

2015 Fall Conference – Introduction

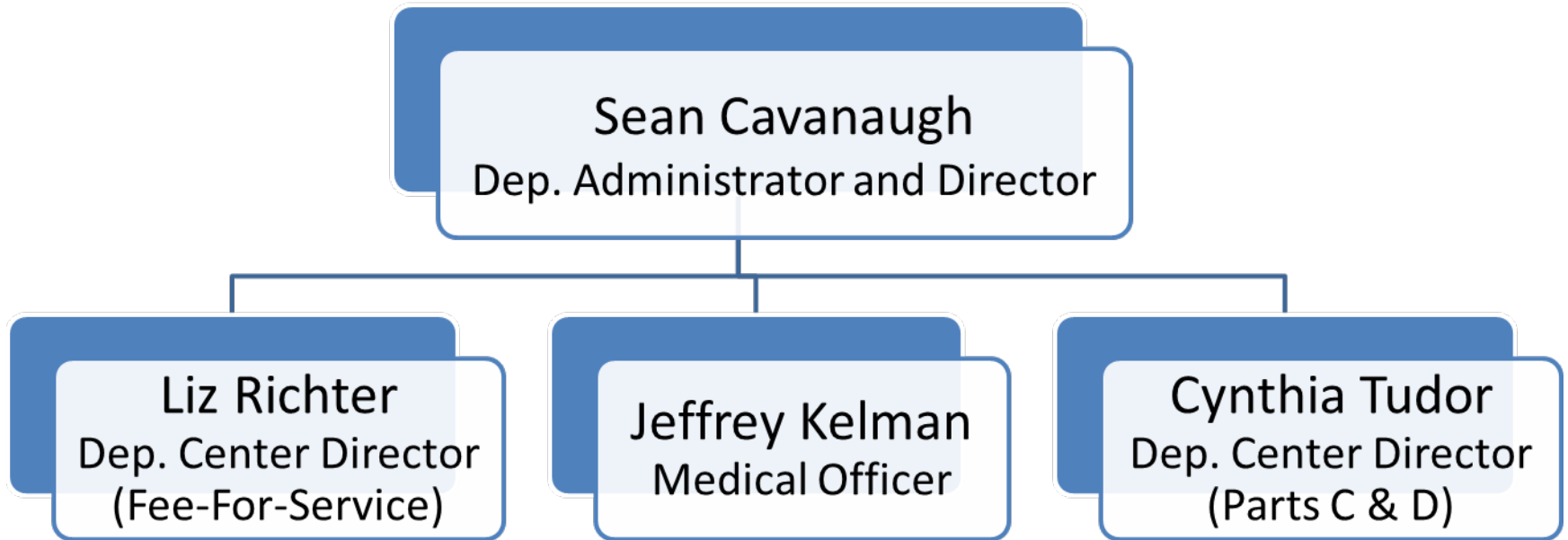


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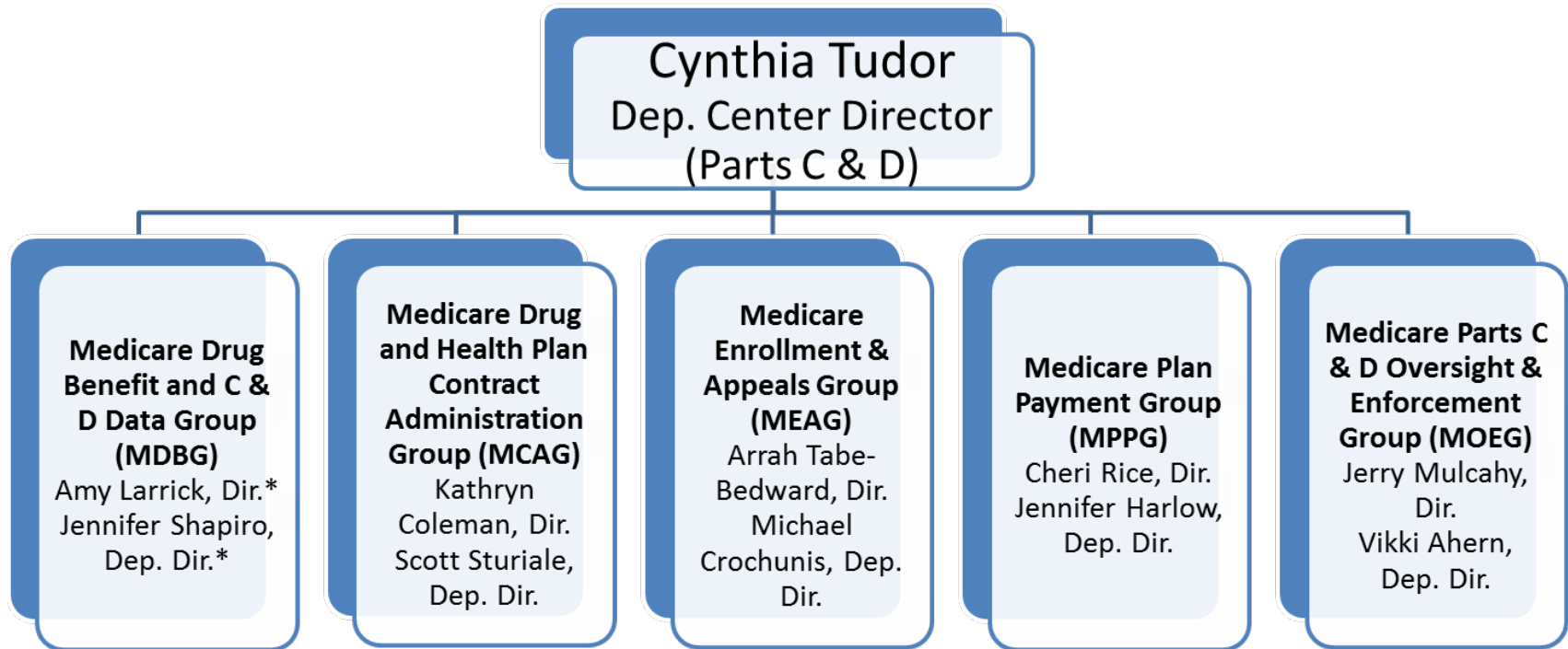
CMS, Center for Medicare (CM)

September 10, 2015

Center for Medicare – Organization



Center for Medicare – Organization (Cont.)



*Acting

Medicare Drug Benefit and C & D Data Group (MDBG)

- Responsible for Part D policy and operations and Medicare Advantage and Part D performance and quality monitoring. Develops and manages all the Consumer Assessment (CAHPS) surveys for fee-for-service Medicare and Part C and Part D
- Reviews and approves formularies and Part D Benefits
- Develops Star Ratings for MA and Part D Plans
- Operates the Health Plan Management System (HPMS), Complaint Tracking Module (CTM) and Health Insurance Casework System (HICS)

Medicare Drug Benefit and C & D Data Group (MDBG) - Cont.

- Works closely with most CMS components and the Consortium for Medicare Health Plans Operations (CMHPO), as well as States and other governmental entities and external stakeholders (e.g., beneficiary advocacy groups, health plan industry groups, provider associations, FDA)
- Consists of 80 staff with varied skills and backgrounds, including social scientists, pharmacists, attorneys, data analysts, programmers and health insurance specialists

Medicare Drug & Health Plan Contract Administration Group (MCAG)

- Reviews applications for new MA contracts. Coordinates all contract renewal/non-renewal terminations, mergers acquisitions, changes of ownership and novations
- Reviews benefit packages submitted by plans annually to ensure they are in accordance with applicable laws and regulations and are non-discriminatory. Analyzes financial data to ensure fiscal solvency
- Develops regulations and subregulatory guidance to effectively communicate program policies related to MA stakeholders

Medicare Drug & Health Plan Contract Administration Group (MCAG) - Cont.

- Sets standards and operational policies for the regulation and oversight of Part C and Part D marketing
- Issues compliance actions for data-driven issues and works with CMS Regional Offices in the development, substantiation and issuance of compliance actions
- Consists of approximately 50 staff members with varied skills and backgrounds, including attorneys, clinicians and policy and program analysts with backgrounds in public administration, public health and public policy

Medicare Enrollment and Appeals Group (MEAG)

- Responsible for beneficiary-centered issues that impact all parts of the Medicare program
- Works collaboratively with other governmental entities (e.g., SSA, IRS) and external stakeholders (e.g., beneficiary advocacy groups, health plans)
- Develops policy for claim appeals for all parts of Medicare
- Leads benefit appeals policy and QIC operations
- Responsible for developing policy for eligibility, entitlement and enrollment for - FFS, MA and Part D

Medicare Enrollment and Appeals Group (MEAG) - Cont.

- Responsible for the operational aspects of Parts C and D eligibility and enrollment
- Business Owner for Medicare Beneficiary Database (MBD), Enrollment Database (EDB), Electronic Retroactive Processing Transmission (eRPT) application and Enrollment Module of the Medicare Advantage Prescription Drug (MARx) system
- Consists of approximately 50 staff members with varied skills and backgrounds, including attorneys, clinicians, program analysts and IT specialists

Medicare Plan Payment Group (MPPG)

- Payment Policy Development
 - Responsible for the development of policies and methodologies for paying MA organizations and Part D sponsors
- Payment Operations
 - Responsible for implementing and maintaining payment systems necessary to process all payments made to MA organizations, Part D sponsors and Retiree Drug Subsidy sponsors

Medicare Plan Payment Group (MPPG) - Cont.

- Payment Monitoring and Overpayment Recovery
 - Responsible for monitoring and auditing payments made to MA organizations and Part D sponsors, recouping overpayments and providing appeals processes
- Consists of approximately 50 staff members with varied skills and backgrounds, including attorneys, clinicians, program analysts, data analysis and IT specialists

Medicare Part C & D Oversight and Enforcement Group (MOEG)

- Evaluates Part C & D plan sponsors' performance in the delivery of health care benefits to ensure that sponsors are providing the appropriate health care services and drugs to beneficiaries for which they have already been paid
- Develops the audit strategy, directs audit policy and conducts all Part C & D Program audits
- Evaluates referrals of substantial non-compliance and develops cases for enforcement actions

Medicare Part C & D Oversight and Enforcement Group (MOEG) - Cont.

- Leads oversight of sponsors while under sanction or during termination proceedings
- Imposes compliance actions in the form of a Civil Monetary Penalty, Intermediate Sanction or Termination
- Consists of approximately 35 staff members with varied skills and backgrounds, including auditors, attorneys, clinicians and program analysts

Conclusions

- We are here to help you, as well as ensure compliance for our beneficiaries.
- All of us are available for conversations about your concerns and problems.
- Phone numbers and email addresses are widely disseminated.
- We urge you to contact appropriate leadership as you have met in this session. This allows these leaders and their staff to explore the situation and work out the problem, if possible.