



2025 Medicaid Managed Care Forum

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!

November 17 – 18, 2025 • Caesars Palace Hotel • Las Vegas, NV

Overview

In the United States today, over 60 million low income individuals are enrolled in Medicaid Managed Care plans and it is expected to increase drastically by 2027. 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 2025 Medicaid Managed Care Forum, 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:

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|---------------------------------------|-------------------------------|
| • 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
- Care Management
- Operations
- Regulatory Affairs
- Pharmacy

- Sales & Marketing
- 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!

Preliminary Agenda

(Topics Subject to Change Based on Final Speaker Presentations)

Day One – Monday, November 17, 2025

7:15 Conference Registration & Networking Breakfast

8:00 Chairperson's Opening Remarks

8:15 Strategies on How Medicaid State Agencies Can Boost Their Provider Network Adequacy to Improve Quality Healthcare and Timely Access

9:00 An Overview of the CMS Final Rules for Medicaid Managed Care in the New Healthcare Landscape

9:45 Networking & Refreshments Break

10:15 Does Medicaid Managed Care Improve Quality and Reduce Costs?

11:00 Incorporating Managed Long-Term Services and Supports (MLTSS) into a Managed Care Organization

11:45 Effective Strategies to Integrate Social Determinants in Medicaid Managed Care

12:30 Luncheon for All Attendees & Speakers

1:30 Implementing Effective Programs to Impact High Utilizers of Medicaid Services

2:15 Panel Discussion: Strategies to Enhance Member Centric Managed Care through State Agency and Medicaid Health Plan Partnerships

3:15 Networking & Refreshments Break

3:45 Overcoming Barriers to Care Coordination and Performance – A Medicaid Managed Care Perspective

4:30 Enhancing Payment Design to Incentivize Performance in Medicaid Managed Care

5:15 End of Day One

Day Two – Tuesday, November 18, 2025

7:15 Networking Breakfast

8:00 Chairperson's Recap of Day One

8:15 Creating New Value with Providers: An Essential Success Factor for Medicaid Managed Care

9:00 Strategies to Effectively Manage the Dual Eligible Population within Medicaid Managed Care

9:45 Networking & Refreshments Break

10:15 Examining Innovative Programs & Trends in Medicaid Managed Care

11:00 Implementing an Effective Behavioral Health and Opioid Management Program within Medicaid Managed Care

11:45 Removing Barriers to Care and Increasing Access to Specialty Care in Rural Areas

12:30 Conference Concludes

Workshop Session

Monday, November 17, 2025 • 5:30 p.m. – 7:30 p.m.

Techniques to Improve Healthcare Quality and Reduce Spending for the Medicaid Member in the New Landscape of CMS Rules & Regulations