



# 2016 Medicare Advantage & Prescription Drug Plan Fall Conference & Webcast September 8, 2016

## *Continuing Education (CE) Activity Information & Instructions* *(Live Activity #: IP-09082016)*

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## Continuing Education Credit Information

### Continuing Education Credit

#### Accreditation Council for Continuing Medical Education (ACCME)

The Centers for Medicare & Medicaid Services (CMS) designates this **live activity** for a maximum of 5.5 AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity. Credit for this course expires at midnight on September 26, 2016.

#### International Association for Continuing Education and Training (IACET)

The Centers for Medicare & Medicaid Services (CMS) is authorized by IACET to offer .6 Continuing Education Unit (CEU) for this activity. CEU will be awarded to participants who meet all criteria for successful completion of this educational activity. CEU credit for this course expires at midnight on September 26, 2016.

### Accreditation Statements

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

## Instructions for Continuing Education Credit

The Medicare Learning Network® (MLN) recently upgraded its Learning Management and Product Ordering System (LM/POS).

If you were already registered in the former MLN Learning Management System (LMS), you do not need to create a new login or password for the LM/POS. However, the appearance of the system and instructions for registering, logging-in, accessing courses, and obtaining certificate information have all changed.

For more information on the new LM/POS, please visit <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/LMS-Upgrade.pdf>.

### Learning Management and Product Ordering System (LM/POS) Instructions

In order to receive continuing education credits (CEUs) for this live activity, you must pass the session post-assessment and complete the evaluation. The continuing education post-assessments and evaluations are being administered through the Medicare Learning Network®.

The post-assessment will be available on the Medicare Learning Network® (MLN) Learning Management and Product Ordering System (LMS/POS). Participants will need to login or register, to access the post-assessment.

### Registering To Take a Post-Assessment

If you have previously taken Medicare Learning Network® (MLN) web-based training (WBT) courses, you may use the login ID and password you created for those courses. If you are a new user, you will need to register.

#### To register (if you do NOT have an account):

1. Go to the LM/POS Homepage <https://learner.mlnlms.com>;
2. Click on “Create Account;” and
3. Enter information for all the required fields (with the red asterisks) and click “Create.”

**\*NOTE:** When you get to the ‘Organization’ field, click on Select. From the ‘Select Organizations’ screen, leave the ‘Find Organization’ field blank and click Search. Select ‘CMS-MLN Learners Domain - Organization’ and click Save.

Please add [MLN@cms.hhs.gov](mailto:MLN@cms.hhs.gov) to your address book to prevent MLN communication from going into your spam folder.

#### To login (if you already have an account):

1. Go to the LM/POS Homepage <https://learner.mlnlms.com>; and
2. Enter your login ID and password and click on “Log In.”

#### Finding the Post-Assessment:

1. Go to the LM/POS Homepage <https://learner.mlnlms.com>;
2. Enter your login ID and password and click on “Log In;”
3. Click on “Training Catalog” in the menu beneath the MLN logo;
4. Enter “**09-08-2016 Medicare Advantage & Prescription Drug Plan Fall Conference & Webcast**” in the “search for” box and click “search;”
5. Click on the title;
6. Click “Enroll;”
7. Click “Access Item;”
8. Scroll down on the page and click on the link titled “Post-Assessment;”
9. Click “Open Item;”
10. A new window will open. Click “Post-Assessment” in this new window for it to display;
11. Complete the assessment and click “close;”
12. Click the grey and white “x” in the upper right-hand corner to close the window; and
13. Click “OK” when prompted about closing the window.

### Accessing Your Transcript and Certificate

[Please click here for instructions for accessing your transcript and certificate.](#)

For questions regarding continuing education credit contact [CMSCE@cms.hhs.gov](mailto:CMSCE@cms.hhs.gov) via email.

### Hardware/Software Requirements

[Please click here for hardware and software requirements.](#)

## ***CMS Privacy Policy***

[Please click here for CMS' Privacy Policy.](#)

## ***Help***

For questions regarding the content of this activity, or technical assistance with the Medicare Learning Network® (MLN) Learning Management and Product Ordering System (LM/POS), your assessment, or certificate, contact CMSCE at [CMSCE@cms.hhs.gov](mailto:CMSCE@cms.hhs.gov) via email.



## Activity Information

### Activity Description

The Center for Medicare, a component of the Centers of Medicare & Medicaid Services (CMS), an Agency of the U.S. Department of Health & Human Services (HHS), will convene an event to provide information about options for adjusting star ratings for audits and enforcement actions, Medicare Advantage (MA) application operational changes, improving operations through audits, online provider directory review, and care coordination measure development.

Participants will also receive an overview of the "Comprehensive Addiction and Recovery Act (CARA)" and information about the "Communication for People with Disabilities (Section 504)" and "Communication for People with Limited English Proficiency (Section 1557)" anti-discrimination rules and regulations.

### Target Audience

This activity is designed for Medicare Advantage (MA) and Prescription Drug Plan (PDP) Sponsoring Organizations, Centers for Medicare & Medicaid Services (CMS) partners, healthcare partners, CMS staff-level operations, mid-level management, and senior executives.

### Learning Objective

By the end of this event, participants should be able to:

- Define care coordination;
- Identify Star Ratings Program policy goals;
- Describe policy goals for adjusting for audits/enforcement actions;
- Describe Medicare Advantage Application operation and network review changes;
- Describe business accountability strategies to detect and correct issues with FDRs (First Tier, Downstream or Related Entities) as discussed by UnitedHealthcare (UHC);
- Recognize the elements reviewed during online provider directory review;
- Recognize elements of the "Comprehensive Addiction and Recovery Act of 2016 (CARA);"
- Describe CMS' 2015 Qualified Medicare Beneficiary (QMB) Findings; and
- Describe Section 1557 of the Affordable Care Act.

### Participation

Register for the conference and webcast at the Centers for Medicare & Medicaid Services (CMS) Compliance Training, Education & Outreach (CTEO) website at [http://www.cms.gov/Outreach-and-Education/Training/CTEO/Upcoming\\_Current\\_Events.html](http://www.cms.gov/Outreach-and-Education/Training/CTEO/Upcoming_Current_Events.html). All registered participants will receive a confirmation based on their conference registration.

Participate in the conference and webcast, and access and complete the assessment and evaluation, per the *Instructions for Continuing Education Credit*, at the beginning of this document.

### Speaker Bios & Disclosures (alphabetical by last name)

All planners and developers of this activity have signed a disclosure statement indicating any relevant financial interests. This activity was developed without commercial support.

**Marty Abein**, has been involved with numerous facets of managed care as a Health Care Policy Analyst for over 20 years and is very knowledgeable about the program.

Mr. Abein earned a Bachelor of Science degree in Health Care Policy at the University of Arizona.

Mr. Abein has nothing to disclose.

**Cynthia Anderson, MPA, PMP**, has been employed by the Centers for Medicare & Medicaid Services (CMS), since 2007. She is currently on a detail from the CMS Innovation Center, where she served as the Deputy Group Director of the Policy and Programs Group to the Offices of Hearings & Inquiries (OHI) to help implement "Section 504 of the Americans with Disabilities Act." She brings with her years of experience as a project manager, knowledge of Medicare and Medicaid Programs, experience implementing Section 508 for CMS, and her passion for helping those individuals with the most need to this effort.

Ms. Anderson earned a Master of Public Administration degree, as part of the Key Executive Leadership Program, at the American University. She also earned certified Project Management Professional (PMP) credentials.

Ms. Anderson has nothing to disclose.

**Randy Brauer**, has been employed by the Centers for Medicare & Medicaid Services (CMS) for 15 years and is currently the Director of the Office of Hearings & Inquiries. Prior to joining CMS, he worked at a private health insurance company in Western New York. Under the direction of Mr. Brauer, the Office of Hearings & Inquiries has responsibility for CMS and its covered entity partner's compliance with "Section 504 of the Rehabilitation Act of 1973."

Mr. Brauer earned an Associate of Science degree in Liberal Arts at the State University of New York.

Mr. Brauer has nothing to disclose.

**Chad Buskirk, MPH**, has been employed by the Centers for Medicare & Medicaid Services' (CMS') Medicare Drug Benefit Group (MDBG) within the Division of Part D policy, since November 2015. Mr. Buskirk has extensive knowledge of how prescription drug access and policies affect Medicare beneficiaries, especially in regards to abuse of commonly prescribed medications. Prior to joining CMS, He served as a Peace Corps Volunteer in HIV prevention in Mozambique, from 2013 through 2015.

Mr. Buskirk earned a Master of Public Health degree in Environmental Health Sciences at the University of Minnesota and a Bachelor of Arts degree in Political Science/International Studies at Ohio State University.

Mr. Buskirk has nothing to disclose.

**Kerry Casey, MPP**, has been with the Centers for Medicare & Medicaid Services' (CMS') Medicare Drug & Health Plan Contract Administration Group in the Division of Surveillance, Compliance, and Marketing, since 2013. She currently serves as a subject matter expert on compliance and marketing policies.

Ms. Casey earned a Master of Public Policy degree from the College of William and Mary.

**Sean Cavanaugh, MPH**, is the Deputy Administrator and Director of the Center for Medicare at the Centers for Medicare & Medicaid Services (CMS). He is responsible for overseeing the regulation and payment of Medicare Fee-for-Service (FFS) providers, privately-administered Medicare health plans, and the Medicare prescription drug program. This responsibility encompasses providing health coverage to 50 million elderly and disabled Americans, with an annual budget of over \$550 billion.

Prior to assuming his current role, Mr. Cavanaugh was the Deputy Director for Programs and Policy in the Center for Medicare and Medicaid Innovation (CMMI). In that capacity, he was responsible for overseeing the development and testing of new payment and service delivery models, including accountable care organizations and medical homes. Mr. Cavanaugh's also previously served as the Director of Health Care Finance at the United Hospital Fund in New York City. In addition, his previous experience includes serving in senior positions at Lutheran Healthcare (Brooklyn, NY), the New York City Mayor's Office of Health Insurance Access, and the Maryland Health Services Cost Review Commission. Mr. Cavanaugh started his career on Capitol Hill working for a member of the Ways and Means Health Subcommittee.

Mr. Cavanaugh earned a Master of Public Health degree in Health Policy and Management at Johns Hopkins School of Hygiene and Public Health.

Mr. Cavanaugh has nothing to disclose.

**Stacy Davis**, has been employed by the Centers for Medicare & Medicaid Services (CMS) for 13 years. She currently serves as the Contracting Officer's Representative (COR) on a contract awarded to Econometrica, adapting quality measures for the Program of All-inclusive Care for the Elderly (PACE) program. Ms. Davis has worked closely with Econometrica and CMS Central and Regional Office staff to define appropriate, meaningful measures for the PACE program. Throughout her career, she has served in various positions overseeing operations of Fee-for-Service contractors, Medicare Advantage organizations, and PACE organizations.

Ms. Davis earned a Bachelor of Science degree in Psychology at Kutztown University.

Ms. Davis has nothing to disclose.

**Michael DiBella, JD**, has been employed by the Centers for Medicare & Medicaid Services (CMS) since, September 2010. He has held the positions of Auditor, Special Assistant, and Director of the Division of Compliance Enforcement and Director of the Division of Audit Operations. Mr. DiBella is in charge of executing how CMS conducts its program audit activities and is a Chairperson on the CMS Audit Committee. He also has extensive experience evaluating results of program audits in his time as the Director of Compliance Enforcement.

Mr. DiBella received his Juris Doctor degree at the University of Baltimore School of Law.

Mr. DiBella has nothing to disclose.

**Sharon Donovan**, has served as the Director of the Program Alignment Group in the Centers for Medicare & Medicaid Services' (CMS') Medicare-Medicaid Coordination Office, since October, 2010. Prior to that, she worked with CMS' Medicare program, leading efforts to ensure low-

income beneficiaries' access to and enrollment in the Medicare Part D prescription drug benefit. Ms. Donovan has an extensive background at the State and Federal level administering Medicaid and Medicare coordinated care programs. She also worked for CMS in the Medicaid managed care, waivers, and demonstration area. Prior to that, she worked for the Montana Medicaid Agency developing and implementing managed care programs.

Ms. Donovan earned a Bachelor of Arts degree in Psychology at Smith College.

Ms. Donovan has nothing to disclose.

**Kathleen "Kady" Flannery, PharmD**, began working for the Centers for Medicare & Medicaid Services (CMS), in 2005. She joined the Medicare Parts C & D Oversight and Enforcement Group (MOEG) as the Deputy Director for the Division of Analysis Policy and Strategy, in 2014. This division is primarily responsible for the overall development of a comprehensive audit strategy, objectives, and measures for overseeing an effective compliance and oversight program for Medicare Advantage (MA) Organizations and Medicare Prescription Drug Plans. The division is also responsible for the development and implementation of policy related to audit, enforcement, and compliance program effectiveness for the MA and Part D programs. Dr. Flannery also served more than eight years in the Division of Formulary and Benefit Operations' Medicare Drug Benefit and C & D Data Group, as a member of the Formulary Team. While serving on the Formulary Team, she held Benefit Team lead and Senior Technical Advisor positions.

Dr. Flannery earned her Doctor of Pharmacy degree at the University of Maryland School of Pharmacy.

Dr. Flannery has nothing to disclose.

**Sarah Gaillot, PhD**, is the Acting Deputy Director of the Division of Consumer Assessment & Plan Performance in the Medicare Drug Benefit and C & D Data Group of the Centers for Medicare & Medicaid Services' (CMS') Center for Medicare. She leads the Part C Star Ratings and National implementation of the Consumer Assessment of Healthcare Providers & Systems (CAHPS) surveys for Medicare Advantage & Prescription Drug Plans. Prior to joining CMS, Dr. Gaillot worked as a Policy Analyst at the RAND Corporation, supporting the Institute of Medicine's Board on the Health of Select Populations, and served as a Fulbright grantee to South Korea.

Dr. Gaillot earned a Doctor of Philosophy degree in Policy Analysis at the Pardee RAND Graduate School.

Dr. Gaillot has nothing to disclose.

**Erin R. Giovannetti, PhD**, has been employed by the National Committee for Quality Assurance (NCQA) as a Research Scientist, since December 2011. Dr. Giovannetti's work focuses on developing health care performance measures for older adults and vulnerable populations. She leads efforts to develop and evaluate performance measures for the Medicare Advantage (MA) Part C Plan Rating program, Medicaid Managed Long Term Services and Supports Plans, and the Medicare-Medicaid Dual Eligible population. Dr. Giovannetti is currently involved in projects focused on developing measures for older adults with functional limitations based on the outcomes individuals identify as most important.

Dr. Giovannetti has also worked extensively with patient reported outcomes and their use for quality assessment. Her research has explored how patient and family reported measures can be used for both care planning and performance measurement. Prior to joining NCQA, she completed a fellowship at Johns Hopkins University's School of Medicine in the Division of Geriatric Medicine and Gerontology. At Johns Hopkins, she conducted research on best practices to support family caregivers to older adults with multiple chronic conditions.

Dr. Giovannetti earned a Doctor of Philosophy degree in Health Policy and Management at Johns Hopkins University's Bloomberg School of Public Health.

Dr. Giovannetti has nothing to disclose.

**Kim Glaun, JD**, is a Health Insurance Specialist in the Federal Qualified Health Care Office, also known as the Medicare-Medicaid Coordination Office, at the Centers for Medicare and Medicaid Services (CMS) in Baltimore. Her work focuses on improving access to care and coverage for individuals who are dually entitled to Medicare and Medicaid. Ms. Glaun has specialized in Medicare and Medicaid law and policy for over 15 years. Since joining CMS, she has helped draft informational bulletins, instructions and Federal Register issuances for providers and plans.

Prior to joining CMS, Ms. Glaun worked for non-profit organizations that advocated for, assisted, and educated Medicare beneficiaries. She has conducted training and teleconferences for CMS Central Office and Regional staff, State Health Insurance Programs (SHIPs), and Medicare advocates in various formats, such as Web-Based Training (WBT) courses and slide presentations.

Ms. Glaun earned a Juris Doctorate degree at the University of Maryland School of Law.

Ms. Glaun has nothing to disclose.

**Elizabeth Goldstein, PhD**, is the Acting Director of the Medicare Drug Benefit C and D Data Group at the Centers for Medicare & Medicaid Services (CMS). Dr. Goldstein has been working on the development and implementation of CAHPS (Consumer Assessment of Healthcare Providers and Systems) surveys in a variety of settings, including health and drug plans, hospitals, home health agencies, in-center dialysis facilities, hospices, and outpatient surgical departments, since 1997. She has led the development of the Part C Star Ratings since 2008. Dr. Goldstein also oversees the Star Ratings for Medicare Advantage (MA) quality bonus payments, Medicare HEDIS data collection, Part D enrollment analyses, consumer testing related to plan choice communications, and patient experience of care surveys.

Dr. Goldstein earned her Doctor of Philosophy degree in Economics at the University of Wisconsin.

Dr. Goldstein has nothing to disclose.

**Alison Green, MJ**, has been employed by UnitedHealth Group, since May 2011. She has held various roles in the Compliance Department, supporting the UnitedHealthcare Medicare & Retirement (UHC - M&R) business. Ms. Green currently leads the UHC - M&R Prevention, Detection & Correction Compliance Team, which supports the day-to-day operations of the Medicare Compliance Program, in collaboration with the Medicare Compliance Officer. In

her compliance role at UnitedHealthcare (UHC), she has led the development of the Centers for Medicare & Medicaid Services (CMS) Program Audit Readiness Plan for the UHC M&R organization, collaborating with business leaders and teams. She has presented at various Health Care Compliance Association (HCCA) industry conferences, including the 2015 HCCA Managed Care Conference.

Ms. Green earned a Master of Jurisprudence degree in Health Law Policy, with a focus on Health Care Compliance and Health Plan Operations, at Loyola University.

Ms. Green has nothing to disclose.

**Michelle Ketcham, PharmD, MBA**, has been with the Centers for Medicare & Medicaid Services (CMS) for over 11 years. She currently serves as the Director of the Division of Clinical and Operational Performance in the Medicare Drug Benefit and C & D Data Group in the Center for Medicare. In this role, Dr. Ketcham oversees the Part D Star Ratings policy and her Division is responsible for first line monitoring and oversight of all Part D sponsors offering the Medicare Prescription Drug Benefit. These responsibilities include the public release of the Part D Star Ratings, which includes data on quality and performance measures on the Medicare Plan Finder and the CMS website, Part D program analyses, Part D reporting requirements, the Overutilization Monitoring System (OMS), and Medication Therapy Management (MTM) programs. Her career also included serving in positions at a large National Pharmacy Benefit Manager (PBM) and serving as a Pharmacist and Pharmacy Manager for a community pharmacy.

Dr. Ketcham earned her Doctor of Pharmacy degree at the Philadelphia College of Pharmacy and her Master of Business Administration degree in Finance at Loyola College in Maryland.

Dr. Ketcham has nothing to disclose.

**Alice Lee-Martin, PharmD**, is the Deputy Division Director of the Division of Clinical and Operational Performance in the Medicare Drug Benefit and C & D Data Group of the Center for Medicare at the Centers for Medicare & Medicaid Services (CMS). Dr. Lee-Martin joined CMS to support the implementation of the Part D benefit, in 2005. Her Division is responsible for first line monitoring and oversight of all Part D sponsors offering the Medicare Prescription Drug Benefit. These responsibilities include the public release of the Part D Star Ratings, which include data on quality and performance measures on the Medicare Plan Finder and the CMS website, Part D program analyses, Part D reporting requirements, Overutilization Monitoring System (OMS), and Medication Therapy Management (MTM) programs. Prior to joining CMS, Dr. Lee-Martin served in various roles as a Clinical Pharmacist, P&T Co-Chair, and Regional and Area Clinical Coordinator for a large National Health Maintenance Organization (HMO).

Dr. Lee-Martin earned her Doctor of Pharmacy degree at the University of Maryland School of Pharmacy.

Dr. Lee-Martin has nothing to disclose.

**Kate Metzler**, is the Director of Audit Management-Regulatory Audits for UnitedHealthcare (UHC). Ms. Metzler and her team manage regulatory audits of UnitedHealthcare Medicare, Medicaid, and Commercial business programs. As a part of the compliance team, she works closely with leaders and business partners to ensure readiness for and responsiveness to external

audits conducted by State and Federal regulators and their representatives. Before joining UnitedHealthcare in 2008, she worked with another Fortune 100 healthcare organization. Her professional experience includes leadership positions in the executive office and departments of State government and a large non-profit organization. Ms. Metzler's work has focused on government relations with executive leadership and legislative officials, communications with diverse constituencies, and client and account management. She has worked in a regulatory environment throughout her career, both in government and the private sector. During her tenure with UnitedHealthcare, she has collaborated with colleagues throughout the organization to develop and implement processes to prepare for and respond to regulatory audits, and to support the organization's objective to improve audit outcomes. Ms. Metzler and her team lead more than 100 external regulatory reviews a year across all lines of government business. Currently, the team is managing UnitedHealthcare's 2016 CMS Program Audit engagement program.

Ms. Metzler earned a Bachelor of Arts degree in English Literature at Beloit College and is currently completing her Master of Arts degree in Organizational Leadership.

Ms. Metzler has nothing to disclose.

**Jennifer "Jenny" O'Brien, JD**, has been with UnitedHealthcare for six years and serves as Chief Compliance Officer. Prior to that, Ms. O'Brien was the Chief Compliance Officer for a large integrated health system, a partner in a law firm, and a former Prosecutor for the Minnesota Attorney General's Office. Ms. O'Brien serves on the Board of Directors for the Society of Corporate Compliance & Ethics and the Health Care Compliance Association (SCCE/HCCA). Her experience also includes serving as an Adjunct Professor at Hamline Law School, teaching a health care compliance skills course.

Ms. O'Brien earned a Juris Doctor degree at the University of St. Thomas' William Mitchell College of Law. She also earned Certified in Healthcare Compliance (CHC) and the Health Care Compliance Association's (HCCA's) Certified in Healthcare Privacy Compliance (CHCP) credentials.

Ms. O'Brien has disclosed that she is a stock shareholder for United Healthcare.

**Sarah Pedersen, MPP**, has been employed by IMPAQ International, a Centers for Medicare & Medicaid Services (CMS) contractor, as a Researcher in the health division, since June 2012. Ms. Pedersen serves as the Project Director for CMS' Medicare Advantage (MA) Care Coordination Measure Development contract, in which IMPAQ is developing a set of quantifiable care coordination measures using MA encounter data in CMS' Integrated Data Repository. These measures will be used to compare the extent and quality of coordination services provided to Medicare beneficiaries in MA plans.

Ms. Pedersen earned a Master of Public Policy degree in Health Policy at the University of Maryland's School of Public Policy.

Ms. Pedersen has nothing to disclose.

**Gayle Pryde, MBA, RN**, is the Clinical Compliance Officer for UnitedHealthcare (UHC). She provides oversight and strategic direction for the clinical business compliance program, by collaborating with leaders across the clinical organization to ensure UHC exceeds all Federal and

State compliance requirements. Ms. Pryde has 29 years of experience in the healthcare industry, spanning the areas of nursing, compliance, risk management, internal audit, performance improvement/quality, risk financing, utilization and case management. Prior to joining UHC she served in senior leadership roles in different healthcare industries to include senior living, hospitals, home health agencies, physician practices and managed care.

Prior to becoming the UHC Clinical Compliance Officer, Ms. Pryde was the Director of Corrections and Compliance for UHC Medicare & Retirement Operations Compliance program. Before joining UHC in 2012, she served as the Director of Compliance Program and Quality for XLHealth. Her previous experience also includes serving as a Senior Managed Care Consultant for Glenridge Healthcare Solutions and serving as Vice President of Enterprise Risk Management/Chief Compliance Officer for Erickson Retirement Communities for a collective seven year period.

Ms. Pryde has presented at the Health Care Compliance Association (HCCA) Managed Care Conference, Healthcare Education Associates (HEA) RISE Conference, Order of the Rock Compliance session, and other conferences. She has also developed articles for publication.

Ms. Pryde earned a Master of Business Administration degree at Marshall University. She also earned a Bachelor of Science degree in Health Service Administration and an Associate of Science degree in Nursing at West Virginia University. In addition, Ms. Pryde earned Certified Healthcare Compliance (CHC), Certified in Healthcare Privacy Compliance (CHPC), Certified Compliance & Ethics Professional (CCEP) by the Health Care Compliance Association (HCCA)/ Society of Corporate Compliance and Ethics (SCCE), Certified Professional in Healthcare Quality (CPHQ) by the National Association for Healthcare Quality (NAHQ), and Certified Professional in Healthcare Risk Management (CPHRM) by the American Society for Healthcare Risk Management (ASHRM) credentials.

Ms. Pryde has disclosed that she is a stock shareholder at UnitedHealthcare.

**Susan Radke, MSW**, has been employed at the Centers for Medicare & Medicaid Services (CMS), since 1998. She currently works in the Medicare Drug & Health Plan Contract Administration Group's Division of Policy, Analysis, and Planning. Ms. Radke is the Contracting Officer's Representative (COR) on a contract with the National Committee for Quality Assurance (NCQA), which supports CMS with collecting quality of care performance measures for Medicare Advantage (MA) and Special Needs Plans (SNPs). She is also the COR for the Medicare Advantage Care Coordination Measure Development Project with IMPAQ International.

Ms. Radke earned a Master of Social Work degree in Clinical and Psychiatric at the University of Maryland's School of Social Work.

Ms. Radke has nothing to disclose.

**Christine Reinhard, JD, MBA**, has been with the Centers for Medicare & Medicaid Services (CMS) since 1995 and working in managed care since 1998. Ms. Reinhard has been working in the compliance field for eight years and currently serves as the Part C Compliance Lead. In her current role, she oversees compliance for Medicare Managed Care plans. Her previous work focused on various aspects of the Part C and Part D programs, including bid submissions, plan benefits, auditing, enforcement actions, and financial analysis of contractors.

Ms. Reinhard earned a Juris Doctor degree at the University of Maryland School of Law and a Master of Business Administration degree at the State University of New Jersey.

Ms. Reinhard has nothing to disclose.

**James "Jim" Slade, JD**, is the Deputy Director of the Office of Hearings and Inquiries for the Centers for Medicare & Medicaid Services (CMS). He joined CMS to help implement Medicare Part D, in 2005. Since that time, he has worked in the Medicare and Marketplace arenas, as well as Medicaid as it relates to Medicare and Marketplace. Mr. Slade has over 16 years of health care law and operations experience at both the State and Federal levels. His broad experience covers Medicare Parts A, B, C, and D, as well as the Marketplace. He has vast experience both at the policy and operational levels.

Mr. Slade holds a Juris Doctorate degree.

Mr. Slade has nothing to disclose.

**Arlena Williams Smith**, has over 20 years of health care experience. She has been employed with the Centers for Medicare & Medicaid Services (CMS) as a Health Insurance Specialist in the Division of Surveillance, Compliance, and Marketing (DSCM), since March 2013. Ms. Smith oversees annual revisions to the Medicare Marketing Guidelines and assists organizations with questions regarding regulatory requirements related to Marketing. Prior to joining CMS, she worked as the Quality Improvement and Compliance Manager at Kaiser Permanente, a Health Maintenance Organization (HMO), where she was responsible for communicating new mandates to ensure compliance with regulatory standards and guidelines, from October 1997 through March 2013.

Ms. Smith studied Business Administration at the University of Maryland University College.

Ms. Smith has nothing to disclose.

**Jennifer Smith, MPA**, has been employed by the Centers for Medicare & Medicaid Services (CMS), since 1998. She has held a variety of positions in her 18 year career, mainly in the program integrity, compliance, and plan oversight arenas. She has specialized experience in evaluating audit and performance data and developing work products used to improve industry performance. Ms. Smith spent several years developing the National Audit Strategy for the Medicare Advantage and Prescription Drug Programs, including all of their audit tools.

Ms. Smith earned a Master's of Public Administration degree at the University of Delaware.

Ms. Smith has nothing to disclose.

**Lisa Vanston Thorpe, JD, LLM**, has been employed the Centers for Medicare & Medicaid Services (CMS), since 2010. She develops, interprets, and implements Medicare Part D policy. Ms. Thorpe evaluates the effectiveness of existing policies and reviews proposed policies for potential impact on Medicare Part D program. In addition, she assists with analyzing and implementing internal processes and procedures to assure policy adherence in Medicare Part D program operations and monitoring.

Ms. Thorpe has held positions of professional responsibility in the field of health care regulation since 1993. Her professional experience includes working as an attorney, a Federal and State regulator, policy analyst, and a lobbyist. She has presented on a variety of health care regulatory topics to various audiences over her 20+ year career. Her previous employers include a major health insurance company, a State insurance department, health care regulatory law firms, and managed care trade associations, where she performed in various positions of professional responsibility.

Ms. Thorpe earned her Juris Doctor degree at the Dickinson School of Law and earned a Master of Laws degree at the University of Tuebingen.

Ms. Thorpe has nothing to disclose.

**Theresa Wachter, MA**, has been employed by the Centers for Medicare & Medicaid Services (CMS) as a Health Insurance Specialist, since January 2015. She previously worked as an Independent Consultant for the Annie E. Casey Foundation.

Ms. Wachter earned a Master of Arts degree in Applied Sociology at the University of Maryland, Baltimore County.

Ms. Wachter has nothing to disclose.

**Jeremy C. Willard, MBA**, is a Technical Advisor in the Division of Surveillance, Compliance, and Marketing within the Medicare Drug & Health Plan Contract Administration Group for the Centers for Medicare & Medicaid Services (CMS). The Division of Surveillance, Compliance, and Marketing is responsible for Medicare Advantage Marketing policy and Part C compliance. Mr. Willard has worked in the Medicare Advantage field for 16 years. He has spend a large portion of that time focused on marketing-related activities, including drafting regulatory and sub-regulatory guidance.

Prior to taking his current position, Mr. Willard served as the Manager of the Medicare Advantage Branch for the Philadelphia Regional Office of CMS. His experience also includes serving as the Acting Director of the Division of Medicare Advantage Operations and Acting Director of the Division of Surveillance, Compliance, and Marketing for the Medicare Drug & Health Plan Contract Administration Group. In addition to his work for CMS, Mr. Willard has worked for a large National health plan as a Compliance Manager.

Mr. Willard earned a Master of Business Administration degree at Saint Joseph's University and a Bachelor of Science degree in Business Management at the Bloomsburg University of Pennsylvania.

Mr. Willard has nothing to disclose.

**Donna Williamson, MSN, RN**, has worked at the Centers for Medicare & Medicaid Services (CMS), since 2005. She currently works for the Center for Medicare, in the Medicare Part C & D Contract Administration Group. Her areas of focus include Medicare Advantage policy and quality improvement projects. She previously worked for the Center for Clinical Standards and Quality as the Government Task Lead for the Quality Improvement Organization (QIO) Beneficiary Protection Project. Her primary responsibilities included oversight of QIO beneficiary

protection and quality improvement activities and measuring contract performance along with program impact.

Ms. Williamson has worked as a Registered Nurse (RN) in acute care critical and post anesthesia care settings. She also has a background in disease management, utilization review, and software development.

Ms. Williamson earned a Master of Science degree in Nursing at the University of Maryland.

Ms. Williamson has nothing to disclose.

