



TOD W. ANDERSON

Associate Regional Administrator for Medicare Health Plan Operations, Region VIII Office, Denver, Colorado

Tod W. Anderson is the Associate Regional Administrator for Medicare Health Plan Operations for the Centers for Medicare & Medicaid Services (CMS) Region VIII Office in Denver, Colorado. He is responsible for Parts C and D of the Medicare Program.

Mr. Anderson has over 25 years experience in management and administration of major government programs and operations. Since joining CMS in 2002, Mr. Anderson has managed the Medicare Program for CMS, including the implementation of the Medicare Prescription Drug Program, the most significant change to Medicare since its inception in 1965.

Prior to joining CMS, Mr. Anderson worked for the Federal Aviation Administration and Department of Energy in various roles, including nuclear engineering, quality assurance, and project management. He was the contracting officer for the \$4 billion Rocky Flats Closure Contract.

Mr. Anderson has a Bachelor of Science Degree in Civil Engineering from Clemson University.

CHRISTOPHER BARTLING

Account Manager, CMS Denver Regional Office Medicare Advantage and Health Plans Branch

Chris Bartling has been a member of the Centers for Medicare & Medicaid Services (CMS) Denver Regional Office Medicare Advantage and Health Plans Branch for 7 years. During his 7 years with CMS, Mr. Bartling has worked on a number of special projects in support of the Medicare Advantage and Prescription Drug programs.

Previous to joining CMS, Mr. Bartling worked in information technology for Qwest Communications/US West.

Mr. Bartling holds a BA from Coe College, an MA from the University of Iowa, and an MA from the University of Denver.

LISA BLEYLE

Health Insurance Specialist, Customer Relations Branch, Denver Regional Office

Lisa Bleyle currently serves as a Part D Operations Specialist, PACE Account Manager and Casework Analyst within the Denver Regional Office. Ms. Bleyle joined CMS in 1998 and has worked in a variety of program areas. Her previous work experience includes an additional 7 years experience working in multiple areas within the Medicare Fee-For-Service program.

Ms. Bleyle holds an undergraduate degree from Metropolitan State College of Denver.



LISA ARTALE BROSS

Account Manager, Consortium for Medicare Health Plans Operations (CMHPO)

Lisa Artale Bross has been an Account Manager in CMHPO for various types of Medicare health plans (MSA, PACE, HMO-SNP) since 2007. In this role, she primarily researches, analyzes, and interprets new and existing Medicare laws regulation and policy in order to provide technical assistance to plans. She regularly conducts monitoring and auditing activities to assure compliance with statutory and regulatory requirements.

Her previous experience with the Centers for Medicare & Medicaid Services (CMS) was in the Medicare fee-for-service arena, where she acted as the Regional policy expert on assigned topics (billing, payment and coverage for hospital inpatient, hospital outpatient, SNF, home health agencies). Before joining CMS, Ms. Artale Bross worked for the State Medicaid agency as a policy analyst in the community-based long-term care section, as a Medicaid health plan manager, and as a program integrity reviewer.

Ms. Artale Bross holds a dual Master's degree in Gerontology and Exercise Physiology, a graduate certificate in gerontology, and a Bachelors degree in Exercise Physiology. In addition, she was recently selected as a recipient for the Chief Operating Officer's Achievement Award and an Improvement Coach (Cadre A) for the CMS Improvement Initiative.

ADRIANNE CARTER

Health Insurance Specialist, Denver Regional Office

Adrienne Carter has been with the Federal government for over 10 years. She started out with the Social Security Administration and was responsible for determining eligibility and entitlement to Social Security Disability Insurance and Supplemental Security Income as well as Medicare Parts A and B. Ms. Carter now works for the Centers for Medicare & Medicaid Services in the Denver Regional Office, where she continues to serve as a subject matter expert for eligibility and entitlement for the entire Medicare program, including Medicare Parts C and D.

Ms. Carter was previously a Senior Caseworker, where she helped develop several policies and procedures related to the casework process. She is currently an Account Manager and is also assisting the Division of Enrollment and Eligibility Policy with developing and updating policies and procedures related to eligibility and entitlement as well as enrollment into the Medicare program.



PAUL COLLURA

Technical Advisor, Consortium for Medicare Health Plans Operations

Paul Collura joined the Centers for Medicare & Medicaid Services (CMS) in 2001 after being recruited by the Agency through the prestigious Presidential Management Fellows Program, following his experience working in both executive and legislative branches of state government. He focused on Medicare contractor oversight during the early portion of his career at CMS and has performed activities relating to Medicare Fee-for-Service budgets, audits, performance evaluation, and program integrity.

Since the inception of the Medicare Part D program, Mr. Collura has taken on leadership roles designed to improve Agency options relating to Medicare Advantage Organizations and Prescription Drug Plan oversight, including those relating to casework processes, complaint handling, and inquiry management.

Mr. Collura has a Bachelor's Degree in Economics from Binghamton University and a Master's Degree in Public Administration from the University of Delaware.

LISA DUBOIS, RN, BSN

Health Insurance Specialist, Denver Regional Office

Lisa Dubois, RN, BSN, is a Health Insurance Specialist with the Centers for Medicare & Medicaid Services (CMS) in Denver, Colorado. Ms. Dubois responsibilities include PACE Account Management, Denver's Lead PACE Clinician, as well as educational outreach efforts to health care providers, beneficiaries, and their advocates. She has been with CMS since 1999.

Ms. Dubois received a Bachelors of Science Degree in Nursing from the University of Wyoming. Previous to her position at CMS, she practiced clinically as an Operating Room Nurse at the UCLA Medical Center.

DAWN MARIE FINNELL, MS, RHIA

Account Manager, Medicare Advantage Prescription Drug (MAPD)

Dawn Finnell has worked in the healthcare industry for over 25 years. She has been an employee with the Centers for Medicare & Medicaid Services (CMS) for 15 years. Ms. Finnell is a MAPD plan account manager for numerous types of health plans. She is also the Regional Office lead for issues concerning quality, sales agents and brokers, credentialing, and utilization.

Prior to joining CMS, Ms. Finnell was a hospital consultant working with hospitals around the country to teach them to reduce over utilization of services, supplies, and pharmaceuticals.

Ms. Finnell graduated from the University of Central Florida with a BS in Health Records Management and a MS in Hospital Administration. She is certified as a Registered Health Information Administrator.



ANNE KANE

Manager for Medicare Advantage, Denver Regional Office

Anne Kane is the Manager for Medicare Advantage at the Centers for Medicare & Medicaid Services (CMS) in Denver, Colorado. She has been with CMS for 12 years and in the manager role for 7 years. Her responsibilities include oversight of several Medicare Advantage and PACE plans.

Ms. Kane's career includes positions as a registered nurse in intensive care and emergency care; as a data analyst for a major university medical center, she had oversight of strategic planning in an academic healthcare environment. She had leadership responsibilities for the Joint Commission Accreditation of the hospital and home health agency at the University Medical Center in Tucson. She was involved in many areas of strategic planning, including the development and oversight of a Disease Management program and the University's Managed Care program.

Ms. Kane received her Bachelor's degree in Nursing from Downstate Medical Center in Brooklyn, New York and a Masters in Public Administration from the University of Arizona in Tucson, Arizona.

JENNIFER KEHM

Health Insurance Specialist

Jenny Kehm works for the Centers for Medicare & Medicaid Services (CMS) Baltimore office in the Division of Surveillance, Compliance & Marketing. Ms. Kehm began her CMS career 9 years ago, where she focused on serving beneficiaries through education and outreach. She has extensive experience working with beneficiaries, partners, congressional representatives, and Medicare plans.

Over the years, Ms. Kehm has held a variety of positions within CMS including Colorado State Lead, Account Manager, audit lead and marketing policy expert. She is a graduate of the University of Maryland and holds a Masters degree in integrated marketing communications from the University of Denver.



JAMES KERR

Administrator, Consortium for Medicare Health Plans Operations

As the Administrator of the Consortium for Medicare Health Plans Operations (CMHPO), James Kerr supervises approximately 400 staff in CMS's 10 regional offices, which provide daily oversight to over 750 contracts delivering Medicare Advantage and Prescription Drug services to nearly 31 million beneficiaries nationwide. Mr. Kerr was formerly the CMS Regional Administrator in the New York Office.

Mr. Kerr joined CMS in 2003 with more than 25 years experience in top level executive positions in commercial insurance and New York City government. He was the Vice President of Government Health Plans for United Healthcare's New York Tri-State market, where he launched their managed Medicare product, had profit and loss responsibility for United Healthcare's Medicare and Medicaid HMO products, and led several major plan management functions. He has also held Chief Operating Officer positions at MetraHealth, Met Life, and New York Life-Sanus Health Plan of New York and New Jersey.

Mr. Kerr has a Master of Science in Management and a Bachelor of Science in Mechanical Engineering from the Rensselaer Polytechnic Institute. He also earned an MBA in Health Care Administration from the Mount Sinai School of Medicine, Baruch College. Mr. Kerr received the Presidential Meritorious Executive Rank Award in October 2007.

DONALD J. MARIK

RHU, Medicare Managed Care Operations Specialist

As a Medicare Managed Care Operations Specialist, Donald Marik's primary responsibility is to assist Medicare Managed Care Organizations in the Denver Region with adhering to Federal Medicare regulations. He also is involved with technical assistance on policy issues, Medicare coverage, enrollment, marketing, and outreach functions within the Denver Region.

Prior to joining the Centers for Medicare & Medicaid Services, Mr. Marik was Commercial Medicare Product Manager with FHP Health Care in Colorado. For three and one half years, he was responsible for the overall coordination, introduction, and implementation of the Medicare HMO programs for employers and associations within Colorado. Prior to this time, Mr. Marik has been involved with the group health insurance industry within Colorado since 1984. He holds a Bachelor of Science degree from Iowa State University.

KAREN MCGEE

Branch Manager, Customer Relations Branch, Denver Regional Office

Karen McGee is the Branch Manager for the Customer Relations Branch in the Denver Division of Medicare Health Plan Operations at CMS. She and her team are responsible for ensuring that the public is educated about Medicare health plan choices; and that the Medicare Beneficiary's health plan experience is positive.

Ms. McGee served previously as a CMS Account Manager, leading efforts to maintain standards for Medicare health plans and PACE organizations nationwide. She has also worked with State Medicaid Agencies on various aspects of healthcare policy and compliance.

Prior to joining CMS, Ms. McGee served as an indigent health care program coordinator and HEDIS coordinator for Kaiser Permanente. She received a Bachelor of Arts degree in Psychology from the University of California, Berkeley. She also earned a Master of Healthcare Systems and Public Health Certification from the University of Denver.



MARK MCMULLEN, J.D., M.B.A.

Health Insurance Specialist, Division of Medicare Health Plan Operations, Denver Regional Office

Having previously worked for CMS (previously HCFA) in Medicaid from 1997 to 1999, Mark McMullen returned to the fold this year to work in Medicare. During his absence from CMS, he earned graduate degrees and practiced law with the Social Security Administration and the Colorado Attorney General's office. He also lived in Germany for 3 years and worked as an adjunct professor in business law.

Mr. McMullen currently works with Medicare managed care plans as an account manager. He is a member of the Federal Bar Association, the Health Law section of the Colorado Bar Association, and the American Health Lawyers Association.

ED MENDICELLO

SMP Medicare Fraud Prevention Advisor, Colorado SMP Program

Ed Mendicello is the SMP Medicare Fraud Prevention Advisor for the Colorado SMP Program, which is housed under the Colorado Division of Insurance, Dept. of Regulatory Agencies.

From 2004-2006, Mr. Mendicello was Civil Litigation Consultant to the United States Attorney's Office, Dept. of Justice, Colorado District, where he specialized in health care fraud and abuse violations within the Medicare program. In 2004, he was a Manager at the Senior Fraud Analyst Computer Science Corporation, Western Integrity Center in Denver, Colorado.

Prior to 2004, Mr. Mendicello spent 32 years with the United States Department of Health and Human Services, serving the majority of the time as a Senior Special Federal Agent for the Office of Inspector General, conducting criminal and civil investigations of all programs within the department, specializing in Medicare and Medicaid fraud, abuse, and waste. He conducted and participated in multiple national Medicare fraud investigations, including National Medical Enterprises, National Health Labs, and Columbia Health Care Hospitals.

Mr. Mendicello holds a B.S. Degree in Business Administration from the University of Southern Colorado, Pueblo. He is a graduate of the Federal Law Enforcement Training Academy, Glynco, Georgia, where he specialized in white collar crime fraud investigations. He received advanced training at Quantico, FBI Training Academy. He has been a Certified Fraud Examiner since 1991.

CAROLYN MILL

Health Insurance Specialist, Denver Regional Office

Carolyn Mill has over 30 years of government service. She has worked for the Veterans Administration, Social Security, and the HHS Office of Inspector General. For the last 27 years, she has been with the Centers for Medicare & Medicaid Services, with most of that experience in the Medicare program. Ms. Mill handled policy, operations, and oversight for the Medicare contractors processing original Medicare claims.

For the last 16 years, she has worked with the Medicare Advantage health plans and the Prescription Drug Program as an Account Manager handling technical assistance and regulatory oversight.



JANE MYERS

Special Agent, Denver Field Office

Special Agent Jane Myers has 14 years of experience of successfully investigating criminal and civil health care fraud cases for the Department of Health and Human Services. She is currently assigned to the Denver Field Office. She has been awarded numerous awards by HHS and the Department of Justice, including the HHS IG Bronze Medal Outstanding Employee of the Year.

Ms. Myers has also served as an Instructor at the Inspector General Academy at the Federal Law Enforcement Training Center. Prior to joining HHS-OIG, she served as a Captain in the United States Army specializing in Counterintelligence. She is a veteran of Desert Shield and Desert Storm.

NANCY NOSE

Account Manager, Denver Regional Office, MHPO

Nancy Nose is an Account Manager with the Centers for Medicare & Medicaid Services in the Denver Regional Office, Division of Medicare Health Plan Operations. In this role, Ms. Nose serves as the primary oversight contact for multiple health plans as well as a being a subject matter expert.

Prior to joining CMS, Ms. Nose served as a Senior Consultant of operations and development to such clients as a national provider of hospital, independent, and assisted living facilities. Additionally, she brings more than 15 years of executive leadership experience developing and directing business strategies for organizations worldwide.

ROYA REZAI

Branch Chief, Medicare Advantage & Health Plans, Division of Medicare Health Plans Operations

Roya Rezai earned her CHC from the Health Care Compliance Association (HCCA) and her CFE from the Association of Certified Fraud Examiners. Early in the compliance movement, she was chosen as the first-ever Chief Compliance Officer for a large psychiatric hospital in Washington State. Later she was recruited as Chief of Compliance and Chief of Privacy for a large, inner city federally qualified health center on the east coast where she gained experience in primary care. In 2005, she was recruited as the Chief Compliance Officer and Chief Security officer for a Third Party Administrator in Seattle, WA.

Ms. Rezai joined the CMS Seattle Regional Office in March of 2009 as the MAHPB Manager, and is currently on an extended detail with the Program Compliance and Oversight Group (PCOG). In her current capacity with PCOG, she has served as an auditor on the 2010 Compliance audits and has been involved in the 2010 validations and corrective actions. She would be serving as a team lead on several of the 2011 Compliance audits.

Ms. Rezai began her career as a Psychologist, working with acutely mentally ill in outpatient as well as inpatient settings. She has co-authored three books on regulatory compliance and has co-lead roundtable discussions about tying compliance, claims, analytics, audit, legal and investigations together to create a more effective plan to deter, detect, and prevent fraud.



MICHELLE TURANO

Deputy Director, Program Compliance and Oversight Group

Michelle Turano serves as the Deputy Director of the Program Compliance and Oversight Group (PCOG), which is devoted to developing and implementing an effective, comprehensive compliance and audit program for Medicare Advantage and Part D sponsors. The group is also the enforcement arm of the Medicare Advantage and Part D program, responsible for intermediate sanctions, civil money penalties, and contract terminations.

Ms. Turano has been with CMS since 2002, and her previous work involved evaluating Medicare Advantage and Part D sponsor performance (relative to CMS' clinical and administrative program requirements). She holds an undergraduate degree from the University of Missouri and graduate degrees in social service administration and health policy from the University of Chicago.