Basic Medicaid Finance Training Day 1 Tuesday, January 12th X:XX am – X:XX pm	
15 mins	**Welcome and Introductions**
15 mins	**Today's Goals and Agenda**
75 mins	***History of Medicaid*** • This module will review the basic framework of the Medicaid program, including a brief historical review and growth of Medicaid spending and key events over the past six decades. Also included will be a description of the federal / state partnership, basic principles of Medicaid funding, allowable means for state and local governments to generate state matching funds, and what's next for Medicaid as it relates to the continuing change in landscape due to H.R. 1.
20 mins	**Break**
60 mins	***Different Types of Medicaid funding*** • This module will focus on the different types of Medicaid funding for services and administrative costs to include descriptions of the federal rules governing federal matching rates at the 50%, 75%, 90% and 100% levels, understanding the CMS definition of administrative cost, and opportunities to claim certain types of services and functions at enhanced match rates.
90 mins	**Lunch**
90 mins	***Medicaid Matching → Non-Federal Funds*** • The Medicaid matching module will provide clarification around matching for both direct services and Medicaid Administrative Claiming (MAC), to include guidance related to Intergovernmental Transfers (IGTs), Certified Public Expenditure (CPE), and private grant funds. Specific case examples of each will be explored.
20 mins	**Break**
75 mins	***Federal Financial Reporting*** • This module will provide high-level overviews of each major federal financial report, including the CMS-21, CMS-64, CMS 21-B, and CMS-37. Particular focus will be on the review of administrative costs – including information technology costs as authorized by a state's Advanced Planning Document (APD), importance of the flow of administrative financial data and state office collaboration for reporting purposes.
30 mins	**Wrap Up / Questions**

Basic Medicaid Finance Training Day 2 Day of Week, Date X:XX am – X:XX pm	
15 mins	**Recap, Reflections, and Questions from Yesterday + Agenda for the Day**
75 mins	***Medicaid Regulations*** • This module will provide an overview of Medicaid federal law, regulations, and CMS sub-regulatory guidance, including information on CMS disallowances along with examples of OIG audits, processes by which states obtain federal approval to provide services as well as an overview of the state plan amendment process.
20 mins	**Break**
75 mins	***Medicaid Eligibility*** • In this module, Medicaid eligibility will be explored from a financial perspective to include an overview of states approaches to determining Medicaid eligibility, how eligibility impacts and the financial state of an agency, H.R. 1 impacts on eligibility, and state examples on how specific types of eligibility issues can create financial challenges for states.
90 mins	**Lunch**
75 mins	***Medicaid Cost Containment*** • This module examines key Medicaid cost containment strategies, including how service utilization and acuity, reimbursement approaches, and reporting can influence program costs and financial management.
20 mins	**Break**
90 mins	***How to Identify and Solve for Medicaid Fraud & Abuse*** • In this module, an overview of provider and beneficiary fraud and abuse will be explored, including the magnitude of fraud and abuse nationally, the implications of Medicaid fraud and abuse, as well as the issuance of deferrals and guidance on how a finance team can manage potential deferrals.
10 mins	**Wrap Up / Questions**
15 mins	**Evaluations + Farewell**