

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.



Malinda Southard,
DC, CPM

Dr. Ikram Khan
Commission
Chairman

SUMMARY MINUTES

April 20, 2022

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, Welcome and Roll Call

Chairman Khan called the regular meeting to order at 9:03 a.m. Those in attendance and constituting a quorum were:

Commission Members Present

Bobbette Bond
Lilnetra Grady
Flo Kahn
Dr. Ikram Khan
Leann McAllister
Yarleny Roa-Dugan
Sandie Ruybalid
Dr. Beth Slamowitz
Dr. Tiffany Tyler-Garner
Mason Van Houweling
Tyler Winkler

Commission Members Absent

All members present

Advisory Commission Members Present

Ryan High, Executive Director, Silver State Health Insurance Exchange
Laura Rich, Executive Officer, Public Employees Benefits Program (PEBP)
Barbara Richardson, Insurance Commissioner Nevada Division of Insurance (DOI)
Richard Whitley, Director Nevada Department of Health and Human Services (DHHS)

Commission Staff Present

Malinda Southard, Executive Director
Suzanne Sliwa, Deputy Attorney General
Lezlie Mayville, Executive Assistant

Agenda Item II - Introduction of New Executive Director, Malinda Southard

Malinda Southard, Executive Director

Director Southard briefly introduced herself and addressed the commission giving her background and how happy she is to be there working with them.

Agenda Item III - Approval of March 16, 2022, Minutes

Ikram Khan, Chairman

The Commission was presented with an email draft of the summary minutes of the March 16, 2022, meeting.

MOTION was made to approve minutes of the March 16, 2022, meeting as presented, by Commissioner Van Houweling. Seconded by Commissioner Bond. Carried without dissent. (This item was taken out of order).

Agenda Item IV - Public Comment:

No public comment

Agenda Item V - Introduction to Data Use Strategy

Michael Bailit, President, Bailit Health

Mr. Bailit explained the upcoming timelines associated with the cost growth benchmark. He gave an overview of what was to be presented in this meeting including, but not limited to Introduction to Data Use Strategy, review the findings of Medicaid's and PEBP's Phase 1 cost driver analyses, revisit provider entity population thresholds based on Rhode Island and Connecticut's pre-benchmark analyses. He explained Nevada should implement a data use strategy because it helps understand the factors driving health care spending levels and growth and helps identify and implement strategies to mitigate cost growth, in compliment with the health care cost growth program. He went on to detail types of analyses in a data use strategy and helped frame the guidelines. Recommendations included that states should begin their health care spending analyses with 11 standard analytic reports produced on an annual basis at the state and market levels. He also reviewed the upcoming Phase 2 Analyses and what the reports could cover. He cautioned that there are a multitude of reports that can be created, but most importantly to begin with easy-to-understand findings to gain familiarity with the data and be transparent with analytic methodologies. He also went over what to expect in the future of this project.

Agenda Item VI - Review and Discussion of Findings of Medicaid Phase 1 Cost Driver Analysis

Kyra Morgan, Chief Biostatistician, State of Nevada

Ms. Morgan began her presentation giving the commission a brief background on Nevada Medicaid, which is the largest provider of health insurance in Nevada. She gave a high-level overview of Nevada Medicaid Cost Driver Analysis and Methodology, utilizing pre-pandemic data for the years 2016-2019. All states had a negative trend in 2020, per Mr. Bailit. Ms. Morgan reported this report is just the beginning to build on the data the state will need to fully evaluate the statistics and health care cost trends. There were many useful questions from the commissioners that will help frame the data for the Phase 2 reports this summer, as those reports are needed to better understand health conditions and case mix. A few commissioners asked for follow-up on some reported pharmacy data. Additionally, some commissioners thought we should have a

presentation and/or discussion on pharmaceutical data and transparency at a future meeting to be determined later.

Agenda Item VII - Review and Discussion of Findings of Public Employees Benefits Program (PEBP) Phase 1 Cost Driver Analyses

Laura Rich, Executive Officer, PEBP

Colleen Huber, Aon

Tim Zettinger, Aon

Laura Rich introduced the actuarial consultants to PEBP, Ms. Huber and Mr. Zettinger of Aon to give the presentation as the subject matter experts. Mr. Zettinger began the presentation by letting the commissioners know where the data they were about to share came from. Medical claims and member month counts were collected from HealthScope data warehouse and Pharmacy claims from Express Scripts (ESI). The data they are presenting covers March 2017-December 2020 and paid through February 2022. The data presented only looks at PEBP's liability. Data includes retirees as well. There are Nevada PEBP retirees in all 50 states; this retiree group is already considered higher cost. Data shown for outside Nevada region is the highest cost per member per month (PMPM). Some because they cannot find certain tertiary care available in Nevada. PEBP has a nationwide network and high and low deductible plans that they will negotiate costs for when someone is forced to go out of network or state for care. One commissioner had a question regarding the pharmaceutical data being reported. One commissioner cautioned that contractual terms can make the data seem flawed and skew the benchmarking. Laura Rich informed the commission that PEBP completes market analysis/checks to compare what kind of contract PEBP has with similarly placed clients. Additionally, Ms. Rich mentioned PEBP can re-do contracts yearly, so the data is not skewed data with new contracts and better prices; they have preventative medication drug lists that have helped lower costs; drug rebates have helped with lowering the costs as well. Many factors affect this data.

After some questions, Mr. Bailit mentioned that all the information that was shown in the presentations affect affordability. He asked everyone to consider this information presented and where cost drivers should be prioritized.

Agenda Item VIII - Revisit Provider Entity Population Thresholds Based on Oregon's and Connecticut's Pre-Benchmark Analyses

Michael Bailit, President, Bailit Health

Mr. Bailit opened this discussion with Minimum Attributed Lives for Public Reporting in Other States showing Delaware, Massachusetts, Oregon, Rhode Island and how they reported. He shared at the Provider Level there were 42 data points with which to assess the relationship between attributed lives and confidence interval widths across the commercial, Medicaid and Medicare Advantage markets. Insurer level analysis showed there were 20 total data points. Bailit Health is recommending that Nevada adopt a minimum threshold of 5,000 enrolled/attributed lives in each market for public reporting of provider entities and insurers' baseline performance. He also mentioned revisiting this recommendation once the PPC has two submission years of benchmark performance data. One commissioner wanted to know if this would include reporting in rural communities. Mr. Bailit responded the rural communities with less than 5,000 attributed lives would not be included because they do not have enough patients. But they would be included in the data use strategy analysis. Providers are to be held accountable to the benchmark and we do not know if they would meet confidence intervals with the smaller population pool. There were few comments, and nobody disagreed with the recommendations. Mr. Bailit reiterated that the commissioners should review both presentations to see if there are any other specific points they want to focus on. He also gave them a timeline for next steps.

Agenda Item IX - Discussion and Possible Approval of Amendment of Commission Bylaws.

Malinda Southard, Executive Director

Two proposed Bylaw amendments were submitted for consideration. Commissioner Bond withdrew her amendment since it is similar to the other proposed amendment, and she was fine supporting that one. Commissioner Winkler presented his proposed amendment to require commissioners to disclose conflicts of interest.

MOTION was made to accept the proposed amendment by Commissioner Bond and was seconded by Commissioner Van Houweling. Carried without dissent.

Agenda Item X - Public Comment

No public comment

Agenda Item XI - Wrap up and Adjournment

Dr. Ikram Khan, Chairman

Meeting was adjourned at 11:26 a.m.

Respectfully submitted,



Lezlie Mayville
Office of the Patient Protection Commission

APPROVED BY:



Dr. Ikram Khan, Chair

Date: 05/19/2022

Meeting Materials

AGENDA ITEM	PRESENTER	DESCRIPTION
V.	Michael Bailit, President, Bailit Health	Introduction to Data Use Strategy
VI.	Kyra Morgan, Chief Biostatistician for State of Nevada	Medicaid Phase 1 Cost Driver Analyses
VII.	Laura Rich, Executive Officer, PEBP, Tim Zettinger & Colleen Huber, Aon	Public Employees Benefits Program Phase 1 Cost Driver Analyses
VIII.	Michael Bailit, President, Bailit Health	Entity Population Thresholds Based on Oregon's and Connecticut's Pre-Benchmark Analyses