



Medicare Advantage & Prescription Drug Plan

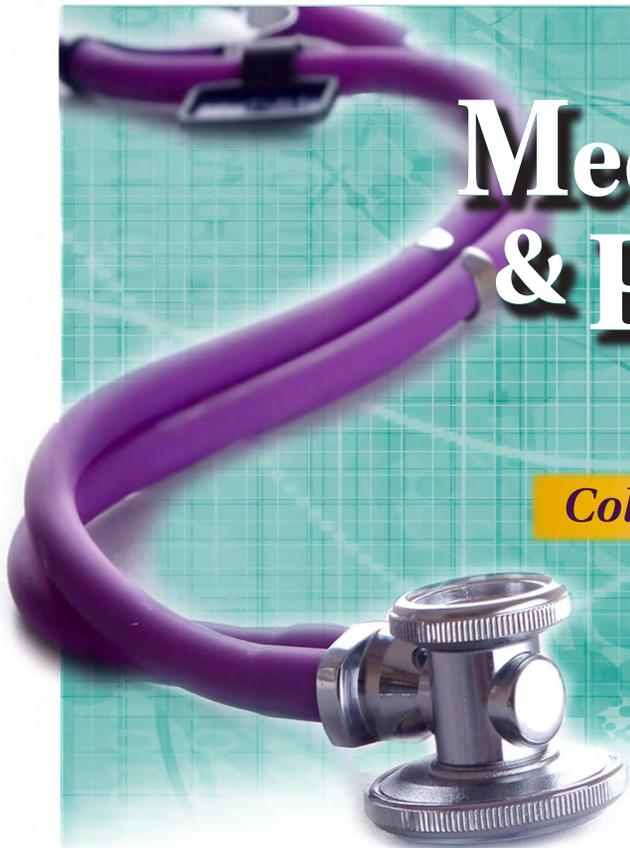
FALL CONFERENCE & WEBCAST

Collaborating • Communicating • Transforming

SEPTEMBER 10, 2015

9:30 AM ~ 4:30 PM EDT

CONFERENCE GUIDE



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MEDICARE
1965-2015
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Program Overview



C **MS experts** will be coming together to provide important new information for the 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.

This one-day event will be held on **Thursday, September 10, 2015, from 9:30 am to 4:30 pm EDT** and will consist of sessions presented by subject matter expert speakers who will share information on the following topics:

- **Overview of Medicare Parts C & D**
- **Beneficiary and Pharmacy Outreach: Lessons Learned in Part D**
- **Update on CMMI Demo**
- **Alternative Payment Models Panel/Discussion**
- **Parts C & D Appeals—Insights from MAXIMUS Federal Services**
- **Marketing Policy Updates**
 - Medicare Marketing Guidelines Updates
 - Provider Directory Panel/Discussion
- **Getting Ready for 2016**
 - Prescriber Enrollment
 - Good Cause Processes
 - 2016 Program Audits
- **Examining the Potential Effects of Socioeconomic Factors on Star Ratings**



Agenda



8:00 am - 9:30 am	CHECK-IN/BADGING
9:30 am - 9:35 am	Welcome Stacey Plizga, PRI, Moderator
9:35 am - 9:40 am	Opening Remarks Sean Cavanaugh, Deputy Administrator and Director of the Center for Medicare, CMS
9:40 am - 10:00 am	Overview of Medicare Parts C & D Cynthia G. Tudor, Deputy Director, Center for Medicare, CMS
10:00 am - 11:00 am	Beneficiary and Pharmacy Outreach: Lessons Learned in Part D Linda Anders, Center for Medicare, CMS Terri Swanson, Aetna / John Wells, Aetna
11:00 am - 11:30 am	Update on CMMI Demo Gregory Woods, Center for Medicare and Medicaid Innovation, CMS
11:30 pm - 12:10 pm	LUNCH BREAK
12:10 pm - 12:45 pm	Alternative Payment Models Panel/Discussion Brandy Alston, Center for Medicare, CMS Julie S. May, Aetna / Ghita Worcester, UCare
12:45 pm - 1:10 pm	Parts C & D Appeals — Insights from MAXIMUS Federal Services Rita Wurm, Center for Medicare, CMS / Cathleen MacInnes, MAXIMUS
1:10 pm - 1:50 pm	Marketing Policy Updates <ul style="list-style-type: none"> • Medicare Marketing Guidelines Updates Kerry Casey, Center for Medicare, CMS • Provider Directory Panel/Discussion Jeremy Willard, Center for Medicare, CMS Deborah A. Schreiber, UnitedHealthcare Medicare & Retirement Richard Appel, Cigna / Sherry Stanley, The Health Plan Mark Hamelburg, AHIP
1:50 pm - 2:05 pm	AFTERNOON BREAK
2:05 pm - 3:05 pm	Getting Ready for 2016 <ul style="list-style-type: none"> • Prescriber Enrollment Lisa Thorpe, Center for Medicare, CMS Alisha Banks, Center for Program Integrity, CMS / Rebecca Randle, Center for Program Integrity, CMS • Good Cause Processes Patty Helphenstine, Center for Medicare, CMS • 2016 Program Audits Jennifer Smith, Center for Medicare, CMS
3:05 pm - 4:05 pm	Examining the Potential Effects of Socioeconomic Factors on Star Ratings Elizabeth Goldstein, Center for Medicare, CMS / Cheryl Damberg, RAND
4:05 pm - 4:30 pm	Open Q & A Session
4:30 pm	CLOSING REMARKS

Session Summaries

Opening Remarks

Sean Cavanaugh, MPP, Deputy Administrator and Director of the Center for Medicare, CMS

Overview of Medicare Parts C & D

Cynthia G. Tudor, PhD, Deputy Director, Center for Medicare, CMS

This session will provide a general overview of the Center for Medicare Parts C & D groups.

Beneficiary and Pharmacy Outreach: Lessons Learned in Part D

Linda Anders, MPH, Acting Division Director, Division of Benefit Purchasing and Monitoring (DBPM), Medicare Drug Benefit and C & D Data Group (MDBG), Center for Medicare, CMS

Terri Swanson, Vice President of Medicare Part D, Aetna

John Wells, Medicare Chief Compliance Officer, Aetna

This presentation will describe the experiences of Aetna with implementing a Part D pharmacy tiered network in 2015 and the lessons learned by Aetna with introducing this type of innovation to the marketplace. The presentation will give an overview of the preparation that Aetna undertook in 2014 for this activity, the experiences of Aetna's constituents, members and pharmacies with this innovation in 2015 and how Aetna addressed issues and developed solutions that worked for members, pharmacies and other interested parties. The presentation will describe how Aetna worked with CMS to address concerns with the tiered networks.

Update on CMMI Demo

Gregory Woods, MPA, Director of the Division of Health Plan Innovation at the CMS Innovation Center, Center for Medicare and Medicaid Innovation, CMS

This session will give an overview of the CMMI Division of Health Plan Innovation and the potential impact of its work on Medicare Advantage and Medicare Part D.



Session Summaries, cont.

Alternative Payment Models Panel/Discussion

Brandy Alston, MPP, Social Science Research Analyst, Division of Policy Analysis and Planning, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS

Julie S. May, Vice President, Medicare Network Strategy & Operations, Aetna

Ghita Worcester, Senior Vice President, Public Affairs and Marketing, UCare

The purpose of this panel is to provide an overview on how some Medicare Advantage Organizations are collaborating with providers through the use of alternate payment models to promote high value care. The panel will feature MAO representatives from Aetna and UCare. Each panelist will discuss her organization's experiences with alternate payment models; including successes and challenges.

Parts C & D Appeals—Insights from MAXIMUS Federal Services

Rita Wurm, MBA, Director, Division of Appeals Policy, Medicare Enrollment and Appeals Group, Center for Medicare, CMS

Cathleen MacInnes, Project Director, Medicare Managed Care and PACE Reconsideration, MAXIMUS Federal Services

This session will provide participants with pointers to both enhance the appeals submission process and better utilize the information on the MAXIMUS Federal Services appeal websites to monitor health and prescription drug plan performance.

Marketing Policy Updates

Medicare Marketing Guidelines Updates

Kerry Casey, MPP, Health Insurance Specialist, Division of Surveillance, Compliance, and Marketing, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS

This session will provide participants with information about key

updates to the 2016 Medicare Marketing Guidelines, which were released July 2, 2015. Topics include changes to the delivery of the Provider and Pharmacy Directories and plan websites guidance.

Provider Directory Panel/Discussion

Jeremy Willard, Health Insurance Specialist, Division of Surveillance, Compliance, and Marketing, Center for Medicare, CMS

Deborah A. Schreiber, CHC, Network Compliance Officer/Medicare Deputy Compliance Officer, UnitedHealthcare Medicare & Retirement

Richard Appel, Medicare/Medicaid Compliance Officer, Cigna-HealthSpring

Sherry Stanley, Director, Medicare Operations, The Health Plan

Mark Hamelburg, JD, Senior Vice President, Federal Programs, America's Health Insurance Plans AHIP

This session will focus on recently changed requirements for the Provider Directory. The panel-style discussion will consist of a brief overview of the required changes to the directory as well as an explanation as to why these changes have been made. It will then segue into the panelists providing information on their experiences, approaches, and challenges in implementing the required changes. The session will conclude with a brainstorming session that will include both the panelists as well as those in attendance to identify best practices in implementation and potential opportunities for a more broad industry approach to future improvements.

Getting Ready for 2016

Prescriber Enrollment

Lisa Thorpe, JD, LLM, Health Insurance Specialist, Division of Part D Policy, Medicare Drug Benefit and C&D Data Group, Center for Medicare, CMS

Alisha Banks, Division Director for the Division of Enrollment Operations, Provider Enrollment Oversight Group, Center for Program Integrity, CMS

Session Summaries, cont.

Rebecca Randle, Deputy Director for the Division of Stakeholder Engagement & Outreach (DSEO), Data Sharing & Partnership Group, Center for Program Integrity, CMS

This session will provide participants with an implementation update for the prescriber enrollment requirement for the Part D prescription drug benefit program. Speakers will provide an overview of new guidance, prescriber enrollment trends and CMS' outreach strategy to reach unenrolled prescribers.

Good Cause Processes

Patty Helphenstine, Director, Division of Enrollment & Eligibility Policy, Medicare Enrollment & Appeals Group, Center for Medicare, CMS

Starting January 1, 2016, plans will be completing all aspects of the good cause process when a member requests reinstatement following an involuntary disenrollment for nonpayment of plan premiums. This presentation will discuss the situations that meet the standards for approving a good cause request and provide examples to help prepare plans for making these determinations.

2016 Program Audits

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

This session will provide a brief update on the audit process and protocols for 2016.

Examining the Potential Effects of Socioeconomic Factors on Star Ratings

Elizabeth Goldstein, PhD, Director of the Division of Consumer Assessment and Plan Performance, Center for Medicare, CMS

Cheryl Damberg, PhD, Professor and Distinguished Chair in Health Care Payment Policy, Senior Principal Researcher, Pardee RAND Graduate School

Multiple Medicare Advantage (MA) organizations and Prescription Drug Plan (PDP) sponsors believe that enrollment of a higher percentage of dual eligible and low-income subsidy enrollees disadvantage their ability to achieve high MA or Part D Star Ratings. This session will provide participants with research findings to date on whether MA or Part D sponsors that enroll a disproportionate number of low-income enrollees are systematically disadvantaged by the Star Ratings.



Speaker Bios



Brandy Alston

MPP, Social Science Research Analyst, Division of Policy Analysis and Planning, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS

Brandy Alston is a Social Science Research Analyst with the CMS Division of Policy, Analysis, and Planning in the Medicare Drug & Health Plan Contract Administration Group. She currently works on Medicare Advantage policy issues. Prior to joining CMS, Brandy worked as a budget analyst in local government. She also has a background in health policy research. Brandy has a master's degree in public policy from the University of Maryland, Baltimore County.

Linda Anders

MPH, Acting Division Director, Division of Benefit Purchasing and Monitoring (DBPM) in the Medicare Drug Benefit and C & D Data Group (MDBG), Center for Medicare, CMS

As Acting Division Director, Linda oversees the Part D application process, application appeals, Part C and D monitoring efforts, compliance, and the Past Performance Analysis. In Linda's nearly eight years at CMS she served as the DBPM Deputy Division Director, led the Medicare Part D application development and review processes, and worked on high-risk insurance risk pool benefits with the Center for Consumer Information and Insurance and Oversight (CCIIO). Prior to CMS, Linda was the Director of the Maryland AIDS Drug Assistance Program,

and she has extensive experience in health services and program development for nonprofits, county organizations, and community healthcare programs. She earned a MPH in health services administration from the University of Pittsburgh and a BA from Washington College.

Richard Appel

Medicare/Medicaid Compliance Officer, Cigna-HealthSpring

Rich has been with Cigna for over 18 years. He has spent the last seven years as the Medicare Compliance Officer for its Senior Segment. Prior to his role as Compliance Officer, Rich spent three years as a Director in Cigna's Special Investigation Unit, responsible for the referral intake and data mining teams. This also included the development of the Medicare Part D anti-fraud plan. Richard has also held a variety of project management and operational roles throughout his career at Cigna, which include eligibility processing, billing and IT development initiatives. Richard holds a BA in economics from the State University of New York College at Fredonia.

Alisha Banks

Division Director for the Division of Enrollment Operations, Provider Enrollment Oversight Group, Center for Program Integrity, CMS

Alisha Banks is the Division Director for the Division of Enrollment Operations (DEO). DEO is one of three

divisions under the Provider Enrollment Oversight Group (PEOG) in the Center for Program Integrity (CPI) for the Centers for Medicare & Medicaid Services (CMS). This division is responsible for, among other tasks, overseeing the enrollment of providers and suppliers into the Medicare program. She brings Medicare Parts A & B enrollment policy knowledge. She also provides oversight and guidance related to the administration of the provider/supplier enrollment program and policies.

Kerry Casey

MPP, Health Insurance Specialist, Division of Surveillance, Compliance, and Marketing, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS

Kerry Casey has been at CMS with the Medicare Drug & Health Plan Contract Administration Group in the Division of Surveillance, Compliance, and Marketing since 2013. She currently serves as a subject matter expert on marketing policies including the HPMS marketing module, marketing material submission, and websites. She participates in various compliance activities and is also developing an initial analysis of encounter data. Prior to CMS, she worked at the Baltimore City Health Department's Bureau of HIV/STD Prevention. Kerry earned a Master of Public Policy and a Bachelor of Arts in religious studies from the College of William and Mary. She also holds a Master of Theological Studies from the University of Notre Dame.

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(Except for the sessions listed under Marketing Policy Updates.)

Speaker Bios, cont.



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.

Cheryl Damberg

PhD, Professor and Distinguished Chair in Health Care Payment Policy, Senior Principal Researcher, Pardee RAND Graduate School

Cheryl Damberg, PhD (Senior Principal Researcher) is the RAND Distinguished Chair in Health Care Payment Policy and Professor at the Pardee RAND Graduate School. She has more than 25 years of experience in the areas of health economics, quality measurement and reporting, and the use of financial incentives to improve cost and quality. She is a national expert in the areas of pay for performance (P4P) and value-based purchasing applications of performance measures, physician and hospital performance measurement, measures of cost-efficiency/resource use, and evaluating the effects of performance measurement systems and alternative payment models. Damberg has served as the Project Director on numerous projects funded by the U.S. Department of Health and Human Services (HHS), the National Institutes of Health, and private foundations including the Robert Wood Johnson Foundation, the California Healthcare Foundation, and the Commonwealth Fund. Currently, Damberg is leading a five-year NIH-funded study to evaluate the impact of California's statewide value-based P4P program and is working on an evaluation of the development of commercial Accountable Care Organizations (ACOs) in California. She also leads several CMS-funded projects, which include a three-year project to conduct analyses to strengthen the Medicare STAR rating program used to determine quality-based payments for Medicare Advantage plans, the 2015 National Impact Assessment of CMS Performance Measures, where she oversees a large team at RAND conducting quantitative and qualitative data analyses to assess the impact

of application of performance measures and incentive programs in the Medicare program, and the Medicare Advantage Health Plans and Part D Disenrollment survey project. She recently completed a large-scale review of the use of value-based purchasing approaches (pay for performance, bundled payments, and ACOs) to help HHS consider how to implement and measure success in value-based purchasing programs. In other work she has examined alternative approaches to developing episode of care frameworks for payment and performance measurement and identified HIT-sensitive measures to assess cost savings and efficiency gains from implementation of electronic health records (EHRs) and health information exchange (HIE). Previously, Damberg served as Director of Research for the Pacific Business Group on Health, where she led early efforts to measure the quality of provider organizations and report comparative performance results to consumers, was a senior consultant to Fortune 100 firms for the MEDSTAT Group, and was a research fellow in the HHS' Office of Disease Prevention and Health Promotion. Dr. Damberg received her PhD from the Pardee RAND Graduate School and her MPH from the University of Michigan.

Elizabeth Goldstein

Director of the Division of Consumer Assessment and Plan Performance, Center for Medicare, CMS

Elizabeth Goldstein is the Director of the Division of Consumer Assessment and Plan Performance at CMS. Since 1997 she has been working on

Speaker Bios, cont.



the development and implementation of CAHPS (Consumer Assessment of Healthcare Providers and Systems) Surveys in a variety of settings. She is responsible for a number of the CAHPS surveys administered by CMS, the Part C Star Ratings, the Star Ratings for Medicare Advantage quality bonus payments, Medicare HEDIS data collection, and Part D enrollment analyses. In addition to her work at CMS, she has conducted research and has published articles related to long-term care, home health care, comparative behavior of for-profit and nonprofit organizations, integrated health care delivery systems, child daycare, and substance abuse treatment programs. She received her PhD in economics from the University of Wisconsin in Madison and her BA from Wellesley College.

Mark Hamelburg

JD, Senior Vice President, Federal Programs, America's Health Insurance Plans (AHIP)

Mark Hamelburg is the Senior Vice President of Federal Programs at America's Health Insurance Plans (AHIP). He has more than 25 years of private sector and government experience, including service as a senior official at CMS and time at the Department of Treasury. Mr. Hamelburg currently leads AHIP's policy development and regulatory agenda for all of the industry's federal program participation. This includes popular programs such as Medicare Advantage, Medicare Part D,

and Medicaid. At CMS, Mr. Hamelburg served as the director of the Medicare Part C and Part D Analysis Group in the Office of Legislation. Before that, he was the director of the Employer Policy and Operations Group at CMS. Mr. Hamelburg has also served as an attorney-advisor in the Office of Benefits Tax Counsel at the Treasury Department. In addition to his work in public service, he has more than 15 years of experience in the private sector at law and consulting firms. In those roles he worked with a range of stakeholders on issues related to the delivery and payment of health care.

Patty Helphenstine

Director, Division of Enrollment & Eligibility Policy, Medicare Enrollment & Appeals Group, Center for Medicare, CMS

Patty Helphenstine is the Director of the Division of Enrollment & Eligibility Policy in the Center for Medicare. Since her arrival, Ms. Helphenstine has led and implemented significant policies to the Part C and Part D program, including the Part D Income Related Monthly Adjustment Amount (IRMAA), good cause, and enrollment in the Medicare-Medicaid Financial Demonstration. Patty also oversees all enrollment policies related to the Part A and Part B programs, where she recently spearheaded efforts to expand Medicare Part B enrollment applications online and in Spanish as well as implement policies to

recognize same-sex marriages when enrolling in Medicare. Prior to joining the Center for Medicare, she was responsible for strategic development and implementation of national education and outreach efforts in collaboration with various HHS agencies for initiatives such as Health Information Technology for Economic and Clinical Health (HITECH), Part D, annual open enrollment and the Low-Income Subsidy.

Cathleen MacInnes

Project Director, Medicare Managed Care and PACE Reconsideration, MAXIMUS Federal Services

Cathleen MacInnes is the Project Director for the Medicare Managed Care and Pace Reconsideration Project/QIC Part C Appeals at MAXIMUS Federal Services. She has worked at MAXIMUS Federal Services since 2005, in a variety of roles on both the Medicare Part A and Medicare Part C appeals projects. Cathe has more than 25 years of experience in health care financial management, from both the provider and payer perspectives. Prior to joining MAXIMUS Federal Services, Cathe has worked as Operations Manager at Health Economics Group, Inc., a third party administrator; Director of Finance at Westside Health Services, a Federally Qualified Health Center; and has held other management positions with hospitals and physician practice organizations. She earned a Bachelor of Arts from Wells College.

Speaker Bios, cont.



Julie S. May *

Vice President, Medicare Network Strategy & Operations, Aetna

Julie May joined Aetna in December 2013. She currently leads the Network Strategy and Operations for Medicare, including working with the Accountable Care Solutions team on the nonclinical aspects of provider collaboration, Medicare network strategy, and High Value Network product strategies, Medicare network access in support of expansion, and network migration and integration in support of the Medicare business growth. Prior to leading the Strategy & Operations Department, Julie was the Executive Director and General Manager for the Capital Market Medicare Plans. Before joining Aetna, Julie was a consultant, advising companies on Medicare and Medicaid managed care strategies, contracting and operational performance. She also spent 14 years with Coventry Health Care, Inc. in various roles that included leading its Part D business and supporting the Medicare Advantage, Risk Adjustment, Compliance and Medicaid businesses. Throughout her career Julie has also been involved in developing new markets by launching and managing plans in several states. Julie has her Bachelor of Science in business administration from the University of Maryland, University College. Julie lives in Maryland with her husband, two children and beloved bulldog.

*Julie S. May has disclosed that she is a stock shareholder with Aetna.

Rebecca Randle

Deputy Director for the Division of Stakeholder Engagement & Outreach (DSEO), Data Sharing & Partnership Group, Center for Program Integrity, CMS

Rebecca Randle is the Deputy Director for the Division of Stakeholder Engagement & Outreach (DSEO) in the Data Sharing & Partnership Group of the CMS Center for Program Integrity (CPI). She is responsible for driving CPI's outreach and marketing functions, including digital strategy, partner engagement, and educational strategies and initiatives that support transparency and anti-fraud programs. Since she started in early 2014, she has helped lead CPI's efforts to promote several national programs, including ACA Open Payments (Physician Payments Sunshine Act) and Healthcare Fraud Prevention Partnership programs. Prior to joining CMS, she served as an Innovation Specialist for the Broadcasting Board of Governors, an independent federal agency that operates international news, educational and broadcast properties in more than 100 emerging markets with more than 62 languages supported and a global weekly audience of more than 215 million people. She led the agency's digital strategy to improve storytelling, news delivery, and crisis response and worked with journalists to apply innovation to editorial and media products to grow audiences on video, audio, social and mobile platforms.

Deborah A. Schreiber

CHC, Network Compliance Officer/Medicare Deputy Compliance Officer, UnitedHealthcare Medicare & Retirement

Deborah Schreiber is the Medicare Network Compliance Officer and the Medicare Deputy Compliance Officer for UnitedHealthcare Medicare & Retirement, the nation's largest business dedicated to the health and well-being needs of seniors and other Medicare beneficiaries. In this role, she is responsible for the business' Medicare network compliance program as well as compliance program administration for the Medicare compliance program in general. Prior to assuming her current position, Deborah worked in several other Medicare compliance leadership roles at UnitedHealth Group, in both the corporate Minnesota offices and the New York health plan offices. Prior to joining UnitedHealth Group in 2001, she was the Government Programs Compliance Officer for WellCare Health Plans, Inc. Deborah studied liberal arts and languages at the State University of New York at Oswego and maintains a Certified in Healthcare Compliance (CHC) certification from the Health Care Compliance Association (HCCA) Compliance Certification Board.

Jennifer Smith

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

Speaker Bios, cont.



Jennifer Smith is the Director of the Division of Analysis, Policy and Strategy within the Medicare Parts C and 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, Employer Policy & Operations Group, and her current group's predecessor, 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.

Sherry Stanley

Director, Medicare Operations, The Health Plan

Sherry Stanley currently serves as the Director of Medicare Operations at The Health Plan in St. Clairsville, Ohio. Sherry has an extensive background in managed care, specifically in operations and audit preparation. Sherry has been employed at The Health Plan over 35 years and has served in various roles including Director of

Operations, which was comprised of HIPAA Privacy Officer, Director of Customer Service/Enrollment, Coordination of Benefits/Subrogation, Appeals, Claims and Provider Relations for all product lines.

Terri Swanson *

Vice President of Medicare Part D, Aetna

Terri Swanson joined Aetna in the summer of 2010 as the Vice President of Medicare Part D, a business unit with more than \$2 billion in revenue, which provides prescription drug benefits to over 2.1 million Medicare beneficiaries across the United States. Ms. Swanson has been serving Medicare members since 2005 when, as a Vice President in CIGNA's Senior & Retiree Services organization, she launched CIGNA's Medicare Advantage and Part D products. From 2008 until 2010, Ms. Swanson served as WellPoint's Vice President and General Manager responsible for its individual Medicare Advantage and Medicare Supplement business serving over 1.2 million members accounting for approximately \$5 billion in annual revenue. Prior to 2005, Ms. Swanson served in roles of increasing responsibility at Control Data Corp., a leading manufacturer of mainframe computers; Cray Research, a designer and manufacturer of the world's fastest supercomputers; Express Scripts, one of the nation's largest pharmacy benefit managers; and RxHub, LLC, an electronic prescribing network founded by the nation's three largest PBMs. Ms. Swanson holds a Master of Science degree, management of technology, from

the University of Minnesota and a BA in computer science also from the University of Minnesota.

Lisa Thorpe

JD, LLM, Health Insurance Specialist, Division of Part D Policy, Medicare Drug Benefit and C & D Data Group, Center for Medicare, CMS

Lisa Thorpe develops, interprets, and implements Medicare Part D policy. She evaluates the effectiveness of existing policies and reviews proposed policies for potential impact on the Medicare Part D program. In addition, Lisa assists in analyzing and implementing internal processes and procedures to assure policy adherence in Medicare Part D program operations and monitoring. Lisa assists other areas in CMS with policy issues involving the Medicare Part D program to facilitate agency coordination. Previous employers include major health insurance companies, a state insurance department, health care regulatory law firms, and a managed care trade association. Lisa graduated cum laude with her Bachelor of Arts from Tufts University, Medford, Massachusetts, acquired her Juris Doctor from The Dickinson School of Law, Carlisle, Pennsylvania, and her Masters of Laws from the University of Tuebingen in Germany.

Cynthia G. Tudor

PhD, Deputy Director, Center for Medicare, CMS

Cynthia Tudor is the Deputy Director, Parts C and D, of the Center for Medicare at CMS. As Deputy, Cynthia has responsibility for Medicare Advantage

*Terri Swanson has disclosed that she is a shareholder with Aetna.

Speaker Bios, cont.



and Medicare Prescription Drug Programs. This includes oversight responsibility, operations, and policy development for the health and drug plans enrolling over 38 million Medicare beneficiaries. Prior to this position, Cynthia was the Director for the Medicare Drug Benefit and C&D Data Group (MDBG) which is responsible for most activities related to the implementation and operation of Part D for CMS, including the Coverage Gap Discount Program and Quality Bonus Payments under the Parts C and D stars program. Cynthia's Part D operational responsibilities included applications, formulary development, contracting, day-to-day operations, and benefits policy. Cynthia was also responsible for developing and analyzing Medicare Advantage (Part C) and Part D data and development of performance and quality metrics. Prior to serving at CM, 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, and 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 its 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.

John Wells

Medicare Chief Compliance Officer, Aetna

John Wells has more than 20 years of experience working in Medicare and Prescription Drug Plans. His background includes health plan operations, provider networking, sales and marketing, and compliance. John has more than 10 years of leadership experience in Medicare Compliance and as a Medicare Compliance Officer. John holds a Masters of Arts degree from Boston College and a Master in Public Administration degree from Suffolk University. He resides in Baltimore with his wife and two cats.

Jeremy Willard

Health Insurance Specialist, Division of Surveillance, Compliance, and Marketing, Center for Medicare, CMS

Jeremy recently joined the Division of Surveillance, Compliance, and Marketing (DSCM) as a Technical Advisor. Prior to joining DSCM, Jeremy worked in the CMS Philadelphia Regional Office as the Branch Manager of the Medicare Advantage Branch. Jeremy has worked in several roles during his 14 years with CMS, including serving as the Acting Director of the Division of Medicare Advantage Operations as well as the Acting Director of the Division of Surveillance, Compliance, and Marketing, various provider outreach activities, and the HIPAA Coordinator for CMS Region III. In addition to his work for CMS, Jeremy has also worked for a large national health plan as a compliance manager. Jeremy holds a Bachelor of Science in business management from Bloomsburg University of Pennsylvania and a Master of Business Administration from Saint Joseph's University.

Gregory Woods

MPA, Director of the Division of Health Plan Innovation at the CMS Innovation Center, Center for Medicare and Medicaid Innovation, CMS

Gregory Woods is the Director of the Division of Health Plan Innovation at the CMS Innovation Center. Prior to joining the Innovation Center, he worked for the Assistant Secretary for Financial Resources at HHS, where he focused on Medicare policy and budget issues. He has also previously worked for a health policy consulting firm and for a nonprofit focused on behavioral health policy.

Speaker Bios, cont.



Gregory has a master's degree in public affairs from Princeton University's Woodrow Wilson School and received his undergraduate degree from Columbia University.

Ghita Worcester

Senior Vice President, Public Affairs and Marketing, UCare

Ghita Worcester is the Senior Vice President of Public Affairs and Marketing at UCare, an independent, nonprofit health plan providing health coverage and services to over 500,000 members in Minnesota and western Wisconsin. Ghita brings more than 40 years of health care management experience to her role. Since 1995, she has led the firm's business development, marketing, government programs, legislative affairs, community relations, and provider relations functions. She also has been instrumental in the development and implementation of UCare's strategic and operational plans. Before joining UCare, Worcester served as Director of Policy and Operations for Minneapolis-based University Affiliated Family Physicians (UAFP), the management company that started UCare in 1984. In that role, she directed the development of new HMO products and policies and helped develop and implement HMO strategic and operational plans. She has also worked for 13 years in a community-based family medicine residency program operated by the University of Minnesota Department of Family Practice.

Rita Wurm

MBA, Director, Division of Appeals Policy, Medicare Enrollment and Appeals Group, Center for Medicare, CMS

Rita Wurm is the Director of the Division of Appeals Policy in the Medicare Enrollment and Appeals Group. In this role, Rita has overall responsibility for directing, coordinating, and integrating appeals and limitations on liability policy functions of staff with the work of other organizations throughout the Agency and groups or interests external to CMS. In addition, Rita's scope of responsibility includes oversight of the Independent Review Entities for Part C and Part D appeals. Her previous federal career includes working for HHS Office of Inspector General as a program analyst and serving as Deputy Director for the Division of Compliance Enforcement in the Medicare Oversight and Enforcement Group at CMS. Prior to joining federal service in 2004, Rita worked for Caremark, Inc., where she held positions as Manager for Quality Initiatives and Product Director for development of population-based disease management programs. In her early career, Rita worked for Peninsula Regional Medical Center, an integrated healthcare system on the Eastern Shore of Maryland, where she supervised the Nuclear Medicine Department and later the Medical Affairs Division. Rita received her MBA from Wilmington University and maintains current certification and licensure in the State of Maryland as a Nuclear Medicine Technologist.

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

Nishamarie Sherry

JD, MPH, 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), first in the Division of Medicare Advantage Operations (DMAO) and now in the Division of Policy Analysis and Planning (DPAP). Nisha's areas of work have included Medicare Advantage policy and 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.

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 12:00 pm. There will be an afternoon break at 2:15 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](#).

On-site Participants, cont.

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 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](#).

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 Thursday, September 10th, from 8:00 am until 9:30 am EDT. All Medicare Advantage & Prescription Drug Plan Fall Conference & Webcast attendees and sponsors are required to wear their badges at all times during the event. Badges are not transferable.



On-site Participants, cont.

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 Tuesday, September 8, 2015.

Automated Teller Machine (ATM)

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 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:

Monday, September 7th by 11:59 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 11:59 pm EDT, Monday, September 7th.

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, cont.

- ✔ **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 & Prescription Drug Plan Fall 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: Monday, September 7th by 11:59 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=>.
- **CMS Farmers Market:** Local farmers and producers will sell fresh fruits, vegetables, artisan breads, and more from 10:30 am – 1:30 pm in the Central Building Lower Lobby Courtyard. When we eat locally grown foods, including fresh fruits and vegetables, we promote good health, help support local farmers, and reduce our personal environmental footprints. Shop...Buy...and Eat Locally!
- **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 Thursday, September 10, 2015, from 9:30 am – 4:30 pm EDT. **To facilitate easy access to the webcast, please log in between 8:00 am – 9:30 am EDT on September 10, 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 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.

 **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 activity, participants should be able to:

1. Describe how Medicare Advantage Organizations (MAOs) are collaborating with providers to promote high value care through the use of alternate payment models, and
2. Identify the MAOs' successes and challenges associated with alternative payment models.
3. Identify information included on the Notice of Dismissal of Appeal Request forms to facilitate identification of the items, services or claims at issue.
4. Identify best practices to be followed when sending Part D auto-forwarded appeal case files to MAXIMUS.
5. Describe ways in which health plans can use the MAXIMUS websites www.medicareappeal.com and www.medicarepartdappeals.com.
6. Identify where to locate information on the Medicare Part D prescription drug benefit programs new guidance, trends and outreach strategy for prescriber enrollment requirements.
7. Identify if MA or Part D sponsors that enroll a disproportionate number of low income enrollees, are systematically disadvantaged by the Medicare Advantage Part D Star Ratings.
8. Identify potential vulnerabilities when implementing changes to beneficiaries' access to care.
9. Performance metrics that provide insight on the success of beneficiary outreach strategies.

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 21-22.

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:

1. Go to the LM/POS Homepage <https://learner.mlnlms.com>.
2. Click on "Create Account."
3. Enter information for all the required fields (with the red asterisks) and click "Create."

Continuing Education Activity Information & Instructions, cont.



NOTE: When you get to the 'Organization' field, click on "Select." From the "Select Organizations" screen, leave the 'Find Organization' field blank and click "Search." Select 'CMS-MLN Learners Domain-Organization' and click "Save."

Please add MLN@cms.hhs.gov to your address book to prevent MLN communication from going into your spam folder.

To login if you already have an account:

1. Go to the LM/POS Homepage <https://learner.mlnlms.com>.
2. Enter your login ID and password and click on "Log In."

Finding the Post-Assessment

1. Go to the LM/POS Homepage <https://learner.mlnlms.com>.
2. Enter your login ID and password and click on "Log In."
3. Click on "Training Catalog" in the menu beneath the MLN logo.
4. Enter 09 10 2015 Medicare Advantage & Prescription Drug Plan Fall Conference & Webcast in the "Search for" box and click "Search."
5. Click on the title.
6. Click "Enroll."
7. Click "Access Item."
8. Scroll down on the page and click on the link titled "Post-Assessment."
9. Click "Open Item."
10. A new window will open. Click "Post-Assessment" in this new window for it to display.
11. Complete the assessment and click "Close."
12. Click the grey and white "x" in the upper right-hand corner to close the window.
13. Click "OK" when prompted about closing the window.

Viewing Your Transcript and Certificates

1. Go to the LM/POS Homepage <https://learner.mlnlms.com>.
2. Enter your login ID and password and click on "Log In."
3. Click on "Transcript."
4. Search for the title.
5. If you do not see a "View Certificate" button, then you need to complete the evaluation. Click on the title.
6. On the left-hand side, you will see "Form CMSCE-7" listed under "Surveys." Click on "Form CMSCE-7."
7. Complete the evaluation and click "Submit."
8. You will now see a "View Certificate" button. Click on this to view your certificate.
9. If you haven't already selected your credit type (or if you selected the wrong type before), click on "Select Credit Type" next to the credit type you want.
10. Click "View Certificate."
11. When you get a message asking if you want to open the certificate at the bottom of your screen, click "Open."
12. Your certificate will open in a new window. Select "File" and then either "Save As" or "Print" to save or print your certificate.

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 *Medicare Advantage & Prescription Drug Plan Fall Conference & Webcast* evaluation survey online at:

https://www.surveymonkey.com/r/2015_MA_PDP_Fall_Conf_Participant_Feedback_FINAL.

The survey will be available until 9:00 pm EDT, Tuesday, September 15, 2015.

Technical Support

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

Special Thanks to...

- CM Leadership
- CMS & Guest Speakers
- 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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