Date: June 29, 2001

Centers for Medicare & Medicaid Services
Office of the Administrator

Center for Medicare Management
(FAH)

- Serves as the focal point for all Agency interactions with health care providers, intermediaries and carriers for issues relating to Agency fee-for-service policies and operations.

- Monitors providers' and other entities' conformance with quality standards (other than those directly related to survey and certification); policies related to scope of benefits; and other statutory, regulatory, and contractual provisions.

- Based on program data, develops payment mechanisms, administrative mechanisms, and regulations to ensure that CMS is purchasing medically necessary services under fee-for-service.

- Writes payment and benefit-related instructions for Medicare contractors.

- Defines the scope of Medicare benefits and develops national fee-for-service payment policies, as necessary, to assure the effective administration of the Agency's programs, including the development of related statutory proposals.

- Develops Agency medical coding policies related to fee-for-service payments.

- Provides administrative support to the Practicing Physician Advisory Council.

- Coordinates provider, physician and contractor centered information, education, and service initiatives.

- Serves as the CMS lead for Medicare carrier and fiscal intermediary management, oversight, budget, and performance issues.

- Functions as CMS liaison for all Medicare carrier and fiscal intermediary program issues and, in close collaboration with the regional offices and other CMS components, coordinates the agency-wide contractor activities.

- Manages contractor instructions, workload, and change management process.

- Collaborates with other CMS components to establish ongoing performance expectations for Medicare contractors (carriers and fiscal intermediaries) consistent with the agency's goals; interprets, evaluates, and provides information on Medicare contractors in terms of ongoing compliance with performance requirements and expectations; evaluates compliance with issued instructions; evaluates contractor-specific performance and/or integrity issues; and evaluates/monitors corrective action, if necessary.

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Center for Medicare Management (continued)

- Manages, monitors, and provides oversight of contractor (carriers and fiscal intermediaries) transition activities including replacement of departing contractors and the resulting transfer of workload, functional realignments, and geographic workload carveouts.

- Maintains and provides accurate contractor specific information. Develops and implements long-term fee-for-service contractor strategy, tactical plans, and other planning documents.

- Serves as lead on current/proposed legislation in order to determine impact on provider and contractor operations.

- Develops national policy and implementation of all Medicare Part A, Part B, and Part C premium billing and collection activities and coordination of benefits to assure effective administration of fee-for-service aspects of the Medicare program.