

Date: June 29, 2001

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

**Office of Clinical Standards and Quality
(FAM)**

- Serves as the focal point for all quality, clinical and medical science issues and policies for the Agency's programs. Provides leadership and coordination for the development and implementation of a cohesive, agency-wide approach to measuring and promoting quality and leads the Agency's priority-setting process for clinical quality improvement. Coordinates quality-related activities with outside organizations. Monitors quality of Medicare, Medicaid, and CLIA. Evaluates the success of interventions.
- Identifies and develops best practices and techniques in quality improvement; implementation of these techniques will be overseen by appropriate components. Develops and collaborates on demonstration projects to test and promote quality measurement and improvement.
- Develops, tests and evaluates, adopts and supports performance measurement systems (quality indicators at) to evaluate care provided to CMS beneficiaries except for demonstration projects residing in other components.
- Assures that the Agency's quality-related activities (survey and certification, technical assistance, beneficiary information, payment policies and provider/plan incentives) are fully and effectively integrated. Carries out the Health Care Quality Improvement Program (HCQIP) for the Medicare, Medicaid, and CLIA programs.
- Leads in the specification and operational refinement of an integrated CMS quality information system, which includes tools for measuring the coordination of care between health care settings; analyzes data supplied by that system to identify opportunities to improve care and assess success of improvement interventions.
- Develops requirements of participation for providers and plans in the Medicare, Medicaid, and CLIA programs. Revises requirements based on statutory change and input from other components.
- Operates the Medicare Peer Review Organization and End Stage Renal Disease (ESRD) Network program in conjunction with regional offices, providing policies and procedures, contract design, program coordination, and leadership in selected projects.
- Identifies, prioritizes and develops content for clinical and health related aspects of CMS's Consumer Information Strategy; collaborates with other components to develop comparative provider and plan performance information for consumer choices.
- Prepares the scientific, clinical, and procedural basis for and recommends to the Administrator decisions regarding coverage of new and established technologies and services. Coordinates activities of the Agency's Technology Advisory Committee (TAC) and maintains liaison with other departmental components regarding the safety and effectiveness of technologies and services; prepares the scientific and clinical basis for, and recommends approaches to, quality-related medical review activities of carriers and payment policies.