

Executive Summary: Statement of Financial Condition – February 29, 2024

- On an accrual basis, interim financials show that CCH ended February with a \$125.5M favorable variance to budget. On a cash basis, the County's preliminary cash report on revenues and expenses shows a \$36.5M favorable variance to budget. Differences in accrual versus cash basis are primarily due to the timing difference related to recording of revenues received and expenses paid.
 - Revenue Commentary:
 - Favorable NPSR variance to Budget due to higher than budgeted volumes/revenues
 - Favorable capitation variance to Budget due to higher than budgeted CountyCare membership
 - Expenditures:
 - CountyCare claims unfavorable variance to budget due to higher than budgeted membership
 - CountyCare:
 - CountyCare \$1.4M favorable variance to budget due to higher than budgeted membership
 - Membership just over 435,000, which is 15.4% greater than budgeted



Financial Results - February 29, 2024

Dollars in 000s	FY2024 Actual	FY2024 Budget	Variance	%	FY2023 Actual
Revenue					
Net Patient Service Revenue (1)	\$337,085	\$293,668	\$43,417	14.78%	\$109,075
Government Support (2)	\$94,831	\$92,665	\$2,166	2.34%	\$88,503
Adjusted NPS	R \$431,916	\$386,333	\$45,584	11.80%	\$197,579
CountyCare Capitation Revenue	\$795,942	\$703,085	\$92,857	13.21%	\$751,454
Other	\$20,336	\$5,500	\$14,836	269.74%	\$3,786
Total Revenu	e \$1,248,194	\$1,094,918	\$153,276	14.00%	\$952,819
Operating Expenses					
Salaries & Benefits	\$180,009	\$211,397	\$31,388	14.85%	\$173,185
Overtime	\$14,073	\$11,346	(\$2,727)	-24.03%	\$13,389
Supplies & Pharmaceuticals	\$42,557	\$37,312	(\$5,245)	-14.06%	\$47,086
Purchased Services & Other	\$177,384	\$220,207	\$42,823	19.45%	\$146,436
Medical Claims Expense (1)	\$757,840	\$664,393	(\$93,448)	-14.07%	\$737,689
Insurance	\$7,472	\$7,747	\$275	3.55%	\$15,876
Utilities	\$2,342	\$1,838	(\$504)	-27.41%	\$3,158
Total Operating Expense	s \$1,181,678	\$1,154,239	(\$27,439)	-2.38%	\$1,136,819
Operating Margin	\$66,516	(\$59,321)	\$125,838	-212.13%	(\$184,000)
Non-Operating Revenue	\$39,133	\$39,426	(\$293)	-0.74%	\$34,968
Net Income (Loss)	\$105,649	(\$19,895)	\$125,544	-631.03%	(\$149,032)

Notes:

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



Cook County Health Volumes: February, 2024

Key Revenue Indicators

Patient Activity Stroger	2024 YTD Actual	2024 YTD Budget	%	2023 YTD Actual	2022 YTD Actual	Feb 2024 Actual	Feb 2023 Actual
Average Daily Census *	317	287	10.6%	297	278	295	276
Emergency Room Visits	22,673	20,212	12.2%	19,852	17,784	7,240	6,293
Surgeries	2,777	2,971	-6.5%	2,711	2,567	909	875

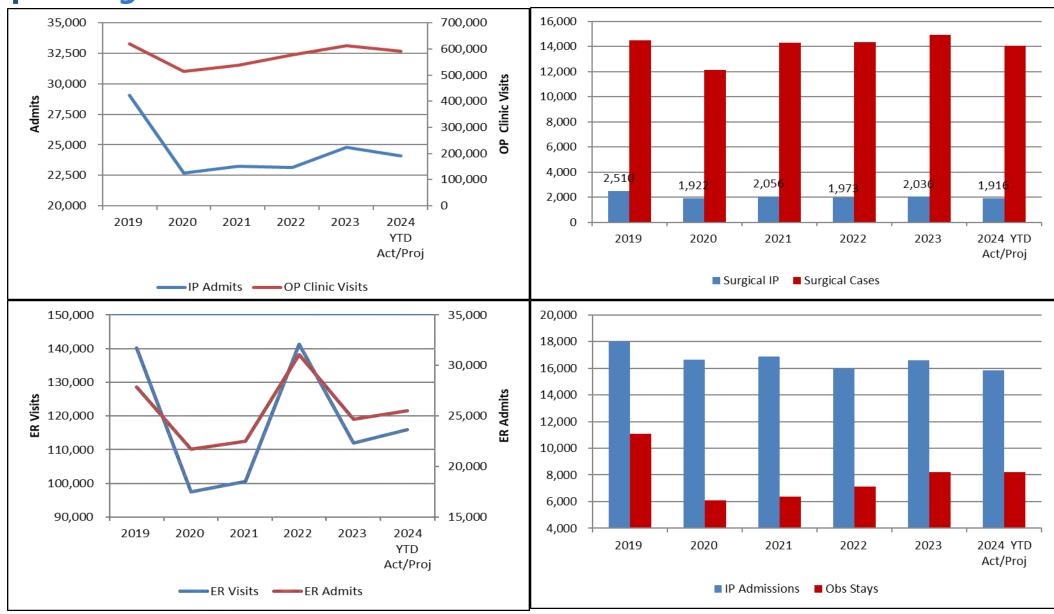
Patient Activity	2024 YTD	2024 YTD	%	2023 YTD	2022 YTD	Feb 2024	Feb 2023
Provident	Actual	Budget	70	Actual	Actual	Actual	Actual
Average Daily Census *	23	21	8.1%	21	9	25	18
Emergency Room Visits	6,316	6,420	-1.6%	6,396	5,040	2,142	1,938
Surgeries	737	810	-9.0%	822	540	259	283

Patient Activity ACHN	2024 YTD Actual	2024 YTD Budget	%	2023 YTD Actual	2022 YTD Actual	Feb 2024 Actual	Feb 2023 Actual
Primary Care Visits	56,978	58,589	-2.7%	55,879	49,757	18,127	18,011
Specialty Care Visits	90,672	92,247	-1.7%	88,416	81,135	29,481	28,181

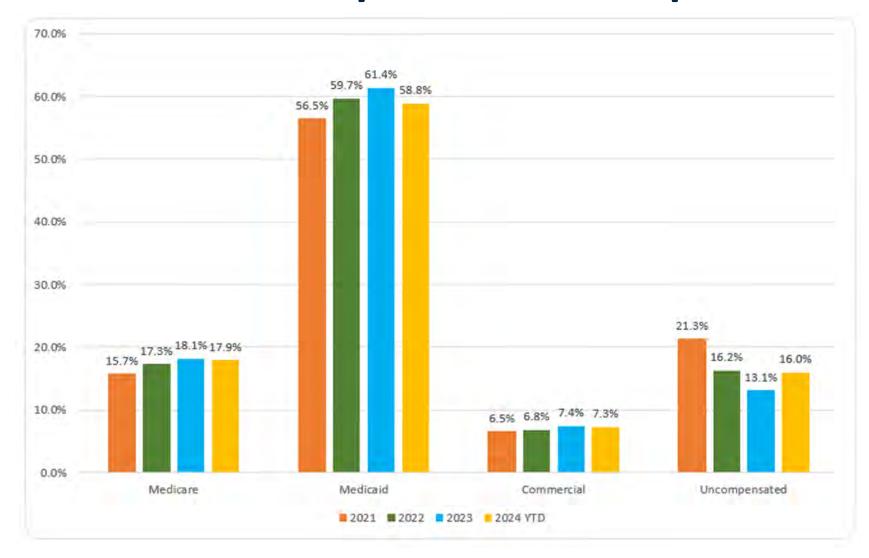
CountyCare Membership	2024 YTD Actual	2024 YTD Budget	%	2023 YTD Actual	2022 YTD Actual	Feb 2024 Actual	Feb 2023 Actual
Membership Count	431,431	390,615	10.4%	449,654	424,471	434,911	450,266

^{*} Includes IP + Observations

Cook County Health Operating Trends



YTD Payer Mix - YoY Comparison



Commentary

- FY24 YTD reflects 3 months and should not necessarily be considered a trend.
- Jan-Feb Change:

Medicare: -0.04%

Medicaid: -0.08%

Commercial: +0.05

Uncompensated: +0.07%

Dec-Jan Change:

• Medicare: -1.0%

Medicaid: -0.7%

• Commercial: +1.3%

Uncompensated: +0.4%

• Nov-Dec Change:

• Medicare: +1.2%

• Medicaid: -1.1%

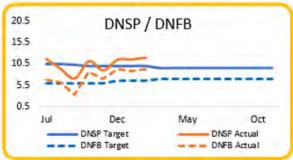
Commercial: -1.9%

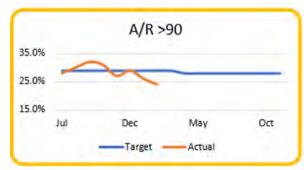
Uncompensated: +1.8%



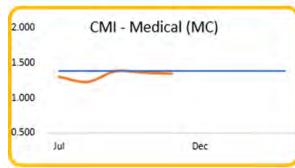
Revenue Cycle KPI Trending

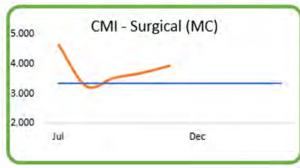












Commentary:

KPIs off target due to the Change Healthcare cyber-attack that occurred on 2/21/24. This resulted in removing data connections with them that has held claim and payment file activities. We are working directly with Change Healthcare to align operational readiness and expect to begin reconnection efforts late March. Additionally, we're engaged with another vendor (Experian) that can support our claim submission and payment posting needs through our emergency contract process. We expect to have claim submission restarted by the end of March and the backlog completed by the end of April.

Definitions:

DNSP: Discharged Not Submitted to Payer - Gross dollars from initial 837 claims held by edits in claims processing tool that have not been sent to payer.

DNFB: Discharged Not Final Billed - Gross dollars in A/R for all patient accounts (inpatient and outpatient accounts) discharged but not yet final billed for the reporting month. Refers to accounts in suspense (within bill hold days) and pending final billed status in the patient accounting system.

CMI: Case Mix Index - Represents the average diagnosis-related group (DRG) relative weight for that hospital. It is calculated by summing the DRG weights for all Medicare discharges and dividing by the number of discharges.



Denial Focus & Trending





Cook County Health 2024 Charitable & Public Program Expenditures Budget/Projection (\$000s)

	Actual Net Benefit	Actual Net Benefit	Budget Net Benefit	t/Proj Net Benefit
Charitable Benefits and Community Programs				
Traditional Charity Care Other Uncompensated Care Cermak & JTDC Health Services Department of Public Health Other Public Programs & Community Services	\$ 122,499 108,284 90,293 12,965 66,321	\$ 105,040 135,655 100,779 12,712 66,321	\$ 112,011 91,800 116,848 22,267 71,600	\$ 122,389 91,800 115,439 21,134 71,600
Totals	\$ 400,362	\$ 420,506	\$ 414,526	\$ 422,361
% of Revenues * % of Costs *	36.9% 22.0%	38.8% 23.1%	30.3% 23.2%	26.2% 24.4%

^{*} Excludes Health Plan Services



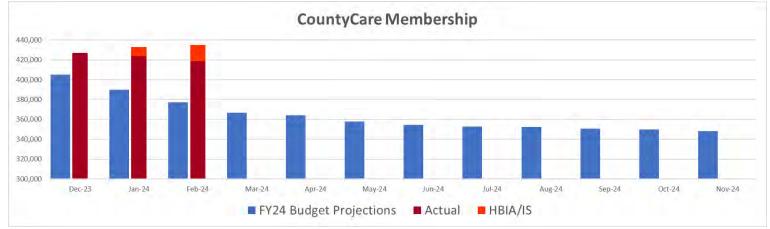
Cook County Health Savings Initiatives: February 29, 2024

	Budgeted	YTD	
Current Activities in Progress	FY24 Impact	Achieved	Status
Revenue Cycle:			
Chargemaster Review/Changes	2,750,000	690,000	
Revenue Recovery	3,930,000	-	O
Point of Service Collections	300,000	20,000	0
County Care:			
Care Coordination Initiatives	3,000,000	750,000	
Health System:			
Vendor Contract Negotiations	2,020,000	505,000	
	<u>\$ 12,000,000</u>	\$ 1,965,000	16%
		Goal 3/12th	25%



Health Plan Services Financial Results - February 29, 2024

Dollars in 000s except PMPM amounts	FY2024 Actual	FY2024 Budget	Variance	%	Fy23 Actual
Capitation Revenue	\$801,399	\$705,835	\$95,563	13.54%	\$741,707
Operating Expenses					
Clinical - CCH	\$22,525	\$30,450	\$7,925	26.03%	\$25,827
Clinical - External	\$735,203	\$633,511	(\$101,693)	(16.05%)	\$666,955
Administrative	\$42,278	\$41,874	(\$404)	(0.97%)	\$37,843
Total Expenses	\$800,007	\$705,835	(\$94,172)	(13.34%)	\$730,625
Operating Gain (Loss)	\$1,392	\$0	\$1,392		\$11,082
Activity Levels					
Member Months	1,294,988	1,171,844	123,144	10.51%	1,350,214
Monthly Membership	435,168	377,244	57,924	15.35%	450,478
CCH CountyCare Member Months	73,308	N/A	N/A	N/A	125,224
CCH % CountyCare Member Months	5.66%	N/A	N/A	N/A	9.27%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	\$618.85	\$602.33	\$16.52	2.74%	\$549.33
Clinical Cost PMPM	\$585.12	\$566.59	(\$18.53)	(3.27%)	\$513.09
Medical Loss Ratio (1)	93.8%	94.1%	0.29%	0.30%	92.5%
Administrative Cost Ratio	5.2%	5.9%	0.70%	11.80%	5.0%
Total FTEs	346	435	89		



COOK COUNTY HEALTH

Commentary

- Total YTD member months are exceeding budget by 123,144 members.
- Revenue and claims expense are higher than budget due to higher than budgeted membership.
- CountyCare's reimbursement to CCH for domestic spend is under budget.
- Operating Gain of \$1.3M

Notes:

(1) Medical Loss Ratio is a measure of the percentage of premium that a health plan spends on medical claims.

Questions?

