



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

Members Present	Representing
Robert P. Asztalos	Florida Health Care Association
Erwin P. Bodo	LeadingAge Florida
Martin Casper (attended via phone)	Self Employed Nursing Home Consultant
Dale Ewart	1199SEIU, United Healthcare Workers East
Robert Goldstein (attended via phone)	Menorah Manor
Scott L. Hopes	CliniLinc, Inc
Jennifer Langer Jacobs	Sunshine Health
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

	Topic	Person Discussing	Summary
1.	Welcome and Introductions	Tom Wallace, Interim Assistant Deputy Secretary for Medicaid Finance and Analytics	Discussion of meeting process and introduction of Agency staff.



**Agency for Health Care Administration
Meeting Minutes**

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2.	Correct and Adopt October 19, 2017 meeting minutes	Members	<p>Erwin Bodo: Correction on topic 14. Motions to move districts (not counties) 8 & 9 from the North to the South.</p> <p>Dale Ewart: Add comments relating to increasing the cap and removing floor on topic 14.</p> <p>Robert Asztalos: Motions to adopt meeting #2 minutes with correction.</p> <p>Erwin Bodo: Seconds motion to adopt minutes.</p>
3.	Review of meeting #2 topics: Phase-in timeline and transition payments during phase-in	Members	<p>Mark Reiner: Agrees to the hold harmless time period of three years, but believes the implementation date of October 1, 2018 for the prospective payment system is rushed and should be delayed.</p>
4.	Member discussions of the frequency of rebasing under prospective payments	Members	<p>Tom Wallace: Direct, indirect, and operating rebasing every three years using the most recently audited cost report. FRVS and quality rebasing annually.</p> <p>Martin Casper: Rebase direct, indirect, and operating component after the 2nd year for the first rebasing period, and every three years after that.</p> <p>Robert Goldstein: Use the 2017 data (the most recent) for the initial rate setting. Quality measures should be reviewed and updated on a yearly basis.</p> <p>Dale Ewart: Rebase on an annual basis, not every 3 years.</p>
5.	Member discussions of exemptions from prospective payments	Members	<p>Tom Wallace: Veteran Affairs, pediatric, and government-owned facilities are exempt from the prospective payment system. Their rates will be based on cost, but use audited cost reports with no retroactive rate adjustments.</p> <p>Erwin Bodo: The exempt facility's cost report data should be used for the median calculations within the prospective payment system.</p> <p>Dale Ewart: Agrees with Erwin Bodo.</p> <p>Mark Reiner: Pediatric facilities should be exempt. Does not agree that government-owned and veteran's facilities should be exempt.</p> <p>Scott Hopes: Does not think that hospital taxing districts should be exempt.</p>



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6.	Member discussions of budget neutrality for property and non-property related cost components	Members	Erwin Bodo: Determine the property and non-property components separately for budget neutrality purposes. Scott Hopes: Disagrees with determining budget neutrality separately for different components. Dale Ewart: Agrees with Erwin Bodo. Erwin Bodo: The FRVS system should not reimburse for facilities that are not up to the current code.
7.	Member discussions of interim rate changes for both property and non-property related cost components	Members	Robert Asztalos: Interim rates should be granted for costs that the facility cannot control, such as government mandates. Beverly Williams: Agrees with Robert Asztalos. Allow for interims when there are situations that effect all providers.
8.	Member discussions of annual inflation adjustments of non-property related rate components	Members	No discussion.
9.	Member discussions of payment for generator upgrades per the Emergency Rule	Members	Scott Hopes: Research funding options including federal funds available. Agrees with governor's mandate.
10.	Member discussions of FRVS payment parameter values – minimum/ maximum square footage per bed	Members	Erwin Bodo: Does not agree with using 350 minimum square feet in the FRVS system. This should be 100 square feet instead.
11.	Member discussions of rate setting for newly constructed providers without cost history	Members	No discussion.
12.	Member discussions of timeliness of audits and desk reviews	Members	Beverly Williams: Use desk review to ensure required cost reports are audited prior to the rebase rate semester.
13.	Member discussions of rate calculations for facilities that remain under cost-based reimbursement	Members	No discussion.
14.	Discuss draft report and timeline associated with report	Tom Wallace, Interim Assistant Deputy Secretary for Medicaid Finance and Analytics	Tom Wallace: All members have been e-mailed a draft of the report. Members must send any edits or additional comments and recommendations to the Agency no later than close of business Friday, November 17, 2017. Members: No objections to the timeline.



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	Topic	Person Discussing	Summary
15.	Public comments	Public	Doug Burr: Use the same fiscal year cost reports for audits. Look at Virginia for outcomes using a similar reimbursement system.