West Virginia (WV)
Bureau for Medical Services (BMS)

Medicaid Advisory Committee (MAC)
Annual Report: Operational Year 1

July 9, 2026

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Introduction

The purpose of the WV Medical Services Fund Advisory Council (MSFAC) (the Council) is to consult and advise the WV Bureau for Medical Services (BMS) on the development and administration of the State Medicaid Plan, health, and medical care services. The council formally meets requirements for and serves as the WV Medicaid Advisory Committee (MAC) in accordance with requirements of the federal Access Rule of 2024, specified at 42 CFR § 431.12 *'Medicaid Advisory Committee and Beneficiary Advisory Council'*.

As part of the Access Rule of 2024, the MSFAC, serving as the State's MAC and with support from BMS, must develop and submit an Annual Report describing the Council's activities, topics discussed, and recommendations provided to BMS over the course of the year. The Annual Report also includes recommendations from the WV Beneficiary Advisory Council (BAC), and report. The contents of the Annual Report have been reviewed by BMS and discussed with the MSFAC.

MSFAC Background

The MSFAC is facilitated by the BMS, the State Medicaid Agency under the WV Department of Human Services (DoHS). As part of Access Rule 2024 requirements, MSFAC membership was updated as of July 2025, to include additional representation.

WV MSFAC members serve staggered terms ranging from one to four years, until they are reappointed or replaced by the BMS Commissioner. The following federal requirements are applicable to MSFAC membership:

- From July 9, 2025, through July 9, 2026, 10 percent of the MSFAC members must come from the WV BAC; for the period from July 10, 2026, through July 9, 2027, 20 percent of the MSFAC members must come from the BAC; and thereafter, 25 percent of MSFAC members must come from the BAC.
    - This Year 1 Annual Report reflects the period of July 9, 2025, through July 9, 2026.
- At least one representative from state or local consumer advocacy groups or other community-based organizations that represent the interests of, or provide direct service, to Medicaid members must be included on the MSFAC.
- As applicable, at least one representative from participating Medicaid Managed Care Plans (MCOs), prepaid inpatient health plans (PIHPs), prepaid ambulatory health plan (PAHPs), Primary Care Case Management (PCCM) entities or PCCMs as defined in § 438.2, or a health plan association representing more than one such plans must be included on the MSFAC.
- At least one representative from another state agency that serves Medicaid beneficiaries must be included on the MSFAC[1] as ex-officio non-voting members.

[1] PIHP and PAHP representation are not applicable to the State of WV.

MSFAC Membership

In Operational Year 1, the MSFAC serving as the State's MAC consisted of sixteen members. Please see the list of categorical member representation below.

MSFAC Categorical Membership Representation
WV Community Health Centers (representative currently chairs the MSFAC)
WV BMS, the State Medicaid/CHIP Agency
WV House of Delegates
WV Senate
WV Healthcare Association
WV Hospital Association
WV State Medical Association
WV Board of Pharmacy
WV Academy of Family Physicians
WV Hospice Care
WV Behavioral Health Care Providers Association
WV Dental Association
WV Bureau for Public Health as peer state agency leader (– *new as of July 2025 per Access Rule 2024*
WV managed care representation– *new as of July 2025 per Access Rule 2024*
Consumer advocacy group representation – *new as of July 2025 per Access Rule 2024*
WV BAC membership – *new as of July 2025 per Access Rule 2024, in proportions aligned with requirements*

MSFAC Meetings

MSFAC meetings are typically held on a quarterly basis, though may be called at any additional time by BMS. In updated Advisory Council Operational Year 1, four MSFAC meetings were held in-person at the TC Energy building in Charleston WV, with a virtual option available to participants on Google meet.

As required by the Access Rule 2024, MSFAC meetings held after July 2025 included additional member representation as described in *MSFAC Background* above.

The MSFAC Meetings section summarizes the activities, topics discussed, and recommendations from each of the four MSFAC meetings held during Year 1 operations.

Meeting: September 19, 2025

Council Activities

The September 2025 occurrence of the MSFAC was held on September 19, 2025, with a quorum being met. BMS employees were present including but not limited to the BMS Commissioner, Deputy Commissioner of Policy and Operations, Interim Deputy Commissioner of Finance, and General Counsel. Meeting minutes from the June 2025 occurrence of the MSFAC were approved and published on the BMS website after the September meeting instance.

Topics Discussed

At the September 2025 occurrence of the MSFAC, the Commissioner provided an update on Council membership requirements per 2024 Access Rule. The BMS Director of Professional Services provided additional information on the newly formed BAC's purpose and operations.

The MSFAC reviewed and discussed the State's efforts in the Rural Health Transformation Grant opportunity as well as additional provisions as part of the House Resolution (H.R.) 1. legislation. The Commissioner also announced that BMS had submitted a rate study as requested by State legislation.

The Deputy Commissioner of Policy and Operations provided updates regarding enrollment numbers, BMS website updates, and fall provider workshops.

General Counsel presented and received approval for SPA 25-0004 Clinic Services, SPA 25-0005 Medication Assisted Treatment (MAT) and 25-0006 Drugs outside of the Diagnosis-Related Group (DRG) [in concept].

The Interim Deputy Commissioner of Finance provided updates regarding Fee-For-Service (FFS) versus the Managed Care population, average enrollment numbers, Federal Medical Assistance Percentage (FMAP) trends, and budget updates.

Full descriptions of topics discussed can be found in the meeting minutes on the WV BMS MSFAC Page.

Meeting: December 12, 2025

Council Activities

The December 2025 occurrence of the MSFAC was held on December 12, 2025, with a quorum being met. BMS employees were present including but not limited to the BMS Commissioner, Deputy Commissioner of Policy and Operations, Deputy Commissioner of Plan Management and Integrity, Interim Deputy Commissioner of Finance, and General Counsel. Meeting Minutes from the September 2025 occurrence of the MSFAC were approved and published on the BMS website after the December meeting instance.

Topics Discussed

At the December 2025 occurrence of the MSFAC, the Commissioner provided an overview of three bills that BMS was preparing for the 2026 legislative session.

The Deputy Commissioner of Policy and Operations provided updates regarding enrollment numbers, Community Engagement Qualifying Activities, Regulation, Mandatory, and Optional Exemptions list. The Deputy Commissioner addressed questions and concerns of the council members and other interested parties.

General Counsel discussed the upcoming School-Based Health Services (SBHS) SPA. The Commissioner announced that this SPA would be formally presented during the March occurrence of the MSFAC with the Department of Education being present for support.

The Deputy Commissioner of Plan Management and Integrity provided updates regarding Medical Loss Ratio (MLR) reviews, managed care initiatives, recovery audit contracts, and grant-funded vendors to manage high-cost drugs.

The Interim Deputy Commissioner of Finance provided updates regarding the Finance report including the expenditure analysis and Federal Medical Assistance Percentage (FMAP) for 2027.

Full descriptions of topics discussed can be found in the meeting minutes on the WV BMS MSFAC Page

Meeting: March 27, 2026

Council Activities

The March 2026 occurrence of the MSFAC was held on March 27, 2026, with a quorum being met. BMS employees were present including but not limited to the BMS Commissioner, Deputy Commissioner of Policy and Operations, Deputy Commissioner of Plan Management and Integrity, and Interim Deputy Commissioner of Finance. Meeting Minutes from the December 2025 occurrence of the MSFAC were approved and published on the BMS website after the March meeting instance.

Topics Discussed

At the March 2026 occurrence of the MSFAC, the Commissioner provided an update on Spring 2026 Legislative Session.

The Deputy Commissioner of Policy and Operations provided updates regarding enrollment numbers, preparation for Community Engagement requirements, policy manual updates, and spring provider workshops. The Deputy Commissioner addressed questions and concerns of the council members and other interested parties.

BMS presented SPA 26-0001 SBHS and SPA 26-0002 1% FMAP for preventive services. Both SPAs were approved by the MSFAC.

The Deputy Commissioner of Plan Management and Integrity provided updates regarding the Annual Technical Report, the Three-Year Quality Strategy, and Quality rating system.

The Interim Deputy Commissioner of Finance provided updates regarding the fiscal trends including Direct-Payment Program (DPP) payments and audit for WV Medicaid.

Full descriptions of topics discussed can be found in the meeting minutes on the WV BMS MSFAC Page

Meeting: June 26, 2026

Council Activities

The June 2026 occurrence of the MSFAC was held on June 26, 2026, with a quorum being met. BMS employees were present including but not limited to the BMS Deputy Commissioner of Policy and Operations, Deputy Commissioner of Plan Management and Integrity, and Interim Deputy Commissioner of Finance. Meeting Minutes from the March 2026 occurrence of the MSFAC were approved and published on the BMS website after the June meeting instance.

Topics Discussed

At the June 2026 occurrence of the MSFAC, the Deputy Commissioner of Policy and Operations provided updates regarding Medicaid enrollment, policy manual revisions, implementation of new federal community engagement requirements, and outreach efforts to inform members of upcoming program changes. The Deputy Commissioner also presented information on the H.R. 1 requirements.

The Deputy Commissioner of Plan Management and Integrity provided updates regarding plan management and integrity initiatives, including evaluation of a nutrition-based intervention pilot for high-risk conditions, prescription drug utilization management efforts, and provider revalidation activities.

The Interim Deputy Commissioner of Finance provided financial updates regarding increased managed care expenditures related to Directed Payment Program (DPP) fees, prior period rate adjustments, and publication of fee-for-service rates.

BMS presented SPA 26-0003 Nursing Facility Update, which transitions facility reimbursement from an appraisal-based methodology to a fair rental value system. The SPA was approved by the MSFAC.

Full descriptions of topics discussed can be found in the meeting minutes on the WV BMS MSFAC Page

Recommendations from Advisory Councils

In Operations Year 1, the following recommendations were provided to the state.

Recommendation 1: In advance of the implementation of House Resolution (H.R.) 1 Community Engagement Requirements, it was recommended that beneficiary outreach and communication strategies continue to be reviewed and refined. During the presentation from the West Virginia University (WVU) Health Affairs team, substantive feedback was provided on public-facing materials, including both content and visual elements. The discussion also identified language and document elements that could be perceived as insensitive to the target population. In addition, input was offered regarding marketing and communication materials associated with the Community Engagement Requirements.

Recommendation 2: During a discussion, it was recommended for the state to consider, in coordination with the Intellectual Developmental Disabilities (IDD) Waiver program, whether certain specialized items may be included under the Goods and Services line item within member budgets, including specialized clothing such as fecal body suits.

State Responses and Actions

State Response to Recommendation 1: Communication and marketing materials for beneficiary outreach and communication were updated based on feedback provided.

State Response to Recommendation 2: This recommendation remains under review pending future program updates and continued discussion.

Conclusion

Operational Year 1 of the updated MSFAC established a strong foundation for continued development and administration of the State Medicaid Plan, health, and medical care services. In the coming years the state will continue holding quarterly MSFAC meetings, expand membership as aligned with federal requirements, and continue engagement on key policy, finance, enrollment, and service delivery updates from BMS staff members.

Across the year, the state consulted with the Council on emerging program changes and recommendations intended to support the effective administration of the state Medicaid program.

As the state continues implementation of the Access Rule of 2024, BMS remains committed to partnering with council members, beneficiaries, providers, and community representatives to strengthen transparency and support informed decision-making in future operational years.