

Minutes of the Meeting of the Audit and Compliance Committee of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held Friday, August 2, 2024 at the hour of 10:00 A.M., at 1950 West Polk Street, Room 5301, in Chicago, Illinois.

## **I. Attendance/Call to Order**

Chair Harrington called the meeting to order.

Present: Chair Joseph M. Harrington and Director Robert G. Reiter, Jr. (2)

Absent: Director Lyndon Taylor (1)

Additional attendees and/or presenters were:

Nicole Almiro – Chief Corporate Compliance and  
Privacy Officer  
Rachel Marrello – Operations Counsel  
Jeff McCutchan – General Counsel

Bryan Pravel – Technology Information Officer  
Deborah Santana – Secretary to the Board  
Tom Schroeder – Director of Internal Audit  
Mark Wozny – Network Information Officer

The next regular meeting of the Audit and Compliance Committee is scheduled for Friday, October 18, 2024 at 9:00 A.M.

## **II. Public Testimony**

There was no public testimony submitted.

## **III. Report from Chief Corporate Compliance and Privacy Officer (Attachment #1)**

Nicole Almiro, Chief Corporate Compliance and Privacy Officer, provided an overview of the Report. The Committee reviewed the information.

The Report contained information on the following subjects:

- Highlights of 1<sup>st</sup> and 2<sup>nd</sup> Quarter County FY2024
  - System Compliance Program
  - CountyCare Medicaid Health Plan Compliance Program
    - Recoveries
- Privacy Update

## **IV. Action Items**

**A. Accept Minutes of the Audit and Compliance Committee Meeting, April 19, 2024**

**B. Accept Minutes of the Audit and Compliance Committee Meeting, June 28, 2024**

Director Reiter, seconded by Chair Harrington, moved to accept Item IV(A) the Minutes of the Audit and Compliance Committee Meeting of April 19, 2024, and to accept Item IV(B) the Minutes of the Audit and Compliance Committee Meeting of June 28, 2024. THE MOTION CARRIED UNANIMOUSLY.

**C. Any items listed under Sections IV and V**



Cook County Health and Hospitals System  
Minutes of the Audit and Compliance Committee Meeting  
August 2, 2024

ATTACHMENT #1



# Corporate Compliance Report

Audit & Compliance Committee of the CCH Board of Directors

August 2, 2024



COOK COUNTY  
HEALTH

# Meeting Objectives

## Review

### Highlights of 1<sup>st</sup> and 2<sup>nd</sup> Q County FY 2024

- System Compliance Program
- CountyCare Medicaid Health Plan Compliance Program
  - Recoveries

### Privacy Update

# Metrics

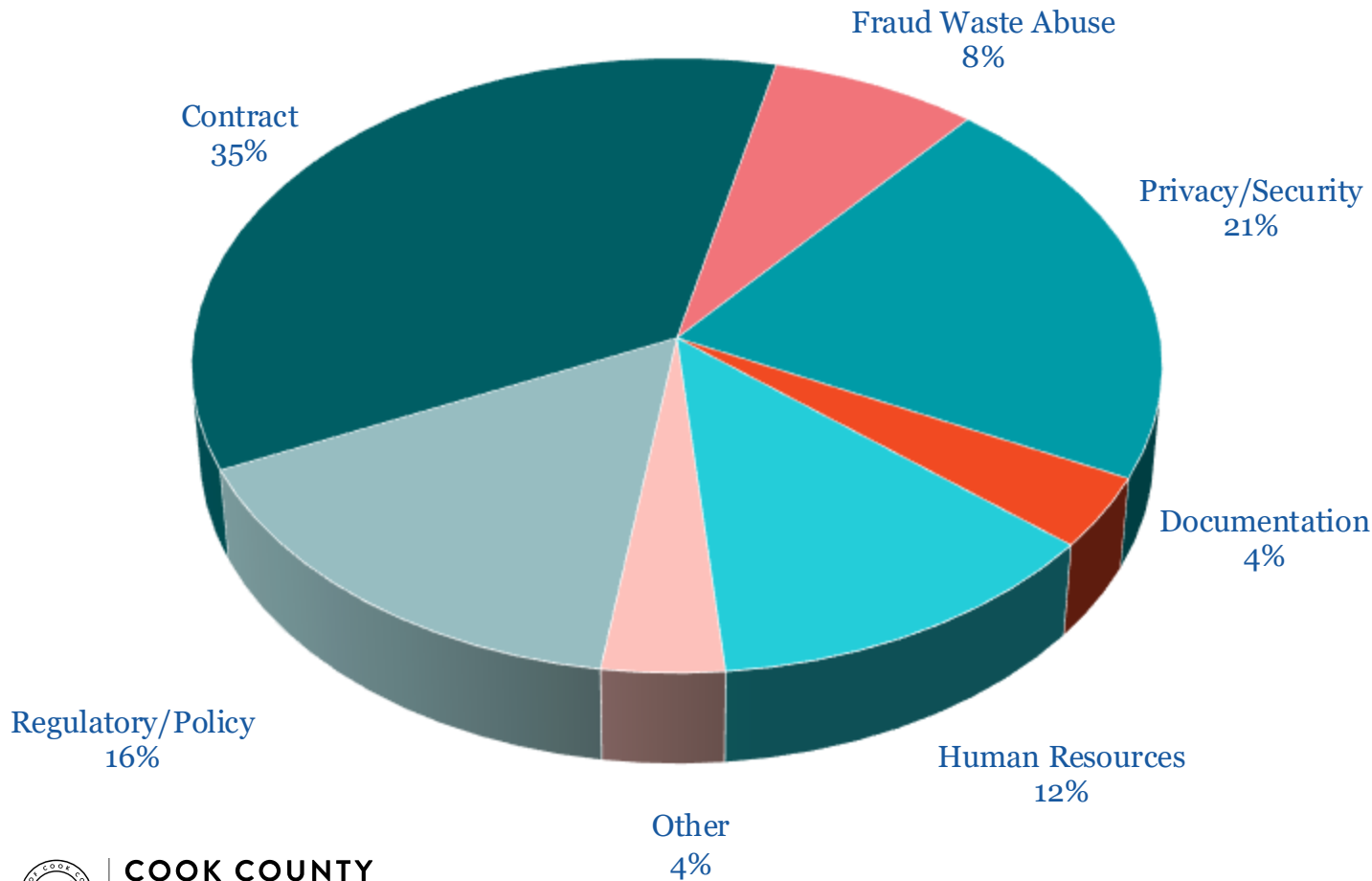


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# Q1-Q2 CFY 2024 Contacts by Category

CCH System Compliance Program

12/01/2023 – 05/31/2024

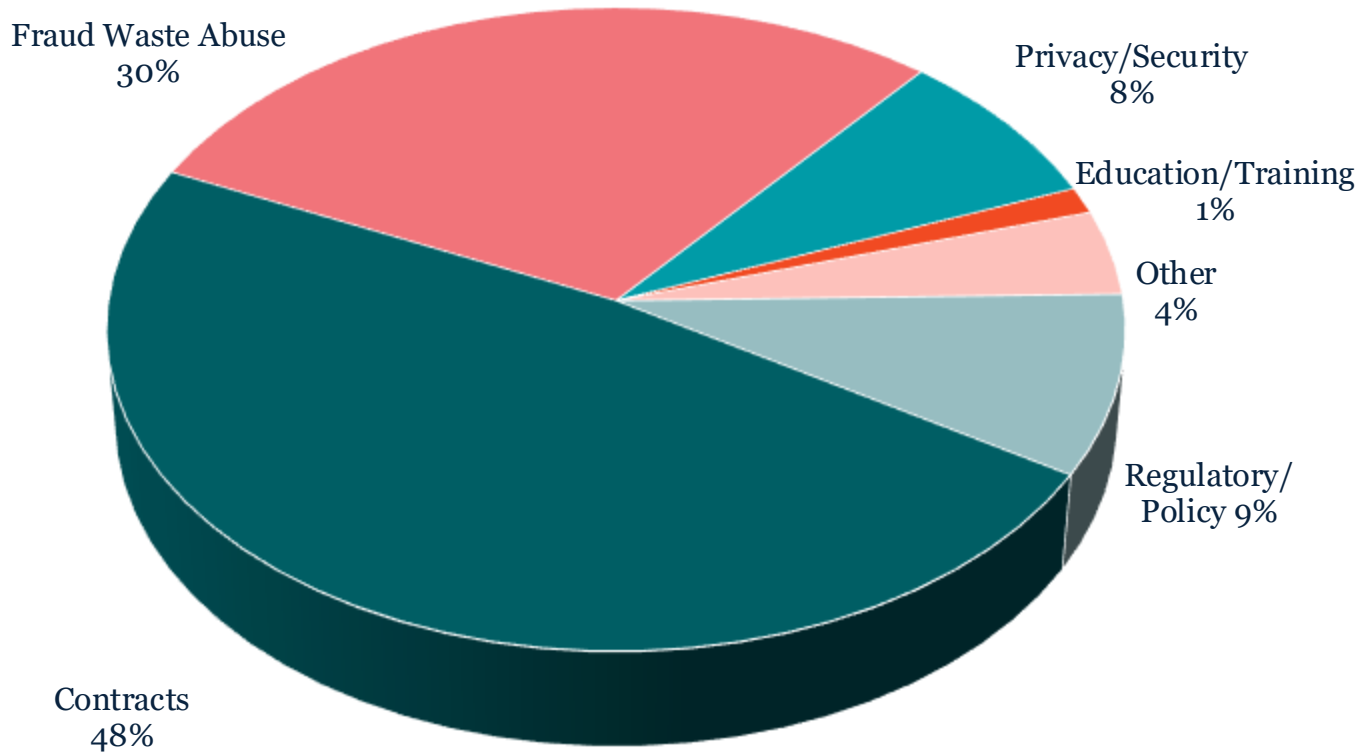


Categories	2024		2023
	Count & % of Total Contacts		% of Total Contacts
Contracts	179	35%	51%
Privacy/Security (HIPAA)	107	21%	15%
Regulatory/Policy	80	16%	12%
Human Resources	63	12%	9%
Fraud, Waste & Abuse	38	8%	4%
Documentation	19	4%	6%
Other (Quality, Research)	19	4%	2%
	<b>505</b>		

# Q1-Q2 CFY 2024 Contacts by Category

## CountyCare Compliance Program

12/01/2023 – 05/31/2024



Categories	2024		2023
	Contact Count & % of Total Contacts		% of Total Contacts
Fraud Waste & Abuse <sup>1</sup>	110	30%	38%
Privacy/Security (HIPAA)	30	8%	11%
Contracts	181	48%	40%
Regulatory/Policy	34	9%	6%
Education and Training <sup>2</sup>	5	1%	0% <sup>2</sup>
Other (Conflict of Interest, Documentation, Human Resources, Quality)	16	4%	5%
	<b>376</b>		

<sup>1</sup> The majority of Fraud Waste & Abuse activity is directly attributed to the Department of Healthcare and Family Services (HFS) Office of Inspector General provider notifications and requests for information.

<sup>2</sup> This category was not previously tracked separately in past years



# CountyCare Compliance Recoveries

State Fiscal Year (S-FY) 2023 through S-FY 2024 Q3

## Retrospective Recoveries

S-FY	Reporting Period	Overpayments Identified <sup>3</sup>	Overpayments Collected
2023	07/01/2022 -06/30/2023	\$ 4,427,873	\$ 6,968,262

S-FY	Reporting Period	Overpayments Identified	Overpayments Collected
2024	<u>Q1</u> 07/01 -09/30/23	\$ 1,226,051	\$ 836,559
2024	<u>Q2</u> 10/01 – 12/31/23	\$ 5,577,235	\$ 368,058
2024	<u>Q3</u> 01/01 – 03/31/24	\$ 3,464,387	\$ 3,058,361

## Proactive Preventative Loss

S-FY	Reporting Period	Overpayments Avoided
2023	07/01/2022 -06/30/2023	\$ 1,676,545

S-FY	Reporting Period	Overpayments Avoided
2024	<u>Q1</u> 07/01 -09/30/23	\$ 30,490
2024	<u>Q2</u> 10/01 – 12/31/23	\$ 145,463
2024	<u>Q3</u> 01/01 – 03/31/24	\$ 378,316

<sup>3</sup>The **Overpayments Identified** column indicates the currently outstanding amount that has been paid to a provider for identified inaccurate codes. These amounts may be supported through additional review of documentation submitted by the provider or may be offset if a provider elects to bill a corrected claim. The amount that is identified as an overpayment may also change if the provider is able to successfully appeal the audit/investigations findings (for example, if they are able to produced additional documentation to support their claim).

# Privacy at CCH



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# Status of Recent Vendor Privacy/Security Incidents

- **Superior Ambulance:**

- Impact: final data still being finalized
- Status: awaiting final data, then notices will be mailed to all affected patients and all required regulators will be noticed

- **MHN/MHNU:**

- Impact: fewer than 700
- Status: all member notices mailed, all regulators noticed. Substitute notice to be removed from CountyCare website on July 15, 2024

- **Dialysis Care Center/Gaia**

- Impact: ~176 patients
- Status: all patient notices mailed, all regulators noticed. Receiving weekly status reports on call center and any returned mail

- **Change Healthcare:**

- Impact: unknown at this time. CountyCare's vendor Avesis notified that CountyCare member data likely impacted
- Status: opted in to Change providing notices on our behalf, per guidance and permission from OCR

- **Perry Johnson & Associates:**

- Impact: ~1.2 million patients
- Status: all patient notices mailed, all regulators noticed



# Ramping Up Privacy Education

**Recognizing an uptick in privacy issues across the healthcare landscape, Compliance has increased targeted privacy education on a monthly basis including:**

- CountyCare Lunch and Learn to review privacy nuances for the health plan Part 2 memo to affected areas/providers on new Part 2 regulations
- Review of psychotherapy note processes and staff education on requirements for mental health and psychotherapy notes and release of information
- Education for department leaders on new Filming/Recording policy updates
- Email reminders and education for Smartsheet users
- HIPAA refresher training for lab managers

# Questions? ↗



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