

Healthcare Compliance Manager

UT Southwestern Medical Center

Job Location: Dallas, TX (Remote Eligible)
Full Time/Days

JOB SUMMARY:

The Office of Institutional Compliance has an opportunity available for a Healthcare Compliance Manager. The successful applicant must be certified in Healthcare Compliance (CHC) certified or willing to obtain within one (1) year of holding the position. **A hybrid work from home schedule is available three (3) days a week. Open to relocation.**

REQUIRED EXPERIENCE/EDUCATION:

- Bachelor's degree in business or healthcare administration, regulatory compliance, consulting, project management, or related area, with at least five (5) years progressively responsible related experience required.

PREFERRED EXPERIENCE/EDUCATION:

- Master's degree in business or management preferred.
- Current AAPC or AHIMA certifications in hospital and physician coding (CPC) or Certified Healthcare Compliance (CHC), preferred.
- Experience in reimbursement coding, auditing, and reporting is strongly preferred.

RESPONSIBILITIES:

- Leads compliance auditors in performing activities to prevent, detect, and correct compliance risks related to documentation, coding, and billing.
- Manage the external audit program to ensure pre and post-payment audits are coordinated, managed, and responded to timely and effectively; analyze audit outcomes to identify key trends and risks; and work collaboratively with subject matter experts to mitigate and resolve future adverse audit findings.
- Performs risk assessments related to health care reimbursement through third-party payers, particularly Medicare, Medicaid, and other government payers, managed care payers, and the like.
- Performs documentation, coding, and billing-related compliance audits to determine if the institution complies with policies, procedures, and applicable regulatory standards and requirements. Collaborate with the impacted parties or subject matter expert(s) to develop and implement action plans to address the risk and audit findings.
- Performs and/or manages other various assurance activities to determine departmental/unit/program adherence to internal controls and education/training requirements.
- Provides ongoing strategic direction and guidance related to operational, hospital, and professional billing audits and uses methodologies such as probe auditing, statistical sampling, and extrapolation.
- Utilize sources such as the OIG Work Plan, payer alerts, probe audits, and internal reviews and reports from monitoring activities to identify risk areas and coordinate focused-based and routine quarterly audits.
- Utilize technologies such as Microsoft Office (e.g., Excel), MDaudit, MedeAnalytics, electronic medical records (EMR), and other applicable tools to identify, quantify, and make recommendations regarding reimbursement errors and corrective actions for UTSW health care facilities and providers.
- Works under minimal supervision, reporting directly to the Director of Health System Compliance.

ADDITIONAL DUTIES:

- Manages auditing of reimbursement issues for UTSW health care providers and entities, including the claims incurred in UTSW hospitals and clinics, affiliate hospitals, ambulatory locations, and clinical trial billing.
- Assists the UTSW AVP of Compliance/Chief Compliance Officer in responding to third party payer audit requests as well as identifying and auditing significant reimbursement errors and opportunities, focusing on determination of error rates, mitigation strategies, makes recommendations for performance improvement. Provides compliance assistance to impacted providers and facilities with audit responses and activities, as appropriate.
- Works under the direction of the AVP of Compliance/Chief Compliance Officer to conduct or manage staff in performing audits and investigations. This includes developing and executing all phases of a plan of investigation, such as determining and documenting applicable payer requirements, locating, understanding, and analyzing data, information, and records; auditing data; and drafting findings and conclusions.
- Recommends and documents appropriate corrective action or actions responsive to findings and conclusions. Consults with impacted provider or facility to assure concurrence and follow through.
- Recommends education and training topics to the Office of Compliance to improve performance and reduce reimbursement errors.

- Assists the AVP of Compliance/Chief Compliance Officer with tracking and disseminating relevant payer information regarding current/applicable billing and compliance requirements. 7. Assists the AVP of Compliance/Chief Compliance Officer with development of meaningful metrics for constituents such as providers, facilities, and leadership, regarding performance and compliance with reimbursement rules and regulations, contracts, etc.
- Ensures timely and consistent interpretation, follow through, and resolution of reported compliance concerns.
- As applicable and when requested, works with external or internal legal counsel, external auditors, or consultants, to assure successful completion of projects related to health care reimbursement.
- Coordinates and collaborates with the Directors within the Office of Compliance (and their staffs) to assure auditing/monitoring activities are evidence-based, supported by metrics, and meet the requirements of compliance program effectiveness.
- Oversees designated compliance analyst staff.
- Identifies trends and makes recommendations to improve culture, increase transparency, build trust and/or achieve compliance plan goals.
- Designs and prepares statistical and analytical reports for UT System, Executive and other campus Compliance Committees, and UT System, as appropriate.
- Performs other duties as assigned.

FOR MORE INFORMATION/TO APPLY:

<https://universityoftexasouthwesternmedicalcentrthe.contacthr.com/117583884>