

Tiffany Kovar, CFE, IIBA-AAC

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Experienced healthcare compliance executive, Certified Fraud Examiner, and former nurse with more than 20 years of leadership across Medicaid, Medicare, managed care, and post-acute systems. Extensive expertise in utilization review, policy development, survey enforcement, and reimbursement methodologies including PPS, DRG, NADAC, PDPM, VBC, MDS, 340B and managed care models. Proven success in performance and financial audits, regulatory defense, corrective action planning, and multi-agency coordination. Skilled at translating policy and legislative frameworks into actionable operations strategies. Recognized for integrity, innovation, and dedication to safeguarding public healthcare resources.

Strengths

Utilization Review | Retrospective Claims Audits | Medicaid & Medicare Policy
Survey Enforcement | Site Readiness | Corrective Action Plan (CAP) Leadership
Nursing Facility, Home Health, Hospice, DME/Pharmacy, FQHC & Hospital Reimbursement
Legislative Monitoring | Federal Register Review | Intergovernmental Affairs
MDS, PPS, DRG Coding Rules | CoPs & Licensure Tag Familiarity
ALJ, SOAH & OMHA Hearings | Appeals & Regulatory Testimony
Financial & Performance Audits | Risk Mitigation | Policy Alignment
Python, SQL, Power BI | Dashboards | Compliance Analytics
Strategic Planning | Cross-Team Communication | Team Leadership

Work Experience

Director of Business Operations, Community HealthCore, Longview, TX, Apr 2024 – Present

- Serve as the chief regulatory and strategic operations leader for Community HealthCore, a designated Local Mental Health Authority and unit of local government interfacing with multiple Texas state agencies.
- Oversee Medicaid utilization review, performance audit strategy, and corrective action leadership across all programmatic divisions, ensuring alignment with HHSC, CMS, and managed care mandates.
- Develop enterprise-level compliance and financial oversight structures, directly supervising the CFO and leading the agency's adherence to GAAP, GASB, AML, IRS, and state audit standards.
- Author internal policies that translate HHSC and legislative expectations into actionable performance strategies; lead implementation through cross-functional teams.
- Drive legislative monitoring and executive engagement; analyze and interpret proposed and enacted bills for operational and legal impact on mental health services.

- Lead strategic responses to survey citations, audit findings, and federal/state program changes; coordinate root cause analysis, team retraining, and performance remediation.
- Utilize Power BI, SQL, and Python to build executive dashboards, audit tools, and retrospective review models used to flag claims risk and identify clinical documentation gaps.
- Coordinate inter-group communication and strategic alignment between HHSC divisions, Medicaid MCOs, and internal executive leadership.

Director of Audits & Investigations, MJS and Associates, Nacogdoches, TX, Feb 2016 – Apr 2024

- Spearheaded comprehensive audits, regulatory reviews, and program compliance strategies across hundreds of diverse healthcare organizations (including SNFs, home health, hospice, FQHCs, hospitals, and managed care entities) throughout Texas and the U.S.
- Provided expert consulting to legal counsel, C-suite executives, and provider organizations under investigation or facing penalties from CMS, HHSC, MACs, and MCOs.
- Led high-impact appeals and defense strategy development for cases before the State Office of Administrative Hearings (SOAH) and the Office of Medicare Hearings and Appeals (OMHA), including data extraction, clinical justification, and evidence assembly.
- Developed and implemented customized Corrective Action Plans (CAPs) in response to adverse audit findings, survey citations, and billing disputes; designed remediation frameworks aligned with Conditions of Participation (CoPs) and licensure tag expectations.
- Directed policy interpretation and strategic response for numerous regulatory changes, leveraging expertise in DRG, PPS, MDS, DME, and Medicaid managed care reimbursement.
- Led readiness consulting for providers anticipating surveys or facing enforcement actions; coordinated policy-to-practice compliance alignment and trained teams on CMS standards and documentation accuracy.
- Served as Chairperson on state-level governmental affairs committees, recognized for leadership and precision in translating legislation into impact guidance for providers and stakeholders.
- Created and led multi-jurisdictional collaboration efforts across HHSC, TMHP, legal teams, and providers to resolve complex audit disputes and drive forward corrective progress.
- Synthesized extensive policy data, quality reporting metrics (e.g., Medicare.gov), and risk signals into actionable dashboards and reports using SQL, Excel, and visual analytic platforms.
- Recognized as a trusted voice in provider audit strategy, quality compliance, and cross-agency negotiation, consistently brought in on the most sensitive and high-profile regulatory matters.

Chief Operations Officer, HealthTrust Software, Nacogdoches, TX, Apr 2009 – Jul 2013

- Directed the operations and regulatory strategy of a healthcare software firm serving post-acute and community-based providers across Texas and nationally.

- Spearheaded design and delivery of compliant Medicaid billing platforms, integrating state-specific rules for home health, hospice, DME, vendor drug, and managed care plans.
- Oversaw Git-based software development workflows and release management to ensure audit-ready system builds aligned with CMS, OIG, and OCR documentation standards.
- Developed and enforced technical requirements for MySQL- and PHP-driven systems supporting claims analytics, appeals management, and risk flagging.
- Led provider engagement strategy, training executive leadership and billing teams on how to implement pre-claim edits, track denials, and improve documentation compliance.
- Positioned HealthTrust as a thought leader in proactive compliance system design, contributing to industry dialogue on audit-readiness and payer communication.

Clinical Nursing Experience | Various Hospital and SNF Facilities – Texas, Prior to 2009

- Practiced as a nurse in both hospital and skilled nursing facility settings, providing a strong clinical foundation for future audit, compliance, and policy advisory roles.
- Developed deep familiarity with care coordination, documentation requirements, interdisciplinary team management, and charting protocols that now inform regulatory alignment work.
- Used firsthand clinical insights to evaluate medical necessity, defensibility of documentation, and coding compliance in audit and survey preparation contexts.
- Informed reimbursement and policy strategy through understanding of MDS processes, nursing protocols, and the realities of on-the-ground healthcare delivery.

Education & Certifications

Bachelor of Social Work, Troy University – 2020

- Certified Fraud Examiner (CFE)
- Agile Analysis Certification (IIBA-AAC)
- Licensed Private Investigator, Texas
- Google Data Analytics Certificate
- RAC-CT Certification – Eligible
- Advanced Training: CMS, HHSC Policy, Legislative Monitoring, Quality Reporting, CoPs

Technical Proficiencies

- Python (pandas, NumPy), SQL, MySQL, Power BI, Excel, Outlook, PowerPoint
- Health IT Integration: FHIR, API, HIE, Survey Tracking Tools
- Policy & Audit: CMS, OCR, OIG, HHSC, Federal Register, Medicare.gov quality data
- Quality Metrics & Public Reporting Algorithms (based on MJS experience)