



Medicare Advantage (MA) & Prescription Drug Plan (PDP) Conferences & Webcasts May 9 - 10, 2018

***Instructions to access the following continuing education
post-assessments:***

<i>05-09-2018 Medicare Advantage & Prescription Drug Plan Spring Conference & Webcast</i>	<i>2</i>
<i>05-10-2018 Medicare Advantage and Prescription Drug Plan Audit & Enforcement Conference & Webcast</i>	<i>12</i>



Medicare Advantage (MA) and Prescription Drug Plan (PDP) Spring Conference & Webcast May 9, 2018

Continuing Education (CE) Activity Information & Instructions (Live Activity #: IP-05092018-CTEO)

Continuing Education Credit Information

<i>Continuing Education Credit</i>	2
<i>Accreditation Statements</i>	2

Instructions for Continuing Education Credit

<i>Learning Management System (LMS) Instructions</i>	2
<i>Registering To Take a Post-Assessment</i>	2
<i>To register (if you do NOT have an account)</i>	3
<i>To login (if you already have an account)</i>	3
<i>Finding the Post-Assessment</i>	3
<i>Accessing Your Transcript and Certificate</i>	3
<i>Hardware/Software Requirements</i>	3
<i>CMS Privacy Policy</i>	3
<i>Help</i>	4

Activity Information

<i>Activity Description</i>	5
<i>Target Audience</i>	5
<i>Learning Objectives</i>	5
<i>Participation</i>	5
<i>Speaker Bios & Disclosures (alphabetical by last name)</i>	5
<i>A-F</i>	6
<i>G-L</i>	7
<i>M-R</i>	8
<i>S-Z</i>	9



Continuing Education Credit Information

Continuing Education Credit

Accreditation Council for Continuing Medical Education (ACCME)

The Centers for Medicare & Medicaid Services (CMS) designates this **in-person activity** for a maximum of 2.75 AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity. Credit for this course expires at midnight on May 28, 2018.

International Association for Continuing Education and Training (IACET)

The Centers for Medicare & Medicaid Services (CMS) is authorized by IACET to offer 0.3 Continuing Education Unit (CEU) for this activity. CEU will be awarded to participants who meet all criteria for successful completion of this educational activity. CEU credit for this course expires at midnight on May 28, 2018.

Accreditation Statements

[Please click here for accreditation statements.](#)

Instructions for Continuing Education Credit

The Medicare Learning Network® (MLN) recently upgraded its Learning Management System (LMS).

If you were already registered in the former MLN Learning Management System (LMS), you do not need to create a new login or password. However, the appearance of the system and instructions for registering, logging-in, accessing courses, and obtaining certificate information have all changed.

For more information on the new LMS, please visit <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/LMPOS-FAQs-Booklet-ICN909182.pdf>.

Learning Management System (LMS) Instructions

In order to receive continuing education credits (CEUs) for this live activity, you must pass the session post-assessment and complete the evaluation. The continuing education post-assessments and evaluations are being administered through the Medicare Learning Network®.

The post-assessment will be available on the Medicare Learning Network® (MLN) Learning Management System (LMS). Participants will need to login or register, to access the post-assessment.

Registering To Take a Post-Assessment

If you have previously taken Medicare Learning Network® (MLN) web-based training (WBT) courses, you may use the login ID and password you created for those courses. If you are a new user, you will need to register.

To register (if you do NOT have an account):

1. Go to the LMS Homepage <https://learner.mlnlms.com>
2. Click on “Create Account”
3. Enter information for all the required fields (with the red asterisks) and click “Create”

***NOTE:** When you get to the ‘Organization’ field, click on Select. From the ‘Select Organizations’ screen, leave the ‘Find Organization’ field blank and click Search. Select ‘CMS-MLN Learners Domain - Organization’ and click Save.

Please add MLN@cms.hhs.gov to your address book to prevent MLN communication from going into your spam folder.

To login (if you already have an account):

1. Go to the LMS Homepage <https://learner.mlnlms.com>
2. Enter your login ID and password and click on “Log In”

Finding the Post-Assessment:

1. Go to the LMS Homepage <https://learner.mlnlms.com>
2. Enter your login ID and password and click on “Log In”
3. Click on “Training Catalog” in the menu beneath the MLN logo
4. Enter “**05-09-2018 Medicare Advantage & Prescription Drug Plan Spring Conference & Webcast**” in the “search for” box and click “search”
5. Click on the title
6. Click “Enroll”
7. Click “Access Item”
8. Scroll down on the page and click on the link titled “Post-Assessment”
9. Click “Open Item”
10. A new window will open. Click “Post-Assessment” in this new window for it to display
11. Complete the assessment and click “close”
12. Click the grey and white “x” in the upper right-hand corner to close the window
13. Click “OK” when prompted about closing the window

Accessing Your Transcript and Certificate

To complete the course and get your certificate, you must complete the course evaluation.

[Please click here for instructions for completing the evaluation and accessing your transcript and certificate.](#)

For questions regarding continuing education credit contact CMSCE@cms.hhs.gov via email.

Hardware/Software Requirements

[Please click here for hardware and software requirements.](#)

CMS Privacy Policy

[Please click here for CMS’ Privacy Policy.](#)

Help

For questions regarding the content of this activity, or technical assistance with the Medicare Learning Network® (MLN) Learning Management System (LMS), your assessment, or certificate, contact CMSCE at CMSCE@cms.hhs.gov via email.



Activity Information

Activity Description

Centers for Medicare & Medicaid Services (CMS) experts came together to provide important information for the Medicare Advantage and Prescription Drug Plan Sponsoring Organizations, CMS staff and other CMS partners, staff-level operations, mid-level management and senior executives regarding updates to existing Medicare policies and technology.

Session topics included:

- Encounter Data
- Star Ratings Timeline
- Medicare Advantage Benefit Flexibility (Supplemental Benefits and Uniformity)
- Talking to Beneficiaries about their Plan Choices
- CARA/Opioids
- Keynote Session
- Network Adequacy Review Roundtable Discussion
- The Da Vinci Project & Blue Button 2.0: Interoperability Initiatives in Medicare FFS and Medicare Advantage
- Open Q&A Session

Target Audience

This activity is designed for all healthcare professionals.

Learning Objectives

By the end of this activity, participants should be able to:

- Identify the primary activities of the encounter data integrity plan
- Identify call letter updates
- Define supplemental benefits
- Recognize examples of supplemental benefits
- Recognize online enhancements to improve beneficiary decision-making
- Define a network in terms of network adequacy
- Identify the goals of the Da Vinci Project
- Recognize ways to use the Blue Button 2.0 project

Participation

Register for the conference and webcast at the Centers for Medicare & Medicaid Services (CMS) Compliance Training, Education & Outreach (CTEO) website at http://www.cms.gov/Outreach-and-Education/Training/CTEO/Upcoming_Current_Events.html. All registered participants will receive a confirmation based on their conference registration.

Participate in the conference and webcast, and access and complete the assessment and evaluation, per the *Instructions for Continuing Education Credit*, at the beginning of this document.

Speaker Bios & Disclosures (alphabetical by last name)

All planners and developers of this activity have signed a disclosure statement indicating any relevant financial interests. This activity was developed without commercial support.

A-F

Brandy Alston, MPP, presenter, is a Health Insurance Specialist with the Centers for Medicare & Medicaid Services (CMS) Division of Policy, Analysis, and Planning in the Medicare Drug and Health Plan Contract Administration Group. She currently works on Medicare Advantage policy issues. Prior to joining CMS, Brandy worked as a budget analyst in local government. She also has a background in health policy research.

Ms. Alston has a Master of Public Policy degree in Health Policy from the University of Maryland, Baltimore County.

Ms. Alston has nothing to disclose.

Melanie Combs-Dyer, MHA, RN, presenter, has been employed by the Centers for Medicare & Medicaid Services (CMS) for 27 years. She has served as the Deputy Director of the Provider Compliance Group in the Office of Financial Management since August 2011. Ms. Combs-Dyer oversees the Medicare Recovery Audit Program (formerly called RAC program), the Comprehensive Error Rate Testing (CERT) and Payment Error Rate Measurement (PERM) Programs, the Division of Medical Review and Education, and the Division of Data Analysis, Corrective Actions and Technology. She is a member of the HL7 Da Vinci Team, working to develop standards to allow payers to share documentation requirements with providers at the time of service.

Ms. Combs-Dyer earned a Master of Science degree in Health Administration at Towson University and a Bachelor of Science degree in Nursing from the University of Maryland School of Nursing.

Ms. Combs-Dyer has nothing to disclose.

Elizabeth Flow-Delwiche, PhD, presenter, works as a Social Science Research Analyst in the Division of Consumer Assessment and Plan Performance (DCAPP) at the Center for Medicare (CM). She has worked at the Centers for Medicare & Medicaid Services (CMS) for approximately six years. She began her career at CMS as a student intern in the Center for Clinical Standards & Quality (CCSQ) in 2011. Prior to her position in DCAPP, she served as the lead for the design and development of the quality rating system for the health plans offered in the marketplace. Dr. Flow-Delwiche currently serves as the Statistics Lead for the Medicare Star Ratings Program, and leads the development of the Emergency Department Patient Experience of Care Survey. Prior to joining CMS, she served as an Associate Professor of Mathematics at a local community college and a Research Associate for the Maryland State Department of Education.

Dr. Flow-Delwiche earned a Doctor of Philosophy degree in Public Policy and a Master of Arts degree in Applied Sociology from the University of Maryland Baltimore County. She also earned a Master of Arts in Teaching Math Education from John Hopkins University.

Dr. Flow-Delwiche has nothing to disclose.

G-L

Sarah Gaillot, PhD, presenter, is a Social Science Research Analyst at the Centers for Medicare & Medicaid Services (CMS), where she serves as Team Lead for the Part C Star Ratings, and leads the national implementation of the Consumer Assessment of Healthcare Providers & Systems (CAHPS) Surveys for Medicare Advantage & Prescription Drug Plans. Prior to joining CMS, Dr. Gaillot worked as a Policy Analyst at the RAND Corporation, supported the Institute of Medicine's Board on the Health of Select Populations, and served as a Fulbright Grantee to South Korea. She has delivered frequent presentations on Star Ratings topics.

Dr. Gaillot earned a Doctor of Philosophy degree in Policy Analysis from the Frederick S. Pardee RAND Graduate School.

Dr. Gaillot has nothing to disclose.

Elizabeth "Liz" Goldstein, PhD, presenter, is the Director of the Division of Consumer Assessment and Plan Performance at the Centers for Medicare & Medicaid Services (CMS). Dr. Goldstein has been working on the development and implementation of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys in a variety of settings, including health and drug plans, hospitals, home health agencies, in-center dialysis facilities, hospices, and outpatient surgical departments since 1997. She oversees the Part C Star Ratings, the Star Ratings for Medicare Advantage quality bonus payments, Part D enrollment analyses, Medicare Healthcare Effectiveness Data and Information Set (HEDIS) data collection, and consumer testing related to plan choice communications and patient experience of care surveys. Dr. Goldstein has led the development of the Part C Star Ratings since 2008.

Dr. Goldstein earned a Doctor of Philosophy degree in Health Economics and Public Policy from the University of Wisconsin-Madison.

Dr. Goldstein has nothing to disclose.

Jennifer Harlow, ScD, presenter, serves as the Deputy Director for the Medicare Plan Payment Group (MPPG) in the Center for Medicare (CM). Since joining the Centers for Medicare & Medicaid Services (CMS) in 1998, Dr. Harlow has worked on a broad array of Part C and Part D payment initiatives including risk adjustment, encounter data and payment operations. She has focused extensively on payment integrity issues for both programs, working on payment validation and improper payment error estimation. As the Deputy Director of the Medicare Plan Payment Group, Dr. Harlow provides leadership and oversight in the support and development of payment policies related to the Medicare Advantage (MA) and Medicare Prescription Drug Benefit programs. In addition, she provides direction over the operations, validation and research related to risk adjusted payments made to MA Organizations and Prescription Drug Plans. This includes managing through a strong management team the development and efficient operation of national payment systems and further providing operational and technical support for both programs to a broad array of stakeholders. Prior to joining CMS, Dr. Harlow worked as a Research Associate at Johns Hopkins University and the State of Maryland, Department of Health and Mental Hygiene.

Dr. Harlow earned a Doctor of Science degree in Health Services Research from John Hopkins University.

Dr. Harlow has nothing to disclose.

Michelle Ketcham, PharmD, MBA, presenter, is the Director of the Division of Clinical and Operational Performance in the Medicare Drug Benefit and the C & D Data Group in the Center for Medicare at the Centers for Medicare & Medicaid Services (CMS). She has been employed by CMS since 2005, and her division is responsible for first line monitoring and oversight of the Medicare Prescription Drug Benefit, including the Medicare Part D opioid overutilization policy. These responsibilities include the public release of the Part D Star Ratings that includes data on quality and performance measures on the Medicare Plan Finder and the CMS website, Part D program analyses, Part D reporting requirements, Medicare Part D opioid overutilization policy, the Overutilization Monitoring System (OMS), and Medication Therapy Management (MTM) programs. Her career has also included positions at a large national pharmacy benefit manager (PBM), and as a Pharmacist and Pharmacy Manager for a community pharmacy.

Dr. Ketcham earned a Doctor of Pharmacy degree from the Philadelphia College of Pharmacy and a Master of Business Administration degree in Finance from Loyola College in Maryland.

Dr. Ketcham has nothing to disclose.

Heather Kilbourne, JD, presenter, is a Health Insurance Specialist with the Centers for Medicare & Medicaid Services (CMS) Division of Policy, Analysis, and Planning in the Medicare Drug and Health Plan Contract Administration Group. She has over six years of experience working with Medicare Advantage policy, specializing in quality initiatives, rewards and incentives programs, benefit design, and various other policy issues.

Ms. Kilbourne earned a Juris Doctor degree from the American University Washington College of Law.

Ms. Kilbourne has nothing to disclose.

M-R

Shruti Rajan, MPP, presenter, has been employed as a Health Insurance Specialist for the Medicare Plan Payment Group in the Center for Medicare since September 2015. In this role, Ms. Rajan focuses on encounter data and has worked on a wide range of analyses related to the Medicare Advantage Encounter Data System, submission guidance, and communication with submitters. She was employed by the Center for Consumer Information and Insurance Oversight, where she worked on data analysis for the Pre-Existing Condition Insurance Plan (PCIP) program and payment policy for the marketplaces from September 2010 through 2015. Ms. Rajan also has extensive experience developing and directing data analysis and critically evaluating and interpreting findings relating to payment policy and program operations. During her time with MPPG, she contributed to the development and implementation of the Medicare Advantage Encounter Data Integrity Plan. In her past roles at the Centers for Medicare & Medicaid Services (CMS), Ms. Rajan developed an actuarial model to predict costs and enrollment for the PCIP and a payment processing system to collect and process data from insurance companies and calculate payments subsidies for coverage through the marketplaces.

Ms. Rajan earned a Master of Public Policy degree in Health and Human Services Policy from the Harvard University John F. Kennedy School of Government.

Ms. Rajan has nothing to disclose.

Commander (CDR) Monica Reed-Asante, PharmD, presenter, is the Deputy Director of the Division of Payment Policy (DPP) in the Medicare Plan Payment Group (MPPG) at the Center for Medicare. She leads the evaluation and recalibration of risk adjustment models and the development of policies related to risk adjustment. Prior to working in DPP, Dr. Reed-Asante worked in the Division of Formulary and Benefit Operations (DFBO) in the Medicare Drug Benefit and C & D Data Group (MDBG), where she served as a Team Lead, had oversight of several Part D formulary contracts, and developed audits and analyses of formularies. Prior to embarking on her Federal career with the Centers for Medicare & Medicaid Services (CMS), she completed a Managed Care Residency with a Pharmacy Benefit Manager (PBM) that maintained a portfolio of Medicaid and Medicare lines of business.

Dr. Reed-Asante earned a Doctor of Pharmacy degree from the University of the Sciences.

Dr. Reed-Asante has nothing to disclose.

S-Z

Gail Sexton, BS, RN, presenter, is a Registered Nurse and has been employed by the Centers for Medicare & Medicaid Services' (CMS') Center for Medicare in the Division of Enrollment and Eligibility Policy since 2016. Ms. Sexton served in Medicaid's Division of Pharmacy from 2004 through 2016. She is responsible for developing and analyzing Medicare enrollment and eligibility policy for Medicare Part C and D health plans and beneficiaries. She also interprets and provides technical guidance to plans and other pertinent stakeholders regarding enrollment and eligibility policy. In addition, Ms. Sexton partners with plans to address beneficiary concerns.

Ms. Sexton earned a Bachelor of Science degree in Health Systems Management from the University of Baltimore.

Ms. Sexton has nothing to disclose.

Sabrina Sparkman, BA, presenter, has been a Health Insurance Specialist in the Division of Appeals Policy since January 2016. She is responsible for the development, analysis, and implementation of Medicare Part D coverage determination, appeals, and grievance policy. Ms. Sparkman is also responsible for updating guidance in Chapter 18 of the Medicare Prescription Drug Benefit Manual, and provides policy and technical guidance as it relates to appeals and grievances. Ms. Sparkman has worked on various Part D regulations and is responsible for updating beneficiary notices that are used to inform an enrollee of his or her appeal rights. In addition, Ms. Sparkman has been involved in developing education related to appeals and grievances for Medicare Advantage and Part D plans.

Ms. Sparkman earned a Bachelor of Arts degree in Health Administration and Policy from the University of Maryland, Baltimore County.

Ms. Sparkman has nothing to disclose.

Lisa Thorpe, JD, LLM, presenter, develops, interprets, and implements Medicare Part D policy. She evaluates the effectiveness of existing policies and reviews proposed policies for potential

impact on the Medicare Part D program. In addition, Ms. Thorpe analyzes and implements internal processes and procedures to assure policy adherence in Part D program operations and monitoring. She assists other areas in CMS with policy issues involving the Part D program to facilitate agency coordination. Previous employers include health insurance companies, a state insurance department, health care regulatory law firms, and a managed care trade association.

Ms. Thorpe earned a Juris Doctor degree from Pennsylvania State University-Dickinson Law and a Masters of Laws degree from the University of Tuebingen in Germany.

Ms. Thorpe has nothing to disclose.





Medicare Advantage and Prescription Drug Plan Audit & Enforcement Conference & Webcast May 10, 2018

Continuing Education (CE) Activity Information & Instructions (Live Activity #: IP-05102018-CTEO)

Continuing Education Credit Information

<i>Continuing Education Credit</i>	13
<i>Accreditation Statements</i>	13

Instructions for Continuing Education Credit

<i>Learning Management System (LMS) Instructions</i>	13
<i>Registering To Take a Post-Assessment</i>	13
<i>To register (if you do NOT have an account)</i>	14
<i>To login (if you already have an account)</i>	14
<i>Finding the Post-Assessment</i>	14
<i>Accessing Your Transcript and Certificate</i>	14
<i>Hardware/Software Requirements</i>	14
<i>CMS Privacy Policy</i>	14
<i>Help</i>	15

Activity Information

<i>Activity Description</i>	16
<i>Target Audience</i>	16
<i>Learning Objective</i>	16
<i>Participation</i>	16
<i>Speaker Bios & Disclosures (alphabetical by last name)</i>	17
<i>A-F</i>	17
<i>G-L</i>	18
<i>M-R</i>	19
<i>S-Z</i>	21



Continuing Education Credit Information

Continuing Education Credit

Accreditation Council for Continuing Medical Education (ACCME)

The Centers for Medicare & Medicaid Services (CMS) designates this **in-person activity** for a maximum of 4.5 AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity. Credit for this course expires at midnight on May 28, 2018.

International Association for Continuing Education and Training (IACET)

The Centers for Medicare & Medicaid Services (CMS) is authorized by IACET to offer 0.4 Continuing Education Unit (CEU) for this activity. CEU will be awarded to participants who meet all criteria for successful completion of this educational activity. CEU credit for this course expires at midnight on May 28, 2018.

Accreditation Statements

[Please click here for accreditation statements.](#)

Instructions for Continuing Education Credit

The Medicare Learning Network® (MLN) recently upgraded its Learning Management System (LMS).

If you were already registered in the former MLN Learning Management System (LMS), you do not need to create a new login or password. However, the appearance of the system and instructions for registering, logging-in, accessing courses, and obtaining certificate information have all changed.

For more information on the new LMS, please visit <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/LMPOS-FAQs-Booklet-ICN909182.pdf>.

Learning Management System (LMS) Instructions

In order to receive continuing education credits (CEUs) for this live activity, you must pass the session post-assessment and complete the evaluation. The continuing education post-assessments and evaluations are being administered through the Medicare Learning Network®.

The post-assessment will be available on the Medicare Learning Network® (MLN) Learning Management System (LMS). Participants will need to login or register, to access the post-assessment.

Registering To Take a Post-Assessment

If you have previously taken Medicare Learning Network® (MLN) web-based training (WBT) courses, you may use the login ID and password you created for those courses. If you are a new user, you will need to register.

To register (if you do NOT have an account):

1. Go to the LMS Homepage <https://learner.mlnlms.com>
2. Click on "Create Account"
3. Enter information for all the required fields (with the red asterisks) and click "Create"

***NOTE:** When you get to the 'Organization' field, click on Select. From the 'Select Organizations' screen, leave the 'Find Organization' field blank and click Search. Select 'CMS-MLN Learners Domain - Organization' and click Save.

Please add MLN@cms.hhs.gov to your address book to prevent MLN communication from going into your spam folder.

To login (if you already have an account):

1. Go to the LMS Homepage <https://learner.mlnlms.com>
2. Enter your login ID and password and click on "Log In"

Finding the Post-Assessment:

1. Go to the LMS Homepage <https://learner.mlnlms.com>
2. Enter your login ID and password and click on "Log In"
3. Click on "Training Catalog" in the menu beneath the MLN logo
4. Enter "**05-10-2018 Medicare Advantage & Prescription Drug Plan Audit & Enforcement Conference & Webcast**" in the "search for" box and click "search"
5. Click on the title
6. Click "Enroll"
7. Click "Access Item"
8. Scroll down on the page and click on the link titled "Post-Assessment"
9. Click "Open Item"
10. A new window will open. Click "Post-Assessment" in this new window for it to display
11. Complete the assessment and click "close"
12. Click the grey and white "x" in the upper right-hand corner to close the window
13. Click "OK" when prompted about closing the window

Accessing Your Transcript and Certificate

To complete the course and get your certificate, you must complete the course evaluation.

[Please click here for instructions for completing the evaluation and accessing your transcript and certificate.](#)

For questions regarding continuing education credit contact CMSCE@cms.hhs.gov via email.

Hardware/Software Requirements

[Please click here for hardware and software requirements.](#)

CMS Privacy Policy

[Please click here for CMS' Privacy Policy.](#)

Help

For questions regarding the content of this activity, or technical assistance with the Medicare Learning Network® (MLN) Learning Management System (LMS), your assessment, or certificate, contact CMSCE at CMSCE@cms.hhs.gov via email.



Activity Information

Activity Description

This conference provided insight into how Medicare Advantage and Prescription Drug Plans can best prepare for a Centers for Medicare & Medicaid Services (CMS) performance audit. Join CMS experts to learn about best practices of high performing organizations, common findings from audits, and enforcement consequences.

Session topics included:

- New Approach to 2019 Audits and Universes
- Enforcement Analysis Process
- Sponsor's Insights Related to Compliance
- Program Effectiveness Audits
- A Conversation Around Classification of Part C and Part D Grievances and Coverage Requests
- Independent Validation Audits
- 2017 Program Audit & Enforcement Report
- PACE Updates
- Open Q & A Session

Target Audience

This activity is designed for all healthcare professionals.

Learning Objective

By the end of this activity, participants should be able to:

- Identify the changes to 2019 data requests and protocols
- Identify steps of the enforcement analysis process for imposing civil money penalties and intermediate sanctions due to non-compliance discovered during program audits and other monitoring activities
- Identify the new approach for auditing compliance effectiveness
- Identify multidimensional Part C and Part D grievances and coverage requests
- Identify key enhancements to the independent validation audit process
- Recognize the progress made during the second audit cycle, identify different audit scoring trends, and distinguish between the different types of enforcement actions that can result from non-compliance discovered during program audits and other monitoring conducted by the Centers for Medicare & Medicaid Services (CMS)
- Identify key audit processes and outcomes from the 2017 Programs of All-Inclusive Care For the Elderly (PACE) audit year

Participation

Register for the conference and webcast at the Centers for Medicare & Medicaid Services (CMS) Compliance Training, Education & Outreach (CTEO) website at http://www.cms.gov/Outreach-and-Education/Training/CTEO/Upcoming_Current_Events.html. All registered participants will receive a confirmation based on their conference registration.

Participate in the conference and webcast, and access and complete the assessment and evaluation, per the *Instructions for Continuing Education Credit*, at the beginning of this document.

Speaker Bios & Disclosures (alphabetical by last name)

All planners and developers of this activity have signed a disclosure statement indicating any relevant financial interests. This activity was developed without commercial support.

A-F

Debbie Aznar, MBA, presenter, has been employed as the Director of Auditing and Monitoring for HealthSun Health Plans, a Medicare Advantage Prescription Drug Plan in Miami-Dade, Florida, since March 2017. Ms. Aznar's previous compliance experience includes serving as an Operations and Compliance Specialist and Manager with a different Medicare Advantage Prescription Drug Plan from 2010 to 2017. This experience included working with multiple Centers for Medicare & Medicaid Services (CMS) audits and remediation activities.

Ms. Aznar earned a Master of Business Administration degree with a specialization in Healthcare from Florida International University.

Ms. Aznar has disclosed that she is a stock shareholder with Anthem Inc.

Stephanie S. Brown, JD, presenter, has been working as a Health Insurance Specialist in the Division of Compliance Enforcement in the Medicare Parts C and D Oversight and Enforcement Group at the Centers for Medicare & Medicaid Services (CMS) since December 2014. Ms. Brown is primarily responsible for conducting legal analysis of enforcement referrals submitted by various components throughout CMS to determine if certain contractual deficiencies warrant the imposition of an enforcement action. She manages these action through the end of their life-cycles, including providing policy guidance to the Office of General Counsel to defend appeals, and assisting sponsors subject to marketing and enrollment sanctions with the development and implementation of corrective action plans.

Ms. Brown earned a Juris Doctor degree from the University of Iowa College of Law.

Ms. Brown has nothing to disclose.

Allison Conaway, BS, presenter, has worked in the Division of Compliance Enforcement within the Medicare Parts C and D Oversight and Enforcement Group at the Centers for Medicare & Medicaid Services (CMS) for the past five years. Prior to joining CMS, Ms. Conaway worked as an Auditor for the U.S. Department of Health and Human Services' Office of Inspector General for four years.

Ms. Conaway earned a Bachelor of Science in Accounting from Rutgers University. She will complete her Master of Healthcare Administration degree from Purdue University Global in June 2018.

Ms. Conaway has nothing to disclose.

Kady Flannery, PharmD, presenter, joined the Medicare Parts C and D Oversight and Enforcement Group as the Deputy Director for the Division of Analysis, Policy, and Strategy in 2014. This division is primarily responsible for the overall development of a comprehensive audit strategy, objectives and measures for overseeing an effective compliance and oversight program

for Medicare Advantage (MA) Organizations and Medicare Prescription Drug Plans as well as the development and implementation of policy related to audit, enforcement and compliance program effectiveness for the MA and Part D programs. Dr. Flannery began working at the Centers for Medicare & Medicaid Services (CMS) in 2005, and served more than eight years in the Division of Formulary and Benefit Operations, Medicare Drug Benefit and C & D Data Group as a member of the Formulary Team, as the Benefit Team lead and lastly as the Division's Senior Technical Advisor.

Dr. Flannery earned her Doctor of Pharmacy degree from the University of Maryland School of Pharmacy.

Dr. Flannery has nothing to disclose.

Peg Fry, AS, CHC, presenter, has been employed as the Director of Regulatory Compliance and Medicare Compliance Officer with BlueCross BlueShield of Tennessee for five years. In her 21 year career, she has worked for several Medicare Advantage plans in Operations, Product Development and Compliance. Ms. Fry has 21 years of hands on experience with Medicare Advantage operations and regulatory analysis. She obtained Healthcare Compliance Certification in 2012. Ms. Fry has co-created corporate compliance programs and implemented the Compliance Consultant Model, aligning the program and model with corporate culture and mission statements.

Ms. Fry earned an Associate of Applied Science degree from the State University of New York College of Agriculture and Technology at Cobleskill.

Ms. Fry has nothing to disclose.

G-L

Doreen Gagliano, MSW, MA, presenter, has been the Technical Advisor for the Division of Audit Operations (DAO) in the Medicare Parts C and D Oversight and Enforcement Group in the Centers for Medicare & Medicaid Services in Baltimore, Maryland since 2012. Ms. Gagliano began her career with the Centers for Medicare & Medicaid Services (CMS) as a Presidential Management Fellow (PMF) in the Baltimore office in 2004. As a PMF, she completed a rotation on Capitol Hill as a Staffer on the House of Representatives Energy & Commerce Committee and another rotation as a Policy Analyst for the National Governors Association in the District of Columbia.

Ms. Gagliano served in the Medicare Contract Administration Group until 2008. She served as an Account Manager in the Chicago Regional Office for five years prior to joining DAO. In addition, she worked as a Clinical Social Worker in both inpatient hospital and outpatient community health department settings in the Chicago area.

Ms. Gagliano earned a Master of Social Work Policy degree from the University of Illinois at Chicago.

Ms. Gagliano has nothing to disclose.

Marie Gutierrez, BS, presenter, is a Health Insurance Specialist in the Medicare Parts C and D Oversight and Enforcement Group's Division of Audit Operations at the Centers for Medicare &

Medicaid Services (CMS). Ms. Gutierrez began her CMS career in 1999, and has over 20 years of Medicare managed care and compliance experience. She has worked in the Philadelphia and Chicago Regional Offices and Central Office's Medicare Drug & Health Plan Contract Administration Group.

Ms. Gutierrez earned a Bachelor of Science degree in Biology from Loyola University Chicago.

Ms. Gutierrez has nothing to disclose.

Brenda Hudson, MPH, presenter, has 16 years of experience at CMS. She currently works in the Division of Audit Operations within the Medicare Parts C and D Oversight and Enforcement Group at the Centers for Medicare & Medicaid Services (CMS). Prior to joining the Audit Operations Team in 2016, Ms. Hudson worked to operationalize marketplace payments to health insurance issuers and drafted Medicare Fee-for-Service (FFS) payment policy and PACE policy. Ms. Hudson helped to coordinate CMS' Program Audit Validation/Close-Out Process and Listening Session in July 2017. She also drafted the CMS' validation audit process improvements that were discussed in the CY 2019 Call Letter.

Ms. Hudson earned a Master of Public Health degree from the University of North Carolina.

Ms. Hudson has nothing to disclose.

Margaret Keyes, MPA, presenter, has been employed as a Program Analyst and Health Insurance Specialist with the Centers for Medicare & Medicaid Services since May 2016.

Ms. Keyes earned a Master of Public Administration degree from Bowie State University.

Ms. Keyes has nothing to disclose.

Ann Levinstim, JD, MBA, presenter, is a Technical Advisor in the Division of Compliance Enforcement in the Medicare Parts C and D Oversight and Enforcement Group. She joined the Centers for Medicare & Medicaid Services (CMS) in 2008, and has been instrumental in enhancing Medicare Parts C & D enforcement policy and operations. Ms. Levinstim led the imposition of enforcement actions on Medicare Advantage Organizations and Part D sponsors for program compliance violations, and then worked with those same organizations to help correct systemic noncompliance. Prior to joining CMS, she worked in human resources in the private sector and as a Law clerk in the Baltimore City State's Attorney's Office.

Ms. Levinstim earned a Juris Doctor degree with a concentration in Public and Government Services from the University of Baltimore School of Law and a Master of Business Administration degree with a concentration in Human Resources from the University of Phoenix.

Ms. Levinstim has nothing to disclose.

M-R

Greg McDonald, MPP, presenter, is a Health Insurance Specialist for the Division of Analysis, Policy and Strategy in the Medicare Parts C and D Oversight and Enforcement Group at the Center for Medicare under the Centers for Medicare & Medicaid Services (CMS). Mr. McDonald

has spent the majority of his time with the Medicare Parts C and D Oversight and Enforcement Group conducting various analyses for both internal and external stakeholders. He helped to develop the 2014, 2015, 2016, and 2017 Program Audit and Enforcement Reports and also conducts various other analyses related to audit results. He is also involved with Organization Determinations, Appeals and Grievances (ODAG) Audit Policy and has served as a member of ODAG's Program Audit Consistency Team (PACT) since 2015. Before joining CMS, Mr. McDonald worked as an Administrator in higher education.

Mr. McDonald earned a Master of Public Policy degree with a concentration in National Security Policy Studies from Duke University.

Mr. McDonald has nothing to disclose.

Angelique Morris, presenter, joined the Centers for Medicare & Medicaid Services (CMS) in 2012 under the Center for Consumer Information and Insurance Oversight (CCIIO). She is currently a Health Insurance Specialist and Auditor-in-Charge in the Division of Audit Operations of the Medicare Parts C and D Oversight and Enforcement Group (MOEG). Her primary function within the group is executing the Medicare Advantage (MA) and Prescription Drug Program (PDP) performance audits.

Ms. Morris has nothing to disclose.

Staci Paige, MA, presenter, has been a Health Insurance Specialist within the Division of Appeals Policy (DAP) in the Medicare Enrollment and Appeals Group (MEAG) at the Centers for Medicare & Medicaid Services (CMS) since December 2014. As a Medicare Advantage Appeals and Grievances Subject Matter Expert, Ms. Paige works on regulations, beneficiary notices, and manual guidance. She also works closely with the Medicare-Medicaid Coordination Office (MMCO) on appeals and grievance issues related to Medicare-Medicaid Plans (MMPs). Prior to working at CMS, she directed admissions at a skilled nursing facility. Ms. Paige also has a background in community case management and care coordination.

Ms. Paige earned a Master of Arts degree in the Management of Aging Services from the University of Maryland, Baltimore County.

Ms. Paige has nothing to disclose.

Jessica Robinson, BS, CHC, presenter, is the Acting Director of the Division of Audit Operations in the Medicare Parts C and D Oversight and Enforcement Group at the Centers for Medicare & Medicaid Services (CMS). She joined CMS in 2012 and has held various positions within the Division of Audit Operations, including Auditor, Technical Advisor, and Deputy Director. Prior to joining CMS, Ms. Robinson had eight years of auditing experience with the Federal government.

Ms. Robinson earned a Bachelor of Science degree in Business Administration from Mount Saint Mary's University and maintains Certification in Healthcare Compliance.

Ms. Robinson has nothing to disclose.

Vernisha Robinson-Savoy, MBA, MSM, presenter, came to the Centers for Medicare & Medicaid Services (CMS) in 2002, and has worked in many different components within the Center for

Medicare. She is currently serving as a Technical Advisor in the Division of Analysis, Policy, and Strategy within the Medicare Parts C and D Oversight and Enforcement Group. As part of her job responsibilities, Ms. Robinson-Savoy develops the regulatory requirements and audit protocol to evaluate Medicare Parts C & D Sponsoring Organizations' compliance program effectiveness. She also provides technical guidance to internal and external stakeholders and makes recommendations regarding the effectiveness of audit activities and controls.

Ms. Robinson-Savoy earned a Master of Business Administration degree from New York University's Stern School of Business and a Master of Science degree in Management from Troy University.

Ms. Robinson-Savoy has nothing to disclose.

S-Z

Jennifer Smith, MPA, presenter, joined the Centers for Medicare & Medicaid Services (CMS) in 1998 as a Presidential Management Intern 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, the Employer Policy & Operations Group, the Medicare Parts C and D Oversight and Enforcement Group and the Medicare Enrollment and Appeals Group. In her current position, Ms. Smith is responsible for overseeing the development of policy relating to enrollment and eligibility, as well as appeals of coverage decisions for the Medicare Parts A, B, C and D programs.

Ms. Smith earned a Master of Public Administration degree from the University of Delaware.

Ms. Smith has nothing to disclose.

Sabrina Sparkman, BA, presenter, has been a Health Insurance Specialist in the Division of Appeals Policy since January 2016. She is responsible for the development, analysis, and implementation of Medicare Part D coverage determination, appeals, and grievance policy. Ms. Sparkman is also responsible for updating guidance in Chapter 18 of the Medicare Prescription Drug Benefit Manual, and provides policy and technical guidance as it relates to appeals and grievances. Ms. Sparkman has worked on various Part D regulations and is responsible for updating beneficiary notices that are used to inform an enrollee of his or her appeal rights. In Addition, Ms. Sparkman has been involved in developing education related to appeals and grievances for Medicare Advantage and Part D plans.

Ms. Sparkman earned a Bachelor of Arts degree in Health Administration and Policy from the University of Maryland, Baltimore County.

Ms. Sparkman has nothing to disclose.

Kevin Stansbury, EJD, presenter, is the Acting Director of the Division of Compliance Enforcement (DCE) in the Medicare Part C and D Oversight and Enforcement Group (MOEG). He has been with the Centers for Medicare & Medicaid Services (CMS) since 2002. Mr. Stansbury has over 13 years of experience specific to Medicare Parts C and D program oversight. His roles have included Technical Advisor and Special Assistant in the Medicare Parts C and D Oversight

and Enforcement Group and Lead Medicare Part C Analyst in the CMS Office of Legislation. Prior to his career at CMS, he served as a financial auditor from 1999 through 2002.

Mr. Stansbury earned an Executive Juris Doctor degree with a concentration in Health Law from Kaplan University's Concord University School of Law and a Bachelor of Business Administration degree in Accounting from Loyola University Maryland.

Mr. Stansbury has nothing to disclose.

Matthew Stuhl, BS, CHC, presenter, is a Health Insurance Specialist in the Medicare Parts C and D Oversight and Enforcement Group's (MOEG's) Division of Audit Operations. Mr. Stuhl joined the U.S. Department of Health and Human Services (HHS) in 1991 and has 27 years of Federal programs audit experience and is certified by the Health Care Compliance Association (HCCA).

Mr. Stuhl earned a Bachelor of Science Degree in Business Administration with a Minor in Finance from Stonehill College.

Mr. Stuhl has nothing to disclose.

Pamela A. Wood, BS, presenter, has been with Express Scripts for almost 15 years. She is the Medicare Compliance Officer for the Express Scripts PSPs. Ms. Wood is responsible for overseeing and monitoring the implementation and administration of the Medicare Part D Compliance Program. She has participated in several Centers for Medicare & Medicaid Services (CMS) Program Audits and has working knowledge of healthcare regulations, government contracting requirements, compliance requirements, and industry standards associated with Medicare Part D requirements.

Ms. Wood earned a Bachelor of Science degree in Business Administration with a Minor in Human Resources from Maryville University.

Ms. Wood has nothing to disclose.

Caroline L. Zeman, JD, presenter, works in the Medicare Parts C and D Oversight and Enforcement Group (MOEG) for the Centers for Medicare & Medicaid Services (CMS). Ms. Zeman is a Subject Matter Expert on the Program of All-inclusive Care for the Elderly (PACE) and responsible for ensuring consistent and accurate audit results. Her primary responsibilities include working on developing, coordinating, and overseeing PACE audits, as well as working on Medicare Part D program audits. Ms. Zeman's division, the Division of Analysis Policy and Strategy, is responsible for overseeing and coordinating PACE audits for 2018. She has been involved in developing and implementing the 2017 and 2018 PACE Audit Protocol. Prior to joining MOEG, Ms. Zeman worked in the appeals and grievance division of CMS where she wrote and interpreted policy for Part D coverage determinations, appeals, and grievances. Her experience also includes working for the State of Maryland as a Health Insurance Portability and Accountability Act of 1996 (HIPAA) Compliance Attorney and Ethics Officer.

Ms. Zeman earned a Juris Doctor degree from the University of Baltimore Law School.

Ms. Zeman has nothing to disclose.