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| Job Title: | | VP Quality Improvement & Corporate Compliance /Compliance Officer | | FLSA: | Non-Exempt | |
| Department/Group: | | Administration | | Reports To: | President/CEO | |
| Location: | | Maysville | | Travel Required: | Yes | |
| Position Type: | | Full-time | | | | |
| HR Contact: | | Mary Breeze | | Date posted: |  | |
| Will Train Applicant(s): | | Yes | | Posting Expires: | ----- | |
| **Job Description**: Responsible for the development, implementation, and evaluation of the agency Quality Improvement and Corporate Compliance Programs including HIPAA. This includes the development of program planning, reliable benchmarks (statistical data) including data collection, aggregating data, and developing annual reports or other reports essential to quality improvement and accurate data representation of the organization. Conducting and monitoring evaluation activities of the organization is essential. | | | | | | |
| Applications Accepted By: | | | | | | |
| Drop off at Comprehend Office  611 Forest Avenue  Maysville KY, 41056 | | | Email:  [mbreeze@comprehendinc.org](mailto:mbreeze@comprehendinc.org) | | | |
| Job Description | | | | | | |
| Role and Responsibilities   1. Serve as the corporate compliance officer including reporting functions to the State Department of DBHDID 2. Serve as the organization consumer ombudsman and liaison to the state ombudsman program. 3. Develop and implement a compliance program including HIPAA regulations and securities for the agency and assist in performing improvement initiatives and monitoring. 4. Develop and write policies and procedures to set standards for compliance and quality improvement. 5. Work closely with clinical and other staff to identify and obtain data to assure timely reporting to the executive team 6. Develop benchmarks (statistical parameters) for quality improvement and compliance. 7. Respond to requests from governing agencies for compliance information 8. Prepare quarterly compliance and HIPAA reports 9. Coordinate, conduct and monitor internal/external audits/reviews related to quality and compliance 10. Create and develop the internal grievance hotline for issues related to compliance and quality of care 11. Directs activities for legal audits established to investigate and monitor compliance with standards and procedures implemented by compliance programs or governing agencies. 12. Oversee Medical Records for quality and compliance, including supervision of Medical Records Clerk. 13. Responsible for the agency national accreditation and develop of processes to complete. 14. Other duties may be required and assigned as determined by the CEO   **Qualifications and Education Requirements**   * A Bachelor or Master’s degree in a health or systems related discipline. Experience in quality improvement, compliance and/or medical/legal/ ethical issues in health care preferred. Knowledge of mental health credentialing and accreditation processes is required. Excellent computer skills including publisher, excel and word processing. Good verbal and written communication skills, creativity, and presentation skills advantageous. Work experience in Mental Health may substitute for education.   **Special Requirements**   * Team orientation, high level of professionalism and motivation, problem solving, planning skills, good organizational skills, and the ability to function autonomously. * Travel may be required | | | | | | |
| Reviewed By: | Human Resource | | | Date: |  | |
| Approved By: | President/CEO | | | Date: |  | |
| Employee Signature: |  | | | | |
| Last Updated By: | 03/08/2017 | | | | |