



### **Building Effective Relationships with Your Account Managers**

*Judith Flynn, Kansas City Division of Medicare Health Plan Operations, CMS*  
*Brenda Suiter, MHA, Seattle Division of Medicare Health Plan Operations, CMS*

Stacey Plizga: Our first speakers today will offer suggestions on how to work collaboratively with your Account Manager and share vital information the Account Manager needs to assist in process improvements. Providing suggestions to build effective relationships from the Kansas City Division of Medicare Health Plans Operations is Judy Flynn. And from the Seattle Division of Medicare Health Plans Operations, please help me welcome Brenda Suiter.

[Applause]

Judith Flynn: Good morning.

Thank you, Stacey.

So to get it straight, I'm Judy and she's Brenda.

Brenda Suiter: I'm Brenda.

Judith Flynn: And we're going to just start off today with a short story. We're going to talk about building collaborative relations, which many of you have already, with our Account Managers. But I thought we'd start out today illustrating something that really helps demonstrate why I have a passion about managed care and the work that we do with our Account Managers.

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I've been with the Federal Government for 12 years. And I actually, before that, ran a small Medicare HMO in Kansas City; and I was the Director. And one day, the Call Center Director called me and said, "We've got an issue. We have a beneficiary that our Call Center reps can't understand. She's very, very hard to understand. She's very frustrated, and we can't seem to help her.

So he shared her phone number and address with me, and I gave her a call. And she was very frustrated and very hard to understand. And her husband finally got on the phone and explained some problems she was having. And I asked if I could stop by on my way home -- I noticed the address was along the way on my way home -- and introduce myself; and he agreed.

And so I stopped by their apartment that afternoon and knocked on the door. And Eric, her husband answered the door. And when I went in, it wasn't very long before I realized that he was almost totally blind. So we have this dynamic couple with him totally blind and her with very serious cerebral palsy. And they had recently moved to Kansas City and had really struggled with finding a provider that could help her.

She was suffering with extreme spinal nerve damage and ongoing muscle problems. And while they had enrolled themselves into our plan online -- and though she had serious cerebral palsy, she was extremely intelligent and really the brains behind the two of them -- anyway, they had enrolled. And then when they called to try to get appointments with the doctor, the people kept hanging up because they couldn't understand her.

So I went back to the office the next day and got with our nurses -- our medical management team; and they immediately contacted a provider that they knew would work really well with her, set her up with an appointment, arranged for transportation, and really got her with a doctor. The doctor then got her to a specialist, who looked at her spinal nerve problems, and they actually put in -- and I'm not clinical, so bear with me --

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they put some kind of a stimulator in her spine that allowed the pain to be manageable. And it made a real difference in her life.

And our nurses connected with her on community services that could help some of the things. When I was there, I noticed there was a scooter in the corner. And though she could walk, she couldn't walk very far. She could walk from the chair to the table and table to the bathroom. And this scooter was the thing that allowed her to really live. And so we repaired the scooter, which is what she wanted, and connected them with other community services.

So I stopped by a couple of months later to see how things were going, and we had made such a difference in their lives. When I knocked on the door, her husband answered; and they had a new friend, and it was a Seeing Eye dog. And he was training a Seeing Eye dog that was helping him get to and from their apartment to a bus, and he had been promised a part-time job; and he was so excited in how their lives had changed.

And that so demonstrates to me the passion of what we do in the managed care world to make a difference in people's lives. And I'm sure many of you have similar stories. If you don't, go see your nurses; they all have them. It is what we do that really makes a difference. And it brings passion to me about really developing good Account Managers to work with you to always move towards that excellence.

Brenda is going to talk a little bit about the structure of account management.

Brenda Suiter: Our goal today is to share suggestions on developing collaborative, effective relationships between plans and their account management teams. But first, a little bit of background information about how we work with parent organizations.

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Each parent organization is assigned an Account Manager, located in one of our 10 regional offices across the country. And the name of each of those offices is based on the city that it's located in. But you may also hear a regional office referred to by number. And like the sun, the numbers start in the East; so Region 1 is Boston. They move West to where the sun seldom shines, and that would be Seattle, Region 10. And that's how we organize our work is having our Account Managers located across the country to work collaboratively with you.

And our Account Managers work every day to improve plan performance through a range of activities. And those include assisting parent organizations in their operations; monitoring metrics for compliance with CMS standards, escalating issues as appropriate. And Account Managers regularly meet with you – sometimes once a month, sometimes twice a month, sometimes daily depending on what issues are happening; and they really work to understand your operations and your organization.

They issue first-level compliance notices, and they also recommend plans for audit. Account management is a team activity, involving collaboration with the Center for Medicare here in Baltimore and in each regional office; plan analysts; caseworkers; and other regional office staff. And we all work together to achieve our goal of providing beneficiary access to high-quality care.

Judith Flynn: (Audio break), so you might want to count down with us, No. 10. And by the way, the slides are related to our regional offices. So the picture you see is Seattle, No. 10 Region. And this slide is about being open and cooperative.

And we promise to be open and cooperative on our side too. So when you hear from an Account Manager, when they call you unexpectedly and you say, oh, my god, what have we done now – please be aware that we always want to assume positive intent. We want to assume that we are all in the boat together to try to get everything working right. And so we just

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ask that you be open as you investigate something and share with us. When you have a problem, let us know; and we're going to talk a little bit more about that. So that's No. 10.

Brenda Suiter: All right, No. 9, and this is the San Francisco Regional Office; and it's share feedback during strategic conversations.

First some background information. A strategic conversation is a discussion held by Account Managers with their Part C and D plans. And the Account Manager shares information on a particular topic. We choose topics based on areas where we want to make sure that all Account Managers are having a discussion with their plans on something or we need feedback on how to improve processes or just check in and see how things are going.

The Account Manager asks a standard set of questions designed for the strategic conversation, and the answers back from the plans are summarized. And the feedback has been shared with the group that we're working with, typically here in Baltimore at the Center for Medicare. But not always, we also have worked with the Center for Program Integrity. And then that information is used to improve processes.

A strategic conversation is a tool that we use to provide educational information, facilitate discussion, and collect feedback. For example, one strategic conversation was on appeal medical records. Plans had indicated that obtaining medical records can be challenging. And a strategic conversation was developed in collaboration with the Division of Appeals Policy to discuss some of the barriers that impacted plans' ability to obtain medical records. And they wanted to just get a better understanding of the challenges that you all face when you're trying to request medical records and what process you use to request medical records. And the feedback was then used in order to improve the process and make it easier for you to obtain medical records.

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Our pilot strategic conversation was on the common conditions and best practices HPMS Memo that helps plans improve compliance with CMS regulations. It assesses risks in their organization and really to help improve audit outcomes. And it provided a way for Account Managers to discuss the memo with plans if they hadn't already and talk about some of the issues. So they asked some questions, such as: do you use the memo; does it add value; and if you had any suggestions about how to improve the audit process, how to improve the guidance that we provide to you.

And there were a lot of suggestions around improving the audit process; they were very valuable and constructive. And the information was used to make some changes to information you all receive ahead of time and to help you with the audit process. And it really helped achieve our goal of strengthening communication and continuing to improve the program.

Since the fall of 2014, we've conducted nine strategic conversations with plans on a wide range of topics. And Account Managers just wrapped up the most recent strategic conversation on Good Cause. And the reason we did this one was because plans are now responsible for the intake and processing of the Cause Reinstatement Request; and that just started in January.

And moving Good Cause from the regional offices to the plans was a big change. And we wanted to see how it was going a few months in and really try to find out if there are any issues that could be addressed and any guidance that would be helpful.

This diagram outlines our feedback loop and the process that we use for strategic conversations. And for the Good Cause strategic conversation, we worked with the Division of Enrollment and Eligibility Policy to check on the progress of this new requirement. And the questions and educational materials were developed to really help Account Managers have a conversation, check in, see how it was going, and find out if there



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were any challenges with this new process and any additional guidance that would be helpful.

They held the strategic conversation with the plans during the month of April. We typically try to give Account Managers about four weeks to do the strategic conversation. Some Account Managers set up a special meeting; other Account Managers do it during their regular monthly calls. And then after the Account Manager finishes the meeting, they record your comments and share the information. We then take all of the responses from all the Account Managers in all the regions and put it together and share it, in this case, with the Division of Enrollment and Eligibility Policy. And they were really appreciative of all of the feedback that's been provided, and they are using it to provide additional information and guidance because that's what was requested with this new process.

And by sharing the feedback during the strategic conversation, our parent organizations have really helped improve our processes; and that's our goal. So please know that we encourage you to openly share feedback and that we really appreciate it.

Judith Flynn: No. 8 – this is our Mile High City, Denver. And this is just a reminder that when your Account Manager comes to you and makes a suggestion, please don't always ask for the written guidance or regulations – where does it say I *have* to do this? In many instances, they're best practices; they are things that maybe they've learned through some of their training that have helped some of the other issuer plans make a difference. So just don't always ask for a regulation. And of course if you need the regulation and there's one tied to it, we'll be glad to share it; but sometimes, there's just not a written guidance. It's really a best practice that we've heard that has worked.

Brenda Suiter: No. 7 and this is Kansas City – report non-compliance. It is extremely important to have an open line of communication with your Account

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Manager. And this does include self-disclosing any issues that you might find, even if by reporting those issues it may result in a compliance action. And report these issues when you first find them and even before you've determined the full extent of the problem. It's better for everyone to be aware of these issues as soon as possible. And your Account Manager may be able to help you, especially if the issue is around beneficiary protections. They may know of some guidelines, some experiences from other plans; and the goal really is to work with you.

Judith Flynn: And by the way, the fountain is blue because of course the Royals. We're your big baseball city. What can I say?

Brenda Suiter: Okay, moving on.

Judith Flynn: No. 6 and this is the great city of Dallas. And here we want to talk about conducting internal audits of all your program areas. If you're a Compliance Officer or someone that's in charge of overseeing what's happening in your plan, make sure you're doing internal audits – not only doing them, but doing something with what you find. We just think that's such a valuable thing to do. So really do those internal audits and do the feedback – we're going to talk a little bit more about that in a minute – but do the feedback back to your leaders to let them know you're finding issues, and there needs to be resources put behind something when you're finding issues.

Brenda Suiter: No. 5 – Region 5 is Chicago – oversee delegated entities. In this day and age, plans are contracting many services out, such as enrollment and disenrollment, call centers, mailing services, PBM services, and more. The challenge here is that out-of-sight/out-of-mind is not a good mindset when it comes to delegated entities. As the contractor with Medicare, you are responsible for the services provided by the delegated entities. And it's very important to have a regular monitoring and auditing schedule set up to make sure that your delegated entities are doing the work and that they're being compliant with Medicare regulations.



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Judith Flynn: No. 4 – 4 is Atlanta, and that's the great city of Atlanta. Empowerment comes from your senior leadership, and I really want to spend a couple minutes talking about this. I was a Director and had two Compliance Officers that reported to me. And my counterpart directors in the operational areas didn't report to me, and sometimes it was a hard row to hoe to try to get them to understand that they had to make some corrections in some of the things that we were auditing and finding.

We actually developed -- we called it a dashboard. Dashboard seems to be a hot these days, but this was 12 years ago or more. We actually developed a dashboard that not only told our senior leader where things were at, but told those group directors where they were failing and where they needed to concentrate on things that weren't functioning right.

And they were such things as the call center statistics – different things like that that we pulled into a dashboard so we could share it at our leadership meetings. So everybody always knew where they were and what needed to happen. And so it's important that your senior leaders know when you're failing at something and when you need to have resources behind it.

And then I wanted to share a quick story around a similar presentation that I did at the AHIP Conference this year for any of you who might have listened in or been on that. I had a gentleman who came up to me afterwards, and he had a notebook with him. And in the notebook he had an HPMS Memo, and it was the one about audit best practices. And it was dog-eared and marked up and chewed up. And he said, "I just want you to know what I've been doing with this to try to get all of my people involved in what we have to do in implementing some of these best practices." And he had carried this around for six or seven months kind of as his bible. And it was just such a great demonstration of taking it to heart and trying to make the changes that make a difference.

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Brenda Suiter: Region 3 is Philadelphia and that was a perfect segue into No. 3 – Read HPMS Memos and ensure implementation. CMS regularly sends out updates, new guidance, information, through HPMS memos. It's important that this information gets to the appropriate person in your organization so that they can make sure that the guidance is implemented. And we have really seen how compliance is improved by implementing the guidance in the HPMS Memos – the Readiness Checklist, the Best Practices Memo. There's very good information.

We're not saying that you have to dog ear and crumple pages and write notes all over things. But we really do encourage you to utilize that as a resource. It works; and again, we find that plans that do follow the guidance in the HPMS Memos improve performance.

Judith Flynn: New York, New York – Region No. 2 is New York, and we have a close alliance in New York because our consortium administrator that we report to is in New York City.

New York is about routine monitoring and reporting, and it's a lot about what we have been already talking about that we want you to do. But we want you to know on our side that we also do constant monitoring and reporting, and that's one of the jobs of the Account Managers and the caseworkers in the regions.

We monitor everything from CTMs, CTM closures -- are they appropriate, are we seeing things close, are we seeing repeat cases come back – so all kinds of monitoring. We have an account management dashboard where we actually go in and look across metrics. And then if we see problems, we're going to want to address it with you and let you know that we're seeing something here that doesn't look right; can you help me explain it? So that's one thing you might hear from your Account Manager – "I've been monitoring something, and it doesn't look right. Can we have a discussion?"

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Brenda Suiter: And No. 1, and there's Boston, improved beneficiary's experience. And so this is really, of course, No. 1; this is our goal. We are all here to help our Medicare beneficiary; and we're very passionate and care about how managed care does make such a difference in helping the beneficiary, as demonstrated by the story that Judy told earlier.

And so when your Account Manager is giving you direction or asking you questions, it's really because they want to improve the beneficiary experience. And CMS also needs and values your feedback so that we're able to improve processes, improve guidance, and improve our ability to work collaboratively with all of you to achieve our goal of providing access to high-quality care to our beneficiaries. And it's by working collaboratively that we're able to do that.

So that's our Top 10. And now we want to go to questions.

Stacey Plizga: Do we have any questions from our in-house audience? If you can please tell us your name and where you're from?

Sarah Lorange: Good morning, I'm Sarah Lorange with Anthem.

No. 9 on your list is of particular interest. We've had the opportunity to participate in all nine of the strategic conversations with our Account Managers in Region 5 and have found them invaluable.

What we're wondering is the process --as you've accumulated all that information from plans across the country, how can plans get that information back? There's always a section of the strategic conversation around best practices, recommendations. That would be really, really helpful for us to hear about.

Brenda Suiter: We will be happy to work with our Account Managers on sharing more information back. You have seen some of the improvements that have been made, but we can certainly work to share more of the information.

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- Sarah Lorange: That would be very helpful, thank you.
- Judith Flynn: Tie it all together – I understand what you're saying. So while you might see an HPMS Memo that gets driven off of what our findings are, it would help to know that it came from a strategic conversation. Is that what you're saying?
- Sarah Lorange: Yes, and really what were the other suggestions? They may not all make it into an HPMS Memo or result in a procedural change, but it just be helpful for us to be aware. That would be great.
- Judith Flynn: Good idea, thank you.
- Stacey Plizga: We do have some questions here from our virtual audience, so I'm going to go ahead and ask those. The first question that I have is: "What if I feel that my Account Manager is more strict than other Account Managers, and it seems very inconsistent?"
- Judith Flynn: Very good question – want me to run with that?
- Brenda Suiter: You go ahead.
- Judith Flynn: If you have an Account Manager who is overzealous and you feel that you're being treated differently, we certainly want to hear from you; both Central Office people and us would certainly like to know. But do keep in mind an overzealous Account Manager can also drive you to excellence. So try to be understanding; but if you really think you're being treated unfairly, we certainly would like to hear from you.
- Stacey Plizga: Okay, thank you. The next question that I have from our virtual audience: "I participated in one of the strategic conversations a few weeks back and haven't gotten any feedback. When should I expect that?"

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Brenda Suiter: Well, your Account Manager will share information with you. And you have – as we just mentioned – you have received some of the results of strategic conversations. And we can certainly work to link it all together for you and close the loop.

Stacey Plizga: Okay, thank you.

And by the way, the in-house audience, at any time you may stand up and go to the microphone in the center of the aisle.

The third question that I have from our virtual audience: "If I self-report an issue, will we still get a Notice of Noncompliance?"

Brenda Suiter: It depends – and I know that may not be the answer you're looking for, but it really does depend on the situation – what the issue was, what the area was.

Do you have anything more than "it depends," Judy?

Judith Flynn: I think it's important for you to remember if you don't self-report, we're probably going to hear about it anyway. And we certainly appreciate it coming from you rather than our finding it. And the decision on a Notice of Noncompliance is really depending on the impact to the beneficiaries, how many, how big is it, how quickly are you fixing it. But the Account Managers are required to report whenever you're noncompliant and to record it. So you should expect a letter of noncompliance probably whenever we're finding out you're noncompliant.

Stacey Plizga: Okay, thank you. We do have a question from one of our in-house members, so, please...

Mark Joffe: Good morning. I'm Mark Joffe, and I have two questions which are related, which really deal with nuances to your answers.

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With regard to self-disclosure, you said, "We want you to self-disclose." And I understand that. Periodically at conferences I've asked the question, plans typically have a very large number of pretty minor issues that might happen as a result of systems and things like that. And the response that I've gotten is, well, there needs to be sort of a practicality component; the regional offices don't want to be inundated every day with very small, little things.

So my first question relates to what are your thoughts about sort of in reality, do you want to hear every single, possible noncompliance issues; or is there a reasonableness standard? Why don't you go ahead and answer that, and then I'll ask my second one.

Brenda Suiter: I would say this is a very good discussion for you to have with your Account Manager and talk through some of those situations and have that conversation about what does self-disclosure look like, what's too big, what's too little? Our goal is open communication, so talking about these kinds of issues is what we want. And then your Account Manager will be able to talk about that with you, together, to get a sense of what is the appropriate level, when do they want to know.

Judy?

Judith Flynn: I think it's important too to understand it's not always about compliance; it's about how we can help with a situation. So let's say you have a hiccup in a mailing and wrong things go to wrong people – or something like that. We can actually head some things off at the Call Center. We can inform our Call Center that something has happened and that you might get calls about it, and they can kind of head those things off at the curve to say, yeah, we're aware of this; the plan is working on it; contact your plan.

So there's a lot we can do. Again, if it's one beneficiary, visit with your Account Manager. It always depends on what it is. A HIPAA violation is always important, even if it's just one. So it just kind of depends on what it

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is. So like Brenda said, visit with your Account Manager; and if he or she thinks they're getting inundated, they'll work with you on the issues.

Mark Joffe: Okay, that's helpful. The second question relates to your comment that when do you self-disclose. And I think your response was as soon as you know there's an issue. I also think here there are nuances because I continually advise clients that you don't want to wait until you've collected all the information; on the other hand, at Day 1, you really need to collect a certain amount of information in order to convey the nature of the issue to the regional office.

And I think part of it is that there needs to also be a reasonableness standard. If it's something that is of great urgency, sensitivity, beneficiary-related, then obviously the sooner the better. On the other hand, if you're going to raise an issue and there's an immediate follow-up question and you don't know it because you just found out about it a half hour ago, you're not going to appear that smart. So I guess my thought is in deciding when to self-disclose, to me it makes sense to do it as quickly as is reasonable; but there are nuances there. Any thoughts about that?

Judith Flynn: Well, I agree; there are always nuances. But the more you can keep your Account Manager informed – hey, we've discovered something; we don't know how bad it is or how deep it is. They may have a specialist in Central Office that maybe should be working with you on the issue. So just let them know, and then keep them informed as you discover more and as you work to fix it.

Mark Joffe: Thank you.

Judith Flynn: I know that doesn't entirely answer your question; but it's so subjective on what the issue is and the impact. And the sooner we know – like I said, we can advise the Call Center; we can head some of the problems off that you might be seeing.



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Thank you.

Mark Joffe: Thank you.

Stacey Plizga: We have another question from an in-house member; go ahead, please.

Michelle Juhanson: Good morning, I'm Michelle Juhanson and I'm from PerformRx. We're a pharmacy benefit manager, and we don't have the pleasure of working directly with the regional offices; but we have health plans in multiple regions. And we're finding inconsistent information or instructions with regard to self-disclosure.

We believe in self-disclosure and supporting the clients and that. But then some regions are saying, for example, that they expect a beneficiary impact analysis in five days, which, A, is operational quite difficult depending on the nature of the issue; and then in other regions, we're not hearing a day amount at all.

And so I guess the question is in understanding the difference between a best practice and a regulation and trying to achieve the best, is there an actual standard from a Central Office perspective on the turnaround time for beneficiary impact analysis? And if there isn't a standard, would it be possible to attempt to negotiate based on the nature of the issue and the nature of the beneficiaries impacted?

Judith Flynn: Well, I think you raise a very valid issue.

Do you want me to jump into this, Brenda?

Brenda Suiter: You can go ahead.

Judith Flynn: I do think you raised a very interesting issue. And Account Managers work closely with our regional pharmacists on impact analysis. So they do have a timeliness factor, and all regional offices should be sharing that

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with you. But you just need to keep sharing that with your plans, who should be sharing that with their Account Manager so that they can understand you're working on it; you're trying to pull it; but it's not always doable in five days.

So there is a standard.

Michelle Juhanson: Okay.

Judith Flynn: But if it's not reasonable, we want to work with you; and we want to work with the plans to get anything correct. And then we also want to know if it affected other plans. So as you would identify it through one plan, I want to know what the issue is downstream for all the plans that you might be the PBM for.

Michelle Juhanson: Thank you. And may I ask one more tag-on question? I love your slide about there's not always going to be regulations or guidance, and I'll definitely fess up to being one of those individuals that ask for that. Would it be possible then at least to identify where something is a best practice? And, again, there's a level of flexibility because if we hear from one region that CMS expects a certain thing, our goal is to apply that standard across the nation. But if there is no regulatory support and it's merely a best practice, then we have to make a good business decision about operationalizing that again. We just want to be compliant, but—

Judith Flynn: Certainly, when there are regulations and not a best practice that they can share with you, that Account Manager should have that regulation and should be able to share it.

Michelle Juhanson: Thank you.

Stacey Plizga: Okay, thank you for the questions. We are out of time, so any additional questions that we receive, we will answer at the end of the day during the

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Open Q&A Session. So please be assured that we will address your questions then.

I would like to thank Judy and Brenda for sharing information to drive improvements at CMS and also for the Top 10 today.

Judith Flynn: Thank you, all.

Brenda Suiter: Thank you.

[Applause]

Stacey Plizga: All right, it's time for our first session evaluation. So please take out your phones if you're going to text or your tablets or computer or smartphone and go to the pollev link ([www.pollev.com/CMS2016Spring](http://www.pollev.com/CMS2016Spring)).

If you would like to evaluate the session – and we encourage everybody to do so – please go ahead and enter "A" in response to the question, "I would like to evaluate Session 1." You should receive in response a link that says, "Hello, please evaluate the session using this link." Go ahead and click on that link. And I promise not to walk through all these instructions every single time.

Go ahead and select the link. And then when you get the next screen, go ahead and click on "Start"; and then you will be presented with the questions one at a time. Select your answer and hit "Next." There's a total of four questions; and when you've gotten to the last one, you will just click on "Finish" and that will submit your answers.