

Medicare Advantage & Prescription Drug Plan

Fall Conference & Webcast



November 7, 2019

**9:30 am - 4:00 pm EST
CMS Grand Auditorium**

 [#CTEOCON](#)

CONFERENCE GUIDE



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PROGRAM OVERVIEW

CMS EXPERTS will be coming together to provide important information for the Medicare Advantage & 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 and technology.

This one-day event will be held on **Thursday, November 7, 2019, from 9:30 am to 4:00 pm EST**, and will consist of sessions presented by subject matter expert speakers and information on the following topics:

- **IRE Transparency Initiative**
- **New Medicare-Medicaid Integration Policies for D-SNPs for 2021**
- **Keynote Address**
- **Updates from OFM Part C & D Improper Payment Activities**
- **One-Third Financial Audits Overview**
- **Communication Accessibility for Individuals with Disabilities**
- **Plan Experience with the 2019 Opioid Safety Edits and the Drug Management Program**
- **Open Q&A Session**





AGENDA

November 7, 2019 - CMS Grand Auditorium

8:30 am – 9:30 am

Check-In/Badging

9:30 am – 9:45 am

Conference Welcome and Opening Remarks

- Kristen Renkes, Provider Resources, Inc. Moderator

9:45 am – 10:30 am

IRE Transparency Initiative

- Coretta Edmondson, CMS
- Natasha Franklin, CMS
- Kristie Werdein, Maximus
- Katy Hanson, Maximus

10:30 am – 11:00 am

New Medicare-Medicaid Integration Policies for D-SNPs for 2021

- Julie Jones, CMS
- Tobey Oliver, CMS

11:00 am – 11:15 am

Keynote Address

- Demetrios Kouzoukas, Principal Deputy Administrator and Director, Center for Medicare

11:15 am – 12:15 pm

Lunch Break

12:15 pm – 12:45 pm

Updates from OFM Part C & D Improper Payment Activities

- Chrissy Fowler, CMS
- Carolyn Kapustij, CMS

12:45 pm – 1:15 pm

One-Third Financial Audits Overview

- Frank Chartier, CMS

1:15 pm – 1:45 pm

Communication Accessibility for Individuals with Disabilities

- Kim Snowden, CMS
- Meleah Jensen, CMS
- Kara Ringer, CareSource
- Rosie Kirchner, Cigna
- Sean O'Reilly, Humana

1:45 pm – 2:00 pm

Afternoon Break

2:00 pm – 3:00 pm

Plan Experience with the 2019 Opioid Safety Edits and the Drug Management Program

- Adele Pietrantoni, CMS
- Anne Kane, CMS, Moderator
- Johnathan Randle, Mutual of Omaha
- Clay Rhodes, Humana
- Erin McKenna, Aetna

3:00 pm – 3:30 pm

Open Q&A Session

3:30 pm – 4:00 pm

Closing Remarks



SESSION SUMMARIES

IRE Transparency Initiative

Speakers:

Coretta Edmondson, BS *Health Insurance Specialist, Division of Appeals Policy, Medicare Enrollment and Appeals Group, Center for Medicare, CMS*

Natasha Franklin, MPA, HA *Health Insurance Specialist, Division of Appeals Policy, Medicare Enrollment and Appeals Group, Center for Medicare, CMS*

Kristie Werdein, BS *Director, Part D QIC/IRE, Maximus Federal Services*

Katy Hanson, JD, PMP *Director, Medicare Managed Care and PACE Reconsideration Project, Medicare Part C, Appeals, Maximus Federal Services*

Session Summary: In this session, CMS and representatives from MAXIMUS Federal Services, the Part C and Part D Independent Review Entity (IRE), will provide an overview of several new transparency initiatives planned for the upcoming year. The initiatives include the creation of semi-annual plan reports, enhanced fact sheets, and a search-able appeals database.

New Medicare-Medicaid Integration Policies for D-SNPs for 2021

Speakers:

Julie Jones, MPS *Health Insurance Specialist, Program Alignment Group, Medicare-Medicaid Coordination Office, CMS*

Tobey Oliver, JD *Health Insurance Specialist, Models, Demonstrations and Analysis Group, Medicare-Medicaid Coordination Office, CMS*

Session Summary: This session will provide participants with an understanding of the new rules related to Dual Eligible Special Needs Plans (D-SNPs), codified in the Parts C and D Rule (Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Program of All-Inclusive Care for the Elderly (PACE), Medicaid Fee-for-Service, and Medicaid Managed Care Programs for Years 2020 and 2021). The session will highlight the new integration and unified appeals and grievance requirements and provide guidance on the contract and operational changes needed for each type of D-SNP beginning for Contract Year (CY) 2021.

Updates from OFM Part C & D Improper Payment Activities

Speakers:

Chrissy Fowler, BS, BA *Payment Accuracy & Reporting Group Director, Office of Financial Management, Payment Accuracy & Reporting Group, CMS*

Carolyn Kapustij, MPH, *Senior Advisor, Office of Financial Management, Payment Accuracy and Reporting Group, CMS*

Session Summary: This session will provide the participants with an understanding of the Improper Payments Information Act of 2002, as amended, as it applies to Medicare Part C and Part D improper payments measurement program, a high level overview of the improper payment measurements process, historical Medicare Part C and Part D improper payment rates, and upcoming initiatives.



SESSION SUMMARIES, *Continued*

One-Third Financial Audits Overview

Speakers:

Frank Chartier, MBA Director, Division of Financial Audit and Resolution, Office of Financial Management, Financial Service Group, CMS

Session Summary: This session will provide participants with information related to the statutorily mandated One-third Financial Audits (OFA) of Medicare Advantage Organizations (MAOs) and Part D sponsors. The presentation includes an overview of the OFA and Corrective Action Plan processes, and best practices for audited plans to enhance the audit experience.

Communication Accessibility for Individuals with Disabilities

Speakers:

Kim Snowden Director, Customer Accessibility Resources Staff, Offices of Hearing and Inquiries, CMS

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

Kara Ringer Associate Vice President of Member and Provider Marketing, CareSource

Rosie Kirchner Medicare Compliance Director, Cigna-HealthSpring

Sean O'Reilly, JD Senior Vice President, Chief Compliance Officer, Humana

Session Summary: CMS believes in its responsibility to provide meaningful access to information and effective communications to its beneficiaries, consumers and members of the American public with disabilities, in accordance with Section 504 of the Rehabilitation Act. The Customer Accessibility Resource Staff (CARS) in the Offices of Hearings and Inquiries (OHI) continues to serve as the agency's focal point for coordination of external communications across CMS' programs. This session will focus on the recent release of the Communications Accessibility Best Practices for Individuals with Disabilities including a panel discussion on strategies for effectively communicating with individuals with disabilities.

Plan Experience with the 2019 Opioid Safety Edits and the Drug Management Program

Speakers:

Adele Pietrantonio, BA, BS, RPh Manager, Medicare Advantage and Health Plans Branch, Medicare Health Plan Operations, Boston Regional Office, CMS

Johnathan Randle, MBA, CHC Vice President, Chief Compliance Officer, Mutual of Omaha

Clay Rhodes, PharmD, MBA Director, Enterprise Opioid Mitigation Strategies, Humana Inc.

Erin McKenna, PharmD Executive Director, Medicare, Aetna

Anne Kane, RN, BSN, MPA Manager, Health Plan Operations, Denver Regional Office, CMS

Session Summary: This session will provide participants with an understanding of Medicare drug plan experience with implementing the 2019 opioid safety edits and drug management programs. The panel members will provide their insights and experience with the new Medicare Part D initiatives, including success stories related to engaging providers through case management under the drug management programs, and effective plan-pharmacist-prescriber coordination and communication for the opioid safety edits.



SPEAKER BIOS

Frank Chartier, MBA

Director, Division of Financial Audit and Resolution, Office of Financial Management, Financial Service Group, CMS

Mr. Chartier is the Director of the Division of Financial Audit and Resolution (DFAR) in the Office of Financial Management (OFM), Financial Services Group (FSG). DFAR oversees the statutorily mandated “One-third Financial Audits” of Medicare Advantage Organizations (MAOs) and Part D sponsors, and also audits Managed Care Organizations (MCOs). Previously, he worked as a Financial Management Specialist in the Division of Plan Oversight and Accountability (DPOA) in the Center for Program Integrity (CPI). DPOA was responsible for combating fraud, waste and abuse in the Medicare Advantage (MA) and Prescription Drug (Part D) programs and the Part D Recovery Audit Contract (RAC) program. He was the Contracting Officer Representative (COR) for the Part D RAC program and was the COR for the National Benefit Integrity (NBI) Medicare Drug Integrity Contractor (MEDIC). Mr. Chartier has been with CMS for 12 years.

Coretta Edmondson, BS

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

Ms. Edmondson has been employed by the Center for Medicare and Medicaid Services since September 2010 as a Health Insurance Specialist in the Division of Appeals Policy. She currently serves as the Contracting Officer Representative for the Part D Qualified Independent Contractor (QIC) as well as a Subject Matter Expert for the Part C and D appeals and grievances process. Ms. Edmondson has over 25 years in the health care industry and has provided education for Medicare providers and plans on Medicare Part C and D in various formats such as printed materials, Web-Based Training (WBT) courses, and slide presentations. In her current role at CMS, Ms. Edmondson provides analysis, interpretation, and development of legislative proposals, regulations, and policies to streamline and continuously improve the Medicare Part C and D appeals and grievance processes as it relates to beneficiary disputes.

Chrissy Fowler, BS, BA

Payment Accuracy & Reporting Group Director, Office of Financial Management, Payment Accuracy & Reporting Group, CMS

Ms. Fowler is the Director of the Payment Accuracy & Reporting Group (PARG) within the Office of Financial Management at the CMS. PARG is responsible for annually measuring payment accuracy in the Medicare Fee-For-Service and Medicaid/Children’s Health Insurance Program (CHIP) programs through the Comprehensive Error Rate Testing (CERT) and Payment Error Rate Measurement (PERM) programs, respectively. Mrs. Fowler has over 19 years of Federal Government and improper payments experience of which 11 years was spent at the Department of Health & Human Services, Office of Inspector General, Office of Audit Services.

Natasha Franklin, MPA, HA

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

Ms. Franklin is the Health Insurance Specialist of the Medicare Enrollment and Appeals Group. She currently serves as the Contracting Officer Representative for the Part C Qualified Independent Contractor (QIC) as well as a Subject Matter Expert for the Part C appeals and grievances process. She develops, analyzes, and implements operational policy relating to the appeals process for Medicare Advantage Plans (MAPs). Ms. Franklin has been with CMS for 10 years and provided oversight and technical guidance on Fee-for-Service, Durable Medical Equipment, and Managed Care appeals activities. Prior to CMS, she worked with the Office of Inspector General (OIG) and the Maryland State Department of Health. She has over 20 years of experience in Healthcare Administration.



SPEAKER BIOS, *Continued*

Katy Hanson, JD, PMP

Director, Medicare Managed Care and PACE Reconsideration Project, Medicare Part C, Appeals, Maximus Federal Services

Ms. Hanson, is the Director of the Medicare Managed Care and PACE Reconsideration Project (Part C QIC) at MAXIMUS Federal Services. Ms. Hanson oversees all Independent Review Entity (IRE) operations for the project, including adjudication, production services, and medical review. She also serves as the primary point of contact for CMS and Medicare Health Plans for all Part C-related appeal issues.

Ms. Hanson has more than 15 years' experience in Medicare Managed Care appeals and she has worked extensively with CMS on various process improvements, new rule implementations, and technology efforts. She has a Bachelor of Science degree from Stevenson University and a Juris Doctorate from the University of Baltimore School of Law. Ms. Hanson is also a designated Project Management Professional (PMP) with a certification from the Project Management Institute (PMI).

Meleah Jensen, MS

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

Ms. Jensen is a seasoned staff member, working in CARS in OHI, where she conducts contract support and assists in the CARS communications efforts. Ms. Jensen began her federal career with the Department of Veterans Affairs in 2013, and transferred to CMS in 2017, where she joined CARS. Ms. Jensen is experienced in driving internal operations and effective communication strategies. Under the leadership of Kim Snowden, Ms. Jensen and CARS work to support, and improve when possible, the agency's external communications' accessibility. Additionally, she serves as the Chair of the Disability Employee Resource Group (DERG) for CMS, promoting disability awareness for CMS employees as well.

Julie Jones, MPS

Health Insurance Specialist, Program Alignment Group, Medicare-Medicaid Coordination Office, CMS

Since coming to the Medicare-Medicaid Coordination Office in 2016, Ms. Jones has focused on the implementation of the Capitated Financial Alignment Initiative demonstrations,

as well as various other Medicare-Medicaid integration initiatives. Previous to this position, she spent ten years in the Chicago CMS Regional Office, Center for Medicare Health Plan Operations, leading the region's efforts related to Medicare-Medicaid Plans and acted as a subject matter expert for Medicare Advantage Special Needs Plans. She has also held various positions in CMS working on Medicaid issues.

Anne Kane, RN, BSN, MPA

Manager, Health Plan Operations, Denver Regional Office, CMS

Ms. Kane has been employed by CMS for 20 years in the Denver Regional Office. Ms. Kane is a manager in Health Plan Operations.

Carolyn Kapustij, MPH

Senior Advisor, Office of Financial Management, Payment Accuracy and Reporting Group, CMS

Carolyn Kapustij is a Senior Advisor in the Payment Accuracy & Reporting Group (PARG) in the Office of Financial Management (OFM) at CMS. Ms. Kapustij leads the improper payment measurement programs for Medicare Part C and Part D. Prior to joining PARG, Ms. Kapustij worked in the Center for Program Integrity and the Center for Medicare. During her 10 years at CMS, in addition to improper payment measurement, her work focused on payment policy for Medicare Part C and Part D, as well as program integrity for the Health Insurance Exchanges and Medicaid. Prior to joining CMS, Ms. Kapustij spent 7 years in the Office of U.S. Senator Carl Levin.

Rosie Kirchner

Medicare Compliance Director, Cigna-HealthSpring

Ms. Kirchner is a Certified Healthcare Compliance (CHC) professional with over 20 years of experience in Medicare compliance and business operations. She joined Cigna Medicare in 2011 and has held a number of Compliance roles of increasing seniority and responsibility. Prior to joining Cigna Medicare, Ms. Kirchner held Medicare operations and compliance roles at Windsor Health Plan and Humana.



SPEAKER BIOS, *Continued*

Ms. Kirchner currently serves as the Medicare Compliance Officer and has primary responsibility for the development, implementation and day-to-day operation of Cigna Medicare's Compliance Program, as well as promoting compliance as a core value. In addition to her Medicare Compliance Officer role, she holds the title of Legal Compliance Director and leads the Part C Medicare Business Support (MBS) and Monitoring Units. Those teams are responsible for (i) delivering prompt, consistent and practical advice to the business about new laws and regulatory guidance; and (ii) driving more effective, real-time monitoring of the Part C business and first-tier, downstream and related entities (FDRs) operations to help Cigna Medicare serve its beneficiaries as best as it possibly can.

Lastly, Ms. Kirchner is the proud recipient of the National Health Care Anti-Fraud Association (NHCAA) 2013 Investigation of the Year Award alongside a team of federal and state agencies that together helped uncover a multimillion-dollar health care fraud scheme committed by a now-convicted Mississippi physician.

Demetrios Kouzoukas, JD

Principal Deputy Administrator, Director, Center for Medicare, CMS

Demetrios supports the CMS 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 US 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 before going on to receive his JD from the University of Illinois. He is originally from Chicago and enjoys spending time with his wife and two daughters.

Erin McKenna, PharmD

Executive Director, Medicare, Aetna

Ms. McKenna has responsibility for leading a staff of pharmacists, technicians, operations specialists and business analysts whose responsibilities include Medicare formulary strategy, PBM formulary processing, clinical logic requirements, and pharmacy clinical programs, including case management, medication therapy management and opioid utilization monitoring program. Ms. McKenna has worked within the managed care practice focusing on Medicare beneficiaries since 2002. Since 2012, she has been employed by Aetna within their Medicare business. Prior to becoming involved in managed care, Ms. McKenna practiced in retail, hospital and various clinical patient care settings. Ms. McKenna received both her B.S. in Pharmacy and Doctor of Pharmacy degree from Duquesne University.

Tobey Oliver, JD

Health Insurance Specialist, Models, Demonstrations and Analysis Group, Medicare-Medicaid Coordination Office, CMS

Ms. Oliver has been employed by CMS since 2014. Prior to working at CMS, she was a Research Scientist at NORC Research.



SPEAKER BIOS, *Continued*

Sean O'Reilly, JD

Senior Vice President, Chief Compliance Officer, Humana

Mr. O'Reilly serves as Senior Vice President, Chief Compliance Officer, for Humana. In this role, he is responsible for the Company's Medicare, Medicaid, Duals, Group & Military, Clinical Compliance, and Privacy & Ethics operations. He leads Humana's internal processes for promoting and ensuring compliance with laws, regulations, company policies and contracts, including chairing its Compliance Committee which oversees its compliance risk management and internal complaint reporting programs. Mr. O'Reilly joined Humana's Medicare Compliance team in 2012, and became Chief Compliance Officer in 2019.

Prior to joining Humana, Sean worked as a healthcare attorney in Chicago, IL, where he provided counsel to hospitals and physician practice groups. He graduated from the University of Notre Dame with Bachelor of Arts degrees in Political Science and Spanish, and received his Juris Doctor from Loyola University Chicago School of Law. He resides in Louisville, Kentucky with his wife and three children.

Demetrios graduated with a degree in political science and public policy from George Washington University before going on to receive his JD from the University of Illinois. He is originally from Chicago and enjoys spending time with his wife and two daughters.

Adele Pietrantoni, BA, BS, RPh

Manager, Medicare Advantage and Health Plans Branch, Medicare Health Plan Operations, Boston Regional Office, CMS

Ms. Pietrantoni, is Manager of the Medicare Advantage and Health Plans Branch in the CMS Boston Regional Office, a position she has held since August, 2013. Ms. Pietrantoni joined CMS in May, 2005 as the Regional Pharmacist in the Boston Office, where she played a key role in the implementation of the Medicare Prescription Drug Benefit.

Johnathan Randle, MBA, CHC

Vice President, Chief Compliance Officer, Mutual of Omaha

Mr. Randle is employed by Mutual of Omaha as the Medicare Chief Compliance Officer, from February 2016 - March 2018 as the Corporate Compliance Officer for North Texas Specialty Physicians and was employed in similar capacity at Universal American Corp and KelseyCare Advantage.

Clay Rhodes, PharmD, MBA

Director, Enterprise Opioid Mitigation Strategies, Humana Inc.

Mr. Rhodes has been employed by Humana Inc. greater than 14 years most recently as the Director of Enterprise Opioid Mitigation Strategies. His responsibilities include ensuring all opioid related activities align with the enterprise strategy, across all lines of business as well as evaluating strategic opportunities, proposed action plans and other recommendations that manage, transform, and leverage Humana's assets, including programs and services. All of these activities focus but are not be limited to the opioid epidemic. Prior to this role Mr. Rhodes was the Director of Pharmacy Patient Safety and Stars strategies for just over 5 years. Mr. Rhodes is board certified in both Pharmacotherapy and Geriatrics.

Kara Ringer

Associate Vice President of Member and Provider Marketing, CareSource

Ms. Ringer is the Associate Vice President of Member and Provider Marketing. She brings more than 15 years of managed care experience to her role in providing strategic oversight of all member and provider marketing communications at CareSource. CareSource is a multi-state health plan serving government sponsored programs and is nationally recognized as an industry leader in providing member-centric health care coverage. Founded in 1989, CareSource administers one of the nation's largest Medicaid managed care plans. Today, CareSource offers individuals and families' comprehensive health and life services including Marketplace and Medicare Advantage plans.





SPEAKER BIOS, *Continued*

Kim Snowden

Director, Customer Accessibility Resources Staff, Offices of Hearing and Inquiries, CMS

Ms. Snowden is the Director of CARS in OHI where she and CARS support CMS' ability to communicate with external customers with disabilities. Ms. Snowden is an experienced leader with 15 years at CMS and has in depth, and broad ranging knowledge of CMS operations. Ms. Snowden has worked across multiple program areas of CMS managing and implementing key agency initiatives including policy and operational changes to the Medicare Appeals System and supporting implementation of the Encounter Data System. Ms. Snowden and CARS work to support, and improve when possible, the agency's external communications' accessibility.

Kristie Werdein, BS

Director, Part D QIC/IRE, Maximus Federal Services

Ms. Werdein is the Director for the Medicare Part D Reconsideration Project (Part D QIC) at MAXIMUS Federal. Ms. Werdein has more than 10 years' experience working in Medicare Part D appeals. Ms. Werdein oversees all Independent Review Entity (IRE) operations for the project, including adjudication, production services, and medical review. She also serves as the primary point of contact for CMS and Medicare Health Plans for all Part D-related appeal issues.





ON-SITE PARTICIPANTS

? General Information

Check-In/Badging

Check-in is located in the main lobby at CMS for non-CMS participants. All attendees are required to wear their badges at all times during the event. Badges are not transferable.

- All visitors must be in possession of a valid and current government-issued form of photo identification, such as a driver's license, a state or government issued ID, or passport; and will be subject to a thorough vehicle 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 CMS Grand Auditorium.
- Smoking is **not permitted** anywhere in the CMS complex.
- 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.

Changes/Cancellations

IMPORTANT MESSAGE: If your organization's representative is unable to attend this event, and in order to comply with CMS' Security and the [Real ID Act](#), we can no longer allow participants to automatically change participants.

For last-minute changes and cancellations, please send an email to CTEO@cms.hhs.gov no later than 24 hours prior to the event.

First Aid Information

A first aid station is available within CMS. Please contact event staff immediately if you require first aid 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, employees, as well as providing service and assistance to all patrons.

Food and Beverage Options at CMS

- **Jazzman Coffee Cart:** Located in the lower level lobby, this coffee cart serves hot and cold beverages for purchase until 1:00 pm daily.
- **CMS Cafeteria:** Located on the lower level, the cafeteria offers a variety of beverages as well as prepared hot and cold food options for purchase daily from 6:30 am to 2:30 pm.





ON-SITE PARTICIPANTS, *Continued*



Transportation

BWI Airport Shuttle and Taxi Service

The BWI Airport (BWI) is approximately 14 miles from CMS. There are various shuttle services available. You'll need to contact them directly for arrangement and to confirm their current prices along with the departure/arrival schedules.

If a [taxi service](#) or [ride sharing](#) is required to and/or from the CMS Central Building, it is recommended that you schedule your [ride 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 car rental agencies listed below service the BWI Airport:

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

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



Directions

Northbound

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.

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.

Southbound

From Central Areas: 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.

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.





ON-SITE PARTICIPANTS, *Continued*

Preparation Checklist

In preparation for the conference, we encourage you to take a few minutes to review the following items:

- 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 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 (e.g., CMS Medicare Advantage & Prescription Drug Plan Fall Conference & Webcast). 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 On-Site 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 (e.g., driver's license, passport, or permanent residency card) and will be signed in by a member of the conference staff who will escort you to the CMS Grand Auditorium.
Real ID Act: Participants who live in a non-compliant state will be able to attend this conference; however, you'll need to provide the CMS security team and/or registration team with a valid passport as another form of ID.
- CMS Grand Auditorium:** All visitors will be briefed on the resources and amenities of CMS upon arrival and will have access to the CMS Grand Auditorium. The CMS Grand Auditorium is equipped with a live video/audio feed of the webcast.
- Event Materials:** In our efforts to "Go Green," we ask that you download and print event materials (e.g., agenda, presentations, conference guide, etc.) prior to your arrival to the event — click [here](#).
- 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

This conference can be viewed virtually by using YouTube.

To view the webcast, we recommend using Google Chrome

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.](#)

How to Join the Webcast

In order to join the live webcast, you must have registered to attend this event via the webcast. Webcast participants can refer to their conference confirmation email to access the link to view this event.

The webcast will be held Thursday, November 7, 2019, from 9:30 am – 4:00 pm EST.

All participants will be able to see and hear the webcast via their computer. Participants will not be able to participate verbally during the webcast.

Technical Support

Attendees should report technical difficulties by contacting the CTEO Technical Support Team via email at CTEOTechSupport@cms.hhs.gov during the webcast.

Alternative Option for Participants

If you are unable to access and/or view via YouTube, there is a dial-in conference line available for you to “listen only.” Due to the limited number of conference lines, we’ll need you to send an email request to CTEOTechSupport@cms.hhs.gov in order to obtain this information.





CONTINUING EDUCATION ACTIVITY INFORMATION & INSTRUCTIONS

Compliance Certification Board (CCB)[®] Credits

This education activity has been submitted to the Compliance Certification Board (CCB)[®] and is currently pending their review for approval of CCB CEUs.

For the latest updates, please refer to the CTEO website by clicking the link below:

[CTEO Continuing Education Information](#)

IMPORTANT NOTE: CMS CCB[®] continuing education credits are not issued automatically; therefore, all registered participants must complete the CCB[®] CEU Attendance Survey in order to receive the credits. Also CMS is not responsible for any technical issues and/or non-receipt of this survey; therefore CMS will not process any CCB[®] CEU attendance survey requests after November 29, 2019.





ADDITIONAL RESOURCES

CTEO Website

To learn more about this conference and future CTEO events, click [here](#).

Event Materials

Event materials can be found on the CTEO Upcoming/Current Events web page. To download event materials, click [here](#).

Post-Conference Online Survey

Click the link below to evaluate the conference and share your feedback:

[2019 MA & PDP Fall Conference & Webcast Participant Survey](#)

The survey will be available until 5:00 pm EST, Friday, November 22, 2019.

Technical Support

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

Please Note: Technology assistance will not be available until the conference is live.

Special Thanks to...

- CMS Administrator
- CM Leadership
- CMS & Guest Presenters
- OC – Office of Communications Staff
- OSSO – CMS Logistical & Technical Team
- CTEO Team – CM/BOS2 Staff and PRI (CTEO Contractor Support)





**7500 Security Boulevard
Baltimore, MD 21244**