Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held on Friday, June 25, 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:

Valarie Amos – Chief Human Resources Officer
Cathy Bodnar – Chief Corporate Compliance and Privacy Officer
Ryan Caldwell - RSM
Claudia Fegan, MD – Chief Medical Officer
Aaron Galeener – Interim Chief Executive Officer, CountyCare/Health Plan Services
Andrea M. Gibson – Interim Chief Business Officer
Curtis Haley – Chief Revenue Officer
Charles Jones – Chief Procurement Officer
Kiran Joshi, MD – Cook County Department of Public Health
Pat Kitchen - RSM
Jeff McCutchan – General Counsel
Beena Peters, DNP, RN, FACHE – Chief Nursing 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.

III. Employee Recognition

A number of employees were recognized for their outstanding work; further details are included in the Report from the Chief Executive Officer (included in Attachment #7).

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

IV. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, May 28, 2021

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

**B. Human Resources Committee**

i. Metrics (Attachment #1)

Director Driscoll and Israel Rocha, Jr., Chief Executive Officer, provided an overview of the Metrics. The Board reviewed and discussed the information.

**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.

Chair Hammock stated that one of the big challenges for next year is to see if the bottom line for CountyCare can be significantly increased. Mr. Galeener concurred; he stated that he will provide updates in the coming months on efforts that are currently underway. Director Story requested that a discussion be held at the next meeting regarding contracting with FQHCs - why do we have direct contracts with some FQHCs and not others? Mr. Galeener responded that he can provide information on that subject at the next meeting. Director Story suggested that Director Currie work with Mr. Galeener to further discuss and put the information together.

**D. Audit and Compliance Committee Meeting, June 21, 2021**

i. Metrics (Attachment #3)

ii. Meeting Minutes

Director Koetting and Cathy Bodnar, Chief Corporate Compliance and Privacy Officer, provided an overview of the Metrics and Meeting Minutes. The Board reviewed and discussed the information.

**E. Quality and Patient Safety Committee Meeting, June 17, 2021**

i. Metrics (Attachment #4)

ii. Meeting Minutes, which include the following action items:

- One (1) Stroger Hospital Division Chair Initial Appointment
- Stroger Hospital and Provident Hospital Medical Staff Appointments / Reappointments / Changes

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

During the review of the Metrics, Director Story requested that a discussion be held on the subject of case mix index, with respect to the dollar value associated with clinical documentation, at a future Finance Committee Meeting.

**F. Finance Committee Meeting, June 17, 2021**

i. April 2021 YTD Financials (Attachment #5)

ii. Meeting Minutes, which include the following action items:

- Receive and file CCH requests to accept grant award-related items
- Contracts and Procurement Items
- Proposed Transfer of Funds
IV. **Board and Committee Reports**

**F. Finance Committee Meeting, June 17, 2021 (continued)**

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. There are no contractual items that are pending review by Contract Compliance.

Andrea M. Gibson, Interim Chief Business Officer, provided an overview of the April 2021 YTD Financials. It was noted that the proposed Transfer of Funds was withdrawn at the Finance Committee Meeting and is placed directly on the Agenda for this meeting under Agenda Item V(B) for the Board’s consideration.

Chair Hammock inquired regarding whether the administration will be able to develop a plan for a positive net for the coming fiscal year. Ms. Gibson responded affirmatively; she stated that this is what they’re working towards for the FY2022 budget. Mr. Galeener also concurred; he stated that they’re running at this point of the year at a positive net, and they want that to continue with the initiatives that are geared toward continuing to expand that margin. Mr. Rocha stated that they can bring that plan to the Managed Care Committee for review and discussion.

V. **Action Items**

**A. Contracts and Procurement Items**

There were no Contracts and Procurement Items presented directly for the Board’s consideration.

**B. Proposed Transfer of Funds** (Attachment #6)

Ms. Gibson provided an overview of the item. The Board reviewed and discussed the information.

**C. Any items listed under Sections IV, V and VIII**

Director Driscoll, seconded by Director Story, moved to approve the following:

- Minutes of the May 28, 2021 Board Meeting;
- Minutes of the regular Audit and Compliance, Quality and Patient Safety and Finance Committee Meetings for June, which include one (1) Stroger Hospital Division Chair Initial Appointment, Stroger and Provident Hospital Medical Staff appointments / reappointments / changes, CCH requests to accept a grant-award related items and Contracts and Procurement Items, and
- Proposed Transfer of Funds.

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 and Story (11)

*Nays:* None (0)

*Absent:* Director Prendergast (1)

THE MOTION CARRIED UNANIMOUSLY.
VI. Report from Chair of the Board

Chair Hammock noted that the meetings in July are very likely going to be held in person.

Chair Hammock stated that this will be Director Driscoll’s last meeting as a Board Member. He and the Board thanked her for the work she has done on behalf of Cook County Health, and for her excellent representation and participation on the Board over many years.

The Board congratulated Director Deer on his recent appointment to the National Institutes of Health’s Federal Council on Mental Health and Substance Abuse. Chair Hammock suggested that Director Deer provide a report to the Board on the subject perhaps twice per year in the future.

VII. Report from Chief Executive Officer (Attachment #7)

Mr. Rocha provided an overview of his Report; detail is included in Attachment #7. The following individuals reviewed portions of the report pertaining to the Cook County Department of Public Health (CCDPH): Dr. Kiran Joshi, Senior Medical Officer and Co-Lead, CCDPH; and Dr. Rachel Rubin, Senior Public Health Medical Officer and Co-Lead, CCDPH.

VIII. Closed Meeting Items

A. Claims and Litigation
B. Discussion of personnel matters
C. June 21, 2021 Audit and Compliance Committee Meeting Minutes
   • Discussion of report relating to the audit of FY2020 CCH Financial Statements and Required Communications with External Auditors

Director Harrington, seconded by Director Story, 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,
VIII. Closed Meeting Items (continued)

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,” 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,” and 5 ILCS 120/2(c)(29), regarding “meetings between internal or external auditors and governmental audit committees, finance committees, and their equivalents, when the discussion involves internal control weaknesses, identification of potential fraud risk areas, known or suspected frauds, and fraud interviews conducted in accordance with generally accepted auditing standards of the United States of America.”

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 Munar and Directors Currie, Deer, Driscoll, Garza, Gugenheim, Harrington, Koetting, Reiter and Story (11)

Nays: None (0)

Absent: Director Prendergast (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:

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Follow-up/Requests:

Follow-up: A request was made for a discussion to be held at the next Managed Care Committee meeting regarding contracting with FQHCs - why do we have direct contracts with some FQHCs and not others? Page 2

Request: A request was made for a future discussion to be held in the Finance Committee on the subject of case mix index, with respect to the dollar value associated with clinical documentation. Page 2
ATTACHMENT #1
Human Resources Metrics

Carrie L. Pramuk-Volk
Associate Chief Human Resources Officer

June 25, 2021
COVID-19 CCH Vaccination Reporting

CCH Staff Vaccination Summary

CCH Staff vaccinated ~70%

5,959

(06/1/2021)

CCH Employees vaccinated ~64%

3,926

(06/4/2021)
## COVID-19 CCH Vaccination Reporting

### CCH Employees Vaccinated by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Vaccinated Count</th>
<th>Not Vaccinated Count</th>
<th>Vaccinated (%)</th>
<th>Not Vaccinated (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black or African-American</td>
<td>1,454</td>
<td>2,872</td>
<td>51%</td>
<td>49%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>37</td>
<td>64</td>
<td>58%</td>
<td>42%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>51</td>
<td>748</td>
<td>68%</td>
<td>32%</td>
</tr>
<tr>
<td>White</td>
<td>933</td>
<td>1209</td>
<td>77%</td>
<td>23%</td>
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<tr>
<td>American Indian/Alaskan Native</td>
<td>15</td>
<td>19</td>
<td>79%</td>
<td>21%</td>
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<tr>
<td>Asian</td>
<td>941</td>
<td>1,166</td>
<td>83%</td>
<td>17%</td>
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<tr>
<td>Two or More Races</td>
<td>37</td>
<td>64</td>
<td>85%</td>
<td>15%</td>
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<tr>
<td>Unknown</td>
<td>11</td>
<td>13</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As of 06/4/2021
COVID-19 CCH Vaccination Reporting

CCH Employees Vaccinated By Age

Vaccinated (64%) | Not Vaccinated (36%)

% CCH Staff

As of 06/4/2021
## COVID-19 CCH Vaccination Reporting

### CCH Employees Vaccinated By Job Category

<table>
<thead>
<tr>
<th>Job Category</th>
<th>Vaccinated (%)</th>
<th>Not Vaccinated (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 Contact Tracer, Bilingual</td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>57</td>
<td>43</td>
</tr>
<tr>
<td>Trades</td>
<td>53</td>
<td>47</td>
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<tr>
<td>Technicians and Technologists</td>
<td>46</td>
<td>54</td>
</tr>
<tr>
<td>Service and Maintenance</td>
<td>45</td>
<td>55</td>
</tr>
<tr>
<td>Public Health Professionals</td>
<td>36</td>
<td>64</td>
</tr>
<tr>
<td>Public Health</td>
<td>46</td>
<td>54</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>46</td>
<td>54</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>70</td>
<td>30</td>
</tr>
<tr>
<td>Nursing</td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td>Non-Clinical Leadership</td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td>Management/Administrative Support/Clerical</td>
<td>36</td>
<td>64</td>
</tr>
<tr>
<td>Hospital Police/Security</td>
<td>64</td>
<td>36</td>
</tr>
<tr>
<td>Healthcare Professionals</td>
<td>36</td>
<td>64</td>
</tr>
<tr>
<td>Doctors</td>
<td>72</td>
<td>28</td>
</tr>
<tr>
<td>Hospital Police/Security</td>
<td>86</td>
<td>14</td>
</tr>
<tr>
<td>Clinical Support</td>
<td>46</td>
<td>54</td>
</tr>
<tr>
<td>Administrative/Clerical Support</td>
<td>100</td>
<td>0</td>
</tr>
</tbody>
</table>

As of 06/4/2021
COVID-19 CCH Vaccination Reporting

CCH Employees Vaccinated By Union & Non-Union

As of 06/4/2021

Union 3,231|5,194

Non Union 695|897

Vaccinated Not Vaccinated

% CCH Staff

77% 62%

As of 06/4/2021
Metrics
Fiscal Year 2021
FY 2021 CCH HR Activity Report
Thru 05/31/2021

**FILLED POSITIONS**
- 2020 Filled (114) | Externals (83)
- 2021 Filled (407) | Externals (309)

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Filled</th>
<th>Externals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>68</td>
<td>46</td>
</tr>
<tr>
<td>2</td>
<td>46</td>
<td>31</td>
</tr>
<tr>
<td>3</td>
<td>172</td>
<td>96</td>
</tr>
<tr>
<td>4</td>
<td>195</td>
<td>117</td>
</tr>
</tbody>
</table>

**SEPARATIONS**
- 2020 Separations (268)
- 2021 Separations (312)

<table>
<thead>
<tr>
<th>Quarter</th>
<th>FY20 Separations</th>
<th>FY21 Separations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>24</td>
<td>25</td>
</tr>
<tr>
<td>3</td>
<td>106</td>
<td>150</td>
</tr>
<tr>
<td>4</td>
<td>132</td>
<td>130</td>
</tr>
</tbody>
</table>

**NET**
- FY21 External Hire - 309 | 50%
- FY21 Separations - 312 | 50%

---

Does not include Consultants, Registry and House Staff
CCH HR Activity Report – Vacancy: 1,338

- Cook County Health started FY 2021 with 1,117 vacancies

**FY 2021 End of Quarter Vacancy**

- QTR 1: 1,195
- QTR 2: 1,287
- Avg Vacancy: 676
- Positions in HR: 747

**BUDGET**
- 0.52%
  - Awaiting Funding
  - Position not approved by Department of Budget Management Services (DBMS)

**HUMAN RESOURCES**
- 37%
  - Position Control Analyst
  - Classification & Compensation
  - Recruitment – In Process
  - Direct Appointment
  - Filled

**HIRING DEPARTMENT**
- 62%
  - Actively Recruited Position
  - Interview in Process
  - Incomplete Request to Hire
  - Position on Hold
  - No Request to Hire submitted for posting

**LABOR**
- 0.45%
  - On Hold
  - Utilization Management Coordinator, Inpatient

Include Consultants, Registry and House Staff

As of 06/1/2021
FY 2021 Cook County Health HR Activity Report – Hiring Snapshot

Thru 05/31/2021

747 Positions in Recruitment

Clinical Positions 485 | 65%
Non-Clinical Positions 262 | 35%

309 (41%) of the positions in process, are in the post-validation phase

309 / 76% Externals

Count of positions

0 100 200 300 400 500 600 700 800 900 1,000 1,100 1,200 1,300 1,400

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

Clinical Positions 485 | 65%
Non-Clinical Positions 262 | 35%

Shared Responsibility Human Resources Management Finance / Human Resources Shared Responsibility

Does not include Consultants, Registry and House Staff
FY 2021 Cook County Health HR Activity Report Nursing Hiring: CNI, CNII

Thru 05/31/2021

150 Positions in Process

59 (39%) of the positions in process are in the post-validation phase

Count of positions

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

15
12
72
7
43
1
6
9
70

HR
Position Control Analyst

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

Average Time to Fill
(Without Credentialed\(^1\))

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Goal</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 14</td>
<td>203</td>
<td>140</td>
</tr>
<tr>
<td>FY 15</td>
<td>139</td>
<td>110</td>
</tr>
<tr>
<td>FY 16</td>
<td>95</td>
<td>108</td>
</tr>
<tr>
<td>FY 17</td>
<td>95.9</td>
<td>95.9</td>
</tr>
<tr>
<td>FY 18</td>
<td>96.4</td>
<td>100</td>
</tr>
<tr>
<td>FY 19</td>
<td>90</td>
<td>91</td>
</tr>
<tr>
<td>FY 20</td>
<td>90</td>
<td>90</td>
</tr>
<tr>
<td>FY 21</td>
<td>90</td>
<td>90</td>
</tr>
</tbody>
</table>

\(^1\)Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.
Thank you.
ATTACHMENT #2
CountyCare Update

Prepared for: CCH Board of Directors

Aaron Galeener
Interim Chief Executive Officer, CountyCare
June 25, 2021
Metrics
## Current Membership

Monthly membership as of June 7, 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>249,434</td>
<td>19,402</td>
<td>7.8%</td>
</tr>
<tr>
<td>ACA</td>
<td>107,552</td>
<td>16,637</td>
<td>15.5%</td>
</tr>
<tr>
<td>ICP</td>
<td>30,275</td>
<td>5,417</td>
<td>17.9%</td>
</tr>
<tr>
<td>MLTSS</td>
<td>7,375</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>SNC</td>
<td>7,829</td>
<td>1,008</td>
<td>12.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>402,465</strong></td>
<td><strong>42,464</strong></td>
<td><strong>10.6%</strong></td>
</tr>
</tbody>
</table>

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

**Illinois Department of Healthcare and Family Services April 2021 Data**

<table>
<thead>
<tr>
<th>Managed Care Organization</th>
<th>Cook County</th>
<th>Cook Market Share</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>CountyCare</em></td>
<td>395,446</td>
<td>31.5%</td>
</tr>
<tr>
<td>Blue Cross Blue Shield</td>
<td>322,421</td>
<td>25.7%</td>
</tr>
<tr>
<td>Meridian (a WellCare Co.)</td>
<td>315,658</td>
<td>25.2%</td>
</tr>
<tr>
<td>IlliniCare (Aetna/CVS)</td>
<td>122,351</td>
<td>9.8%</td>
</tr>
<tr>
<td>Molina</td>
<td>93,043</td>
<td>7.4%</td>
</tr>
<tr>
<td>YouthCare</td>
<td>5,924</td>
<td>0.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,254,843</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 (charts not to scale)

- CountyCare’s enrollment has increased 20.0% over the past 12 months, slightly lagging the Cook County increase of 21%
- CountyCare’s enrollment increased 0.9% in April 2021 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

CountyCare Membership

FY21 Budget Projections  Actual
# Operations Metrics: Call Center & Encounter Rate

## Member & Provider Services Call Center Metrics

<table>
<thead>
<tr>
<th>Key Metrics</th>
<th>State Goal</th>
<th>Mar 2021</th>
<th>Apr 2021</th>
<th>May 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abandonment Rate</td>
<td>&lt; 5%</td>
<td>2.76%</td>
<td>3.50%</td>
<td>2.62%</td>
</tr>
<tr>
<td>Hold Time (minutes)</td>
<td>1:00</td>
<td>0:16</td>
<td>0:24</td>
<td>0:19</td>
</tr>
<tr>
<td>% Calls Answered &lt; 30 seconds</td>
<td>&gt; 80%</td>
<td>81.53%</td>
<td>85.99%</td>
<td>82.27%</td>
</tr>
<tr>
<td>Quarterly Claims/Encounters Acceptance Rate</td>
<td>98%</td>
<td>98.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Quarterly

Claims/Encounters Acceptance Rate

98%  
98.0%
Claims Payments

Received but Not Yet Paid Medical Claims

* Assumes average of 15 days to process claims
* Assumes $57.5M in pending claims not yet adjudicated
* Medical claims only - does not include pharmacy, dental, vision or transportation claims. These claims typically average a 30-60 day payment timing.
## Claims Payments

### Received but Not Yet Paid Claims

<table>
<thead>
<tr>
<th>Aging Days</th>
<th>0-30 days</th>
<th>31-60 days</th>
<th>61-90 days</th>
<th>91+ days</th>
<th>Grand Total</th>
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</thead>
<tbody>
<tr>
<td>Q1 2020</td>
<td>$109,814,352</td>
<td>$53,445,721</td>
<td>$46,955,452</td>
<td>$9,290,569</td>
<td>$219,506,093</td>
</tr>
<tr>
<td>Q2 2020</td>
<td>$116,483,514</td>
<td>$41,306,116</td>
<td>$27,968,899</td>
<td>$18,701,664</td>
<td>$204,460,193</td>
</tr>
<tr>
<td>Q3 2020</td>
<td>$118,379,552</td>
<td>$59,681,973</td>
<td>$26,222,464</td>
<td>$71,735</td>
<td>$204,355,723</td>
</tr>
<tr>
<td>Q4 2020</td>
<td>$111,807,287</td>
<td>$73,687,608</td>
<td>$61,649,515</td>
<td>$1,374,660</td>
<td>$248,519,070</td>
</tr>
<tr>
<td>Q1 2021</td>
<td>$111,325,661</td>
<td>$49,497,185</td>
<td>$4,766,955</td>
<td>$37,362</td>
<td>$165,627,162</td>
</tr>
<tr>
<td>Week of 6/13/2021</td>
<td>$124,136,935</td>
<td>$80,232,551</td>
<td>$2,682,723</td>
<td>$177,093</td>
<td>$207,229,301</td>
</tr>
</tbody>
</table>

*0-30 days is increased for an estimated $57.5M of received but not adjudicated claims
*Medical claims only—does not include pharmacy, dental, vision or transportation claims
*The amounts in the table are clean claims
Meeting Objectives

Review

Highlights of 1st 6-Months of County FY 2021

- Contacts by Category
  - Cook County Health System Compliance Program
  - CountyCare Medicaid Health Plan Compliance Program
    - Recoveries (based on State Fiscal Year)
Metrics

1st & 2nd Quarter County FY 2021

COOK COUNTY HEALTH
FY 2021 Contacts by Category

CCH System Compliance Program Q1 and Q2

12/01/2020 – 05/31/2021

<table>
<thead>
<tr>
<th>Categories</th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Privacy/Security (HIPAA)</td>
<td>134</td>
<td>38%</td>
</tr>
<tr>
<td>Documentation</td>
<td>75</td>
<td>21%</td>
</tr>
<tr>
<td>Regulatory/Policy</td>
<td>70</td>
<td>20%</td>
</tr>
<tr>
<td>Human Resources</td>
<td>34</td>
<td>8%</td>
</tr>
<tr>
<td>Contracts</td>
<td>33</td>
<td>5%</td>
</tr>
<tr>
<td>Conflict of Interest</td>
<td>6</td>
<td>2%</td>
</tr>
<tr>
<td>Fraud Waste &amp; Abuse</td>
<td>13</td>
<td>2%</td>
</tr>
<tr>
<td>Research¹</td>
<td>6</td>
<td>N/A</td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>385</td>
<td></td>
</tr>
</tbody>
</table>

¹ Historically agreements/contracts included research related activity. As we develop a Research Compliance Program it is beneficial to separate the activity for tracking purposes.
FY 2021 Contacts by Category

CountyCare Health Plan Compliance Program

12/01/2020 – 05/31/2021

<table>
<thead>
<tr>
<th>Categories</th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fraud Waste &amp; Abuse</td>
<td>100</td>
<td>41%</td>
</tr>
<tr>
<td>Privacy/Security (HIPAA)</td>
<td>87</td>
<td>36%</td>
</tr>
<tr>
<td>Contracts</td>
<td>24</td>
<td>10%</td>
</tr>
<tr>
<td>Regulatory/Policy</td>
<td>16</td>
<td>7%</td>
</tr>
<tr>
<td>Documentation</td>
<td>3</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>243</strong></td>
<td></td>
</tr>
</tbody>
</table>

The majority, 91% of the Fraud Waste & Abuse activity is directly attributed to the Department of Healthcare and Family Services (HFS) Office of Inspector General provider notifications and requests for information.
CountyCare Compliance Recoveries

State Fiscal Year (S-FY) 2020 through S-FY 2021 Q3

Retrospective Recoveries

<table>
<thead>
<tr>
<th>S-FY</th>
<th>Reporting Period</th>
<th>Overpayments</th>
<th>Overpayments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Identified</td>
<td>Collected</td>
</tr>
<tr>
<td>2020</td>
<td>07/01 - 06/30/20</td>
<td>$ 7,158,000</td>
<td>$ 5,370,000</td>
</tr>
</tbody>
</table>

Proactive Preventative Loss

<table>
<thead>
<tr>
<th>S-FY</th>
<th>Reporting Period</th>
<th>Overpayments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Collected</td>
</tr>
<tr>
<td>2021</td>
<td>Q1 07/01 - 09/30/20</td>
<td>$ 333,400</td>
</tr>
<tr>
<td>2021</td>
<td>Q2 10/01 – 12/31/20</td>
<td>$ 716,000</td>
</tr>
<tr>
<td>2021</td>
<td>Q3 01/01 – 03/31/21</td>
<td>$ 1,112,186</td>
</tr>
</tbody>
</table>

Administrative Policies Not Followed

Failure to Comply with Payment Holds for a Specific Code: Qualified Medicare Beneficiary program code (QMB 09)

- Potential Recovery: $9,675,000
- Actual Recovery: **$7,307,349**
  - $2,367,651 – attributed to operational negotiations that resulted in settlements for older dates of service not quantified here.

3 Recoupments placed on hold due to the Public Health Emergency; HFS allowed to resume recoupment on 10/31/2020; notice to Benefit Administrators 11/2020; notice to Providers 12/2020; initial recoveries restarted in February 2021.
Questions?
30-Day Readmission Rate (Stroger Hospital)
HRO Domain: Readmissions

In February, top DRGs with Readmissions
1. Sepsis
2. Heart failure
3. Cirrhosis/alcoholic hepatitis
4. Superficial frostbite
5. Esophagitis, gastroenteritis

*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

In April
Categories showing improvement: “Care Transitions”, “Response of Hospital Staff”, and “Communication about Medicine”

*Higher top box score is favorable
**HbA1c >9%**

HRO Domain: HEDIS

*Lower* percent of diabetics patients (>9%) is favorable
<table>
<thead>
<tr>
<th>Metric</th>
<th>Definition</th>
</tr>
</thead>
</table>
| **30-Day Readmission Rate** | • *Patient unplanned admission to Stroger within 30 days after being discharged from an earlier hospital stay at Stroger*
• *Calculation:* Raw unplanned readmission rate (# of readmissions / total # of eligible discharges)
• *Population included:* all inpatient discharges from Stroger
• *Cohort inclusions:* any payer; any age; alive at discharge
• *Cohort exclusions:* Admitted for primary psychiatric dx; admitted for rehabilitation; admitted for medical treatment of cancer (chemotherapy, radiation therapy); admitted for dialysis; admitted for delivery/birth
• *Reporting timeframe:* reported monthly with a 1-month lag to allow for 30-day readmission window; reported by month of patient discharge
• *Data source:* Vizient Clinical Data Base

| **Case Mix Index**          | • *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*
• *Population included:* all inpatient discharges from Stroger
• *Cohort inclusions:* any payer; any age; reported by Medical MS-DRG and Surgical MS-DRG (*Surgical: an OR procedure is performed*)
• *Cohort exclusions:* none
• *Reporting timeframe:* reported monthly by most current month available; reported by month of patient discharge
• *Data source:* Vizient Clinical Data Base

| **Recommend the Hospital**  | • *Percent of patient responses with “Definitely Yes” (top box response) for Recommend the Hospital item in HCAHPS survey*
• *Calculation:* Percent of patient responses with “Definitely Yes” (top box) / total survey responses
• *Population included:* Stroger; 18 years or older at time of admission; non-psychiatric MS-DRG/principal diagnosis at discharge; alive at discharge; >1 overnight stay in hospital as inpatient
• *Cohort exclusions:* discharged to hospice care; discharged to nursing homes or SNFs; court/law enforcement patients; patients with a foreign home address; “no-publicity” patients”; patients who are excluded because of rules and regulates of state in which hospital is located
• *Reporting timeframe:* reported monthly by most current month available; reported by month of survey received date
• *Data source:* Press Ganey

| **HbA1c >9%**               | • *Percent of adults (ages 18-75) with diabetes Type 1 or Type 2 where HbA1c is not in control (>9.0%)*
• *Calculation:* Percent of diabetic patients with HbA1c not in control / total diabetic patients
• *Population included:* (Age 18-75 years as of December 31 of current year AND two diabetic Outpatient/ED visits in the current year or previous year) OR (One diabetic Inpatient visit in the current year or previous year) OR (Prescribed insulin or hypoglycemic or anti-hyperglycemics in the current year or previous year)
• *Cohort exclusions:* none
• *Reporting timeframe:* reported monthly by most current month available; reported by month of patient visit
• *Data source:* NCQA, HEDIS
ATTACHMENT #5
Executive Summary: Statement of Financial Condition

- Cook County Health (CCH) interim financial results for the period ending April 30, 2021:
  - Accrual. On an accrual basis, interim financials show that CCH is ending April $27M ahead of budget.
  - Cash. The County’s preliminary cash report on revenues and expenses ending April 30, show a negative variance of $107M. CountyCare PMPM payment impacted the revenue variance and increased claims payments impacted expenses.

- Revenue Commentary:
  - Net patient service revenue meeting expectation
    - April saw volumes rebounding as budgeted targets increased, better rates and payor mix increasing yield
  - CountyCare capitation significantly higher than expected
  - FY20 Medicare Advance started being recouped in claims

- Expenditures:
  - CountyCare claims expense higher than budget
  - Better than expected domestic spend
  - Pending reimbursements related to COVID related expenses ($7M)

- Revenue Cycle Indicators:
## Financial Results – April 30, 2021 FYTD

<table>
<thead>
<tr>
<th></th>
<th>FY2021 Actual</th>
<th>FY2021 Budget</th>
<th>Variance</th>
<th>%</th>
<th>FY2020 Actual (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Patient Service Revenue (1)</td>
<td>$233,128</td>
<td>$231,183</td>
<td>$1,944</td>
<td>0.84%</td>
<td>$196,167</td>
</tr>
<tr>
<td>Government Support (2)</td>
<td>$159,230</td>
<td>$159,230</td>
<td>$0</td>
<td>0.00%</td>
<td>$181,161</td>
</tr>
<tr>
<td>CountyCare Capitation Revenue</td>
<td>$999,829</td>
<td>$884,332</td>
<td>$115,497</td>
<td>13.06%</td>
<td>$788,753</td>
</tr>
<tr>
<td>Other</td>
<td>$10,438</td>
<td>$6,250</td>
<td>$4,188</td>
<td>67.01%</td>
<td>$2,442</td>
</tr>
<tr>
<td>CountyCare Elimination (1)</td>
<td>($47,389)</td>
<td>($31,370)</td>
<td>($16,019)</td>
<td>51.06%</td>
<td>($76,045)</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$1,355,235</td>
<td>$1,249,625</td>
<td>$105,610</td>
<td>8.45%</td>
<td>$1,092,478</td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries &amp; Benefits</td>
<td>$277,668</td>
<td>$310,356</td>
<td>$32,688</td>
<td>10.53%</td>
<td>$281,389</td>
</tr>
<tr>
<td>Overtime</td>
<td>$18,814</td>
<td>$14,574</td>
<td>($4,240)</td>
<td>-29.09%</td>
<td>$20,365</td>
</tr>
<tr>
<td>Supplies &amp; Pharmaceuticals</td>
<td>$60,699</td>
<td>$56,450</td>
<td>($4,249)</td>
<td>-7.53%</td>
<td>$61,196</td>
</tr>
<tr>
<td>Purchased Services &amp; Other</td>
<td>$142,681</td>
<td>$141,409</td>
<td>($1,272)</td>
<td>-0.90%</td>
<td>$129,274</td>
</tr>
<tr>
<td>Medical Claims Expense (1)</td>
<td>$943,992</td>
<td>$826,866</td>
<td>($117,126)</td>
<td>-14.17%</td>
<td>$720,837</td>
</tr>
<tr>
<td>Insurance</td>
<td>$13,277</td>
<td>$15,060</td>
<td>$1,783</td>
<td>11.84%</td>
<td>$13,277</td>
</tr>
<tr>
<td>Utilities</td>
<td>$5,999</td>
<td>$4,288</td>
<td>($1,711)</td>
<td>-39.91%</td>
<td>$5,355</td>
</tr>
<tr>
<td>CountyCare Elimination (1)</td>
<td>($47,389)</td>
<td>($31,370)</td>
<td>$16,019</td>
<td>-51.06%</td>
<td>($76,045)</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>$1,415,740</td>
<td>$1,337,632</td>
<td>($78,108)</td>
<td>-5.84%</td>
<td>$1,155,648</td>
</tr>
<tr>
<td>Operating Margin</td>
<td>($60,505)</td>
<td>($88,007)</td>
<td>$27,502</td>
<td>31.25%</td>
<td>($63,170)</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$51,127</td>
<td>$51,127</td>
<td>$0</td>
<td>0.00%</td>
<td>$34,460</td>
</tr>
<tr>
<td>Net Income (Loss) (3)</td>
<td>($9,378)</td>
<td>($36,880)</td>
<td>$27,502</td>
<td>0.00%</td>
<td>($28,709)</td>
</tr>
</tbody>
</table>

### Notes:

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

Source: CCH unaudited financial statements and FY21 budget.
Major categories of savings include:
- Lab Diagnostics
- Supplemental staffing
- Security services
- Transportation
- Parking/Valet
- Actuarial Services

As of June 9, 2021 ($ in Millions)
## CCH Health Providers Revenue – April 30, 2021

### Revenue Operating Indicators

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>6,441</td>
<td>6,648</td>
<td>-3.1%</td>
<td>1,440</td>
<td>1,062</td>
<td>1,347</td>
<td>6,806</td>
<td>6,687</td>
</tr>
<tr>
<td>Patient Days</td>
<td>34,403</td>
<td>34,454</td>
<td>-0.1%</td>
<td>7,349</td>
<td>6,250</td>
<td>7,229</td>
<td>37,764</td>
<td>37,172</td>
</tr>
<tr>
<td>Average Daily Census</td>
<td>227</td>
<td>229</td>
<td>-0.9%</td>
<td>245</td>
<td>208</td>
<td>241</td>
<td>248</td>
<td>247</td>
</tr>
<tr>
<td>Adjust Patient Days</td>
<td>77,808</td>
<td>93,445</td>
<td>-16.7%</td>
<td>17,244</td>
<td>14,916</td>
<td>19,530</td>
<td>101,929</td>
<td>100,305</td>
</tr>
</tbody>
</table>
CCH 12 Month Patient Activity Levels

Admissions – FY 2021

FY2021 Actual: 6,441
FY2021 Budget: 6,648

Average Daily Census – FY 2021

FY2021 Actual: 227
FY2021 Budget: 229
CCH 12 Month Patient Activity Levels

**Adjusted Patient Days - FY 2021**

FY2021 Actual: 77,808
FY2021 Budget: 93,445

**Discharges - FY 2021**

FY2021 Actual: 6,457
FY2021 Budget: 6,648
Patient Activity Indicators – FYTD 2021

**Primary Care Visits**

FY2021 Actual: 95,161 (55,972 telehealth)
FY2021 Budget: 122,592

Dec  Jan  Feb  Mar  Apr

- 2021 Budget
- 2020 Actual
- 2021 Actual

**Specialty Care Visits**

FY2021 Actual: 123,186
FY2021 Budget: 142,893

Dec  Jan  Feb  Mar  Apr

- 2021 Budget
- 2020 Actual
- 2021 Actual
Patient Activity Indicators – FYTD 2021

- **ER Visits**
  - FY2021 Actual: 38,614
  - FY2021 Budget: 54,306

- **Surgery**
  - FY2021 Actual: 4,964
  - FY2021 Budget: 5,510

- **Deliveries**
  - FY2021 Actual: 257
  - FY2021 Budget: 387
Note:
CountyCare is a Medicaid managed care program. It is shown separately to provide visibility to CountyCare.
Financial Key Performance Indicators – 2021 FYTD

Accounts Receivable Days

- Actual
- Target < 40 Days
- Value (M)

Discharged Not Final Billed (DNFB) Days

- Actual
- Target 4 - 6 Days
- Value (M)
Denials -- April 30, FYTD 2021

<table>
<thead>
<tr>
<th>Type</th>
<th>Current Month</th>
<th>FY21 YTD</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>$</td>
<td>%</td>
</tr>
<tr>
<td>Soft Denials*</td>
<td>7%</td>
<td>10,606,800</td>
<td>13%</td>
</tr>
<tr>
<td>Hard Denials**</td>
<td>2%</td>
<td>3,101,409</td>
<td>3%</td>
</tr>
</tbody>
</table>

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

Hard Denial Summary:

<table>
<thead>
<tr>
<th>Area</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
<td>$1,024,386</td>
</tr>
<tr>
<td>Prior Authorization</td>
<td>$597,172</td>
</tr>
<tr>
<td>Non-Covered Services</td>
<td>$367,376</td>
</tr>
<tr>
<td>Patient Access</td>
<td>$159,594</td>
</tr>
<tr>
<td>Timely Filing</td>
<td>$906,971</td>
</tr>
<tr>
<td>Coding</td>
<td>$22,371</td>
</tr>
<tr>
<td>Other</td>
<td>$23,539</td>
</tr>
<tr>
<td>Total</td>
<td>$3,101,409</td>
</tr>
</tbody>
</table>
CCH Cash YTD Target vs. Actual – May 31, 2021

Actual Cash YTD $232.7M
Target Cash YTD $201M
+15%

Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21
32 34.0 33 34 30 32
39.2 40 46.1 45.2 37.1

2021 Actual Cash
2021 Target Cash
Health Plan Services Financial Results – April 30, 2021

**Notes:**
1. Medical Loss Ratio is a measure of the percentage of premium that a health plan spends on medical claims.

**Commentary**
- Total membership exceeds budget by 111,938 due to increased Medicaid enrollment as a result of the COVID-19 induced growth in unemployment, and no state redetermination of Medicaid eligibility.
- CountyCare expects enrollment to continue to exceed budget as auto-assignment increased to 50% as of February 2021. This change was due to CountyCare’s top-quality ranking among Medicaid MCOs.
- CountyCare’s reimbursement to CCH for domestic spend is exceeding budget.
- Operating Gain of $5.7M consists of $9.3M from CountyCare and a loss of $(3.6)M from Medicare.
- Agreement executed with State of Illinois and CCH to reduce IGT by 50% beginning in January 2021. This change has been reflected in the results.

### Dollars in 000s except PMPM amounts

<table>
<thead>
<tr>
<th></th>
<th>FY2021 Actual</th>
<th>FY2021 Budget</th>
<th>Variance</th>
<th>%</th>
<th>FY20 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capitation Revenue</td>
<td>$999,829</td>
<td>$884,332</td>
<td>$115,497</td>
<td>13.06%</td>
<td>$764,005</td>
</tr>
<tr>
<td>Operating Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical - CCH</td>
<td>$47,389</td>
<td>$31,370</td>
<td>($16,019)</td>
<td>(51.06%)</td>
<td>$38,329</td>
</tr>
<tr>
<td>Clinical - External</td>
<td>$896,602</td>
<td>$795,495</td>
<td>($101,107)</td>
<td>(12.71%)</td>
<td>$682,508</td>
</tr>
<tr>
<td>Administrative</td>
<td>$50,131</td>
<td>$59,647</td>
<td>$9,515</td>
<td>15.95%</td>
<td>$41,377</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$994,123</td>
<td>$886,512</td>
<td>($107,610)</td>
<td>(12.14%)</td>
<td>$762,214</td>
</tr>
<tr>
<td>Operating Gain (Loss)</td>
<td>$5,707</td>
<td>($2,180)</td>
<td>$7,887</td>
<td>(361.76%)</td>
<td>$1,791</td>
</tr>
</tbody>
</table>

### Activity Levels

<table>
<thead>
<tr>
<th></th>
<th>FY2021 Actual</th>
<th>FY2021 Budget</th>
<th>Variance</th>
<th>%</th>
<th>FY20 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Months</td>
<td>1,933,157</td>
<td>1,821,219</td>
<td>111,938</td>
<td>6.15%</td>
<td>1,606,816</td>
</tr>
<tr>
<td>CCH CountyCare Member Months</td>
<td>199,783</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>171,519</td>
</tr>
<tr>
<td>CCH % CountyCare Member Months</td>
<td>10.33%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>10.67%</td>
</tr>
</tbody>
</table>

### Operating Indicators

<table>
<thead>
<tr>
<th></th>
<th>FY2021 Actual</th>
<th>FY2021 Budget</th>
<th>Variance</th>
<th>%</th>
<th>FY20 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue Per Member Per Month (PMPM)</td>
<td>$517.20</td>
<td>$485.57</td>
<td>$31.63</td>
<td>6.51%</td>
<td>$475.48</td>
</tr>
<tr>
<td>Clinical Cost PMPM</td>
<td>$488.32</td>
<td>$454.02</td>
<td>($34.30)</td>
<td>(7.55%)</td>
<td>$448.61</td>
</tr>
<tr>
<td>Medical Loss Ratio (1)</td>
<td>92.4%</td>
<td>90.62%</td>
<td>(1.76%)</td>
<td>(1.94%)</td>
<td>90.66%</td>
</tr>
<tr>
<td>Administrative Cost Ratio</td>
<td>4.6%</td>
<td>6.16%</td>
<td>1.59%</td>
<td>25.80%</td>
<td>4.80%</td>
</tr>
</tbody>
</table>
Medicare Financial Results – April 30, 2021

Commentary

- Membership is lower than budget, driving lower than expected revenue. Revenue and cost on a per member per month basis is exceeding budgeted PMPM due to population mix.
- Revenue does not include risk adjustment, which is expected to increase total revenue once risk-adjustment completed by CMS.
- Total operating loss is lower than budget by $581K.

<table>
<thead>
<tr>
<th>Dollars in 000s except PMPM amounts</th>
<th>FY2021 Actual</th>
<th>FY2021 Budget</th>
<th>Variance</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capitation Revenue (Total dollar amount)</td>
<td>$5,242</td>
<td>$11,317</td>
<td>($6,075)</td>
<td>(53.68%)</td>
</tr>
<tr>
<td>Operating Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Expenses</td>
<td>$3,729</td>
<td>$11,317</td>
<td>$7,588</td>
<td>67.05%</td>
</tr>
<tr>
<td>Administrative</td>
<td>$5,143</td>
<td>$4,211</td>
<td>($932)</td>
<td>(22.14%)</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$8,872</td>
<td>$15,528</td>
<td>$6,656</td>
<td>42.86%</td>
</tr>
<tr>
<td>Operating Gain (Loss)</td>
<td>($3,630)</td>
<td>($4,211)</td>
<td>$581</td>
<td>(13.79%)</td>
</tr>
</tbody>
</table>

Activity Levels

- Member Months 2,864 7,663 (4,799) (62.63%)

Operating Indicators

- Revenue Per Member Per Month (PMPM) $1,830.20 $1,476.76 $353.44 23.93%
- Clinical Cost PMPM $1,301.89 $1,476.76 $174.86 11.84%
Telehealth - Legislation HB 3308

Amends the Illinois Insurance Code. Provides that health care services that are covered under an individual or group policy of accident or health insurance must be covered when delivered via telehealth services when clinically appropriate.

- **Reimbursement Parity**: Insurers must reimburse in-network healthcare professionals and facilities, including those in tiered networks at the same reimbursement rate that would apply to in-person services.

- **Coverage Mandate**: Insurers must cover clinically appropriate, medically necessary telehealth services, e-visits and virtual check-ins in the same manner as any other benefits covered under the policy.

- **Patient and Provider Protections**: Existing patient and provider protections in the Illinois Insurance Code for telehealth services were clarified and broadened. Specifically, insurers are prohibited from:
  - Requiring in-person contact to occur prior to the provision of a telehealth services;
  - Requiring patients or providers to demonstrate or document a hardship or access barrier to an in-person consultation;
  - Requiring telehealth services when a patient chooses an in-person care;
  - Requiring a healthcare professional to be physically present in the same room as the patient;
  - Creating geographic or facility restrictions for telehealth services;
  - Requiring patients to use a separate panel of health care professionals;
  - Imposing deductibles, copayments/co-insurance, or any other cost-sharing that exceed those required for in-person services.
Questions?
<table>
<thead>
<tr>
<th>Department</th>
<th>Budget Account - Description</th>
<th>Transfer Amount</th>
<th>Transfer To:</th>
<th>Budget Account - Description</th>
<th>Transfer Amount</th>
<th>Transfer From:</th>
</tr>
</thead>
<tbody>
<tr>
<td>520825-PROFESSIONAL SERVICES</td>
<td>578,644</td>
<td>578,644</td>
<td>$1,798,444</td>
<td>521119-REGISTER SERVICES</td>
<td>$3,492,612</td>
<td>$1,798,444</td>
</tr>
<tr>
<td>521024-MEDICAL CONSULTATION</td>
<td>897,500'000</td>
<td>897,500'000</td>
<td></td>
<td>521119-REGISTER SERVICES</td>
<td>$3,204,612</td>
<td></td>
</tr>
<tr>
<td>54,4,500'000</td>
<td></td>
<td>5000'000</td>
<td></td>
<td>521119-REGISTER SERVICES</td>
<td>879,312</td>
<td></td>
</tr>
<tr>
<td>541,000'000</td>
<td></td>
<td>1,000'000</td>
<td></td>
<td>521119-REGISTER SERVICES</td>
<td>5000'000</td>
<td></td>
</tr>
<tr>
<td>5600'000</td>
<td></td>
<td>5600'000</td>
<td></td>
<td>520675-PURCHASED SERVICES</td>
<td>5000'000</td>
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</tr>
<tr>
<td>53,3,020'000</td>
<td></td>
<td>3,020'000</td>
<td></td>
<td>52079-MEDICAL EQUIPMENT</td>
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<tr>
<td>51,4,88,000</td>
<td></td>
<td>4,88,000</td>
<td></td>
<td>52094-MEDICAL EQUIPMENT</td>
<td>5000'000</td>
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<tr>
<td><strong>Total Transfer To:</strong></td>
<td><strong>$1,798,444</strong></td>
<td><strong>$1,798,444</strong></td>
<td></td>
<td><strong>Total Transfer From:</strong></td>
<td><strong>$1,798,444</strong></td>
<td></td>
</tr>
</tbody>
</table>
ATTACHMENT #7
Recognition
National Association of Counties (NACo) Achievement Awards

• Annual achievement awards for projects in 18 different categories
• Cook County Health submitted two applications, which were both selected for 2021 awards:
  • Housing is Health: Partnering to Establish a Medical Respite Center (Health Category)
  • Managing and Mitigating COVID-19 in a Large County Jail – in partnership with Cook County Sheriff’s Office (County Administration and Management Category)
• Both awards highlighted the work and dedication of CCH staff in providing high-quality, compassionate care to our patients and Cook County residents, and also recognized the importance of these interventions in addressing health equity
• To be presented at NACo Achievement Awards Luncheon on July 11
What is medical respite?

• Acute and post-acute care for persons experiencing homelessness who are too ill or frail to recover from a physical illness or injury on the streets but are not ill enough to be in a hospital

CCH & City of Chicago Medical Respite Center, South Side YMCA

• May 2020
• COVID-19 isolation housing with lower barriers to entry than any other program
• CCH designed and implemented infection control policies, implemented team-based approach with onsite and remote clinicians, and strengthened partnerships with community organizations to manage behavioral and medical comorbidities
• 100% of 51 clients completed COVID-19 isolation

CCH & Housing Forward Medical Respite Center, Oak Park

• Opened December 2020 with funding through September 2021
• Expanded scope of care beyond COVID-19 isolation to provide low-barrier post-acute care
• Through May 2021, 52 patients served
Oak Park Medical Respite Center (MRC)

- 19 beds
- Serves individuals and small families
- Referrals CCH & suburban Cook County hospitals
- Services provided
  - Temporary Housing & Meals
  - 24/7 clinical support
  - CCH physician volunteers (general medicine, preventive medicine, podiatry)
  - Housing case management
  - Transportation to/from medical appointments
  - Coordination with external service providers
- If the MRC can absorb 70% of days that would otherwise be provided by a nursing home or in an inpatient unit at Stroger or Provident, the MRC could yield nearly half a million in annual cost savings
Managing and Mitigating COVID-19 in a County Jail

• Correctional facilities have seen higher rates of COVID-19; detainees have higher rates of medical vulnerabilities compared to general public

• First COVID-19 case was detected in Cook County Jail detainee on March 18, 2020, with hundreds of detainees and staff testing positive over next several weeks

• Unique challenges of correctional congregate setting, safety/security, and daily movement of staff and detainees in/out of Cook County Jail required rapid and coordinated mitigation efforts between Cook County Health and Cook County Sheriff’s Office, including:
  • Testing and quarantining all new detainees
  • Universal masking for staff and detainees
  • Restricting movement within the jail and suspending programming and visitation
  • Social distancing through use of single cell occupancy and re-opening of previously closed buildings
  • Implementing contact tracing and expanding testing to asymptomatic detainees

• COVID-19 positivity rate at the Cook County Jail fell below City of Chicago average following mitigations and remain relatively low to date
$1.5 Million Sexual Nurse Assault Examiner Grant from Health Resources and Services Administration

Cook County Health has been awarded funding for $1.5 million over three years by the Health Resources and Services Administration. This grant will support Cook County Health’s Sexual Nurse Assault Examiner program which trains nurses to care for patients who have been sexually assaulted or abused. Congratulations to:

- **Amir Budhwani**, Assistant Grant Management Director
- **Juandalynn Johnson**, Grants Program Manager
- **Heather Prescaro**, Interim Lead, Emergency Medicine
- **Beena Peters**, Chief Nursing Officer
- **Leticia Reyes-Nash**, Director of Programmatic Services and Innovation
- **Whitney Towey**, Grant Writer
- **Serena Valino**, Nurse Coordinator, Emergency Services
- **Ashanté Wells-Baines**, Administrative Analyst, Emergency Medicine
Promoting Inclusivity for Physicians and Patients

Staff in Emergency Medicine are working to ensure minority patients, including LGBTQ+ patients, feel safe and comfortable when seeking care in the Emergency Department. Among the initiatives to promote a more diverse and inclusive environment include a lecture series and care simulations focused on minority patients. The Department is also working to improve experiences for staff by promoting diversity within the emergency residency program and creating a safe space for these individuals once recruited.

- **Dr. Ashlea Winfield**, Chair, Diversity & Inclusion Committee for Emergency Medicine and Asst Program Director
- **Dr. Anthony Alexander**, Resident, Anesthesia
- **Dr. Dhara Amin**, Director, Quality Improvement and Patient Safety and Attending Physician
- **Dr. Victor Bui**, Resident, Emergency Medicine
- **Elizabeth Ciennik**, Physician Assistant, Emergency Medicine
- **Dr. Emily DeDonato**, Simulation Fellow
- **Dr. Sean Dyer**, Clerkship Director and Attending Physician
- **Dr. Ameera Haamid**, Assistant Medical Director of Emergency Medical Services and Attending Physician
- **Dr. Asma Hashim**, Resident, Emergency Medicine
Promoting Inclusivity for Physicians and Patients (con’t)

• Dr. Melissa Hoshizaki, Resident, Emergency Medicine
• Dr. Jennifer Lee, Resident, Emergency Medicine
• Dr. Bobby Needleman, Assistant Program Director, Emergency Medicine
• Dr. Adrian Robles, Resident, Emergency Medicine
• Dr. Michael Schindlbeck, Program Director and Attending Physician, Emergency Medicine
• Dr. Michelle Sergel, Director, Cook County Health Simulation Center
• Dr. Pankti Thakkar, Resident, Emergency Medicine
• Dr. Larissa Unruh, Resident, Emergency Medicine
Welcome
Valarie Amos

Chief Human Resources Officer

Ms. Amos will oversee all functional areas within Human Resources, including Administration, Recruitment and Selection, Classification and Compensation, Leadership Development, Customer Service, Labor Relations, and Performance Management, and will be responsible for strategic planning and the delivery of effective HR services for all CCH affiliates.

Ms. Amos brings more than 16 years of Human Resources leadership experience to CCH. She began her career as a nurse at Rush University Medical Center, holding various nursing roles with Rush, Ingalls Memorial Hospital, and Northwestern Medicine before transitioning to Human Resources. She most recently served as the Director of Compensation, HRIS and Talent Acquisition at Ann & Robert H. Lurie Children’s Hospital, where she was responsible for the development and implementation of a comprehensive organization-wide talent acquisition strategy.

Ms. Amos holds a Bachelor of Science in Nursing from the University of Mississippi Medical Center and a Master of Science in Nursing from the University of Illinois. She is a Certified Professional in Human Resources and a Lean Human Capital Recruiter Academy Certified Recruiter (RACR).
Curtis Haley

Chief Revenue Officer

As the Chief Revenue Officer, Curtis Haley will be responsible for providing strategic direction, planning and development of revenue cycle management to ensure that CCH is maximizing its revenue potential. He will focus on enhancing and maintaining revenue cycle functions across the organization working closely with clinical and system leadership. Mr. Haley will design a system to support the patient’s financial interface across the continuum of care, using best practices of cash collection and posting, registration, insurance verification, coding and billing – all to optimize reimbursements.

Mr. Haley brings to CCH more than 12 years of healthcare operational and financial leadership and consulting experience including serving as the Vice President of Revenue Cycle Operations for AMITA Presence Health with $4B in revenue and System Director of Revenue for Sinai Health. Mr. Haley has also worked at MetroSouth Medical Center, Saint Elizabeth Medical Center and Kishwaukee Health.

Mr. Haley holds a Bachelors Degree in Finance and Insurance from Illinois State University and an MBA in Healthcare Administration from Lewis University.
COVID-19 Update

CCH Patient COVID Testing
CCH COVID Testing and Positivity Rate

Covid Tests and Positive Rate

Week Starting

Week Starting

Total Tests
Positive
Positive Rate

Covid Tests

Positive Rate

Positive

Total Tests
### CCH COVID Testing

All CCH Testing* as of 6/18/21

<table>
<thead>
<tr>
<th>Test Result</th>
<th>Test Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative</td>
<td>145,183</td>
<td>93%</td>
</tr>
<tr>
<td>Positive</td>
<td>9,444</td>
<td>6%</td>
</tr>
<tr>
<td>Undetermined</td>
<td>1,475</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>156,102</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.
Cermak Update
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.

Cermak Health Services Patient Testing Volume & Positivity Rate

Rolling 7 Day Positivity Rate as of 6/22/21 = 0.3%
Cermak Update

- Cermak remains our highest priority.
- Population continues to rise compressing space to accommodate social distancing. There are approximately 800 detainees awaiting transfer to the Illinois Department of Corrections. The state has limited prison transfers and requires all transfers to be fully vaccinated.
- 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 & JTDC Vaccines

as of 6/18/21

<table>
<thead>
<tr>
<th></th>
<th>Total Doses (first &amp; second)</th>
<th>Unique Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept. of Corrections and JTDC Employees &amp; Contractors</td>
<td>4,485</td>
<td>2,317</td>
</tr>
<tr>
<td>Cermak Health Services Patients</td>
<td>6,924</td>
<td>4,066</td>
</tr>
</tbody>
</table>
COVID-19 Vaccination

Patient & Community Points of Distribution (PODs)
Vaccine Updates

• Cook County Health administered its 850,000th dose of vaccine on June 15th.

• Suburban Cook County moved to Phase 5 re-opening on June 10 and COVID-19 case counts continue to fall.

• Youth Day was held at the Harvey priority site at Thornton Township High School on Saturday, June 19. The event featured a cook-out and live music. Numerous community-based organizations participated to provide families with information about their services. Individuals who got their shot received free tickets to Six Flags Great America and the Brookfield Zoo.

• CCH celebrated Juneteenth and Father’s Day on Saturday, June 19 with free ice cream and live musical performances at its mass vaccination sites. Individuals who got their shot between June 14 and June 19 also received a free ticket to Six Flags Great America.

• On Thursday, June 17, Governor Pritzker announced that the State of Illinois would be holding a sweepstakes to incentivize residents to get vaccinated against COVID-19. The State will be giving away $10M in cash prizes and scholarships between July and August. Every resident who has been vaccinated will be automatically entered for a chance to win. The first drawing takes place on July 8. Individuals who would like to be entered to win must receive at least their first dose of vaccine before July 1. For more details, visit allin.illinois.gov.
Doses Distributed at CCH PODs
As of 6/18/2021

<table>
<thead>
<tr>
<th>CCH Chicago PODs*</th>
<th>Total</th>
<th>CCH Suburban PODs**</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin Health Center</td>
<td>4,974</td>
<td>Arlington Heights Health Center</td>
<td>35,785</td>
</tr>
<tr>
<td>Dr. Jorge Prieto Health Center</td>
<td>3,852</td>
<td>Blue Island Health Center</td>
<td>13,425</td>
</tr>
<tr>
<td>Englewood Health Center</td>
<td>4,961</td>
<td>Cottage Grove Health Center</td>
<td>9,480</td>
</tr>
<tr>
<td>Logan Square Health Center</td>
<td>4,733</td>
<td>North Riverside Health Center</td>
<td>29,947</td>
</tr>
<tr>
<td>Sengstacke Health Center</td>
<td>13,736</td>
<td>Robbins Health Center</td>
<td>10,027</td>
</tr>
<tr>
<td>Ruth M. Rothstein CORE Center</td>
<td>9,683</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroger Hospital</td>
<td>15,784</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>57,723</strong></td>
<td><strong>TOTAL</strong></td>
<td><strong>98,664</strong></td>
</tr>
</tbody>
</table>

*Vaccine Distributed to CCH by the Chicago Department of Public Health. City sites began later than suburban sites thus the lag in shots administered.

**Vaccine Distributed to CCH by the Cook County Department of Public Health
Doses Distributed at Mega and Targeted PODs
As of 6/18/2021

<table>
<thead>
<tr>
<th>Mega PODs</th>
<th>Total</th>
<th>Targeted PODs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tinley Park Convention Center (consolidated effective 5/28)</td>
<td>135,829</td>
<td>Thornton Fractional South HS (conclusion 6/11)</td>
<td>23,982</td>
</tr>
<tr>
<td>Triton College (consolidated effective 5/28)</td>
<td>60,477</td>
<td>Morton East Health Center</td>
<td>20,816</td>
</tr>
<tr>
<td>South Suburban College (consolidated effective 5/28)</td>
<td>71,828</td>
<td>West Leyden (concluded 6/11)</td>
<td>5,568</td>
</tr>
<tr>
<td>Des Plaines</td>
<td>179,846</td>
<td>Thornton Township HS (concluding 5/26)</td>
<td>555</td>
</tr>
<tr>
<td>Forest Park</td>
<td>134,796</td>
<td>Summit Priority POD (concluded 5/24)</td>
<td>7,449</td>
</tr>
<tr>
<td>Matteson (opened 4/14)</td>
<td>31,575</td>
<td>TOTAL</td>
<td>58,370</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>614,351</strong></td>
<td><strong>TOTAL</strong></td>
<td><strong>58,370</strong></td>
</tr>
</tbody>
</table>

* Morton East transitioned to a targeted POD on March 1st focusing on school personnel and other priority populations in the area.
Vaccination Data
*CCDPH Suburban Cook County Jurisdiction*

As of June 21, 2021:
COVID-19 Vaccines Administered to Suburban Cook County Residents

<table>
<thead>
<tr>
<th>Count</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,288,580</td>
<td>People with at least one vaccine dose</td>
</tr>
<tr>
<td>1,037,594</td>
<td>People with complete vaccine series</td>
</tr>
<tr>
<td>56.6%</td>
<td>Percent of population with at least one vaccine</td>
</tr>
<tr>
<td>45.6%</td>
<td>Percent of population with complete vaccine</td>
</tr>
</tbody>
</table>
Priority Communities

- Continue hyperlocal strategy
  - Mobile/pop-up events hosted by local organizations - go where people are already gathering (events, etc.)
  - Door to door outreach
  - In-home vaccination
  - Encourage referrals to existing community providers
  - Priority/Equity PODs if requested by community
- Focus outreach efforts on municipalities with lowest vaccination rates
- Continue to focus communication efforts on vulnerable groups
- Remove barriers, such as transportation
- Provide incentives for vaccination
Priority Communities

**Strategy example - Harvey**

- Priority Pod 5/25- 6/26
- Mobile events & in-home vaccination through CCH & other vaccine providers
- **Focused outreach**
  - Ongoing stakeholder meetings with CBOs and FQHCs
  - Education sector
  - Faith-Based Organizations via local coalitions
  - Local electeds and governments
  - Doorknocking with CBOs and FEMA volunteers with option to pair with IDPH J&J van
  - Media, Social Media and Outdoor advertising
- **Incentives –Six Flags, food basket coupons**
- **Special events – Youth Day, Thornton Township Days in the Park**
- **Communications** - robocalls to local community residents, social media, press releases in collaboration with local gov’t, “Ask the Dr.”
CCDPH Response Activities
Data as of 5/31/21

- 167,000 Binax tests allocated
- 31,777 Inquiries from the public responded to
- 35,000+ Doses provided at 263 mobile clinics throughout SCC; 38 more scheduled through June
- 1,000+ Homebound vaccinations completed
- 646 Food establishment and workplace complaints responded to
- 297 Order violation investigations completed
- 430 Schools and childcare facilities provided with ongoing technical assistance & support
- 220+ Congregate settings provided with ongoing technical assistance & support
CDC Grant (CDC-OT21-2103)
Funding Opportunity Overview

- Two-year project period (June 1, 2021 – May 31, 2023)
- Awarded $25,214,437
- CCDPH approach to funding opportunity aligns with
  - CCDPH Strategic Plan and the community health planning for Suburban Cook County
  - Data, assessments, or other plans like the President’s Policy Roadmap
  - Current response to COVID-19
- Focus will be on priority communities and populations, with an expectation that this funding will impact 100% of jurisdiction through systems change
CDC Grant at a glance:
Outcomes by Strategy

#1: Mitigation and prevention resources and services

- Increase testing and vaccine administration in priority communities and with priority populations; sustain contact tracing.
- Develop and implement systems that strengthen access to health and social services and improve resource coordination.
- Increase workplace compliance.
- Increase policy and systems improvements to mitigate social and health inequities.

#2: Data Systems

- Increase efficiency, completeness and accuracy of case reporting (eCR).
- Strengthen CDPH data infrastructure and workforce.
- Increase availability, access and understanding of health behavior and outcomes data by race and ethnicity.

#3: Infrastructure

- Establish a leadership-level health equity office and build capacity of CDPH workforce to advance health equity.
- Strengthen structure and function of the CDPH Community Advisory Council.
- Update COVID-19 plans.
- Strengthen public health system workforce.

#4: Mobilization of partners and collaborators

- Expand current and develop new mechanisms for community leaders, workers and residents to inform COVID-19 & future responses.
- Increase awareness and knowledge of COVID-19-related information and what creates health inequities.
- Increase community capacity to reach populations disproportionately impacted by COVID-19 and advance programs, policies and systems to mitigate social and health inequities.
CDC Grant
Proposed Activities

- **Access to health and social services and resources:**
  - 211 System for the Chicago metro region
  - NAMI Chicago’s Helpline
  - Suburban Cook County Call Center for individuals experiencing homeless/housing unstable
- **Build a comprehensive approach to address behavioral/mental health**
- **Continued promotion of worker rights, health and safety**
- **Availability, access and understanding of health status and outcome data by race and ethnicity**
  - Healthy Cook Survey and a Cook County Health Atlas
- **$3.5 million set aside to fund 35-45 community organizations**
CCDPH Contact Tracing Initiative
Contact Tracing Initiative Update

• **Staffing**
  - The Contact Tracing Initiative (CTI) includes 175 contact tracers and 56 case investigators
  - CTI includes more than 50 bilingual staff speaking eight different languages.

• **COVID-19 Positive Case Outreach Metrics (May 2021).**
  - 9,560 cases
    - Outreach to 8,148 or ~85%
    - Interviewed 5,644 or ~60%

• **Close Contact Outreach (May 2021)**
  - 5,635 actionable close contacts
    - Outreach to 5,356 or 95%
    - Interviewed 4,285 or 76%

• **Resource Coordination**
  - 488 total cases referred to Care Coordination team in May
    - 20.5% requested food resources; 22% household items and cleaning supplies; 18.4% income assistance
    - Women requested more than men (60/40)

*Numbers are lower than actual due to issues with the INEDSS/SalesForce interface. We are close to 100% in outreach for cases and contacts.*
Contact Tracing Initiative
Community-Based Organizations – Case Management

Case Management & Referrals
January-April

- Food insecurity
- Housing instability
- Unemployment
- Suicide and/or drug use
- Violence and needs for behavioral and mental health...
- Language translation services and support
- Linkages to primary care medical homes, benefits,...
- Other

N CBOs

- December
- January
- February
- March
- April
Contact Tracing Initiative
CBO collaboration and outreach successes

• “As a result of collaboration with a local church for a movie drive-in we were able to provide masks not only for adults but also for youths. Our flyers about the vaccine and wearing masks were placed in the hands of our youths at this event…”

• “... We were able to purchase much needed equipment with the grant funds that are a huge help with our food distributions. We completed a great collaboration with a fellow CCDPH grantee, who provided wellness kits to our attendees for our food distributions...”

• “A bright spot for the month was our PPE giveaway at a mass vaccination event at our local high school... We gave away 2,300 bags!”

• “Through the collaboration with a fellow grantee, we were able to form a new relationship with Niles Senior Center... opportunities in making an impact.”
Contact Tracing Initiative

Trusted messengers help overcome vaccine hesitancy

• A number of previously vaccine hesitant clients decided to receive the vaccine, after extended discussions with our case managers and health partners.

• In April, we administered 176 COVID tests and 1,770 vaccines. We held a vaccine event...for the Arab-American Community and [an] event...for those experiencing homelessness, unemployment, underemployed.

• We helped 65 individuals get vaccinated who had language barriers and would not have walked into a mass vaccine site.
Employer Outreach: 4/6 (67%) of worker centers reported outreach to employers in April

- 122 employers/establishments reached
  - Significant increase from prior months (24 reported in Jan/Feb, 46 reported in March).
  - Outreach included provision of laws; compliance related information, COVID-19 safety measures, event organizing, interest in COVID-19 Mobile Clinic; facilitating vaccine access & flexibility and/or supply distribution.
Contact Tracing Initiative
Worker Protection Program - referrals

**Referrals:** 4/6 (67%) of worker centers reported referrals to workers in April

- 566 total referrals reported (included referrals for housing instability, food insecurity, primary care, and unemployment services).
- Significant increase in reporting from prior months (96 referrals reported in Jan/Feb, 90 in March).
- **Supplies:** 5/6 (83%) of worker centers reported supply distribution in April

- **Worker centers collectively reported reaching 221 total worksites with supplies**
  - Supplies included respirators (N95s), reusable masks, hand sanitizers, and gloves.
  - Workers receiving supplies included immigrant workers and Spanish-speaking workers, specifically mentioned by one worker center.
  - One worker center included fliers about COVID-19 vaccination clinics in supply kits; another worker center packed QR code stickers in supply kits which direct workers to join worker center mailing list.
Provident Update

Projects in Operation to Preserve & Expand Care Access
Provident –Current State

Projects Completed or Underway to Enhance Patient Experience

- Project Scope & Timeline  $~28M
  - Improve existing facility to enhance patient experience
    - Ambulance Bay Door Replacement  Complete
    - Elevator Repairs  Complete
    - Multi Purpose Room Update  Complete
    - Telephone System Upgrade  In progress – June 2021
    - Patient Flow Capacity Management Implementation  In progress – August 2021
    - HVAC Upgrade  In progress – August 2021
    - Remote Patient Monitoring Implementation  In progress – November 2021
    - Ceiling/Lighting Improvements  In progress – December 2021
    - Corridor/Wall Refurbish  In progress – December 2021
    - Ambulance Bay Exterior Repairs  In-progress – January 2022
    - Nurse Call System Installation  In progress – TBD
Provident – Current State

Projects Completed or Underway to Expand Care Access

- **Project Scope & Timeline** $\sim$6.2M
  - Expand service lines to increase patient volumes – including opening the ED to ambulance runs and expanding to a full 25 bed Medical Surgical Unit and opening the 6 bed ICU.
    - Dialysis Center Complete
    - Lifestyle Center Complete
    - Ophthalmology In progress – June 30, 2021
    - UCM Neurology Resident Sengstacke Rotation In Progress – June 30, 2021
    - Diagnostic Imaging In progress – July 31, 2021
    - Operating Room Expansion In progress – July 31, 2021
    - Colonoscopy In progress – September 30, 2021
    - Ambulance Runs/ICU/MedSurg In-progress – October 2021

- **CON Considerations**
  - Approval granted for Dialysis Center (2017) and ICU (2021)
Questions?
This month, Cook County Health was awarded funding for $1.5 million over three years by the Health Resources and Services Administration. This grant will support Cook County Health’s Sexual Nurse Assault Examiner program, which trains nurses to care for patients who have been sexually assaulted or abused. Congratulations to:

- Amir Budhwani, Assistant Grant Management Director
- Juandalynn Johnson, Grants Program Manager
- Heather Prescaro, Interim Lead, Emergency Medicine
- Beena Peters, Chief Nursing Officer
- Leticia Reyes-Nash, Director of Programmatic Services and Innovation
- Whitney Towey, Grant Writer
- Serena Valino, Nurse Coordinator, Emergency Services
- Ashanté Wells-Baines, Administrative Analyst, Emergency Medicine

The Cook County Department of Emergency Medicine is working to ensure minority patients, including LGBTQ+ patients, feel safe and comfortable when seeking care in the Emergency Department. Among the initiatives to promote a more diverse and inclusive environment within the Department of Emergency Medicine, staff have developed a lecture series and care simulations focused on minority patients, held focus groups and distributed pronoun buttons. The Department is also working to improve experiences for staff by promoting diversity within the emergency residency program and creating a safe space for these individuals once recruited. The Department created the Diversity Externship Scholarship for fourth-year medical students that is geared toward ethnic, racial, sexual and gender minorities.

Thank you to the following staff for participating in this initiative:

- Dr. Ashlea Winfield, Chair of Diversity and Inclusion Committee for the Department of Emergency Medicine and Assistant Program Director
- Dr. Anthony Alexander, Resident, Anesthesia
- Dr. Dhara Amin, Director of Quality Improvement and Patient Safety and Attending Physician
- Dr. Victor Bui, Resident, Emergency Medicine
- Elizabeth Ciennik, Physician Assistant, Emergency Medicine
- Dr. Emily DeDonato, Simulation Fellow
- Dr. Sean Dyer, Clerkship Director and Attending Physician
- Dr. Ameera Haamid, Asst. Medical Director of Emergency Medical Services and Attending Physician
- Dr. Asma Hashim, Resident, Emergency Medicine
- Dr. Melissa Hoshizaki, Resident, Emergency Medicine
- Dr. Jennifer Lee, Resident, Emergency Medicine
- Dr. Bobby Needleman, Assistant Program Director, Emergency Medicine
- Dr. Adrian Robles, Resident, Emergency Medicine
- Dr. Michael Schindlbeck, Program Director and Attending Physician, Emergency Medicine
- Dr. Michelle Sergel, Director, Cook County Health Simulation Center
- Dr. Pankti Thakkar, Resident, Emergency Medicine
- Dr. Larissa Unruh, Resident, Emergency Medicine
Cook County will be recognized by the National Association of Counties (NACo) with two 2021 Achievement Awards for work being done by Cook County Health related to housing and COVID-19 mitigation at the Cook County Jail. The awards will be presented at the NACo conference in July.

**Housing is Health:** In collaboration with Housing Forward, a homeless services and housing agency in West Suburban Cook County, a Medical Respite Center in Oak Park was opened in December 2020. The center serves individuals who have been discharged from the hospital but are insecurely housed and cannot return or go to a shelter. *Christine Haley*, Director of Housing, serves as the center’s Clinical Administrator, and *Dr. Keiki Hinami*, general internist and physician researcher with Cook County Health, serves as the center’s Medical Director. The center has 19 beds, six of which are dedicated for COVID-19 isolation. At the center, clients can continue their recuperation and receive necessary medical services that are generally provided on an outpatient basis, such as IV antibiotics and post-procedural wound care. Clients also receive supportive services, including housing case management, assistance applying for benefits, medication education and assistance, and are visited by volunteer physicians. Homelessness and housing insecurity present significant challenges to individuals working to stabilize their health. The Medical Respite Center is one component of CCH’s strategy to address the social determinants of health that disproportionally impact our communities and improve the health of our most vulnerable patients.

**COVID-19 Mitigation at Cook County Jail:** When the COVID-19 pandemic hit, the congregate nature typical of correctional facilities, combined with the unique challenges of housing and keeping safe individuals in the custody of law enforcement, required immediate coordination and cooperation between CCH, the Cook County Sheriff’s Department (CCSO) and their partners. Collective and aggressive efforts by CCH, CCSO, the US Centers for Disease Control and Prevention, and the Chicago Department of Public Health resulted in significant containment and mitigation of the spread of COVID-19 at the Cook County Jail (CCJ). Implementation of widespread testing, added or reconfigured housing for detainees, relentless social distancing and universal masking of staff and detainees together with extensive quarantining of COVID-19 cases and all new detainees resulted in a dramatic drop in the positivity rate and a major drop in the number of cases. However, after the early period of the pandemic, CCJ’s COVID-19 positivity rate consistently stayed well below those of Cook County and Chicago. The COVID-19 mortality rate at CCJ has always been less than one-tenth of one per cent of the rate for the entire State of Illinois. The Cermak Health Services team, led by *Dr. Connie Mennella*, Chief Medical Officer, and *Manny Estrada*, Chief Operating Officer, has become a national leader in mitigating the spread of COVID-19 in a correctional setting.

**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 June 15, CCH’s Fresh Truck partnership with the GCFD resulted in 331 visits to CCH health centers – Arlington Heights, Austin, Blue Island, the CORE Center, Cottage Grove, Englewood, Logan Square, North Riverside, Provident/Sengstakee, 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 39,092 individuals, representing 129,431 household members, totaling more than 854,250 pounds of food. Most of the
individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

The GCFD’s Fresh Food Truck visits for the month of June include the following ACHN Health Centers:

- **July 1** – **Prieto Health Center** – 2424 S. Pulaski Road, Chicago, IL 60623
- **July 13** – **Provident Hospital/Sengstacke Health Center** – 500 W. 51st Street, Chicago, IL 60615
- **July 15** – **Arlington Heights** – 3520 N. Arlington Heights Road, Arlington Heights, IL 60004
- **July 16** – **CORE Center** – 2020 W. Harrison Street, Chicago, IL 60612
- **July 22** – **Blue Island Health Center** – 12757 S. Western Ave., Blue Island, IL 60406
- **July 27** – **Logan Square Health Center** – 2840 W. Fullerton Avenue, Chicago, IL 60647

**IMPACT 2023 Objective 5.1C**

**Community Advisory Councils**

- Cook County Health Community Advisory Councils (CAC) include patients, community and religious organizations and provides an opportunity to engage patients, organizations and civic leaders in the communities where our centers are located. The Councils provide feedback to our staff and help strengthen our health centers’ 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.

Upcoming CAC meeting dates:

- **North Riverside**: Wednesdays at 1:00 PM: September 15, December 15
- **Englewood**: Thursdays at 1:00 PM: September 16, December 16
- **Provident Hospital/Sengstacke Health Center**: Wednesdays at 10:00 AM: July 14, October 13
- **Cottage Grove**: Tuesdays at 1:00 PM: July 27, October 26
- **Robbins**: Tuesdays at 1:00 PM: August 17, November 16
- **Arlington Heights**: Tuesdays at 1:00 PM: August 24, November 23

**IMPACT 2023 Focus Area 5**

**CCH Sponsored Events**

Cook County Health will be participating in **Commissioner Frank Aguilar’s Virtual HIV Awareness** Event. An English language session will take place on June 29, 2021, and a Spanish language one will take place on June 30, 2021. The event will address HIV Awareness, Health Equity, Prevention, Testing, & Treatment. Core Center’s Dr. Pamela Vergara-Rodriguez and a representative from the CCHIP Austin site will participate. Some participating organizations include the AIDS Foundation, Calor, Corazon, The Hub, Youth Outreach and others. You can sign up for participation at www.eventbrite.com/e/district-16-hiv-awareness-event-english-tickets-159867.

On Wednesday, July 28, 2021, a **CountyCare Enrollee Advisory Committee (EAC)** meeting will take place at the North Riverside Health Center located at 1800 S. Harlem Avenue in North Riverside. The EAC meeting provides CountyCare Health Plan members with an opportunity to have an open dialogue with staff on the plan and its benefits. About 1,500 invitations, each containing a survey, will be mailed to CountyCare members who reside in proximity to this location.

**Media, social media reports and other documents attached.**
Legislative Update

Local

- On June 22, the Cook County Board’s Health & Hospitals Committee held their monthly meeting. The agenda included a COVID-19 Vaccine and Contact Tracing Update from CCH CEO Israel Rocha and CCDPH Co-Leads Dr. Kiran Joshi and Dr. Rachel Rubin. The agenda also included a presentation by CCH on the two 2021 NACo (National Association of Counties Organization) Achievement Awards received by CCH for our Housing is Health Respite Housing Initiative and CCH’s efforts to manage and mitigate COVID-19 at the Cook County Jail.

The next meeting of the Cook County Board’s Health & Hospitals Committee is scheduled for July 20. At that meeting CCDPH will present their Second Annual Quarterly Report.

CCH will continue to provide a COVID-19 Vaccine and Contact Tracing Update to the committee every month through the end of calendar year 2021.

- On June 22, the Cook County Board’s Human Relations Committee approved a resolution calling on all offices and agencies of Cook County government to update all documents and forms to be gender inclusive.

- On June 23, the Cook County Board’s Asset Management Committee approved the transfer of the Ruth M. Rothstein CORE Center Building from the CORE Foundation to Cook County. The CORE Foundation previously approved the transfer.

- On June 23, the Cook County Board’s Legislation and Intergovernmental Affairs Committee approved the appointment of Lyndon Taylor to the Cook County Health Board of Directors. On June 24, the Cook County Board ratified the appointment. The appointment is effective July 1, 2021 and expires June 30, 2025.

State

- The Illinois General Assembly’s regular session ended May 31, but legislators have continued to convene to address issues that were unresolved during the regular session and to correct technical issues with the FY2022 budget.

Over 7,800 bills and resolutions were filed by House and Senate members in the spring legislative session. The legislature passed a total of 664 bills, including a $42B FY2022 state budget, new legislative maps, an ethics reform package, a Medicaid omnibus bill, and authorizing an elected school board in Chicago. Once bills are sent to the Governor, he has 60 days to take action; if he takes no action, the bill automatically becomes law on day 61.

Legislation of interest to CCH awaiting action by the Governor includes:

- **SB1840** – Joint effort between Cook County and Cook County Health to improve health equity and access to care by increasing transparency and reporting requirements in nonprofit hospital community benefits reports and improving the process for uninsured patients to access hospital-based services. CCH is working with stakeholders to ensure successful implementation.

- **SB2017** (2022 Budget Implementation Bill or BIMP) includes expansion of Medicaid-like coverage to immigrants 55 – 64 years old with income less than 138% FPL, with coverage starting no later than May 2022. This builds on the Medicaid-like expansion for older adult immigrants authorized in the FY2021 BIMP.

- **SB2294** (Medicaid omnibus) – Adds additional covered services and providers to the Medicaid program, increases reimbursement rates for certain dental codes for adults and children as well as administrative fees for immunizations provided to children, and makes other changes related to Medicaid.
- **SB818** – Requires Illinois public and charter schools to teach comprehensive personal health and safety education in grades K-5 and comprehensive sexual health education in grades 6-12 that is age and developmentally appropriate, medically accurate, complete, culturally appropriate, inclusive, and trauma informed.

- **HB1063** – Repeals harmful and outdated HIV criminalization law and treats HIV like any other chronic disease, using proven and effective public health strategies.

- **HB3308** – Makes permanent (until 2027 for most services) telehealth coverage, reimbursement, and flexibilities initiated in response to COVID-19. While the bill only applies to private insurance plans regulated by the Illinois Department of Insurance, the Illinois Department of Healthcare and Family Services (HFS) has agreed to payment parity and coverage of telehealth for Medicaid beneficiaries beyond the end of the pandemic, as permitted by the telehealth administrative rules filed last year. HFS intends to meet with stakeholders over the next several months to determine what, if any legislative changes need to be in place.

- **HB3739** requires local lead service line replacement and creates a low-income assistance program to help fund water infrastructure projects, including replacement.

The fall veto session is currently scheduled to take place October 19-21 and 26-28.

- The Illinois Department of Healthcare and Family Services began accepting stakeholder feedback on the Feasibility Report for Coverage Affordability, which outlines several policy options that Illinois can undertake to reduce the number of uninsured residents, improve health equity, and improve health care affordability. The June 3 Public Education Subcommittee of the Medicaid Advisory Committee was the first of these feedback sessions, with additional stakeholder engagement sessions to take place over the next several weeks.

**Federal**

- **California v. Texas** – On June 17, the U.S. Supreme Court ruled that Texas and the other states seeking to overturn the entire Patient Protection and Affordable Care Act (ACA) lacked standing to bring the complaint because they had not demonstrated that they had been harmed by the law. Six justices joined Justice Breyer’s opinion for the majority. With most of the increasingly conservative Court declining to even rule on the merits, legal analysts believe that there will be no further serious legal challenges to the ACA.

- **FY 2022 Budget and Appropriations** – On May 28, President Biden submitted his budget request to Congress for FY 2022, which begins on October 1. The budget proposes $769 billion for non-defense discretionary programs, a 16% increase over current levels. It proposes $753 billion for defense programs, a 1.7% increase over current levels. The budget also proposes to fund the core provisions of the President’s earlier Build Back Better proposals, the American Jobs Plan and the American Families Plan.

While it expresses support for other major proposals from Biden’s campaign platform, including creating a public health insurance option, expanding Medicare, and lowering prescription drug prices, the budget documents do not make specific legislative or budgetary proposals to implement them.

The budget proposes raising taxes on corporations and high-income households to offset some of the spending increases.

House Appropriations Subcommittees will mark up their bills before the end of June and the full Committee plans to finish marking the bills up by the middle of July. The Senate will likely move forward in July. We still expect one or more continuing resolutions will be needed to keep the government funded after the start of the fiscal year, until a bipartisan, bicameral agreement can be reached.
While the budget does call for increased federal spending on the Medicaid program, the increases are focused on the proposal to expand home and community-based services (HCBS) for elderly and disabled Americans, and to raise the pay for the workers that provide those services, as outlined in the *American Jobs Plan*.

Budget requests for other HHS programs of note include:
- **Hospital Preparedness Program**: The budget proposes $292 million for HPP, an increase of $11 million over current funding levels.
- **Behavioral Health**:
  - The budget proposes $3.5 billion for the Substance Use Prevention and Treatment Block Grant, an increase of $1.7 billion over current funding levels.
  - Likewise, it proposes $1.6 billion for the Community Mental Health Services Block Grant, an increase of $825 million over current funding levels.
  - It also proposes $10.7 billion to address the opioid epidemic, an increase of $3.9 billion.
- **Public Health**:
  - The budget proposes $8.7 billion for the Centers for Disease Control and Prevention, an increase of $1.6 billion over current funding levels. The increased funding is intended to improve preparedness for future public health crises, including support for core capabilities in state and local public health departments.
  - The proposal also includes $153 million for the Social Determinants of Health program.
  - The budget proposes $695 million for Public Health Emergency Preparedness, the same as was appropriated for this year.
- **Gun Violence**:
  - The budget proposes $2.1 billion to address gun violence as a public health epidemic, $232 million over current funding levels. This funding includes $200 million for a new Community Violence Intervention initiative.

- **Biden Administration** – On May 25, Chiquita Brooks-LaSure, President Biden’s nominee for Administrator of the Centers for Medicare and Medicaid Services (CMS), was confirmed by the Senate in a vote of 55–44. She was sworn in by U.S. Department of Health and Human Services (HHS) Secretary Xavier Becerra on May 27. Brooks-LaSure has indicated that her top priorities at CMS will include expanding health insurance coverage and ensuring health equity.

- **Provider Relief Fund** – On June 11, HHS, through the Health Resources and Services Administration (HRSA), released revised reporting requirements for Provider Relief Fund (PRF) recipients. The announcement included extending the amount of time providers will have to report information. The period of availability of funds is based on the date the payment is received (rather than requiring all payments be used by June 30, 2021, regardless of when they were received). Under the new guidance, recipients will have a 90-day period to complete reporting (rather than a 30-day reporting period).

- **Biden “American Jobs Plan” and “American Families Plan”** – While negotiations on a potential bi-partisan infrastructure/jobs bill continue, Congressional Democrats are preparing to “go it alone” and advance a larger package via budget reconciliation rules.

America’s Essential Hospitals continues to advocate that the infrastructure package should include funding for safety net hospitals, including hospital capital investments (e.g., a renewed Hill-Burton program as envisioned by House Energy and Commerce Democrats), digital infrastructure, emergency preparedness and workforce development.
Earned Media Dashboard: May – June 18, 2021

Total Media Placements: 289

Total Reach: 930.4 Million People

Total Media Value: $9.3 Million

Top 5 Local Media Outlets:
1. ABC 7 Chicago – 31
2. NBC 5 Chicago – 27
3. WBBM Radio – 25
4. CBS-2 – 20
5. Chicago Tribune – 18

Top National Media Outlets:
1. Yahoo! News
2. MSN
3. AP
Media Dashboard: May 22 – June 18, 2021

1. Closure of mass vaccination sites
2. Six Flags Great America vaccine promotion
3. Chicago White Sox pop-up vaccination event series
4. Precautions as reopening begins
5. Johnson & Johnson vaccine being administered at Cook County Health sites
Recent Cook County Health COVID-19 Media Coverage

2,123 Media Hits on COVID-19 since February 2020

Cook County closing mass vaccination sites in Tinley Park, South Holland, River Grove

Mask shaming: Illinois has reopened, but some of us are still wearing masks. How does that make you feel?

Cook County Health’s Dr. Nimmi Rajagopal Discusses Vaccination Rates in South Suburbs

Vaccination strategies pivot to spur greater patient engagement

Chicago White Sox are offering COVID-19 shots Friday and Saturday, promising the vaccine’s benefits and $25 ballpark gift cards

ER's could be busy this summer, after year of COVID lockdown

Cook County Health Vaccination Sites to Hand Out Six Flags Tickets

Social Media Influencers in Cook County Promote Vaccine: ‘Just Go Do It’
Social Media Summary

May – June Activity

During May 22– June 18, the communications team posted content on Facebook, Twitter, Instagram and LinkedIn for Cook County Health.

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

**Facebook** – 49 posts + 6 stories  
https://www.facebook.com/Cookcountyhhs/

**Instagram** – 34 posts + 14 stories + 2 IGTV  
https://www.instagram.com/cookcountyhealth/

**Twitter** – 50 (includes retweets)  
https://twitter.com/CookCtyHealth

**LinkedIn** – 6 posts  
https://www.linkedin.com/company/cook-county-health/
Social Media Insights

As of June 18

Twitter (28-Day Summary)
• Impressions: 36.4
• Profile visits: 1.9K
• Mentions: 95 (up 10.5%)
• Followers: 4,050 (up 20)

LinkedIn (30-Day Summary)
• Impressions: 13K
• Unique visitors: 497
• Followers: 6,687 (up 85)

Facebook (28-Day Summary)
• Post reach: 757.8K
• Post engagement: 14.9K
• Page views: 1.5K
• Page likes: 5,620 (up 70)
• Page followers: 7,277 (up 77)

Instagram (30-Day Summary)
• Impressions: 15.9K
• Reach: 1.2K
• Profile visits: 397
• Followers: 2,411 (up 16)
Top Social Media Posts

May 22 – June 18
Top Social Media Posts: Facebook

Post Performance

- Reach: 62.6
- Clicks: 115

BBQs, block parties, weddings, graduations. Summer is here – and it will be better if you’re vaccinated against COVID-19. No appointment needed for a FREE shot at Thornton Township High School in Harvey. Click or call 312-864-0891 to get yours today.
Top Social Media Posts: Facebook

Post Performance

- Reach: 6.1K
- Reactions, comments and shares: 117

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Cook County Health

Stay cool, Cook County. Temperatures are expected to be at or near 90 degrees over the next few days. Watch out for symptoms of heat-related illnesses and learn when to seek out help.

https://www.cdc.gov/disasters/extremeheat/warning.html
Top Social Media Posts:
Instagram

Post Performance

• Impressions: 521
• Reach: 926
Top Social Media Posts: Instagram

Post Performance

• Impressions: 555
• Interactions: 27
• Likes: 26
Top Social Media Posts: Twitter

Post Performance

- Impressions: **2.0K**
- Total engagements: **46**
Top Social Media Posts: Twitter

Post Performance

• Impressions: 1.9K
• Total engagements: 17
Top Social Media Posts: LinkedIn

Post Performance

• Impressions: 3.5K
• Clicks: 618
• Reactions: 52
Top Social Media Posts: LinkedIn

Post Performance

• Impressions: 1K
• Clicks: 40
June 25, 2021

Dear Chairman Hammock and CCH Board of Directors,

Beginning this month, you will see a new report from the CCH Communications Department. We have a new platform for tracking and analyzing media stories, resulting in a more comprehensive overview of our earned media reach.

Moving forward, each month we will provide you with additional slides highlighting earned media metrics, including the total reach and estimated monetary value of our news stories which are widely used metrics in the public relations industry. The news clips will be provided in a table format with hyperlinks to the stories, now including radio spots. This reporting will capture more of our news coverage, provide important data on the scope of our work, and streamline our reporting. If you would prefer to receive the full text of all of the media stories, please do not hesitate to let me know.

We are looking forward to sharing with you these enhanced highlights of CCH’s broad media reach. I am happy to answer any questions you may have.

Thank you,

Caryn Stancik
Chief Communications and Marketing Officer