



Chief Medical Officer

Common Ground Healthcare Cooperative (CGHC) is a nonprofit, member governed health insurance cooperative with a mission to pursue better healthcare for individual consumers and small employers. CGHC is looking for a Chief Medical Officer who believes in our mission, is comfortable working in an exciting, fast-paced environment and who is compatible with our team of hardworking, fun and committed staff.

Position Summary

The Chief Medical Officer will provide leadership and strategic direction in the development of CGHC's population health program and will collaborate with contracted healthcare providers and other community stakeholders to improve the cost and quality of care delivered to our members. The Chief Medical Officer is accountable for the utilization/cost management and clinical quality management functions to ensure the delivery of affordable quality healthcare to CGHC membership. The Chief Medical Officer works collaboratively with other plan functions that support medical management activities, such as provider network development.

Responsibilities

- Monitors CGHC's external medical management vendor's performance in the areas of utilization management, case management and disease management to with an emphasis on lowering the cost of care. Conducts retrospective reviews of medical appeals, and resolves grievances related to medical care.
- Monitors and collaborates with CGHC's Pharmacy Benefit Manager and pharmacy consultant
- Develops and implements CGHC's population health strategy.
- Promotes strong emphasis of quality improvement activities, and reviews quality referred issues, focused reviews and recommends corrective actions.
- Leads and/or actively participates in committees such as Executive Quality Oversight, Credentialing, Medical Management, etc. and assists with the recruitment of other physicians and healthcare professionals to serve on committees as needed.
- Monitors practitioner practice patterns and recommends corrective action as needed.
- Reviews and makes decisions about out-of-network referral requests.
- Develops and implements medical policies and procedures. Maintains up-to-date knowledge of new information and technologies in medicine and their application to the health plan.
- Establishes benchmarked utilization and cost management (UM) and clinical quality improvement (QI) targets and monitors plan adherence to those targets.
- Facilitates conformance to NCQA and other regulatory requirements. Prepares for site visits and responds to accrediting and regulatory agency feedback.
- Advises the health plan management team and Board of Directors on medical aspects of the Plan.
- Educates and interacts with providers and medical managers regarding utilization practices, guideline usage, pharmacy utilization and effective resource management.
- Performs other duties and special projects as assigned to accomplish the goals of the organization.

Qualifications

- Experience working with commercial health insurance or Medicaid required. Knowledge of NCQA/HEDIS.
- Excellent verbal and written communication techniques.
- Demonstrated ability to assess business needs, design and implement programs and evaluate results.
- Results oriented with demonstrated successful leadership of case management, disease management, and/or population health.
- Knowledge of applicable state, federal and third-party regulations.
- Ability to develop and maintain positive working relationships with both internal and external stakeholders. Ability to work cooperatively, sensitively, and tactfully, and maintain composure and professionalism with all levels of staff and the public required.
- Ability to effect collaborative alliances and promote and foster teamwork among the Leadership Team; and ability to mentor, provide leadership and teamwork within the organization.
- Ability to maintain strict confidentiality always required.

Required Education

Degree in Medicine

Board Certified or eligible in a primary care specialty

Required Experience

Prior Medical Director experience preferred

3 years Utilization/Quality Program Management

Minimum 5 years clinical practice

Required Licensure/Certification

Current Wisconsin Medical license without restrictions

Physical Demands and Work Environment

Reasonable accommodation can be made to enable people with disabilities to perform the described essential functions. This position operates in an office setting in a very fast paced environment. This role routinely uses standard office equipment, including computers, phones, photocopiers, and fax machines. While performing the duties of this job, the individual is regularly required to talk, hear, stand, and walk.

Join a winning team of committed professionals! Qualified applicants should send their cover letter, resume and salary requirements to jobs@commongroundhealthcare.org.