



|  |   |
|--|---|
| <b>Policy and Procedure No: CO 2.7</b>   | <b>Revision No: 7</b>                   |
| <b>Division: Care Management</b>   |   |
| <b>Department: Compliance</b>  |   |
| <b>Title: PHC-CA Compliance Officer and Compliance Committee</b>                           |   |
| <b>Effective Date: 1/1/2006</b>  |   |
| <b>Supersedes Policy No: 97002, CO 2.0, CO 2.1, CO 2.2, CO 2.3, CO 2.4, CO 2.5, CO 2.6</b> |   |
| <b>Reviewed/Revised by: Sandra Holzner</b>   | <b>Review/Revision Date: 12/12/2025</b> |
| <b>Approving Committee: Compliance Committee</b>   | <b>Date: 12/15/2025</b>                 |
| <b>Executive Oversight Committee Date: 12/16/2025</b>                                      |   |

**Purpose:**

To establish PHC California (the Health Plan) Compliance Officer and Compliance Committee and describe the Compliance Officer's and Care Management Compliance Committee's responsibilities and duties to oversee and manage the Compliance and Anti-fraud Plan.

**Policy:**

1. Compliance Officer
  - a. The Health Plan has a Compliance Officer who is responsible for developing, implementing, and ensuring compliance with the requirements and standards under the Department of Health Care Services (DHCS) and who reports to the Chief of Care Management and the Executive Oversight Committee of the Board of Directors (EOC).
  - b. The Health Plan requires a Compliance Officer who is responsible for developing, implementing, and ensuring compliance with the requirements and standards under the Department of Health Care Services (DHCS) contract and who reports directly to Chief of Managed Care and the Executive Oversight Committee of the Board (EOC).
  - c. The Health Plan's policies and procedures must include the criteria for selecting a Compliance Officer and a job description, including responsibilities and the authority of this position.
  - d. The Compliance officer must be a Full-time employee and must be independent, which means they must not serve in both a compliance and operational role, for example, when the compliance officer is the chief operating officer, finance officer or general counsel.
  
2. Compliance Committee
  - a. The Health Plan must have a regulatory compliance and oversight committee of the EOC and at the senior management level charged with overseeing the compliance program and compliance with the requirements under the DHCS contract. The Health Plan must have criteria for selecting members of the compliance committee.
  - b. The Health Plan's Compliance Committee is overseen by the Compliance Officer. The Committee's role is to assist the Compliance Officer in the implementation of the Health Plan's Compliance Program.

- i. The Compliance Committee must review the Compliance and Anti-fraud plan on an annual basis.
  - ii. The Compliance Committee must meet no less than four times per year and must review areas of non-compliance and implementation and monitoring of corrective actions.
3. The Health Plan has a Special Investigative Unit (SIU) that assists the Compliance Officer and Compliance Department staff in conducting investigations of potential incidents of fraud, waste and abuse.

**Procedure:**

**A. Compliance Officer**

1. The Compliance Officer must possess the education, experience, and expertise necessary to effectively develop, implement, and oversee the Health Plan's compliance program. At a minimum, the Compliance Officer shall demonstrate the following knowledge and competencies:
  - i. The Compliance Officer must possess a thorough understanding of the complex regulatory environment that governs managed care operations, including both state and federal oversight frameworks. This includes comprehensive knowledge of the Department of Health Care Services (DHCS) contractual requirements, the Department of Managed Health Care (DMHC) regulations under the Knox-Keene Health Care Service Plan Act, and applicable federal regulations enforced by the Centers for Medicare & Medicaid Services (CMS). The Compliance Officer must be able to interpret, apply, and operationalize these requirements within the Health Plan's policies, procedures, and day-to-day functions to ensure full compliance with all governing standards and reporting obligations.
  - ii. The position requires advanced expertise in developing, implementing, and maintaining a robust compliance program that aligns with the expectations of DHCS, DMHC, CMS, and the Office of Inspector General (OIG). This includes demonstrated experience conducting compliance risk assessments, developing monitoring and auditing protocols, managing corrective action plans, and maintaining documentation that supports regulatory readiness. The Compliance Officer must be adept at identifying compliance vulnerabilities, implementing mitigation strategies, and leading the organization's response to audits, investigations, and inquiries from regulatory entities.
  - iii. The Compliance Officer must be able to operate with independence and authority, reporting directly to the Chief of Managed Care and the Executive Oversight Committee (EOC) of the Board. The role requires the ability to communicate effectively with executive leadership, the governing board, and regulatory agencies, providing clear and data-driven reports on compliance activities, program effectiveness, and risk trends.
  - iv. The Compliance Officer must also demonstrate sound judgment and professional integrity, ensuring that compliance decisions are made objectively and in the best interest of the Health Plan and its members.



- v. The position demands significant knowledge of DMHC filing and reporting requirements, including the review and submission of material modifications, timely access compliance, grievance and appeals reporting, provider network adequacy standards, and financial solvency oversight. Familiarity with CMS requirements related to managed care organization participation, program integrity, data validation, and audit protocols is also critical. The Compliance Officer must be capable of maintaining continuous regulatory awareness and ensuring that operational policies are updated in response to new or revised guidance issued by DHCS, DMHC, or CMS.
- vi. The Compliance Officer must have a strong command of compliance education, communication, and organizational ethics. The ability to design, implement, and lead effective training programs for staff, subcontractors, and providers is essential. The individual must possess exceptional communication skills, with the capacity to translate complex legal and regulatory language into clear, actionable guidance that promotes a culture of compliance and accountability throughout the organization.
- vii. A bachelor's degree in healthcare administration, business, law, or a related field is required; an advanced degree (e.g., JD, MHA, MBA, or MPH) is preferred. The ideal candidate will have a minimum of five (5) years of progressively responsible experience in healthcare compliance, regulatory affairs, or managed care operations, with direct exposure to DHCS, DMHC, and CMS oversight environments.
- viii. Professional certification in healthcare compliance such as Certified in Healthcare Compliance (CHC), Certified in Healthcare Privacy Compliance (CHPC), or Certified Compliance and Ethics Professional (CCEP) is strongly preferred.
- ix. See Attachment A for a Sample Job Description (JD). The sample job description is provided for reference purposes only and is subject to change based on regulatory updates, contractual requirements, or organizational needs. The Health Plan reserves the right to modify, revise, or update the duties, qualifications, and reporting structure of the Compliance Officer position at any time, in accordance with applicable laws, regulations, and contractual obligations. Nothing in this section or in Attachment B shall be construed to create an employment contract or to limit the Health Plan's discretion to make necessary organizational or staffing adjustments consistent with governing requirements.

**B. Compliance Officer Responsibilities**

1. The Executive Oversight Committee (EOC) will recognize the Compliance Officer who shall have the authority and duty to report directly and regularly to the EOC and the Chief of Care Management on all matters related to compliance with federal, state laws, and contractual requirements.
2. As part of the Compliance Officer's reports, and no less than four times per year, the Compliance Officer submits a report to the Chief of Care Management who shall report to the EOC on the status of AHF's compliance program implementation, the identification and resolution of potential or actual instances of noncompliance, oversight, and audit activities.
3. The Compliance Officer reports to the EOC at least four times per year.



4. The Health Plan has Compliance Officer who reports to the Chief of Care Management. The Compliance Officer is responsible for overseeing the day-to-day operations of the Compliance Program, including the SIU, and the prevention, detection, investigation and reporting of suspected incidents of fraud, waste, abuse and overpayments.
5. The Compliance Officer reports on a routine basis to the Chief of Care Management regarding the status of AHF's compliance program implementation, the identification and resolution of potential or actual instances of noncompliance, and AHF's oversight and audit activities.
6. In the event that the Compliance Officer reports an incident of fraud or other serious misconduct with respect the Health Plan that has been reported to the executives of the organization and no action has been taken, the Compliance Officer has the authority to report to the EOC.
7. The Compliance Officer will maintain an "open door" policy. Employees and contracted entities (including providers) will be encouraged (in training sessions, new employee orientations, and plan/provider joint operations meetings) to consult with the Compliance Officer if they are uncertain of any rule or regulation prior to any action or suspect any potential noncompliant or fraudulent activity.
8. The Compliance Officer and Compliance Department operate independently of all operational, clinical, financial, and program units. Compliance staff have unrestricted authority to review, audit, investigate, and evaluate any activity, record, or function necessary to assess compliance with federal and state law, including Knox-Keene, Department of Health Care Services (DHCS) contract requirements, Center for Medicare & Medicare Services (CMS) regulations, and internal policies and procedures.
  - a. All Plan personnel, leaders, contractors, and delegated entities are strictly prohibited from interfering with, restricting, delaying, or influencing Compliance activities. No individual may retaliate against or discipline Compliance staff for identifying, reporting, or escalating compliance risks, deficiencies, or potential violations. Violations of this prohibition are subject to disciplinary action, up to and including termination of employment or contract.
  - b. Compliance staff who raise concerns, identify deficiencies, or escalate compliance risks are protected under the Plan's Non-Retaliation and Non-Intimidation Policy. Allegations of interference or retaliation must be immediately evaluated by the Compliance Officer or, if involving the Compliance Officer, by the Chief of Care Management or Executive Oversight Committee of the Board of Directors (EOC).
9. The duties of the Compliance Officer include:
  - a. Developing, implementing, and monitoring compliance with Health Plan related policies and procedures.
  - b. Developing, implementing, executing and monitoring an annual audit work plan.
  - c. Developing an organizational chart that depicts the reporting relationship between the Compliance Officer, Chief of Care Management, Compliance Department Staff, and the Health Plan's Compliance Committee.

- d. Reporting, at least on a quarterly basis, or more frequently as necessary, to the Health Plan's Compliance Committee on the status of the Care Management Department's compliance program implementation, the identification and resolution of potential or actual instances of noncompliance, and AHF's oversight and audit activities.
- e. Creating and coordinating, or appropriately delegating, educational training programs to ensure that AHF's officers, directors, managers, employees, and other individuals working in the Health Plan are knowledgeable about AHF's compliance program; its written standards of conduct, policies, and procedures; the prevention, detection, investigation and reporting of suspected incidents of fraud, waste, abuse and overpayments, and the applicable statutory, regulatory, and other requirements.
- f. The Health Plan's Compliance Officer acts as the Fraud Prevention Officer and will be responsible for developing, implementing, and ensuring compliance to the fraud prevention program and who reports directly to the chief executive officer and the board of directors. The Fraud Prevention Officer must attend and participate in DHCS' quarterly program integrity meetings, as scheduled.
- g. Ensuring that first tier entities, downstream entities, and related entities, particularly those involved in sales and marketing activities, are aware of and follow lawful marketing practices.
- h. Developing and implementing methods and programs that encourage managers and employees to report suspected fraud, waste, abuse and other misconduct without fear of retaliation.
- i. Responding to reports of potential instances of fraud, waste, or abuse, including the coordination of internal investigations and the development of appropriate corrective or disciplinary actions, if necessary. To that end, the Compliance Officer will oversee the activities of the Compliance Staff and the SIU and will have the flexibility to design and coordinate internal investigations (e.g., responding to reports of problems or suspected violations) and execute any resulting corrective action (e.g., making necessary improvements to policies and practices and taking appropriate disciplinary action).
- j. Coordinating personnel issues with the Health Plan's Human Resources Department and provider relations/ credentialing departments to ensure that all applicable exclusion lists (i.e., DHHS, Medicare Opt-Out Lists, OIG, LEIE, GSA, EPLS and SAM,) have been checked with respect to all employees, officers, directors and managers as well as first tier entities, downstream entities, and related entities not included on such lists.
- k. Pursuant to AHF reporting policies and procedures, reporting any potential fraud or misconduct related to the appropriate government agency (i.e., CMS/iMEDIC, DHCS, and/or DMHC) and/or law enforcement.
- l. Maintaining documentation, for each report of potential fraud, waste, or abuse received through any of the reporting methods (i.e. hotline, mail, in-person), which describes the initial report of non-compliance, the investigation, the results of the investigation, and all corrective and/or disciplinary action(s) taken as a result of the investigation as well as the respective dates when each of these events and/or actions occurred and the names and contact information for the person(s) who took and documented these actions.

- m. Overseeing the development and monitoring the implementation of corrective action plans, their implementation and follow-up on effectiveness of actions taken to correct the issue(s) identified in the corrective action requirement.
- n. Coordinating potential fraud investigations/referrals with the appropriate government agencies, when applicable, and facilitate any documentation or procedural requests from contracting agencies or their fraud units (e.g., Medicaid Fraud Control Unit).
- o. Review or delegate the responsibility to review the submission of data to DHCS, DMHC, and CMS to ensure that it is accurate and in compliance with reporting requirements.
- p. Seek advice from AHF's Legal Department as needed.
- p. Conduct and direct internal audits and investigations of any first-tier entities, downstream entities, or related entities.
- q. Sitting on the Quality Improvement and Health Equity Committee (QIHEC), Utilization Management Committee (UMC), and the EOC.
- r. Maintaining the schedule of reports due to all government agencies with whom the Health Plan contracts or who have oversight such as CMS, DHCS, DMHC, and the OIR. The Compliance Officer is also responsible for assuring all departments/staff with reporting responsibilities accurately and timely submit their reports.

C. Compliance Committee Responsibilities:

1. The Health Plan Compliance Committee that will meet no less than four times per year and will be chaired by the Care Management Compliance Officer.
2. The Health Plan's Compliance Committee includes representatives from the following key functional areas representing plans and programs or who have relevant expertise in the following areas:
  - a. Organization Executive Management
  - b. Utilization Management/Case Management
  - c. Claims
  - d. Provider Relations
  - e. Quality
  - f. Member Services
  - g. Finance
  - h. Sales



- i. Education
  - j. Pharmacy
  - k. Plan Medical Director
  - l. Information Technology
3. Members of the Care Management Compliance Committee will include, at a minimum, the Compliance Officer and the Chief of Care Management, as well as the following positions representing AHF's plans and programs:

Chief of Care Management  
 General Counsel  
 Compliance Officer  
 National Director of Quality  
 Health Plan Administrator  
 Medical Director  
 Chief Financial Officer - Corporate  
 Chief Information Officer- Corporate  
 RN Risk Manager  
 Senior Director of Finance and Claims Operations  
 Chief Equity Officer  
 Senior Contract Manager

4. The Health Plan's Compliance Committee's duties include:
- a. Developing strategies to promote compliance and the detection of any potential violations.
  - b. Identifies specific regulatory statutes that govern the entity's Medicaid and Medicare the Health Plan operations and assures that affected areas of the organization are made knowledgeable of such requirements within the All Plan Letter's (APL) framework and outside that framework as it relates to changes in regulatory requirements (e.g., changes in billing requirements, elimination/addition of correct coding requirements, OIG requirements, PHE notices, local disaster requirements, etc.)
  - c. Ensuring that all required compliance training and education are appropriately completed.
  - d. Assisting with the creation and implementation of the monitoring and auditing work plan.
  - e. Assisting in the creation of effective corrective action plans and ensuring that they are implemented and monitored for effectiveness and resolution.
  - f. Developing innovative ways to implement appropriate corrective and preventive action.
  - g. Overseeing a system of internal controls to carry out the organization's standards as part of its daily operations.
  - h. Supporting the Compliance Officer's needs for sufficient staff and resources to carry out his or



her duties.

- i. Ensuring that the Health Plan has appropriate, up-to-date, compliance policies and procedures.
- j. Ensuring the Health Plan has a system for employees, first tier entities, downstream entities, and related entities to ask compliance questions, and report potential instances of fraud, waste, or abuse confidentially or anonymously (if desired) without fear of retaliation.
- k. Reviewing and addressing monitoring/auditing reports to identify areas in which the Health Plan is at risk of fraud, waste, or abuse and ensuring that corrective action plans are implemented and monitored.
- l. Provide regular and ad hoc reports on the status of compliance, these reports shall be integrated into the Compliance Officer's reports to the EOC.

**Definitions:**

- 1. Abuse: means practices that are inconsistent with sound fiscal and business practices or medical standards, and result in an unnecessary cost to the Medi-Cal program, or in reimbursement for services that are not Medically Necessary or that fail to meet professionally recognized standards for health care. It also includes Member practices that result in unnecessary cost to the Medi-Cal program.
- 2. AHF: AIDS Healthcare Foundation and its affiliates/subsidiaries who offer Care Management health plans or programs.
- 3. Department of Health Care Services (DHCS) or Department means the single State department responsible for the administration of the Medi-Cal Program, California Children's Services (CCS), Genetically Handicapped Persons Program (GHPP), and other health-related programs, as provided by statute and/or regulation.
- 4. Fraud: means an intentional deception or misrepresentation made by persons with the knowledge that the deception could result in some unauthorized benefit to themselves or some other person and includes any act that constitutes Fraud under applicable federal or State law, including 42 CFR section 455.2 and W&I section 14043.1(i).
- 5. Waste: means the overutilization or inappropriate utilization of services and misuse of resources.

**Monitoring:**

This policy is updated, as necessary, reviewed and approved annually by the Care Management Compliance Committee.

**Reference(s):**

- 1. 42 C.F.R. § 438.608(b)(2)
- 2. See DHCS Contract, Exhibit A, Attachment III, Section 1.3

**Regulatory Agency Approval(s):**

|  |
|--|
| <b>Title:</b> PHC-CA Compliance Officer and Compliance Committee |
| <b>Page 8 of 15</b>  |



| <b>Date</b> | <b>Version</b> | <b>Regulatory Agency</b>                  | <b>Purpose</b>                         | <b>Response</b> |
|-------------|----------------|---|--|-----------------|
| Not avail.  | 2.6            | Department of Health Care Services (DHCS) | 2024 Operational Readiness (OR) R.0022 | Approved        |
| Not avail.  | 2.6            | DHCS                                      | 2024 OR R.0024                         | Approved        |
| N/A         | 1.7            | DHCS                                      | MCOD Portal D.0330.2                   | Withdrawn       |



## Attachment A



**JOB DESCRIPTION: Compliance Officer**  
**FLSA Status: Exempt**

**Division:** Managed Care  
**Department:** Administration  
**Supervisor Title:** Chief of Managed Care

**Prepared By:** Donna Stidham, R.N., Chief, Managed Care  
**Created/Last Revision Date:** June 16, 2016  
**Approved By:** Donna Stidham, R.N. Chief, Managed Care

### **Job Overview:**

The Compliance Officer (CO) is responsible for projecting and integrating the Mission and Core Values of the organization into the division Compliance Program and activities. The CO carries out this responsibility by projecting the AHF Management Philosophy principles of 1) Mission Driven 2) Fairness 3) Learning 4) Hands On 5) Accountability 6) Tenacity and the AHF Code of Conduct.

AHF and its affiliate AHF MCO of Florida, Inc. (collectively "AHF") have a number of managed care plans and programs for people with HIV and AIDS. Currently, these plans/programs operate in California and Florida, and may expand to other states. The Compliance Officer's role is to oversee AHF's compliance program for all of AHF's managed care lines of business: Medi-Cal, Medicare Advantage/Part D, Florida Medicaid and Ryan White.

The Compliance Officer contributes to the success of the organization by instituting and maintaining an effective compliance communication program for the organization that includes the promotion of (a) use of the Compliance Hotline; (b) heightened awareness of the Standards of Conduct; (c) understanding of the pillars of compliance, e.g., fraud, waste and abuse monitoring and reporting, HIPAA, and (d) understanding of new and existing compliance requirements and related policies and procedures.

### **Essential duties and responsibilities include but are not limited to:**

- Develops and maintains policies and procedures for the general operation of the Compliance Program and its related activities to prevent illegal, unethical, or improper conduct. Manages the day-to-day operations of the Compliance Program.
- Develops and executes flexible and adaptable internal risk-based annual and ad hoc audit plan focusing on areas significant to the Medicare Advantage business segment and the state based Medicaid health plan segments; collaborates with Compliance team and key executives to develop a compliance audit plan that identifies and prioritizes areas of significant compliance risk, e.g., finance, claims, appeals/grievances, etc.). Ensures audits deliver high-quality reports and solid conclusions.
  - In collaboration with executive management, develops, initiates, oversees, and maintains an annual work plan for Special Investigative Unit (SIU) staff and contract management staff. Reports on work plan activities to the Chief of Managed Care and the Compliance Committee on a quarterly basis.
  - Perform special projects and analyses as directed by the Chief of Managed Care, the Compliance Committee, Executive Oversight Committee and/or the Senior Management

Committee. Provides these reports on a regular basis, and as directed or requested, to keep the Board and senior management informed of the operation and progress of compliance efforts.

- Direct the preparation of reports of audit findings and recommendations so that responsible management may evaluate the functions and business units audited and take appropriate action. Present reports to the management for review prior to release and conduct correspondence for clarification, negotiation, and follow-up as may be requested.
- Leads/Chairs quarterly Compliance Committee meetings to review and discuss compliance-related issues.
- Oversees/monitors the timely preparation and submission of AHF reports to all applicable external regulatory agencies (i.e., DHCS, DMHC, CMS, AHCA, OIR) by, among other things, maintaining up-to-date schedule of reporting to all regulatory agencies; timely reminding responsible parties of upcoming reporting deadlines; filing required reports and maintaining records of filed reports.
- Daily reviewing guidance issued by regulatory agencies (i.e., HPMS memos, AHCA Medicaid Alerts, DHCS All-Plan Letters, DMHC notices, OIR notices and any other regulatory/accreditation notices) and promptly summarizing and distributing summaries and guidance to appropriate managers and staff in a time-sensitive manner.
- Implementing annual work plan of compliance-related activities.
- Works with the Human Resources, Legal and other departments as appropriate to develop an effective compliance training program, including appropriate introductory training for new employees as well as ongoing training for existing employees and managers.
  - Implements and maintains the new-hire, ongoing and annual staff trainings regarding the Compliance Program and compliance issues (fraud/waste/abuse, HIPAA, red-flag) related to the program.
- Drafting and updating Compliance/Fraud Waste Abuse Plan and policies and procedures.
- Monitoring managed care departments for compliance with AHF managed care contracts and governing regulations and, in cooperation with Departmental Directors/managers, developing any needed corrective action plans (CAP). Reports compliance with CAP resolution activities to Chief of Managed Care no less than monthly through resolution of the departmental CAP.
- Responds to alleged violations of rules, regulations, policies, procedures, and Standards of Conduct by evaluating or recommending the initiation of investigative procedures. Develops and oversees a system for uniform handling of such violations. Investigates compliance issues in conjunction with General Counsel as necessary.
- As required, attending conference calls, user calls, and outside compliance trainings/conferences by regulatory agencies (i.e., CMS).
- Leading preparations and serving as liaison for audits by government agencies.
- Acts as the primary contact for Medicare Advantage-CMS agency contact. Acts as liaison between AHF and other agency contact persons as required.
  - Maintains CMS HPMS roles and responsibility assignments in a timely and accurate manner.
- Maintaining an "open door" policy for staff with compliance issues/concerns.
- Conducts periodic risk assessments.

- Develops and maintains a monitoring process to assure departmental policies and procedures are developed, revised and maintained in compliance with regulatory, contractual and accreditation standards. Reports departmental adherence to process at Managed Care Directors meeting no less than quarterly.
- Assists other AHF Divisions with compliance function/meetings.
- Demonstrates detail and accuracy orientation with an ability to multi-task.
- Demonstrates exceptional verbal and written skills.
- Demonstrates ability to maintain confidentiality at all times.
- Other duties as assigned.

#### **Participation in AHF Meetings/Committees**

- Weekly one-to-one meeting with Chief of Managed Care
- Compliance Committee (chair)
- Special Investigative Unit Meetings
- Managed Care Oversight Committee
- Quality Improvement Committee
- HIPAA Committee
- Pharmacy and Therapeutics Committee
- Member/Provider Committee
- Utilization/Case Management
- AHF Board of Directors meetings as assigned.
- Medical Executive Committee as assigned
- Attends other AHF meetings as assigned.

#### **Supervisory Responsibilities**

- Directly supervises the Compliance/SIU Managers in CA and FL and Compliance Specialist.
- In collaboration with the Florida V.P. of Managed Care, supervises the Florida Medicaid Contract Manager.
- Carries out management and supervisory responsibilities in accordance with AHF's policies and applicable laws. Responsibilities include interviewing, hiring, and training employees; planning, assigning and directing work, appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems.

#### **Qualifications**

To perform this job successfully, an individual must be able to perform his or her duties timely and in a professional manner as outlined in this job description. The responsibilities listed above are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

#### **Education and/or Experience**

- A Bachelor's degree in Health Care Administration or other related field required; Master's degree in Health Care Administration, Business Administration, Public Administration, Clinical Area, or Law preferred.
- A minimum of four (4) years' experience in a private and/or public sector regulatory agency compliance position. Three (3) years' experience with Medicare Managed Care programs. Knowledge of CMS and Medicare Advantage Prescription Drug Plans and Special Needs Plans, Medicaid health plans.
- Health Care Compliance Certification is preferred.

**Computer/Software Skills & Abilities**

To perform this job successfully, an individual should have knowledge of standard business software, including but not limited to word processing, database management software, spreadsheet software, presentation software, contract management software. Ability to conduct research on the internet and use lexis/nexis is helpful.

**Language Skills**

Ability to read, analyze, and interpret complex regulatory documents. Ability to respond effectively to the highly sensitive inquiries or complaints. Ability to write clear, comprehensive reports and letters with thorough analysis. Ability to speak and lead committees and ability to speak before groups for training/education purposes.

**Mathematical Skills**

Ideal candidate will be able to design internal audits (claims, financial), develop reports with trended data as necessary and analyze audit data.

**Reasoning Ability**

Very High Skills: Ability to define problems, collect data, establish facts, and draw valid conclusions.

**Other Skills & Abilities/Qualifications**

Prior experience with health-related databases preferred.  
Ability to travel domestically up to 50% of time

**Certificates, Licenses and Registrations**

- Valid membership in the California State Bar without restriction (attorneys only).
- Valid clinical license in California (clinicians only, i.e. RN, PT, etc.).
- Valid California Driver License and automobile liability insurance.

**Physical Demands**

The 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.

| ACTIVITY                             | AMOUNT OF TIME |           |            |          |
|--------------------------------------|----------------|-----------|------------|----------|
|                                      | None           | Under 1/3 | 1/3 to 2/3 | Over 2/3 |
| Stand                                |                |           | •          |          |
| Walk                                 |                | •         |            |          |
| Sit                                  |                |           |            | •        |
| Use hands to finger, handle, or feel |                |           |            | •        |
| Reach with hands and arms            |                |           |            | •        |
| Climb or balance                     |                | •         |            |          |
| Stoop, kneel, crouch or crawl        |                | •         |            |          |

| LIFTING/CARRYING | AMOUNT OF TIME |           |            |          |
|------------------|----------------|-----------|------------|----------|
|                  | None           | Under 1/3 | 1/3 to 2/3 | Over 2/3 |
| Up to 10 pounds  |                |           | •          |          |
| Up to 25 pounds  |                | •         |            |          |
| Up to 50 pounds  | •              |           |            |          |



|                      |   |  |  |  |
|----------------------|---|--|--|--|
| Up to 100 pounds     | • |  |  |  |
| More than 100 pounds | • |  |  |  |

**Work Environment**

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

|                             | AMOUNT OF TIME |           |            |          |
|-----------------------------|----------------|-----------|------------|----------|
|                             | None           | Under 1/3 | 1/3 to 2/3 | Over 2/3 |
| Fumes or airborne particles |                | •         |            |          |
| Toxic or caustic chemicals  | •              |           |            |          |
| Outdoor weather conditions  |                | •         |            |          |
| Risk of electrical shock    | •              |           |            |          |

**Employee’s Acknowledgement**

I have read the job description and agree to its contents. I acknowledge that other duties may be requested of me that are not specifically stated here. I agree to perform these duties as directed by my immediate supervisor(s), and when called upon. I also agree to assist in the formulation of a revised job description should the need arise in the opinion of my supervisor(s) and/or the Director of Human Resources.



## Attachment B

### Compliance Organizational Chart

Revised 11/21/2025

