

**MINUTES  
MEDICAL SERVICES FUND ADVISORY COUNCIL  
(MSFAC)  
TC Energy Conference Room  
March 27, 2026**

**Members and Alternates Present or Online**

Christy Donohue, Commissioner, BMS  
Sherri Ferrell, WV Primary Care Association, CEO, MSFAC Chair  
Sarah Young, Deputy Commissioner of Policy and Operations, BMS (alternate)  
Justyn Cox, WV Hospice (alternate)  
Lisa Costello, MD, MPH, West Virginia State Medical Association (online)  
Melanie Dempsey, WV Hospital Association (online)  
Ben Beakes, Managed Care Organization Advocate  
Kimberly Becher, MD, WV Academy of Family Physicians (online)  
Jeremy Sagun, WV Behavioral Health Provider Association (online)  
Mark Drennan, WV Behavioral Health Provider Association (alternate/online)  
Hallie Mason, Dental Association (online)  
Scott Eder, DDS (alternate/online)  
Matthew Davis, WV Academy of Family Physicians (alternate/online)  
Matt Walker, WV Academy of Family Physicians (alternate)  
Marty Wright, WV Healthcare Association (online)  
Rhonda Rogombe, Local Advocacy Consumer Group (online)  
Evan Worrell, House of Delegates

**Bureau for Medical Services Employees (BMS) Present or Online**

Margaret Brown  
Jennifer Myers  
Joseph Bush  
Mandy Carpenter  
Regina McCormick  
Gary Michels  
Jason Wible  
Keli Mallory  
Shari Heinaman (online)  
Joy Burns (online)

**Interested Parties Present or Online:**

Karen Finney, WV Department of Education  
Sheila Paitsel, WV Department of Education  
Carolyn Canini, Primary Care Association  
Benita Whitman, Legal Aid (online)  
Stephanie Thomas, Legal Aid (online)  
Jason Landers, Highmark Health Options (online)

**Welcome, Opening Remarks, and Commissioner's Update:**

- Council Chair, Sherri Ferrell, began with a roll call of attendees.
- The Council approved the Minutes from the previous December 12, 2025, meeting.
- Commissioner Donohue shared her professional background in managed care and fiscal agent implementation. She also emphasized a goal of transparency and engaging stakeholders early in project implementation. In addition, the BMS is launching a policy workgroup to clarify policy manuals and align them with Managed Care Organizations (MCOs).
- Commissioner Donohue provided the following Spring 2026 Legislation update:

- Commissioner Donohue noted the credentialing guidelines for plans have been reduced from 90 to 60 days.
- The MCO tax has not been signed by Governor Morrissey.
- The BMS anticipated the introduction of two Bills during the Legislation Session, but they did not make it to the floor. One Bill regarded subrogation and the other was formalizing and making changes to the Advisory Board.
- The requested amount of funding by the BMS for the Intellectual/Developmental Disabilities Waiver (IDDW) was not approved, however, \$5 million was assigned to reduce the IDDW waitlist.
- Regarding the goal of transparency through a finance perspective, Commissioner Donohue stated the Finance Report that the BMS Chief Financial Officer (CFO), Mandy Carpenter presents, only report the capitation that is paid to the plan. Stakeholders requested that the capitation are broken down based upon services with the caveat that direct payment program dollars will be included in the Finance Report.
- Commissioner Donohue addressed questions from meeting attendees.

### **Policy and Operations Update:**

- Deputy Commissioner of Policy and Operations, Sarah Young, provided the following update:
- Medicaid enrollment has decreased since December 2025, from 493,00 to the current enrollment of 488,000.
- The following policy manuals are currently available for public comment:
  - *Chapter 300, Provider Participation Requirements*
  - *Chapter 501, Aged and Disabled Waiver*
- The following policy manuals were finalized and posted with updates to the BMS website:
  - *Chapter 504, Substance Use Disorder Services*
  - *Chapter 512, Traumatic Brain Injury Waiver*
  - *Chapter 519 Practitioner Services, Policy 519.22, Mental Health Counseling and Substance Treatment*
- Preparation for work requirements remains a priority for January 2027 deadline. The BMS is working toward finalizing the definition of “medically frail” by June 2026.
- The BMS is developing a communication plan, including a toolkit for providers and a simplified, branded postcard for members. The communication plan is slated to begin in April. The BMS is working with MCO groups and other advocacy groups to finalize language for outreach.
- Deputy Commissioner Young presented an operations update through PowerPoint, details included:
  - Spring 2026 Provider Workshops dates and times were announced.
  - Details regarding the One Big Beautiful Bill (OBBA) Compliance and Exemptions for the upcoming community engagement requirements. The BMS is still awaiting additional guidance for those requirements.
  - Data on the expansion population, estimating that approximately 33,700 members out of 161,000 will need to take action to comply with work requirements. The numbers are expected to fluctuate.
  - The BMS emphasized that eligibility determinations are individual, and children’s coverage is not impacted by adult work requirements.
- Deputy Commissioner Young addressed questions and welcome discussions from meeting attendees.
- Jennifer Myers, BMS Director of Professional Services, presented the federally required West Virginia Bureau for Medical Services Medicaid Advisory Council Annual Report: Operational Year One Template to council members. The report will detail the Advisory Council’s activities and recommendations that may have been made to the State agency.
- Myers asked the council to review the template for the next MSFAC June meeting. The first Annual Report is due July 9, 2026, and posted to the BMS website by August 9, 2026. The BMS will send out the Annual Report prior to the next June meeting.
- Myers addressed questions from meeting attendees.

### **State Plan Amendment (SPA) Update:**

- SPA 26-0002 was approved. The SPA implements a 1% Federal Medical Assistance Percentage (FMAP) preventive services and adult vaccines, while removing co-pays on specific medications.
- SPA 26-0001 was approved. The SPA expands the eligible population for school-based health services and adds provider types (counselors, social workers, and board-certified behavioral health analysts).

### **Plan Management and Integrity Update:**

- Deputy Commissioner of Plan Management and Integrity, Gary Knight, presented the following update:
  - The Office of Quality Management has received the Annual Technical Report from the BMS External Quality Review Organization. The Report assesses quality, accessibility, and timeliness of care provided by the claim.
  - The Quality Strategy was updated. The Three-Year Quality Strategy was updated to recognize new measures as well as retired measures from the Centers for Medicare and Medicaid Services (CMS).
  - By December 31, 2028, the CMS is requiring Quality Rating System on the BMS website. This will allow members to compare plans and make informed decisions.

### **Finance Update:**

- Interim Deputy Commissioner of Finance, Mandy Carpenter, presented the Finance Report with the following:
  - An update on fiscal trends, noting that managed care expenditures include Direct-Payment Program (DPP) payments
  - The State single audit for West Virginia Medicaid resulted in zero findings
  - Carpenter addressed questions and comments from the MSFAC.

### **Public Comment:**

- There were no public comments. The meeting was adjourned.

Minutes submitted by:  
Margaret Y. Brown  
Bureau for Medical Services