

## **Health Care Specialist**

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<b>Job Title:</b>	Health Care Specialist
<b>FLSA Classification:</b>	Exempt
<b>Department:</b>	Administration
<b>Supervisor:</b>	Director of Quality Improvement and Compliance

### **Job Summary**

Under the supervision of the Director of Quality Improvement and Compliance, the Health Care Specialist is responsible for the design and execution of monitoring plans for designated Part D operational processes. This Health Care Specialist will ensure compliance with all regulatory requirements and standards relative to the Medicare Part D and related state Medicaid programs. This individual is responsible for conducting FDR oversight (including PBM and contracted Pharmacies) and Part D program monitoring in such a way that ensures (i) that all Medicare Part D regulatory requirements and standards are understood, (ii) business processes required to address those regulations and standards are implemented i.e. TROOP-IN/TROOP-OUT policies and procedures and (iii) any compliance risks are communicated to the Program Director and Executive Director.

The Health Care Specialist research compliance issues and recommends changes that assure compliance with contract requirements as well as coordinates the creation and review of corrective action plans necessary to address compliance issues. Therefore, the Health Care Specialist is responsible for (i) supporting the implementation of CMS guidance relating to assigned FDRs and ongoing auditing of said guidance; (ii) perform annual FDR audits, applicable pre-delegation audits, and any other applicable audits; (iii) designing and executing ongoing FDR monitoring plans; and (iv) working with Part D business owners to ensure timely and appropriate closure of any issues that surfaced from monitoring/auditing. This position will support both the FDR monitoring and Part D program audit as assigned.

The successful candidate must be well versed in the Medicare Part D Prescription Drug Benefit Manual. This candidate must exhibit superior analytical, communication and collaborative skills, as well as the ability to excel in a dynamic, fast-paced environment. This compliance team member must be adept at working with a variety of internal and external stakeholders. She/he will promote an enterprise-wide culture of compliance and provide first-rate support within the Compliance Department and across business units.

## **Essential Job Functions**

- Provide subject matter expertise in response to day-to-day business issues and questions;
- Maintains relationships with partners both internal and external to ensure timely responses to questions regarding internal business processes and contract oversight;
- Reviews notifications from DHHS/CMS related to Part D benefits and responds as needed.
- Supports quality and compliance program oversight by maintaining documentation of Medicare compliance issues and ensure updates are made in a timely manner;
- Remains aware of industry changes and/or trends;
- Assists with the dissemination of regulatory changes to the organization. Communicates and documents the regulatory changes in a manner that is easily understood by the business;
- Facilitate the development of policies and procedures to ensure regulatory compliance, including participation in regular operational team meetings, business process improvement efforts, and compliance improvement initiatives.
- Reports on the status of process changes and escalates issues as appropriate;
- Manages relationships with partners both internal and external; performs or assists in coordination of training related programs
- Lead comprehensive Medicare compliance audits in high-risk areas pursuant to the annual PACE work plan.
- Assist in coordinating CMS/DHCS audits and other external audits. Facilitate resolution of high-visibility, escalated requests and issues from CMS and DHCS including but not limited to PACE participant and provider cases.
- Provide oversight of Federal Wide Assurance efforts, fraud investigations, data mining, recovery and predictive claim analytics.
- Identify potential risks, non-compliance and/or alleged violations within the health plan and develop and implement department and unit Corrective Action Plans for timely resolution of Part D related issues.
- Maintain expert knowledge of Medicare regulations. Communicate regulations to the affected departments and facilitate the implementation of necessary action.
- Initiate, facilitate, and promote activities to foster compliance awareness and to encourage reporting of compliance issues within the organization and related entities.

## **Qualifications**

- Strong attention to detail and analytic skills required;
- Strong problem solving skills required;
- Strong and confident oral and written communication skills required;
- Intimate knowledge of Part D regulations including Formulary Administration (FA), Coverage Determinations Appeals & Grievances (CDAG), EGWP and other Part D operations/performance areas;
- Previous state/federal regulatory or Prescription Drug Benefit plan compliance experience preferred.

### **Non-Essential Job Functions**

- Attend and participate in all staff meetings, in-services, projects, and committees as assigned.
- Adhere to and support the center's policies, practices, and procedures.
- Accept assigned duties in a cooperative manner; and perform all other related duties as assigned.
- Be flexible in schedule of hours worked.
- May require use of personal vehicle

### **Working Conditions and Physical Demands**

The working conditions and physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Ability to access all areas of the center throughout the workday.
- Ability to lift up to 35 pounds occasionally, 15 pounds frequently, and 7 pounds constantly; required to obtain assistance of another qualified employee when attempting to lift or transfer objects over 25 pounds.
- Requires constant hand grasp and finger dexterity; frequent sitting, standing, walking and repetitive leg and arm movements, occasional bending, reaching forward and overhead; squatting and kneeling.
- Ability to communicate verbally with an excellent comprehension of the English language.
- Work is generally performed in an indoor, well-lighted, well-ventilated, heated, and air-conditioned environment.

### **Experience**

- Minimum of one (1) year of documented experience in working with a frail or elderly population required.
- Documented experience in Medicare or healthcare management. Experience with Part D strongly preferred
- Prefer experience in a community-based setting or geriatric program.

### **Knowledge, Skills, and Abilities**

- Interest in the risk-based long-term care program to serve frail elderly in a community-based setting.
- Experience and thorough knowledge of social service principles and practices.

- Strong attention to detail and analytic skills required;
- Strong problem solving skills required;
- Strong and confident oral and written communication skills required;
- Intimate knowledge of Part D regulations including Formulary Administration (FA), Coverage Determinations Appeals & Grievances (CDAG), EGWP and other Part D operations/performance areas;
- Previous state/federal regulatory or Prescription Drug Benefit plan compliance experience preferred.
- Knowledge of the local and social service delivery systems and aging network.
- Proven ability to work in an interdisciplinary team.
- Ability to work effectively and harmoniously with the staff, the elderly, and providers of services, public, and private agencies.
- Energetic, dependable, resourceful, and flexible.

### **Education and Certification**

- Bachelor's degree required, plus 3-5 years' experience in Medicare Part D regulatory management, regulatory audits, or equivalent strongly preferred.
- Master's degree within healthcare field is preferred.
- Current CPR/BLS certification is preferred.
- Is medically cleared for communicable diseases and has all immunizations up-to-date before engaging in direct participant contact.

### **Core Values**

- **Respect** at the core of our interactions.
- **Honesty and Integrity** with every endeavor
- **Patient – Centered** care aligned with participant values, beliefs, and preferences.
- **Encouragement** that motivates and empowers others to be the best they can be.
- **Quality Care** that is efficient, transformative and innovative.

### **Acknowledgment**

**I have read** the above Health Care Specialist job description and fully understand the requirements set forth therein. I meet all the requirements of this position, and I can perform all essential functions of the job with or without reasonable accommodations. I agree to abide by the requirements set forth in this document.

**I understand** the contents of this job description are presented as a matter of information only and as guidance as to the expectations for this position. This job description is not intended to give rise to contractual rights or obligations, or to be construed as a guarantee of employment for any specific period of time or for any specific type of work.

Furthermore, IIH reserves the right to interpret, amend, modify, or cancel or withdraw any or all sections or provisions of this job description at any time with or without notice.

**I understand** that employment at IIH is “at will”, meaning that employment is for no definite period of time and may be terminated by me or IIH at any time and for any reason.

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Employee Print Name

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Employee Signature

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Date

We are an Equal Opportunity Employer and do not discriminate against any employee or applicant for employment because of race, color, sex, age, national origin, religion, sexual orientation, gender identity, status as a veteran, and basis of disability or any other federal, state or local protected class.