



2024 Medicaid Managed Care Conference

*Essential Strategies to Succeed in the New Landscape of Medicaid Managed Care and its Expansion:
Navigating CMS Regulations, States and Health Plan Collaboration to Improve Healthcare and Reduce
Costs, Boost Network Adequacy, Integrate Social Determinants, and More!*

May 13 – 14, 2024 • Swissotel Chicago • Chicago, IL

Overview

In the United States today, over 88 million low income individuals are enrolled in Medicaid Managed Care plans and it is expected to increase drastically by 2026. CMS has instituted its Final Rule, a sweeping overhaul of Medicaid Managed Care, resulting in new regulations and mandates with the goal of improving Medicaid member access to quality healthcare, enhancing outcomes while reducing healthcare costs. State Medicaid Agencies and Medicaid Health Plans throughout the United States are struggling with how to be best prepared and succeed in this new, rapidly evolving landscape of healthcare.

We have created an exciting, high level forum featuring knowledgeable leaders and executives from the nation's leading Medicaid Health Plans and State Government Agencies who will share their perspectives, valuable insights and expertise on how to be best equipped for the rapidly evolving landscape of Medicaid Managed Care. Attendees will benefit from learning about best practices and strategies that have been deployed to address the challenges in transforming Medicaid Managed Care. Topics include improving network adequacy, enhancing member access to quality healthcare, boosting member enrollment/engagement, managing carved in services, integrating social determinants, enhancing care coordination/collaboration and reducing the overall healthcare spending.

By attending the 2024 Medicaid Managed Care Conference, you will learn what others in the Medicaid Managed Care arena are doing to succeed in transforming the nation's healthcare and its Medicaid member population.

Intended Audience

From States, Government Agencies, Health Plans & Managed Care Organizations:

Medicaid Directors, Chief Executive Officers, Chief Operating Officers, Chief Financial Officers, Chief Medical Officers, Chief Strategy Officers & Chief Information Officers

Also, Presidents, Vice Presidents, Directors & Managers of:

- | | |
|---------------------------------------|-------------------------------|
| • State Medicaid | • Medicaid |
| • Managed Care | • Policy Analysis |
| • Health Services/Healthcare Programs | • Compliance |
| • Human/Social Services | • Quality Assurance |
| • Quality Improvement | • Healthcare Financing |
| • Government/State-Sponsored Programs | • CHIP |
| • Population Health Management | • Health Promotion & Wellness |
| • Medical Management | • Community Health |
| • Long-Term Care | • Medical Assistance |
| • Behavioral Health | • Clinical Affairs |
| • Finance | • Sales & Marketing |

- Care Management
- Operations
- Regulatory Affairs
- Pharmacy

- Network Development
- Care Management
- Disease Management
- Innovation

This program is also geared towards Centers for Medicare & Medicaid Services (CMS), Hospitals, Providers, Vendors, Employers, Purchasers, Physician Groups, Behavioral Health Centers, Wellness & Prevention Companies, Healthcare Technology Innovators, Healthcare Consultants, Solution Providers, Data Analytics Providers, Pharmacy Benefit Managers, Disease Management Organizations, Home Health Care Companies, Third Party Administrators, Pharmaceutical & Medical Device Companies, IT & Business Process Outsourcing Companies, Enrollment Brokers and More!

Agenda

Day One – Monday, May 13, 2024

7:15 *Conference Registration & Networking Breakfast*

8:15 *Chairperson's Opening Remarks*

Nancy Everitt, PMP

Chief Executive Officer

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8:30 Medicaid Managed Care: A Casey Study on Kentucky's Program

Jeremy Armstrong-DeRossitt

Assistant Director, Division of Health Plan Oversight

Department for Medicaid Services

Kentucky Cabinet for Health and Family Services

9:15 Does Medicaid Managed Care Improve Quality and Reduce Costs?

Kolynda Parker, MHS, MLS(ASCP)^{CM}, CPHQ, CLSSGB

Medicaid Deputy Director

Louisiana Department of Health

10:00 *Networking & Refreshments Break*

10:30 The Inside Track on MLTSS Networks: An Overview of CENTIPEDE and OPTIMA HEALTH in Virginia

Nancy Everitt, PMP

Chief Executive Officer

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11:15 Mental Health Parity: A Comprehensive Approach

Maxine Elliott, MBA, MPH, CLSSBB, CSM, CCMP

*Deputy Executive Director
Service, Delivery & Administration
Medical Assistance Plans Division*
Georgia Department of Community Health

12:00 Luncheon for All Attendees & Speakers

1:15 Oversight Considerations for Managed Care: State Directed Payments and Appeals and Grievances Data

Catina Latham
Director, Health Care Team
US Government Accountability Office (GAO)

Susan Barnidge
Assistant Director, Health Care Team
US Government Accountability Office (GAO)

2:15 A Provider Engagement Model for Public Health Insurance Product Lines

Debra Corbett
Vice President, Quality & Risk Adjustment
CINQCARE

3:00 Networking & Refreshments Break

3:30 Quality and Pediatric Population Health Strategies for Improving Pediatric Vaccination Rates

Rebecca Nagle MS, BSN, RN, CPHQ
Director, Medicaid/CHIP Quality Program
UPMC Health Plan

Colleen Tipping, MHMS, BSN, RN, CPN, CCRN-K, RN-BC, NEA-BC
Senior Director, Pediatric IDFS
UPMC Health Plan

4:15 How Managed Care Plans Manage Health Related Social Needs (HRSN)

Jennifer Babcock
Senior Vice President, Medicaid
Association for Community Affiliated Plans (ACAP)

5:00 End of Day One

Day Two – Tuesday, May 14, 2024

7:15 Networking Breakfast

8:15 *Chairperson's Recap of Day One*

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Chief Executive Officer

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8:30 Finding Your Center of Excellence: Supporting and Sustaining Best Practices

Natalie Maples, DrPH, MA

Assistant Professor, Department of Psychiatry & Behavioral Sciences

Director, International Center for Excellence in Evidence-Based Practice

University of Texas Health Science Center

9:15 Transforming Health Outcomes, Improving Health Literacy, and Increasing Patient Engagement in Medicaid Populations

Nzinga Lowe

Chief Executive Officer

Pygmalion Health

10:00 *Networking & Refreshments Break*

10:30 End of Life Care Transitions – Member Experience, Cost and Quality

Devin Woodley

Vice President, Managed Care Contracting

Visting Nurse Service of New York

11:15 Optimizing Digital Health Solutions for the Medicaid Population - Essential Strategies to Succeed in the New Landscape of Medicaid Managed Care

Virginia Burchett, MPH

Chief Executive Officer

VBurchett Consulting

12:00 *Conference Concludes*