About the Conference

The Medicaid Managed Care Summit, hosted by Business Research Intelligence Network, brings together state Medicaid directors, health plan executives and key stakeholders to explore strategies for enhancing program performance, improving health outcomes and ensuring sustainable program growth. This premier event provides a unique platform for public-private collaboration, offering attendees insights into emerging policy directions, innovative payment models and successful state-plan partnerships.

Throughout the two-day summit, participants will engage with thought leaders to examine critical topics including value-based payment innovation, quality improvement strategies and program integrity initiatives. The program features presentations from state Medicaid leaders and health plan executives, interactive panel discussions and targeted networking sessions designed to facilitate meaningful dialogue and knowledge sharing among program stakeholders.

Attendees will gain practical strategies for strengthening state-plan relationships, implementing effective oversight mechanisms and driving quality improvements in their Medicaid managed care programs. The Medicaid Managed Care Summit is an essential event for state Medicaid officials, health plan executives and healthcare leaders seeking to enhance program performance and deliver greater value to Medicaid beneficiaries.

Agenda

Day One – Monday, October 20, 2025

7:15am – 8:15am
Conference Registration and Networking Breakfast

8:15am – 8:30am
Chairperson's Opening Remarks

8:30am – 9:15am
State-Plan Collaboration: Building Effective Partnerships for Program Success
Strong partnerships between state Medicaid agencies and managed care organizations are fundamental to program success. This session explores strategies for developing collaborative

relationships that drive program performance and innovation. Learn how leading states and plans are working together to align objectives, streamline operations and improve outcomes. Discover approaches for establishing effective communication channels, resolving operational challenges and fostering innovation through partnership.

Anne Jacobs
Principal and Founder
Riverstone Health Advisors

9:15am – 10:00am
Cracking the code and bridging the gaps: AI powered Medicaid Engagement for Health Equity!
Capturing the lost Medicaid patients from ED and hospital discharge and successfully navigating them to outpatient resources. Getting the patient to the right clinical setting at the right time and cost. A win for all!
At the same time closing quality care gaps and maximizing reimbursement opportunities!

Wade Fox, DO, FACEP, FAAEM
Regional Director
Vituity

10:00am – 10:30a
Networking and Refreshments Break

10:30am – 11:15am
Long-Term Services and Supports: Advancing Innovative LTSS Programs
As states recognize the critical role of long-term services and supports, new approaches to program design and oversight are emerging. This session examines strategies for developing effective LTSS programs that serve vulnerable populations. Learn how states and plans are collaborating to ensure appropriate service delivery, quality monitoring and member protection in LTSS programs.

Carol Cianfrone
Sr Director Medicaid Managed Care Programs
Horizon NJ Health

Janice Ivins
RN, BSN, MLTSS Regional Manager
Horizon New Jersey Health

11:15am – 12:00pm
Health Plans and Community Based Organizations Working Together to Build Capacity and Enhance Visibility

This session will discuss how partnering with trusted community-based organizations extends the reach of your health plan, especially with hard-to-reach populations. The presentation will include examples of what interventions one health plan deploys in conjunction with community partners and the benefits to the community-based organization when they partner with a health plan.

Jim Milanowski
President/CEO
Genesee HealthPlan

12:00pm – 1:15pm
Luncheon

1:15pm – 2:00pm
Addressing Health Disparities in Medicaid Managed Care: Insights from Kentucky Stakeholders
This session will highlight how Medicaid stakeholders in Kentucky are working to integrate equity into managed care by addressing social determinants of health. Drawing on interviews with the Department of Medicaid Services and managed care organizations, the presentation will share strategies being used to identify member needs, build community partnerships, and expand outreach, as well as the challenges and opportunities for scaling these efforts.

Leslie Johnson, PhD, MPH, MLitt
Assistant Professor
Department of Family and Preventive Medicine| School of Medicine | Emory University

2:00pm – 2:45pm
Leveraging Data to Drive Health Impact: An Academic Medical Center's Statewide Approach
This session will highlight how a state-wide Academic Medical Center harnesses data to improve health outcomes. Key focus areas include aligning with the enterprise strategic plan, assessing and integrating data for advanced analytics, engaging clinicians, faculty, and researchers, and driving quality and operational performance improvement initiatives in priority clinical areas.

Tamara Bourda, PhD, MBA, MPH, FACHE
System Administrative Officer, Health Equity
MUSC Health System

2:45pm – 3:15pm
Networking Break

2:45pm – 3:45pm
Panel Discussion: The Future of Medicaid Managed Care - State and Plan Perspectives
A distinguished panel of state Medicaid directors and health plan executives examines emerging trends and future directions in Medicaid managed care. Learn how states and plans are

preparing for evolving program requirements and population needs while maintaining program stability and quality.

Jim Milanowski
President/CEO
Genesee HealthPlan
Anne Jacobs
Principal and Founder
Riverstone Health Advisors

Carol Cianfrone
Sr Director Medicaid Managed Care Programs
Horizon NJ Health

3:45pm – 4:30pm
Value-Based Payment Innovation: Next-Generation Models
As states seek to enhance quality and control costs, value-based payment models continue to evolve. This session will examine emerging payment approaches. The discussion will cover:

- Innovative payment models being tested across states
- Strategies for provider engagement and support
- Quality measurement and reporting frameworks
- Approaches for scaling successful programs

Ambika Kanta, MSHCA
Regional Vice President of Quality Improvement
Astrana Health Nevada

4:30pm
End of Day One

Day Two – Tuesday, October 21, 2025

7:30am – 8:15am
Networking Breakfast

8:15am – 8:30am
Chairperson's Recap

8:30am – 9:15am
Home-Based Medical Care Models: Importance of State and Medicaid
This session explores how state policies and Medicaid programs shape the growth and sustainability of home-based medical care. Presenters will highlight key models of in-home primary and palliative care, outline the regulatory and reimbursement factors that drive or hinder adoption, and discuss practical strategies for aligning providers, payers, and

policymakers. Attendees will gain a clear understanding of why state-level leadership and Medicaid innovation are essential to expanding equitable, cost-effective care for medically complex populations.

Jatin Dave
Chief Medical Officer, Government Products
UPMC Health Plan

9:15am – 10:00am
Fraud, Waste Abuse in Medicare programs: detection, prevention, enforcement and healthplan requirements.
This program will explore all the facets of fraud, waste and abuse as it pertains to Medicare programs. It will explore the role of the Office of Inspector General, including enforcement actions, and prevention efforts and strategies offered by the Office. The fraud waste and abuse laws will be explained. Real world case examples will be shared for learning insights. Healthcare and healthplan responsibility will be shared including the requirements in an effective compliance program.

Arlene Luu RN, BSN, JD, CPHRM
Lead Sr. Risk Solutions Consultant
MedPro Group

10:00am – 10:30am
Networking and Refreshments Break

10:30am – 11:15am
Data Analytics and Performance Measurement: Driving Program Improvement
Sophisticated data analytics capabilities are essential for modern Medicaid programs. Our speaker will explore how states and plans are using advanced analytics to drive program improvements and inform decision-making. Learn about emerging applications in areas including population health management, cost trend analysis and quality improvement. The session will examine practical approaches for enhancing analytics capabilities and promoting data-driven decision-making.

11:15am – 12:00pm
Rate Setting and Risk Adjustment: Ensuring Sustainability and Fairness
Appropriate rate setting and risk adjustment methodologies are critical for program sustainability. Our expert speakers examine current approaches to developing actuarially sound rates while appropriately accounting for population risk. Gain insights into emerging methodologies for risk adjustment and strategies for ensuring rate adequacy. Learn how states and plans are working together to enhance rate development processes and improve financial stability.

Tom Lutzlow
Principal
HMA

Jason Stading
Consulting Actuary
Wakely-Cirdan Health Systems

12:00pm
Conference Concludes

12:15pm – 2:15pm
Workshop
Implications of Medicaid Work Requirements/Community Engagement for States, Health Plans, and Beneficiaries
The recent budget reconciliation bill (H.R. 1) introduces Medicaid work and community engagement requirements for certain individuals, creating significant considerations for states, health plans, and beneficiaries. States may face increased administrative complexity, costs, coverage loss, and political challenges. Health plans could experience membership fluctuations, higher administrative burdens, and impacts on care delivery and network stability. Beneficiaries may encounter barriers to maintaining coverage, with potential health and financial consequences. This session will examine these implications and discuss how all parties can collaborate to help mitigate them.

Jason Silva, JD
Associate Principal
HMA