

Nursing Home Prospective Payment Working Group Meeting #2 October 19, 2017 at 1:00 pm Conference Room A

Members Present	Representing	
Robert P. Asztalos	Florida Health Care Association	
Erwin P. Bodo (attended via phone)	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	
Agency Staff Present		
Tom Wallace, Interim Assistant Deputy Secretary for Medicaid Finance and Analytics	Agency for Health Care Administration	
Lisa Smith, Regulatory Analyst Supervisor	Agency for Health Care Administration	
Jonathan Sackett, Medical Health Care Program Analyst	Agency for Health Care Administration	

Agenda Outline

J	Topic	Person Discussing	Summary
1.	Welcome and Introductions	Tom Wallace	Discussion of meeting process and introduction of agency staff and working group members.
2.	Adopt September 26, 2017 meeting minutes	Members	Minutes adopted.



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	Topic	Person	Summary
		Discussing	
3.	Member discussion on meeting #1 topics: 1. Eliminate incontinence as a quality measure	Members	Keith Myers: Agrees to eliminate. Jennifer Ziolkowski: Does not agree to eliminate. Beverly Williams: Does not agree to eliminate. Mark Reiner: Agrees to eliminate. Jennifer Langer Jacobs: No position. Scott Hopes: Does not agree to eliminate. Robert Goldstein: Agrees to eliminate. Dale Ewart: Does not agree to eliminate. Martin Casper: Agrees to eliminate. Robert Asztalos: Does not agree to eliminate. Erwin Bodo: Agrees to eliminate.
4.	Eliminate restraints as a quality measure	Members	Robert Goldstein: Agrees to eliminate. Mark Reiner: Has concerns because of the way the measure is scored. Robert Asztalos: Does not agree to eliminate. Scott Hopes: Does not agree to eliminate.
5.	Interjection	Tom Wallace	Encouraged members to submit comments in writing to the Agency to be included in the final report.
6.	3. Eliminate credentialing points for facilities if they have under three stars in the CMS Five-Star Quality Rating System		No discussion
7.	Add excessive weight loss as a quality measure		No discussion
8.	5. Calculate RN, LPN, and CNA staff at a higher value than Social Work and Activity Staff		No discussion
9.	6. Eliminate CMS 5 Star Rating	Members	Erwin Bodo: Does not want to eliminate. Scott Hopes: Agrees to eliminate.
10.	7. Eliminate the threshold to receive quality points		No discussion
11.	8. Eliminate the threshold for the yearly improvement points and increase the threshold to 30%		No discussion
12.	Eliminate the flu vaccine measure		No discussion



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13.	10. Use the most recent data available to calculate the median rates for the direct and indirect care components	Members	Erwin Bodo: Agrees to use most recent data. Beverly Williams: Disagrees. Martin Casper: Disagrees. Robert Asztalos: Disagrees. Scott Hopes: Disagrees. Mark Reiner: Agrees to use most recent data.
14.	Member discussions of adjustments needed to existing targets and ceilings applicable to rate calculations	Members	Erwin Bodo: Motions to move districts 8 & 9 from the North to the South. Robert Asztalos: Disagrees. Scott Hopes: Disagrees Jennifer Ziolkowski: Disagrees Dale Ewart: Increase the median percentage for direct care and eliminate the floor.
15.	Member discussions of considerations for supplemental payments as part of prospective payments	Members	Supplemental Payments – Ventilator add on: Martin Casper: Take an inventory of ventilator patients and put standards in place. Ventilator facilities must have a respiratory therapist available at all times. Ventilator patients should have a doctor visit once a week. CPAP patients should be excluded. Develop a waitlist system. Additional budget should be made available to increase the possible number of patients. Mark Reiner: Agrees with Martin Casper. Robert Asztalos: Agrees with Martin Casper write up standards to review in the next meeting. Supplemental Payments – Add on payment for high Medicaid volume and high direct care staffing hours: Scott Hopes: Objects to using raw unadjusted number to score direct care staffing.
16.	Member discussions of phase-in timeline and transition payments during phase-in	Members	No Objection to the transition period.
17.	Member discussion of annual inflation increase	Members	Robert Asztalos: Recommends NH goes back to an annual inflation increase. Scott Hopes: Agrees Martin Casper: Agrees



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18.	Discuss timeline associated with report	Tom Wallace	Provide written comments by November 7, 2017 in order for draft report to be available at the November 13, 2017 meeting for review.
19.	Topics to be covered in the next meeting	Tom Wallace	The next meeting's topics will be based on the survey of additional meeting topics.
20.	Public comments	Members	Gina Zimmerman: How would the agency prefer to receive written comments from the public? Tom Wallace: Send written comments to Lisa Smith. Doug Burr: Submit comments to workgroup members from the August reimbursement plan meeting. Develop peer groups based on bed size. Agrees that 2016 data should be used to calculate the median rate for direct and indirect care components. Look at Tennessee, Georgia, and Idaho regarding ventilator units.