

Executive Summary: Statement of Financial Condition – January 31, 2022

- On an accrual basis, interim financials show that CCH ended January with a \$24.4M positive variance to budget. On a cash basis, the County's preliminary cash report on revenues and expenses at January 31 shows a \$72.4M positive variance primarily due to the timing difference of CountyCare PMPM payments impacting the revenue and claims payments impacting expenses.
 - Revenue Commentary:
 - Higher than budgeted Inpatient volumes driving NPSR positive variance to budget
 - Expenditures:
 - Higher than budgeted volumes also driving higher Salaries & Wages and Purchased Services expense
 - Lower than budgeted County Care claims expense creating positive variance
 - CountyCare:
 - CountyCare is showing an operating gain of \$4.7M
 - Membership is over 420,000, which is greater than the 391,000 monthly average budgeted



Financial Results – January 31, 2022

Dollars in 000s	FY2022 Actual	FY2022 Budget	Variance	%	FY2021 Actual (3)
Revenue					
Net Patient Service Revenue (1)	\$127,076	\$118,283	\$8,794	7.43%	\$83,599
Government Support (2)	\$65,970	\$65,970	\$0	0.00%	\$63,692
CountyCare Capitation Revenue	\$431,547	\$443,759	(\$12,212)	-2.75%	\$373,814
Other	\$2,494	\$2,757	(\$262)	-9.52%	\$9,767
CountyCare Elimination (1)	(\$17,662)	(\$20,325)	\$2,664	-13.11%	(\$14,383)
Total Revenue	\$609,426	\$610,443	(\$1,017)	-0.17%	\$516,488
Operating Expenses					
Salaries & Benefits	\$111,994	\$105,593	(\$6,402)	-6.06%	\$116,668
Overtime	\$8,284	\$6,490	(\$1,793)	-27.63%	\$8,394
Supplies & Pharmaceuticals	\$22,243	\$23,780	\$1,538	6.47%	\$24,299
Purchased Services & Other	\$96,298	\$63,437	(\$32,861)	-51.80%	\$52,142
Medical Claims Expense (1)	\$375,250	\$442,576	\$67,327	15.21%	\$354,596
Insurance	\$5,472	\$6,150	\$678	11.03%	\$5,311
Utilities	\$2,391	\$1,998	(\$393)	-19.66%	\$2,423
CountyCare Elimination (1)	(\$17,662)	(\$20,325)	(\$2,664)	13.11%	(\$14,383)
Total Operating Expenses	\$604,270	\$629,700	\$25,430	4.04%	\$549,449
Operating Margin	\$5,156	(\$19,257)	\$24,413	126.78%	(\$32,961)
Non-Operating Revenue	\$22,951	\$22,951	(\$0)	0.00%	\$20,451
Net Income (Loss)	\$28,107	\$3,694	\$24,413	660.95%	(\$12,510)

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 DSH, BIPA, & Graduate Medical Education payments.
- (3) Does not reflect Pension, OPEB, Depreciation/Amortization, or Investment Income.



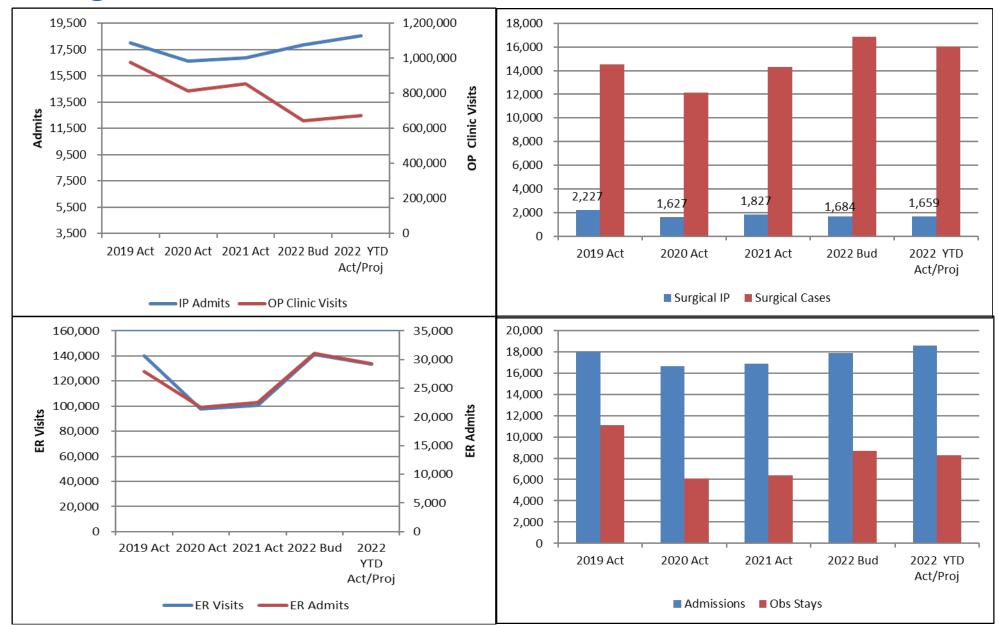
Cook County Health Volumes: January 31, 2022

Revenue Operating Indicators

Patient Activity	2022 YTD Actual	2022 YTD Budget	%	2021 YTD Actual	2020 YTD Actual	Jan 2022 Actual	Jan 2021 Actual
Admissions *	3,706	3,036	22.1%	3,508	4,911	1,726	1,683
Patient Days *	17,879	16,310	9.6%	15,539	18,706	8,916	7,452
Average Daily Census *	288	263	9.6%	251	302	288	240
Emergency Room Visits	16,021	23,988	-33.2%	14,404	23,473	7,392	7,185
Surgeries	2,042	2,860	-28.6%	2,064	2,471	990	976
Ambulatory Visits	137,481	109,352	25.7%	141,750	162,565	67,929	68,540

^{*} Includes IP + Observations

Cook County Health Operating Trends



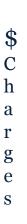
Cook County Health 2022 Charitable & Public Program Expenditures Budget/Projection (\$000s)

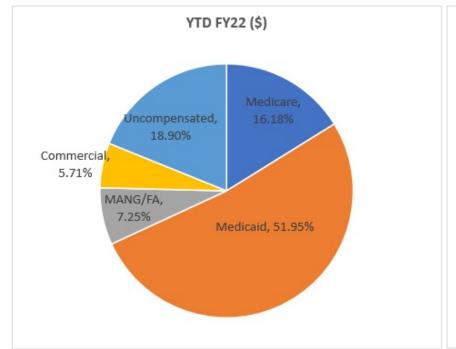
	2020	2021		2022
	Actual Net	Actual Net	2022 Budget	Actual/Proj
	Benefit	Benefit	Net Benefit	Net Benefit
Charitable Benefits and Community Programs				
Traditional Charity Care	\$ 173,423	\$ 162,626	\$ 152,827	\$ 151,731
Other Uncompensated Care	121,634	100,894	109,162	122,313
Cermak & JTDC Health Services	88,722	104,465	106,405	106,405
Department of Public Health	10,235	16,908	17,763	17,763
Other Public Programs & Community Services	15,006	68,750	66,321	66,321
Totals	\$ 409,020	\$ 453,643	\$ 452,478	\$ 464,533
% of Revenues *	37.0%	38.6%	36.3%	37.2%
% of Costs *	27.3%	27.9%	36.3%	28.5%

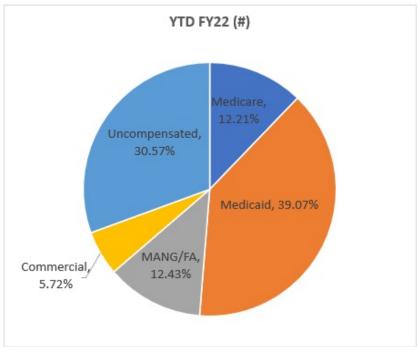


^{*} Excludes Health Plan Services

Payer Mix – YTD January 2022







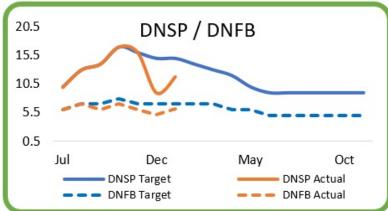
#Encounters

- The YTD payer mix using total charges (\$) and total encounters (#).
- Continued reductions in Uncompensated care as we continue to align patients with coverages.
- Reduction in MANG/FA (Medicaid Pending/Financial Assistance) population is a result of improved managerial oversight and production in processing applications.



Revenue Cycle KPI Trending





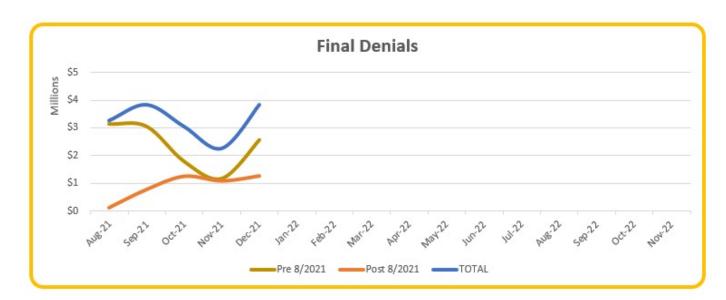




- A/R Days is expected to begin to decline early summer as we ramp up additional support and optimize back-end operations.
- DNSP / DNFB are ahead of the improvement schedule.
- ➤ A/R Days is trending inline with the improvement schedule.
- Cash Collections is ahead of target.



Denial Trending



- Final denial data is broken out into two date of service period:
 - ➤ Pre 8/2021: Largest reason is untimely filing, directly caused by the staffing shortage in PFS. The pending Guidehouse contract will allow us to provide additional support.
 - Post 8/2021: Largest reason in prior auth, directly related to a training issue in scheduling and a workflow glitch not routing claims to workque for auth review. Training is complete and Cerner is correcting system glitch.

	Dec-21 Jar		Jan-22
Pre 8/2021	\$ 2,550,324	\$	2,304,395
Case Management	\$ 64,908	\$	135,037
Coding	\$ 165,735	\$	106,075
Contracting	\$ 924	\$	839
Medical Necessity	\$ 306,463	\$	122,121
Non Covered	\$ 252,230	\$	195,488
Other	\$ 651	\$	789
Patient Access	\$ 272,397	\$	226,696
Prior Authorization	\$ 86,709	\$	191,992
Untimely Filing	\$ 1,400,307	\$	1,325,358
	\$ -		
Post 8/2021	\$ 1,276,257	\$	2,150,696
Case Management	\$ 305,111	\$	894,572
Coding	\$ 2,689	\$	4,102
Contracting	\$ 	\$	2,979
Medical Necessity	\$ 17,722	\$	4,761
Non Covered	\$ 359,311	\$	260,367
Other	\$ 2,726	\$	2,001
Patient Access	\$ 127,830	\$	21,996
Prior Authorization	\$ 423,432	\$	856,448
Untimely Filing	\$ 37,437	\$	103,470
Total	\$ 3,826,581	\$	4,455,091
Case Management	\$ 370,018	\$	1,029,609
Coding	\$ 168,424	\$	110,177
Contracting	\$ 924	\$	3,818
Medical Necessity	\$ 324,185	\$	126,882
Non Covered	\$ 611,541	\$	455,855
Patient Access	\$ 400,227	\$	2,790
Other	\$ 3,377	\$	248,692
Prior Authorization	\$ 510,141	\$	1,048,440
Untimely Filing	\$ 1,437,744	Ś	1,428,828



Cook County Health Savings Initiatives: January 31, 2022

	Budgeted	YTD Jan	
Current Activities in Progress	FY22 Impact	Achieved	Status
Revenue Cycle:			
Chargemaster Review/Changes	-	617,667	
Payer Contracting Re-negotiation	-	106,667	
Charge Capture Improvement	-	416,667	
Vendor Contract Negotiations	-	41,667	
County Care:			
Care Mgmt System In-Sourcing	-	-	
Network Contract Savings	-	150,000	
Vendor Contract Negotiations	12,500,000	2,333,333	
Health System:			
Vendor Contract Negotiations	12,000,000	789,333	
Property Lease Savings	675,000	112,500	
Equipment Lease Savings	308,472	25,706	
	<u>\$ 25,483,472</u>	\$ 4,593,539	18%
		2/12ths Goal	17%



Health Plan Services Financial Results – January 31, 2022

Dollars in 000s except PMPM amounts	FY2022 Actual	FY2022 Budget	Variance	%	Fy21 Actual
Capitation Revenue	\$431,547	\$449,832	(\$18,286)	(4.07%)	\$373,814
Operating Expenses					
Clinical - CCH	\$17,662	\$19,944	\$2,283	11.45%	\$14,383
Clinical - External	\$389,252	\$398,074	\$8,823	2.22%	\$340,212
Administrative	\$19,948	\$25,184	\$5,236	20.79%	\$19,023
Total Expenses	\$426,861	\$443,202	\$16,341	3.69%	\$373,618
Operating Gain (Loss)	\$4,685	\$6,630	(\$1,945)	(29.33%)	\$195
Activity Levels					
Member Months	848,023	846,012	2,011	0.24%	758,651
Monthly Membership	425,451	423,156	2,295	0.54%	380,433
CCH CountyCare Member Months	88,231	N/A	N/A	N/A	77,680
CCH % CountyCare Member Months	10.40%	N/A	N/A	N/A	10.24%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	\$508.89	\$531.71	(\$22.82)	(4.29%)	\$492.73
Clinical Cost PMPM	\$479.84	\$494.10	\$14.27	2.89%	\$467.40
Medical Loss Ratio (1)	92.2%	93.40%	1.24%	1.33%	92.1%
Administrative Cost Ratio	4.4%	6.35%	1.95%	30.69%	4.7%



COOK COUNTY HEALTH

Commentary

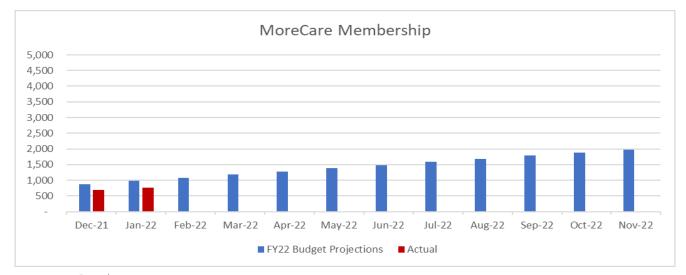
- Total YTD member months are exceeding budget by 2,011 members.
- CountyCare enrollment projected to exceed budget due to 50% auto-assignment change from CountyCare's top top-quality ranking among Medicaid MCOs as well as continued re-determination suspension.
- Revenue per member per month (PMPM) is lower than budget due to timing of CY 2022 rate adjustments from HFS.
- CountyCare's reimbursement to CCH for domestic spend is under budget.
- Operating Gain of \$4.7M consists of \$6.8M from CountyCare and a loss of \$(2.1)M from Medicare.

Notes:

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

Medicare Financial Results – January 31, 2022

Dollars in 000s except PMPM amounts	FY2022 Actual	FY2022 Budget	Variance	%
Capitation Revenue (Total dollar amount)	\$3,239	\$3,544	(\$304)	(8.59%)
Operating Expenses				
Clinical Expenses	\$2,710	\$3,915	\$1,205	30.78%
Administrative	\$2,675	\$993	(\$1,682)	(169.39%)
Total Expenses	\$5,384	\$4,907	(\$477)	(9.71%)
Operating Gain (Loss)	(\$2,145)	(\$1,364)	(\$781)	57.28%
Activity Levels				
Member Months	1,458	1,860	(402)	(21.61%)
Monthly Membership	769	980	(211)	(21.53%)
Operating Indicators				
Revenue Per Member Per Month (PMPM)	\$2,221.60	\$1,905.13	\$316.46	16.61%
Clinical Cost PMPM	\$1,858.43	\$2,104.63	\$246.20	11.70%



- Membership is lower than budget target by 402 members.
- ➤ Total operating loss is over budget by \$781K due to higher administrative cost.



Questions?

