



HUNT VALLEY, MD | APRIL 11-12, 2012

CMS 2012 MEDICARE ADVANTAGE & PRESCRIPTION DRUG PLAN
SPRING CONFERENCE

SPEAKER BIOS

ROSALIND ABANKWAH

Benefits Analyst, Division of Formulary and Benefit Operations, Medicare Drug Benefit and Part C & D Data Group, CMS

Rosalind Abankwah works as a Part D Benefits Analyst in the Division of Formulary and Benefit Operations in the Medicare Drug Benefit and Part C & D Data Group of CMS. She is responsible to review Part D plan benefit packages and Part D summary of benefits materials. Rosalind previously worked at Clifton T. Perkins Hospital Center, a forensic psychiatric hospital in Maryland. She is a graduate of the doctoral program of the University of Maryland School of Pharmacy. Rosalind has a teenage daughter and son. When she is not working, she is chaperoning one of her kids' activities.

SABRINA AHMED

Division of Policy, Analysis and Planning, CMS

Sabrina Ahmed works in CMS' Division of Policy, Analysis and Planning (Medicare Drug and Health Plan Contract Administration Group) where she focuses on Medicare Advantage quality issues. Prior to that, she was the policy lead in the Division of Outpatient Care (Hospital and Ambulatory Policy Group) on Medicare Part B outpatient drug payment issues under the Hospital Outpatient Prospective Payment System. Ms. Ahmed received her Bachelor's degree in Biochemistry from Wellesley College and a Master's degree in Health Policy from Johns Hopkins University School of Public Health.

JOHN P. ALBERT

Senior Technical Advisor, Division of Medicare Benefit Coordination, Office of Financial Management, CMS

John Albert has worked for the Centers for Medicare and Medicaid Services (CMS) for 22 years primarily on Medicare Secondary Payer and Coordination of Benefits operations and issues. He currently serves as Senior Technical Advisor for the Division of Medicare Benefit Coordination in CMS' Office of Financial Management. Mr. Albert serves as Project Officer for the national Medicare Coordination of Benefits (COB) contractor, overseeing all Division activities associated with operations of this contract. The COB contractor's primary function is to collect other coverage information used by Medicare to coordinate hospital, medical, and prescription drug benefits with other insurance. Mr. Albert also serves as the Division lead in implementing the Section 111 Mandatory Insurer Reporting data collection processes. This reporting process is being built leveraging existing COB contractor data collection processes.



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LAVERN BATY

Health Insurance Specialist/Analyst, Division of Medicare Advantage Operations, CMS

Lavern Baty works in the Division of Medicare Advantage Operations where she serves as one of the Subject Matter Experts on Dual Eligible Special Needs Plans (D-SNPs) and Fully-Integrated Dual Eligible (FIDE) SNPs. She has been with the Centers for Medicare and Medicaid Services (CMS) for almost ten years where she has had the pleasure of working in both the Medicaid and Medicare sides of the house.

Prior to joining CMS, Ms. Baty worked for 20 years in the Maryland State government where her tenure included working at both the Maryland State Department of Health and Mental Hygiene (DHMH) and the Maryland Office on Aging. Her work at DHMH included developing home and community-based Medicaid Waiver Programs for special populations.

Ms. Baty earned her Master's Degree in Public Health Planning at the Johns Hopkins School of Public Health.

LINDSAY BARNETTE

Team Lead, Models, Demonstrations and Analysis Group, Medicare-Medicaid Coordination Office, CMS

Ms. Barnette has served as a member of the Models, Demonstrations & Analysis Group in CMS' Medicare-Medicaid Coordination Office since July 2010 and is currently the Team Lead for the Capitated Financial Alignment Demonstrations. Prior to that, she spent six years at the Center for Health Care Strategies working with State Medicaid officials on the development of innovative programs aimed at integrating care for Medicare-Medicaid enrollees and Medicaid-only individuals with long-term care needs. She has a BA from the University of Virginia and a MPH in health policy from Columbia University.

CHRIS BAUER

Division of Drug Plan Policy and Quality, Medicare Drug Benefit and C&D Data Group, CMS

Chris Bauer is currently the Director of the Division of Drug Plan Policy and Quality (DDPPQ) in the Medicare Drug Benefit and C&D Data Group (MDBG). Prior to this position, Mr. Bauer served at the Special Assistant for MDBG. Mr. Bauer originally joined CMS in 2001 as a Senior Project Planning Analyst where he worked on implementing various Medicare Modernization Act projects. Previous to CMS, Mr. Bauer worked for a number of pharmaceutical companies. Mr. Bauer has a BS in Biology from Penn State and would rather be golfing right now.



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JONATHAN BLANAR

Deputy Director, Division of Compliance Policy and Operations, Program Compliance and Oversight Group, CMS

Jonathan Blanar is the Deputy Director for the Division of Compliance Policy & Operations in the Center for Medicare, Program Compliance and Oversight Group at the Centers for Medicare & Medicaid Services in Baltimore, MD. Mr. Blanar is responsible for developing and implementing a comprehensive and effective audit program to assess Medicare Advantage and Prescription Drug sponsors' compliance with laws and regulations. Mr. Blanar has 10 years of auditing experience, mostly related to the federal government. His auditing experience includes Statement on Auditing Standards No. 70 (SAS 70) audits of Medicare fee-for-service contractors, OMB Circular A-123 reviews, agreed upon procedure reviews, and performance audits related to the Part C and Part D programs. Mr. Blanar is also a certified Contracting Officer's Technical Representative and has administered numerous government contracts. Mr. Blanar holds a Bachelor's degree in Business Management and a Master's degree in Business Administration with a concentration in Accounting.

JONATHAN D. BLUM

Deputy Administrator and Director, Center for Medicare, CMS

Jonathan Blum, Deputy Administrator and Director of the Center for Medicare at the Centers for Medicare and Medicaid Services, is responsible for overseeing the regulation and payment of Medicare fee-for-service providers, privately-administered Medicare health plans, and the Medicare prescription drug program. With an annual budget in the hundreds of billions of dollars, the benefits pay for healthcare for approximately 45 million elderly and disabled Americans.

Over the course of his career, Mr. Blum has become expert in the gamut of CMS programs. He served as an advisor to Senate Finance Committee members and its current chairman, Sen. Max Baucus, where he worked on prescription drug and Medicare Advantage policies during the development of the Medicare Modernization Act. He focused on Medicare as a program analyst at the White House Office of Management and Budget. Prior to joining CMS, Mr. Blum was a Vice President at Avalere Health, overseeing its Medicaid and Long-Term Care Practice.

Most recently, Mr. Blum served as a health policy advisor to the Obama-Biden Transition Team. He holds a Master's degree from the Kennedy School of Government and a BA from the University of Pennsylvania.



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JINEAN A. CARABAI

Health Insurance Specialist, Office of Financial Management, Division of Medicare Benefit Coordination, CMS

Jinean Carabai has worked for the Centers for Medicare and Medicaid Services (CMS) for over a year on Medicare Secondary Payer and Coordination of Benefits operations and issues. She currently serves as a Health Insurance Specialist for the Division of Medicare Benefit Coordination in CMS' Office of Financial Management. Ms. Carabai serves as the lead for the Electronic Correspondence Referral System (ECRS) Web and End Stage Renal Disease (ESRD) Medicare Secondary Payer activities. She also supports activities related to MSP Claims Investigation, Coordination of Benefits Call Center Operations, and Section 111 Mandatory Insurer Reporting. Ms. Carabai is a MPA graduate of New York University.

FRANK CHARTIER

Financial Management Specialist, Division of Plan Oversight and Accountability, Center for Program Integrity, CMS

Frank Chartier is a Financial Management Specialist in the Division of Plan Oversight and Accountability in the Center for Program Integrity at the Centers for Medicare & Medicaid Services. The division is 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. Mr. Chartier is the Contracting Officer Representative (COR) for the Part D RAC program.

Mr. Chartier has been with CMS for 5 years; and prior to joining CPI, Mr. Chartier was an auditor in the Division of Capitated Plan Audits in the Office of Financial Management where he was a COR for the financial audits of MA organizations and Part D sponsors. Mr. Chartier holds a Master's degree in Business Administration with a specialization in Accounting and a Bachelor's degree in Finance and Marketing.

MIA T. CLARK

Health Insurance Specialist, Division of Finance and Benefits, CMS

Mia Clark is part of a Medicare Advantage team of individuals tasked with the review of benefits and cost sharing for Medicare Advantage Plan Benefit Packages (PBP) submitted to CMS. She has been with CMS since July 2010. Prior to joining CMS, Ms. Clark was employed by the State of Maryland and Genesis Healthcare and Covance Market Access Services.

Ms. Clark graduated with a Master's degree in Public Administration with a specialization in Health Administration and Health Policy from the University of Baltimore. She also holds a Bachelor's degree with a minor in Gerontology from St. John Fisher College.



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MARSHA G. DAVENPORT

MD, MS, MPH, FACPM, CAPT, USPHS, Chief Medical Officer, Medicare Drug and Health Plan Contract Administration Group, CMS

Captain Davenport is the Chief Medical Officer for the Medicare Drug and Health Plan Contract Administration Group (MCAG), Center for Medicare, at the Centers for Medicare and Medicaid Services (CMS). She serves as a medical advisor and coordinates the quality improvement programs for the Medicare Advantage Program and for the Program for All-Inclusive Care for the Elderly (PACE).

CAPT Davenport received her medical degree from Howard University and completed her residency in Preventive Medicine at Johns Hopkins. Also, she is board certified in preventive medicine and public health. CAPT Davenport was commissioned in the United States Public Health Service (USPHS) in 1989 as an Epidemic Intelligence Service (EIS) Officer with the Centers for Disease Control and Prevention (CDC). She has held several positions with CDC, including an assignment with the Maryland Department of Health and Mental Hygiene (DHMH) for almost six years where she emerged as a nationally recognized expert in the field of emergency preparedness. In addition, she has held senior leadership positions with the Health Resources and Services Administration's (HRSA's) and the Department of Homeland Security.

CAPT Davenport is married and is the proud mother of two sons. She is an avid sports fan, especially basketball, baseball, and track. Her hobbies include scrapbooking, reading, and writing poetry.

TANETTE DOWNS

Director, Division of Plan Oversight and Accountability, Center for Program Integrity, CMS

Tanette Downs is the Director of the Division of Plan Oversight and Accountability in the Center for Program Integrity at the Centers for Medicare & Medicaid Services. Her division is 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. Ms. Downs has been with CMS for 18 years and has worked in various positions during her tenure with the agency. Prior to joining CPI, Ms. Downs was the Director of the Division of Capitated Plan Audits in the Office of Financial Management where she was responsible for conducting the financial audits of MA organizations and Part D sponsors.

Ms. Downs is a Certified Public Accountant and holds a Master's degree in Business Administration and a Bachelor's degree in Accounting.



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VANESSA S. DURAN

MPA, Senior Technical Advisor, Program Alignment Group, Medicare-Medicaid Coordination Office, CMS, U.S. Department of Health and Human Services

Vanessa Duran currently works as a senior technical advisor on the team implementing the Medicare-Medicaid Coordination Office's Capitated Financial Alignment Demonstration initiative. Since joining CMS in 2001, she has also held a variety of drug and health plan policy positions, most recently as Director of the Division of Policy, Analysis, and Planning in the Medicare Drug & Health Plan Contract Administration Group, as well as on teams developing and implementing the Medicare Prescription Drug Card Program and the Medicare Prescription Drug Benefit (Part D). Prior to her work at CMS, Ms. Duran held positions in a Washington-based public policy consulting firm focusing on women's healthcare issues, as well as on Capitol Hill. Ms. Duran has a Master's in Public Affairs with a focus on domestic policy from Princeton University's Woodrow Wilson School of Public and International Affairs. She is also a proud Duke University Blue Devil.

BILL FORD

COB Director, NY, GHI

Bill Ford is currently the COB Director, NY Site. Mr. Ford has oversight responsibility for the EDI Department, Systems Integration, and Data Entry. Mr. Ford's team currently handles front end ECRS reporting for MA and MAPD plans. Mr. Ford has over 30 years in the health insurance industry, the last 7 being with the COBC. Previously, he worked 24 years with Prudential Group Insurance where he served as both a Claims and a Compliance Manager.

DON FREEBURGER

Information Technology Specialist, Health Plan Management System, Division of Plan Data, CMS

Don Freeburger is an Information Technology Specialist for the Health Plan Management System (HPMS) for the Centers for Medicare and Medicaid (CMS). He is currently the Team Lead for HPMS User Access. Mr. Freeburger has over 40 years of Federal Service: 10 years with the United States Treasury Department and 30 years with Health and Human Services. He has a Bachelor's degree in Economics from the University of Maryland and a Master's degree in Management of Information Technology from the University of Baltimore. He enjoys cycling, ATV trail riding, cross-country motorcycle trips, and hiking in the southwestern areas of the United States. He is the proud father of Sunday, the dog, a very spoiled Terrier mix rescued from a Kentucky forest while trail riding.



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HARRY GAMBLE

Senior Associate, Neil Hoosier & Associates (NHA)

Harry Gamble is a nationally recognized expert in Medicare Secondary Payer and coordination of benefits. With more than 30 years' experience at the Centers for Medicare and Medicaid Services (CMS), Mr. Gamble has a strong network of contacts and a thorough knowledge of government contracts. His extensive background in project management includes 9 years as project officer of the \$50 million per year coordination of benefits contract. Mr. Gamble established the CMS' coordination of benefits strategy, which consolidated both pre-pay and post-pay recovery programs into national contracts. He was also the project officer for the \$40 million per year MSP recovery contract. His extensive background includes negotiating data exchange agreements with health insurance carriers. A performance-driven executive, Mr. Gamble has highly developed negotiation skills and excellent interpersonal skills.

JAYA GHILDIYAL

Division of Policy, Analysis and Planning, CMS

Jaya Ghildiyal works as a SNP policy lead in CMS's Division of Policy, Analysis and Planning (Medicare Drug and Health Plan Contract Administration Group), where she focuses on SNP policy issues, issues impacting dual eligible enrollees, and Medicare Advantage quality issues. She is responsible for authoring Medicare Managed Care Manual guidance pertaining to SNPs, and has additionally worked on several SNP-specific regulatory provisions in Medicare Parts C & D rules. Prior to joining CMS, Ms. Ghildiyal served as Policy Coordinator on health issues at K&L Gates LLP, where her clients included MA plans, employer groups, professional associations, hospitals, and device manufactures. Ms. Ghildiyal also worked as a Federal health policy analyst at the Lewin Group where she served as primary analyst for an evidence-based review of CVD risk factors in children and adolescents. At Lewin, she additionally worked on projects for the Agency for Health Care Research and Quality (AHRQ) and America's Health Insurance Plans (AHIP). Ms. Ghildiyal has a Bachelor's degree in Public Health and International Relations and a Master's Degree in Public Health (MPH) from Johns Hopkins University. She is a rare native of the Washington, DC area.

PATTY HELPHENSTINE

Director, Division of Enrollment and Eligibility Policy, CMS

Patty Helphenstine serves as the Division Director for Enrollment & Eligibility Policy in the Center for Medicare at the Centers for Medicare & Medicaid Services. Ms. Helphenstine was responsible for strategic development and implementation of national education and outreach efforts for multiple initiatives, including HITECH, personal health records, the annual election period, and Part D/the



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low income subsidy before taking her current role. Before joining CMS in 2001, she coordinated and designed advertising efforts for various national and regional companies and non-profit organizations including MBNA America, Nissan North America, and Boy Scouts of America - Baltimore Area Council. She is a graduate from Towson State University and lives in Maryland with her husband and two children.

GORDON HICKS

Senior Associate, Neil Hoosier and Associates (NHA)

Gordon Hicks has over 27 years of Medicare experience, primarily in a management capacity. While working for the Medicare Division within WellPoint, Inc, he managed Claims Processing and Customer Service Operations. As a Medicare Secondary Payer (MSP) Manager, he was involved in both pre-payment and post-payment activities for Medicare Part A and Part B and Durable Medical Equipment (DME). He was also responsible for handling MSP Appeals, Waivers, Re-determinations and Reconsiderations as well as having financial reporting responsibilities. He is familiar with all Centers for Medicare & Medicaid Services (CMS) mandated Standard Claims Processing Systems (Fiscal Intermediary Standard System (FISS), Multi Carrier System (MCS) and VIPS Medicare System (VMS)). His expertise includes designing, developing, testing, implementing, and refining automated solutions for manual, labor-intensive activities. He has served as the Chairperson for a System User Group and, at the request of the CMS, served on several CMS Workgroups. Currently, Mr. Hicks has been developing policies, writing standard procedures, and providing implementation training for the Medicare Secondary Payer Recovery Contractor.

TAWANDA HOLMES

Director, Division of Compliance Policy and Operations, Center for Medicare, Program Compliance and Oversight Group, CMS

Tawanda Holmes is the Director for the Division of Compliance Policy & Operations in the Center for Medicare, Program Compliance and Oversight Group at the Centers for Medicare & Medicaid Services in Baltimore, MD. She is primarily responsible for developing and implementing a comprehensive and effective audit program for all Medicare Advantage and Prescription Drug sponsors.

Ms. Holmes has over 15 years of auditing experience. Her experience includes leading a team in developing and conducting the one-third financial audits with the Office of Financial Management at CMS, conducting Medicare and Medicaid audits with the Office of Inspector General, and conducting audits of public utility companies with the Department of Energy. Ms. Holmes is a



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Certified Public Accountant and holds a Bachelor of Science degree in Accounting and a Masters of Arts degree.

VANESSA JACKSON

Health Insurance Specialist, Division of Medicare Benefit Coordination, Office of Financial Management, CMS

Vanessa Jackson has worked for the Centers for Medicare and Medicaid Services (CMS) for four years on Medicare Secondary Payer and Coordination of Benefits operations and issues. She currently serves as a Health Insurance Specialist for the Division of Medicare Benefit Coordination in CMS' Office of Financial Management. She also has 22 prior years of federal service.

Ms. Jackson serves as Business Function Lead for Phase III (MSP Claims Investigation), the Coordination of Benefits Call Center Operations and supports all Medicare Secondary Payer activities related to the Electronic Correspondence Referral System (ECSR) and End Stage Renal Disease (ESRD). She also supports the Coordination of Benefits Agreement (COBA) Business Function Lead in ongoing activities related to the claims crossover program. Ms. Jackson is the Chair of the Call Center Work Group (CCWG) whose primary goal is to maintain continuity of operations among the 1-800-MEDICARE, MSPRC, and the COBC call centers. Ms. Jackson is an MBA graduate of Loyola University in Maryland.

BRIAN MARTIN

Senior Technical Advisor, Medicare Drug Benefit and C&D Data Group, Division of Formulary and Benefit Operations, CMS

Brian Martin is Deputy Division Director, Division of Formulary and Benefit Operations, within the Medicare Drug Benefit C & D Data Group. Dr. Martin was involved in the development of CMS' formulary review process for the implementation of Part D. He oversees the annual review of Part D formularies, as well as the mid-year formulary change process. He also provides clinical support to the group and contributes to the development of Part D formulary policies.

Prior to coming to CMS, Dr. Martin was an ambulatory care clinical specialist with the Department of Veterans Affairs, Maryland VA Health Care System. While with the VA, Dr. Martin provided direct patient care in the Primary Care Clinic at the Baltimore VA Medical Center and served on the Diabetes Task Force and Patient Education Committee. He also served as a preceptor for pharmacy students and residents, as well as a lecturer for the University of Maryland School of Pharmacy. Dr. Martin received his Doctor of Pharmacy from the University of Maryland School of Pharmacy and completed his primary care residency training at the Baltimore VA Medical Center.



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JOHN O'BRIEN

Senior Advisor, Learning and Diffusion Group, CMS Innovation Center, CMS

John Michael O'Brien is a Senior Advisor in the Learning & Diffusion Group at the CMS Innovation Center and a leader of Million Hearts, a U.S. Department of Health and Human Services initiative with the explicit goal to prevent a million heart attacks and strokes in five years. He joined Million Hearts after launching and serving as Field Director for the HHS Partnership for Patients, a public-private partnership to reduce hospital-acquired conditions by 40% by 2013 and improve care transitions such that readmissions are reduced by 20% by 2013. Prior to joining the Department of Health and Human Services, Dr. O'Brien was a Professor of Clinical and Administrative Sciences at the College of Notre Dame School of Pharmacy and a Health Policy Fellow in the United States Senate. He previously held a variety of leadership positions in pharmacy and the pharmaceutical industry.

Dr. O'Brien is a graduate of the Johns Hopkins Bloomberg School of Public Health and Nova Southeastern University College of Pharmacy, and he studied pharmacy and public policy at the University of Florida. He has completed the American Medical Student Association Health Policy Fellowship, the American Society of Consultant Pharmacists Legislative Internship, and American Society of Health-System Pharmacists Executive Residency in Association Management. He is passionate about bike commuting, behavior change, and improving medication adherence. He has never met a microphone he didn't love and has been featured on Good Morning America Health and Kaiser Health News.

LUCIA R. H. PATRONE

Systems Analyst, Division of Plan Data, CMS

Lucia Patrone supports the management of MA, MA-PD, and PDP plans and the assessment of their performance. She has been a part of the HPMS team since September 2010 when she joined CMS. Prior to joining CMS, Ms. Patrone was a Program Associate for the International Council of Shopping Centers, a global trade association representing the retail real estate industry.

Ms. Patrone graduated with a Master's degree in Political Science with a concentration in comparative politics from American University in Washington, DC in 2004. She also graduated with honors with a Bachelor's degree in Political Science from American University in 2000.



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SUSAN RADKE

Health Insurance Specialist, Division of Medicare Advantage Operations, Medicare Drug and Health Plan, Contract Administration Group, CMS; Team Lead for SNP

Susan Radke is a Health Insurance Specialist in the Division of Medicare Advantage Operations, Medicare Drug and Health Plan Contract Administration Group and is the Special Needs Plan (SNP) Team Lead. She has worked at the Centers for Medicare and Medicaid Services since 1998.

Ms. Radke oversees all aspects of MA - SNP operations. She is the Government Task Lead on a contract with Booz Allen Hamilton that provides Technical Assistance to states and SNPs that provide integrated Medicare & Medicaid benefits to dual eligible beneficiaries.

Prior to working in DMAO/MCAG, Ms. Radke worked with the State of Minnesota on the Dual Eligible Demonstration: Minnesota Senior Health Options. She worked closely with the State, health plans, and the Chicago Regional Office to transition from a Medicare Payment Demonstration to Dual Eligible Special Needs Plans. Ms. Radke was also the Project Officer/COTR for a variety of Medicaid/CHIP evaluations, as well as being a technical expert/ COTR on the Medicaid Analytic eXtract (research) Files (MAX). She began her federal career working in the Centers for Medicaid and State Operations, Division of Integrated Health Systems as a Health Insurance Specialist reviewing and monitoring 1115; 1915 (b), and 1915 (b)/ (c) Medicaid Waiver programs.

CHRISTINE M. REINHARD

Division of Surveillance, Compliance and Marketing, CMS

Christine M. Reinhard works in the Division of Surveillance, Compliance, and Marketing, within the Medicare Drug & Health Contract Administration Group for the Centers for Medicare & Medicaid Services. The Division of Surveillance, Compliance, and Marketing is responsible for secret shopping and compliance activities as well as marketing issues related to Medicare Advantage organizations, 1876 Cost Contractors, and other health plan types.

Ms. Reinhard has been with CMS since 1995, working in managed care since 1998. Her previous work has focused on many aspects of the Part C and Part D programs, including bid submissions, plan benefits, auditing, and financial analysis of contractors.

Ms. Reinhard holds an undergraduate degree from St. Andrews College, a Master's in Business Administration from Rutgers University, and a Law Degree from the University of Maryland. She is also a member of the Maryland Bar.



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MARLA ROTHOUSE

ESQ., Senior Technical Advisor, Program Alignment Group, Medicare-Medicaid Coordination Office, CMS, U.S. Department of Health and Human Services

Marla Rothouse currently works as a senior technical advisor on the team implementing the Medicare-Medicaid Coordination Office's Capitated Financial Alignment Demonstration initiative. Prior to joining the Medicare-Medicaid Coordination Office, she held a variety of positions within the Medicare Drug Benefit and C & D Data Group. Most recently she served as Director of the Division of Pharmaceutical Manufacturer Management where she worked on the implementation of the Medicare Part D Coverage Gap Discount Program. Prior to her work with the Coverage Gap, Ms. Rothouse served for six years as the technical lead for the Drug Benefit Group on the annual Medicare Part D applications.

Prior to her work at CMS, she held positions in nonprofit organizations and state government. Her position prior to joining CMS was with the State of New Jersey's Washington, D.C. Office of the Governor where she focused on health, education, and welfare issues. Other work included government affairs with the State of Maryland's Washington, D.C. Office of the Governor, and the National Conference of State Legislatures.

Ms. Rothouse received her Bachelor's degree from the University of Maryland, and her Juris Doctorate and Master's in Business Administration degree from the University of Baltimore.

VANESSA SAMMY

Division of Policy Analysis and Planning, CMS

Vanessa Sammy works in CMS' Division of Policy Analysis and Planning (MCAG) focusing on the CMS Quality Initiative. Vanessa has worked in both CMS and a private sector plan as a Compliance Specialist in the Medicare Advantage and Prescription Drug Programs. Prior to joining Central Office, Ms. Sammy worked as an Account Manager for the Dallas Regional Office. Vanessa has a Bachelor's degree in Law, Jurisprudence, and Social Thought from Amherst College and a Master's degree in Public Administration (MPA) from the University of Texas, Dallas.

SARA SILVER

Health Insurance Specialist, Division of Plan Data, CMS

Sara Silver is a lead systems analyst with the Health Plan Management System (HPMS). Ms. Silver is a subject matter expert in the plan enrollment lifecycle and submission processes within the HPMS, especially the annual bid submission and review process and contract renewal/non-renewal options. She has been with CMS since 2004. Ms. Silver graduated with a Masters of



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Business Administration degree and a specialization in Health Care Administration from the University of Baltimore. She also holds a Bachelor's degree from Virginia Tech.

ALBERTA SMYTHE

COB Director, GHI FL Field Office

Alberta Smythe is responsible for overseeing the Coordination of Benefits (COB) departments within Government Programs COBC's Florida office as well as serving as a Task Manager for the COB contract.

Ms. Smythe has a vast and diverse Medicare secondary payer insurance background with over 23 years experience working within the Medicare industry. She joined the COB department of GHI, Government Programs in January 2000 as the Common Working File (CWF) Coordinator during the inception of the COBC's Medicare Secondary Payer (MSP) program. Her primary responsibilities included managing the CWF Auditing Staff, serving as MSP liaison for the Centers for Medicare & Medicaid Services (CMS) and Medicare contractors and assisting in the design and development of new and enhanced system processes. Two years later, Ms. Smythe was promoted to COB Operations Director responsible for overseeing the COB CWF Auditing, Data Entry, Training, and Mail Operations departments. Ms. Smythe also assumed responsibility for the COB Electronic Data Interchange (EDI) Department from 2006 to 2008. Prior to joining Group Health Incorporated, Ms. Smythe was employed by Empire Blue Cross/Blue Shield holding various positions within the Medicare MSP sector.

Ms. Smythe's extensive MSP knowledge and expertise has been instrumental during the implementation of new MSP initiatives and continues to be involved in the development of COB system enhancements and work processes.

KARLA TAYLOR

Pharm.D., Account Manger, Division of Medicare Health Plans Operations, CMS

Dr. Karla Taylor is a pharmacist and account manager with the Centers for Medicare and Medicaid Services in Atlanta, GA. In this role she is responsible for monitoring and oversight of Medicare Part C & D plans located in the southeastern region. She works closely with Congressional offices throughout the southeast to resolve constituent concerns related to the Medicare Prescription Drug Benefit. Karla has worked in various areas of the pharmacy arena for the past 20 years. She has been a director of pharmacy for Community Health Clinics, pharmacy manager for several retail pharmacies, and served an Operations Manager for a Prescription Benefit Management Organization. Additionally she has served as a consultant for several State Medicaid agencies.



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She received her Bachelor of Science degree in Pharmacy from Florida A&M University and her Doctor of Pharmacy Degree from the University of Florida. She is also a graduate of the Federal Executive Board Leadership in Government program. Dr. Taylor has received numerous awards including the Community Volunteer Award from Atlanta Public Schools and the Administrators Achievement Award from the Department of Health and Human Services. She is married and the proud mother of three adult children.

CHEVELL L. THOMAS

Health Insurance Specialist, Division of Surveillance, Compliance and Marketing, CMS

Chevell L. Thomas has been a health insurance specialist with the Department of Health & Human Services in the Centers for Medicare & Medicaid Services for thirteen years. In that capacity, he has provided technical assistance to states in developing, implementing, and monitoring healthcare delivery systems for disabled and low-income, elderly populations; developed Federal regulations and policy affecting Medicaid, Medicare and CHIP (Children's Health Insurance Program) beneficiaries nationwide; conducted training for CMS staff and the managed care industry on the Medicare Advantage and Prescription Drug Plan programs; and currently works with health plans on interpreting Medicare managed care marketing guidelines and implementing their marketing strategies.

Mr. Thomas is currently in the dissertation phase of his doctoral studies in health policy at the University of Maryland, Baltimore County. He holds an EdS in transition special education from the George Washington University, an EdM in teaching and curriculum from Harvard University and BS degrees in physics and engineering physics from Morgan State University. In his spare time, he enjoys relaxing with his sons, Tavin and Savon, and his wife, Colette.

ROSLYN THOMAS

Health Insurance Specialist, Division of Enrollment & Eligibility Policy, CMS

Roslyn Thomas is a Health Insurance Specialist in the Division of Eligibility and Enrollment Policy with the Centers for Medicare and Medicaid Services (CMS). She develops policy and assists Part D plans with the Part D late enrollment penalty and is currently implementing the Income Related Monthly Adjustment Amount for Part D (Part D - IRMAA).

Prior to working for CMS, Ms. Thomas was employed with the Department of Veterans Affairs, where she provided and coordinated a wide range of rehabilitation counseling and case



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management services for disabled veterans returning home from Operation Iraqi Freedom, Operation Enduring Freedom, and other previous conflicts.

Ms. Thomas is a graduate of the University of Maryland, College Park. Her interests and hobbies are gardening, reading, and music.

JANET WRIGHT

Executive Director, Million Hearts, Center for Medicare and Medicaid Innovation, CMS

Janet S. Wright MD, FACC is the Executive Director of Million Hearts, a U.S. Department of Health and Human Services initiative with the explicit goal to prevent a million heart attacks and strokes in five years. From May 2008 – September 2011, Dr. Wright served as Senior Vice President for Science and Quality at the American College of Cardiology (ACC). The division she led at the ACC encompasses the clinical guidelines, performance measures, health policy statements, and appropriate use criteria; quality improvement projects like Door to Balloon (D2B) and Hospital to Home (H2H); and the National Cardiovascular Data Registry, a suite of databases containing over 12 million patient records in both inpatient and outpatient care settings.

Prior to joining the ACC, Dr. Wright spent many years in practice in Chico, California. Dr. Wright served on the ACC's Board of Trustees and chaired the Task Force on Performance Assessment, Recognition, Reinforcement, Reward and Reporting. She was a member of NCQA's Clinical Programs Committee and of the Quality Alliance Steering Committee. She served on the board of the Center for Information Therapy, a nonprofit organization committed to the provision of personalized health information during each healthcare encounter.

From 2003 until moving to Washington, Dr. Wright served as a founding member of the Independent Citizens' Oversight Committee, the 29-person board charged with administering the California Institute for Regenerative Medicine.

Her primary interests are the design and implementation of systems of care to achieve optimal outcomes for patients and the full deployment of hooks, tricks and cues that help people get and stay healthy.