

**WV Nursing Facility Reimbursement Workgroup
MEETING MINUTES**

DATE AND TIME	LOCATION
Meeting Date: 11/17/2022 9:00 – 10:30am EST	VIRTUAL via TEAMS
ADVISORY COMMITTEE	
Member List Below	
Meeting Cadence: Bi-Weekly Meetings via Teams Meeting	

Attendees*: *Not inclusive of Call-in Users.

	Present?	Attendee	Present?	Attendee
Invitees:	X	Alex Montileone		Lane Ellis
		Andy Page	X	Lori Greer-Harris
	X	Barbara Skeen	X	Mandy Carpenter
	X	Catie Mellott		Melanie Dempsey
	X	Cindy Beane	X	Michelle Pettey
	X	Dan Brendel	X	Regina McCormick
		David McCauley		Shawn Eddy
	X	Gregg Gibbs		Sherry Jarvis
	X	Jeanne Snow	X	Terry McGee
	X	Jeff Bush	X	Todd Jones
	X	Kayla McCully		Tonya Jones
		Kris Pattison	X	Tracy Mitchell
		Whitney Sharp	X	Marty Wright

AGENDA ITEMS	LEAD	DURATION (MINS)
1. Roll Call/Housekeeping <ul style="list-style-type: none"> See above for attendees DHHR <ul style="list-style-type: none"> Expressed concern with the UPL getting higher throughout the year 	Myers and Stauffer Jeff Bush	5
2. Discussion of M&S Model <ul style="list-style-type: none"> M&S: <ul style="list-style-type: none"> Described overview of model The M&S model allows the user to hone in on specific elements associated with it. All cost components can be mapped and manipulated throughout the analysis. Default data points is set to place nursing in direct care, place oxygen in care related, therapy is its own line item, mandated standard services are combined in administrative, pass through component, capital, and quality component. Currently, there is no minimum occupancy or floor associated with pass through. Minimum occupancy is left at 90 for default for other components. 	Workgroup	45

<ul style="list-style-type: none"> ○ The model is subject to change, negotiation, and discussion to figure out what needs to be changed. ○ There is also no budget neutrality built in the model because there is no idea of what the budget may be yet ○ Currently the quality component is a pool of dollars to be paid out to the providers, which is an estimate for now. This estimate is set at 7% of overall system dollars. ○ Discussion ended by explaining the quality program model. This model utilizes a day-weighted point system to produce a quality score. It will also most likely have quality payment as a lump sum. The measures will most likely be updated and looked at quarterly, which would promote a higher level of quality. 		
<p>3. Provider Proposals and Reconciliations</p> <ul style="list-style-type: none"> • Workgroup: <ul style="list-style-type: none"> ○ Requested consideration of setting rates equal to Medicare methodology ○ Expressed interest in the level of risk per day based on the proposed model with quality spending. ○ Brought up the question of budget neutrality and what that number would look like. ○ • M&S: <ul style="list-style-type: none"> ○ Explained that the Medicare based approach was not something the state wanted. The state is interested in ensuring budgetary control and ensuring spending & oversight control. 	Workgroup	10
<p>4. Open Discussion</p> <ul style="list-style-type: none"> • Workgroup and M&S: <ul style="list-style-type: none"> ○ M&S and workgroup both in agreement to work on steps internally before discussing more clinical items next meeting. 	Myers and Stauffer	5