

CGS ADMINISTRATORS, LLC

we impact lives.

2014 ANNUAL REPORT



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A man in a dark suit, white shirt, and patterned tie is seated at a desk, writing on a notepad with a pen. The background is a warm, textured brown.

“ It’s a continuous thread of excellence
that helps us appreciate the past
while also looking towards the future. ”

- STEVE SMITH, PRESIDENT AND COO

LETTER FROM THE PRESIDENT

Our mission statement is We IMPACT Lives! The word IMPACT defines our company and represents our core values. At CGS, we make decisions on a daily basis and you’ll find that Integrity, Making a Difference, having a Passion for Excellence, Always Improving, being Customer Focused, and having the willingness to Take appropriate Risks are elements that shape that decision making-process.

We understand that everything we do has an impact on many lives, whether it is how we process a claim, answer a phone call, review physician notes, or submit a business proposal. Each of those actions has an impact. Our mission statement drives us to do the best job possible and then look for ways to do it better or more efficiently the next time. In 2014, we made huge strides in doing it better and more efficiently. Across the company, we had more than 50 projects underway that improved processes, modified systems, and in several cases, literally redefined how we do business in some areas.

Many of our innovations have significantly improved capabilities and given us a competitive advantage. None of this would have happened if it wasn’t for the significant contributions of our most important resource – our people.

Our employees have driven our company to higher levels of achievement than we would have thought possible a few short years ago. With their dedication, we have continued to improve and have truly provided value to our customer through the excellence they have created. As we move into 2015, our path is clear, our resolve is solid, and our commitment to excellence is unwavering. As you read about our accomplishments in 2014, you will see the influence of our mission statement in every initiative and on every department. It’s a continuous thread of excellence that helps us appreciate the past while also looking towards the future. And our spirit of continuous improvement will drive us to achieve the best year yet in 2015.



A handwritten signature in black ink that reads "Steven B. Smith".

Steven B. Smith, President and COO

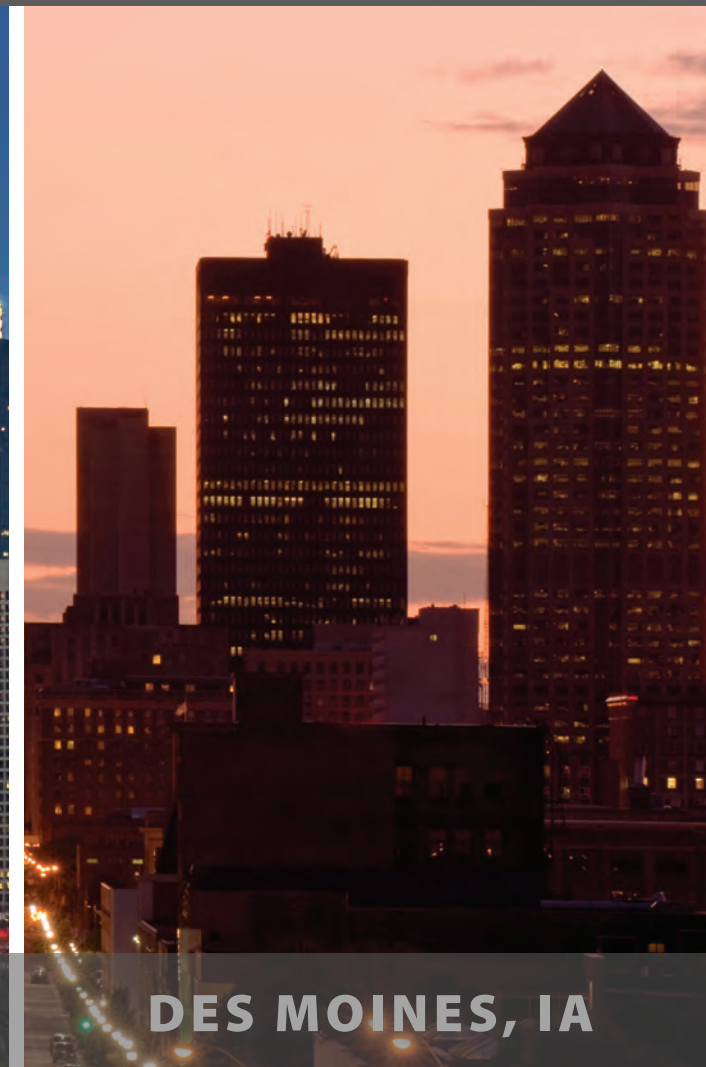


Every claim processed and every telephone call answered has a **direct impact** on the health and well-being of a Medicare beneficiary. They rely on us to take good care of the health care providers and medical equipment suppliers who are helping them stay healthy. With over 20 million Medicare beneficiaries and over 85,000 healthcare professionals depending on us, our **impact** spans the United States.

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locations



OUR HISTORY



BOARD OF DIRECTORS



MIKE SKARUPA PRESIDENT & COO, PGBA, LLC	STEVE SMITH PRESIDENT & COO, CGS	TOM GRISSOM RETIRED, SENIOR HEALTH POLICY SPECIALIST, FOLEY HOAG LLP, FORMER DIRECTOR, CENTER FOR MEDICARE MANAGEMENT, CENTERS FOR MEDICARE AND MEDICAID SERVICES	HARVEY YAMPOLSKY RETIRED PARTNER, ARENT FOX, FORMER CHIEF COUNSEL TO THE INSPECTOR GENERAL AT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES	JEFF LITTLEFIELD VICE PRESIDENT, OPERATIONS, PGBA, LLC	LELIA WRIGHT RETIRED, BLUECROSS BLUESHIELD OF TEXAS	BRIAN RUBIN RETIRED, DEPARTMENT OF DEFENSE, TRICARE MANAGEMENT ACTIVITY	ELIZABETH CUSICK INDEPENDENT CONSULTANT, FORMER DEPUTY DIRECTOR, CENTER FOR MEDICARE MANAGEMENT, CENTERS FOR MEDICARE AND MEDICAID SERVICES	DAVID PANKAU PRESIDENT & CEO, BLUECROSS BLUESHIELD OF SOUTH CAROLINA	LOUIS MCELVEEN VICE PRESIDENT, CORPORATE FINANCE CONTROLLER, BLUECROSS BLUESHIELD OF SOUTH CAROLINA	BRUCE HUGHES PRESIDENT & COO, CELERIAN GROUP
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LEFT TO RIGHT:

ROC VIA
DIRECTOR, BUSINESS EXCELLENCE

LINDA MARTIN
VP, COMPLIANCE OFFICER

JOHN KIMBALL
VP, MEDICARE OPERATIONS

MELISSA KIRCHENBAUER
AVP, MEDICARE OPERATIONS,
DME MAC JURISDICTION C
PROGRAM MANAGER

STEVE SMITH
PRESIDENT & COO

MIKE LOGAN
VP, CHIEF FINANCIAL OFFICER

MELISSA LAMB
AVP, MEDICARE OPERATIONS,
A/B MAC JURISDICTION 15
PROGRAM MANAGER

JIM DOANE
VP, BUSINESS DEVELOPMENT
& SHARED SERVICES

ROBERT STANSELL
VP, SYSTEMS & SUPPORT

EXECUTIVE LEADERSHIP TEAM





**we have
integrity.**

WE ARE ETHICAL, RESPONSIBLE, HONEST, AND RELIABLE.
WE PROMOTE AN ENVIRONMENT OF OPENNESS AND TRUST.

Cori Walker, Overpayment Recovery ; Brittney Estes, Finance; Terry Salter, J15 Operations; Mike Teppenpaw, Front-End Operations; James Armstead, Front-End Operations

COMPLIANCE

The success of CGS's compliance program can be attributed, in part, to the active engagement of our staff. There are a number of activities related to compliance that involve staff participation. All CGS staff participate in compliance-related activities and we reinforce the impact that a strong compliance program has on our ability to maintain and win future contracts. When staff have a compliance concern or are unsure of the right thing to do, they know to reach out to a member of management or contact the compliance office for guidance.

CGS provides compliance education for New Hires as well as Annual Refresher training for all employees. This allows for dialogue and inspires discussions that are focused on actual circumstances. Staff are tested on their knowledge of the materials presented and certify to their understanding and agreement to comply.

Our compliance program encourages participation at multiple levels of the organization. Each Business Unit has compliance-related Balanced Scorecard metrics; this reinforces a sense of ownership and accountability towards the success of our compliance program. In addition, support of our compliance program is a measure of performance for each staff member and is tied to financial incentives. Staff also evaluate their supervisor/manager's level of support for the compliance program. The staff evaluation of our management team is used to measure our compliance culture and reinforces its importance to the continued success of CGS.

1
EDUCATION



2
DISCUSSION



3
TESTING



4
AGREEMENT





we are
making a difference.

WE ARE EMPOWERED TO MAKE CHANGE FOR THE BETTER
IN OUR BUSINESS, OUR COMMUNITIES, AND OUR LIVES.
WE INSPIRE EACH OTHER.

VOLUNTEER EFFORTS

CGS's IMPACT extends well beyond the service we provide our customers. It extends into our communities, demonstrated in the support of our local food banks, our presence in senior centers, and the assistance we provide to neighborhood schools. Over the past year, CGS employees have volunteered their time, efforts, goods, and money to a number of local, national, and global organizations. From the Nashville, TN; Columbia, SC; Dallas, TX; Des Moines, IA; and Springfield, IL offices, more than 1,000 CGS employees contributed to raising an impressive \$151,000 for programs across the nation! Our continued involvement in the communities in which we work and live demonstrates how highly we value the directive we have to IMPACT Lives.



UNITED WAY



MARCH OF DIMES



SECOND HARVEST



FIFTY FORWARD



MAKING A DIFFERENCE VOLUNTEER EFFORTS



"By supporting the United Way, my contributions are given a better opportunity to make a significant impact in my community. United Way organizations throughout the United States are focused on addressing needs within their local communities. The more volunteers and donors they have, the more lives they can touch and change for the better. So when I see that 97% of children participating in the UW-Nashville's Read to Succeed program had the necessary skills to succeed in kindergarten, I feel a part of that success and my contributions make a difference."

-Steve White, QA & Training





march of dimes

"Supporting the March of Dimes initiative means bringing awareness and being a voice for babies who do not have a voice. March of Dimes is committed to reduce the amount of premature births, provide education to the world, and conduct continuous research to improve the health of all babies. We are all impacted by the dedication of this organization whose primary aim is to build a better tomorrow."

-Artlette Jones, Front-End Operations





"It's reassuring to know that CGS is a part of the local community, and not only raises money to support non-profits but offers hands-on ways to impact lives, such as collecting donations for the Second Harvest Food Bank. It's great to know you work with people who really care about those in need."

-Tawnya Lassiter, New Business Development

"I have been involved in events supporting Fifty Forward for years, and since turning 50 myself, I feel grateful that there are programs out there that support our senior community with neighborhood gardens, food banks, fitness/health advice, senior home services, social events, and trips. Our senior population is growing each decade, so while I am able, I want to do all I can to help."

-Jackie Yarbrough, Compliance

Fifty Forward





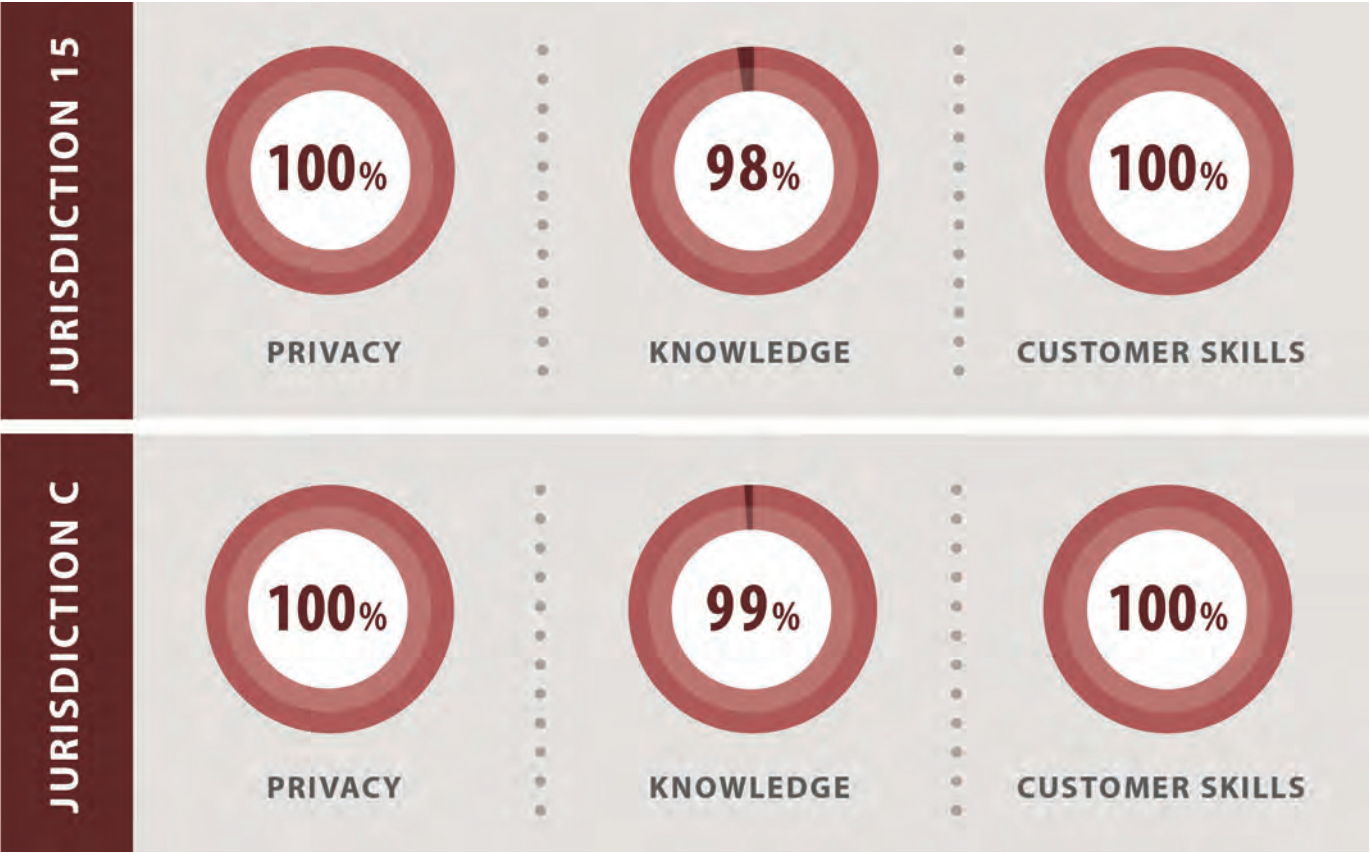
we have a
passion for excellence.

OUR GOAL IS TO BE THE BEST AT ALL WE DO.
WE ARE OPTIMISTIC AND EXPECT TO SUCCEED.

Judy Boatright, Overpayment Recovery ; Raquel Chaney, Medical Review

OPERATIONAL EXCELLENCE

Medicare contractors are required by the Centers for Medicare and Medicaid Services (CMS) to have a monitoring program in place to ensure the quality of written inquiries responses. The Quality Written Correspondence Monitoring (QWCM) measurement is used to identify, and act upon, areas of needed improvement, both for the written inquiries unit as a whole and for individual written inquiries staff. The CMS requirement is 93% or greater.





“These enhancements and empathy with the target audience has made the CGS website a consistent leader in this space.”

- Andrea Stark, Chair, Jurisdiction C Council

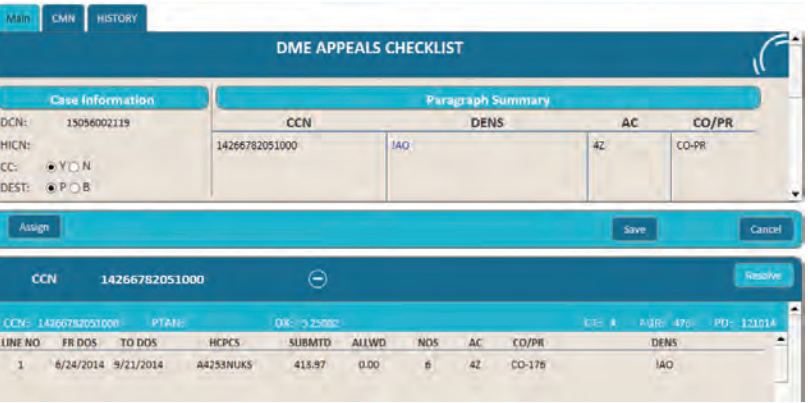
Improved Website Satisfaction

The DME MAC Jurisdiction C website at CGSMedicare.com experienced markedly higher website satisfaction scores in 2014 following extensive enhancements that also saw us attain 100% of award fee dollars available to contractors for exceptional website performance. Between January and July 2013, CGS conducted a detailed analysis of website user data and initiated discussions with representatives on our Jurisdiction C Council to help us identify improvement opportunities and solutions that would meet the needs of our customers. These activities revealed a customer desire for a simple, functional site that was clean, uncluttered, logically organized, and intuitively navigable. In addition, site visitors wanted more content covering varied subject areas, written in a way they could easily understand.

Within the first 30 days of the October 2013 launch of the enhanced DME Jurisdiction C website, we saw an increase in the website satisfaction score as measured by a web survey administered by ForeSee by Answers. By the end of 2014, the satisfaction score had climbed to a 78, a 9-point increase over the pre-redesign score.

These results demonstrate our commitment to customer satisfaction. They allow us to identify areas in which we can improve and provide tangible benefits for our primary customer, CMS, as well as the thousands of suppliers and providers we serve.

Redeterminations Automated Decisions And Response (RADAR)

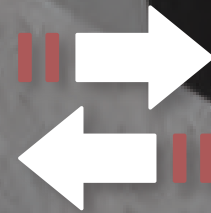


The Redeterminations Automated Decisions and Response (RADAR) project is an ongoing initiative to leverage the Denial Explanation Numbers (DEN) codes associated with Medical Review to increase productivity within the Redeterminations department. DEN codes are internal codes that provide internal users a better explanation of why a claim was denied. Phase I of the project was completed in 2014 and includes the web E-form that displays the Integrated Checklist (*iChecklist*) for the policy group along with the DEN codes that were applied to the Medical Review decision. This allows the Redeterminations Analyst to quickly resolve the reasons for denial from Medical Review. This forward-thinking approach with Medical Review’s DEN codes has increased productivity within Redeterminations for those specific policy groups by 30%.

DME SUCCESSES



IMPROVED
WEBSITE SATISFACTION



RADAR

Provider Enrollment Improvement

CGS is dedicated to continuous improvement. Out of this commitment, our Provider Enrollment Improvement project was born. We examined our enrollment process from end to end, identifying key areas for improvement.

The results speak for themselves: by eliminating wasteful steps and automating routine tasks, we doubled our productivity! In 2014, CGS processed 16% more applications with fewer staff than initially planned. The enrollment process has been optimized and a positive IMPACT has been made on the lives of all J15 stakeholders!



“When our internal efficiency improves our customer’s productivity – we’ve succeeded.”

- Susan Morris, Part B J15 Redeterminations/Reopenings Manager

Nathan Rusk, Front-End Operations

Part B Appeals

Our Part B Appeals team implemented several improvements in 2014 while meeting 100% of their Balanced Scorecard goals. Automation of incoming workload fueled a dramatic increase in overall productivity—a 39% increase that improved total processing time. With the implementation of a new myCGS Web Portal feature, redetermination requests can now be submitted electronically. As a result, providers are receiving final decisions on their appeals faster than ever!



Provider Customer Service Program

Over the past year, the J15 Provider Customer Service Program both increased efficiency and improved quality of service to CMS and our provider community by focusing on two primary objectives – innovation and workflow redesign. We began streamlining like processes across all three J15 segments and implemented new technologies for workforce management and detailed workload reporting. The convenience of new features added to the myCGS Web Portal also improved the overall customer experience.

J15 SUCCESSES



PROVIDER CUSTOMER SERVICE PROGRAM



PART B APPEALS



REVALIDATION PHASE III



“Commitment to customers’ needs is our top priority. Providing 100 percent first contact resolution to our customers is an outstanding achievement, allowing us to build customer confidence, trust, and satisfaction.”

– Leslie Bewley, ABOSC Manager

Michelle Martin, DME MAC Tech Team

PV-HD’s/HBOSC’s Pre-Surge Success Preparation

When providers are faced with impending deadlines, a considerable spike in call traffic hits the Northrop Grumman Support Contact Center. A number of these surges occur throughout the year, each presenting a unique list of challenges.

“Our late summer surge was a success thanks to our staff’s dedication, our agents’ education, and by offering the best resources on hand for our CSRs,” said Leslie Bewley, PV-HD ABOSC Manager, following an August surge that had her team working multiple late-hour days.

“Planning is vitally important,” noted Mario Palomarez, HBOSC Manager. His team began preparing in October for their surge the following February. “We analyzed activity from previous years, outlined a plan of action, and proactively offered the customer service CGS is known for by almost doubling our staff.” The new hires were trained in weeks and on the phones addressing hundreds of callers.

100% FCR for ABOSC Contract in September 2014

All of our CGS call centers deliver exceptional customer service. One statistic by which that metric is measured is First Contact Resolution (FCR) tracking: the ability to address all customer service issues within the initial contact, with no need to transfer or escalate the call, and keeping the caller on the line longer than necessary. At the Northrop Grumman Support Contact Center, the ABOSC contract successfully achieved 100 percent FCR for several consecutive days in September, answering all caller questions quickly, efficiently, and most important, accurately.

NORTHROP GRUMMAN SUCCESSES



PRE-SURGE SUCCESS PREPARATION



100% FIRST CONTACT RESOLUTION



we are
always improving.

WE CONTINUOUSLY IMPROVE AND WE NEVER STOP LEARNING.

NEW CONTRACTS



Christopher De La Cruz, ABOSC and PV-HD


Northrop Grumman

(CSMM – Customer Support for Medicare Modernization Information Center)

MBOSC Contract Signing in April 2014:

In April 2014, MBOSC, the Customer Support for Medicare Modernization Business Operations Support Contractor (CSMMBOSC), which includes the CSMM Information Center (CSMMIC), joined the CGS family of contracts. The MBOSC team, transitioning from Palmetto GBA and operates from CGS's Columbia, SC office.

A team of EDI specialists, managed by Ernest LeGette, MBOSC Supervisor, work with Medicare health plans and related organizations on a variety of inquiries concerning system access, operational systems, and other production-related issues. LeGette's CSMM BOSC team is now an integral member of CGS's broader team supporting our Northrop Grumman contracts.



**we are
customer focused.**

**OUR CUSTOMER IS OUR PRIORITY.
WE UNDERSTAND OUR CUSTOMER'S NEEDS AND SURPASS EXPECTATIONS.**

Madhava Ravilla, GSIT

SELF-SERVICE TOOLS

Web Portal

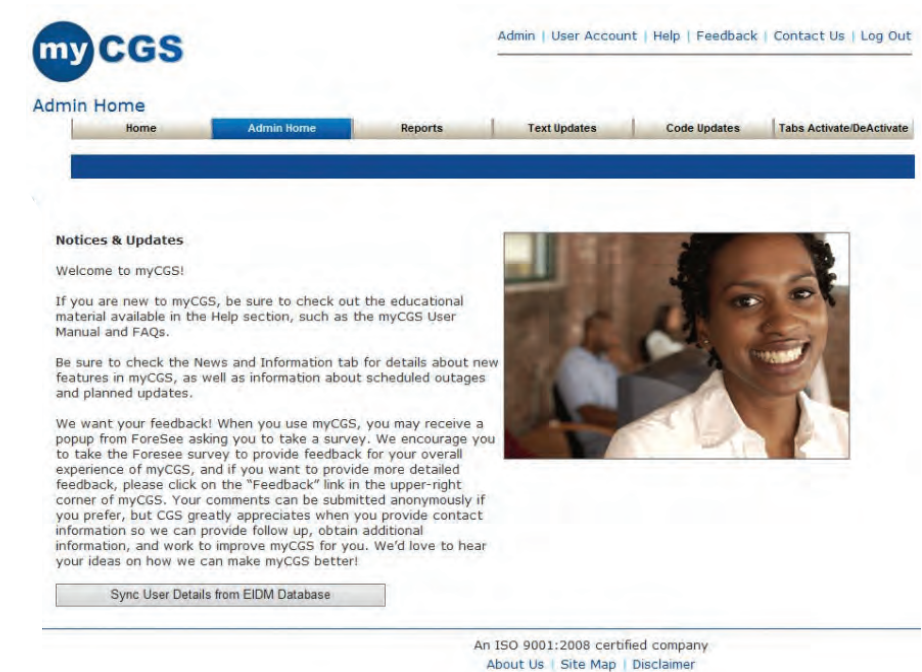
2014 was a year of progress for our IT department. When it comes to self-service tools, we are never done.

CGS has two web portals that support our two MAC contracts. Both portals are branded as myCGS and have the same goals that involve providing self-service opportunities to our provider and supplier communities. These goals are aimed at delivering services that benefit the providers/suppliers and provide cost savings while increasing quality for CMS and the MAC program. The delivery of top-quality, fully integrated modules within our two web portals is one of the ways we meet these goals, and it remains one of our highest priorities.

The Jurisdiction 15 myCGS web portal had several big releases during 2014. Secure messaging, secure form submission, and secure Part B claims submission were implemented during the year. All of these enhancements integrated with our OnBase workflow back-end. By creating the self-service front-end, CGS is able to save significant labor in Front-End Operations and several business areas.

The Jurisdiction C myCGS Web Portal passed a huge milestone in 2014. Phase II functionality was approved by the CMS Technical Review Board (TRB). This approval was preceded by months of work among CGS, BCBSSC, and the HP Virtual Data Center where the web portal is hosted.

The approved Phase II functionality will leapfrog the DME JC web portal into a top-tier tool to deliver robust self-service offerings to our customers.



Mobile Application (CGS Wizard)

As a Medicare contractor, we employ a variety of technologies to keep information and services flowing to our customers – all while protecting personal health and other identifying information. In 2014, CGS conducted a poll of suppliers who either participate in or are represented at our Jurisdiction C Council. We wanted to know if a mobile application would be of benefit and what type of service would work best for our suppliers. The results of our poll suggested that marketing and delivery personnel working for suppliers were in need of immediate, remote access to key information—specifically our library of “Dear Physician” letters and our contact information. They also indicated a need to be able to share our information with physicians and other business partners to improve documentation and record-keeping for prescribed DMEPOS.

CGS also began analyzing mobile user data captured through a variety of sources in an effort to determine the number of suppliers accessing our website through the various kinds of mobile devices. Using this data, CGS designed Phase I of a mobile application that operated on both the iOS and Android platforms. Phase I included a “sharing” feature that allowed field service personnel to easily email specific information among themselves and their business partners. After significant testing of our application, Jurisdiction C launched CGS GO Mobile in November 2014. The app was offered as a free download from the Apple Store and Google Play Store.



Following the launch, we continued to monitor downloads and poll our Council representatives and their members to plan for Phase II. That phase is scheduled for production in Q2 of 2015, and it will include mobile access to Local Coverage Determinations and related Policy Articles, Fee Schedules, and a new video platform that will enable customers to view important “Medicare Minute” and “Medicare Minute MD” video education.

CGS GO Mobile keeps our customers connected and significantly improves the flow of information between supplier field service personnel and physicians who prescribe DMEPOS.



Social Media Efforts

In an effort to further improve the overall delivery of important updates to providers, CGS launched a completely revamped social media presence in the final quarter of 2014. Along with a fully redesigned appearance for every page, CGS divided the previous J15 Facebook page into three separate accounts, organized by line of business—Part A, Part B, and HH&H. These segment-specific pages ensure a more personalized stream of information for providers. Our J15 team also joined Jurisdiction C DME on Twitter.com, expanding

our overall social audience with three new accounts there as well. We have also launched some weekly features, including a “Question of the Week” to both Facebook and Twitter, in order to facilitate a new, two-way ongoing dialogue with the providers we serve. The goal of our revamped and expanded social media presence is to deliver the most relevant information to providers instantly, while allowing for the collection of direct feedback in an effort to improve our service as well as to ascertain the need for future educational efforts.

**we are taking
appropriate risks.**

**WE ARE COURAGEOUS AND EMBRACE CHANGE.
WE SEE CHALLENGES AS OPPORTUNITIES.**

Francis Burgess, IS Security; Matt Zarth, QA; Carolyn Helton, DME MAC Tech Team; Jon Lowe, Systems Support; Caroline Skarupa, Communications

IMPROVING PROCESSES

Lean Six Sigma Provider Enrollment Project

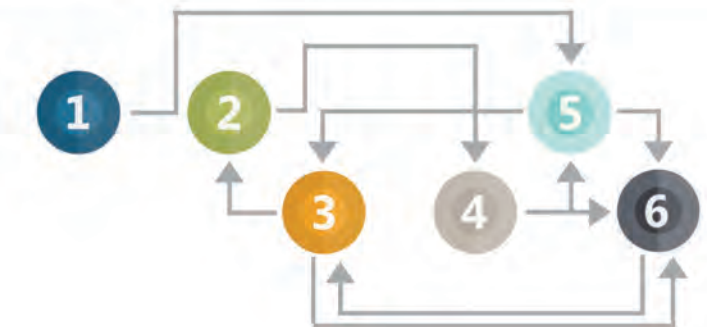
CGS continually invests in improving our processes, streamlining our operations, and focusing on providing the best possible value to the federal government. Our Lean / Six Sigma continuous improvement operating model is one means towards meeting those goals. In late 2013, CGS set a goal of developing the top-tier Provider Enrollment process in all of Medicare.

Our journey towards meeting this goal began with a detailed review of our workflow. What could we improve? Why do we perform a particular step? Could we automate this task? These were all questions asked during the process review. Our team focused on addressing items that we could quickly fix. This included removing non-value-added work and we quickly began to realize that a significant opportunity to automate pieces of this work existed. A multi-functional team of CGS employees began a phased approach to automating work that had previously required human processing. A great deal of work was invested from summer to winter of 2014 in order to implement these innovations.

As a result of this Lean / Six Sigma project, CGS has doubled the productivity rate associated with ensuring that only qualified physicians are allowed to participate in the Medicare program. This is a significant step toward ensuring that we possess the top-tier Provider Enrollment process in Fee-For-Service Medicare.

Lean Six Sigma Process: Before & After

BEFORE LEAN SIX SIGMA:



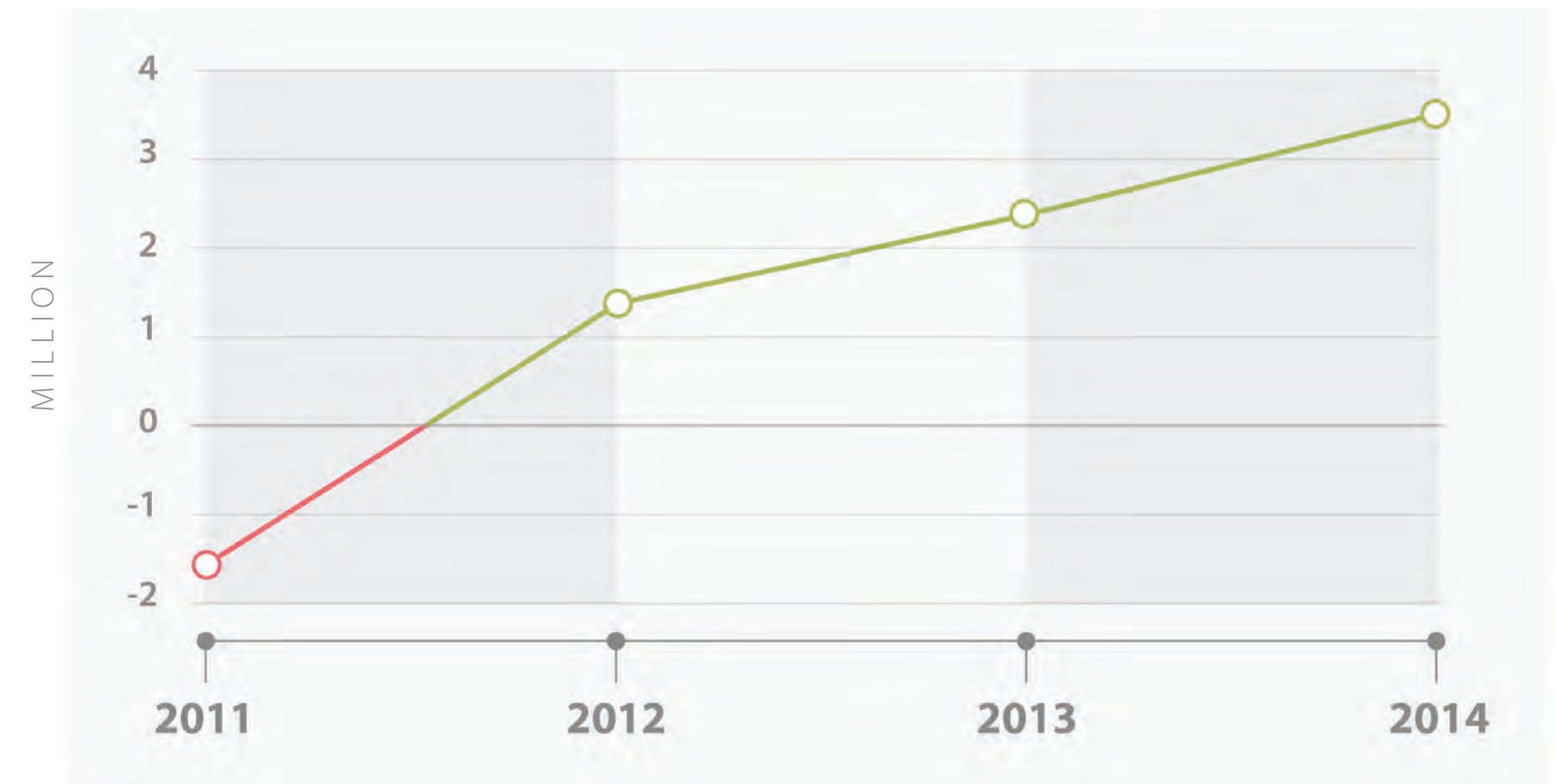
AFTER LEAN SIX SIGMA:



financial highlights

INCOME GROWTH

At CGS our income has continued to grow over the past few years as we provide a variety of services for Medicare beneficiaries, healthcare providers, and medical equipment suppliers in 33 states, supporting the needs of over 20 million Medicare beneficiaries and 85,000 healthcare professionals nationwide.



SUPPORTING OVER

20
MILLION
MEDICARE
BENEFICIARIES

..... &

85
THOUSAND
HEATHCARE
PROFESSIONALS



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DSSCPA.COM

INDEPENDENT AUDITOR’S REPORT

Board of Directors
CGS Administrators, LLC

Report on the Financial Statements

We have audited the accompanying financial statements of CGS Administrators, LLC which are comprised of the balance sheets as of December 31, 2014 and 2013, and the related statements of operations, changes in member's equity, and cash flows for the years ended and the related notes to the financial statements.

Management’s Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a reasonable basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of CGS Administrators, LLC at December 31, 2014 and 2013, and the results of its operations and its cash flows for the years ended in accordance with accounting principles generally accepted in the United States of America.

Derrick, Stubbs & Stith, LLP

February 27, 2015

FINANCIAL HIGHLIGHTS

BALANCE SHEET
(IN THOUSANDS)

Assets

Years ended December 31,

Current Assets:

	2014	2013
Cash and cash equivalents	\$ 19,817	\$ 11,513
Government contract receivables	21,577	22,610
Other receivables	2,857	1,916
Current deferred tax asset	509	476
Prepaid expenses	229	451
Total current assets	44,989	36,966

Long-Term Assets:

Property and equipment, net of accumulated depreciation of \$00,000 and \$00,000 in 2014 and 2013, respectively	604	941
Non-current deferred tax asset	2	-
Total long term assets	606	941

TOTAL ASSETS \$ 45,595 \$ 37,907

FINANCIAL HIGHLIGHTS

Liabilities and member’s equity

	Years ended December 31,	
Current liabilities:	2014	2013
Accrued payroll, taxes and benefits	\$ 12,590	\$ 9,432
Payable to parent	5,613	4,688
Amounts due to affiliate	484	2,471
Current deferred tax liability	30	111
Total current liabilities	18,717	16,702
Non-current liabilities:		
Non-current deferred tax liability	-	14
Total non-current liabilities	-	14
TOTAL LIABILITIES	\$ 18,717	\$ 16,716
Member’s equity:		
Additional paid-in capital	22,209	18,709
Retained earnings	4,669	2,482
Total member’s equity	26,878	21,191
TOTAL LIABILITIES AND MEMBER’S EQUITY	\$ 45,595	\$ 37,907



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