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:

- o Highlights of 1st and 2nd Quarter County FY2024
  - System Compliance Program
  - CountyCare Medicaid Health Plan Compliance Program
    - Recoveries
- o 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

- A. Report from Director of Internal Audit
- **B.** Discussion of Personnel Matters

Director Reiter, seconded by Chair Harrington, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding "the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity," and 5 ILCS 120/2(c)(29), regarding "meetings between internal or external auditors and governmental audit committees, finance committees, and their equivalents, when the discussion involves internal control weaknesses, identification of potential fraud risk areas, known or suspected frauds, and fraud interviews conducted in accordance with generally accepted auditing standards of the United States of America."

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chair Harrington and Director Reiter (2)

Nays: None (0)

Absent: Director Taylor (1)

THE MOTION CARRIED UNANIMOUSLY and the Committee convened into a closed meeting.

Chair Harrington declared that the closed meeting was adjourned. The Committee reconvened into the open meeting.

#### VI. Adjourn

As the agenda was exhausted, Chair Harrington declared the meeting ADJOURNED.

Respectfully submitted, Audit and Compliance Committee of the Board of Directors of the Cook County Health and Hospitals System

Attest:

Deborah Santana, Secretary

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

ATTACHMENT #1



# Meeting Objectives

## Review

Highlights of 1st and 2nd Q County FY 2024

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

Privacy Update

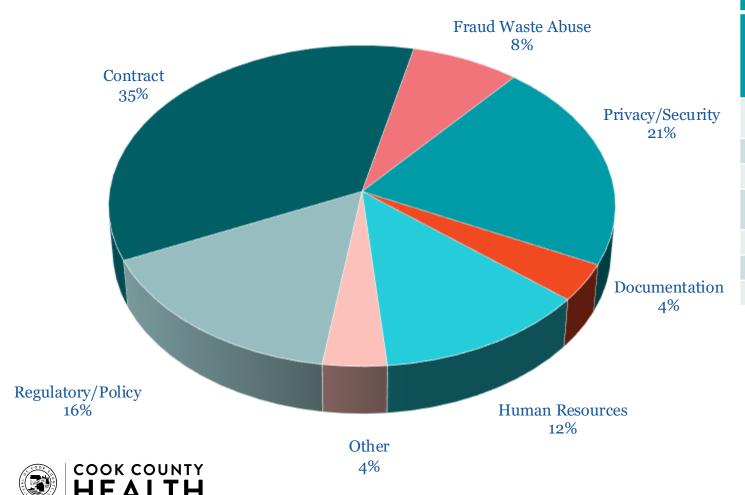


# Metrics



# Q1-Q2 CFY 2024 Contacts by Category

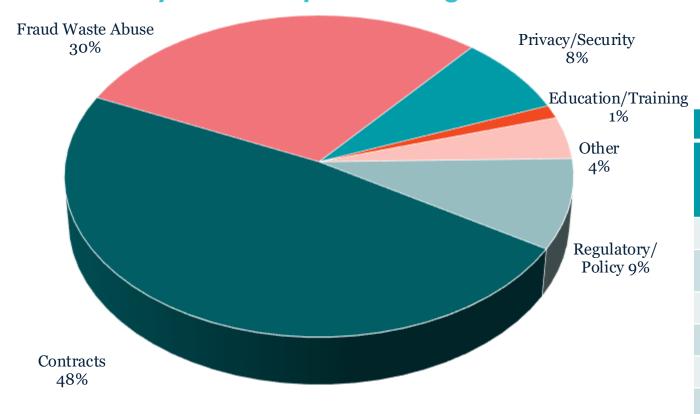
# **CCH System Compliance Program**



## 12/01/2023 -05/31/2024

Categories	2024		2023
	Count & Total Con	% 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%
	505		

# 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%	$0\%^2$
Other (Conflict of Interest, Documentation, Human Resources, Quality)	16	4%	5%
directly attributed to the	376		

<sup>&</sup>lt;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>&</sup>lt;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	
4	2023	07/01/2022 -06/30/2023	\$	4,427,873	\$	6,968,262

S-FY	Reporting Period	Overpayments Identified	Overpayments Collected	
2024	<b>Q1</b> 07/01 -09/30/23	\$ 1,226,051	\$ 836,559	
2024	<b>Q2</b> 10/01 – 12/31/23	\$ 5,577,235	\$ 368,058	
2024	<b>Q3</b> 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	<b>Q1</b> 07/01 -09/30/23	\$ 30,490	
2024	<b>Q2</b> 10/01 – 12/31/23	\$ 145,463	
2024	<b>Q3</b> 01/01 – 03/31/24	\$ 378,316	

<sup>&</sup>lt;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



# Status of Recent Vendor Privacy/Security Incidents

## • Superior Ambulance:

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

### • MHN/MHNU:

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

## Dialysis Care Center/Gaia

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

### • Change Healthcare:

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

### • Perry Johnson & Associates:

- <u>Impact</u>: ~1.2 million patients
- <u>Status</u>: 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?

