

CCH Monthly Report

to the Cook County Board of Commissioners

Item #: 22-3227

November 2022



COOK COUNTY
HEALTH

Administrative & Legislative Updates



Presented to the Cook County Health Board on 10/28/2022



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 this month. 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 Update

- 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://cchf.org) at [CCHfoundation.org](https://cchfoundation.org).

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 October 19, CCH's Fresh Truck partnership with the Greater Chicago Food Depository (GCFD) resulted in 415 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 43,747 households, representing 144,565 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 October 18 CCH appeared before the Cook County Health & Hospitals Committee and 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 CCH's Strategic Plan and Financial Forecast which was approved and CCH's Q2-2022 Mental Health Report.
- On October 18, the Cook County Legislation and Intergovernmental Affairs Committee met to consider appointments to the Cook County Health Board of Directors. The appointment of Sam Robinson was approved.

The terms of CCH Board Directors Mary Gugenheim and David Munar expired in October. The terms of CCH Board Directors Heather Prendergast and Mike Koetting are scheduled to expire in the coming months.

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 met on October 24, 2022 to consider additional candidates to submit to the President for consideration.

- At the October 20 Cook County Board meeting a resolution was approved recognizing CountyCare's 10th Anniversary.
- President Preckwinkle introduced the FY23 Cook County Executive Budget Recommendation to the Cook County Board at a Special meeting in early October. The Cook County Finance conducted public hearings on the FY23 Budget in mid-October. On October 25, CEO Israel Rocha and CFO Pam Cassara, along with CCH Board Chairman Lyndon Taylor and CCH Board Finance Committee Chairman Bob Reiter, appeared before the Cook County Finance Committee to provide an overview of the CCH FY 2023 Budget. The Cook County Board is expected to approve the FY2023 Annual Appropriation Ordinance in November.
- November 8 is Election Day. The Cook County Board President and all 17 Cook County Board Commissioner seats are up for election.

Legislative Updates – State

- 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. Legislation passed in the lame duck session would only require a simple majority for an immediate effective date. The 2023 spring session calendar has not been posted.

- The [second round of Healthcare Transformation Collaboratives](#) was announced earlier this month. The funded projects total \$70M and include six projects, with five in the Chicagoland area. CCH is not currently a participant in any of the six projects.

According to the press release, HFS may consider funding additional projects to be announced later in the fiscal year. A total of \$150M is available for these projects in the current state fiscal year, which ends June 30.

Legislative Updates – Federal

- Congress is in recess until the second week of November, after the midterm elections.
- **Continuing Resolution** – On September 29, the Senate passed the Appropriations and Ukraine Supplemental Appropriations Act, 2023, or continuing resolution (CR), to fund the government through December 16, 2022. The House followed suit the next day, with the President signing the measure into law before the midnight end of the fiscal year, averting a government shutdown.

As reported in September, the CR does not include supplemental funding requested by the Administration for COVID or monkeypox response. It does provide \$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.

- **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. The need for emergency relief for the enormous damage Hurricane Ian inflicted in Florida, the Caribbean and other states in its path, will doubtless contribute to the incentives for reaching a bipartisan agreement on a year-end package. Advocacy is ongoing for various health priorities to be included in a potential year-end omnibus appropriations bill. Conversations between top Republican appropriators and the Administration on supplemental funding for COVID and monkeypox have resumed. Cook County is continuing to support the National Association of Counties (NACo) call for bipartisan mental health provisions, including provisions to lift the Medicaid inmate exclusion, to be included. America's Essential Hospitals continues to advocate for \$7 billion in targeted fiscal assistance for safety net hospitals, and other measures, which could be incorporated into a year-end bill.

Legislative Updates – Federal (Continued)

- **Biden Administration** – On September 27, the White House released a national strategy for ending hunger in the U.S. Over the next ten years, the strategy aims to expand access to free school meals for an additional nine million children and improve access to healthy food. Congressional approval would be required to achieve the goal of expanding SNAP and also to authorize a Medicare pilot to test medically tailored meals and to expand Medicaid and Medicare nutrition and obesity counseling benefits.

On September 28, the U.S. District Court for the District of Columbia ruled that HHS must restore full 340B payments for the rest of the year. This comes on the heels of a U.S. Supreme Court ruling in June that required HHS to compensate providers for payments reduced in prior years due to a “defective” reimbursement rate. AEH and other national hospital organizations were plaintiffs in the case.

On October 3, HHS and the U.S. Department of Labor announced \$346 million in grants to train nurses, community workers and public health professionals. Applicants are expected to propose models aimed at training workers from marginalized communities.

On October 13, HHS announced that the COVID Public Health Emergency (PHE) would extend another 90 days, until January 11, 2023. The Administration reaffirmed its commitment to give states and other stakeholders sixty-days’ notice before the end of the PHE. Interested parties will be looking for an announcement on or around November 12, as many observers expect this to be the last extension.

On October 19, HHS announced new planning grant funding opportunities for states to prepare to develop Certified Community Behavioral Health Clinics (CCBHCs) to address the national mental health crisis. The planning grants are intended to help states certify CCBHCs and to set up the Medicaid prospective payment system for reimbursing eligible services in the CCBHCs.

Monthly Media Report



September 26, 2022 – October 23, 2022

Presented to the Cook County Health Board on 10/28/2022



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Earned Media Dashboard: September 26 – October 23, 2022



Total Media Placements

590



Total Reach

1.49 Billion People



Total Media Value

\$13.8 Million

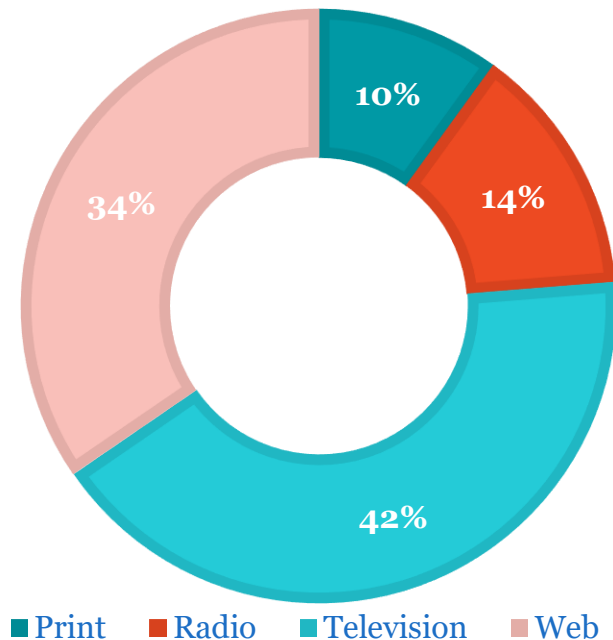
Top 5 Local Media Outlets

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



Media Dashboard: September 26 – October 23, 2022

Media Outlet Type



Most Common Topics

1. Provident Hospital ambulance runs resuming
2. COVID and the flu
3. Asylum seekers and how to help
4. Monkeypox
5. RSV



Recent Cook County Health COVID-19 Media Coverage

22,328 Media Hits on COVID-19 since February 2020



COVID vs. Flu: Determining Your Risk Levels This Fall and Winter and Why They May Be Harder to Compare



Why This Winter Could Be Pivotal Moment in the Pandemic, According to Chicago Doctor



Which suburban hospitals are sticking with masks to keep COVID-19 at bay



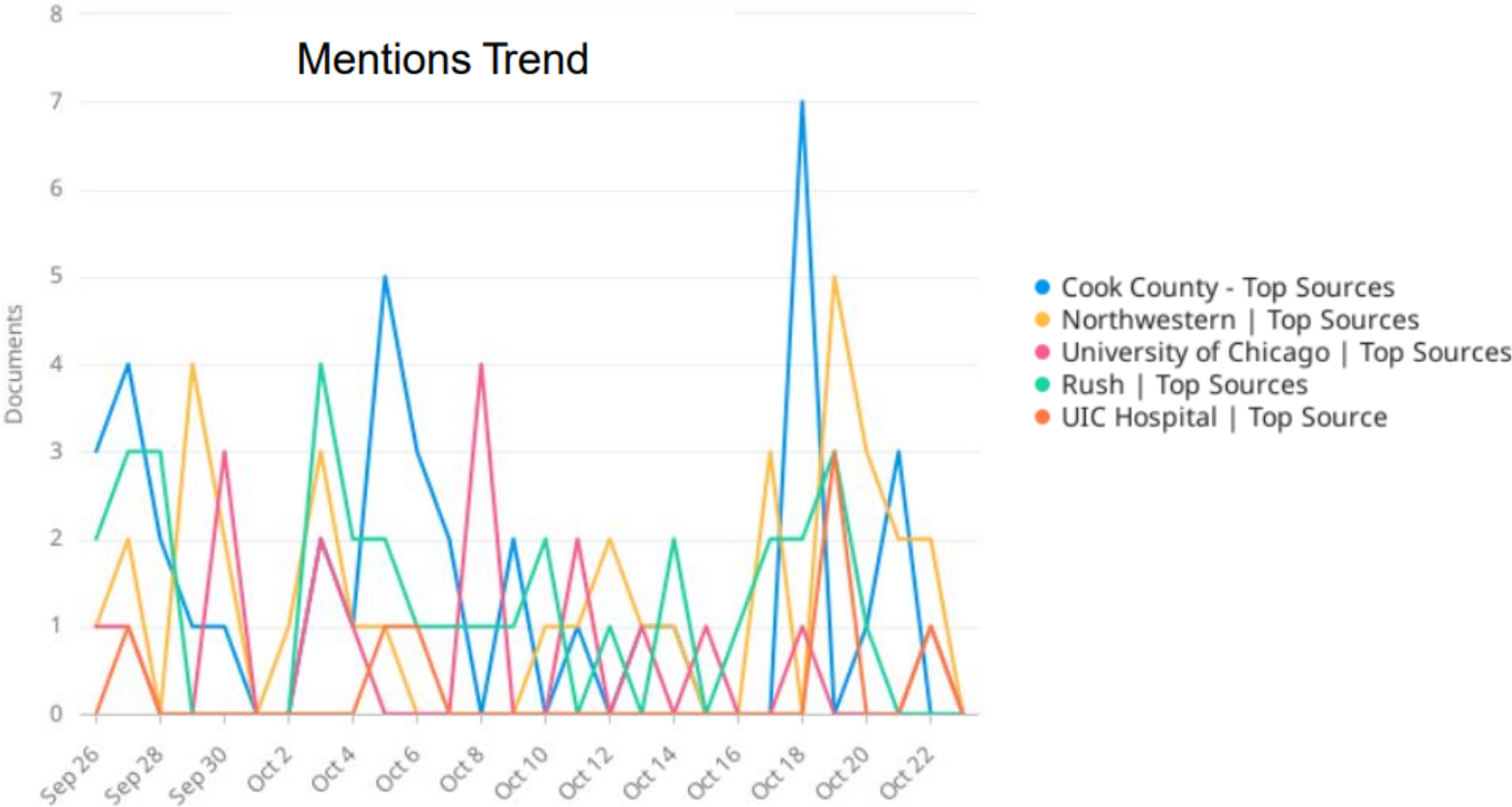
Study: Newer COVID-19 Variants Have Shorter Incubation Periods



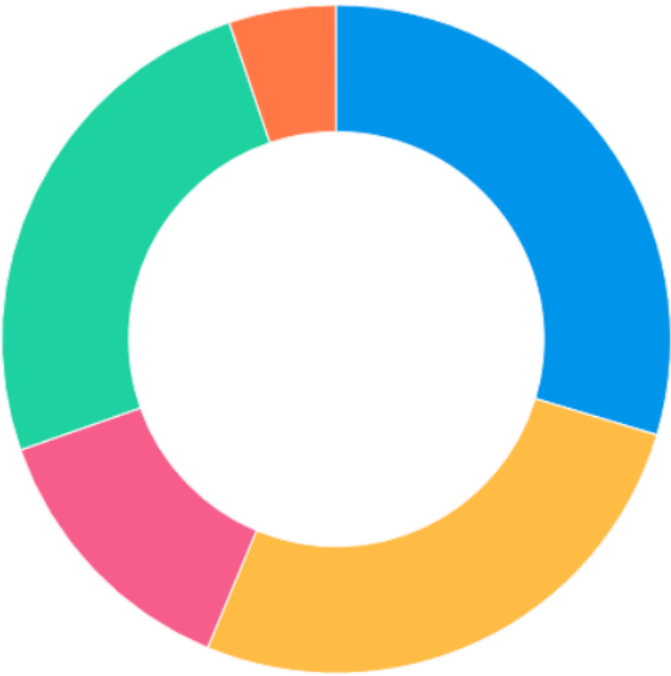
COOK COUNTY
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Media Benchmarks

Top Chicago media outlets share of voice



Share of Voice by Search



Finance Metrics



Presented to the Cook County Health Finance Committee on 10/21/2022



COOK COUNTY
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Executive Summary: Statement of Financial Condition – August 31, 2022

- On an accrual basis, interim financials show that CCH ended August with a **\$6.7M positive** variance to budget. On a cash basis, the County's preliminary cash report on revenues and expenses shows a \$204.4M 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 \$6.3M
 - Membership remains over 400,000, which is greater than the 381,000 budgeted

Financial Results – August 31, 2022

Dollars in 000s	FY2022 Actual	FY2022 Budget	Variance	%	FY2021 Actual (3)
Revenue					
Net Patient Service Revenue (1)	\$659,759	\$505,949	\$153,810	30.40%	\$451,345
CountyCare Elimination-Claims (1)	(\$97,331)	\$0	(\$97,331)		(\$64,276)
Government Support (2)	\$298,331	\$296,799	\$1,532	0.52%	\$308,214
Adjusted NPSR	\$860,758	\$802,748	\$58,010	7.23%	\$695,282
CountyCare Capitation Revenue	\$2,109,357	\$2,018,424	\$90,933	4.51%	\$1,803,766
CountyCare Elimination-Directed Payments (1)	(\$152,154)	(\$89,824)	(\$62,330)	69.39%	\$0
Other	\$10,690	\$14,031	(\$3,341)	-23.81%	\$13,972
Total Revenue	\$2,828,651	\$2,745,379	\$83,272	3.03%	\$2,513,021
Operating Expenses					
Salaries & Benefits	\$498,129	\$594,140	\$96,010	16.16%	\$497,638
Overtime	\$34,195	\$29,301	(\$4,894)	-16.70%	\$33,236
Supplies & Pharmaceuticals	\$122,666	\$111,541	(\$11,124)	-9.97%	\$112,095
Purchased Services & Other	\$441,179	\$240,866	(\$200,313)	-83.16%	\$274,652
Medical Claims Expense (1)	\$2,005,320	\$1,885,381	(\$119,939)	-6.36%	\$1,702,288
CountyCare Elimination-Directed Payments (1)	(\$152,154)	(\$89,824)	\$62,330	-69.39%	(\$64,276)
CountyCare Elimination-Claims (1)	(\$97,331)	\$0	\$97,331		\$0
Insurance	\$21,961	\$27,676	\$5,715	20.65%	\$23,898
Utilities	\$9,504	\$8,751	(\$754)	-8.61%	\$10,897
Total Operating Expenses	\$2,883,469	\$2,807,832	(\$75,637)	-2.69%	\$2,590,429
Operating Margin	(\$54,817)	(\$62,453)	\$7,636	12.23%	(\$77,408)
Non-Operating Revenue	\$102,392	\$103,279	(\$887)	-0.86%	\$92,029
Net Income (Loss)	\$47,574	\$40,826	\$6,749	16.53%	\$14,621

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: August 31, 2022

Key Revenue Indicators

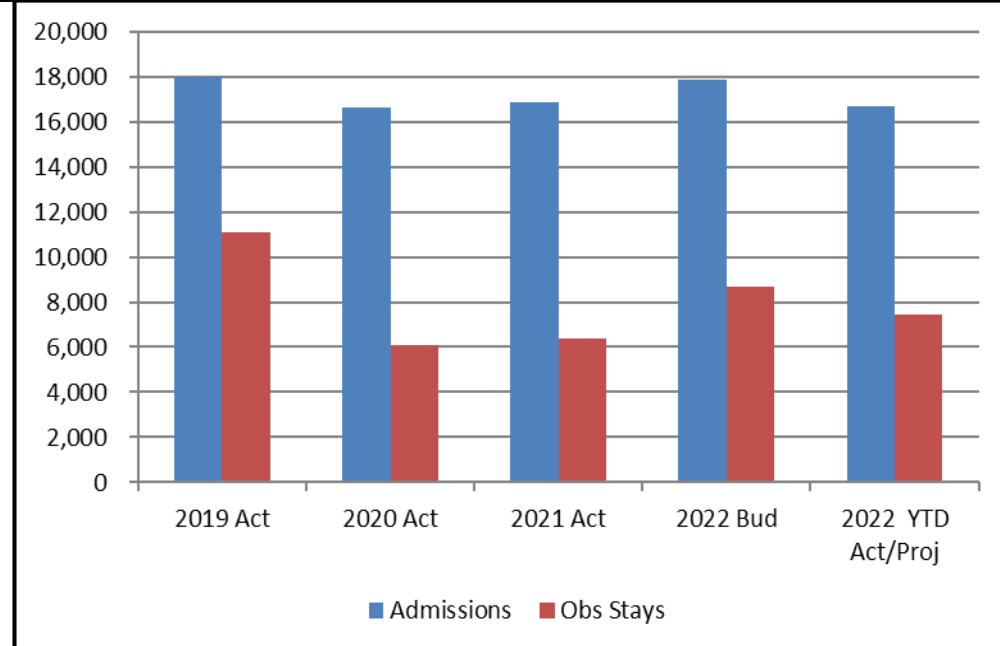
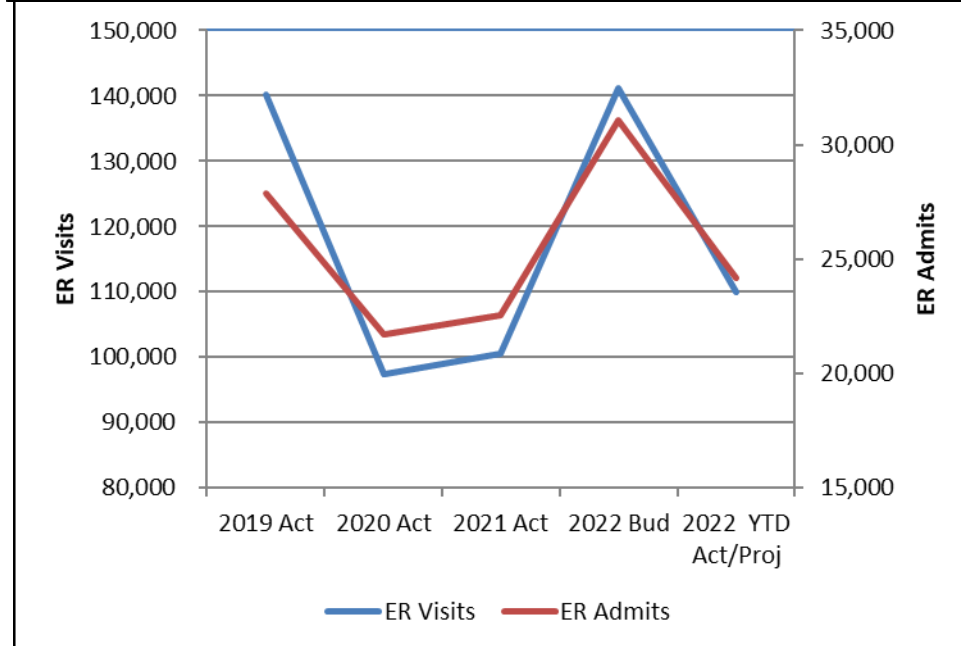
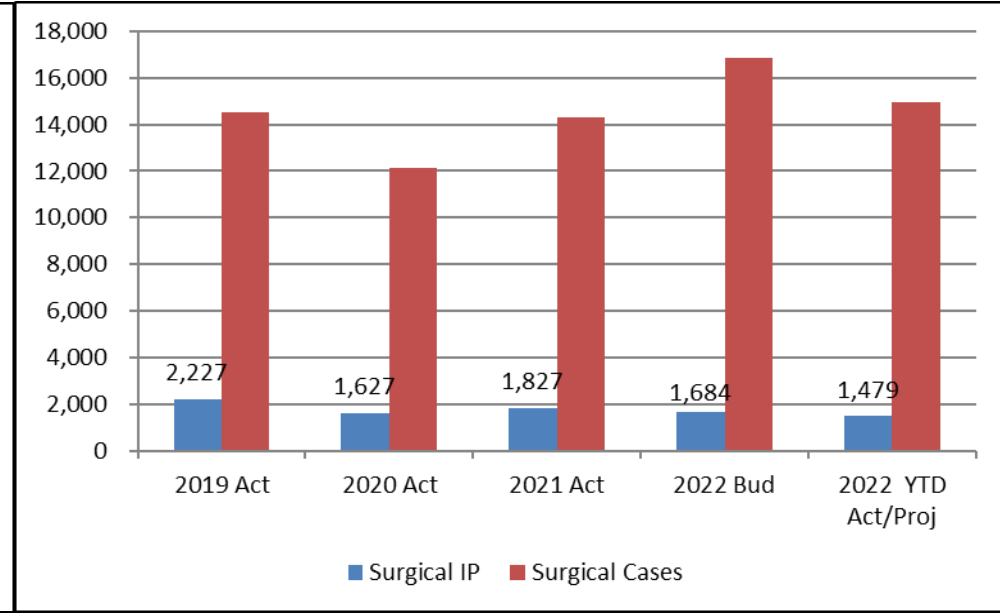
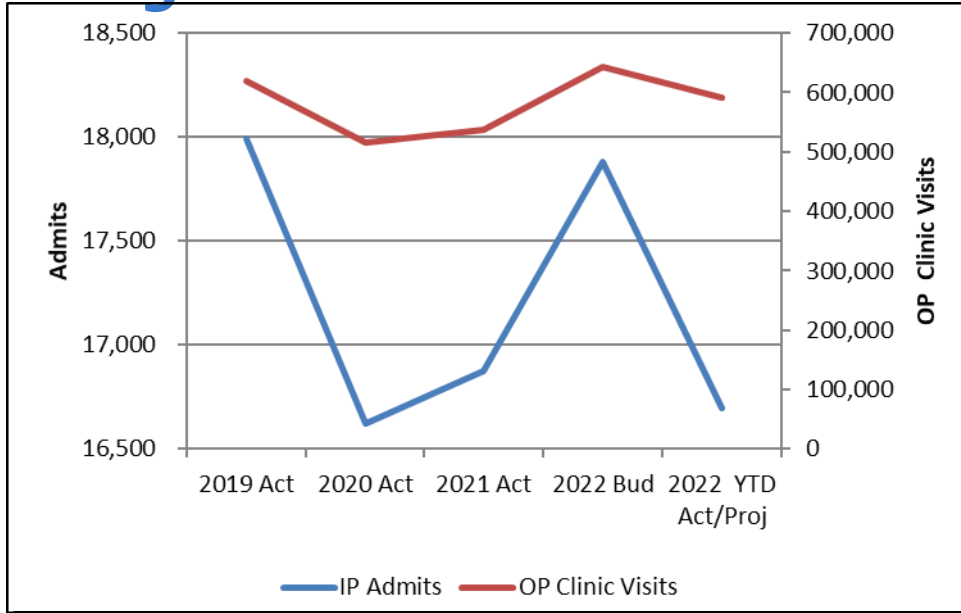
Patient Activity	2022 YTD Actual	2022 YTD Budget	%	2021 YTD Actual	2020 YTD Actual		Aug 2022 Actual	Aug 2021 Actual
Admissions *	17,155	18,340	-6.5%	17,149	17,666		1,898	2,036
Patient Days *	77,339	88,741	-12.8%	73,427	75,646		9,579	9,229
Average Daily Census *	282	324	-12.8%	267	275		309	298
Emergency Room Visits	75,698	106,929	-29.2%	73,291	77,816		8,740	9,111
Surgeries	10,741	12,646	-15.1%	10,647	8,548		1,338	1,313
Ambulatory Clinic Visits	430,633	483,258	-10.9%	427,520	400,578		51,386	49,489

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

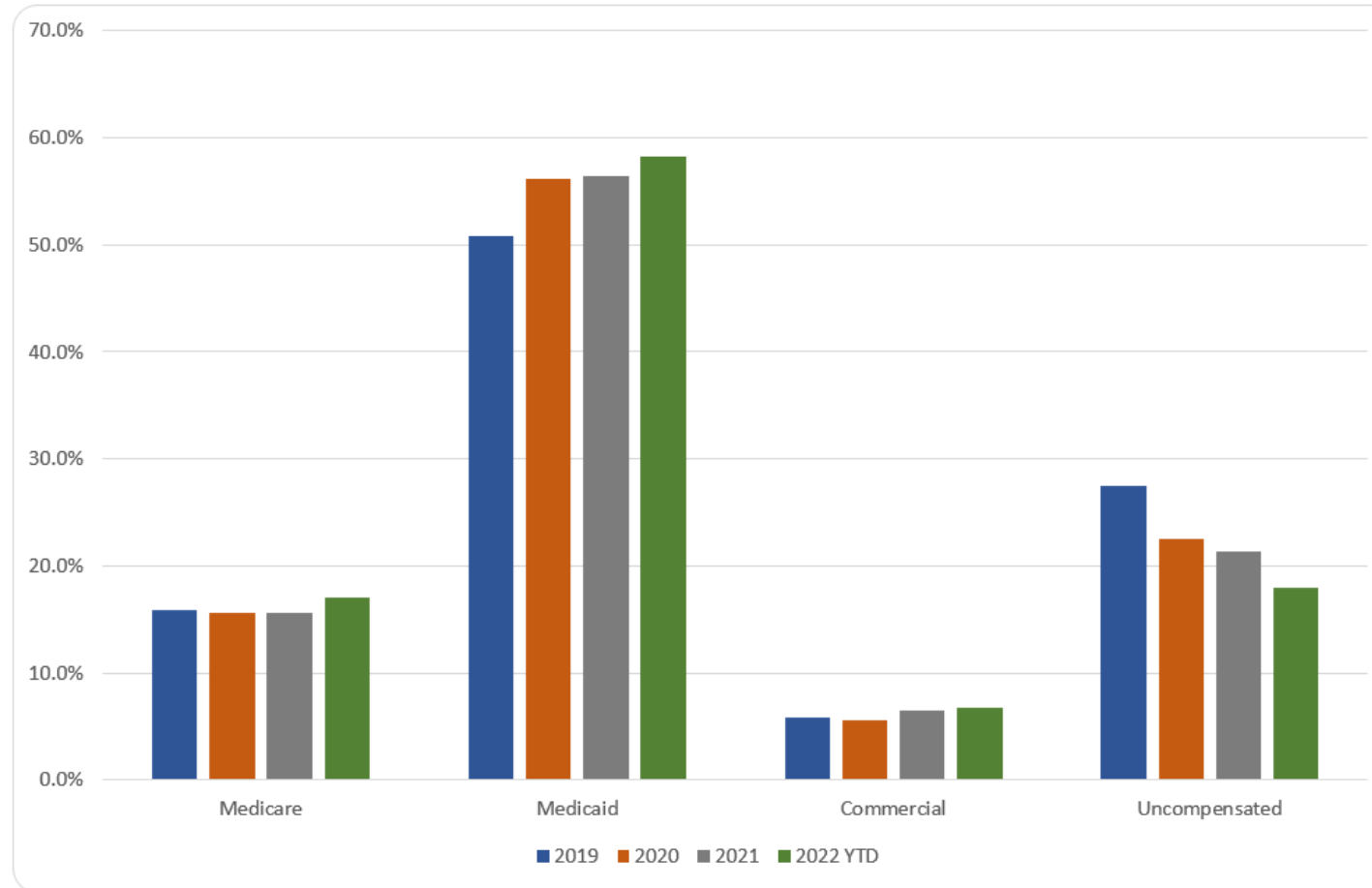
* Includes IP + Observations

Cook County Health

Operating Trends



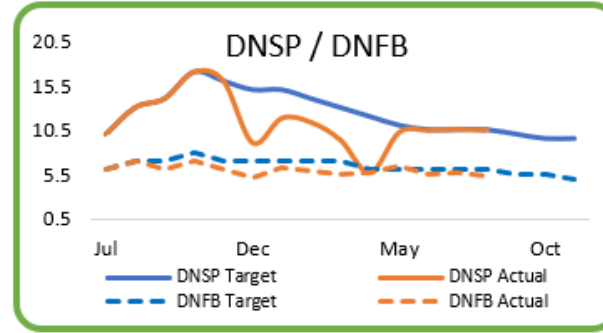
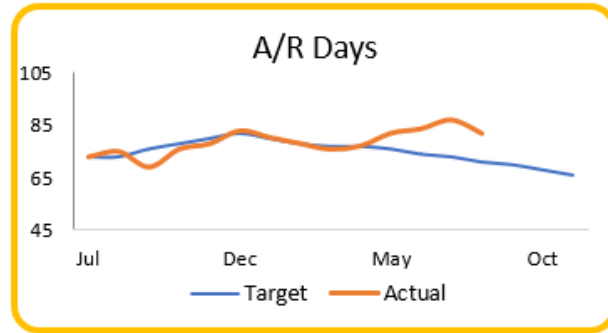
Payer Mix – YoY Comparison



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



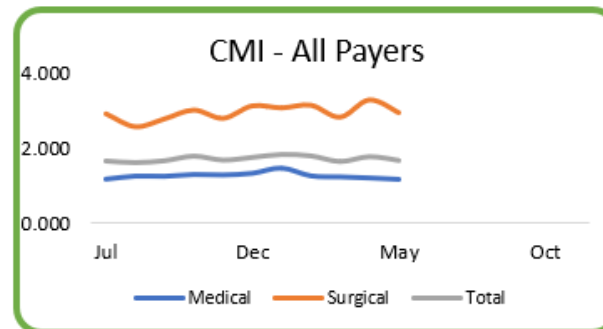
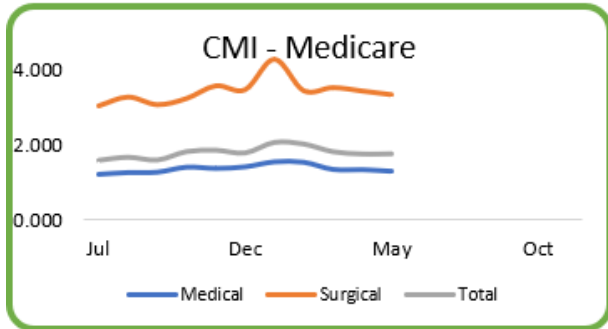
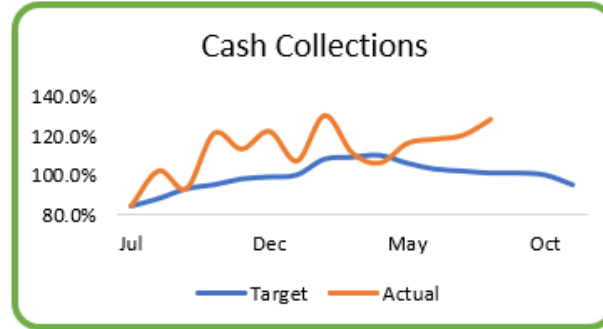
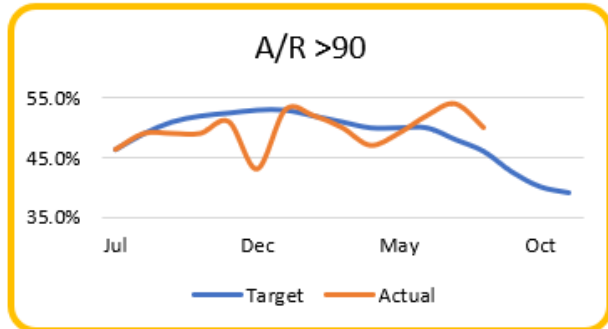
Commentary

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.

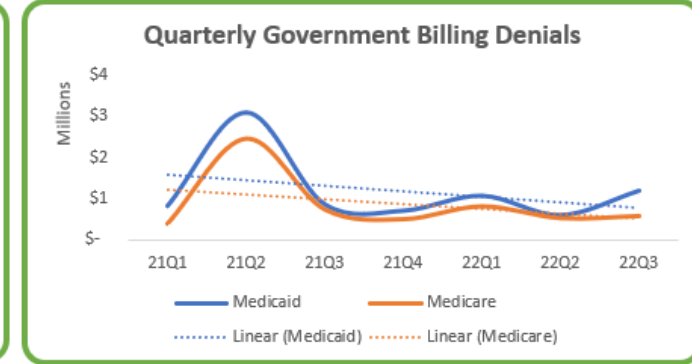
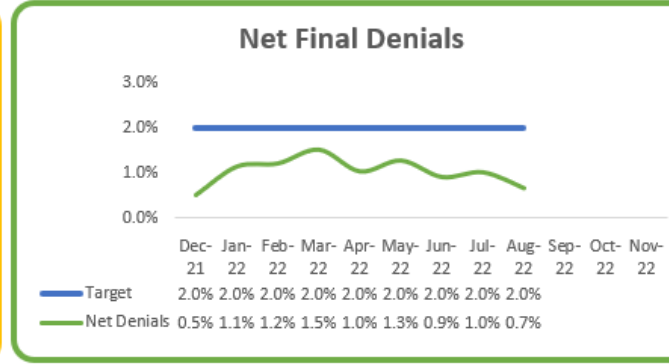
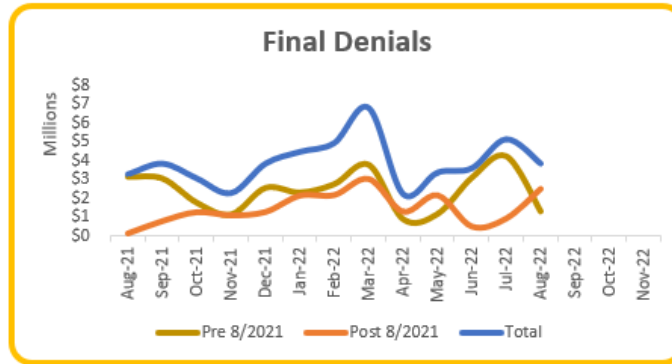
DNFB: Discharged Not Final Billed - Gross dollars in A/R for all patient accounts (inpatient and outpatient accounts) discharged but not yet final billed for the reporting month. Refers to accounts in suspense (within bill hold days) and pending final billed status in the patient accounting system.



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.

	Jul-22	Aug-22
Pre 8/2021	82.0%	34.4%
Post 8/2021	18.0%	65.6%
Total	\$5,132,022	\$3,830,437
Case Management	\$1,442,998	\$1,084,515
Coding	-\$47,159	\$549,398
Contracting	-\$5,700	\$7,824
Medical Necessity	\$21,290	-\$38,642
Non Covered	\$2,831,469	-\$2,306,385
Patient Access	\$710	-\$610
Other	-\$43,008	\$301,241
Prior Authorization	-\$40,652	\$725,403
Untimely Filing	\$972,074	\$3,507,693



CCH Annual Pricing Review Strategy – 2023

	Strategic Increase	Net Reimbursement Impact	CA Allowance Impact	Charity Impact	Bad Debt Impact
Med Surg	5.00%	\$ 253,345	\$ 5,322,851	\$ 1,237,200	\$ 785,883
ICU	50.00%	\$ 3,358,992	\$ 30,414,587	\$ 7,264,628	\$ 4,616,574
Surgical	8.77%	\$ 189,876	\$ 13,208,815	\$ 420,869	\$ 267,341
	4.00%	\$ 3,802,213	\$ 48,946,253	\$ 8,922,697	\$ 5,669,798

Commentary

- Current state, CCH's pricing is approximately 36% below the market with a 4% annual price increase cap from our payer contracts.
- Strategic Price Increase Target, focus on R & B (~36% % below market) and surgery rate (~32% below market) realignment.
 - Effective Date: 12/01/2022 with an annual review thereafter.

CCH R&B RATES COMPARED TO AREA HOSPITALS												
R&B TYPE	CCH	U of I	LOYOLA	MT SINAI	RUSH	U of C	AVERAGE	CURRENT % BELOW AVG	NEW CCH RATE	% BELOW AVG POST ADJ	% BELOW AVG	
PRIVATE ROOM	\$2,480	\$2,849	\$3,929	\$3,250	\$2,120	\$4,471	\$3,324	-25%	\$2,604	-22%	-4%	
SEMI-PVT	\$2,313	\$2,849	\$3,929	\$3,250	\$2,120	\$4,471	\$3,324	-30%	\$2,429	-27%	-3%	
NICU LEVEL 1	\$1,200	\$1,639	\$2,218	\$931	\$1,331	\$3,625	\$1,949	-38%	\$1,800	-8%	-31%	
NICU LEVEL 2	\$2,480	\$4,807	\$2,929	\$3,462	\$2,766	\$4,996	\$3,792	-35%	\$3,720	-2%	-33%	
NICU LEVEL 3	\$2,900	\$5,425	\$5,026	\$3,462	\$4,620	\$10,752	\$5,857	-50%	\$4,350	-26%	-25%	
NICU LEVEL 4	\$4,350	\$5,881	\$7,192	\$3,462	\$6,014	\$10,760	\$6,662	-35%	\$6,525	-2%	-33%	
INTENSIVE CARE	\$4,350	\$6,272	\$6,879	\$3,950	\$4,370	\$10,760	\$6,446	-33%	\$6,525	1%	-34%	

CCH SURGERY RATES COMPARED TO AREA HOSPITALS											
SURGERY - PER HOUR	CCH	U of I	LOYOLA	MT SINAI	RUSH	U of C	AVERAGE	CURRENT % BELOW AVG	NEW CCH RATE	% BELOW AVG POST ADJ	% BELOW AVG
SURGERY BASIC LVL 1											
First Hour	\$3,317	\$5,715	\$4,066	\$7,295	\$4,899	\$11,770	\$6,749	-51%	\$3,608	-47%	-4%
Second Hour	\$2,919	\$3,974	\$2,416	\$5,838	\$4,573	\$9,136	\$5,188	-44%	\$3,175	-39%	-5%
SURGERY INTER LVL 2											
First Hour	\$5,138	\$5,715	\$4,244	\$7,295	\$6,682	\$16,540	\$8,095	-37%	\$5,589	-31%	-6%
Second Hour	\$3,900	\$3,974	\$2,528	\$5,838	\$5,700	\$9,136	\$5,435	-28%	\$4,242	-22%	-6%
SURGERY COMPL LVL 3											
First Hour	\$6,960	\$5,715	\$6,968	\$7,295	\$7,128	\$30,123	\$11,446	-39%	\$7,570	-34%	-5%
Second Hour	\$6,675	\$3,974	\$4,144	\$5,838	\$6,360	\$8,736	\$5,810	15%	\$7,261	25%	-10%



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	\$ 142,451
Other Uncompensated Care	121,634	100,894	109,162	181,638
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	\$ 514,578
 % of Revenues *	 37.0%	 38.6%	 36.3%	 40.2%
% of Costs *	27.3%	27.9%	36.3%	33.3%

* Excludes Health Plan Services

Cook County Health

Savings Initiatives: August 31, 2022

Current Activities in Progress	Budgeted FY22 Impact	YTD Aug Achieved	Status
<u>Revenue Cycle:</u>			
Chargemaster Review/Changes	-	2,779,500	●
Payer Contracting Re-negotiation	-	480,000	●
Charge Capture Improvement	-	1,875,000	●
Vendor Contract Negotiations	-	187,500	●
<u>County Care:</u>			
Care Mgmt System In-Sourcing	-	333,333	●
Network Contract Savings	-	675,000	●
Vendor Contract Negotiations	12,500,000	9,000,000	●
<u>Health System:</u>			
Vendor Contract Negotiations	12,000,000	3,552,000	●
Property Lease Savings	675,000	506,250	●
Equipment Lease Savings	308,472	231,354	●
	<u>\$ 25,483,472</u>	<u>\$ 19,619,937</u>	77%
		9/12ths Goal	75%

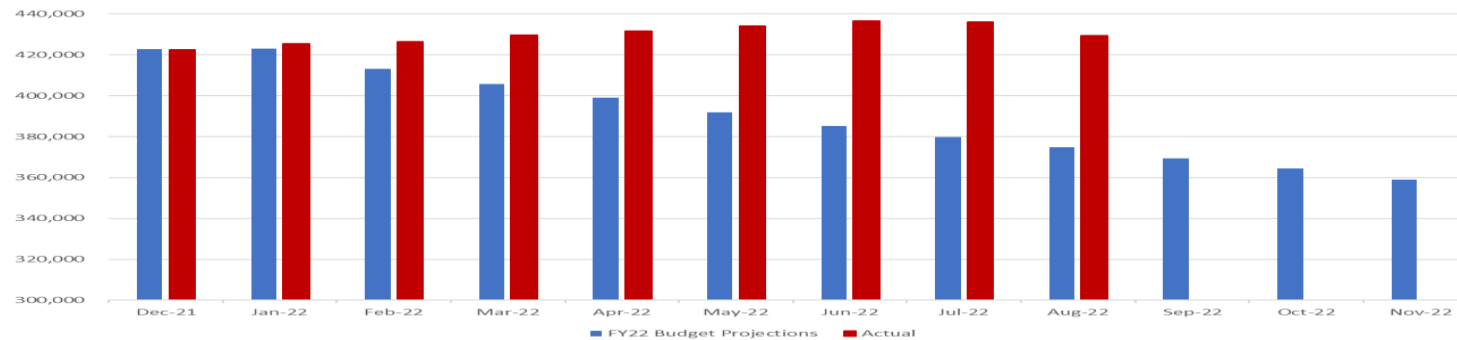
Health Plan Services Financial Results – August 31, 2022

Dollars in 000s except PMPM amounts	FY2022 Actual	FY2022 Budget	Variance	%	Fy21 Actual
Capitation Revenue	\$2,109,533	\$1,928,600	\$180,932	9.38%	\$1,803,766
Operating Expenses					
Clinical - CCH	\$97,331	\$86,875	(\$10,457)	(12.04%)	\$64,276
Clinical - External	\$1,907,864	\$1,708,082	(\$199,781)	(11.70%)	\$1,638,012
Administrative	\$98,054	\$106,647	\$8,593	8.06%	\$92,542
Total Expenses	\$2,103,249	\$1,901,604	(\$201,645)	(10.60%)	\$1,794,830
Operating Gain (Loss)	\$6,284	\$26,997	(\$20,713)	(76.72%)	\$8,936
Activity Levels					
Member Months	3,872,205	3,606,977	265,228	7.35%	3,549,608
Monthly Membership	429,483	376,377	53,106	14.11%	408,256
CCH CountyCare Member Months	397,702	N/A	N/A	N/A	370,026
CCH % CountyCare Member Months	10.27%	N/A	N/A	N/A	10.42%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	\$544.79	\$534.69	\$10.10	1.89%	\$508.16
Clinical Cost PMPM	\$517.84	\$497.63	(\$20.21)	(4.06%)	\$479.57
Medical Loss Ratio (1)	93.1%	93.40%	0.27%	0.29%	92.17%
Administrative Cost Ratio	4.6%	6.35%	1.76%	27.64%	4.68%

Commentary

- Total YTD member months are exceeding budget by 265,228 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.
- 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 \$6.2M consists of \$11.4M from CountyCare and a loss of \$(5.2)M from Medicare.

CountyCare Membership



Notes:

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

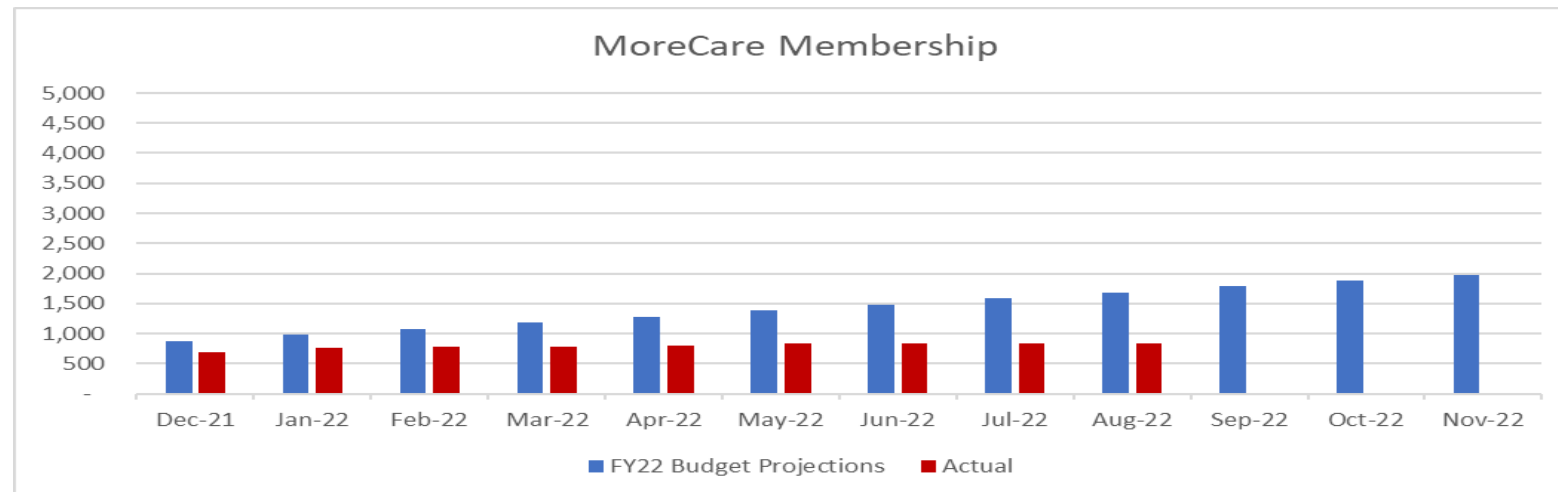


Medicare Financial Results – August 31, 2022

Dollars in 000s except PMPM amounts	FY2022 Actual	FY2022 Budget	Variance	%
Capitation Revenue (Total dollar amount)	\$15,942	\$14,921	(\$1,021)	6.84%
Operating Expenses				
Clinical Expenses	\$14,078	\$17,616	\$3,538	20.08%
Administrative	\$7,068	\$4,468	(\$2,601)	(58.21%)
Total Expenses	\$21,146	\$22,083	\$937	4.24%
Operating Gain (Loss)	(\$5,205)	(\$7,163)	\$1,958	(27.33%)
Activity Levels				
Member Months	7,167	11,520	(4,353)	(37.79%)
Monthly Membership	844	1,680	(836)	(49.76%)
Operating Indicators				
Revenue Per Member Per Month (PMPM)	\$2,224.31	\$1,295.21	\$929.10	71.73%
Clinical Cost PMPM	\$1,964.31	\$1,529.15	(\$435.16)	(28.46%)

Commentary

- Membership is lower than budget target by 4,353 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 Resources Committee on 10/28/2022



COOK COUNTY
HEALTH

FY22 Impact Summary

Thru 09/30/2022



Filled Positions

647

Total Filled Positions YTD (Accepted Offers or Hired)

- 558 Have started with CCH
- 60 External Accepted Offers (future start)
- 29 Internal transfers/promotions (future transfer dates)
 - 28% Nursing
 - 14% Healthcare Professional
 - 12% Admin / Clerical Support
- 81 – offers declinations



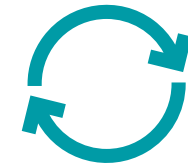
Hiring Velocity

65

Filled Positions/ Month Average

- 107% Increase in external hiring velocity (previous three-month avg vs Dec-June avg)
- 6% Q1 to Q2 Increase in external velocity
- 37% Q2 to Q3 Increase in external velocity
- 53% Estimated Q3-Q4 increase in external velocity

The average number of resources starting per month has doubled over the last three months compared to the first 7 months of the FY.



Turnover Ratios

9.9%

Turnover Ratio YTD

- 2% Q1 to Q2 decrease in separations
- 43% Q2 to Q3 decrease in separations
- 48% Q2 to Q3 decrease in resignations
- 40% of active employees have over 15 yrs. of tenure with CCH

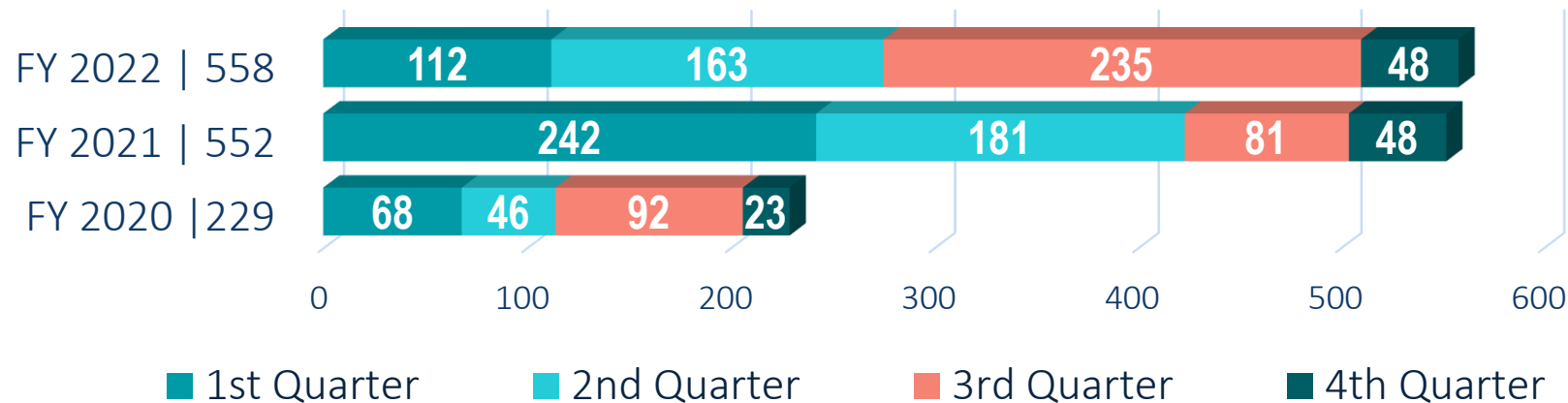
New hires have outpaced separations for the past two months for the first time in 19 months.



COOK COUNTY
HEALTH

FY 2022 CCH HR Activity Report

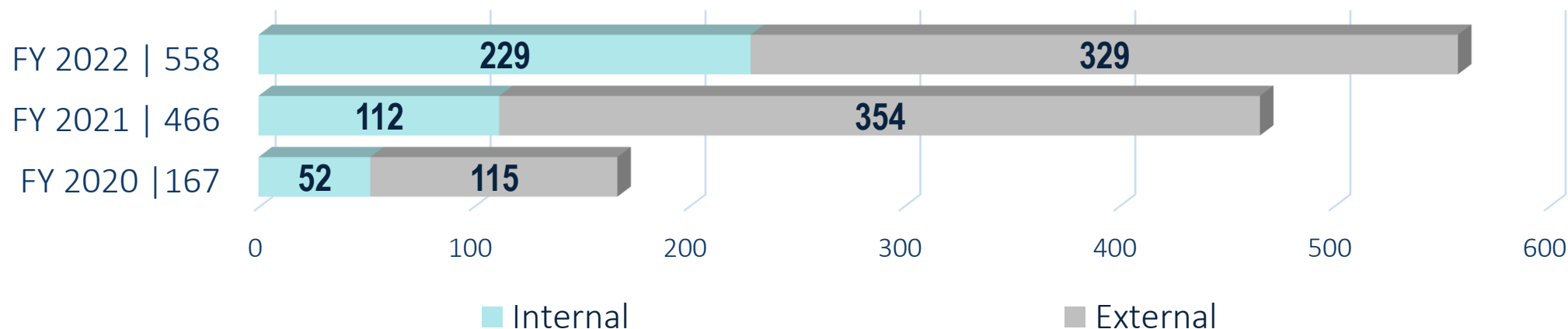
FY2022 Hiring Updates YTD



Avg Monthly Hires **55.8**

Avg Monthly Hires **55.2**

Avg Monthly Hires **22.9**



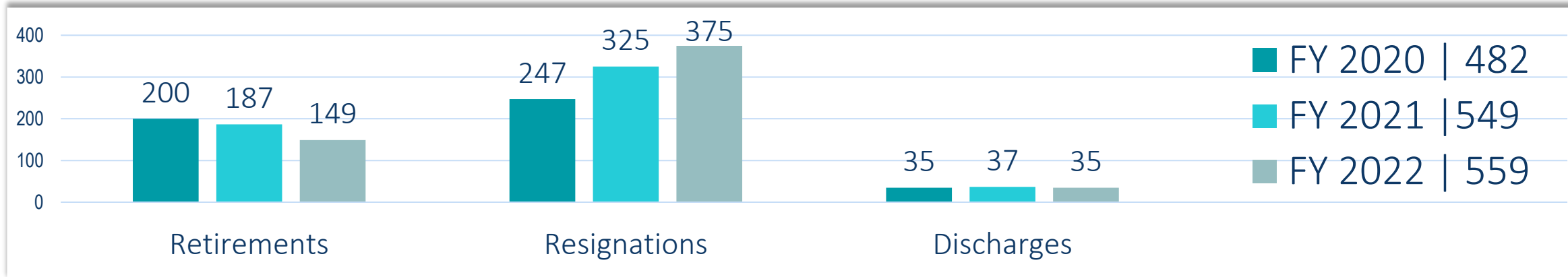
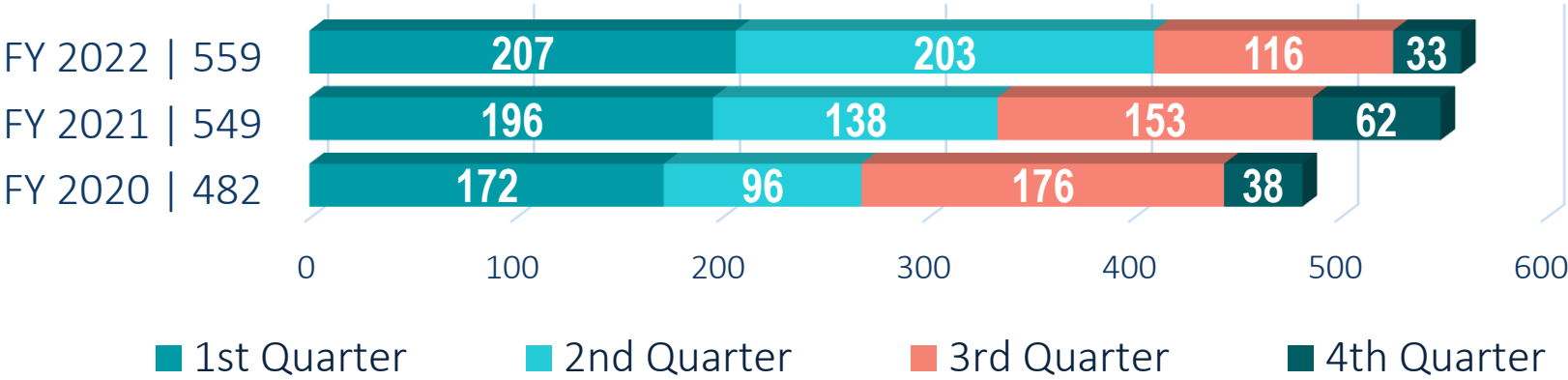
COOK COUNTY
HEALTH

Does not include Consultants, Registry and House Staff

FY 2022 CCH HR Activity Report

Thru 09/30/2022

Separations



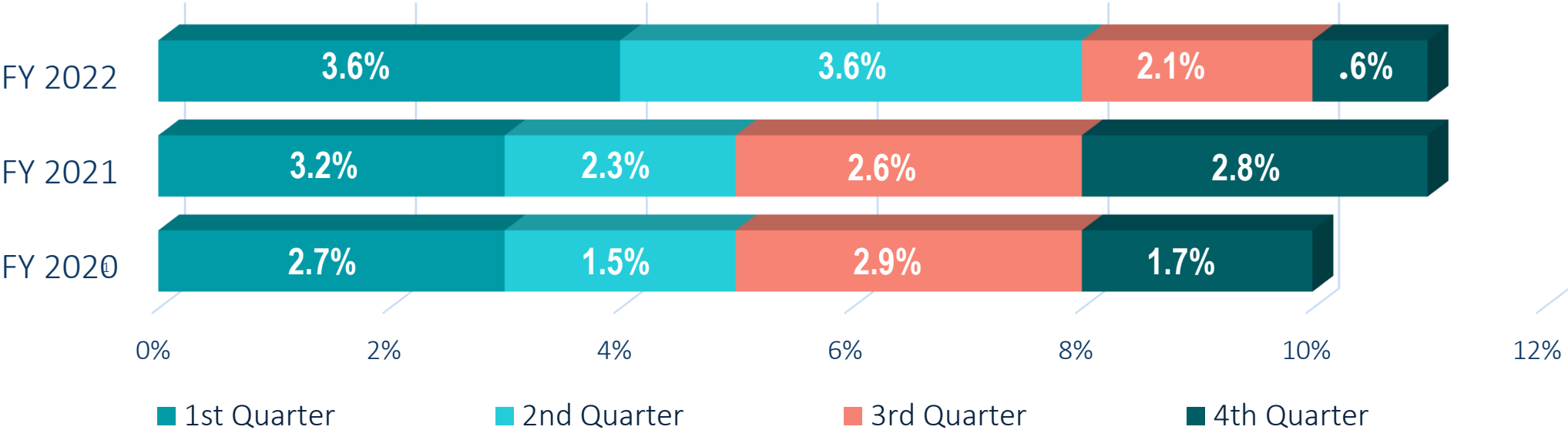
COOK COUNTY
HEALTH

Does not include Consultants, Registry and House Staff

FY 2022 CCH HR Activity Report

Thru 09/30/2022

Turnover



FY 20 = 546			
Qtr.	# of Employees	Separations	Turnover
Q1	6263	172	2.7%
Q2	6200	96	1.5%
Q3	6078	176	2.9%
Q4	6080	102	1.7%

FY 21 = 653			
Qtr.	# of Employees	Separations	Turnover
Q1	6071	196	3.2%
Q2	6038	138	2.3%
Q3	5926	153	2.6%
Q4	5841	166	2.8%

FY22 YTD = 559			
Qtr.	# of Employees	Separations	Turnover
Q1	5,682	207	3.6%
Q2	5,564	203	3.6%
Q3	5,559	116	2.1%
Q4	5,574	33	.6%



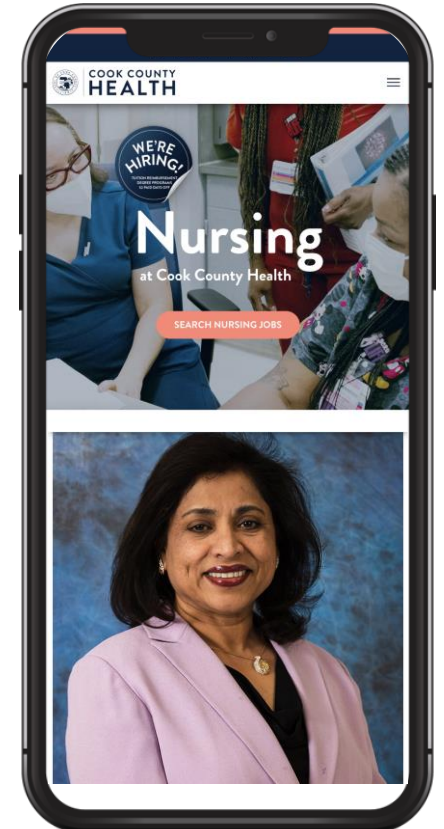
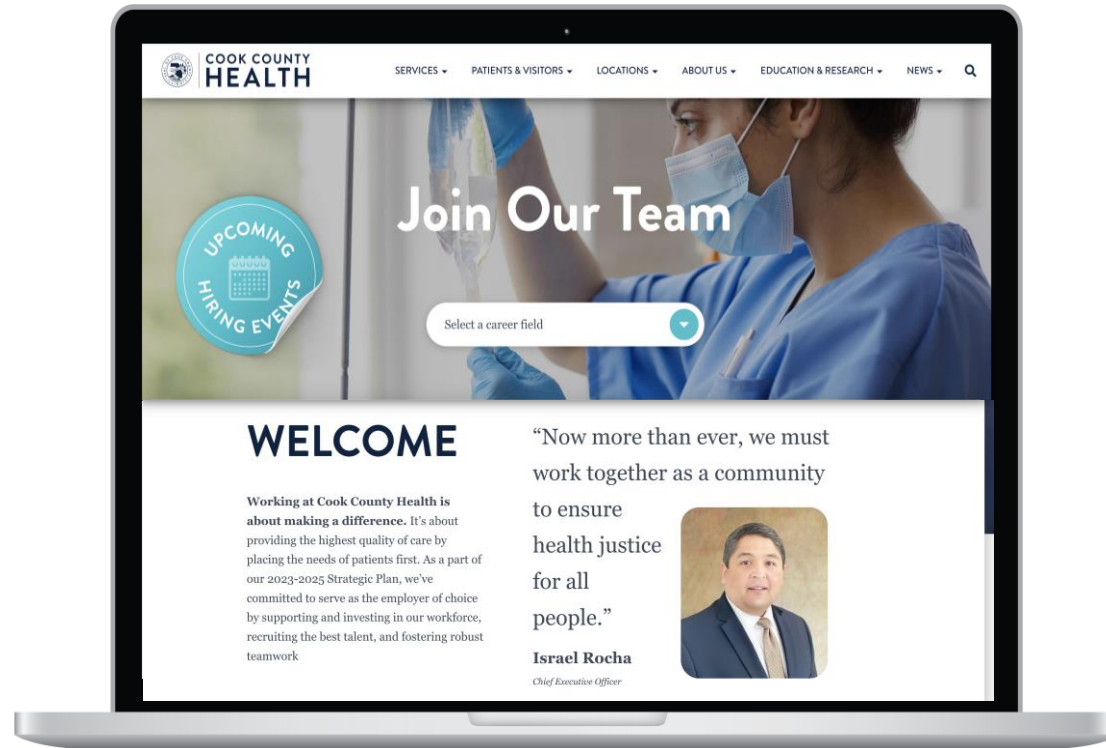


Re-Launching CCH Careers & Nursing Pages

[Join Our Team – Cook County Health](#)

Modernizing our online presence

- Refreshed Careers Page & Nursing Microsite
- Easy-to-navigate and access job searches – “Careers” on CCH landing page
- Show-cases CCH values and mission
- Mobile-friendly



Recruiting

Key Initiative	Health Status	Objectives
Hiring Fairs October 27th		Hospital Police Officer Registry <div>Completed Position ID Reconciliation Completed Pre-Planning Meeting Completed EPO Planning Meeting Completed Inspector General Notification Completed EPO Approval</div>
 November 7th		Nursing • Maternal Care Health, Peds ICU Critical Care, Emergency Room, Trauma <div>Completed Position ID Reconciliation Completed Pre-Planning Meeting Completed EPO Planning Meeting In Progress Inspector General Notification In Progress EPO Approval</div>
 November 10th		Nursing • Medical Surgical, Cath Lab, Perioperative, Ambulatory Procedures Unit (APU), Float Pool <div>Completed Position ID Reconciliation Completed Pre-Planning Meeting In Progress EPO Planning Meeting In Progress Inspector General Notification In Progress EPO Approval</div>
 November 16th		Laboratory <div>Completed Position ID Reconciliation Completed Pre-Planning Meeting In Progress EPO Planning Meeting In Progress Inspector General Notification In Progress EPO Approval</div>
 COOK COUNTY HEALTH		Physician Assistants

Corporate Compliance



Presented to the Audit & Compliance Committee on 10/24/2022



COOK COUNTY
HEALTH

Meeting Objectives

Review

- CCH Compliance Program Overview
- Metrics
 - System Compliance Program 1st through 3rd Q County FY 2022
 - CountyCare Compliance Program SFY 2022
 - Recoveries

CCH Compliance Program

Compliance Program Overview



COOK COUNTY
HEALTH

Structure of the CCH Compliance Program

Formalized Controls and Activities

The main purpose of the CCH Compliance Program is to **prevent** violations of laws, rules and regulations, **detect** violations as they happen and **correct** any issues that could lead to future violations.

PREVENTION CONTROLS AND ACTIVITIES

Written Policies & Standards

Compliance Program Oversight

Education and Training

DETECTION CONTROLS AND ACTIVITIES

Effective Lines of Communication

Internal Monitoring & Auditing

Enforcement of Standards and
Disciplinary Guidelines

CORRECTION CONTROLS AND ACTIVITIES

Response to Offenses and
Corrective Actions



CountyCare Compliance Plan

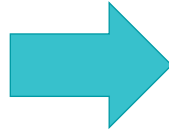
Policies/Code & Training & Communications

Written Policies and Standards



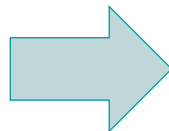
- CCH Code of Ethics
- CCH Compliance & Privacy Policies
- CountyCare specific Compliance & Privacy Policies

Compliance Program Oversight



- Chief Compliance Officer
- CountyCare Executive Compliance Committee
- Reports to CCH Board / Audit & Compliance Committees
- CCH & CountyCare Annual Reports

Education and Training



- New Employee Orientation
- CCH Code of Ethics Training
- CCH HIPAA Training
- CCH FWA Training
- Ad Hoc

CountyCare Compliance Plan

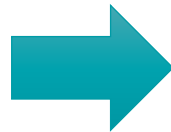
Accountability/Auditing/Responsiveness and Reporting

Effective Lines of Communication



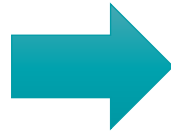
- CCH Hotline
- CountyCare Member Hotline
- Compliance & Privacy Email Addresses

Internal Monitoring & Auditing



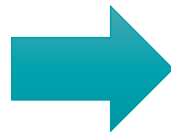
- For-cause & Follow-up Audits
- Annual Vendor Compliance Audits
- Bi-Annual CountyCare Access Survey

Enforcement of Standards and Disciplinary Guidelines



- Disciplinary Action & Non-retaliation Policy

Response to Offenses and Corrective Actions

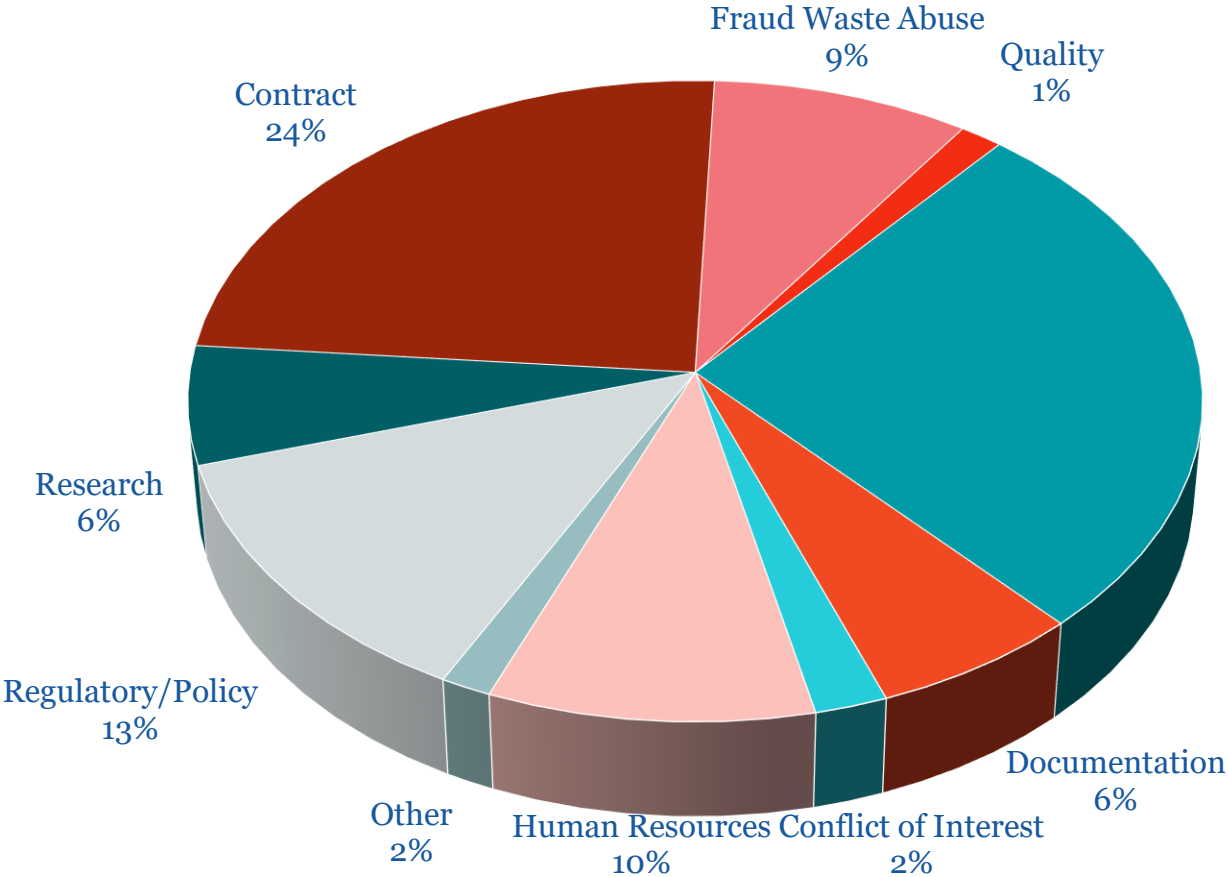


- Vendor Assistance
- Monthly, Quarterly and Ad Hoc HFS Reports
- Reports to HFS OIG

FY 2022 Contacts by Category

CCH System Compliance Program Q1 through Q3

12/01/2021 – 08/31/2022

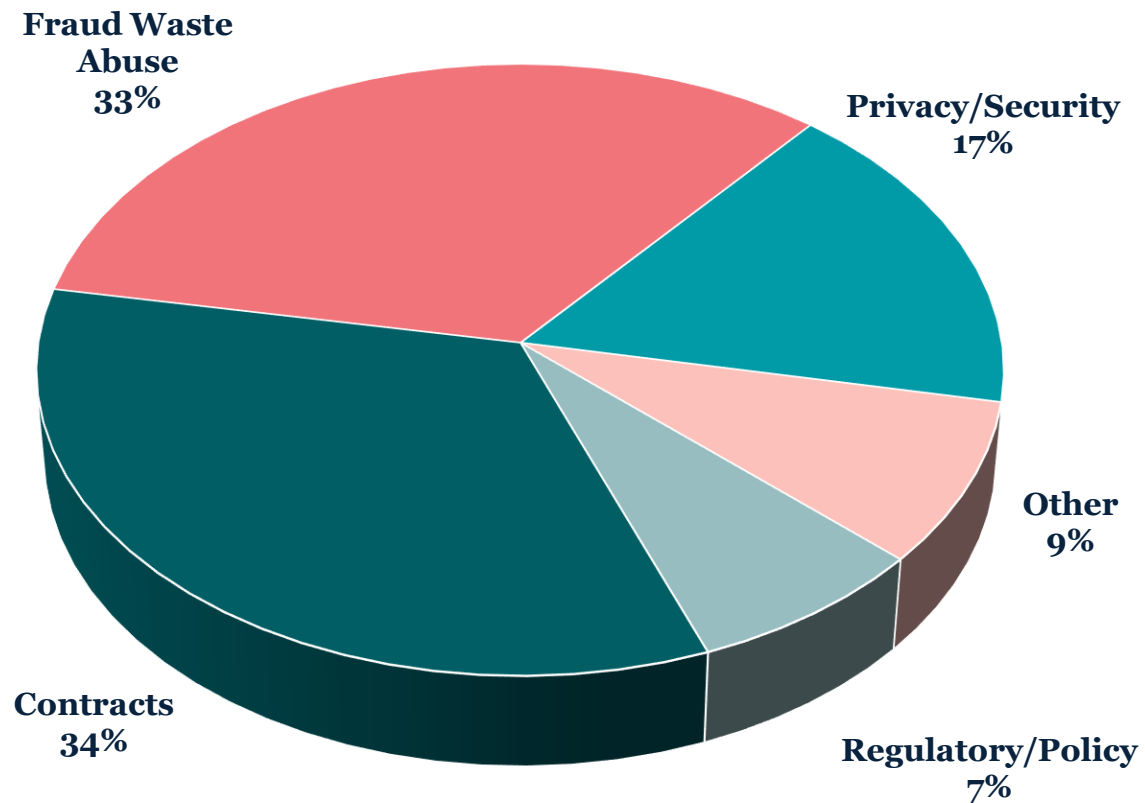


Categories	2022		2021	
Privacy/Security (HIPAA)	127	27%	32%	↓
Documentation	29	6%	15%	↓
Regulatory/Policy	60	13%	17%	↓
Human Resources	45	10%	8%	
Contracts	114	24%	13%	↑
Conflict of Interest	10	2%	2%	
Fraud Waste & Abuse	42	9%	4%	↑
Research	28	6%	5%	
Quality	7	1%	2%	
Other	7	1%	2%	
	469			

CountyCare Compliance Metrics

CountyCare Compliance Program during SFY 2022 (July 1, 2021 – June 30, 2022)

State Fiscal Year 2022*



Categories		
Fraud Waste & Abuse	235	↑
Privacy/Security (HIPAA)	120	↑
Contracts	238	↑
Regulatory/Policy	53	↑
Other	61	↑
	707	

State Fiscal Year 2021 (Compare)

Categories	
Fraud Waste & Abuse	176
Privacy/Security (HIPAA)	159
Contracts	77
Regulatory/Policy	37
Other	20
	469

*Increases due to enhanced tracking capabilities & Compliance's review of contracts



CountyCare Recoveries

State Fiscal Year 2022 Recoveries

Reporting Period	Overpayments Identified	Overpayments Collected
Q1 07/01 – 09/30/21	\$ 704,372	\$ 66,066
Q2 10/01 – 12/31/21	\$ 1,046,935	\$ 522,453
Q3 01/01 – 03/31/22	\$ 1,276,050	\$ 3,016,460
Q4 04/01 – 06/30/22	\$ 966,366	\$ 3,534,742
Total 2022	\$ 3,993,723	\$6,956,921
Total 2021 + 2022	\$10,317,838	\$8,656,380

State Fiscal Year 2021 Recoveries

Reporting Period	Overpayments Identified	Overpayments Collected
Q1 07/01 -09/30/20	\$ 1,277,500	\$ 196,600
Q2 10/01 – 12/31/20	\$ 1,697,500	\$ 304,000
Q3 01/01 – 03/31/21	\$ 1,970,360	\$ 713,020
Q4 04/01 – 06/30/21	\$ 1,378,755	\$ 485,839
Total	\$ 6,324,115	\$ 1,699,459

Managed Care Metrics



Presented to the Cook County Health Board on 10/28/2022



COOK COUNTY
HEALTH

Current Membership

Monthly membership as of Oct 5th, 2022

Category	Total Members	ACHN Members	% ACHN
FHP	269,265	20,500	7.6%
ACA	122,673	18,496	15.1%
ICP	30,053	4,931	16.4%
MLTSS	8,715	0	0%
SNC	7,589	498	6.6%
Total	438,295	44,425	10.1%

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

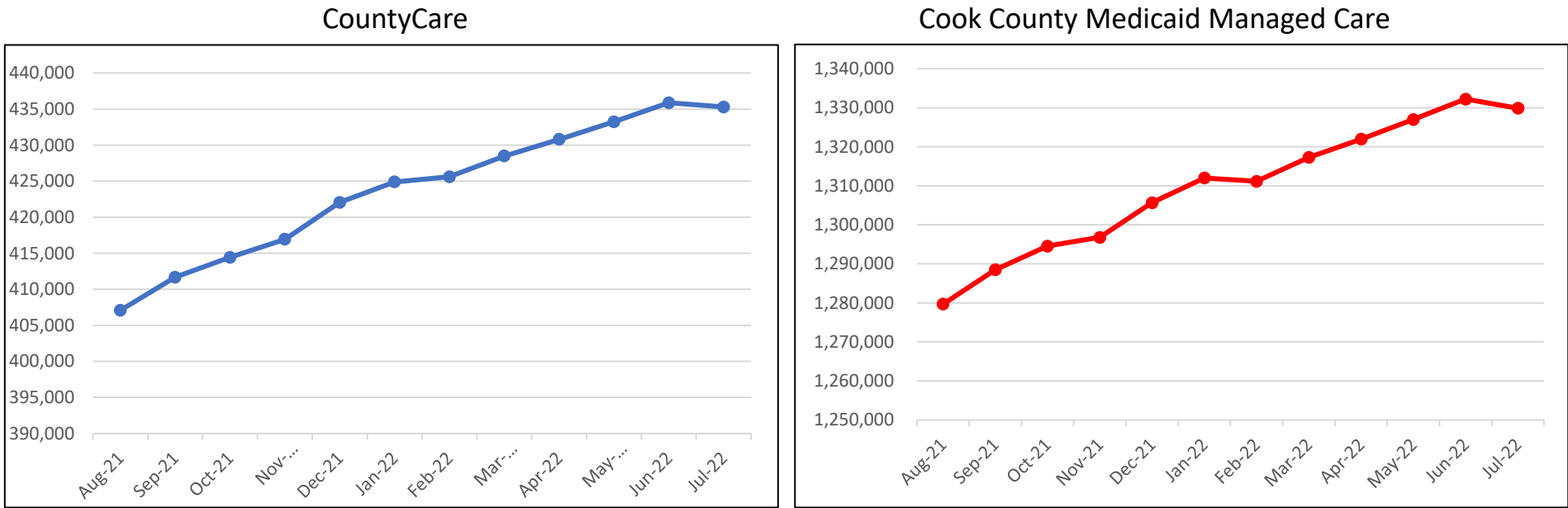
Illinois Department of Healthcare and Family Services July 2022 Data

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)

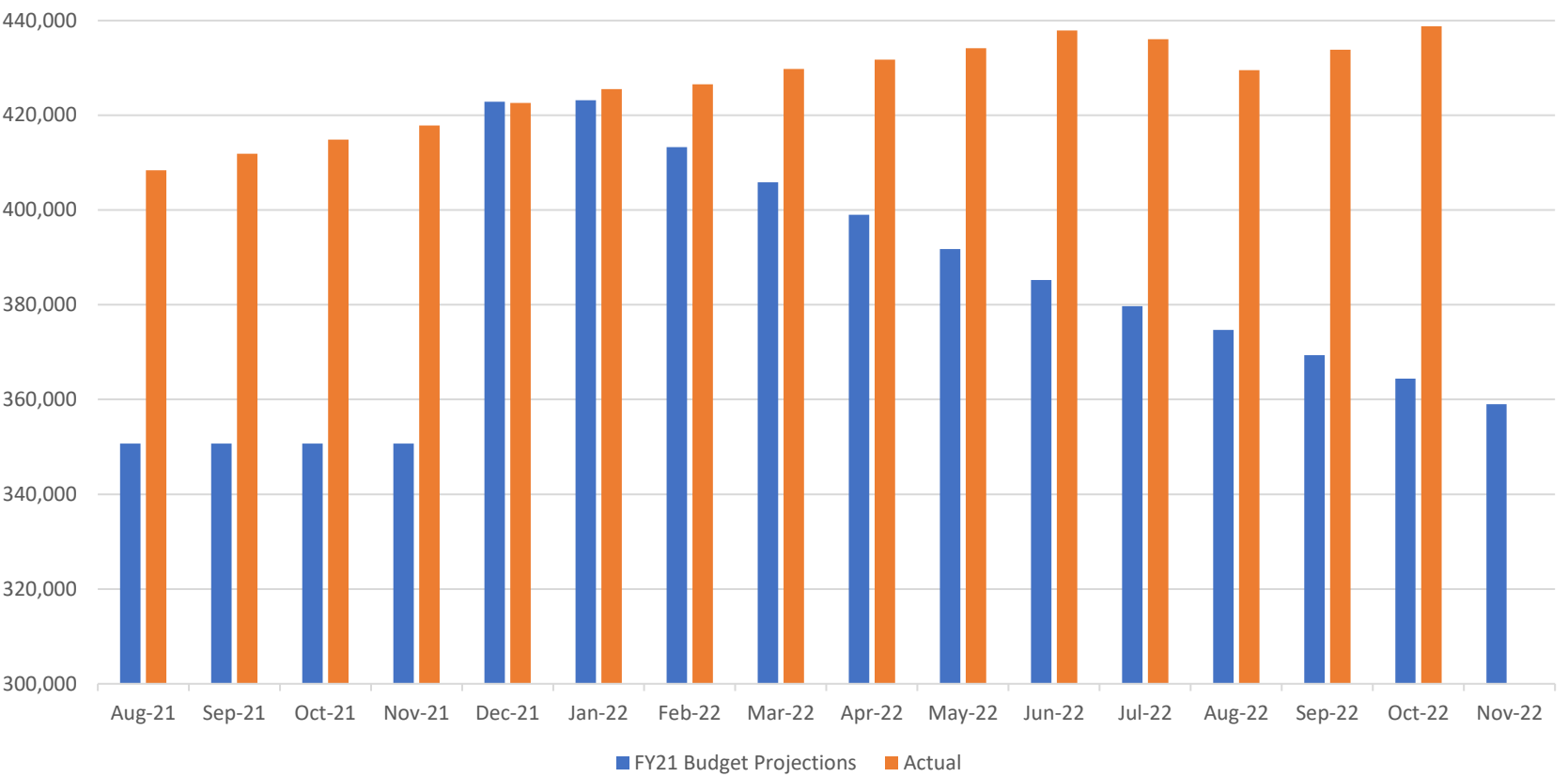


- CountyCare’s enrollment has increased 7% over the past 12 months, ahead of the Cook County increase of 4%
- CountyCare’s enrollment decreased 0.1% in July 2022 compared to the prior month, ahead of the Cook County decrease of -0.2%

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

FY 22 Budget | Membership

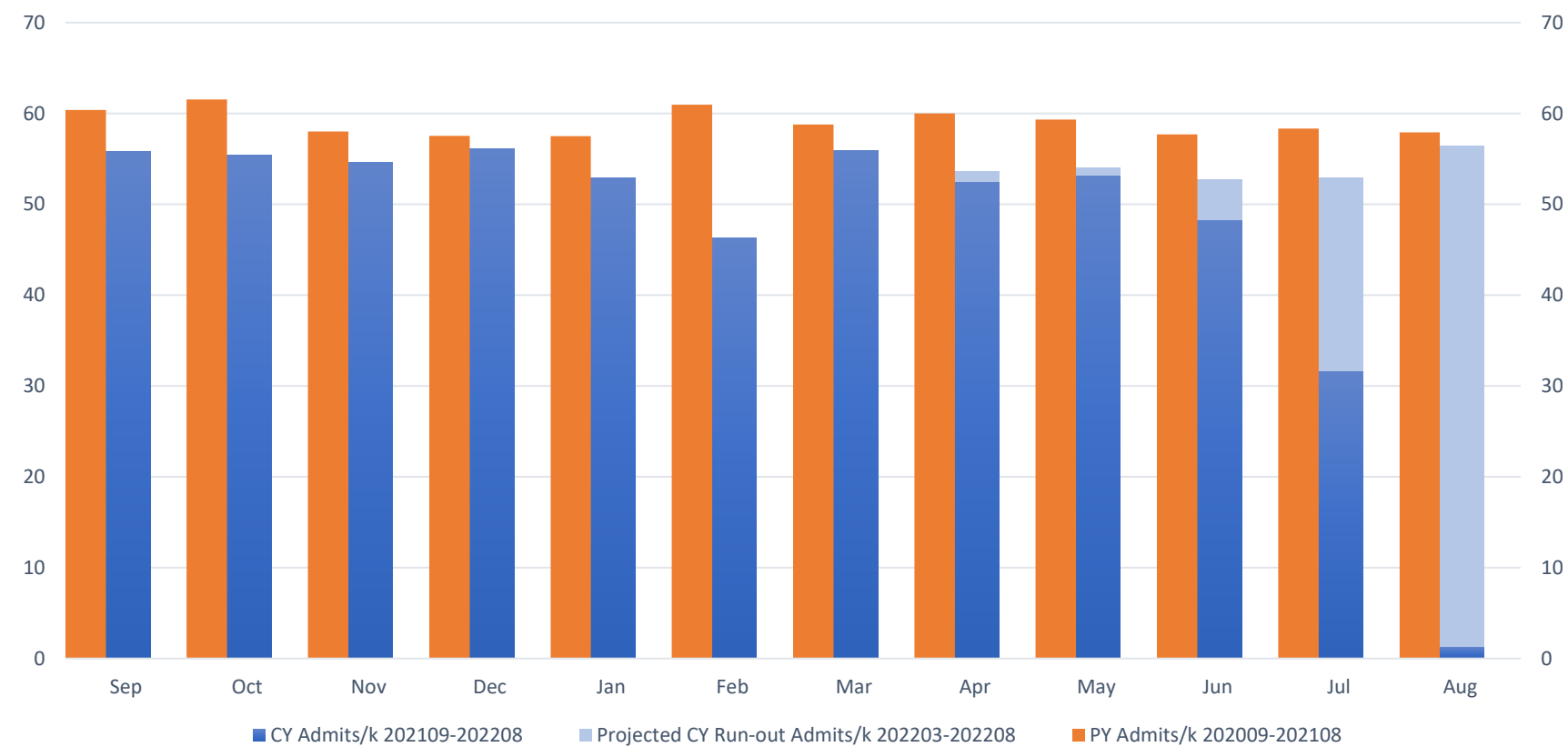
CountyCare Membership



Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	State Goal	Jul 2022	Aug 2022	Sep 2022
Member & Provider Services Call Center Metrics				
Abandonment Rate	< 5%	1.22%	2.35%	3.69%
Hold Time (minutes)	1:00	0:09	0:20	0:40
% Calls Answered < 30 seconds	> 80%	91.93%	82.56%	76.98%
Quarterly				
Claims/Encounters Acceptance Rate	98%	98%		

Current v. Prior Year: IP Acute Admits/1000



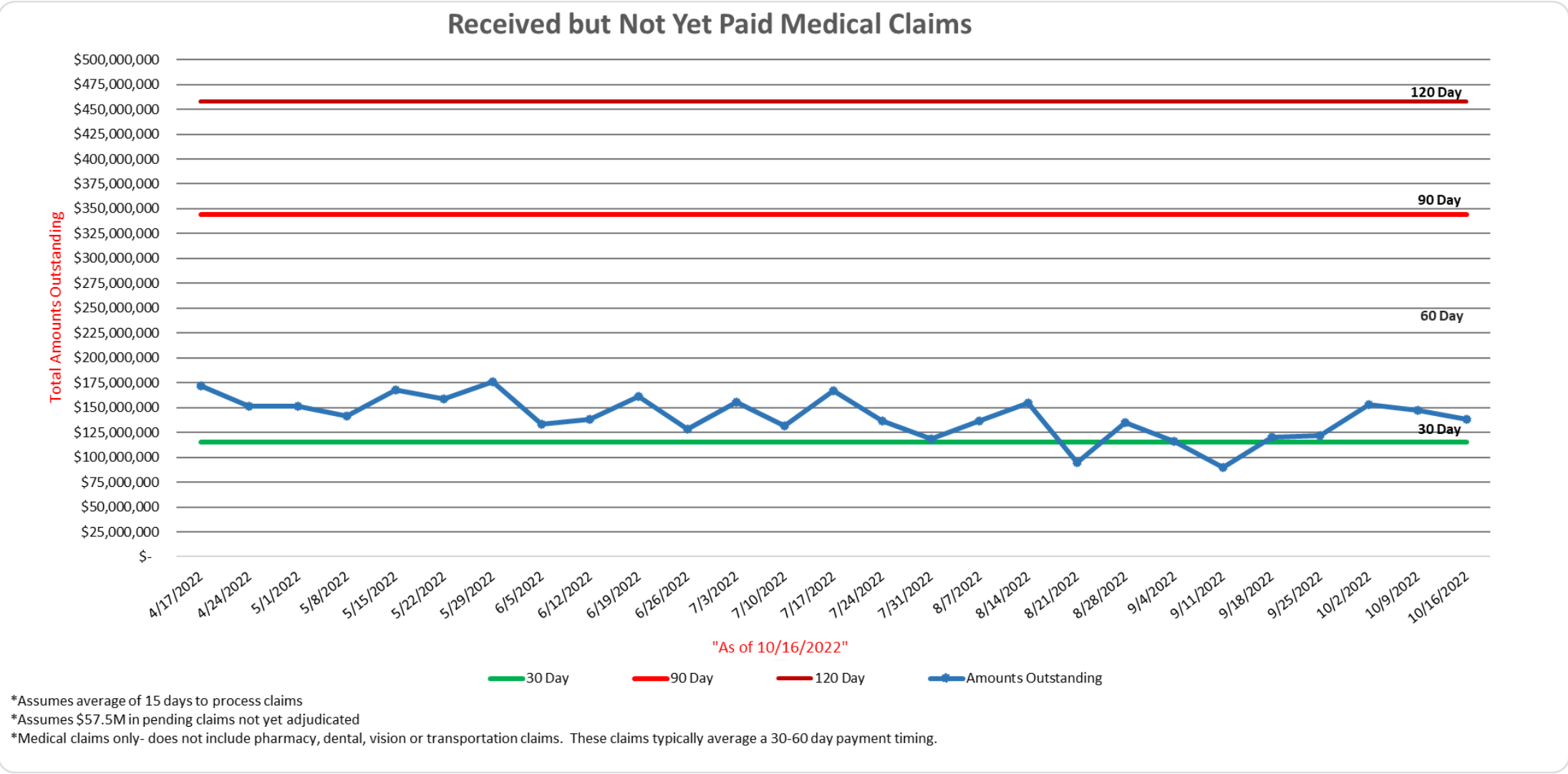
Updated monthly, paid through August 2022
All acute and surgical cases + approved acute authorizations
Domestic admissions are not included since they do not require Prior Authorization

CountyCare COVID Vaccination Rates

	Total	At Least 1 Dose	2 nd Dose		Booster/3 rd Dose	
Age Category	Eligible Members	% of Total Eligible Members	Member Counts	% of Total Eligible Members	Member Counts	% of Total Eligible Members
Infants <1y	8,519	2.02%	68	0.80%	4	0.05%
Children 1-11y	106,918	26.41%	23,469	21.95%	3,099	2.90%
Adolescents 12-18y	70,904	57.67%	37,303	52.61%	10,771	15.19%
Young Adults 19-25y	49,176	55.32%	23,742	48.28%	7,869	16.00%
Adults 26-65y	188,427	60.00%	103,131	54.73%	49,107	26.06%
Seniors >65y	14,351	75.35%	10,189	71.00%	7,378	51.41%
Total	438,295	50.28%	197,902	45.15%	78,228	17.85%

Data as of 10/4/2022

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
Q4 2021	\$ 125,581,303	\$ 90,378,328	\$ 112,699	\$ 1,114,644	\$ 217,186,974
Q1 2022	\$ 144,241,915	\$ 12,166,101	\$ 2,958,928	\$ 2,183,828	\$ 161,550,772
Q2 2022	\$ 120,267,520	\$ 735,088	\$ 2,476,393	\$ 4,676,897	\$ 128,155,898
Q3 2022	\$ 105,262,634	\$ 16,617,110	\$ 59,407	\$ 15,171	\$ 121,954,322
Week of 10/16/2022	\$ 115,114,869	\$ 22,953,513	\$ 6,769	\$ 47,930	\$ 138,123,080

*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



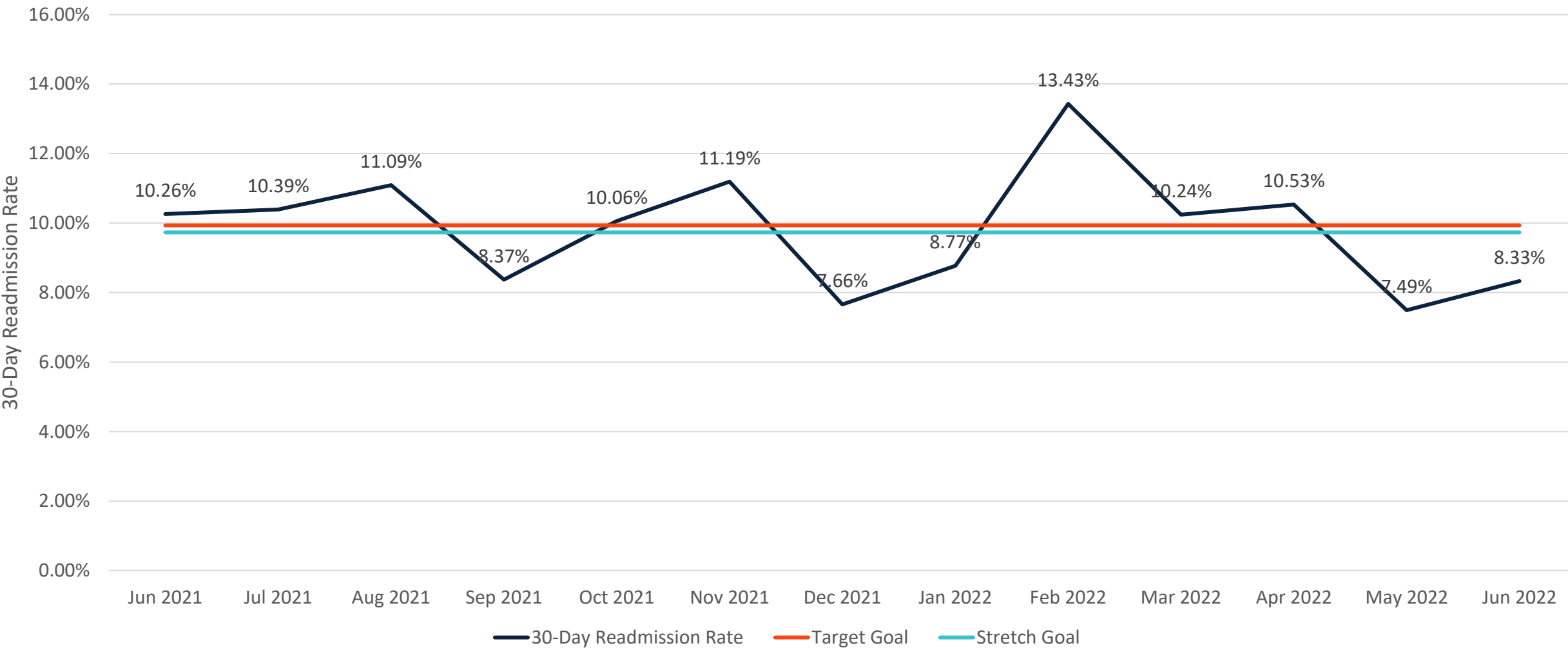
Presented to the Cook County Health Quality and Patient Safety Committee on 10/21/2022



COOK COUNTY
HEALTH

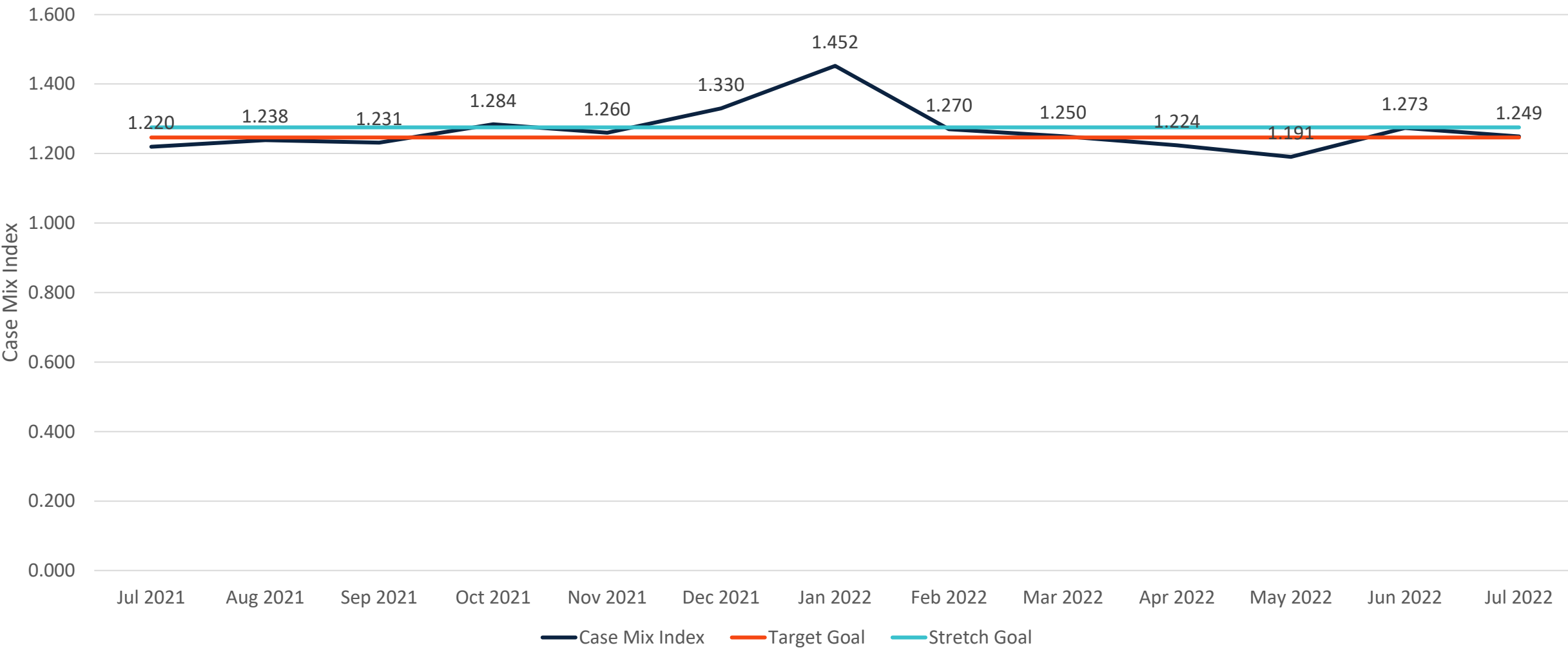
30-Day Readmission Rate (Stroger Hospital)

HRO Domain: Readmissions



Case Mix Index, Medical Cases (Stroger Hospital)

HRO Domain: Clinical Documentation

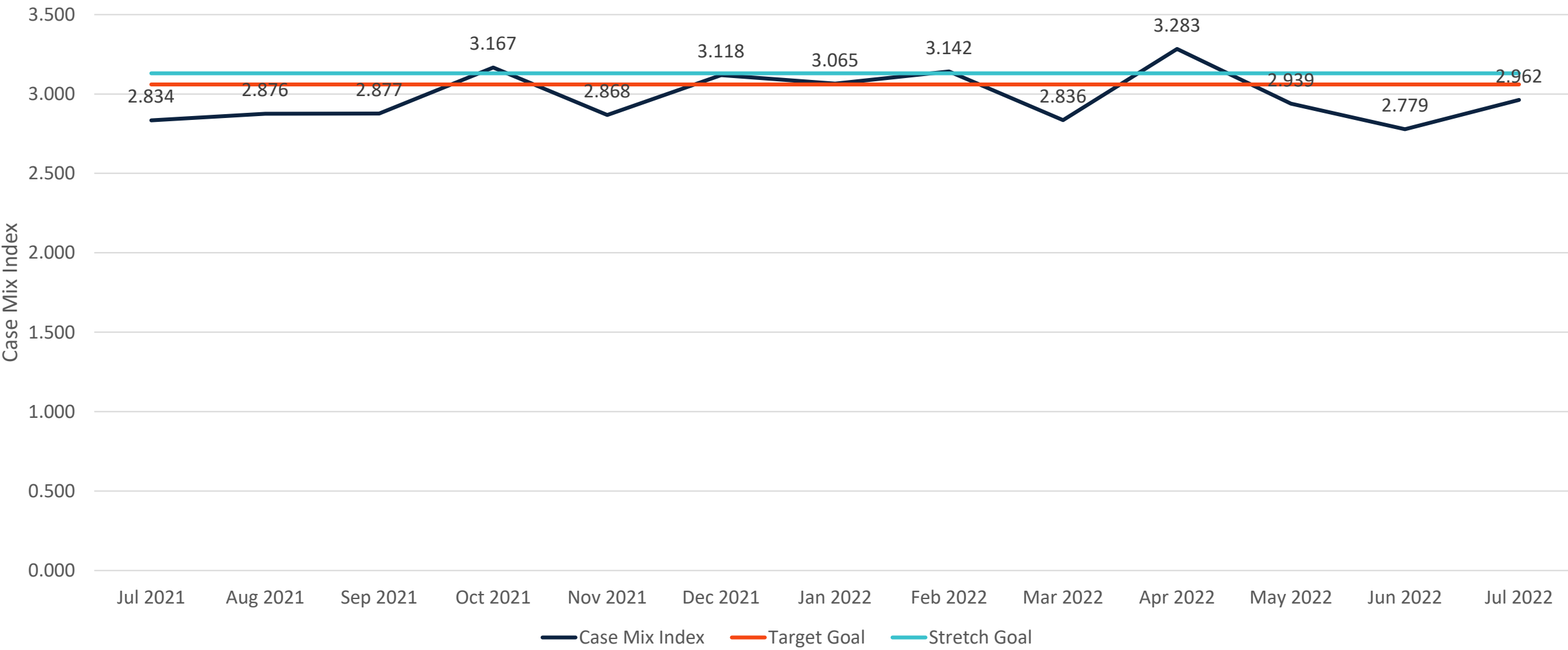


COOK COUNTY
HEALTH

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

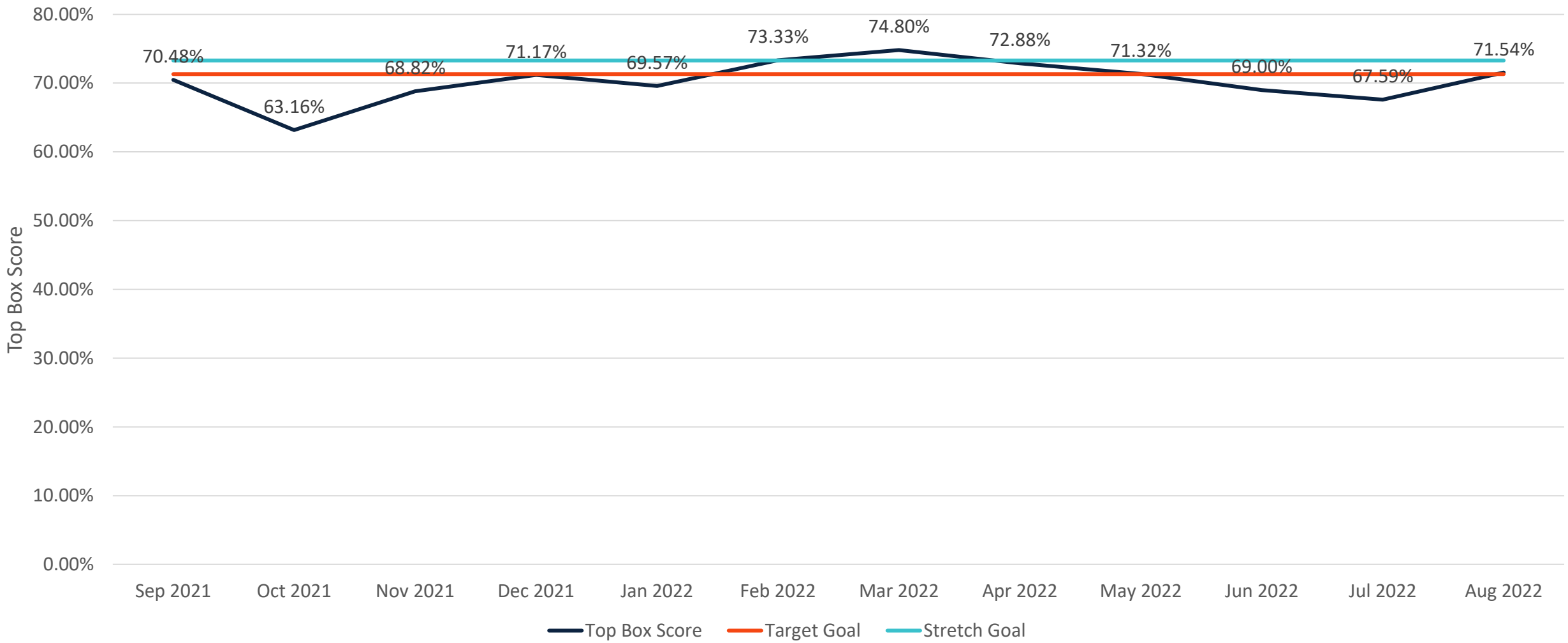
Case Mix Index, Surgical Cases (Stroger Hospital)

HRO Domain: Clinical Documentation



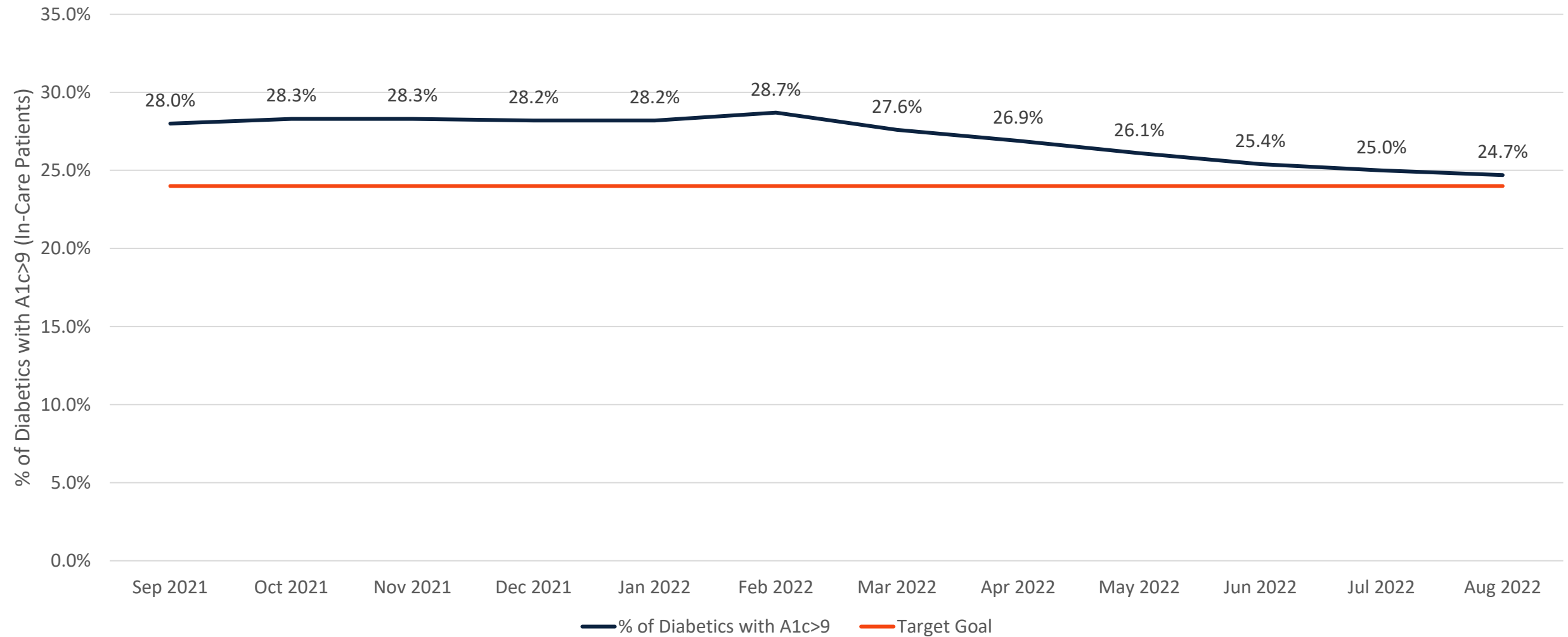
Top Box Score, Recommend Hospital (Stroger Hospital)

HRO Domain: Patient Experience



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) OR (One diabetic Inpatient visit in the current year or previous year) OR (Prescribed insulin or hypoglycemic or anti-hyperglycemics in the current year or previous year) • Cohort exclusions: none • Reporting timeframe: reported monthly by most current month available; reported by month of patient visit • Data source: NCQA, HEDIS