

MEDICARE ADVANTAGE & PRESCRIPTION DRUG PLAN

FALL CONFERENCE AND WEBCAST

September 6, 2018
9:30 am – 4:30 pm EDT
CMS Grand Auditorium

CONFERENCE GUIDE



 #CTEOCON



Table of Contents

Program Overview	3
Agenda	4
Session Summaries	5
Speaker Bios	7
On-Site Participants	11
Housekeeping Rules	11
Hotel and Travel Accommodations	11
Transportation	11
Directions	12
General Information	12
Preparation Checklist	13
Webcast Participants	14
Viewing Tips for YouTube	14
How to Join the YouTube Webcast	14
Technical Support	14
Preparation Checklist	14
Continuing Education Activity Information & Instructions	15
Activity Description	15
Compliance Certification Board (CCB) [®] Credits	15
Continuing Education Activity Information and Updates	15
Additional Resources	16
CTEO Website	16
Event Materials	16
Post Event Online Survey	16
Technical Support	16

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Program Overview

CMS EXPERTS will be coming together to provide important 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 and technology.

This one-day event will be held on **Thursday, September 6, 2018, from 9:30 am to 4:30 pm EDT** and will consist of sessions presented by subject matter expert speakers and information on the following topics:

- Medicare Communications and Marketing Guidelines & Provider Directory Updates
- OACT Intro
- Best Practices for Classifying Grievances, Appeals and Coverage Requests
- Meet the Center for Medicare Directors
- Medicare Advantage and the Quality Payment Program
- Tackling the Opioid Crisis in Medicare Advantage & Part D
- Open Q & A Session



Agenda



7:30 am - 9:30 am	CHECK-IN/BADGING
9:30 am - 9:45 am	Welcome/Remarks Kaye Rabel & Stacey Plizga, Provider Resources, Inc. Moderators
9:45 am - 11:15 am	Medicare Communications and Marketing Guidelines & Provider Directory Updates Jeremy Willard, CMS Christine Reinhard, CMS
11:15 am - 11:45 am	OACT Intro Paul Spitalnic, CMS
11:45 am - 12:45 pm	LUNCH BREAK
12:45 pm - 1:30 pm	Best Practices for Classifying Grievances, Appeals and Coverage Requests Staci Paige, CMS Coretta Edmondson, CMS Destiny Gordon, BC/BS of Tennessee Crescent Moore, BC/BS of Tennessee
1:30 pm - 2:00 pm	Meet the Center for Medicare Directors Kathryn Coleman, CMS Amy Larrick, CMS Jerry Mulcahy, CMS John Scott, CMS Rebecca Paul, CMS* *Acting Deputy Director, MPPG, CMS
2:00 pm - 2:15 pm	AFTERNOON BREAK
2:15 pm - 2:30 pm	Keynote Address Demetrios Kouzoukas, Principal Deputy Administrator and Director, Center for Medicare
2:30 pm - 3:15 pm	Medicare Advantage and the Quality Payment Program QPP Perspective Adam Conway, CMS MAQI Demonstration Jason Petroski, CMS
3:15 pm - 4:00 pm	Tackling the Opioid Crisis in Medicare Advantage & Part D Jaclyn Jacobson, Martin's Point Erin McKenna, Aetna Annie Schuster, Cigna-HealthSpring Howard Shaps, WellCare
4:00 pm - 4:25 pm	Open Q & A Session
4:25 pm - 4:30 pm	CLOSING REMARKS

Session Summaries

Medicare Communications and Marketing Guidelines & Provider Directory Updates

Jeremy Willard, MBA, Technical Advisor, Division of Surveillance, Compliance, and Marketing, Medicare Drug and Health Plan Contract Administration Group, Center for Medicare, CMS

Christine Reinhard, BA, MBA, JD, Management Analyst, Division of Surveillance, Compliance, and Marketing, Medicare Drug & Health Contract Administration Group, Center for Medicare, CMS

The presentation will begin by providing an update to CMS' activities focused on Medicare Advantage Provider Directories. We will then turn our focus on the Medicare Communications and Marketing Guidelines (MCMG). CMS recently updated the definition of marketing under Subpart V of the regulation to focus on materials and activities that aim to influence enrollment decisions. In addition, the Rule created and defined the new term "communications." The presentation will provide training and insight on the new sub-regulatory guidance — the MCMG — that Medicare Advantage Plans and Part D Sponsors use when developing materials aimed at Medicare beneficiaries. The presenters will walk through the various changes made to marketing and communication policy, provide examples of materials to demonstrate whether they are considered marketing or communications, and will answer questions received prior to the conference via email as well as live questions during the presentation.

OACT Intro

Paul Spitalnic, BA, Chief Actuary, Office of the Actuary, CMS

The CMS Chief Actuary will provide an overview of the Office of the Actuary. This will include the role of OACT within CMS, their various products, how they produce their work, and their expectations for Medicare Advantage and Part D actuaries.

Best Practices for Classifying Grievances, Appeals and Coverage Requests

Staci Paige, MA, Health Insurance Specialist, Division of Appeals Policy, Medicare Enrollment and Appeals Group, Center for Medicare, CMS

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

Destiny Gordon, MBA, Manager, MA Member Disputes & Outreach Services, BlueCross BlueShield of Tennessee



Crescent Moore, PharmD, PhD, BCPS, Director, Clinical Pharmacy, BlueCross BlueShield of Tennessee

This session will provide participants with additional direction for appropriately classifying requests for grievances, organization and coverage determinations, and appeals. Because enrollees are not required to use specific language when contacting a plan to file a grievance, appeal or make a request for coverage, customer service representatives must accurately interpret and classify a request to ensure it is routed to the appropriate unit for processing. As a follow up to the 2017 Fall Conference and the 2018 Spring and Audit conference topics on classification, this session will present examples of best practices for classification from BlueCross BlueShield of Tennessee as well as provide additional clarification of CMS manual guidance from CMS subject matter experts.

Meet the Center for Medicare Directors

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

Amy Larrick, Director, Medicare Drug Benefit and C & D Data Group, Center for Medicare, CMS

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

John Scott, JD, Acting Director, Medicare Parts C & D Oversight and Enforcement Group, Center for Medicare, CMS

Rebecca Paul, MPH, MA, Acting Deputy Director, Medicare Plan Payment Group, Center for Medicare, CMS

CM directors will meet to discuss CMS operations and how we make decisions on priorities.

Session Summaries, continued

Medicare Advantage and the Quality Payment Program

QPP PERSPECTIVE

Adam Conway, MPH, Health Insurance Specialist, Division of Alternative Payment Model Infrastructure, Policy and Programs Group, Center for Medicare and Medicaid Innovation, CMS

This session will provide participants with an introduction to the Quality Payment Program and a new demonstration proposed by CMS, entitled the Medicare Advantage Qualifying Payment Arrangement Incentive (MAQI) demonstration. Participants will learn more about both the clinician's and MAO's role in this project, what types of MAO arrangements are being considered, and how the proposed waivers in this demonstration affect a clinician's participation in MIPS and QPP. Attendees should leave the presentation with a clearer understanding of what CMS proposes to study and whether this project is something to consider in 2018 or the future.

MAQI DEMONSTRATION

Jason Petroski, PhD, MPA, Director, Division of Delivery System Demonstrations, Seamless Care Models Group, Center for Medicare and Medicaid Innovation, CMS

This session will provide participants with an introduction to a new demonstration proposed by CMS, entitled the Medicare Advantage Qualifying Payment Arrangement Incentive (MAQI) demonstration. Participants will learn more about both the clinician's and MAO's role in this project, what types of MAO arrangements are being considered, and how the proposed waivers in this demonstration affect a clinician's participation in MIPS and QPP. Attendees should leave the presentation with a clearer understanding of what CMS proposes to study and whether this project is something to consider in 2018 or the future.

Tackling the Opioid Crisis in Medicare Advantage & Part D

Jaclyn Jacobson, MBA, MPH, Manager, Medicare Programs, Martin's Point Health Care

Erin McKenna, PharmD, Executive Director, Medicare Chief Pharmacy Officer, Aetna

Annie Schuster, PharmD, VP Clinical Pharmacy, Cigna-HealthSpring

Howard Shaps, MD, MBA, Chief Medical Director, Population Health Solutions, WellCare Health Plans, Inc.

This session will provide a brief overview of the steps taken by health plan organizations to combat the opioid crisis.





Speaker Bios

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 1998, Ms. Coleman 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.

Adam Conway

MPH, Health Insurance Specialist, Division of Alternative Payment Model Infrastructure, Policy and Programs Group, Center for Medicare and Medicaid Innovation, CMS

Adam Conway serves as the Team Lead for the Alternative Payment Model track of the Quality Payment Program, overseeing policy development and implementation, advising Alternative Payment Model teams on model design, financial methodology, and integration with the Quality Payment Program. Mr. Conway has also led the development of a set of episode-based payment models for cardiac and orthopedic surgical procedures, served as a technical subject matter expert on the Bundled Payments for Care Improvement initiative, and established procedures for payments of Medicare dollars to Alternative Payment Model participants. Mr. Conway completed his MPH in Health Policy at the University of Pittsburgh in 2011, including research on the integration of behavioral health and substance abuse interventions into the primary care setting.

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.

Destiny Gordon

MBA, Manager, MA Member Disputes & Outreach Services, BlueCross BlueShield of Tennessee

For over 20 years Destiny has been in the healthcare insurance industry. Over 18 years of her career have been with BlueCross BlueShield of Tennessee's government operations, specifically working with CMS regulatory requirements including operations for their former Medicare Part A Intermediary. Destiny has been in the Medicare Advantage line of business since the plan's inception in 2006. In her current role she oversees appeals, grievances, and CTMs operations. She also manages Member Outreach Services to support improved member healthcare outcomes and Stars initiatives. Destiny has expertise in developing strategies and sufficient processes to align with effective clinical and non-clinical reviews for appeals and grievances per CMS requirements. Most notably she has focused on streamlining clinical and non-clinical distinctions in the review processes for appeals.

Jaclyn Jacobson

MBA, MPH, Manager, Medicare Programs, Martin's Point Health Care

Ms. Jacobson has been employed by Martin's Point Health Care, a Medicare Advantage Organization (MAO), since October 2014 as

the Manager of Medicare Programs. Prior to Martin's Point, Ms. Jacobson worked for six years as a patient advocate for a non-profit health system with a special focus on inpatient and outpatient addiction services.

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 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.



Speaker Bios, continued

Amy Larrick

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

Amy Larrick is a senior executive with CMS and currently serves as the Director of the Medicare Drug Benefit and C&D Data Group (MDBG) within the Center for Medicare. As Director of MDBG, Amy develops and oversees policy and operations related to the Medicare Part D prescription drug benefit, as well as the Medicare Advantage (Part C) and Part D Star Ratings performance measurement system. Previously, Amy served as Senior Advisor to the CMS Principal Deputy Administrator, providing leadership in the management and timely completion of the Agency's highest priority program initiatives. Amy worked for the Nebraska SHIP program prior to joining CMS in 2005.

Erin McKenna

PharmD, Executive Director, Medicare Chief Pharmacy Officer, Aetna

Ms. McKenna has responsibility for leading a staff of pharmacists, technicians, operations specialists and business analysts whose responsibilities include Medicare formulary strategy, PBM formulary processing, clinical logic requirements, and pharmacy clinical programs, including case management, medication therapy management and opioid utilization monitoring program. Ms. McKenna has worked within the managed care practice focusing on Medicare beneficiaries since 2002. Since 2012, she has been employed by Aetna within their Medicare business. Prior to becoming involved in managed care, Ms. McKenna practiced in retail, hospital and various clinical patient care settings. Ms. McKenna received both her BS in Pharmacy and Doctor of Pharmacy degrees from Duquesne University.

Crescent Moore

PharmD, PhD, BCPS, Director, Clinical Pharmacy, BlueCross BlueShield of Tennessee

Dr. Crescent Moore currently serves as the Director of Clinical Pharmacy at BlueCross BlueShield of Tennessee. In her role she provides strategic direction for clinical pharmacy programs and initiatives across all lines of business. This includes oversight of formularies, utilization activities and drug management for both medical and pharmacy benefits. Crescent began working at BlueCross in 2015 as a clinical pharmacist for government programs, and has extensive background in managed care, retail pharmacy, and research as well as experience in analytics and regulatory requirements for Medicare Part D.

Before joining BlueCross, she was a clinical pharmacist for both Humana Pharmacy Solutions and Cigna-Healthspring. She has served on the academic side of pharmacy as an assistant professor at Lipscomb University, and also worked as a retail pharmacist. Crescent earned a Doctor of Philosophy degree and a Doctor of Pharmacy degree from the University of Tennessee Health Science Center. She received a Bachelor of Science in Chemistry from Rhodes College, and completed a residency at the Tennessee Pharmacist Association. She is also a Board Certified Pharmacotherapy Specialist.

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 & D Oversight and Enforcement Group (MOEG) in the Center for Medicare (CM). Since joining CMS in 2002, Mr. Mulcahy has worked on a variety of high profile health plan initiatives. Prior to joining CMS, Mr. Mulcahy worked 12 years for Kaiser Permanente in various capacities including Medicare compliance, and Enrollment and Appeals.

Staci Paige

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

Staci Paige has been a Health Insurance Specialist within the Division of Appeals Policy (DAP), Medicare Enrollment and Appeals Group (MEAG) since December 2014. As a Medicare Advantage appeals and grievances subject matter expert, Staci works on regulations, beneficiary notices and manual guidance. 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. Staci earned her BA and MA, both in Management of Aging Services, at the Erickson School at University of Maryland, Baltimore County.

Rebecca Paul

MPH, MA, Acting Deputy Director, Medicare Plan Payment Group, Center for Medicare, CMS

Rebecca Paul currently serves as the Acting Deputy Director of the Medicare Plan Payment Group (MPPG) in the Center for Medicare (CM). She has over 20 years of experience working on state and federal health policy issues. Since joining CMS in 2005, Rebecca has worked on payment policy and operations for Medicare Advantage and the Prescription Drug Program. For the past year, she has served as the Acting Deputy Director of the Medicare Plan Payment Group, managing a portfolio including risk adjustment policy and operations. Since 2012, she has lead the division that evaluates, updates, and maintains the Part C, Part D, and ESRD risk adjustment models, develops risk adjustment policy, and produces the risk adjustment proposed and final policies in the Advance Notice and Rate Announcement. Earlier in her career, she worked at the California Health Benefits Review Program, the CMS San Francisco Regional Office Medicaid and Children's Health division, and Alpha Center (predecessor to Academy Health).

Speaker Bios, continued



Jason Petroski

PhD, MPA, Director, Division of Delivery System Demonstrations, Seamless Care Models Group, Center for Medicare and Medicaid Innovation, CMS

Dr. Petroski oversees the implementation, design and administration of several research projects, demonstrations and/or models focused on testing alternative payment structures and health care delivery systems in Medicare and Medicaid. His division within CMS' Innovation Center is working on rural health initiatives, innovations in Medicare Advantage and other key projects aimed at improving quality of care, patient health and decreasing overall health care costs. Before managing these research and development activities, Dr. Petroski managed CMS survey and data analysis activities in the Office of Enterprise Data and Analytics and also spent time as an analyst researching and implementing demonstration projects in the predecessor organization to the CMS Innovation Center. Before coming to CMS, Dr. Petroski supervised data management and reporting activities and information sharing with large consulting firms for Blue Cross BlueShield plans. Dr. Petroski earned an MPA from the University of Baltimore and his PhD in Public Health Policy from the University of Maryland, Baltimore County, where he investigated performance differences in Medicare delivery systems using health outcome survey data.

Christine Reinhard

BA, MBA, JD, Management Analyst, Division of Surveillance, Compliance, and Marketing, Medicare Drug & Health Contract Administration Group, Center for Medicare, CMS

Ms. Reinhard 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.

Annie Schuster

PharmD, VP Clinical Pharmacy, Cigna-HealthSpring

Dr. Schuster has been employed by Cigna for 11 years. Her focus has been clinical pharmacy programs for Cigna-HealthSpring's Medicare and Medicaid beneficiaries. Her current leadership scope includes pharmacy quality improvement services and Part D formulary development. She leads the Cigna-HealthSpring Opioid Workgroup, an interdisciplinary team that works collaboratively across pharmacy, medical and behavioral programs to reduce opioid use and to harness the company's physician-partnership model to interrupt the cycle of addiction while assuring that patients who have no alternatives to manage their pain retain clinically appropriate access to the remedies prescribed by their doctor. She is also the Residency Program Director for the Cigna-HealthSpring managed care pharmacy residency program. Dr. Schuster received her Doctorate of Pharmacy from the University of Illinois at Chicago and a BS in Kinesiology from the University of Illinois at Urbana-Champaign.

John Scott

JD, Acting Director, Medicare Parts C & D Oversight and Enforcement 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 is currently the Acting Director of the Medicare Parts C & D Oversight and Enforcement Group (MOEG). John recently completed a one-year detail as the Acting Deputy Director of the Medicare Drug Benefit and C and D Data Group, and previously served as the Director of the

Division of Compliance Enforcement in MOEG. Prior to joining MOEG, John worked in the Medicare Plan Payment Group as the Director of the Division of Payment Systems, the Director of the Division of Payment Operations, and Special Assistant. John's first position in 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.

Howard Shaps

MD, MBA, Chief Medical Director, Population Health Solutions, WellCare Health Plans, Inc.

Dr. Howard Shaps was named WellCare's Chief Medical Director, Population Health Solutions, in July 2018. In this role, he is responsible for delivering quality care to WellCare members through policy development and the promotion of value-based care. After joining WellCare in January 2014, Dr. Shaps served as Medical Director of WellCare of Kentucky where he oversaw the clinical direction of medical services and quality functions in the Kentucky market.



Speaker Bios, continued



During his tenure, he provided medical leadership for the effective care integration of pharmacy operations and oversight of utilization, care and disease management activities. Prior to joining WellCare, Dr. Shaps served as the Medical Director for Health Care Excel, a nonprofit healthcare consulting company, and as a Medical Director for Express Scripts, a national pharmacy benefit management company. Since 2007, he has also served as Assistant Clinical Professor of Emergency Medicine at the University of Louisville School of Medicine. Earlier in his career, Dr. Shaps served simultaneously as the Medical Director for the Department of Emergency Medicine for Jewish Hospital in Louisville, Kentucky and the Medical Director for CVS Minute Clinic. He remains on the emergency medicine staff for the Jewish Hospital. He also serves on the National Health Care Anti-Fraud Association Medical Directors Clinical Advisory Panel and most recently served on the National Quality Forum's (NQF) Medicaid Innovation Accelerator Committee for the Medicaid Innovation Accelerator Project. Howard earned his bachelor's degree in psychology from the University of Michigan, his doctor of medicine from

the Boston University School of Medicine and his MBA, with distinction, from the University of Louisville College of Business. He is a diplomat of the American Board of Emergency Medicine and holds active medical licenses in Kentucky and Indiana.

Paul Spitalnic

BA, Chief Actuary, Office of the Actuary, CMS

Paul Spitalnic has been the Chief Actuary for CMS since 2013 and is the Director for the Office of the Actuary (OACT). He is responsible for evaluating the financial status of the Medicare Trust Funds, projecting program costs for the President's budget, estimating national health expenditures, calculating program rates, and other actuarial functions related to the Medicare and Medicaid programs. Paul joined CMS in 2003 and led the actuarial efforts to implement the new Part D program. From 2006 through 2013, Paul held the position of Director of the Parts C & D Actuarial Group, where he was responsible for the actuarial work related to Medicare Advantage and Part D programs. Prior to joining CMS, he worked as a Consulting Actuary focusing on retiree health insurance issues. He is an Associate of the Society of Actuaries,

a member of the American Academy of Actuaries and has a BA in Mathematics from Binghamton University.

Jeremy Willard

MBA, Technical Advisor, Division of Surveillance, Compliance, and Marketing, Medicare Drug and Health Plan Contract Administration Group, Center for Medicare, CMS

Jeremy serves as a Technical Advisor in the Division of Surveillance, Compliance, and Marketing (DSCM). Prior to joining DSCM, Jeremy worked in the CMS Philadelphia Regional Office as the Branch Manager of the Medicare Advantage Branch. Jeremy has worked in several roles during his 16 years with CMS, including serving as the Acting Director of the Division of Medicare Advantage Operations as well as the Acting Director of the Division of Surveillance, Compliance, and Marketing, various provider outreach activities, and serving as the HIPAA Coordinator for CMS Region III. In addition to his work for CMS, Jeremy has also worked for a large national health plan as a Compliance Manager. Jeremy holds a Bachelor of Science in Business Management from Bloomsburg University of Pennsylvania and a Masters in Business Administration from Saint Joseph's University.



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 11:45 am. There will be an afternoon break at 2:00 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

AMTRAK

- 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.

MARC Train

- The MARC commuter train operates weekdays along the Baltimore/Washington corridor with two lines (Penn & Camden) that leave from Washington's Union Station and arrive in Baltimore at either Camden or Penn Station. The MARC train also services the BWI Rail Station on the Penn Line and is located close to the BWI Airport.

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, continued



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 be open **Thursday, September 6th, from 7:00 am until 9:30 am EDT**. All Medicare Advantage & Prescription Drug Plan Fall Conference & Webcast attendees 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 30th by 12:00 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 **12:00 pm EDT, Thursday, August 30th**.

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, continued

- ✔ **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.
 - **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 30th by 12:00 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 on 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 6th, 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



The webcast will be held Thursday, September 6, 2018, 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 6, 2018.** 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 CTEO TechSupport 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.

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.



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 and technology.

Compliance Certification Board (CCB)[®] Credits

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

Continuing Education Activity Information and Updates

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





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/2018_Fall_Participant_Survey_Final

The survey will be available until 9:00 pm EDT, Wednesday, September 12, 2018.

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 – Office of Communications
- OSSO – CMS Logistical & Technical Team
- CTEO Team – CM/BOS2 Staff and PRI & Poll Everywhere® (CTEO Contractor Support)





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