

Vice President of Medical Management

As a service to the VP Medical Management of a Health plan or State Human and Health Service Agencies, Cherye Morgan LLC and team provide direction and support to the operations and compliance in the Medical Management Programs of these organizations and assure that they are designed to monitor the appropriateness of all medically necessary and covered services for pre-service care, concurrent review, and post-service care delivered to members.

Programs should be developed in collaboration with contracted health care providers and the Medical Management team. Promoting optimal practice within both medical and behavioral health, while being sensitive to the current structure of the local delivery systems, should be the strategy of a solid Medical Management Program. All components of the program should comply with Federal and State regulations and strive to meet the nationally recognized utilization standards of the National Committee for Quality Assurance (NCQA). The programs should be designed to make utilization decisions affecting the health care of members in a fair, impartial and consistent manner with the main goal of oversight of the delivery of care to ensure quality relevant care while promoting appropriate utilization of medical services and plan resources.

Typical objectives that Cherye Morgan LLC and team help these organizations develop are:

1. *Provide a structured process to continually monitor and evaluate the delivery of health care and services to members by:*
 - Establishing system-wide health management processes across the continuum of care;
 - Establishing a process for provider feedback regarding utilization;
 - Monitoring indicators to detect possible under-and over-utilization;
 - Periodic auditing of denial decision timeliness; and
 - Conducting inter-reviewer reliability audits of all Case Managers and the Medical Director.
2. *Improve clinical outcomes by:*
 - System-wide collaboration to identify, develop, and implement clinical practice guidelines and programs, which address key health care needs of the members;
 - Implementation of clear, consistent Medical Management requirements and key indicators of success;
 - Implementation of Behavioral Health management processes;
 - Development of mechanisms to measure and implement actions to improve under-and over-utilization; and
 - Collaboration with the Quality Improvement Committee/department to assess and implement actions to improve continuity and coordination of care.
3. *Improve practitioner and member satisfaction by:*
 - Assessing practitioner and member satisfaction with Medical Management policies and procedure directives; and
 - Promoting appropriate utilization of Health Plan resources through efficiency of service.
4. *Meet or exceed established quality standards by:*
 - Complying with NCQA standards for the accreditation of Managed Care Organizations; and
 - Measuring program performance in accordance with the Health Employer Data Information Set (HEDIS) specifications.
5. *Our team helps clients design the scope of the Medical Management Program to consist of the following components:*
 - Primary Care Model of Care

- Pre-service Authorization Determination of Medical Services
- Concurrent Review Decisions
- Post-Service Decision Determination
- Case Management Program
- Behavioral Health Management Program
- Chiropractic Care Management Program
- Pharmacy Management Program
- Emergency Services
- Technology Assessment
- Affirmative Statement on Incentives
- Reporting
- Grievances and Appeals

6. *We design Medical Management Programs to be supported by the following resources/tools:*

- Nationally published and locally developed Utilization Management Criteria
- Clinical Practice Guidelines
- Policies and Procedures
- Clinical Experts
- Literature
- External Review
- Definitions from the Certificate of Coverage
- Conference/Seminars