Bill Draft Requests Review and Quality of Nevada Health Care

Nevada Patient Protection Commission

June 15, 2022

bailit health

Where We Are & Where We Are Going

PPC Meeting Date	Primary Topics of Discussion
May 18th	1) Review potential bill drafts to request for 2023 legislative session. 2) Consider cost growth mitigation strategies to ensure the benchmark strategy is successful.
June 15th	1) Discuss remaining BDRs. 2) Review health insurer and hospital quality performance data. 3) Review the use of quality benchmarks in other states.4) Consider quality strategy options for Nevada.
July 20th	1) Prioritize final three BDRs for 2023 legislative session. 2) Present deep dive on one cost growth mitigation strategy.

Agenda

1. Discuss Remaining Bill Draft Requests
2. Review health insurer and hospital quality performance data
3. Review the use of quality benchmarks in other states
4. Consider quality strategy options

Bill Draft Request Proposals

- The following slides depict PPC Commissioners' proposed bill draft request (BDR) topics.
- BDR topics #1-6 were presented for discussion during the 5-18-22 PPC meeting.
- The following slides describe BDR topics #7-16.

#7 Expand Medicaid Benefits to All Children

- Follow California's lead in expanding Medicaid benefits to all children, adolescents, and young adults through age 26, no matter where they were born.

- **BDR Topic #4** (for reference): Expand Medicaid Coverage to Residents Regardless of Immigration Status
  - Submit a 1332 waiver request.
    - Section 1332 of the Affordable Care Act (ACA) permits a state to apply for a State Innovation Waiver (also referred to as "Section 1332 waiver") to pursue innovative strategies for providing residents with access to high quality, affordable health insurance while retaining the basic protections of the ACA.
  - Develop new state funding mechanisms permitting Medicaid coverage.

#8 Expand Access to the Private Insurance Marketplace

- Permit access to the Silver State Health Insurance Exchange (Nevada’s private insurance marketplace) regardless of immigration status.

#9 Create Prescription Drug and Health Plan Review Boards

A. Create a Prescription Drug Affordability Board. Expand on NRS 439B.630. and set “allowable rates” for certain high-cost drugs identified by the Board.

B. Create a Health Plan Review Board, with a similar function as above, but for commercial health insurance plans.

#10 Address Health Care Market Consolidation

A. Address the rising costs created by health care market consolidation by prohibiting hospitals and possibly some other facilities, such as freestanding ERs, from hiring physicians.

B. Revise the exemptions now in law to ensure only community hospitals and academic institutions are exempted.

#11 Require Transparency of Health Care Cost Data

- Require DHHS, or the appropriate government body, to create a freely accessible database of the cost to patients for a comprehensive list of medical procedures/ treatments in situations where patients are paying out-of-pocket as well as when using the different medical insurances available in the state at various medical facilities in Nevada.
  - The database should facilitate patients price shopping and making "apples-to-apples" comparisons, similar to the Procedure Price Lookup tool required by Congress in the 21st Century Cures Act.
- Mandate medical facilities in Nevada to notify DHHS, or the government body creating the procedures/treatment cost database, of the pricing for procedures/treatment at their facilities.

#12 Prohibit Certain Provider Billing Practices

- Prohibit providers from billing patients for fees that are not related to actual care, such as facility charges at a physician office and trauma activation fees for patients not admitted to the hospital.

#13 Review Insurance Benefit Design and Cost-Sharing

- Review and/or study of changes to insurance benefit design and impacts to patients. Specifically, review changes to cost sharing requirements.

#14 Ensure Pharmacy Rebates Are Passed on to Patients

- Require pharmacy benefit managers and health plan insurers to pass along the rebates and discounts provided by drug manufacturers to patients at the pharmacy counter.

#15 Reduce Pharmacy Costs for Patients with Chronic Conditions

- Eliminate the pharmacy deductible for patients who have a chronic condition.

#16 Increase Access to Naloxone

- Classify Naloxone as an over-the-counter (OTC) drug to increase access through harm reduction programs.
  - This would allow community-based programs to obtain Naloxone from any board-licensed wholesaler, which, in turn, would increase Naloxone access in vulnerable and underserved communities and help to combat the opioid and overdose crisis in Nevada.

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Background

- During the March meeting of the PPC, members expressed interest in assessing state performance on measures of health care quality.
- To evaluate the current state of health care quality in Nevada, we carried out the following exercises:

1. An assessment of Nevada's commercial and Medicaid performance on a targeted sample of **national health insurer quality measures** developed by the National Committee of Quality Assurance (NCQA), comparing that performance to national benchmarks using NCQA's Quality Compass database.
2. An assessment of the overall **Medicare Star ratings and patient survey ratings** for the largest hospitals in Las Vegas, Carson City and Reno, using Medicare's Care Compare tool.

Quality Measure Performance

- Medicaid performance, measured through a 2020 enrollment-weighted average for Community Care Health Plan of NV (Anthem), Health Plan of NV (UnitedHealthcare), and SilverSummit Health Plan (Centene), was compared to national Medicaid HMO percentile benchmarks.
  - Some plans did not report performance for all of the selected measures.
- Commercial performance, measured through a 2020 enrollment-weighted average for Health Plan of NV (UnitedHealthcare) (HMO/POS) and Aetna (PPO/EPO), was compared to national commercial all-lines-of-business percentile benchmarks.

Key:				
<25th	Between 25th and 50th	Between 50th and 75th	Between 75th and 90th	≥90th

Quality Measure Performance

Measure	2020 Commercial Performance	2020 Medicaid Performance
Asthma Medication Ratio	78.0	63.1**
Breast Cancer Screening	64.9	48.2
Blood Pressure Control for Patients with Diabetes	55.8	56.9
Cervical Cancer Screening	71.9	58.9**
Childhood Immunization Status	38.9	29.3
Child and Adolescent Well-Care Visits	39.5	42.1*
Chlamydia Screening	55.2	58.2**
Colorectal Cancer Screening	53.9	n/a

* = only one of three payers reported performance for the measure
** = only two of three payers reported performance for the measure

Quality Measure Performance

Measure	2020 Commercial Performance	2020 Medicaid Performance
Controlling High Blood Pressure	53.1	54.2
Eye Exam for Patients with Diabetes	39.6	56.4
Follow-Up After Emergency Department Visit for Mental Illness (7-day)	45.9	42.4
Follow-Up After Hospitalization for Mental Illness (7-day)	46.0	36.1
Follow-Up After Hospitalization for Mental Illness (30-day)	67.7	49.0*
Hemoglobin A1c Control for Patients with Diabetes: HbA1c Poor Control (>9.0%)	33.7	47.5*
Immunizations for Adolescents	31.5	43.9

* = only one of three payers reported performance for the measure

Quality Measure Performance

Measure	2020 Commercial Performance	2020 Medicaid Performance
Initiation and Engagement of Substance Use Treatment (Engagement Phase)	9.5	12.7
Initiation and Engagement of Substance Use Treatment (Initiation Phase)	33.7	45.9*
Metabolic Monitoring for Children and Adolescents on Antipsychotics	39.8	32.5
Prenatal & Postpartum Care – Postpartum Care	82.0	71.4
Prenatal & Postpartum Care – Timeliness of Prenatal Care	83.8	82.4
Use of Imaging Studies for Low Back Pain	76.0	70.1**
Well-Child Visits in the First 30 Months of Life	80.3	62.3*

* = only one of three payers reported performance for the measure
** = only two of three payers reported performance for the measure

Summary of Quality Measure Performance

- Compared nationally, Nevada health plans performed:
  - between the 75th and 90th percentile for three quality performance measures (14%); and
  - below the 50th percentile for 13 of the 22 measures (59%).
- This demonstrates room for improvement.

CMS Care Compare Hospital Ratings

City	Hospital	Overall Star Rating	Patient Survey Rating
Carson City	Carson Tahoe Regional Medical Center	2	3
Las Vegas	Centennial Hills Hospital Medical Center	2	2
Las Vegas	Desert Springs Hospital	2	2
Las Vegas	MountainView Hospital	3	2
Las Vegas	Spring Valley Hospital Medical Center	1	2
Las Vegas	Southern Hills Hospital and Medical Center	3	2

Notes: Ratings are out of 5. Coloring is meant to visually emphasize scores, not communicate additional information.

CMS Care Compare Hospital Ratings

City	Hospital	Overall Star Rating	Patient Survey Rating
Las Vegas	Summerlin Hospital Medical Center	2	2
Las Vegas	Sunrise Hospital and Medical Center	1	1
Las Vegas	University Medical Center	1	2
Las Vegas	Valley Hospital Medical Center	1	2
Reno	Renown Regional Medical Center	2	2
Reno	Saint Mary’s Regional Medical Center	3	2

Notes: Ratings are out of 5. Coloring is meant to visually emphasize scores, not communicate additional information.

Summary of Hospital Ratings

- For the 12 largest hospitals in Las Vegas, Carson City and Reno, ratings ranged from 1 to 3 out of 5 stars. None scored higher than 3 stars.

  Overall Medicare star ratings:

  - 4 hospitals (33%) scored 1 out 5 stars
  - 5 hospitals (42%) scored 2 out of 5 stars
  - 3 hospitals (25%) scored 3 out of 5 stars

  Patient survey ratings:

  - 1 hospital (8%) scored 1 out of 5 stars
  - 10 hospitals (83%) scored 2 out of 5 stars
  - 1 hospital (8%) scored 3 out of 5 stars

- This demonstrates room for improvement.

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Use of Quality Benchmarks in Other States

- Thus far, two of the eight cost growth benchmark states have created parallel quality benchmarks.
  - Delaware: effective 2019
  - Connecticut: effective 2022
- These quality benchmarks are measures of health care quality or population health status in areas of highest priority to the state.
- For each measure, the state has created multi-year performance targets, akin to the cost growth benchmark.

Delaware Quality Benchmark – Measures (1 of 2)

- Delaware had eight quality benchmark measures from 2019-21, with six subsequently discontinued.
- Delaware currently has twelve quality benchmarks for 2022-24.
  - Retained six benchmark measures from 2019-2021:
    - Adult obesity
    - Opioid-related overdose deaths
    - Use of opioids at high dosage
    - Emergency department utilization
    - Persistence of beta-blocker treatment after a heart attack
    - Statin therapy for patients with cardiovascular disease

Delaware Quality Benchmark – Measures (2 of 2)

- Delaware currently has twelve quality benchmarks for 2022-24 (continued)
  - Adopted four new benchmark measures effective 2022:
    - Breast cancer screening
    - Colorectal cancer screening
    - Cervical cancer screening
    - Preventive dental services (ages 1–20)

Delaware Quality Benchmark – Target Values and Measuring Performance

- Target values
  - Established annual performance benchmarks and five-year aspirational performance goals.
  - Set separate benchmark values for commercial and Medicaid markets for the health care measures.
  - Set statewide benchmark values for the health status measures.
- Measuring performance
  - Performance is calculated at the state, market, insurer and/or provider entity level depending on the measure, and then evaluated and reported against the quality benchmarks.
    - Delaware has only reported at the state and market levels to date.

Connecticut Quality Benchmark – Measures

- Connecticut is phasing implementation of seven quality benchmark measures.
- Phase 1: Effective 2022
  - Asthma medication ratio
  - Controlling high blood pressure
  - Hemoglobin A1c control for patients with diabetes: HbA1c poor control
- Phase 2: Effective 2024
  - Child and adolescent well-care visits
  - Follow-up after hospitalization for mental illness (7-day)
  - Follow-up after ED visit for mental illness (7-day)
  - Obesity equity measure

Connecticut Quality Benchmark – Target Values and Measuring Performance

- Target values
  - Set separate benchmark values for each market, i.e., commercial, Medicaid and Medicare Advantage markets, for the six health care benchmarks.
  - Set one statewide benchmark value for the health status measure (obesity equity measure).
- Measuring performance
  - After collecting and validating performance data, performance data will be evaluated and reported against the quality benchmarks.

Connecticut Quality Benchmark – Improvement Strategies (1 of 2)

- CT is pursuing strategies to improve performance on quality benchmarks:
  1. Created a true set of “core measures” within its CT Aligned Measure Set and included the Quality Benchmark Measures as Core Measures. (*underway for 2023 implementation*)
  2. Office of State Comptroller will adopt the Quality Benchmarks in its public employee health plan contracts. (*underway for 2023 implementation*)
  3. Public reporting of performance on the Quality Benchmarks annually with Cost Growth Benchmark performance and on HealthscoreCT (a public website to evaluate quality, costs and affordability).

Connecticut Quality Benchmark – Improvement Strategies (2 of 2)

- CT is pursuing strategies to improve performance on quality benchmarks (continued):
  4. Public recognition of providers/payers that have performed well and/or demonstrated improvement on the Quality Benchmarks.
  5. Partner with other agencies on a PR and education campaign.
  6. Create a toolkit for provider organizations for how to improve quality in the areas targeted by the Quality Benchmarks.

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Quality Strategy Options

- Should Nevada pursue a quality benchmark strategy?
- Should Nevada pursue other strategies to improve quality performance?

Next Meeting

- The Patient Protection Commission will next meet on **Wednesday, July 20th at 9:00 a.m.** (*tentative*).
    1) Prioritize final three BDRs for 2023 legislative session.
    2) Conduct a "deep dive" into one cost growth mitigation strategy from the May meeting.