

Department: Public Health Nursing  
Classification: Competitive  
Grade: 8M/C

SPEC DISK B8  
DOCUMENT 10

### **QUALITY ASSURANCE COMPLIANCE OFFICER**

**DISTINGUISHING FEATURES OF THE CLASS:** The work involves responsibility for assisting the Director of Patient Services/Director of Public Health in either a Certified Home Health Agency or Long Term Home Health Care programs in conducting quality assurance reviews and financial analysis of the agency's Medicare compliance efforts. Additionally, activities include the development, coordination and participation in related multifaceted staff educational and training programs. The work is performed under the supervision of the Director with latitude permitted for the exercise of independent judgment in carrying out the details of the work. The incumbent does related work as required.

**NOTE:** In compliance with OSHA, this position has a potential risk of exposure to bloodborne pathogens (blood/body fluids).

#### **TYPICAL WORK ACTIVITIES:** (Illustrative only)

Oversees and monitors the implementation of Medicare compliance program to assure quality of patient care;  
Plans, develops and conducts educational programs in quality assurance for agency employees;  
Provides technical assistance to departments, services, committees, and staff in developing objective standards, criteria and indicators by which problems areas can be identified, assessed and resolved;  
Assists the Home Health Agency financial management staff in coordinating internal compliance review activities;  
Develops policies and programs that encourage staff to report suspected fraud;  
Evaluates the objectives, scope, organization and effectiveness of the Quality Assurance Program and recommends revisions as needed;  
Reviews incident data to detect issues, events, patterns, and trends that are problematic;  
Establishes monitoring and analysis protocols and documentation of quality assurance and utilization review activity;  
Ensures that incident reports are received and referred to the appropriate department or committee for investigation, corrective action, resolution and monitoring;  
Assists in establishing methods to improve home health agency's efficiency and quality of services;  
Attends and participates in patient care conferences, safety committee meetings, infection control meetings, in-service, supervisory nursing, and staff meetings;  
Assists in development of budget which will allow for adequate personnel, facilities, equipment and supplies within assigned unit;  
Independently investigates and acts on matters related to Medicare compliance;  
Develops and complements policies and procedures to insure continuous quality improvement, utilization review and quality assurance programs;  
Maintains permanent records and reports of quality assurance and utilization review activity as defined by the facility's confidentiality policy;  
Reviews employees' certifications that they have received, read, and understood the standards of conduct;  
Reports on a regular basis to the home health agency's governing body, Director and compliance committee on the progress of implementation, and assisting these components in establishing methods to improve the agency's efficiency and quality of services, and to reduce the vulnerability to fraud, abuse, and waste;  
Develops, coordinates and participates in a multifaceted educational and training program that focuses on the elements of the compliance program, and seeks to ensure that employees and management are knowledgeable of, and comply with, pertinent federal and state standards;  
Ensures that independent contractors and agents who furnish nursing or other health care services to the clients of the agency, or billing services to the agency, are aware of the requirements of the compliance program with respect to coverage, billing and marketing;  
Prepares a variety of records and reports related to the work.

**QUALITY ASSURANCE COMPLIANCE OFFICER - CONTINUED**

**FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:**

Thorough knowledge of current public health practices and Medicare conditions of participation; good knowledge of the administration organization of public health facilities; good knowledge of the content of medical records and origins of clinical information; good knowledge of medical terminology and medical care patterns; ability to analyze medical records and related health care data; ability to monitor the work of other professionals in investigating problems, complaints and quality assurance and utilization review issues; ability to coordinate compliance programs; ability to develop quality assurance and utilization review programs, ability to establish and maintain cooperative working relationship with others; ability to communicate effectively; investigative skills on suspected fraud matters; physical condition commensurate with the demands of the position.

**MINIMUM QUALIFICATIONS:**

Current valid license to practice as a Registered Professional Nurse issued by the State of New York and two years of experience as a Supervising Public or Community Health Nurse in a certified home health agency or long-term health care program.

**SPECIAL REQUIREMENT:**

Possession of a current valid New York State Drivers License at the time of appointment.