

**WV Nursing Facility Reimbursement Workgroup  
MEETING MINUTES**

DATE AND TIME	LOCATION
Meeting Date: December 1, 2022 9:00 – 10:30am EST	VIRTUAL via TEAMS
ADVISORY COMMITTEE	
<b>Member List Below</b>	
<b>Meeting Cadence: Bi-Weekly Meetings via Teams Meeting</b>	

**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)
<b>1. Roll Call/Housekeeping</b> <ul style="list-style-type: none"> <li>See above for attendees</li> <li>Myers and Stauffer greeting</li> </ul> DHHR: <ul style="list-style-type: none"> <li>The state wants to develop a system that is fair and administratively simple.</li> <li>The state and management are not in favor of the Medicare methodology approach</li> <li>State also wants quality programs in the reimbursement.</li> </ul>	Myers and Stauffer  Jeff Bush	5
<b>2. Discussion of M&amp;S Model</b> <ul style="list-style-type: none"> <li>M&amp;S:               <ul style="list-style-type: none"> <li>Described overview of model &amp; gave updates with Decision Matrix</li> <li>Decision was made for a one-year cost report. This will allow for better data collection than reporting semi-annually.</li> <li>Decision was made to keep capital in the SAV system. Some medians could be condensed, and some could be expanded.</li> </ul> </li> </ul>	Workgroup	45

<p><b>3. Decision Matrix Update Discussion</b></p> <ul style="list-style-type: none"> <li>• M&amp;S: <ul style="list-style-type: none"> <li>○ Moving to a one-year cost-reporting period will allow for easier modifications.</li> <li>○ There was talk about collapsing the medians in the past</li> <li>○ PDPM is inevitable so it is essential to begin modeling it</li> <li>○ State did not want to maintain its own verification system for the data.</li> <li>○ More information can be added to the model if group agrees to add anything to it.</li> </ul> </li>   <li>• Workgroup: <ul style="list-style-type: none"> <li>○ Expressed concerns regarding the modeling</li> <li>○ June costs were higher than normal and was impossible to predict the trend. This dealt with the nursing components</li> <li>○ Expressed concern with COVID related costs. The concern is how this past data with these high costs and the new data will affect rates, positive or negative.</li> <li>○ Workgroup concerned that the new October rates will push them over \$1 billion. Inflation is a main concern across the board as well.</li> <li>○ From the hospital perspective, they do not expect rates to go down. They also believe there will not be any large shifts in pay for at least 18 months to two years.</li> </ul> </li> </ul>	<p>Workgroup</p>	<p>10</p>
<p><b>4. Open Discussion</b></p> <ul style="list-style-type: none"> <li>• Workgroup: <ul style="list-style-type: none"> <li>○ Expressed concerns with early PDPM transition decision, but believe PDPM transition should happen as one of the last steps in this process.</li> </ul> </li>   <li>• M&amp;S: <ul style="list-style-type: none"> <li>○ The Excel documents and models will be shared with the workgroup for internal review &amp; analysis.</li> </ul> </li> </ul>	<p>Myers and Stauffer</p>	<p>5</p>