



**University
Health**

**General Counsel
Director, Compliance and
Risk Management
Community First Health Plans, Inc.**

Job Class: 2553

Reviewed: 06/22

ORGANIZATIONAL COMMITMENT

A strong commitment to our mission to improve the good health of the community through high-quality compassionate patient care, innovation, education, and discovery. Supports the strategic vision and values of the organization. A devotion to patient care, always attentive, kind and helpful without exception, and wise in the use of University Health resources. A personal commitment to treat all Community First Health Plans, Inc. customers with courtesy, dignity, respect, and professionalism and adherence to the Community First Health Plans, Inc. and University Health Commitment to Service Excellence behaviors and standards.

POSITION SUMMARY/RESPONSIBILITIES

Ensures Community First Health Plans, Inc. (Community First) compliance with governmental regulations and major commercial and governmental contracts. Coordinates governmental filings for new product and business line development projects. Ensures compliance with the Business Risk Management Plan. Provides counsel and advice on legal matters for Community First. Interprets governmental regulations and statutes and provides legal oversight to the development, implementation, and enforcement of Community First policies and procedures. Participates and provides legal assistance to Network Management regarding Provider contractual agreements as required. Oversees Community First's Compliance Program and reviews and evaluates compliance issues and concerns within the organization. Ensures compliance with governmental regulations, including the Texas Department of Insurance (TDI) the Texas Health and Human Services Commission (HHSC), and Centers for Medicare and Medicaid Services (CMS), policies, and procedures specific to those programs and expectations, and regulatory requirements.

FUNCTIONS/BEHAVIORS

1. Represents Community First to appropriate State authorities, TDI HHSC and CMS, for governmental contract and regulatory compliance matters. Functions as a liaison between Community First and governmental regulatory bodies relative to contract compliance matters. Collaborates with executive leaders in the coordination and implementation of short and long-term strategies and goals to meet contract performance expectations. (E, 20%)
2. Participates in statewide activities of the health plan association and maintains an up-to-date understanding of local, regional, and national affairs, policies, and legislation affecting Community First business and advises management accordingly. Assists in the development, communication, and/or implementation of compliance action plans, in collaboration with departmental leaders and executive staff. (E, 10%)
3. Oversees or assists with preparation and submission of regulatory filings for Community First as required by governmental entities. (E, 15%)

4. Collaborates with leadership across the health plan to develop the Business Risk Management Plan and monitors and reports health plan compliance. (E, 15%)
5. Participates in and provides legal assistance to Network Management regarding Provider contractual agreements as required. (E, 5%)
6. Coordinates implementation of, and ongoing compliance with, state and federal privacy laws; works with management to ensure Community First maintains appropriate privacy and confidentiality notices, materials, and tracking systems reflecting current practices and requirements. (E, 10%)
7. Oversees ongoing compliance monitoring of trading partners and business associates to ensure privacy concerns, requirements, and responsibilities are addressed; conducts audits and investigations as appropriate. (E, 10%)
8. Coordinates the compliance and integrity program training for staff. Administers internal controls to effectively prevent, detect and address errors, abuse, fraud, and other violations of law, regulations, and policies. Investigates and reports on integrity concerns. (E, 10%)
9. Performs other related duties as may be requested or assigned. (E, 5%)
- 10. Demonstrates competence to perform assigned and general customer assistance responsibilities in a manner that meets the age-specific and developmental needs of customers served by the department. (E)**
- 11. Appropriately adapts work and customer assistance methods to accommodate the unique physical, psychosocial, cultural, age-specific and other developmental needs of each customer served. (E)**
- 12. Supports University Health System mission, vision and values. Demonstrates established customer service behaviors and standards. Treats all customers with courtesy, dignity, respect and professionalism. (E)**

SUPERVISION

Supervision is received from the Chief Compliance and Quality Officer. Supervises staff in the Compliance and Risk department and has direct access to the President/Chief Executive Officer when appropriate.

EDUCATION/EXPERIENCE

A Law Degree (JD or LLB) from an accredited Law School is required. Must be a member in good standing of the State Bar of Texas and currently licensed to practice law in this state. Three to five years as a licensed attorney and two years of progressively responsible experience in a managed health care organization are preferred. Knowledge of Texas Medicaid regulations and Texas Department of Health and Human Services and Texas Department of Insurance regulations is required. Knowledge regarding Medicare and Medicare Advantage is preferred.

LICENSURE/CERTIFICATION

Licensed to practice law in the State of Texas required.

ACCURACY

Attention to detail is extremely critical, in addition to strong analytical and organizational skills. Must be able to work well in a culturally diverse environment.

EQUIPMENT

Must be familiar with office equipment common to most managed care organizations. The position requires proficiency with computer skills which includes navigating multiple systems.

WORKING CONDITIONS

General office conditions apply with frequent interruptions, deadlines and decisions. Frequent interruptions, deadlines, and decisions. Productivity and quality expectations. Local travel is required. Out-of-town travel may be required. Hours are determined by senior leadership and may be long and irregular at times.

OTHER

Must demonstrate self-confidence, self-direction, initiative, adaptability, persuasiveness, and an optimistic attitude. Must be able to lead and manage other personnel and work well with a diverse group of people at various levels including subordinate staff, members of the Board of Directors, and external stakeholders. Excellent organizational skills, effective oral and written communication, program development experience, and team-building skills are required. Excellent attention to detail is required. Must be able to recognize and identify causes, synthesize alternatives, and determine and implement solutions using foresight and sensitivity to contributing factors. Must be a “team player” and able to exercise independent judgment, with the flexibility to respond to unanticipated issues and events with frequently changing priorities and deadlines. Must present a professional appearance and meet high standards related to creativity, initiative, and persistence. Must successfully complete the pre-employment/post-job offer health screening examination and the annual screening, each year thereafter, as an employee.

HOW TO APPLY

Community First Health Plans is part of University Health. All job applications are received through University Health Human Resources.

To submit an application, [apply here](#).