

## SUMTER FAMILY HEALTH CENTER

JOB TITLE: Quality and Compliance Audit Coordinator

REPORTS TO: Vice President of Business Operations

### **Position Summary:**

The Quality and Compliance Audit Coordinator is responsible for supporting the quality and compliance improvement activities within the Health Center.

### **Internal and External Contacts:**

Center Employees, Vendors, Insurance Companies and Clearinghouse(s).

### **Duties and Responsibilities:**

Under the guidance and direction of the Vice President of Business Operations, the Quality and Compliance Audit Coordinator will be responsible for the following:

- Compiles and maintains audit tools needed for internal audits for all program areas
- Performs audits to include chart audits for coding and billing compliance and adherence to Medicare, Medicaid, and other Third Party Payer guidelines, Meaningful Use, HEDIS measures, UDS and PCMH standards, and identifies areas of risk
- Performs audits within any assigned area of the Center that will measure or assess for quality, compliance or risk issues
- Assists in the coordination of on-site audits conducted by external providers
- Documents internal audits and other quality assurance / compliance activities
- Develops, recommends and monitors corrective and preventive actions in collaboration with supervisor
- Collects and analyzes data to identify areas for improvement in the quality system
- Evaluates adequacy of existing quality assurance and compliance standards
- Interprets and implements quality assurance standards
- Assists in the data collection for the investigation of complaints and non-conformance issues
- Evaluates audit findings and suggest appropriate corrective actions
- Reviews policies as appropriate, at least annually for quality and compliance standards
- Drafts quality assurance policies and procedures as needed
- Prepares reports to communicate outcomes of quality and compliance activities to the Vice President of Business Operations
- Ensures that audit reports are documented in the appropriate system
- Identifies training needs to meet quality and compliance standards
- Reviews the quality and compliance components of insurance contracts, as needed, to include revisions and renewals
- Performs other duties, as assigned

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### Qualifications:

High-School diploma or equivalent. An Associate's degree and a minimum of three (3) years Billing, Collections and/or Auditing experience preferred. Certified Coder preferred. Must possess considerable knowledge of the principles and practices of health care compliance standards, quality measures and audit procedures as applicable in the FQHC setting.

### Work Environment:

Highly stressful when dealing with individual personalities of department staff, Center employees, patients, families and external customers. Must be able to handle multiple priorities and work in areas that are confined and/or crowded. Must possess the ability to complete tasks and responsibilities effectively when working alone or in a team setting. Category II: Regularly exposed to risk of blood borne diseases. Category B: Rare exposure to risk regarding chemical hazards.

### Physical Demands:

Prolonged periods of sitting, stooping, bending, kneeling, and crouching. Lifts supplies up to 10 lbs. frequently and up to 20 lbs. on occasion.

### Key Competencies:

- Attention to detail
- High level communication skills - verbal and written
- Data collection and analysis skills
- Problem analysis and problem solving
- Planning and organizing
- Sound judgment
- Logical and data based decision-making
- Excellent customer service skills
- Teamwork
- Ability to engage professionally with staff, vendors and the public

EMPLOYEE: \_\_\_\_\_

DATE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

DATE: \_\_\_\_\_