



HUNT VALLEY INN, HUNT VALLEY, MD

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CMS 2012
**MEDICARE ADVANTAGE &
PRESCRIPTION DRUG PLAN**
FALL ENROLLMENT, MARKETING, AND COMPLIANCE CONFERENCE

WEDNESDAY, SEPTEMBER 5, 2012

MARTY ABELN, MPA

Team Leader, Division of Policy Analysis and Planning, Medicare Drug and Health Plan Contract Administration Group, CMS

Marty has worked on various facets of Medicare managed care policy for over 20 years and holds an MPA from the University of Arizona. In his spare time, Marty enjoys keeping bees, running and reading Roman history.

MARIANNE BECHTLE, JD, CHC

Health Insurance Specialist, Division of Compliance Enforcement, Program Compliance and Oversight Group, CMS

Marianne is a Health Insurance Specialist in the Program Compliance and Oversight Group, Division of Compliance Enforcement. Marianne was the Team Lead for the preparation of the recently published Compliance Program Guidelines. She has also served as the lead compliance auditor on multiple 2011 and 2012 onsite performance audits. Marianne holds a graduate certificate in Healthcare Corporate Compliance from the George Washington University College of Professional Studies. She also practiced law for many years prior to joining CMS.

JONATHAN BLANAR, MBA

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

Jonathan Blonar 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. Blonar 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. Blonar has 10 years of auditing experience, mostly related to the federal government. Mr. Blonar holds a bachelor of science degree in Business Management and a master's degree in Business Administration with a concentration in Accounting.

BETH BRADY, CFE, AHFI

Health Insurance Specialist, Division of Plan Oversight and Accountability, Medicare Program Integrity Group, CMS

Beth Brady is a Health Insurance Specialist in the Medicare Program Integrity Group, Division of Plan Oversight and Accountability at CMS. She is a member of the COR (Contracting Officer Representative) Team for the NBI-MEDIC (Medicare Drug Integrity Contractor) and the Outreach & Education MEDIC. In addition, Beth is a liaison with law enforcement on issues related to MEDIC operations and serves as the CPI lead for compliance and FWA audits in Part C and Part D. With over 40 years of experience in healthcare auditing and FWA, she has worked at



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multiple BCBS plans in their Medicare Fee for Service operations conducting Benefit Integrity investigations and has worked at a Program Safeguard Contactor prior to joining CMS in February, 2011. Beth has received a Certificate of Appreciation from the HHS/OIG and a Certificate of Appreciation from the DOJ/US Attorney for Western District of Kentucky. She holds an MBA in Health Care Administration from Adelphi University, NY, a BA in Accounting from Queens College, NY and is presently pursuing a Master of Forensic Studies Program at Stevenson University, MD.

FRANK CHARTIER, MBA

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 (CPI) 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 and is the acting COR for the National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC). 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 of science degree in Finance and Marketing.

TANETTE DOWNS, MBA, CPA

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.

VANESSA S. DURAN, MPA

Senior Technical Advisor, Program Alignment Group, Medicare-Medicaid Coordination Office, CMS
Vanessa currently works as a senior technical advisor on the team implementing the Medicare-Medicaid Coordination Office's Capitated Financial Alignment Demonstration initiative. Since coming to 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



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developing and implementing the Medicare Prescription Drug Card Program and the Medicare Prescription Drug Benefit (Part D). Prior to her work at CMS, Vanessa held positions in a Washington-based public policy consulting firm focusing on women's health care issues, as well as on Capitol Hill. Vanessa has a Master 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.

PEGGY FRY

Medicare Compliance Officer and Director of Compliance & Program Integrity, Martin's Point Health Care

Peggy Fry is the Medicare Compliance Officer and Director of Compliance & Program Integrity at Martin's Point Health Care in Portland, Maine. She co-created a Corporate Compliance Program and implemented the Compliance Business Partner model, both of which are aligned with the Martin's Point corporate culture and mission statement. In addition, Peggy created a key indicator monitoring process to identify trends and predict potential risk areas. Previous to Martin's Point, she held the position of Director of Medicare Product Management at Emblem Health in NYC. Peggy has worked in the Medicare Advantage field for 16 years. Her expertise lies in Part D, D-SNPs, PPO and HMO Operations and Compliance, and she specializes in designing processes that satisfy regulatory requirements and serve plan members.

ELIZABETH GOLDSTEIN, PHD

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

Liz Goldstein is the Director of the Division of Consumer Assessment and Plan Performance at the Centers for Medicare & Medicaid Services (CMS). Since 1997 she has been working on the development and implementation of CAHPS (Consumer Assessment of Healthcare Providers and Systems) Surveys in a variety of settings, including health and drug plans, hospitals and home health agencies. She is responsible for a variety of CMS patient experience surveys, the Part C plan ratings, the star ratings for Medicare Advantage quality bonus payments, Medicare HEDIS data collection, Part D enrollment analyses, and consumer testing for CMS quality tools.

In addition to her work at CMS, Liz has conducted research and has published articles related to patient experience surveys, long-term care, home health care, comparative behavior of for-profit and nonprofit organizations, integrated health care delivery systems, child day care, and substance abuse treatment programs. She received her PhD in economics from the University of Wisconsin in Madison and her B.A. from Wellesley College.

PATTY HELPHENSTINE

Director, Division of Enrollment and Eligibility Policy, Medicare Enrollment and Appeals Group, CMS

Patty Helphenstine is the Director of the Division of Enrollment and Eligibility Policy in the Center for Medicare. Prior to her arrival in policy, Ms. Helphenstine was responsible for strategic development and implementation of



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national education and outreach efforts in collaboration with various HHS Agencies for initiatives, such as Health Information Technology for Economic and Clinical Health (HITECH). Previously at CMS, Ms. Helphenstine was responsible for spearheading the Medicare Part C, Part D and Low Income Subsidy enrollment and the Hispanic national advertising and outreach efforts for the promotion of the annual election period, preventive services and the implementation of Medicare Modernization Act. Prior to joining CMS in 2001, Patty 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. Patty Helphenstine lives in Maryland with her husband and two children and volunteers in her community with local county children's recreation programs.

TAWANDA HOLMES, MA

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

Tawanda Holmes is the Director for the Division of Compliance Policy and 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 Certified Public Accountant and holds a bachelor of science degree in Accounting and a master of arts degree.

KATHRYN JANSKAK, JD

Health Insurance Specialist, Division of Part D Policy, Medicare Drug Benefit and Part C & D Data Group, CMS

Kathryn Janskak works in the Division of Part D Policy of the Medicare Drug Benefit and Part C & D Data Group. She has worked at CMS since 2004. Prior to that time, she specialized in legal research related to nursing homes and home health agencies and earlier served as an editor and writer at a legal publisher. She graduated from Northwestern University (BA) and Columbia University (JD).

AMANDA JOHNSON, MBA

Health Insurance Specialist, Division of Payment Reconciliation, Medicare Plan Payment Group, CMS

Amanda Johnson is a Health Insurance Specialist in the Division of Payment Reconciliation within the Medicare Plan Payment Group. In this position, she has received Administrator's Achievement awards for her roles in the Limited Income Newly Eligible Transition Program and the Medicare Advantage and Prescription Drug Benefit Payment Validation and Reconciliation Team. Prior to joining DPR, Amanda worked in CMS' Office of Financial Management within the Accounting Management Group, and prior to joining CMS, she was a Registered Dietitian



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at Johns Hopkins Hospital. She holds a bachelor's degree in Clinical Dietetics and Nutrition from the University of Pittsburgh and a master's degree in Business Administration from the University of Baltimore.

MARCELLA JORDAN, MPH, JD

Vice President of Medicare and Compliance Programs, Compliance, Ethics & Integrity Office at Kaiser Foundation Health Plan, Inc

Marcella Jordan is the Vice President of Medicare and Compliance Programs for the National Compliance, Ethics & Integrity Office at Kaiser Foundation Health Plan, Inc. In this role, Marcella oversees the integration of government program requirements (Medicare, Medicaid and FEHBP) into Health Plan Operations. Marcella's ongoing work includes maintaining compliance with CMS operational requirements as well as maintaining the success of Kaiser's Compliance Program, which passed all eight Compliance program elements. Marcella earned a Master in Public Health (MPH) at Columbia University's School of Public Health. In addition to her MPH, Marcella has a JD from Temple University School of Law and a Bachelor of Arts from the University of Vermont.

JEFFREY KELMAN, MD, MMSC

Chief Medical Officer, Center for Medicare, CMS

JEFFREY A. KELMAN, MD, is the Chief Medical Officer for the Center for Medicare at the Centers for Medicare & Medicaid Services. Dr. Kelman received his AB in 1969 and MMSc in 1971 from Brown University and his Doctorate of Medicine in 1973 from Harvard Medical School. He is board certified in Internal Medicine, Pulmonary Medicine, Geriatrics, and Medical Direction LTC. Dr. Kelman trained at The Peter Bent Brigham Hospital and the National Heart, Lung, and Blood Institute of the National Institutes of Health. He served as Medical Director for Collington Episcopal Life Care Center, and as Senior Medical Consultant, Congressional Budget Office, before joining CMS.



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TIMOTHY P. LOVE, MA

Deputy Director, Center for Medicare, CMS

Tim Love is the Deputy Director for Medicare Parts C and D in the Centers for Medicare & Medicaid Services' (CMS) Center for Medicare. In this capacity, Mr. Love is the lead career executive responsible for program administration, policy development and program oversight for: Parts C and D drug plan and health plan contract administration; Medicare Parts A through D enrollment and appeals; payment policy for Parts C and D; program compliance and oversight for Parts C and D; administration of Medicare's Part D drug benefit, and data development for Parts C and D. In fulfilling these responsibilities, Mr. Love collaborates closely with CMS' Consortium Administrator for Medicare Health Plan Operations.

Tim has also served as the Deputy Director of CMS' Center for Strategic Planning (CSP). CSP is responsible for agency-wide strategic planning and program development, enterprise-wide business planning and strategic performance management and analysis. He assumed this position in December 2010. For seven months prior to joining CSP, Mr. Love served as a Senior Policy Director in the White House Office of Health Reform, where he managed Affordable Care Act implementation in several areas including delivery system reform, Medicare Parts A & B, program integrity, and health IT.

For the five years prior to his White House detail, Mr. Love served as Director of the Office of Research, Development, and Information (ORDI). ORDI's role was to lead the agency in providing information and expertise to shape current and future directions of CMS programs, always keeping mindful of the balance between current program needs and long-term program stewardship. Examples of ORDI work products include: economic research, analysis and consultation; Medicare, Medicaid, and Children's Health Insurance Program data and statistics; program demonstration design, execution, and evaluation; survey data and analysis such as the Medicare Current Beneficiary Survey and Health Outcomes Survey; and research and demonstration support services. Prior to ORDI, Mr. Love served in a variety of leadership positions within CMS, including: the agency's Chief Information Officer & Director of the Office of Information Services; Deputy Director of the Office of Strategic Planning; and Director of the agency's Medicare managed care policy division.

DAVID C. MARTIN, MD

Senior Medical Director and Vice President, Clinical Innovation at UnitedHealthcare Medicare and Retirement

David C. Martin, MD, is Senior Medical Director and Vice President for Clinical Innovation at UnitedHealthcare Medicare and Retirement. His work focuses on extending and testing models of care management. Prior to joining United, Dr. Martin enjoyed a distinguished career in Academic Medicine at the University of Pittsburgh, where he founded the Division of Geriatric Medicine and a Geriatric Medicine Fellowship. He serves on the Geriatric Measures Advisory Panel for NCQA. Dr. Martin has formal training in Behavioral Neurology of Aging and was an Associate Professor of Medicine, Psychiatry, and Health Services Administration at the University of Pittsburgh.



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VIKKI OATES, MAS

Director, Division of Clinical and Operational Performance, Medicare Drug Benefit and C&D Data Group, CMS

Vikki Oates is the Director of the Division of Clinical and Operational Performance in the Medicare Drug Benefit and C & D Data Group at the Centers for Medicare and Medicaid Services (CMS). Ms. Oates has been with CMS for almost eight years and her division is involved with Plan Ratings, Medication Therapy Management, Overutilization, Patient Safety, Reporting Requirements, Complaint Tracking and various ad hoc Part D program analyses. Her career has included positions in industry, state agencies and academia. Her position prior to joining CMS was as Director of Medical Economics for a large national PBM. Other positions held, included business operations at the University of Maryland School of Medicine and research in case-mix adjustment and severity of illness at The Johns Hopkins School of Hygiene and Public Health. She received her bachelor's degree from the University of Richmond and her master's degree from The Johns Hopkins University School of Continuing Studies.

CHRISTINE M. REINHARD, ESQ, MBA

Health Insurance Specialist, Division of Surveillance, Compliance and Marketing, Medicare Drug and Health Plan Contract Administration Group, 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, financial analysis of contractors, as well as enforcement actions. Ms. Reinhard holds an undergraduate degree from St. Andrews College, a Master in Business Administration from Rutgers University, and a Law Degree from the University of Maryland. She is also a member of the Maryland Bar.

MARLA ROTHOUSE, ESQ, JD, MBA

Senior Technical Advisor, Program Alignment Group, Medicare-Medicaid Coordination Office, CMS

Marla 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



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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 in Business Administration degree from The University of Baltimore.

PHILIP SHERFEY, JD, CHC

Health Insurance Specialist, Division of Compliance Enforcement, Program Compliance and Oversight Group, CMS
Philip Sherfey serves as a Health Insurance Specialist in the Program Compliance and Oversight Group at CMS Central Office. He was part of the team that worked on revising and updating the recently published Compliance Program Guidelines, and currently participates in Compliance Program audits. He earned a Juris Doctorate at the University of Baltimore School of Law and is a licensed attorney in the State of Maryland.

JAMES SLADE, JD

Director, Division Medicare Enrollment Coordination, CMS

Jim Slade is the Director of the Division of Medicare Enrollment Coordination (DMEC) for the Medicare Enrollment and Appeals Group (MEAG). Before joining MEAG, Jim served as the Acting Director of the Division of Prospective Payment in the Medicare Plan Payment Group, and he also previously served as their Technical Advisor. Through these roles and others, Jim has demonstrated his ability to provide leadership and work collaboratively, both inside and outside his group. Jim also has extensive knowledge of developing and administering Medicare policies, operations and systems.

JENNIFER M. SMITH, MPA

Director, Division of Appeals Policy, Medicare Enrollment and Appeals Group, CMS

Jennifer Smith is the Director of the Division of Appeals Policy in CMS' Medicare Enrollment and Appeals Group. Jennifer joined CMS in 1998 and has spent much of her career focusing on Medicare contractor and plan oversight, operations and compliance. She has held a variety of positions within CMS' Program Integrity Group, Medicare Enrollment and Appeals Group, the Employer Policy & Operations Group, and the Program Compliance and Oversight Group. In her current position, Jennifer is responsible for appeals policy for Original Medicare, Medicare Advantage and the Prescription Drug Program, as well as appeals operations at the Part C and Part D independent review entities. Jennifer received her bachelor's degree in Criminal Justice and her master's degree in Public Administration, both from the University of Delaware.



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CAROLYN STANG, PHARMD

Senior Advisor, Medicare Program Services, CVS Caremark

Carolyn Stang, PharmD, is Senior Advisor, Medicare Program Services at CVS Caremark, where she is responsible for regulatory compliance of clinical products and services for Medicare Part D. She has been with Caremark for 11 years during which she was responsible for strategic planning, evaluation, development and enhancement of CVS Caremark clinical programs and communication strategies in order to promote optimal drug utilization and safety. She has had an extensive pharmacy career including academic practice in Family Medicine, community and hospital pharmacy practice, home health care, pharmaceutical industry and PBM. Dr. Stang holds a Bachelor of Science in Pharmacy from the Ohio State University, a Doctor of Pharmacy from the University of Tennessee, Memphis, and completed a fellowship in Family Medicine at the Medical University of South Carolina, Charleston.

CHEVELL THOMAS, EDM

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

Chevell Thomas has been a Health Insurance Specialist at the Centers for Medicare & Medicaid Services for thirteen years. In that capacity, he has provided technical assistance to States in developing, implementing and monitoring health care delivery systems for disabled and low-income, elderly populations; developed Federal regulations and policy affecting millions of Medicaid, Medicare, and CHIP (Children's Health Insurance Program) beneficiaries; conducted training for CMS staff and the Medicare Managed care industry on the Medicare Advantage and Prescription Drug Benefit programs; and currently works with health plans interpreting Medicare managed care marketing guidelines and helping them implement their marketing strategies. Mr. Thomas is currently writing his dissertation, Patient-Provider Communication and Chronic Disease in the Medicare Managed Care Population and anticipates graduating from the University of Maryland, Baltimore County School of Public Policy later this year.

DAWN THOMPSON, BA

Director, Medicare Programs & Compliance, Group Health Cooperative

Dawn Thompson brings more than 25 years of health care experience, including positions in care delivery, administrative operations, regulatory support and response and health plan operations including customer service and appeals. For the past 5 years, Ms. Thompson has served as the director of Medicare Programs & Compliance for Group Health Cooperative in Washington State, guiding the Medicare teams during the achievement of 5-Star status by Group Health. She has also led Medicare Advantage service area and contract expansions for Group Health, overseen numerous operational audits and, most recently, the 5-Star and Compliance Program reviews by CMS. She graduated with a Bachelor of Arts Degree in Sociology from Wells College.



CYNTHIA G. TUDOR, PHD

Director, Medicare Drug Benefit and C&D Data Group, CMS

Cynthia Tudor is the Director of the Medicare Drug Benefit and C&D Data Group at the Centers for Medicare & Medicaid Services (CMS) in Baltimore, Maryland. The Medicare Drug Benefit and C&D Data Group (MDBG) is responsible for most activities related to the implementation and operation of the drug benefit (Part D) for CMS, including the new Coverage Gap Discount Program and Quality Bonus Payments. Cynthia's Part D operational responsibilities include applications, formulary development, contracting, day-to-day operations and benefits policy. Cynthia is also responsible for developing and analyzing Medicare Advantage (Part C) and Part D data and development of performance and quality metrics.

Prior to serving in MDBG, Dr. Tudor led the implementation and operations of Risk Adjustment (RA) payments to Medicare Advantage organizations. Beginning at the Office of Research and Demonstrations at CMS, Dr. Tudor led a team of researchers who were responsible for the development of multiple approaches for risk adjustment. Dr. Tudor then led the development of data collection from plans, the validated risk adjusted payments and determined the impacts of risk adjustment on health plans. Dr. Tudor also led the development of the risk adjuster for the Medicare drug benefit. Before coming to CMS, Dr. Tudor served as a consultant to MedStat in such areas as Medicaid pharmaceutical costs, use of home health services by Medicare beneficiaries and quality of care assessment in Medicaid nursing facilities and in CHAMPUS outpatient mental health services. Dr. Tudor also served as the leader at the Association of American Medical Colleges in their surveys of prospective, matriculating, and graduating medical students. Dr. Tudor received her doctorate from the Johns Hopkins University and received post-doctoral training at the University of Maryland Medical School, Department of Epidemiology and Preventive Medicine. She is a Georgia native.

LISA VANSTON THORPE, JD, LL.M.

Health Insurance Specialist, Division of Part D Policy, Medicare Drug Benefit Group, CMS

Lisa develops, interprets and implements Medicare Part D policy. She evaluates the effectiveness of existing policies and reviews proposed policies for potential impact on Medicare Part D program. In addition, Lisa assists in analyzing and implementing internal processes and procedures to assure policy adherence in Medicare Part D program operations and monitoring. Previous employers include a major health insurance company, state insurance department, health care regulatory law firms, and managed care trade associations. Lisa graduated cum laude with her B.A. from Tufts University, Medford, MA, acquired her J.D., from The Dickinson School of Law, Carlisle, PA and her LL.M., from the University of Tuebingen, Tuebingen, Germany.



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JENNIFER WEBER, PHARMD, MS, BCPS, CGP, BCACP

Supervising Pharmacist for Humana Pharmacy Solutions Clinical Strategies

Jennifer Weber is a supervising pharmacist for Humana Pharmacy Solutions Clinical Strategies, and the consultant for Humana's RxMentor medication therapy management program. Her responsibilities include overseeing the drug utilization review program campaigns/initiatives, leading drug safety initiatives and serving as a clinical point of contact for the RxMentor MTM program. Prior to joining Humana, Jennifer was a clinical pharmacist at Saint Joseph HealthCare in Lexington, Kentucky. She completed her Doctor of Pharmacy at the University of Washington School of Pharmacy, and then completed a general practice residency at the Sacred Heart Medical Center followed by a fellowship in cardiovascular research and Mater of Science in Pharmaceutical Sciences through the University of Kentucky College of Pharmacy.

GARY WIRTH, RPH, MBA

Pharmacist and Contracting Officer Representative, Division of Clinical and Operational Performance, Center for Medicare, Drug Benefit Group, CMS

Gary Wirth is a Pharmacist and Contracting Officer Representative in the Medicare Drug Benefit Group, Division of Clinical and Operational Performance (DCOP), beginning in August 2010. DCOP is responsible for first line monitoring and oversight of all Part D plans offering the Prescription Drug Benefit. These responsibilities include the public release of the Part D Plan Ratings (including data on quality and performance measures) on the Medicare Plan Finder and the CMS website, Part D program analyses, Part D reporting requirements, and Medication Therapy Management (MTM) programs. Prior to joining CMS, Gary held positions in pharmacy administration and government affairs. Gary holds a Bachelor of Science in Pharmacy from the University of Maryland, and a Master in Business Administration from Loyola University Maryland.

RENEE WROTH, ESQ

Director of Compliance and Accreditation, Health New England, Inc.

Renee Wroth is the Director of Compliance and Accreditation at Health New England, Inc. (HNE), a managed care organization located in Springfield, Massachusetts. Ms. Wroth is an attorney with over eighteen years of experience in managed care. In addition to her experience in compliance, Ms. Wroth also has legal and operational experience, having previously served as Assistant General Counsel to HNE as well as directing the activities of HNE's member services, enrollment and complaints and appeals areas when she served as Director of Service Operations. Ms. Wroth received her bachelor's degree with honors from Western New England College and her law degree from Northeastern University School of Law.