

Clinical Workgroup MEETING MINUTES

DATE AND TIME	LOCATION
Friday, March 17, 2023	VIRTUAL via TEAMS
9:00 – 10:00am EST	
ADVISORY	COMMITTEE
Member List Below	
Meeting Cadence: Bi-Weekly Meetings via Webex	Meeting:
WV NF Clinical Workgroup	-

Attendees*:

	Present?	Attendee	Present?	Attendee
	Х	Alex Montileone		Kourtney Pennington
		Barbara Skeen	Х	Lori Greer-Harris
	Х	Catie Mellott		Marty Wright
Invitees:		Dan Brendel		Mary Agnes Argento
		Dee Adkins		Matthew Campbell
		Holly Estel		Melanie Dempsey
	Х	Jeff Bush		Terry McGee
	Х	Jennifer Gregory		Todd Jones
	Х	Kerry Weaver		Nathan Hanshaw

*Not inclusive of Call-in Users.

	AGENDA ITEMS	LEAD	DURATION (MINS)
1.	Roll Call and Housekeeping	Muara and	
	See above attendance	Myers and Stauffer	1
2.	VBP Model Discussion		
	Workgroup:		
	 Had a call and still evaluating Special Considerations, looking at them from a Tier stand point because at any point our centers (not many) could fall out of the Tiers period. When seeing those 1-2 centers falling out or a new facility comes on board, are they able to still receive dollars? What would we have to look at for cut points to make sure they got in? 		_
	• M&S:	Workgroup	1
	 If have anything can share with us between calls, please do, so we can work on the modeling because looking at the end of April for having decisions made and finalizing rule language. 		
	 Could build into the formula that they get put at State-wide average or use the middle Tier point values. 		
	• There are two different situations for facilities without sufficient data. Either they have data in some categories but not all, or they are		



blank across the board. Consider State-wide average across the board for new facilities or low volume. Recommend for blanks within the data set, but not low volume or new facility, pull State average for just the missing score. 3. Special Population Analysis • M&S: • Looking at just the Behavioral indicators we did some additional modeling. Looking at the same markers as the Massachusetts's model and just looking at a percentage total, and impacted days at a \$50 payment rate. That comes to about \$6 - \$6.5 million for that pool of payments. Took that and added it to the total Quality Add-on pool, and the Special Population pool at \$6.3 million. That leaves \$50 million for the Quality metrics above. Added columns so can see the total Quality metrics and the Special Population payment. Myers and Stauffer • The actual incentive marker is up in the air, but if can agree on an approach, then we can start looking at what makes a facility qualified to participate in this pool. The idea is have to quality to participate in this pool, then the pool of qualified provider days is what's used to determine your payout. That way no money is left in the pool because only looking at qualified days, not the total State-wide days. Only the Medicaid days that would make them eligible to participate in receiving the funds. Myers and Stauffer • Workgroup: • Kind of like a Foundation payment. Facility does something specific per quarter and that would make them eligible to participate in receiving the funds. Myers and Stauffer 1 • Workgroup: • Watts the date of the Model to evaluate with the other groups. Myers and Stauffer 1 • M&S: • Workgroup:	Resources		
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• M&S:		All	2
	 Will have that data the 4th Wednesday in April. 		

MEETING ACTION ITEMS AND DECISIONS MADE		
Status	Task	Assigned To
Pending	Action: M&S: Send updated draft of Model to Workgroup 	Myers and Stauffer



Complete Decision Made:

All