

COOK COUNTY  
HEALTH



# CCH Monthly Report

to the Cook County Board of Commissioners

Item #: 22-3223

July 2022



COOK COUNTY  
HEALTH

# Administrative & Legislative Updates



Presented to the Cook County Health Board on 6/24/2022



COOK COUNTY  
**HEALTH**

# Administrative Updates – CCH Employee Recognition

- Stroger Hospital received national acknowledgement from The American Heart Association, earning the “Get With The Guidelines® - Stroke SILVER PLUS” award for its commitment to ensuring stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines. The hospital was also awarded the “Target: Type 2 Diabetes Honor Roll”, which ensures patients with type 2 diabetes receive the most up-to-date, evidence-based care when hospitalized with cardiovascular disease or stroke. Thank you to Dr. Lakshmi Warrior, Chair of Neurology, Kathryn Dudzik, Stroke Coordinator, and the entire neurology team for their work in achieving this recognition.
- Cook County Health was selected as one of five winners of the Innovation Session at the national Stigma of Addiction Summit. The showcased work, led by Dr. Juleigh Nowinski Konchak, Sarah Elder, Dr. Jeff Watts, Dr. Keiki Hinami, and Dr. Bill Trick, is a partnership between the CCH substance use disorder program and the Business Intelligence Unit to utilize patient-reported outcomes to reduce stigma in addiction treatment. Additional co-authors include Brittany Green, recovery coach in the SUD program and Clay Caquelin and Ravi Madaiah of Business Intelligence.

# Activities and Announcements

- Cook County Health participated in the City of Chicago’s full scale disaster drill on June 1. The drill tested the hospital community’s ability to respond to a surge of patients as the result of altercations and heat during a busy Chicago weekend with large events. Both Stroger and Provident hospitals received ‘patients’ during the drill. The incident command system was activated. Our team responded well and identified areas of opportunity.
- On June 3, Senator Richard Durbin joined President Preckwinkle, CEO Rocha and Cook County leaders at a Press Conference to commemorate Wear Orange Day and discuss the impact of gun violence and the need for common sense gun safety reforms noting that guns are now the leading cause of death for children surpassing motor vehicle deaths.
- On June 8, President Preckwinkle, Cook County Commissioners Stanley Moore, Donna Miller, Alma Anaya and Kevin Morrison joined CEO Rocha and a host of community organizations at a Stop the Bleed training, a national program designed to teach bystanders how to stop bleeding and potentially save a life during an emergency.
- As of June 17, there were 15 confirmed cases of Monkeypox in Illinois and several more under investigation. Cook County Health and the Cook County Department of Public Health are monitoring the situation and preparing to respond. At this time, authorities do not believe monkeypox will spread widely throughout the country. The virus has historically not been fatal in the US. CCH has created a Monkeypox resource page on the intranet for employees.
- On June 17th, CEO Rocha was honored to speak at Cook County Commissioner and CCH Board vice chair Dennis Deer’s Juneteenth event, Closing the Gaps in the Healthcare Delivery System.
- On June 23, CCH Chief Equity & Inclusion Officer, Shannon Andrews, spoke at a Health News Illinois panel on closing the health equity gap and CCH’s legacy of caring for all.
- Both My Shot Cook County and CountyCare’s We’ve Got You Covered won Gold awards in the 2022 Aster Awards Total Advertising Campaign category. The Aster Awards has one of the most inclusive groups and categories in healthcare advertising dedicated to recognizing the most talented healthcare marketing professionals for outstanding excellence in advertising, marketing and communications.



# Administrative Updates

## COVID-19

- Chicago and Cook County are in medium transmission. Hospitalizations remain relatively low.
- CCH will begin providing vaccine to children under 5 next week at all sites. Appointments will be required and can be made by visiting <https://vaccine.cookcountyil.gov> . Both CCH and CCDPH continue to offer vaccines, including booster shots, in the community. A full list of locations, dates and times can be found here. As a result of decreased demand and to allow CCH facilities to resume full patient services, effective July 18, CCH will provide COVID vaccinations for non-CCH patients at the following locations: Arlington Heights, North Riverside, Blue Island, Provident and Stroger.

## 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 June 14, 2022, CCH’s Fresh Truck partnership with the Greater Chicago Food Depository (GCFD) resulted in 393 visits to CCH health centers – Arlington Heights, Austin, Belmont Cragin, Blue Island, the CORE Center, Cottage Grove, Englewood, 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 42,442 households, representing 139,961 individuals. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

The Greater Chicago Food Depository’s Fresh Food Truck visits for the month of July include the following ACHN Health Centers.

- July 7           **Prieto Health Center** – 2424 S. Pulaski Road, Chicago, IL 60623
- July 12          **Provident Hospital/Sengstacke Health Center** – 500 W. 51st Street, Chicago, IL 60615
- July 15          **CORE Center** – 2020 W. Harrison Street, Chicago, IL 60612
- July 21          **Arlington Heights** – 3520 N. Arlington Heights Road, Arlington Heights, IL 60004
- July 28          **Blue Island Health Center** – 12757 S. Western Ave., Blue Island, IL 60406

# Administrative Updates – Community Advisory Councils

- Cook County Health Community Advisory Councils (CAC) include patients, community and religious organizations and serve as an opportunity to promote our services and receive important feedback from various stakeholders. The 2022 second quarter topic presentations include Cardiology, Stroke, Family Planning, and the CountyCare Rewards Program. In addition, updates on Cook County Health, Covid-19 Vaccination and Community Outreach are provided. Each clinic also provides an update on its operations at the meeting.
- Upcoming CAC meeting dates, including the 2022 schedule:
  - **Provident Hospital/Sengstacke Health Center: Wednesday at 9:00 AM: July 13, October 12**  
500 W. 51st Street, Chicago, IL 60609
  - **Cottage Grove: Tuesday at 1:00 PM: July 26, October 25**  
1645 S. Cottage Grove Avenue, Ford Heights, IL 60411
  - **Blue Island: Wednesday at 1:00 PM: August 17, November 16**  
12757 S. Western Ave., Blue Island, IL 60406
  - **Arlington Heights: Tuesday at 1:00 PM: August 23, November 29**  
3520 N. Arlington Heights Road, Arlington Heights, IL 60004
  - **Robbins: Tuesday at 1:00 PM: September 13, December 13**  
13450 S. Kedzie Road, Robbins, IL 60472
  - **North Riverside: Wednesday at 1:00 PM: September 14, December 14**  
1800 S. Harlem Avenue, North Riverside, IL 60546
  - **Englewood: Thursday at 1:00 PM - September 15, December 15**  
1135 W. 69th Street, Chicago, IL 60621

# Administrative Updates – Community Events

- As in person event participation begins to resume, Cook County Health and CountyCare will be present at events to promote the health system and the Medicaid program. Events in July include the following:
  - June 25 Cook County Health and CountyCare promotion at the LUCERO Men's Health & Family Resource Fair which is hosted by Latino Task Force, LUCERO and Chicago Family Health Center and which will take place at the Chicago Family Health Center parking lot located at 9119 S. Exchange Avenue in Chicago.
  - June 25 Cook County Health and CountyCare promotion at The Rite to Wellness Campaign which is hosted by The Garfield Park Rite to Wellness Collaborative, and which will take place at the Garfield Park Community Plaza & Outdoor Roller Rink located at 4008 W Madison Street in Chicago.
  - June 30 Cook County Health and CountyCare promotion at Representative Lamont Robinson's Senior Appreciation which will take place at the Paul G. Stewart Center located at 400 E. 41st Street in Chicago.
  - July 15 Cook County Health and CountyCare promotion at the Hanover Park Police - COPS Picnic which is hosted by the Village and the Police Department and will take at the Spring Wood Middle School located at 5540 Arlington Drive E in Hanover Park.
  - July 17 Cook County Health and CountyCare promotion at the Spirit Redeemed Missionary Baptist Church Resource Event which will take at the church located at 6615 South Ashland Avenue in Chicago. We will do Englewood Health Center promotion at the event as they are members of our Englewood Advisory Council.
  - July 30 Cook County Health and CountyCare promotion at Commissioner Debra Sims Back to School Event which will take at Phalanx Family Services located at 837 W. 119th Street in Chicago.
  - July 30 Cook County Health and CountyCare promotion at HopeFest 2022 which is hosted by New Life Main Covenant Church and will take place at the New Life Main Campus located at 3400 W. Division Street in Chicago.
  - July 30 Cook County Health and CountyCare promotion at the Health & Wellness Medical Camp which is hosted by the Sai Spiritual Community Center (SSCC) organization and will take place at the SSCC building located at 70 Golfview Drive in Northlake.
  - July 30 Cook County Health and CountyCare promotion at the Aetna Back to School Bash which is sponsored by the Aetna and will take place at the Moore (Maurice) Park located at 5085 W. Adams in Chicago.



# Legislative Updates – Local

- On June 14, CCH appeared before the Cook County Health & Hospitals Committee to provide a COVID-19 and Contact Tracing Update. CCH CEO Israel Rocha, CCDPH Co-Leads Dr. Kiran Joshi and Dr. Rachel Rubin presented on behalf of CCH.
- On June 14, the Cook County Legislation and Intergovernmental Affairs Committee met and approved the appointment of Dr. LaMar Hasbrouck to the position of CCDPH Chief Operating Officer. The appointment was ratified by the County Board at the June 16 meeting.
- Four (4) CCH Board Director terms are scheduled to expire in late fall 2022/early winter 2023 (Gugenheim, Munar, Prendergast, Koetting). Pursuant to County Ordinance, the Nominating Committee of the Board of Directors of the Cook County Health and Hospitals System (NomCom) is required to submit three (3) candidates for each vacancy to the County Board President for consideration. On May 23 the NomCom submitted ten (10) candidates to President Preckwinkle for consideration.
- On June 15, the NomCom met and voted to send to the County Board President one (1) additional candidate. The NomCom is scheduled to meet again on June 24 to vote on one (1) more additional candidate



# Legislative Updates – State

- The Illinois General Assembly posted the Fall 2022 Veto Session calendar, with plans to return to Springfield November 15-17 and November 29-December 1. The statewide election is November 8.
- Depending on the outcome of the statewide election, “lame duck” session days may also be scheduled for early 2023, prior to the inauguration of the 103rd General Assembly.
- The Governor signed HB4645, a key legislative priority for CCH in the spring 2022 state legislative session. HB4645 creates the Equity and Representation in Health Care Act, which authorizes a new loan repayment and scholarship program to promote greater diversity among health care providers when it comes to race, ethnicity, and other demographics. This Act will also build and strengthen the workforce at community-based provider locations that serve a high-proportion of Medicaid and uninsured patients, specifically at FQHCs, FQHC look-alikes, and provider locations operated by CCH, including Cermak Health Services.

CCH co-led this effort with the Illinois Primary Health Care Association, which represents FQHCs statewide. The legislation takes effect January 1, 2023 with the programs housed at the Illinois Department of Public Health. While funding was not included in the FY2023 budget, CCH and our partners will be working to advocate for appropriations to be included in future budgets.

- Starting July 1, 2022, the Health Benefits for Immigrant Adults program will accept applications from individuals 42 and older, regardless of immigration status. Applicants with income at or below the Medicaid eligibility level (133% FPL) may be eligible for Medicaid-like coverage including physical and behavioral health care, specialty care, prescription drugs, inpatient hospital services, and dental. Long term care and home and community based services are currently excluded for this population. Applicants will also have the opportunity to request up to three months of backdated coverage (dating back to April 2022). Applications can be submitted online at [abe.illinois.gov](https://abe.illinois.gov).

# Legislative Updates – Federal

## Mental Health included in Gun Violence Legislation

- On June 21, the bipartisan group of senators working on gun violence legislation, led by Sens. Chris Murphy (D-CT) and John Cornyn (R-TX) released their legislation, the Bi-partisan Safer Communities Act. The Senate voted 64-34 to advance the bill and included 50 Democrats and 14 Republicans. The Senate hopes to pass the bill and send it to the House before the July 4 recess.

Key provisions of the proposed legislation include the following:

- Investments in Children and Family Mental Health Service – Supports national expansion of community behavioral health center model; improves access to mental health services for children, youth, and families through the Medicaid program and CHIP; increases access to mental health services for youth and families in crisis via telehealth; and provides major investments at the Department of Health and Human Services to programs that expand provider training in mental health, support suicide prevention, crisis and trauma intervention and recovery
- Increased Funding for Schools – Invests in programs to expand mental health and supportive services in schools, including: early identification and intervention programs, school-based mental health and wrap-around services, improvements to school-wide learning conditions, and school safety.
- Support for State Crisis Intervention Orders – Creates a new \$750 million funding pot that will be available to states for the creation and administration of laws that help ensure deadly weapons are kept out of the hands of individuals a court has determined to be a significant danger to themselves or others, and other purposes such as mental health courts, drug courts, veterans courts, and extreme risk protection orders that have sufficient due process.
- Under 21 Enhanced Review Process – Requires an investigative period to review juvenile and mental health records, including checks with state databases and local law enforcement, for buyers under 21 years of age.

Additional provisions include:

- protections for victims of domestic violence;
- clarified definition of “federally licensed firearms dealer”;
- penalties for “straw purchasing”; and
- violence interruption funding.

# Legislative Updates – Federal (Cont.)

## Health and Mental Health Legislation

- During the week of June 20, the House will take up a package of the bipartisan mental health legislation, H.R. 7666, the Restoring Hope for Mental Health and Well-Being Act of 2022. Of interest to Cook County Health and to the County, the bill incorporates provisions of H.R. 7233, the KIDS CARES Act, that would ease the Medicaid inmate payment exclusion for eligible juveniles in detention. The provisions would require state Medicaid plans to provide youth in juvenile detention with mental, behavioral, and physical health services before and after their release from custody. Other major provisions of the bill reauthorize expiring Substance Abuse and Mental Health Services Administration (SAMHSA) and Health Services and Resources Administration grants to support state and local mental health, substance use and other health services.
- Other House committees and committees of jurisdiction in the Senate, including the powerful Senate Finance Committee, with jurisdiction over Medicare and Medicaid, are considering bipartisan mental health legislation, and advocates hope that consensus provisions can be passed this year.

## FY 2023 Budget and Appropriations

- The House Appropriations Committee has begun marking up the FY 2023 bills despite reaching bipartisan, bicameral agreement on the top line numbers. This mirrors the approach for FY 2022, which resulted in the final full year omnibus appropriation not being completed until halfway through the current fiscal year, after top line numbers were agreed upon. One or more continuing resolutions are likely to be required, absent a significant bipartisan agreement on top-level amounts and controversial riders.

# Legislative Updates – Federal (Cont.)

## Biden Administration

- On June 3, CMS notified states that they have an additional year – through March 2024 – to use the American Rescue Plan Act (ARPA) funding to strengthen and expand home and community-based services (HCBS) for Medicaid beneficiaries who need long term services and supports. ARPA offered states a temporary ten percent FMAP increase.
- On June 9, the White House announced that, since Congress had not passed a COVID supplemental appropriation, it was shifting existing COVID funds from testing and research toward buying more vaccines and therapeutics. Administration officials warn that absent a new infusion of funds from Congress, there will not be enough to buy updated vaccines for the fall.
- With FDA and CDC approval, the Administration allowed administering COVID vaccines to children under five years old on June 21.

## COVID Supplemental Appropriation

- The \$10 billion COVID response package continues to be stalled in the Senate.

## Budget Reconciliation Bill (“Build Back Better”)-

- Reports continue to circulate on discussions around advancing a smaller Budget Reconciliation package with some elements of the President’s economic agenda (Build Back Better Act). No additional details or timelines have been reported.

# Monthly Media Report



May 24, 2022 – June 19, 2022

Presented to the Cook County Health Board on 6/24/2022



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# Earned Media Dashboard: May 24– June 19, 2022



Total Media Placements

**1,327**



Total Reach

**2.2 Billion People**



Total Media Value

**\$20.3 Million**

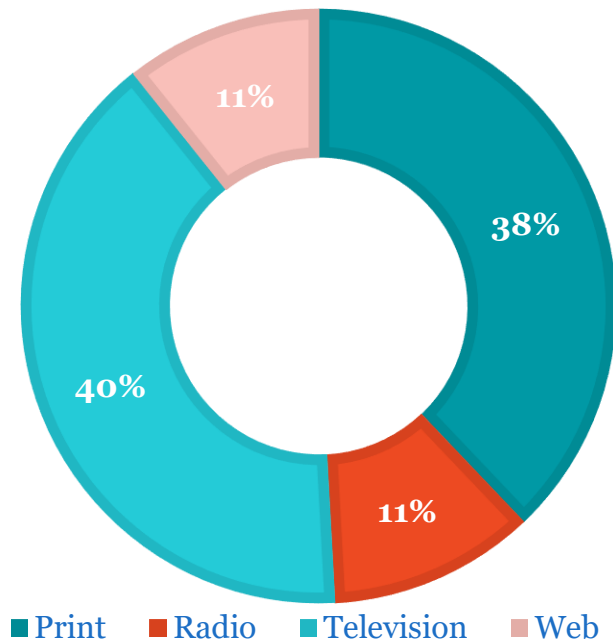
## Top 5 Local Media Outlets

1. *WGN Radio*
2. *WGN Television*
3. *WBBM Radio*
4. *NBC 5 Chicago*
5. *Fox 32 Chicago*



# Media Dashboard: May 24-June 19, 2022

## Media Outlet Type



## Most Common Topics

1. Pediatric COVID vaccines
2. Gun Violence
3. COVID Guidance
4. Stop the Bleed training
5. Cook County Health and Provident History

# Recent Cook County Health COVID-19 Media Coverage

21,962 Media Hits on COVID-19 since February 2020



Study: Vaccination After COVID May Reduce Long COVID Risk



COVID risk remains high as statewide numbers rise



FDA advisers endorse 1st COVID-19 shots for kids under 5



Asesores de la FDA revisan las vacunas contra el COVID-19 de Moderna y Pfizer para niños desde los 6 meses



How to Calculate Your COVID Isolation or Quarantine Time, According to the CDC



Cook County Department of Public Health Recommends Masking Indoors

# Social Media Report

May 24 – June 19, 2022



COOK COUNTY  
HEALTH

# Social Media Summary

## May – June Activity

During May 24– June 19, the communications team posted content on Facebook, Twitter, Instagram and LinkedIn for Cook County Health.

Posts included content such as COVID-19, interviews with local media, recognition for physicians, staff and the hospital, and health tips.

**Facebook – 54 posts**

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

**Instagram – 52 posts (includes stories and IGTV)**

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

**Twitter – 45**

<https://twitter.com/CookCtyHealth>

**LinkedIn – 33 posts**

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



# Social Media Summary

As of June 20

## Twitter

- Impressions: **19.7K** (up **8.1%**)
- Profile visits: **4.2K** (up **34.8%**)
- Engagements: **220**
- Followers: **4,524** (up **22**)

## LinkedIn

- Impressions: **20.3K**
- Page Views: **951**
- Followers: **8.375K** (up **157**)

## Facebook

- Total impressions: **577K** (up **574%**)
- Post engagement: **22.9** (up **280%**)
- Page views: **1.6K** (up **9.5%**)
- Page followers: **7,657** (up **15**)

## Instagram

- Impressions: **13.9K** (up **1%**)
- Engagement: **430** (up **8%**)
- Profile visits: **407** (up **1%**)
- Followers: **2,758** (up **10**)

# Social Media Summary

As of May 24

## Twitter

- Impressions: **13.7K**
- Profile visits: **2.9K**
- Engagements: **354**
- Followers: **4,502** (up **14**)

## LinkedIn

- Impressions: **39.8K**
- Page Views: **1.1K**
- Followers: **8.2K** (up **236**)

## Facebook

- Total impressions: **73.3K** (up **20%**)
- Post engagement: **5.7K** (up **159%**)
- Page views: **1.5K**
- Page followers: **7,646** (up **42**)

## Instagram

- Impressions: **15K** (up **1%**)
- Engagement: **480** (up **30%**)
- Profile visits: **426**
- Followers: **2,758** (up **10**)

# Audit & Corporate Compliance



May 24, 2022 – June 19, 2022

Presented to the Cook County Audit and Corporate Compliance Committee on 6/17/2022

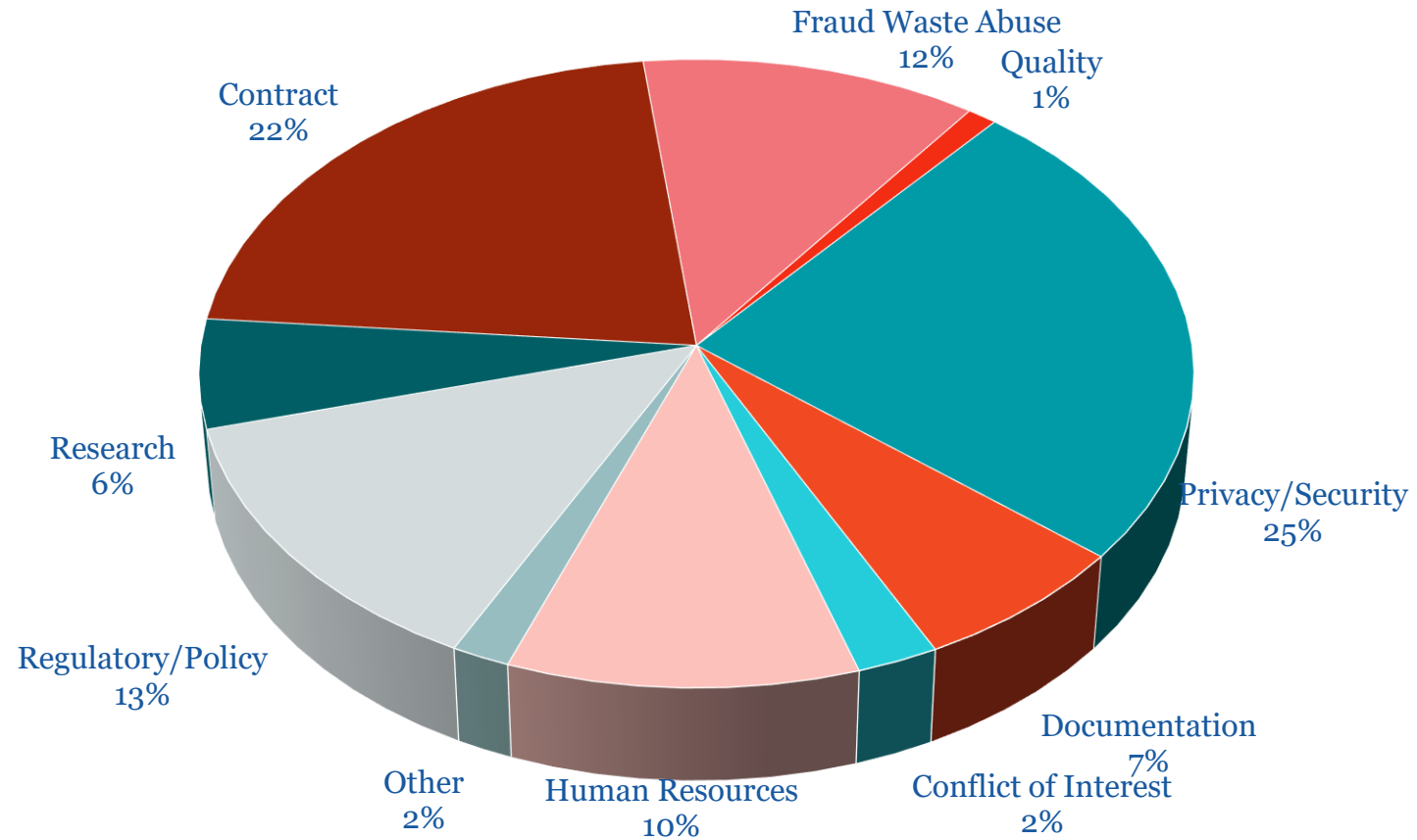


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# FY 2022 Contacts by Category

## CCH System Compliance Program Q1 and Q2

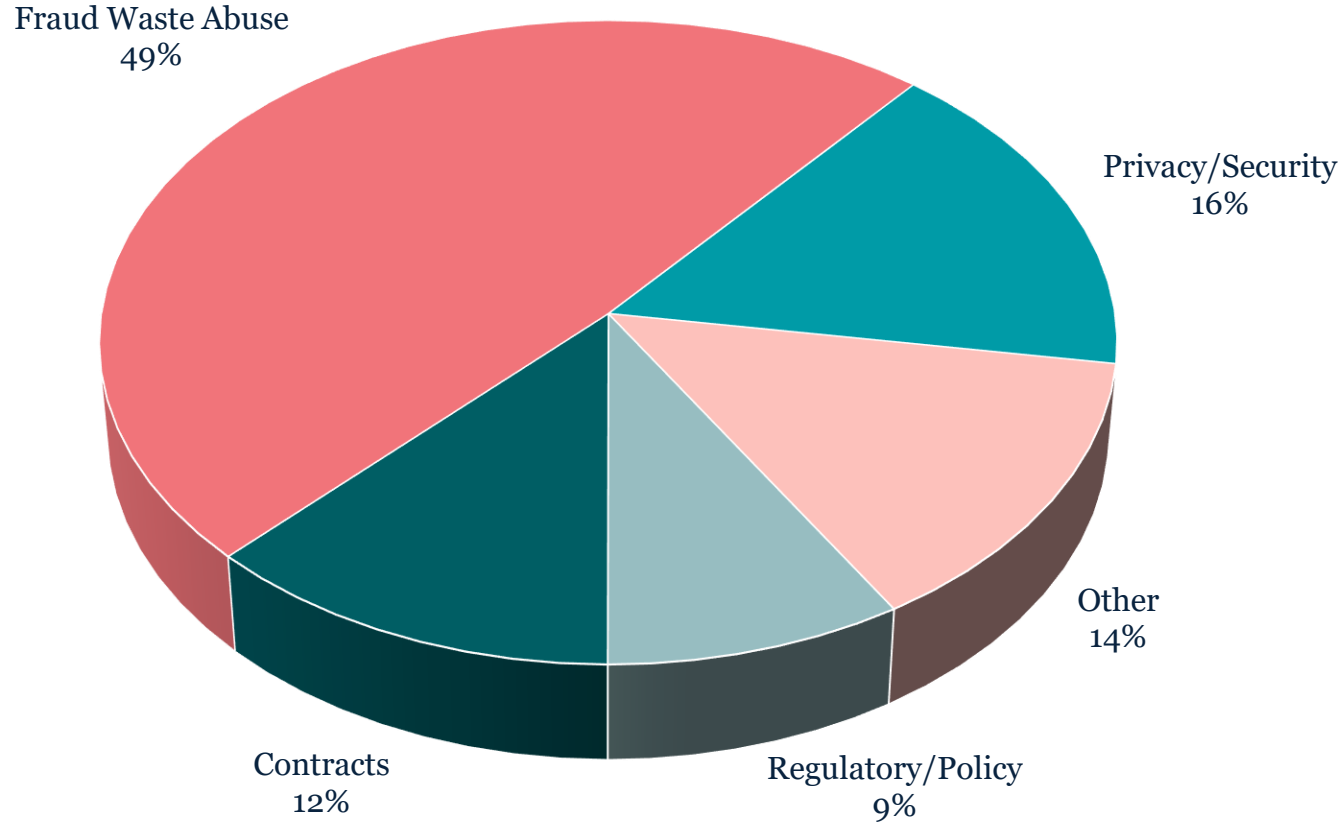
12/01/2021 – 05/31/2022



Categories	2022		2021
Privacy/Security (HIPAA)	71	25%	35%
Documentation	19	7%	19%
Regulatory/Policy	38	13%	18%
Human Resources	30	10%	9%
Contracts	62	22%	9%
Conflict of Interest	7	2%	1%
Fraud Waste & Abuse	34	12%	3%
Research	16	6%	2%
Other	5	2%	4%
	285		

# CountyCare Compliance Metrics

## CountyCare Health Plan Compliance Program



12/01/2021 – 05/31/2022

Categories	2022		2021
Fraud Waste & Abuse <sup>2</sup>	134	49%	41%
Privacy/Security (HIPAA)	45	16%	36%
Contracts	34	12%	10%
Regulatory/Policy	24	9%	7%
Other	38	14%	6%
	<b>275</b>		

<sup>2</sup> The majority, 91% of the Fraud Waste & Abuse activity is directly attributed to the Department of Healthcare and Family Services (HFS) Office of Inspector General provider notifications and requests for information.



# CountyCare Compliance Recoveries

State Fiscal Year (S-FY) 2021 through S-FY 2022 Q3

## Retrospective Recoveries

S-FY	Reporting Period	Overpayments Identified <sup>3</sup>	Overpayments Collected
2021	07/01 -06/30/2021	\$ 6,324,115	\$ 1,699,459

S-FY	Reporting Period	Overpayments Identified	Overpayments Collected
2022	<u>Q1</u> 07/01 -09/30/21	\$ 704,372	\$ 66,066
2022	<u>Q2</u> 10/01 – 12/31/21	\$ 1,046,935	\$ 522,453
2022	<u>Q3</u> 01/01 – 03/31/22	\$ 1,276,050	\$ 3,016,460

## Proactive Preventative Loss

S-FY	Reporting Period	Overpayments Collected
2022	<u>Q1</u> 07/01 -09/30/21	\$ 1,029,151
2022	<u>Q2</u> 10/01 – 12/31/21	\$ 202,961
2022	<u>Q3</u> 01/01 – 03/31/22	\$ 704,522

# Finance Metrics



Presented to the Cook County Health Finance Committee on 6/17/22



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# Executive Summary: Statement of Financial Condition – April 30, 2022

- On an accrual basis, interim financials show that CCH ended April with a \$28.7M positive variance to budget. On a cash basis, the County’s preliminary cash report on revenues and expenses shows a \$230.9M positive variance primarily due to the timing difference of CountyCare PMPM payments impacting the revenue and claims payments impacting expenses.
  - Revenue Commentary:
    - NPSR reflects \$15M Non-County Care MCO Directed Payment Catchup
    - County Care received \$12M in state corrections to capitation due to increase in eligible members
  - Expenditures:
    - Negative variance to Budget in Purchased Services expense partially offset by Salaries & Wages under budget due to positions not yet hired
    - County Care claims expense greater than budget due to higher than budgeted membership
  - CountyCare:
    - CountyCare is showing an operating gain of \$10.6M
    - Membership remains over 430,000, which is greater than the 391,000 monthly average budgeted

# Financial Results – April 30, 2022

Dollars in 000s	FY2022 Actual	FY2022 Budget	Variance	%	FY2021 Actual (3)
<b>Revenue</b>					
Net Patient Service Revenue (1)	\$362,572	\$311,593	\$50,979	16.36%	\$233,128
CountyCare Elimination-Claims (1)	(\$42,375)	(\$49,502)	\$7,126	-14.40%	(\$47,389)
Government Support (2)	\$166,568	\$164,589	\$1,979	1.20%	\$159,230
<b>Adjusted NPSR</b>	<b>\$486,765</b>	<b>\$426,680</b>	<b>\$60,085</b>	<b>14.08%</b>	<b>\$344,969</b>
CountyCare Capitation Revenue	\$1,140,092	\$1,106,342	\$33,750	0.87%	\$999,829
CountyCare Elimination-Directed Payments (1)	(\$82,747)	\$0	(\$82,747)		\$0
Other	\$6,821	\$6,714	\$107	1.60%	\$10,438
<b>Total Revenue</b>	<b>\$1,550,930</b>	<b>\$1,539,735</b>	<b>\$11,195</b>	<b>0.73%</b>	<b>\$1,355,235</b>
<b>Operating Expenses</b>					
Salaries & Benefits	\$280,008	\$330,111	\$50,103	15.18%	\$277,668
Overtime	\$18,240	\$16,281	(\$1,958)	-12.03%	\$18,814
Supplies & Pharmaceuticals	\$60,577	\$61,967	\$1,390	2.24%	\$60,699
Purchased Services & Other	\$252,234	\$139,133	(\$113,101)	-81.29%	\$142,681
Medical Claims Expense (1)	\$1,129,447	\$1,092,064	(\$37,383)	-3.42%	\$943,992
Insurance	\$13,680	\$15,376	\$1,696	11.03%	\$13,277
Utilities	\$5,808	\$4,861	(\$947)	-19.47%	\$5,999
CountyCare Elimination	(\$178,148)	(\$60,413)	\$117,735	-194.88%	(\$47,389)
<b>Total Operating Expenses</b>	<b>\$1,581,846</b>	<b>\$1,599,381</b>	<b>\$17,535</b>	<b>1.10%</b>	<b>\$1,415,740</b>
<b>Operating Margin</b>	<b>(\$30,916)</b>	<b>(\$59,646)</b>	<b>\$28,730</b>	<b>48.17%</b>	<b>(\$60,505)</b>
<b>Non-Operating Revenue</b>	<b>\$57,377</b>	<b>\$57,377</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$40,902</b>
<b>Net Income (Loss)</b>	<b>\$26,462</b>	<b>(\$2,269)</b>	<b>\$28,730</b>	<b>1266.31%</b>	<b>(\$19,604)</b>

# Cook County Health

## Volumes: April 30, 2022

### Key Revenue Indicators

Patient Activity	2022 YTD Actual	2022 YTD Budget	%	2021 YTD Actual	2020 YTD Actual		Apr 2022 Actual	Apr 2021 Actual
Admissions *	9,393	9,145	2.7%	9,002	10,532		1,977	2,020
Patient Days *	42,384	48,471	-12.6%	38,076	43,902		7,998	8,130
Average Daily Census *	281	321	-12.6%	252	291		267	271
Emergency Room Visits	40,101	58,422	-31.4%	37,268	48,648		8,433	8,235
Surgeries	5,650	6,966	-18.9%	5,597	4,813		1,237	1,292
Ambulatory Clinic Visits	233,269	266,324	-12.4%	237,803	229,367		49,296	51,151

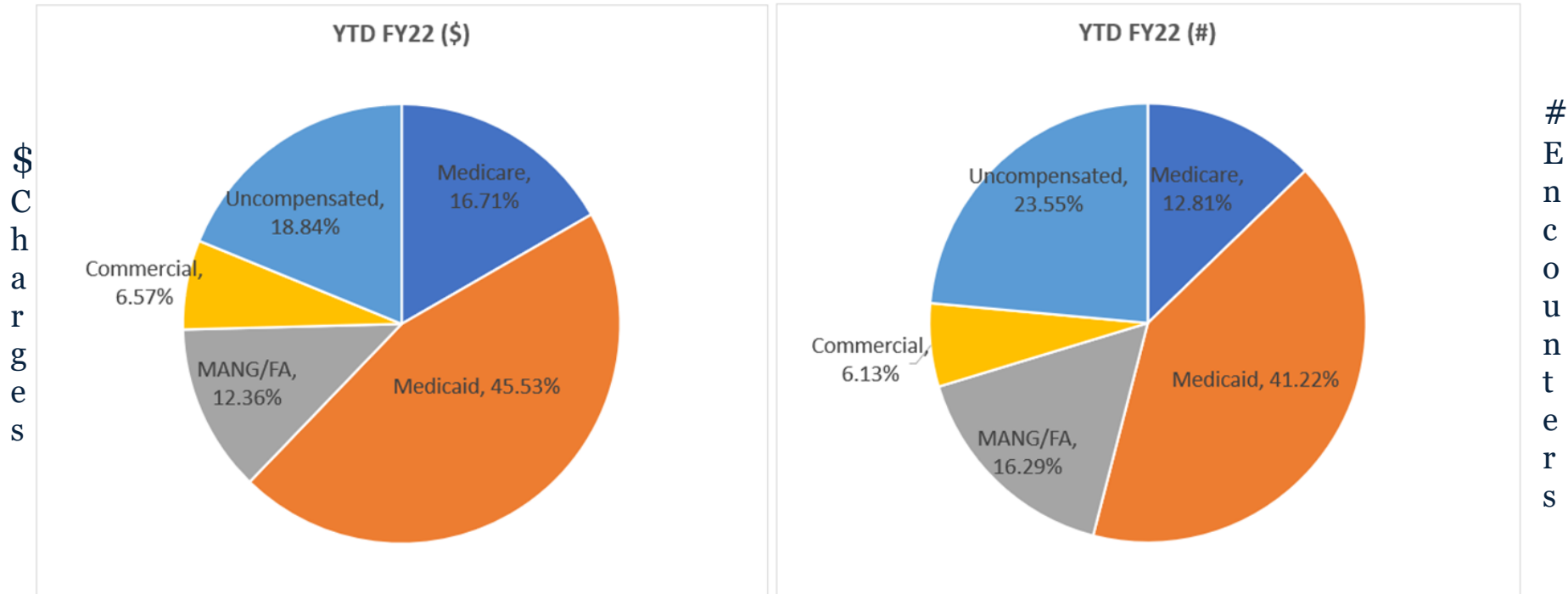
\* Includes IP + Observations

# Cook County Health

## Operating Trends



# Payer Mix – YTD April 2022

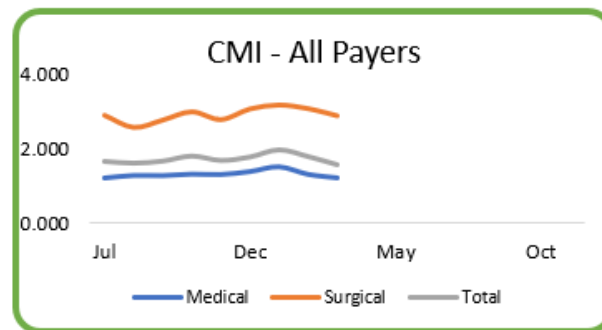
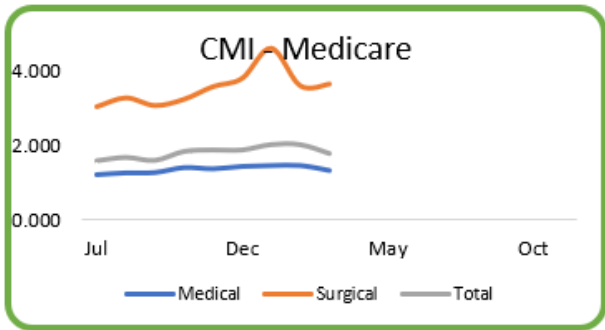
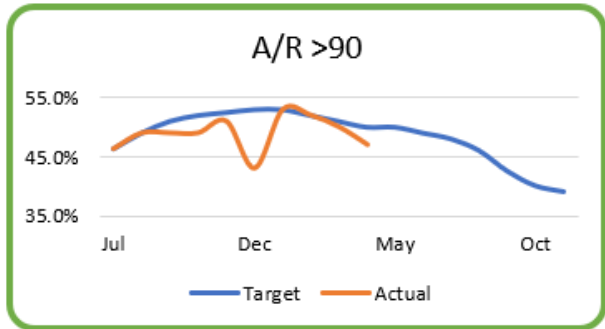
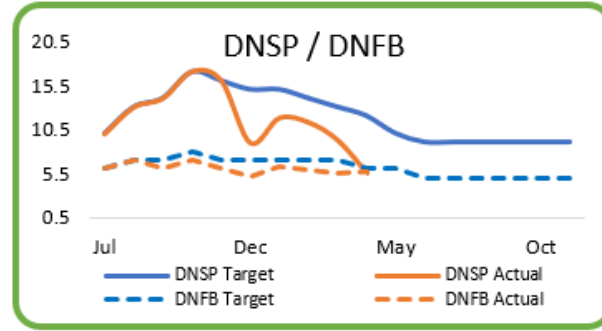
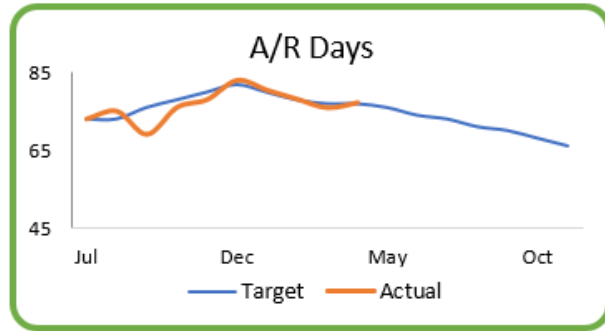


## Commentary

- The YTD payer mix using total charges (\$) and total encounters (#).
- No notable changes from prior month YTD.



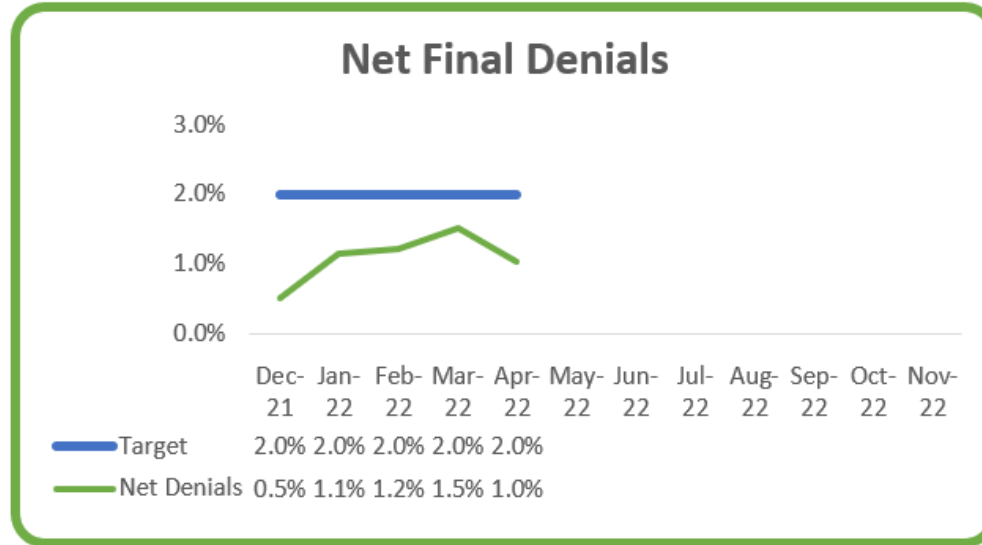
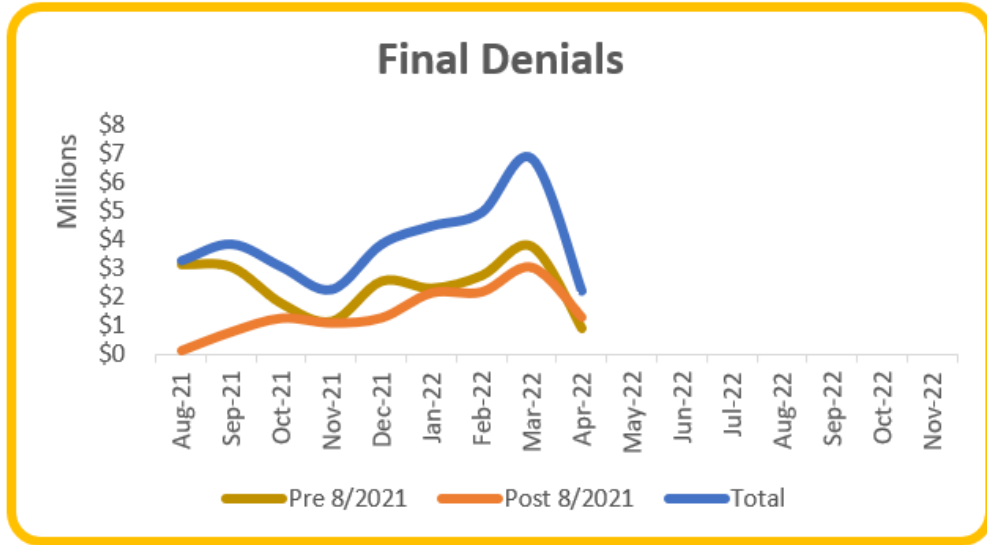
# Revenue Cycle KPI Trending



## Commentary

- A/R Days is expected to begin to decline early summer as we ramp up additional support and optimize back-end operations.
- DNSP / DNFB are ahead of the improvement schedule.
- A/R Days is trending in-line with the improvement schedule.
- Cash Collections is slightly below the target but over 100%.
- CMI total is trending upward for all payers and Medicare specific services.

# Denial Trending



## Commentary

The net final denials are hitting targets and final denials wholistically dropped in April due to prior transaction classification corrections for non-covered service denials. Non-covered services are contractual adjustments, not denials.

	Mar-22	Apr-22
<b>Pre 8/2021</b>	55.2%	41.2%
<b>Post 8/2021</b>	44.8%	58.8%
<b>Total</b>	\$6,802,988	\$2,201,387
Case Management	\$2,155,637	\$1,106,365
Coding	\$329,161	\$211,390
Contracting	\$12,611	\$5,421
Medical Necessity	\$359,951	\$183,620
Non Covered	\$792,462	-\$5,082,542
Patient Access	\$734	\$9,441
Other	\$379,256	\$318,981
Prior Authorization	\$862,756	\$581,795
Untimely Filing	\$1,910,420	\$4,866,916

# Cook County Health

## 2022 Charitable & Public Program Expenditures

### Budget/Projection (\$000s)

	2020 Actual Net Benefit	2021 Actual Net Benefit	2022 Budget Net Benefit	2022 Actual/Proj Net Benefit
<b><u>Charitable Benefits and Community Programs</u></b>				
Traditional Charity Care	\$ 173,423	\$ 162,626	\$ 152,827	\$ 155,441
Other Uncompensated Care	121,634	100,894	109,162	106,709
Cermak & JTDC Health Services	88,722	104,465	106,405	106,405
Department of Public Health	10,235	16,908	17,763	17,763
Other Public Programs & Community Services	15,006	68,750	66,321	66,321
<b>Totals</b>	<b>\$ 409,020</b>	<b>\$ 453,643</b>	<b>\$ 452,478</b>	<b>\$ 452,639</b>
% of Revenues *	37.0%	38.6%	36.3%	36.2%
% of Costs *	27.3%	27.9%	36.3%	25.3%

\* Excludes Health Plan Services



# Cook County Health

## Savings Initiatives: April 30, 2022

Current Activities in Progress	Budgeted FY22 Impact	YTD Apr Achieved	Status
<b><u>Revenue Cycle:</u></b>			
Chargemaster Review/Changes	-	1,544,167	●
Payer Contracting Re-negotiation	-	266,667	●
Charge Capture Improvement	-	1,041,667	●
Vendor Contract Negotiations	-	104,167	●
<b><u>County Care:</u></b>			
Care Mgmt System In-Sourcing	-	166,667	●
Network Contract Savings	-	375,000	●
Vendor Contract Negotiations	12,500,000	5,000,000	●
<b><u>Health System:</u></b>			
Vendor Contract Negotiations	12,000,000	1,973,333	●
Property Lease Savings	675,000	281,250	●
Equipment Lease Savings	308,472	128,530	●
	<u>\$ 25,483,472</u>	<u>\$ 10,881,447</u>	43%
		5/12ths Goal	42%

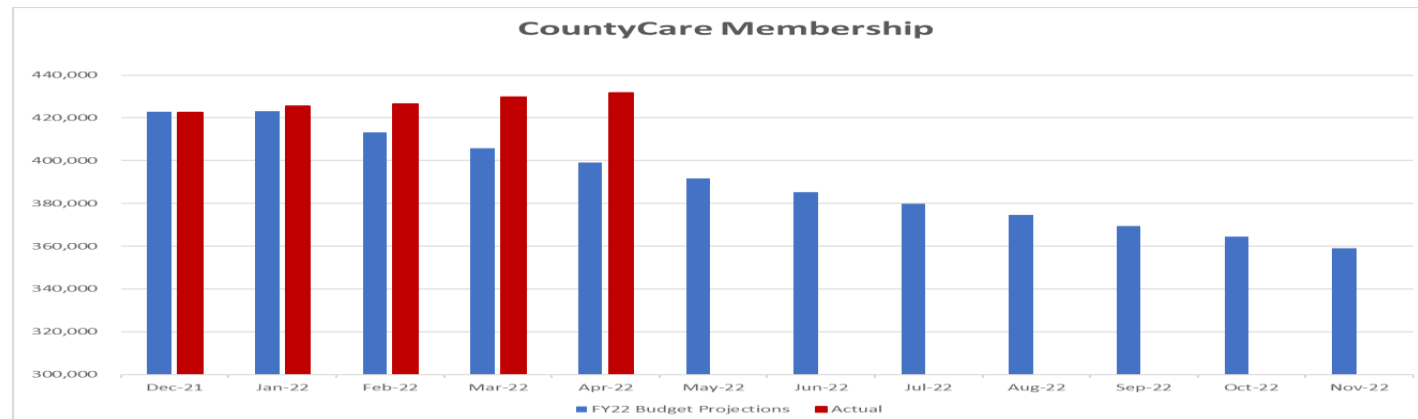


# Health Plan Services Financial Results – April 30, 2022

Dollars in 000s except PMPM amounts	FY2022 Actual	FY2022 Budget	Variance	%	Fy21 Actual
<b>Capitation Revenue</b>	\$1,140,092	\$1,106,342	\$33,750	3.05%	\$999,829
<b>Operating Expenses</b>					
Clinical - CCH	\$42,375	\$48,659	\$6,284	12.91%	\$47,389
Clinical - External	\$1,034,046	\$979,480	(\$54,566)	(5.57%)	\$896,602
Administrative	\$53,026	\$63,925	\$10,898	17.05%	\$50,131
Total Expenses	\$1,129,447	\$1,092,064	(\$37,383)	(3.42%)	\$994,123
Operating Gain (Loss)	\$10,645	\$14,278	(\$3,634)	(25.45%)	\$5,707
<b>Activity Levels</b>					
Member Months	2,135,972	2,069,466	66,506	3.21%	1,933,157
Monthly Membership	431,727	400,258	31,469	7.86%	395,598
CCH CountyCare Member Months	222,323	N/A	N/A	N/A	199,783
CCH % CountyCare Member Months	10.41%	N/A	N/A	N/A	10.33%
<b>Operating Indicators</b>					
Revenue Per Member Per Month (PMPM)	\$533.76	\$534.60	(\$0.84)	(0.16%)	\$517.20
Clinical Cost PMPM	\$503.95	\$496.81	(\$7.14)	(1.44%)	\$488.32
Medical Loss Ratio (1)	92.6%	93.40%	0.83%	0.89%	92.4%
Administrative Cost Ratio	4.6%	6.35%	1.76%	27.79%	4.6%

## Commentary

- Total YTD member months are exceeding budget by 66,506 members.
- Increase in revenue includes \$12M for state corrections to capitation revenue for eligible but not yet paid members
- CountyCare enrollment projected to exceed budget due to 50% auto-assignment as well as continued re-determination suspension.
- Revenue per member per month (PMPM) is slightly lower than budget due to population mix.
- CountyCare's reimbursement to CCH for domestic spend is under budget.
- Operating Gain of \$10.6M consists of \$11.9M from CountyCare and a loss of \$(1.3)M from Medicare.



## Notes:

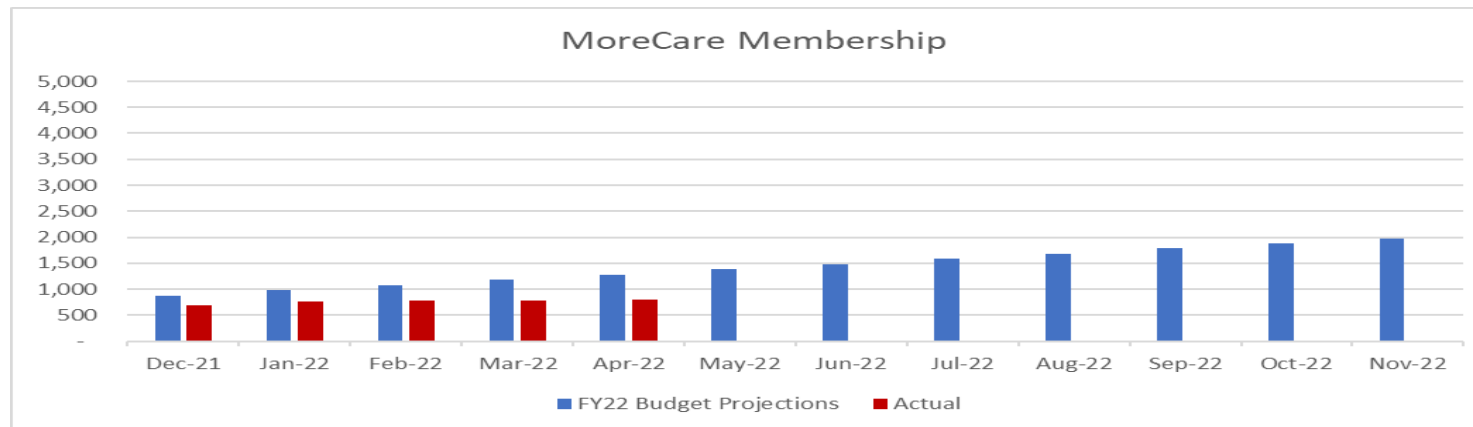
- (1) Medical Loss Ratio is a measure of the percentage of premium that a health plan spends on medical claims.

# Medicare Financial Results – April 30, 2022

Dollars in 000s except PMPM amounts	FY2022 Actual	FY2022 Budget	Variance	%
<b>Capitation Revenue (Total dollar amount)</b>	\$7,986	\$8,859	(\$873)	(9.85%)
<b>Operating Expenses</b>				
Clinical Expenses	\$7,241	\$9,787	\$2,546	26.01%
Administrative	\$2,036	\$2,482	\$446	17.95%
Total Expenses	\$9,277	\$12,269	\$2,991	24.38%
Operating Gain (Loss)	(\$1,291)	(\$3,410)	\$2,119	(62.14%)
<b>Activity Levels</b>				
Member Months	3,822	5,400	(1,578)	(29.22%)
Monthly Membership	805	1,280	(475)	(37.11%)
<b>Operating Indicators</b>				
Revenue Per Member Per Month (PMPM)	\$2,089.53	\$1,640.53	\$449.00	27.37%
Clinical Cost PMPM	\$1,894.47	\$1,812.32	(\$82.15)	(4.53%)

## Commentary

- Membership is lower than budget target by 1,578 members.
- Total operating loss is lower than budget by \$2.1M.



# Human Resources Metrics



Presented to the Cook County Health Human Resources Committee on 5/19/2022



COOK COUNTY  
HEALTH



# Market Research : Healthcare Industry



1M

RNs will leave the workforce by 2030<sup>1</sup>

25.9%

Average hospital turnover rate<sup>2</sup>

2X – 3X

Traveling nurse premiums

4.5 M Workers

*The Great Resignation:*  
Healthcare in the top 3<sup>4</sup>

80K

Qualified applicants turned away at Nursing Schools in 2019 due to insufficient faculty, clinical sites, budget, etc.<sup>1</sup>

85%

Employees say they lose at least one to two hrs./week in productivity searching for info<sup>2</sup>

\$24B

Cost of Hospital Staffing Shortages During COVID<sup>3</sup>

Reasons for Leaving

Early retirement, burnout/pandemic fatigue, lucrative agency offers, higher wages

<sup>1</sup>[Nursing-Shortage-Factsheet.pdf \(aacnnursing.org\)](#)

<sup>2</sup>2022 NSI National Health Care Retention & RN Staffing Report ([www.nsinursingsolutions.com](#))

<sup>3</sup>“The Top 10 Healthcare Staffing Challenges & How to Solve Them”, First Up, January 2022.

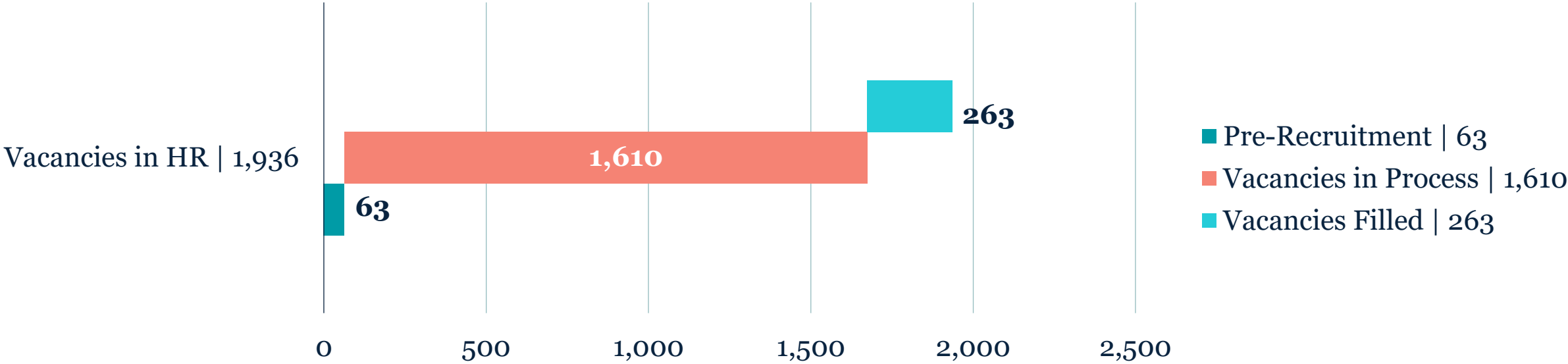
<sup>4</sup>“PINC AI Data Shows Hospitals Paying \$24B More for Labor Amid COVID-19 Pandemic”, ([www.premierinc.com](#))

<sup>4</sup>[The 'Great Resignation': What health care leaders need to know now \(advisory.com\)](#)

# HR Metrics

## Hiring Updates

- Human Resources received 1,936 Request to Hires
- Hired 263 employees
- Avg Monthly Hires 43.83
  - 57% | 149 External Hires
  - 43% | 114 Internal Hires



Vacancies filled include New Hires, Promotions and Transfers

Does not include Consultants, Registry and House Staff

# HR Metrics – FY22 Activity Report

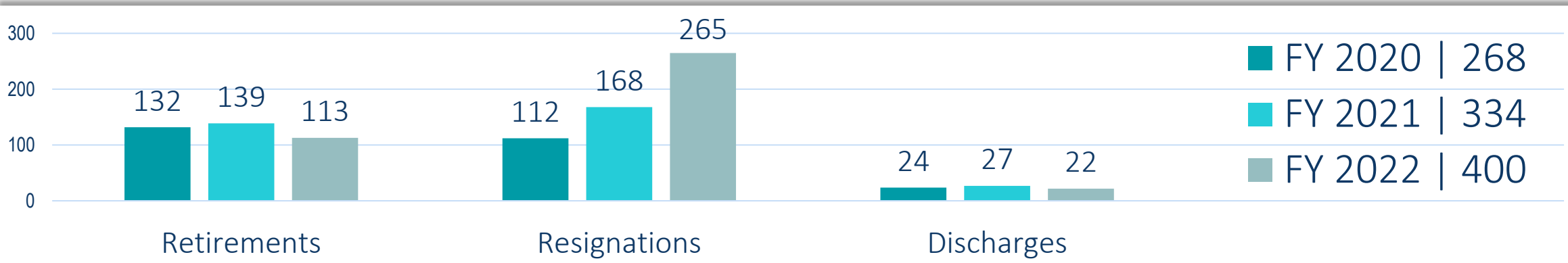
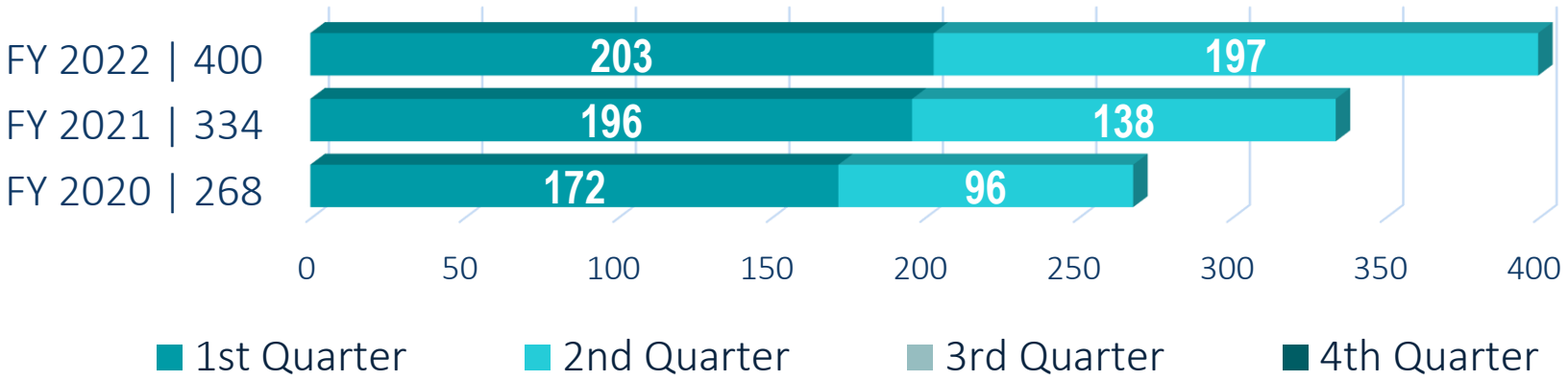
## CCH Hiring Snapshot

<b>Vacancies (Request to Hires)</b>	<b>Posted</b>	<b>Postings Closed</b>	<b>Validation Completed</b>	<b>Referred for Interview</b>	<b>Interviews Completed</b>	<b>Candidate Offers</b>	<b>Vacancies Filled</b>
1,936	1,873	1,701	1016	764	518	475	263

# HR Metrics – FY22 Activity Report

## Separations

Net Loss = -251  
Separations (400) & External Hires (149)



# How are we progressing?



## Resources

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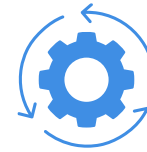
Our HR team remains under resourced and we rely heavily on contract support.



## Recruiting

---

We have an opportunity to invest in recruiting to get more people to CCH faster. Build our designated physician recruitment support.



## Technology

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We have an opportunity to modernize our technology, making us more competitive in the market.



## Retention

---

We have an opportunity to focus on enhancement of the cultural and environmental changes, which extends beyond monetary incentives.

# Accelerators for recruitment

Key Initiative	Go Live	Baseline Hiring Target : 200 RNs Stretch Goal : 400	Expected Results by 9/1
Daily Hiring Meetings with RPO & Recruiters	May 16, 2022	<ul style="list-style-type: none"> <li>• <b>Target: Offers made within 72 hours</b></li> <li>• Daily prioritization of recruiting tasks</li> <li>• Focus on delivering offers first</li> <li>• Closest to close, work backwards</li> </ul>	<b>Offers made within 72 hours</b>
Sourcing Nurses - Incredible Health	Monday, June 13	<ul style="list-style-type: none"> <li>• <b>Target: 20+ nursing hires per week</b></li> <li>• 30-50 nurse candidates sourced per week</li> </ul>	<b>200+ nurses</b>
Virtual Job Fairs – Brazen Tech	Monday, June 20	<ul style="list-style-type: none"> <li>• <b>Target: 25+ new hires per week</b></li> <li>• Weekly virtual hiring events</li> <li>• Department wide hiring events</li> <li>• Modern applicant experience</li> </ul>	<b>250+ new hires</b>
Interview Blitzes and Interview Scheduling – Schedule Once	By June 15 (Pilot)	<ul style="list-style-type: none"> <li>• <b>Target: Increase the frequency of interviews and speed up scheduling by 50%</b></li> <li>• Hiring managers time block for bulk interviewing</li> <li>• Shorten interview process by 1-2 weeks</li> </ul>	<b>Interview 20+ more candidates per week</b>
New Employee Orientation sessions	TBD	<ul style="list-style-type: none"> <li>• <b>Target: Increase frequency of orientations by 25-50%</b></li> <li>• Provides opportunity for new recruits to begin employment with CCH in a timely manner</li> </ul>	<b>Weekly orientation sessions</b>

# Key Hiring Metrics

New Dashboard (May 16th – June 17th)

## 121

Total candidates **accepted** an offer since May 16

**+ 15** since June 10

External/internal



64 Internal

57 External

By job class



49 Nurse

4 Physician

3 Finance

64 Other

1 Pharmacy

## LOOKING AHEAD (Offer Pipeline)

## 46

Candidates **awaiting** offers

May 16

## Tracking Our Goal

Sep 1



We are tracking towards hiring 400 **external** by 9/1/22

## 53

Candidates who have **started** in their new role at CCH since May 16

**+ 1** since June 10

By source



26 Internal

27 External

By job class



23 Nurse

0 Physician

1 Finance

29 Other

## 15

Offers **declined** since April 25

### Reasons

- 3 Pay below market rate
- 2 Unexpected change in circumstance
- 1 Stayed at current job
- 9 Not specified



# Managed Care Metrics



Presented to the Cook County Health Board on 5/27/2022



COOK COUNTY  
HEALTH

# Current Membership

Monthly membership as of May 6<sup>th</sup>, 2022

Category	Total Members	ACHN Members	% ACHN
FHP	266,975	20,352	7.6%
ACA	120,432	18,485	15.3%
ICP	30,380	5,091	16.8%
MLTSS	8,516	0	N/A
SNC	7,718	776	10.1%
<b>Total</b>	<b>434,021</b>	<b>44,704</b>	<b>10.3%</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

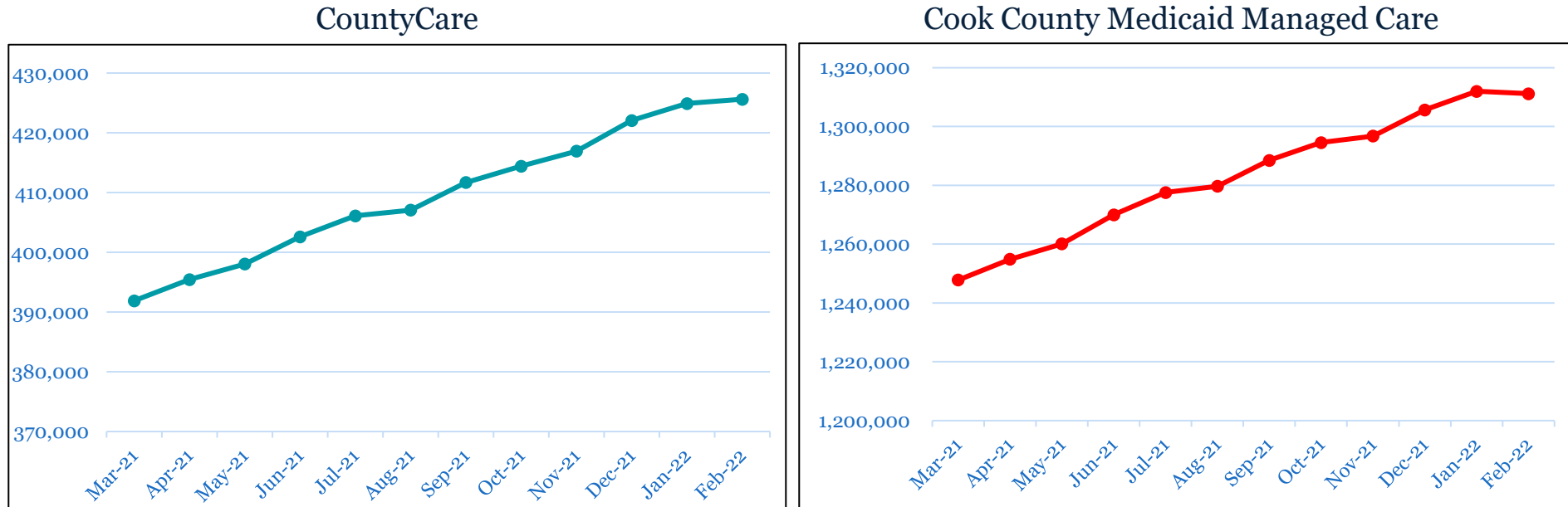
# Managed Medicaid Market

Illinois Department of Healthcare and Family Services February 2022 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	425,608	32.5%
Blue Cross Blue Shield	336,328	25.7%
Meridian (a WellCare Co.)	315,302	24.0%
IlliniCare (Aetna/CVS)	127,590	9.7%
Molina	96,587	7.4%
YouthCare	9,735	0.7%
<b>Total</b>	<b>1,311,150</b>	<b>100.0%</b>

\* Only Operating in Cook County

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

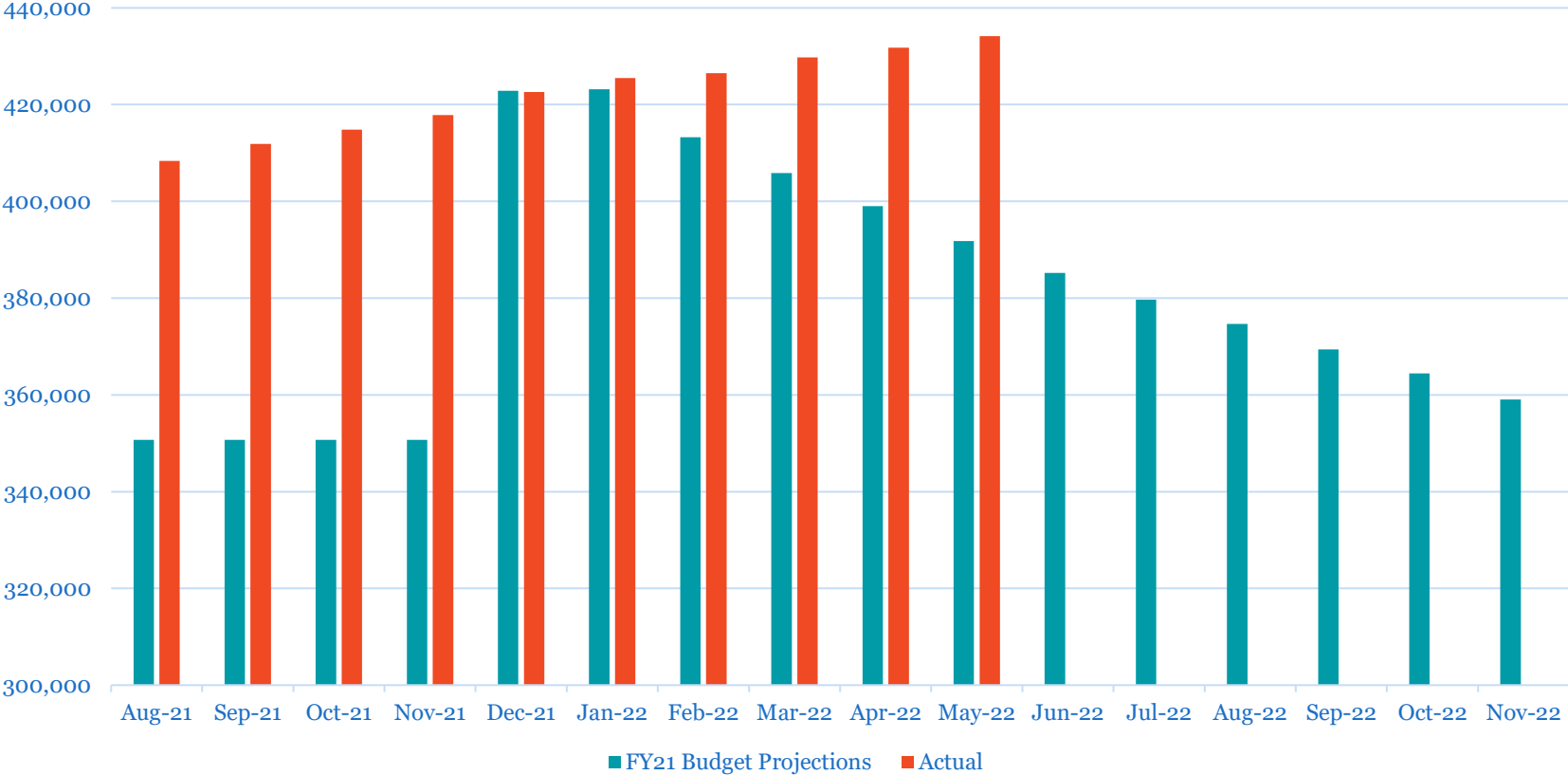


- CountyCare's enrollment has increased 9% over the past 12 months, ahead of the Cook County increase of 5%
- CountyCare's enrollment increased 0.2% in February 2022 compared to the prior month

Source: <https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx>

# FY 22 Budget | Membership

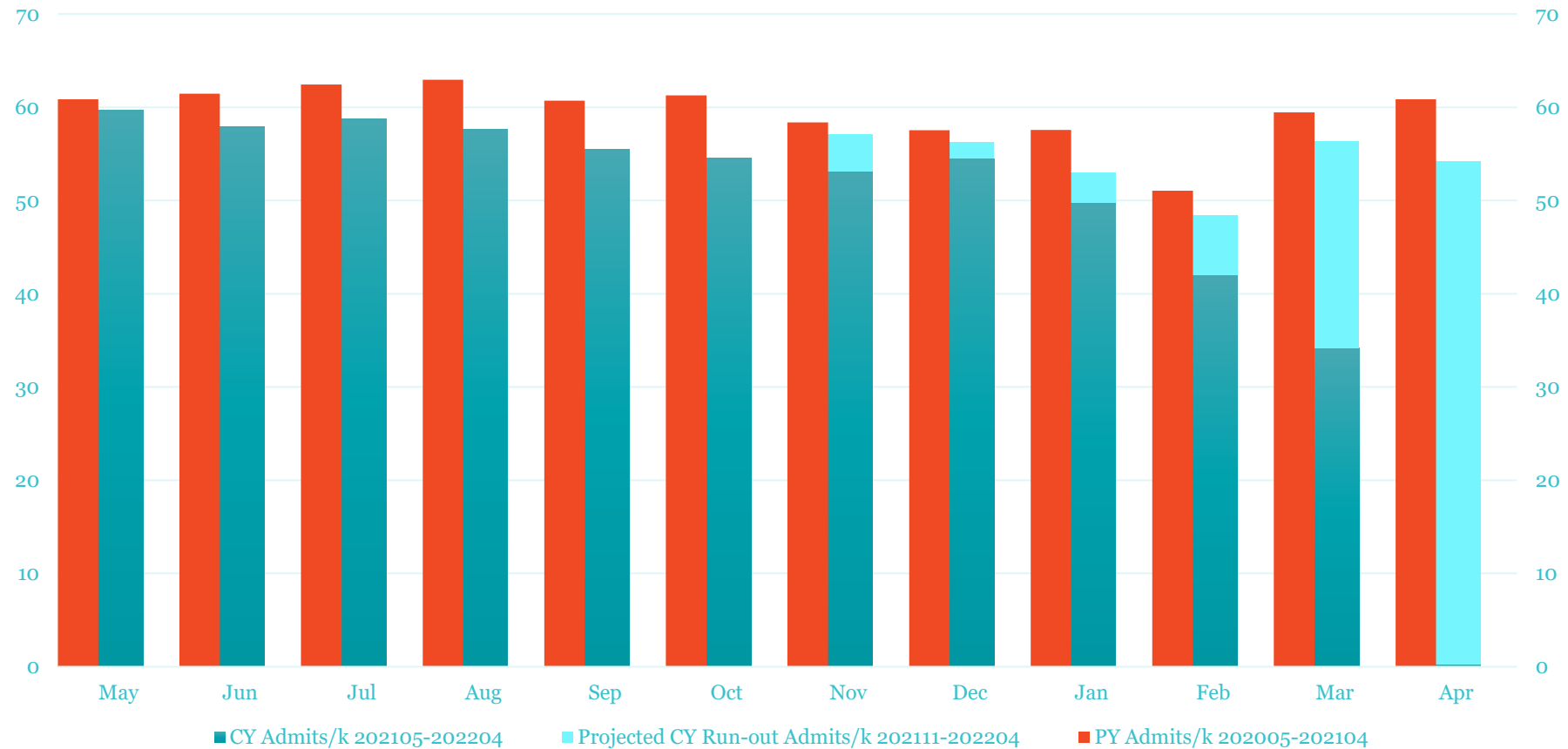
## CountyCare Membership



# Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	State Goal	Feb 2022	Mar 2022	Apr 2022
<b>Member &amp; Provider Services Call Center Metrics</b>				
Abandonment Rate	< 5%	1.73%	0.57%	1.20%
Hold Time (minutes)	1:00	0:14	0:04	0:09
% Calls Answered < 30 seconds	> 80%	91.01%	97.74%	93.15%
<b>Quarterly</b>				
Claims/Encounters Acceptance Rate	98%	98%		

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



Updated monthly, paid through April 2021  
 All acute and surgical cases + approved acute authorizations  
 Domestic admissions are not included since they do not require Prior Authorization

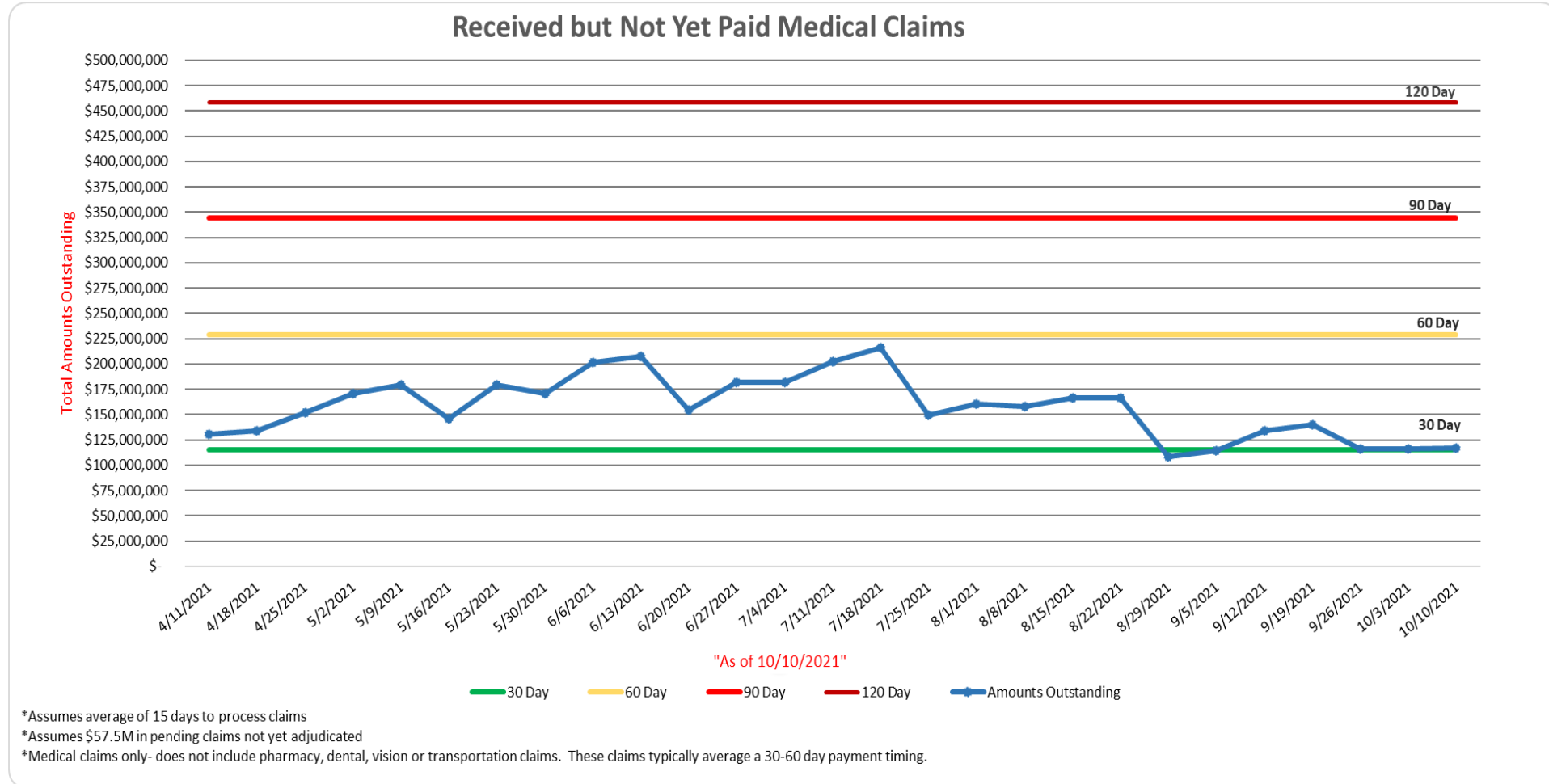


# CountyCare COVID Vaccination Rates

Vaccination Phase	Count of Membership	Percent of Total Membership (431k)	Percent of Vaccine-Eligible Membership (384k)
1st of 2 doses only:	21,947	5.06%	5.68%
Fully Vaccinated:	192,745	44.44%	49.85%
Vaccinated with at least 1 dose:	215,366	49.66%	55.70%

Data as of 5/13/2021

# 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



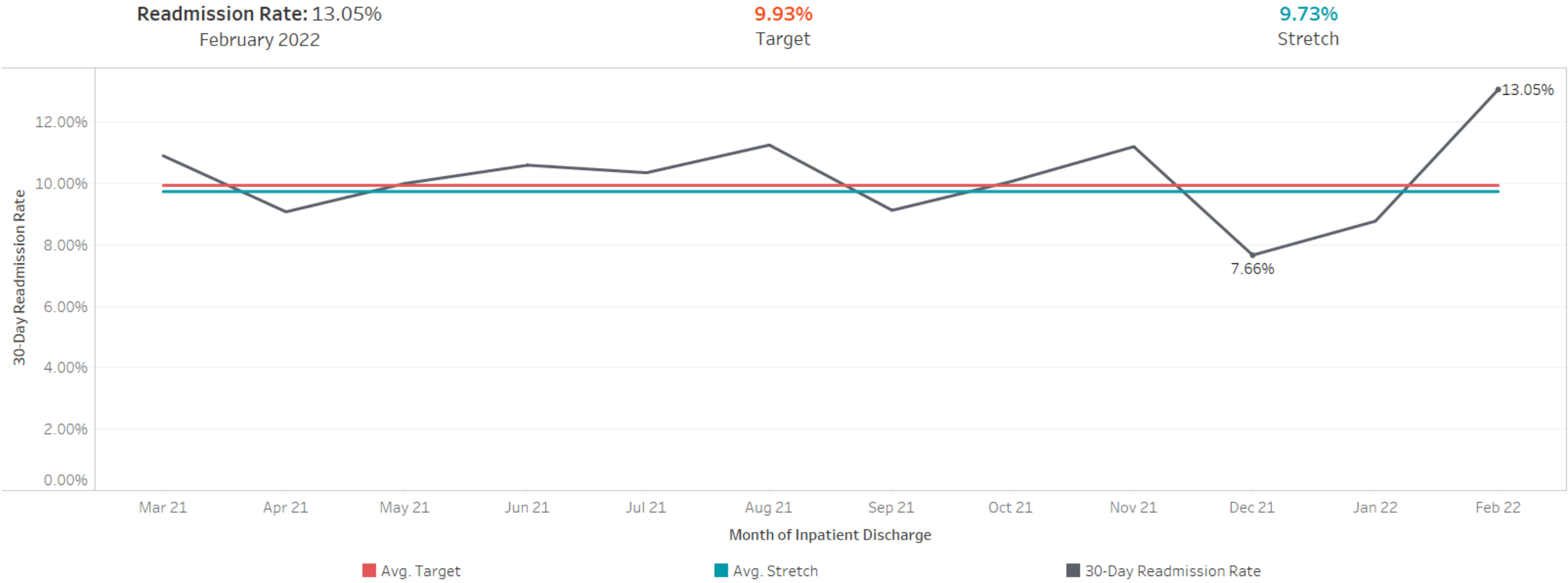
Presented to the Cook County Health Quality and Patient Safety Committee on 6/17/2022



COOK COUNTY  
HEALTH

# 30-Day Readmission Rate (Stroger Hospital)

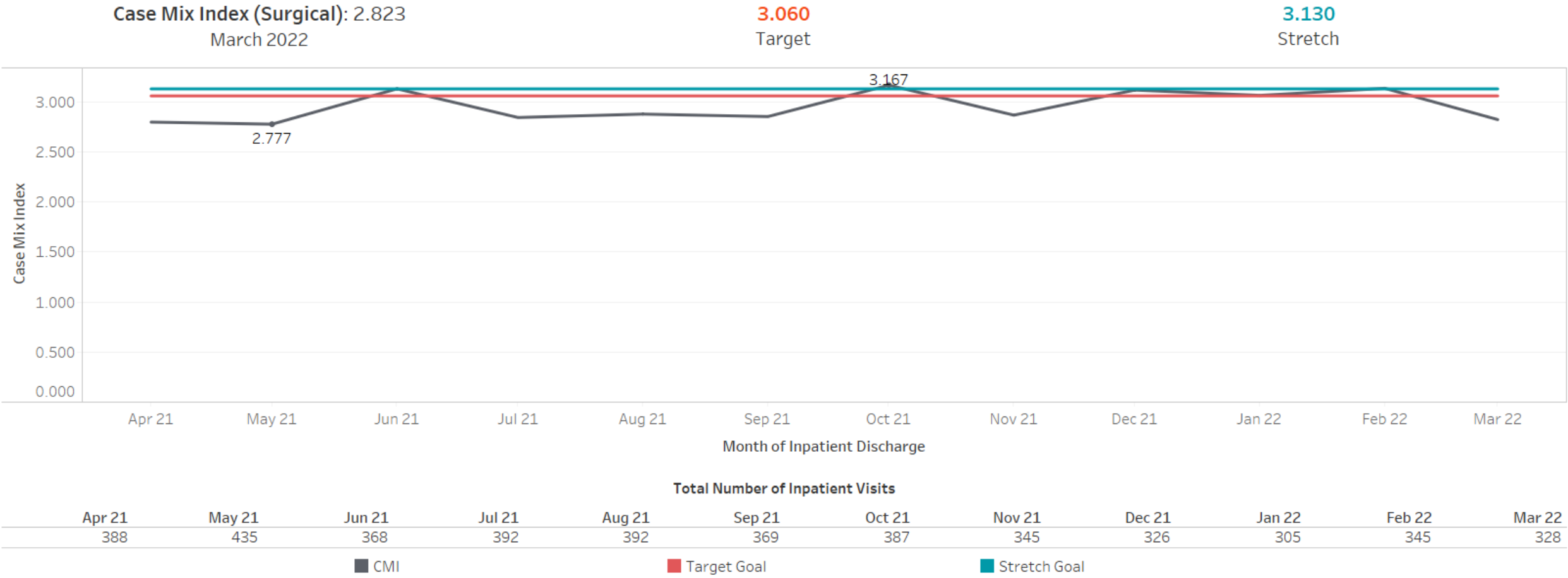
HRO Domain: Readmissions





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

## HRO Domain: Clinical Documentation



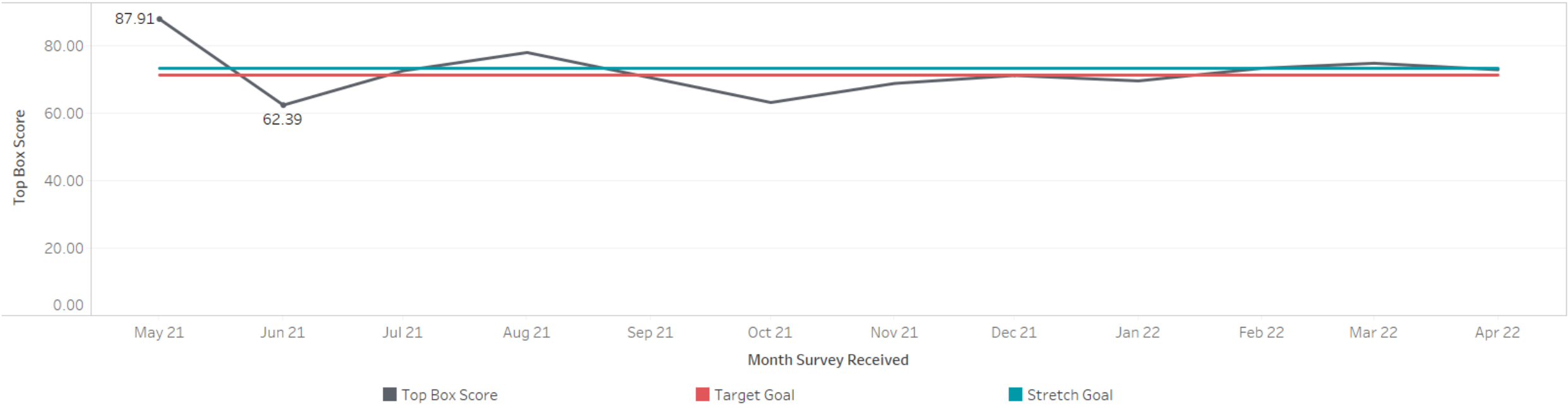
# Top Box Score, Recommend the Hospital (Stroger Hospital)

## HRO Domain: Patient Experience

Top Box Score (Recommend Hospital): 72.88  
April 2022

71.30  
Target

73.30  
Stretch



Total Number of Patient Surveys Received (by Month)

Month Survey Received	Total Number of Patient Surveys Received
May 21	91
Jun 21	117
Jul 21	113
Aug 21	109
Sep 21	105
Oct 21	95
Nov 21	93
Dec 21	111
Jan 22	138
Feb 22	105
Mar 22	123
Apr 22	118

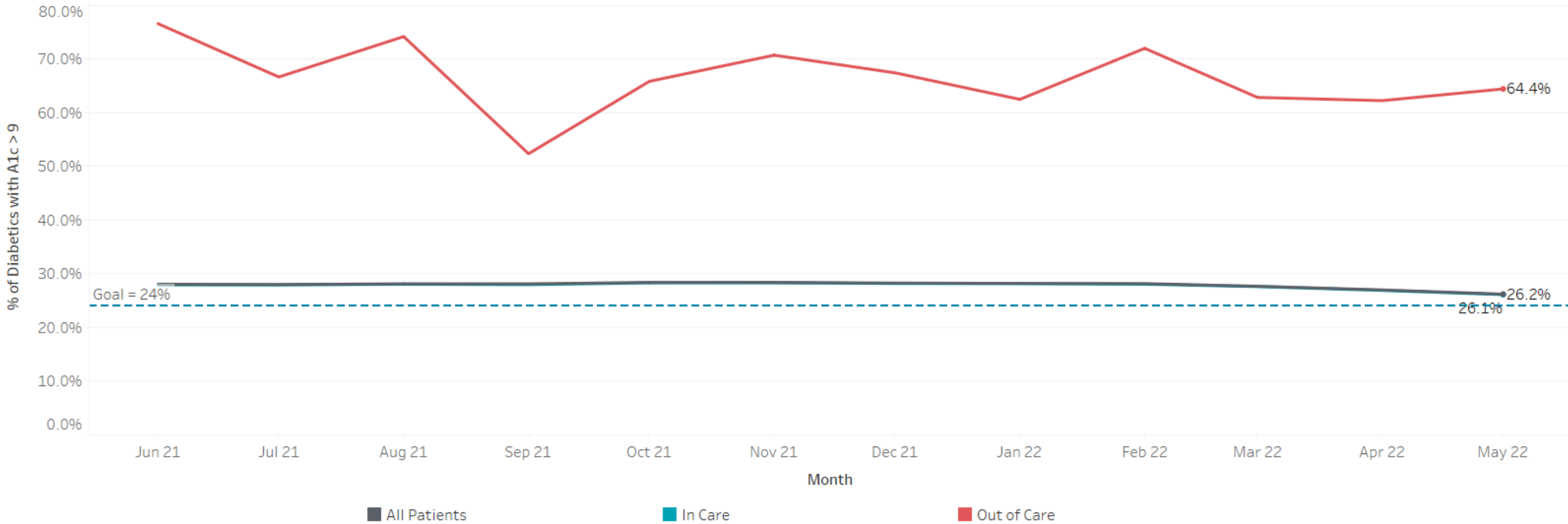


# HbA1c >9%

## HRO Domain: HEDIS

Pct of Patients with HgbA1c > 9: 26.1%  
May 2022

24.0%  
Goal



Metric	Definition
30-Day Readmission Rate	<ul style="list-style-type: none"> <li>• <i>Patient unplanned admission to Stroger within 30 days after being discharged from an earlier hospital stay at Stroger</i></li> <li>• <b>Calculation:</b> Raw unplanned readmission rate (# of readmissions / total # of eligible discharges)</li> <li>• <b>Population included:</b> all inpatient discharges from <u>Stroger</u></li> <li>• <b>Cohort inclusions:</b> any payer; any age; alive at discharge</li> <li>• <b>Cohort exclusions:</b> Admitted for primary psychiatric dx; admitted for rehabilitation; admitted for medical treatment of cancer (chemotherapy, radiation therapy); admitted for dialysis; admitted for delivery/birth</li> <li>• <b>Reporting timeframe:</b> reported monthly with a 1-month lag to allow for 30-day readmission window; reported by month of patient discharge</li> <li>• <b>Data source:</b> Vizient Clinical Data Base</li> </ul>
Case Mix Index	<ul style="list-style-type: none"> <li>• <i>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</i></li> <li>• <b>Population included:</b> all inpatient discharges from <u>Stroger</u></li> <li>• <b>Cohort inclusions:</b> any payer; any age; reported by Medical MS-DRG and Surgical MS-DRG (<i>Surgical: an OR procedure is performed</i>)</li> <li>• <b>Cohort exclusions:</b> none</li> <li>• <b>Reporting timeframe:</b> reported monthly by most current month available; reported by month of patient discharge</li> <li>• <b>Data source:</b> Vizient Clinical Data Base</li> </ul>
Recommend the Hospital	<ul style="list-style-type: none"> <li>• <i>Percent of patient responses with "Definitely Yes" (top box response) for Recommend the Hospital item in HCAHPS survey</i></li> <li>• <b>Calculation:</b> Percent of patient responses with "Definitely Yes" (top box) / total survey responses</li> <li>• <b>Population included:</b> Stroger; 18 years or older at time of admission; non-psychiatric MS-DRG/principal diagnosis at discharge; alive at discharge; &gt;1 overnight stay in hospital as inpatient</li> <li>• <b>Cohort exclusions:</b> 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</li> <li>• <b>Reporting timeframe:</b> reported monthly by most current month available; reported by month of survey received date</li> <li>• <b>Data source:</b> Press Ganey</li> </ul>
HbA1c >9%	<ul style="list-style-type: none"> <li>• <i>Percent of adults (ages 18-75) with diabetes Type 1 or Type 2 where HbA1c is not in control (&gt;9.0%)</i></li> <li>• <b>Calculation:</b> Percent of diabetic patients with HbA1c not in control / total diabetic patients</li> <li>• <b>Population included:</b> (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)</li> <li>• <b>Cohort exclusions:</b> none</li> <li>• <b>Reporting timeframe:</b> reported monthly by most current month available; reported by month of patient visit</li> <li>• <b>Data source:</b> NCQA, HEDIS</li> </ul>