FY 2020 - Systems-wide Charity Care and Self-Pay vs DSH / BIPA and Revenue Cycle Metrics
FY 2020 - Charity Care & Self Pay Cost vs. DSH/BIPA funding as of end Dec-2019 - Actual trending higher than FY2019/FY 2020 budget

Source: Unaudited Financials Charge Reports, FY2020 Cook County /CCH Budget Book
DSH: Disproportionate Share Hospital Payments-$156.7M/Year
BIPA: Benefits Improvement and Protection Act Payments-$132.3M/Year
**FY2020 - Revenue Cycle Metrics as of end Dec-2019**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Average FYTD 2019</th>
<th>Average FYTD 2020</th>
<th>Dec-19</th>
<th>CCH Benchmark/Targets</th>
<th>Some Industry Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average Days in Accounts Receivable</strong></td>
<td>97</td>
<td>88</td>
<td>88</td>
<td>45.85 – 54.9*</td>
<td>47.8**</td>
</tr>
<tr>
<td><em>(lower is better)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Discharged Not Finally Billed Days</strong></td>
<td>11</td>
<td>8</td>
<td>8</td>
<td>7</td>
<td>5*</td>
</tr>
<tr>
<td><em>(lower is better)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Claims Initial Denials Percentage</strong></td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%5-10%***</td>
<td></td>
</tr>
<tr>
<td><em>(lower is better)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Definitions:
- **Average Days in Accounts Receivable**: Total accounts receivable over average daily revenue
- **Discharged Not Finally Billed Days**: Total charges of discharge not finally billed over average daily revenue
- **Claims Initial Denials Percentage**: Percentage of claims denied initially compared to total claims submitted.

- * Source HFMA Key Hospital Statistics and Ratio Margins – Posted 2014
- ** (Best Practice Target)**: Source HFMA Key Hospital Statistics and Ratio Medians, December 2018 **47.8 days**
- *** (Best Practice Target)**: American Academy of Family Physicians, 5-10% industry average
FY 2019 - Systems-wide Budget / “Modified Cash-Basis” Preliminary Report
FY 2019 - Preliminary - “Modified Cash-Basis” Report

CCHHS FY 2019 Budget vs Actual (on the Modified Cash basis) in Millions

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>Actuals</th>
<th>$Variance</th>
<th>%Variance</th>
<th>Encumb</th>
<th>Totals $Variance</th>
<th>%Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenues</td>
<td>$ 2,690.40</td>
<td>$ 2,523.60</td>
<td>$(166.80)</td>
<td>-6.20%</td>
<td>$ 2,523.60</td>
<td>(166.80)</td>
<td>-6.20%</td>
</tr>
<tr>
<td>Expenses</td>
<td>$ 2,689.40</td>
<td>$ 3,007.10</td>
<td>$(317.70)</td>
<td>-11.80%</td>
<td>29.5</td>
<td>3,036.60</td>
<td>-347.2</td>
</tr>
<tr>
<td></td>
<td>$ 1.00</td>
<td>$(483.50)</td>
<td>$(484.50)</td>
<td></td>
<td>$29.5</td>
<td>(513.00)</td>
<td>(514.00)</td>
</tr>
</tbody>
</table>

CCHHS FY 2019 Cash Deficit vs Budget – Major items

Revenue Deficit Total - Actual $2.44B vs $2.6B budgeted Negative 167M /6%
1. 25K less Countycare membership over $100M less Revenue and late state payments $66M

Expense Deficit Total - Actual $3B vs $2.7B budgeted Negative ~ 317M /12%
1. Lower than anticipated internal capture of CountyCare thus increased External Claims payout ~$100M
2. FY2018 Payments in FY2019 appropriation ~$200M
3. One-time strategic decision to payout Cash PMPM receipts to reduced CountyCare “Days in Payable” to under 90 days but with a negative impact on FY2019 modified cash basis results

Source: FY2019 Unaudited financials, Cook County Preliminary Revenue and Expenses Report
# FY 2019 - Preliminary Results - Gross Charges (in millions)

<table>
<thead>
<tr>
<th>Category</th>
<th>2018</th>
<th>2019</th>
<th>2019v2018</th>
<th>2019v2018 %tage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>$84.18</td>
<td>$100.18</td>
<td>$16.00</td>
<td>19.0%</td>
</tr>
<tr>
<td>CountyCare</td>
<td>$236.42</td>
<td>$244.38</td>
<td>$7.96</td>
<td>3.4%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>$241.67</td>
<td>$204.84</td>
<td>$(36.84)</td>
<td>-15.2%</td>
</tr>
<tr>
<td>Medicaid Mgd Care</td>
<td>$227.04</td>
<td>$215.95</td>
<td>$(11.09)</td>
<td>-4.9%</td>
</tr>
<tr>
<td>Medicare</td>
<td>$196.57</td>
<td>$190.83</td>
<td>$(5.75)</td>
<td>-2.9%</td>
</tr>
<tr>
<td>Medicare Mgd Care</td>
<td>$65.74</td>
<td>$77.09</td>
<td>$11.34</td>
<td>17.3%</td>
</tr>
<tr>
<td>Self-Pay</td>
<td>$238.85</td>
<td>$287.98</td>
<td>$49.12</td>
<td>20.6%</td>
</tr>
<tr>
<td>CharityCare</td>
<td>$399.49</td>
<td>$417.21</td>
<td>$17.72</td>
<td>4.4%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>$1,689.97</td>
<td>$1,738.45</td>
<td>$48.47</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aggregate View</th>
<th>2018</th>
<th>2019</th>
<th>2019v2018</th>
<th>2019v2018 %tage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charges with Reimb. Potential</td>
<td>$1,051.63</td>
<td>$1,033.26</td>
<td>$(18.37)</td>
<td>-1.7%</td>
</tr>
<tr>
<td>Charges with No /Low Reimb. Potential</td>
<td>$638.34</td>
<td>$705.18</td>
<td>$66.84</td>
<td>10.5%</td>
</tr>
<tr>
<td>Total</td>
<td>$1,689.97</td>
<td>$1,738.45</td>
<td>$48.47</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

Source: FY2019 Preliminary Unaudited Financials Charge Report
FY 2019 Preliminary Results - Gross Charges (in millions)

Gross Charge FY2018 vs 2019

2018 2019
Commercial $84 $100
CountyCare $236 $244
Medicaid/Mgd Care $469 $421
Medicare/Mgd Care $262 $268
Self-Pay $239 $288
CharityCare $399 $417

Source: FY2019 Preliminary Unaudited Financials Charge Report
System Payor Mix By Visit as of November 2019

- Charity Care
- Carelink
- Self Pay
- Commercially Insured
- Medicaid
- Medicaid Managed Care
- County Care
- Medicare

Uncompensated Care = 45%

- All Medicare
- County Care
- All Medicaid = 34%
- Self Pay
- 16%
- 16%
- 12%
- 6%
- 5%
- 27%
- 17%
- 1%
- 2%

Source: Tableau Dashboards & Business Intelligence
FY 2019 Preliminary Results - Cash Collections (in millions)

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Amount</th>
<th>Growth</th>
<th>Growth%age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>$363.28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>$382.51</td>
<td>$19.24</td>
<td>5.3%</td>
</tr>
<tr>
<td>2019</td>
<td>$409.21</td>
<td>$26.70</td>
<td>7.0%</td>
</tr>
</tbody>
</table>

Source: FY2019 Preliminary Unaudited Revenue Cycle Management Reports
Clinical Activity Observations

- Primary Care visits are up by 10% versus FY18, and up 5% versus FY19 target
- Specialty Care visits are up by 9% versus FY18 up 3% versus FY19 target
- Surgical Cases are down by 4% versus FY18, and down 9% versus FY19 target
- Inpatient Discharges are down 1% versus FY18
- Length of Stay is up 1% versus FY18, and up 1% versus FY19 target
- Emergency Department visits are down 2% versus FY18
- Deliveries are up by 6% versus FY18, and down 5% versus FY19 target
- Case Mix Index is up by 6% versus FY2018

Source: CCH Tableau Dashboards
Questions?
Metrics
CCH Open Vacancies
Vacant Positions

Vacancy
Vacancy exist due to voluntary or involuntary separations.

Position Control Committee (PCC)
PCC decide if Requests to Hire (RTHs) is a priority for their areas:
- Interim Chief Executive Officer
- Chief Financial Officer
- Chief Human Resources Officer
- Chief Medical Officer
- Chief Nursing Officer
- Director of Project Mgmt & Operational Excellence
- Senior Director of Finance
- Position Control Manager

Criteria
1. Meet patient safety and quality standards,
2. Regulatory requirements,
3. Revenue generating, or
4. Expense reduction

PCC Approve RTHs
PCC decided the RTHs meet the criteria and the position is essential.

PCC send approved mission critical RTHs to Budget for funding.
1. Position Control Manager coordinates with Department of Budget and Management Services to secure:
   • Funding
   • Approval
2. Submit funded RTHs to Human Resources.

Human Resources Recruitment
Funded RTHs received in the Recruitment division of Human Resources for processing.

1. RTHs reviewed by Class & Compensation to determine if Job Description is most current.
2. Recruiter receives Request to Hire
3. Position is posted on Taleo
4. Validate applicants eligibility
5. Refer for interview
6. Process selection
7. Candidate onboarded

Hiring Manager Submit Request to Hire Packet for approval
1. Request to Hire Form
2. Position Justification Form
   • Quantitative
   • Industry Benchmark
3. Provide supporting information
4. Submit both forms to: requesttohire@cookcountyhhs.org

Departments were encouraged to submit justifications by September 27, 2019
CCH Open Vacancies

Important Performance Data

CCH has approximately 526 vacancies with 308 in process:
1. CCH vacancies are rolling; not budgeted placeholders.
2. Currently 308 of those vacancies are in the hiring process
3. 68% (209) of the 308 positions in process, are in the post-validation phase:
   • (33%) 81 are interviewing
   • (42%) 157 vacancies have a candidate selected
   • (25%) 92 have start dates set

<table>
<thead>
<tr>
<th>FY 2020 Vacancy</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiscal Year 2020 Approved Positions:</td>
<td>526</td>
</tr>
<tr>
<td>Current Vacancy Number:</td>
<td>526</td>
</tr>
<tr>
<td># of Positions in Process:</td>
<td>308</td>
</tr>
</tbody>
</table>

Thru 12/31/2019

Does not include Consultants, Registry and House Staff
FY 2020 CCH HR Activity Report
Thru 12/31/2019

FILLED POSITIONS
- 2019 Filled (75) | Externals (47)
- 2020 Filled (13) | Externals (10)

SEPARATIONS
- 2019 Separations (98)
- 2020 Separations (103)

NET
- 9%
- 91%

Does not include Consultants, Registry and House Staff
CCH HR Activity Report – Turnover

Head Count 6,404

- FY 2020 CCH Turnover
- FY 2019 CCH Turnover
- U.S. IL Health & Hospital Assoc.
- U.S. Dept. of Labor

In includes Consultants, Registry and House Staff
FY 19 data is through 12/31/2019
Cook County Health HR Activity Report – Hiring Snapshot

Thru 12/31/2019

- Clinical Positions: 214 (69%)
- Non-Clinical Positions: 94 (31%)

308 Positions in Recruitment

209 (68%) of the positions in process, are in the post-validation phase

- Clinical Positions
  - 214 (69%)
- Non-Clinical Positions
  - 94 (31%)

Shared Responsibility

Human Resources

Management

Finance / Human Resources

Shared Responsibility

10 Externals / 77%
Thank you.
Cook County Health HR Activity Report Nursing Hiring: CNI, CNII
Thru 12/31/2019

58 Positions in process

- 2 in Classification & Compensation
- 3 in Pre-Recruiting
- 7 in To be posted
- 1 in Currently posted
- 20 in In validation
- 1 in Awaiting referral/repost
- 20 in Interviews in Process
- 1 in Offer being extended
- 20 in Candidate in process
- 4 in Hire date set
- 6 in Vacancies Filled

45 (78%) of the positions in process are in the post-validation phase

5 / 99% Externals

Shared Responsibility
Human Resources
Management
Human Resources
Shared Responsibility
Cook County Health HR Activity Report – Revenue Cycle

Thru 12/31/2019
8 Positions in process

- Count of positions

- Pre-Recruiting: 0
- To be posted: 0
- Currently posted: 0
- In validation: 0
- Awaiting referral/repost: 1
- Interviews in Process: 1
- Offer being extended: 5
- Candidate in process: 0
- Hire date set: 0
- Vacancies Filled: 0

Shared Responsibility
Human Resources
Management
Human Resources
Shared Responsibility
CountyCare Update
Prepared for: CCH Board of Directors

James Kiamos
CEO, Health Plan Services
January 31, 2020
## Current Membership

### Monthly membership as of January 2, 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Members</th>
<th>ACHN Members</th>
<th>% ACHN</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHP</td>
<td>210,349</td>
<td>15,845</td>
<td>7.5%</td>
</tr>
<tr>
<td>ACA</td>
<td>72,119</td>
<td>12,121</td>
<td>16.8%</td>
</tr>
<tr>
<td>ICP</td>
<td>29,842</td>
<td>5,779</td>
<td>19.4%</td>
</tr>
<tr>
<td>MLTSS</td>
<td>5,996</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>318,276</strong></td>
<td><strong>33,745</strong></td>
<td><strong>10.6%</strong></td>
</tr>
</tbody>
</table>

**AC**: Affordable Care Act  
**FHP**: Family Health Plan  
**ICP**: Integrated Care Program  
**MLTSS**: Managed Long-Term Service and Support (Dual Eligible)

Source: CCH Health Plan Services Analytics
# Managed Medicaid Market

**Illinois Department of Healthcare and Family Services November 2019 Data**

<table>
<thead>
<tr>
<th>Managed Care Organization</th>
<th>Cook County Enrollment</th>
<th>Cook County Market Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>*CountyCare</td>
<td>318,904</td>
<td>31.5%</td>
</tr>
<tr>
<td>Blue Cross Blue Shield</td>
<td>241,427</td>
<td>23.9%</td>
</tr>
<tr>
<td>Meridian (a WellCare Co.)</td>
<td>223,846</td>
<td>22.1%</td>
</tr>
<tr>
<td>IlliniCare (a Centene Co.)</td>
<td>106,125</td>
<td>10.5%</td>
</tr>
<tr>
<td>Molina</td>
<td>64,823</td>
<td>6.4%</td>
</tr>
<tr>
<td>*Next Level (sold to Molina)</td>
<td>55,845</td>
<td>5.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,010,970</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

* Only Operating in Cook County

Meridian and WellCare (dba Harmony) merged as of 1/1/2019. Pending Merger with Centene (dba IlliniCare) CVS/Aeta purchasing IlliniCare legacy Medicaid

Source: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx
IL Medicaid Managed Care Trend in Cook County (charts not to scale)

- CountyCare’s monthly enrollment trend closely follows the overall Managed Care enrollment trend in Cook County

Source: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx
IL Medicaid Managed Care Trend in Cook County

- CountyCare’s monthly enrollment trend closely follows the overall Managed Care enrollment trend in Cook County

Source: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx
## Operations Metrics:
### Overall Care Management Performance

<table>
<thead>
<tr>
<th>Key Metrics</th>
<th>Market %</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Completed HRS/HRA (all populations)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Performance</td>
<td>40%</td>
<td>67.0%</td>
<td>67.4%</td>
<td>67.5%</td>
</tr>
<tr>
<td><strong>Completed Care Plans on High Risk Members</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Performance</td>
<td>65%</td>
<td>62.0%</td>
<td>63.2%</td>
<td>64.0%</td>
</tr>
</tbody>
</table>

CountyCare's high-risk percentage exceeds the State’s requirement of 2% for Family Health Plan and 5% for Integrated Care Program.
# Operations Metrics: Claims Payment

<table>
<thead>
<tr>
<th>Key Metrics</th>
<th>State Goal</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims Payment Turnaround Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Clean Claims Adjudicated &lt; 30 days</td>
<td>90%</td>
<td>94.0%</td>
<td>95.9%</td>
<td>93.1%</td>
</tr>
<tr>
<td>% of Claims Paid &lt; 30 days</td>
<td>90%</td>
<td>24.5%</td>
<td>34.2%</td>
<td>30.6%</td>
</tr>
</tbody>
</table>
HEDIS – Diabetes Management: HbA1c < 8%

HEDIS 75th %tile: 55%

% Compliant


Source: Business Intelligence
Core Measure – Venous Thromboembolism (VTE) Prevention

Goal: 100%


% Compliant

Source: Quality Dept.
30 Day Readmission Rate

Source: Business Intelligence
Hospital Acquired Conditions

Source: Business Intelligence
SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

Source: Infection Control Dept.
ACHN – Overall Clinic Assessment

90th %tile, 82%

ACHN Top Box Score

Press Ganey Top Box Mean

Source: Press Ganey
Stroger – Willingness to Recommend the Hospital

90th %tile, 84%

72.0%

71.6%

Source: Press Ganey
<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Measure Definition</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Management HbA1c &lt;8%</td>
<td>Adults ages 18-75 with diabetes (type 1 or type 2) where HbA1c is in control (&lt;8.0%). Qualifying patients: - Age 18-75 years as of December 31 of current year AND two diabetic Outpatient/ED visits in the current year or previous year OR -One diabetic Inpatient visit in the current year or previous year OR -Prescribed insulin or hypoglycemic or antihyperglycemics in the current year or previous year</td>
<td>NCQA, HEDIS</td>
</tr>
<tr>
<td>Core Measure-Venous Thromboembolism (VTE) Prevention</td>
<td>Numerator: Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given: The day of or the day after hospital admission The day of or the day after surgery end date for surgeries that start the day of or the day after hospital admission Denominator: All patients</td>
<td>CMS</td>
</tr>
<tr>
<td>Readmission Rate</td>
<td>The readmission measures are estimates of unplanned readmission to an acute care hospital in the 30 days after discharge from a hospitalization. Patients may have had an unplanned readmission for any reason.</td>
<td>CMS</td>
</tr>
<tr>
<td>Hospital Acquired Pressure Injuries</td>
<td>A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. Full thickness pressure injuries involve the epidermis and dermis, but also extend into deeper tissues (fat, fascia, muscle, bone, tendon, etc.)</td>
<td>CMS, AHRQ</td>
</tr>
<tr>
<td>Falls with Injury</td>
<td>A patient fall is an unplanned descent to the floor (or extension of the floor, e.g., trash can or other equipment) with injury to the patient.</td>
<td>TJC, NDNQI</td>
</tr>
<tr>
<td>Hospital Acquired Infections - CAUTI</td>
<td>Catheter-associated urinary tract infections</td>
<td>NHSN</td>
</tr>
<tr>
<td>Hospital Acquired Infections - CDI</td>
<td>Clostridium difficile intestinal infections</td>
<td>NHSN</td>
</tr>
<tr>
<td>Hospital Acquired Infections - CLABSI</td>
<td>Central line-associated bloodstream infections</td>
<td>NHSN</td>
</tr>
<tr>
<td>Hospital Acquired Infections - MRSA</td>
<td>Methicillin-resistant Staphylococcus Aureus blood infections</td>
<td>NHSN</td>
</tr>
<tr>
<td>Press Ganey Patient Satisfaction Top Box Score</td>
<td>The percentage of responses in the highest possible category for a question, section, or survey (e.g. percentage of ‘Very Good,’ or ‘Always’ responses).</td>
<td>Press Ganey</td>
</tr>
<tr>
<td>Press Ganey Patient Satisfaction Percentile Rank</td>
<td>A percentile rank tells you where your score falls in relationship to other scores. Percentile rank for any given metric in any peer group is determined by ordering all facilities’ scores from highest to lowest, then each score receives a percentile rank by determining the proportion of the database that falls below that score. For example, if your percentile rank is 30, you are scoring the same as or better than 30% of the organizations you are compared to.</td>
<td>Press Ganey</td>
</tr>
<tr>
<td>ACHN Patient Satisfaction-Overall Assessment</td>
<td>Includes two questions: 1. How well the staff worked together to care for you. 2. Likelihood of your recommending our practice to others.</td>
<td>Press Ganey</td>
</tr>
<tr>
<td>Hospital Patient Satisfaction-Willingness to Recommend Hospital</td>
<td>The likelihood that a patient will recommend a hospital to family members and friends.</td>
<td>Press Ganey</td>
</tr>
</tbody>
</table>