

Member Care Quality Specialist

POSITION DESCRIPTION

Under the general direction of the assigned supervisory Program Manager, the primary objective of this position is to support and improve the quality of member care in one or more specifically assigned MCO by providing effective guidance to, and oversight of, the MCO's operations as they affect and relate to the quality of the services provided to the members.

The incumbent serves as a pivotal liaison among the assigned MCO, the Managed Care Section, and the EQRO. Based on a well-developed understanding of the state and federal quality standards and operational expectations for managed-care organizations, the member-care quality specialist will:

- develop deep understanding of the MCO's operations as they affect the member-care quality;
- clarify expected quality-of-care standards and expectations for the MCO as needed;
- continuously monitor by numerous methods the level of member-care quality being attained by the MCO;
- collaborate with appropriate topic-area experts;
- advise the management of the MCO regarding methods of complying with member-care quality standards and expectation; and
- when needed either take action or advise the larger Managed Care Section and assigned Program Manager regarding necessary actions to ensure that the MCO remediates any identified member-care quality problems.

The incumbent will work closely with the Contract Coordinator(s) assigned to the MCO(s), and collaborate with the EQRO and Managed Care Section staff to ensure shared and reliable understanding of the issues, conditions, and circumstances affecting the member-care quality of the MCO and to ensure effective coordination of the Department's communications and actions with regard to the MCO.

A. Ensure effective communication of member-care standards and guidelines to the assigned MCO

The Member-care quality specialist will provide guidance and interpretation of the Department's expectations related to member-care quality to the MCO(s) either upon the request of the MCO or upon the Managed Care Section's initiative. The member-care quality specialist will identify areas in which the MCO or its staff are in need of technical assistance related to member-care quality and will coordinate with other Managed Care Section staff and the EQRO to communicate those needs to both Managed Care Section and MCO managers, and will provide or assist the MCO's management in obtaining the needed technical assistance.

- A. 1. Provide leadership in the initial, annual, and as needed ongoing review of the MCO's policies and procedures that directly relate to member-care quality to assess their compliance with program guidelines and policies; obtain feedback from appropriate content experts on those policies and procedures; provide feedback and guidance to the MCO on how its policies and procedure could be brought into closer compliance with, or exceed, program requirements or guidelines, and recommend to the Managed Care Section whether policies and procedures that are subject to the Department's approval should be approved. This work will be carried out in large part, but not entirely, during the initial certification and annual recertification processes, in collaboration with the assigned contract coordinator, other Department staff, and EQRO staff.
- A.2. Provide leadership in the initial, annual, and as needed ongoing review of the capacity of the MCO's provider network and of the MCO's capacity to provide services through employed and contracted staff, including care management staff, and all member-care

services. Provide feedback and guidance to the MCO on how the provider network and capacity to provide services could be brought into closer compliance with, or exceed, program requirements or guidelines, and recommend to the Managed Care Section whether the provider network should be approved. This work will be carried out in large part, but not entirely, during the initial certification and annual recertification processes, in collaboration with the assigned contract coordinator, other Department staff, and EQRO staff.

- A. 3 Interpret and explain recommended or required member-care standards and practices to managers and supervisors in the MCO, as necessary, alone or in cooperation with other Department staff and content experts.
- A. 4 Collaborate with other Department staff and content experts to ensure consistency to MCOs regarding the training and capabilities-development needs of their IDT staff and providers, and resources available to the MCO relating to IDT-capabilities development, as necessary.
- A.5. In collaboration with the contract coordinator, contribute actively in the Initial MCO Certification and Annual Recertification Processes, and Facilitate Re-Contracting regarding all member-care issues.

B. Facilitate and participate in communications relating to consumer access to Family Care programs

- B.1. Facilitate resolution, as needed, of person specific issues that relate to coordination of eligibility, enrollment / disenrollment coordination and collection of cost share among the assigned MCO, ADRC, ES and central office.
- B.2. For initial start-up, collaborate with staff of the assigned MCO and county staff including ADRC and ES, to transition waiver, wait list and new enrollees into the managed care delivery system related to quality issues.
- B.3. Facilitate consumer moves between FC and COP/CIP counties to assure continuity of services and care.

C. Discover and assess the quality of care delivered by the assigned MCO

Continuously monitor and understand the level and nature of member-care quality of service being provided by the MCO, and the circumstances that are supporting or impairing member-care quality for members of the MCO(s).

- C.1. Advise the EQRO in planning and carrying out the annual quality review, including reviewing documents submitted from the MCO; planning the annual site visit, regarding focus areas for investigation or monitoring; assist the EQRO in scheduling and carrying out site visit(s), and accompany the EQRO, on site visits and investigations, participating in interviews and discussing preliminary and final findings.
- C.2. Monitor and observe the MCO's internal appeal and grievance process, assuring it is performed in such a way that enrollees can easily access and use the process, and that it is effective in resolving appeals and grievances brought to it.

- C.3. Conduct/direct investigations of state level appeals and grievances filed by MCO enrollees or their representatives, and concurrent reviews of fair hearing requests to:
- discover the facts about the appeal or grievance,
 - mediate a solution acceptable to enrollee and MCO,
 - determine whether the MCO followed all program requirements in providing services to the enrollee who filed the appeal or grievance, and
 - assure that the enrollee and his/her representatives are aware of all their rights in pursuing a remedy, and connect enrollee with external advocacy as needed.
- Collaborate with MCO and external advocates and ombudspeople as appropriate.
- C.4. Lead or collaborate in investigations of suspected or potential member-care quality issues. These investigations may use a variety of methods and will pursue whether a quality issue does exist and if so, work with the MCO to discover the extent and causes of the problem(s). Communicate findings and results with the larger Family Care team to support program accountability and the Department's full understanding of the range of member-care quality issues arising within the MCOs.
- C.5. Communicate effectively with the MCO(s) to clarify and understand reports, indicators, and other sources of information about quality of care in accordance with Managed Care Section procedures; alone or in cooperation with other Department staff or the EQRO, assess any systemic causes of threats to quality.

D. Provide leadership and focus to remediation activities for the assigned MCO

Exercise leadership and collaboration with the assigned contract coordinator, the EQRO and with other Managed Care Section staff in determining when an MCO has an acceptable remediation plan in response to quality-management findings of either the EQRO or the Managed Care Section, and will monitor the MCO's implementation and follow-through of remediation plans.

- D. 1. Develop and provide technical assistance in member-care quality to the MCO, including consulting with the EQRO in interpreting the EQRO's observations during site visits, formulating findings, and developing recommendations.
- D. 2. Serve as liaison in communicating and explaining negative findings of either the EQRO or the Managed Care Section to the MCO.
- D. 3. Provide advice or guidance to the MCO in the development of remediation plans.
- D. 4. In collaboration with the contract coordinator, the EQRO and other content experts as appropriate, review and analyze submitted corrective action plans and make recommendations to the Managed Care Section on approval of those plans.
- D. 5. Monitor the MCO's implementation of and follow-through of remediation and corrective action plans.
- D.6. Facilitate communications between MCO and external advocates or ombuds to bring resolution to issues or individual cases.

E. Contribute to the Managed Care Team's discovery and remediation of program-level issues or problems

Support and contribute to high-quality state-level administration of the Family Care program, by collaborating with other member-care quality specialists assigned to other MCOs, content experts, and OFCE managers, and the EQRO, as a fully collaborative member of a larger member-care quality team.

- E.1. Promptly inform Managed Care Section leadership of high-profile or significant events or findings.
- E.2. Contribute and receive information on best practices or quality concerns that may be of interest or use to other MCOs.
- E. 3. Contribute actively to Managed Care Section efforts to improve the design of the Family Care programs by suggesting contract language changes or improvements, and participating in and contributing to discussions between the MCOs and the Managed Care Section on revisions to existing contract language.
- E.4. Identify areas where a policy interpretation is needed, maintain knowledge of current policy interpretations, and collaborate with the MCO Team to ensure monitoring and communication.
- E. 5. Help to create a shared understanding among responsible state staff of issues affecting the quality of all aspects of the MCOs' operations.
- E. 6. Ensure that appropriate content-area experts (e.g., restraints, governance) and others with responsibility for the administration of the Family Care program are aware of the developing issues in the MCOs.
- E. 7. Develop and present reports on the quality of MCOs to stakeholders, as requested.

F. Other responsibilities

- F. 1. In collaboration with the EQRO, monitor and understand the adequacy and effectiveness of the MCO's quality-management program.
- F. 2. In collaboration with the contract coordinator, contribute actively in the Initial MCO Certification and Annual Recertification Processes, and Facilitate Re-Contracting regarding all member-care issues.
- F. 3. Serve as a designated 'content-area' expert for the Managed Care Section, as assigned. Quality specialists who are designated as content-area experts will maintain current skills and knowledge in the content area; provide guidance and leadership to the Department's policies in the area; will provide consultation on request to other department staff or to MCOs at the request of those MCO's contract coordinator or member-care quality specialist; and will provide education and guidance in other forums, such as by developing training materials and presenting at conferences.
- F.4. Contribute actively to the Managed Care Section's quality management program for managed long-term care by identifying and sharing information with the managed-care section on practices that support member-care quality directly or through improved quality management strategies and activities.

KNOWLEDGE AND SKILLS

1. Extensive knowledge of the needs of individuals in the target groups served by Family Care and of the current issues and practices in care management and direct services in home and community-based long-term care;
2. Extensive knowledge of the principles and values involved in community long term care for older and people with disabilities and the programs that serve them;
3. Extensive knowledge of quantitative and non-quantitative methods and practices for evaluating the quality of member care, investigating quality issues at a systems level, and working with organizations on maintaining compliance and improving quality;
4. Extensive knowledge of the state and federal statutes, regulations, standards, policies and procedures governing the Family Care program;
5. Extensive receptive and expressive written, verbal and interpersonal communication skills, with the ability to elicit information from both consumers and professionals, and the ability maintain constructive communication and positive relationships in difficult situations;
6. Considerable understanding of the operational processes involved in managed care (e.g., provider network development, capitation funding, utilization management), particularly as they affect the quality of member care;
7. Well-developed teamwork skills, particularly including ongoing communication in complex organizations;
8. Well-developed investigative and analytical skills related to quality management;
9. Considerable knowledge of acute and primary health care delivery systems
10. Considerable knowledge of the state and federal regulations, policies and procedures governing the Medicare program.
11. Knowledge of enrollment processes and ADRC and ES (MI) practices on the local level.
12. Outcome oriented approaches