Compliance Officer Job Description[[1]](#footnote-1)

1. Authority. The Compliance Officer has principal authority and responsibility for the development, implementation, oversight, and evaluation of all aspects of *[Name of Health Center’s]* (“*Health Center*’s”) Compliance Program. The Compliance Officer is authorized to investigate all instances of suspected illegal or unethical conduct and may, upon obtaining appropriate authorization, and consistent with *Health Center* budget constraints, seek the advice of qualified legal counsel and hire outside investigators and/or consultants.

In holding such authority, the Compliance Officer is assured direct access to *Health Center*’s CEO and, together with the CEO, to *Health Center*’s Board of Directors—unless the matter involves *Health Center*’s CEO, in which case the Compliance Officer may report independently to the Board of Directors in accordance with the[*Policy and procedure on responding to allegations of non-compliance made concerning the CEO*]—and to qualified legal counsel for the purpose of making reports and recommendations on compliance matters.

2. Reporting. The Compliance Officer is a member of *Health Center*’s senior management and reports directly to the CEO, who oversees the individual’s performance as the Compliance Officer, which may include meeting certain professional goals and objectives; recruiting, supervising, and mentoring subordinates; demonstrating and encouraging leadership; and maintaining good judgment and discretion in carrying out the duties as the Compliance Officer.

3. Duties. The Compliance Officer has all of the duties and responsibilities that are ordinarily delegated to Compliance Officers. As part of these duties and responsibilities, the Compliance Officer is responsible for the following Compliance Program activities on behalf of *Health Center*:

* Overseeing and monitoring the development and implementation of the *Health Center*’s Compliance Program through establishment of a Compliance Plan, policies and procedures (including the Standards of Conduct) and an annual compliance work plan;
* Identifying high risk areas through risk assessments and other means;
* Identifying methods to reduce the *Health Center*’s vulnerability to fraud and abuse, such as conducting periodic audits, developing effective lines of communication on compliance issues, and preparing written standards and procedures;
* Periodically revising the Compliance Program and compliance policies and procedures in light of changes in the needs of *Health Center*, changes in the law and/or in the standards and procedures of government and private payor health plans;
* Suggesting policies related to compliance to the Board and developing procedures implementing policies approved by the Board;
* Developing, coordinating, and participating in a training program that focuses on the components of the Compliance Program and seeks to ensure that all Individuals Affiliated with *Health Center* (i.e., board members, employees, contractors, vendors, agents, and volunteers) are knowledgeable of, and comply with, pertinent federal and state standards and *Health Center*’s Compliance Program, including the Compliance Plan, policies and procedures (including the Standards of Conduct);
* Coordinating with [*Human Resources*] to ensure that the HHS OIG’s List of Excluded Individuals and Entities, the General Services Administration’s (GSA’s) System for Award Management, and the [*state/local exclusion lists, if applicable*] have been checked with respect to all Individuals Affiliated with *Health Center*;
* Receiving reports or allegations of unethical or improper conduct or business practices, and responding to such reports, including by conducting investigations independently or in coordination with qualified legal counsel, or by delegating the responsibility for conducting an investigation to other staff or to a qualified third party, and implementing and monitoring appropriate corrective action and subsequent compliance;
* Coordinating with Human Resources to ensure the consistent and fair application of disciplinary action, when applicable; and
* Reporting information on the activities of the Compliance Program to the CEO on a regular basis.
* Reporting information on the activities of the Compliance Program to the full Board of Directors [*at least annually*] and to the [*Compliance Committee of the Board]* on a [*quarterly/bi-monthly/monthly*] basis. More frequent reporting to the full Board of Directors and/or to the [*Compliance Committee of the Board*]may be required.

**4. Compliance.** This position requires compliance with *Health* *Center*’s written standards, including theCompliance Plan, policies and procedures (including the Standards of Conduct). Such compliance will be an element considered as part of the Compliance Officer’s regular performance evaluation.

Failure to comply with *Health Center*’s written standards, which may include the failure to report any conduct or event that potentially violates legal or compliance requirements or *Health Center*’s written standards, will be met by the enforcement of disciplinary action, up to and including possible termination, in accordance with *Health Center*’s [*Policy and procedure on enforcing disciplinary standards through well-publicized guidelines*].

1. The Authors of these materials include attorneys at the law firm of Feldesman Tucker Leifer Fidell LLP. The sample documents offer general guidance based on federal law and regulations and do not necessarily apply to all health centers under all facts and circumstances. Further, these materials do not replace, and are not a substitute for, legal advice from qualified legal counsel. [↑](#footnote-ref-1)