

New Beginnings!

2011 Annual Report



Company Foundation

Who We Are

CGS is the Jurisdiction 15 A/B MAC, Jurisdiction C DME MAC, and Home Health & Hospice administrative contractor paying A, B, HH&H, and DME claims for the Centers for Medicare & Medicaid Services (CMS). Playing an integral role in the health and well-being of millions of American citizens, CGS is committed to providing the highest quality of services to the recipients and beneficiaries of these important federal government healthcare programs.

Mission

We IMPACT Lives!

Vision

To IMPACT the future of our communities and nation by being the premier administrator of government healthcare programs.

Credits

Photography: Ryan Burkholder

(additional photos provided by Photos.com and Photospin)

Designed by: Carrie Hochstrasser

Nashville history:

www.countrymusichalloffame.com • www.espn.go.com
www.fristcenter.org • www.nashville.gov
www.nashville.about.com • www.visitmusiccity.com
www.nashvilleriverfront.com • www.ryman.com
www.tootsies.net • www.tn.gov • www.travel.yahoo.com
www.unionstationhotelnashville.com • www.wikipedia.com

Core Values



Integrity: We are ethical, responsible, honest, and reliable. We promote an environment of openness and trust.



Making a Difference: We are empowered to make change for the better in our business, our communities, and our lives. We inspire each other.



Passion for Excellence: Our goal is to be the best at all we do. We are optimistic and expect to succeed.



Always Improving: We continuously improve and we never stop learning.



Customer Focused: Our customer is our priority. We understand our customer's needs and surpass expectations.



Taking Risks: We are courageous and embrace change. We see challenges as opportunities.

By the Numbers

In 2011, CGS built upon its strong performance from previous years, processing more than 81 million claims valued at nearly 13.1 billion dollars, even as we navigated through several changes in workload and company structure. The professionalism and competence of our employees enabled us to provide outstanding service to our more than 38,000 providers and 37,000 DME suppliers.

Contents

Company Foundation	2
By the Numbers	3
A Message from Bruce Hughes	4
Letter of Introduction from Steve Smith	5
Letter of Introduction from John Kimball	6
CGS Joins BlueCross BlueShield of South Carolina Family	7
A/B MAC Jurisdiction 15: Managing a Complex Implementation	9
DME MAC Jurisdiction C: Preparing for a New Beginning	11
Contract Performance: Meeting Needs through Systems Evolution	13
Provider Enrollment Revalidation: Gearing Up for Success	15
DME MAC Jurisdiction C Medical Review: A Focus on Program Integrity	17
Business Excellence: A Focus on Continuous Improvement	18
Culture of Compliance	19
CGS Community Strategy	20
Company Locations	21
CGS Executive Leadership Team	22
Board of Directors	23

2011 was an important year for CGS as well as BlueCross BlueShield of South Carolina. The acquisition of CGS by BlueCross BlueShield of South Carolina further demonstrated our commitment to government programs. It also strengthened our position by adding a dedicated group of associates and a company equally as committed to serving in the Medicare arena. With over 46 years of experience as a Medicare contractor, CGS adds significant knowledge and additional experience to our family of companies. With our vast experience in government contracting, BlueCross adds significant support to CGS.

While 2011 was a year of change for CGS, the level of commitment and dedication to excellence by the associates and leadership team enabled it to be a successful year as well. This year of new beginnings brings with it a freshness and excitement that positions CGS to continue to grow and further its mission to IMPACT Lives. Our business is a challenging one, but I believe this is a positive move for both companies and as we move into the future we will see greater opportunities than ever before.

Bruce W. Hughes

President, Government Programs Division,
BlueCross BlueShield of South Carolina



Letter from Bruce Hughes



New Beginnings . . .

I am proud to share with you the 2011 annual report. CGS has once again completed a year that demonstrates the dedication of all of our employees. This year's theme is "New Beginnings." These new beginnings are a result of the many changes CGS has experienced over the past twelve months from the transition of the most complex Medicare Jurisdiction to date, to the purchase of CGS by BlueCross BlueShield of South Carolina, to the naming of a new president. These changes provide us the rare opportunity for a fresh, new beginning. The great philosopher Aristotle stated "Change in all things is sweet." The great comedian Billy Crystal stated, "Change is such hard work." I think they were both correct. Because it is only as a result of all the hard work of our associates and our parent company that, over the coming months, we will be able to look back at these changes and consider them not only successful but perhaps even "sweet."

CGS has built a solid reputation over the many years we have served our country as a Medicare contractor. As a wholly owned subsidiary of BlueCross BlueShield of South Carolina, CGS begins its relationship with a parent company with a great history in serving Medicare beneficiaries and providers. With our relationship with both our parent and sister companies, CGS is positioned to be stronger than ever. It is our associates that will help take this strength and partner with CMS to bring additional benefits to the millions of Medicare beneficiaries and providers that we serve. This strength will also allow us to better partner with other customers to bring our experience and expertise into new markets in 2012.

As we move forward, our new beginnings become our history. As we build our history, we will continue to IMPACT lives in a positive way through excellence. Our vision remains clear and our path well defined. Capitalizing on our experienced people, proven processes and efficient, ever-evolving systems, and a commitment to continuous improvement, we will continue to grow and have the ability to positively impact more lives in coming years.

Steven B. Smith

President/Chief Operating Officer, CGS

Changes . . .

2011 was definitely a year of change. As I reflect on the year, I am reminded of how time and time again, all of our employees met numerous challenges “head-on” and how they always managed to find and capitalize on opportunities to make us an even stronger company. I have always been proud of everyone who works with CGS. We have an outstanding group of dedicated and smart people that help make CGS a leader in the federal healthcare marketplace.

Perhaps one of the largest projects in 2011 was the A/B MAC Jurisdiction 15 transition. Jurisdiction 15 presented some unique technical challenges. Since the jurisdiction was transitioned in varying stages and lines of business, our team had to develop intricate strategies that would allow separation of one line of business from another without impacting CGS or the outgoing contractors – all while implementing procedural changes required by the new contracts.

The start of 2011 signaled the beginning of competitive processes to secure our DME MAC Jurisdiction C contract for another five years. We viewed this as an opportunity to strengthen our processes and refine our costs to generate additional savings to CMS. In 2011 we also welcomed the Des Moines, Iowa, office to the team to support our Home Health & Hospice business. We welcomed our new parent company, BlueCross BlueShield of South Carolina. This was a significant change for CGS in several aspects but is one that actually became a tremendous opportunity in that we are now part of a company that is fully dedicated to government healthcare programs.

I would like to personally thank everyone at CGS for their hard work and dedication and for making 2011 a great chapter in our success story. I hope you are as proud as I am of what we have accomplished and that you will take pride in the exceptional work you provide to CGS every day.



Letter from John Kimball

John Kimball

Vice President, Medicare Operations

CGS Joins BlueCross BlueShield of South Carolina Family

In a year of transition, nothing exemplifies the changes we experienced more than the purchase of CGS by BlueCross in June 2011.

Our new parent company is one with a demonstrable commitment to government benefits business. Supporting the Medicare business since the inception of the program, BlueCross had already been providing services through their subsidiaries Palmetto GBA and TrailBlazer Health Enterprises. The acquisition of CGS strengthened the presence of BlueCross and positioned CGS for ongoing success and growth in the federal healthcare arena.

What is particularly unique and exciting about our transition to BlueCross is that we have moved into a company where our lines of business in Medicare and Medicaid are a critical focus. We have also discovered synergies between ourselves and our new sister companies—things we can leverage together to become even better at what we do—ensuring we provide our customers with the maximum value possible.

The transition involved a name change, new leadership, major system conversions, and updated policies. Our employees met the challenging elements of this transition with tireless effort and seamless planning. Nowhere was this more evident than in

the systems migration that signaled the final phase of transition. Moving more than 800 employees from the systems environment in which many of them had worked for more than a decade and successfully introducing them to new software, systems, and servers with no disruption to workflow and performance was a remarkable accomplishment. Spearheaded by our information technology (IT) leadership and supported by a team of people who committed significant time and effort to outlining and executing hundreds of transition details, the project was a resounding success—one that demonstrates both CGS's and BlueCross' commitment to excellence.

Throughout all of the changes, it is important to realize that there is much that has not changed. We have maintained our strong commitment to providing superior service to our customers; our continued exploration and implementation of cutting-edge innovation; and our development of employees and leaders who see change as an opportunity for success. We continue to provide the right people, proven processes, and efficient systems within a culture of continuous improvement. These key elements have shaped CGS into the organization it is today and will drive it forward for many years to come. CGS is positioned for success, and it is an exciting place to be!

Union Station



Union Station, the main entry and exit point for Nashville for decades, became a national landmark in 1977.



Teresa Reynolds, Shelley Vantrease, Angie McKinney, Deanna Crusier, Thaya Morant, Karen Hughes, Jason Zoller, and Jennifer Meier

A/B MAC Jurisdiction 15: Managing a Complex Implementation

In November 2010, CGS initiated the implementation of the Jurisdiction 15 A/B MAC contract, embarking on one of the most challenging—and ultimately rewarding—endeavors in company history. With this successful implementation behind us, it has become clear that we approached this complex event with superior determination, strong subject matter expertise, and a positive attitude.

In winning the J15 contract, CGS assumed the Part A and B workloads for Kentucky and Ohio, as well as Home Health & Hospice work for sixteen states. At the outset of implementation activities, CMS recognized this transition as one of the most complex they had ever attempted. However, with a successful DME MAC Jurisdiction C implementation to draw from, the assembled J15 transition team was confident in addressing the challenges of a multi-segmented transition spanning staggered cutover dates from April 30 to October 17, 2011.

A number of factors added to the project's complexity, including:

- Implementing the Healthcare Integrated General Ledger Accounting System (HIGLAS) for all but one J15 workload
- Unique Home Health & Hospice workload
- Two HIGLAS system splits
- Two MultiCarrier System (MCS) splits
- Workloads in both Enterprise Data Centers (EDCs)
- Implementing 5010 readiness
- Historically long, 50-week implementation period
- Two cutovers in one week (HH&H 06/13/2010 and Ohio Part B 06/18/2010)

“The various cutover schedules were spaced far apart which caused CGS to have a lengthy implementation period that also overlapped with their operational activities. However, there were no major problems and providers received timely payments for claim submissions . . . CGS assessed the issues, provided detailed information and options, collaborated with the appropriate parties, and obtained the necessary approvals to bring resolution.”

- Jurisdiction 15 CPAR (07/08/2010 - 04/29/2011)

Challenges are expected in any large-scale transition and the implementation team addressed issues in a way that caused little impact to our customers. Through constant communication, workload management, leadership strength, and relentless attention to detail, CGS succeeded in making the J15 Implementation one of the smoothest that CMS has ever observed. The successful completion of the Jurisdiction 15 Implementation was a huge accomplishment for CGS—and one that strengthens our past performance resume and positions us for even more growth.



The Parthenon

The focal point of Centennial Park, the Parthenon was built in 1897 as part of the Centennial Exposition.



Rita Parish, Samantha Odom-Coleman, and Cheryl Haynes

DME MAC Jurisdiction C: Preparing for a New Beginning

The Jurisdiction C DME MAC experienced a very dynamic 2011. As our operations team has continued to perform the statement of work and produce superior results that have earned continued praise from CMS, a great deal of effort has gone on behind the scenes to strengthen our position with a focus on retaining the DME contract that is scheduled to be awarded in late 2012.

Continuous improvement has been integral to contract success. Our leading website scores, excellent QASP performance, increased work-at-home staff, and increased productivity are just a few of the many 2011 DME MAC contract successes. No matter how well we are performing—there are always areas that benefit from increased efficiency, innovation, and process improvement. This continuous improvement has allowed us to look beyond our current operations to our proposed solutions for the new Jurisdiction C contract.

As CGS focuses on continuing to grow our DME contract, it is critical that we align our operating costs, technologies, and vision with CMS's expectations. Examples of this alignment include the implementation of solutions such as ClearView, our innovative call center solution, and OnBase, our electronic workflow system; reducing labor costs while continuing to meet performance metrics; conducting Lean analyses to identify ways to increase productivity; and moving a large number of DME staff to our work-at-home program that has increased productivity, reduced costs, and improved employee satisfaction. These activities have an immediate positive impact on the level of service we provide to CMS in our current contract, and help differentiate us as we work to win new business.



The current Country Music Hall of Fame was built in 2001, replacing the original Hall on Music Row.



Melissa Kirchenbauer

Country Music Hall of Fame

Contract Performance: Meeting Needs through Systems Evolution

CGS consists of departments and business units that engage in a wide array of activities. While these include critical functions such as seeking out new business, building systems infrastructure, and managing continuous improvement, at the core of our structure are operational areas that ensure we meet—and exceed—the terms of our contracts with CMS.

Meeting metrics is critical to the success of our organization. All of our other successes emanate from our ability to fulfill our contractual obligations to our customer within an approved budget. In 2011, we experienced great success as an organization in meeting metrics—with both our established DME contract and our new J15 workloads.

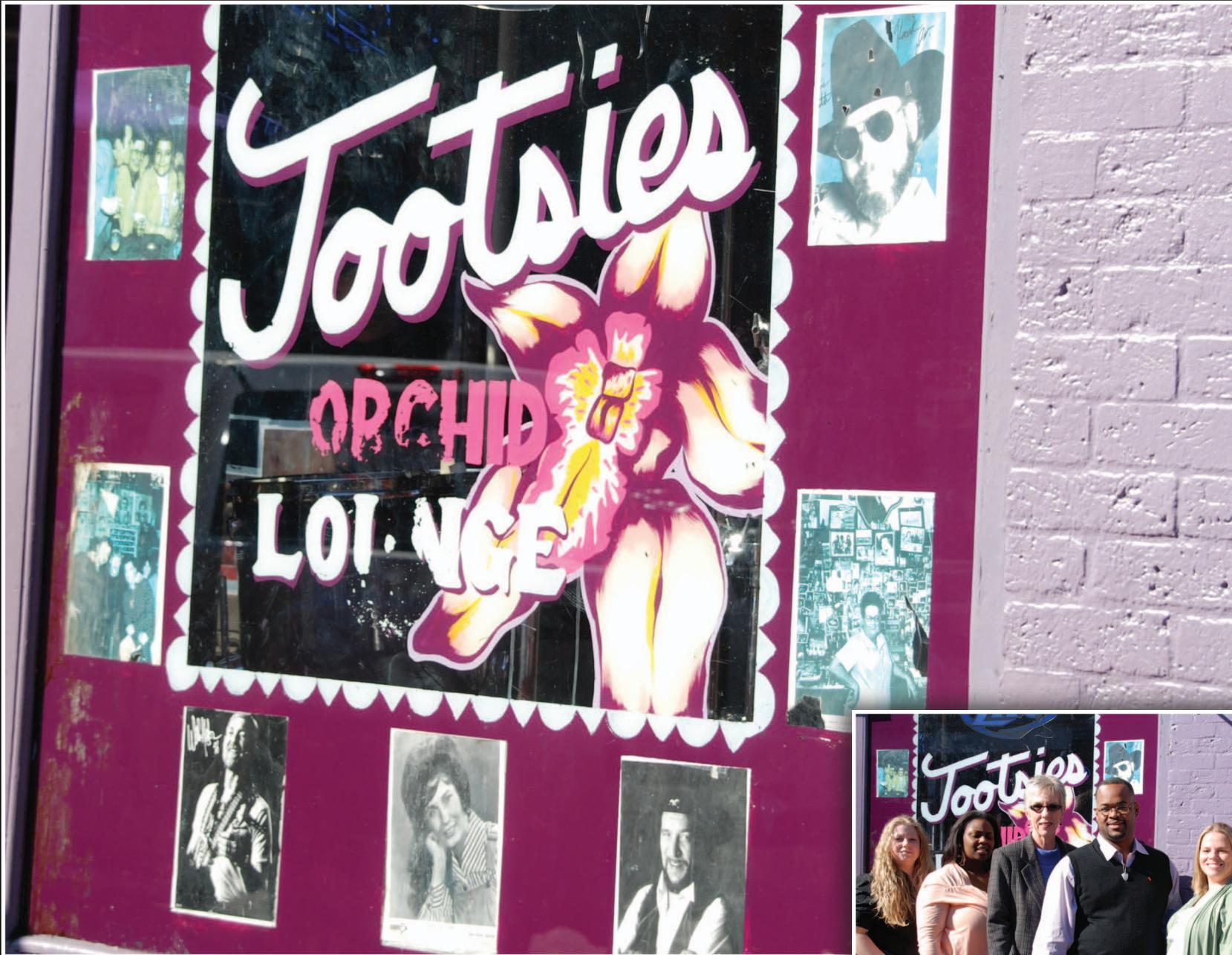
Among the successful innovations rolled out under our contracts in 2011 was an application called CSR ClearView Desktop—a tool that greatly reduces the Customer Service Representative's need to toggle in and out of various system screens and other applications when responding to a customer telephone inquiry. This innovative application provides CSRs with single-screen access to all relevant information needed to respond to a vast majority of supplier telephone inquiries. ClearView was implemented in our DME MAC J-C contract with no additional cost to CMS in Option Year 4.

In addition to ClearView, we initiated a number of pilot programs in collaboration with CMS, including a Clinically Unbelievable Edit (CUE) for Diabetic Supplies and Data Sharing with South Carolina Physicians. These initiatives, and others that have been implemented or are under development, illustrate proactive solutioning for our customer.

As previously mentioned, 2011 also saw the implementation of our J15 workload. During our base year, CGS offered strong operational performance even as we navigated a staggered cutover of workloads. We demonstrated the ability to execute flawless transitions, manage new staff and subcontractors, and prioritize and work through times of drastic change. CGS delivered solid results in EMC, Provider Enrollment, Audit & Reimbursement, and Overpayment Recovery Operations, while improving performance in many other areas.

Through all of the changes that occurred in 2011, and all of the change that will continue as part of our business, it is important that we continue to deliver excellent results day in and day out. This is “Nailing the Basics,” and it is something that each CGS employee consistently delivers.

Tootsies



Tootsie's Orchid Lounge has been one of the most important live performance venues in Nashville since 1960.



Amanda Cox, Arlette Jones, Susan Strachman, Broderick Chunn, Amanda Green, Phyllis White, and Regina Cotton

Provider Enrollment Revalidation: Gearing Up for Success

Many of CMS's program integrity initiatives throughout the past few years have been focused on provider enrollment, and contractors like CGS play an integral role in the proper stewardship of the Medicare Trust Fund.

As part of these ongoing efforts, CMS implemented new, comprehensive tools that are designed to prevent or combat fraud, waste and abuse in the program. Although awareness and investigation of potential fraud has been an ongoing practice of the CGS Provider Enrollment department, these new tools brought a renewed focus to the issue—and subsequent changes to many of the department's processes.

Much of this work started early in 2011 with CMS implementing new enrollment provisions. These provisions placed certain requirements, such as application fees and potential site visits,

around providers identified as high risk for improper payments. In addition, all providers are identified within a categorical screening level and are required to go through licensure checks. These provisions were a precursor to an unprecedented revalidation initiative that will span from 2011 to 2015.

In July 2011, CGS partnered with CMS to develop the plan for the revalidation of 16,000+ providers in the J15 workloads. Efforts included ramping up provider enrollment staff to begin the first phase of revalidation of 5,000 providers. Phase two revalidation commences in 2012 with an expected ending date of March 2015. CGS expects to revalidate an additional 11,000 providers in the second phase. The early results of this initiative demonstrate the importance of our work in protecting the Medicare Trust Fund by ensuring that only appropriate billers are enrolled in the Medicare program.

LP Field



LP Field, situated along the Cumberland River, is home to the NFL's Tennessee Titans.



Tonnette Jackson, Katherine Zaharopoulos,
and Dr. Robert Hoover, MD

DME MAC Jurisdiction C Medical Review: A Focus on Program Integrity

Reducing improper payments is a critical CMS goal that requires active involvement and coordination between CMS, its partners, and contractors. During 2011, the DME Medical Review department devoted significant time and resources to this objective.

Early in the year, Medical Review was busy implementing several Lean Six Sigma process improvements that significantly improved productivity and allowed the team to increase prepay complex reviews above previously projected numbers. Then, the group began working on CGS's first SSOE (Statistical Sample for Overpayment Extrapolation). This is an administrative action selected for high-volume suppliers with high error rates that have not responded to previous education or corrective action activities. Often, the volume of claims submitted by these suppliers is too high for MR resources to conduct enough reviews to impact the supplier's error rate. The first SSOE was conducted on a large supplier of glucose monitor supplies. Not only was this the first SSOE for CGS, it was the first SSOE conducted by any DME MAC. The SSOE concluded in December and identified an extrapolated overpayment of \$157 million. The supplier has been presented with a CMS-approved settlement offer and follow-up activities will continue throughout 2012.

CMS continues to look to the DME MACs for development of new strategies to help reduce the overall CERT (Comprehensive Error Rate Testing) error rate. The CERT error rate is an independent estimate of claims payments in error based on Medicare policy and guidelines. The CGS DME Medical Review team took a collaborative approach in 2011 tackling the CERT error rate by partnering with the other DME MACs. This partnership, which stems from the

national efforts of the DME CERT Task Force and A/B MAC Task Force, has initiated several actions that have identified the root causes of the high DME error rate and directly targets the suppliers that have the highest error rates.

CGS partnered with the other three DME MAC contractors to conduct multi-jurisdictional CERT Intervention Visits with the top suppliers impacting the overall DME CERT error rate in 2011. These interventions leveraged a top-down approach by meeting one-on-one with the key decision-makers of these companies. Each visit included a DME MAC Program Director, Medical Director, Nurse, and Provider Outreach and Education representative. We provided each company with supplier-specific CERT data and comparative rankings with their peer group, and also provided examples of their errors and corrective actions that should be taken. Since the first visit in 2011, the DME MACs have completed seven meetings with top-issue DME companies. In April 2011, a supplier was chosen because of its high, 81.5% CERT error rate. The visit agenda included a CERT overview, supplier CERT data, and action plans to reduce the supplier's CERT error rate. Within six months, this supplier's CERT error rate had dropped to 68%. This illustrates our ability to impact the CERT error rate on the supplier level.

Finally, just prior to the fourth quarter of 2011, CMS issued additional MR funding to conduct supplementary activities focused on CERT error rate reduction. This funding supported our review of approximately 50,000 additional claims per year on a prepay basis. The prepay reviews are targeted on claims for oxygen and glucose monitor supplies.

Business Excellence: A Focus on Continuous Improvement

The past year included several contract transitions for CGS—transitioning workload out (North Carolina Part A), transitioning workload in (J15), and, of course, transitioning to a new parent company (BlueCross). In times of change, an organization must rely on its foundational processes to sustain performance. At CGS, we have a Quality Management System (QMS) built upon disciplines developed through the nationally recognized Baldrige Criteria (Tennessee Center for Performance Excellence) and International Organization for Standardization (ISO) standards. Because these disciplines are integrated into our daily processes, we are able to maintain performance for our customer and demonstrate excellence in standard practices.

CGS was formally recognized as the Excellence Award winner by the TNCPE at the 2011 annual “Excellence in Tennessee” conference. Following this success, we set our sights on sharing our best practices with our business community. In May, CGS held a Best Practice Sharing Day for TNCPE with more than 50 attendees from various local organizations. We presented organizational strengths and processes in our award-winning application. Session topics included mission, vision, and values; strategic planning; business continuity; community strategy; and managing organizational projects.

Although we have reached the pinnacle of our state-level Performance Excellence program, CGS understands that maintaining our foundation of disciplined processes is the key to sustainability. We continued to strengthen our organizational excellence foundation by sending eight CGS employees to serve as examiners on state and national Performance Excellence Boards

of Examiners. As examiners, each attends training on Baldrige Principles and gains professional development and exposure to best practices that they can bring back to CGS, ensuring the organization continues to improve.

In addition to Baldrige Principles, we use ISO standards to define, monitor and measure our processes and performance. CGS’s ISO program is more than a set of standards that we follow to maintain our certification. In essence, ISO is who we are and how we operate. We demonstrate this by using 23 internal employees as ISO auditors to review business processes and ensure ISO standards are maintained within the organization. In August, this practice once again proved effective as CGS successfully passed our tenth consecutive external ISO Surveillance Audit to maintain our ISO certification.

Our commitment to these principles and concepts is demonstrated through our annual Leadership Conference. The Executive Leadership Team sponsored the 2011 Leadership Conference: IMPACT Island. The conference was aimed at educating leaders about future goals and improving leadership skills. IMPACT Island’s focus was on out-bidding, out-performing, and out-innovating our competition. The conference provided the opportunity to deploy the 2012 strategic plan and develop corresponding action plans to accomplish our goals.

Our multi-faceted QMS is a fundamental aspect of CGS’s operations—one that each and every CGS employee contributes to in one manner or another. While CGS moves into 2012, our QMS will keep us on track to meet and exceed our collective goals.

Culture of Compliance

CGS firmly believes that compliance demonstrates our character as a company. Therefore, our Board of Directors, President/Chief Operating Officer, and senior management team are committed to providing ethical leadership for the organization and ensuring that adequate systems are in place to facilitate ethical and legal conduct. CGS's Compliance and Ethics Team provides guidance at all levels of the organization and ensures that controls are in place to prevent, detect, and/or mitigate compliance risk.

CGS's compliance program is based on a framework that includes the following seven elements of an effective compliance program:

1

Written policies and procedures, including *Our Values Code of Conduct*.

2

Oversight, including the designation of a Compliance Officer and Compliance Committee.

3

Effective compliance education and training programs.

4

Monitoring and auditing of internal controls.

5

Enforcement of corrective actions.

6

Multiple reporting avenues.

7

Response and prevention.

Compliance achievements during the past year include implementation of an automated internal audit tool that enables management of key internal audit processes through standardization, automation, and enhanced reporting, all of which results in increased quality and quantity of our internal audits. As part of our emphasis on promoting *Our Values*, we conducted a follow-up compliance culture survey. The results show that our survey scores continue to increase—and survey feedback is being used to drive organizational change and cultivate our compliance culture.

Each of our 850 employees are building our compliance culture each and every day. We are, and will continue to be a well-respected company because of the focused efforts of our team to do the right thing.

CGS Community Strategy

CGS has continued to impact the areas in which we live and work in 2011. Our goal was participation in our communities concentrating on local, senior, and healthcare organizations, as well as supporting our employees in developing their talents and leading healthy lives. Being a good corporate partner means investing in our neighborhoods and in programs that provide meaningful service to needy individuals.

Despite significant transition activities, we still found the time to provide activity classes to our friends at FiftyForward, a local seniors organization. We also participated in the March of Dimes and Alzheimer walks, with great employee turnouts and fundraising that demonstrated our commitment to supporting both of these causes.

At Whites Creek High School, a Nashville high school we “adopted” in 2010 through the Metro Nashville Public School PENCIL Program, we participated in a Health Fair with other Pencil Partners. We also sponsored two food drives, collecting 117 gallons of water and 2,320 pounds of food, all of which went to Second Harvest Food Bank. In the past year we introduced the United Way as another key organization that we will support. Through a Spring Fling with employee-sponsored food and activities, a car wash, auctions, and other fun events, we raised more than \$35,000 for these organizations in 2011!

Company Locations

**Two Vantage Way
Nashville, TN 37228**



**315 Deaderick Street
Nashville, TN 37238**



**4135 Mendenhall Parkway
High Point, NC 27265**



**400 East Court
Des Moines, IA 50309**



CGS Executive Leadership Team



Steve Smith
President and COO



John Kimball
Vice President,
Medicare Operations



Jim Doane
Vice President,
Business Development
& Shared Services



Kay Kretsch
Senior Director,
Medicaid Operations



Mike Logan
Vice President,
Chief Financial Officer



Linda Martin
Vice President,
Compliance Officer



Robert Stansell
Vice President,
Systems & Support



Melissa Kirchenbauer
Assistant
Vice President,
Medicare Operations
Jurisdiction C
DME MAC
Program Manager



Melissa Lamb
Assistant Vice
President, Medicare
Operations
Jurisdiction 15 A/B MAC
Program Manager

Board of Directors



David Pankau
President & CEO,
BlueCross BlueShield
of South Carolina



Bruce Hughes
President,
Government
Programs Division,
BlueCross BlueShield
of South Carolina



Louis McElveen
Vice President,
Corporate Finance &
Controller,
BlueCross BlueShield
of South Carolina



Steve Smith
President and
COO, CGS



Elizabeth Cusick
Independent
Consultant, Former
Deputy Director,
Center for Medicare
Management, Centers
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Tom Grissom
Senior Health Policy
Specialist, Foley Hoag
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Harvey Yampolskey
Retired Partner,
Arent Fox, Former
Chief Counsel to the
Inspector General at
the Department of
Health and Human
Services



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