

MEMORANDUM

Texas Department of Human Services * Long Term Care/Policy

TO: LTC-R Regional Directors
Section/Unit Managers

FROM: Marc Gold
Section Manager
Long Term Care-Policy
State Office MC: W-519

SUBJECT: Regional Survey & Certification Letter #99-14

DATE: April 8, 1999

The attached RS&C Letter is being provided to you for information purposes and should be shared with all professional staff.

- RS&C Letter No. 99-14 -- Mutual of Omaha's Address and Telephone Guide for Provider Enrollment; Call Beverly Tucker, Section Manager, Professional Services, at (512) 438-2631.

If you have any questions, please direct inquiries to the individuals or sections listed above.

~Original Signature on File~

Marc Gold

Attachment

DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration

Region VI
1301 Young Street, Room 833
Dallas, Texas 75202

REGIONAL SURVEY AND CERTIFICATION LETTER NO: 99-14

To: All State Survey Agencies (Information)
All Title XIX Single State Agencies (Information)

Subject: Mutual of Omaha's Address and Telephone Guide for Provider Enrollment

Mutual of Omaha, a Part A Fiscal Intermediary, serves providers in all the Health Care Financing Administration's (HCFA) regions and in most states. The provider enrollment services are primarily performed in the home office, located in Omaha, Nebraska. The providers are assigned to nine Audit and Reimbursement teams, generally based on geographic location.

The attached Provider Enrollment Address and Telephone Guide was assembled to assist the HCFA Regional Offices, State Agencies, and providers. The guide identifies:

- Team Assignments;
- Addresses for forwarding the Form HCFA-855;
- Addresses for forwarding the Form HCFA-2007 (or substitute form or letter);
- Telephone numbers; and,
- Facsimile numbers.

If you have any questions concerning this letter, please contact Wanda Eskue at (214) 767-4428. Thank you for your time and attention to this matter.

Sincerely,

{Signature on File}

Calvin Cline, Branch Chief
Survey and Certification Operations

MUTUAL OF OMAHA
PROVIDER ENROLLMENT
ADDRESS AND TELEPHONE
GUIDE

RS&C 99-14 Central Region Northern Region Southern Region Western Region

Central Region, Team C-1

Serving Providers Located In:

Iowa
Kansas
Missouri
Nebraska

Mailing Address For HCFA 855:

Provider Enrollment Area
Medicare Audit and Reimbursement, LL-2
Mutual of Omaha Insurance Company
Mutual of Omaha Plaza
Omaha, Nebraska 68175

Mailing Address for HCFA 2007:

Pam Riggan, Team C-1
Medicare Audit Reimbursement, LL-2
Mutual of Omaha Insurance Company
Mutual of Omaha Plaza
Omaha, Nebraska 68175

Telephone/FAX Contact:

Pam Riggan, Lead Reimbursement Analyst
Telephone (402) 351-3916
FAX (402) 351-8796

Central Region, Team C-2

Serving Providers Located In:

Texas (Chain affiliated hospitals, all skilled nursing facilities and all non-chain affiliated outpatient therapy organizations.)

Mailing Address For HCFA 855:

Provider Enrollment Area
Medicare Audit and Reimbursement, LL-2
Mutual of Omaha Insurance Company
Mutual of Omaha Plaza
Omaha, Nebraska 68175

Mailing Address for HCFA 2007:

Sherry Evans, Team C-2
Medicare Audit Reimbursement, LL-2
Mutual of Omaha Insurance Company
Mutual of Omaha Plaza
Omaha, Nebraska 68175

Telephone/FAX Contact:

Sherry Evans, Lead Reimbursement Analyst
Telephone (402) 351-2103
FAX (402) 351-8796

Central Region, Team C-3

Serving Providers Located In:

Arkansas

Louisiana

New Mexico

Oklahoma

Texas (All non-chain affiliated hospitals, all community mental health centers, all end state renal dialysis centers and all chain outpatient therapy organizations)

Mailing Address For HCFA 855:

Provider Enrollment Area

Medicare Audit and Reimbursement, LL-2

Mutual of Omaha Insurance Company

Mutual of Omaha Plaza

Omaha, Nebraska 68175

Mailing Address for HCFA 2007:

Mary Sheely, Team C-3

Medicare Audit Reimbursement, LL-2

Mutual of Omaha Insurance Company

Mutual of Omaha Plaza

Omaha, Nebraska 68175

Telephone/FAX Contact:

Mary Sheely, Lead Reimbursement Analyst

Telephone (402) 351-6651

FAX (402) 351-8796