

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

March 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 9:02 a.m. Those in attendance and constituting a quorum were:

Commission Members Present:

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

Commission Members Absent:

Dr. Beth Slamowitz, excused
Dr. Tony Slonim, resigned

Advisory Commission Members Present:

Janel Davis, representing 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 February 16, 2022, Minutes

Dr. Ikram Khan, Chairman

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

MOTION was made to approve minutes of the February 16, 2022, meeting as presented, by Commissioner Ruybalid. Seconded by Commissioner Winkler. Carried without dissent.

Agenda Item III - Public Comment:

No public comment

Agenda Item IV - Discussion and Overview of Bill Draft Request Proposal Process, Including possible topics

Sandie Ruybalid, Vice Chair

The Vice Chair introduced the Commissioners to the Bill Draft Process and explained the use of the template for submission of their priorities. They were told the PPC has three BDR's and one Commissioner clarified the Deputy Attorney General said BDR's were submitted directly to the LCB. Commissioners were told they didn't necessarily have to list all their own topics but could collaborate with their fellow Commissioners and the group will collectively submit three topics when the time comes. The Commissioners that submitted topics were given time to present their ideas, explain why they thought their suggestions were important and answer any follow up questions. Some of the BDR topics included but were not limited to codifying the Governor's Executive Order setting Health Care Cost Growth Benchmarks as a long-term initiative, increasing access to health care for all people 21 and under regardless of immigration status, creating a drug transparency board, parity of payment on telehealth visits, and access for patients to control their medical records, were some mentioned. A commissioner suggested they submit the BDR topics they think are important and then make sure it falls into the scope of the 19 items of statutory responsibility. Commissioners have some time to consider topics heard today and add more since they will not be discussing this again until the May meeting.

Agenda Item V - Discuss and Make Recommendations for the Process of Identifying and Prioritizing Cost Growth Mitigation Strategies

Michael Bailit, President, Bailit Health

Mr. Bailit began his presentation with a timeline of the Primary Topics of Discussion for the next few meetings which included but were not limited to introduction to data use strategy, review findings of Medicaid and PEBP phase 1 cost driver analyses, cost growth mitigation strategies, bill draft requests and revisit provider entity population thresholds.

Slide 5 - Cost Growth Benchmark Transparency. The Advisory Subcommittee did not disagree with the PPC's recommendation that payer and provider entity actual rate of cost growth should be publicly reported, and annual meetings should be held, commensurate with Nevada's capacity to do so. There was once again discussion of the order of meetings and recommendations between the subcommittee and PPC. The original intent was to present to the subcommittee first then bring their recommendations to the PPC. Of the commissioners that opined, most felt the subcommittee should hear the presentation, then Mr. Bailit would share their recommendations with the PPC. One commissioner felt any data should be given to the PPC first and feared the Advisory Subcommittee would be making decisions that should be made by the PPC. Mr. Bailit reminded the group that the subcommittee doesn't make any decisions, just recommendations.

Another wondered if the payer and provider parties disagreed on data reported, how would that be handled. Mr. Bailit said the state can adjust methodology and they can build that into their recommendations to us. Also, the subcommittee will not be receiving benchmark performance data before the PPC.

Slide 6 - Cost Growth Benchmark Accountability. The Advisory Subcommittee did not disagree with the PPC's recommendation to discuss quality benchmarks and strategies in a future meeting. In response to learning about Oregon's practice a couple of members agreed that Nevada should establish explicit parameters for what constitutes "reasonable cause" for exceeding the cost growth benchmark. Comments from Commissioners included but were not limited to the PPC is not sure how to decide what's an appropriate reasonable cause, is it a regulation or a statute? Mr. Bailit reminded the group that we are 2 years away from this reporting and we can defer on this for now. We are scheduled to discuss again at the June meeting.

Slide 9 - Potential Criteria for Selecting Strategies to Support Cost Growth Benchmark Attainment. There are four criteria listed. Commissioner comments included but were not limited to one commissioner was afraid she's not going to see all the data; she doesn't want to decide on a narrow scope. Mr. Bailit mentioned these criteria will help you decide on priorities. The Data Use Strategy exists separately and in support of this. Another thought these criteria were okay and excellent strategy. One commissioner wondered if this could be sections of the population and Mr. Bailit said for example, children's health care spending doesn't influence the benchmark and could have more impact on Medicaid or insurers.

Slide 10 - Criteria for Prioritizing Cost Growth Mitigation Strategies. Does the PPC agree with the proposed criteria and are there other criteria they would like to include? One commissioner did not feel they are ready to commit on this subject. A couple of other commissioners agree with the criteria as a starting point they can always change later, but PPC needs a place to focus and start. Mr. Bailit mentioned they should see some data in May to help figure out how to evaluate criteria. The state should provide data analytic help for the PPC to understand. This will be a starting point to help them understand and they can modify if they want.

Slide 13 - Spending for Out-of-State Residents with In-State Providers. Revisit PPC's prior recommendation to include spending for out of state residents. Those that voiced opinions seemed to agree that it was a better idea to exclude out of state residents. Some of the reasons being that it is a small percentage and many times their medical costs are uncollectable, or they are covered by their own out of state insurance whose health plans will not report data to Nevada. One commissioner wanted to start over with these recommendations made by the former PPC. The Chair said this work is time-limited, it would be imprudent to revisit work already done by the PPC as a lot of time was already spent. The commissioner that opposed then decided to withdraw his opposition and suggestion to start over. With no more opposition, consensus was to exclude out of state residents.

Agenda Item VI - Public Comment

No public comment

Agenda Item VII - Discussion of Future Potential Agenda Items

Dr. Ikram Khan, Chairman

One commissioner suggested the PPC have a standard agenda item regarding statutorily created duties including data use, quality, and patient access to medical records. Executive Assistant Mayville asked how much time he thought we should devote to this on our agenda, and he didn't know. The Chair asked if we could revisit this suggestion some time down the road after BDR's and Bylaw amendments have been decided and the commissioner agreed.

Agenda Item VIII - Wrap up and Adjournment

Meeting was adjourned at 10:35 a.m.

Respectfully submitted,



Lezlie Mayville
Office of the Patient Protection Commission

APPROVED BY:



Dr. Ikram Khan, Chair

Date: April 22, 2022

Meeting Materials

AGENDA ITEM	PRESENTER	DESCRIPTION
IV.	Sandie Ruybalid, Vice Chair	Systemic Review of Priorities for BDR's
V.	Michael Bailit, President, Bailit Health	Discuss and Make Recommendations for the Process of Identifying and Prioritizing Cost Growth Mitigation Strategies