



**Nursing Home Prospective Payment Working Group
Meeting #3
November 13, 2017 at 1:00 pm
Conference Room A**

The Agency has posted the Invitation to Negotiation to re-procure the Statewide Medicaid Managed Care (SMMC) health plan contracts. Therefore, we have officially entered into the statutory blackout period as described in s.287.057(23), F.S., and we must not have any discussion relating to the scope, evaluation, or negotiation of those procurements with impacted vendors or other external stakeholders.

*As stated in s.287.057(23), F.S., “Respondents to this solicitation or persons acting on their behalf may not contact, between the release of the solicitation and the end of the 72-hour period following the agency posting the notice of intended award, excluding Saturdays, Sundays, and state holidays, any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the procurement officer or as provided in the solicitation documents. **Violation of this provision may be grounds for rejecting a response.**”*

Name	Representing
Robert P. Asztalos	Florida Health Care Association
Erwin P. Bodo	LeadingAge Florida
Martin Casper	Self Employed Nursing Home Consultant
Dale Ewart	1199SEIU, United Healthcare Workers East
Robert Goldstein	Menorah Manor
Scott L. Hopes	CliniLinc, Inc
Jennifer Langer Jacobs	Sunshine Health
Keith A. Myers	MorseLife Health System
Mark Reiner, MD	Catholic Health Services
Beverly Williams	Richards, Mitchell & Company, PA
Jennifer Ziolkowski	Opis Senior Services Group

Agenda Outline

	Topic	Person Discussing
1.	Welcome	Tom Wallace, Interim Assistant Deputy Secretary for Medicaid Finance and Analytics



**Agency for Health Care Administration
Agenda**

	Topic	Person Discussing
2.	Adopt October 19, 2017 meeting minutes	Tom Wallace, Interim Assistant Deputy Secretary for Medicaid Finance and Analytics
3.	Member review of meeting #2 topics: <ol style="list-style-type: none"> 1. Adjustments needed to existing targets and ceilings applicable to rate calculations 2. Considerations for supplemental payments as part of prospective payments 3. Phase-in timeline and transition payments during phase-in 	Members
4.	Member discussions of the frequency of rebasing under prospective payments	Members
5.	Member discussions of exemptions from prospective payments	Members
6.	Member discussions of budget neutrality for property and non-property related cost components	Members
7.	Member discussions of interim rate changes for both property and non-property related cost components	Members
8.	Member discussions of annual inflation adjustments of non-property related rate components	Members
9.	Member discussions of payment for generator upgrades per the Emergency Rule	Members
10.	Member discussions of FRVS payment parameter values – minimum/ maximum square footage per bed	Members
<i>If time permits:</i>		
11.	Member discussions of rate setting for newly constructed providers without cost history	Members
12.	Member discussions of timeliness of audits and desk reviews	Members
13.	Member discussions of rate calculations for facilities that remain under cost-based reimbursement	Members
14.	Discuss timeline associated with report	Tom Wallace, Interim Assistant Deputy Secretary for Medicaid Finance and Analytics
15.	Public comments	Public