

IN THE EXECUTIVE ETHICS COMMISSION
OF THE STATE OF ILLINOIS

IN RE: MICHELLE FERGUSON)

OEIG Case #18-01372

PUBLICATION OF REDACTED VERSION OF OEIG FINAL REPORT

Below is the redacted final summary report from an Executive Inspector General. The General Assembly has directed the Executive Ethics Commission (Commission) to redact information from this report that may reveal the identity of witnesses, complainants or informants and “any other information it believes should not be made public.” 5 ILCS 430/20-52(b).

The Commission exercises this responsibility with great caution and with the goal of balancing the sometimes-competing interests of increasing transparency and operating with fairness to the accused. To balance these interests, the Commission may redact certain information contained in this report. The redactions are made with the understanding that the subject or subjects of the investigation have had no opportunity to rebut the report’s factual allegations or legal conclusions before the Commission.

The Commission received this report from the Governor’s Office of Executive Inspector General (“OEIG”) and a response from the agency in this matter. The Commission, pursuant to 5 ILCS 430/20-52, redacted the final report and mailed copies of the redacted version and responses to the Attorney General, the Executive Inspector General for the Governor, and to Michelle Ferguson’s last address.

The Commission reviewed all suggestions received and makes this document available pursuant to 5 ILCS 430/20-52.

OEIG SUMMARY REPORT

I. ALLEGATIONS

On June 27, 2018, the OEIG received a complaint that former Illinois Department of Healthcare and Family Services (HFS) Executive II Michelle Ferguson approved payments to [Hospital Health System] ([Hospital System]) after having accepted an employment offer from [Hospital System] but prior to leaving HFS employment. The complaint further alleged that some of these payments to [Hospital System] were improperly approved.

II. BACKGROUND

HFS is responsible for, among other things, providing healthcare coverage for adults and children who qualify for Medicaid. HFS fulfills this responsibility through the Division of Medical Programs.

Michelle Ferguson was an Executive II with HFS in the Hospital Billing Unit from December 2015 through December 2017. Among her HFS duties, Ms. Ferguson handled claims submitted by medical providers (e.g. hospitals) for payments that were denied by the automated payment system. Ms. Ferguson's position was not listed as one that may have the authority to participate personally and substantially in the award of State contracts or in regulatory or licensing decisions compiled by the Illinois Governor pursuant to the revolving door provisions of the State Officials and Employees Ethics Act.¹ At the beginning of January 2018 Ms. Ferguson took a position with [Hospital System].

[Hospital System] is a publicly traded corporation that owns hospitals in 14 states, including eight in Illinois.² [Hospital System] submits claims for payment to HFS for treatment of Medicaid patients in [Hospital System]-affiliated hospitals in Illinois.

¹ See 5 ILCS 430/5-45(c). An employee who is offered non-State employment, during State employment and for one year after termination of State employment, is required to notify the OEIG of the offer if, during the year prior to termination of State employment, the employee participated personally and substantially in the award of State contracts valued at \$25,000 or more to the prospective employer, or in making a regulatory or licensing decision that directly applied to the prospective employer. *Id.* at 5-45(f). Agencies maintain a list of positions that, by the nature of their duties, may have the authority to participate personally and substantially in the award of State contracts or in regulatory or licensing decisions; this list is referred to as the "c list." *See id.* at 5-45(c). It is arguable that Ms. Ferguson's involvement in authorizing overrides for [Hospital System] providers as part of her HFS duties amounted to regulatory decisions such that she would have been subject to the Ethics Act's revolving door provisions. Given that Ms. Ferguson's HFS position was not listed on the c-list, and her actions were not so clearly regulatory decisions that she should have been expected to otherwise be aware of her revolving door obligations, the OEIG is not making any findings related to the revolving door provisions of the Ethics Act.

² [Hospital System]'s Illinois hospitals are: [Illinois Hospital 1], [Illinois Hospital 2], [Illinois Hospital 3], [Illinois Hospital 4], [Illinois Hospital 5], [Illinois Hospital 6], [Illinois Hospital 7], and [Illinois Hospital 8]. See www.hospitalhealthsystem.com (last visited Oct. 11, 2019).

III. INVESTIGATION

A. The Medicaid Billing Process At HFS

On November 28, 2018, investigators interviewed former HFS Hospital Billing Unit Manager [Former HFS Employee 1] about how HFS processes claims for Medicaid payments from medical providers.³ According to [Former HFS Employee 1], when medical providers treat Medicaid-covered patients, they generally submit a claim for payment to HFS electronically. She said the HFS system can process and pay some claims automatically, but that it rejects claims in some instances. [Former HFS Employee 1] said that the biggest reasons the system rejects claims are for timely filing issues (when the claim was not submitted within 180 days after the services were provided),⁴ or because the claim used an incorrect code. [Former HFS Employee 1] said that if the system rejects a claim, the provider can resubmit its claim using a form known as a “UB-04 Override Request Form” (“Override Request”), asking that the rejection of the payment be overridden.

[Former HFS Employee 1] said that when an Override Request is submitted, it is reviewed by HFS employees in the Bureau of Comprehensive Health Services, Division of Hospital Services, typically by Medical Assistant Consultants (MACs). According to [Former HFS Employee 1], MACs review the Override Request, the reasons provided for the request, the history of the claim, and the reason for the initial claim denial, and then determine if the request qualifies for an override. [Former HFS Employee 1] said that if an override is determined to be proper, the HFS employee completes an Override Authorization form, including a brief justification for the override. She added that the decision on whether to approve an Override Request is at the discretion of the MAC reviewing the request. The employee authorizing the override is identified on the Override Authorization form by name and by an identification number unique to that employee.

When asked how employees know what Override Requests should be approved, [Former HFS Employee 1] said that the MACs receive training related to what overrides are appropriate to grant, but that there are no specific guidelines or policies regarding the basis for granting an override request, and there is a lot of gray area. [Former HFS Employee 1] added that staff have the discretion to authorize an override if a claim was over the time frame by one or two days, and that occasionally providers were given an override as a “get out of jail” pass if the provider made an error when submitting a claim if they were new to the system. She said that she would override a claim that was older than the 180-day timely filing limit in cases such as when the provider lacked training, or when HFS failed to process the claim in a timely manner. [Former HFS Employee 1] added that the reviewer has discretion to authorize overrides to be fair to the provider when HFS was at fault. [Former HFS Employee 1] said that if staff were not sure if an override

³ [Former HFS Employee 1] left HFS employment to take another State position on November 1, 2018.

⁴ Unless an exception applies, to be considered for payment a claim must be received by HFS no later than 180 days after the medical goods or services were provided or, in the case of an inpatient hospital stay, after the date of discharge. 89 Ill. Adm. Code 140.20(c). Exceptions include cases where an error attributable to HFS results in an inability to receive, process, or adjudicate a claim, in which case the 180-day period begins to run when the provider has been notified of the error. HFS Handbook for Providers of Medical Services, Chapter 112.4.1, General Policy and Procedures (September 2017). See <https://www.illinois.gov/hfs/MedicalProviders/Handbooks/Pages/Chapter100.aspx> (last visited August 28, 2019).

should be granted, they were directed to ask Ms. Ferguson or herself. [Former HFS Employee 1] said that Ms. Ferguson supervised the MACs, and also processed and authorized overrides herself, and that she ([Former HFS Employee 1]) supervised Ms. Ferguson.

[Former HFS Employee 1] said that after an Override Authorization form is completed, it is processed by the HFS Claims Processing Unit for payment. The override is not subject to any subsequent review.

B. [Hospital System] Override Requests

Prior to the OEIG receiving this complaint, the HFS Office of Inspector General obtained approximately 71 Override Authorization forms for [Hospital System] hospitals bearing Ms. Ferguson’s unique identification number dating from August 8, 2017, through December 5, 2017. The OEIG obtained and reviewed these Override Authorization forms.

All of the Override Authorization forms reviewed by the OEIG contained either the name Michelle Ferguson or “M Ferguson” on the line labeled “Authorized by Employee Name,” as well as Ms. Ferguson’s identification number.⁵ However, a number of these forms also had the letters “MO” or “SO” next to Ms. Ferguson’s name. When interviewed by the OEIG, both Ms. Ferguson and [Former HFS Employee 1] said that some of the Override Authorization forms bearing Ms. Ferguson’s name and identification number were actually completed by other HFS employees. In her OEIG interview, [Former HFS Employee 1] said she noticed some Override Authorization forms that had Ms. Ferguson’s name and identification number, but did not appear to be in Ms. Ferguson’s handwriting. She said she asked Ms. Ferguson about this, and Ms. Ferguson told her that a newer employee who had not yet received an identification number was using her number to process claims. In her OEIG interview, Ms. Ferguson confirmed that “MO” were the initials of a new employee who used her identification number; she said it was a common practice for employees in training to use another employee’s identification number and sign their initials next to the supervisor’s name.

The OEIG identified 25 Override Authorization forms for [Hospital System] providers that listed Ms. Ferguson’s name on the line labeled “Authorized by Employee Name,” contained Ms. Ferguson’s unique identification number, and did not contain the initials of another HFS employee. A chart showing information provided in those forms and supporting documentation follows below:

| Date Claim Processed | [Hospital System] Provider |
|-----------------------------|-----------------------------------|
| 8/9/17 | [Illinois Hospital 8] |
| 9/6/17 | [Illinois Hospital 8] |
| 9/6/17 | [Illinois Hospital 8] |
| 9/6/17 | [Illinois Hospital 8] |
| 9/9/17 | [Illinois Hospital 3] |
| 9/13/17 | [Illinois Hospital 3] |
| 9/18/17 | [Illinois Hospital 8] |
| 9/20/17 | [Illinois Hospital 3] |

⁵ [Former HFS Employee 1] confirmed in her OEIG interview that Ms. Ferguson’s identification number was 739, the number that appears on the forms.

| | |
|----------------------------|------------------------------|
| 9/20/17 | [Illinois Hospital 5] |
| 9/20/17 | [Illinois Hospital 3] |
| 9/20/17 | [Illinois Hospital 8] |
| 9/20/17 | [Illinois Hospital 5] |
| 9/20/17 | [Illinois Hospital 5] |
| 9/20/17 | [Illinois Hospital 5] |
| 9/20/17 | [Illinois Hospital 5] |
| 9/20/17 | [Illinois Hospital 5] |
| 9/26/17 | [Illinois Hospital 8] |
| 9/26/17 | [Illinois Hospital 2] |
| 9/26/17 | [Illinois Hospital 3] |
| 9/26/17 | [Illinois Hospital 3] |
| 9/26/17 | [Illinois Hospital 3] |
| 9/26/17 | [Illinois Hospital 3] |
| 9/26/17 | [Illinois Hospital 3] |
| 9/26/17 | [Illinois Hospital 3] |
| 9/26/17 | [Illinois Hospital 3] |
| 11/14/17 | [Illinois Hospital 5] |
| 12/5/17⁶ | [Illinois Hospital 5] |

The last two of these Override Authorization forms, which are highlighted in the chart, are dated after Ms. Ferguson accepted employment with [Hospital System] in late October 2017.⁷

[Former HFS Employee 1] told investigators that after she learned that Ms. Ferguson had received her job offer from [Hospital System] months before she disclosed it to [Former HFS Employee 1],⁸ [Former HFS Employee 1] reviewed overrides granted to [Hospital System] that contained Ms. Ferguson’s identification number, and analyzed whether they were appropriate. [Former HFS Employee 1] created a spreadsheet that detailed the results of her research, and included comments about whether she believed each override should or should not have been authorized. OEIG investigators obtained and reviewed [Former HFS Employee 1]’s spreadsheet, which contained comments about each of the 25 overrides listed in the chart above. According to [Former HFS Employee 1]’s spreadsheet, some of those claims did not qualify for the overrides; her comments reflected that most of those overrides with which she disagreed related to timely filing issues.⁹ [Former HFS Employee 1]’s spreadsheet indicated that no payment was made based on the November 14, 2017 override, because the claim was rejected for other billing errors, and that a payment of \$75,116.78 was made based on the December 5, 2017 override.¹⁰

⁶ In an email dated December 6, 2017, Ms. Ferguson wrote [Hospital System] Billing and Reimbursement Director [Hospital System Employee 1] that she (Ms. Ferguson) had received the claim for the patient named in this Override Authorization form, and stated: “I will resubmit for . . . overrides today.”

⁷ As discussed further below, Ms. Ferguson’s State emails reflect that Ms. Ferguson began discussing employment with [Hospital System] on September 27, 2017, and she received a formal employment offer from [Hospital System] on October 20, 2017.

⁸ [Former HFS Employee 1] said that Ms. Ferguson informed her in December 2017 that she was resigning from HFS to accept a position with [Hospital System], but she later learned that Ms. Ferguson actually received the offer from [Hospital System] in October 2017.

⁹ According to the spreadsheet, the claims for the overrides processed on November 14 and December 5, 2017 “did not qualify for a G55” because they were “received 04/25/17 for retro-eligibility 03/15/16.” [Former HFS Employee 1] explained in her interview that a G55 code is used when there are issues with timely filing.

¹⁰ The spreadsheet did not indicate that [Former HFS Employee 1] disagreed with any of the amounts in the claims, and investigators were unable to independently confirm the amounts based on the records obtained in the investigation. Because there has been no suggestion that the claimed services were not provided or that the amounts claimed were improper, the OEIG did not further pursue an accounting of the amounts paid.

C. Emails Between Ms. Ferguson And [Hospital System] Employees

The OEIG obtained and reviewed Ms. Ferguson's State email account containing emails dated January 1, 2017 through January 24, 2018. The email account contains messages between Ms. Ferguson and [Hospital System] employees [Hospital System Employee 1] and [Hospital System Employee 2].¹¹ The majority of these messages concern Medicaid claims submitted by [Hospital System]-owned hospitals and were similar to Ms. Ferguson's exchanges with other Illinois Medicaid providers.

On September 27, 2017, [Hospital System Employee 1] sent Ms. Ferguson an email that read: "Are you ready to leave the State yet? I have a job for you." Ms. Ferguson responded: "Every day I feel like I am working in a zoo, lol. What kind of job do you have available?" [Hospital System Employee 1] responded: "Would love to hire you for the Medicaid Supervisor position that reports to [Hospital System Employee 2] and myself." On September 29 and October 2, 2017, they exchanged messages discussing Ms. Ferguson's salary requirements. Throughout October 2017, Ms. Ferguson exchanged several messages with [Hospital System Employee 1] and [Hospital System Employee 2] regarding her potential employment at [Hospital System]. During this same time that Ms. Ferguson's employment with [Hospital System] was being discussed, [Hospital System] employees were making requests for overrides to Ms. Ferguson. For instance, on October 3, 2017, [Hospital System Employee 2] emailed Ms. Ferguson stating:

The only downside if you decide to take the job with us, we won't have anyone to contact at hospitals. Which is fine, we will deal. That being said, what I need is for you to check DX code Z00111 to see what the age is on the system . . . So it shouldn't have denied.

Ms. Ferguson responded later that day: "We'll rebill it. . . ."

On October 20, 2017, Ms. Ferguson forwarded an email from her personal Hotmail email account to her State email account that contained a formal offer of employment from [Hospital System] stating that her position would be Medicaid Billing Supervisor and that she would report to [Hospital System Employee 2]. On November 1, 2017, Ms. Ferguson sent from her State email account to [Hospital System Employee 3], an HR Coordinator at [Hospital System], completed employment documents for [Hospital System].

On December 19, 2017, Ms. Ferguson exchanged messages with [Former HFS Employee 1] in which she notified [Former HFS Employee 1] that she was leaving HFS employment to go work for [Hospital System].

¹¹ [Hospital System Employee 1] was [Hospital System]'s Billing and Reimbursement Director, and [Hospital System Employee 2] was [Hospital System]'s Billing and Reimbursement Business Office Manager

D. Interviews Of [Hospital System] Employees [Hospital System] Employee 1] and [Hospital System Employee 2]¹²

[Hospital System Employee 1] informed the OEIG that she is the Director of Billing and Reimbursement at [Hospital System] and that she had previously been the Manager of Hospital Billing and Payment at HFS for over 20 years. [Hospital System Employee 1] said that HFS is six months behind in processing paper Medicaid claims and therefore, it is common for providers to request filing overrides for claims not processed timely. [Hospital System Employee 1] said that providers can reach out to a call center phone number but it is often not answered. According to [Hospital System Employee 1], she and other [Hospital System] employees often emailed or called HFS employees directly to try to get a faster response. [Hospital System Employee 1] said that a few times, she went to Ms. Ferguson with claims when Ms. Ferguson worked at HFS.

According to [Hospital System Employee 1], she hired Ms. Ferguson to work at [Hospital System]. She said the first discussions of Ms. Ferguson coming to work at [Hospital System] occurred in September 2017 and that Ms. Ferguson formally accepted the employment offer in October 2017. [Hospital System Employee 1] said she did not know if Ms. Ferguson continued to process claims for [Hospital System]-owned hospitals after she accepted employment with [Hospital System].

[Hospital System Employee 2] said that she is the Business Office Manager at [Hospital System] and that her job duties include processing claims for Medicaid payments. [Hospital System Employee 2] also said that she worked at HFS, which was known as the Department of Public Aid at the time, from 1974 through 2002 and that she worked for HFS as a contractual employee for two or three 75-day periods between 2013 and 2016. [Hospital System Employee 2] said that her interactions with Ms. Ferguson did not change during the period after Ms. Ferguson accepted employment at [Hospital System] but was still working at HFS and that she continued to go to Ms. Ferguson regarding override requests.

[Hospital System Employee 2] denied that Ms. Ferguson showed [Hospital System] hospitals preferential treatment or that she was promised anything for favor shown to [Hospital System] hospitals. Both [Hospital System Employee 1] and [Hospital System Employee 2] said that [Hospital System] employees do not receive any sort of bonus based on the amount they collect on Medicaid claims.

E. Interview Of Michelle Ferguson

The OEIG interviewed Michelle Ferguson on May 29, 2019. Ms. Ferguson said that she worked for HFS from December 2015 through December 2017 and that her duties included processing paper Medicaid claims from Illinois hospitals. Ms. Ferguson said that she started working for [Hospital System] as a supervisor in the billing unit on January 2, 2018.

¹² The OEIG interviewed [Hospital System] employees [Hospital System Employee 1] and [Hospital System Employee 2], individually, on March 4, 2019.

Ms. Ferguson told the OEIG that, as an HFS employee, she approved Override Requests for hospitals throughout Illinois, including [Hospital System] hospitals, if the override was appropriate. Ms. Ferguson said that, when she processed claims as an HFS employee, she just looked at the claim itself and did not look at the hospital from which the claim came. Ms. Ferguson said that HFS is usually about six to eight months behind on processing paper claims.

According to Ms. Ferguson, she would base decisions on whether to grant an Override Request on the training she received at HFS and the notes she took during that training. Ms. Ferguson said that most Override Requests were for timely filing issues. Ms. Ferguson said that HFS had a lot of issues with its computer system which caused some claims to sit for one to two years until the issue was fixed. In those cases, she would grant Override Requests for timely filing because it was not the hospitals' fault. Ms. Ferguson said that she did not have to get approval to grant an Override Request and that there was no further review after she granted an Override Request.

Ms. Ferguson said that many providers, including [Hospital System Employee 2] and [Hospital System Employee 1] at [Hospital System], came to her directly at HFS with claims because the hold times on the call center line were so long. Ms. Ferguson said that the staff she supervised were told that they could give her contact information to providers.

Ms. Ferguson was unsure when she formally accepted employment at [Hospital System] , but acknowledged that by October 20, 2017, she knew that she was going to go work at [Hospital System] with [Hospital System Employee 1] and [Hospital System Employee 2] as her bosses. Ms. Ferguson said that she did not tell anyone at HFS that she had accepted employment at [Hospital System] until she told [Former HFS Employee 1] in December 2017, two weeks prior to leaving her State employment. When asked if she continued to process Override Requests for [Hospital System] hospitals after she accepted employment with [Hospital System], Ms. Ferguson replied, "I'm sure, yes."

Ms. Ferguson denied that she gave any special treatment to [Hospital System Employee 1] or [Hospital System Employee 2] and said that neither of them would have asked her to do that. Ms. Ferguson also denied that her decision making as an HFS employee was impacted in any way by her relationship with [Hospital System Employee 1] or [Hospital System Employee 2] or her potential [Hospital System] employment. She acknowledged that continuing to grant Override Requests for [Hospital System] hospitals after accepting employment with [Hospital System] while not informing HFS of her [Hospital System] employment could create the appearance of a conflict of interest, but she said that she only approved claims that should have been paid.

IV. ANALYSIS

The HFS Employee Handbook contains the following language regarding conflicts of interest:

A conflict of interest will occur when your private interest, usually of a personal, financial, or beneficial nature, conflicts or appears to conflict with your work related duties and responsibilities. Any conduct that would lead a reasonable

person, knowing all the circumstances, to a conclusion that you might be biased, is a conflict of interest and, therefore prohibited.¹³

The Handbook contains guidelines to help avoid conflicts of interest, one of which is “if you. . . ha[ve] a financial or beneficial interest in any entity that transacts business with the department, you should not participate. . . in your official role, in any transaction by that entity with any governmental body.”¹⁴ The Handbook goes on to say that “you may not be involved in the authorization of payments to a provider if you or your spouse has a personal or financial interest in the provider.”¹⁵ Employees who have a question as to whether a relationship has the potential to be a conflict of interest are directed to file an Ethics Guidance Request Form HFS 3786 with the HFS Ethics Officer.¹⁶

Ms. Ferguson began discussing potential employment with [Hospital System] on September 27, 2017, was formally offered employment with [Hospital System] on October 20, 2017, and accepted that offer shortly thereafter. Ms. Ferguson developed a financial interest in [Hospital System] once she began discussing potential employment with [Hospital System], and certainly at the point she accepted employment with [Hospital System]. Ms. Ferguson, however, did not inform anyone at HFS of her employment with [Hospital System], and she continued to deal with claims submitted by [Hospital System]-owned hospitals. She continued to communicate with [Hospital System Employee 1] and [Hospital System Employee 2], her future bosses at [Hospital System], regarding claims, and she approved two Override Requests for [Hospital System]-owned hospitals after she had accepted employment with [Hospital System].

Although [Former HFS Employee 1] suggested in her spreadsheet that some of the [Hospital System] overrides Ms. Ferguson approved might not have been appropriate for timeliness reasons, she acknowledged that there was no policy that gave guidance as to when timely filing issues can be overridden, and that there is a lot of gray area. While [Former HFS Employee 1] may have believed that some of the claims were too old to process, there was no suggestion from [Former HFS Employee 1]’s analysis, or from other evidence gathered, that medical services were not provided, bills had been inflated, or Ms. Ferguson received anything in return for approving [Hospital System]’s overrides. However, even without evidence of such improper overrides, Ms. Ferguson should not have performed any overrides for [Hospital System] after she accepted employment with them, including the December 5, 2017 claim she approved resulting in a payment of \$75,116.78 to a [Hospital System] hospital. HFS’s conflict of interest policy specifically sets forth guidance explaining that an employee may not be involved in authorizing payments to a provider if that employee has a financial or personal interest in the provider. At minimum, Ms. Ferguson should have immediately disclosed the job offer and refrained from handling [Hospital System]’s matters, but she did not do so. Therefore, Ms. Ferguson violated the HFS conflict of interest policy, and this allegation is **FOUNDED**.¹⁷

¹³ HFS Employee Handbook 610.1.

¹⁴ *Id.*

¹⁵ *Id.* at 610.1(B).

¹⁶ *Id.* at 610.1(H).

¹⁷ The OEIG concludes that an allegation is “founded” when it has determined that there is reasonable cause to believe that a violation of law or policy has occurred, or that there has been fraud, waste, mismanagement, misconduct, nonfeasance, misfeasance, or malfeasance.

V. FINDING AND RECOMMENDATIONS

As a result of its investigation, the OEIG concludes that there is **REASONABLE CAUSE TO ISSUE THE FOLLOWING FINDING:**

- **FOUNDED** – Michelle Ferguson violated the Department of Healthcare and Family Services Conflict of Interest Policy when she took action on Medicaid claims submitted by [Hospital System]-owned hospitals after she had accepted employment with [Hospital System] .

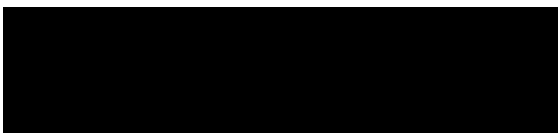
Because Ms. Ferguson is no longer employed by the State, the OEIG recommends that HFS place a copy of this report in her personnel file. In addition, the OEIG recommends that HFS consider developing guidelines and providing additional training to help their employees determine what circumstances justify authorizing overrides.

Date: October 31, 2019

Office of Executive Inspector General
for the Agencies of the Illinois Governor
607 E. Adams, 14th Floor
Springfield, IL 62701

By: Angela Luning
Deputy Inspector General

Cassandra Austin-McDonald
Investigator #161





OFFICE OF EXECUTIVE INSPECTOR GENERAL
FOR THE AGENCIES OF THE ILLINOIS GOVERNOR
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CHICAGO, ILLINOIS 60602
(312) 814-5600

September 11, 2020

Via Electronic Mail

Michelle Casey
Executive Director
Executive Ethics Commission
515 William Stratton Building
Springfield, IL 62706

Re: Agency Response Updates

Dear Executive Director Casey:

In response to your August 25, 2020 letter, below is a summary of information obtained from agencies regarding some of the cases you requested updates on. If an agency provided a substantive and/or final response, it has been attached to this letter. If the agency merely indicated that discipline was still pending, we only summarized that information below.

The redacted information relates to other case files that are unrelated to OEIG Case No. 18-01372.

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Ferguson, 18-01372

In January 2020, HFS indicated that, in response to our report, it sent out an email to all staff reminding them of the conflicts of interest policy. HFS considers the matter closed; accordingly, we do not intend to pursue any additional response from HFS. This email is attached.

The redacted information relates to other case files that are unrelated to OEIG Case No. 18-01372.

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We will continue to forward you updates to the other cases as we get them in. If you have any questions, I can currently be reached at (312) 882-2897.

Sincerely,

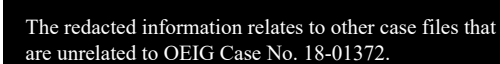
Susan M. Haling
Executive Inspector General

By: 
Fallon Opperman
Deputy Inspector General & Chief

cc: Alexa Elam, via email at alexa.c.elam@illinois.gov

Encl: Agency responses for the following OEIG cases:

- January 2020 email regarding 18-01372

- 
- The redacted information relates to other case files that are unrelated to OEIG Case No. 18-01372.

Bult, Sherry

From: Stokes, Shannon
Sent: Friday, January 31, 2020 3:40 PM
To: Bult, Sherry
Subject: RE: OEIG Case No. 18-01372

Hi Sherry,

Please see below. We sent this to staff.

Thanks,
Shannon

To: HFS.DIS.Staff <HFS.DIS.Staff@illinois.gov>; HFS.AllUsers <HFS.AllUsers@Illinois.gov>
Subject: Conflicts of Interest reminder

HFS employees:

Please review Section 610.1 of the Employee Handbook regarding Conflicts of Interest regarding your employment. The Handbook states that a conflict of interest will occur when your private interest conflicts or appears to conflict with your work related duties and responsibilities. Any conduct that would lead a reasonable person to conclude that, under the circumstances, you might be biased, is a prohibited conflict of interest. You may contact the Department's Ethics Officer (Shannon Stokes) if you have a question regarding whether a situation may be a conflict of interest. In the meantime, please review Section 610.1 of the Employee Handbook.

IN THE EXECUTIVE ETHICS COMMISSION
OF THE STATE OF ILLINOIS

IN RE: MICHELLE FERGUSON) #18-01372

RESPONDENT'S SUGGESTIONS FOR REDACTION / PUBLIC RESPONSE

Please check the appropriate line and sign and date below. If no line is checked, the Commission will not make your response public if the redacted report is made public.

- Below is my public response. Please make this response public if the summary report is also made public; or
- Below are my suggestions for redaction. I do not wish for these suggestions to be made public.

Respondent's Signature

11-18-2020
Date

Instructions: Please write or type suggestions for redaction or a public response on the lines below. If you prefer, you may attach separate documents to this form. Return this form and any attachments to:

EEC.CMS@illinois.gov
Illinois Executive Ethics Commission
401 S. Spring Street, Room 513 Wm. Stratton Building
Springfield, IL 62706

I did not have a financial or personal interest with anyone in authorizing payments to a provider. I verified through the ART system and Data Warehouse if the claim warranted a timely override, and if so, approved the override for any provider that sent me claims for an override. If my supervisor knew I had accepted a position with the Hospital System months before, she should have instructed me to cease handling those Hospital System claims. She did not have that discussion with me and since there were no HFS guidelines for this circumstance, I continued to process claims for all hospitals.