

One CMS Fact Sheet



How We're Becoming One CMS

A year ago, CMS Administrator Verma asked a group of CMS leaders to evaluate CMS's functions and structure to identify opportunities to leverage the expertise and experience of regional office staff across the breadth of our work, particularly as it relates to program policy development and implementation. This work took place under the [Modernizing CMS strategic initiative](#). As a result of that work, we announced in November 2019 a reorganization that:

- Improves integration of regional office staff into policy development and implementation.
- Puts similar activities together to make the work easier and more efficient.
- Unifies all staff, regardless of location, who work on quality improvement and who survey facility quality and safety. This will ensure consistency across the country on quality and safety.
- Combines the regionally-based Medicare operations work, the local oversight of Federally-facilitated Exchange plans, and external affairs into a single office that reports directly into OA through the creation of the Office of Program Operations and Local Engagement (OPOLE). This office will connect our regional leadership directly into OA and ensure these functions receive the support and visibility they deserve.
- Positions our Medicaid program to better serve our stakeholders by creating centers of excellence.

Below is a more detailed description of the changes.

We created OPOLE

- We are creating the Office of Program Operations and Local Engagement (OPOLE), which will connect our regional leadership directly into OA. OPOLE will have three programmatic pillars: Drug and Health Plan Operations, Innovation and Financial Management, and Local Engagement and Administration. OPOLE will include staff from the following areas:
 - Consortium for Medicare Health Plan Operations (CMHPO) staff;
 - Consortium for Financial Management and Fee for Service Operations (CFMFFSO) staff;
 - Regional business operations staff from all the consortia and CMCS; and
 - Regional external affairs staff from all the consortia and CMCS.
- This newly created office will support all of CMS's staff in our regional locations and will:
 - Focus on facilitating cohesion and integration within each regional location, across program areas and components, and external partners.

- Strengthen stakeholder and consumer understanding of agency policies and initiatives by coordinating local outreach activities.
- Enhance collaboration with CMS policy staff to improve oversight of CMS contractors and assure delivery of improved healthcare for all CMS customers.
- The Regional Administrator (RA) in each of CMS's 10 regional locations will lead OPOLE's Local Engagement and Administration activities and will be the senior official for their region. The RAs will also play an essential role in building cohesion within each regional office and integrating work across the functional areas in each office.

We will create better alignment on quality and safety by integrating the Consortium for Quality Improvement and Survey and Certification Operations (CQISCO) and the Center for Clinical Standards and Quality (CCSQ)

- To ensure consistency across the country on health care quality and health facility safety we are bringing together all of CMS's staff who work on quality improvement and survey facilities for quality and safety within a single organization, CCSQ, regardless of location.
 - CMS's regional employees, who conduct the quality and safety surveys of health care facilities and oversee the enforcement of the quality and safety standards, will join the new Survey and Operations Group in CCSQ.
 - The regional Chief Medical Officers will join the CCSQ front office, but continue to serve the entire agency.
 - The CLIA staff in the regions will join CCSQ's Quality Safety and Oversight Group (QSOG).
 - All regional staff who perform oversight of the Quality Improvement Organizations will join the renamed iQuality Improvement and Innovation Group (iQIIG).
- The alignment of these critically important functions will improve business processes enabling CMS to unify its approach to patient-focused quality improvement, survey and enforcement activities, while preserving our ability to consider local and state requirements.

We're implementing the next phase of Center for Medicaid and CHIP Services (CMCS) integration

- In February 2019, we announced the integration of regional Medicaid staff into CMCS. Since then, we've been looking at the best way to ensure that CMCS can effectively perform its mission. In this next step we are developing centers of excellence in areas such as managed care, home and community based services, and financial management by establishing new groups, divisions, and cross functional teams. They are:
 - **Medicaid & CHIP Operations Group (MCOG):** This group, composed of most of the Regional Operations Group employees, will focus on Medicaid operations

across broad programmatic areas and in areas that require a higher degree of specialization. It has three divisions:

- The **Division of Program Operations (DPO)** will provide operational support to areas where a broad programmatic perspective is advantageous, such as processing state plan amendments, monitoring states' 1115 demonstrations, evaluating eligibility and enrollment operations, and providing support through Native American Contacts (NACs). Having a single division over this portfolio will facilitate more consistency and alignment across our regional operations.
 - The **Division of Managed Care Operations (DMCO)** will provide operational support for states' managed care programs. Managed care plans have grown in complexity and prevalence so a higher degree of specialization in this area will be a benefit to program operations. DMCO will implement process efficiencies in the managed care contract review process and will also focus on monitoring and oversight of states' managed care programs.
 - The **Division of Home and Community Based Services Operations and Oversight (DHCBSOO)** will provide operational support for states' home and community-based (HCBS) programs. States are bolstering their services offered via the HCBS delivery system so program operations will benefit from a higher degree of specialization in this area for one of our most vulnerable populations. DHCBSOO will adopt analytics-based monitoring and oversight practices in partnership with states, supporting them as they improve their programs serving vulnerable populations.
- **Financial Management Group:** The Financial Management branch functions previously included in the ROG will be integrated into the existing Financial Management Group within CMCS, creating one group focused on all Medicaid financial policy and operations work. This will ensure states receive consistent, accurate, and timely guidance on policy and operational matters related to Medicaid payments.
 - The State Medicaid agency points of contact within CMCS will initially remain the same and States will be notified in advance of any future changes.

Some Other Important Changes

- The regional staff who manage responses to national external OIG audits are moving to the Office of Financial Management's (OFM) newly created External Audit Management Division. There, they will join the current GAO audit management team so all audit-related work will be in one office.
- The Emergency Preparedness and Response Operations staff, currently housed in CQISCO, will join the Chief Operating Officer's (COO) office.

- We are aligning communications functions within the Office of Communications (OC) by making the following changes:
 - The regional press officers will join the Media Relations Group (MRG) within OC, to better align media outreach efforts throughout the country.
 - The internal communications team in the Division of Internal Communications and Engagement (DICE), currently located in the Office of Human Capital (OHC), will join the Creative Services Group (CSG) within OC. The DICE employee engagement team will remain in the Employee Services Group at OHC.

If you have questions, please do not hesitate to ask your manager or to send an email to OE_Initiative@cms.hhs.gov.



Version Date: November 20, 2019