

CCH Monthly Report

Item #: 25-1170

Presented to the Cook County Health Board on 6/12/25



COOK COUNTY
HEALTH

CEO Report Legislative Updates

Local



The **week of May 12**, CCH leadership appeared before the following Cook County Board committees to provide testimony and respond to questions from Commissioners.

- **Audit Committee** – the County Auditor’s report on the ARPA-Healing hurt People Chicago Program was deferred to the June Audit Committee meeting.
- **Finance Committee** – Scott Spencer, CCH Associate Chief Financial Officer addressed questions related to the County’s *Monthly Revenues and Expenses Report* as well as *CCH’s May 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** – CountyCare leadership - Aaron Galeener, Chief Administrative Officer Health Plan Services; Crissy Turino, Interim Chief Operating Officer/Chief Plan Officer; and Dr. Yvonne Collins, Chief Medical Officer; made a presentation to the committee on CountyCare initiatives and responded to questions from Commissioners.
- **Legislation & Intergovernmental Affairs Committee** – Dr. Kiran Joshi, Interim CCDPH COO appeared before the committee as they considered his appointment as CCDPH Chief Operating Officer. The committee approved the appointment unanimously.

CEO Report Legislative Updates

Local



The **Cook County Board of Commissioners met on May 15, 2025**. The following items pertaining to CCH appeared on the agenda:

- The President recommended the following individuals for **appointment to the CCH Board of Directors**:
 - **Robert Reiter** and **Dr. Sage Kim** were recommended for re-appointment. Both appointments were approved by the Cook County Board.
 - **Gina Massuda-Barnett** and **Heather Steans** were recommended for appointment. Both appointments were referred to the Legislation & Intergovernmental Affairs Committee for consideration;
- a proposed grant award amendment from the Safer Foundation to increase by \$400,000 and extend through 2026 the Healthcare Transformation/Supportive Re-entry Network Collaboration Project was approved;
- a proposed grant award from the National Cancer Institute in the amount of \$347,857 for Stroger Hospital was approved;
- a proposed grant award from the AIDS Foundation Chicago (AFC) in the amount of \$371,717 for AFC IDPH Ryan White Part B/Re-entry services in Region 8 (Cook County) was approved;
- *CCDPH's Quarterly Report for Q2* on the CCDPH nursing unit was referred to the Health & Hospitals Committee for consideration;
- *CCH's Semi-annual Disparities Report (CCDPH)* was referred to the Health & Hospitals Committee for consideration.³

CEO Report Legislative Updates State



The House and Senate are working towards the May 31 adjournment date, which is the deadline to pass bills and the state budget with a simple majority. Bills that pass after this date require super majority approval if the bill has an enactment date in the current calendar year.

Revised state fiscal year 2026 projects from Governor's Office and the Illinois General Assembly's budget offices published recently include downward revenue projections. **These updated projections do not account for potential Medicaid cuts currently being debated in Congress.**

Illinois Department of Healthcare and Family Services (HFS) Medicaid Administrator Kelly Cunningham announced that she is retiring at the end of June 2025. Administrator Cunningham has been in this role since 2020. Laura Phelan, who currently serves as Deputy Director of New Initiatives at HFS will take on the role starting July 1.

The [Illinois Department of Public Health](#) issued a [standing order](#) that allows Illinois residents to obtain pre-exposure prophylaxis (PrEP) for HIV prevention directly from a pharmacist without a doctor's prescription. Pharmacists that offer this service must first complete a training and maintain certain records as part of the process. IDPH will be collecting information on the utilization of this standing order.

State - 1115 Medicaid Waiver

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

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

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

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

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

CEO Report Legislative Updates

Federal

H.R. 1, the One, Big, Beautiful Bill Act (aka Budget Reconciliation) State of Play

- **On May 22, the House of Representatives passed H.R. 1 (budget reconciliation) by a vote of 215-214**
- **Complete Congressional Budget Office (CBO) score of final bill not available as of this writing, but an earlier draft showed that over 10 years:**
 - At least 15 million people becoming uninsured
 - Cuts to Medicaid and the Affordable Care Act (ACA) of at least \$800 billion
 - The Joint Committee on Taxation (scores tax provisions for Congress) estimates that the total bill will increase the deficit by \$3.8 trillion
- **H.R. 1 now heads to the Senate where the process and timing are uncertain**
 - Changes to the House bill are likely but not assured
 - Senate could bypass committees and go straight to the floor
 - Will the Senate overrule the Parliamentarian on provisions that violate budget reconciliation rules?
 - If the Senate makes changes to the bill, it goes back to the House for consideration before being sent to the President
 - Both Senate and House are on recess the week of Memorial Day and the Senate returns on Monday, June 2

CEO Report Legislative Updates Federal

Summary of Key Health Provisions in H.R. 1

Work Requirements

- Beginning not later than December 31, 2026 (or earlier if the state chooses), conditions Medicaid enrollment and eligibility on compliance with work reporting requirements for adults ages 19 through 64 enrolled through Medicaid expansion (or section 1115 minimum essential coverage)
- Individuals must complete at least 80 hours per month of work, a work program, community service, and/or part-time education or have an income of at least \$580 per month
- Mandatory and optional exceptions from the work requirement
- Individuals who lose coverage due to the work requirements are barred from enrolling in subsidized ACA coverage for the duration of their Medicaid ineligibility
- \$100 million in federal FY 2026 to states to support implementation

Immigrants

- Imposes a 10% reduction in the expansion FMAP (reducing it from 90% to 80%) if a state provides comprehensive coverage or subsidizes the purchase of private insurance for undocumented immigrants regardless of the source of funding (public or private) beginning on or after October 1, 2027
 - **Note: Illinois has an automatic trigger that removes Medicaid eligibility for the ACA expansion population if the federal government reduces the federal match to anything less than 90%**
- Amends the definition of “lawfully present” to exclude individuals with Deferred Action for Childhood Arrivals for purposes of ACA plan enrollment

CEO Report Legislative Updates

Federal



Summary of Key Health Provisions in H.R. 1 (cont'd)

Eligibility Determinations - Requires states to conduct eligibility determinations for expansion population adults every 6 months (versus annually) starting December 31, 2026

Retroactive Coverage - Limits retroactive coverage in Medicaid to one month (versus 90 days) starting December 31, 2026

Provider Taxes and State Directed Payments (SDPs)

- Freezes provider taxes at current rates as of date of enactment and prohibits states from establishing new provider taxes
- New SDPs in non-Medicaid expansion states would be capped at 110% of the Medicare rate and new SDPs in Medicaid expansion states would be capped at 100% of the Medicare rate
- For all states, payment rates for SDPs submitted or approved prior to the legislation's enactment would be grandfathered so long as the total payment under such directed payment does not increase.

Copays - States are required to impose copays of not more than \$35 per service for Medicaid expansion adults with income above 100% FPL with exceptions for primary, prenatal, pediatric, emergency room care

Medicaid DSH Cut Delays

- Delays \$8 billion per year in Medicaid DSH cuts from taking effect until federal FY 29-31

Gender-Affirming Care

- Prohibits federal payment for gender-affirming care for both young people and adults

ACA enhanced premium tax credits

- Does not extend the enhanced premium tax credits enacted under the American Rescue Plan Act

CEO Report Legislative Updates

Federal

Other Provisions in H.R. 1

SNAP – Cuts federal spending by \$300 billion over 10 years, a 30% reduction

- Requires a state match for SNAP allotments in FY28 for the first time ever based on a state's payment error rate
 - If the Illinois error rate remains unchanged, the state would pay 20% of the cost of SNAP allotments
- Increases the state share of administrative costs from 50% to 75%
- Increases the age for SNAP work requirements to age 64 (from 54)

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

- Increases the maximum CTC from \$2,000 to \$2,500 but does not reinstate full eligibility for the 17 million children who don't get the full credit because their families' earnings are too low and increases that number to 20 million
- Strips eligibility for 4.5 million American children who are currently eligible but who have a parent who is an immigrant
- Makes it harder for low- and moderate-income families to access EITC

Border Security and Immigration

- \$45 billion to build immigration detention for families and adults
- \$27 billion for immigration enforcement and removal
- New fees for applications for humanitarian protection including \$3,500 for sponsors of unaccompanied children
- \$69 billion for border wall and other border enforcement

CEO Report Legislative Updates

Federal

Federal Fiscal Year 2026 Budget and Appropriations

In May, President Trump released the “skinny” FY26 budget

- Lacks a lot of detail but proposes a 26.2% reduction in funding for HHS which includes a nearly 40% cut to the Centers for Disease Control and Prevention
- Includes a massive restructuring of HHS agencies
- More details on the budget proposal are expected later in May
- Budget hearings with HHS Secretary Kennedy occurred in the House and Senate where bipartisan members questioned cuts to agencies or lack of spending congressionally-appropriated money

FY26 appropriations process just getting underway

- Another continuing resolution for FY26 is possible

CEO Report Legislative Updates

Federal

Trump-Vance Administration Health Priorities

In March, HHS rescinded \$11 billion in COVID supplemental funding to support immunizations, lab capacity, community health workers, health disparities, mental health and substance use disorder

- Governors in 23 states, including Illinois, and DC, filed a lawsuit to block the rescissions and a federal judge granted both a Temporary Restraining Order and a preliminary injunction

Also in March, HHS announced its plan to cut 20,000 HHS employees – or nearly 25% of its workforce

- Attorneys General in 19 states, including Illinois, and DC, filed a lawsuit to halt the HHS restructuring and job terminations and a federal Judge has temporarily paused HHS's efforts

Make America Healthy Again Commission report on childhood chronic disease released in May; strategy due this summer

Original nominees for CDC Director and Surgeon General withdrawn

- Former Acting CDC Director Susan Monarez nominated to be Director and Casey Means nominated to be Surgeon General (hearings on their nominations have not yet been scheduled)

Vaccination Policy

- FDA changing the way it approves COVID-19 vaccines for Americans which may limit future shots to older American and people at higher risk of serious infection
 - Days prior, FDA approved the Novavax COVID-19 vaccine six weeks past its planned approval deadline and restricted approval to use in people 65 years and older and those 12 and up with underlying health conditions

New Hires and Promotions

New Leadership Hires

Daniel McCormick, Executive Chief Clinical Officer

Lauren Smith, Chief Medical Officer *

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

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

Andrea Ramel, Director of Quality Improvement-Hospital Based Services, Quality and Patient Safety*

Kajal Jindal, Physical Therapy Manager, Pediatrics

Angela Tefera, Tuberculosis Clinic Nurse Manager, CCDPH

Latravia Johnson, Nurse Coordinator II, Preoperative Nursing, Provident

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

Darian Gurrola, Process Improvement Manager, Nursing Staffing Float Pool

**Re-hires*

Congratulations

New Leadership Hires

Devanshi Pandya Bangera, Executive Director of Nursing Clinical Operations & Workforce, Nursing Administration

Laina Fox, Director of Revenue Cycle Systems, Finance

Sandra Chavez, Clinical Nurse Leader, ACHN Specialty Clinics

Rachel Belonio, Nurse Coordinator II, Medical Surgical Telemetry

Savitre Tubrung, HRIS Manager, Human Resources

Dilisha Wormely, Manager of Finance, CountyCare*

Jason Losieczka, Manager of Inventory Control, Material Management

Congratulations

Promotions

Kiran Joshi, Chief Operating Officer, CCDPH

Tareq Alyousef, Chair of the Division of Cardiology

Vesna Petronic-Rosic, Chair of the Division of Dermatology

Monica Mercon Almeida, Medical Director-CORE and Ambulatory Services, Infectious Disease

Robert Needleman, Director of the Division of Adult Emergency Medicine, Stroger Hospital

Jessica Chatman, Director of Clinical Operations, CountyCare

Kate Hedlin, Director of Public Affairs

Cynthia Walsh, Director of Quality Improvement, Quality Assurance

Marie Jennifer Seares, Associate Program Director-Internal Medicine

Beronica Woodson, Senior Manager, Pre-Registration & Financial Clearance, Revenue Cycle

Nessa Nkemnji, Speech-Language Pathology Associate Manager, Speech, Language And Hearing Services

Congratulations

Promotions

Arahany Villaseñor-Mustain, Clinical Operations Nurse Supervisor, OB/GYN

Lieutenant Gwendolyn Lanfair, Hospital Security Officer III, Security

Laura Ternand-Hughes, Mental Health Director, Cermak

Jasmin Sanchez, Senior Project Manager, Strategic Planning and Implementation

Recognition & Announcements

Bronzeville Health Center Opens

Cook County Health celebrated the ribbon cutting on the new Bronzeville Health Center.

Serving as an extension of CCH's historic Provident Hospital, Bronzeville Health Center offers family medicine, psychiatry, and rehabilitation services, including physical therapy, occupational therapy, and speech therapy.

The 26,000 square foot facility is projected to see 85,000 visits in its first year. It represents a \$10M investment by Cook County in access to care on the South Side of Chicago.

Thank you to all who supported the establishment of the new health center.



Behavioral Health Strategic Plan

On May 28, the Office of Behavioral Health released its first regional strategic plan at a press conference with local leaders and community partners.

The plan provides a roadmap to expand access to care, reduce behavioral health inequities, and provide culturally humble services by leveraging partnerships, resources, and strategic initiatives.



4th Annual Provident Scholarship



Cook County Health, in partnership with Cook County government and Cook County Health Foundation, has launched the fourth year of the Provident Scholarship.

The scholarship program awards future health care professionals with scholarships between \$10,000-\$20,000.

Scholarships will support awardees who are from, and dedicated to serving, underrepresented communities in Cook County.

**Award
Ceremony
June 26**



For more information:
cookcountyhealth.org/provident-scholarship-fund

North Riverside Health Center: Dental Clinic Opening

We're proud to announce that the dental clinic at our North Riverside Health Center is now open and accepting new patients!

Congratulations to the entire team who contributed to this project!



Methadone Clinic at Austin Health Center

Congratulations to the Austin Health Center team for launching CCH's first methadone clinic!

Methadone clinics provide medication-assisted treatment to those with opioid use disorder.

The program at our Austin location is a pilot meant to serve CCH patients seeking integrated primary care plus treatment of substance use disorders.



John H. Stroger Jr. Hospital named a Castle Connolly Top Hospital

Congratulations to the entire team at Stroger Hospital for being recognized as a Castle Connolly Top Hospital for 2025!

The hospital was awarded this prestigious distinction for its exceptional performance in mastectomy surgery and care, ranking among the best in the United States, Illinois, and the Chicago metro area. Additionally, Stroger Hospital was named a top hospital in Illinois and the Chicago metro area for hernia surgery. The hospital earned a Gold Standard rating for both surgical procedures at the state level.



Medicaid Roundtable

On April 15, CCH hosted Congressman Raja Krishnamoorthi, leaders from Protect Our Care Illinois local health care providers, advocates, and patients for a roundtable discussion on the importance of protecting Medicaid.

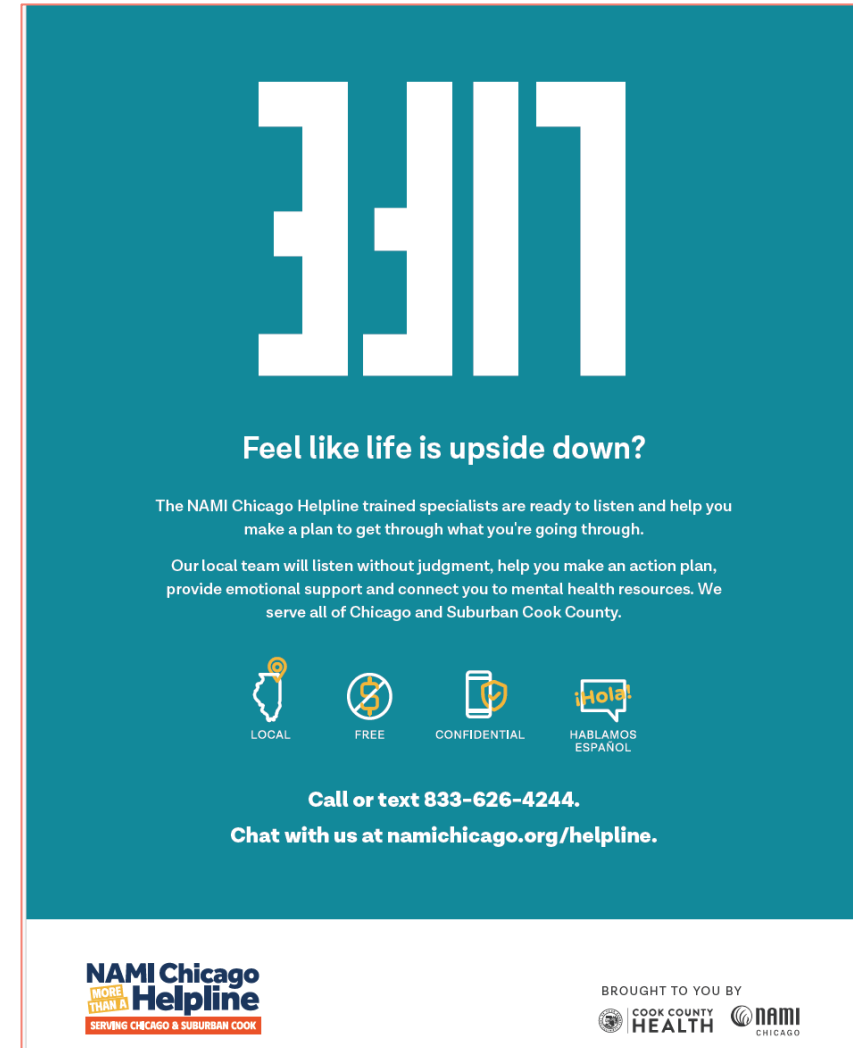


NAMI Helpline Expansion

One April 23, CCH and NAMI Chicago held a press conference to recognize efforts to improve access to high-quality behavioral health support through NAMI Chicago's Helpline and community-based peer-support groups.

The CCH Office of Behavioral Health is supporting the establishment of helpline text-to-chat capabilities and the launch of a public awareness campaign.

The goals of this work are to reduce stigma and help more residents take the first step toward support.



The poster features a large, stylized white '311' on a teal background. Below the number, the text reads: 'Feel like life is upside down? The NAMI Chicago Helpline trained specialists are ready to listen and help you make a plan to get through what you're going through. Our local team will listen without judgment, help you make an action plan, provide emotional support and connect you to mental health resources. We serve all of Chicago and Suburban Cook County.' Below this text are four icons: a location pin for 'LOCAL', a crossed-out dollar sign for 'FREE', a shield with a lock for 'CONFIDENTIAL', and a speech bubble with '¡Hola!' for 'HABLAMOS ESPAÑOL'. At the bottom, it says 'Call or text 833-626-4244. Chat with us at namichicago.org/helpline.' The footer includes the 'NAMI Chicago Helpline' logo with the tagline 'SERVING CHICAGO & SUBURBAN COOK' and the text 'BROUGHT TO YOU BY COOK COUNTY HEALTH' and 'NAMI CHICAGO'.

311

Feel like life is upside down?

The NAMI Chicago Helpline trained specialists are ready to listen and help you make a plan to get through what you're going through.

Our local team will listen without judgment, help you make an action plan, provide emotional support and connect you to mental health resources. We serve all of Chicago and Suburban Cook County.

LOCAL **FREE** **CONFIDENTIAL** **HABLAMOS ESPAÑOL**

Call or text 833-626-4244.
Chat with us at namichicago.org/helpline.

NAMI Chicago Helpline
SERVING CHICAGO & SUBURBAN COOK

BROUGHT TO YOU BY
COOK COUNTY HEALTH
NAMI CHICAGO

Belmont Cragin Health Center Community Advisory Council

On May 8, the Community Affairs team held the inaugural meeting of the Belmont Cragin Health Center Community Advisory Council (CAC).

CACs are comprised of leaders from local organizations who provide insight on community health needs, identify opportunities for partnership, and help promote CCH services at the neighborhood level.

This is our ninth Community Advisory Council, and the goal is to establish a CAC for every community health center in CCH's portfolio.



Patient Safety & Experience Week: Poster Fair Winners

Most Impactful	1 st Place	Sharon F. Welbel, Onofre Donceras, Thelma Lim, Renee Partida-McClenic, Sheila Collins-Johnson	Investigation of a Cluster of Methicillin-Sensitive Staphylococcus aureus (MSSA) Infections in a Neonatal Intensive Care Unit: A Call for Enhanced Infection Control Measures
	2 nd Place	Brian Ervin	Promoting Interdisciplinary Mobility to Improve Patient Outcomes, Prevent Immobility-Related Harm, and Improve Hospital Throughput
	3 rd Place	Iris Esquivel and Ralphael Parayao	The Importance of Hand Hygiene Compliance and Observation
Best Team Project	1 st Place	Nimmy Tom	Journey to Zero Fall - New Strategies to Decrease Falls
	2 nd Place	Ancy Jacob	APRN Led Patient-Centered Communication for Goal Concordant Care
	3 rd Place	Susan Hurley and Ma Nieves Marcelo	Closing the Gap: Enhancing Population Health through Pre-visit Planning in Value-based Care
Most Innovative Project	1 st Place	Yoselin Colorado, Shalonda Carter, Renee Odom, Ashlesha Patel, Kelly Metoyer	Reproductive Life Imaged: The Intersection of Technology and Contraceptive Choice
	2 nd Place	Humberto Magallan, Diego Olague, Tanisha Spraggins, Girlie Barbaso, Arlicia Lee, Si'edah Westbrooks	Reducing Risk of Developing Intraoperative Deep Vein Thrombosis
	3 rd Place	Ananya Stoller and Tine Ndhlovu	CountyCare Community Baby Shower
Audience Choice		Humberto Magallan, Diego Olague, Tanisha Spraggins, Girlie Barbaso, Arlicia Lee, Si'edah Westbrooks	Reducing Risk of Developing Intraoperative Deep Vein Thrombosis

Thank you to everyone who participated in the Patient Safety & Experience Week!

Institutional Research Day Winners

PLATFORM WINNERS

- ❖ *Update on Trends and Determinants of Palliative Care Consultations Among Pancreatic Cancer Admissions: A U.S. National Study (2016-2022)*
Abhin Sapkota, M.D. (Internal Medicine)
- ❖ *Can ED-initiated acupuncture promote lasting pain relief and improvement in function?*
Veda Ravishankar, M.D. (Emergency Medicine)
- ❖ *Class-Specific Risks of Postoperative Complications in Patients on Chronic Immunosuppression: A Propensity-Matched Cohort Study*
Ghulam Saadat, M.D. (Surgical and Trauma Services)

MODERATED POSTER A WINNERS

- ❖ *Clinical implications of portal vein thrombosis among hepatocellular cancer patients with or without cirrhosis or portal hypertension based on National Inpatient Sample database 2016-2020*
Youjin Oh, M.D. (Internal Medicine)
- ❖ *Improving Treponema pallidum Immunohistochemical Staining Procedures*
Ryan Weather, M.D. (Dermatology)

MODERATED POSTER B WINNERS

- ❖ *Prevalence of Pulmonary Embolism in Patients with COPD Admitted to an Urban Safety-Net Hospital*
Michael Hohl, M.D. (Emergency Medicine)
- ❖ *Utility of a 3D Printed Head-Mounted Smartphone Holder for Bedside Retinal Photography*
Josiah To, M.D. (Ophthalmology)



Doctor of the Year

We are proud to celebrate Dr. Anwer Hussain who has been voted CCH's "Doctor of the Year" for 2025.

Dr. Hussain has worked in the Emergency Department at Provident Hospital since 2002. He is also Chair of the hospital's Emergency Management Committee at Provident, leading the multidisciplinary team responsible for developing and implementing the hospital's emergency response plan.

Dr. Hussain's colleagues describe him as a caring and thoughtful physician who is always willing to help a co-worker.

Congratulations!



IDPH Spotlight for National Public Health Week



Congratulations to Dr. Rachel Rubin, Senior Medical Officer, Cook County Department of Public Health, for being celebrated by the Illinois Department of Public Health's *30 Days of Public Health*.

Dr. Rachel Rubin was recognized for her dedication to community health, public health leadership, and mentorship!



Rachel Rubin, MD, MPH, Senior Medical Officer
Cook County Department of Public Health



Society of Trauma Nurses

Congratulations to Justin Mis, Trauma Program Coordinator, for being recognized with a Clinical Excellence Award by the Society of Trauma Nurses!

The purpose of the Clinical Excellence Award is to recognize an outstanding STN member whose contributions to trauma nursing fulfill the mission, vision, and core values of STN.



Cynthia Hughes Harris Fieldwork Educator Award

Congratulations to Occupational Therapist, Haley Feller, for being awarded the Cynthia Hughes Harris Fieldwork Educator Award from Rush University!

The Cynthia Hughes Harris Fieldwork Educator Award is an award that honors leaders who demonstrate excellence in fieldwork education.



Top Women in PR

Congratulations to Alex Normington, Chief Communications & Marketing Officer, for being recognized by PR News on their Top Women in PR list for 2025!

The honorees include supportive, innovative, inspiring women making an impact on their organization.

TOP WOMEN AWARDS PRESENTED BY PRNEWS

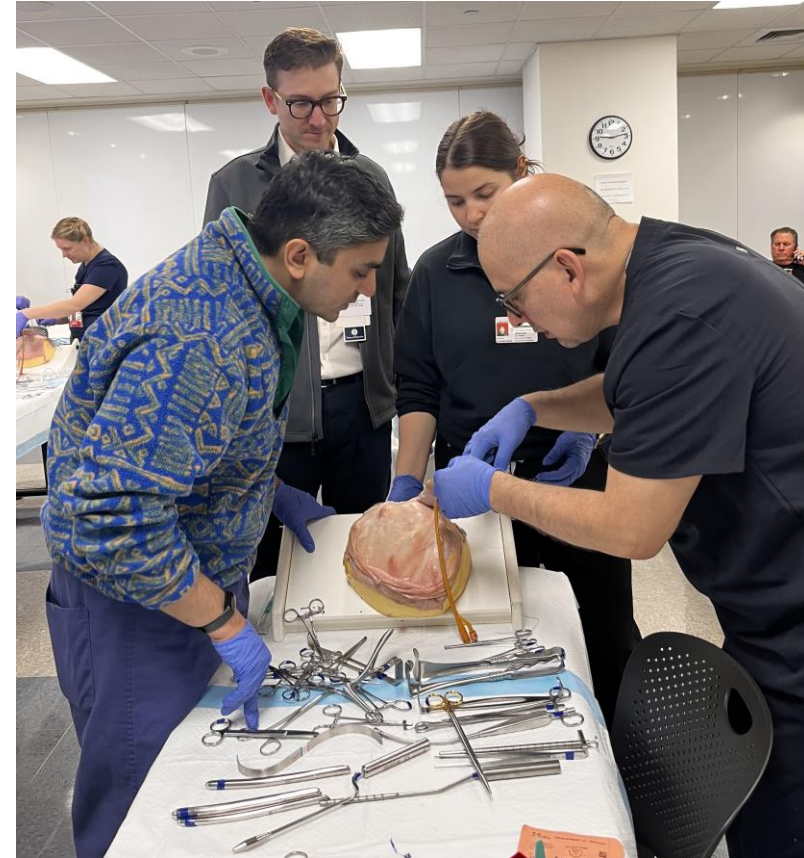


City-wide Urologic Education Event at CCH

Congratulations to Dr. Florian Stroie for hosting an incredible 2-day urologic education event at CCH!

Things kicked off with a dynamic journal club featuring residents from top Chicago programs. Day two featured a hands-on surgical lab providing residents invaluable practical experience in this growing field.

Thank you to all who helped put this together and demonstrate CCH's commitment to advancing education!



IOMC Maternal & Child Health Symposium

The Institute of Medicine Chicago and Cook County Health hosted a Maternal & Child Health Symposium on April 22 to unite industry leaders, community advocacy groups, and experts in maternal and child health across the Chicagoland area to provide a comprehensive overview of the latest advancements in maternal and child health, emphasizing the intersection of physical and mental health.



Marketing Campaign to Promote HIV Testing and Services

Cook County Health launched a new public health campaign aimed at increasing awareness of HIV prevention, testing, and services.

The bilingual marketing campaign includes a combination of out-of-home advertising, digital media, and community engagement efforts..

In the first month, the campaign generated 12M impressions and 9,000 clicks. Half of all visitors to the new HIV care webpage clicked to call the CORE Warmline.

The campaign is funded by a grant from the Chicago Department of Public Health.

Congratulations to the Cook County HIV Integrated Programs and communications teams!

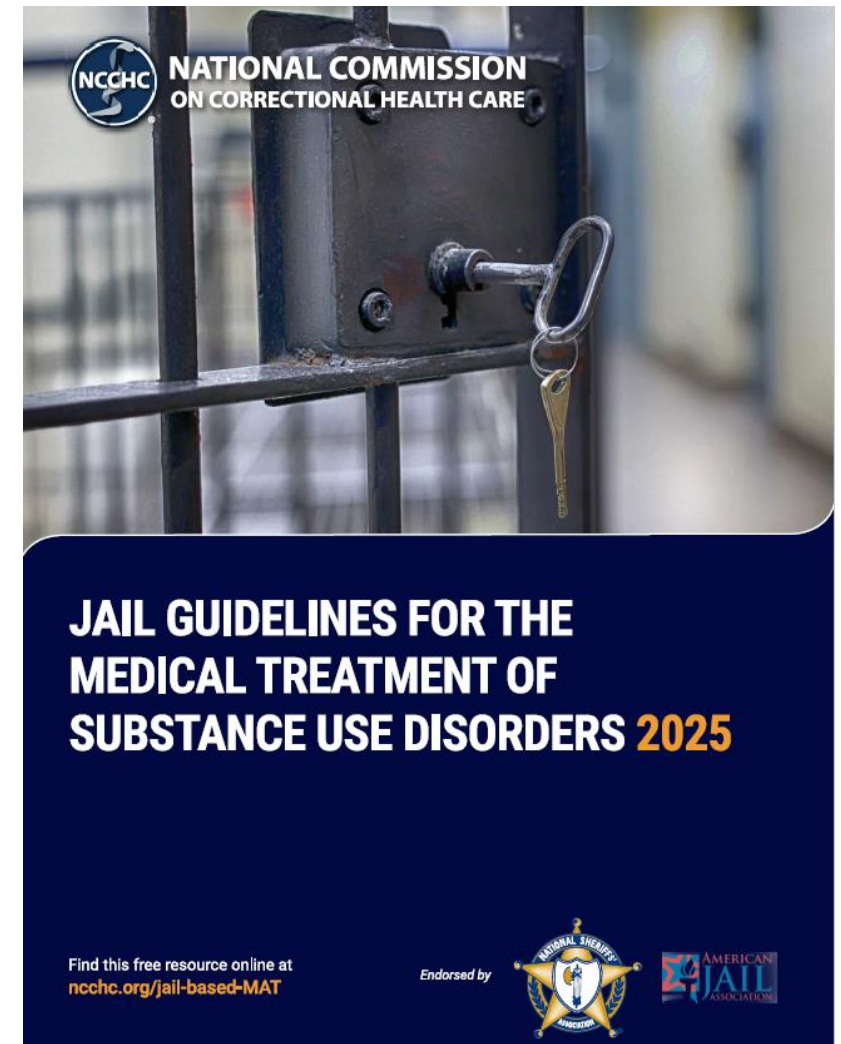


National Commission on Correctional Health Care



Congratulations to the Cermak Health Services team for being recognized by the National Commission on Correctional Health Care as part of their 2025 Jail Guidelines for the Medical Treatment of Substance Use Disorders!

Their work with the opioid treatment program at Cook County Jail was highlighted as one of 5 case studies on MAT programs in action in the country.



IDPH Renewal for Emergency Department Approved for Pediatrics (EDAP) Status

Congratulations to the Stroger team for getting a renewal of their **Emergency Department Approved for Pediatrics (EDAP) status** within Emergency Medical Services Region 11 in the State of Illinois!






This recognition status is effective until 2028.






Strategy Initiatives May 2025



Accomplished

-  New Sepsis Alerts and Power plans for the ED to improve documentation with checklist reminders.
-  CountyCare has a new text vendor who has sent out 42 text campaigns in their first two weeks; CCDPH hosted Community Health Workers Grant Sustainability Summit; Held successful Maternal Child Health Symposium in collaboration with Institute of Medicine Chicago; CCDPH Communicable Diseases Unit responded to the first case of measles for 2025; Approved External Provider approvals increased from 500 to 750 this month.
-  Employment Plan amendments were approved to accelerate hiring for targeted positions.
-  Moved Salesforce Health Cloud Marketing to production to begin promoting CCH service capacity and easy entry via messaging to CCH patients.
-  Tested "Proof of Concept" new security service at the Stroger and Provident ED entrance; Improved telecommunications via Verizon Antenna Upgrade to improve cellular technology speed and redundancy; Broadcasting the channel lineup for inpatient television viewing.

Coming Soon

-  Hosting National Alliance of Mental Illness conference with Commissioner Lowry in a town hall; Regional Behavioral Health Plan being released.
-  Finalizing the Nursing Strategic Plan, "Power of Nursing" Newsletter Volume 3.
-  Cardiology and Nuclear medicine are co-developing a service to offer weekend stress testing to reduce LOS for patients with ischemic symptoms.

Finance Metrics



COOK COUNTY
HEALTH

Executive Summary: Statement of Financial Condition - March 31, 2025



- On an accrual basis, interim financials show that CCH ended March with a **\$52.2M 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 **\$178.0M**.
- 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 \$21.2M **unfavorable** to budget driven by medical loss ratio 1% higher than expected
 - Membership remains over 415,000 which is 4.7% greater than budgeted

Financial Results – March 31, 2025

Dollars in 000s	FY2025 Actual	FY2025 Budget	Variance	%	FY2024 Actual
Revenue					
Net Patient Service Revenue (1)	\$347,432	\$388,502	(\$41,070)	-10.57%	\$385,886
Government Support (2)	\$131,521	\$132,109	(\$588)	-0.45%	\$126,763
Adjusted NPSR	\$478,953	\$520,611	(\$41,658)	-8.00%	\$512,649
CountyCare Capitation Revenue	\$1,221,253	\$1,119,068	\$102,184	9.13%	\$1,081,427
Other	\$20,553	\$23,063	(\$2,510)	-10.89%	\$24,307
Total Revenue	\$1,720,759	\$1,662,742	\$58,016	3.49%	\$1,618,383
Operating Expenses					
Salaries & Benefits	\$256,996	\$305,209	\$48,213	15.80%	\$255,324
Overtime	\$19,910	\$17,793	(\$2,118)	-11.90%	\$18,407
Supplies & Pharmaceuticals	\$99,637	\$83,838	(\$15,799)	-18.84%	\$64,701
Purchased Services & Other	\$280,424	\$277,513	(\$2,912)	-1.05%	\$256,508
Medical Claims Expense (1)	\$1,146,334	\$1,010,851	(\$135,483)	-13.40%	\$990,031
Insurance	\$11,228	\$10,122	(\$1,106)	-10.93%	\$0
Utilities	\$3,267	\$4,999	\$1,732	34.64%	\$4,257
Total Operating Expenses	\$1,817,798	\$1,710,325	(\$107,473)	-6.28%	\$1,589,228
Operating Margin	(\$97,039)	(\$47,582)	(\$49,457)	103.94%	\$29,155
Non-Operating Revenue	\$49,807	\$52,568	(\$2,762)	-5.25%	\$52,240
Net Income (Loss)	(\$47,233)	\$4,986	(\$52,219)	-1047.29%	\$81,394

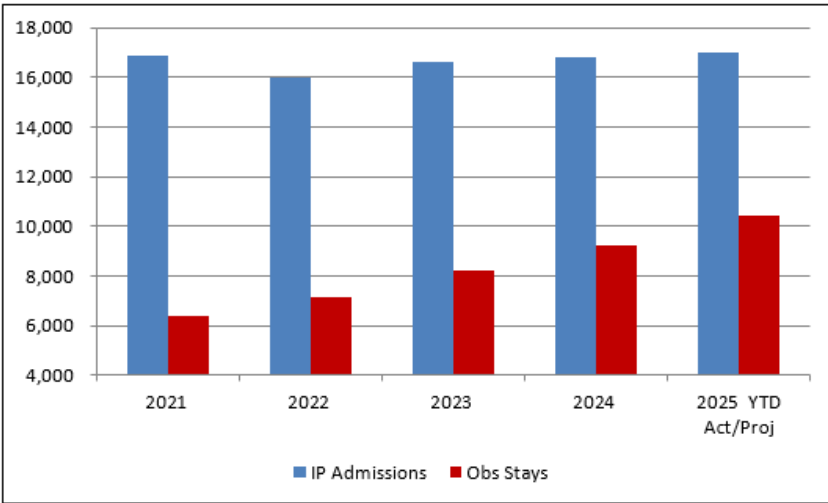
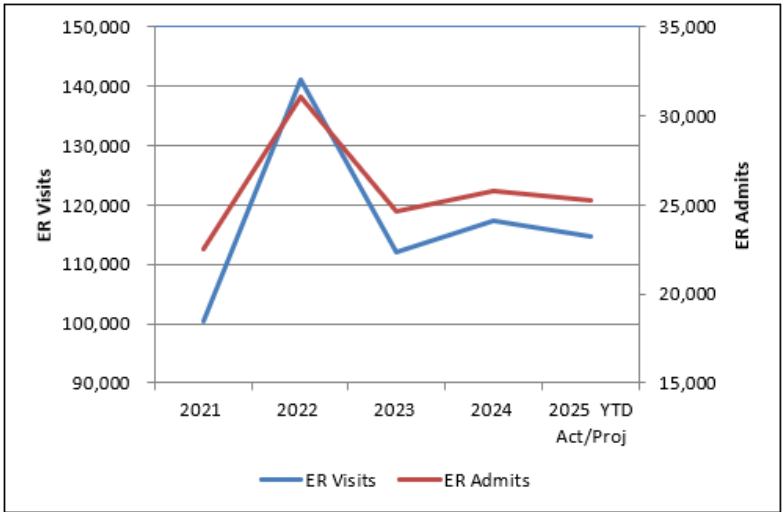
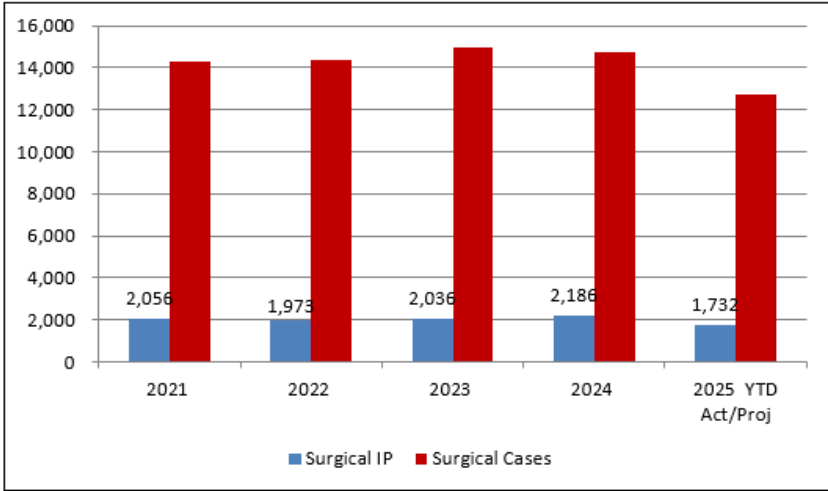
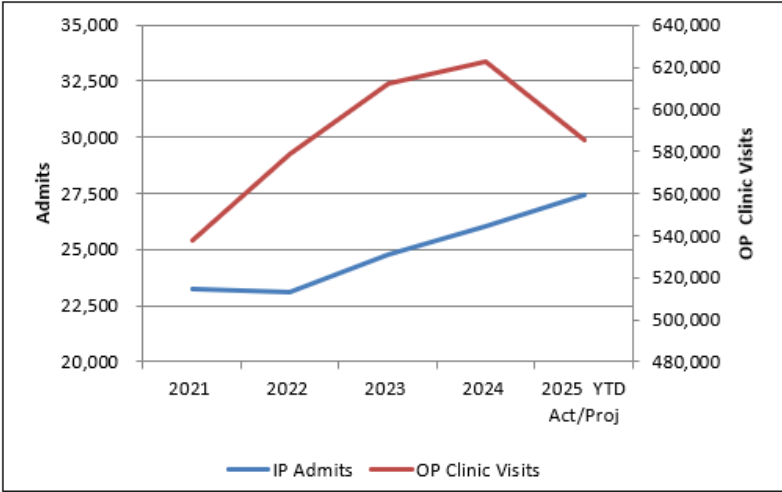
Notes:

- (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		Mar 2025 Actual	Mar 2024 Actual
Average Daily Census	320	317	0.9%	322	312		303	325
Emergency Room Visits	29,658	30,505	-2.8%	30,157	27,013		7,486	7,495
Surgeries	3,526	4,029	-12.5%	3,647	3,663		935	972
Patient Activity Provident	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual		Mar 2025 Actual	Mar 2024 Actual
Average Daily Census	18	29	-36.9%	22	21		16	21
Emergency Room Visits	8,584	8,743	-1.8%	8,553	8,572		2,187	2,245
Surgeries	709	998	-29.0%	969	1,164		166	232
Patient Activity ACHN	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual		Mar 2025 Actual	Mar 2024 Actual
Primary Care Visits	70,849	79,048	-10.4%	78,722	77,946		17,960	20,331
Specialty Care Visits	124,184	124,640	-0.4%	125,422	123,831		32,224	32,788
CountyCare Membership	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual		Mar 2025 Actual	Mar 2024 Actual
Membership Count	415,365	396,649	4.7%	433,793	450,200		411,767	440,898

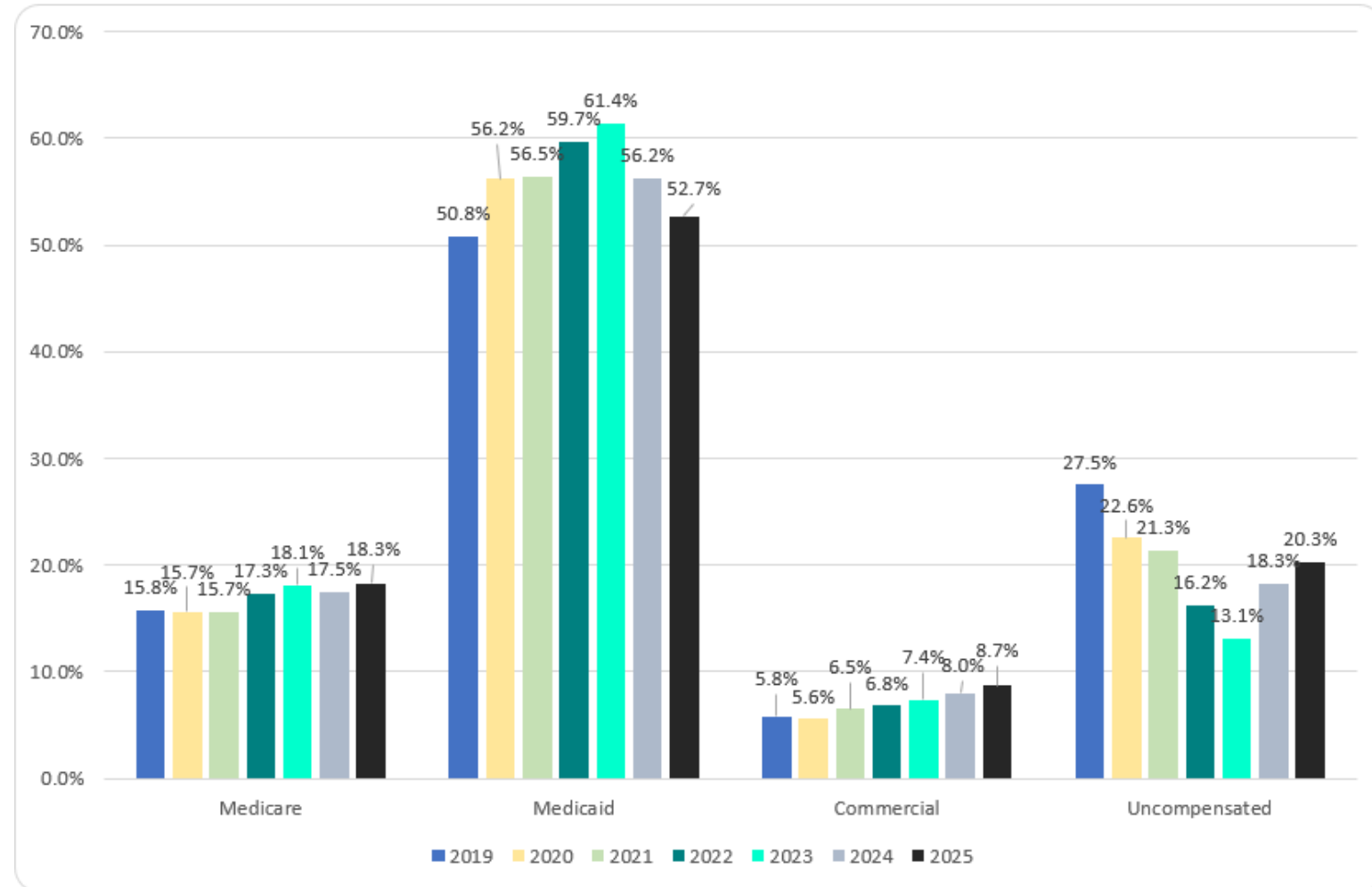
Operating Trends



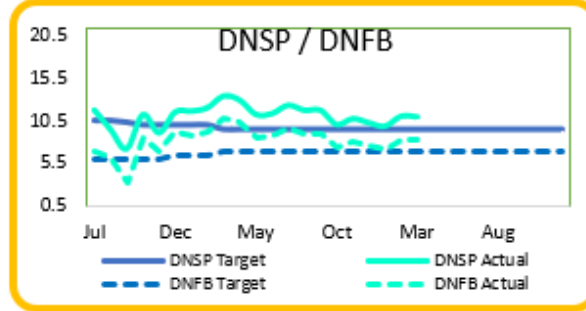
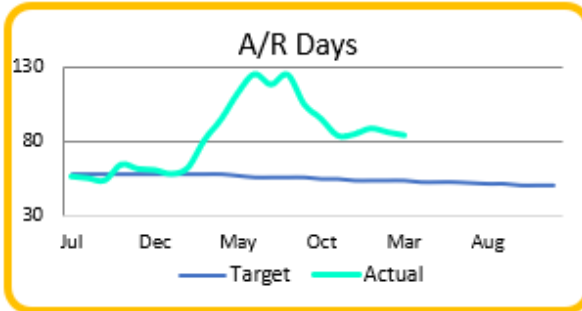
Payer Mix

Commentary:

- Prior Month Change:
 - Medicare: +0.4%
 - Medicaid: -0.2%
 - Commercial: -0.1%
 - Uncompensated: -0.1%

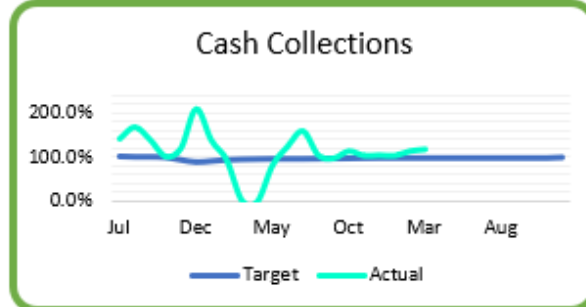
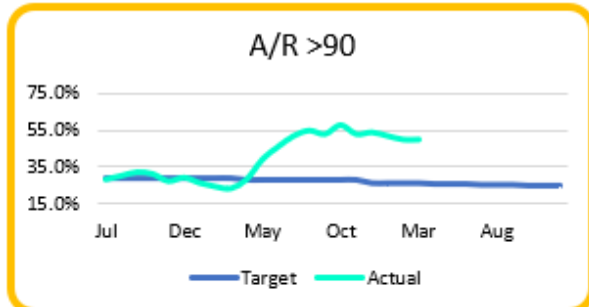


Revenue Cycle KPI



Commentary:

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



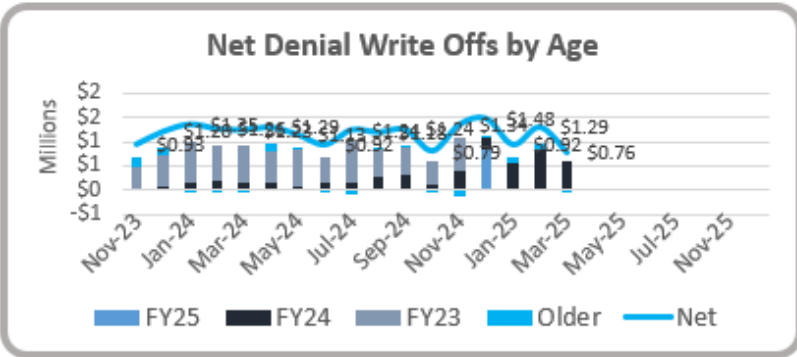
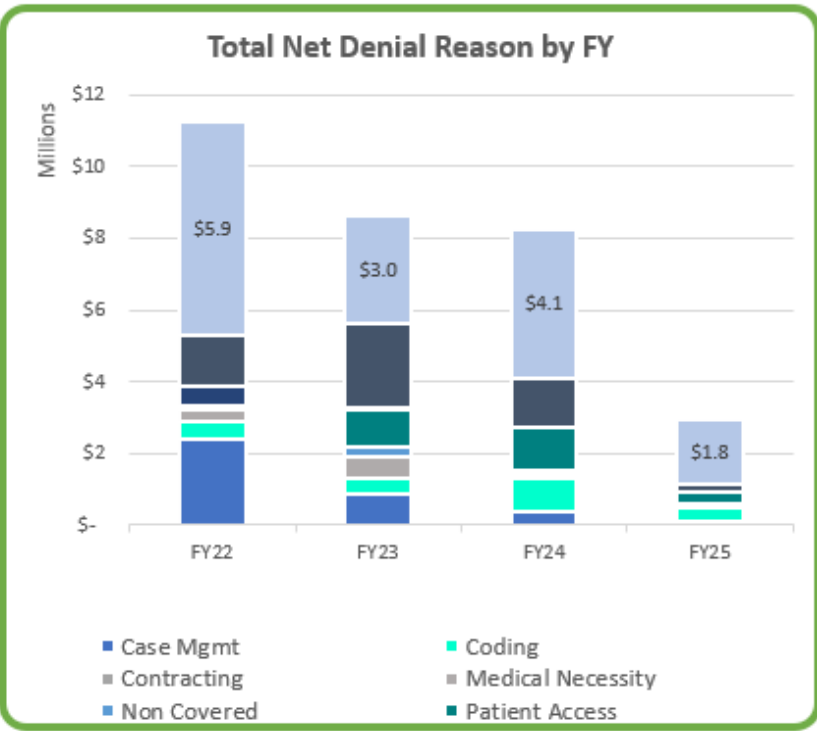
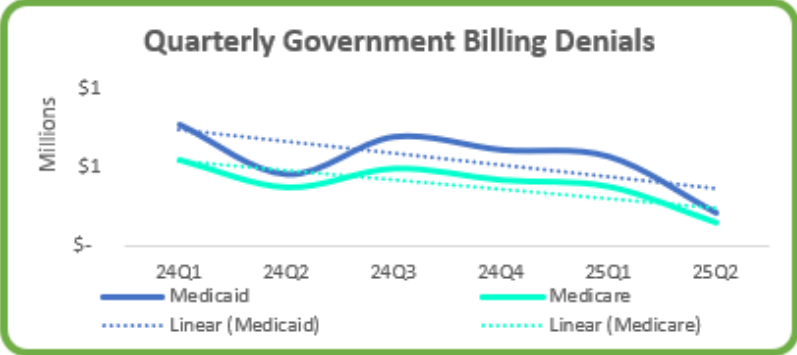
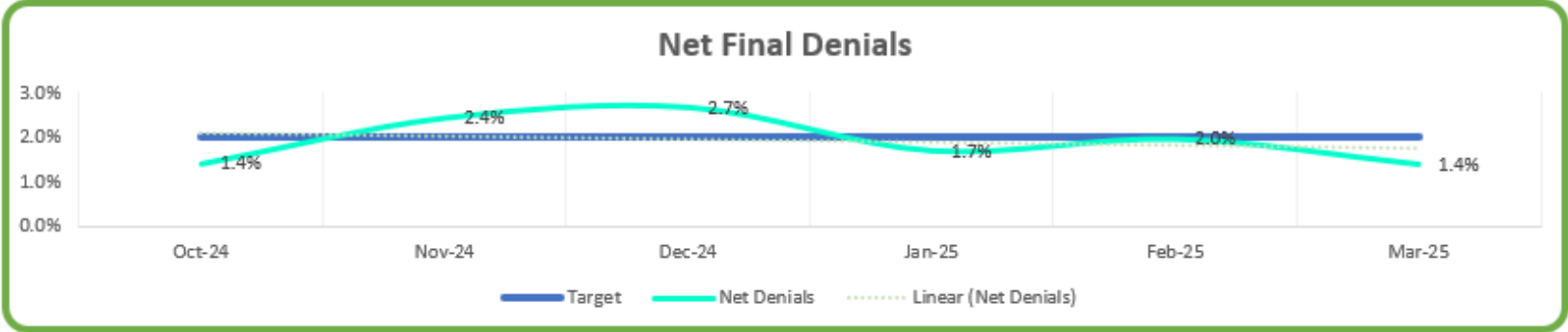
Definitions:

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

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

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

Denied Claims



Charitable & Public Program Expenditures

<u>Charitable Benefits and Community Programs</u>	2023 Actual	2024 Actual	2025 Budget	2025 Projected
Traditional Charity Care	\$ 105,040	\$ 201,962	\$ 232,719	\$ 230,137
Other Uncompensated Care	135,655	80,164	88,500	124,337
Cermak & JTDC Health Services	100,779	116,223	143,621	123,435
Department of Public Health	12,712	22,113	27,553	26,424
Other Public Programs & Community Services	66,321	71,600	52,870	52,870
Totals	\$ 420,506	\$ 492,062	\$ 545,263	\$ 557,202
% of Revenues *	38.8%	30.5%	31.6%	37.3%
% of Costs *	23.1%	28.5%	24.2%	24.0%

* Excludes County Care Health Plan Services

Savings Initiatives: March 31, 2025

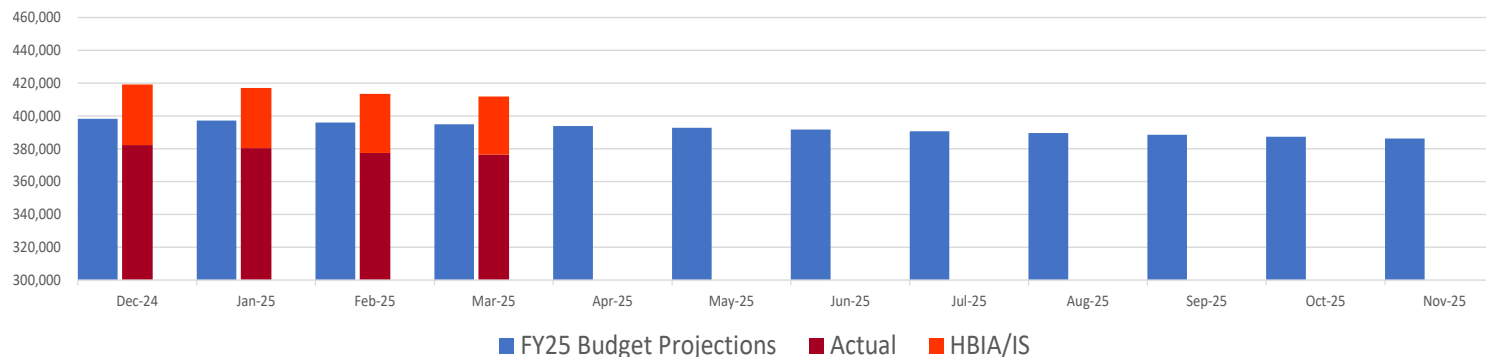
Current Activities in Progress	Budgeted FY25 Impact	YTD Achieved	Status
<u>Revenue Cycle:</u>			
CDM Annual Pricing Review	2,650,000	894,375	●
Revenue Recovery	3,400,000	1,147,500	●
Point of Service Collections	300,000	171,250	●
<u>County Care:</u>			
Vendor Contract Negotiations- (term eff July)	2,400,000	-	●
<u>Health System:</u>			
Vendor Contract Negotiations	20,000,000	7,280,587	●
	<u>\$ 28,750,000</u>	<u>\$ 9,493,712</u>	33%
		Goal 4/12ths	33%

Dollars in 000s except PMPM amounts	FY2025 Actual	FY2025 Budget	Variance	%	Fy24 Actual
Capitation Revenue	\$1,227,128	\$1,122,233	\$104,895	9.35%	\$1,088,505
Operating Expenses					
Clinical - CCH	\$49,186	\$47,024	(\$2,162)	(4.60%)	\$31,997
Clinical - External	\$1,137,856	\$1,021,498	(\$116,358)	(11.39%)	\$999,572
Administrative	\$60,109	\$52,578	(\$7,531)	(14.32%)	\$55,030
Total Expenses	\$1,247,151	\$1,121,100	(\$126,051)	(11.24%)	\$1,086,599
Operating Gain (Loss)	(\$20,023)	\$1,133	(\$21,156)		\$1,906
Activity Levels					
Member Months	1,661,753	1,586,595	75,158	4.74%	1,736,167
Monthly Membership	411,946	395,004	16,942	4.29%	441,179
CCH CountyCare Member Months	123,890	N/A	N/A	N/A	144,903
CCH % CountyCare Member Months	7.46%	N/A	N/A	N/A	8.35%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	\$738.45	\$707.32	\$31.13	4.40%	\$626.96
Clinical Cost PMPM	\$714.33	\$673.47	(\$40.86)	(6.07%)	\$594.16
Medical Loss Ratio (1)	96%	95%	(0.84%)	(0.88%)	94.0%
Administrative Cost Ratio	4.9%	4.7%	(0.18%)	(3.81%)	5.0%
Total FTEs	383	428	45		349

Commentary

- Total YTD member months are exceeding budget by 75,158 members.
- Revenue and claims expense are higher than budget due to higher than budgeted membership.
- CountyCare's reimbursement to CCH for domestic spend is exceeding budget.
- Operating Loss of \$20M
- Operating loss driven by medical loss ratio 1% higher than expected.

CountyCare Membership



Notes:

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

Human Resources Metrics



COOK COUNTY
HEALTH

FY 2025 Metrics

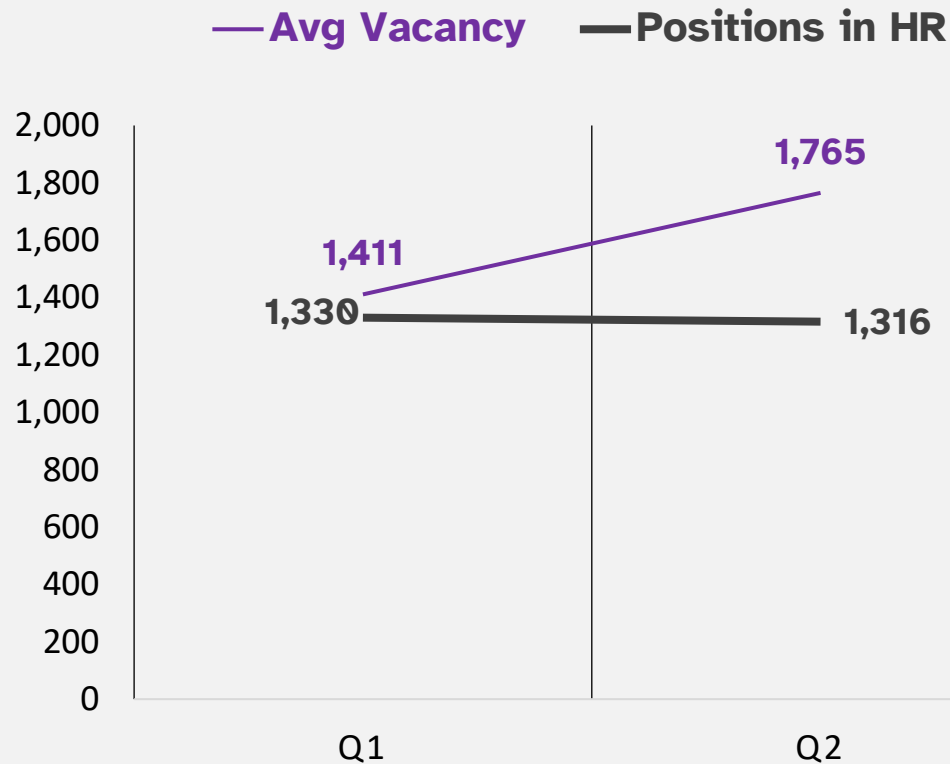
Hiring Impact

FY25 CCH HR Activity Report

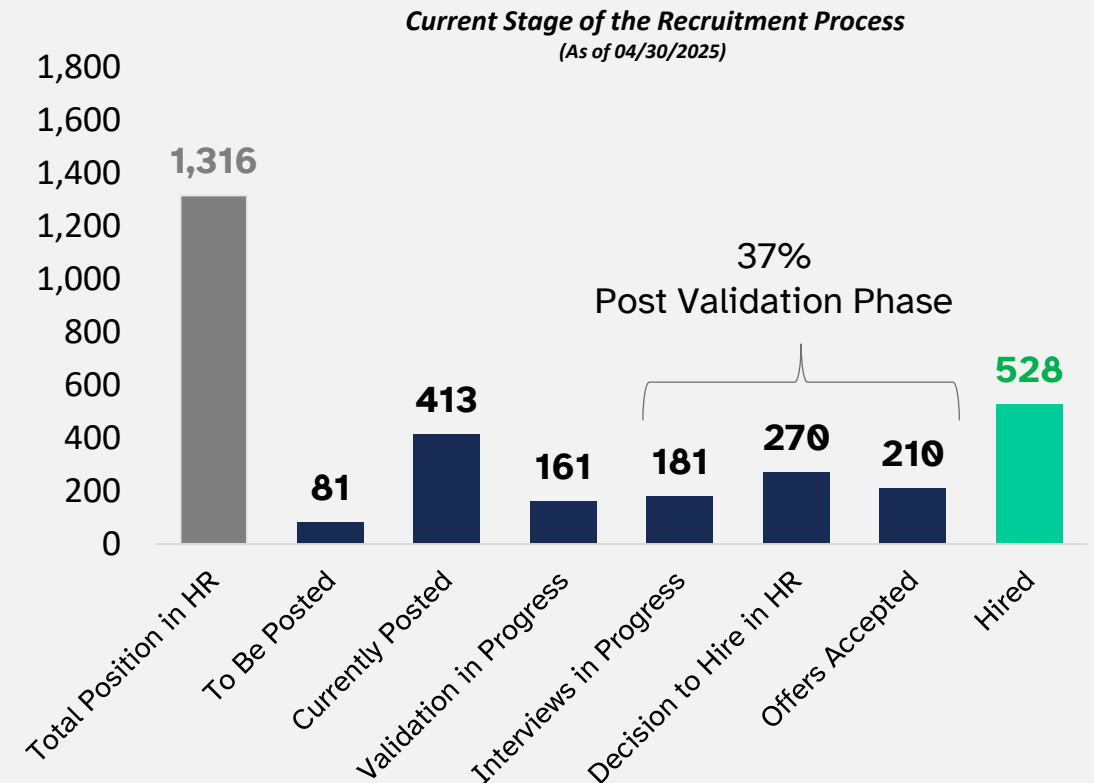
As of 04/30/2025



Vacant Positions



Positions in Process



FY25 CCH HR Activity Report

12/01/2024 thru 04/30/2025



Filled Positions

528

Total Filled Positions YTD

77% Offer Acceptance Ratio



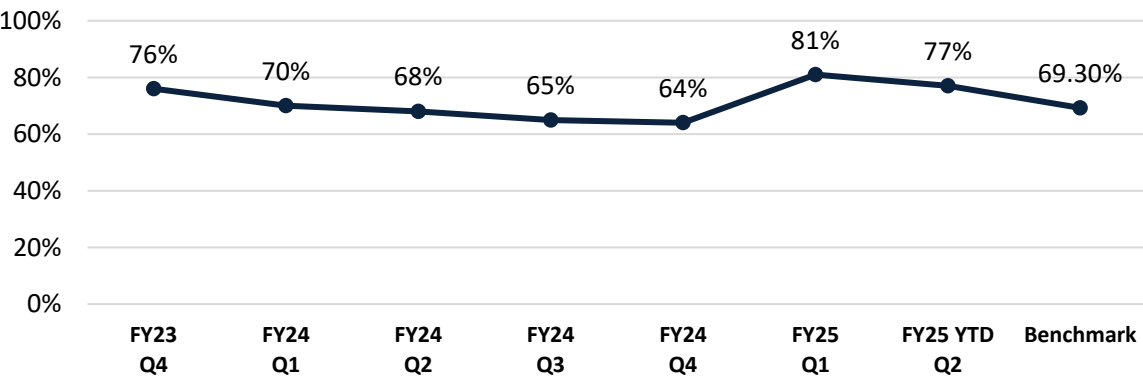
External Filled Velocity

394

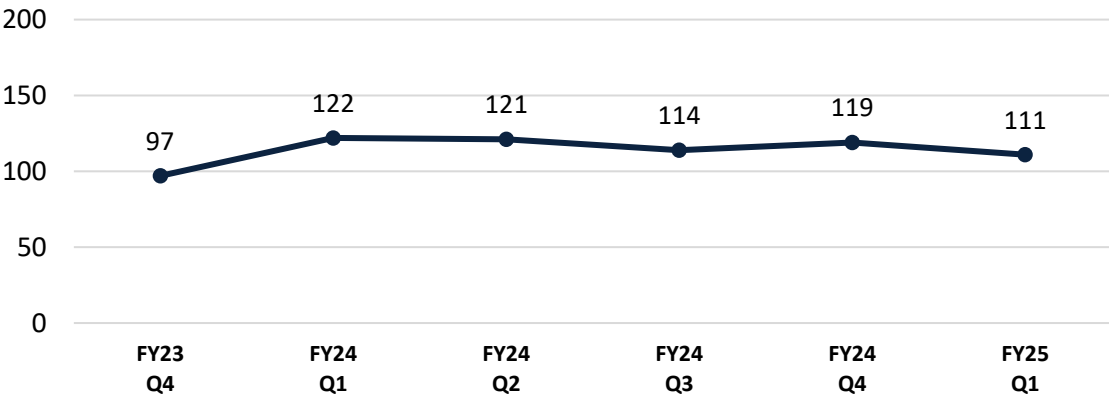
Total External Filled Positions

111 Days Overall Time to Fill

Quarterly Offer Acceptance



Overall Time to Fill (days) Quarterly



Source: HR Metrics

Current State Of Hiring & Separation

YTD Net New Hires Activity



COOK COUNTY
HEALTH

April 2025

12/01/2024 - 04/30/2025

797



FY25
Offers
Made

590



FY25
Accepted
Offers

528



FY25
Total Filled
Positions

394



FY25
External New
Hires

174



FY25
Separations

220



FY25
Net Hires

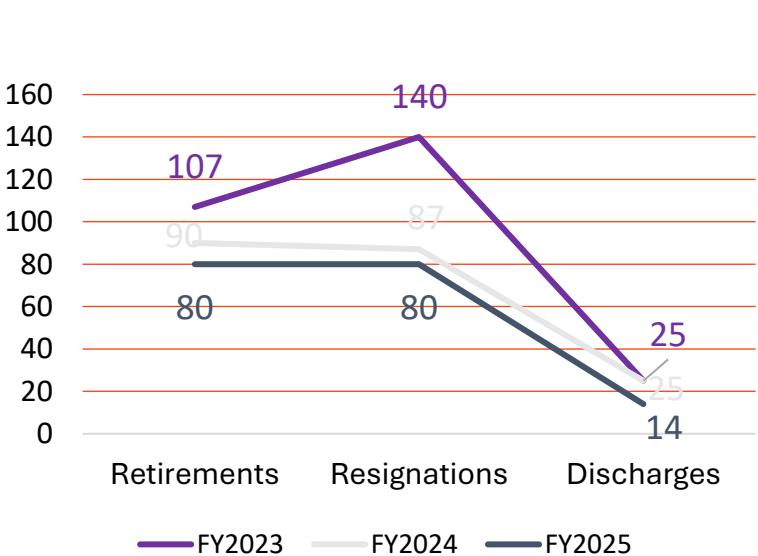
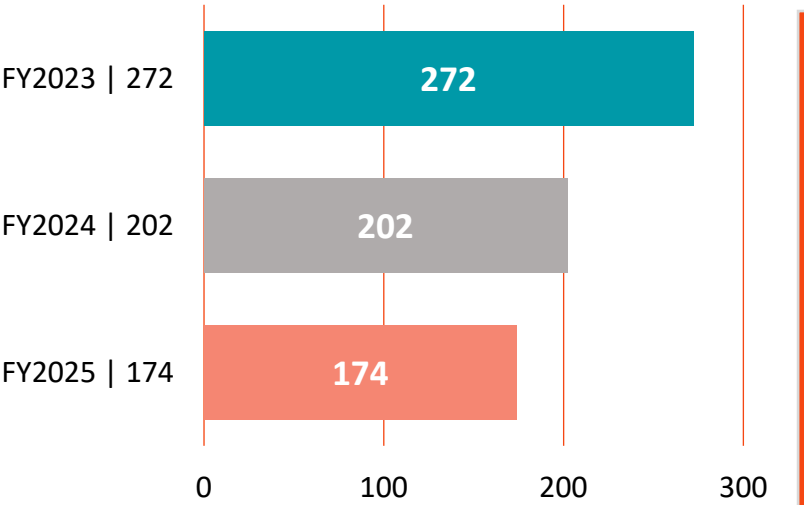
FY24
439

FY24
302

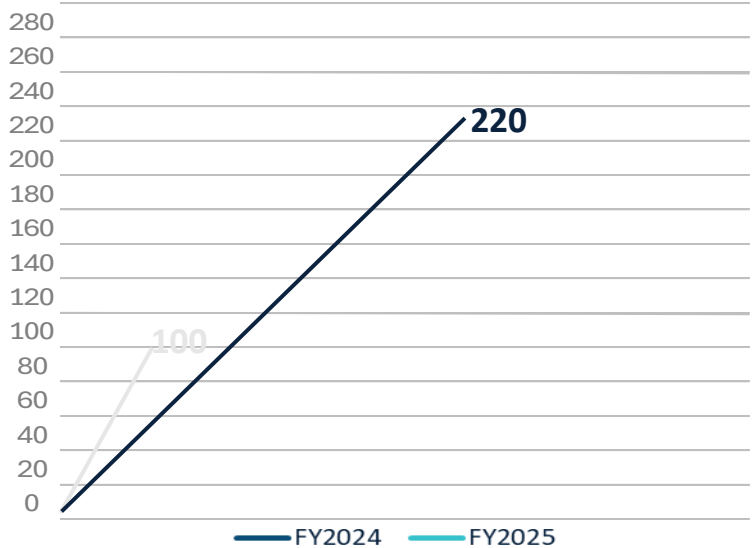
FY24
202

FY24
100

YTD Separations



YTD Net New Hires Activity



Nursing Hiring Activity

12/01/2024 thru 04/30/2025



Filled Positions

174

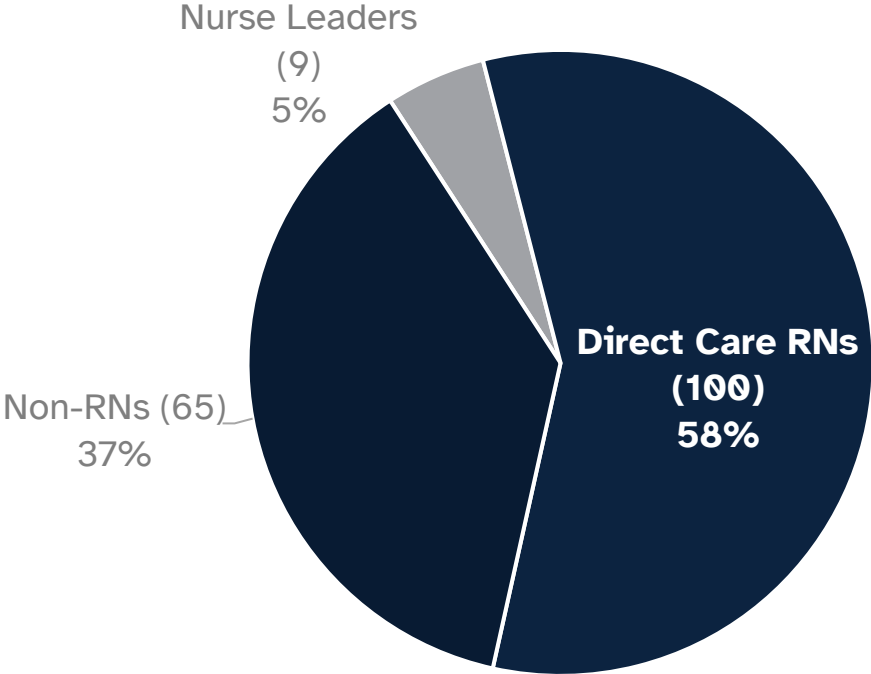
Total Filled Positions YTD



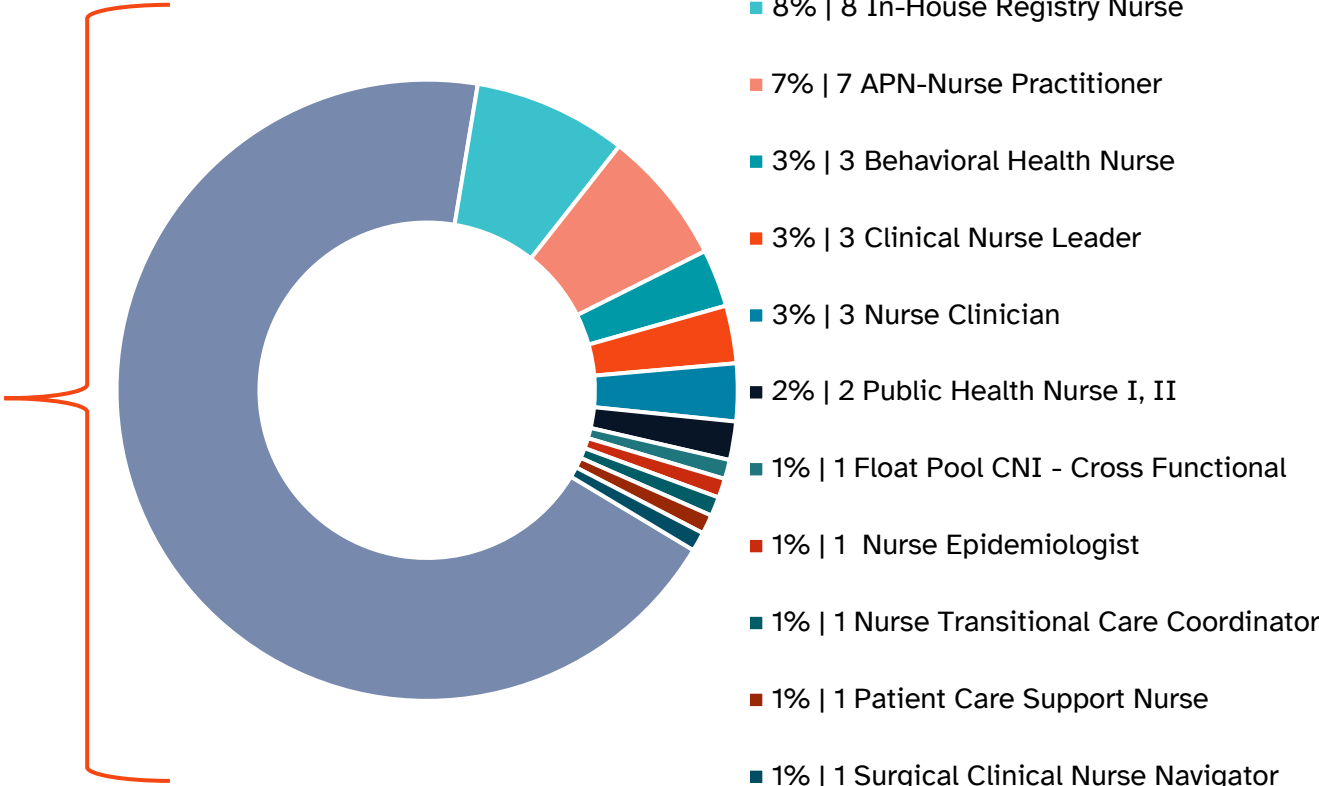
Direct Care RN Filled Velocity

100

Filled Positions



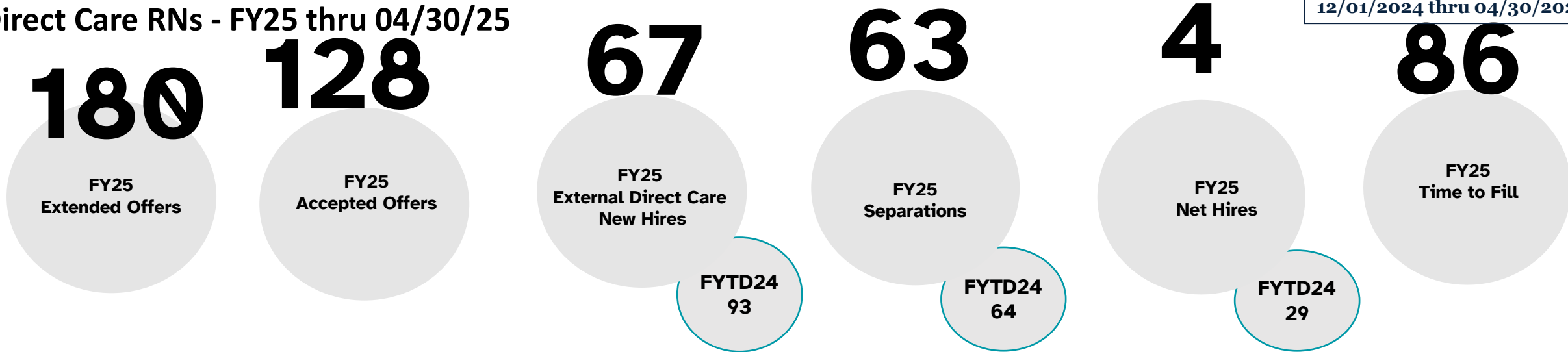
66% , 127 External | 34% | 47 Internal



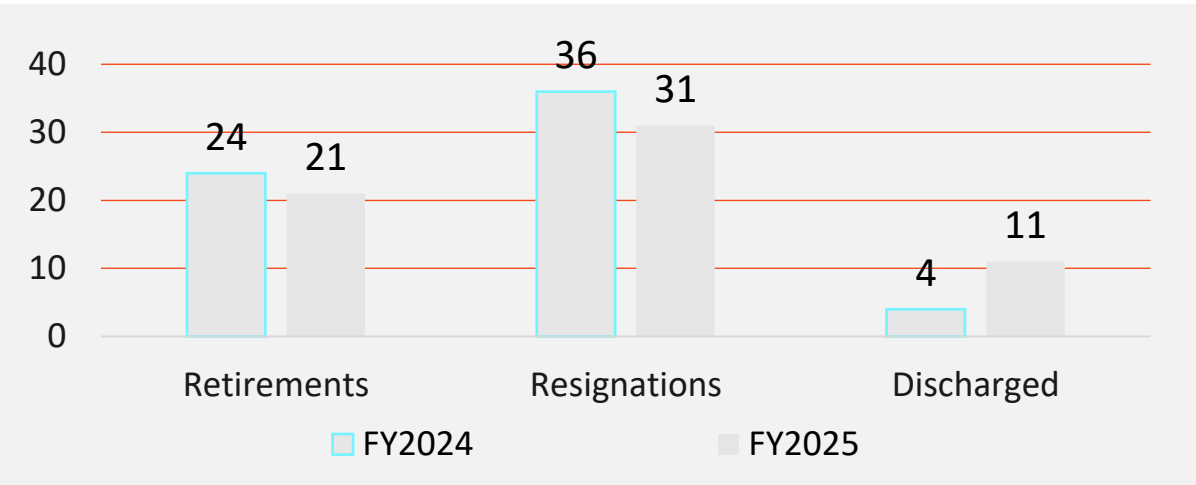
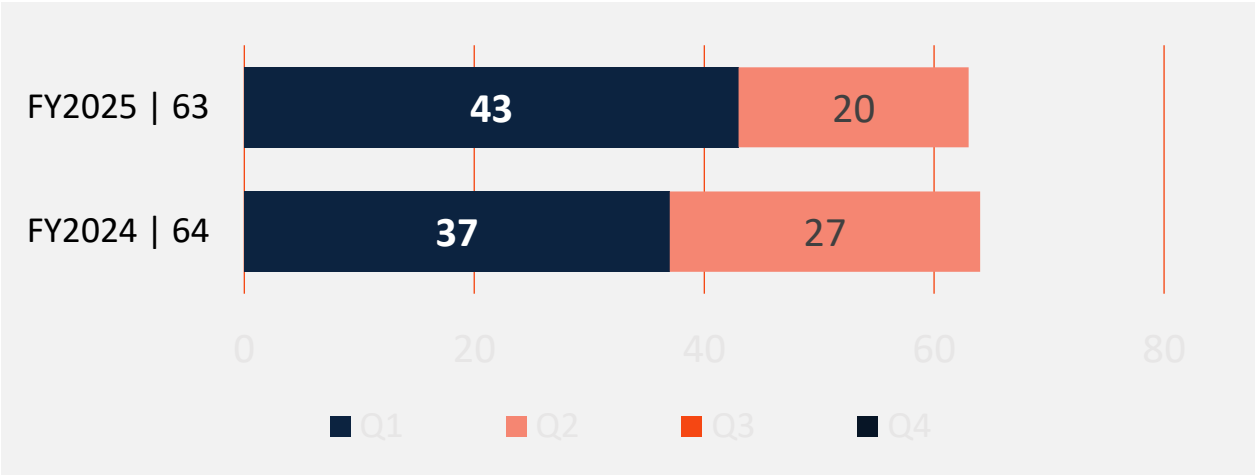
RN Nursing Hiring Velocity & Attrition

Direct Care RNs - FY25 thru 04/30/25

12/01/2024 thru 04/30/2025



Direct Care RN Separations – December thru April Year-Over-Year



Hiring Fair Success



COOK COUNTY
HEALTH

April 30, 2025

31 - Direct Care Registered Nurses

- Medical Surgical – 28
- Emergency Medicine – 3



NURSING JOB FAIR

Join Cook County Health Nursing Job Fair!

WHEN:
WEDNESDAY
April 30th
9:00 AM – 3:00 PM CST

WHERE:
COOK COUNTY HEALTH
PROFESSIONAL BUILDING
1950 West Polk Street
5th Floor Chicago, IL 60612

JOB DETAILS
Competitive salaries!
Hiring for Registered Nurses:
• Clinical Nurse I - Medical Surgical
• General Medicine Unit
• General Medicine/Oncology
• General Medicine/Telemetry
• General Surgery/Cardiac/Telemetry
• General Surgery/Orthopedics
• Infectious Disease
• Telemetry/Burn Stepdown
• Clinical Nurse I – Emergency Medicine

**NEW
GRADS
WELCOME!**

Various shifts are available at John H. Stroger, Jr. Hospital
MUST SUBMIT AN ONLINE APPLICATION TO BE CONSIDERED!

 **APPLY TODAY**
cookcountyhealth.org/join-our-team/

ADDITIONAL PARKING: Candidates can park at the Cook County Juvenile Temporary Detention Center garage located at 1100 S. Hamilton for \$2.00 and may use the CCH Employee Shuttle service to 1900 W. Polk St. (across from Professional Building driveway) free of charge. The shuttle runs every 15 – 20 minutes. When you arrive, please look for Job Fair signage and CCH staff.

INDUSTRY LEADING NURSE BENEFITS

- 100% tuition reimbursement for nursing-related programs during employment with Cook County Health
- Pension Plan
- 4 weeks' Vacation 0-1 years of service
- 5 Weeks' Vacation 1+ years of service
- 3 weeks Sick leave annually
- Sick and Vacation days rollover
- 12 Holidays + 1 Floating Holiday
- Evening, nights, and weekend shift differentials
- Medical, Dental, and Vision Coverage
- Basic Term Life Insurance
- Deferred Compensation Program

INTERVIEW

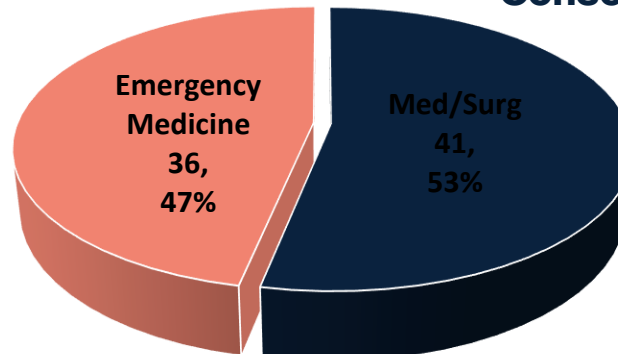
- Must apply for each hiring fair job posting you wish to be considered for. Kiosk available to apply onsite.
- The only opportunity to interview will be at the Job Fair.
- Qualified candidates are interviewed on-site on a **first come – first served** basis.
- Interviewees selected for hire receive same day contingent offers on a **first come – first served** basis while vacancies remain.
- Please bring your resume.

Questions? Call 312-864-0430

 **COOK COUNTY
HEALTH**
cookcountyhealth.org



Consolidated Ranked List - 77



- ✓ External Vacancy Exist
- ✓ Make a Contingent Offer
- ✓ Schedule candidate for On Boarding
- ✓ Schedule candidate for New Hire Orientation

Approximately 30 Days

Current State Of Agency Use



COOK COUNTY
HEALTH

May 2025

HR Agency Union Conversion

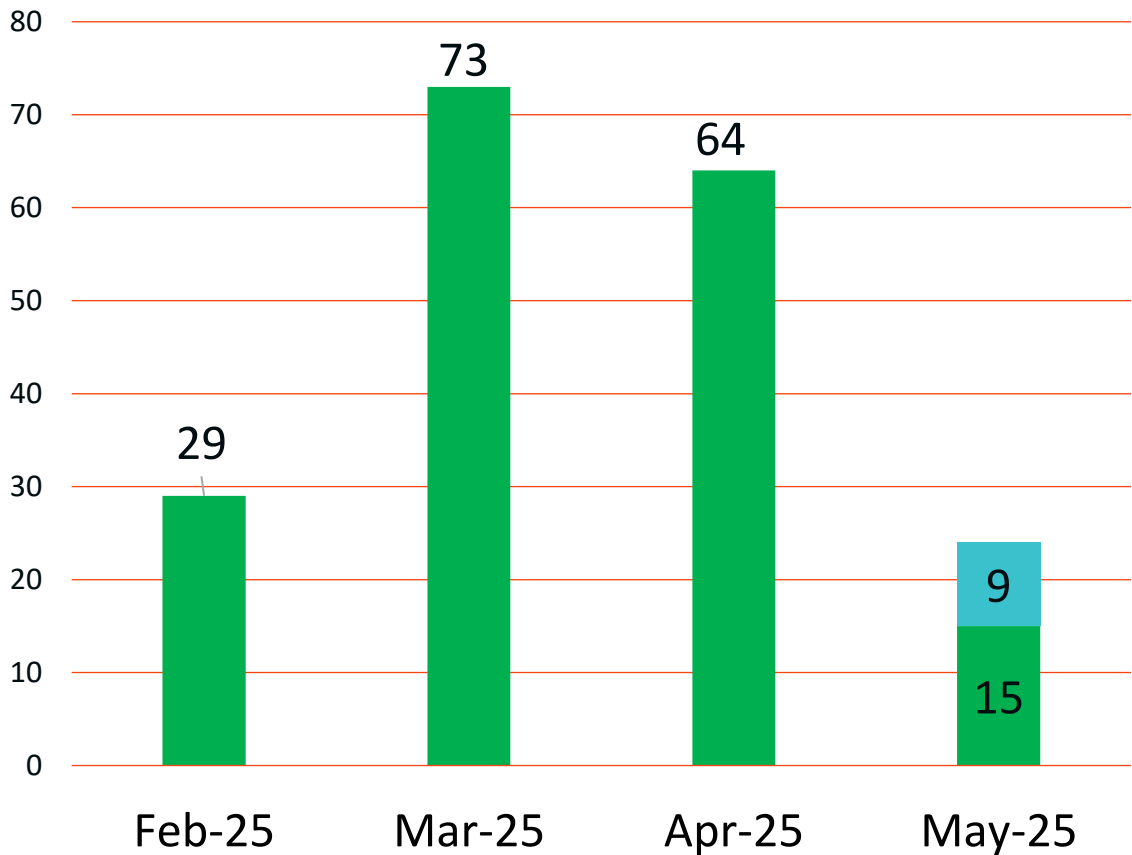
12/01/2024 thru 05/9/2025

Unions	# of PIDs	Offers Made	Offers Declined	Offers Accepted	Filled
SEIU	545	252	71	181	158
RWDSU	38	12	4	8	5
AFSCME	92	54	26	28	3
Teamsters	17	17	1	14	15
Total	692	335	102	231	181

HR Agency Conversion New Employee Orientation

12/01/2024 thru 05/5/2025

■ 181 - Filled ■ 9 - Future Hires



Managed Care Metrics



COOK COUNTY
HEALTH

Current Membership

Monthly Membership as of May 15th, 2025



COOK COUNTY
HEALTH

Category	Total Members	ACHN Members	% ACHN
FHP	224,168	9,791	4.4%
ACA	103,699	10,625	10.2%
ICP	31,472	4,568	14.5%
MLTSS	9,931	-	0%
SNC	7,635	320	4.2%
HBIA	15,724	3,016	19.2%
HBIS	4,584	1,316	28.8%
HBIC	15,100	1,496	9.9%
Total	412,313	31,112	7.5%

ACA: Affordable Care Act

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

FHP: Family Health Plan

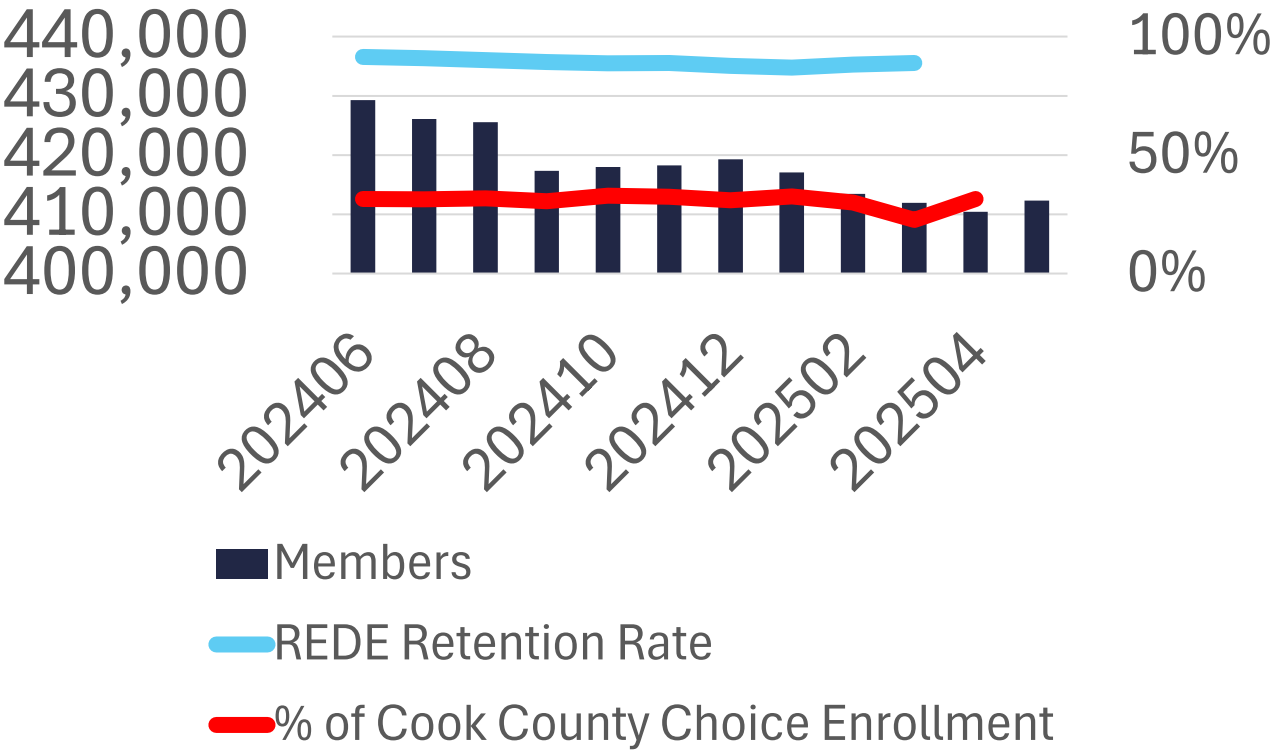
SNC: Special Needs Children

ICP: Integrated Care Program

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

Overall Membership

Monthly Membership for June 2024 – May 2025



Month	Members	REDE Retention Rate	% of Cook County Choice Enrollment
202406	429,252	91.4%	31.4%
202407	426,112	90.9%	31.3%
202408	425,554	90.1%	31.7%
202409	417,315	89.2%	30.6%
202410	417,977	88.7%	32.9%
202411	418,236	88.8%	32.4%
202412	419,272	87.6%	30.9%
202501	417,063	86.9%	32.6%
202502	413,469	88.2%	30.0%
202503	411,945	88.8%	22.6%
202504	410,422		31.5%
202505	412,523		

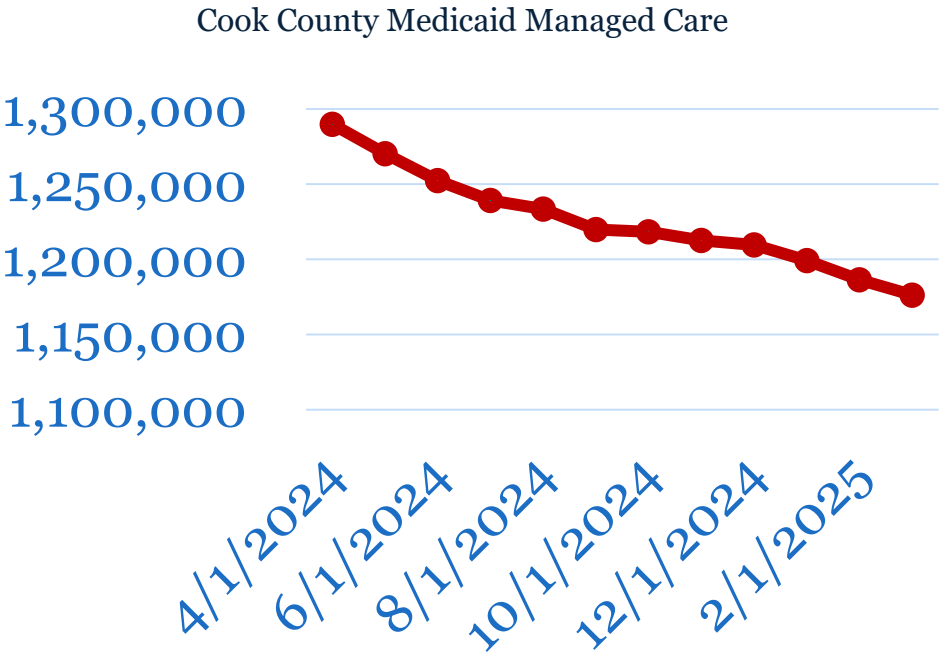
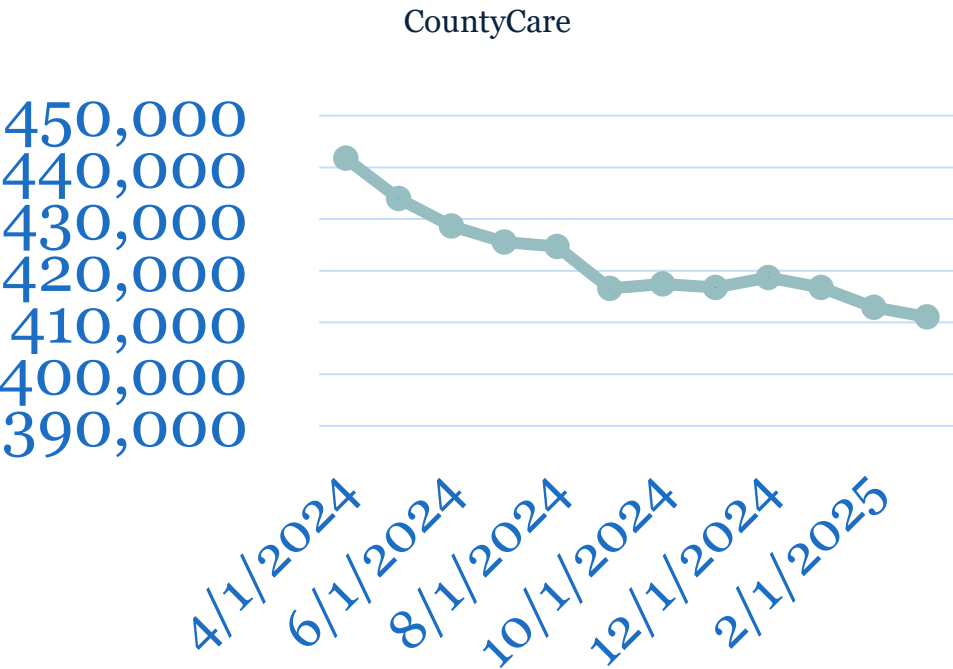
Managed Medicaid Market

Illinois Department of Healthcare and Family Services March 2025 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	411,068	34.9%
Blue Cross Blue Shield	329,238	28.0%
Meridian (a WellCare Co.)	243,143	20.7%
IlliniCare (Aetna/CVS)	105,438	9.0%
Molina	79,712	6.8%
YouthCare	7,697	0.7%
Total	1,176,296	100.0%

IL Medicaid Managed Care Trend in Cook County

Charts not to scale

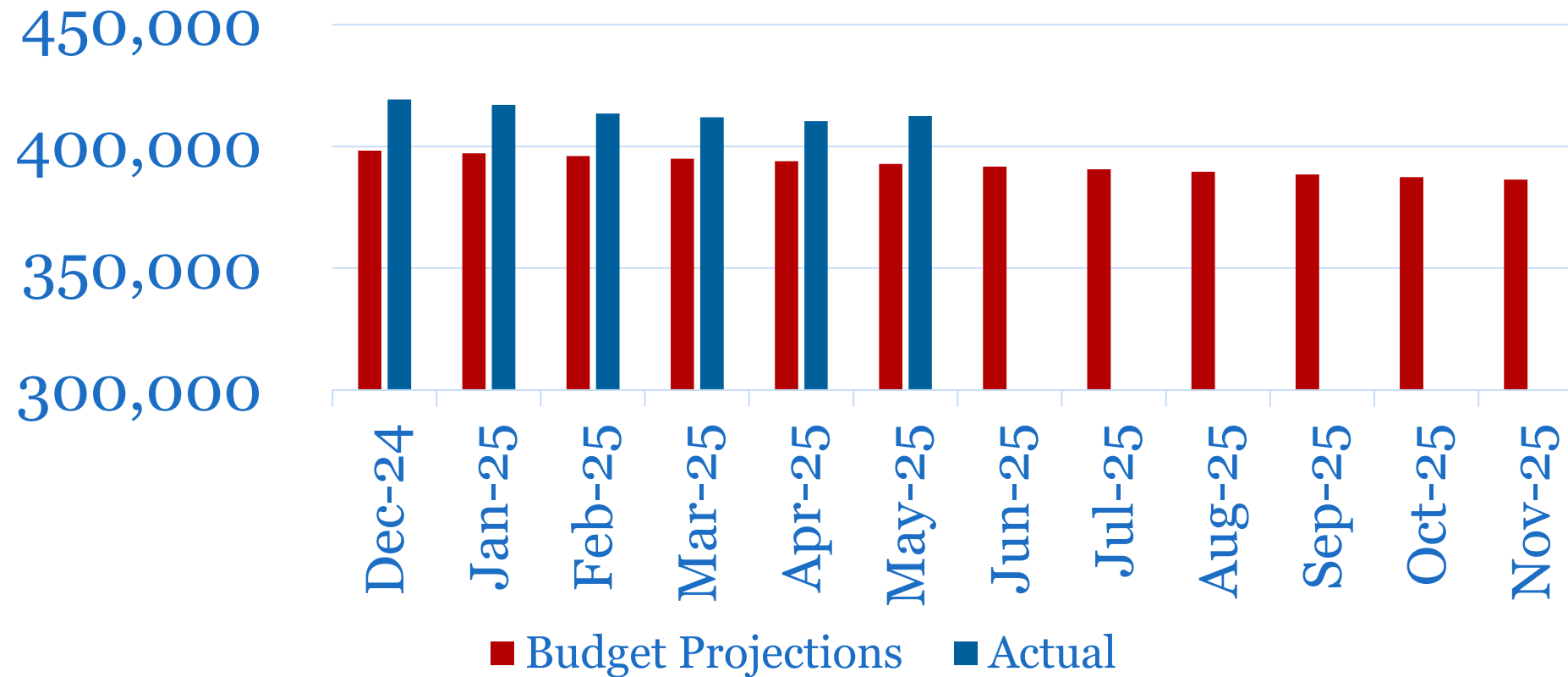


- CountyCare’s enrollment **decreased** 0.45% in March 2025 and is lower than Cook County’s **decrease** of 0.85%.

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

FY25 Budget | Membership

CountyCare Membership

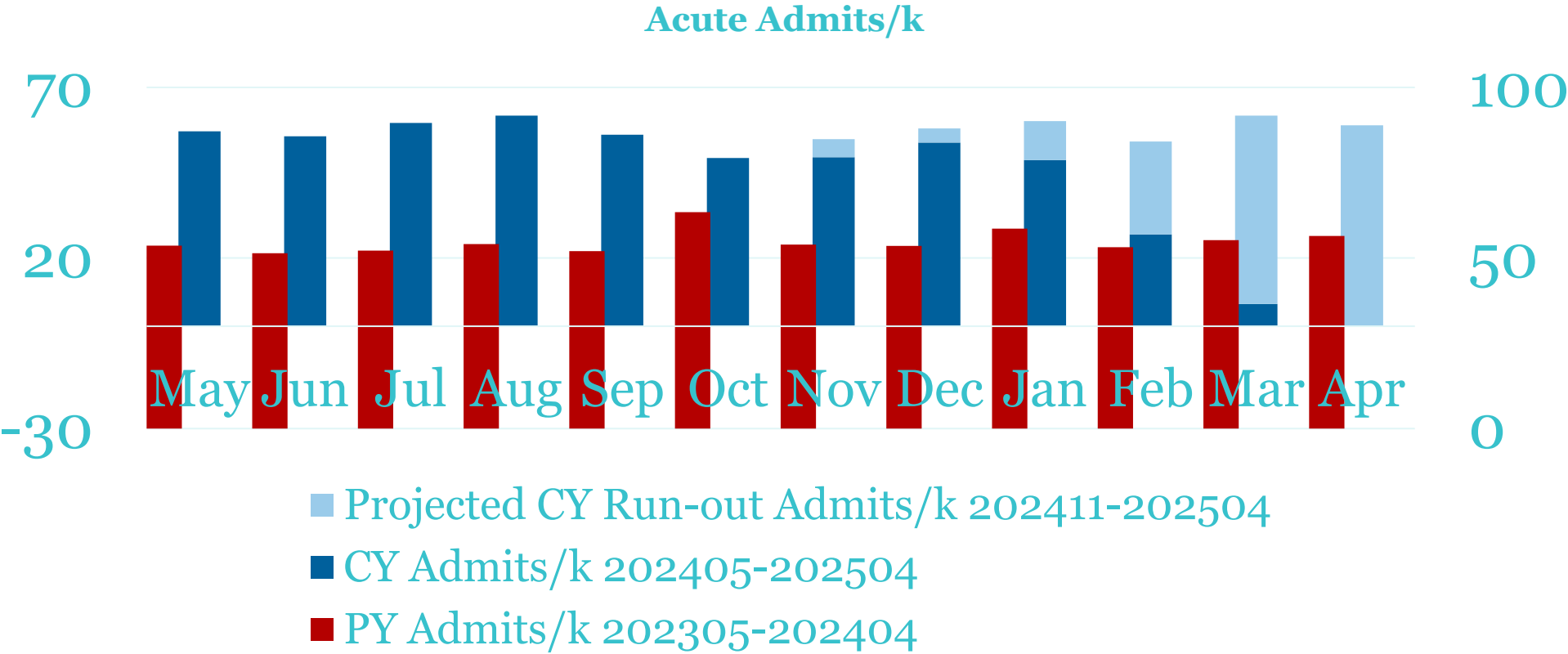


Operations Metrics: Call Center & Encounter Rate



		Performance		
Key Metrics	State Goal	Feb 2025	Mar 2025	Apr 2025
Member & Provider Services Call Center Metrics				
Inbound Call Volume	N/A	49,629	49,780	51,984
Abandonment Rate	< 5%	0.39%	0.38%	0.67%
Average Speed to Answer (minutes)	1:00	0:04	0:04	0:10
% Calls Answered < 30 seconds	> 80%	97.8%	97.6%	95.3%
Quarterly				
Claims/Encounters Acceptance Rate	98%	98%		

Current v Prior Year: IP Acute Admits/1000



Updated monthly, paid through April 2025
All acute and surgical cases + approved acute authorizations
Domestic admissions are not included since they do not require Prior Authorization

Claims Payments

Received but Not Yet Paid Claims

Aging Days	0-30 days	31-60 days	61-90 days	91+ days	Grand Total
Q1 2020	\$ 109,814,352	\$ 53,445,721	\$ 46,955,452	\$ 9,290,569	\$ 219,506,093
Q2 2020	\$ 116,483,514	\$ 41,306,116	\$ 27,968,899	\$ 18,701,664	\$ 204,460,193
Q3 2020	\$ 118,379,552	\$ 59,681,973	\$ 26,222,464	\$ 71,735	\$ 204,355,723
Q4 2020	\$ 111,807,287	\$ 73,687,608	\$ 61,649,515	\$ 1,374,660	\$ 248,519,070
Q1 2021	\$ 111,325,661	\$ 49,497,185	\$ 4,766,955	\$ 37,362	\$ 165,627,162
Q2 2021	\$ 131,867,220	\$ 49,224,709	\$ 566,619	\$ 213,967	\$ 181,872,515
Q3 2021	\$ 89,511,334	\$ 25,733,866	\$ 38,516	\$ 779,119	\$ 116,062,835
Q4 2021	\$ 125,581,303	\$ 90,378,328	\$ 112,699	\$ 1,114,644	\$ 217,186,974
Q1 2022	\$ 144,241,915	\$ 12,166,101	\$ 2,958,928	\$ 2,183,828	\$ 161,550,772
Q2 2022	\$ 120,267,520	\$ 735,088	\$ 2,476,393	\$ 4,676,897	\$ 128,155,898
Q3 2022	\$ 105,262,634	\$ 16,617,110	\$ 59,407	\$ 15,171	\$ 121,954,322
Q4 2022	\$ 142,815,499	\$ 62,495,024	\$ 2,403,391	\$ 2,056,097	\$ 209,770,011
Q1 2023	\$ 110,831,299	\$ 7,841,360	\$ 3,067,736	\$ 443,885	\$ 122,184,280
Q2 2023	\$ 149,387,487	\$ 31,299,177	\$ 1,319,945	\$ 346,575	\$ 182,353,184
Q3 2023	\$ 191,389,015	\$ 38,673,162	\$ 743,469	\$ 97,943	\$ 230,903,588
Q4 2023	\$ 181,111,957	\$ 75,730,673	\$ 1,511,954	\$ 20,819	\$ 258,375,403
Q1 2024	\$ 194,081,254	\$ 5,307,661	\$ 33,846,206	\$ 160,417	\$ 233,395,538
Q2 2024	\$ 187,157,359	\$ 89,900,410	\$ 14,514,430	\$ 124,785	\$ 291,696,984
Q3 2024	\$ 197,855,507	\$ 111,681,778	\$ 31,617,580	\$ 6,927,131	\$ 348,081,997
Q4 2024	\$ 196,233,453	\$ 113,669,848	\$ 21,596,967	\$ 120,655	\$ 331,620,923
Q1 2025	\$ 228,060,043	\$ 114,086,982	\$ 232,197	\$ 5,049,085	\$ 347,428,307
4/27/2025	\$ 230,073,426	\$ 135,230,305	\$ 278,768	\$ 60,040	\$ 365,642,539

*0-30 days is increased for an estimated \$80.5M of received but not adjudicated claims

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

*The amounts in the table are clean claims

Quality & Patient Safety Metrics



COOK COUNTY
HEALTH

Stroger Op Ex Committee Dashboard



COOK COUNTY
HEALTH

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

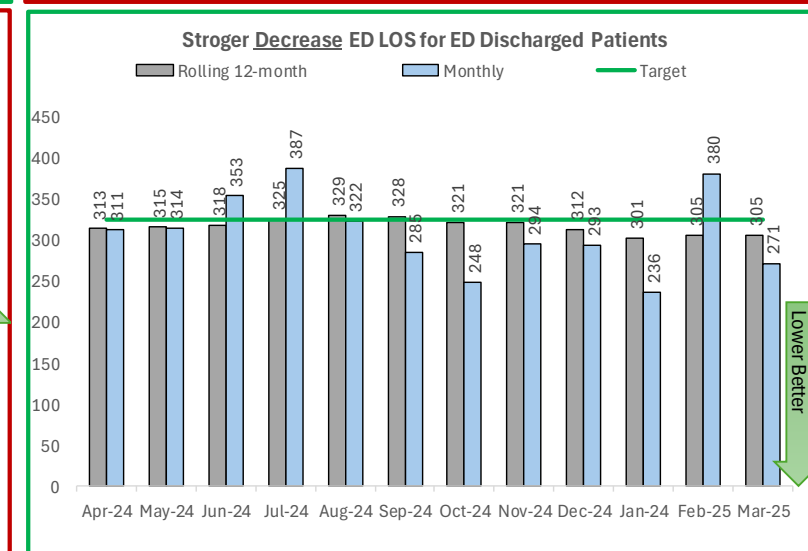
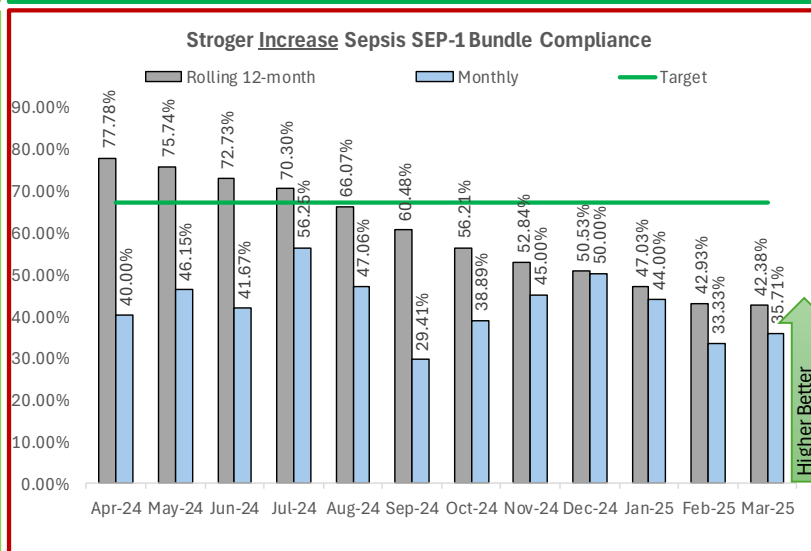
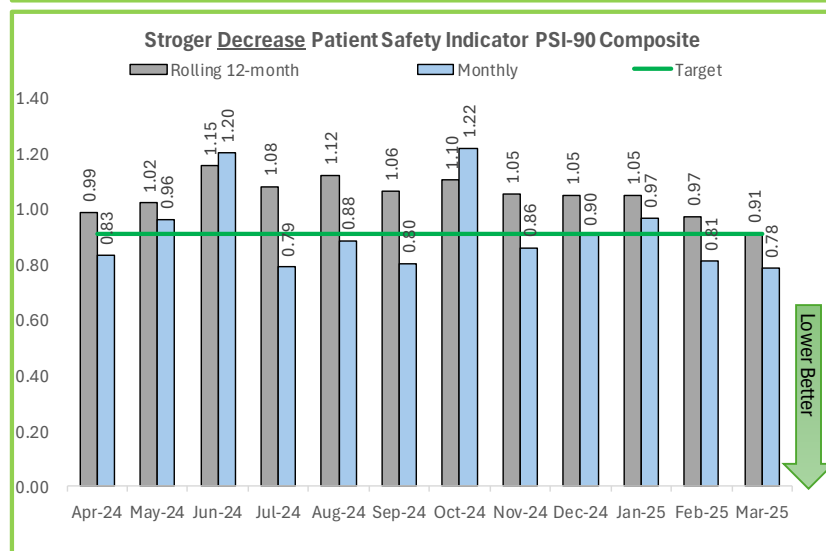
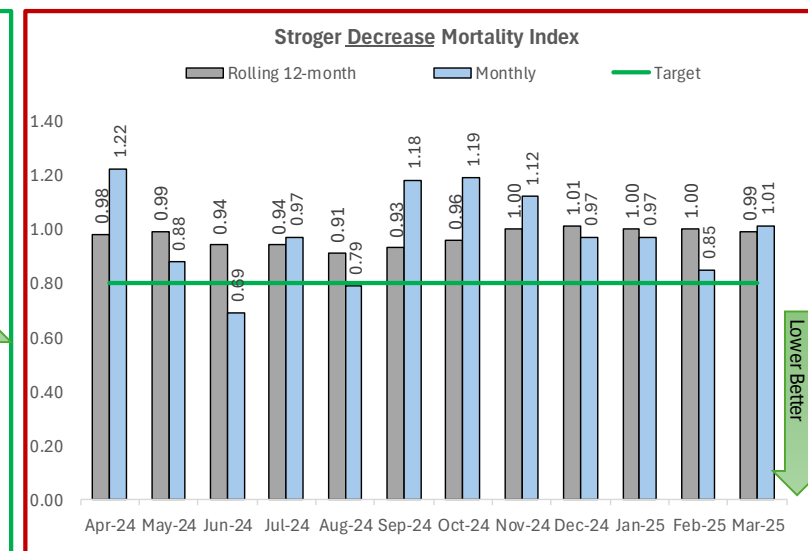
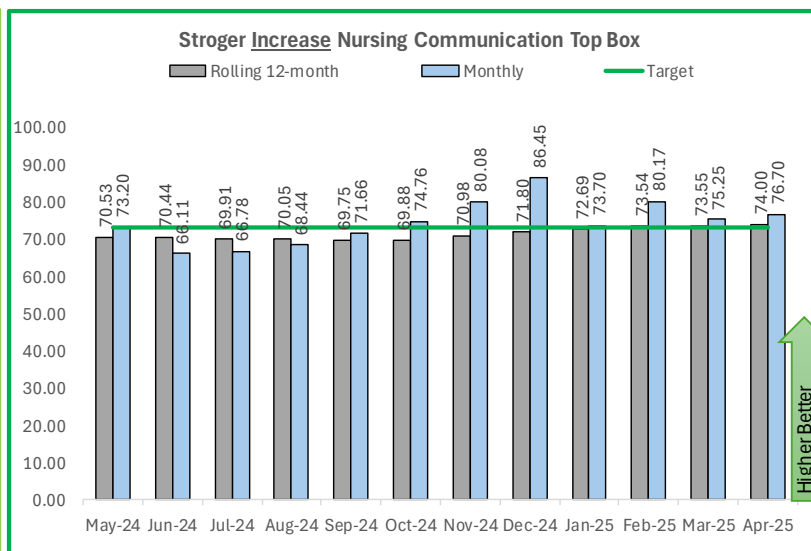
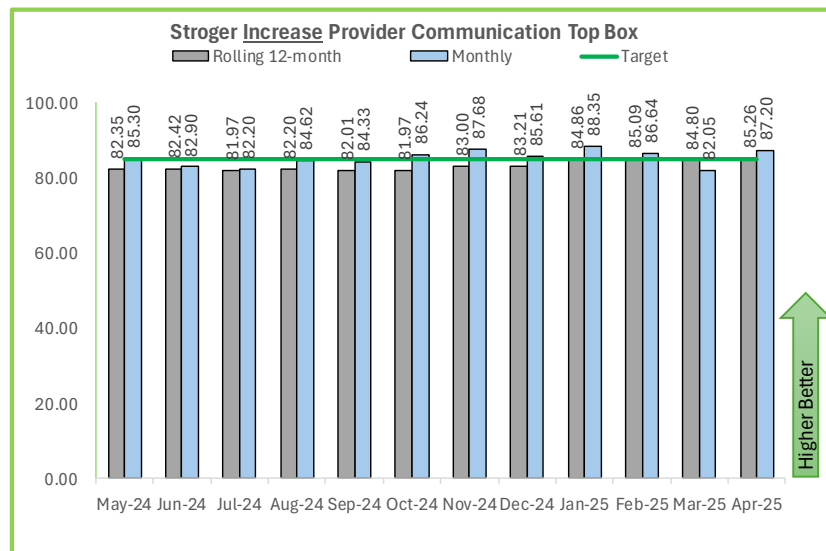


Chart performance monitoring-color based on the most recent rolling 12-month scoring results.

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

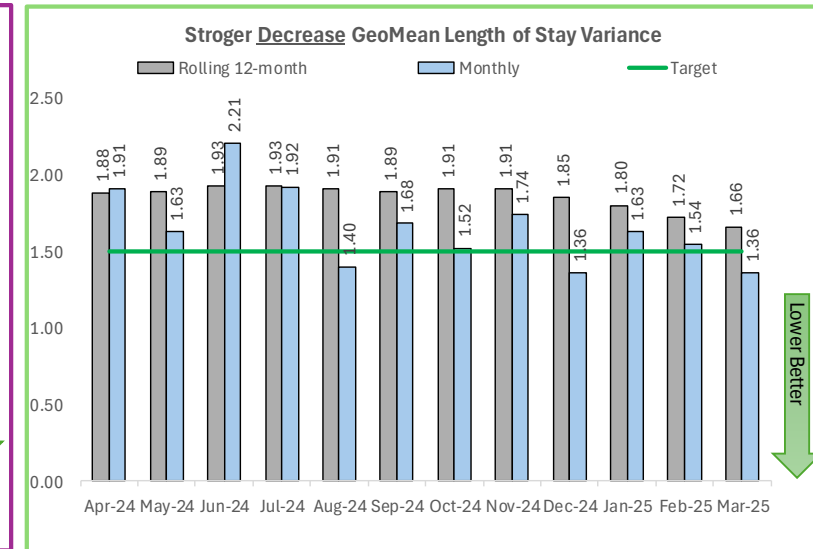
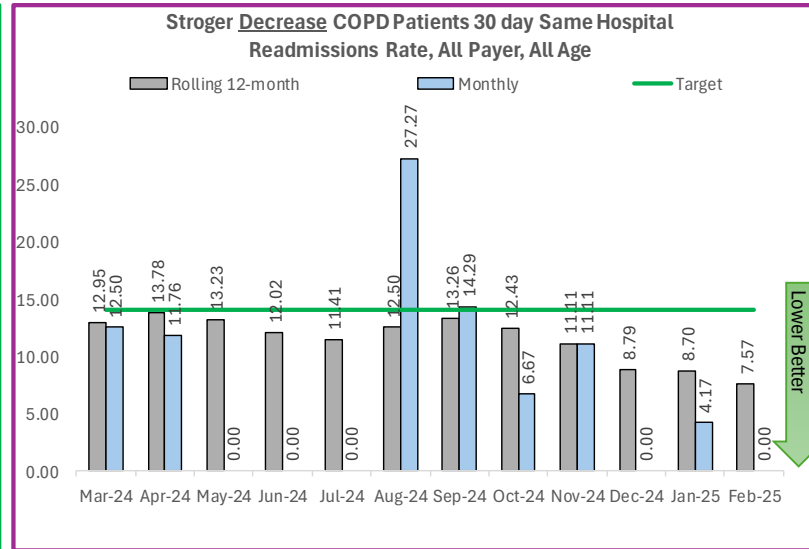
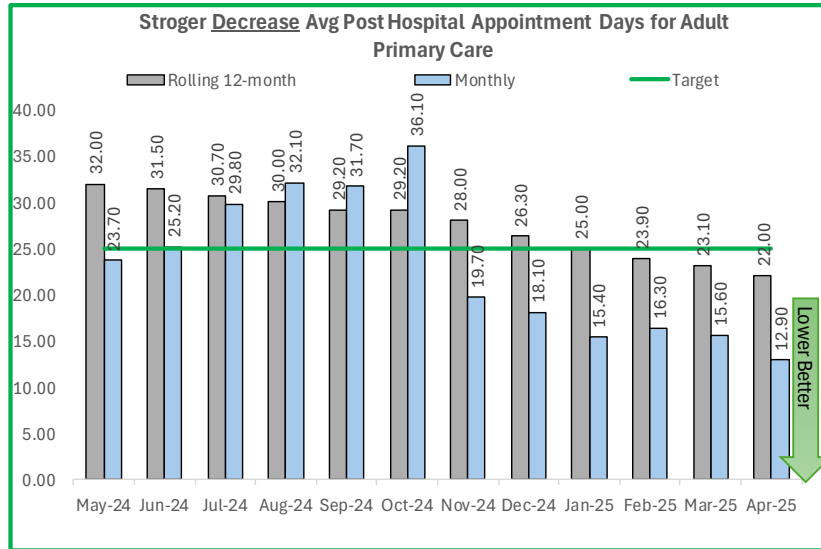


Chart performance monitoring-color based on the most recent rolling 12-month scoring results.

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

DOMAIN WORKGROUPS

Metrics

PATIENT EXPERIENCE

				Quarterly Improvement Expected	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
	Target	Stretch Target	Baseline													
Increase Rolling 12-month Top Box Comm w/ Physician Domain	85.00	87.50	82.01	0.75	82.35	82.42	81.97	82.20	82.01	81.97	83.00	83.21	84.86	85.09	84.80	85.26
Increase Monthly Top Box Comm w/ Physician Domain					85.30	82.90	82.20	84.62	84.33	86.24	87.68	85.61	88.35	86.64	82.05	87.20

Increase Rolling 12-month Top Box Comm w/ Nursing Domain

Increase Monthly Top Box Comm w/ Nursing Domain

				Quarterly Improvement Expected	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
	Target	Stretch Target	Baseline													
Increase Rolling 12-month Top Box Comm w/ Nursing Domain	73.00	75.00	69.75	0.81	70.53	70.44	69.91	70.05	69.75	69.88	70.98	71.80	72.69	73.54	73.55	74.00
Increase Monthly Top Box Comm w/ Nursing Domain					73.20	66.11	66.78	68.44	71.66	74.76	80.08	86.45	73.70	80.17	75.25	76.70

CLINICAL OUTCOMES

				Quarterly Improvement Expected	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
	Target	Stretch Target	Baseline													
Decrease Rolling 12-month Mortality Index	0.80		0.86	-0.02	0.98	0.99	0.94	0.94	0.91	0.93	0.96	1.00	1.01	1.00	1.00	0.99
Decrease Monthly Mortality Index					1.22	0.88	0.69	0.97	0.79	1.18	1.19	1.12	0.97	0.97	0.85	1.01

Decrease Rolling 12-month Patient Safety Indicator PSI-90 Composite

Decrease Monthly Patient Safety Indicator PSI-90 Composite

				Quarterly Improvement Expected	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
	Target	Stretch Target	Baseline													
Decrease Rolling 12-month Patient Safety Indicator PSI-90 Composite	0.907		1.008	-0.025	0.99	1.02	1.15	1.08	1.12	1.06	1.10	1.05	1.05	1.05	0.97	0.91
Decrease Monthly Patient Safety Indicator PSI-90 Composite					0.83	0.96	1.20	0.79	0.88	0.80	1.22	0.86	0.90	0.97	0.81	0.78

Increase Rolling 12-month Sepsis SEP-1 Bundle Compliance

Increase Monthly Sepsis SEP-1 Bundle Compliance

				Quarterly Improvement Expected	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
	Target	Stretch Target	Baseline													
Increase Rolling 12-month Sepsis SEP-1 Bundle Compliance	67%		56%	2.75%	77.78%	75.74%	72.73%	70.30%	66.07%	60.48%	56.21%	52.84%	50.53%	47.03%	42.93%	42.38%
Increase Monthly Sepsis SEP-1 Bundle Compliance					40.00%	46.15%	41.67%	56.25%	47.06%	29.41%	38.89%	45.00%	50.00%	44.00%	33.33%	35.71%

2024	YTD 2025	% in change
83.21	86.08	3.4%

Q1- 2025	Q2- 2025
2.9	3.7

2024	YTD 2025	% in change
71.80	76.40	6.4%

Q1- 2025	Q2- 2025
5.7	5.3

2024	YTD 2025	% in change
1.01	0.95	-5.9%

Q1- 2025	Q2- 2025
0.1	

2024	YTD 2025	% in change
1.048	0.739	-29.5%

Q1- 2025	Q2- 2025
-0.2	

2024	YTD 2025	% in change
50.53%	38.33%	-24.1%

Q1- 2025	Q2- 2025
-20%	

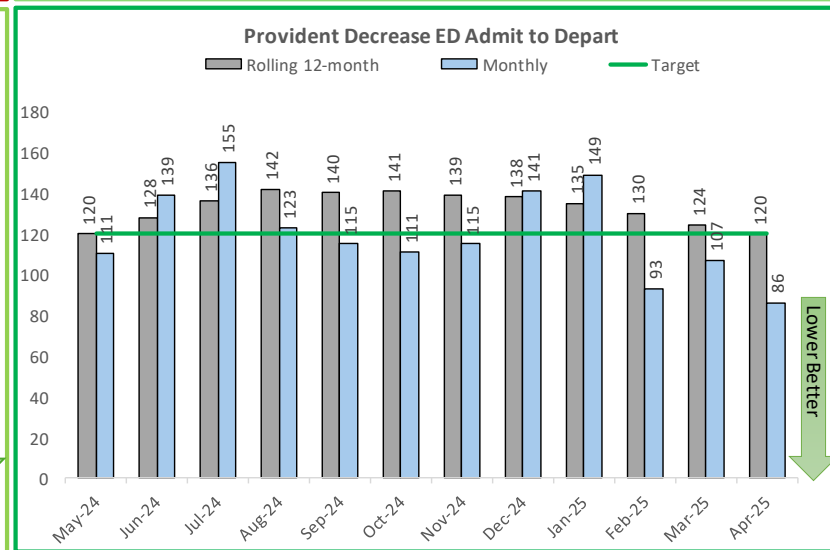
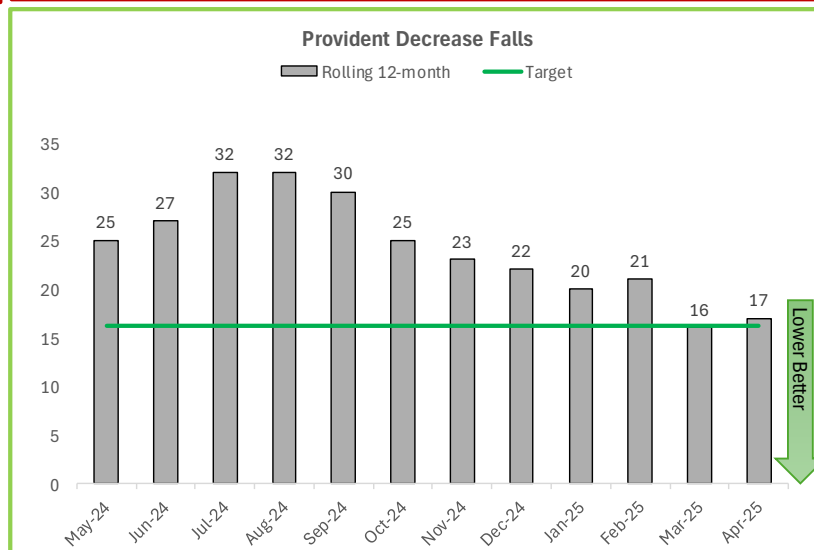
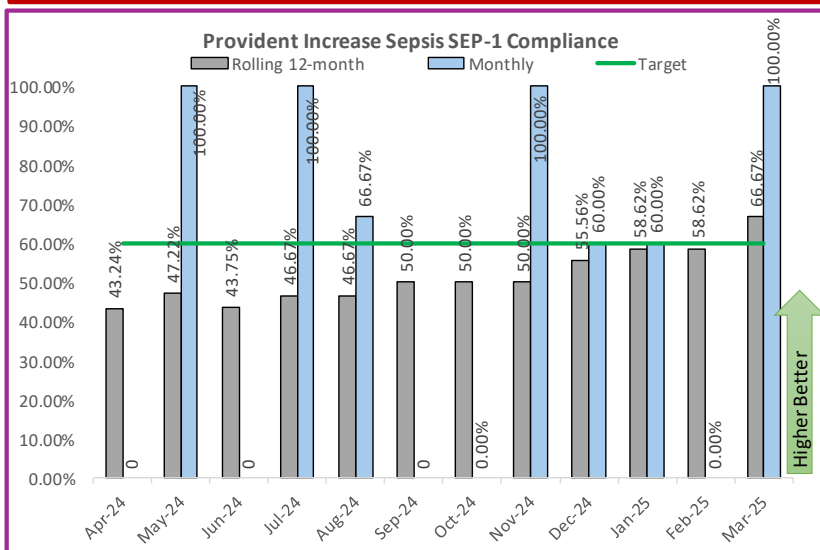
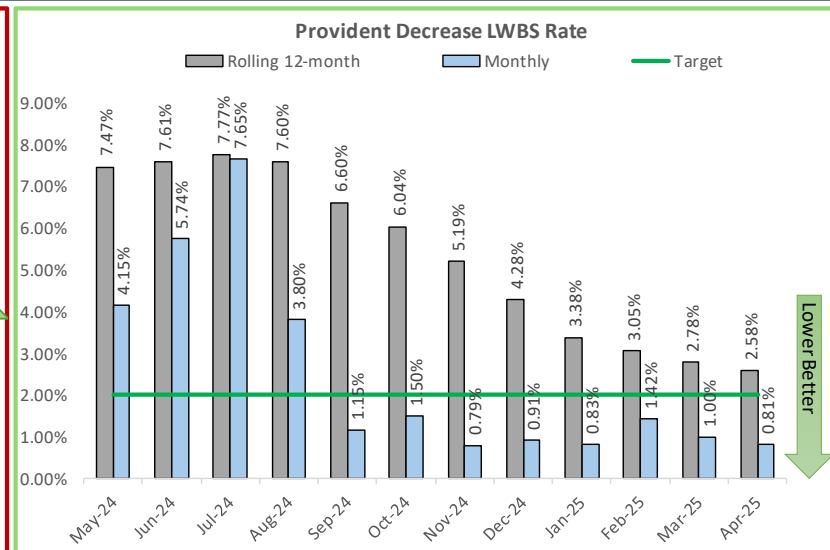
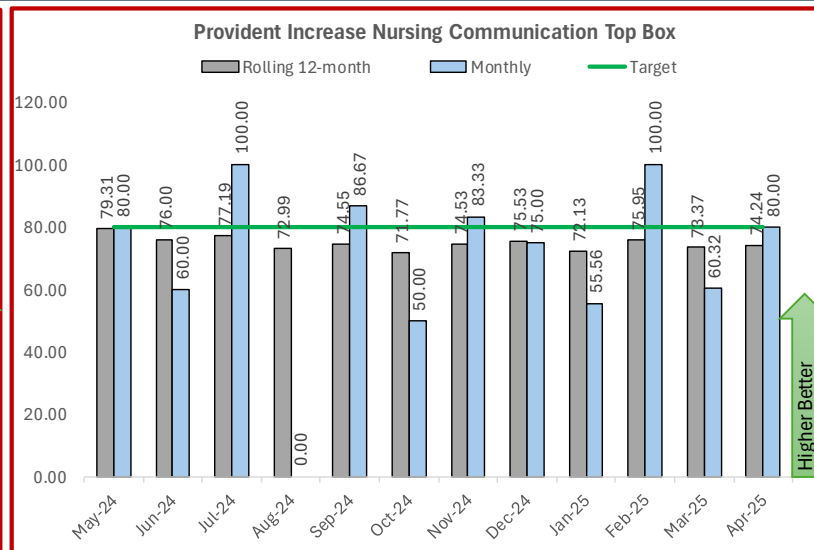
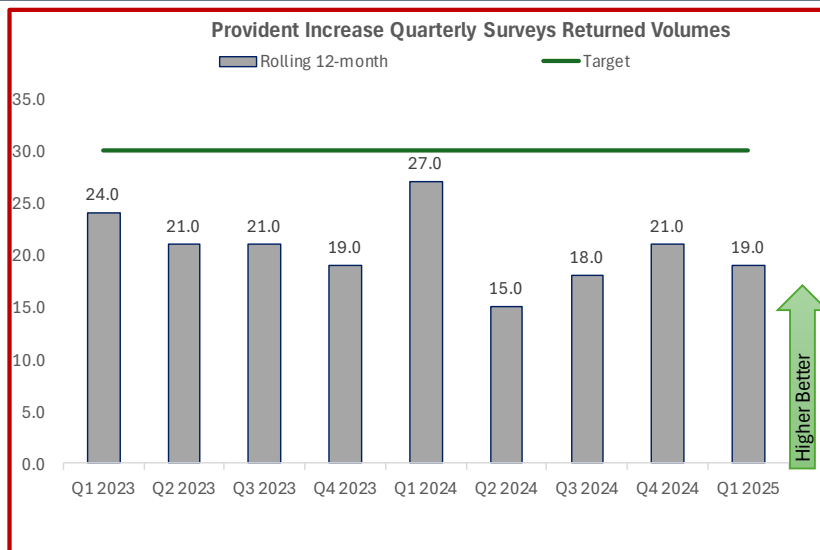
READMISSIONS		Stretch		Quarterly Improvement	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	2024	YTD 2025	% in change	Q1-2025	Q2-2025
	Target	Target	Baseline	Expected																	
Decrease Rolling 12-month COPD Readmission Rate (all ages, all payers)	14.00	13.00	15.40	-0.35	12.95	13.78	13.23	12.02	11.41	12.50	13.26	12.43	11.11	8.79	8.70	7.57	8.79	2.70	-69.3%	✓	-12.4
Decrease Monthly COPD Readmission Rate (all ages, all payers)					12.50	11.76	0.00	0.00	0.00	27.27	14.29	6.67	11.11	0.00	4.17	0.00					
		Stretch		Quarterly Improvement	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	2024	YTD 2025	% in change	Q1-2025	Q2-2025
	Target	Target	Baseline	Expected																	
Decrease Rolling 12-month Post Hospital Appointment Days for Adult	25.00	20.00	32.50	-1.88	32.00	31.50	30.70	30.00	29.20	29.20	28.00	26.30	25.00	23.90	23.10	22.00	26.3	15.40	-41.4%	✓	-14.4
Decrease Monthly Post Hospital Appointment Days for Adult Primary Care					23.70	25.20	29.80	32.10	31.70	36.10	19.70	18.10	15.40	16.30	15.60	12.90					
THROUGHPUT		Stretch		Quarterly Improvement	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	2024	YTD 2025	% in change	Q1-2025	Q2-2025
	Target	Target	Baseline	Expected																	
Decrease Rolling 12-month Hospital Geometric Mean Length of Stay	1.50	1.30	1.87	-0.09	1.88	1.89	1.93	1.93	1.91	1.89	1.91	1.91	1.85	1.80	1.72	1.66	1.85	1.51	-18.4%	✓	-0.3
Decrease Monthly Hospital Geometric Mean Length of Stay (GMLoS)					1.91	1.63	2.21	1.92	1.40	1.68	1.52	1.74	1.36	1.63	1.54	1.36					
		Stretch		Quarterly Improvement	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-24	Feb-25	Mar-25	2024	YTD 2025	% in change	Q1-2025	Q2-2025
	Target	Target	Baseline	Expected																	
Decrease Rolling 12-month ED LOS for ED Discharged Patients	324	288	360	-9	313	315	318	325	329	328	321	321	312	301	305	305	312	295	-5.4%	✓	-56.0
Decrease Monthly ED LOS for ED Discharged Patient					311	314	353	387	322	285	248	294	293	236	380	271					

Provident 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



Provident 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

DOMAIN WORKGROUPS		Metrics																							
PATIENT EXPERIENCE				Quarterly Improvement Expected	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	QTD Q2 2025	QTD Q3 2025	QTD Q4 2025	2024	Linear Trend 2025	% in change	Q1-2025	Q2-2025				
	Target	Stretch Target	Baseline																						
Increase Qtrly Survey Return Volumes					30.0	35.0	19.2	2.7	24.0	21.0	21.0	19.0	27.0	15.0	18.0	21.0	19.0	77.0	57.0	-0.3	-2.9				
				Quarterly Improvement Expected	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	2024	YTD 2025	% in change	Q1-2025	Q2-2025				
	Target	Stretch Target	Baseline																						
Increase Rolling 12-month Top Box Comm w/ Nursing Domain					80.00	83.00	74.55	0.613	79.31	76.00	77.19	72.99	74.55	71.77	74.53	75.53	72.13	75.95	73.37	74.24	75.53	76.55	1.4%	-0.6	4.2
Increase Monthly Top Box Comm w/ Nursing Domain									80.00	60.00	100.00	0.00	86.67	50.00	83.33	75.00	55.56	100.00	60.32	80.00					
CLINICAL OUTCOMES					Target	Stretch Target	Baseline	Quarterly Improvement Expected	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	2024	YTD 2025	% in change	Q1-2025	Q2-2025
Increase Rolling 12-month Increase Sepsis SEP-1 Compliance					60%	65%	47%	3.33%	43.24%	47.22%	43.75%	46.67%	46.67%	50.00%	50.00%	50.00%	55.56%	58.62%	58.62%	66.67%	55.56%	50.00%	-10.0%	0%	
Increase Monthly Increase Sepsis SEP-1 Compliance									no data	100.00%	no data	100.00%	66.67%	no data	0.00%	100.00%	60.00%	60.00%	0.00%	100.00%					
				Quarterly Improvement Expected	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	2024	Linear YTD 2025	% in change	Q1-2025	Q2-2025				
	Target	Stretch Target	Baseline																						
Decrease Rolling 12-month Inpatient Falls					16	15	18	-0.45	25	27	32	32	30	25	23	22	20	21	16	17	22	17	-22.7%	-1.6	-0.1
Decrease Monthly Inpatient Falls									0	2	7	0	0	2	1	0	0	2	1	2					
THROUGHPUT					Target	Stretch Target	Baseline	Quarterly Improvement Expected	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	2024	YTD 2025	% in change	Q1-2025	Q2-2025
Decrease Rolling 12-month Median ED Admit Decision to Depart ED					120.00	100.00	139.00	-4.75	120	128	136	142	140	141	139	138	135	130	124	120	138	107	-22.5%	-17.3	-9.5
Decrease Monthly Median ED Admit Decision to Depart ED									111	139	155	123	115	111	115	141	149	93	107	86					
				Quarterly Improvement Expected	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	2024	YTD 2025	% in change	Q1-2025	Q2-2025				
	Target	Stretch Target	Baseline																						
Decrease Rolling 12-month LWBS Rate					2.0%	1.0%	4.3%	-0.6%	7.47%	7.61%	7.77%	7.60%	6.60%	6.04%	5.19%	4.28%	3.38%	3.05%	2.78%	2.58%	4.28%	1.03%	-75.9%	-2.63%	-2.34%
Decrease Monthly Decrease LWBS Rate									4.15%	5.74%	7.65%	3.80%	1.15%	1.50%	0.79%	0.91%	0.83%	1.42%	1.00%	0.81%					

ACHN Op Ex Committee Dashboard



COOK COUNTY
HEALTH

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

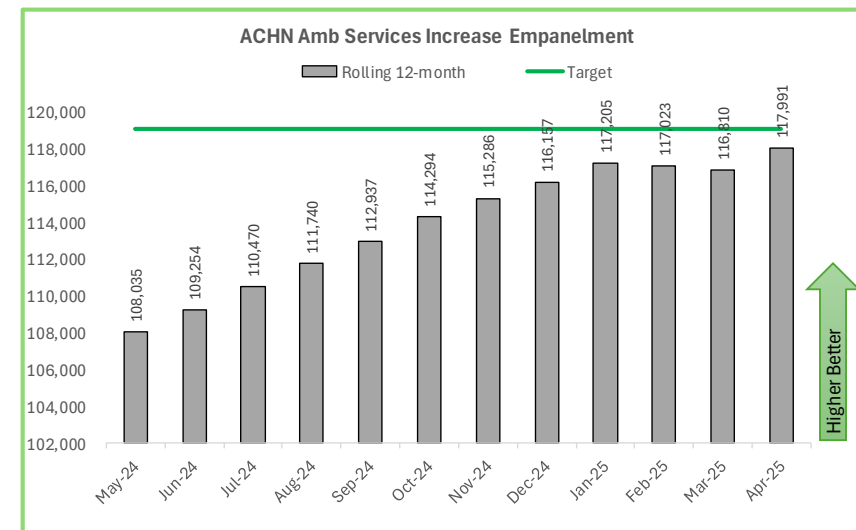
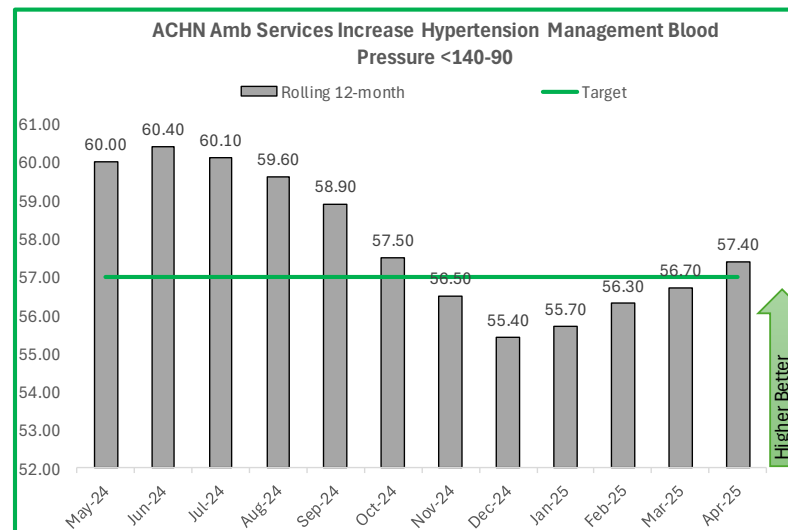
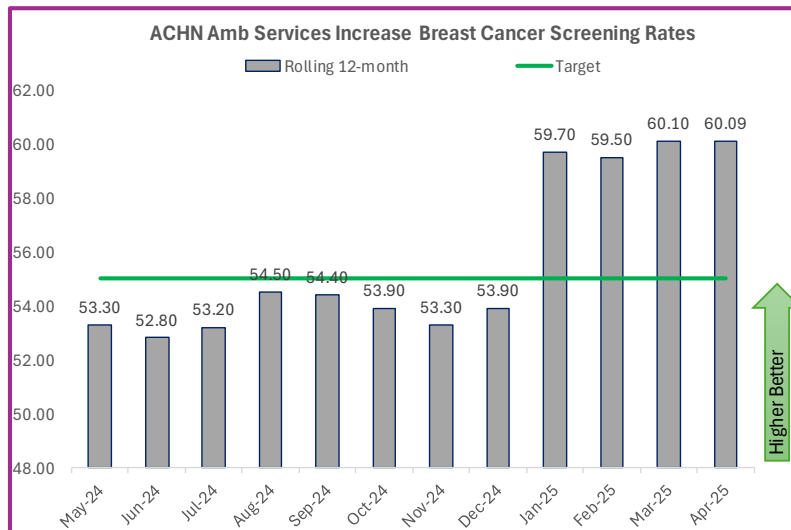
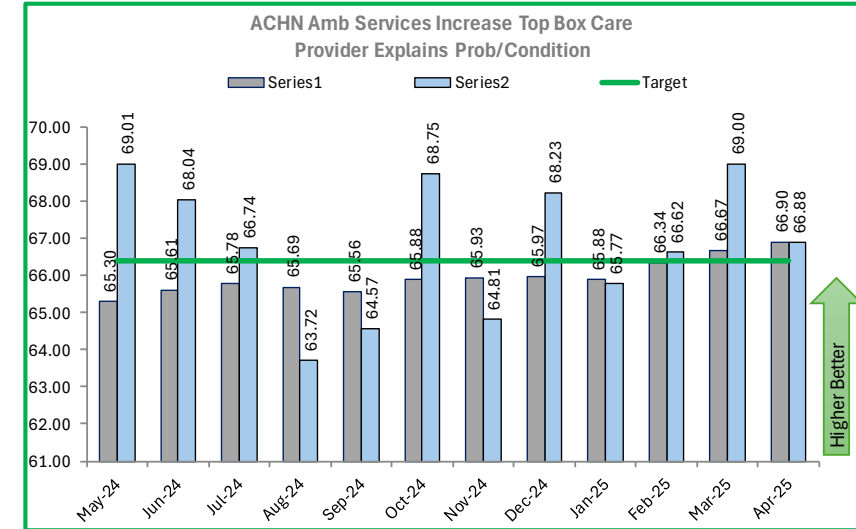
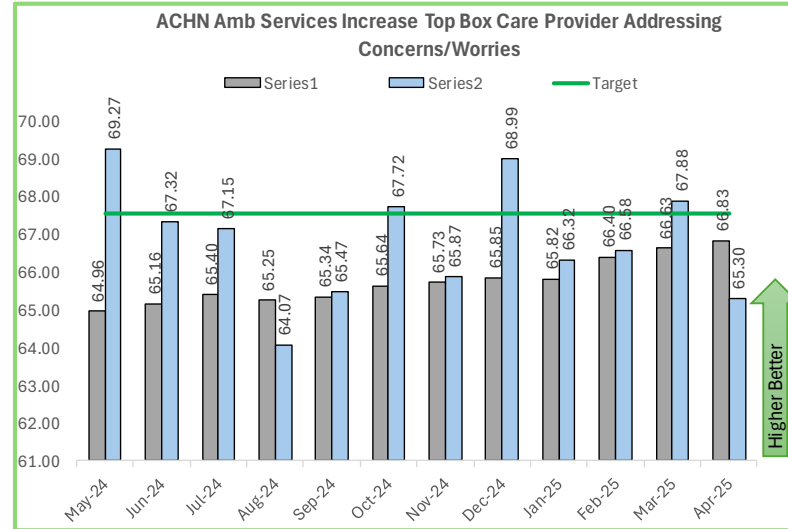
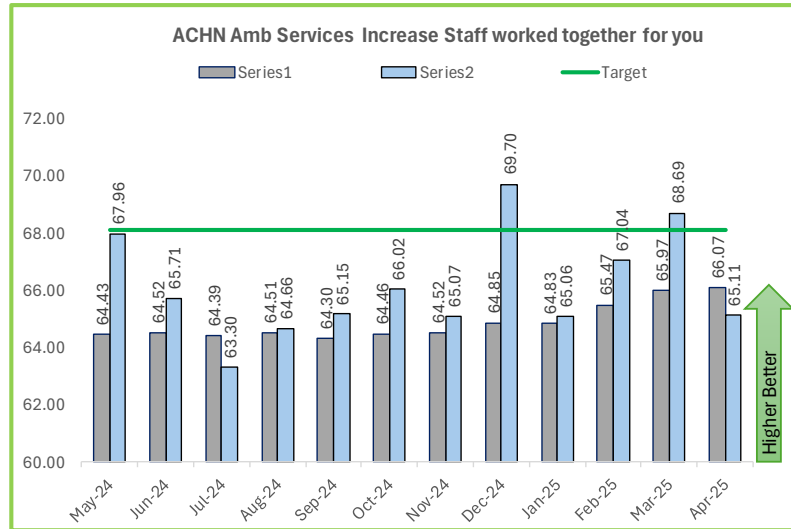


Chart performance monitoring-color based on the most recent rolling 12-month scoring results.

Op Ex Steering Committee Dashboard for ACHN																									
DOMAIN WORKGROUPS					Metrics																				
PATIENT EXPERIENCE TOP BOX SCORING					Quarterly Improvement				May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	2024	YTD 2025	% in change	Q1-2025	Q2-2025
					Target	Stretch Target	Baseline	Expected																	
Increase Rolling 12-month Staff worked together for you					68.08	69.78	65.66	0.61	64.43	64.52	64.39	64.51	64.30	64.46	64.52	64.85	64.83	65.47	65.97	66.07	64.85	66.46	2.5%	0.7	-1.8
Increase Monthly Staff worked together for you									67.96	65.71	63.30	64.66	65.15	66.02	65.07	69.70	65.06	67.04	68.69	65.11					
Increase Rolling 12-month Care Provider Addr. Concerns/Worries					Quarterly Improvement				May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	2024	YTD 2025	% in change	Q1-2025	Q2-2025
					Target	Stretch Target	Baseline	Expected																	
Increase Monthly Care Provider Addressing Concerns/Worries					67.54	69.13	65.62	0.48	64.96	65.16	65.40	65.25	65.34	65.64	65.73	65.85	65.82	66.40	66.63	66.83	65.85	66.51	1.0%	0.9	-1.3
									69.27	67.32	67.15	64.07	65.47	67.72	65.87	68.99	66.32	66.58	67.88	65.30					
Increase Rolling 12-month Care Provider Explains Prob/Condition					Quarterly Improvement				May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	2024	YTD 2025	% in change	Q1-2025	Q2-2025
					Target	Stretch Target	Baseline	Expected																	
Increase Monthly Care Provider Explains Prob/Condition					66.39	68.36	64.47	0.48	65.30	65.61	65.78	65.69	65.56	65.88	65.93	65.97	65.88	66.34	66.67	66.90	65.97	67.11	1.7%	2.2	1.4
									69.01	68.04	66.74	63.72	64.57	68.75	64.81	68.23	65.77	66.62	69.00	66.88					
HEDIS					Quarterly Improvement				May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	2024	YTD 2025	% in change	Q1-2025	Q2-2025
					Target	Stretch Target	Baseline	Expected																	
Increase Rolling 12-month Breast Cancer Screening Rate					55.00	58.40	53.30	0.43	53.30	52.80	53.20	54.50	54.40	53.90	53.30	53.90	59.70	59.50	60.10	60.09	50.50	58.80	16.4%	5.5	6.8
Increase Rolling 12-month Hypertension Management Blood Pressure <140/90 for patients					Quarterly Improvement				May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	2024	YTD 2025	% in change	Q1-2025	Q2-2025
					Target	Stretch Target	Baseline	Expected																	
Increase Monthly Hypertension Management Blood Pressure <140/90 for patients					57.00	61.00	55.00	1.58	60.00	60.40	60.10	59.60	58.90	57.50	56.50	55.40	55.70	56.30	56.70	57.40	52.80	55.10	4.4%	-1.1	-0.8
Empanelment					Quarterly Improvement				May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	2024	YTD 2025	% in change	Q1-2025	Q2-2025
					Target	Stretch Target	Baseline	Expected																	
Increase Rolling 12-month Empanelment of Engaged / Affiliated Patients					119,061	121,965	116,157	1,452	108,035	109,254	110,470	111,740	112,937	114,294	115,286	116,157	117,205	117,023	116,810	117,991	116,157	117,991	1.6%	-757.0	-1069.9

2024	YTD 2025	% in change	Q1-2025	Q2-2025
64.85	66.46	2.5%	0.7	-1.8

2024	YTD 2025	% in change	Q1-2025	Q2-2025
65.85	66.51	1.0%	0.9	-1.3

2024	YTD 2025	% in change	Q1-2025	Q2-2025
65.97	67.11	1.7%	2.2	1.4

2024	YTD 2025	% in change	Q1-2025	Q2-2025
50.50	58.80	16.4%	5.5	6.8

2024	YTD 2025	% in change	Q1-2025	Q2-2025
52.80	55.10	4.4%	-1.1	-0.8
			56.58	58.15
			56.58	58.15

2024	YTD 2025	% in change	Q1-2025	Q2-2025
116,157	117,991	1.6%	-757.0	-1069.9
			117656	119083

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 Returned Volumes	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

