Region 3 – Philadelphia

Delaware District of Columbia Maryland	Pennsylvania Virginia West Virginia

Office of the Regional Administrator
Suite 9400, 801 Market Street
Philadelphia, PA 19107

The Philadelphia Regional Office (Region 3) should be your initial point of contact on any Medicare, Medicaid, or State Children's Health Insurance Program issue in the following States:
Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

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

Deputy Consortium Administrator, Nancy O'Connor	215-861-4140	ROPHIORA@cms.hhs.gov
Deputy Regional Administrator, Sharon Graham	215-861-4304	ROPHIORA@cms.hhs.gov

Division of Survey and Certification

CERTIFICATION OF MEDICARE PROVIDERS/SUPPLIERS - PROVIDER QUALITY ASSURANCE - COMPLAINTS ABOUT PROVIDERS/SUPPLIERS

The Division of Survey and Certification is the local component of the Consortium for Quality Improvement and Survey and Certification Operations (CQISCO) with overall responsibility for assuring ongoing quality of service delivery by Medicare institutional providers/suppliers. CQISCO combines CMS' quality improvement and quality assurance activities under one umbrella. The Division of Survey and Certification responsibilities include:

- Oversight of State agencies related to survey, certification and enforcement of Medicare providers/suppliers
- Certification of new providers/suppliers to participate in the Medicare/Medicaid programs
- Recertification of providers/suppliers
- Investigation of complaints against providers/suppliers
- Assurance of continuity of care in disasters
- Collaborates with the Long-Term Care Ombudsman to assure the protection of resident rights
- Collaborates with national and state organizations and other federal agencies to facilitate quality of care and the implementation of all federal requirements

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

Acting Associate Regional Administrator, Dr. Lauren Reinertsen	212-616-2443	RONYDSC@cms.hhs.gov
Deputy Associate Regional Administrator, Vacant		

Division of Quality Improvement

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

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. This division's responsibilities include:

- Oversight of quality improvement initiatives and studies undertaken by contracted QIOs
- Contract compliance by QIOs and 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

Associate Regional Administrator, Vacant		ROBOSDQI@cms.hhs.gov

Chief Medical Officer

PHYSICIAN LIAISON – QUALITY PAYMENT PROGRAM (QPP) – HEALTH CARE SYSTEM TRANSFORMATION 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 of physician perspective and leadership on Secretarial initiatives, such as those Promoting health care system transformation
- Promotion of participation by physicians in CMS quality initiatives, such as QPP

Barbara Connors, DO, MPH	215-861-4218	ROPHIORA@cms.hhs.gov

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 (CMHPO) 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, James McCaslin	215-861-4226	PartDComplaints_RO3@cms.hhs.gov 03dmhpocongressionalsrf@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

Acting Associate Regional Administrator, Martie Ann Polaski	215-861-4154	ROPHICFM@cms.hhs.gov