



# Corporate Compliance Report

CCH Board of Directors

April 30, 2020



COOK COUNTY  
HEALTH

# Meeting Objectives

## Review

### Metrics

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

### Receive and File

- Cook County Health as a Provider of Health Care Services Compliance Annual Report
- CountyCare Compliance Annual Report

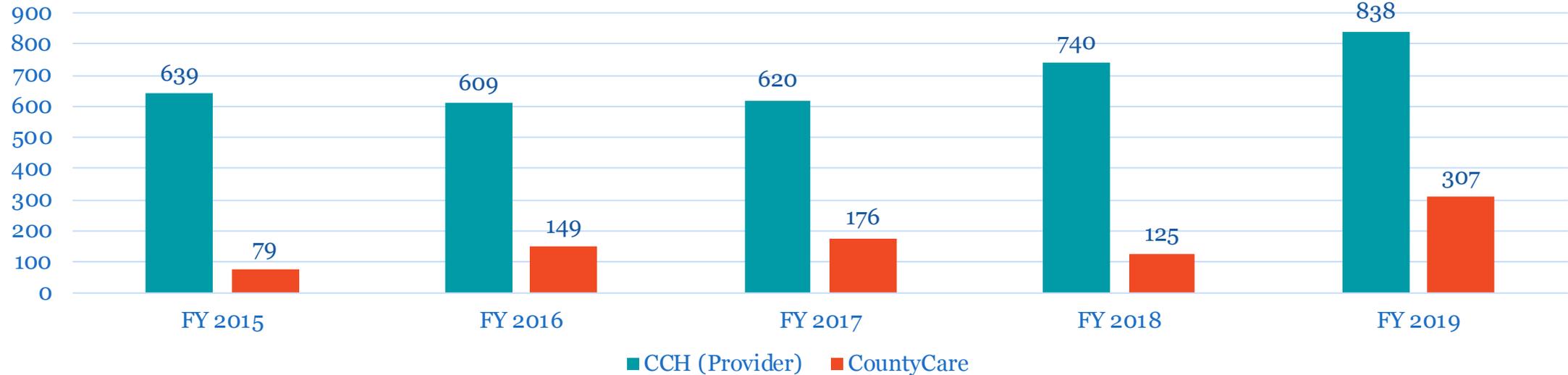
# Metrics



COOK COUNTY  
**HEALTH**

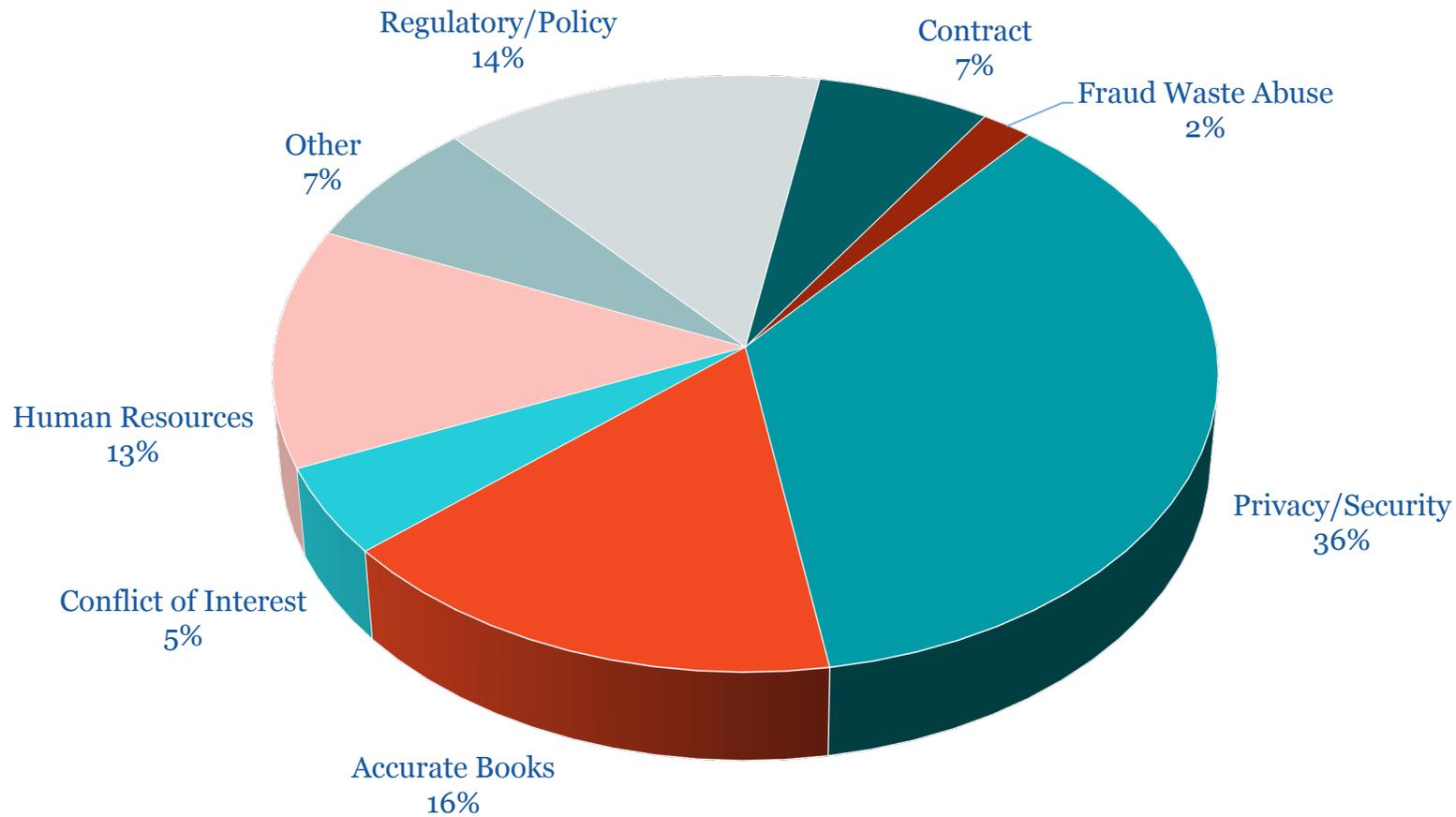
# Year-Over-Year Contacts

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



# 2019 Contacts by Category

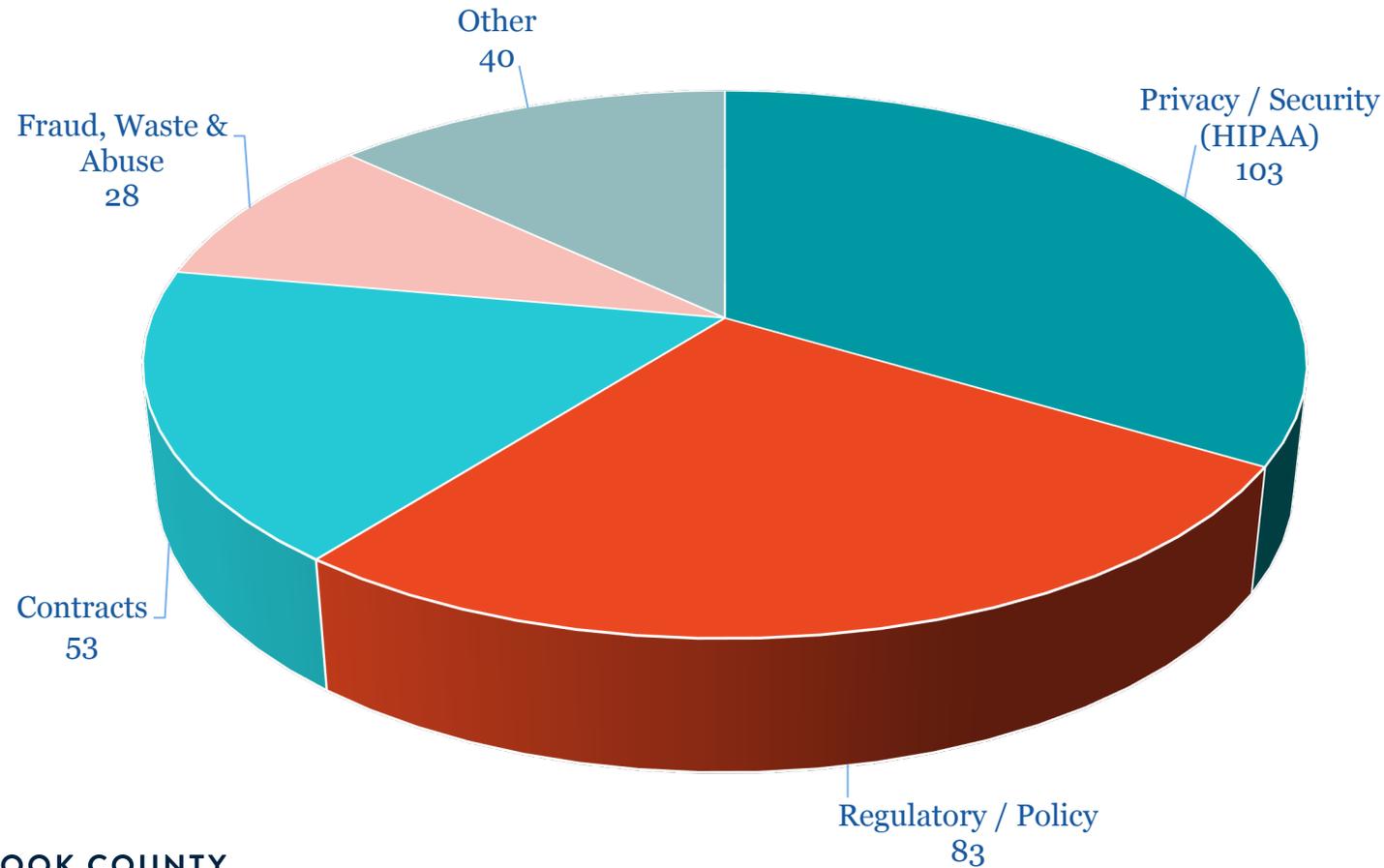
## CCH as a Provider of Care



Categories	
Privacy/Security (HIPAA)	304
Accurate Books	137
Regulatory/Policy	119
Human Resources	109
Contracts	54
Conflict of Interest	40
Fraud Waste & Abuse	16
Other	59
	<b>838</b>

# 2019 Contacts by Category

## CountyCare Health Plan



Categories	
Privacy/Security (HIPAA)	103
Regulatory / Policy	83
Contracts	53
Fraud, Waste & Abuse	28
Other	40
<b>TOTAL</b>	<b>307</b>

# Fraud, Waste and Abuse Metrics

## State Fiscal Year (S-FY) 2019 through S-FY20 Q2

S-FY	Reporting Quarter	Tips	Investigations	Referrals to HFS OIG	Provider Audits	Overpayments Identified <sup>2</sup>	Overpayments Collected
19	<u>Q1</u> 07/01 -09/30/18	15	45	0	173	\$ 694,801.54	\$ 44,385.25
19	<u>Q2</u> 10/01 – 12/31/18 <sup>1</sup>	45	72	3	5,096	\$ 2,017,085.76	\$ 728,888.43
19	<u>Q3</u> 01/01 – 03/31/19	43	19	3	14,562	\$ 1,727,746.85	\$ 649,460.41
19	<u>Q4</u> 04/01 – 06/30/19	127	32	2	6,593	\$ 2,954,544.92	\$ 563,965.32
20	<u>Q1</u> 07/01 -09/30/19	48	34	1	2,585	\$ 807,435.35	\$ 1,629,520.96
20	<u>Q2</u> 10/01 – 12/31/19	48	6	2	5,096	\$ 1,814,492.82	\$ 775,043.57

<sup>1</sup> The 2<sup>nd</sup> Quarter S-FY 19 was significant for CountyCare Compliance. CountyCare, through its TPA Evolent, engaged a new data mining vendor who brought a proprietary catalogue of concepts to analyze CountyCare’s claims. The results of the new vendor’s activity is reflected in the metrics above.

<sup>2</sup> The Overpayments Identified column indicates the total amount paid to the provider for the identified inaccurate codes. These amounts may be offset if a provider elects to bill a corrected claim.



# Receive and File

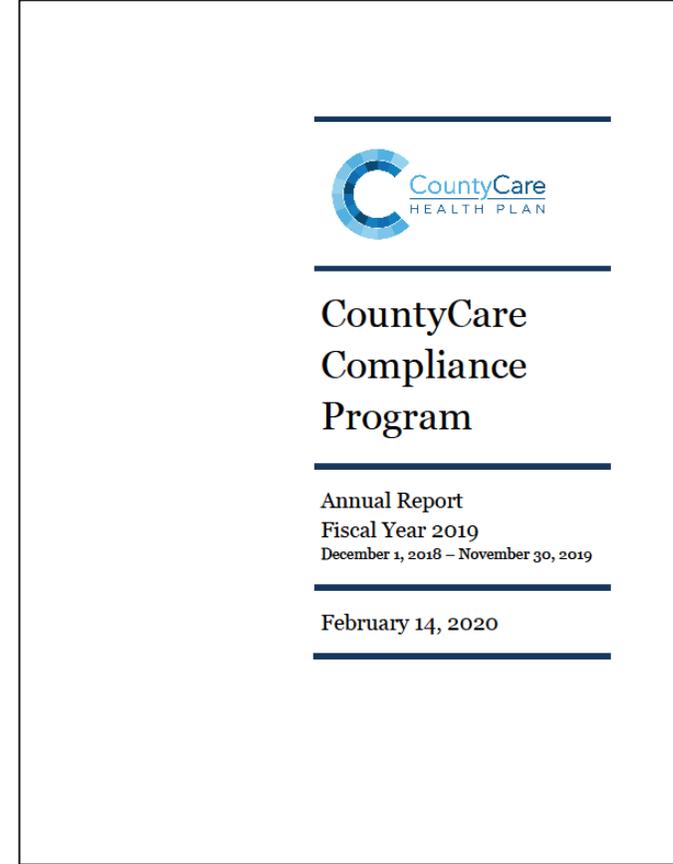
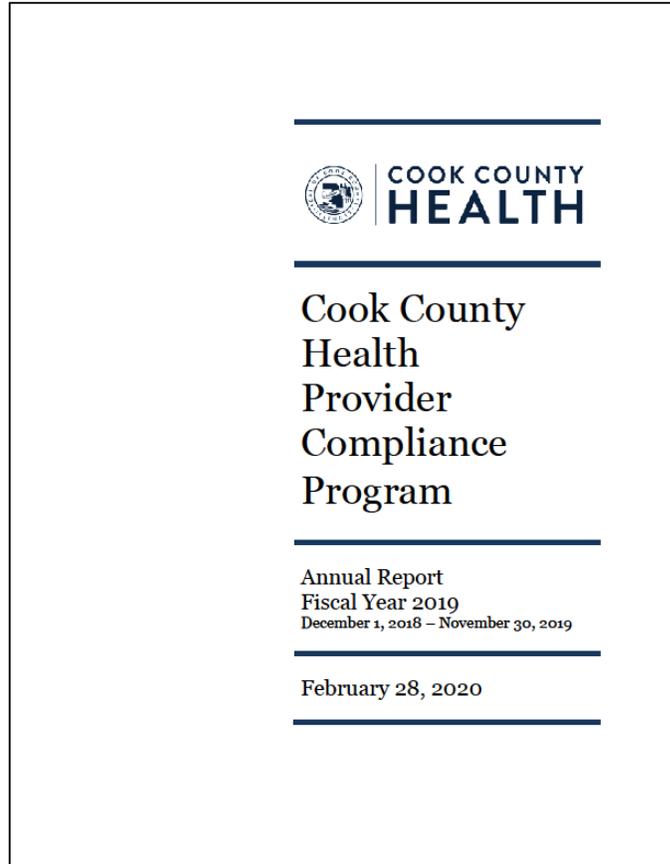
**Annual Reports**



COOK COUNTY  
**HEALTH**

# Corporate Compliance Annual Reports

## CCH as a Provider of Care and CountyCare Medicaid Plan



# Questions



COOK COUNTY  
**HEALTH**



COOK COUNTY  
**HEALTH**

---

# Cook County Health Provider Compliance Program

---

Annual Report

Fiscal Year 2019

December 1, 2018 – November 30, 2019

---

February 28, 2020

---

## Table of Contents

<b>I.</b>	Introduction.....	3
<b>II.</b>	Building Blocks – Program Infrastructure and Scope .....	4
<b>III.</b>	Being Present – Communication – Fostering Transparency .....	5
	A. Communication Strategy .....	5
	B. Communication Channels .....	6
<b>IV.</b>	Compliance Program Structure: Performance of the Elements .....	6
	A. Element 1	
	i. Policies and Procedures & Work Plan Activities.....	6
	B. Element 2	
	i. Compliance Office and Committees .....	9
	C. Element 3	
	i. Education and Training .....	11
	D. Element 4	
	i. Effective Lines of Communication – Receiving and Responding to Complaints .....	11
	E. Element 5	
	i. Enforcing Standards .....	16
	F. Element 6	
	i. Auditing and Monitoring .....	17
	G. Element 7	
	i. Risk Assessment.....	17
<b>V.</b>	Looking Ahead.....	18

Cook County Health  
**Compliance Program**  
ANNUAL REPORT – FY19

---

---

**I. Introduction**

Cook County Health (CCH) Corporate Compliance incorporates two (2) distinct Compliance Programs: CCH as a provider of health care services and the CountyCare Medicaid Health Plan with executive oversight of both programs by a Chief Compliance & Privacy Officer. In FY 2019, the Office of Corporate Compliance added a Privacy Officer to focus on compliance with the Health Insurance Portability and Accountability Act (HIPAA) for privacy oversight for both CCH as a provider of care and the CountyCare Medicaid Health Plan. In looking at the breadth of Compliance at CCH, the provider side services occur within both CCH hospitals (John H. Stroger, Jr. Hospital of Cook County and Provident Hospital of Cook County), multiple outpatient clinics, correctional medicine at the Cook County Jail and Juvenile Temporary Detention Center, and the Cook County Department of Public Health. It also includes providers, clinicians and others that provide direct care to patients, in addition to workforce members not directly involved in patient care. In an indirect way, Corporate Compliance also encompasses all of CCH’s “business associates” – parties who have contracted with CCH and have access to our patients’ and members’ protected health information in varying capacities. Although the CountyCare Medicaid Health Plan’s Compliance Program is addressed through a separate annual report, both programs function at the system level and are committed to the mission of Cook County Health:

*“To deliver integrated health services with dignity and respect regardless of a patient’s ability to pay; foster partnerships with other health providers and communities to enhance the health of the public; and advocate for policies which promote and protect the physical, mental and social well-being of the people of Cook County.”*

Corporate Compliance supports CCH’s Mission through a departmental Mission updated and approved by the Audit and Compliance Committee of the Board of Directors on September 20, 2018. The mission reads,

*“The Corporate Compliance Program upholds the mission, vision, and core values of Cook County Health by:*

- *Developing standards to guide everyone affiliated with CCH to “Do the Right Thing”*
- *Increasing compliance awareness through education and training*
- *Promoting collaboration, honest behavior, mutual respect, and professional responsibility*

*to support compliance with applicable laws, regulations, and system-wide policies.”*

Corporate Compliance similarly updated the Compliance Vision statement:

*“To ensure safeguards are in place for our patients, health plan members, health plan providers, the residents of the county of Cook, and our workforce members, staff, and the public at large, the Corporate Compliance Program will be a resource to everyone affiliated<sup>1</sup> with and cared for by Cook County Health.”*

---

<sup>1</sup> For the purposes of this statement, “affiliated” is defined as all patients, health plan members, health plan providers, the residents of the county of Cook, and workforce members that include employees, medical staff, house staff, Board members, volunteers, students, partners, consultants, agency personnel, and vendors.

Cook County Health  
**Compliance Program**  
ANNUAL REPORT – FY19

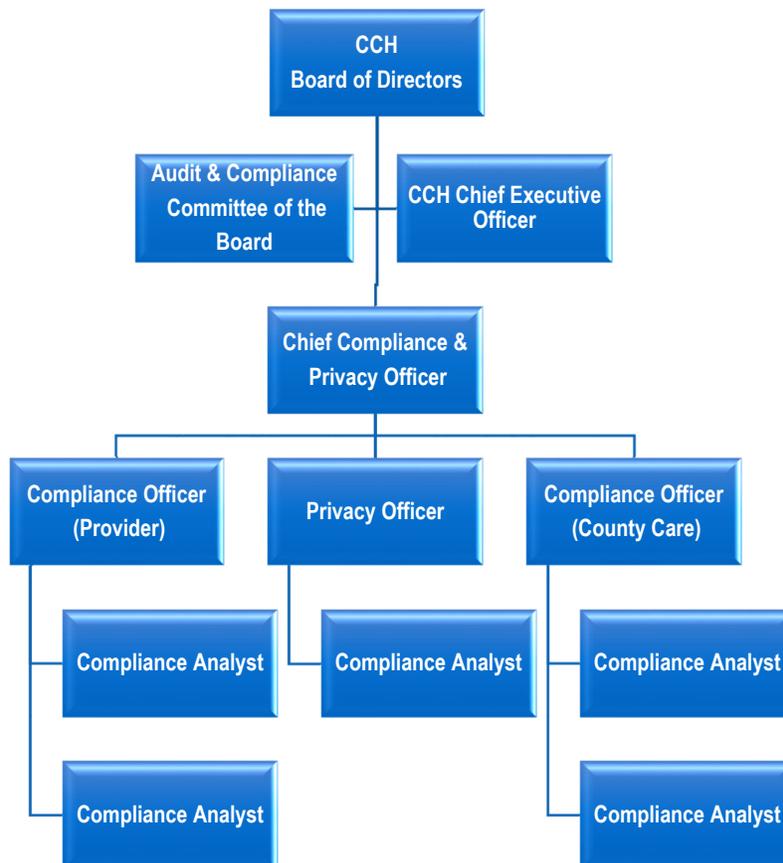
---

This Annual Report presents the activities throughout County fiscal year 2019 of the CCH Provider Corporate Compliance Program under the executive leadership of Cathy Bodnar, Chief Compliance & Privacy Officer, and the operational leadership of Dianne Willard, Compliance Officer, and Ashley Huntington, Privacy Officer. This report also serves to demonstrate the effectiveness of the compliance program by looking at infrastructure, communication strategy and the methods or channels of communication. In addition, this report provides an assessment of the CCH Provider Compliance Program by using the seven (7) Compliance Program Elements of a comprehensive compliance program delineated by the Office of Inspector General (OIG).

**II. Building Blocks – Program Infrastructure and Scope**

The Annual Report begins with a look at the activities of the Program that incorporate efforts to foster an infrastructure that produces a comprehensive compliance program. The existing Departmental Organization Chart follows:

**Compliance Organizational Chart**



Cook County Health  
**Compliance Program**  
ANNUAL REPORT – FY19

---

All positions on the provider side were filled in FY 2019 through intradepartmental promotions and transfers within CCH. Management of the core elements of the Program continued while an individualized development plan for each new/promoted team member was undertaken. This was critical to the success of each individual and the Program overall.

The Office of Corporate Compliance also partnered with the Department of Human Resources to offer internship opportunities for masters-level and law school students. Corporate Compliance welcomed its first intern, a student in the Master of Health Administration program at Governors State University, in October 2019. This student spent time working on the Privacy side of compliance, learning about the requirements of the Health Insurance Portability and Accountability Act (HIPAA), how healthcare organizations use and share data in a way that protects patient privacy, and how to improve Privacy messaging on an enterprise wide level. Corporate Compliance will welcome more interns in FY 2020.

### **Corporate Compliance Program Scope**

Cook County Health activities that fall into the Corporate Compliance purview include:

- Interpretation of laws, rules, and regulations and organization policies as they relate to Corporate Compliance;
- Investigation of allegations of inaccurate books and records;
- Evaluation of conflicts of interest;
- Review of certain contracts/agreements, including research, clinical trials, and grants;
- Assessment of compliance with the Emergency Medical Treatment and Labor Act (EMTALA);
- Watchdog for Fraud, Waste, Abuse and Financial Misconduct;
- Monitor for integrity in marketing and purchasing practices; and
- Safeguard for both patient and member privacy, confidentiality, and security (HIPAA).

## **III. Being Present – Communication – Fostering Transparency**

### **A. Communication Strategy**

The ongoing organizational compliance communication strategy has been to increase the CCH workforce awareness of the following topics:

- Accessibility of the Compliance and Privacy Officers and the compliance team;
- Availability through multiple modalities (in-person, e-mail, phone, hot line);
- Code of Ethics;
- Privacy, Confidentiality, and Security;
- Responsibility to report potential/actual issues; and
- Non-retaliation.

## **B. Communication Channels**

Within FY 2019, the Corporate Compliance Program communicated the aforementioned topics utilizing multiple formats:

- E-mail communications;
- Organizational newsletters (System Briefs);
- New employee orientation;
- Annual education;
- Refresher presentations to all levels of the system;
- Screen savers;
- Attendance/presence at team meetings;
- Pens with the compliance hot line number; and
- Dual employment and conflict of interest reporting.

## **IV. Compliance Program Structure: Performance of the Elements**

---

### **Element 1**

*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.*

#### **A. Policies and Procedures & Work Plan Activities**

##### *Policies and Procedures*

Developed, updated, and performed triennial reviews on multiple system policies related to general compliance, governance, and HIPAA as system-wide policies moved to a new software platform. Functioned as a reviewer for numerous organizational policies with compliance, privacy, and/or security elements. Continue to participate on the CCH Policy Review Committee to ensure uniform system-wide standards are met.

##### *Work Plan Activities*

In addition to policy and procedure activity, Corporate Compliance worked with a number of operational areas to assess compliance with procedures and/or regulatory requirements.

Cook County Health  
**Compliance Program**  
ANNUAL REPORT – FY19

---

- Partnership with Health Information Services (HIS)  
Collaborated with HIS on information security matters and partnered with the Information Security Officer to develop an offshore operations attestation form to determine if any organization, either directly or indirectly, through subcontracts, performs activity at an offshore location. The plan, within FY 2020 is to selectively roll this attestation form out in partnership with Supply Chain Management.
  
- E-Learning through the Learning Management System  
Functioned as subject matter expert for three (3) mandatory education modules, Code of Ethics, Fraud, Waste and Abuse and Privacy. Modules are reviewed annually to assure compliance with regulatory and contractual requirements.
  
- Dual Employment and Accounting of Disclosure Surveys  
Completion of the Dual Employment survey is required annually whether or not a CCH employee engages in any outside activity. This requirement is promulgated by Cook County’s Ethics Ordinance, CCH Dual Employment Policy and Article 12 of CCH’s Personnel Rules.

Corporate Compliance partnered with Human Resources (HR) to develop a new platform for disclosing dual employment and conflict of interest activity. The survey platform was configured and implemented through an existing CCH Salesforce software application which allowed for a significant cost savings. Coupled collaboration between HR and Corporate Compliance built upon the strengths of each area, efficiently facilitated decision-making and resulted in faster implementation. The result was tool that meets the aforementioned requirements and covers two (2) elements, dual employment and conflict of interest which is covered in the CCH Dual Employment and Conflict of Interest policies.

The application requires attestations by each employee for compliance with each policy and collects disclosures for review and approval by leadership. Building on feedback received from prior years, the survey was streamlined to trigger a subset of questions if the user responded affirmatively to a question.

The survey generally requires a two-step leadership review. Once completed by an employee, the survey automatically generates an email to the employee and operational leader, prompting the leader to review, approve or deny the survey. Once reviewed and approved, the survey is routed for a secondary review by the Department Head. At each step of the review, the reviewer has the ability to reject a submission, sending the survey back to the individual for more

Cook County Health  
**Compliance Program**  
ANNUAL REPORT – FY19

---

specificity. Upon rejection, an email is similarly generated and sent to the employee's CCH email account which includes a direct link to the employee's survey. The employee is then required to update their survey and resubmit.

To make the survey more efficient, logic was built into the survey to facilitate approvals by leadership. If an employee does not disclose dual employment and does not respond affirmatively to any disclosure question, the survey will automatically approve. The "Auto Approved" functionality retains the ability for the leader review and reject the submission as deemed necessary. The goal of this feature is to automate submissions that meet certain conditions and allow leadership to focus on the exceptions thereby streamlining the review process.

Summary information will be compiled and shared with the Corporate Compliance Executive Steering Committee.

- Record Retention

As a government entity, all documents must be reviewed to determine if they are considered "public records." Public record is defined in 50 ILCS 205/3 as *"(a)ny book, paper, map, photograph or other official documentary material, regardless of physical form or characteristics, made, produced, executed or received by any agency...or in connection with the transaction of public business and preserved...as evidence of the organization, function, policies, decisions, procedures, or other activities thereof, or because of the informational data contained therein."*

CCH follows an approved Application for Authority to Dispose of Local Records, known as the Record Retention Schedule. The Schedule dates back to 1985, it contains 1,237 pages with 4,395 different records and retention periods. A renewed departmental effort to develop a leaner, more intuitive Record Retention Schedule for Cook County Health was initiated late in FY 2019 and remains on the Corporate Compliance work plan for FY 2020.

## Element 2

*The designation of a Chief Compliance Officer and other appropriate bodies, e.g., a corporate compliance committee, charged with the responsibility of operating and monitoring the compliance program, and who reports directly to the CEO and the governing body.*

**B. Compliance Office and Committees**

The graphic below illustrates the communication and reporting structure. Cathy Bodnar, the Chief Compliance & Privacy Officer, reports to the CCH Audit & Compliance Committee of the Board and the CCH Chief Executive Officer. In turn, the CCH Audit & Compliance Committee of the Board and the CCH Chief Executive Officer each report to the CCH Board of Directors.



The primary duties of the **Chief Compliance & Privacy Officer** include the following:

- Provides oversight and guidance to the Board of Directors, Chief Executive Officer and senior management on matters relating to compliance.
- Monitors and reports results of organizational compliance/ethics efforts. Authorized to implement all necessary actions to ensure achievement of the objectives of an effective compliance program.
- Works in conjunction with the Privacy Officer to assure compliance with HIPAA and state laws regarding protection of patient and member health information;
- Monitors the performance of the Compliance Program and related activities, internally throughout CCH and externally for delegated entities, taking appropriate steps to improve effectiveness.
- Develops, initiates, maintains and revises policies, procedures and practices for the general operation of CCH and its related activities including those to ensure compliance with the CCH Managed Care Community Network (MCCN) Agreement with Healthcare Family Services (HFS).
- Develops and periodically reviews and updates Code of Ethics to ensure continuing relevance in providing guidance to management and the workforce.
- Responds to alleged violations of rules, regulations, policies, procedures and the CCH Code of Ethics by evaluating or recommending the initiation of investigative procedures.

Cook County Health  
**Compliance Program**  
ANNUAL REPORT – FY19

---

- Acts as an independent review and evaluation body to ensure that compliance issues/concerns evaluated, investigated and resolved, which may include reporting of violations or potential violations to duly authorized enforcement agencies as appropriate and/or required.
- Identifies potential areas of compliance vulnerability and risk; monitors operational corrective action plans for resolution of problematic issues, and provides general guidance on how to avoid or deal with similar situations in the future.
- Establishes and monitors a system to log, track and maintain documentation for all concerns/issues raised to Corporate Compliance.
- Institutes and maintains an effective compliance communication program for the organization, that includes (a) promoting the use of the compliance hotline or other mechanisms for communicating with Corporate Compliance; (b) emphasizing to leadership, employees, and workforce members reports of suspected fraud and other improprieties should be made without fear of retaliation; (c) heightening awareness of the Code of Ethics; and (d) understanding new and existing compliance issues and related policies and procedures.
- Works with CCH Human Resource Department and other as appropriate to develop, implement, maintain and document an effective compliance training program, including appropriate introductory training for new workforce members as well as ongoing training for all workforce members and managers
- Guides and partners with operational leadership to facilitate operational ownership of compliance. Consults with legal counsel as needed and independently to resolve difficult compliance issues.
- Collaborates with operational areas throughout the organization to direct compliance issues to appropriate channels for investigation and resolution.

The **Audit & Compliance Committee of the Board** advises the CCH Board of Directors regarding the implementation of standards and processes to assure professional responsibility and honest behavior, compliance with regulatory requirements, and risk management.

In addition to the aforementioned relationships, the Chief Compliance & Privacy Officer receives support and guidance from the internal **Corporate Compliance Executive Steering Committee**, an assembly of executive leaders within CCH, including but not limited to, the CEO, Deputy CEO, System Director of Internal Audit, Chief Information Officer, Chief Medical Officer, Chief Nursing Officer and others.

### **Element 3**

*The development and implementation of regular, effective education and training programs for all affected employees.*

**C. Education and Training**

1. *New Employee Orientation*  
Presented an “Introduction to Corporate Compliance and HIPAA”, at twenty-six (26) orientation sessions speaking to over 709 workforce members.
  
2. *Targeted Education*  
Provided thirteen (13) additional education training sessions to 215 attendees. Continued utilizing interactive training sessions which focused on storytelling as a means to communicate information on HIPAA and CCH policies. Focused on current matters brought to Corporate Compliance attention, the impact on patients, and proactively improving compliance to areas such as,
  - Leadership forum;
  - Department of Medicine residents;
  - Robbins Health Center; and
  - Department of Radiology at John H. Stroger, Jr. Hospital.
  
3. *Annual Compliance Education*  
As noted earlier, responsible for three (3) mandatory education modules, Code of Ethics, Fraud, Waste and Abuse and Privacy.

**Element 4**

*The maintenance of a process, such as a hot line, to receive complaints, and the adoption of procedures to protect the anonymity of complainants and to protect whistleblowers from retaliation.*

**D. Effective Lines of Communication – Receiving and Responding to Complaints**

1. *Infrastructure Activities*
  - a. Assisted our workforce members through:
    - A hot line service provided by an independent, contracted third-party to preserve caller anonymity if desired. The individual is given a code number related to their report, and can call back or check the website using that code number to review comments and updates. In FY 2019, 85 calls were received on the hot line.
    - A separate toll-free number for patients and members to contact following notification of a privacy breach.
    - Collaboration with operational areas, including but not limited to Patient Relations and Health Information Management to assist in resolving compliance-related issues.
  - b. Maintained two e-mail addresses for departmentally, Compliance ([compliance@cookcountyhhs.org](mailto:compliance@cookcountyhhs.org)) and Privacy ([privacy@cookcountyhhs.org](mailto:privacy@cookcountyhhs.org)).

Cook County Health  
**Compliance Program**  
ANNUAL REPORT – FY19

---

- c. Engaged internal and external resources to assist in complex compliance and privacy research which, in the case of external resources, provided governmental and national perspectives on compliance issues.
- d. Identified trends and patterns to mitigate organizational risks and facilitate operational improvement.
- e. Presented trends and patterns to the CCH Compliance Executive Committee and the Audit and Compliance Committee of the Board.

2. *General Processes for Responding to Inquiries, Issues and Complaints*

The workflow process for compliance contacts follows SBAR, an acronym for **S**ituation, **B**ackground, **A**ssessment, **R**ecommendation.

Initially, Corporate Compliance is made aware of a **S**ituation,

- Contact is made through one or multiple modalities e.g., via direct phone call or call through the compliance hot line, e-mail, and/or in-person;
- An inquiry is made, or a concern is described;
- An individual(s), area(s) or situation is identified.

This **B**ackground information is classified, compiled and logged in the Corporate Compliance tracking tool.

An **A**ssessment occurs,

- Research and review organizational policy, federal, state, and county regulations to evaluate the situation presented;
- Determine what the problem is and/or the severity.

Lastly, the **R**ecommendation,

- Establish a pathway for mitigation and remediation. These may include further auditing of documentation, mitigating harm, and potentially informing the appropriate government entity.
- This always involves engaging and collaborating with leadership.
- Share recommendations with the reporter, as appropriate.

The work-flow process for potential HIPAA incidents and breaches similarly follows SBAR. However, if the **A**ssessment determines a reportable breach has occurred then,

- HIPAA breach notification rules regulatorily require sending a notification letter to the affected individual(s) within sixty (60) days of discovery.
- Notification to the Office for Civil Rights (OCR) annually.

Cook County Health  
**Compliance Program**  
ANNUAL REPORT – FY19

---

Breaches that affect over 500 individuals must include the following,

- Releasing a statement to prominent media outlets serving the state;
- Posting a notice on the CCH website; and
- Notifying the Office for Civil Rights (OCR) within sixty (60) days of discovery.

Similarly, collaboration with the operational area to determine and facilitate a corrective action plan which includes re-education.

The diagram that follows illustrates the approach to incident investigation and ensures that all the causes are discerned and addressed by appropriate actions.



3. *Contact Volumes*

In FY 2019, 838 identified contacts were documented for the CCH Provider Compliance Program. The chart that follows illustrates the year-over-year activity, which shows an increase of 13% compared to the previous fiscal year.



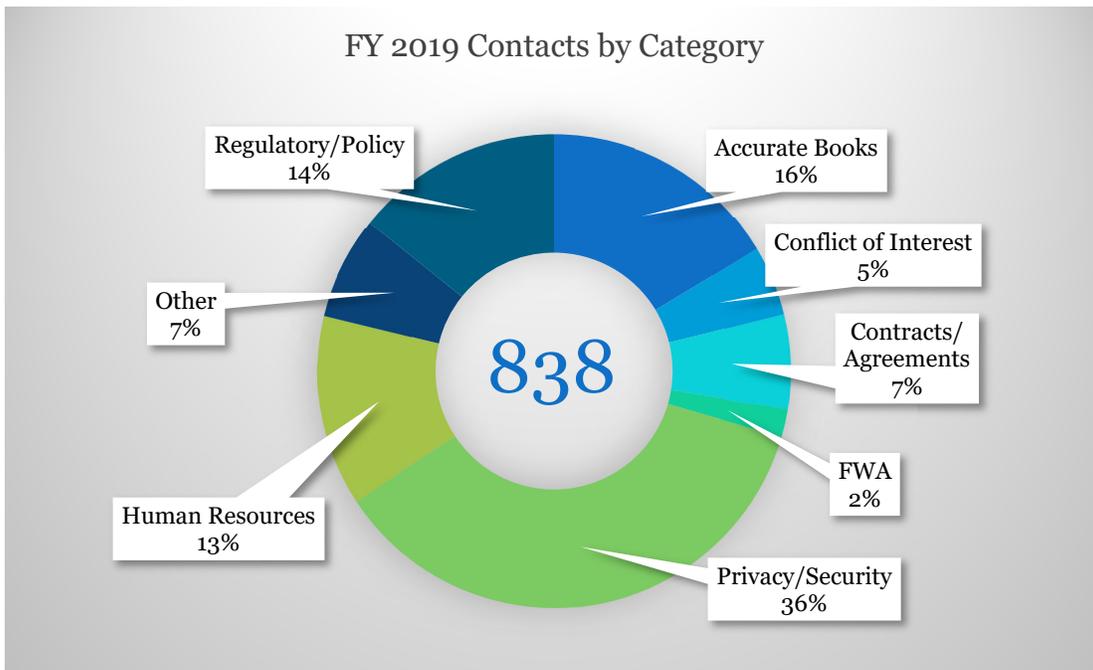
4. *Contact Breakdown by Category*

Categories have been defined that parallel the CCH Code of Ethics. The inclusion of a contact in a specific category does not substantiate the contact as a concern; rather it classifies the contact within a defined category.

Cook County Health  
**Compliance Program**  
 ANNUAL REPORT – FY19

Corporate Compliance updated its categories in FY 2019 to reflect increasing volume seen in certain categories. FY 2019 categories are as follows:

- Accurate Books and Records
- Conflict of Interest
- Contracts/Agreements
- Fraud, Waste and Abuse, and Financial Misconduct
- HIPAA Privacy, Confidentiality and Security
- Human Resources
- Quality/Patient Safety
- Research
- Regulatory/Policy
- Theft
- Other



Categories	Count	Categories	Count
Privacy, Confidentiality and Security	304	Accurate Books & Records	137
Regulatory/Policy	119	Human Resources	109
Contracts/Agreements	54	Conflict of Interest	40
Fraud, Waste, Abuse, and Financial Misconduct	16	Other	59

5. *FY 2019 Contacts by Category*

The majority of the contacts, 304 or 36%, were categorized within HIPAA Privacy, Confidentiality and Security. This percentage is consistent with previous years. Of the documented contacts categorized as HIPAA Privacy, approximately 12% or 39 contacts were confirmed privacy breaches that resulted in a total of 2,941 patient notifications. It is important to note that 2,713 of these individual notifications occurred in response to one (1) breach wherein researchers utilized a third party to facilitate the mailing of study materials to participants without the requisite business associate agreement (BAA) in place, which requires that privacy safeguards are in place when third parties receive or transmit information on behalf of CCH.

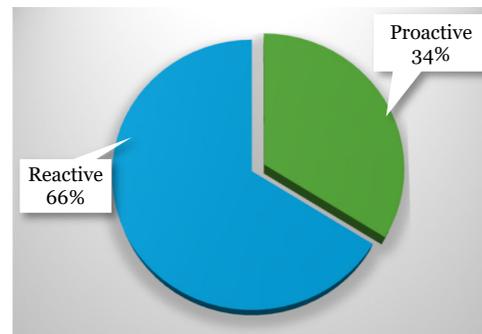
Substitute notice, posted on the CCH website, was required for two (2) of the 39 contacts that were deemed to be breaches. In these cases, the exact number of individuals could not be determined. A substitute notice is required by law when CCH has insufficient or out-of-date contact information for ten (10) or more individuals impacted by the breach.

6. *FY 2019 Contact Status*

Of the 838 contacts throughout FY 2019, 92% or 775 contacts were resolved at the end of the fiscal year. The remaining contacts carried into FY 2020. Of the contacts resolved, 96% were either managed internally by Corporate Compliance or Corporate Compliance partnered with another area to address the concerns raised. This metric is consistent year-over-year.

7. *FY 2019 Proactive vs. Reactive*

Of the 838 provider contacts managed during FY 2019, 34% or 284 contacts were proactive. The proactive category is defined as questions, brought to the attention of Corporate Compliance by individuals seeking guidance prior to the occurrence of an event or activity. This percentage increase from 29% in FY 2018 shows a positive trend towards individuals seeking guidance prior to embarking upon an action. The remaining 554 contacts or 66% were reactive. Reactive contacts occur in response to an action that has already been initiated.



### Element 5

*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.*

#### **E. Enforcing Standards**

Broadened the scope of Standards enforcement through:

1. **Breach Assessments.** Reviewed investigations and provided remediation guidance to operational areas to minimize and/or eliminate breaches in the future and, utilized the CCH Sanction Policy and Personnel Rules, to provide leadership guidance for disciplinary action.
2. **Breach Notification.** Investigated all instances of lost or stolen patient information, including paper and electronic. For all instances in which the data loss constitutes a breach as defined by the Breach Notification Rule, the breach notification requirements to the patient, the Secretary of HHS, and the media are completed. Corrective action plans are created and executed to improve the processes and counsel the physicians and employees involved.
3. **Conflict of Interest.** Provided guidance and developed Conflict Management Plans to preserve the integrity of the decision-making process.
4. **Investigations Resulting in Employee Related Corrective Actions.** HIPAA and Conflict of Interest complaints were investigated and resulted in providing leadership guidance to remediate the situations and avoid repetition of the incident.
5. **Partnerships with Governmental Agencies.** Corporate Compliance has engaged both state and federal agencies (e.g. the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), Office for Civil Rights (OCR), Federal Bureau of Investigations, Secret Service, Department of Healthcare and Family Services (HFS), HFS Office of the Inspector General, and the Medicaid Fraud Control Unit) on a variety of matters. Additionally, Compliance has worked with the Cook County Office of the Independent Inspector General.

### Element 6

*The use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified problem area.*

## **F. Auditing and Monitoring**

1. The Privacy side of the Corporate Compliance Program conducted ongoing HIPAA auditing and monitoring of access to the electronic health record by:
  - Investigating all allegations of inappropriate access to the electronic record;
  - Utilizing the auditing tool, Cerner P2Sentinel, to run reports showing access to certain electronic health records;
  - Working with operational leadership to take appropriate disciplinary action and educate staff when inappropriate access is determined; and
  - Collaborating with the Information Security Officer to review an offshore arrangement by a Business Associate led to the development of an offshore operations attestation form. As noted earlier in this report, the plan, within FY 2020 is to selectively roll the attestation form out in partnership with Supply Chain Management.
  
2. The Corporate Compliance Program engaged an independent third party to perform an outpatient and inpatient probe audit. The audit revealed opportunities within the following areas:
  - Coding quality for diagnosis and procedure assignment;
  - Improvement through physician documentation and laboratory; and
  - Adjustments with laboratory billing to correct inaccuracies.Ongoing reviews are recommended to improve coding, documentation, and billing quality.

## **G. Risk Assessment**

The Corporate Compliance Program risk assessment process is dynamic, and adjustments are made throughout the year to respond to emerging issues with the resources available. This report highlighted activities that minimized risk through the introduction and enforcement of policies and standards, auditing and monitoring, education, and issue investigations with corrective action plans as appropriate.

Through surveys of executive leadership and key thought leaders within the organization, overlaying industry risks, and through the course of activities within prior fiscal years, the following areas were assessed in FY 2019:

- Safeguarding Protected Health Information in paper and electronic and paper format through encryption and secure storage devices;
- Monitoring patient data to ensure accurate registration and deter identity theft and merged electronic health records;
- Directing Supply Chain Management during contract negotiations in the areas of compliance, privacy and security, this includes the review and execution of Business Associate Agreements;
- Ensuring documentation supports the services performed through accurate code assignment;

Cook County Health  
**Compliance Program**  
ANNUAL REPORT – FY19

---

- Defining contractual parameters of governmental Managed Care Plans excluding CountyCare;
- Assuring sanction screening was performed during the onboarding process for employees and vendors;
- Monitoring the 340B Drug Pricing Program through Pharmacy operations;
- Collaborating with Research to ensure regulatory requirements are followed;
- Guiding leadership in Record Retention Requirements; and
- Working with physicians to accentuate the need for them to manage their prescription activity with the Illinois Drug Prescription Monitoring Program to eliminate fraudulent controlled substance prescriptions.

### **Element 7**

*The investigation and remediation of identified systemic problems and the development of policies addressing the non-employment or retention of sanctioned individuals.*

#### Sanction Screening Checks

- A policy and procedure paralleling the requirements set forth by the Department of Health and Human Services, Office of Inspector General, is in place to ensure the screening of all contractors and workforce members.
- The policy is in place to avoid employing, engaging, contracting or agreeing with any individual or entity that is excluded or “sanctioned” from participation in a federal health care program or who is debarred from participation in federal procurement or non-procurement programs for the provision of goods or services.
- CCH screens all employees prior to hire and vendors prior to contracting.
- Delegated vendors attest to screening of all workforce members upon hire and routinely thereafter.
- Corporate Compliance, through an independent third party, is responsible for subsequent screenings. The third-party screens employees, employees of delegated vendors that work at CCH locations or have contact with a patient or CountyCare member, monthly and annually.
- Determined, through an independent third party, no excluded or sanctioned CCH workforce members or vendors were identified throughout this fiscal year.

## **V. Looking Ahead**

Using the annual risk assessment with executive leadership and key thought leaders, emerging issues, and the course of activities in prior years, CCH Corporate Compliance has identified priorities. The Corporate Compliance Program will primarily focus on analysis and risk reduction related to fraud, waste, abuse, financial misconduct and mismanagement initiatives and will continue to review, update and implement compliance policies and procedure.

Cook County Health  
**Compliance Program**  
ANNUAL REPORT – FY19

---

Year-Over-Year, the CCH Compliance Program continues to

- 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;
- Respond to inquiries, allegations, and complaints brought to the attention of the Program;
- Implement solutions aimed at identifying and resolving preventable risks;
- Assess and reassess compliance and privacy policies and procedures; and
- Promote the CCH Corporate Compliance Program internally and externally.

FY 2020 priorities on the CCH provider side are:

- Emphasizing the importance of safeguarding hard copy and electronic Protected Health Information (PHI) to workforce members and their departments, with a targeted effort to reach CCH locations outside of the Central Campus;
- Continuing partnership with Information Services and the Information Security Officer to examine processes to safeguard electronic Protected Health Information (ePHI) as technological challenges arise (e.g. social media, texting, image sharing, offshoring etc.);
- Strengthening compliance and privacy guidance documents, policies and procedures and updating education material;
- Exploring mechanisms to extract claims data to proactively assess provider claims activity;
- Auditing and monitoring code assignment based on medical record documentation and documentation guidelines;
- Partnering with Health Information Management (HIM) on provider documentation improvement;
- Collaborating with key stakeholders to improve the registration process and eliminate tangled records;
- Facilitating policy and procedure revisions to address intertwined medical records from the Tangled Records Task Force;
- Continuing the partnership with Patient Relations to improve our patients' experience; and
- Developing a leaner, intuitive Records Retention Schedule for submission to the Local Records Commission. Once approved, append to the current Records Retention policy and develop a communication strategy to the update to the CCH workforce.



# CountyCare Compliance Program

---

Annual Report  
Fiscal Year 2019  
December 1, 2018 – November 30, 2019

---

February 14, 2020

---

**Table of Contents**

<b>I.</b>	Introduction.....	3
<b>II.</b>	Building Blocks – Program Infrastructure and Scope .....	4
<b>III.</b>	Compliance Program Structure: Performance of the Elements .....	6
	A. Element 1	
	i. Policies and Procedures .....	6
	ii. Ad Hoc Activities/Guidance.....	7
	B. Element 2	
	i. Compliance Office and Committees .....	8
	C. Element 3	
	i. Education and Training .....	11
	D. Element 4	
	i. Effective Lines of Communication – Receiving and Responding to Complaints .....	11
	E. Element 5	
	i. Enforcing Standards .....	17
	F. Element 6	
	i. Auditing and Monitoring .....	18
	ii. Risk Assessment.....	18
	G. Element 7	
	i. Identification of Systemic Issues .....	19
<b>IV.</b>	Looking Ahead.....	19

Cook County Health  
**CountyCare Compliance Program**  
FY 19 ANNUAL REPORT – December 2018 through November 2019

---

---

**I. Introduction**

CountyCare is a Managed Care Community Network (MCCN) health plan offered by Cook County Health (CCH) pursuant to a contract with the Illinois Department of Healthcare and Family Services (HFS). Since late 2012, CCH has partnered with the State of Illinois, initially through the State of Illinois federal Section 1115 demonstration waiver which was an early start on Medicaid expansion, then in 2014, CountyCare transitioned into the MCCN. By working to employ the advantages of our parent organization, CCH, CountyCare is able to uniquely promote achievement of the Triple Aim: 1) improving the member experience, 2) improving the health of populations overall, while 3) reducing the cost of care. The operation of the CountyCare MCCN is facilitated through CCH and its various subcontractors.

To adhere to the Centers for Medicare & Medicaid Services (CMS) Managed Care Program Integrity requirements<sup>1</sup>, contractual provisions in the MCCN Agreement with HFS, and the elements of an effective compliance program as recommended in the Department of Health and Human Services Office of Inspector General (OIG) Compliance Program Guidance publications, CCH developed and implemented the CountyCare Compliance Program. The CountyCare Compliance Program is designed to demonstrate the health plan's ongoing commitment to promoting ethical and lawful conduct consistent with all applicable laws, regulations, and contractual requirements, as well as CCH policies, procedures, and the Code of Ethics.

This Annual Report presents the activities throughout county fiscal year 2019 (FY 2019). The CountyCare Compliance Program is under the executive leadership of Cathy Bodnar, Chief Compliance & Privacy Officer, and in FY 2019, under the operational leadership of Elizabeth Festa, Compliance Officer, CountyCare and Ashley Huntington, Privacy Officer.

During this past fiscal year, CountyCare Health Plan, as a whole, accomplished many goals and implemented a variety of initiatives. A few health plan achievements include:

- **CountyCare Remained the Largest Medicaid Health Plan in Cook County:** At the close of FY 2019, CountyCare remained the largest Medicaid Health Plan in Cook County for the second year in a row, covering over 318,000 lives.
- **NCQA Rating:** In FY 2019, CountyCare was named the top-rated Medicaid plan in Illinois by the National Committee for Quality Assurance (NCQA). CountyCare also scored the highest for preventative care and treatment, and tied for second in consumer experience.
- **Successful HSAG Audit:** In October of 2019, HFS' auditor Health Services Advisory Group (HSAG) conducted an on-site two-day audit focused on various aspects of CountyCare's performance of duties under the MCCN contract. Although CountyCare does not have the final results of the audit as of this publication, HSAG made clear at the conclusion of the on-site session that HSAG is impressed with CountyCare's progress in all areas assessed. In response to a question about the alignment of the reporting structure of the Compliance Department with the MCCN contractual requirements, the Compliance Department

---

<sup>1</sup> See 42 C.F.R. §438.608.

Cook County Health  
**CountyCare Compliance Program**  
 FY 19 ANNUAL REPORT – December 2018 through November 2019

submitted documentation to HFS and HSAG detailing the CCH Compliance Department's alignment with federal regulations and best practices.

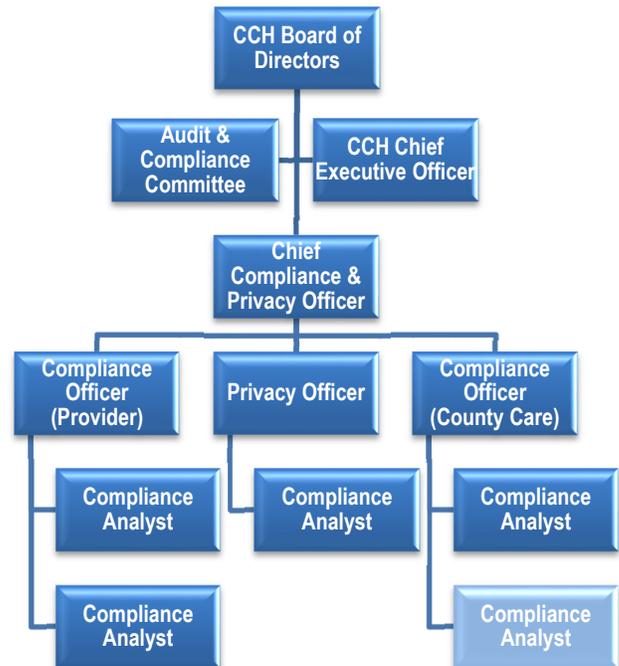
- **New Partnerships:** CountyCare continuously assesses its vendor performance and new vendor opportunities. In fiscal year 2019, CountyCare replaced its dental/vision and pharmacy benefits manager vendors for cost savings and performance improvement purposes. The new pharmacy benefits manager, MedImpact, launched on April 1, 2019, and the new dental/vision vendor, Guardian/Avesis, launched October 1, 2019. To improve its outreach to members, CountyCare added a text messaging vendor, mPulse.
- **Care Management changes:** In the spring of 2019, CountyCare made significant changes to its care coordination structure to improve results and save significant money. CountyCare de-delegated Aetna CME, and engaged ACCESS Community Health Network. Aetna CME's former members (approximately 100,000) were primarily assigned to CCH's Complex Care Coordination, also known as CCC, or to ACCESS.
- **Employee Lunch & Learn:** In the fall of 2019, CountyCare launched an internal initiative aimed at educating its workforce regarding different operational areas within the health plan. Topics have included MoreCare (the Medicare Advantage health plan) and special needs children (SNC).

The Corporate Compliance Program dedicated to CountyCare was directly involved in each major initiative to assure the execution adhered to and incorporated relevant regulatory directives and contractual requirements.

**II. Building Blocks – Program Infrastructure and Scope**

The Annual Report begins with a look at the structure and activities of the Corporate Compliance Program that incorporate efforts to foster an infrastructure that produces a comprehensive compliance program for CountyCare and its affiliates. The Departmental Organization Chart appears adjacent to this narrative.

The lightly shaded position indicates the new hire during FY 2019. One (1) of the 3-dedicated CountyCare Compliance Program positions was vacant for several months within the fiscal year.



Cook County Health  
**CountyCare Compliance Program**  
FY 19 ANNUAL REPORT – December 2018 through November 2019

---

In September of 2019, the third dedicated CountyCare Compliance Program position was filled, which has allowed the team to focus not just on the core elements of the Program, but also improving the Compliance Program, Program Integrity, and CountyCare as a whole. As a direct result of full staffing, the team received 307 contacts in FY 2019, a 146% increase over FY 2018.

### **CountyCare Compliance Program Scope**

The CountyCare Compliance Program is tasked with outlining guidelines and providing insight to:

- Comply with the CMS Managed Care Program Integrity requirements and the terms of the CountyCare Health Plan contract with HFS;
- Prevent, detect and eliminate fraud, waste abuse, and financial misconduct;
- Protect health plan members, providers, CCH, the State, and the taxpaying public from potentially fraudulent activities;
- Respond and provide guidance related to privacy, confidentiality, and security matters;
- Provide high level oversight to the health plan's Grievances and Appeals Program; and
- Understand and focus on high-risk areas that have the greatest potential for non-compliance with federal and state regulatory and contractual requirements.

Further, the program aims to implement a working communication strategy to increase the CountyCare workforce awareness, including vendors and subcontractors, of the following topics:

- Code of Ethics;
- Privacy, Confidentiality, and Security;
- Accessibility of the Compliance Officer and the compliance team;
- Availability to report issues anonymously through multiple modalities;
- Responsibility to report potential and actual issues;
- Consequences of not reporting; and
- Non-retaliation protections.

The following types of activities and issues fall into the CountyCare Compliance Program purview:

- Interpretation of contracts, laws, rules, regulations, and organizational policy as they relate to CountyCare Compliance;
- Accurate Books and Records;
- Conflict of Interest;
- Fraud, Waste, Abuse, Financial Misconduct and Mismanagement; and
- Member Privacy, Confidentiality, and Security (HIPAA)

The CountyCare Compliance Program scope of work is subject to ongoing review and revision as deemed necessary to ensure ongoing compliance. It is designed to accommodate future changes in regulations and laws and may be updated to address issues not currently covered, issues related to new service offerings, or regulatory requirements.

**III. Compliance Program Structure – Performance of the Elements**

This section of the report serves to demonstrate the effectiveness and provide an assessment of program operations using the seven (7) Compliance Program Elements of a comprehensive compliance program, as outlined in the CMS Managed Care Program Integrity requirements<sup>2</sup> and by contractual provisions in the MCCN Agreement.

**Element 1**

*The distribution of written Code of Ethics, as well as written policies and procedures that promote the health plan’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, waste and abuse. The CCH Code of Ethics applies to all CountyCare personnel, providers, agents and subcontractors. The Code of Ethics, as well as CCH’s policies and procedures, support CountyCare’s commitment to comply with all federal and state standards, including but not limited to, applicable statutes, regulations and sub-regulatory guidance and contractual requirements.*

**A. Policies and Procedures**

Compliance staff engaged in the following activities to promote and establish an effective compliance program for the CountyCare Health Plan:

1. Conducted annual audit of CountyCare’s delegated vendors to ensure adherence to CountyCare’s policies and procedures as well as MCCN contractual requirements.
2. Continued to follow the CountyCare Compliance Plan that focuses specifically on outlining the compliance responsibilities of the health plan and program design for implementation, as well as specific CountyCare compliance policies for high risk areas focused on health plan operations.
3. Ensured that CountyCare personnel, providers, agents and subcontractors had access to compliance documentation electronically and were provided with hard copies of compliance policies and procedures upon request.
4. Assisted CountyCare operations with establishing a resource folder and training for new employees specifically tailored to CountyCare.
5. Reviewed CCH Compliance policies to ensure alignment with CountyCare’s contractual and legal requirements, as well as best practices.
6. Drafted appropriate compliance contract language for new or updated contracts with delegated vendors for Pharmacy Benefits Manager (PBM), Dental/Vision, and Transportation.

---

<sup>2</sup> See 42 C.F.R. §438.608.

**B. Ad Hoc Activities/Guidance**

Corporate Compliance worked with operational areas to assess compliance with policies, procedures and/or regulatory requirements and, in certain instances, assisted in the development of new policies and procedures.

Examples of areas assessed:

- Health Plan Marketing Policy Compliance Review: Due to the ever-changing complex regulatory environment of Medicaid managed care plan marketing, Compliance reviewed and tracked all marketing materials before they were submitted to HFS for approval. Examples of materials reviewed include the Member Handbook and member letters. Compliance also provided guidance related to template language, required disclaimers, the Brighter Beginnings outreach materials, and a preferred provider letter co-branded with the Chicago Public Schools. All member materials were approved by HFS prior to distribution.
- Medical and Prior Authorization Policies: Worked with CountyCare Special Investigation Units (SIU) to identify areas where Prior Authorization would reduce waste and abuse and save money. By example, identified CPT code 87799 (a microbiology miscellaneous code) that was, in certain circumstances, being used to bill experimental/investigational procedures, and saved approximately \$500,000 a year by implementing a prior authorization requirement on the code.
- Provider Manual: Updated Provider Manual to strengthen language regarding prohibition of balance billing CountyCare members, as well as updating fraud, waste and abuse language.
- “Any Willing Provider” Requirement: Analyzed and provided guidance to CountyCare pharmacy department regarding its use of new PBM pharmacy network and whether it violates MCCN requirement that CountyCare contract with any willing provider.
- Quality Standards for Specific Services Policy: Worked with CountyCare Quality Department to create a policy to establish quality criteria for provider participation in the CountyCare network to provide specific services.
- Care Outside of Service Area Policy: Worked with CountyCare Quality Department to create a policy regarding members who receive services outside of Cook County, Illinois.
- Delegated Vendor Oversight Policy: Worked with CountyCare Operations Department to update the Delegated Oversight Policy to define the process and criteria utilized by CountyCare to oversee health plan responsibilities that have been delegated or sub-delegated to other organizations and qualified entities.
- Recipient Restriction Policy: Worked with the CountyCare Pharmacy and Quality Departments to update the Recipient Restriction (otherwise known as Lock-in) Policy for members who must fill their prescriptions with a specific pharmacy and/or prescriber due to prescription drug abuse or concerns for the members’ health and safety.

Cook County Health  
**CountyCare Compliance Program**  
FY 19 ANNUAL REPORT – December 2018 through November 2019

---

- **Separation of Data Guidance:** CCH, through a new department, Health Plan Services, partnered with MoreCare to launch a Medicare product. Compliance partnered with MoreCare Compliance and provided guidance to staff working on both the Medicaid and Medicare businesses regarding need to segregate CountyCare data from MoreCare data and utilize access controls to maintain appropriate protection of data.
- **System Access Tracker:** Worked with various departments within CountyCare to initiate a process to monitor system access separate and distinct from CCH systems access. The CountyCare workforce has access to multiple external resources that contains sensitive information including member Protected Health Information (PHI), by example through TPAs. Additionally, CountyCare operations utilizes contractors to supplement staffing, these individuals may be short term depending on the operational need. A policy and procedure was developed to safeguard member PHI and confidential material.
- **Coordination of Benefits:** Engaged HFS to convey the need for Social Security Numbers of CountyCare members so that CountyCare could conduct accurate matching of members' records to ensure that Third Party Liability sources for members are identified and Medicaid remains the payer of last resort.

## **Element 2**

*The designation of a Chief Compliance Officer and other appropriate bodies, e.g., a corporate compliance committee, charged with the responsibility of operating and monitoring the compliance program, and who reports directly to the CEO and the governing body.*

### **A. Compliance Office and Committees**

Cathy Bodnar, the Chief Compliance & Privacy Officer, reports to both the CCH Audit & Compliance Committee of the Board and the CCH Chief Executive Officer. In turn, the CCH Audit & Compliance Committee of the Board and the CCH Chief Executive Officer each report to the CCH Board of Directors.

In FY 2019, Elizabeth Festa, Compliance Officer, CountyCare assisted the Chief Compliance & Privacy Officer in the operation of the CountyCare Compliance Program. The primary duties of the Compliance Officer, CountyCare include the following:

- Governance of the Health Plan's Fraud, Waste, Abuse (FWA) and Financial Misconduct Program (Program Integrity Program) and Special Investigations Units (SIUs) to ensure that FWA and Financial Misconduct is actively administered, as delegated by the Chief Corporate Compliance & Privacy Officer.
- Monitors operational management of the Health Plans' complaint, grievance, appeals and the fair hearing process received from members and care providers for program compliance in addition to trends and patterns through reports and data analysis.

Cook County Health  
**CountyCare Compliance Program**

FY 19 ANNUAL REPORT – December 2018 through November 2019

---

- Collaborates with the Chief Corporate Compliance & Privacy Officer to ensure that FWA is reported in accordance with federal, state and local requirements, as well as the guidelines in the Medicaid Managed Care regulations at 42 CFR §438.608 and the CCH MCCN Agreement with HFS.
- Implements and coordinates methods and programs that encourage workforce, employees and independent contractors to report issues related to noncompliance and potential FWA without fear of retaliation.
- Reviews health plan agreements, contracts, addenda, and other relevant documents, as needed.
- Aligns with operational management of the Health Plans' sanction/exclusion check to ensure that providers, management, workforce and independent contractors (where necessary) are screened against applicable Federal and state sanction and exclusion lists.
- Coordinates potential fraud investigations/referrals with the SIU, where applicable.
- Partners with other health plans, HFS, Medicaid Fraud Control Units (MCFUs), commercial payers, and other organizations, where appropriate, when a potential FWA issue is discovered that involves multiple parties.
- Serves in a leadership capacity to develop the system-wide compliance program in conjunction with the Chief Compliance & Privacy Officer.
- Collaborates with operational leadership to facilitate operational ownership of compliance.
- Synchronizes system-wide compliance program materials and messaging to present a uniform approach.
- Oversees, directs, delivers, tracks, or ensures delivery of compliance training, both global and specialty, for employees, physicians, volunteers, students, vendors, and consultants.
- Develops, assesses, evaluates, implements, maintains, and updates compliance policies and procedures to ensure adherence with the requirements.
- Establishes a structured process for regulatory review, monitoring, and dissemination of information. Modifies policies, procedures, and projects to reflect changes in laws and regulations.
- Develops and coordinates compliance projects with CCH system entities as delineated in the Compliance Program Annual Work Plan and perform prospective reviews in conjunction other personnel as deemed necessary, and as determined by the Chief Corporate Compliance & Privacy Officer.
- Assures that Compliance Program reports are produced for the Chief Executive Officer, Board of Directors, and the Audit and Compliance Committee of the Board of Directors, as directed by the Chief Corporate Compliance & Privacy Officer.

Cook County Health  
**CountyCare Compliance Program**  
FY 19 ANNUAL REPORT – December 2018 through November 2019

---

The **Audit & Compliance Committee of the Board** meets quarterly and advises the CCH Board of Directors regarding the implementation of standards and processes to assure professional responsibility and honest behavior, compliance with regulatory requirements, and risk management. The Audit & Compliance Committee of the Board receives periodic updates regarding the CountyCare Compliance program, including Fraud, Waste and Abuse (FWA) metrics and assessments of risk areas.

The **CountyCare Regulatory Compliance Committee**, chaired by the Compliance Officer, CountyCare, meets quarterly and provides oversight of and guidance to CountyCare operations to ensure regulatory compliance and fulfill Compliance Program requirements, which include the implementation and operation of the Compliance Program. The Compliance Committee also reviews CountyCare activity pursuant to Compliance Program requirements and contractual requirements, including, but not limited to audits, monitoring activity, and corrective action plans. The Committee reports through the Chief Compliance and Privacy Officer to the Audit & Compliance Committee of the Board.

The **CountyCare Executive Committee** is comprised of CCH senior delegates and CountyCare leadership and is responsible for providing oversight, guidance and support to CountyCare leadership to support the achievement of agreed upon goals in a manner consistent with a provider-sponsored organization. The Committee provides useful feedback to CountyCare leadership regarding Plan performance and promotes alignment between CCH objectives and CountyCare programs. The Committee meets once every two months.

The **HFS-OIG MCO Subcommittee** is comprised of HFS-OIG and Managed Care Organization's (MCO) compliance members involved in the program integrity functions of their respective MCOs. This subcommittee meets monthly to review and share information regarding fraud, waste and abuse activity as it relates to specific providers and trends.

Corporate Compliance **Program Integrity Meetings** with delegated vendors occur on bi-weekly or monthly cadence, depending on the vendor and amount of activity. Led by the Compliance Officer, CountyCare, Corporate Compliance oversees the vendors' activities and uses these meetings to approve, modify, or reject the direction of investigations and recoupment activity.

The **Delegated Vendor Oversight Committee** meets quarterly to provide oversight of the operations affecting the scope of functions of delegated vendors and subcontractors to ensure compliance with statutory and contractual requirements. The Committee also provides oversight of quarterly delegation audits, monthly joint operations meetings and regular monitoring of member and provider complaints. Identified areas of risk that fall under the purview of Corporate Compliance are referred to Corporate Compliance for assessment.

**Element 3**

*The development and implementation of regular, effective education and training programs for all affected employees.*

**A. Education and Training**

1. CountyCare – Provider FWA training and New Employee/Contractor Orientation
  - Reviewed and updated provider Fraud, Waste and Abuse training to provide accurate legal citations and engaging quiz materials.
  - Participated in CountyCare New Employee workgroup to provide CountyCare employees with source for CountyCare specific materials.
  - Participated in New Employee training, providing new hires (both permanent and contractual) an introduction to all aspects of CountyCare, with dedicated time for compliance program introduction.
  
2. Targeted Education
  - Reviewed the MCCN Agreement for CountyCare training requirements and responsibilities and compared training materials submitted by TPAs and other delegated vendors to ensure compliance.
  - Provided regulatory summary regarding updates to 42 CFR Part 2 related to the disclosure of substance/alcohol abuse records.
  - In collaboration with the MoreCare Compliance Officer, issued a memo to all Health Plan Services workforce members reminding them that MoreCare and CountyCare are two separate and distinct health plans, and educating them on the need to keep information, documentation, and access separate.

**Element 4**

*The maintenance of a process, such as a hot line, to receive complaints, and the adoption of procedures to protect the anonymity of complainants and to protect whistleblowers from retaliation.*

**A. Effective Lines of Communication – Receiving and Responding to Complaints**

1. Reporting Issues and Complaints
  - Monitored TPA’s support and assistance to CountyCare members through the TPA’s hotline service. Met bi-weekly with TPA’s compliance staff to discuss issues received through the hot line and appropriate responses to those issues.
  - Shared the accessibility of reporting concerns to the CountyCare workforce through:
    - A hotline service by a third party to preserve anonymity if desired;
    - A separate toll-free number for privacy breaches; and
    - Open door policies of both the Compliance Officer, CountyCare and the Chief Compliance and Privacy Officer.

Cook County Health  
**CountyCare Compliance Program**

FY 19 ANNUAL REPORT – December 2018 through November 2019

---

- Established relationships and engaged internal and external resources to assist with investigations.
- Identified trends and patterns to mitigate organizational risks and facilitate operational improvement.
- Presented trends and patterns to the CountyCare Compliance Committee, CountyCare Executive Committee, Audit & Compliance Committee of the Board, and the Managed Care Committee of the Board.

2. Process for Responding to Issues and Complaints

Maintained processes for issue, complaint management, and resolution as follows:

- The workflow process for compliance contacts follows SBAR, an acronym for **S**ituation, **B**ackground, **A**ssessment, and **R**ecommendation.
- Initially, Corporate Compliance is made aware of a **S**ituation,
  - Contact is made through one or multiple modalities e.g., via direct phone call or call through the compliance hot line, e-mail, and/or in-person;
  - An inquiry is made, or a concern is described;
  - An individual(s), area(s) or situation is identified.
- This **B**ackground information is classified, compiled and logged in the Corporate Compliance tracking tool.
- An **A**ssessment occurs,
  - Reviewed and followed contractual obligations, organizational policy, federal, state, and county regulations related to the incident to evaluate the situation presented;
  - Determine what the problem is and/or the severity.
- Lastly, the **R**ecommendation,
  - Establish a pathway for mitigation and remediation. These may include further auditing of documentation, mitigating harm, and potentially informing the appropriate government entity.
  - This always involves engaging and collaborating with leadership and appropriate entities.
  - Share recommendations with the reporter, as appropriate.

3. Reporting

Categories have been defined to allow CountyCare Compliance to accurately measure general compliance inquiries/issues. The inclusion of an item in a specific category does not substantiate the issue; rather it classifies the issue within a defined category. The issues addressed within the past fiscal year of CountyCare Compliance addressed the following categories:

Cook County Health  
**CountyCare Compliance Program**

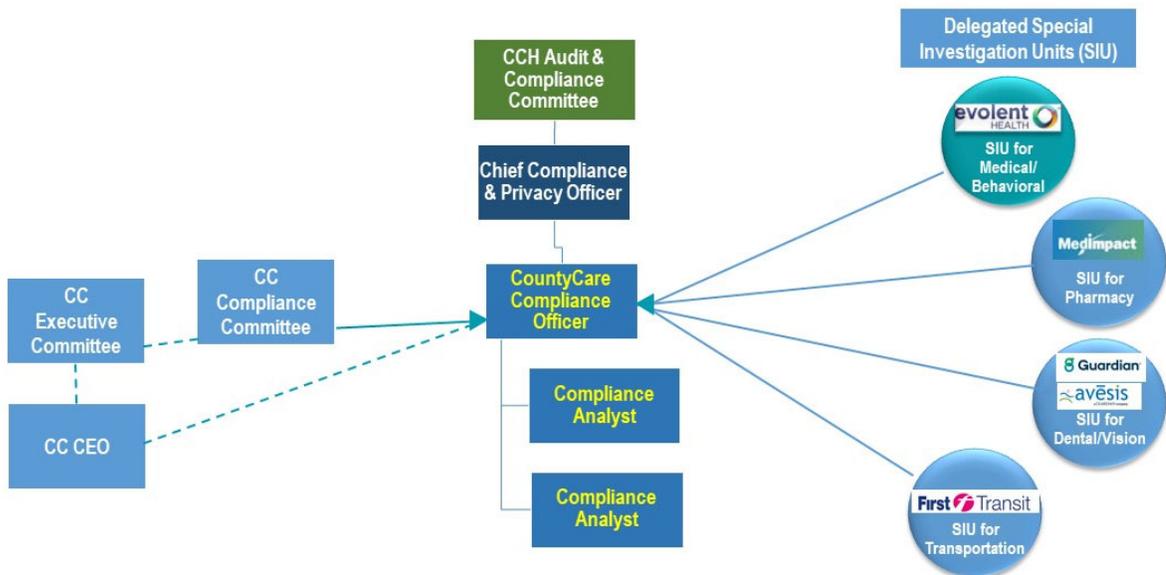
FY 19 ANNUAL REPORT – December 2018 through November 2019

- Contractual Issues & Reviews;
- Regulatory/Policy Matters;
- HIPAA Privacy, Confidentiality and Security;
- Accurate Books & Records;
- Fraud, Waste and Abuse;
- Conflict of Interest; and
- Other (e.g., subpoenas, unique grievance & appeals guidance, involuntary discharge of CountyCare member, etc.)

4. Fraud, Waste and Abuse

Prevention, detection and elimination of fraud, waste, abuse, and financial misconduct is a key driver for CountyCare Compliance. Benefit and Program Integrity is critical not only because it is a contractual requirement and a significant focus by the State and Federal government but because it is *the right thing to do*. The impetus of this key initiative is to ensure that federal, state, and county taxpayer dollars are spent appropriately on delivering quality, necessary care and preventing fraud, waste, and abuse in addition to protecting health plan members and providers.

To identify potential fraud, waste, abuse, and financial misconduct, CountyCare Compliance partners with each delegated vendor through their dedicated areas commonly known as Special Investigation Units (SIU). The Compliance Officer, CountyCare provides direct oversight of program integrity activity.



Cook County Health  
**CountyCare Compliance Program**

FY 19 ANNUAL REPORT – December 2018 through November 2019

FWA activity matters are raised through multiple modalities, to each delegated vendor or directly to Corporate Compliance. All allegations are tracked and monitored to resolution. In addition, other measures are undertaken through the SIUs. CountyCare utilizes data mining to identify providers with aberrant billing patterns and researches tips received from HFS, HFS-OIG, other Managed Care Organizations (MCOs), healthcare fraud groups, CountyCare employees, the media and other sources to identify fraud, waste, abuse and financial misconduct.

All Program Integrity activity is tracked by State Fiscal Year (S-FY) for state reporting purposes and not by county fiscal year. The S-FY runs from July 1st through June 30th. Metrics for S-FY 2019 follows:

S-FY 2019 Reporting Quarter	Tips	Investigations	Referrals to HFS-OIG	Audits	Overpayments Collected
<b>Q1</b> 07/01 – 09/30/18	15	45	0	173	\$ 44,385.25
<b>Q2</b> 10/01 – 12/31/18*	45	72	3	5,096	\$ 728,888.43
<b>Q3</b> 01/01 – 03/31/19	43	19	3	14,562	\$ 649,460.41
<b>Q4</b> 04/01 – 06/30/19	127	32	2	6,593	\$ 563,965.32

\* The 2nd Quarter S-FY 2019 was significant for CountyCare Compliance. CountyCare, through its TPA Evolent, engaged a new data mining vendor who brought a proprietary catalogue of concepts to analyze CountyCare’s claims.

S-FY 2020 Reporting Quarter	Tips	Investigations	Referrals to HFS-OIG	Audits	Overpayments Collected
<b>Q1</b> 07/01 – 09/30/19	48	34	1	2,585	\$ 1,629,520.96
<b>Q2</b> 10/01 – 12/31/19	48	6	2	5,096	\$ 775,043.57

The results of the new vendor’s activity are reflected in the metrics above with \$1,986,699.41 collected in overpayments in S-FY 2019. In calendar year 2019, January 1 through December 31, 2019 the total amount collected in overpayments was \$3,617,990.26.

CountyCare Compliance continuously monitors the process to ensure that appropriate action was taken, including reporting of suspected FWA to the State HFS-OIG. In S-FY 2019, CountyCare referred 8 cases to the HFS-OIG for possible fraud, waste, abuse, or financial misconduct.

5. Total Volume of General Compliance Contacts

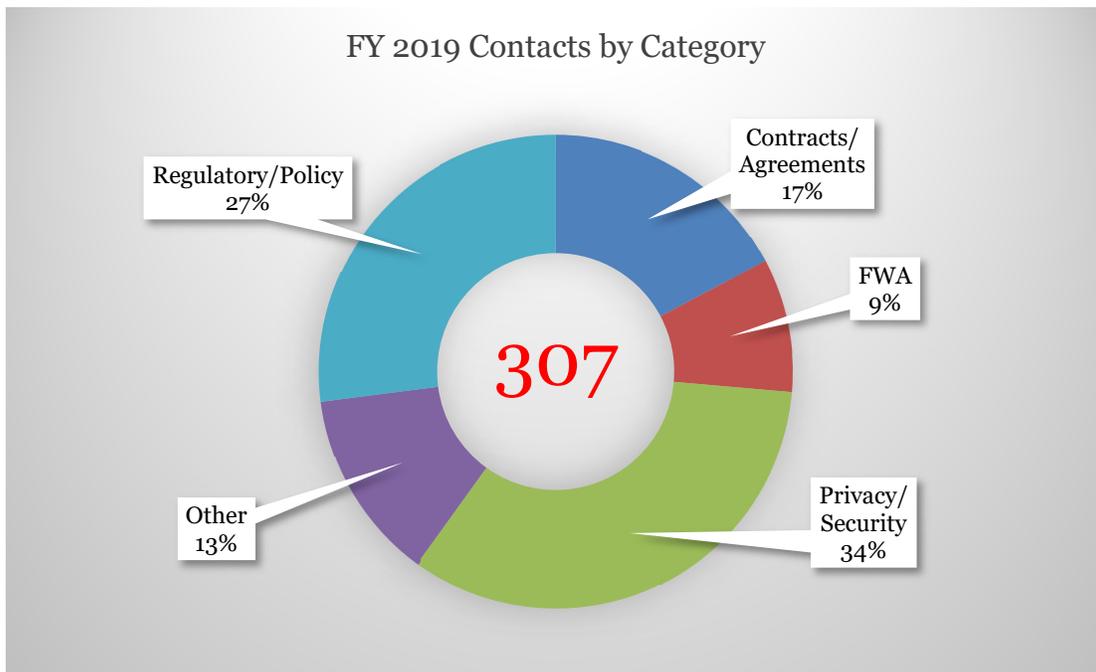
In addition to the program integrity efforts above, 307 contacts were documented for the CountyCare Compliance Program. The chart that follows illustrates the year-over-year activity, which shows an increase of 146% compared to the previous fiscal year.

Cook County Health  
**CountyCare Compliance Program**  
 FY 19 ANNUAL REPORT – December 2018 through November 2019

---



6. Inquiry/Issue Breakdown by Category (December 1, 2018-November 30, 2019)



Categories	Count
Privacy, Confidentiality and Security	103
Regulatory/Policy	83
Contracts/Agreements	53
Fraud, Waste, Abuse, and Financial Misconduct	28
Other	40

7. Privacy, Confidentiality and Security (HIPAA)

As a covered entity, the health plan is required to safeguard privacy for plan members. Privacy and security of member information is highly regulated, and this category accounted for 103, or 34% of all issues handled by compliance.

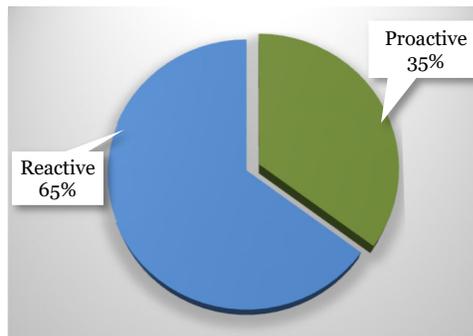
During FY 2019, CountyCare had twenty-one (21) HIPAA incidents. Two (2) of the incidents were reportable breaches that required notifications to members. In the first breach, CountyCare’s subcontractor, Wolverine Solutions Group, a printing and mailing vendor, experienced a ransomware attack that locked many of Wolverine’s servers, computers, and computer files. Information for three hundred eighty-one (381) CountyCare members was accessed and encrypted during the attack. CountyCare Compliance notified all three hundred eighty-one (381) affected members, along with notifying the Office for Civil Rights at the Department of Health and Human Services, HFS, and the Illinois Attorney General.

In the second breach, CountyCare’s TPA, Evolent, erroneously sent a fax containing the mental health PHI of four (4) CountyCare members to an unknown fax number. Compliance notified the four (4) affected members, along with the Office for Civil Rights at the Department of Health and Human Services and HFS.

Of the remaining HIPAA incidents, fifteen (15) of the twenty-one (21) incidents were misdirected communications sent to another covered entity (hospital, for example). The other four (4) incidents involved technological and administrative errors, by example, a spreadsheet sent to correct business associate but contained more members than were requested.

8. FY 2019 Proactive vs. Reactive

Of the 307 CountyCare contacts in FY 2019, 35% or 108 contacts, were proactive while 65% or 199 contacts were reactive. Proactive contact is optimal because individuals seek guidance prior to the occurrence of an event or activity rather than retrospectively.



9. Grievances and Appeals Activities

The responsibility for State Fair Hearing activity transitioned from Corporate Compliance to CountyCare Utilization Management this fiscal year. CountyCare Compliance provides high-level oversight and remains committed to ensuring that contractual and regulatory timeframes are met, to providing guidance and assistance when necessary, and participating in the quarterly CountyCare Grievance and Appeals Committee.

**Element 5**

*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.*

**A. Enforcing Standards**

Broadened the scope of Standards enforcement through:

- **Fraud, Waste and Abuse Monitoring.** As noted earlier in this report, CountyCare Compliance collaborated closely with the Special Investigation Units of Delegated Vendors to identify potential fraud, waste, abuse, and financial misconduct. At the end of County FY 2018 Evolent, CountyCare’s TPA for medical and behavioral health, engaged a different data analytics firm recognized for its expertise in DRG auditing and coding analysis. During County FY 2019, CountyCare worked with Evolent and the new data analytics firm to strengthen the identification and reporting of aberrant behaviors.
- **Privacy and Security (HIPAA) Breach Assessments.** In FY 2019, the Corporate Compliance Department hired a Privacy Officer responsible for both the provider and health plan sides of CCH. CountyCare Compliance worked in collaboration with the CCH Privacy Officer to maintain consistency in approach and to provide guidance to CountyCare workforce members.
- **Investigations Resulting in Employee Related Corrective Actions.** Investigated Conflict of Interest and confidentiality complaints and provided employee guidance.
- **Partnerships with Governmental Agencies.** CountyCare Compliance partnered with the HFS, HFS-OIG, and Illinois’ Medicaid Fraud Control Unit (MFCU).
- **Partnerships with non-Governmental Agencies.** CountyCare Compliance was invited to participate with a number of organizations related to the detection of fraud and wrongdoing in the insurance industry. These non-governmental organizations include other managed health plans, the HealthCare Fraud Prevention Partnership (HFPP), National Insurance Crime Bureau (NICB), Midwest Anti-Fraud Insurance

Cook County Health  
**CountyCare Compliance Program**

FY 19 ANNUAL REPORT – December 2018 through November 2019

---

Association (MAIA), and the professional organization of compliance professionals, HCCA (Health Care Compliance Association).

**Element 6**

*The use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified problem areas.*

**A. Auditing and Monitoring**

▪ Fraud, Waste, Abuse and Financial Misconduct

As noted earlier in this report, CountyCare Compliance continued its partnership with SIUs, meeting regularly to build a robust system to identify potential financial misconduct, and formed partnerships with governmental and non-governmental agencies.

▪ Medicaid RAC Audit

The Medicaid RAC Auditor notified CountyCare of audit findings and requested recoupment of funds from CountyCare. After review of the audit findings, CountyCare Compliance showed evidence to the RAC Auditor that the findings were incorrect, subsequently, the RAC Auditor dismissed the findings and did not recoup any money from CountyCare.

▪ Annual Compliance Attestation

CountyCare Compliance continued to utilize an Annual Compliance Attestation, issued to all CountyCare's delegated vendors in May 2019. The Compliance Attestation required all vendors to attest to several compliance provisions in their contracts, including distribution of a Code of Ethics, FWA policy distribution, training and education requirements, sanction screening checks, offshore activity and delegated oversight.

**B. Risk Assessment**

The focus within CountyCare Compliance is prevention, detection and elimination of fraud, waste, abuse, and financial misconduct, in addition to other areas of risk identified in FY 2019. Examples of areas that require ongoing assessment:

- Necessity for updated procedures to terminate employee access to third party electronic systems upon separation from employment and to monitor current employee access.
- Diligent monitoring of the separation of the Medicaid and Medicare data and operations.
- Claim system configuration to ensure payments to providers are processed accurately.
- Transportation broker's submission of accurate encounter data to HFS.

In addition, CountyCare Compliance will initiate an annual risk assessment with executive leadership and key thought leaders nationally to identify outstanding risks and challenges to meeting the standards of an effective health plan compliance program.

### **Element 7**

*The investigation and remediation of identified systemic problems and the development of policies addressing the non-employment or retention of sanctioned individuals.*

#### **A. Identification of Systemic Issues**

##### **Sanction Screening Checks**

- CCH maintains a policy and procedure paralleling the requirements set forth by the Department of Health and Human Services, Office of Inspector General, to ensure the screening of all contractors and workforce members.
- The policy is place to avoid employing, engaging, contracting or agreeing with any individual or entity that is excluded or “sanctioned” from participation in a federal health care program or who is debarred from participation in federal procurement or non-procurement programs for the provision of goods or services.
- This requirement is embedded within each CountyCare contract and each TPA is required to screen each provider in their networks.

## **IV. Looking Ahead**

---

In FY 2020, the Corporate Compliance Program will continue to focus on maintaining adherence to contractual requirements and healthcare compliance best practices as the program matures. As CountyCare relies heavily on delegated vendors, monitoring for adherence to CountyCare policies, contractual, and regulatory standards are critical to avoid sanctions and ensure that federal, state, and county taxpayer dollars are spent appropriately on delivering quality, necessary care and preventing fraud, waste and abuse in addition to protecting health plan members and providers. The Program will continue ongoing activities related to risk reduction in the areas of compliance, policy implementation, and the development and implementation of monitoring and auditing efforts.

These priorities have been established for the CountyCare Compliance Program:

- Strengthen health plan oversight in the area of fraud, waste and abuse:
  - Foster continued partnerships with HFS-OIG and the State’s MFCU to develop best practices in Corporate Compliance for CountyCare.
  - Enhance relationships with non-government organizations and other MCOs’ SIUs to build a network of skilled investigators and increase effective Program Integrity efforts.
  - Increase workforce education and knowledge regarding the Compliance Department’s duties, the compliance hotline, and a workforce member’s duty to report.

Cook County Health  
**CountyCare Compliance Program**

FY 19 ANNUAL REPORT – December 2018 through November 2019

---

- Strengthen the partnership with dental/vision delegated vendor to scrutinize dental and vision FWA.
- Increase oversight and monitoring for all delegated vendors, with increased focus on accurate claims payment.
- Foster partnerships with other CountyCare departments as well as delegated vendors to fulfill contractual obligations in Program Integrity and state reporting.
- Continue to investigate all issues/complaints brought to the attention of the Program.
- Uphold compliance with continuously changing contractual requirements and industry best practices as CountyCare continues as one of the largest Medicaid Managed Care Organizations in Cook County.
- Serve as a compliance and privacy resource to the workforce and delegated vendors.
- Mature the CountyCare Compliance Program and continue to incorporate best practices to cultivate a culture of compliance throughout the health plan.
- Maintain CountyCare Compliance Program recognition locally and nationally.