



Job Code: 8165

Grade: 24

HCWR: N

Job Title

Compliance Officer, Managed Care

Department

Compliance

This position is exempt from Career Service under the CCH Personnel Rules.

Job Summary

The Compliance Officer, Managed Care reflects the mission and vision of Cook County Health (CCH), adheres to the Organization's Code of Conduct and Corporate Compliance Program, and complies with all relevant policies, procedures, guidelines and all other regulatory and accreditation standards. The Compliance Officer, Managed Care is responsible for compliance related activities conducted within CCH Health Plan Services department, including the ongoing development, implementation, maintenance, and evolution of the CCH Compliance Program and compliance related activities related to the CCH Medicare-Medicaid Alignment Initiative (MMAI) Contract with the United States Department of Healthcare and Family Services (HFS) and other managed care activities. This includes, but is not limited to, the development and subsequent assessment of comprehensive policies and procedures, protocols, compliance training, and internal investigations, The Compliance Officer, Managed Care will represent CCH in all compliance related matters, including acting as a Corporate Compliance Liaison between CCH, CMS, HFS, and others.

General Administrative Responsibilities

Collective Bargaining

- Review applicable Collective Bargaining Agreements and consult with Labor Relations to generate management proposals
- Participate in collective bargaining negotiations, caucus discussions and working meetings

Discipline

- Document, recommend and effectuate discipline at all levels
- Work closely with labor relations and/or labor counsel to effectuate and enforce applicable Collective Bargaining Agreements
- Initiate, authorize and complete disciplinary action pursuant to CCH system rules, policies, procedures and provision of applicable collective bargaining agreements

Supervision

- Direct and effectuate CCH management policies and practices
- Access and proficiently navigate CCH records system to obtain and review information necessary to execute provisions of applicable collective bargaining agreements



General Administrative Responsibilities

Management

- Contribute to the management of CCH staff and CCH' systemic development and success
- Discuss and develop CCH system policies and procedures
- Consistently use independent judgment to identify operational staffing issues and needs and perform the following functions as necessary; hire, transfer, suspend, layoff, recall, promote, discharge, assign, direct or discipline employees pursuant to applicable Collective Bargaining Agreements
- Work with Labor Relations to discern past practice when necessary

Typical Duties

- Serves in a leadership capacity to develop the Managed Care compliance program that includes MMAI in conjunction with the Chief Corporate Compliance & Privacy Officer
- Collaborates with operational leadership to facilitate operational ownership of compliance with corporate compliance requirements.
- Synchronizes system-wide compliance program materials and messaging to present a uniform approach
- Ensures CCH compliance with the terms of the MMAI Contract, including securing and coordinating resources necessary for contract compliance.
- Implements necessary action plans, strategies and timelines, per requirements outlined in the MMAI Contract and required by CMS and/or HFS.
- Oversees all MMAI-related compliance activities, including those conducted by any First Tier, Downstream and Related Entities (FDRs), including coordinating with relevant quality management directors, medical directors, and behavioral health clinicians.
- Ensures that MMAI plan members receive all required written notices in a timely manner as required within the MMAI contract, including notice of any significant change in the manner in which they may receive health plan covered services.
- Receives and responds in a timely manner to all inquiries and requests made by CMS and HFS, as dictated by the terms of the MMAI contract and/or the CMS/HFS request.
- Communicates regularly with CMS and HFS to coordinate requests received and required activities, including ensuring the availability of CCH staff and FDRs who have appropriate expertise regarding the topic of the inquiry.
- Exercises best efforts to promptly resolve any issues related to the MMAI Contract identified by CCH, CMS, or HFS.
- Meets with CMS and HFS regularly or as needed to resolve issues, including if CMS or HFS determines the CCH is not in compliance with the MMAI Contract requirements.
- Oversees MMAI health plan related Fraud, Waste, Abuse (FWA)/Program Integrity activities, including those conducted by Special Investigations Units, to ensure that FWA protocols are administered in accordance with Medicare & Medicaid Program Integrity requirements and the terms of the MMAI Contract.
- Implements and coordinates methods and programs that encourage Health Plan Services workforce, independent contractors and FDRs report issues related to noncompliance and



Typical Duties

- potential FWA without fear of retaliation or intimidation.
- Establishes and administers a process for receiving, documenting, tracking, investigating, and acting on all compliance concerns.
- Performs compliance interviews and investigates reports of alleged non-compliance to determine the validity, nature and scope of the report in conjunction with the designated team members, in collaboration with the Chief Corporate Compliance & Privacy Officer and other CCH Compliance Department staff.
- Coordinates potential FWA investigations and referrals with the Special Investigations Unit (SIU), where applicable.
- Collaborates with other health plans, HFS, HFS Office of Inspector General (OIG), CMS, Medicaid Fraud Control Units (MCFUs), Medicare Program Integrity contractors, and other organizations, where appropriate, when a potential FWA issue is discovered that involves multiple parties.
- Develops compliance reports, as needed, during the course of any FWA investigation and subsequent to the completion of the investigation under the auspices of the Chief Corporate Compliance & Privacy Officer, and Legal Counsel if deemed necessary
- Collaborates with the Chief Corporate Compliance & Privacy Officer to ensure that FWA is reported in accordance with federal (Medicare and Medicaid), state (Medicaid) and local requirements, as well as the requirements of the MMAI Contract.
- Aligns with CCH/Health Plan Services operational management to ensure sanction/exclusion checks are performed for providers, management, workforce and independent contractors, including screening against applicable Federal and state sanction and exclusion lists.
- Performs compliance reviews of MMAI related contracts and/or other related Health Plan Services agreements, contracts, addenda, and other relevant documents, as needed.
- Develops compliance training modules, as required by the MMAI Contract or other Health Plan Service agreements, including training related to FWA and False Claims Act education.
- Oversees, directs, delivers, tracks, or ensures delivery of compliance training to all workforce members and FDRs
- Develops, assesses, evaluates, implements, maintains, and updates compliance policies and procedures to ensure adherence with the requirements
- Modifies policies, procedures, and projects to reflect changes in laws and regulations
- Establishes a structured process for regulatory review, monitoring, and dissemination of information.
- Develops and coordinates MMAI-related compliance projects with CCH system entities as needed and as delineated in the Compliance Program Annual Work Plan and performs prospective reviews in conjunction other personnel as deemed necessary, in collaboration with the Chief Corporate Compliance & Privacy Officer
- Performs system-wide interviews with all key personnel to validate compliance with established policies and procedures and applicable regulations in conjunction with other personnel, as deemed necessary
- Prepares and analyzes a narrative description of the process or function under review in order to evaluate potential strengths and weaknesses and to determine the adequacy of the overall system to ensure compliance with MMAI Contract or other Health Plan Services contract requirements, as deemed necessary
- Develop reports upon completion of each compliance review, which details



Typical Duties

recommendations designed to correct any potential weaknesses or areas of non-compliance discovered during the review

- Perform Follow-Up reviews as generated by the Compliance Program Work Plan to ensure action plans have been adequately implemented
- Assures that MMAI Compliance Program reports are produced for the Chief Executive Officer, Board of Directors, and/ or the Audit and Compliance Committee of the Board of Directors, in collaboration with the Chief Corporate Compliance & Privacy Officer
- Collaborates with operational areas to remediate concerns through action plans to correct potential weaknesses and assure ongoing compliance
- Maintains highest levels of confidentiality regarding all departmental operations - in communication both verbal and written and with the use of technology

Reporting Relationship

Reports to the Chief Corporate Compliance & Privacy Officer.

Minimum Qualifications

- Master's degree or higher from an accredited college or university
- Three (3) years of conducting complex healthcare analysis and investigations
- Leadership competencies to include planning and organizing, problem solving, informing, consulting, supporting, and networking
- Knowledge of coding/utilization, billing, medical records, review/analysis, and documentation

Preferred Qualifications

- Master's degree in Healthcare, Business, Education, or related field from an accredited college or university
- Juris Doctor (J.D.)
- Professional Registration/Certification as a RN or other clinical healthcare credentials, current & active, including but not limited to RHIA, CPA, CFE, or CHC.
- Five (5+) years recent managerial/supervisory experience in the areas of compliance, audit, risk, quality and/or legal in a large healthcare system or health plan

Knowledge, Skills, Abilities and Other Characteristics

- Project Management experience and exceptional organizational skills
- Extensive Report Development experience
- Policy & Procedure development experience
- Knowledge of Health Care Regulatory standards including but not limited to Medicare, Illinois Medicare, State and Federal privacy and security standards
- Excellent Analytical, Written, & Oral Communications skills
- Experience in Public Speaking and Business Presentations
- Highly developed software application skills - MS Office Access, Excel, PowerPoint, and Word
- Behavioral commitment to quality work and customer service philosophy
- Strong communication skills - written and verbal; skilled in partnership development and



Knowledge, Skills, Abilities and Other Characteristics

conflict resolution

- Ability to travel to and from any CCH entity or business partner, including but not limited to Cook County Health facilities, partner offices
- Ability to prioritize work with minimal supervision and use time effectively, requiring a high degree of follow-through despite frequent interruptions.
- Ability to work in a fast-paced environment, which requires handling multiple tasks at once

Physical and Environmental Demands

This position is functioning within a healthcare environment. The incumbent is responsible for adherence to all hospital and department specific safety requirements. This includes but is not limited to the following policies and procedures: complying with Personal Protective Equipment requirements, hand washing and sanitizing practices, complying with department specific engineering and work practice controls and any other work area safety precautions as specified by hospital wide policy and departmental procedures.

The above statements are intended to describe the general nature and level of work being performed by people assigned to this classification. They are not intended to be construed as an exhaustive list of all responsibilities, duties and skills required of the personnel so classified.

For purposes of the American with Disabilities Act, “Typical Duties” are essential job functions.