

West Virginia Association of Health Plans Introduces 'Medicaid Made Right' Policy Framework to Legislature

CHARLESTON, WV, UNITED STATES, January 12, 2026 /EINPresswire.com/ -- The West Virginia Association of Health Plans (WVAHP) today formally introduced Medicaid Made Right (MMR), a comprehensive, data-driven policy framework designed to strengthen the fiscal sustainability, administrative efficiency, and quality of West Virginia's Medicaid program.

The initiative was presented during the Joint Standing Committee on Finance as part of the Legislature's ongoing review of Medicaid operations and long-term budget considerations. Ben Beakes, Executive Director of WVAHP, provided an overview of the framework and outlined legislation aligned with its recommendations.

Medicaid currently serves approximately 530,000 West Virginians and represents the state's largest public expenditure, making long-term fiscal stewardship and program efficiency a shared priority for policymakers, state agencies, and healthcare stakeholders.

Medicaid Made Right was developed to support that objective by offering evidence-based recommendations informed by national best practices, federal policy trends, and West Virginia-specific data.

The logo for "MEDICAID MADE RIGHT". "MEDICAID" is in dark blue, "MADE RIGHT" is in light blue, and there is a blue arrow pointing right. Below it is a dark blue bar with the text "THE RIGHT POLICY. THE RIGHT PRICE. THE RIGHT PROCESS." in white.

MEDICAID
MADE RIGHT
THE RIGHT POLICY. THE RIGHT PRICE. THE RIGHT PROCESS.

The logo for the West Virginia Association of Health Plans. It features a blue outline of the state of West Virginia. To the right of the outline, the text "West Virginia Association of" is in grey, and "HEALTH PLANS" is in large, bold, blue letters.

West Virginia Association of
HEALTH PLANS

“Medicaid Made Right is intended to be a practical, collaborative roadmap for modernization,” Beakes said. “The goal is to ensure Medicaid dollars are used efficiently while improving care coordination and outcomes for the state’s most vulnerable populations.”

A Framework Built on Price, Process, and Policy

Medicaid Made Right was established by West Virginia’s four Medicaid Managed Care Organizations — Aetna Better Health, Highmark Health Options, The Health Plan, and Wellpoint — through WVAHP. The framework is organized around three interdependent pillars:

- Price – Promoting transparent, standardized reimbursement methodologies to improve fiscal predictability and oversight.
- Process – Streamlining administrative structures, vendor management, and data coordination to reduce duplication and inefficiency.
- Policy – Advancing legislative and regulatory reforms that support value-based care and better coordination for high-need populations.

Through a multi-phase policy committee process, the MMR initiative identified several systemic challenges within the current Medicaid structure, including fragmented administration, outdated payment methodologies, rising behavioral health expenditures without corresponding quality gains, and limited data standardization across benefits.

Focus on Long-Term Services and Supports Modernization

Among its five core policy recommendations, Medicaid Made Right places significant emphasis on transitioning Long-Term Services and Supports (LTSS) to managed care, an area that represents one of the fastest-growing and least efficient components of Medicaid spending nationwide.

West Virginia currently ranks 51st nationally in LTSS performance, according to the AARP State Scorecard. Nationally, 24 states have adopted managed LTSS models to improve care coordination, reduce institutionalization, and better align spending with outcomes.

Under the MMR framework, transitioning LTSS to managed care would allow the state to integrate services for dual-eligible and high-need populations, reinvest savings into home and community-based services, and introduce quality-based payment incentives —while maintaining legislative oversight and program accountability.

Additional Policy Recommendations

In addition to LTSS reform, the Medicaid Made Right framework includes recommendations to:

- Establish a statewide telehealth access framework across all Medicaid programs and managed

care organizations;

- Reform Medicaid pricing and payment methodologies to enhance transparency and alignment with federal guidance;
- Reevaluate Certified Community Behavioral Health Clinic (CCBHC) reimbursement structures to improve fiscal predictability; and
- Commission an independent review of the state's pharmacy benefit structure to assess long-term cost and access implications.

The initiative also identifies longer-term opportunities for legislative consideration, including Medicaid vendor consolidation, dual-eligible program integration, and periodic review of optional benefits.

A Resource for Policymakers

WVAHP emphasized that Medicaid Made Right is not a one-size-fits-all proposal, but rather a policy resource designed to support informed legislative discussion and collaboration with the Bureau for Medical Services, the Governor's Office, and the West Virginia Legislature.

"Medicaid Made Right is about aligning policy with evidence and outcomes," Beakes said. "We look forward to continuing to work with lawmakers as they evaluate options to modernize Medicaid in a way that is fiscally responsible and responsive to West Virginia's needs."

Additional information, including the full policy framework and supporting materials, is available at www.ahpwv.com/medicaidmaderight.

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