



2016 Medicare Advantage *and* Prescription Drug Plan Audit & Enforcement



CONFERENCE & WEBCAST



9:30 am – 4:30 pm EDT ■ CMS Auditorium



JUNE 16
2016



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 **Thursday, June 16, 2016, 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:

- **2016 Audit Process Enhancements**
- **The Independent Auditor Process for Audits and Sanctions**
- **Sponsor Experiences from CMS Program Audits**
- **Compliance Program Overview**
- **Section 504; Equal Access for All Beneficiaries**
- **Consequences of Untimely Coverage Determination and Redetermination Decisions**
- **Best Practices & Annual Report**
- **Open Q & A Session**



Agenda

| | |
|---------------------|--|
| 8:00 am - 9:30 am | CHECK-IN/BADGING |
| 9:30 am - 9:35 am | Stacey Plizga, PRI Moderator |
| 9:35 am - 9:45 am | Opening Remarks Sean Cavanaugh, Deputy Administrator and Director, Center for Medicare, CMS |
| 9:45 am - 10:00 am | Welcome and Introductions Jerry Mulcahy, Director, Medicare Parts C and D Oversight and Enforcement Group (MOEG), CMS |
| 10:00 am - 10:45 am | 2016 Audit Process Enhancements Michael DiBella, Division of Audit Operations, MOEG, CMS Jessica Robinson, Division of Audit Operations, MOEG, CMS Tracey Kemp, Division of Audit Operations, MOEG, CMS |
| 10:45 am - 11:45 pm | The Independent Auditor Process for Audits and Sanctions Doreen Gagliano, Division of Audit Operations, MOEG, CMS Stephanie Brown, Division of Compliance Enforcement, MOEG, CMS Todd Meek, SilverScript Insurance Company |
| 11:45 pm - 12:45 pm | LUNCH BREAK |
| 12:45 pm - 1:45 pm | Sponsor Experiences from CMS Program Audits Susan Crowe, Humana Lynne Newson, Blue Cross Blue Shield of Massachusetts |
| 1:45 pm - 2:30 pm | Compliance Program Overview Vernisha Robinson-Savoy, Division of Analysis, Policy, and Strategy, MOEG, CMS |
| 2:30 pm - 2:45 pm | Section 504; Equal Access for All Beneficiaries Cynthia Anderson, Offices of Hearings and Inquiries, CMS |
| 2:45 pm - 3:00 pm | AFTERNOON BREAK |
| 3:00 pm - 3:30 pm | Consequences of Untimely Coverage Determination and Redetermination Decisions Kevin Stansbury, Division of Compliance Enforcement, MOEG, CMS Amber Casserly, Medicare Enrollment and Appeals Group, CMS |
| 3:30 pm - 4:00 pm | Best Practices & Annual Report Greg McDonald, Division of Analysis, Policy, and Strategy, MOEG, CMS |
| 4:00 pm - 4:25 pm | Open Q & A Session |
| 4:25 pm - 4:30 pm | CLOSING REMARKS |

Session Summaries

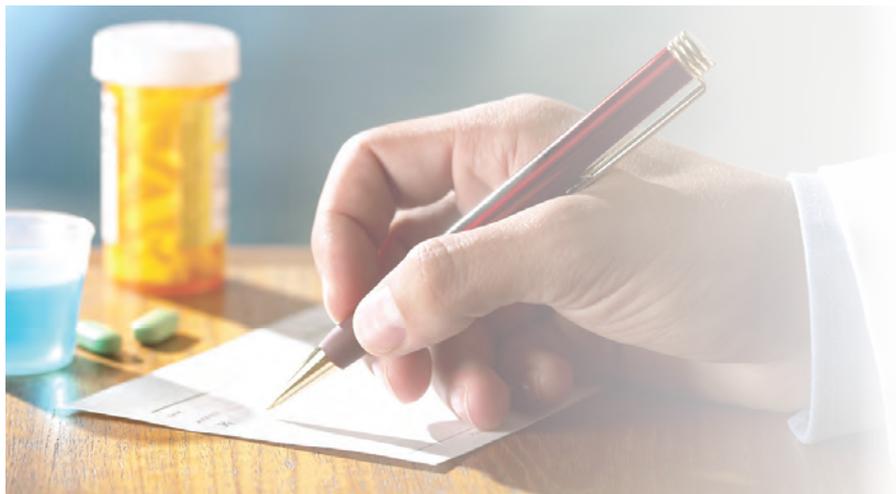
2016 Audit Process Enhancements

Michael DiBella, JD, Director, Division of Audit Operations, Medicare Parts C & D Oversight and Enforcement Group (MOEG), Center for Medicare, CMS

Jessica Robinson, BS, Supervisory Health Insurance Specialist/Deputy Director, Division of Audit Operations, MOEG, Center for Medicare, CMS

Tracey Kemp, Health Insurance Specialist, Division of Audit Operations, MOEG, Center for Medicare, CMS

The purpose of this session is to discuss enhancements made to the 2016 program audit process. These enhancements aim to increase consistency across audits, address industry feedback and introduce new audit processes that promote our core audit principles of objectivity and transparency.



The Independent Auditor Process for Audits and Sanctions

Doreen Gagliano, MSW, Technical Advisor, Division of Audit Operations, MOEG, Center for Medicare, CMS

Stephanie S. Brown, JD, Health Insurance Specialist, Division of Compliance Enforcement, MOEG, Center for Medicare, CMS

Todd Meek, JD, President, SilverScript Insurance Company

This session will discuss CMS' expectations of Sponsors and Independent Auditors throughout the independent audit process. This session will provide participants with an understanding of how to select and manage Independent Auditors for CMS validation audits. Topics discussed will include factors a Plan Sponsor should consider during the Independent Auditor selection process, as well as how to collaborate with the Independent Auditor and CMS to achieve CMS' approval of the audit plan. The session will highlight the importance of communication among all parties involved (Plan Sponsor, Independent Auditor and CMS and vendors—such as PBMs), as well as Plan Sponsor ownership and oversight of the project to achieve a successful outcome.

Sponsor Experiences from CMS Program Audits

Susan Crowe, JD, Medicare Compliance Officer, Humana

Lynne Newson, MPP, Senior Director, Medicare Compliance, Blue Cross Blue Shield of Massachusetts

This session will provide first-hand accounts from two sponsors that have undergone a CMS program audit. Sponsors will share their experience, advice and recommendations on how to prepare for the audit, as well as helpful lessons learned from the audit.

Session Summaries

Compliance Program Overview

Vernisha Robinson-Savoy, MBA, Technical Advisor, Division of Analysis, Policy and Strategy, MOEG, Center for Medicare, CMS

This session will discuss various aspects of the compliance program requirements, including regulatory policy changes and audit expectations for 2016. Discussion topics include MA and Part D compliance and FWA training requirements and standardized modules. It will also focus on the Sponsor's accountability for and oversight of FDRs and managing compliance program effectiveness, audit expectations and resources: universes, onsite interviews and tracer sample reviews.

Section 504; Equal Access for All Beneficiaries

Cynthia Anderson, PMP, MPA, Section 504 Program Manager, Offices of Hearings and Inquiries, Office of the Director, CMS

This session will remind participants of their plan obligations under §504 of the Rehabilitation Act of 1973. By the end of the session participants will have a better understanding of §504 requirements and why this is so important.

Consequences of Untimely Coverage Determination and Redetermination Decisions

Kevin Stansbury, EJD, Deputy Director, Division of Compliance Enforcement, MOEG, Center for Medicare CMS

Amber Casserly, MPP, Social Science Research Analyst, Division of Appeals Policy, Medicare Enrollment and Appeals Group, Center for Medicare, CMS

This session will provide an overview of CMS and regulatory guidance to Part D Plans for processing untimely coverage determination and redetermination decisions. Speakers will provide updates on how CMS will utilize its enforcement authority to increase plan sponsor compliance.

Best Practices & Annual Report

Gregory McDonald, Health Insurance Specialist, Division of Analysis, Policy and Strategy, MOEG, Center for Medicare, CMS

This presentation will cover the 2015 Part C and Part D Audit and Enforcement Report, also known as the MOEG Annual Report. The presentation will include an overview of the current audit landscape with respect to the number of sponsors audited and the number of beneficiaries covered by those audits. It will also cover audit scores from 2015, trends between 2014 and 2015 audit results and the most common conditions cited during the 2015 audit year.



Speaker Biographies

Cynthia Anderson, PMP, MPA

Section 504 Program Manager, Offices of Hearings and Inquiries, Office of the Director, CMS

Ms. Anderson has been employed by CMS since 2007 and is currently on a detail from the CMS Innovation Center (CMMI) where she served as the Deputy Group Director of the Policy and Programs Group to the Office of Hearings & Inquiries (OHI) to help implement Section 504 of the Americans with Disabilities Act. Ms. Anderson is a certified Project Management Professional (PMP) and received a Master of Public Administration (MPA) from American University as part of the Key Executive Leadership Program.

Stephanie S. Brown, JD

Health Insurance Specialist, Division of Compliance Enforcement, Medicare Parts C & D Oversight and Enforcement Group (MOEG), Center for Medicare, CMS

Ms. Brown earned a Juris Doctor from the University of Iowa, College of Law in 2012. She came to CMS in the fall of 2014 to work in the Division of Compliance Enforcement within the Medicare Parts C & D Oversight and Enforcement Group. As part of her job responsibilities, Ms. Brown analyzes the results of Medicare Parts C & D Program Audits to determine whether CMS should impose an enforcement action against a Sponsoring Organization. Ms. Brown also acts as the enforcement lead where a Sponsor

is placed under an intermediate sanction for contract violations.

Amber Casserly, MPP

Social Science Research Analyst, Division of Appeals Policy, Medicare Enrollment and Appeals Group, Center for Medicare, CMS

Ms. Casserly is a social science research analyst with the Division of Appeals Policy in the Medicare Enrollment and Appeals Group. Ms. Casserly holds a MPP from the University of Maryland, Baltimore County and a BA from American University. Prior to joining CMS, she worked in health policy for the City of Baltimore and the Maryland Department of Health and Mental Hygiene.

Sean Cavanaugh, MPP

Deputy Administrator and Director, 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.



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

Susan Crowe, JD

Medicare Compliance Officer, Humana

Ms. Crowe has been with Humana since November, 2011. During her time with Humana, she has served in both legal and compliance capacities. She became Humana's Medicare Compliance Officer in June, 2014. Prior to joining Humana, she practiced health care law, first at the firm of Stites & Harbison and then later as Associate General Counsel for KentuckyOne Health, a regional health care provider based in Louisville, Kentucky. She graduated from the University of Kentucky College of Law in 2005.

*Susan Crowe has disclosed that she is an employee of Humana.

Michael DiBella, JD

Director, Division of Audit Operations, MOEG, Center for Medicare, CMS

Michael DiBella is the Director of the Division of Audit Operations in the Medicare Parts C & D Oversight and Enforcement Group at the Centers for Medicare & Medicaid Services (CMS). Michael joined CMS in 2010 and has held various positions within the Oversight and Enforcement Group, including Auditor, Special Assistant and Director of the Division of Compliance Enforcement. 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.

Doreen Gagliano, MSW

Technical Advisor, Division of Audit Operations, MOEG, Center for Medicare, CMS

Doreen Gagliano is the Technical Advisor for the Division of Audit Operations (DAO) in the Medicare Parts C & Part D Oversight and Enforcement Group, in the Center for Medicare at the Centers for Medicare & Medicaid Services (CMS) in Baltimore, MD. Ms. Gagliano is primarily responsible for providing support to the Division's Director, Deputy Director and division staff in developing and implementing a comprehensive and effective audit program for Medicare Advantage and Prescription Drug sponsors. Ms. Gagliano began her career with CMS as a Presidential Management Fellow (PMF) in 2004 in the Baltimore office, working

in the Medicare Contract Administration Group. She completed a PMF rotation on Capitol Hill as a staffer on the House of Representatives Energy & Commerce Committee and another rotation as a policy analyst at the National Governors Association in Washington, D.C., and then worked as an Account Manager in the Chicago Regional Office for five years prior to joining DAO. Ms. Gagliano has a Master of Arts degree in Biblical Studies and a master's degree in Social Work Policy.

Tracey Kemp

Health Insurance Specialist, Division of Audit Operations, MOEG, Center for Medicare, CMS

Tracey Kemp is an Auditor in Charge in the Division of Audit Operations (DAO), Medicare Parts C & D Oversight and Enforcement Group, where her primary function is executing the Medicare Advantage and Prescription Drug Program performance audits. Tracey joined CMS in 2007 and has 28 years of experience with the federal government. Tracey attended the University of Maryland where she pursued a bachelor's degree in computer technology.

Gregory McDonald

Health Insurance Specialist, Division of Analysis, Policy and Strategy, MOEG, Center for Medicare, CMS

Mr. McDonald has been employed by the Medicare Parts C & D Oversight and Enforcement Group since January 2015. Prior to CMS, he worked in higher education from 2012 to 2015.



Speaker Biographies

Todd Meek, JD

President, SilverScript Insurance Company

In addition to his role as President of SilverScript Insurance Company, Mr. Meek is also Vice President of Medicare Part D for CVS/Health, SilverScript's ultimate parent company. In prior roles, Mr. Meek served as Vice President of Medicare Part D Compliance for CVS Caremark, Vice President of Insurance Based Services for RxAmerica LLC and President of its insurance company, Accendo. Before joining RxAmerica, Mr. Meek was employed by the IMX Companies, where from 1999 through 2007 he was responsible for its insurance subsidiaries as president and CEO of Nevada Care, a multi-state HMO, and Summerlin Life and Health, a multi-state L&H company. Prior to joining the IMX companies, Mr. Meek was General Counsel and Chief Operations Officer of HMAA, a Hawaii Mutual Benefit insurer, and began his insurance-focused career with National American Life Insurance Company of Pennsylvania in 1988.

*Todd Meek has disclosed that he is an employee of SilverScript Insurance Company.

Jerry Mulcahy

Director, MOEG, 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 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 as 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.

Lynne Newson, MPP

Senior Director, Medicare Compliance, Blue Cross Blue Shield of Massachusetts

Ms. Newson has been employed by Blue Cross Blue Shield of Massachusetts (BCBSMA) as the Director of Medicare Compliance since 2009. She leads a team that implements the Medicare Compliance Program for multiple Medicare Advantage and Prescription Drug Plan Contracts, including the monitoring and auditing activities. Prior to her work at BCBSMA, she worked on the Medicare Program at Blue Cross Blue Shield of Rhode Island (BCBSRI) as the Director of Government Programs. Ms. Newson started her

career as a Presidential Management Intern in 1993 in the Administration on Aging and moved to the Department of Health and Human Service's budget office, where she was lead analyst on Medicare Physician Payment Policy and Medicare Risk Plan Policies and Regulations. She remained in the budget office until 1998, when she left to work at the Blue Cross Blue Shield Association as Senior Policy Analyst in its Washington, DC based Office of Policy and Representation. Ms. Newson holds a master's degree in public policy from Duke University and a bachelor's degree from Bowdoin College.

*Lynne Newson has disclosed that she is an employee of Blue Cross Blue Shield of Massachusetts.

Jessica Robinson, BS

Supervisory Health Insurance Specialist/Deputy Director, Division of Audit Operations, MOEG, Center for Medicare, CMS

Jessica Robinson is the Deputy Director of the Division of Audit Operations in the Medicare Parts C & D Oversight and Enforcement Group at CMS. Jessica joined CMS in 2012 and has 12 years of auditing experience with the federal government. She holds a Bachelor of Science degree from Mount St. Mary's University in business administration with a minor in economics.

Speaker Biographies

Vernisha Robinson-Savoy, MBA

Technical Advisor, Division of Analysis, Policy and Strategy, MOEG, Center for Medicare, CMS

Vernisha Robinson-Savoy earned a Bachelor of Science in Health Information Management from Clark Atlanta University in 2002, a Master of Science in Management from Troy University and a Master of Business Administration from New York University, Stern School of Business. She came to CMS in 2002 and has worked in many different components within the Center for Medicare including her current role as a Technical Advisor in the Division of Analysis, Policy and Strategy within the Medicare Parts C & D Oversight and Enforcement Group. As part of her job responsibilities, Ms. Robinson-Savoy develops the regulatory requirements and audit protocol to evaluate Medicare Parts C & D Sponsoring Organizations' compliance program effectiveness. Additionally, Ms. Robinson-Savoy provides technical guidance to internal and external stakeholders and makes recommendations regarding the effectiveness of audit activities.

Kevin Stansbury, EJD

Deputy Director, Division of Compliance Enforcement, MOEG, Center for Medicare, CMS

Kevin Stansbury is the Deputy Director of the Division of Compliance Enforcement (DCE) in the Medicare Parts C & D Oversight and Enforcement Group. Kevin has been with CMS since 2002 and

has over 11 years' experience specific to Medicare Parts C & D program oversight. His roles have included Technical Advisor and Special Assistant in MOEG as well as Lead Medicare Part C Analyst in the CMS Office of Legislation. Prior to his career at CMS, Kevin served as a financial auditor from 1999 to 2002. Kevin earned an Executive Juris Doctor concentrating in Health Law from Kaplan University's Concord Law School in 2009 and a Bachelor of Business Administration in Accounting from Loyola University Maryland in 1999.

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.

Emily Newman, JD

Health Insurance Specialist, Offices of Hearings and Inquiries, CMS

Ms. Newman is currently on detail with the Offices of Hearings and Inquiries assisting with CMS' implementation of Section 504 of the Rehabilitation Act of 1973. She joined CMS in 2010 as a Health Insurance Specialist in the Medicare Ombudsman Group, which supports the Medicare Beneficiary Ombudsman and Competitive Acquisition Ombudsman by responding to complex beneficiary inquiries and complaints, identifying systemic issues with the

Medicare Program, and making recommendations to Congress through annual reports. Ms. Newman holds a Bachelor of Arts from the University of Missouri, a Juris Doctor from the University of Missouri School of Law, and a Master of Laws in Taxation from the University of Washington School of Law.

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



Speaker Biographies

for directing, coordinating and integrating appeals and limitations on liability policy functions with the work of other organizations throughout the Agency and groups 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 the 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, 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 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 licensure in the state of Maryland as a Nuclear Medicine Technologist.



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 2:45 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 Thursday, 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 Friday, June 10, 2016

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: Friday, June 10th 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, Friday, June 10th.**

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: Friday, June 10th 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 YouTube and USTREAM

This conference can be viewed virtually by using two different application platforms, YouTube and USTREAM.

YouTube: In order to view the live stream of the conference via YouTube, make sure you have the most up to date browser and a good Internet connection. If you are having difficulty playing the following live stream please either use Internet Explorer to view the live stream or change your YouTube player from Flash to HTML5 and refresh your browser window. The Flash based YouTube player is currently not accessible to screen readers. [Click here to visit the YouTube HTML5 page to switch your player if you are having trouble playing this video.](#)

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, June 16, 2016, 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, 2016.**

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.

Credits Available

The Centers for Medicare & Medicaid Services (CMS) is evaluating this activity for continuing education (CE) credit. The number of credits awarded will be calculated following the activity based on the actual learning time. Final CE information on the amount of credit and post-activity assessment and evaluation will be available to participants after the live activity.

Accreditation Statements

[Please click here for accreditation statements.](#)

Additional Continuing Education Activity Information

http://www.cms.gov/Outreach-and-Education/Training/CTEO/Upcoming_Current_Events.html.



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 **2016 Medicare Advantage and Prescription Drug Plan Audit & Enforcement** evaluation survey online at:

https://www.surveymonkey.com/r/2016audit_participantsurvey_FINAL.

The survey will be available until Tuesday, June 21, 2016 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 (Part_C_Part_D_Audit@cms.hhs.gov). Please include "Questions for 2016 MA and PDP Audit & Enforcement Conference" in the subject line.

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 &
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(CTEO Contractor Support)



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