

CCH Monthly Report

to the Cook County Board of Commissioners

Item #: 22-3226

October 2022



COOK COUNTY
HEALTH

Administrative & Legislative Updates



Presented to the Cook County Health Board on 9/30/2022



COOK COUNTY
HEALTH

Administrative Updates – CCH Employee Recognition

- CountyCare will be celebrating its 10th anniversary on October 26. The health plan was established through collaboration with the federal, state and county governments to expand Medicaid to low-income adults in Cook County one year prior to the ACA implementation date for statewide expansion. In its first year, CountyCare enrolled 82,000 members across Cook County and by the time Medicaid was expanded in Illinois, CountyCare covered nearly half of the total statewide enrollment of newly-eligible adults in Medicaid. Today, CountyCare is the largest Medicaid managed care plan in Cook County with more than 420,000 members. CountyCare has received many accolades over the past decade for its operations and member services, including being ranked as the highest quality managed care plan in the state by the Illinois Department of Healthcare and Family Services and accreditation for demonstrating a commitment to quality by the National Committee for Quality Assurance (NCQA). Since its beginning, CountyCare has served more than 938,000 members over the past 10 years, and facilitated more than 32 million medical claims. Congratulations to the entire **CountyCare team** for this milestone.
- Cook County Health's **emergency medicine residency program** and **preventive medicine residency program** were recognized in Becker's Hospital Review for being among the best clinical training programs, according to Doximity's 2022-2023 Residency Navigator. Physicians contribute nominations, ratings and reviews. Ratings comprise three major parts: current resident and recent alumni satisfaction data, reputation data and objective data. This recognition underscores Cook County Health's position as a leading national academic institution, training the next generation of health care experts and leaders.
- **Dr. Michael Alebich**, Co-Director of Medical Student Programs and Attending Physician in the Division of Hospital Medicine, has been named an "Emerging Leader" by the Health & Medicine Policy Research Group (HMPRG). In his nomination, Dr. Alebich was recognized as "a dedicated problem solver. He takes on whatever obstacle may interfere with patients getting what they need and works for solutions with an eye towards access and equity. He is about making things better for everyone...Despite being early in his career, Dr. Alebich's leadership has already made a tremendous impact at Cook County Health." The award was presented at HMPRG's gala on September 29, 2022.
- **Dr. Dhara Amin**, Director of Quality Improvement and Patient Safety and Attending Physician in the Department of Emergency Medicine, has recently been named as a Fellow in two prestigious health care programs. Dr. Amin was named a Fellow in Medical Justice in Advocacy by the American Medical Association and Satcher Health Leadership Institute. Founded on the principles of servant leadership, justice and collaboration, fellows in this program will generate and exchange solutions and implement health equity projects that inform policy to ensure optimal health for all. She was also named a Fellow in Diagnostic Excellence by the Society to Improve Diagnosis in Medicine (SIDM). During the course of her fellowship, she will be focused on better incorporating patients with limited English proficiency in the diagnostic process by enhancing emergency room discharge practices.



Activities and Announcements

MONKEYPOX

- As of September 14, CDC reports that there are currently 25,509 monkeypox cases in the U.S. with Illinois reporting 1,305 cases. CCH and CCDPH continue to monitor the situation very closely. CCH is currently offering vaccine at four sites (CORE, Arlington Heights, North Riverside and Blue Island). The CORE Center is providing testing and treatment as well. All services require appointments.

CCH's monkeypox microsite went live in September. Patients and community members can now make appointments for monkeypox vaccine and learn more about testing and treatment services at monkeypox.cookcountyhealth.org.

COVID-19

- Chicago and suburban Cook County are in low transmission. Efforts continue to vaccinate and boost eligible populations continue. Cook County Health and the Cook County Department of Public Health are now offering the bivalent COVID vaccines. As of September 29, CCH has administered 1,022,365 doses of COVID vaccine.

Cook County Health Foundation Annual Gala

- This year's Cook County Health Foundation gala, ***The Future is Bright – Moving toward Equity and Excellence***, will be held on October 12th at the Hyatt Regency Chicago and will support scholarships for individuals pursuing careers in health care. To purchase tickets or learn more, please visit the [CCHF website](https://www.cchf.org).

Presentations of Note

- On Thursday, September 29, CEO Rocha participated in a panel discussion at the Illinois Hospital Association Leadership Summit on addressing health disparities.

Administrative Updates

Food As Medicine

- As access to healthy food remains a great need for our patients and communities, the Fresh Truck partnership between Cook County Health (CCH) and the Greater Chicago Food Depository (GCFD) continues. The onset of the COVID-19 pandemic required CCH and GCFD to develop and implement revised protocols for the Fresh Truck distributions that allow for appropriate screenings and social distancing to protect patients, as well as CCH and GCFD staff and volunteers. These revised protocols are in place until further notice.
- Through September 16, CCH's Fresh Truck partnership with the Greater Chicago Food Depository (GCFD) resulted in 410 visits to CCH health centers – Arlington Heights, Austin, Belmont Cragin, Blue Island, the CORE Center, Cottage Grove, Englewood, North Riverside, Provident/Sengstacke, Prieto, and Robbins.
- Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables, as well as some shelf stable items during the COVID-19 pandemic, to an estimated 43,537 households, representing 143,835 individuals. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

Administrative Updates – Community Advisory Councils

- Cook County Health Advisory Councils include patients, community and religious organizations and serve as a way to promote our services in the communities where our centers are located. The Councils provide feedback to our staff and help strengthen our health center’s relationships in the community. The councils meet quarterly to provide current information on Cook County Health and as an avenue for members to share information about their organizations.
- The 2022 Fourth Quarter topic presentations include the 2023 CCH Budget, Cancer Services, the Housing Authority of Cook County and the CountyCare’s Medicaid Open Enrollment. In addition, updates on Cook County Health, Covid-19 Vaccination and Community Outreach are provided. Each clinic also does an update on its operations at the meeting.

Upcoming CAC meeting dates, including the 2022 schedule:

- **Provident Hospital/Sengstacke Health Center:** Wednesday at 9:00 AM: October 12
500 W. 51st Street, Chicago, IL 60609
- **Cottage Grove:** Tuesday at 1:00 PM: October 25
1645 S. Cottage Grove Avenue, Ford Heights, IL 60411
- **Blue Island:** Wednesday at 1:00 PM: November 16
12757 S. Western Ave., Blue Island, IL 60406
- **Arlington Heights:** Tuesday at 1:00 PM: November 29
3520 N. Arlington Heights Road, Arlington Heights, IL 60004
- **Robbins:** Tuesday at 1:00 PM: December 13
13450 S. Kedzie Road, Robbins, IL 60472
- **North Riverside:** Wednesday at 1:00 PM: December 14
1800 S. Harlem Avenue, North Riverside, IL 60546
- **Englewood:** Thursday at 1:00 PM - December 15
1135 W. 69th Street, Chicago, IL 60621



Administrative Updates – Community Events

• Cook County Health and CountyCare will be present at events to promote the health system and the Medicaid program. Events in the month of October include the following:

- October 1 Cook County Health and CountyCare promotion at the Blue Island Community Health Fair which is sponsored by the City of Blue Island, and which will take place at the John D. Rita Recreation Center located at 2805 W. 141st Street in Blue Island. Our Blue Island Health Center team will do screenings at the event.
- October 1 Cook County Health and CountyCare promotion at the Bloom Township High School District 206, Parent University 2022 which is sponsored by the school, and which will take place at the school’s Auditorium located at 101 W. 10th Street in Chicago Heights.
- October 5 Cook County Health and CountyCare promotion at the Cook County Housing Authority’s Women’s Connection Event which will take place at the White (Willye B.) Park located at 1610 W Howard Street in Chicago.
- October 6 Cook County Health and CountyCare promotion at the Posen Intermediate School Hispanic Heritage Month Community Expo which will take place at the school located at 14545 California Avenue in Posen.
- October 7 Cook County Health and CountyCare promotion at the AOK/ECC, Youth Crossroads, Inner City Impact and Cicero Community Collaborative’s Trunk or Treat event which will take place at the ICI Parking Lot located at 23rd Place and Laramie Street in Cicero.
- October 8 Cook County Health’s HR Department will have a recruitment table at MOLA’s 6th Annual Latino Health Symposium which will take place at Northeastern Illinois University located at 5500 North St. Louis Avenue in Chicago. CEO Israel Rocha will provide one of the keynote addresses to the group of Hispanic physicians.
- October 13 Cook County Health and CountyCare promotion at the Greater Auburn-Gresham Development Corporation’s Fall Health Fair on The Block event which will take place at the sidewalk between 79th and Racine to 79th and May Street in Chicago.
- October 14 Cook County Health and CountyCare promotion at 34th Annual IDCFS Latino Family Institute Day which will take place virtually. The CCH and CountyCare presentation will provide information to staff on the resources that are offered at the health system.
- October 22 Cook County Health and CountyCare promotion at the Chicago Housing Authority’s Operation Warm which will take at the UIC Forum located at 725 W. Roosevelt Road in Chicago.
- October 22 Cook County Health and CountyCare promotion at the Speaker Emanuel “Chris” Welch’s Annual Senior & Veterans Resource Fair which will take at the Proviso Math & Science Academy located at 8601 W. Roosevelt Road in Forest Park.
- October 22 CountyCare is hosting a Women’s Health Event at Provident Hospital which is located at 500 E. 51st Street in Chicago. CountyCare members empaneled with CCH and other who live in the Provident catchment area will be invited to attend to get their annual screenings.
- October 29 Cook County Health and CountyCare promotion at the Delta Research and Educational Foundation’s Breast Event which will take at the Kingdom Baptist Church located at 301 N Central Avenue in Chicago.

Legislative Updates – Local

- On September 14 CCH appeared before the Cook County Health & Hospitals Committee presented the Monthly COVID-19 Vaccination Program and Contact Tracing Update. An overview of the system’s response to Monkeypox virus was also included. Additional agenda items included CCDPH’s Third Quarterly Report on the Building Healthy Communities Initiative & Funding Process Overview as well as a presentation on the ARPA Healthy Communities Program initiatives implemented by CCDPH.
- On September 21 the Cook County Legislation and Intergovernmental Affairs Committee met to consider appointments to the Cook County Health Board of Directors. The appointment of Jay Bhatt was approved. The appointment of Sam Robinson was deferred.

Four (4) CCH Board Director terms are scheduled to expire in late fall 2022/early winter 2023 (Gugenheim, Munar, Prendergast, Koetting). Pursuant to County Ordinance, the Nominating Committee of the Board of Directors of the Cook County Health and Hospitals System (NomCom) is required to submit three (3) candidates for each vacancy to the County Board President for consideration.

The Nominating Committee is scheduled to meet next month to consider additional candidates to submit to the President for consideration.

- On September 22, the Cook County Board met and approved the CCH FY2022 Preliminary Budget for inclusion in the President’s Executive Budget Recommendation which is expected to be introduced in the coming weeks. The Cook County Board is expected to approve the FY2023 Annual Appropriation Ordinance in November.

Also at the September Cook County Board meeting, the CCH Strategic Plan and Financial Forecast was introduced and referred to the Health and Hospitals Committee for consideration.

Legislative Updates – State

- Earlier this year, legislators expressed interest in convening a special session to address access to abortion care as well as gun safety legislation. No special session days have been announced, and given the upcoming veto session, a special session looks unlikely.

The 2022 Fall Session is scheduled for November 15-17 and November 29-December 1. While these days are often referred to as “Veto Session”, the Governor did not veto any legislation from the Spring 2022 session. The Fall Session will follow the statewide general election on November 8.

Legislators have been asked to hold January 4 – 10, 2023 for possible “lame duck” session days that may also be scheduled for early 2023, prior to the inauguration of the 103rd General Assembly. The 2023 spring session calendar has not been announced.

Legislation approved after May 31 requires a supermajority (71 in the House, 36 in the Senate) for an immediate effective date; legislation passed with a simple majority (60 in the House, 30 in the Senate) would have an effective date of June 1 of the following year. Legislation passed during lame duck or regular session before May 31 only requires a simple majority for an immediate effective date.

Legislative Updates – Federal

- On September 20-21 President Preckwinkle and CCH CEO Rocha traveled to Washington, DC to meet with members of the Cook County Congressional delegation to discuss federal healthcare policy.
- Congress returned to Washington, DC after Labor Day for a brief, but intense, work period focused on passing a short-term stop-gap bill to fund the federal government after the end of the fiscal year on September 30.
- **Continuing Resolution** – Early on September 27, Senate leaders released the Continuing Appropriations and Ukraine Supplemental Appropriations Act, 2023, or continuing resolution (CR), to fund the government through December 16, 2022.

The CR does not include supplemental funding requested by the Administration for COVID or monkeypox response.

The CR provides \$1.775 billion in additional funds for FY 2023 (and available through FY 2025) for U.S. Department of Health and Human Services (HHS) Administration for Children and Families to address increased costs in refugee and entrant assistance programs. Additionally, it provides \$62 million to support the National Suicide Prevention Lifeline and provide services to 988 callers for the duration of the CR.

Congressional leaders hope to send the bill to the President’s bill before midnight September 30.

- **FY 2023 Appropriations Year-End Omnibus** – Whether Congress can reach a bipartisan, bicameral agreement on annual appropriations levels will not become clear until after the November mid-term elections. Meanwhile, organizations are advocating for unfinished priorities to be included in any must-pass year-end omnibus appropriations package. Many, including the National Association of Counties (NACo), and Cook County, are making the case for bipartisan mental health provisions, including provisions to lift the Medicaid inmate exclusion, to be included. America’s Essential Hospitals is also advocating for \$7 billion in targeted fiscal assistance for safety net hospitals, and other measures, which could be incorporated into a year-end bill.
- **Biden Administration** – On August 29, HHS announced that it is allocating \$11 million to “fill and finish” the Jynneos monkeypox vaccine at Grand River Aseptic Manufacturing (GRAM) in Grand Rapids, Michigan. GRAM will fill and finish 2.5 million vials of Bavarian Nordic’s vaccine.
- On August 30, the HHS Assistant Secretary for Preparedness and Response (ASPR) announced that it expects to shift COVID-19 vaccine distribution to the private sector as soon as January 2023. The move to the private market for testing, treatment and vaccines for COVID-19 would make the response work more like the rest of the U.S.

Legislative Updates – Federal (Cont.)

- On August 31, the Centers for Medicare and Medicaid Services (CMS) published a proposed rule that would overhaul Medicaid and CHIP enrollment processes. The rule would limit renewals to once a year (12-month continuous coverage), allow applicants 30 days to respond to information requests, require states to prepopulate renewal forms, and create a renewal process consistent across states. The proposed rule would also address the concerns that millions will lose coverage once the COVID public health emergency (PHE) ends and states must begin eligibility redeterminations for nearly 90 million Americans covered by Medicaid and CHIP.
- On September 6, HHS announced a \$19.8 million contract to AmerisourceBergen to expand the distribution of treatments and vaccines to respond to the monkeypox outbreak. The contract will allow weekly delivery of up to 2,500 shipments of frozen Jynneos vials as well 2,500 “ambient temperature” shipments of the Tpoxx antiviral treatment. State and local governments have struggled to acquire enough vaccines to immunize at-risk populations.
- On September 8, the U.S. Department of Homeland Security (DHS) finalized a rule to replace the Trump-era Public Charge rule which had sought to limit immigration of those it thought might rely on public social services. The new final rule rolls back the Trump Administration’s rule, which excluded potential immigrants who had received assistance from one program over the course of a year, adding new programs like food stamps and Medicaid, which had not previously been taken into account.
- On September 13, CMS announced that individuals with Medicare, Medicaid, CHIP coverage, private insurance, or no health coverage can get COVID-19 vaccines, including the bivalent Moderna and Pfizer-BioNTech COVID-19 vaccines, at no cost, as long as the federal government is purchasing and distributing these vaccines. People are eligible for the updated vaccine shot at least two months after completing at least their primary vaccination series. The new Moderna vaccine is authorized in individuals 18 and older and the updated Pfizer vaccine is authorized for individuals 12 and older.
- On September 21, the HHS Office of Inspector General (OIG) reported that 47 state Medicaid agencies made improper capitation payments for beneficiaries enrolled in Medicaid and living in other states. The improper payments totaled \$117 million in August 2020, compared to \$73 million in August 2019. CMS acknowledged the problem but said that the OIG’s recommendation of Transformed Medicaid Statistical Information System (T-MSIS) monitoring would be "redundant, inefficient, and confusing to states."

Monthly Media Report



August 22, 2022 – September 25, 2022

Presented to the Cook County Health Board on 9/30/2022



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Earned Media Dashboard: August 22 – September 25, 2022



Total Media Placements

237



Total Reach

2.1 Billion People



Total Media Value

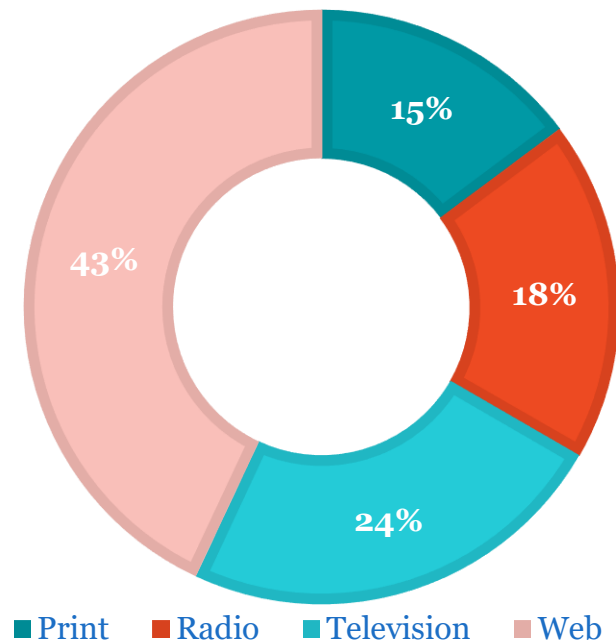
\$19.1 Million

Top 5 Local Media Outlets

1. *WBBM radio*
2. *NBC 5 Chicago*
3. *WLS Radio*
4. *ABC 7 Chicago*
5. *Fox 32 Chicago*

Media Dashboard: August 22 – September 25, 2022

Media Outlet Type



Most Common Topics

1. COVID symptoms
2. Monkeypox
3. Migrant Health services
4. Update on Trauma patient
5. Staffing

Recent Cook County Health COVID-19 Media Coverage

22,299 Media Hits on COVID-19 since February 2020



Could Early Surge in Respiratory Illnesses Signal Even Worse Fall and Winter?



Couples who worked in hospitals during pandemic saw their marriages change



Don't wait for omicron-specific vaccine to get boosted, doctors urge



COVID deaths lead to US drop in life expectancy



How Long Do COVID Symptoms Last? Here's What to Expect First and Which Ones Might Linger

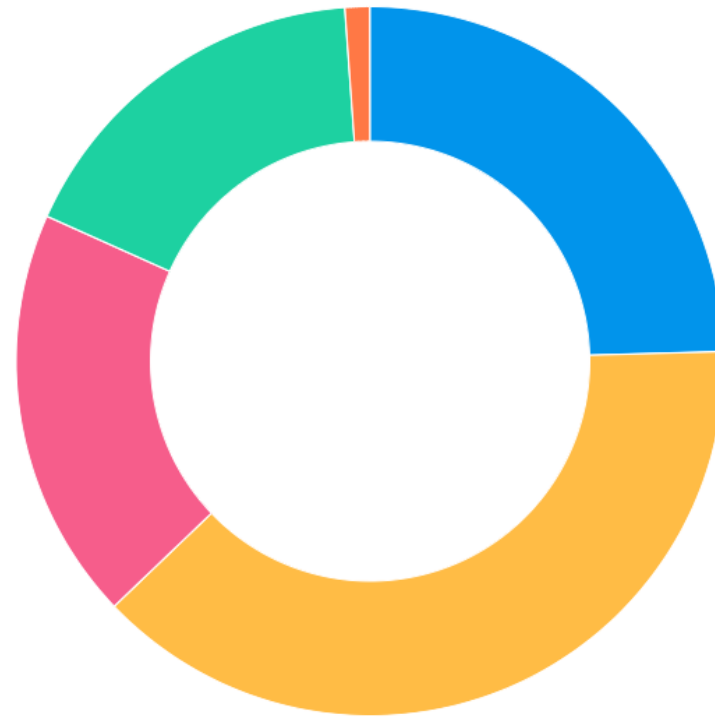


COVID transmission levels drop in Cook County

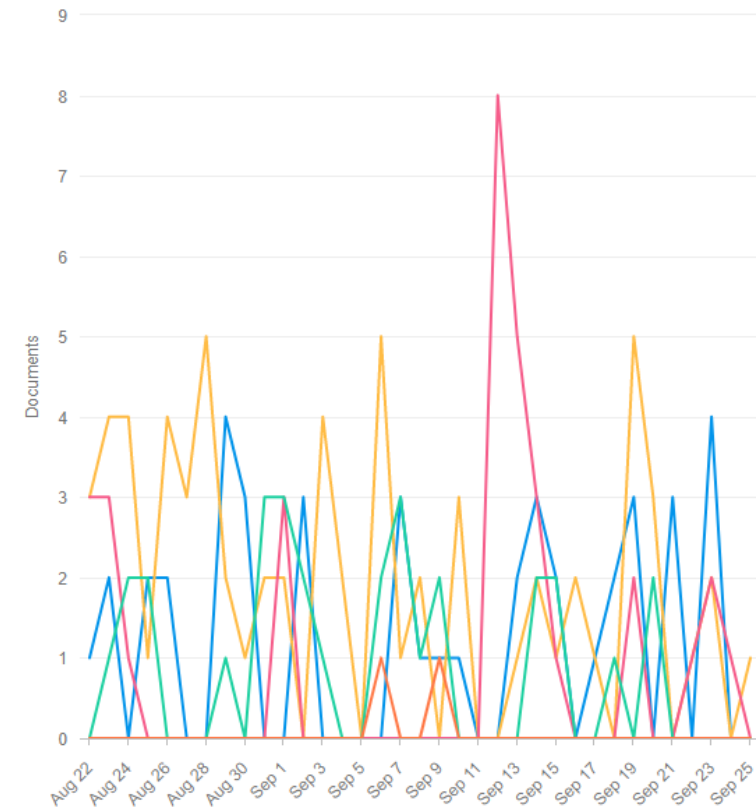
Media Benchmarks

Top Chicago media outlets share of voice

Share of Voice by Search



Mentions Trend



Social Media Report

August 22 – September 25, 2022

Presented to the Cook County Health Board on 9/30/2022



COOK COUNTY
HEALTH

Social Media Summary

August – September Activity

During August 22 – September 25, the communications team posted content on Facebook, Twitter, Instagram and LinkedIn for Cook County Health.

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

Facebook – 50 posts

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

Twitter – 66

<https://twitter.com/CookCtyHealth>

Instagram – 50 posts (includes stories and IGTV)

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

LinkedIn – 32 posts

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

Social Media Summary

As of September 26

Twitter

- Impressions: **11.3K**
- Profile visits: **2.9K**
- Engagements: **383**
- Followers: **4,601** (up **24**)

LinkedIn

- Impressions: **31.7K**
- Page Views: **1.5K**
- Engagements: **2.7K**
- Followers: **8,997** (up **277**)

Facebook

- Total impressions: **285.K**
- Post engagement: **6.2K**
- Post reach: **33.7K**
- Page followers: **7,798** (up **47**)

Instagram

- Impressions: **73.8K**
- Engagement: **511**
- Profile visits: **556**
- Followers: **2,889** (up **44**)

Finance Metrics



Presented to the Cook County Health Finance Committee on 9/23/2222



COOK COUNTY
HEALTH

Executive Summary: Statement of Financial Condition – July 31, 2022

- On an accrual basis, interim financials show that CCH ended July with a \$13.4M positive variance to budget. On a cash basis, the County's preliminary cash report on revenues and expenses shows a \$300.2M positive variance primarily due to the timing difference of CountyCare PMPM payments impacting the revenue and claims payments impacting expenses.
- Revenue Commentary:
 - YTD Revenues better than Budget due to catch up payments from the State and higher than budgeted CountyCare membership
 - Other Non-Operating Revenue negative variance due to fluctuations in County property tax collection
- Expenditures:
 - YTD negative variance to Budget in Purchased Services expense partially offset by Salaries & Wages positive variance due to positions not yet hired
 - CountyCare claims expense greater than budget due to higher than budgeted membership
- CountyCare:
 - CountyCare is showing an operating gain of \$6.7M
 - Membership remains over 436,000, which is greater than the 381,000 YTD budget

Financial Results – July 31, 2022

Dollars in 000s	FY2022 Actual	FY2022 Budget	Variance	%	FY2021 Actual (3)
Revenue					
Net Patient Service Revenue (1)	\$599,028	\$449,256	\$149,773	33.34%	\$402,991
CountyCare Elimination-Claims (1)	(\$88,131)	\$0	(\$88,131)		(\$66,702)
Government Support (2)	\$265,345	\$263,696	\$1,650	0.63%	\$259,371
Adjusted NPSR	\$776,243	\$712,952	\$63,292	8.88%	\$595,660
CountyCare Capitation Revenue	\$1,846,412	\$1,807,664	\$38,748	2.14%	\$1,621,463
CountyCare Elimination-Directed Payments (1)	(\$135,042)	(\$79,662)	(\$55,381)	69.52%	\$0
Other	\$9,734	\$10,804	(\$1,070)	-9.91%	\$12,516
Total Revenue	\$2,497,346	\$2,451,758	\$45,588	1.86%	\$2,229,640
Operating Expenses					
Salaries & Benefits	\$448,603	\$528,130	\$79,527	15.06%	\$442,237
Overtime	\$30,516	\$26,046	(\$4,470)	-17.16%	\$29,785
Supplies & Pharmaceuticals	\$110,021	\$99,148	(\$10,873)	-10.97%	\$97,470
Purchased Services & Other	\$392,155	\$214,952	(\$177,203)	-82.44%	\$252,091
Medical Claims Expense (1)	\$1,754,730	\$1,688,438	(\$66,292)	-3.93%	\$1,531,142
CountyCare Elimination-Directed Payments (1)	(\$135,042)	(\$79,662)	\$55,381	-69.52%	(\$66,702)
CountyCare Elimination-Claims (1)	(\$88,131)	\$0	\$88,131		\$0
Insurance	\$19,521	\$24,601	\$5,080	20.65%	\$21,243
Utilities	\$8,477	\$7,778	(\$699)	-8.99%	\$9,680
Total Operating Expenses	\$2,540,850	\$2,509,432	(\$31,418)	-1.25%	\$2,316,946
Operating Margin	(\$43,504)	(\$57,674)	\$14,170	24.57%	(\$87,306)
Non-Operating Revenue	\$91,083	\$91,803	(\$721)	-0.79%	\$81,803
Net Income (Loss)	\$47,578	\$34,129	\$13,449	39.41%	(\$5,503)

Notes:

- (1) CountyCare Elimination represents the elimination of intercompany activity – Patient Service Revenue and Medical Claims Expense for CountyCare patients receiving care at Cook County Health.
- (2) Government Support includes DSH, BIPA, & Graduate Medical Education payments.
- (3) Does not reflect Pension, OPEB, Depreciation/Amortization, or Investment Income.



Cook County Health

Volumes: July 31, 2022

Key Revenue Indicators

Patient Activity	2022 YTD Actual	2022 YTD Budget	%	2021 YTD Actual	2020 YTD Actual		Jul 2022 Actual	Jul 2021 Actual
Admissions *	15,257	16,274	-6.2%	15,113	15,772		1,885	2,073
Patient Days *	67,760	78,701	-13.9%	64,195	67,427		9,133	8,878
Average Daily Census *	279	324	-13.9%	264	276		295	286
Emergency Room Visits	66,958	94,831	-29.4%	64,180	69,586		8,956	9,300
Surgeries	9,403	11,215	-16.2%	9,334	7,428		1,200	1,081
Ambulatory Clinic Visits	378,835	428,583	-11.6%	387,657	376,865		48,522	45,399

Volumes continue to lag behind budget, but better than prior year YTD

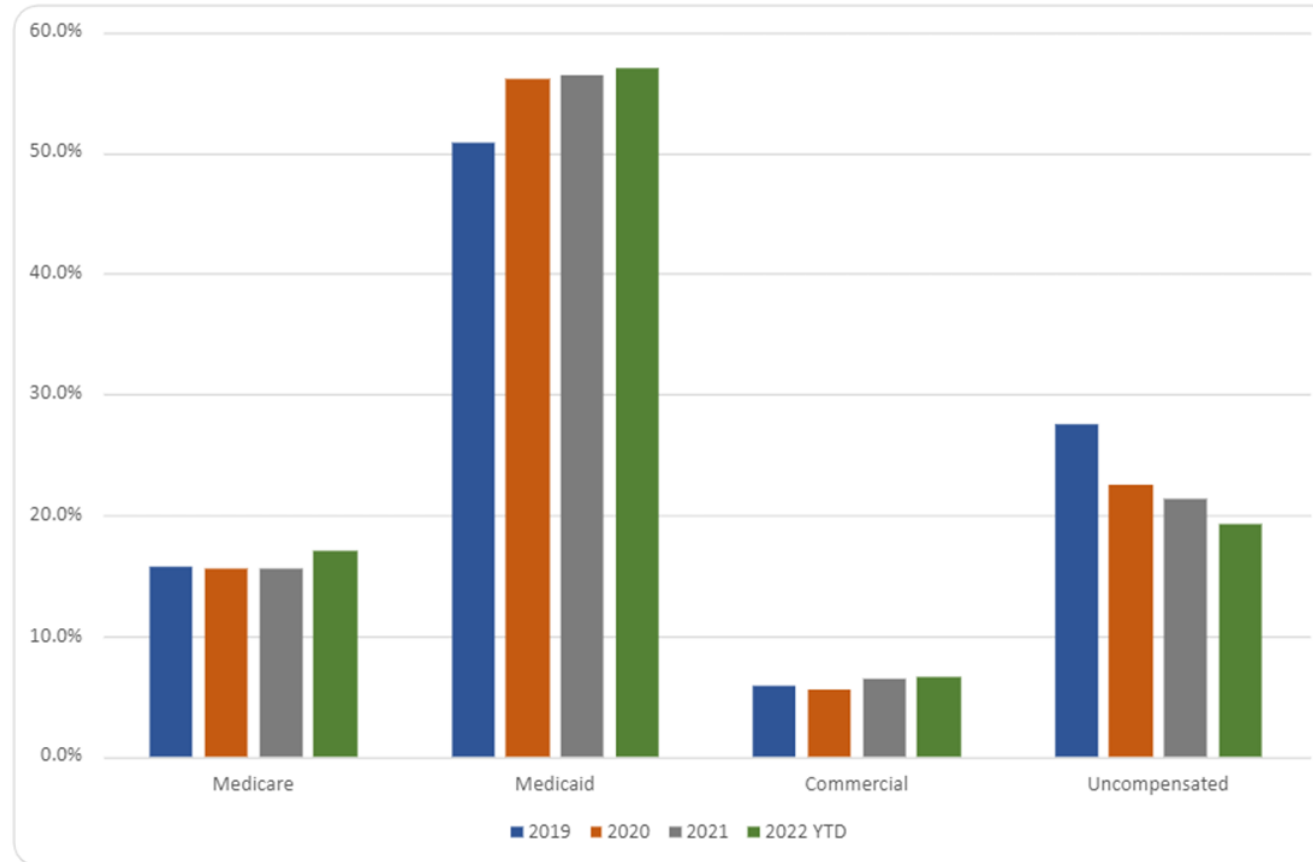
* Includes IP + Observations

Cook County Health

Operating Trends



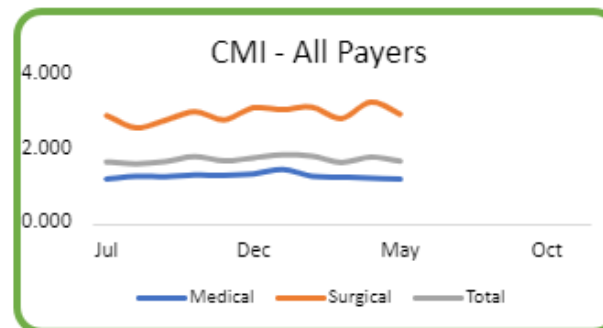
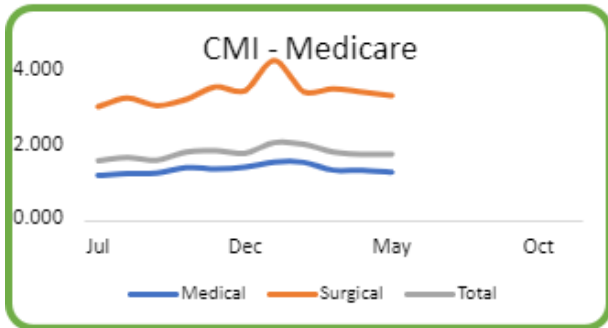
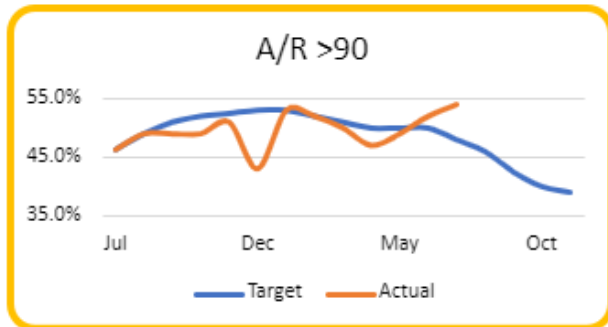
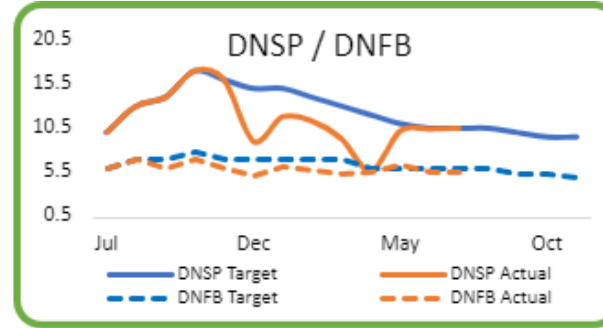
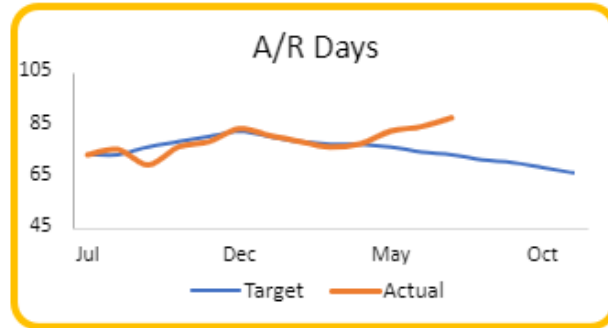
Payer Mix – YoY Comparison



Commentary

- Pause on redetermination during PHE allowing for patients to retain coverage
- Monitoring for shifts related to undocumented newly eligible for Medicaid 42-54 and 55-64
- Medicaid continues to climb offset by decrease in Uncompensated

Revenue Cycle KPI Trending



Commentary

A/R Days & A/R >90 is expected to begin to decline late summer as we ramp up additional support and optimize back-end operations.

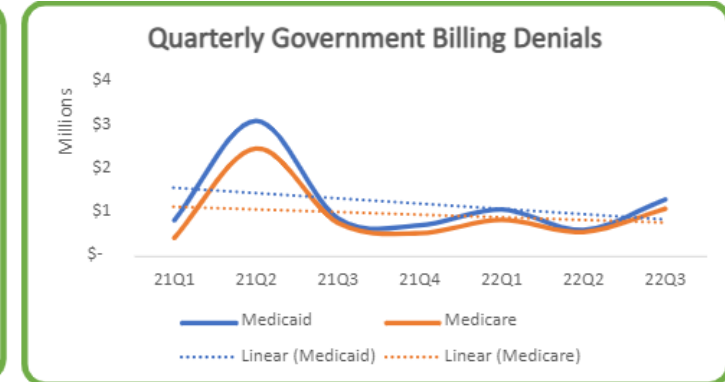
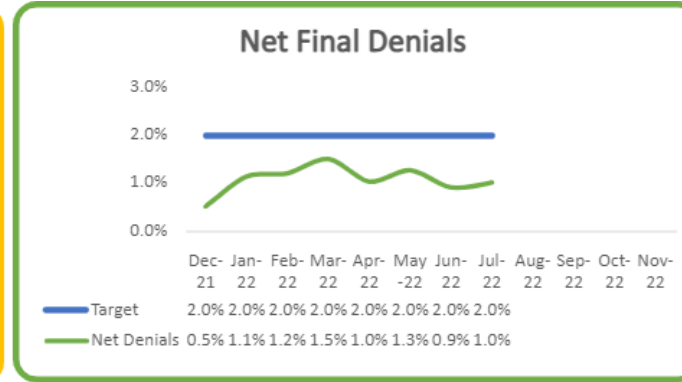
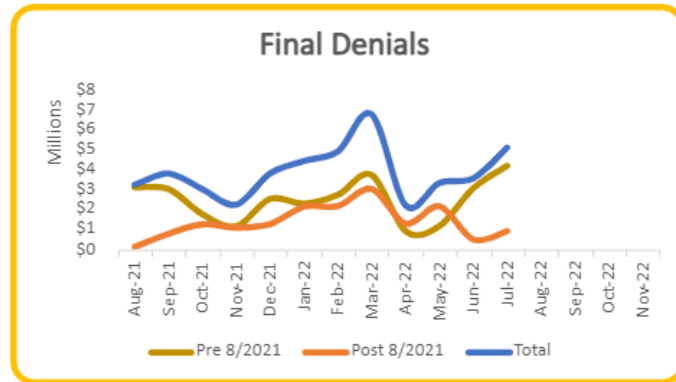
Definitions:

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

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

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

Denial Trending



Commentary

The net final denials are hitting targets and final denials are aligned to plans. Additionally, we've added visibility to government specific denials since the first quarter of 2021 and are seeing a reduction in denials as we continue to improve operations.

	Jun-22	Jul-22
Pre 8/2021	86.2%	82.0%
Post 8/2021	13.8%	18.0%
Total	\$3,577,562	\$5,132,022
Case Management	\$656,812	\$1,442,998
Coding	\$38,667	-\$47,159
Contracting	\$0	-\$5,700
Medical Necessity	\$12,829	\$21,290
Non Covered	\$210,308	\$2,831,469
Patient Access	\$414	\$710
Other	\$66,677	-\$43,008
Prior Authorization	\$521,199	-\$40,652
Untimely Filing	\$2,070,656	\$972,074



Cook County Health

2022 Charitable & Public Program Expenditures

Budget/Projection (\$000s)

	2020 Actual Net Benefit	2021 Actual Net Benefit	2022 Budget Net Benefit	2022 Actual/Proj Net Benefit
<u>Charitable Benefits and Community Programs</u>				
Traditional Charity Care	\$ 173,423	\$ 162,626	\$ 152,827	\$ 147,410
Other Uncompensated Care	121,634	100,894	109,162	183,735
Cermak & JTDC Health Services	88,722	104,465	106,405	106,405
Department of Public Health	10,235	16,908	17,763	17,763
Other Public Programs & Community Services	15,006	68,750	66,321	66,321
Totals	\$ 409,020	\$ 453,643	\$ 452,478	\$ 521,634
% of Revenues *	37.0%	38.6%	36.3%	39.5%
% of Costs *	27.3%	27.9%	36.3%	29.7%

* Excludes Health Plan Services



Cook County Health

Savings Initiatives: July 31, 2022

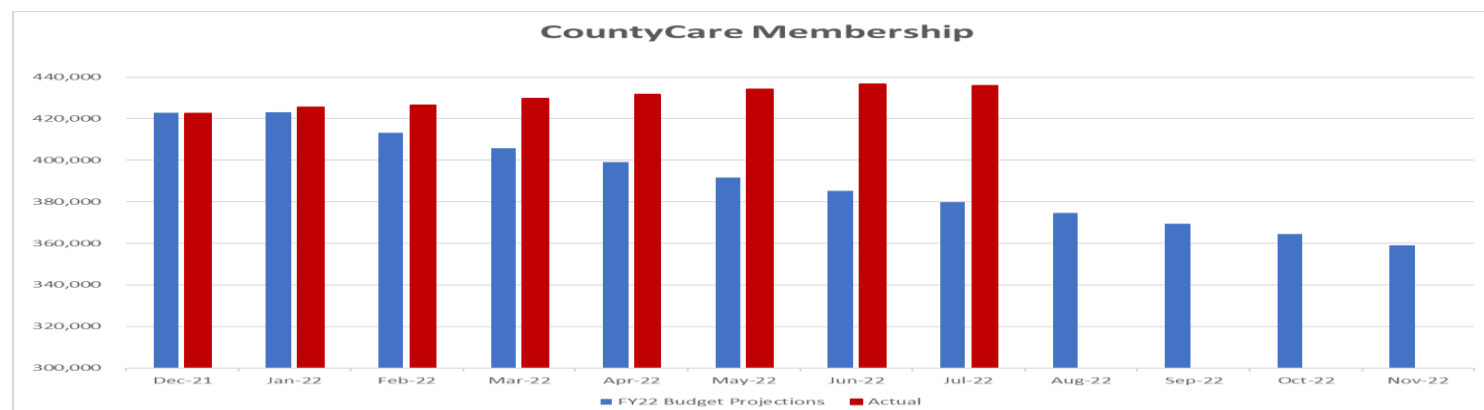
Current Activities in Progress	Budgeted FY22 Impact	YTD Jul Achieved	Status
Revenue Cycle:			
Chargemaster Review/Changes	-	2,470,667	●
Payer Contracting Re-negotiation	-	426,667	●
Charge Capture Improvement	-	1,666,667	●
Vendor Contract Negotiations	-	166,667	●
County Care:			
Care Mgmt System In-Sourcing	-	291,667	●
Network Contract Savings	-	600,000	●
Vendor Contract Negotiations	12,500,000	8,000,000	●
Health System:			
Vendor Contract Negotiations	12,000,000	3,157,333	●
Property Lease Savings	675,000	450,000	●
Equipment Lease Savings	308,472	205,648	●
	<u>\$ 25,483,472</u>	<u>\$ 17,435,315</u>	68%
		8/12ths Goal	67%

Health Plan Services Financial Results – July 31, 2022

Dollars in 000s except PMPM amounts	FY2022 Actual	FY2022 Budget	Variance	%	Fy21 Actual
Capitation Revenue	\$1,846,450	\$1,728,002	\$118,448	6.85%	\$1,621,463
Operating Expenses					
Clinical - CCH	\$88,131	\$77,807	(\$10,324)	(13.27%)	\$66,702
Clinical - External	\$1,666,599	\$1,530,437	(\$136,163)	(8.90%)	\$1,464,439
Administrative	\$84,997	\$95,281	\$10,283	10.79%	\$81,906
Total Expenses	\$1,839,727	\$1,703,524	(\$136,203)	(8.00%)	\$1,613,048
Operating Gain (Loss)	\$6,723	\$24,478	(\$17,755)	(72.54%)	\$8,415
Activity Levels					
Member Months	3,442,722	3,230,600	212,122	6.57%	3,141,352
Monthly Membership	436,048	381,271	54,777	14.37%	406,586
CCH CountyCare Member Months	354,241	N/A	N/A	N/A	326,511
CCH % CountyCare Member Months	10.29%	N/A	N/A	N/A	10.39%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	\$536.33	\$534.89	\$1.45	0.27%	\$516.17
Clinical Cost PMPM	\$509.69	\$497.82	(\$11.88)	(2.39%)	\$487.41
Medical Loss Ratio (1)	93.1%	93.40%	0.34%	0.37%	92.07%
Administrative Cost Ratio	4.5%	6.35%	1.80%	28.38%	4.60%

Commentary

- Total YTD member months are exceeding budget by 212,122 members.
- Revenue and claims expense are higher than budget due to higher than budgeted membership.
- Clinical cost are higher due to increase in IBNR estimates driven by recent high-cost claims cases.
- Revenue does not yet account for recent increases in risk scores for membership.
- CountyCare enrollment projected to exceed budget due to 50% auto-assignment as well as continued re-determination suspension.
- CountyCare's reimbursement to CCH for domestic spend is above budget.
- Operating Gain of \$6.7M consists of \$11.4M from CountyCare and a loss of \$(4.7)M from Medicare.



Notes:

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

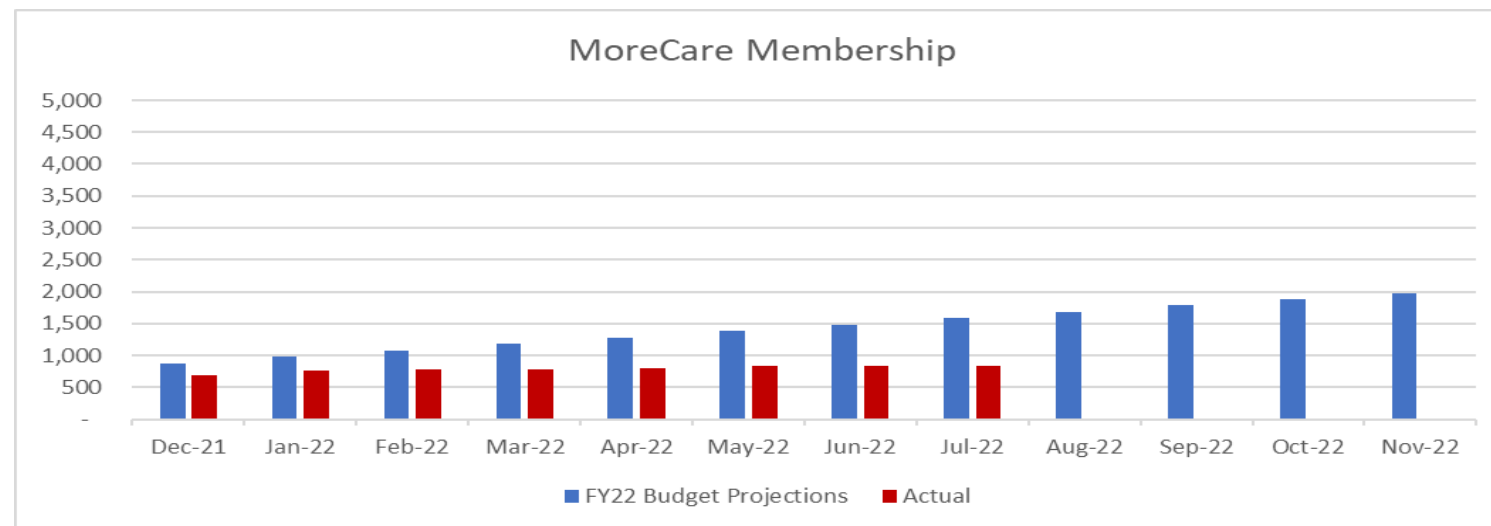


Medicare Financial Results – July 31, 2022

Dollars in 000s except PMPM amounts	FY2022 Actual	FY2022 Budget	Variance	%
Capitation Revenue (Total dollar amount)	\$14,112	\$12,954	\$1,158	8.94%
Operating Expenses				
Clinical Expenses	\$12,565	\$15,658	\$3,094	19.76%
Administrative	\$6,319	\$3,971	(\$2,348)	(59.11%)
Total Expenses	\$18,883	\$19,630	\$746	3.80%
Operating Gain (Loss)	(\$4,772)	(\$6,676)	\$1,904	(28.52%)
Activity Levels				
Member Months	6,323	9,840	(3,517)	(35.74%)
Monthly Membership	836	1,580	(744)	(47.09%)
Operating Indicators				
Revenue Per Member Per Month (PMPM)	\$2,231.79	\$1,316.41	\$915.38	69.54%
Clinical Cost PMPM	\$1,987.15	\$1,591.31	(\$395.84)	(24.88%)

Commentary

- Membership is lower than budget target by 3,517 members.
- Total operating loss is lower than budget by \$1.9M.
- Product exit planned for December 31st, 2022.



Human Resources Metrics



Presented to the Cook County Health Human Board on 9/30/2022



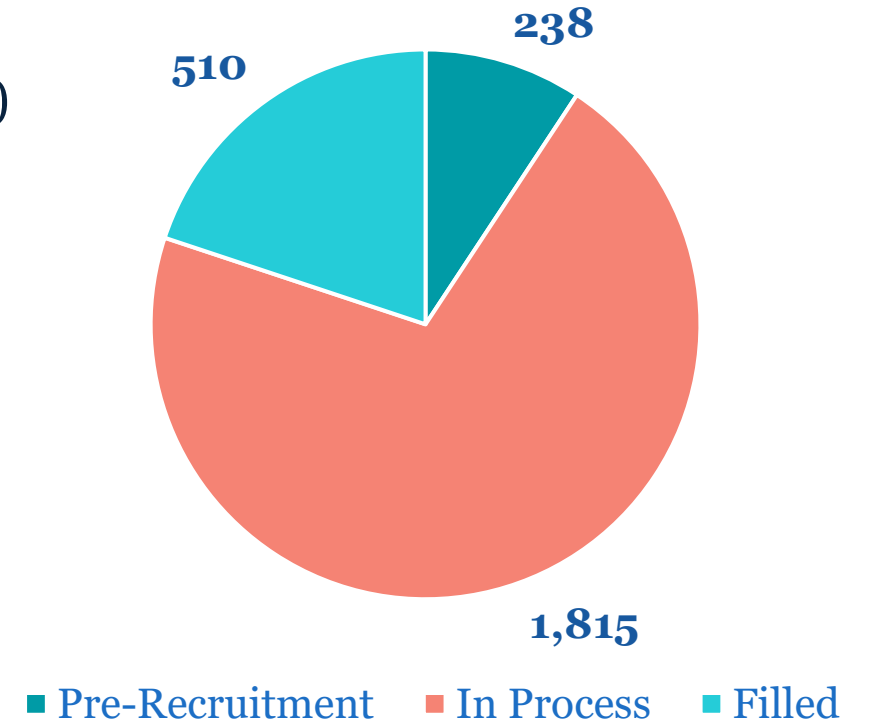
COOK COUNTY
HEALTH

HR Metrics

Thru 08/31/2022

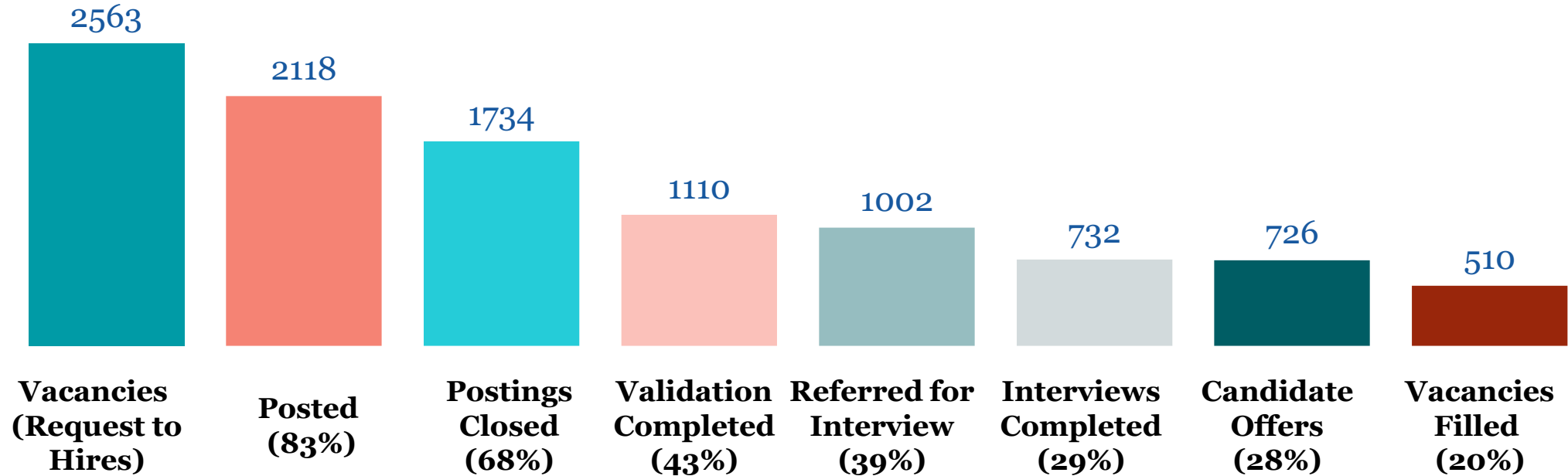
FY2022 Hiring Updates

- HR received **2,563** Request to Hires (vacant positions)
- Hired **510** employees
- Avg Monthly Hires **56.66**
 - 58% | **296** External Hires
 - 42% | **214** Internal Hires



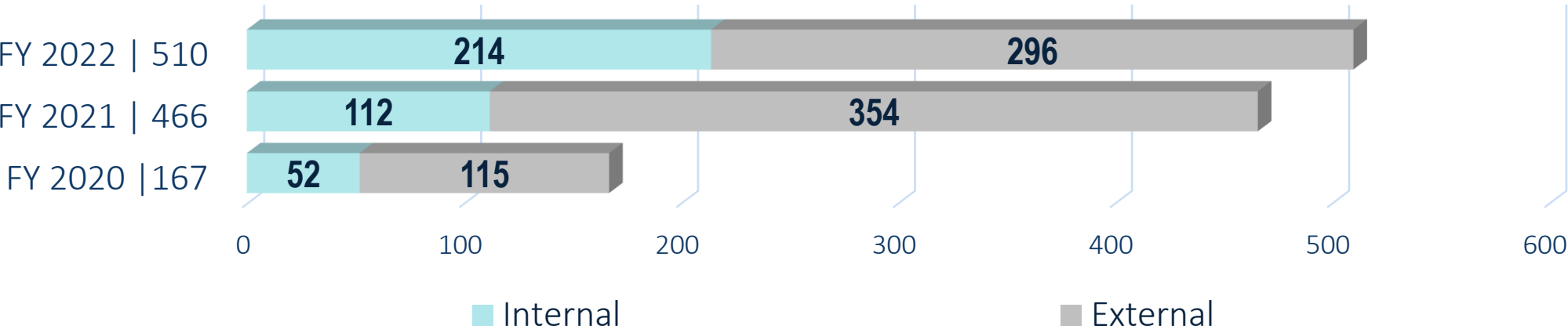
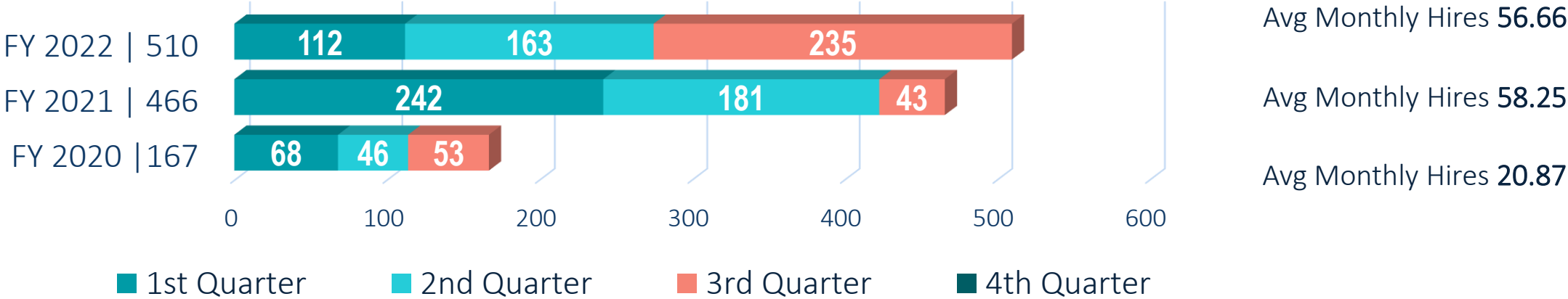
FY 2022 CCH HR Activity Report

Thru 08/31/2022



FY 2022 CCH HR Activity Report

FY2022 Hiring Updates YTD



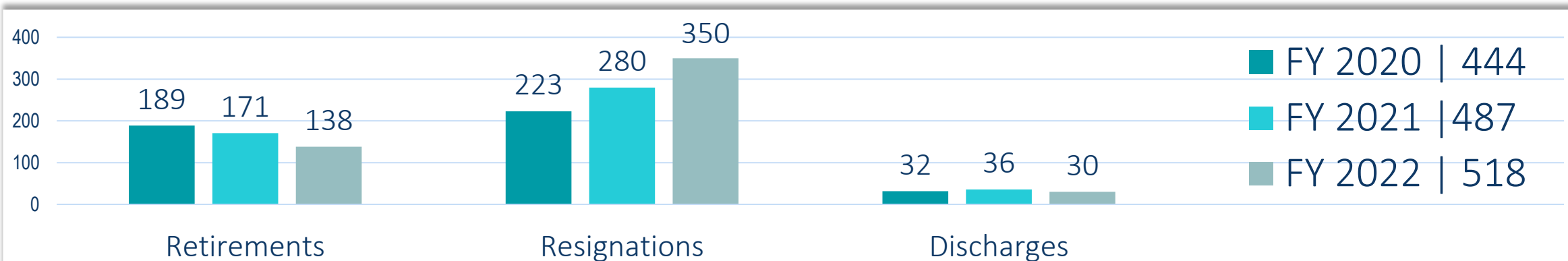
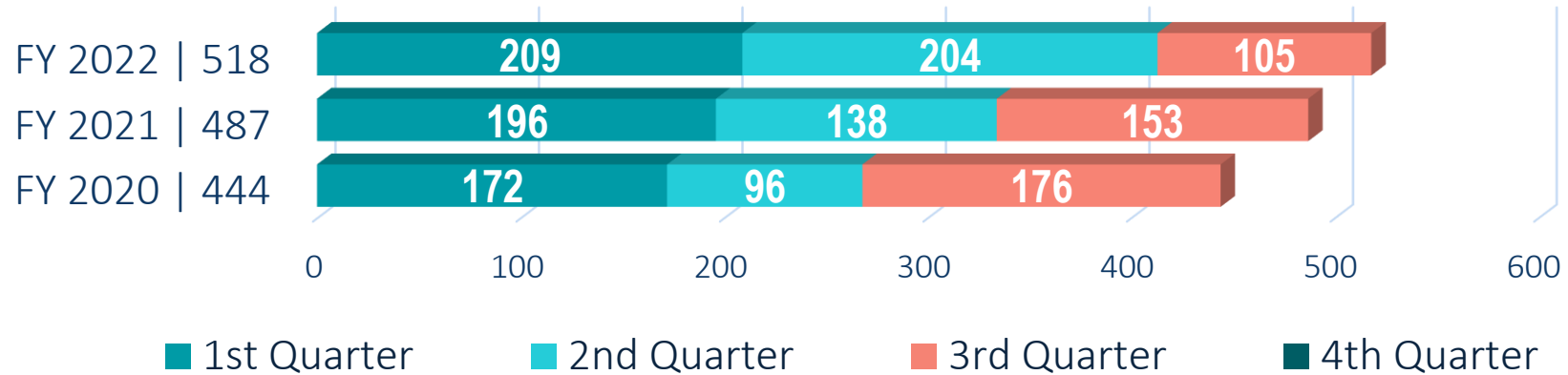
Does not include Consultants, Registry and House Staff

FY 2022 CCH HR Activity Report

Separations

Thru 08/31/2022

Net Loss = -222
Separations (518) & External Hires (296)

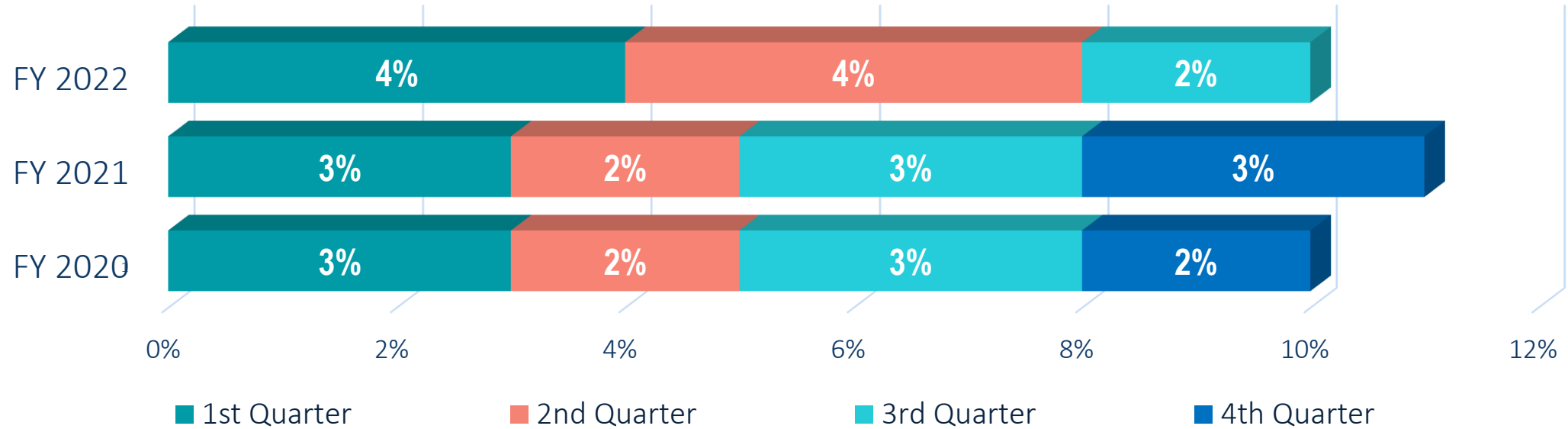


Does not include Consultants, Registry and House Staff

FY 2022 CCH HR Activity Report

Thru 08/31/2022

Turnover



FY 20 = 546			
Qtr.	# of Employees	Separations	Turnover
Q1	6263	172	3%
Q2	6200	96	2%
Q3	6078	176	3%
Q4	6080	102	2%

FY 21 = 653			
Qtr.	# of Employees	Separations	Turnover
Q1	6071	196	3%
Q2	6038	138	2%
Q3	5926	153	3%
Q4	5841	166	3%

FY22 YTD = 518			
Qtr.	# of Employees	Separations	Turnover
Q1	5,682	209	4%
Q2	5,564	204	4%
Q3	5,559	105	2%
Q4			



How are we progressing?



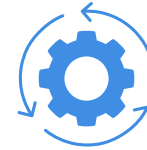
Resources

We are increasing the capacity of recruiting, reducing the number of job openings per recruiter by 43%.



Recruiting

We are hosting hiring fairs, offering hiring bonuses and deploying more efficient recruiting processes reducing the time to offer by 17% since June.



Technology

We are transitioning to paperless processes, digitizing forms and building leadership dashboards to improve overall hiring capability.



Retention

We are meeting directly with employees to understand experiences and drive down attrition.

Resources - External HR Partners

We've added HR partners and implemented a PMO to ensure vendor resources are allocated effectively to accelerate hiring.

SLALOM PROGRAM MANAGEMENT

Program Management Leadership

2 Projects

Process Optimization

15 Projects

Technology Solutions

5 Projects

Employee Experience

2 Projects

Weekly All Vendor Status Meetings

Cross Country – Onboarded March 2022

- ✓ Recruitment support for 500+ vacancies (Clinical)
- ✓ Talent sourcing support & marketing

Incredible Health – Onboarded June 2022

- ✓ Talent sourcing support in Nursing

Brazen – Onboarded June 2022

- ✓ Virtual hiring fair platform

Deloitte – Onboarded September 2022

- ✓ HR Optimization - Compensation, performance management, workforce development, operations technology



Impact – Key Performance Indicators

External Vendor Support

14

Increase in
recruiting resources

1:141^{vs} 1:250

Vacant Jobs/Recruiter:
43% decrease

Optimize HR Operations

37-day (decrease)

Improved Hiring
Cycle Time

30-60 Min

Average Recruiter
time savings per hire

Accelerating Sourcing & Hiring efforts

90

Nurses sourced*

75%

Decrease in time to
process Nurse candidates

Virtual Job Fairs & Expanded Marketing

6

Virtual hiring
events in August

52

Jobs filled

We are improving
recruiting efficiency
and positively
impacting the rate
of new hires.

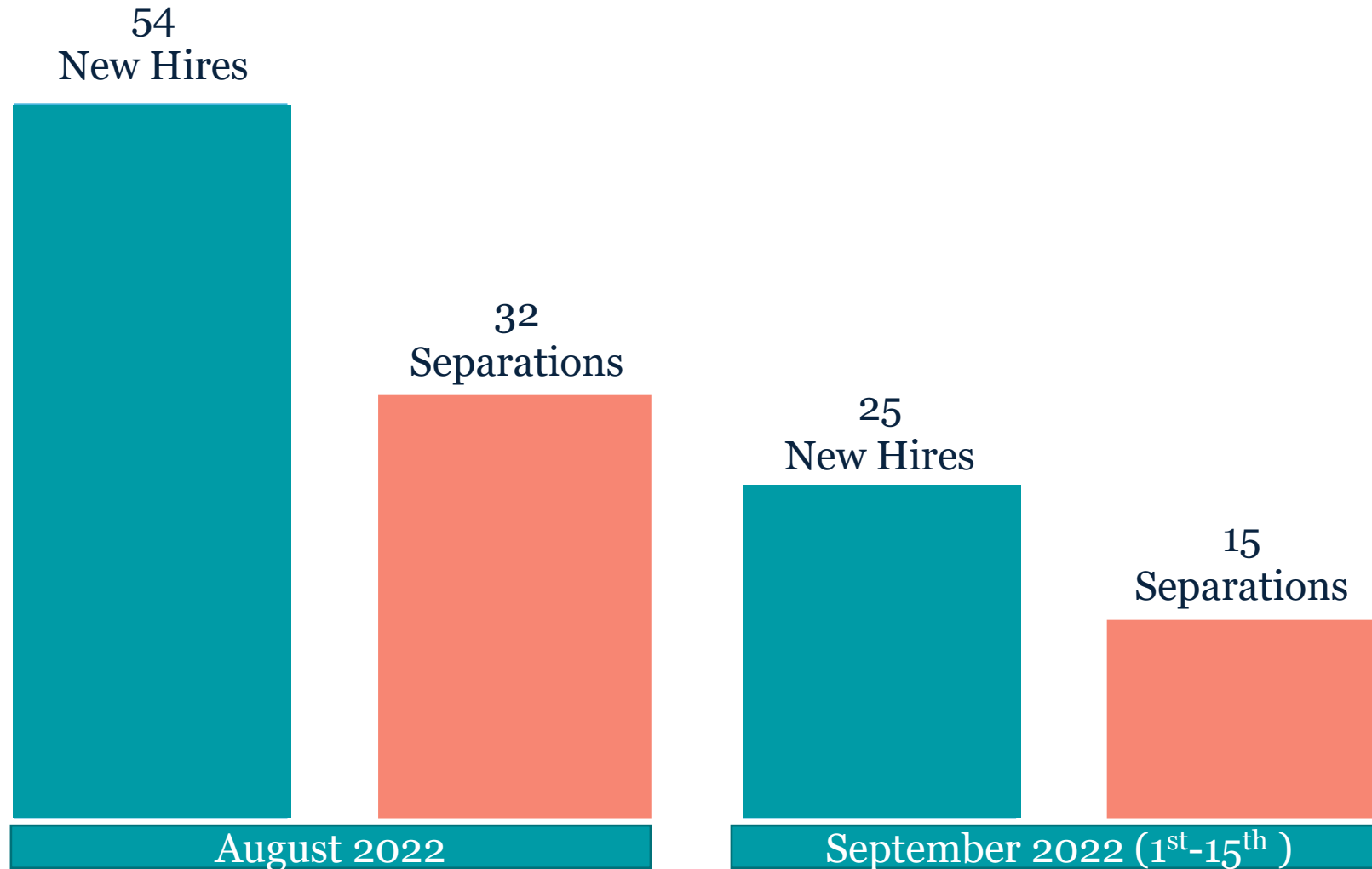


COOK COUNTY
HEALTH

**Incredible Health identified 90 nursing candidates; qualified applicants are being interviewed on a weekly basis; 8 offers and 2 hires, at this time*



Impact – New Hires vs. Separations



Separations fell to the lowest rate in 19 months

New hires outpaced separations for the first time in 18 months

We are making positive contributions to overall headcount

Creates positive momentum for the team, if we can get the trend to stick



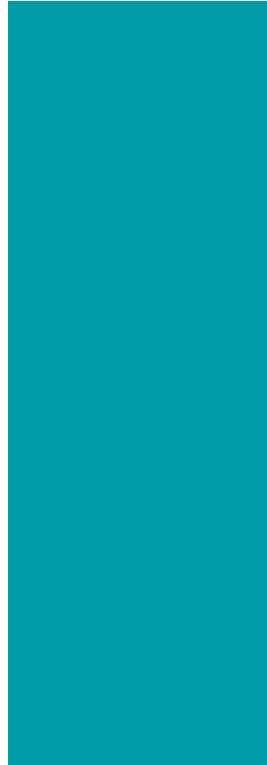
August Hiring Events

Six job fairs hosted in August:
Social Worker, Nursing, Pharmacy, Med
Assistant, Cermak Staff, Radiology

33

Total days
of event
promotion

641



Initiated
Registration

391



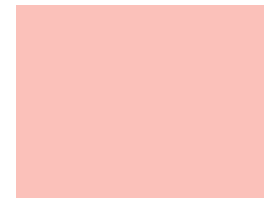
Completed
Registration

334



Event
Attendees

178



Interviews
Completed

71



Contingent
Offers Made

52



Contingent
Offers
Accepted*

*As of 9/14/22



COOK COUNTY
HEALTH

Managed Care Metrics



Presented to the Cook County Health Board on 9/30/2022



COOK COUNTY
HEALTH

Current Membership

Monthly membership as of Sep 5th, 2022

Category	Total Members	ACHN Members	% ACHN
FHP	264,334	19,980	7.6%
ACA	122,142	18,409	15.1%
ICP	30,073	4,949	16.5%
MLTSS	8,664	0	0%
SNC	7,581	556	7.3%
Total	432,794	43,894	10.1%

ACA: Affordable Care Act

FHP: Family Health Plan

ICP: Integrated Care Program

MLTSS: Managed Long-Term Services and Supports (Dual Eligible)

SNC: Special Needs Children

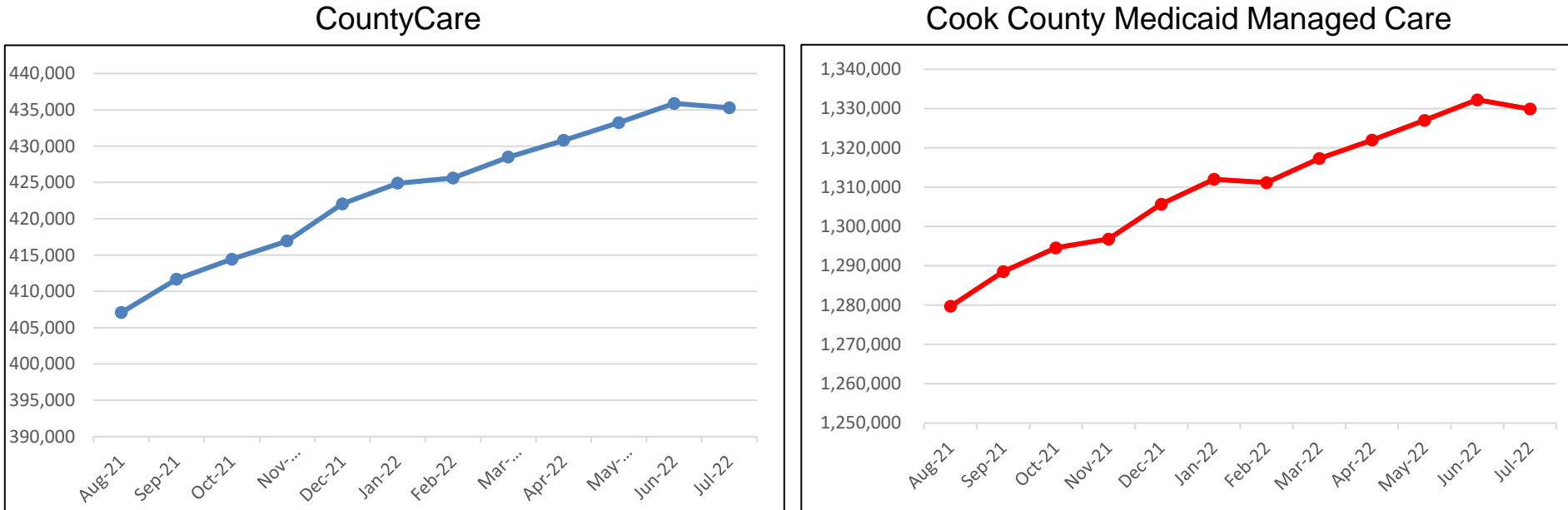
Managed Medicaid Market

Illinois Department of Healthcare and Family Services July 2022 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	435,299	32.7%
Blue Cross Blue Shield	341,467	25.7%
Meridian (a WellCare Co.)	314,943	23.7%
IlliniCare (Aetna/CVS)	129,690	9.8%
Molina	98,732	7.4%
YouthCare	9,745	0.7%
Total	1,329,876	100.0%

* Only Operating in Cook County

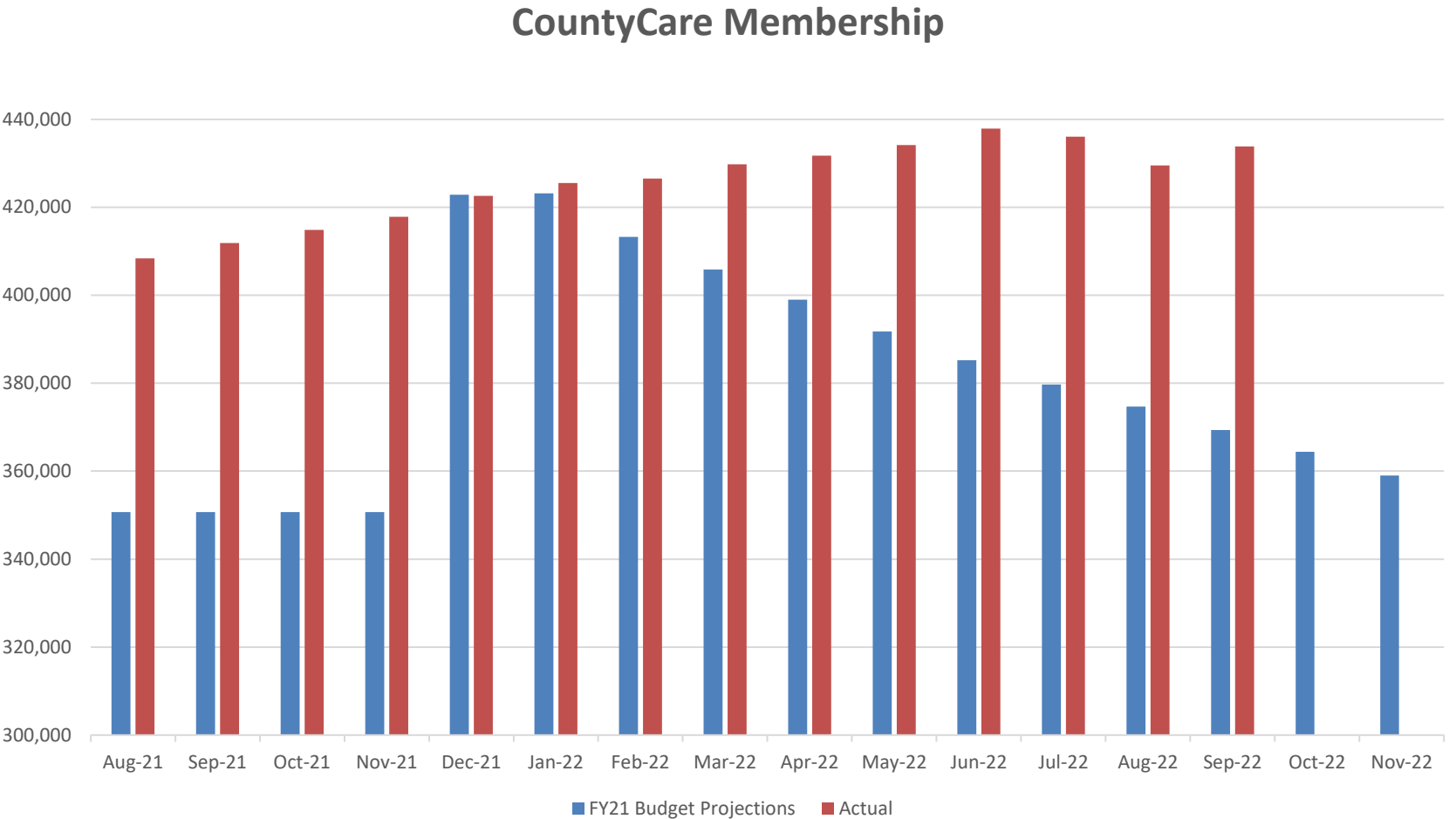
IL Medicaid Managed Care Trend in Cook County (charts not to scale)



- CountyCare's enrollment has increased 7% over the past 12 months, ahead of the Cook County increase of 4%
- CountyCare's enrollment decreased 0.1% in July 2022 compared to the prior month, ahead of the Cook County decrease of -0.2%

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

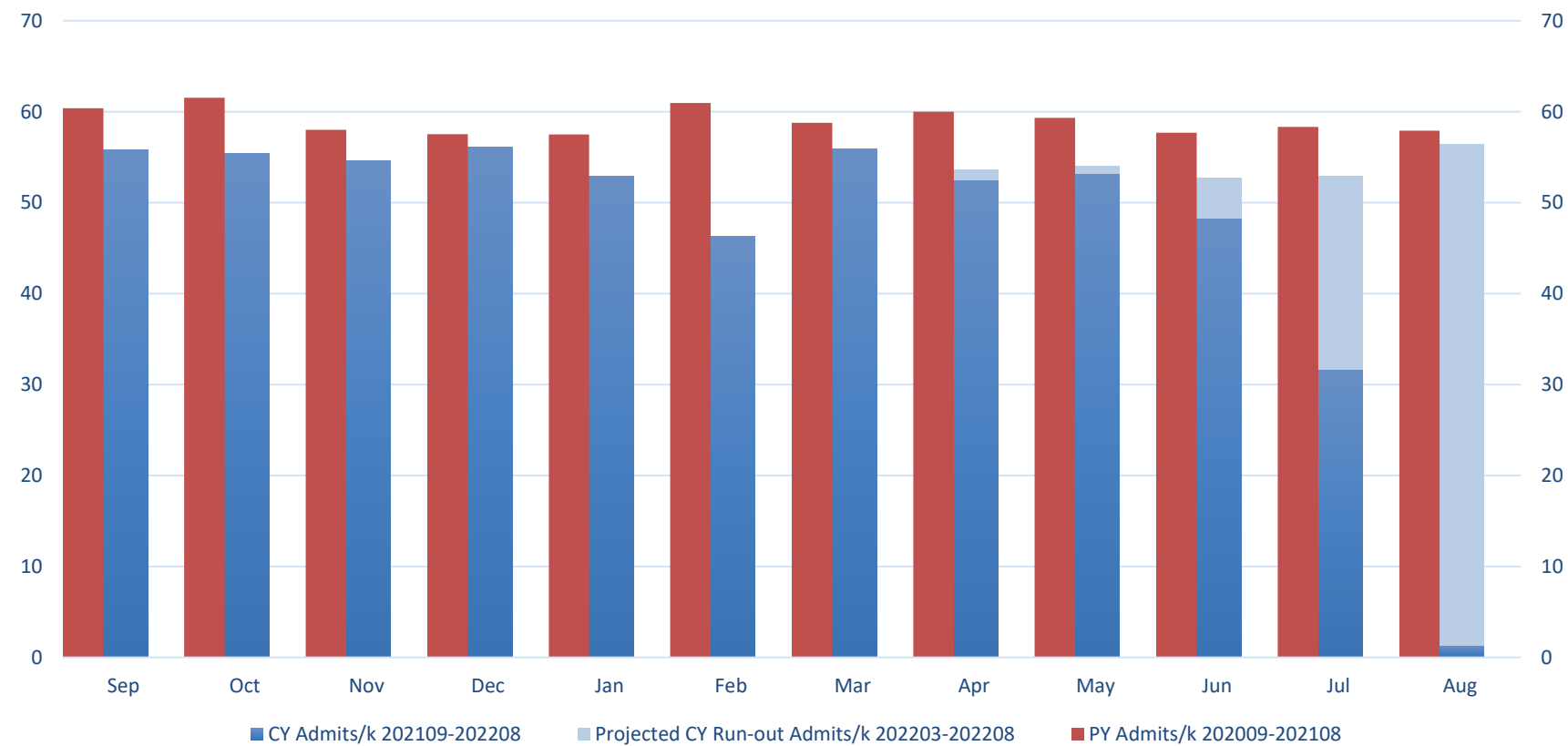
FY 22 Budget | Membership



Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	State Goal	Jun 2022	Jul 2022	Aug 2022
Member & Provider Services Call Center Metrics				
Abandonment Rate	< 5%	2.77%	1.22%	2.35%
Hold Time (minutes)	1:00	0:26	0:09	0:20
% Calls Answered < 30 seconds	> 80%	81.03%	91.93%	82.56%
Quarterly				
Claims/Encounters Acceptance Rate	98%	98%		

Current v. Prior Year: IP Acute Admits/1000



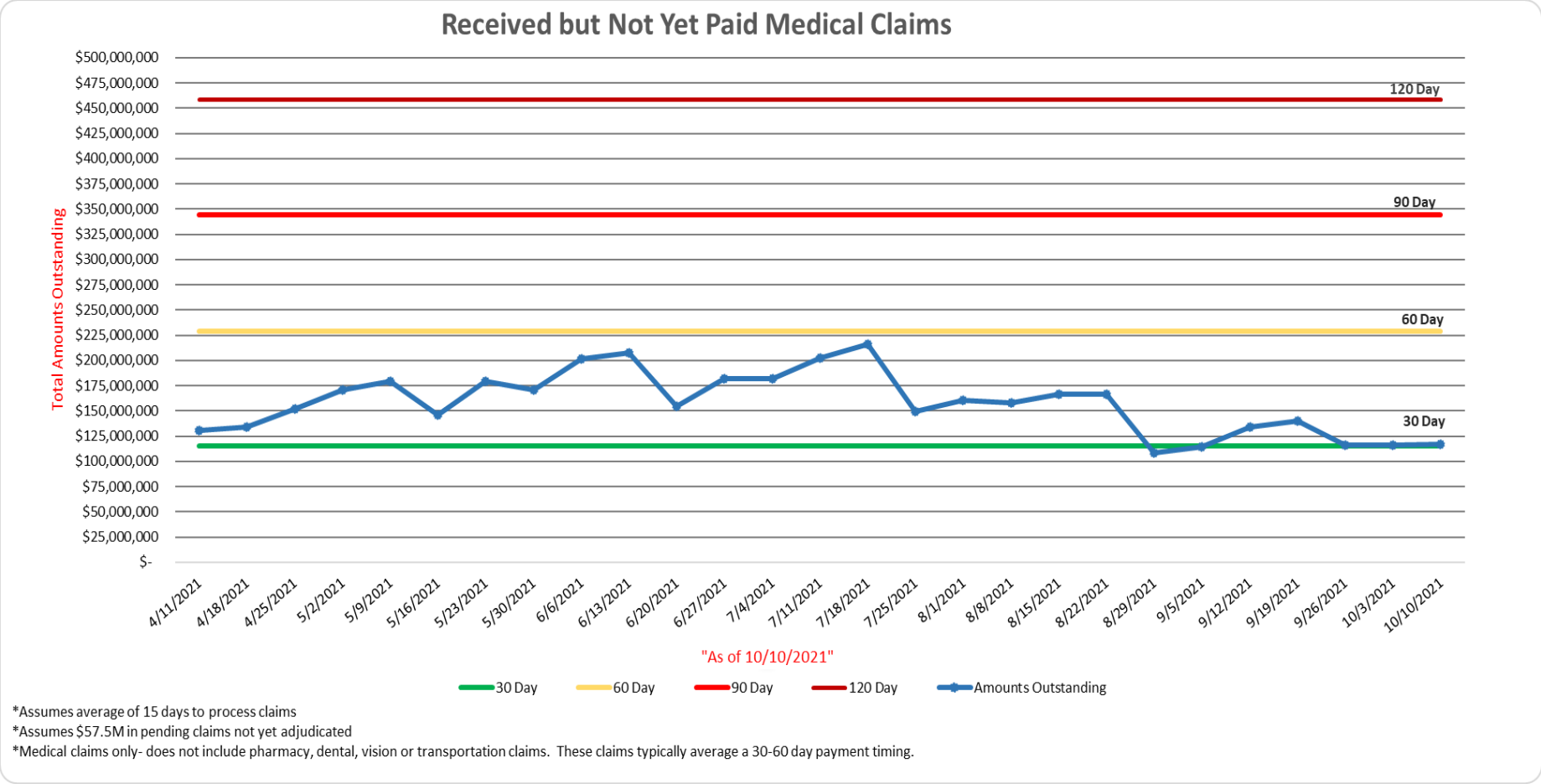
Updated monthly, paid through August 2022
All acute and surgical cases + approved acute authorizations
Domestic admissions are not included since they do not require Prior Authorization

CountyCare COVID Vaccination Rates

	Total	At Least 1 Dose	Fully Vaccinated	Booster/3rd Dose
Age Category	Eligible Members	% of Total Eligible Members	% of Total Eligible Members	% of Total Eligible Members
Infants <1y	8,537	1.55%	0.56%	0.04%
Children 1-11y	105,535	26.25%	21.78%	2.47%
Adolescents 12-18y	69,542	58.55%	53.36%	15.19%
Young Adults 19-25y	47,539	55.52%	48.40%	15.91%
Adults 26-65y	187,471	59.94%	54.65%	26.02%
Seniors >65y	14,170	75.51%	71.17%	51.40%
Total	432,794	50.38%	45.21%	17.74%

Data as of 9/6/2022

Claims Payments



Claims Payments

Received but Not Yet Paid Claims

Aging Days	0-30 days	31-60 days	61-90 days	91+ days	Grand Total
Q1 2020	\$ 109,814,352	\$ 53,445,721	\$ 46,955,452	\$ 9,290,569	\$ 219,506,093
Q2 2020	\$ 116,483,514	\$ 41,306,116	\$ 27,968,899	\$ 18,701,664	\$ 204,460,193
Q3 2020	\$ 118,379,552	\$ 59,681,973	\$ 26,222,464	\$ 71,735	\$ 204,355,723
Q4 2020	\$ 111,807,287	\$ 73,687,608	\$ 61,649,515	\$ 1,374,660	\$ 248,519,070
Q1 2021	\$ 111,325,661	\$ 49,497,185	\$ 4,766,955	\$ 37,362	\$ 165,627,162
Q2 2021	\$ 131,867,220	\$ 49,224,709	\$ 566,619	\$ 213,967	\$ 181,872,515
Q3 2021	\$ 89,511,334	\$ 25,733,866	\$ 38,516	\$ 779,119	\$ 116,062,835
Week of 10/10/2021	\$ 97,272,348	\$ 19,154,193	\$ 29,912	\$ 786,940	\$ 117,243,393

*0-30 days is increased for an estimated \$57.5M of received but not adjudicated claims

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

*The amounts in the table are clean claims

Quality & Patient Safety Metrics



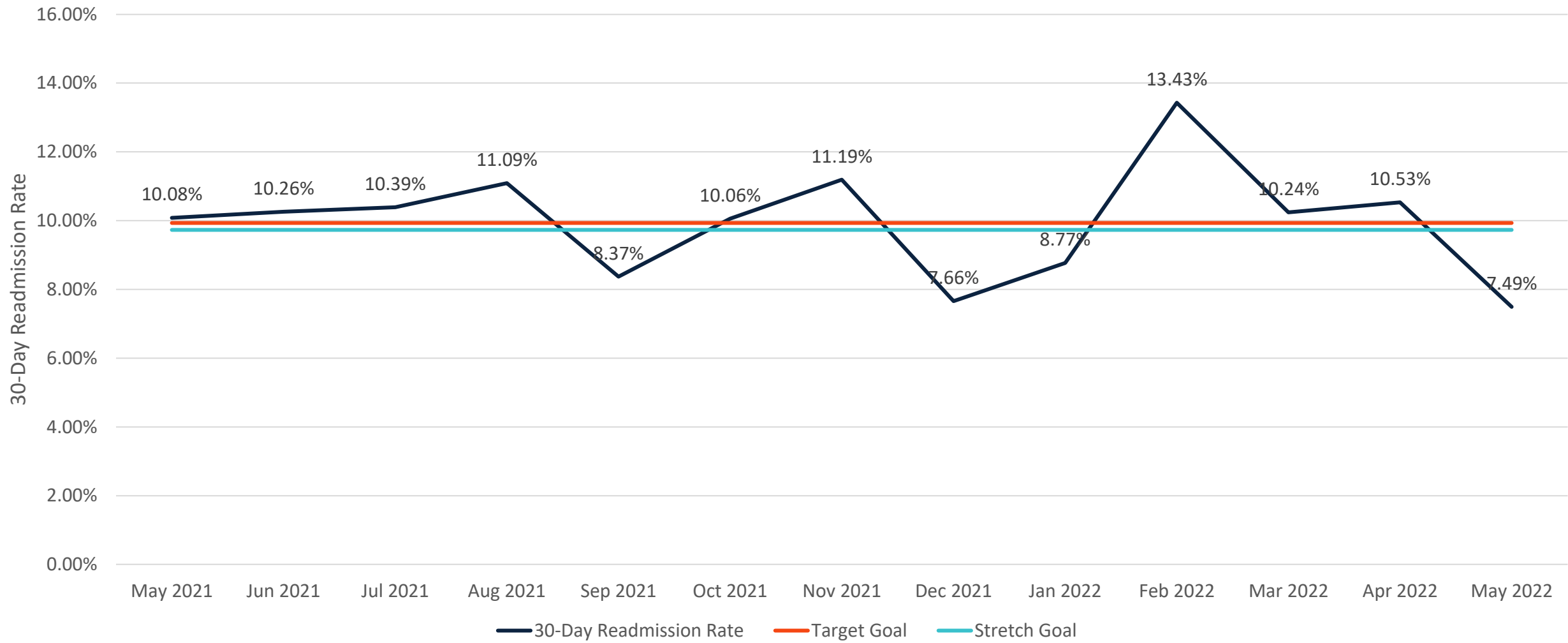
Presented to the Cook County Health Quality and Patient Safety Committee on 9/23/2022



COOK COUNTY
HEALTH

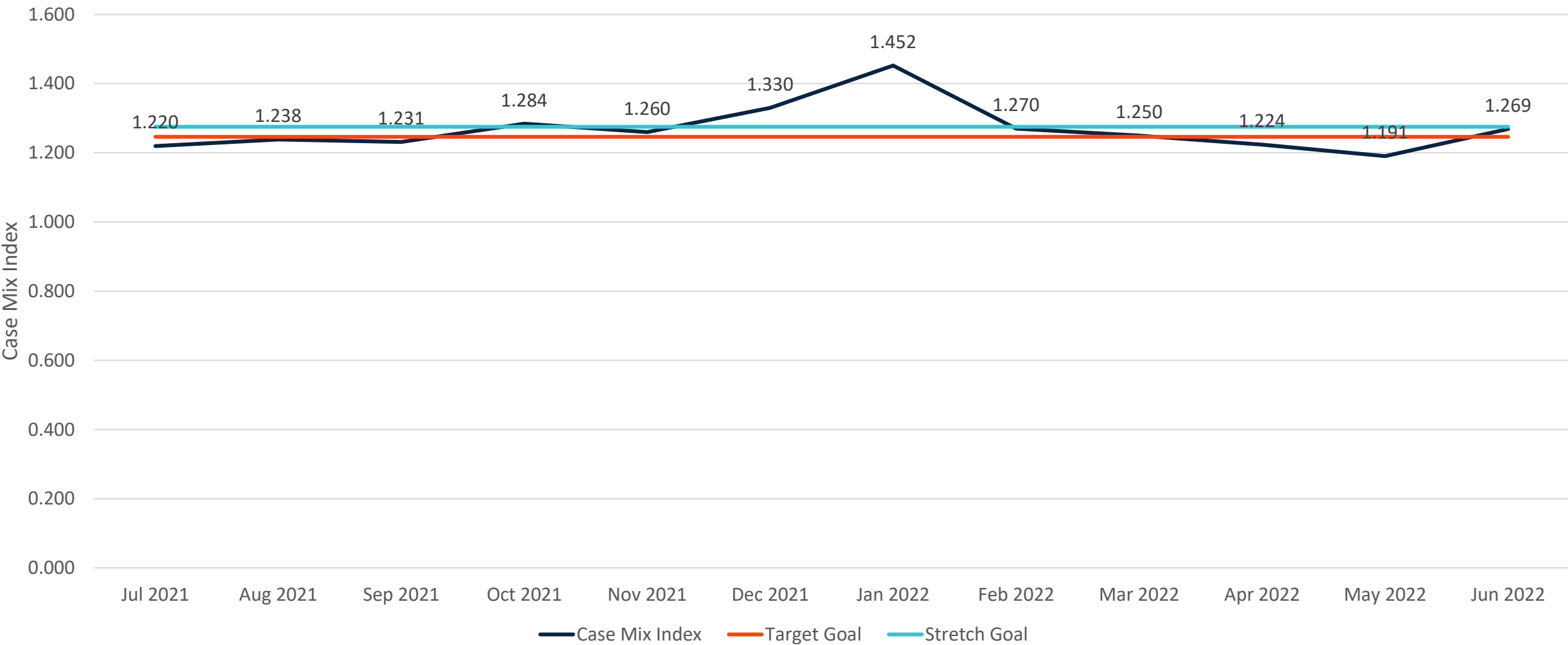
30-Day Readmission Rate (Stroger Hospital)

HRO Domain: Readmissions



Case Mix Index, Medical Cases (Stroger Hospital)

HRO Domain: Clinical Documentation

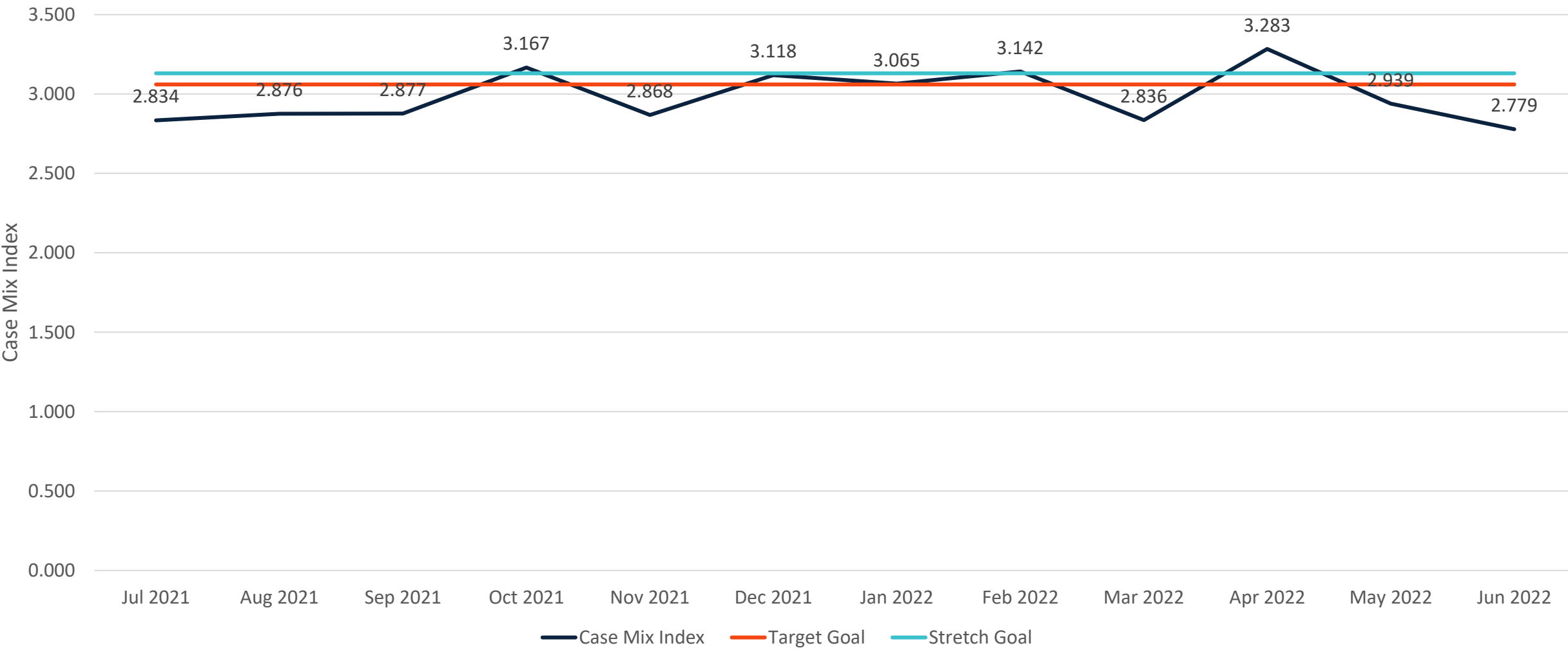


COOK COUNTY
HEALTH

Higher CMI is favorable
Target Goal: 1.246
Stretch Goal: 1.275

Case Mix Index, Surgical Cases (Stroger Hospital)

HRO Domain: Clinical Documentation

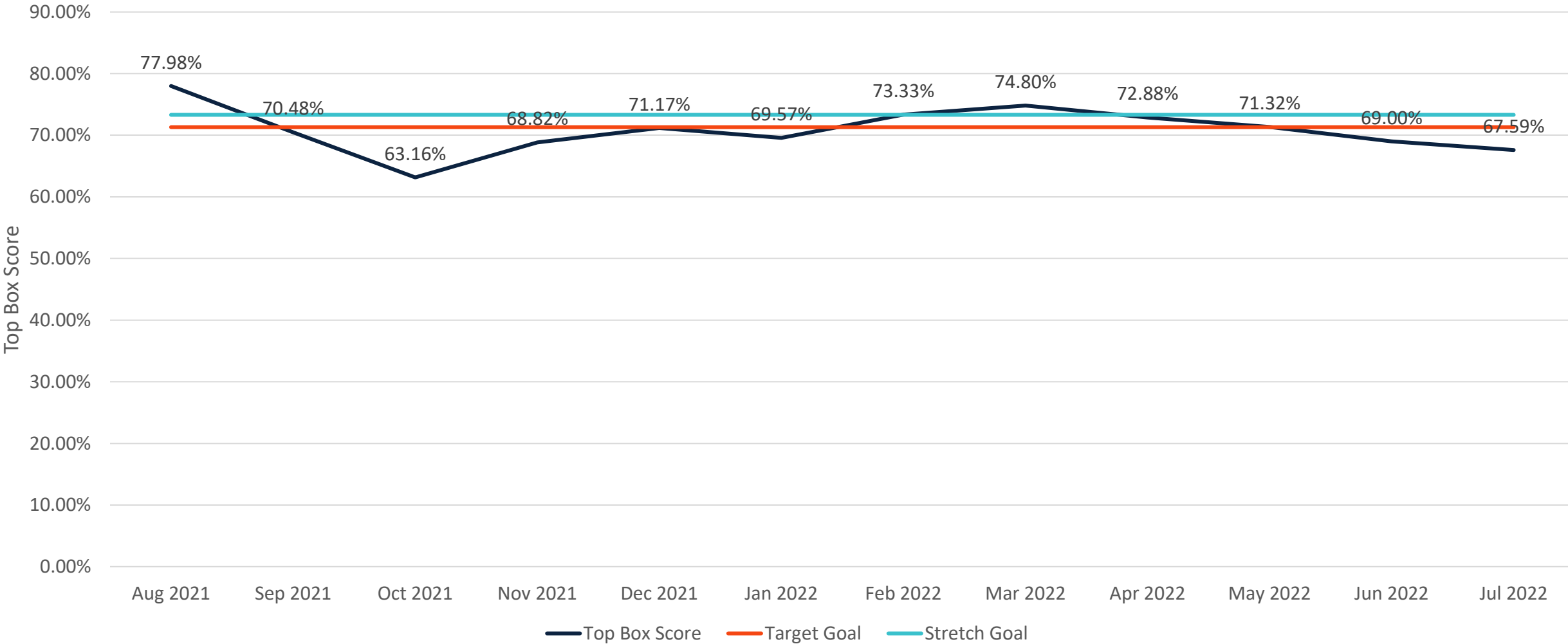


COOK COUNTY
HEALTH

Higher CMI is favorable
Target Goal: 3.060
Stretch Goal: 3.130

Top Box Score, Recommend Hospital (Stroger Hospital)

HRO Domain: Patient Experience

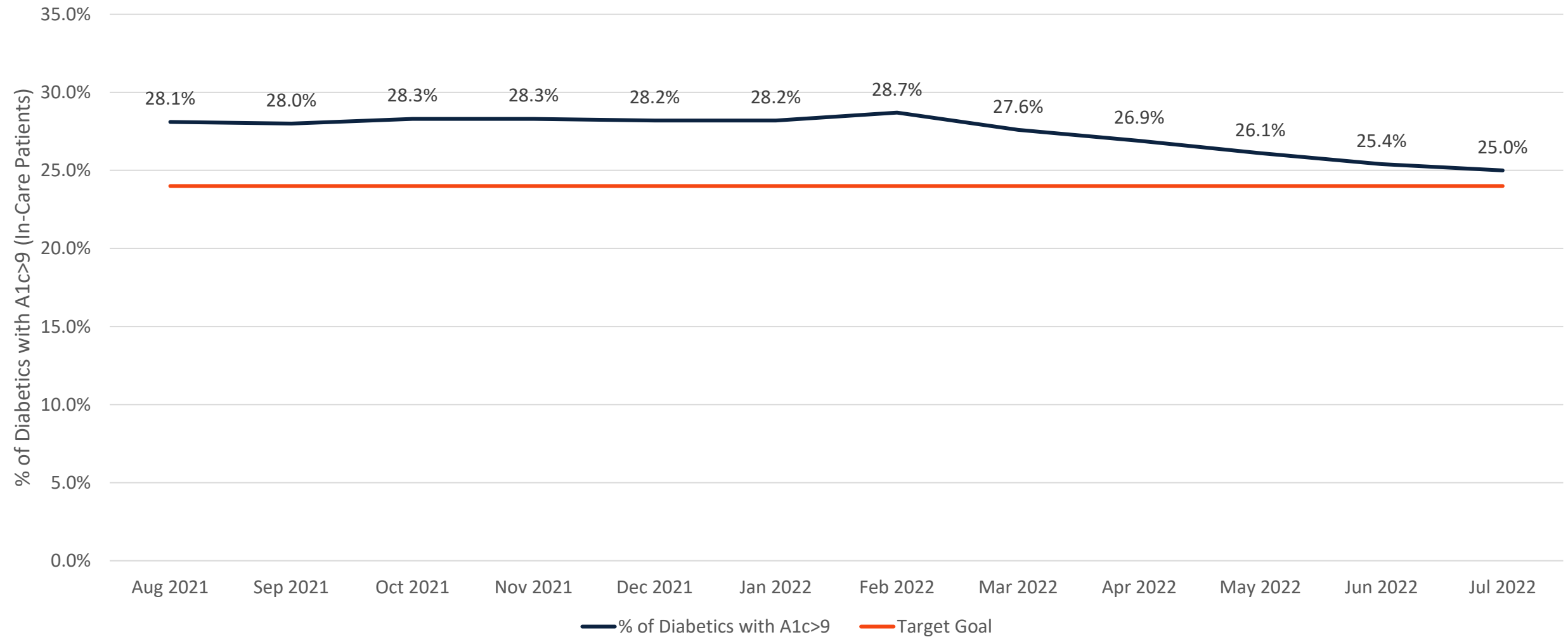


COOK COUNTY
HEALTH

Higher top box score is favorable
Target Goal: 71.30%
Stretch Goal: 73.30%

HbA1c > 9% for In-Care Patients

HRO Domain: HEDIS



Metric	Definition
30-Day Readmission Rate	<ul style="list-style-type: none"> • <i>Patient unplanned admission to Stroger within 30 days after being discharged from an earlier hospital stay at Stroger</i> • Calculation: Raw unplanned readmission rate (# of readmissions / total # of eligible discharges) • Population included: all inpatient discharges from <u>Stroger</u> • Cohort inclusions: any payer; any age; alive at discharge • Cohort exclusions: Admitted for primary psychiatric dx; admitted for rehabilitation; admitted for medical treatment of cancer (chemotherapy, radiation therapy); admitted for dialysis; admitted for delivery/birth • Reporting timeframe: reported monthly with a 1-month lag to allow for 30-day readmission window; reported by month of patient discharge • Data source: Vizient Clinical Data Base
Case Mix Index	<ul style="list-style-type: none"> • <i>Average relative DRG weight of a hospital's inpatient discharges, calculated by summing the Medicare Severity-Diagnosis Related Group (MS-DRG) weight for each discharge and dividing by the total number of discharges</i> • Population included: all inpatient discharges from <u>Stroger</u> • Cohort inclusions: any payer; any age; reported by Medical MS-DRG and Surgical MS-DRG (<i>Surgical: an OR procedure is performed</i>) • Cohort exclusions: none • Reporting timeframe: reported monthly by most current month available; reported by month of patient discharge • Data source: Vizient Clinical Data Base
Recommend the Hospital	<ul style="list-style-type: none"> • <i>Percent of patient responses with "Definitely Yes" (top box response) for Recommend the Hospital item in HCAHPS survey</i> • Calculation: Percent of patient responses with "Definitely Yes" (top box) / total survey responses • Population included: Stroger; 18 years or older at time of admission; non-psychiatric MS-DRG/principal diagnosis at discharge; alive at discharge; >1 overnight stay in hospital as inpatient • Cohort exclusions: discharged to hospice care; discharged to nursing homes or SNFs; court/law enforcement patients; patients with a foreign home address; "no-publicity" patients"; patients who are excluded because of rules and regulates of state in which hospital is located • Reporting timeframe: reported monthly by most current month available; reported by month of survey received date • Data source: Press Ganey
HbA1c >9%	<ul style="list-style-type: none"> • <i>Percent of adults (ages 18-75) with diabetes Type 1 or Type 2 where HbA1c is not in control (>9.0%)</i> • Calculation: Percent of diabetic patients with HbA1c not in control / total diabetic patients • Population included: (Age 18-75 years as of December 31 of current year AND two diabetic Outpatient/ED visits in the current year or previous year) <i>OR</i> (One diabetic Inpatient visit in the current year or previous year) <i>OR</i> (Prescribed insulin or hypoglycemic or anti-hyperglycemics in the current year or previous year) • Cohort exclusions: none • Reporting timeframe: reported monthly by most current month available; reported by month of patient visit • Data source: NCQA, HEDIS

Employment Plan Office (EPO)



16th Semi-Annual Report

Presented to the Cook County Health Board on 9/30/2022



COOK COUNTY
HEALTH

What is New?

Progress!

- **Revised Hiring Process**
 - A process was approved to support quicker and higher volume hiring
 - Training was completed and process was rolled out in July
- **Revised Hiring Fair Process**
 - A process was approved to support quicker and higher volume hiring
 - Training is in development
- **Technological Improvements**
 - Digitization of the DTH Form and packet
 - HR Recruitment Dashboard
- **HR Staffing**
 - Human Resources Business Partners
- **EPO Staffing**
 - Program Manager
 - Information Coordinator

EPO Observations

Monitoring

Hiring Process Concerns

- General observations
 - Delivery of interview questions
 - Activities conducted without required notice or approvals (e.g., notice of interviews or application reviews, approval of interview questions, approval of interview lists)
 - Untrained participants
- Direct Appointments
 - Request to Hire Packets
 - Job Description Updates
- Hiring Fairs
 - Process Documentation
 - Training
 - Oversight

EPO Observations

Monitoring

Supplemental Policies Concerns

- Interim Assignment/Interim Pay
 - Policy and form updates required
- Discipline
 - Required Approvals
 - Incomplete forms and/or packet submissions
 - Timeliness
 - Administrative process
- Overtime & Training Opportunities
 - NPCCs

EPO Observations

Investigating

- **Investigations Numbers**
 - New: 8
 - Closed: 6
 - Pending: 45+ since 2020 (also have several pre-dating 2020)
- **Investigations Activity**
 - New Program Manager focusing on investigations
 - Newly approved Plan modification allowing for efficiencies in handling complaints

EPO Observations

Auditing

- **Third-Party Providers** (contractors that recruit, screen, interview and recommend applicants)
 - Several new Third-Party Providers & contracts
 - Began a review of Policy compliance:
 - Approval process
 - Contract language/services
 - NPCCs

*Also looking to verify contractors fully trained for respective functions

The Future

What is coming?

- Plan & Policy Updates
 - Blitz
 - Comprehensive documentation of the two temporary revised processes
 - EPO investigations amendment
 - Interim Assignment Policy
- Plan Training
 - All employees: new and annual
 - Supervisors: annual
 - HR: annual
 - Hiring Fairs
 - Blitz
- EPO Initiatives
 - Process review
 - Data management
 - Staffing
 - Website – Employment Plan content/new EPO page
- Website Updates
 - Job descriptions

