

Region 8 – Denver

**Colorado
Montana**

**North Dakota
South Dakota**

**Utah
Wyoming**

**Office of the Regional Administrator
1600 Broadway, Suite 700
Denver, CO 80202-4367**

The Denver Regional Office (Region 8) should be your initial point of contact for any Medicare, Medicaid, or State Children’s Health Insurance Program issue in the following States: **Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming**

Contact Information: Please use the telephone numbers and e-mail addresses listed below.

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| Regional Administrator for Denver/Kansas City, Jeff Hinson (Acting) | 303-844-2111 | ROREAORA@cms.hhs.gov |
| Deputy Regional Administrator, Denver Regional Office, Diane Livesay | 303-844-2111 | ROREAORA@cms.hhs.gov |

Division of Medicaid and Children’s Health Operations

**FEDERAL OVERSIGHT OF STATE MEDICAID PROGRAMS
AND CHILDREN’S HEALTH INSURANCE PROGRAMS (CHIP)**

The Division of Medicaid and Children’s Health Operations is the local component of the Consortium for Medicaid and Children’s Health Operations that provides comprehensive oversight and technical assistance to State Medicaid and CHIP.

Specific functions include:

- State Plan Amendment Review and Compliance Monitoring
- State Medicaid Financial Management Operations Including Compliance Reviews
- Medicaid Waiver Program Development, Implementation and Monitoring
- CHIP Implementation and Compliance
- Technical Support for State Medicaid Agencies
- Medicaid Management Information System Certifications
- Liaison with State Medicaid Agencies on Native American/Tribal Affairs

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| Associate Regional Administrator, Richard Allen | 303-844-2111 | ROREAORA@cms.hhs.gov |
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Division of Survey and Certification Operations

**CERTIFICATION OF MEDICARE PROVIDERS - PROVIDER QUALITY ASSURANCE - COMPLAINTS
ABOUT PROVIDERS**

The Division of Survey and Certification Operations is the local component of the Consortium for Quality Improvement and Survey and Certification Operations (CQISCO) with overall responsibility for provider quality assurance. CQISCO combines CMS’ quality improvement and quality assurance activities under one umbrella. Survey and Certification responsibilities include:

- Oversight of State agencies responsible for surveys of Medicare providers
- Certification of new providers to participate as Medicare providers
- Assurance of continuity of care in disasters
- Investigation of complaints against providers
- Recertification of providers when ownership changes

(Please note that the Denver Survey and Certification Branch is part of a multi-region Division of Survey and Certification, managed from our regional office in San Francisco. The representatives from Denver should be able to assist you. However, you may also contact the Associate Regional Administrator).

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| Associate Regional Administrator, CAPT Steve Chickering (San Francisco) | 415-744-3679 | ROREAORA@cms.hhs.gov |
| Branch Manager, Dr. Paul Long (Denver) | 303-844-2111 | ROREAORA@cms.hhs.gov |
| Branch Manager, Bernie Fellner (Denver) | 303-844-2111 | ROREAORA@cms.hhs.gov |

Division of Quality Improvement

QUALITY OF CARE IMPROVEMENT INITIATIVES – END STAGE RENAL DISEASE (ESRD) NETWORKS – QUALITY IMPROVEMENT ORGANIZATIONS (QIO)

The Division of Quality Improvement is the local component of the Consortium for Quality Improvement and Survey and Certification Operations (CQISCO) with field responsibility for CMS initiatives aimed at improving the overall quality of medical care received by Medicare beneficiaries. CQISCO combines CMS’ quality improvement and quality assurance activities under one umbrella. This division’s responsibilities include:

- Oversight of quality improvement initiatives and studies undertaken by contracted QIOs
- Contract compliance by QIOs
- Oversight of quality improvement initiatives and studies undertaken by contracted ESRD Networks
- Contract compliance by ESRD Networks
- Provision of technical assistance to ESRD Networks during disasters
- Investigation of beneficiary complaints related to quality of medical care received from beneficiaries, their representatives, and Medicare providers

(Please note that the States in the Denver region are served by two different Divisions of Quality Improvement. The following chart indicates the contact for your State).

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|---|--------------|--|--|
| Colorado | | Utah | |
| Montana | | Wyoming | |
| Associate Regional Administrator, Shane Illies (Acting) (Seattle) | 206-615-2310 | ROSEACSQ@cms.hhs.gov | |
| North Dakota | | South Dakota | |
| Associate Regional Administrator, Teresa Titus-Howard (Kansas City) | 816-426-6355 | ROKCMCSQ@cms.hhs.gov | |

Chief Medical Officer

PHYSICIAN LIAISON – PHYSICIAN QUALITY REPORTING INITIATIVE (PQRI) – VALUE DRIVEN HEALTH CARE (VDHC) INITIATIVES

The Chief Medical Officer (CMO) is also a part of the Consortium for Quality Improvement and Survey and Certification Operations (CQISCO). CQISCO combines CMS’ quality improvement and quality assurance activities under one umbrella and the CMO performs functions under both major responsibilities of the Consortium. The responsibilities of the CMO include:

- Senior clinical representative in each region
- Liaison between CMS and the physician community
- Design and promotion of CMS initiatives requiring significant involvement by the physician community
- Provision physician perspective and leadership on Secretarial initiatives, such as VDHC
- Promotion of participation by physicians in CMS quality initiatives, such as PQRI and the Electronic Health Record demonstration project

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| Mark Levine, MD | 303-844-7070 | MARK.LEVINE@cms.hhs.gov |
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Division of Medicare Health Plans Operations

MEDICARE PART “C”---MEDICARE ADVANTAGE PLANS AND MEDICARE PART “D”---MEDICARE PRESCRIPTION DRUG PLANS

The Division of Medicare Health Plans Operations is the local component of the Consortium for Medicare Health Plans Operations and is responsible for: (1) account management (oversight, market surveillance and first level compliance) of managed care and prescription drug organizations; (2) Part C and D beneficiary casework and (3) outreach to beneficiaries, partners and stakeholders. Specific functions include:

- **Day to day oversight**, guidance and technical assistance to Part C and D plans regarding CMS requirements as well as
- **Reviewing new applications** and service area expansion requests
- Conducting related **site visits**
- Reviewing plan **marketing materials**
- Performing **program audits** of the accounts
- Conducting **outreach** activities
- Managing beneficiary and provider **casework**
- **Market surveillance** – including monitoring agent and broker sales activity
- **Management of relationships** with State Health Insurance Programs, advocates, other stakeholders and State Departments of Insurance

Associate Regional Administrator, Tod Anderson

303-844-2111

ROREAORA@cms.hhs.gov

Division of Financial Management and Fee for Service Operations

ORIGINAL MEDICARE PART “A” (Hospital Insurance) AND PART “B” (Medical Insurance)

The Division of Financial Management and Fee for Service Operations is the local component of the Consortium for Financial Management and Fee for Service Operations (CFMFFSO) and is responsible for:

- Customer service
- Contractor oversight and
- Professional relations

CFMFFSO addresses the needs and concerns of Medicare providers and other stakeholders and Medicare Fee for Service beneficiaries.

Specific subject matter includes:

- Coverage & Payment Inquires/Complaints
- Eligibility/Entitlement/Premium Inquiries
- Medicare Secondary Payer
- Chief Financial Officer
- Bankruptcy / Overpayments
- Appeals
- Medical Review
- Audit and Reimbursement
- Benefit Integrity
- External Audit Resolution
- Outreach and Professional Relations

Associate Regional Administrator, Lisa Goschen (Kansas City)
Branch Manager, Greg Watson

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