



2026 Medicaid Managed Care Congress

*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 2 – 3, 2026 • Loews Vanderbilt Hotel • Nashville, TN

Overview

Join healthcare leaders, policymakers, providers, and payers for an in-depth exploration of the evolving landscape of Medicaid Managed Care. This conference will provide a comprehensive overview of current challenges, innovations, and policy developments shaping Medicaid delivery systems across the United States. Topics will include improving health equity, integrating behavioral health, addressing social determinants of health, enhancing care coordination, and leveraging data analytics to drive outcomes. Attendees will gain valuable insights through experts, case studies, and networking opportunities, all aimed at advancing high-quality, cost-effective care for Medicaid populations.

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 2026 Medicaid Managed Care Congress, 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
- Managed Care
- Health Services/Healthcare Programs
- Human/Social Services
- Quality Improvement
- Government/State-Sponsored Programs
- Population Health Management
- Medical Management
- Long-Term Care
- Behavioral Health
- Medicaid
- Policy Analysis
- Compliance
- Quality Assurance
- Healthcare Financing
- CHIP
- Health Promotion & Wellness
- Community Health
- Medical Assistance
- 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 2, 2026

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 Medicaid Managed Care Oversight & Compliance: A Casey Study on Kentucky's Program

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 Implementing Effective Programs to Impact High Utilizers of Medicaid Services

12:30 Luncheon for All Attendees & Speakers

1:30 Behavioral Economics Design for Value-Based Care

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 Enhancing Payment Design to Incentivize Performance in Medicaid Managed Care

4:30 Effective Strategies to Integrate Social Determinants in Medicaid Managed Care

5:15 *End of Day One*

Day Two – Tuesday, November 3, 2026

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 Growth Examining Innovative Programs & Trends in Medicaid Managed Care

9:45 *Networking & Refreshments Break*

10:15 Building Better Medicaid Managed Care Contracts Together

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 2, 2026 • 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