Minutes of the meeting of the Audit and Compliance Committee of the Board of Directors of the Cook County Health and Hospitals System held Thursday, December 12, 2019 at the hour of 9:00 A.M. at 1950 W. Polk Street, in Conference Room 5301, Chicago, Illinois.

I. Attendance/Call to Order

Chair Koetting called the meeting to order.

Present: Chair Mike Koetting and Directors Ada Mary Gugenheim; Robert G. Reiter, Jr.; and Layla P. Suleiman Gonzalez, PhD, JD (4)
 Board Chair M. Hill Hammock (ex-officio) and Directors David Ernesto Munar and Sidney A. Thomas, MSW

Absent: Director Hon. Dr. Dennis Deer, LCPC, CCFC (1)

Additional attendees and/or presenters were:

Ekerete Akpan – Chief Financial Officer Cathy Bodnar – Chief Corporate Compliance and

Privacy Officer

Debra Carey – Deputy Chief Executive Officer, Operations

Elizabeth Festa – CountyCare Compliance Officer Jeff McCutchan –General Counsel

Beena Peters, DNP, RN, FACHE – Chief Nursing Officer Barbara Pryor – Chief Human Resources Officer Deborah Santana – Secretary to the Board Tom Schroeder – Director of Internal Audit John Jay Shannon, MD – Chief Executive Officer Robert Sumter, PhD – Chief Information Officer

II. <u>Public Speakers</u>

Chair Koetting asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

III. <u>Report from Chief Corporate Compliance and Privacy Officer</u> (Attachment #1)

Cathy Bodnar, Chief Corporate Compliance and Privacy Officer, and Elizabeth Festa, CountyCare Compliance Officer, provided an overview of the information contained in the Report. The Committee reviewed and discussed the information.

The report included information on the following subjects:

- Volume Indicators
 - Year-Over-Year Comparison
 - Annual Metrics
 - o Cook County Health as a Provider of Health Care Services
 - CountyCare Medicaid Health Plan
- Proposed Work Plans for 2020

IV. Action Items

A. Minutes of the Audit and Compliance Committee Meeting, September 19, 2019

Director Gugenheim, seconded by Director Suleiman Gonzalez, moved to accept the minutes of the Audit and Compliance Committee Meeting of September 19, 2019. THE MOTION CARRIED UNANIMOUSLY.

B. Any items listed under Sections IV and V

V. <u>Closed Meeting Items</u>

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

Director Reiter, seconded by Director Suleiman Gonzalez, 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 Koetting and Directors Gugenheim, Reiter and Suleiman Gonzalez (4)

Nays: None (0)

Absent: Director Deer (1)

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

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

VI. <u>Adjourn</u>

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

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

Attest:

Requests/Follow-up:

There were no requests for follow-up at this meeting.

Cook County Health and Hospitals System Audit and Compliance Committee Meeting December 12, 2019

ATTACHMENT #1

Corporate Compliance Report Audit & Compliance Committee of the Board of Directors December 12, 2019





Meeting Objectives

Review

Volume Indicators

- Year-Over-Year Comparison
- Annual Metrics
 - Cook County Health as a Provider of Health Care Services
 - CountyCare Medicaid Health Plan

Proposed Work Plans for 2020



Volume Indicators

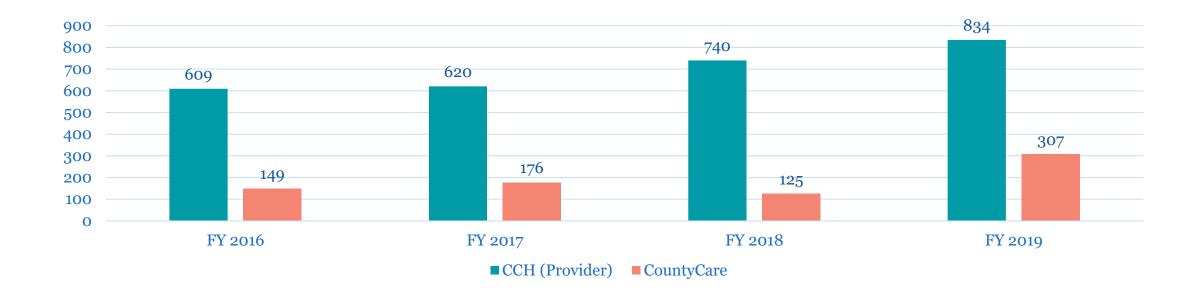
Metrics





Year-Over-Year Contacts

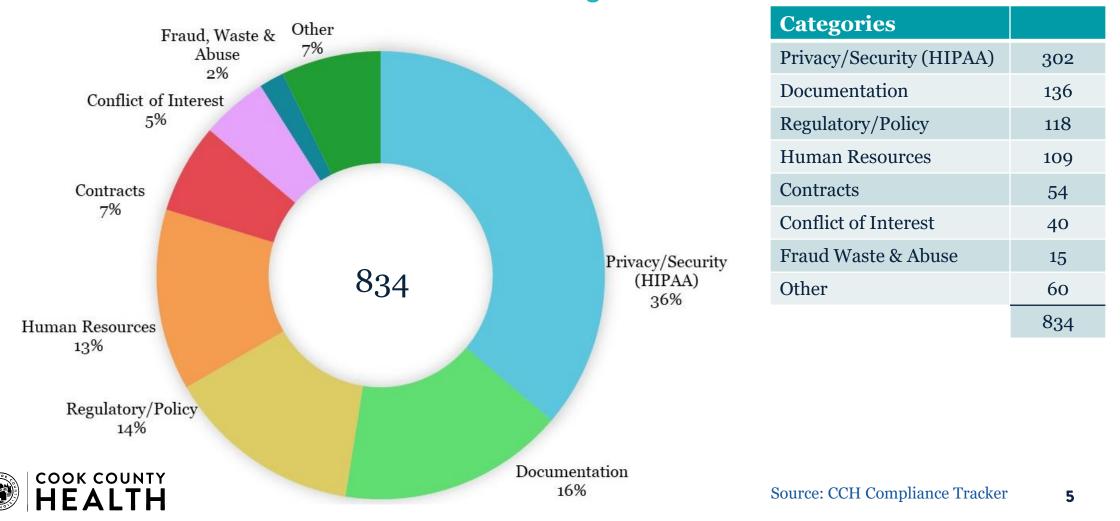
Separating out CCH as a Provider of Care and as the CountyCare Health Plan





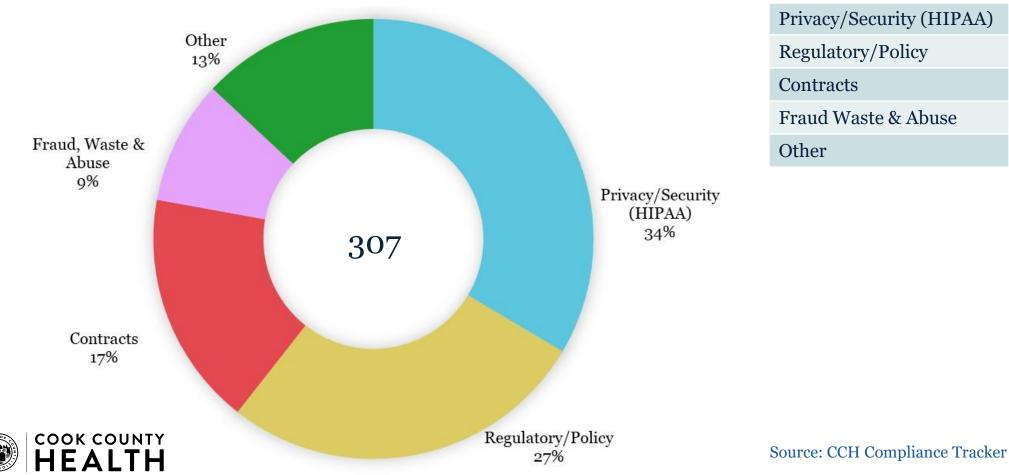
FY 2019 Contacts by Category

CCH as a Provider of Care – Dec 1, 2018 through Nov 30, 2019



FY 2019 Contacts by Category

CountyCare Health Plan – Dec 1, 2018 through Nov 30, 2019



Categories

CountyCare Special Investigation Unit (SIU) Activity

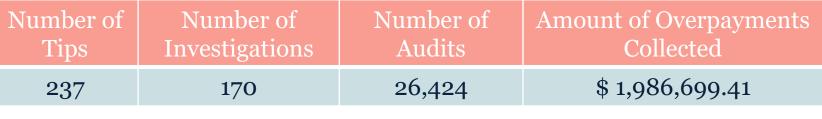
State Fiscal Year 2020 Q1 (July 1, 2019 – September 30, 2019)

Number of Tips ¹	Number of New SIU Investigations ²	Number of Audits ³	Amount of Overpayments Collected ⁴	
48	34	2,585	\$1,629,520.96	
¹ Tips ² Investigations	Incidents of suspected FWA by a provider or member; not vetted Any tip that has monetary exposure; provider or member specific			
³ Audits	Claim lines implicated by data mining or algorithms; Data mining/algorithms are trend specific, not provider specific			

⁴ Overpayments Money actually recouped and in the bank; small amount may be paid back to the provider on a corrected claim

For comparison:		
SFY2019 numbers		

COOK COUNTY



2020 Work Plan

Proposed



Ongoing Compliance Program Activity Year-Over-Year

- 1. Serve as a resource to our patients, health plan members, health plan providers, the residents of the county of Cook, workforce members, staff, and the public at large;
- 2. Respond to inquiries, allegations, and complaints brought to the attention of the Program;
- 3. Implement solutions aimed at identifying and resolving preventable risks;
- 4. Continue assess and reassess compliance policies; and
- 5. Promote the CCH Corporate Compliance Program internally and externally.



CountyCare Health Plan Compliance Work Plan

Cook County Fiscal Year 2020

 Q1: Monitor external systems access: Formalize policy and procedure (P&P) Develop plan to address provider preventable conditions through P&P 	 Q2: Update and implement new CountyCare workforce compliance training Audit lock-in process and associated claims
 Q3: Review compliance hotline processes including P&Ps, reports, and ameliorate gaps if identified. Assess and evaluate fraud, waste, abuse, and financial misconduct processes for vision benefit. 	Q4: • Audit Delegated Vendor Oversight practices, including processes for initiating and monitoring Corrective Action Plans (CAP) and Performance Improvement Plans (PIP)

Continual assessment of medical policy changes to reduce FWA and save money for County.



Cook County Health Provider Compliance Work Plan

Cook County Fiscal Year 2020

<u>Q1</u>:

- Finalize external coding/billing audit; collaborate with Health Information Management (HIM) on next steps
- Partner with HIM on provider documentation improvement program
- Initiate plan to update the system-wide record retention application

<u>Q3</u>:

- Spot check (probe audit) registration accuracy throughout the system
- Partner with leadership to identify opportunities for areas of coding/billing improvement

<u>Q2</u>:

- Facilitate policy and procedure revisions from Tangled Records Task Force
- Develop communication plan to increase compliance awareness, including updates to the CCH public-facing website
- Update compliance annual education modules

Q4:

- Develop an action plan and initiate review to address identified opportunities in coding/billing
- Explore mechanisms to develop a proactive approach to assess provider claims activity



Cook County Health Privacy Work Plan

Cook County Fiscal Year 2020

 Q1: Complete Privacy marketing and education plan Update educational materials for new employee orientation, refresher sessions and annual education. 	 Q2: Begin multi-modality system-wide Privacy marketing and education Create new templates for authorizations and phase out old templates Plan for proactive Privacy activities
 Q3: Follow-up education checks to assess the efficacy of Privacy training Begin drafting quick guides on various topics in Privacy for inclusion in clinical personnel handbooks 	 Q4: Implement proactive Privacy activities in targeted areas throughout the system Institute CCH Compliance and Ethics Week with a focus on privacy/security



Questions?

