

Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held on Friday, August 28, 2020 at the hour of 9:00 A.M. This meeting was held by remote means only, in compliance with Illinois Public Act 101-0640.

I. Attendance/Call to Order

Chair Hammock called the meeting to order.

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

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

Additional attendees and/or presenters were:

Debra D. Carey – Interim Chief Executive Officer
Letitia Close – Executive Director Government Affairs
Claudia Fegan, MD – Chief Medical Officer
Aaron Galeener – Interim Chief Executive Officer,
Health Plan Services
Andrea Gibson – Interim Chief Business Officer
Charles Jones – Chief Procurement Officer
Kiran Joshi, MD – Cook County Department of Public
Health

Jeff McCutchan – General Counsel
Carrie Pramuk-Volk – Interim Chief Human Resources
Officer
Deborah Santana – Secretary to the Board
Robert Sumter, PhD – Interim Deputy Chief Executive
Officer, Operations and Chief Information Officer
Arnold Turner, MD – Provident Hospital of Cook County

II. Electronically Submitted Public Speaker Testimony (Attachment #1)

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

1. Testimony presented jointly from the following:
 - Mike Newman – Deputy Director, AFSCME Council 31
 - Marti Smith, RN – Midwest Director, National Nurses United
 - Greg Kelley – President, SEIU Healthcare IL/IN/MO/KS
 - Dian Palmer – President, SEIU Local 73
 - Dana Quartana – Regional Coordinator, Doctors' Council SEIU
2. Dana Quartana - Regional Coordinator, Doctors' Council SEIU

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

III. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, July 31, 2020

Chair Hammock inquired whether any corrections or revisions to the minutes were needed. Hearing none, he advanced to the next item.

III. Board and Committee Reports (continued)

B. Human Resources Committee

- i. Metrics (Attachment #2)

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

C. Managed Care Committee

- i. Metrics (Attachment #3)

Director Thomas and Debra D. Carey, Interim Chief Executive Officer, provided an overview of the Metrics. The Board reviewed and discussed the information.

D. Quality and Patient Safety Committee Meeting, August 20, 2020

- i. Highly Reliable Organization (HRO) Dashboard (Attachment #4)
- ii. Meeting Minutes, which include the following action items:
 - One (1) proposed Stroger Hospital Department Chair Initial Appointment
 - Proposed amendments to the Bylaws of the Medical Staff of Provident Hospital of Cook County
 - Medical Staff Appointments/Reappointments/Changes

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

E. Finance Committee Meeting, August 20, 2020

- i. Metrics/FY2020 Finance Update (Attachment #5)
- ii. Meeting Minutes, which include the following action items:
 - Contracts and Procurement Items
 - Proposed Transfer of Funds

Director Reiter provided an overview of the Meeting Minutes. Charles Jones, Chief Procurement Officer, provided a brief overview of the proposed Contracts and Procurement Items considered and informational reports received at the Finance Committee Meeting. It was noted that request number 5 under the Contracts and Procurement Items remains pending review by Contract Compliance.

Andrea M. Gibson, Interim Chief Business Officer, provided an overview of the presentation on the FY2020 April Finance Update. It was noted that, at the Finance Committee Meeting, Director Story requested that the dollar figure associated with denials be included in the metrics; Ms. Gibson noted that she will be folding that information into the metrics going forward.

IV. Action Items

A. Contracts and Procurement Items (Attachment #6)

Mr. Jones provided an overview of the request.

IV. Action Items (continued)

B. Proposed 2020 Plan for Patient Care for Provident Hospital of Cook County (Attachment #7)

This was reviewed and discussed at the August 20, 2020 Quality and Patient Safety Committee Meeting.

Dr. Arnold Turner, Medical Director for Provident Hospital of Cook County, provided an overview of the item presented for the Board's consideration.

C. Any items listed under Sections III, IV and VIII

Director Gugenheim, seconded by Director Thomas, moved to approve the minutes of the July 31st Board Meeting and the minutes of the Quality and Patient Safety and Finance Committee Meetings for August, which include the Medical Staff appointments/reappointments/and changes, Stroger Hospital Department Chair Initial Appointment, Proposed Amendments to the Provident Hospital Medical Staff Bylaws, Contracts and Procurement Items, Transfer of Funds; request number 1 under Board Agenda IV(A) Contracts and Procurement Items; and Board Agenda Item IV(B) Proposed 2020 Plan for Patient Care for Provident Hospital. A roll call vote was taken, the votes of yeas and nays being as follows:

Yeas: Chair Hammock and Directors Deer, Driscoll, Gugenheim, Koetting, Prendergast, Reiter, Richardson-Lowry, Story and Thomas (10)

Nays: None (0)

Absent: Vice Chair Munar and Director Suleiman Gonzalez (2)

THE MOTION CARRIED UNANIMOUSLY.

V. Recommendations, Discussion/Information Items

A. Quarterly Report from the Cook County Department of Public Health (Attachment #8)

Dr. Kiran Joshi, Senior Medical Officer and Co-Lead, Cook County Department of Public Health (CCDPH), provided an overview of the Quarterly Report.

Chair Hammock requested that a plan be developed to address racial inequities experienced involving healthcare, to encourage people who a) if they don't have insurance and are eligible for Medicaid, to sign up; and b) if they aren't eligible but still have needs, to seek out charity care assistance in order to get a more regular medical defensive and offensive treatment to their underlying conditions. This would hopefully protect them, to a greater degree from Covid-19 infection, but from other conditions, as well.

Director Driscoll inquired whether Dr. Joshi and CCDPH staff are working with the Center for Innovation and Equity and its' Co-Director, Leticia Reyes-Nash, on any of these issues; she stated that it is important for CCDPH to have contact and communication with it and other parts of the health system. Dr. Joshi responded affirmatively; he stated that, for example, when it came to the work on planning for the contact tracing grants, Ms. Reyes-Nash has been an invaluable partner. Director Driscoll suggested that the Board receive a report from the Center for Innovation and Equity at an upcoming Board Meeting. Dr. Fegan responded that this will be provided.

V. Recommendations, Discussion/Information Items (continued)

B. Introduction of Cook County Health's (CCH) Proposed FY2021 Preliminary Budget (Attachment #9)

Ms. Gibson provided an overview of the CCH Proposed FY2021 Preliminary Budget. The Board reviewed and discussed the information.

In response to Vice Chair Munar's comments regarding the need for a strategy on uncompensated care, Chair Hammock requested that the administration pull together the appropriate group of staff, including those involved in policy, intergovernmental relations, communications, etc., to develop an intentional strategy on uncompensated care for the Board's discussion at a future meeting.

Director Prendergast requested the following information: Provident Hospital Emergency Department visit volume data for FY2020; trendlines; and more of the financial information relating to the Provident Hospital Emergency Department.

Director Gugenheim requested that the definitions of the various levels of emergency room services, including "standby," be provided.

VI. Report from Chair of the Board

Chair Hammock reported that the Cook County Health Foundation will not be having an in-person dinner event this year; rather, there will be a virtual event that will recognize the work and achievements of Dr. Ngozi O. Ezike, Director of the Illinois Department of Public Health (IDPH). Prior to being appointed Director of IDPH, Dr. Ezike was a physician for over fifteen (15) years at Cook County Health.

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

Ms. Carey provided an overview of her Report; detail is included in Attachment #10.

VIII. Closed Meeting Items

A. Claims and Litigation

B. Discussion of personnel matters

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

Director Prendergast, seconded by Director Thomas, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding "the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity," 5 ILCS 120/2(c)(11), regarding "litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/follow-up:

- Follow-up: A request was made for a plan to be developed to address racial inequities experienced involving healthcare, to encourage people who a) if they don't have insurance and are eligible for Medicaid, to sign up; and b) if they aren't eligible but still have needs, to seek out charity care assistance in order to get a more regular medical defensive and offensive treatment to their underlying conditions. Page 3
- Request: A report from the Center for Innovation and Equity was requested to be provided at an upcoming Board Meeting. Page 3
- Follow-up: A request was made for the administration to pull together the appropriate group of staff, including those involved in policy, intergovernmental relations, communications, etc., to develop an intentional strategy on uncompensated care for the Board's discussion at a future meeting. Page 5
- Request: The following information was requested: Provident Hospital Emergency Department visit volume data for FY2020; trendlines; and more of the financial information relating to the Provident Hospital Emergency Department. Page 5
- Request: Definitions of the various levels of emergency room services, including "standby," was requested to be provided to the Board. Page 5

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
August 28, 2020

ATTACHMENT #1

Opposition to Closure of Emergency and Other Crucial Health Services in Communities of Color

Dear Members of the Cook County Health Board:

We, the leaders of the undersigned healthcare worker unions, are concerned about Cook County Health System's proposed decision to shut down the emergency room and other crucial services at Provident Hospital, and to shut down two clinics.

With an ongoing global pandemic, which is disproportionately impacting people of color, coupled with the recently announced closure of Mercy Hospital and the previous reduction of services at Holy Cross and Jackson Park hospitals, it is irresponsible of Cook County Health System to reduce services on the South Side of Chicago. The emergency department at Provident services over 30,000 patients a year and provides inpatient and outpatient services to over 100,000 patients. This reduction in hospital beds will cause the South Shore neighborhood to fall well below Illinois' own targets for needed hospital beds. Our communities will not survive a further reduction in services.

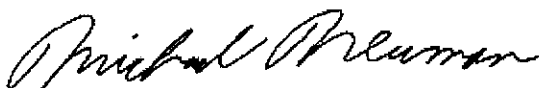
Cook County prides itself in developing a model of integrated care. Proposing to shut down the emergency room, intensive care unit, operating rooms, reduce supportive services and shutter the Near South and Woodlawn clinics does not comport with a commitment to integrated care.

Cook County Health made the decision to reopen the Provident ER amidst the COVID pandemic and we call on you to hold Cook County accountable to the pandemic of systemic racism that is the leading cause of death in our communities.

The COVID pandemic has created both a health crisis and an economic crisis. With more than 175,000 Illinoisans having lost their health insurance and unemployment at record highs not seen since the Great Depression, this is the worst possible time to threaten cuts to the health care our communities need and the jobs of the essential workers who provide it. Adding more than 170 laid off Cook County Health families to the rolls of the unemployed and uninsured while also reducing services makes no sense, especially given President Preckwinkle's declaration that racism is a public health crisis.

We call on you to vote against the budget proposing cuts to Provident Hospital and the closure of the Woodlawn and Near South Clinics and to move away from a budget that balances the County budget on the backs of sick and suffering County residents.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Bruman". The signature is fluid and cursive, with the first name "Michael" being more prominent than the last name "Bruman".

Mike Newman
Deputy Director
AFSCME Council 31



Marti Smith, RN
Midwest Director
National Nurses United



Greg Kelley
President
SEIU Healthcare IL/IN/MO/KS



Dian Palmer
President
SEIU Local 73






Dana Quartana
Regional Coordinator
Doctors Council SEIU

Doctors Council SEIU represents the attending physicians, dentists, and psychologists of Cook County Health. Because of that, we are always concerned about timely access to quality healthcare services, especially for underserved communities of color. This is especially so now during the COVID-19 pandemic, which has disproportionately affected these communities and caused them to suffer the most. We strongly disagree with any plans by CCH to eliminate the Pediatric Inpatient Unit, downgrade the Provident Emergency Department to an Urgent Care Center, and close both the Near South and Woodlawn Clinics. To cut access to healthcare in the midst of a brutal pandemic is wrong and needlessly harmful to these communities. We also strongly oppose any plans to layoff County healthcare workers, who have given and continue to give so much during COVID-19. The budget problems of CCH and Cook County should not be solved on the backs of our patients, communities, and healthcare workers. We urge CCH and Cook County to explore all other funding options and call on its Board of Directors to oppose any closures, cuts in services, and layoffs.

Dana Quartana
Regional Coordinator
Doctors Council SEIU

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
August 28, 2020

ATTACHMENT #2



Human Resources Metrics CCH Board of Directors

Carrie Pramuk-Volk
Interim Chief Human Resources Officer

August 28 2020



COOK COUNTY
HEALTH

Metrics



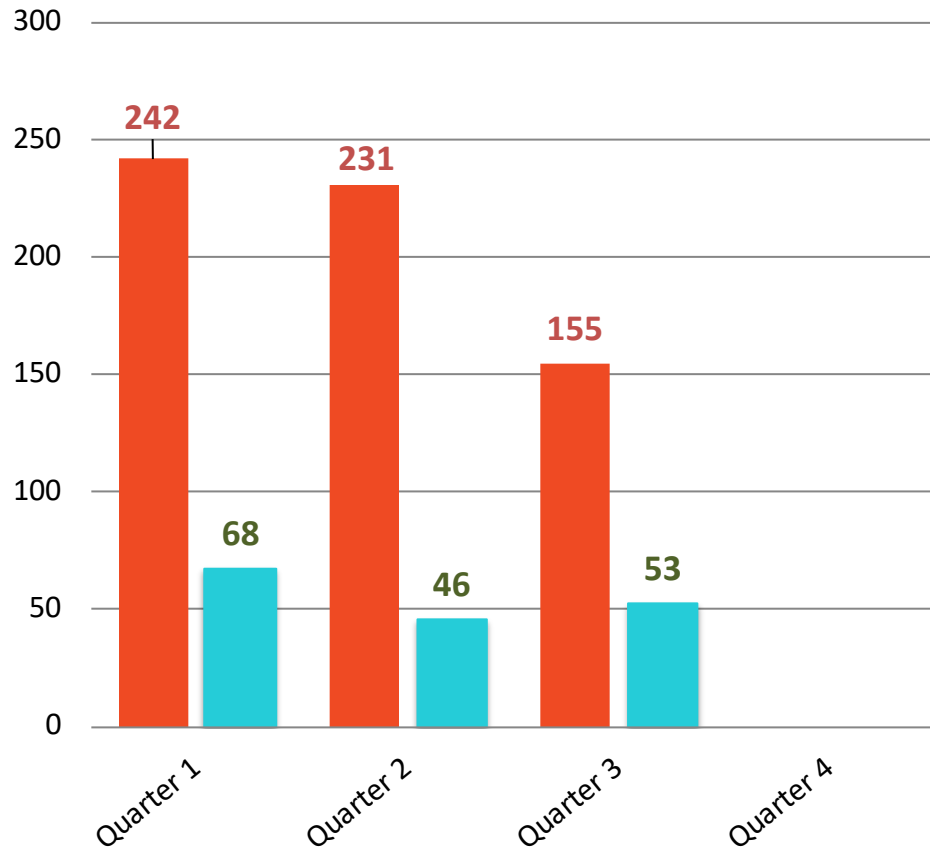
COOK COUNTY
HEALTH

FY 2020 CCH HR Activity Report

Thru 7/31/2020

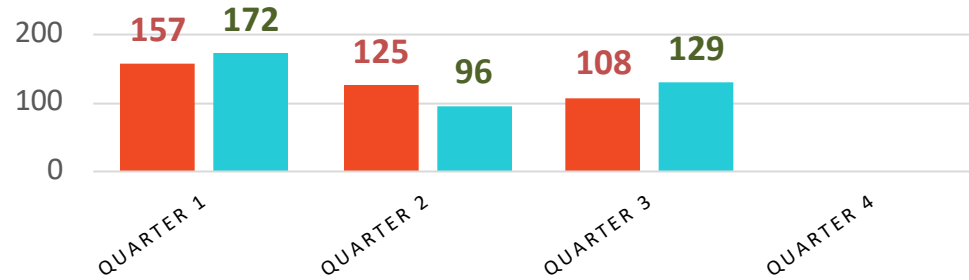
FILLED POSITIONS

■ 2019 Filled (628) | Externals (423)
■ 2020 Filled (167) | Externals (115)

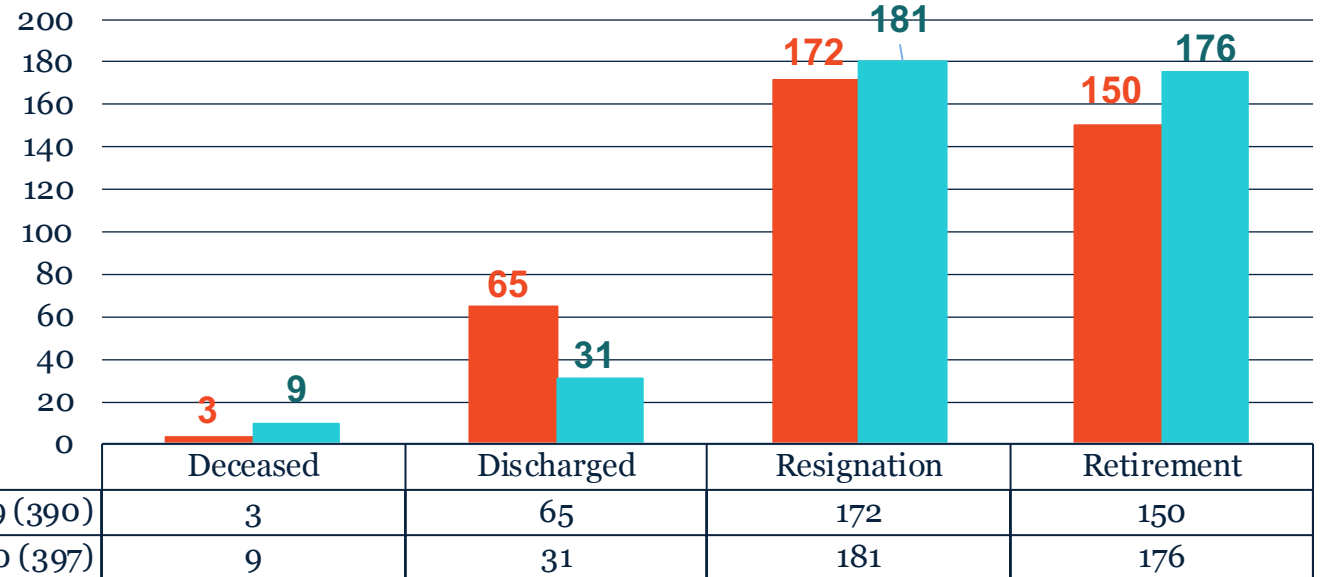
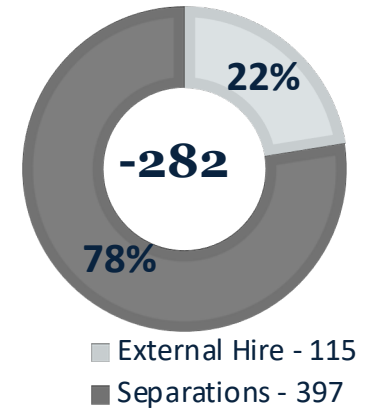


SEPARATIONS

■ 2019 Separations (390) ■ 2020 Separations (397)



NET



COOK COUNTY
HEALTH

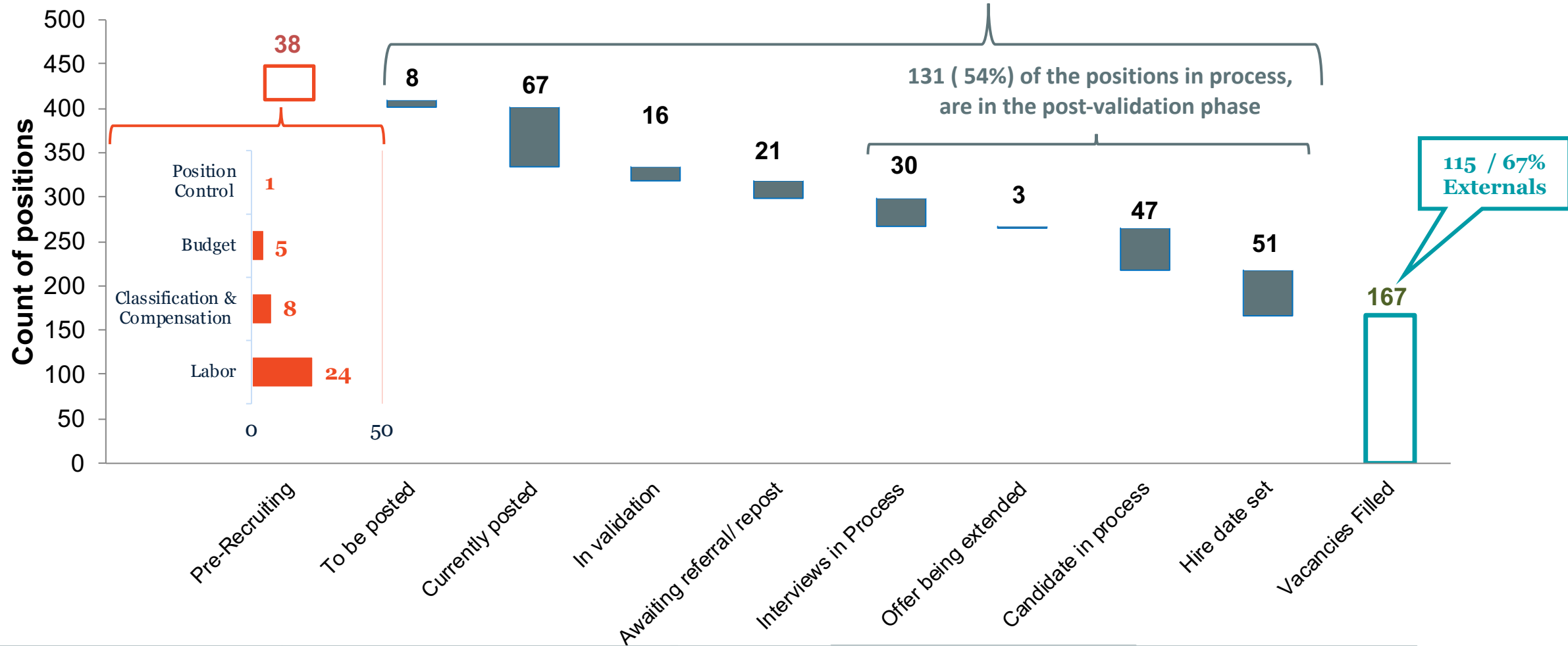
Does not include Consultants, Registry and House Staff

Cook County Health HR Activity Report – Hiring Snapshot

Thru 7/31/2020

Clinical Positions 162 | 67%
Non-Clinical Positions 81 | 33%

243 Positions in Recruitment



Shared Responsibility

Human Resources

Management

Finance / Human Resources

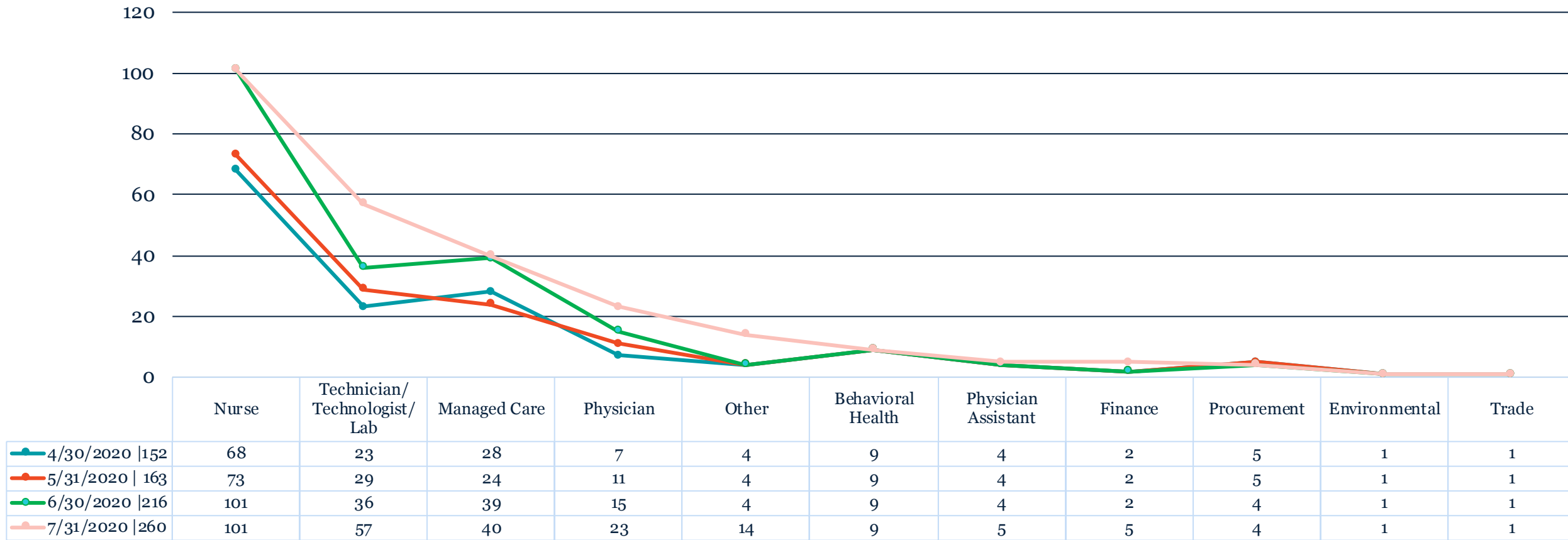
Shared Responsibility



COOK COUNTY
HEALTH

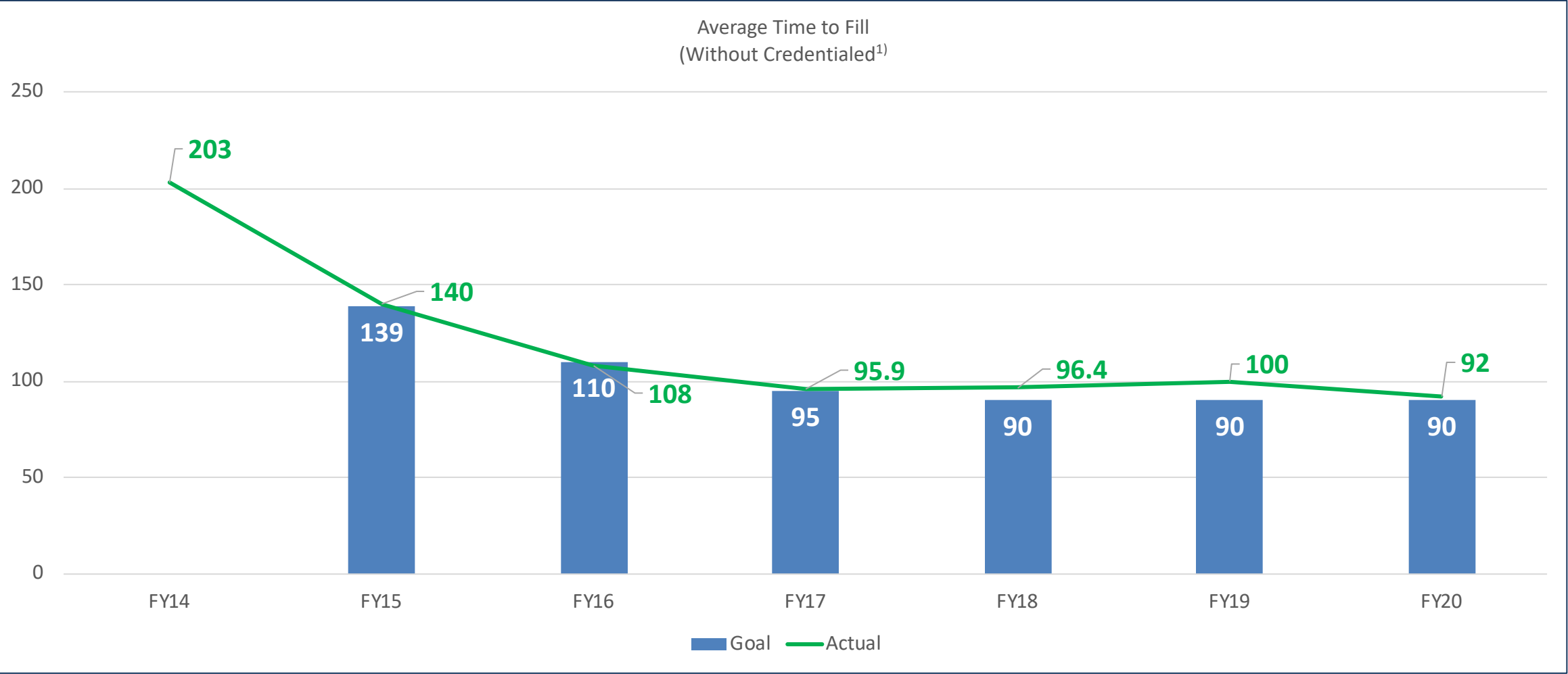
Hiring Plan

Of the 281 positions in Human Resources, 260 were approved by the Department of Budget & Management Services:



Cook County Health HR Activity Report

Improve/Reduce Average Time to Hire*



¹Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.

Thank you.



COOK COUNTY
HEALTH

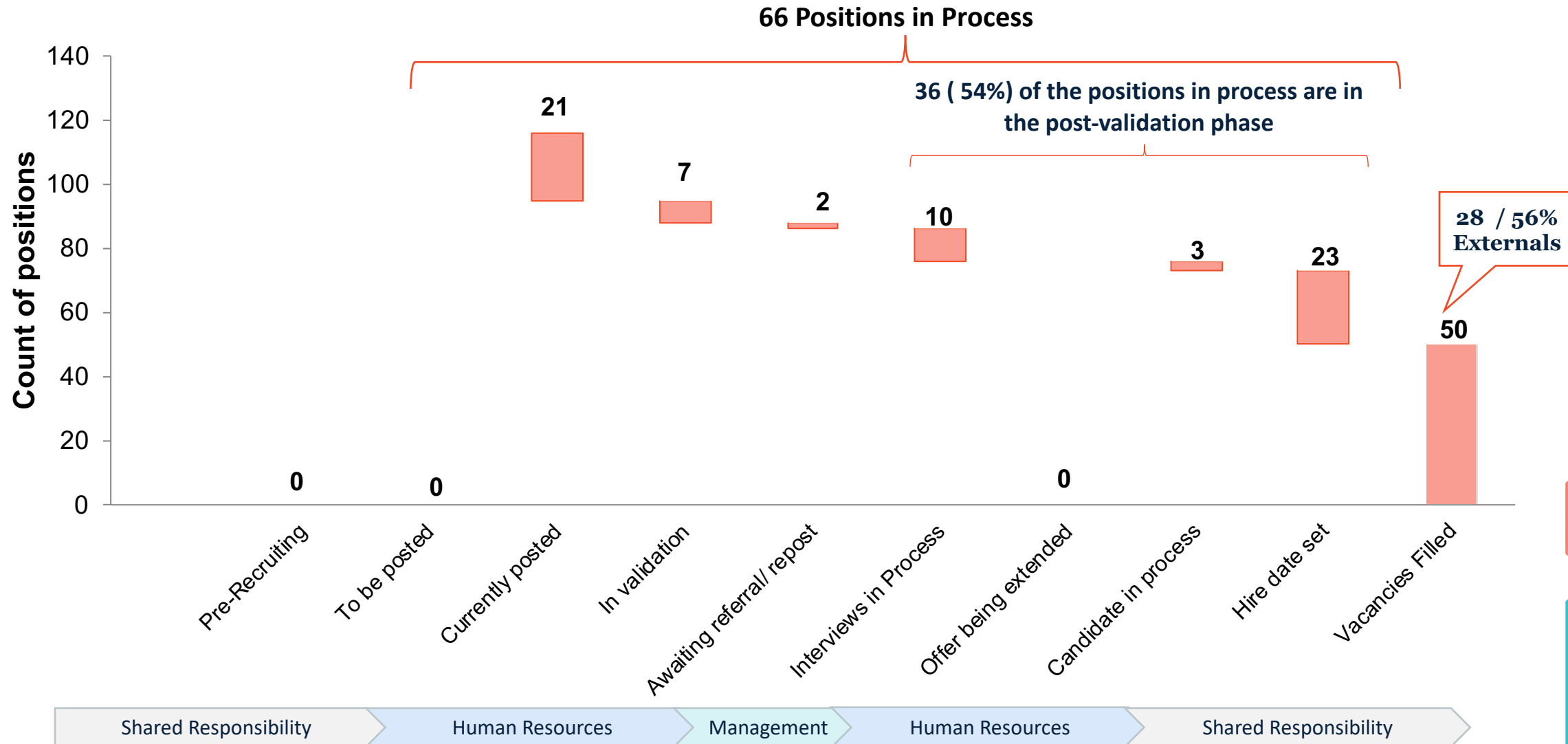
Appendix



COOK COUNTY
HEALTH

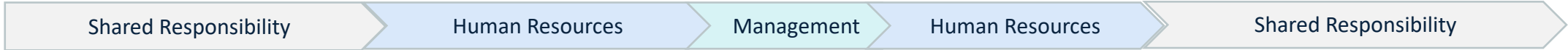
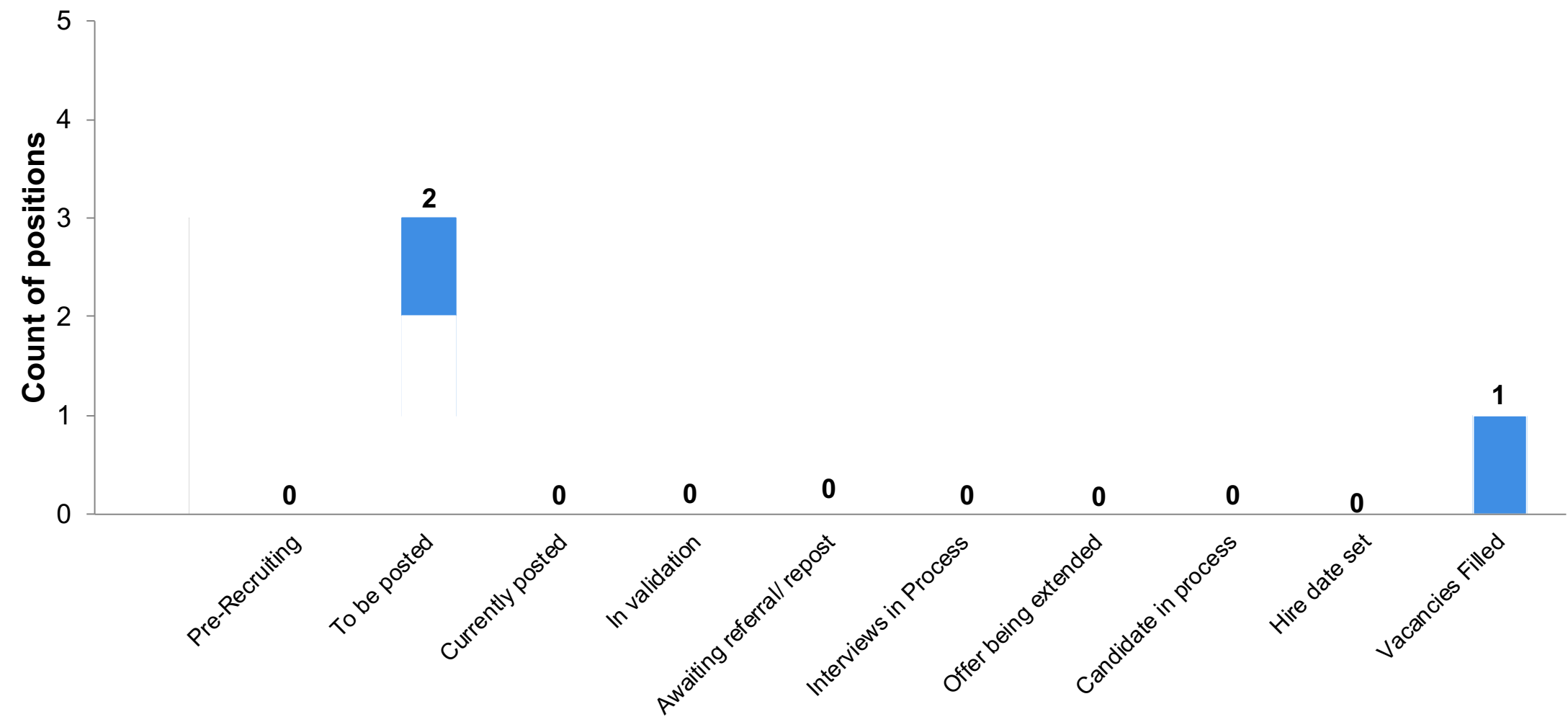
Cook County Health HR Activity Report Nursing Hiring: CNI, CNII

Thru 7/31/2020



Cook County Health HR Activity Report – Revenue Cycle

Thru 7/31/2020



Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
August 28, 2020

ATTACHMENT #3

CountyCare Update

Prepared for: CCH Board of Directors

Debra Carey

Interim CEO, Cook County Health

August 28, 2020



Current Membership

Monthly membership as of August 5, 2020

Category	Total Members	ACHN Members	% ACHN
FHP	231,435	17,399	7.5%
ACA	92,805	14,423	15.5%
ICP	30,403	5,734	18.9%
MLTSS	6,382	0	N/A
SNC	7,578	1,205	15.9%
Total	368,603	38,761	10.5%

ACA: Affordable Care Act

FHP: Family Health Plan

ICP: Integrated Care Program

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

SNC: Special Needs Children

Source: CCH Health Plan Services Analytics



Managed Medicaid Market

Illinois Department of Healthcare and Family Services June 2020 Data

Managed Care Organization	Cook County Enrollment	Cook County Market Share
*CountyCare	342,003	32.1%
Blue Cross Blue Shield	266,795	25.0%
Meridian	230,880	21.6%
IlliniCare	104,217	9.8%
Molina	67,686	6.3%
*Next Level	54,965	5.2%
Total	1,066,546	100.0%

* Only Operating in Cook County

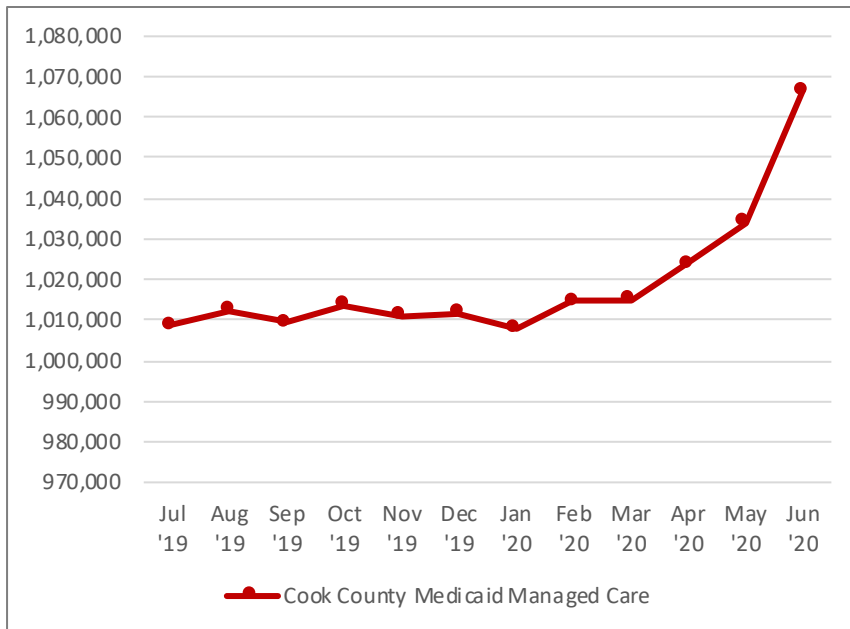
Source: <https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx>



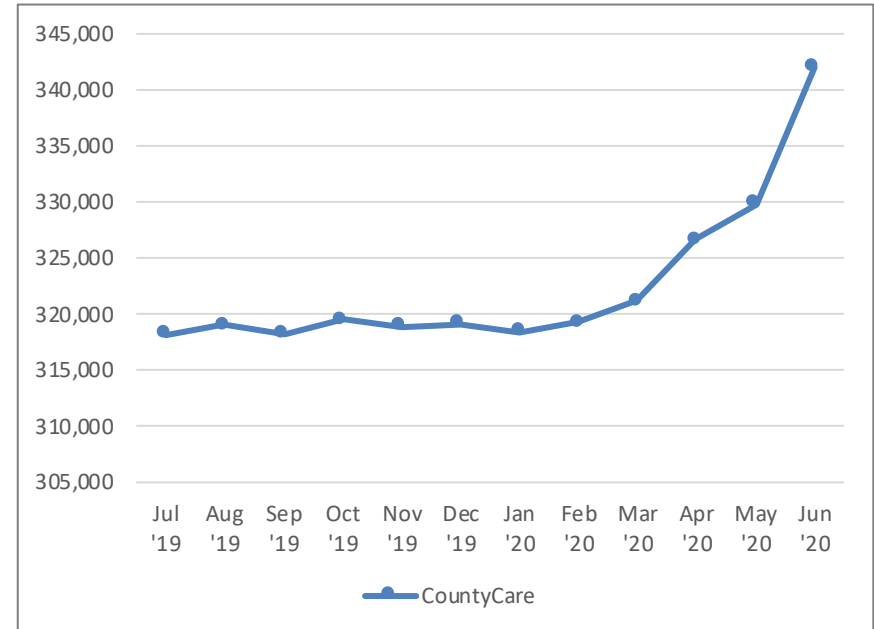
IL Medicaid Managed Care Trend in Cook County

(charts not to scale)

Cook County Medicaid Managed Care

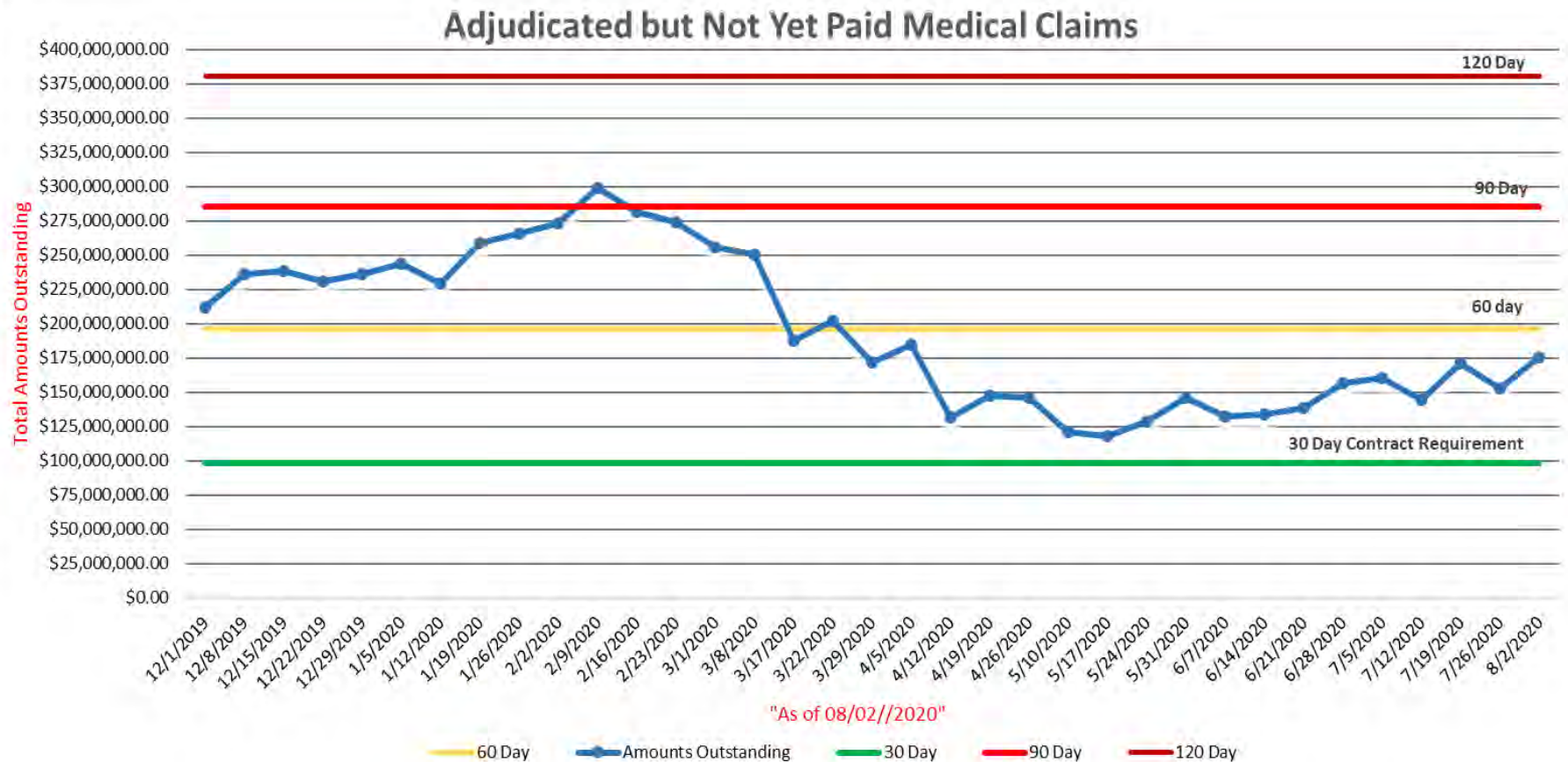


CountyCare



- CountyCare's enrollment has increased 7.5% over the past 12 months, outpacing the Cook County increase of 5.7%
- CountyCare's enrollment increased 3.7% in June 2020

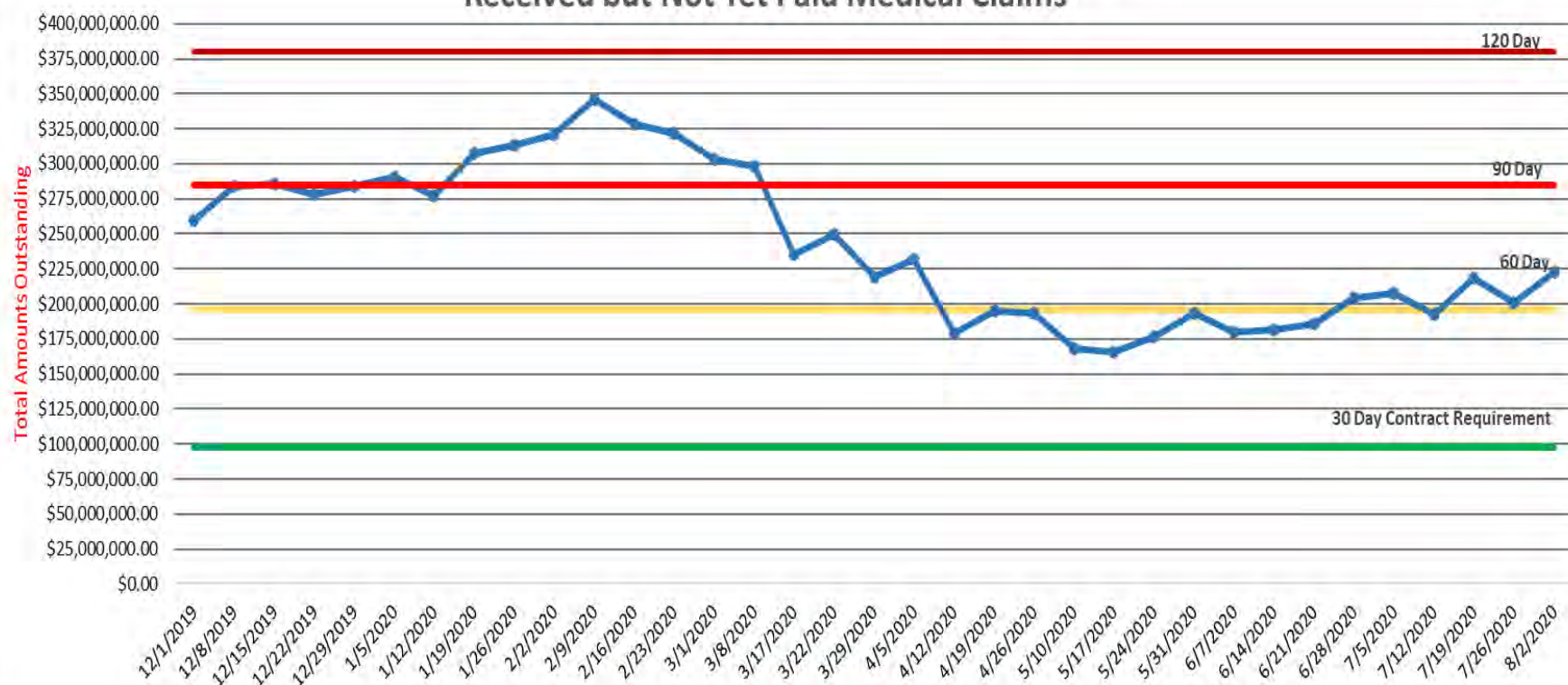
Claims Payment



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

Claims Payment

Received but Not Yet Paid Medical Claims



"As of 08/02/2020"

* Assumes average of 15 days to process claims

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

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

60 Day Amounts Outstanding 30 Day 90 Day 120 Day

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
August 28, 2020

ATTACHMENT #4

HRO Dashboard

Quality and Patient Safety Committee

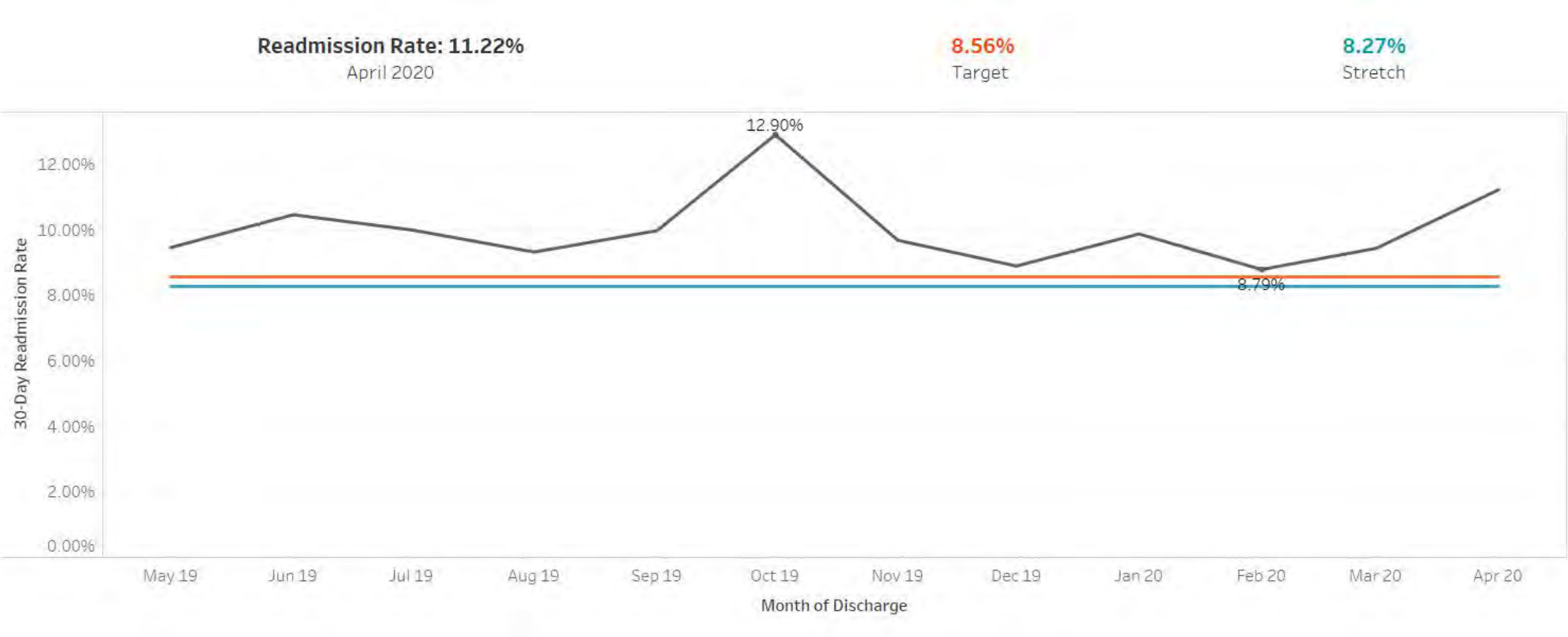
August 2020



COOK COUNTY
HEALTH

30-Day Readmission Rate (Stroger Hospital)

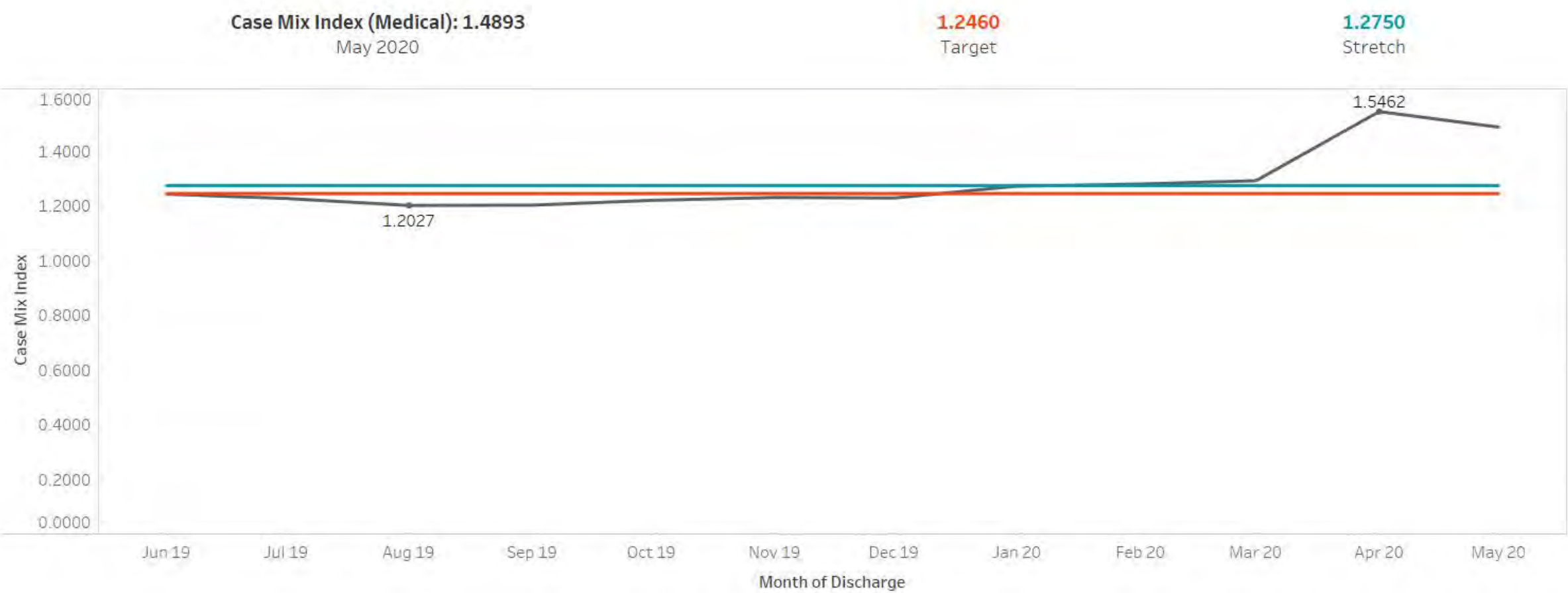
HRO Domain: Readmissions



*Lower readmission rate is favorable

Case Mix Index, Medical MS-DRG (Stroger Hospital)

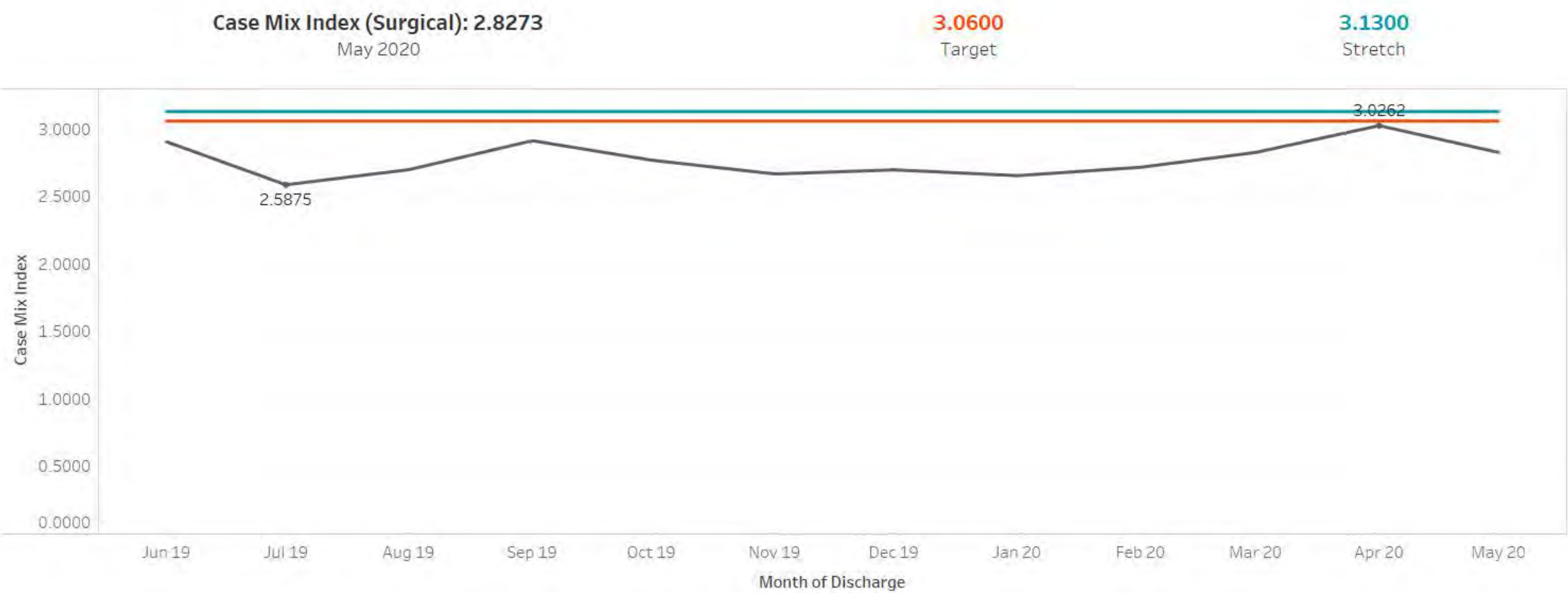
HRO Domain: Clinical Documentation



*Higher case mix index is favorable

Case Mix Index, Surgical MS-DRG (Stroger Hospital)

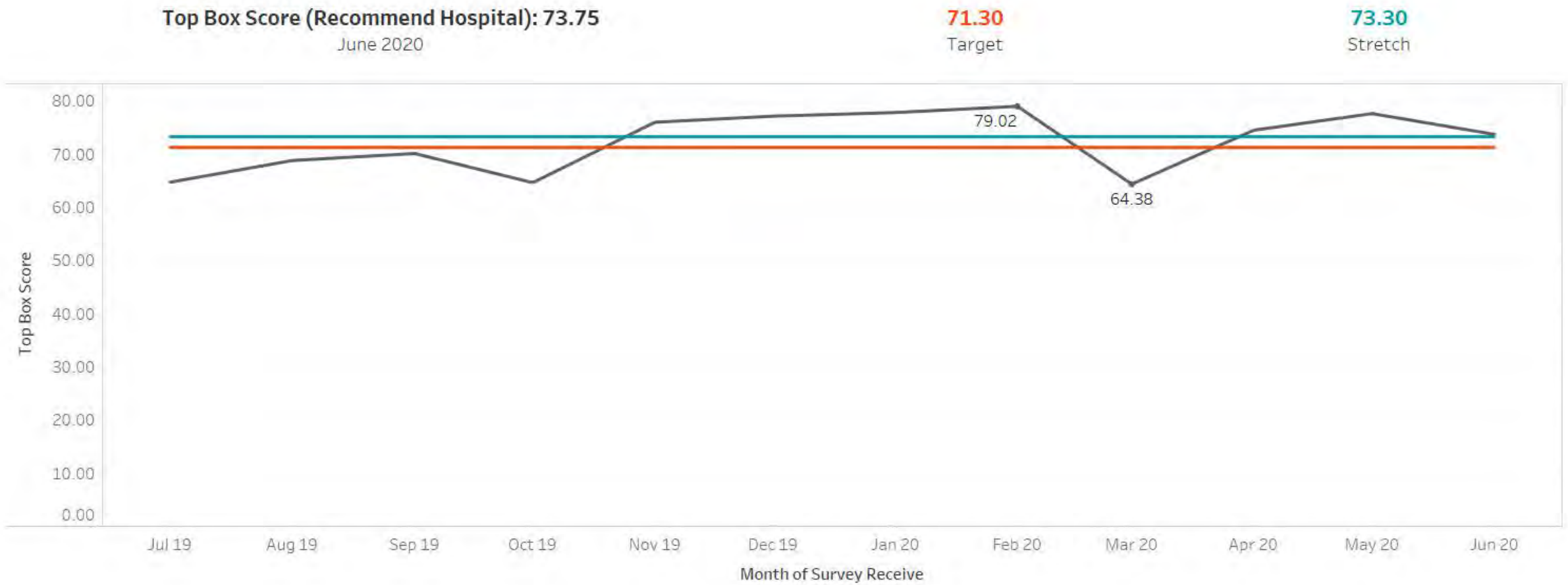
HRO Domain: Clinical Documentation



*Higher case mix index is favorable

Top Box Score, Recommend the Hospital (Stroger Hospital)

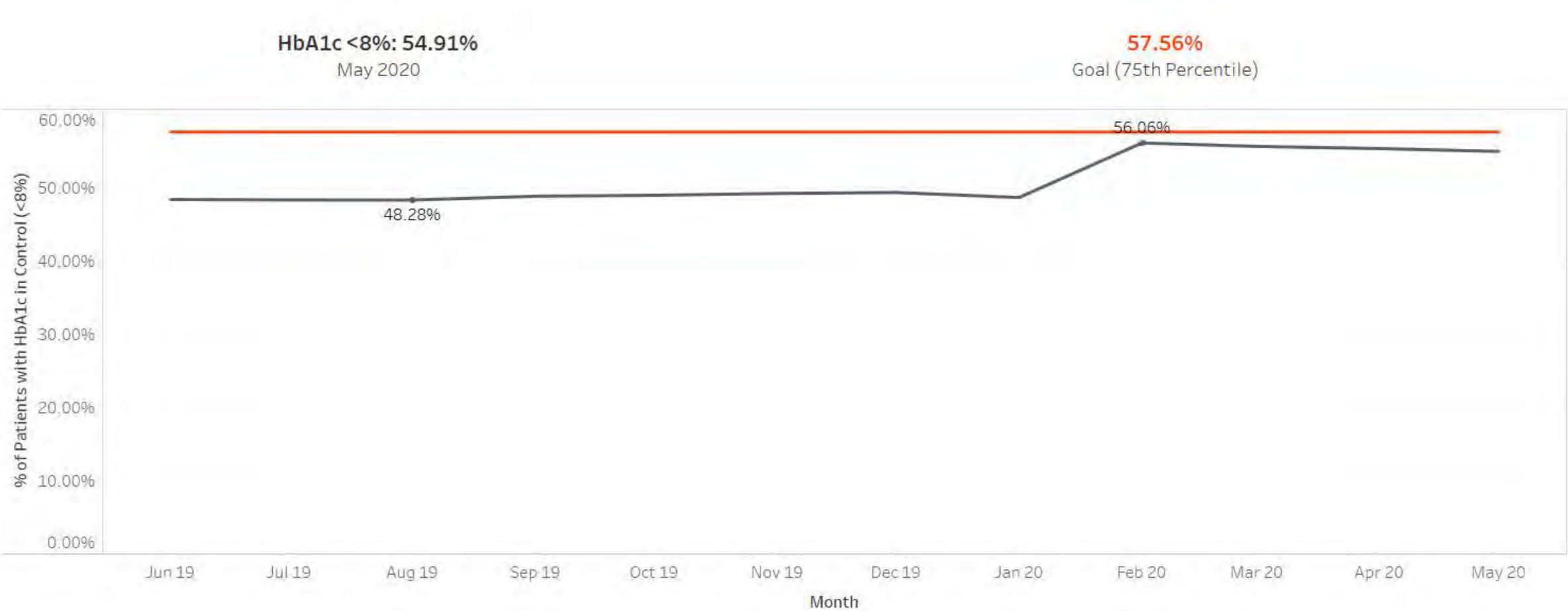
HRO Domain: Patient Experience



*Higher top box score is favorable

HbA1c <8%

HRO Domain: HEDIS



*Higher percent of patients with HbA1c in control (<8%) is favorable

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

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
August 28, 2020

ATTACHMENT #5

CCH Financial Update – June 30, 2020 FYTD



Andrea Gibson

Interim Chief Business Officer

August 20, 2020



**COOK COUNTY
HEALTH**

Executive Summary

- Cook County Health (CCH) financial results for the seven months ended June 30, 2020 are ahead of budget by \$94M
- Primary negative variances are expense overages, partly driven by COVID-19 pandemic response costs, and the loss of revenue due to reduced volumes during the pandemic
- Government support payments have supplemented the loss of “reimbursable” patient activity – \$122M fiscal year to date from the CARES Act
- Charges related to patient activity began to decline in March due to COVID-19 pandemic, but have improved to be only 20% lower than normal in June

Financial Results – June 30, 2020 FYTD

Dollars in 000s	FY20 Actual	FY20 Budget	Variance	%	FY19 Actual (3)
Revenue					
Net Patient Service Revenue (1)	\$299,554	\$402,828	(\$103,273)	-25.64%	\$295,674
Government Support (2)	\$391,206	\$168,583	\$222,623	132.05%	\$245,901
CountyCare Capitation Revenue	\$1,045,864	\$1,020,384	\$25,480	2.50%	\$1,029,928
Other	\$2,950	\$7,292	(\$4,342)	-59.55%	\$2,849
CountyCare Elimination (1)	(\$119,482)	(\$100,790)	(\$18,692)	18.55%	(\$100,753)
Total Revenue	\$1,620,092	\$1,498,297	\$121,795	8.13%	\$1,473,599
Operating Expenses					
Salaries & Benefits	\$392,447	\$383,664	(\$8,784)	-2.29%	\$392,775
Overtime	\$27,505	\$17,787	(\$9,718)	-54.63%	\$25,537
Supplies & Pharmaceuticals	\$84,753	\$76,458	(\$8,295)	-10.85%	\$81,180
Purchased Services & Other	\$178,533	\$156,167	(\$22,366)	-14.32%	\$171,697
Medical Claims Expense (1)	\$984,486	\$984,038	(\$448)	-0.05%	\$988,679
Insurance	\$18,588	\$21,454	\$2,867	13.36%	\$15,564
Utilities	\$7,442	\$7,763	\$321	4.13%	\$12,393
CountyCare Elimination (1)	(\$119,482)	(\$100,790)	\$18,692	18.55%	(\$100,753)
Total Operating Expenses	\$1,574,272	\$1,546,541	(\$27,731)	-1.79%	\$1,587,071
Operating Margin	\$45,820	(\$48,245)	\$94,065	194.98%	(\$113,473)
Non-Operating Revenue	\$48,245	\$48,245	\$0	0.00%	\$51,254
Net Income (Loss) (4)	\$94,065	(\$0)	\$94,065	0.00%	(\$62,219)

Commentary

- Net Patient Service Revenue is below budget as “reimbursable patient activity” is below budget due primarily to the slowdown in patient activity caused by the COVID-19 pandemic
- FY20 Government Support Revenue includes \$122M in Coronavirus Aid, Relief & Economic Security Act support received in April and May to help compensate for the decline in patient activity
- Revenue Initiatives:
 - Out of Network limits implemented
 - FY2017 cost report amended
 - Online payment now available
 - Additional revenue cycle enhancements in progress
- Expenditure Initiatives
 - Hiring to replace agency
 - Vendor to renegotiate vendor contracts

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) Source: CCH unaudited June 30, 2020 and 2019 financial statements and FY20 budget
- (4) Does not reflect Pension, OPEB, Depreciation/Amortization, or Investment Income

CCH Health Providers Revenue – June 30, 2020 FYTD

Dollars in 000s	FY2020 Actual	FY2020 Budget	Variance	%	FY19 Actual
Revenue					
Net Patient Service Revenue	\$299,554	\$402,828	(\$103,273)	-25.64%	\$295,674
Government Support (Recurring):					
Graduate Medical Education (1)	\$45,089	\$0	\$45,089	N/A	\$77,295
Disproportionate Share Payments (“DSH”)	\$118,975	\$91,408	\$27,567	30.16%	\$91,408
Benefits Improvement and Protection Act Payments (“BIPA”)	\$104,913	\$77,175	\$27,738	35.94%	\$77,197
Recurring Government Support	\$268,976	\$168,583	\$100,393	59.55%	\$245,901
Government Support (Non-Recurring):					
CARES Stimulus Revenue	\$122,229	\$0	\$122,229	100.00%	\$0
Non-Recurring Government Support	\$122,229	\$0	\$122,229	100.00%	\$0
Other Revenue	\$2,950	\$7,292	(\$4,342)	-45.18%	\$2,849
Total Revenue	\$693,710	\$578,703	\$115,007	19.87%	\$544,423

Commentary

- Net Patient Service Revenue is below budget as gross patient charges have declined from a high of \$150.4M in January to a low of \$79.3M in April as a result of reduced patient activity caused by the COVID-19 pandemic
- DSH will be above budget in FY20 as CCH was awarded \$24.8M of supplemental DSH and CCH is receiving enhanced FMAP
- \$122M in CARES Stimulus Revenue received through June

Notes:

- (1) Graduate Medical Education (“GME”) presented separately from Net Patient Revenue as the State of Illinois now pays GME separately from Medicaid Patient Service Revenue. GME and Net Patient Service Revenue should be combined for the purpose of comparison to budget.
- (2) Sources: CCH unaudited June 30, 2020 income statement, 2019 financial statements and FY20 budget



CCH Health Providers & Bureau Expenses – June 30, 2020 FYTD

Dollars in 000s	FY2020 Actual	FY2020 Budget	Variance	%	FY19 Actual
Salaries & Benefits	\$344,868	\$319,950	(\$24,918)	-7.79%	\$341,713
Overtime	\$23,675	\$14,530	(\$9,145)	-62.94%	\$21,815
Supplies & Pharmaceuticals	\$78,157	\$70,210	(\$7,947)	-11.32%	\$68,100
Purchased Services & Other	\$125,165	\$103,403	(\$21,762)	-21.05%	\$121,366
Insurance	\$18,588	\$21,454	\$2,867	100.00%	\$15,311
Utilities	\$7,419	\$7,669	\$251	3.27%	\$12,393
Total Expenses (1)	\$597,871	\$537,216	(\$60,655)	-11.29%	\$580,699

Commentary

- FY20 operating expenses are behind budget and have been exacerbated by the spending required to respond to the COVID-19 pandemic
- Operating expenses have increased over FY19 while volumes are lower than last year
- COVID-19 pandemic spending has primarily impacted Overtime and Purchased Services & Other

Notes:

- (1) Operating expenses exclude Pension & OPEB, and Depreciation
- (2) Source: CCH unaudited June 30, 2020 and 2019 financial statements and FY20 budget

CCH Health Providers Revenue – through June 30, 2020 FYTD

Revenue Operating Indicators

Month

Patient Activity	FY2020 Actual	FY2020 Budget	Variance	%
Admissions	1,223	1,229	(6)	-0.50%
Patient Days	6,851	7,939	(1,088)	-13.70%
Average Daily Census	228	265	(37)	-14.00%
Adjusted Patient Days	16,125	21,471	(5,346)	-24.90%

Adjusted Patient Days	FY2020 Actual	FY2020 Budget	Variance	%
Medicare	2,570	3,354	(784)	-23.40%
Medicaid	4,245	6,219	(1,974)	-31.70%
CountyCare	2,062	2,463	(401)	-16.30%
Commercial	997	1,206	(209)	-17.30%
Sub-Total	9,874	13,242	(3,368)	-25.40%
Uncompensated Care	6,251	8,229	(1,978)	-24.00%
Total	16,125	21,471	(5,346)	-24.90%

FYTD

Patient Activity	FY2020 Actual	FY2020 Budget	Variance	%
Admissions	9,287	9,355	(68)	-0.70%
Patient Days	52,146	52,993	(847)	-1.60%
Average Daily Census	245	249	(4)	-1.60%
Adjusted Patient Days	135,323	142,638	(7,315)	-5.10%

Adjusted Patient Days	FY2020 Actual	FY2020 Budget	Variance	%
Medicare	21,143	23,697	(2,554)	-10.80%
Medicaid	32,022	35,713	(3,691)	-10.30%
CountyCare	18,356	17,229	1,127	6.50%
Commercial	6,766	7,281	(729)	-10.00%
Sub-Total	78,287	83,920	(5,633)	-6.70%
Uncompensated Care	57,036	58,718	(1,682)	-2.90%
Total	135,323	142,638	(7,315)	-5.10%

Commentary

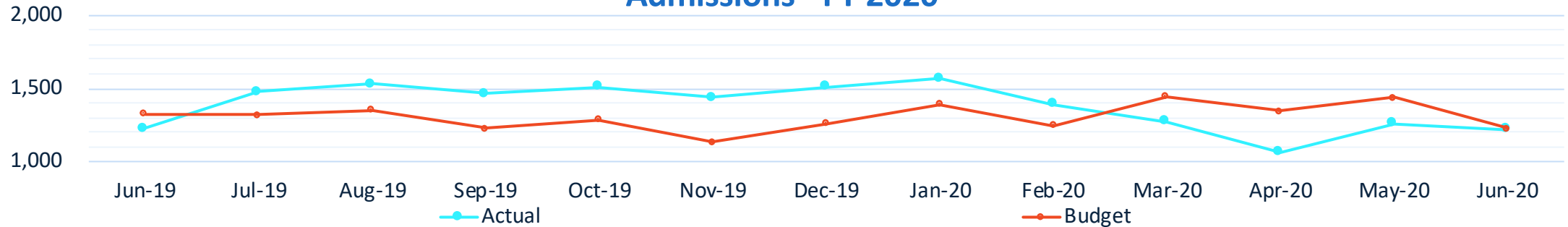
- “Reimbursable Patient” volumes (Medicare, Medicaid, CountyCare and Commercial), as measured by Adjusted Patient Days, started the year above budget and are now -6.7% below plan through Jun-2020 FYTD (with Jun-2020 -30.0% below the peak in Jan-2020).
- Uncompensated Care patient activity levels are -2.9% below plan Jun-2020.

Note:

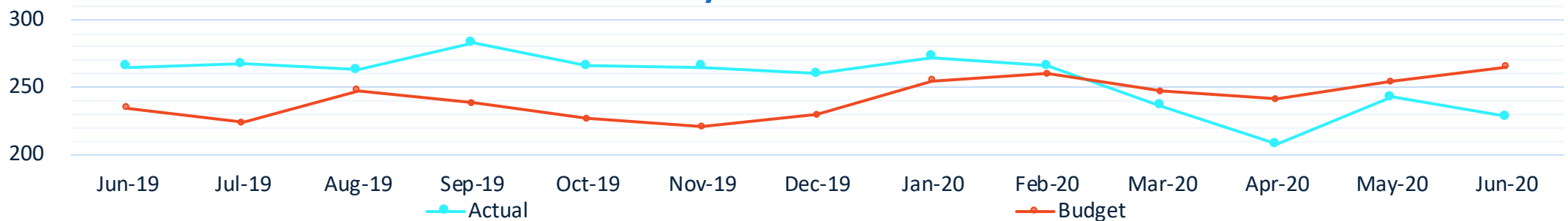
(1) Source: CCH June 2020 Utilization report

CCH Prior 13 Month Patient Activity Levels

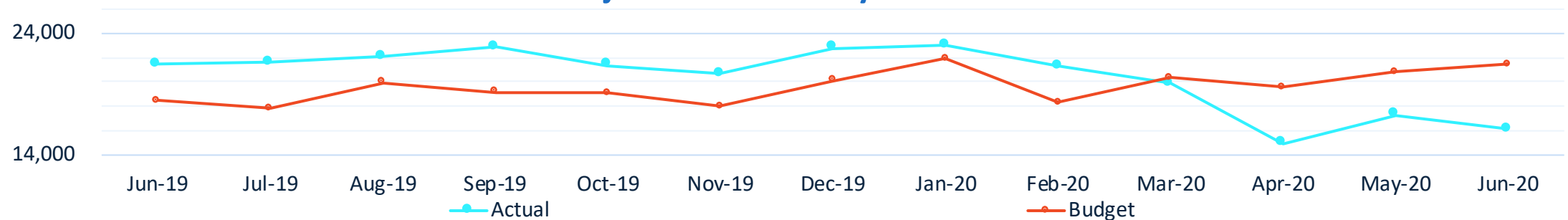
Admissions - FY 2020



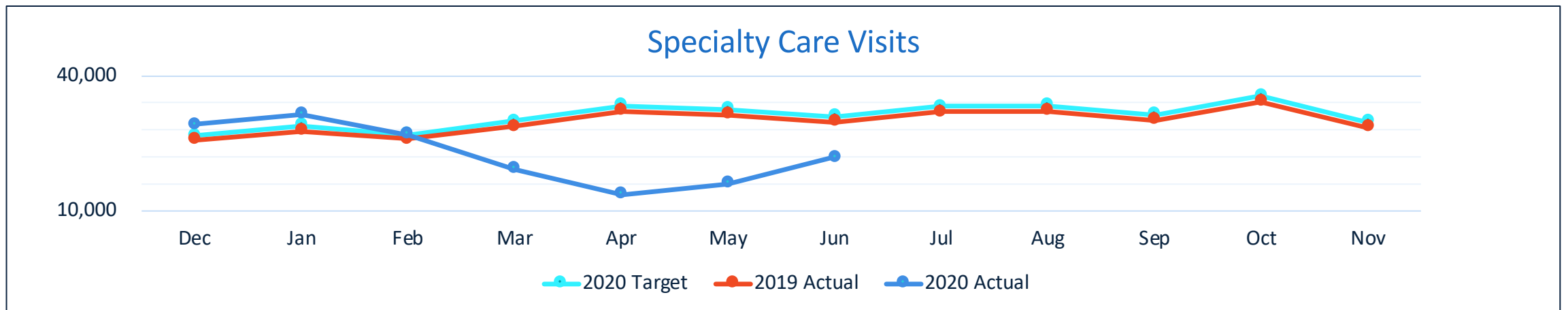
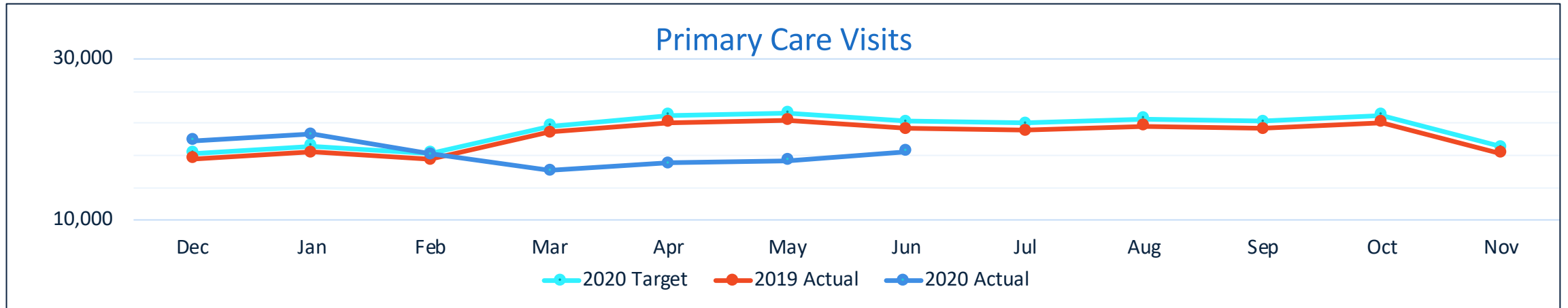
Ave. Daily Census - FY 2020



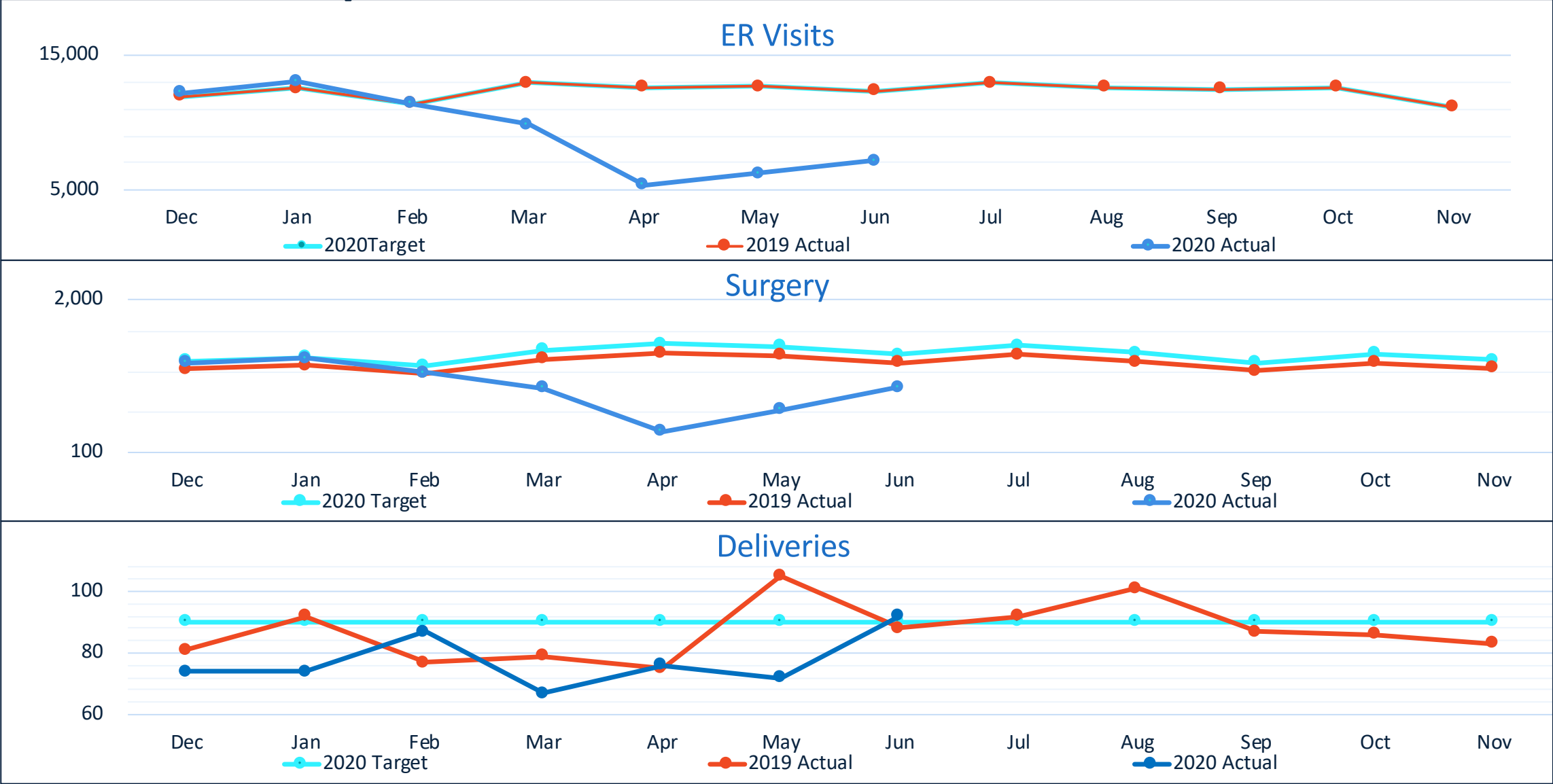
Adjusted Patient Days - FY 2020



Patient Activity Indicators – June 2020



Patient Activity Indicators – June 2020



CountyCare Financial Results – June 30, 2020 FYTD

except PMPM amounts	FY20 Actual	Fy20 Budget	Variance	%	FY19 Actual
Capitation Revenue	\$1,045,864	\$1,020,384	\$25,480	2.50%	\$1,029,928
Operating Expenses					
Clinical - CCH	\$119,482	\$100,790	\$18,692	18.55%	\$100,753
Clinical - External	\$865,004	\$883,248	(\$18,245)	-2.07%	\$887,926
Administrative	\$55,854	\$48,234	\$7,620	15.80%	\$64,367
Total Expenses	\$1,040,340	\$1,032,273	\$8,068	0.78%	\$1,053,047
Operating Gain (Loss)	\$5,524	(\$11,888)	\$17,413	-146.47%	(\$23,118)
Activity Levels					
Member Months	2,279	2,282	(3)	0.00%	2,243
CCH CountyCare Member Months	242	N/A	N/A	N/A	306
CCH % CountyCare Member Months	10.64%	N/A	N/A	N/A	13.66%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	\$459	\$447	\$11.83	2.64%	\$459
Clinical Cost PMPM	\$432	\$431	(1)	-0.19%	\$441
Medical Loss Ratio (1)	91.4%	93.5%	2.12%	2.26%	96.9%
Administrative Cost Ratio (2)	4.74%	4.10%	-0.64%	-15.56%	3.40%

Notes:

- (1) Medical Loss Ratio is a measure of the percentage of premium that a health plan spends on medical claims
- (2) Excludes amortization related to intangible asset that was recorded in connection with the acquisition of the Family Health Network membership

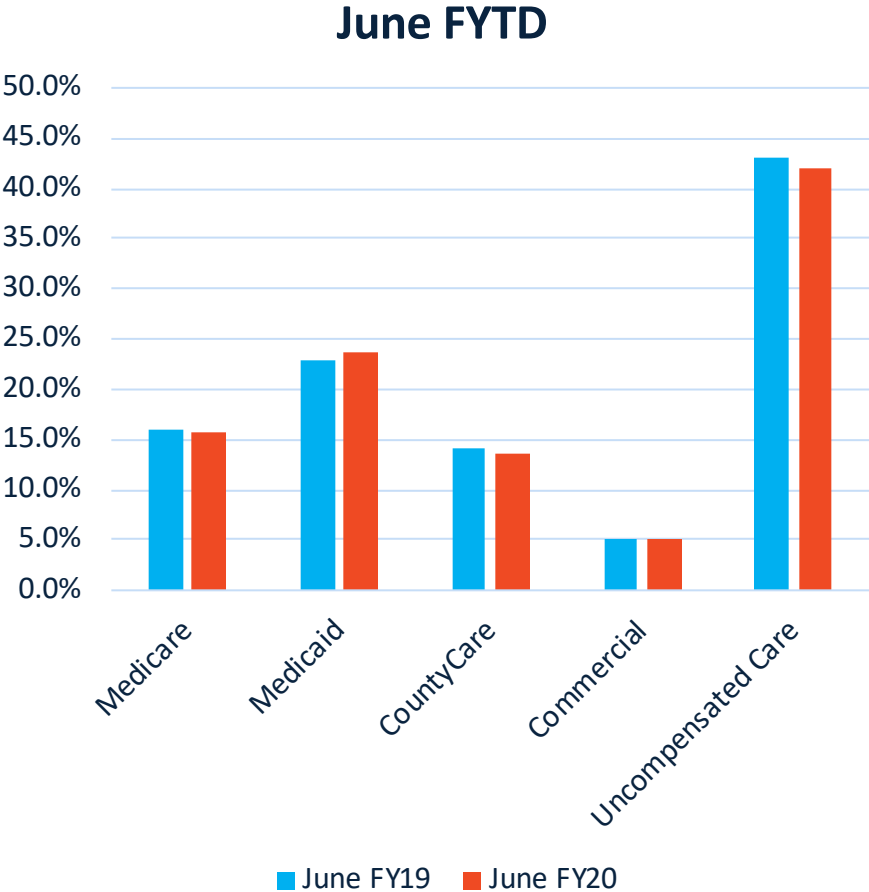
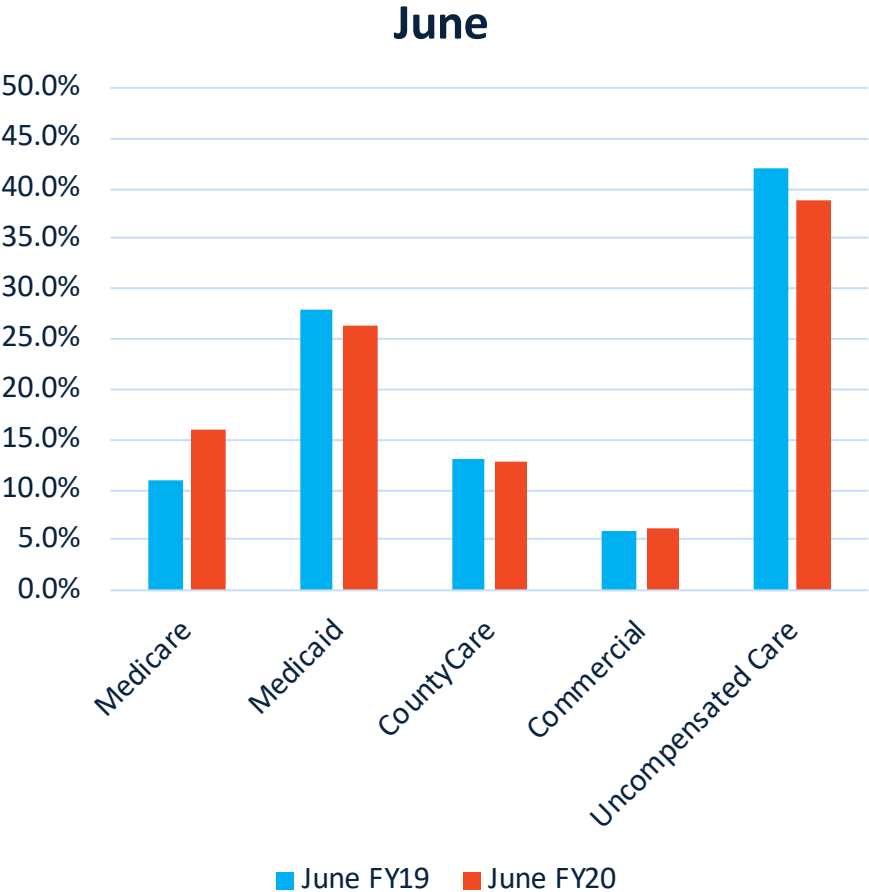
Commentary

- FY20 Capitation Revenue is above budget due to HFS eligibility retro adjustments and the addition of the Special Needs Children population
- While total member months are under budget, there has been an increase in membership for the month of June and membership is expected to continue to increase due to increasing Medicaid enrollment as a result of the COVID-19 induced growth in unemployment
- CountyCare's reimbursement to CCH is budgeted at \$100.8M and is currently above budget at \$119.5M.
- Operating expenses are currently above budget, reflecting the addition of the Special Needs Children population and higher than expected claims costs.
- Revenue Initiatives:
 - On-going discussions with HFS regarding revenue reconciliation and 2020 rates
 - SSI/SSDI initiatives to move members to higher paying rate cells
- Expenditure Initiatives:
 - Provider contract adjustments
 - Pharmacy quantity limits and pharmacy coordination of benefits
 - Additional shared risk agreements
 - Reductions to care management costs



CCH Health Providers Revenue – June 30, 2020 FYTD

Payer Mix Analysis (by Charges)



Note:
“CountyCare is a Medicaid managed care program. It is shown separately to provide visibility to CountyCare.”.

CCH Health AR Metrics– June 30, 2020 FYTD

Revenue Operating Indicators

Revenue Cycle Metrics	Average FYTD 2020	6/30/2020	Industry Target *	Average FYTD 2019
Average Days in Accounts Receivable	91 days	117 days	65 days	98 days
Discharged Not Final Billed Days	9 days	17 days	7 days	10 days
Denial rate	25.00%	26.00%	3.00%	22.00%

Definitions:

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

Discharged Not Final Billed Days: Average number of days after discharge before claim is submitted

Denial Rate: Percentage of claims denied by payers

* **Source:** HFMA Key Hospital Statistics and Ratio Margins from Cerner

CARES Act Funds Received

Funds Received (millions)	April*	May*	June*	July*	August**	September**	October**	November**	December**	Total
CARES Act Revenue Loss Offset	\$18,200	\$59,000	\$44,000	\$31,000	\$0	\$0	\$0	\$0	\$0	\$152,200
DSH Enhanced FMAP	\$1,870	\$9,350	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$24,310
BIPA Enhanced FMAP	\$0	\$11,800	\$0	\$0	\$11,800	\$11,800	\$11,800	\$0	\$0	\$47,200
Total	\$20,070	\$80,150	\$45,870	\$32,870	\$13,670	\$13,670	\$13,670	\$1,870	\$1,870	\$223,710

Commentary

- No additional CARES Act Funds are expected
- Enhanced FMAP expected to go through December

Note: *Received and booked

** Expected/Received but not booked

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
August 28, 2020

ATTACHMENT #6

COOK COUNTY HEALTH AND HOSPITALS SYSTEM

ITEM IV(A)

AUGUST 28, 2020 BOARD MEETING

CONTRACT AND PROCUREMENT ITEM

Request #	Vendor/Entity	Service or Product	Fiscal impact not to exceed:	Method of acquisition	Total # of bidders/ RFP responses / GPO companies available	Affiliate / System	Begins on Page #
Accept Grant Award Increase							
1	Illinois Department of Human Services	Service - State Opioid Response Grant	Grant increase amount: \$513,378.00	n/a	n/a	System	2

Cook County Health

BOARD APPROVAL REQUEST

SPONSOR: Leticia Reyes-Nash, Director of Programmatic Services and Innovation		EXECUTIVE SPONSOR: Claudia M. Fegan, M.D., Chief Medical Officer	
DATE: 08/24/2020	PRODUCT / SERVICE: Service- State Opioid Response (SOR) Grant		
TYPE OF REQUEST: Accept Grant Increase	VENDOR / SUPPLIER: Illinois Department of Human Services, Springfield, IL.		
ACCOUNT: EXCEED:	FISCAL IMPACT NOT TO	GRANT FUNDED / RENEWAL AMOUNT: \$368,065.00 05/01/2020-06/30/2020 \$145,313.00 05/01/2020-06/30/2020 \$513,378.00 TOTAL	
CONTRACT PERIOD: 05/01/2019 thru 04/30/2020	REVISED CONTRACT PERIOD: 05/01/20 thru 06/30/2020	CONTRACT NUMBER:	
COMPETITIVE SELECTION METHODOLOGY: N/A			
NON-COMPETITIVE SELECTION METHODOLOGY: N/A			

PRIOR CONTRACT HISTORY:
On 07/26/2019 The CCH Board of Directors approved a grant with the Illinois Department of Human Services in the amount of \$850,000.00 for a twelve (12) month period from 05/01/2019 thru 04/30/2020. The grant provided services for the State Opioid Response (SOR).

NEW PROPOSAL JUSTIFICATION:
This is a grant award increase. Under this grant agreement, funds will continue for the provision and expansion of services to individuals living with Opioid Use Disorder (OUD) via the State Opioid Response (SOR) Warm Handoff Program.

TERMS OF REQUEST:
This is a request to accept grant increase in an amount not to exceed \$513,378.00 needed, for a two (2) month period from 05/01/20 thru 06/30/2020.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: N/A

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

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

Request #1

APPROVED

AUG 28 2020

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

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

We Bring Health CARE to Your Community

Revised 03/01/2011

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
August 28, 2020

ATTACHMENT #7



COOK COUNTY HEALTH

PROVIDENT HOSPITAL OF COOK COUNTY PLAN FOR PATIENT CARE 2020

MISSION AND VISION

Provident Hospital is a healthcare organization of caregivers that provides the people of Cook County with expert, quality care through inpatient services, life-saving emergency care, surgical services, primary care medical home, and expert specialty care services.

Our Mission

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

Our Vision

In support of its public health mission, CCH will be recognized locally, regionally and nationally – and by patients and employees – as a progressively evolving model for an accessible, integrated, patient-centered and fiscally-responsible health care system focused on assuring high-quality care and improving the health of residents of Cook County.

OVERVIEW OF HOSPITAL AND SERVICES

Provident Hospital is an 85 bed, acute care facility with hospital based ambulatory care services, offering an array of health care programs. Provident Hospital is a public community teaching hospital serving the city's south side and southern suburbs. Provident Hospital provides 24/7 treatment to patients through inpatient and emergency care. The scope of comprehensive health services includes:

- 24 Hour Emergency Services
- 25 Bed Inpatient unit staffed by Hospitalists 24/7
- 6 Bed Intensive Care Unit (Temporarily Closed)
- Medicine
- Anesthesia
- General Surgery
- Prenatal Care/Gynecology
- Pathology Services
- Outpatient Behavioral Health, Primary Care and Specialty Clinics
- Diagnostic Imaging
- Cardiac and Pulmonary Diagnostics
- Sleep Lab
- Pharmacy
- Social Services
- Lifestyle Center

APPROVED

AUG 28 2020

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

The Sengstacke Health Center, located at Provident Hospital:



COOK COUNTY HEALTH

- Integrates patients into a Primary Care Medical Home;
- Assigns patients to a Primary Care Provider of choice;
- Actively engages patients and their families in their care and self-management.
- Practices evidenced-based patient care across all elements of the broader health system; and
- Promotes continuity in transitions of care from internal and external services.

The Sengstacke Health Center provides ambulatory care during convenient hours (Evening and Saturdays) including:

Primary Care	Specialty Care
Family Medicine	Addiction
Internal Medicine	Asthma
Pediatric Medicine	Behavioral Health-Telepsychiatry
	Breast Clinic
	Cardiology
	Colorectal Surgery
	Diabetes & Endocrinology
	Gastroenterology
	Gynecology
	Infectious Disease
	Neurology
	Ophthalmology
	Optometry
	Podiatry
	Pulmonary
	Renal
	Sleep Medicine
	Urology

PRINCIPLES

As a partner in the Cook County Health, Provident Hospital is guided by five principles to build a high quality safe, reliable, patient-centered, integrated health system that maximizes resources to ensure the greatest benefit for the patients and communities we serve. These principles, outlined below, will help transform the health system to lead in the provision of health care and the elimination of health disparities throughout Cook County.

- Improve health equity
- Provide high quality, safe, reliable care
- Maximize financial sustainability and demonstrate value
- Develop the workforce
- Lead in medical education, clinical investigation and research relevant to vulnerable populations



COOK COUNTY HEALTH

PATIENT SERVICES/PATIENT CARE/PATIENT SUPPORT

Patient services at Provident Hospital are provided through an organized and systematic process designed to ensure the delivery of safe, effective, timely care and treatment in an atmosphere that promotes respect and identity. Patient services are planned, coordinated, provided, delegated, and supervised by health care professionals. Patient care encompasses the recognition of disease and health, patient education and advocacy, while recognizing the unique physical, emotional and spiritual needs of each person. Administrative leaders, medical staff, nursing staff and other health care professionals function collaboratively as a team to achieve positive patient outcomes.

PATIENT CARE DEPARTMENTS AND SERVICES

AREA/FLOOR	DESCRIPTION OF UNIT
8 TH Floor West	Inpatient – Medical Surgical-25 Beds Long Term Ventilation Program
8 TH Floor East	Behavioral Health Clinics
7 th Floor	Specialty Ambulatory Clinics Provider Offices Infectious Disease Department
6 th Floor	Primary Care Ambulatory Clinics
5 th Floor	Ophthalmology Clinics and Perioperative Services Sleep Lab
4 th Floor	Mechanical
3 rd Floor	Same Day Surgery Perioperative Services ICU (Temporarily Closed)
2 nd Floor	Executive Administration Nursing Administration Human Resources Pharmacy Quality Services Payroll Central Sterile Processing Materials Management Environmental Services Dietary Department Patient Access Lifestyle Center
1 st Floor	Emergency Department Diagnostic Imaging Laboratory Communications Patient Accounting Cardiopulmonary Services and Diagnostics Security
Basement	Information Systems

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
August 28, 2020

ATTACHMENT #8

CCDPH COVID-19 Response Update



Rachel Rubin, MD, MPH, F.A.C.P.

Kiran Joshi, MD, MPH

Senior Medical Officers & Co-leads

Cook County Department of Public Health



Cook County DEPT. of
Public Health



COOK COUNTY
HEALTH

Objectives

- Review the current situation and share data for Suburban Cook County
- CCDPH COVID-19 response
- CCDPH contact tracing initiative

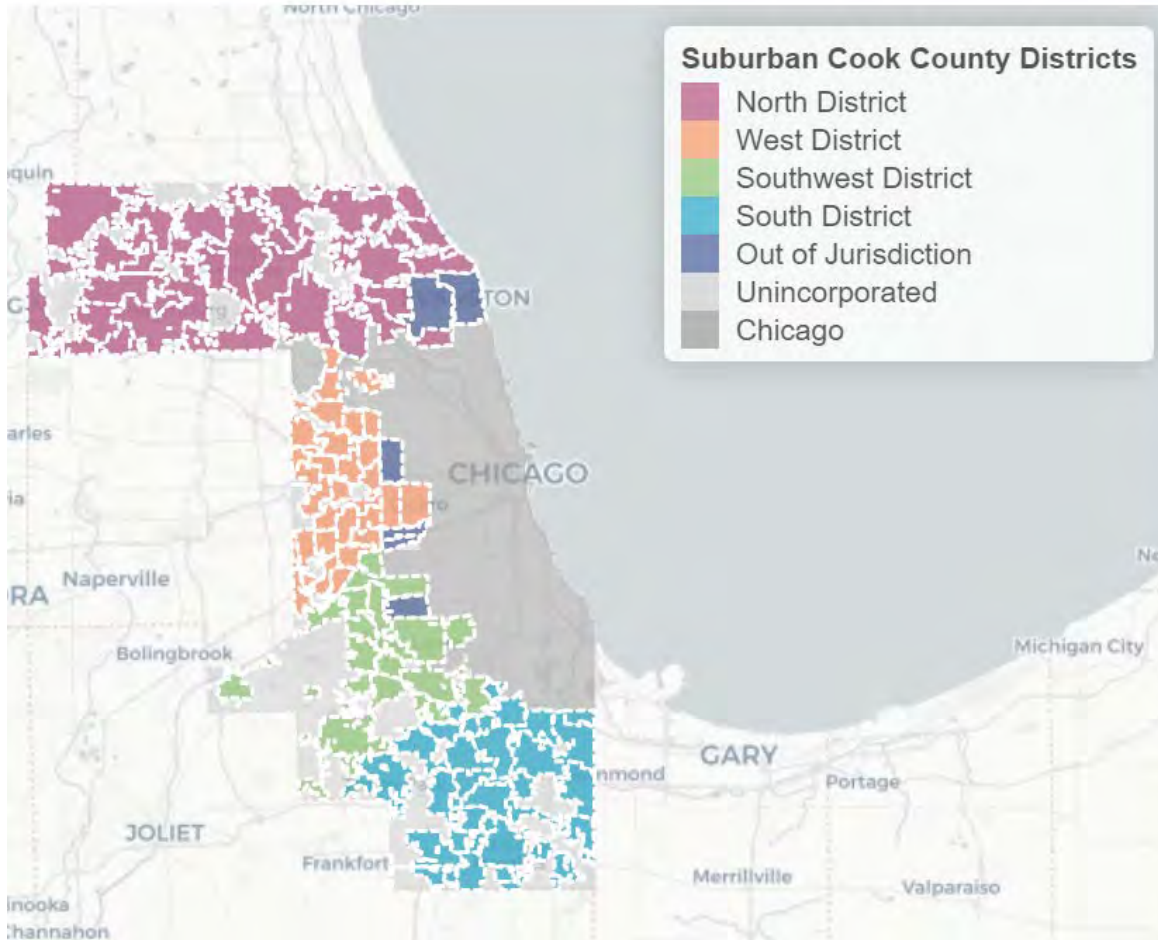


COOK COUNTY
HEALTH



Cook County OFF
Public Health
Promoting health. Preventing disease. Protecting lives.

About CCDPH



- Communicable Disease
- Environmental Health
- Public Health Nursing
- Emergency Preparedness
- Epidemiology
- Prevention Services
- Communications

Health equity for all



COOK COUNTY
HEALTH



Cook County
Public Health
Promoting Health. Preventing Disease. Preserving Lives.



Where we are

COVID-19



COOK COUNTY
HEALTH

COVID-19: Current Situation

As of August 26, 2020:

49,861
Confirmed Cases



1,858
Deaths*



178

Congregate settings, such as long term care facilities or nursing homes, with one or more confirmed cases



74

Other settings, such as workplaces or large gatherings, with confirmed outbreaks; with a total of 479 outbreak-associated cases



“the shiny app” <https://ccdphcd.shinyapps.io/covid19/>



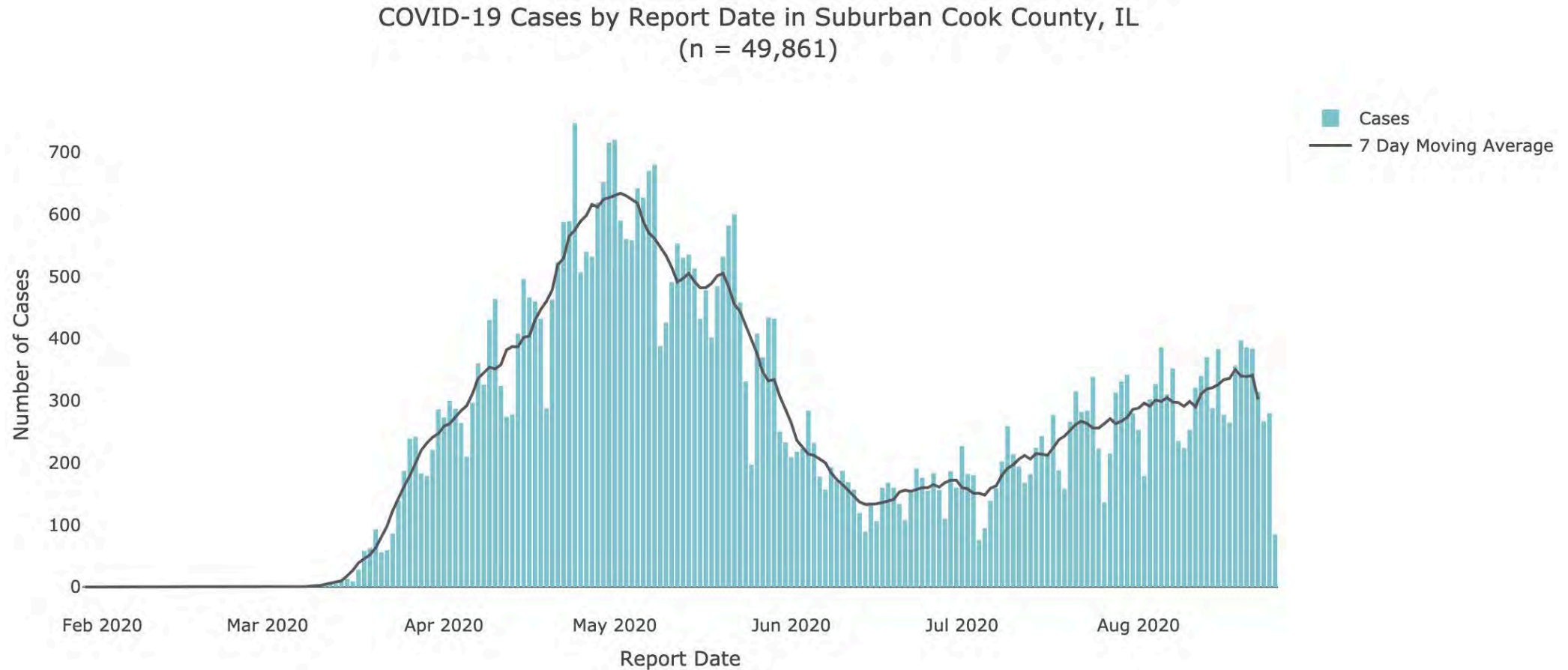
COOK COUNTY
HEALTH



Cook County DEPT
Public Health
Promoting health. Preventing disease. Preserving lives.

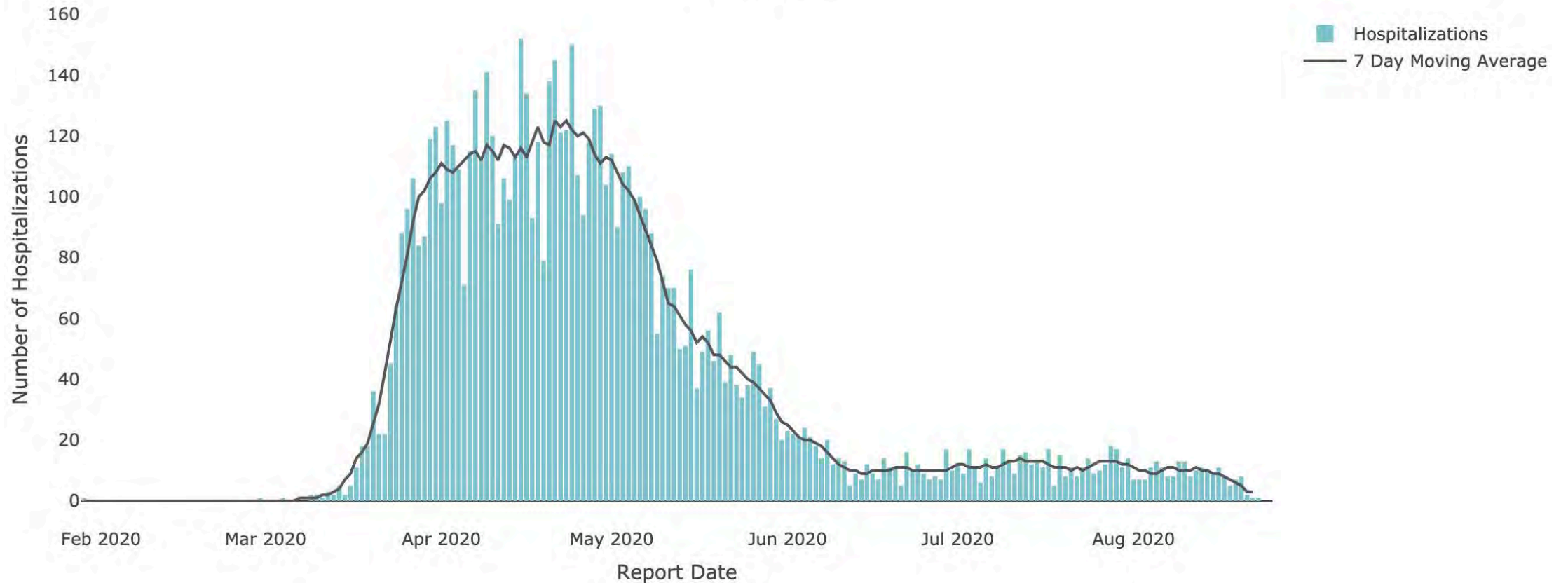
Accessed 8/27/20

Suburban Cook County COVID-19 data



Suburban Cook County COVID-19 data

COVID-19 Hospitalizations by Report Date in Suburban Cook County, IL
(n = 7,308)



COOK COUNTY
HEALTH

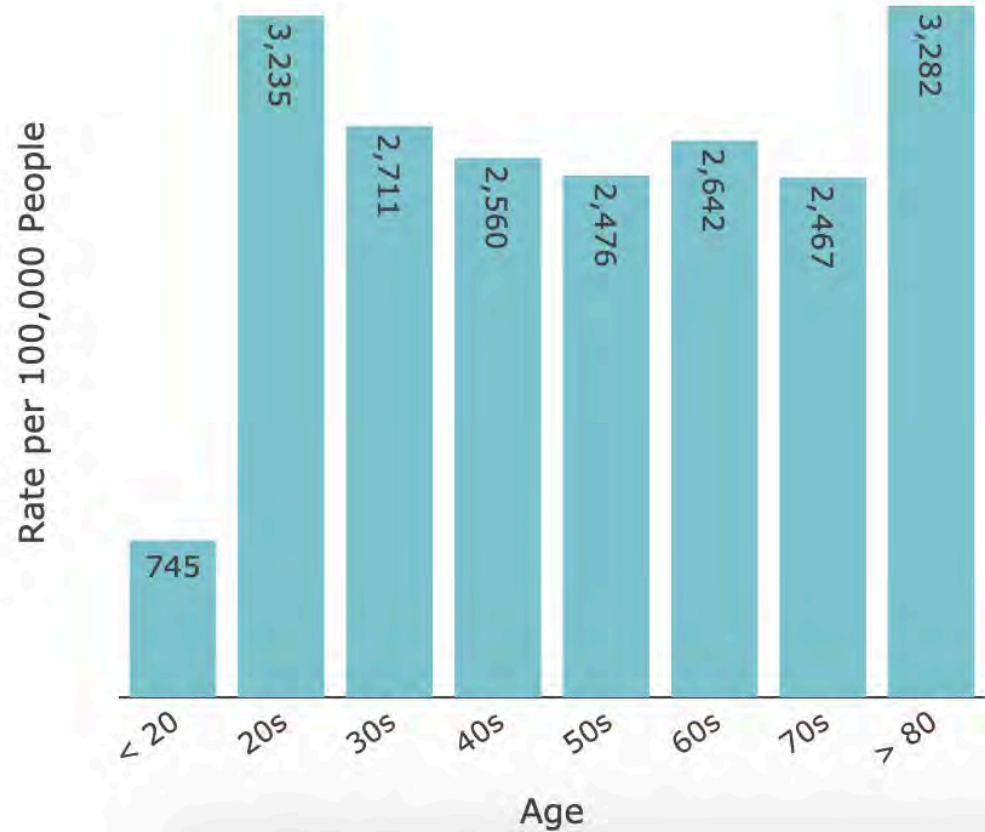


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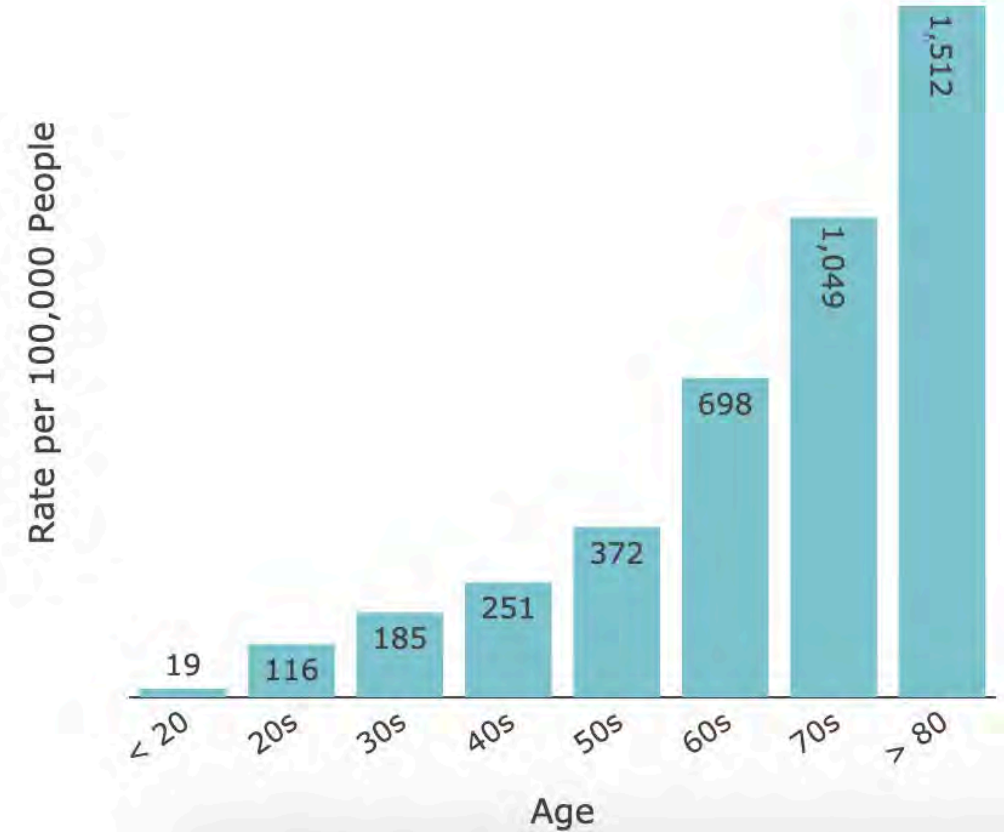
Accessed 8/27/20

By Age Group in Suburban Cook County

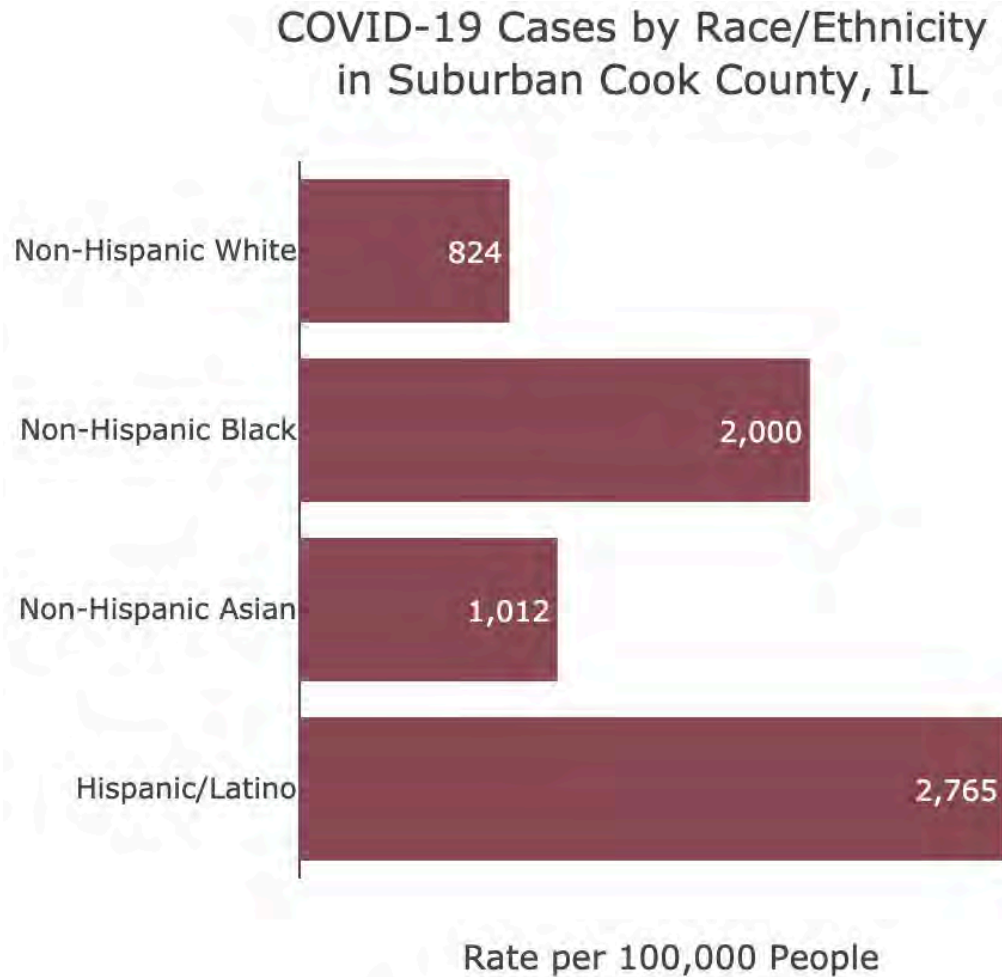
COVID-19 Cases by Age
in Suburban Cook County, IL



COVID-19 Hospitalizations by Age
in Suburban Cook County, IL



Significant Disparities – Addressing Root Causes



- Rates of disease are over 2.5 times higher among non-Hispanic Blacks, compared to non-Hispanic Whites
- Rates of disease are almost 3.5 times higher among Hispanics/Latinx, compared to non-Hispanic Whites
- These health disparities are the result of years of racist policies



Chicago Urban League Released Report May 12

“Infection Risk Factors:

- Employment and occupational conditions
- Housing
- Barriers to social distancing
- Mass incarceration”

https://chiul.org/wp-content/uploads/2020/05/ChicagoUrbanLeague_An-Epidemic-of-Inequities_5-12-20.pdf

An Epidemic of Inequities: Structural Racism and COVID-19 in the Black Community



Primary Authors: S. Bechteler + K. Kane-Willis

Kareem Butler

Iliana Espinosa-Ravi

CHICAGO URBAN LEAGUE

MAY 12 2020

Restore Illinois

Resurgence Plan- What are we monitoring?

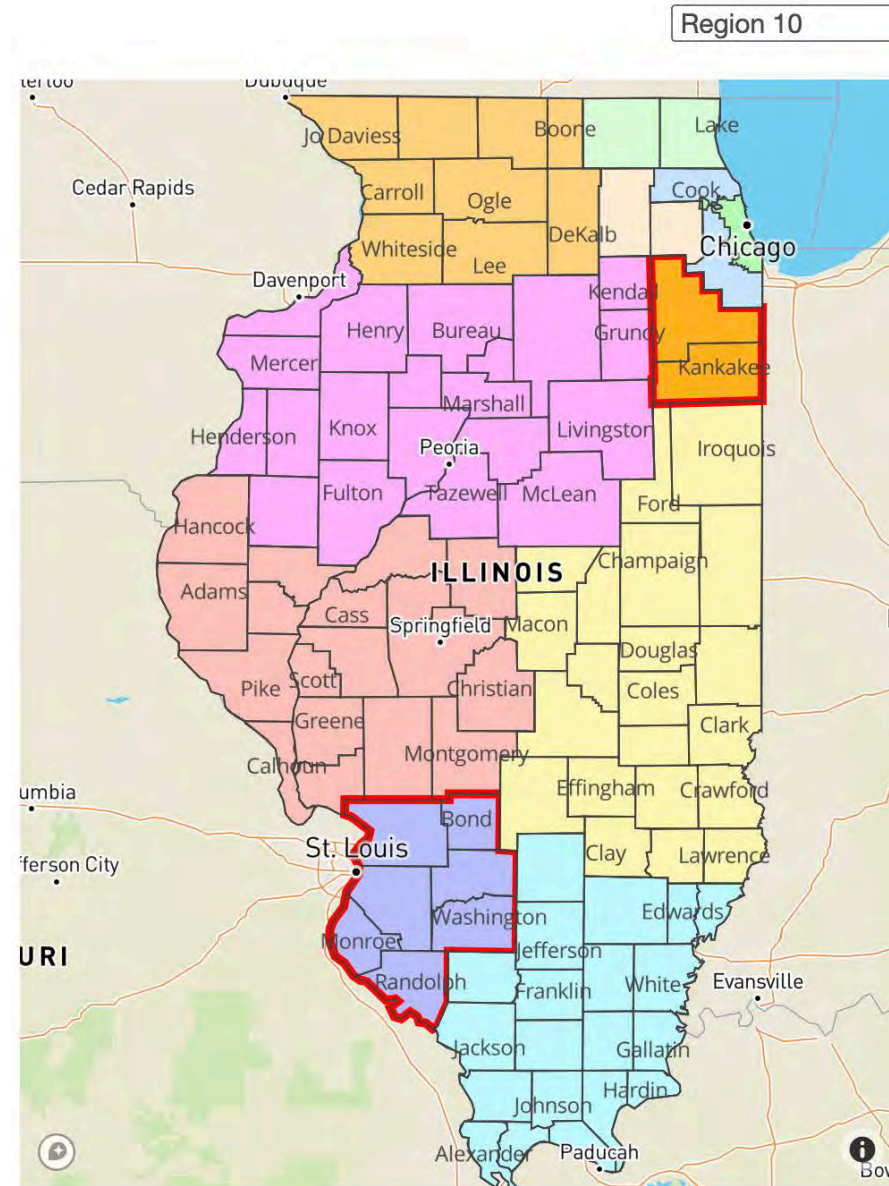
State divided into 11 regions. Suburban Cook is Region 10; Chicago is Region 11.

Metrics used to determine when the spread of the virus in a region requires additional mitigations:

- Sustained increase in 7-day rolling average (7 out of 10 days) in positivity rate **and** one of the following severity indicators:
 - Sustained 7-day increase in hospital admissions for a COVID-19 like illness AND
 - Reduction in hospital capacity threatening surge capabilities (ICU capacity or medical/surgical beds < 20%)
- OR three consecutive days averaging $\geq 8\%$ positivity rate
- The updated guidance from IDPH establishes three tiers of mitigations that can be implemented should a region meet the resurgence metrics.



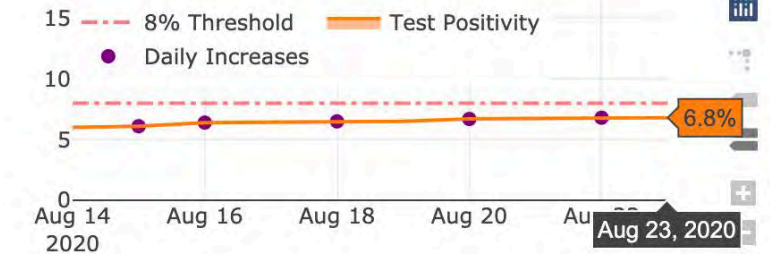
Regional Resurgence Criteria



[All Time](#)
[Last 30 Days](#)
[Last 10 Days](#)

Test Positivity 7 Day Rolling Average

5 Days of Positivity Increases



Hospital Admissions 7 Day Rolling Average

5 Days of Hospital Admission Increases



COOK COUNTY
HEALTH



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Accessed 8/27/20

County Level Risk Metrics and “Orange” Designation

- Based on regional metrics established by IDPH, suburban Cook County will be moving from a “blue” designation to an “orange” designation **today, August 28**
- An “orange” designation indicates warning signs of increased COVID-19 risk.
- An increase in case rates and number of deaths are driving the change to “orange” designation:
- Suburban Cook County is currently at 112 positive COVID-19 cases per 100,000 people
 - This is the third week the county has been above 90 cases per 100,000 people
 - The target is below 50 cases per 100,000 people
- There were 25 deaths suburban Cook County last week. There were 15 deaths the week before last.

Where we need to go

Mitigation

Contact Tracing



COOK COUNTY
HEALTH

CCDPH Response

- Surveillance and Infection Control
- Community Engagement
- Community Mitigation and Workplace Safety
- Testing
- Public Communication
- Contact Tracing
- Alternative Housing

Investigated over **3,700** cases of COVID-19, providing guidance regarding quarantine, isolation, and prevention measures

Provided more than **200** congregate settings with ongoing tech assistance and support for infection prevention and control

Responded to over **1,700** inquiries from the public, providing individualized public health recommendations to Cook County residents, businesses, schools, and other entities



Long Term Care Facilities

Project Hope

- Specific focus on controlling outbreaks in LTCFs (nursing homes, group homes, etc.)
- Communicable Diseases Unit staff have focused on case investigation and tracing in LTCFs
- Provides infection control guidance

Project Hope

- Nonprofit healthcare volunteers
- Working with CCDPH and the Chicago Dept of PH to provide on site assessments, support and guidance to specified LTCFs.
- Focus on facilities in our most affected communities: Black and Brown and impoverished.



County Government and Agencies Interface

- Department of Emergency Management and Regional Security
 - Planning and coordination
 - PPE distribution
 - Mask distribution
 - Major partner in COVID response
- Office of the County Board President
 - Media campaign on Physical Distancing and Masking
 - Equity Town Halls
- CARES monies to communities throughout county
 - Social Vulnerability Index



Community Engagement

- **Schools guidance**-Weekly webinars in partnership with Intermediate Service Centers that reach the 142 school districts in suburban Cook County
- **Regional engagement**-On-going outreach to local community-based coalitions, faith-based groups and other grassroots organizers to get feedback from those within the most vulnerable communities
- **Health Equity Town Halls**
- **Partnerships with community- and worker-centers organizations**
- **Communications**-Website, social media, press management, campaigns



Recommendations

Travel Guidance

CCDPH issued travel guidance on 7/17/20:

Any person entering suburban Cook County living in a high-incidence state, or who visited the high-incidence state for more than 24 hours is recommended to self-quarantine for 14 days after arrival, or for the duration of their stay in suburban Cook County, whichever is shorter.

20 states currently

Suburban Cook County* Travel Quarantine List

The list will be updated every Tuesday, and go into effect that Friday.

Updated: 8/25/20

State	↕	Daily Infections Per 100k*	↕	Effective Date	↕
Mississippi		20-30		July 6	
North Dakota		20-30		July 31	
Georgia		20-30		July 6	
Oklahoma		20-30		July 17	
Alabama		20-30		July 6	
Tennessee		20-30		July 6	
Texas		20-30		July 6	
Nevada		20-30		July 6	



Current Recommendations

Mitigation Guidance

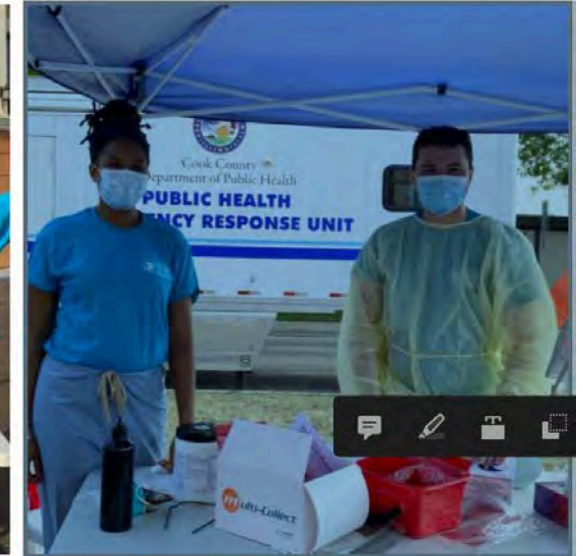
In accordance with IDPH, CCDPH issued recommendations to mitigate increases in community transmission, especially among people 20-29

- Bars, taverns, breweries and other establishments that serve alcohol for on-site consumption without a retail food license are being asked to serve customers outdoors only.
- Maximum party size and table occupancy at restaurants, bars, taverns, and breweries should be reduced to 6 people (indoor or outdoor).
- Indoor fitness class size should be reduced to a maximum of 10 people.
- Personal service businesses should discontinue services (shaves, facials) that require the removal of face coverings.
- Residential property managers should limit guest entry to 6 people per unit to avoid indoor gatherings and parties



Testing

- CCDPH does not have testing sites. We refer and facilitate testing.
- Mobile testing for homeless
CCDPH/CCH/Community Partners
 - South Suburban PADS
 - Housing First-west suburbs homeless
- IDPH hotspot drive through/walk up testing events:
 - CCDPH identifies the needed area to have testing and works with local municipality to find location, publicize event and provide support
 - Sites identified based on known rise in cases in an area combined with known testing rate in that area
 - IDPH does the testing



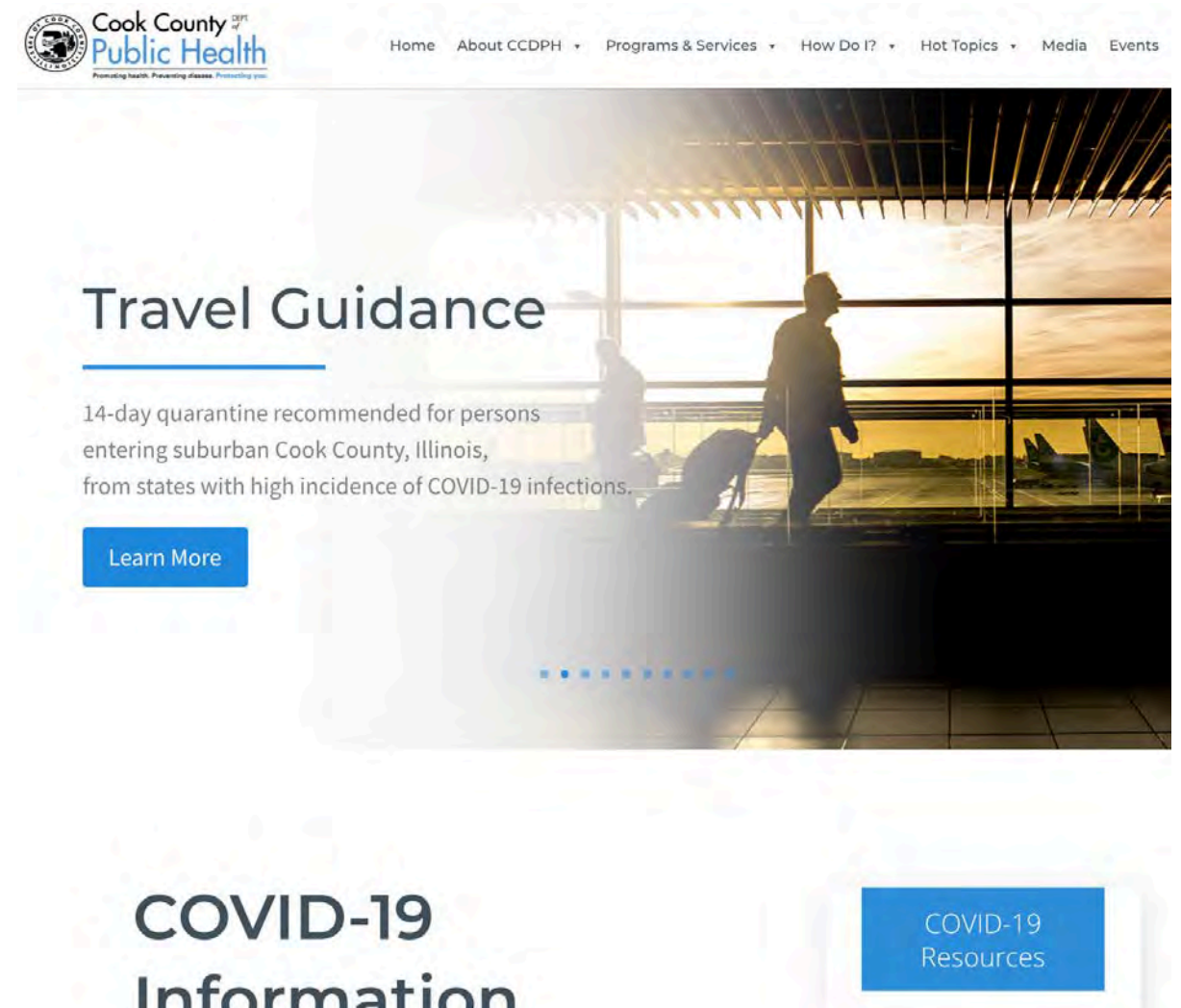
COOK COUNTY
HEALTH



Cook County
Public Health
Promoting health. Preventing disease. Preserving lives.

Communications

- Robust COVID-19 website; translated into Spanish
- Specific campaigns: Social Distancing; Masking with targeting of youth
- Daily media response
- Testing sites



CCDPH COVID-19 Contact Tracing Initiative

Program funding and administration

- \$40 million grant for contact tracing program in suburban Cook County
 - Expands from current tracing staff from 25 to 400
 - Capacity to trace at least 90% of all new cases each day within 24 hrs
 - Grant is for a one-year period from June 1, 2020 – May 31, 2021
- 15-20% of grant funds will be distributed through competitive process to community-based organizations to:
 - Conduct outreach and education about relevant COVID-19 information
 - Support testing, as well as additional contact tracing support and wrap around services
 - Create formal collaborations between CCDPH-organizations-community to support surveillance and enforcement of safe work practices





Contact CCDPH

Hotline: 708-633-3319 M-F/9-4

Operators bilingual English/Spanish and can serve others with translation service.

Email: ccdph.COVID19@cookcountyhhs.org

Website: cookcountypublichealth.org

Facebook and Twitter



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Resources

- Suburban Cook County COVID-19 Data: <https://ccdphcd.shinyapps.io/covid19/>
- Restore IL Plan: <https://coronavirus.illinois.gov/s/restore-illinois-introduction>
- Resurgence metrics: <https://dph.illinois.gov/regionmetrics?regionID=1>
- County-level IDPH COVID metrics: <https://www.dph.illinois.gov/countymetrics?county=Cook>
- Contact Tracing Resources and Training:
<https://learn.astho.org/products/making-contact-a-training-for-covid-19-contact-tracers>
<https://coronavirus.jhu.edu/contact-tracing>



Thank you.



Cook County DEPT. of
Public Health



COOK COUNTY
HEALTH

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
August 28, 2020

ATTACHMENT #9

FY2021 Proposed Budget

Debra Carey, Interim CEO

Andrea Gibson, Interim Chief Business Officer

August, 2020



COOK COUNTY
HEALTH

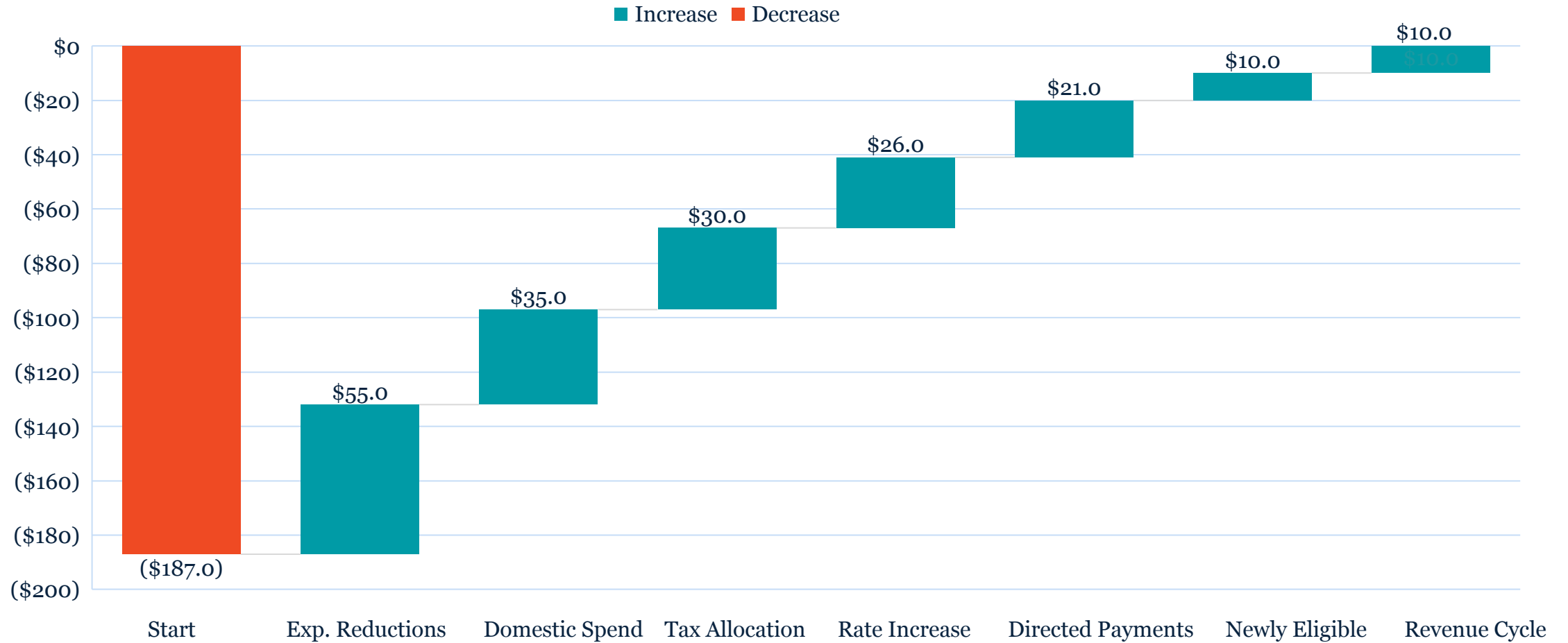
FY2020-FY2021 Budget

In millions	FY2020 Adjusted Appropriation	FY2021 Proposed Budget	Variance	FY2020 FTEs	FY2021 FTEs	Variance
CountyCare	\$1,760	\$2,226	\$465	182	356	174
Correctional and Public Health*	\$99	\$120	\$21	755	1,212	457
CCH Provider**	\$965	\$1,032	\$66	5,664	5,541	(123)

*Public Health includes Contact Tracing Grant, which expires June 30,2021 and 374 FTE's

**CCH Provider includes Integrated Care Management (ICM), predominately Care Coordination

Closing the FY21 Deficit - Total



FY2021 Proposed Budget

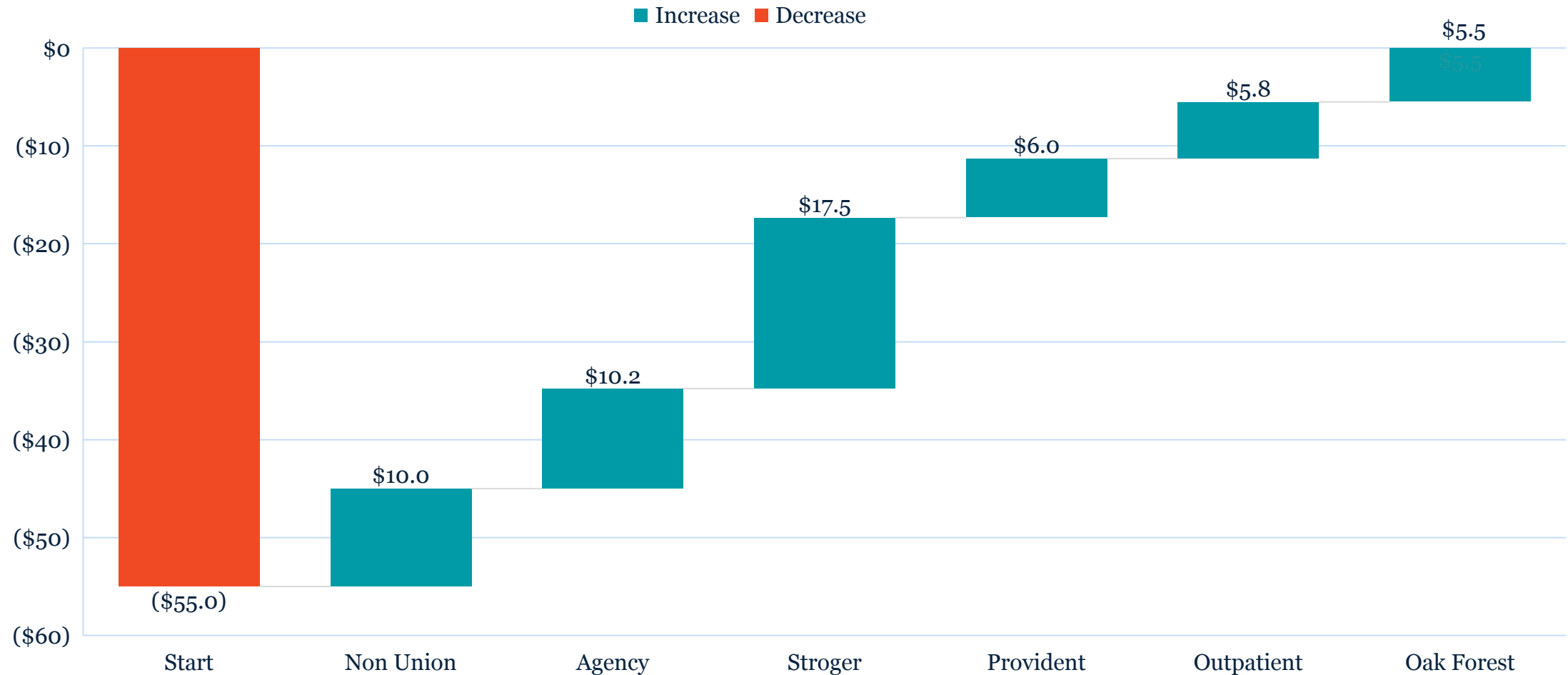
CCH Provider

Stroger, Provident, Outpatient (ACHN)



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Closing the FY21 Deficit - Expense



Budget by Department: Stroger

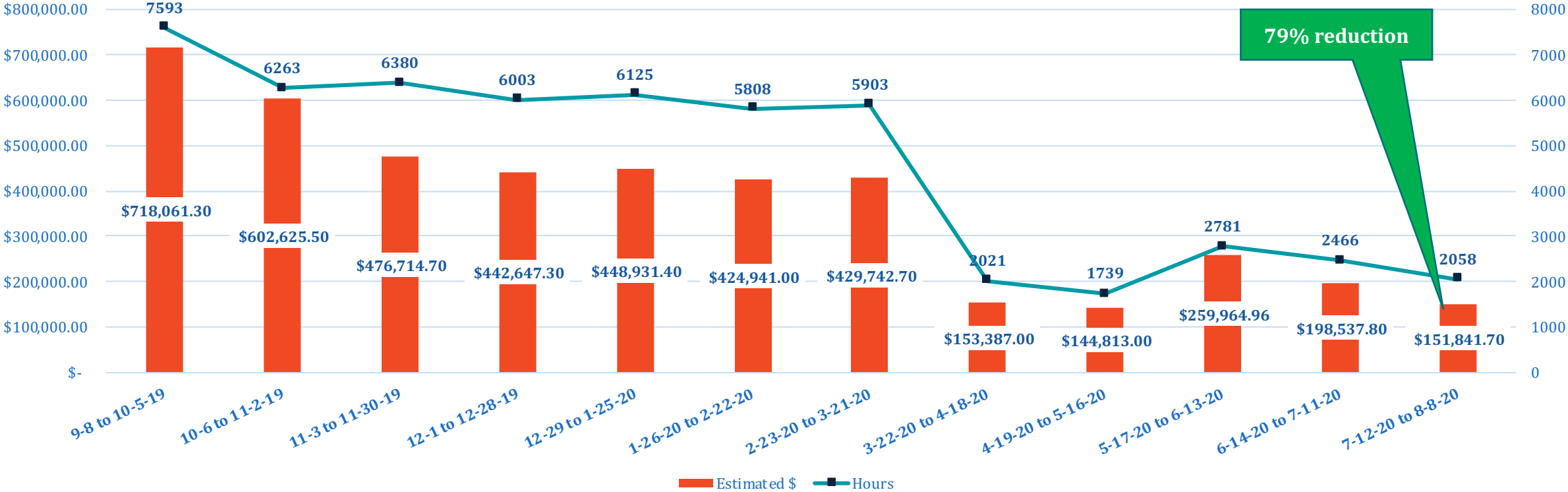
In millions	FY2020 Budget	FY2021 Proposed Budget	Variance	FY2020 FTEs	FY2021 FTEs	Variance
Stroger	\$671	\$751	\$80	4,189	4,352	163
Stroger Integrated Care Management	0	\$28.5	\$28.5	0	125	125

Commentary

- FTEs increase due to transfer of Integrated Care Management (ICM) from County Care by 125 and non personnel
 - Call Center, ACHN Care Coordination, Inpatient Care Coordination, Medicaid application assistance, transportation
- Shift of Physical Therapy from Provident to Stroger
- Suspension of inpatient pediatrics due to low volume
- Consolidation of sleep lab services at Provident
- Additional positions to reduce agency, contractor and overtime costs
- Turnover correction compared to FY2020



CCH System RN/LPN Agency (Excluding COVID-19 Agency Hours)



Not including COVID-19 related hours,
From Sept'19 to Jul'20, ~79% reduction in agency dollars equating to **566K** in monthly savings or ~**\$6.8M** annually

Budget by Department: Provident

In millions	FY2020 Budget	FY2021 Proposed Budget	Variance	FY2020 FTEs	FY2021 FTEs	Variance
Provident	\$56	\$60	\$4	401	375	(26)

Expense Drivers:

- Near South and Woodlawn Consolidation into Sengstacke (Provident)
- Conversion of Emergency Department to Standby Emergency Department
- Staffing to inpatient volumes
- Certificate of Need (CON) received in 2019 for new Provident construction



Provident Hospital Outpatient Services FY2021

Services:

- Outpatient Primary Care (Behavioral Health, Family Medicine, Gynecology, Internal Medicine, Prenatal Care)
- Mammography
- Lifestyle Center
- Breast Clinic
- Bariatrics
- General Medicine
- Pathology Services
- Outpatient Specialty Clinic (Addiction Medicine, Cardiology, Colorectal Surgery, Diabetes & Endocrinology, Gastroenterology)
- Diagnostic Imaging
- Cardiac and Pulmonary Diagnostics
- Pharmacy
- Social Services
- Neurology
- Ophthalmology
- Optometry
- Podiatry
- Psychology/Psychiatry
- Pulmonary
- Renal
- Sleep Medicine
- Urology

Budget by Department: Outpatient (ACHN)

In millions	FY2020 Budget	FY2021 Proposed Budget	Variance	FY2020 FTEs	FY2021 FTEs	Variance
ACHN	\$83	\$76	(\$7)	401	313	(88)

Expenditure Drivers:

- Consolidation of Near South and Woodlawn Clinics into Sengstacke (Provident)
 - Unique patients 9,000
- Morton East Health School-Based Program and Child Advocacy Center health services program support
- FY2020 final year of Access to Care grant

Transitioning of Service - Oak Forest

✓ Oak Forest Clinic

- Building E **closed May 26, 2020.**
- Blue Island Center **opened June 8, 2020.**

✓ Revenue Cycle

- Building H **closed June, 2020.**
- 600 Holiday Plaza in Matteson **opened June 15, 2020.**

Cook County Dept. of Public Health

- Phase 1- **September, 2020** staff at Bridgeview will move to central campus
- Phase 2- **October, 2020** staff at Oak Forest will move to central campus

Pharmacy Services

- Phase 1- **October, 2020** outpatient pharmacy will relocate to Blue Island
- Phase 2- **Nov 30, 2020** expect contract in place and fully operational for mail order pharmacy

Reductions in Force

- Holding vacancies reduced the need for more layoffs

Department	Union Layoffs	Non-Union Layoffs	Total
Correctional Health	0	1	1
Bureau of Health/Administration	1	17	18
Provident	13	10	23
ACHN	6	3	9
Public Health	0	0	0
Managed Care	0	6	6
Stroger	47	22	69
Oak Forest	3	1	4
Total	70	60	130

*Includes full year of savings from 46 non-union layoffs in June, 2020

Budget by Department: CCH Provider

In millions	FY2020 Budget	FY2021 Proposed Budget	Variance	FY2020 FTEs	FY2021 FTEs*	Variance
Administration	\$44	\$48	\$5	328	305	(23)
Provident	\$56	\$60	\$4	401	375	(26)
ACHN	\$82	\$76	(\$6)	401	313	(88)
CORE	\$23	\$25	\$2	71	71	0
Stroger	\$671	\$751	\$80	4,189	4,352	163
Stroger: ICM	0	\$28.5	\$28.5	0	125	125
Managed Care: ICM	\$43	\$0	(\$43)	225	0	(225)
Oak Forest	\$7	\$0	(\$7)	49	0	(49)
Fixed Charges	\$39	\$41	\$2	0	0	0
Total	\$965	\$1,031	\$63	5,664	5,541	(123)



FY2021 Proposed Budget



Mandated Services: Correctional and Public Health



COOK COUNTY
HEALTH

Correctional Health

In millions	FY2020 Budget	FY2021 Proposed Budget	Variance	FY2020 FTEs	FY2021 FTEs	Variance
Cermak	\$81	\$96	\$15	575	667	92
JTDC	\$7	\$8	\$1	62	60	(2)

Increase drivers:

- COVID-19 Distancing Requirements new positions
 - Increase from 7 locations to staff to 13 locations to staff
 - Vaccine availability and effectiveness of vaccine will impact next 2 years
- Reduced turnover from 15% to 5%

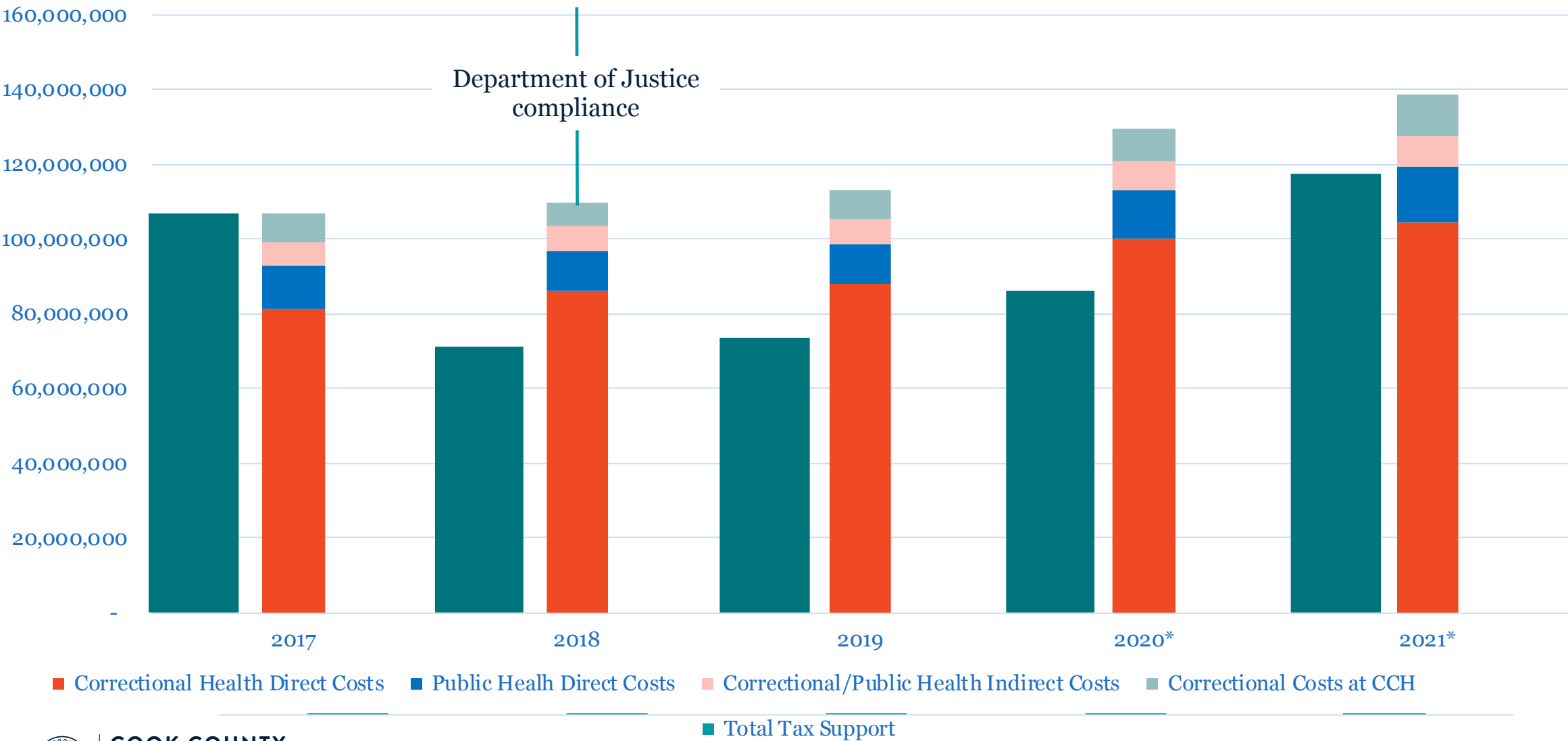


Public Health

In millions	FY2020 Budget	FY2021 Proposed Budget	Variance	FY2020 Budgeted Positions	FY2021 Proposed Positions	Variance
Health Fund	\$10	\$15	\$5	118	111	(7)
Lead Fund	\$3	\$3.3	\$.3	17	18	1
Other Grants	\$8	\$9.5	\$1.5	41	47	6
Total	\$21	\$27.8	\$7.5	176	176	0
Contact Tracing	\$19.6	\$20.4	.8	374	374	0

*Contact Tracing Grant is projected to conclude May 31, 2021

Tax Allocation and Full Cost of Correctional/Public Health



FY2021 Proposed Budget

Health Plan Services



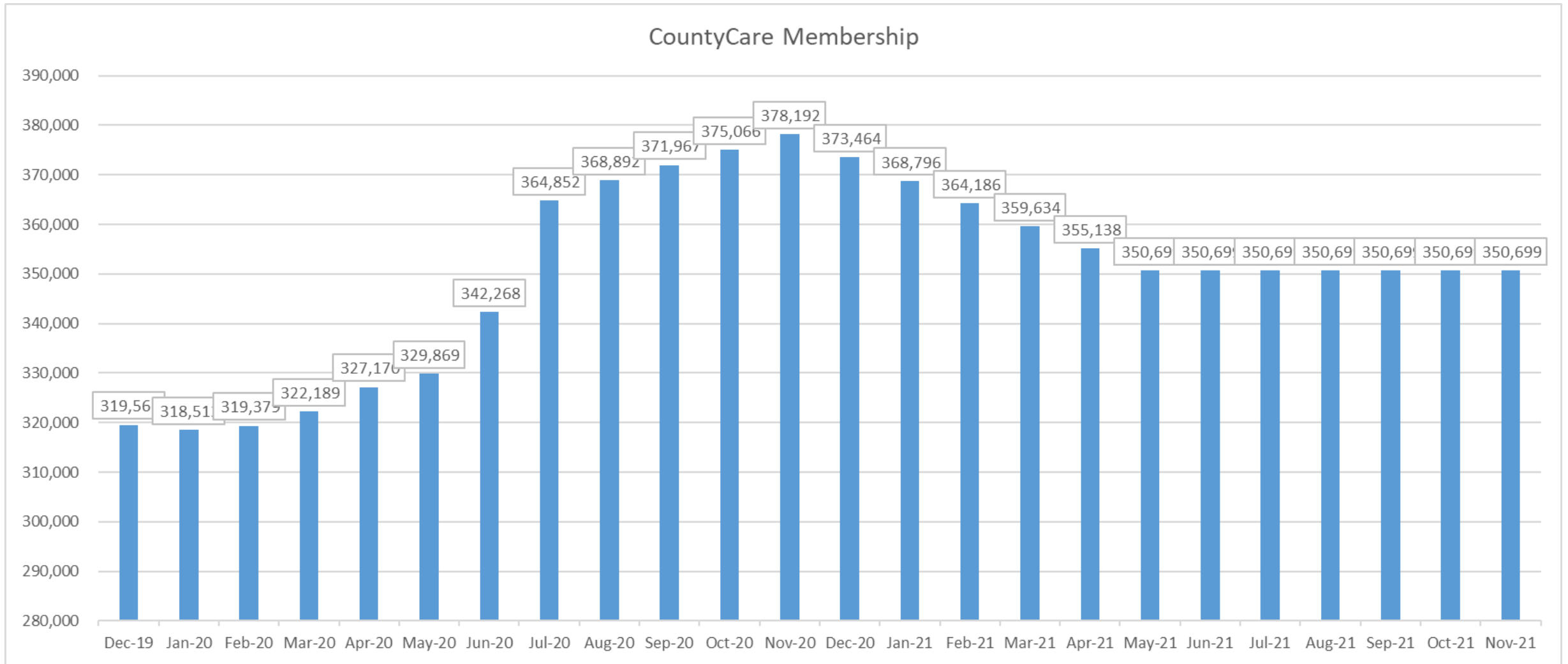
FY2021 Proposed Health Plan Services Financial Summary

(in millions)

	ACA Adult	FHP	SPD	MLTSS/ LTSS/IMD	SNC	TOTAL
CountyCare Projected 2021 Membership	88,567	224,346	29,766	6,314	7,350	356,343
CountyCare Revenue	\$604	\$682	\$649	\$199	\$51	\$2,185
Medical Expense (CCH)	\$61	\$97	\$37	\$7	\$2	\$204
Medical Expense (Network)	\$534	\$551	\$551	\$166	\$44	\$1,846
Administrative Expense	\$31	\$34	\$42	\$20	\$3	\$130
Total CountyCare Expenses	\$626	\$682	\$630	\$193	\$49	\$2,180
CountyCare Profit/(Loss)	\$(22)	\$0	\$19	\$6	\$2	\$5
Medicare Revenue						\$35
Medicare Expenses						\$45
Health Plan Services Profit/(Loss)						\$(5)
Total CCH Contribution	\$39	\$97	\$56	\$13	\$4	\$199



Membership Trends: CountyCare

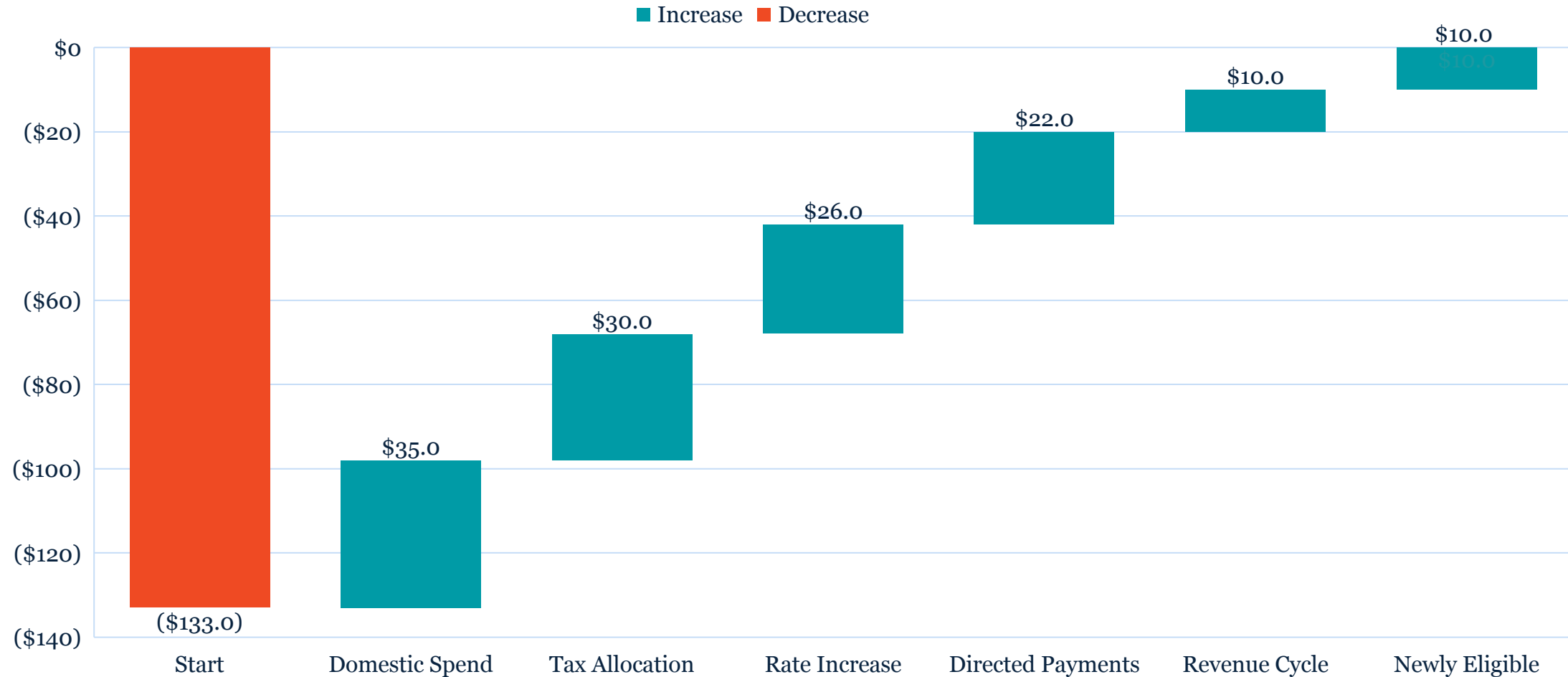


FY2021 Proposed Budget

Revenue Projections

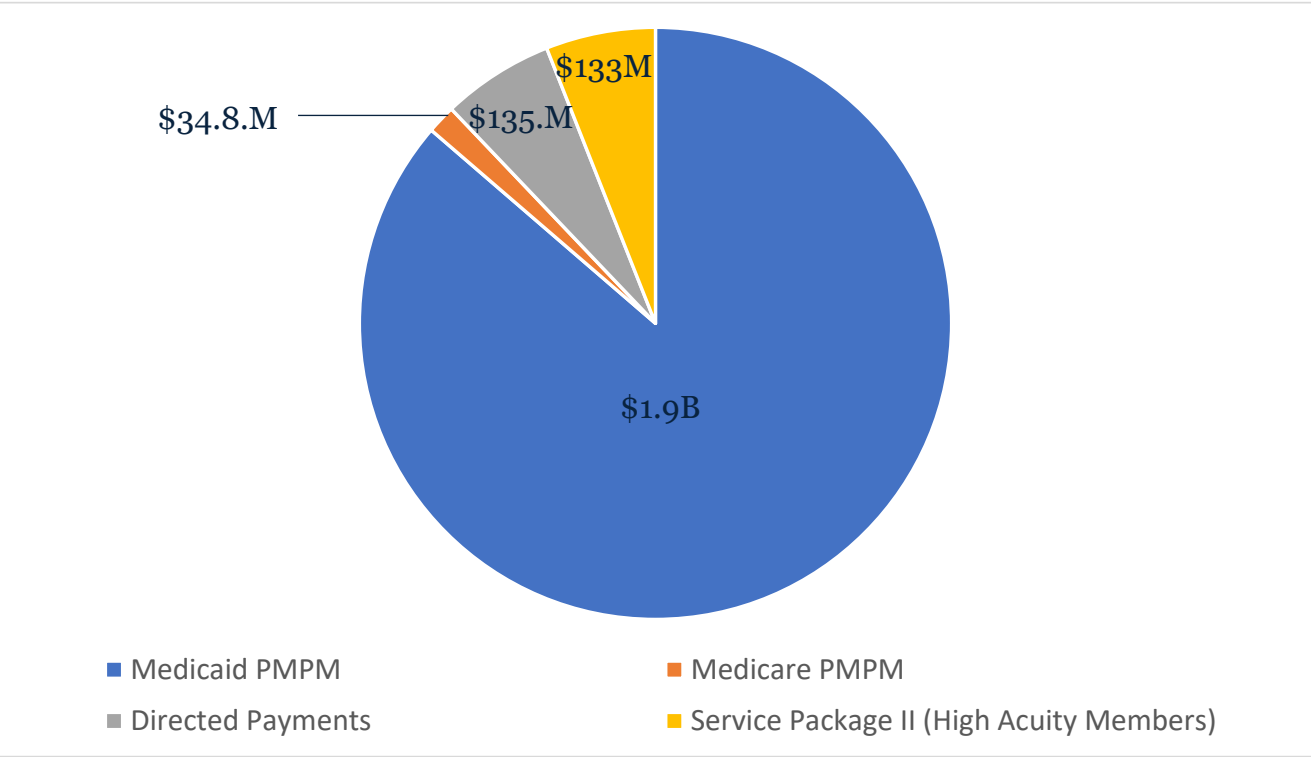


Closing the FY21 Deficit - Revenue Drivers

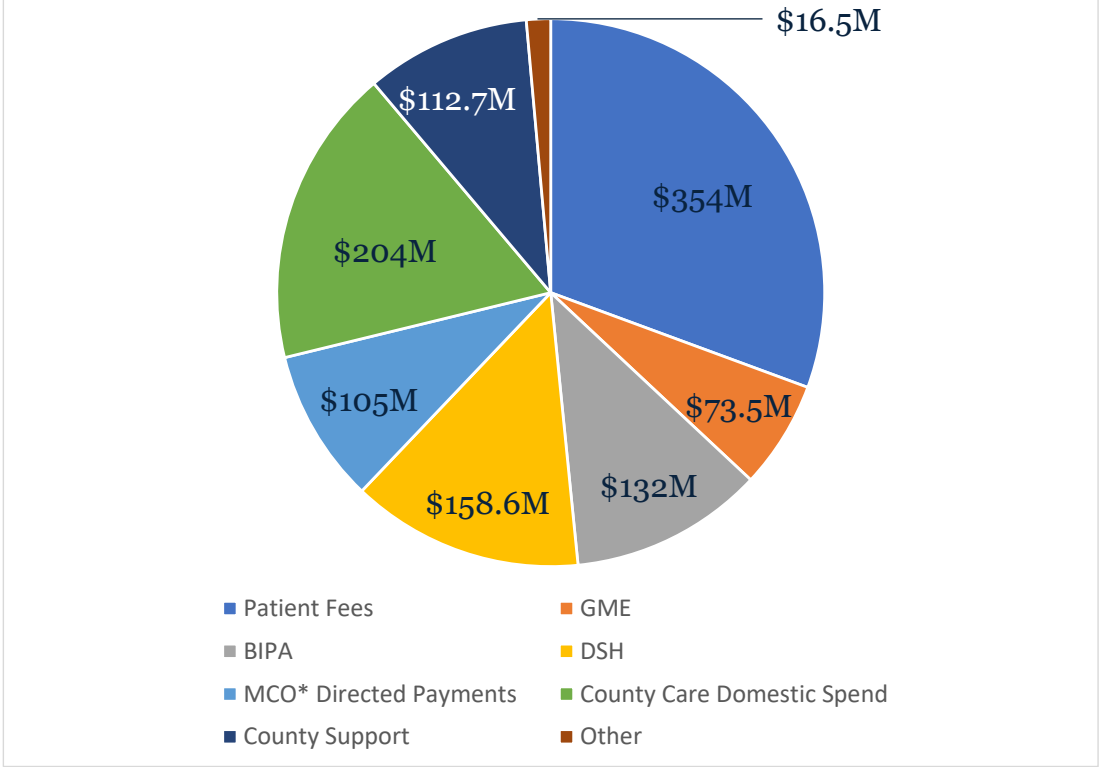


FY2021 Proposed Revenue by Source

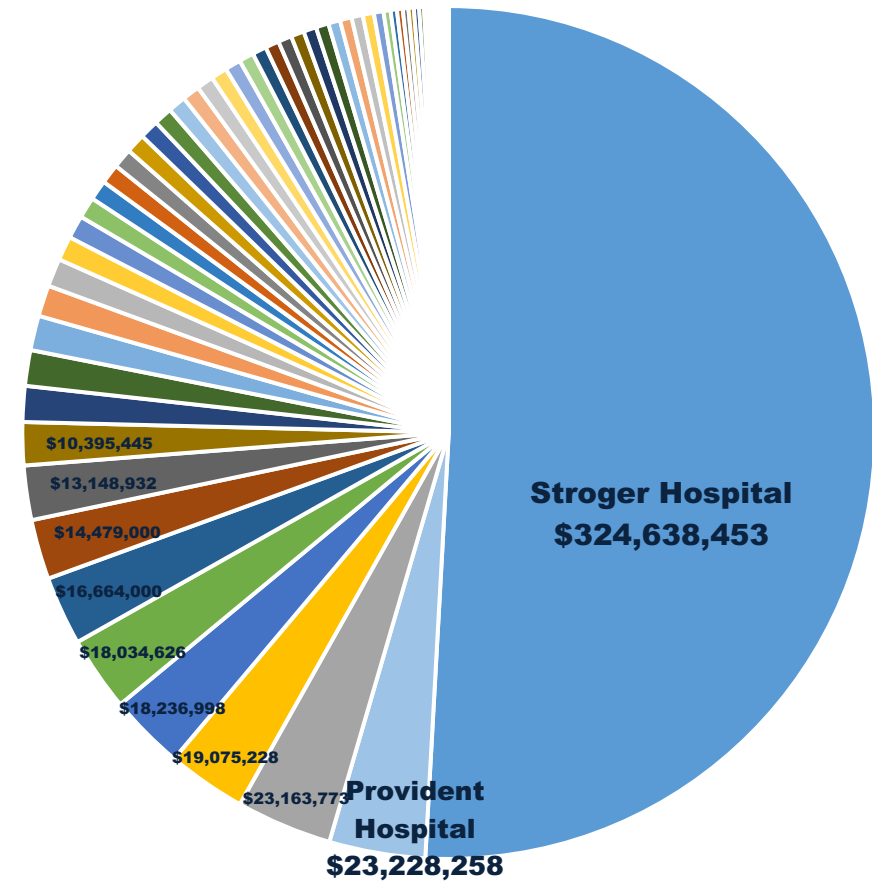
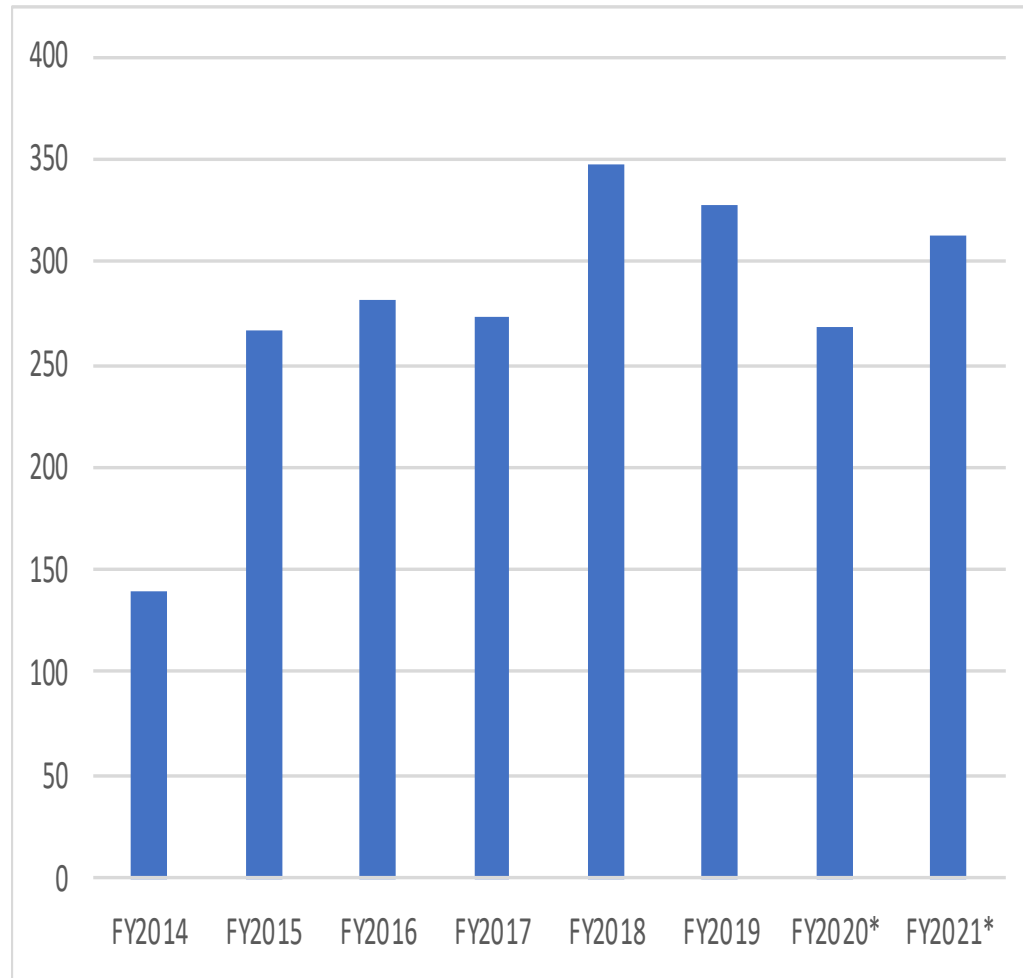
County Care
\$2.2 billion



Other
\$1.1 billion



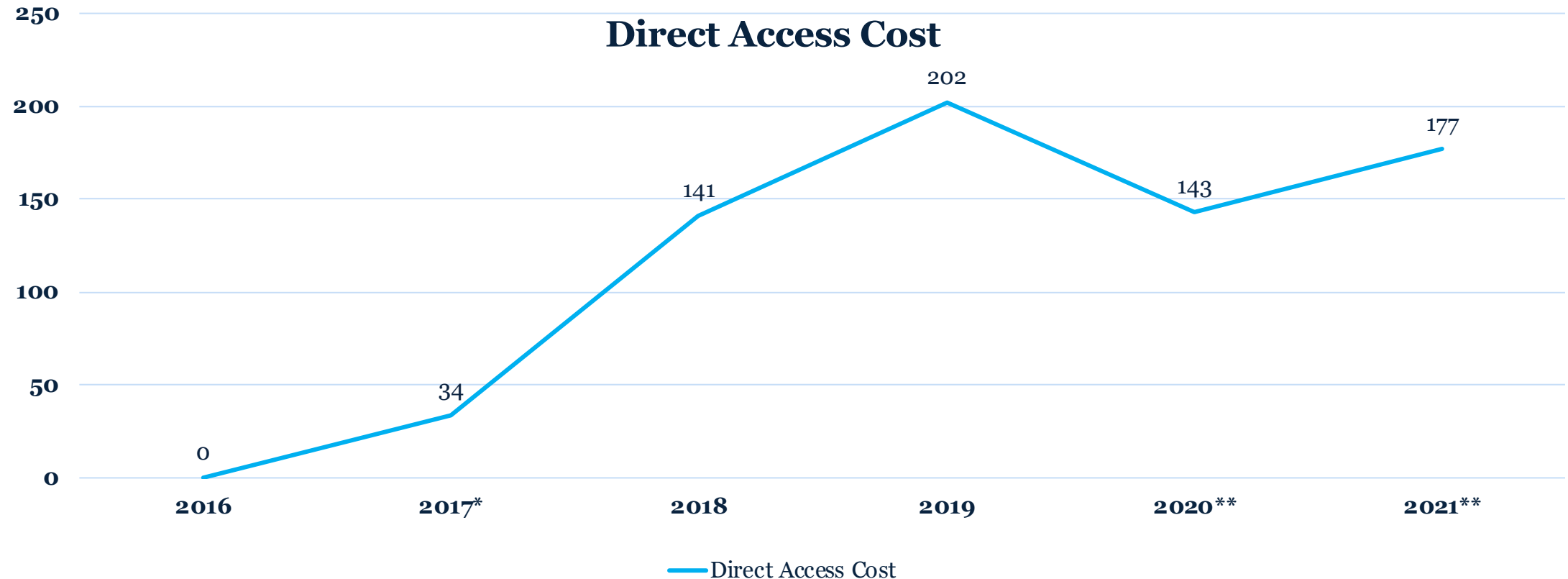
Charity Care Cost



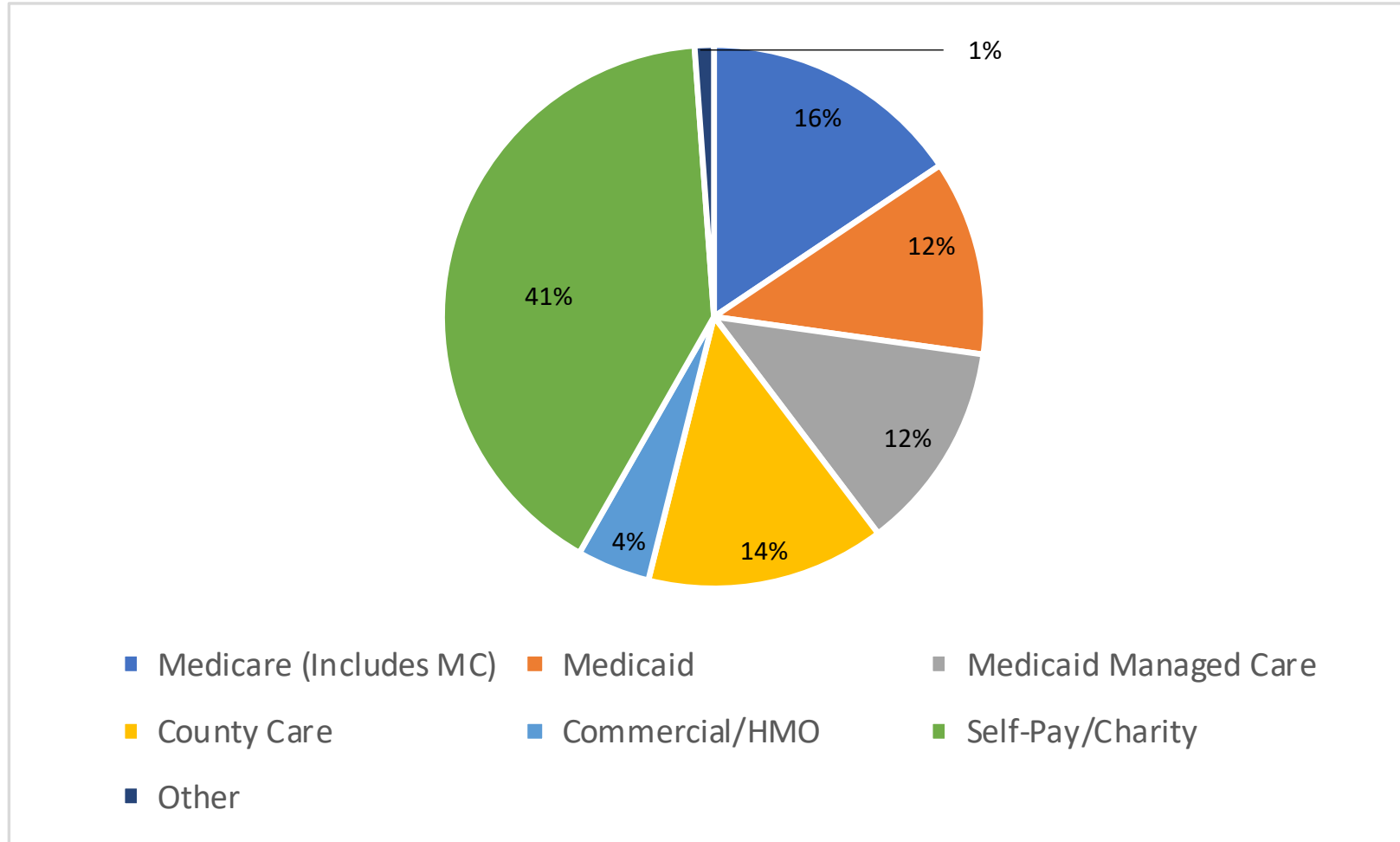
Charity Care in Cook County 2018: Each slice represents the amount of charity care provided by every hospital in Cook County required to report to the state of Illinois. Source: [2018 IDPH Hospital Profiles](#).

Cost of Direct Access Program (in millions)

August Membership: 20,516



System Payor Mix By Charges



Major Revenue Changes

New Directed Payments Overview

- Effective 1/1/20 State paying for difference between Fee For Service and Encounter Rates for Managed Care Organizations
- Determined and paid quarterly based on activity
- FY20 – First 3 Quarters are known and started receiving
- FY21 – Quarterly average estimated to decline \$11.8 for comprehensive model (IP, OP and Clinics)

Amending Cost Reports

- Amendments to cost reports to result in a 15% increase in rates

Newly Eligible Population

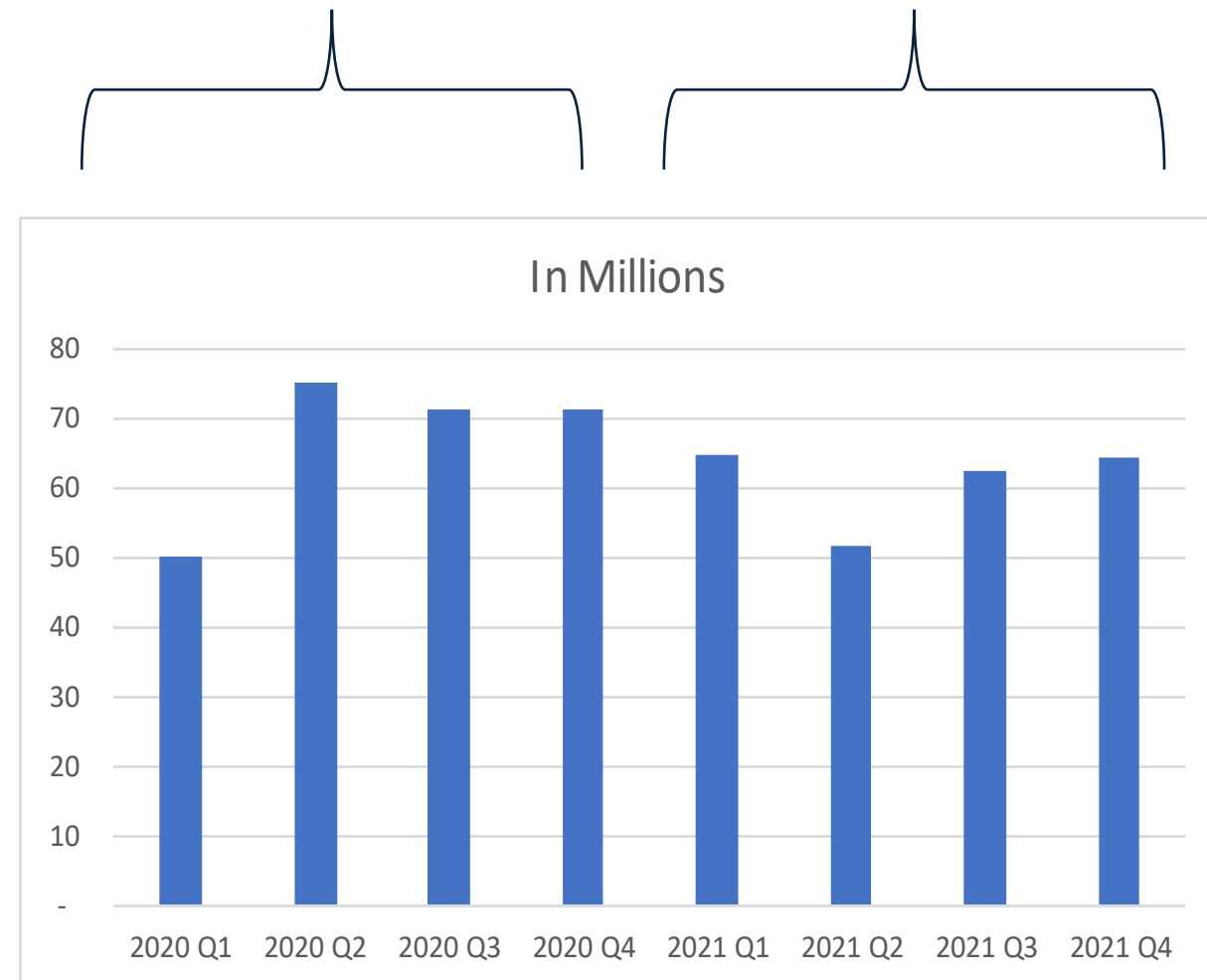
- Undocumented patients over 65 eligible for Medicaid reimbursement

2020

\$268M

2021

\$243M



Revenue Cycle Improvements: Completed

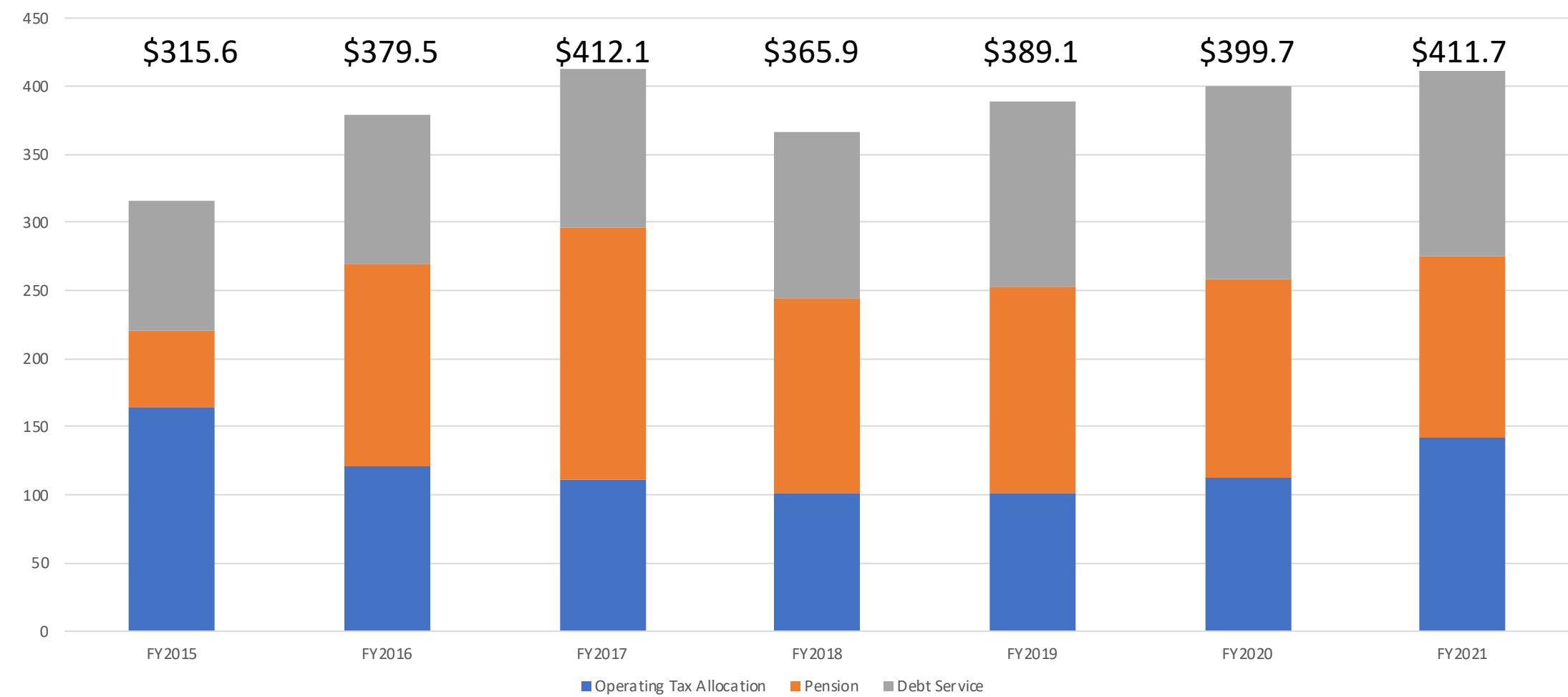
Improvement	Implementation	FY2021 Budget	Full Implementation/ FY2019 Volume
✓ Eliminate Out-Of-Network Scheduling	Completed August 1, 2020	\$1	\$5
✓ Online bill payment	Completed August 3, 2020	\$.5	\$1
✓ Medical Necessity Denials	Completed Eliminated denials for Medicare patients-\$.5	\$.5	\$.5
✓ Prior Authorization (Sleep, Rehab, Radiology, Pain, Cardiology, Oncology)	Completed August 3, 2020 Improving patient scheduling: Sleep, Rehab, and Pain-\$1.5-3.0 Radiology, Cardiology, and Oncology (Phase1)-\$2.0-4.0	\$3.5	\$7
Completed Total		\$5.5	\$13.5

Revenue Cycle Improvements: In Process

Improvement	Implementation	FY2021 Budget	Full Implementation/ FY2019 Volume
• Charge master review	Target by September 1, 2020	\$0	\$0
• Prior Authorization Phase 2	Target by November 1, 2020: Improving patient scheduling oncology clinics-\$.5-1.0 Contacting payer prior to inpatient procedures-\$1-1.5	\$1.5	\$2.5
• Coding Initiative (CDI)	Ongoing. Target to increase Case Mix Index for better reimbursement: Improving inpatient physician documentation- \$.5-5.0	\$.5	\$5.0
• Denial Management: Case Management, HIM, Timely Filing, Premium Eligibility	Target by November 1, 2020 Decreasing length of stay-\$.5-3.0 Decreasing the backlog in discharge not final bill (DNFB), discharge not final coded (DNFC), premium eligibility (insurance verification) and address checking -\$.5-13.0 Eliminate untimely filing penalties-\$.5-3.0	\$2.5	\$19
Total		\$4.5	\$26.5



Cook County Pension, Debt Service & Operating Allocation (in \$ millions)



Historic Operating Results

(in millions)	FY14	FY19(1)	FY14/19 Gap
Operating Gain (Loss)			
CCH Health Providers/Bureau	(\$61.4)	(\$134.5)	(\$73.1) (119.1%)
Public & Correctional Health	(\$57.1)	(\$97.5)	(\$40.4) (70.8%)
CountyCare	(\$31.2)	(\$76.5)	(\$45.3) (145.2%)
Total Operating Gain (Loss) (2) (3)	(\$149.7)	(\$308.5)	(\$158.8) (106.1%)

Operating margin declined \$158.8M, or 106.1%, between FY14 to FY19

Selected factors were the primary contributors to the decline in operating margin

- The loss of “reimbursable patients” – patients with Medicare, Medicaid, CountyCare and Commercial insurance coverage
- The additional costs incurred in caring for the growth in charity care patients
- A growth in bad debts caused by a deterioration in the revenue cycle performance and an increase in the level of “underinsured”
- CCH Health Providers & Bureau’s operating costs – with consideration to inflation and increased patient acuity – increasing greater than expected during a period of declining patient volume
- The State of Illinois’ reduction in rates paid to CountyCare, which was not fully offset by a reduction in medical costs for CountyCare’s enrolled members
- Cermak Health’s increased operating costs – driven by DOJ Consent Decree, programmatic expansion (Boot Camp) and reallocation of costs in areas such as IT and pharmacy



Notes:

(1) FY19 audited financials.

(2) Restricted Purpose Accounts, representing resources whose use has been limited by donors or grantors, are excluded from the analysis

(3) An additional insurance provision of \$18.9M was recorded in FY19 but it was not allocated to the CCH Operating Accounts; the resulting FY19 Operating Loss considering this unallocated insurance provision is \$327.4M. There was no similar unallocated insurance provision in FY14.

Historic Operating Results – Cook County Support

Cook County financial support has become increasingly important over the FY14 to FY19 period

Cook County CCH Operating Support

(in millions)	FY14	FY19 (1)	Comments/Assumptions
Cook County Operating Tax Support	\$169.6	\$70.7	FY14 represents property taxes of \$37.3, cigarette taxes of \$126.7 and other tobacco products taxes of \$5.6M; FY19 represents property taxes
CCH Operating Margin (2) (1)	(\$149.7)	(\$327.4)	
Excess (Deficit) of Tax Support	\$19.9	(\$256.7)	

- FY19 deficit highlights the need to focus on improving financial performance
- Significant change in financial requirements in support of operations since FY14

Cook County Financial Support

(in millions)	FY14	FY19 (1)	Comments/Assumptions
Operating Tax Support	\$169.6	\$70.7	
Capital Asset Contributions	\$6.5	\$25.4	• Represents the construction and acquisition of capital assets used in the operation of CCH
Contributed Services	\$9.0	\$23.7	• Services include purchasing, data and payroll processing
Pension Other Postemployment Benefits (4)	\$58.1	\$179.0	<ul style="list-style-type: none"> • Represents contributions to the Pension and Other Postemployment Benefit plans for employee benefits • In FY14 the amount of Cook County funding for CCH was not calculated; FY14 only represents Pension funding
Cook County Financial Support	\$243.2	\$298	

- Since FY14 the annual financial support provided to CCH from Cook County has increased by 20.6%
- Shift in support from CCH's operations to funding Pension and Other Postemployment Benefits



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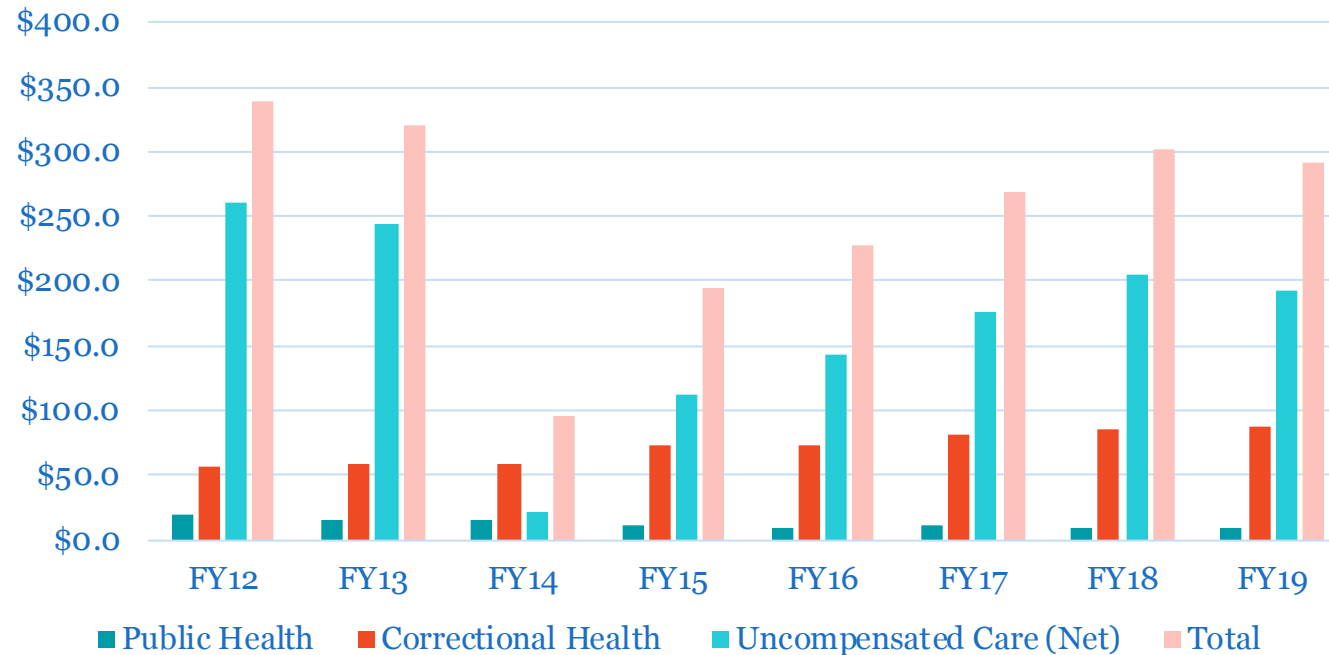
Notes:

- (1) FY19 audited financials.
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- (3) An additional insurance provision of \$18.9M was recorded in FY19 but it was not allocated to the CCH Operating Accounts; the resulting FY19 Operating Loss considering this unallocated insurance provision is \$327.4M. There was no similar unallocated insurance provision in FY14.
- (4) Separate information related to Cook County's funding of CCH's Other Postemployment Benefits was not available in FY14

Cook County Health Mandate Cost Analysis

The growing cost of certain “mandates” has increased operating losses from FY15 to FY19

**Mandate
Cost**
(Dollars
In Millions)



(Dollars in Millions)

Notes:

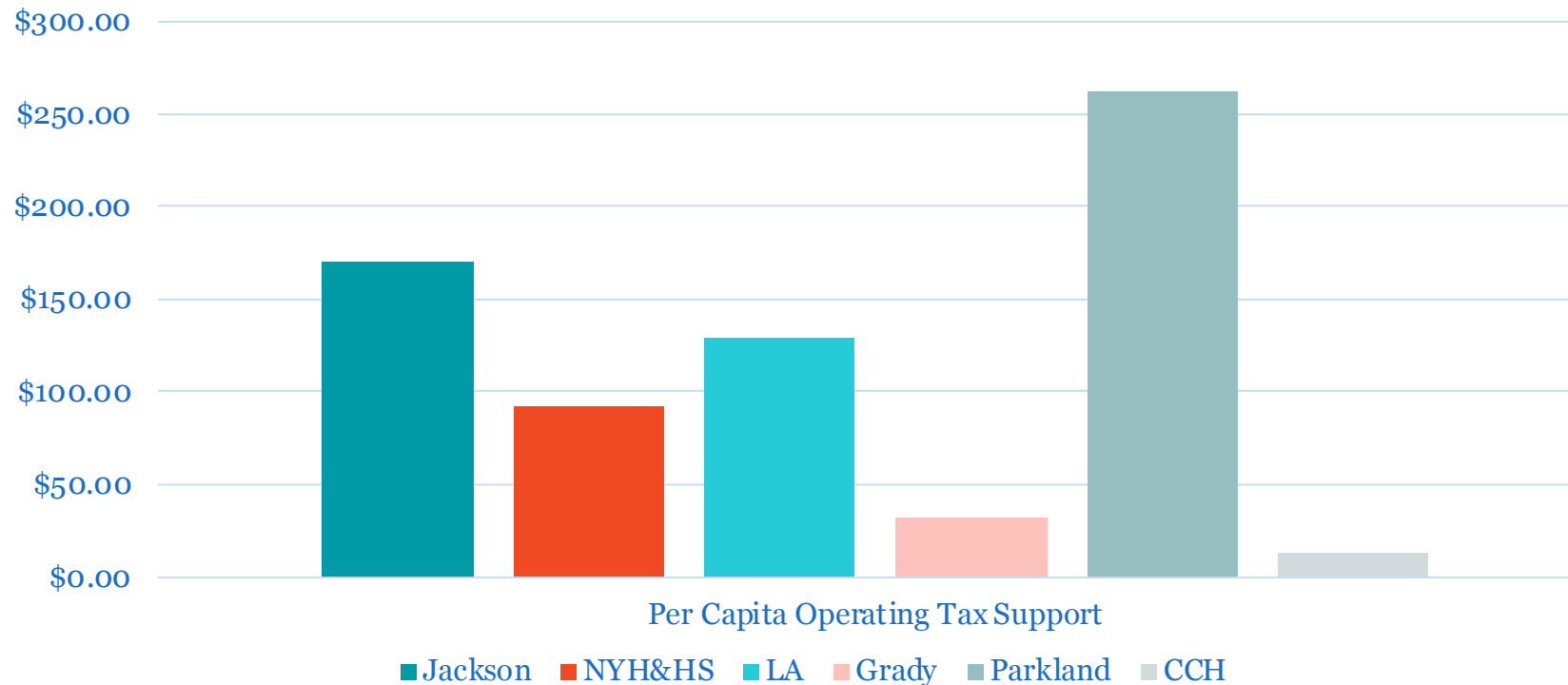
(1) Source: CCH audited financial statements

(2) CCH, in support of its mandate to deliver health services with dignity and respect regardless of a patient’s ability to pay, receives government support in the form of Disproportionate Share (DSH) payments and Medicare, Medicaid and SCHIP Benefit Improvement and Protection Act (BIPA) payments to offset Uncompensated Care costs. Annual amounts received increased from \$282.0M in FY12 to \$318.1M in FY19. The Uncompensated Care cost in the chart above is presented **net** of the DSH and BIPA payments.

- CCH has certain mandates that are increasing in cost
- CCH’s mandate is to “deliver health services with dignity and respect regardless of a patient’s ability to pay”, resulting in Uncompensated Care cost (see Note 2)
- CCH’s other mandates include providing health services to the detainees at Cook County Jail and the Juvenile Temporary Detention Center (collectively “Correctional Health”) and to operate a Public Health Department

Cook County Operating Tax Support

Cook County's per capita health system tax support is lower than other government sponsors



Note:

(1) Source: Audited financial statements of each government sponsored safety net provider (FY19)

- Government sponsored safety net providers analyzed include Jackson Health (Miami Dade County, FL), NYH&HS (New York, NY), LA County (Los Angeles County, CA), Grady Memorial (Fulton & DeKalb Counties, GA) and Parkland Health (Dallas County, TX)
- CCH and Parkland are the only two health systems that support correctional health; CCH is the only health system that also has a public health department

Appendix



FY2021 Budget Calendar

- June 26, 2020 President's FY2020/2021 Preliminary Budget Forecast Released
- July 16, 2020 President's Preliminary Forecast Public Hearing
- July 21, 2020 Cook County Finance Committee Meeting – Mid Year Budget Hearings
- July 23, 2020 CCH Finance Committee – FY2021 Budget Framework Introduced
- July 31, 2020 CCH Full Board – FY2021 Budget Framework Discussion
- August 28, 2020 CCH Board Meeting – FY2020 Proposed Budget Introduced
- September 1, 2020 Public Hearing 9:00 a.m.
- September 9, 2020 Public Hearing 6:00 p.m.
- September 11, 2020 CCH Board Meeting – FY2020 Budget Request for Approval
- September 24, 2020 Cook County Board Meeting – CCH FY2020 Proposed Budget Introduced & Approved (for inclusion in the Executive Budget Recommendation)
- October, 2020 President's FY2020 Executive Budget Recommendation Introduced
- Oct/November, 2020 Cook County Public Hearings, Agency & Department Budget Review Meetings, Proposed Amendments, Annual Appropriation Bill Adopted

Provident and South Side Hospital Profiles

Hospital	Licensed Beds	Peak Census	Average Daily Census	Total Charity Care Expenses (in millions)
Provident	85	17	12	\$23.00
Roseland	134	n/a	51	\$.65
South Shore	137	137	59	\$.46
St. Bernard	202	196	88	\$4.78
Trinity	205	140	95	\$4.19
Jackson Park	256	124	76	\$3.55
Mercy	402	189	170	\$4.35
U of Chicago	811	667	564	\$18.24



FY21 Health Fund

In millions	FY2020 Budget	FY2021 Proposed Budget	Variance	FY2020 Budgeted FTEs	FY2021 Proposed FTEs	Variance
Managed Care*	\$1,800	\$2,225	\$425	407	356	(51)
Hospitals (Stroger/Provident)	\$727	\$843	\$116	4,590	4,852	262
Correctional Health	\$89	\$104	\$15	637	727	90
Health Administration	\$44	\$49	\$5	328	305	(23)
Ambulatory Service***	\$114	\$101	(\$13)	521	384	(137)
Public Health	\$10	\$15	\$5	118	111	(7)
Administration	\$39	\$40	(\$1)	0	0	0
Total	\$2,824	\$3,377	\$549	6,601	6,735	134

*Managed Care in FY2020, includes Integrated Care

**Does not include grants, including contact tracing

*** Ambulatory service includes ACHN, CORE, Oak Forest



Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
August 28, 2020

ATTACHMENT #10



COOK COUNTY HEALTH

DEBRA D. CAREY
INTERIM CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
August 28, 2020

In memorial

Recently, Cook County Health said goodbye to a valued team member. Mr. Ronald Russell was a longtime, dedicated employee with CCH's Finance Department who also played a prominent role over the years in coordinating Stroger Hospital's breast cancer survivor events. A devoted family man and active member of Alpha Phi Alpha Fraternity, Mr. Russell never failed to make time for others, touching countless lives through his involvement in youth sports, housing programs, and child welfare causes. Please join me in honoring Mr. Russell's memory.

Activities and Announcements

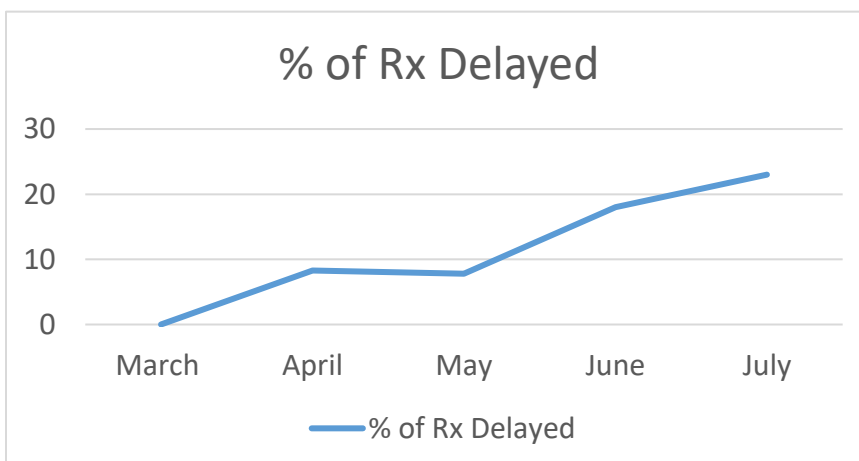
- CCH continues to test and care for **COVID-19** patients across the system. To date, CCH has conducted more than 33,000 tests and cared for more than 700 inpatients. A resurgence committee is meeting regularly to discuss lessons learned and plan accordingly should we experience a surge in cases.

Cermak remains vigilant in its efforts to contain the virus at the Cook County Jail. Efforts to date, which have included extensive testing, including asymptomatic and surveillance testing, have kept the positivity rate under 1.5% for the past several months.

The Cook County Department of Public Health continues to work with its constituencies and partners in suburban Cook County and build its contact tracing program. Hiring is underway. CCH and CCDPH have been assisting the state and local organizations in hosting and promoting community-based COVID testing days.

Cermak remains vigilant in its work to contain the virus at the Cook County Jail. Efforts to date, which have included extensive testing, including asymptomatic and surveillance testing, social distancing, education and cohort housing, have kept the positivity rate under 1.5% for the past several months.

- On August 24, 2020, Cook County Health hosted a press conference with Cook County Board President Toni Preckwinkle, US Senator Dick Durbin, US Congressmen Bobby Rush and Sean Castens, and Cook County Commissioner Dennis Deer to discuss **the impact of cuts at the US Post Office on CCH patients**. CCH's mail order pharmacy fills 20,000 prescriptions every month. In July, 23% percent of mail-order prescriptions were delayed compared to less than 1% in March 2020.



Dr. Claudia Fegan, Chief Medical Officer, spoke about the importance of patients receiving their medications on time and introduced her longtime patient, Patricia Moore, who did not receive her prescriptions recently.

- The **Cook County Health Equity Initiative** is co-led by Dr. Lakshmi Warrior, Chair, Division of Neurology, and Dr. Yvonne Collins, Medical Director, CountyCare, in collaboration with the CCH Center for Health Equity and Innovation. An internal group of key stakeholders across CCH is being organized to develop a comprehensive strategy with specific metrics and timelines to address health equity for patients, employees and community. CCH has elected to participate in the national Pursuing Health Equity Learning Network with the Institute of Health Improvement (IHI). CCH received a scholarship from IHI, so there is no cost for participation. The committee is currently working on:
 - Gathering input and feedback from key internal stakeholders building on the 70 stakeholder focus groups conducted in February.
 - Gathering and reviewing current work that addresses health equity, developing a plan to share this work with others internally.
 - Developing a community co-design committee that can provide input on further development of the plan.
 - Working to conceptualize an online forum regarding health equity per the Board equity resolution.

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 August 11, CCH's Fresh Truck partnership with the Greater Chicago Food Depository (GCFD) resulted in 273 visits to 13 CCH health centers – Arlington Heights, Austin, Blue Island, the CORE Center, Cottage Grove, Englewood, Logan Square, Near South, North Riverside, Provident/Sengstacke, Prieto, Robbins, and Woodlawn.

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 35,083 individuals, representing 116,382 household members, totaling more than 720,000 pounds of food. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

The Greater Chicago Food Depository's Fresh Food Truck visits for the month of September include the following ACHN Health Centers:

September 3 – **Prieto Health Center** – 2424 S. Pulaski Road, Chicago, IL 60623
 September 8 – **Provident Hospital/Sengstacke Health Center** – 500 W. 51st Street, Chicago, IL 60615
 September 15 – **Woodlawn Health Center** – 6337 S. Woodlawn Avenue, Chicago, IL 60634
 September 17 – **Arlington Heights** – 3520 N. Arlington Heights Road, Arlington Heights, IL 60004
 September 18 – **CORE Center** – 2020 W. Harrison Street, Chicago, IL 60612
 September 22 – **Logan Square Health Center** – 2840 W. Fullerton Avenue, Chicago, IL 60647
 September 24 – **Oak Forest Health Center** – 15900 S. Cicero Avenue, Oak Forest, IL 60452

Three CCH health centers will host “grab and go” Summer Meals during the weeks when school is not in session for the summer. Children 18 years and younger can pick up free, healthy meals at the following CCH health centers:

- Cottage Grove Health Center in Ford Heights
12pm-1pm / Monday, Wednesday, Friday
June 22 through August 28 (closed July 3 and August 7)
- Englewood Health Center in Chicago
11am-12:30pm / Monday – Friday
June 22 through September 4 (closed July 3)
- Robbins Health Center in Robbins
12pm-1pm / Monday – Friday
June 23 through September 4 (closed July 3)

Children are not required to be a current patient of CCH to access Summer Meals at our sites. Additional sites can be located by calling 1-800-359-2163, texting FOODIL to 877877, or visiting www.SummerMealsIllinois.org.

The Greater Chicago Food Depository is the local partner in the Summer Meals program, which is funded through the United States Department of Agriculture and administered by the Illinois State Board of Education.

IMPACT 2023 Objective 5.1C

- The deadline to complete the Census 2020 has been moved up one month to September 30. Cook County Health continues to collaborate with President Preckwinkle, the Cook County Board of Commissioners, and the Cook County Bureau of Economic Development, to ensure that the county's vulnerable populations are counted as part of the 2020 Census. Every month we continue to promote Census count enrollment through different outreach efforts and social media. In addition, representatives from the Bureau of Economic Development continue to make presentations at advisory council meetings on the importance of being counted.

IMPACT 2023 Objective 5.2C

- Cook County Health Advisory Councils include patients, community and religious organizations and serve as a way to promote our services in the communities where our centers are located. The Councils provide feedback to our staff and help strengthen our health center's relationships in the community. The councils meet quarterly to provide current information on Cook County Health and as an avenue for members to share information about their organizations. In the third quarter of CY2020, Cook County Health will convene the first meetings of the Near South and North Riverside Advisory Councils, which are currently in the recruitment stage.

Upcoming CAC meeting dates:

Englewood: Thursday at 1:00 PM: September 17, December 17
1135 W. 69th Street, Chicago, IL 60621

North Riverside: Thursday at 1:00 PM: September 24 – first meeting
1800 S. Harlem Avenue, Suite A, North Riverside, IL 60546

Arlington Heights: Tuesday at 1:00 PM: November 10
3520 N. Arlington Heights Road, Arlington Heights, IL 60004

Joint South Suburban: Thursday at 1:00 PM: November 19

Robbins: 13450 S. Kedzie Road, Robbins, IL 60472

Cottage Grove: 1645 S. Cottage Grove Avenue, Ford Heights, IL 60411

IMPACT 2023 Focus Area 5

- The Community Affairs webpage is now live, and it can be visited at <https://cookcountyhealth.org/community-relations/>. The page allows community partners to easily access, download and share materials that would typically be distributed at in-person events. This one-stop webpage provides visitors with resources, the ability to ask questions about programs, sign up for the community newsletter and ask for speaker participation at events.

Media and social media reports attached.

Legislative Update

County

- In July, Cook County Board President Toni Preckwinkle named Robert Currie, Raul Garza and Joseph Harrington to the Cook County Health Board of Directors. The appointments were referred to the Cook County Legislation Committee for consideration. A hearing is expected in September. The terms of Mary Richardson Lowry, Layla Suleiman Gonzalez and Sidney Thomas have expired. We thank them for their dedicated service to Cook County Health.

State

- The Illinois General Assembly's Fall Session will take place November 17-19 and December 1-3. No other session days are currently scheduled.
- At the Medicaid Advisory Committee (MAC) meeting on August 7, the Illinois Department of Healthcare and Family Services announced that applications for expanded Medicaid coverage for non-citizen adults 65 years and older would be accepted starting December 2020, with up to three months of backdated coverage available. Older adults will be required to meet current income standards (up to 100% Federal Poverty Level) and will have access to nearly the same benefits package, with the exception of nursing homes, which will not be covered as part of this expansion.

[HB357/PA 101-0636](#), also known as the FY2021 Budget Implementation Bill, authorized coverage. Illinois will be the first state in the nation to expand Medicaid coverage to this population.

- HFS also announced at the August 7 MAC meeting that they intend to issue a provider notice in the next few weeks with guidance on how COVID-19 testing for the uninsured could be reimbursed.

HFS recently issued an [August 19 provider notice](#) that clarified the coverage of Long Term Acute Care (LTAC) hospital coverage for certain non-citizens who qualify for Emergency Medicaid due to a COVID-19 diagnosis.

- Representative Chris Welch requested data from HFS on Business Enterprise Program (BEP) participation as part of Medicaid Managed Care Organization contracting requirements. CountyCare staff have responded to these requests and are reviewing opportunities for improvement. Representative Welch has also issued similar requests to Illinois colleges and universities, as well as financial institutions, in an effort to increase minority participation and economic justice for African Americans and other historically disenfranchised groups.

Federal

- In late July, Senate Republicans, in consultation with the Administration, proposed a package of coronavirus relief measures. The package, collectively referred to as the HEALS Act, was dismissed by Congressional Democrats as inadequate. In early August, negotiations between the sides broke down, and the Senate adjourned for the August recess. The White House responded with a series of Presidential memoranda and an Executive Order. While the House returned in late August for a brief weekend session to vote on a bill to address concerns about the United States Postal Service, both chambers are not expected to return until well after Labor Day.
- The Senate Republican HEALS package includes a number of provisions of interest to CCH.
 - Provider Relief Fund (PRF) –The bill would provide \$25 billion for the Provider Relief Fund.
 - Accelerated and Advance Payments – The bill would delay the repayment from 120 to 270 days. It also would extend repayment from 12 to 18 months.
 - Liability Protection – The bill would protect health care providers from liability for injuries related to treatment, diagnosis or care directly affected by COVID-19.
 - Strategic National Stockpile (SNS) – The bill would authorize an additional \$2 billion for the SNS and require improvements in each state’s emergency stockpile.
 - Testing, Contact Tracing and Vaccine Development:
 - Aims to improve access to tests and would require HHS to identify specific test supply needs; identify projected demand and availability of needed supplies; and support activities to increase the availability of such supplies or appropriate alternatives.
 - Allocates \$16 billion for testing, contact tracing and surveillance in states.
 - Gives \$20 billion to the Biomedical Advanced Research and Development Authority (BARDA) for vaccine, therapeutic and diagnostic development; and \$6 billion to develop and execute a new COVID-19 vaccination distribution campaign coordinated by the CDC.
 - Provides \$3.4 billion to the CDC, including \$1.5 billion to support state, local and territorial public health needs; \$500 million to enhance influenza vaccination efforts; and \$200 million each for global public health security and public health data reporting modernization.

The package did not include any significant Medicaid provisions important to CCH, including an increase to the Federal Medical Assistance Percentages (FMAP) for state Medicaid programs, a moratorium on the Medicaid Fiscal Accountability Rule (MFAR), or a repeal or further delay of the statutory cuts to Medicaid disproportionate share hospital (DSH) payments. FMAP, MFAR and DSH provisions were included in the House version of the bill, the HEROS Act, which was approved earlier this summer.

- Congress will have until the end of FY 2020 on September 30 to pass a continuing resolution (CR) to fund the federal government for FY 2021, beginning October 1, since none of the 12 FY 2021 Appropriations bills have been enacted. The CR may provide a vehicle for a coronavirus relief package, but the sides remain far apart. While members of both parties in competitive reelection contests have called for compromise, it is unclear whether that will happen before September 30. While there may be room for agreement on a package of health care and public health provisions, larger obstacles remain over the bill’s overall price tag and whether to provide additional fiscal relief to state and local governments.
- To date, the Centers for Medicare and Medicaid Services (CMS) have not sent the Medicaid Fiscal Accountability Regulation regulation to the White House Office of Management and Budget for final review, so its goal of finalizing the rule in September seems likely to slip. Coalition efforts to secure a congressional moratorium on finalizing MFAR continue.

- HHS Allocation of CARES Act Provider Relief Funds – In August, distributions from the PRF slowed significantly.
 - On August 7, HHS announced \$2.5 billion to be allocated to nursing homes to support increased testing, staffing, and PPE needs. They announced that this would be followed by additional performance-based distributions throughout the fall.
 - On August 14, HHS began distributing \$1.4 billion to 80 free-standing children's hospitals.

Advocates continue to be concerned that the process HHS has adopted has not been transparent and continue to advocate for additional targeted funding.

- On August 19, the U.S. Supreme Court announced that it will hear the case to overturn the Affordable Care Act, *Texas v. United States*, on November 10, a week after the presidential election. The President continues to repeat claims that he will release a plan to replace the ACA “soon”, but has yet to do so.

Protection of Medicaid remains a key priority for CCH at both the State and Federal level.

Community Outreach

In-Person Outreach Events Participation in August

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| August 24-25 | Cook County Health and CountyCare promotion at the Harvey MARC (Multi-Agency Resource Center) which was enacted to help residents who suffered undue damage by the storm of August 10. The event took place at the Thornton Township High School, located at 15001 Broadway Avenue in Harvey. |
| August 29 | Cook County Health and CountyCare promotion at Commissioner Dennis Deer’s Come Out and Take the 2020 Census event, which will take place at 63 rd Street and Halsted in Chicago. |

In-Person Outreach Events Participation in September

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| September 12 | Cook County Health and CountyCare promotion through the Office of Cook County Commissioner Scott Britton at the Explore Palatine Expo , which is taking place throughout the Village of Palatine and aims to provide resources to the residents of the Village. Commissioner Britton’s Office has been provided materials on Cook County Health, the Arlington Heights Health Center and CountyCare, which they will share with residents and constituents. |
| September 12 | Cook County Health and CountyCare promotion at the Meridian Health & Boys and Girls Club One Present: Keep It Up! Drive up Giveaway & Prize Distribution , which will take place at the New Vision Community Church, located at 2552 W. 21st St. in Chicago. |