

Non-Union Exempt Position Summary

		JOB CODE:	<u>2</u>
POSITION TITLE:	<u>COMPLIANCE ANALYST</u>	DATE:	<u>Oct 2019</u>
DIVISIONS:	<u>Compliance</u>		
REPORTS DIRECTLY TO:	<u>Privacy and Compliance Officer</u>		

POSITION PURPOSE:

The Fulcrum Health, Inc. (Fulcrum) Compliance Analyst is responsible to conduct audits; provide an independent, objective assessment designed to test and confirm compliance with applicable state and federal laws and regulations, contractual agreements, NCQA accreditation(s), as well as internal policies and procedures. The Compliance Analyst assists internal departments by identifying where compliance risks may exist; recognizing areas for improvement; and providing recommendations and implementation support to improve controls and limit potential non-compliance. Additionally, the Compliance Analyst will prepare reports and provide analysis in an accurate, comprehensive and timely manner. The Fulcrum Compliance Analyst will work with minimal guidance and in conjunction with the Privacy and Compliance Officer. This position also provides consultation and guidance to others within the organization.

ACCOUNTABILITIES:

- **Lead Audits**
 - Develop and communicate an audit plan to relevant internal and external parties. The audit plan includes, but is not limited to objectives, process, scope and timeframe.
 - Execute the audit plan with particular focus on CMS, DHS and NCQA compliance for credentialing, utilization management and claim activity.
 - Develop and present reports synthesizing results, highlighting implications of audit findings.
- **Participate in External Audits, e.g. Health Plan Customers, CMS, DHS, NCQA, etc.**
 - Responsible for compilation and submission of all audit deliverables requested
 - Conduct initial file review for compliance with customer instructions and audit elements, i.e. NCQA, state and federal requirements
 - Work with Account Manager to coordinate support of requests and communication with clients related to compliance, regulatory and audit tasks
 - Develop and present reports synthesizing results, highlighting implications of findings
 - Help coordinate implementation and monitoring of activity, including any necessary corrective action plans, to reduce exposure and correct defective policies

- **Conduct Ongoing Monitoring and General Support**
 - Utilize project management techniques to assess compliance program risks, facilitate and monitor task completion, apply appropriate escalation to remove barriers, and ensure projects achieve desired compliance program objectives
 - Support provider investigations and other fraud, waste and abuse initiatives through data analysis, coordination of written provider outreach, file reviews, etc.
 - Establish positive working relationships with others to provide input on risks and controls, and ensure a sustained understanding of compliance requirements while maintaining independence and objectivity
 - Management of policy and procedure review and maintenance process
- Other projects or duties as assigned.

REQUIRED QUALIFICATIONS:

- Bachelor's Degree
- 4 or more years of experience in a health care Compliance, Audit or Quality Improvement/Management department within a health care organization
- Working knowledge of performance improvement processes and team processes/collaborative team management
- Well-developed organizational skills with the ability to prioritize multiple time-sensitive assignments
- Understanding of business processes and audit functions
- Strong skills using Microsoft Office (primarily Word, Excel, Power Point and Outlook) and a willingness to learn other software applications
- Ability to work independently and contribute to a positive team atmosphere

DIRECT/INDIRECT REPORTS:

Number of direct reports and titles: none