

Date: January 25, 2005

**Centers for Medicare & Medicaid Services
Office of the Administrator**

**Center for Medicaid and State Operations
(FAS)**

- Serves as the focal point for all Centers for Medicare & Medicaid Services activities relating to Medicaid, the State Children's Health Insurance Program, the Clinical Laboratory Improvement Act, the survey and certification of health facilities and all interactions with States and local governments (including the Territories).
- Develops national Medicaid policies and procedures which support and assure effective State program administration and beneficiary protection. In partnership with States, evaluates the success of State agencies in carrying out their responsibilities and, as necessary, assists States in correcting problems and improving the quality of their operations.
- Develops, interprets, and applies specific laws, regulations, and policies that directly govern the financial operation and management of the Medicaid program and the related interactions with States and regional offices.
- In coordination with other components, develops, implements, evaluates and refines standardized provider performance measures used within provider certification programs. Supports States in their use of standardized measures for provider feedback and quality improvement activities. Develops, implements and supports the data collection and analysis systems needed by States to administer the certification program.
- Reviews, approves and conducts oversight of Medicaid managed care waiver programs. Provides assistance to States and external customers on all Medicaid managed care issues.
- Develops national policies and procedures on Medicaid automated claims/encounter processing and information retrieval systems such as the Medicaid Management Information System (MMIS) and integrated eligibility determination systems.
- In coordination with the Office of Financial Management (OFM), directs, coordinates, and monitors program integrity efforts and activities by States and regions. Works with OFM to provide input in the development of program integrity policy.
- Through administration of the home and community-based services program and policy collaboration with other Agency components and the States, promotes the appropriate choice and continuity of quality services available to frail elderly, disabled and chronically ill beneficiaries.
- Develops and tests new and innovative methods to improve the Medicaid program through demonstrations and best practices including managing review, approval, and oversight of the Section 1115 demonstrations.

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(continued)**

- Directs the planning, coordination, and implementation of the survey, certification, and enforcement programs for all Medicare and Medicaid providers and suppliers, and for laboratories under the auspices of the Clinical Laboratory Improvement Act (CLIA). Reviews and approves applications by States for "exemption" from CLIA and applications from private accreditation organizations for deeming authority. Develops assessment techniques and protocols for periodically evaluating the performance of these entities. Monitors the performance of proficiency testing programs under the auspices of CLIA.