

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-08 Medicare Program Integrity</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 12954</b>	<b>Date: November 8, 2024</b>
	<b>Change Request 13850</b>

**SUBJECT: Updates of Chapter 4 and Exhibits in Publication (Pub.) 100-08, Including the Unified Program Integrity Contractor (UPIC) and Medical Review Accuracy Contractor (MRAC) Coordination Process**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to add a section within Chapter 4 and update a section within the Exhibits chapter in Pub. 100-08. The added section will detail the UPIC and MRAC coordination process. The updated section within the Exhibits chapter is for purposes of editing the points-of-contact list within Exhibit 47.

These updates do not affect the provider and/or beneficiary populations. Rather, these updates are solely related to contractor technical processes and procedures. All updates ensure our contractors have the most recent guidance. This CR does not require Provider Education.

**EFFECTIVE DATE: December 10, 2024**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: December 10, 2024**

***Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.***

**II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)**

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	4/Table of Contents
N	4/4.7/4.7.4/4.7.4.3/UPIC & Medical Review Accuracy Contractor Coordination Process
R	Exhibits/Exhibit 47/Program Integrity Unit Contacts within the State Medicaid Agency

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements  
Manual Instruction**



Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	contact within the Program Integrity Unit Contracts within the State Medicaid Agency list.									

#### IV. PROVIDER EDUCATION

None

**Impacted Contractors:** None

#### V. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements:** N/A

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information:**N/A

#### VI. CONTACTS

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

#### VII. FUNDING

**Section A: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 0**

# Medicare Program Integrity Manual

## Chapter 4 - Program Integrity

Table of Contents  
*(Rev.12954; Issued:11-08-24)*

### Transmittals for Chapter 4

*4.7.4.3 – UPIC & Medical Review Accuracy Contractor Coordination Process*

#### **4.7.4.3 – UPIC & Medical Review Accuracy Contractor Coordination Process (Rev.12954; Issued:11-08-24; Effective: 12-10-24; Implementation:12-10-24)**

*This section applies to UPICs.*

*The UPIC shall collaborate with the Medical Review Accuracy Contractor (MRAC) to assure correct claims payment, and to address situations of potential fraud, waste, and abuse (FWA). The UPIC shall establishment of a JOA with the MRAC for the purpose of facilitating an efficient process for communication. The JOA shall be designed to establish guidelines and shared expectations within which the MRAC and the UPIC will conduct operations.*

*In addition to establishing a JOA with the MRAC, the UPICs shall comply with the processes/guidelines outlined in the steps below. These steps explain the UPIC's responsibility to provide the required information/documents for the medical review of the UPIC's Medicare and Medicaid claims for Program Integrity (PI) to the MRAC and/or CMS within the allotted time frames.*

##### **Step 1: Submission of Investigations Universe to Accuracy Review Contractor (Fifth Business Day of the Month)**

*The UPIC shall supply the MRAC with one file that lists the universe of cases, including all reviewed claims, that were subjected to MR on a post-payment basis within the previous 30 calendar days, in accordance with the Deliverable Schedule and the approved MRAC Reporting Template. This universe shall contain open and closed Medicare and/or Medicaid cases from the previous 30 calendar days. Claims will only be selected from a postpayment sample for completed medical review. For Medicaid claims (excluding any claims reviewed for the Medicaid Managed Care Project), only include, in the universe, closed audits from the previous 30 calendar days. For medical review purposes, when a Final Findings Report (FFR) is issued, a Medicaid case is considered closed after CMS has issued the FFR to the State Medicaid Agency, and the UPIC has closed the case in UCM. In addition, the following Medicaid cases that were medically reviewed shall also be included in the universe submitted to the MRAC:*

- 1. Any case that was discontinued (and therefore closed) in the previous 30 calendar days.*
- 2. Any case that was closed in the previous 30 calendar days due to Insufficient Potential Recovery (i.e. the case did not qualify for an Initial Findings Report).*
- 3. Any case that required a PEER review (medical review was completed by a specialty provider). The UPICs shall identify the peer review claims in the universe list that's submitted to the MRAC.*

*For PI reviews, claims that are going through the appeals process/selected by LE will be excluded from the review. If at any time the UPIC becomes aware that a claim is under appeal, it shall notify the UPIC COR, the MRAC Point of Contact (POC) and MRAC COR immediately. The MRAC will stop reviewing the claim(s) and they will be removed from the universe/sample.*

*The completed universe of investigations/claims shall be sent via an approved format designated by CMS (i.e., encrypted CD, email or other CMS system/platform) to the MRAC with a copy to the MRAC COR and the PI BFL on or before the required submission date. If the UPIC anticipates a delay, they shall notify the MRAC as well as their UPIC COR, the MRAC COR and PI BFL by email.*

## **Step 2: Selection of Sample by MRAC (Five Business Days)**

Using random sampling, the MRAC shall select a sample of claims to be reviewed from the universe of investigations/claims submitted by the UPIC. The number of medical records/claims requested will vary for the purpose of reaching the required number of medical records/claims as per the MRAC SOW. The MRAC will notify the UPIC of the sample of investigations selected via an approved format designated by CMS to the UPIC POCs.

## **Step 3: Medical Documentation Submission to MRAC (Seven Business Days)**

The UPIC shall submit the complete documentation package to the MRAC within seven business days of receiving the encrypted email for each of the investigations/claims selected by the MRAC. This documentation package shall include:

1. Medical records and documentation;
2. Summary of findings report for each claim reviewed that includes the MR review decisions, observations and FWA patterns and/ or trends identified;
3. The UPIC's UCM notes for each investigation selected;
4. A list of all Medicare references (policies, NCDs, LCDs) used to make the MR determination for each claim; and
5. A copy of all Medicaid policies and the State's interpretation (obtained by the UPIC) to make the MR determination for each claim.

The MRAC will be required to establish user identifications, onboarding, and login assistance for the UPIC's points-of-contact (POCs). The UPIC shall update/provide one (1) POC per contract jurisdiction for onboarding/access to the MRAC SFTP server. The POC shall be the individual responsible for sending medical records to the MRAC. If the UPIC has more than one jurisdiction with one POC sending medical records, a back-up POC may be submitted. This will allow the POC to access a secure folder, only accessible to their POC(s) and the MRAC, to transfer medical records.

POC information shall include: full name, email address, and direct cell phone number (for multi-factor authentication). This information shall be emailed to the designation MRAC POC/email with a cc to the CMS UPIC COR and MRAC COR.

The UPIC's POC will require the below software to be installed on their workstation to access the MRAC SFTP server:

- Anti-Virus Software,
- SFTP Client (may require assistance from your IT administrator to install),
- Cisco AnyConnect Client (installation link and instructions will be provided to the POC during onboarding), and
- CMS NET connection to access MRAC SFTP server. The UPIC's POC must work with their IT Team, CMS and MRAC Support team ([mrac\\_support@religroupinc.com](mailto:mrac_support@religroupinc.com)) to whitelist the required IP addresses to access the MRAC SFTP server through CMS NET.

The UPIC's POC must work with their IT Team to edit their local host configuration file to resolve the IP address of the SFTP server.

*The UPIC's POC must have direct access to a cellular phone for multi-factor authentication when logging in. Instructions and user login credentials will be provided to the POC during onboarding.*

*For any individuals that are new to this process or would like a re-fresher, a virtual training/technical demonstration for accessing the SFTP server and ensuring all users are able to connect successfully will occur at a date and time to be determined once onboarding of POCs is in progress.*

*Technical assistance issues can be sent via email to [mrac\\_support@religroupinc.com](mailto:mrac_support@religroupinc.com) or via phone at (443) 961-2549. MRAC Technical Support will be available Monday-Friday 8:30AM - 5:30PM EST.*

*All files uploaded must still be encrypted and password protected, meeting all applicable CMS data security parameters. Notification after upload shall still be submitted to [mracmail@religroupinc.com](mailto:mracmail@religroupinc.com) with a copy to the MRAC COR and your UPIC COR.*

#### ***Step 4: MRAC Accuracy Review of Investigations (20 Business Days)***

*The MRAC will conduct reviews of the sampled claims, utilizing the documentation applied by the UPIC in reaching its decision, to evaluate the accuracy of the UPIC medical record review determination. In other words, the independent reviewers will re-review these claims to determine whether the UPIC made accurate claim decisions in compliance with Medicare and/or Medicaid coverage, coding, payment, and billing policies and noted whether Medicare and Medicaid claims contained patterns and/or trends which may support an allegation of potential FWA.*

*The MRAC will review each investigation in the representative sample and determine whether the UPIC's payment decision was correct and whether claims contain patterns and/or trends which may support an allegation of potential FWA, such as, evidence of alterations including, but not limited to: obliterated sections, missing pages, inserted pages, white out, and excessive late entries.*

*If the MRAC detects patterns and/or trends which may support an allegation of potential FWA during the review of records for any of the UPICs that was not recognized or documented, this will be documented as a finding for the UPIC and referred back to the UPIC COR, MRAC COR and PI BFL for review/follow-up with the specific UPIC. The portion of the review process related to the detection of these patterns/trends will be evaluated/reported as pass or fail for each investigation. The MRAC will complete these reviews within 20 business days.*

#### ***Step 5: Results of the MRAC Accuracy Review of Investigations (Five Business Days)***

*When the MRAC disagrees with the UPIC's payment decision or MR rationale on a claim, or identifies unaddressed patterns and/or trends (i.e. the UPIC failed the FWA review portion of the investigations) which may support an allegation of potential FWA, the MRAC will report the results of the accuracy reviews via the Accuracy Review Disagreement Worksheet. The disagreement worksheets will be sent to the MRAC COR/PI BFL via encrypted CD within five business days. If a problem is identified, the PI BFL will notify the UPIC COR.*

#### ***Step 6: The Rebuttal Process (Five Business Days)***

*The UPIC has five business days, from the day it receives the disagreement worksheet(s) from the MRAC to submit their rebuttal to the MRAC POC via an approved format with a*



*copy to the PI BFL, the MRAC COR/Alternate COR. The MRAC will have seven business days from receipt of the rebuttal to complete the review. Once it's completed, the MRAC will send the Accuracy Review Disagreement worksheets to the UPICS and MRAC COR/PI BFL. The MRAC will also provide CMS with the medical records. If the UPIC requires additional time to submit the rebuttal, the UPIC shall submit a request for extension with justification to the MRAC COR/PI BFL for approval. The UPIC COR shall be included in all correspondence.*

#### ***Step 7: Disputing MRAC/CMS Decisions (Five Business Days)***

*The UPIC has five business days from the day it receives the disagreement worksheets from the MRAC to submit their rebuttal to the MRAC POC via email with a copy to the PI BFL, the MRAC COR and the UPIC's COR. If the MRAC upholds its decision, the UPIC has five business days to request a dispute review with CMS. Once a final determination is made, the UPIC and the MRAC POC will be notified via email by CMS.*

*In addition to the processes above, the COR shall request assistance from the PI BFL to review a representative sample of agree and disagree claims to evaluate the accuracy of the MRACs' medical record review decisions including the identification of FWA patterns/trends.*

*If the UPIC's claim decision is found to be erroneous through the accuracy review process and the UPIC has verified with the MAC or SMA that the claim has not been appealed, CMS suggests that for Medicare claims, the UPIC reaches out to their MAC to inform them of the revised claim decision. For Medicaid claims, the UPIC shall reach out to their Medicaid BFL and COR for next steps. Regardless of the claim type, it is up to the MAC or SMA to decide if a claim warrants a re-review. If the claim has been appealed, the appeal decision shall be considered the final decision of the claim. If the investigation has been referred to/accepted by LE, all overpayment activities will be at the direction of LE and shall be referred to the BFL for further guidance.*

# Medicare Program Integrity Manual Exhibits

Table of Contents  
*(Rev.:12954; Issued:11-08-24)*

## Transmittals for Exhibits

## Exhibit 47 – Program Integrity Unit Contacts within the State Medicaid Agency

*(Rev.:12954; Issued:11-08-24; Effective: 12-10-24; Implementation:12-10-24)*

State	POC	Phone	POC E-mail Address
Alabama	<i>Beverly Churchwell</i>	<i>(334) 242-5318</i>	<a href="mailto:Beverly.Churchwell@medicaid.alabama.gov"><i>Beverly.Churchwell@medicaid.alabama.gov</i></a>
Alaska	Doug Jones	(907) 269-0361	<a href="mailto:doug.jones@alaska.gov"><i>doug.jones@alaska.gov</i></a>
American Samoa	<i>Matilda Kruse</i>	<i>(684) 699-4777</i>	<a href="mailto:matilda.kruse@medicaid.as.gov"><i>matilda.kruse@medicaid.as.gov</i></a>
Arizona	<i>Vanessa Templeman</i>	<i>(602) 877-9066</i>	<a href="mailto:Vanessa.Templeman@azahcccs.gov"><i>Vanessa.Templeman@azahcccs.gov</i></a>
Arkansas	<i>Heather Callaway</i>	<i>(501) 687-8349</i>	<a href="mailto:Heather.callaway@arkansas.gov"><i>Heather.callaway@arkansas.gov</i></a>
California	Bruce Lim	(916) 440-7552	<a href="mailto:bruce.lim@dhcs.ca.gov"><i>bruce.lim@dhcs.ca.gov</i></a>
Colorado	<i>Bart Armstrong</i>	<i>(303) 866-4940</i>	<a href="mailto:Bart.Armstrong@hcpf.state.co.us"><i>Bart.Armstrong@hcpf.state.co.us</i></a>
Connecticut	<i>John Jakubowski</i>	<i>(860) 424-5855</i>	<a href="mailto:John.Jakubowski@ct.gov"><i>John.Jakubowski@ct.gov</i></a>
Delaware	<i>Joe Riley (acting)</i>	<i>(302) 255-9647</i>	<a href="mailto:Joe.Riley@delaware.gov"><i>Joe.Riley@delaware.gov</i></a>
District of Columbia	<i>Kevin O'Donnell</i>	<i>(202) 299-5619</i>	<a href="mailto:Kevin.Odonnell2@dc.gov"><i>Kevin.Odonnell2@dc.gov</i></a>
Florida	<i>Kelly Bennett</i>	<i>(850) 412-4600</i>	<a href="mailto:Kelly.Bennet@ahca.myflorida.com"><i>Kelly.Bennet@ahca.myflorida.com</i></a>
Georgia	<i>Johnny Brooks</i>	<i>(404) 463-7144</i>	<a href="mailto:johnny.brooks@dch.ga.gov"><i>johnny.brooks@dch.ga.gov</i></a>
Guam	<i>Jeffrey San Nicolas</i>	<i>(671) 735-7475</i>	<a href="mailto:Jeffrey.Sannicolas@dphss.guam.gov"><i>Jeffrey.Sannicolas@dphss.guam.gov</i></a>
Hawaii	Shelley Siegman	(808) 692-7962	<a href="mailto:SSiegman@dhs.hawaii.gov"><i>SSiegman@dhs.hawaii.gov</i></a>
Idaho	Lori Stiles	(208) 334-0653	<a href="mailto:stilesl@dhw.idaho.gov"><i>stilesl@dhw.idaho.gov</i></a>
Illinois	<i>Brian Dunn</i>	<i>(312) 833-5835</i>	<a href="mailto:Brian.J.Dunn@illinois.gov"><i>Brian.J.Dunn@illinois.gov</i></a>
Indiana	<i>Ben Ford</i>	<i>(317) 234-7711</i>	<a href="mailto:Benjamin.Ford@fssa.in.gov"><i>Benjamin.Ford@fssa.in.gov</i></a>
Iowa	<i>Kimberly Pierson</i>	<i>(515) 321-8409</i>	<a href="mailto:kpierso@dhs.state.ia.us"><i>kpierso@dhs.state.ia.us</i></a>
Kansas	<i>Katy Wright</i>	<i>(785) 230-7954</i>	<a href="mailto:Kathleen.Wright@ks.gov"><i>Kathleen.Wright@ks.gov</i></a>
Kentucky	<i>Jennifer Dudinskie</i>	<i>(502) 564-5472</i>	<a href="mailto:Jennifer.Dudinskie@ky.gov"><i>Jennifer.Dudinskie@ky.gov</i></a>
Louisiana	<i>Angie Bihm</i>	<i>(225) 342-9287</i>	<a href="mailto:Angela.Bihm@LA.gov"><i>Angela.Bihm@LA.gov</i></a>
Maine	<i>Valerie Hooper</i>	<i>(207) 287-4660</i>	<a href="mailto:Valerie.Hooper@Maine.gov"><i>Valerie.Hooper@Maine.gov</i></a>
Maryland	<i>Mary Blackwell</i>	<i>(410) 767-4332</i>	<a href="mailto:Mary.Blackwell@Maryland.gov"><i>Mary.Blackwell@Maryland.gov</i></a>

<b>State</b>	<b>POC</b>	<b>Phone</b>	<b>POC E-mail Address</b>
Massachusetts	Joan Senatore	(617) 847-3122	<a href="mailto:Joan.Senatore@state.ma.us"><u>Joan.Senatore@state.ma.us</u></a>
Michigan	Michelle Popowich	(517) 284-6966	<a href="mailto:Popowichm@michigan.gov"><u>Popowichm@michigan.gov</u></a>
Minnesota	Amanda Novak Kathryn King-Scribbins	(651) 431-6378 (651) 431-6956	<a href="mailto:Amanda.novak@state.mn.us"><u>Amanda.novak@state.mn.us</u></a> <a href="mailto:kathryn.king-scribbins@state.mn.us"><u>kathryn.king-scribbins@state.mn.us</u></a>
Mississippi	Richard Cameron	(601) 576-4134	<a href="mailto:Richard.Cameron@medicaid.ms.gov"><u>Richard.Cameron@medicaid.ms.gov</u></a>
Missouri	VACANT		
Montana	Heather Smith	(406) 444-4120	<a href="mailto:HeatherSmith@mt.gov"><u>HeatherSmith@mt.gov</u></a>
Nebraska	Anne Harvey	(402) 471-1718	<a href="mailto:anne.harvey@nebraska.gov"><u>anne.harvey@nebraska.gov</u></a>
Nevada	Cynthia Leech	(775) 684-7964	<a href="mailto:Cleech@dhsfp.nv.gov"><u>Cleech@dhsfp.nv.gov</u></a>
New Hampshire	Karen Carleton, RN Francesca Hennessy	(603) 271-8029 (603) 271-5134	<a href="mailto:Karen.Carleton@dhhs.nh.gov"><u>Karen.Carleton@dhhs.nh.gov</u></a> <a href="mailto:Francesca.Hennessy@dhhs.nh.gov"><u>Francesca.Hennessy@dhhs.nh.gov</u></a>
New Jersey	Joshua Lichtblau Don Catinello Nina Galletto	(609) 292-4368 (609) 789-5014 (609) 789-5031	<a href="mailto:Joshua.Lichtblau@osc.nj.gov"><u>Joshua.Lichtblau@osc.nj.gov</u></a> <a href="mailto:Don.Catinello@osc.nj.gov"><u>Don.Catinello@osc.nj.gov</u></a> <a href="mailto:Nina.Galletto@osc.nj.gov"><u>Nina.Galletto@osc.nj.gov</u></a>
New Mexico	Lisa V. Medina-Lujan	(505) 827-7310	<a href="mailto:Lisa.Medina-Lujan@hds.nm.us"><u>Lisa.Medina-Lujan@hds.nm.us</u></a>
New York	Frank T. Walsh, JR	(514) 473-8782	<a href="mailto:Frank.Walsh@omig.ny.gov"><u>Frank.Walsh@omig.ny.gov</u></a>
North Carolina	John E. Thompson	(919) 527-7701	<a href="mailto:John.E.Thompson@dhhs.nc.gov"><u>John.E.Thompson@dhhs.nc.gov</u></a>
North Dakota	Denise Martino	(701) 328-4024	<a href="mailto:Dmmartino@nd.gov"><u>Dmmartino@nd.gov</u></a>
Northern Mariana Islands	Annie Rose Z. Reyes	(670) 664-4883	<a href="mailto:annierosezanduenta@cnmimedicaid.com"><u>annierosezanduenta@cnmimedicaid.com</u></a>
Ohio	Jeffrey Corzine	(614) 387-8369	<a href="mailto:Jeffrey.corzine@medicaid.ohio.gov"><u>Jeffrey.corzine@medicaid.ohio.gov</u></a>
Oklahoma	Julie Dowell	(405) 522-7421	<a href="mailto:Julie.Dowell@okhca.org"><u>Julie.Dowell@okhca.org</u></a>
Oregon	Fritz Jenkins Tamara McNatt	(503) 358-5246	<a href="mailto:Fritz.Jenkins@odhsosha.oregon.gov"><u>Fritz.Jenkins@odhsosha.oregon.gov</u></a> <a href="mailto:Tamara.McNatt@dhsosha.state.or.us"><u>Tamara.McNatt@dhsosha.state.or.us</u></a>

<b>State</b>	<b>POC</b>	<b>Phone</b>	<b>POC E-mail Address</b>
Pennsylvania	<i>Karen Fickes</i>	(717) 705-6858	<u><a href="mailto:kfickes@pa.gov">kfickes@pa.gov</a></u>
Puerto Rico	<i>Maria D. Garcia-Ducos</i>	(787) 765-2929 Ext. 6756	<u><a href="mailto:maria.garcia.ducos@salud.pr.gov">maria.garcia.ducos@salud.pr.gov</a></u>
Rhode Island	<i>Christopher Smith</i>	(401) 463-0163	<u><a href="mailto:Christopher.smith@ohhs.ri.gov">Christopher.smith@ohhs.ri.gov</a></u>
South Carolina	<i>Michael Targia</i>	(803) 898-2608	<u><a href="mailto:Michael.Targia@scdhhs.gov">Michael.Targia@scdhhs.gov</a></u>
South Dakota	<i>Stacy Bruels</i>	(605) 773-3745	<u><a href="mailto:Stacy.Bruels@state.sd.gov">Stacy.Bruels@state.sd.gov</a></u>
Tennessee	<i>Floyd Price</i>	(615) 507-6686	<u><a href="mailto:Floyd.N.Price@tn.gov">Floyd.N.Price@tn.gov</a></u>
Texas	<i>Steve Johnson</i>	(512) 415- 7980	<u><a href="mailto:Steve.Johnson@hhs.texas.gov">Steve.Johnson@hhs.texas.gov</a></u>
Utah	<i>Gene Cottrell</i>	(801) 599-4372	<u><a href="mailto:GCottrell@utah.gov">GCottrell@utah.gov</a></u>
Vermont	<i>Nadeth Fitzgerald</i>	(802) 760-9432	<u><a href="mailto:Nadeth.Fitzgerald@vermont.gov">Nadeth.Fitzgerald@vermont.gov</a></u>
Virgin Islands	<i>Kevin Dennin</i>	(340) 774-0930 Ext. 4478	<u><a href="mailto:Kevin.Dennin@dhs.vi.gov">Kevin.Dennin@dhs.vi.gov</a></u>
Virginia	<i>Tracy Sargent</i>	(804) 371-2648	<u><a href="mailto:Tracy.Westerman@dmas.virginia.gov">Tracy.Westerman@dmas.virginia.gov</a></u>
Washington	<i>Michael Brown</i>	(360) 725-0913	<u><a href="mailto:Michael.brown@hcs.wa.gov">Michael.brown@hcs.wa.gov</a></u>
West Virginia	<i>Andrew Pack</i>	(304) 352-4253	<u><a href="mailto:Andrew.C.Pack@wv.gov">Andrew.C.Pack@wv.gov</a></u>
Wisconsin	<i>Anthony Baize</i>	(608) 266-2521	<u><a href="mailto:Anthony.Baize@dhs.wisconsin.gov">Anthony.Baize@dhs.wisconsin.gov</a></u>
Wyoming	<i>Andrew Chapin Susan Malm Portia Peterson</i>	(307) 777-2504 (307) 777-5609 (307) 777-8985	<u><a href="mailto:Andrew.Chapin@wyo.gov">Andrew.Chapin@wyo.gov</a></u> <u><a href="mailto:Susan.Malm@wyo.gov">Susan.Malm@wyo.gov</a></u> <u><a href="mailto:Portia.Pterson1@wyo.gov">Portia.Pterson1@wyo.gov</a></u>