

collaborative activities involving providers, provider groups, and State survey agencies, relating to quality of health care services.

- Provides leadership in the development, implementation and continuation of Continuous Quality Improvement activities for the State survey agencies and providers.
- Directs RO activities in support of HCFA's National Managed Care Program.

a2. Division of Health Standards and Quality (FLD(1,6)A)

- Oversees, monitors, coordinates, and evaluates the State Survey agencies, Peer Review Organizations (PROs), and ESRD Networks.
- Assures that health care provided under the Medicare, Medicaid, and CLIA programs are appropriate, of high quality, and meet recognized professional standards of care.
- Improves the quality of care provided to Medicare beneficiaries by administration of the PROs and ESRD Network programs, hereafter referred to as Quality Improvement Programs (QIPs). Under the Health Care Quality Improvement Program (HCQIP), QIPs collaborate with providers to identify and act upon opportunities for the quality of health care services.
- Oversees the negotiation and award of contracts for QIPs.
- Interprets and implements health and safety standards and evaluates, through surveillance, and surveys, their impact on the utilization and quality of health care services.
- Evaluates services to ensure protection of beneficiaries receiving health care services under the Medicare, Medicaid, and CLIA programs.
- Provides leadership and direction in beneficiary information and outreach activities concerning health care services, including information to enable beneficiaries to make informed health care choices.
- Determines program eligibility for all providers and suppliers under the Medicare program, and executes required agreements.
- Initiates, implements, and coordinates State related adverse actions and alternative remedies, including civil money penalties, and Federal activities against health care facilities not in compliance with Medicare or CLIA requirements.
- Makes final determination on all budget request submitted by State survey agencies.
- Establishes and maintains an extensive data and information gathering system involving all aspects of

the certification program, CLIA, and QIPs.

- Authorizes investigation of complaints received from beneficiaries, the public, the Congress, the media, and other sources which allege deficiencies in the quality of care rendered by certified health care providers.
- Actively participates in and takes a lead role in training, outreach and collaborative activities involving providers, provider groups, health care professionals, professional reorganizations, consumer groups, and State survey agencies, relating to quality of health care services.
- Provides leadership in the development, implementation and continuation of continuous Quality Improvement activities for the State survey agencies and providers.
- Provides leadership in the quality improvement aspects of HCFA's National Managed Care Program.
- Develops and conducts training programs for the State survey agencies.
- Provides clinical assistance and technical direction to QIPs in the selection and evaluation of project, and develops, executes and measures HCFA directed cooperative clinical projects.

a3. Division of Health Standards and Quality (FLD(7)A)

- Oversees, monitors, and evaluates the State survey agencies and Medicaid State agencies.
- Assures that health care services provided under the Medicare, Medicaid, and CLIA programs are furnished in the most effective manner consistent with recognized professional standards of care.
- Interprets and implements health and safety standards and evaluates, through surveillance, assessments and surveys, their impact on the utilization and quality of health care services.
- Determines approval, denial, or termination of all provider and supplier certification actions under the Medicare program.
- Implements and coordinates State, Contractor, and carrier activities related to adverse sanctions and alternative remedies.
- Makes final determination on all budget requests submitted by State survey agencies.
- Establishes and maintains an extensive data and information gathering system involving all aspects of the certification.
- Authorizes investigation of complaints received from the public, the Congress, the media, and other sources which allege deficiencies in the quality of care rendered by certified health care providers.

- Actively participates in and takes a lead role in training, outreach and collaborative activities involving providers, provider groups, and State survey agencies, relating to quality of health care services.

- Provides leadership in the development, implementation and continuation of continuous Quality Improvement activities for the State survey agencies and providers.

a4. Division of Health Standards and Quality (FLD(8,9)A)

- Assures that health care services provided under the Medicare and Medicaid programs are furnished in the most effective and efficient manner consistent with recognized professional standards of care.
- Interprets and implements health safety standards and evaluates their impact on utilization and quality of health care services.
- Determines approval and denial of all provider and supplier certification actions under the Medicare program.
- Initiates and implements remedial actions, including termination of agreements against health care facilities not in compliance with Medicare requirements.
- Makes final determination on all initial and supplemental budget requests submitted by State survey agencies.
- Monitors and evaluates State activities related to Medicare and Medicaid survey and certification.
- Oversees, monitors, and evaluates Peer Review Organizations (PROs), including recommendations for contract renewal, extension, and modification.
- Recommends approval or withholding of monthly voucher payments to PROs.
- Authorizes investigation of complaints received from the public, the Congress, the media, and other sources which allege deficiencies in the quality of care rendered by certified health care providers.
- Coordinates State survey agency activities related to sanctions and civil money penalties.

b1. Division of Medicaid (FLD(1-4,6-7)B)

- Plans, manages and provides Federal leadership to State agencies in program development, implementation, maintenance, and the regulatory review of State Medicaid program management activities under title XIX of the Social Security Act.
- Plans, directs, coordinates, and approves Medicaid State agency data processing systems (including MMIS)), proposals, modifications, operations,