken to effectuate such agreement and amendments will have no binding force on the United States.

While the agencies continue to proceed with implementing the EO's many of them have been blocked, at least temporarily by Federal Courts as lawsuits proceed. The situation remains extremely fluid and unpredictable.

On January 27, the White House Office of Management and Budget (OMB) issued an order to all agencies to freeze federal funds allocated to various programs, including foreign aid, Diversity, Equity, and Inclusion (DEI) initiatives, and the Green New Deal, pursuant to his 'America First' agenda. Amid the ensuing confusion, state Medicaid agencies found that they were unable to access their funds through their usual federal portal. It remains unclear whether it was deliberate, or a coincidental technological glitch. Nevertheless, the memo faced immediate legal opposition, resulting in temporary injunctions. OMB rescinded the memo on January 29, 2025.

New Hires and Promotions

COOK COUNTY HEALTH

Congratulations

New Leadership Hires
Lisa Yeh, Chair of the Division of Child and Adolescents, Psychiatry
Josune Iglesias, Residency Director, Internal Medicine Primary Care Program
Kevin Hickey, Director of Quality Improvement, Quality Assurance
Gillian Feldmeth, Senior Manager of Policy & Innovation, Health Plan Services
Daniel Byars, Senior Manager of Complex Care Coordination, Community Care*
Jaime Martinez , Manager of Operations-Bilingual, North Riverside
Meg Kral, Occupational Therapy Manager, Provident
Karen Lewis, Quality Data Manager, Quality Assurance
Rocio Vargas-Garcia, Ambulatory Clinic Manager –DPH
Candace Nicks, Manager – Community Immunization Program, DPH

**Re-Hire*

Congratulations

Promotions
Raji Thomas, Chief Quality Officer, Quality Assurance
Alexandra Normington, Chief Communications & Marketing Officer, Administration
Sharon Welbel, Chair of the Division of Infectious Disease
Thomas Gast, Chair of the Division of Interventional Radiology
Justin Gandia, Chair of the Division of Gynecology, Obstetrics and Gynecology
Mariko Limpar, Medical Director of Employee Health Services
Nancy Quesada, Director of Pulmonary Care, Administration
Nigist Taddese, Physician Advisor, Medical Administration
Raymond Narh, Physician Advisor, Medical Administration
Karla Anderson, Director of Psychology Student Training, Psychiatry Administration

Congratulations

Promotions
Giries Sweis, Director of Health Psychology Services, Psychiatry-Ambulatory
Ashante Wells-Baines, Director of Administrative Operations, Medical Administration
Kelly Lynn Metoyer, Senior Project Manager, OB/Gyn Administration

Recognition & Announcements

COOK COUNTY HEALTH

American Heart Month Press Conference

In recognition of **American Heart Month**, Cook County Health leaders, elected officials and a patient came together to recognize improvements in access to advanced cardiac care and celebrate heart health at a press conference on February 11.

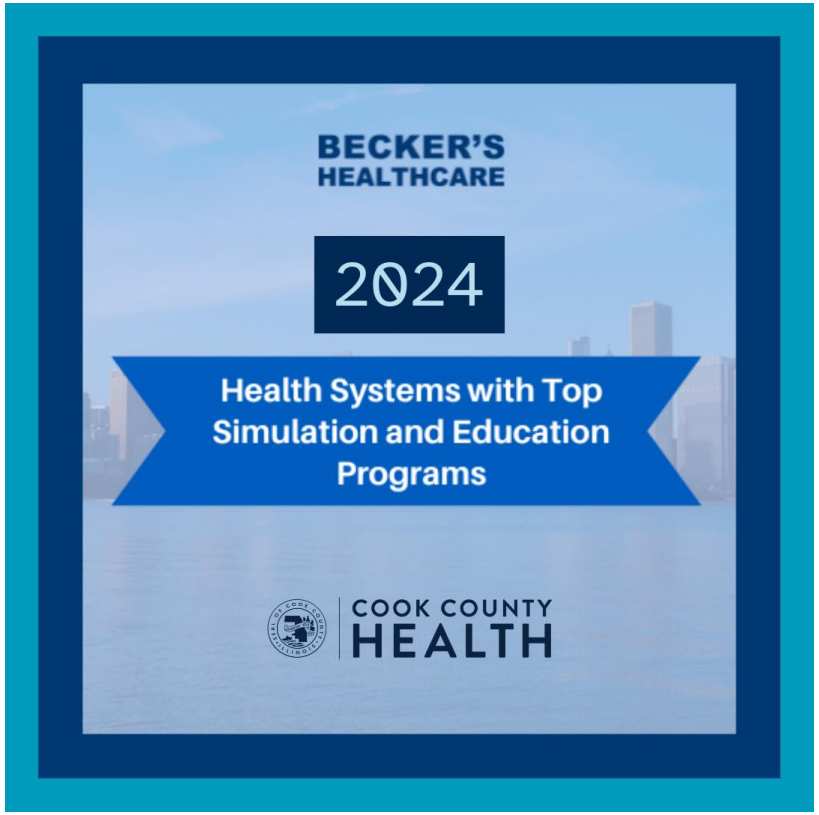
Cook County Health has invested approximately $6M in the cardiology service line over the last several years to provide new technologies to patients that help patients, including the TAVR procedure and MitraClip™, which help patients with structural heart disease, and the Impella® Device, which provides advanced life support.

These investments have increased access to cutting-edge cardiac care for our communities and saved lives.

Becker’s Healthcare

Cook County Health has been named in Becker's Healthcare "64 hospitals and health systems with great simulation and education programs" list. **Congratulations to the SIM lab team!**

Becker's recognized programs that empower students and healthcare professionals to hone their skills in realistic, safe settings designed to mirror real-world scenarios.



CHEF/ACHE Regent Professional Achievement Awards

Congratulations to **Dr. Krzysztof Pierko**, Associate Chair, Department of Medicine, **Jacquelyn Whitten, DNP**, Chief Nursing Officer, Stroger Hospital, **James McCracken**, Director of Emergency & Trauma Nursing, and **Kathy Minogue**, Director of Maternal/Child Health, for being selected for a CHEF Innovations Award!

The CHEF Innovations Award recognizes the accomplishments of a healthcare team which has inspired leadership, change and advancement in the Chicago area healthcare community.

This is a testament to the incredible work and dedication of our teams, showcasing our commitment to innovation and excellence in healthcare. An award reception was held at the 49th CHEF Annual Meeting on February 26 in Chicago.

Becker’s Healthcare

Congratulations to **Andrea Gibson**, Cook County Health’s Chief Strategy Officer, for being recognized by Becker's Healthcare on their "Chief Strategy Officers to Know" list!

The list included visionary leaders who help brand, market and expand their organizations, developing strategies that propel progress.

Conquer Cancer

Congratulations to **Dr. Ayobami Olafimihan**, General Medicine Physician, for being recognized with a 2025 ASCO GI Symposium Merit Award by Conquer Cancer!

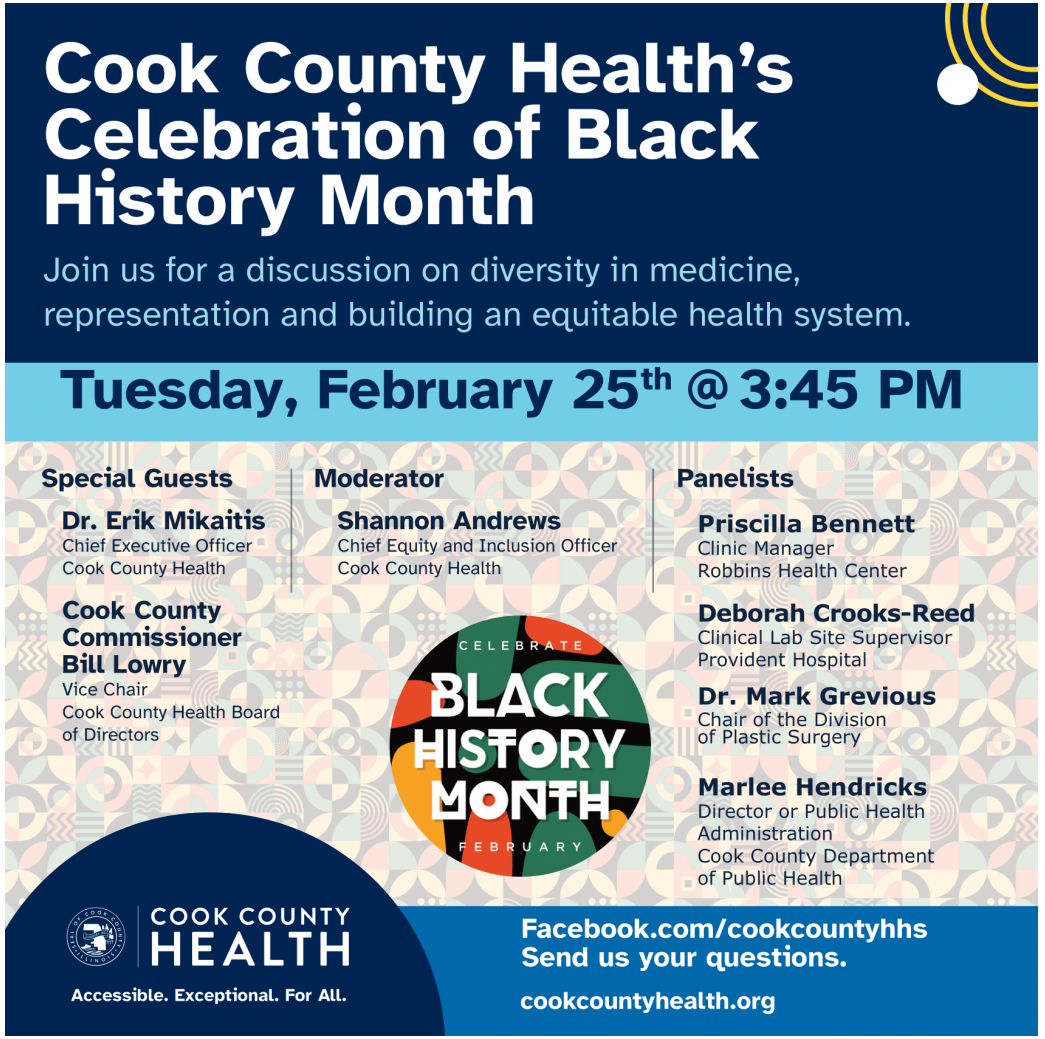
The list of awardees included 35 oncologists recognized for their contributions and advancements in cancer research and care.

Black History Month Panel

In honor of **Black History Month**, Cook County Health held a Facebook Live on diversity in medicine, representation and building an equitable health system.

Thank you to the panelists for a successful and insightful event!

CCH staff past and present were featured on our social media pages throughout the month in celebration of the contributions of African Americans in health care.



Free COVID-19 and Flu Vaccination Clinics

In response to the increased number of flu hospitalizations in Illinois, Cook County Department of Public Health has extended its Saturday free vaccine clinics through the end of March.

* **3/1/25 @ Blue Island Health Center**

* **3/8/25 @ Cottage Grove Health Center**

* **3/15/25 @ Robbins Health Center**

* **3/22/25 @ Arlington Heights Health Center**

ARPA Report

COOK COUNTY HEALTH

ARPA Progress to Date

Updated Guidelines:

- The County corporate fund will cover FY2025 personnel

Next Steps:

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

COOK COUNTY HEALTH

*Expenditure as of 2/12

Finance Metrics

COOK COUNTY HEALTH

Executive Summary: Statement of Financial Condition - December 31, 2024

COOK COUNTY HEALTH

- On an accrual basis, interim financials show that CCH ended December with a **$20.8M 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 **$135.4M** ($52.9M revenue & $82.5M expenses).

  - 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 $1.6M **unfavorable** to budget; rates paid by state continue to not reflect newly covered high-cost drugs
    - Membership remains over 419,000 which is 5.3% greater than budgeted

Financial Results – December 31, 2024

COOK COUNTY HEALTH

Dollars in 000s	FY2025 Actual	FY2025 Budget	Variance	%	FY2024 Actual
Revenue					
Net Patient Service Revenue (1)	$80,013	$100,299	($20,286)	-20.23%	$131,403
Government Support (2)	$33,973	$33,569	$404	1.20%	$30,968
Adjusted NPSR	**$113,986**	**$133,868**	**($19,882)**	**-14.85%**	**$162,371**
CountyCare Capitation Revenue	$290,551	$280,881	$9,670	3.44%	$227,940
Other	$4,992	$5,825	($833)	-14.30%	$1,124
Total Revenue	**$409,529**	**$420,574**	**($11,045)**	**-2.63%**	**$391,435**
Operating Expenses					
Salaries & Benefits	$65,160	$76,523	$11,363	14.85%	$62,889
Overtime	$4,860	$4,586	($274)	-5.99%	$4,564
Supplies & Pharmaceuticals	$25,084	$21,236	($3,848)	-18.12%	$16,386
Purchased Services & Other	$70,642	$69,360	($1,282)	-1.85%	$74,687
Medical Claims Expense (1)	$268,916	$252,713	($16,203)	-6.41%	$306,474
Insurance	$2,793	$2,522	($271)	-10.74%	$0
Utilities	$607	$1,250	$643	51.45%	$1,457
Total Operating Expenses	**$438,062**	**$428,190**	**($9,872)**	**-2.31%**	**$466,457**
Operating Margin	**($28,534)**	**($7,617)**	**($20,917)**	**274.63%**	**($75,022)**
Non-Operating Revenue	**$13,281**	**$13,142**	**$139**	**1.06%**	**$12,829**
Net Income (Loss)	**($15,253)**	**$5,526**	**($20,778)**	**-376.05%**	**($62,193)**

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		Dec 2024 Actual	Dec 2023 Actual
Average Daily Census	317	316	0.3%	327	321		317	327
Emergency Room Visits	7,672	7,815	-1.8%	7,893	7,893		7,672	7,893
Surgeries	865	1,032	-16.2%	886	886		865	886

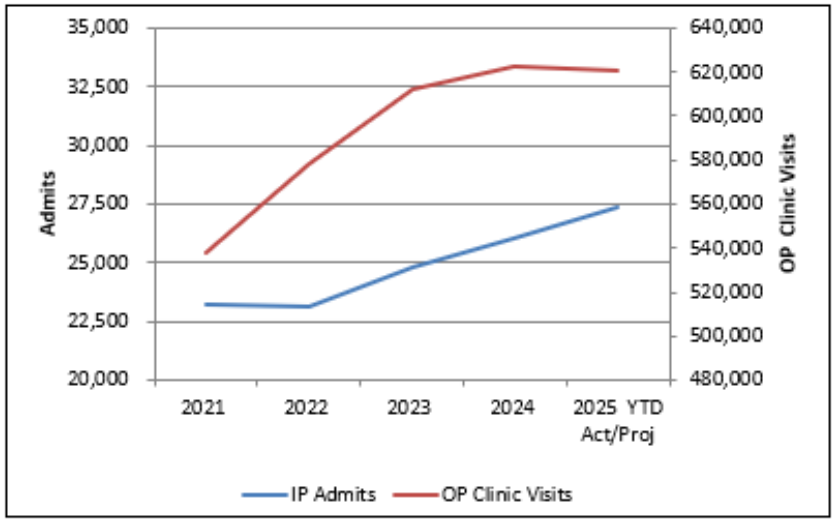
Patient Activity Provident	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual		Dec 2024 Actual	Dec 2023 Actual
Average Daily Census	19	29	-35.2%	22	24		19	22
Emergency Room Visits	2,180	2,240	-2.7%	2,149	2,149		2,180	2,149
Surgeries	187	256	-27.0%	220	220		187	220

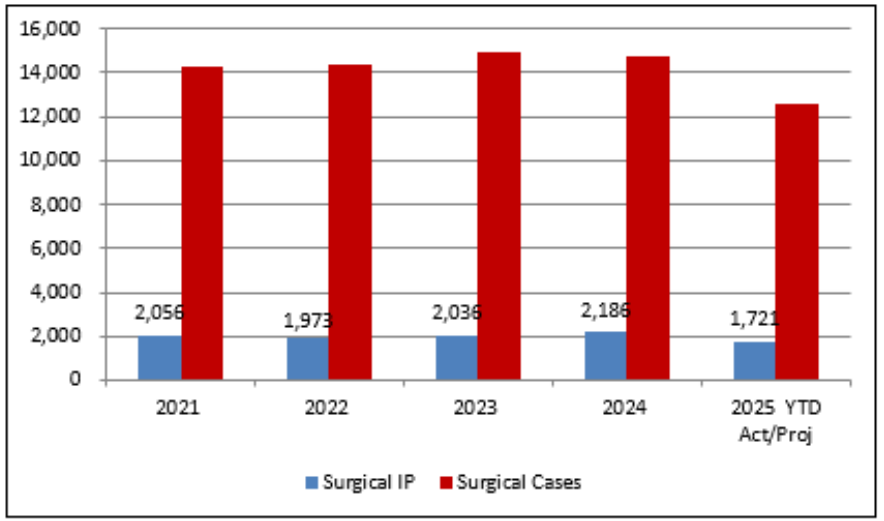
Patient Activity ACHN	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual		Dec 2024 Actual	Dec 2023 Actual
Primary Care Visits	16,680	20,328	-17.9%	18,505	18,505		16,680	18,505
Specialty Care Visits	26,298	32,540	-19.2%	29,623	29,623		26,298	29,623

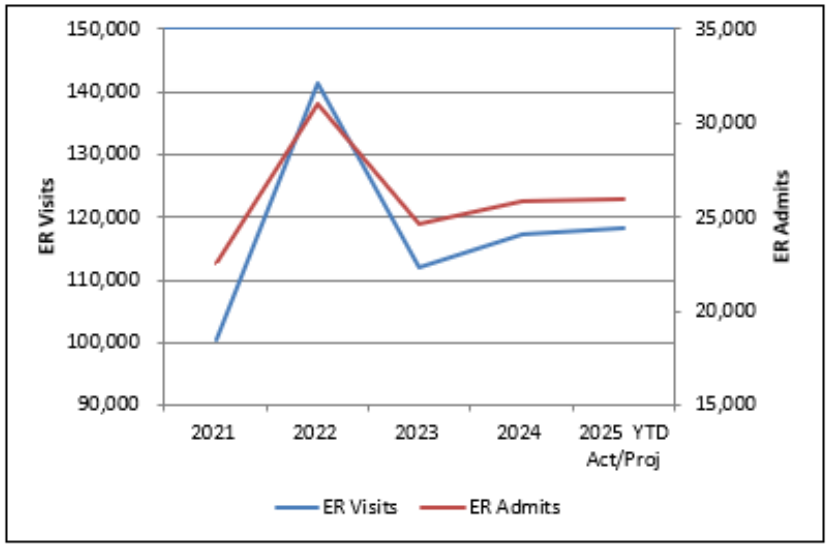
CountyCare Membership	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual		Dec 2024 Actual	Dec 2023 Actual
Membership Count	419,273	398,296	5.3%	426,925	449,049		419,273	426,925

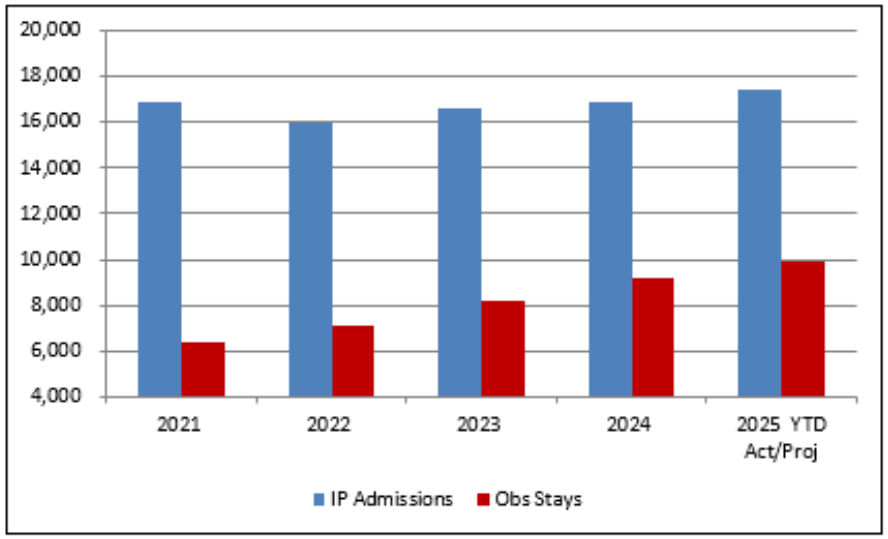
* Includes IP + Observations

Operating Trends

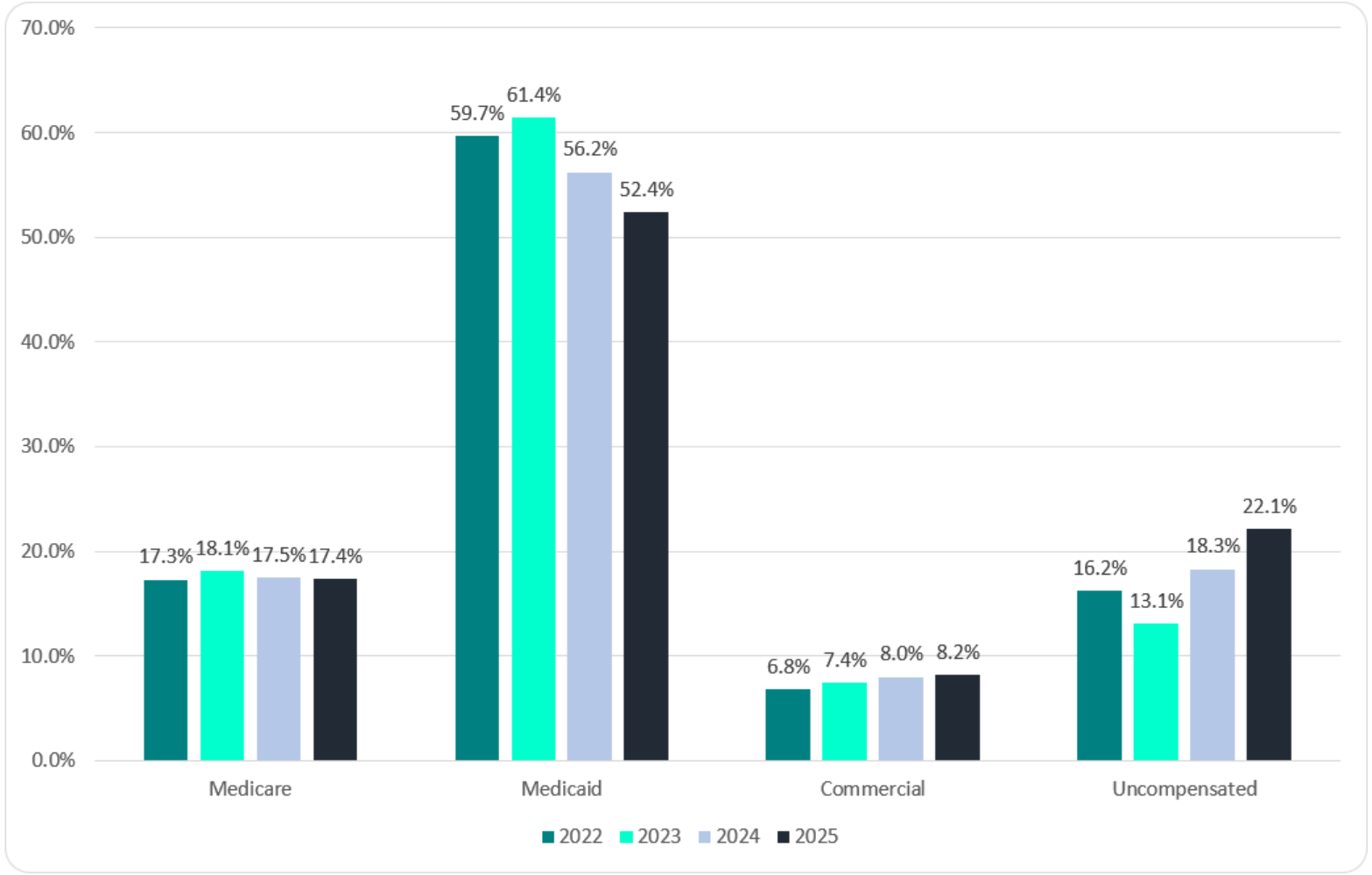








Payer Mix – YoY Comparison

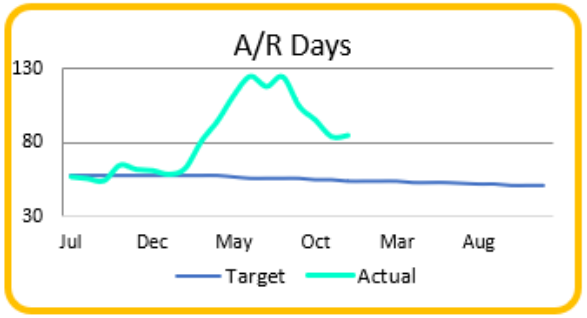


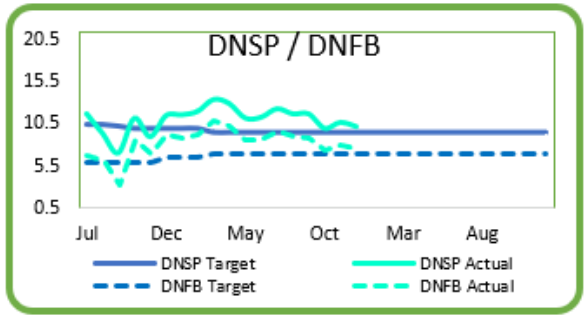
Commentary:

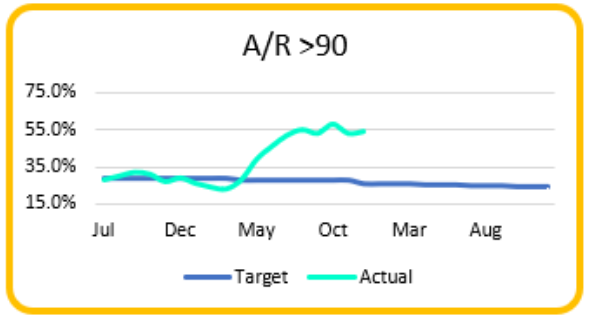
- Prior Month Change:
  - Medicare: -0.1%
  - Medicaid: -3.8%
  - Commercial: +0.2%
  - Uncompensated: +3.8%

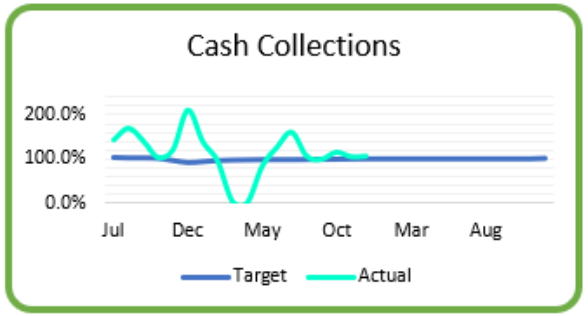
*NOTE: payor mix reflects 1 month (December); and not a rolling average

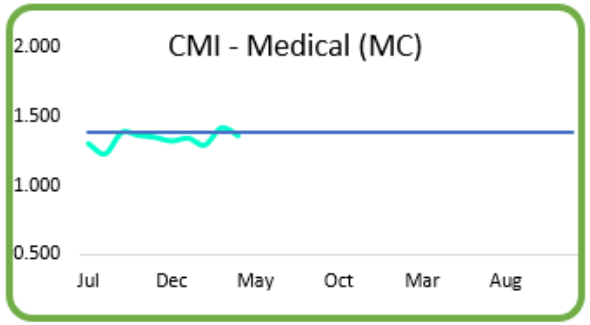
Revenue Cycle KPI Trending

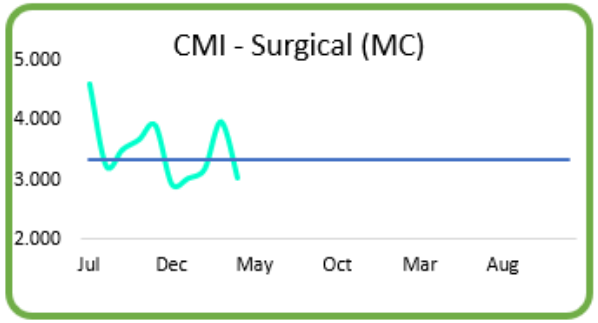












Commentary:

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

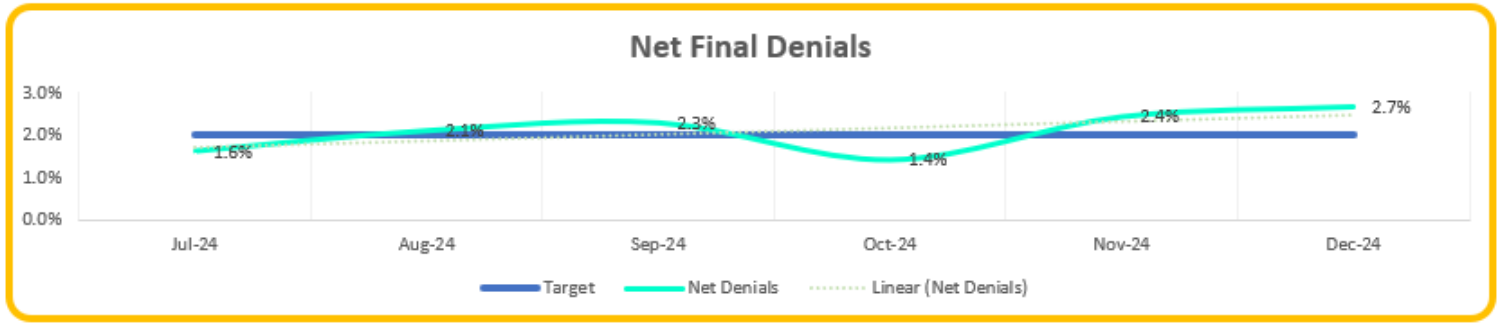
Definitions:

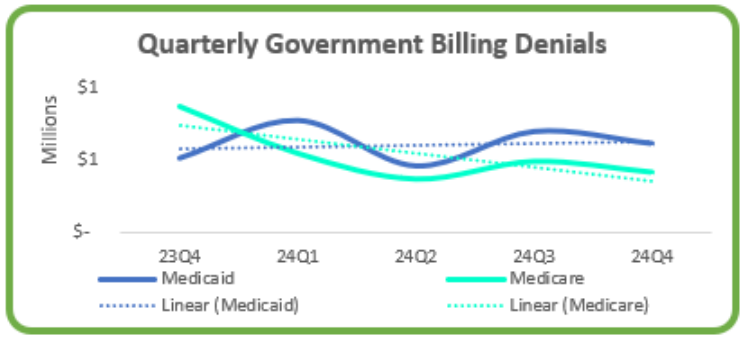
DNSP: Discharged Not Submitted to Payer - Gross dollars from initial 837 claims held by edits in claims processing tool that have not been sent to payer.

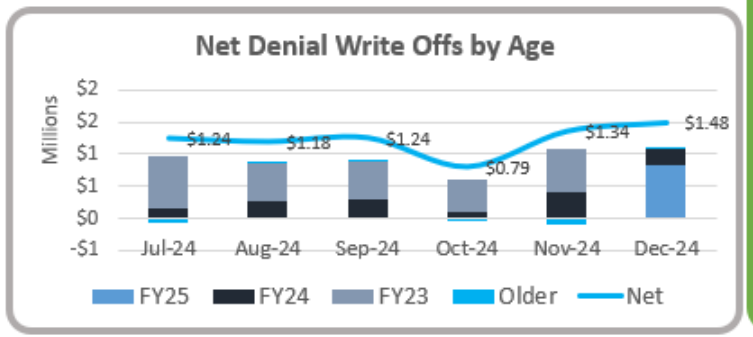
DNFB: Discharged Not Final Billed - Gross dollars in A/R for all patient accounts (inpatient and outpatient accounts) discharged but not yet final billed for the reporting month. Refers to accounts in suspense (within bill hold days) and pending final billed status in the patient accounting system.

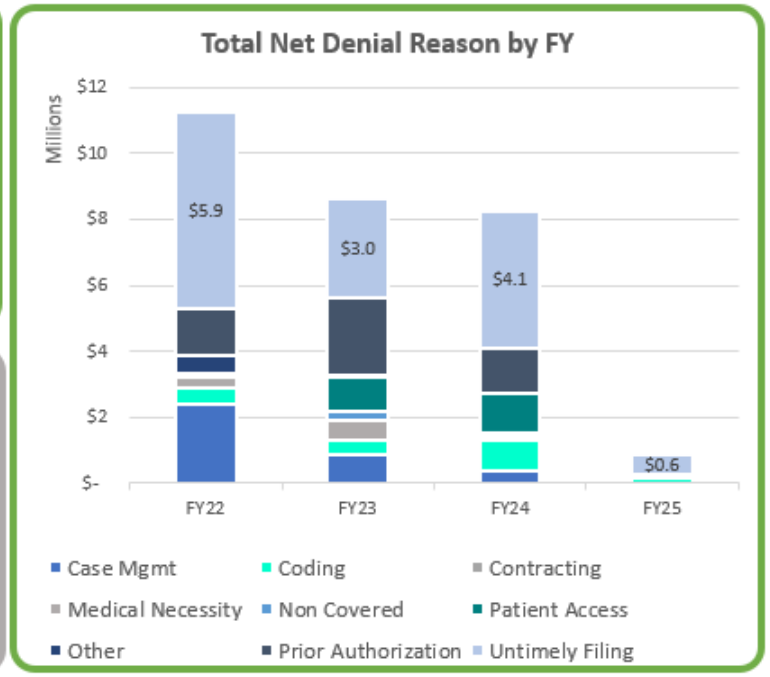
CMI: Case Mix Index - Represents the average diagnosis-related group (DRG) relative weight for that hospital. It is calculated by summing the DRG weights for all Medicare discharges and dividing by the number of discharges.

Denial Focus & Trending









Commentary:

The net final denials are slightly off target, however we continue to work on overturning initial denials due to the Change Healthcare cyber-attack. Additionally, we continue to improve government specific denials.

Charitable & Public Program Expenditures

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

* Excludes Health Plan Services

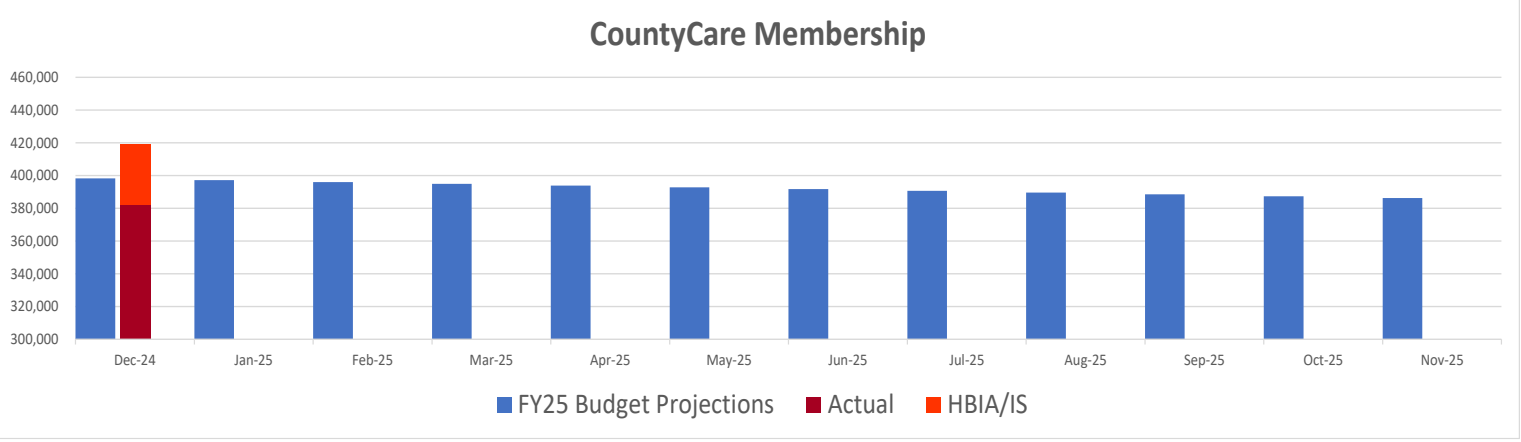
Savings Initiatives: December 31, 2024

COOK COUNTY HEALTH

Current Activities in Progress	Budgeted FY25 Impact	YTD Achieved	Status
Revenue Cycle:			
CDM Annual Pricing Review	2,650,000	230,000	
Revenue Recovery	3,400,000	112,409	
Point of Service Collections	300,000	53,119	
County Care:			
Vendor Contract Negotiations	2,400,000	-	
Health System:			
Vendor Contract Negotiations	20,000,000	-	
	$ 28,750,000	$ 395,528	1%
		Goal 12/12ths	8%

CountyCare

Dollars in 000s except PMPM amounts	FY2025 Actual	FY2025 Budget	Variance	%	Fy24 Actual
Capitation Revenue	$292,251	$281,672	$10,579	3.76%	$254,789
Operating Expenses					
Clinical - CCH	$9,370	$11,805	$2,435	20.63%	$5,925
Clinical - External	$269,173	$256,435	($12,738)	(4.97%)	$231,239
Administrative	$15,328	$13,149	($2,180)	(16.58%)	$13,454
Total Expenses	$293,871	$281,389	($12,482)	(4.44%)	$250,618
Operating Gain (Loss)	($1,621)	$283	($1,904)		$4,171
Activity Levels					
Member Months	419,273	398,296	20,977	5.27%	426,796
Monthly Membership	419,273	398,296	20,977	5.27%	426,796
CCH CountyCare Member Months	31,738	N/A	N/A	N/A	36,781
CCH % CountyCare Member Months	7.57%	N/A	N/A	N/A	8.62%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	$697.04	$707.19	($10.15)	(1.44%)	$596.98
Clinical Cost PMPM	$664.35	$673.47	$9.12	1.35%	$555.69
Medical Loss Ratio (1)	94.6%	95.2%	0.59%	0.62%	92.4%
Administrative Cost Ratio	5.2%	4.7%	(0.54%)	(11.57%)	5.2%
Total FTEs	383	429	46		



Commentary

- Total YTD member months are exceeding budget by 20,977 members.
- Revenue and claims expense are higher than budget due to higher than budgeted membership.
- CountyCare's reimbursement to CCH for domestic spend is under budget.
- Most expenses are estimates, as minimal claims have been received thus far.
- Operating Loss of $1.6M

Notes:

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

CCH Agency Reduction Plan

COOK COUNTY HEALTH

Current State Of Hiring & Separation

COOK COUNTY HEALTH

January 2025

12/01/2024 - 01/31/2025

452 FY25 Offers Made

323 FY25 Accepted Offers

129 FY25 Total Filled Positions

86 FY25 External New Hires

FY24 132

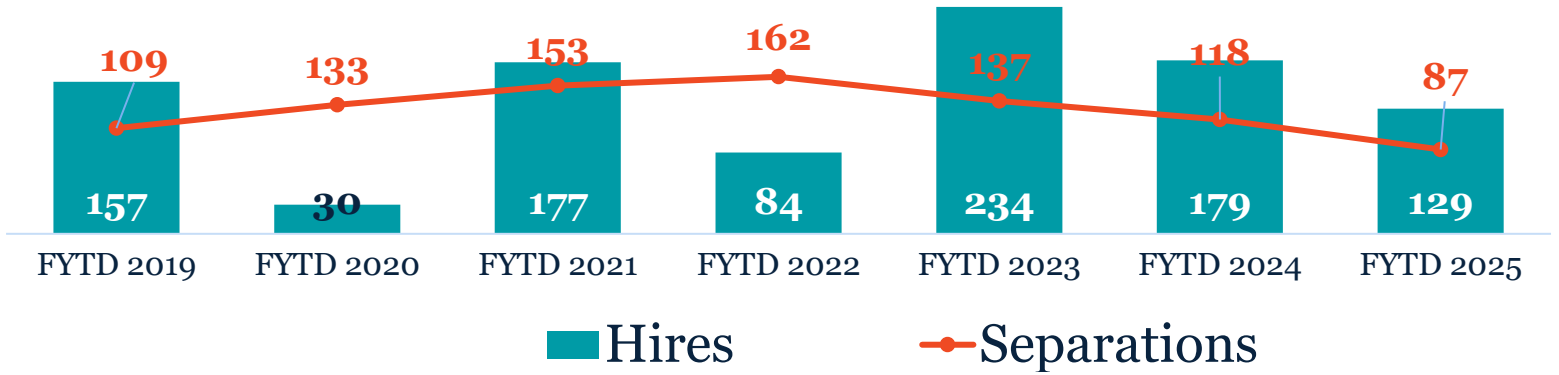
87 FY25 Separations

FY24 118

-1 FY25 Net Hires

FY24 14

Year To Date Hires and Separations



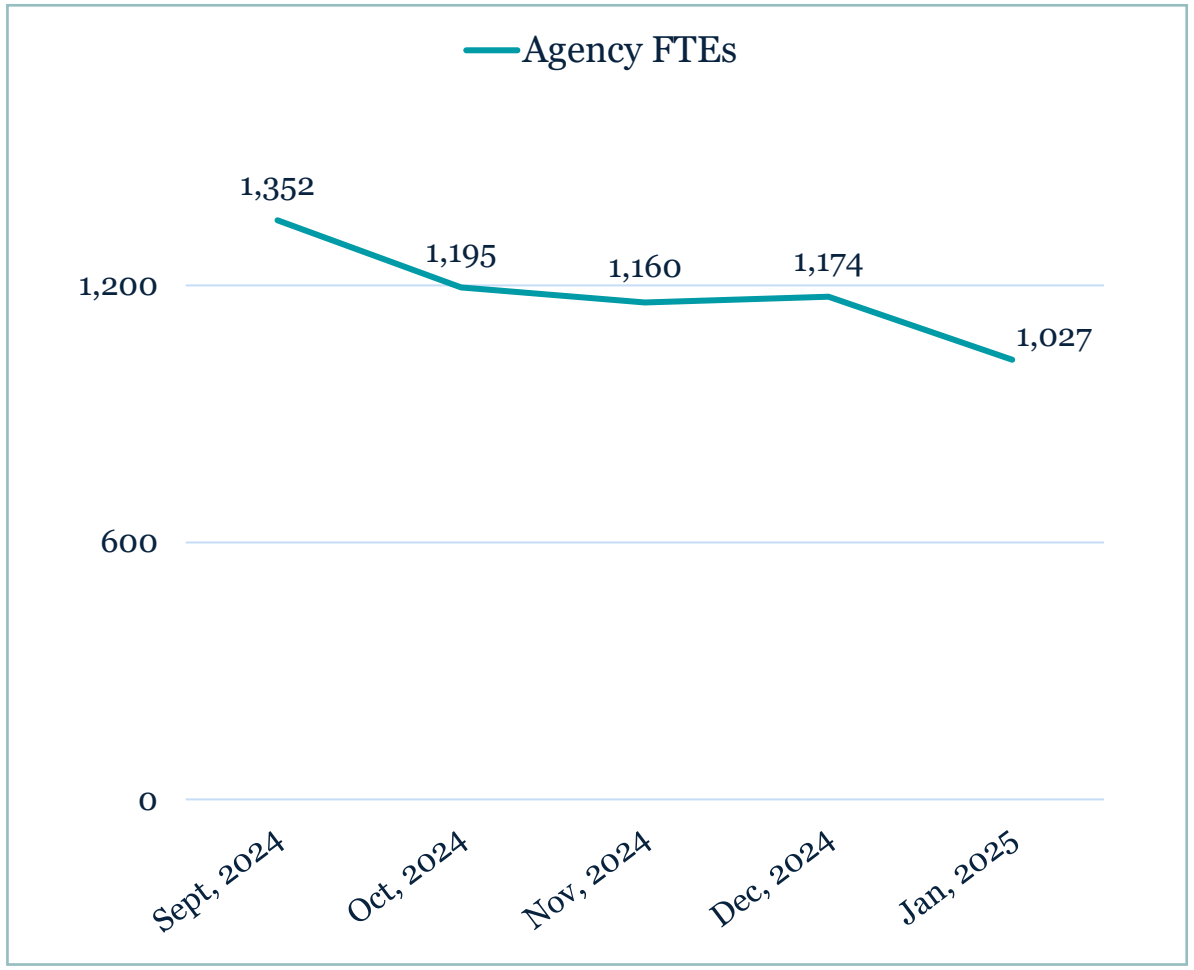
As of 1/27/2025

Current State Of Agency Use

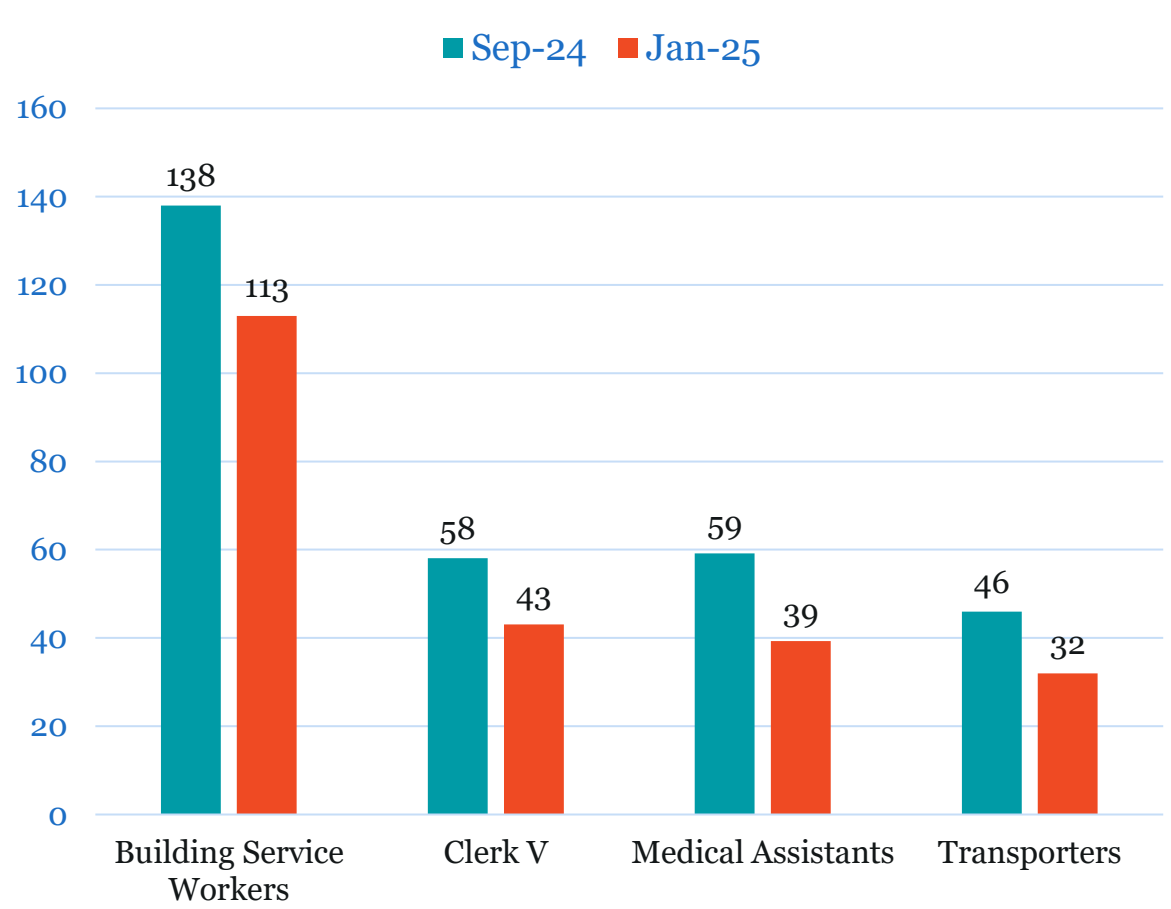
COOK COUNTY HEALTH

January 2025

Monthly Agency Use Across All Departments



Reduction in Agency Usage (Sept 2024 – Jan 2025)



As of 01/27/2025

Current State Of Agency Use

COOK COUNTY HEALTH

January 2025

HR Agency Conversion

Unions	# of PIDs	Offers Made	Offers Accepted
SEIU	545	226	189
RWDSU	38	11	4
Total	**583**	**237**	**193**

We are not currently onboarding new agency for SEIU, RWDSU, AFSCME and Teamsters as we work on converting current agency workers to permanent employees.

Agency workers outside of these unions follow the normal approval and clearance process.

As of 01/27/2025

Agency New Hire Onboarding

COOK COUNTY HEALTH

January 2025

HR Agency Conversion

EHS Appointments Scheduled
Jan 20, 2025, and Ongoing

EHS Pre-Registration Link Shared

129 Projected Future Hires

40 Building Service Workers
30 Medical Assistants
27 Food Service Workers
23 Transporters
9 Medical Technologists

New Employee Orientation
Feb 24, 2025, and Ongoing

8 - February 24th
18 - March 10th
33 - March 24th
22 - April 7th
13 - April 21st
1- June 2nd

Badging, Fingerprinting, Health and Drug Screening

Candidates Begin Onboarding
Jan 27, 2025, and Ongoing

New Hire Clear Health Services

Invite to New Employee Orientation
Feb 3, 2025, and Ongoing

Average time to complete On Boarding is 1 -2 weeks.

Hektoen Transition

COOK COUNTY HEALTH

Transition Metrics *(Summary)*

COOK COUNTY HEALTH

Wave 1	Wave 2
Transition Date: **01/01/2025** Number of Awards to Transfer: **5** Number of Staff at Medix via Hektoen: **26** (*of 31 who received layoff notice*)	Transition Date: **02/01/2025** Number of Awards to Transfer: **4** Number of Staff at Medix via Hektoen: **6** (*of 6 who received lay off notice*)
Wave 3	**Wave 4**
Transition Date: **03/01/2025** Number of Awards to Transfer: **2** Number of Staff at Medix via Hektoen: **TBD** (*26 of the 31 staff who received a layoff notice have accepted, onboarding will not occur until 3/1*)	Transition Date: **04/01/2025** Number of Awards to Transfer: **6** Number of Staff at Medix via Hektoen: **TBD** (*offers are still in process, will receive update on acceptance 2/7/25. Layoff notice transmitted to 40 individuals*)

Managed Care Metrics

COOK COUNTY HEALTH

Health Plan Services Overview

COOK COUNTY HEALTH

Health Plan Services Overview

COOK COUNTY HEALTH

Mission & Vision

Mission

As a public, provider-led health plan, we improve our members' lives by partnering with communities, supporting a vibrant safety-net, advancing health equity, and empowering providers to deliver integrated, member-centered health care.

Vision

To transform the health of our members and the communities we serve.

Fast Facts

Service Area and Market Share

- Service area is Cook County
- 34% Cook County market share

Membership:

- >413,000 Medicaid members

Network:

- 6,600 PCPs, 26,000 specialists, 70 hospitals, 150 urgent care
- 59% value based care spend

Medicaid Health Plan Rating:

Populations

Populations Served

- Family Health Program (children/families)
- Affordable Care Act Adults
- Integrated Care Program (older adults and persons with disabilities)
- Managed Long Term Services and Supports (dual eligible members with LTSS)
- Special Needs Children
- Health Benefits for Immigrant Adults/Seniors

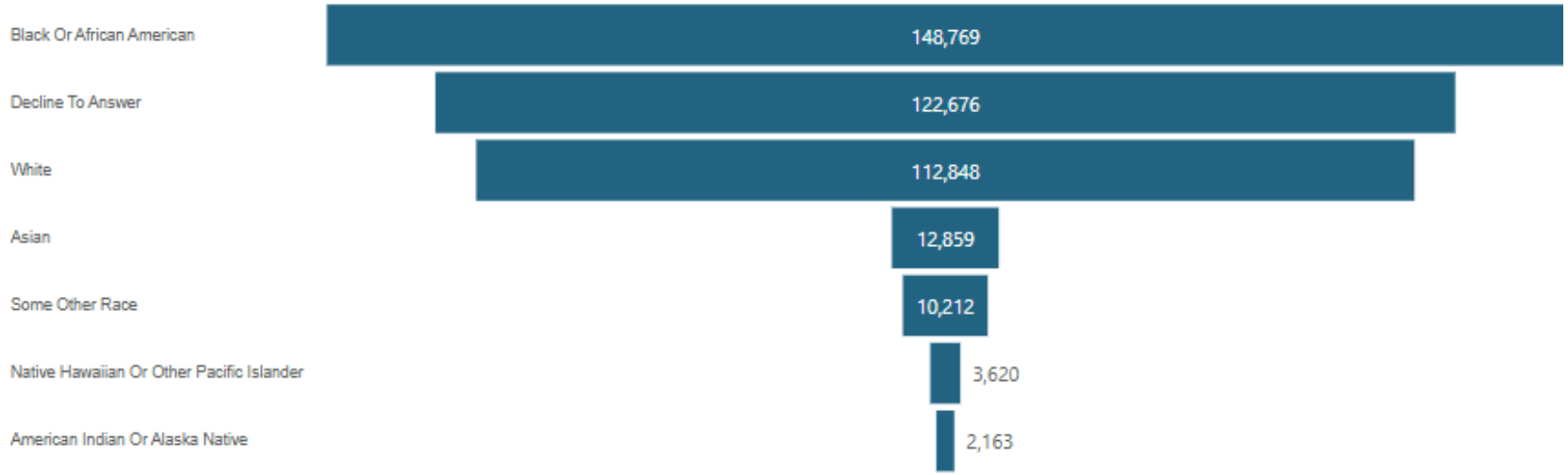
CountyCare Member Demographics

February 2025

413,147
CountyCare members

- 190,013 children (0-19)
  200, 014 adults (20-64)
  23,120 seniors (65+)
- 53% female, 46% male, 1% Other
- 46% Non-Hispanic/Latino
  28% Hispanic/Latino

CountyCare Members by Race, February 2025



CountyCare Disease Prevalence

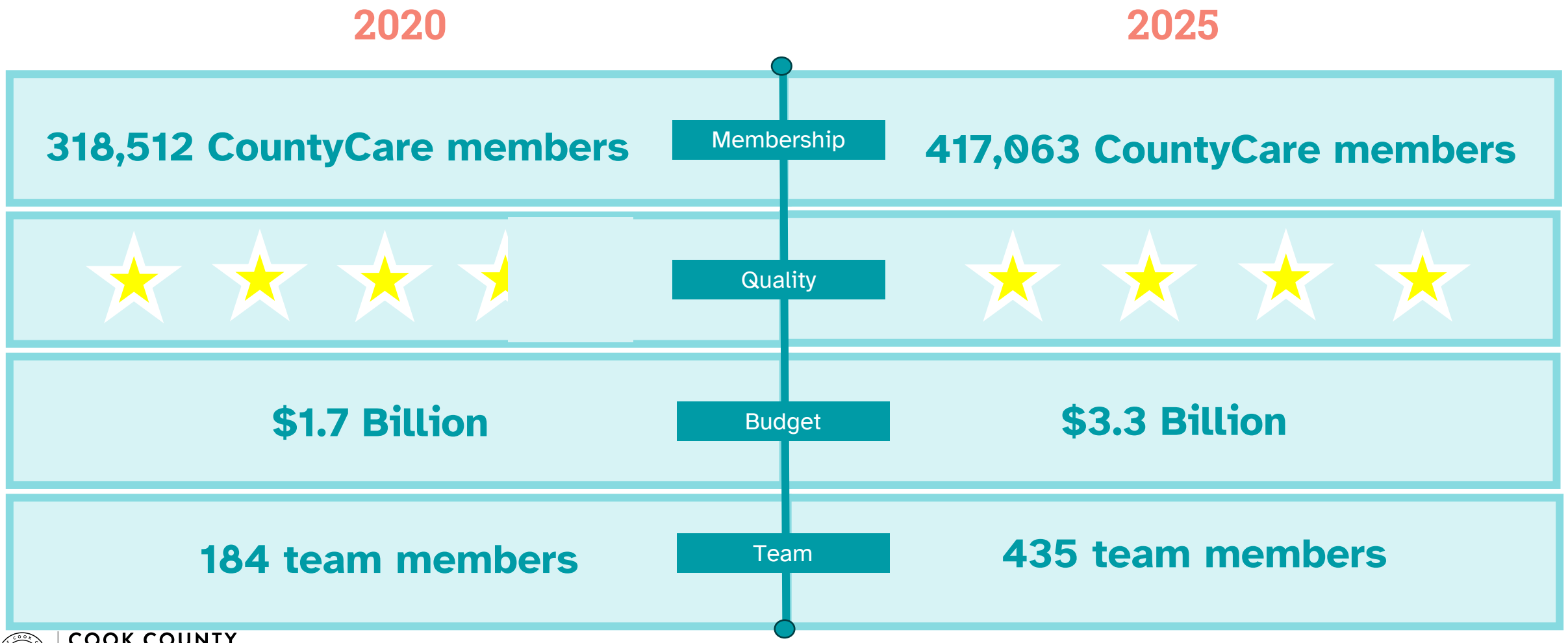
Disease Group	Total Unique Members	% of Health Plan
Hypertension	66,721	16.15%
COPD	49,993	12.10%
Asthma	42,789	10.36%
Diabetes	37,354	9.04%
BH	34,518	8.35%
HIV	4,416	1.07%

Health Plan	413,201

Age Group	Total CountyCare	HIV % of Age Group	Hypertension % of Age Group	Asthma % of Age Group	COPD % of Age Group	Diabetes % of Age Group	Behavioral Health % of Age Group
0-5 years	54,321	0.02%	0.38%	8.32%	8.55%	0.17%	1.21%
6-12 years	70,059	0.03%	0.74%	13.96%	14.40%	0.71%	2.85%
13-17 years	51,367	0.06%	1.42%	8.68%	9.32%	1.10%	2.52%
18-34 years	92,662	1.18%	6.89%	9.32%	9.65%	3.35%	5.58%
35-49 years	62,632	2.14%	25.45%	10.39%	11.51%	13.07%	13.06%
50-64 years	59,220	2.68%	51.95%	11.98%	17.92%	30.23%	24.78%
65-74 years	14,225	1.93%	56.61%	9.67%	19.04%	33.46%	24.82%
75-84 years	6,221	0.69%	49.11%	5.34%	12.14%	28.13%	18.84%
85+ years	2,494	0.20%	43.10%	3.25%	10.14%	19.85%	20.65%
Grand Total	**413,201**	**1.07%**	**16.15%**	**10.36%**	**12.10%**	**9.04%**	**9.00%**

Methodology: All members with at least one ICD10 diagnosis of the disease groups within the last three years of claims prior

CountyCare 2020/2025



Local and Federal Trends in Medicaid Managed Care

COOK COUNTY HEALTH

Medicaid Managed Care Market, Cook County

COOK COUNTY HEALTH

Illinois Department of Healthcare and Family Services, November 2024 Data

Managed Care Organization	Cook County	Cook Market Share
CountyCare	416,799	34.4%
Blue Cross Blue Shield	334,811	27.6%
Meridian	258,816	21.3%
Aetna	110,544	9.1%
Molina	83,622	6.9%
YouthCare	8,087	0.7%
Total	**1,212,679**	**100.0%**

CountyCare at CCH Outpatient Utilization

Medicaid Managed Care Market, Cook County

COOK COUNTY HEALTH

Medicaid Enrollment in Cook County, FY2020-FY2024

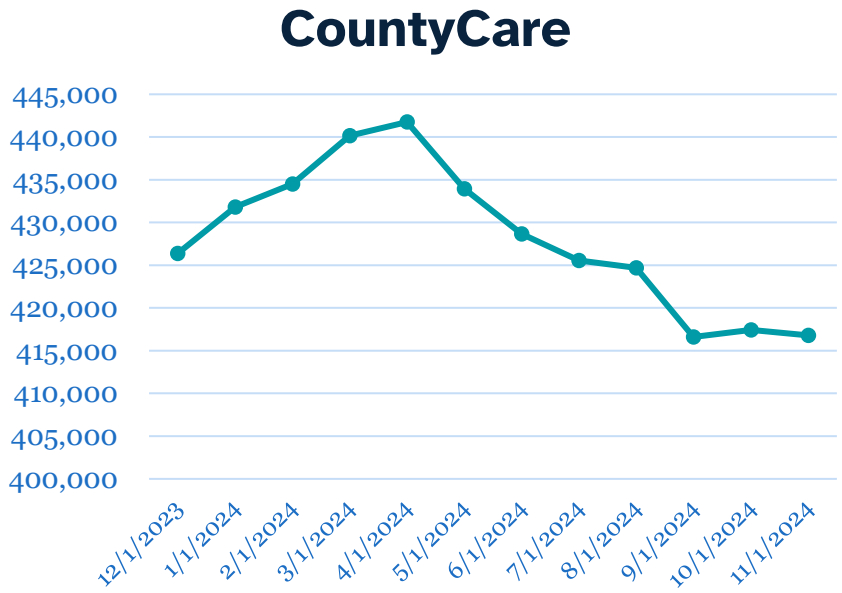
COMPREHENSIVE BENEFIT ENROLLEES	FY2020	FY2021	FY2022	FY2023	FY2024
CHILDREN	640,567	660,991	670,221	687,090	666,949
ADULTS WITH DISABILITIES	115,906	113,058	108,617	108,821	101,610
ACA	315,604	381,917	427,815	462,842	381,576
OTHER ADULTS	228,624	280,286	330,611	402,655	300,502
SENIORS	128,033	144,982	158,761	183,927	162,523

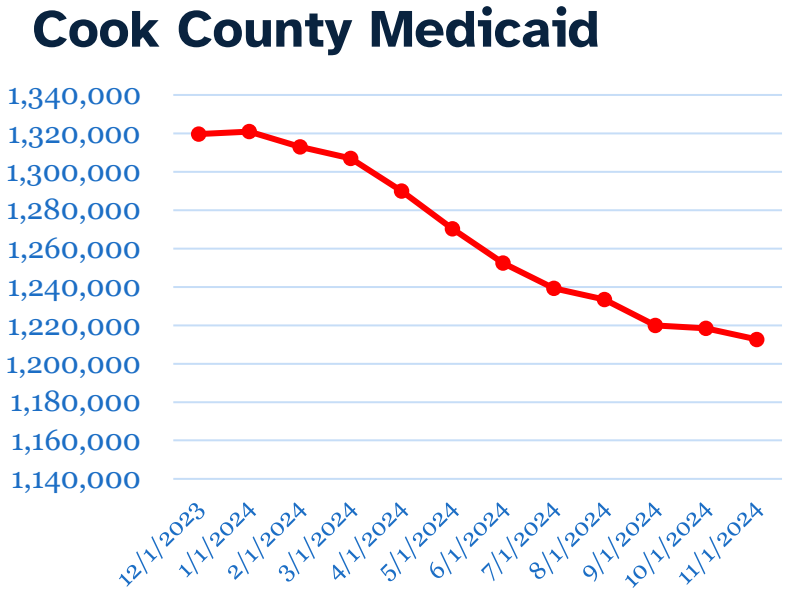
Declines in all populations between FY23-FY24 due to redetermin-ation

Reduction in >232,000 individuals enrolled in Medicaid

Source: Healthcare and Family Services, "Number of Persons Enrolled in Cook County"

Medicaid Managed Care Enrollment Trend in Cook County





CountyCare's enrollment **decreased** 0.15% in November 2024 and is lower than Cook County's **decrease** of 0.47%.

COOK COUNTY HEALTH

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

Illinois Medicaid: Looking Ahead

Challenges

State budget deficit and possible elimination of the Health Benefits for Immigrant Adults Program. CountyCare currently has 16,800 members.

Federal match (FMAP) "trigger law" in Illinois. Illinois is a state where Medicaid expansion quickly ends should FMAP fall below 90%.

Opportunities

HealthChoice Illinois Request for Proposals. Healthcare and Family Services will be issuing its RFP for the Medicaid program.

1115 waiver approved to expand services covered by Medicaid, including housing, food, non-medical transportation, and pre-release reentry services.

Federal Trends: Looking Ahead

COOK COUNTY HEALTH

Challenges

- **Threats to the Medicaid**, including possible work requirements, caps, or reduction in federal match
- **Evolving member/patient preferences** for improved experience (i.e., convenience and access)
- **Inequities in health outcomes** due to unequal access to health-related social needs (i.e., food, housing, clothing)
- **Federal cuts to services** that support underserved communities

Opportunities

- **Diversify health plan products to reduce risk** and overreliance on single health plan product
- **Innovative delivery care models and new technologies** (i.e., virtual care, hospital-at-home, in-home dialysis)
- **Partnerships across sectors to support members** in their communities with health-related social needs
- **Accelerate value-based care models** to drive improved outcomes, quality, and sustainability

Adapted from the Chartis Group, "Organizations are Driving Enterprise Transformation Through Advancing Clinical, Business, and Operating Models," 2023

Quality & Patient Safety Metrics

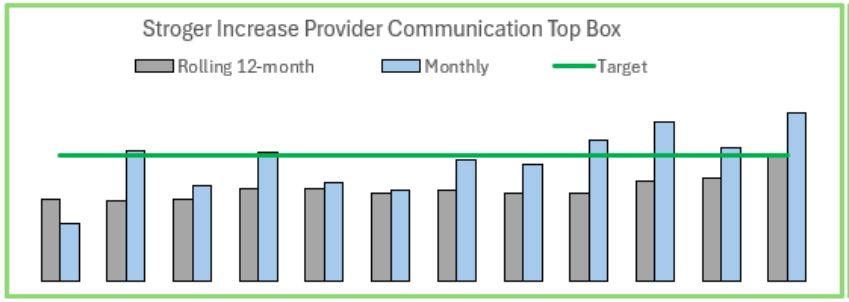
COOK COUNTY HEALTH

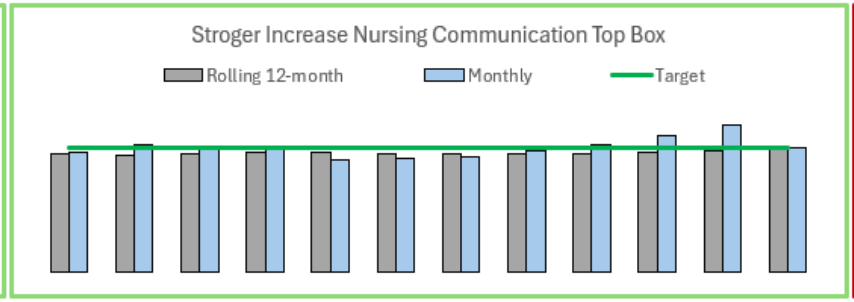
Stroger
Op Ex Committee Dashboard

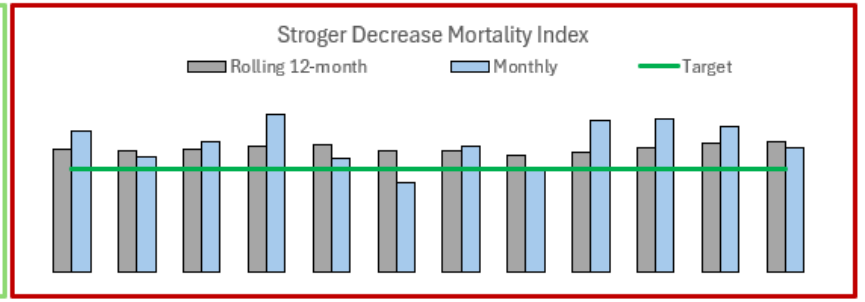
Met or Exceeded Stretch Goal
Met or Exceeding Target, not meeting Stretch
Improvement from Baseline, not meeting Target
At Baseline, not improving from baseline

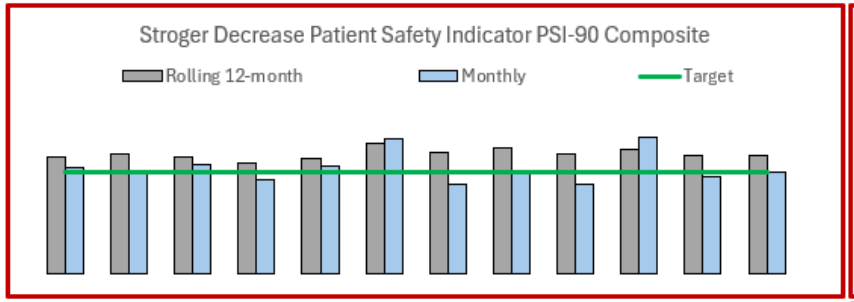
COOK COUNTY HEALTH

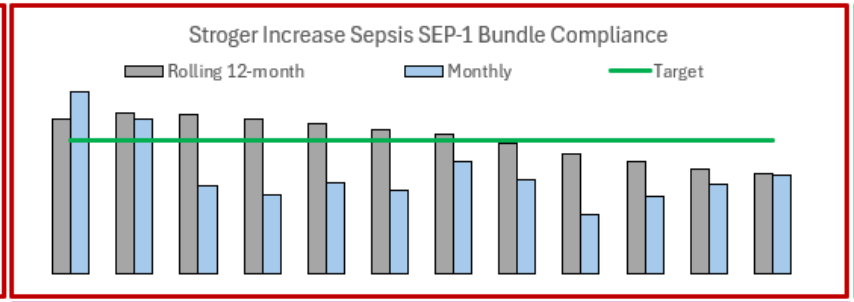
Op Ex Steering Committee Dashboard for Stroger Hospital

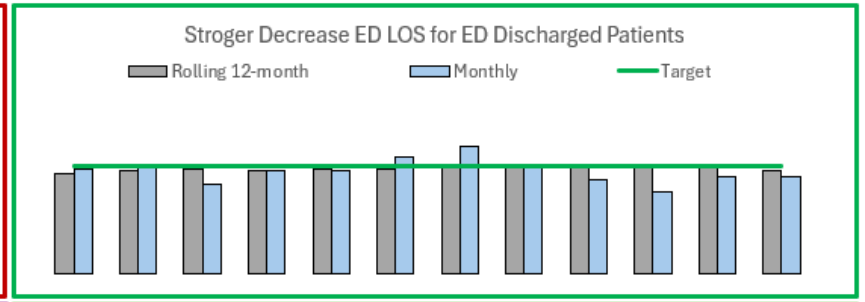


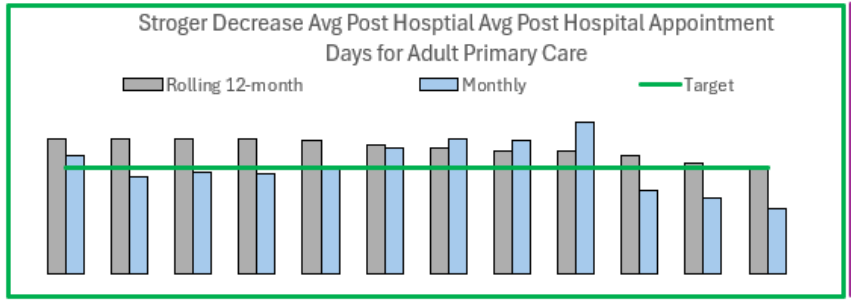


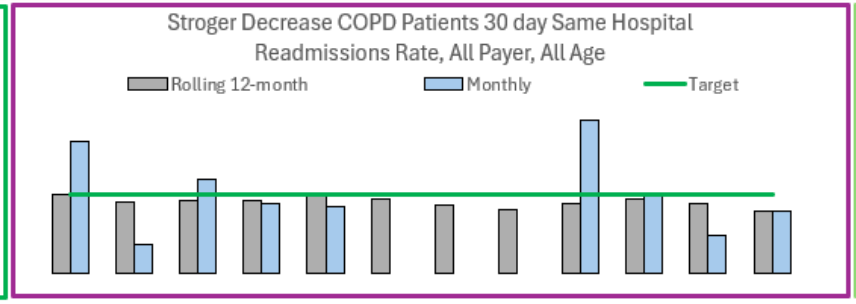


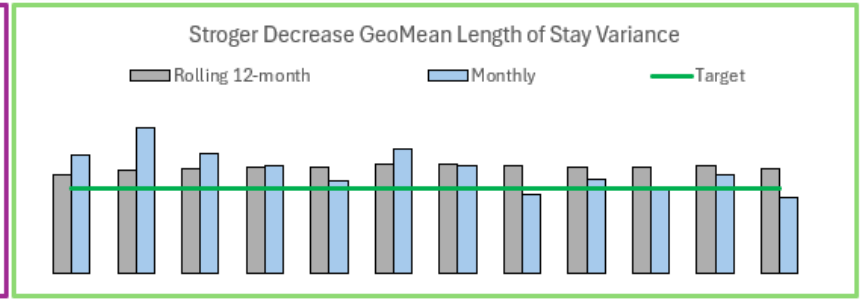












Stroger
Op Ex Committee Dashboard

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

COOK COUNTY HEALTH

Op Ex Steering Committee Dashboard for Stroger Hospital

DOMAIN WORKGROUPS	Metrics																
PATIENT EXPERIENCE	**Target**	**Stretch Target**	**Baseline**	**Quarterly Improvement Expected**	**Feb-24**	**Mar-24**	**Apr-24**	**May-24**	**Jun-24**	**Jul-24**	**Aug-24**	**Sep-24**	**Oct-24**	**Nov-24**	**Dec-24**	**Jan-25**	**2024**	**YTD 2025**	**% in change**
Increase Rolling 12-month Top Box Comm w/ Physician Domain	85.00	87.50	82.01	0.75	81.49	81.41	81.46	82.35	82.42	81.97	82.20	82.01	81.97	83.00	83.21	84.86	83.21	88.35	6.2%
Increase Monthly Top Box Comm w/ Physician Domain					79.59	85.37	82.60	85.30	82.90	82.20	84.62	84.33	86.24	87.68	85.61	88.35			
	Target	**Stretch Target**	**Baseline**	**Quarterly Improvement Expected**	**Feb-24**	**Mar-24**	**Apr-24**	**May-24**	**Jun-24**	**Jul-24**	**Aug-24**	**Sep-24**	**Oct-24**	**Nov-24**	**Dec-24**	**Jan-25**	**2024**	**YTD 2025**	**% in change**
Increase Rolling 12-month Top Box Comm w/ Nursing Domain	73.00	75.00	69.75	0.81	69.43	69.27	69.51	70.53	70.44	69.91	70.05	69.75	69.88	70.98	71.80	72.69	71.80	73.70	2.6%
Increase Monthly Top Box Comm w/ Nursing Domain					70.34	75.59	72.48	73.20	66.11	66.78	68.44	71.66	74.76	80.08	86.45	73.70			
CLINICAL OUTCOMES	**Target**	**Stretch Target**	**Baseline**	**Quarterly Improvement Expected**	**Jan-24**	**Feb-24**	**Mar-24**	**Apr-24**	**May-24**	**Jun-24**	**Jul-24**	**Aug-24**	**Sep-24**	**Oct-24**	**Nov-24**	**Dec-24**	**2024**	**YTD 2025**	**% in change**
Decrease Rolling 12-month Mortality Index	0.80		0.86	-0.02	0.95	0.94	0.95	0.98	0.99	0.94	0.94	0.91	0.93	0.96	1.00	1.01	1.01		
Decrease Monthly Mortality Index					1.09	0.89	1.01	1.22	0.88	0.69	0.97	0.79	1.18	1.19	1.13	0.96			
	Target	**Stretch Target**	**Baseline**	**Quarterly Improvement Expected**	**Jan-24**	**Feb-24**	**Mar-24**	**Apr-24**	**May-24**	**Jun-24**	**Jul-24**	**Aug-24**	**Sep-24**	**Oct-24**	**Nov-24**	**Dec-24**	**2024**	**YTD 2025**	**% in change**
Decrease Rolling 12-month Patient Safety Indicator PSI-90 Composite	0.907		1.008	-0.025	1.03	1.06	1.04	0.99	1.02	1.15	1.08	1.12	1.06	1.10	1.05	1.05	1.048		
Decrease Monthly Patient Safety Indicator PSI-90 Composite					0.95	0.89	0.98	0.83	0.96	1.20	0.79	0.88	0.80	1.22	0.86	0.90			
	Target	**Stretch Target**	**Baseline**	**Quarterly Improvement Expected**	**Jan-24**	**Feb-24**	**Mar-24**	**Apr-24**	**May-24**	**Jun-24**	**Jul-24**	**Aug-24**	**Sep-24**	**Oct-24**	**Nov-24**	**Dec-24**	**2024**	**YTD 2025**	**% in change**
Increase Rolling 12-month Sepsis SEP-1 Bundle Compliance	67%		56%	2.75%	78.07%	81.22%	80.70%	77.78%	75.74%	72.73%	70.30%	66.07%	60.48%	56.21%	52.84%	50.53%	50.53%		
Increase Monthly Sepsis SEP-1 Bundle Compliance					92.21%	77.78%	0.44	40.00%	0.4615	41.67%	56.25%	0.4706	29.41%	38.89%	45.00%	50.00%			
READMISSIONS	**Target**	**Stretch Target**	**Baseline**	**Quarterly Improvement Expected**	**Dec-23**	**Jan-24**	**Feb-24**	**Mar-24**	**Apr-24**	**May-24**	**Jun-24**	**Jul-24**	**Aug-24**	**Sep-24**	**Oct-24**	**Nov-24**	**2024**	**YTD 2025**	**% in change**
Decrease Rolling 12-month COPD Readmission Rate (all ages, all payers)	14.00	13.00	15.40	-0.35	14.12	12.77	12.83	12.95	13.78	13.23	12.02	11.41	12.50	13.26	12.43	11.11	9.82		
Decrease Monthly COPD Readmission Rate (all ages, all payers)					23.53	5.00	16.67	12.50	11.76	0.00	0.00	0.00	27.27	14.29	6.67	11.11			
	Target	**Stretch Target**	**Baseline**	**Quarterly Improvement Expected**	**Feb-24**	**Mar-24**	**Apr-24**	**May-24**	**Jun-24**	**Jul-24**	**Aug-24**	**Sep-24**	**Oct-24**	**Nov-24**	**Dec-24**	**Jan-25**	**2024**	**YTD 2025**	**% in change**
Decrease Rolling 12-month Post Hospital Appointment Days for Adult Primary Care	25.00	20.00	32.50	-1.88	32.00	32.00	32.20	32.00	31.50	30.70	30.00	29.20	29.20	28.00	26.30	25.00	26.3	25.00	-4.9%
Decrease Monthly Post Hospital Appointment Days for Adult Primary Care					28.10	23.00	24.20	23.70	25.20	29.80	32.10	31.70	36.10	19.70	18.10	15.40			
THROUGHPUT	**Target**	**Stretch Target**	**Baseline**	**Quarterly Improvement Expected**	**Dec-23**	**Jan-24**	**Feb-24**	**Mar-24**	**Apr-24**	**May-24**	**Jun-24**	**Jul-24**	**Aug-24**	**Sep-24**	**Oct-24**	**Nov-24**	**2024**	**YTD 2025**	**% in change**
Decrease Rolling 12-month Hospital Geometric Mean Length of Stay (GMLOS)	1.50	1.30	1.87	-0.09	1.74	1.82	1.86	1.88	1.89	1.93	1.93	1.91	1.88	1.90	1.91	1.85	1.85		
Decrease Monthly Hospital Geometric Mean Length of Stay (GMLOS)					2.12	2.60	2.12	1.91	1.63	2.21	1.92	1.40	1.68	1.52	1.74	1.36			
	Target	**Stretch Target**	**Baseline**	**Quarterly Improvement Expected**	**Jan-24**	**Feb-24**	**Mar-24**	**Apr-24**	**May-24**	**Jun-24**	**Jul-24**	**Aug-24**	**Sep-24**	**Oct-24**	**Nov-24**	**Dec-24**	**2024**	**YTD 2025**	**% in change**
Decrease Rolling 12-month ED LOS for ED Discharged Patients	324	288	360	-9	301	310	315	313	315	318	325	329	328	321	321	312	312		
Decrease Monthly ED LOS for ED Discharged Patient					314	329	269	311	314	353	387	322	285	248	294	293			

Provident
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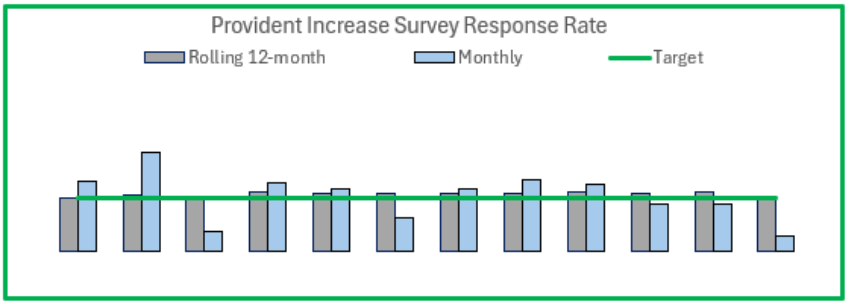
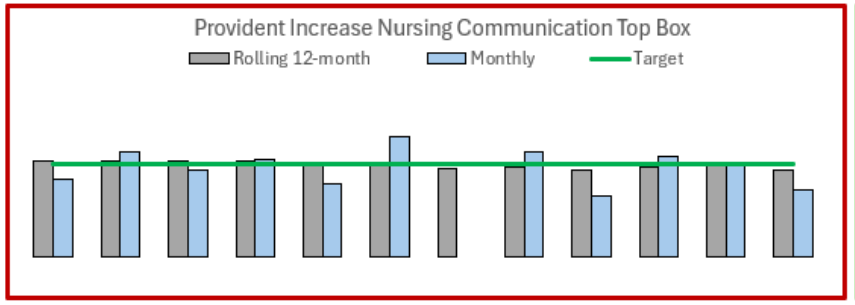
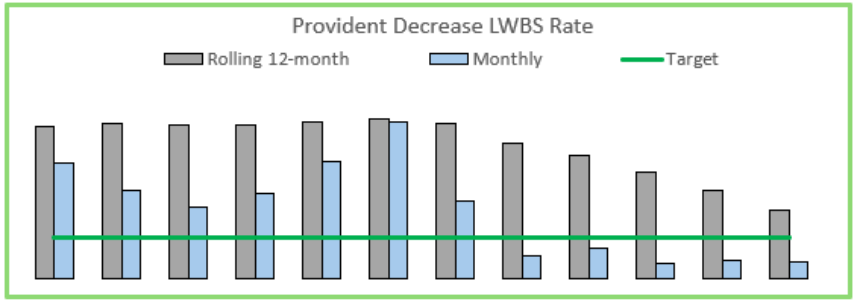
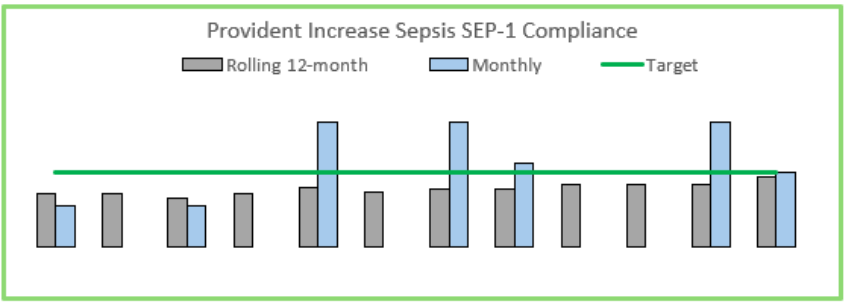
COOK COUNTY HEALTH

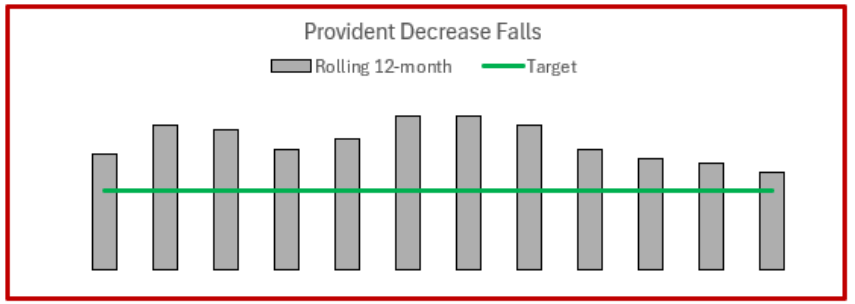
Op Ex Steering Committee Dashboard for Provident Hospital

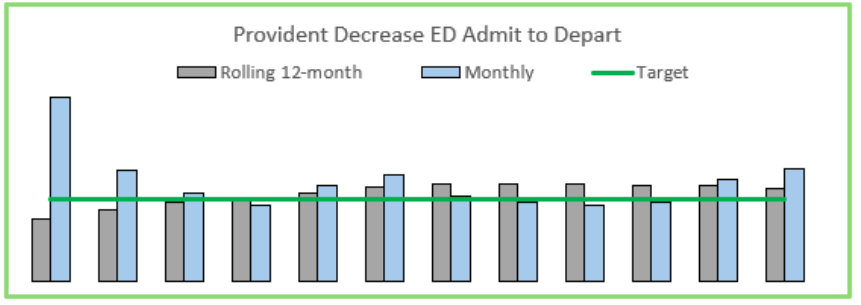












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COOK COUNTY HEALTH

Op Ex Steering Committee Dashboard for Provident Hospital

DOMAIN WORKGROUPS | Metrics

PATIENT EXPERIENCE	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	2024	YTD 2025	% in change
Increase Rolling 12-month Survey Response Rate*	13.00%	14.00%	11.80%	0.30%	12.90%	13.80%	13.50%	14.40%	14.20%	13.90%	14.00%	14.20%	14.30%	14.20%	14.30%	13.50%	14.30%	3.70%	-74.1%
Increase Monthly Survey Response Rate*					17.00%	24.00%	4.80%	16.70%	15.20%	8.30%	15.20%	17.40%	16.30%	11.60%	11.50%	3.70%			

	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	2024	YTD 2025	% in change
Increase Rolling 12-month Top Box Comm w/ Nursing Domain**	77.00	80.00	74.55	0.613	78.86	78.86	78.60	79.31	76.00	77.19	72.99	74.55	71.77	74.53	75.53	72.13	75.53	55.56	-26.4%
Increase Monthly Top Box Comm w/ Nursing Domain**					63.89	86.67	71.48	80.00	60.00	100.00	0.00	86.67	50.00	83.33	75.00	55.56			

CLINICAL OUTCOMES	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	2024	YTD 2025	% in change
Increase Rolling 12-month Increase Sepsis SEP-1 Compliance	60%	65%	47%	3.33	42.11%	42.11%	39.53%	43.24%	47.22%	43.75%	46.67%	46.67%	50.00%	50.00%	50.00%	55.56%	55.56%		
Increase Monthly Increase Sepsis SEP-1 Compliance					33.00%	0.00%	33.33%	*no data*	100.00%	*no data*	100.00%	66.67%	*no data*	0.00%	100.00%	60.00%			

	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	2024	YTD 2025	% in change
Decrease Rolling 12month Inpatient Falls	16	15	18	-0.45	24	30	29	25	27	32	32	30	25	23	22	20	22	0	-100.0%
Decrease Monthly Inpatient Falls					1	6	1	0	2	7	0	0	*2*	*1*	0	0			

THROUGHPUT	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	2024	YTD 2025	% in change
Decrease Rolling 12-month Median ED Admit Decision to Depart	120.00	100.00	139.00	-4.75	90.00	104.00	114.00	120.00	128.00	136.00	142.00	140.00	141.00	139.00	138.00	135.00	138.00	163.00	18.1%
Decrease Monthly Median ED Admit Decision to Depart					267.00	162.00	128.00	110.50	139.00	155.00	123.00	115.00	111.00	115.00	147.50	163.00			

	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	2024	YTD 2025	% in change
Decrease Rolling 12-month LWBS Rate	2.0%	1.0%	4.3%	-0.6%	7.45%	7.55%	7.51%	7.47%	7.61%	7.77%	7.60%	6.60%	6.04%	5.19%	4.28%	3.38%	4.28%	0.83%	-80.6%
Decrease Monthly Decrease LWBS Rate					5.64%	4.31%	3.49%	4.15%	5.74%	7.65%	3.80%	1.15%	1.50%	0.79%	0.91%	0.83%			

ACHN
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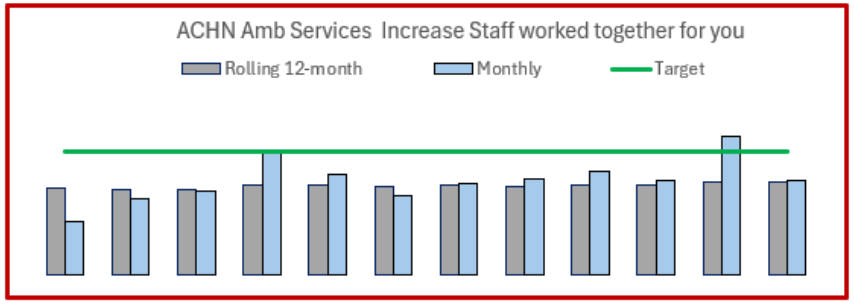

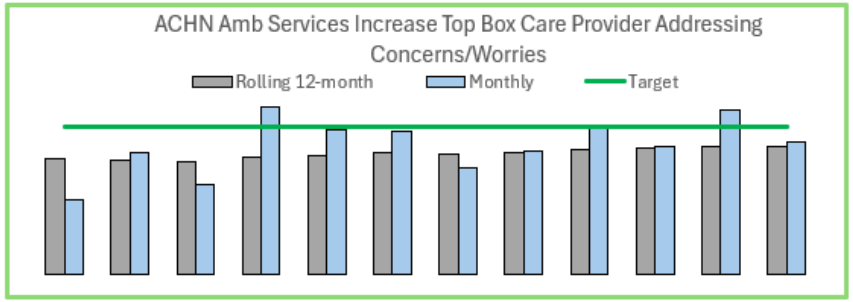

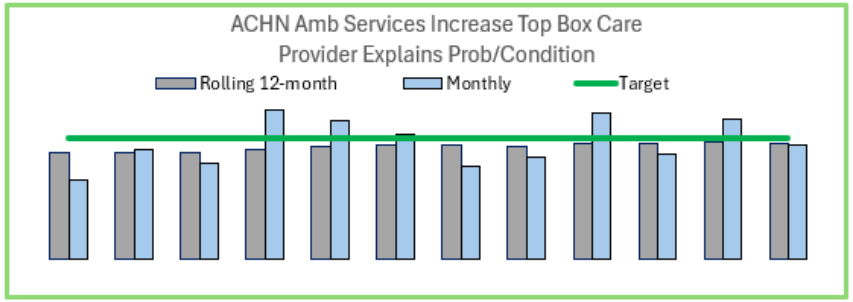

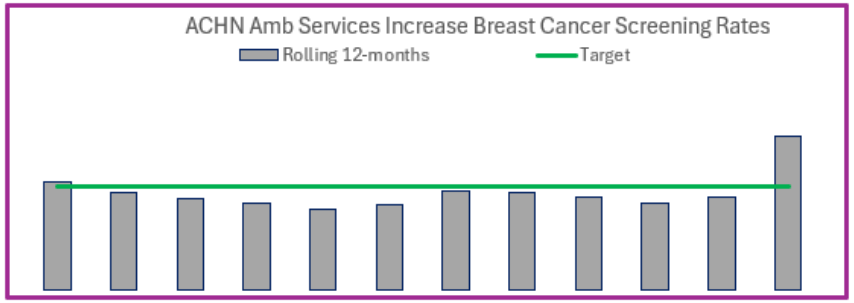

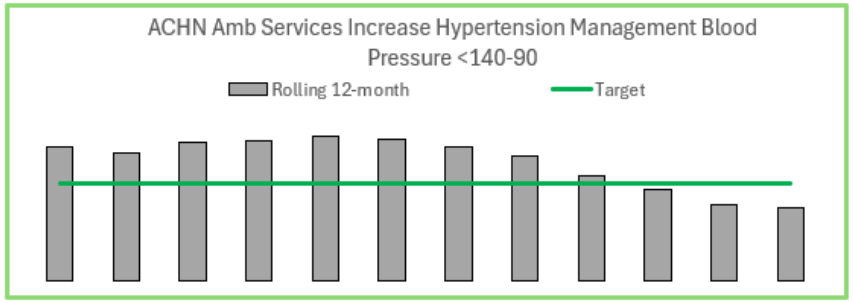

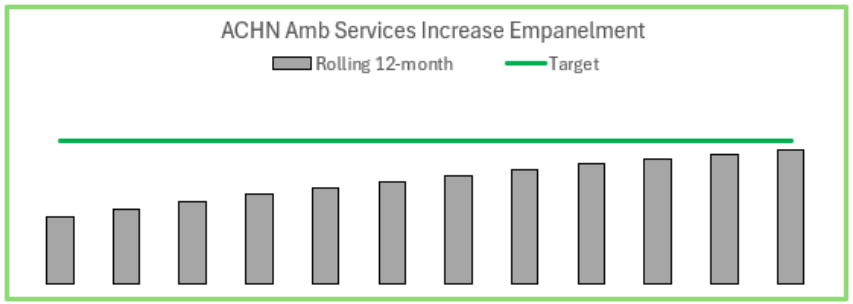

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DOMAIN WORKGROUPS | Metrics

PATIENT EXPERIENCE	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	2024	YTD 2025	% in change
Increase Rolling 12-month Top Box Staff worked together for you	68.08	69.78	65.66	0.61	64.22	64.10	64.08	64.43	64.52	64.39	64.51	64.30	64.46	64.52	64.85	64.83	64.85	65.06	0.3%
Increase Monthly Top Box Staff worked together for you					60.67	63.11	63.83	67.96	65.71	63.30	64.66	65.15	66.02	65.07	69.70	65.06			

	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	2024	YTD 2025	% in change
Increase Rolling 12-month Top Box Care Provider Addressing	67.54	69.13	65.62	0.48	64.85	64.70	64.56	64.96	65.16	65.40	65.25	65.34	65.64	65.73	65.85	65.82	65.85	66.32	0.7%
Increase Monthly Top Box Care Provider Addressing Concerns/Worries					61.36	65.31	62.62	69.27	67.32	67.15	64.07	65.47	67.72	65.87	68.99	66.32			

	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	2024	YTD 2025	% in change
Increase Rolling 12-month Top Box Care Provider Explains Prob/Condition	66.39	68.36	64.47	0.48	64.94	64.96	64.97	65.30	65.61	65.78	65.69	65.56	65.88	65.93	65.97	65.88	65.97	65.77	-0.3%
Increase Monthly Top Box Care Provider Explains Prob/Condition					62.36	65.28	64.04	69.01	68.04	66.74	63.72	64.57	68.75	64.81	68.23	65.77			

HEDIS	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	2024	YTD 2025	% in change
Increase Rolling 12-month Breast Cancer Screening Rate	55.00	58.40	53.30	0.43	55.30	54.30	53.70	53.30	52.80	53.20	54.50	54.40	53.90	53.30	53.90	59.70	50.50	59.70	18.2%

	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	2024	YTD 2025	% in change
Increase Rolling 12-month Hypertension Management Blood Pressure <140/90 for patients	57.00	61.00	55.00	1.58	59.60	59.20	59.90	60.00	60.40	60.10	59.60	58.90	57.50	56.50	55.40	55.20	52.80	55.20	4.5%

Empanelment	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	2024	YTD 2025	% in change
Increase Rolling 12-month Empanelment of Engaged / Affiliated Patients	119,061	121,965	116,157	1,452	103,438	104,969	106,579	108,035	109,254	110,470	111,740	112,937	114,294	115,286	116,157	117,205	116,157	117,205	0.9%

Data Definitions & Legend Reference

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