

Date: July 12, 2004

**Centers for Medicare & Medicaid Services
Office of the Administrator
Chief Operating Officer**

**Office of Financial Management
(FBC)**

- Serves as the Chief Financial Officer and Comptroller for the Agency.
- Formulates, presents and executes all Agency budget accounts; develops outlay plans and tracks contract and grant award amounts; acts as liaison with the Congressional Budget Office (CBO) on budget estimates; reviews demonstration waivers (except 1115) for revenue neutrality. Is responsible for ensuring that the budget is formulated in accordance with the Agency's strategic plan and the GPRA goals and performance measures.
- Acts as liaison with ASMB, OMB, and the Congressional appropriations committees for all matters concerning the Agency's operating budget.
- Manages the Medicare financial management system, the Medicare contractors' budgets, Peer Review Organizations' budgets, research budgets, managed care payments, the issuance of State Medicaid grants, and the funding of the State survey/certification and the CLIA programs. Is responsible for all Agency disbursements.
- Performs cash management activities and establishes and maintains systems to control the obligation of funds and ensure that the Anti-Deficiency Act is not violated.
- Performs the Agency's debt management activities (e.g., accounts receivable, user fees, penalties, disallowances).
- Reconciles all Agency financial data and prepares external reports to other agencies such as HHS, Treasury, OMB, Internal Revenue Service, General Services Administration, related to the Agency's obligations, expenditures, prompt payment activities, debt and cash management, and other administrative functions.
- Has overall responsibility for the fiscal integrity of all Agency programs. Develops and performs all benefit integrity policy and operations in coordination with other Agency components. Manages the Medicare program integrity contractors authorized by the HIPAA and managed care financial audit and enforcement functions. In coordination with the Center for Medicaid and State Operations, develops Medicaid program integrity policy; and monitors Medicaid program integrity activities.
- Working with other CMS components, develops Agency policies governing both Medicare Secondary Payer (MSP) and Medicaid Third Party Liability.
- Develops and implements all civil money penalty policies in all programs.
- Prepares financial statements for Federal Managers Financial Integrity Act (FMFIA) and GPRA.