Billing Compliance Auditor

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<tr>
<th>Job Title</th>
<th>Billing Compliance Auditor</th>
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<tbody>
<tr>
<td>Company Name</td>
<td>UC Health</td>
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<tr>
<td>Post Date</td>
<td>3/7/2017 - 6/5/2017</td>
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<tr>
<td>CHC Preferred</td>
<td>YES</td>
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<tr>
<td>Job Location</td>
<td>Cincinnati, OH</td>
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<tr>
<td>United States</td>
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Job Description

The Billing Compliance Auditor assists the Manager of Compliance Auditing & Monitoring in developing, implementing and maintaining an effective and comprehensive Corporate Compliance auditing and monitoring program consistent with Medicare and Medicaid regulatory requirements, professional standards and industry practices.

Education: B.S. in Healthcare Administration, Certified Coding Associate, or Registered Health Information Technician. Healthcare auditing, regulatory compliance or other similar combination of education and experience will be considered.

Years Of Experience: 3-5 years of healthcare auditing experience including clinical and/or coding auditing experience.

Required Skills and Knowledge: Experience auditing in accordance with professional standards and industry practices. Knowledge of government payor practices, guidelines and procedures; knowledge of CPT4, ICD-9 and HCPCS coding; excellent communication skills, both written and verbal; computer proficiency with MS Word and Excel required. Experience and proficiency performing internet research. Ability to work independently, as a team and with all levels of associates including senior management.

Licenses and Certifications:

CIA, CHC and/or RHIT preferred; will consider strong background in healthcare auditing, regulatory compliance or other similar experience.
Chief Compliance and Privacy Officer

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<th>Job Title</th>
<th>Chief Compliance and Privacy Officer</th>
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<tr>
<td>Company Name</td>
<td>Health Care District Palm Beach County</td>
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<tr>
<td>Post Date</td>
<td>2/15/2017 - 5/16/2017</td>
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<tr>
<td>Job Location</td>
<td>West Palm Beach, FL</td>
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<td>Location</td>
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The Health Care District of Palm Beach County is an integrated public health system established by the voters as a special taxing district. The safety-net system is an equal opportunity employer of approximately 1,300 employees. The Health Care District provides challenging and fulfilling employment opportunities through its health coverage programs for uninsured residents, a pharmacy operation, a nationally-recognized Trauma System that includes the Trauma Hawk Aeromedical Program, adult and pediatric services at the C. L. Brumback Primary Care Clinics throughout the county, a School Health program which staffs registered nurses in nearly 170 public schools, short-term or long-term inpatient care at the Edward J. Healey Rehabilitation and Nursing Center, and the county’s only public hospital, Lakeside Medical Center, which serves the rural, western Glades’ communities. For more information, visit www.hcdpbc.org

General Statement of Job

This position is responsible for leading, overseeing, and directing compliance across the District and subsidiary operations. The Chief Compliance and Privacy Officer has primary responsibility for the development and maintenance of the compliance program including the compliance and privacy plans and policies. The compliance function measures and monitors compliance with laws, regulations, and rules for operating in health care, providers, and government.

Essential Functions:

Provides system wide leadership, guidance, and support to promote compliance with laws and regulations.

Oversees the development and implementation of the compliance plan and monitors adherence to policies, procedures, and the plan.

Develops, coordinates and conducts educational programs on compliance and privacy for employees, managers and senior managers ensuring that the seminars are conducted in accordance with the District’s compliance plan.

Ensures proper control systems are in place for key risk areas.

Develops annual internal audit work plan for compliance, operational, and financial audits. Core areas of audit review include internal controls, coding, billing, regulations, HIPAA and privacy.

Ensures requests, inquiries, and/or investigations by regulatory agencies are properly managed and coordinated internally. Timely response is paramount to any questions or inquiries.

Monitors changes in state and federal laws or rules in order to ensure the organization maintains superior compliance.
Reports risks and violations to the CEO and/or Board of Directors. Develops corrective action plans and monitors progress to such plans.

Interacts with senior managers, legal counsel, officers, CEO, Board members, and committee members.

Researches, investigates, and analyzes compliance and privacy issues and renders professional advice to business areas and/or legal counsel.

Reviews areas previously audited to confirm proper corrective action or recommendation(s) have been implemented.

Ensures physician relationships are in compliance and terms of agreements are monitored.

Performs audits and reviews within appropriate standards and develops written documentation of results and opportunities for improvement.

Develops quarterly reports of compliance and privacy activities and results. Reports information to the CEO and internal audit/compliance committee.

Prepares an annual report summarizing compliance activities for the current year and recommends an annual work plan for the next fiscal year.

Directs and manages personnel of compliance department.

Exercises discretion to ensure that information is provided as appropriate and maintains confidentiality.

Demonstrates the ability to dissect difficult problems, analyze the essential components and make or affect decisions of substantial organizational consequence.

Demonstrates the ability to lead and/or work effectively within teams comprised of subordinates, peers, supervisors and external parties. Requires the ability to investigate issues, gather feedback, build consensus and, when necessary, respectfully disagree.

Exhibits exemplary oral and written communication skills. This includes the ability to share information in an organized, clear and timely manner, both verbally and in writing; keeping peers, colleagues, staff, Chief Financial Officer, board members and committee members appropriately informed.

**Position Qualifications**

**Education:**

Required minimum qualifications shall include a Bachelor’s degree with a Master’s degree preferred in healthcare administration, public health law or related discipline or JD.

**Experience:**

The individual shall possess a minimum of two (2) years of progressively more responsible experience in health care, which shall be in a senior compliance role for a large scale healthcare operation. Previous experience with hospitals and nursing homes is preferred. Privacy program experience also preferred.

**Certification:**

Professional certification in compliance or health care desirable.
Compliance Manager, Auditing & Monitoring

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<th>Job Title</th>
<th>Compliance Manager, Auditing &amp; Monitoring</th>
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<tr>
<td>Company Name</td>
<td>IEHP</td>
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<tr>
<td>Post Date</td>
<td>3/7/2017 - 6/5/2017</td>
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<tr>
<td>Job Location</td>
<td>Rancho Cucamonga, CA</td>
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**POSITION PURPOSE:**
Coordinates the implementation, and then monitors IEHP’s Ethics and Compliance Program by developing systems, tools, and techniques for compliance auditing, monitoring, investigations, and reporting throughout the organization. Assist Compliance Officer and Director of Compliance with carrying out their respective roles in overseeing legal, regulatory and IEHP policy compliance by providing knowledge and support in the areas of clinical documentation standards, regulatory compliance, third-party payer requirements, and auditing/monitoring standards and practices. Serves as the responsible person for gathering, analyzing and reporting results of Ethics and Compliance initiatives related to compliance auditing and monitoring activities into data trend models for system-wide effective reporting and risk assessment. Function as a communication liaison concerning compliance matters between the Compliance Committee.

**MAJOR RESPONSIBILITIES:**

- Directs and manages the day-to-day operations of the Auditing & Monitoring Unit. Directs the unit in a course to ensure quality and accuracy of the work produced.
- Familiarity with healthcare compliance requirements is essential, including a working knowledge of federal and state reimbursement program requirements (e.g., Medicare and Medi-Cal) and federal and state fraud and abuse, anti-kickback, and physician self-referral laws.
- Must be well versed in current healthcare compliance issues, OIG enforcement activities, and other applicable regulations such as HIPAA, licensure requirements, and quality standards.
- Experience working with Medicare and Medi-Cal processes across a variety of healthcare settings, including hospital inpatient and outpatient services, physician practices, and home care is preferred.
- Conducts independent and integrated audits in accordance with the Audit Plan including development of appropriate documentation to support audit work performed, adjusting for changes and updates and tracking of action plans.
- Ability to define projects, identify risk areas, develop appropriate audit plans, document findings, draft reports, and communicate results to Executive Leadership.
- Provides education to Management and Governance concerning organizational risks and their potential impact.
• Conducts program and HIPAA risk assessments, to identify areas in need of remediation and/or more extensive auditing.
• Lead, facilitate, and support the Auditing & Monitoring Sub-Committee meeting including ensuring relevant and necessary information is presented to allow for the Committee to support and advise the Auditing & Monitoring Program.
• Ensures IEHP has a system of ongoing monitoring and auditing that is reflective of its size, organization, risks and resources to assess performance in, at a minimum, areas identified as being at risk.
• Develops and implements formal baseline assessments of IEHP’s major compliance and FWA areas to stratify and address various levels of risk.
• Ensure follow up reviews are conducted by auditing, monitoring or otherwise of areas previously found non-compliant to determine if the implemented corrective actions have fully addressed the underlying problem.
• Develops and implements a strategy to monitor and audit IEHP’s first tier entities to ensure that they are in compliance with all applicable laws and regulations. Additionally, ensures first tier entities have processes in place to conduct monitoring of the entities with which they contract.
• Any other duties as required to ensure Health Plan operations are successful.
• Ensure the privacy and security of PHI (Protected Health Information) as outlined in IEHP’s policies and procedures relating to HIPAA compliance.

**MINIMUM QUALIFICATIONS:**
Minimum of 5 years audit experience in a healthcare field is required. Experience in some combination of healthcare auditing (e.g. hospital systems, medical groups, third-party payers. Minimum of 3 years management experience is desirable.

**KNOWLEDGE/SKILLS REQUIRED:**

- Must have demonstrated understanding of audit standards and requirements, statistical data interpretation and applicability, risk assessment and control environments, and audit theory and processes and of the professional practice standards of internal auditing.
- Must have demonstrated current knowledge of business ethics and compliance risks and the knowledge to assist with management of those risks in a dynamic health care environment.
- Must have a personal commitment to integrity and be willing to challenge management on issues arising through the Ethics and Compliance Program.
- Must have the ability to advise management regarding the impact of emerging industry trends in compliance enforcement, legislation and regulations on IEHP’s business strategies and it’s not-for-profit mission.
- Must be effective in a consulting role with the ability to become a trusted advisor.
- Must develop and maintain excellent interpersonal relationships within the department and at all levels of the organization.
• Must have excellent written and verbal communication skills, including ability to present regulatory requirements, directives, ideas and concepts effectively to a diverse audience.

• Requires the ability to function effectively in a dynamic and challenging environment and to affect change.

• Demonstrated ability to analyze problems and issues from a variety of perspectives and understand the legal, financial, and operational impact of those decisions.

• Must have strong problem solving and creative thinking skills and the ability to reprioritize workload as needed.

• Must be detail oriented, self-directed and work with minimal supervision, both independently and in teams.

• Requires well-developed skills in problem identification, analysis, resolution, organization, prioritization, timeliness and attention to detail.

• Must be adept at complex project planning and management, with the ability to delegate effectively.

• Use of PC and common business software including word-processing, email, and internet-based legal and regulatory research is required.

• Requires strong leadership skills, along with the ability to effectively supervise assigned staff.
Deputy Chief Compliance Officer -11539

Job Title: Deputy Chief Compliance Officer -11539
Company Name: Miami Children's Health System
Post Date: 2/27/2017 - 5/28/2017
Job Location: Miami, FL, United States

Job Description:
Responsible for providing the day-to-day operational leadership to the system-wide compliance program to ensure the entities fully comply with MCHS Code of Conduct and all applicable laws and regulations. Ensures MCHS compliance program fully meets the standards for effective health care compliance programs as established by federal and state regulators. Understands applicable laws, regulations, system policies, and guidelines, and partners with leadership to provide continual risk assessment, development of comprehensive policies and procedures, compliance training, internal investigations, and auditing and monitoring, as well as education and program development activities that support the Compliance Program.

Responsible for the day-to-day operational leadership of MCHS system-wide compliance and ethics program, referred to as the Compliance Program. Works directly with the Senior Leader in responding to regulatory compliance issues, including assignment of compliance department resources to assist with education, training, research, auditing, monitoring, and other activities. Monitors the day to day compliance activities of system and serves as a contact person for reports of concerns or potential compliance issues. Assist in coordinating the response to audits and investigations conducted by regulatory agencies and contractors related to billing, coding, clinical documentation, medical necessity, appropriateness of care, and other issues involving Medicaid and other federal and state health care programs. Reviews, analyzes data, and reports and makes recommendations to the management based on findings. Works with internal and external legal counsel, consultants, and regulatory authorities to appropriately resolve compliance related matters identified or reported through the Compliance Program, including development and implementation of corrective action plans and repayments to third-party payers, as applicable.

Leads the development of an annual Compliance Work Plan outlining Ethics and Compliance department work activities for the upcoming year in collaboration with Internal Audit. Conducts and annual risk-based planning process to establish work plan priorities that includes consideration of current regulatory compliance focus areas of CMS, DOJ, and DHHS-OIG and the input of key system stakeholders. Allocates Compliance resources to areas of highest priority based on assessed risk.

 Oversees MCHS Privacy program. Develops and monitors routine auditing of privacy processes and standards. Serves as Vice Chair of the Breach Incident Response Committee and responsible for management of any suspected and actual HIPAA breaches. Serves as Vice Chair of the Hospital Ethics and Compliance Committee, non-voting member of the Bioethics Committee and Chair of the Policy and Procedure Committee. Reviews and updates MCHS's Code of Conduct, compliance policies, and other compliance related materials to ensure it is current and relevant in providing guidance to management and employees. Confers with management to identify and correct potential areas of noncompliance and anticipate future compliance requirements. Advises management in improving and carrying out policies in accordance with federal and state regulations. Prepares periodic reports for management. Advises Senior Leader in regards
to routine Audit and Compliance Committee meetings of the Board of Directors. Assist in preparing reports to Board or Board Committees concerning activities of the Compliance Department, including the completion status of the annual Work Plan and the status of management action plans in response to previously reported findings. Collaborates with the Senior Leader in long-range strategic planning for the Compliance Program department in response to quality assurance and process improvement activities and industry-leading best practices for effective compliance and ethics programs. Develops the annual financial budget for the department. Reviews and approves department expenditures and maintains fiscal management of the approved annual budget. Conducts special projects as requested by Senior Leader. These projects will frequently be high priority and require strict time deadlines.

Knowledge/Skills/Abilities: Certification in Compliance preferred. Public Accounting, HealthCare Privacy (CHP), Internal Auditor, or Juris Doctorate preferred.

A strategic thinker and tactical executor. Able to move an agenda from concept to reality, drives results, and organizational improvement through performance outcomes. Ability to work with culturally diverse groups and to develop partnerships, teamwork, and good working relationships. Ability to teach and help others understand complex concepts. Strong analytical skills. Ability to manage personnel. Good communication skills both verbally and in writing.

Minimum Job Requirements: Graduate degree in Hospital Administration, Finance, Law, Accounting, Health Services Management, Information Management, or Business required. Seven or more years of progressive leadership experience in health care compliance, finance, audit, administration, or operations. Minimum of five years leading system corporate compliance programs.
DaVita Medical Group manages and operates medical groups and affiliated physician networks in California, Nevada, New Mexico, Florida, Colorado and Washington in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. As of June 30, 2016 DaVita Medical Group (formerly HealthCare Partners) provided integrated care management for approximately 760,000 patients. DaVita Medical Group’s leadership development initiatives and social responsibility efforts have been recognized by Fortune, Modern Healthcare, Newsweek and WorldBlu.

We are committed to bringing the benefits of coordinated care to our patients and to taking a leading role in the transformation of the national healthcare delivery system to assure quality, access, and affordable care for all.

If you’re looking to make a difference with a large, financially stable, well-recognized medical group, DaVita Medical Group may be the employer for you.

**Overview:**

To perform compliance oversight, prevent and detect fraud, waste and abuse and mitigate compliance risk for the Market medical group, coordinated care, and related businesses, and manage compliance projects, programs, and processes and report progress to compliance and Market leadership.

**Essential Functions:**

- Consistently exhibits behavior and communication skills that demonstrate HealthCare Partners’ (HCP) commitment to superior customer service, including quality, care and concern with each and every internal and external customer.
- Supports the National Compliance Program and provides “boots on the ground” in the Market to ensure an effective compliance program operates consistently within the Market. This includes providing compliance training to new hires, following up on online compliance training, informing Market leaders on compliance policies and conducting compliance committee updates.
- Manages compliance projects, programs, and processes and report progress to Compliance Department and senior leadership.
- Identifies new risks and projects through various intakes, including regular meetings with stakeholder leadership, legal, and external sources; and collaborates with the operators to implement compliance solutions.
- Improves processes, implement controls, and develop and implement the HCP National Compliance Program within the market.
Oversees arrangements to include provider compensation, acquisition transactions and other provider related arrangements in order to document compliance with Anti-kickback statute and Stark Law.

Understands and documents key processes, programs and initiatives.

Works with internal/external attorneys to assess identified risk.

Manages Compliance Department initiated investigations, including interview/fact finding and analysis, presentation of recommendations to executive leadership, and remediation/root cause process enhancements.

Manages special projects, including root/cause analyses, data analytics, process improvement, and control development.

Partners with other directors in compliance & leadership to manage larger compliance team.

Represents Compliance Department at various business leadership meetings.

Uses, protects, and discloses HCP patients’ protected health information (PHI) only in accordance with Health Insurance Portability and Accountability Act (HIPAA) standards.

Performs additional duties as assigned.

Qualifications

Education:

- Minimum: Bachelor’s degree from a four-year college required.
- Master’s degree in Healthcare Administration, Business Administration, or related field preferred.

Experience:

- Minimum seven (7) years’ experience in healthcare required.
- Minimum five (5) years management experience required.

Preferred:

- Prior experience with health plans or managed care organizations, or large, decentralized health care providers preferred.

Knowledge, Skills, and Abilities:

- Demonstrated knowledge of federal fraud and abuse laws required.
- Demonstrated ability to present and communicate effectively with executive management.
- Experience supervising work performed by outside vendors and contractors.
- Superior drafting and communication skills required.
• Proven track record of collaborative problem solving with senior management and business leaders to achieve business goals.
• Excellent computer skills and proficiency in MS Word, Excel, PowerPoint, and Outlook.
• Demonstrated experience with managing data analytics projects.
• Travel required: up to 25% of time.
Director of Stony Brook Medicine Health Science Schools Compliance

Required Qualifications: (As Evidenced by an Attached Resume)

Bachelor's degree. Certification in Health Care Compliance or Compliance and Ethics, or Graduate Certification in Health Care Compliance or Compliance and Ethics required. At least five (5) years of experience in care compliance, corporate compliance, or University compliance required. Minimum of 8 years of leadership and/or supervisory experience required. Ability to work collaboratively with clinical areas and finance, procurement, information management, billing if applicable, and other departments. Ability to manage multiple initiatives at the same time. In depth knowledge and understanding of fulfilling the elements of an effective compliance program. Strong analytical, communication, and presentation skills are required.

Preferred Qualifications:

Master's degree or JD preferred. Health Sciences School compliance experience preferred (e.g., Dental, Welfare, Medicine, Nursing, Health Technology and Management, Pharmacy). Coding certification preferred through American Health Information Management Association or the American Academy Professional Coders as a Registered Health Information Administrator (RHIA), Registered Health Information Technologist (RHIT), Certified Coding Specialist (CCS), Certified Coding Specialist – Physician (CCS-P), Certified Professional Medical Coder (CPC), or Professional Medical Coder Outpatient Hospital (COO).

Brief Description of the Position:

The Director of Stony Brook Medicine (SBM) Health Sciences Schools Compliance will assist the Chief Compliance Officer for SBM in carrying out the mission and goals of the Health Sciences Schools and Compliance Program. The Director will participate in the oversight, assessment, and further development of our compliance programs as well as provide guidance, education and mentoring to the Health Science Schools. The Director will collaborate with Stony Brook University and Stony Brook University Hospital Compliance and Audit resources on the design and implementation of an annual Work Plan. The Director will partner with Management to provide continual risk assessment, and in the development of comprehensive compliance documents, policies, and procedures, compliance training, and compliance investigations.
Duties:

- Design, implement and report on programs, policies, and practices to ensure compliance with federal, state and local regulatory requirements for SBM's Health Sciences Schools: School of Medicine, School of Nursing, School of Social Welfare, School of Health Technology and Management, School of Dentistry, School of Pharmacy, and any future Health Sciences Schools.

- Lead, manage, conduct, and oversee compliance investigations and audits throughout SBM's Health Sciences Schools, including compiling detailed reports with recommendations to the Chief Compliance Officer and Management.

- Develop compliance training materials and provide ongoing compliance education and training throughout SBM's Health Sciences Schools.

- Strengthen and enhance SBM's Health Sciences Schools Compliance Program(s).

- Develop and implement an annual Compliance Work Plan and Compliance policies and procedures in conjunction with Health Sciences School leaders.

- Provide guidance to Management on compliance issues and inquiries; collaborate with Management to develop reasonable solutions with process improvements.

- Other duties, including management and supervision of any compliance staff reporting to this position.

- Other Duties or projects as assigned as appropriate to rank and departmental mission.
SVP, Chief Compliance, Audit and Risk Officer

**Job Title**
SVP, Chief Compliance, Audit and Risk Officer

**Company Name**
Beth Israel Deaconess Medical Center

**Post Date**
1/30/2017 - 4/30/2017

**CHC Preferred**
YES

**Job Location**
Boston, MA

United States

**Job Description**
Beth Israel Deaconess Medical Center (BIDMC) is a major teaching hospital of Harvard Medical School, and is a 682-bed, fully integrated medical center. As a national leader in patient care quality and safety, BIDMC is setting new standards in the way health data can be used to improve care and deliver services.

BIDMC is the heart of an integrated health care system of more than a dozen institutions serving Eastern Massachusetts. The BID Health System includes BIDMC and three owned hospitals: Beth Israel Deaconess-Needham in Needham, MA (BID-Needham), Beth Israel Deaconess-Plymouth in Plymouth, MA (BID-Plymouth), and Beth Israel Deaconess-Milton in Milton, MA (BID-Milton).

The SVP, Chief Compliance, Audit and Risk Officer has a dual reporting relationship to the BID Health System President & CEO and the Board of Director’s Compliance, Audit and Risk Committee. This position functions as an independent and objective body to oversee compliance, audit and risk matters; including research compliance, conflicts of interest, revenue cycle compliance, Enterprise Risk, HIPAA privacy, ethics and confidentiality. The position provides advice and guidance to the Board, senior management, employees and others on matters relating to resolving and preventing noncompliance with rules, regulations, organizational policies and procedures, and the BIDMC Code of Conduct.

The ideal candidate will have 10+ years senior level healthcare experience and 5+ years healthcare compliance in an Academic Medical Center. An advanced degree and certification in healthcare compliance is required.