

COMPLIANCE OFFICER

DISTINGUISHING FEATURES OF THE CLASS: Under general direction of the President/CEO, the incumbent in this class is responsible for developing, implementing and maintaining the Corporate Compliance program for the Westchester Medical Center which includes the Behavioral Health Center, Taylor Care Center and Westchester Institute for Human Development, subcontractors and vendors. This is a high level official in the hospital with authority to access and review all documents and information relevant to compliance activities such as patient records, billing records, contracts, etc. The incumbent will develop and administer the day-to-day activities of the program, oversee the management of the compliance program, ensure inquiries and investigations are managed appropriately and in a timely manner, assess the overall efficiency of the program and report to the hospital's governing board. Responsibility also involves ongoing education and consultation with division heads and administrators to keep them advised of current requirements and/or changes; monitoring hospital-wide compliance on an on-going basis; ensuring proper procedures for reporting and documenting conformance to standards are followed; and developing methods for corrective action when problems are identified. Administrative supervision, with the delegated authority of the President/CEO, is exercised over all administrative division heads in the appropriate area of responsibility. Does related work as required.

EXAMPLES OF WORK: (Illustrative Only)

Oversees, monitors and maintains the Westchester Medical Center's corporate compliance program to promote prevention, detection and resolution of instances of conduct that do not conform to Federal and State laws, private payer health care requirements and program requirements;

Supervises the development of written procedures and standards of conduct for implementing and monitoring compliance to regulations, codes and standards set by federal mandates for Medicaid and Medicare reimbursement for hospital services to patients, by the New York State Public Health Law governing licensure and registration requirements of health care practitioners, and to promote compliance and address areas of potential fraud;

Develops a system and reports any apparent criminal activity or violation of the corporate policy to the President/CEO and recommends appropriate action to remedy the problem;

Informs the Board of Directors, President/CEO and compliance committee, on a regular basis, of systems, processes and procedures to ensure compliance;

Develops adequate hospital-wide recording and reporting procedures, in coordination with the various divisions of the Medical Center, to respond to allegations of improper conduct or illegality;

Investigates complaints involving alleged illegal activity in the areas of Human Resources, patient rights, quality assurance, Civil Rights, billing, risk management, etc.;

EXAMPLES OF WORK: (Illustrative Only) (Cont.)

Provides training, consultation and technical expertise to hospital division heads and administrators on regulatory requirements affecting their area(s) of responsibility and suggests procedures to ensure compliance;

Participates in peer review committees, providing technical expertise and consultation to ensure on-going hospital-wide compliance;

Establishes methods to improve the hospital's efficiency and quality of services, and to reduce the hospital's vulnerability to fraud, abuse and waste;

Revises hospital compliance program to incorporate the organization's needs and in the law and policies and procedures of government and private pay or health plans;

Develops, coordinates and participates in educational and training programs that focus on the compliance program for all medical staff, affected employees, subcontractors, vendors, etc.;

Ensures that all independent contractors and subagents of the hospital are aware of the requirements of the compliance program with respect to coding, billing, marketing, etc.;

Collaborates with the hospital's financial management to coordinate internal compliance review and financial activities;

Audits systems and evaluates processes to ensure compliance to standards and policies;

Investigates reports of problems or suspected violations in collaboration with the General Counsel and/or departmental division head, and takes corrective action with all hospital employees, providers and subproviders, agents and independent contractors;

Develops and maintains a process to receive complaints anonymously and develop policies to encourage managers and employees to report suspected fraud and other improprieties, and implements systems to prevent retaliatory actions;

Monitors developments and changes in statutes and court rulings, rules and regulations, in conjunction with the General Counsel, that impact compliance initiatives and makes necessary changes to the hospital's compliance plan;

Uses computer applications or other automated systems such as spreadsheets, word processing, calendar, e-mail and database software in performing work assignments;

Accesses protected health information (PHI) in accordance with departmental assignments and guidelines defining levels of access (i.e. incidental vs. extensive)

May perform other incidental tasks, as needed. .

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REQUIRED KNOWLEDGE, SKILLS, ABILITIES AND ATTRIBUTES: Comprehensive knowledge of procedures, policies and practices regarding regulatory compliance issues; comprehensive knowledge of the organization and functions of a health care facility and areas susceptible to mismanagement, fraud, waste, abuse, etc.; thorough knowledge of the principles and practices of administration; good knowledge of investigative practices and techniques; good knowledge of interviewing techniques to elicit information; ability to monitor and conduct analyses of hospital operating procedures, identify problems and critical factors and develop methods for corrective action; ability to formulate, develop and implement auditing/investigative standards, procedures and policies; ability to develop and maintain effective working relationships with physicians, hospital managers, and other health care professionals, in order to promote compliance with applicable codes and standards; ability to communicate effectively, both orally and in writing; ability to provide training and consultation to a wide variety of health care professionals; ability to organize, assemble, categorize and prepare data for reporting purposes; ability to effectively use computer applications such as spreadsheets, word processing, calendar, e-mail and database software in performing work assignments; ability to read, write, speak, understand, and communicate in English sufficiently to perform the essential duties of the position; sound professional judgment; dependability; resourcefulness, accuracy; initiative; tact; integrity; discretion; physical condition commensurate with the demands of the position.

MINIMUM ACCEPTABLE TRAINING AND EXPERIENCE: A Bachelor's Degree* in Public, Hospital or Business Administration, Health or a health care field, Finance, Accounting or a fiscal management field, and eight years of experience at an administrative, managerial or leadership level in or for a health care organization where the primary function of the position was in regulatory management or healthcare compliance management, four years of which must have been in a health care facility implementing and ensuring compliance with health care standards of practice.

*SPECIAL NOTE: Education beyond the secondary level must be from an institution recognized or accredited by the Board of Regents of the New York State Education Department as a post-secondary, degree-granting institution.

NOTE: Unless otherwise noted, only experience gained after attaining the minimum education level indicated in the minimum qualifications will be considered in evaluating experience.