

CMS 2011 MEDICARE ADVANTAGE AND PRESCRIPTION DRUG PLAN SPRING CONFERENCE BIOS



KEYNOTE SPEAKER

JONATHAN BLUM

Deputy Administrator and Director for the Center of Medicare at the Centers for Medicare and Medicaid Services

Jonathan Blum, Deputy Administrator and Director for the Center of Medicare at the Centers for Medicare and Medicaid Services, is responsible for overseeing the regulation and payment of Medicare fee-for-service providers, privately-administered Medicare health plans, and the Medicare prescription drug program. These benefits pay for healthcare for approximately 45 million elderly and disabled Americans, with an annual budget in the hundreds of billions of dollars.

Over the course of his career, Mr. Blum has become an expert in the gamut of CMS programs. He served as an advisor to Senate Finance Committee members and its current chairman, Sen. Max Baucus, where he worked on prescription drug and Medicare Advantage policies during the development of the Medicare Modernization Act. As a Program Analyst, he focused on Medicare at the White House Office of Management and Budget.

Prior to joining CMS, Mr. Blum was the Vice President at Avalere Health, overseeing its Medicaid and Long-Term Care Practice. Most recently, Mr. Blum served as a health policy advisor to the Obama-Biden Transition Team. He holds a Master's degree from the Kennedy School of Government and a BA from the University of Pennsylvania.

CONFERENCE PRESENTERS

JOHN P. ALBERT

Senior Technical Advisor, Division of Medicare Benefit Coordination, Office of Financial Management

John Albert has worked for the Centers for Medicare and Medicaid Services (CMS) for 22 years, primarily on Medicare Secondary Payer and Coordination of Benefits operations and issues. He currently serves as the Senior Technical Advisor for the Division of Medicare Benefit Coordination in CMS' Office of Financial Management.

Mr. Albert serves as Project Officer for the national Medicare Coordination of Benefits (COB) contractor, overseeing all Division activities associated with contract operations. The COB contractor's primary function is to collect other coverage information used by Medicare to coordinate hospital, medical and prescription drug benefits with other insurance. Mr. Albert also serves as the Division lead in implementing the Section 111 Mandatory Insurer Reporting data collection processes, which is being built to leverage existing COB contractor data collection processes.

LAVERN BATY

Health Insurance Specialist/Analyst, Division of Medicare Advantage Operations

LaVern Baty works in the Division of Medicare Advantage Operations, where she serves as one of the Subject Matter Experts on Dual Eligible Special Needs Plans. She has been with the Centers for Medicare and Medicaid Services (CMS) for almost nine years, where she has had the pleasure of working in both the Medicaid and Medicare sides of the house.

Prior to joining CMS, Ms. Baty worked for 20 years in the Maryland State government, where her tenure included working at both the Maryland State Department of Health and Mental Hygiene (DHMH) and the Maryland Office on Aging. Her work at DHMH included developing Medicaid Waiver Programs for special populations.

Ms. Baty earned her Master's Degree in Public Health Planning at the Johns Hopkins School of Public Health.

CHRIS BAUER

Director, Division of Drug Plan Policy and Quality, Medicare Drug Benefit and C&D Data Group

Chris Bauer is currently the Director of the Division of Drug Plan Policy and Quality (DDPPQ) in the Medicare Drug Benefit and C&D Data Group (MDBG). Prior to this position, he served at the Special Assistant for MDBG.

Mr. Bauer originally joined CMS in 2001 as a Senior Project Planning Analyst, where he worked on implementing various Medicare Modernization Act projects.

RAJESH K. BHANDARI

Health Insurance Specialist, Division of Clinical and Operational Performance, Medicare Drug Benefit and C&D Data Group

Rajesh K Bhandari is a Health Insurance Specialist at the Centers for Medicare and Medicaid Services (CMS) in the Division of Clinical and Operational Performance within the Medicare Drug Benefit and C&D Data Group. Mr. Bhandari primarily serves as a data analyst, programmer and database expert.

Mr. Bhandari has over ten years experience of pharmacy and medical claims data processing and analysis. His main job responsibilities include data analysis and reporting for the Complaint Tracking Module, Medication Therapy Management Program (MTMP) annual review, Plan Finder Quality Assurance (QA) database application, automated document and email generation for Application Review deficiency notification process, and QA of Plans Ratings data for the Plan Finder.

Prior to joining CMS, Mr. Bhandari worked as a Consulting Data Analyst for a large national PBM. He received his Master's Degree in Computer Science from the Whiting School of Engineering at The Johns Hopkins University.

RANDY BRAUER

Director, Division of Prospective Payment

Randy Brauer is the Director of the Division of Prospective Payment in the Medicare Plan Payment Group at the CMS Central Office in Baltimore. His division manages the Medicare Advantage and Prescription Drug (MARx) system, the Retroactive Processing Contractor and the Retiree Drug Subsidy program, as well as a number of other initiatives.

Previously, Mr. Brauer led the Medicare Enrollment and Eligibility Division during the launch of the Part D benefit. He joined CMS over 9 years ago as an Analyst working on Medicare Eligibility and Enrollment policy. Prior to that, he worked for a private health insurance company in upstate New York for over 12 years in a variety of roles focusing on that organization's Medicare business operations.

VANESSA S. DURAN, MPA

Director, Division of Policy, Analysis, and Planning, Medicare Drug & Health Plan Contract Administration Group

In her ten years at CMS, Vanessa Duran has held a variety of drug and health plan policy positions. She joined the Medicare Drug & Health Plan Administration Group as Director of the Division of Policy, Analysis, and Planning in April 2009. Prior to that, she worked on the development and implementation of the Medicare Prescription Drug Card Program and the Medicare Prescription Drug Benefit (Part D).

Prior to coming to CMS, Ms. Duran worked for a Washington-based public policy consulting firm focusing on women's health care issues, as well as on Capitol Hill. She has a Master's Degree in Public Affairs, 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.

HELAINÉ FINGOLD, J.D.

Director, Division of Surveillance, Compliance & Marketing, Medicare Drug and Health Plan Contract Administration Group

Helaine Fingold is the Director of the Division of Surveillance, Compliance & Marketing. She is responsible for MA and Part D Marketing Policy and Operations, Market Surveillance and Part C Regulatory and Operational Compliance.

Ms. Fingold has worked on MA issues since 2004, most recently serving as the Team Lead over MA applications and contracts. She has previously held positions within CMS and the Department of Health and Human Services. She served as General Counsel for the Medicare Payment Advisory Commission and spent several years in private legal practice.

KADY FLANNERY

Pharm D, CGP, Division of Formulary and Benefit Operations

Kady 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). Prior to joining CMS in 2005, Ms. Flannery was an ambulatory care clinical specialist with the Department of Veterans Affairs, Maryland Health Care System. Her presentation will highlight changes in Part D submission requirements and benefit package reviews to help sponsors ensure accurate bid preparation.

JOHN A. FLETCHER

Technical Lead, MARx Redesign and Modernization Project, Office of Information Services/ISDDG/DND

John Fletcher has over 25 years of IT experience. He has been employed at the Centers for Medicare and Medicaid Services for over 14 years. Mr. Fletcher is a senior technical advisor to the Office of Information Services at CMS, where he designed and developed several of CMS' IT systems, including MANRLINE, DESY, and Common Tables (CME).

Mr. Fletcher is now the technical lead of the MARx Redesign and Modernization project; an effort to enhance the MAPD enrollment and payment system that will simplify transaction processing and properly align the underlying data structures to the business processes, and result in tremendous gains in processing efficiency and better plan understanding of business impacts contained in transaction responses. Mr. Fletcher also serves as a Subject Matter Expert (SME) resource to CMS for Medicare Advantage and Prescription Drug (MAPD) systems, Medicare beneficiary data, Medicare core systems, mainframe, database, and service-oriented technology implementation at CMS.

From 2005 through 2006, Mr. Fletcher was the project manager and technical lead to design, build, and implement the Drug Data Processing System (DDPS) for the Part D Prescription Drug Program, beginning January 1, 2006. Subsequently, he led the design and development of the Part D Payment Reconciliation System (PRS).

Mr. Fletcher is a 1977 graduate of the University of Maryland, from the School of Behavioral and Social Sciences, with a major in Economics and minor in Government and Politics.

DON FREEBURGER

Systems Analyst, Division of Plan Data

Don Freeburger has been working on the Health Plan Management System (HMPS) for over ten years. His primary role on the HPMS team is supporting and managing system user access. He also manages contractor support of all HPMS development testing. Prior to his work at CMS, he designed, built and maintained systems networks for the Department of Treasury.

Mr. Freeburger holds a Master's Degree of Business Administration, with a specialization in Information Technology from the University of Baltimore. He also holds a Bachelor of Science in Economics from the University of Maryland. Outside of the office, he is an avid cyclist and fan of the Baltimore Ravens.

ELIZABETH GOLDSTEIN

Director of the Division of Consumer Assessment and Plan Performance

Liz Goldstein is the Director of the Division of Consumer Assessment and Plan Performance at the Centers for Medicare and Medicaid Services (CMS). Since 1997, she has been working on the development and implementation of Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys in a variety of settings. She is responsible for all of the Medicare CAHPS surveys, the Part C plan ratings, the star ratings for Medicare Advantage quality bonus payments, Medicare HEDIS data collection, Part D enrollment analyses, and consumer testing for CMS quality tools.

In addition to her work at CMS, Dr. Goldstein has conducted research and has published articles related to long-term care, home health care, and comparative behavior of for-profit and nonprofit organizations, integrated health care delivery systems, child day care, and substance abuse treatment programs. Dr. Goldstein received her Ph.D. in economics from the University of Wisconsin in Madison and a B.A. from Wellesley College.

PATTY HELPHENSTINE

Director, Division of Enrollment & Eligibility Policy

Patty Helphenstine serves as the Division Director for Enrollment & Eligibility Policy in the Center for Medicare at the Centers for Medicare and Medicaid Services.

Prior to her arrival in policy, Ms. Helphenstine spearheaded strategic development and implementation of national education and outreach efforts in collaboration with various HHS Agencies for initiatives, such as Health Information Technology for Economic and Clinical Health (HITECH). Previously at CMS, Ms. Helphenstine was responsible for leading the Medicare Part C, Part D and Low Income Subsidy enrollment and the Hispanic national advertising and outreach efforts for the promotion of the annual election period, preventive services and the implementation of Medicare Modernization Act.

Prior to joining CMS in 2001, Ms. Helphenstine coordinated and designed advertising efforts for various national and regional companies and non-profit organizations, including MBNA America, Nissan North America, and Boy Scouts of America - Baltimore Area Council.

Ms. Helphenstine lives in Maryland with her husband and two children. She volunteers in her community with local county children's recreation programs.

TAWANDA HOLMES

Director for the Division of Compliance Policy & Operations, Program Compliance and Oversight Group

Tawanda Holmes is the Director for the Division of Compliance Policy & Operations in the Center for Medicare, Program Compliance and Oversight Group at the Centers for Medicare and Medicaid Services. Ms. Holmes is primarily responsible for developing and implementing a comprehensive and effective audit program for all Part C (Medicare Advantage) and Part D (Medicare Prescription Drug) contractors. Ms. Holmes has over 15 years of auditing experience, which includes leading a team in developing and conducting the one-third financial audits with the Office of Financial Management at CMS, conducting Medicare and Medicaid audits with the Office of Inspector General, and conducting audits of public utility companies with the Department of Energy.

Ms. Holmes is a Certified Public Accountant and holds a Bachelor of Science degree in Accounting and a Masters of Arts degree.

VANESSA JACKSON

Health Insurance Specialist, Division of Medicare Benefit Coordination, Office of Financial Management

Vanessa Jackson has worked for the Centers for Medicare and Medicaid Services (CMS) for four years on Medicare Secondary Payer and Coordination of Benefits operations and issues. She currently serves as a Health Insurance Specialist for the Division of Medicare Benefit Coordination in CMS' Office of Financial Management. She also has 22 prior years of federal service.

Ms. Jackson serves as Business Function Lead for Phase III (MSP Claims Investigation), the Coordination of Benefits Call Center Operations and supports all Medicare Secondary Payer activities related to the Electronic Correspondence Referral System (ECRS) and End Stage Renal Disease (ESRD). She also supports the Coordination of Benefits Agreement (COBA) Business Function Lead in ongoing activities related to the claims crossover program. Ms. Jackson is the Chair of the Call Center Work Group (CCWG) whose primary goal is to maintain continuity of operations among the 1-800-MEDICARE, MSPRC and the COBC call centers. Ms. Jackson is an M.B.A. graduate of Loyola University in Maryland.

BRIAN MARTIN

Senior Technical Advisor, Medicare Drug Benefit and C&D Data Group, Division of Formulary and Benefit Operations

Dr. Martin was involved in the development of the formulary review process for the implementation of Part D. He oversees the annual review of Part D formularies, as well as the mid-year formulary change process. He also provides clinical support to the group and contributes to the development of Part D formulary policies.

Prior to coming to CMS, Dr. Martin was an ambulatory care clinical specialist with the Department of Veterans Affairs, Maryland VA Health Care System. While with the VA, Dr. Martin provided direct patient care in the Primary Care Clinic at the Baltimore VA Medical Center and served on the Diabetes Task Force and Patient Education Committee. He also served as a preceptor for pharmacy students and residents, as well as a lecturer for the University of Maryland School Of Pharmacy.

Dr. Martin received his Doctor of Pharmacy from the University Of Maryland School Of Pharmacy and completed his primary care residency training at the Baltimore VA Medical Center.

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.

Ms. Smith 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.

VIKKI OATES

Director of the Division of Clinical and Operational Performance, Medicare Drug Benefit and C & D Data Group, Center for Drug and Health Plan Choice

Vikki Oates is Director of the Division of Clinical and Operational Performance in the Medicare Drug Benefit and C & D Data Group in the Center for Drug and Health Plan choice within the Centers for Medicare and Medicaid Services (CMS). Ms. Oates' has been with CMS for six years, and her division conducts first line monitoring and oversight of all Part D plans who offer the Prescription Drug Benefit. Her division is responsible for the public release of Part D Plan Ratings on the Medicare Plan Finder (MPF) and the CMS website. In addition, her division is responsible for much of the Part D program analysis.

Ms. Oates is also responsible for the review and approval of all Part D Medication Therapy Management programs, the Quality Assurance of the drug pricing data posted on the MPF, the Complaints Tracking Module, the Part D Reporting Requirements, and various ad hoc analyses for internal and external stakeholders.

Ms. Oates also serves as a Co-Chair of the CMS Data and Analytics Steering Committee (CDASC). Her career has included positions in industry, state agencies, and academia. Her position prior to joining CMS was as Director of Medical Economics for a large national PBM. Other work included business operations at the University of Maryland School of Medicine and research in case-mix adjustment and severity of illness at The Johns Hopkins School of Hygiene and Public Health.

Ms. Oates received her Bachelor's degree from the University of Richmond and her Master's degree from The Johns Hopkins University School of Continuing Studies

LUCIA R.H. PATRONE

Systems Analyst, Division of Plan Data

Lucia Patrone 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 since September 2010 when she joined CMS. Before joining CMS, Ms. Patrone was a program associate for the International Council of Shopping Centers, a global trade association representing the retail real estate industry.

Ms. Patrone graduated with a Master of Arts degree in Political Science with a concentration in Comparative Politics from American University in Washington, DC in 2004. She also graduated with honors with a Bachelor of Arts degree in Political Science from American University in 2000.

SUSAN RADKE

Health Insurance Specialist, Division of Medicare Advantage Operations, Medicare Drug and Health Plan Contract Administration Group, CMS; Team Lead for SNP

Susan Radke is a Health Insurance Specialist in the Division of Medicare Advantage Operations, Medicare Drug and Health Plan Contract Administration Group and is the Special Needs Plan (SNP) Team Lead. She has worked at the Centers for Medicare and Medicaid Services since 1998.

Ms. Radke oversees all aspects of MA- SNP operations. She is the Government Task Lead on a contract with Booz Allen Hamilton that provides Technical Assistance to states and SNPs that provide integrated Medicare & Medicaid benefits to dual eligible beneficiaries.

Prior to working in DMAO/MCAG, Ms. Radke worked with the State of Minnesota on the Dual Eligible Demonstration: Minnesota Senior Health Options. She worked closely with the State, health plans, and the Chicago Regional Office to transition from a Medicare Payment Demonstration to Dual Eligible Special Needs Plans. Ms. Radke was also the Project Officer/COTR for a variety of Medicaid/CHIP evaluations, as well as being a technical expert/ COTR on the Medicaid Analytic eXtract (research) Files (MAX). She began her federal career working in the Centers for Medicaid and State Operations, Division of Integrated Health Systems as a Health Insurance Specialist reviewing and monitoring 1115; 1915 (b), and 1915 (b)/ (c) Medicaid Waiver programs.

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 five years and has been with CMS since 2004. 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 and changes to the bid submission process for contract year (CY) 2012.

JENNIFER M. SMITH

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

Jennifer Smith is the Director of the Division of Appeals Policy in CMS' Medicare Enrollment and Appeals Group. Ms. Smith joined CMS in 1998 and has spent much of her career focusing on Medicare contractor and plan oversight, operations, and compliance. She has held a variety of positions within CMS' Program Integrity Group, Medicare Enrollment and Appeals Group, the Employer Policy & Operations Group, and the Program Compliance and Oversight Group.

In her current position, Ms. Smith is responsible for appeals policy for Original Medicare, Medicare Advantage and the Prescription Drug Program, as well as appeals operations at the Part C and Part D independent review entities. She received her Bachelor's degree in Criminal Justice and her Master's degree in Public Administration, both from the University of Delaware.

ALBERTA SMYTHE

Director Coordination of Benefits (COBC) Operations

Alberta Smythe is the Director Coordination of Benefits (COBC) Operations; she has the responsibility for overseeing the Coordination of Benefits (COB) departments within Government Programs COBC's Florida office, as well as serving as a Task Manager for the COB contract.

Ms. Smythe has a vast and diverse Medicare secondary payer insurance background, with over 23 years experience working within the Medicare industry. She joined the COB department of GHI, Government Programs, in January 2000 as the Common Working File (CWF) Coordinator during the inception of the COBC's Medicare Secondary Payer (MSP) program. Her primary responsibilities included managing the CWF Auditing Staff, serving as MSP liaison for the Centers for Medicare and Medicaid Services (CMS) and Medicare contractors, and assisting in the design and development of new and enhanced system processes. Two years later, she was promoted to COB Operations Director responsible for overseeing the COB CWF Auditing, Data Entry, Training, and Mail Operations departments. She also assumed responsibility for the COB Electronic Data Interchange (EDI) Department from 2006 to 2008. Prior to joining Group Health Incorporated, Ms. Smythe was employed by Empire Blue Cross/Blue Shield holding various positions within the Medicare MSP sector. Ms. Smythe's extensive MSP knowledge and expertise has been instrumental during the implementation of new MSP initiatives and continues to be involved in the development of COB system enhancements and work processes.

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 2012 Medicare Advantage benefits implementation issues such as cost sharing standards, total beneficiary costs, meaningful difference between plans offered by the same organization, and low enrollment plans.

MICHELLE G. 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 an effective, comprehensive compliance and audit 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.