



Chief Medical Officer Job Description

Role and Responsibilities

The Chief Medical Officer is a key member of the Senior Executive team, engaged in defining the overall business strategy and direction of the organization. In addition, this position leads the overall clinical vision for the organization and provides clinical direction to the Health Management, Network, Product and Credentialing divisions. The position provides medical oversight, expertise and leadership to ensure the delivery of affordable quality healthcare services. Responsibilities also include the strategy, development and implementation of innovative clinical programs that include collaboration with strategic business partners.

Specific Duties

The Chief Medical Officer's duties shall include, but not be limited to:

- Lead and implement the clinical direction for the organization.
- Keep abreast of emerging models in health care delivery; identify and define new and innovative strategies to achieve business goals and objectives.
- Identify opportunities to collaborate and develop clinical integration opportunities with owners and other health delivery systems to achieve affordable outcomes.
- Assist with the URAC Accreditation process and maintaining the URAC standards for both Health Management and Credentialing.
- Active engagement in business development opportunities to include presenting MedCost business and clinical capabilities to employers, legislative officials and other key constituents.
- Provide clinical guidance, support and education to the Clinical and Network Management organizations.
- Oversee the following:
 - Quality Management Committee, including quality improvement and compliance
 - Credentialing Committee
 - Provider performance review (utilization, coding or billing issues)
- Participate in senior management business and clinical strategy development and implementation.
- Build and leverage cross functional collaborative relationships to achieve shared company goals.
- Promote collaboration to both internal and external healthcare team members.
- Develop and implement strategic goals related to the quality improvement, management programs and accreditation standards.
- Assist with analytics and development of quality measures for new payment models (value based/risk based payment structures).



Requirements

- A current unrestricted license to practice medicine in the State of North Carolina.
- Certified by the American Board of Medical Specialties in his/her respective specialty.
- A minimum of 5 years professional post-residency experience in direct patient care.
- Knowledge of managed healthcare systems, medical quality assurance, quality improvement and risk management.
- Strategic and innovative thinker with proven ability to communicate a vision and drive results
- Demonstrated management, organizational and interpersonal skills.
- Ability to solve problems and execute on initiatives.
- Ability to work collaboratively internally and externally.
- Self-assured and results oriented.
- Experience and demonstrated successful leadership of case management, disease management and/or population health programs.
- Demonstrated ability to assess business needs, design and implement programs and evaluate results.

Access to Protected Health Information

This position will require the employee to handle Protected Health Information (PHI) for duties related to provider credentialing, complaints and grievances, claims issues, Medical Management issues and risk and compliance issues. Access to the PHI contained in the claims, Medical Management and provider credentialing systems is necessary for this staff member.