ANNUAL REPORT

Fiscal Year 2023

COOK COUNTY HEALTH

Prepared By:

Cook County Health
System Compliance Program

Executive Summary

The Fiscal Year (FY) 2023 Cook County Health (CCH) Compliance Program Annual Report provides a comprehensive look at the primary system-wide compliance activities and outcomes that the CCH Compliance Program accomplished in FY23 and outlines top compliance priorities for FY24. The scope, structure, core functions, and detailed activities of the CCH Compliance Program are also presented within.

Notable activities in FY23 include:

Policies & Procedures
- Responsible for creation of two new policies and procedures, updated and edited several existing policies and procedures, and served as a reviewer and approver on a number of other system-wide policies and procedures.

Education
- Provided broad and targeted education on a wide array of topics including:
  - Teaching physician requirements
  - Research financial conflicts of interest
  - Split/shared visits
  - Illinois Prescription Monitoring Program
  - Regulatory requirements for access to public telephones
  - Appropriately addressing Advance Practice Providers (APPs)
  - Prohibitions on password sharing
  - Handling suspicious faxes or requests for information

Auditing and Monitoring
- Monitoring and auditing are interconnected elements of a robust compliance framework. Monitoring offers real-time vigilance, while auditing provides a thorough retrospective examination, and together, they contribute to the ongoing effectiveness of a compliance program. In FY23, the CCH Compliance Program engaged in monitoring in auditing activities in areas including:
  - Capturing the coinsurance notice, insurance card, and patient identification during registration
  - Teaching physician presence and attestation requirements
  - Evaluating how split or shared visits are conducted
  - Psychology department documentation for the individual behavioral treatment plan template
  - Doctor unassigned project

Dual Employment Survey

- As with every year, the CCH Compliance Program administered the annual Dual Employment Survey. This year, however, Compliance spent considerable time revamping the survey to increase ease of use and ease of review for managers and senior leaders.
- To assist with issues and questions related to the survey, Compliance held "office hours" and invited any and all CCH workforce to visit during that time for added assistance and troubleshooting. As of the time this report was written, the completion rate for the survey was over 90%.

Committee Participation

- CCH Compliance maintained a strong presence throughout the health system by serving on a number of committees including: Utilization Management; Serious Events Review Team (SERT) meeting; Data Governance; Data Loss Prevention (DLP); Ambulatory Physician Leadership; Research Executive Committee; Clinical Research Operations Committee; 340B Executive Oversight Committee; Value Analysis Committee; and the Controlled Substance Oversight Steering Committee.

At the conclusion of this report, the CCH Compliance Program outlines its projected goals for FY24, with major focus areas including: revision and improvement on key compliance documents such as the CCH Code of Ethics, Notice of Privacy Practices, and Business Associate Agreement; targeted updates across educational modalities, such as annual training and specialized training; and expansion of auditing initiatives for both privacy and compliance.

About Us

Scope and Jurisdiction of the Compliance Program

The focus of the Office of Corporate Compliance is to ensure understanding of and compliance with laws, rules, regulations, policies, and procedures across the Cook County Health (CCH) enterprise. Similarly, Corporate Compliance functions to prevent, detect, and correct potential and confirmed instances of non-compliance or wrongdoing.

The Office of Corporate Compliance incorporates two (2) distinct Compliance Programs: one encompassing CCH as a provider of healthcare services, and the other encompassing the CountyCare Medicaid Health Plan and Health Plan Services. Both programs have executive oversight by the Chief Compliance & Privacy Officer.

As this report focuses on the Compliance Program for CCH as a provider of healthcare services, the below describes the breadth of the jurisdiction for compliance on the provider side: CCH hospitals, including John H. Stroger, Jr. Hospital of Cook County and Provident Hospital of Cook County; outpatient clinics comprising the Ambulatory Community Health Network (ACHN); correctional medicine at both the Cook County Jail and the Juvenile Temporary Detention Center; and the Cook County Department of Public Health (CCDPH). The Compliance Program also serves as a resource to providers, clinicians, all CCH workforce members, and all CCH "business associates" that have access to CCH protected health information (PHI) through contracted services. To an extent, the Compliance Program also indirectly serves as a resource to the CCH patient population by maintaining availability to assist patients with privacy and compliance concerns.

The Office of Corporate Compliance promotes a culture of compliance and enforces the message that all CCH workforce members have a duty to "do the right thing" and are responsible for prevention, detection, and reporting of potential instances of non-compliance. The Compliance Program extends organization-wide, regardless of one's role at CCH.

Compliance Program Activities

The CCH Compliance Program has been designed around the Seven Elements of an Effective Compliance Program, as detailed by the United States Federal Sentencing Guidelines from the Office of Inspector General. These elements include: implementing written policies and procedures; designating a compliance officer; conducting effective education and training; developing effective lines of communication; enforcing standards through well-publicized disciplinary guidelines; conducting internal auditing and monitoring; and responding promptly to detected offenses and undertaking corrective actions.

To ensure the above, the CCH Compliance Program focuses its efforts on prevention, detection, and correction, and serves as a subject matter expert in a number of areas that touch the health system. Significant elements within the purview of the CCH Compliance Program include:

- Monitoring of the regulatory landscape and interpretation of laws, rules, and regulations, as well as dissemination of pertinent information to CCH workforce.

- Development and maintenance of written policies and procedures designed to mirror regulatory requirements and outline expectations of CCH workforce. In the same regard, the CCH Compliance Program is responsible for adherence to the CCH Code of Ethics.

- Creation of a training program designed to educate all CCH workforce members on crucial laws rules, regulations, policies, and procedures relevant to their individual job functions. The CCH Compliance Program ensures the culture of compliance is communicated at New Employee Orientation and revisited during Annual Training. Beyond that, the CCH Compliance Program seeks out trends and patterns to determine where ad hoc training on specialized topics may be required.

- Publicizing the CCH Compliance Program and encouraging CCH workforce to leverage the Program as a resource. The CCH Compliance Program maintains a number of lines of communication, including a Compliance Hot-Line, three (3) compliance email inboxes, and has an in-person presence for drop in visits.

- Auditing and monitoring activities designed to ensure regulatory requirements are being met in key and high risk areas, such as those related to fraud, waste, abuse, and financial misconduct. Each year, the CCH Compliance program outlines its auditing and monitoring plan based on a risk assessment; however, additional activities may be added where allegations of non-compliance are presented and investigated.

- Partnership with Human Resources and departmental leadership across the CCH enterprise to ensure consistent enforcement of disciplinary standards where workforce members engage in policy violations or non-compliance.

Element 1

Policies & Procedures

The development and distribution of written Code of Ethics, as well as written policies and procedures that promote the hospital's commitment to compliance (e.g., by including adherence to compliance as an element in evaluating managers and employees) and that address specific areas of potential fraud, such as claims development and submission processes, coding and billing risk areas, and financial relationships with physicians and other healthcare professionals.

Code of Ethics

The CCH Compliance Program serves as the guardian of the CCH Code of Ethics (Code), extending its influence and requirements organization-wide. The comprehensive Code applies to all CCH workforce members, fostering a culture of integrity and compliance. Employees, contractors, volunteers, consultants, business partners, providers, agents, and subcontractors all play pivotal roles in upholding the Code, aligning with CCH's mission, vision, and federal and state standards.

Policies & Procedures

In FY23, the CCH Compliance Program dedicated a large portion of its time and resources to creating and maintaining, as well as refining and reinforcing compliance policies and procedures. These documents play a crucial role in promoting adherence to compliance standards. Beyond that, the CCH Compliance Program continued its work as a reviewer and approver on policies tangential to compliance, such as those in Finance, Registration, and Human Resources.

Policies created, reviewed, and/or updated include:
- CC.001.01 Compliance Auditing and Monitoring Policy
- CC.003.01 Compliance Program Hot Line Reporting Policy
- CC.006.01 Corporate Compliance Reporting to the Governance Authorities of CCH
- CC.007.02 Financial Conflict of Interest
- CC.010.01 HIPAA De-Identification Policy
- CC.011.01 HIPAA Permitted Uses and Disclosures
- CC.022.01 Record Retention Policy
- CC.025.01 HIPAA Limited Data Sets
- CC.028.01 Non-Retaliation Policy
- FIN.008.03 Outpatient Registration Policy
- HR.001.03 Dual Employment
- PE.006.01 Teaching Physician Presence Requirements

Element 2

**Oversight by a Chief Compliance Officer**

An effective compliance program is led by a Chief Compliance Officer, who reports directly to the organization's Chief Executive Officer and the Board of Directors and who is responsible for developing and implementing policies and procedures designed to ensure compliance with program integrity requirements. Oversight of the compliance program should be performed by Board and executive-level committees, consisting of members of the Board of Directors and senior management charged with the responsibility of operating and monitoring the compliance program.

Compliance Program Leadership, Reporting, and Committees

The Office of Corporate Compliance is overseen by Chief Compliance & Privacy Officer, Nicole Almiro. The Chief Compliance & Privacy Officer reports directly to the Chief Executive Officer (CEO) and the CCH Audit & Compliance Committee of the Board. In turn, the Audit & Compliance Committee and the CEO each report to the CCH Board of Directors.

The Chief Compliance & Privacy Officer oversees the implementation of compliance initiatives across CCH, the operation of the daily activities of the Compliance Program, and has primary responsibility for investigating allegations of misconduct and non-compliance at CCH.

The Office of Corporate Compliance is also staffed as described in the below departmental organizational chart:
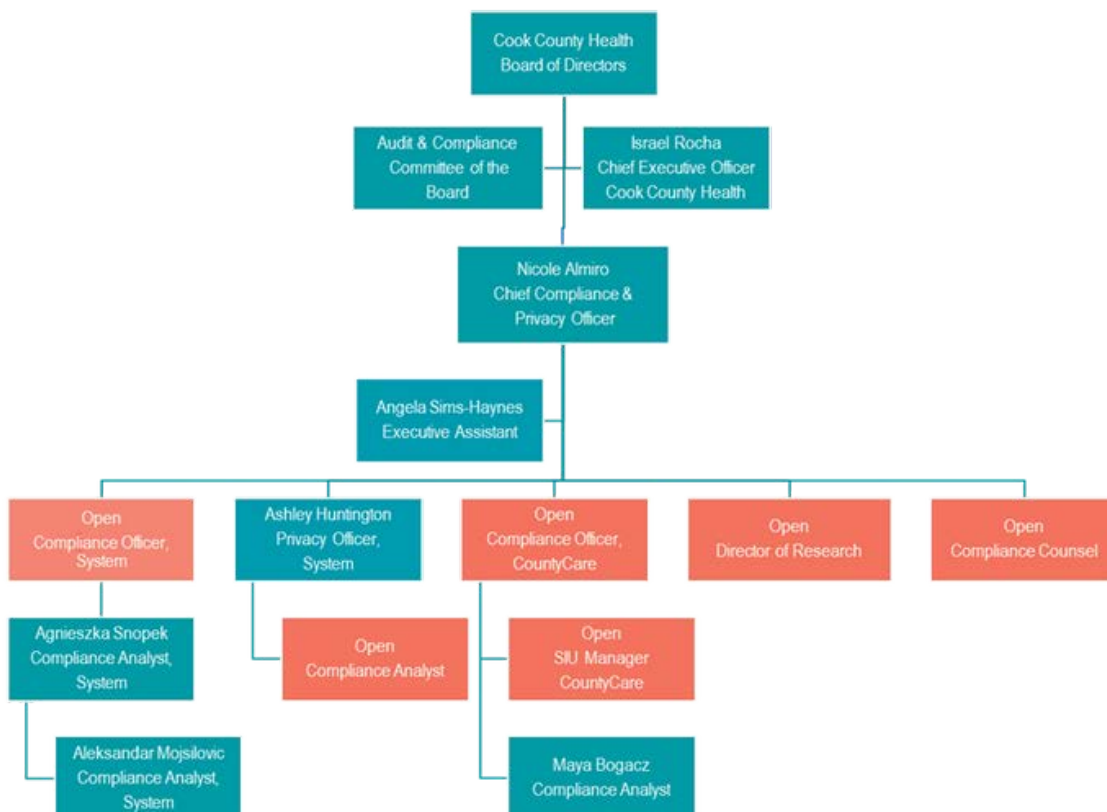
Element 3

Education & Training

An effective compliance program should institute and maintain regular, effective education and training programs for all affected employees, including the Compliance Officer, Board of Directors, senior managers, and health plan employees, regarding the importance of complying with federal and state compliance related requirements.

In the CCH Compliance Program's ongoing commitment to fostering a culture of compliance, the education and training component of our Program is designed to equip all CCH workforce members with the knowledge and skills necessary to navigate the complex landscape of federal and state regulatory requirements. This section highlights the key education initiatives undertaken this fiscal year and the impact they have had on the organization.
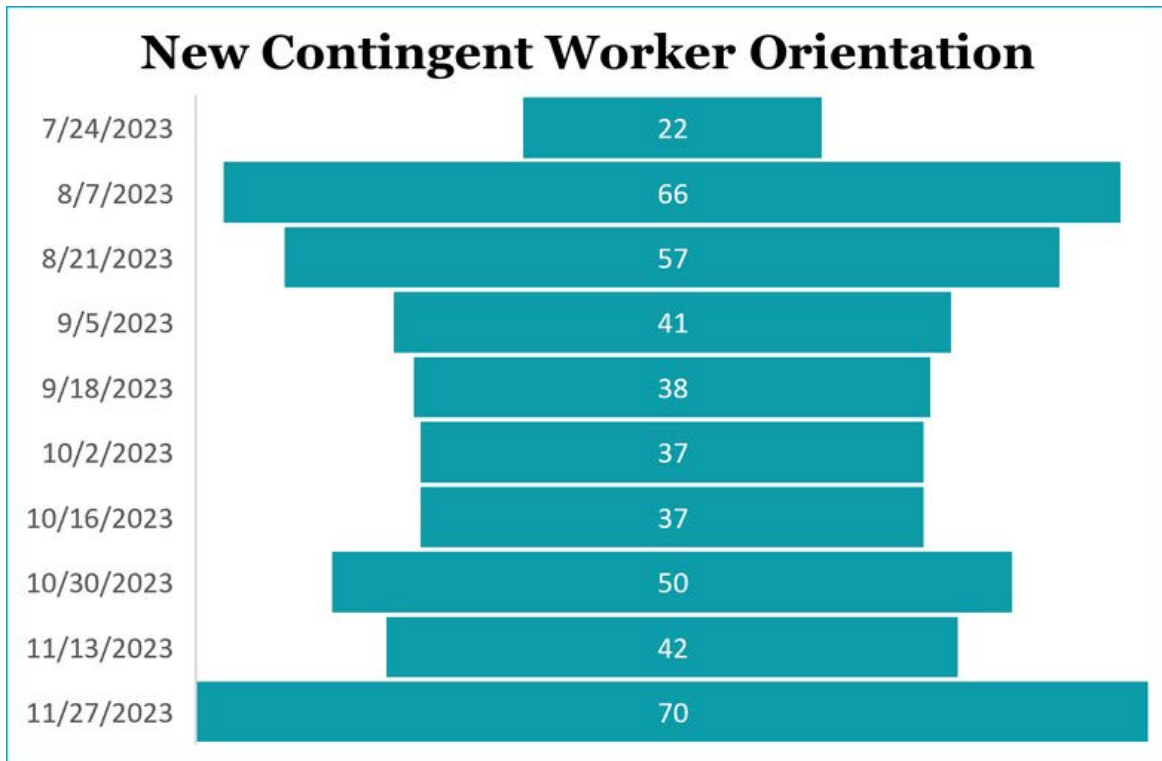
New Employee Orientation
Beginning on July 17, 2023 through partnership with Human Resources, the CCH Compliance Program began tracking the compliance and privacy education provided to new employees during new employee orientation. Between July 17, 2023, and November 20, 2023, a total of 374 new employees participated in the compliance and privacy education. The above mentioned was completed over ten (10) sessions.

New Employee Orientation

Date	Participants
7/17/2023	21
7/31/2023	41
8/14/2023	52
8/28/2023	53
9/11/2023	47
9/25/2023	44
10/10/2023	31
10/23/2023	24
11/6/2023	30
11/20/2023	31

Contingent Worker Orientation

Beginning on July 24, 2023, through partnership with Human Resources, the CCH Compliance Program began tracking the compliance and privacy education provided to new contingent workers. Between July 24, 2023, and November 30, 2023, a total of 460 new contingent workers participated in the compliance and privacy education. Education was conducted over ten (10) different sessions.

New Contingent Worker Orientation

Date	Count
7/24/2023	22
8/7/2023	66
8/21/2023	57
9/5/2023	41
9/18/2023	38
10/2/2023	37
10/16/2023	37
10/30/2023	50
11/13/2023	42
11/27/2023	70

Specialized and Targeted Education

- Teaching Physician Presence Requirements
  - With the roll-out of the Teaching Physician Presence Requirements Policy, the CCH Compliance Program revised and updated all teaching physician attestations statements for Evaluation and Management (E/M) services and procedures performed by residents under the supervision of teaching physicians. CCH Compliance Program provided education on both the policy and attestation statements to Executive Medical Staff, clinical department meetings, and ambulatory leadership forums.

- Financial Conflict of Interest
  - Developed a separate Research Financial Conflict of Interest (FCOI) policy to promote scientific integrity, patient safety and investigator/director objectivity. Teaming with the CCH Institutional Review Board (IRB) new IRB toolkit training sessions, CCH Compliance Program provided multiple in-person and virtual education sessions addressing CCH workforce members' FCOI reporting responsibilities.

- Split/Shared Visits
    - Conducted education pertaining to documentation and attestation requirements for split/shared visits in the Department of Obstetrics & Gynecology.

- Illinois Prescription Monitoring Program
    - Collaborated with the Department of Health Information Management to offer guidance and education on 720 ILCS 570/314.5 of the Illinois Controlled Substances Act pertaining to licensing requirements for providers prescribing controlled substances within Illinois.

- Regulatory requirements for access to public telephones
    - Based on Americans with Disabilities Act (ADA) and Illinois Public Health Code, provided guidance on ensuring patient access to public telephones in waiting room areas.

- Appropriately addressing Advance Practice Providers (APPs)
    - In collaboration with APP leadership, the CCH Compliance Program provided guidance and education on how Advance Practice Registered Nurses (APRNs) and Physician Assistants (PAs) should appropriately refer to themselves when with patients in accordance with state regulations.

- Password Sharing
    - The CCH Compliance program designed and presented a training on best practices for safeguarding login information and explained the how and why of implications of password sharing, including regulatory non-compliance, non-compliance with CCH policy, and potential for errors within the patient chart.

- Suspicious Faxes
    - Released system-wide guidance on handling suspicious faxes or other requests for patient information and served as a resource to departments experiencing a high volume of suspicious faxes.

Element 4

Open Lines of Communication

An effective compliance program should maintain several lines of communication to receive complaints from employees, subcontractors, network providers, members and the HFS OIG, including the adoption of procedures to protect the anonymity of complainants (such as the use of a hotline) and to protect whistleblowers from retaliation. Issues reported via communication channels should be tracked, investigated, and reported (as needed).

Receiving and Responding to Complaints and Concerns

The Office of Corporate Compliance provides the CCH workforce with different reporting mechanisms to engender confidence in reporting sensitive information or instances of non-compliance. While the CCH Compliance Program always encourages CCH workforce members to report concerns directly to their supervisor or department leadership, the CCH Compliance Program does intake of concerns and inquiries that workforce members may not be comfortable discussing with leadership.
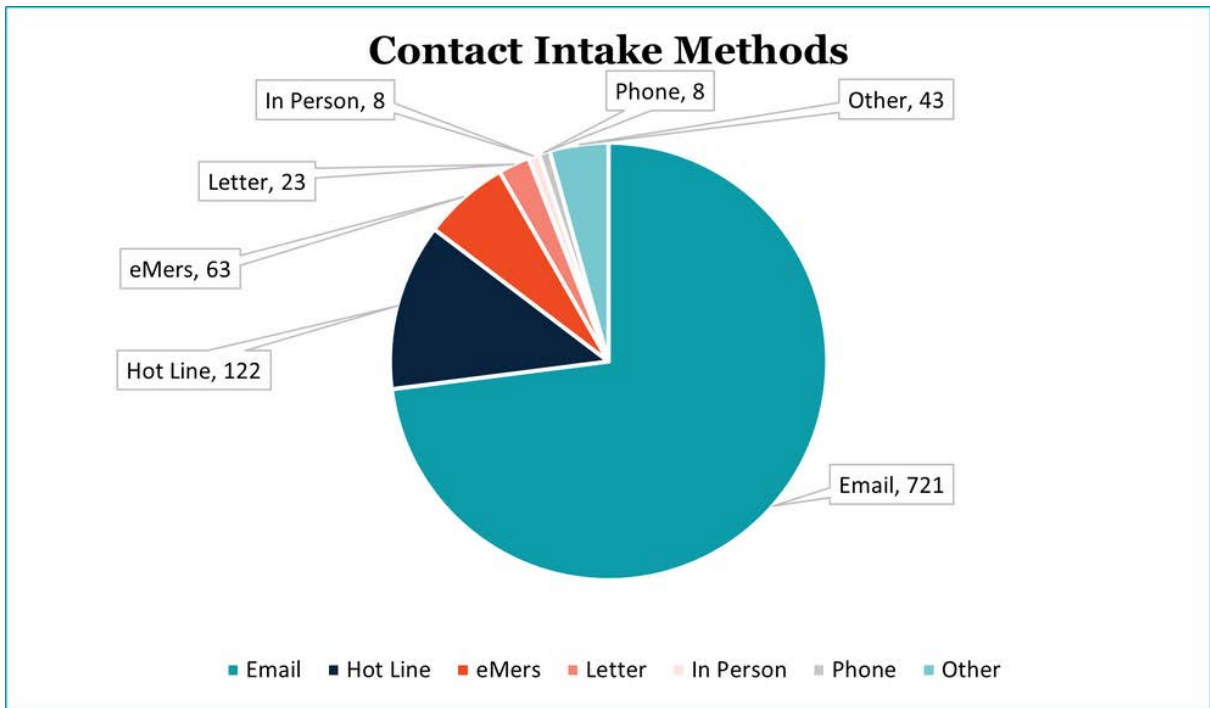
Modalities for communication include:

- CCH Hot-Line: administered by a third-party contractor, this hot-line which features a telephone number and online reporting portal.
- Toll-free number: provided for patients and members to inquire about privacy breaches.
- Email Addresses: three (3) separate email addresses for Compliance, Privacy, and CountyCare Compliance.
- Direct Contact: members of the CCH Compliance Program are all available by phone, email, or in-person.
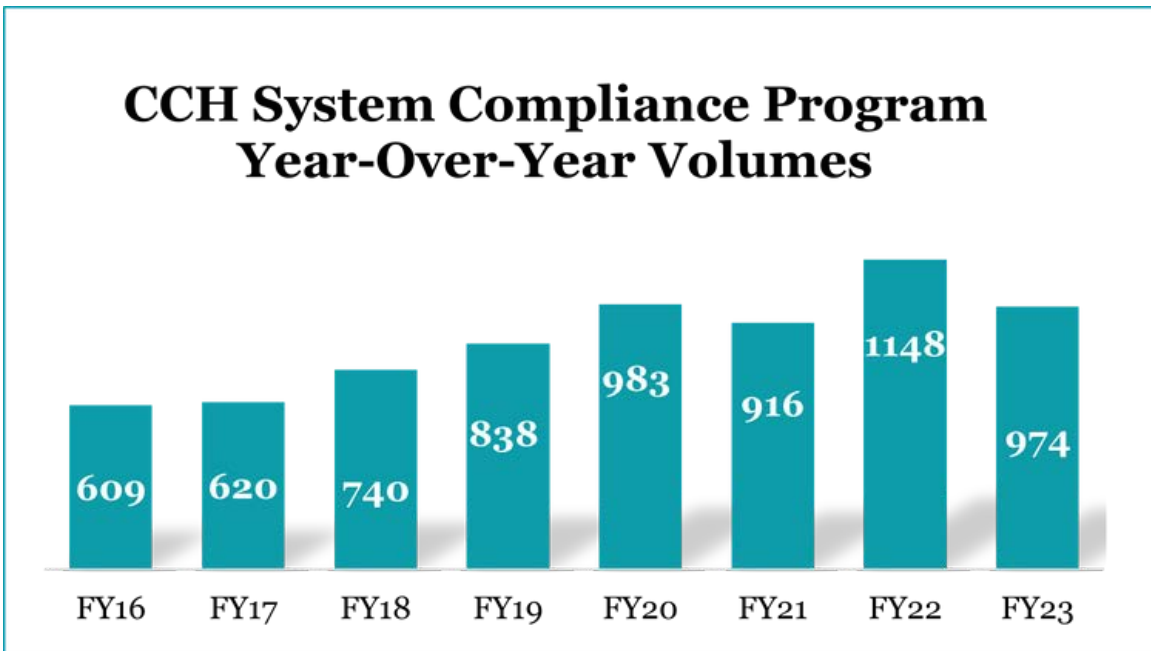
Intake Method Metrics

Below is a representation of how the CCH workforce and to some extent, the patient and member population, reached the CCH Compliance Program in FY23. Because many of the contacts received by the CCH Compliance Program are requests for guidance, the overwhelming majority of contacts come to the Program by email. Beyond that, the CCH Compliance Program sees a high utilization of its hot-line. Compliance staff also spend time combing the eMers system for issues that might be related to Compliance.

Of note, the below chart does not total 974, which is the total unique contacts for FY23. This can be explained because there are several initiatives that the CCH Compliance Program undertakes on its own without receiving an email, call, hot-line, or letter.

Contact Intake Methods

Pie chart showing Contact Intake Methods:
- In Person, 8
- Phone, 8
- Other, 43
- Letter, 23
- eMers, 63
- Hot Line, 122
- Email, 721

Legend: Email, Hot Line, eMers, Letter, In Person, Phone, Other

Contact Volumes

The CCH Compliance program saw a total of 974 unique contacts in FY23. Below is a year-over-year comparison of the volume of unique contacts, which demostrates the CCH Compliance Program's commitment to maintining a high level of visibility and availability across the organization. Although the total volume of contacts did decrease slightly in FY23, the CCH Compliance Program focused its efforts on managing larger scale projects, especially those related to education and training and auditing and monitoring activities.

CCH System Compliance Program Year-Over-Year Volumes

Bar chart of year-over-year volumes:
- FY16: 609
- FY17: 620
- FY18: 740
- FY19: 838
- FY20: 983
- FY21: 916
- FY22: 1148
- FY23: 974

Contact Categories Managed by the CCH Compliance Program

The CCH Compliance Program is responsible for serving as a subject matter expert in a number of areas that mirror those that appear in the CCH Code of Ethics. When tracking the contacts that come to the CCH Compliance Program, issues are bucketed into a category. As a note, the inclusion of a contact in a specific category does not substantiate the contact – rather, it classifies the contact as how it was brought to the CCH Compliance Program.
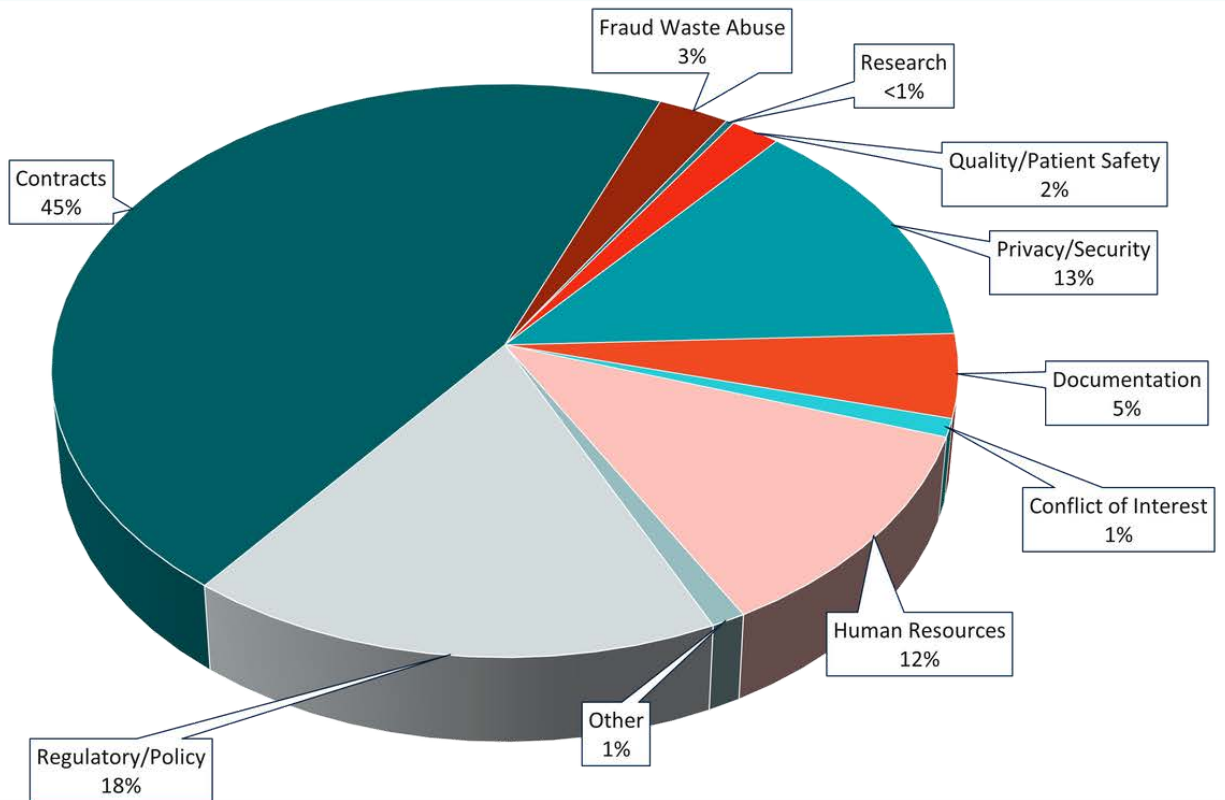
FY23 contact categories are as follows:
- Conflict of Interest
- Contracts/Agreements (including Business Associate Agreements (BAAs))
- Documentation
- Fraud, Waste, Abuse, and Financial Misconduct
- HIPAA Privacy, Confidentiality, and Security (note: although the category refers to HIPAA, this category also includes state and other privacy laws and regulations)
- Human Resources
- Quality/Patient Safety
- Regulatory/Policy
- Research
- Other (comprised of contacts that may include theft and miscellaneous compliance topics)

FY23 Unique Contacts by Category

As with FY22, the CCH Compliance Program continued seeing a large volume of contracts and other agreements in FY23. These take up the largest share of contacts that come into the department. Outside of contracts, the CCH Compliance Program has expanded its work in the regulatory and policy space, which now takes up the second largest share of contacts. In third, the CCH Compliance Program continues its work in the HIPAA privacy, confidentiality, and security space and is pleased to report that much of its work is shifting toward proactive activities rather than responding to reactive incidents and breaches.

Of the HIPAA Privacy, Confidentiality, and Security contacts, there were approximately 17 confirmed privacy breaches. 16 of those breaches required notification to 19 patients. One breach, which was attributable to a third party vendor of CCH, resulted in notifications to approximately 1.2 million patients.

FY23 Contacts by Category

Fraud Waste Abuse
3%

Research
<1%

Quality/Patient Safety
2%

Contracts
45%

Privacy/Security
13%

Documentation
5%

Conflict of Interest
1%

Human Resources
12%

Other
1%

Regulatory/Policy
18%

Categories	Count	Categories	Count
Contracts	443	FWA	27
Regulatory/Policy	171	Quality/Patient Safety	19
HIPAA Privacy	129	Conflict of Interest	10
Human Resources	115	Other	11
Documentation	46	Research	3

Element 5
Enforcement Through Publicized Standards

The development of a system to respond to allegations of improper/illegal activities and the enforcement of appropriate disciplinary action against employees who have violated internal compliance policies, applicable statutes, regulations, or Federal health care program requirements.

The CCH Compliance Program is responsible for ensuring that the CCH workforce is equipped with the understanding of the organization's policies and procedures as well as knowledgeable on where to seek assistance for clarification on a given policy, law, rule, or regulation. The CCH Compliance Program does not seek punitive measures against the CCH workforce but rather explores opportunities for re-education where issues of non-compliance persist, or high-risk issues appear.

New in FY23, when requested by Human Resources, the CCH Compliance Program attends pre-disciplinary hearings to serve as a subject matter expert on policies and/or regulations that may have been violated by a workforce member.

The CCH Compliance Program serves as the guardian of the CCH Code of Ethics (Code), extending its influence and requirements organization-wide. The comprehensive Code applies to all CCH workforce members, fostering a culture of integrity and compliance. Employees, contractors, volunteers, consultants, business partners, providers, agents, and subcontractors all play pivotal roles in upholding the Code, aligning with CCH's mission, vision, and federal and state standards.

Enforcing Standards in FY23
- Privacy Assessments Related to Access
  - The CCH Compliance Program responded to instances of inappropriate access to patient charts, produced audit trails as part of the investigation, and worked with departmental leadership to implement corrective action, including re-education and disciplinary action where appropriate.

- Privacy and Security Breaches
  - The CCH Compliance Program investigates all privacy and security incidents and makes the final determination as to whether a breach occurred. Where a breach occurs, the CCH Compliance Program ensures timely notification to the patient and all government regulators. Once notification is completed, the CCH Compliance Program worked with departmental leadership to provide re-education for workforce members involved in the breach.

- Conflict of Interest
  - When a potential conflict of interest presents, the CCH Compliance Program provides guidance and develops conflict management plans.

- Partnership with Governmental Agencies and Regulators
  - As inquiries and investigations come in from governmental agencies and regulators, the CCH Compliance Program ensures timely response and cooperation with these partners.

- Ensuring CCH Resources are Used Only for CCH Purposes
  - The CCH Compliance Program investigates potential instances of misuse of CCH resources and ensures that workforce members are equipped with knowledge on how to appropriately use CCH's resources for work purposes only.

Element 6

Monitoring & Auditing

Monitoring and auditing are two integral components of an effective compliance program, working in tandem to ensure adherence to regulations, policies, and ethical standards. While they share some similarities, they serve distinct purposes in the overall compliance management process.

Monitoring is an ongoing, systematic process of tracking and overseeing activities, processes, and transactions within an organization to identify potential compliance issues in real-time.

Auditing is a periodic and systematic examination of an organization's processes, controls, and records to assess compliance, identify areas of improvement, and provide an independent and objective evaluation.

Monitoring and auditing form the bedrock of our proactive compliance program, ensuring adherence to laws, rules, regulations, policies, procedures, and ethical standards. Below is a snapshot of large-scale monitoring and auditing activities undertaken in FY23:

FY23 Monitoring and Auditing Initiatives

- Capturing Co-Insurance Notice, Insurance Card, and Patient Identification
  - This audit was conducted in January 2023 and included an assessment of the CCH policies and Centers for Medicaid and Medicare Services (CMS) regulations for capturing co-insurance notice, insurance card, and patient identification. In March 2023, following the audit findings, ACHN leadership re-educated employees on the Medicare Off Campus Co-Insurance form process and Outpatient Registration Policy. This re-education also covered the proper procedures for capturing the co-insurance notice, patient identification and insurance card information during patient encounters.
  - A second audit was conducted in November 2023 after education on this topic was administered to assess whether ACHN registration workforce members improved compliance with these requirements.

- Teaching Physician Presence/Attestation
  - CMS has specific guidelines regarding the supervision and documentation requirements for teaching physicians involved in the care of Medicare beneficiaries. These guidelines aim to ensure that services provided in teaching settings are appropriately documented and meet Medicare billing requirements.
  - This audit involved a thorough examination of medical record documentation to verify that teaching physicians appropriately attested to their presence, involvement, and decision-making in patient care.

- Billing records were also reviewed to determine that CCH is following correct billing requirements for services involving teaching physicians and confirm that the billing reflects the actual level of supervision provided.

- Split/Shared Visits
  - The CCH Compliance Program conducted an audit on split/shared visits to determine whether medical record documentation and billing comported with applicable laws and regulations. The audit focused on the Obstetrics and Gynecology department and targeted education was created in response to audit findings.

- Psychology and Psychiatry Department
  - As part of its monitoring efforts, Corporate Compliance undertook monitoring of the Psychology and Psychiatry department's documentation. In collaboration with Department of Health Information Management, documentation related to claims in Psychology and Psychiatry department associated to Behavioral Health was reviewed. To improve processes in this area, the Individual Behavioral Treatment Plan template was revised and implemented by department.

- Doctor Unassigned Project
  - In response to a reported potential safety issue of unassigned providers being added to lab and radiology orders, the CCH Compliance Program performed a root cause analysis and partnered with a multidisciplinary team including Finance, Health Information Systems, Medical Staff, and others
  - Implemented system error cleanup, new workflows, and continued monitoring to ensure departmental awareness and correction moving forward.

Element 7

Response & Corrective Action

Response and Corrective Action are essential components of managing and addressing non-compliance with regulatory requirements, standards, and policies. A robust response and corrective action process help organization identify, rectify, and prevent issues that may compromise patient safety, quality of care, and overall regulatory compliance.

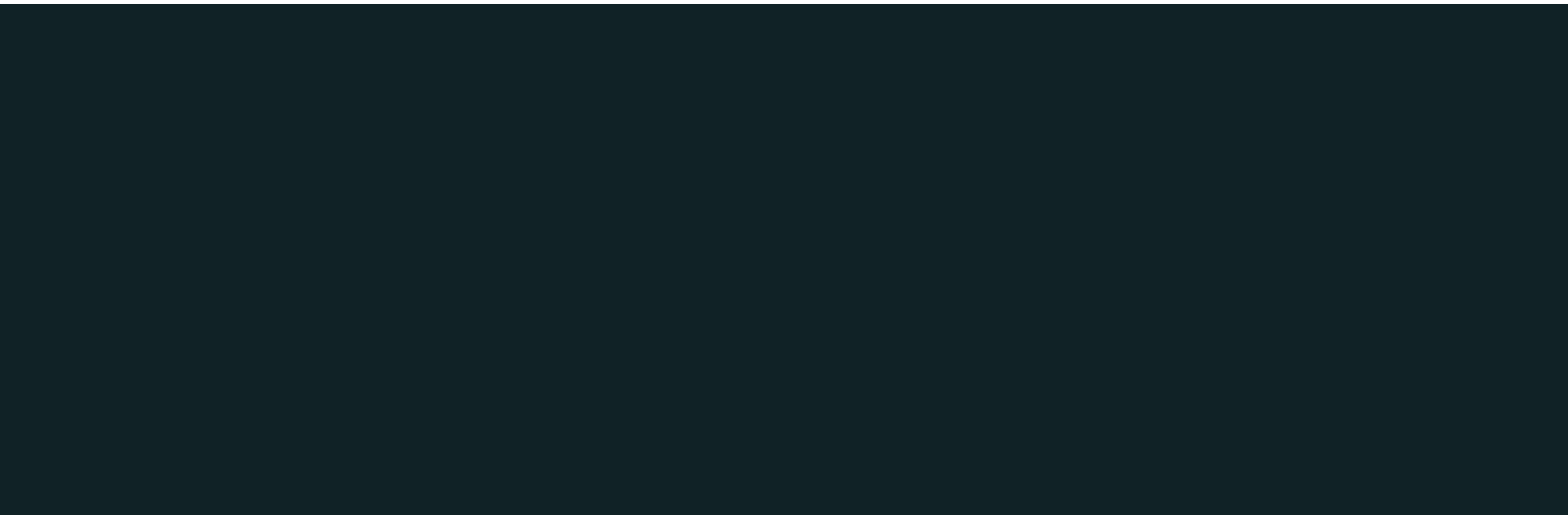**FY23 Response and Corrective Action Initiatives**

- Capturing Co-Insurance Notice, Insurance Card, and Patient Identification
  - Partnered with ACHN leadership to establish and implement feasible corrective actions to ensure coinsurance notices, insurance cards, and patient identifications are captured during each patient encounter.

- Dual Employment
  - The CCH Compliance Program, in collaboration with external consultants, administered an updated and improved version of the 2023 Dual Employment survey. The survey is a critical tool for promoting transparency in alignment with CCH's mission as a safety net healthcare provider. CCH employees, as part of their annual responsibilities, are required to complete this survey to safeguard the interests and assets of CCH, the community, County of Cook, taxpayers, and the public. Employees are personally accountable for avoiding conflicts of interest, disclosing potential conflicts, and refraining from accepting gifts linked to CCH business transactions. The dual employment survey must be completed annually, upon entry into County service at CCH, initiation of external dual employment, schedule changes, and cessation of external activities. The Dual Employment survey encompasses various aspects such as outside employment, purchasing decisions, gifts, academic activities, outside influence, financial interest, research, and others.

- Improper Access to PHI
  - Where allegations of improper access to PHI occur, the CCH Compliance Program promptly investigates with the help of auditing tool, P2Sentinel. This report shows the Program on a second by second basis who accessed PHI, what they accessed, and how long they spent accessing it. The CCH Compliance Program then works with departmental leadership to determine whether the access was appropriate and if disciplinary action is warranted, works with the manager and Human Resources to implement.

- Split/Shared Visits
  - Corporate Compliance audit revealed room for improvement for documentation and billing of split/shared visits in the Obstetrics and Gynecology department. Upon identifying this item, Corporate Compliance met with and educated necessary providers. Additionally, this audit indicated that systemwide education on this topic is beneficial to the organization and was placed on the annual audit plan for fiscal year 2024.

- Sanction Screening
  - As of January 2023, CCH contracts with a new vendor to assist with the mandatory sanction screening of workforce members. Through change in processes, opportunity for correction in capturing workforce member personal information was identified. Corporate Compliance and Human Resources are working on enhancing and expediting requests for additional employee and contractor information to ensure workforce members are not listed on any of the lists of sanctioned individuals.

- Teaching Physician Attestations
  - Upon internal monitoring and auditing, it was confirmed that CCH will benefit from creation of several CMS approved templates for teaching physicians. In collaboration with the Department of Health Information Management, Health Information Systems and Clinical leadership, several templates for teaching physicians were created and implemented. Additionally, the new teaching physician policy was created and place on the 2024 annual compliance plan for system wide education for providers.

Looking Ahead

Planning for Fiscal Year 2024

Planning for compliance activities is an organic and ongoing process that takes into consideration a risk assessment, enforcement trends from CCH's regulators, and high risk and high priority items within the system. Looking ahead to FY24, the CCH Compliance Program will continue serving as a trusted and reliable resource for all workforce members within CCH, as well as CCH patients, CountyCare members, vendors, and the public. CCH Compliance expects the following will be major focus areas:

- Code of Ethics
  - Revise our CCH Code of Ethics to provide practical and structured guidance on CCH expectations regarding integrity and compliance to our board, workforce members, contractors, students, volunteers, and business partners

- Learning System Management
  - Edit and update CCH Compliance Program's three (3) annual compliance education modules (Code of Ethics, Fraud, Waste, and Abuse, and Privacy) to upgrade and enhance the interactive learning experience.

- Shared/Split Services
  - Provide education and training on the collaboration and documentation requirements when and E/M service is shared between a physician and Non-Physician Provider (NPP) from the same group practice.

- Expansion of Privacy Initiatives
  - Engage in proactive privacy monitoring, including audits of the physician CCH space and audits of user access logs. Develop and administer broad privacy education on a quarterly basis as well as specialized privacy education based on audit results. Implement business associate monitoring to ensure PHI is safeguarded by CCH vendors.

- Revision of Key Privacy Documents
  - As the privacy space continues to evolve and become more dependent on technology, the CCH Compliance Program intends to revisit the organization's Notice of Privacy Practices and Business Associate Agreement and make appropriate updates.

- Teaching Physician Attestation Audit
  - Determine the effectiveness of Teaching Physician Presence and attestation education sessions by auditing a percentage of completed encounters in both the inpatient and outpatient setting to determine if the selected attestation meets regulatory requirements.

- Advance Beneficiary Notice of Non-Coverage (ABN)
  - The Centers for Medicaid & Medicare Services (CMS) requires that an ABN be issued to patients when an item or service is expected to be denied due to lack of medical necessity. CCH Compliance Program will audit a sampling of services for which medical necessity may be lacking due to frequency issues or lack of a documented diagnosis.

- Prior-Authorization Requirement
  - Certain services/medications require prior authorization to obtain reimbursement from third-party payers, including Medicare and Medicaid. Select services requiring prior authorization will be audited by CCH Compliance Program for compliance with these requirements.