

MARTY ABELN

Co-Team Lead, Division of Policy, Analysis and Planning

Marty Abeln holds a Master's Degree in Public Administration and Health Policy. He has nearly 20 years of experience developing Medicare-managed care policy.

Mr. Abeln's presentation will focus on new plan policies in 2011 resulting from the recent health reform legislation and the recent regulation released by CMS. He will specifically discuss the new requirement that MA plans have an out-of-pocket maximum and related cost sharing limits.

TRACEY D. BAKER

Health Insurance Specialist, Division of Medicare Enrollment and Coordination

Tracey Baker has 17 years of experience in health care administration, policy, and operation, including 9 years with CMS. She currently works in the Division of Medicare Enrollment and Coordination, where she is the Subject Matter Expert for operational areas related to the Low Income Subsidy for Part D. Ms. Baker holds a Bachelor of Science in Health Policy and Administration from Penn State, an MBA in Health Care Administration from the City University of NY, and an MS in Information Systems from Drexel University.

Ms. Baker is responsible for LIS data to plans, providing guidance regarding the LIS eligibility data that is sent to Part D sponsors in various files and reports. She has also overseen the annual redetermination process for the Low Income Subsidy, better known as redeeming, for the past two years. More recently, Ms. Baker has been assigned to manage the annual reassignment process for low-income eligible beneficiaries.

Ms. Baker's presentation will focus on Low Income Subsidy operational issues.

ALISSA DEBOY

Director, Division of Drug Plan Policy & Analysis

Alissa DeBoy has worked for CMS since 1994. She is the Director of the Division of Drug Plan Policy and Quality in the Medicare Drug Benefit and Part C and D Data Group. Ms. DeBoy oversees the development of Part D policy issues such as pharmacy access, coordination of benefits, and formulary/transition issues. Before moving to the policy division, Ms. DeBoy has a MHS in Health Policy degree from the Johns Hopkins University School of Public Health.

Ms. DeBoy's presentation will focus on the 4085 Final Regulation and its effects on the industry.

TANETTE DOWNS

Director, Division of Capitated Plan Audits

Tanette Downs is the Director of the Division of Capitated Plan Audits in the Office of Financial Management. As the director, she is responsible for budgeting, accounting and related financial administration of the Medicare Managed Care Cost plans. She also oversees the financial audits of the Medicare Advantage Organizations (MAOs) and Prescription Drug Plans (PDPs). Ms. Downs has been with CMS for over 15 years. She is a Certified Public Accountant and holds both a Bachelor of Science degree in Accounting and a Masters of Business Administration degree with a concentration in Finance.

The topic of Ms. Downs' presentation is the financial audits of Medicare Advantage Organizations and Prescription Drug Plans.

KADY FLANNERY

PharmD, CGP, Division of Formulary and Benefit Operations

Dr. Flannery is a pharmacist and benefit lead for the Centers for Medicare and Medicaid Services, Medicare Drug Benefit C & D Data Group (MDBG), Division of Formulary and Benefit Operations (DFBO). Dr. Flannery has worked for CMS since 2005, where she has been involved in the formulary and negative change review process as well as development of Part D formulary policies. Prior to joining CMS, Dr. Flannery was an ambulatory care clinical specialist with the Department of Veterans Affairs, Maryland Health Care System.

Dr. Flannery's presentation will highlight changes to the 2011 PBP software, Part D submission requirements, and benefit package reviews to help sponsors ensure accurate bid preparation.

PAUL FOSTER

Health Insurance Specialist, Division of Medicare Advantage Operations

Paul Foster is a Health Insurance Specialist in the Division of Medicare Advantage Operations, Medicare Drug and Health Plan Contract Administration Group (MCAG). Mr. Foster has worked in the managed care area since 1994, formerly as a Plan Manager. He has led various cross-component workgroups including Medical Saving Accounts Workgroup, RO/CO Training Team, and Provider Payment Dispute Stakeholder Group.

Mr. Foster will be a co-presenter for the session on Medicare Advantage and Part D Appeals Updates.

DR. TERRY LIED

Health Insurance Specialist, Division of Drug Plan Policy and Quality

Terry Lied, Ph.D., has 30 years of experience in health care statistical analysis and performance measurement. Dr. Lied currently works in The Division of Drug Plan Policy and Quality, Medicare Drug Benefit and Part C and D Data Group (MDBG) with the Centers for Medicare & Medicaid Services (CMS).

Dr. Lied has authored or co-authored a number of peer-reviewed articles related to performance measurement and quality improvement. He received a Bachelor of Science degree from The Pennsylvania State University and Master of Science and Ph.D. degrees from Purdue University.

Dr. Lied's presentation will focus on the Data Validation of Part C and Part D Reporting Requirements.

CHRISTOPHER McCLINTICK

Health Insurance Specialist, Division of Policy, Analysis and Planning

Christopher McClintick joined CMS in 2001 and has primarily worked on developing Medicare managed care policy. Prior to joining CMS, Mr. McClintick worked for several years on health care issues for a member of the United States Congress.

Mr. McClintick's presentation will focus on new plan policies resulting from the Patient Protection and Affordable Care Act and recent regulations revising the MA and Part D programs. Topics will include assessing an organization's bids for meaningful differences, as well as non-renewing plans based on low enrollment.

TIMOTHY ROE

Health Insurance Specialist, Division of Appeals Policy

Timothy Roe is a Health Insurance Specialist in the Division of Appeals Policy, Center for Drug and Health Plan Choice. Mr. Roe serves as a subject matter expert regarding Medicare Part C appeals policy, focusing primarily on appeals involving inpatient hospital and skilled nursing facilities, cost plans, and enrollees dually eligible for Medicare and Medicaid.

Mr. Roe will be a co-presenter for the session on Medicare Advantage and Part D Appeals Updates.

JOHN SCOTT

Health Insurance Specialist, Division of Appeals Policy

John Scott serves as a subject matter expert regarding Medicare Part D appeals policy.

Mr. Scott will be a co-presenter for the session on Medicare Advantage and Part D Appeals Updates.

BEVERLY SGROI

Health Insurance Specialist, Division of Appeals Policy

Beverly Sgroi serves as a subject matter expert regarding Medicare Part C appeals policy and operations. In addition, she is the Contracting Officer Technical Representative (COTR) for CMS' Medicare Part C Independent Review Entity (IRE).

Ms. Sgroi will be a co-presenter for the session on Medicare Advantage and Part D Appeals Updates.

SARA SILVER

Systems Analyst, Division of Plan Data

Sara Silver supports the management of MA, MA-PD, and PDP plans and the assessment of their performance. She has been a part of the HPMS team for nearly four years and has been with CMS for more than five years.

Ms. Silver graduated with a Master of Business Administration degree and a specialization in Health Care Administration from the University of Baltimore. She also holds a Bachelor of Science degree from Virginia Polytechnic Institute and State University.

Ms. Silver's presentation will focus on key bid submission dates, requirements for a complete bid submission and changes to the bid submission process for contract year (CY) 2011.

KATHRYN M. SMITH

Technical Advisor, Division of Appeals Policy

Kathryn M. Smith serves as Technical Advisor for the Division of Appeals Policy, Medicare Enrollment & Appeals Group, and Contracting Officer Technical Representative (COTR) for the Part D Qualified Independent Contractor (QIC) contract. She earned her Juris Doctor degree from the American University, Washington College of Law, Washington, DC and her Bachelor of Science degree from the University of Minnesota, Minneapolis.

Ms. Smith will be a co-presenter for the session on Medicare Advantage and Part D Appeals Updates.

DALE SUMMERS

Health Insurance Specialist, Division of Finance and Benefits

Dale Summers is part of a Medicare Advantage team of individuals tasked with the review of benefits and cost sharing for Medicare Advantage plan benefit packages (PBP) submitted to CMS. Mr. Summers holds a Master of Business Administration degree and possesses more than 25 years of health care experience that includes CMS and various positions with health plans and health care service organizations.

Mr. Summers' presentation will focus on contract year 2011 Medicare Advantage benefits implementation issues, such as cost sharing standards, meaningful difference between plans offered by the same organization, and low enrollment plans.

MICHELLE TURANO

Deputy Director, Program Compliance and Oversight Group

Michelle Turano serves as the Deputy Director of the Program Compliance and Oversight Group (PCOG), which is devoted to developing and implementing a more effective, comprehensive strategic compliance and oversight program for Medicare Advantage 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.

Ms. Turano has been with CMS since 2002, and her previous work involved evaluating Medicare Advantage and Part D sponsor performance (relative to CMS' clinical and administrative program requirements). Ms. Turano holds an undergraduate degree from the University of Missouri and graduate degrees in social service administration and health policy from the University of Chicago.

Ms. Turano's presentation will focus on the PCOG's role in coordinating the findings and corrective actions required for plan sponsors as a result of the one-third financial audits.