

Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held on Thursday, April 30, 2020 at the hour of 9:00 A.M. This meeting was held by remote means only, in compliance with the Governor's Executive Orders 2020-7, 2020-10, and 2020-18.

I. Attendance/Call to Order

Chair Hammock called the meeting to order.

Present: Chair M. Hill Hammock, Vice Chair Mary Richardson-Lowry and Directors Hon. Dr. Dennis Deer, LCPC, CCFC; Mary Driscoll, RN, MPH; Ada Mary Gugenheim; Mike Koetting; David Ernesto Munar; Heather M. Prendergast, MD, MS, MPH; Robert G. Reiter, Jr.; Otis L. Story, Sr.; and Sidney A. Thomas, MSW (11)

Absent: Director Layla P. Suleiman Gonzalez, PhD, JD (1)

Additional attendees and/or presenters were:

Cathy Bodnar – Chief Corporate Compliance and Privacy Officer
Debra D. Carey – Interim Chief Executive Officer
Claudia Fegan, MD – Chief Medical Officer
Andrea Gibson – Director of Project Management and Operational Excellence
Lindsey Hochman – Heidrick & Struggles
Charles Jones – Chief Procurement Officer
Kiran Joshi, MD – Cook County Department of Public Health

James Kiamos – Chief Executive Officer, CountyCare
Michael Loiacano – Heidrick & Struggles
Jeff McCutchan – General Counsel
Barbara Pryor – Chief Human Resources Officer
Rachel Rubin, MD – Cook County Department of Public Health
Deborah Santana – Secretary to the Board
Sharon Welbel, MD - System Director of Hospital Epidemiology and Infection Control and Prevention

II. Proposed Amendments to the Rules of Organization and Procedure of the Board of Directors of the Cook County Health and Hospitals System (Attachment #1)

Jeff McCutchan, General Counsel, provided an overview of the item. These proposed changes include amendments relating to the Board's ability to meet remotely, based on the Governor's Executive Orders 2020-7, 2020-10 and 2020-18; they also include amendments that are required to be made pursuant to the recent amendments to the Enabling Ordinance approved by the Cook County Board of Commissioners in February 2020.

Director Deer, seconded by Director Thomas, moved the approval of the proposed amendments to the Rules of Organization and Procedure of the Board of Directors of the Cook County Health and Hospitals System. THE MOTION CARRIED UNANIMOUSLY.

III. Electronically Submitted Public Speaker Testimony (Attachment #2)

The Secretary read the following electronically submitted public speaker testimony into the record:

- | | |
|--------------------|--|
| 1. Dennis Kosuth | Registered Nurse, CCHHS |
| 2. Denise Myles | Critical Care Nurse 2 |
| 3. John Stewart | Nurse, Stroger Hospital |
| 4. Martha Foy | Clinical Nurse I, Stroger Hospital |
| 5. Mildred Austin | Pediatric Emergency Registered Nurse, Stroger Hospital |
| 6. Marti Smith | Midwest Director, National Nurses Organizing Committee |
| 7. Dian Palmer | President, SEIU Local 73 |
| 8. Genevieve Lewis | Registered Nurse, Neonatal Intensive Care Unit |

IV. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, February 28, 2020

Director Deer, seconded by Director Thomas, moved the approval of the Minutes of the Board of Directors Meeting of February 28, 2020. THE MOTION CARRIED UNANIMOUSLY.

B. Human Resources Committee

i. Metrics (Attachment #3)

Vice Chair Richardson-Lowry and Barbara Pryor, Chief Human Resources Officer, provided an overview of the Metrics.

Director Reiter referenced public testimony submitted by SEIU that alleged that a County Bureau of Human Resources representative declared an impasse over what they were bargaining over recently; he inquired whether that was accurate information. Debra D. Carey, Interim Chief Executive Officer, stated that the administration will follow up on that question, to see if that actually occurred. Additionally, also based on public comments, Director Reiter requested that a future discussion be held regarding personal protective equipment (PPE). He recommended that this discussion be held with a few Board Members and staff, along with input from the labor representatives for clarity. This is not to undermine management; rather, the Board needs to understand the situation. Chair Hammock concurred with that recommendation.

C. Managed Care Committee

i. Metrics (Attachment #4)

Director Thomas and James Kiamos, Chief Executive Officer of CountyCare, provided an overview of the Metrics. The Board reviewed and discussed the information.

D. Audit and Compliance Committee

i. Metrics (Attachment #5)

Director Koetting and Cathy Bodnar, Chief Corporate Compliance and Privacy Officer, provided an overview of the Report from the Chief Corporate Compliance and Privacy Officer. Included with the Report were the following: 2019 (Provider) Compliance Annual Report and 2019 CCH (CountyCare) Compliance Annual Report.

E. Quality and Patient Safety Committee

i. Metrics (Attachment #6)

Director Gugenheim and Dr. Claudia Fegan, Chief Medical Officer, provided an overview of the Metrics. The Board reviewed and discussed the information.

F. Finance Committee

Included in Attachment #7

- i. Report on Minority and Women-Owned Business Enterprise (M/WBE) Participation
 - ii. 1st Quarter FY2020 Report of Purchases made under the authority of the Interim Chief Executive Officer
 - iii. Report of procurements, contracts and contract amendments approved pursuant to Cook County Board Presidential Executive Order 2020-4
- Included in Attachment #8
- iv. FY2020 April Finance Update

IV. Board and Committee Reports

F. Finance Committee (continued)

Charles Jones, Chief Procurement Officer, provided a brief overview of the reports included in Attachment #7. With regard to the Report of procurements, contracts and contract amendments approved pursuant to Cook County Board Presidential Executive Order 2020-4, Director Driscoll requested that more details be provided regarding the items. Director Koetting noted that he has some questions on the items; he will send those questions to Mr. Jones.

Andrea M. Gibson, Interim Chief Business Officer, provided an overview of the presentation on the FY2020 April Finance Update. The Board reviewed and discussed the information.

V. Action Items

A. Proposed Medical Staff Appointments/Reappointments/Changes (Attachment #9)

Dr. Fegan presented the item for the Board's consideration.

Director Thomas, seconded by Director Driscoll, moved the approval of the proposed medical staff appointments, reappointments and changes. THE MOTION CARRIED UNANIMOUSLY.

B. Any items listed under Sections II, IV, V and VIII

VI. Report from Chair of the Board

Chair Hammock noted that the search firm of Heidrick and Struggles was engaged in January to provide services relating to the recruitment of a permanent Chief Executive Officer. Today the Board will be going into a closed meeting for the first review of a list of potential candidates to consider for the position.

VII. Report from Interim Chief Executive Officer (Attachment #10)

A. Covid-19 Response

This item was taken out of order.

Ms. Carey provided an update on the Covid-19 response; detail is included in Attachment #9.

VIII. Closed Meeting Items

A. Claims and Litigation

B. Discussion of personnel matters

C. Recruitment of Permanent Chief Executive Officer for the Cook County Health and Hospitals System

VIII. Closed Meeting Items (continued)

Director Munar, seconded by Director Driscoll, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body.”

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chair Hammock, Vice Chair Richardson-Lowry and Directors Deer, Driscoll, Gugenheim, Koetting, Munar, Prendergast, Reiter, Story and Thomas (11)

Nays: None (0)

Absent: Director Suleiman Gonzalez (1)

THE MOTION CARRIED UNANIMOUSLY and the Board convened into a closed meeting.

Chair Hammock declared that the closed meeting was adjourned. The Board reconvened into the open meeting.

IX. Adjourn

As the agenda was exhausted, Chair Hammock declared that the meeting was ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
M. Hill Hammock, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/Follow-up:

Follow-up: Request made for a future discussion to be held on PPE, with a few Board Members and staff, along with input from the labor representatives, for clarity. Page 2

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
April 30, 2020

ATTACHMENT #1

RULES OF ORGANIZATION AND PROCEDURE
Of the Board of Directors of the
Cook County Health and Hospitals System

RULES OF ORGANIZATION AND PROCEDURE
Of the Board of Directors of the
Cook County Health and Hospitals System

TABLE OF CONTENTS

	Page
Preamble	1
Rule 1. Purpose	1
Rule 2. Definitions	1
Rule 3. Interpretation, force and effect	2
(a) <i>Applicability</i>	2
(b) <i>Effective date</i>	2
(c) <i>Interpretation</i>	2
Rule 4. Organization	2
(a) <i>Officers</i>	2
(1) <i>Chair</i>	3
(2) <i>Vice Chair</i>	3
(b) <i>Secretary to the Board</i>	3
(c) <i>Committees and Subcommittees</i>	3
(A) <i>Audit and Compliance</i>	4
(B) <i>Finance</i>	4
(C) <i>Human Resources</i>	4
(D) <i>Quality and Patient Safety</i>	5
(E) <i>Managed Care</i>	5
(d) <i>Membership and officers of Committees and Subcommittees</i>	6
(e) <i>Public hearings</i>	8
(f) <i>Discharge from a Committee by the System Board</i>	8
Rule 5. Parliamentary Rules	8
(a) <i>Meetings</i>	8
(b) <i>Presiding Officer</i>	9

(c) <i>Quorum</i>	10
(d) <i>Majority votes</i>	10
(e) <i>Absence of quorum</i>	11
(f) <i>Order of business</i>	11
(g) <i>Public Speakers</i>	11
(h) <i>Prior notice to public; agendas</i>	12
(i) <i>Decorum</i>	13
(j) <i>Recognition for debate</i>	13
(k) <i>Debate</i>	13
(l) <i>Voting and roll call</i>	13
(m) <i>Division of questions</i>	13
(n) <i>Appeal from a ruling of the Presiding Officer</i>	13
(o) <i>Personal privilege</i>	14
(p) <i>Special order of business</i>	14
(q) <i>Order of precedence during debate</i>	14
(r) <i>Motions</i>	14
(s) <i>Amendment or suspension of Rules</i>	15
(t) <i>Rules for Committee and Subcommittee meetings</i>	15
(u) <i>Robert's Rules of Order</i>	15
(v) <i>Recordings of meetings</i>	15
Rule 6. Conflict of Interest	16
Rule 7. Official Position Statements	16

Preamble

The Cook County Board of Commissioners established the Cook County Health and Hospitals System (“CCHHS”) by Ordinance. The CCHHS is governed by a Board of Directors (“System Board”) as set forth in the Ordinance. The Ordinance sets forth the mission of the CCHHS and the general powers and duties and obligations of the System Board. In order to provide for the orderly implementation of the Ordinance, the System Board adopts these Rules.

Rule 1. Purpose.

The purpose of these Rules is to:

- (a) Provide appropriate procedures and organization for the System Board to conduct its business in an orderly and efficient manner; and
- (b) Foster accountability in the CCHHS.

Rule 2. Definitions.

The following words, terms and phrases, when used in these Rules, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

- (a) *Affiliate or CCHHS Affiliate* means the health care entities comprising the Cook County Health and Hospitals System including; the Ambulatory Community Health Network of Cook County, including the Ruth M. Rothstein CORE Center of Cook County; Correctional Health Services of Cook County; Blue Island Health Center of Cook County; the Cook County Department of Public Health; Provident Hospital of Cook County; and the John H. Stroger, Jr. Hospital of Cook County.
- (b) *CCHHS* means the Cook County Health and Hospitals System.
- (c) *Chair* means the Chair of the System Board.
- (d) *Committee Chair* means the chair of a Standing or Special Committee.
- (e) *Committee* means a committee of the System Board and includes a Standing Committee or Special Committee.
- (f) *Director* means a currently serving member of the System Board.
- (g) *Non-Director* means a member of a Committee or a Subcommittee who shall not have a vote; shall not be entitled to make or second motions; and shall not be considered for a quorum.
- (h) *Ordinance* means the Cook County Ordinance Establishing the Cook County Health and Hospitals System, as amended from time to time.

- (i) *Presiding Officer* means the Chair of the System Board for meetings of the System Board; the appointed Committee Chair for meetings of Committees; the appointed Subcommittee Chair for meetings of Subcommittees; or in the absence of the Chair, Committee Chair or Subcommittee Chair or during the temporary inability of the Chair, Committee Chair or Subcommittee to act, the Director appointed to act in accordance with these Rules.
- (j) *Secretary to the Board* means the Secretary to the System Board.
- (k) *Subcommittee Chair* means the chair of a Standing Subcommittee or Special Subcommittee.
- (l) *Subcommittee* means a subcommittee of a Committee of the System Board and includes a Standing Subcommittee and Special Subcommittee.
- (m) *System Board* means the twelve-member Board of Directors charged with governing the Cook County Health and Hospitals System pursuant to the Cook County Ordinance Establishing the Cook County Health and Hospitals System. One of the Directors shall be an appointment of the President of the Cook County Board; said direct appointment may also be an employee of the County. The direct appointment member may not serve as the System Board Chairperson.
- (n) *Vice Chair* means the Vice Chair of the System Board.

Rule 3. Interpretation, force and effect.

- (a) *Applicability.* The meetings and actions of the System Board, including all of its Committees, shall be governed by these Rules.
- (b) *Effective date.* These Rules shall be in full force and effect upon adoption by the System Board and shall remain in full force and effect except as amended in accordance herewith, or until superseded by new rules.
- (c) *Interpretation.* These Rules are to be construed in accordance with the customary American usage and meaning of parliamentary terms and expressions and the plain meaning of the ordinary words appearing herein. In case of ambiguous application, these Rules shall be applied in a manner that fosters openness, accountability and fairness in the operation of the System Board.

Rule 4. Organization.

- (a) *Officers.* Each year at its Annual Meeting, the System Board shall elect Directors to serve as Chair and Vice Chair. A Director may be elected to either of the officer positions for

successive terms. The Director member that is the direct appointment of the President of the County Board shall not serve as Chair.

(1) Chair.

The Chair shall preside at all meetings of the System Board; shall appoint the members of all Committees and designate their Committee Chair; and shall be an ex-officio member, without vote, of all Committees to which the Chair is not an appointed member, unless the Chair is appointed to serve as a substitute member in order to achieve a quorum pursuant to Rule 4, Organization, Section 4(d)(5). Unless otherwise instructed by the System Board, the Chair may, at his or her discretion, refer matters before the System Board to the proper Committee of said System Board for consideration and recommendation. The Chair or the Chair's designee shall be responsible for all correspondence of the System Board.

(2) Vice Chair.

The Vice Chair shall perform the duties of the Chair in the Chair's absence or in the event of the Chair's resignation, death, disability or recusal pending selection of the Chair's successor at either a regular or Special meeting of the System Board.

- (b) *Secretary to the Board.* A full-time Secretary to the Board shall be employed by the CCHHS and shall report directly to the Chair. Additional qualified CCHHS personnel may be approved by the Chair to fulfill the duties of the Secretary to the Board during periods of unavailability or to perform duties and responsibilities assigned by the Secretary to the Board when activity volumes require that additional personnel be assigned for this purpose. The Secretary to the Board shall keep suitable records of all proceedings of each meeting of the System Board and its Committees and Subcommittees. After approval, such records shall be read and signed by the Chair or the Presiding Officer, and attested by the Secretary to the Board. The System Board may have a seal on which shall be engraved the name of the CCHHS, and said seal shall be kept by the Secretary to the Board and used in authentication of all acts of the System Board.

(c) *Committees and Subcommittees.*

- (1) There may be Standing and Special Committees of the System Board. The number of members of each Committee shall be determined by the Chair but in no event shall a Committee consist of less than three (3) Director members.

- (2) The Standing Committees of the System Board shall be as set forth below:

- A. Audit and Compliance. The primary duties of this Committee are to oversee CCHHS's internal audit and corporate compliance functions, as well as oversee the independent audit of CCHHS statutory financial statements. This Committee shall receive and review reports prepared by the internal audit and corporate compliance departments. This Committee shall oversee the selection of independent auditors for the CCHHS in accordance with the Ordinance, review accounting policies and financial reporting and disclosure practices of the CCHHS, and review the effectiveness of the CCHHS financial and operating controls. Additionally, the Committee will assist the System Board in fulfilling its oversight responsibilities of the CCHHS corporate compliance effort. This Committee shall assess its responsibilities as business conditions require, and determine a plan to implement those responsibilities. This Committee shall consider other matters as may be assigned by the System Board.
- B. Finance. This Committee shall be familiar with and review the income and expenditures of the CCHHS, advise the Chief Executive Officer and the Deputy Chief Executive Officer of Finance and Strategy, Chief Financial Officer and/or Chief Budget Officer in preparation of the budget, review the proposed budget in advance of presentation to the System Board, and make recommendations to the System Board on all such financial matters. Additionally, this Committee will develop and present to the System Board recommended multi-year financing plans as provided in the Ordinance. This Committee shall be responsible for developing, implementing and monitoring policies and procedures regarding procurement and contracting for the CCHHS, including providing for appropriate review of purchase contracts by this Committee. This Committee shall further develop its responsibilities and determine a plan to implement those responsibilities. This Committee shall consider other matters as may be assigned by the System Board.
- C. Human Resources: This Committee, except as limited herein and by Ordinance shall provide oversight over the following human resource functions for the CCHHS related to personnel issues with regard to all employees, including physicians and dentists, within the CCHHS; position classification, compensation, recruitment, selection, hiring, discipline, termination, affirmative action, performance management, probationary periods, training, promotion and maintenance of records; however, collective bargaining agreements shall be negotiated by the Cook County Bureau of Human Resources with input from the System Board and the CEO regarding management rights. This Committee shall recommend written rules, regulations and procedures with regard to these functions for adoption by the System Board, subject to the approval of the Chief of the Bureau of Human Resources of Cook County. The System Board and the CCHHS Department of Human Resources shall collaborate monthly with the Cook County Bureau of Human Resources to ensure efficiency and uniformity to the extent practicable in human resource functions and policies. The System Board or its designee shall collaborate with the Cook County Bureau of Human Resources to ensure position classification and compensation are in accordance

with the annual appropriation. The recommended salary, termination, term, severance and any contract bonus provisions or compensation policies negotiated by the System Board for the CEO or other Direct Appointments of the System Board or CEO shall be subject to review and approval of the County Board. The System Board may exercise its authority to recommend the appropriate compensation for employees within CCHHS subject to the approval of the Chief of the Bureau of Human Resources for Cook County and the Director of the Department of Budget and Management Services and consistent with any applicable collective bargaining agreement. This Committee shall receive and review the reports prepared by the CCHHS Chief of Human Resources. This Committee shall consider other matters as may be assigned by the System Board.

- D. Quality and Patient Safety. The CCHHS Chief Executive Officer, Deputy Chief Executive Officer of Operations, Chief Medical Officer, Chief Operating Officer Hospital-Based Services, Chief Operating Officer Ambulatory Services, Medical Director of Ambulatory Services, the Chief Nursing Officer, the President of the Medical Staff of each CCHHS hospital Affiliate, the Medical Director of each Affiliate, the Director of Nursing of each Affiliate, Senior Director Integrated Care Management and the Chief Quality Officer shall be ex-officio members of this Committee without a vote and shall not be considered in determining a quorum. The chair of this Committee or designee may serve as a member of the Joint Conference Committees of the Medical Staffs of the CCHHS hospital Affiliate. The Quality and Patient Safety Committee shall oversee the quality, safety and performance improvement programs of the CCHHS, with the goal of recognizing the critical importance of maintaining high quality service and patient and staff safety and satisfaction. This Committee shall receive reports on pertinent matters of quality, safety, satisfaction, regulatory and accreditation activities at least quarterly from the CCHHS Chief Quality Officer or designee, and shall report on such matters to the System Board. This Committee shall be responsible for serving as a liaison between the CCHHS' hospital Affiliate Medical Staffs and the System Board. The System Board delegates to this Committee the authority to consider and render a final decision with regard to applications for initial appointment or reappointment to membership on the hospital Affiliate Medical Staffs and for initial clinical privileges or the renewal or modification of clinical privileges; assignment of staff category, department and division; and any special conditions to the appointment or reappointment, consistent with the procedures set forth in applicable CCHHS policies and CCHHS hospital Medical Staff Bylaws. An additional purpose of this Committee is the full and candid discussion of matters which affect the CCHHS' hospital Affiliate Medical Staffs and the System Board. This Committee shall further develop its responsibilities and determine a plan to implement those responsibilities. This Committee shall consider other matters as may be assigned by the System Board.
- E. Managed Care. This Committee shall receive and review reports prepared by the Deputy Chief Executive Officer of Finance and Strategy, Chief Financial Officer

and/or Chief Budget Officer or designee with regard to the performance of the CountyCare Health Plan and the CCHHS at-risk managed care contracts including reporting on matters concerning quality and patient safety, finance, operations, and State required oversight activities. These reports shall also include briefings on key strategic initiatives regarding the scope and direction of CountyCare and the CCHHS at-risk managed care contracting. This Committee shall also receive and review reports prepared by the Chief Compliance and Privacy Officer with regard to compliance matters involving CountyCare. This Committee shall assist the System Board in its oversight responsibilities regarding CountyCare and the CCHHS at-risk managed care contracts, and provide guidance and make recommendations to CCHHS leadership regarding at-risk managed care operations, finances, compliance matters and strategic initiatives. This Committee shall promote full and candid discussion of critical matters impacting the performance of CountyCare and at-risk managed care contracts as well as impacting the overall performance of CCHHS. This Committee shall serve as a conduit for CountyCare's reporting to the System Board as required by County MCCN contract with the State. The Chair of this Committee shall coordinate with the Chairs of the Audit and Compliance, Finance and Quality and Patient Safety Committees regarding CountyCare and the CCHHS at-risk managed care contract matters relevant to the respective responsibilities of those Committees. This Committee shall further develop its responsibilities and determine a plan to implement those responsibilities. This Committee shall consider other matters as may be assigned by the System Board.

- (3) A Committee may create a Subcommittee. Subcommittees may be either Standing Subcommittees or Special Subcommittees. The motion creating a Subcommittee shall specify the subject matter of the Subcommittee and the number of members to be appointed thereto, and may specify a date upon which the Special Subcommittee shall be abolished.
- (4) Following each meeting of a Committee, the Committee Chair or designee shall submit minutes to the System Board for consideration at a meeting of the System Board. The System Board shall either approve or receive and file the Committee minutes. Approval of a Committee's minutes by the System Board shall constitute approval of the actions and/or recommendations contained in the minutes.

Following each meeting of a Subcommittee, the Subcommittee chair or designee shall submit minutes to the Committee for consideration at a meeting of the Committee. The Committee shall either approve or receive and file the Subcommittee minutes. Approval of a Subcommittee's minutes by the Committee shall constitute approval of the actions and/or recommendations contained in the minutes.

(d) *Membership and officers of Committees and Subcommittees.*

- (1) The members and Committee Chairs of each Standing Committee shall be appointed annually by the Chair at or around the time of the System Board's Annual Meeting.

The members and Committee Chair of a Special Committee shall be appointed by the Chair as needed; and the Chair shall specify the subject matter of the Special Committee, and may specify a reporting date at which time the Special Committee shall be abolished. Unless an earlier or later date is specified by the Chair, Special Committees shall expire one (1) year after their creation. Unless otherwise specified in these Rules, the Chair may appoint non-Director members to a Committee.

The Committee Chair shall appoint the members of a Subcommittee and the Subcommittee Chair. The Committee Chair may appoint non-Director members to a Subcommittee.

The non-Director member of a Committee or a Subcommittee shall not have a vote; shall not be entitled to make or second motions; and shall not be considered for a quorum. Following appointment, non-Director members will be considered for reappointment at the next System Board's Annual Meeting and each Annual Meeting thereafter.

The appointment of Committee or Subcommittee members shall be effective immediately unless otherwise specified by the Chair or Committee Chair. Committee or Subcommittee members shall serve until the Chair or Subcommittee Chair appoints another member to serve in their place or they resign from the Committee, Subcommittee or System Board.

In appointing non-Director members to a Committee or a Subcommittee, the Chair or Committee Chair, respectively, shall appoint individuals who possess expertise with regard to the Committee's or Subcommittee's responsibilities as set forth in these Rules. The non-Director member shall:

1. maintain confidentiality with regard to information obtained in his or her role as a non-Director member;
 2. have a fiduciary duty to the CCHHS with regard to any activities arising out of his or her role as a non-Director member; and
 3. abide by these Rules including, but not limited to, Rule 6, Conflict of Interest, and Rule 7, Official Position Statements.
- (2) The Chair shall be an ex-officio member, without voting rights, of each Committee to which the Chair is not an appointed member. The Chair shall not be considered in determining the presence of a quorum for a meeting of a Committee to which the Chair is not an appointed member, unless the Chair is appointed to serve as a substitute member in order to achieve a quorum pursuant to Rule 4, Organization, Section 4(d)(5).
- (3) A vacancy on a Committee or Subcommittee or in the position of Chair of a Committee or Chair of a Subcommittee shall be created when a Director resigns from such position or ceases to be a Director. Resignations shall be made in writing to the Secretary to the Board, who shall promptly notify the Chair and all Directors.

- (4) Vacancies on Committees or in the position of Committee Chair shall be filled by the Chair. Vacancies on Subcommittees or in the position of Subcommittee Chair shall be filled by the Chair of the Committee which created the Subcommittee.
- (5) The Committee Chair or Subcommittee Chair shall have the authority to call and preside at meetings of their respective Committee or Subcommittee. In the event the number of Directors in attendance at a scheduled meeting of a Committee or Subcommittee is smaller than the number required for a quorum, the Committee Chair or Subcommittee Chair shall have the authority to appoint any Director(s) in attendance at that meeting to serve as a substitute member(s) of that Committee or Subcommittee, for purposes of that meeting only, to the extent necessary to achieve a quorum. Such substitute member(s) shall have voting rights and shall be counted in determining whether a quorum is present. In the event the sitting member subsequently arrives during the meeting, the appointment of the substitute member shall automatically terminate.
- (6) Any Director physically present at a meeting, or in attendance of a remote meeting, or participating by audio or video conference by consent of a majority of the quorum of Directors present and voting, even if not a member of a Committee or Subcommittee, shall be afforded the courtesy of participating in debate on any item before a Committee or Subcommittee.
- (e) *Public hearings.* The System Board may hold public hearings as it deems appropriate to the performance of any of its responsibilities. Such public hearings may be held provided that the following requirements are satisfied:
 - (1) a notice containing the time, place and subject matter of the hearing and solicitation of pertinent public testimony shall be placed on the CCHHS' website and provided to the County for posting on its website.
 - (2) any other applicable meeting notification requirements found elsewhere in these Rules or law.
- (f) *Discharge from a Committee by the System Board.* The System Board may discharge any matter from a Committee.

Rule 5. Parliamentary rules.

- (a) *Meetings.*
 - (1) Meeting Calendar. The System Board shall hold regular meetings pursuant to an annual calendar set by the System Board prior to December 1st of each year. Such calendar shall include the date, time, and location of each regular meeting. The System Board's Annual Meeting shall take place in conjunction with the July Board meeting. The date of a regular meeting or the Annual Meeting may be changed by

consensus of the Directors as ascertained by the Secretary to the Board. Notice of the rescheduling of a regular meeting or the Annual Meeting shall be as provided in this Rule 5, Parliamentary rules, Section (g), Prior notice to public; agendas.

- (2) Special Meetings. It shall be the duty of the Chair to call Special meetings of the System Board whenever the Chair determines such meetings are necessary. It shall also be the duty of the Committee or Subcommittee Chair to call special meetings of a Committee or Subcommittee whenever the Committee or Subcommittee Chair determines such meetings are necessary. In addition to any notice required by the Open Meetings Act or other applicable law, the Chair must give no less than two (2) business days advance written notice of such Special meetings to the Directors and to the public.

Special meetings of the System Board shall also be held whenever requested by at least one-third of the Directors currently appointed. In addition to any notice required by the Open Meetings Act or other applicable law, the Secretary to the Board or designee must give no less than two (2) business days advance written notice of such Special meetings to the remaining Directors.

Notwithstanding the above provisions, a Special meeting of the System Board may be called in the event that the Chair or one-third of the Directors currently appointed states that an emergency exists. A Special meeting of a Committee may be called in the event that the Committee Chair or one-third of the Directors currently appointed to the Committee states that an emergency exists. The Secretary to the Board or designee must give no less than twenty-four (24) hours advance written notice to the Directors and to the public, unless such notice is not reasonable under the circumstances. In such case notice shall be given as soon as practicable.

All notices of Special meetings must include an agenda for such meeting.

- (3) *Remote Meetings*. All public meetings of the System Board and its committees and subcommittees may be conducted by means of electronic, video audio, or telephonic connection (“remote meeting”) for the duration of the Illinois Gubernatorial Disaster Proclamation, including any extension thereto, related to COVID-19 or any public health crisis, provided such remote meeting complies with the public access requirements of the Disaster Proclamation.. A member who desires to attend and participate in a remote public meeting shall do so by the designated electronic means. For purposes of conducting a remote meeting, the terms “written,” “in writing,” “document,” and “copy” in these rules includes printed or electronic means, and a rule that requires an instrument to be handed to another member or the meeting Chair may be accomplished by electronic transmission.
- (b) *Presiding Officer*. The Chair shall preside at all meetings of the System Board and shall generally perform the duties customarily performed by a Presiding Officer. In the absence of the Chair, or during the temporary inability of the Chair to act, the Vice-Chair shall preside at meetings of the System Board. If both the Chair and the Vice Chair are unable

to preside at the meeting, the System Board shall appoint a Director to preside at that meeting. In the absence of a Committee or Subcommittee Chair, or during the temporary inability of the Committee or Subcommittee Chair to act, the Directors of that Committee or Subcommittee shall appoint a Director who is a member of that Committee or Subcommittee to preside at that meeting. During a closed meeting of the System Board or a Committee or Subcommittee, the Presiding Officer shall determine which non-member individuals remain in the closed meeting.

- (c) *Quorum.* A majority of the currently appointed Directors shall constitute a quorum for a meeting of the System Board. A majority of Directors appointed to any Committee or Subcommittee shall constitute a quorum for a meeting of such Committee or Subcommittee. Directors in attendance at a meeting of a Committee or Subcommittee who are appointed to serve as substitute members of that Committee or Subcommittee pursuant to Rule 4, Organization, Section (d)(5), Membership and officers of Committees and Subcommittees, shall be considered in determining whether a quorum is present.

A quorum of Directors must be physically present at the location of a meeting of the System Board, its Committees or Subcommittees, if the meeting is not a remote meeting of the System Board, its Committees or Subcommittees. If a quorum of the Directors is physically present at a meeting of the System Board or one of its Committees or Subcommittees, a majority of the Directors present and entitled to vote may allow a Director to attend the meeting by other means if the Director is prevented from physically attending because of: (i) personal illness or disability; (ii) employment purposes or the business of the public body; or (iii) a family or other emergency. "Other means" is by video or audio conference.

If a Director wishes to attend a meeting by other means, the Director must notify the Secretary to the Board before the meeting unless advance notice is impractical.

Non-Director members of a Committee or Subcommittee may participate by other means at the discretion of the Committee or Subcommittee Chair.

For purposes of remote meetings conducted by the System Board and its Committees and Subcommittees, a member who desires to attend and participate in a remote public meeting shall do so by the designated electronic means, and such remote attendance and participation by that member and other members may constitute a quorum where there is a majority of members so participating.

- (d) *Majority votes.* Actions of the System Board shall require the affirmative vote of a majority of the Directors present, or in attendance at a remote meeting, and voting at the meeting at which action is taken. Actions of a Committee or Subcommittee of the System Board shall require the affirmative vote of a majority of the Directors present, or in attendance at a remote meeting, and entitled to vote at the meeting at which action is taken. A vote of "present" shall not be counted in determining the number of Directors voting on a question.

- (e) *Absence of quorum.* Should a quorum not be present or in attendance at any meeting, including any remote meeting, of the System Board or any Committee or Subcommittee, the meeting shall not thereby stand adjourned, but the Directors present, or in attendance of a remote meeting, shall be competent to adjourn, receive information or public testimony but take no formal action, or recess the meeting to a specified date and time by a majority vote of those Directors present, or in attendance of a remote meeting, and entitled to vote.
- (f) *Order of business.*
 - (1) At each regular meeting of the System Board, the order of business (unless otherwise directed by leave of the System Board) is as follows:
 - (A) Call to Order and Roll Call.
 - (B) Employee Recognition
 - (C) Public Speakers..
 - (D) Approval and correction of minutes of previous meetings, and approval of Committee Meeting Minutes.
 - (E) Action Items.
 - (F) Recommendations, Discussion/Information Items.
 - (G) Report of the Chairman.
 - (H) Report of the Chief Executive Officer.
 - (I) Closed Session, as needed.
 - (J) Adjournment.
 - (2) All questions relating to the priority of business of the System Board or a Committee or Subcommittee shall be decided by the Presiding Officer, without debate, subject to appeal.
- (g) *Public speakers.*

The System Board, a Committee or Subcommittee shall grant members of the public leave to speak for up to three (3) minutes on items pending before the System Board, Committee or Subcommittee. Public speakers must register to speak with the Secretary to the Board prior to the start of the meeting and will be called in the order in which they register. At the discretion of the Presiding Officer, public speakers may speak at the beginning and/or at the end of the agenda for the meeting. In the event the number of public speakers registered requires time beyond that allotted for the agenda, the Directors may recess or adjourn to a day certain to complete hearing public testimony or allow the members of the public to submit written testimony in lieu of speaking before the System Board, a Committee or Subcommittee.

For meetings conducted remotely, any member of the general public may address the System Board or any of its committees or subcommittees on pending items at any remote meeting required to be open to the public under the Open Meetings Act (5 ILCS 120/1, et seq.) in writing, or provide written testimony to be read into the record of a remote

meeting, or orally from a remote location by means of electronic, video, audio, or telephonic connection if permitted in the meeting notice. For remote meetings, the public comment period may be limited to written testimony which will be read into the record. Written public testimony or oral testimony will be limited to three minutes.

(h) *Prior notice to public; agendas.*

- (1) No less than two (2) full business days before any meeting of the System Board or of a Committee or Subcommittee, notice and an agenda for such meeting shall be provided to the Chair, all Directors, all non-Director members and all news media that have requested notice of meetings and shall be posted at the principal office of the System Board and at the location where the meeting is to be held. In addition, notices and agendas of all meetings shall be posted on the CCHHS website, if available, and provided to the County for posting on its website.
- (2) The agenda shall briefly describe all matters that will be considered at the meeting. Material pertinent to a matter on a System Board agenda shall be supplied, along with the agenda, to the Chair and to each of the Directors, and all material pertinent to any matter on a Committee or Subcommittee agenda shall be supplied, along with the agenda, to the Committee or Subcommittee Chair and each member of the Committee or Subcommittee. With the exception of materials that are confidential as provided by law, such material shall also be available to the public upon request.
- (3) Matters may be placed on the agenda of a System Board meeting by the Chair or any Director. Committee minutes shall be placed on the agenda of a System Board meeting by the Committee Chair or designee. Matters may be placed on the agenda of a Committee or Subcommittee meeting by a Director who is a member of the Committee or the Subcommittee or by the Chair, in his ex-officio capacity.
- (4) Matters may be placed on an agenda not later than noon of the day previous to the day on which that agenda is required to be distributed by the Secretary to the Board or at the discretion of the Chair.

It shall be the duty of the Secretary to the Board or designee to prepare, post, and distribute all agendas for meetings of the System Board, and for Committee and Subcommittee meetings.

- (5) When practicable, and with the exception of materials that are confidential as provided by law, materials pertinent to a matter on an agenda for meetings of the System Board and its Committees and Subcommittees which have already been distributed to the Directors as part of their back-up material may be posted on the CCHHS website prior to the meeting. Following the meeting, documents presented at the meeting that were not posted to the CCHHS website in advance, with the exception of materials that are confidential as provided by law, may be posted to the CCHHS website.

- (i) *Decorum.* The Presiding Officer shall preserve order and decorum, may speak to points of order in preference to other Directors, and shall decide all questions of order, subject to appeal. A Director and non-Director member shall confine herself or himself to the matters before the System Board, avoid personalities, and in general observe all parliamentary rules pertaining to orderly procedure and decorum.
- (j) *Recognition for debate.* A Director or non-Director member desiring to obtain the floor shall address the Presiding Officer. If two or more Directors or non-Director members shall properly request recognition, the Presiding Officer shall recognize the one who first spoke. A Director or non-Director member shall not proceed with remarks until recognized and named by the Presiding Officer. The Chair and all Directors and non-Director members shall be given a full opportunity to participate in the debate on all debatable questions, except when a Director has called the previous question.
- (k) *Debate.* No Director or non-Director member shall speak more than twice or longer than a total of ten minutes on the same question, without leave of the System Board. Responses by witnesses and CCHHS staff to questions of a Director or non-Director member shall not be counted against the speaking time allotted to such Director or non Director member. The proponent of the item under consideration, or a Committee or Subcommittee Chair whose report is under consideration, as the case may be, shall have the right to open and close debate.
- (l) *Voting and roll call.*
 - (1) If any Director requests it, a roll call upon any question shall be taken and entered in the minutes, but, unless otherwise required by law, a roll call shall not be taken unless called for prior to, during or immediately after any vote on the question.
 - (2) A roll call once ordered shall not be interrupted. When a roll call has commenced, all debate on the question shall be deemed concluded. During the taking of the roll call, Directors shall respond to the calling of their names by answering "yea," "nay," or "present," and shall be allowed one minute to explain their votes at that time.
- (m) *Division of questions.* If any question presented contains several separable propositions, a demand by any Director to "divide the question" shall be in order.
- (n) *Appeal from a ruling of the Presiding Officer.* Any Director entitled to vote may appeal to the System Board, Committee or Subcommittee from a ruling of the Presiding Officer. The Director making the appeal may briefly state the reason for the appeal, and the Presiding Officer may briefly explain the ruling; but there shall be no debate on the appeal and no other Director or non-Director member shall participate in the discussion. The Presiding Officer shall then put the question, "Shall the decision of the Chair [Committee or Subcommittee Chair] be sustained?" If a majority of Directors, including the Presiding Officer, provided he or she is a Director, and the Director bringing the appeal, vote "nay," the decision of the Presiding Officer shall be overruled; otherwise, it shall be sustained. If sustained, the ruling of the Presiding Officer shall be final.

- (o) *Personal privilege.* The right of a Director to address the System Board, a Committee or Subcommittee on a question of personal privilege shall be limited to cases in which the Director's integrity, character, or motives are assailed, questioned, or impugned.
- (p) *Special order of business.* Any matter before the System Board, a Committee, or Subcommittee referenced in an agenda provided to the Directors, non-Director members and the public in accordance with these rules may be taken out of order by the Presiding Officer.
- (q) *Order of precedence during debate.* When a question is under debate, the following motions shall be in order and shall have precedence over each other in order, as listed:
 - (1) To adjourn to a day certain (amendable, debatable).
 - (2) To adjourn.
 - (3) To take a recess (debatable).
 - (4) To lay on the table.
 - (5) To call the previous question.
 - (6) To refer (debatable).
 - (7) To amend (amendable, debatable).
 - (8) To defer to a time certain (debatable).
 - (9) To defer indefinitely (amendable, debatable).
- (r) *Motions.* A motion may be made or seconded by any Director of the System Board or by any Director member of a Committee or Subcommittee, including the Presiding Officer.

(1) *Motion to adjourn.*

A motion to adjourn is always in order except:

- (A) When a Director has the floor;
- (B) When the roll is being called or the Directors are voting;
- (C) When the previous motion was a motion to adjourn; or
- (D) When the "previous question" has been ordered.

When the Presiding Officer has completed going through the items on an agenda of a meeting of the System Board, a Committee or Subcommittee, and it appears that there is no further business, the Presiding Officer may ask, "Is there any further business?" If there is no response, the Presiding Officer may say, "Since there is no further business, the meeting is adjourned," and no motion to adjourn is necessary.

(2) *Motion to reconsider.*

- (A) A vote or question may be reconsidered at any time during the same meeting, at a Special meeting called to reconsider the vote or question held prior to the next regular meeting or at the next regular meeting.
- (B) A motion for reconsideration, having been once made and decided in the negative, shall not be renewed, nor shall a motion to reconsider be reconsidered.
- (C) A motion to reconsider must be made by a Director who voted on the prevailing side of the question to be reconsidered.

(s) *Amendment or suspension of Rules.*

- (1) *Suspension of Rules.* Any provision of these Rules may be temporarily suspended by a majority vote of the Directors present and entitled to vote at a System Board meeting or meeting of a Committee or Subcommittee, upon motion of any Director entitled to vote at the meeting specifying the rule to be suspended.
 - (2) *Amendment of Rules.* The provisions of these Rules may not be altered or amended in whole or in part except as provided herein. A proposed amendment to the Rules may originate from any Director. The proposed amendment shall be sent in writing to the Chair and to the Secretary to the Board. The Secretary shall place the proposed amendment on the agenda of the next regular meeting of the System Board with notice as provided in these Rules. The proposed amendment is approved by the affirmative vote of a majority of the quorum of Directors present and entitled to vote. An amendment to the Rules shall take effect and be in full force upon approval by the System Board unless otherwise specified.
- (t) *Rules for Committee and Subcommittee meetings.* Unless otherwise specified in these Rules, the rules of procedure for all Committee and Subcommittee meetings shall be the same as for System Board meetings.
- (u) *Robert's Rules of Order.* The rules of parliamentary practice set forth in "Robert's Rules of Order" (Newly Revised) by Henry M. Robert III, *et al.*, shall govern the System Board in all cases in which they are applicable and not inconsistent with the provisions of these Rules.
- (v) *Recordings of meetings.* The Secretary to the Board or designee is responsible for audio recording all meetings of the System Board or of a Committee or Subcommittee. The audio recordings of public meetings of the System Board shall be retained by the Secretary to the Board or designee in accordance with applicable law, but in no case for a period shorter than one year. Audio recordings of meetings other than closed sessions shall be available for review upon written request to the Secretary to the Board or designee. Audio recordings of closed sessions shall be retained by the Secretary to the

Board or designee in a secure fashion and shall not be available to any person except as required by law.

Rule 6. Conflict of Interest.

While serving on the System Board, Directors and non-Director members shall act in the best interest of the CCHHS in all matters relating to the CCHHS. The provisions of the Cook County Ethics Ordinance, the CCHHS Standard of Conduct (Code of Ethical Conduct) that supplements the Cook County Ethics Ordinance and the CCHHS Conflict of Interest policy shall apply to the Directors and non-Director members. Each Director and non-Director member shall annually affirm that they: (i) have received a copy of the CCHHS Conflict of Interest Policy (“Policy”); (ii) have read and understand the Policy; and (iii) agree to comply with the Policy. Each Director shall also annually complete a Disclosure of Interest Statement which shall be submitted to the CCHHS Chief Compliance Officer. The Directors may adopt a Professional and Ethical Protocol consistent with the Ethics Ordinance.

Any Director or non-Director member who has a conflict of interest in a matter involving the System shall declare the conflict to the System Board, or a Committee or Subcommittee, in open session, shall disclose the basis for the conflict and shall refrain from participating in the consideration of the matter, except as the Director or non-Director member may be called upon for information.

Rule 7. Official Position Statements

Official position statements of the System Board will be made only after concurrence of a majority of the Directors and shall be issued only through the Chair or the Chair’s designee.

July 23, 2008 – Rules of the System Board were approved, as amended
August 7, 2008 – Amendments to the Rules of the System Board were approved, as amended
September 5, 2008 – An Amendment to the Rules of the System Board was approved
May 31, 2012 – Amendments to the Rules of the System Board were approved
August 9, 2012 – Amendments to the Rules of the System Board were approved
September 5, 2012 - Amendments to the Rules of the System Board were approved
July 26, 2013 – Amendments to the Rules of the System Board were approved
December 12, 2014 – Amendments to the Rules of the System Board were approved
January 30, 2015 – Amendments to the Rules of the System Board were approved
April 30, 2020 – Amendments to the Rules of the System Board were approved

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
April 30, 2020

ATTACHMENT #2

Electronic Testimonial Submission

No Reply - Cook County Health <WP-Notifications@cookcountyhealth.org>

Thu 4/23/2020 3:21 PM

To: Santana, Debbie <dsantana@cookcountyhhs.org>

Type of Message

Message

Message

I've been a registered nurse for 13 years, and have been an employee of CCHHS for almost 11. I've worked full time at Stroger's ER for over 8 years and part time at Provident's ER for the past 2.5.

I was appalled to learn of the closing of Provident's ER from it being mentioned in passing in a Crain's Chicago Business report on Dr Mason being fired.

Our union met with County Human Resources on Sunday April 5 and we pleaded with them to reconsider. Our union wasn't against remodeling, but there had to be a better way. We asked how this wasn't a violation of the Emergency Medical Treatment and Labor Act, which forbids the transferring out of unstable patients.

Management said they were worried about safety, because a staff person got Covid-19. Every hospital who treats Covid-19 patients has had staff catch the virus, and none of them have been shut down.

If the County is so concerned about safety, what about the almost 500 Covid-19 positive people at the Cook County jail?

What about the safety of the community? In my years there, many have been brought there needing immediate lifesaving medical intervention. An ER is not a fast food restaurant where you can turn the lights off and put up a closed sign when a mouse is found in the freezer.

This closing occurred on the same weekend when disproportionate deaths of African Americans by Covid-19 was reported on. Imagine the increased stress the community had to endure to be informed that some people are dying at a greater rate and their own ER is being shut down.

This would not have occurred at Illinois Masonic in Lincoln Park, Northwestern Memorial in Streeterville, or even U of C in Hyde Park. There already is a 14 year difference in life expectancy between Washington Park and Hyde Park, and that was before the pandemic. This community already needed more healthcare, not reductions. The life expectancy gap between Streeterville and Englewood is 30 years, these gaps should already have been a public health emergency.

I worked at the ER on the day it was reopened. I'm relieved that nothing tragic occurred during the two week closing. I'm grateful to the community organizations and nurses who publicly campaigned against the closing.

Regarding the upgrade, the walls got painted, it was cleaned, and the number of beds inside the ER was reduced from 16 to 10. My co-workers also heard there will be less nurses working in the ER for each shift. How will these reductions benefit the community?

To my knowledge, no frontline nurse or community member was consulted in the closing or the re-opening - the practice of doing things without discussion beforehand has to end immediately.

Moving forward, there needs to be a serious conversation with all the stakeholders and the responsible elected officials. This virus has put a spotlight on chronic medical inequities, and decisive urgent action must be taken. A date for such a meeting must be set up.

Name

Dennis Kosuth

MICU COVID UNIT

Myles, Denise <dmyles3@cookcountyhhs.org>

Wed 4/29/2020 6:30 AM

To: Santana, Debbie <dsantana@cookcountyhhs.org>

Cc: Daniel Ritter <dritter@nnoc.net>

My name is Denise Myles and I have been working in MICU since February 2011 on night shift as the Charge Nurse. The acuity of the patients in the unit is at the highest level I've seen in my career as a nurse. We are constantly assisting with intubation, patients on paralytics, sedated vasoactive therapy and patients who need to receive CRRT(which is dialysis provided by registered nurses in MICU). All of these procedures are complex labor intensive and dangerous if not performed by highly trained staff. The patients who are not intubated are afraid, anxious and restless with increasing respiratory rates and decreasing oxygen saturation's. Normal oxygen saturation is 90-100%. Covid patients oxygen saturation can decrease to 80's with respiratory rate ranging from high 40's to low 50's. When we try to reposition patients the oxygen saturation can decrease to the 50's. This is a stressful situation for nurses because we need to reposition and rotate patients to prevent pressure injuries and to promote excellent hygiene for our patients. Our intubated patients are receiving sedation and paralytics and require at least 2 to 3 staff members to provide care. Aside from our ordinary nursing duties registered nurses have assumed additional roles and are now functioning in roles of respiratory therapist, passing dietary trays and housekeepers. The nurses leave work each day physically and emotionally drained with the added non-nursing duties. The nurses deserve non-nursing duty pay during this pandemic. This pay will not help the workload but will help to increase morale of staff and keep RNS from seeking employment elsewhere during crisis.

I would like to keep the registered nurses free of Covid-19, I am asking the board to provide the nurses highest level of PPE. We need fresh N95 masks and respirators, face shields, hair covers, shoe covers and gowns that protect against viruses and are water resistant. Management has denied nurses hair covers and shoe covers. The isolation gowns which are currently being provided by management are not approved to protect against viruses per FDA and water soaks thru them when we bathe and care for our patients. We deserve better. Fulfil your obligation to us by keeping us safe. Our patients need to stay healthy.

Sincerely,

Denise Myles

Critical Care Nurse 2



BE COUNTED.



Be counted in the 2020 census. Visit www.cookcountyil.gov/census for more information.

TO WHOM IT MAY CONCERN:

Hello, my name is John Stewart and I am a nurse at Stroger Hospital. I work as a rapid response nurse, we assist patients around the hospital when critical care support is needed on the medical floors. In the past month or so we have seen a large increase in workload volume due to patients requiring increasing amounts of critical care outside of the intensive care unit. Due to the need for increasing amounts of oxygen associated with COVID-19, we as rapid response nurses partner with the patient's primary nurse to follow these patients very closely. We try to limit our contact to preserve PPE and minimize contamination but we recognize the current literature recommendations that frequent assessment is necessary in a deteriorating patient. We try to uphold the highest standards of care so we assess patients frequently and thoroughly as we try to prevent sentinel events such as "failure to rescue." Often, we have to follow these patients and assess them hourly or more frequently to see if they are improving or declining. We, as nurses, have a legal obligation for frequently assessing these patients and providing safety and security for their lives. We do not have the luxury of coming to the patient's room once a day as other professions do. We are required legally and morally as registered nurses to follow up and address patient needs throughout the duration of our shift. Our job is completed at the patient's bedside, not from afar.

We have recently experienced a lack of support from respiratory therapists on medical floors due to increased amounts of ventilators in ICU. This is concerning especially since this is primarily a respiratory virus. This means more frequent nurse assessment. When a patient is required to go to ICU from the medical floor, we have had a lack of support from the patient transportation department. The wait times for the transportation department are simply too long for a patient who requires intensive care which means nurses are responsible for transporting these patients on our own. We always advocate for proper and timely patient care so we have assumed the extra workload for our patients. All of these things mean that we as nurses are being more exposed to COVID-19 than others in the hospital, we are experiencing an increase in workload while many other departments are easily able to pawn their work off on nurses. Another thing I have witnessed is individuals from other professions having nurses enter a COVID-19 patient's room to give them a phone so that the individual can speak to the patient from outside the room. We have had to take out the garbage because of lack of housekeeping.

We have adjusted to these added responsibilities seamlessly because we as registered nurses know our ultimate responsibility is not to our managers or the Cook County Board, our ultimate responsibility is to our patients. We have gone above and beyond our roles within the institution. We are asking for the implementation of additional pay to account for us taking on the additional workload associated with the current pandemic. We feel we are worth the additional pay because we have repeatedly assumed extra responsibilities to help our patients throughout this pandemic and are the only hospital without additional hazard pay within the medical district.

Respectfully,

John Stewart

My name is Martha Foy and I work as a Clinical Nurse I in Stroger Hospital on 7 South. After I was diagnosed with COVID-19, I am able to share with you, 1st hand, the fear one experiences and the painful symptoms such as chest pains and the struggle to breath. I work on the chemotherapy unit, and my concern for immunocompromised patients has grown tremendously. Management has chosen to ignore the importance of contact tracing which has placed our patients, our families, and our colleagues at risk of contracting and spreading the virus. I was exposed to the virus by my coworker who tested positive for COVID-19. Management never told me that I was working in close proximity with someone who had tested positive for COVID-19, so I continued to work with patients with immune systems that have limited ability to fend off the virus. The CDC has stated that the virus can be transmitted by someone who is asymptomatic and I was possibly shedding the virus and exposing my patients. I should have been quarantined and tested until we were sure that I was not putting anyone risk, but that is not management's policy. My colleague, not management, informed me that they had tested positive. I was asymptomatic at the time, so management's policy is to not test exposed employees. To protect my patients and family I went to the Illinois Department of Public Health to receive a test. I received the call from IDPH on 3/29 that I tested positive for COVID-19. For management to continue to place vulnerable patients at risk goes against everything a healthcare provider stands for. Their stance that they do not need to contact trace is simply wrong. About 1 week ago I received a follow up call from IDPH and was told that contact tracing is necessary and does not violate HIPPA.

The only way to protect our immunocompromised patients and those patients with underlying health issues is to make it a requirement to wear the proper PPE prior to entering the rooms of the least vulnerable. *Management has a responsibility to not only protect their employees but to protect the patients who have placed their trust in the hospital they have chosen to be treated at.* To provide them with anything less is an injustice and is morally and ethically wrong. Although we are not actually accepting COVID-19 patients to the Chemotherapy Unit, we have had patients who have been sent to us that were not suspect to have COVID-19 but later turned out to have symptoms, these are our silent carriers. When symptoms do surface, or an x-ray shows the possibility of the patient having the virus, anyone having worked on this patient is now exposed and has exposed our least vulnerable such as the chemotherapy patients that are immunocompromised. Two nurses on the chemotherapy unit, including myself, tested positive for COVID-19 and others on the same unit have experienced symptoms and have not been tested. One of our Nurses unknowingly brought it home and their elderly family member ended up in ICU with the virus. Does an immunocompromised patient need to pass away from complications brought on by the virus before management steps up and protects these patients from harm? I've been told by management that "you will not carry the virus on your shoe or hair, it's a respiratory virus," management either does not have a clear understanding of the severity of the virus and how it's spread or they are just turning a blind eye and risking the lives of their employees and our patients. I ask that protecting our nurses and patients become a priority before more lives are affected or lost because of the virus.

Sincerely,

Martha Foy
Clinical Nurse I

Mildred Austin

Pediatric Emergency Registered Nurse
John H. Stroger, Jr. Hospital
04/29/2020

CCH Board
John H. Stroger, Jr. Hospital
1969 Ogden Avenue
Chicago, IL 60612

Dear Union Representative:

I am writing this letter to highlight concerns regarding the unsafe environment that pose risks to the nurses and other healthcare workers in the John H. Stroger, Jr. emergency department (ED). The current layout and process in which COVID-19 patients are placed in the ED has become increasingly hazardous. Patients that are under investigation and who have tested positive for the virus have been placed in the resuscitation area, rooms 15-18. These patients are intermingled with patients that are not under investigation or who have not tested positive for the virus. Also, these rooms are separated by curtains.

Infection control protocols state that patients with a possible or known communicable disease be placed in isolation rooms that are clearly marked with signs that are visible to alert others not to enter without proper infection control practices. If this area is going to be used for COVID-19 patients, they should be co-horted and the doors remain closed at all times until you enter or leave the area.

Other areas of concern include the pediatric ED area, rooms 19-22. Pediatric patients are being exposed to COVID-19 on the Green team. When they are stabilized, they are then transported back to the pediatric ED 19-22 where they will likely expose the patients in that area.

Patients that test positive for the virus or who are under investigation are placed in designated rooms. These rooms have doors and may have ventilation systems in place to prevent the spread of the virus in the department. If a patient placed in these rooms tests positive for the virus, they are not immediately moved to the COVID-19 unit on the nursing floors until a bed is available, hence exposing the ED to the virus even further.

The ED has the second highest rates of positive COVID tests amongst the nursing staff. This is not a safe setting for anyone that works in this department. If you have a high percentage of nurses that have tested positive, the inappropriate placement of these patients, the continual exposure to other patients and staff members, and the inability to transfer COVID-19 positive patients to designated nursing units in a timely manner, this ED will become a petri dish that continues to harbor the virus and increase rates of transmission.

Mail - Santana, Debbie - Outlook

Thank you for taking the time to read this letter of concern. This issue needs to be addressed immediately so that more nurses and staff members do not risk exposure to this harmful virus and possibly spread it to others.

Mildred Austin

Testimony for Cook County Health Board Meeting, April 30, 2020

Good morning Directors, Chairman, and thank you for the opportunity to provide testimony.

My name is Marti Smith and I serve as the Midwest Director for National Nurses Organizing Committee. I represent the more than 1300 Registered Nurses who care for the patients and detainees here at Cook County Health.

The COVID-19 pandemic is exposing the cracks in our society in many ways – many of them healthy. We are now having substantive discussions about the erosions in our social safety net and the abysmal care we have provided to our elderly, and those are very necessary conversations to have.

However, during a time when we have the greatest shared interests; a long-term nursing shortage, coupled with a dire and immediate need for more nursing resources, CCH has chosen to treat its nurses with reckless disregard.

Throughout this pandemic, NNOC has been engaged at every level of government about provision of appropriate protections for healthcare workers. Because the SARS-CoV-2 virus is novel, or previously unknown to us, much is unknown about it, about the disease it causes, and much is unknown about the long-term sequelae of infections.

At CCH, we have met with every level of management, including senior administration and elected officials about inadequate protections, including PPE, provided to nurses and healthcare workers. At the same time, we have nurses and healthcare workers getting sick at work. We track these infections at every single facility we represent.

Stroger Hospital has the second highest number of RN COVID infections in our union.

We represent more than 150,000 Registered Nurses across the United States.

The only facilities with more infections at this point is the entire New York Harbor VA System.

Cook County Health has squarely placed its infection prevention protocols in the hands of the CDC, which on the face of it, sounds good. There are three issues with this – first, the CDC is in the hands of a Trump appointee in the same way the EPA is, and in the EPA, science doesn't exist. In the new CDC, bandanas and scarves will serve as protection for nurses when masks run out. Nurses have all taken microbiology and epidemiology. We all know that is not based on science, and we are being asked to place our lives in the hands of an agency that is making recommendations based on scarcity.

Second, the CDC guidance should serve as a MINIMUM level of precautions. There is absolutely nothing that would prevent CCH from taking greater precautions based on peer-reviewed

scientific evidence. Evidence that we have provided to Cook County Health, and that we are attaching to this testimony for your review.

Third, our objective outbreak numbers indicate you have a problem with the number of infections in your facilities. You should be taking a very hard look at Cermak and at Stroger, where both staff and patients are literally dying from COVID that was transmitted within your walls.

Please – if you want nurses to ever apply to work here again. If you want to work collaboratively with your labor partners. If you would like to put a stop to the deaths among your own staff, please, provide virus impermeable coveralls that cover all exposed skin.

Provide hair covers and shoe covers. Provide N95 masks for all nurses caring for COVID patients and patients suspected of having COVID. You have these items in your stores. If you need more, we will work with you to find them.

Thank you.

ATTACHMENTS

Journal of Infectious Disease, published April 16, 2020

Airborne or Droplet Precautions for Health Workers Treating Coronavirus Disease 2019?

<https://academic.oup.com/jid/advance-article/doi/10.1093/infdis/jiaa189/5820886>

Cases of coronavirus disease 2019 (COVID-19) have been reported in more than 200 countries. Thousands of health workers have been infected, and outbreaks have occurred in hospitals, aged care facilities, and prisons. The World Health Organization (WHO) has issued guidelines for contact and droplet precautions for healthcare workers caring for suspected COVID-19 patients, whereas the US Centers for Disease Control and Prevention (CDC) has initially recommended airborne precautions. The 1- to 2-meter (≈ 3 –6 feet) rule of spatial separation is central to droplet precautions and assumes that large droplets do not travel further than 2 meters (≈ 6 feet). We aimed to review the evidence for horizontal distance traveled by droplets and the guidelines issued by the WHO, CDC, and European Centre for Disease Prevention and Control on respiratory protection for COVID-19. We found that the evidence base for current guidelines is sparse, and the available data do not support the 1- to 2-meter (≈ 3 –6 feet) rule of spatial separation. Of 10 studies on horizontal droplet distance, 8 showed droplets travel more than 2 meters (≈ 6 feet), in some cases up to 8 meters (≈ 26 feet). Several studies of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) support aerosol transmission, and 1 study documented virus at a distance of 4 meters (≈ 13 feet) from the patient. Moreover, evidence suggests that infections cannot neatly be separated into the dichotomy of droplet versus airborne transmission routes. Available studies also show that SARS-CoV-2 can be detected in the air, and remain viable 3 hours after aerosolization. The weight of combined evidence supports airborne precautions for the occupational health and safety of health workers treating patients with COVID-19.

Journal of the American Medical Association, published this week:

Exposure to a Surrogate Measure of Contamination From Simulated Patients by Emergency Department Personnel Wearing Personal Protective Equipment

- Experienced healthcare workers performed care tasks commonly required by patients with COVID (e.g., airway management and ventilatory support) in a simulation. A non-visible fluorescent compound was used as a marker of contamination- applied surfaces and secretion areas on the manikin-patient.
- Healthcare workers wore N95 respirators, eye protection, isolation gowns, and gloves.
- 7 of 8 participants had fluorescent markers (contamination) on their exposed skin, primarily neck.
- All participants had fluorescent markers (contamination) in their hair.
- Half had fluorescent markers (contamination) on their shoes.

“Despite personal protective equipment, fluorescent markers were found on the uncovered skin, hair, and shoes of participants after simulations of emergency department management of patients experiencing respiratory distress. The findings suggest that the current recommendations for personal protective equipment may not fully prevent exposures in emergency department settings. Clothing that covers all skin may further diminish exposure risk.”

<https://jamanetwork.com/journals/jama/fullarticle/2765377>

Updated 4/20/20

Airborne Precautions Must be Maintained for COVID-19 to Protect Nurses and Other Healthcare Workers and to Prevent Spread in our Communities

Much is still unknown about COVID-19 and the virus that causes it, SARS-CoV-2. **In emerging infectious disease events like COVID-19, it is of the utmost importance that healthcare employers and public health agencies follow the precautionary principle**—we cannot wait until we know for certain that something is harmful before action is taken to protect people’s health. Further, evidence is emerging that airborne transmission is a significant consideration for SARS-CoV-2/COVID-19.

Healthcare employers must implement the fullest protections, including isolating both possible and confirmed COVID-19 cases in negative pressure rooms, providing protective PPE, and providing safe staffing, in order to ensure that healthcare workers maintain their right to a safe and healthy workplace and to prevent the continued spread of SARS-CoV-2.

While much is still unknown regarding SARS-CoV-2, the available evidence indicates the need to maintain airborne precautions:

For airborne transmission to occur, three criteria must be met: (1) virus must be emitted by infected persons, (2) virus must be able to survive and travel through environment, (3) receptor must be susceptible.

1. SARS-CoV-2 is emitted by infected persons via exhalation, coughs, and sneezes.

- a. **Human exhalations, sneezes, and coughs create a wide range of sizes of droplets, including very small particles that may remain airborne or travel through the air.^[li]**
- b. **An article published in JAMA reported on what is known about disease transmission via respiratory “droplets.”^[lii] Pathogen-carrying gas clouds are emitted when people breath, cough, and sneeze and can travel up to 23-27 feet.**

Droplet transmission was originally defined in 1897, large and small droplets defined in 1930s. This model of infectious disease transmission has not been updated since. And yet, the CDC and WHO maintain use of this paradigm despite more recent research.

More recent research over the past few decades performed with instrumentation that better measures particle sizes and movement has determined that human exhalations, coughs, and sneezes (the things that supposedly create large droplets under old model) are actually made of multiphase turbulent gas clouds (a puff) that entrains ambient air and traps and carries clusters of particles of a wide range of sizes.

This includes viral particles in people who are sick.

- c. **Patients with SARS-CoV-2 emit virus when they breath, sneeze, and cough.**
 - One study examined viral loads and isolates for patients hospitalized with COVID-19. The majority of patients in this study presented with upper respiratory tract symptoms. Viral loads from upper respiratory tract samples were extremely high (more than 1000 times higher than SARS). Live virus was isolated from upper respiratory tract tissues.^[liii]

Michael Osterholm, PhD, MPH, director of the Center for Infectious Disease Research and Policy at the University of Minnesota, said, “The findings [of this study] confirm that COVID-19 is spread simply through breathing, even without coughing... They also challenge the idea that contact with contaminated surfaces is a primary means of spread,” (emphasis added).^[liv]

- i. **One study examined viral presence and load in the exhaled breath of patients with lab-confirmed influenza, seasonal coronaviruses, or rhinovirus. They found viral presence in exhaled breath, even without**

cough, for all types of viruses in both droplet (>5 micron) and aerosol (<5 micron particles).^[vi]

2. SARS-CoV-2 remains viable when suspended in the air and can travel through the air.

- a. Doremalen et al. reported that SARS-CoV-2 remained viable in aerosols throughout the duration of their experiment- three hours.^[vii]
- b. Fears et al. reported that SARS-CoV-2 remained infectious after 16 hours suspended in aerosols. They reported, “Collectively, this preliminary dataset on the aerosol efficiency and persistence of SARS-CoV-2 suggest that this virus is remarkably resilient in aerosol form, even when aged for over 12 hours, and reinforces the conclusions reached in earlier studies of aerosol fitness by others.”^[viii]
- c. Several studies have sampled the air in rooms where patients with COVID-19 are placed. They have found SARS-CoV-2 in the air samples:
 - i. One study measure air samples in rooms where patients with COVID-19 were cared for in a hospital in China. Several air samples were positive for the virus. Air outlets were also positive for the virus.^[ix]
 - ii. Another examined air samples in isolation rooms of patients with COVID-19 in Singapore. Air sampling of two COVID-19 patients (both day 5 of symptoms) detected SARS-CoV-2 PCR positive particles of sizes >4 µm and 1-4 µm. In a single subject at day 9 of symptoms, no SARS-CoV-2 PCR-positive particles were detected.^[ix]
 - iii. Another study looked at the presence of virus in air samples taken in patient rooms in a hospital in Nebraska where patients with SARS-CoV-2 were isolated. They found that SARS-CoV-2 was found in a majority of air samples taken at greater than 6 ft from patient. SARS-CoV-2 was found in a majority of hallway air samples. SARS-CoV-2 was found in the air samplers worn by sampling personnel even when the patients did not cough.^[x]

3. Nurses and other healthcare workers are left vulnerable when they are not provided PPE that they need. Airborne precautions have prevented healthcare workers infections in other countries.

- a. Hong Kong has more effectively contained the outbreak of COVID-19 than many other countries. One study reports a description of infection control measures adopted during response to COVID-19 in Hong Kong. 42 of 1275 patients evaluated were identified as having COVID-19 in first 42 days of the outbreak. 11 of 413 (2.7%) healthcare workers caring for these patients had unprotected exposure requiring a 14-day quarantine. No healthcare workers were infected, no nosocomial transmission observed. Environmental surveillance of viral particles conducted- in breathing zone of patient, wipe samples from surfaces in patient rooms.^[xi] Infection control measures implemented include:
 - i. 36 patients immediately isolated upon admission in AIIRs, 6 in non-AIIR
 - ii. **Standard, contact, droplets, and airborne precautions for suspected or confirmed cases**

- iii. Stepped up use of PPE during aerosol generating procedures
- iv. Surgical masks worn by all HCWs, patients, and visitors in clinical areas implemented since day 5
- v. Promotion of hand hygiene by HCWs and patients
- b. Another study examined the infection rate in two groups of departments.^[xii] Three departments were in the “mask group” because they utilized N95 respirators and also frequently performed hand hygiene (respiratory, ICU, and Infectious Disease). Three departments were in the “non-mask group” because early in the outbreak they hadn’t implemented precautions- staff did not wear masks and disinfected and cleaned hands “occasionally.”
 - i. “Mask group” reported statistically significantly fewer infections than the “non-mask group.” None out of 278 staff in “mask group” infected compared to 10 out of 213 staff in “no mask group” were infected.
 - ii. Found similar results in two other hospitals- staff wearing N95s and frequently conducting hand hygiene were not infected.
- c. A third study reported on healthcare worker protections implemented in China during three phases.^[xiii]
 - i. First stage- this was an unknown disease and healthcare workers were not protected. At this time, the infection rate ranged from 3.5% to 29% among healthcare workers in different hospitals in the epicenter of Wuhan according to previous reports, when the initial source of the novel coronavirus still remained unknown.
 - ii. Second stage- inadequate protection for healthcare workers due to supply shortages. During this period of time, the number of confirmed cases in China was still increasing rapidly. By February 11, 2020, a total of 1,716 health care workers were confirmed with COVID-19, including five deaths.
 - iii. Third stage- disease severity acknowledged and full protection of healthcare workers. “The highest level of precaution, so called “full precaution,” is mandatory for high-risk exposure, a disposable surgical cap, test-fit N95 masks or respirators, gloves, goggles or face shield, gown and fluid-resistant shoe covers. We would like to point out that the key element of full precaution is the complete coverage of the head and facial skin...” No healthcare worker infections reported in this third period.

Additional considerations that underline the need for airborne precautions for healthcare workers caring for patients with SARS-CoV-2:

- It has been well-established that SARS-CoV-2 virus occurs in high levels in patients’ feces.^{[xiv],[xv],[xvi],[xvii]} It has also been well-established in the scientific literature that toilet flushes aerosolize fecal material, even after two or more flushes.^[xviii] Nurses and other healthcare workers may frequently be required to flush patient waste (e.g., from bedpans or bedside commodes) or may otherwise be exposed via aerosols created when patients flush toilets.

A 2011 literature review observes:

"It may be concluded from the peer-reviewed studies discussed above that flush toilets of various designs spanning at least 50 years of production in Europe and the U.S. have been shown to produce substantial quantities of aerosol, that these aerosols are capable of entraining microorganisms at least as large as bacteria, that such bioaerosols will be produced during multiple flushes after toilet contamination, that sufficiently small microbe-laden droplets will evaporate to form droplet nuclei bioaerosols the size of which can be consistent with that associated with respirable penetration, and that these droplet nuclei bioaerosols may remain viable in the air for extended periods and travel with air currents."

- Given the clinical progression of COVID-19, aerosol-generating procedures may need to be performed at any time during patient care. Nurses and other healthcare workers must be appropriately protected.
 - Reports of the clinical progression of COVID-19 indicates that aerosol-generating procedures may need to be performed at any time as patients become more ill. For example, a report of clinical outcomes for 52 critically ill patients with COVID-19 observed that a high proportion of patients required high flow nasal cannula (63.5%) or mechanical ventilation (71%), both aerosol-generating procedures.^[xix] This underlines the importance and necessity of ensuring that nurses and other healthcare workers are protected at all times, or that airborne and contact precautions are always observed.

The SARS Commission Report should serve as a cautionary and instructive tale for the current SARS-CoV-2/COVID-19 outbreak.

- Many features of the response current SARS-CoV-2 outbreak are reminiscent of the SARS outbreak response in 2003. The SARS Commission's Final Report is a detailed account of what happened that very clearly underlines the need to apply the precautionary principle in these kinds of situations and to protect nurses and other healthcare workers from exposure.
- In particular, we draw your attention to the chapter titled "A Tale of Two Cities," which compares the success of British Columbia in preventing a SARS outbreak to the wide spread of SARS in Ontario.^[xx] From the SARS Commission Final Report:

British Columbia: *"There was no further spread. A combination of a robust worker safety and infection control culture at Vancouver General, with better systemic preparedness, ensured that B.C. was spared the devastation that befell Ontario."* (4)

British Columbia's success was described as resulting from the following:

"We always start with the highest level of precaution...We don't use droplet precautions in our hospital, never have, because we've always believed that droplets have been aerosolized so we only have one category, that's airborne, and you always start with the highest level of precaution and then as the clinical situation becomes clearer, you step back on your precautions..." (254)

The report's authors noted:

"Some of the same Ontario hospital leaders who argued against the N95 respirator required to protect nurses and who actually denied there was a safety law that required the N95 to be

fit tested still insist that science, as it evolves from day to day, comes before safety. If the Commission has one single take-home message it is the precautionary principle that safety comes first, that reasonable efforts to reduce risk need not await scientific proof. Ontario needs to enshrine this principle and to enforce it throughout our entire health system.” (13)
“What we do need is a common-sense approach to worker safety in hospitals coupled with a measure of scientific humility in light of the terrible and sometimes fatal failures in scientific advice and hospital safety systems during the SARS outbreak... It is better to be safe than sorry.” (1047)

[i] Respiratory symptoms such as coughing and sneezing create a wide range of particle sizes. Particles can also be created by breathing and talking. The fate of these particles is complex and dependent on many factors, including liquid in the particle evaporating and shrinking particles to 50% of their original size within a second of release, some particles impact onto surfaces, some particles remain suspended in air for long periods of time, some particles are dispersed by air currents, other particles settle on surfaces due to gravity. Inhalation of aerosols can occur near the point of generation and further from the point of generation (after aerosols have diffused). There are no hard and fast rules for safe distances.

Jones, R.M. and L.M. Brosseau, *Aerosol transmission of infectious disease*. Journal of Occupational and Environmental Medicine, 2015. **57**(5): p. 501-8.

[ii] Bourouiba, Lydia, “Turbulent Gas Clouds and Respiratory Pathogen Emissions: Potential Implications for Reducing Transmission of COVID-19,” JAMA, March 26, 2020, <https://jamanetwork.com/journals/jama/fullarticle/2763852>.

[iii] Wolfel, Roman, et al. (March 8, 2020), “Clinical presentation and virological assessment of hospitalized cases of coronavirus disease 2019 in a travel-associated transmission cluster,” medRxiv, published online at <https://www.medrxiv.org/content/10.1101/2020.03.05.20030502v1>.

[iv] Van Beusekom, Mary, (March 9, 2020), “Study highlights ease of spread of COVID-19 viruses,” CIDRAP, published online at <http://www.cidrap.umn.edu/news-perspective/2020/03/study-highlights-ease-spread-covid-19-viruses>.

[v] Leung, Nancy H. L. et al. “Respiratory virus shedding in exhaled breath and efficacy of face masks,” Nature Medicine, April 3, 2020, <https://www.nature.com/articles/s41591-020-0843-2>

[vi] Doremalen et al., “Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1,” NEJM, April 16, 2020, <https://www.nejm.org/doi/full/10.1056/NEJMc2004973>.

[vii] Fears, Alyssa C. et al. “Comparative dynamic aerosol efficiencies of three emergent coronaviruses and the unusual persistence of SARS-CoV-2 in aerosol suspensions,” medRxiv, April 18, 2020, <https://www.medrxiv.org/content/10.1101/2020.04.13.20063784v1>.

[viii] Guo, Zhen-Dong et al., “Aerosol and Surface Distribution of Severe Acute Respiratory Syndrome Coronavirus 2 in Hospital Wards, Wuhan, China, 2020,” Emerging Infectious Diseases, April 10, https://wwwnc.cdc.gov/eid/article/26/7/20-0885_article.

[ix] Chia, Po Ying et al. “Detection of Air and Surface Contamination by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) in Hospital Rooms of Infected Patients” medRxiv April 9, 2020, <https://www.medrxiv.org/content/10.1101/2020.03.29.20046557v1.full.pdf>

[x] Santarpia, Joshua L et al., “Transmission Potential of SARS-CoV-2 in Viral Shedding Observed at the University of Nebraska Medical Center,” medRxiv (pre-print), March 26, 2020, <https://www.medrxiv.org/content/10.1101/2020.03.23.20039446v2>.

[xi] Cheng, C.C. et al., (March 5, 2020), “Escalating infection control response to the rapidly evolving epidemiology of the Coronavirus disease 2019 (COVID-19) due to SARS-CoV-2 in Hong Kong.” Infection Control and Hospital Epidemiology, March 2020, p 1-24 <https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/escalating-infection-control-response-to-the-rapidly-evolving-epidemiology-of-the-coronavirus-disease-2019-covid19-due-to-sarscov2-in-hong-kong/52513ACC56587859F9C601DC747EB6EC>

[xii] Wang, Xinghuan et al. “Association between 2019-nCoV transmission and N95 respirator use” J Hospital Infection, March 3, 2020, [https://www.journalofhospitalinfection.com/article/S0195-6701\(20\)30097-9/fulltext](https://www.journalofhospitalinfection.com/article/S0195-6701(20)30097-9/fulltext)

- [xiii] Chen, Weiyun et al “ To Protect Healthcare Workers Better, To Save More Lives,” *Anesthesia & Analgesia*, March 30, 2020, https://journals.lww.com/anesthesia-analgesia/Abstract/publishahead/To_Protect_Healthcare_Workers_BetterTo_Save_More95724.aspx.
- [xiv] Viral RNA found in stool samples. Pan, Yang, et al. (Feb 24, 2020). “Viral load of SARS-CoV-2 in clinical samples.” *The Lancet*, published online, [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30113-4/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30113-4/fulltext).
- [xv] Zhang, Wei, et al. (Feb 4, 2020). “Molecular and serological investigation of 2019-nCoV infected patients: implication of multiple shedding routes.” *J Emerging Microbes & Infections*, 9(1), <https://www.tandfonline.com/doi/full/10.1080/22221751.2020.1729071#.Xk0snlo7ZWY.twitter>.
- [xvi] Gu, Jinyang et al. “COVID-19: Gastrointestinal manifestations and potential fecal-oral transmission,” *Gastroenterology*, Article in Press, [https://www.gastrojournal.org/article/S0016-5085\(20\)30281-X/fulltext](https://www.gastrojournal.org/article/S0016-5085(20)30281-X/fulltext)
- [xvii] Xiao, Fei et al. “Evidence for gastrointestinal infection of SARS-CoV-2,” *Gastroenterology*, Article in Press, [https://www.gastrojournal.org/article/S0016-5085\(20\)30282-1/fulltext](https://www.gastrojournal.org/article/S0016-5085(20)30282-1/fulltext)
- [xviii] Johnson, David L. et al. (2011), “Toilet Plume Aerosol Occupational Hazards to Healthcare Facility Workers: A Review of the Literature with Suggestions for Future Research,” available online at <https://www.semanticscholar.org/paper/Toilet-Plume-Aerosol-Occupational-Hazards-to-%3A-A-of-Johnson/d669435d4d06ef10d4c183c22ce6d7965d2c4cc5#citing-papers>.
- [xix] Yang, Xiaobo et al. (Feb 24, 2020), “Clinical course and outcomes of critically ill patients with SARS-CoV-2 pneumonia in Wuhan, China: a single-centered, retrospective, observational study.” *The Lancet Respiratory Medicine*, published online, [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(20\)30079-5/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30079-5/fulltext).
- [xx] Campbell, Archie, The Honourable Mr. Justice (Dec 2006), “The SARS Commission Final Report,” online at http://www.archives.gov.on.ca/en/e_records/sars/report/.

Santana, Debbie

From: Dian Palmer
Sent: Thursday, April 30, 2020 7:41 AM
To: Santana, Debbie
Cc: Larry Alcott; Trumaine Reeves; Tyson Roan
Subject: Re: Address the Board

Dear CCH Board,

Thank you for taking the time to read this letter on behalf of the SEIU Local 73 CCH members.

We have attempted to negotiate with the Bureau of Human Resources (BHR) regarding three (3) important issues concerning our members. The issues are as indicated below:

1. Hazard Pay for the tremendously dangerous work that our members do everyday.

We attempted to negotiate with the chief negotiator from BHR Orlando Brown. Mr Brown stated that our members signed up for this work and for the inherent dangers that came with the job and they were compensated accordingly.

I disagree. Who signs up for a pandemic that comes along every 100 or more years. Who signs up and commits not only their own lives but the lives of their spouses, children, parents and their unborn. And in their last hour on earth they have to go it alone. With no one to hold their hand or whisper a prayer.

All that we ask is for a little appreciation. But, we were met with a resounding no.

2. Additional 80 hours of sick time and expanded FMLA for Covid-19 caused absences.

Cook County has afforded every other Employee these temporary benefits other than CCH employees.

We ask only for the same consideration for CCH front line workers. No more no less.

3. Expand the criteria for universal testing of all CCH employees.

We believe a baseline of testing will allow the city, county and state a better opportunity to assess the health of our communities and flatten the curve. It allows us to make better decisions to protect workers, their families and their patients. But CCH, after telling us that it has more than adequate capacity to do the testing and process the results in its lab, stated that they were not prepared to agree to test every worker whether showing symptoms or asymptomatic.

After 2 and 1/2 hours of discussions Mr. Brown unilaterally declared an impasse.

I ask for your assistance in these terribly upsetting and destructive times. Our members are doing the best they can under the circumstances. They are afraid not only for them selves, but also for their families and the lives they are entrusted to care for.

We are asking you to stand with our members, your employees to provide them with the support and safety they need to provide the care and service for their patients

One word from you would make all the difference.

Sincerely

Dian Palmer
President
SEIU LOCAL 73

Please acknowledge the receipt of my letter.

Sent from my iPhone

My name is Genevieve Lewis and I am an RN working in the Neonatal Intensive Care Unit.

Our nurses are doing a job that carries a risk to our lives, our families and our community. The hospital should, at least, provide us with proper protection and they are not doing this. Several of our Neonatal nurses including myself were bullied and intimidated by management to remove our level 4 coveralls, which do confer protection from viruses.

We had to invoke our union rights, and refuse to remove our coveralls, when working with suspected Covid-19 patients.

We are a public safety net hospital. We should take the lead in stopping and controlling Coronavirus. Instead, our hospital administrators are being negligent and irresponsible. We shouldn't have to fight management and the virus. Management must stop harassing RNs who are simply trying to protect themselves and their families from this virus.

We have attempted to follow the chain of command and our contract to solve this issue. We have filed grievances on this matter and unfortunately our workplace safety grievance hearing has been delayed for weeks because management has been unprepared to address our concerns, Managements keeps asking for additional dates which tells me and the RNs I work with that our health and safety is not the priority. With each passing day, RNs lives are put at risk. Stop the delays and give us the PPE that actually stops viruses and allows us to do our jobs.

Sincerely,

Genevieve Lewis
Clinical Nurse I

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
April 30, 2020

ATTACHMENT #3

Human Resources Metrics

CCH Board of Directors

Barbara Pryor
Chief Human Resources Officer

April 30, 2020



COOK COUNTY
HEALTH

Metrics



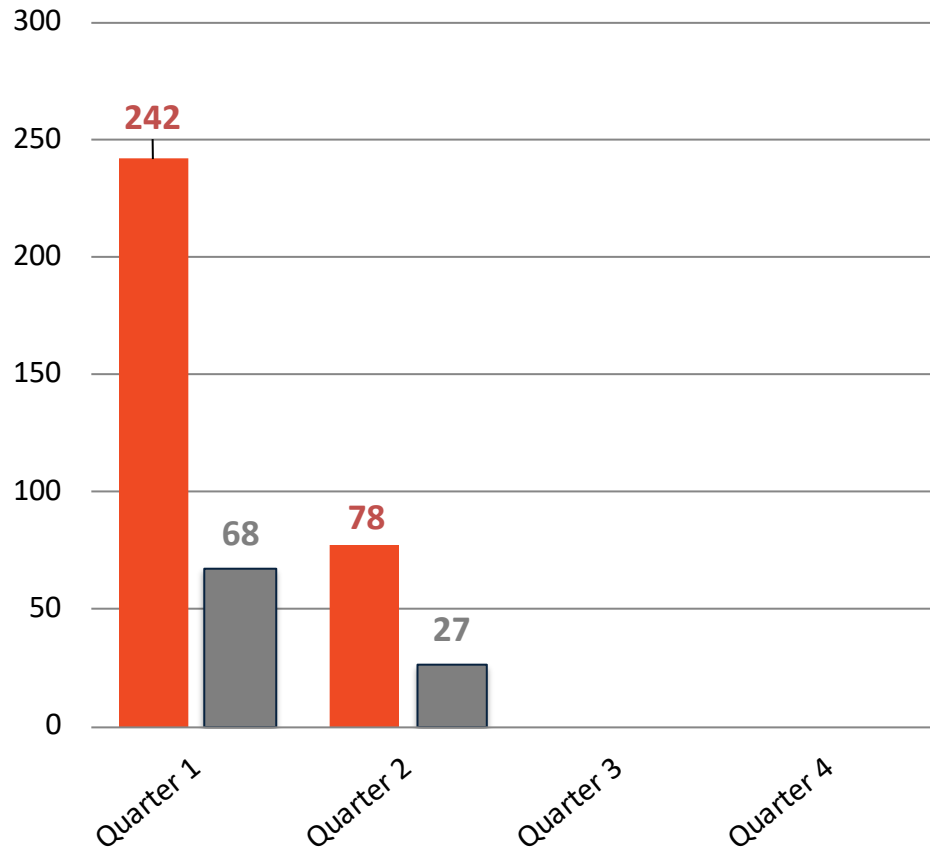
COOK COUNTY
HEALTH

FY 2020 CCH HR Activity Report

Thru 03/31/2020

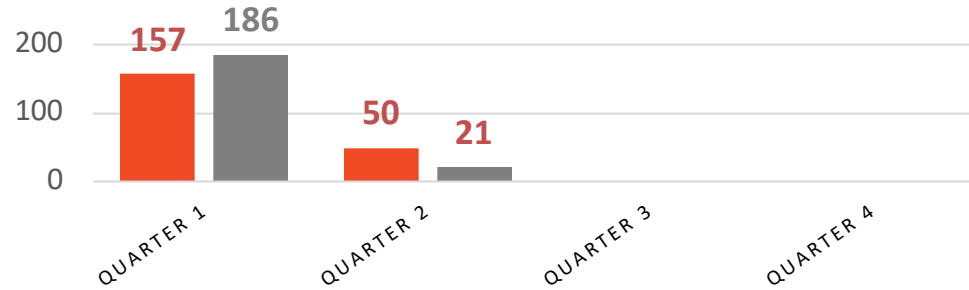
FILLED POSITIONS

■ 2019 Filled (320) | Externals (202)
■ 2020 Filled (95) | Externals (68)

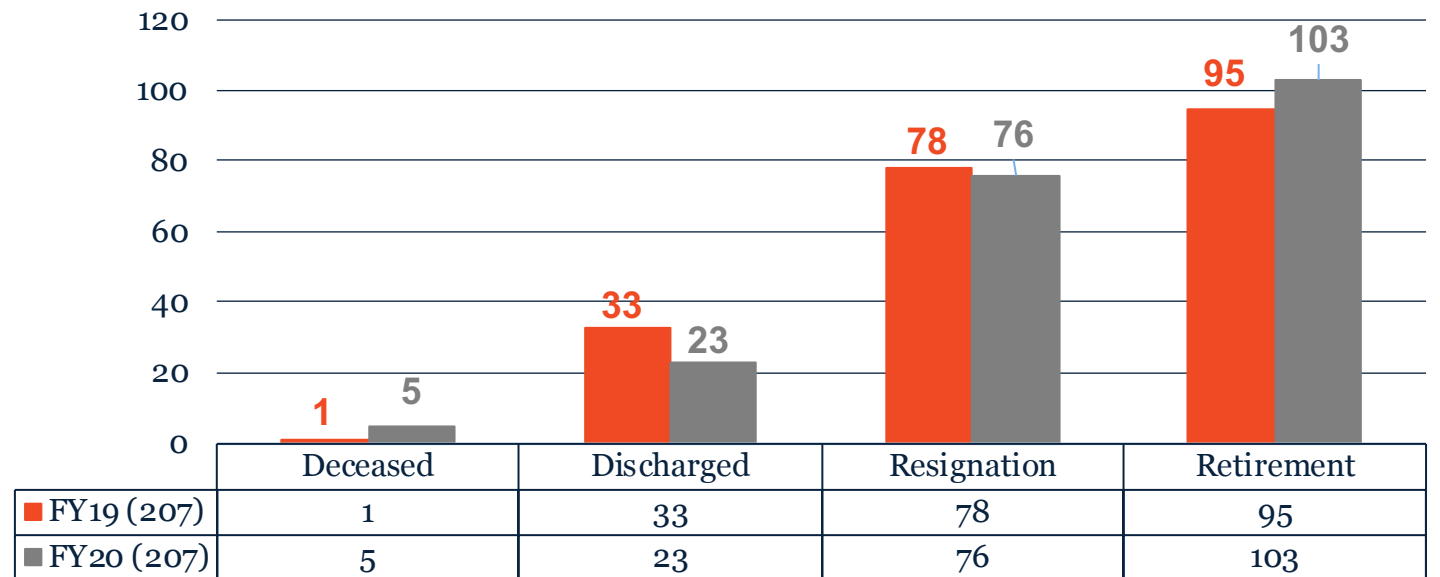
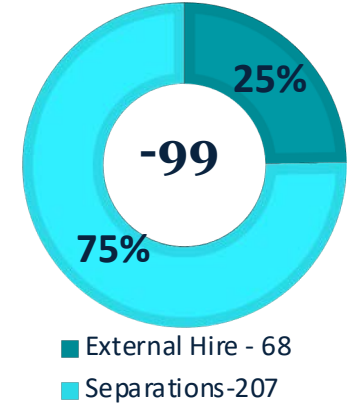


SEPARATIONS

■ 2019 Separations (207) ■ 2020 Separations (207)



NET

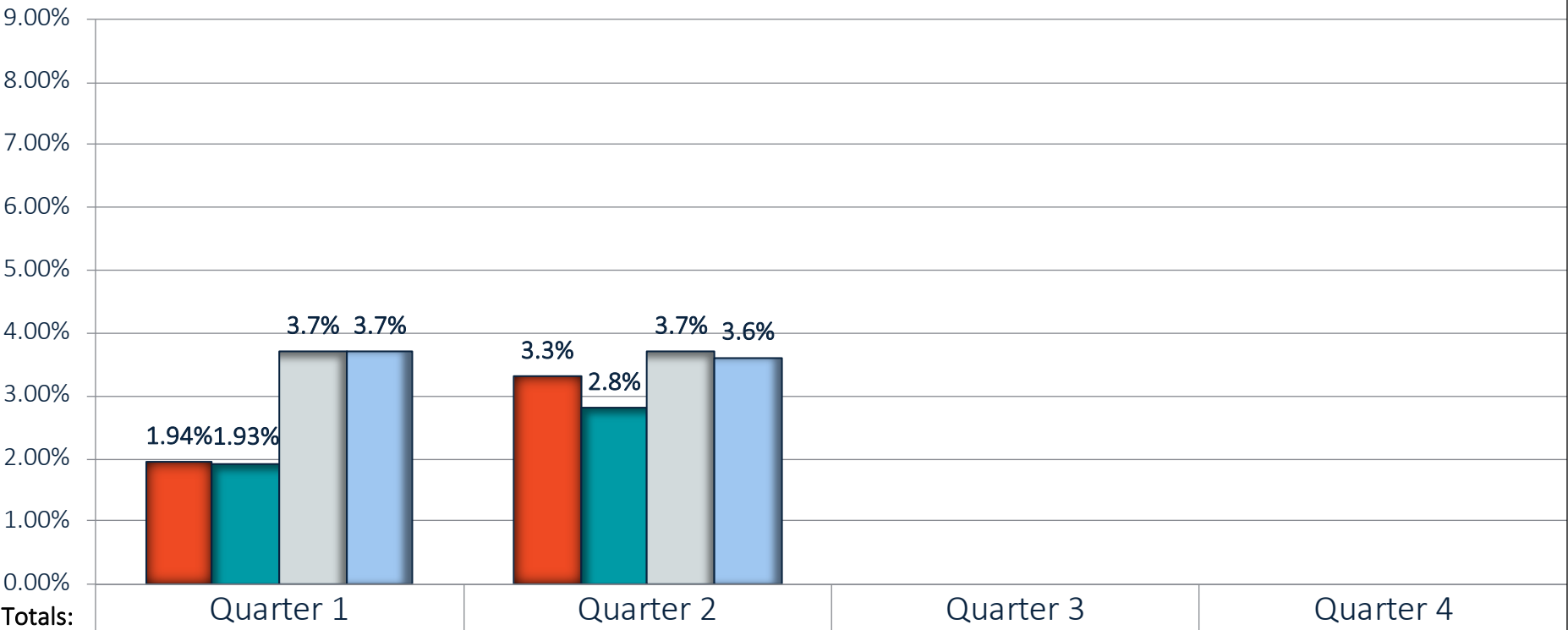


COOK COUNTY
HEALTH

Does not include Consultants, Registry and House Staff

CCH HR Activity Report – Turnover

CCH TURNOVER
Turnover Year-to-Date
Head Count: 6,297



■ FY20 CCH Turnover	1.94%	3.3%		
■ FY19 CCH Turnover	1.93%	2.8%		
■ FY17 U.S. IL Health & Hospital Assoc. Turnover Data	3.7%	3.7%		
■ FY19 U.S. Dept. of Labor Turnover Data	3.7%	3.6%		

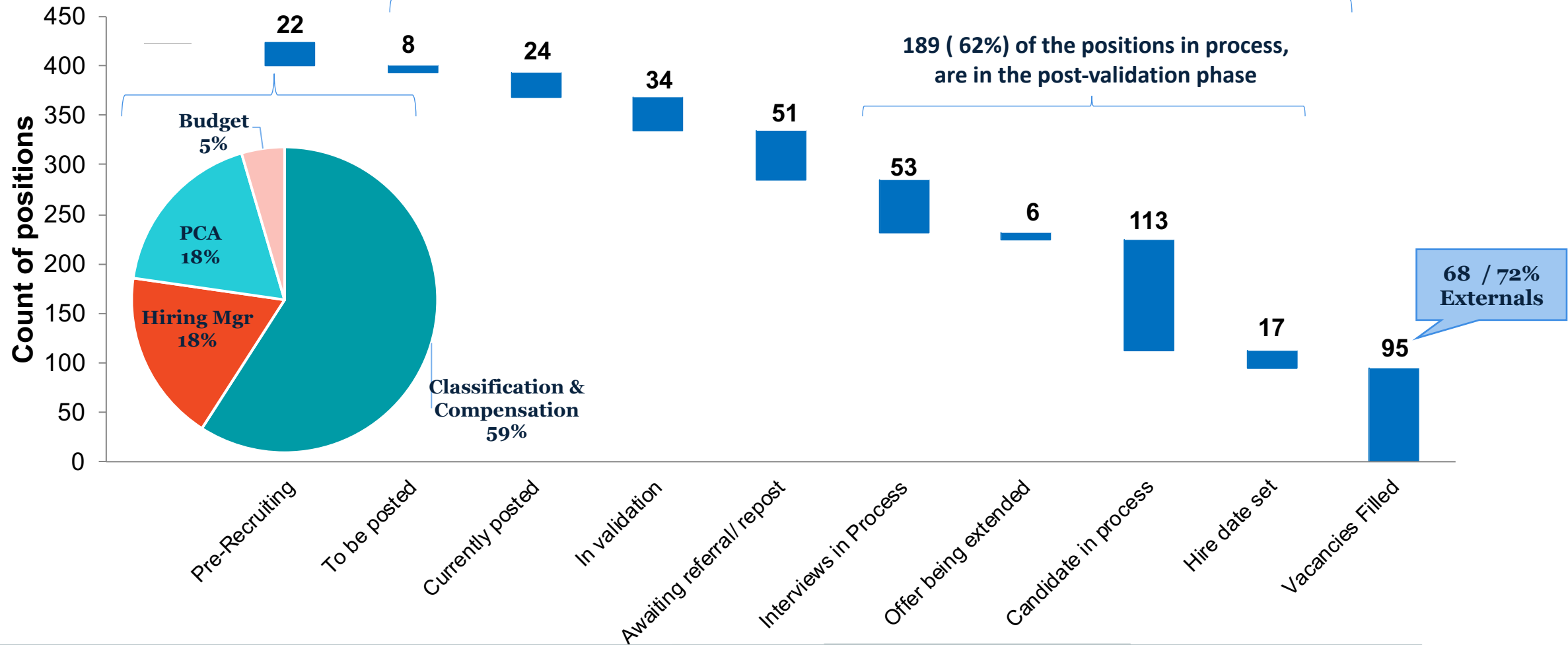


Cook County Health HR Activity Report – Hiring Snapshot

Thru 03/31/2020

Clinical Positions	201 61%
Non-Clinical Positions	105 39%

306 Positions in Recruitment



**COOK COUNTY
HEALTH**

Thank you.



COOK COUNTY
HEALTH

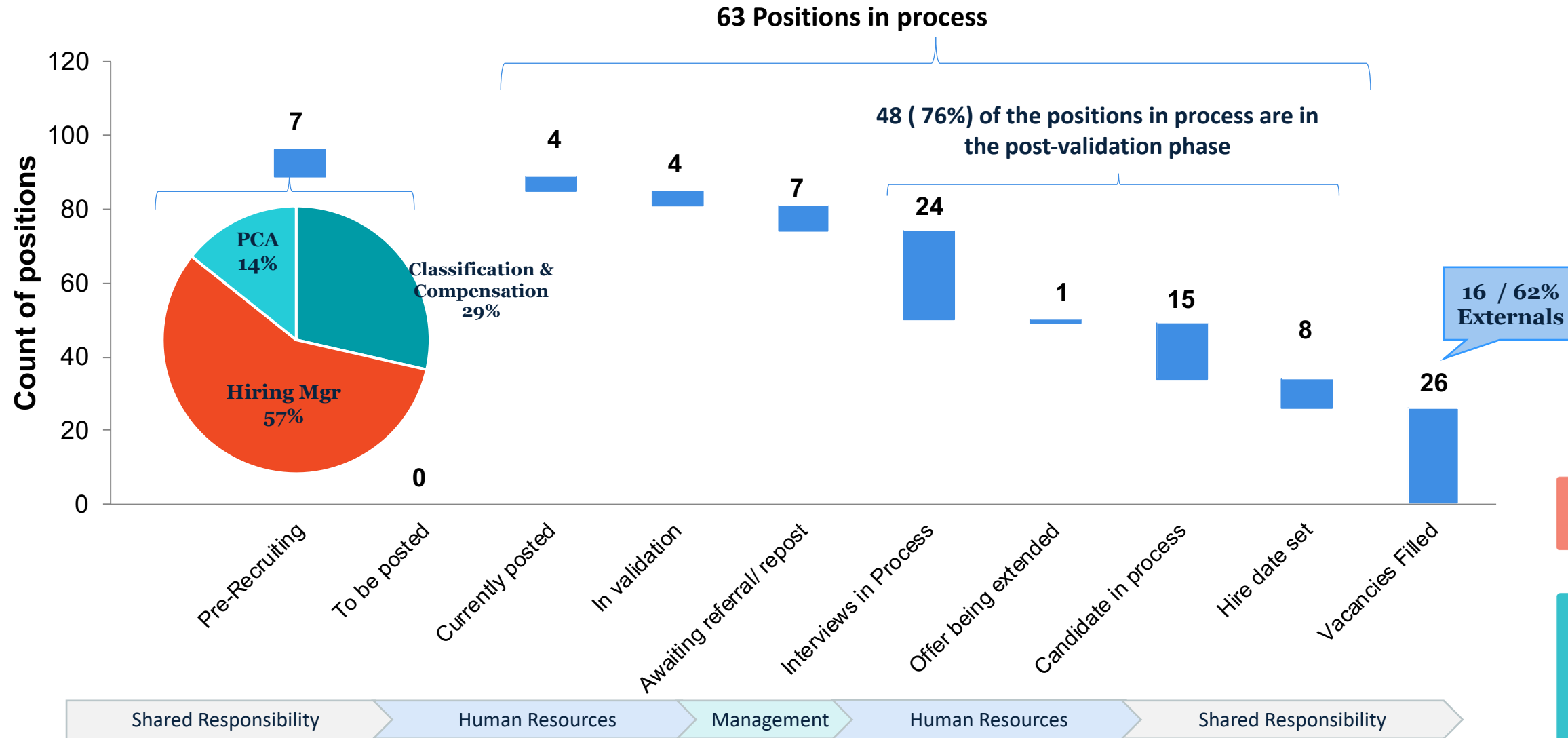
Appendix



COOK COUNTY
HEALTH

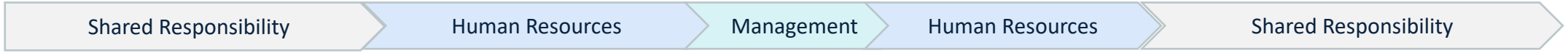
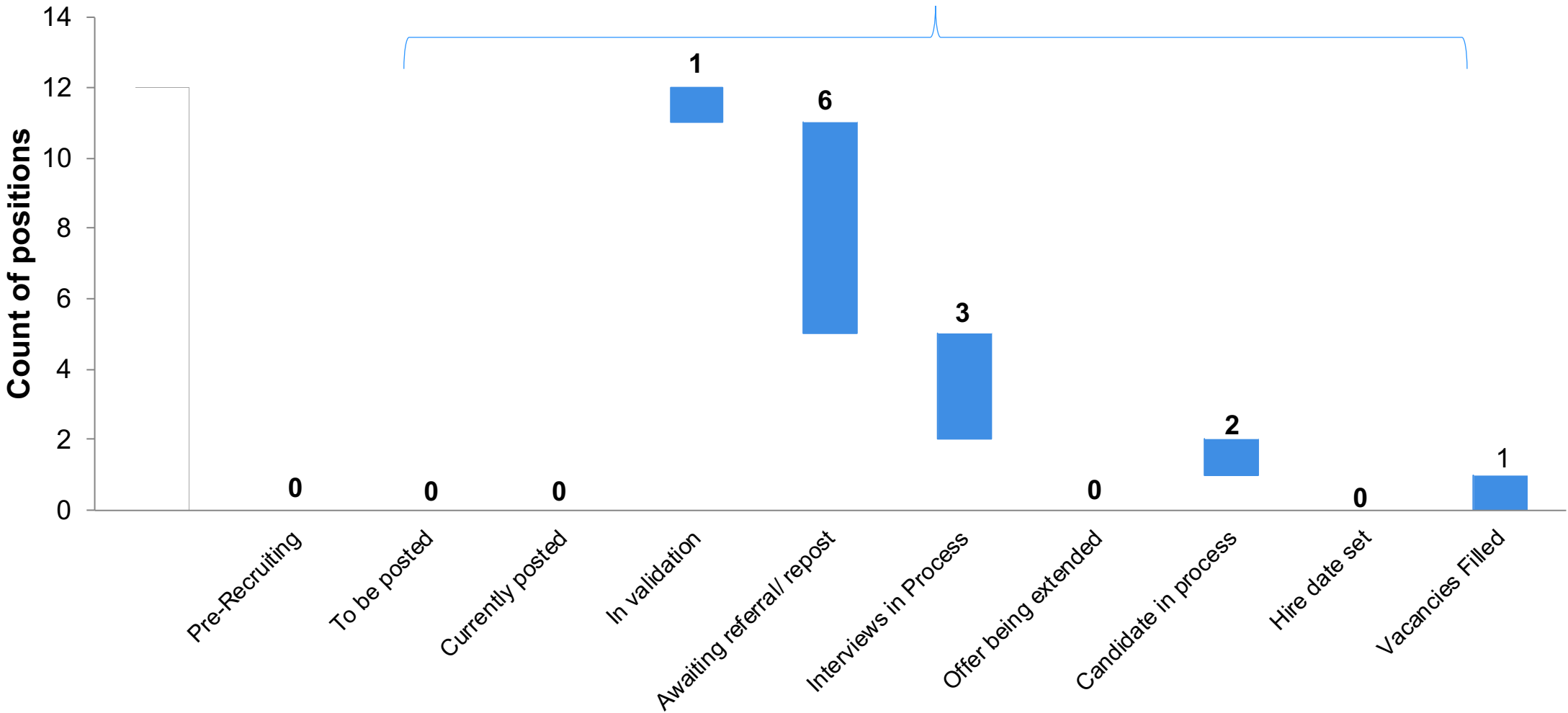
Cook County Health HR Activity Report Nursing Hiring: CNI, CNII

Thru 03/31/2020



Cook County Health HR Activity Report – Revenue Cycle

Thru 03/31/2020
12 Positions in process



Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
April 30, 2020

ATTACHMENT #4

CountyCare Update

Prepared for: CCH Board of Directors

James Kiamos
CEO, Health Plan Services
April 30, 2020



Current Membership

Monthly membership as of April 3, 2020

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

ACA: Affordable Care Act

FHP: Family Health Plan

ICP: Integrated Care Program

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

SNC: Special Needs Children

Source: CCH Health Plan Services Analytics



Managed Medicaid Market

Illinois Department of Healthcare and Family Services March 2020 Data

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

* Only Operating in Cook County

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

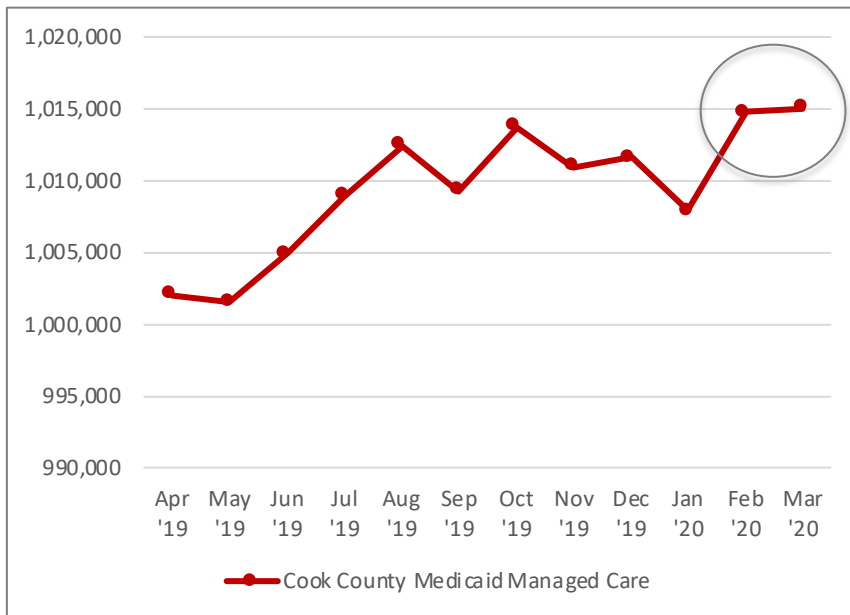
Source: <https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx>



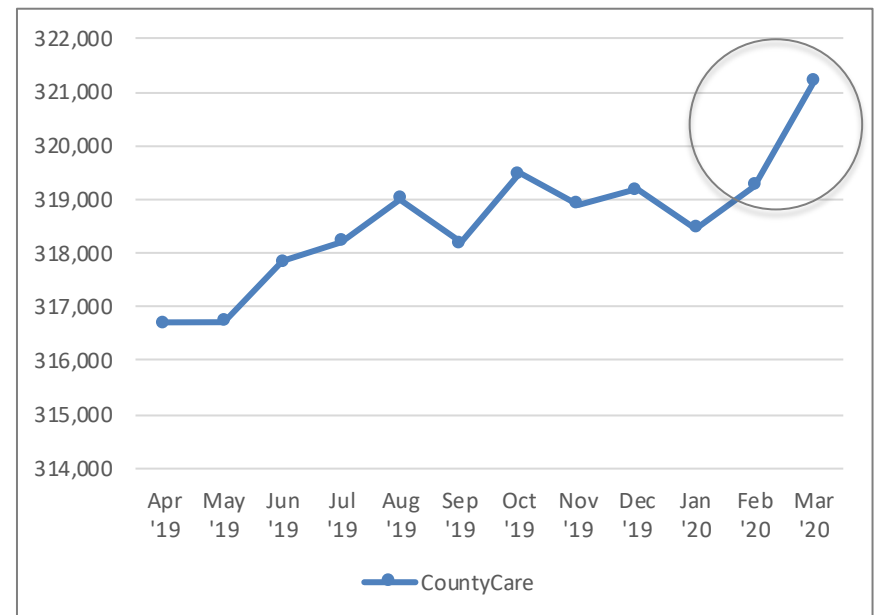
IL Medicaid Managed Care Trend in Cook County

(charts not to scale)

Cook County Medicaid Managed Care



CountyCare

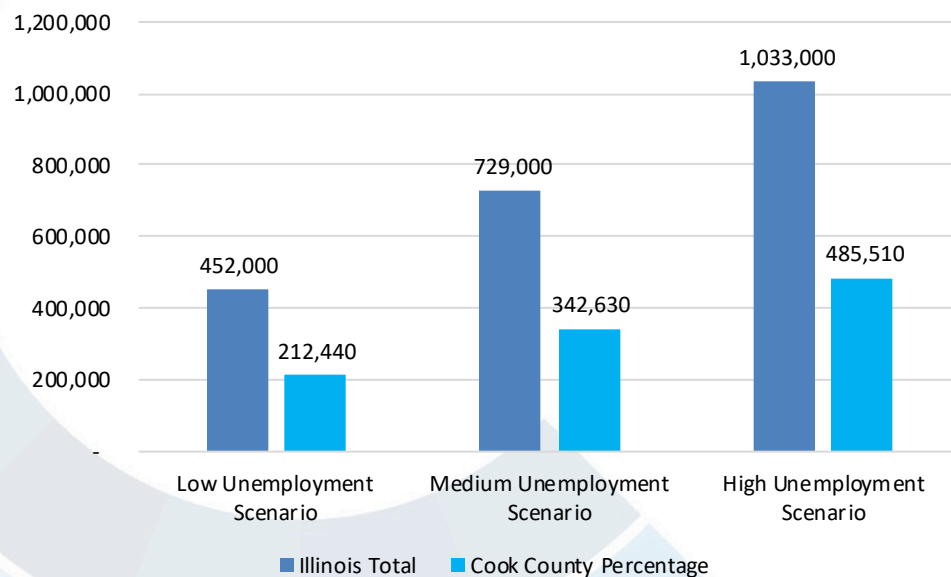


- CountyCare's monthly enrollment trend closely follows the overall Managed Care enrollment trend in Cook County, except for a ~2K member increase in March 2020

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

Projected Illinois Medicaid Growth

Estimated Change in Insurance Coverage from COVID-Related Economic Downturn - Illinois



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

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

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

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

CountyCare Membership Drivers

Auto-Assignment is Critical Factor in CountyCare Growth

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

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

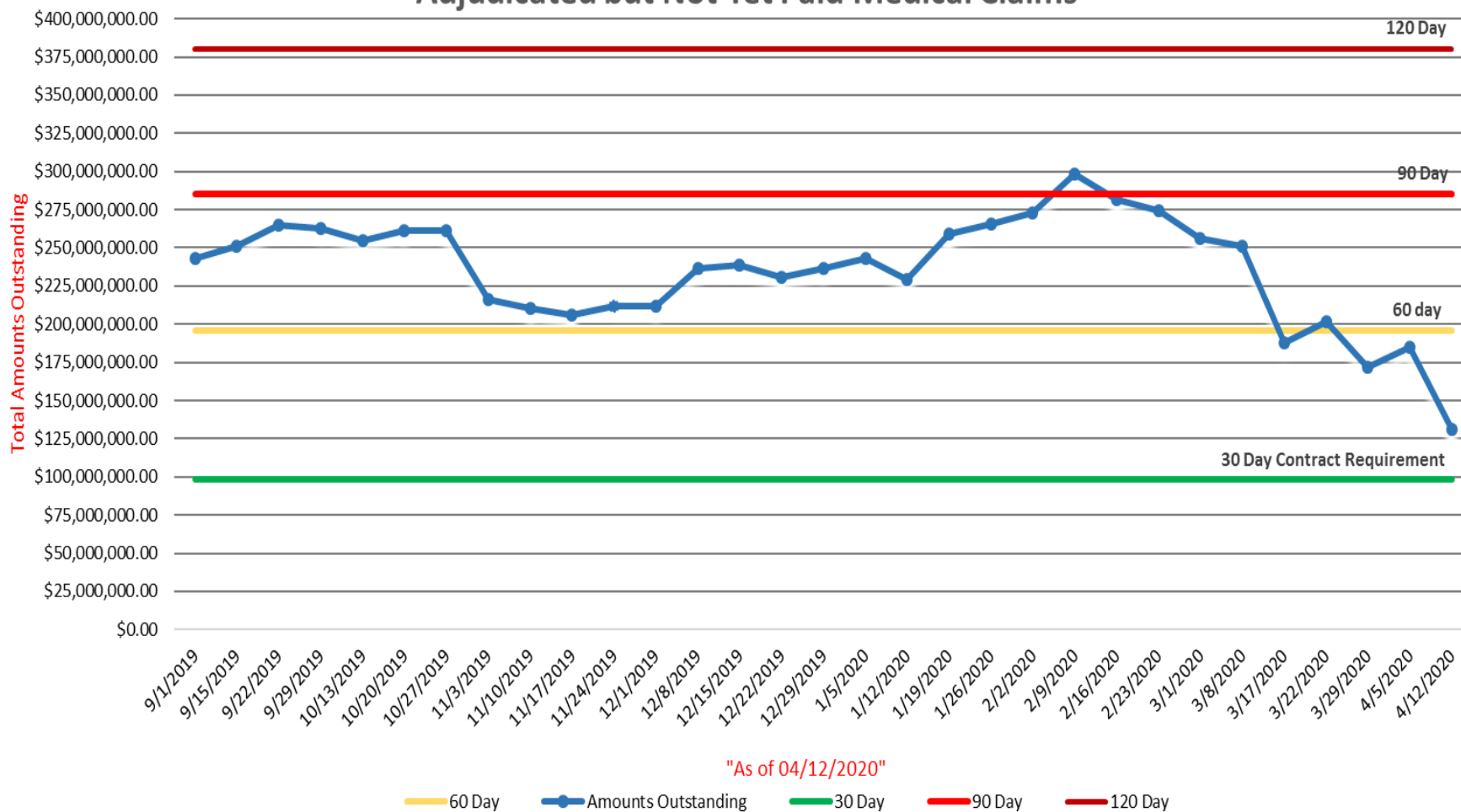
- Approval to remove choice period and allow for direct assignment to MCO
- Extend redeterminations for 12 months *(note: HFS is extending rede dates, but not for 12 months)*
- Allow diversified staff (not state employees) to process enrollment applications to prevent extended processing timelines

Source: CCH Health Plan Services Analytics



Claims Payment

Adjudicated but Not Yet Paid Medical Claims

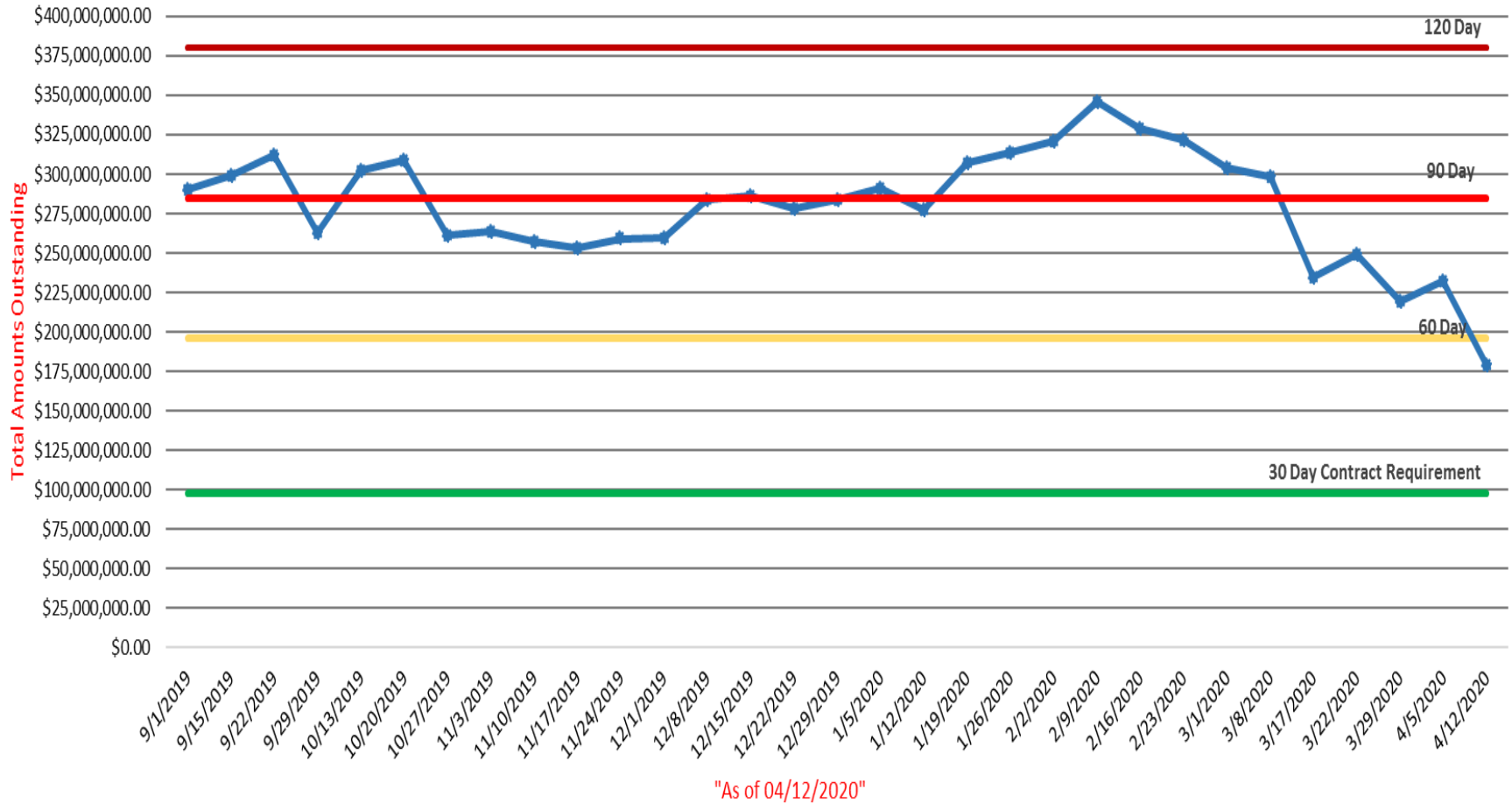


*Medical claims only-does not include pharmacy, dental, vision or transportation claims

Source: CCH Health Plan Services Analytics

Claims Payment

Received but Not Yet Paid Medical Claims



*Assumes average of 15 days to process claims

*Assumes \$47.5M in pending claims not yet adjudicated

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

Source: CCH Health Plan Services Analytics

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
April 30, 2020

ATTACHMENT #5

Corporate Compliance Report

CCH Board of Directors

April 30, 2020



COOK COUNTY
HEALTH

Meeting Objectives

Review

Metrics

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

Receive and File

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

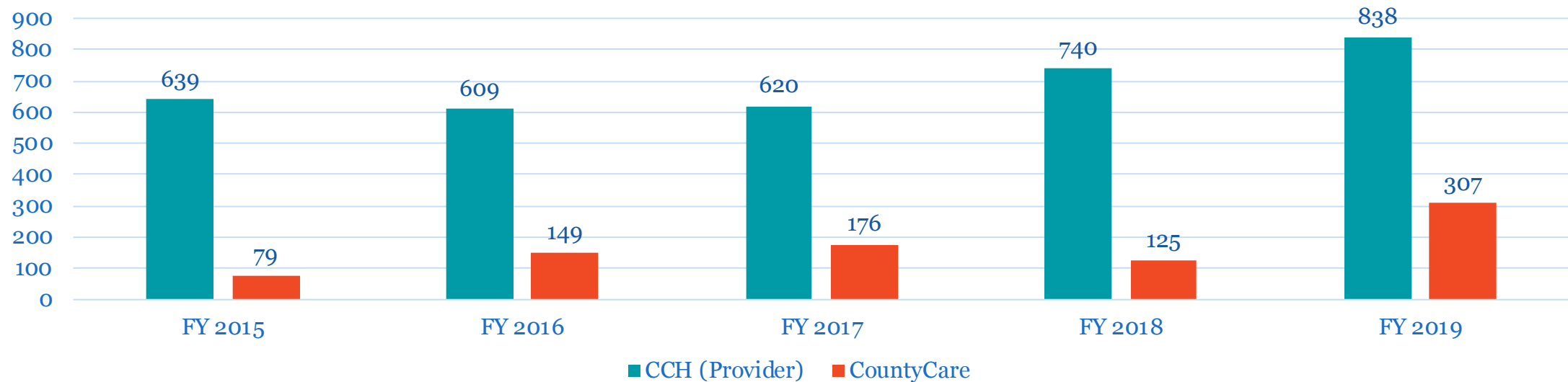
Metrics



COOK COUNTY
HEALTH

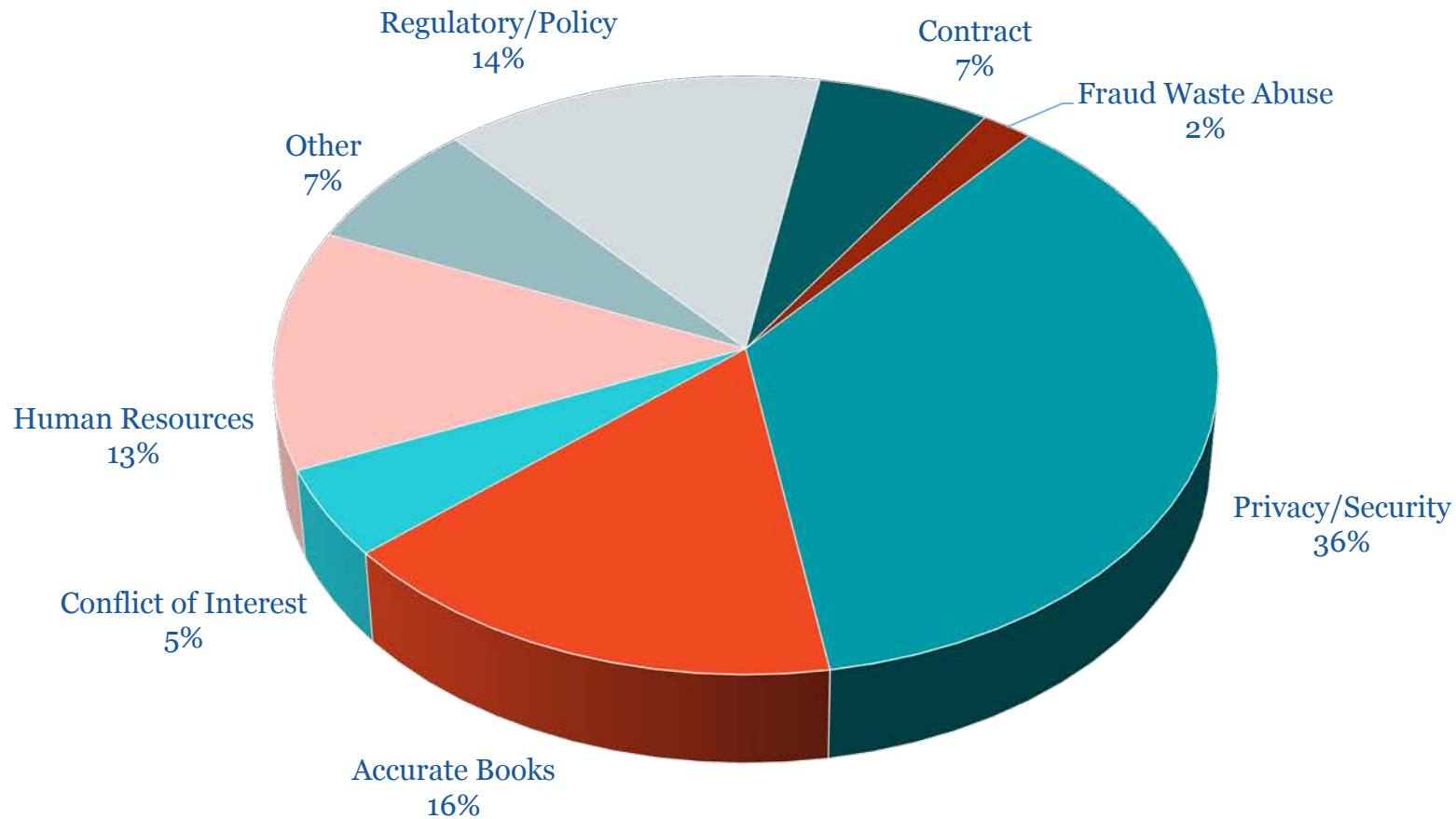
Year-Over-Year Contacts

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



2019 Contacts by Category

CCH as a Provider of Care

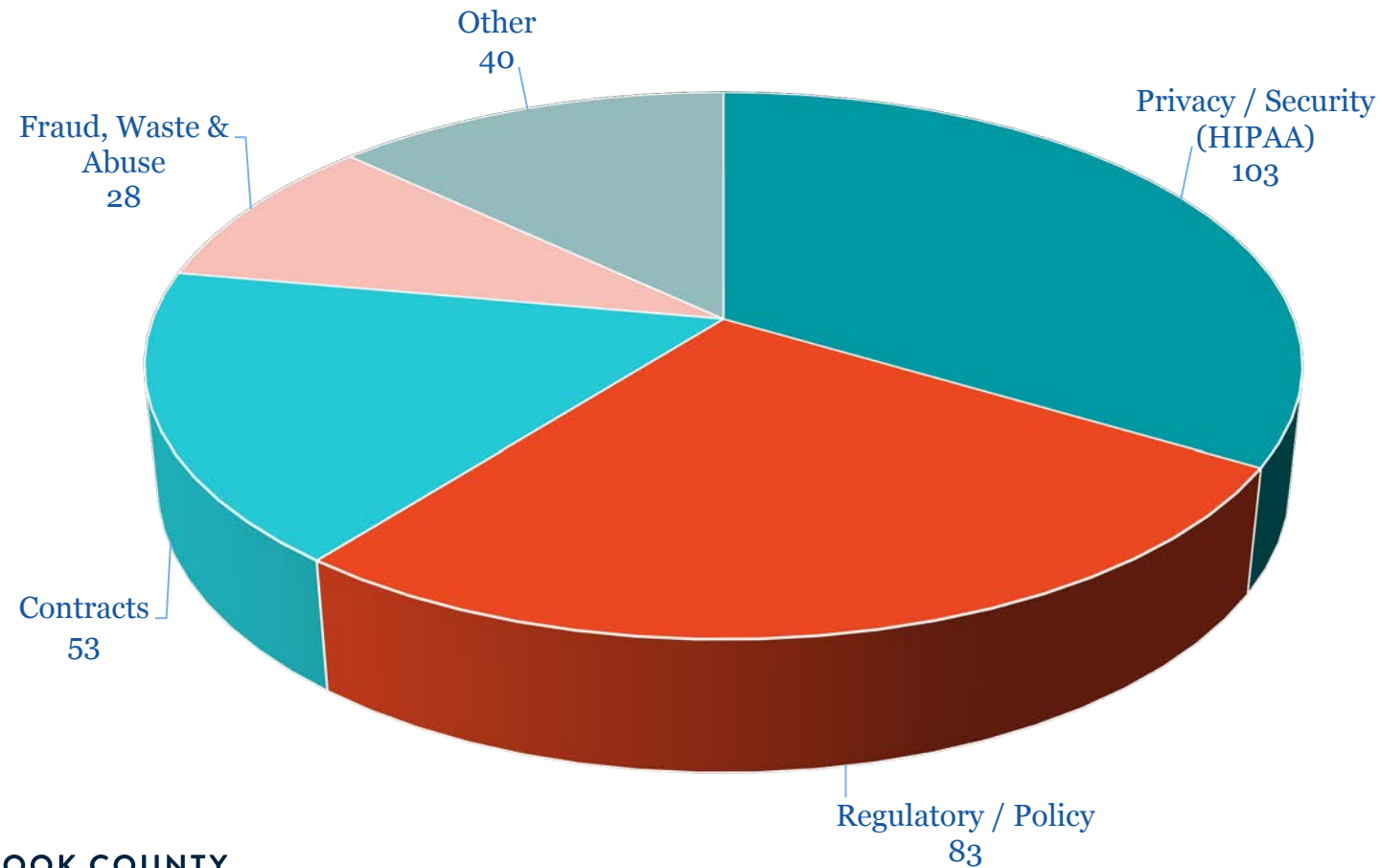


Categories	
Privacy/Security (HIPAA)	304
Accurate Books	137
Regulatory/Policy	119
Human Resources	109
Contracts	54
Conflict of Interest	40
Fraud Waste & Abuse	16
Other	59
838	



2019 Contacts by Category

CountyCare Health Plan



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

Fraud, Waste and Abuse Metrics

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

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

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

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

Receive and File

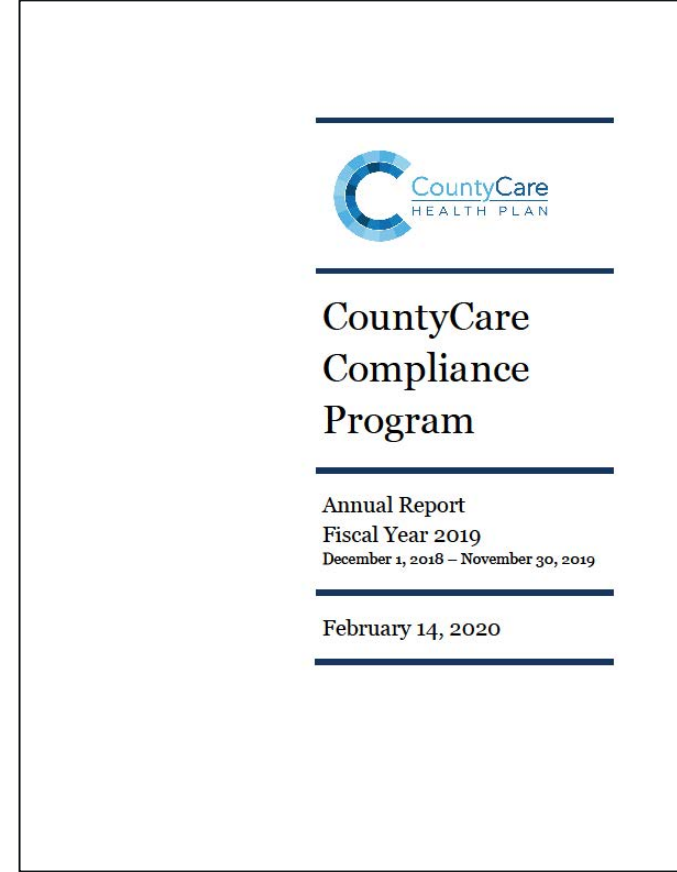
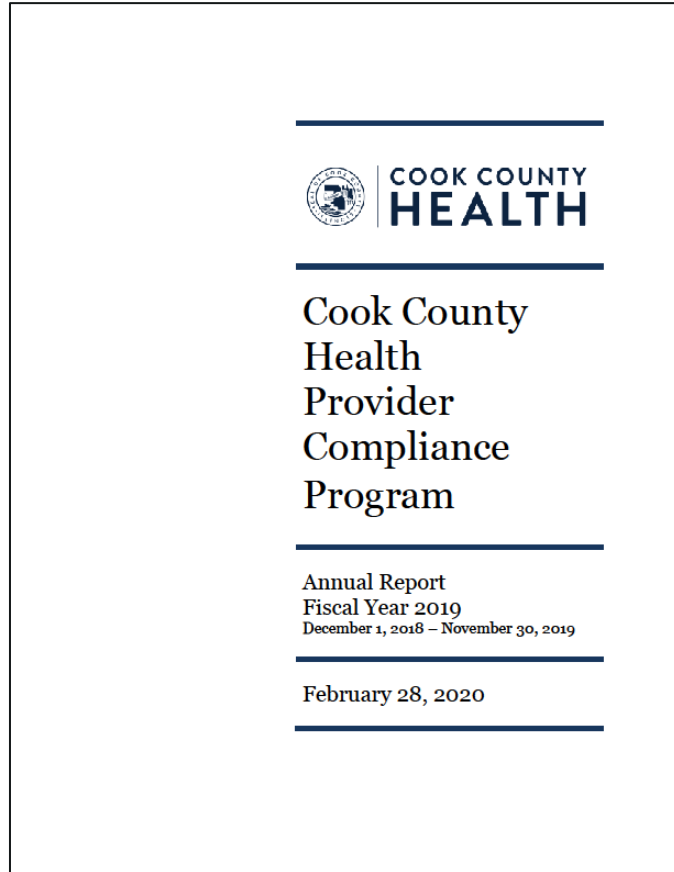
Annual Reports



COOK COUNTY
HEALTH

Corporate Compliance Annual Reports

CCH as a Provider of Care and CountyCare Medicaid Plan



Questions



COOK COUNTY
HEALTH



COOK COUNTY
HEALTH

Cook County Health Provider Compliance Program

Annual Report
Fiscal Year 2019

December 1, 2018 – November 30, 2019

February 28, 2020

Cook County Health
Compliance Program
ANNUAL REPORT – FY19

Table of Contents

I.	Introduction.....	3
II.	Building Blocks – Program Infrastructure and Scope	4
III.	Being Present – Communication – Fostering Transparency	5
	A. Communication Strategy	5
	B. Communication Channels	6
IV.	Compliance Program Structure: Performance of the Elements	6
	A. Element 1	
	i. Policies and Procedures & Work Plan Activities.....	6
	B. Element 2	
	i. Compliance Office and Committees	9
	C. Element 3	
	i. Education and Training	11
	D. Element 4	
	i. Effective Lines of Communication – Receiving and Responding to Complaints	11
	E. Element 5	
	i. Enforcing Standards	16
	F. Element 6	
	i. Auditing and Monitoring.....	17
	G. Element 7	
	i. Risk Assessment.....	17
V.	Looking Ahead.....	18

Cook County Health
Compliance Program
ANNUAL REPORT – FY19

I. Introduction

Cook County Health (CCH) Corporate Compliance incorporates two (2) distinct Compliance Programs: CCH as a provider of health care services and the CountyCare Medicaid Health Plan with executive oversight of both programs by a Chief Compliance & Privacy Officer. In FY 2019, the Office of Corporate Compliance added a Privacy Officer to focus on compliance with the Health Insurance Portability and Accountability Act (HIPAA) for privacy oversight for both CCH as a provider of care and the CountyCare Medicaid Health Plan. In looking at the breadth of Compliance at CCH, the provider side services occur within both CCH hospitals (John H. Stroger, Jr. Hospital of Cook County and Provident Hospital of Cook County), multiple outpatient clinics, correctional medicine at the Cook County Jail and Juvenile Temporary Detention Center, and the Cook County Department of Public Health. It also includes providers, clinicians and others that provide direct care to patients, in addition to workforce members not directly involved in patient care. In an indirect way, Corporate Compliance also encompasses all of CCH's "business associates" – parties who have contracted with CCH and have access to our patients' and members' protected health information in varying capacities. Although the CountyCare Medicaid Health Plan's Compliance Program is addressed through a separate annual report, both programs function at the system level and are committed to the mission of Cook County Health:

"To deliver integrated health services with dignity and respect regardless of a patient's ability to pay; foster partnerships with other health providers and communities to enhance the health of the public; and advocate for policies which promote and protect the physical, mental and social well-being of the people of Cook County."

Corporate Compliance supports CCH's Mission through a departmental Mission updated and approved by the Audit and Compliance Committee of the Board of Directors on September 20, 2018. The mission reads,

"The Corporate Compliance Program upholds the mission, vision, and core values of Cook County Health by:

- *Developing standards to guide everyone affiliated with CCH to "Do the Right Thing"*
- *Increasing compliance awareness through education and training*
- *Promoting collaboration, honest behavior, mutual respect, and professional responsibility*

to support compliance with applicable laws, regulations, and system-wide policies."

Corporate Compliance similarly updated the Compliance Vision statement:

"To ensure safeguards are in place for our patients, health plan members, health plan providers, the residents of the county of Cook, and our workforce members, staff, and the public at large, the Corporate Compliance Program will be a resource to everyone affiliated¹ with and cared for by Cook County Health."

¹ For the purposes of this statement, "affiliated" is defined as all patients, health plan members, health plan providers, the residents of the county of Cook, and workforce members that include employees, medical staff, house staff, Board members, volunteers, students, partners, consultants, agency personnel, and vendors.

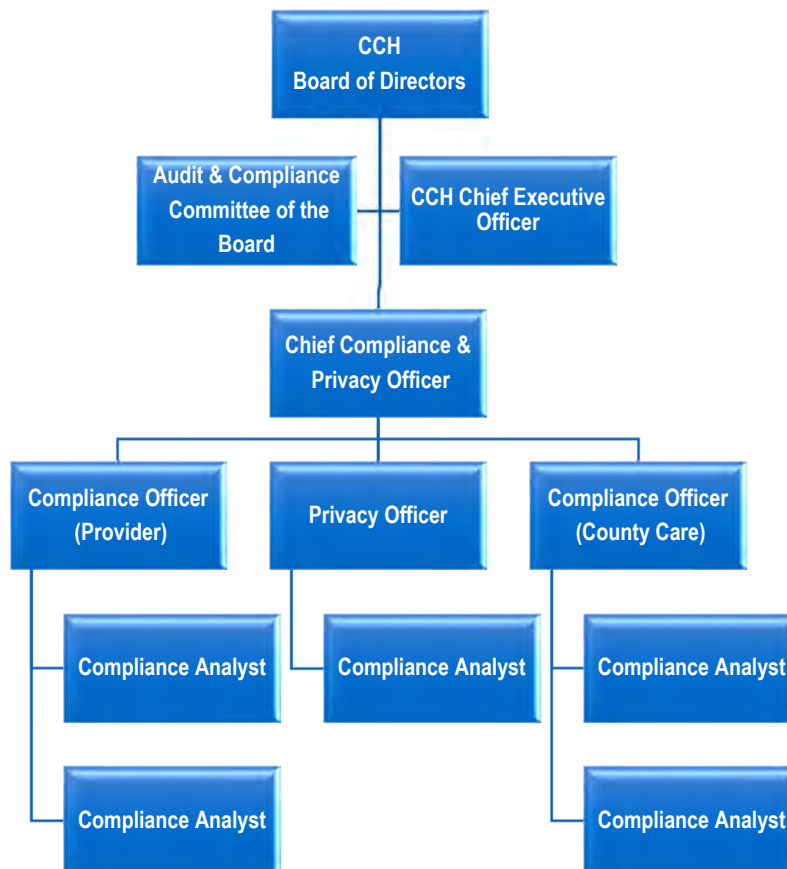
Cook County Health
Compliance Program
ANNUAL REPORT – FY19

This Annual Report presents the activities throughout County fiscal year 2019 of the CCH Provider Corporate Compliance Program under the executive leadership of Cathy Bodnar, Chief Compliance & Privacy Officer, and the operational leadership of Dianne Willard, Compliance Officer, and Ashley Huntington, Privacy Officer. This report also serves to demonstrate the effectiveness of the compliance program by looking at infrastructure, communication strategy and the methods or channels of communication. In addition, this report provides an assessment of the CCH Provider Compliance Program by using the seven (7) Compliance Program Elements of a comprehensive compliance program delineated by the Office of Inspector General (OIG).

II. Building Blocks – Program Infrastructure and Scope

The Annual Report begins with a look at the activities of the Program that incorporate efforts to foster an infrastructure that produces a comprehensive compliance program. The existing Departmental Organization Chart follows:

Compliance Organizational Chart



Cook County Health
Compliance Program
ANNUAL REPORT – FY19

All positions on the provider side were filled in FY 2019 through intradepartmental promotions and transfers within CCH. Management of the core elements of the Program continued while an individualized development plan for each new/promoted team member was undertaken. This was critical to the success of each individual and the Program overall.

The Office of Corporate Compliance also partnered with the Department of Human Resources to offer internship opportunities for masters-level and law school students. Corporate Compliance welcomed its first intern, a student in the Master of Health Administration program at Governors State University, in October 2019. This student spent time working on the Privacy side of compliance, learning about the requirements of the Health Insurance Portability and Accountability Act (HIPAA), how healthcare organizations use and share data in a way that protects patient privacy, and how to improve Privacy messaging on an enterprise wide level. Corporate Compliance will welcome more interns in FY 2020.

Corporate Compliance Program Scope

Cook County Health activities that fall into the Corporate Compliance purview include:

- Interpretation of laws, rules, and regulations and organization policies as they relate to Corporate Compliance;
- Investigation of allegations of inaccurate books and records;
- Evaluation of conflicts of interest;
- Review of certain contracts/agreements, including research, clinical trials, and grants;
- Assessment of compliance with the Emergency Medical Treatment and Labor Act (EMTALA);
- Watchdog for Fraud, Waste, Abuse and Financial Misconduct;
- Monitor for integrity in marketing and purchasing practices; and
- Safeguard for both patient and member privacy, confidentiality, and security (HIPAA).

III. Being Present – Communication – Fostering Transparency

A. Communication Strategy

The ongoing organizational compliance communication strategy has been to increase the CCH workforce awareness of the following topics:

- Accessibility of the Compliance and Privacy Officers and the compliance team;
- Availability through multiple modalities (in-person, e-mail, phone, hot line);
- Code of Ethics;
- Privacy, Confidentiality, and Security;
- Responsibility to report potential/actual issues; and
- Non-retaliation.

B. Communication Channels

Within FY 2019, the Corporate Compliance Program communicated the aforementioned topics utilizing multiple formats:

- E-mail communications;
- Organizational newsletters (System Briefs);
- New employee orientation;
- Annual education;
- Refresher presentations to all levels of the system;
- Screen savers;
- Attendance/presence at team meetings;
- Pens with the compliance hot line number; and
- Dual employment and conflict of interest reporting.

IV. Compliance Program Structure: Performance of the Elements

Element 1

The development and distribution of written Code of Ethics, as well as written policies and procedures that promote the hospital's commitment to compliance (e.g., by including adherence to compliance as an element in evaluating managers and employees) and that address specific areas of potential fraud, such as claims development and submission processes, coding and billing risk areas, and financial relationships with physicians and other healthcare professionals.

A. Policies and Procedures & Work Plan Activities

Policies and Procedures

Developed, updated, and performed triennial reviews on multiple system policies related to general compliance, governance, and HIPAA as system-wide policies moved to a new software platform. Functioned as a reviewer for numerous organizational policies with compliance, privacy, and/or security elements. Continue to participate on the CCH Policy Review Committee to ensure uniform system-wide standards are met.

Work Plan Activities

In addition to policy and procedure activity, Corporate Compliance worked with a number of operational areas to assess compliance with procedures and/or regulatory requirements.

Cook County Health
Compliance Program
ANNUAL REPORT – FY19

- Partnership with Health Information Services (HIS)
Collaborated with HIS on information security matters and partnered with the Information Security Officer to develop an offshore operations attestation form to determine if any organization, either directly or indirectly, through subcontracts, performs activity at an offshore location. The plan, within FY 2020 is to selectively roll this attestation form out in partnership with Supply Chain Management.

- E-Learning through the Learning Management System
Functioned as subject matter expert for three (3) mandatory education modules, Code of Ethics, Fraud, Waste and Abuse and Privacy. Modules are reviewed annually to assure compliance with regulatory and contractual requirements.

- Dual Employment and Accounting of Disclosure Surveys
Completion of the Dual Employment survey is required annually whether or not a CCH employee engages in any outside activity. This requirement is promulgated by Cook County's Ethics Ordinance, CCH Dual Employment Policy and Article 12 of CCH's Personnel Rules.

Corporate Compliance partnered with Human Resources (HR) to develop a new platform for disclosing dual employment and conflict of interest activity. The survey platform was configured and implemented through an existing CCH Salesforce software application which allowed for a significant cost savings. Coupled collaboration between HR and Corporate Compliance built upon the strengths of each area, efficiently facilitated decision-making and resulted in faster implementation. The result was tool that meets the aforementioned requirements and covers two (2) elements, dual employment and conflict of interest which is covered in the CCH Dual Employment and Conflict of Interest policies.

The application requires attestations by each employee for compliance with each policy and collects disclosures for review and approval by leadership. Building on feedback received from prior years, the survey was streamlined to trigger a subset of questions if the user responded affirmatively to a question.

The survey generally requires a two-step leadership review. Once completed by an employee, the survey automatically generates an email to the employee and operational leader, prompting the leader to review, approve or deny the survey. Once reviewed and approved, the survey is routed for a secondary review by the Department Head. At each step of the review, the reviewer has the ability to reject a submission, sending the survey back to the individual for more

Cook County Health
Compliance Program
ANNUAL REPORT – FY19

specificity. Upon rejection, an email is similarly generated and sent to the employee's CCH email account which includes a direct link to the employee's survey. The employee is then required to update their survey and resubmit.

To make the survey more efficient, logic was built into the survey to facilitate approvals by leadership. If an employee does not disclose dual employment and does not respond affirmatively to any disclosure question, the survey will automatically approve. The "Auto Approved" functionality retains the ability for the leader review and reject the submission as deemed necessary. The goal of this feature is to automate submissions that meet certain conditions and allow leadership to focus on the exceptions thereby streamlining the review process.

Summary information will be compiled and shared with the Corporate Compliance Executive Steering Committee.

- Record Retention

As a government entity, all documents must be reviewed to determine if they are considered "public records." Public record is defined in 50 ILCS 205/3 as *"(a)ny book, paper, map, photograph or other official documentary material, regardless of physical form or characteristics, made, produced, executed or received by any agency...or in connection with the transaction of public business and preserved...as evidence of the organization, function, policies, decisions, procedures, or other activities thereof, or because of the informational data contained therein."*

CCH follows an approved Application for Authority to Dispose of Local Records, known as the Record Retention Schedule. The Schedule dates back to 1985, it contains 1,237 pages with 4,395 different records and retention periods. A renewed departmental effort to develop a leaner, more intuitive Record Retention Schedule for Cook County Health was initiated late in FY 2019 and remains on the Corporate Compliance work plan for FY 2020.

Element 2

The designation of a Chief Compliance Officer and other appropriate bodies, e.g., a corporate compliance committee, charged with the responsibility of operating and monitoring the compliance program, and who reports directly to the CEO and the governing body.

B. Compliance Office and Committees

The graphic below illustrates the communication and reporting structure. Cathy Bodnar, the Chief Compliance & Privacy Officer, reports to the CCH Audit & Compliance Committee of the Board and the CCH Chief Executive Officer. In turn, the CCH Audit & Compliance Committee of the Board and the CCH Chief Executive Officer each report to the CCH Board of Directors.



The primary duties of the **Chief Compliance & Privacy Officer** include the following:

- Provides oversight and guidance to the Board of Directors, Chief Executive Officer and senior management on matters relating to compliance.
- Monitors and reports results of organizational compliance/ethics efforts. Authorized to implement all necessary actions to ensure achievement of the objectives of an effective compliance program.
- Works in conjunction with the Privacy Officer to assure compliance with HIPAA and state laws regarding protection of patient and member health information;
- Monitors the performance of the Compliance Program and related activities, internally throughout CCH and externally for delegated entities, taking appropriate steps to improve effectiveness.
- Develops, initiates, maintains and revises policies, procedures and practices for the general operation of CCH and its related activities including those to ensure compliance with the CCH Managed Care Community Network (MCCN) Agreement with Healthcare Family Services (HFS).
- Develops and periodically reviews and updates Code of Ethics to ensure continuing relevance in providing guidance to management and the workforce.
- Responds to alleged violations of rules, regulations, policies, procedures and the CCH Code of Ethics by evaluating or recommending the initiation of investigative procedures.

Cook County Health
Compliance Program
ANNUAL REPORT – FY19

- Acts as an independent review and evaluation body to ensure that compliance issues/concerns evaluated, investigated and resolved, which may include reporting of violations or potential violations to duly authorized enforcement agencies as appropriate and/or required.
- Identifies potential areas of compliance vulnerability and risk; monitors operational corrective action plans for resolution of problematic issues, and provides general guidance on how to avoid or deal with similar situations in the future.
- Establishes and monitors a system to log, track and maintain documentation for all concerns/issues raised to Corporate Compliance.
- Institutes and maintains an effective compliance communication program for the organization, that includes (a) promoting the use of the compliance hotline or other mechanisms for communicating with Corporate Compliance; (b) emphasizing to leadership, employees, and workforce members reports of suspected fraud and other improprieties should be made without fear of retaliation; (c) heightening awareness of the Code of Ethics; and (d) understanding new and existing compliance issues and related policies and procedures.
- Works with CCH Human Resource Department and other as appropriate to develop, implement, maintain and document an effective compliance training program, including appropriate introductory training for new workforce members as well as ongoing training for all workforce members and managers
- Guides and partners with operational leadership to facilitate operational ownership of compliance. Consults with legal counsel as needed and independently to resolve difficult compliance issues.
- Collaborates with operational areas throughout the organization to direct compliance issues to appropriate channels for investigation and resolution.

The **Audit & Compliance Committee of the Board** advises the CCH Board of Directors regarding the implementation of standards and processes to assure professional responsibility and honest behavior, compliance with regulatory requirements, and risk management.

In addition to the aforementioned relationships, the Chief Compliance & Privacy Officer receives support and guidance from the internal **Corporate Compliance Executive Steering Committee**, an assembly of executive leaders within CCH, including but not limited to, the CEO, Deputy CEO, System Director of Internal Audit, Chief Information Officer, Chief Medical Officer, Chief Nursing Officer and others.

Element 3

The development and implementation of regular, effective education and training programs for all affected employees.

C. Education and Training

1. *New Employee Orientation*
Presented an “Introduction to Corporate Compliance and HIPAA”, at twenty-six (26) orientation sessions speaking to over 709 workforce members.
2. *Targeted Education*
Provided thirteen (13) additional education training sessions to 215 attendees. Continued utilizing interactive training sessions which focused on storytelling as a means to communicate information on HIPAA and CCH policies. Focused on current matters brought to Corporate Compliance attention, the impact on patients, and proactively improving compliance to areas such as,
 - Leadership forum;
 - Department of Medicine residents;
 - Robbins Health Center; and
 - Department of Radiology at John H. Stroger, Jr. Hospital.
3. *Annual Compliance Education*
As noted earlier, responsible for three (3) mandatory education modules, Code of Ethics, Fraud, Waste and Abuse and Privacy.

Element 4

The maintenance of a process, such as a hot line, to receive complaints, and the adoption of procedures to protect the anonymity of complainants and to protect whistleblowers from retaliation.

D. Effective Lines of Communication – Receiving and Responding to Complaints

1. *Infrastructure Activities*
 - a. Assisted our workforce members through:
 - A hot line service provided by an independent, contracted third-party to preserve caller anonymity if desired. The individual is given a code number related to their report, and can call back or check the website using that code number to review comments and updates. In FY 2019, 85 calls were received on the hot line.
 - A separate toll-free number for patients and members to contact following notification of a privacy breach.
 - Collaboration with operational areas, including but not limited to Patient Relations and Health Information Management to assist in resolving compliance-related issues.
 - b. Maintained two e-mail addresses for departmentally, Compliance (compliance@cookcountyhhs.org) and Privacy (privacy@cookcountyhhs.org).

Cook County Health
Compliance Program
ANNUAL REPORT – FY19

- c. Engaged internal and external resources to assist in complex compliance and privacy research which, in the case of external resources, provided governmental and national perspectives on compliance issues.
- d. Identified trends and patterns to mitigate organizational risks and facilitate operational improvement.
- e. Presented trends and patterns to the CCH Compliance Executive Committee and the Audit and Compliance Committee of the Board.

2. *General Processes for Responding to Inquiries, Issues and Complaints*

The workflow process for compliance contacts follows SBAR, an acronym for **S**ituation, **B**ackground, **A**ssessment, **R**ecommendation.

Initially, Corporate Compliance is made aware of a **S**ituation,

- Contact is made through one or multiple modalities e.g., via direct phone call or call through the compliance hot line, e-mail, and/or in-person;
- An inquiry is made, or a concern is described;
- An individual(s), area(s) or situation is identified.

This **B**ackground information is classified, compiled and logged in the Corporate Compliance tracking tool.

An **A**ssessment occurs,

- Research and review organizational policy, federal, state, and county regulations to evaluate the situation presented;
- Determine what the problem is and/or the severity.

Lastly, the **R**ecommendation,

- Establish a pathway for mitigation and remediation. These may include further auditing of documentation, mitigating harm, and potentially informing the appropriate government entity.
- This always involves engaging and collaborating with leadership.
- Share recommendations with the reporter, as appropriate.

The work-flow process for potential HIPAA incidents and breaches similarly follows SBAR. However, if the **A**ssessment determines a reportable breach has occurred then,

- HIPAA breach notification rules regulatorily require sending a notification letter to the affected individual(s) within sixty (60) days of discovery.
- Notification to the Office for Civil Rights (OCR) annually.

Cook County Health
Compliance Program
ANNUAL REPORT – FY19

Breaches that affect over 500 individuals must include the following,

- Releasing a statement to prominent media outlets serving the state;
- Posting a notice on the CCH website; and
- Notifying the Office for Civil Rights (OCR) within sixty (60) days of discovery.

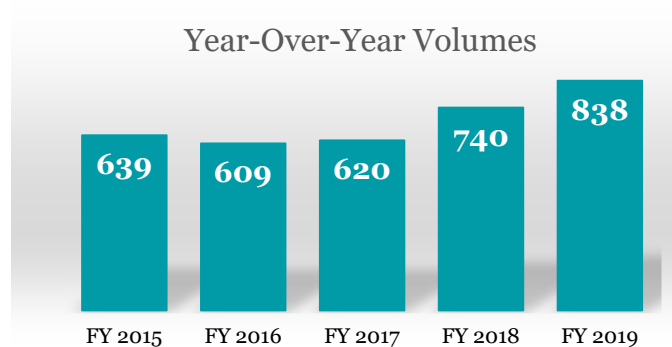
Similarly, collaboration with the operational area to determine and facilitate a corrective action plan which includes re-education.

The diagram that follows illustrates the approach to incident investigation and ensures that all the causes are discerned and addressed by appropriate actions.



3. *Contact Volumes*

In FY 2019, 838 identified contacts were documented for the CCH Provider Compliance Program. The chart that follows illustrates the year-over-year activity, which shows an increase of 13% compared to the previous fiscal year.



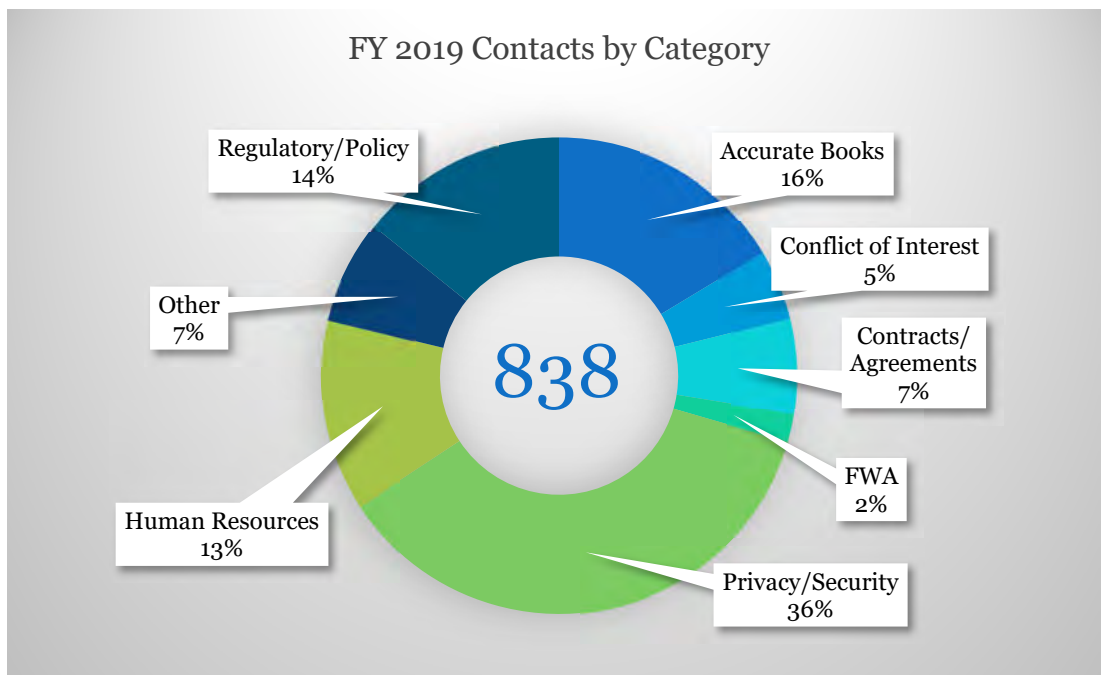
4. *Contact Breakdown by Category*

Categories have been defined that parallel the CCH Code of Ethics. The inclusion of a contact in a specific category does not substantiate the contact as a concern; rather it classifies the contact within a defined category.

Cook County Health
Compliance Program
ANNUAL REPORT – FY19

Corporate Compliance updated its categories in FY 2019 to reflect increasing volume seen in certain categories. FY 2019 categories are as follows:

- Accurate Books and Records
- Conflict of Interest
- Contracts/Agreements
- Fraud, Waste and Abuse, and Financial Misconduct
- HIPAA Privacy, Confidentiality and Security
- Human Resources
- Quality/Patient Safety
- Research
- Regulatory/Policy
- Theft
- Other



Categories	Count	Categories	Count
Privacy, Confidentiality and Security	304	Accurate Books & Records	137
Regulatory/Policy	119	Human Resources	109
Contracts/Agreements	54	Conflict of Interest	40
Fraud, Waste, Abuse, and Financial Misconduct	16	Other	59

5. *FY 2019 Contacts by Category*

The majority of the contacts, 304 or 36%, were categorized within HIPAA Privacy, Confidentiality and Security. This percentage is consistent with previous years. Of the documented contacts categorized as HIPAA Privacy, approximately 12% or 39 contacts were confirmed privacy breaches that resulted in a total of 2,941 patient notifications. It is important to note that 2,713 of these individual notifications occurred in response to one (1) breach wherein researchers utilized a third party to facilitate the mailing of study materials to participants without the requisite business associate agreement (BAA) in place, which requires that privacy safeguards are in place when third parties receive or transmit information on behalf of CCH.

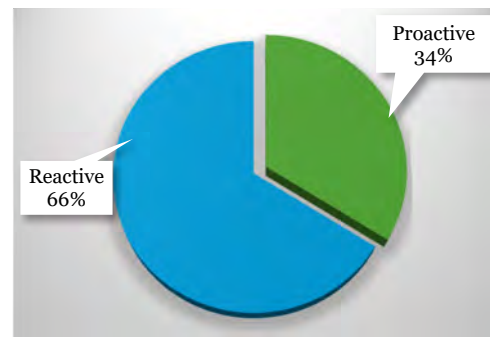
Substitute notice, posted on the CCH website, was required for two (2) of the 39 contacts that were deemed to be breaches. In these cases, the exact number of individuals could not be determined. A substitute notice is required by law when CCH has insufficient or out-of-date contact information for ten (10) or more individuals impacted by the breach.

6. *FY 2019 Contact Status*

Of the 838 contacts throughout FY 2019, 92% or 775 contacts were resolved at the end of the fiscal year. The remaining contacts carried into FY 2020. Of the contacts resolved, 96% were either managed internally by Corporate Compliance or Corporate Compliance partnered with another area to address the concerns raised. This metric is consistent year-over-year.

7. *FY 2019 Proactive vs. Reactive*

Of the 838 provider contacts managed during FY 2019, 34% or 284 contacts were proactive. The proactive category is defined as questions, brought to the attention of Corporate Compliance by individuals seeking guidance prior to the occurrence of an event or activity. This percentage increase from 29% in FY 2018 shows a positive trend towards individuals seeking guidance prior to embarking upon an action. The remaining 554 contacts or 66% were reactive. Reactive contacts occur in response to an action that has already been initiated.



Element 5

The development of a system to respond to allegations of improper/illegal activities and the enforcement of appropriate disciplinary action against employees who have violated internal compliance policies, applicable statutes, regulations or Federal health care program requirements.

E. Enforcing Standards

Broadened the scope of Standards enforcement through:

1. **Breach Assessments.** Reviewed investigations and provided remediation guidance to operational areas to minimize and/or eliminate breaches in the future and, utilized the CCH Sanction Policy and Personnel Rules, to provide leadership guidance for disciplinary action.
2. **Breach Notification.** Investigated all instances of lost or stolen patient information, including paper and electronic. For all instances in which the data loss constitutes a breach as defined by the Breach Notification Rule, the breach notification requirements to the patient, the Secretary of HHS, and the media are completed. Corrective action plans are created and executed to improve the processes and counsel the physicians and employees involved.
3. **Conflict of Interest.** Provided guidance and developed Conflict Management Plans to preserve the integrity of the decision-making process.
4. **Investigations Resulting in Employee Related Corrective Actions.** HIPAA and Conflict of Interest complaints were investigated and resulted in providing leadership guidance to remediate the situations and avoid repetition of the incident.
5. **Partnerships with Governmental Agencies.** Corporate Compliance has engaged both state and federal agencies (e.g. the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), Office for Civil Rights (OCR), Federal Bureau of Investigations, Secret Service, Department of Healthcare and Family Services (HFS), HFS Office of the Inspector General, and the Medicaid Fraud Control Unit) on a variety of matters. Additionally, Compliance has worked with the Cook County Office of the Independent Inspector General.

Element 6

The use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified problem area.

F. Auditing and Monitoring

1. The Privacy side of the Corporate Compliance Program conducted ongoing HIPAA auditing and monitoring of access to the electronic health record by:
 - Investigating all allegations of inappropriate access to the electronic record;
 - Utilizing the auditing tool, Cerner P2Sentinel, to run reports showing access to certain electronic health records;
 - Working with operational leadership to take appropriate disciplinary action and educate staff when inappropriate access is determined; and
 - Collaborating with the Information Security Officer to review an offshore arrangement by a Business Associate led to the development of an offshore operations attestation form. As noted earlier in this report, the plan, within FY 2020 is to selectively roll the attestation form out in partnership with Supply Chain Management.
2. The Corporate Compliance Program engaged an independent third party to perform an outpatient and inpatient probe audit. The audit revealed opportunities within the following areas:
 - Coding quality for diagnosis and procedure assignment;
 - Improvement through physician documentation and laboratory; and
 - Adjustments with laboratory billing to correct inaccuracies.Ongoing reviews are recommended to improve coding, documentation, and billing quality.

G. Risk Assessment

The Corporate Compliance Program risk assessment process is dynamic, and adjustments are made throughout the year to respond to emerging issues with the resources available. This report highlighted activities that minimized risk through the introduction and enforcement of policies and standards, auditing and monitoring, education, and issue investigations with corrective action plans as appropriate.

Through surveys of executive leadership and key thought leaders within the organization, overlaying industry risks, and through the course of activities within prior fiscal years, the following areas were assessed in FY 2019:

- Safeguarding Protected Health Information in paper and electronic and paper format through encryption and secure storage devices;
- Monitoring patient data to ensure accurate registration and deter identity theft and merged electronic health records;
- Directing Supply Chain Management during contract negotiations in the areas of compliance, privacy and security, this includes the review and execution of Business Associate Agreements;
- Ensuring documentation supports the services performed through accurate code assignment;

Cook County Health
Compliance Program
ANNUAL REPORT – FY19

- Defining contractual parameters of governmental Managed Care Plans excluding CountyCare;
- Assuring sanction screening was performed during the onboarding process for employees and vendors;
- Monitoring the 340B Drug Pricing Program through Pharmacy operations;
- Collaborating with Research to ensure regulatory requirements are followed;
- Guiding leadership in Record Retention Requirements; and
- Working with physicians to accentuate the need for them to manage their prescription activity with the Illinois Drug Prescription Monitoring Program to eliminate fraudulent controlled substance prescriptions.

Element 7

The investigation and remediation of identified systemic problems and the development of policies addressing the non-employment or retention of sanctioned individuals.

Sanction Screening Checks

- A policy and procedure paralleling the requirements set forth by the Department of Health and Human Services, Office of Inspector General, is in place to ensure the screening of all contractors and workforce members.
- The policy is place to avoid employing, engaging, contracting or agreeing with any individual or entity that is excluded or “sanctioned” from participation in a federal health care program or who is debarred from participation in federal procurement or non-procurement programs for the provision of goods or services.
- CCH screens all employees prior to hire and vendors prior to contracting.
- Delegated vendors attest to screening of all workforce members upon hire and routinely thereafter.
- Corporate Compliance, through an independent third party, is responsible for subsequent screenings. The third-party screens employees, employees of delegated vendors that work at CCH locations or have contact with a patient or CountyCare member, monthly and annually.
- Determined, through an independent third party, no excluded or sanctioned CCH workforce members or vendors were identified throughout this fiscal year.

V. Looking Ahead

Using the annual risk assessment with executive leadership and key thought leaders, emerging issues, and the course of activities in prior years, CCH Corporate Compliance has identified priorities. The Corporate Compliance Program will primarily focus on analysis and risk reduction related to fraud, waste, abuse, financial misconduct and mismanagement initiatives and will continue to review, update and implement compliance policies and procedure.

Cook County Health
Compliance Program
ANNUAL REPORT – FY19

Year-Over-Year, the CCH Compliance Program continues to

- Serve as a resource to our patients, health plan members, health plan providers, the residents of the county of Cook, workforce members, staff, and the public at large;
- Respond to inquiries, allegations, and complaints brought to the attention of the Program;
- Implement solutions aimed at identifying and resolving preventable risks;
- Assess and reassess compliance and privacy policies and procedures; and
- Promote the CCH Corporate Compliance Program internally and externally.

FY 2020 priorities on the CCH provider side are:

- Emphasizing the importance of safeguarding hard copy and electronic Protected Health Information (PHI) to workforce members and their departments, with a targeted effort to reach CCH locations outside of the Central Campus;
- Continuing partnership with Information Services and the Information Security Officer to examine processes to safeguard electronic Protected Health Information (ePHI) as technological challenges arise (e.g. social media, texting, image sharing, offshoring etc.);
- Strengthening compliance and privacy guidance documents, policies and procedures and updating education material;
- Exploring mechanisms to extract claims data to proactively assess provider claims activity;
- Auditing and monitoring code assignment based on medical record documentation and documentation guidelines;
- Partnering with Health Information Management (HIM) on provider documentation improvement;
- Collaborating with key stakeholders to improve the registration process and eliminate tangled records;
- Facilitating policy and procedure revisions to address intertwined medical records from the Tangled Records Task Force;
- Continuing the partnership with Patient Relations to improve our patients' experience; and
- Developing a leaner, intuitive Records Retention Schedule for submission to the Local Records Commission. Once approved, append to the current Records Retention policy and develop a communication strategy to the update to the CCH workforce.



CountyCare Compliance Program

Annual Report

Fiscal Year 2019

December 1, 2018 – November 30, 2019

February 14, 2020

Cook County Health
CountyCare Compliance Program
FY 19 ANNUAL REPORT – December 2018 through November 2019

Table of Contents

I.	Introduction.....	3
II.	Building Blocks – Program Infrastructure and Scope	4
III.	Compliance Program Structure: Performance of the Elements	6
	A. Element 1	
	i. Policies and Procedures	6
	ii. Ad Hoc Activities/Guidance.....	7
	B. Element 2	
	i. Compliance Office and Committees	8
	C. Element 3	
	i. Education and Training	11
	D. Element 4	
	i. Effective Lines of Communication – Receiving and Responding to Complaints	11
	E. Element 5	
	i. Enforcing Standards	17
	F. Element 6	
	i. Auditing and Monitoring	18
	ii. Risk Assessment.....	18
	G. Element 7	
	i. Identification of Systemic Issues	19
IV.	Looking Ahead.....	19

Cook County Health
CountyCare Compliance Program
FY 19 ANNUAL REPORT – December 2018 through November 2019

I. Introduction

CountyCare is a Managed Care Community Network (MCCN) health plan offered by Cook County Health (CCH) pursuant to a contract with the Illinois Department of Healthcare and Family Services (HFS). Since late 2012, CCH has partnered with the State of Illinois, initially through the State of Illinois federal Section 1115 demonstration waiver which was an early start on Medicaid expansion, then in 2014, CountyCare transitioned into the MCCN. By working to employ the advantages of our parent organization, CCH, CountyCare is able to uniquely promote achievement of the Triple Aim: 1) improving the member experience, 2) improving the health of populations overall, while 3) reducing the cost of care. The operation of the CountyCare MCCN is facilitated through CCH and its various subcontractors.

To adhere to the Centers for Medicare & Medicaid Services (CMS) Managed Care Program Integrity requirements¹, contractual provisions in the MCCN Agreement with HFS, and the elements of an effective compliance program as recommended in the Department of Health and Human Services Office of Inspector General (OIG) Compliance Program Guidance publications, CCH developed and implemented the CountyCare Compliance Program. The CountyCare Compliance Program is designed to demonstrate the health plan's ongoing commitment to promoting ethical and lawful conduct consistent with all applicable laws, regulations, and contractual requirements, as well as CCH policies, procedures, and the Code of Ethics.

This Annual Report presents the activities throughout county fiscal year 2019 (FY 2019). The CountyCare Compliance Program is under the executive leadership of Cathy Bodnar, Chief Compliance & Privacy Officer, and in FY 2019, under the operational leadership of Elizabeth Festa, Compliance Officer, CountyCare and Ashley Huntington, Privacy Officer.

During this past fiscal year, CountyCare Health Plan, as a whole, accomplished many goals and implemented a variety of initiatives. A few health plan achievements include:

- **CountyCare Remained the Largest Medicaid Health Plan in Cook County:** At the close of FY 2019, CountyCare remained the largest Medicaid Health Plan in Cook County for the second year in a row, covering over 318,000 lives.
- **NCQA Rating:** In FY 2019, CountyCare was named the top-rated Medicaid plan in Illinois by the National Committee for Quality Assurance (NCQA). CountyCare also scored the highest for preventative care and treatment, and tied for second in consumer experience.
- **Successful HSAG Audit:** In October of 2019, HFS' auditor Health Services Advisory Group (HSAG) conducted an on-site two-day audit focused on various aspects of CountyCare's performance of duties under the MCCN contract. Although CountyCare does not have the final results of the audit as of this publication, HSAG made clear at the conclusion of the on-site session that HSAG is impressed with CountyCare's progress in all areas assessed. In response to a question about the alignment of the reporting structure of the Compliance Department with the MCCN contractual requirements, the Compliance Department

¹ See 42 C.F.R. §438.608.

Cook County Health
CountyCare Compliance Program
FY 19 ANNUAL REPORT – December 2018 through November 2019

submitted documentation to HFS and HSAG detailing the CCH Compliance Department's alignment with federal regulations and best practices.

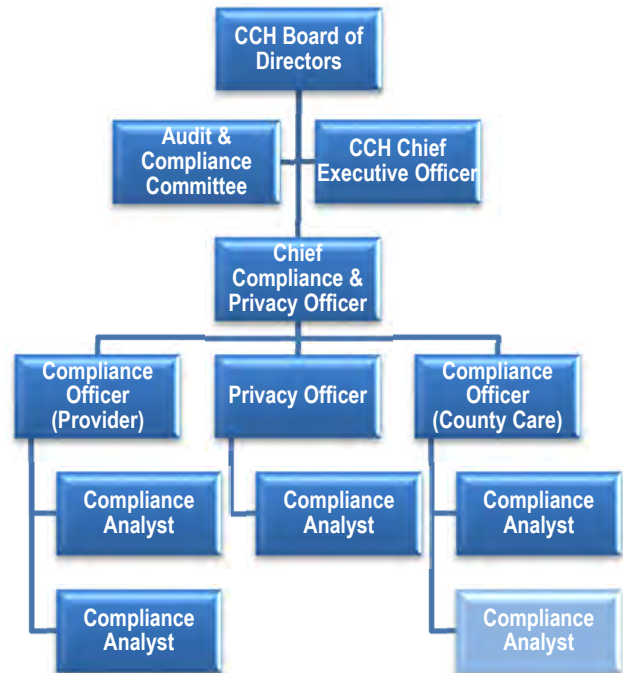
- New Partnerships: CountyCare continuously assesses its vendor performance and new vendor opportunities. In fiscal year 2019, CountyCare replaced its dental/vision and pharmacy benefits manager vendors for cost savings and performance improvement purposes. The new pharmacy benefits manager, MedImpact, launched on April 1, 2019, and the new dental/vision vendor, Guardian/Avesis, launched October 1, 2019. To improve its outreach to members, CountyCare added a text messaging vendor, mPulse.
- Care Management changes: In the spring of 2019, CountyCare made significant changes to its care coordination structure to improve results and save significant money. CountyCare de-delegated Aetna CME, and engaged ACCESS Community Health Network. Aetna CME's former members (approximately 100,000) were primarily assigned to CCH's Complex Care Coordination, also known as CCC, or to ACCESS.
- Employee Lunch & Learn: In the fall of 2019, CountyCare launched an internal initiative aimed at educating its workforce regarding different operational areas within the health plan. Topics have included MoreCare (the Medicare Advantage health plan) and special needs children (SNC).

The Corporate Compliance Program dedicated to CountyCare was directly involved in each major initiative to assure the execution adhered to and incorporated relevant regulatory directives and contractual requirements.

II. Building Blocks – Program Infrastructure and Scope

The Annual Report begins with a look at the structure and activities of the Corporate Compliance Program that incorporate efforts to foster an infrastructure that produces a comprehensive compliance program for CountyCare and its affiliates. The Departmental Organization Chart appears adjacent to this narrative.

The lightly shaded position indicates the new hire during FY 2019. One (1) of the 3-dedicated CountyCare Compliance Program positions was vacant for several months within the fiscal year.



Cook County Health
CountyCare Compliance Program
FY 19 ANNUAL REPORT – December 2018 through November 2019

In September of 2019, the third dedicated CountyCare Compliance Program position was filled, which has allowed the team to focus not just on the core elements of the Program, but also improving the Compliance Program, Program Integrity, and CountyCare as a whole. As a direct result of full staffing, the team received 307 contacts in FY 2019, a 146% increase over FY 2018.

CountyCare Compliance Program Scope

The CountyCare Compliance Program is tasked with outlining guidelines and providing insight to:

- Comply with the CMS Managed Care Program Integrity requirements and the terms of the CountyCare Health Plan contract with HFS;
- Prevent, detect and eliminate fraud, waste abuse, and financial misconduct;
- Protect health plan members, providers, CCH, the State, and the taxpaying public from potentially fraudulent activities;
- Respond and provide guidance related to privacy, confidentiality, and security matters;
- Provide high level oversight to the health plan's Grievances and Appeals Program; and
- Understand and focus on high-risk areas that have the greatest potential for non-compliance with federal and state regulatory and contractual requirements.

Further, the program aims to implement a working communication strategy to increase the CountyCare workforce awareness, including vendors and subcontractors, of the following topics:

- Code of Ethics;
- Privacy, Confidentiality, and Security;
- Accessibility of the Compliance Officer and the compliance team;
- Availability to report issues anonymously through multiple modalities;
- Responsibility to report potential and actual issues;
- Consequences of not reporting; and
- Non-retaliation protections.

The following types of activities and issues fall into the CountyCare Compliance Program purview:

- Interpretation of contracts, laws, rules, regulations, and organizational policy as they relate to CountyCare Compliance;
- Accurate Books and Records;
- Conflict of Interest;
- Fraud, Waste, Abuse, Financial Misconduct and Mismanagement; and
- Member Privacy, Confidentiality, and Security (HIPAA)

The CountyCare Compliance Program scope of work is subject to ongoing review and revision as deemed necessary to ensure ongoing compliance. It is designed to accommodate future changes in regulations and laws and may be updated to address issues not currently covered, issues related to new service offerings, or regulatory requirements.

III. Compliance Program Structure – Performance of the Elements

This section of the report serves to demonstrate the effectiveness and provide an assessment of program operations using the seven (7) Compliance Program Elements of a comprehensive compliance program, as outlined in the CMS Managed Care Program Integrity requirements² and by contractual provisions in the MCCN Agreement.

Element 1

The distribution of written Code of Ethics, as well as written policies and procedures that promote the health plan's commitment to compliance (e.g., by including adherence to compliance as an element in evaluating managers and employees) and that address specific areas of potential fraud, waste and abuse. The CCH Code of Ethics applies to all CountyCare personnel, providers, agents and subcontractors. The Code of Ethics, as well as CCH's policies and procedures, support CountyCare's commitment to comply with all federal and state standards, including but not limited to, applicable statutes, regulations and sub-regulatory guidance and contractual requirements.

A. Policies and Procedures

Compliance staff engaged in the following activities to promote and establish an effective compliance program for the CountyCare Health Plan:

1. Conducted annual audit of CountyCare's delegated vendors to ensure adherence to CountyCare's policies and procedures as well as MCCN contractual requirements.
2. Continued to follow the CountyCare Compliance Plan that focuses specifically on outlining the compliance responsibilities of the health plan and program design for implementation, as well as specific CountyCare compliance policies for high risk areas focused on health plan operations.
3. Ensured that CountyCare personnel, providers, agents and subcontractors had access to compliance documentation electronically and were provided with hard copies of compliance policies and procedures upon request.
4. Assisted CountyCare operations with establishing a resource folder and training for new employees specifically tailored to CountyCare.
5. Reviewed CCH Compliance policies to ensure alignment with CountyCare's contractual and legal requirements, as well as best practices.
6. Drafted appropriate compliance contract language for new or updated contracts with delegated vendors for Pharmacy Benefits Manager (PBM), Dental/Vision, and Transportation.

² See 42 C.F.R. §438.608.

B. Ad Hoc Activities/Guidance

Corporate Compliance worked with operational areas to assess compliance with policies, procedures and/or regulatory requirements and, in certain instances, assisted in the development of new policies and procedures.

Examples of areas assessed:

- Health Plan Marketing Policy Compliance Review: Due to the ever-changing complex regulatory environment of Medicaid managed care plan marketing, Compliance reviewed and tracked all marketing materials before they were submitted to HFS for approval. Examples of materials reviewed include the Member Handbook and member letters. Compliance also provided guidance related to template language, required disclaimers, the Brighter Beginnings outreach materials, and a preferred provider letter co-branded with the Chicago Public Schools. All member materials were approved by HFS prior to distribution.
- Medical and Prior Authorization Policies: Worked with CountyCare Special Investigation Units (SIU) to identify areas where Prior Authorization would reduce waste and abuse and save money. By example, identified CPT code 87799 (a microbiology miscellaneous code) that was, in certain circumstances, being used to bill experimental/investigational procedures, and saved approximately \$500,000 a year by implementing a prior authorization requirement on the code.
- Provider Manual: Updated Provider Manual to strengthen language regarding prohibition of balance billing CountyCare members, as well as updating fraud, waste and abuse language.
- “Any Willing Provider” Requirement: Analyzed and provided guidance to CountyCare pharmacy department regarding its use of new PBM pharmacy network and whether it violates MCCN requirement that CountyCare contract with any willing provider.
- Quality Standards for Specific Services Policy: Worked with CountyCare Quality Department to create a policy to establish quality criteria for provider participation in the CountyCare network to provide specific services.
- Care Outside of Service Area Policy: Worked with CountyCare Quality Department to create a policy regarding members who receive services outside of Cook County, Illinois.
- Delegated Vendor Oversight Policy: Worked with CountyCare Operations Department to update the Delegated Oversight Policy to define the process and criteria utilized by CountyCare to oversee health plan responsibilities that have been delegated or sub-delegated to other organizations and qualified entities.
- Recipient Restriction Policy: Worked with the CountyCare Pharmacy and Quality Departments to update the Recipient Restriction (otherwise known as Lock-in) Policy for members who must fill their prescriptions with a specific pharmacy and/or prescriber due to prescription drug abuse or concerns for the members’ health and safety.

Cook County Health
CountyCare Compliance Program
FY 19 ANNUAL REPORT – December 2018 through November 2019

- Separation of Data Guidance: CCH, through a new department, Health Plan Services, partnered with MoreCare to launch a Medicare product. Compliance partnered with MoreCare Compliance and provided guidance to staff working on both the Medicaid and Medicare businesses regarding need to segregate CountyCare data from MoreCare data and utilize access controls to maintain appropriate protection of data.
- System Access Tracker: Worked with various departments within CountyCare to initiate a process to monitor system access separate and distinct from CCH systems access. The CountyCare workforce has access to multiple external resources that contains sensitive information including member Protected Health Information (PHI), by example through TPAs. Additionally, CountyCare operations utilizes contractors to supplement staffing, these individuals may be short term depending on the operational need. A policy and procedure was developed to safeguard member PHI and confidential material.
- Coordination of Benefits: Engaged HFS to convey the need for Social Security Numbers of CountyCare members so that CountyCare could conduct accurate matching of members' records to ensure that Third Party Liability sources for members are identified and Medicaid remains the payer of last resort.

Element 2

The designation of a Chief Compliance Officer and other appropriate bodies, e.g., a corporate compliance committee, charged with the responsibility of operating and monitoring the compliance program, and who reports directly to the CEO and the governing body.

A. Compliance Office and Committees

Cathy Bodnar, the Chief Compliance & Privacy Officer, reports to both the CCH Audit & Compliance Committee of the Board and the CCH Chief Executive Officer. In turn, the CCH Audit & Compliance Committee of the Board and the CCH Chief Executive Officer each report to the CCH Board of Directors.

In FY 2019, Elizabeth Festa, Compliance Officer, CountyCare assisted the Chief Compliance & Privacy Officer in the operation of the CountyCare Compliance Program. The primary duties of the Compliance Officer, CountyCare include the following:

- Governance of the Health Plan's Fraud, Waste, Abuse (FWA) and Financial Misconduct Program (Program Integrity Program) and Special Investigations Units (SIUs) to ensure that FWA and Financial Misconduct is actively administered, as delegated by the Chief Corporate Compliance & Privacy Officer.
- Monitors operational management of the Health Plans' complaint, grievance, appeals and the fair hearing process received from members and care providers for program compliance in addition to trends and patterns through reports and data analysis.

Cook County Health
CountyCare Compliance Program

FY 19 ANNUAL REPORT – December 2018 through November 2019

- Collaborates with the Chief Corporate Compliance & Privacy Officer to ensure that FWA is reported in accordance with federal, state and local requirements, as well as the guidelines in the Medicaid Managed Care regulations at 42 CFR §438.608 and the CCH MCCN Agreement with HFS.
- Implements and coordinates methods and programs that encourage workforce, employees and independent contractors to report issues related to noncompliance and potential FWA without fear of retaliation.
- Reviews health plan agreements, contracts, addenda, and other relevant documents, as needed.
- Aligns with operational management of the Health Plans' sanction/exclusion check to ensure that providers, management, workforce and independent contractors (where necessary) are screened against applicable Federal and state sanction and exclusion lists.
- Coordinates potential fraud investigations/referrals with the SIU, where applicable.
- Partners with other health plans, HFS, Medicaid Fraud Control Units (MCFUs), commercial payers, and other organizations, where appropriate, when a potential FWA issue is discovered that involves multiple parties.
- Serves in a leadership capacity to develop the system-wide compliance program in conjunction with the Chief Compliance & Privacy Officer.
- Collaborates with operational leadership to facilitate operational ownership of compliance.
- Synchronizes system-wide compliance program materials and messaging to present a uniform approach.
- Oversees, directs, delivers, tracks, or ensures delivery of compliance training, both global and specialty, for employees, physicians, volunteers, students, vendors, and consultants.
- Develops, assesses, evaluates, implements, maintains, and updates compliance policies and procedures to ensure adherence with the requirements.
- Establishes a structured process for regulatory review, monitoring, and dissemination of information. Modifies policies, procedures, and projects to reflect changes in laws and regulations.
- Develops and coordinates compliance projects with CCH system entities as delineated in the Compliance Program Annual Work Plan and perform prospective reviews in conjunction other personnel as deemed necessary, and as determined by the Chief Corporate Compliance & Privacy Officer.
- Assures that Compliance Program reports are produced for the Chief Executive Officer, Board of Directors, and the Audit and Compliance Committee of the Board of Directors, as directed by the Chief Corporate Compliance & Privacy Officer.

The **Audit & Compliance Committee of the Board** meets quarterly and advises the CCH Board of Directors regarding the implementation of standards and processes to assure professional responsibility and honest behavior, compliance with regulatory requirements, and risk management. The Audit & Compliance Committee of the Board receives periodic updates regarding the CountyCare Compliance program, including Fraud, Waste and Abuse (FWA) metrics and assessments of risk areas.

The **CountyCare Regulatory Compliance Committee**, chaired by the Compliance Officer, CountyCare, meets quarterly and provides oversight of and guidance to CountyCare operations to ensure regulatory compliance and fulfill Compliance Program requirements, which include the implementation and operation of the Compliance Program. The Compliance Committee also reviews CountyCare activity pursuant to Compliance Program requirements and contractual requirements, including, but not limited to audits, monitoring activity, and corrective action plans. The Committee reports through the Chief Compliance and Privacy Officer to the Audit & Compliance Committee of the Board.

The **CountyCare Executive Committee** is comprised of CCH senior delegates and CountyCare leadership and is responsible for providing oversight, guidance and support to CountyCare leadership to support the achievement of agreed upon goals in a manner consistent with a provider-sponsored organization. The Committee provides useful feedback to CountyCare leadership regarding Plan performance and promotes alignment between CCH objectives and CountyCare programs. The Committee meets once every two months.

The **HFS-OIG MCO Subcommittee** is comprised of HFS-OIG and Managed Care Organization's (MCO) compliance members involved in the program integrity functions of their respective MCOs. This subcommittee meets monthly to review and share information regarding fraud, waste and abuse activity as it relates to specific providers and trends.

Corporate Compliance **Program Integrity Meetings** with delegated vendors occur on bi-weekly or monthly cadence, depending on the vendor and amount of activity. Led by the Compliance Officer, CountyCare, Corporate Compliance oversees the vendors' activities and uses these meetings to approve, modify, or reject the direction of investigations and recoupment activity.

The **Delegated Vendor Oversight Committee** meets quarterly to provide oversight of the operations affecting the scope of functions of delegated vendors and subcontractors to ensure compliance with statutory and contractual requirements. The Committee also provides oversight of quarterly delegation audits, monthly joint operations meetings and regular monitoring of member and provider complaints. Identified areas of risk that fall under the purview of Corporate Compliance are referred to Corporate Compliance for assessment.

Element 3

The development and implementation of regular, effective education and training programs for all affected employees.

A. Education and Training

1. CountyCare – Provider FWA training and New Employee/Contractor Orientation
 - Reviewed and updated provider Fraud, Waste and Abuse training to provide accurate legal citations and engaging quiz materials.
 - Participated in CountyCare New Employee workgroup to provide CountyCare employees with source for CountyCare specific materials.
 - Participated in New Employee training, providing new hires (both permanent and contractual) an introduction to all aspects of CountyCare, with dedicated time for compliance program introduction.
2. Targeted Education
 - Reviewed the MCCN Agreement for CountyCare training requirements and responsibilities and compared training materials submitted by TPAs and other delegated vendors to ensure compliance.
 - Provided regulatory summary regarding updates to 42 CFR Part 2 related to the disclosure of substance/alcohol abuse records.
 - In collaboration with the MoreCare Compliance Officer, issued a memo to all Health Plan Services workforce members reminding them that MoreCare and CountyCare are two separate and distinct health plans, and educating them on the need to keep information, documentation, and access separate.

Element 4

The maintenance of a process, such as a hot line, to receive complaints, and the adoption of procedures to protect the anonymity of complainants and to protect whistleblowers from retaliation.

A. Effective Lines of Communication – Receiving and Responding to Complaints

1. Reporting Issues and Complaints
 - Monitored TPA's support and assistance to CountyCare members through the TPA's hotline service. Met bi-weekly with TPA's compliance staff to discuss issues received through the hot line and appropriate responses to those issues.
 - Shared the accessibility of reporting concerns to the CountyCare workforce through:
 - A hotline service by a third party to preserve anonymity if desired;
 - A separate toll-free number for privacy breaches; and
 - Open door policies of both the Compliance Officer, CountyCare and the Chief Compliance and Privacy Officer.

Cook County Health
CountyCare Compliance Program
FY 19 ANNUAL REPORT – December 2018 through November 2019

- Established relationships and engaged internal and external resources to assist with investigations.
- Identified trends and patterns to mitigate organizational risks and facilitate operational improvement.
- Presented trends and patterns to the CountyCare Compliance Committee, CountyCare Executive Committee, Audit & Compliance Committee of the Board, and the Managed Care Committee of the Board.

2. Process for Responding to Issues and Complaints

Maintained processes for issue, complaint management, and resolution as follows:

- The workflow process for compliance contacts follows SBAR, an acronym for **S**ituation, **B**ackground, **A**ssessment, and **R**ecommendation.
- Initially, Corporate Compliance is made aware of a **S**ituation,
 - Contact is made through one or multiple modalities e.g., via direct phone call or call through the compliance hot line, e-mail, and/or in-person;
 - An inquiry is made, or a concern is described;
 - An individual(s), area(s) or situation is identified.
- This **B**ackground information is classified, compiled and logged in the Corporate Compliance tracking tool.
- An **A**ssessment occurs,
 - Reviewed and followed contractual obligations, organizational policy, federal, state, and county regulations related to the incident to evaluate the situation presented;
 - Determine what the problem is and/or the severity.
- Lastly, the **R**ecommendation,
 - Establish a pathway for mitigation and remediation. These may include further auditing of documentation, mitigating harm, and potentially informing the appropriate government entity.
 - This always involves engaging and collaborating with leadership and appropriate entities.
 - Share recommendations with the reporter, as appropriate.

3. Reporting

Categories have been defined to allow CountyCare Compliance to accurately measure general compliance inquiries/issues. The inclusion of an item in a specific category does not substantiate the issue; rather it classifies the issue within a defined category. The issues addressed within the past fiscal year of CountyCare Compliance addressed the following categories:

Cook County Health
CountyCare Compliance Program

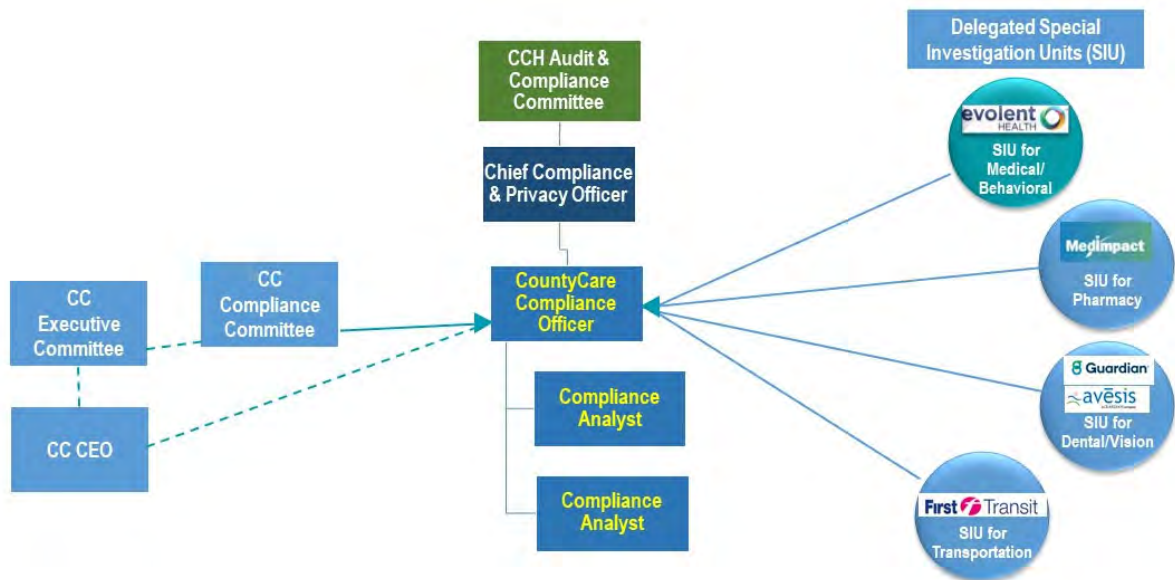
FY 19 ANNUAL REPORT – December 2018 through November 2019

- Contractual Issues & Reviews;
- Regulatory/Policy Matters;
- HIPAA Privacy, Confidentiality and Security;
- Accurate Books & Records;
- Fraud, Waste and Abuse;
- Conflict of Interest; and
- Other (e.g., subpoenas, unique grievance & appeals guidance, involuntary discharge of CountyCare member, etc.)

4. Fraud, Waste and Abuse

Prevention, detection and elimination of fraud, waste, abuse, and financial misconduct is a key driver for CountyCare Compliance. Benefit and Program Integrity is critical not only because it is a contractual requirement and a significant focus by the State and Federal government but because it is the right thing to do. The impetus of this key initiative is to ensure that federal, state, and county taxpayer dollars are spent appropriately on delivering quality, necessary care and preventing fraud, waste, and abuse in addition to protecting health plan members and providers.

To identify potential fraud, waste, abuse, and financial misconduct, CountyCare Compliance partners with each delegated vendor through their dedicated areas commonly known as Special Investigation Units (SIU). The Compliance Officer, CountyCare provides direct oversight of program integrity activity.



Cook County Health
CountyCare Compliance Program

FY 19 ANNUAL REPORT – December 2018 through November 2019

FWA activity matters are raised through multiple modalities, to each delegated vendor or directly to Corporate Compliance. All allegations are tracked and monitored to resolution. In addition, other measures are undertaken through the SIUs. CountyCare utilizes data mining to identify providers with aberrant billing patterns and researches tips received from HFS, HFS-OIG, other Managed Care Organizations (MCOs), healthcare fraud groups, CountyCare employees, the media and other sources to identify fraud, waste, abuse and financial misconduct.

All Program Integrity activity is tracked by State Fiscal Year (S-FY) for state reporting purposes and not by county fiscal year. The S-FY runs from July 1st through June 30th. Metrics for S-FY 2019 follows:

S-FY 2019 Reporting Quarter	Tips	Investigations	Referrals to HFS-OIG	Audits	Overpayments Collected
Q1 07/01 – 09/30/18	15	45	0	173	\$ 44,385.25
Q2 10/01 – 12/31/18*	45	72	3	5,096	\$ 728,888.43
Q3 01/01 – 03/31/19	43	19	3	14,562	\$ 649,460.41
Q4 04/01 – 06/30/19	127	32	2	6,593	\$ 563,965.32

* The 2nd Quarter S-FY 2019 was significant for CountyCare Compliance. CountyCare, through its TPA Evolent, engaged a new data mining vendor who brought a proprietary catalogue of concepts to analyze CountyCare's claims.

S-FY 2020 Reporting Quarter	Tips	Investigations	Referrals to HFS-OIG	Audits	Overpayments Collected
Q1 07/01 – 09/30/19	48	34	1	2,585	\$ 1,629,520.96
Q2 10/01 – 12/31/19	48	6	2	5,096	\$ 775,043.57

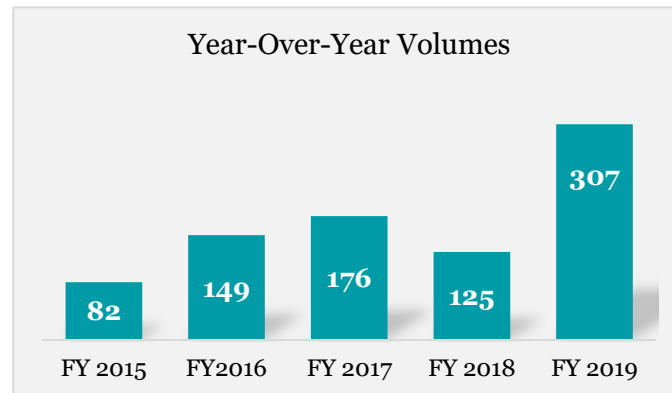
The results of the new vendor's activity are reflected in the metrics above with \$1,986,699.41 collected in overpayments in S-FY 2019. In calendar year 2019, January 1 through December 31, 2019 the total amount collected in overpayments was \$3,617,990.26.

CountyCare Compliance continuously monitors the process to ensure that appropriate action was taken, including reporting of suspected FWA to the State HFS-OIG. In S-FY 2019, CountyCare referred 8 cases to the HFS-OIG for possible fraud, waste, abuse, or financial misconduct.

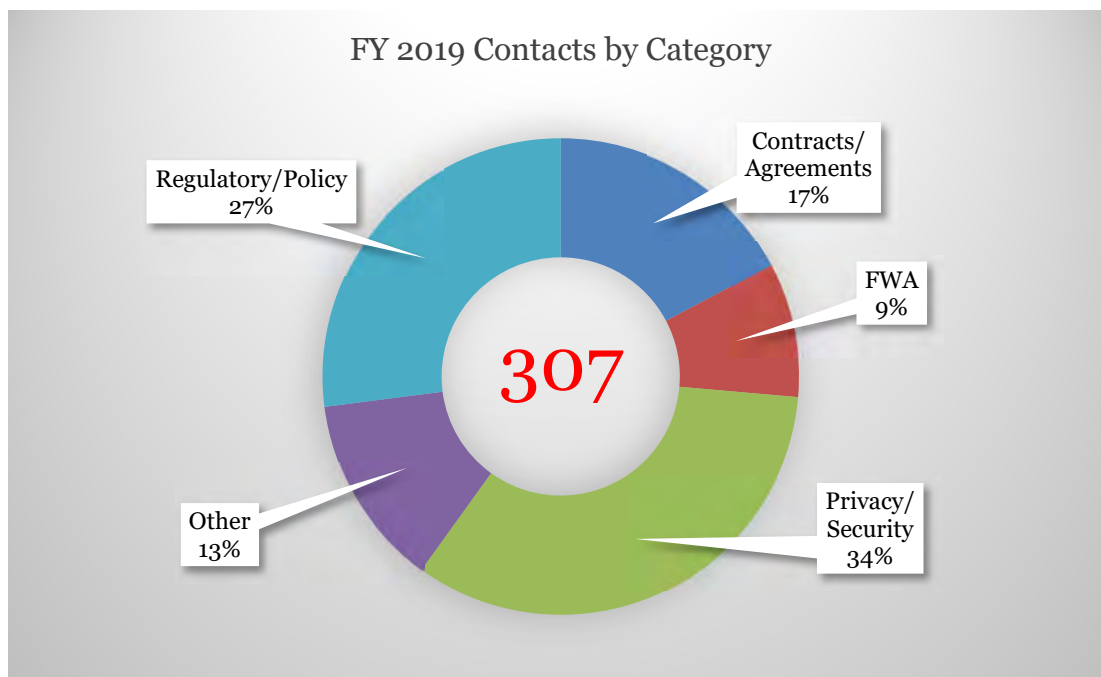
5. Total Volume of General Compliance Contacts

In addition to the program integrity efforts above, 307 contacts were documented for the CountyCare Compliance Program. The chart that follows illustrates the year-over-year activity, which shows an increase of 146% compared to the previous fiscal year.

Cook County Health
CountyCare Compliance Program
FY 19 ANNUAL REPORT – December 2018 through November 2019



6. Inquiry/Issue Breakdown by Category (December 1, 2018-November 30, 2019)



Categories	Count
Privacy, Confidentiality and Security	103
Regulatory/Policy	83
Contracts/Agreements	53
Fraud, Waste, Abuse, and Financial Misconduct	28
Other	40

7. Privacy, Confidentiality and Security (HIPAA)

As a covered entity, the health plan is required to safeguard privacy for plan members. Privacy and security of member information is highly regulated, and this category accounted for 103, or 34% of all issues handled by compliance.

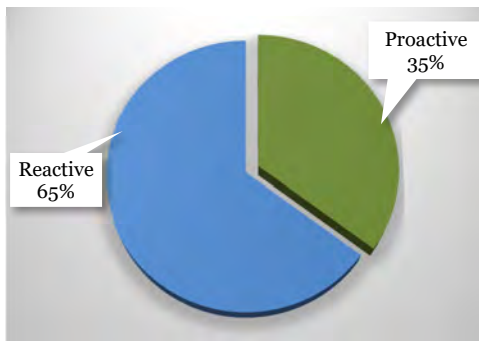
During FY 2019, CountyCare had twenty-one (21) HIPAA incidents. Two (2) of the incidents were reportable breaches that required notifications to members. In the first breach, CountyCare's subcontractor, Wolverine Solutions Group, a printing and mailing vendor, experienced a ransomware attack that locked many of Wolverine's servers, computers, and computer files. Information for three hundred eighty-one (381) CountyCare members was accessed and encrypted during the attack. CountyCare Compliance notified all three hundred eighty-one (381) affected members, along with notifying the Office for Civil Rights at the Department of Health and Human Services, HFS, and the Illinois Attorney General.

In the second breach, CountyCare's TPA, Evolent, erroneously sent a fax containing the mental health PHI of four (4) CountyCare members to an unknown fax number. Compliance notified the four (4) affected members, along with the Office for Civil Rights at the Department of Health and Human Services and HFS.

Of the remaining HIPAA incidents, fifteen (15) of the twenty-one (21) incidents were misdirected communications sent to another covered entity (hospital, for example). The other four (4) incidents involved technological and administrative errors, by example, a spreadsheet sent to correct business associate but contained more members than were requested.

8. FY 2019 Proactive vs. Reactive

Of the 307 CountyCare contacts in FY 2019, 35% or 108 contacts, were proactive while 65% or 199 contacts were reactive. Proactive contact is optimal because individuals seek guidance prior to the occurrence of an event or activity rather than retrospectively.



9. Grievances and Appeals Activities

The responsibility for State Fair Hearing activity transitioned from Corporate Compliance to CountyCare Utilization Management this fiscal year. CountyCare Compliance provides high-level oversight and remains committed to ensuring that contractual and regulatory timeframes are met, to providing guidance and assistance when necessary, and participating in the quarterly CountyCare Grievance and Appeals Committee.

Element 5

The development of a system to respond to allegations of improper/illegal activities and the enforcement of appropriate disciplinary action against employees who have violated internal compliance policies, applicable statutes, regulations or Federal health care program requirements.

A. Enforcing Standards

Broadened the scope of Standards enforcement through:

- **Fraud, Waste and Abuse Monitoring.** As noted earlier in this report, CountyCare Compliance collaborated closely with the Special Investigation Units of Delegated Vendors to identify potential fraud, waste, abuse, and financial misconduct. At the end of County FY 2018 Evolent, CountyCare's TPA for medical and behavioral health, engaged a different data analytics firm recognized for its expertise in DRG auditing and coding analysis. During County FY 2019, CountyCare worked with Evolent and the new data analytics firm to strengthen the identification and reporting of aberrant behaviors.
- **Privacy and Security (HIPAA) Breach Assessments.** In FY 2019, the Corporate Compliance Department hired a Privacy Officer responsible for both the provider and health plan sides of CCH. CountyCare Compliance worked in collaboration with the CCH Privacy Officer to maintain consistency in approach and to provide guidance to CountyCare workforce members.
- **Investigations Resulting in Employee Related Corrective Actions.** Investigated Conflict of Interest and confidentiality complaints and provided employee guidance.
- **Partnerships with Governmental Agencies.** CountyCare Compliance partnered with the HFS, HFS-OIG, and Illinois' Medicaid Fraud Control Unit (MFCU).
- **Partnerships with non-Governmental Agencies.** CountyCare Compliance was invited to participate with a number of organizations related to the detection of fraud and wrongdoing in the insurance industry. These non-governmental organizations include other managed health plans, the HealthCare Fraud Prevention Partnership (HFPP), National Insurance Crime Bureau (NICB), Midwest Anti-Fraud Insurance

Cook County Health
CountyCare Compliance Program
FY 19 ANNUAL REPORT – December 2018 through November 2019

Association (MAIA), and the professional organization of compliance professionals, HCCA (Health Care Compliance Association).

Element 6

The use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified problem areas.

A. Auditing and Monitoring

- Fraud, Waste, Abuse and Financial Misconduct

As noted earlier in this report, CountyCare Compliance continued its partnership with SIUs, meeting regularly to build a robust system to identify potential financial misconduct, and formed partnerships with governmental and non-governmental agencies.

- Medicaid RAC Audit

The Medicaid RAC Auditor notified CountyCare of audit findings and requested recoupment of funds from CountyCare. After review of the audit findings, CountyCare Compliance showed evidence to the RAC Auditor that the findings were incorrect, subsequently, the RAC Auditor dismissed the findings and did not recoup any money from CountyCare.

- Annual Compliance Attestation

CountyCare Compliance continued to utilize an Annual Compliance Attestation, issued to all CountyCare's delegated vendors in May 2019. The Compliance Attestation required all vendors to attest to several compliance provisions in their contracts, including distribution of a Code of Ethics, FWA policy distribution, training and education requirements, sanction screening checks, offshore activity and delegated oversight.

B. Risk Assessment

The focus within CountyCare Compliance is prevention, detection and elimination of fraud, waste, abuse, and financial misconduct, in addition to other areas of risk identified in FY 2019. Examples of areas that require ongoing assessment:

- Necessity for updated procedures to terminate employee access to third party electronic systems upon separation from employment and to monitor current employee access.
- Diligent monitoring of the separation of the Medicaid and Medicare data and operations.
- Claim system configuration to ensure payments to providers are processed accurately.
- Transportation broker's submission of accurate encounter data to HFS.

Cook County Health
CountyCare Compliance Program
FY 19 ANNUAL REPORT – December 2018 through November 2019

In addition, CountyCare Compliance will initiate an annual risk assessment with executive leadership and key thought leaders nationally to identify outstanding risks and challenges to meeting the standards of an effective health plan compliance program.

Element 7

The investigation and remediation of identified systemic problems and the development of policies addressing the non-employment or retention of sanctioned individuals.

A. Identification of Systemic Issues

Sanction Screening Checks

- CCH maintains a policy and procedure paralleling the requirements set forth by the Department of Health and Human Services, Office of Inspector General, to ensure the screening of all contractors and workforce members.
- The policy is place to avoid employing, engaging, contracting or agreeing with any individual or entity that is excluded or “sanctioned” from participation in a federal health care program or who is debarred from participation in federal procurement or non-procurement programs for the provision of goods or services.
- This requirement is embedded within each CountyCare contract and each TPA is required to screen each provider in their networks.

IV. Looking Ahead

In FY 2020, the Corporate Compliance Program will continue to focus on maintaining adherence to contractual requirements and healthcare compliance best practices as the program matures. As CountyCare relies heavily on delegated vendors, monitoring for adherence to CountyCare policies, contractual, and regulatory standards are critical to avoid sanctions and ensure that federal, state, and county taxpayer dollars are spent appropriately on delivering quality, necessary care and preventing fraud, waste and abuse in addition to protecting health plan members and providers. The Program will continue ongoing activities related to risk reduction in the areas of compliance, policy implementation, and the development and implementation of monitoring and auditing efforts.

These priorities have been established for the CountyCare Compliance Program:

- Strengthen health plan oversight in the area of fraud, waste and abuse:
 - Foster continued partnerships with HFS-OIG and the State’s MFCU to develop best practices in Corporate Compliance for CountyCare.
 - Enhance relationships with non-government organizations and other MCOs’ SIUs to build a network of skilled investigators and increase effective Program Integrity efforts.
 - Increase workforce education and knowledge regarding the Compliance Department’s duties, the compliance hotline, and a workforce member’s duty to report.

Cook County Health
CountyCare Compliance Program
FY 19 ANNUAL REPORT – December 2018 through November 2019

- Strengthen the partnership with dental/vision delegated vendor to scrutinize dental and vision FWA.
- Increase oversight and monitoring for all delegated vendors, with increased focus on accurate claims payment.
- Foster partnerships with other CountyCare departments as well as delegated vendors to fulfill contractual obligations in Program Integrity and state reporting.
- Continue to investigate all issues/complaints brought to the attention of the Program.
- Uphold compliance with continuously changing contractual requirements and industry best practices as CountyCare continues as one of the largest Medicaid Managed Care Organizations in Cook County.
- Serve as a compliance and privacy resource to the workforce and delegated vendors.
- Mature the CountyCare Compliance Program and continue to incorporate best practices to cultivate a culture of compliance throughout the health plan.
- Maintain CountyCare Compliance Program recognition locally and nationally.

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
April 30, 2020

ATTACHMENT #6

QPS Quality Dashboard



April 30, 2020



COOK COUNTY
HEALTH

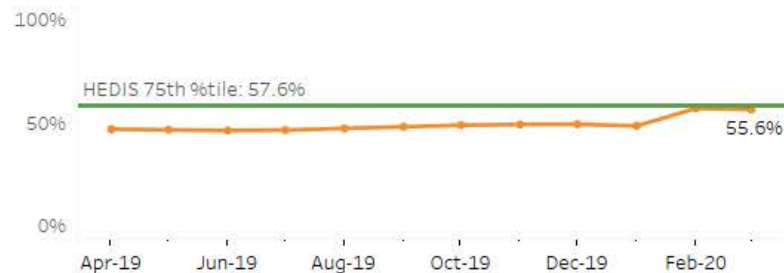


COOK COUNTY HEALTH

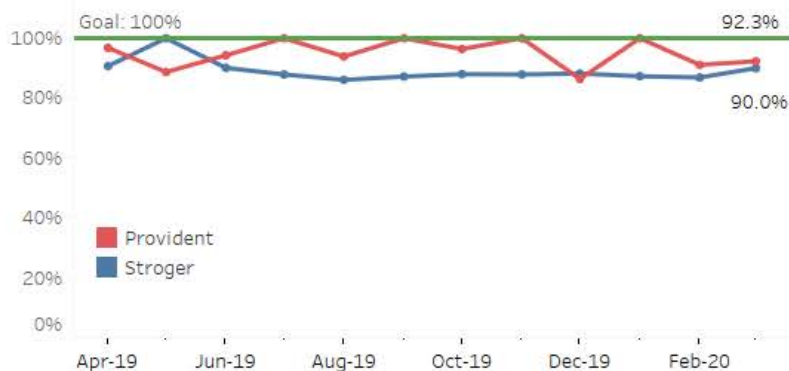
Quality Dashboard
April 24, 2020

Health Outcomes

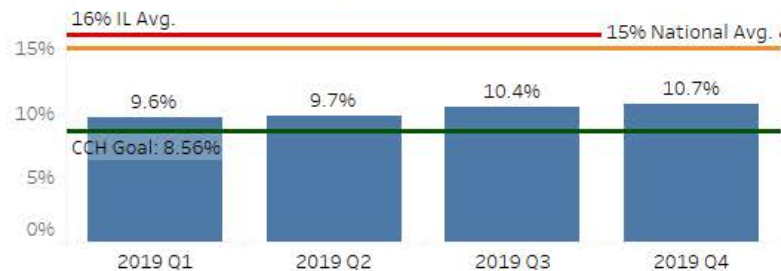
HEDIS - Diabetes Management: HbA1c < 8%



Core Measure - Venous Thromboembolism (VTE) Prevention

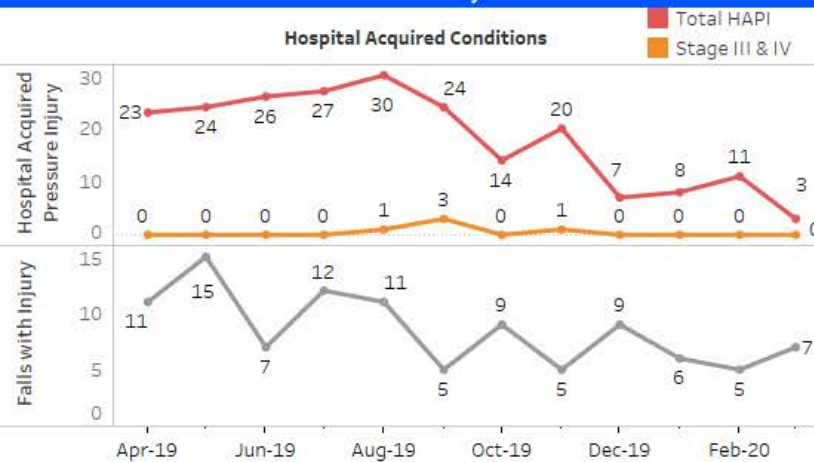


30 Day Readmission Rate



Patient Safety

Hospital Acquired Conditions



Hospital Acquired Infections

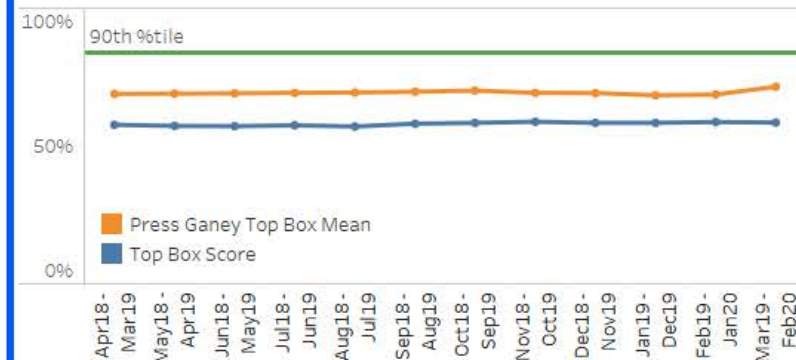


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs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

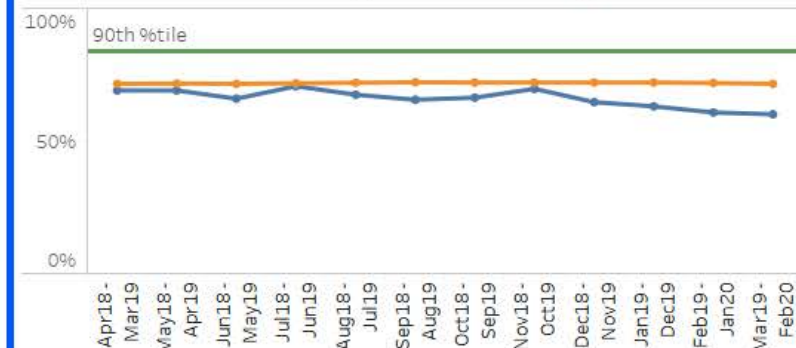
	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
CAUTI	2	1	2	5	6	2	3	0	1	0	0	0
CDI	6	5	4	4	9	5	7	7	5	3	5	10
CLABSI	2	2	2	3	2	4	1	1	1	0	0	1
MRSA	1	0	0	2	0	0	1	1	0	1	2	0

Utilization

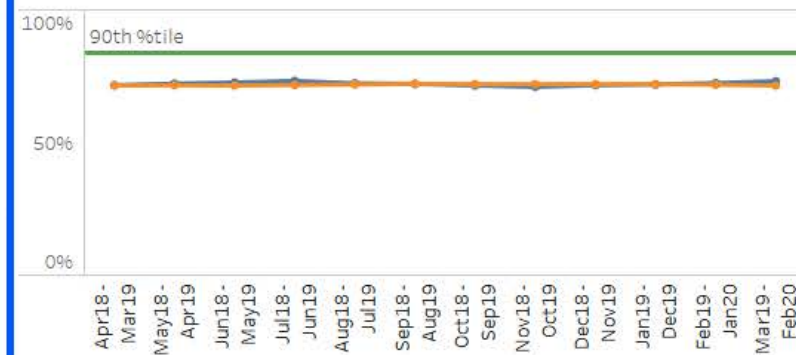
ACHN--Overall Clinic Assessment



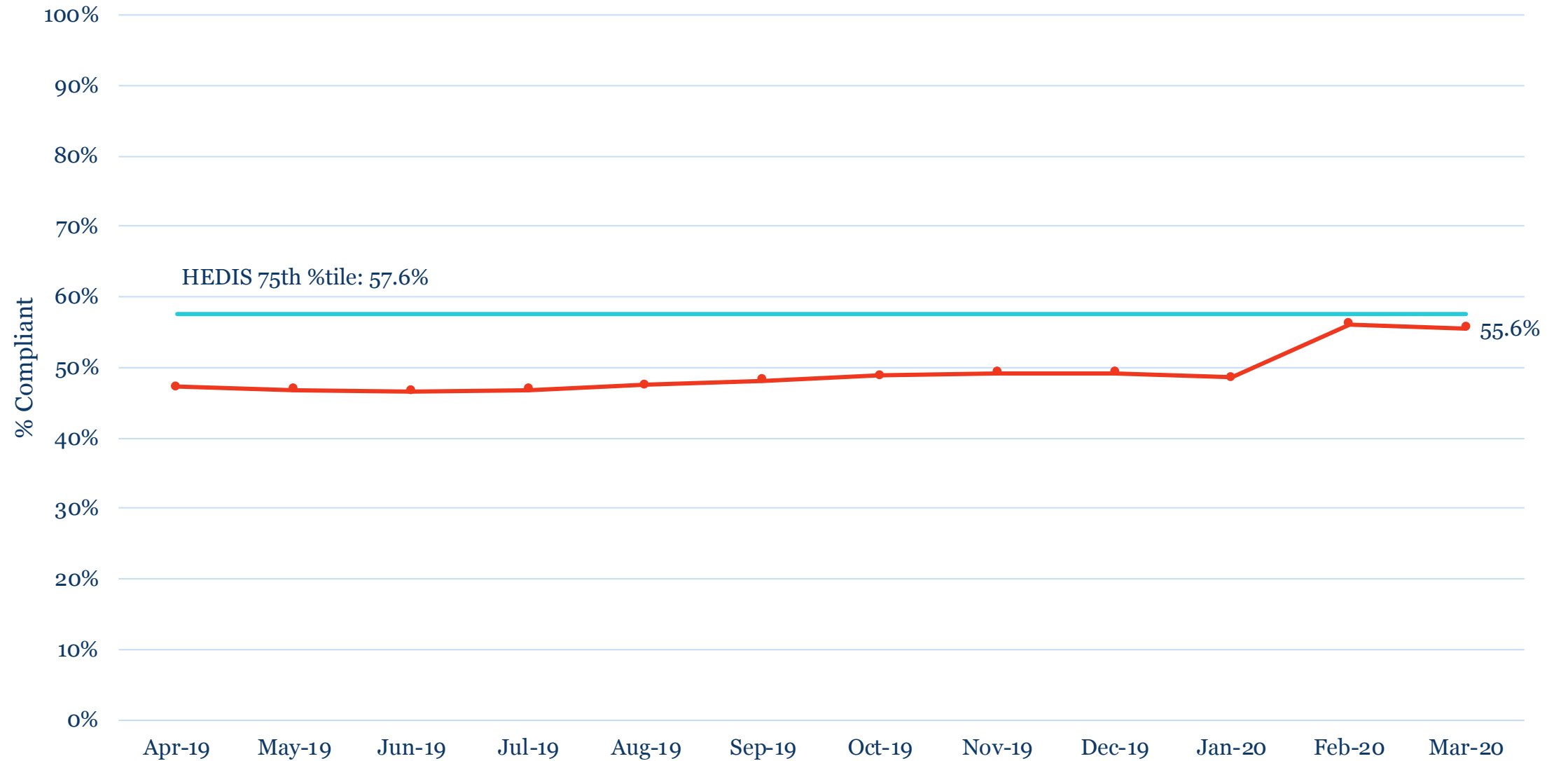
Provident--Willingness to Recommend Hospital



Stroger--Willingness to Recommend Hospital

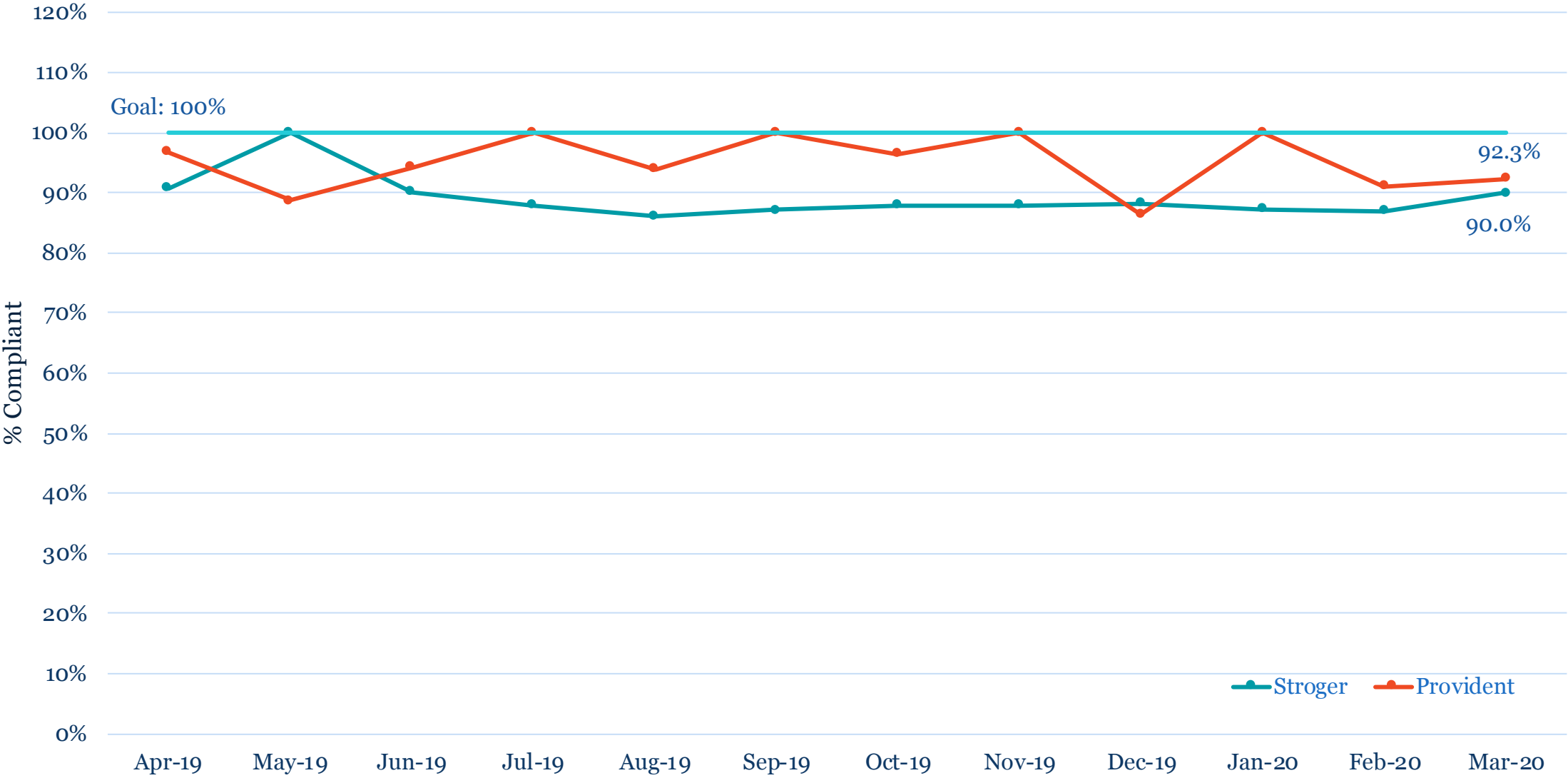


HEDIS – Diabetes Management: HbA1c < 8%



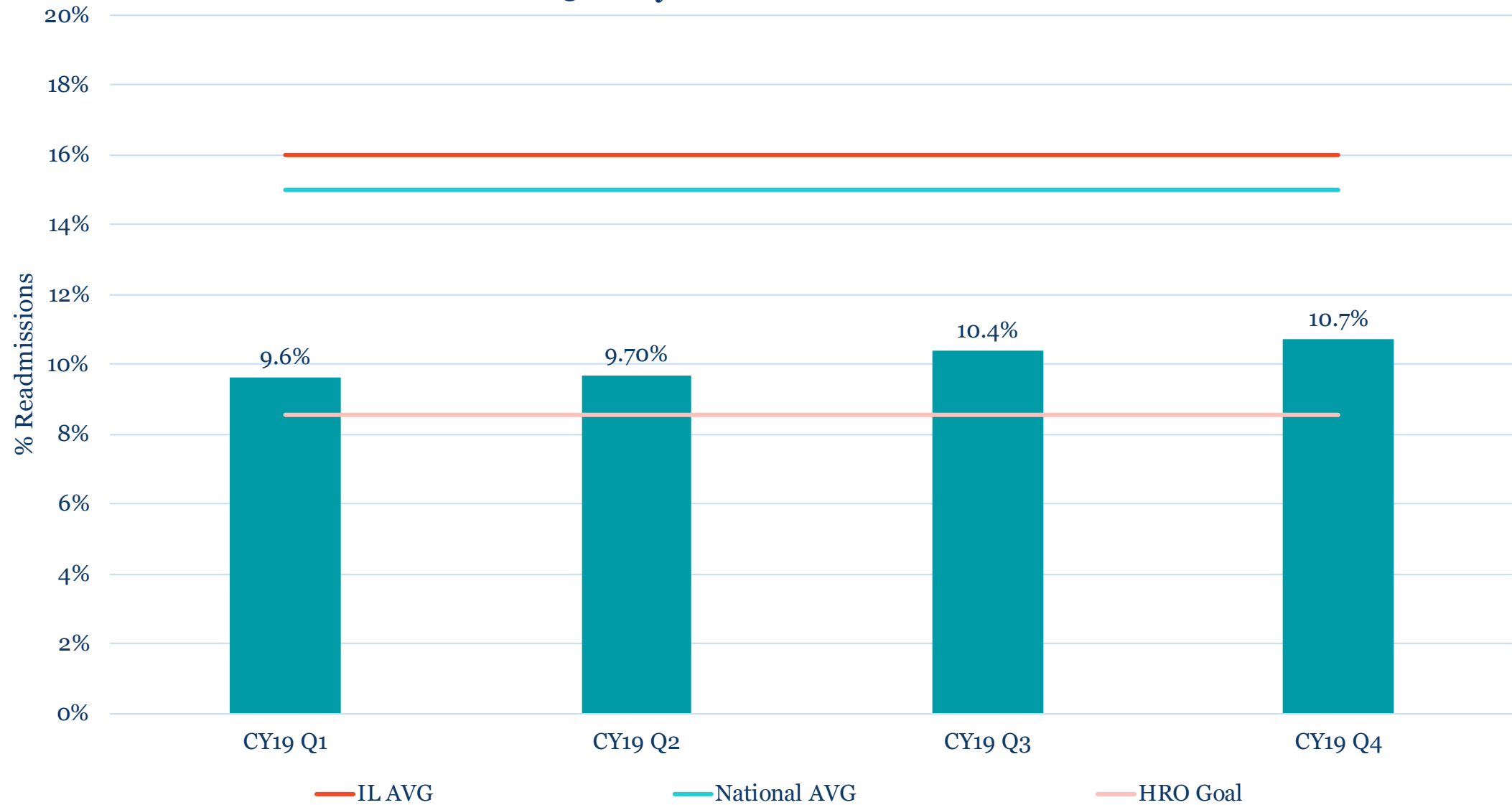
Source: Business Intelligence

Core Measure – Venous Thromboembolism (VTE) Prevention



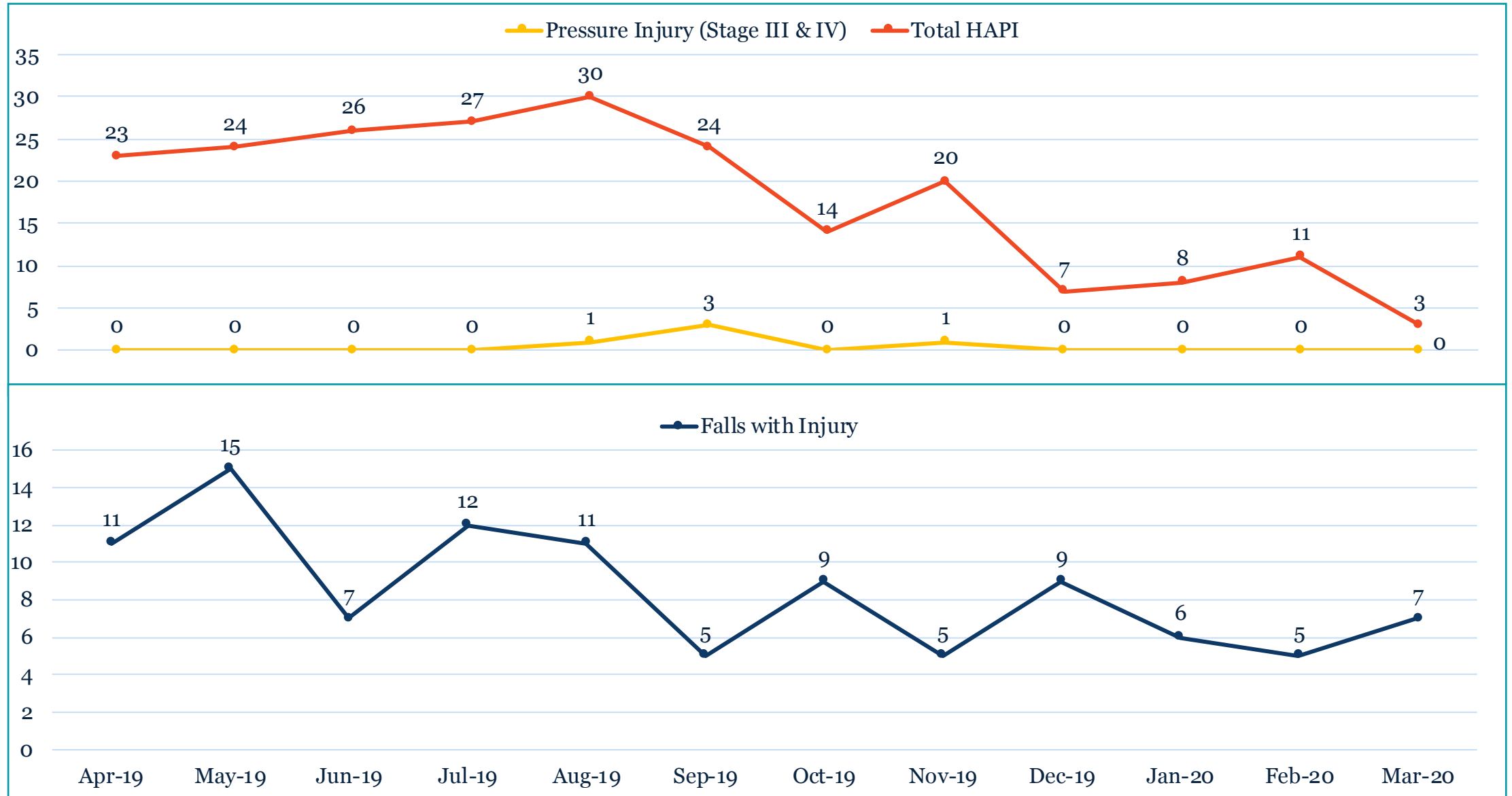
Source: Quality Dept.

30 Day Readmission Rate

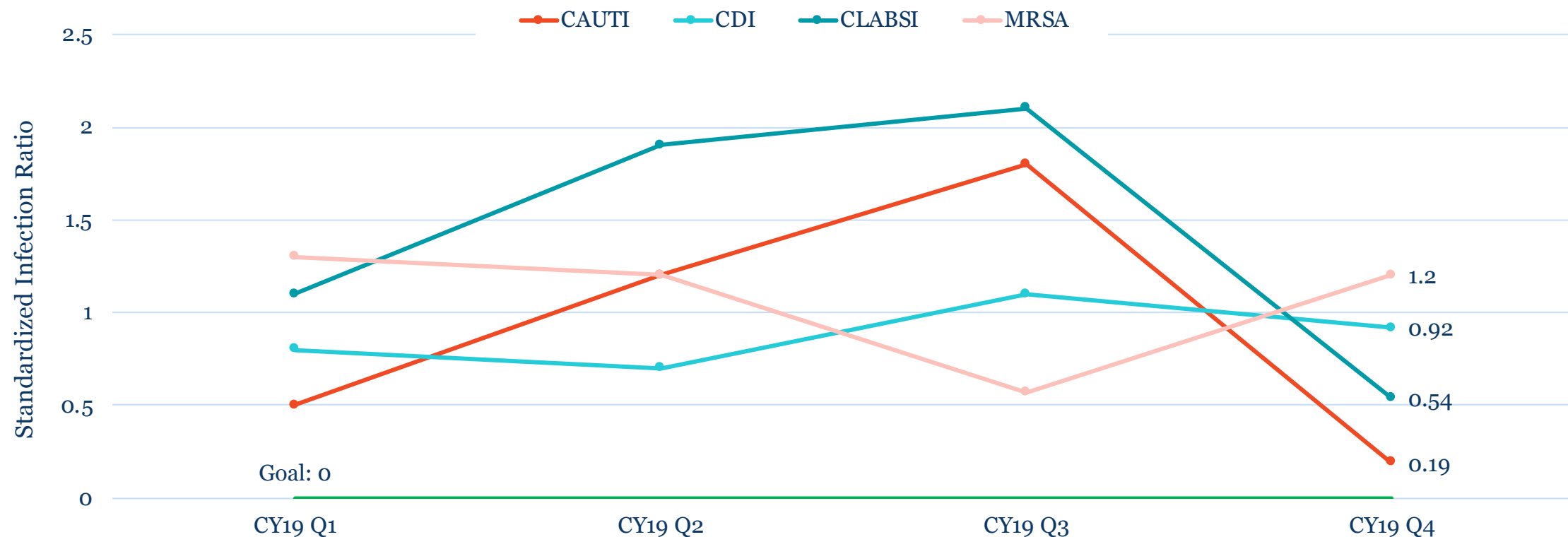


Source: Business Intelligence

Hospital Acquired Conditions



Hospital Acquired Infections



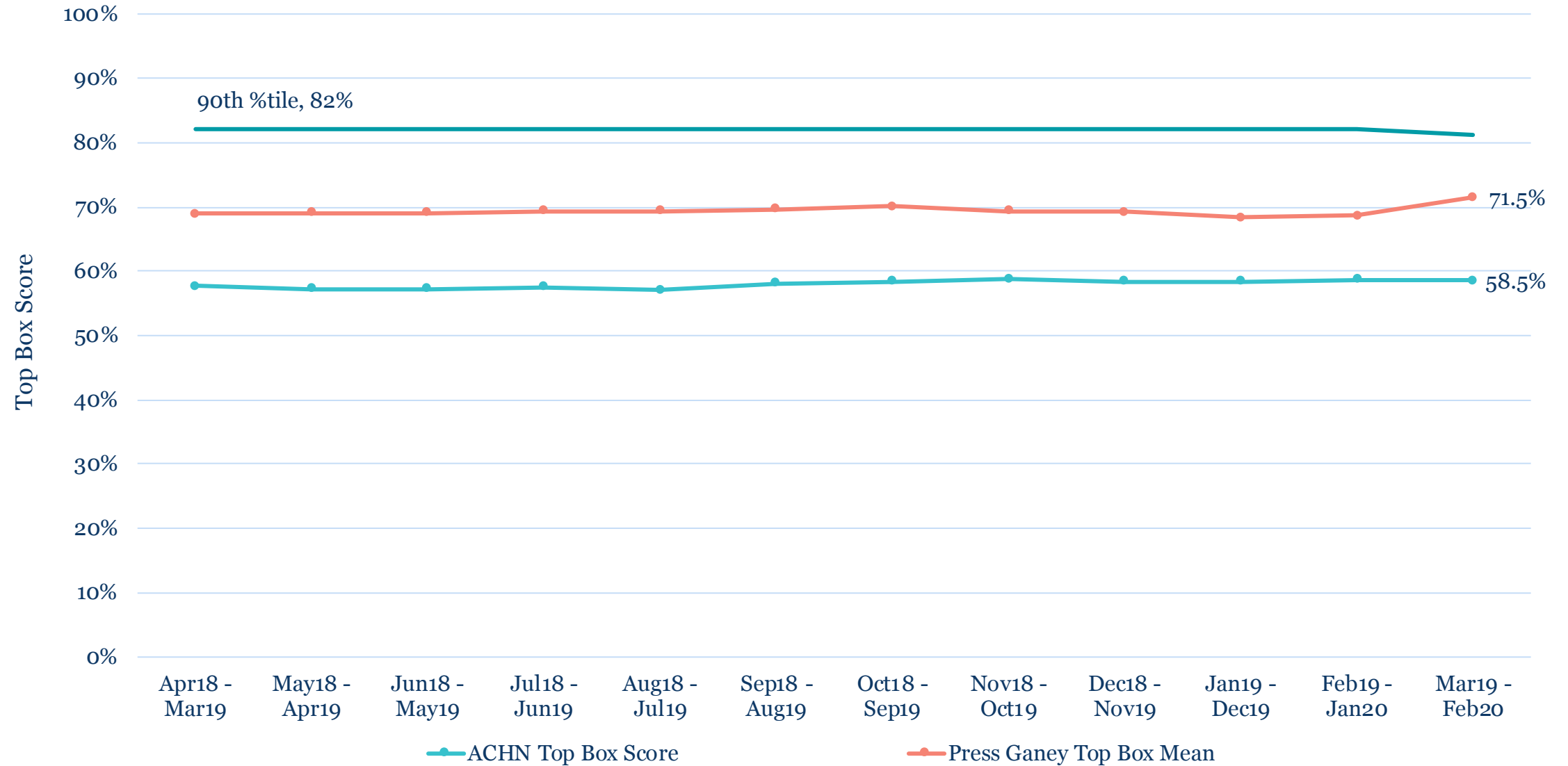
	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
CAUTI	2*	1	2*	5	6	2	3	0	1	0	0	0
CDI	6	5	4	4	9	5	7	7	5	3	5	10
CLABSI	2*	2	2	3	2	4	1	1	1	0	0	1
MRSA	1	0	0	2	0	0	1	1	0	1	2*	0

*Amended

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

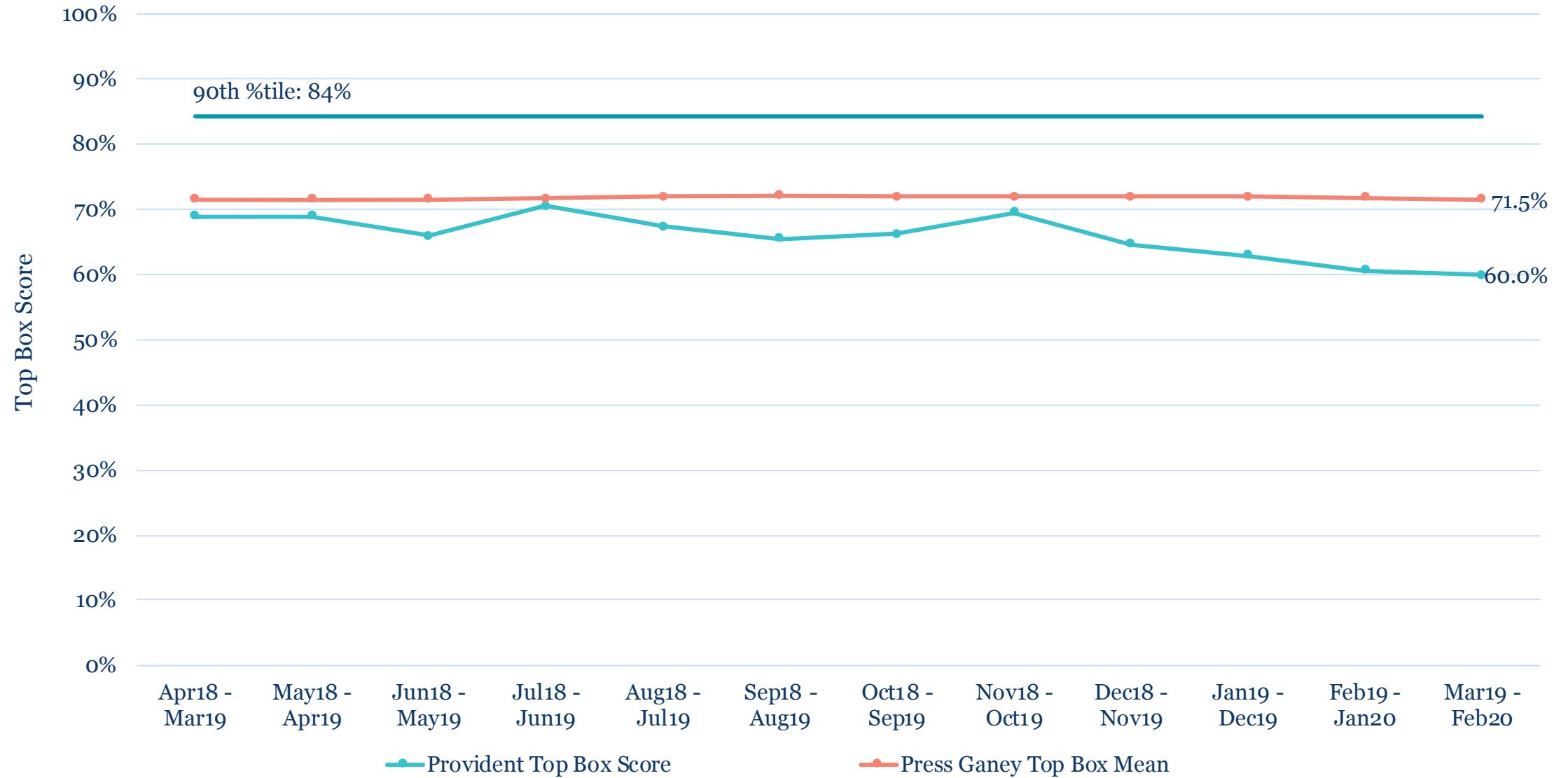
Source: Infection Control Dept.

ACHN – Overall Clinic Assessment



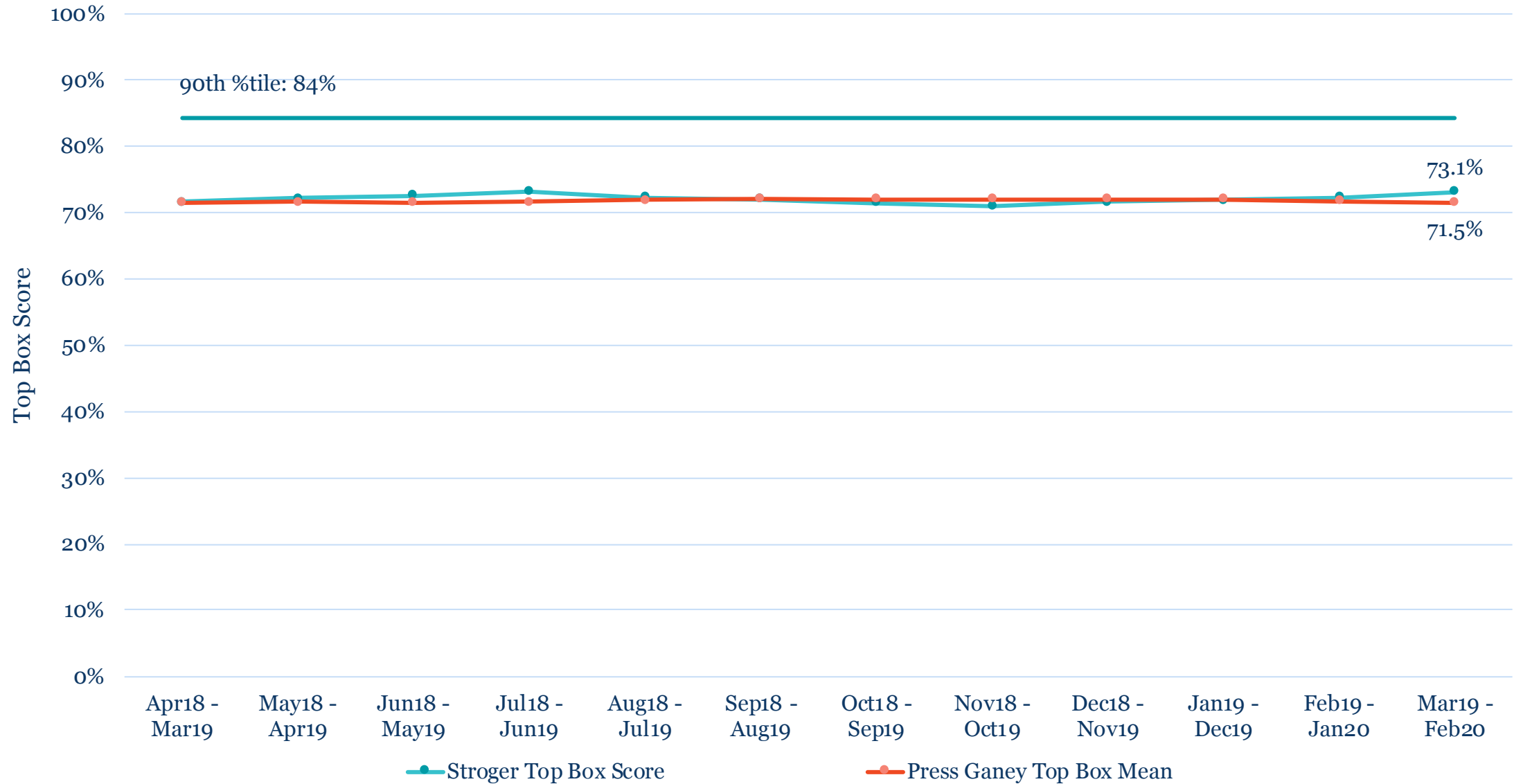
Source: Press Ganey

Provident – Willingness to Recommend the Hospital



Source: Press Ganey

Stroger – Willingness to Recommend the Hospital



Source: Press Ganey

Measure Name	Measure Definition	Source
Diabetes Management HbA1c <8%	Adults ages 18-75 with diabetes (type 1 or type 2) where HbA1c is in control (<8.0%). Qualifying patients: - Age 18-75 years as of December 31 of current year AND two diabetic Outpatient/ED visits in the current year or previous year OR -One diabetic Inpatient visit in the current year or previous year OR -Prescribed insulin or hypoglycemic or antihyperglycemics in the current year or previous year	NCQA, HEDIS
Core Measure-Venous Thromboembolism (VTE) Prevention	Numerator: Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given: The day of or the day after hospital admission The day of or the day after surgery end date for surgeries that start the day of or the day after hospital admission Denominator: All patients	CMS
Readmission Rate	The readmission measures are estimates of unplanned readmission to an acute care hospital in the 30 days after discharge from a hospitalization. Patients may have had an unplanned readmission for any reason.	CMS
Hospital Acquired Pressure Injuries	A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. Full thickness pressure injuries involve the epidermis and dermis, but also extend into deeper tissues (fat, fascia, muscle, bone, tendon, etc.)	CMS, AHRQ
Falls with Injury	A patient fall is an unplanned descent to the floor (or extension of the floor, e.g., trash can or other equipment) with injury to the patient.	TJC, NDNQI
Hospital Acquired Infections - CAUTI	Catheter-associated urinary tract infections	NHSN
Hospital Acquired Infections - CDI	Clostridium difficile intestinal infections	NHSN
Hospital Acquired Infections - CLABSI	Central line-associated bloodstream infections	NHSN
Hospital Acquired Infections - MRSA	Methicillin-resistant Staphylococcus Aureus blood infections	NHSN
Press Ganey Patient Satisfaction Top Box Score	The percentage of responses in the highest possible category for a question, section, or survey (e.g. percentage of ‘Very Good,’ or ‘Always’ responses).	Press Ganey
Press Ganey Patient Satisfaction Percentile Rank	A percentile rank tells you where your score falls in relationship to other scores. Percentile rank for any given metric in any peer group is determined by ordering all facilities’ scores from highest to lowest, then each score receives a percentile rank by determining the proportion of the database that falls below that score. For example, if your percentile rank is 30, you are scoring the same as or better than 30% of the organizations you are compared to.	Press Ganey
ACHN Patient Satisfaction-Overall Assessment	Includes two questions: 1. How well the staff worked together to care for you. 2. Likelihood of your recommending our practice to others.	Press Ganey
Hospital Patient Satisfaction-Willingness to Recommend Hospital	The likelihood that a patient will recommend a hospital to family members and friends.	Press Ganey



Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
April 30, 2020

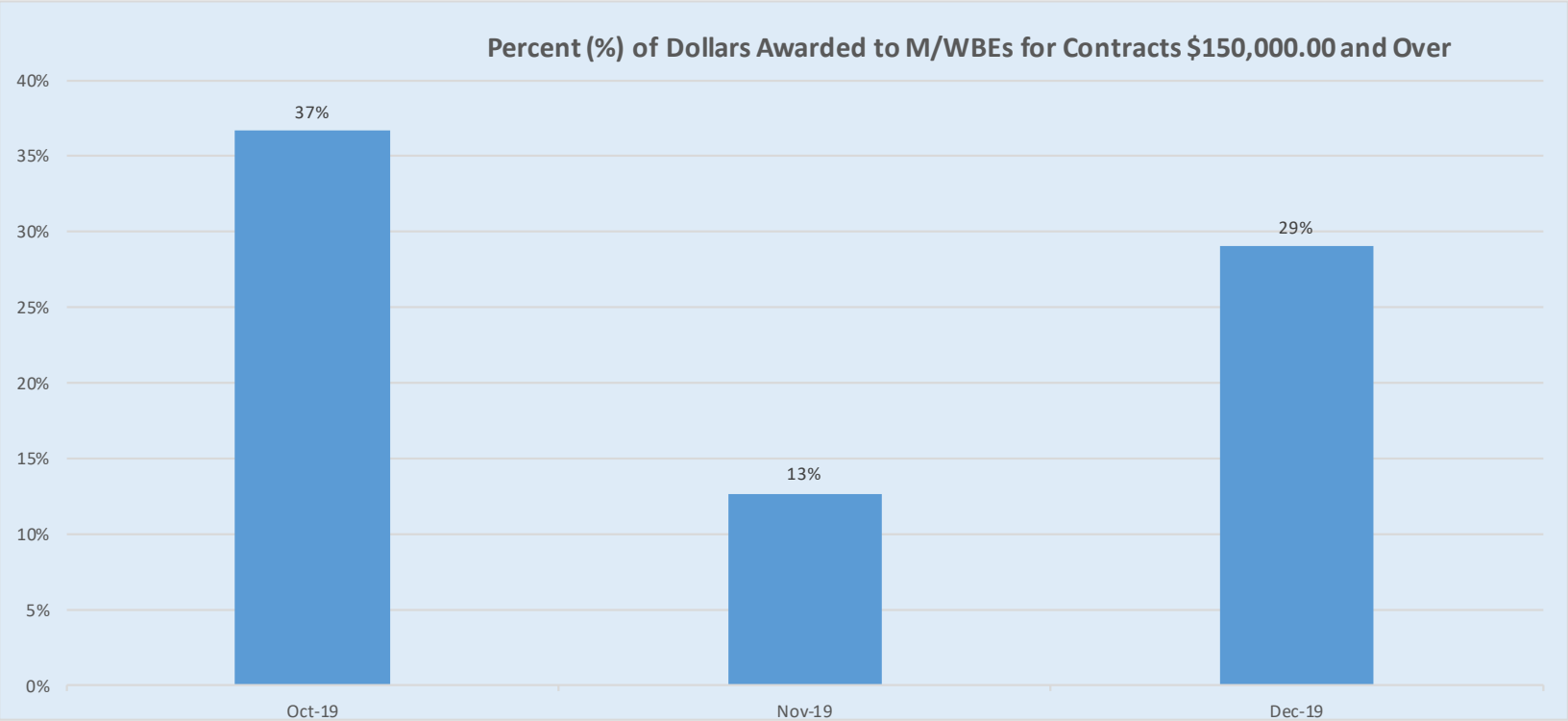
ATTACHMENT #7

MWBE METRICS - FY 2019-2020				
Contracts \$150,000.00 and Over for October, November, and December 2019				
Month	Friday, October 25, 2019	Friday, November 22, 2019	Friday, December 20, 2019	TOTAL
Number of Contracts Awarded	12	13	12	37
Total Award Value	\$119,616,022	\$25,489,304	\$95,619,304	\$240,724,630
Number of Contracts with Goals	7	6	7	20
Value	\$115,396,022	\$18,181,528	\$78,319,915	\$211,897,465
% Total Award	96%	71%	82%	88%
Number of Contracts with MWBE as Prime	3	0	3	6
Prime Award Value	\$3,791,509	\$0	\$12,625,593	\$16,417,102
% Contract w/goal	3%	0%	16%	8%
Number of Contracts with MWBE as Subcontractor	2	6	4	12
Sub Award Value	\$38,571,032	\$2,309,953	\$10,128,585	\$51,009,570
% Contract w/goal	33%	13%	13%	24%
Number of Contracts with Full Waivers	2	0	0	2
Waiver Value	\$1,637,500	\$0	\$0	\$1,637,500
% Contract w/goal	1.42%	0%	0%	1%

NOTE: The difference between Number of Contract Awarded and Number of Contracts with Goals = Contracts assigned a Contract specific goal of zero.
This means that there were no certified MWBEs to provide the specific Good, Service or Equipment.

October reflects two full waivers; the vendor did achieve some indirect participation for one of the waivers but it is only considered a good faith effort.

See next page for MWBE Participation Bar Chart



CCHHS MBE/WBE Commitment Report for Board Meeting on December 20, 2019

Contract No.	Agenda Item No.	User Department	Vendor	Commodity	Contract Type	Contract Goal %	Fiscal Impact	MBE % Committed	WBE % Committed	Details of Participation
H18-25-052	8	Managed Care/ County Care	Milliman, Inc.	Service - Acturial Services	RFP	35% MWBE Participation	\$1,900,029.00	2.88%	0%	<p>This is amendment no. 2. The total contract value is \$3,516,534.00.</p> <p>Partial MBE/WBE waiver is granted due to the specifications and necessary requirements for performing the contract make it impossible or economically infeasible to divide the contract to enable the contractor to further utilize MBEs and/or WBEs in accordance with the applicable participation.</p> <p>The vendor has committed to utilizing: Medical Business Associates, Inc. - MWBE(9) - 2.88% Direct Participation or \$101,250.00 for actuarial IBNR calculations.</p>
H18-25-061	9	Health Information Management	FGCS, LLC	Service - Professional Consulting Services for Clinical Documentation Improvement	Sole Source	0%	\$2,000,000.00	0%	0%	<p>This is amendment no. 3. The total contract value is \$3,617,057.07.</p> <p>On this Sole Source contract, the contract-specific goal set on this contract was zero based on information such as the scope of work, the estimated project cost, the current availability of certified M/WBEs in the marketplace to provide the goods necessary to fulfill the contract requirements and with the consultation of the User Agency.</p>
H15-25-037	10	Finance and Supply Chain Management	Keystone Advisors of Illinois, LLC	Service - Professional Staffing Services	Sole Source	35% MWBE Participation	\$306,593.28	100%	0%	<p>This is amendment no. 8. The total contract amount is \$2,953,333.28.</p> <p>The prime vendor, Keystone Advisors of Illinois, LLC., is a certified City of Chicago MWBE(6) and will perform 100% of this contract for professional staffing services.</p>

CCHHS MBE/WBE Commitment Report for Board Meeting on December 20, 2019

Contract No.	Agenda Item No.	User Department	Vendor	Commodity	Contract Type	Contract Goal %	Fiscal Impact	MBE % Committed	WBE % Committed	Details of Participation
H19-25-053	11	Managed Care - County Care	Evolent Health	Service - Medicare Third Party Administrative Services and Claims	RFP	35% MWBE Participation	\$37,729,464.00	1.09%	1.12%	<p>This is amendment no. 1. The total contract amount is \$423,152,632.00. Administrative Services \$48,601,890.00; Claims \$374,550,742.00 MBE/WBE Participation not required for claims costs.</p> <p>Partial MBE/WBE waiver is granted due to the specifications and necessary requirements for performing the contract make it impossible or economically infeasible to divide the contract to enable the contractor to further utilize MBEs and/or WBEs in accordance with the applicable participation.</p> <p>The vendor has committed to utilizing:</p> <p>Andrews Printing - MBE(6) - 0.59% Direct or \$288,750.00 for printing services. Lopez Martin & Associates, Inc. dba Purple Group - MWBE(9) - 0.08% Direct or \$40,000.00 for translation services. S & F Software Solutions, Inc. dba S & F Consultancy, Inc. - MWBE(8) - 0.44% Direct or \$216,000.00 for staffing services for open enrollment. Gretchen G. Grieser Consulting, LLC - WBE(7) - 0.96% Direct or \$468,000.00 for healthcare consulting services. Sage Health Strategy - WBE(7) - 0.12% Direct or \$60,000.00 and 2.78% or \$1,350,000.00 Indirect for healthcare consulting services. Logdson Stationers, Inc. dba Logdson Office Supplies - MBE(6) - 0.93% Indirect or \$450,000.00 for kitchen and office supplies.</p> <p>For a total of 2.21% direct participation and 3.70% indirect participation.</p> <p>Note indirect participation does not count towards meeting the MBE/WBE goals and is only considered a good faith effort.</p>
H16-25-174	13	Health Information Systems	ATOS Healthcare Services	Service - Information Technology Management Services	RFP	35% MWBE Participation	\$2,064,828.24	26.86%	11.57%	<p>The vendor has committed to Clarity Partners, LLC, MBE(8) for 1.25% or \$1,103,793.72 direct participation to provide information technology services; Professional Systems, Inc., MBE(6) for 0.18% or \$155,506.00 direct participation to provide information technology services; Senryo Technologies, MBE(8) for 2.24% or \$1,973,919.00 direct participation to provide information technology services; RL Canning, MWBE(9) for 23.20% or \$20,490,782.00 direct participation to provide information technology services; Technology Experts, Inc., MWBE(8) for 2.12% or \$1,870,431.00 direct participation to provide information technology services and Palace Gate Corporation WBE(7) for 9.45% or \$8,345,099.00 direct participation to provide information technology services. For a total of 38.43% direct participation.</p> <p>This is amendment no. 4 and the total contract value is \$88,311,220.63.</p>

CCHHS MBE/WBE Commitment Report for Board Meeting on December 20, 2019

Contract No.	Agenda Item No.	User Department	Vendor	Commodity	Contract Type	Contract Goal %	Fiscal Impact	MBE % Committed	WBE % Committed	Details of Participation
H20-25-018	14	Human Resources	Press Ganey Associates, Inc.	Service - Employee Engagement Surveys	Sole Source	0%	\$351,778.00	0%	0%	On this Sole Source contract, the contract-specific goal set on this contract was zero based on information such as the scope of work, the estimated project cost, the current availability of certified M/WBEs in the marketplace to provide the goods necessary to fulfill the contract requirements and with the consultation of the User Agency.
H20-25-024	15-1	Nursing	Vizient, Inc.	Service - Contract Management and Nursing Registry Services	GPO	35% MWBE Participation	\$24,000,000.00	23.33%	11.67%	<p>The vendor committed to utilizing:</p> <p>Advanced Care Services, Inc. MWBE (6) for \$2,800,000.00 or 11.67% direct participation to provide nurse registry/staffing services.</p> <p>Professional Nursing, Inc. MWBE (8) for \$2,800,000.00 or 11.67% direct participation to provide nurse registry/staffing services.</p> <p>The Nurse Agency, WBE (7) for \$2,800,000.00 or 11.67% direct participation to provide nurse registry/staffing services.</p> <p>For a total of 35.00% direct participation.</p>
H20-25-026	16	Managed Care/ CountyCare	MedImpact	Service - Pharmacy Claims Reimbursements to Medicare Providers and Administrative Costs	RFP	0%	\$13,030,256.00	0%	0%	The contract-specific goal set on this contract was zero based on information such as the scope of work, the estimated project cost, the current availability of certified M/WBEs in the marketplace to provide the goods necessary to fulfill the contract requirements and with the consultation of the User Agency.

CCHHS MBE/WBE Commitment Report for Board Meeting on December 20, 2019

Contract No.	Agenda Item No.	User Department	Vendor	Commodity	Contract Type	Contract Goal %	Fiscal Impact	MBE % Committed	WBE % Committed	Details of Participation
H20-25-020	17	Facilities	GMA Construction Group	Service - Buildout of Tenant Improvements at Harrison Square, Construction Management At Risk (CMAR) Services	RFQ	35% MWBE Participation for Professional Services and 24% MBE and 10% WBE Participation for Construction Services	\$11,500,000.00	100%	0%	The prime vendor, GMA Constuction Group, is a certified City of Chicago MBE(6) and will perform 100% of the professional services/construction management at risk services. The MBE/WBE construction subcontractors will be identified at a later time.
H20-25-023	18	Material Management	Praxair Healthcare Services	Product - Medical Gas Supply	GPO	0%	\$1,200,000.00	0%	0%	The contract-specific goal set on this contract was zero based on information such as the scope of work, the estimated project cost, the current availability of certified M/WBEs in the marketplace to provide the goods necessary to fulfill the contract requirements and with the consultation of the User Agency.
H20-25-019	19	Facilities	Cardosi Kiper Design Group, Inc.	Service - Interior and Exterior Wayfinding Signage Design at Stroger Hospital	RFQ	35% MWBE Participation	\$819,000.00	0%	100%	The prime vendor, Cardosi Kiper Design Group, Inc., is a certified Cook County WBE(7) and will perform 100% of this contract for wayfinding signage.
H20-25-021	20	Labarotory Medicine	Helena Laboratories	Product and Service - Reagents Rental Agreement for SPIFE Touch and Quick Scan Touch Instruments used for Immunology Testing	Sole Source	0%	\$717,355.80	0%	0%	On this Sole Source contract, the contract-specific goal set on this contract was zero based on information such as the scope of work, the estimated project cost, the current availability of certified M/WBEs in the marketplace to provide the goods necessary to fulfill the contract requirements and with the consultation of the User Agency.

**Purchase Under the Authority of the Interim Chief Executive Officer
Contracts Under \$150K- 1st QTR 2020 December, January, February**

Vendor	Contract Number	Product/Service	Purpose	Value	Contract Term
Bradley & Associates, Inc.	H19-25-0166	Services; Medicare and Medicaid Cost Reports	BPA	123,000.00	12 Months
Charles H. Wintersteen & Associates	H20-25-0002	Services; Legal	BPA	60,000.00	12 Months
CLJ Resources, LLC	H20-25-0030	Services; Business Enterprise Vendor outreach	BPA	48,000.00	12 months
Crankfrog, LLC	H20-25-0038	Services; CountyCare Portfolio Spend Optimization	BPA	141,600.00	4 months
Custom Data Processing, Inc.	H20-25-0025	Services; Mobile Software, Support, Maintenance on Environmental Health Inspections Software	BPA	93,309.00	36 months
EBSCO Industries, Inc.	H20-25-0015	Services; Nurse Reference Plus and CINAHL Complete	BPA	122,050.00	36 months
Ekla Corporation	H19-76-0147	Equipment: Hausted Stretcher	Capital PO	41,460.00	One-time Capital
Ekla Corporation	H20-76-0029	Equipment: Dialysis Equipment	Capital PO	45,217.80	One-time Capital
Frank H. Stowell & Sons, Inc.	H19-25-0168	Services; EP Lab Updates	Original PO	93,889.00	3 months
GE Healthcare, Inc.	H20-25-0034	Services; De-Installation of Definium 5000 OFH to NR Relocation	Original PO	34,530.00	3 months
Koffel Medical Supply	H19-25-0026	Services; Peritoneal Dialysis Program	BPA	149,000.00	12 Months
Kone, Inc.	H19-25-0103	Services; Repair of Elevators	BPA	142,560.00	36 months
Lab RX, Interiors, Inc.	H19-76-0097	Supplies and Service; Auto Print Unit Dose Packaging System and on-site Install	BPA	59,860.00	12 Months
Mayo Collaborative Services, LLC	H20-25-0001	Services; Anatomic Pathology	BPA	100,000.00	12 Months
Midway Vascular	H20-25-0012	Equipment: Flo Lab	Capital PO	100,165.00	One-time Capital
Paul V. Beddoe Government Affairs LLC	H20-25-0022	Services; Healthcare Policy Consulting	BPA	75,000.00	12 Months
Philips Healthcare	H18-76-0146	Equipment: Upgrade to EP Lab	Original PO	34,460.71	One-time Capital
Planned Parenthood	H20-25-0024	Services; CCDPH Education Agreement	Original PO	50,000.00	12 Months
Respiratory Technologies, Inc.	H19-25-0156	Supplies; Respiratory Vests	BPA	30,000.00	36 months
Richard Wolfe	H19-25-0126	Services and Supplies; Scopes	Capital	62,106.96	One-time Capital
Teleflex, LLC	H19-25-0105	Supplies; EZ-IO Needles	BPA	145,000.00	36 months
The Health Law Consultancy LLC	H20-25-0019	Services; Legal Services Related to the Administration of Medicare Advantage Programs	BPA	149,000.00	12 Months
Thermo Scientific Portable Analytical Instruments, Inc.	H19-76-0115	Equipment: Lead Paint Analyzer	Capital PO	46,671.00	One-time Capital
U.S. Modular Space, Inc.	H20-25-0037	Services; Break Down and Move Trailers from Hoyne Building	BPA	37,243.00	6 months
University of Chicago Hospitals	H19-25-0124	Services; Lab reference	BPA	48,960.00	36 months
Valuemed, Inc.	H20-25-0054	Services; Rental of V60 NIV Ventilator with Stand	BPA	118,440.00	36 months
Year UP, Inc.	H19-25-085	Services; Internship for HR	BPA	106,080.00	12 Months
YMCA of Metropolitan Chicago	H20-25-0017	Services; Access to Membership Centers for Morecare Patients	BPA	25,000.00	12 Months

Cook County Health and Hospital System
Executive Order 2020-4
Budget Director/CFO Procurement Approvals
March 31, 2020

APPROVED

TYPE OF REQUEST	VENDOR	DESCRIPTION	CONTRACT NUMBER	BEGIN PERIOD	END PERIOD	FY2020	TOTAL AMOUNT	Budget Director Approval	CFO Approval
Amend & Increase Contract	Kore SAE, LLC	Temporary Staffing	H18-25-114		11/30/2020	\$1,812,620.00	\$1,812,620.00	Yes	Yes
Extend and Increase Contract	Johnson Controls, Inc.	Testing, Maintenance, Repair of Building Automation	H17-72-031	1/1/2020	12/31/2020	\$1,542,021.94	\$1,682,205.75	Yes	Yes
Extend and Increase Contract	Anchor Mechanical, Inc.	Maintenance & Repair of Refrigeration and Ventilation	H17-72-016	12/1/2019	11/30/2020	\$1,500,000.00	\$1,500,000.00	Yes	Yes
Extend and Increase Contract	LocomTenems.com	Medical Staffing for a Hematologist	H19-25-074	4/1/2020	7/31/2020	\$188,000.00	\$188,000.00	Yes	Yes
Amend and Increase Contract	MHN ACO, LLC	Care Coordination	H14-25-064	3/1/2020	12/31/2021	\$2,866,476.19	\$6,019,600.00	Yes	Yes
Execute Contract	RISARC	Coding, Billing, Claims Management Software using Artificial Intelligence	H20-25-056	4/1/2020	3/31/2023	\$4,000,000.00	\$18,000,000.00	Yes	Yes
Negotiate & Execute Contract	Board of Trustees University of Illinois	Care Management	H20-25-062	5/1/2020	4/30/2023	\$382,278.00	\$1,966,000.00	Yes	Yes
Execute Contract	Cardinal Health 200 LLC	Reagents, Service and Usage of Bactec FX Instrument	H20-25-060	3/1/2020	2/28/2023	\$146,020.00	\$584,076.78	Yes	Yes
Execute Contract	Orasure Technologies, Inc.	Oraquick Advance Rapid HIV 1/2 Kits, Controls	H20-25-055	4/1/2020	3/31/2023	\$33,667.00	\$151,500.00	Yes	Yes
Execute Contract	Abbott Molecular	Test Kits for COVID-19	H20-25-025	4/1/2020	9/30/2020	\$1,446,966	\$1,446,966.00	Yes	Yes
Execute Purchase Order	US Health Express Corp.	Surgical Mask, N95 Mask, Face Shields, Infrared Thermometer, Isolation Gowns	PO 77000070772			\$165,870.00	\$165,870.00	Yes	Yes
			PO 77000070642						
						\$14,083,919.13	\$33,516,838.53		

Cook County Health

BOARD APPROVAL REQUEST

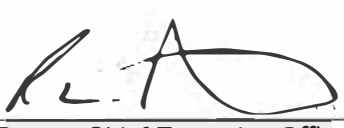
SPONSOR: N/A		EXECUTIVE SPONSOR: Jarrod G. Johnson, Chief Operating Officer of Stroger Hospital and Central Campus	
DATE: 03/11/2020	PRODUCT / SERVICE: Services – Temporary Staffing for Radiology, Pharmacy, Laboratory, Employee Health Services & Various Departments		
TYPE OF REQUEST: Amend and Increase Contract	VENDOR / SUPPLIER: Kore SAE, LLC, (Formerly STW Healthcare) Frankfort, IL		
ACCOUNT: 521120	FISCAL IMPACT NOT TO EXCEED: FY2020 \$1,812,620.00	GRANT FUNDED / RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 12/01/2017 thru 11/30/2020		CONTRACT NUMBER: H18-25-114	
COMPETITIVE SELECTION METHODOLOGY			
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: RFP (2017-9)			


PRIOR CONTRACT HISTORY:
On 12/15/2017 the Cook County Health (CCH) Board approved contract number H18-25-114 for a period of thirty-six (36) months from 12/01/2017 thru 11/30/2020 in the amount of \$3,785,430.00. An Amendment was executed on 10/18/2018 by the Office of Supply Chain Management to update the scope of work to include dental billing specialists. On 01/25/2019 the CCH Board approved a request to increase contract by \$525,000.00 for additional services. On 04/26/2019 the CCH Board approved a request to increase contract by \$1,500,000.00. On 02/28/2020 the CCH Board approved a request to increase the contract by \$1,000,000.00.

NEW PROPOSAL JUSTIFICATION:
This is a request to provide interim staffing for various (Radiology, Pharmacy, Sterile Processing, Endoscopy, Dialysis Ambulatory Services, Facilities, Laboratory, Revenue Cycle and CCDPH) departments within CCH, until vacancies can be filled. Vendor is certified County MWBE.

TERMS OF REQUEST:
This is a request is to increase contract number H18-25-114 in an amount not to exceed \$1,812,620.00, as needed, for the remainder of the contract period through 11/30/2020.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

CCH INTERIM Deputy CEO: 
Robert L. Sumter, PhD, Interim Deputy Chief Executive Officer, Operations

CCH INTERIM CEO: 
Debra D. Carey, Interim Chief Executive Officer

APPROVED
March 31, 2020
Pursuant to Cook County Board
Presidential Executive Order 2020-4

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

We Bring Health CARE to Your Community

Revised 03/01/2011

Cook County Health

BOARD APPROVAL REQUEST


SPONSOR: Kenneth A. Monroe, Interim Director of Plant Operations		EXECUTIVE SPONSOR: Samuel L. Williams, Executive Director, Facilities	
DATE: 03/11/2020		PRODUCT / SERVICE: Service – Testing, Maintenance, and Repair of Building Automation, Security, Fire Alarm, and Radio Transmission	
TYPE OF REQUEST: Extend and Increase Contract		VENDOR / SUPPLIER: Johnson Controls, Inc., Arlington Heights, IL	
ACCOUNT: 540350		FISCAL IMPACT NOT TO EXCEED: FY2020 \$1,542,021.94 FY2021 \$140,183.81 Total \$1,682,205.75	
CONTRACT PERIOD: 01/01/2017 thru 12/31/2019		GRANT FUNDED / RENEWAL AMOUNT:	
REVISED CONTRACT PERIOD: 01/01/2020 thru 12/31/2020		CONTRACT NUMBER: H17-72-031	
COMPETITIVE SELECTION METHODOLOGY:			
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: GPO (3)			


PRIOR CONTRACT HISTORY:
Contract number H17-72-031 was approved by the CCH Board of Directors on 01/27/2017 in an amount not to exceed \$6,299,807.00 for a thirty-six (36) month term from 01/01/2017 through 12/31/2019.

NEW PROPOSAL JUSTIFICATION:
The vendor provides testing, maintenance, and repair services for the security systems, building automation systems, fire alarm systems, two-way radio system and electrical distribution equipment.

TERMS OF REQUEST:
This is a request to extend and increase contract number H17-72-031 in an amount not to exceed \$1,682,205.75 As needed, for a twelve (12) month period from 01/01/2020 thru 12/31/2020.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

CCH INTERIM DEPUTY CEO: 
Robert L. Sumter, PhD, Interim Deputy Chief Executive Officer, Operations

CCH INTERIM CEO: 
Debra D. Carey, Interim Chief Executive Officer

APPROVED
March 31, 2020
Pursuant to Cook County Board
Presidential Executive Order 2020-4



• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M.
Rothstein CORE Center •

We Bring Health CARE to Your Community

Revised 03/01/2011

Cook County Health

BOARD APPROVAL REQUEST

SPONSOR: Kenneth A. Monroe, Interim Director of Plant Operations		EXECUTIVE SPONSOR: Samuel L. Williams, Executive Director, Facilities	
DATE: 03/11/2020		PRODUCT / SERVICE: Service – Maintenance and Repair of Refrigeration and Ventilation Equipment at Stroger Hospital and Central Campus	
TYPE OF REQUEST: Extend and Increase Contract		VENDOR / SUPPLIER: Anchor Mechanical, Inc., Chicago, IL	
ACCOUNT: 540350		FISCAL IMPACT NOT TO EXCEED: FY2020 \$1,500,000.00	
ORIGINAL CONTRACT PERIOD: 12/01/2016 thru 11/30/2019		GRANT FUNDED / RENEWAL AMOUNT: H17-72-016	
REVISED CONTRACT PERIOD: 12/01/2019 thru 11/30/2020		CONTRACT NUMBER: H17-72-016	
COMPETITIVE SELECTION METHODOLOGY:			
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: RFP (2017-2)			
PRIOR CONTRACT HISTORY: Contract number H17-72-016 with Anchor Mechanical, Inc. was approved by the CCH Board of Directors on 12/16/2016 in the amount of \$8,159,821.30 for the thirty-six (36) month period from 12/01/2016 through 11/30/2019.			
NEW PROPOSAL JUSTIFICATION: The vendor will provide monthly maintenance services for the refrigeration and ventilation equipment on the Stroger Hospital Campus. They will also provide replacement of identified commonly used parts and equipment for refrigeration equipment as listed in contract.			
TERMS OF REQUEST: This is a request to extend and increase contract number H17-72-016 in an amount not to exceed \$1,500,000.00, as needed, for a period of twelve (12) months from 12/01/2019 thru 11/30/2020.			
CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending			
CCH INTERIM DEPUTY CEO:  Robert L. Sumter, PhD, Interim Deputy Chief Executive Officer, Operations			
CCH INTERIM CEO:  Debra D. Carey, Interim Chief Executive Officer			
<div style="border: 1px solid black; padding: 5px; text-align: center;">APPROVED March 31, 2020 <small>Pursuant to Cook County Board Presidential Executive Order 2020-4</small></div>			

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

We Bring Health CARE to Your Community

Revised 03/01/2011

Cook County Health

BOARD APPROVAL REQUEST

SPONSOR: Suja Mathew, M.D., Chair Department of Medicine		EXECUTIVE SPONSOR: Claudia M. Fegan, M.D., Chief Medical Officer	
DATE: 03/11/2020		PRODUCT / SERVICE: Service – Medical Staffing for a Hematologist	
TYPE OF REQUEST: Extend and Increase Contract		VENDOR / SUPPLIER: LocumTenens.com, Alpharetta, GA	
ACCOUNT: 521025	FISCAL IMPACT NOT TO EXCEED: FY2020 \$188,000.00		GRANT FUNDED / RENEWAL AMOUNT: N/A
CONTRACT PERIOD: 07/01/2019 thru 03/31/2020	REVISED CONTRACT PERIOD: 04/01/2020 thru 07/31/2020		CONTRACT NUMBER: H19-25-074
COMPETITIVE SELECTION METHODOLOGY:			
X NON-COMPETITIVE SELECTION METHODOLOGY: Sole Source			


PRIOR CONTRACT HISTORY:
Contract number H19-25-074 was approved by the CCH Board of Directors on 06/28/2019, for a period of three (3) months from 07/01/2019 through 09/30/2019 and in the amount of \$200,000.00. The contract had two (2) three (3) month renewal options. On 08/26/2019 the Office of Supply Chain Management approved a request to extend the contract through 12/31/2019. On 10/01/2019 the Office of Supply Chain management approved to extend the contract through 03/31/2020 and increase by \$149,000.00.


NEW PROPOSAL JUSTIFICATION:
This request will continue provision for a critical shortage of hematologists on staff.

This request is sole source because hematology is a specialized field with a limited number of available physicians.

TERMS OF REQUEST:
This is a request to increase and extend contract number H19-25-074 in an amount not to exceed \$188,000.00, as needed, for a period of four (4) months from 04/01/2020 thru 07/31/2020.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

CCH INTERIM DEPUTY CEO: 
Robert L. Sumter, PhD, Interim Deputy Chief Executive Officer, Operations

CCH INTERIM CEO: 
Debra D. Carey, Interim Chief Executive Officer

APPROVED
March 31, 2020

Pursuant to Cook County Board
Presidential Executive Order 2020-4

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M.
Rothstein CORE Center •

We Bring Health CARE to Your Community

Revised 03/01/2011

Cook County Health

BOARD APPROVAL REQUEST

SPONSOR: Andrea McGlynn, Director of Clinical Services, Managed Care		EXECUTIVE SPONSOR: James Kiamos, Chief Executive Officer, Managed Care	
DATE: 03/31/2020		PRODUCT / SERVICE: Service – Care Coordination	
TYPE OF REQUEST: Amend and Increase Contract		VENDOR / SUPPLIER: MHN ACO, LLC, Chicago, IL	
ACCOUNT: 521160	FISCAL IMPACT NOT TO EXCEED: FY2020 \$2,866,476.19 FY2021 \$2,879,505.63 FY2022 <u>\$273,618.18</u> \$6,019,600.00		GRANT FUNDED / RENEWAL AMOUNT: N/A
CONTRACT PERIOD: 03/01/2020 thru 12/31/2021		CONTRACT NUMBER: H14-25-064	
COMPETITIVE SELECTION METHODOLOGY:			
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: Sole Source			
PRIOR CONTRACT HISTORY: Contract number H14-25-064 was approved by the Cook County Health (CCH) Board of Directors on 08/29/2014 in the amount of \$70,233,781.00 for a period of thirty-six (36) months from 07/01/2014 through 06/31/2017. Through the delegation model, participating providers in the MHN ACO network were delegated by CountyCare to provide a defined scope of care coordination support to CountyCare members assigned to the MHN ACO network providers. The Office of Supply Chain Management has executed amendments extending the contract through 09/30/2018 on 09/28/2018 the CCH Board of Directors approved a request to amend to extend the contract through 12/31/2021. On 09/28/2018m, the CCH Board of Directors approved a request to amend the contract to extend the contract through 12/31/2021 and increase by \$73,134,160.00.			
NEW PROPOSAL JUSTIFICATION: This request is to provide Care Coordination services to the Special Needs Children population: health risk screening and assessment, transition of care and care plan support, outreach and linkage to care, communication among interdisciplinary care teams, assistance with Medicaid re-determination, appointment support to close care gaps, participation in Individualized Education Programs and 504 plans in schools, data collection and integration related to these activities. The State of Illinois transitioned Special Needs Children into the Illinois HealthChoice managed care program in February 2020.			
This request is a sole source as it is for the MNH ACO to provide care management services to members that are empaneled to the MHN ACO Primary Care Physicians.			
TERMS OF REQUEST: This is a request to amend and increase contract number H14-25-064 in the amount not to exceed \$6,019,600.00, as needed, for the remainder of the contract term thru 12/31/2021.			
CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending			
CCH INTERIM DEPUTY CEO:  Robert L. Sumter, PhD., Interim Deputy Chief Executive Officer, Operations		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> APPROVED March 31, 2020 <small>Pursuant to Cook County Board Presidential Executive Order 2020-4</small> </div>	
CCH INTERIM CEO:  Debra D. Carey, Interim Chief Executive Officer			

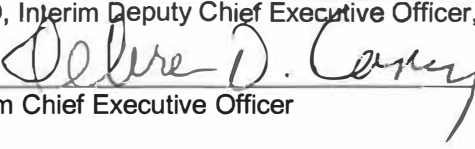
• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
 • John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

We Bring Health **CARE** to Your Community

Revised 03/01/2011

Cook County Health

BOARD APPROVAL REQUEST

SPONSOR: Carlos Alcazar, Senior Director, Finance		EXECUTIVE SPONSOR: Andrea M. Gibson, Director of Project Management and Operational Excellence	
DATE: 03/11/2020		PRODUCT / SERVICE: Service: Coding, Billing, Claims Management Software using Artificial Intelligence	
TYPE OF REQUEST: Execute Contract		VENDOR / SUPPLIER: RISARC, Burbank, CA	
ACCOUNT:		GRANT FUNDED / RENEWAL AMOUNT:	
FISCAL IMPACT NOT TO EXCEED:		N/A	
FY2020 \$4,000,000.00			
FY2021 \$6,000,000.00			
FY2022 \$6,000,000.00			
FY2023 \$2,000,000.00			
TOTAL \$18,000,000.00			
CONTRACT PERIOD: 04/01/2020 thru 03/31/2023		CONTRACT NUMBER: H20-25-056	
<input checked="" type="checkbox"/> COMPETITIVE SELECTION METHODOLOGY: RFP-8			
<input type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY:			
PRIOR CONTRACT HISTORY: Contract number H18-25-068 was approved by the Cook County Health Board of Directors on 08/31/2018 in a not to exceed amount of \$6,600,000.00 for a thirty-six (36) month period from 08/31/2018 thru 08/31/2021. The contract provided for Physician Billing & Coding Services as an at risk service for a 9% contingency. This contract was terminated effective 10/20/2019.			
NEW PROPOSAL JUSTIFICATION: This Contractor has been selected through a RFP process as the vendor that will utilize its Artificial Intelligence (AI), Robotic Processing Automation (RPA) and machine learning software to process CCH Physician and Facility claims. The use of AI, RPA and machine learning in the revenue cycle to process claims will improve efficiency, decrease the denial rate, and increase the clean claims rate. The software will integrate with CCH's current Siemens Invision and Cerner systems. Contract cost is contingency based at eight (8%) percent. Contract will have the option to renew in one-year increments for an additional two (2) years.			
TERMS OF REQUEST: This is a request to execute contract number H20-25-056 in an amount not to exceed \$18,000,000.00 as needed for a thirty-six (36) month period from 04/01/2020 thru 03/31/2023.			
CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending			
CCH INTERIM DEPUTY CEO:  Robert L. Sumter, PhD, Interim Deputy Chief Executive Officer, Operations		<div style="border: 1px solid black; padding: 5px; text-align: center;"> APPROVED March 31, 2020 <small>Pursuant to Cook County Board Presidential Executive Order 2020-4</small> </div>	
CCH INTERIM CEO:  Debra D. Carey, Interim Chief Executive Officer			

Cook County Health

BOARD APPROVAL REQUEST

SPONSOR: Andrea McGlynn, Director of Clinical Services, Health Plan Services		EXECUTIVE SPONSOR: James Kiamos, Chief Executive Officer, Health Plan Services	
DATE: 03/11/2020		PRODUCT / SERVICE: Service – Care Coordination	
TYPE OF REQUEST: Negotiate & Execute Contract		VENDOR / SUPPLIER: Board of Trustees of the University of Illinois, Division of Specialized Care for Children, Chicago, IL	
ACCOUNT: 521160		FISCAL IMPACT NOT TO EXCEED: FY2020 \$382,278.00 FY2021 \$655,333.00 FY2022 \$655,333.00 FY2023 \$273,056.00 TOTAL \$1,966,000.00	GRANT FUNDED / RENEWAL AMOUNT: N/A
CONTRACT PERIOD: 05/01/2020 thru 04/30/2023		CONTRACT NUMBER: H20-25-062	
COMPETITIVE SELECTION METHODOLOGY:			
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: Sole Source			

PRIOR CONTRACT HISTORY:
No prior contract history.

NEW PROPOSAL JUSTIFICATION:
This request will provide the following Care Coordination services: health risk screening and assessment, transition of care and care plan support, outreach and linkage to care, communication among interdisciplinary care teams, assistance with Medicaid re-determination, appointment support to close care gaps, participation in Individualized Education Programs and 504 plans in schools, data collection and integration related to these activities.

This is sole source because pursuant to section 5.7.14 of the State of Illinois Department's HealthChoice Illinois contract with the County of Cook, CountyCare is required to contract with U of I Division of Specialized Care for Children (DSCC) to provide Care Coordination services to designated Special Needs Children populations.

TERMS OF REQUEST:
This is a request to negotiate and execute contract number H20-25-062 in an amount not to exceed \$1,966,000.00, as needed, for a thirty-six (36) month period from 05/01/2020 thru 04/30/2023.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

CCH INTERIM DEPUTY CEO: 
Robert L. Sumter, PhD, Interim Deputy Chief Executive Officer, Operations

CCH INTERIM CEO: 
Debra D. Carey, Interim Chief Executive Officer

APPROVED
March 31, 2020

Pursuant to Cook County Board
Presidential Executive Order 2020-4

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

We Bring Health **CARE** to Your Community

Revised 03/01/2011

Cook County Health

BOARD APPROVAL REQUEST

SPONSOR: Aamer Qidwai, Senior Director of Laboratory, Clinical & Anatomical Services		EXECUTIVE SPONSOR: Jarrod G. Johnson, Chief Operating Officer, Stroger Hospital and Central Campus	
DATE: 03/11/2020		PRODUCT / SERVICE: Product and Service, Reagents, Service, and Usage of Bactec FX Instruments	
TYPE OF REQUEST: Execute Contract		VENDOR / SUPPLIER: Cardinal Health 200, LLC, Dublin, OH	
ACCOUNT: 521235	FISCAL IMPACT NOT TO EXCEED: FY2020 \$146,020.00 FY2021 \$194,692.00 FY2022 \$194,692.00 FY2023 \$48,672.78 Total \$584,076.78	GRANT FUNDED / RENEWAL AMOUNT:	
CONTRACT PERIOD: 03/01/2020 thru 02/28/2023		CONTRACT NUMBER: H20-25-060	
<input checked="" type="checkbox"/>	COMPETITIVE SELECTION METHODOLOGY: GPO (3)		
<input type="checkbox"/>	NON-COMPETITIVE SELECTION METHODOLOGY:		

PRIOR CONTRACT HISTORY:

Contract number H18-25-012 was approved by the CCH Board of Directors on 03/02/2018 in the amount of \$380,181.12 for a twenty-one (21) month term from 06/01/2018 through 02/28/2020.


NEW PROPOSAL JUSTIFICATION:

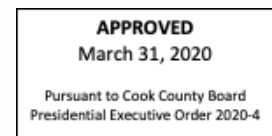
The vendor will provide equipment, equipment maintenance, and reagents to perform culture testing in the John H. Stroger, Jr. Hospital Microbiology and Virology Departments.

TERMS OF REQUEST:

This is a request to execute contract number H20-25-060 in an amount not to exceed \$584,076.78, as needed for a thirty-six (36) month term from 03/01/2020 thru 02/28/2023.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

CCH INTERIM DEPUTY CEO: 
Robert L. Sumter, PhD, Interim Deputy Chief Executive Officer, Operations



CCH INTERIM CEO: 
Debra D. Carey, Interim Chief Executive Officer

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

We Bring Health CARE to Your Community

Revised 03/01/2011

Cook County Health

BOARD APPROVAL REQUEST

SPONSOR: Mildred Williamson, Executive Director of HIV Services, Administration		EXECUTIVE SPONSOR: Iliana A. Mora Chief Operating Officer, Ambulatory	
DATE: 03/11/2020		PRODUCT / SERVICE: Product – Oraquick Advance Rapid HIV-1/2 Kits and Controls	
TYPE OF REQUEST: Execute Contract		VENDOR / SUPPLIER: Orasure Technologies, Inc., Bethlehem, PA	
ACCOUNT: 530790		FISCAL IMPACT NOT TO EXCEED: FY2020 \$33,667.00 FY2021 \$50,500.00 FY2022 \$50,500.00 FY2023 \$16,833.00 Total \$151,500.00	GRANT FUNDED / RENEWAL AMOUNT:
CONTRACT PERIOD: 04/01/2020 thru 03/31/2023			CONTRACT NUMBER: H20-25-055
X	COMPETITIVE SELECTION METHODOLOGY: GPO-7		
	NON-COMPETITIVE SELECTION METHODOLOGY:		

PRIOR CONTRACT HISTORY:

The Office of Supply Chain Management executed contract number H17-25-0036 for a twelve (12) month period from 01/01/2017 thru 12/31/2017 in an amount of \$43,825.60. A few extensions and increases were executed that extended contract through 12/31/2019 and increases to \$139,407.13.


NEW PROPOSAL JUSTIFICATION:

Vendor will provide HIV test kits and controls used in the CORE Center. The previous vendor could no longer provide the required product.

TERMS OF REQUEST:

This is a request to execute contract number H20-25-055 in an amount not-to-exceed \$151,500.00, as needed, for the thirty-six (36) month term from 04/01/2020 through 03/31/2023.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

CCH INTERIM DEPUTY CEO: 
Robert L. Sumter, PhD, Interim Deputy Chief Executive Officer, Operations

CCH INTERIM CEO: 
Debra D. Carey, Interim Chief Executive Officer

APPROVED
March 31, 2020

Pursuant to Cook County Board
Presidential Executive Order 2020-4

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M.
Rothstein CORE Center •

We Bring Health CARE to Your Community

Revised 03/01/2011

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
April 30, 2020

ATTACHMENT #8

CCH FY2020 Finance Update

Andrea Gibson

Interim Chief Business Officer

April 30, 2020



**COOK COUNTY
HEALTH**

Pre-COVID FY2020 Budget Re-Assessment and Outlook

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

Pre-COVID 19 FY2020 Health System Revenue Variances

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

COVID 19 Potential Impact on Patient Fees

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

COVID 19 Potential Impact

Revenue and Expense COVID 19 Impact Projected through June

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

COVID 19 Potential Impact

Financial Assistance Received and In Progress

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

FY2020 Budget Re-Assessment and Outlook

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

Next Steps

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

CCH Finance: January FY2020 Results



Andrea Gibson

Interim Chief Business Officer



**COOK COUNTY
HEALTH**

Executive Summary

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

System Accrual Basis Income Statement (Unaudited)

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

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

Notes:

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

System Accrual Basis Income Statement (Unaudited)

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

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

Note:

(1) CountyCare clinical expense excludes CCH clinical claims



System Accrual Basis Income Statement (Unaudited)

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

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

Observations on System Accrual Basis Income Statement

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

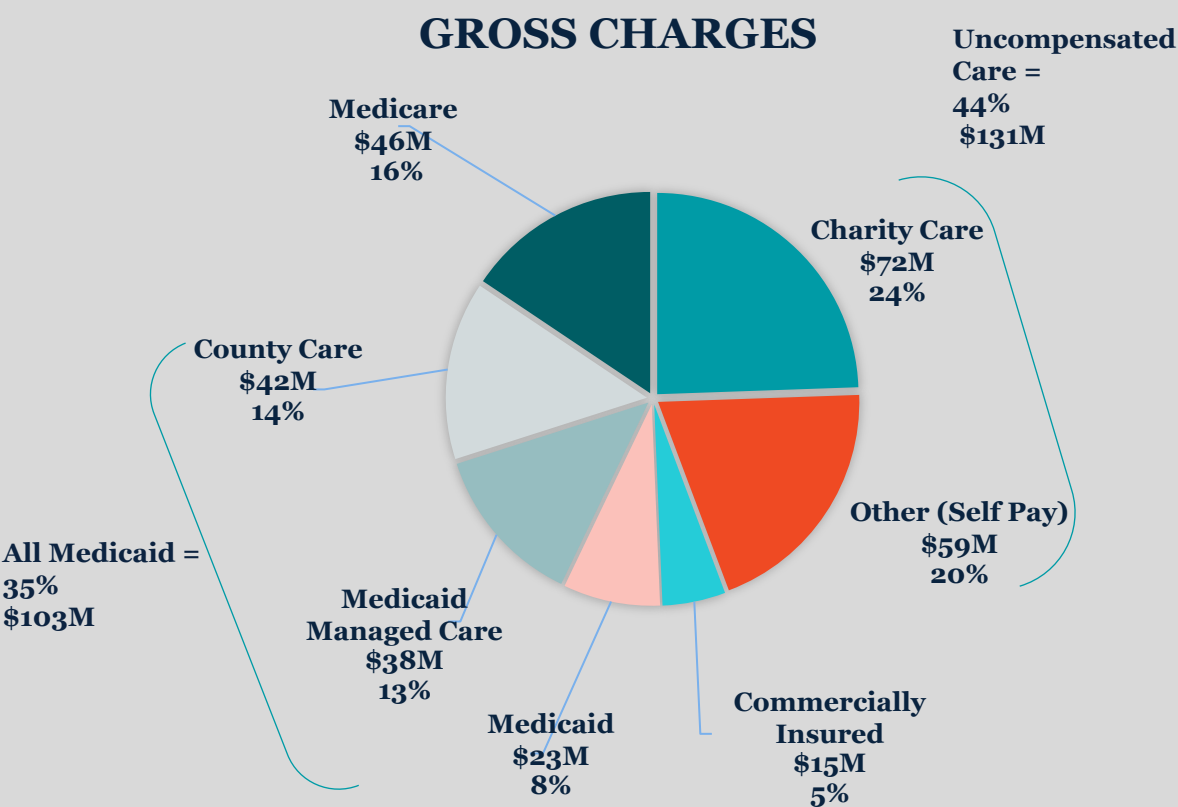
Operating Results by Entity Two Months Ended Jan. 31, 2020 (dollars in thousands)

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

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

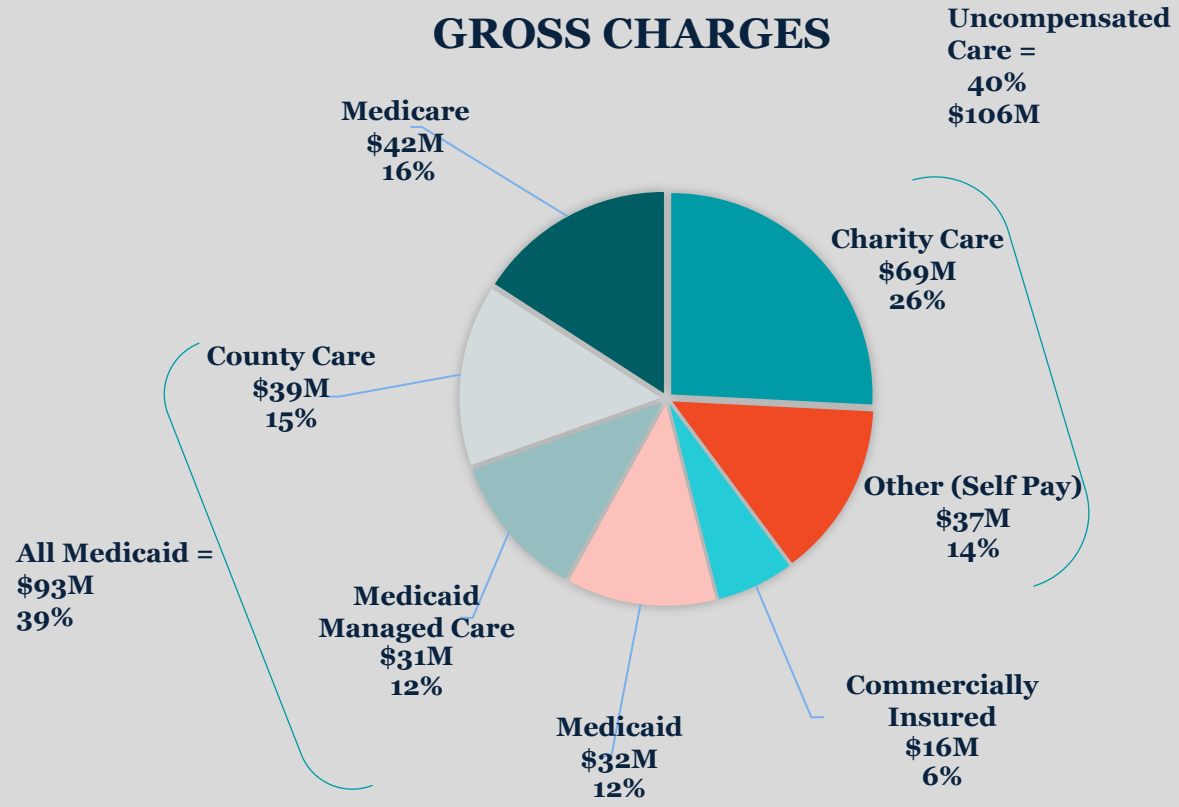
2020

GROSS CHARGES



2019

GROSS CHARGES



CCH Health Providers FY 20 Revenue Cycle Metrics

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

Definitions:

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

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

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

*Source HFMA Key Hospital Statistics and Ratio Margins from Cerner



Key Financial Improvement Initiatives

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

Concluding Remarks

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



Appendix



COOK COUNTY
HEALTH

CCH Health System Provider Accrual Basis Income Statement (Unaudited)

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

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

Observations on CCH Health Providers Accrual Basis Income Statement

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

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

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

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

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

CountyCare Accrual Basis Income Statement (unaudited)

For the Two Months Ended January 31, 2020

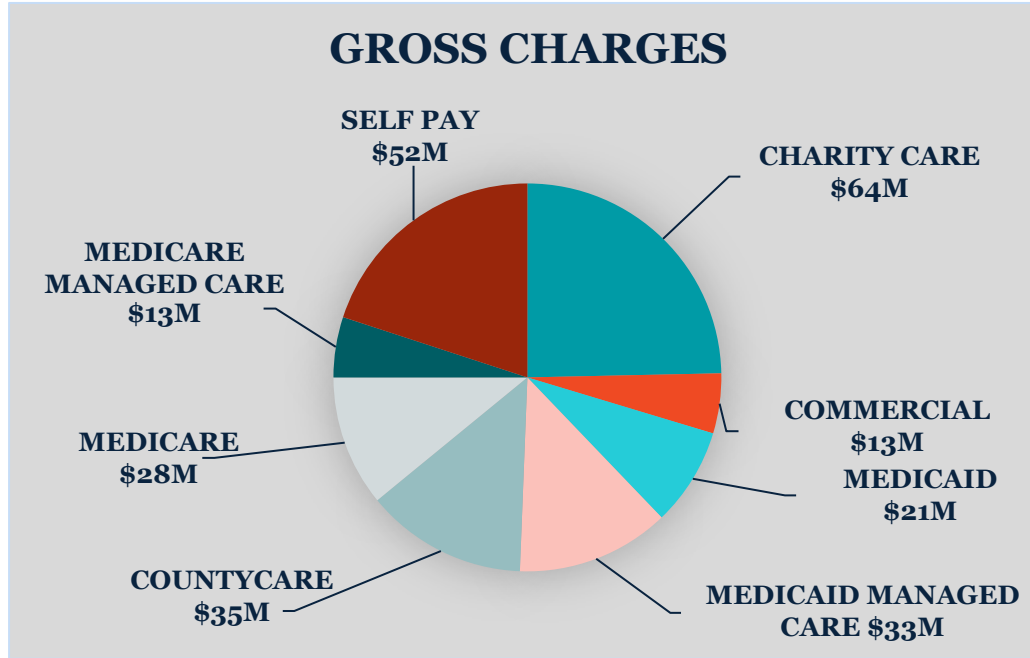
	Actual	Budget	Variance	Variance %
Operating Revenue (000s)				
Capitation Revenue	\$305,180	\$291,982	\$13,198	5%
Operating Expenses (000s)				
Clinical Expense – Foreign	\$270,954	\$250,447	(\$20,507)	-8%
Clinical Expense - CCH	26,160	28,797	2,637	9%
Total Clinical Expense	\$297,114	\$279,244	(\$17,870)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



Observations on CountyCare Accrual Basis Income Statement

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

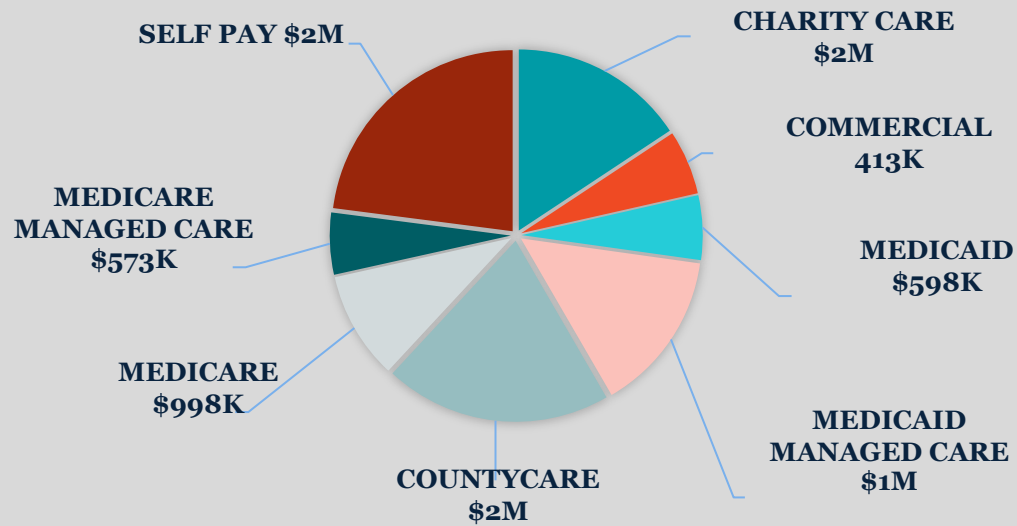
Stroger Operations Overview For the Two Months Ended January 31, 2020



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

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

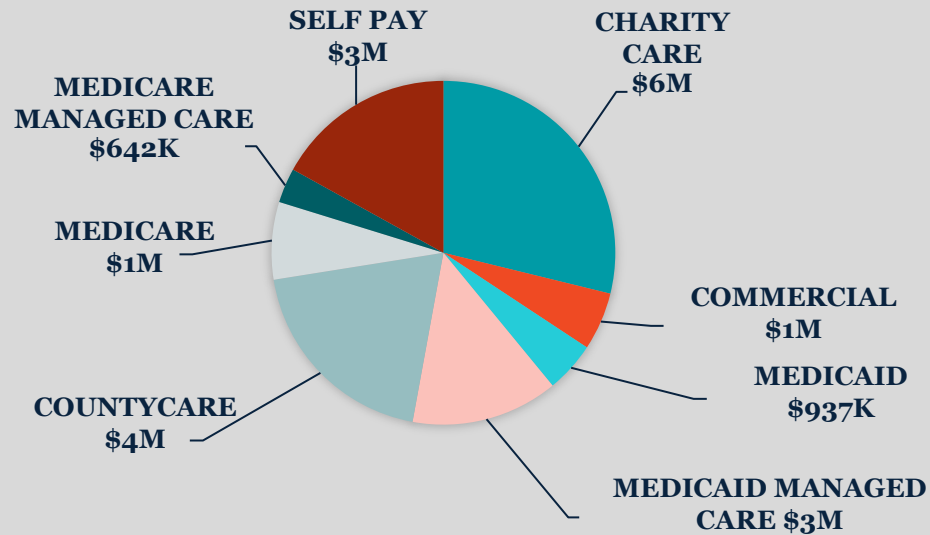
GROSS CHARGES



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

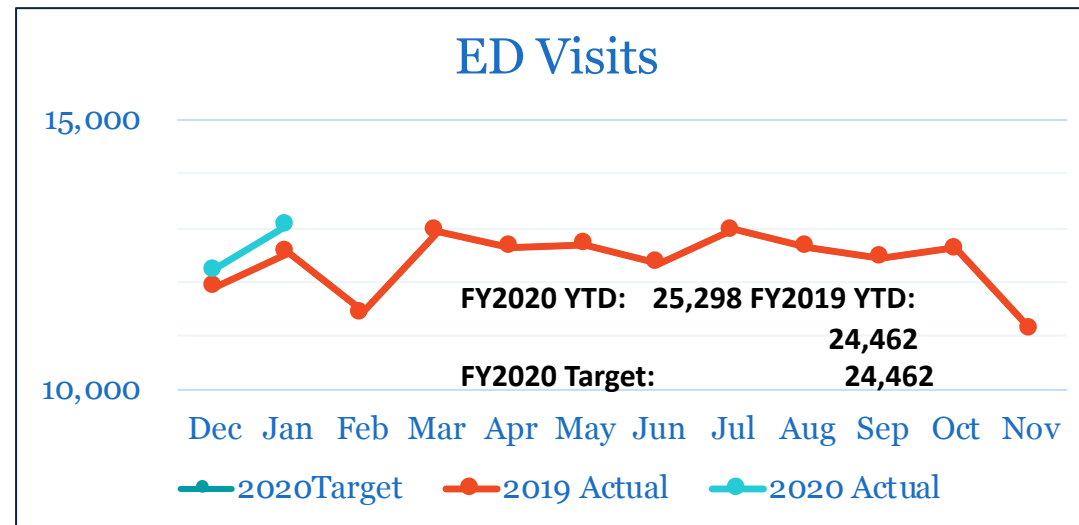
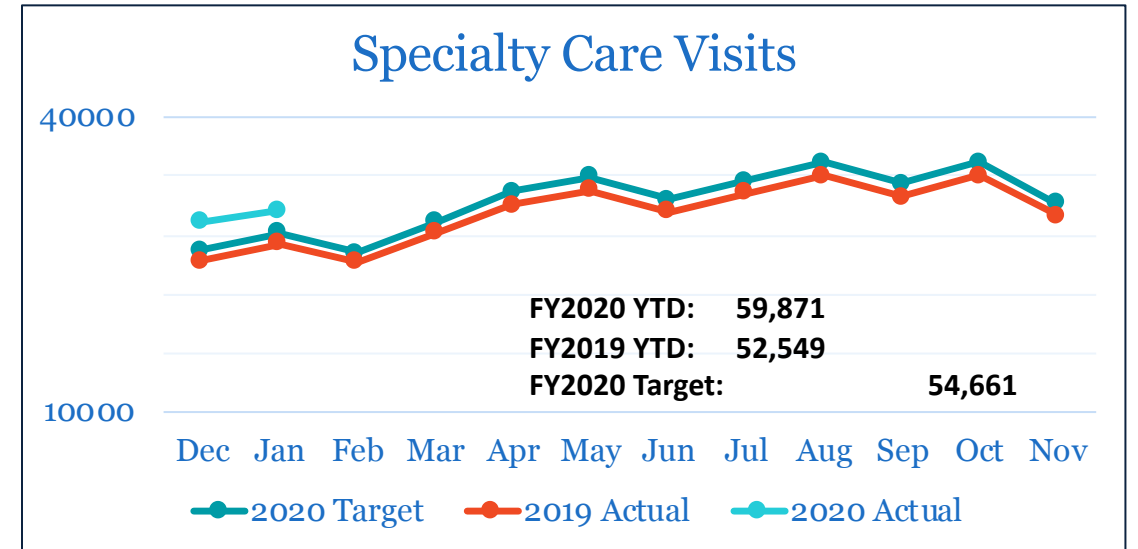
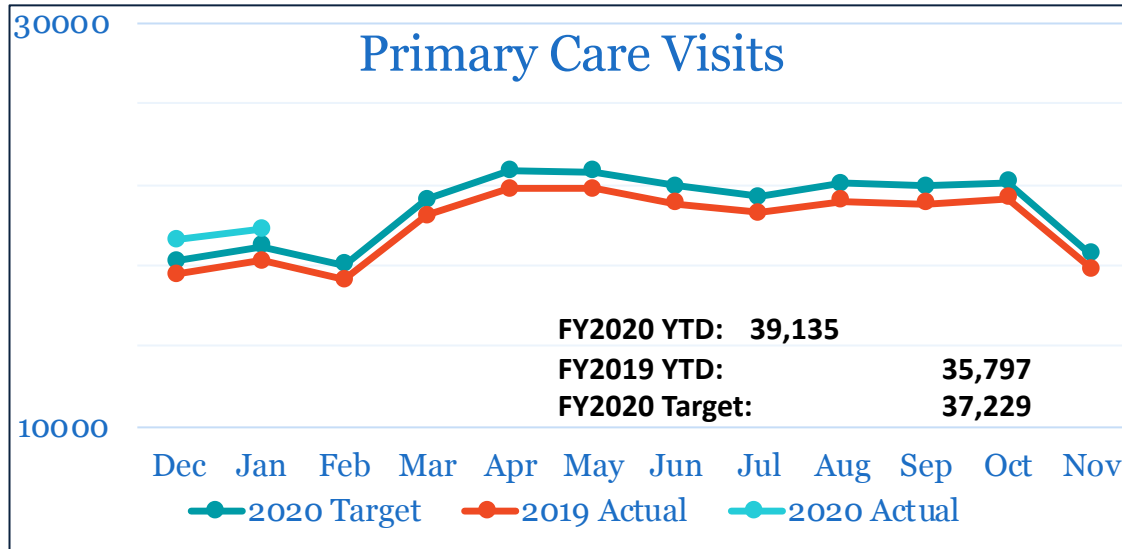
ACHN Operations Overview For the Two Months Ended January 31, 2020

GROSS CHARGES



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

Patient Activity Trend Analysis



CCH Finance: February FY2020 Results



Andrea Gibson

Interim Chief Business Officer



**COOK COUNTY
HEALTH**

Executive Summary

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

FY20 System Accrual Basis Income Statement

For the Three Months Ended February 29, 2020



COOK COUNTY
HEALTH

System Accrual Basis Income Statement (Unaudited)

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

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

Notes:

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

System Accrual Basis Income Statement (Unaudited)

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

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



System Accrual Basis Income Statement (Unaudited)

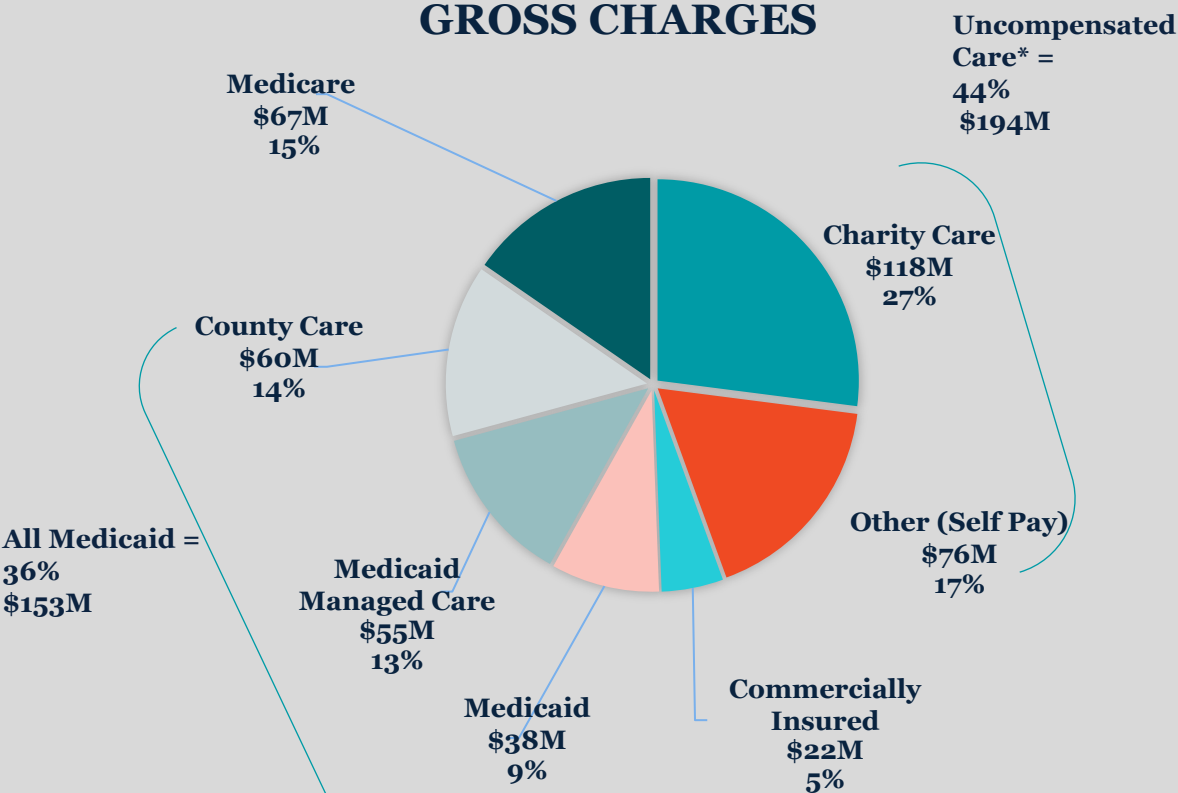
For the Three Months Ended February 29, 2020 (in thousands)

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

System Payor Mix For the Three Months Ended February

2020

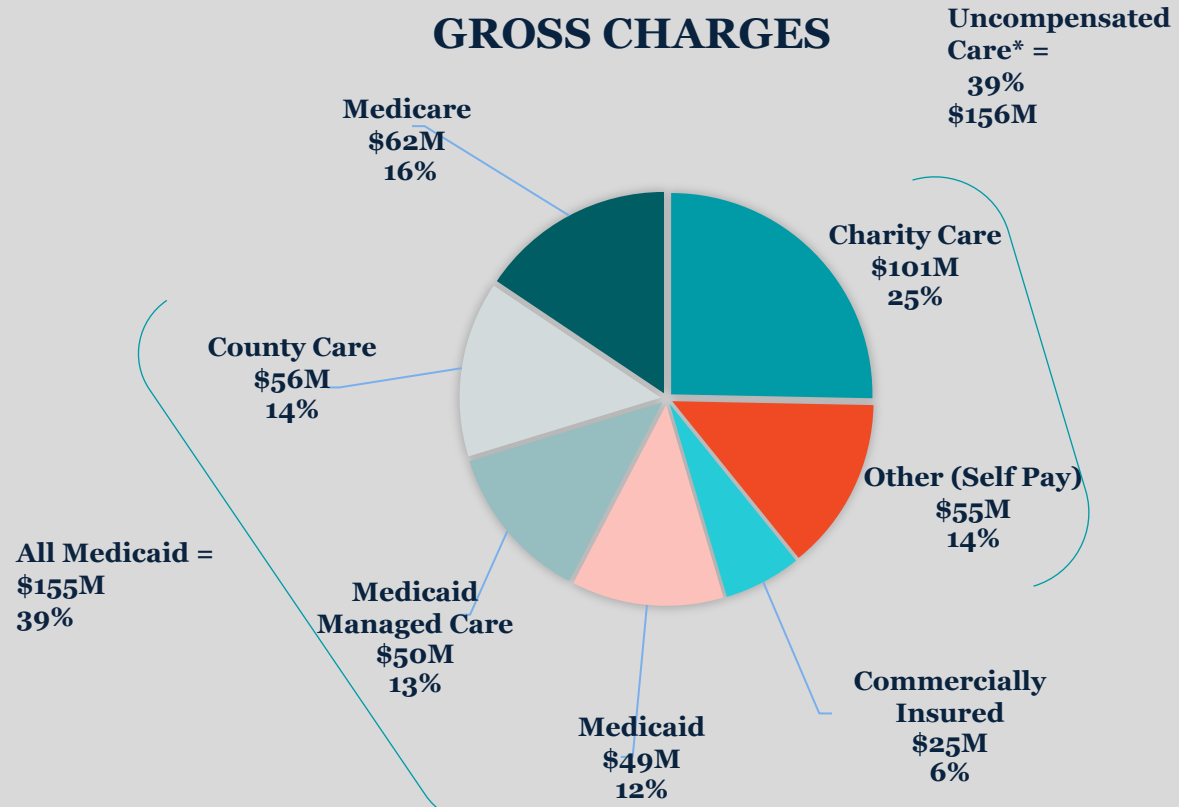
GROSS CHARGES



*Includes some self pay with low collections

2019

GROSS CHARGES



Note: Payer Mix based on gross charges

FY 20 - Revenue Cycle Metrics

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

Definitions:

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

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

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

*Source HFMA Key Hospital Statistics and Ratio Margins from Cerner



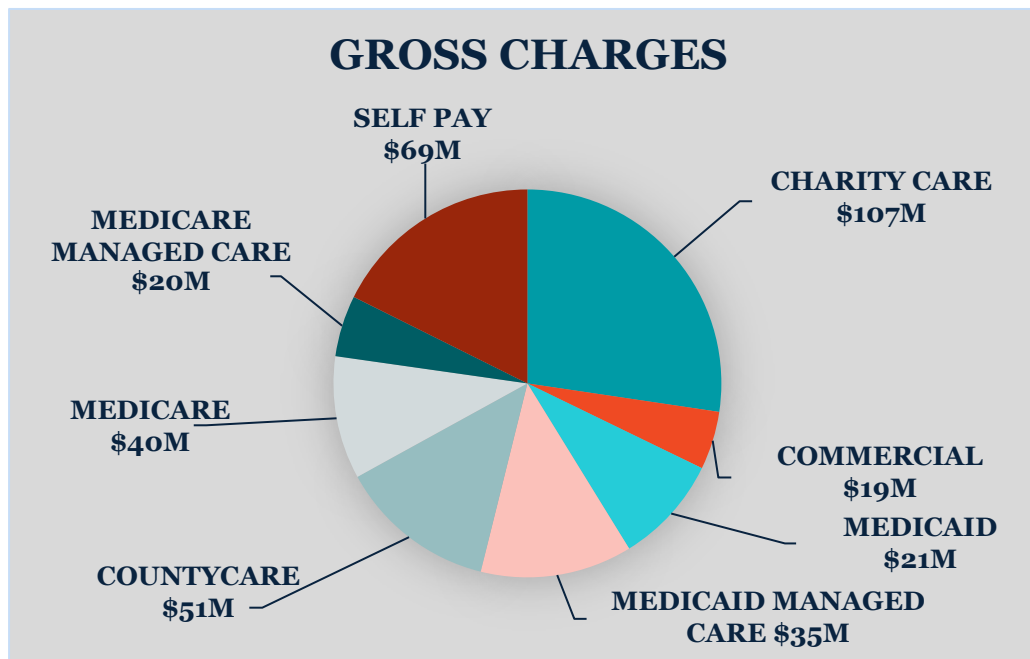


Appendix



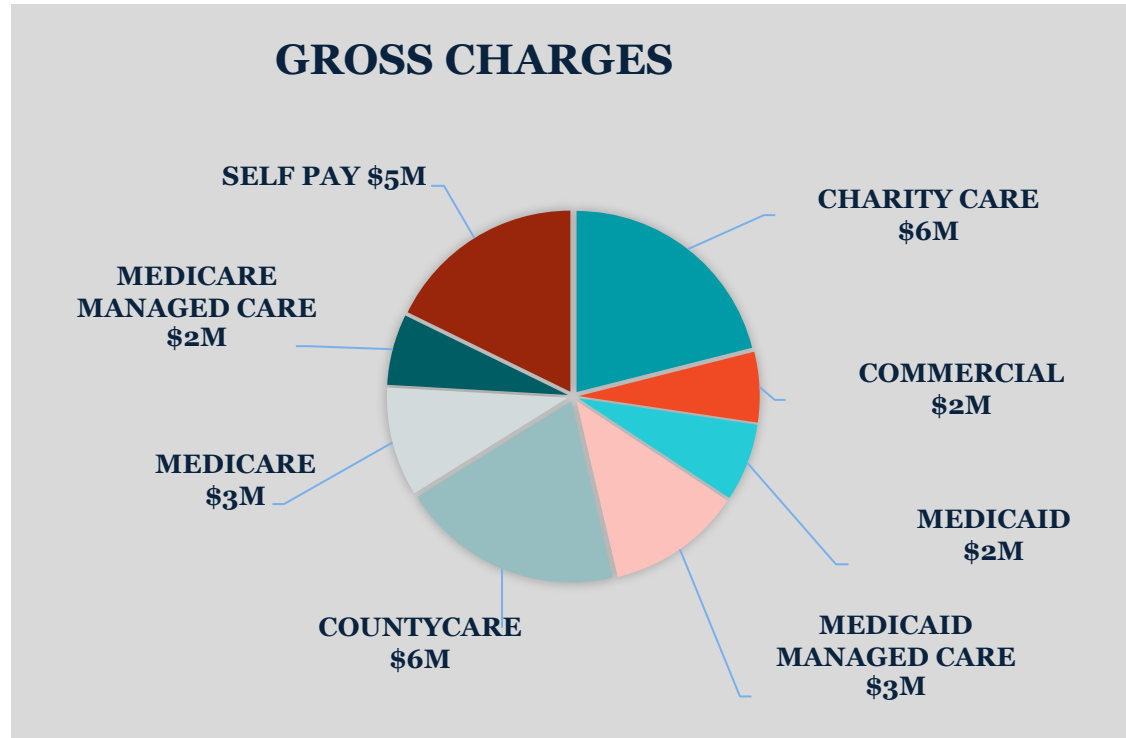
COOK COUNTY
HEALTH

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



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

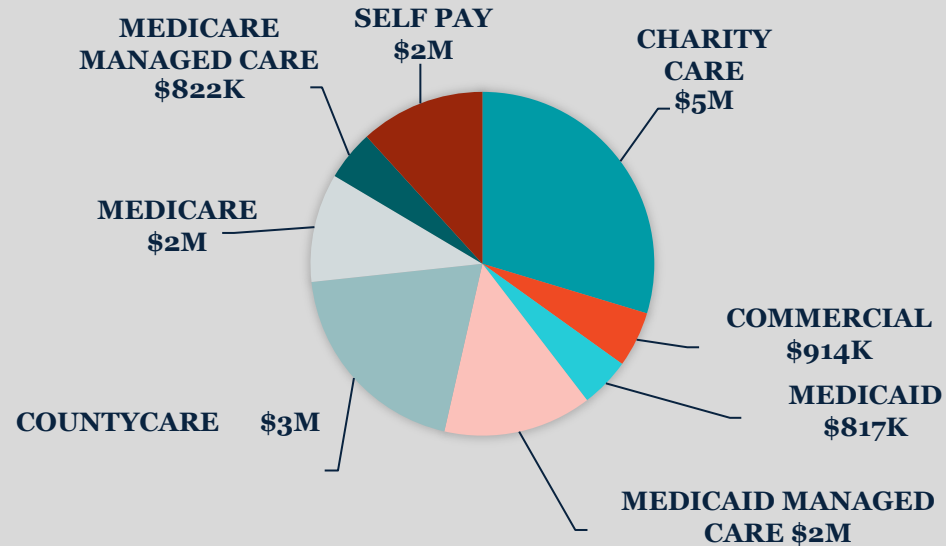
Provident Operations Overview For the Three Months Ended February 29, 2020



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

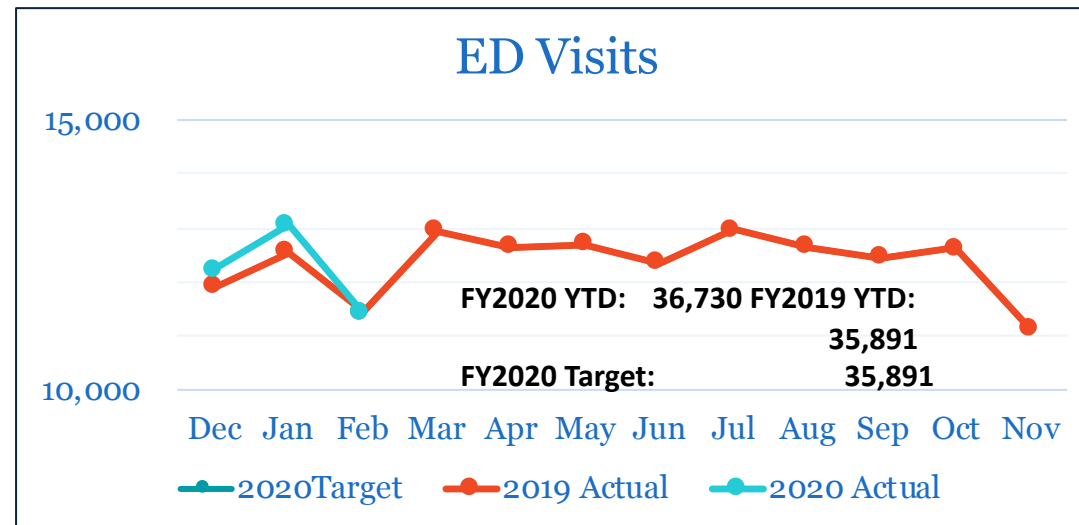
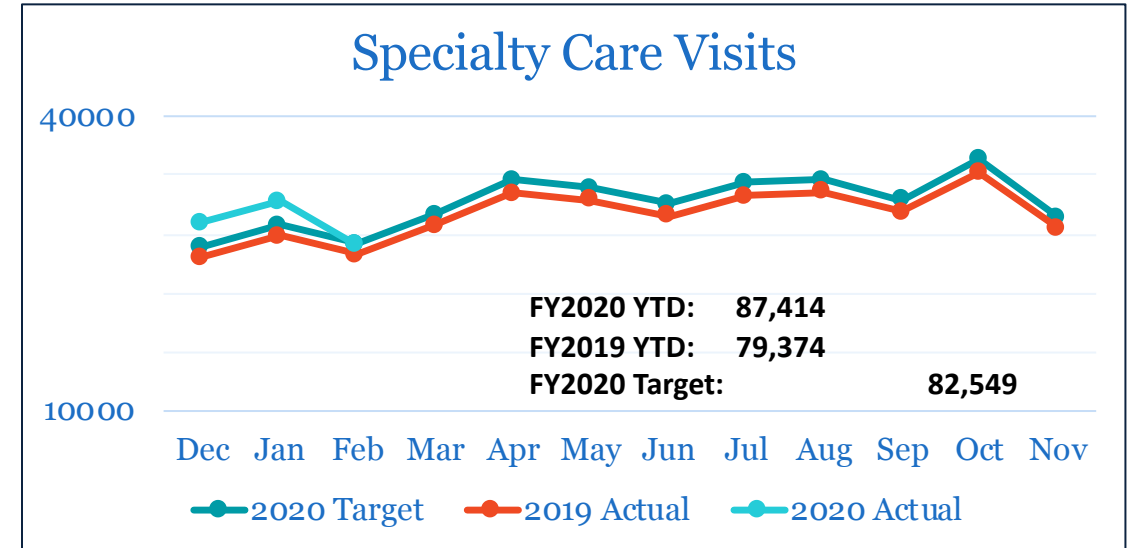
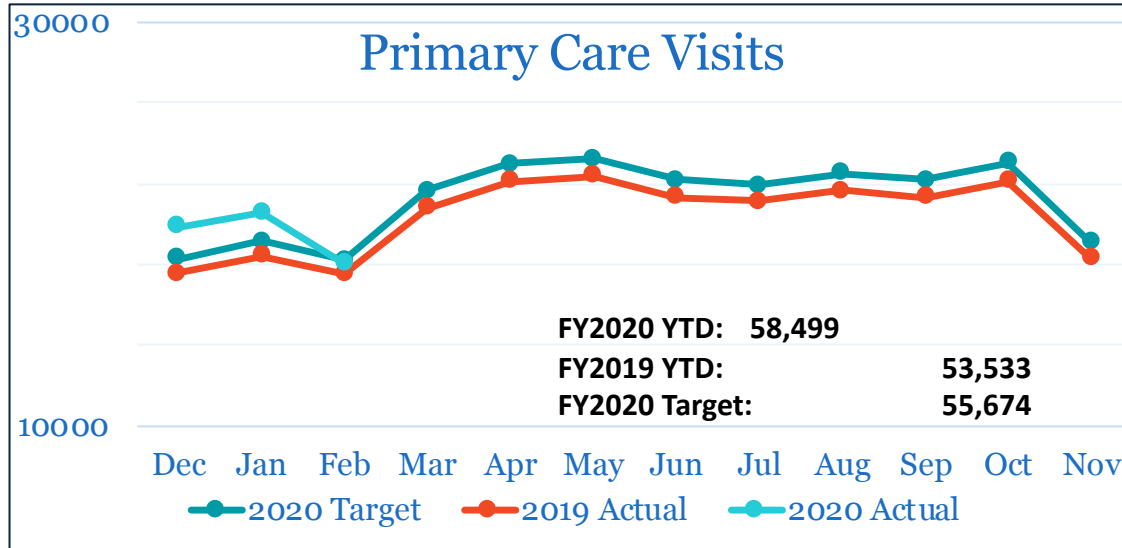
ACHN Operations Overview For the Three Months Ended February 29, 2020

GROSS CHARGES



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

Volume Indicators



Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
April 30, 2020

ATTACHMENT #9



COOK COUNTY HEALTH

Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners

Debra D. Carey
Interim CEO
Cook County Health

Board of Directors

M. Hill Hammock
Chair of the Board

Mary B. Richardson-Lowry
Vice Chair of the Board

Hon. Dr. Dennis Deer, LCPC, CCFC

Mary Driscoll, RN, MPH

Ada Mary Gugenheim

Mike Koetting

David Ernesto Munar

Heather M. Prendergast, MD, MS, MPH

Robert G. Reiter, Jr.

Layla P. Suleiman Gonzalez, PhD, JD

Sidney A. Thomas, MSW

Deb Santana
Secretary to the Board
Cook County Health

April 24, 2020

Dear Members of the CCH Board:

Please be advised that the Executive Medical Staff Committee of John H. Stroger Jr., Hospital of Cook County electronically approved the attached list of medical staff action items on 04/20/2020. They are presented for your consideration.
Thank you kindly.

Respectfully Submitted,

Trevor Lewis, MD
President, EMS

John H. Stroger, Jr. Hospital of Cook County



TO: Quality and Patient Safety Committee

FROM: Trevor Lewis, MD
EMS President

SUBJECT: Medical Staff Appointments and Other Business Recommended by the Executive Medical Staff Committee.

Medical Staff Appointments/Reappointments Effective 04/30/2020 Subject to Approval by the CCH Board of Directors.

NEW BUSINESS

Initial Physician Appointments

Name	Category	Department / Division	Appointment Term
Butler, Bennet A., MD	Active	Surgery/Orthopaedic	April 16, 2020 thru April 15, 2022
Levy, Richard J MD	Active	Ob/Gyn	April 16, 2020 thru April 15, 2022
Vij, Aviral, MD	Voluntary	Active	April 16, 2020 thru April 15, 2022

Reappointment Applications Physicians:

Department of Anesthesiology:

Name	Category	Division	Reappointment Term
Alexander, Bozana MD	Active	Anesthesiology	July 22, 2020 thru July 21, 2022
Al-Jindi, Piotr C., MD	Active	Anesthesiology	August 26, 2020 thru August 25, 2022
Kolesnikov, Igor V., MD	Active	Anesthesiology	August 26, 2020 thru August 25, 2022
Subieta Benito, Gunar MD	Active	Anesthesiology	July 22, 2020 thru July 21, 2022

Department of Correctional Health:

Name	Category	Division	Reappointment Term
Advani, Tushar MD	Active	Psychiatry	June 24, 2020 thru June 23, 2022
Haman, Gregory MD	Active	Med Surg	June 22, 2020 thru June 21, 2020
Williamson, Sunita MD	Active	Med Surg	May 20, 2020 thru May 19, 2022

APPROVED

APR 30 2020

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Department of Emergency Medicine:

Name	Category	Division	Reappointment Term
Feldman, Robert MD	Active		May 18, 2020 thru May 17, 2022
Leikin, Jerrold MD	Voluntary	Toxicology	May 20, 2020 thru May 19, 2022

Department of Family Medicine:

Name	Category	Division	Reappointment Term
Murphy, Daniel	Active		June 14, 2020 thru June 13, 2022

Department of Medicine:

Name	Category	Division	Reappointment Term
Athavale, Ambarish, MD	Active	Nephrology	June 24, 2020 thru June 23, 2022
Feldman, Jerry	Active	Dermatology	May 20, 2020 thru May 19, 2022
Fogelfeld, Leon, MD	Active	Endocrinology	June 20, 2020 thru June 19, 2022
Hart, Peter, MD	Active	Nephrology	June 20, 2020 thru June 19, 2022
Kendrick, Sabrina, MD	Active	Infectious Disease	June 20, 2020 thru June 19, 2022
Osei, Albert, MD	Active	Nephrology	June 29, 2020 thru June 28, 2022
Orris, Peter, MD	Voluntary	PCCM	May 15, 2020 thru May 14, 2022
Schwartz, David, MD	Active	Infectious Disease	June 20, 2020 thru June 19, 2022
Zia, Maryam, MD	Active	Hematology/Oncology	June 22, 2020 thru June 21, 2022

Department of Ob/Gyn:

Name	Category	Division	Reappointment Term
Adams, Carmen MD	Active	Ob/Gyn	August 16, 2020 thru August 15, 2022
Arlandson, Mary DO	Active	Ob/Gyn	June 29, 2020 thru June 28, 2022
Cejtin, Helen MD	Active	Ob/Gyn	May 17, 2020 thru May 16, 2022
Dhuyvetter, Amanda MD	Active	Ob/Gyn	July 19, 2020 thru July 18, 2022
Tennery, Stephanie MD	Active	Ob/Gyn	May 17, 2020 thru May 16, 2022
Ungaretti, Joy MD	Active	Ob/Gyn	July 13, 2020 thru July 12, 2022

APPROVED

APR 30 2020

 BY BOARD OF
 DIRECTORS OF THE COOK COUNTY
 HEALTH AND HOSPITALS SYSTEM

Department of Pediatrics:

Name	Category	Division	Reappointment Term
Agrawal, Vishwanath MD	Active	Neonatology	June 16, 2020 thru June 15, 2022
Berry-Kravis, Elizabeth MD	Consulting	Neurology	June 29, 2020 thru June 28, 2022
Kumar, Rajeev MD	Active	Neonatology	June 30, 2020 thru June 29, 2022

Department of Psychiatry:

Name	Category	Division	Reappointment Term
Conrin, Sean MD	Active	Psychiatry	June 22, 2020 thru June 21, 2022
Guttikonda, Sameera MD	Active	Psychiatry	July 20, 2020 thru July 19, 2022

Department of Radiology:

Name	Category	Division	Reappointment Term
Egofske, Peter MD	Active		May 18, 2020 thru May 17, 2022

Department of Surgery:

Name	Category	Division	Reappointment Term
Farlow, Erin C., MD	Active	Vascular Surgery	July 22, 2020 thru July 21, 2022
Hollowell, Courtney M.P., MD	Active	Urology	August 16, 2020 thru August 15, 2022
Milburn, Mason W., MD	Consulting	Orthopaedic	July 22, 2020 thru July 21, 2022
Panos, George S., DDS	Active	Oral & Maxillofacial	August 26, 2020 thru August 25, 2022
Sims, Thomas L., MD	Active	Pediatric Surgery	August 24, 2020 thru August 23, 2022
Veenstra, Benjamin R., MD	Voluntary	General Surgery	July 19, 2020 thru July 18, 2022
Vidal, Patricia P., MD	Active	Urology	July 13, 2020 thru July 12, 2022

Initial Application for Non-Medical Staff:

Name	Category	Department/ Division	Appointment Term
Kircher, Joan M., CRNA	Nurse Anesthetist	Anesthesiology	April 16, 2020 thru April 15, 2022
Roberts, Kenrick L., PA-C	Physician Assistant	Surgery/General Surgery	April 16, 2020 thru April 15, 2022
Salaam, Taqi Q., CRNA	Nurse Anesthetist	Anesthesiology	April 16, 2020 thru April 15, 2022

APPROVED

APR 30 2020

 BY BOARD OF
 DIRECTORS OF THE COOK COUNTY
 HEALTH AND HOSPITALS SYSTEM

Renewal of Privileges for Non-Medical Staff:

Name	Category	Department/ Division	Appointment Term
Hajek, Kristina PA-C	Physician Assistant	Correctional Health/Med Surg	July 19, 2020 thru July 18, 2022
Humphrey, Brian PsyD	Clinical Psychologist	Psychiatry	April 16, 2020 thru April 15, 2022
Mathew, Annamma CNP	Nurse Practitioner	Psychiatry	May 26, 2020 thru May 25, 2022
Olorunfemi, Olatokunbo, CNP	Nurse Practitioner	Medicine/Hematology/Oncology	July 22, 2020 thru July 21, 2022

Non-Medical Staff Request for Agreement Changes/Additional Privileges:

Name	Department/ Division	Additional Privileges/Supervisor Collab
Obaseki, Ray, CNP	Pediatrics	Andrew Altiveros, MD/Prescriptive Authority
Olorunfemi, Olatokunbo, CNP	Medicine/Hematology/Oncology	Thomas Lad, MD Deimante Tamkus, MD Nada Sherman, MD

APPROVED

APR 30 2020

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM



COOK COUNTY HEALTH

Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners

Debra D. Carey
Interim CEO
Cook County Health

Board of Directors

M. Hill Hammock
Chair of the Board

Mary B. Richardson-Lowry
Vice Chair of the Board

Hon. Dr. Dennis Deer, LCPC, CCFC
Mary Driscoll, RN, MPH
Ada Mary Gugenheim
Mike Koetting
David Ernesto Munar

Heather M. Prendergast, MD, MS, MPH
Robert G. Reiter, Jr.
Layla P. Suleiman Gonzalez, PhD, JD
Sidney A. Thomas, MSW

Deborah Santana
CCH Secretary to the Board
1950 W. Polk Street, Room 9106
Chicago, IL 60612

April 24, 2020

Dear Directors of the Cook County Health Board:

Please be advised that at the on April 24, 2020, the Provident Hospital Medical Executive Committee recommended the actions on the enclosed list by unanimous written consent of the voting members pursuant to Section 13.6(B) of the Provident Hospital Medical Staff Bylaws. It is being presented to you for your consideration.

Respectfully,

Marlon Kirby, MD
Provident Hospital of Cook County
President, Medical Staff
Chair, Medical Executive Committee

Provident Hospital of Cook County



TO: Cook County Health Board of Directors

FROM: Marlon Kirby, MD
President, Medical Executive Committee

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Medical Executive Committee** on 2020

Medical Staff Appointments/Reappointments Effective April 30, 2020 Subject to Approval by the Cook County Health Board of Directors

New Business

Initial Physician Appointment Applications:			
Name	Category	Department / Specialty	Appointment Term
Aw-Zorelic, Jessie, MD	Consulting	Radiology	April 16, 2020 thru April 15, 2022
Cotson Saker, Martha, MD	Consulting	Radiology	April 16, 2020 thru April 15, 2022
Luria, Jamie S., DDS	Affiliate	Surgery/Oral & Maxillofacial	April 16, 2020 thru April 15, 2022
Palasis, Susan, MD	Consulting	Radiology	April 16, 2020 thru April 15, 2022
Popescu, Andrada, MD	Consulting	Radiology	April 16, 2020 thru April 15, 2022
Ree, Nicholas, MD	Affiliate	Pathology/Anatomic Pathology	April 16, 2020 thru April 15, 2022
Viji, Aviral, MD	Affiliate	Internal Medicine/Cardiology	April 16, 2020 thru April 15, 2022

Initial Application for Non-Medical Staff:

Name	Category	Department/Specialty	Appointment Term
Ahmed, Sarah, CRNA	Nurse Anesthetist	Anesthesiology	April 16, 2020 thru April 15, 2022
Barchfield, Rebecca L., CRNA	Nurse Anesthetist	Anesthesiology	April 16, 2020 thru April 29, 2022
Kircher, Joan M., CRNA	Nurse Anesthetist	Anesthesiology	April 16, 2020 thru April 29, 2022
Novak, Mary Frances, CRNA	Nurse Anesthetist	Anesthesiology	April 16, 2020 thru April 29, 2022
Roberts, Kenricks L., PA-C	Physician Assistant	Surgery/General Surgery	April 16, 2020 thru April 29, 2022
Salaam, Taqi Q., CRNA	Nurse Anesthetist	Anesthesiology	April 16, 2020 thru April 29, 2022

APPROVED

APR 30 2020

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

**New Business
Reappointment Applications Physicians:**

Department of Internal Medicine:			
Name	Category	Department/Specialty	Appointment Term
Schwartz, David, MD	Active	Infectious Disease	June 20, 2020 thru January 19, 2022
Torres, Jamie, MD	Affiliate	PCCM	April 20, 2020 thru April 19, 2022

Department of OB/GYN:			
Name	Category	Department/Specialty	Appointment Term
Adams, Carmen, MD	Affiliate	OB/GYN	August 16, 2020 thru August 15, 2022
Cejtin, Helen, MD	Affiliate	OB/GYN	May 17, 2020 thru May 16, 2022
Dhuyvetter, Amanda, MD	Affiliate	OB/GYN	July 19, 2020 thru July 18, 2022

Department of Pediatrics:			
Name	Category	Department/Specialty	Appointment Term
Dharmapuri, Sadhana, MD	Affiliate	Adolescent Medicine	September 21, 2020 thru May 17, 2022

Department of Radiology:			
Name	Category	Department/Specialty	Appointment Term
Mullarkey, Paul, MD	Affiliate	Radiology	June 14, 2020 thru January 21, 2022
Tailor, Kalloni, MD	Affiliate	Radiology	May 17, 2020 thru May 16, 2022

APPROVED

APR 30 2020

BY BOARD OF
DIRECTORS OF THE COCK COUNTY
HEALTH AND HOSPITALS SYSTEM

Department of Surgery:

Name	Category	Department/Specialty	Appointment Term
Beck, Traci P., MD	Affiliate	Urology	August 26, 2020 thru August 25, 2022
Dwarakanathan, Surendar, MD	Affiliate	Ophthalmology	May 16, 2020 thru May 15, 2022
Bonomo, Steven R., MD	Active	General Surgery	May 20, 2020 thru May 19, 2022
Ghadiali, Quraish, MD	Affiliate	Ophthalmology	June 22, 2020 thru June 21, 2021
Hollowell, Courtney M.P., MD	Affiliate	Urology	August 16, 2020 thru August 15, 2022
Mylvaganam, Hari N., MD	Affiliate	Ophthalmology	June 22, 2020 thru June 21, 2022
Nichols, Jeffrey W., MD	Affiliate	Ophthalmology	June 22, 2020 thru June 21, 2022
Veenstra, Benjamin R., MD	Voluntary	General Surgery	July 19, 2020 thru July 18, 2022

Medical Staff Request for Additional Privileges:

Name	Department/Division	Additional Privileges	Recommendation
Barron, Anastasia, DO	Radiology	Core Nuclear Medicine Privileges	Approved.

Medical Staff Appointment Provisional To Full/Status Change:

Name	Department/ Division	Recommendation
Martin, Jonathan, MD	Internal Medicine/Infection Disease	Approved.

NPP New Clinical Privilege Forms:

Department	Privileges Form	Discussion	Recommendation
Surgery	Optometry	Form reviewed and presented with no issues identified.	Approved.

APPROVED

APR 30 2020

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
April 30, 2020

ATTACHMENT #10

CEO Report



Debra D. Carey, Interim CEO

April 30, 2020



**COOK COUNTY
HEALTH**

Overview



COOK COUNTY
HEALTH

Latest Case Numbers

April 28, 2020

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

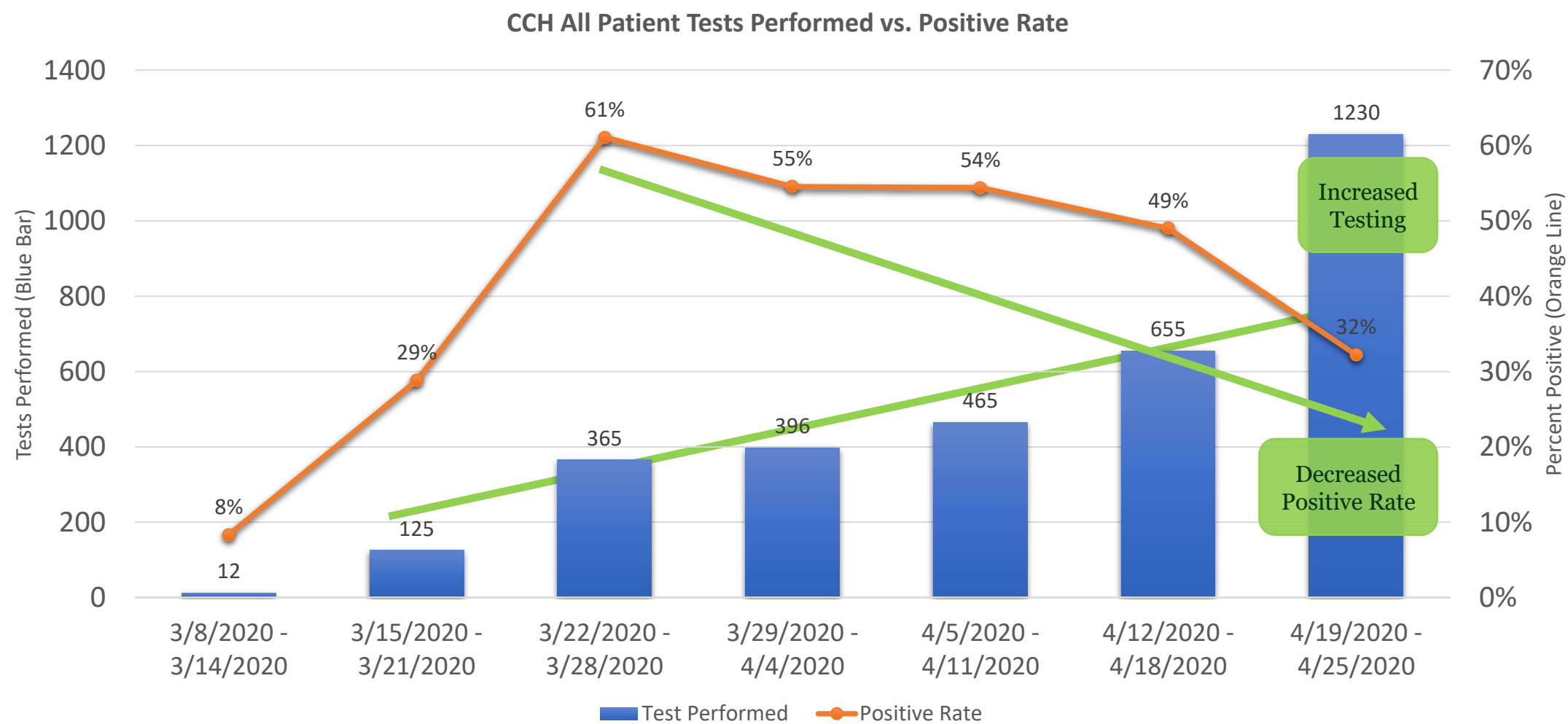
Planning and Service Changes

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

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

COVID-19 Patient Testing Conducted across all CCH locations

3,248 patients have have been tested for COVID-19 through CCH



Patient Testing

All Testing

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

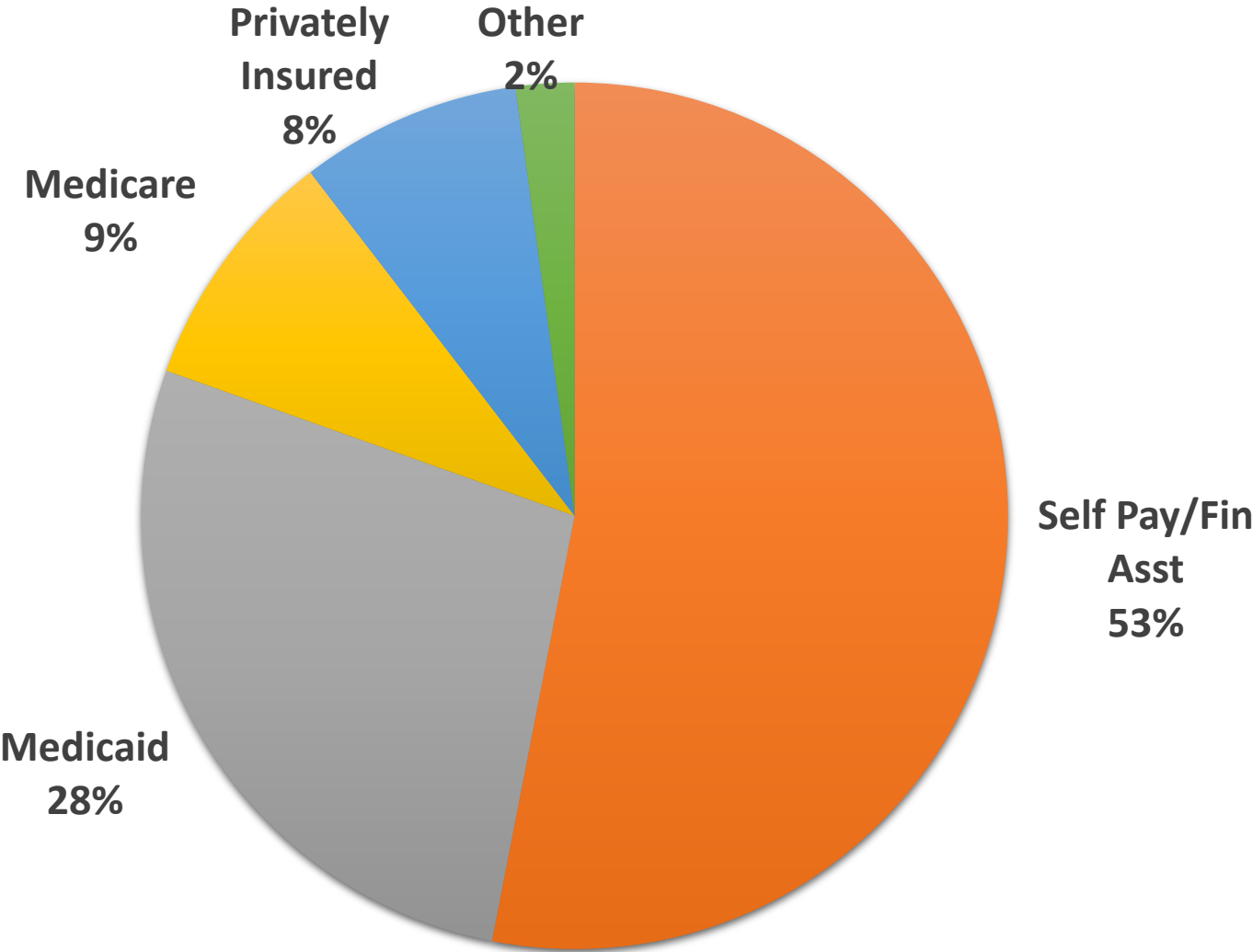
Ethnicity	%
Hispanic/Latino/Spanish Origin	27%
Non-Hispanic/Latino/Spanish Origin	73%

Positives Only

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

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

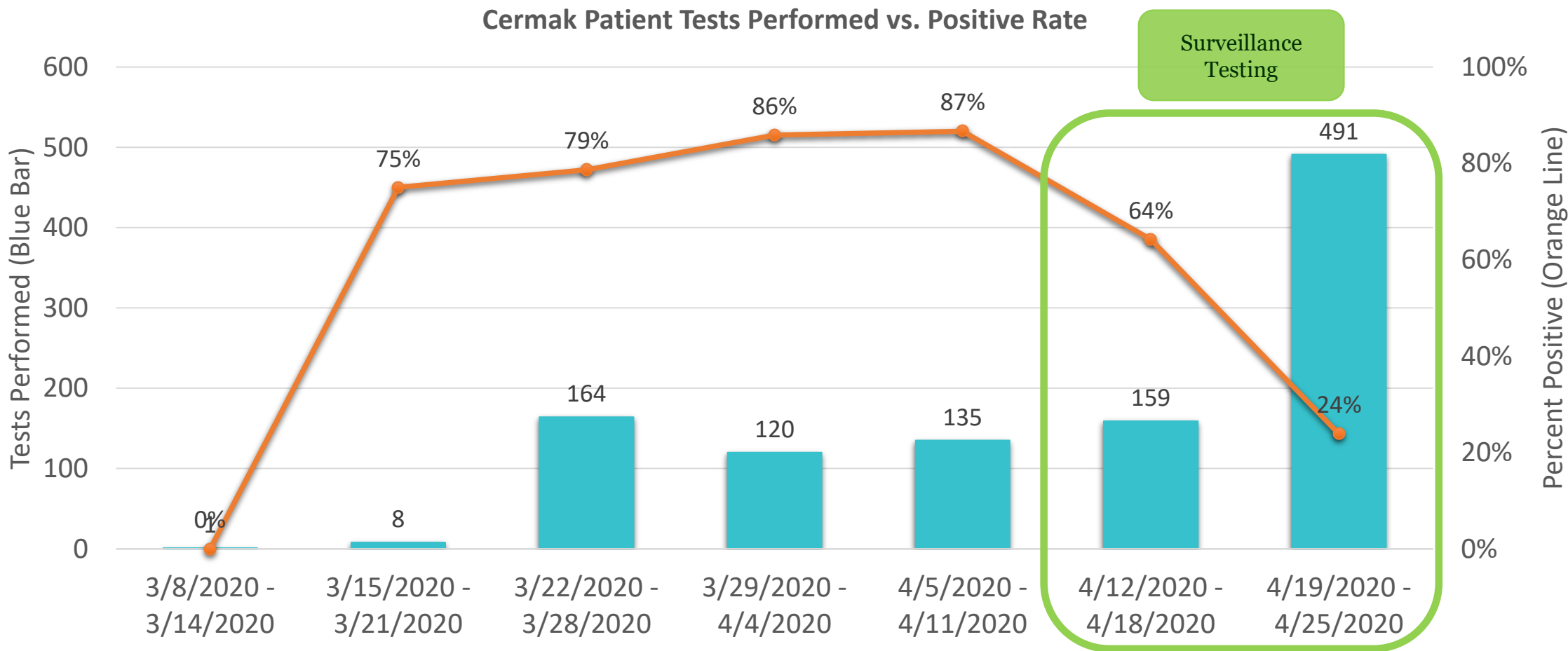
COVID-19 Payor Mix



*Source: Cerner COVID-19 Orders Mar 1,2020-April 25, 2020

COVID-19 Testing Conducted at Cermak

1,078 detainees have been tested for COVID-19 at Cermak with 574 positives



*Source: Cerner COVID-19 Orders Mar 1,2020-April 25, 2020

Staffing Cermak

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

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

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

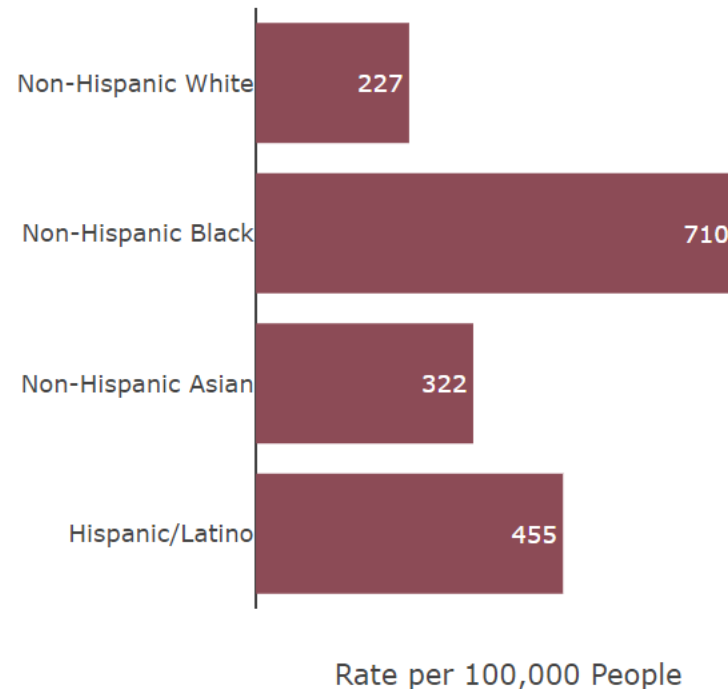
CCDPH: Current status of COVID-19

Numbers as of 4/27/20

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

CCDPH: Significant disparities observed among cases

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



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

Data 4/27/20

Financial Assistance Received and In Progress

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

Thank you

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

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

Thank you.

Beyond COVID-19

Planning is Underway

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

Timeline



COOK COUNTY
HEALTH

COVID-19 Timeline

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



COVID-19 Timeline

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

COVID-19 Comparisons

April 28, 2020

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

Latest Case Numbers

April 28, 2020

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

Partners and Guidance

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

Planning and Service Changes

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

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

Temporary Suspension of Emergency Services at Provident Hospital

April 6 - April 19

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

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

Testing at CCH



COOK COUNTY
HEALTH

Testing

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

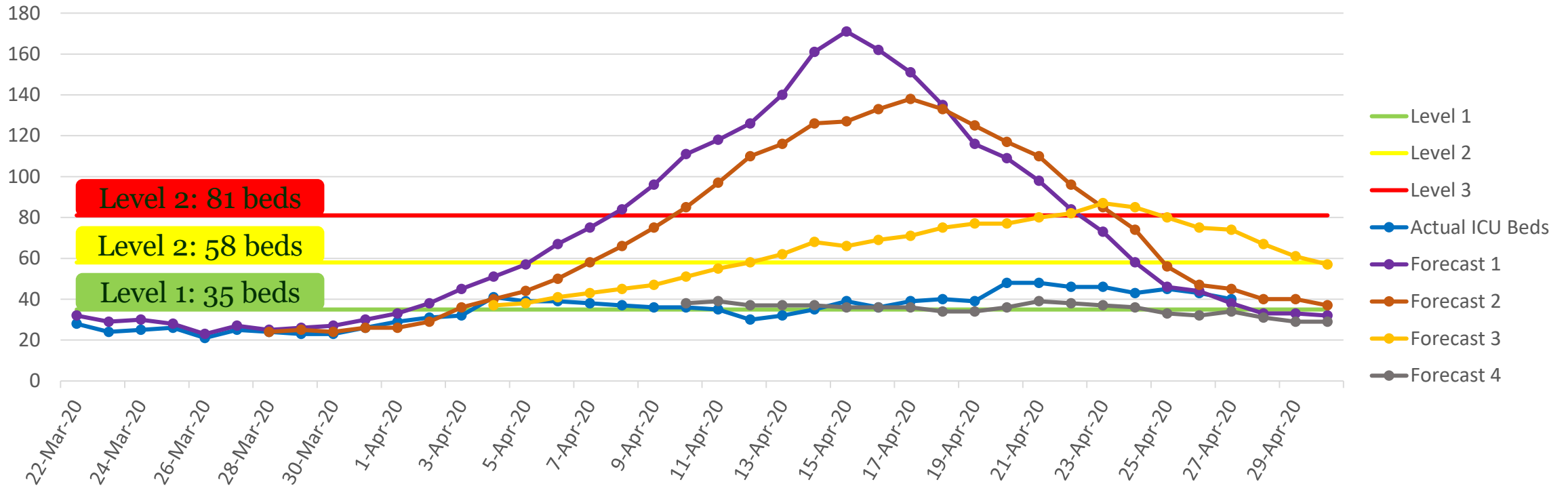
COVID-19 at CCH



COOK COUNTY
HEALTH

COVID-19 – Forecasting the ICU Surge

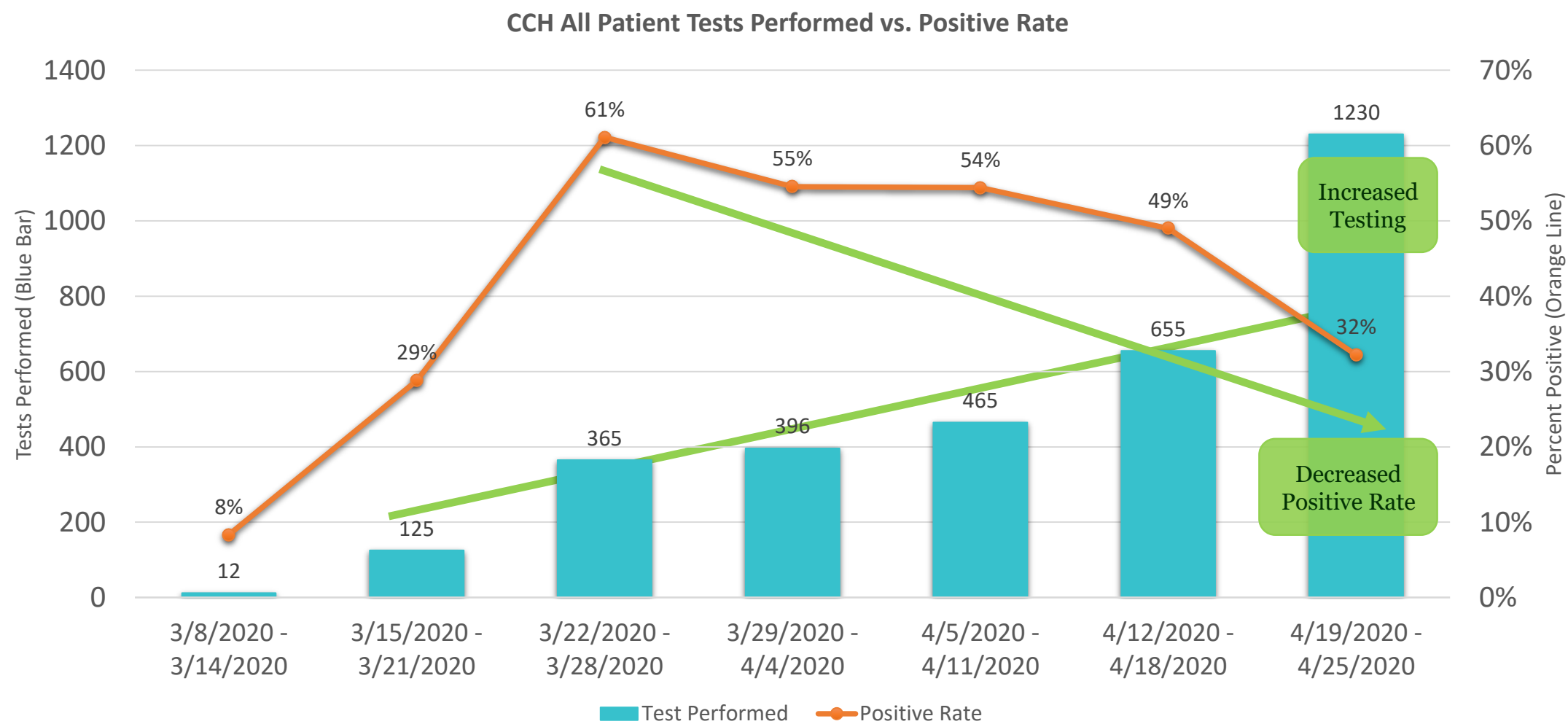
COVID-19 ICU Forecast Evolution



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

COVID-19 Patient Testing Conducted across all CCH locations

3,248 patients have have been tested for COVID-19 through CCH



*Source: Cerner COVID-19 Orders Mar 1,2020-April 25, 2020

Patient Testing

All Testing Thru 4/27/20

Gender	%
Female	33%
Male	67%

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

Positives Only

Gender	%
Female	28%
Male	72%

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

Patient Testing

All Testing

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

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

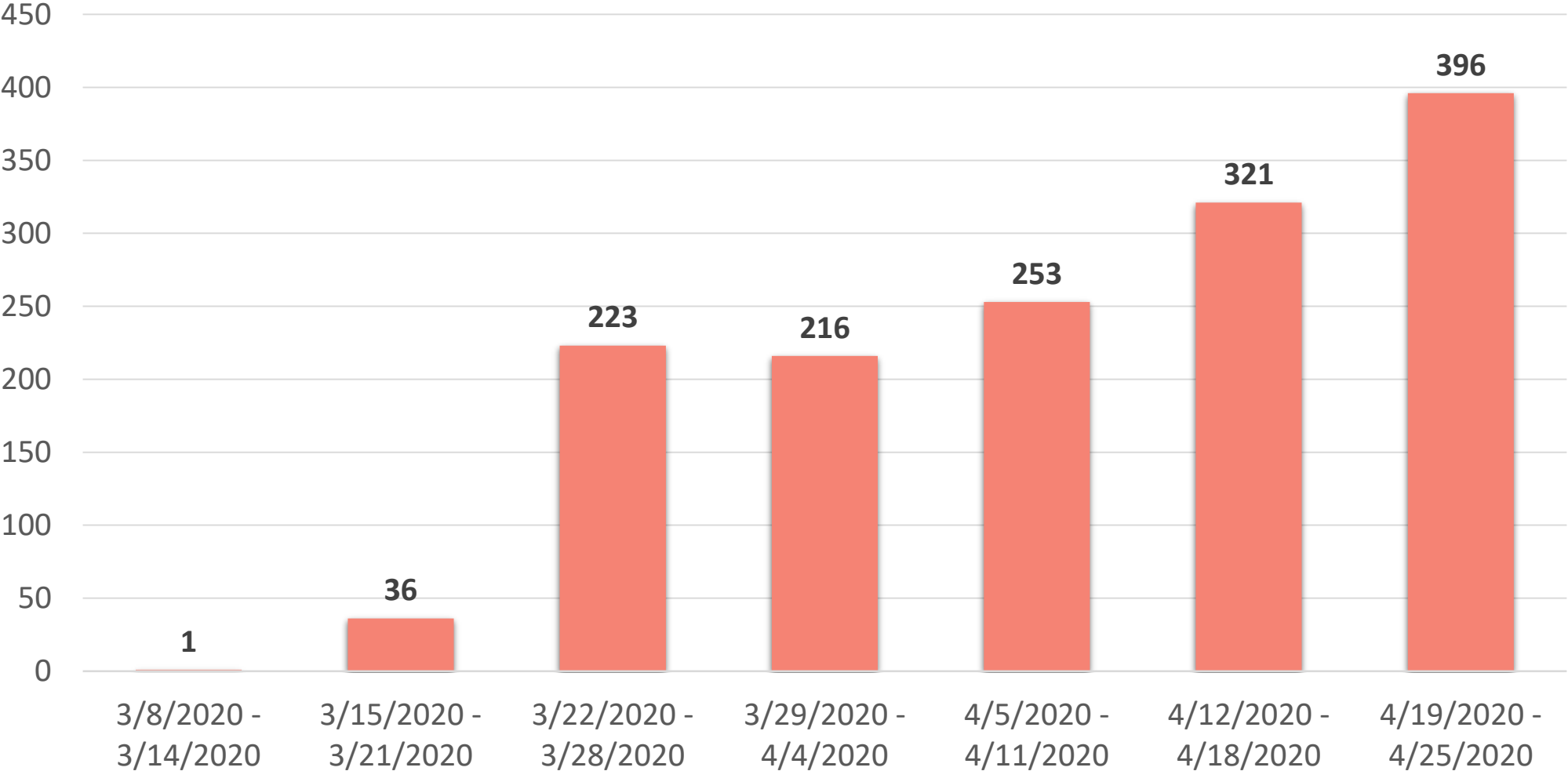
Positives Only

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

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

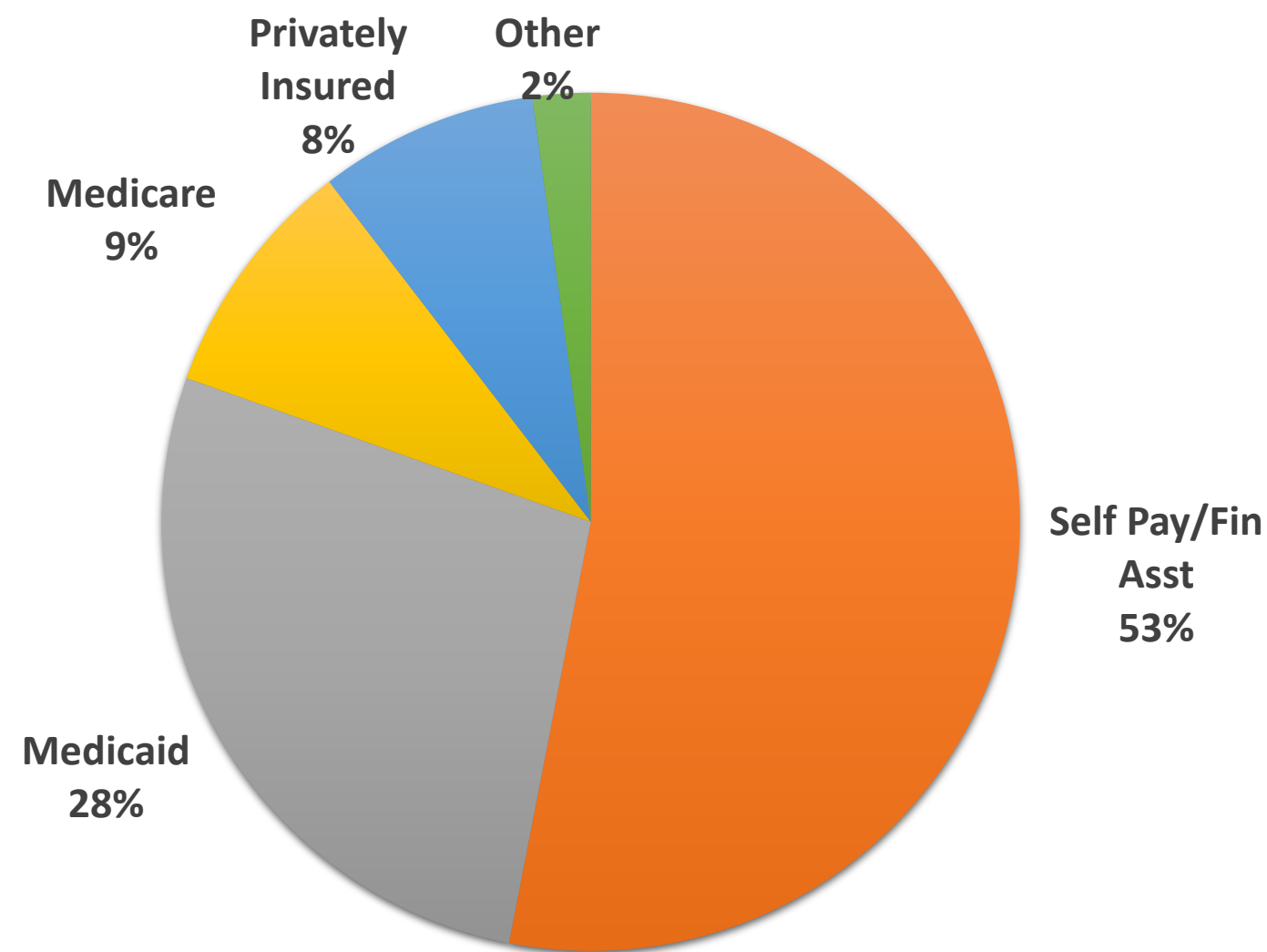
COVID-19 Positive Patients across all CCH Locations

1,446 Positive Patients - All CCH Locations



*Source: Cerner COVID-19 Orders Mar 1,2020-April 25, 2020

COVID-19 Payor Mix



Deaths

Gender	%
Female	32%
Male	68%

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

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

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

COVID-19 Clinical Trials and Studies at CCH

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

Cermak Health Services



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



COOK COUNTY
HEALTH

Cermak Strategies

Congregate Settings Pose Unique Challenges

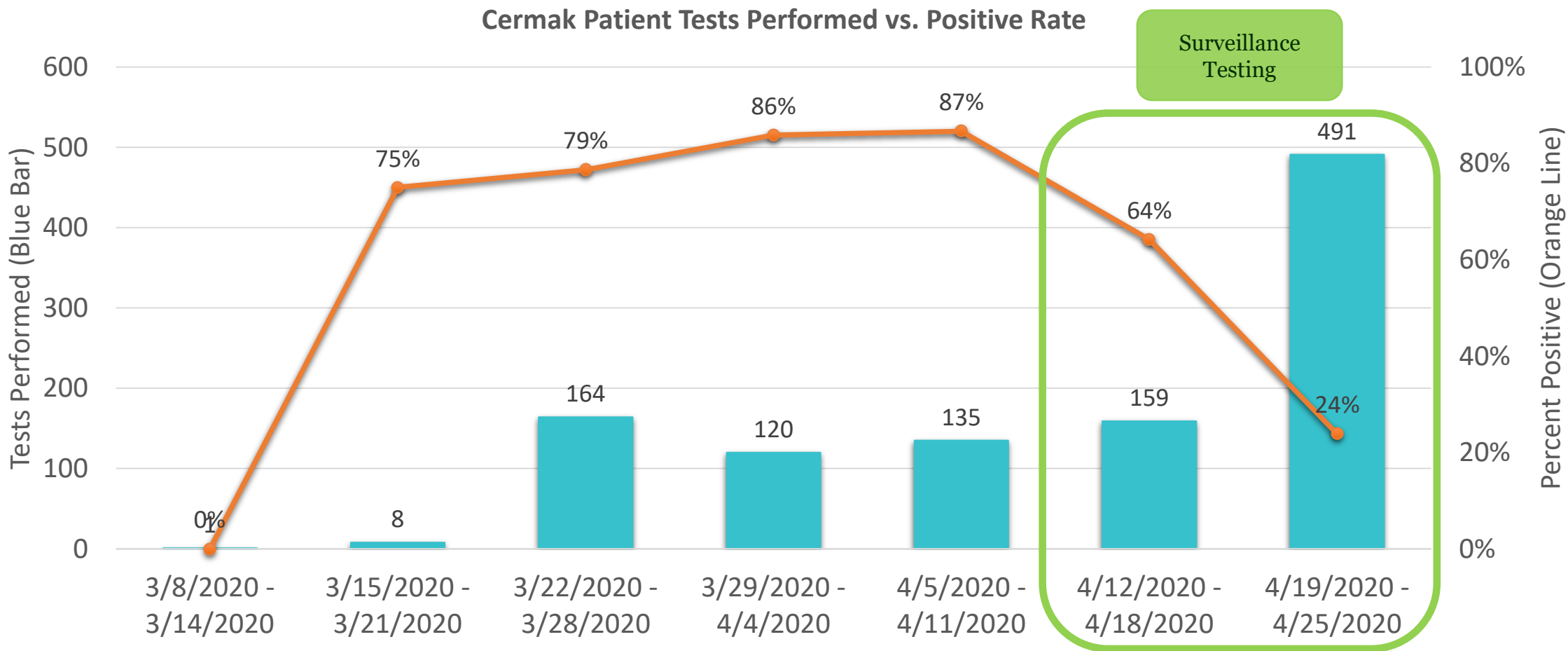
Cermak Health Services began planning for this rapidly evolving pandemic in January. Working under the guidance of the Chicago Department of Public Health and CCH's Infection Control team, and in addition to existing infection control practices, a number of additional measures have been implemented in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

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

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

COVID-19 Testing Conducted at Cermak

1,078 detainees have been tested for COVID-19 at Cermak with 574 positives



Staffing Cermak

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

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

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

CountyCare

A graphic consisting of two teal chevrons pointing up and to the right, positioned to the right of the CountyCare text.

COOK COUNTY
HEALTH

Member Outreach

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

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

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

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

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

Clinical Efforts

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

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

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

Provider Support

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

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

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

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

Forward Thinking

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

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

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

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

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



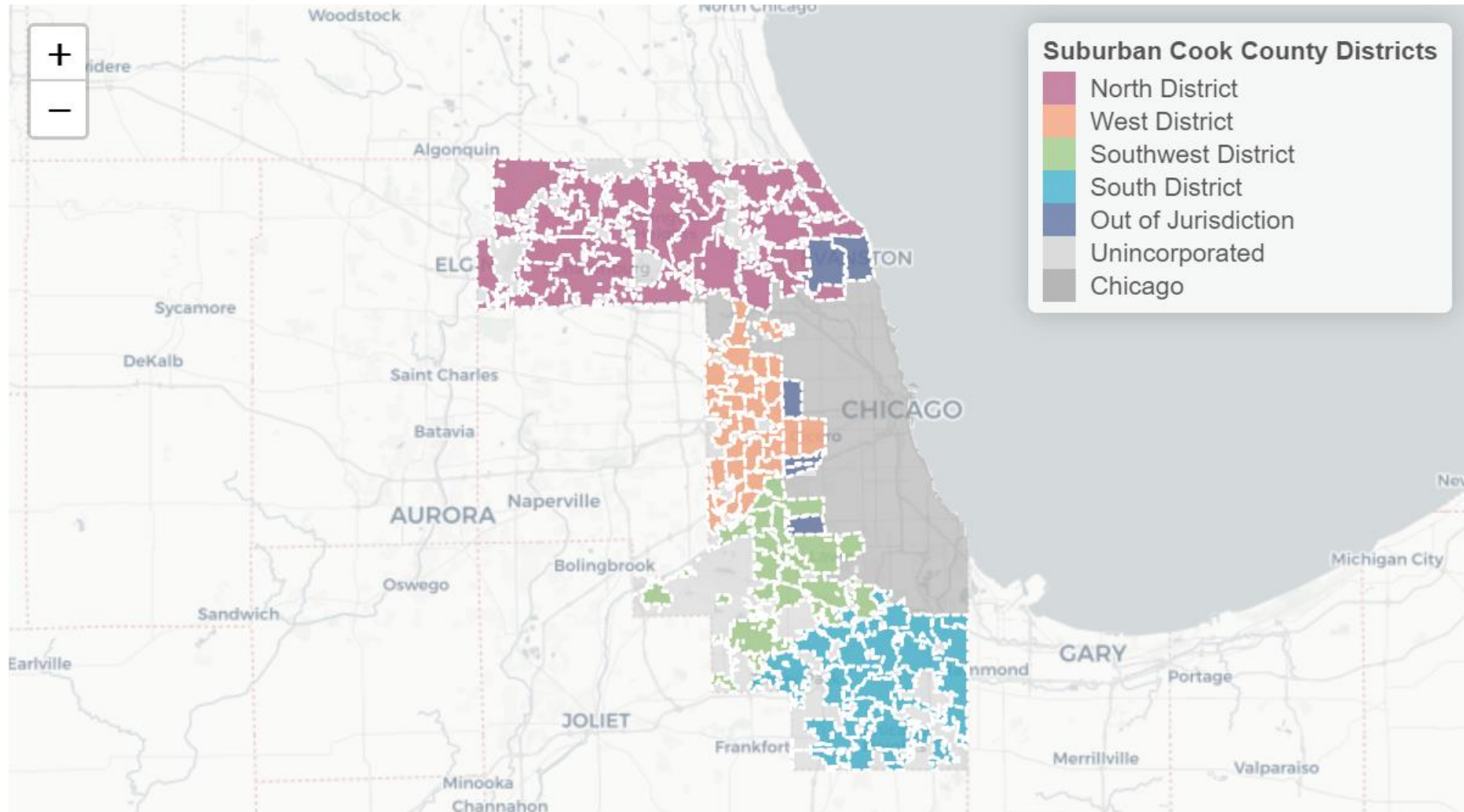
Public Health Authority for 2.5M suburban Cook County residents



COOK COUNTY
HEALTH

CCDPH's suburban jurisdiction

Suburban Cook County Districts



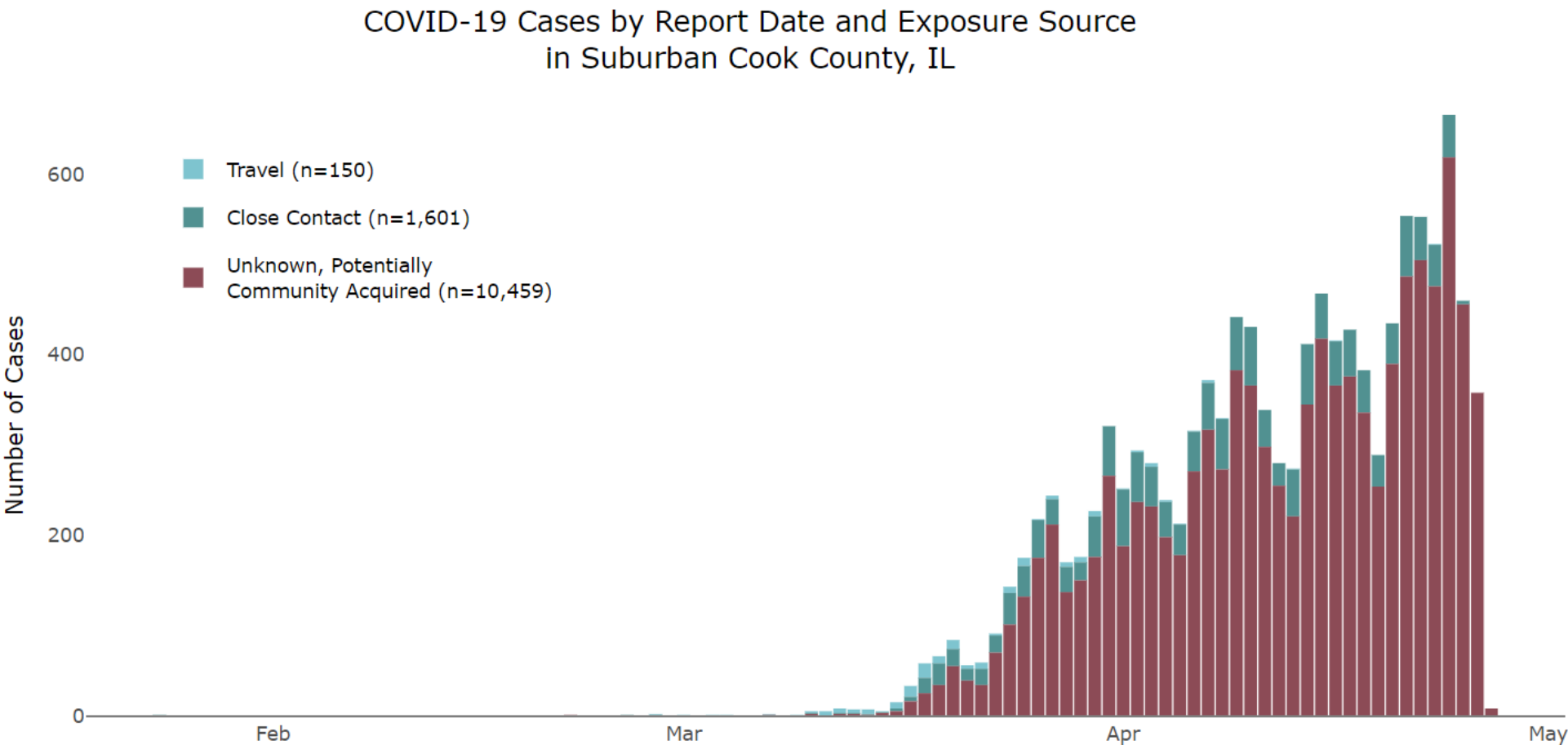
Current status of COVID-19

Numbers as of 4/27/20

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

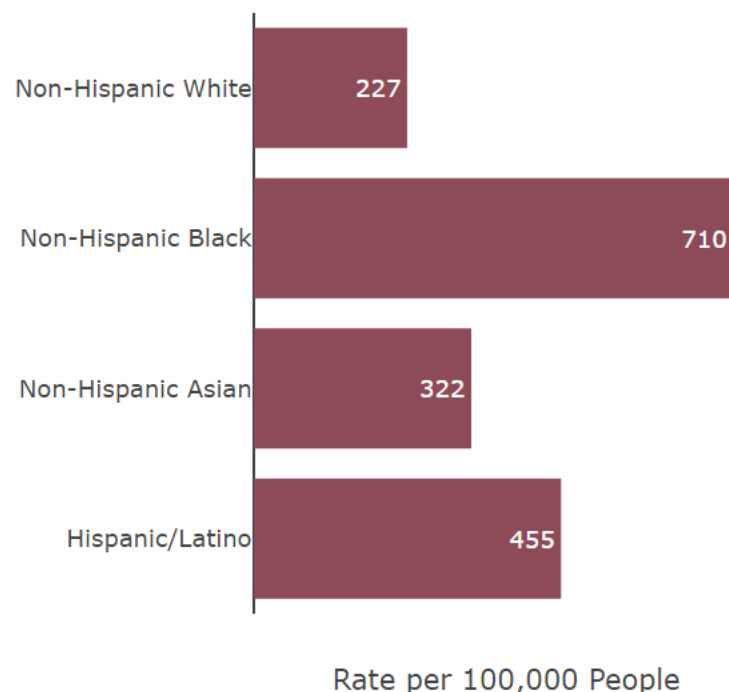
Case counts continue to grow

But the rate of growth is slowing



Significant disparities observed among cases

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



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

Data 4/27/20



COOK COUNTY
HEALTH

CCDPH response activities

Contact Tracing

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

CCDPH response activities

Congregate Settings

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

CCDPH response activities

Alternate housing, workplace violation follow up, and communications

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

Addressing Inequities



COOK COUNTY
HEALTH

Alternate Care System Challenge

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

Solution: Activating the SouthSide Y for CCH Patients

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

Partners

Cross Sector Collaboration

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

Program Overview

Medical Services

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

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

MH/SUD services

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

Robust use of telehealth

Care Coordination

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

Additional Initiatives to Address Inequities

Community Focus

Planning Activities- Westside Workgroup

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

Initial response

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

Additional Initiatives to Address Inequities

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

Additional Initiatives to Address Inequities

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

CCDPH Support

Leveraging CCH Infrastructure

Alternate Housing Program

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

Federal Activities & Funding



COOK COUNTY
HEALTH

COVID Related Federal Funding Bills

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



COVID Related Federal Funding Bills

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

Financial Assistance Received and In Progress

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

Financial Impact of COVID



COOK COUNTY
HEALTH

COVID 19 Potential Impact on Patient Fees

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

COVID 19 Potential Impact

Revenue and Expense COVID 19 Impact Projected through June

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

*These estimates are based on the best information available as of mid-April, 2020 and are subject to change

Beyond COVID-19



COOK COUNTY
HEALTH

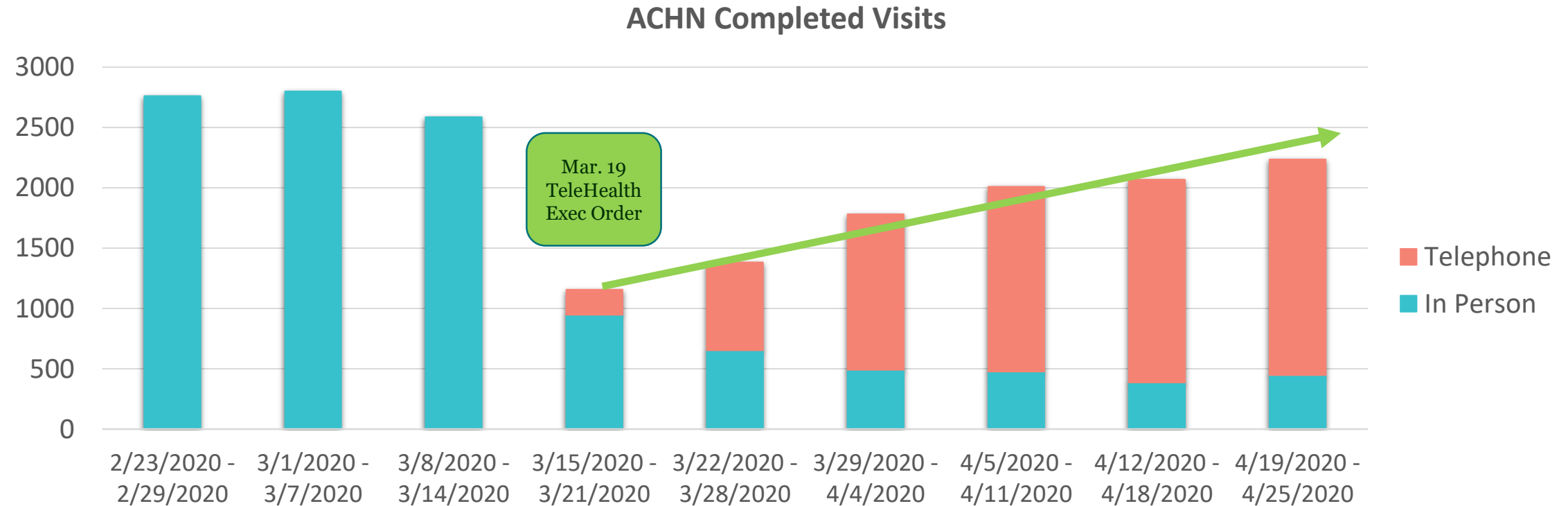
Beyond COVID-19

Planning is Underway

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

Future Opportunity: COVID-19 TeleHealth Implementation

7,323 Telephone visits have been completed through ACHN

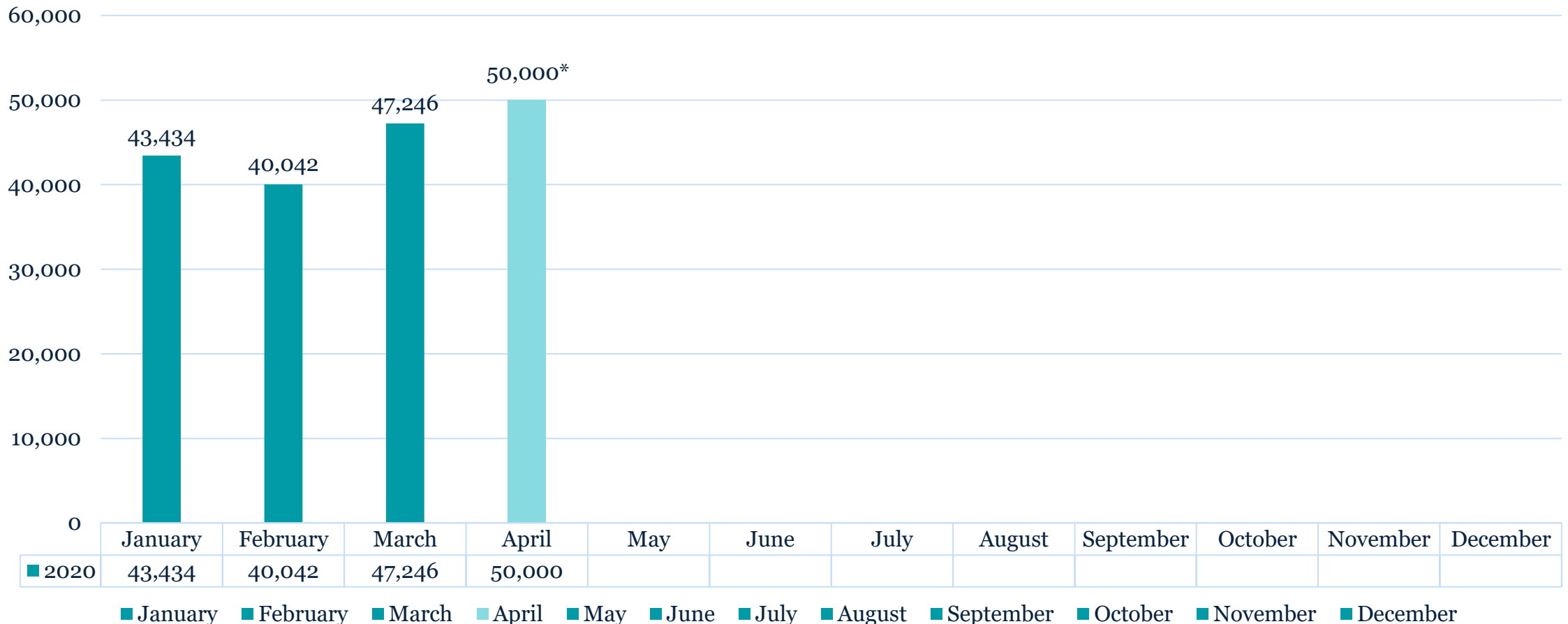


- March 19: State of Illinois Executive Order to increase the use of TeleHealth
 - Immediately began adding TeleHealth services to ramp back up patient care
 - Six weeks after implementation ACHN is back to 86% of the pre-COVID visit volume
- Video visits are being finalized as the next phase of the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



Cook County Central Fill/Mail Order Pharmacy

Monthly Volumes



COVID-19 Media

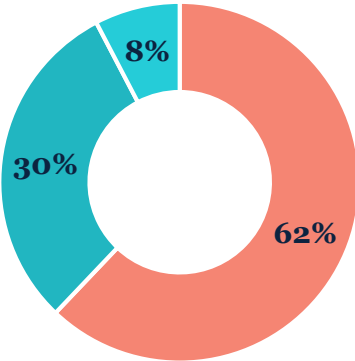


COOK COUNTY
HEALTH

COVID-19 Media Dashboard

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

Media Outlet Type



■ Print ■ Television ■ Radio

Most Common Topics

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

Top National Media Outlets

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

Top Local Media Outlets

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

Media Mentions by Department

