

COOK COUNTY
HEALTH



Monthly Report

to the Cook County Board

May 2020



COOK COUNTY
HEALTH

COVID-19 Overview



Presented to the CCH Board on April 30, 2020



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HEALTH

Latest Case Numbers

April 28, 2020

	Cases	Deaths
Cook County	31,953	1,347
Illinois (IDPH link)	45,883	1,992
U.S. (CDC link)	989,357	56,386
World (WHO link)	2,954,222	202,597

Planning and Service Changes

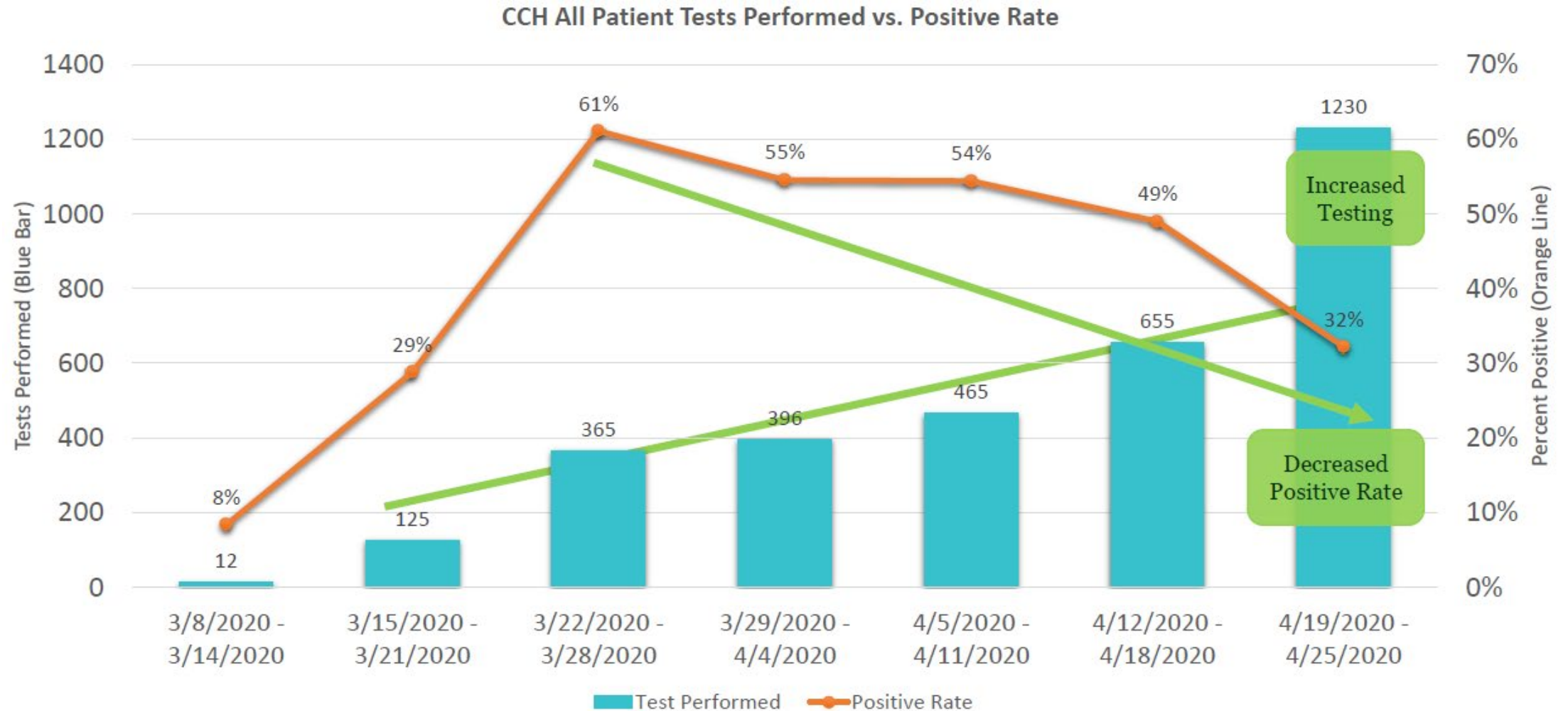
Since January, and following state and federal guidance, CCH has implemented strategies to prepare for COVID-19 impact, reduce spread and preserve health of staff:

- Declared Internal Disaster to initiate Hospital Incident Command Structure (NICS)
- Ongoing training and education of CCH staff
- Built internal testing capacity
- Cancelled elective procedures and surgeries
- Conducting as many ambulatory visits as appropriate telephonically
- Reaching out to patients proactively on health issues, prescription refills, COVID symptoms, etc
- Instituted visitor restrictions
- Instituted work from home protocols, technology tools and procedures for staff
- Redeployed staff to areas of need
- Developed employee testing protocols and procedures
- Modeled and planned for surge across organization (identify units for transition, create COVID specific care teams, staffing considerations, supplies, etc)
- Universal masking for all staff, patients and approved visitors



COVID-19 Patient Testing Conducted across all CCH locations

3,248 patients have been tested for COVID through CCH



Patient Testing

All Testing

Race	%
African/American	55%
American Indian/Alaska Native	3%
Asian	2%
Other/Multiple/Unknown	12%
White	29%

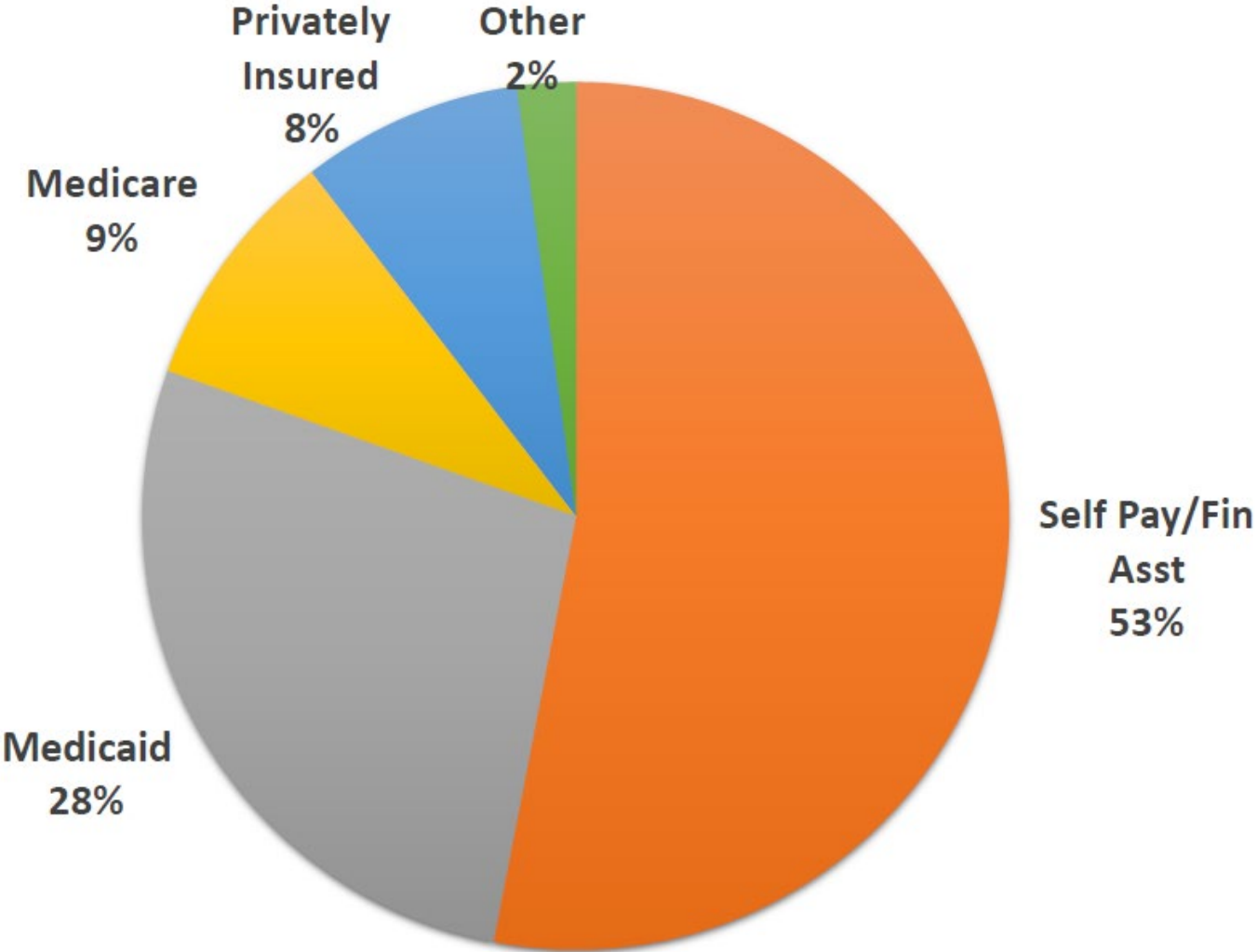
Ethnicity	%
Hispanic/Latino/Spanish Origin	27%
Non-Hispanic/Latino/Spanish Origin	73%

Positives Only

Race	%
African/American	50%
American Indian/Alaska Native	3%
Asian	2%
Other/Multiple/Unknown	15%
White	32%

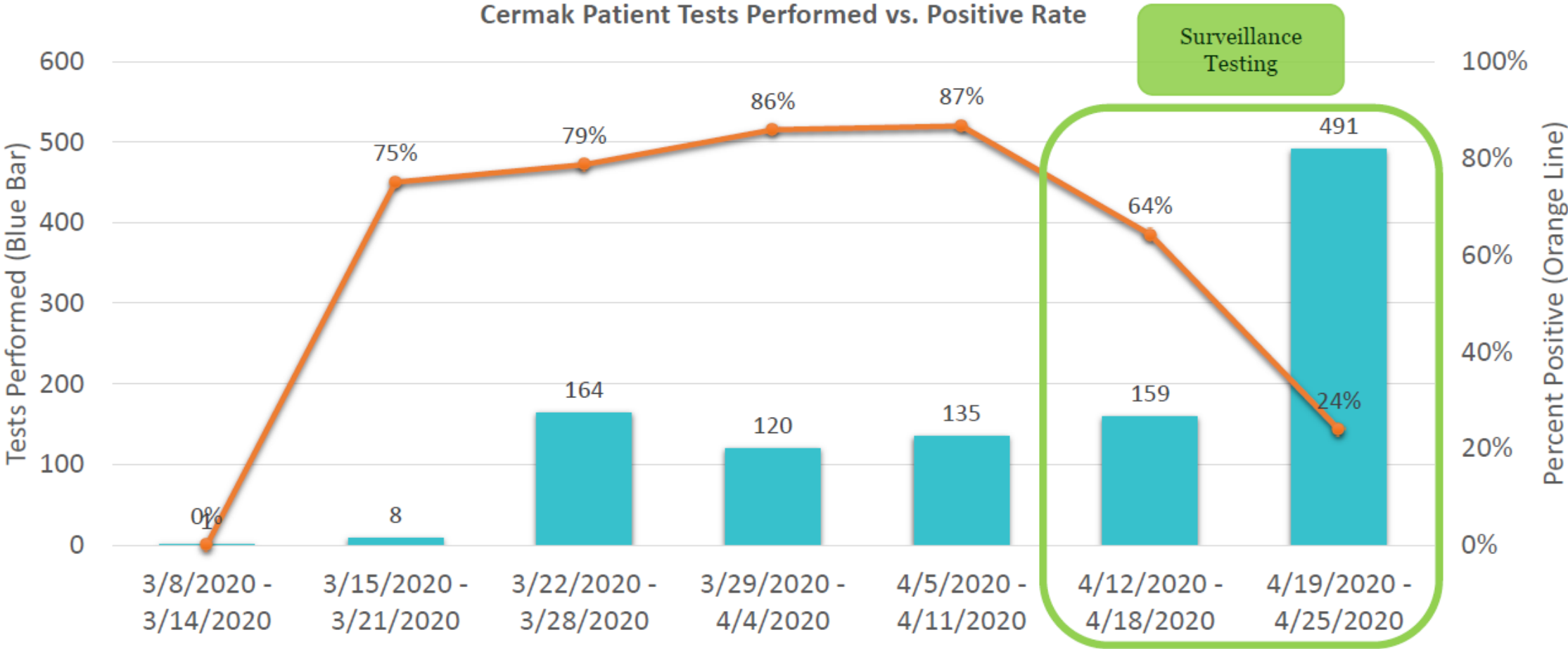
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COVID-19 Payor Mix



COVID-19 Testing Conducted at Cermak

1,078 detainees have been tested for COVID at Cermak with 574 positives



Staffing Cermak

- Additional buildings and barracks have been opened to house COVID and suspect COVID patients.

Additional staffing required to properly staff the new areas at Cermak prior to 4/11/20:
408 APP hours, 516 RN hours, 1,092 MA hours

- CCH agency nurses declining to work at Cermak due to more lucrative COVID opportunities.
- CCH redeployed 60-75 nurses to Cermak over past few weeks.
- Illinois Emergency Management Agency allowed CCH to access their agency contract from April 11 – May 8. This has provided between 35 and 75 nurses to assist in caring for Cermak patients.
- Nurse staffing remains our biggest challenge on the jail campus.

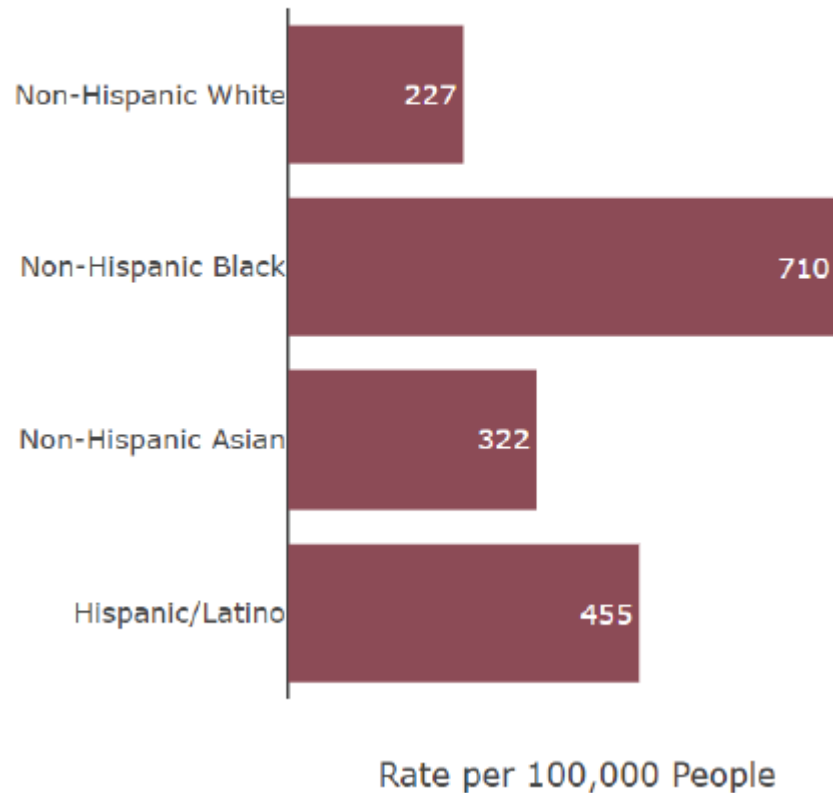
CCDPH: Current status of COVID-19

Numbers as of 4/27/2020

- 13,271 cases / 575 deaths Suburban Cook County
- 18,682 cases / 772 deaths Chicago
- 45,883 cases / 1,983 deaths Illinois
- 114 congregate settings, such as long term care facilities, reporting one or more confirmed cases
- To ensure access to COVID-19 data, CCDPH updates reported cases and rates of infection in suburban municipalities daily on our website's Shiny App: <https://ccdphcd.shinyapps.io/covid19/>
 - Data are available in tables, graphs, and maps; by age, location, gender, race/ethnicity
 - Links Medical Examiner's Office death data

CCDPH: Significant disparities observed among cases

COVID-19 Cases by Race/Ethnicity
in Suburban Cook County, IL



Data 4/27/20

- Rates of disease are more than 3 times higher among non-Hispanic Blacks, compared to non-Hispanic Whites
- Rates of disease are 2 times higher among Hispanics/Latinx, compared to non-Hispanic Whites
- These health disparities are the result of years of racist policies like redlining; economic disinvestment, lower access to healthcare and health insurance; food insecurity; substandard housing; higher rates of unemployment.

Financial Assistance Received and In Progress

- ✓ \$7.1 million earmarked for CCH from Medicare formula
 - ✓ \$11.1 million received to help offset revenue loss
 - ✓ \$1.87 million monthly DSH FMAP funds received for April
 - ✓ \$900k crisis grant awarded to CCDPH
 - ✓ \$28 million in advance Medicare received for cash flow
-
- DSH FMAP retroactive to January - \$10 million
 - Finalizing BIPA FMAP impact with the State
 - Additional federal reimbursements for lost revenue
 - Direct and indirect expenditure reimbursements
 - Applying for \$1M telehealth grant from the FCC
 - Federal reimbursement for testing/treating uninsured COVID 19 patients

Thank you

CCH has been the recipient of dozens of donations from individuals, corporations, healthcare associations, local restaurants and the Cook County Health Foundation.

We have received thank you notes from former patients, employees and children across the country and yesterday we sent a taped message from Michelle Obama to the entire organization.

Thank you.

Beyond COVID19

Planning is Underway

- Medical staff working on phased plan to resume services starting with electives in mid-May
- Must consider redeployed staffing and supplies as services are phased back in.
- Picking up the momentum we had gained prior to the pandemic will take time.
- The financial impact will likely result in service reductions, at least temporarily.
- Need to use this experience as opportunity to capitalize on COVID success stories, improve the patient experience and reduce expenses (eg: telehealth, mail order pharmacy, teleworking, etc)

COVID-19 Timeline



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COVID-19 Timeline

Dec. 31, 2019	<ul style="list-style-type: none">• China reported a cluster of cases of pneumonia of an unknown cause in Wuhan, Hubei Province.
Jan. 7, 2020	<ul style="list-style-type: none">• The cause of the outbreak in Wuhan was identified as a novel coronavirus.
Jan. 13, 2020	<ul style="list-style-type: none">• Thailand reported the first case outside China.
Jan. 21, 2020	<ul style="list-style-type: none">• The U.S. reported its first case: a Washington state man in his 30s.
Jan. 24, 2020	<ul style="list-style-type: none">• Illinois reported its first case: a Cook County woman in her 60s, who had traveled to Wuhan.
Jan. 30, 2020	<ul style="list-style-type: none">• The first recorded person-to-person transmission of the novel coronavirus in the U.S. occurred between the Cook County woman and her husband.• The WHO declared the coronavirus outbreak was a Public Health Emergency of International Concern.
Feb. 11, 2020	<ul style="list-style-type: none">• Illinois became the first state to develop and conduct its own coronavirus tests.
Feb. 29, 2020	<ul style="list-style-type: none">• Illinois reports its third case: a Cook County man in his 70s. His wife, also in her 70s, became the state's fourth case, which was announced on March 2.
March 12, 2020	<ul style="list-style-type: none">• Gov. J.B. Pritzker announced that all events with more than 1000 people would be cancelled and that all K-12 schools would be closed for educational purposes. Schools could continue being used for the provision of food, as polling places and for other non-educational purposes.
March 13, 2020	<ul style="list-style-type: none">• The White House declared that the COVID-19 pandemic was a national emergency.

COVID-19 Timeline

March 15, 2020	<ul style="list-style-type: none">• CCH declares internal disaster activating Hospital Incident Command Structure (HICS)
March 16, 2020	<ul style="list-style-type: none">• Gov. J.B. Pritzker announced a ban on gatherings of 50 or more people.
March 17, 2020	<ul style="list-style-type: none">• Illinois reported its first COVID-19 related death: a Chicago woman in her 60s.• Illinois had 160 confirmed cases in 15 counties, among people aged 9 to 91.
March 20, 2020	<ul style="list-style-type: none">• Gov. J.B. Pritzker issued a stay-at-home order, effective March 21 through April 7.
March 23, 2020	<ul style="list-style-type: none">• First two confirmed cases of COVID-19 among detainees at the Cook County Jail.
March 26, 2020	<ul style="list-style-type: none">• The number of COVID-19 cases in the U.S. surpassed the number in China. The U.S. reported 82,474 cases, while China reported 81,961.
March 31, 2020	<ul style="list-style-type: none">• Gov. J.B. Pritzker extended the stay-at-home order through April 30.• Illinois reported 5,994 cases and 99 deaths.
April 4, 2020	<ul style="list-style-type: none">• CountyCare membership 327,251 slightly above budgeted membership of 326,034
April 11, 2020	<ul style="list-style-type: none">• The U.S. surpassed Italy in the number of COVID-19 deaths, becoming the worst-hit country in the world. The U.S. reported 18,860 deaths, while Italy reported 18,849.

COVID-19 Comparisons

April 28, 2020

- Compared to other counties throughout the U.S., Cook County has the 6th highest number of cases and 7th highest number of deaths.
- Compared to other states, Illinois has the 4th highest number of cases and 6th highest number of deaths.
- The state is 11th in terms of cases per 100,000 people and 9th in terms of deaths per 100,000 people.
- The fatality rate is 4.22% in Cook County and 4.32% in Illinois.



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Partners and Guidance

- The US Centers for Disease Control & Prevention are the foremost public health authority in the U.S.
- The Illinois Department of Public Health is the state agency that grants CCDPH their authority.
- Stroger, Provident and Cermak sit within the authority of the Chicago Department of Public Health.
- The CCH Infection Control team has taken the internal lead.
- Office of the President, Cook County Government
- Cook County Department of Emergency Management and Regional Security
- Cook County Bureau of Human Resources
- Illinois Emergency Management Agency



Planning and Service Changes

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Temporary Suspension of Emergency Services at Provident Hospital

April 6 – April 19

A number of improvements were completed to ensure patient and staff safety during the pandemic:

- Reconfigured and installed new seating to meet social distancing guidelines. Created designated seating area for suspect COVID patients.
- Creation of mobile registration units to reduce the need for patients to sit in a confined space for registration, allowing for social distancing.
- Reconfigured existing nursing workstations to meet social distance standards.
- Reconfigured process flows to reduce unnecessary movement in the ED.
- Relocated support services so that interaction between patients and staff occurs following the COVID screening process.
- Designated triage, exam and isolation areas for COVID-19 patients.
- Installed communication systems to allow safe interactions between staff and patients.
- Created separate workrooms for doctors and staff.



COVID-19 Testing at CCH



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Testing

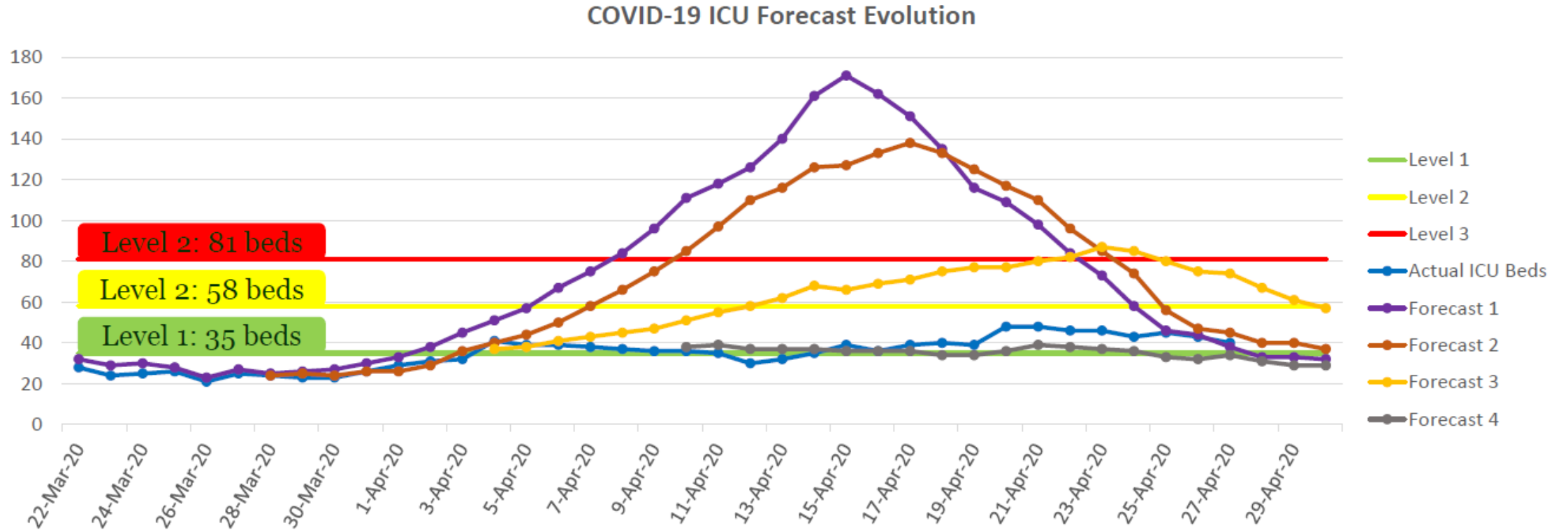
- Thru March 31: Initial testing done through the state lab and based on state guidance
- March 20: CCH engaged external lab to process tests
- March 26: CCH began employee drive thru testing at Stroger
- March 30: CCH began employee drive thru testing at Provident
- March 31: CCH instituted in-house testing with 24 hour turn-around
- April 13: Drive thru testing available at Provident for CCH patients with CCH physician order
- April 20: Drive thru testing available at Stroger for CCH patients with CCH physician order

COVID-19 at CCH



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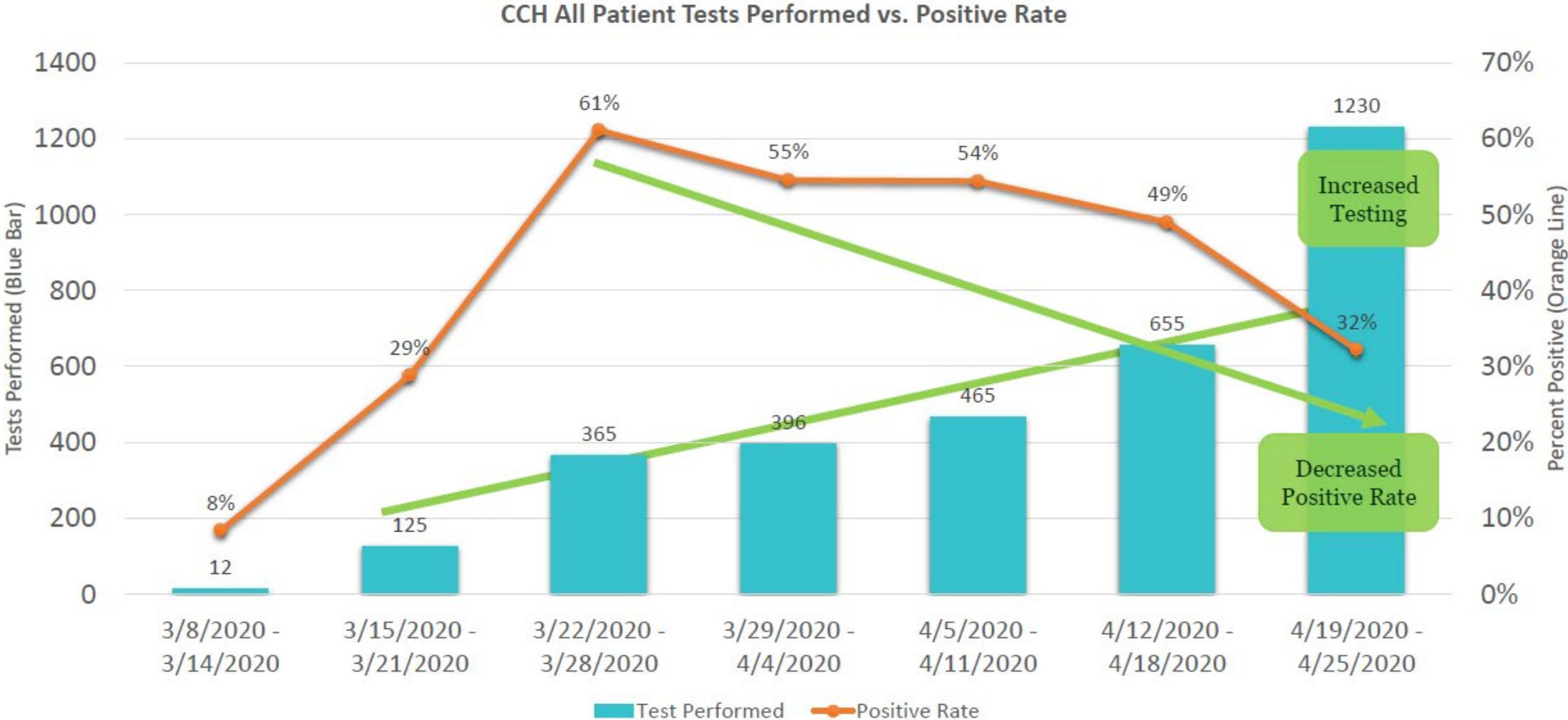
COVID-19– Forecasting the ICU Surge



- Forecasting focused on ICU, the area of greatest concern
- Level 1 (Current Average), Level 2 (Existing ICUs), Level 3 (Additional Surge Capacity)
- Forecast 1 was made on March 22 with an expected spike of 171 patients in the ICU
- Forecast 2-4 were made over the coming weeks as we reassessed the flattened curve

COVID-19 Patient Testing Conducted across all CCH locations

3,248 patients have been tested for COVID through CCH



Increased Testing

Decreased Positive Rate

Patient Testing

All Testing Thru 4/27/20

Gender	%
Female	33%
Male	67%

Age Group	%
0-20	10%
21-40	36%
41-64	45%
65 +	9%

Positives Only

Gender	%
Female	28%
Male	72%

Age Group	%
0-20	5%
21-40	37%
41-64	49%
65 +	9%

Patient Testing

All Testing

Race	%
African/American	55%
American Indian/Alaska Native	3%
Asian	2%
Other/Multiple/Unknown	12%
White	29%

Ethnicity	%
Hispanic/Latino/Spanish Origin	27%
Non-Hispanic/Latino/Spanish Origin	73%

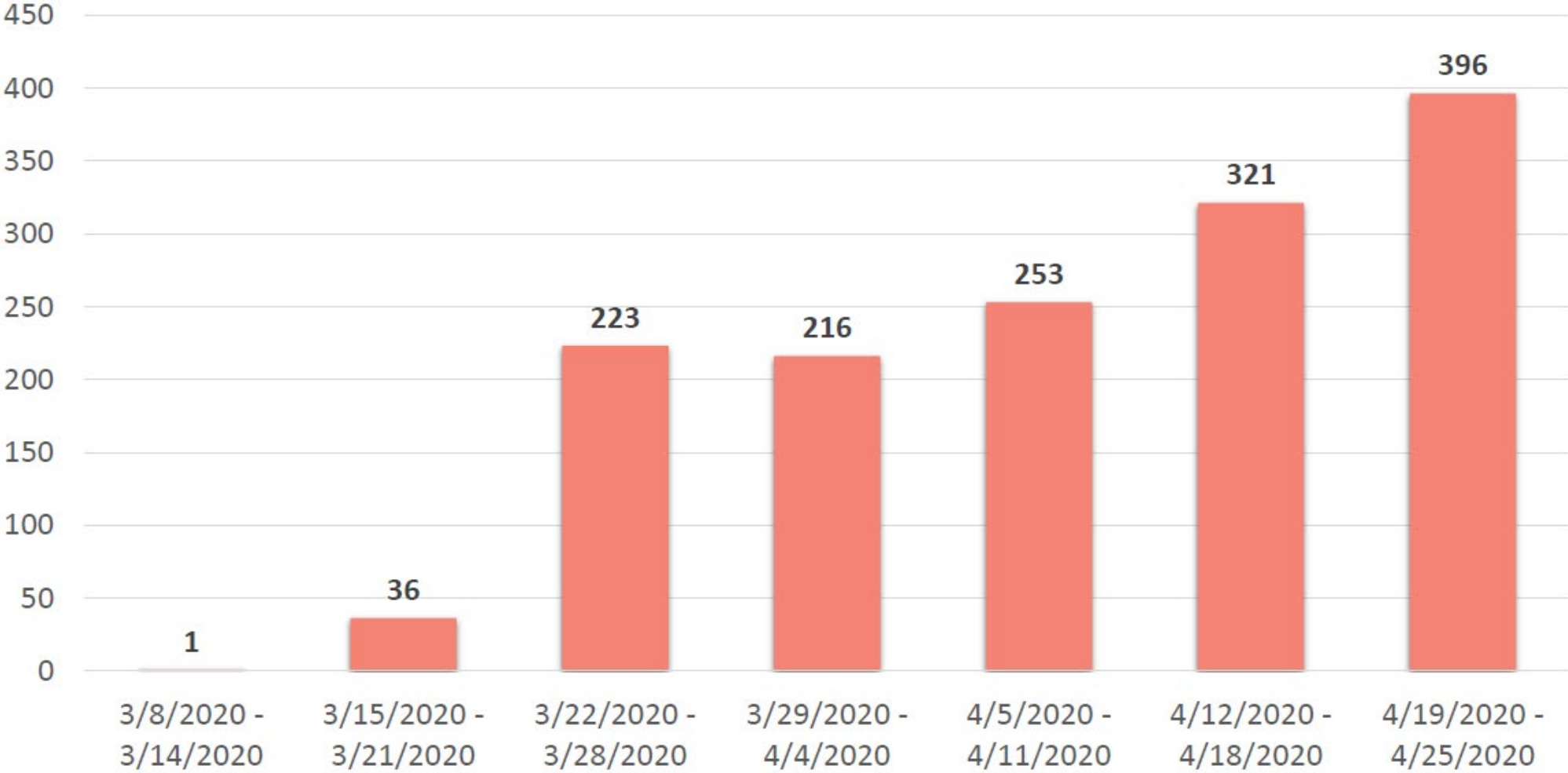
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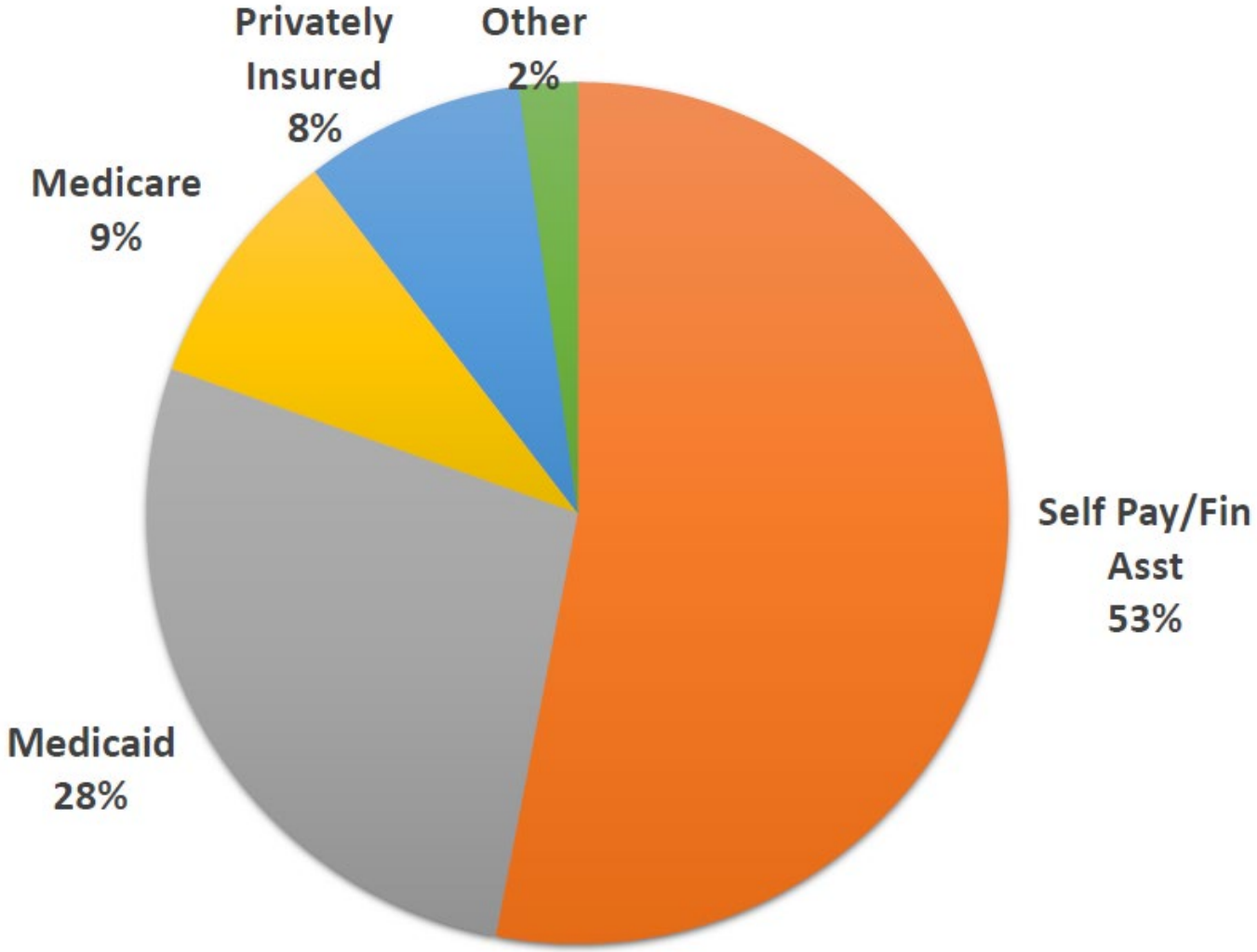
Ethnicity	%
Hispanic/Latino/Spanish Origin	35%
Non-Hispanic/Latino/Spanish Origin	65%

COVID-19 Positive Patients across all CCH locations

1,446 Positive Patients All CCH Locations



COVID-19 Payor Mix



Deaths

Gender	%
Female	32%
Male	68%

Age Group	%
0-20	0%
21-40	3%
41-64	59%
65+	38%

Race	%
African American/Black	51%
Other/Unknown	27%
White	22%

Ethnicity	%
Hispanic/Latino/Spanish Origin	41%
Non-Hispanic/Latino/Spanish Origin	59%

COVID-19 Clinical Trials and Studies at CCH

- Two clinical trials are Phase III randomized trials testing remdesivir for moderate or severe COVID patients. CCH is one of only three medical centers in Chicago and 50 worldwide in these trials.
- North American COVID-19 ST-Segment Elevation Myocardial Infarction Registry (NACMI): Any COVID-19 positive patients or persons under investigation (PUI) with ST-Segment Elevation or new-onset left bundle branch block with a clinical correlate of myocardial ischemia (chest pain, dyspnea, cardiac arrest, hemodynamic instability) will be enrolled. The data will be compared to an age and gender-matched control population from the existing Midwest STEMI Consortium, which is a large (>15,000), prospective multi-center registry of consecutive STEMI patients. CCH believes this registry has the potential to provide critically important time-sensitive data to inform the management and treatment guidelines applicable to COVID-19 patients.

COVID-19 at Cermak Health Services

Cook County Jail and the Juvenile Temporary Detention Center (JTDC)



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Cermak Strategies

Congregate Settings Pose Unique Challenges

Cermak Health Services began planning for this rapidly evolving pandemic in January. Working under the guidance of the Chicago Department of Public Health and CCH's Infection Control team, and in addition to existing infection control practices, a number of additional measures have been implemented in response to COVID-19 at the jail including:

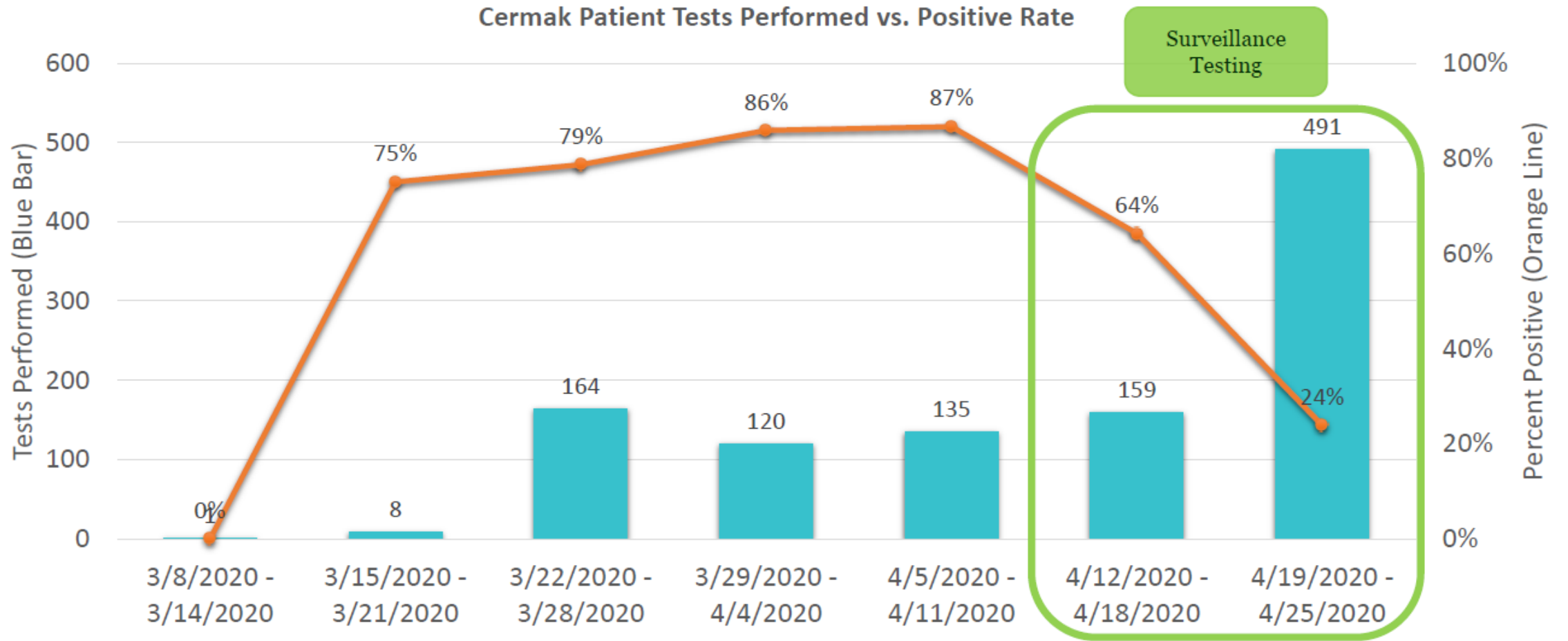
- Educating employees and detainees at the jail about COVID-19, its symptoms and prevention methods;
- Screening incoming detainees for symptoms of COVID-19 and separation housing prior to introduction into the general population;
- Quarantining areas where symptomatic patients originated or where exposure may have occurred;
- Providing PPE and PPE training to staff;
- Monitoring patients for early signs of change in condition;
- Isolating and testing patients with Influenza-Like-Illness (ILI) for flu and COVID-19;
- Isolating all COVID-19 confirmed and suspect cases and providing around-the-clock staffing to monitor isolation areas;
- Implementing and adapting as many of non-medical interventions as possible like shelter in place and social distancing which included opening buildings and the barracks to accommodate space needs;
- Observed handwashing during medication pass;
- Masking all staff and providing masks to all detainees

Facility	March 16 Census	April 29 Census	Change
Cook County Jail	5,588	4,124	(1,464)
Juvenile Temporary Detention Center	210	170	(40)



COVID-19 Testing Conducted at Cermak

1,078 detainees have been tested for COVID at Cermak with 574 positives



Staffing Cermak

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Additional staffing required to properly staff the new areas at Cermak prior to 4/11/20:
408 APP hours, 516 RN hours, 1,092 MA hours

- CCH agency nurses declining to work at Cermak due to more lucrative COVID opportunities.
- CCH redeployed 60-75 nurses to Cermak over past few weeks.
- Illinois Emergency Management Agency allowed CCH to access their agency contract from April 11 – May 8. This has provided between 35 and 75 nurses to assist in caring for Cermak patients.
- Nurse staffing remains our biggest challenge on the jail campus.

COVID-19 CountyCare



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Member Outreach

Home Delivered Meals: Expanded benefits for members for home delivered meals and partnered with several groups for up to 14 meals per week via care coordinator referral.

Identification & Outreach to High Risk Members: Risk stratification algorithms have been adapted to prioritize members at highest risk of COVID-19 complications for our Care Management Teams outreach.

Increase in Care Management Outreach: Developed partnerships to increase Care Management outreach efforts for the higher risk members.

Education to our Members: Proactively outreaching to members to educate them on symptoms, CDC prevention guidelines, and ensure CPS members have awareness of meal support during school closures.

Value Added Benefits: Ramping up value-added benefit program during this time to ease enrollment into the book club for children and allow for members to use their over-the-counter card online and have key items delivered to members' homes.

Clinical Efforts

Telemonitoring Program & Homemaker Agencies: Partnered with home health providers to support telemonitoring programs and are coordinating with homemaker agencies to assist with wellness checks to provide services.

Specialty Care Assistance: Waiving referral requirements for certain oncology and cardiology services to expedite care, and creating COVID-19 triage clinical pathways for oncology and cardiology to assist the providers managing care for these patients with suppressed immune systems.

Transition of Care Support: Developed a protocol for prompt assistance of transfers and discharges of members via our care coordination team.

Provider Support

Nuanced Billing Support: The Provider Relations Team is virtually connecting with providers to implement coding and billing for COVID-19 as critical changes evolve including authorization and telehealth billing requirements.

Coordination & Referrals: Reaching out to various providers to understand any barriers related to COVID and working through referral processes for CountyCare to route members to essential PPE, remote monitoring services, telehealth capabilities or primary care.

Advanced Payment Options: Advanced hospital payment model being explored to be more broadly applied as best practices across other MCOs. Developed operational processes to support advanced payment options to FQHCs.

Timely Filing / Appeal Extension: Extending timelines for submission of post-service appeals and timely filing.

Forward Thinking

Wellness Kits: Working to build out “Wellness” Kits for high-risk members to send directly to members’ homes.

Offering Enrollment Support: We’ve offered support via our Oak Forrest call center to assist with online enrollment similar to redeterminations (offer currently denied).

Transportation: We are identifying additional providers for safe transportation for members for Non-Emergent transport. We are working on allowing reimbursement for a-typical transportation providers such as Uber or Lyft.

Pharmacy: We are exploring partnership options to create standing orders for over the counter drugs, pre-natal vitamins, and condoms.

Analytical Projections: We continue to develop analytical models for: facility capacity monitoring, membership/enrollment projections, elective procedure cost impact, COVID-19 services tracking, and cost modeling.

Covid 19 CCDPH

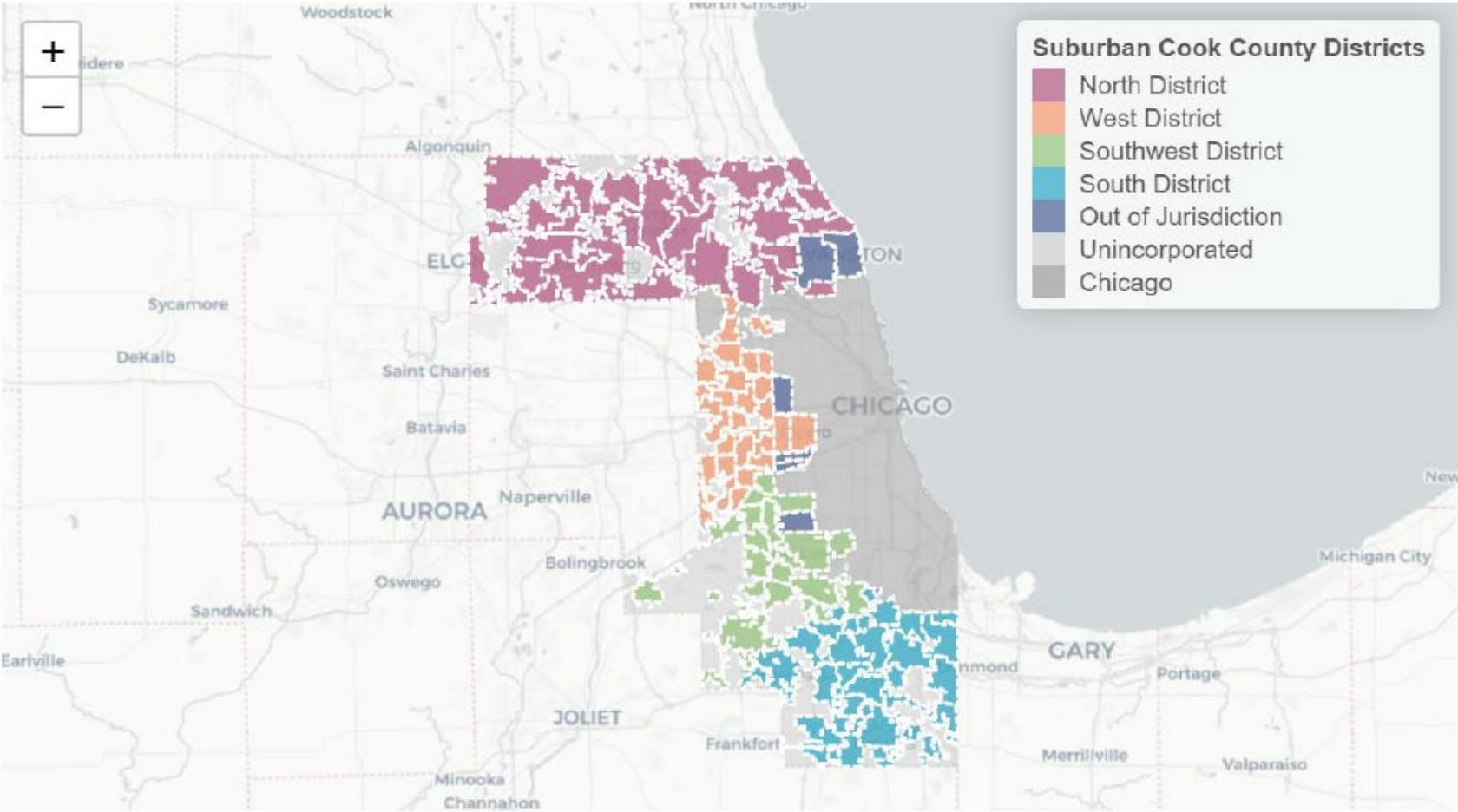
Public Health Authority for 2.5M suburban Cook County residents



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CCDPH's suburban jurisdiction

Suburban Cook County Districts



Current status of COVID-19

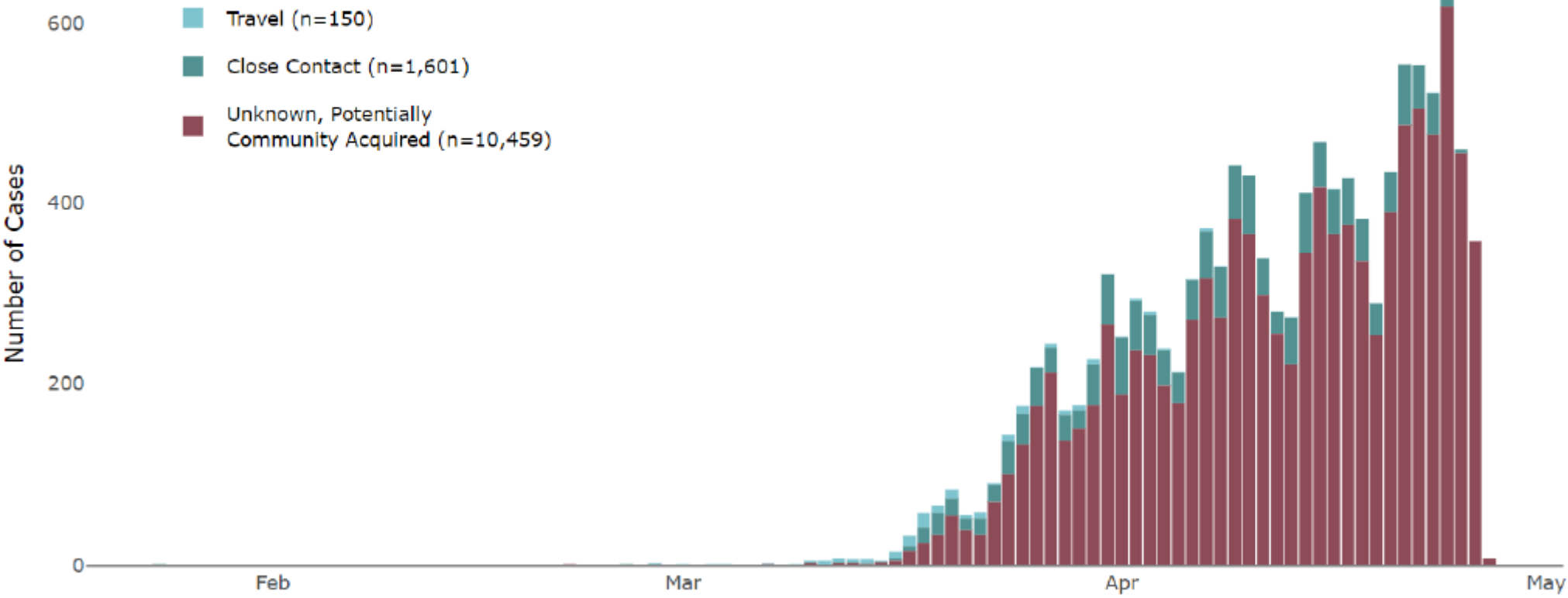
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 - Data are available in tables, graphs, and maps; by age, location, gender, race/ethnicity
 - Links Medical Examiner's Office death data

Case counts continue to grow

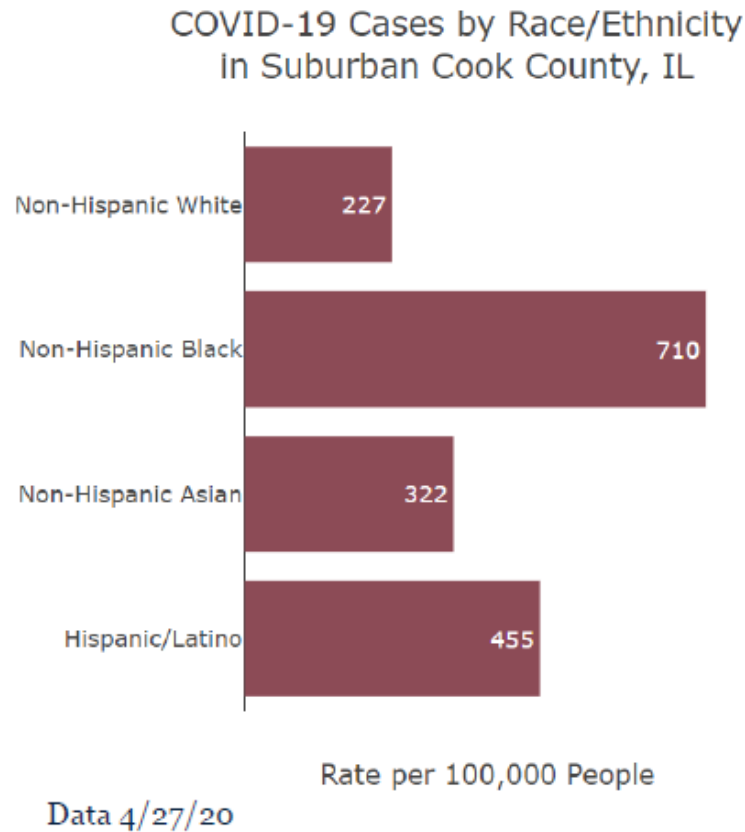
But the rate of growth is slowing

COVID-19 Cases by Report Date and Exposure Source in Suburban Cook County, IL



Data 4/27/20

Significant disparities observed among cases



- Rates of disease are more than 3 times higher among non-Hispanic Blacks, compared to non-Hispanic Whites
- Rates of disease are 2 times higher among Hispanics/Latinx, compared to non-Hispanic Whites
- These health disparities are the result of years of racist policies like redlining; economic disinvestment, lower access to healthcare and health insurance; food insecurity; substandard housing; higher rates of unemployment.

CCDPH response activities

Contact Tracing

- CCDPH Communicable Disease Unit conducts contact tracing; tracing for some infectious diseases is part of CCDPH's ongoing work. While tracing for COVID-19 is new, the process is not.
- Now, almost 30 CCDPH staff members and physicians are conducting case investigations and contact tracing.
- More staff is needed for extensive contact tracing in order to make informed decisions about scaling-back on social distancing measures, and to ensure control of further spread during the next disease surge. We are working on a scale-up plan now.
- Current contact tracing priority - cases from congregate settings like correctional facilities, nursing homes, long term care, and group homes, as well as hospitalized patients.

CCDPH response activities

Congregate Settings

- IDPH licenses and inspects long term care facilities and has authority to issue citations. CCDPH provides guidance and technical assistance regarding infectious disease best practices.
- CCDPH staff is in daily contact with over 110 congregate settings in suburban Cook County with at least 1 diagnosed case to monitor and provide infection control assessments and guidance.
- With IDPH and CDPH, we're working to launch a joint initiative with Project Hope, a non-profit volunteer organization, to provide on-site evaluations, training and infection control guidance to most impacted long-term care facilities.

CCDPH response activities

Alternate housing, workplace violation follow up, and communications

- Working with EMRS & CCH to connect suburban residents to hotel rooms if they cannot isolate at home.
- Eligibility:
 - Medically stable, low-risk COVID positive hospital discharges (or their families) First responders, correctional officers, and healthcare workers in need of respite housing
 - Call center operating during daytime hours - 312-864-COOK (2665)
- Collaborating with Illinois Office of the Attorney General to identify and conduct follow-up investigations on egregious workplace violations.
- Partner calls held weekly with over 100 participants including community-based orgs, faith-based orgs, and social service providers.
- New website with COVID-19 information, and “Everyday Heroes” blog to recognize suburban Cook County residents helping to make a positive impact during the pandemic.
- Hotline 708-633-3319 M-F/9-4
- Email ccdph.COVID19@cookcountyhhs.org
- Text AlertCook text: 888-777 (with EOC and President’s Office)



COVID-19 Addressing Inequities



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Alternate Care System Challenge

Criteria to access alternate care sites is exclusionary by definition. Many of our patients have needs, conditions, etc that exclude them for current alternate care facilities.

Solution: Activating the SouthSide^Y for CCH Patients

- Through partnership create a site of care that delivers services to support hi-risk individuals who are COVID-19 Positive in a congregate setting
- Create a setting that accommodates the needs of patients discharged from the hospital or emergency to support throughput and flow
- Create linkages to services and support post respite care

Partners

Cross Sector Collaboration

- City of Chicago Partners
- DFSS-Shelter Operations
- CDPH-COVID related, Shelter Surveillance, focused clinical staff resources
- Office of Emergency Management-Resources
- YMCA Organization-Facility location and support



Program Overview

Medical Services

Provision of Care for up to 132 people who are COVID positive and don't meet the eligibility criteria for other placement e.g. dialysis, insulin dependent diabetes, etc. AND newly identified COVID + patients from CDPH shelter surveillance

- Physician support from IM, Family Medicine, ID and Emergency Department

MH/SUD services

- Internal and External Behavioral Health Teams provided by BHC, in addition to Trilogy and Thresholds
- SUD services provided by internal CCH team

Robust use of telehealth

Care Coordination

- Nursing Support-35 shifts per week (will flex depending on other resources)
- P-payer eligibility, coordinate entry for housing, linkages to medical homes, respite follow up care

Additional Initiatives to Address Inequities

Community Focus

Planning Activities- Westside Workgroup

- Broad representation from multiple sectors-provider, hospital, shelter, City of Chicago
- Disease burden, social needs and COVID will require different programming
- Increased understanding leads to changes in approach e.g. mask every one at the Shelter
- City of Chicago partnership and engagement

Initial response

- Post-acute care for vulnerable patients was traumatized by the COVID-19 outbreak
 - Shelter system-not consistently available, conflicting information
 - Mental health/Substance Use Disorder (SUD) providers have severely restricted flow
- COVID-specific resources have narrow inclusion criteria-no dialysis, no insulin dependent diabetics etc.
 - City Hotels very restrictive < 5 patients placed since disaster declared
 - Safe Haven, a little broader, but still unable to place patients. Approximately 3 in last 10 days
 - Intake/referral process unable to keep pace with demand which leads to

Additional Initiatives to Address Inequities

- CCH ambulatory teams are reaching out to patients particularly at risk of COVID-19 infection due to certain health conditions. Through data that comes from emergency departments around the area, we have been able to pull a list of more than 2,000 patients who are at risk. Our team is reaching out to them to ensure they have the resources they need and, if required, offering virtual appointments for them.
- We are texting our patients educating them about symptoms of coronavirus and providing them with guidance and resources if needed.
- We are providing testing at both hospitals and all CCH community health centers for CCH patients with appropriate physician order.
- We continue to hold our FRESH trucks at our clinics, providing fruits and vegetables to patients who are food insecure and those in the community who are in need.
- We are communicating with our patients about the resources available to help them, including a mental health hotline and information about SNAP and unemployment.
- Virtual Community Advisory Council meetings to be held in May



Additional Initiatives to Address Inequities

- Collaborating with GCFD to provide and deliver supply of weekly meals to identified members/patients
- Intense follow-up of COVID+ members identified by team or via referral
- Collaborating with CDPH on triaging inpatient discharges for housing referrals
- Developed COVID wellness check/assessment and outreaching to members for identification, COVID education (based on CDC guidelines and IDPH for testing sites, etc.)
- Conducting telehealth visits
- Collaborating with CPS on IEP's or behavioral health needs for our Special Needs Children population
- Increasing referrals to Legal Aid Foundation to assist with legal issues associated with SSI, evictions, etc.
- Responding to questions/assistance related to stimulus checks and all other federal or state initiatives
- Delivering water, food, formula/diapers, masks, and other identified needs to porches and even delivered to recent homeless who are living in cars.

CCDPH Support

Leveraging CCH Infrastructure

Alternate Housing Program

- CCDPH-hotel accommodations with criteria for participation in line with CDPH
- Hotels located in suburbs-total of 400 beds
- Patient Support Center supporting referral telephone bank
- Transportation provided by CCH fleet (using excess capacity) for those without transportation



COVID-19 Federal Activities & Funding



COOK COUNTY
HEALTH

COVID Related Federal Funding Bills

- In March Congress approved and the President signed three separate federal funding bills related to Coronavirus.
 - **Phase I (CV1), the Coronavirus Preparedness and Response Supplemental Appropriations Act (H.R. 6074)**
\$8.3 billion in funding. Key provisions include:
 - funding for developing, manufacturing, and procuring vaccines and other medical supplies,
 - grants for state, local, and tribal public health agencies and organizations.
 - **Phase II (CV2), the Families First Coronavirus Response Act (H.R. 6201)**
\$100 billion in funding. Key provisions include:
 - 6.2% increase to the Medicaid federal medical assistance percentage (FMAP) for states,
 - temporary suspension of SNAP program work requirements.
 - **Phase III (CV3), the Coronavirus Aid, Relief, and Economic Security Act, “CARES Act” (H.R. 748)**
Includes \$100 billion in funding for hospitals. Key provisions include:
 - delay of Medicaid Disproportionate Share Hospital (DSH) payment cuts through Nov. 30, 2020,
 - reimbursement for health care related expenses or lost revenue directly attributable to the public health emergency resulting from coronavirus.
 - CCH received the first tranche of CARES Act funding last Friday.
 - Additional tranches are expected to be released in the next week.

COVID Related Federal Funding Bills

- Last week an additional funding package was approved by the Senate and awaits action in the House today.
- **Phase 3.5 (CV3.5) – Paycheck Protection Program and Health Care Enhancement Act (H.R. 266)**
 - Adds an additional \$310 billion in the Paycheck Protection Program (PPP). Key provisions include:
 - \$75 billion for reimbursement to hospitals and healthcare providers for COVID-19 related expenses and lost revenue,
 - \$25 billion for expenses to research, develop, validate, manufacture, purchase, administer, and expand capacity for COVID-19 tests,
 - up to \$1 billion to be used to cover the costs of testing for the uninsured.
- A fourth coronavirus response bill is expected to include state and local fiscal relief along with economic stimulus measures, including infrastructure and tax relief.

Federal Assistance Received and In Progress

- ✓ \$7.1 million earmarked for CCH from Medicare formula
 - ✓ \$11.1 million received to help offset revenue loss
 - ✓ \$1.87 million monthly DSH FMAP funds received for April
 - ✓ \$900k crisis grant awarded to CCDPH
 - ✓ \$28 million in advance Medicare received for cash flow
-
- DSH FMAP retroactive to January - \$10 million
 - Finalizing BIPA FMAP impact with the State
 - Additional federal reimbursements for lost revenue
 - Direct and indirect expenditure reimbursements
 - Applying for \$1M telehealth grant from the FCC
 - Federal reimbursement for testing/treating uninsured COVID 19 patients

Covid 19 Financial Impact



COOK COUNTY
HEALTH

COVID-19 Potential Impact on Patient Fees

- The COVID 19 financial impact remains dynamic
- Since March 15, 2020, gross revenues (charges) have declined by 43%
- Uninsured (Charity, Self-Pay) charges have declined by 52%
- Insured charges have declined by 40%
- Charges being monitored weekly
- Current estimated impact of COVID 19 on patient fee revenues is \$60-\$75 million, assuming impact is March through June.

COVID-19 Potential Impact

Revenue and Expense COVID 19 Impact Projected through June

- Estimated \$60 to \$75 million revenue loss
- Estimated \$10 to \$15 million supply/equipment/registry impact projected
- Overtime impact \$8 to \$12 million projected
- Regular time re-directed to COVID 19 activities being calculated

Beyond COVID19



COOK COUNTY
HEALTH

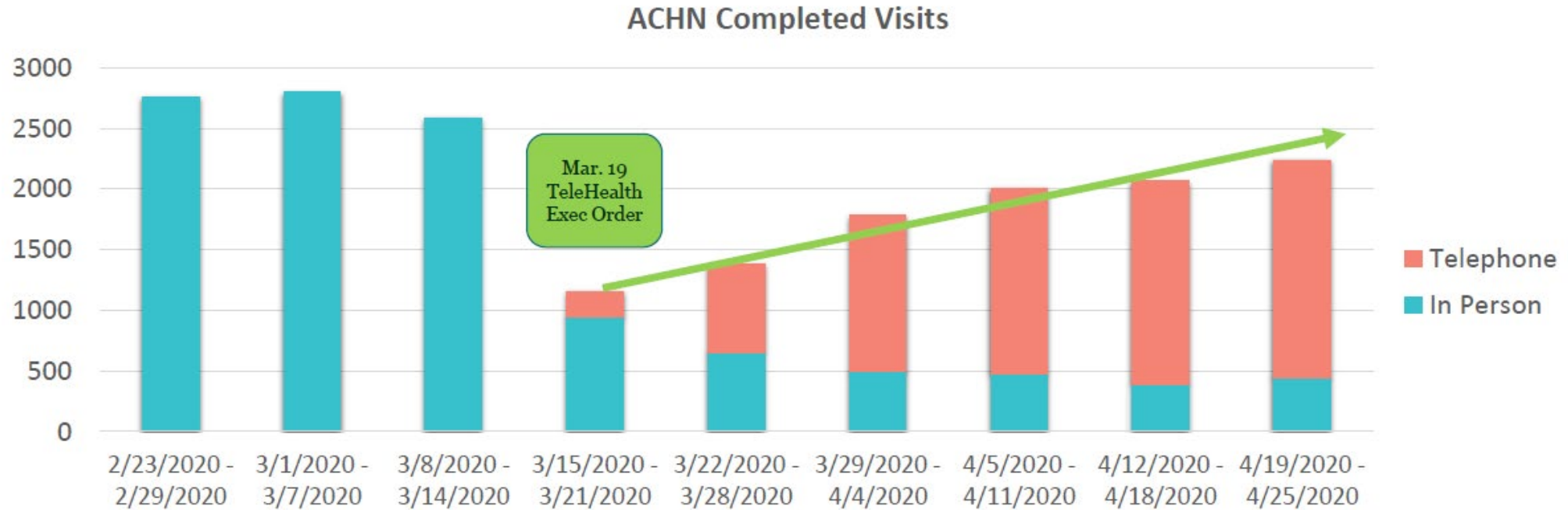
Beyond COVID19

Planning is Underway

- Medical staff working on phased plan to resume services starting with electives in mid-May
- Must consider redeployed staffing and supplies as services are phased back in.
- Picking up the momentum we had gained prior to the pandemic will take time.
- The financial impact will likely result in service reductions, at least temporarily.
- Need to use this experience as opportunity to capitalize on COVID success stories, improve the patient experience and reduce expenses (eg: telehealth, mail order pharmacy, teleworking, etc)

Future Opportunity: COVID-19 TeleHealth Implementation

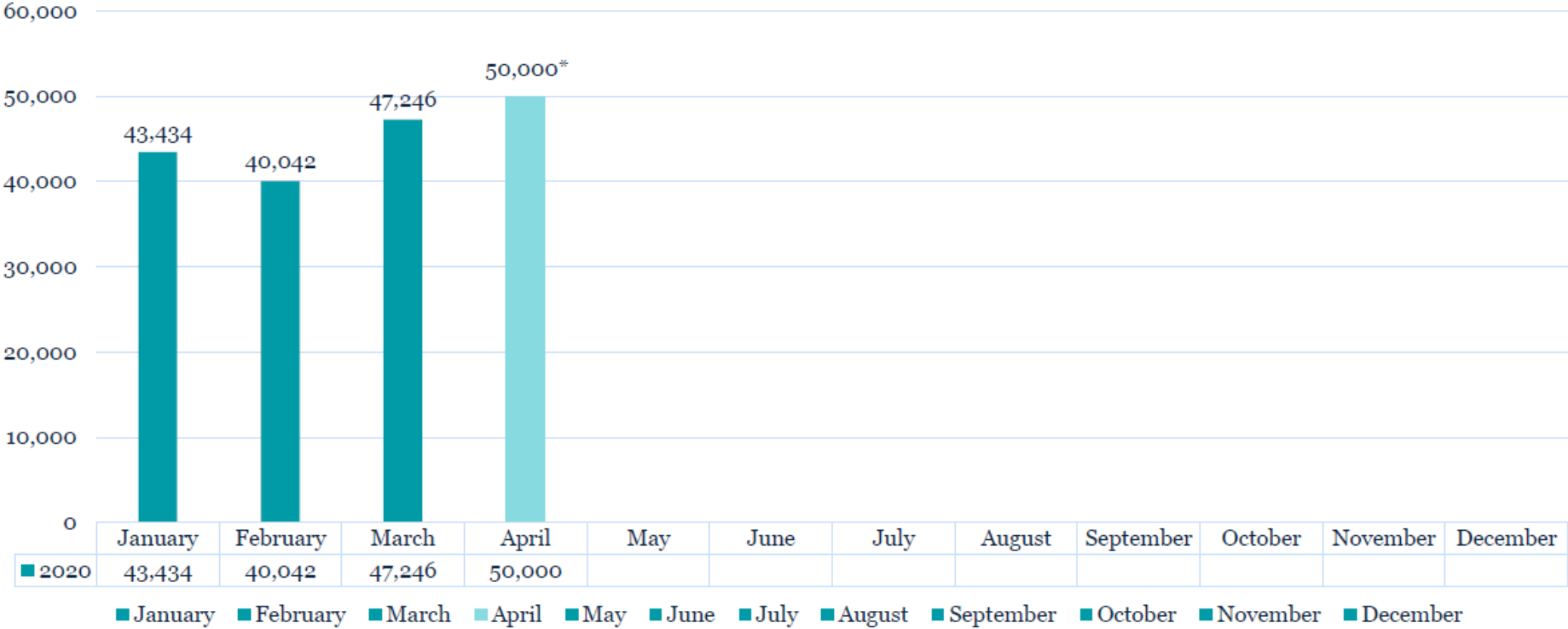
7,323 Telephone visits have been completed through ACHN



- March 19: State of Illinois Executive Order to increase the use of TeleHealth
- Immediately began adding TeleHealth services to ramp back up patient care
- Six weeks after implementation ACHN is back to 86% of the pre-COVID visit volume
- Video visits are being finalized as the next phase of the TeleHealth rollout

Cook County Central Fill/Mail Order Pharmacy

Monthly Volumes



*projected

COVID-19 Media

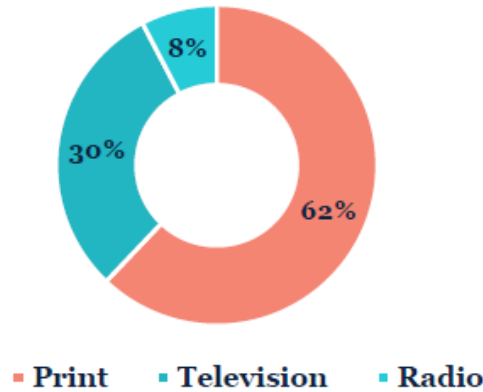


COOK COUNTY
HEALTH

COVID-19 Media Dashboard

Jan 21-April 28: Total Number of Media Hits: 253

Media Outlet Type



Most Common Topics

- COVID-19 Information and Patient Education
- CCDPH COVID-19 Case Data
- CCH Preparedness and Response
- COVID-19 Impact on Communities of Color

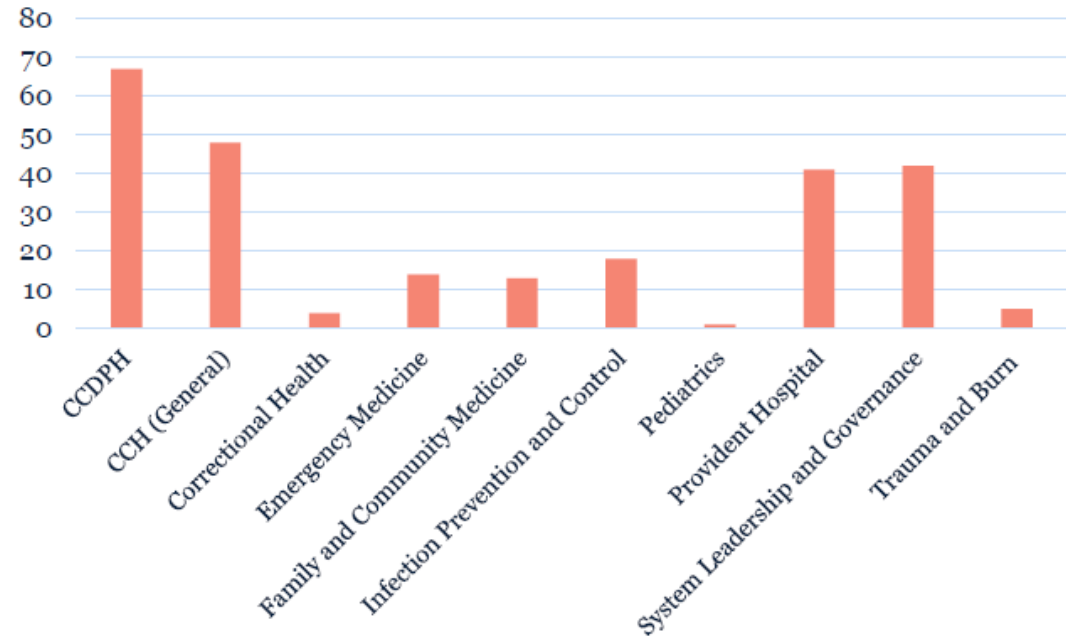
Top National Media Outlets

- MSN
- CNN
- Univision
- Becker's Hospital Review
- Associated Press

Top Local Media Outlets

- Chicago Sun-Times
- Chicago Tribune
- ABC 7 Chicago
- Crain's Chicago Business
- WBBM Newsradio

Media Mentions by Department



Corporate Compliance Metrics



Presented to the CCH Board on April 30, 2020



COOK COUNTY
HEALTH

Meeting Objectives

Review

Metrics

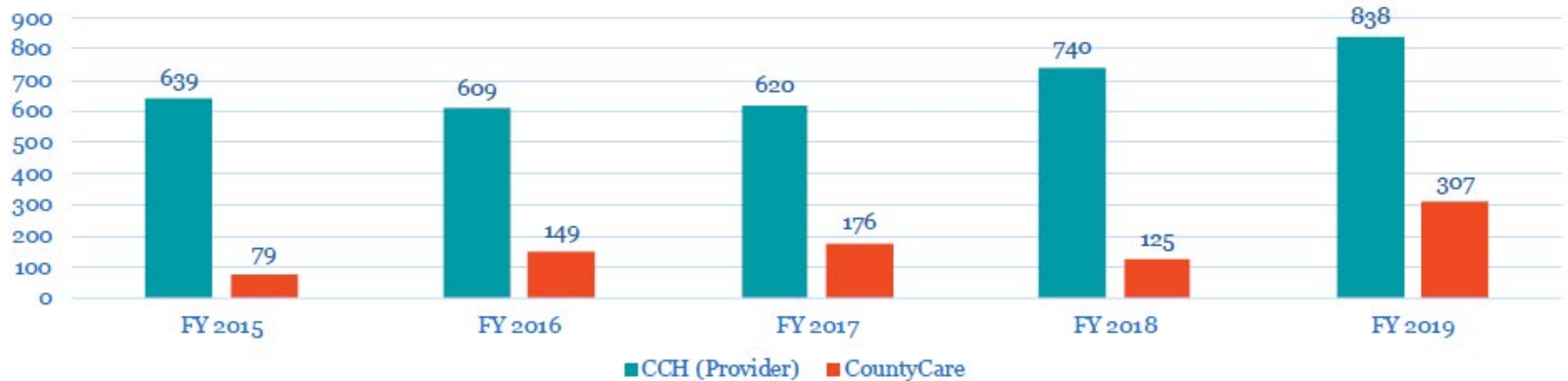
- Year-Over-Year Comparison
- Cook County Health as a Provider of Health Care Services
- CountyCare Medicaid Health Plan

Receive and File

- Cook County Health as a Provider of Health Care Services Compliance Annual Report
- CountyCare Compliance Annual Report

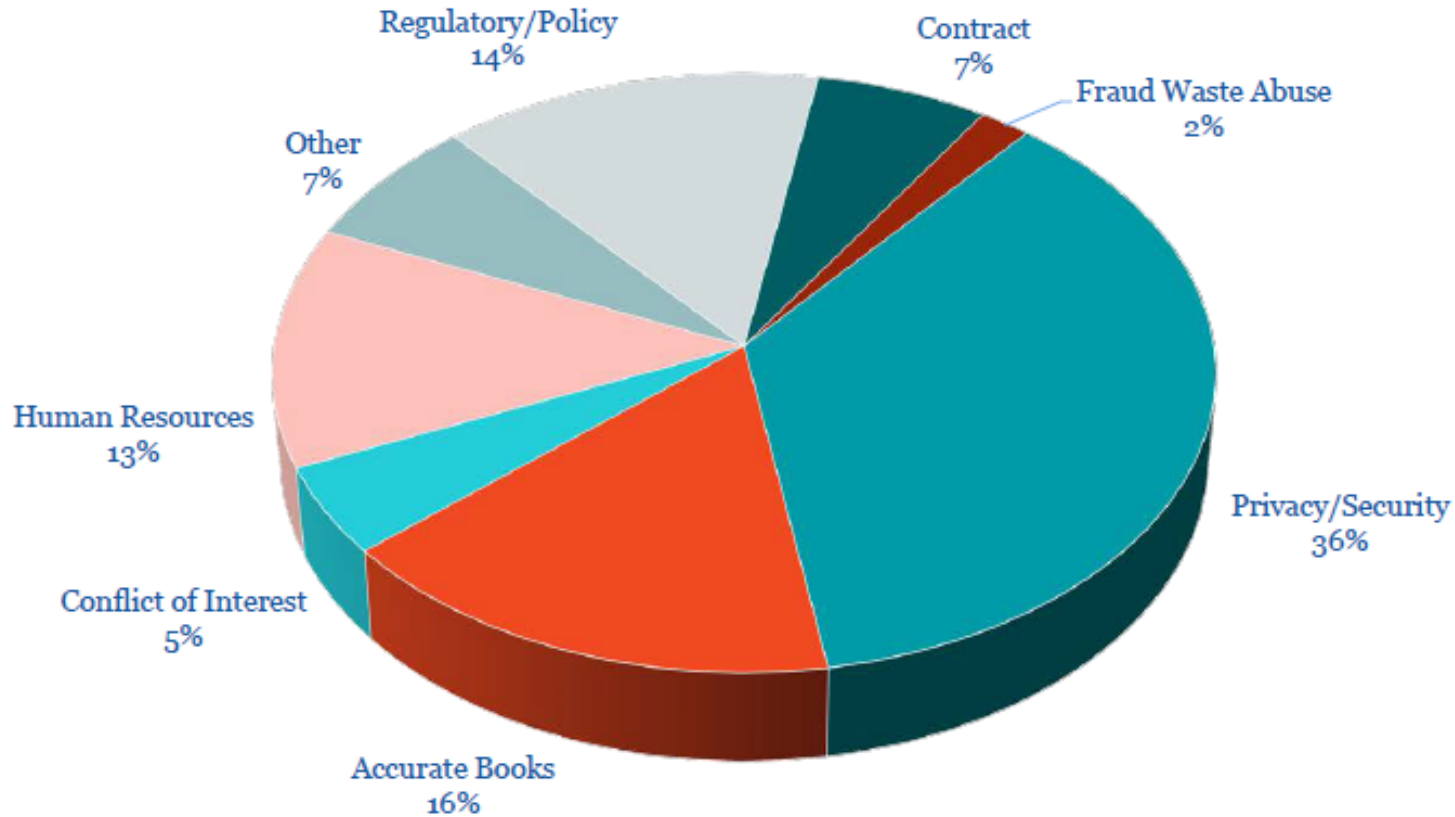
YearOver-Year Contacts

Separating out CCH as a Provider of Care and as the CountyCare Health Plan



2019 Contacts by Category

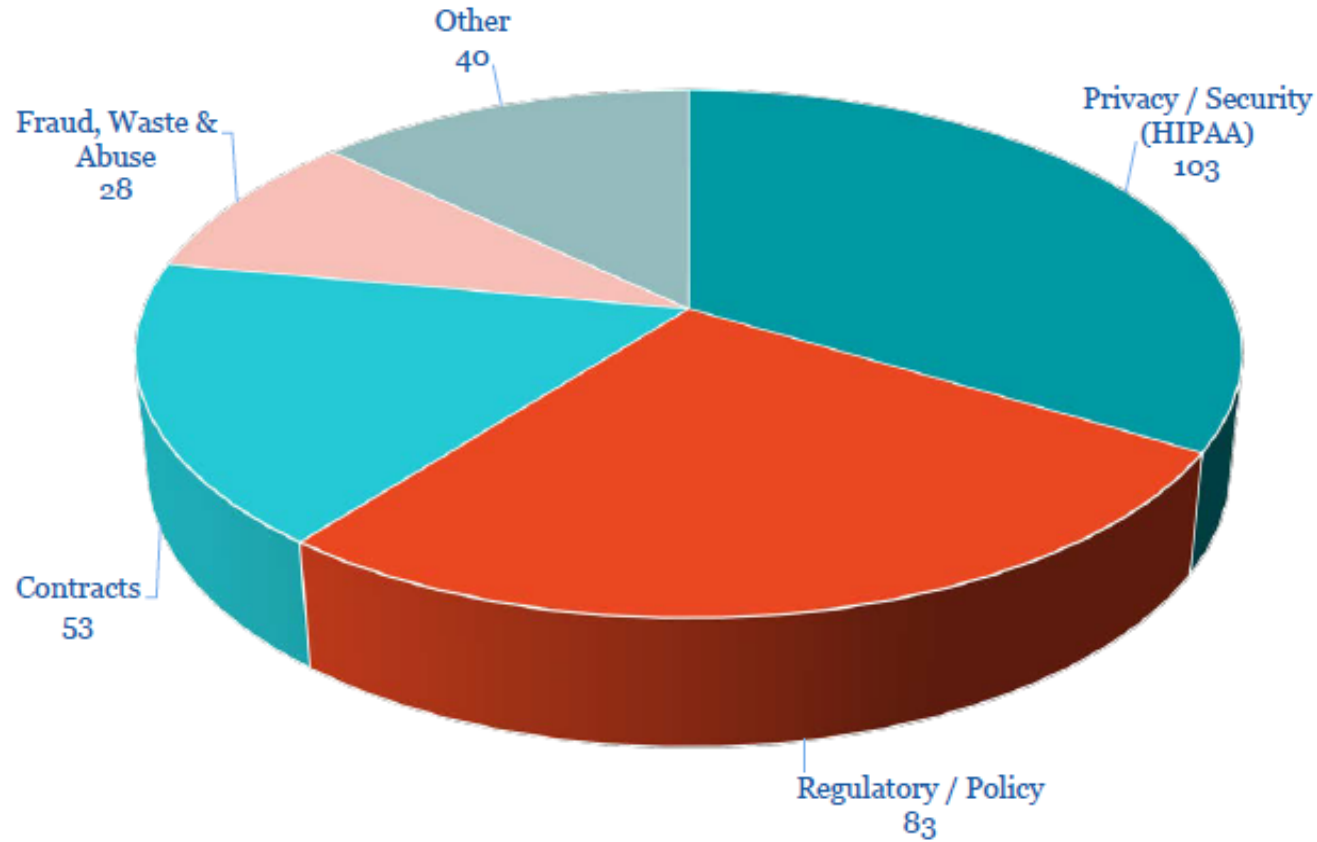
CCH as a Provider of Care



Categories	
Privacy/Security (HIPAA)	304
Accurate Books	137
Regulatory/Policy	119
Human Resources	109
Contracts	54
Conflict of Interest	40
Fraud Waste & Abuse	16
Other	59
	838

2019 Contacts by Category

CountyCare Health Plan



Categories	
Privacy/Security (HIPAA)	103
Regulatory / Policy	83
Contracts	53
Fraud, Waste & Abuse	28
Other	40
TOTAL	307

Fraud, Waste and Abuse Metrics

State Fiscal Year (S-FY) 2019 through S-FY20 Q2

S-FY	Reporting Quarter	Tips	Investigations	Referrals to HFS OIG	Provider Audits	Overpayments Identified ²	Overpayments Collected
19	<u>Q1</u> 07/01 -09/30/18	15	45	0	173	\$ 694,801.54	\$ 44,385.25
19	<u>Q2</u> 10/01 – 12/31/18 ¹	45	72	3	5,096	\$ 2,017,085.76	\$ 728,888.43
19	<u>Q3</u> 01/01 – 03/31/19	43	19	3	14,562	\$ 1,727,746.85	\$ 649,460.41
19	<u>Q4</u> 04/01 – 06/30/19	127	32	2	6,593	\$ 2,954,544.92	\$ 563,965.32
20	<u>Q1</u> 07/01 -09/30/19	48	34	1	2,585	\$ 807,435.35	\$ 1,629,520.96
20	<u>Q2</u> 10/01 – 12/31/19	48	6	2	5,096	\$ 1,814,492.82	\$ 775,043.57

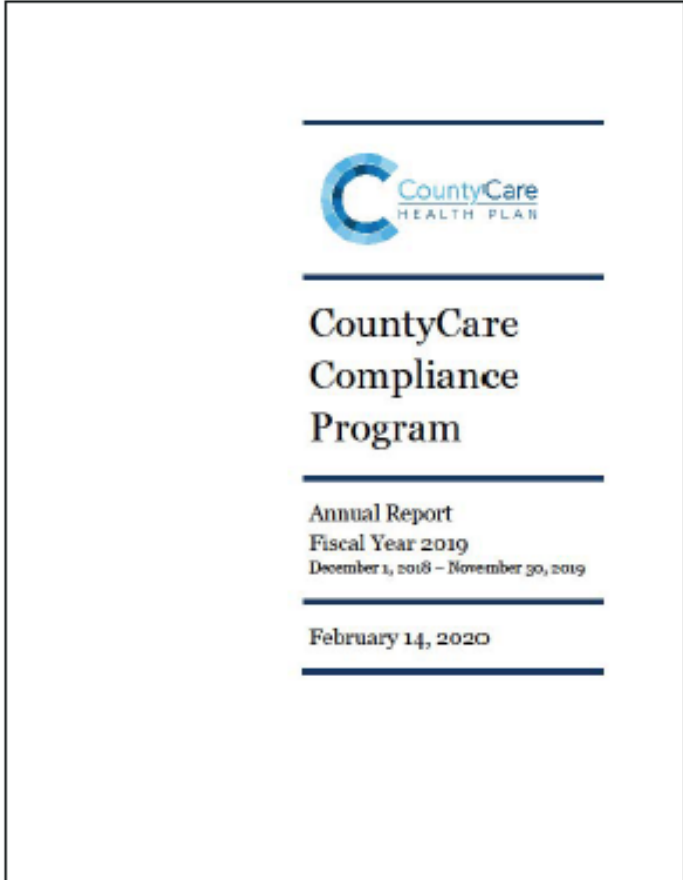
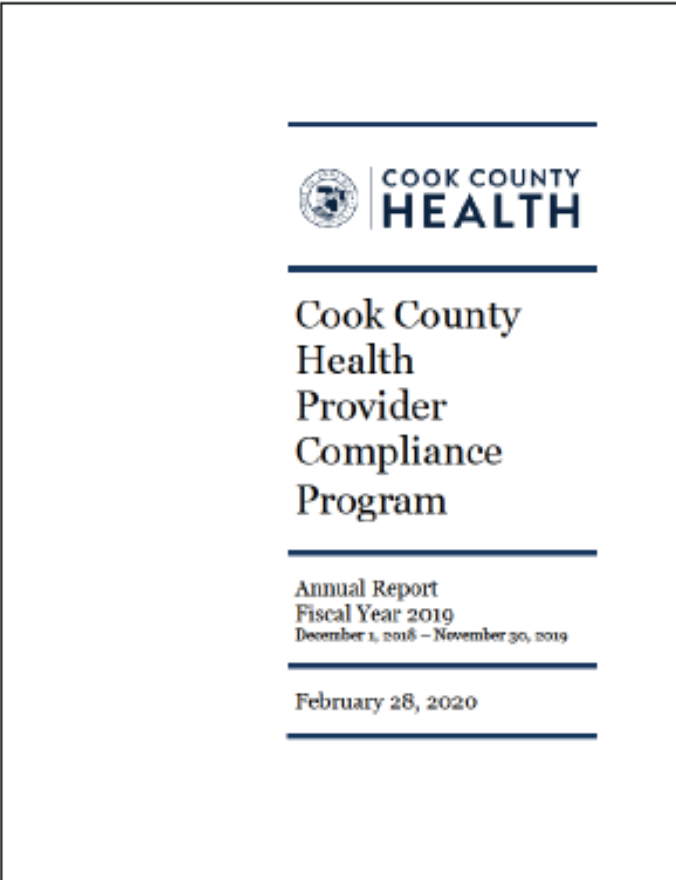
¹ The 2nd Quarter S-FY 19 was significant for CountyCare Compliance. CountyCare, through its TPA Evolent, engaged a new data mining vendor who brought a proprietary catalogue of concepts to analyze CountyCare's claims. The results of the new vendor's activity is reflected in the metrics above.

² The Overpayments Identified column indicates the total amount paid to the provider for the identified inaccurate codes. These amounts may be offset if a provider elects to bill a corrected claim.



Corporate Compliance Annual Reports

CCH as a Provider of Care and CountyCare Medicaid Plan





Finance Metrics & FY20 20 Update

Presented to the CCH Board on April 30, 2020



COOK COUNTY
HEALTH

Pre-COVID-19 FY2020 Budget Reassessment and Outlook

FY2020 Budget (millions)	\$2,823.9
Projected Year End Expenditure Variance	(\$162.4)
Projected Year End Revenue Variance	(\$7.9)
FY 2020 Projected Year End Deficit	(\$171)
Information Technology Contract Renegotiation	\$12.7
Other Contract Holdbacks/Reductions	\$36.6 (\$21.6 identified/\$15 in progress)
Delay CIP Projects to pay for Urgent Capital	\$16 (\$10 identified/\$6 in progress)
Hiring Timing	\$7
CountyCare Net Projection/LTSS	\$15.3
Revenue Solutions (AI, Co-Pays, etc)	\$7.9
Remaining Deficit	(\$75)

Pre-COVID-19 FY2020 Health System Revenue Variances

Revenue Source	FY2020 Budget	FY2020 Cash Collected* + CC Claims (Dec/Jan)	Expected Cash Collected (Dec/Jan)	Surplus (Deficit) (Dec/Jan)	Year End Projection
Patient Fees	\$663.5	\$107.6	\$113	(\$5.4)	(\$32.7)
DSH	\$156.7	\$32.9	\$26.1	\$6.8	\$24.80
				Total	(\$7.9)
*References cash collected from the County's January YTD Revenue and Expense Report					

COVID-19 Potential Impact on Patient Fees

- The COVID 19 financial impact remains dynamic
- Since March 15, 2020, gross revenues (charges) have declined by 43%
- Uninsured (Charity, Self-Pay) charges have declined by 52%
- Insured charges have declined by 40%
- Charges being monitored weekly
- Current estimated impact of COVID 19 on patient fee revenues is \$60-\$75 million, assuming impact is March through June.

COVID-19 Potential Impact

Revenue and Expense COVID 19 Impact Projected through June

- Estimated \$60 to \$75 million revenue loss
- Estimated \$10 to \$15 million supply/equipment/registry impact projected
- Overtime impact \$8 to \$12 million projected
- Regular time re-directed to COVID 19 activities being calculated

COVID-19 Potential Impact

Financial Assistance Received and In Progress

- ✓ \$7.1 million earmarked for CCH from Medicare formula
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 - Applying for \$1M telehealth grant from the FCC
 - Federal reimbursement for testing/treating uninsured COVID 19 patients

FY2020 Budget ReAssessment and Outlook

FY2020 Budget (millions)	\$2,823.9
Projected Year End Expenditure Variance	(\$75)
Projected Year End Revenue Variance	(\$0)
FY 2020 Projected Year End Deficit	(\$75)
April 10 th COVID 19 Revenue Impact Estimate	(TBD)
April 10 th COVID 19 Expenditure Estimate	(TBD)

Next Steps

- Further impact of COVID 19 expenses, lost revenue, and potential reimbursement
- Review of CountyCare COVID 19 impact
- Restart budget expenditure solution review
- Revenue cycle projects
- Re-cast FY2020 budget in May to align expenses with revenue

CCH Finance: January 2020 Results



COOK COUNTY
HEALTH

Executive Summary

- Cook County Health (“CCH”) financial results for the two months ended January 31, 2020 are behind budget by \$2.2 million
- Many initiatives are either planned to launch soon or are already in flight to improve financial results over the remainder of FY20
 - Goal is to achieve FY20 budget and protect CCH’s mission
- Managing cash flow is also a major focus
 - Improving the cash yield from CCH Health Provider revenue cycle operations
 - Reducing the unpaid CountyCare medical claims to 30 days outstanding
 - Accelerating cash to be received from the State of Illinois (e.g. BIPA/GME)

System Accrual Basis Income Statement (Unaudited)

for the Two Months Ended January 31, 2020 (in thousands)

	Actual	Budget	Variance	Variance %
Operating Revenue				
Net Patient Service Revenue (1)	\$95,935	\$97,978	(\$2,043)	-2%
GME – Graduate Medical Education Payments (1)	12,883	0	12,883	0%
DSH – Disproportionate Share Hospital Payments (2)	30,252	26,117	4,135	16%
BIPA – Benefits Improvement and Protection Act Payments	22,050	22,050	0	0%
CountyCare Capitation Revenue (3)	279,020	263,185	15,835	6%
Provident Access Payments	13,251	17,116	(3,865)	-23%
Other Revenue	620	1,638	(1,018)	-62%
Total Operating Revenue	\$454,011	\$428,084	\$25,927	6%

Notes:

- (1) GME presented separately from Net Patient Revenue as the State of Illinois has carved GME from Medicaid Patient Service Revenue. GME and Net Patient Service Revenue should be combined for the purpose of comparison to budget.
- (2) DSH will be above budget in FY20 as CCH was awarded \$24.8M of supplemental DSH
- (3) CountyCare Capitation Revenue actual and budget reflects activity related to non-CCH enrollees; Net Patient Service Revenue includes revenue related to CCH CC enrollees

System Accrual Basis Income Statement (Unaudited) for the Two Months Ended January 31, 2020 (in thousands)

	Actual	Budget	Variance	Variance %
Operating Expenses				
Salaries & Benefits	\$115,001	\$109,618	(\$5,383)	-5%
Overtime	8,609	5,082	(3,527)	-69%
Pension	18,550	18,321	(229)	-1%
Supplies & Materials	11,783	9,494	(2,289)	-24%
Pharmaceutical Supplies	11,463	12,351	888	7%
Purchased Services & Other	43,024	46,529	3,505	8%
CountyCare Clinical Expense – Foreign	270,954	250,447	(20,507)	-8%
Insurance Expense	5,311	6,130	819	13%
Depreciation	5,693	4,238	(1,455)	-34%
Utilities	2,141	2,218	77	3%
Total Operating Expense	\$492,529	\$464,428	(\$28,101)	-6%

Note:

(1) CountyCare clinical expense excludes CCH clinical claims



System Accrual Basis Income Statement (Unaudited) for the Two Months Ended January 31, 2020 (in thousands)

	Actual	Budget	Variance	Variance %
Operating Revenue				
Total Operating Revenue	\$454,011	\$428,084	\$25,927	6%
Operating Expenses				
Total Operating Expense	\$492,529	\$464,428	(\$28,101)	-6%
Operating Margin	(\$38,518)	(\$36,344)	(\$2,174)	-6%
Non-Operating Revenue	\$13,820	\$18,321	(\$4,501)	-25%
Net Income/(Loss)	(\$24,698)	(\$18,023)	(\$6,675)	-37%

Observations on System Accrual Basis Income Statement

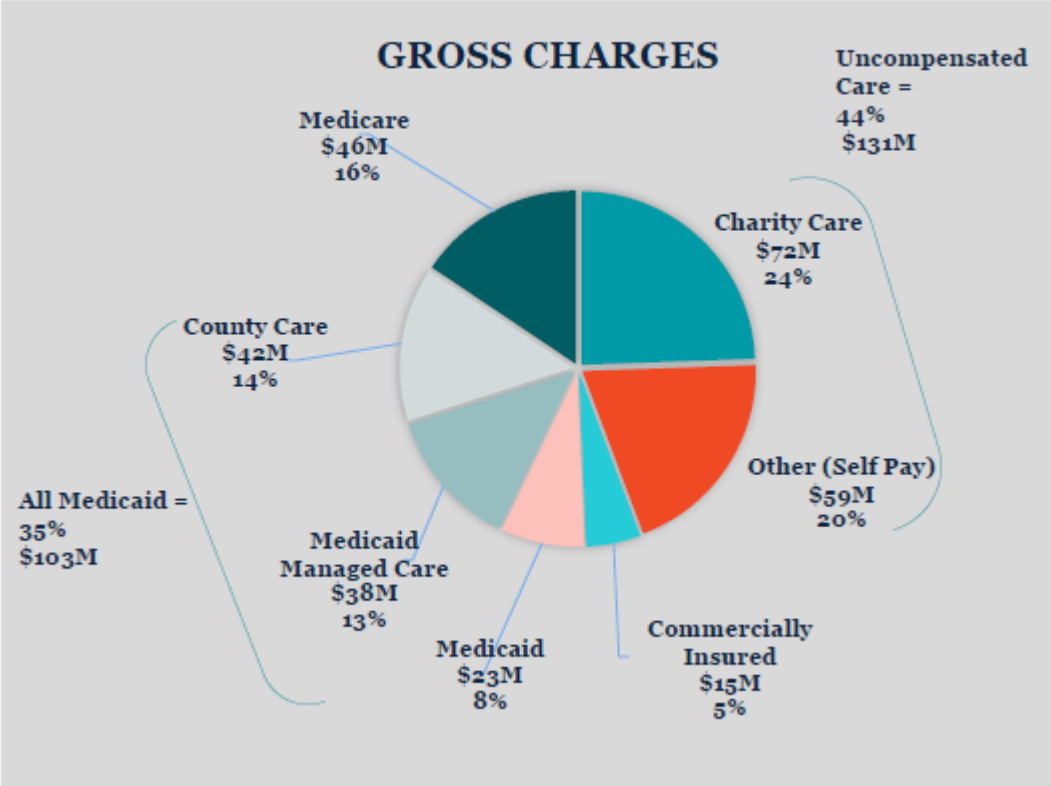
- Primary driver of the below budget performance is the CCH Health Providers and CountyCare operations
- CCH Health Provider Operating Margin below plan by \$7.8M
 - Patient volume over budget by 19.6%, driving costs that are more variable in nature to exceed budget
 - Payor mix shift continuing to shift toward a higher percentage of Charity Care and Self-Pay patients
- CountyCare's Operating Margin below budget by \$6.2M
 - Clinical expenses exceeding increase in premium revenue
 - State mandated rate increases to foreign providers, combined with more medically complex enrollees
 - Expected premium rate increase to offset State mandated rate increases to foreign providers not yet finalized by, nor paid by, the State
- Other entity operating results – Bureau of Health; Public Health; Cermak Health and JTDC – are consistent with budget

Operating Results by Entity
Two Months Ended Jan. 31, 2020
 (dollars in thousands)

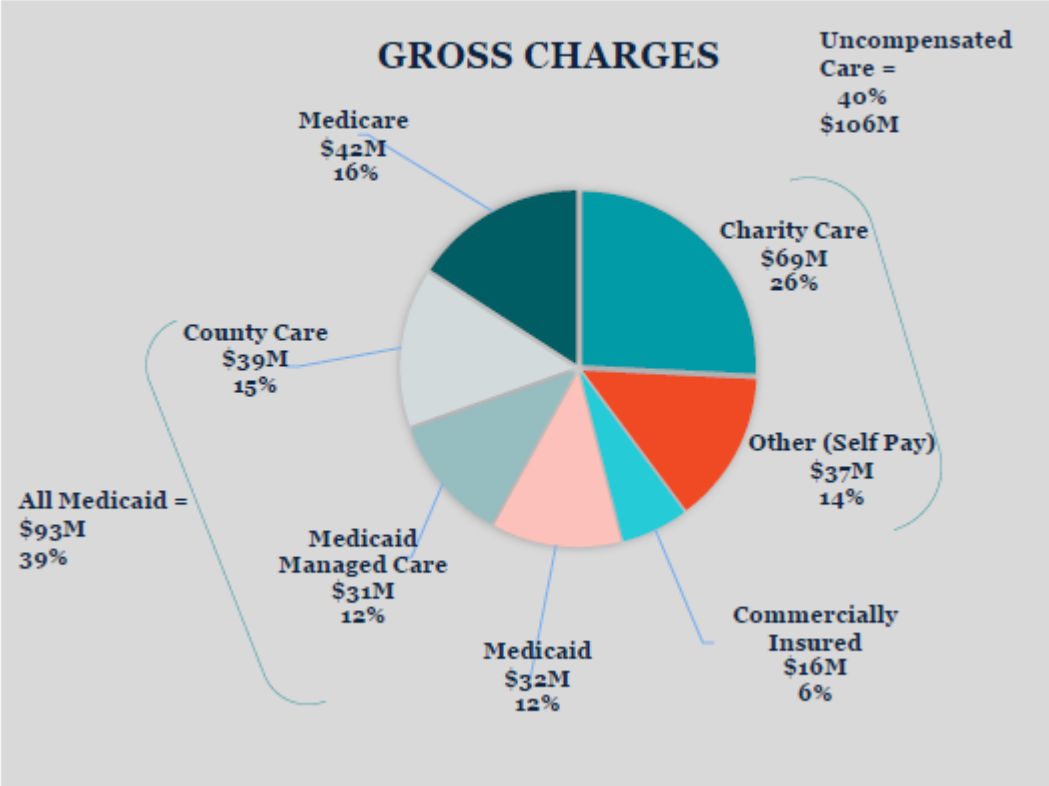
Entity	Actual	Budget	Fav / (Unfav)
Provider Operations	(\$8,871)	(\$1,105)	(\$7,766)
CountyCare	(\$7,287)	(\$1,043)	(\$6,244)

CCH Health Providers Payor Mix for the Two Months Ended January 31

2020



2019



CCH Health Providers FY2020 Revenue Cycle Metrics

Metric	Average FYTD 2019	Average FYTD 2020	Jan-20	CCH Benchmark / Targets	Industry Targets *
Average Days in Accounts Receivable <i>(lower is better)</i>	101	89	88	60-65	40
Discharged Not Finally Billed Days <i>(lower is better)</i>	10	8	8	5	7
Claims Initial Denials Percentage <i>(lower is better)</i>	22%	20%	19%	10%	3%

Definitions:

Average Days in Accounts Receivable: Total accounts receivable over average daily revenue

Discharged Not Finally Billed Days: Total charges of discharge not finally billed over average daily revenue

Claims Initial Denials Percentage: Percentage of claims denied initially compared to total claims submitted.

*Source HFMA Key Hospital Statistics and Ratio Margins from Cerner



Key Financial Improvement Initiatives

- Key initiatives are underway or planned to improve financial results
 - Analysis to maximize reimbursement from areas such as graduate medical education, allowable costs and disproportionate share
 - Revenue cycle improvements including enhanced collection of co-pays, leveraging artificial intelligence, reducing denied claims and improved identification of insurance at point of registration
 - Retention of more CCH Health Providers delivered care for CCH CountyCare covered lives
 - Careful management of personnel costs, including contract labor

Concluding Remarks

- Volume growth in excess of budget primary driver of expenses in excess of budget
- Shifting payor mix – a higher percentage of uncompensated care
- Implementation of key financial imperatives is important to meet budgeted operating plan
- Longer-term financial solutions
 - Seeking a private and/or public funding solution to the disproportionate level of charity care provided by CCH health providers relative to other health systems in Cook County
 - Expanding CCH Health Providers participation in CountyCare delivery network
 - Restructuring CCH Health Providers service capabilities and sites of care

Appendix: January 2020 Results



COOK COUNTY
HEALTH

CCH Health System Provider Accrual Basis Income Statement (Unaudited) for the Two Months Ended January 31, 2020 (in thousands)

	Actual	Budget	Variance	Variance %
Operating Revenue				
Net Patient Service Revenue	\$161,121	\$146,145	\$14,976	10%
Provident Access Payments	13,251	17,116	(3,865)	-23%
Other Revenue	479	1,304	(825)	-63%
Total Operating Revenue	\$174,851	\$164,565	\$10,286	6%
Operating Expenses				
Salaries & Benefits	\$96,939	\$85,774	(\$11,165)	-13%
Overtime	7,587	4,118	(3,469)	-84%
Pension	15,741	15,533	(208)	-1%
Supplies & Materials	11,593	8,859	(2,734)	-31%
Pharmaceutical Supplies	11,326	11,201	(125)	-1%
Purchased Services & Other	29,370	28,439	(931)	-3%
Insurance Expense	5,311	6,130	819	13%
Depreciation	3,720	3,802	82	2%
Utilities	2,135	1,814	(321)	-18%
Total Operating Expense	\$183,722	\$165,670	(\$18,052)	-11%
Operating Margin	(\$8,871)	(\$1,105)	(\$7,766)	-703%

Observations on CCH Health Providers Accrual Basis Income Statement

- Operating Margin
 - Operating Margin is behind budget by \$7.8M – actual Operating Margin ratio of (5.1%) versus budgeted Operating Margin ratio of (0.7%)
 - Fitch’s (rating agency) median Operating Margin ratio for all 2018 rated health systems was 2.1%
 - Total Operating Revenue exceeding budget by 6.3% was outpaced by Operating Expenses exceeding budget by 10.9%
- Patient Activity
 - Patient activity levels have increased over the prior year
 - Admissions were budgeted to remain flat with FY19, however they are 16.1% over budget
 - Adjusted Patient Days (a measure of total inpatient and outpatient activity) was budgeted to decline 8.9% over FY19, however they are 19.6% over budget and 8.9% over last year
 - The budgeted decline is consistent with recent years, but a sharper planned decline
 - Charity Care patient activity levels, as measured by Adjusted Patient Days, has increased 56.0% over the same period last year
 - Adjusted Patient Days for “reimbursable payors” has increased 1.8% over the same period last year
 - Actual is, however, 2.9% below budget

Observations on CCH Health Providers Accrual Basis Income Statement (continued)

- Operating Expenses
 - Over budget by \$18.1M, or 10.9%
 - Most significant categories are Salaries & Benefits and Overtime
 - Over budget by a lower percentage than actual volume exceeding budget by 19.6% (based on Adjusted Patient Days)
 - Operating Expenses above budget not sustainable given patient payor mix
 - No additional payment to cover increasing percentage in Charity Care patients

Observations on CCH Health Providers Accrual Basis Income Statement (continued)

- Total Operating Revenue
 - Net Patient Service Revenue exceeds budget by 10.2%
 - Increase over budget primarily relates to higher than expected levels of DSH and GME
 - Net Patient Service Revenue is slightly behind plan
 - 2.0% below budget mirrors Adjusted Patient Days relative to reimbursable payors being behind plan by 2.9%
 - Provident Access Revenue below budget due to lower than expected Medicaid MCO enrollment
 - Revenue Cycle indicators still well below industry benchmarks

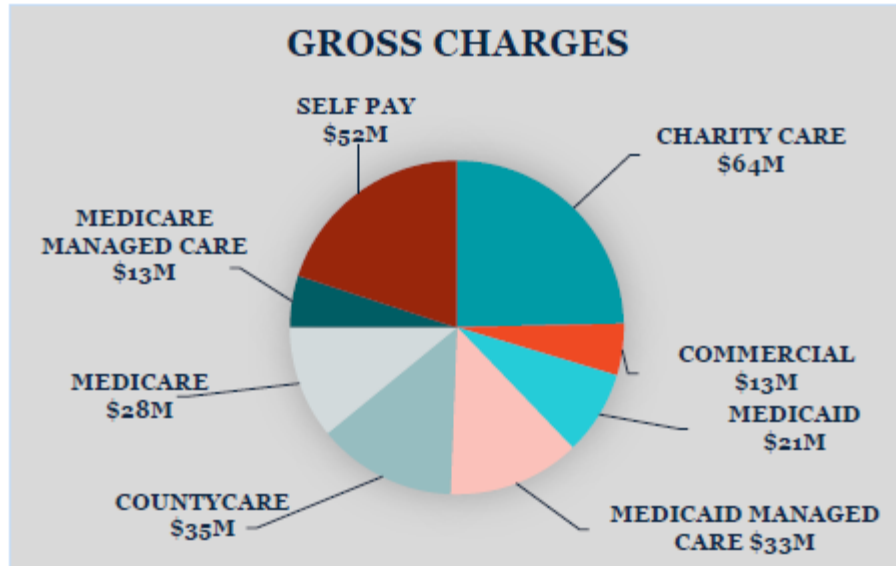
CountyCare Accrual Basis Income Statement (unaudited) for the Two Months Ended January 31, 2020

	Actual	Budget	Variance	Variance %
Operating Revenue (000s)				
Capitation Revenue	\$305,180	\$291,982	\$13,198	5%
Operating Expenses (000s)				
Clinical Expense – Foreign	\$270,954	\$250,447	(\$20,507)	-8%
Clinical Expense - CCH	26,160	28,797	2,637	9%
Total Clinical Expense	\$297,114	\$279,244	(\$17,870)	-6%
Administrative Expense	13,807	12,235	(1,572)	-13%
Amortization Expense	1,546	1,546	0	0%
Total Operating Expenses	\$312,467	\$293,025	(\$19,442)	-7%
Operating Margin	(\$7,287)	(\$1,043)	(\$6,244)	-599%
Medical Loss Ratio	97.3%	95.6%	(1.7%)	-2%
Administrative Expense Ratio	4.5%	4.2%	(0.3%)	-1%
Enrolled Member Months	638,078	652,068	(13,990)	-2%

Observations on CountyCare Accrual Basis Income Statement

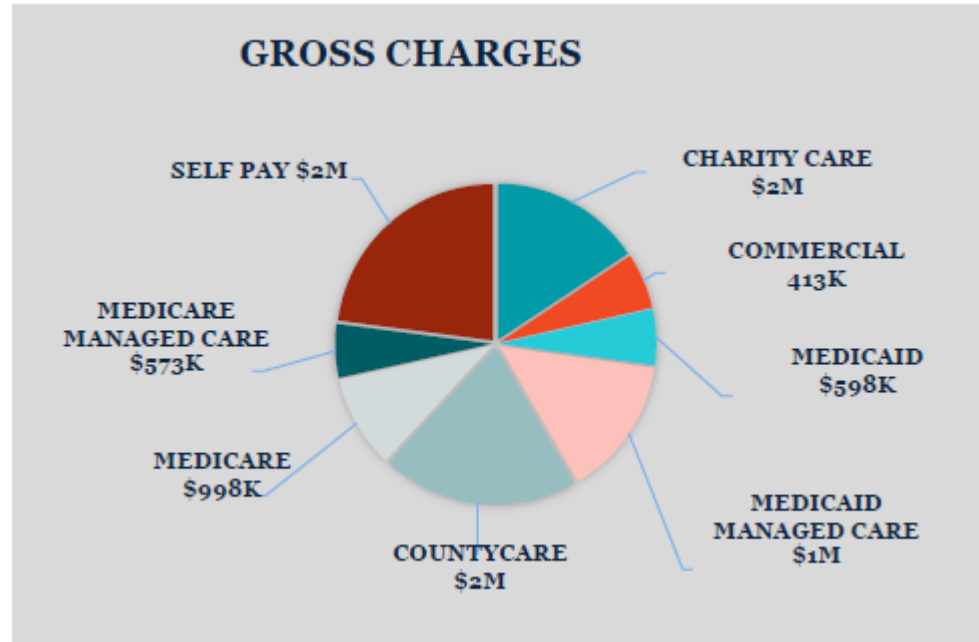
- Revenue is \$13.2M, or 4.5% over budget, despite member months being 2.2% below budget
 - Primary driver is mix of membership among the various Illinois Medicaid managed care populations
 - Greater number of members in more medically complex/higher premium programs than budgeted
 - Higher proportion of membership in Integrated Care/LTSS programs which are higher premium programs than Family Health Plan and ACA Adult programs
 - Premium increase budgeted was 3%
 - Currently premium rates anticipated to increase to 4-6%, with premium level exceeding budget by year end
- Administrative cost of \$21.64 per member per month (PMPM) versus a budgeted \$18.76 PMPM cost
 - Primarily related to transportation costs and new pricing after prior year's TPA RFP
- Clinical expense of \$465.64 PMPM versus a budgeted \$428.24 PMPM
 - Higher fee schedules for contracted providers and increase in members in more medically complex programs
 - Medical loss ratio 1.8% above budget

Stroger Operations Overview for the Two Months Ending January 31, 2020



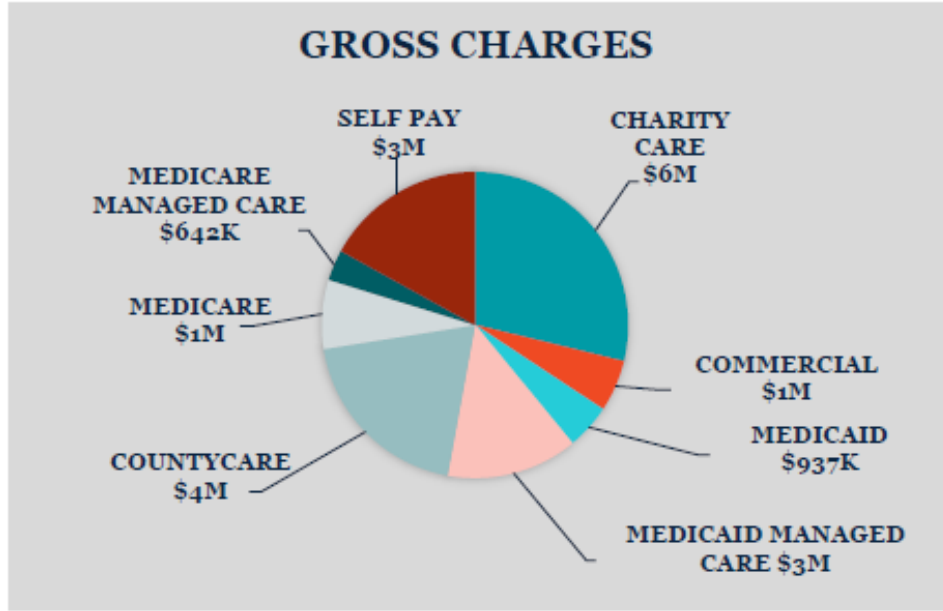
Inpatient/Observation-FYTD			
Measure	FY2020	FYTD Target	FY2019
Inpatient Discharges	3,032	2,932	2,702
- Long Stay Admissions	647	594	572
- One Day Admissions	174	166	170
Inpatient Days	15,487	14,392	14,692
Observation Discharges	1,638	1,714	1,709
Observation Days (Observation Discharge)	3,219	3,132	3,423
Avg LOS (Inpatient Discharge)	5.6	5.5	5.8
Average Daily Census (Inpatient & Observation)	301.7	589	292.2
Surgical Cases (all patient types)	2,122	2,166	1,839
Endoscopy Cases (all patient types)	1,402	1,349	1,349
Radiology Tests	7,101	7,140	7,140
Deliveries	155	180	168
Emergency- FYTD			
Measure	FY2020	FYTD Target	FY2019
Emergency Visits (includes LWBS & Trauma)	20,195	19,763	19,526
Adult Emergency Visits	16,281	16,710	16,347
Peds Emergency Visits	1,451	1,144	1,144
Trauma Visits	1,137	1,119	994
LWBS	1,326	790	1,041
Radiology Tests	16,921	7,140	7,140
Outpatient Clinic- FYTD			
Measure	FY2020	FYTD Target	FY2019
Total Provider Visits	49,617	50,358	42,399
Specialty/Diagnostic/Procedure Provider Visits			
Hospital - Based	2,974	3,124	2,646
Specialty Care	20,404	21,824	18,247
Oral Health	1,024	---	n/a
Professional Building	16,246	16,216	13,673
Total	40,648	41,163	34,566
Primary Care Provider Visits			
GMC	8,969	9,195	7,833
Total	8,969	9,195	7,833
Procedures & Ancillary Services- FYTD			
Measure	FY2020	FYTD Target	FY2019
Dialysis Treatments (all patient types)	945	1,199	1,199
Infusion Center Visits	2,731	2,225	2,225
Minor Procedure (Clinic F) Visits	608	490	490
PT/OT Volume (all patient types)	12,617	8,772	8,772

Provident Operations Overview for the Two Months Ended January 31, 2020



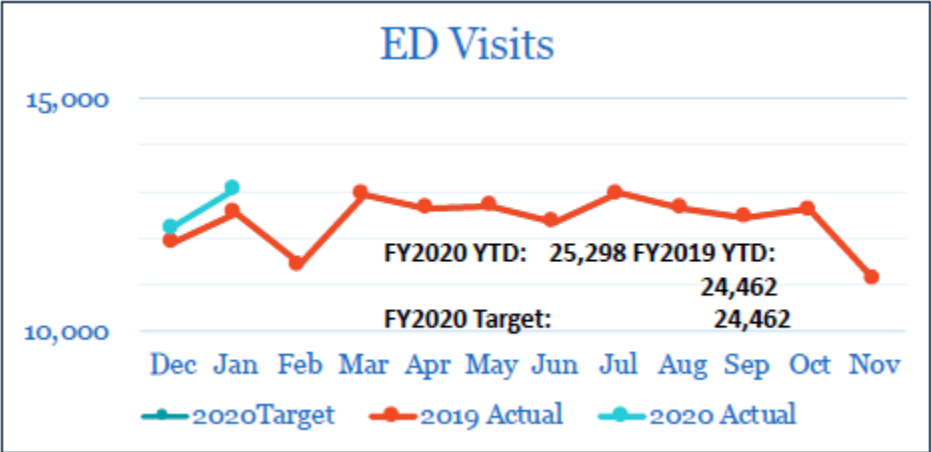
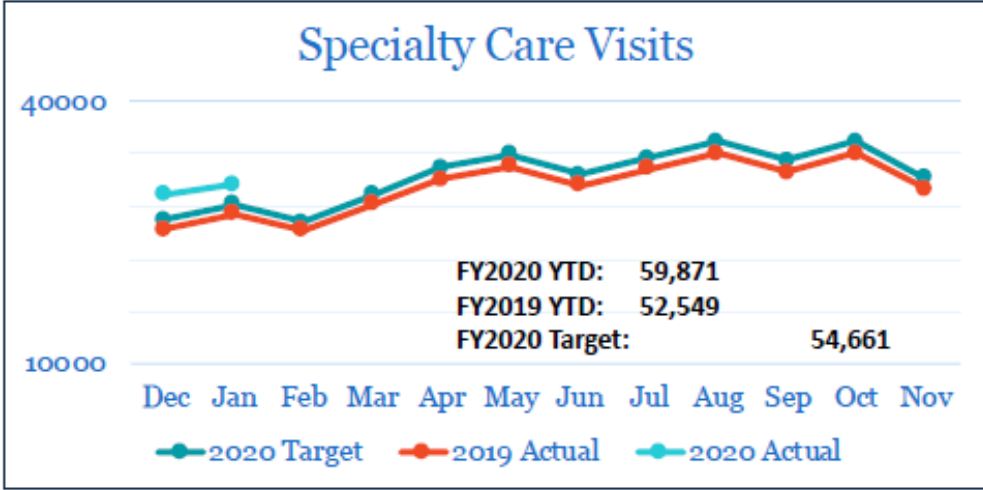
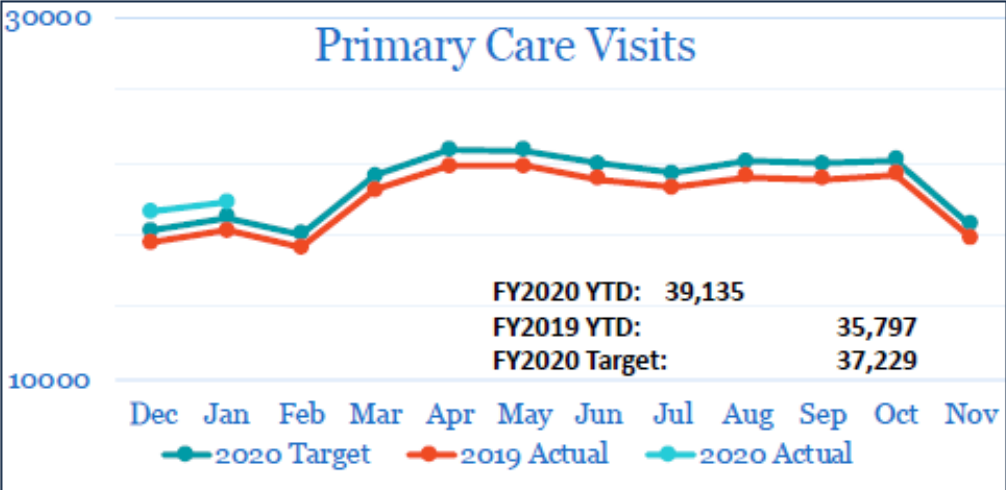
Inpatient/Observation-FYTD			
Measure	FY2020	Monthly Target	FY2019
Inpatient Discharges	84	98	99
- Long Stay Admissions	12	20	17
- One Day Admissions	3	6	9
Inpatient Days	599	500	505
Observation Discharges	130	104	117
Observation Days (Observation Discharge)	336	206	212
Avg LOS (Inpatient Discharge)	11.3	5.5	4.7
Average Daily Census (Inpatient & Observatio	15.1	12	11.6
Surgical Cases	366	398	477
Radiology Tests	77	52	52
Emergency- FYTD			
Measure	FY2020	Monthly Target	FY2019
Emergency Visits (including LWBS)	5,103	5,024	4,936
Adult Emergency Visits	4,307	4,565	4,349
Peds Emergency Visits	331	253	229
LWBS	465	206	358
Radiology Tests	2,731	2,570	2,570
Outpatient Clinic- FYTD			
Measure	FY2020	Monthly Target	FY2019
Total Registrations	15,014	15,332	13,833
Amb of Prov - Specialty/Diagnostic/Procedure			
Provider Visits	267	277	245
Sengstacke - Specialty/Diagnostic/Procedure			
Provider Visits	6,072	6,285	5,464
Sengstacke Primary	2,954	2,941	2,839
Sengstacke Primary Peds	26	152	167
Radiology Tests	1764	1564	1564
Procedures & Ancillary Services- FYTD			
Measure	FY2020	FYTD Target	FY2019
PT/OT Volume (all patient types)	1,836	---	1,369

ACHN Operations Overview for the Two Months Ended January 31, 2020



Summary- FYTD			
Measure	FY2020	FYTD Target	FY2019
Total Provider Visits	42,242	n/a	38,020
Primary Provider Visits- FYTD			
Measure	FY2020	FYTD Target	FY2019
Arlington Heights (AR)/Vista (VH)	2352	1,757	1,757
Austin (AH)	2649	1,872	1,872
Child Advocacy	57	90	90
Cicero (CH)	1841	1,752	1,752
Core Adult	2,440	2,114	2,114
Core Peds	85	69	69
Cottage Grove (CG)	1724	1,510	1,510
Englewood (EH)	2098	2,239	2,239
Logan Square (LS)	2212	2,260	2,260
Morton East (ME)	148	126	126
Near South (NS)	2458	2,219	2,219
OFHC (OF)	1886	2,330	2,330
Prieto (PH)	2894	2,799	2,799
Robbins (RH)	2071	1,665	1,665
Stroger Peds	797	668	668
Woodlawn (WH)	1992	1,677	1,677
Total Primary Care Provider Visits	27,704	25,147	25,147
Specialty/Diagnostic/Procedure Provider Visits- FYTD			
Measure	FY2020	FYTD Target	FY2019
Austin (AH) Behavioral Health	829	787	787
Austin (AH) OBGYN	98	56	56
Cicero (CH) Family Planning	45	50	50
Cicero (CH) OBGYN	64	85	85
Core Specialty	1,521	1,536	1,536
Logan Square (LS) OBGYN	98	137	137
Morton East (ME) Psych & OBGYN	--	17	17
Morton East (ME) Psych	11	3	3
OFHC (OF)	4,953	4,530	4,530
Oral Health (OH)	1,690	811	811
Specialty Care (SC) OBGYN / RHS	3,000	2,773	2,773
Stroger Peds Specialty	2,229	2,088	2,088
Total Specialty Care Provider Visits	14,538	12,873	12,873
Procedures & Ancillary Services- FYTD			
Measure	FY2020	FYTD Target	FY2019
OFHC PT/OT Volume	419	n/a	405
Partnerships- FYTD			
Measure	FY2020	FYTD Target	FY2019
CDPH	2,889	n/a	--
Siegle Health Center (CCHHS)	64	67	67

Patient Activity Trend Analysis



CCH Finance: February 2020 Results



COOK COUNTY
HEALTH

Executive Summary

- Cook County Health (CCH) financial results for the three months ended February 29, 2020 are behind budget by \$4.1 million.
 - Volume growth driving expenses at the beginning of the year
- Many initiatives are either planned to launch soon or are already in flight to improve financial results over the remainder of FY20
- Covid 19 Expenses and Lost Revenue became a concern after the February period
- Managing cash flow is also a major focus

FY20 System Accrual Basis Income Statement for the Three Months Ended February 29, 2020



COOK COUNTY
HEALTH

System Accrual Basis Income Statement (Unaudited) for the Three Months Ended February 29, 2020 (in thousands)

	Actual	Budget	Variance	Variance %
Operating Revenue				
Net Patient Service Revenue (1)	\$140,570	\$146,966	(6,396)	-4%
GME – Graduate Medical Education Payments (1)	19,306	-	19,306	0%
DSH – Disproportionate Share Hospital Payments (2)	45,378	39,175	6,203	16%
BIPA – Benefits Improvement and Protection Act Payments	33,075	33,075	-	0%
CountyCare Capitation Revenue (3)	453,028	437,307	15,720	4%
Provident Access Payments	16,562	25,674	(9,112)	-35%
Other Revenue	984	3,125	(2,141)	-69%
Elimination Entry Domestic Claims (3)	(40,267)	(40,267)	-	0%
Total Operating Revenue	\$668,636	\$645,056	23,579	4%

Notes:

- (1) GME presented separately from Net Patient Revenue as the State of Illinois has carved GME out from Medicaid Patient Service Revenue. GME and Net Patient Service Revenue should be combined for the purpose of comparison to budget.
- (2) DSH will be above budget in FY20 as CCH was awarded \$24.8M of supplemental DSH
- (3) CountyCare Capitation Revenue actual and budget reflects activity related to all CountyCare enrollees; Net Patient Service Revenue includes revenue related to CCH CC enrollees, which results in the elimination entry

System Accrual Basis Income Statement (Unaudited) for the Three Months Ended February 29, 2020 (in thousands)

	Actual	Budget	Variance	Variance %
Operating Expenses				
Salaries & Benefits	\$169,221	\$164,427	(\$4,794)	-3%
Overtime	13,868	7,623	(6,245)	-82%
Pension	27,826	27,482	(344)	-1%
Supplies & Materials	17,761	14,241	(3,520)	-25%
Pharmaceutical Supplies	17,048	18,527	1,478	8%
Purchased Services & Other	70,421	66,929	(3,493)	-5%
Medical Claims Expense (1)	434,021	421,731	(12,291)	-3%
Insurance Expense	7,966	9,195	1,229	13%
Amortization	2,319	2,319	-	0%
Depreciation	6,220	6,357	136	2%
Utilities	3,207	3,327	121	4%
Elimination Entry Domestic Claims (1)	(40,267)	(40,267)	-	0%
Total Operating Expense	\$729,612	\$701,891	(\$27,721)	-4%



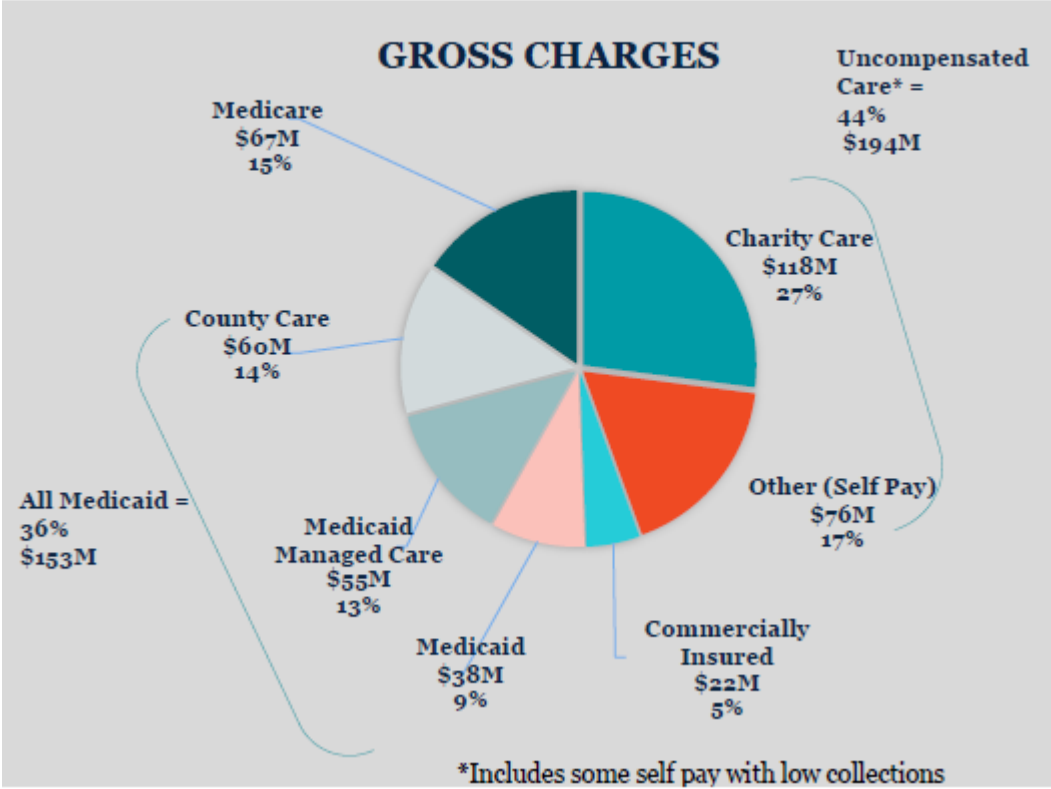
System Accrual Basis Income Statement (Unaudited)

for the Three Months Ended February 29, 2020 (in thousands)

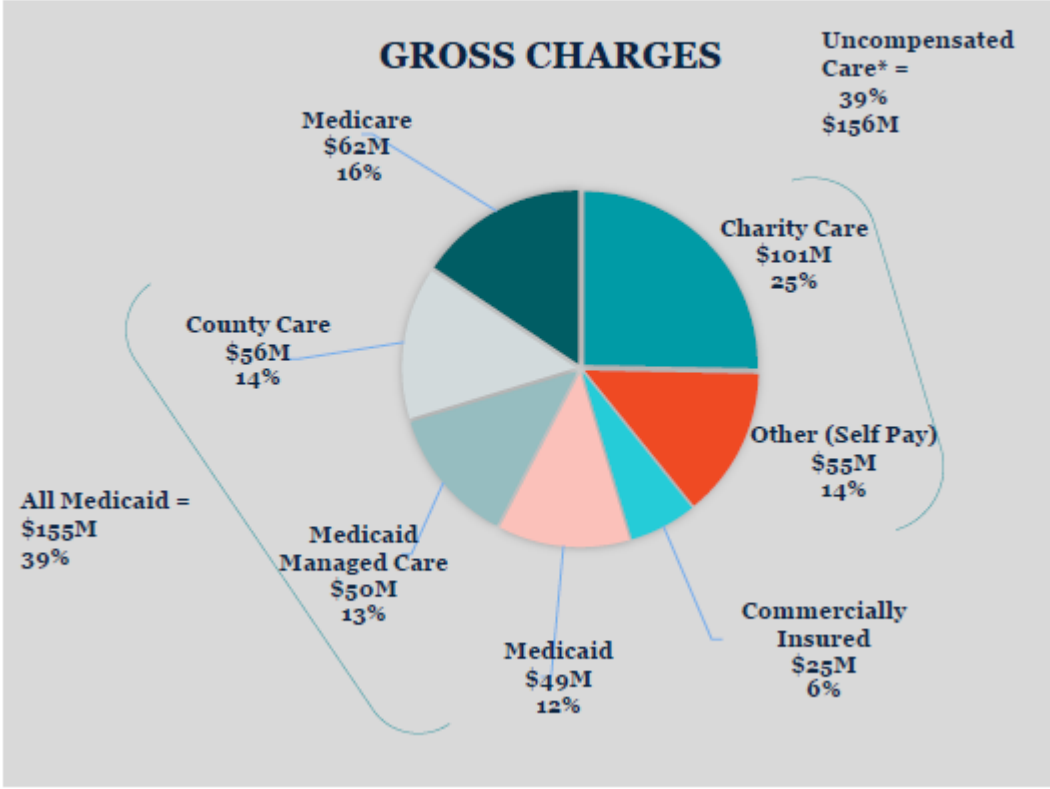
	Actual	Budget	Variance	Variance %
Operating Revenue				
Total Operating Revenue	\$668,636	\$645,056	\$23,579	4%
Operating Expenses				
Total Operating Expense	\$729,612	\$701,891	(\$27,721)	-4%
Operating Margin	(\$60,976)	(\$56,834)	(\$4,142)	-7%
Non-Operating Revenue	\$48,572	\$49,256	(\$684)	-1%
Net Income/(Loss)	(\$12,404)	(\$7,578)	(\$4,826)	-64%

System Payor Mix for the Three Months Ended February

2020



2019



FY2020 – Revenue Cycle Metrics

Metric	Average FYTD 2019	Average FYTD 2020	Feb-20	CCH Benchmark / Targets	Industry Targets *
Average Days in Accounts Receivable <i>(lower is better)</i>	101	89	90	60-65	40
Discharged Not Finally Billed Days <i>(lower is better)</i>	10	8	9	5	7
Claims Initial Denials Percentage <i>(lower is better)</i>	22%	20%	21%	10%	3%

Definitions:

Average Days in Accounts Receivable: Total accounts receivable over average daily revenue

Discharged Not Finally Billed Days: Total charges of discharge not finally billed over average daily revenue

Claims Initial Denials Percentage: Percentage of claims denied initially compared to total claims submitted.

*Source HFMA Key Hospital Statistics and Ratio Margins from Cerner

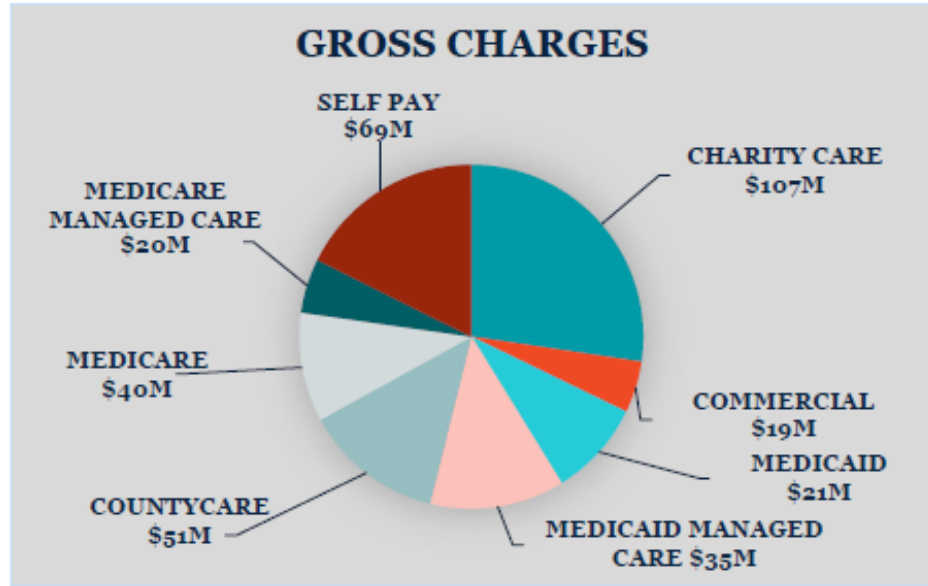


Appendix: February 2020 Results



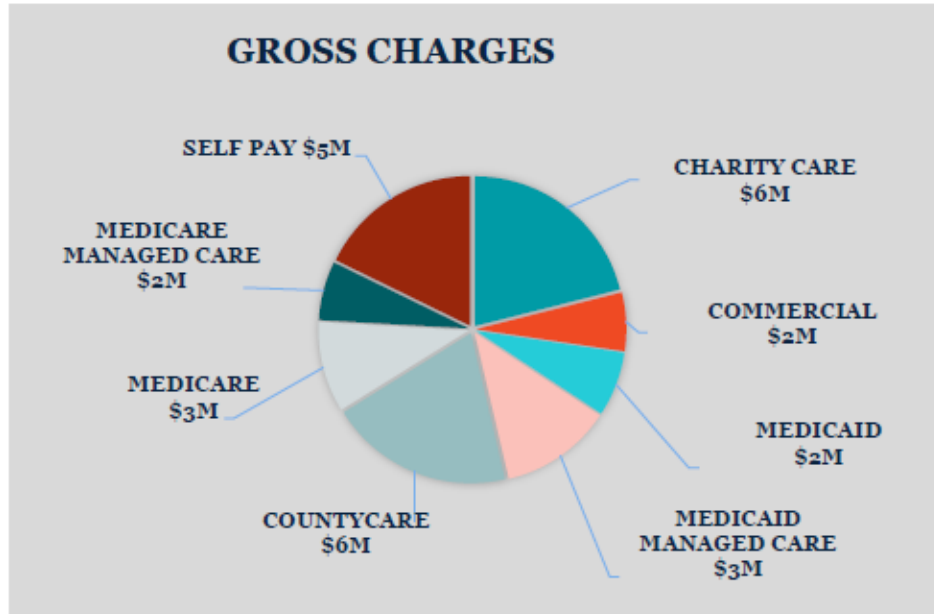
COOK COUNTY
HEALTH

Stroger Operations Overview for the Three Months Ended February 29, 2020



Inpatient/Observation-FYTD				
Measure	FY2020	FYTD Target	FY2019	Percent From Target
Inpatient Discharges	4,441	4,398	3,977	1.0%
- Long Stay Admissions	941	891	854	5.6%
- One Day Admissions	257	249	246	3.2%
Inpatient Days	22,670	21,588	21,749	5.0%
Observation Discharges	2,392	2,571	2,521	-7.0%
Observation Days (Observation Discharge)	4,673	4,698	5,076	-0.5%
Avg LOS (Inpatient Discharge)	5.5	5.5	5.8	0%
Average Daily Census (Inpatient & Observation)	300.5	295	298.1	2.0%
Surgical Cases (all patient types)	3,038	3,249	2,716	-6.5%
Endoscopy Cases (all patient types)	2,090	---	2,039	---
Radiology Tests	10,415	---	10,561	---
Deliveries	229	270	245	-15.2%
Emergency- FYTD				
Measure	FY2020	FYTD Target	FY2019	Percent From Target
Emergency Visits (includes LWBS & Trauma)	29,252	29,644	28,722	-1.3%
Adult Emergency Visits	23,770	25,065	23,990	-5.2%
Peds Emergency Visits	2,096	1,716	1,662	22.1%
Trauma Visits	1,517	1,678	1,488	-9.6%
LWBS	1,869	1,185	1,582	57.7%
Radiology Tests	24,479	---	10,561	---
Outpatient Clinic- FYTD				
Measure	FY2020	FYTD Target	FY2019	Percent From Target
Total Provider Visits	76,022	75,537	66,807	0.6%
Specialty/Diagnostic/Procedure Provider Visits				
Hospital - Based	4,616	4,686	4,918	-1.5%
Specialty Care	32,921	32,736	29,877	0.6%
Oral Health	1,627	---	r/a	---
Professional Building	23,942	24,324	20,903	-1.6%
Total	63,106	61,745	55,698	2.2%
Primary Care Provider Visits				
GMC	12,916	13,792	11,109	-6.4%
Total	12,916	13,792	11,109	-6.4%
Procedures & Ancillary Services- FYTD				
Measure	FY2020	FYTD Target	FY2019	Percent From Target
Dialysis Treatments (all patient types)	1,396	---	1,652	---
Infusion Center Visits	3,984	---	3,220	---
Minor Procedure (Clinic F) Visits	849	---	704	---
PT/OT Volume (all patient types)	15,384	---	12,736	---

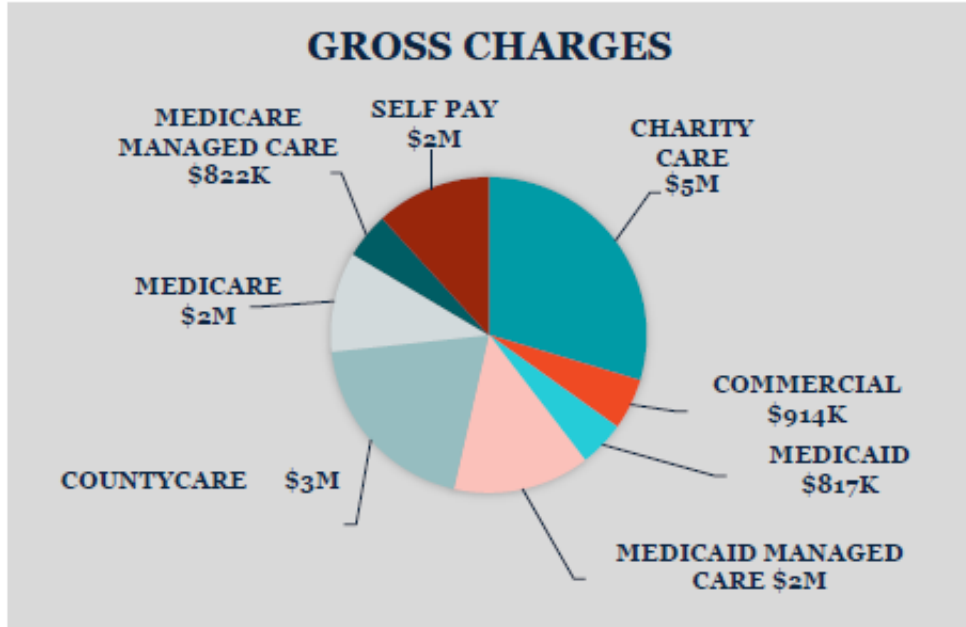
Provident Operations Overview for the Three Months Ended February 29, 2020



Inpatient/Observation-FYTD				
Measure	FY2020	FYTD Target	FY2019	Percent From Target
Inpatient Discharges	148	147	138	0.7%
- Long Stay Admissions	22	30	21	-26.7%
- One Day Admissions	6	9	14	-33.3%
Inpatient Days	907	750	687	20.9%
Observation Discharges	181	156	169	16.0%
Observation Days (Observation Discharge)	488	309	321	57.9%
Avg LOS (Inpatient Discharge)	8.4	5.5	4.7	52.1%
Average Daily Census (Inpatient & Observation)	15.3	12	10.5	25.4%
Surgical Cases	559	597	678	-6.4%
Radiology Tests	117	---	76	---
Emergency- FYTD				
Measure	FY2020	FYTD Target	FY2019	Percent From Target
Emergency Visits (including LWBS)	7,478	7,536	7,169	-0.8%
Adult Emergency Visits	6,321	6,847	6,305	-7.7%
Peds Emergency Visits	464	380	340	22.1%
LWBS	693	309	524	124.3%
Radiology Tests	4,040	---	3,822	---
Outpatient Clinic- FYTD				
Measure	FY2020	FYTD Target	FY2019	Percent From Target
Total Registrations	21,821	22,998	20,850	-5.1%
Amb of Prov - Specialty/Diagnostic/Procedure Provider Visits	350	416	428	-15.8%
Sengstacke - Specialty/Diagnostic/Procedure Provider Visits	8,709	9,428	8,164	-7.6%
Sengstacke Primary	4,442	4,411	4,377	0.7%
Sengstacke Primary Peds	32	229	238	-86.0%
Radiology Tests	2548	---	2368	---
Procedures & Ancillary Services- FYTD				
Measure	FY2020	FYTD Target	FY2019	Percent From Target
PT/OT Volume (all patient types)	1,948	---	2,145	---



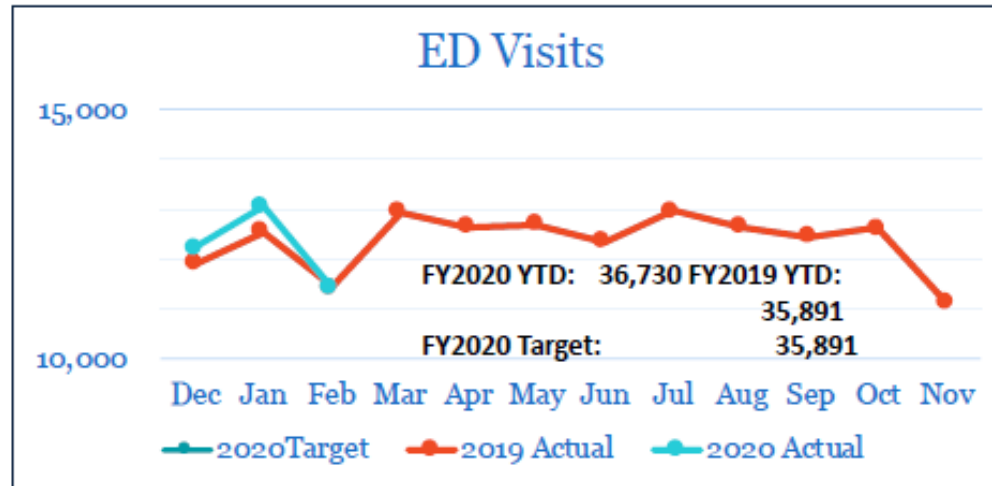
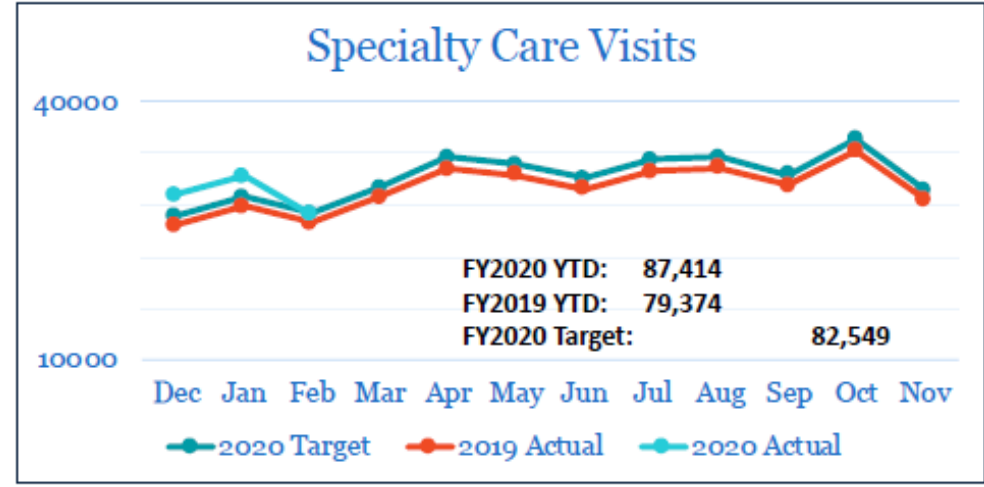
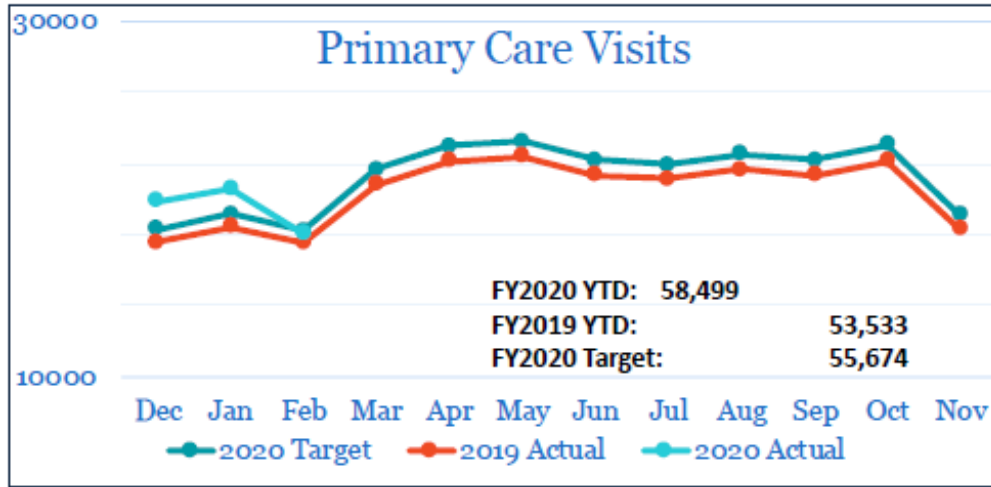
ACHN Operations Overview for the Three Months Ended February 29, 2020



Summary- FYTD				
Measure	FY2020	FYTD Target	FY2019	Percent From Target
Total Provider Visits	61,270	57,311	54,649	6.9%
Primary Provider Visits- FYTD				
Measure	FY2020	FYTD Target	FY2019	Percent From Target
Arlington Heights (AR)/Vista (VH)	3,480	2,791	1,440	24.7%
Austin (AH)	3,785	3,337	2,788	13.4%
Child Advocacy	84	132	133	-36.4%
Core	3,597	4,077	3,226	-11.8%
Cottage Grove (CG)	2,465	2,229	2,250	10.6%
Englewood (EH)	2,983	2,986	3,280	-0.1%
Logan Square (LS)	3,204	2,816	3,210	13.8%
Morton East (ME)	267	245	216	9.0%
Near South (NS)	3,452	3,324	3,375	3.9%
North Riverside (NR) / Cicero (CH)	3,066	3,202	2,561	-4.2%
OFHC (OF)	2,843	3,540	3,389	-19.7%
Prieto (PH)	4,248	2,955	4,182	43.8%
Robbins (RH)	3,102	2,584	2,530	20.0%
Stroger Peds	1,141	1,074	1,020	6.2%
Woodlawn (WH)	2,891	2,316	2,560	24.8%
Total Primary Care Provider Visit	40,608	37,608	36,160	8.0%
Specialty/Diagnostic/Procedure Provider Visits- FYTD				
Measure	FY2020	FYTD Target	FY2019	Percent From Target
Austin (AH) Behavioral Health	1,202	1,395	1,193	-13.9%
Austin (AH) OBGYN	140	115	92	21.9%
North Riverside (NR) Fam Plan (Grant)	75	78	78	-3.6%
North Riverside (NR) OB Gyne (NR)	96	134	130	-28.6%
Core Specialty	2,125	2,475	2,287	-14.1%
Logan Square (LS) OBGYN	128	165	209	-22.5%
Morton East (ME) OBGYN	1	12	21	-91.9%
Morton East (ME) Psych	14	18	9	-21.2%
OFHC (OF)	6,968	7,636	6,122	-8.7%
Oral Health (OH)	2,408	2,083	1,100	15.6%
Specialty Care (SC) OBGYN / RHS	4,364	2,025	4,096	115.5%
Stroger Peds Specialty	3,141	3,566	3,152	-11.9%
Total Specialty Care Provider Vis	20,662	19,703	18,489	4.9%
Procedures & Ancillary Services- FYTD				
Measure	FY2020	FYTD Target	FY2019	Percent From Target
OFHC PT/OT Volume	1,895	---	1,938	---
Partnerships- FYTD				
Measure	FY2020	FYTD Target	FY2019	Percent From Target
CDPH	4,421	3,330	n/a	32.8%
Siegle Health Center (CCHHS)	102	106	108	-3.8%



Volume Indicators



Human Resources Metrics



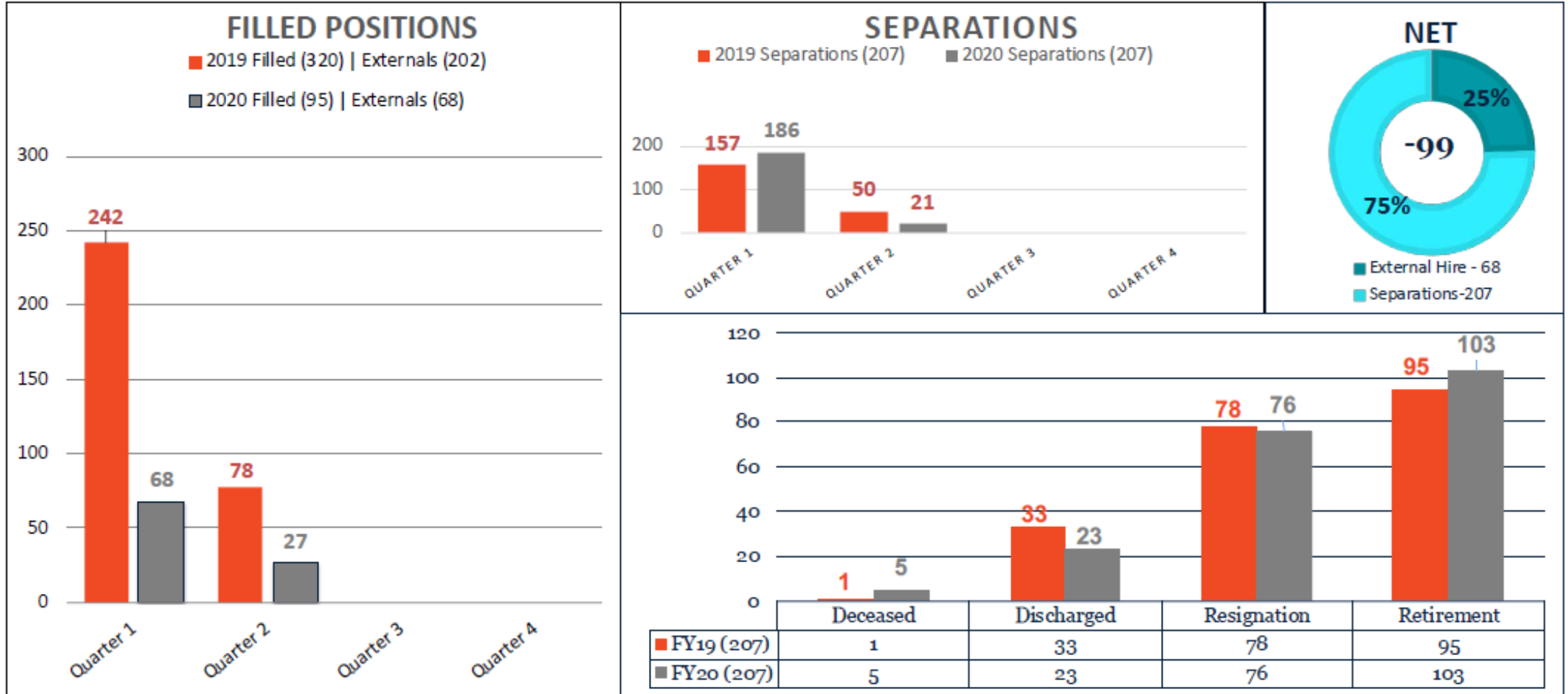
Presented to the CCH Board on April 30, 2020



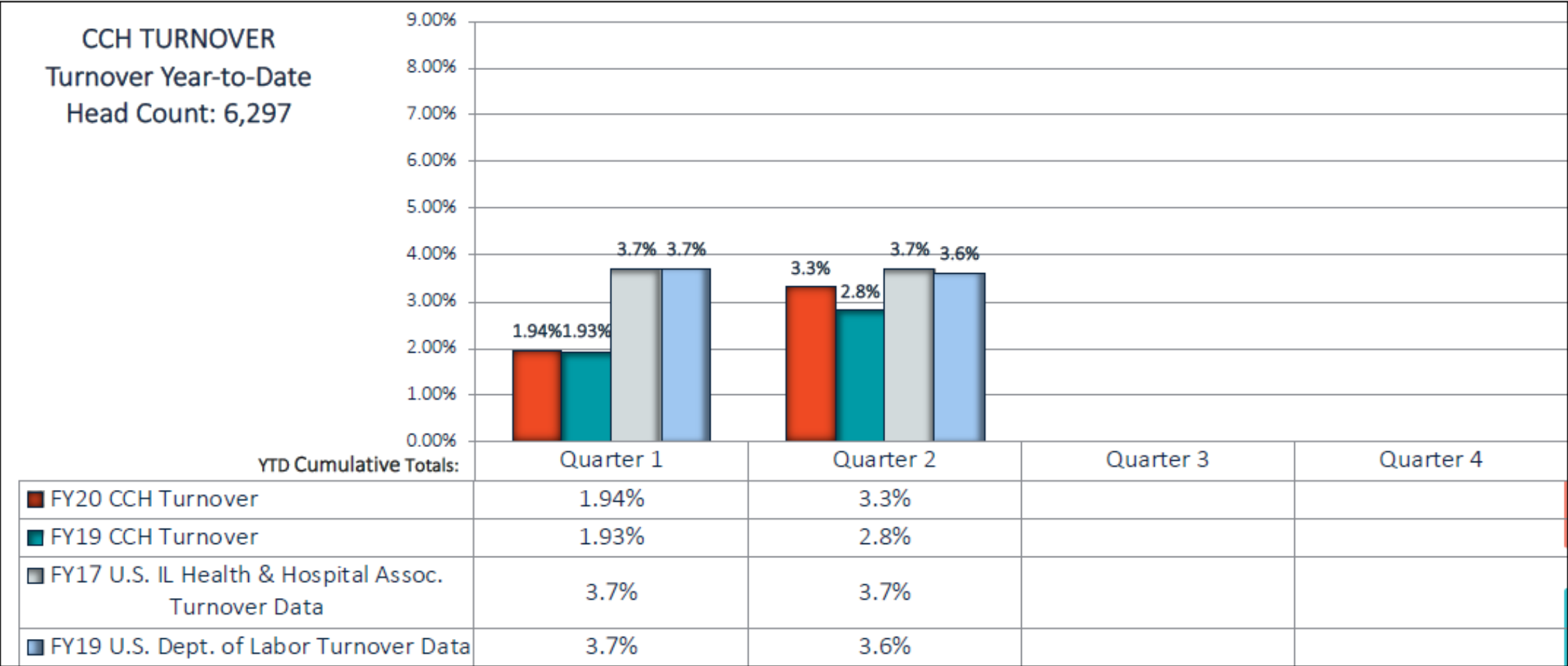
COOK COUNTY
HEALTH

FY2020 CCH HR Activity Report

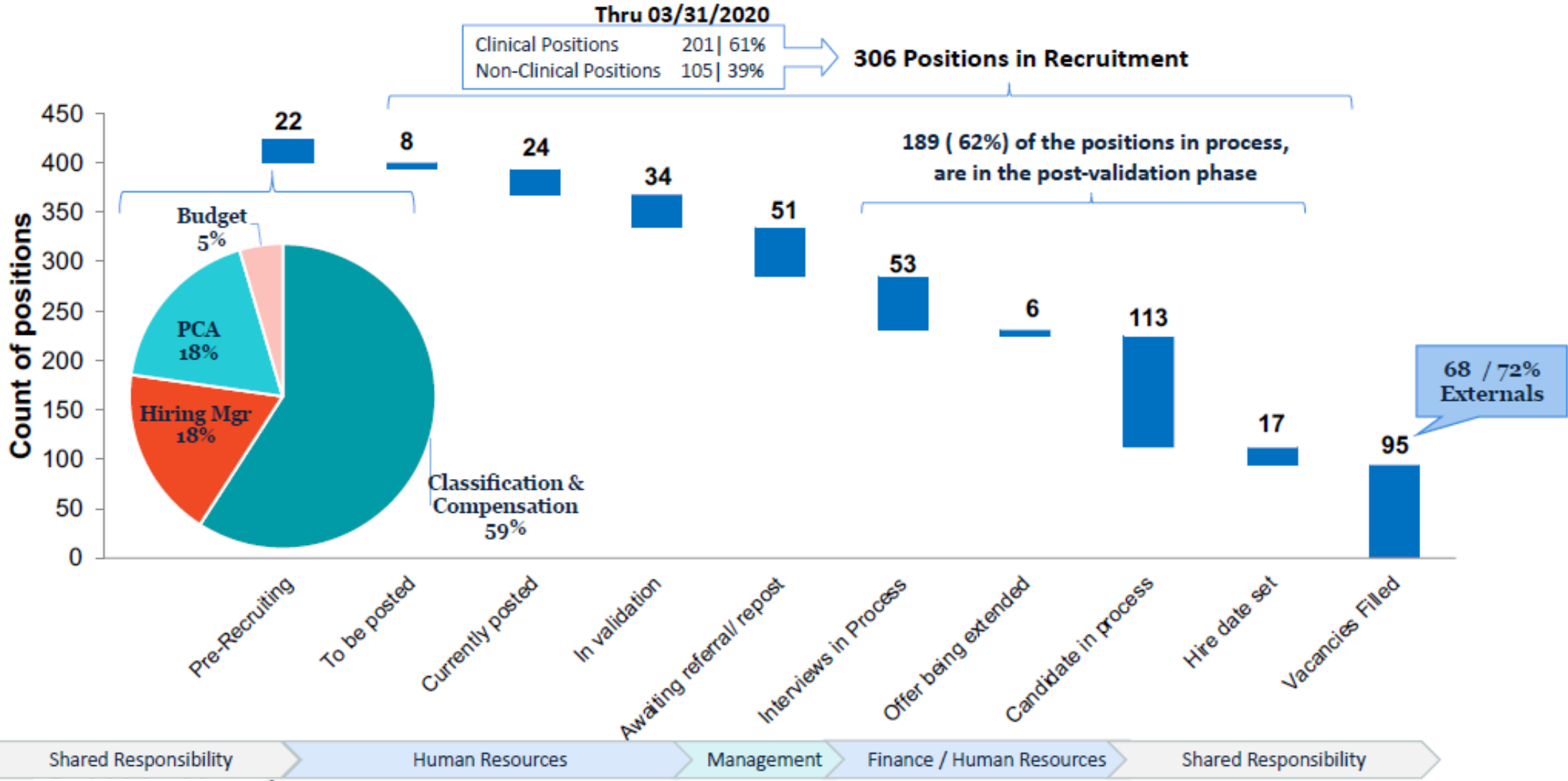
Thru 03/31/2020



CCH HR Activity Report Turnover



Cook County Health HR Activity Report Hiring Snapshot



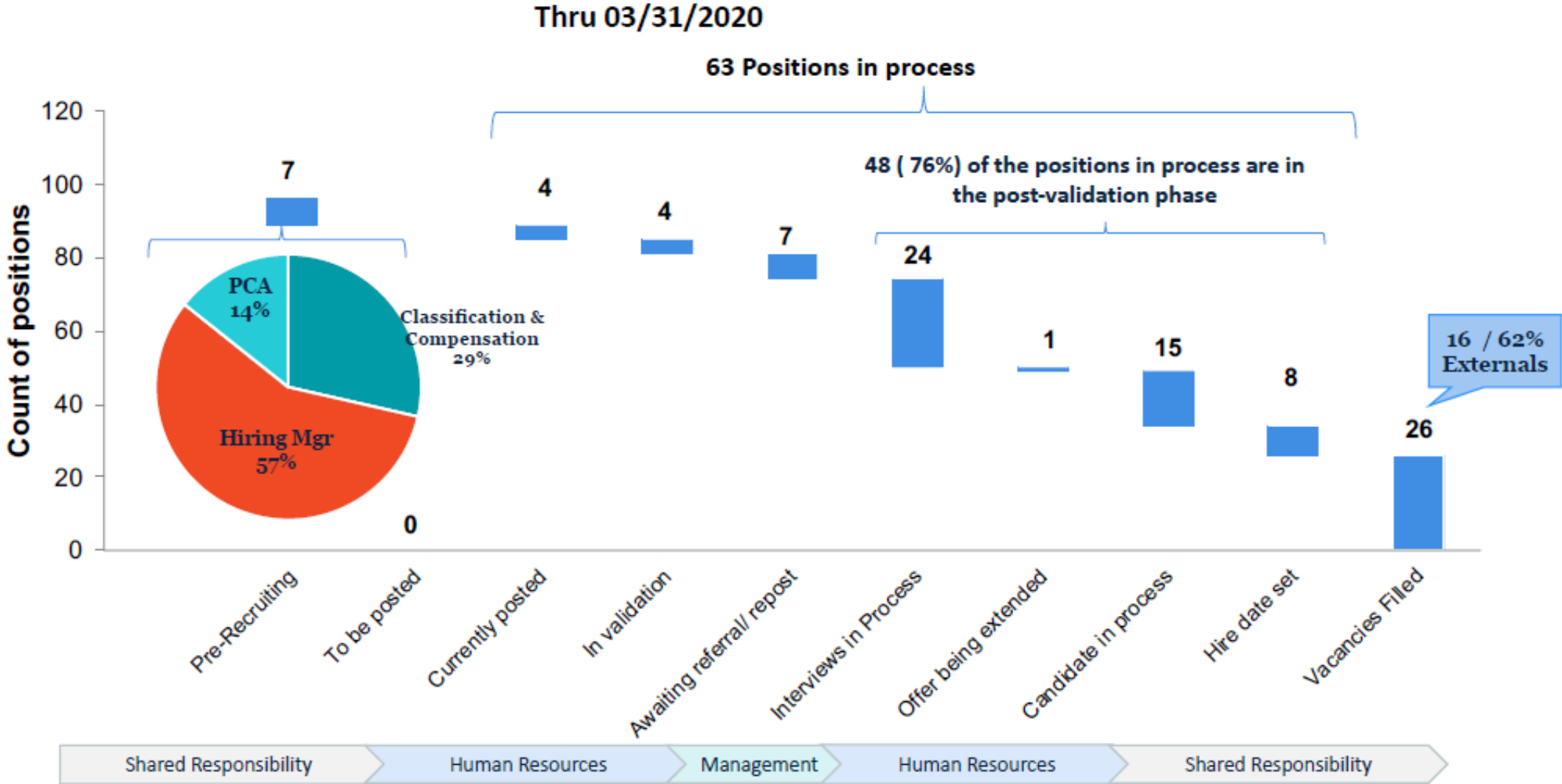
68 / 72%
Externals

Appendix: Human Resources

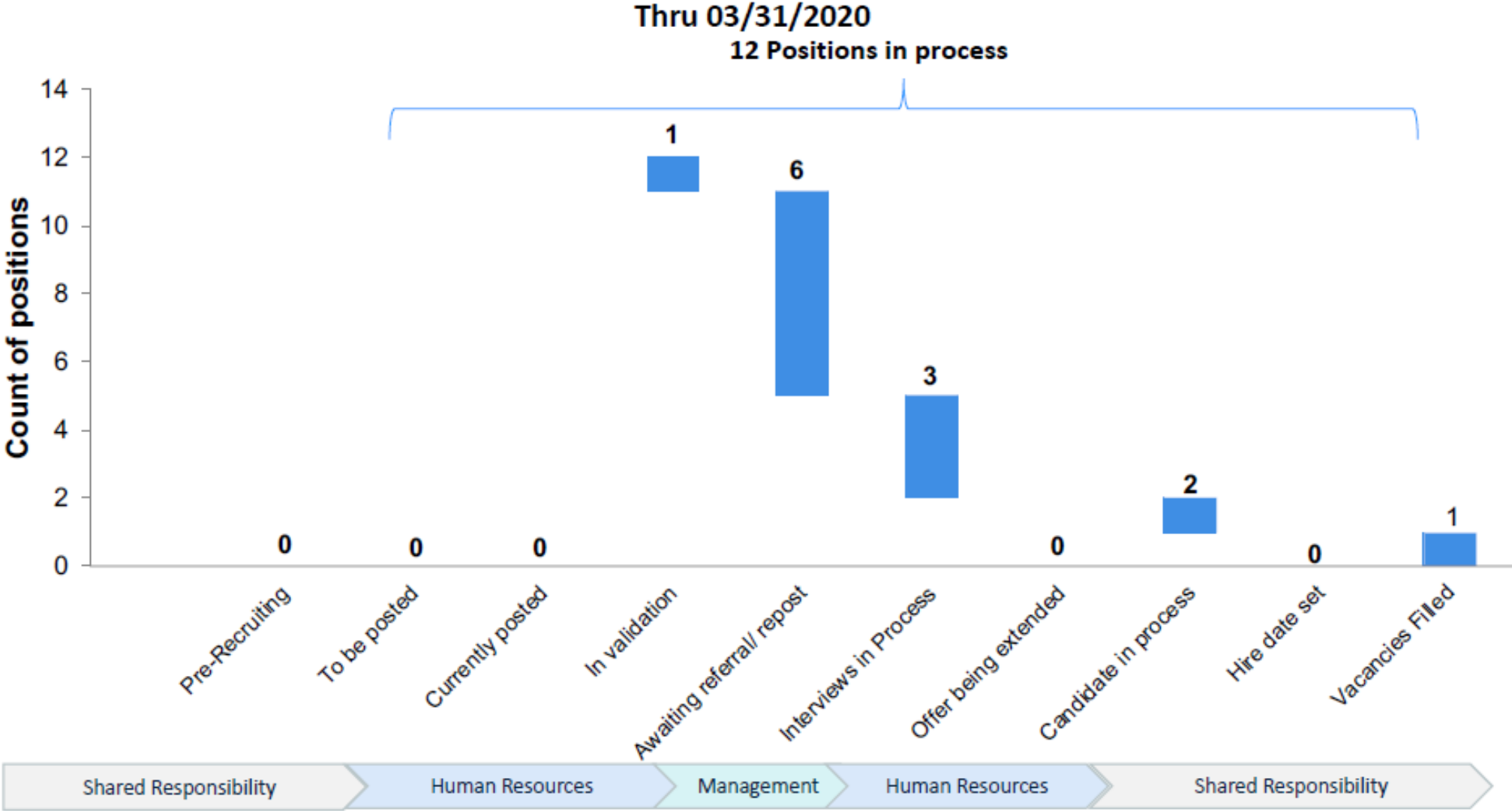


COOK COUNTY
HEALTH

Cook County Health HR Activity Report Nursing Hiring: CNI, CNII



Cook County Health HR Activity Report Revenue Cycle





Managed Care Metrics

Presented to the CCH Board on April 30, 2020



COOK COUNTY
HEALTH

Monthly Memberships of April 3, 2020

Category	Total Members	ACHN Members	% ACHN
FHP	209,429	15,544	7.4%
ACA	74,585	12,152	16.3%
ICP	29,856	5,680	19.0%
MLTSS	6,154	0	N/A
SNC	7,227	1,260	17.4%
Total	327,251	34,636	10.6%

- 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 March 2020 Data

Managed Care Organization	Cook County Enrollment	Cook County Market Share
*CountyCare	321,184	31.6%
Blue Cross Blue Shield	249,500	24.6%
Meridian (a WellCare Co.)	217,910	21.5%
IlliniCare (a Centene Co.)	104,374	10.3%
Molina	63,825	6.3%
*Next Level	58,202	5.7%
Total	1,007,849	100.0%

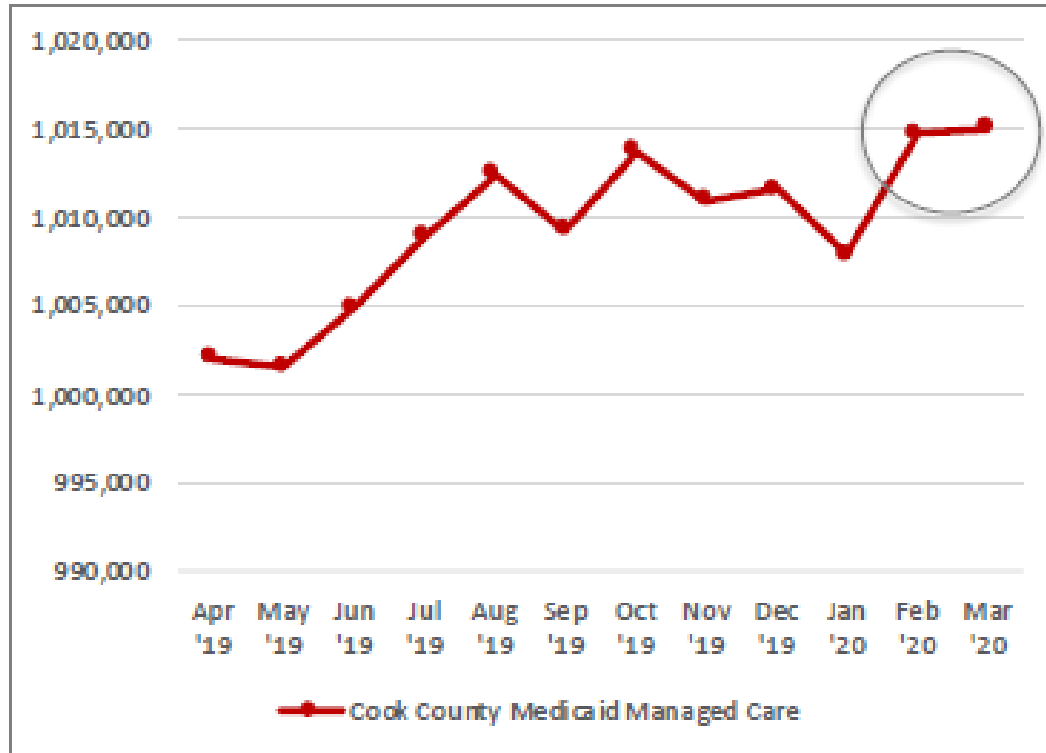
* Only operating in Cook County

Meridian and WellCare (dba Harmony) merged as of 1/1/2019. Pending merger with Centene (dba IlliniCare)
CVS/Aetna purchasing IlliniCare legacy Medicaid

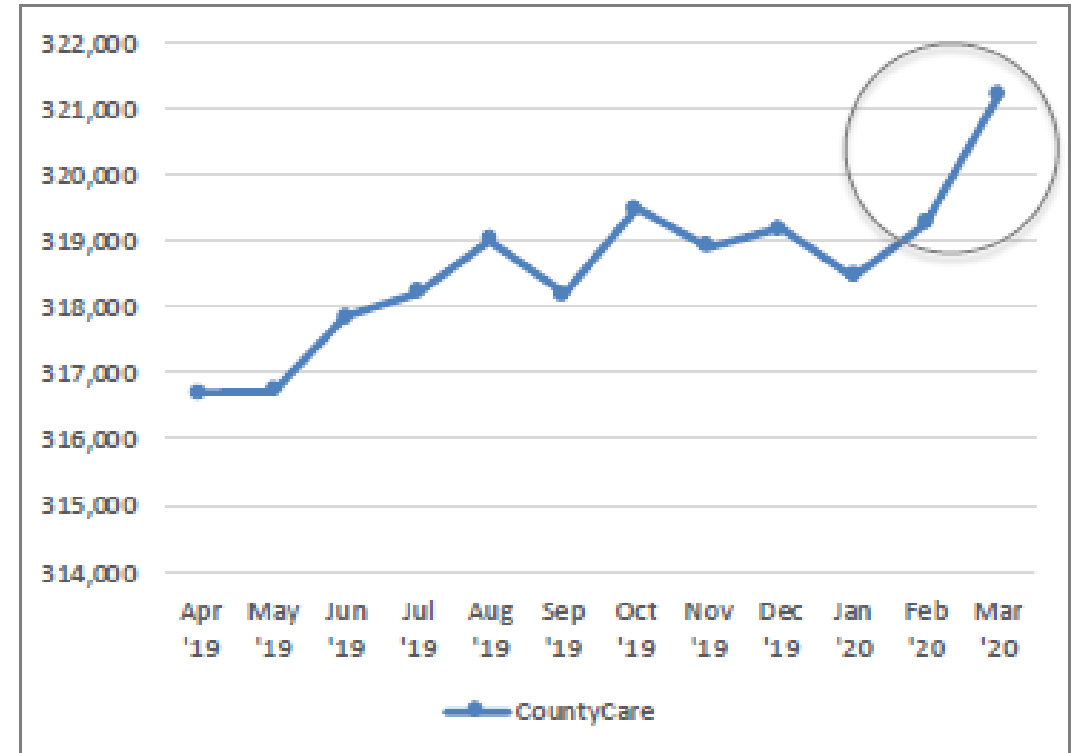
Source: <https://www.Illinois.gov/hfs/MecialProviders/cc/Pages/TotalCCErollmentforAllPrograms.aspx>

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

Cook County Medicaid Managed Care



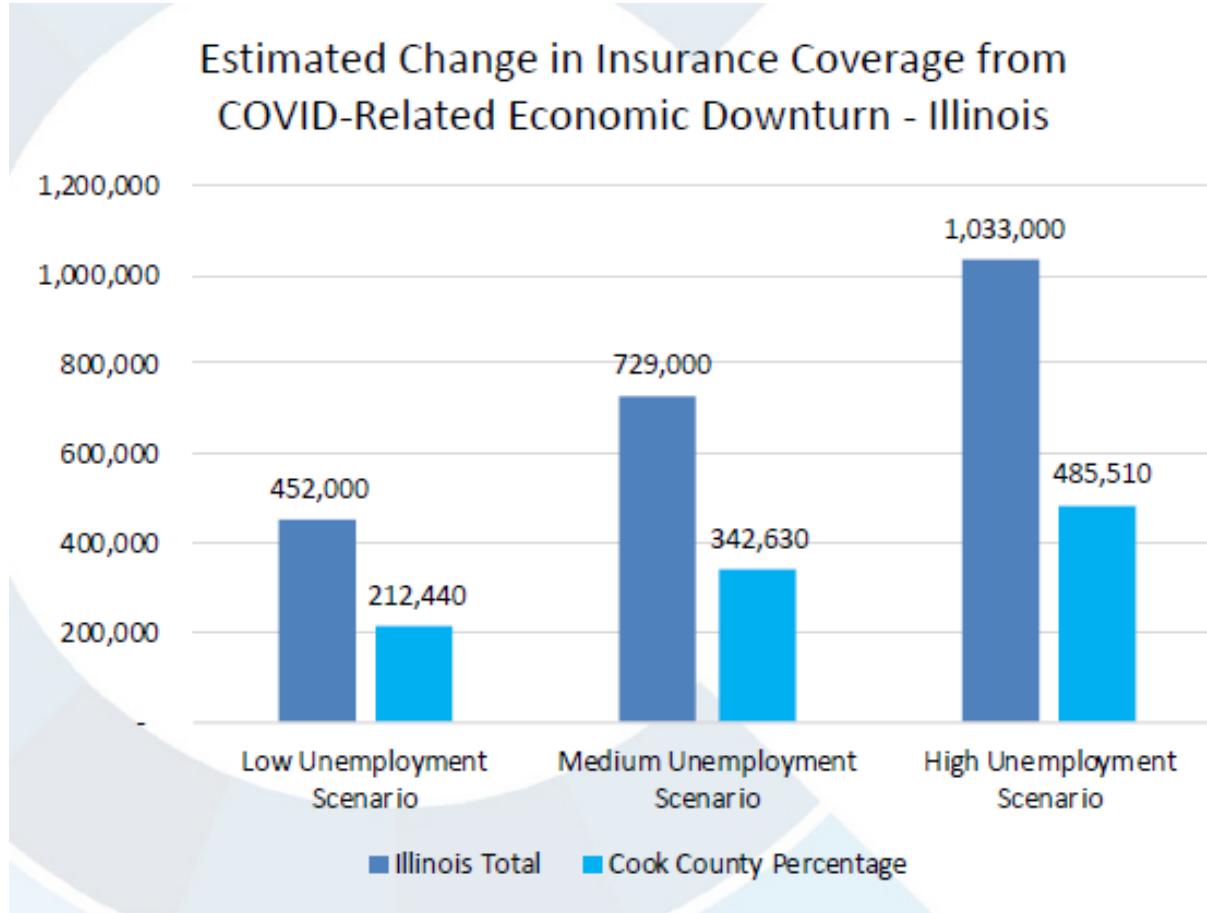
CountyCare



- CountyCare's monthly enrollment trend closely follows the overall Managed Care enrollment trend in Cook County

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

Projected Illinois Medicaid Growth



Scenario	Unemployment Rate
Pre-COVID	3%
Low	10%
Medium	17.5%
High	25%

Enrollment	Total Enrolled	% of IL
Cook County	1,007,849	47%
Illinois Statewide	2,143,788	100%

Source: HMA – [COVID-19 Impact on Medicaid, Marketplace, and Uninsured Enrollment by State](#)

Note: Cook County Percentage is based on current % of total enrolled in IL at 47% and assumes the unemployment rate is evenly impacted across the state.

CountyCare Membership Drivers

Auto-Assignment is Critical Factor in CountyCare Growth

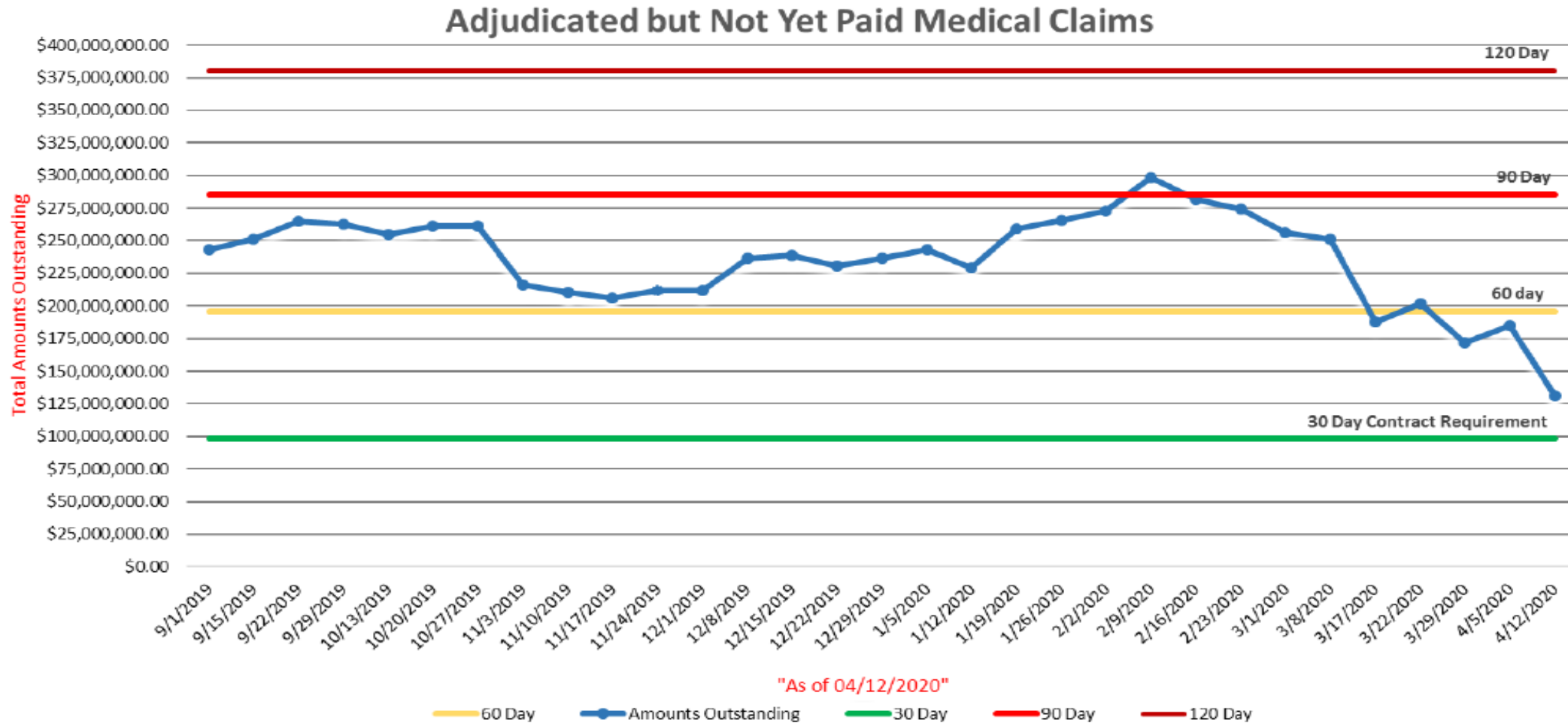
- As of April 6th, 2020 CountyCare receives **50%** auto-assignment; prior auto-assignment rate was at 35%
- From January through March, auto-assignment represented **~54%** of CountyCare's new member population (remainder being choice membership or not indicated)
- Auto-assignment is one of many critical factors driving CountyCare projected growth

Additional Key Drivers Are Pending 1115 Waiver Requests – **Not Yet Approved**

- Approval to remove choice period and allow for direct assignment to MCO
- Extend redeterminations for 12 months (*note: HFS is extending rede dates, but not for 12 months*)
- Allow diversified staff (not state employees) to process enrollment applications to prevent extended processing timelines

Source: CCH Health Plan Services Analytics

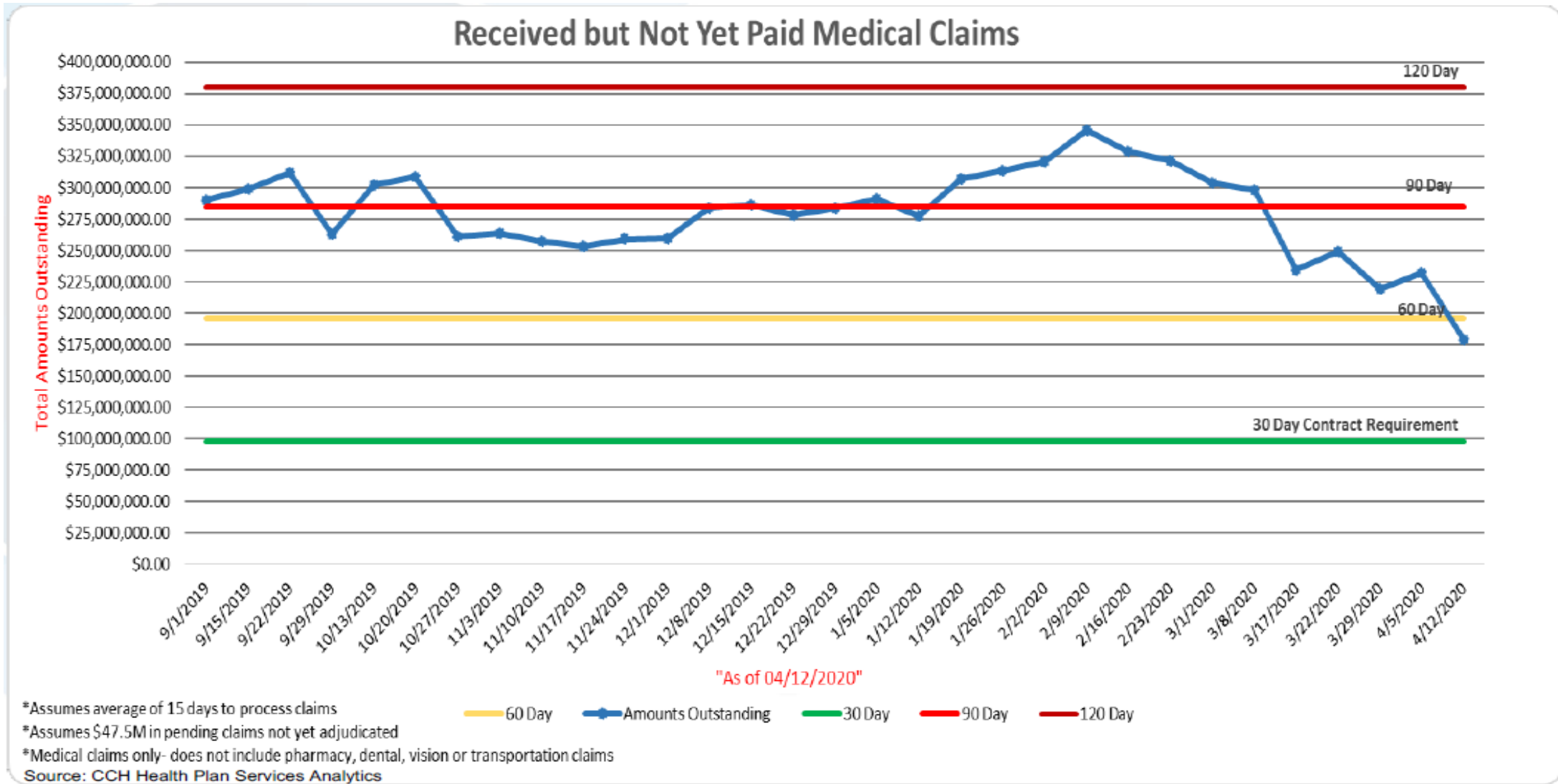
Claims Payment



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

Source: CCH Health Plan Services Analytics

Claims Payment



Quality & Patient Safety

Metrics

Presented to the CCH Board on April 30, 2020



COOK COUNTY
HEALTH



COOK COUNTY HEALTH Dashboard

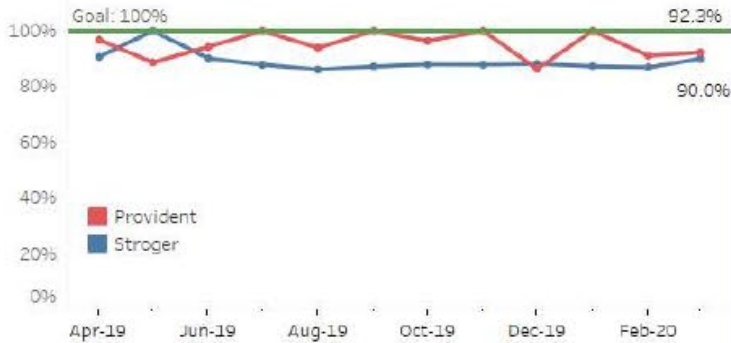
Quality
April 24, 2020

Health Outcomes

HEDIS - Diabetes Management: HbA1c < 8%



Core Measure - Venous Thromboembolism (VTE) Prevention

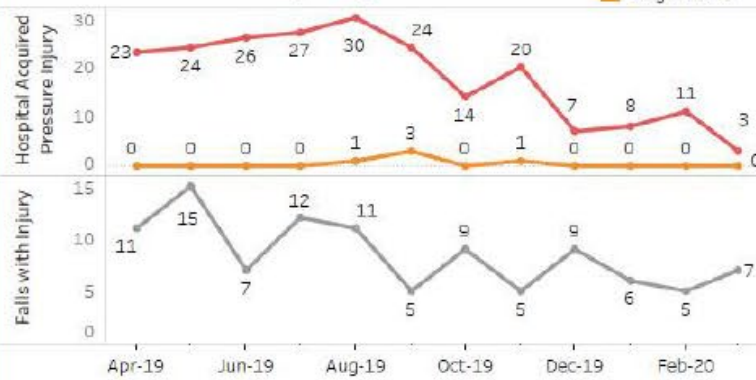


30 Day Readmission Rate



Patient Safety

Hospital Acquired Conditions



Hospital Acquired Infections

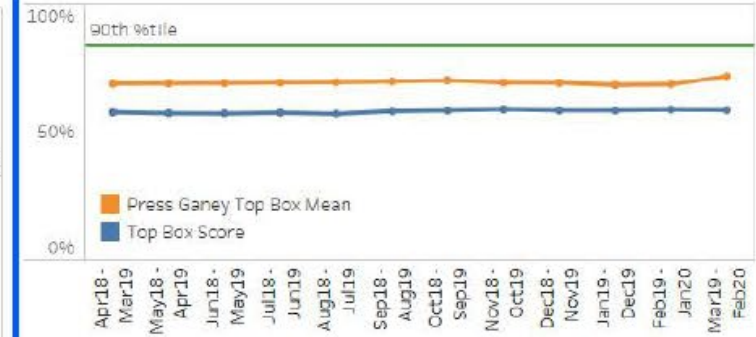


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

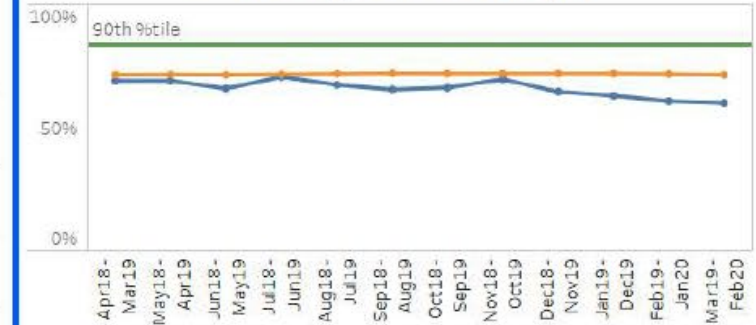
	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
CAUTI	2	1	2	5	6	2	3	0	1	0	0	0
CDI	6	5	4	4	9	5	7	7	5	3	5	10
CLABSI	2	2	2	3	2	4	1	1	1	0	0	1
MRSA	1	0	0	2	0	0	1	1	0	1	2	0

Utilization

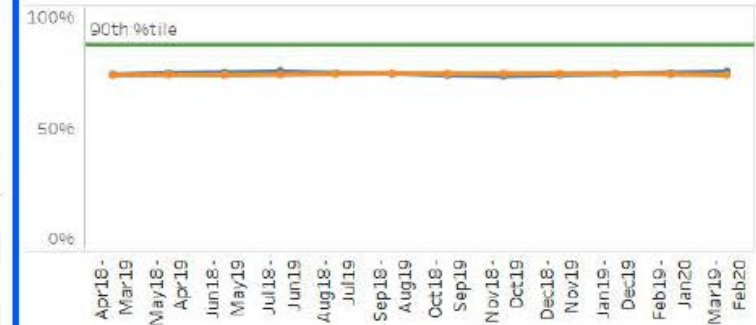
ACHN-Overall Clinic Assessment



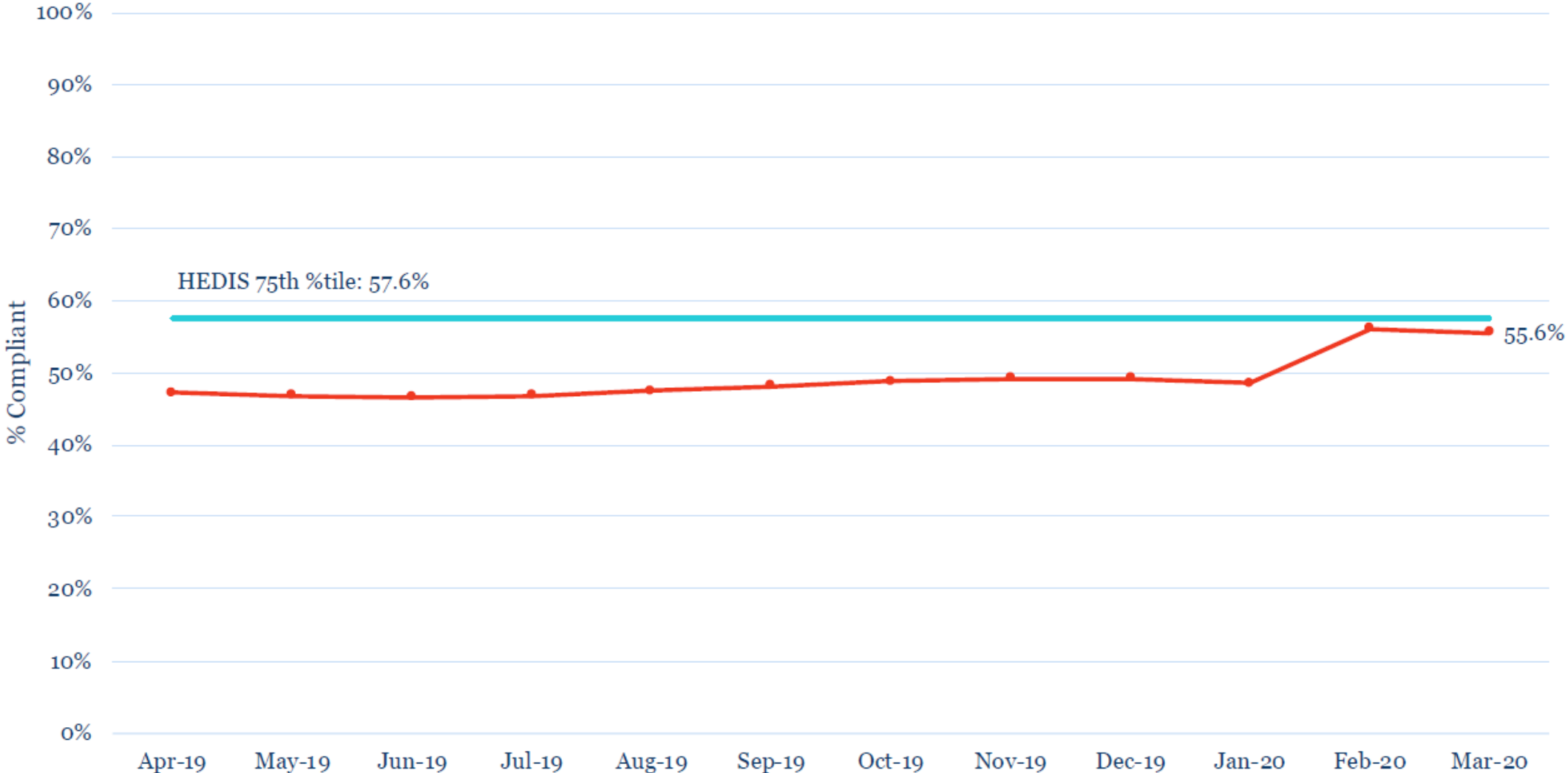
Provident--Willingness to Recommend Hospital



Stroger--Willingness to Recommend Hospital

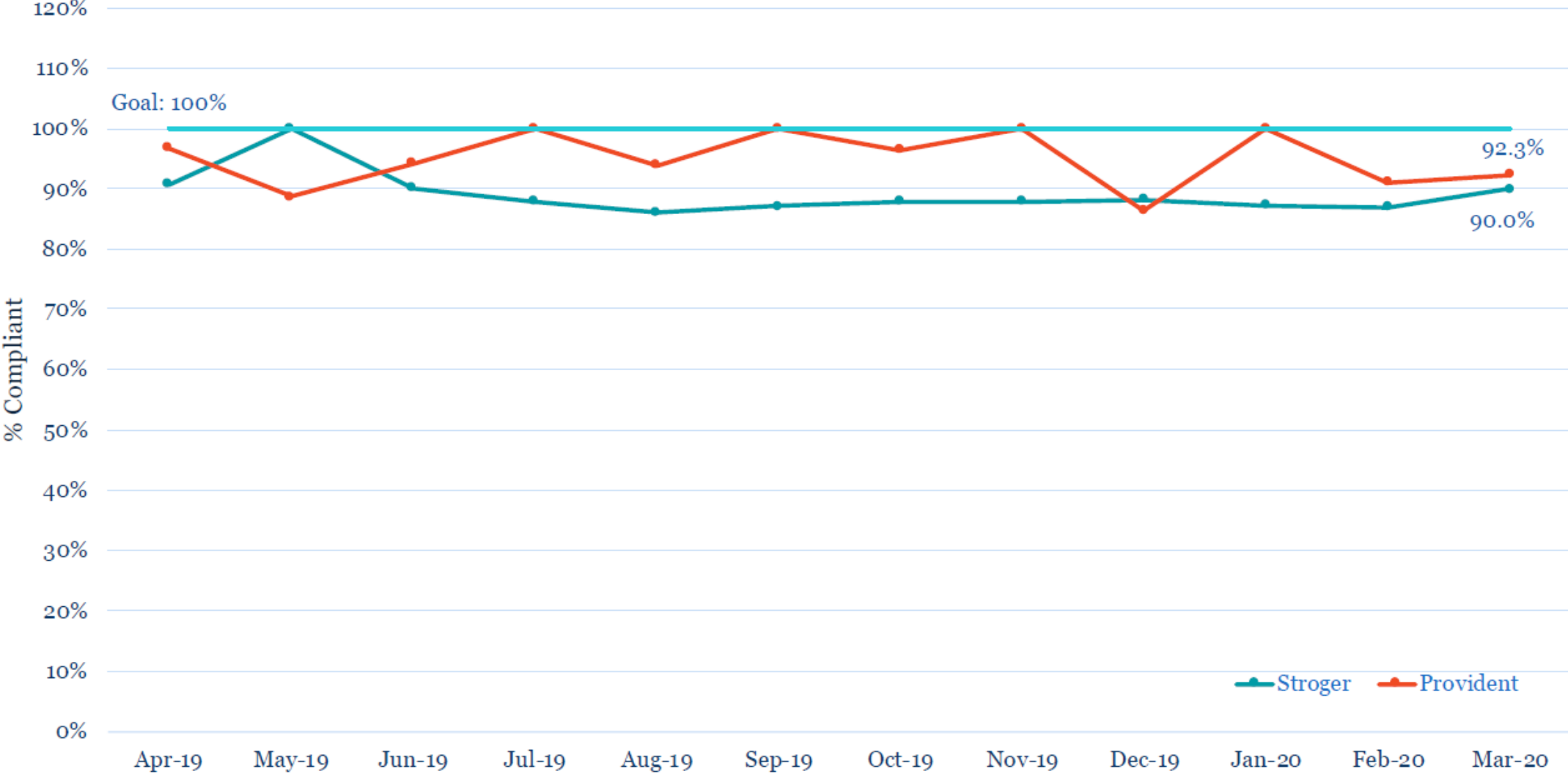


HEDIS – Diabetes Management: HbA1c < 8%



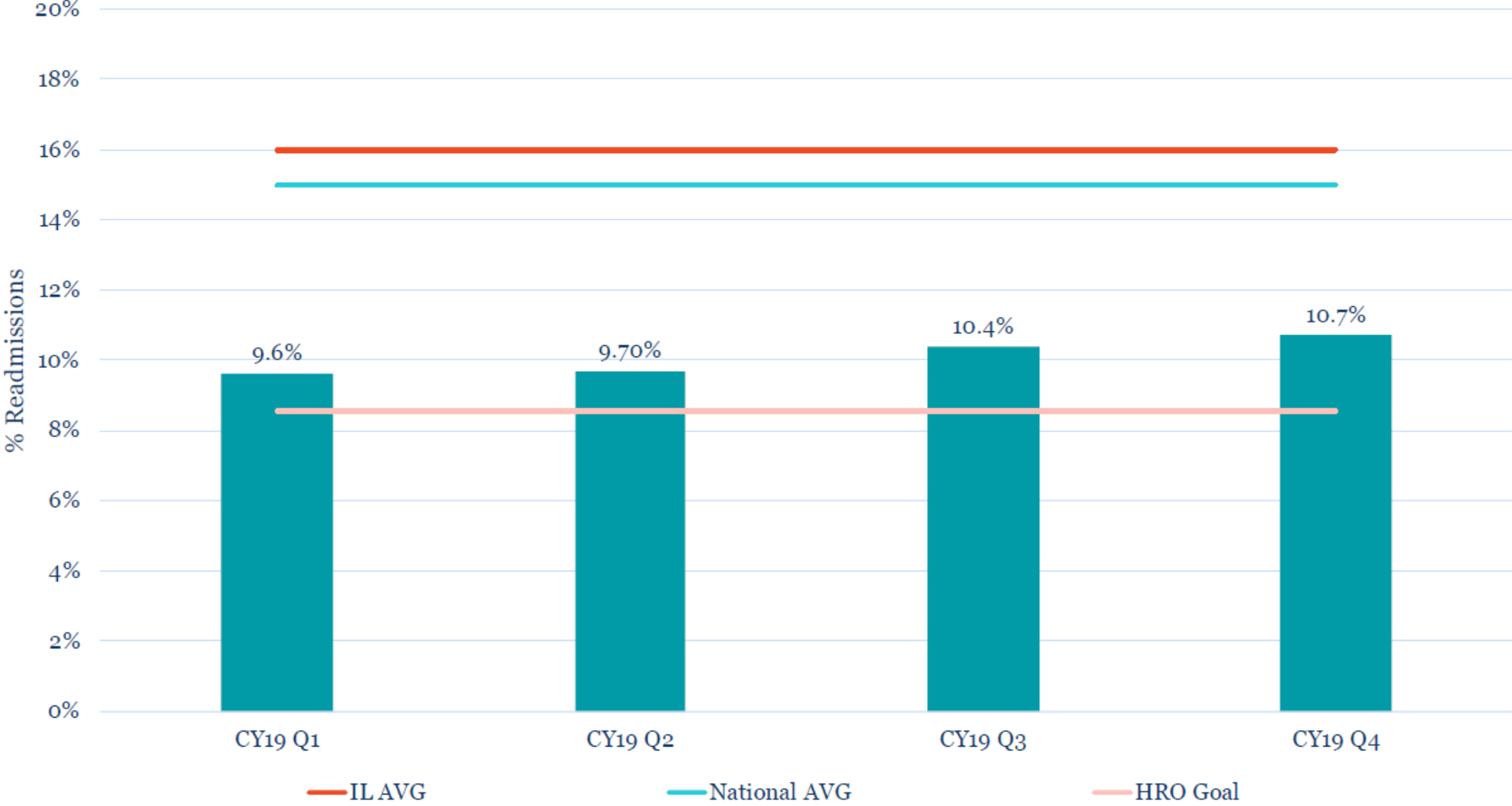
Source: Business Intelligence

Core Measure Venous Thromboembolism (VTE) Prevention



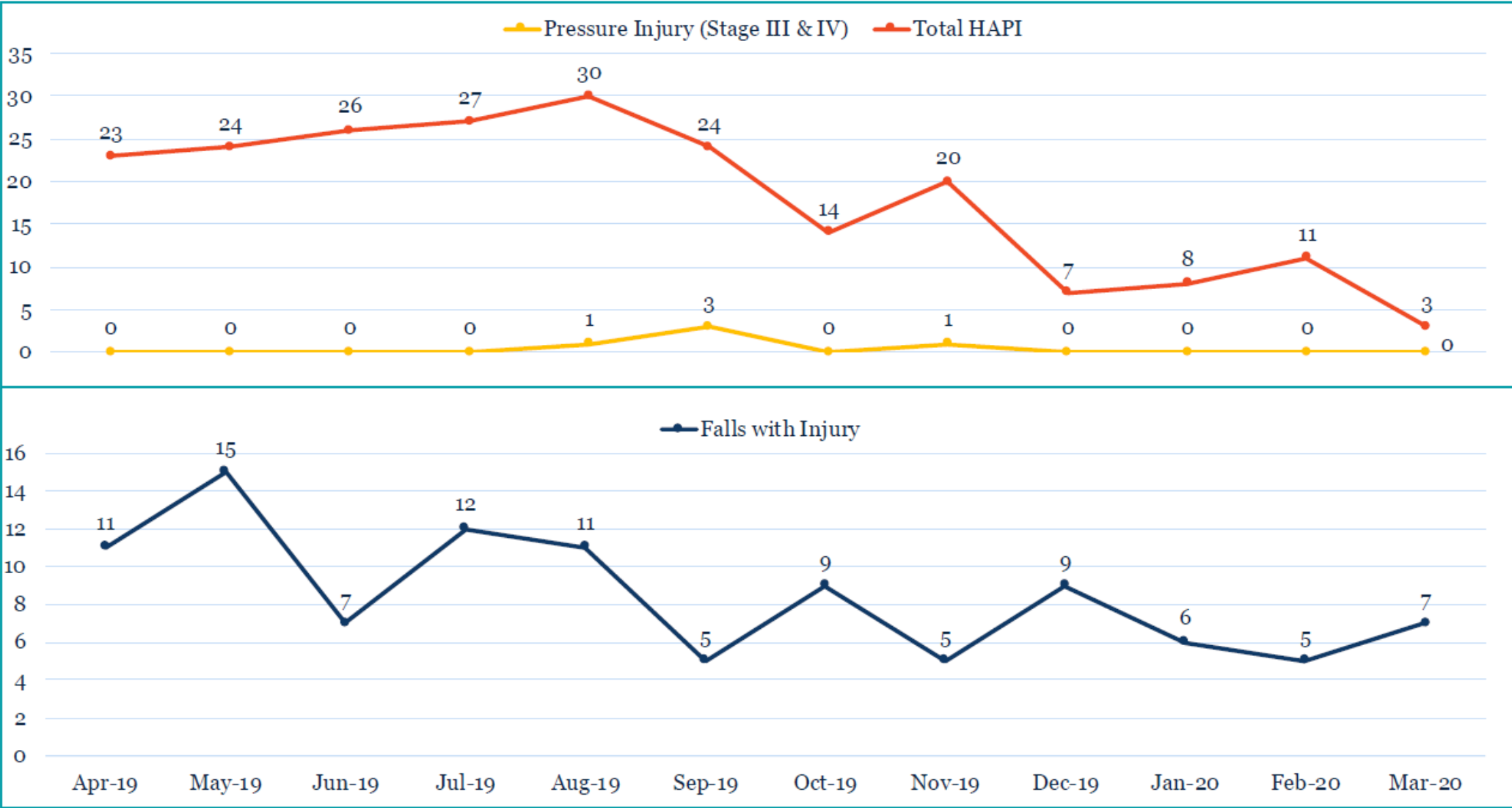
Source: Quality Dept.

30 Day Readmission Rate



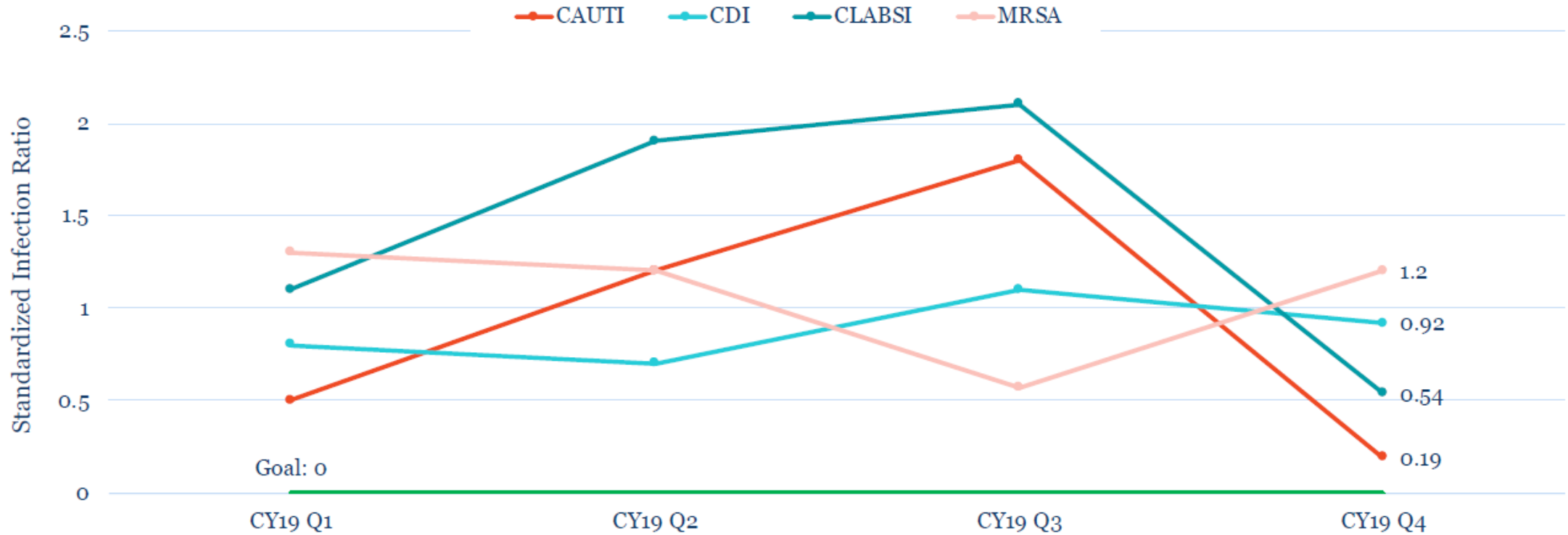
Source: Business Intelligence

Hospital Acquired Conditions



Source: Business Intelligence

Hospital Acquired Infections



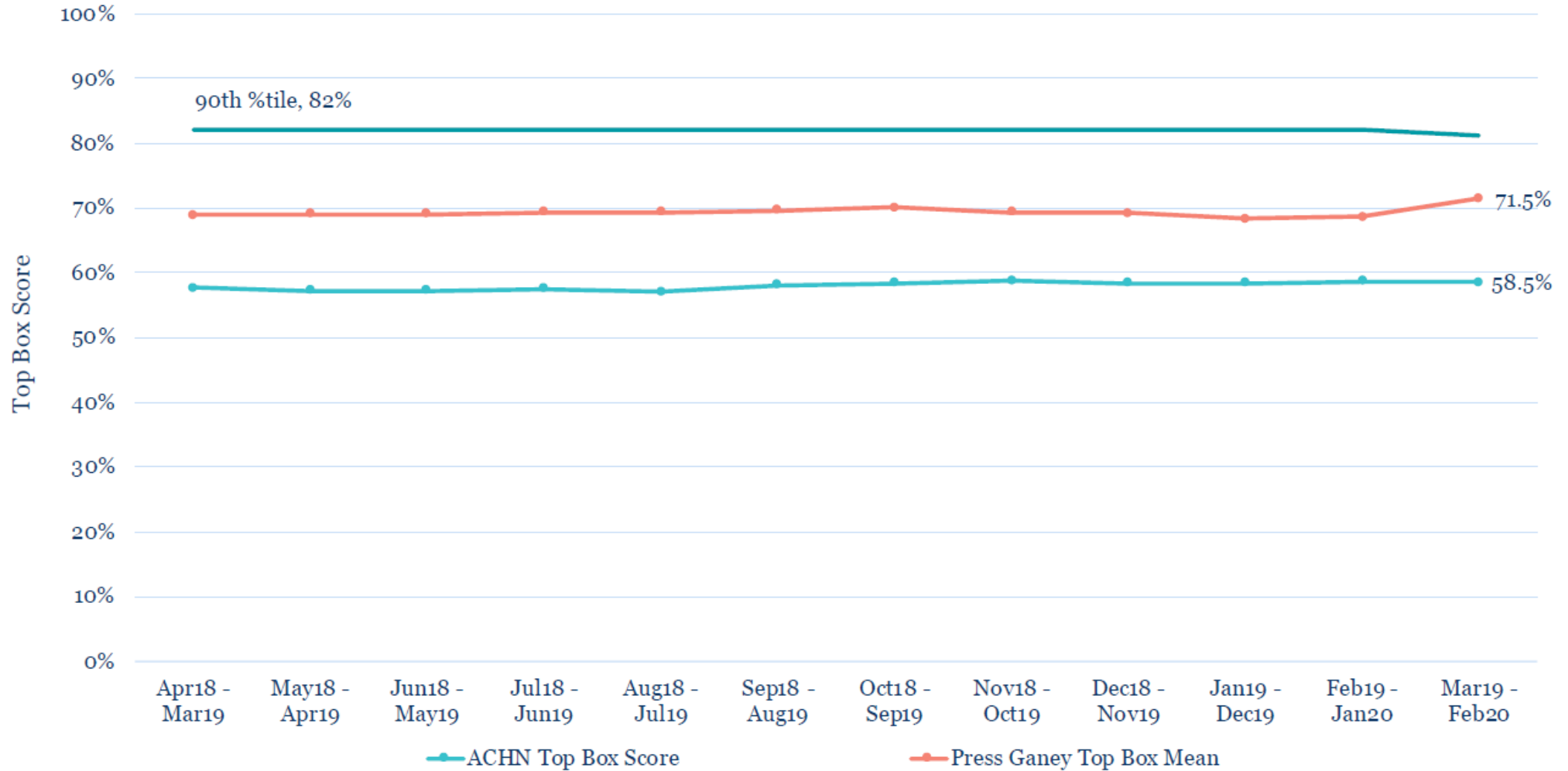
	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
CAUTI	2*	1	2*	5	6	2	3	0	1	0	0	0
CDI	6	5	4	4	9	5	7	7	5	3	5	10
CLABSI	2*	2	2	3	2	4	1	1	1	0	0	1
MRSA	1	0	0	2	0	0	1	1	0	1	2*	0

*Amended

SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

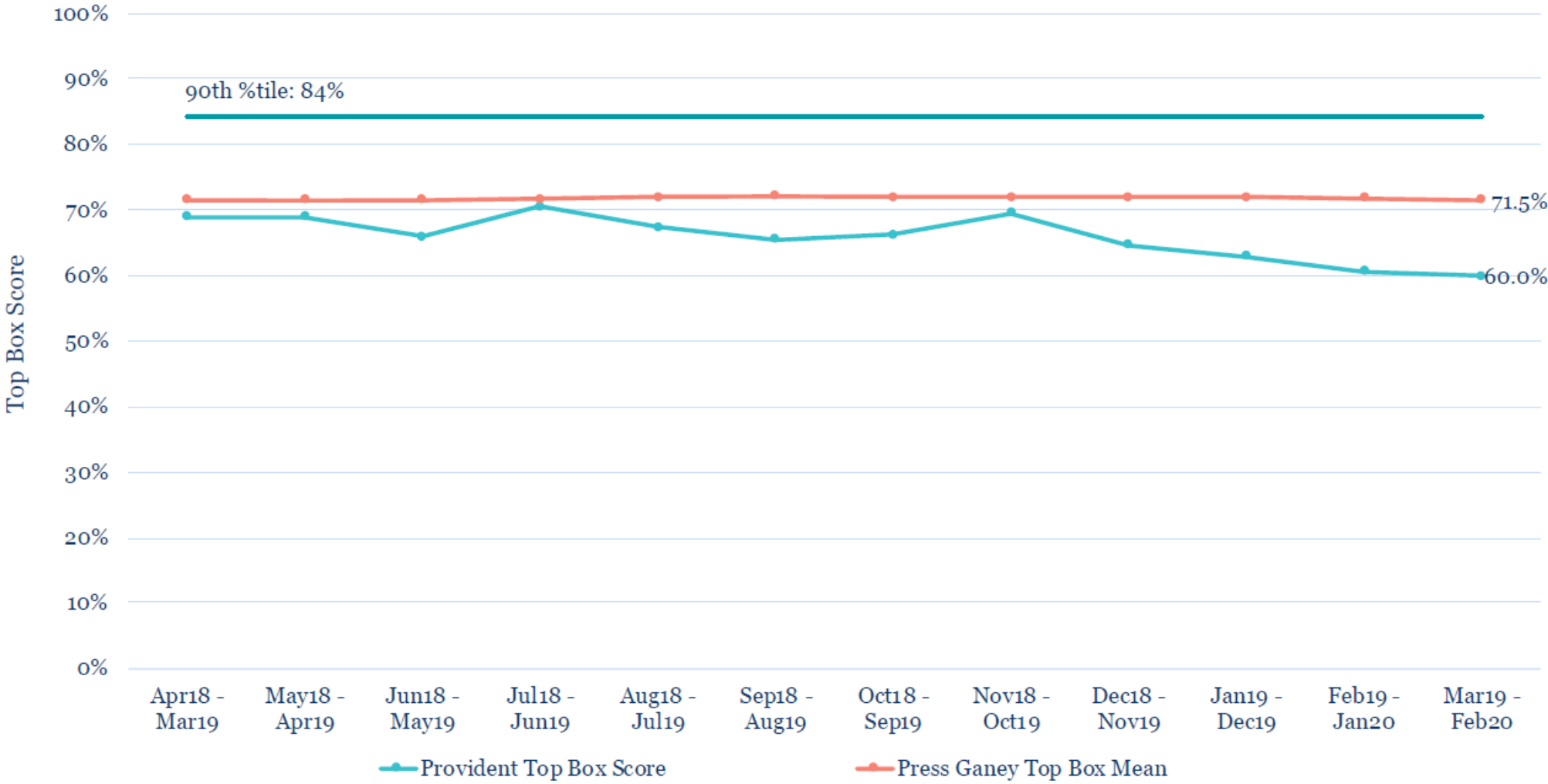
Source: Infection Control Dept.

ACHN – Overall Clinic Assessment



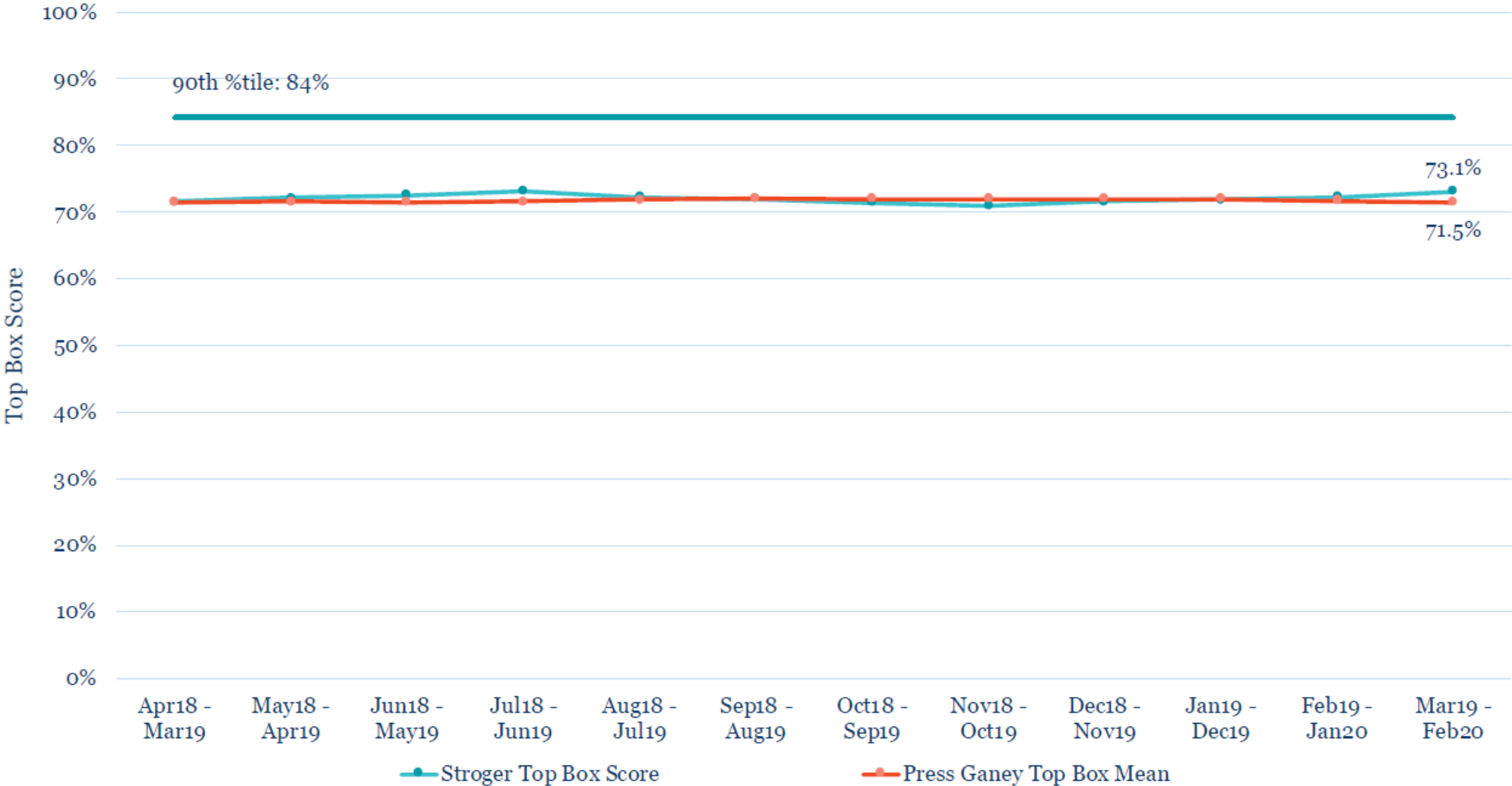
Source: Press Ganey

Provident– Willingness to Recommend the Hospital



Source: Press Ganey

Stroger– Willingness to Recommend the Hospital



Source: Press Ganey

Measure Name	Measure Definition	Source
Diabetes Management HbA1c <8%	Adults ages 18-75 with diabetes (type 1 or type 2) where HbA1c is in control (<8.0%). Qualifying patients: - 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 antihyperglycemics in the current year or previous year	NCQA, HEDIS
Core Measure-Venous Thromboembolism (VTE) Prevention	Numerator: Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given: The day of or the day after hospital admission The day of or the day after surgery end date for surgeries that start the day of or the day after hospital admission Denominator: All patients	CMS
Readmission Rate	The readmission measures are estimates of unplanned readmission to an acute care hospital in the 30 days after discharge from a hospitalization. Patients may have had an unplanned readmission for any reason.	CMS
Hospital Acquired Pressure Injuries	A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. Full thickness pressure injuries involve the epidermis and dermis, but also extend into deeper tissues (fat, fascia, muscle, bone, tendon, etc.)	CMS, AHRQ
Falls with Injury	A patient fall is an unplanned descent to the floor (or extension of the floor, e.g., trash can or other equipment) with injury to the patient.	TJC, NDNQI
Hospital Acquired Infections - CAUTI	Catheter-associated urinary tract infections	NHSN
Hospital Acquired Infections - CDI	Clostridium difficile intestinal infections	NHSN
Hospital Acquired Infections - CLABSI	Central line-associated bloodstream infections	NHSN
Hospital Acquired Infections - MRSA	Methicillin-resistant Staphylococcus Aureus blood infections	NHSN
Press Ganey Patient Satisfaction Top Box Score	The percentage of responses in the highest possible category for a question, section, or survey (e.g. percentage of 'Very Good,' or 'Always' responses).	Press Ganey
Press Ganey Patient Satisfaction Percentile Rank	A percentile rank tells you where your score falls in relationship to other scores. Percentile rank for any given metric in any peer group is determined by ordering all facilities' scores from highest to lowest, then each score receives a percentile rank by determining the proportion of the database that falls below that score. For example, if your percentile rank is 30, you are scoring the same as or better than 30% of the organizations you are compared to.	Press Ganey
ACHN Patient Satisfaction-Overall Assessment	Includes two questions: 1. How well the staff worked together to care for you. 2. Likelihood of your recommending our practice to others.	Press Ganey
Hospital Patient Satisfaction-Willingness to Recommend Hospital	The likelihood that a patient will recommend a hospital to family members and friends.	Press Ganey

Thank you. 



COOK COUNTY
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