

**WV Nursing Facility Clinical Workgroup
MEETING MINUTES**

DATE AND TIME	LOCATION
Meeting Date: October 28, 2022 1:30pm – 2:30pm ET	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		Kourtney Pennington
		Barbara Skeen	x	Lori Greer-Harris
		Catie Mellott	x	Mary Agnes Argento
	x	Dan Brendel	x	Matthew Campbell
	x	Dee Adkins		Melanie Dempsey
		Holly Estel		Kris Pattison
	x	Jeff Bush		Terry McGee II
	x	Jennifer Gregory		Todd Jones
	x	Kerry Weaver	x	Tina Woollard

AGENDA ITEMS	LEAD	DURATION (MINS)
1. Roll Call/Housekeeping <ul style="list-style-type: none"> See above for attendees 	Myers and Stauffer Jeff Bush	5
2. VBP Analysis Discussion <ul style="list-style-type: none"> M&S: <ul style="list-style-type: none"> Historic information was sent out last week and new updated information was posted by CMS on Wednesday, so the analysis shown in Excel is using updated information. The agenda is to look at specific measures and decide which ones to target for additional analysis to build VBP program. 	Workgroup	45
3. Specific Measure Discussion <ul style="list-style-type: none"> Workgroup: <ul style="list-style-type: none"> Expressed concerns regarding functional decline Asked what could they do to incentive providers to improve themselves against their own benchmarks. Group concerned that staffing measures is counter intuitive. Group member expressed concerns that top 5% will be rewarded and the other 70% will not. Concerned that there will be a “bell curve” in quality measures. Asked which clinical measures could be thrown out or omitted in the 	Workgroup	10

<p>future.</p> <ul style="list-style-type: none"> ○ ● M&S: <ul style="list-style-type: none"> ○ The data will be put together soon after the group agrees on what measures to use. ○ There is a higher Medicaid population in WV and want to look at short stay measures to improve star rating. ○ The long stay measures are the bulk of the patients at roughly 80%, which should be looked at. ○ Initial implementation will not consider QRP measures. ○ Changes can be made further down the road when newer data is available. ○ M&S will compile more information regarding clinical measures and send out to group for additional analysis. 		
<p>4. Open Discussion</p> <ul style="list-style-type: none"> ● Workgroup: <ul style="list-style-type: none"> ○ Concerns raised on if some facilities will be set up to fail. ● M&S: <ul style="list-style-type: none"> ○ Explained that the group and the state will have to consider that they will have quality dollars as an incentive. ○ Explained that the decision matrix will be a living document and nothing will be set in stone before the next meeting. 	<p>Myers and Stauffer</p>	<p>5</p>