Chief Quality Officer or Chief Medical Officer - As a service to the Chief Quality Officer or Chief Medical Officer of a Health Plan, Cherye Morgan LLC and team provide direction and support to the clinical thought leader responsible for developing and executing strategies that both improves the quality of health care delivered to members and improves cost and efficiency for the organization.

We typically will help the CQO or CMO by providing leadership support for the following:

1. Identifying/implementing unique and varied initiatives aimed at improving patient care quality;
2. Leading continuous improvement programs throughout the organization and helping to develop a culture of continuous improvement and excellence;
3. Engaging with leaders and clinicians throughout the organization in a hands-on fashion to build quality, efficiency, effectiveness and a sense of shared accountability;
4. Taking a clinical leadership role in evaluating care delivery and developing the infrastructure for improvement;
5. Strengthening data and information capabilities of the organization to support a data-driven environment;
6. Management of an integrated clinical operation that includes utilization management, care management, population health, quality, and pharmacy management;
7. Management of the clinical operations, and for establishing and maintaining clinical and medical policies that conform to optimal clinical practice standards;
8. Supporting the engagement of the physician network and organizing physician-led clinical governance and culture;
9. Identifying strategies and implementing processes for managing total cost of care using a collaborative, multi-disciplinary approach;
10. Leading change with physicians and other providers to improve the quality and efficiency of care in the provider networks and integrating these providers into clinical initiatives, including creating and maintaining a system that gives continuous feedback on these initiatives;
11. Promotion of managed care systems using evidence-based medicine to educate and facilitate best practices with care management staff and medical physicians/providers;
12. Executing and maintaining benchmarked Utilization/Cost Management Program and relevant Clinical Quality Improvement Programs;
13. Assure quality of care in all aspects of medical utilization assuring utilization is appropriate to meet the needs of the members and falls within recognized standards of efficiency;
14. Appeals and Grievance process to assure timely and accurate responses to members;
15. Operational performance to develop and implement the health plan's clinical guidelines and protocols that can be utilized through the quality improvement, utilization management, and case management processes to positively impact the delivery of care;
16. Risk Management claim adjudication, pharmacy utilization management, catastrophic case review, outreach programs, HEDIS reporting, site visit review coordination, triage, provider orientation, and others;
17. Provide guidance and interpretation on issues of medical appropriateness, benefit application as appropriate, and level of care necessary to include out-of-network care;
18. Evaluate and ensure systems and processes to assist physicians/providers with adherence to evidence-based protocols;
19. Assure compliance related to Federal (e.g., CMS), State (e.g., Insurance commission) and local rules and regulations;
20. Work closely with community provider leaders to ensure accurate understanding of the Company's mission and goals and quick response to any provider issues and questions regarding Company performance and progress; and
21. Identify and implement other strategies that assure quality care, access to care, and the financial success of the Company.