

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.



Dr. Ikram Khan
Commission
Chairman

SUMMARY MINUTES

February 16, 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
Sandie Ruybalid
Dr. Beth Slamowitz
Dr. Tony Slonim
Dr. Tiffany Tyler-Garner
Mason Van Houweling
Tyler Winkler

Commission Members Absent:

Yarleny Roa-Dugan, excused

Advisory Commission Members Present:

Ryan High, Interim 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:

Suzanne Sliwa, Deputy Attorney General
Lezlie Mayville, Executive Assistant

Agenda Item II - Approval of January 19, 2022, Minutes

Dr. Ikram Khan, Chairman

The Commission was presented with an email draft of the summary minutes of the January 19, 2022, meeting.

MOTION was made to approve minutes of the January 19, 2022, meeting as presented, by Commissioner Van Houweling. Seconded by Commissioner McAllister. Carried without dissent.

Agenda Item III - Public Comment:

There was no public comment

Agenda Item IV - Presentation on Update on the Status of COVID-19 in Nevada

Kyra Morgan, Chief Biostatistician, DHHS Office of Analytics,

Melissa Peek Bullock, Nevada State Epidemiologist

Julia Peek, Deputy Administrator, Community Services, Division of Public and Behavioral Health,

Dave Wuerst, Executive Secretary, Nevada Board of Pharmacy

Informative presentation on status of COVID-19 in Nevada. Some comments and questions were included but not limited to: National Vaccination average over 64%, are there any estimates of positive cases that are not being recorded due to increased home testing? DHHS does not have data on the exact amount because the state has no idea who tests positive or negative at home. The Nevada Health Response website has all updated information available. The Commissioners appreciated the presentation.

Agenda Item V - Discussion and Recommendations of Methodology, Transparency, Accountability, and Data Use Strategy regarding the Health Care Cost Growth Benchmark

Michael Bailit, President, Bailit Health

Methods to Ensure the Accuracy and Reliability of Benchmark Performance Measurement (Continued from last meeting). The Commissioners were told the Advisory Subcommittee supported truncating high-cost outliers' spending and working to understand whether there are opportunities to slow spending associated with high-cost outliers. The commissioners that opined on this subject supported truncation, supported complementary analysis to understand the reasons for outliers and whether there's an opportunity and whether there's transparency about spending that's above the truncation amount. Another commented it would be helpful to separate out outliers.

Regarding How to Risk Adjust Data. The Commissioners were told the Advisory Subcommittee members had some support for Option #1 (adjust using normalized clinical risk scores), one member supported Option #2 (adjust performance data using age/sex factors only) and a couple of subcommittee members asked for more time to digest the information before giving a final opinion. The consensus of those commissioners that opined was to not risk adjust.

Reporting for Sufficient Population Sizes-Minimum Population Sizes. The Commissioners were told the Advisory Subcommittee leaned toward supporting the draft recommendation below, which would mean requiring reporting from Renown Health (5.11% market share), Humana (13.33%), Anthem (20.91%), and UnitedHealthcare (47.90%). They also discussed requesting data from Aetna and Cigna in case the size of their self-funded business warrants inclusion. The commissioners that opined agreed with that recommendation and the inclusion of Aetna and Cigna. Commissioner Slonim said he had a conflict of

interest and would not participate in this recommendation.

Regarding Transparency and Accountability-Transparency-Slide 31 Some comments included but were not limited to, do whatever makes it easier for patients to access the data we find, support for whatever methods and processes we can do to get info out there, reporting actual rate of cost growth for transparency and provide entity an opportunity to justify or see how much above or below they are rather than pass or fail, get detailed data out, actual rate of cost growth, hold public hearings let the public know how to weigh in and become consumer-focused, educate the consumers so they learn to advocate for themselves and advocate for transparency in the process. Another Commissioner agreed but would be concerned with 2 day long public hearing media events as not sure we have the resources to support that in Nevada. Would support transparency but scaled down to what Nevada can handle.

Regarding Accountability-Two states have created consequences for insurers and provider entities that exceed the cost growth benchmark. (Note: The Governor's Executive Order (EO) does not direct any accountability mechanisms.) Commissioners' comments included but were not limited to, Performance Improvement Plans (PIPs) are the reason to do the rest but concerns about legislation of penalties as it requires a 2/3 vote, doubtful could happen, possible to amend or alter the EO but don't want to go beyond our scope of what Governor expected. Mr. Bailit let the commission know that PIP does not automatically require penalty, but Governor or Legislature may want to go down that road and we're at least two years out from when we have our first performance against benchmark. Some commissioner's concerns were that if they show how quality of care improved even though they spent more in a given year, how is that integrated into this. Not just about access, but quality. Another opined that quality comes with a price because it requires follow through on outpatient calls, monitoring, extra staffing, etc. Another stated that we are already paying for quality, why aren't we getting quality? Suggests we need to set aside more time in a future meeting to address this more in depth. Mr. Bailit said there are a few states that have elevated quality in a couple different ways so that it's a complement to their cost growth benchmark. It's not defined in the EO, but if that's of interest, we can present that at future meetings. Another commissioner thought it seems premature to discuss solutions to a problem we don't understand yet. Another commissioner said her focus was on facility-driven quality. If you are paying same dollars across facilities and getting different quality, then it's not a money issue and should be part of our work. Mr. Bailit reminded everyone benchmark performance is assessing change over time. It doesn't assess baseline utilization, price, and overall spending in a given community focusing on how much it's changing from Year A to Year B. Another thinks quality benchmarks in hospitals are crucial in his view. Some reportable process must be brought in for future accountability once the data starts coming. One commissioner proposed pulling together quality measures currently being used in Nevada and also quality measures in facilities.

Ended presentation on Slide 40. Will continue presentation to next meeting.

Agenda Item VI - Public Comment

There was no public comment

Agenda Item X - Wrap up and Adjournment

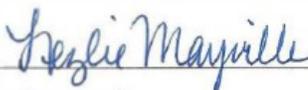
Dr. Ikram Khan, Chairman

There was a formal request for an agenda item regarding "what quality indicators does the state receive now and what transparency is there about those?", also wanted to know when we would revisit Bylaws and opportunities to propose amendments. The Chair said we'll revisit once agenda item, propose amendments and vote. Clarified this should be done in April meeting. Leslie explained the process of how to submit amendments and that they would be reviewed by PPC members prior to meeting. Another recommended

we put all future agenda items secondary to Bailit Health cost growth benchmark and that should be covered in the first 90 minutes. Another commissioner disagreed and would not support 2/3 of meeting time being devoted to benchmarking.

Meeting was adjourned at 11:12 a.m.

Respectfully submitted,



Leslie Mayville
Office of the Patient Protection Commission

APPROVED BY:



Dr. Ikram Khan, Chair

Date: March 17, 2022

Meeting Materials

AGENDA ITEM	PRESENTER	DESCRIPTION
IV.	Kyra Morgan, Melissa Peek Bullock, Julia Peek, Dave Wuest	Update on the Status of COVID-19 in Nevada
V.	Michael Bailit, President, Bailit Health	Cost Growth Benchmark Performance Assessment