

## TOIYABE INDIAN HEALTH PROJECT, INC.

### **POSITION DESCRIPTION**

**POSITION:** Quality Improvement (QI) / Compliance Manager

**WORK STATION:** Bishop

**SALARY RANGE:** TSS 12

**SUPERVISOR:** Chief Operations Officer (COO)

**EXEMPT**  
Yes

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**POSITION SUMMARY:** This position has the principal authority and responsibility for the development, implementation, oversight and evaluation of a dynamic integrated QI/compliance program across all TIHP clinical and departments. S/he is responsible for assuring the highest quality standards are met, while leading quality related performance improvement work for TIHP. S/he works independently and in collaboration with key department directors and managers on key quality improvement projects and initiatives; support quality priorities, and conduct data collection and analysis. S/he is responsible for planning, designing, implementing and maintaining TIHP-wide compliance and audit programs; establishing policies and procedures designed to promote an organizational culture that foster ethical and compliant behavior and provide the basis for ensuring adequate internal controls and compliance with all laws, regulatory or contractual requirements applicable to TIHP, as well as TIHP's internal policies. In addition, s/he is responsible for assessing, monitoring and mitigating risks to the TIHP; oversight of QI and compliance audits, conducting investigations; implementing education and training for employees. Serves as a resource to TIHP staff on QI/compliance related issues; is authorized to implement all necessary actions to ensure the achievement of the objectives. S/he will supervise the staff assigned to conduct GPRA, UDS, Meaningful Use, and Credentialing / Privileging activities.

### **QUALIFICATIONS:**

1. Bachelor's degree in healthcare, public health, nursing (with current license). Masters preferred.
2. Five years of experience in a health care environment, preferably Indian Health and/or FQHC.
3. Demonstrated advanced knowledge of quality improvement principles/tools and application and will be expected to develop specific quality programs and systems to monitor key performance indicators for continuous quality oversight.
4. Experience in the development, implementation, and management of ambulatory care QI/compliance programs.
5. Ability to develop, integrate, and evaluate clinical policies and procedures, formulating plans to enhance QI.
6. Strong project management, analytical and operational problem-solving skills.
7. Demonstrated ability to conduct and interpret quantitative/qualitative analyses.
8. Ability to perform audits, reviews and/or investigations as required.
9. The ability at all times, to communicate with healthcare organizations with tact, courtesy, discretion, confidentiality, and good judgement in handling functions in a sensitive manner.
10. Knowledge of AAAHC and HRSA requirements is preferred. Demonstrate familiarity with the National Committee on Quality Assurance (NCQA)'s standards, applications, and survey process to support Patient Centered Medical Home (PCMH) recognition.
11. Knowledge of provider credentialing and privileging, GPRA and UDS monitoring and reporting requirements, and Meaningful Use measures, criteria, and compliance.
12. Must be sensitive and possess an awareness and keen appreciation of traditions, customs, and socioeconomic needs of the Indian community.

13. Must have knowledge of federal and state regulations related to health services, confidentiality, privacy regulations and fraud/abuse laws.
14. CPR certified or certified within three months of hire.
15. Possess a valid driver's license and insurable by company insurance with the ability to travel as necessary.
16. American Indian preference in accordance with Indian Preference Act (Title 25, U.S. Code § 472 & 473).

### **DUTIES & RESPONSIBILITIES:**

1. Develop systems and tools to comprehensively and efficiently track all clinical quality measures.
2. Develop, manage, and implement the Quality Improvement Plan for TIHP.
3. Assure complete and accurate recording, tracking, and timely resolution of all incidents and complaints reported. Maintains an incident tracking log and monitor that incident resolution is completed and documented.
4. Identify and assess areas of QI/compliance risk for the TIHP and developing and implementing plans to reduce risk and maintain compliance.
5. Develop and coordinate the clinical risk management processes to ensure a culture of safety, timely capture of events, reporting and initiation of analysis of all events.
6. Establish methods such as conducting periodic audits, developing effective lines of communication on QI/compliance issues, and preparing written practice standards and procedures to improve the health center 's efficiency and quality of services and to reduce TIHP's vulnerability to fraud and abuse.
7. Assist senior management and CMO and department directors in the development of a system of incentivizing a culture of quality at TIHP.
8. Ensure conformance with applicable laws, statutes, regulations, and internal policies and controls.
9. Serve as a resource on healthcare regulations, internal auditing procedures and standards including HIPAA.
10. Serve as oversight of provider credentialing and privileging, GPRA and UDS monitoring and reporting, and Meaningful Use compliance.
11. Develop policies, procedures, and protocols for use in clinics, in consultation with clinic staff.
12. Assure the timely collection of data to measure performance and outcomes as per the approved Quality Improvement Plan, Uniform Data System (UDS) requirements, and other performance improvement initiatives.
13. Develop policies and programs that encourage managers and employees to report suspected fraud and other improprieties without fear of retaliation.
14. Ensure that all clinic site licenses and certifications, including but not limited to California Department of Health Services clinic licenses and CLIA certification are current, developing and maintaining a tracking system to monitor when reapplications are due, and submitting necessary documentation accurately and on time.
15. Work as a resource person to the clinic staff establishing, refining, and implementing policies, procedures and protocols for use in the clinic.
16. Monitor effectiveness of implementation, providing written and reports of findings to the Quality Improvement Committee, TIHP Board of Directors and the TIHP senior leadership team.
17. Develop and integrate quality improvement in all clinic functions. Work closely with all TIHP staff to assure coordination of activities with clinic-wide quality improvement functions.
18. Assist with planning and coordinating training and/or technical assistance to all clinics based upon needs and requests of staff as required.
19. Provide computer user support for clinical modules of the IHS RPMS System (Resource and Patient Management System) in extracting information to support QI activities.
20. Ensure the compliance activities prevents and/or detects violations of law, regulations,

organization policies or Code of Conduct.

21. Review the QI/compliance policies and procedures on a regular basis, recommending appropriate revisions and modifications.
22. Oversee on-going activities relating to the development, implementation and adherence of policies and procedures in the areas of HIPAA, privacy, protection, and accessibility to patient health information.
23. Perform other job related duties as assigned.

Reviewed:    Employee: \_\_\_\_\_ Date \_\_\_\_\_  
                  Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

*TIHP Position Description - BOD  
Approved new position replacing  
Quality Improvement Specialist on  
4/6/18*