![West Virginia Department of Health & Human Resources logo]

WV NF Reimbursement Workgroup - Bi-Weekly Meetings
MEETING MINUTES

DATE AND TIME	LOCATION
Thursday, January 12, 2023 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	X	Lane Ellis
		Andy Page	X	Lori Greer-Harris
	X	Barbara Skeen		Mandy Carpenter
		Catie Mellott	X	Melanie Dempsey
		Cindy Beane		Michelle Pettey
	X	Dan Brendel	X	Regina McCormick
	X	David McCauley	X	Shawn Eddy
	X	Gregg Gibbs	X	Sherry Jarvis
	X	Jeanne Snow	X	Terry McGee
	X	Jeff Bush	X	Todd Jones
		Kayla McCully	X	Tonya Jones
		Kris Pattison	X	Tracy Mitchell
		Whitney Sharp		Marty Wright

AGENDA ITEMS	LEAD	DURATION (MINS)
1. Roll Call/Housekeeping • See above for attendees **M/S:** • Sent out an updated version of the model yesterday that includes split out of liability insurance. Tried to match parameters to submitted proposal. Overall impact is not large. Included a mapping crosswalk. • Projected budget is around $915,000,000 - $920,000,000.	Jeff Bush	5
• **Updated Rate Model Discussion** **Workgroup:** • Suggest 90th percentile using actual costs and adjust costs with inflation. This will protect the state and limit the movement of the cap by 10%. • Need to discuss special populations and how to handle those. • Administrative category is really the last category we need to make decisions for; we have talked and agreed on direct care components. • Need to discuss what dials we need to adjust with admin. • For special populations, looking at neuro and psych disorders, can	Alex Montileone	30

look at those patients. Included actual behaviors based on diagnosis and why is that being caused. Looking at parameters on how it is coded and staff interviews. Did not include depression, as it is covered through CMI and the quality measuresOther special population is wounds and the costs that go into that. Pulmonary respiratory patients may need to be considered; need to look at treatments and respiratory therapists, additional labor hours that it takes. Last population is functional ability patients, may need continued safety, two people or mechanical lifts. Have maximum help to those patients. **M/S:** • Using percentile instead of median plus, this will be more stable with the provider variations.. • Can do a flat count of assessments meeting criteria requested for special populations. • Will use current MDS submission data. **DHHR:** • 7-7.5% quality pool proposed		
2. Clinical Workgroup Update **M/S:** • Do not have a large update right now. Right now it is just getting the behavioral health data.	Myers and Stauffer	10

3. Open Discussion
   M/S:
• We would like to move to bi-weekly meetings for right now since we will be working on that data.
 	
   Workgroup:
• No massive changes as we are waiting on cost report and were all on same page.
• Need to consider how our outputs will change and period that goes with that, cost report moving to 12 months.
• Need to think through the nuances on how we get the cash to providers in a timely manner.
	Myers and Stauffer	5

MEETING ACTION ITEMS AND DECISIONS MADE		
Status	**Task**	**Assigned To**
Pending	**Action:** Need data for special populations in order to complete the build	All
Complete	**Decision Made:**	All