

organizations and individuals, as required.

- Directs the review and revaluation of the effectiveness of the Medicare program.
- Directs activities in support of the Managed Care Program including technical support and oversight of Health Maintenance Organizations, and other prepaid contractors.
- Monitor all aspects of contractor performance including claims/bills processing; coverage decisions; Medical Review; the detection of fraud, abuse, and waste in the Medicare Program; overpayment identification and collection; Medicare Secondary Payer (MSP); provider payment and audit; payment to physicians and suppliers; and electronic media claims.
- Coordinates on-going contractor fiscal management activities, including subcontracting, cash management activities, and compliance with the Chief Financial Officers Act.
- Negotiates and approves Medicare contractor budget and budget modifications.
- Directs and coordinates Medicare contractor system and workload transaction activities. Provides advice in the development of the Medicare Transaction System (MTS).
- Evaluates Medicare contractor performance and prepares annual Report of Contractor Performance.
- Manages beneficiary, provider, and public information programs.
- Recommends renewals, non-renewals, rescissions, and terminations of Medicare contracts.
- Coordinates the ESRD program.

c2. Division of Medicare (FLD(8, 9)C)

- Directs Medicare program administration through working relationship with contractors, providers, physicians, the Social Security Administration regional offices, the Administration on Aging, the Office of Inspector General, and other local and national organizations and individuals, as required.
- Directs the review and evaluation of the effectiveness of the Medicare program.
- Directs activities in support of the Managed Care Program including technical support and oversight of health maintenance organizations, and other prepaid contractors.
- Monitors all aspects of contractor performance including claims processing, coverage decisions, overpayment identification and collection, Medicare secondary payor, provider payment and audit, payment to physicians and suppliers, and electronic media claims.

- Coordinates ongoing contractor fiscal management activities, including subcontracting.
- Negotiates and approves Medicare contractor budget modifications.
- Evaluates Medicare contractor performance and prepares annual contractor evaluation report.
- Manages beneficiary, provider, and public information programs.
- Recommends renewals, non-renewals, recessions, and terminations of Medicare contracts.

d1. Medicare Operations and Policy Cluster (FLDXD)

- Directs and coordinates the assessment of Medicare fiscal intermediary contractor performance to ensure compliance with their Medicare contracts. Oversees corrective action and resolution of operational problems.
- Integrates program integrity considerations into all aspects of contractor operations to manage trust fund and general fund expenditures in a responsible manner, referring potential fraud cases for development and action to the Program Fiscal Integrity Cluster.
- Applies data analysis to assess risk and/or vulnerability of payment policies to ensure appropriateness of program expenditures and recommends policy and procedure changes to CO as needed.
- Monitors, evaluates, and assesses Medicare contractors' performance.
- Recommends renewals, non-renewals, rescissions, and terminations of Medicare contracts.
- Monitors the Medicare Common Working File host contractor's performance and oversees the operations and interfaces of the host and satellites.
- Provides specialized technical support and expertise to Medicare contractors and other HCFA components in such areas as ESRD, rural health clinics, Part B payment, medical review, coverage, and coding issues.
- Oversees and evaluates Part B payment changes and Part A and Part B medical review activities.
- Directs the review of Medicare contractor data processing systems, proposals, and modifications.
- Reviews, negotiates, and recommends approval of contractor budgets, modifications to budget allotments, and final settlement of contractor costs.
- Monitors Medicare contractor banking activities and recommends approval of contractor banking agreements.
- Maintains letter of credit and allotment controls on Medicare

contractors to monitor funds drawn for administrative purposes.

- Provides technical assistance to Medicare contractors in implementing corrective actions, resolving operational problems, improving their contract performance, and in implementing special HCFA initiatives.
- Conducts special studies of contractor's performance and identifies opportunities for improving contractor's effectiveness.
- Coordinates and provides guidance to Medicare contractors and providers/suppliers in resolving billing, payment, coverage, claims processing, and customer service issues.
- Evaluates proposed regulatory and policy changes to the Medicare program and makes recommendations for CO consideration.
- Provides specialized technical support and oversight in such areas as Part A and Part B appeals.

d2. Medicaid Operations and Policy Cluster (FLDXE)

- Directs and coordinates the assessment of Medicaid State agencies compliance with the Medicaid State plans, with the exception of institutional payment State plans.
- Provides specialized technical support and expertise to Medicaid State agencies and other HCFA components including those related to non-institutional payment; early and periodic screening, diagnosis, and treatment; third-party liability; eligibility, entitlement, and coverage of health services; the Vaccines for Children program, and maternal and infant health.
- Provides technical assistance to State agencies in implementing corrective actions, resolving problems, and improving the effectiveness of their performance.
- Negotiates compliance issues and other problems with State agency management.
- Reviews and approves Medicaid State plan amendments, except for institutional payment State plans.
- Oversees, coordinates, and assesses the operation of State Medicaid Home and Community-Based Services Waivers.
- Provides highly specialized technical direction and assistance to States regarding computer systems applications, particularly for the Medicaid Management Information System (MMIS) and the Family Assistance Management Information System procurement, development, and installations.