

**CENTERS FOR MEDICARE & MEDICAID SERVICES
CONTINUING EDUCATION (CMSCE)**

**Medical Review Operational Meeting
June 9-11, 2015**

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Continuing Education Credit Information

Continuing Education Credit

The Centers for Medicare & Medicaid Services (CMS) is evaluating this activity for continuing education units (CEUs) and continuing medical education (CME) credit. The number of credits awarded will be calculated based on the actual learning time of the activity. Final CE information on the amount of credit will be available on within the Learning Management System (LMS) post-assessment.

Accreditation Statements

[Please click here for accreditation statements](#)

Instructions for Continuing Education Credit

Learning Management System (LMS) Instructions

In order to receive continuing education credits for the Medical Review Operational Meeting, you must pass the session post-assessment and complete the evaluation. The continuing education post-assessment and evaluation are being administered through the Medicare Learning Network®.

Registering To Take a Post-Assessment

If you have previously taken Medicare Learning Network® (MLN) web-based training courses, you may use the login ID and password you created for those courses. If you are a new user, you will need to register.

To Register:

1. Go to <http://go.cms.gov/MLNProducts> on the CMS website.
 2. Under “Related Links” click on “Web-Based Training (WBT) Courses”.
 3. Click on a course title (not the icon next to the title) to open a Course Description Window.
 4. At the top of the Course Description Window, click “**Register**”.
 5. You will be redirected to a page that instructs you to enter an e-mail address and click “Submit.”
 6. The screen returned will read: No account was found matching your search criteria. Please click **here** to proceed with registration. Click the word “Here” to continue with registration.
 7. After completing this registration, you will receive a confirmation e-mail containing an activation link for the Medicare Learning Network® (MLN) Learning Management System (LMS). Please note that the password you create must comply with the following requirements:
 - At least eight characters;
 - At least one number;
 - One lower case letter;
 - One upper case letter; and
 - One of the following symbols: ! @ \$ % & ?.
- No spaces are allowed, and you may not use any of your last six passwords as your new password. Your new password will be case sensitive and effective the next time you log into the site. For the first time, you may only log into the LMS using the link in the confirmation e-mail.
8. Once your account is activated you may enter the LMS through the MLN LMS login page.

Please add MLN@cms.hhs.gov to your address book to prevent MLN communication from going into your spam folder.

To login (existing user account):

1. Go to <http://go.cms.gov/MLNProducts> on the CMS website.
2. Under “Related Links” click on “Web-Based Training (WBT) Courses.”
3. Click on a course title or assessment title (not the icon next to the title) you are interested in to open a Course Description Window.
4. At the top of the Course Description Window, click “**Login.**”
5. Enter your login ID and password. You will be re-directed to your home page.

Finding the Post-Assessment

Once you are logged into the LMS and are on your home page:

1. Click on the "Web-Based Training (WBT) Courses" link.
2. At the top of the page on the right-hand side, you will see “Topic.” Scroll through the topics and select “**MROM**” and click “Search.”
3. Select “**2015 JUNMedical Review Operational Meeting**” in the left column.
4. Scroll to the bottom of the page. Use the radio buttons to select Certificate of Completion or Certificate of Continuing Education.
5. Click the “Take Course” button. The course will appear in a new pop-up window.

Viewing Your Transcript and Certificates

1. Go to <http://go.cms.gov/MLNProducts> on the CMS website.
2. Click on "Web-Based Training Modules" link at the bottom of the page.
3. Click on the title of a course and click on Login.
4. Log in using your CMS LMS credentials.
5. To access your certificate, click on “My Homepage” in the left hand menu.
6. Click on “Transcript/Certificate.”
7. Click on the Certificate link next to the course title. The course evaluation will display. Once you complete the course evaluation, your certificate will display.

Hardware/Software Requirements

[Please click here for hardware and software requirements.](#)

CMS Privacy Policy

[Please click here for CMS’ Privacy Policy.](#)

Help

- For assistance with the Medicare Learning Network® (MLN) Learning Management System, your assessment, or certificate, contact CMSCE at CMSCE@cms.hhs.gov via e-mail.



Activity Information

Activity Description

The goal of medical review (MR) is to assist in the protection of the Medicare Trust funds by preventing improper payments. The goal of this activity is education; the discussion and facilitation of information sharing between the Medicare Administrative Contractors (MACs), the Durable Medical Equipment (DME) Medicare Administrative Contractors (MACs), and the Centers for Medicare & Medicaid Services (CMS).

Target Audience

This activity is designed for Medicare Part A/Part B and Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Medicare Administrative Contractor (MAC) physicians and medical review staff.

Learning Objective

By the end of the meeting, the participant should be able to:

- Identify three goals of electronic submission of medical documentation (esMD);
- Identify one positive outcome of the Prior authorization of Power Mobility Device (PMD) Demonstration;
- Identify two reasons for Provider Non-Response;
- Identify one top reason for Improper Payments;
- Describe the Prior Authorization Model for Scheduled Non-Emergent Ambulance Transports;
- Define Ventilator Coverage Guided by National Coverage Determination (NCD) 280.1
- Identify how differences in Home Health & Hospice (HHH) review strategies impact the Comprehensive Error Rate Testing (CERT) error rate;
- Identify three benefits of Robocall;
- Describe the purpose of electronic Determination of Coverage (eDOC); and
- Identify three providers that receive Fathom & Pepper Reports.

Participation

Register for the meeting, participate in the meeting and access and complete the assessment and evaluation, per the [Instructions for Continuing Education Credit](#), at the beginning of this document.

Speaker Bios & Disclosures (alphabetical by last name)

All planners and developers of this activity have signed a disclosure statement indicating any relevant relationships and financial interests. This activity was developed without commercial support. Any additional speakers and their disclosure information will be announced prior to the start of the live activity.

A-F

Jason Autry

Mr. Autry has been employed by Palmetto GBA, a Medicare Administrative Contractor (MAC) and Specialty Medicare Administrative Contractor (SMAC) since December, 2001. In January, 2009, he moved into the Claims Processing Manager position for the Railroad Medicare contract. Prior to

January, 2009, Mr. Autry held multiple positions of increasing responsibility, including positions in Medicare Quality Assurance, Qualified Independent Contractor (QIC) administration, and Claims Processing support.

In addition to the Claims Processing Manager position, he currently holds additional responsibility for Medical Review Edit Effectiveness activities, development of the Medical Review Strategy (MRS), and development of the Strategy Analysis Report (SAR) for the Railroad Retirement Board (RRB) Specialty Medicare Administrative Contractor.

Mr. Autry has extensive medical review experience. His experience includes annual development of a Medical Review Strategy, development of the Strategy Analysis report, and edit effectiveness and data analytical activities. His diverse experience within the functions of the Medicare contracting environment allow him to bring a unique and versed perspective to the Medical Review operation.

Mr. Autry earned a Bachelor's Degree in Business Administration at Augusta State University.

Mr. Autry has nothing to disclose.

Sarah Bochenick, RN

Ms. Bochenick has been employed by the Centers for Medicare & Medicaid Services (CMS) as a Nurse Consultant since March 2011. She is a member of the Division of Error Rate Measurement (DERM) under the Provider Compliance Group (PCG). In this role, Ms. Bochenick leads the Medical Review (MR) Accuracy Project.

Ms. Bochenick earned a Bachelor of Science degree in Nursing at Towson University.

Ms. Bochenick has nothing to disclose.

Cheryl Bolchoz, MPH

Ms. Bolchoz has been employed by Palmetto GBA, a Medicare Administrative Contractor (MAC), for over 10 years, as a Statistical Analyst. She has over twenty years experience in research and statistics and has been involved with several contracts during her tenure at Palmetto GBA. Since October 2013, Ms. Bolchoz has been working on the Comparative Billing Report Project.

Ms. Bolchoz earned a Master of Science degree in Biostatistics at the University of South Carolina.

Ms. Bolchoz has nothing to disclose.

Chris Butters, MHA, RN

Mr. Butters has been employed by CGS, a Medicare Administrative Contractor (MAC) since September 2012, as the Home Health and Hospice (HHH) Medical Review Manager. Prior to serving in this role, he was the Executive Director of a home and community services agency overseeing home health, meals on wheels, adult day, assisted living, and public health departments.

Mr. Butters has been a Registered Nurse for 19 years. He has presented to healthcare providers and industry associations, as well as hosted numerous one on one provider education sessions, while working for various Medicare contractors.

Mr. Butters earned a Master of Healthcare Administration degree at the University of St. Francis.

Mr. Butters has nothing to disclose.

Colette Caba

Ms. Caba has been employed by Novitas Solutions Inc., a Medicare Administrative Contractor (MAC), since July 1990. She has vast experience in the Medicare arena. She has held a variety of positions within the organization, including fraud investigations, supervision, and her current position as Manager of the Fraud Department.

Ms. Caba works closely with all areas of Medicare and has built relationships with the Fraud Contractors that her organization supports. She also conducts on-site training for the the organization's fraud contractors.

Ms. Caba earned an Associate's Degree in Applied Science at the Pennsylvania College of Technology. She is currently pursuing a Bachelor of Science degree in Corporate Communications at Elizabethtown College.

Ms. Caba has nothing to disclose.

Janice Carter, MHA, RN

Ms. Carter is a register nurse with over 35 years of clinical experience. She has been employed by Novitas Solutions, a Medicare Administrative Contractor (MAC), since September 2014, as the Nurse Supervisor for the Appeals Prior Authorization Program. From March 2011 through September 2014, Ms. Carter was employed by First Coast Service Options, Inc. as a Senior Health Industry Analyst.

Ms. Carter has assisted with developing materials and participated as a panelist for educational webinars regarding the prior authorization program throughout her career.

Ms. Carter earned a Master of Healthcare Administration degree at Colorado Technical University and a Bachelor of Science degree in Nursing. She is also a certified professional coder and Licensed Healthcare Risk Manager.

Ms. Carter has nothing to disclose.

Vicki Chitwood, RN

Ms. Chitwood has been employed by the Centers for Medicare & Medicaid Services (CMS) since January 2009, as a Nurse Consultant. She is a member of the Division of Medical Review and Education under the Office of Financial Management's Provider Compliance Group and serves as the subject matter expert for inpatient issues.

Ms. Chitwood's prior experience includes 30 years of hospital experience, 15 years of experience serving as a Director of Emergency Services, and five years experince as the Assistant Director of Nursing.

Ms. Chitwood earned a Bachelor of Arts degree in Healthcare Administration from Canyon College.

Ms Chitwood has nothing to disclose.

Joseph Christ, MS, OT

Mr. Christ came from the Indian Health Service and Bureau of Prisons where he worked as an Occupational Therapist to the Centers for Medicare & Medicaid Services (CMS) in February 2013.

Mr. Christ earned a Master of Science degree in Military History from American Military University and a Bachelor of Arts degree in Occupational Therapy at Loma Linda University.

Mr. Christ has nothing to disclose.

Maria Ciccanti, RN

Ms. Ciccanti has been employed by the Centers for Medicare & Medicaid Services (CMS) since 2000 in various capacities. She has a broad background in Medicare policies and processes. Her experience includes working in the Survey and Certification Group, Quality Improvement Group, and the Coverage and Analysis Group. She is currently employed with the Provider Compliance Group as a Health Insurance Specialist.

Prior to joining CMS, Ms. Ciccanti worked as a registered nurse for 15 years. Her clinical experience includes medical and surgical nursing; however, most of her experience is in psychiatric treatment modalities. She has experience working as a unit nurse on psychiatric inpatient units, in general hospitals, as well as free standing psychiatric hospitals. She also has working experience in partial hospitalization programs, private practice, home health agencies, and community mental health programs. In addition, Ms. Ciccanti has several years of experience working with alcohol and substance abuse populations, general psychiatric diagnosed adult, adolescents, and children ages 5 to 12 years old.

Ms. Ciccanti has experience in mid-level management and consulting for private companies. She has developed and conducted several trainings for state agency surveyors, the Medicare Administrative Contractors, and in-house staff throughout her career.

Ms. Ciccanti earned a Bachelor's Degree at the College of Notre Dame.

Ms. Ciccanti has nothing to disclose.

Melanie Combs-Dyer, MS

Ms. Combs-Dyer has been employed by the Centers for Medicare & Medicaid Services (CMS) since 1989. She has served as the Deputy Director of the Provider Compliance Group in the Office of Financial Management since August 2011. In this role, she oversees the development, implementation, and improvement of the Electronic Determinations of Care (eDoC) initiative for the Office of the National Coordinator for Health Information Technology (ONC). The eDoC initiative is responsible for developing standards for an electronic clinical template for progress

notes in an electronic health record (EHR) and structured progress note that can be extracted from the medical record and submitted to Medicare to justify coverage of an item or service.

Ms. Combs-Dyer also oversees the Medicare Recovery Audit program (formerly called RAC program), the Comprehensive Error Rate Testing (CERT) and Payment Error Rate Measurement (PERM) programs, the Division of Medical Review and Education, and the Division of Data Analysis, Corrective Actions and Technology.

Ms. Combs-Dyer earned a Master of Science degree in Health Administration at Towson University and a Bachelor of Science degree in Nursing at the University of Maryland School of Nursing.

Ms. Combs-Dyer has nothing to disclose.

Jozette Cook-White, MSN, MHA

Ms. Cook-White is a registered nurse with 19 years of clinical and healthcare administrative experience. She has been employed by CGS, a Medicare Administrative Contractor (MAC), since January 2015, as a Medical Review Director. From August 2008 through December 2015, she was employed by Carolinas Healthcare System in a similar capacity, working in patient financial services with a focus on Medicare and Medicaid billing and audits.

Ms. Cook-White has conducted educational webinars, teleconferences, and presented at professional chapter meetings on Medicare and Medicaid Part A focused audit activity.

Ms. Cook-White earned a Masters Degree in Nursing and Healthcare Administration at the University of Phoenix and a Bachelor of Science degree in Nursing at South Carolina State University.

Ms. Cook-White has nothing to disclose.

James W. Cope, MD

Dr. Cope is the Medical Director of National Government Services, LLC, Medicare Part A. Prior to joining National Government Services (NGS), he was a Staff Physician in the Emergency Department at West Allis Memorial and St. Francis Hospitals, Chief of Emergency Medicine at St. Francis Hospital, and a Physician Advisor for the Wisconsin Peer Review Organization.

Dr. Cope practiced Emergency Medicine for 14 years. He served as a Physician Advisor for the Wisconsin Peer Review Organization for six years and Contractor Medical Director for United Government Services, LLC (currently NGS) for 11 years. He has been with AdvanceMed's Comprehensive Error Rate Testing (CERT) program since 2010.

Dr. Cope earned his Doctor of Medicine Degree from the University of Maryland in 1981 and completed his residency in family practice at St. Luke's Hospital in Milwaukee, WI. He is board certified in Family Practice and Emergency Medicine.

Dr. Cope has nothing to disclose.

George N. Costantino, MD

Dr. Costantino has been the Medical Director for Provider Resources, Inc., a Medicare Administrative Contractor (MAC), for four years. He is currently working on the Power Mobility Device (PMD) demonstration evaluation contract.

Dr. Costantino has been a practicing physician for over 25 years. He earned his Medical Degree at Temple University Medical School.

Dr. Costantino has nothing to disclose.

Jay Cotton, MSN

Mr. Cotton has been a Registered Nurse since 1990. Mr. Cotton has worked in numerous clinical and managerial settings assessing the needs of patients and providing direct care. He is currently employed by Safeguard Services as the Medical Review Manager for the Zone Program Integrity Contractor (ZPIC) Zone 7.

Mr. Cotton's prior employment includes working as a Senior Medical Analyst from 1996 to 2004, for First Coast Service Options, a Medicare Administrative Contractor (MAC) and Peer Review Manager for Aetna Disability Management from 2004 to 2010. By drawing on his past experience, he is able to apply this knowledge in the area of Medical Review for the ZPIC.

Mr. Cotton earned a Master of Science in Nursing in Nursing Education at the University of North Florida.

Mr. Cotton has nothing to disclose.

Angel Davis, MBA, MS

Ms. Davis serves as the Beneficiary Family Centered Care Quality Improvement Organization (QIO) Government Task Leader, for the Division of Beneficiary Healthcare Improvement and Safety, in the Centers for Medicare and Medicaid Services' (CMS') Center for Clinical Standards and Quality. She is responsible for developing, implementing and evaluating QIO guidance, quality improvement policy and quality improvement initiatives. She also provides leadership, policy and professional nursing expertise.

Ms. Davis joined CMS in 2010, as a Senior Policy Analyst in the Pharmacy Division of Medicaid. She also has experience working in CMS' Center for Program Integrity.

Ms. Davis is a registered nurse who has more than 18 years of healthcare experience in medical-surgical nursing, long-term care, quality improvement, hospital utilization review and case management. She has continued to build on her clinical experience by performing utilization review and discharge planning services for an acute care hospital.

Ms. Davis earned a Master of Business Administration degree at the University of Maryland and a Master of Science in Health Care degree at the University of Maryland School of Nursing.

Ms. Davis has nothing to disclose.

Paul Deutsch, MD

Dr. Deutsch is the Medical Director for the Centers for Medicare and Medicaid Services' (CMS') Evaluation of the Medical Prior Authorization of Power Mobility Devices (PMD) contract. From 2013 to 2014, he worked as a Medical Director for Provider Resources, Inc., working primarily on their Workman's Compensation Review Contract and PMD Demonstration Evaluation contract.

Prior to 2013, Dr. Deutsch worked as a Medical Director for GHI-Medicare and Empire Medicare Services (Empire)/National Government Services (NGS) Medicare Part B contract, where his responsibilities included medical review, policy development, data analysis, and provider outreach. He transferred to NGS's Medicare Fraud Prevention System contract and continued data analytics and participated in work on algorithm development in 2011.

Dr. Deutsch practiced cardiology for 25 years. He earned his Medical Degree from the New York University School of Medicine in 1970.

Dr. Deutsch has nothing to disclose.

Tiffany Dschaak, RN

Tiffany Dschaak has been employed by Noridian Healthcare Solutions, a Medicare Administrative Contractor (MAC), since 2010. She has worked in multiple positions within the organization, including Medical Review Examiner, durable medical equipment (DME) Medical Director Assistant, and Provider Outreach and Education (POE) Team Leader. She currently serving as the Education and Medical Policy Manager.

Ms. Dschaak has been an active part of the Medical Review department during her entire career with the Jurisdiction D MAC. She has contributed to the development of claims review guides, worked closely with the Medical Directors, created other educational documents, and contributed to the Medical Review Strategy.

Ms. Dschaak earned a Bachelor of Science degree in Management Information Systems and Bachelor of Science degree in Nursing at North Dakota State University.

Ms. Dschaak has nothing to disclose.

Lois Duran, MPH

Ms. Duran is currently employed by Cahaba, the Jurisdiction J Medicare Administrative Contractor (MAC), as the Medical Review (MR) Operations Manager. She has served as the Medicare Part A Medical Review Manager since 2001 and assumed her current role over Part A and Part B MR operations in 2014. Prior to her employment with Cahaba, Ms. Duran worked for the Alabama Quality Improvement Organization (QIO), reviewing inpatient medical records for the Payment Error Prevention Plan (PEPP).

Ms. Duran is a registered nurse and has 23 years of acute hospital management and leadership experience. Her extensive supervisory experience in Part A inpatient and outpatient services, Part B professional services, Data Analysis and Policy development has allowed her to serve as a subject matter expert and presenter for educational panels and hospital association meetings.

Ms. Duran earned a Master of Public Health degree in Healthcare Organization and Policy at the University of Alabama in Birmingham (UAB) and a Bachelor of Science degree in Nursing at

St. Vincent's School of Nursing.

Ms. Duran has nothing to disclose.

Lieutenant Commander Brian Elza, DPT

Lieutenant Commander (LCDR) Elza has been with Medicare's Recovery Audit Program since 2008, where he served in multiple roles before becoming the Director of the Division of Recovery Audit Operations in 2014. He has been the National Lead for approving all Fee-For-Service (FFS) Recovery Auditor reviews.

LCDR Elza has practiced physical therapy in acute inpatient hospital, outpatient hospital, skilled nursing facility, and outpatient clinic settings.

LCDR Elza earned a Doctor of Physical Therapy degree from the University of Maryland, Baltimore School of Medicine. He also earned Board Certification as an Orthopedic Clinical Specialist through the American Physical Therapy Association.

LCDR Elza has nothing to disclose.

Chrissy Fowler

Ms. Fowler is currently the Director of the Division of Error Rate Management in the of the Provider Compliance Group at the Centers for Medicare & Medicaid Services (CMS) Office of Financial Management.

Ms. Fowler earned a Bachelor of Science degree at in Accounting at Samford University.

Ms. Fowler has nothing to disclose.

G-L

Jill Garver, MSN

Ms. Garver has been employed with the Centers for Medicare & Medicaid Services (CMS), Provider Compliance Group (PCG), Division of Error Rate Measurement (DERM), since September 2012. During this time, she has participated in presentations and teleconferences regarding the Comprehensive Error Rate Testing (CERT) program.

Ms. Garver earned a Master of Science degree in Community Health Nursing from the University of Maryland School of Nursing.

Ms. Garver has nothing to disclose.

Angela Gaston, MS

Ms. Gaston has been employed by the Centers for Medicare & Medicaid Services (CMS) since November 2010, as a Health Insurance Specialist in the Provider Compliance Group. She has been a member of the Non-Emergent Hyperbaric Oxygen (HBO) and Ambulance Prior Authorization Teams since April 2014 and helped to implement the two models.

Ms. Gaston has worked closely with the Medicare Administrator Contractors (MACs) in the affected jurisdictions. She has presented on CMS Open Door Forums to the provider community and developed educational materials for providers.

Ms. Gaston earned a Masters Degree in Mathematics and Statistics at West Virginia University.

Ms. Gaston has nothing to disclose.

Andrea Glasgow, RN

Ms. Glasgow has been employed by Centers for Medicare & Medicaid Services (CMS) in the Division of Medical Review and Education since 2010. Prior to 2010, she held various nursing positions and developed educational materials for medical review.

Ms. Glasgow earned a Bachelor of Science degree in Nursing from the University of Maryland.

Ms. Glasgow has nothing to disclose.

Maria Goebert, PhD, MS

Dr. Goebert has worked with PRI, a federal contractor, since 2009, as a Sr. Health Policy Researcher. Her contributions to Medicare program evaluations emphasize qualitative information, such as patient engagement, care coordination, and non-medical supports.

Dr. Goebert is the lead evaluation researcher for the first Prior Authorization Demonstration Evaluation. She made adjustments to the initial evaluation design and is leveraging the Office of Management and Budget (OMB) approval of a series of telephonic interviews with ordering physicians, suppliers, advocates, government agencies, beneficiaries and their families, etc., to uncover qualitative perspectives, observations, and opinions, that are otherwise unavailable from claims for Power Mobility Devices (PMDs). The evaluation work includes training interviewers, designing an evaluation database, a synthesis analysis plan, communication and outreach to stakeholders, and keeping the Centers for Medicare & Medicaid Services (CMS) informed of challenges and proposed solutions, interviews, and quantitative and qualitative data analysis.

Dr. Goebert's experience includes several years as a medical social worker in hospitals, home health agencies, geriatric care management. She also has experience as solutions analyst at the National Council on Aging (NCOA) and lead researcher for the provider satisfaction survey for evaluating Medicare Administrative Contractors (MACs).

Dr. Goebert developed the Medical Reviewer Training Manual for the 7th QIO SOW, conducted a study of Medicare providers' satisfaction with the performance of their MACs. She conducted concurrent and retrospective utilization review in two hospitals, and discharge planning for thousands of families.

Dr. Goebert earned a Doctor of Philosophy (PhD) degree in Healthcare Administration with a concentration in qualitative research that explains the long-term impacts of regulations on stakeholder groups, including the effect of Prior Authorization requirements on beneficiary access at Warren National University. Her dissertation was about the impact that Medicare Part D policies have on state Medicaid programs.

Dr. Goebert also earned a Master of Science Degree in Health Services at Central Michigan University, which included an in-depth study of the reasons for unnecessary, permanent nursing home placement for Medicare beneficiaries, and a Bachelor of Science degree in Social Work at Shepherd College.

Dr. Goebert has nothing to disclose.

Becky Gunderson, MSN

Ms. Gunderson has been employed by Noridian, a Medicare Administrative Contractor (MAC) and prior Fiscal Intermediary (FI) for 25 years. She has held numerous positions within the company and currently is the Manager for the Medicare Part A and B Medical Review area.

Ms. Gunderson is a registered nurse with a background in acute care and skilled nursing facility services. She has developed education for Medicare providers and physicians for Part A and Part B in various formats such as printed materials, web-based training courses and slide presentations. She has conducted many seminars, teleconferences and one-on-one training sessions for Medicare Part A and B on billing and coverage.

Ms. Gunderson earned a Master of Science degree in Nursing from the University of Mary.

Ms. Gunderson has nothing to disclose.

Michael Handrigan, MD

Dr. Handrigan has been employed by the Centers for Medicare & Medicaid Services (CMS) as the Medical Director for the Provider Compliance Group within the Office of Financial Management since May 2013.

Dr Handrigan has developed educational materials for Medicare providers on Parts A and B in various formats, such as printed materials, courses, and slide presentations.

Dr Handrigan earned a Medical Doctorate degree at Albany Medical College.

Dr Handrigan has nothing to disclose.

Charlene Harven, MPA

Ms. Harven has been employed by the Centers for Medicare & Medicaid Services (CMS), as a nurse consultant, since August 2010. She specializes in the the area of durable medical equipment. Ms. Harven has presented at previous Medical Review Operational Conferences on topics such as the Recovery Audit Contractor (RAC), Medicare Administrative Contractor (MAC) Collaboration Plan, and Therapy Updates.

Ms. Harven earned a Master of Public Administration degree in Health Administration from the University of Baltimore and a Bachelor of Science degree in Nursing from the University of Maryland Baltimore.

Ms. Harven has nothing to disclose.

Jessica Hicks, MSN

Ms. Hicks has been employed by Novitas Solutions, Inc., a Medicare Administrative Contractor, since September of 2014, as a Supervisor of Medical Review in the Prior Authorization Department. She provides oversight of the clinical review staff responsible for conducting complex pre-payment reviews and rendering decisions for prior authorization requests.

Ms. Hicks has 18 years of clinical nursing experience that includes over 10 years in leadership and mentoring roles.

Ms. Hicks earned a Master of Science degree in Nursing Leadership and Management at Walden University.

Ms. Hicks has nothing to disclose.

Darlene Higginbotham, RN

Ms. Higginbotham has been employed by First Coast Service Options, Inc. (First Coast), a Medicare Administrative Contractor (MAC), since May, 1999. She has served as the Director of Medicare Program Integrity, responsible for medical review, local coverage determination (LCD) development, Zone Program Integrity (ZPIC) and Comprehensive Error Rate Testing (CERT) support, since 2006. She has also served as the designated J9 MAC ZPIC Liaison since 2009.

Ms. Higginbotham's leadership role expanded in 2013 to include Provider Enrollment. Prior to her tenure at First Coast, Ms. Higginbotham served as Director of Nursing for a Skilled Nursing Facility (SNF) for over seven years. Her past clinical experience includes SNF, Intensive Care Unit (ICU)/Critical Care Unit (CCU), and Emergency Room nursing.

Ms. Higginbotham has worked in the Medicare coverage and medical review arena since 1999. During this time, she has developed education for Medicare providers and other stakeholders regarding Program Integrity issues involving Medicare Parts A and B, using various formats such as printed materials, web-based training (WBT) courses, and slide presentations.

Ms. Higginbotham has been a registered nurse for 29 years and is credentialed by the American Nurses Credentialing Center (ANCC) in Gerontological Nursing.

Ms. Higginbotham earned a Bachelor of Science degree in Management at Bellevue University and an Associate of Science degree in Nursing at Florida Community College of Jacksonville.

Ms. Higginbotham has nothing to disclose.

Kimberly Hrehor, MHA

Ms. Hrehor has over 20 years of experience in healthcare, including health information management and performance improvement, and is certified in healthcare compliance. She is employed as a Project Director with TMF Health Quality Institute (TMF), where she manages a contract for the Centers for Medicare & Medicaid Services (CMS) that develops and distributes provider-specific data reports to Medicare Administrative Contractors (MACs), Fiscal Intermediaries (FIs), and providers.

Ms. Hrehor has delivered both in-person and web-based presentations at local, state, and national conferences. She has published articles in the Journal of Health Care Compliance,

BC Advantage Magazine, and the Journal of the American Health Information Management Association.

Ms. Hrehor earned a Master of Health Administration degree and a Bachelor of Science degree in Health Information Management from Texas State University San Marcos. She also earned a Bachelor of Science degree in Secondary Education from the University of Texas at Austin. Ms. Hrehor has nothing to disclose.

Doris M. Jackson, MA

Ms. Jackson is currently employed by the Centers for Medicare & Medicaid Services (CMS) as a Health Insurance Specialist. She has over 35 years of experience working in the clinical and administrative segments of healthcare.

During her extensive career, Ms. Jackson has presented numerous topics associated with nursing and gerontology.

Ms. Jackson earned a Masters of Arts degree in Gerontology at the College of Notre Dame of Maryland and a Bachelor of Nursing degree from the University of Maryland.

Ms. Jackson has nothing to disclose.

Elaine K. Jeter, MD

Dr. Jeter has vast experience in pathology and laboratory medicine and has worked as a Medical Director with Palmetto GBA for 10 years. Her experience with Palmetto GBA includes serving as Medical Director for the Jurisdiction 1 Medicare Administrative Contractor (MAC) MoIDx program, Jurisdiction 11 MAC Medical Director, and Medical Director for the South Carolina Medicare Part B Carrier.

Dr. Jeter earned her Medical Degree at the Medical University of South Carolina (MUSC). She is certified by the American Board of Pathology in Anatomical and Clinical Pathologist with subspecialty boards in Blood Banking and Transfusion Medicine. Dr. Jeter also earned a Bachelor of Science degree in Biology and Marine Science at the State University of New York at Genesee.

Dr. Jeter has nothing to disclose.

Allison Johnson, RN

Allison Johnson has been employed by the Centers for Medicare & Medicaid Services (CMS) since September 2012. Prior to joining, CMS, she practiced nursing at Wellspan York Hospital and the University of Maryland Medical Center. Her clinical specialties is Oncology, primarily focused on Leukemia and Lymphoma.

Ms. Johnson has experience conducting medical reviews on both power mobility device (PMD) and inpatient hospital claims. She currently works on the Accuracy Project, Inpatient Team, Operational Meeting Team, and serves as the Supplemental Medical Review Contractor (SMRC) Business Function Lead (BFL) for CMS.

Ms. Johnson earned a Bachelor of Science degree in Nursing from Millersville University and an Associates Degree in Nursing from Harrisburg Area Community College.

Ms. Johnson has nothing to disclose.

Della Johnson, RN

Della Johnson has been employed by the Centers for Medicare & Medicaid Services (CMS) as a Nurse Consultant, since September 2012. She is currently the Business Function Lead (BFL) for Medicare A/B Medicare Administrative Contractor (MAC) Jurisdictions 6, 15 and K.

Ms. Johnson earned a Bachelor of Science degree in Nursing from University of Phoenix.

Ms. Johnson has nothing to disclose.

Robert E. Kettler, MD

Dr. Kettler has been employed by Wisconsin Physicians Service (WPS), a Medicare Administrative Contractor (MAC), as an Administrative Law Judge (ALJ) physician since December 2012. Prior to joining WPS, Dr. Kettler served on the Wisconsin Contractor Advisory Committee for 12 years.

Dr. Kettler also served on the faculty of the Medical College of Wisconsin in Milwaukee, Wisconsin, as an associate professor of anesthesiology. As a teaching physician, he provided instruction in a variety of settings, including operating rooms, pain clinics, small group discussions, lectures, journal clubs, and local, state, and national meetings.

Dr. Kettler earned his Doctor of Medicine degree at the Medical College of Wisconsin. He is board certified in anesthesiology and has been in practice for 36 years.

Dr. Kettler has nothing to disclose.

Mary King-Maxey

Ms. King-Maxey has been employed by National Government Services, a Medicare Administrative Contractor (MAC), as a Medical Review Manager, since October 2013. For seventeen years, from July 1996 through January 2013, she was employed by the Pennsylvania Department of Health. At the Department of Health, Ms. King-Maxey worked with various maternal and child health programs and managed several other public health programs. As program manager, she conducted trainings and seminars on various topics for contractors, education professionals, and healthcare professionals.

Ms. King-Maxey earned a Bachelor of Arts degree in Psychology with a Minor in Business from Shippensburg University.

Ms. King-Maxey has nothing to disclose.

Ed Knapp, RN

Mr. Knapp has been employed by NHIC, a Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC), as Medical Review Manager, since February, 2012. He is responsible in assisting Jurisdiction A Durable Medical Equipment Medicare Administrative Contractor (DME MAC) with lowering the Comprehensive Error Rate Testing (CERT) Error Rate for and ensuring that payment is made for claims that are reasonable and necessary.

From June, 2010 through January, 2012, Mr. Knapp was employed as a Clinical Nurse Analyst, working on complex medical review claims, at NHIC. His professional experience also includes

working as a floor nurse in a variety of clinical settings, including psychiatry, medical-surgical, and critical care, from June 1996 through June 2010.

Mr. Knapp has been involved with in-person seminars for DME providers, web-based training sessions, Ask-the-Contractor teleconferences, and presentations at the DME Advisory Council.

Mr. Knapp earned a Bachelor of Science degree in Nursing, Magna Cum Laude, from the University of Massachusetts.

Mr. Knapp has nothing to disclose.

Jean Kundering, RN

Ms. Kundering has been employed by National Government Services, a Medicare Administrative Contractor (MAC), as a Manager of Medical Review, since August 2012. She has over 30 years of nursing experience and was employed by Anthem, a private health insurance organization, as a Case Manager, a Medical Review Nurse, and a Medical Review Manager, from January 1989 through August 2012.

Ms. Kundering has conducted slide presentations in a variety settings for providers, nurses, and non-clinical associates. She has conducted one-on-one training for new Medicare Part A Medical Review Managers, served as a panelist for a case management seminar, and participated in Provider Outreach and Education (POE) sessions with the provider community.

Ms. Kundering earned a Bachelor of Science degree in Nursing at the University of Wisconsin Milwaukee.

Ms. Kundering has nothing to disclose.

Charina Ann Lacson, RN

Ms. Lacson has 19 years of Medicare Medical Review experience and has been the Medical Review Supervisor for Palmetto GBA, a Medicare Administrative Contractor (MAC), since March 2015. Her clinical nursing experience includes working in inpatient care, geriatrics and utilization review settings. She previously held medical reviewer and training and quality assurance coordinator positions. .

Ms. Lacson earned a Bachelor of Science degree in Nursing at the University of Santo Tomas.

Ms. Lacson has nothing to disclose.

Robin Leigh, RN

Ms. Leigh is the Director of Medical Review for Palmetto GBA, a Medicare Administrative Contractor (MAC). She has 11 years of Medicare Medical Review experience with Palmetto GBA working for the Title XVIII Ohio/West Virginia, Railroad Retirement Board and Jurisdiction 11 A/B Medicare Administrative Contractor (MAC) contracts. Her current responsibilities include oversight of the Medical Review activities for Part A, Part B, and Home Health and Hospice (HHH) within Jurisdiction 11 A/B MAC.

Ms. Leigh has extensive experience analyzing data and developing creative solutions to effect provider behavior and limit resource needs. Her clinical nursing background includes inpatient care and home health case management settings.

Ms. Leigh earned a Bachelors of Science degree in Nursing from Capital University.

Ms. Leigh has nothing to disclose.

Connie Leonard, MBA

Ms. Leonard She began her career at the Centers for Medicare & Medicaid Services (CMS) in the Office of Financial Management, in 1999. She is the Deputy Director for the Provider Compliance Group under the Office of Financial Management. Ms. Leonard's current responsibilities include oversight of the Recovery Audit Program, Error Rate Measurement and the agency's prior authorization efforts. For over five years prior to serving her current position, Ms. Leonard served as the Director of the Division of Recovery Audit Operations, where she was responsible for implementing the Recovery Audit Program nationwide.

Ms. Leonard earned a Master of Business Administration degree with a Specialization in Management from Loyola College in Maryland and a Bachelor of Arts degree in Psychology from the University of Baltimore.

Ms. Leonard has nothing to disclose.

Tim Lewis, MSN

Mr. Lewis has been employed by AdvanceMed, a Zone Program Integrity Contractor (ZPIC), since October 2011. He is currently the Medical Review Project Manager for ZPIC Zone 5. Mr. Lewis previously held Lead Claims Review Analyst and Medical Review Supervisor positions at AdvanceMed. Prior to coming to AdvanceMed, he worked as the Director of Clinical Services for a hospice in Nashville, TN. In his position with the hospice, he provided one-on-one education to Medicare providers regarding hospice regulations, developed training materials, and conducted training for hospice providers.

Mr. Lewis has developed Medicare Part A and B educational materials for the Medical Review, Data, and Program Integrity staff at AdvanceMed using slide presentations, printed materials, teleconferences, and one-on-one training.

Mr. Lewis earned a Master of Science degree in Nursing at Western Governors University.

Mr. Lewis has nothing to disclose.

M-R

Anna Mackevicius, RN

Ms. Mackevicius is the Program Manager for medical prior authorization of power mobility devices (PMD) evaluations at Provider Resources Inc. Her prior work experience includes serving as a Director of Medical Review for InteriGuard, LLC and Medical Review Manager for Cigna Medicare.

Ms. Mackevicius earned a Bachelor of Science degree in Nursing at the University of Nebraska Medical Center.

Ms. Mackevicius has nothing to disclose.

Jennifer McCormick

Ms. McCormick has been employed by the Centers for Medicare & Medicaid Services (CMS) as a nurse consultant, since September, 2012. She has been the Lead of the Reason Statements Project since its inception.

Ms. McCormick earned a Master of Science degree in Nursing and Nursing Informatics at the University of Maryland.

Ms. McCormick has nothing to disclose.

Martha McKinney, RN

Ms. McKinney has been employed by Palmetto GBA, a Medicare Administrative Contractor (MAC) and Specialty Medicare Administrative Contractor (SMAC), since March 2014. She currently holds the position of Medical Review Manager for the Railroad Medicare contract. From December of 1999 through December 2004, she held the position of Program Integrity Manager for Tricare with PGBA, a subsidiary of Blue Cross Blue Shield of South Carolina (BCBSSC), and her team was awarded Case of the Year in 2003.

Ms. McKinney has been a psychiatric nurse for 36 years and has been a certified psychiatric and mental health Nurse for 26 years. Her extensive nursing experience includes working in legal nurse consulting, utilization review, and psychiatric services.

Ms. McKinney earned a Bachelor of Health Science degree in Health Professions at the Medical University of South Carolina.

Ms. McKinney has nothing to disclose.

Jennifer McMullen, JD

Ms. McMullen has been employed by the Centers for Medicare & Medicaid Services (CMS), as a Health Insurance Specialist, in the Office of Financial Management, since June 2005. She is a member of the prior authorization team and helped with the rollout of the models. Ms. McMullen has been involved with presentations on CMS Open Door Forums that shared information about prior authorization with the provider community.

Ms. McMullen earned a Juris Doctorate degree at the University of Pittsburgh School of Law with a focus on Health Law.

Ms. McMullen has nothing to disclose.

George G. Mills Jr., MA

Mr. Mills is an expert in Medicare integrity issues. He joined the Centers for Medicare & Medicaid Services (CMS) in 1986 and has been a member of the Senior Executive Service since January 2009. In September 2013, Mr. Mills became the Deputy Director of the Office of

Financial Management. Prior to serving in this capacity, he served as the Director of the Provider Compliance Group.

Mr. Mills earned a Master of Arts degree in Political Science at the University of Illinois-Chicago.

Mr. Mills has nothing to disclose.

Jill Nicolaisen

Ms. Nicolaisen has worked in the Medicare program integrity area for over 20 years. In January 2013, she began working for the Centers for Medicare & Medicaid Services (CMS), as the Director of the Division of Medical Review & Education, where she oversees the Medicare Administrative Contractor (MAC) medical review program. Prior to holding this position, Ms. Nicolaisen served as Director of the Division of Error Rate Measurement, overseeing the Comprehensive Error Rate Testing (CERT) program.

Ms. Nicolaisen has developed informational material in a variety of formats and conducted video and teleconference training for the provider community.

Ms. Nicolaisen earned an Associate of Arts degree in Business from Anne Arundel Community College.

Ms. Nicolaisen has nothing to disclose.

Michael Parrozzo, RN

Mr. Parrozzo is a registered nurse and has extensive experience with Medicare Part B medical review, data analysis and policy development. He is currently employed by Cahaba, the Jurisdiction J Medicare Administrative Contractor (MAC), as the Medical Review Part B Unit Manager, since 2014. Prior to assuming his current role, he worked as a Part B Medical Review Nurse for seven years.

Mr. Parrozzo's nursing experience includes working for a Children's Hospital as a Charge Nurse overseeing a Pediatric Transplant Unit and seven years of acute hospital management and leadership experience.

Mr. Parrozzo earned a Bachelor of Science degree In Nursing at the University of Alabama in Birmingham (UAB).

Mr. Parrozzo has nothing to disclose.

Mark David Pilley, MD

Dr. Mark Pilley, MD, AAFP, AADEP, ABQAURP, is currently serving as Medical Director for Strategic Health Solutions, LLC (SHS). He has more than 17 years of experience in Medicare, including development of local coverage determinations (LCDs) and applying Medicare benefit coverage guidelines and medical policies in performance of Medicare claim determinations and audits.

As the Medical Director for SHS, Dr. Pilley's responsibilities include providing support and subject matter expertise to staff performing medical review audits and reports, and monitoring the consistency and accuracy of medical review determinations. Dr. Pilley assists with providing oversight of quality assurance activities and providing medical expertise with regard to benefit

integrity matters. He also provides subject matter expertise for Medicaid Provider Outreach and Education (POE).

Dr. Pilley is a Co-Lead on the Centers for Medicare & Medicaid Services (CMS) Electronic Submission of Medical Documentation (esMD) and Author of Record (AoR) Workgroups for implementation of electronic requests and receipt of medical documentation related to Medicare beneficiary services. He currently participates on esMD Community Teleconferences and Centers for Medicare & Medicaid Services (CMS) Open Door Forums (ODFs) when requested.

Dr. Pilley has more than 17 years of experience developing educational presentations for Medicare Internal Medical Review (MR) staff and Provider Outreach and Education conferences. He has presented at multiple Contractor Medical Director (CMD) and Medical Review Manager Conferences over the last 15 years. Dr. Pilley served as the CMD Agenda Chairman from 1999 through 2003. He has conducted POE presentations regarding Medicare Parts A, B, durable medical equipment (DME), and home health and hospice (HHH) benefit coverage law, rules, and regulations.

Dr. Pilley earned his Doctor of Medicine degree from the University of Missouri.

Dr. Pilley has disclosed that he is teaching faculty and a Board member at the American Academy of Disability Evaluation Physicians (AADEP), a member of the speaker's bureau for the National Procedure Institute, performs Independent Medical Examinations for legal council, Workers Compensation, Social Security Disability for the state of NE, and the Hy-Tech Weight Loss Clinic Medical Director.

Deborah L. Ricker, RN

Ms. Ricker has been employed by the Centers for Medicare and Medicaid Services (CMS) as a Nurse Consultant in the Division of Medical Review and Education (DMRE), since January 2010. As a Nurse Consultant, she works closely with the Medicare Administrative Contractors (MACs) and medical societies on issues concerning medical review.

Ms. Ricker is responsible for writing the objectives for the Medical Review Operational Meeting (MROM) and develops the post-assessment test for the training.

Ms. Ricker earned a Master of Science degree in Nursing from the University of Maryland at Baltimore.

Ms. Ricker has nothing to disclose.

S-Z

Karen Sabharwal, MPH

Ms. Sabharwal has been employed by TMF Health Quality Institute, since March 1995. She has 20 years experience analyzing Medicare claims data and other healthcare associated data for quality improvement and program integrity. In her current role as Senior Analytic Consultant, Ms. Sabharwal studies Medicare reimbursement policy and analyzes administrative claims data to design comparative billing reports for healthcare providers across the country.

Ms. Sabharwal has presented findings of her analysis and conducted training sessions through presentations, teleconferences and web-based training on multiple occasions.

Ms. Sabharwal earned a Master of Public Health degree in Epidemiology and Biostatistics at the University of California Berkeley and a Bachelor of Arts degree in Microbiology at the University of Texas Austin.

Ms. Sabharwal has nothing to disclose.

Sandie Salisbury, MBA

Ms. Salisbury has been employed by Noridian Healthcare Solutions (Noridian), a Medicare Administrative Contractor (MAC), as the Pricing, Data Analysis and Coding (PDAC) Manager of Reports and Analysis, since June 2010. Prior to joining Noridian, Ms. Salisbury was employed as a Healthcare Data Analyst, with Noridian Mutual Insurance Company, a subsidiary of Blue Cross Blue Shield of North Dakota (BCBSND), from January 2009 through June 2010.

Ms. Salisbury has presented the team's analytic results at the Durable Medical Equipment (DME) Coordination Meetings, since 2010.

Ms. Salisbury earned a Master of Business Administration degree in Healthcare Administration at South University and a Bachelor of Science degree in Statistics and Applied Psychology at St. Cloud State University.

Ms. Salisbury has nothing to disclose.

Neil Sandler, MD

Dr. Sandler recently joined CGS Administrators as Chief Medical Officer for Part A Medicare and Home Health and Hospice. He practiced emergency medicine and internal medicine for 15 years. His administrative experience spans 19 years on the payer side and includes serving as a Medical Director for a large managed care company focused on managing commercial, managed Medicare and managed Medicaid populations. He also held a Medicare Contractor Medical Director position, a Medical Director position for a payment policy and clinical editing company, where he managed payment policy for over 55 billion in annual claim volume, and a consultant position to both the pharmaceutical and medical device industry and the investment community.

Dr. Sandler has extensive experience reviewing clinical records, assessing those records for compliance with documentation requirements as it relates to coverage, coding and payment. He has provided medical direction for medical review programs in a number of different venues and has been intimately involved in IRR programs and quality improvements relating to claims adjudication based upon medical review.

Dr. Sandler earned a Doctorate in Medicine at New York Medical College and became board certified in internal medicine in 1985.

Dr. Sandler has nothing to disclose.

Dan Schwartz

Mr. Schwartz has been employed by Centers for Medicare & Medicaid Services (CMS), since 1996. Most of his time has been spent as a technical advisor and manager in the Division of

Medical Review and Education. Mr. Schwartz has served as a subject matter expert, technical advisor, and manager for approximately 15 years. His experience includes working on CMS budget and Agency Planning initiatives, and managing the Provider Compliance Group's Data Analysis, Compliance and Technology Division.

Mr. Schwartz has chaired numerous forums, and established a number of initiatives that are national in scope. He has spoken and participated in numerous Medical Review (MR) manager and other medical review related conferences throughout his career.

Mr. Schwartz earned a Master's Degree in Applied Behavioral Science from Johns Hopkins University.

Mr. Schwartz has nothing to disclose.

Julie Seely MD

Dr. Seely has been employed by the Comprehensive Error Rate Testing (CERT) contractor as a Medical Director, since June 2014. She is board-certified in Obstetrics and Gynecology and has extensive experience in multi-specialty medical review. Dr. Seely's past positions include Senior Medical Director positions at Evolent Health and Bravo Health, a Medicare Advantage company of Cigna Health.

Dr. Seely earned her Doctor of Medicine degree at Tufts University School of Medicine.

Dr. Seely has nothing to disclose.

Katie Shequen, RN

Ms. Shequen has been with Noridian Healthcare Solutions, a Medicare Administrative Contractor (MAC) for Jurisdiction D Durable Medical Equipment (DME), since 2010. Her responsibilities include management of Medical Review for both Jurisdiction D DME and Jurisdictions E and F Part B.

As the Medical Review, CERT and Provider Outreach and Education (POE) Manager, Ms. Shequen participates in the efforts to address the Comprehensive Error Rate Testing (CERT) findings and educating providers/suppliers on Medicare policy requirements to reduce improper payments.

Ms. Shequen earned a Bachelor of Science degree in Nursing from Minnesota State University Moorhead.

Ms. Shequen has nothing to disclose.

David P. Sheridan, MD

Dr. Sheridan has been both the Project Lead and Medical Director for the AdQIC, since 2004. In this capacity, he is responsible for the proper control of administrative appeal files, production of statistics from the Medicare Appeal System, referral of case files to the Medicare Appeals Council, and education of multiple parties in the appeals process and function. His previous experience includes employment with Palmetto GBA, as a Medicare Part B Contractor Medical Director (CMD), from March 1994 through September 2004.

Dr. Sheridan taught and practiced Preventive Medicine from 1976 through 1994. He has presented information about Medicare appeals and statistics on numerous occasions to Medicare contractors, the Medicare Appeals Council, and the Association of Health Lawyers.

Dr. Sheridan earned a Doctor of Medicine degree and Board Certification in Preventive Medicine from the University of Iowa. He also earned a Master's Degree in Biostatistics and Epidemiology from the Medical College of Wisconsin.

Dr. Sheridan has nothing to disclose.

Debbie Skinner

Ms. Skinner has been employed by the Centers for Medicare & Medicaid Services (CMS), as a Health Insurance Specialist in the Division of Medical Review and Education, for 40 years. Throughout her career, she has written program instructions and regulations for medical review and has been planning the Medical Review Operational Meetings (MROM) for over 10 years.

Ms. Skinner has nothing to disclose.

Katy Striewe, MSM, RN

Ms. Striewe has been employed by NGS, a Medicare Administrative Contractor (MAC), as a Medical Review Manager, since July 2014.

Ms. Striewe earned a Master of Science degree in Nursing and Management at Indiana Wesleyan University. She also earned a Master of Science degree in Biology and Bachelor of Science degree in Nursing at Indiana State University.

Ms. Striewe has nothing to disclose.

Janice Torres, MBA, RN

Janice Torres has been employed by the Centers for Medicare & Medicaid Services (CMS), as a Nurse Consultant in the Division of Medical Review and Education, under the Office of Financial Management's Provider Compliance Group, since February 2010. Ms. Torres is a Subject Matter Expert in the area of durable medical equipment and a Business Function Lead (BFL) for two Durable Medical Equipment (DME) Medicare Administrative Contractors (MACs).

Throughout her career, Ms. Torres has been responsible for developing curriculum related to health care, Medicaid services, and staff development. She has created educational materials in formats such as slide presentations and printed materials. In addition, she has conducted workshops, in-service training, teleconferences, and one-on-one training on topics related to health care and Medicare requirements for coverage of durable medical equipment.

Ms. Torres earned a Master of Business Administration degree from the University of Phoenix, Bachelor of Science degree in Nursing from the University of Maryland.

Ms. Torres has nothing to disclose.

Marilyn Tracy, RN

Ms. Tracy has been employed by NGS, a Medicare Administrative Contractor (MAC), since September 2013. She is currently the Manager of Grievance and Appeals Medical Review for

Jurisdiction K. She also worked as a Nurse Reviewer for Part A Home Health and Hospice, from September 2013 through April 2015.

Ms. Tracy earned her Bachelor of Science degree in Nursing at the University of Maryland Baltimore, Walter Reed Center.

Ms. Tracy has nothing to disclose.

Nicci Warner

Ms. Warner has over 28 years Medicare Operational experience and has held multiple positions throughout her career. She has held the Director of Prior Authorization position at Novitas Solutions, Inc., a Medicare Administrative Contractor (MAC), since July 2014. Ms. Warner's professional experience includes serving as Director of Medicare Provider Enrollment and Director of Medicare Appeals with First Coast Service Options.

Ms. Warner earned a Bachelor of Science degree in Business Administration at California Coast University.

Ms. Warner has nothing to disclose.

Lendi Watkins, RN

Ms. Watkins is the Medicare Part B Supervisor for Medical Review at Palmetto GBA, a Medicare Administrative Contractor (MAC). She has three years of Medicare Medical Review experience with Palmetto GBA, working on the Jurisdictions 1 and 11 Medicare Administrative Contractor (MAC) and Railroad Retirement Board contracts. Her current responsibilities include day-to-day management of the Medical Review activities for Part B and the Prior Authorization Model.

Ms. Watkins has 10 years of nursing experience. Her clinical background includes working in operating/recovery room, level 2 emergency room trauma center, and utilization review settings.

Ms. Watkins earned a Bachelor of Science Degree in Economics at Francis Marion University and an Associates Degree in Nursing at Florence-Darlington Technical College.

Ms. Watkins has nothing to disclose.

Cynthia (Cyndi) Wellborn, RN

Ms. Wellborn has worked at Palmetto GBA, a Medicare Administrative Contractor (MAC), as the Lead analyst for the Comparative Billing Reports (CBR) Project, since June of 2014. During her tenure on the CBR Project, she has been responsible for developing the coverage and documentation overview sections of the CBR letters and webinar presentations.

Prior to coming to Palmetto GBA, Ms. Wellborn worked for the South Carolina Department of Health and Human Services, as a Nurse Auditor in the Program Integrity Unit, where she was responsible for investigations of abusive and fraudulent billings submitted to the state Medicaid program.

Ms. Wellborn's professional experience also includes working as a nurse reviewer for the Recovery Audit Contractor (RAC) Demonstration project and Medicare medical review, utilization review, and case management for Blue Cross Blue Shield of South Carolina (BCBSSC). In these

positions, she was responsible for creating educationally oriented provider letters for the provider community.

Ms. Welborn earned an Associate in Health Science degree in Nursing at Midlands Technical College.

Ms. Welborn has nothing to disclose.

Molly Wesley

Molly Wesley has been employed by eGlobalTech, a Centers for Medicare and Medicaid Services (CMS) contractor, as a Senior Consultant, since November 2013. In this role, she serves as a Communications Specialist on the Comparative Billing Report (CBR) Project. Prior to joining eGlobalTech, she was employed by Panacea Consulting Inc., as a Customer Advocacy Consultant, with the Department of Labor (DOL) and by Science Applications International Corporation (SAIC) as a Web Analyst, on a Department of Homeland Security (DHS) project.

Ms. Wesley leads provider outreach and education (POE), and customer service efforts on the CBR Project. She works with Medicare providers and suppliers each day to answer questions about the CBR program, assists them with navigating the CBR website, and ensures their full understanding of the information provided in each CBR. In addition to these duties, she conducts educational teleconferences and webinars for the CBR Program.

Ms. Wesley earned a Bachelor of Arts degree in Political Science from the University of Illinois.

Ms. Wesley has nothing to disclose.

Heather Wetherson, RN

Ms. Wetherson has worked at the Centers for Medicare & Medicaid Services (CMS), as a Nurse Consultant in the Provider Compliance group, since 2012.

Ms. Wetherson earned Bachelor of Science degrees in Nursing and Nutrition at the University of Maryland.

Ms. Wetherson has nothing to disclose.

Larry Young, MA

Mr. Young joined the Centers for Medicare & Medicaid Services (CMS) in September 1988, as an analyst in the Dallas Regional Office (RO), where he worked in a variety of different Medicare program operation areas including beneficiary services, Medicare Secondary Payer policy, and Medicare managed care. During a brief three year sojourn into the private sector, he worked for Kaiser Permanente and Sierra Health Service's managed care plan in Dallas as their Medicare Compliance Officer and Director of Compliance, respectively.

Upon his return to CMS in late 1999, Mr. Young served in a number of Medicare Fee-For-Service (FFS) operational positions with increasing responsibility. He initially became involved in claim utilization and data-analysis and database management. Afterwards, he began serving as a Government Task Leader (GTL) responsible for overseeing and managing Medicare Program Safeguard Contractors (PSC) for the States of Florida, Texas, Maryland, and Virginia. Mr. Young also served as the Medicare Technical Advisor for the initial Medicare & Medicaid data-matching

projects designed to detect fraud by using both Medicare and Medicaid claim data together to profile provider billing and utilization practices.

Mr. Young's tenure in the Medicare Contractor Management Group (MCMG) started with his participation in the Medicare Incentive contract pilot in 2002, followed by his work as the inaugural DME MAC Project Officer for Jurisdictions C & D. He has served as Director of the Southern Medicare Administrative Contractor (MAC) Program Management Division from January 1, 2009 through November 2014, where he led a number of pioneering activities including development of operational oversight metrics and processes for the new MACs, and serving as the Technical Evaluation Panel chair for the Jurisdictions J-H MAC procurement, the largest MAC procurement and implementation in the agency's history. He served as Acting Director of MCMG from December 2013 to April 2014.

Mr. Young earned a Master of Arts degree in American Literature at Texas Christian University and a Bachelor of Arts degree in Business Administration at Austin College.

Mr. Young has nothing to disclose.

Lynne Zaccaria, JD, MSN

Ms. Zaccaria has been employed by the Centers for Medicare & Medicaid Services (CMS), since May 2015, as a Nurse Consultant. Her professional background includes nearly five years of Medicare experience at the Supplemental Medical Review Contractor (SMRC), Recovery Audit Contractor Program (RAC) and Qualified Independent Contractor (QIC) level of appeal as a reviewer, clinical trainer, Quality Assurance (QA) specialist, manager and appeals specialist. She also has a background in managed care and regulatory compliance.

Ms. Zaccaria has a medical legal background with experience in the Medicare system and managed care arenas. As an attorney, she practiced in the areas of medical and health related law as well as Regulatory Compliance. She is a member of the CMS Regulations Team, Accuracy Project and Review Consistency Workgroup.

Ms. Zaccaria has conducted and developed clinical training, held teleconferences and delivered one-on-one training for medical review nurses and associated staff.

Ms. Zaccaria earned a Juris Doctorate degree at the University of Oklahoma and a Master of Science degree in Nursing at Villanova University.

Ms. Zaccaria has nothing to disclose.

Katherine Zaharopoulos, MSN

Katherine Zaharopoulos has been employed by CGS Administrators, LLC, a Medicare Administrative Contractor (MAC), as a Director of Durable Medical Equipment (DME) Medical Review, since June 2010. Prior to her employment at CGS Administrators, she worked in Operations and Quality Improvement at various commercial health plan organizations.

Ms. Zaharopoulos has led the Medical Review activities for the Jurisdiction C DME MAC contractor for the last five years and has been an active participant in the DME Comprehensive Error Rate Testing (CERT) Collaboration Workgroup.

Ms. Zaharopoulos earned a Master of Science degree in Nursing from University of Phoenix.

Ms. Zaharopoulos has nothing to disclose.

