Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held on Friday, January 29, 2021 at the hour of 9:00 A.M. This meeting was held by remote means only, as permitted by the Illinois Open Meetings Act.

I. Attendance/Call to Order

Chair Hammock called the meeting to order.

Present: Chair M. Hill Hammock, Vice Chair David Ernesto Munar and Directors Robert Currie; Hon. Dr. Dennis Deer, LCPC, CCFC; Mary Driscoll, RN, MPH; Raul Garza; Ada Mary Gugenheim; Joseph M. Harrington; Mike Koetting; Heather M. Prendergast, MD, MS, MPH; Robert G. Reiter, Jr.; and Otis L. Story, Sr. (12)

Absent: None (0)

Additional attendees and/or presenters were:

Orlando Brown – Cook County Bureau of Human Resources
LaShon DeFell – Cook County Bureau of Human Resources
Claudia Fegan, MD – Chief Medical Officer
Aaron Galeener – Interim Chief Executive Officer, CountyCare/Health Plan Services
Andrea Gibson – Interim Chief Business Officer
Gregory Huhn, MD - Attending Physician VII-SC, Medical Services, Stroger Hospital
Charles Jones – Chief Procurement Officer
Kiran Joshi, MD – Cook County Department of Public Health
Jeff McCutchan – General Counsel
Iliana Mora – Chief Operating Officer, Ambulatory Services
Carrie Pramuk-Volk – Interim Chief Human Resources Officer and Employment Plan Officer
Israel Rocha, Jr. – Chief Executive Officer
Rachel Rubin, MD – Cook County Department of Public Health
Deborah Santana – Secretary to the Board

II. Electronically Submitted Public Speaker Testimony

There was no public testimony submitted.

NOTE: action was taken on Agenda Items III(A), III(D), III(E), III(F), IV(B) AND IV(C) in one (1) combined motion.

III. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, December 4, 2020

Chair Hammock inquired whether any corrections or revisions to the minutes were needed. Hearing none, he advanced to the next item.
III. Board and Committee Reports (continued)

B. Human Resources Committee
   i. Metrics (Attachment #1)

Director Driscoll and Carrie Pramuk-Volk, Interim Chief Human Resources Officer and Employment Plan Officer, provided an overview of the Metrics. The Board reviewed and discussed the information.

Chair Hammock requested that a report be presented sometime in the future regarding employee exit interviews; he would like to receive information on the reasons why employees are leaving CCH.

C. Managed Care Committee
   i. Metrics (Attachment #2)

Vice Chair Munar and Aaron Galeener, Interim Chief Executive Officer of CountyCare/Health Plan Services, provided an overview of the Metrics. The Board reviewed and discussed the information.

During the Board’s discussion of the information on auto assignment and quality rankings among the Medicaid managed care organizations, Director Deer requested that, for the next report, he would like to see plans to address the following: 1) CountyCare’s lower ranking for the key performance area of people “living with illnesses”; and 2) work to increase Minority and Women-Owned Business Enterprise participation in CountyCare contracts.

D. Quality and Patient Safety Committee Special Meeting, December 21, 2020
   i. Meeting Minutes, which include the following action items:
      • Stroger Hospital Medical Staff Appointments/Reappointments/Changes

No revisions or corrections were indicated for the Meeting Minutes.

E. Quality and Patient Safety Committee Meeting, January 21, 2021
   i. Highly Reliable Organization (HRO) Dashboard (Attachment #3)
   ii. Meeting Minutes, which include the following action items:
      • Stroger Hospital and Provident Hospital Medical Staff Appointments/Reappointments/Changes

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

F. Finance Committee Meeting, January 21, 2021
   i. Interim FY2020 Financials (Attachment #4)
   ii. Meeting Minutes, which include the following action items:
      • Contracts and Procurement Items
      • Proposed Resolutions authorizing signatory changes to CCH bank accounts at J.P. Morgan Chase Bank

Director Reiter provided an overview of the Meeting Minutes. Charles Jones, Chief Procurement Officer, provided a brief overview of the proposed Contracts and Procurement Items considered and informational reports received at the Finance Committee Meeting. It was noted that three (3) contractual items (request numbers 4, 6 and 20) are pending review by Contract Compliance.

Andrea M. Gibson, Interim Chief Business Officer, provided an overview of the Interim FY2020 Financials.
IV. **Action Items**

**A. Contracts and Procurement Items**

There were no contracts and procurement items presented directly to the Board for their consideration under this Board Agenda Item.

**B. Request for authority to execute an Intergovernmental Agreement with the Forest Preserve District of Cook County for use of Forest Preserve locations to perform clinical activities for public health emergencies** (Attachment #5)

Dr. Kiran Joshi, Senior Medical Officer and Co-Lead, Cook County Department of Public Health (CCDPH), and Dr. Rachel Rubin, Senior Public Health Medical Officer and Co-Lead, CCDPH, provided an overview of the item. The Board reviewed and discussed the information.

**C. Proposed appointment of Israel Rocha, Jr. to the CORE Foundation Board, submitted by Cook County Board President Toni Preckwinkle for approval by the Cook County Health Board** (Attachment #6)

Chair Hammock presented the proposed appointment for the Board’s consideration.

**D. Any items listed under Sections III, IV and VII**

**E. Proposed Collective Bargaining Agreement with the Coalition of Unionized Public Employees (C.O.U.P.E.) Trades** (Attachment #7)

This item was reviewed in a closed meeting. Action on the item took place following the adjournment of the closed meeting.

Director Prendergast, seconded by Vice Chair Munar, moved to approve the following:

- Minutes of the December 4, 2020 Board Meeting,
- Minutes of the Quality and Patient Safety Committee Special Meeting of December 21, 2020, which include the Stroger Hospital Medical Staff appointments/reappointments/changes;
- Minutes of the Quality and Patient Safety and Finance Committee Meetings for January, which include the Stroger and Provident Hospital Medical Staff appointments/reappointments/changes, Contracts and Procurement Items, and proposed Resolutions authorizing signatory changes to CCH bank accounts at J.P. Morgan Chase Bank;
- Board Agenda Item IV(B) request to execute an IGA with the Forest Preserve District of Cook County for use of Forest Preserve locations to perform clinical activities for public health emergencies; and
- Board Agenda Item IV(C) proposed appointment of Israel Rocha, Jr. to the CORE Foundation Board.

A roll call vote was taken, the votes of yeas and nays being as follows:

**Yeas:** Chair Hammock, Vice Chair Munar and Directors Currie, Deer, Driscoll, Garza, Gugenheim, Harrington, Koetting, Reiter, Prendergast and Story (12)

**Nays:** None (0)

**Absent:** None (0)

THE MOTION CARRIED UNANIMOUSLY.
V. **Report from Chair of the Board**

Chair Hammock referenced the recent expansion to Phase 1B for the Covid-19 vaccination plan, which includes vaccinating frontline essential workers and people over the age of 65; demand is great, but it is exciting that this is expanding to the next phase so more people in the community can be vaccinated. The Board will hear more about that during the Report from the Chief Executive Officer.

VI. **Report from Chief Executive Officer** (Attachment #8)

Mr. Rocha provided an overview of his Report; detail is included in Attachment #8. Dr. Gregory Huhn, Attending Physician VII-SC, Medical Services at Stroger Hospital, reviewed the portion of the Report regarding Covid-19 vaccination planning.

Following Mr. Rocha’s presentation of the information on the I.C.A.R.E. Award recipients (2020 Employees of the Year) Director Harrington suggested that the Board send individual or collective letters to the award recipients expressing their thanks and congratulations to them.

VII. **Closed Meeting Items**

A. **Claims and Litigation**
B. **Discussion of personnel matters**
C. **Proposed Collective Bargaining Agreement with C.O.U.P.E. Trades**

Director Gugenheim, seconded by Vice Chair Munar, 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)(2), regarding “collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees,” 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.”
VII. Closed Meeting Items (continued)

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:

Yea: Chair Hammock, Vice Chair Munar and Directors Currie, Deer, Driscoll, Garza, Gugenheim, Harrington, Koetting, Prendergast, Reiter and Story (12)

Nays: None (0)

Absent: None (0)

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.

Director Story, seconded by Vice Chair Munar, moved to approve the proposed Collective Bargaining Agreement with C.O.U.P.E. Trades. A roll call vote was taken, the votes of yeas and nays being as follows:

Yea: Chair Hammock, Vice Chair Munar and Directors Currie, Deer, Driscoll, Garza, Gugenheim, Harrington, Koetting, Prendergast and Story (11)

Nays: None (0)

Present/Abstain: Director Reiter (1)

Absent: None (0)

THE MOTION CARRIED.

VIII. 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

M. Hill Hammock, Chair

Attest:

Deborah Santana, Secretary
Requests/follow-up:

Request: Chair Hammock requested that a report be presented sometime in the future regarding employee exit interviews; he would like to receive information on the reasons why employees are leaving CCH. Page 2

Request: A request was made for the next report regarding the Managed Care Committee to include plans to address the following: 1) CountyCare’s lower ranking for the key performance area of people “living with illnesses”; and 2) work to increase Minority and Women-Owned Business Enterprise participation in CountyCare contracts. Page 2

Follow-up: A suggestion was made to have a letter from the Board (either individually or collectively) sent to the I.C.A.R.E. Award recipients (2020 Employees of the Year) expressing their thanks and congratulations to them. Page 4
ATTACHMENT #1
Human Resources Metrics
CCH Board of Directors

Carrie Pramuk-Volk
Interim, Chief Human Resources Officer

January 29, 2021
COVID 19 Response
Contact Tracing
Contact Tracing – Hiring Snapshot

CCH & Hektoen Positions

As of 01/22/2021

46% (234) of 503 Positions in Process

53% (269)
Contact Tracing – Hiring Snapshot

Cook County Health – 386 Positions | Hektoen – 117 Positions

As of 01/22/2021

Covid Positive Cases (Case Investigator work)
55,202 actionable COVID positive cases in Cook County
- 34.7% were called
- 23% were interviewed

Close Contacts (Contact Tracer work)
2,866 contacts identified in Cook County
- 82% were called
- 71% interviewed
FY 2020 CCH HR Activity Report
Thru 11/30/2020

FILLED POSITIONS
- 2019 Filled (833) | Externals (581)
- 2020 Filled (325) | Externals (246)

SEPARATIONS
- 2019 Separations (552)
- 2020 Separations (546)

NET
- 300

Does not include Consultants, Registry and House Staff
FY 2020 Cook County Health HR Activity Report – Hiring Snapshot

Thru 11/30/2020

628 Positions in Recruitment

- Clinical Positions: 452 (72%)
- Non-Clinical Positions: 176 (28%)

438 (70%) of the positions in process are in the post-validation phase.

Count of positions:

- Interviews in Process: 217
- Offer being extended: 11
- Candidate in process: 77
- Hire date set: 133
- Vacancies Filled: 325

Shared Responsibility:

- Human Resources
- Management
- Finance / Human Resources
- Shared Responsibility
FY 2020 Cook County Health HR Activity Report Nursing Hiring: CNI, CNII

Thru 11/30/2020
56 Positions in Process

- Pre-Recruiting: 0
- To be posted: 0
- Currently posted: 0
- In validation: 10
- Awaiting referral / repost: 2
- Interviews in process: 24
- Offer being extended: 5
- Candidate in process: 7
- Hire date set: 8
- Vacancies Filled: 83

44 (78%) of the positions in process are in the post-validation phase

Count of positions:
- PCA: 5

Shared Responsibility | Human Resources | Management | Human Resources | Shared Responsibility

COOK COUNTY HEALTH
## FY 2020 Cook County Health HR Activity Report

### Improve/Reduce Average Time to Hire*  
**Thru 11/30/2020**

<table>
<thead>
<tr>
<th></th>
<th>FY 14</th>
<th>FY 15</th>
<th>FY 16</th>
<th>FY 17</th>
<th>FY 18</th>
<th>FY 19</th>
<th>FY 20</th>
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</thead>
<tbody>
<tr>
<td>Goal</td>
<td>203</td>
<td>139</td>
<td>110</td>
<td>95</td>
<td>90</td>
<td>90</td>
<td>90</td>
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<tr>
<td>Actual</td>
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<td>140</td>
<td>108</td>
<td>95.9</td>
<td>96.4</td>
<td>100</td>
<td>91</td>
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</table>

*Average Time to Fill  
(Without Credentialed)  
1Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.
Metrics

Fiscal Year 2021
FY 2021 CCH HR Activity Report
Thru 12/31/2020

FILLED POSITIONS
- 2020 Filled (13) | Externals (10)
- 2021 Filled (55) | Externals (49)

SEPARATIONS
- 2020 Separations (108)
- 2021 Separations (109)

NET
- FY21 External Hire - 49 | 31%
- FY21 Separations - 109 | 69%

Does not include Consultants, Registry and House Staff
FY 2021 Cook County Health HR Activity Report – Hiring Snapshot

Thru 12/31/2020

611 Positions in Recruitment

Clinical Positions 350 (57%)
Non-Clinical Positions 261 (43%)

384 (63%) of the positions in process, are in the post-validation phase

49 / 89% Externals

Shared Responsibility
Human Resources
Management
Finance / Human Resources
Shared Responsibility

611 Positions in Recruitment

Clinical Positions 350 (57%)
Non-Clinical Positions 261 (43%)

Clinical Positions
Non-Clinical Positions

Pre-Recruiting
To be posted
Currently posted
In validation
Awaiting referral/repost
Interviews in process
Offer being extended
Candidate in process
Hire date set
Vacancies Filled

Shared Responsibility
Human Resources
Management
Finance / Human Resources
Shared Responsibility
FY 2021 Cook County Health HR Activity Report Nursing Hiring: CNI, CNII
Thru 12/31/2020

64 Positions in Process

Count of positions

Pre-Recruiting
To be posted
Currently posted
In validation
Awaiting referral/post
Interviews in Process
Offer being extended
Candidates in process
Hire date set
Vacancies Filled

14
10
6
2
24
5
8
9
1

46 (72%) of the positions in process are in the post-validation phase

Shared Responsibility
Human Resources
Management
Human Resources
Shared Responsibility
FY 2021 Cook County Health HR Activity Report

Improve/Reduce Average Time to Hire*

Thru 12/31/2020

Average Time to Fill
(Without Credentialed$)

<table>
<thead>
<tr>
<th>Year</th>
<th>Goal</th>
<th>Actual</th>
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<tbody>
<tr>
<td>FY14</td>
<td>203</td>
<td>139</td>
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<td>FY15</td>
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<td>110</td>
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<td>FY16</td>
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<td>95.9</td>
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<td>FY17</td>
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<td>90</td>
</tr>
<tr>
<td>FY20</td>
<td>90</td>
<td>90</td>
</tr>
<tr>
<td>FY21</td>
<td>90</td>
<td>90</td>
</tr>
</tbody>
</table>

$Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.
Thank you.
Health Plan Services Update

Prepared for: CCH Board of Directors

Aaron Galeener
Interim Chief Executive Officer, CountyCare
January 29, 2021
Plan Metrics
### Current Membership

Monthly membership as of January 4, 2021

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Members</th>
<th>ACHN Members</th>
<th>% ACHN</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHP</td>
<td>238,851</td>
<td>17,709</td>
<td>7.4%</td>
</tr>
<tr>
<td>ACA</td>
<td>97,260</td>
<td>14,457</td>
<td>14.9%</td>
</tr>
<tr>
<td>ICP</td>
<td>29,944</td>
<td>5,460</td>
<td>18.2%</td>
</tr>
<tr>
<td>MLTSS</td>
<td>6,633</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>SNC</td>
<td>7,698</td>
<td>1,069</td>
<td>13.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>380,386</strong></td>
<td><strong>38,695</strong></td>
<td><strong>10.2%</strong></td>
</tr>
</tbody>
</table>

**ACO:** Affordable Care Act  
**FHP:** Family Health Plan  
**MLTSS:** Managed Long-Term Service and Support (Dual Eligible)  
**SNC:** Special Needs Children
# Managed Medicaid Market

Illinois Department of Healthcare and Family Services November 2020 Data

<table>
<thead>
<tr>
<th>Managed Care Organization</th>
<th>Cook County Enrollment</th>
<th>Cook County Market Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>*CountyCare</td>
<td>374,687</td>
<td>31.2%</td>
</tr>
<tr>
<td>Meridian (a WellCare Co.)</td>
<td>314,108</td>
<td>26.1%</td>
</tr>
<tr>
<td>Blue Cross Blue Shield</td>
<td>305,550</td>
<td>25.4%</td>
</tr>
<tr>
<td>IlliniCare (Aetna/CVS)</td>
<td>120,824</td>
<td>10.0%</td>
</tr>
<tr>
<td>Molina</td>
<td>87,284</td>
<td>7.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,202,453</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

* Only Operating in Cook County

Meridian and WellCare (dba Harmony) merged as of 1/1/2019. Pending Merger with Centene (dba IlliniCare)
IL Medicaid Managed Care Trend in Cook County

- CountyCare’s monthly enrollment trend closely follows the overall Managed Care enrollment trend in Cook County.

Source: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx
Note: HFS source website did not report August 2020 enrollment.
IL Medicaid Managed Care Trend in Cook County (charts not to scale)

- CountyCare’s enrollment has increased 17.4% over the past 12 months, slightly lagging the Cook County increase of 18.9%
- CountyCare’s enrollment increased 0.3% in November 2020 compared to the prior month

Source: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx
Note: HFS source website did not report August 2020 enrollment
FY 21 Budget: Membership
# 2020 Operations Metrics: Call Center & Encounter Rate

<table>
<thead>
<tr>
<th>Key Metrics</th>
<th>State Goal</th>
<th>Sep 2020</th>
<th>Oct 2020</th>
<th>Nov 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Member &amp; Provider Services Call Center Metrics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abandonment Rate</td>
<td>&lt; 5%</td>
<td>1.52%</td>
<td>4.53%</td>
<td>1.23%</td>
</tr>
<tr>
<td>Hold Time (minutes)</td>
<td>1:00</td>
<td>0:16</td>
<td>0:28</td>
<td>0:08</td>
</tr>
<tr>
<td>% Calls Answered &lt; 30 seconds</td>
<td>&gt; 80%</td>
<td>94.04%</td>
<td>87.62%</td>
<td>94.71%</td>
</tr>
<tr>
<td><strong>Quarterly</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claims/Encounters Acceptance Rate*</td>
<td>97%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Preliminary score
Claims Payment

*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
Auto Assignment

- CountyCare received the highest quality ranking among Medicaid MCOs
- As a result, CountyCare will receive 50% auto-assignment effective February 1st
- Since early 2020, all MCOs were receiving 20% auto assignment during the COVID-19 emergency period

Illinois HealthChoice Plan Rankings

<table>
<thead>
<tr>
<th>Plan</th>
<th>Doctors' Communication</th>
<th>Change</th>
<th>Access to Care</th>
<th>Change</th>
<th>Women's Health</th>
<th>Change</th>
<th>Living With Illness</th>
<th>Change</th>
<th>Behavioral Health</th>
<th>Change</th>
<th>Keeping Kids Healthy</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Better Health*</td>
<td>★★★</td>
<td></td>
<td>★★★</td>
<td></td>
<td>★</td>
<td></td>
<td>★★★★★</td>
<td></td>
<td>★★★★</td>
<td></td>
<td>★</td>
<td></td>
</tr>
<tr>
<td>Blue Cross Community Health Plans</td>
<td>★★★★</td>
<td></td>
<td>★★★</td>
<td></td>
<td>★</td>
<td></td>
<td>★★★★★</td>
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<td>★★★★</td>
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<td>★</td>
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</tr>
<tr>
<td>CountyCare Health Plan</td>
<td>★★★</td>
<td></td>
<td>★★★</td>
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<td>★★★★ ★★★</td>
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<td>★★★★ ★★★</td>
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<tr>
<td>MeridianHealth</td>
<td>★★★</td>
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<td>★★★</td>
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<td>★★★★</td>
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<tr>
<td>Molina Healthcare</td>
<td>★★★</td>
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<td>★★★</td>
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<td>★</td>
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<td>★★★★</td>
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</tbody>
</table>

*Formerly known as IlliniCare
ATTACHMENT #3
30-Day Readmission Rate (Stroger Hospital)

HRO Domain: Readmissions

*Lower readmission rate is favorable
Case Mix Index, Medical MS-DRG (Stroger Hospital)

HRO Domain: Clinical Documentation

*Higher case mix index is favorable
Case Mix Index, Surgical MS-DRG (Stroger Hospital)

HRO Domain: Clinical Documentation

*Higher case mix index is favorable*
Top Box Score, Recommend the Hospital (Stroger Hospital)

HRO Domain: Patient Experience

*Higher top box score is favorable*
HbA1c <8%
HRO Domain: HEDIS

*Higher percent of patients with HbA1c in control (<8%) is favorable*
<table>
<thead>
<tr>
<th>Metric</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-Day Readmission Rate</td>
<td>• Patient unplanned admission to Stroger within 30 days after being discharged from an earlier hospital stay at Stroger</td>
</tr>
<tr>
<td></td>
<td>• Calculation: Raw unplanned readmission rate (# of readmissions / total # of eligible discharges)</td>
</tr>
<tr>
<td></td>
<td>• Population included: all inpatient discharges from Stroger</td>
</tr>
<tr>
<td></td>
<td>• Cohort inclusions: any payer; any age; alive at discharge</td>
</tr>
<tr>
<td></td>
<td>• Cohort exclusions: Admitted for primary psychiatric dx; admitted for rehabilitation; admitted for medical treatment of cancer (chemotherapy, radiation therapy); admitted for dialysis; admitted for delivery/birth</td>
</tr>
<tr>
<td></td>
<td>• Reporting timeframe: reported monthly with a 1-month lag to allow for 30-day readmission window; reported by month of patient discharge</td>
</tr>
<tr>
<td></td>
<td>• Data source: Vizient Clinical Data Base</td>
</tr>
<tr>
<td>Case Mix Index</td>
<td>• Average relative DRG weight of a hospital’s inpatient discharges, calculated by summing the Medicare Severity-Diagnosis Related Group (MS-DRG) weight for each discharge and dividing by the total number of discharges</td>
</tr>
<tr>
<td></td>
<td>• Population included: all inpatient discharges from Stroger</td>
</tr>
<tr>
<td></td>
<td>• Cohort inclusions: any payer; any age; reported by Medical MS-DRG and Surgical MS-DRG (Surgical: an OR procedure is performed)</td>
</tr>
<tr>
<td></td>
<td>• Cohort exclusions: none</td>
</tr>
<tr>
<td></td>
<td>• Reporting timeframe: reported monthly by most current month available; reported by month of patient discharge</td>
</tr>
<tr>
<td></td>
<td>• Data source: Vizient Clinical Data Base</td>
</tr>
<tr>
<td>Recommend the Hospital</td>
<td>• Percent of patient responses with “Definitely Yes” (top box response) for Recommend the Hospital item in HCAHPS survey</td>
</tr>
<tr>
<td></td>
<td>• Calculation: Percent of patient responses with “Definitely Yes” (top box) / total survey responses</td>
</tr>
<tr>
<td></td>
<td>• Population included: Stroger; 18 years or older at time of admission; non-psychiatric MS-DRG/principal diagnosis at discharge; alive at discharge; &gt;1 overnight stay in hospital as inpatient</td>
</tr>
<tr>
<td></td>
<td>• Cohort exclusions: discharged to hospice care; discharged to nursing homes or SNFs; court/law enforcement patients; patients with a foreign home address; “no-publicity” patients”; patients who are excluded because of rules and regulates of state in which hospital is located</td>
</tr>
<tr>
<td></td>
<td>• Reporting timeframe: reported monthly by most current month available; reported by month of survey received date</td>
</tr>
<tr>
<td></td>
<td>• Data source: Press Ganey</td>
</tr>
<tr>
<td>HbA1c &lt;8%</td>
<td>• Percent of adults (ages 18-75) with diabetes Type 1 or Type 2 where HbA1c is in control (&lt;8.0%)</td>
</tr>
<tr>
<td></td>
<td>• Calculation: Percent of diabetic patients with HbA1c in control / total diabetic patients</td>
</tr>
<tr>
<td></td>
<td>• Population included: (Age 18-75 years as of December 31 of current year AND two diabetic Outpatient/ED visits in the current year or previous year) OR (One diabetic Inpatient visit in the current year or previous year) OR (Prescribed insulin or hypoglycemic or anti-hyperglycemics in the current year or previous year)</td>
</tr>
<tr>
<td></td>
<td>• Cohort exclusions: none</td>
</tr>
<tr>
<td></td>
<td>• Reporting timeframe: reported monthly by most current month available; reported by month of patient visit</td>
</tr>
<tr>
<td></td>
<td>• Data source: NCQA, HEDIS</td>
</tr>
</tbody>
</table>
Executive Summary: Statement of Financial Condition

- Cook County Health (CCH) interim financial results for the 12 months ended November 30, 2020:
  - Cash. The County’s preliminary cash report on revenues and expenses for November 30th show a net positive variance of $259M. This number will be finalized throughout the audit period.
  - Accrual. On an accrual basis, interim financials show that CCH is ending the year $35M ahead budget.

- Revenue Commentary:
  - Due to emergency Medicaid, CCH’s payor mix improved in FY2020
  - Volumes were down 16% from the year before
  - Receipt of $153M in CARES Act Funding

- Expenditures:
  - COVID-19 expenditures
  - Underlying budget constraints
### Interim Financial Results – November 30, 2020 FYTD

<table>
<thead>
<tr>
<th>Revenue</th>
<th>FY2020 Actual</th>
<th>FY2020 Budget</th>
<th>Variance</th>
<th>%</th>
<th>FY19 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Patient Service Revenue (1)</td>
<td>$463,199</td>
<td>$690,561</td>
<td>($227,362)</td>
<td>-32.92%</td>
<td>$520,785</td>
</tr>
<tr>
<td>Government Support (2)</td>
<td>$544,501</td>
<td>$289,000</td>
<td>$255,501</td>
<td>88.41%</td>
<td>$427,327</td>
</tr>
<tr>
<td>CountyCare Capitation Revenue</td>
<td>$2,061,725</td>
<td>$1,749,230</td>
<td>$312,495</td>
<td>17.86%</td>
<td>$1,771,596</td>
</tr>
<tr>
<td>Other</td>
<td>$5,772</td>
<td>$12,500</td>
<td>($6,728)</td>
<td>-53.82%</td>
<td>$33,146</td>
</tr>
<tr>
<td>CountyCare Directed Payments</td>
<td>$121,514</td>
<td>$0</td>
<td>$121,514</td>
<td>0.00%</td>
<td>$0</td>
</tr>
<tr>
<td>CountyCare Elimination (1)</td>
<td>($104,243)</td>
<td>($172,783)</td>
<td>($68,540)</td>
<td>-39.67%</td>
<td>($154,915)</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$3,092,468</td>
<td>$2,568,508</td>
<td>$523,960</td>
<td>20.40%</td>
<td>$2,597,939</td>
</tr>
</tbody>
</table>

### Operating Expenses

| Salaries & Benefits           | $668,044      | $657,709      | ($10,335)  | -1.57% | $681,136    |
| Overtime                      | $46,263       | $30,492       | ($15,770)  | -51.72% | $49,748     |
| Supplies & Pharmaceuticals    | $154,881      | $131,071      | ($23,810)  | -18.17% | $147,334    |
| Purchased Services & Other    | $326,481      | $267,714      | ($58,766)  | -21.95% | $310,238    |
| Medical Claims Expense (1)    | $2,010,996    | $1,686,923    | ($324,074) | -19.21% | $1,765,071  |
| Insurance                     | $31,864       | $36,779       | $4,915     | 13.36%  | $51,277     |
| Utilities                     | $12,731       | $13,308       | $577       | 4.34%   | $14,522     |
| CountyCare Elimination (1)    | ($104,243)    | ($172,783)    | ($68,540)  | 39.67%  | ($154,915)  |
| Total Operating Expenses      | $3,147,016    | $2,651,213    | ($495,803) | -18.70% | $2,864,410  |

### Operating Margin

| Operating Margin              | ($54,548)     | ($82,705)     | $28,157    | 34.05%  | ($266,470)  |
| Non-Operating Revenue         | $90,460       | $82,705       | $7,755     | 0.00%   | $70,737     |

### Net Income (Loss) (3)

| Net Income (Loss) (3)         | $35,912       | $0            | $35,912    | 0.00%   | ($195,733)  |

---

**Year-end Work Still Underway:**

- Various year-end accruals underway
- Final fixed assets/depreciation
- Pass-thru payments
- Inventory reconciliation
- Pension
- Real estate tax allocation
- Property tax objection
- County costs
- Final CountyCare IBNR

---

Source: CCH unaudited financial statements and FY20 budget.
CARES Provider Relief Funding

Purpose:

• Reimburse costs due to COVID-19
• Subsidize lost revenue due to COVID-19 Impact on operations and volumes

Funding Received:

<table>
<thead>
<tr>
<th>Funding Program</th>
<th>Purpose</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Relief</td>
<td>COVID-19 Expenses and Lost Revenue Relief</td>
<td>$18.2</td>
<td></td>
<td></td>
<td></td>
<td>$18.2</td>
</tr>
<tr>
<td>High Impact Area</td>
<td>High-level of COVID-19 Admissions</td>
<td>$59.4</td>
<td>$31.2</td>
<td>$31.2</td>
<td>$90.5</td>
<td></td>
</tr>
<tr>
<td>Safety-net Provider</td>
<td>Key Hospital for Vulnerable Communities</td>
<td>$44.6</td>
<td></td>
<td></td>
<td></td>
<td>$44.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>$18.2</td>
<td>$59.4</td>
<td>$44.6</td>
<td>$31.2</td>
<td>$153.4</td>
</tr>
</tbody>
</table>

Evolving Guidance – HHS and Accounting

Current Status

• Lost Revenue can be measured by comparison to Budget.
• At this time, none of these funds are expected to be returned.

Key dates and actions required:

Jan. 15, 2021: reporting portal opens for providers.
Feb. 15, 2021: first reporting deadline for all providers on use of PRF funds.
July 31, 2021: final reporting deadline for providers who did not fully expend PRF funds prior to December 31, 2020.
Commentary

- "Reimbursable Patient" volumes (Medicare, Medicaid, CountyCare and Commercial), as measured by Adjusted Patient Days, started the year above budget and are now -6.2% below plan through Nov-2020 FYTD (with Nov-2020 -19.7% below the peak in Jan-2020).
- Uncompensated Care patient activity levels are -16.3% below plan through Nov-2020.

Note:
(1) Source: CCH September 2020 Utilization report
CCH 12 Month Patient Activity Levels

Admissions - FY 2020

FY2020 Budget: 16,775
FY2020 Actual: 16,244

Ave. Daily Census - FY 2020

FY2020 Budget: 258
FY2020 Actual: 244

Adjusted Patient Days - FY 2020

FY2020 Budget: 251,232
FY2020 Actual: 225,274
Patient Activity Indicators – November 2020

Primary Care Visits

FY2020: 225,619  
FY2020 Target: 254,618

Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov

Specialty Care Visits

FY2020: 289,565  
FY2020 Target: 373,729

Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov

2020 Target 2019 Actual 2020 Actual
Patient Activity Indicators – November 2020

**ER Visits**
- **FY2020:** 106,598
- **FY2020 Target:** 148,362

**Surgery**
- **FY2020:** 12,102
- **FY2020 Target:** 15,375

**Deliveries**
- **FY2020:** 932
- **FY2020 Target:** 1,080
CCH Health Providers Revenue – November 30, 2020 FYTD

Payer Mix Analysis (by Charges)

Note:
CountyCare is a Medicaid managed care program. It is shown separately to provide visibility to CountyCare.
Case Mix Index Adjusted (Acuity) Average Length of Stay

* Peer = Vizient: Large, Specialized Complex Care Medical Centers

**Commentary:** When adjusted for acuity, Stroger ALOS approaches the Peer benchmark (Vizient: Large, Specialized Complex Care Medical Centers).
Financial Key Performance Indicators – 2020 FY

AR Days

<table>
<thead>
<tr>
<th>Days</th>
<th>2020 Actual</th>
<th>2020 Target</th>
<th>2020 Value (M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr</td>
<td>$367</td>
<td>$367</td>
<td>$367</td>
</tr>
<tr>
<td>May</td>
<td>$383</td>
<td>$383</td>
<td>$383</td>
</tr>
<tr>
<td>Jun</td>
<td>$365</td>
<td>$365</td>
<td>$365</td>
</tr>
<tr>
<td>Jul</td>
<td>$364</td>
<td>$320</td>
<td>$286</td>
</tr>
<tr>
<td>Aug</td>
<td>$320</td>
<td>$314</td>
<td>$314</td>
</tr>
<tr>
<td>Sep</td>
<td>$286</td>
<td>$286</td>
<td>$286</td>
</tr>
<tr>
<td>Oct</td>
<td>$314</td>
<td>$314</td>
<td>$314</td>
</tr>
<tr>
<td>Nov</td>
<td>$321</td>
<td>$321</td>
<td>$321</td>
</tr>
</tbody>
</table>

Unbilled DNFB Days

<table>
<thead>
<tr>
<th>Days</th>
<th>2020 Actual</th>
<th>2020 Target</th>
<th>2020 Value (M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr</td>
<td>$36</td>
<td>$53</td>
<td>$53</td>
</tr>
<tr>
<td>May</td>
<td>$16</td>
<td>$51</td>
<td>$51</td>
</tr>
<tr>
<td>Jun</td>
<td>$17</td>
<td>$62</td>
<td>$62</td>
</tr>
<tr>
<td>Jul</td>
<td>$17</td>
<td>$30</td>
<td>$30</td>
</tr>
<tr>
<td>Aug</td>
<td>$8</td>
<td>$27</td>
<td>$27</td>
</tr>
<tr>
<td>Sep</td>
<td>$7</td>
<td>$35</td>
<td>$35</td>
</tr>
<tr>
<td>Oct</td>
<td>$9</td>
<td>$28</td>
<td>$28</td>
</tr>
<tr>
<td>Nov</td>
<td>$7</td>
<td>$28</td>
<td>$28</td>
</tr>
</tbody>
</table>
## Denials -- November, 2020

<table>
<thead>
<tr>
<th></th>
<th>Month</th>
<th>YTD</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soft Denials*</td>
<td>9%</td>
<td>12%</td>
<td>5%</td>
</tr>
<tr>
<td>Hard Denials**</td>
<td>4%</td>
<td>6%</td>
<td>2%</td>
</tr>
</tbody>
</table>

* Claim is denied soon after submission, but there is an opportunity to mitigate
** Claim is denied and needs to be written off

Note: Numbers are gross charges

### FY19 YTD:
- Soft Denials = $120M and 8% of Total Charges
- Hard Denials = $60.1M and 4% of Total Charges

<table>
<thead>
<tr>
<th></th>
<th>Month</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soft Denials*</td>
<td>$11,220,068</td>
<td>$172,452,682</td>
</tr>
<tr>
<td>Hard Denials**</td>
<td>$4,856,438</td>
<td>$82,587,313</td>
</tr>
</tbody>
</table>
# Health Plan Services Financial Results – November 30, 2020 FYTD

## Commentary
- Total member months, revenue, and expenses are above budget due to increased Medicaid enrollment as a result of the COVID-19 induced growth in unemployment, and no state redetermination of Medicaid eligibility.
- Savings from decreased utilization during the 1st half of 2020 due to COVID have been offset by higher than expected inpatient cost per claim during that period.
- Clinical cost PMPM have increased over recent months due to higher claims costs.
- CountyCare’s reimbursement to CCH is budgeted at $173M and is above budget at $225M, when including directed payments and domestic spend ($121M).
- Operating Loss of $(51)M consists of $(37)m from CountyCare and $(14)M from Medicare. CountyCare loss is driven by the increase in State of Illinois Intergovernmental Transfer (IGT) costs of $55m in 2020. Medicare loss is due to the initial year of plan operations when there is upfront investments costs and lower membership.
- State of Illinois and CCH have agreement in concept to reduce IGT by 50% beginning in January 2021.
- There are a number of outstanding items for year-end including:  
  - Final IBNR  
  - Final revenue, risk adjustment, and rates  
  - Risk agreements with providers  
  - Capitated agreements and reconciliations

## Activity Levels
- Member Months: 4,132,666  
  - CCH CountyCare Member Months: 475,096  
  - CCH % CountyCare Member Months: 11.50%
- Revenue Per Member Per Month (PMPM): $498.89  
  - Clinical Cost PMPM: $486.61  
  - Medical Loss Ratio (1): 94.1%  
  - Administrative Cost Ratio: 4.5%
- Activity Levels:
  - Member Months: 4,132,666  
  - CCH CountyCare Member Months: 475,096  
  - CCH % CountyCare Member Months: 11.50%

## Dollars in 000s except PMPM amounts

<table>
<thead>
<tr>
<th>Components</th>
<th>FY2020 Actual</th>
<th>FY2020 Budget</th>
<th>Variance</th>
<th>%</th>
<th>FY19 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capitation Revenue</td>
<td>$2,061,725</td>
<td>$1,749,230</td>
<td>312,495</td>
<td>17.86%</td>
<td>$1,771,596</td>
</tr>
<tr>
<td>CCH Directed Payments</td>
<td>$121,514</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCH Directed Payments</td>
<td>$(121,514)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical - CCH</td>
<td>$104,243</td>
<td>$172,783</td>
<td>$68,539</td>
<td>39.67%</td>
<td>$154,915</td>
</tr>
<tr>
<td>Clinical - External</td>
<td>$1,906,753</td>
<td>$1,514,140</td>
<td>$(392,613)</td>
<td>-25.93%</td>
<td>$1,603,024</td>
</tr>
<tr>
<td>Administrative</td>
<td>$101,780</td>
<td>$82,687</td>
<td>$(19,093)</td>
<td>-23.09%</td>
<td>$90,130</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$2,112,777</td>
<td>$1,769,610</td>
<td>$(343,167)</td>
<td>-19.39%</td>
<td>$1,848,069</td>
</tr>
<tr>
<td>Operating Gain (Loss)</td>
<td>$(51,051)</td>
<td>$(20,380)</td>
<td>$(30,671)</td>
<td>-150.49%</td>
<td>$(76,473)</td>
</tr>
</tbody>
</table>

## Notes:
(1) Medical Loss Ratio is a measure of the percentage of premium that a health plan spends on medical claims.
THANK YOU
To: M. Hill Hammock, Chair  
and Members, Board of Directors of the Cook County Health and Hospitals System

From: Kiran Joshi, MD MPH, and Rachel Rubin, MD MPH, Senior Medical Officers, Co-Leads, Cook County Department of Public Health

Date: January 22, 2021

Re: January 29, 2021 Board Meeting: Request for the authority to execute an Intergovernmental Agreement with the Forest Preserve District of Cook County

Respectfully requesting approval for the authority to execute an Intergovernmental Agreement with the Forest Preserve District of Cook County for use of multiple Forest Preserve locations throughout suburban Cook County to use in performing clinical activities in response to a public health emergency.

The Intergovernmental Agreement includes a provision requiring the Cook County Department of Public Health to indemnify the Forest Preserve District for claims which arise as a result of Cook County Department of Public Health’s use of the site(s).

This agreement covers a period of 23 months, from 2/01/2021 through 12/31/2022. There is no fiscal impact associated with this request.

APPROVED
JAN 29 2021
BY BOARD OF DIRECTORS OF THE COOK COUNTY HEALTH AND HOSPITALS SYSTEM

Cook County Health • 1950 West Polk Street • Chicago, IL 60612 • (312) 864-6000 • cookcountyhealth.org
ATTACHMENT #6
December 24, 2020

Chairman & Members of the Cook County Health Board of Directors
1950 W. Polk Street, Room 9106
Chicago, Illinois 60612

Ladies and Gentlemen:

Please be advised that I hereby appoint Israel Rocha to the CORE Foundation Board for a term to begin on December 31, 2020 and to expire on December 31, 2022. Israel Rocha would be replacing the position currently held by Debra Carey.

I submit this communication for your approval.

Sincerely,

Toni Preckwinkle
President
Cook County Board of Commissioners

APPROVED
JAN 29 2021
BY BOARD OF DIRECTORS OF THE COOK COUNTY HEALTH AND HOSPITALS SYSTEM
ATTACHMENT #7
January 29, 2021 CCHHS Human Resource Committee Meeting Agenda Item

COMMUNICATION from Carrie L. Pramuk-Volk, Interim Chief Human Resources Officer

Transmitting herewith a Collective Bargaining Agreement for your consideration and approval.

Submitting a Proposed Resolution sponsored by:

TONI PRECKWINKLE, President, Cook County Board of Commissioners

Proposed Resolution approving a Collective Bargaining Agreement

WHEREAS, the Illinois Public Employee Labor Relations Act (5 ILCS 315/1 et seq.) has established regulations regarding collective bargaining with a union; and

WHEREAS, a Collective Bargaining Agreement for the period of December 1, 2020 through November 30, 2024, has been negotiated between the County of Cook/Sheriff of Cook County and the Coalition of Unionized Public Employees (COUPE); and

WHEREAS, the general increase and wage adjustments associated are prevailing rates and approved pursuant to state statute, 820ILCS 130 et.seq.; and

WHEREAS, from the date of the execution of the COUPE Collective Bargaining Agreement through November 30, 2024, any modifications to the Cook County Healthcare Plan set forth in Appendix C of the COUPE Agreement will be applied to the members of COUPE. This specifically excludes health care modifications awarded through interest arbitration.

NOW THEREFORE BE IT RESOLVED, that the Cook County Board of Commissioners does hereby approve the Collective Bargaining Agreement as provided by the Bureau of Human Resources.

APPROVED

JAN 29 2021

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM
ATTACHMENT #8
CEO Report

Israel Rocha, Jr., CEO

January 29, 2021
I.C.A.R.E. Awards

2020 Employees of the Year
**I.C.A.R.E Quality**

**INTEGRITY:** Cook County Health defines integrity as being trustworthy, dependable, and reliable when called upon to deliver a service. This includes fulfilling assigned tasks, communicating openly and honestly, and acting in ways that reflect positively on Cook County Health.

**COLLABORATION:** Cook County Health defines collaboration as always interacting with coworkers and other departments in a respectful manner and valuing their contributions. This includes cooperating with coworkers and assisting them when help is needed.

**ACCOUNTABILITY:** Cook County Health defines Accountability as taking ownership over your actions - good or bad. This includes recognizing that you have a role to play in the success of Cook County Health and ensuring that your actions align to the improvement of the patient experience, employee experience, and the attainment of our strategic priorities.

**RESPECT:** Cook County Health defines respect as being friendly and polite with gracious consideration toward others. It is recognizing that our actions can directly impact ourselves, our colleagues, our department, the patient experience, and Cook County Health as a whole.

**EXCELLENCE:** Cook County Health defines excellence as aspiring to provide exceptional patient care and customer service through job excellence, professionalism, and a positive attitude. This includes being flexible, willing to accept new tasks, ask questions, and use time wisely.
Denise Colletti
Activities Therapist II
Cermak Mental Health Services

Denise Colletti is an Activities Therapist II at Cermak Mental Health Services. She has been with Cook County Health since 1994. In their nominations, Ms. Colletti’s colleagues cited her “relentless dedication to patients and colleagues,” and her willingness to “go above and beyond to help.” In addition to performing her duties as Activities Therapist, Ms. Colletti has helped patients create murals with positive messages and used her own funds to sew over 2000 face masks with filters and instructions for cleaning. Her colleagues went on to say, “She has done so not for the recognition, but because she truly cares for the well-being of others.” Cook County Health celebrates Ms. Colletti’s integrity and is grateful for her service.
Blessing Onuorah is a Clinical Nurse I for Cermak Patient Care Services. She has been with Cook County Health since 2014. In their nominations, Ms. Onuorah’s colleagues described her “respectful manner” and her willingness to “take into account the safety of the staff and inmates right from the start.” Exemplifying collaboration, Ms. Onuorah’s colleagues described her as a teacher, an advocate for safety, and a “critical thinker who is able to help her team swing into action in an emergency.” Ms. Onuorah “asks important questions that help improve patient care. She is flexible and willing to help other nurses when the need arises.” Cook County Health celebrates Ms. Onuorah’s collaborative spirit and is grateful for her service.
2020 Employee of the Year for Accountability

Thomas Liss
Storekeeper IV
Material Management

Thomas Liss is a Storekeeper IV in Material Management. He has been with Cook County Health since 2015. In their nominations, Mr. Liss’s colleagues described him as “a pleasant person willing to do any work beyond his duties to make smooth work environments.” His colleagues stated that Mr. Liss, “not only brings supplies for nurses, he also brings smiles. He is the sunshine on our unit!” Mr. Liss exemplifies accountability with his willingness to help those he serves even when it is difficult. “Nurses don’t have to look for rare items. He will run to his department and will find it and provide it if it is available. He is organized, friendly, and will go above and beyond his job all the time.” Cook County Health celebrates Mr. Liss’s accountability and is grateful for his service.
Addie Francher is a Medical Assistant in the Oncology and Dermatology Clinic at Stroger Hospital. She has been with Cook County Health since 2016. In their nominations, Ms. Francher’s colleagues described her as someone who “has always been honest and flexible, with strong moral principles.” They stated that she values “providing care with respect and dignity to patients without compromising her personal integrity.” Ms. Francher exemplifies respect in the way she is able to work with even the most challenging patients. Her colleagues told a heartwarming story of a time Ms. Francher was able to calm an upset patient with empathy and consideration, ultimately gaining the trust of the patient. Cook County Health celebrates Ms. Francher's dedication to respect and is grateful for her service.
Jessica Rico is a Medical Assistant with Employee Health Services. She has been with Cook County Health since 2016. In their nominations, Ms. Rico’s colleagues described her as “a team player who goes above and beyond with a positive attitude.” They stated that Ms. Rico “is an integral part of our efforts to run the COVID testing tent, never missing a day of work.” Ms. Rico’s colleagues told an inspiring story of her ability to work tirelessly across several departments to ensure that the testing process would be a smooth experience for patients while also pausing to take the time to speak with each patient to answer questions and ease their experience. Cook County Health celebrates Ms. Rico’s excellence and is grateful for her service.
Congratulations!

Perinatal Designation

Stroger Hospital has been redesignated as a Level III Perinatal Facility effective January 27, 2021.
COVID-19 Update
## Latest Numbers

As of January 27, 2021

<table>
<thead>
<tr>
<th></th>
<th>Confirmed Cases</th>
<th>Deaths</th>
<th>Total Tests Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook County</td>
<td>448,546</td>
<td>8,756</td>
<td>5,625,530</td>
</tr>
<tr>
<td>(IDPH link)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illinois</td>
<td>1,112,181</td>
<td>18,964</td>
<td>15,633,443</td>
</tr>
<tr>
<td>(IDPH link)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S.</td>
<td>25,301,166</td>
<td>423,519</td>
<td>288,848,984</td>
</tr>
<tr>
<td>(CDC link)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>World</td>
<td>99,864,391</td>
<td>2,149,700</td>
<td>N/A</td>
</tr>
<tr>
<td>(WHO link)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
COVid-19 Patient Testing and Positivity Rate

CCH All Patients Tested vs. Positive Rate
# CCH COVID Testing

All CCH Testing* as of 1/25/21

<table>
<thead>
<tr>
<th>Test Result</th>
<th>Test Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative</td>
<td>89,157</td>
<td>91%</td>
</tr>
<tr>
<td>Positive</td>
<td>8,006</td>
<td>8%</td>
</tr>
<tr>
<td>Undetermined</td>
<td>617</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>97,780</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

*This slide represents all tests conducted at CCH. If a patient was tested multiple times, each test is counted.
Patient Testing
All CCH Testing as of 1/25/21

<table>
<thead>
<tr>
<th>Gender</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>32%</td>
</tr>
<tr>
<td>Male</td>
<td>67%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20</td>
<td>10%</td>
</tr>
<tr>
<td>21-40</td>
<td>42%</td>
</tr>
<tr>
<td>41-64</td>
<td>38%</td>
</tr>
<tr>
<td>65 +</td>
<td>10%</td>
</tr>
</tbody>
</table>

Due to rounding, totals may not equal 100.

Positives Only

<table>
<thead>
<tr>
<th>Gender</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>35%</td>
</tr>
<tr>
<td>Male</td>
<td>65%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20</td>
<td>7%</td>
</tr>
<tr>
<td>21-40</td>
<td>36%</td>
</tr>
<tr>
<td>41-64</td>
<td>47%</td>
</tr>
<tr>
<td>65 +</td>
<td>10%</td>
</tr>
</tbody>
</table>
## Patient Testing

### All CCH Testing as of 1/25/21

<table>
<thead>
<tr>
<th>Race</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>African/American</td>
<td>58%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>2%</td>
</tr>
<tr>
<td>Asian</td>
<td>2%</td>
</tr>
<tr>
<td>Other/Multiple/Unknown</td>
<td>9%</td>
</tr>
<tr>
<td>White</td>
<td>29%</td>
</tr>
</tbody>
</table>

### Positives Only

<table>
<thead>
<tr>
<th>Race</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>African/American</td>
<td>45%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>5%</td>
</tr>
<tr>
<td>Asian</td>
<td>2%</td>
</tr>
<tr>
<td>Other/Multiple/Unknown</td>
<td>14%</td>
</tr>
<tr>
<td>White</td>
<td>35%</td>
</tr>
</tbody>
</table>

### Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino/Spanish Origin</td>
<td>21%</td>
</tr>
<tr>
<td>Non-Hispanic/Latino/Spanish Origin</td>
<td>79%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino/Spanish Origin</td>
<td>39%</td>
</tr>
<tr>
<td>Non-Hispanic/Latino/Spanish Origin</td>
<td>61%</td>
</tr>
</tbody>
</table>

Due to rounding, totals may not equal 100.
Cermak Update
Cermak Update

The Importance of Testing

This graph illustrates the impact of testing availability. As was true in the community, our initial testing was constrained exclusively to symptomatic patients. The availability expanded eventually to include patients without overt signs of infection and then to surveillance. Testing continues to inform care and housing and plays a critical role in focused interventions and ongoing containment.

TOTAL COVID 19 TEST RESULTS ON CERMAK PATIENTS BY WEEK

Rolling 7 Day Positivity Rate as of 1/27/21 = 4.4%
Cermak Update

- Cermak remains our highest priority.
- Population continues to rise compressing space to accommodate social distancing. There are approximately 400 detainees awaiting transfer to the Illinois Department of Corrections. The number continues to rise as the state has suspended prison transfers.
- Lower census allowed for single celling, distancing and other mitigation strategies that have led to containment.

Source: [https://www.cookcountysheriff.org/data/](https://www.cookcountysheriff.org/data/)
Department of Corrections Vaccines

**Staff**
- More than 2,000 staff have been vaccinated since 1/20/21

**Detainees**
- Detainees and prisoners are Phase 1b
- Working through the final processes with CDPH and the Sheriff’s Office
- Detainee vaccines will begin with priority populations
- Moderna is expected to provide consistency with the Illinois Department of Corrections
- Process for second shot should detainee be released is in place
COVID-19 Vaccination

CCH Staff
COVID-19 CCH Vaccination Reporting

CCH Staff Vaccination Summary as of 1/15/21

Phase 1a
12/15/2020

The vaccination arrived in Illinois on Dec. 14; phase 1a vaccinations began the next day

Pfizer Vaccination

Two (2) Doses 2nd Dose of vaccine is offered 21 days later

4,339

CCH Staff Vaccinated*

* Includes CCH employees, Agency staff and Contractors
COVID-19 CCH Vaccination Reporting

CCH Employees Vaccinated by Race/Ethnicity

Vaccinated (49%) | Not Vaccinated (51%)
---|---
American Indian/Alaskan Native 14|19 | 74% | 26%
Asian 822|1,166 | 70% | 30%
White 806|1185 | 68% | 32%
Hispanic or Latino 371|729 | 51% | 49%
Two or More Races 29|63 | 46% | 54%
Unknown 4|9 | 44% | 56%
Black or African-American 906|2,862 | 32% | 68%

Employees Vaccinated: 2825/6,033

As of 01/15/2021
COVID-19 CCH Vaccination Reporting

CCH Employees Vaccinated By Age

As of 01/15/2021

Employees Vaccinated: 2825/6,033

CCH Employees Vaccinated By Age

- <21 Years: 0%
- 21-30 Years: 62%
- 31-40 Years: 46%
- 41-50 Years: 47%
- 51-60 Years: 49%
- 61-70 Years: 51%
- 71-80 Years: 37%
- > 80 Years: 83%

Vaccinated (49%) vs. Not Vaccinated (51%)

As of 01/15/2021
COVID-19 CCH Vaccination Reporting

As of 01/15/2021

CCH Employees Vaccinated By Job Category

Vaccinated (49%)  Not Vaccinated (51%)

Doctors 797|992  80%
Non-Clinical Leadership 153|245  62%
Healthcare Professionals 282|463  61%
Trades 54|100  54%
Hospital Police/Security 19|36  53%
Technicians and Technologists 206|412  50%
Pharmacy 137|277  49%
Nursing 656|1,376  48%
Public Health 71|220  32%
Administrative/Clerical Support 322|1,028  31%
Service and Maintenance 112|370  30%
Clinical Support 136|487  28%
Unknown  26%

Employees Vaccinated: 2825/6,033

As of 01/15/2021
COVID-19 CCH Vaccination Reporting

CCH Employees Vaccinated By Union & Non-Union

As of 01/15/2021

<table>
<thead>
<tr>
<th>Union</th>
<th>2449</th>
<th>5226</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccinated</td>
<td>47%</td>
<td></td>
</tr>
<tr>
<td>Not Vaccinated</td>
<td></td>
<td>50%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non Union</th>
<th>503</th>
<th>807</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccinated</td>
<td>62%</td>
<td></td>
</tr>
<tr>
<td>Not Vaccinated</td>
<td></td>
<td>38%</td>
</tr>
</tbody>
</table>

As of 01/15/2021
Vaccinated Employees By Zip Code

As of 1/15/21
COVID-19 Vaccination Community
Vaccine Eligibility – CDC/ACIP* Recommendations

*Centers for Disease Control & Prevention Advisory Committee on Immunization Practices

- Phased Approach for Vaccine Allocation
  - **Phase 1a**
    - Healthcare Personnel
    - Long-term care facility (LTCF) residents
  - **Phase 1b**
    - Frontline essential workers
    - Persons aged 65 years and over
  - **Phase 1c**
    - Persons aged 16-64 years with high-risk medical conditions
    - Essential workers not recommended for vaccination in Phase 1b
  - **Phase 2**
    - All persons aged over 16 years not previously recommended for vaccination

Source: https://www.cdc.gov/mmwr/volumes/69/wr/mm695152e2.htm?s_cid=mm695152e2_w 1.1.21
Vaccine Eligibility – IDPH* Guidance

*Illinois Department of Public Health

COVID-19 Vaccination Phase 1b
Persons that have been disproportionately affected by COVID-19 and frontline workers with higher risk of exposure due to inability to perform work duties remotely and proximity to coworkers or the public

<table>
<thead>
<tr>
<th>Eligible individuals</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Elder</strong></td>
<td></td>
</tr>
<tr>
<td>Age 65+</td>
<td></td>
</tr>
<tr>
<td>First Responders</td>
<td>Fire, law enforcement, 911 workers, security personnel, school officers</td>
</tr>
<tr>
<td>Education (Congregate Child Care, Pre-K through 12th grade)</td>
<td>Teachers, principals, student support, student aids, day care workers <em>(see more details in backup)</em></td>
</tr>
<tr>
<td>Food and Agriculture</td>
<td>Processing, plants, veterinary health, livestock services, animal care</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>Industrial production of good for distribution to retail, wholesale or other manufactures</td>
</tr>
<tr>
<td>Corrections Workers and Inmates</td>
<td>Prison/jail officers, juvenile facility staff, workers providing in-person support, inmates</td>
</tr>
<tr>
<td>United State Postal Services Workers</td>
<td></td>
</tr>
<tr>
<td>Public Transit Workers</td>
<td>Flight crew, bus drivers, train conductors, taxi drivers, para-transit drivers, in-person support, ride sharing services</td>
</tr>
<tr>
<td>Grocery Store Workers</td>
<td>Buggers, cashiers, stockers, pick-up, customer service</td>
</tr>
<tr>
<td>Shelters/Adult Day Care</td>
<td>Homeless shelter, women's shelter, adult day/drop-in program, sheltered workshop, psycho-social rehab</td>
</tr>
</tbody>
</table>
Community Vaccination Access Points

Capacity Based on Availability of Vaccine

✓ **CCH Facilities**
  ✓ Administered our 10,000th dose on Wednesday!

• **Large & Mid-Sized Vaccination Sites**
  ✓ Tinley Park Convention Center, Tinley Park, IL
  o Additional sites continue to be identified and evaluated with a focus on equity

• **CCDPH Mobile Unit**
  o Suburban Cook County Board Districts prioritized based on COVID cases and economic indicators

• **CCH/CCDPH Strike Teams**
  o Homeless shelters, home-bound populations, low-wage work locations, hard-to-reach populations

• **Community Drive-Thru Vaccination Locations**
  o Cook County Forest Preserve District sites
Community Vaccination Access Points
Capacity Based on Availability of Vaccine

- **Hospitals**
  - Vaccinated hospital personnel, some EMTs/Paramedics
  - Loyola, Advocate vaccinating 1a and beyond from community

- **Pharmacies**
  - Jewel-Osco, Walgreens, Mariano’s providing vaccine for Phase 1a and beyond at select sites

- **Community Healthcare Providers**
  - Federally Qualified Health Centers (FQHCs), Oak Street Health

- **Schools + EMS/Fire – Hyperlocal sites**
  - Planning for frontline essential workers a local level

- **Federal Pharmacy Program**
  - Partnership with CVS and Walgreens to provide vaccine to Long Term Care Facilities
Microsite: vaccine.cookcountyil.gov

Launched January 25, 2021

Cook County is currently in Phase 1b which includes individuals 65 and over and front line essential workers. Vaccine supply is extremely limited at this time. Please be patient.

Click Here to Sign-Up
Contact Tracing
Contact Tracing Initiative

COVID-19 Community Supports Program

Suburban Cook County
- Six-month project period (December 1, 2020 – May 31, 2021)
  - Nearly $5 million awarded to 42 community-based organizations
  - Aims are to reduce the spread of COVID-19 and lessen the health, social and economic impacts
  - Supports community-based organizations in sharing timely and evolving COVID-19 information and provide resources to communities and populations in suburban Cook County – especially those most impacted by the pandemic
Contact Tracing Initiative
COVID-19 Community Supports Program

- **Hired as of January 22, 2021**
  - 154 Contact Tracers
  - 43 Case Investigators
  - 7 Leadership Staff
  - 6 Supervisors

  - 55,202 actionable COVID positive cases in suburban Cook County
    - Of those cases, 34.7% were called & 23% were interviewed
    - Of those called, 66% were interviewed

- **Close Contact Outreach (January 1–22, 2021)**
  - 82% of close contacts were called & 71% were reached & interviewed
Contact Tracing Initiative
COVID-19 Community Supports Program

✓ Amplified key messages of the #MaskUp campaign
  ▪ Wear a Mask; Watch your Distance; Wash your Hands

✓ Provided Masks & Care Packages to Suburban Cook County Residents

✓ Referred Suburban Cook County Residents to Resources
  ▪ Food & Groceries
  ▪ Unemployment Benefits
  ▪ Primary Care
  ▪ Behavioral & Mental Health Services
Questions?
Monthly Media Report
Recent Cook County Health COVID-19 Media Coverage

910 Media Hits on COVID-19 since February 2020

Illinois’ top doc gets COVID-19 shot at Chicago area clinic

Stroger nurse first to receive second dose of COVID vaccine in Chicago

COVID vaccinations begin at Stroger, Roseland Community hospitals in Chicago

First coronavirus vaccine doses to roll out in Cook County

The Shot: Race for the Vaccine Town Hall with Dr. Jen Ashton

Health care workers, kids want people to stay home: ‘A virtual Thanksgiving will potentially prevent an ICU Christmas’

Cook County Health Doctor ‘Debunks’ Coronavirus Vaccine Myths
Media Dashboard: November 25, 2020-January 25, 2021

Total Number of Media Hits: 284

Top 5 Local Media Outlets
1. NBC-5 News
2. Chicago Tribune
3. ABC-7 and CBS-2
4. Chicago Sun-Times
5. FOX-32 News

Top 4 National Media Outlets
1. The Wall Street Journal
2. Yahoo! News
3. Associated Press
4. The Washington Post

Most Common Topics
1. Cook County’s COVID-19 vaccination distribution plans
2. Dr. Ngozi Ezike, IDPH director, getting her COVID-19 vaccination at North Riverside Health Center
3. Illinois National Guard to help vaccinate at Cook County Health ACHN Centers.
4. First COVID-19 vaccinations for employees and frontline workers at Cook County Health
Social Media Insights
As of January 26

Twitter (60-Day Summary)
• Impressions: 61.3K
• Profile visits: 4,529
• Mentions: 281
• Followers: 3,477 (up 227)

LinkedIn (60-Day Summary)
• Impressions: 38K (up 37%)
• Unique visitors: 1,169 (up 119%)
• Followers: 6,129 (up 366)

Facebook (60-Day Summary)
• Post reach: 50.2K
• Page views: 2,749
• Page likes: 4,906 (up 185)
• Page followers: 6,489 (up 553)

Instagram (30-Day Summary)
• Impressions: 7,813
• Reach: 1,309
• Profile visits: 566
• Followers: 2,211 (up 145)
Activities and Announcements

- **Food As Medicine**
  As access to healthy food remains a great need for our patients and communities, the Fresh Truck partnership between Cook County Health (CCH) and the Greater Chicago Food Depository (GCFD) continues. The onset of the COVID-19 pandemic required CCH and GCFD to develop and implement revised protocols for the Fresh Truck distributions that allow for appropriate screenings and social distancing to protect patients, as well as CCH and GCFD staff and volunteers. These revised protocols are in place until further notice.

  Through January 15, CCH's Fresh Truck partnership with the Greater Chicago Food Depository (GCFD) resulted in 302 visits to CCH health centers – Arlington Heights, Austin, Blue Island, the CORE Center, Cottage Grove, Englewood, Logan Square, North Riverside, Provident/Sengstacke, Prieto, and Robbins.

  Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables, as well as some shelf stable items during the COVID-19 pandemic, to an estimated 37,369 individuals, representing 123,683 household members, totaling more than 785,000 pounds of food. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

- **Top Box Foods**
  CCH began hosting Top Box pickups at Provident Hospital in December 2020 – these will continue through the first half of 2021, while we monitor participation. Additional CCH pickup sites may be added, depending on interest from staff and community members.

  A variety of pre-packed boxes of fruits, vegetables, and various proteins are available for pre-order. Top Box Foods accepts debit and credit card payments, as well as SNAP, making it an option for community members who may be resource limited. Visit the Top Box Foods website at [https://www.topboxfoods.com/cook-county-chicago/home](https://www.topboxfoods.com/cook-county-chicago/home) for more information and to place an order.

  Top Box Foods is a Chicago-based nonprofit organization that seeks to make great, healthy, affordable food accessible to all. Top Box Foods offers fresh produce, frozen meats, and other essentials and believes that filling your plate and feeding your community doesn’t have to empty your wallet.

The Greater Chicago Food Depository’s Fresh Food Truck visits for the month of February include the following ACHN Health Centers.

- February 2 – **North Riverside Health Center** – 1800 S. Harlem Avenue, North Riverside, IL 60546
- February 4 – **Austin Health Center** - 4800 W. Chicago Avenue, Chicago, IL 60651
- February 9 – **Cottage Grove Health Center** - 1645 Cottage Grove Avenue, Ford Heights, IL 60411
- February 18 – **Englewood Health Center** - 1135 W. 69th Street, Chicago, IL 60621
- February 16 - **Robbins Health Center** - 13450 S. Kedzie Avenue, Robbins, IL 60472
**Community Advisory Councils**

Cook County Health Advisory Councils include patients, community and religious organizations and serve as a way to promote our services in the communities where our centers are located. The Councils provide feedback to our staff and help strengthen our health center’s relationships in the community. The councils meet quarterly to provide current information on Cook County Health and as an avenue for members to share information about their organizations.

During January, we convened the first Provident/Sengstacke Advisory Council meeting, which was extremely successful. Members are energized and ready to work to promote Provident/Sengstacke in the community. In addition, at the Cottage Grove meeting, which took place on January 26, we shared information on the Community Vaccination program and had a conversation on vaccination hesitancy, which will hopefully help dispel myths and encourage people to get vaccinated.

Upcoming CAC meeting dates, including the 2021 schedule:

**Robbins**: Tuesday at 1:00 PM: February 16, May 18, August 17, November 16  
13450 S. Kedzie Road, Robbins, IL 60472

**Arlington Heights**: Tuesday at 1:00 PM: February 23, May 25, August 24, November 23  
3520 N. Arlington Heights Road, Arlington Heights, IL 60004

**North Riverside**: Wednesday at 1:00 PM: March 17, June 16, September 15, December 15  
1800 S. Harlem Avenue, North Riverside, IL 60546

**Englewood**: Thursday at 1:00 PM - March 18, June 17, September 16, December 16  
1135 W. 69th Street, Chicago, IL 60621

**Provident Hospital/Sengstacke Health Center**: Wednesday at 10:00 AM: April 14, July 14, October 13  
500 W. 51st Street, Chicago, IL 60609

**Cottage Grove**: Tuesday at 1:00 PM: April 27, July 27, October 26  
1645 S. Cottage Grove Avenue, Ford Heights, IL 60411

IMPACT 2023 Focus Area 5

**Media, social media reports and other documents attached.**
Local

- At the December Cook County Board meeting resolutions were introduced calling on CCH to appear monthly through 2021 before the Cook County Board’s Health and Hospitals Committee to provide updates on COVID-19, vaccine distribution and contact tracing. The CCH/CCDPH team appeared before the committee on January 26. The February committee meeting date has not yet been scheduled.

State

Summary of Lame Duck – 101st General Assembly Session

- Earlier this month, the legislature returned to Springfield for “lame duck” session. The driving force for the return was the Illinois Legislative Black Caucus which filed bills focused on four pillars: education, criminal justice, economic development, and health and human services.
  
  The health and human services pillar was championed by Representative Camille Lilly (D-Oak Park) and Senator Mattie Hunter (D-Chicago). The original bills included a number of provisions supported by CCH, including adding Community Health Workers, doulas, and home visiting as new providers/services to the Medicaid program, requiring implicit bias training of health care providers, and protecting individuals reporting overdoses. However, language that targeted Medicaid Managed Care Organizations (MCOs), effectively forcing an immediate re-procurement of contracts and possible termination of existing contracts was identified as significantly problematic to CCH/CountyCare. The original legislation also included language that would have placed a moratorium on hospital closures and service line/capacity reductions as of January 1, 2020 until December 31, 2023, which sought to address hospital closures, including the future of Mercy Hospital.

CCH/CountyCare and a number of health care associations including the Illinois Association of Medicaid Health Plans and the Illinois Health and Hospital Association communicated our concerns to the sponsors and several new amendments were filed over the next several days.

Amendments filed late on January 12/early on January 13 removed or changed the provisions of greatest concern to CCH/CountyCare, managed care organizations, and the hospital community. The House and Senate passed legislation in each chamber that was sent to the other chamber for concurrence. Despite conducting floor activity into the early morning hours of January 13 and returning mid-morning, neither of these bills came up for a concurrence vote before the 101st General Assembly session ended.

The 102nd General Assembly began the afternoon of January 13, and it is expected that some or all provisions from the health and human services pillar will be refiled as new legislation in the new session. In fact, Representative Lilly has already filed two house bills (HB158 and HB159) which includes much of the language from the amended health and human services lame duck legislation.

The three other pillar bills concerning criminal justice, education, and economic development passed and will be sent to the Governor.

- The House and Senate passed legislation authorizing the distribution of up to $150M of annual hospital and health care transformation funds and sets forth the framework for how these funds will be allocated. SB1510, HA3 was filed, voted on, and received nearly unanimously bi-partisan support in both chambers in the final hours of session. State funds related to this legislation require annual appropriation, and the state intends to draw down federal Medicaid matching funds.
The General Assembly did not pass legislation to decouple Illinois from federal business tax cuts. As a result, Illinois could see an additional annual budget gap of $1B, putting additional pressure on the state fiscal situation.

Other State Updates

The Illinois Health Facilities and Services Review Board (IHFSRB) met virtually on December 15 and voted unanimously against the proposed closure of Mercy Hospital and Medical Center. The application to close Mercy Hospital will be heard again at the March 16, 2021 meeting of the IHFSRB.

The IHFSRB met January 26, 2021 where the Board voted against an application for Mercy Care Center, filed by Trinity Health, the parent company of Mercy Hospital, to offer outpatient care, including urgent care, care coordination, and diagnostic testing. Opponents to the application for the outpatient center said that proposal was inadequate and said that Mercy Hospital should not be allowed to close.

The Governor announced $711M in cuts to the current FY2021 state budget, in order to address budget deficits from reduced state revenues and the failure of the Fair Tax. Reductions will mostly come from hiring freezes, grant reductions, and operational savings.

While the Illinois Department of Healthcare and Family Services is part of a group of health and human service agencies that will see a total of $31.9M in reductions, it does not appear that Medicaid services, rates, or eligibility will be reduced. Additionally, the federal Families First COVID-19 relief bill requires states to preserve Medicaid eligibility in order to qualify for enhanced federal Medicaid match during the Public Health Emergency period, which continues to remain in place.

The Senate and House calendars for the 102nd General Assembly session indicate that the chambers will meet regularly through the May 31st adjournment date, but leaders may make adjustments based on health and safety precautions.

Emanuel “Chris” Welch was elected to serve as the next Speaker of the House, succeeding Mike Madigan who served in this leadership role for nearly four decades. Speaker Welch is a Democrat who represents West Suburban Cook County and is the first Black Speaker to lead the Illinois House.

Federal

The 117th Congress convened on Jan. 3. Democrats hold a narrow majority in the House and after the Jan. 6 runoff election in Georgia, the Senate is divided 50-50. After the Jan. 20 inauguration of President Joe Biden and Vice President Kamala Harris, democrats gained control of the upper chamber, with the Vice President casting tie breaking votes. Majority Leader Chuck Schumer (D-N.Y.) and Minority Leader Mitch McConnell are currently negotiating a power sharing agreement, which may include agreements on limitations on the use of the filibuster.

President Biden has identified COVID response as one of the six interrelated crises he will tackle immediately. His team has begun releasing legislative and administrative plans to address the pandemic, including a COVID response plan, executive orders and a new legislative relief package.

Biden Administration “American Rescue Plan” – A week before the inauguration, the Biden-Harris transition released the outline of additional COVID-19 relief legislation that they are asking Congress to take up as soon as possible. While the President has expressed a preference for building bipartisan support, some Senate Republicans have already expressed reservations over the package’s $1.9 trillion price tag, casting doubt on the outlook for advancing a package quickly, as proposed.
The proposal includes $350 billion in aid for state and local governments, framed as support for first responders, expanding testing, and reopening schools. It is unclear how the funding would be allocated.

Additionally, the proposal would create a national vaccination program, provide funding to expand the health workforce by 100,000 to conduct outreach and contact tracing, offer $50 billion to expand national testing, and provide $40 billion for supplies. The proposal also includes:

- A direct payment of $1,400 per person, in addition to the $600 provided under the year-end omnibus spending bill.
- Expanding emergency paid leave and unemployment programs, while increasing the minimum wage to $15.
- Extending a 15% increase of benefits under the Supplemental Nutrition Assistance Program.
- Expanding tax credits for children and childcare and reducing health insurance premiums.

**Biden Administration Executive Actions on COVID Response** – The Administration continues to roll out Executive Orders to advance their COVID Response agenda. These include orders related to:

- **Masks** – Require masks on federal property and will call on state and local officials as well as business leaders to encourage mask wearing and social distancing.
- **Travel** – Require masks on interstate public transportation, including trains, buses and aircraft. International travelers will have to present evidence of a negative COVID test before entering the Country and will be required to quarantine upon arrival.
- **Supply chain** – Direct agencies to use the Defense Production Act to compel companies to make supplies including PPE and supplies for testing and vaccine administration.
- **State and Local Support** – Provide more funding to local and state officials, set up more vaccination sites and launch a national public education campaign and direct FEMA to set up 100 community vaccination centers over the next month.
- **COVID-19 Response Office** – Establish an office in the White House to coordinate pandemic response across federal agencies and set up clear lines of communication to local officials.
- **Data Collection** – Direct the response office and federal agencies to improve data collection and sharing. CDC to publish a dashboard showing cases at the County level.
- **New Treatments** – Continue to research COVID treatments, especially antivirals remdesivir. Establish a new drug development program to emphasize diversity in clinical trials.
- **Testing** – Emphasize more testing, including a new pandemic testing board to study new tests and scale them up.
- **Reopen Schools and Businesses** – Direct the HHS to collect data on school reopenings and COVID spread. Direct OSHA to take on a larger role and set clear guidance to employers on safe workplace practices and enforcement.
- **Equity** – Set up a “COVID-19 Health Equity Task Force” to ensure vaccines, treatments, masks and other resources reach everyone, including those communities of color that have borne a disproportionate burden from the pandemic.

**Biden Administration Health Leadership Appointments** – President Biden has named California Attorney General Xavier Becerra to be HHS Secretary. Becerra’s Senate nomination hearings have not yet been scheduled. A civil servant, Norris Cochrane, will serve as Acting Secretary until the Senate confirms Becerra. Similarly, CMS will be led by civil servant Liz Richter as Acting Administrator. Biden has not identified a CMS nominee. On the other hand, Massachusetts General’s Rochelle Walensky, Biden’s pick for CDC Director, has already moved into place since the position does not require Senate confirmation. Biden’s COVID Response team includes a number of familiar names including Vivek Murthy, who was Obama’s Surgeon General and has been nominated for that position again, and Bechara Choucair, who has been tapped to be vaccine coordinator and previously served as Chicago’s Health Commissioner.
Budget and Appropriations – Before the 116th Congress adjourned sine die, it managed to pass the Consolidated Appropriations Act, 2021 (H.R. 133.), which President Trump signed into law on Dec. 27. The massive bill funded all federal agencies for the remainder of FY 2021, provided $900 billion in additional COVID-19 relief, and enacted several other significant program authorizations and extensions, including extensions of expiring health care programs. Here are some of the highlights of interest to Cook County Health:

Health Care “Extenders”
- **Eliminate Medicaid DSH reductions** — Amends the current schedule of Medicaid Disproportionate Share Hospital (DSH) payment reductions to eliminate the reductions in effect for fiscal year 2021, 2022 and 2023, and add reductions to fiscal years 2026 and 2027. *This has been a top priority for CCH and the County.*

Emergency Supplemental Appropriations (“COVID Relief Package”)
- **Coronavirus Relief Fund Extension** — Extends the date by which state and local governments must make expenditures with CARES Act Coronavirus Relief Fund awards from December 30, 2020 to December 31, 2021. *This has been a priority for the County.*
- **Department of Health and Human Services** – $73 billion to support public health; research, development, manufacturing, procurement, and distribution of vaccines and therapeutics; diagnostic testing and contact tracing; mental health and substance abuse prevention and treatment services; childcare support; and other activities related to coronavirus, including:
  - **Centers for Disease Control and Prevention/Vaccination** – $8.75 billion to support federal, state, local, territorial and tribal public health agencies to distribute, administer, monitor, and track coronavirus vaccination to ensure broad-based distribution, access, and vaccine coverage, including:
    - $4.5 billion for State, local, Territorial, and Tribal Public Health Departments; and
    - $300 million for a targeted effort to distribute and administer vaccines to high-risk and underserved populations, including racial and ethnic minority populations and rural communities.
  - **Public Health and Social Services Emergency Fund** – $25.4 billion to support testing and contact tracing to effectively monitor and suppress COVID-19, as well as to reimburse for health care related expenses or lost revenue attributable to the coronavirus, including:
    - **Testing and Tracing** — $22.4 billion for testing, contact tracing, and other activities necessary to effectively monitor and suppress COVID-19, including $2.5 billion for a targeted effort to improve testing capabilities and contact tracing in high-risk and underserved populations, including racial and ethnic minority populations and rural communities; and
    - **Provider Relief** — $3 billion in additional grants for hospital and health care providers to be reimbursed for health care related expenses or lost revenue directly attributable to the public health emergency resulting from coronavirus, along with direction to allocate not less than 85 percent of unobligated funds in the Provider Relief Fund through an application-based portal to reimburse health care providers for financial losses incurred in 2020. Permits providers to use HHS June guidance for reporting lost revenue. *This has been a priority for CCH.*
  - **Substance Abuse and Mental Health Services Administration** – $4.25 billion to provide increased mental health and substance abuse services and support, including:
    - $1.65 billion for the Substance Abuse and Prevention Treatment Block Grant.
    - $1.65 billion for the Mental Health Services Block Grant.
• Medicaid Fiscal Accountability Regulation – On Jan. 19 a notice was published in the Federal Register officially withdrawing the proposed regulation. Among other things, the rule would have severely limited the ability of states and localities to finance the non-federal share of Medicaid supplemental payments via Intergovernmental Transfers and Certified Public Expenditures. **Elimination of the rule has been a priority of CCH and the County**

• HHS Allocation of CARES Act Provider Relief Funds – HHS determined that CCH was not eligible for the third phase general distribution of PRF funds.

• 117th Congress Leadership Changes – While the outcome of the Georgia Senate runoff election has given Democrats control of the chamber, committee chairs are currently frozen because the organizing rules have not yet been agreed upon. In the House, Rep. Frank Pallone will continue to chair the powerful Energy and Commerce Committee, which has jurisdiction over Medicaid and a number of other public health programs. Rep. Cathy McMorris Rogers (R-Wash.) will be the committee’s top Republican and Rep. Brett Guthrie (R-Ky.) will be the top Republican on the health subcommittee. Guthrie replaces Rep. Michael Burgess, M.D. (R-Texas) who challenged McMorris Rogers for the top spot on the full committee.