AGENDA

NASACT 2026

MEDICAID TRAINING SUMMIT

March 25-26 | Virtual CPE Event



2026 NASACT Medicaid Training Summit Draft Agenda

Wednesday, March 25, 2026 (all times ET)

11:00 – 11:10 am **Welcome**
Josh Winfrey, Executive Director, NASACT

11:10 am – 12:00 pm **Medicaid Quality of Care Audits – What are they and why are they important?**
(FOS Auditing-Governmental)
50 minutes
Presenter: John Beacham, Assistant Director, HHS, OIG, Office of Audit Services

The Medicaid program directly affects the health and welfare of millions of Americans, many of whom are among the country's most at-risk populations. OIG's work helps to ensure that people enrolled in Medicaid have access to care and that care meets quality and safety standards across HHS' health and human services programs. This session will introduce attendees to what Medicaid quality of care audits are and why these audits are important.

12:00 – 12:30 pm *Break*

12:30 – 1:45 pm **Introduction to the Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program (Form CMS-64)**
(FOS Auditing-Governmental)
75 minutes
Presenter: Miquel Darcey, Assistant Regional Inspector General, HHS, OIG, Office of Audit Services

On a quarterly basis, States report summarized Medicaid expenditure data on the Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program (Form CMS-64) which serves as the basis for the Federal Financial Participation paid to States to fund the Medicaid program. This session will provide attendees with a basic understanding of the set-up and flow of the CMS-64 report.

1:45 – 1:55 pm *Break*

1:55 – 2:45 pm **Medicaid Audits Roundtable and Single Audit Update**
(FOS Auditing-Governmental)
50 minutes
Presenter and Moderator: Michael Holcomb, Assistant Director, HHS, OIG, Office of Audit Services
State Auditor Panel Representatives:
Brad Ashley, Audit Manager, Nebraska Auditor of Public Accounts
Chris Magee, Data Analytics Manager, Louisiana Legislative Auditor
Don Catinello, Deputy Director, New Jersey Office of the State Comptroller, Medicaid Fraud Division
Lindsey Stadterman, Legislative Audit Manager, Tennessee Comptroller of the Treasury, Division of State Audit

Aaron Oakley, Legislative Audit Manager, Tennessee Comptroller of the Treasury, Division of Health Provider Review

The panel members from the designated State audit organizations will discuss recent work related to the Medicaid Cluster and the impact the results have had on their financial statement reporting, the ACFR audit, Single Audits, and program integrity. They will also discuss some of the successes, challenges and lessons learned from their work.

Michael will provide a Single Audit Update focusing on the significant changes to Uniform Guidance, the Single Audit Act, and part four sections of the annual Compliance Supplement for the Medicaid and Schip programs. He will also discuss some of the common findings reported for the Medicaid program in recent Single Audits.

2:45 – 3:15 pm *Break*

3:15 – 4:05 pm **Medicaid Audits Roundtable and Single Audit Update – Continued**
50 minutes

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4:05 – 4:10 pm *Break*

4:10 – 5:00 pm **Medicaid Audits Roundtable and Single Audit Update – Continued**
50 minutes

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Thursday, March 26, 2026 (all times ET)

11:00 – 11:50 am **Medicaid Managed Care – What is it and why is it challenging to audit?**
(FOS Auditing-Governmental)
50 minutes

Presenter: Kevin Manley, Assistant Director, HHS, OIG, Office of Audit Services and Carolyn Kapustij, Senior Advisor for Managed Care, HHS, OIG, Office of Audit Services

Managed care is the predominant health care delivery system for Medicaid with over 80 percent of Medicaid enrollees receiving at least some part of their services through managed care. This session will provide a more in-depth look at Medicaid managed care including its similarities to Medicare Advantage, types of Medicaid managed care entities, and potential challenges when auditing Medicaid managed care.

11:50 am – 12:20 pm *Break*

12:20 – 1:10 pm **Federal/State Partnerships to Enhance Oversight of State Medicaid Programs –**
(FOS Auditing-Governmental)
50 minutes
Presenter and Moderator: Kevin Manley, Assistant Director, HHS, OIG, Office of Audit Services
Lori Reimann Garretson, Senior Performance Auditor, Office of the Washington State Auditor
Barry Ahearn, Director, Rhode Island Office of the Auditor General

HHS-OIG has developed a partnership plan involving OIG and State oversight groups aimed at preventing and detecting improper payments. This session will provide an overview of the partnership efforts, explore potential audit topics, and highlight recent accomplishments. Representatives from various State Auditor Offices will share their insights including the successes, challenges, and best practices.

1:10 – 1:20 pm *Break*

1:20 – 2:10 pm **Latest Trends in Healthcare Fraud**
(FOS Auditing-Governmental)
50 minutes
Presenter: Patrick Neubert, Opioid Rapid Response Coordinator, HHS/OIG Office of Investigations

The Office of Investigations (OI) conducts criminal, civil, and administrative investigations of fraud and misconduct related to HHS programs, operations, and beneficiaries. This session will include a discussion of the latest trends in healthcare fraud with a particular emphasis on Medicaid fraud, such as skin substitute fraud.

2:10 – 2:40 pm *Break*

2:40 – 3:30 pm **Changes and Emerging Issues in Medicaid**
(FOS Auditing – Governmental)
50 minutes
Presenter and Moderator: Patrick Cogley, Director, HHS, OIG, Office of Audit Services

The One Big Beautiful Bill Act (OBBBA) has introduced significant changes to Medicaid. This session will highlight emerging issues in Medicaid stemming from the OBBBA legislation. Significant changes include new work requirements, more frequent eligibility redeterminations, revised financing rules, provisions to reduce improper payments for duplicate enrollees and deceased enrollees, and revisions to eligibility rules for non-citizens.

3:30 – 3:40 pm *Break*

3:40 – 4:55 pm **Implementing Medicaid Community Engagement: The View from Medicaid Agencies**
(FOS Auditing – Governmental)
75 minutes
Presenter: Jack Rollins, Director of Federal Policy, National Association of Medicaid Directors

Description: Building on Pat's presentation, NAMD will cover new community engagement and work requirements for the adult expansion population and link how the policy decisions and systems changes states are making now inform future program integrity work. They will link this to some of the changes around the improper payment rate changes starting in FY 2029 that OBBBA creates as well.

4:55 – 5:00 pm **Closing and Wrap-up**

CPE Information

Learning Objectives:	At the conclusion of this conference, participants will be able to: • Recount emerging issues in the Medicaid program at the Federal level. • Identify and address challenges in auditing the Medicaid program. • Apply practical information learned through information shared by peer offices and organizations
Level of Knowledge:	Overview.
Education or Experience Prerequisite:	No prerequisites are required.
Advance Preparation:	No advance preparation is required.
Fields of Study:	All sessions are classified as Auditing (Governmental)
Delivery Method:	Group-Internet based. All sessions include Q&A opportunities.
CPE:	11 credits
Attendance Requirements:	To obtain CPE credit for this event, participants must check in to each session and submit attendance verification codes provided during each session.
Refunds, Cancellations and Complaints:	A processing fee of $50.00 may be charged for any cancellation received less than one week prior to the start of the conference. Complaints: For more information regarding administrative policies such as refunds and complaints, please contact our offices at (859) 276-1147.

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