

MEMO



MISSISSIPPI DIVISION OF
MEDICAID

From: The Mississippi Division of Medicaid
Office of Procurement

Date: October 22, 2021

Re: Notice of Intent to Award
Request for Applications (RFA) Chief Medical Officer

The Mississippi Division of Medicaid (DOM) issued a Request for Applications (RFA) on September 24, 2021, seeking a qualified contract worker for the position of Chief Medical Officer. The term of the contract shall be one (1) year (December 6, 2021 – December 5, 2022) with four (4) optional one-year renewals. The position will pay \$130 an hour (plus travel and fringe rate) not to exceed 2080 hours annually for a total of \$270,400 for the term of the contract. DOM will pay travel up to \$2,000 and fringe rate of 7.65% in an amount not to exceed \$20,685.60, for a total contract value of \$293,085.60. The contract worker will provide the following services for DOM:

- Achieve 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.
- Provide 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.
- Serve as a consultant for unusual and difficult medical cases.
- Address health disparities by striving to improve care, access, and service to those affected by social determinants of health.
- Establish and foster relationships with vendors and providers for appropriate data sharing, utilization management, clinical collaboration, alternative payment methodologies, and identification of barriers to delivering quality care.
- Work 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. Act as an improvement catalyst for all quality-related efforts.
- Monitor 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 Finance. The CMO will serve as clinical lead for healthcare

Responsibly providing access to quality health coverage for vulnerable Mississippians

affordability initiatives and establishing processes for sharing data with hospitals and practitioners.

- Provide oversight of clinical components for utilization review and decision making. Reviews prior authorization denials and participates in peer-to-peer reviews.
- Maintain 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.
- Lead the clinical interface with care providers to facilitate transformation of the health care delivery model.
- Conduct analyses to identify service trends and patterns indicative of inappropriate, or medically unnecessary care.
- Work 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.
- Engage 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.
- Monitor beneficiary and provider satisfaction and recommends and implements changes to improve satisfaction levels.
- Work 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.

After publicly advertising the position, the application and selection process is now complete. DOM received submissions from two applicants. One applicant was deemed non-responsive and was disqualified from further consideration. After evaluation of successful applicant's qualifications, the Office of Procurement intends to offer the contract to **Dr. W. Todd Smith**.

Analysis

Dr. Smith possesses the qualifications and abilities to perform the duties of this position. Dr. Smith has been practicing medicine for more than 17 years and has a combined seven (7) years'

experience in Quality Management and clinical practice experience. Dr. Smith has vast experience in leadership, project management, problem resolution, and compliance enforcement as well as excellent presentation skills that would make him an asset to the agency. In addition, his extensive educational background as well as his experience with Coordinated Care Organizations and hospitals will give insight into the complexity of healthcare and the quality strategies that improves patient care.

Both a successful or unsuccessful applicant, may request a post-award applicant debriefing, in writing, by U.S. mail or electronic submission, to be received by the agency within three (3) business days of this Notice of Intent to Award. We can share with you any applicable information about your response including significant weaknesses or deficiencies, technical ratings, and overall ranking specific to your response. A vendor debriefing is an informal meeting and not a hearing; therefore, legal representation is not required. If a vendor prefers to have legal representation present, the vendor must notify the agency and identify its attorney. DOM shall be allowed to schedule and/or suspend and reschedule the debriefing at a time when a representative of the Office of the Mississippi Attorney General can be present.

Any protests of this decision must be submitted to procurement@medicaid.ms.gov within seven (7) calendar days after the issuance of this notice. The protest must be in writing, identify the name and address of the protestor, provide appropriate identification of the procurement and resulting contract number (if known) and detail the nature of the protest, including available supporting exhibits, evidence, or documents to substantiate any claims.

DOM intends to submit the contract to the Public Procurement Review Board (PPRB) Office of Personal Service Contract Review (OPSCR) by November 3, 2021, for approval at the December 1, 2021, board meeting. Pending approval, the contract will be available for public inspection in the office of the Chief Procurement Officer.