

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

**Medical Review Operational Meeting
June 10-12, 2014
CE Activity Information & Instructions**

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Activity Information

Activity Description:

The goal of this activity is to educate A/B and DME MAC physicians and medical review staff regarding updates to existing Medicare policies, new Medicare policies, medical review issues and collaboration between the MACs.

Target Audience:

This activity is designed for A/B and DME MAC physicians and medical review staff.

Learning Objective:

At the end of this meeting, the participant will be able to identify three ways to protect the Medicare Trust Fund and three Medicare-Fee-For-Service requirements to ensure correct coding, coverage and billing.

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 end 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.

A-F

Fernando C. Alvarez

Fernando Alvarez has been working with the Centers for Medicare & Medicaid Services Center for Program Integrity, in the Miami Field Office, since early 2013. From 2010 through 2013, Mr. Alvarez worked for the Zone Program Integrity Contractor (ZPIC) for Zone 7 as the Fraud Prevention System Team Manager.

Mr. Alvarez has vast program integrity experience with Medicare Part A, Part B, durable medical equipment (DME) and Home Health Medicare laws, Regulations, and administrative actions including fraud and abuse laws. Mr. Alvarez has provided technical advice to the CMS Fraud Prevention System since 2011.

Mr. Alvarez earned a Juris Doctorate, graduating Cum Laude from the Saint Thomas University School of Law.

Mr. Alvarez has nothing to disclose.

Earl Berman, MD

Dr. Earl Berman is the Contractor Medical Director for PRG-Schultz International, Inc.. He has been in the practice of general internal medicine for over 20 years in diverse practice environments. He has practiced in large multi-specialty groups/clinics, urban private practice, rural private practice, sports medicine, student health, hospice, nursing homes, and assisted living.

Dr. Berman's administrative experience includes being a managing partner in an internal medicine group, managing a five county sports medicine practice, hospice medical director, Medicare CMD for Part B GA, RAC CMD for PRGX auditing 14 states for Medicare and other private/government contracts, and now CMO for CGS.

Dr. Berman is a Fellow in the American College of Physicians. was ABIM certified in 1991 and recertified in 2001 as well as achieving a basic certification in Hyperbaric Medicine in 1990 and an advanced certification in 1992.

Dr. Berman earned his Doctor of Medicine degree from the Medical College of Georgia. He has a Bachelor of Science degree in Microbiology from the University of Georgia as well as a Master of Arts degree in Liberal and Professional Studies - Leadership.

Dr. Berman has nothing to disclose.

Rosalind Bordain

Rosalind Bordain has been employed by Advance Med/NCI, a Zone Program Integrity Contractor (ZPIC), as the Medical Review Manager, since April 2011. From March 2010 through April 2011, she was a subject matter expert and lead claim analyst at the ZPIC. She was previously employed from 1989 through 2009 at National Government Services (NGS), a Fiscal Intermediary (FI), in a variety of positions. Her last position at NGS was the Medical Review (MR) Manager for Part A and Part B.

Ms Bordain has developed and presented education for Medicare providers and National Organizations on Medicare's coverage and guidelines for Home Health and Hospice services. She has also developed and presented education on Medicare's Home Health and Hospice coverage for law enforcement and internal departments at Advance Med.

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

Ms. Bordain has nothing to disclose.

Amie Boucher

Amie Boucher has been employed by National Government Services (NGS), a Medicare Administrative Contractor (MAC), as Medical Review Manager, since May 2013. From May 2009 through May 2013, she was employed as the Medical Review Lead by the organization. Previously, from March 1998 through May 2009, she was a Nurse Reviewer for Benefit Integrity and Medical Review at Associated Hospital Services, Fiscal Intermediary (FI). Ms. Boucher earned a Bachelor of Science Degree in Nursing from Saint Joseph's College.

Ms. Boucher has nothing to disclose.

Amy Brokaw

Amy Brokaw has been employed with Wisconsin Physicians Service (WPS), a Medicare Administrative Contractor (MAC), since September 2007. From September 2006 through September 2007, she was employed with Mutual of Omaha and Wisconsin Physicians Service Insurance Corporation (WPS) as a Senior Nurse Analyst and the Part A Medical Review Manager, when it was a Fiscal Intermediary (FI). Her current responsibilities include oversight and direction for the WPS Medicare Part A and B Medical Review activities for Jurisdictions 5 and 8.

Ms. Brokaw has developed and presented education for healthcare staff and Medicare providers for Parts A and B in various formats, such as printed materials and slide presentations. She has conducted in-person education and presented at teleconferences on topics that include quality, customer service, collaboration between healthcare providers, and best practices.

Ms. Brokaw earned an Associate Degree of Nursing and Registered Nurse license in 1993 from Pensacola Junior College.

Ms Brokaw has nothing to disclose.

Vicki Chitwood

Vicki Chitwood has been employed by the Center for Medicare & Medicaid Services (CMS) as a Nurse Consultant in the Office of Financial Management, Provider Compliance Group, Division of Medical Review and Education, since January 2011.

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

Ms Chitwood has nothing to disclose.

Joseph Christ

Joseph 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 his Master's Degree from American Military University. He also has a degree in television and radio production and previously worked for Dick Clark Productions in Burbank, California.

Mr. Christ has nothing to disclose.

Becky Clearwater, DPT

Dr. Becky Clearwater has been employed at AdvanceMed, the Zone Program Integrity Contractor (ZPIC) for Zone 5, since May 2003. She currently oversees special issues with the Department of Justice and is a subject matter expert in therapy services. She has previously been responsible for education, training and appeals at the ZPIC. Prior to her work with AdvanceMed, Dr. Clearwater was a subcontractor for a fiscal intermediary.

Dr. Clearwater has developed and presented education and training materials for various contractors in the Medicare program and the Centers for Medicare & Medicaid Services (CMS). She has also presented information on fraud waste and abuse to the professional organization for physical therapy. In addition, Dr. Clearwater has taught and been a guest lecturer at various Universities within California.

Dr. Clearwater earned a Doctorate of Physical Therapy at Western University of Health Sciences and a Master's Degree in Epidemiology from California State University Northridge.

Dr. Clearwater has nothing to disclose.

Stephanie Coffman

Stephanie Coffman is the Manager of Medical Review for Palmetto GBA. Ms. Coffman has 17 years of Medicare Medical Review experience with Palmetto GBA working on the Title 18 DME Region C contract, Title 18 Part A, Home Health and Hospice Contract, J1 A/B MAC Contract, and currently J11A/B MAC Contract. Her current responsibilities include oversight and management of the Data/Strategy activities for Part A, Part B, and Home Health/Hospice within the Jurisdiction 11 MAC.

Her clinical background includes inpatient care, operating room, and physician office. Ms. Coffman is a Registered Nurse and has experience in analyzing data, communicating to providers the granular errors identified during the review process and educational information to prevent those errors in the future.

Ms. Coffman is originally from West Virginia where she received her Bachelor of Science degree in Nursing degree from West Virginia University.



Ms. Coffman has nothing to disclose.

Dr. James Cope, MD

Dr. Cope is the Medical Director of National Government Services, LLC, Medicare Part A. Prior to joining the National Government Services, Dr. Cope 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 served as a Physician Advisor for the Wisconsin Peer Review Organization for six years. He was Contractor Medical Director for UGS (later NGS) for 11years. He has been with AdvanceMed's CERT program since 2010.

Dr Cope earned his Doctor of Medicine Degeree from the University of Maryland in 1981. He completed his residency in family practice at St. Luke's Hospital in Milwaukee, WI, and he became board certified in family practice in 1984 and in emergency medicine in 1991. Dr. Cope completed a residency in Family Medicine, and practiced Emergency Medicine for 14 years.

Dr. Cope has nothing to disclose.

Kasey Curtis

Kasey Curtis is employed by eGlobalTech, an Arlington, VA-based professional services firm which provides various IT and community/ provider support services to CMS. He is the Project Director for CMS's Comparative Billing Report program, which gives providers a look into their billing practices and how they compare with state and national peer groups for selected services.

Mr. Curtis provided consulting services to the Federal government for the past eight years, and for firms such as SRA and IBM. His portfolio of projects includes developing and executing managerial workforce training for the Federal Emergency Management Agency. He and his team conduct regular briefings for providers to educate them on the usage of the Comparative Billing Reports (CBRs), and serve as the primary point of contact for CBR-related inquiries from the medical community.

Mr Curtis earned a masters degeree in Economica and International Finance from Syracuse University in 2004.

Mr Curtis has nothing to disclose.

Jennifer Dupee

Jennifer Dupee is employed as a Health Insurance Specialist within the Division of Error Rate



Measurement. Jennifer worked at Johns Hopkins Hospital for 8 years before joining CMS in 2011.

Ms. Dupee is a Health Insurance Specialist within the Division of Error Rate Measurement. Jennifer has developed and presented education to Medicare providers, suppliers, and other stakeholders on a variety of topics.

Ms. Dupee earned her Juris Doctorate degree from the University of Maryland and she earned Master's degrees in Nursing Administration and Business Administration from Johns Hopkins University.

Ms. Dupee has nothing to disclose.

Lois Duran

Ms. Duran is currently employed by Cahaba GBA, the J10 Medicare Administrative Contractor (MAC), serving as the Medical Review Manager. She has served in this capacity since 2001 when Cahaba was the Fiscal Intermediary (FI). Prior to her employment with Cahaba, Ms. Duran worked for the Alabama QIO reviewing inpatient medical records for the Payment Error Prevention Plan (PEPP). Additionally, she has 23 years of acute hospital management and leadership experience.

Ms. Duran is a registered nurse and has served as the Medical Review Manager for the past 13 years with extensive supervisory experience in Part A inpatient and outpatient services. She has served as the subject matter expert and presenter on educational panels and hospital association meetings.

Ms. Duran earned a Master of Public Health (MPH) degree in Healthcare Organization and Policy from University of Alabama in Birmingham (UAB) and Registered Nurse diploma from St. Vincent's School of Nursing.

Ms. Duran has nothing to disclose.

Brian Elza, DPT

Commander Brian Elza has been employed by CMS since August 2008, where he has served in multiple roles within the Recovery Audit Program. He is currently the Acting Director of the Division of Recovery Audit Operations.

Commander Elza received his Doctor of Physical Therapy degree from the University of Maryland, Baltimore School of Medicine. He has practiced physical therapy in acute inpatient hospital, outpatient hospital, Skilled Nursing Facility, and outpatient clinic settings. He is a Board Certified Orthopedic Clinical Specialist; and, he has been the National Lead for approving all Fee-for-service (FFS) Recovery Auditor reviews.

Commander Elza has nothing to disclose.

Laurie Feinberg, MD

Dr. Feinberg has been employed by the US Department of Justice's Civil Division for over four years. Prior to that, she worked at the Centers for Medicare & Medicaid Services (CMS) and Department of Health and Human Services (HHS) for over 20 years with a focus on various aspects of Medicare policy.

Dr. Feinberg has worked with Joan Hartman, JD, an Assistant US Attorney In Detroit, and a team from Acumen LLC for the past 3 years in developing and refining the database to be presented.

Dr. Feinberg earned her Doctor of Medicine (MD) degree from Mayo Medical School and earned a Master of Public Health Degree in Health Policy and Management from Harvard School of Public Health.

Dr. Feinberg has nothing to disclose.

G-L

Jill Garver

Jill 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 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.

Andrea Glasgow

Andrea 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.

Atul Goel, MD

Atul Goel has been employed by Palmetto GBA as a Contractor Medical Director since February

2014. His clinical background includes staff physician with an HMO, private solo medical practice, and active duty Flight Surgeon in the United States Air Force. His administrative background includes Social Security disability adjudication and military physical disability adjudication.

Dr. Goel has extensive experience in translating regulations to operational success in the military and government environments. He has given training in community colleges, medical schools, grand rounds, and in hour presentations to clinicians (nurses, physicians, etc.).

Dr. Goel earned his Doctor of Medicine degree from State University of New York (SUNY) Upstate Medical University.

Dr. Goel has nothing to disclose.

Becky Gunderson

Becky Gunderson has been employed by Noridian, a Medicare Administrative Contractor (MAC) and prior Fiscal Intermediary (FI) for 24 years. She has had numerous jobs within the company and currently is the Manager over the Part A and B Medical Review area. She is a registered nurse with a background in acute care and skilled nursing facility. In 2011, she received her Master's Degree in Nursing from the University of Mary.

Ms. Gunderson has developed education for Medicare providers and physicians for Part A and 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 for Medicare Part A and B on billing and coverage.

Ms. Gunderson has nothing to disclose.

Joan E. Hartman

Joan Hartman is an Assistant U.S. Attorney and the Civil Health Care Fraud Case Coordinator for the United States Attorney's Office for the Eastern District of Michigan (Detroit). She was formerly the Assistant Director of the Civil Frauds Section at the U.S. Department of Justice in Washington DC.

Ms. Hartman has been the lead, together with Dr. Laurie Feinberg, in developing fraud surveillance data for DOJ. She received a Special Commendation from the Department of Justice Civil Division in December 2013, as well as a Director's Award from the national Executive Office of U.S. Attorney's for Superior Performance, and the United States Attorney's award for Outstanding Service on behalf of the Eastern District of Michigan, all in part for her use of data analytics to identify and investigate health care fraud.

Ms. Hartman earned a Juris Doctorate degree from Yale Law School.



Ms. Hartman has nothing to disclose.

Charlene Harven

Charlene Harven has been employed by CMS as a nurse consultant since August 2010. She has presented at previous MR Operational Conferences on topics such as RAC/MAC Collaboration Plan and Therapy Update.

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.

Bernice Hecker, MD

Dr. Bernice Hecker has worked in Medicare as a Medical Director since June 2003. She is employed by Noridian Healthcare Solutions as the Medicare Contractor Medicare Medical Director for Parts A and B in 11 Western and Mid-western states. She is a Diplomate of the American Board of Anesthesiology and former Board examiner.

Dr. Hecker has delivered medical care in a variety of practice settings including overseas on isolated duty with the Navy, in the rural south with the National Health Service Corps, in academia, and in a vertically-integrated private Clinic/Medical Center with an internationally-recognized anesthesiology residency program. She has performed bench and clinical research and has multiple research publications. She also consulted for and later acted as Medical Director of the non-profit American Medical Foundation for Quality Review; been a consultant to industry on electronic health records and non-governmental insurance companies; and works with CMS, OIG and FDA on a routine basis.

Dr. Hecker earned a Doctor of Medicine degree from the University of Washington School of Medicine. She also has a Master of Healthcare Administration degree from the University of Washington.

Dr. Hecker has nothing to disclose.

Darlene Higginbotham

Darlene Higginbotham has been employed by First Coast Service Options, Inc. (First Coast), a Medicare Administrative Contractor (MAC), from May, 1999 through present. She has served as the Director of Medicare Program Integrity (Medical Review, LCD development, ZPIC/CERT Support) since 2006. She has also served as the designated MAC J9 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. Past clinical experience includes SNF, ICU/CCU, and Emergency Room nursing.

Ms. Higginbotham has been a Registered Nurse in the State of Florida for 29 years and is credentialed by the American Nurses Credentialing Center (ANCC) in Gerontological 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 earned a Bachelor of Science degree in Management from Bellevue University and an Associate of Science degree in Nursing from Florida Community College of Jacksonville.

Ms. Higginbotham has nothing to disclose.

Kimberly Hrehor

Kimberly Hrehor is a Project Director with TMF Health Quality Institute (TMF). She manages a contract with CMS to develop and distribute provider-specific data reports to Medicare Administrative Contractors (MACs), Fiscal Intermediaries (FIs), and providers. She has over twenty years of experience in health care, including health information management and performance improvement, and is certified in healthcare compliance.

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

Doris Jackson has over 35 years of experience working in the clinical and/or administrative segment of health care. During her extensive career, she has presented numerous topics focused on her expertise associated with nursing and gerontology.

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

Ms. Jackson has nothing to disclose.

Allison Johnson

Allison Johnson has been employed by the Centers for Medicare & Medicaid Services (CMS) since September 2012. She practiced nursing at Wellspan York Hospital and the University of Maryland Medical Center. Her speciality was Oncology. Primarily Leukemia and Lymphoma. For CMS, Ms. Johnson works on the Accuracy Project, SMRC BFL, Inpatient Team, and Operational Meeting Team.

Ms. Johnson has been working closely with the lead on the Accuracy Project. She has been conducting medical review on both PMD claims and Inpatient hospital claims. In addition, Ms. Johnson is part of the Inpatient Team who manages the Inpatient Probe and Educate process.

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

Ms. Johnson has nothing to disclose.

Della Johnson

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 A/B 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.

Mary King-Maxey

Mary King-Maxey has been employed by National Government Services, a Medicare Administrative Contractor (MAC), from October 2013 to the present, as a Manager of Medical Review. For seventeen years, from July 1996 through January 2013, she was employed by the Pennsylvania Department of Health. Ms. King-Maxey has worked with various Maternal and Child Health Programs and managed several public health programs. In her capacity as program manager, she has conducted trainings and seminars on various topics.

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

Ms. King-Maxey has disclosed that she is an employee of National Government Services.

Ed Knapp

Ed Knapp has been employed by NHIC, a Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC), from February, 2012 to the present, as Medical Review

Manager. From June, 2010 through January, 2012, he was employed as a Medical Review Nurse Analyst. In the capacity of Medical Review Manager, Mr. Knapp is responsible in assisting Jurisdiction A (DME MAC) to help lower the CERT Error Rate for DME and ensuring that payment is made for DME claims that are reasonable and necessary.

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

Mr. Knapp earned a Bachelor of Science, with high honors, in Nursing from the University of Massachusetts.

Mr. Knapp has nothing to disclose.

Mollie Knight

Mollie Knight has been employed by the Centers for Medicare & Medicaid Services (CMS) as a senior economist in the Office of the Actuary, since March 2003. She has worked extensively with the Medicare Cost Report (MCR) data to develop the CMS market baskets used to update Prospective Payment System (PPS) payments. She has also worked with CMS contractors whom use the MCR data for policy analysis.

Ms. Knight earned a Bachelor of Science degree in Business Administration from Towson University.

Ms. Knight has nothing to disclose.

Patrick Lally

Patrick Lally has been employed by National Government Services (NGS), a Medicare Administrative Contractor, as a Manager of Medical Review, since March 1, 1999. He was employed in the same capacity from May 1991 through February 28, 1999, when NGS was a Part B Carrier. Mr. Lally has developed and managed the current pilot program since it started in March 2013.

Mr. Lally earned a Bachelor of Arts degree in Political Science from Bloomsburg University.

Mr. Lally has nothing to disclose.

Deborah Larwood

Deborah Larwood has been employed at the Centers for Medicare & Medicaid Services (CMS) since 2000 and has worked in the Medicare Prescription Drug Benefit Program since November 2004. She is the Part D policy technical advisor, and a subject matter expert in Part D coordination of benefits, including coordination with other payers such as hospices, ESRD dialysis facilities, and PACE organizations. She is also a member of the National Council for



Prescription Drug Programs (NCPDP).

Ms. Larwood has developed regulations and policy guidance for State Medicaid agencies on Medicaid quality and Medicare Part C and D plan sponsors. She has conducted training sessions and teleconferences and delivered presentations on Medicare Part D regulations and policy, including Part D and hospice coordination.

Ms. Larwood earned a Doctor of Management degree and a Master of Business Administration degree from the University of Maryland.

Ms. Larwood has nothing to disclose.

Robin Leigh

Robin Leigh is the Director of Medical Review for Palmetto GBA. She has eleven years of Medicare Medical Review experience with Palmetto GBA working for the Title 18 Ohio/West Virginia, Railroad Retirement Board and Jurisdiction 11 A/B MAC contracts. Her current responsibilities include oversight of the Medical Review activities for Part A, Part B and HHH within Jurisdiction 11 A/B MAC.

Ms. Leigh is a Registered Nurse and has experience in analyzing data and developing creative solutions to effect provider behavior and limit resource needs. Her clinical background includes inpatient care and home health case management.

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

Ms. Leigh has nothing to disclose.

Hillary Loeffler

Hillary Loeffler is currently a Technical Advisor in the Division of Home Health & Hospice within the Chronic Care Policy Group at the Centers for Medicare & Medicaid Services (CMS). She is responsible for developing, evaluating, and implementing Medicare payment policy for home health agencies and hospices. Prior to joining CMS in August of 2010, Ms. Loeffler was a Senior Analyst for the Health Care team at the U.S. Government Accountability Office (GAO), where she led research projects that examined aspects of the Medicare program at the request of Congress.

Ms. Loeffler has developed regulations and policy guidance on Medicare payment for home health and hospice. She has also delivered presentations on Medicare home health and hospice regulations and policy.

Ms. Loeffler earned a Master of Public Policy degree from the University of Denver.

Ms. Loeffler has nothing to disclose.



M-R

Marissa Malcolm

Marissa Malcolm has been employed by the Centers for Medicare & Medicaid Services (CMS) as a health insurance specialist, since 2009. She was the special assistant to the Director of the Provider Compliance Group and is now on a detail as the Acting Deputy Director of the Division of Error Rate Measurement.

Ms. Malcolm is well versed in the Medicare Fee for Service (FFS) Medical Review Program and the Improper Payment Measurement Program.

Ms. Malcolm earned a Master of Public Health degree in Health Policy and Management from Columbia University Mailman School of Public Health.

Ms. Malcolm has nothing to disclose.

Jennifer McCormick

Jennifer McCormick has been employed by the Centers for Medicare & Medicaid Services (CMS) as a nurse consultant, since September, 2012. She has been the lead on the reason statements project since the inception of the project.

Ms. McCormick earned a Master of Science in Nursing (MSN) degree in Nursing Informatics from the University of Maryland.

Ms. McCormick has nothing to disclose.

Greg McKinney, MD

Dr. Greg McKinney has served as the Medical Director of Medicare Part A at Cahaba GBA, LLC since February 2001. Recently he began serving as the Contractor Medical Director of Cahaba GBA's Home Health & Hospice Contract.

Dr. McKinney earned his Doctor of Medicine degree from the Medical College of GA. He was in private practice for seven years before earning his Master of Business Administration degree from the University of Alabama Birmingham.

Dr. McKinney has nothing to disclose.

Stacie R. McMichel

Stacie McMichel joined the National Government Services team as a Customer Service Representative, in 1996. During her 18 year tenure, Ms. McMichel has served many roles within National Government Services. She has first hand experience with customer service



and seven years of experience with the durable medical equipment hearings team, both as a hearing officer and team lead. In 2005, Ms. McMichel joined the Jurisdiction B DME MAC Provider Outreach and Education Team. Her experience with the provider community, first-rate attorneys, members of congress, a variety of advocacy agencies and Medicare beneficiaries provided her with an exceptional mix of training, knowledge, experience and professionalism.

Ms. McMichel's responsibilities with National Government Services include developing educational resources for DMEPOS suppliers, conducting seminars, developing website content, hosting Webinars and teleconferences, providing one on one training for DMEPOS suppliers, partnering with national and state associations to disseminate Medicare resource and provide educational sessions.

Ms. McMichel has nothing to disclose.

Thaya Morant

Thaya Morant has been an employe CGS Administrators, a Medicare Administrator Contractor, in various capacities, since August, 1999. She has worked in the Medicare arena for fourteen years as a fraud investigator, quality auditor and member of management. She also served as the Medical Review lead for three contract transitions during the Medicare Administrative Contractor (MAC) cycle. Ms. Morant currently serves as the Part B Manager for Jurisdiction 15, which covers Ohio and Kentucky.

Ms. Morant works closely with the Medical Review team to ensure providers are educated on issues identified through data analysis and probe findings. She also works with Provider Outreach and Educational representatives, the Contractor Medical Director and other areas of the organization to assist with provider educational efforts.

Ms. Morant earned a Bachelor of Arts degree in Organizational Management from Trevecca Nazarene University.

Ms. Morant has nothing to disclose.

Jill Nicolaisen

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

Ms. Nicolaisen has developed informational material in a variety of formats and conducted

video and teleconference training for providers.

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

Ms. Nicolaisen has nothing to disclose.

Gary Oakes, MD

Dr. Gary Oakes has served as a Contractor Medical Director with Noridian Healthcare Solutions since November 2012 and served with a previous contractor from October 2005 through May 2012. He previously served as a Medical Director for two commercial medical insurers. He has significant experience with Medicare which includes the writing of local coverage determinations and articles. He has provided teaching services to both internal and external customers both in Medicare, medicine and with the National Disaster Medical Service.

Dr. Oakes earned his Doctor of Medicine degree from the University of Tennessee. He is Board Certified in Family Medicine and served as a Senior Medical Officer with the United States Navy during Desert Shield/Desert Storm.

Dr. Oakes has nothing to disclose.

Leslie O'Neal

Leslie O'Neal has been employed by Health Integrity, a Zone Program Integrity Contractor (ZPIC) as the Medical Review Manager, since 2009. In this capacity she has been a part of numerous health care fraud investigations. Prior to that, she was employed by TrailBlazer Health Enterprises, when it was the Jurisdiction 4 Medicare Administrative Contractor (MAC).

Ms. O'Neal's past experience at the Jurisdiction 4 MAC was concentrated in the areas of medical policy and medical review. Her clinical experience includes liver, kidney and pancreas transplants, medical-surgical ICU, and vascular surgery.

Ms. O'Neal earned a Bachelor of Science degree in Nursing from the University of Texas at Arlington. She also earned Certified Professional Coder credentials from the American Academy of Professional Coders (AAPC).

Ms. O'Neal has nothing to disclose.

Laura Pandl

Laura Pandl has been employed by National Government Services (NGS), a Medicare Administrative Contractor (MAC) as a Medical Review Manager, since July, 2013. From April, 1987 through June, 2013, she was employed by NGS as a Medical Review Specialist and Nurse Lead in the Home Health & Hospice area.



Mrs. Pandl has been a member of the HHH Collaboration Workgroup since its inception February 2013.

Ms. Pandl earned a Bachelor of Science degree in Nursing from Marquette University. She also earned her Certified Professional Coder-Hospital® (CPC-H®) credentials from the American Academy of Professional Coders (AAPC) and is working on updating the certification to ICD-10.

Ms. Pandl has nothing to disclose.

Jennifer Phillips

Jennifer Phillips has been employed by the Centers for Medicare & Medicaid Services (CMS) as a Nurse Consultant, since November 2010. Before joining CMS, she practiced as a clinical staff nurse in both inpatient hospital and outpatient clinic settings.

Ms. Phillips assisted in the development of the "2-Midnight" benchmark and has been actively involved in contractor implementation and provider outreach.

Ms. Phillips earned both a Juris Doctorate degree and Bachelor of Science degree in Nursing from Rutgers University.

Ms. Phillips 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 sixteen 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, his responsibilities include providing support and subject matter expertise in performing medical review audits and reports, and monitoring the consistency and accuracy of medical review determinations. He assists with providing oversight of quality assurance activities and providing medical expertise with regard to benefit integrity matters. He also provides subject matter expertise in support of Medicaid Provider Outreach and Education (POE). He is also participating as a Co-Lead on the CMS esMD and Author of Record (AoR) Workgroups for implementation of electronic requests and receipt of medical documentation.

Dr. Pilley has more than 16 years of experience developing educational PPT presentations for Medicare Internal Medical Review (MR) staff and Provider Outreach and Education conferences. He has presented at multiple Contractor Medical Director (CMD) and MR



Manager Conferences over the last fourteen years. Dr. Pilley served as the CMD Agenda Chairman from 1999 through 2003. He currently participates on esMD Community Teleconferences and Centers for Medicare & Medicaid Services (CMS) Open Door Forums (ODFs) when requested. He has provided 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.

Kay Rankin, M.D.

Kay Rankin, M.D. has served as the Medical Director, for Health Integrity, LLC., Zone Program Integrity Contracts (ZPIC) Zone 4 for the past two-and-a half years. Her prior work experience includes being a medical director with a major health plan and 15 years of private practice experience.

Dr. Rankin has conducted small group trainings on Medicare Part B and Medicaid. She has given a presentation on ZPIC Reviews at a national Academy of Professional Coders (AAPC) meeting. She has also been a part of numerous health care fraud investigations.

Dr. Rankin earned her Doctor of Medicine degree from the University of Iowa College of Medicine.

Dr. Rankin has nothing to disclose.

Deborah L. Ricker

Deborah L. Ricker has been employed as a Nurse Consultant by the Centers for Medicare and Medicaid Services (CMS) in the Division of Medical Review and Education (DMRE) since January 2010.

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

Ms. Ricker has nothing to disclose.

Debra Riegel

Debra Riegel has been employed by Novitas Solutions from May, 2009 to the present. She is

currently in the role of Interim Part A Medical Review Manager. Prior to this role, she was a Clinical Outcomes Consultant. From July, 2005 through May, 2009, she served as the Medical Review Manager for SafeGuard Services (formerly EDS).

Ms. Riegel has over twenty years of nursing experience and eighteen years of Medicare experience. In both her role as the Clinical Outcomes Consultant at Novitas Solutions and Medical Review Manager at SafeGuard Services, she developed and conducted educational sessions for the Medical Review and Appeals Department staff. She has also written educational articles for the Novitas website and participated in Provider Outreach and Education seminars and podcast broadcasts.

Ms. Riegel earned a Master of Science degree in Nursing in Nursing Administration and Gerontology Nurse Practitioner from the University of Pennsylvania. She also earned Certified Registered Nurse Practitioner certification in Pennsylvania.

Ms. Riegel has nothing to disclose.

S-Z

Joy Sam

Joy sam has been employed by the Centers for Medicare & Medicaid Services (CMS) as a Health Insurance Specialist, since May 2001. From August 2000 through September 2006, she worked as an Accountant, Financial Management Specialist for CMS.

Ms. Sam is the Contractor Office Representative (COR) for the CMS Standards & Interoperability (S&I) Lead Contractor for esMD. She has developed education for Medicare providers and review contractors for the Electronic Submission of Medical Documentation (esMD) program. She has conducted seminars, teleconferences, and one-on-one training for Health Information Handlers, Review Contractors and Chief Financial Officers for The Centers for Medicare and Medicaid.

Ms. Sam earned a Juris Doctorate degree from the University of Maryland. She also earned a Bachelor of Science degree in Accounting from Morgan State University and is a Certified Public Accountant in Maryland.

Ms. Sam has nothing to disclose.

Sarah Schoff

Sarah Schoff has been employed by the Centers for Medicare & Medicaid Services (CMS) as a Nurse Consultant in the Division of Error Rate Measurement, since March 2011. She has been a member of the Comprehensive Error Rate Testing (CERT) team for almost 3 years and has played an active role as the CERT team's durable medical equipment (DME) liaison. She stays



up to date on DME related current issues, new review guidelines, and education.

Ms. Schoff earned a Bachelor of Science degree in Nursing from Towson University.

Ms. Schoff has nothing to disclose.

Dan Schwartz

Dan 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. In addition, he has worked on CMS budget and Agency Planning initiatives, and managed the Provider Compliance Group's Data Analysis, Compliance and Technology Division.

Mr. Schwartz has served as a subject matter expert, technical advisor, and manager for approximately 15 years. He has chaired numerous forums, and established a number of initiatives that are national in scope.

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

Mr. Schwartz has nothing to disclose.

Susanne Seagrave

Dr. Susanne Seagrave has led the development of inpatient rehabilitation facility (IRF) payment and coverage policy at the Centers for Medicare & Medicaid Services (CMS), since 2004. Prior to that, she worked on skilled nursing facility payment policy at the Medicare Payment Advisory Commission and on Medicare policy issues at the Government Accountability Office.

Dr. Seagrave has nearly ten years of experience with Medicare's inpatient rehabilitation facility payment and coverage policies. She led team the drafting new regulations regarding inpatient rehabilitation coverage policies in January 2010 and has conducted several training teleconferences on the policies.

Dr. Seagrave earned a Ph.D in Economics from the University of California, San Diego.

Dr. Seagrave has nothing to disclose.

Patricia Sevast

Patricia Sevast is currently a Nurse Consultant at the Centers for Medicare & Medicaid Services (CMS), in the Survey and Certification Group of the Center for Clinical Standards and Quality (CCSQ). Ms. Sevast's primary responsibilities are in the area of Home Health, which includes survey and certification policy issues, interpretation of the Conditions of Participation,

surveyor training, enforcement, OASIS enforcement and OASIS training.

Prior to joining CMS, Ms. Sevast was a Manager with American Express Tax and Business Services and has been in the field of home health care for over 40 years. She has experienced all aspects of home health care as a provider, manager, and administrator. Her years of experience include administrative positions in hospital-based, not-for-profit, proprietary, and voluntary providers. She also held the position of Director of Quality Systems at the largest home care agency in Maryland.

Ms. Sevast consults for other departments within CMS in areas relating to home health, including the Quality Measures Development group, the Center for Medicare (CM), and the Office of Financial Management (OFM). As a consultant Ms. Sevast has assisted agencies with Medicare coverage issues, denial and appeal issues, billing processes, information systems requirements, and all aspects of home health agency administrative and clinical operations.

Ms. Sevast has assisted agencies with preparation for survey and certification, coverage audits and JCAHO survey preparation. She has provided educational seminars on the new Medicare Prospective Payment System, Business Reengineering, Medicare compliance, OASIS, OBQI, Coding, and Performance Improvement.

Ms. Sevast earned a Bachelor's Degree in Nursing from Seton Hall University and a Certificate in Home Health Care Administration from Catholic University.

Ms. Sevast has nothing to disclose.

Katie Shequen

Katie Shequen has been with Noridian Healthcare Solutions, a Medicare Administrative Contractor (MAC) for Jurisdiction D Durable Medical Equipment, since 2010. As the Medical Review, CERT and Provider Outreach and Education (POE) Manager, she participates in the efforts to address the Comprehensive Error Rate Testing (CERT) findings and educating providers/suppliers on Medicare policy.

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

David Sheridan, MD, MS, PMP has been employed as the Project and Medical Director of the Administrative QIC, a Qualified Independent Contractor, to perform Medicare appeals, since 2004. He was previously employed by Palmetto GBA, a Medicare Carrier, as a Part B Contractor Medical Director (CMD) from March 1994 through September 2004.



Prior to becoming a Part B CMD, Dr. Sheridan taught and practiced Preventive Medicine. 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.

Brian Simonson

Brian Simonson is a Vice President at the Lewin Group, a Healthcare Consulting firm in Falls Church Virginia. He has been the Chief Statistician for the CERT program for the past 13 years. Mr. Simonson also serves as the Chief Statistician for PERM, the Medicaid improper payment measurement program. In addition, he also serves as the Executive Statistician for the Department of Veteran's Affairs improper payment measurement program.

During his tenure at the Lewin Group, he has developed and published a specialized estimator that is currently used in both CERT and PERM. In addition, he is responsible for constructing the sampling design currently deployed in CERT. He also developed and lead all subsequent revisions to statistical methodology used in PERM.

Mr. Simonson earned his Master's Degree in Statistics from the University of Virginia. His statistical area of expertise includes survey sampling, experimental design, and econometrics.

Mr. Simonson has disclosed that he is a shareholder in UnitedHealth Group.

Debbie Skinner

Debbie Skinner has been employed by the Centers for Medicare & Medicaid Services (CMS) for over twenty years. She currently works as a Health Insurance Specialist in the Division of Medical Review and Education. Throughout her career, Ms. Skinner has written program instructions and regulations for Medical Review.

Ms. Skinner has nothing to disclose.

Linda D Smith

Linda D Smith has been employed by the Centers for Medicare and Medicaid Services (CMS), since June 20, 1999. She has served in many roles within different components of CMS [i.e., Centers for Medicare, Centers for Clinical Standards and Quality, Office of Enterprise Management, Centers for Medicaid and CHIP Services (formerly Centers for Medicaid and State Operations), and the Atlanta Regional Office]. Ms. Smith is currently the Director for the

Analytics Lab Division in the Centers for Program Integrity. Prior to joining the government, Ms. Smith worked in the private sector and state government in the positions of Regional Director for a State Agency; State and Federal Nurse Surveyor; Director of Nursing, Nurse Manager and Administrative/Clinical Area Supervisor in hospital critical care units and emergency rooms. She has received numerous CMS and private sector awards and recognition for her leadership, performance, organizational commitment, and training.

Ms. Smith has more than thirty-two years of administrative and clinical healthcare expertise in management and operations; public health; nursing; healthcare analysis; performance improvement; Medicare and Medicaid regulations, laws, policies, procedures; survey and certification and program integrity; federal oversight and monitoring of State Agency programs and contractors; and standards development at the National and State levels and in the private sector healthcare organizations. Ms. Smith has developed and presented at several conferences representing CMS.

Ms. Smith earned a Master of Science degree in Nursing from the University of Alabama, Master of Business Administration degree from American InterContinental University, and Bachelor of Science degree in Nursing from Albany State University.

Ms. Smith has nothing to disclose.

Margaret "Peg" Stessman

Margaret "Peg" Stessman is president, chief executive officer (CEO), and owner of StrategicHealthSolutions LLC, a Specialty Medical Review Contractor (SMRC). She is also chairwoman of Strategic's Board of Directors. Previously she was responsible for the oversight and management of a Program Safeguard Contract (PSC) company, IntegriGuard, an Omaha-based government contractor that focuses on program integrity and payment accuracy within the Medicare and Medicaid programs.

Ms. Stessman has been actively involved in Medicare medical review related contracts since 2000 and has participated in conferences, training, and the development of educational tools. In 2013, she was named as a member of the University of Iowa Tippie College of Business Advisory Board.

Ms. Stessman earned a Masters of Business Administration degree and a Bachelor of Science in Nursing from the University of Iowa.

Ms. Stessman has nothing to disclose.

Lori Strater

Lori Strater has been employed by Palmetto GBA, a Medicare Administrative Contractor (MAC), since January 2011. She is currently serving as a member of management within the

Jurisdiction 11 MAC Medical Review Department. From October 1995 through January 2011, she was employed in various roles within the Medical Review Department of PalmettoGBA, when the organization was a Regional Home Health and Hospice Intermediary(RHHI).

Ms. Strater has been a registered nurse for more than thirty years. She worked in the Home Health provider community for five years prior to coming to work at Palmetto GBA. Her clinical experience also includes working in hospitals and on cruise ships.

Ms. Strater has presented and prepared educational material for providers, associates and other contractors during her tenure at Palmetto GBA.

Ms. Strater earned an Associate in Science degree in Nursing from Palm Beach State College.

Ms. Strater has nothing to disclose.

Jim Szarzynski

Jim Szarzynski has been employed by CGS Administrators, LLC., the Jurisdiction 15 (J15) Medicare Administrative Contractor (MAC), as Director of Medical Review, since February 2013. From May, 2006 through December, 2012, he was employed in the same capacity by TrailBlazer Health Enterprises, the Jurisdiction 4 (J4) MAC.

Mr. Szarzynski has developed education for Medicare providers on Medicare Part A, Part B, and Home Health and Hospice (HHH) in various formats such as printed materials and slide presentations.

Mr. Szarzynski earned Master of Business Administration (MBA) degree in Business Administration and Management and a Master of Healthcare Administration degree from Texas Woman's University. He also earned a Bachelor of Arts degree in Psychology from the University of Texas at Arlington and possesses certified Project Management Professional (PMP) credentials.

Mr. Szarzynski has nothing to disclose.

Janice Torres

Janice Torres has been employed by the Centers for Medicare & Medicaid Services since February, 2010, as a Nurse Consultant. She is currently working at the Office of Financial Management/ Provider Compliance Group. As a clinician in the Division of Medical Review and Education, Ms. Torres is a Subject Matter Expert in the area of durable medical equipment and a Business Function Lead for two Durable Medical Equipment Medicare Administrative Contractors.

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, and a Register Nurse diploma from the Helene Fuld School of Nursing, Provident Hospital.

Ms. Torres has nothing to disclose.

Rebecca "Becke" Turner

Becke Turner has worked for Palmetto GBA for over seventeen years. In 2005, after nine years as the Focused Medical Review Coordinator, Ms. Turner accepted the Medical Affairs Coordinator position under Dr. Elaine Jeter. In November of 2008, Dr. Jeter and Ms. Turner developed and implemented the Maximum Allowed Units (MAU) innovation to prevent drug billing errors; and, in 2009, the team developed the proposal for the Molecular Diagnostic Program known as MolDx. Ms. Turner and Dr. Jeter implemented the MolDX Program, in 2011.

Working in conjunction with eGlobalTech, Ms. Turner also acts as the Lead Analyst for Palmetto GBA under the Comparative Billing Reports (CBRs) contract to produce and disseminate CBRs for Medicare providers and suppliers on a national level.

Ms. Turner earned a registered nurse diploma from DePaul Hospital School of Nursing.

Ms. Turner has nothing to disclose.

Pamela Villanyi, MD

Dr. Pamela Villanyi is currently working for the Centers for Medicare and Medicaid Services (CMS) at the Office of Financial Management Provider Compliance Group. Before joining CMS, she worked as a Medicare Auditor with the U.S. Department of Health and Human Services, Office of the Inspector General, Office of Audit Services (OIG/OAS). While at the OIG/OAS, she researched and developed audit topics, provided support to regional audit teams, and completed data mining projects.

Dr. Villanyi earned a Medical Degree from the University of Toronto. She completed a Family Practice Residency and a year of Anesthesia training for Rural Family Practice, and practiced medicine in the United States and Canada. Her medical practice included office practice, hospital coverage, GP anesthesia, Obstetrics, college health center practice, and nursing home care. She is a Fellow of the Canadian College of Family Physicians and member of the American Academy of Family Physicians, and the Maryland Association of Family Physicians.



As a Family Physician, Dr. Villanyi worked in teaching practices and mentored medical students and residents. She was also a speaker at rounds, educational lectures for college students, and prenatal classes. As a member of the team at the Office of Audit Services of the Office of the Inspector General (OIG), Dr. Villanyi presented Part B Scenarios at Healthcare 101 Training for Auditors. She also provided behind-the-scenes support for the Q&A sessions at the annual Health Care Compliance Association conference and prepared proposals for the annual OIG work plan.

Dr. Villanyi also earned a Bachelor of Science in Accounting from the University of Maryland University College Maryland. She is a Certified Public Accountant (CPA) licensed in Maryland and is a member of the American Institute of CPAs and the Maryland Association of CPAs. In addition to the credentials listed above, Dr. Villanyi is also a Certified Professional Coder.

Dr. Villanyi has disclosed that her spouse is employed by Howard County Anesthesia Associates, PA.

Latesha Walker

Latesha Walker has worked at the Centers for Medicare and Medicaid Services (CMS) for over fourteen years in several positions across the agency. She began her career in the Center for Medicare in payment policy and then transitioned to the Office of the Administrator where she served as special assistant to several CMS Senior Executives and Deputy Administrator. In her most recent position, she was employed as Director of the Division of Medical Review from 2009-20013 in the OFM/Provider Compliance Group, where she has served the last year as one of the Technical Advisors. Her primary role is to liaison and conduct provider outreach and education. Prior to working for CMS, she worked as a neurological critical care nurse.

Ms. Walker earned and an Advanced Master's Degree in Health Policy form the University of Maryland, Baltimore and a Bachelor of Science degree in Nursing from Hampton University.

Ms. Walker has nothing to disclose.

Raymond Wedgeworth

Raymond Wedgeworth is currently working for the Centers for Medicare and Medicaid Services (CMS) as Director of the Data Analytics and Control Group in the Center for Program Integrity. He has over fifteen years of experience, in both the private and public sectors, in 'health care research, finance, and health information systems. As a result, he has had the opportunity to lead many ambitious efforts to advance the performance of healthcare programs and systems.

Throughout the course of his career, Mr. Wedgeworth has developed several comprehensive research techniques, tracking systems and databases, to ensure the integrity of health care systems. Over the past year, Mr. Wedgeworth oversaw the continued development

and implementation of several systems and predictive analytics techniques related to the detection and prevention of fraud, waste, and abuse. His group also serves as the focal point for analytics and systems associated with fraud, waste and abuse.

Mr. Wedgeworth earned a Master of Science degree in Qualitative and Quantitative Research Methods from Cleveland State University.

Mr. Wedgeworth 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 joining eGlobalTech, she was employed by Panacea Consulting Inc. as a Customer Advocacy Consultant with the Department of Labor (DOL) and by SAIC as a Web Analyst on a Department of Homeland Security (DHS) project.

As a Communications Specialist with the CBR Program, Ms. Wesley works with Medicare providers and suppliers each day to answer questions about the CBR program, assist with navigating the CBR website, and ensure full understanding of the information provided in each comparative billing report. Ms. Wesley has conducted 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.

Pamela R. West, DPT

Dr. Pamela West has been employed as an Health Insurance Specialist at the Centers for Medicare and Medicaid Services (CMS) Division of Practitioner Services, since July 2002. The Division of Practitioner Services is the CMS Policy Division that oversees the Medicare Physician Fee Schedule's payment and coverage policies for physician and nonphysician practitioners, including rehabilitation therapists.

Dr. West has served as the subject matter expert for issues related to the coding and billing of outpatient therapy services, including physical therapy (PT), occupational therapy (OT), and speech-language pathology (SLP) services, since 2002. She currently serves as the Chair of the CMS-wide Therapy Resources Group and as Co-Chair of the Center for Medicare Seminar Series. She also functions as the lead policy expert for many outpatient therapy issues of coverage and payment and continues to play instrumental roles in implementing and revising regulations related to outpatient therapy issues, including the required functional reporting that was recently implemented through CY 2013 rulemaking process effective January 1, 2013.



While at CMS, Dr. West has developed educational materials and made presentations to other CMS components, CMS contractors, CMS providers, and many professional associations. She has participated in several educational formats, including preparation of printed materials, Web-Based Training courses, and PowerPoint slide presentations.

Dr. West earned a Doctor of Physical Therapy degree from Widener University, a Masters of Public Health degree with an emphasis on health care administration and health policy from the University of Hawaii. She also earned a Bachelor of Science degree and Physical Therapy Certificate from Ohio State University. She held an active physical therapy (PT) license from 1972 through 2010.

Dr. West has nothing to disclose.

Heather Wetherson

Heather Wetherson joined the Centers for Medicare and Medicaid Services (CMS) as a nurse consultant in September 2012. She works in the Division of Medical Review and Education (DMRE) as a member of the Inpatient team and the Accuracy Projects Coordinator. Prior to working for CMS, she worked at Johns Hopkins Hospital as a pediatric home care coordinator and a pediatric research nurse.

Ms. Wetherson's primary focus in the DMRE is coordinating and participating as a nurse reviewer for multiple accuracy projects within the Provider Compliance Group.

Ms. Wetherson earned a Bachelor of Science degree in Nutrition and a Bachelor of Science degree in Nursing from the University of Maryland.

Ms. Wetherson has nothing to disclose.

Alcia Williams, MD

Dr. Alcia Williams is employed as a Medical Officer at the Centers for Medicare and Medicaid Services (CMS). She is a board certified physician and has been working in the clinical and public health arenas since 1990.

Dr. Williams has served in positions that require and effective and critical blending and integration of her expertise in clinical medicine and public health and has extensive experience in assessing the implementation of plans and policies into public health practice, identifying and analyzing issues and their impact on public health policies, providing evidence based strategies and recommendations to improve, overcome and or reduce shortfalls and deficiencies; and in formulating alternative courses of action for the solution to public health issues.

Dr. Williams earned a Doctor of Medicine degree from the University of Massachusetts Medical School.

Dr. Williams has nothing to disclose.

Chris Worrall

Chris Worrall is with the Centers for Medicare and Medicaid Services (CMS) as a Senior Technical Advisor in the Center for Medicare, where he focuses on analysis of utilization and payment in fee for service Medicare. Mr. Worrall was previously employed as a Special Assistant in CMS' Center for Medicare and Office of the Administrator. In this capacity, Chris was responsible for coordinating CMS, FDA, DOJ and additional partner's participation in the DataLink contract, CMS pharmacy outreach, and development of the Emergency Prescription Assistance Program to facilitate access to prescription medications during federally declared emergencies.

Mr. Worrall is currently directing the development and implementation of Medicare's spending variation workgroup. In this capacity, he is responsible for leading a repeatable, cross-agency governance process capable of identifying, prioritizing, analyzing and coordinating agency responses to unwarranted variation in spending or utilization of Medicare covered services. Mr. Worrall has extensive experience monitoring utilization and associated health outcomes for many Medicare benefits; including ESRD, DME competitive bidding, SNF, IRF, Hospice, Home Health and many physician services.

Mr. Worrall earned a Bachelor of Science degree in Information Systems Management and Networking from University of Maryland, Baltimore County.

Mr. Worrall has nothing to disclose.

Katherine Zaharopoulos

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 that, she has held other management roles within the healthcare insurance industry.

Ms. Zaharopoulos has led the Medical Review activities for the Jurisdiction C DME MAC contractor for the last four years and has been an active participant in the DME CERT Collaboration Workgroup.

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

Ms. Zaharopoulos has nothing to disclose.

Continuing Education Credit Available:

The Centers for Medicare & Medicaid Services is evaluating this activity for continuing education (CE) credit. The number of credits awarded will be calculated following the activity based on the actual learning time and will be reflected on the post activity continuing education announcement. Final CE information on the amount of credit and post activity assessment and evaluation instructions will be forwarded to participants after the activity is finished.

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-assessments and evaluations 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. After completing this registration, you will be re-directed to your home page.

To login if you already have an 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 (not the icon next to the title) 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:

1. Click on the Web-Based Training Courses link.
2. At the top of the page on the right-hand side, you will see “Topic.” Scroll through the topics and select “**Medical Review Operational Meeting**” and click “Search.”
3. Find the title of the session you attended and click on the title.
4. Scroll to the bottom of the page. Use the radio buttons to select Certification 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, contact the CMSCE at CMSCE@cms.hhs.gov via e-mail.

