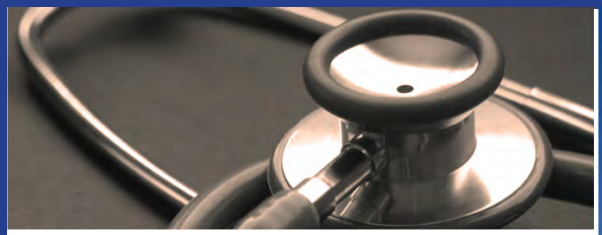

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

2015 MEDICARE ADVANTAGE AND PRESCRIPTION DRUG PLAN AUDIT & ENFORCEMENT

Conference & Webcast

Tuesday, June 16, 2015
9:30 am – 4:30 pm EDT

CONFERENCE GUIDE

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Program Overview

This conference will provide insight into how MA and Part D organizations can best prepare for a CMS performance audit. Join CMS experts to learn about best practices of high performing organizations, common findings from audits, and enforcement consequences. All CMS MA and Part D Sponsors are encouraged to attend.

This one day event will be held on **Tuesday, June 16, 2015, from 9:30 a.m. – 4:30 p.m. EDT** and will consist of sessions filled with subject matter expert speakers and shared information on the following topics:

- **How to Prepare for a CMS Audit and an Overview of the Audit Validation Process**
- **Universe Preparation and Submission**
- **The Full Cycle of the Common Conditions Best Practice Memo**
- **Part D Point of Sale Pilot**
- **CMS Enforcement Actions**
- **Compliance Program Overview & FWA Requirements—Measuring Effectiveness**
- **Sneak Peek: PILOT Protocol—Provider Network Adequacy and the Medication Therapy Management Protocols**

Agenda

8:00 am - 9:30 am	**CHECK-IN/BADGING**
9:30 am - 9:40 am	**Welcome** Stacey Plizga, PRI, Moderator
9:40 am - 9:45 am	**Opening Remarks** Sean Cavanaugh, Deputy Administrator and Director of the Center for Medicare, CMS
9:45 am - 10:00 am	**Introductions** Jerry Mulcahy, Director, Medicare Parts C & D Oversight and Enforcement Group (MOEG), CMS
10:00 am - 10:45 am	**How to Prepare for a CMS Audit and an Overview of the Audit Validation Process** Charles Cutcliffe, VIVA Health, Inc. Darryl Brookins, Division of Audit Operations, MOEG / Matthew Guerand, Division of Audit Operations, MOEG
10:45 am - 11:15 am	**Universe Preparation and Submission** Jennifer Smith, Division of Analysis, Policy and Strategy, MOEG Kady Flannery, Division of Analysis, Policy and Strategy, MOEG
11:15 am - 11:45 am	**The Full Cycle of the Common Conditions Best Practice Memo** Nyetta Patton, Seattle Division of Medicare Health Plan Operations, Consortium for Medicare Health Plan Operations
11:45 pm - 12:45 pm	**LUNCH BREAK**
12:45 pm - 1:15 pm	**Part D Point of Sale Pilot** Beckie Peyton, Division of Appeals Policy, Medicare Enrollment and Appeals Group
1:15 pm - 2:00 pm	**CMS Enforcement Actions** Michael DiBella, Division of Compliance Enforcement, MOEG Todd Shamash, Capital BlueCross
2:00 pm - 2:30 pm	**Compliance Program Overview & FWA Requirements—Measuring Effectiveness** Vernisha Robinson-Savoy, Division of Analysis, Policy and Strategy, MOEG Beth Brady, Division of Plan Oversight & Accountability, Investigations and Audit Group, Center for Program Integrity
2:30 pm - 2:45 pm	**AFTERNOON BREAK**
2:45 pm - 3:30 pm	**Sneak Peek: PILOT Protocol—Provider Network Adequacy and the Medication Therapy Management Protocols** Joscelyn Lissone, Division of Analysis, Policy and Strategy, MOEG Cdr. Rebecca Walden, Division of Analysis, Policy and Strategy, MOEG
3:30 pm - 4:25 pm	**Open Q & A Session** All Speakers
4:25 pm - 4:30 pm	**CLOSING REMARKS**

Session Summaries

How to Prepare for a CMS Audit and an Overview of the Audit Validation Process

Charles Cutcliffe, *MBA, Medicare Compliance Officer, VIVA Health, Inc.*

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

Matthew Guerand, *BA, Division of Audit Operations, Medicare Parts C & D Oversight and Enforcement Group, Center for Medicare, CMS*

This session will provide participants with an overview of the key changes in the 2015 CMS Program Audit process and 2014 Validations process. Also, a sponsor will provide insight into their 2014 CMS program audit including how they prepared for the audit, lessons learned, and best practices identified during the audit process.

Universe Preparation and Submission

Jennifer Smith, *MPA, Acting Deputy Director, Division of Analysis, Policy and Strategy, Medicare Parts C & D Oversight and Enforcement Group, Center for Medicare, CMS*

Kady Flannery, *PharmD, Deputy Director, Division of Analysis, Policy and Strategy, Medicare Parts C & D Oversight and Enforcement Group, Center for Medicare, CMS*

In audit year 2015, CMS adopted a new policy limiting the number of resubmissions sponsors would be allowed during a CMS program audit. In addition, CMS changed the record layouts for their protocols, particularly in the areas of CDAG and ODAG. This session will provide an overview of the new record layouts and discuss the best ways for sponsors to ensure that they can pull the data needed for an audit correctly the first time, thereby avoiding any adverse consequences during their audit.

The Full Cycle of the Common Conditions Best Practice Memo

Nyetta Patton, *RN, MSN, ANP, Account Manager, Seattle Division of Medicare Health Plan Operations, Consortium for Medicare Health Plan Operations, CMS*

Participants will be provided with an overview of the Strategic Conversations enterprise communication approach recently incorporated into the Regional Office Account Management Program. The initiative is being implemented to foster collaboration with sponsors and across CMS components to help drive program improvements, establish consistent and structured communication, and solicit feedback from sponsors. This session is intended to help Parts C and D sponsors gain an understanding of the importance of the Strategic Conversations Process in creating a positive communication feedback loop.

Session Summaries

Part D Point of Sale Pilot

Beckie Peyton, *Division of Appeals Policy, Medicare Enrollment and Appeals Group, Center for Medicare, CMS*

CMS will provide an overview of the Part D Point of Sale Pilot. The goal of the pilot is for a limited number of Part D plans to develop and test a more proactive approach for certain POS rejections that results in the enrollee obtaining coverage of the requested drug or an appropriate formulary or preferred alternative.

CMS Enforcement Actions

Michael DiBella, *JD, Director, Division of Compliance Enforcement, Medicare Parts C & D Oversight and Enforcement Group, Center for Medicare, CMS*

Todd Shamash, *Esq., Deputy General Counsel and Head, Regulatory Affairs, Capital BlueCross*

This session will provide updates on how CMS is utilizing its enforcement authority to drive operational improvement in the industry. This session will also include a first-hand account from a plan sponsor about what to expect while under sanctions and how to successfully correct the issues of non-compliance to be released from sanctions.

Compliance Program Overview & FWA Requirements—Measuring Effectiveness

Vernisha Robinson-Savoy, *MSM, MBA, Technical Advisor, Division of Analysis, Policy and Strategy, Medicare Parts C & D Oversight and Enforcement Group, Center for Medicare, CMS*

Beth Brady, *MBA, BA, Health Insurance Specialist, Division of Plan Oversight & Accountability, Investigations and Audit Group, Center for Program Integrity, CMS*

This session will discuss various aspects of the compliance program requirements, including regulatory policy changes and expectations that will become effective in 2016. Discussion topics include:

- MA and Part D Compliance and FWA Training Requirements and Standardized Modules
- Sponsor Accountability for and Oversight of FDRs
- The Compliance Tracer—Testing the Effectiveness of the Compliance Program
- Tools and Techniques to Effectively Monitor and Detect FWA
- Common Fraud Schemes

Sneak Peek: PILOT Protocol – Provider Network Adequacy and the Medication Therapy Management Protocols

Joscelyn Lissone, *MPH, Health Insurance Specialist, Division of Analysis, Policy and Strategy, Medicare Parts C & D Oversight and Enforcement Group, Center for Medicare, CMS*

Cdr. Rebecca Walden, *RPh, MHCA, Pharmacist, Division of Analysis, Policy and Strategy, Medicare Parts C & D Oversight and Enforcement Group, Center for Medicare, CMS*

This session will provide participants with an overview of the 2015 pilot audit protocols for Provider Network Adequacy and the Medication Therapy Management Program. In this presentation, we will discuss the requirements and corresponding audit elements for both program areas.

Speaker Biographies

Beth Brady, MBA, BA

Health Insurance Specialist, Division of Plan Oversight and Accountability, Investigations and Audit Group, Center for Program Integrity, CMS

Beth Brady is a Health Insurance Specialist in the Division of Plan Oversight and Accountability in the Center for Program Integrity (CPI) in the Investigations and Audit Group. Beth is a liaison with law enforcement on issues related to NBI MEDIC operations and serves as the CPI lead for compliance and FWA audits in Medicare Parts C and D. Beth has over 40 years of experience in healthcare auditing and FWA investigations and prior to joining CMS in 2011, worked at a number of Medicare contractors. She holds a Master of Business Administration in Health Care Administration from Adelphi University, NY; a Bachelor's degree in Accounting from Queens College, NY; and is presently pursuing a Master of Science degree in Forensic Studies at Stevenson University in Maryland. Beth is a Certified Fraud Examiner (CFE) and an Accredited Healthcare Fraud Investigator (AHFI).

Darryl Brookins, MBA

Health Insurance Specialist, Division of Audit Operations, Medicare Parts C & D Oversight and Enforcement Group, Center for Medicare, CMS

Darryl Brookins is a Health Insurance Specialist in the Division of Audit Operations (DAO), Medicare Parts C & D Oversight and Enforcement Group (MOEG). Darryl develops and implements the audit and validation strategy for Medicare Advantage and Prescription Drug sponsor program audits. Before joining DAO, Darryl was part of the Division of Call Center Operations (CCO), Call Center Operations Group (CCOG). There he helped manage call center operations for 1-800-MEDICARE. Prior to joining CMS, Darryl was a Project Manager 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.

Sean Cavanaugh, MPP

Deputy Administrator and Director of the Center for Medicare, CMS

Sean Cavanaugh is the Deputy Administrator and Director of the Center for Medicare at CMS. He 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. Medicare provides health coverage to 50 million elderly and disabled Americans, with an annual budget of over $550 billion. Prior to assuming his current role, Sean was the Deputy Director for Programs and Policy in the Center for Medicare and Medicaid Innovation. In that capacity, he was responsible for overseeing the development and testing of new payment and service delivery models, including accountable care organizations and medical homes. Previously, Mr. Cavanaugh was Director of Health Care Finance at the United Hospital Fund in New York City. He has also served in senior positions at Lutheran Healthcare (Brooklyn, NY), the New York City Mayor's Office of Health Insurance Access, and the Maryland Health Services Cost Review Commission. He started his career on Capitol Hill working for a member of the Ways and Means Health Subcommittee. He attended the University of Pennsylvania and the Johns Hopkins School of Hygiene and Public Health.

Charles Cutcliffe, MBA

Medicare Compliance Officer, VIVA Health, Inc.

Charles Cutcliffe is the Compliance Office for VIVA Health, Inc., an Alabama-based HMO owned by the University of Alabama at Birmingham (UAB). Charles is primarily responsible for ensuring VIVA's compliance with Medicare Parts C and D requirements. Prior to joining VIVA in 2009, Charles served as the Government Contracts Manager for Axcan Pharma, Inc., where he coordinated Medicaid, Medicare Part D, VA and 340B operations and pricing. Charles earned a Bachelor of Science from the University of the South (Sewanee) and a Master of Business Administration from UAB.

CMS CONTINUING EDUCATION (CMSCE) DISCLOSURE STATEMENT: No one in a position to control the content of this activity has anything to disclose.
The planners/developers of this activity have signed a disclosure statement indicating that he/she has no relevant financial interests. This activity was developed without commercial support.

Speaker Biographies

Michael DiBella, JD

Director, Division of Compliance Enforcement, Medicare Parts C & D Oversight and Enforcement Group, Center for Medicare, CMS

Michael DiBella is the Director of the Division of Compliance Enforcement in the Medicare Parts C & D Oversight and Enforcement Group. Michael joined CMS in 2010 and served as an auditor in the Division of Audit Operations, and later as Special Assistant for the Medicare Parts C & D Oversight and Enforcement Group. Prior to his career at CMS, he served as an auditor at the Office of Inspector General for the General Services Administration from 2004 to 2010. Michael received his Bachelor of Science degree in Business Administration from Mount St. Mary's University and his Juris Doctor from the University Of Baltimore School Of Law.

Kady Flannery, Pharm D

Deputy Director, Division of Analysis, Policy and Strategy, Medicare Parts C & D Oversight and Enforcement Group, Center for Medicare, CMS

Kady Flannery is the Deputy Director of the Division of Analysis, Policy and Strategy, Medicare Parts C & D Oversight and Enforcement Group at CMS. She is primarily responsible for the overall development of a comprehensive audit strategy, objectives and measures for overseeing an effective compliance and oversight program for Medicare Advantage (MA) Organizations and Medicare Prescription Drug Plans as well as the development and implementation of policy related to audit, enforcement and compliance program effectiveness for the MA and Part D programs. Kady joined CMS in 2005 and served more than eight years in the Division of Formulary and Benefit Operations, Medicare Drug Benefit and C & D Data Group as a member of the Formulary Team, as the Benefit Team lead and lastly as the Division's Senior Technical Advisor. Before coming to CMS, Kady was a clinical pharmacist at the Baltimore VA Medical Center where she had earlier completed a clinical residency and fellowship program. She holds a Doctorate of Pharmacy from the University of Maryland, Baltimore.

Matthew Guerand, BA

Health Insurance Specialist, Division of Audit Operations, Medicare Parts C & D Oversight and Enforcement Group, Center for Medicare, CMS

Matt Guerand serves as an Auditor in Charge in the Division of Audit Operations in the Medicare Parts C & D Oversight and Enforcement Group. He played a key role in developing the 2014 validation process which requires all Medicare Advantage and Prescription Drug sponsors to provide assurance to CMS that their corrective action plans are effective in correcting the deficiencies identified during a CMS program audit. Matt joined CMS in 2010 and initially worked in the Medicare Plan Payment Group on the Medicare Advantage Electronic Health Record Incentive Program. Prior to joining CMS, Matt had four years of sales experience as a licensed small group health insurance broker throughout the Mid-Atlantic States. Matt graduated from Belmont Abbey College with a Bachelor's Degree in Business Administration and a Minor in Management.

Joscelyn Lissone, MPH

Health Insurance Specialist, Division of Analysis, Policy and Strategy, Medicare Parts C & D Oversight and Enforcement Group, Center for Medicare, CMS

Joscelyn Lissone is a Health Insurance Specialist in the Division of Analysis, Policy and Strategy in the Medicare Parts C & D Oversight and Enforcement Group. She is primarily responsible for serving as the Contracting Officer's Representative (COR) for the audit, oversight, and technical/operational support contracts related to the Parts C and D Programs. Joscelyn joined CMS in 2010 in the Division of Practitioner Claims Processing, Provider Billing Group as the COR for the Health Plan Shortage Area (HPSA) contract and as a member of the Healthcare Common Procedures Coding System (HCPCS) Workgroup and International Statistical Classification of Diseases and Related Health Problems

(ICD)-10 Implementation Team. Joscelyn previously worked in the private sector as a dental claims manager responsible for managing the claims adjudication process and weekly production cycles. She holds a Master's degree in Public Health from Walden University and Bachelor of Science in Health Science from George Mason University.

Jerry Mulcahy

Director, Medicare Parts C & D Oversight and Enforcement Group, Center for Medicare, CMS

Jerry Mulcahy is a senior executive with CMS and currently serves as the Director of the Medicare Parts C & D Oversight and Enforcement Group (MOEG) in the Center for Medicare (CM). MOEG is responsible for Medicare Advantage (MA) and Medicare Prescription Drug Benefit (Part D) program compliance, audit and enforcement. Since joining CMS in 2002, Mr. Mulcahy has worked on a variety of high profile health plan initiatives including deeming, marketing, compliance oversight and implementation of the Medicare Modernization Act (MMA) and Affordable Care Act (ACA) as well as serving as the Director of the Division of Policy, Analysis and Planning for Medicare Advantage and the Deputy Director of the Medicare Drug and Health Plan Contract Administration Group. Mr. Mulcahy has an extensive background in health care, especially managed care operations and regulatory compliance. Prior to joining CMS, Mr. Mulcahy worked 12 years for Kaiser Permanente in various capacities including Medicare compliance.

Nyetta Patton, RN, MSN, ANP

Account Manager, Seattle Division of Medicare Health Plan Operations, Consortium for Medicare Health Plan Operations, CMS

Nyetta is the Strategic Conversations Process Project Lead for the Consortium of Medicare Health Plan Operations (CMHPO). Nyetta has served as an ACA Lead for the Division of Medicare Health Plan Operations, in the Seattle Regional Office since 2012. Prior to this position, Nyetta worked at a national level in the areas of PACE, PFFS and SNP oversight, CFO audit compliance, the National Surveillance Program, CMS Credentialing, and Medicare Advantage Deeming Programs. Before joining CMS, Nyetta worked for the United States Department of Justice and the Department of Veteran Affairs. She has worked in nursing for over 30 years and currently works as an Adult Nurse Practitioner and nurse educator. Nyetta received a Master of Science and Nursing from the University of Louisville.

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 benefit 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 Medicare Advantage and Part D benefit appeals Subject Matter Expert for the Center for Medicare. Prior to working at CMS, Ms. Peyton 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.

Vernisha Robinson-Savoy, MSM, MBA

Technical Advisor, Division of Analysis, Policy and Strategy, Medicare Parts C & D Oversight and Enforcement Group, Center for Medicare, CMS

Vernisha works as a technical advisor and national lead responsible for implementing compliance program policy, audit and operational requirements for the Medicare Advantage and Prescription Drug programs. Since joining CMS in 2002, she has held a variety of roles including implementing national strategies to support the agency's regulatory audit and enforcement programs, developing an effectiveness-focused compliance program audit protocol, identifying assessment strategies and best practices for overseeing first-tier, downstream and related entities, revising the Medicare Parts C and D Compliance Program Guidelines, and as an Account Manager.

Over the past seven years, Vernisha has worked directly with many compliance officers and

healthcare professionals from a wide range of organizations to identify process improvements and expand self-assessments of their regulatory compliance programs. Vernisha holds a Bachelor of Science in Health Information Management from Clark-Atlanta University, a Master of Science in Management from Troy University and a Master of Business Administration in Finance and Strategy from New York University – Leonard N. Stern School of Business.

Todd Shamash, Esq.

Deputy General Counsel and Head, Regulatory Affairs, Capital BlueCross

Mr. Shamash currently serves as Vice President of Legal and Regulatory Affairs at Capital BlueCross located in Harrisburg, Pennsylvania. In this capacity, Mr. Shamash has oversight over corporate legal matters and provides leadership over all regulatory and governmental relations activities. His external activities include serving as a commissioner of the Pennsylvania Department of Banking and Securities and as a council member of the Pennsylvania Healthcare Cost Containment Council. Prior to joining the Capital BlueCross team, Mr. Shamash served as deputy chief of staff for Pennsylvania Governor Tom Corbett, where he was responsible for health care and insurance matters and also served as a trustee on the Pennsylvania Employee Benefits Trust Fund (PEBTF). His prior experience also includes serving as senior counsel for Jefferson Health System; counsel for the Pennsylvania Insurance Department and as a legislative aid in the U.S. Congress. Mr. Shamash is a graduate of the University of Kentucky and the Dickinson School of Law of the Pennsylvania State University.

*Todd Shamash has disclosed that his spouse is a Select Medical Corporation speaker for Capital BlueCross.

Jennifer Smith, MPA

Acting Deputy Director, Division of Analysis, Policy and Strategy, Medicare Parts C & D Oversight and Enforcement Group, Center for Medicare, CMS

Jennifer Smith is the Acting Deputy Director of the Medicare Parts C & D Oversight and Enforcement Group. Jennifer joined CMS in 1998 as a Presidential Management Intern 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 her current group's predecessor, the Program Compliance and Oversight Group. In her current position, Jennifer is responsible for developing the audit strategy for the Medicare Advantage, Prescription Drug, and PACE programs, as well as developing audit, enforcement, and compliance program effectiveness policy for the MA and Part D programs. Jennifer received her Bachelor's degree in Criminal Justice and her Master's degree in Public Administration, both from the University of Delaware.

Cdr. Rebecca Walden, RPh, MHCA

Pharmacist, Division of Analysis, Policy and Strategy, Medicare Parts C & D Oversight and Enforcement Group, Center for Medicare, CMS

Rebecca Walden is a pharmacist in the Division of Analysis, Policy and Strategy in the Medicare Parts C & D Oversight and Enforcement Group. She is the lead for the Medicare Part D Formulary and Benefit Administration and the Medication Therapy Management audit requirements. CDR Walden is an officer in the United States Public Health Service with 10 years of federal service. She joined CMS in 2006 to work on formulary requirements of the new Medicare Part D program in the Medicare Drug Benefit Group, Division of Formulary and Benefit Operations. She served for the last 4.5 years in the Medicare Plan Payment Group where she helped

implement the Coverage Gap Discount Program and worked on prescription drug edit matters. CDR Walden previously worked for the Food and Drug Administration in the Division of Drug Information and the Division of Compliance Risk Management and Surveillance. She holds a Bachelor of Science Degree in Pharmacy from University of Maryland School of Pharmacy and a Master of Science Degree in Healthcare Administration from University of Maryland University College.

SPECIAL NOTE: For CMS' continuing education certification process, and because of the speaker disclosure, we must include the backup speakers bios below, although they are not listed on the agenda.

Stacy Davis

Health Insurance Specialist, Medicare Drug & Health Plan Contract Administration Group, Division of Medicare Advantage Operations, CMS

Ms. Davis serves as a Health Insurance Specialist in the Division of Medicare Advantage Operations in the Medicare Drug & Health Plan Contract Administration Group. In her current position, Ms. Davis reviews Medicare Advantage applications to determine compliance with CMS regulations and guidance and oversee the day-to-day operations of the MA program. Ms. Davis has been heavily involved in the application of the Agency's partial county guidance to existing and potential Medicare Advantage Organizations (MAOs) and other guidelines for reviewing network adequacy. Prior to joining MCAG, Ms. Davis served in an acting capacity as the Deputy Division Director for the Division of Appeals Operations in the Medicare Enrollment and Appeals Group. In addition to this function-specific Medicare fee-for-service (FFS) experience, Ms. Davis served as a Health Insurance Specialist in the Medicare Contractor Management Group (MCMG), which oversees the Medicare Administrative Contractor FFS operations. Over her 12-year career, Ms. Davis has received three CMS Administrator Awards and one Cornerstone Award for her work in establishing the MAC program. Ms. Davis received a Bachelor's degree from Kutztown University in 2002.

Teresa Evans

Director of Privacy and Compliance Audit, VIVA Health, Inc.

Teresa is the Director of Privacy and Compliance Audit for VIVA Health, Inc., an Alabama-based HMO owned by the University of Alabama at Birmingham (UAB). Teresa is primarily responsible for developing and implementing internal compliance audits, overseeing first tier, downstream and related entity (FDR) compliance, and serving as VIVA Health's Privacy Officer. Teresa has 25 years of health plan management experience, with specific expertise in Medicare Advantage (MA) and HIPAA privacy. She previously served as VIVA Health's Compliance Manager and the Manager of Medicare Operations. Prior to joining VIVA Health in 2000, she worked for a hospital-owned HMO where she specialized in operations and product implementation for MA, HMO, PPO and POS product lines.

Tawanda Holmes, MA

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

Tawanda Holmes is the Director of the Division of Audit Operations in the Center for Medicare, Medicare Parts C & D Oversight and Enforcement Group at CMS in Baltimore, Maryland. She is primarily responsible for directing all operations to implement the comprehensive audit strategy to oversee all Medicare Advantage and Prescription Drug sponsors. 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.

Speaker Biographies

Ann Levinstim, MBA, JD

Technical Advisor, Division of Compliance Enforcement, Medicare Parts C & D Oversight and Enforcement Group, Center for Medicare, CMS

Ann Levinstim is Technical Advisor in the Medicare Parts C & D Oversight and Enforcement Group. Ann joined CMS in 2008, and has been instrumental in enhancing Medicare Parts C & D enforcement policy and operations. Ann has led the imposition of enforcement actions on MAO and Part D sponsors for program compliance violations, and then worked with those same organizations to help correct systemic noncompliance. Prior to joining CMS, Ann worked in the private sector in Human Resources and also at the Baltimore City State's Attorney's office as a law clerk. She holds a Bachelor of Arts degree from Goucher College, a Master of Business Administration with a concentration in Human Resources from the University of Phoenix, and a Law degree with a concentration in Public and Government services from the University of Baltimore, School of Law.

Nishamarie Sherry, JD, MPH

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

Nishamarie Sherry has been at CMS since 2012 with the Medicare Drug & Health Plan Contract Administration Group (MCAG) in the Division of Medicare Advantage Operations (DMAO), and is currently on detail in MCAG's Division of Policy Analysis and Planning (DPAP). Nisha's areas of work have included the oversight of Medicare Advantage plans and Special Needs plans, the Medicare Advantage Applications process and Appeals process and Change of Ownership transactions involving Medicare Advantage organizations. Nisha holds a Bachelor of Science in Biology from the University of Notre Dame, a Master's in Public Health from the Johns Hopkins Bloomberg School of Public Health, and a law degree from the University of Maryland, Francis King Carey School of Law.

Kathryn M. Smith, JD

Technical Advisor, Division of Appeals Policy, Medicare Enrollment & Appeals Group, CMS

Kathryn has been with CMS since 2000 and is currently the Technical Advisor for the Division of Appeals Policy, Medicare Enrollment & Appeals Group. Her duties include developing regulations and policy guidance related to the administrative appeals process and working with other CMS components in plan oversight and compliance initiatives related to coverage determinations, appeals and grievances. 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.

Gary Wirth, RPH, MBA

Pharmacist, Division of Clinical and Operational Performance, Medicare Drug Benefit and C & D Data Group, Center for Medicare, CMS

Gary Wirth is a pharmacist working in the Division of Clinical and Operational Performance in the Medicare Drug Benefit and C & D Data Group in the Center for Medicare at CMS. The division is responsible for first line monitoring and oversight of all Part D plans offering the Medicare Prescription Drug Benefit. These responsibilities include the public release of the Part D Star Ratings on the Medicare Plan Finder and quality and performance measures on the CMS website, Part D program analyses, Part D reporting requirements, and Medication Therapy Management 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's 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 bringing 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 11:45 pm. There will be an afternoon break at 2:30 pm. Please have your money ready for the cashier when you get in line.

Hotel and Travel Accommodations

Conference Venue

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

Baltimore/Washington International Airport (BWI) serves as the most convenient airport in the Baltimore, MD area. For additional airport, ground transportation, car rentals, and shuttle information, please click here.

For hotel accommodations, it is recommended that you lodge in downtown Baltimore or near the Baltimore Washington International airport.

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 arrive in Baltimore at either Camden or Penn Station.

BWI Airport Shuttle and Taxi Service

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.

If a taxi service is required to and/or from the CMS Main Auditorium, it is recommended that you schedule your taxi service in advance for drop off and/or pick up. For helpful tips while visiting the Baltimore, MD area, please click here.

On-Site Participants

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.

General Information

Check-in/Badging

Check-in is located in the main lobby at CMS for non-CMS participants, and will open Tuesday, June 16th, from 8:00 am until 9:30 am EDT. All Medicare Advantage and Prescription Drug Plan Audit & Enforcement Conference & Webcast 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 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 by Thursday, June 11, 2015*

Automated Teller Machine (ATM)

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

On-Site Participants

Mobile Phone Use
Please be courteous to conference speakers and fellow attendees by silencing 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 exits. 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's 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: Thursday, June 11th by 2:00 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 **2:00 pm EDT, Thursday, June 11th**.

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 Medicare Advantage and Prescription Drug Plan Audit & Enforcement Conference & Webcast event.) Only registered/ pre-authorized attendees 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 conference 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: Thursday, June 11th by 2:00 pm 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.
- ☐ **Your Points of Contact:** Should you encounter any difficulties during your travels to CMS Headquarters, please contact us via email at CTEO@cms.hhs.gov.

Webcast Participants

Viewing Tips for USTREAM

To learn more information regarding tips for the best viewing experience on "USTREAM," click this link: 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 bandwidth
- 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 Tuesday, June 16, 2015, from 9:30 am – 4:30 pm EDT. **To facilitate easy access to the webcast, please log in between 9:00 am – 9:30 am EDT on June 16, 2015.** The webcast will begin at 9:30 am 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 TechSupport Team via email at 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.

☑ **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 following link to get 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 CTEOTechSupport team via email at 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.

Continuing Education Activity Information & Instructions

Activity Description

The goal of this activity is to educate Medicare Advantage and Prescription Drug Plan Sponsoring Organizations, CMS staff and other CMS partners, staff-level operations, mid-level management and senior executives regarding updates to existing Medicare policies, new policies, policy updates, and technology updates; provide enrollment and eligibility understanding for various Medicare beneficiaries; and how to fight fraud and abuse within the Medicare program.

Target Audience

This activity is designed for Medicare Advantage and Prescription Drug Plan Sponsoring Organizations, CMS partners, Healthcare partners, and CMS staff-level operations, mid-level management and senior executives.

Learning Objectives

By the end of this conference & webcast, participants should be able to:

- Identify tips to prepare for a program audit; recognize changes in both the 2014 validation/close-out process; and changes in the 2015 program audit process.
- Recognize the changes to the 2015 record layouts used for the program audit universe submissions and identify ways to ensure those universes are submitted accurately.
- Identify the importance of the Strategic Conversations Process in the Regional Office Account Management Program.
- Identify how CMS is utilizing its enforcement authority to drive operational improvement in the industry.
- Describe the requirements and corresponding audit elements for compliance program effectiveness.
- Describe the requirements and corresponding audit elements for the Provider Network Adequacy and Medication Therapy Management Program areas.

Participation

Registration for the in-person and/or webcast can be found at the CTEO website at http://www.cms.gov/Outreach-and-Education/Training/CTEO/Upcoming_Current_Events.html. All registered participants will receive a confirmation based on their conference registration. The **Centers for Medicare & Medicaid Services Continuing Education (CMSCE) Instructions** for completing the requirements for continuing education credit and obtaining your certificate can be found on pages 19 - 20.

Credits Available

CMS is evaluating this activity for continuing education units (CEU) and continuing medical education (CME) credit. The number of credits awarded will be calculated based on the actual learning time of the activity. Final CE information and instructions will be forwarded to participants after the activity is finished. Credit amount available for all registered participants will be sent via email prior to the start of the event.

Accreditation Statements

Please click here for accreditation statements.

Medicare Learning Network® (MLN) Learning Management System (LMS) Instructions

Participants will need to register or login, to access the post-assessment:

- **NEW USER — Register** to create a login and password for the Medicare Learning Network® (MLN).
- **EXISTING USER — Use your login ID and password** for courses or post-assessments you have taken previously on the Medicare Learning Network® (MLN).

To register (new user account):

1. Go to http://go.cms.gov/MLNProducts on the CMS website.
2. Under "Related Links" click on "Web-Based Training (WBT) Courses."
3. Click on **any** course title (not the icon next to the title) to open a Course Description Window.
4. At the top of the Course Description Window, click "Register."
5. You will be redirected to a page that instructs you to enter an email address and click "Submit."

Continuing Education Activity Information & Instructions

6. The screen returned will read: *No account was found matching your search criteria. Please click **here** to proceed with registration.* Click the word "Here" to continue with registration.
7. After completing this registration, you will receive a confirmation email containing an activation link for the MLN LMS. Please note that the password you create must comply with the following requirements:
   - at least eight characters;
   - at least one number;
   - one lower case letter;
   - one upper case letter; and
   - one of the following symbols: ! @ $ % & ?

   No spaces are allowed, and you may not use any of your last six passwords as your new password. Your new password will be case sensitive and effective the next time you log into the site. For the first time, you may only log into the LMS using the link in the confirmation email.
8. Once your account is activated you may enter the LMS through the MLN LMS login page. Please add MLN@cms.hhs.gov to your address book to prevent MLN communication from going into your spam folder.

To login (existing user account):

1. Go to http://go.cms.gov/MLNProducts on the CMS website.
2. Under "Related Links" click on "Web-Based Training (WBT) Courses."
3. Click on the course title or assessment title (not the icon next to the title) you are interested in to open a Course Description Window.
4. At the top of the Course Description Window, click "Login."
5. Enter your login ID and password. You will be re-directed to your home page.

Finding the Post-Assessment

Once you are logged into the LMS and are on your home page:

1. Click on the "Web-Based Training Courses" link.
2. At the top of the page on the right-hand side, you will see "Topic." Scroll through the topics and select "<Compliance Training, Education & Outreach (CTEO) >" and click "Search."
3. Select "<2015JUN16 Medicare Advantage and Prescription Drug Plan Audit & Enforcement Conference & Webcast >" in the left column.
4. Scroll to the bottom of the page. Use the radio buttons to select "Certification of Completion" or "Certificate of Continuing Education. "
5. Click the "Take Course" button. The course will appear in a new pop-up window.

Viewing Your Transcript and Certificates

1. Go to http://go.cms.gov/MLNProducts on the CMS website.
2. Click on Web-Based Training Modules link at the bottom of the page.
3. Click on the title of a course and click on "Login."
4. Log in using your CMS LMS credentials.
5. To access your certificate, click on "My Homepage" in the left hand menu.
6. Click on "Transcript/Certificate."
7. Click on the Certificate link next to the course title. The course evaluation will display. Once you complete the course evaluation, your certificate will display.

Hardware/Software Requirements

Please click here for hardware and software requirements.

CMS Privacy Policy

Please click here for CMS' Privacy Policy.

Help

For assistance, contact the CMSCE at CMSCE@cms.hhs.gov via email.

Additional Resources

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.

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.

Post Event Online Survey

Please complete your ***2015 Medicare Advantage and Prescription Drug Plan Audit & Enforcement*** evaluation survey online at: https://www.surveymonkey.com/s/2015_MAPDP_Audit_Conference_Participant_Feedback_FINAL.

The survey will be available until Friday, June 19, 2015 until 9:00 pm EDT.

Technical Support

Report technical difficulties by contacting the CTEOTechSupport Team via email at CTEOTechSupport@cms.hhs.gov during the webcast.

For Questions Related to Conference Topics

Email Part_C_Part_D_Audit@cms.hhs.gov. Please include "Questions for Upcoming Audit and Enforcement Conference" in the subject line.

Special Thanks to...

- CM Leadership
- Speakers (CMS (MOEG & CPI), Viva Health, Inc., & Capital BlueCross)
- OC – CMS Division of Design Services
- OOM – CMS Logistical & Technical Team
- CMS' Continuing Education (CMSCE) Team
- CTEO Team – CM/BOS2 Staff & PRI (CTEO Contractor Support)

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