

CMS Update: An Overview of OPOLE / LEA

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Office of Program Operations and Local Engagement*



One CMS Goals

- Make CMS more accessible to external partners & stakeholders.
- Ensure coordinated approach across regional locations & programs.
- Ensure consistent application of policies.
- Provide for greater accountability to internal and external stakeholders on agency's key priorities.
- Adopt common performance objectives, metrics, and best practices.

We launched the One CMS initiative with three clear objectives:



Ensure we're responding to customer needs



Build critical capabilities for now and the future



Bridge silos to create a seamless user experience

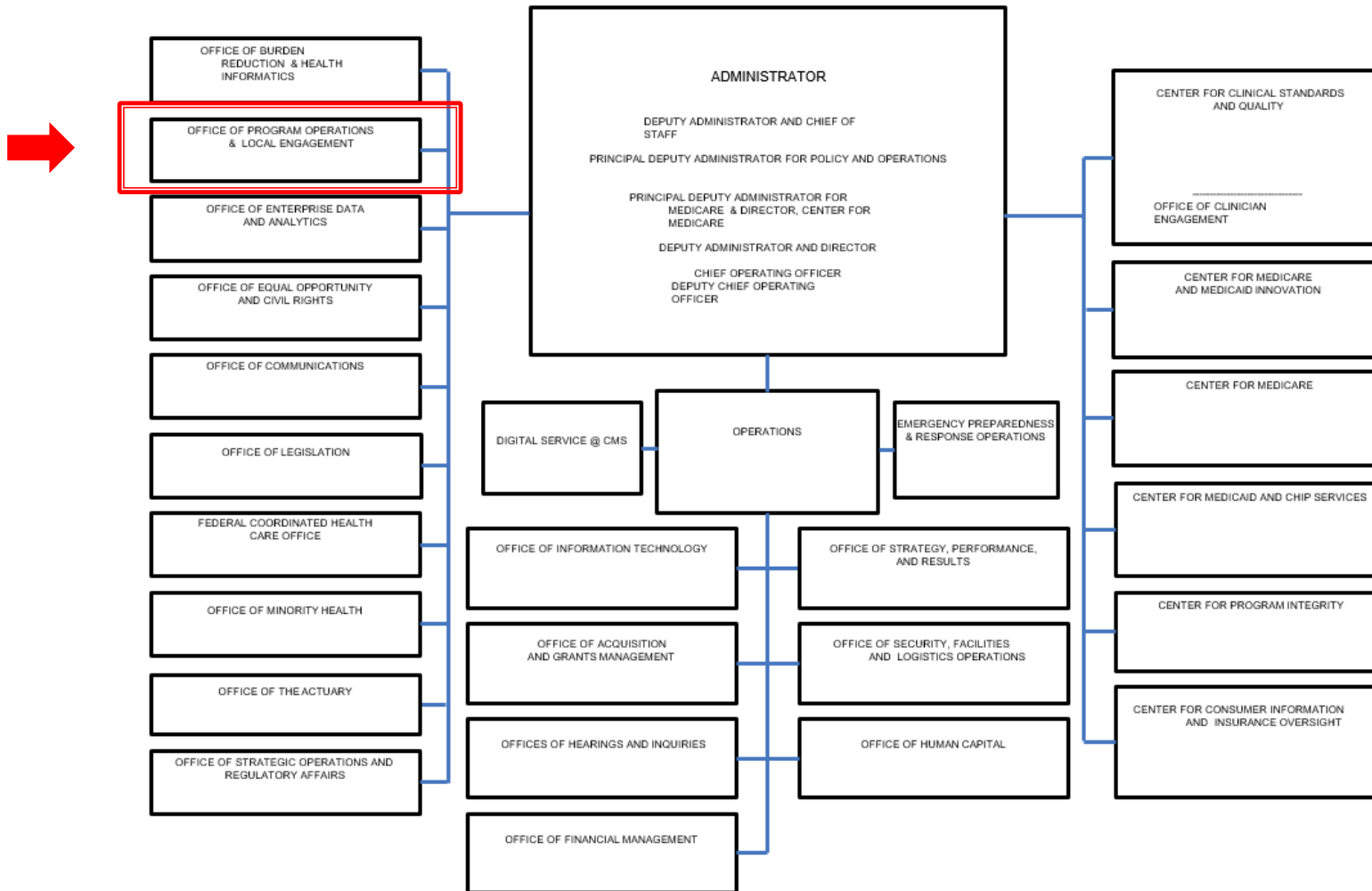


Addressing the regional operating model was a core component of One CMS

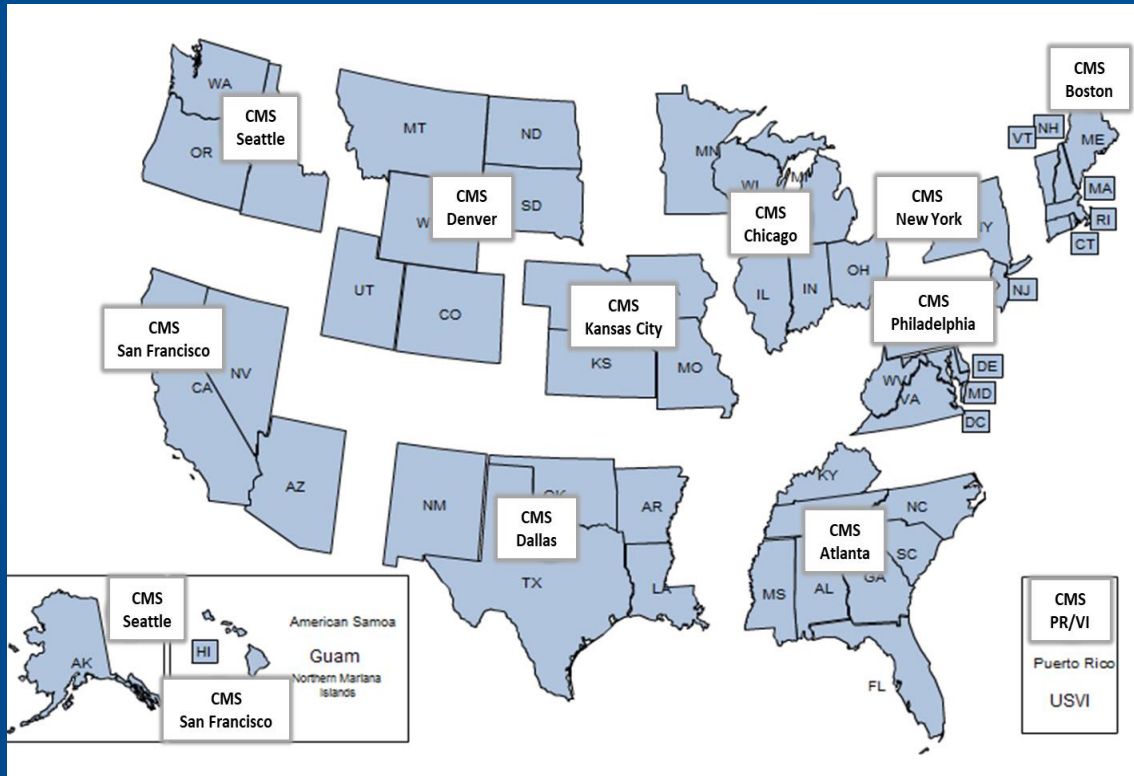
CMS Organizational Chart

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

APPROVED



CMS Regional Locations



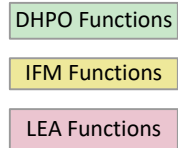
CMCS Medicaid & CHIP Operations Group
Provides operational support for states' managed care programs, processes state amendments, and provide serves as Native American Contacts.

CCSQ Survey Operations Group
Conducts the quality and safety surveys of health care facilities and oversees the enforcement of the quality and safety standards.

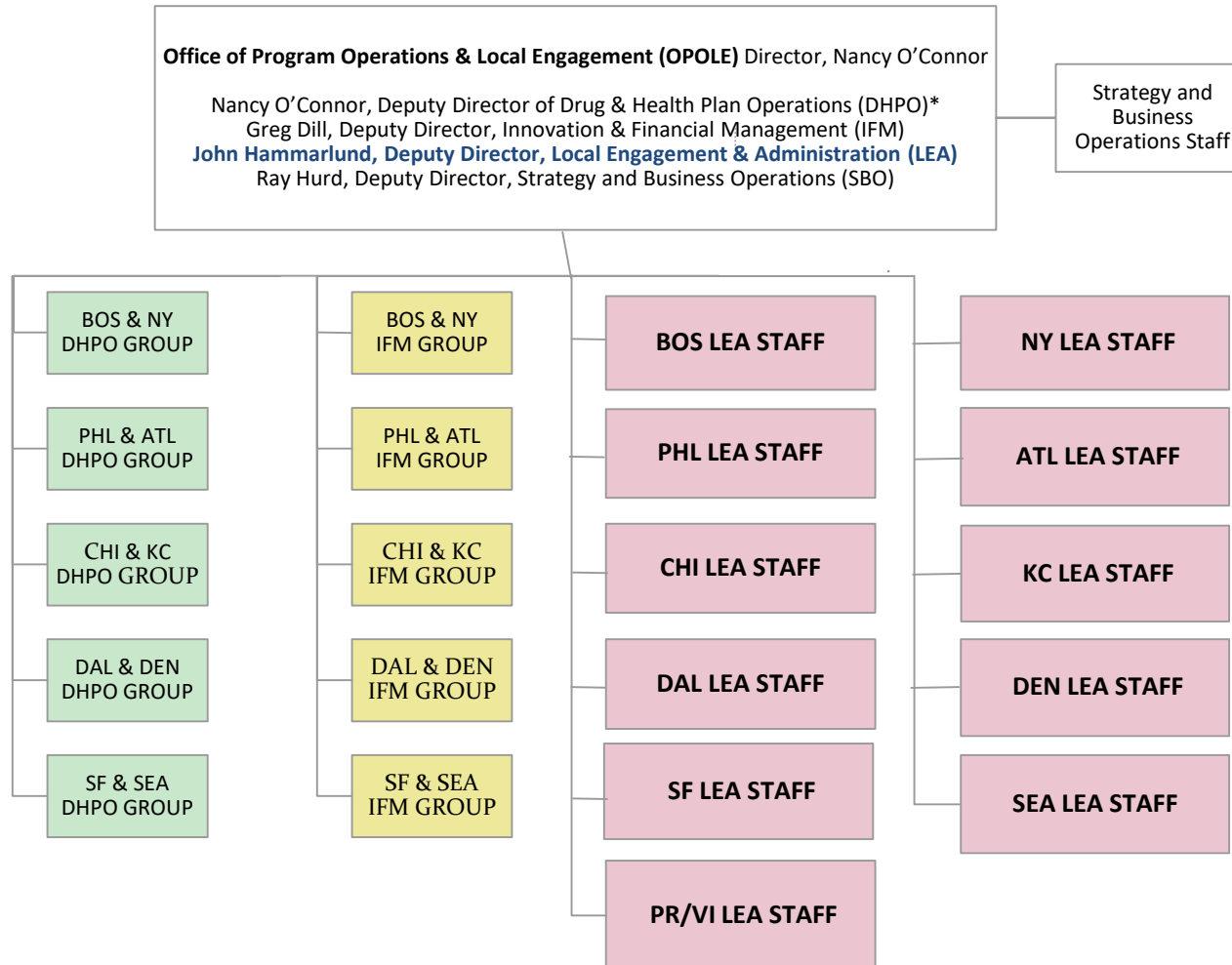
Office of Program Operations and Local Engagement (OPOLE)
Combines the regionally-based Medicare operations work, local oversight of Federally-facilitated Exchange plans, and external affairs.

New regional operating model combines cross-cutting and direct program operations, and consolidates local engagement

Legend



* Acting



OPOLE Leadership



Nancy O'Connor

OPOLE Director

Acting Deputy Director, Drug and Health Plan Operations (DHPO)

CMS Philadelphia



Ray Hurd

Deputy Director, Strategy and Business Operations (SBO)

CMS Boston



Greg Dill

Deputy Director, Innovation and Financial Management (IFM)

CMS Chicago



John Hammarlund

Deputy Director, Local Engagement and Administration (LEA)

CMS Seattle

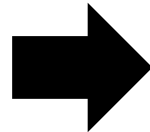
Drug & Health Plan Operations (DHPO)

Medicare Advantage and
Medicare Prescription
Drug Programs

Program of All Inclusive
Care for the Elderly
(PACE)

Medicare and Medicaid
Plan (MMP)
Demonstration Project

Federally-Facilitated
Exchanges



- Relationship management and communication channel between CMS and plans.
- Daily account monitoring, including data analysis of plan performance metrics.
- Annual applications review and approval of plan marketing materials.
- Routine plan audits to assess compliance with CMS regulations.
- **Day-to-day casework handling and resolution.**
- **Coordination with appropriate CMS Baltimore/Bethesda components on compliance activities and enforcement referrals.**

Innovation & Financial Management (IFM)

Contract Oversight

Customer Service

Fiscal Stewardship

Fee for Service Medicare

- Coverage / Payment Policy Issues (CM)
- **Eligibility / Entitlement / Premium Issues** (CM)
- **Beneficiary / Provider Customer Service** (OHI, CM)
- FOIA (OSORA)
- Accountable Care Organization Coordinators / Agency Reconsideration Official (CM)
- Innovation Model Points of Contact / Agency Reconsideration Official (CMMI)
- **Contractor Operations Support** (CM)
- Hearings / Appeals Issues (OHI)
- Beneficiary Services Business Function Lead (OHI)
- FOIA Business Function Lead (OSORA)

Financial Management

- Medicare Secondary Payer (OFM)
- Chief Financial Officer Act (OFM)
- Bankruptcy Management (OFM)
- External Audits (OFM)
- Audit and Reimbursement (OFM, CM)
- Civil Monetary Penalty Review (OFM)
- Debt Management (OFM)

Program Integrity

- Provider Enrollment (CPI)
- Medical Review (CPI)
- Petitions for Remission (CPI)
- **Law Enforcement Liaison** (CPI)

Strategy & Business Operations (SBO)

Core Functions

Budgeting

IT

LEAN

HR Management

Correspondence

**Executive Officer
Coordination**

COOP

Local Engagement & Administration (LEA)

RO Support

- Provides excellent operational support and customer service to all regional employees.

Cohesion

- Promotes cohesion and collaboration among all staff working in the regional locations. No silos.

Collaboration

- Continuously improves working relationships with relevant CMS headquarters' components.

Engagement

- Operates outreach in lock-step with the Office of the Administrator, Office of Communications, and CMS' policy Centers and Offices

CMS Regional Administrators & Staff Directors

Region 1 – CMS Boston

Katherine McDowell

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.

Region 2 – CMS New York

Michelle Baker-Bartlett

New Jersey and New York.

Region 3 – CMS Philadelphia

Sharon Graham

Delaware, the District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia.

Region 4 – CMS Atlanta

Sherard McKie

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.

Region 5 – CMS Chicago

Pam Thomas

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin.

Region 6 – CMS Dallas

Lisa McAdams, M.D.

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas.

Region 7 – CMS Kansas City

Kim Stupica-Dobbs

Iowa, Kansas, Missouri, and Nebraska.

Region 8 – CMS Denver

John Hannigan

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming.

Region 9 – CMS San Francisco

Cate Kortzeborn

Arizona, California, Hawaii, Nevada, American Samoa, the Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, and the Republic of Palau.

Region 10 – CMS Seattle

Darryl Means, Sr.

Alaska, Idaho, Oregon, and Washington.

CMS Puerto Rico and the U.S. Virgin Islands

Marina Diaz (Staff Director)

Puerto Rico and the U.S. Virgin Islands.

LEA “Front Office” Team



Manning Pellanda
Senior Technical Advisor
CMS Seattle



Maureen Kerrigan
Engagement Program Advisor
CMS Boston



Charla Jordan
Management Analyst
CMS Chicago

LEA's **Vision & Mission**

Vision

Lead the federal government in providing excellent customer service and accountability at the local level to those who participate in and benefit from our Agency's programs.

Mission

We improve the health of Americans by helping consumers access quality health care coverage and by educating health care providers that provide care under our programs.

LEA's Core Values

These core values define who we are, what we stand for, and how we work.

- I. **Service.** We are committed to public service.
- II. **Respect.** We have respect for all.
- III. **Accountable.** We operate with personal and organizational accountability.
- IV. **Excellence.** We provide excellent service and meaningful engagements.
- V. **Communication.** We are open and effective communicators.
- VI. **Teamwork.** Our teamwork is essential to our success.
- VII. **Innovative.** We are eager to innovate and continuously improve.

Some of LEA's Key Objectives



Consistently achieve high performance in our customer service: quality, integrity, consistency, and timeliness.



Produce bold and impactful regional outreach strategies that make the case for CMS' initiatives, help consumers make sound choices, and demonstrate to stakeholders that CMS is listening to them.



Increase consumer use of CMS developed tools to make informed choices.



Reponses to stakeholder questionnaire indicate that CMS is a valued and trusted ambassador of our programs and that our outreach inspires action.

LEA: A new, bolder approach to local engagement

LEA is a **Center of Excellence** for:

- ❖ Outreach and education
 - ❖ Stakeholder engagement
 - ❖ Environmental scanning
-
- ✓ The LEA organizational structure unites professional relations and regional external affairs staff, including SHIP/SMP relations and Congressional affairs.

 - ✓ Each regional location has a multi-disciplinary coordination team – a **Local Engagement Governance Group (LEGG)** – that oversees and facilitates that office’s outreach/engagement and environmental scanning portfolio.

Improved SHIP/SMP Liaison Role: **Our Goals**

- ❖ **You need good information, timely.** In coordination with ACL, we get timely programmatic information to the SHIPs and SMPs when you need it.
 - Consistent, unambiguous, accurate messaging.
 - Monthly meetings for sharing and give-and-take.
- ❖ **We need to listen to you.** In coordination with ACL, we solicit and gather timely feedback from SHIPs and SMPs and forward it to the decision makers in CMS HQ.
 - We do the analysis (trending, etc.) along the way.
- ❖ **We are aware of regional/local differences.** We tailor our engagements to your needs when we can.
- ❖ **No wrong door.** When you bring issues/casework to our attention, we get it to the right place for resolution.
- ❖ **We rely on and appreciate you.** SHIPs and SMPs are critical partners for CMS. You extend our reach and you touch the lives of beneficiaries in meaningful ways.
- ❖ **We respect lines of authority.** SHIPs/SMPs *partner* with CMS and are *grantees* of ACL. We don't overstep the boundaries; we coordinate regularly with ACL.
- ❖ **Continuous quality mindset in partnership with ACL.** Working closely with ACL, we strive to improve our service until we get it right.

Improved Working Relationship with **ACL**

OPOLE/LEA, in conjunction with our CMS colleagues in the Office of Communications, Office of Hearings and Inquiries, and other CMS HQ components, has started meeting regularly with ACL officials in order to:

- ❖ Understand and clarify roles under the One CMS reorganization;
- ❖ Coordinate messaging; and
- ❖ Agree on improved processes for communications and casework resolution.

CMS and ACL are jointly committed to getting it right.

THANK YOU!

. . . and stay in touch, please.

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Office of Program Operations & Local Engagement*

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