Quality Assurance Manager

Documentation quality, compliance adherence, team supervision, and audit support

Department	Compliance / Quality Assurance
Reports To	Director of Compliance
FLSA Status	Full-Time, Non-Exempt

Position Summary

The Quality Assurance Manager supervises the daily work of QA Coordinators and ensures documentation reviews are timely, consistent, accurate, and aligned with established standards. The Manager assigns workloads, resolves reviewer questions, monitors correction workflows, identifies trends, finalizes claim processing preparation, and provides objective feedback to operational and clinical leaders.

Primary purpose: Ensure the QA team consistently identifies documentation non-compliance or errors, communicates required corrections, and verifies timely resolution without assuming operational or clinical management authority.

Essential Duties and Responsibilities

Team Leadership and Workflow Management

- Assign daily and recurring QA workloads based on volume, casemix, complexity, and staff capacity.
- Provide coaching, calibration, and technical support to QA Coordinators.
- Monitor queues, aging reports, review completion, correction turnaround, and unresolved deficiencies.
- Maintain reviewer consistency through case discussion, standardized tools, and periodic inter-rater review.
- Maintain a modified caseload and perform all associated QA Coordinator tasks for assigned records, including review, deficiency tracking, correction follow-up, and visit approval as applicable.

Documentation Review and Deficiency Management

- Perform complex or escalated chart reviews and validate findings before escalation when appropriate.
- Ensure deficiencies or errors are communicated clearly, reference the applicable standard, and identify the required correction.
- Oversee EVV records, including monitoring non-compliance records, manual record/punch percentages, and recurring EVV issues that may affect documentation accuracy, compliance, or billing readiness.
- Distinguish documentation deficiencies from clinical judgment, operational performance, payroll, or HR matters and route concerns appropriately.

Audit and Reporting Support

- Prepare QA summaries, dashboards, samples, and supporting records for internal and external audits.
- Analyze patterns by branch, service line, employee, document type, timeliness, and severity.
- Recommend training, workflow changes, focused monitoring, or corrective action based on validated trends.
- Maintain organized evidence of completed reviews, corrections, and follow-up.
- Complete billing preparation reports and final chart acceptance in a timely manner to support accurate, compliant, and timely billing workflows.

Cross-Functional Education

- Communicate findings objectively to Branch Managers, Service Coordinators, Clinical Leadership, and other responsible leaders.

- Support documentation/charting education while avoiding independent changes to clinical content or employee discipline.
- Participate in training caregivers on documentation standards applicable to their assigned services, including EMR app instructions and proper submission expectations.
- Speak with caregivers about service compliance standards and documenting re-education related to caregiver documentation, EVV compliance, or service compliance concerns – partnering with HR when needed for further escalations beyond re-education or verbal warnings.
- Escalate suspected fraud, falsification, abuse, privacy breaches, or material compliance risk immediately.

Supervisory Responsibilities

- Supervises QA Coordinators and may participate in hiring, onboarding, one-on-ones, performance reviews, workload balancing, and coaching.
- Partners with Human Resources and the Director of Compliance on formal performance management.
- Discusses compliance issues or findings with field staff for initial steps of corrective action escalation plan.

Role Boundaries and Cross-Functional Coordination

PRIMARY OWNERSHIP	PARTNERS CLOSELY WITH	DOES NOT INDEPENDENTLY OWN
• QA workflow and review consistency	• Director of Compliance	• Direct supervision of branch or clinical staff
• QA staff supervision	• Branch Managers and Service Coordinators	• Clinical judgment or correction of clinical records
• Deficiency tracking and verification	• Clinical Leadership/RN Team	• Caregiver terminations
• Trend reporting	• Authorization and Intake teams	• Authorization decisions
• Non-skilled chart final acceptance (billing prep)	• HR when performance concerns arise	• Service scheduling

Minimum Qualifications

- High school diploma or GED.
- At least three years of healthcare documentation, quality assurance, medical records, billing support, home care, home health, or related experience.
- At least one year of lead, supervisory, training, or advanced reviewer experience.
- Excellent problem solving, organization, communication and decision-making skills
- Proficiency with electronic records, telephone systems, payer portals, Microsoft Outlook, Word, and Excel or tracking tools.
- Ability to maintain confidentiality and comply with HIPAA and company privacy requirements.
- Strong knowledge of documentation review, confidentiality, correction workflows, and audit support.
- Ability to interpret standards consistently and communicate deficiencies professionally.
- Experience with Indiana Medicaid waiver and home health documentation.

Preferred Qualifications

- Associate or bachelor's degree in health information, healthcare administration, nursing, or a related field.
- Experience reviewing documentation, participating in home care or home health audits.
- Experience building quality dashboards and standard work tracking.

Core Competencies

- Attention to detail
- Reviewer consistency
- Coaching and feedback
- Analytical thinking
- Professional communication
- Deadline management
- Objectivity and confidentiality
- Escalation judgment

Work Environment and Physical Requirements

- Ability to work for extended periods at a computer and communicate by telephone, video, and in person.
- Ability to travel between work locations, client homes, community locations, or meetings as required by the role.
- Ability to maintain confidentiality and safeguard protected health and employment information.
- Ability to manage competing priorities in a fast-paced home- and community-based services environment.

Key Performance Indicators

- QA review timeliness and backlog
- Correction turnaround and aging
- Inter-rater consistency
- Repeat deficiency rate
- Audit sample accuracy and completeness
- High-risk escalation timeliness
- Team productivity and development

Acknowledgment

This job description describes the general nature and level of work expected. It is not an exhaustive list of all duties. Responsibilities may be modified based on organizational needs, applicable requirements, and reasonable business considerations. Nothing in this document changes the at-will nature of employment where applicable.

Employee Name: _____

_____ _____

Employee Signature Date