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2013 Medicare Advantage & Prescription Drug Plan

Spring Conference (Webcast)

COLLABORATING, COMMUNICATING, AND TRANSFORMING

May 6, 2013

8:00 AM – 4:30 PM EST

WELCOME to the Center for Medicare & Medicaid Services' (CMS) ***2013 Medicare Advantage and Prescription Drug Plan Spring Conference (Webcast).***

We, in the Center for Medicare (CM), continue to partner and collaborate with plans to improve the quality of care and services provided to Medicare beneficiaries. Quality improvement is an important cornerstone of the Medicare Advantage (MA) and the Prescription Drug Plan (PDP) Programs.

We are committed to expanding these programs in an effective and efficient manner, ensuring that beneficiaries continue to find value and understand their choice of plans and their associated benefits. In our effort to fulfill this charge, our vision of future success is a ***high quality health care system that ensures better care, access to coverage and improved health.*** We are focused on measurably improving care and population health by transforming the U.S. health care system into an integrated and accountable delivery system that continuously improves care, reduces unnecessary costs, prevents illness and disease progression, and promotes health. We will find better ways to ensure that the right care is accessible and delivered to the right person at the right time, every time.

To fulfill our mission and achieve our vision, we have chosen four Strategic Goals that must be achieved. These strategic goals cut across programs and support functions throughout CMS. In addition, each Strategic Goal is described in "end state" language that describes the goal's intent:

- **Better Care and Lower Costs**
- **Prevention and Population Health**
- **Expanded Health Care Coverage**
- **Enterprise Excellence**

In an effort to work collaboratively, we studied the best practices of the private sector to determine ways to mirror their successful efforts. We are currently crafting regulations in a transparent manner to allow private plans to assist in these efforts. We are also building on the value-based policies that some private plans are using.

The five-star rating system is a powerful tool in driving beneficiaries to select a high quality plan, encouraging plans to improve the care they provide, and in providing the Agency with a tool that can focus our efforts on improving the quality of care provided by low performing plans. We will continue providing beneficiaries with information on plan quality and helping to facilitate enrollments into high quality plans.

CMS has developed clearer guidance and provided technical assistance regarding specific quality requirements (Chronic Care Improvement Projects, Quality Improvement Projects, Models of Care) so that MA plans can continue to improve the quality of care that they provide. We have been encouraging improved coordination of services for our beneficiaries in our many fee-for-service efforts as well as in Medicare Advantage and stand-alone Prescription Drug Plans.

We have improved coordination of efforts in private plans, including expanded use of special need plans, financial alignment demonstrations that are integrating Medicaid and Medicare services, and efforts to align standalone PDPs with the activities of Accountable Care Organizations.

We have been tremendously pleased with beneficiaries choosing private plans. Since the enactment of the Affordable Care Act, Medicare Advantage enrollment is up by 25 percent while premiums have fallen. Our goal is to ensure that beneficiaries know their benefit levels and providers are confident in their payment levels.

Extensive inroads have been made in the last few years in improving compliance, performance and accountability of health and drug plans. These efforts include updating and revising guidance, Medicare's star rating system, our past performance methodology, and our audit strategy. We believe a transparent and data-driven approach to plan oversight and compliance fosters a culture of cooperation with the agency and excellence among plans.

In closing, I would like to thank you for attending and bringing your expertise to our event. Throughout this conference, I ask you to stay engaged, keep us proactive and help us shape the future of the Medicare Advantage and Prescription Drug programs.

Sincerely,

Jonathan D. Blum
Acting Principal Deputy Administrator
Deputy Administrator and Director, Center for Medicare

SESSION SUMMARIES

Keynote Speaker

Cynthia G. Tudor, PhD, *Acting Deputy Director, Center for Medicare Director, Medicare Drug Benefit and C&D Data Group, CMS*

Benefits and Formulary Updates for 2014

Geralyn Glenn, MHSA, *Health Insurance Specialist, Division of Finance and Benefits, Medicare Drug and Health Plan Contract Administration Group, CMS*
Andrea Bendewald, PharmD, *Formulary Lead, Division of Formulary and Benefit Operations, Medicare Drug Benefit and C&D Data Group, CMS*

This session will provide participants with an overview of the Medicare Part C and Part D Contract Year (CY) 2014 bid submission requirements, with a focus on important timelines, Plan Benefit Package (PBP) changes for CY 2014 and review principles. In this presentation we will also highlight pertinent changes related to Medicare Part D Formulary Submissions.

Payment Updates for 2014

Thomas Kornfield, MPP, *Director, Division of Payment Systems, Medicare Plan Payment Group, CMS*

This session will describe the key elements of the 2014 Payment notice. The notice outlines the Medicare Advantage (MA) payment policies for 2014 and includes estimates for the growth rate used as an input into the MA county level benchmarks. The session will provide an overview of CMS MA payment policies for 2014.

Marketing, Surveillance & Compliance Update

Christine Reinhard, Esq, MBA, *Health Insurance Specialist, Division of Surveillance, Compliance and Marketing, Medicare Drug and Health Plan Contract Group, CMS*
Erica Sontag, *Health Insurance Specialist, Division of Surveillance, Compliance and Marketing, Medicare Drug and Health Plan Contract Group, CMS*

This session will provide participants with an overview of the improvements CMS is making to the Summary of Benefits of the 2015 contract year. In addition, CMS will be discussing our CY2013 surveillance results, our Outbound Enrollment Verification project, and compliance findings.

Part C and Part D Monitoring Efforts

Greg Bottiani, JD, *Health Insurance Specialist, Division of Benefit Purchasing and Monitoring, Medicare Drug Benefit and C&D Data Group, CMS*

In this session we will discuss the use of monitoring as an oversight approach. Using examples of the Medicare Drug Benefit Group's Call Center Monitoring, Premium Billing and Special Needs Plan (SNP) Enrollment monitoring efforts, among others, this presentation is an opportunity to hear about findings across all Part C organizations and Part D Sponsors, what it means for CMS, and a preview of things to come.

Medicare Medicaid Plan and Capitated Financial Alignment Demonstration Update

Vanessa Duran, MPA, *Senior Technical Advisor, Medicare-Medicaid Coordination Office, Program Alignment Group, CMS*
Marla Rothouse, Esq, MBA, *Senior Technical Advisor, Medicare-Medicaid Coordination Office, Program Alignment Group, CMS*

This session will provide participants with status updates on the implementation of the Capitated Financial Alignment Demonstration. Participants will be apprised on an array of topics, including but not limited to Memorandums of Understanding, readiness reviews, enrollment, and marketing.

Part C & Part D Program Audit Landscape and Results

Brian Slater, *Analyst, Division of Analysis, Policy and Strategy, Medicare Parts C&D Oversight and Enforcement Group, CMS*
Michael DiBella, JD, *Special Assistant, Medicare Parts C&D Oversight and Enforcement Group*

This session will provide participants with an overview of the program audit findings for the 2012 audit cycle as well as discuss the historical trends of the program.

QIP/CCIP Next Steps

CDR Lisa Palucci, MSN, RN, *Nurse Consultant, Division of Policy, Analysis and Planning, Medicare Drug and Health Plan Contract Administration Group, CMS*
Heather Kilbourne, JD, *Health Insurance Specialist, Division of Policy, Analysis and Planning, Medicare Drug and Health Plan Contract Administration Group, CMS*

This session will provide participants with a brief, high-level overview of Quality Improvement Project (QIP) and Chronic Care Improvement Program (CCIP) updates. We will review next steps and CMS expectations as well as answer some frequently asked questions. Participants will also have the opportunity to ask questions directly to presenters during the session.

Encounter Data Updates

Greg McGuigan, *Director, Division of Encounter Data and Risk Adjustment Operations, Medicare Plan Payment Group, CMS*

This session will provide participants with an understanding of the Encounter Data Systems design, MA Plan certification requirements, Encounter Data submission requirements and submission frequency. Encounter Data statistics on data submission volumes and plan participation percentages will be provided. Additional detail about the system development challenges and future direction will be discussed.

The Safety Net: Coverage Decisions, Appeals & Grievances

Jennifer Smith, MPA, *Director, Division of Appeals Policy, Medicare Enrollment and Appeals Group, CMS*

Recent audit and oversight efforts have demonstrated continued deficiencies in plan performance in the processing of coverage determinations, appeals and grievances. This function provides a vital safety net for Medicare enrollees whose initial requests for coverage or payment may have been denied. It is also the process the plan can use to correct any errors it may have made when first reviewing a request for coverage or payment. This presentation will cover common pitfalls and highlight CMS multi-staged plan to improve plan performance in these areas.

2013 Part C & Part D Program Audits and Initiatives

Jonathan Blanar, MBA, *Deputy Director, Division of Audit Operations, Medicare Part C&D Oversight and Enforcement Group, CMS*
Doreen Gagliano, MA, MSW, *Technical Advisor, Division of Audit Operations, Medicare Part C&D Oversight and Enforcement Group, CMS*
Darryl Brookins, MBA, *Health Insurance Specialist, Division of Audit Operations, Medicare Part C&D Oversight and Enforcement Group, CMS*

This session will provide participants with an overview of the 2012 program audit results with best practices and common findings as well as audit innovations from 2012. These innovations include the new scoring methodology, the Immediate Corrective Action Required (ICAR) process, incorporation of the SNP MOC protocol, the HPMS audit module, features of our website, and the status of the 2013 audits.

AGENDA

AVAILABLE ALL DAY – SIGN-UP AND/OR LOG-IN FOR WEBCAST PARTICIPANTS

8:00 am – 8:45 am ON-SITE REGISTRATION FOR CMS CENTRAL OFFICE STAFF

8:45 am – 9:00 am
Welcome/ Helpful Suggestions for Todays Webcast
Stacey Plizga, *Moderator*

9:00 am – 9:30 am
Keynote Speaker
Cynthia G. Tudor, PhD, *Acting Deputy Director, Center for Medicare*

9:30 am – 10:00 am
Benefits and Formulary Updates for 2014
Geralyn Glenn, MHSA, *Health Insurance Specialist, Division of Finance and Benefits, Medicare Drug and Health Plan Contract Administration Group*
Andrea Bendewald, PharmD, *Formulary Lead, Division of Formulary and Benefit Operations, Medicare Drug Benefit and C&D Data Group*

10:00 am – 10:30 am
Payment Updates for 2014
Thomas Kornfield, MPP, *Director, Division of Payment Systems, Medicare Plan Payment Group*

10:30 am – 10:45 am MORNING BREAK

10:45 am – 11:15 am
Marketing, Surveillance & Compliance Update
Christine Reinhard, Esq, MBA, *Health Insurance Specialist, Division of Surveillance, Compliance and Marketing, Medicare Drug and Health Plan Contract Group*
Erica Sontag, *Health Insurance Specialist, Division of Surveillance, Compliance and Marketing, Medicare Drug and Health Plan Contract Group*

11:15 am – 11:45 am
Part C and Part D Monitoring Efforts
Greg Bottiani, JD, *Health Insurance Specialist, Division of Benefit Purchasing and Monitoring, Medicare Drug Benefit and C&D Data Group*

11:45 am – 12:30 pm LUNCH BREAK

12:30 pm – 1:00 pm
Medicare Medicaid Plan and Capitated Financial Alignment Demonstration Update
Vanessa Duran, MPA, *Senior Technical Advisor, Medicare-Medicaid Coordination Office, Program Alignment Group*
Marla Rothouse, Esq, MBA, *Senior Technical Advisor, Medicare-Medicaid Coordination Office, Program Alignment Group*

1:00 pm – 1:30 pm
Part C & Part D Program Audit Landscape and Results
Brian Slater, *Analyst, Division of Analysis, Policy and Strategy, Medicare Parts C&D Oversight and Enforcement Group*
Michael DiBella, JD, *Special Assistant, Medicare Parts C&D Oversight and Enforcement Group*

1:30 pm – 2:00 pm
QIP/CCIP Next Steps
CDR Lisa Palucci, MSN, RN, *Nurse Consultant, Division of Policy, Analysis and Planning, Medicare Drug and Health Plan Contract Administration Group*
Heather Kilbourne, JD, *Health Insurance Specialist, Division of Policy, Analysis and Planning, Medicare Drug and Health Plan Contract Administration Group*

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2:00 pm – 2:15 pm AFTERNOON BREAK

2:15 pm – 2:45 pm
Encounter Data Updates
Greg McGuigan, *Director, Division of Encounter Data and Risk Adjustment Operations, Medicare Plan Payment Group*

2:45 pm – 3:15 pm
The Safety Net: Coverage Decisions, Appeals & Grievances
Jennifer Smith, MPA, *Director, Division of Appeals Policy, Medicare Enrollment and Appeals Group*

3:15 pm – 4:15 pm
2013 Part C & Part D Program Audits and Initiatives
Jonathan Blanar, MBA, *Deputy Director, Division of Audit Operations, Medicare Part C&D Oversight and Enforcement Group*
Doreen Gagliano, MA, MSW, *Technical Advisor, Division of Audit Operations, Medicare Part C&D Oversight and Enforcement Group*
Darryl Brookins, MBA, *Health Insurance Specialist, Division of Audit Operations, Medicare Part C&D Oversight and Enforcement Group*

4:15 pm – 4:30 pm CLOSING REMARKS

SPEAKER BIOS

Andrea Bendewald, PharmD
Formulary Lead, Division of Formulary and Benefit Operations, Medicare Drug Benefit and C&D Data Group, CMS

Dr. Andrea Bendewald currently serves as the Formulary Lead for the Division of Formulary and Benefit Operations in the Medicare Drug Benefit and C&D Data Group. Andrea received her Doctor of Pharmacy degree from the University of Maryland, School of Pharmacy. She went on to complete an accredited pharmacy residency in primary care at the Veterans Administration Maryland HealthCare System in Baltimore Maryland. Following her residency, she was hired as a clinical pharmacist by the Baltimore Veterans Administration, where her focus was Disease State Management. Prior to her arrival at CMS, Andrea served as the Director of the Outpatient Pharmacy Services Department of Upper Chesapeake Medical Center in Bel Air, Maryland.

Jonathan Blanar, MBA
Deputy Director, Division of Audit Operations, Medicare Part C & Part D Oversight and Enforcement Group, CMS

Jonathan Blanar is the Deputy Director for the Division of Audit Operations in the Center for Medicare, Medicare Part C and Part D Oversight and Enforcement Group at CMS in Baltimore, Maryland. He is responsible for developing and implementing a comprehensive and effective audit program to assess Medicare Advantage and Prescription Drug sponsors' compliance with laws and regulations. Jonathan has ten years of auditing experience, mostly related to the federal government. He holds a Bachelor of Science in Business Management and a Master of Business Administration degree with a concentration in Accounting.

Gregory Bottiani, JD
Health Insurance Specialist, Division of Benefit Purchasing and Monitoring, Medicare Drug Benefit and C&D Data Group, CMS

Greg Bottiani is a Health Insurance Specialist in the Division of Benefit Purchasing and Monitoring. Since earning his Juris Doctor at the University of Baltimore School of Law in 2010, he has been employed by CMS, and is serving as the Contract Officer Representative for the Customer Service Call Center Monitoring Project.

Darryl Brookins, MBA
Health Insurance Specialist, Division of Audit Operations, Medicare Part C & Part D Oversight and Enforcement Group, CMS

Darryl Brookins is a Health Insurance Specialist in the Division of Audit Operations, Medicare Part C and Part D Oversight and Enforcement Group at the Centers for Medicare & Medicaid Services in Baltimore, Maryland. He is currently responsible for developing and implementing a comprehensive and effective audit program for all Medicare Advantage and Prescription Drug sponsors. Darryl's CMS experience also includes managing the contract for call center operations for the 1-800-MEDICARE beneficiary call line. He was also instrumental in implementing Affordable Care Act legislation (IRMAA Part D as well as Prescription Drug Coverage Gap Closure). Prior to CMS, Darryl was a project engineer in the Power Industry. He holds a Bachelor of Science in Chemical Engineering from The University of Delaware, a Certificate of Business Management from The Johns Hopkins University and a Master of Business Administration in Technology Management from The University of Phoenix.

Michael DiBella, JD
Special Assistant, Medicare Part C & Part D Oversight and Enforcement Group

Michael DiBella is the Special Assistant for the Medicare Part C and Part D Oversight and Enforcement Group in CMS, where he assists the Group's Directors with strategic planning, special projects, and Group level correspondence with internal and external stakeholders. Michael joined CMS in 2010 and served as an auditor in the Division of Audit Operations where he led audit teams that conducted program audits of Part C and Part D plan sponsors. Prior to his CMS career, he served as an Auditor for the Office of Inspector General for the General Services Administration from 2004 to 2010. Michael received his Bachelor of Science degree in Business Administration from Mount St. Mary's University and his Juris Doctor from the University of Baltimore School of Law.

Vanessa S. Duran, MPA

Senior Technical Advisor, Medicare-Medicaid Coordination Office, Program Alignment Group, CMS

Vanessa Duran currently works as a Senior Technical Advisor on the team implementing the Medicare-Medicaid Coordination Office's Capitated Financial Alignment Demonstration initiative. Since coming to CMS in 2001, she has held a variety of drug and health plan policy positions, most recently as Director of the Division of Policy, Analysis and Planning in the Medicare Drug & Health Plan Contract Administration Group, as well as on teams developing and implementing the Medicare Prescription Drug Card Program and the Medicare Prescription Drug Benefit (Part D). Prior to her work at CMS, Vanessa held positions in a Washington-based public policy consulting firm focusing on women's health care issues, as well as on Capitol Hill. Vanessa has a Master of Science in Public Administration, with a focus on domestic policy, from Princeton University's Woodrow Wilson School of Public and International Affairs. She is also a proud Duke University Blue Devil.

Doreen Gagliano, MA, MSW

Technical Advisor, Division of Audit Operations, Medicare Part C & Part D Oversight and Enforcement Group, CMS

Doreen Gagliano is the Technical Advisor for the Division of Audit Operations in the Medicare Part C and Part D Oversight and Enforcement Group, in the Center for Medicare at the CMS in Baltimore, Maryland. She provides support to the Division's Director, Deputy Director and division staff in developing and implementing a comprehensive and effective audit program for all Medicare Advantage and Prescription Drug Plan sponsors. Doreen began her career with CMS as a Presidential Management Fellow in 2004 in the Baltimore office, working in the Medicare Contract Administration Group and then worked as an Account Manager in the Chicago Regional Office. She has a Master of Arts degree in Biblical Studies and a Master of Social Work degree.

Geralyn Glenn, MHSA

Health Insurance Specialist, Division of Finance and Benefits, Medicare Drug & Health Plan Contract Administration Group, CMS

Geralyn Glenn is a Health Insurance Specialist and Contracting Officer Representative for the Division of Finance and Benefits in the Medicare Drug & Health Plan Contract Administration Group, which is responsible for the review of Medicare Advantage plan benefits. She worked for a managed care trade association and a private sector health plan prior to joining CMS in 2006. Geralyn graduated with a Master of Health Systems Administration degree from Rochester Institute of Technology and has a Bachelor of Arts degree from the University of Delaware.

Heather Kilbourne, JD

Health Insurance Specialist, Division of Policy, Analysis and Planning, Medicare Drug and Health Plan Contract Administration Group, CMS

Heather Kilbourne is a Health Insurance Specialist with the Division of Policy, Analysis and Planning in the Medicare Drug and Health Plan Contract Administration Group. She has three years of experience working on Medicare Advantage plans, specializing in developing and reviewing quality initiatives, contract applications and other policy issues. Heather has a Bachelor of Arts in English and a Bachelor of Science in Economics from St. Mary's College of Maryland and a Juris Doctorate from American University Washington College of Law.

Thomas Kornfield, MPP

Director, Division of Payment Systems, Medicare Plan Payment Group, CMS

Thomas Kornfield is the Director of the Division of Payment Systems in the Medicare Plan Payment Group. He is responsible for developing Parts C&D bid and payment policy. Thomas has over ten years of experience in Medicare payment policy. He developed and oversaw Medicare Advantage and Prescription Drug Plan payment policies for 2014. Thomas also has modeled the Medicare Advantage payment impacts due to the Affordable Care Act and has analyzed the trends in rebates and additional benefits from Medicare Advantage bids for 2009 to 2013.

At Coventry Healthcare, he was a Manager and then the director of the Corporate Compliance Department. Thomas was a detailee at the U.S. Senate Finance Committee, where he drafted legislative changes with respect to Medicare Advantage payment, access standards, and special needs plans. At Abt Associates, he conducted pharmacoeconomic research. Thomas has also worked at Mathematica Policy Research and the Medicare Payment Advisory Commission. He has a Master of Public Policy from the University of Michigan and a Bachelor of Arts from Hamilton College in New York.

Greg McGuigan

Director, Division of Encounter Data and Risk Adjustment Operations, Medicare Plan Payment Group, CMS

Greg McGuigan is the Director of the Division of Encounter Data and Risk Adjustment Operations, within the Medicare Plan Payment Group in CMS. He is the principal business owner of the Risk Adjustment Suite of System, responsible for calculation of risk adjustment scores utilized for Medicare Advantage (MA) plan payment. Leveraging his extensive healthcare systems implementation experience within CMS, Greg is responsible for overseeing the development and implementation of the Encounter Data System. The purpose of the Encounter Data System is to collect, edit, price and store Medicare Advantage Organizations' (MAOs) and other entities' encounter data, which is necessary to describe and price each health care encounter. The utilization of encounter data in the existing risk adjustment system will improve the accuracy of the risk adjustment model used to pay MAOs and other entities by reflecting the appropriate patterns of utilization and costs within the MA program.

CDR Lisa Palucci, MSN, RN

Nurse Consultant, Division of Policy, Analysis and Planning, Medicare Drug and Health Plan Contract Administration Group, CMS

Commander Palucci of the USPHS held a fourteen-year tenure with Indian Health Service (IHS) prior to joining CMS in July 2012. Her most recent position with the IHS was Nurse Collaborative Director with the Improving Patient Care (IPC) program in Rockville, Maryland. CDR Palucci is a recipient of the Indian Health Service 437 and Section 112 scholarships. She joined the IHS in 1997 as a student nurse intern at the Phoenix Indian Medical Center (PIMC) pediatric unit and then in 1998 began her USPHS Commissioned Corps tenure as a pediatric staff nurse. CDR Palucci later transitioned to various nursing positions in the IHS to include Public Health Nurse Intern, Community Health Nurse (FDIH- Navajo Area), Acting Director Public Health Nursing and Nurse Educator/Consultant for the IHS Clinical Support Center located in Phoenix, Arizona. In addition, she has held nursing positions in the private sector mainly as a contractor for Maricopa Integrated Health System working in-patient maternal/child health and as an associate professor at the University of Phoenix-College of Nursing.

CDR Palucci received her Bachelor of Science in Nursing from Arizona State University and her Master of Science in Nursing from the University of Phoenix. She is a long-standing member of various nursing organizations, including the National Alaska Native American Indian Nurses Association, American Nurses Association – Arizona Chapter, National Coalition of Ethnic Minority Nurses Association, and the Arizona Coalition for the Advancement of Evidence Based Practice. CDR Palucci's many honors and awards include the IHS Director's Group Award, IHS Phoenix Area Group Award, USPHS Commendation Medal, USPHS Achievement Award, USPHS Citation Award, USPHS Crisis Response Award, and the USPHS Special Assignment Award. CDR Palucci is a 2010 recipient of a Robert Wood Johnson Foundation Health Policy scholarship and is currently pursuing a doctoral degree in nursing in the Robert Wood Johnson Foundation Nursing and Health Policy Collaborative at the University of New Mexico.

Christine M. Reinhard, Esq, MBA

Health Insurance Specialist, Division of Surveillance, Compliance and Marketing, Medicare Drug and Health Plan Contract Group, CMS

Christine M. Reinhard works in the Division of Surveillance, Compliance and Marketing, within the Medicare Drug and Health Plan Contract Administration Group in CMS. The Division of Surveillance, Compliance and Marketing is responsible for secret shopping and compliance activities, as well as marketing issues related to Medicare Advantage organizations, 1876 Cost Contractors and other health plan types.

She 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 plan sponsor's bid submissions, plan benefits, auditing, financial analysis of contractors and enforcement actions. Christine holds a Bachelor of Science from St. Andrews College in North Carolina, a Master of Business Administration from Rutgers University, and a Law Degree from the University of Maryland. She is also a member of the Maryland Bar.

Marla Rothouse, Esq, MBA

Senior Technical Advisor, Medicare-Medicaid Coordination Office, Program Alignment Group, CMS

Marla Rothouse currently works as a Senior Technical Advisor on the team implementing the Medicare-Medicaid Coordination Office's Capitated Financial Alignment Demonstration initiative. Prior to joining the Medicare-Medicaid Coordination Office, she held a variety of positions within the Medicare Drug Benefit and C&D Data Group. Most recently, Marla served as Director of the Division of Pharmaceutical Manufacturer Management where she worked on the implementation of the Medicare Part D Coverage Gap Discount Program. Prior to working on the coverage gap, she served for six years as the technical lead for the Drug Benefit Division on the annual Medicare Part D applications.

Marla has held positions in not-for-profit organizations and state government. Her position prior included working for the State of New Jersey at their Washington, D.C. Office of the Governor, where she focused on health, education and welfare issues. Other work included jobs in government affairs with the State of Maryland's Washington, D.C. Office of the Governor and the National Conference of State Legislatures. Marla received her Bachelor of Arts from the University of Maryland and her Juris Doctorate and Master of Business Administration from The University of Baltimore.

Brian Slater

Analyst, Division of Analysis, Policy and Strategy, Medicare Part C & Part D Oversight and Enforcement Group, CMS

Brian Slater is an Analyst in the Division of Analysis, Policy and Strategy at CMS. The Medicare Part C and Part D Oversight and Enforcement Group (MOEG) is devoted to developing and implementing a more effective, comprehensive strategic compliance and oversight program for Medicare Advantage (MA) and Part D plan sponsors. One of the primary responsibilities of MOEG is to manage the audit program for all MA and Part D sponsors. The group is also the enforcement arm of the MA and Part D program, responsible for intermediate sanctions, civil money penalties and contract terminations.

He has thirteen years of experience in the healthcare industry and has been working for CMS since 2005. Previous work at CMS primarily focused on developing, writing and implementing hospital inpatient payment policy in the Division of Acute Care (DAC). His primary focus was on geographic reclassification, area wage index, outliers and Tax Equity and Fiscal Responsibility Act policies. Brian holds a Bachelor of Science degree from Towson University in Maryland.

Jennifer M. Smith, MPA

Director, Division of Appeals Policy, Medicare Enrollment and Appeals Group, CMS

Jennifer Smith is the Director of the Division of Appeals Policy in Center for Medicare Enrollment and Appeals Group. She joined CMS in 1998 and has spent much of her career focusing on Medicare contractor and plan oversight, operations and compliance. Jennifer has held a variety of positions within CMS Office of Financial Management Program Integrity Group, the Medicare Enrollment and Appeals Group, the Employer Policy & Operations Group and the Program Compliance and Oversight Group. In her current position, Jennifer is responsible for appeals policy for Original Medicare, Medicare Advantage, the Prescription Drug Program and the appeals operations at the Part C and Part D independent review entities. She received both her Bachelor of Science in Criminal Justice and her Master of Public Administration degrees from the University of Delaware.

Erica Sontag

Health Insurance Specialist, Division of Surveillance, Compliance and Marketing, Medicare Drug and Health Plan Contract Group, CMS

Erica Sontag works on the marketing team in the Division of Surveillance, Compliance and Marketing in the Medicare Drug and Health Plan Contract Group in CMS. In her role, she oversees the updates to the Medicare Marketing Guidelines and is co-leading the update to the Summary of Benefits document. Prior to joining the Marketing Team in October 2012, Erica worked at CMS in the Center for Medicaid and Children's Health Insurance Program Services and the Office of External Affairs. Prior to joining CMS, she worked at CareFirst BlueCross BlueShield in corporate communications at the Owings Mills, Maryland office.

Cynthia G. Tudor, PhD

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

Dr. Cynthia Tudor is the Director of the Medicare Drug Benefit and C&D Data Group at CMS in Baltimore, Maryland. The Medicare Drug Benefit and C&D Data Group (MDBG) is responsible for most activities related to the implementation and operation of the drug benefit (Part D) for CMS, including the new Coverage Gap Discount Program. Dr. Tudor's Part D operational responsibilities include applications, formulary development, contracting, day-to-day operations, and benefits policy. She is also responsible for developing and analyzing Medicare Advantage (Part C) and Part D data and development of performance and quality metrics.

Prior to serving in MDBG, Dr. Tudor led the implementation and operations of Risk Adjustment payments to Medicare Advantage organizations. Beginning at the Office of Research and Demonstrations at CMS, she led a team of researchers who were responsible for the development of multiple approaches for risk adjustment. Dr. Tudor then led the development of data collection from plans and the validated risk adjusted payments. She also determined the impacts of risk adjustment on health plans and led the development of the risk adjuster for the Medicare drug benefit.

Before joining CMS, Dr. Tudor served as a consultant to MedStat in such areas as Medicaid pharmaceutical costs, use of home health services by Medicare beneficiaries, and quality of care assessment in Medicaid nursing facilities and in CHAMPUS outpatient mental health services. She also served as the leader at the Association of American Medical Colleges in their surveys of prospective, matriculating, and graduating medical students.

Dr. Tudor received her doctorate from the Johns Hopkins University and received post-doctoral training at the University of Maryland Medical School, Department of Epidemiology and Preventive Medicine. She is a Georgia native.

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