



MISSISSIPPI DIVISION OF
MEDICAID

REQUEST FOR APPLICATIONS

Chief Medical Officer
RFx #3150003865

Mississippi Division of Medicaid
Office of Procurement
550 High St
Jackson, Mississippi 39201

Contact: Jeanette Crawford
Date of Release: September 24, 2021

Request for Applications (RFA)

Chief Medical Officer (CMO)

The Mississippi Division of Medicaid (DOM) through the Office of Procurement is soliciting a Request for Application (RFA) from qualified applicants for the position of Chief Medical Officer (CMO).

The CMO has accountability for the clinical strategy of the agency and finding innovative ways to achieve better outcomes for the 800,000 Mississippians served by the Medicaid and CHIP programs. The CMO's responsibilities require providing clinical expertise and guidance to the daily operations and administration, including but not limited to, care management oversight, quality improvement, appropriate utilization of health care services and products, health care affordability, delivery system transformation, and ensuring clinical initiatives are implemented and successfully managed to achieve goals.

DOM is seeking a highly skilled candidate with leadership skills and a strong clinical background. The term of the contract shall be one (1) year (December 6, 2021 – December 5, 2022) with four (4) optional one-year renewals. The rate of pay shall be \$130 per hour not to exceed 2080 hours annually, for a total of \$270,400 for the term of the contract. In addition, DOM will pay travel up to \$2,000 and the fringe rate of 7.65%. The CMO will report directly to the Executive Director.

Scope of Services:

- Achieving better clinical outcomes for members through use of DOM resources as well as vendor, provider, and community partnerships by discussing options available to help maintain best standards of practice.
- Provides leadership and expertise in the formulation, interpretation, and implementation of medical review policy and guidelines. Investigates and implements new medical policies based on clinical expertise and in-depth data analysis and interpretation to improve clinical outcomes.
- Serves as a consultant for unusual and difficult medical cases.
- Addresses health disparities by striving to improve care, access, and service to those affected by social determinants of health.
- Establishes and fosters relationships with vendors and providers for appropriate data sharing, utilization management, clinical collaboration, alternative payment methodologies, and identification of barriers to delivering quality care.
- Works with the Utilization Management/Quality Improvement Organization Director and other members of the quality team on the quality data collection process, customer service quality improvements, Centers for Medicare and Medicaid Services (CMS) scorecard ratings, and quality initiatives in managed care and fee-for-service delivery systems to achieve clinical, quality, and financial goals. Acts as an improvement catalyst for all quality-related efforts.
- Monitors medical spending performance for the Medicaid program. This requires a close working relationship with DOM Program Areas, including but not limited to, Health Services, Policy, and



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Finance. The CMO will serve as clinical lead for healthcare affordability initiatives and establishing processes for sharing data with hospitals and practitioners.

- Provides oversight of clinical components for utilization review and decision making. Reviews prior authorization denials and participates in peer-to-peer reviews.
- Maintains a strong working knowledge of all government mandates and provisions for the Division, as well as working across the enterprise to implement and maintain compliant clinical programs and procedures. The CMO also is committed to being effectively engaged with our external constituents such as physicians and other practitioners, medical and specialty societies, hospitals and hospital associations, the Medical Care Advisory Committee, Pharmacy & Therapeutics Committee, Drug Utilization Review Board, and CMS. Will likely be asked to present to legislative committees and other public forums.
- Leads the clinical interface with care providers to facilitate transformation of the health care delivery model.
- Conducts analyses to identify service trends and patterns indicative of inappropriate, or medically unnecessary care.
- Works with compliance and special investigative units on issues related to fraud, waste, and abuse of Medicaid and CHIP services.
- Serves as clinical subject matter expert and reviews medical care provided, medical professional aspects of provider contracts, and ensures timely medical decisions are made, including after-hours consultation as needed.
- May be responsible for representing the Division in State Fair Hearings or Administrative Appeals.
- May be responsible for assisting in credentialing functions and supporting the consolidated credentialing process.
- Engages in statewide collaborations with clinical and non-clinical staff in other state agencies including the Departments of Health, Mental Health, Human Services, Child Protection Services, and Rehabilitation Services.
- Monitors beneficiary and provider satisfaction and recommends and implements changes to improve satisfaction levels.
- Works with senior leadership and other stakeholders to develop and implement strategies across the Agency to meet short and long-term objectives.
- Other duties as assigned.

Minimum Qualifications:

- Medical degree (MD or DO) issued by an accredited college or university certified by a professional medical organization.
- Current, unrestricted physician license to practice in the State of Mississippi.



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- Board certification in a recognized specialty.
- 5+ years clinical practice experience.
- 2+ years Quality Management experience.
- Shall not be a current Medicaid Provider during the term of the Contract.
- Successful applicant must comply with *Miss. Code Ann., Title 25, Chapter 4, Article 3, Conflict of Interest; Improper Use of Office*, and provide assurances to DOM that the applicant will have no conflicts of interest in performing the duties of CMO. Applicants shall disclose any potential conflicts to DOM with their application.

Preferred Qualifications/Experience (the following are desired and may be given additional consideration but not are required):

- Solid data analysis and interpretation skills; ability to focus on key metrics.
- Familiarity with current medical issues and practices.
- Proven ability to develop relationships with physicians and other provider groups.
- Excellent interpersonal communication skills.
- Knowledge of managed care.
- Knowledge of quality accreditation standards.
- Superior presentation skills for both clinical and non-clinical audiences.
- Strong team player and team-building skills.
- Strategic thinking with proven ability to communicate a vision and drive results.
- Solid negotiation and conflict management skills.
- Creative problem-solving skills.
- Experience in value-based contracting / risk contracting.
- Excellent project management skills.
- Proficiency with Microsoft Office applications.
- Clear and concise oral and written communication skills.
- Knowledge of cultural awareness and differences, and the ability and sensitivity to work with and/or serve a diverse population.
- Ability to understand business, legislative, regulatory, and competitive environments.
- Strong business acumen and confident presentation manner.

Other:

DOM will provide space at its central office at the Walter Sillers Building, 550 High Street, Suite 1000, Jackson, MS 39201. The contractor will be expected to work in DOM's central office. It is DOM's expectation that the observance of aspects of DOM, as well as working



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directly with DOM staff and vendors, will enhance the contractor's ability to successfully perform contract requirements as intended.

Application Information:

DOM will accept applications, including resumes, until 5:00 p.m., Friday, October 8, 2021, for the purpose of hiring a contract worker for the position of Chief Medical Officer. Applications can be found online at <https://medicaid.ms.gov/resources/procurement>. Applications can be submitted to the RFA Issuing Officer Jeanette Crawford via electronic mail to procurement@medicaid.ms.gov or hand-delivered to:

Jeanette Crawford
Office of Procurement
Mississippi Division of Medicaid
Re: Chief Medical Officer
550 High Street, Suite 1000, 10th Floor
Jackson, MS 39201

For more information, please contact Jeanette Crawford by email at Jeanette.Crawford@medicaid.ms.gov or phone 601-359-2664.

Restrictions on Communication with the Division of Medicaid

From the issue date of this RFA until a Contractor is selected and the contract is signed, applicants and/or their representatives are not allowed to communicate with any DOM staff regarding this procurement except the RFA Issuing Officer. For violation of this provision, DOM shall reserve the right to reject any application.

Responsiveness and Responsibility of the Applicant

- Ensure that the signed completed application, including resume, are received in the Office of Procurement by the deadline. **Applicant assumes all risks of delivery via email and mail.**
- At the time of receipt of the application, the application will be date stamped and recorded in the Office of Procurement.
- Applications and modifications received after the time designated in the RFA will be considered **late** and will not be considered for award.
- Incomplete applications will not be evaluated and will not be returned for revisions.
- No faxed submissions will be accepted.
- We strongly recommend that you plan to submit the application early to allow for unforeseen circumstances.