

FY2025 Proposed Budget

Erik Mikaitis, Interim CEO

Pamela Cassara, CFO

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COOK COUNTY
HEALTH

Agenda



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FY 2024 Accomplishments




 Provident and Stroger Hospital had successful Joint Commission surveys; entered into value-based care agreements with insurance plans; began robotics-assisted surgeries; maintained a B Leapfrog rating; Cermak achieved the National Commission of Correction Health Care accreditation; Increase in CountyCare quality and experience metrics


 Hosted over 700 participants in the Cook County Behavioral Health Summit; awarded \$44M in “Stronger Together” ARPA-funded Behavioral Health grants; provided healthcare to thousands of new arrivals at Belmont Cragin and through a mobile care team; CCDPH awarded \$2M in grants for behavioral health supports in suburban schools; ; responded to measles outbreak

 Implemented new wayfinding signage; rolled out new language services equipment; unveiled community mural at Cermak

 Opened a neurocritical ICU; launched Cook County Health Express Care; expanded telehealth at Cermak; went live with web-based external referral platform to facilitate external referrals; welcomed Immigrant Adults and Seniors to CountyCare




 Invested in capital equipment including an inventory management system, Cermak pharmacy equipment, a mobile MRI, ultrasound machines, endoscope replacement





 Completed assessment of CCH nursing to become magnet certified; awarded 91 scholarships under the Provident Scholarship Fund

 Achieved 2023 year-end with an improved net position and an audit without any material weaknesses or significant deficiencies; continued to make progress on the revenue cycle turnaround plan

FY 2025 Key Initiatives



-  Continue improvement in quality metrics; expand value-based care; invest in grant and research infrastructure
-  Continue investment in service lines; address gaps in access to behavioral healthcare; create more pathways for justice-involved individuals; open the Crisis Stabilization and Triage Center at Provident; improve population health; further expand language access; CCDPH long term plan; execute on ARPA-funded projects; implement 1115 waiver to better address social risk factors
-  Maximize access to services through scheduling, patient portal, virtual care, etc.; continue improvement in patient satisfaction scores

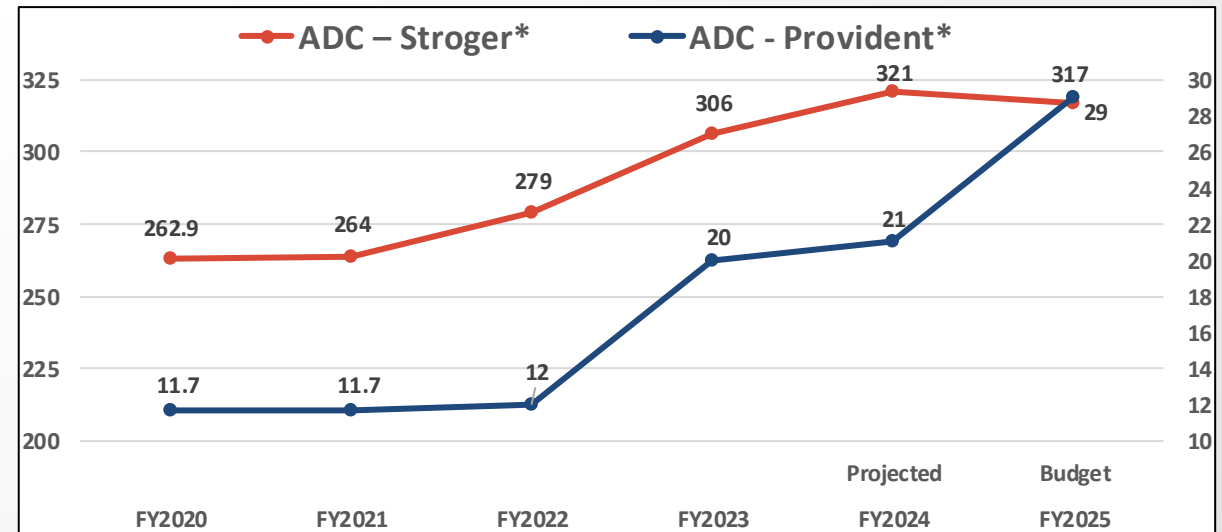
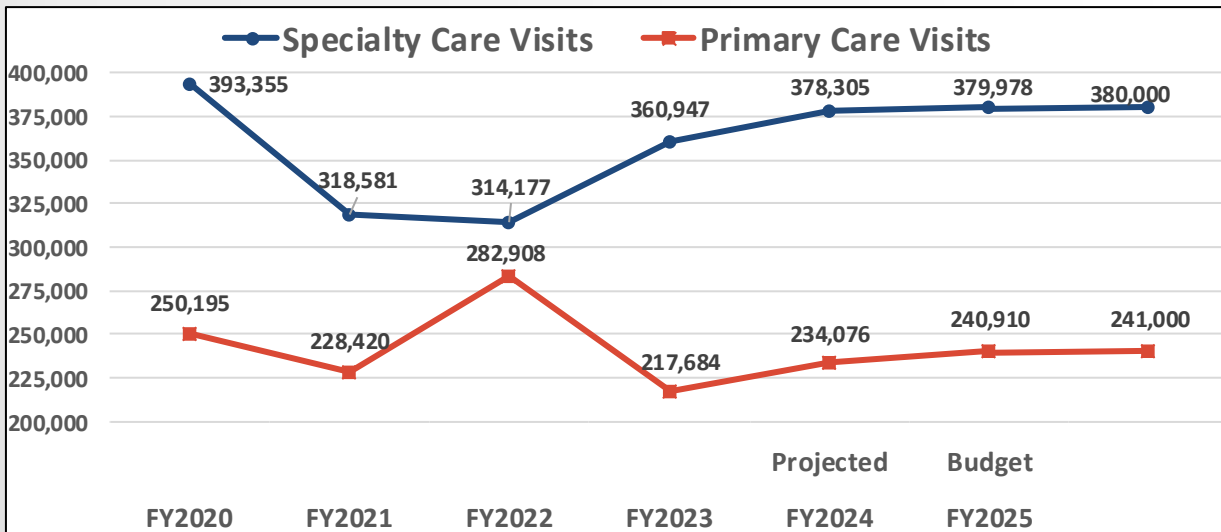
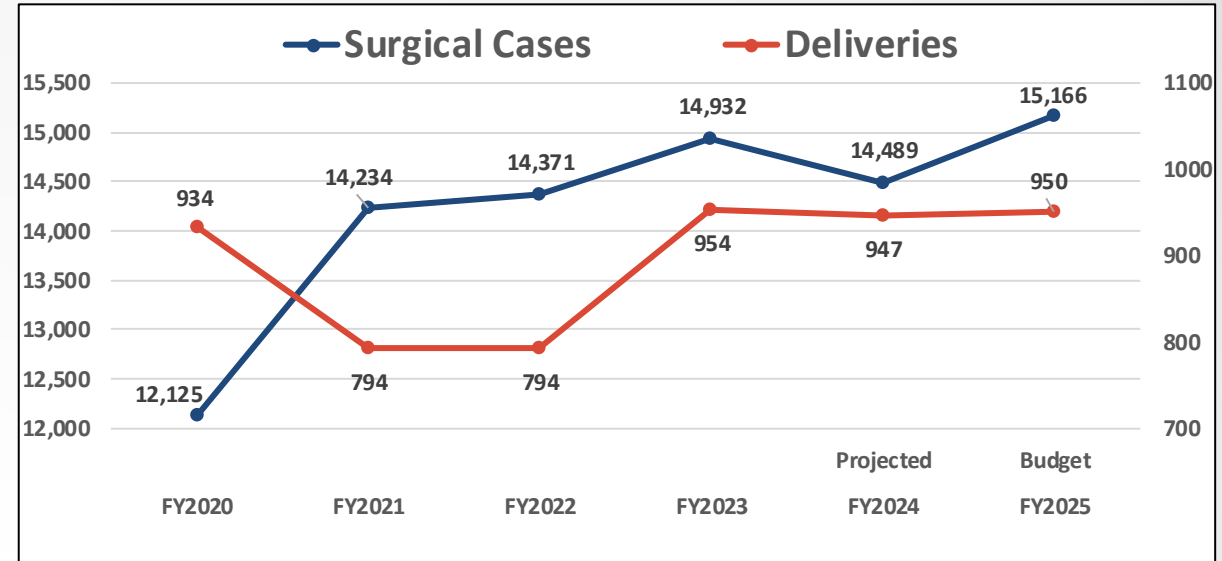
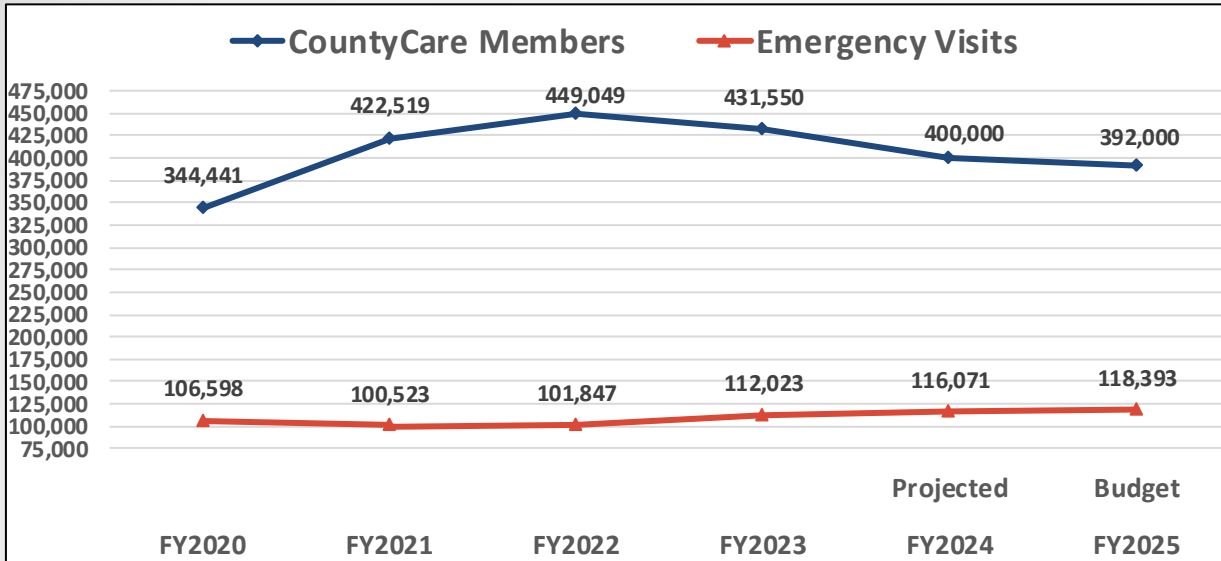
-  Open new Bronzeville Health Center with expanded services; continue development of the referral network; increase surgical volumes; open Provident observation unit
-  Streamline the procurement process; complete long-term facility planning; implement capital improvement and capital equipment investments; invest in radiology equipment
-  Continue to improve the hiring processes and employee retention programs, improve employee engagement scores
-  Reduce utilization of overtime and agency; continue implementation of the revenue turnaround plan; measure and improve productivity; improve invoice payment processes

FY2025 CCH Historical Overview



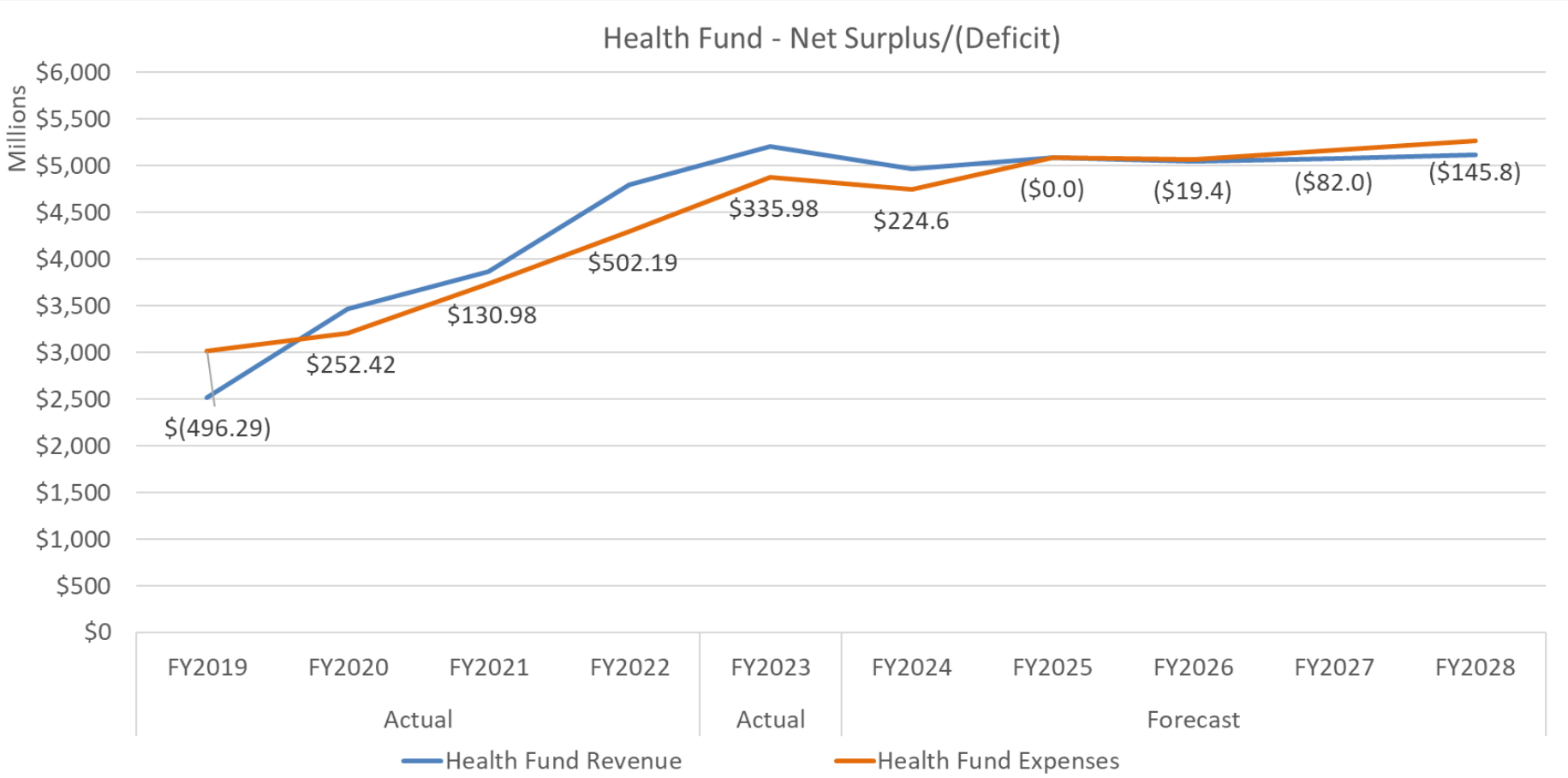
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Historical Volume Trends



* Inpatient & Observation Average Daily Census

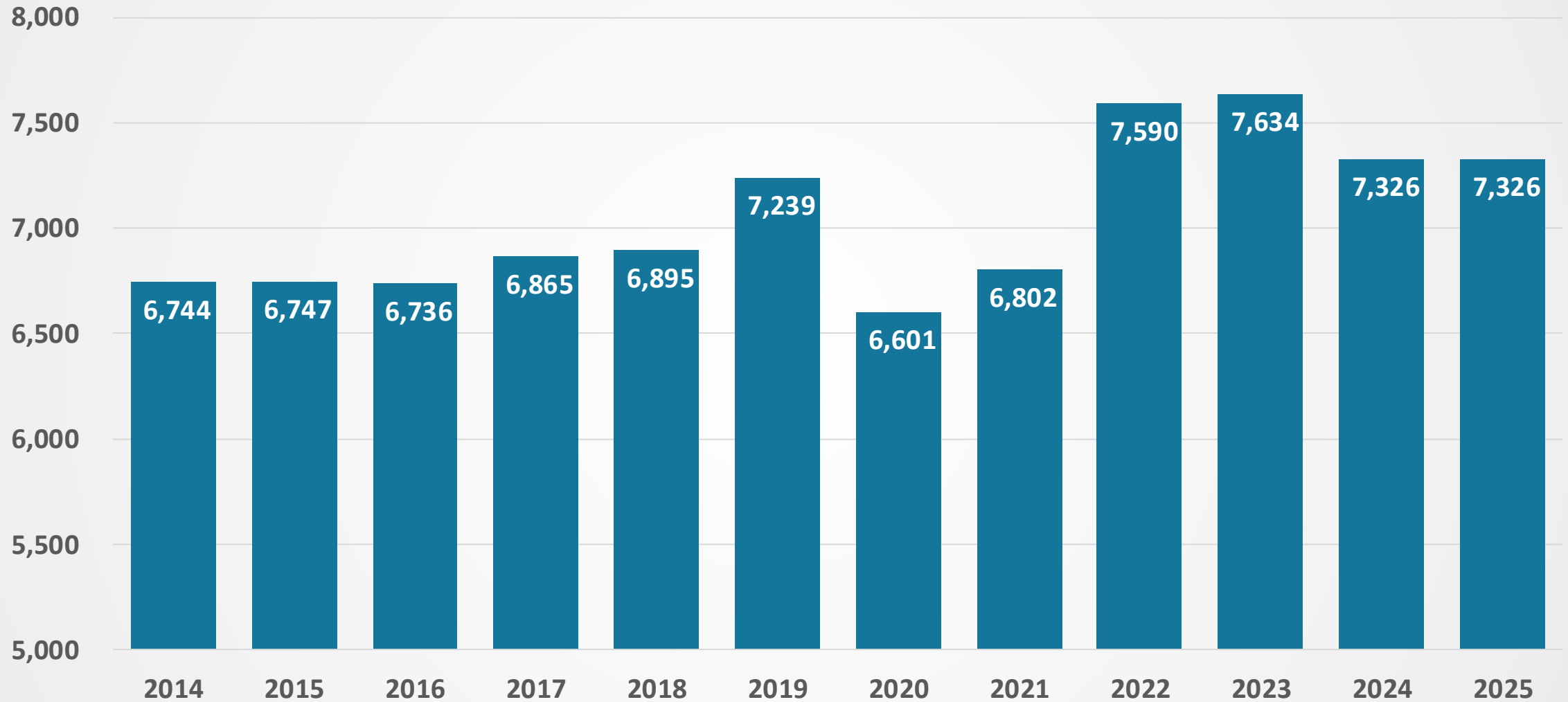
Cook County Health Net Surplus/(Deficit) Projection



Note: FY2020 through FY2023 includes directed payments and domestic claims that CountyCare passes through to CCH in the revenues and expenses of both Health Plan Services and Health Care Services. Beginning in FY2024, directed payments will only be accounted for in the budget for Health Care Services while domestic claims will be offset in a separate account.

- Medicaid expansion in combination with good fiscal management has brought Cook County Health expenses more closely aligned with revenues.
- Revenues are expected to be just short of expenses in the out-year projections absent any additional Management intervention.

Cook County Health Historical FTE Trend



FY2025 Proposed Budget



Health Care Services
Health Plan Services



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FY25 Budget Assumptions

FY2024 actual/projected volume run rate as baseline

- + Continued increase in surgical cases and procedures at Stroger and Provident**
- + Continued ramp up of service lines – Cardiac, Neuro, Cancer**
- + 5% increase in CountyCare PMPM capitation rate**
- + 4% chargemaster increase to market rates for select services**
- Medicare IPPS Proposed Rule Net Impacts**
- CountyCare average membership reduced to 392,000 due to redetermination**

FY25 Volume Assumptions

Statistic	FY2022	FY2023	FY2024 Budget	FY2024 Projected	FY2025 Budget
Surgical Cases	14,371	14,932	15,166	14,489	15,166
Emergency Visits	101,847	112,023	106,821	116,071	118,393
Primary Care Visits	217,684	234,076	235,000	240,910	241,000
Specialty Care Visits	360,947	378,305	370,000	379,978	380,000
Deliveries	794	954	800	947	950
ADC – Stroger*	279	306	288	321	317
ADC - Provident*	12	20	21	21	29
CountyCare Members	449,049	431,550	364,000	400,000	392,000

* Inpatient & Observation

FY25 Health Fund Revenue - \$5.146B

In millions	FY2024 Budget	FY2024 Projected	FY2025 Proposed Budget	Variance (FY24B vs FY25B)
CCH Net Patient Revenues	\$702	\$861	\$845	\$143
DSH/BIPA/GME/Dir Pymts	\$733	\$762	\$743	\$10
Health Plan Services	\$2,641	\$3,163	\$3,332	\$691
Tax Allocation	\$158	\$158	\$158	\$0
Other	\$22	\$24	\$68	\$46
Total	\$4,256	\$4,968	\$5,146	\$890

FY25 Health Fund Expense - \$5.146B

In millions	FY2024 Budget	FY2025 Proposed Budget	Var	FY2024 Budgeted FTEs	FY2025 Proposed FTEs	Var
240 – Cermak	\$107	\$118	\$11	601	595	-6
241 – JTDC	\$10	\$11	\$1	60	60	0
890 – Health Admin	\$125	\$160	\$35	556	509	-47
891 – Provident	\$101	\$113	\$12	376	414	38
893 – ACHN	\$180	\$215	\$35	849	849	0
894 – CORE	\$30	\$28	\$(2)	70	73	3
895 - Public Health	\$22	\$24	\$2	123	125	2
896 - Health Plan Svcs	\$2,527	\$3,189	\$662	433	435	2
897 – Stroger	\$1,117	\$1,247	\$130	4,258	4,266	8
899 - Fixed Charges	\$36	\$41	\$5	0	0	0
Total	\$4,256	\$5,146	\$890	7,326	7,326	0

Stroger

In millions	FY2024 Budget	FY2025 Proposed Budget	Variance	FY2024 FTEs	FY2025 FTEs Proposed	Variance
Stroger	\$1,117	\$1,247	\$130	4,258	4,266	8

Expense Drivers:

- Continued ramp up of new service line investment for cardiology, neurology, and cancer
- Increased medical expense and laboratory services due to cost inflation, increased volumes, and addition of robotic assisted surgeries; increased pharmaceuticals utilization; investments in information technology; and use of medical consultants to cover physician vacancies
- 5% COLA increasing personnel expense

Provident

In millions	FY2024 Budget	FY2025 Proposed Budget	Variance	FY2024 FTEs	FY2025 FTEs Proposed	Variance
Provident	\$101	\$113	\$12	376	414	38

Expense Drivers:

- New/expanded Service Lines: Crisis Triage Stabilization Center (CTSC), Neurology/Stroke, GI and Women’s Services, physical therapy, occupational therapy, and speech therapy services, and a new dedicated Observation unit
- Facility infrastructure upgrades and investment for aging campus

Outpatient (ACHN/CORE)

In millions	FY2024 Budget	FY2025 Proposed Budget	Variance	FY2024 FTEs	FY2025 FTEs Proposed	Variance
ACHN/Outpatient Services	\$210	\$243	\$33	919	922	3

Expense Drivers:

- Expansion of virtual care and urgent care to select clinics
- New Bronzeville/31st Street Clinic
- Continued health needs of New Arrivals

Correctional Health

In millions	FY2024 Budget	FY2025 Proposed Budget	Variance	FY2024 FTEs	FY2025 FTEs Proposed	Variance
Cermak	\$107	\$118	\$11	601	595	-6
JTDC	\$10	\$11	1	61	60	0

Expense Drivers:

- Telehealth service phasing continues, maximizing use of technology to provide efficient, effective, and safe services
- Reduction in FTEs reflects staffing and programmatic realignment under the Office of Behavioral Health to meet clinical needs of increased mental health demands

Public Health

In millions	FY2024 Budget	FY2025 Proposed Budget	Variance	FY2024 Budgeted FTEs	FY2025 FTEs Proposed	Variance
Public Health	\$22	\$24	\$2	123	125	2

Expense Drivers:

- Communications initiatives for expansion of advertisement of CCDPH Services to the Public
- New Broadview warehouse facility for vaccine distribution

Health Administration

In millions	FY2024 Budget	FY2025 Proposed Budget	Variance	FY2024 FTEs	FY2025 FTEs Proposed	Variance
Health Administration	\$125	\$160	\$35	556	509	-47

Expense Drivers:

- Investments in Revenue Cycle, Human Resources, and Supply Chain to increase revenue, expand hiring and optimization, and drive operational efficiencies
- Continued expansion of Life Sciences department to support research operations
- Reduction in positions reflects transfers from Position Control Committee pool to other offices to achieve strategic initiatives

FY25 Health Plan Services: CountyCare

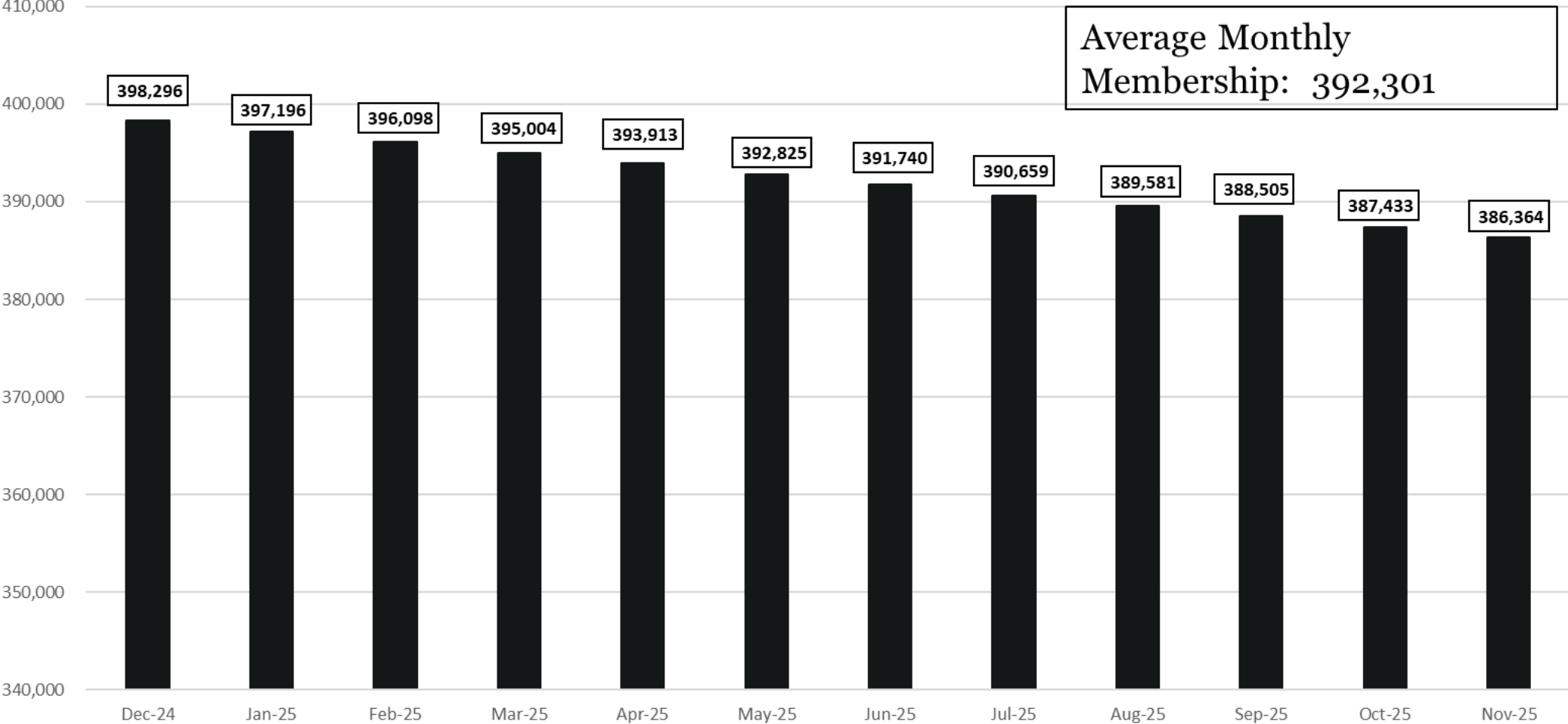
In millions	FY2024 Budget	FY2025 Proposed Budget	Variance	FY2024 Budgeted FTEs	FY2025 Proposed FTEs	Variance
Health Plan Services	\$2,527	\$3,189	\$662	433	435	2

Expense Drivers:

- Projected membership to increase from prior year budget due to redetermination retention and the addition of the Health Benefits for Immigrant Adults and Seniors
- Average membership per month is estimated to average 392,301 a month
- Revenue per member per month expected to increase due to utilization cost trends and program changes
- Medical Loss Ratio is estimated to be 93.6%
- CountyCare CCH expense is projected to increase with the continuous goal to improve utilization of CCH facilities

FY2025 Membership Projections: CountyCare

CountyCare Membership



FY2025 Proposed Health Plan Services Financial Summary

(in millions)

	ACA Adult	FHP	SPD	MLTSS/ LTSS/IM D	SNC	HBIA/IS/ IC	TOTAL
Projected 2025 Membership	97,859	213,865	30,485	9,971	3,225	36,896	392,301
CountyCare Capitation Revenue	\$851	\$818	\$892	\$404	\$38	\$327	\$3,330
Medical Expense (CCH)	\$48	\$28	\$44	\$3	\$.35	\$16	\$139
Medical Expense (Network)	\$764	\$757	\$809	\$377	\$35	\$289	\$3,031
Administrative Expense	\$35	\$32	\$37	\$27	\$6	\$20	\$157
Total CountyCare Expenses	\$847	\$817	\$890	\$407	\$41	\$325	\$3,327
Health Plan Net Income (Loss)	\$4	\$1	\$2	(\$3)	(\$3)	\$2	\$3
Total CCH Contribution	\$52	\$29	\$46	\$0	(\$2.6)	\$18	\$142



NOTE: Some numbers are rounded to nearest million for display purposes and could result in small arithmetical differences.

ACA – Affordable Care Act, FHP – Family Health Program, SPD – Seniors and Persons with Disabilities, MLTSS – Medicaid and Long-Term Services and Supports, LTSS - Long Term Services and Supports, IMD – Institution for Mental Disease, SNC – Special Needs Children, HBIA – Health Benefits for Immigrant Adults, HBIS – Health Benefits for Immigrant Seniors, HBIC – Health Benefits for Immigrant Children

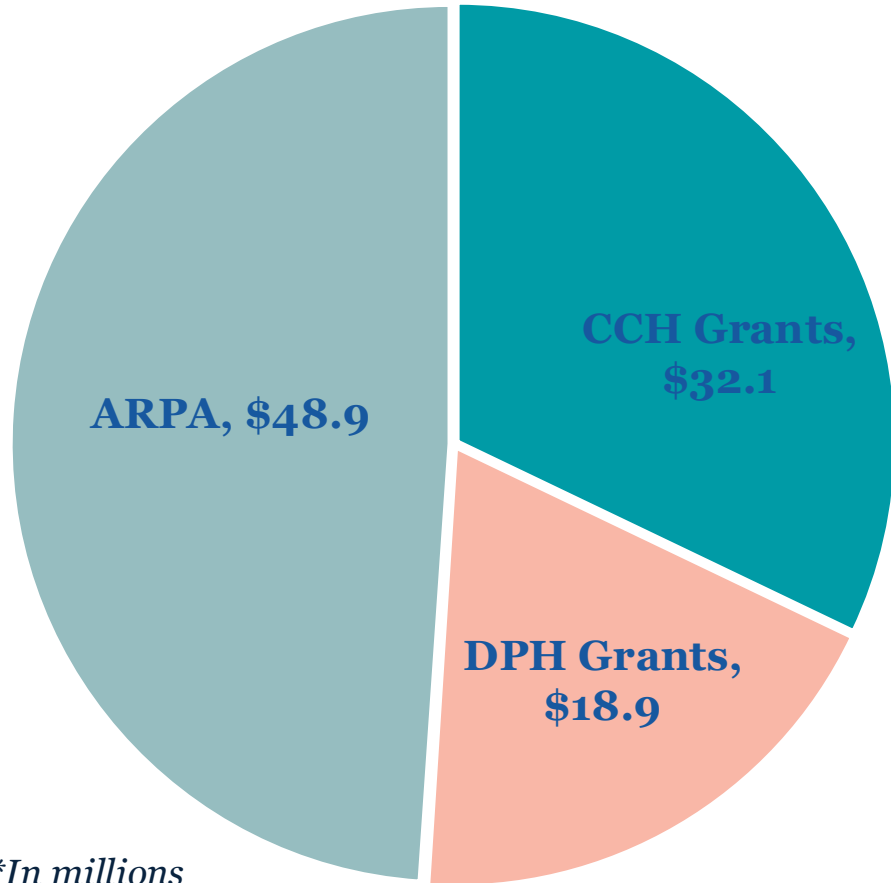
Special Purpose Funds



Special Purpose Funds & Grants: \$99.9 Million

American Rescue Plan Act - \$48.9M

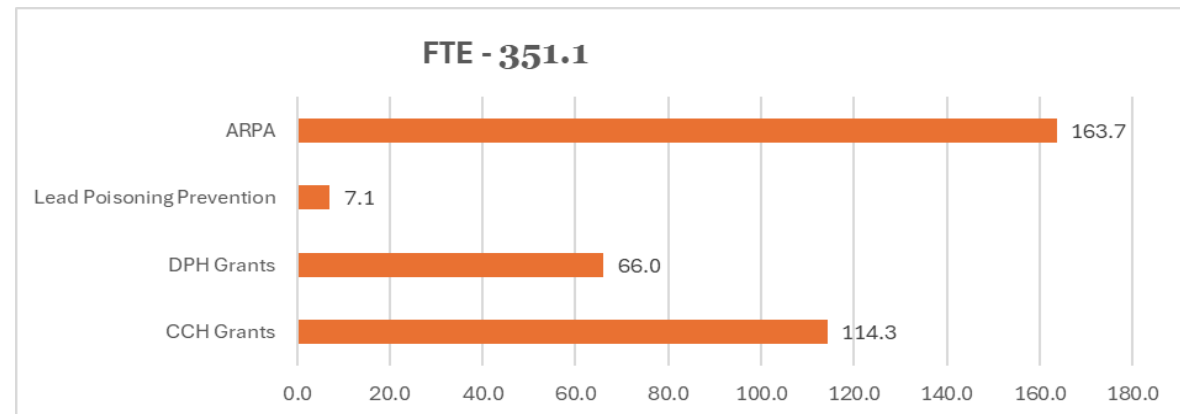
CCH & DPH Grants- \$51.M comprised of over 85 separate grants



*In millions

Chart excludes Lead Poisoning Prevention Fund: \$76k

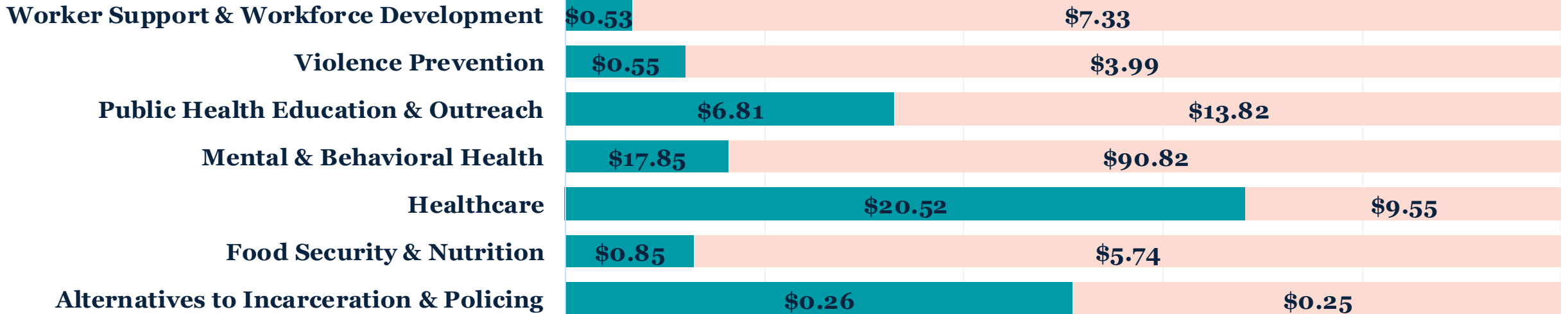
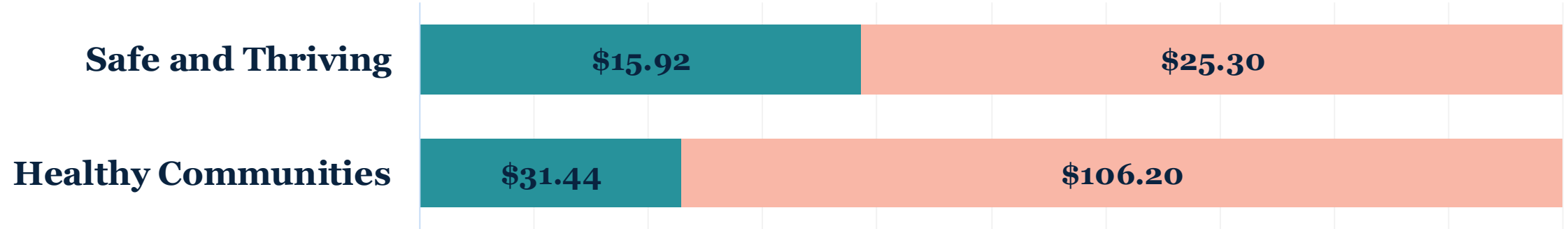
- Behavioral Health
- Opioid & Substance abuse
- Food as Medicine
- Covid 19 and Emergency Preparedness
- Trauma Informed Treatment
- Healthy Children & Families



ARPA Progress to Date

■ Initiative Actuals

■ Remaining Unspent Funds



Appendix: Acronyms

- 340B – federal drug pricing control program
- ACA – Affordable Care Act
- ACHN – Ambulatory and Community Health Network of Cook County (CCH Outpatient Services)
- BIPA – Benefits Improvement and Protection Act (in terms of revenue source)
- CORE – Ruth M. Rothstein CORE Center of Cook County
- DSH – Disproportionate Share Hospital (in terms of revenue source)
- DNFB – Discharged Not Final Billed
- FMAP – Federal Medical Assistance Percentage
- FMLA – Family Medical Leave Act
- FTE – Full Time-Equivalent Employee
- GME – Graduate Medical Education (in terms of revenue source)
- IBNR – Incurred But Not Received
- JTDC – Juvenile Temporary Detention Center
- MBE/WBE – Minority and Women-Owned Business Enterprise
- MCO – Managed Care Organization
- MLR – Medical Loss Ratio
- PMPM – Per Member Per Month

Questions?



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