Position Specification

Nonprofit Insurance Organization
Chief Compliance Officer

The Company

Our client is a nonprofit, managed care organization committed to improving the health and well-being of underserved residents of Southeast Texas.

The Position

Location

Southeast United States

Overview

The Chief Compliance Officer (CCO) serves as a key member of the Organization's Executive Leadership Team and is responsible for strategic planning and day-to-day operations of the Organization's compliance, regulatory and risk management functions as well as its enterprise-wide Compliance Program that includes STAR, CHIP, Marketplace, D-SNP, and Medicare. They are accountable for audit, fraud waste and abuse programs, accreditation, and the Organization's Special Investigative Unit (SIU). Additionally, the CCO acts as the HIPAA Privacy Officer and oversees Organization's HIPAA Privacy Compliance programs, including related reports and activities.

The CCO represents the Organization at HHSC, TDI, and other meetings as needed and is responsible for communicating information back to the Organization leadership and staff. The CCO assures the Compliance Department serves as the Single Source of Truth (SSOT) for all compliance-related data, programs, and corrective actions. They are responsible for the Organization's health policy interpretation and communication to business owners; certifications and licensures. Above all, the CCO oversees collaboration with other leaders and departments to assure compliance requirements and organizational objectives and targets are successfully achieved. The CCO is responsible for maintaining NCQA and/or URAC accreditation and any other accreditations required by the Organization.

Reporting Relationship

The CCO reports to the CEO and oversees six direct reports, including four Directors of Compliance, a Director of Special Investigations and a Director of Information & HIPAA Security Officer, and leads a team of 20+ staff.

Responsibilities

Develops and implements strategic direction and initiatives for Compliance and Risk Management functions at the Organization:

- Proactively identifies and evaluates the Organization's areas of potential risk and non-compliance, and opportunities for improvement.

- Sets strategic compliance and risk vision and plans strategically to manage risk areas throughout the company.
- Assures Compliance is the Single Source of Truth (SSOT) for Compliance data, interpretation, initiatives, and corrective actions.
- Supervises Compliance Leaders in each department of the Organization, meeting on a regular basis with the Compliance Taskforce to monitor, assist and guide.
- Communicates with Organization leadership, staff, the Audit Committee of the Board and the Board of Directors to inform, educate and manage corporate risk.

Manage HHSC Contract and team that assures HHSC compliance:

- Serves as in-house expert on HHSC contract: directing, organizing and ensuring compliance of Organization with contract terms and requirements; including all bulletins, updates, deliverables and compliance with rules and regulations applicable to Organization products.
- Monitors compliance and risk management for all non-financial regulatory audits, communicating with regulators and coordinating with Organization staff.
- Serves as liaison between the Organization and State Regulators and represents the Organization at meetings as needed. Ensures the Organization is represented appropriately at meetings and for feedback opportunities.
- Manages and ensures all “Deliverables” under contract are met, reporting back on status.
- Manages any other filings such as material subcontracts or other forms required.

Serves as the Organization Compliance and Privacy Officer:

- Tracks, monitors, and assures compliance with federal HIPAA Privacy laws and State privacy laws and leads company-wide awareness of privacy practices.
- Develops all company-wide compliance and privacy training and ensures that all Organization staff successfully complete the training on an annual basis.
- Oversees Organization compliance committees and provides quarterly reports to the Organization Board of Directors. Leads the annual compliance training for the Board.
- Assesses and monitors any reported violation and breaches, supervises all investigation and mitigation, as well as the necessary reporting of any such event or activity.
- Tracks, monitors and oversees the Policy & Procedures process for all Organization’s Lines of Business.

Directly supervises the Special Investigative Unit (“SIU”) for Fraud, Waste and Abuse:

- Responsible for Organization’s internal SIU and coordinates activities with Organization’s external consultant in SIU activities.
- Coordinates internally Organization ethics and compliance hotline for reports by Organization employees of issues related to compliance, waste, fraud and abuse, as well as any reports generated by the hotline through Harris Health.
- Manages staff that assists in monitoring and investigating potential fraud, waste and abuse, including possible recoupment.

Internal Audits:

- Manages team that performs annual audits of operational areas to ensure compliance with HHSC, TDI and all other applicable or internal Organization performance standards.
- Ensures that Organization's delegated entities comply with all relevant HHSC and TDI performance and contract requirements through oversight by Organization staff.
- Supervises Internal Audit Function for all financial related auditing, MAR and other related functions.

Compliance liaison with Texas Department of Insurance and CMS (for Marketplace):

- Acts as Organization's primary liaison with Texas Department of Insurance and CMS.
- Assures compliance with filings and other non-financial requirements of Texas Department of Insurance and CMS. Ensures that all necessary forms, contracts and any other required filing is completed in a timely manner.
- Assures reasonable staff compliance with Texas Department of Insurance and CMS rules and requirements.

Accreditation:

- Oversight of maintaining appropriate accreditation for Health Plans as required by regulatory agencies, focusing on the ongoing adherence to accreditation standards review and monitoring of control processes across the product areas and functions within the organization. Assists in development of policies and procedures to ensure maintenance of accreditation.

Member and Provider Satisfaction:

- Conducts the member and provider satisfaction surveys and HOS; provides a root cause analysis for significantly statistical decreases and action plan.

Complaints:

- Oversee the regulatory complaints from CMS, HHSC, TDI and any other regulatory body that files a complaint.

Committee responsibility:

- Chairs the Executive Quality and Compliance Committee.
- Staff the subcommittee of the Board, the Audit Committee.
- Oversees the Delegation Oversight Committee.
- Oversees the Regulatory Compliance Committee.
- Oversees the Accreditation Committee.
- Oversees the Fraud, Waste and Abuse Committee.

Demonstrates Organization's values, including trust, integrity, mutual respect, diversity, responsiveness and caring service.

Other duties as assigned.

The Candidate

Education

- Bachelor's degree required; Master's degree or JD preferred.
- CCEP, CHC or other Compliance Training/Certification(s) strongly preferred, or alternatively, commitment to and ability to achieve certification within six months of employment.

Professional Qualifications

- Ten years of compliance experience with at least five years in senior management required.
- Experience with managed care, state regulatory agencies, DOI, and CMS regulations are required.
- Six years supervisory/management experience required.
- Experience developing and implementing strategies and objectives for the organization as a member of Executive Leadership, as well as developing and implementing strategies and objectives for assigned areas of oversight.
- Skilled at developing, implementing and reporting regarding Compliance programs, initiatives, and successes/failures. Ability to justify and explain areas of non-compliance and corrective action plans to stakeholders.
- Demonstrated ability to proactively identify and analyze the root cause of non-compliance, or challenges and concerns achieving compliance, as well as ability to develop and implement solutions
- Excellent communication skills, including effective communication of Compliance strategies, initiatives and corrective action plans to the Board of Directors, Executive Leadership and external stakeholders, including regulatory agencies.
- Experience managing compliance/FWA reporting programs and software (e.g. NAVEX).
- Demonstrated ability to quickly adapt to new situations and challenges.
- Skilled at delegation, management and development of staff.
- Ability to inspire confidence and build trust.
- Knowledge of Medicaid, Medicare and individual insurance regulations and compliance requirements.
- Familiarity with HIPAA regulations.
- Ability to organize task and work independently as well as lead a team and collaborate within and outside of Organization.
- Strong attention to detail and deadlines.
- Team leader abilities to encourage interdepartmental cooperation and interest.
- Demonstrate familiarity with physician and hospital coding and billing.
- Software skills: Microsoft Office (Word, Excel, Outlook).

To learn more about this opportunity or provide a confidential referral, please contact:

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