

Medicare Advantage & Prescription Drug Plan

**SPRING CONFERENCE &
WEBCAST**

May 10, 2017 ■ 9:30 am – 4:30 pm EDT
CMS Grand Auditorium



Collaborating

Communicating

Transforming



CONFERENCE GUIDE



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Program Overview



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 **Wednesday, May 10, 2017, 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:

- **Auto-Forwarding Coverage Determination Cases to the Independent Review Entity (IRE AF) – Policy, Monitoring and Compliance**
- **Summary of Benefits**
- **Supporting Access to Information for Individuals with Disabilities (Section 504)**
- **Medicare Advantage Organization Performance on CAHPS Measures**
- **Provider Directories Review Update**
- **Care Coordination in Medicare Advantage**
- **Social Security Number Removal Initiative Updates**



Agenda

7:00 am - 9:30 am	CHECK-IN/BADGING
9:30 am - 9:45 am	Welcome/Remarks Stacey Plizga, PRI Moderator
9:45 am - 10:00 am	Keynote Address Demetrios Kouzoukas, Principal Deputy Administrator and Director, Center for Medicare
10:00 am - 10:45 am	Auto-Forwarding Coverage Determination Cases to the Independent Review Entity (IRE AF) – Policy, Monitoring and Compliance Panel Amber Casserly, CM Gregory Bottiani, CM Leila Zaharna, CM
10:45 am - 11:15 am	Summary of Benefits Elizabeth Jacob, CM
11:15 am - 11:45 am	Supporting Access to Information for Individuals with Disabilities (Section 504) Bridget Berardino, OHI Kimberly Snowden, OHI
11:45 am - 12:45 pm	LUNCH BREAK
12:45 pm - 1:30 pm	Medicare Advantage Organization Performance on CAHPS Measures Liz Goldstein, CM Sarah Gaillot, CM
1:30 pm - 2:15 pm	Provider Directories Review Update Kerry Casey, CM Jim Canavan, CM Jeanette Thornton, Health Plan Operations & Strategy, America's Health Insurance Plans
2:15 pm - 2:30 pm	AFTERNOON BREAK
2:30 pm - 3:15 pm	Care Coordination in Medicare Advantage – A Panel Discussion Heather Kilbourne, CM Donna Williamson, CM Denise Kress, Tufts Health Plan Aelaf Worku, CareMore Health Plan
3:15 pm - 3:45 pm	Social Security Number Removal Initiative Updates Amanda Johnson, CM Monica Kay, OEI
3:45 pm - 4:25 pm	Open Q & A Session
4:25 pm - 4:30 pm	CLOSING REMARKS

Session Summaries

Auto-Forwarding Coverage Determination Cases to the Independent Review Entity (IRE AF) – Policy, Monitoring and Compliance Panel

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

Gregory Bottiani, JD, Health Insurance Specialist, Division of Benefit Purchasing and Monitoring, Medicare Drug Benefit and C & D Data Group, Center for Medicare, CMS

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

This session will provide participants with an understanding of CMS' auto-forward policy for untimely cases and enforcement actions for non-compliance. Current guidance, upcoming enforcement actions, and common questions will be discussed. Part D sponsors are required to process coverage determinations and redeterminations and notify enrollees of those decisions within the timeframes established in regulation. A sponsor's failure to process and notify the enrollee of its determination in the appropriate timeframe constitutes an adverse decision, and the sponsor must "auto-forward" the enrollee's request to the Independent Review Entity (IRE) within 24 hours of the expiration of the applicable adjudication timeframe. While all auto-forwarded cases represent noncompliance with CMS requirements for timely processing, of particular concern to CMS are plan sponsors that have inordinately high levels of cases that are auto-forwarded due to the plan sponsor's failure to meet the required adjudication timeframes.

Summary of Benefits

Elizabeth Jacob, MA, Health Insurance Specialist, Division of Surveillance, Compliance and Marketing, Medicare Drug and Health Plan Contract Group, Center for Medicare, CMS



Session Summaries, cont.

This session is to give Plans an understanding of where we are today with the Summary of Benefits (SB) document. CMS made several changes to the SB since CY 2015, from redesigning the standardized SB to a more flexible SB with certain parameters. In this presentation we will provide a high-level overview of the gradual changes that occurred since CY 2015. We will cover the requirements of the current SB and note any upcoming changes for CY 2018. We will also provide an update on the retrospective review of the 2017 SB.

Supporting Access to Information for Individuals with Disabilities (Section 504)

Bridget Berardino, MS, BS, Staff Director, Customer Accessibility Resource Staff, Offices of Hearings and Inquiries, CMS

Kimberly Snowden, Health Insurance Specialist, Customer Accessibility Resource Staff, Offices of Hearings and Inquiries, CMS

CMS is committed to providing effective communications and accessible information to individuals with disabilities, including Medicare beneficiaries. The agency is involved in a number of activities to enhance its ability to communicate with disabled individuals, including creating the Customer Accessibility Resource Staff (CARS) in the Offices of Hearings and Inquiries to serve as CMS' focal point for coordinating accessible, public-facing communications across all CMS programs. This session will provide participants with an understanding of the requirements regarding accessible, public-facing communications, the importance of having accessible communications, and the role you play.

Medicare Advantage Organization Performance on CAHPS Measures

Liz Goldstein, PhD, Division Director, Division of Consumer Assessment and Plan Performance, Medicare Drug Benefit and C & D Data Group, Center for Medicare, CMS

Sarah Gaillot, PhD, Social Science Research Analyst, Division of Consumer Assessment and Plan Performance, Medicare Drug Benefit and C & D Data Group, Center for Medicare, CMS

This session provides information about the variation in MA & PDP CAHPS scores across contracts and states. We will describe tools available to contracts to help improve the experience of enrollees in health and drug plans.

Provider Directories Review Update

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

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

Jeanette Thornton, MPA, Senior Vice President, Health Plan Operations and Strategies, America's Health Insurance Plans

This session will provide an update on the online provider directory review. Participants will learn the most current information on the project. To help improve these health plan provider directories, AHIP last year conducted a provider directory initiative across three states and with the participation of more than a dozen health plans. The initiative focused on how plans and doctors can work together more effectively to ensure information is timely and accurate for the people we both serve. During the presentation, Ms. Thornton will provide an overview of the initiative and lessons learned for the health plan industry.

Session Summaries, cont.

Care Coordination in Medicare Advantage – A Panel Discussion

Heather Kilbourne, JD, Health Insurance Specialist, Division of Policy, Analysis, and Planning, Medicare Drug and Health Plan Contract Administration Group, Center for Medicare, CMS

Donna Williamson, BSN, MSN, Health Insurance Specialist, Division of Policy, Analysis and Planning, Medicare Drug and Health Plan Contract Administration Group, Center for Medicare, CMS

Denise Kress, MS, GNP Vice President of Care Management for Senior Products, Tufts Health Plan

Aelaf Worku, CareMore Health Plan

This session will provide an overview of care coordination and how it supports the CMS Quality Strategy goals. This session will feature a panel discussion with MA and SNP representatives who will present some of their current approaches to care coordination and the outcomes of those efforts. CMS will also provide an update on the care coordination measures under development. This session will be informative as well as interactive.

Additionally this session will provide a high-level overview of Tufts Health Plan organization to provide context. The participants will be able to identify the critical success factors within the Collaborative Care Model and explain how the model is executed. They will be able to describe the geriatric focused clinical programs and initiatives designed to support the evolving needs of the older adult population.

Social Security Number Removal Initiative Updates

Amanda Johnson, MBA, Director, Division of Payment Reconciliation, Medicare Plan Payment Group, Center for Medicare, CMS

Monica Kay, DBA, Deputy Director, Division of Program Management, Project Management and National Standards Group, Center for Medicare, CMS

This session will provide participants with an overview of the Social Security Number Removal Initiative. We will provide participants information on the background, implementation efforts and how they can prepare for this effort. The speakers will have a dialogue with participants to understand concerns, challenges and solutions in implementing this program.



Speaker Bios

Linda Anders

MPH, Director, Division of Benefit Purchasing and Monitoring, Medicare Drug Benefit and C & D Data Group, Center for Medicare, CMS

Linda J. Anders, MPH, is the Director of the Division of Benefit Purchasing and Monitoring (DBPM) in the Medicare Drug Benefit and C & D Data Group (MDBG). In this role, she oversees the Part D application process, application appeals, Part C and D monitoring efforts, compliance and the Past Performance Analysis. In Linda's ten 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 (CCIO). Prior to CMS, Linda was the Director of the Maryland AIDS Drug Assistance Program. While there, she worked closely with the State's pharmacy benefit manager to bring the program online with electronic claims processing. Linda has extensive experience in health services and program development for non-profits, local government organizations, and community healthcare programs.

Bridget Berardino

MS, BS, Staff Director, Customer Accessibility Resource Staff, Offices of Hearings and Inquiries, CMS

Bridget Berardino is currently the Director of the Customer Accessibility Resource Staff (CARS) in the Offices of Hearings and Inquiries (OHI). Bridget recently moved to OHI from the Office of the Administrator where she led key Agency initiatives including the reporting and tracking of the Marketplace launch.

Gregory Bottiani

JD, Health Insurance Specialist, Division of Benefit Purchasing and Monitoring, Medicare Drug Benefit and C & D Data Group, Center for Medicare, CMS

Greg Bottiani is a Health Insurance Specialist in the Division of Benefit Purchasing and Monitoring. Since earning his Juris Doctor at the University of Baltimore School Of Law in 2010, he has been employed by CMS. Prior to law school he worked for the Command, Control, Communications, Computers, Intelligence, Surveillance and Reconnaissance (C4ISR) teams at Fort Monmouth, NJ, where he worked as an analyst.

Jim Canavan

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

Mr. Canavan has been employed by the Centers for Medicare & Medicaid Services as a Health Insurance Specialist from September 2007 through the present. Prior to coming to CMS, he was employed by Excellus Blue Cross Blue Shield in Western New York.

Kerry Casey

MPP, Health Insurance Specialist, Division of Surveillance, Compliance, and Marketing, Medicare Drug and 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.

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.

Coretta Edmondson

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

Ms. Edmondson has been employed by the Centers for Medicare & Medicaid Services since September 2010 as a Health Insurance Specialist in the Medicare Enrollment and Appeals Group. She currently serves as the Part D Qualified Independent Contractor (QIC) Contracting Officer's Representative.

Sarah Gaillot

PhD, Social Science Research Analyst, Division of Consumer Assessment and Plan Performance, Medicare Drug Benefit and C & D Data Group, Center for Medicare, CMS

Sarah Gaillot is a social science research analyst at CMS where she leads the national implementation of the Consumer Assessment of Healthcare Providers & Systems (CAHPS) surveys for Medicare Advantage & Prescription Drug Plans. She also serves as team lead for the Part C Star Ratings. Prior to joining CMS, Sarah

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Speaker Bios, cont.



worked as a policy analyst at the RAND Corporation, supported the Institute of Medicine's Board on the Health of Select Populations, and was a Fulbright grantee to South Korea. Sarah holds a PhD in Policy Analysis from the Pardee RAND Graduate School.

Liz Goldstein

PhD, Division Director, Division of Consumer Assessment and Plan Performance, Medicare Drug Benefit and C & D Data Group, Center for Medicare, CMS

Liz Goldstein is the Director of the Division of Consumer Assessment and Plan Performance at the Centers for Medicare & Medicaid Services (CMS). Since 1997, she has been working on the development and implementation of CAHPS (Consumer Assessment of Healthcare Providers and Systems) Surveys in a variety of settings, including health and drug plans, hospitals, home health agencies, in-center dialysis facilities, hospices, and outpatient surgical departments. She oversees the Part C Star Ratings, the Star Ratings for Medicare Advantage quality bonus payments, Medicare HEDIS data collection, Part D enrollment analyses, and consumer testing related to plan choice communications and patient experience of care surveys.

Elizabeth Jacob

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

Ms. Jacob has been with CMS since September 2007 and currently works in the Division of Surveillance, Compliance and Marketing as a Health Insurance Specialist. Prior to joining CMS, she was employed by Aetna Health Plan for 14 years.

Amanda Johnson

MBA, Director, Division of Payment Reconciliation, Medicare Plan Payment Group, Center for Medicare, CMS

Ms. Johnson has been employed by CMS, since December 2004. She has been a member of the Division of Payment Reconciliation for over 10 years. She has been the Director of this division for over three years.

Monica Kay

DBA, Deputy Director, Division of Program Management, Project Management and National Standards Group, Center for Medicare, CMS

Dr. Monica Kay is an avid practitioner of project management in both the private and public industry. Monica has over 19 years of business and project management experience, which includes working as a consultant and her current employment with the federal government. Monica's background includes serving as the Director for the Division of Program Management that includes the Agency's PMO that is currently leading the Social Security Removal Number Initiative (SSNRI). Her division establishes cross agency program management coordination and develops key metrics to measure outcomes for legislative initiatives, high priority projects, and administrator priorities to reduce costs, and increase beneficiary access to healthcare.

Heather Kilbourne

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

Heather Kilbourne is a Health Insurance Specialist with the CMS Division of Policy, Analysis, and Planning in the Medicare Drug and Health Plan Contract Administration

Group. She has over six years of experience working with Medicare Advantage policy, specializing in quality initiatives, rewards and incentives programs, benefit design, and various other policy issues. Heather has a bachelor's degree in English and economics from St. Mary's College of Maryland and a Juris Doctorate from American University Washington College of Law.

Demetrios L. Kouzoukas

Principal Deputy Administrator of CMS and Director of the Center for Medicare, CMS

Demetrios supports the Administrator, leads the staff that develops policies for and manages the operations of the fee-for-service portion of the Medicare program, and has responsibility for Medicare Advantage and Medicare Prescription Drug Programs.

From 2003 to 2009, Demetrios was a senior official at the U.S. Department of Health and Human Services (HHS), serving as Principal Associate Deputy Secretary and Deputy General Counsel. While at HHS, he was responsible for regulatory policy across the Department and at various times collaborated with or advised every division of HHS. Demetrios has also worked with a broad spectrum of health care stakeholders in private practice as a lawyer providing strategic advice on legal, regulatory, and public policy matters. In addition, Demetrios has been a senior executive at the nation's largest Medicare health plan business, where he led a team of legal and regulatory affairs professionals as General Counsel. Until recently, Demetrios served as a Public Member of the Administrative Conference of the United States, an appointment made on the basis of expertise in administrative law, government procedure, and public administration.

Demetrios graduated with a degree in political science and public policy from George Washington University

Speaker Bios, cont.



before going on to receive his J.D. from the University of Illinois. He is originally from Chicago and enjoys spending time with his wife and two daughters.

Denise Kress

MS, GNP, Vice President of Care Management for Senior Products, Tufts Health Plan

Ms. Kress has delivered healthcare services to older adults via the Medicare Advantage product since 1994. She has been employed at Tufts Health Plan in a variety of roles with progressive responsibility for the last 16 years. In her current position, she is responsible for developing and implementing clinical programs and interventions to support the evolving needs of the older adult populations.

Kimberly Snowden

Health Insurance Specialist, Customer Accessibility Resource Staff, Offices of Hearings and Inquiries, CMS

Kimberly Snowden, a senior staff member, is currently working with the Customer Accessibility Resource Staff (CARS) in the Offices of Hearings and Inquiries (OHI). Kimberly recently moved to OHI from the Center for Medicare (CM) where she led key Agency initiatives including the onboarding of the Part A Level 1 Fee-for-Service Appeals to the Medicare Appeals System.

Erica Sontag

Deputy Division Director, Division of Surveillance, Compliance and Marketing, Medicare Drug and Health Plan Contract Group, Centers for Medicare and Medicaid, CMS

Erica Sontag is Deputy Director of the Division of Surveillance, Compliance and Marketing in the Medicare Drug and Health Plan Contract Group in CMS. In her role, she oversees the teams that lead marketing policy and Part C compliance decisions. Prior to joining the Division of Surveillance, Compliance and Marketing, Erica worked at CMS in the Center for Medicaid and

Children's Health Insurance Program Services and the Office of External Affairs. Prior to joining CMS, Erica worked at CareFirst BlueCross BlueShield in corporate communications at the Owings Mills, Maryland office.

Kevin Stansbury

EJD, Acting Director/Deputy Director, Division of Compliance Enforcement, Medicare Parts C and D Oversight and Enforcement Group, Center for Medicare, CMS

Kevin Stansbury is the Acting Director of the Division of Compliance Enforcement (DCE) in the Medicare Parts C and D Oversight and Enforcement Group (MOEG). Kevin has been with CMS since 2002 and has over 12 years' experience specific to Medicare Parts C and D program oversight. His roles have included Technical Advisor and Special Assistant in the Medicare Parts C and D Oversight and Enforcement Group 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.

Jeanette Thornton

MPA, Senior Vice President, Health Plan Operations and Strategies, America's Health Insurance Plans

Jeanette Thornton is the Senior Vice President, Health Plan Operations and Strategy at America's Health Insurance Plans (AHIP). She leads AHIP's activities on health insurance marketplaces and serves as a lead liaison between the federal government and private health insurers, focusing on Affordable Care Act implementation and health plan operations. Before joining AHIP, Jeanette worked as a senior analyst in the Information Technology and E-Government Office at the

Office of Management and Budget. Jeanette began her career as a Presidential Management Fellow at the Social Security Administration. She holds a master's degree in public administration from the University of Pittsburgh.

Donna Williamson

BSN, MSN, Health Insurance Specialist, Division of Policy, Analysis and Planning, Medicare Drug and Health Plan Contract Administration Group, Center for Medicare, CMS

Donna has worked at CMS since 2005 and currently works in the Division of Policy, Analysis and Planning, with a focus on Medicare Advantage and PACE policy, along with quality improvement projects (QIPs). Donna has previously worked in the Center for Clinical Standards and Quality as the Government Task Lead for the QIO Beneficiary Protection Theme. Primary responsibilities included oversight of QIO beneficiary protection and quality improvement activities and measuring contract performance along with program impact. Prior to joining CMS, Donna worked as a registered nurse in acute care, including critical and post anesthesia care settings. She also has a background in disease management, utilization and software development. Donna has a bachelor's and master's degree in nursing from the University of Maryland, Baltimore.

Leila Zaharna

PharmD, Pharmacist, Division of Compliance Enforcement, Medicare Oversight and Enforcement Group, Center for Medicare, CMS

Leila Zaharna has been employed by the Centers for Medicare & Medicaid Services (CMS), Division of Compliance Enforcement, since 2014. Prior to 2014, she was a Regional Pharmacist and Account Manager at the CMS Dallas Regional Office.

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 am. 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 **Wednesday, May 10th, from 7:00 am until 9:30 am EDT**. All Medicare Advantage & Prescription Drug Plan Spring 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 **Monday, April 24, 2017**.

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:

Friday, May 5th by 11:59 am 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 am EDT, Friday, May 5th**.

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 Spring 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, May 5th by 11:59 am EDT.** *You must create an account and password in order to place your order for pickup at 7500 Security Blvd. Catering Made Easy:* <https://cms.catertrax.com/shopcatgroup.asp?id=1&intOrderID=&intCustomerID=> or Simply to Go Catering: <https://cms.catertrax.com/shopcatgroup.asp?id=2&intOrderID=&intCustomerID=>.
- **Event Materials:** In our efforts to "Go Green", we ask that you download and print event materials (i.e., agenda, presentations, conference guide, etc.) prior to your arrival to the event — click here: http://www.cms.gov/Outreach-and-Education/Training/CTEO/Upcoming_Current_Events.html.
- **Your Points of Contact:** Should you encounter any difficulties during your travels to CMS Headquarters, please contact us via email at CTEO@cms.hhs.gov.

Webcast Participants

Viewing Tips for 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 Wednesday, May 10, 2017, 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 May 10, 2017.** 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.

Credits Available

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

https://www.surveymonkey.com/r/2017Spring_Participant_Survey_Final

The survey will be available until 9:00 pm EDT, Monday, May 15, 2017.

Technical Support

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





Special Thanks

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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