Today, two-thirds of children enrolled in Medicaid and CHIP receive services through some type of managed care, while virtually all of the newly eligible adult population is enrolled in a managed care plan. As more and more of the country’s $4.5 billion dollar investment in Medicaid is spent on managed care, key questions remain. Are states saving money? Do Medicaid managed care beneficiaries have better access to care or receive higher-quality care? Despite a lack of conclusive research, state and federal policymakers continue to promote managed care as a means to improve access and quality as they grapple with both an economic and a political imperative to manage costs. Given the growing reliance on managed care, child and family health advocates must arm themselves with a deeper understanding of managed care to ensure that children and families are well served. This pre-conference session will take a deep dive into how managed care works in Medicaid with a focus on key consumer issues and protections.

**Presenters:**
- **Joan Alker**, Executive Director, Georgetown Center for Children and Families
- **Tricia Brooks**, Senior Fellow, Georgetown Center for Children and Families
- **Sarah Somers**, Managing Attorney, National Health Law Program
- **Kelly Whitener**, Associate Professor of the Practice, Georgetown Center for Children and Families
- **Ruth Kennedy**, Medicaid Director, State of Louisiana

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<th>Time</th>
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<tr>
<td>8:00am</td>
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| 8:15 – 9:45am| • Context  
• Populations, Enrollment, and Consumer Issues  
• Types of Managed Care Entities  
• Benefits and EPSDT  
• Network Adequacy and Access Standards |
| 9:45 – 10:00am| Break                                                                  |
| 10:00 – 11:30am| • Grievances and Appeals  
• Quality Measurement and Improvement  
• The State Perspective  
• CHIP  
• Q & A and Discussion |