

COOK COUNTY HEALTH & HOSPITALS SYSTEM



**Monthly Report
to the
Cook County Board of Commissioners
March 2017 Report**



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM**
CC+HHS

Administrative Update

Administrative

- John H. Stroger, Jr. Hospital was recertified by the Illinois Department of Public Health as a Primary Stroke Center. To receive this designation, a hospital must demonstrate that they meet nationally-recognized standards for stroke-care.
- To date, CCHHS' Fresh Truck partnership with the Greater Chicago Food Depository has resulted in 32 visits to 9 CCHHS community health centers – Logan Square, Cottage Grove, Robbins, Oak Forest, Englewood, Prieto, the CORE Center, Austin, and Cicero. Collectively, the Fresh Truck distributions have resulted in fresh fruits and vegetables provided to 3,604 households which includes 12,629 individuals. Most of the individuals receiving produce screened positive for food insecurity at a CCHHS health center visit.

Vista Health Center is the next site to be trained and have Fresh Truck visits scheduled. All remaining CCHHS sites will have Fresh Truck visits before the end of 2017.

- The Chicago Police Department recently expanded its internal order allowing police officers to utilize CCHHS' Community Triage Center (CTC) to 4th, 6th, 7th and 22nd Police Districts. This increases the number of districts referring individuals to the CTC to 5 and substantially increases the reach of the CTC.
- CCHHS has been named YearUP Chicago's Community Partner for 2017. YearUP Chicago is an organization that guides low-income students through training programs to prepare them for the workforce and school.
- Dr. Terry Mason, Chief Operating Officer of the Cook County Department of Public Health, was featured as one of The HistoryMakers, the nation's largest African-America oral/video history collection. His interview can be viewed at Chicago Public Library locations.
- On February 24, 2017 a CountyCare Re-determination event took place at Stroger Hospital. This was the first "Rede" event in 2017 which seeks to assist CountyCare members maintain their Medicaid coverage by helping them submit their re-enrollment materials in a timely manner.
- On March 28, 2017 a CountyCare Enrollee Advisory Committee (EAC) meeting will take place at the Cottage Grove Health Center in Ford Heights.



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

Legislative Update

State

- Illinois is in its 20th month without a comprehensive state budget in place. The state “stopgap” budget that provided 18 months of human service and higher education funding ended December 31, 2016.
- Senate President Cullerton and Senate Minority Leader Radogno have been working on a package of bills that seek to resolve the state budget impasse. The bills are tied to each other, so that in order for any of the bills to become law, they must all pass and become law. The bills include new revenue sources, gaming expansion, as well as items from the Governor’s “turnaround agenda” such as freezing local property taxes and local government consolidation. Negotiations continue on these bills in the Senate.
- On February 15, 2016 Governor Rauner delivered his 3rd state budget address. The address had no mention of Medicaid. The Governor’s proposed FY18 state budget includes expenses of \$37.3B with state revenues projected at \$32.7B. The FY18 budget proposal accounts for the \$4.6B gap between expenses and revenues with a line item referred to as “Working together on a ‘grand bargain’”.
- The Illinois Department of Healthcare and Family Services’ (HFS) held an agency budget briefing following the Governor’s budget address. HFS Director Felicia Norwood indicated the proposed FY18 budget does not include any cuts to provider rates, services, or eligibility. The FY18 HFS budget does project a slight increase in the number of ACA Medicaid expansion adults and assumes that at least 66% of Medicaid beneficiaries will be enrolled in managed care statewide. Director Norwood acknowledged Cook County as being a strong partner with the state, and the Medicaid costs offset by Cook County were highlighted in her presentation.
- The Illinois Department of Public Health’s (IDPH) FY18 budget includes funding to address childhood lead poisoning through increased investments in screening and capital improvements, and an effort to lower the current childhood lead intervention level from $\geq 10\mu\text{g}/\text{dL}$ to the CDC’s recommended level of $\geq 5\mu\text{g}/\text{dL}$.
- SB741, CCHHS’ legislation to strengthen annual flu shot requirements for healthcare workers, was introduced by Senator Emil Jones III. SB741 has been assigned to the Senate Public Health Committee. A hearing is scheduled for March 7, 2017.

SB741 would prohibit “moral or philosophical exemptions” as a reason that healthcare workers could decline a flu vaccine and adds health departments as entities subject to this requirement.



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CC+HHS

Legislative Update

Federal

- In January, the House and Senate Budget Committees passed budget resolutions calling for the repeal of the Patient Protection and Affordable Care Act (ACA). The budget resolution, which does not have the force of law, called for the health care committees to present legislation to repeal the ACA by January 27, 2017. That deadline was not met and committees are in the process of drafting legislation. The House of Representatives is moving forward first and is likely to mark-up legislation at the end of February/beginning of March. Discussion documents indicate that House legislation will repeal the Medicaid expansion and replace the current Medicaid program with per-capita caps at current state matching rates.
- On February 10, 2017 the Senate confirmed Tom Price's nomination as Secretary of Health and Human Services. His leadership is likely to bring more focus on the Administration's effort to repeal and replace the Patient Protection and Affordable Care Act (ACA). As a former member of the House, and Chairman of the House Budget Committee, Secretary Price was a vocal opponent of the ACA and introduced ACA repeal legislation while a member of Congress.
- On February 16, 2016 President Trump's nominee to be CMS Administrator, Seema Verma, appeared before the Senate Finance Committee for her nomination hearing. Ms. Verma's nomination was advanced by the Senate Finance Committee on March 2, 2017. A vote before the full Senate is expected soon. Ms. Verma has an extensive Medicaid consulting background and advised then Governor Pence on a number of Medicaid matters, including Indiana's Medicaid expansion and proposals to expand health savings accounts.
- A number of Republican Governors and Senators have raised concerns regarding the repeal strategy as well as concern for the future of the Medicaid expansion that have been put in place in several of their states. Key members of the Senate have indicated that the process should be slowed down and that there should be clarity around a replacement program and its impact on patients.

Protection of Medicaid remains a key priority for CCHHS at both the State and Federal level.



Financials – December 2016

Total Revenues:	\$ 118,991
<u>Operating Expenses:</u>	
Personal Services	\$ 57,000
Contractual Service	\$ 137
Claims Expenses	\$ 50,559
Supplies & Materials	\$ 8,104
Operations & Maintenance	\$ 329
Insurance	\$ 1,941
Depreciation	\$ 2,239
Rental & Leasing	\$ 414
Total Operating Expenses:	\$ 120,723
Gain (Loss) From Operations:	\$ (1,732)
Total Non-Operating Revenues:	\$ 9,296
Net Income (Loss)	\$ 7,563
Pension Expense	\$ (19,609)
Pension Contribution	\$ 4,001
Net Income With Pension	\$ (8,044)



Financials - CountyCare Income Statement December 2016 (in Millions)

	<i>Year to Date</i> Actual	<i>Year to Date</i> Budget	<i>Year to Date</i> Variance
Member Months	144,071	142,500	(1,571)
Total Revenue	67.59	67.44	(0.15)
<u>Expense</u>			
Total Admin Expenses	2.83	3.38	0.55
CCHHS Clinical Expenses	15.74	18.43	2.69
External Clinical Expenses	47.86	42.03	(5.83)
Total Clinical Expenses	63.61	60.46	(3.15)
Total Expenses	66.44	63.83	(2.60)
Medical Loss Ratio (MLR)	94%	91%	-4%
Net Income Before IGT	1.15	3.61	2.45
IGT	-	-	-
Net Income After IGT	1.15	3.61	2.45
Total CCHHS Impact	16.89	22.03	5.14



Metrics – Human Resources

Human Resources Metrics Summary

Gladys Lopez, Chief of Human Resources

DATA THROUGH: 01/31/17

Goal: Continue to maintain open vacancies at 750 or ≤

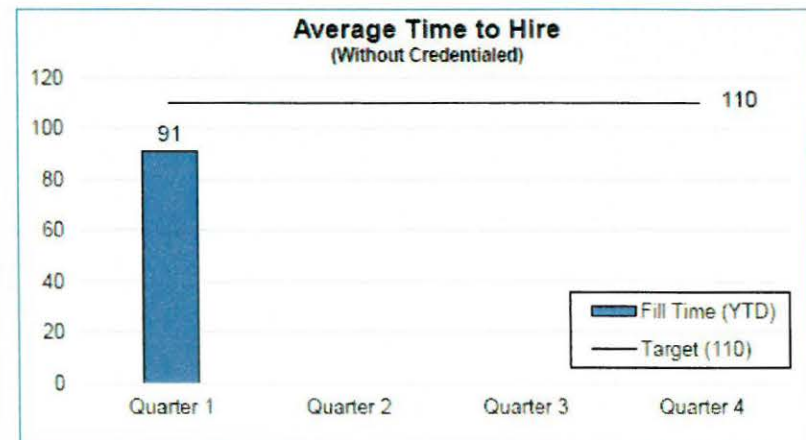
Fiscal Year 2017
December 1, 2016 - November 30, 2017

OPEN VACANCIES

	FY16 TOTAL	FY16 Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4	FY16 TOTAL YTD	
Total CCHHS Vacant Positions:	724	750	740				740	-10 ▼ -1%
Total RTHs in HR (In Process):	513		625				625	

AVERAGE TIME TO HIRE

	FY16 TOTAL	FY16 Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Average Days to Hire (Month): (With Credentialed)	120	NA	109				
Average Days to Hire (Month): (Without Credentialed)	108	110	91				91 -19 ▼ -17%



2 Both FY16 and FY17 data is for the first two months of the first Quarter.



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS
CCHHS Board of Directors | 02/24/17



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

Presentation Title in Footer | Date

Metrics – Managed Care

Key Measures	Oct'16	Nov'16	Dec'16	Jan'17	% Change to Month Prior	Trend	FYTD'17 Budget or Goal	% of Budget/ Goal
I) QUALITY - HY'17 P4P Measures								
1.1) Ambulatory Access Outcome Measure								
Adult Access to Prevention: Total CC (AAP)	70.8%	72.1%	74.5%		3.3%	▲	90%	82.8%
II) RISK MANAGEMENT								
2.1) Completed HRS/HRA (all populations, cum)								
Overall	57.1%	57.5%	57.0%	67.3%	18.1%	▲	100%	67.3%
MHN ACO	78.8%	78.9%	80.4%	87.7%	9.1%	▲	100%	87.7%
La Rabida Care Coordination (CSNs only)	90.1%	90.4%	90.3%	90.4%	0.1%	↔	100%	90.4%
CCHHS CCC	36.2%	39.9%	35.9%	47.4%	32.0%	▲	100%	47.4%
2.3) Completed Care Plans on High Risk Members								
ACA/FHP	65.0%	65.0%	62.3%	62.5%	0.2%	▲	50.0%	125.0%
ICP	75.7%	72.1%	74.4%	75.2%	0.7%	▲	75.0%	100.2%
II) UTILIZATION								
3.1) CountyCare Contribution to CCHHS (Cum FYTD)	\$174,066,897	Data Not Yet Available	Data Not Yet Available	Data Not Yet Available			\$280,628,489	62.0%
3.2) ER Utilization/1,000 member months (per month)	Jul'16	Aug'16	Sept'16	Oct'17	Change from Prior Month	Trend	Rolling 12-Mo Average	Current to Baseline
ACA	76.6	81.6	77.6	72.1	-7.1%	▲	66.1	109.1%
FHP	50.2	55.5	57.1	52.9	-7.3%	▲	47.1	112.3%
ICP	99.7	105.4	102.9	99.6	-3.2%	▲	91.4	109.0%
3.4) Total Readmission Rates (same diagnosis within 30 days)								
ACA	15.8	17.6	17.0	10.7	-37.1%	▲	16.0	66.9%
FHP	5.0	5.6	3.8	3.7	-2.6%	▲	5.0	74.0%
ICP	24.5	28.1	25.8	14.2	-45.0%	▲	24.0	59.2%
3.5) BH Readmission Rates (same diagnosis within 30 days)								
ACA	7.6	9.5	8.2	6.1	-25.6%	▲	8.2	74.4%
FHP	0.6	1.3	0.6	0.7	16.7%	▼	0.8	87.5%
ICP	9.2	11.4	12.5	6.7	-46.4%	▲	10.5	63.8%



CCHHS BOD | Feb 24, 2017

Key:	@ or Better Than Goal	Within 5% of Goal	> 5% From Goal
------	-----------------------	-------------------	----------------



COOK COUNTY HEALTH & HOSPITALS SYSTEM
CCHHS

Presentation Title in Footer | Date

Metrics – Managed Care

Key Measures	Oct'16	Nov'16	Dec'16	Jan'17	% Change to Month Prior	Trend	FYTD'17 Budget or Goal	% of Budget/ Goal
4) MEMBERSHIP								
4.1) Monthly Membership	147,281	145,946	144,071	142,843	-0.9%	--	142,500	101.1%
ACA	60,587	59,643	58,056	56,686	-2.4%	▼	55,000	105.6%
FHP	81,746	81,330	80,989	81,044	0.1%	--	82,500	98.2%
SPD	4,948	4,973	5,026	5,113	1.7%	▲	5,000	100.5%
Home/Community Waiver (incl DD)	764	701	699	701	0.3%			
LTC	319	313	303	346	14.2%			
4.2) FYTD Member Months	1,721,152	1,867,098	144,071	286,914			285,000	100.7%
ACA	739,857	799,500	58,056	114,742			110,000	104.3%
FHP	933,875	1,015,205	80,989	162,033			165,000	98.2%
SPD	47,420	52,393	5,026	10,139			10,000	101.4%
4.5) Cook County Enrollment by Health Plan (rank order)							Rank	
Aetna Better Health Inc.	110,569	110,858	111,230		0.3%	--	5th	
Blue Cross Blue Shield	210,973	212,141	214,579		1.1%	▲	1st	
CountyCare	147,042	145,463	144,032		-1.0%	▼	3rd	
Family Health Network (incl CCAI)	190,315	187,561	183,904		-1.9%	▼	2nd	
Harmony Health Plan	99,581	98,892	98,083	Data Not Yet Available	-0.8%	--	7th	
IlliniCare Health Plan	103,570	103,207	102,462		-0.7%	--	6th	
Meridian Health Plan	136,405	135,469	135,475		0.0%	--	4th	
Molina Health Care (FHP/ACA only)	84,594	86,989	81,406		-6.4%	▼	8th	
NextLevel Health	48,537	48,622	56,606		16.4%	▲	9th	
5) OPERATIONS								
5.2) Member & Provider Services Call Center							Goal	Goal Met
Abandonment Rate	4.79%	3.28%	2.30%	1.31%	-1.0%	▲	< 5%	Y
Hold Time	0:01:01	0:00:33	0:00:26	0:00:13	-0:00:07	▲	< 0:01:00	Y
Average Speed to Answer (member services as of 4/1)								
% Calls Answered < 30 seconds	67.25%	81.83%	87.93%	94.09%	6.1%	▲	> 80%	Y
5.3) Claims/Encounters Acceptance Rate					1.8%	▲	85%	Y



CCCHS BOD | Feb 24, 2017



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CC+HHS

Presentation Title in Footer | Date

Key:

@ or
Better
Than Goal

Within 5%
of Goal

> 5% From
Goal

Metrics – Quality & Patient Safety

Board Quality Dashboard

CCHHS QPS Committee Dashboard		CCHHS Board Metrics - Quality					
Data as of 2/3/2017							
PERFORMANCE MEASURES		CY 2015	CY 2016			TARGET	VARIANCE*
		4Q15	1Q16	2Q16	3Q16	4Q16	
Stroger							
Core Measures		Monthly Composite					
Venous Thromboembolism (VTE) Prevention Only (%)		88			78 **	83**	99% -16%
Efficiency - Operating Room		Monthly %					
Surgery Begins at the Scheduled Time (%)		48*	46*	60*	53*	60***	80% -20%
Safety		Total # of Events					
Events: Ulcers, Falls, CLABSI and CAUTI		30	28	32	24	22	
Patient Experience							
Willing to Recommend Hosp (% top box)		71	70	72	71	74	85% -11%
Provident							
Core Measures							
Venous Thromboembolism (VTE) Prevention Only (%)		98			94 **	92**	99% -7%
Efficiency - Operating Room		Monthly %					
Surgery Begins at the Scheduled Time (%)		83	74	78	85	87	80% 7%
Patient Experience							
Willing to Recommend Hosp (% top box)		89	78	N/S*	N/S*	N/S*	85% -7%
ACHN							
Diabetes Control % with Hgb A1C < 9%		77	74	75	75	78	78% 0%
Patient Experience: Moving Through Visit		63	64	64	63	63	75% -12%
Patient Experience: Telephone Access		63	62	60	60	59	75% -16%

LEGEND

- * Data represents automated collection
- ** VTE reported from Qtrly eQIM
- ***OR Times revised data collection
- * Variance is target to recent month
- * N/S: Not Sufficient data collected
- **N/S: Pneumococcal no longer being measured



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CC+HHS



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CC+HHS