

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
PATIENT PROTECTION COMMISSION
Helping people. It's who we are and what we do.



Sara Chalhagian
Executive Director

Dr. Ikram Khan
Commission
Chairman

Subcommittee: Stakeholder Advisory Committee to the Patient Protection Commission for the Peterson Milbank Program for Sustainable Health Care Costs

**SUMMARY MINUTES
July 21, 2021**

Pursuant to NRS 241.020(3)(a) as amended by Assembly Bill 253 of the 81st Legislative Session, this meeting will be convened using a remote technology system and there will be no physical location for this meeting. The meeting can be listened to via telephone or viewed live over the Internet.

Agenda Item I - Call to Order and Approval of June 30, 2021 Summary Minutes

Executive Director Sara Chalhagian called the Stakeholder Advisory Sub-Committee meeting to order at 1:03 p.m. Those in attendance and constituting a quorum were:

Stakeholder Advisory Sub-Committee Members Present

Karla Bee
Elizabeth Bolhouse
Chris Bosse
Phillip Burrell
Tom Clark
Vance Farrow
Joseph Greenway
Shayla Holmes
Lawrence Lehrner
Asher Lisec
Karen Massey
Tom McCoy
Kyra Morgan
Cody Phinney
Sandie Ruybalid
Stacie Sasso
Todd Sklamberg
Tiffany Tyler-Garner
Bill Welch
Mike Willden

Commission Staff Present:

Sara Chalhagian, Executive Director
Julie Slabaugh, Deputy Attorney General
Lezlie Mayville, Administrative Assistant/Policy Coordinator

Absent:

Angela Amar, excused
Jody Domineck, excused
Joan Hall, excused
Maya Holmes, excused
Ken Thorpe, absent
Jennifer Wakem, excused

MOTION was made to approve minutes of the June 30, 2021, meeting as presented, by Tom Clark and seconded by Tom McCoy. Carried without dissent

Agenda Item II - Public Comment

There was no public comment

Agenda Item III - Continued Overview of the Peterson Milbank Program for Sustainable Health Care Costs and Cost Growth Benchmark 101 Presentation including tentative decisions the Patient Protection Commission made through May 19, 2021

Michael Bailit, M.B.A., President, Bailit Health

Questions, comments, and discussion are summarized when prompted by Mr. Bailit and are noted by slide number:

Slide 4-Preliminary Recommendations on Defining Whose Costs to Measure. Mr. Bailit asked if anyone agrees we should include out of state resident, out of state provider. Kyra Morgan asked if we include out of state, wouldn't that have a negative impact or skew our data? Bill Welch feels health plans that don't have contracts with the state might distort our numbers and be a significant difference in spend. Mr. Bailit says this would be a big challenge to capture this data, but if it's a big health plan in the state, that would help. Also, that if it happens only once, it wouldn't really skew the numbers. Stacie Sasso asked if there's an estimate, we can include in just the border states, would it be a harm in asking? Mr. Bailit says the amount of administrative work to get this data wouldn't be worth the effort for the state. Stacie Sasso asked then what would be the reason to include out of state. Tom McCoy wanted the committee to know that Renown and large Las Vegas hospitals are considered "Medical Tourist Destinations". Bailit's Stacey Yi clarified the reason the PPC had interest in adding this was because Nevada is a tourist state and unlike other states. Cody Phinney said relative to the overall measurement, it would be a small amount and why expend all the effort for the administrative burden it would cause. Bill Welch and Mike Willden opined this measurement should not be included. It could affect all providers if it changes state policy. Attorney Slabaugh wanted to clarify that the purpose of this conversation was to bring feedback back to the PPC body, not recommendations. Mr. Bailit answered that was correct.

Slide 5-Preliminary Recommendations on Defining Whose Costs to Measure. Six sources of coverage were listed including Medicare, Medicaid, Commercial, Veterans Health Administration, State Correctional Health System, and Indian Health Services. Chris Bosse wanted to know if we collect each category, will we be able to measure trends? Mr. Bailit answered, yes, can measure by each category. Tom Clark wondered if the APCD will be used for this. Mr. Bailit said no because we cannot get the self-insured, aggregated information only. Bill Welch had no problem with these payer categories but wants to ensure we can get all this information. Mr. Bailit mentions that Centers for Medicare and Medicaid Services (CMS) can give us this data and the Veterans Association publishes their information every year. Mike Willden is concerned with the data

from the State Correctional Health System not covering enough data. Washoe and Clark County jails have very big spends. Plus, there are several million dollars of state and local government spend going to adult jails and juvenile detention facilities all over the state. The state has multiple budget accounts paying for medical, that is not included in Medicaid data or Department of Correction data, for example prescription programs, autism, and mental health services is a huge spend not covered under Medicaid. We will need to add a big footnote if these are not included in the data. Mr. Bailit said Mike Willden can recommend this to the PPC to add and we'll need to find out what these dollars are.

Slide 9-Preliminary Recommendation on Criteria for Selecting an Economic Indicator. Mr. Bailit asked the group if the three items seemed reasonable and there were no comments.

Slide 30-Advisory Subcommittee Feedback: Economic Indicator. Kyra Morgan said the Median Wage doesn't count the unemployed and feels the Gross Domestic Product (GDP) is more stable. She likes a blend of GDP and Median Wage and thinks historical data is best to use. She will ask the Economic Advisory Committee of which she is a member. Tom Clark asked if we know what Nevada does collect? Mr. Bailit said they haven't researched it yet. Chris Bosse said they always look at Medical Consumer Price Index (CPI). Why don't others use this as a component? Mr. Bailit said it was too self-inferential around one industry. Mike Willden added the Federal Medical Assistance Percentages (FMAP) personal per capita income Medicaid state budget cannot exceed CPI. Mr. Bailit said nobody raised this subject at the PPC. We can bring this to them and ask them if you would like. Mike Willden said to look at state budgeting law. It cannot exceed CPI by law. Tom Clark thinks this is good to add to PPC conversations.

Slide 37-Advisory Subcommittee Feedback: Historical vs. Forecasted. Kyra Morgan wants to do some homework to see who is doing them and how accurate they are. Karla Bee hopes "forecasted" takes "historical" into account and thinks we should use "historical". Chris Bosse wants to know what attributes are included in forecast besides historical. Mr. Bailit said forecasts use macro-economic variables. That is how they are determined. Might be accurate of 10 or 20 years, but not accurate of 4 or 5 years. Elizabeth Bolhouse is intrigued by person who wants to use historical and forecast. Mr. Bailit said nobody can forecast a pandemic and writing off 2020 and 2021 to start getting more accurate numbers.

Slide 38-Next Steps. Mr. Bailit let everyone know we'll have a lot to discuss again after meeting with the new PPC and bringing the Stakeholder's feedback. Tom Clark asked if the new members could change what the old members had previously done. Director Chalhagian answered, technically yes, but they'll need to be brought up to speed on what's already been done and what the Governor wants with his priorities.

Director Chalhagian asked the subcommittee if they would like some extended outreach for the Hospital Association and/or the Nevada Association of Health Plans industry folks. If so, we can do this. She encourages as much engagement as possible and asked everyone for help with more patient engagement. Bill Welch added the forecasting was overwhelming for him and is hoping they can discuss again at the next meeting. 2020 and 2021 has had such an impact on unemployment and the cost of workforce has gone up dramatically. He was wondering if it is appropriate to talk to Mr. Bailit offline. He added, Covid stays have been so much longer than your average hospital stays, and he doesn't understand how we can just write off 2 years of data. Also wanted to know when we'll know who the new PPC is. Director Chalhagian said there's always an opportunity for more dialog and her door is always open. The appointment of the new PPC is in the Governor's hands right now and if anyone is interested here or the public listening in, they should go ahead and apply. Governor's office is still working with Legislative Leadership, but we are hoping to host the next full PPC meeting the third week of August. This body will meet after the next PPC meeting.

Agenda Item IV - Public Comment

There was no public comment

Agenda Item V - Wrap Up and Adjournment

Director Chalhagian thanked everyone for their participation and reminded them to reach out if needed.

Meeting was adjourned at 2:28 p.m.

Respectfully submitted,



Lezlie Mayville
Office of the Patient Protection Commission

Approved by:



Executive Director Sara Chalhagian

Meeting Materials

AGENDA ITEM	PRESENTER	DESCRIPTION
III.	Michael Bailit, President, Bailit Health	Continued Overview of the Peterson Milbank Program for Sustainable Health Care Costs and Cost Growth Benchmark 101 Presentation
III.	Michael Bailit, President Bailit Health	Tentative Decisions the Patient Protection Commission made through May 19, 2021