



# Board of Commissioners of Cook County

118 North Clark Street  
Chicago, IL

## Legislation Text

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**File #:** 19-4310, **Version:** 1

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### **PROPOSED RESOLUTION**

#### **REQUESTING A HEARING OF THE HEALTH AND HOSPITALS COMMITTEE OF THE COOK COUNTY BOARD OF COMMISSIONERS TO DISCUSS THE PRACTICES OF COOK COUNTY HEALTH (CCH) RELATED TO COUNTYCARE FINANCES AS DISCUSSED IN THE INDEPENDENT INSPECTOR GENERAL REPORT (IIG 18-0100)**

**WHEREAS**, in 2012, the State of Illinois obtained a federal Section 1115 demonstration waiver to get an early start on Medicaid expansion as a result of provisions in the Affordable Care Act, which allowed adults living in Cook County and making less than roughly \$15,860 (or 133% below the federal poverty level) to get Medicaid; and

**WHEREAS**, the initiative was named “CountyCare” and was designed to help the state and CCH build capacity and experience to support implementation of the official Medicaid expansion in January 2014, as more than 618,000 uninsured adults were estimated to be eligible for the ACA’s Medicaid expansion in Illinois, with over 341,000 of them residing in Cook County; and

**WHEREAS**, as part of this initiative CountyCare had to handle management of its waiver from the Centers for Medicare and Medicaid Services, and needed a third party to evaluate the effectiveness of the waiver showing that it enrolled enough patients; that those patients were geographically acceptable enough to encourage providers to participate in the plan; and showing that CountyCare could deliver and generate enough medically necessary claims processed through the state Medicaid agency; and

**WHEREAS**, the program is considered crucial to the financial survival of the health system, and to the county itself, which subsidizes the system with tax dollars; Before CountyCare, the system historically had been spending \$500 million to \$600 million a year for uncompensated care; and

**WHEREAS**, in 2014, CountyCare transformed its health plan to also accept traditional Medicaid populations and as a result is now one of the largest Medicaid managed health plans in the State; CountyCare currently has a healthcare network of approximately 4,500 primary care providers, 15,000 specialists, 50 hospitals, and 335,000 Members; and

**WHEREAS**, on June 21<sup>st</sup>, 2019, the Office of the Independent Inspector General (OIIG) released a report on CountyCare Healthcare Expenses (IIG 18-0100), which was prompted after receiving information during the course of their review of CCH bad debt expense and claim denials; and

**WHEREAS**, the OIIG report identified key managerial decisions and financial policies associated with large volumes of unpaid healthcare expenses related to the CountyCare program including outstanding liabilities of \$701 million for the 2018 fiscal year-end compared to the small amounts the State tends to owe CountyCare at the end of the year and according to the report can only pay 2% of the outstanding liabilities; and

**WHEREAS**, according to the report, CountyCare does not generate enough revenue to pay all the outstanding healthcare expenses at the end of the fiscal year and has a practice of using subsequent period budgetary funds to pay prior period bills, such that CountyCare's unpaid healthcare expenses are steadily growing and could become too large to pay without an extraordinary contribution from another funding source in the future; and

**WHEREAS**, the report further states that CCH routinely changes revenue and expense figures between CCH's operating

units (e.g., Stroger, CountyCare, etc.) to reach desired financial goals for CountyCare and Stroger Hospital in CCH's monthly and annual financial reports, and as a result, these practices make it difficult for the CCH Board and Cook County Board of Commissioners to have a sound baseline to evaluate the performance of the individual operating units that make-up CCH; and

**WHEREAS**, CCH has stated that they are absolutely confident in the integrity of the CountyCare program and will respond in a comprehensive manner in time; and

**WHEREAS**, with the FY2020 budget process already started, the time is now to address this report and provide answers to the Board and the Public;

**NOW, THEREFORE, BE IT RESOLVED**, that the Cook County Board of Commissioners does hereby request that a meeting of the Health and Hospitals Committee be convened to discuss the CountyCare program and financial and reporting practices of Cook County Health as it relates said program; and

**BE IT FURTHER RESOLVED**, that the OIIG appear before the Committee and be prepared to explain its review of CountyCare, CCH, and the five report recommendations; and

**BE IT FURTHER RESOLVED**, that the Chief Financial Officer and any other pertinent representatives of Cook County Health, as well as the Independent Hospital Board appear before the Committee and be prepared to update the Committee on the contents of the OIIG report and the relationship between CountyCare and CCH, and be prepared to answer questions on the same.