Minutes of the Special Meeting of the Audit and Compliance Committee of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held Wednesday, October 14, 2020 at the hour of 1:00 P.M. This meeting was held by remote means only, in compliance with Illinois Public Act 101-0640.

I. Attendance/Call to Order

Chair Koetting called the meeting to order.

Present: Chair Mike Koetting and Directors Hon. Dr. Dennis Deer, LCPC, CCFC; Ada Mary Gugenheim; and Robert G. Reiter, Jr. (4)

Board Chair M. Hill Hammock (ex-officio) and Directors Robert Currie, Mary Driscoll, RN, MPH; Raul Garza; and Otis L. Story, Sr.

Gerald Bauman (Non-Director Member)

Absent: None (0)

Additional attendees and/or presenters were:

Cathy Bodnar – Chief Corporate Compliance and Privacy Officer
Debra D. Carey – Interim Chief Executive Officer
Jeff McCutchan –General Counsel
Deborah Santana – Secretary to the Board
Tom Schroeder – Director of Internal Audit

The next regular meeting of the Audit and Compliance Committee is scheduled for Friday, November 20, 2020 at 8:30 A.M.

II. Electronically Submitted Public Speaker Testimony

There were no public testimonies submitted.

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

Cathy Bodnar, Chief Corporate Compliance and Privacy Officer, provided an overview of the information contained in the Report. The Committee reviewed and discussed the information. Chair Koetting noted that, for those Directors present at this meeting, review of the presentation today counts towards their Corporate Compliance educational requirements.

IV. Action Items

A. Accept Minutes of the Audit and Compliance Committee Meeting, June 19, 2020

Director Gugenheim, seconded by Director Deer, moved to accept the Minutes of the Audit and Compliance Committee Meeting of June 19, 2020. On the motion, a roll call vote was taken, the votes of yeas and nays being as follows:

Yeas: Chair Koetting and Directors Deer, Gugenheim and Reiter (4)

Nays: None (0)

Absent: None (0)

THE MOTION CARRIED UNANIMOUSLY.

IV. Action Items (continued)

B. Any items listed under Sections IV and V

V. Closed Meeting Items

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

Director Deer, seconded by Director Gugenheim, 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 Deer, Gugenheim and Reiter (4)

Nays: None (0)

Absent: None (0)

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. Adjourn

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

XXXXXXXXXXXXXXXXXXXXXX
Mike Koetting, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/Follow-up:

There were no requests for follow-up made at the meeting.

Cook County Health and Hospitals System
Minutes of the Audit and Compliance Special Meeting
October 14, 2020

ATTACHMENT #1

Corporate Compliance Report

Audit & Compliance Committee of the CCH Board of Directors

October 14, 2020

COOK COUNTY HEALTH

Meeting Objectives

Let's Go Back to the Basics

- Reexamine a few compliance fundamentals
- Consider what a compliance program is and why it is important
- Define elements of compliance programs and how they are applied
- Share resources

Test Your Knowledge

Let's walk through four (4) questions

COOK COUNTY HEALTH

Question 1

Which of the following government entities enforces healthcare laws?

A. Office of the Inspector General (OIG)

B. Centers for Medicare and Medicaid (CMS)

C. Office for Civil Rights (OCR)

D. Health Resources and Services Administration (HRSA)

E. Illinois Department of Healthcare and Family Services (HFS)

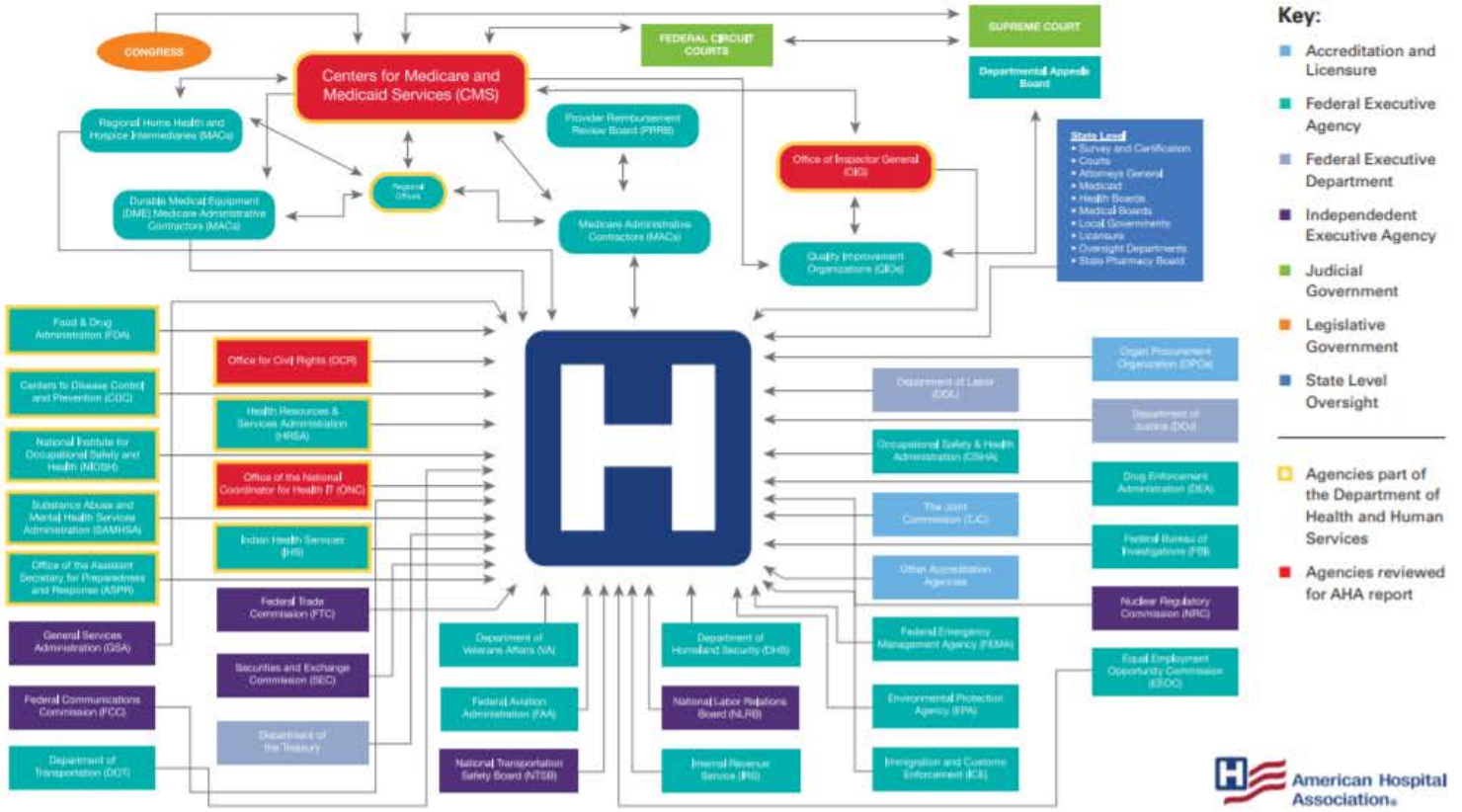
Answer

Trick question!

They ALL do

and then some…

Four federal agencies account for 629 regulatory requirements that health systems, hospitals and post-acute care providers must comply with, yet providers are subject to regulation and oversight from many other sources.



Adapted and updated from: American Hospital Association. Patients or Paperwork? The Regulatory Burden Facing America's Hospitals. May 2001.

COOK COUNTY HEALTH

Question 2

Billing for services that were not provided is considered,

A. Fraud

B. Waste

C. Abuse

D. Mismanagement

E. Misconduct

Answer

A. Fraud

Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program.

Simply, **Fraud** is an intentional misrepresentation of the truth that results in some unauthorized benefit; therefore, deliberately billing for services or items not provided is **Fraud**.

Question 3

We all have an affirmative obligation to participate in efforts to prevent, detect, and mitigate fraud, waste and abuse throughout CCH.

A. True

B. False

Answer

A. True

Significant Ramifications

COOK COUNTY HEALTH

	Category: CCH SYSTEM WIDE	
Subject: Corporate Compliance	Page 1 of 8	Policy #: CC.008.01
Title: False Claims Act and Whistleblower Protections	Approval Date: July 9, 2020	Posting Date: July 13, 2020

PURPOSE

This policy provides guidance for Cook County Health (CCH) workforce members, subcontractors, agents and CountyCare network providers about the federal and state False Claims Acts, including detailed information regarding the administrative, civil, and criminal remedies for false claims and statements, whistleblower protections under these laws, and a description of how the laws encourage the prevention and detection of fraud, waste, abuse, mismanagement, and misconduct in federal health care programs.

The False Claims Act (FCA) is one of several federal laws that govern fraud and abuse in government health care programs. The civil FCA protects the government from being overcharged or sold substandard goods or services. It imposes civil liability on any person who knowingly submits, or causes the submission of, a false or fraudulent claim to the federal government.

The provisions under the civil FCA indicate that an individual who does the following is liable to the United States government:

- Knowingly presents, or causes to be presented, a false or fraudulent claim to the government;
- Knowingly makes or uses (or causes to be made or used) a false record or statement to obtain payment on a false or fraudulent claim;
- Conspires to commit a violation of the FCA;
- Has possession, custody, or control of property or money used (or to be used) by the government and knowingly delivers, or causes to be delivered, less than all of the money or property;
- Knowingly makes, uses, or causes to be made or used a false record or statement materials to an obligation to pay or transmit money or property to the government; or
- Knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the government.

An individual who violates the FCA is liable to the federal government for a civil penalty of not less than $5,000 and not more than $10,000, plus three times the amount of damages which the government sustains due to the act of the individual. Certain actions may result in reduced damages. In addition, the individual will be liable for the costs of a civil action brought to recover the penalty or damages. Under the criminal FCA, penalties for submitting false claims include imprisonment and criminal fines. These may apply to individuals or entities. The Department of Health and Human Services (HHS) Office of the Inspector General (OIG) may impose administrative civil monetary penalties for false or fraudulent claims. Violation of the FCA may result in permanent exclusion from government health care programs.

The Illinois False Claims Act is a state-level version of the federal False Claims Act that is comparable to the federal law.

Both the federal False Claims Act and Illinois False Claims Act contain whistleblower provisions that serve to enlist private citizens in combating fraud against governmental entities. The whistleblower provisions, sometimes called "qui tam provisions," were crafted to provide clear procedures and appropriate incentives for private citizens to report fraudulent schemes and participate in the resulting investigations and prosecutions.

Question 4

Who is responsible for Compliance

A. Cathy Bodnar

B. Cathy Bodnar and the Compliance Team

C. Debra Carey

D. CCH Executive Leadership

E. CCH Board of Directors

Trick question again…**EVERYONE** is responsible for Compliance.

Compliance is Everyone's Responsibility

Responsibility of the Workforce

- Understand how the Corporate Compliance Program applies to your job and ask questions when necessary
- Report any suspected violations
- Participate actively in compliance activities

Responsibility of the Leadership

- Build and maintain a culture of compliance
- Prevent, detect, and respond to compliance problems
- Prevent retaliation against workforce members who report violations

Compliance Programs

They're kind of a BIG deal

COOK COUNTY HEALTH

What is a Compliance Program?

- A Compliance Program defines an ethical and proper way to do business

  Compliance is not Internal Audit, Legal or the Quality Department's Regulatory Compliance
- Communicates organizational commitment
- It's an ongoing process to
  - Prevent accidental and intentional violations
  - Detect violations if they occur
  - Correct the discrepancy so it does not reoccur
- Encourages problems to be reported
- Compliance Programs are an essential component of leniency in the sentencing of organizations under the US Sentencing Guidelines

How Does One Develop a Compliance Program?

- Turn to the Federal government, specifically the Department of Health and Human Services (HHS) Office of Inspector General (OIG)
- Since 1998 HHS OIG has released Compliance Program Guidance for
  - Hospitals and Nursing Facilities
  - Home Health Agencies and Hospices
  - Clinical Labs
  - 3rd Party Medical Billing Companies
  - Durable Medical Equipment Suppliers
  - Pharmaceutical Manufacturers
  - Medicare + Choice Programs
    - → Sets the foundation for Medicaid Health Plan Compliance Programs

The Guidance Consistently Reiterates Fundamentals

Seven (7) Essential Elements

1. Written policies, procedures and standards of conduct
2. Compliance Program oversight
3. Regular education and training programs
4. Open lines of communication
5. Internal auditing and monitoring
6. Consistent discipline
7. Corrective actions

Compliance Program Guidance Becomes Mandatory

- The Affordable Care Act, Section 6401 reads,

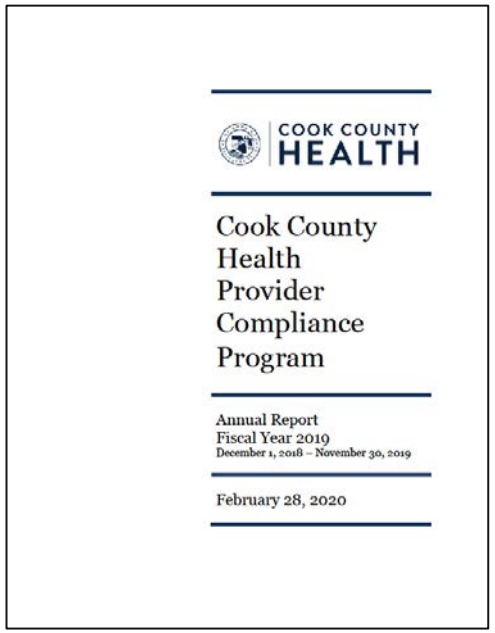
  > "*provider of medical or other items or services or supplier within a particular industry sector or category*"

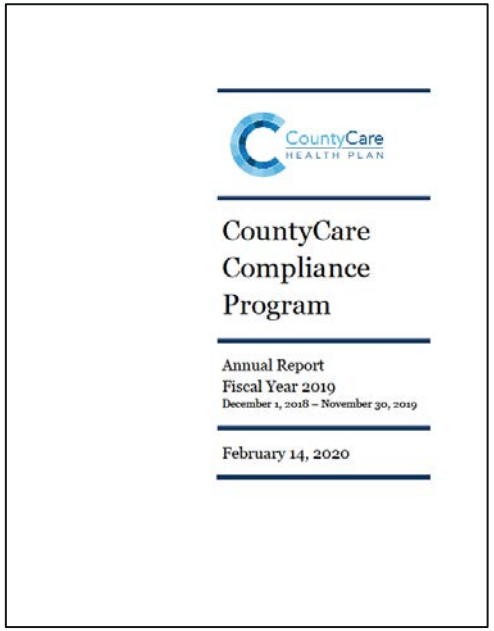
  shall establish a compliance program as a condition of enrollment in Medicare, Medicaid, or the Children's Health Insurance Program (CHIP)

- On the CountyCare Medicaid Health Plan side, our contract with the State requires a Compliance Program and also references 42 CFR §438 for Medical Assistance Programs which similarly necessitates a Compliance Program
- A Compliance Program does not a guarantee that fraud, waste, abuse, mismanagement or misconduct will not occur
- However, it will benefit CCH as a provider and as a health plan to better protect itself

Where is CCH Today?

On April 30, 2020 Compliance Presented Annual Reports

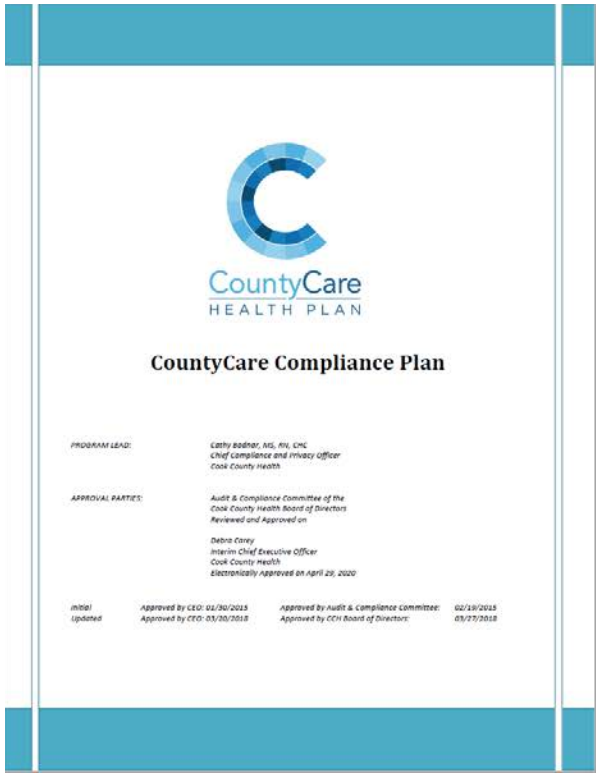




Both reports are structured around the 7-elements of a Compliance Program

CountyCare Compliance Plan

Similarly follows the 7-elements of an effective compliance program


CountyCare
HEALTH PLAN

CountyCare Compliance Plan

1. Incorporates updates required by MCCN Amendments;
2. Parallels language used by HFS;
3. Holds all partners accountable for compliance;
4. Commits to maintain confidentiality and protections for whistleblowers;
5. Strengthens fraud and abuse procedures; and
    a. Integrates the FWA Plan.

Presented and Approved in June


CountyCare
HEALTH PLAN

Fraud, Waste and Abuse Plan

COOK COUNTY HEALTH

Resources

COOK COUNTY HEALTH

Resources

Some Helpful Links

HHS OIG Compliance Resource Portal

https://oig.hhs.gov/compliance/compliance-resource-portal/index.asp

Including Resources for Health Care Boards

https://oig.hhs.gov/compliance/compliance-guidance/compliance-resource-material.asp#hcb

With very short videos that include,

"Tips for Implementing an Effective Compliance Program"
"Compliance Program Basics"

https://oig.hhs.gov/newsroom/video/2011/heat_modules.asp#hcb-guidance

Questions?

COOK COUNTY HEALTH