



CMS 2010 TRI-REGIONAL PLAN COMPLIANCE CONFERENCE

A **MOSAIC** OF MORE: *More insight, More answers, More compliance...*

TRAVIS BROOME, MPH, MBA

Special Assistant to the Consortium Administrator, Consortium for Quality Improvement and Survey and Certification Operations

Mr. Broome came to CMS three years ago as a Presidential Management Fellow. During the two years of the fellowship, Travis participated and led a wide range of both programmatic and administrative activities across all the regional divisions of CMS including Medicare Advantage, Fee for Service, Medicaid, Quality Improvement and Outreach. The fellowship concluded with a four month detail to the Office of E-Health Standards and Services, which is charged with implementing Health Information Technology for Economic and Clinical Health (HITECH) for CMS. Upon conclusion of the fellowship, Travis became a special assistant to the Consortium Administrator for Quality Improvement and Survey and Certification Operations, while continuing his involvement with Office of E-Health Standards & Services (OESS) and HITECH as the meaningful use team lead.

Prior to coming to CMS, Mr. Broome worked at the University of Alabama at Birmingham as a program coordinator for the International Research Training Programs, which utilize National Institutes of Health (NIH) grants and Sparkman Center foundational funds to train clinicians in developing countries in public health interventions and research.

KATHRYN COLEMAN

Associate Regional Administrator, Consortium for Medicare Health Plans Operations, Kansas City Regional Office

Ms. Coleman has been with CMS since 1998. Kathryn joined the Kansas City Regional Office in 2002. In 2006, she was named the Associate Regional Administrator for the Division of Medicare Health Plans Operations. Ms. Coleman has served in several management positions within the region, including directing the Medicare Prescription Drug Education Campaign and overseeing the Quality Improvement Organizations and End-Stage Renal Disease Networks in 13 states across the Midwest.

Prior to joining the Kansas City Regional Office, Ms. Coleman served as the Director of the Congressional Hearings Group in CMS's Office of Legislation in Washington, D.C. Ms. Coleman's career in government began in the United States Congress where she worked for several different members of the House and the Senate.

A native of Lincoln, Nebraska, Ms. Coleman received her Bachelor of Arts degree in Political Science from Trinity College in Hartford, Connecticut.



PAUL COLLURA

Technical Advisor, Consortium for Medicare Health Plans Operations

Mr. Collura has been with CMS for nine years. Paul was recruited by the Agency through the prestigious Presidential Management Fellows Program, following his experience working in both executive and legislative branches of state government. Paul focused on Medicare contractor oversight during the early portion of his career at CMS, and has performed activities relating to Medicare Fee-for-Service budgets, audits, performance evaluation, and program integrity.

Since the inception of Medicare Part D, Mr. Collura has taken on leadership roles designed to improve Agency options relating to Medicare Advantage Organizations and Prescription Drug Plan oversight, including those relating to casework processes, complaint handling, and inquiry management.

ANDREA HAMILTON

Retroactive Processing Contractor (RPC) Project Officer, Division of Prospective Payment, Medicare Plan Payment Group

Ms. Hamilton is the Project Officer for the Retroactive Processing Contractor (RPC) serving the Division of Prospective Payment, Medicare Plan Payment Group. Andrea has been with CMS for over eight years. Andrea has operated in various capacities within the agency including Government Task Lead (GTL) for the MEDIC contract and team lead for the 1-800-MEDICARE contract. Prior to joining CMS, Ms. Hamilton spent four years as a quality assurance manager and trainer for call centers in the banking and healthcare industry.

Ms. Hamilton's presentation will focus on enrollment operations and the enrollment process, including pre-submission, submission, and post-submission. She will also address retroactive submissions, improvement opportunities, best practices, and MARx redesign and modernization.

MICHAEL KAVOURAS

National Medicare Advantage Compliance Lead, Division of Medicare Advantage Operations

Mr. Kavouras joined the Centers for Medicare and Medicaid Services in 1998. In his 12 years of experience with the Agency, Michael has held numerous leadership positions in the Medicare Advantage (MA) and Prescription Drug Programs, in both CMS' Central Office and the Chicago Regional Office. Currently, Mr. Kavouras is the National Medicare Advantage Compliance Lead in the Division of Medicare Advantage Operations in CMS' Central Office. In that role, Michael oversees and coordinates the implementation of compliance actions taken against MA Organizations and leads CMS' national marketing surveillance activities. Previously, Mr. Kavouras also served as the acting Director in the Division of Medicare Advantage Operations and was the national account management team lead for the Prescription Drug Benefit program.

Mr. Kavouras also has five years of experience in the Chicago Regional Office, including roles as the Special Assistant to the Associate Regional Administrator and as the Managed Care Operations Team Lead in the Division of Medicare Operations.



Mr. Kavouras holds a Bachelor's degree from the University of Illinois and a law degree (J.D.) from DePaul University with an L.L.M in Health Law. Mr. Kavouras is a licensed attorney in the State of Illinois.

JULIE KENNEDY

Dallas Associate Regional Administrator, Division of Medicare Operations

As a career civil servant for the Medicare program, Ms. Kennedy has held several positions of authority in the Dallas Regional Office of the Center for Medicare & Medicaid Services (formerly the Health Care Financing Administration). As Associate Regional Administrator for Health Standards and Quality, Ms. Kennedy led the survey and certification and the quality improvement work in Dallas. Beginning in 1995, Julie was the Associate Regional Administrator for Medicare Operations, which included both fee for service and managed care, before focusing exclusively on the Medicare Advantage and Prescription Drug programs in 2007 as Associate Regional Administrator for Health Plans Operations.

Ms. Kennedy has a Bachelor of Arts Degree from the University of Texas at Austin, graduating Summa Cum Laude.

Ms. Kennedy is the CMS 2010 Tri-Regional Plan Compliance Conference moderator.

JAMES KERR

Administrator, Consortium for Medicare Health Plans Operations

As the Administrator of the Consortium for Medicare Health Plans Operations (CMHPO), Mr. Kerr supervises approximately 400 staff in CMS's 10 regional offices that provide daily oversight to over 800 contracts delivering Medicare Advantage and Prescription Drug services to more than 28 million beneficiaries nationwide. Mr. Kerr was formerly the CMS Regional Administrator in the New York Office.

Mr. Kerr came to CMS in 2003 with more than 25 years experience in top level executive positions in commercial insurance and New York City government. James was the Vice President of Government Health Plans for UnitedHealthcare's New York Tri-State market where he launched their managed Medicare product, had profit and loss oversight for UnitedHealthcare's Medicare and Medicaid HMO products, and had operational control over several major plan management functions.

James was previously the Chief Operating Officer of Sanus Health Plan of New York and New Jersey, a 100,000-member individual practice association HMO.

Mr. Kerr has a Master of Science in Management and a Bachelor of Arts in Mechanical Engineering from the Rensselaer Polytechnic Institute. James also earned an MBA in Health Care Administration from the Mount Sinai School of Medicine, Baruch College. Additionally, James received the Presidential Meritorious Executive Rank Award in October 2007.



TERESA KRIES

Manager, Medicare Advantage Branch

Ms. Kries has been the manager for the Medicare Advantage Branch in Atlanta for seven years. Teresa is currently enrolled in the Doctor of Health Administration Program at the University of Phoenix. She has completed all her course work and is currently writing her dissertation titled “Medicare Health Plan Type: A Correlational Analysis of the Impact on Beneficiary Satisfaction.”

Ms. Kries holds a Masters Degree in Business Management from Troy State University, and a Bachelors Degree in Biology from Northeastern University.

LISA MCADAMS, M.D., MPH

Medical Officer and Special Assistant to the Consortium Administrator, Consortium for Quality Improvement and Survey and Certification Operations

Boarded in Preventive Medicine, Dr. McAdams practiced for 12 years as a primary care physician before going to work for CMS (then HCFA) in 2000. Lisa first served as a Medical Officer in the Division of Quality Improvement in the Dallas Regional Office before moving to CMS’ Baltimore office as a Division Director in the Office of Clinical Standards and Quality, Quality Improvement Group. Lisa returned to Dallas in her present capacity, as Medical Officer and Special Assistant to the Consortium Administrator in the Consortium for Quality Improvement and Survey and Certification Operations, with the reorganization of the Regions in 2007.

Throughout her career, Dr. McAdams has had a passion for quality improvement, implementing quality improvement programs in both the private sector and in government. Lisa is certified in Quality Improvement by the American Board of Quality Assurance and Utilization Review Physicians.

DAVID NILASENA, M.D., MSPH, M.S.

Chief Medical Officer, Dallas Regional Office

Dr. Nilasena is the Chief Medical Officer of the CMS Dallas Regional Office. He also serves as the regional lead for the agency’s Value-Based Purchasing initiatives and a lead contact for the HITECH Electronic Health Record (EHR) Incentive Program. Dr. Nilasena has been the CMS lead for national quality improvement efforts in Acute Myocardial Infarction (AMI), Heart Failure, and Stroke.

Dr. Nilasena is board certified in General Preventive Medicine/ Public Health and has Masters of Science degrees in both Public Health and Medical Informatics from the University of Utah.



GLORIA PARKER

Atlanta Associate Regional Administrator, Division of Medicare Health Plans Operations (DMHPO)

Ms. Parker is the Associate Regional Administrator for the Centers for Medicare & Medicaid Services (CMS), Division of Medicare Health Plans Operations (DMHPO), Region IV, Atlanta, Georgia. The division provides oversight for Medicare Advantage Organizations and Medicare Prescription Drug Plans (PDP); provides resolution to Medicare beneficiary complaints about Medicare Advantage and PDP plans and responds to inquires from beneficiaries, their caregivers, congressional offices and other advocates for Medicare beneficiaries; and develops and provides educational programs for partners and people with Medicare for the southeast states of Alabama, Georgia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi and Florida.

Prior to her current position with CMS, Ms. Parker served as the Director, Division of Plan Management, from November 2004 to January 2006 at CMS Headquarters in Baltimore, Maryland, where she served as the lead for processing the Medicare Advantage applications under the Medicare Modernization Act. Prior to this position, Gloria served as the Branch Chief in the Atlanta Regional Office's Survey and

Certification Branch for two years and as the Branch Chief for the Medicare Managed Care for four years. Gloria has also served in the capacity of Health Insurance Specialist and Special Assistant at CMS' Headquarters.

Ms. Parker began her federal career in April 1979 with the Social Security Administration (SSA) where she worked her way up to the management ranks. After 12 years with SSA, Ms. Parker worked for the Pension Benefit Guarantee Corporation as a technical/advisor before starting her career with CMS.

Ms. Parker is a graduate of the Council for Excellence in Government and has received numerous honors and awards which include the Department of Health and Human Services Secretary's Award for Distinguished Service in 2002 and 2005. Ms. Parker holds a Bachelor Degree from the Florida Atlantic University and has done post graduate work at Emory University.

MARJORIE PETTY

HHS Regional Director, Region VI

Prior to her appointment as HHS Regional Director in 2009, Ms. Petty served as Director of Public Affairs and Consumer Protection for the Kansas Corporation Commission for six years. Marjorie also served as Chair of the Board of Directors of the Delta Dental of Kansas, beginning in August 2008, after serving on the company's board since 2001.

From 2006-2008, Ms. Petty was President of the Delta Dental Foundation's Board of Directors, where she reviewed and granted \$2.9 million for oral health projects for Kansans. Previously, Marjorie served as a subcontractor for two regional offices of the U.S. Department of Health and Human Services in the role of Public Policy Manager.



Mrs. Petty has also served as a State Senator in Kansas, and a member of the Topeka City Council. Marjorie received a JD from Washburn University School of Law and a Masters in Education/Counseling from the University of Kansas.

JENNIFER SHAPIRO, MPH

Director, Division of Benefit Purchasing and Monitoring

Ms. Shapiro is the Director of the Division of Benefit Purchasing and Monitoring in the Medicare Drug Benefit and C & D Data Group at CMS. Currently, Jennifer manages the CMS division charged with monitoring Part D program performance, particularly with regard to the activities of the prescription drug plans participating in the Medicare Drug Benefit program. This monitoring work includes implementing numerous large-scale studies of drug plan sponsor performance, analyzing administrative and operational CMS data to assess performance, and issuing compliance notices and taking other compliance action as necessary. The division is also responsible for the annual application and contracting process for new and expanding drug benefit contractors. Increasingly, the work of Ms. Shapiro's division encompasses the collection and analysis of Part C data for the Agency's monitoring and oversight activities.

Previously, Ms. Shapiro managed the CMS division charged with running the Medicare Drug Discount Card Program. Jennifer has held senior-level management positions in the private sector, as well. Prior to joining CMS, she was a Senior Manager with The Lewin Group, a health policy research and management consulting firm. Ms. Shapiro received her Master of Public Health degree at Johns Hopkins University, where she focused on public policy, quantitative analysis, and evaluation methods.

SARA SILVER

Systems Analyst, Division of Plan Data

Ms. Silver supports the management of MA, MA-PD, and PDP plans and the assessment of their performance. Sara 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. Sara also holds a Bachelor of Science degree from Virginia Polytechnic Institute and State University.

MICHELLE TURANO, MPH

Deputy Director, Program Compliance and Oversight Group

Ms. Turano is the Deputy Director of the Program Compliance and Oversight Group, which is devoted to developing and implementing a more effective, comprehensive strategic compliance and oversight program for Medicare Advantage (MA) and Part D sponsors. The group serves as the enforcement arm of the MA and Part D program and is responsible for intermediate sanctions, civil money penalties, and contract terminations.



Ms. Turano has been with CMS since 2002. Her previous work primarily focused on evaluating Part C and D contractor performance, relative to CMS' clinical and administrative program requirements. Michelle holds an undergraduate degree from the University of Missouri and graduate degrees in social service administration and health policy from the University of Chicago.

EILEEN TURNER

San Francisco Associate Regional Administrator (ARA), Consortium for Financial Management and Fee for Service Operations (CFMFFSO)

Ms. Turner serves as the San Francisco Associate Regional Administrator (ARA) for the Consortium for Financial Management and Fee for Service Operations (CFMFFSO). Eileen has more than ten years of experience with the Centers for Medicare and Medicaid Services. Eileen has held management positions in the Divisions of Medicaid, Medicare Managed Care and Medicare Contractor Management Group in the San Francisco Regional Office.

Additionally, Ms. Turner brings over 21 years of management experience from the private sector. Eileen has undergraduate and graduate degrees from San Francisco State University.

