

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, October 18, 2024 at the hour of 9:00 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

Jeff McCutchan – General Counsel

Erik Mikaitis, MD – Interim Chief Executive Officer

Alisha Patel – Assistant General Counsel

Deborah Santana – Secretary to the Board

Tom Schroeder – Director of Internal Audit

The Audit and Compliance Committee’s regular meeting schedule for 2025 has not yet been determined; however, it is expected that the Committee will begin holding their quarterly meetings starting in January 2025.

II. Public Testimony

There was no public testimony submitted.

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

A. Action Item: Approve proposed Audit and Compliance Committee of the Board of Directors Charter (Attachment #2)

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

The Report contained information on the following subjects:

- Compliance Program Overview
 - Review and Approve Audit and Compliance Committee Charter
- Metrics
 - System Compliance Program
 - CountyCare Medicaid Health Plan Compliance Program
 - Recoveries

Director Reiter, seconded by Chair Harrington, moved to approve Item III(A) the proposed Audit and Compliance Committee of the Board of Directors Charter.
THE MOTION CARRIED UNANIMOUSLY.

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Deborah Santana, Secretary

Cook County Health and Hospitals System
Minutes of the Audit and Compliance Committee Meeting
October 18, 2024

ATTACHMENT #1

Corporate Compliance Report

Audit & Compliance Committee of the CCH Board of Directors

October 18, 2024



COOK COUNTY
HEALTH

Meeting Objectives

- Compliance Program Overview
 - Review and Approve Audit & Compliance Committee Charter

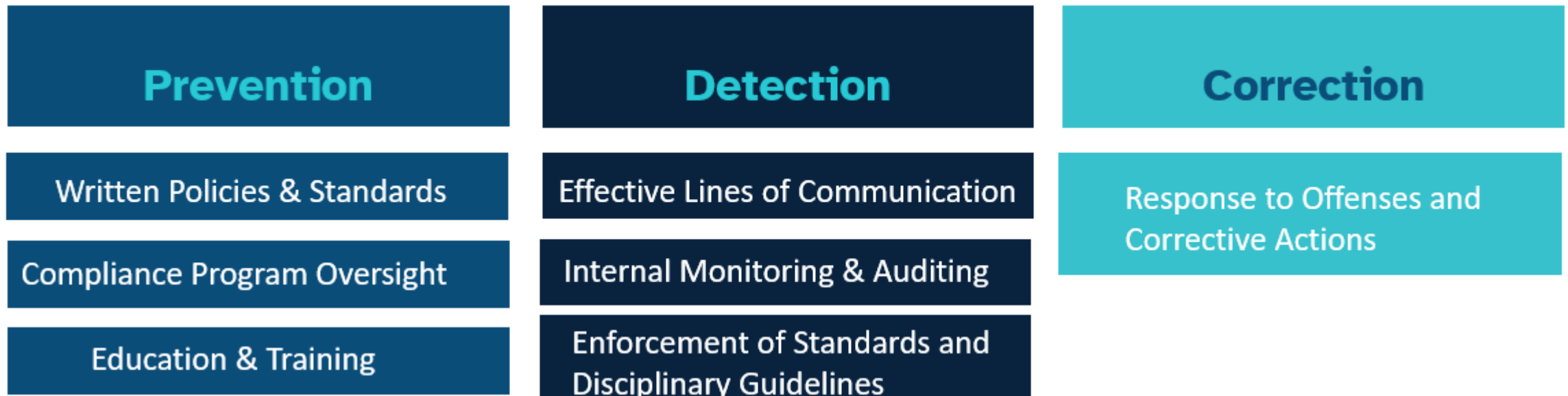
- Metrics
 - System Compliance Program
 - CountyCare Medicaid Health Plan Compliance Program
 - Recoveries

Compliance Program Overview



CCH Compliance Program Structure

The main purpose of the CCH Compliance Program is to **prevent** violations of laws, regulations or internal policy, **detect** violations as they happen and **correct** any issues that could lead to future violations.



Q1-Q3 CFY 2024 CCH System CountyCare Compliance Program



- Last approved 10/20/2023
- Review and Approve



Subject: CHARTERS FOR THE BOARD OF DIRECTORS	Category: CHARTER POLICY	
Title: AUDIT & COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS CHARTER	Page: 1 of 4	
	Approval Date:	Posting Date:

This document sets forth the duties and responsibilities, and governs the operations of the Audit & Compliance Committee of the Board of Directors of Cook County Health (CCH).

PURPOSE

CCH Chief Executive Officer (CEO) and the Board of Directors (Board) are committed to the proper oversight of our Audit and Compliance programs. In furtherance of this objective, the Board initiated an Audit and Compliance Committee (Committee)¹ composed of independent directors.

The purpose of the Committee is to provide oversight to the CCH internal audit and corporate compliance programs and monitor that systems are in place to ensure the quality of information used by the Board of CCH or by external agencies to evaluate the fiscal affairs and regulatory compliance. Additionally, the Audit and Compliance Committee will provide oversight to ensure the Board of Directors and management of CCH establishes a culture based on honesty and integrity.

The Committee shall advise the Board in matters relating to:

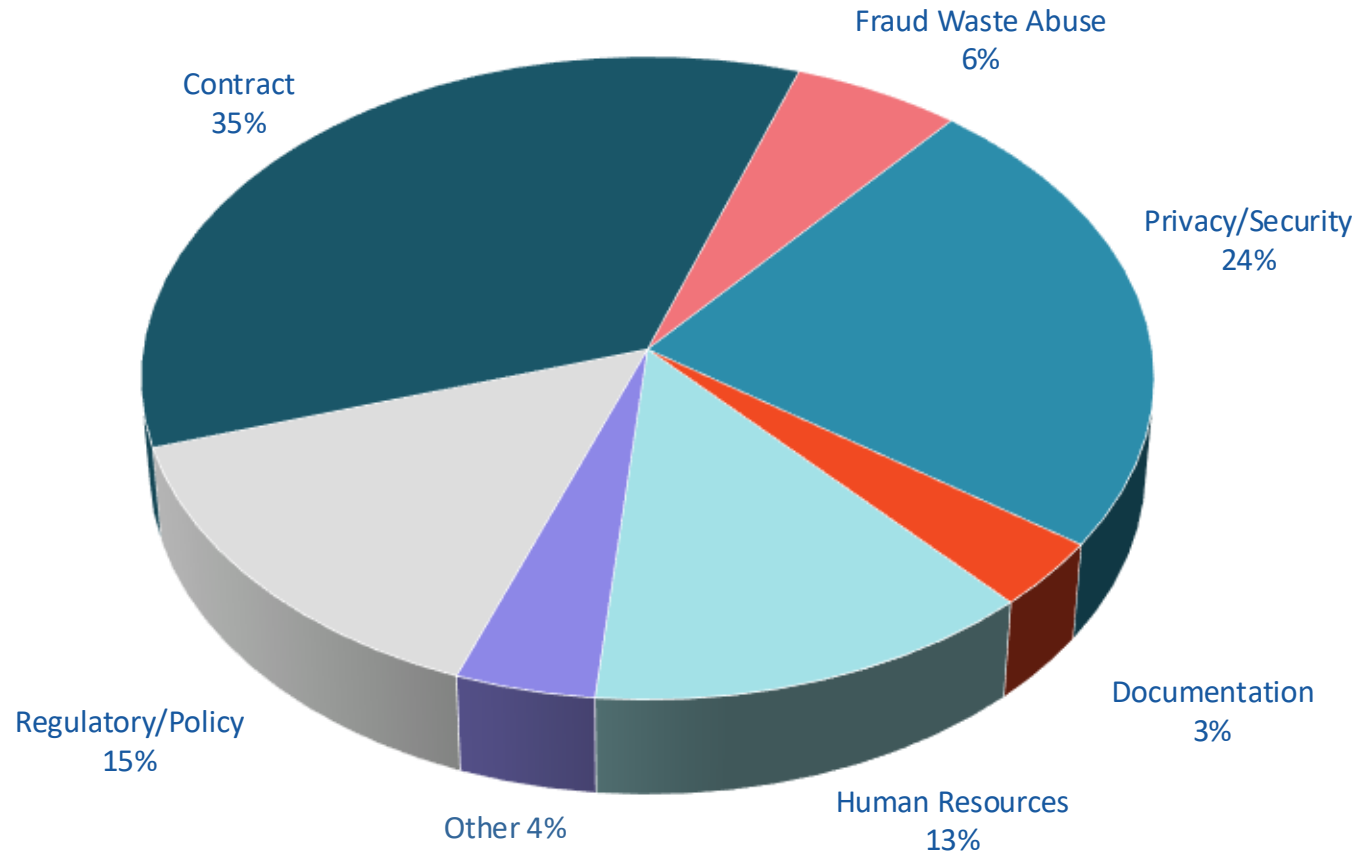
- 1) the integrity of CCH financial reporting;
- 2) the effectiveness of CCH internal controls;
- 3) the performance and effectiveness of CCH internal audit and corporate compliance programs;
- 4) the implementation of standards and processes to promote professional responsibility and honest behavior; and
- 5) the compliance with regulatory requirements, as they relate to CCH corporate compliance.

CCH Provider Metrics

Q1-Q3 CFY 2024 Activities by Category

Q1-Q3 CFY 2024 CCH System Compliance Program

12/01/2023 –08/31/2024



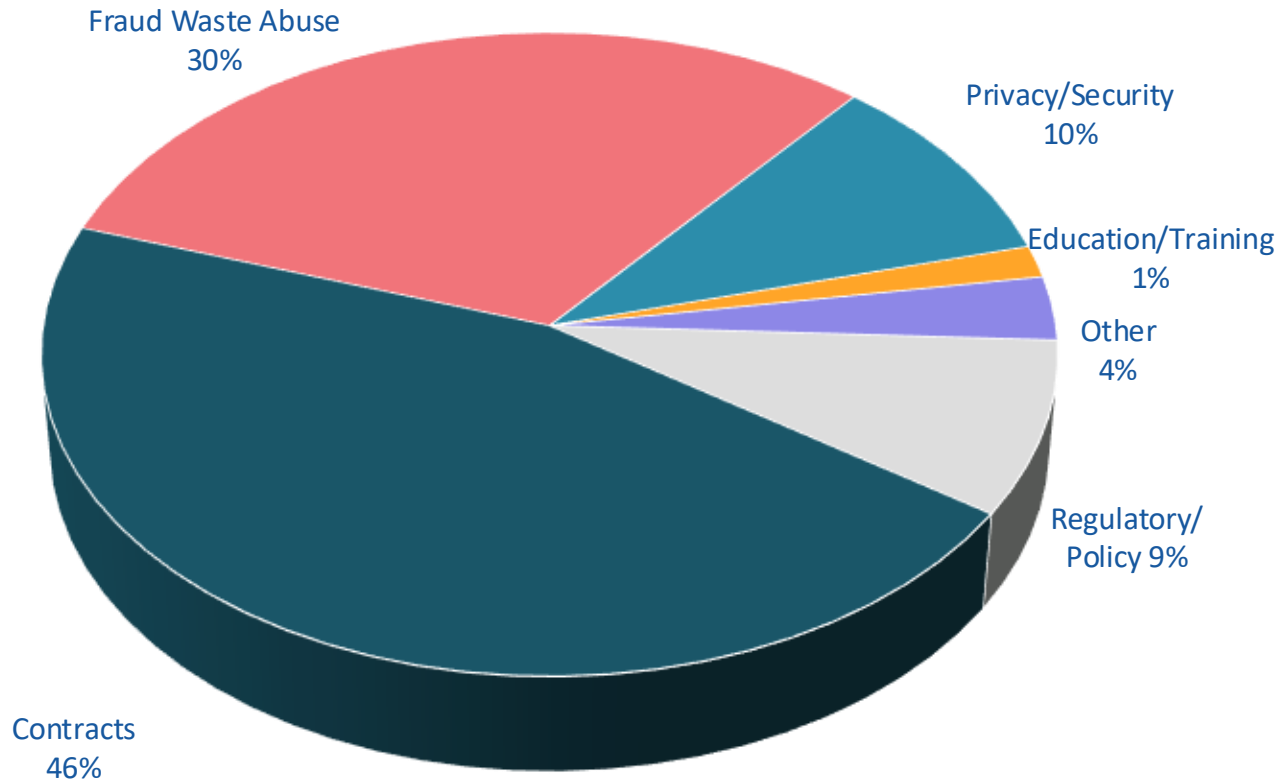
Categories	2024		2023
	Count & % of Total Contacts		% of Total Contacts
Contracts	247	35%	49%
Privacy/Security (HIPAA)	167	24%	14%
Regulatory/Policy	102	15%	13%
Human Resources	93	13%	12%
Fraud, Waste & Abuse	41	6%	3%
Documentation	24	3%	5%
Other (Quality, Research)	29	4%	4%
	703		

CountyCare Metrics
Q1-Q3 CFY 2024 Activities by Category
SFY 2024 CountyCare Recovery Metrics



Q1-Q3 CFY 2024 CCH System CountyCare Compliance Program

12/01/2023 – 08/31/2024



Categories	2024		2023
	Contact Count & % of Total Contacts		% of Total Contacts
Fraud Waste & Abuse ¹	174	30%	35%
Privacy/Security (HIPAA)	55	10%	9%
Contracts	256	46%	44%
Regulatory/Policy	49	9%	7%
Education and Training	9	1%	0% ²
Other (Conflict of Interest, Documentation, Human Resources, Quality)	18	4%	5%
	561		

¹ 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.

² This category was not previously tracked separately in past years

CountyCare Compliance Recoveries



State Fiscal Year 2024 (All Quarters)

Recovery Metrics

Reporting Period S-FY 24	Overpayments Identified	Overpayments Collected
Q4: 04/01 – 06/30/24	\$6,843,883	\$826,895
Q3: 01/01 – 03/31/24	\$3,464,387	\$3,058,361
Q2 10/01 – 12/31/23	\$5,577,235	\$368,058
Q1 07/01 – 09/30/23	\$1,226,051	\$836,559
TOTAL – SFY 2024	\$17,111,556	\$5,089,873
TOTAL – SFY 2023	\$4,257,873	\$6,968,261

Proactive Preventative Loss

Reporting Period	Savings
Q4: 04/01 – 06/30/24	\$1,523,076
Q3: 01/01 – 03/31/24	\$378,316
Q2 10/01 – 12/31/23	\$145,463
Q1 07/01 – 09/30/23	\$30,490
TOTAL – SFY 2024	\$2,077,345
TOTAL – SFY 2023	\$1,676,544

Questions?



COOK COUNTY
HEALTH

Cook County Health and Hospitals System
Minutes of the Audit and Compliance Committee Meeting
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ATTACHMENT #2



COOK COUNTY HEALTH

Subject: CHARTERS FOR THE BOARD OF DIRECTORS		Category: CHARTER	
Title: AUDIT & COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS CHARTER		Page: 1 of 4	
		Approval Date:	Posting Date:

This document sets forth the duties and responsibilities, and governs the operations of the Audit & Compliance Committee of the Board of Directors of Cook County Health (CCH).

PURPOSE

CCH Chief Executive Officer (CEO) and the Board of Directors (Board) are committed to the proper oversight of our Audit and Compliance programs. In furtherance of this objective, the Board initiated an Audit and Compliance Committee (Committee)¹ composed of independent directors.

The purpose of the Committee is to provide oversight to the CCH internal audit and corporate compliance programs and monitor that systems are in place to ensure the quality of information used by the Board of CCH or by external agencies to evaluate the fiscal affairs and regulatory compliance. Additionally, the Audit and Compliance Committee will provide oversight to ensure the Board of Directors and management of CCH establishes a culture based on honesty and integrity.

The Committee shall advise the Board in matters relating to:

- 1) the integrity of CCH financial reporting;
- 2) the effectiveness of CCH internal controls;
- 3) the performance and effectiveness of CCH internal audit and corporate compliance programs;
- 4) the implementation of standards and processes to promote professional responsibility and honest behavior; and
- 5) the compliance with regulatory requirements, as they relate to CCH corporate compliance.

POLICY

1. The Board has established a Committee charged with the responsibility of providing oversight to the internal audit and corporate compliance programs of the organization and ensuring the organization has adopted and implemented policies and procedures that will ensure compliance with all applicable laws, regulations, and policies.
2. The primary goals of the Committee are to:
 - (a) assist the Board in fulfilling its fiduciary responsibilities relating to the regulatory and financial compliance with applicable laws, regulatory requirements, industry guidelines, and policies;
 - (b) ensure the organization has adopted and implemented policies and procedures which will require CCH to act in compliance with applicable laws, regulations, and policies. This includes but is not limited to the quality and integrity of accounting, auditing, and compliance reporting methodologies and financial reporting that reflects the condition of the organization in all material respects;

¹ Since the 1940s, this has been preferred method to provide financial oversight within their companies. For the last decade, the Office of Inspector General (OIG) in their compliance guidance has also promoted the same approach in ensuring compliance with all applicable laws and regulations. The OIG believes that creation of Board leadership “as a first step, a good faith and meaningful commitment on the part of the ... administration, especially the governing body and the CEO, will substantially contribute to a program’s successful implementation.” They also see that effective Board oversight of compliance as one of their critical fiduciary responsibilities.

- (c) review and approve annual internal audit and corporate compliance program plans and monitor the ongoing progress of said plans;
- (d) address and review matters concerning or related to the internal audit and corporate compliance programs; and
- (e) provide a vehicle for communication between the Board, CCH management, and the independent auditors concerning the internal audit and corporate compliance programs.

DEFINITIONS

“Counsel” refers to CCH Office of General Counsel or outside counsel as designated.

“Chief Compliance Officer” means the System Chief Compliance & Privacy Officer or his/her staff as designated by the Chief Compliance Officer.

“Director of Internal Audit” means the System Director of Internal Audit or his/her staff as designated by the Director of Internal Audit.

PROCEDURES

The Committee shall:

1. Be comprised of three to five Board members with working knowledge of a health system, none of whom is an officer or employee of the organization, its subsidiaries or affiliates with one of which shall be deemed a financial expert.
2. Be independent of management and free of any relationship that, in the opinion of the Board, would interfere with the exercise of independent judgment as a committee member.
3. Have the authority to engage independent counsel and other advisors, as it determines necessary to carry out its duties.
4. Provide independent oversight of CCH internal audit and corporate compliance programs, financial reporting processes, internal controls and independent auditors.
5. Meet in advance of meetings of the Board, at least four times annually and more frequently, as necessary and shall make recommendations to the Board annually, after consultation with the Chief Executive Officer, on those findings and matters within the scope of their responsibility.
6. Maintain minutes of all its meetings to document its activities and recommendations.
7. Meet periodically with the Chief Compliance Officer, Director of Internal Audit, and the independent auditors to be kept informed on their independent evaluation of compliance with legal, regulatory, financial, accounting and auditing practices.
8. Where there is an applicable exception under the Illinois Open Meetings Act Illinois Open Meetings Act: 5 ILCS 120/2(c) the Committee shall convene in closed session at least quarterly to review and discuss matters as they relate to the Committee.
9. Review policies, procedures, and practices relating to information technology and related controls, for the purpose of ensuring the integrity of the internal controls for securing protected health information and personally identifiable information and the efficiency and effectiveness of information technology operations.

10. Review and approve annual internal audit and corporate compliance program plans and monitor the ongoing progress of said plans and ensure any related work is coordinated with the independent auditors.
11. Meet with the independent auditors and financial management to review the scope of the proposed audit for the current year and the audit procedures to be utilized and at the conclusion thereof review such audit, including any comments or recommendations of the independent auditors.
12. Review changes in the accounting standards and applicable policies and procedures with the independent auditors. Make appropriate recommendations to management and the Board on the findings included in the independent auditors' management letter.
13. Review the financial statements contained in the annual report with management to ensure that they are timely and free from material errors and that all appropriate disclosures are made. Determine that the independent auditors are satisfied with the disclosure and content of the financial statements.
14. Provide oversight to the implementation of the corporate compliance program and ensure adherence to the Code of Ethics and Governmental Rules and Regulations and recommend any revisions, as appropriate.
15. Provide oversight to the corporate compliance program relating to the conduct of business that will promote high ethical and conduct standards. Confirm the Code of Ethics is properly communicated to all employees on an annual basis.
16. Review matters relating to education, training, and communication in connection with the Code of Ethics to endorse that the policies and procedures on compliance are properly disseminated.
17. Present to the Board, as appropriate, such measures and recommend such actions as may be necessary or desirable to assist CCH internal audit and corporate compliance in conducting its activities. This includes the results of reviews and audits, related findings, and management's response to said findings.
18. Provide for annual review of this charter and its function.

ORIGINAL APPROVAL

At the Audit & Compliance Committee of the Board of Directors of the Cook County Health and Hospitals System on Friday, April 16, 2010 at John H. Stroger, Jr. Hospital of Cook County, 1901 W. Harrison Street, in the fifth floor conference room, Chicago, Illinois.

SUBSEQUENT APPROVAL

At the Audit & Compliance Committee of the Board of Directors of the Cook County Health and Hospitals System on March 19, 2015, at 1900 West Polk, 2nd Floor Conference Room, Chicago, Illinois.

REVIEW HISTORY:

Title:

AUDIT & COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS CHARTER

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Written: January 22, 2010
Updated: April 16, 2010
Updated: March 19, 2015
Approved: March 19, 2015

APPROVED

OCT 27 2023

**BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM**