



Compliance Auditor II

Job Location: Rancho Cucamonga, CA – Remote Options
Full Time

JOB SUMMARY:

Under the general supervision of the Compliance Audit & Oversight Manager, the Compliance Auditor II conducts audit activities of varying complexity and supports initiatives of moderate to complex difficulty related to the Compliance Audit Program. The Compliance Auditor II is responsible to perform routine and complex audit and monitoring activities of internal health plan departments and external Plan delegates to ensure compliance with Medi-Cal and Medicare regulatory and contractual requirements, and operational plan requirements.

RESPONSIBILITIES:

- Conducts routine and complex compliance audit activities, including detailed testing activities, documenting results in audit work papers, developing detailed document requests lists, conducting audit conferences and walkthroughs, and proposing recommendations for improvement.
- Conducts audits of the Plan's delegates to ensure compliance with regulatory, contractual requirements, and HIPAA Privacy Standards.
- Assists in developing risk assessments to identify compliance risks posed to the Plan.
- Assists in the maintenance of IEHP's Compliance Risk Universe, Compliance Risk Register, and Audit Plan.
- Assists and supports the development, implementation, and maintenance of the Compliance Audit Program to ensure key performance indicators are met and compliance risks are proactively identified.
- Conducts routine monitoring activities to ensure compliance with regulatory and contractual requirements.
- Develop and maintain audit tools based on regulatory compliance with DHCS, DMHC, and CMS requirements.
- Writes and reviews audit reports based on audit results and ensures accurate and quality of audit reporting.
- Validates of effective implementation of corrective action plans (CAPs) from internal departments & delegates to ensure appropriate completion and make necessary recommendations as needed for compliance.
- Creates reports and analyzes data for reporting to management, the Compliance Committee, Auditing & Monitoring Committee, and Governing Board.
- Conducts regulatory research and provides interpretation of regulations to ensure appropriate application.
- Prepares and sends out Audit Announcement memos.
- Prepare audit programs and conduct audits of assigned areas, including performing various audit procedures and documenting audit findings in the work papers.
- Perform and coordination follow-up audits to determine if management has taken action to mitigate risks identified.
- Provide independent evaluations of operational controls, policies, and procedures.
- Assists and supports the development of materials for audit Entrance and Exist conferences.

QUALIFICATIONS:

- Minimum of four (4) or more years in a managed care operations, working with one or more of the following areas: Utilization Management, Claims, Pharmacy Operations, Compliance, FDR oversight activities, Quality Management, Care Management, and/or Grievances and Appeals.
- Demonstrated experience, at a professional level, in an audit role.
- Demonstrates ability to think and work effectively under pressure and accurately prioritize and complete multiple assignments within established timeframes.
- Experience with interpretation and/or implementation of Medicare, Medi-Cal managed care regulations is required. Two (2) years of public or private industry audit, quality assurance/quality improvement experience, preferably in health care or other highly regulated industry.
- Bachelor's degree in a related field from an accredited institution required.
- Certified Internal Auditor (CIA), Certified Health Care Compliance (CHC), Certified Healthcare Auditor (CHA), CHIAP (Certified Healthcare Internal Audit Professional) preferred.
- Must have a valid California Driver's License.

- Demonstrated understanding of audit standards and requirements, statistical data interpretation and applicability, risk assessment and control environments, audit theory and processes, and of the professional practice standards of internal auditing.
- 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.
- Proficient knowledge of CMS Program Audit Protocols, DHCS Technical Assistance Guides, and DMHC Technical Assistance Guides.
- Knowledge of regulatory research and regulations that apply to Medi-Cal and Medicare Managed Care Health Plans.
- Possess strong written and verbal communication skills, including a strong business writing aptitude.
- Possess 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.
- Effective in a consulting role with the ability to become a trusted advisor.
- Ability to maintain excellent interpersonal relationships within the department and at all levels of the organization.
- Ability to organize thoughts and data into well-organized communications and reports.
- Must participate in the IEHP Team Culture, by demonstrating support of the Culture by developing professional and effective working relationships that include elements of respect and cooperation with Team Members, Members and associates outside of our organization.

FOR MORE INFORMATION/TO APPLY:

<https://careers.iehp.org/>

Job Requisition ID: 7288