

Corporate Compliance Report

Audit & Compliance Committee of the CCH Board of Directors

January 19, 2024



COOK COUNTY
HEALTH

Meeting Objectives

Review

Highlights of FY 2023

- Metrics
 - Year-Over-Year Comparison
 - Contacts by Category
 - Cook County Health Compliance Program
 - CountyCare Medicaid Health Plan Compliance Program
 - Recoveries
- Receive and File – Annual Reports
 - Cook County Health
 - CountyCare

Facing Forward – FY 2024 Compliance Work Plan

Metrics



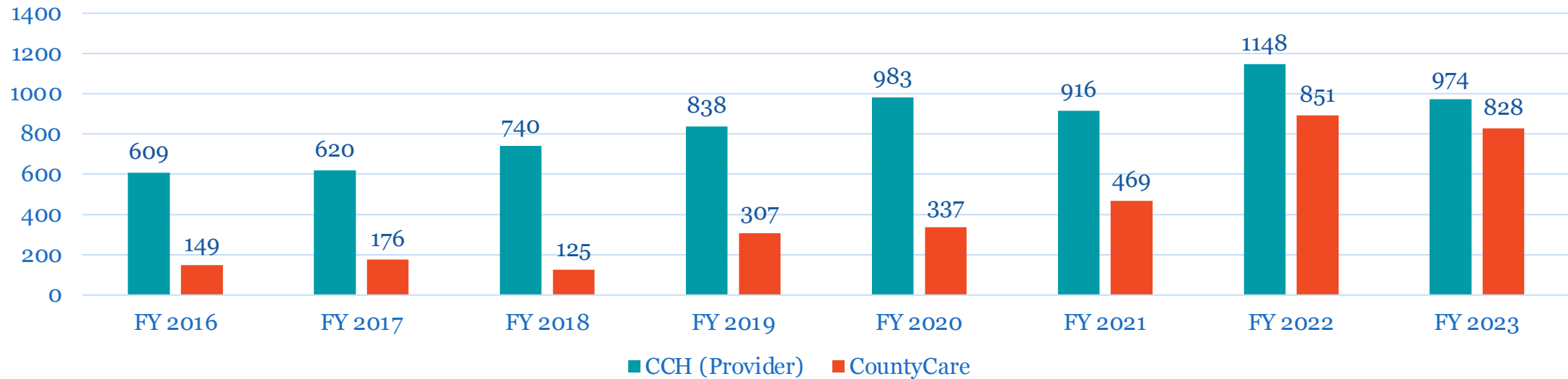
Highlights of the Annual Reports



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Year-Over-Year Compliance Program Contacts

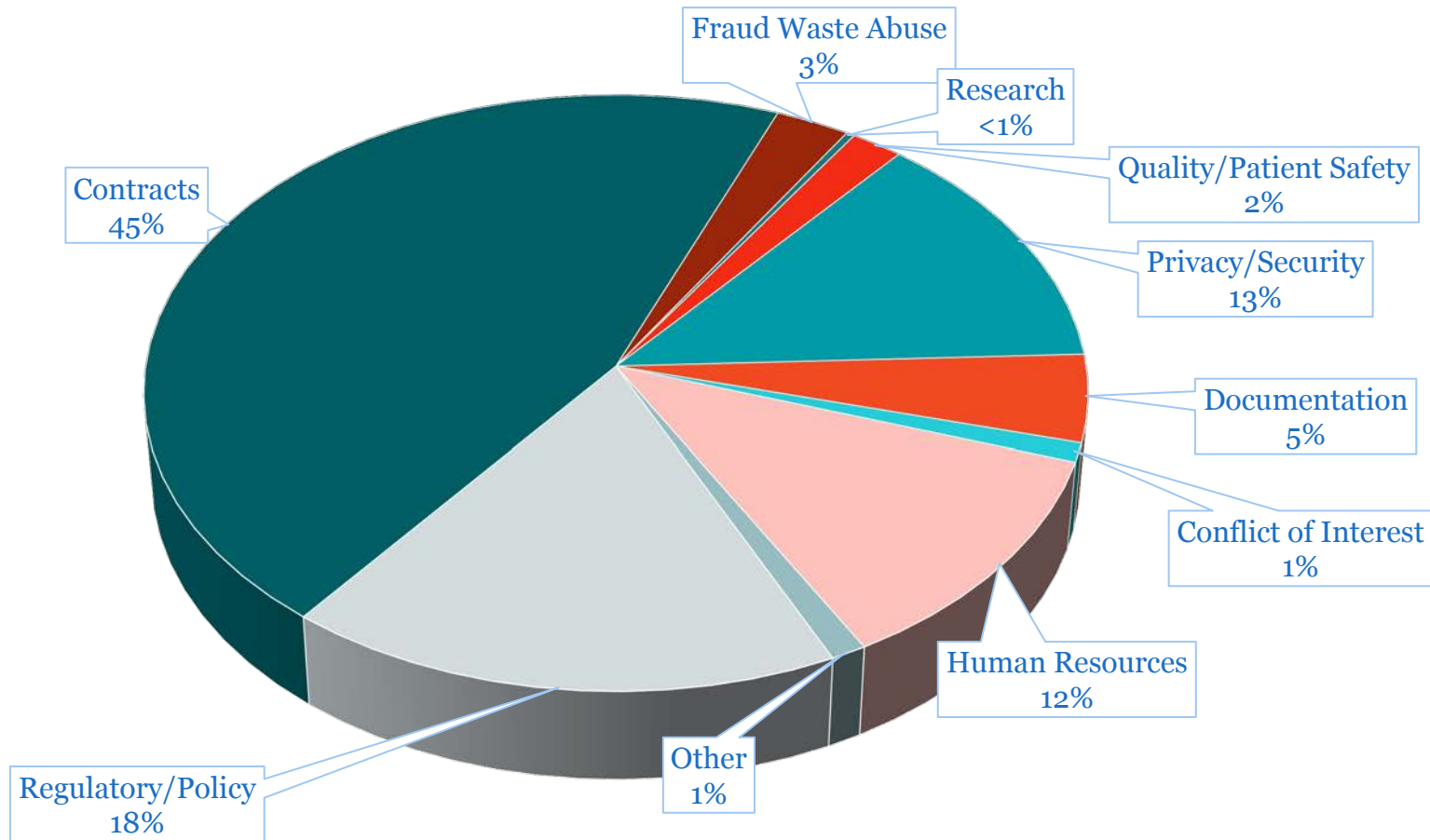
CCH System Compliance and CountyCare Health Plan



FY 2023 Contacts by Category

CCH System Compliance Program

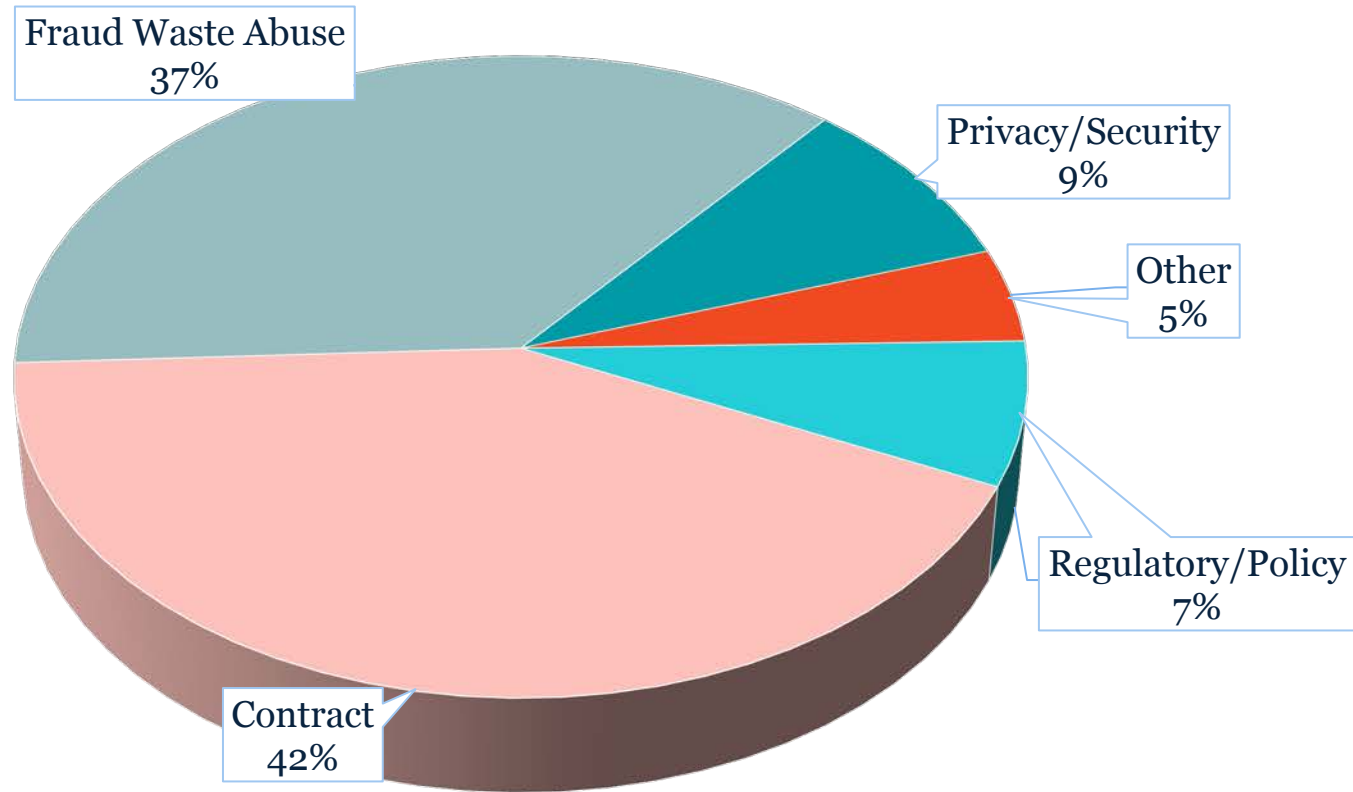
12/01/2022 – 11/30/2023



Categories	
Contracts	443
Regulatory/Policy	171
Privacy/Security (HIPAA)	129
Human Resources	115
Documentation	46
Fraud Waste & Abuse	27
Quality/Patient Safety	19
Conflict of Interest	10
Other	11
Research	3
	974

FY 2023 Contacts by Category

CountyCare Health Plan Compliance Program



12/01/2022 – 11/30/2023

Categories	
Contracts	351
Fraud Waste & Abuse	305
Privacy/Security (HIPAA)	73
Regulatory/Policy	60
Other (including below):	39
Quality/Member Safety	4
Conflict of Interest	4
Human Resources	3
Accurate Books & Records	2
TOTAL	828

CountyCare Fraud, Waste and Abuse Recovery Metrics

State Fiscal Year (S-FY) 2023 through S-FY 2024 Q1

S-FY	Reporting Period	Tips ¹	Referrals to HFS OIG	Overpayments Identified ²	Overpayments Collected
2023	<u>Q1</u> 07/01 -09/30/22	71	30	\$1,445,090	\$632,343
2023	<u>Q2</u> 10/01 – 12/31/22	20	13	\$744,846	\$1,985,028
2023	<u>Q3</u> 01/01 – 03/31/23	64	13	\$926,018	\$3,162,686
2023	<u>Q4</u> 04/01 – 06/30/23	64	18	\$1,311,919	\$1,188,204

S-FY	Reporting Period	Tips	Referrals to HFS OIG	Overpayments Identified	Overpayments Collected
2024	<u>Q1</u> 07/01 – 09/30/23	68	48	\$1,226,051	\$836,559

Proactive Preventative Loss

S-FY	Reporting Period	Overpayments Avoided
2023	<u>Q1</u> 07/01 -09/30/22	\$ 306,187
2023	<u>Q2</u> 10/01 – 12/31/22	\$ 287,672
2023	<u>Q3</u> 01/01 – 03/31/23	\$ 866,517
2023	<u>Q4</u> 04/01 – 06/30/23	\$ 216,169

S-FY	Reporting Period	Overpayments Avoided
2024	<u>Q1</u> 07/01 – 09/30/23	\$ 30,490

¹ The term **Tip** as defined by HFS OIG includes any allegations or incidents of suspected FWA opened on a CountyCare provider. A tip is a preliminary identification of a potential concern. Not all tips end up being referred to HFS OIG.

² 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).

Receive and File

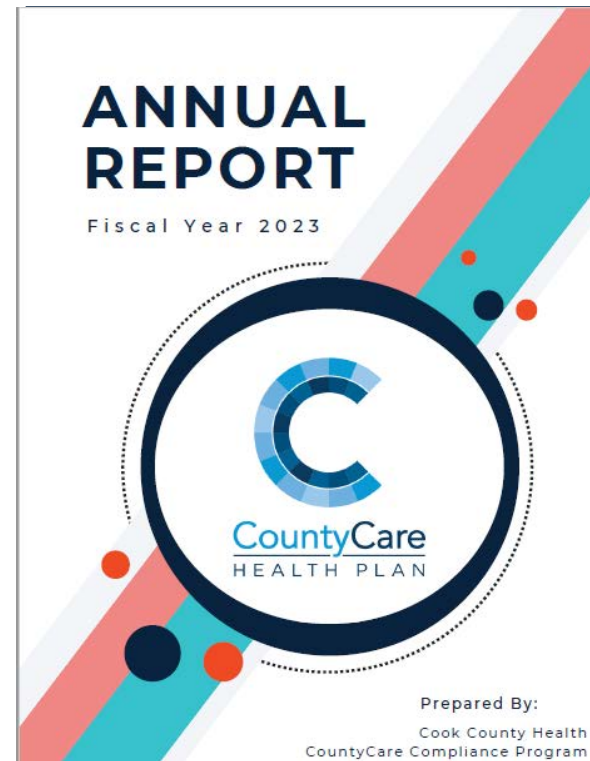
Annual Reports



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Corporate Compliance Annual Reports

CCH System Compliance Program and CountyCare Medicaid Plan Compliance Program





Facing Forward

FY 2024 Work Plan



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Facing Forward

2024 Corporate Compliance Work Plan

In addition to continued administration of the essential elements of the Corporate Compliance Program, (1) standards of conduct and policies; (2) oversight responsibilities; (3) education and training; (4) mechanisms for reporting; (5) enforcing standards; (6) monitoring and auditing; and (7) prevention, Corporate Compliance will embark on the following key initiatives in 2024:

- Redesign and update the CCH Code of Ethics & the Annual Compliance & Privacy Education Modules
- Development of supplemental training and education programs
- Expansion of auditing and monitoring activities for both Privacy and Compliance programs

Questions?



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