

Region 2 – New York

New Jersey
New York

Puerto Rico
Virgin Islands

**Office of the Regional Administrator
Jacob K. Javits Federal Building
26 Federal Plaza, Room 3811
New York, NY 10278-0063**

The New York Regional Office (Region 2) should be your initial point of contact on any Medicare, Medicaid, or State Children's Health Insurance Program issue in the following States:

New Jersey, New York, Puerto Rico, and Virgin Islands

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

Regional Administrator for New York/Boston, Carol Maloof, (Acting)	617-565-1188	ROBOSORA@cms.hhs.gov
Deputy Regional Administrator, New York Regional Office, Dr. Gilbert Kunken	212-616-2205	RONYCORA@cms.hhs.gov
Director, Puerto Rico Field Office, Iris Bermudez	404-562-7498	PRFO@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

Associate Regional Administrator, Sue Kelly	212-616-2400	RONYDMCH@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 assuring ongoing quality of service delivery by Medicare institutional providers. 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 New York Survey and Certification Branch is part of a multi-region Division of Survey and Certification, managed from our regional office in Philadelphia. The representatives from New York should be able to assist you. However, you may also contact the Associate Regional Administrator).

Associate Regional Administrator, Roger Lukoff (Philadelphia)	215-861-4287	ROPHIDSC@cms.hhs.gov
Survey Branch Manager, Annette Tucker-Osborne (New York)	212-616-2485	RONYDSC@cms.hhs.gov
Certification Branch Manager, Steve Blaum (New York)	212-616-2461	RONYDSC@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 New York region are part of a multi-region Division of Quality Improvement, managed from our regional office in Boston.)

Associate Regional Administrator, William R. Taylor, MD	617-565-1323	ROBOSCSQ@cms.hhs.gov
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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

Nilsa Gutierrez, MD	212-616-2205	NILSA.GUTIERREZ@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 (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, Reginald Slaten

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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:

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

Associate Regional Administrator, Peter Reisman

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