



# Medicare Advantage & Prescription Drug Plan

Fall Conference (Webcast)

*“Collaborating, Communicating, and  
Transforming”*



September 4, 2013  
9:30 am – 4:45 pm EDT

# CONFERENCE GUIDE



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# WELCOME...

## ... to the Centers for Medicare & Medicaid Services' (CMS) 2013 Medicare Advantage & Prescription Drug Plan Fall Conference (Webcast)

The Center for Medicare (CM), continues 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.

CM is 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



# WELCOME

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.

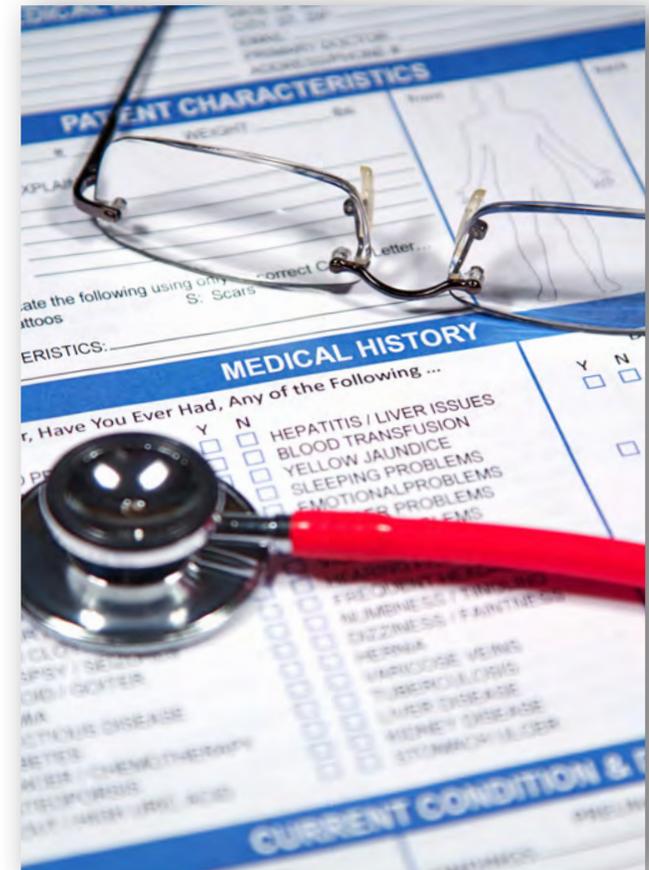
Extensive inroads have been made in the last few years in improving compliance, performance and accountability of health and drug plans. These efforts include updating and revising guidance, Medicare’s star rating system, our past performance methodology, and our audit strategy. We believe a transparent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

# PROGRAM OVERVIEW

CMS continues to provide important new information for Medicare Advantage & Prescription Drug Plan organizations. Join CMS experts for an all-day event designed for staff-level operations, mid-level management, and senior executives as CMS provides important new information for Sponsoring Organizations.

This one day event will be held on **Wednesday, September 4, 2013, from 9:30 AM – 4:45 PM EDT** and will consist of sessions filled with subject matter expert speakers and shared information on the following topics:

- **Audit Updates and Immediate Corrective Action Required Process**
- **CDAG/OGAG: Updates and Reminders**
- **General Policy Update**
- **Marketing, Surveillance & Update**
- **Overutilization Monitoring System—Updates and Lessons Learned**
- **Proposed MOC Revisions/Applicable Manual Updates**
- **Risk Adjustment Operations Update**



# AGENDA

<b>7:00 am - 9:30 am</b>	<b>CHECK-IN/BADGING</b>
9:30 am - 9:45 am	<b>Welcome Remarks</b> Althea A. Scurvin, PMP, PRI, Moderator
9:45 am - 10:00 am	<b>Keynote Address</b> Cynthia G. Tudor, PhD, Medicare Drug Benefit and C & D Data Group, CMS
10:00 am - 10:45 am	<b>Overutilization Monitoring System — Updates and Lessons Learned</b> Gary Wirth, RPH, MBA, Division of Clinical and Operational Performance, Medicare Drug Benefit and C & D Data Group, CMS
10:45 am - 11:30 am	<b>Marketing &amp; Surveillance Update</b> Christine Reinhard, Esq, MBA, Division of Surveillance, Compliance and Marketing, Medicare Drug and Health Plan Contract Group, CMS Camille Brown, MS, Division of Surveillance, Compliance and Marketing, Medicare Drug and Health Plan Contract Group, CMS
11:30 am - 12:15 pm	<b>Proposed MOC Revisions/Applicable Manual Updates</b> Susan Radke, LCSW, Division of Policy, Analysis and Planning, Medicare Drug and Health Plan Contract Administration Group, CMS
<b>12:15 pm - 1:15 pm</b>	<b>LUNCH BREAK</b>
1:15 pm - 2:00 pm	<b>Audit Updates and Immediate Corrective Action Required Process</b> Tawanda Holmes, MA, Division of Audit Operations, Medicare Parts C & D Oversight and Enforcement Group, CMS Jessica Robinson, BS, Division of Audit Operations, Medicare Parts C & D Oversight and Enforcement Group, CMS Darryl Brookins, MBA, Division of Audit Operations, Medicare Parts C & D Oversight and Enforcement Group, CMS
2:00 pm - 2:45 pm	<b>General Policy Update</b> Marty Abeln, MPA, Division of Policy, Analysis and Planning, Medicare Drug and Health Plan Contract Administration Group, CMS
<b>2:45 pm - 3:00 pm</b>	<b>AFTERNOON BREAK</b>
3:00 pm - 3:45 pm	<b>CDAG/ODAG: Updates and Reminders</b> Caroline Baker, Esq, Division of Appeals Policy, Medicare Enrollment and Appeals Group, CMS Beckie Peyton, MA, Division of Appeals Policy, Medicare Enrollment and Appeals Group, CMS
3:45 pm - 4:30 pm	<b>Risk Adjustment Operations Update</b> Ashley Franzel, MPA, Division of Payment Policy, Medicare Plan Payment Group, CMS Monica Reed-Asante, PharmD, LCDR, USPHS, Division of Payment Policy, Medicare Plan Payment Group, CMS
<b>4:30 pm - 4:45 pm</b>	<b>CLOSING REMARKS</b>

# SESSION SUMMARIES

## **Keynote Address**

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

## **Overutilization Monitoring System - Updates and Lessons Learned**

**Gary Wirth**, RPh, MBA, Pharmacist and Contracting Officer Representative, Division of Clinical and Operational Performance, Medicare Drug Benefit and C & D Data Group, CMS

The new Medicare Part D Overutilization Monitoring System (OMS) was developed to help CMS ensure that plan sponsors have established appropriate drug utilization management programs to assist in preventing overutilization of prescribed medications. This session will provide participants with an understanding of the OMS, and will include information from the OMS reports released to plan sponsors at the end of July 2013.

## **Marketing & Surveillance Update**

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

**Camille Brown**, MS, Health Insurance Specialist Division of Surveillance, Compliance & Marketing, Medicare Drug and Health Plan Contract Group, CMS

This session will provide participants with Marketing updates and reminders, Retrospective Marketing Review projects, Annual Notice of Change (ANOC)/Evidence of Coverage (EOC) timeliness/accuracy results and upcoming changes, an update on the Outbound Enrollment Verification project, as well as reminders for plans as the AEP approaches.

## **Proposed MOC Revisions/Applicable Manual Updates**

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

Chapter 16b in the Medicare Managed Care Manual provides Special Needs Plans with CMS' interpretation of statutes and regulations that pertain to Medicare Advantage Special Needs Plans. This session will provide participants with information on updates to the Chapter, focusing on revised policy and operational guidance.

## **Audit Updates and Immediate Corrective Action Required Process**

**Tawanda Holmes**, MA, Director, Division of Audit Operations, Medicare Parts C & D Oversight and Enforcement Group, CMS

**Jessica Robinson**, BS, Program Analyst, Division of Audit Operations, Medicare Parts C & D Oversight and Enforcement Group, CMS

# SESSION SUMMARIES

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

This session will provide participants with an understanding of the 2013 program audits immediate corrective action required (ICAR) process. Specifically, we will provide tips on what should be included in the ICAR corrective action plan and discuss the validation process. Also, we will provide participants with updates related to the status of the 2013 program audits.

## General Policy Update

**Marty Abeln**, MPA, Team Leader, Division of Policy, Analysis and Planning, Medicare Drug and Health Plan Contract Administration Group, CMS

This session will review tiered cost sharing of medical benefits. Specifically, we will identify factors that CMS takes into consideration when reviewing tiered cost sharing proposals submitted by Medicare Advantage plans.

## CDAG/ODAG: Updates and Reminders

**Caroline Baker**, Esq, Health Insurance Specialist, Division of Appeals Policy, Medicare Enrollment and Appeals Group, CMS

**Beckie Peyton**, MA, Health Insurance Specialist, Division of Appeals Policy, Medicare Enrollment and Appeals Group, CMS

This session will provide attendees with various updates and key reminders related to compliance with Medicare Advantage and Part D coverage decisions, appeals and grievances. Updates will include revisions to manual guidance, required notices, and recent HPMS memos. This session will also include important reminders about appeals and grievance program requirements through lessons learned and frequently asked questions.

## Risk Adjustment Operations Update

**Ashley Franzel**, MPA, Division of Payment Policy, Medicare Plan Payment Group, CMS

**Monica Reed-Asante**, PharmD, LCDR, USPHS, Senior Health Insurance Specialist, Division of Payment Policy, Medicare Plan Payment Group, CMS

This session will provide participants with general payment and risk adjustment policy and operations updates. We will discuss the CMS-HCC risk adjustment model, Encounter Data, as well as other pertinent risk adjustment updates.



# SPEAKER BIOS

## **Marty Abeln, MPA**

*Team Leader, Division of Policy, Analysis and Planning, Medicare Drug and Health Plan Contract Administration Group, CMS*

Marty Abeln is a Team Leader in the Division of Policy, Analysis and Planning in the Medicare Drug and Health Plan Contract Administration Group. Mr. Abeln has worked on various facets of Medicare managed care policy for over 20 years and holds an MPA from the University of Arizona. In his spare time, Marty enjoys keeping bees, running and reading Roman history.

## **Caroline Baker, ESQ**

*Health Insurance Specialist, Division of Appeals Policy, Medicare Enrollment and Appeals Group, CMS*

Caroline Baker is a Health Insurance Specialist in the Division of Appeals Policy, Medicare Enrollment and Appeals Group. Ms. Baker works on Part D beneficiary appeals policy (regulations, manual guidance, and operational questions) as well as Advance Beneficiary Notices for Original Medicare. Prior to working in the Division of Appeals Policy, she worked in the Program Compliance Oversight Group conducting program audits on Medicare Advantage and Prescription Drug Plan sponsors. Prior to joining CMS, Ms. Baker worked as the privacy attorney for the state of Maryland, as well as the ethics/compliance officer. She received her Bachelor of

Arts from the University of Connecticut and her Juris Doctor from the University of Baltimore.

## **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. Mr. Brookins is currently responsible for developing and implementing a comprehensive and effective audit program for all Medicare Advantage and Prescription Drug sponsors and overseeing PACE audits. His 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 (ACA) legislation (IRMAA Part D as well as Prescription Drug Coverage Gap Closure). Prior to joining CMS, Mr. Brookins was a project engineer for nearly 18 years 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.

## **Camille Brown, MS**

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

Camille Brown is a Health Insurance Specialist-Technical Director in the Division of Surveillance, Compliance and Marketing, Medicare Drug and Health Plan Contract Group. She has been involved in several key agency initiatives since her employment with CMS. These include the development of the Medicare Marketing Guidelines and the development of regulatory marketing provisions for Medicare Advantage and Part D plans. Camille also served as the Technical Advisor for the Division of Audit Operations, Medicare Part C & D Oversight and Enforcement Group. In this position, she led various initiatives for auditing, policy and compliance. Camille has a Bachelor of Science in Marketing and Management from Morgan State University and a Master of Science from the University of Maryland University College in Health Care Administration.

## **Ashley Franzel, MPA**

*Policy Analyst, Division of Payment Policy, Medicare Plan Payment Group, CMS*

Ashley Franzel currently is a policy analyst in the Division of Payment Policy working on encounter data, overpayment and risk adjustment policy.

# SPEAKER BIOS

She came to the Medicare Plan Payment Group in 2009 where she served as the Risk Adjustment Data Validation Operations Team Lead. Prior to joining MPPG she was the Special Assistant to the Center Director of the Center for Beneficiary Choice (now Center for Medicare) working to implement provisions of the Medicare Modernization Act (MMA).

In 2002, Ashley began her career with the Federal government as part of the inaugural class of the U.S. Department of Health and Human Services Emerging Leaders Program (ELP). Upon graduation from ELP in 2004 Ashley accepted a position in the CMS Office of Legislation and was a member of a team who assisted in the creation of MMA.

Ashley holds a Master's Degree in Public Administration from Florida State University and a Bachelor of Science Degree in Business Administration from the University of Florida.

## **Tawanda Holmes, MA**

*Director, Division of Audit Operations, Medicare Part C & Part D Oversight and Enforcement Group, CMS*

Tawanda Holmes is the Director for the Division of Audit Operations in the Center for Medicare, Medicare Part C & Part D Oversight and Enforcement Group at CMS in Baltimore, MD. She is primarily responsible for developing and implementing a comprehensive and effective

audit program for all Medicare Advantage and Prescription Drug sponsors. She is also responsible for overseeing the PACE audits, closing the one-third financial audits, and assisting with the development of an auditing program for the Medicare-Medicaid Plans. Tawanda has over 15 years of auditing experience. Her experience includes leading a team in conducting the one-third financial audits as well as the cost plan 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. She is a Certified Public Accountant and holds Bachelor of Science in Accounting and Master of Arts degrees.

## **Beckie Peyton, MA**

*Health Insurance Specialist, Division of Appeals Policy, Medicare Enrollment and Appeals Group, CMS*

Beckie Peyton is a Health Insurance Specialist and the Part D beneficiary appeals lead in the Division of Appeals Policy, Medicare Enrollment and Appeals Group. She works on regulations, CMS manual and operational guidance and is a Part D beneficiary appeals Subject Matter Expert for the Center for Medicare. Prior to coming to CMS, Beckie was a Mediator and Legal Analyst in the Health Care Division of the Massachusetts Attorney General's

Office, where she worked on a wide variety of consumer protection, legal enforcement, and policy issues related to state and federal health insurance law and Massachusetts health reform. She received her Bachelor of Arts in Government from Smith College, her Master of Arts in Alternative Dispute Resolution from the University of Massachusetts and is a trained professional mediator.

## **Susan Radke, LCSW**

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

Susan Radke has worked at CMS since 1998 and currently works in the Division of Policy, Planning and Analysis focusing on Medicare Advantage (MA) and Special Needs Plan (SNP) policy and quality improvement program projects. She is the Contracting Officer Representative on a contract with RAND, Inc. that is currently developing quality outcome measures through a validation study that will test the proposed measures. Ms. Radke is also the COR on a contract with the National Committee for Quality Assurance which supports CMS in collecting quality of care performance measures for Medicare Advantage and Special Needs Plans.

She also worked in the Division of Medicare Advantage Operations as the SNP team lead. Prior to working in DMAO/MCAG, Ms. Radke worked in the Office of Research Development

## SPEAKER BIOS

and Information (currently CMMI) 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. Susan 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.

Susan is a Licensed Clinical Social Worker and graduated from the University of Maryland, School of Social Work in 1986.

**Monica Reed-Asante, PHARMD, LCDR, USPHS**  
*Senior Health Insurance Specialist, Medicare Plan Payment Group, Division of Payment Policy, CMS*

Lieutenant Commander (LCDR) Monica Reed-Asante completed a Bachelor of Science Degree in Biology and Psychology at Loyola University in Maryland. She then went on to complete a Doctor of Pharmacy Degree at the University of the Sciences in Philadelphia. Prior to embarking on her federal career at CMS, she completed a Managed Care Residency with a Pharmacy Benefit Manager

(PBM) that maintained a portfolio of Medicaid and Medicare lines of business. LCDR Reed-Asante joined CMS in 2009 and subsequently joined the United States Public Health Service (PHS) in 2010. She worked in the Division of Formulary and Benefit Operations (DFBO) from 2009 – April 2013 where she served as the Formulary Team Lead, a Project Officer on Part D formulary contracts and developed audits and analyses of formularies. In April of 2013, LCDR Reed-Asante joined the Division of Payment Policy where she continues to serve as a Project Officer, assists with the evaluation of the risk adjustment models and the development of policies related to risk adjustment.

**Christine Reinhard, ESQ, MBA**

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

Christine Reinhard works in the Division of Surveillance, Compliance and Marketing, within the Medicare Drug and Health Plan Contract Administration Group for 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. Christine has been with CMS since 1995, working in managed care since 1998. Her previous work

focused on many aspects of the Part C and Part D programs, including plan sponsors' 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.

**Jessica Robinson, BS**

*Program Analyst, Division of Audit Operations, Medicare Part C & Part D Oversight and Enforcement Group, CMS*

Jessica Robinson serves as an Audit Lead in the Division of Audit Operations in the Medicare Part C and Part D Oversight and Enforcement Group, in the Center for Medicare at CMS in Baltimore, MD. She played a key role in developing the immediate corrective action process that requires all Medicare Advantage and Prescription Drug sponsors to immediately implement corrective actions when potential for egregious beneficiary harm is identified during an audit. Prior to joining CMS, Jessica had 8 years of auditing experience with the General Services Administration, Office of the Inspector General. She graduated from Mount St. Mary's University with a Bachelor Degree in Business Administration and a Minor in Economics.

# SPEAKER BIOS

## **Cynthia G. Tudor, PHD**

*Director, Medicare Drug Benefit and C & D Data Group, CMS*

Cynthia Tudor is the Director of the Medicare Drug Benefit and C & D Data Group at CMS in Baltimore, MD. 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



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 the Medicare Drug Benefit and C & D Data Group (MDBG), Dr. Tudor led the implementation and operations of Risk Adjustment (RA) payments to Medicare Advantage organizations. Beginning at the Office of Research and Demonstrations at CMS, Dr. Tudor 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, the validated risk adjusted payments, and determined the impacts of risk adjustment on health plans. Dr. Tudor also led the development of the risk adjuster for the Medicare drug benefit.

Before coming to CMS, Dr. Tudor served as a consultant to MedStat in such areas as Medicaid pharmaceutical costs, use of home health services by Medicare beneficiaries, quality of care assessment in Medicaid nursing facilities and in CHAMPUS outpatient mental health services. Dr. Tudor 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.

## **Gary Wirth, RPH, MBA**

*Pharmacist and Contracting Officer Representative, Division of Clinical and Operational Performance, Medicare Drug Benefit and C & D Data Group, CMS*

Gary Wirth is a Pharmacist and Contracting Officer Representative in the Medicare Drug Benefit and C & D Data Group, Division of Clinical and Operational Performance (DCOP), beginning in August 2010. DCOP is responsible for first line monitoring and oversight of all Part D plans offering the Prescription Drug Benefit. These responsibilities include the public release of the Part D Plan Ratings (including data on quality and performance measures) on the Medicare Plan Finder and the CMS website, Part D program analyses, Part D reporting requirements, and Medication Therapy Management (MTM) programs. Prior to joining CMS, Gary held positions in pharmacy administration and government affairs. Gary holds a Bachelor of Science in Pharmacy from the University of Maryland and a Master in Business Administration from Loyola University, Maryland.

# ON-SITE PARTICIPANTS

## Housekeeping Rules

- All visitors must be in possession of a valid and current government issued form of photo identification, such as a driver's license, age of majority card, passport or visa; and will be subject to a thorough vehicular inspection.
- Conference attendees must restrict themselves to the first floor Central Building Lobby, Conference Room Center, and Lower Level Lobby/Cafeteria in the Central Building.  
**PLEASE NOTE: VISITORS MUST BE ESCORTED BY A CMS EMPLOYEE OUTSIDE OF THE AREAS LISTED ABOVE.**
- Food and beverages are not allowed in the Grand Auditorium, so please refrain from bring items into these areas.
- Smoking is **not permitted** anywhere in the CMS complex. You must go offsite to smoke.
- Telephones and restrooms are located just outside the Pre-function Area on the left before you go back to the Central Building first floor lobby and also across the first floor lobby near the central building security desk.
- The cafeteria is located on the lower level of the Central Building. Lunch will begin at 12:15 pm. There will be an afternoon break at 2:45 pm. Please have your money ready for the cashier when you get in line.

## Suggested Accommodations

Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

We suggest that you check with hotels within a 20-mile radius of CMS (see address above) to assist with your accommodations search.

Suggested cities near CMS from BWI airport:

- Hanover, MD
- Columbia, MD
- Linthicum Heights, MD
- Laurel, MD



# ON-SITE PARTICIPANTS

## Transportation

### AMTRAK

Our city is served by AMTRAK which is located at Pennsylvania Station (Penn Station), five minutes north of the downtown area. The fast moving Metro liner has brought back the grand age of trains between Baltimore, Washington, DC, Philadelphia, and New York. The MARC commuter train operates weekdays along the Baltimore/Washington corridor with two lines that leave from Washington's Union Station and arrives in Baltimore at either Camden or Penn Station.

### BWI AIRPORT

Baltimore/Washington International Airport (BWI) is approximately 14 miles away — a 15-30 minute ride to CMS. The taxi fare from the airport vicinity to CMS can vary in price (approximately \$20-\$30). Also, there are various shuttle services available. You'll need to contact them directly to arrange for this service and confirm their current prices along with the departure/arrival schedules. Altogether, there are 675 flights in and out of BWI daily. Some of the airlines BWI serves include:

- Air Canada
- Air Tran
- American Airlines
- British Airways
- Delta
- Southwest
- United Airlines
- U.S. Airways

### CAR RENTAL

The majority of car rental agencies listed below service BWI Airport:

- Alamo
- Avis\*
- Budget
- Dollar\*
- Enterprise\*
- Hertz\*
- National
- Thrifty\*

*\*Provides vehicles with hand controls for drivers with special needs.*

### Directions

#### SOUTHBOUND

**From New York City:** I-95 South to I-695 East (Baltimore Beltway) towards Glen Burnie. Follow I-695 to Exit 17 (Security Boulevard – West). Follow Security Boulevard to the end and CMS' main entrance will be located on your right.

**From Central Pennsylvania:** I-83 South to I-695 East (Baltimore Beltway) towards Glen Burnie. Follow I-695 to Exit 17 (Security Boulevard – West). Follow Security Boulevard to the end and CMS' main entrance will be located on your right.

#### NORTHBOUND

**From Washington, DC:** I-95 North to I-695 West (Baltimore Beltway) towards Towson. Follow I-695 to Exit 17 (Security Boulevard – West) toward Rolling Road. Follow Security Boulevard to the end and CMS' main entrance will be located on your right.

**From BWI Airport:** Baltimore and Washington Parkway (MD-295 to I-695 West (Baltimore Beltway) towards Towson to Exit 17 (Security Boulevard – West) toward Rolling Road. Follow Security Boulevard to the end and CMS' main entrance will be located on your right.

# ON-SITE PARTICIPANTS

## General Information

### CHECK-IN/BADGING

Check-in is located at the CMS Auditorium and is open Wednesday, September 4<sup>th</sup>, from 7:00 AM until 9:30 AM EDT. All MA & PDP Conference attendees and sponsors are required to wear their badges at all times during the event. Badges are not transferable.

### CHANGES/CANCELLATIONS

If your organization's representative is unable to attend, please email us at [CTEO@cms.hhs.gov](mailto:CTEO@cms.hhs.gov) immediately so that we can accommodate other participants on-site.

### ACCOMMODATIONS FOR PEOPLE WITH SPECIAL NEEDS\*

- Assistive listening devices for the hearing impaired
- Captioning services
- Interpreters
- Foreign language services
- Special mobility service for the physically challenged
- Large print or Braille material
- Special access considerations
- Designated areas for wheelchairs and visually impaired

\*May be available upon request.

### ATM MACHINE

For your convenience, there is an ATM cash machine on the lower level next to the Credit Union.

### MOBILE PHONE USE

Please be courteous to conference speakers and fellow attendees and silence your mobile phones while attending sessions.

### FIRST AID INFORMATION

Due to the large size of the facility, be prepared to identify the location of the emergency site. A first aid station is available within

CMS. We ask that conference attendees please contact event staff immediately should you require assistance.

### SECURITY/EMERGENCY INFORMATION

Building security is available 24 hours a day, 365 days a year and is responsible for the overall protection of the CMS facility, property, visitors, and employees, as well as for providing service and assistance to all patrons.

### SMOKING POLICY

CMS is a nonsmoking building. Smoking is prohibited in all areas.

### LUNCH SERVICE OPTIONS AT CMS

Order lunch from the CMS cafeteria from your mobile device or online and have it ready and waiting for you in the building! That is right—no need to spend money on gas, just beat the heat and relax at your seat as we prepare your lunch for you! The CMS cafeteria accepts all major credit cards.

### PRE-ORDERS DEADLINE DATE: August 28<sup>th</sup> by 2 pm EDT

On-site conference attendees can pre-order their lunch in advance in order to expedite the process. Pre-orders must be done online (see links below) no later than **2 pm EDT, August 28<sup>th</sup>**.

***You must create an account and password in order to place your order for pickup at 7500 Security Blvd.***

- **Catering Made Easy:**  
<https://cms.catertrax.com/shopcatgroup.asp?id=1&intOrderID=&intCustomerID=>
- **Simply to Go Catering:**  
<https://cms.catertrax.com/shopcatgroup.asp?id=2&intOrderID=&intCustomerID=>

# ON-SITE PARTICIPANTS

 **CHECKLIST** In preparation, we encourage you to take a few minutes to review the following:

-  **ONLY PRE-AUTHORIZED EVENT ATTENDEES WILL BE ALLOWED ON-SITE.** *Please arrive at CMS' Headquarters no later than one hour before the start of the event* in order ensure that all event attendees are able to clear the CMS security procedures and are comfortably prepared to attend the event.
-  **Note:** Please provide the CMS Security Guards at the front gate with your first and last name, valid and current photo ID and the nature of your visit (ex: CMS 2013 MA & PDP Fall Conference (Webcast) event.) Only registered/pre-authorized attendees who's name is on our list will be allowed to enter CMS.
-  **Parking:** Visitor parking is available and is indicated by white lines. Do not park between the yellow lines as there is the risk of your vehicle being ticketed and towed.
-  **CMS Onsite Security Procedures:** CMS security procedures comprise of a vehicle search, walkthrough scanning device, and X-ray scanning of personal items. **All visitors must provide at least one form of a valid photo ID (ex: drivers license);** and will be signed in by a member of the CMS Best Practices staff who will escort you to the CMS auditorium.
-  **CMS Auditorium:** All visitors will be briefed on the resources and amenities of CMS upon arrival and will have access to the CMS auditorium. The CMS Auditorium is equipped with a live video/audio feed of the webcast.
-  **Lunch Service Options at CMS:** **PRE-ORDERS DEADLINE DATE: August 28<sup>th</sup> by 2pm EDT.** You must create an account and password in order to place your order for pickup at 7500 Security Blvd. **Catering Made Easy:** <https://cms.catertrax.com/shopcatgroup.asp?id=1&intOrderID=&intCustomerID=> or **Simply To Go Catering:** <https://cms.catertrax.com/shopcatgroup.asp?id=2&intOrderID=&intCustomerID=>
-  **Event Materials:** In our efforts to “Go Green”, we ask that you download and print event materials (i.e., agenda, presentations, conference guide, etc.) prior to your arrival to the event—click here: [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).
-  **Your Points of Contacts:** Should you encounter any difficulties during your travels to CMS Headquarters, please contact us via email at [CTEO@cms.hhs.gov](mailto:CTEO@cms.hhs.gov).

# WEBCAST PARTICIPANTS

## Viewing Tips for USTREAM

To learn more information regarding tips for the best viewing experience on “USTREAM,” click the link below:

<https://ustream.zendesk.com/entries/22546906-Tips-for-Best-Viewing-Experience-on-Ustream>.

You will be able to obtain information and instructions on how to:

- Watch at a lower quality
- Update browser
- Install and update Adobe Flash
- **Check internet and band width**
- **Check computer resources**
- Disable or enable hardware acceleration
- **Check that USTREAM content is not blocked by an Ad-Blocker, Firewall, or being filtered on your local network**
- Solve the most common problems
- View the event from a Mobile device—most streams on USTREAM are available for viewing on iOS and Android devices

## How to Join the Webcast

**Please Note:** In order to join the live webcast, you must register for this event. Only confirmed registered participants, will be able to access and join the live webcast.

The webcast will be held Wednesday, September 4, 2013, from 9:30 a.m. - 4:45 p.m. EDT. **To facilitate easy access to the**

**webcast, please log in between 9:00 a.m. – 9:30 a.m. EDT on September 4, 2013.** The Conference (Webcast) will begin at 9:30 a.m. EDT.

All participants will be able to see and, using speakers and/or headphones, hear the webcast via their computer. Participants will not be able to participate verbally during the webcast.

## Technical Support

CMS will provide a **call-in feature** for this event for use by those attendees who (1) cannot access sound from their computers, or (2) may experience technical difficulties. Attendees should not call the teleconference line unless it is necessary to hear the webcast.

Attendees should report **technical difficulties** by contacting the CTEO Technical Support Team via email at [CTEOTechSupport@cms.hhs.gov](mailto:CTEOTechSupport@cms.hhs.gov) during the webcast. If you need to utilize the call-in feature, the number will be provided to you at that time.



# WEBCAST PARTICIPANTS

 **CHECKLIST** In preparation, we encourage you to take a few minutes to review the following:

-  In order to join the live webcast, you must register for this event. Only confirmed registered participants, will be able to access and join the live webcast.
-  Click the link below to find out more information regarding tips for the best viewing experience on “USTREAM.”  
<https://ustream.zendesk.com/entries/22546906-Tips-for-Best-Viewing-Experience-on-Ustream>.
-  Report technical difficulties by contacting the CTEO Support via email at [CTEOTechSupport@cms.hhs.gov](mailto:CTEOTechSupport@cms.hhs.gov) during the webcast. If you need to utilize the call-in feature, the number will be provided to you at that time.



# ADDITIONAL RESOURCES

## CMS/CTEO Website

To learn more about this event and future events, please visit our website:

[http://cms.gov/Outreach-and-Education/Training/CTEO/Compliance\\_Training\\_Education\\_and\\_Outreach.html](http://cms.gov/Outreach-and-Education/Training/CTEO/Compliance_Training_Education_and_Outreach.html).

## Event Materials

Event materials can be found on our Outreach and Education web page 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).

## Post Event Online Survey

Please complete your MA & PDP Conference evaluation survey online at:

[https://www.surveymonkey.com/s/CMS\\_2013\\_MAPDP\\_Conference](https://www.surveymonkey.com/s/CMS_2013_MAPDP_Conference).

*The survey will be available Wednesday, September 4, 2013 through Monday, September 9, 2013 COB.*

## Your Topic/Session Questions for CMS

CMS strongly encourages that organizations submit topic/session questions for this conference in advance of the event to [CTEO@cms.hhs.gov](mailto:CTEO@cms.hhs.gov). Time will be allotted for some questions and answers for on-site participants during the live webcast. Also, if time permits, presenters may respond to questions received in advance. We ask that you identify the topic/session in your subject line of your email. This will assist us with expediting your question to the appropriate staff.

## Technical Support

Report **technical difficulties** by contacting the CTEO Technical Support Team via email at

[CTEOTechSupport@cms.hhs.gov](mailto:CTEOTechSupport@cms.hhs.gov) during the webcast.



# NOTES



7500 Security Boulevard  
Baltimore, MD 21244