

Transforming

Collaborating

Communicating



Medicare Advantage & Prescription Drug Plan

FALL CONFERENCE & WEBCAST

CONFERENCE GUIDE



September 7, 2017 • 9:30 am – 4:30 pm EDT
CMS Grand Auditorium

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Program Overview

CMS EXPERTS will be coming together to provide important new information for the Medicare Advantage and Prescription Drug Plan Sponsoring Organizations, CMS staff and other CMS partners, staff-level operations, mid-level management and senior executives regarding updates to existing Medicare policies, new policies, policy updates, and technology updates; provide enrollment and eligibility understanding for various Medicare beneficiaries; and how to fight fraud and abuse within the Medicare program.

This one-day event will be held on **Thursday, September 7, 2017, from 9:30 am to 4:30 pm EDT** and will consist of sessions presented by subject matter expert speakers who will share information on the following topics:

- ▶ **Parts C & D Past Performance Analysis**
- ▶ **Encounter Data**
- ▶ **Leadership Chat and Roundtable**
- ▶ **The Medicare Beneficiary Ombudsman and Medicare Plans: Working Together**
- ▶ **Appeals, Grievances, and Complaints: Identification and Processing**
- ▶ **Open Q & A Session**



Agenda

7:00 am - 9:30 am CHECK-IN/BADGING

9:30 am - 9:45 am **Welcome/Remarks**
Kaye Rabel and Stacey Plizga, PRI Moderators

9:45 am - 10:00 am **Keynote Address**
Demetrios Kouzoukas,
Principal Deputy Administrator and Director, Center for Medicare

10:00 am - 10:45 am **Parts C & D Past Performance Analysis**
Michael Neuman, CM
Kerry Casey, CM

10:45 am - 11:30 am **Encounter Data**
Shruti Rajan, CM
Monica Reed-Asante, CM

11:30 am - 12:30 pm LUNCH BREAK

12:30 pm - 1:15 pm **Leadership Chat and Roundtable**

1:15 pm - 2:15 pm **The Medicare Beneficiary Ombudsman and Medicare Plans: Working Together**
Randy Brauer, OHI
Catherine Rippey, OHI
Michael Baker, UnitedHealthcare
Linda Shoenfelt, Aetna

2:15 pm - 2:30 pm AFTERNOON BREAK

2:30 pm - 3:15 pm **Appeals, Grievances, and Complaints: Identification and Processing**
Coretta Edmondson, CM
Paul Collura, CMHPO

3:15 pm - 4:25 pm **Open Q & A Session**

4:25 pm - 4:30 pm CLOSING REMARKS

Session Summaries

Parts C & D Past Performance Analysis

Michael Neuman, JD, LLM, Deputy Director, Division of Benefit Purchasing and Monitoring, Medicare Drug Benefit and C & D Data Group, Center for Medicare, CMS

Kerry Casey, MPP, Health Insurance Specialist, Division of Surveillance, Compliance, and Marketing, Medicare Advantage and Prescription Drug Plan Contract Administration Group, Center for Medicare, CMS

The purpose of this presentation is to provide information on the Past Performance Analysis, one of the most comprehensive tools that CMS has at its disposal when making application decisions for Part C and D plan sponsors. It will go through the methodology and functionality as it pertains to the analysis. It will also discuss new developments that are critical for plan sponsors.

Encounter Data

Shruti Rajan, MPP, Technical Advisor, Division of Encounter Data Risk Adjustment Options, Medicare Plan Payment Group, Center for Medicare, CMS

Monica Reed-Asante, PharmD, CDR, USPHS, Deputy Director, Division of Payment Policy, Medicare Plan Payment Group, Center for Medicare, CMS

CMS will provide an update on encounter data activities, including recent developments and progress. The focus will be on operational aspects of encounter data submission and from the perspective of supporting and promoting encounter data completeness and accuracy.

Leadership Chat and Roundtable

Kathryn Coleman, BA, Director, Medicare Drug and Health Plan Contract Administration Group, Center for Medicare, CMS

Jerry Mulcahy, Director, Medicare Enrollment and Appeals Group, Center for Medicare, CMS

Vikki Ahern, MAS, CHC, Director, Medicare Parts C and D Oversight and Enforcement Group, Center for Medicare, CMS

Jennifer Harlow, Deputy Director, Medicare Plan Payment Group, Center for Medicare, CMS

Jennifer Shapiro, MPH, Deputy Director, Medicare Drug Benefit and C & D Data Group, Center for Medicare, CMS



Raymond Hurd, Deputy Consortium Administrator, Consortium for Medicare Health Plans Operations, Administrator, Boston and New York Regional Offices, CMS

This session will provide a year at a glance for the Medicare Parts C & D programs. Some of CMS' senior executive directors will provide a high level overview for the following:

1. Audits
2. Call Letter — Rate Announcement
3. Bid Reviews
4. Crosswalk
5. Annual Election Period
6. Reassignment
7. Applications/Past Performance
8. Landscape Rollout
9. Star Ratings
10. Payments
 - a. Part C
 - b. Part D
11. Payment Error Rate
12. Readiness Checklist
13. Essential Operations
14. Marketing

The Medicare Beneficiary Ombudsman and Medicare Plans: Working Together

Randy Brauer, AAS, Director, Offices of Hearings and Inquiries, CMS

Catherine Rippey, BA, Medicare Beneficiary Ombudsman, Offices of Hearings and Inquiries, Center for Medicare, CMS

Session Summaries, cont.

Michael Baker, MBA, Senior Vice President, Consumer Services Medicare & Retirement, UnitedHealthcare

Linda Shoenfelt, MBA, Vice President, Business Optimization and Transformation, Aetna

This session will provide participants with an understanding of the role of the CMS Medicare Beneficiary Ombudsman (MBO) and provide opportunities for collaboration. This panel discussion will include the MBO, CMS staff, and Medicare plan representatives who will highlight how we can coordinate to improve the Medicare beneficiary customer experience.

Appeals, Grievances, and Complaints: Identification and Processing

Coretta Edmondson, BS, Health Insurance Specialist, Division of Appeals Policy, Medicare Enrollment and Appeals Group, Center for Medicare, CMS

Paul Collura, MPA, Senior Advisor, New York Regional Office, Office of the Consortium Administrator, Consortium for Medicare Health Plans Operations, CMS

The purpose of this presentation is to provide participants with a better understanding of what constitutes an appeal, grievance, or complaint. Audit findings have shown that the misclassification of coverage requests and appeals as grievances has been a consistent concern.

This misclassification could lead to delayed or denied access to services or benefits. In this presentation, we will discuss how to appropriately identify and process appeals, grievances, or complaints. We will also discuss different ways complaints are received at CMS and how Account Managers are monitoring those complaints.

The session will provide an overview and cover the key differences relating to Medicare appeals, grievances, and complaints. The program will have a heavy focus on regulatory requirements, program expectations, and opportunities to provide quality customer service to Medicare beneficiaries, their advocates, and other stakeholders.



Speaker Bios

Vikki Ahern

MAS, CHC, Director, Medicare Parts C and D Oversight and Enforcement Group, Center for Medicare, CMS

Vikki has been with CMS since 2004 and serves as the Director of the Medicare Parts C and D Oversight and Enforcement Group (MOEG) in the Center for Medicare, where she previously served as the Deputy Director. Prior to being in MOEG, Vikki spent 10 years in the Medicare Drug Benefit Group as the Director of the Division of Clinical and Operational Performance (DCOP).

In her role as Director of MOEG, Vikki is responsible for Medicare Advantage (MA) and Medicare Prescription Drug Benefit (Part D) program compliance, audit, and enforcement. As the Director of DCOP, Vikki was integral in the development and implementation of the Star Ratings. She also played a key role in Part D operations, including Medication Therapy Management, Patient Safety, Part D Reporting Requirements, Overutilization Monitoring System, the Medicare Plan Finder, and Complaint Tracking Module.

Prior to joining CMS, Vikki worked for a large national pharmacy benefit management company and two academic institutions. She received her bachelor's degree from the University of Richmond and her Master's degree from The Johns Hopkins University School of Continuing Studies.

Michael Baker

MBA, Senior Vice President, Consumer Services Medicare & Retirement, UnitedHealthcare

Michael Baker leads the Consumer Services Organization for

UnitedHealthcare's Medicare & Retirement business. In this capacity, Mike sets the strategic direction and oversees the end-to-end management for the M&R contact centers. Mike and his team are partnered closely with the other M&R business leaders to engineer and deliver a service experience that sets UnitedHealthcare apart. Over the past several years, Mike and his team have transformed the service experience for Medicare beneficiaries. This transformation has resulted in record-breaking performance in all critical customer experience measures and the first major health plan in the United States to achieve J.D. Power Call Center Certification.

Mike joined UnitedHealthcare in September of 2013. He has extensive experience running large-scale contact center and back office operations and brings expertise driving broad strategic change initiatives to transform the consumer experience. Mike joined UHC from First Data, the world's leading payments company, where he was Vice President and Chief of Staff for Global Operations. Previous senior leadership roles at First Data include leading North American contact center operations, global vendor management and enterprise customer experience. Mike also previously led the contact centers for Hershey's Chocolate Company.

Mike has given multiple keynote presentations on topics including customer segmentation, social media, employee engagement and innovative sourcing concepts at major global customer contact forums throughout the past several years. Mike is a member of the Chief Customer Officer

Forum, the Global Operations Council, the International Association of Outsource Professionals and completed the first Certified Professional Innovators program at Georgia State University. He holds an MBA from the University of Phoenix, is a candidate for a Master of Health Care Delivery Science degree at Dartmouth College and is based in Minneapolis.

Randy Brauer

AAS, Director, Offices of Hearings and Inquiries, CMS

Randy has been employed by CMS for over 15 years and is currently the Director of the Offices of Hearings and Inquiries. Prior to joining CMS, Randy worked at a private health insurance company in Western NY.

Kerry Casey

MPP, Health Insurance Specialist, Division of Surveillance, Compliance, and Marketing, Medicare Advantage and Prescription Drug Plan Contract Administration Group, Center for Medicare, CMS

Kerry earned a Master of Public Policy and has worked on Medicare Advantage marketing and compliance since 2013. She currently leads the Part C past performance analysis.

Kathryn Coleman

BA, Director, Medicare Drug and Health Plan Contract Administration Group, Center for Medicare, CMS

Kathryn Coleman is a senior executive with CMS and currently serves as the Director for the Medicare Drug and Health Plan Contract Administration Group (MCAG) in the Center for Medicare (CM). Since joining CMS in

CMS CONTINUING EDUCATION (CMSCE) DISCLOSURE STATEMENT: No one in a position to control the content of this activity has anything to disclose. The planners/developers of this activity have signed a disclosure statement indicating that he/she has no relevant financial interests. This activity was developed without commercial support.

Speaker Bios, cont.

2000, Kathryn has worked on a variety of high profile health plan initiatives to include her leadership over the development of new policies to reflect changes in program objectives, the health care delivery system, beneficiary health care needs, and new plan types to support an appropriate range of choices for beneficiaries.

Paul Collura

MPA, Senior Advisor, New York Regional Office, Office of the Consortium Administrator, Consortium for Medicare Health Plans Operations, CMS

Paul Collura is the Senior Advisor for the Consortium for Medicare Health Plans Operations located in CMS' New York Regional Office. Paul has been with CMS for 16 years, having spent most of his time working in Medicare financial management and oversight of Medicare Advantage and Part D drug plans. He was recruited through the highly selective Presidential Management Fellows program and has spent time on detail assignments in CMS headquarters, regional offices, and a health insurance company.

Coretta Edmondson

BS, Health Insurance Specialist, Division of Appeals Policy, Medicare Enrollment and Appeals Group, Center for Medicare, CMS

Coretta has been employed by CMS since September 2010 as a Health Insurance Specialist in the Medicare Enrollment and Appeals Group. She currently serves as the Contracting Officer Representative for the Part D Qualified Independent Contractor (QIC) as well as a Subject Matter Expert for the Part C and D appeals and grievance process.

Jennifer Harlow

Deputy Director, Medicare Plan Payment Group, Center for Medicare, CMS

Jennifer serves as the Deputy Director for the Medicare Plan Payment Group (MPPG) in the Center for Medicare (CM). Since joining CMS in 1998, Jennifer has worked on a broad array of Part C and Part D payment initiatives including risk adjustment, encounter data and payment operations. She has also focused extensively on payment integrity issues for both programs, working on payment validation and improper payment error estimation. Prior to joining CMS, she worked at Johns Hopkins University as a research associate and with the State of Maryland, Department of Health and Mental Hygiene. Jennifer has a doctorate in health services research from Johns Hopkins University.

Raymond Hurd

Deputy Consortium Administrator, Consortium for Medicare Health Plans Operations, Administrator, Boston and New York Regional Offices, CMS

Ray is the Deputy Consortium Administrator for the Consortium for Health Plans Operations (CMHPO) and Regional Administrator for the Boston and New York Regional Offices (Regions I & II). As the Deputy Consortium Administrator for Medicare Health Plans Operations, he provides oversight and guidance to the 10 CMS regional offices across the country for the administration of Medicare Advantage and Medicare Prescription Drug Plans. As Regional Administrator he works diligently to strengthen engagement and partnerships with a variety of CMS stakeholders while promoting awareness of all CMS programs through outreach and education. Regions I & II

cover all of New England (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont) as well as New York, New Jersey, Puerto Rico and the US Virgin Islands.

Ray served 20 years in the United States Navy as a commissioned officer where he held diverse leadership roles including two successful Commanding Officer tours. After retiring from the Navy in 2008, he worked for the Department of Homeland Security Federal Protective Service as the Director for Mission Support in the Boston office. He joined CMS in 2011 as the CMS Boston Regional Office Deputy Regional Administrator and was appointed to the Deputy Consortium Administrator/Regional Administrator position in May 2013.

Ray earned a Bachelor's Degree in Civil Engineering from Norwich University and a Master's Degree in Management from Troy University.

Demetrios Kouzoukas

JD, Principal Deputy Administrator, Director, Center for Medicare, CMS

Demetrios supports the CMS Administrator, leads the staff that develops policies for and manages the operations of the fee-for-service portion of the Medicare program, and has responsibility for Medicare Advantage and Medicare Prescription Drug Programs.

From 2003 to 2009, Demetrios was a senior official at the US Department of Health and Human Services (HHS), serving as Principal Associate Deputy Secretary and Deputy General Counsel. While at HHS, he was responsible for regulatory policy across the Department and at various times collaborated with or advised every division of HHS. Demetrios has also worked with a broad

Speaker Bios, cont.

spectrum of health care stakeholders in private practice as a lawyer providing strategic advice on legal, regulatory, and public policy matters. In addition, Demetrios has been a senior executive at the nation's largest Medicare health plan business, where he led a team of legal and regulatory affairs professionals as General Counsel. Until recently, Demetrios served as a Public Member of the Administrative Conference of the United States, an appointment made on the basis of expertise in administrative law, government procedure, and public administration.

Demetrios graduated with a degree in political science and public policy from George Washington University before going on to receive his JD from the University of Illinois. He is originally from Chicago and enjoys spending time with his wife and two daughters.

Jerry Mulcahy

Director, Medicare Enrollment and Appeals Group, Center for Medicare, CMS

Jerry Mulcahy is a senior executive with CMS and currently serves as the Director of the Medicare Parts C and D Oversight and Enforcement Group (MOEG) in the Center for Medicare (CM). Since joining CMS in 2002, Jerry has worked on a variety of high profile health plan initiatives. Prior to joining CMS, Jerry worked 12 years for Kaiser Permanente in various capacities including Medicare compliance, and Enrollment and Appeals.

Michael Neuman

JD, LLM, Deputy Director, Division of Benefit Purchasing and Monitoring, Medicare Drug Benefit and C & D Data Group, Center for Medicare, CMS

Michael Neuman is the Deputy Director of the Division of Benefit Purchasing and Monitoring (DBPM) in the Medicare

Drug Benefit and C & D Data Group (MDBG). In this role, he helps to oversee the Part D application process, application appeals, Part C and D monitoring efforts, compliance, and the Past Performance Analysis. In Michael's nearly five and a half years at CMS, he served as the DBPM Deputy Division Director, led the Past Performance Analysis, and has been the junior compliance lead for Part D compliance. Prior to CMS, Michael spent time at both the Department of Justice Civil Rights Division, Disability Rights Section and the Internal Revenue Service, Office of Chief Council, Small Business/Self Employed Division. While at the DOJ, he worked closely to negotiate the removal of architectural barriers for people with disabilities. While at the IRS, he investigated tax irregularities pertaining to small business and nonprofits.

Shruti Rajan

MPP, Technical Advisor, Division of Encounter Data Risk Adjustment Options, Medicare Plan Payment Group, Center for Medicare, CMS

Shruti has been employed by the Medicare Plan Payment Group in the Center for Medicare since September 2015 as a health insurance specialist focusing on encounter data. In this role, Shruti has worked on a range of analyses related to the Medicare Advantage Encounter Data System, as well as on submission guidance and communications with submitters. From September 2010 - 2015, she was employed by the Center for Consumer Information and Insurance Oversight, where she worked on data analysis for the Pre-Existing Condition Insurance Plan (PCIP) program as well as payment policy for the Marketplaces.

Monica Reed-Asante

PharmD, CDR, USPHS, Deputy Director, Division of Payment Policy, Medicare Plan Payment Group, Center for Medicare, CMS

Commander (CDR) Reed-Asante is the Deputy Director of the Division of Payment Policy (DPP) in the Medicare Plan Payment Group (MPPG). She leads the evaluation and recalibration of risk adjustment models and the development of policies related to risk adjustment. Prior to working in DPP, Monica worked in the Division of Formulary and Benefit Operations (DFBO) in the Medicare Drug Benefit and C & D Data Group (MDBG) where she served as a Team Lead, oversaw several Part D formulary contracts, and developed audits and analyses of formularies. Prior to embarking on her federal career at CMS, she completed a Managed Care Residency with a Pharmacy Benefit Manager (PBM) that maintained a portfolio of Medicaid



Speaker Bios, cont.

and Medicare lines of business. She received her Bachelor of Science Degree in Biology and Psychology at Loyola University in Maryland and her Doctor of Pharmacy Degree from the University of the Sciences in Philadelphia.

Catherine Rippey

BA, Medicare Beneficiary Ombudsman, Offices of Hearings and Inquiries, Center for Medicare, CMS

Catherine Rippey has been with CMS for eleven years. In her role as the Medicare Beneficiary Ombudsman (MBO), Catherine receives and responds to beneficiary inquiries and complaints and strives to be a leading resource for the Agency with regard to the CMS customer experience. Prior to accepting the role as the MBO, Catherine was a leader in addressing beneficiary and customer inquiries as a Senior Caseworker and plan Account Manager in CMS' Kansas City Regional Office. She played an active role in the implementation of both Medicare Part D and the Health Insurance Marketplace, and was heavily involved in outreach and education efforts for both initiatives. Prior to joining CMS, she served as a Senior Coordinator for the University of Kansas School of Medicine, functioning as a liaison to students, Medical Site Directors, physicians and others. She also worked for the West Central Missouri Area Health Education Center (WCMO AHEC) collaborating with community organizations, students and educational institutions to improve and promote access to care in rural and urban underserved areas. Catherine holds a Bachelor of Arts in Education and Business from Benedictine College.

Jennifer Shapiro

MPH, Deputy Director, Medicare Drug Benefit and C & D Data Group, Center for Medicare, CMS

Jennifer is the Deputy Director of the

Medicare Drug Benefit and C & D Data Group (MDBG) at CMS. In this capacity, Jennifer oversees a broad array of policy and operational functions related to the Medicare prescription drug benefit, Medicare Advantage star ratings, and patient experience surveys. In particular, MDBG is responsible for Part D policy; formulary and benefits for the prescription drug program; Medicare Advantage and Part D star ratings; the Health Plan Management System; clinical analysis pertaining to the drug benefit; Part D program applications and past performance review; day-to-day monitoring and compliance for Part D; consumer surveys such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS); and large-scale data collection and analysis. From mid-2016 through mid-2017 Jennifer was CMS management's Chief Negotiator of the Master Labor Agreement with the Agency's Union. Jennifer received her Master of Public Health degree at Johns Hopkins University School of Public Health, where she focused on public policy, quantitative analysis, and evaluation methods.

Linda Shoenfelt

MBA, Vice President, Business Optimization and Transformation, Aetna

Linda leads Medicare's Business Optimization and Transformation Team which drives the optimization of our operations processes, productivity, and member experience transformation opportunities. In alignment with Aetna's overall goal of improved health for our Medicare population, the team works towards simplifying doing business with Aetna through improved communication and transparency, mitigation/reduction or elimination of the risk of poor quality, reduced complaints, and improving the overall

member experience leading to increased loyalty and retention. Linda and her team have been instrumental in identifying sustainable and comprehensive solutions and ensuring execution when problems exist and/or improvements can lead to prevention and/or transformational results.

Linda has been with Aetna since February 2013. Her background prior to Aetna spans over 25 years in the insurance industry, 17 of which have been in the senior market with top leadership roles at Universal American and HealthMarkets.

Linda holds both an MBA (with a concentration in Management of Information Systems (MIS)) and a Bachelor's degree (Summa Cum Laude) from Barry University in Miami, FL, along with multiple process improvement and project management certifications.

SPECIAL NOTE: For CMS' continuing education certification process, and because of the speaker disclosure, we must include the backup speakers bios below, although they are not listed on the agenda.

Mike Crochunis

BS, Deputy Director, Medicare Enrollment and Appeals Group, Center for Medicare, CMS

Michael Crochunis is the Deputy Director of the Medicare Enrollment and Appeals Group (MEAG) at CMS. As MEAG's Deputy Director, Mike is responsible for all enrollment and appeals policy under the Medicare Fee-for-Service (FFS), Medicare Advantage (MA), and Medicare Prescription Drug (Part D) programs, and has shared responsibility with the Social Security Administration on Medicare eligibility, enrollment, and low-income subsidy issues. He also has oversight responsibility for all Medicare

Speaker Bios, cont.

appeals operations for the FFS, MA, and Part D Qualified Independent Contractors, the appeals units of the Medicare administrative contractors, and CMS' Beneficiary Notice Initiative, which includes provider-issued notices such as the Important Message from Medicare, the Advance Beneficiary Notices of Noncoverage, and the Medicare Outpatient Observation Notice.

Mike previously worked on program integrity issues, including overseeing the implementation of several new program safeguard contractors. He began his federal career in budget formulation, where his main area of concentration was the Medicare managed care program. Mike has been at CMS for 20 years and holds a BS.

Judy Geisler

BA, BS, Deputy Director, Medicare Parts C and D Oversight and Enforcement Group, Center for Medicare, CMS

Judy is currently the Deputy Director of the Medicare Parts C and D Oversight and Enforcement Group (MOEG). Prior to joining MOEG she served briefly as the Acting Deputy Director of the Medicare Enrollment and Appeals Group and the Medicare Drug Benefit and C & D Data Group and spent 10 years as the Director

of the Division of Formulary and Benefit Operations in the Medicare Drug Benefit and C & D Data Group.

Staci Paige

MA, Social Science Research Analyst, Division of Appeals Policy, Medicare Enrollment and Appeals Group, Center for Medicare, CMS

Staci Paige is a Social Science Research Analyst in the Division of Appeals Policy (DAP), Medicare Enrollment and Appeals Group (MEAG). As a Medicare Advantage appeals and grievances subject matter expert, Staci works on regulations, beneficiary notices and manual guidance. She also works closely with the Medicare-Medicaid Coordination Office on appeals and grievance issues related to Medicare-Medicaid Plans (MMPs). Prior to working at CMS, Staci directed admissions at a skilled nursing facility and also has a background in community case management and care coordination.

Rebecca Paul

MPH, MA, Director, Division of Payment Policy, Medicare Plan Payment Group, Center for Medicare, CMS

Rebecca Paul currently serves as the Director of the Division of Payment Policy (DPP) in the Medicare Plan Payment Group (MPPG) in the Center for Medicare (CM). Since joining CMS in 2005, Rebecca has worked on a variety of Medicare payment issues and policies.

Christine Reinhard

BA, MBA, JD, Technical Advisor, Medicare Drug and Health Plan Contract Administration Group, Center for Medicare, CMS

Christine has been with CMS since 1995, working in managed care since 1998. Her previous work has focused on many aspects of the Part C and Part D programs including bid submissions, plan benefits, auditing, enforcement actions,

and financial analysis of contractors. She is currently a Technical Advisor for the Division of Surveillance, Compliance, and Marketing.

John Scott

JD, Senior Advisor, Medicare Drug Benefit and C and D Data Group, Center for Medicare, CMS

John Scott has been employed by CMS since 2003, and has worked extensively on the Medicare Part C and Part D Programs since coming to CMS. John has been on detail in the Medicare Drug Benefit and C and D Data Group since January 2017. John previously worked in the Medicare Parts C and D Oversight and Enforcement Group (MOEG) as the Director of the Division of Compliance Enforcement. Prior to joining MOEG in April 2016, John worked in the Medicare Plan Payment Group (MPPG) as the Director of the Division of Payment Systems, Director of the Division of Payment Operations, and Special Assistant to the Director of MPPG. John's first position at CMS was in the Medicare Enrollment and Appeals Group's Division of Appeals Policy. John holds a BA from Ripon College and a JD from North Carolina Central University.

Scott Sturiale

Deputy Director, Medicare Drug and Health Plan Contract Administration Group, Center for Medicare, CMS

Scott is the Deputy Director for the Medicare Drug and Health Plan Contract Administration Group (MCAG) in the Center for Medicare, providing leadership and he is director over the development of new policies to reflect changes in program objectives, the health care delivery system, beneficiary health care needs, and new plan types to support an appropriate range of choices for beneficiaries.



On-site Participants

Housekeeping Rules

- ▶ All visitors must be in possession of a valid and current government issued form of photo identification, such as a driver's license, age of majority card, passport or visa; and will be subject to a thorough vehicular inspection.
- ▶ Conference attendees must restrict themselves to the first floor Central Building Lobby, Conference Room Center, and Lower Level Lobby/Cafeteria in the Central Building. **PLEASE NOTE: VISITORS MUST BE ESCORTED BY A CMS EMPLOYEE OUTSIDE OF THE AREAS LISTED ABOVE.**
- ▶ Food and beverages are not allowed in the Grand Auditorium, so please refrain from bringing items into these areas.
- ▶ Smoking is **not permitted** anywhere in the CMS complex. You must go offsite to smoke.
- ▶ Telephones and restrooms are located just outside the Pre-function Area on the left before you go back to the Central Building first floor lobby and also across the first floor lobby near the central building security desk.
- ▶ The cafeteria is located on the lower level of the Central Building. Lunch will begin at 11:30 am. There will be an afternoon break at 2:15 pm. Please have your money ready for the cashier when you get in line.

Hotel and Travel Accommodations

Conference Venue

Centers for Medicare & Medicaid Services
Grand Auditorium – Central Building
7500 Security Boulevard
Baltimore, MD 21244

Baltimore/Washington International Airport (BWI) serves as the most convenient airport in the Baltimore, MD area. For additional airport, ground transportation, car rentals, and shuttle information, please click [here](#).

For hotel accommodations, it is recommended that you lodge in [downtown Baltimore](#) or near the [Baltimore Washington International airport](#).

Transportation

Train Service

Baltimore is served by AMTRAK which is located at Pennsylvania Station (Penn Station), five minutes north of the downtown area. The fast moving Metro liner has brought back the grand age of trains between Baltimore, Washington,



DC, Philadelphia, and New York. The MARC commuter train operates weekdays along the Baltimore/Washington corridor with two lines that leave from Washington's Union Station and arrive in Baltimore at either Camden or Penn Station.

BWI Airport Shuttle and Taxi Service

Baltimore/Washington International Airport (BWI) is approximately 14 miles away — a 15-30 minute ride to CMS. The taxi fare from the airport vicinity to CMS can vary in price (approximately \$20-\$30). Also, there are various shuttle services available. You'll need to contact them directly to arrange for this service and confirm their current prices along with the departure/arrival schedules.

If a [taxi service](#) is required to and/or from the CMS Central Building, it is recommended that you schedule your [taxi service](#) in advance for drop off and/or pick up. For helpful tips while visiting the Baltimore, MD area, please click [here](#).

Car Rental

The majority of car rental agencies listed below service BWI Airport:

- ▶ Alamo
- ▶ Avis*
- ▶ Budget
- ▶ Dollar*
- ▶ Enterprise*
- ▶ Hertz*
- ▶ National
- ▶ Thrifty*

*Provides vehicles with hand controls for drivers with special needs.

On-site Participants, cont.

Directions

Southbound

From New York City: I-95 South to I-695 East (Baltimore Beltway) towards Glen Burnie. Follow I-695 to Exit 17 (Security Boulevard – West). Follow Security Boulevard to the end and CMS' main entrance will be located on your right.

From Central Pennsylvania: I-83 South to I-695 East (Baltimore Beltway) towards Glen Burnie. Follow I-695 to Exit 17 (Security Boulevard – West). Follow Security Boulevard to the end and CMS' main entrance will be located on your right.

Northbound

From Washington, DC: I-95 North to I-695 West (Baltimore Beltway) towards Towson. Follow I-695 to Exit 17 (Security Boulevard – West) toward Rolling Road. Follow Security Boulevard to the end and CMS' main entrance will be located on your right.

From BWI Airport: Baltimore and Washington Parkway (MD-295) to I-695 West (Baltimore Beltway) towards Towson to Exit 17 (Security Boulevard – West) toward Rolling Road. Follow Security Boulevard to the end and CMS' main entrance will be located on your right.

General Information

Check-in/Badging

Check-in is located in the main lobby at CMS for non-CMS participants, and will open **Thursday, September 7, from 7:00 am until 9:30 am EDT**. All Medicare Advantage & Prescription Drug Plan Fall Conference & Webcast attendees and sponsors are required to wear their badges at all times during the event. Badges are not transferable.

Changes/Cancellations

IMPORTANT MESSAGE: If your organization's representative is unable to attend this event, and in order to comply with CMS' Security and the [Real ID Act](#), we can no longer allow participants to automatically change participants.

For last minute changes and cancellations, please email us immediately at CTEO@cms.hhs.gov regarding this change.

Accommodations for People with Special Needs

- ▶ Assistive listening devices for the hearing impaired
- ▶ Captioning services
- ▶ Interpreters
- ▶ Foreign language services
- ▶ Special mobility service for the physically challenged
- ▶ Large print or Braille material

- ▶ Special access considerations
- ▶ Designated areas for wheelchairs and visually impaired

Automated Teller Machine (ATM)

For your convenience, there is an ATM cash machine on the lower level next to the Credit Union.

Mobile Phone Use

Please be courteous to conference speakers and fellow attendees by silencing your mobile phones while attending sessions.

First Aid Information

Due to the large size of the facility, be prepared to identify the location of the emergency exits. A first aid station is available within CMS. We ask that conference attendees please contact event staff immediately should you require assistance.

Security/Emergency Information

Building security is available 24 hours a day, 365 days a year and is responsible for the overall protection of the CMS facility, property, visitors, and employees, as well as for providing service and assistance to all patrons.

Smoking Policy

CMS is a nonsmoking building. Smoking is prohibited in all areas.

Lunch Service Options at CMS

Order lunch from the CMS cafeteria from your mobile device or online and have it ready and waiting for you in the building! That's right — no need to spend money on gas — just beat the heat and relax at your seat as we prepare your lunch for you! The CMS cafeteria accepts all major credit cards.

PRE-ORDERS DEADLINE DATE:

Thursday, August 31st by 11:59 pm EDT.

On-site conference attendees can pre-order their lunch in advance in order to expedite the process. Pre-orders must be done online (see links below) no later than **11:59 pm EDT, Thursday, August 31st.**

You must create an account and password in order to place your order for pickup at 7500 Security Blvd.

- ▶ Catering Made Easy:
<https://cms.catertrax.com/shopcatgroup.asp?id=1&intOrderID=&intCustomerID=>
- ▶ Simply to Go Catering:
<https://cms.catertrax.com/shopcatgroup.asp?id=2&intOrderID=&intCustomerID=>

On-site Participants, cont.

- ✓ **CHECKLIST** In preparation, we encourage you to take a few minutes to review the following:
- **ONLY PRE-AUTHORIZED EVENT ATTENDEES WILL BE ALLOWED ON-SITE:** *Please arrive at CMS' Headquarters no later than one hour before the start of the event* in order ensure that all event attendees are able to clear the CMS security procedures and are comfortably prepared to attend the event.
- **Note:** Please provide the CMS Security Guards at the front gate with your first and last name, valid and current photo ID and the nature of your visit (ex: CMS Medicare Advantage & Prescription Drug Plan Fall Conference & Webcast event.) Only registered/ pre-authorized attendees on our list will be allowed to enter CMS.
- **Parking:** Visitor parking is available and is indicated by white lines. Do not park between the yellow lines as there is the risk of your vehicle being ticketed and towed.
- **CMS Onsite Security Procedures:** CMS security procedures comprise of a vehicle search, walkthrough scanning device, and X-ray scanning of personal items. All visitors must provide at least one form of a valid photo ID (ex: driver's license, passport, and permanent residency card); and will be signed in by a member of the conference staff who will escort you to the CMS auditorium.
 - **Foreign Nationals Visitors:** During registration, if you identified yourself as a foreign national, you'll need to provide a valid permit residency card (USCIS Form I-551) and a valid driver's license.
 - **Real ID Act:** Participants who live in a non-compliant State will be able to attend this conference, however, you'll need to provide the CMS Security team and/or registration team with a valid passport as another form of ID.
- **CMS Auditorium:** All visitors will be briefed on the resources and amenities of CMS upon arrival and will have access to the CMS auditorium. The CMS Auditorium is equipped with a live video/ audio feed of the webcast.
- **Snack and Lunch Service Options at CMS:** **PRE-ORDERS DEADLINE DATE: Thursday, August 31st by 11:59 pm EDT.** *You must create an*



account and password in order to place your order for pickup at 7500 Security Blvd. Catering Made Easy: <https://cms.catertrax.com/shopcatgroup.asp?id=1&intOrderID=&intCustomerID=> or Simply to Go Catering: <https://cms.catertrax.com/shopcatgroup.asp?id=2&intOrderID=&intCustomerID=>.

Below is a list of vendors that provide food for purchase at CMS headquarters. You may want to visit these vendors during breaks in our event agenda. **Please note:** you may elect to brown bag your snacks and lunch instead.

- **Jazzman Coffee Cart:** Located in the lower level lobby, this coffee cart serves hot and cold beverages for purchase until 1:00 pm daily.
- **CMS Cafeteria:** Located on the lower level, the cafeteria offers a variety of beverages as well as prepared hot and cold food options for purchase daily from 6:30 am to 2:30 pm.
- **CMS Farmer's Market:** On Thursday, September 7th, local farmers and producers will sell fresh fruits, vegetables, artisan breads, and more from 10:30 am to 1:30 pm in the lower level lobby courtyard.
- **Event Materials:** In our efforts to "Go Green", we ask that you download and print event materials (i.e., agenda, presentations, conference guide, etc.) prior to your arrival to the event — click here: http://www.cms.gov/Outreach-and-Education/Training/CTEO/Upcoming_Current_Events.html.
- **Your Points of Contact:** Should you encounter any difficulties during your travels to CMS headquarters, please contact us via email at CTEO@cms.hhs.gov.

Webcast Participants



Viewing Tips for YouTube

This conference can be viewed virtually by using YouTube.

To view and access the webcast, use Google Chrome.

YouTube: In order to view the live stream of the conference via YouTube, make sure you have the most up to date browser and a good Internet connection. If you are having difficulty playing the following live stream, please either use Internet Explorer to view the live stream or change your YouTube player from Flash to HTML5 and refresh your browser window. The Flash based YouTube player is currently not accessible to screen readers. [Click here to visit the YouTube HTML5 page to switch your player if you are having trouble playing this video.](#)

How to Join the Webcast

Please Note: In order to join the live webcast, you must register for this event. Only confirmed registered participants, will be able to access and join the live webcast.

The webcast will be held Thursday, September 7, 2017, from 9:30 am – 4:30 pm EDT. **To facilitate easy access to the**

webcast, please log in between 9:00 am – 9:30 am EDT on September 7, 2017. The webcast will begin at 9:30 am EDT.

All participants will be able to see and, using speakers and/or headphones, hear the webcast via their computer. Participants will not be able to participate verbally during the webcast.

Technical Support

CMS will provide a call-in feature for this event for use by those attendees who (1) cannot access sound from their computers, or (2) may experience technical difficulties. Attendees should not call the teleconference line unless it is necessary to hear the webcast.

Attendees should report **technical difficulties** by contacting the CTEOTechSupport Team via email at CTEOTechSupport@cms.hhs.gov during the webcast. If you need to utilize the call-in feature, the number will be provided to you at that time.

Alternative Option for Participants

If you are unable to access and/or view via YouTube, there is a dial-in conference line available for you to “listen only.” Due to the limited number of conference lines, we’ll need you to send an email request to CTEOTechSupport@cms.hhs.gov in order to obtain this information.

- CHECKLIST** In preparation, we encourage you to take a few minutes to review the following:
- In order to join the live webcast, you must register for this event. Only confirmed registered participants will be able to access and join the live webcast.
- Report technical difficulties by contacting the CTEOTechSupport team via email at CTEOTechSupport@cms.hhs.gov during the webcast. If you need to utilize the call-in feature, the number will be provided to you at that time.

Continuing Education Activity Information & Instructions

Activity Description

The goal of this activity is to educate Medicare Advantage and Prescription Drug Plan Sponsoring Organizations, CMS staff and other CMS partners, staff-level operations, mid-level management and senior executives regarding updates to existing Medicare policies, new policies, policy updates, and technology updates; provide enrollment and eligibility understanding for various Medicare beneficiaries; and how to fight fraud and abuse within the Medicare program.

Credits Available

CMS is evaluating this activity for continuing education (CE) credit. The number of credits awarded will be calculated following the activity based on the actual learning time. Final CE information on the amount of credit and post-activity assessment and evaluation will be available to participants after the live activity.

Accreditation Statements

[Please click here for accreditation statements.](#)

Additional Continuing Education Activity Information

http://www.cms.gov/Outreach-and-Education/Training/CTEO/Upcoming_Current_Events.html.

Compliance Certification Board (CCB)[®]

This education activity has been submitted to the Compliance Certification Board (CCB)[®] and is currently pending their review for approval of CCB CEUs.



Additional Resources

CTEO Website

To learn more about this event and future events, please visit our website:

http://cms.gov/Outreach-and-Education/Training/CTEO/Compliance_Training_Education_and_Outreach.html.

Event Materials

Event materials can be found on our Outreach and Education web page at:

http://www.cms.gov/Outreach-and-Education/Training/CTEO/Upcoming_Current_Events.html.

Post Event Online Survey

Please complete your **Medicare Advantage & Prescription Drug Plan Fall Conference & Webcast** evaluation survey online at:

https://www.surveymonkey.com/r/CMS_Fall_Participant_Survey_Final

The survey will be available until 9:00 pm EDT, Wednesday, September 13, 2017.

Technical Support

Report technical difficulties by contacting the CTEO TechSupport Team via email at CTEOTechSupport@cms.hhs.gov during the webcast.

Special Thanks to ...

- ▶ CM Leadership
- ▶ CMS & Guest Speakers
- ▶ OC – CMS Division of Design Services
- ▶ OSSO – CMS Logistical & Technical Team
- ▶ CMS' Continuing Education (CMSCE) Team
- ▶ CTEO Team – CM/BOS2 Staff and PRI & Poll Everywhere® (CTEO Contractor Support)





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