



HPC Board Meeting

July 13, 2022



Agenda



CALL TO ORDER

Approval of Minutes (VOTE)

2022 Health Care Cost Trends Report: Policy Recommendations

Executive Director's Report

Schedule of Upcoming Meetings

Agenda



Call to Order



APPROVAL OF MINUTES (VOTE)

2022 Health Care Cost Trends Report: Policy Recommendations

Executive Director's Report

Schedule of Upcoming Meetings

VOTE

Approval of Minutes from the June 8 Board Meeting

MOTION

That the Commission hereby approves the minutes of the Commission meeting held on June 8, 2022, as presented.

Agenda



Call to Order

Approval of Minutes (**VOTE**)



2022 HEALTH CARE COST TRENDS REPORT: POLICY RECOMMENDATIONS

Executive Director's Report

Schedule of Upcoming Meetings

Discussion of 2022 Cost Trends Reports Recommendations



As the HPC develops **policy recommendations** for inclusion in the 2022 Cost Trends Report, there is an opportunity to reflect on past policy recommendations and the state's progress (or lack thereof) to inform future priorities. The report and recommendations, due to be released concurrently with the **10-year anniversary of the state's cost containment law** this fall, will also provide a policy roadmap for a new Administration and Legislature in 2023.

Last year, the HPC advanced a bold, comprehensive set of policy recommendations in its 2021 Annual Cost Trends Report focused on addressing the intersecting challenges of **cost containment, affordability, and health equity**. While the Commonwealth has made some progress on these recommendations, more action is still needed.

As such, in order to inform the development of this year's policy recommendations, this presentation first reviews last year's recommendations and examines recent action taken locally and nationally. NOTE: This is **not an exhaustive catalogue of activities** but focuses on particularly relevant proposals and policy action.



Strengthen the mechanisms for holding providers, payers, and other health care actors responsible for spending performance by:

- Expanding the metrics that can be used for referral into the annual performance improvement plan (PIP) process
- Increasing financial penalties for above-benchmark spending or non-compliance
- Considering additional tools to reflect and respond to underlying variation in the relative level of provider prices

Notable Activities: Strengthen Accountability for Excessive Spending



MASSACHUSETTS LEGISLATIVE ACTIVITY

- ▶ No legislative proposals have been adopted to date during the 2021-2022 legislative session.

MASSACHUSETTS STATE AGENCY ACTIVITY

- ▶ The **Group Insurance Commission (GIC)** has incorporated spending targets in line with the health care cost growth benchmark in its FY 2024 procurement for health plans.

RECENT ACTIVITY IN OTHER STATES

- ▶ **California** established a new Office of Health Care Affordability (OHCA) with the authority to establish and monitor compliance with a health care cost target. The law authorizes the OHCA to assess **financial penalties** in amounts commensurate with the failure to meet the targets, and in escalating amounts for repeated or continuing failure to meet the targets.
 - With the recent addition of California and New Jersey, there are now **seven states** with health care cost growth benchmarks/targets modeled after Massachusetts, **collectively representing ~70 million U.S. residents, or 1 in 5 U.S. residents nationwide.**
- ▶ **Oregon** strengthened accountability mechanisms for its cost growth target, requiring payer and provider organizations to complete Performance Improvement Plans (PIPs) for excessive cost growth and imposing a **financial penalty** on any provider or payer that exceeds the cost growth target without reasonable cause, as well as civil penalties for failure to report cost growth data or submit a PIP.

HPC ACTION

- ▶ Required Mass General Brigham to complete a Performance Improvement Plan, the first in its history.

Policy Recommendation: Constrain Excessive Provider Prices



Since prices continue to be a primary driver of health care spending growth in Massachusetts and divert resources away from smaller, community providers, the HPC recommends the following actions:

- a. Establish Price Caps for the Highest Priced Providers in Massachusetts.** As a complement to the statewide benchmark, cap prices for the highest priced providers (i.e., limiting the highest, service-specific commercial prices with the greatest impact on spending) and limit price growth (e.g., limiting annual service-, insurer-, and provider-specific price growth) to reduce unwarranted price variation and promote equity.
- b. Limit Facility Fees.** Require site-neutral payments for certain common ambulatory services (e.g., basic office visits) and limit the cases in which both newly licensed and existing sites can bill as hospital outpatient departments and require clear disclosure of facility fees to patients, prior to delivering care.
- c. Enhance Scrutiny and Monitoring of Provider Expansions and Ambulatory Care.** Improve data collection on ambulatory care and continue to closely examine the impact of plans for major expansions of services or new facilities, particularly for outpatient services and for higher-priced providers, on health care costs, quality, access, and market competition, and ensure that any such expansions are well informed by health equity considerations.
- d. Adopt Default Out-of-Network Payment Rate.** As a constraint on the spending and market impact of excessive prices charged by out-of-network providers, the Legislature should enact the default out-of-network payment rate for “surprise billing” situations recommended by the Executive Office of Health and Human Services in its [Report to the Massachusetts Legislature: Out-of-Network Rate Recommendations](#).

MASSACHUSETTS LEGISLATIVE ACTIVITY

- ▶ The **Baker-Polito Administration** introduced a comprehensive health care bill (S.2774 - An Act Investing in the Future of our Health) in March 2022 that includes some key measures to address provider prices, including limits on hospital outpatient facility fees, a default rate for out of network (OON) services, and confidential reporting of provider price changes.
- ▶ In November 2021, the **House of Representatives** introduced H.4262, An Act Enhancing the Market Review Process, which proposed enhanced scrutiny of material changes to provider organization structure and/or governance.
- ▶ No legislative proposals have been adopted to date during the 2021-2022 legislative session.

HPC ACTION

- ▶ Conducted research and provided reporting on provider price variation and increases in the 2021 Cost Trends Report.

RECENT ACTIVITY IN OTHER STATES

- ▶ **Delaware** established hospital price growth caps (similar to **Rhode Island**), as a complement to its health care cost benchmark.
- ▶ **Oregon** established a new process of reviewing material change transactions (similar to **Massachusetts**) with the authority to reject a proposal outright or approve a proposal with mandated conditions.
- ▶ **Nevada** and **Colorado** followed the example of **Washington** in creating a state public option health plan with provider participation requirements and capping provider payment rates as a percentage of Medicare.

FEDERAL GOVERNMENT

- ▶ Implementation of the **No Surprises Act** which prohibits surprise billing and resolves OON payment rates through an arbitration process.
- ▶ The **Centers for Medicare and Medicaid (CMS)** issued the first civil penalties for hospitals not in compliance with federal price transparency rules and 352 warning notices.

Policy Recommendation: Make Health Plans Accountable for Affordability



Require greater accountability of health plans for delivering value for consumers and ensure that any savings that accrue to health plans (e.g., from provider price caps as described above) are passed along to consumers.

- a. Set New Affordability Targets and Affordability Standards.** Set measurable goals that identify and track improvement on indicators of affordability, including measures that capture the differential impact of both health plan premiums and consumer out-of-pocket spending by income, geography, market segment and other factors, and develop new health plan affordability standards.
- b. Improve Health Plan Rate Approval Process.** Require greater transparency and public participation in the Division of Insurance health plan rate approval process and require that new health plan affordability standards be a key factor in the approval of health plan rate filings.
- c. Reduce Administrative Complexity.** Require greater cross-payer standardization of policies, programs and processes to reduce administrative complexity, enhance affordability, and improve equity.
- d. Improve Benefit Design and Cost-Sharing.** Develop alternatives to high deductible health plans and other benefit designs that can impede access and perpetuate inequities, such co-payments and deductibles for high value medical care and structure premium contributions to reflect different employee wage levels.
- e. Alternative Payment Methods.** Increase adoption and effectiveness of APMs, especially in the commercial market where expansion has stalled (e.g., increased use of primary care capitation, APMs for preferred provider organization (PPO) populations, episode bundles and two-sided risk models).

Notable Activities: Make Health Plans Accountable for Affordability



MASSACHUSETTS LEGISLATIVE ACTIVITY

- ▶ **S.2774**, the Baker-Polito Administration's health care bill, would codify the Quality Measurement Alignment Task Force (QMAT).
- ▶ No legislative proposals have been adopted to date during the 2021-2022 legislative session.

MASSACHUSETTS STATE AGENCY ACTIVITY

- ▶ The **MA Division of Insurance (DOI)** proposed regulations to improve the health insurance rate review process, providing for greater transparency and public participation.
- ▶ The **Massachusetts Health Connector** will implement cost-sharing reforms for four chronic conditions.
- ▶ The **Quality Measurement Alignment Taskforce (QMAT)** has continued its work to define and promote adoption of a set of core measures for inclusion in Massachusetts payer-provider risk contracts to reduce both the number and variation in measures that providers must report to payers.

RECENT ACTIVITY IN OTHER STATES

- ▶ **Delaware** is incorporating health care affordability standards in its rate review process (similar the **Rhode Island** law).
- ▶ **California's** Office of Health Care Affordability will set a statewide goal of adopting Alternative Payment Models (APMs) and include standardized quality and equity measurements in their annual reporting.
- ▶ At least seven states (**Delaware, Maryland, Minnesota, Oregon, Rhode Island, Vermont, and Washington**) have initiated or accelerated efforts to align quality measures through statute or executive order.

HPC ACTION

- ▶ Partnered with the Network for Excellence in Health Innovation (NEHI) on administrative complexity.
- ▶ Included affordability measures in the 2021 Cost Trends Report dashboard.

The Commonwealth and all actors in the health care system should be accountable in efforts to achieve health equity for all.

- a. Set New Health Equity Targets.** Set measurable goals to advance health equity. Such goals should focus on eliminating disparities that manifest in both health and health care and be developed through a collaborative approach that is guided by the perspectives of individuals and communities most affected by these disparities.
- b. Address Social Determinants of Health.** Examine and address the social determinants of health (SDOH) that can lead to poor health outcomes for individuals and communities by making and supporting key community investments and enhancing provider efforts to address the health-related social needs of individual patients by collaborative relationships with community-based social service agencies.
- c. Improve Data Collection.** Collaborate to improve the collection of reliable patient data on race, ethnicity, language, disability status, sexual orientation, and gender identity to inform the integration of equity considerations into quality improvement, cost-control, and affordability efforts.

Notable Activities: Advance Health Equity for All



MASSACHUSETTS LEGISLATIVE ACTIVITY

- ▶ Reports issued from the **Health Equity Taskforce** and the **Special Commission on Racial Inequities in Maternal Health** include recommendations for action.
- ▶ Equity considerations were included in many proposals advanced during the 2021-2022 legislative session.

MASSACHUSETTS STATE AGENCY ACTIVITY

- ▶ **MassHealth's** proposed 1115 waiver includes a focus on advancing health equity by addressing disparities in care and coverage in its payment model.
- ▶ The **Massachusetts Health Connector** included equity-focused reforms in its upcoming Seal of Approval (SOA) process.
- ▶ **MassHealth** is strengthening its Flexible Services Program to address SDOH and health-related social needs.
- ▶ **CHIA** has recently launched a new research series on health equity issues in Massachusetts, beginning with a report on disparities by age, race and ethnicity, and income.
- ▶ **EOHHS QMAT Health Equity Technical Advisory Group** is providing recommendations on standardized data collection for social risk factors, including race, ethnicity, language, disability (RELD), sexual orientation, gender identity, and Sex (SOGIS).
- ▶ Proposed **DOI Regulation** will update provider directory requirements on language, race, and ethnicity.

HPC ACTION

- ▶ Included Health Equity measures in 2021 Cost Trends Report dashboard.
- ▶ Launched **BESIDE Investment Program**.
- ▶ Incorporated health equity into ACO LEAP certification standards.
- ▶ Developing report examining disparities in health care.

OTHER ACTIVITIES

- ▶ An emphasis on addressing health equity and improving related data collection is a priority across states, the federal government, and the health care industry. The HPC will continue to monitor and catalogue these efforts.

Policy Recommendation: Implement Targeted Strategies and Policies



To further advance cost containment, affordability, and health equity, the Commonwealth should adopt the following additional strategies and policies.

- a. Examine Increases in Medical Coding Intensity and Improve Patient Risk Adjustment.**
- b. Reduce Drug Spending, Align Pricing with Value, and Improve Affordability.** Increase oversight and transparency for the full drug distribution chain, such as by authorizing the expansion of the HPC's drug pricing review authority to include drugs with a financial impact on the commercial market in Massachusetts and by increasing state oversight of pharmacy benefit managers' (PBMs) practices and pursuing strategies to maximize value and enhance access.
- c. Improve Primary and Behavioral Health Care.** Specific areas of focus should include:
 - i. Focus Investment in Primary Care and Behavioral Health Care.** Hold entities accountable for increasing spending devoted to primary care and behavioral health while adhering to the Commonwealth's total health care spending benchmark, prioritizing non-claims-based spending such as capitation, infrastructure, and workforce investments.
 - ii. Improve Access to Behavioral Health Services.** Increase access to behavioral health services and provide resources and support to individuals and families suffering from the effects of the opioid epidemic, by implementing the [EOHHS Roadmap for Behavioral Health Reform](#).
- d. Support Efforts to Reduce Low-Value Care.**

Notable Activities: Implement Targeted Strategies and Policies (Prescription Drugs)



MASSACHUSETTS LEGISLATIVE PROPOSALS

- ▶ Pharmaceutical pricing reforms that would create accountability and transparency measures for drug manufacturers and establish oversight authority over pharmacy benefit managers were proposed in both **S.2774** and in **S.2397**, the **Senate's Pharmaceutical Access, Costs and Transparency (PACT) Act**.
- ▶ No legislative proposals have been adopted to date during the 2021-2022 legislative session.

MASSACHUSETTS STATE AGENCY ACTIVITY

- ▶ **MassHealth** has continued to achieve substantial savings in supplemental rebate negotiations with drug manufacturers.

RECENT ACTIVITY IN OTHER STATES

- ▶ **Washington** established a Prescription Drug Affordability Board with the authority to limit what payers will pay for certain high-cost drugs following an affordability review.
- ▶ **Maryland, Oklahoma, and Washington** implemented insulin cost-sharing reductions.

FEDERAL GOVERNMENT

- ▶ The **Federal Trade Commission (FTC)** launched an investigation into the six largest pharmacy benefit managers.
- ▶ The **U.S House of Representatives** passed the Affordable Insulin Now Act, which would cap prices for insulin. The **U.S. Senate** has not yet acted on the bill.

HPC ACTION

- ▶ Continued collaboration with MassHealth in evaluating value of drugs.
- ▶ Included prescription drug research in Cost Trends Report.

Notable Activities: Implement Targeted Strategies and Policies (Primary Care/Behavioral Health)



MASSACHUSETTS LEGISLATIVE ACTIVITY

- ▶ In January 2021, Chapter 260 of the Acts of 2020, **An Act Promoting A Resilient Health Care System That Puts Patients First**, established payment parity for mental health care delivered via telehealth.
- ▶ **S.2774** includes a proposal to increase the proportion of health care spending on primary care and behavioral health care by 30% with monitoring and compliance through CHIA and the HPC.
- ▶ Both branches have passed comprehensive mental health bills (**S.2572** and **H.4891, An Act Addressing Barriers to Care for Mental Health**), which (as of July 2022) are still in conference.

HPC ACTION

- ▶ Collaborated with CHIA on measurement of primary care and behavioral health spending.

MASSACHUSETTS STATE AGENCY ACTIVITY

- ▶ **EOHHS** continues to make investments related to the Roadmap for Behavioral Health Reform, introduced in March 2021, including through the proposed MassHealth 1115 waiver, such as support for expansion of inpatient beds.
- ▶ **MassHealth** is requiring ACOs to implement a primary care sub-capitation to make monthly prospective panel-based payments to their participating PCPs for a defined set of primary care services and behavioral health integration, effective in 2023.
- ▶ **The Center for Health Information and Analysis (CHIA)** collected data on the proportion of health care spending on primary care and behavioral health care Primary Care/Behavioral Health spending.

RECENT ACTIVITY IN OTHER STATES

- ▶ **Delaware** and **Connecticut** included primary care rebalancing provisions in recently enacted legislation, joining **Colorado, Oregon, Rhode Island, and Washington** among states that set primary care spending targets.

Agenda



Call to Order

Approval of Minutes (**VOTE**)

2022 Health Care Cost Trends Report: Policy Recommendations



EXECUTIVE DIRECTOR'S REPORT

- Market Oversight Updates
- Agency Activities and Events
- Fiscal Year 2023 Budget (**VOTE**)

Schedule of Upcoming Meetings

Agenda



Call to Order

Approval of Minutes (**VOTE**)

2022 Health Care Cost Trends Report: Policy Recommendations

Executive Director's Report

➤ MARKET OVERSIGHT UPDATES

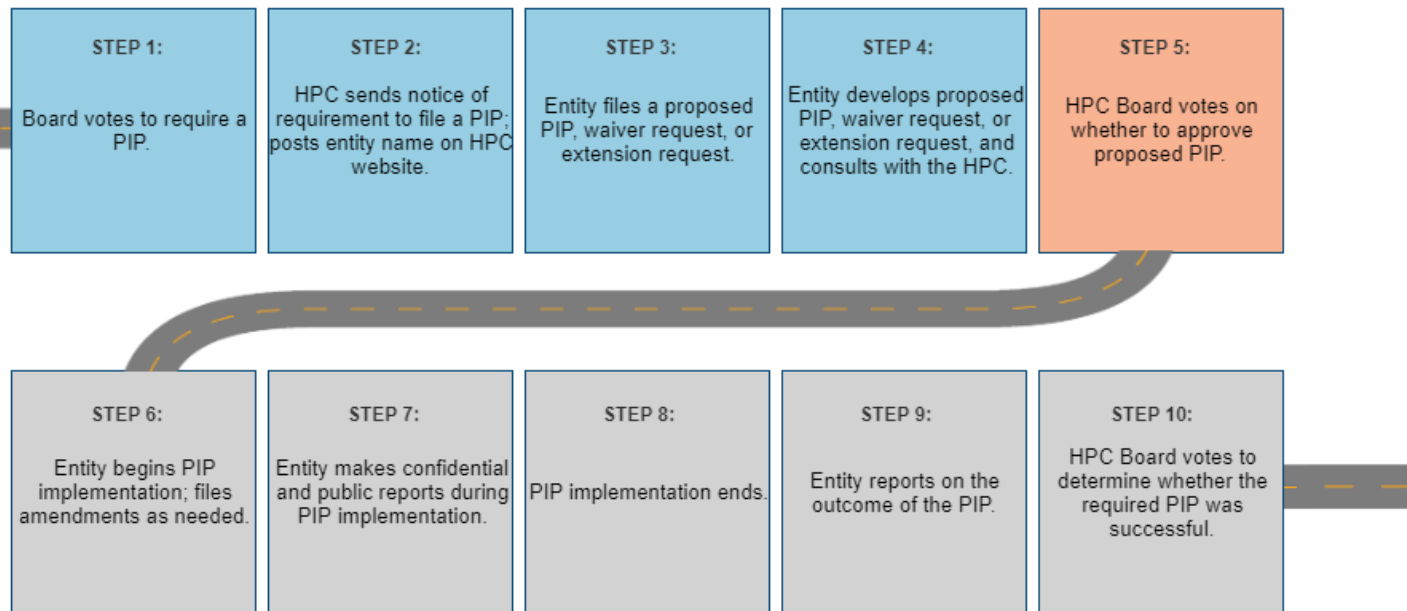
- Agency Activities and Events
- Fiscal Year 2023 Budget (**VOTE**)

Schedule of Upcoming Meetings

Performance Improvement Plans: MGB Proposal Received

PERFORMANCE IMPROVEMENT PLAN (PIP): MASS GENERAL BRIGHAM (MGB)

The following visualization illustrates the progress of the Performance Improvement Plan (PIP) required of Mass General Brigham (MGB). Hover over **completed**, **current**, and **next** steps for more information.



- On **January 25, 2022**, the Board voted to require Mass General Brigham (MGB) to develop and file a Performance Improvement Plan. MGB requested and was granted an extension of the deadline.
- MGB submitted its [proposal](#) to the HPC on **May 16, 2022**.
- The HPC has **reviewed the proposal** closely and is engaged in ongoing communication with MGB. Per the PIP regulation, MGB and the HPC may consult throughout the development of the PIP to ensure the criteria for approval have been met.
- The **Board will vote** on whether to approve the proposal in a future meeting.

Types of Transactions Noticed



TYPE OF TRANSACTION	NUMBER	FREQUENCY
Formation of a contracting entity	35	24%
Clinical affiliation	30	21%
Physician group merger, acquisition, or network affiliation	28	20%
Acute hospital merger, acquisition, or network affiliation	24	17%
Merger, acquisition, or network affiliation of other provider type (e.g., post-acute)	20	14%
Change in ownership or merger of corporately affiliated entities	5	4%
Affiliation between a provider and a carrier	1	1%

Elected Not to Proceed



- A proposed transaction between **Signature Healthcare**, **South Shore Health System**, **Sturdy Memorial Hospital**, and **Southeast Massachusetts Behavioral Health**, a subsidiary of US HealthVest, to own and operate a new psychiatric hospital in Southeastern Massachusetts.

Material Change Notices Currently Under Review



- The proposed acquisition of **Franciscan Hospital for Children**, a Catholic non-profit specialty hospital that focuses on pediatric chronic care, mental health disorders, and rehabilitation services by **Children's Hospital Boston**. This acquisition is subject to review under both the HPC's Material Change Notice and DPH's DoN review processes.
- A proposed joint venture between **MelroseWakefield Healthcare (MelroseWakefield)**, a subsidiary of Tufts Medicine with hospital campuses in Medford and Melrose, and **Shields HealthCare Group**, to own and operate a licensed clinic to provide PET/CT services to patients in MelroseWakefield's service area.

RECEIVED SINCE 6/8

- A proposed clinical affiliation between **Children's Medical Center Corporation**, the corporate parent of Children's Hospital Boston, and **Tufts Medicine**, the corporate parent of Tufts Medical Center.
- A proposed joint venture between **Tufts Medicine** and **Acadia Healthcare Company**, a national behavioral healthcare services provider that operates two behavioral health hospitals and a number of substance use disorder treatment centers across Massachusetts, to construct, own, and operate a new psychiatric hospital in Malden, Massachusetts.

Agenda



Call to Order

Approval of Minutes (**VOTE**)

2022 Health Care Cost Trends Report: Policy Recommendations

Executive Director's Report

- Market Oversight Updates

AGENCY ACTIVITIES AND EVENTS

- Fiscal Year 2023 Budget (**VOTE**)

Schedule of Upcoming Meetings

RECENTLY RELEASED



- **Impact Brief:** SHIFT-Care Opioid Use Disorder Cohort
- **Evaluation Report:** SHIFT-Care Challenge Investment Program (June 2022)
- **Video:** SHIFT-Care Opioid Use Disorder Initiative (June 2022)
- **Innovation Spotlight:** Harrington Hospital (June 2022)
- **HPC Shorts:** Growth in Out-of-Pocket Spending for Pregnancy, Delivery, and Postpartum Care in Massachusetts (April 2022)
- **Innovation Spotlight:** Medical Legal Partnerships (April 2022)
- **Investment Program Profiles:** Moving Massachusetts Upstream “MassUP” (March 2022)

UPCOMING



- **DataPoints Issue #23:** Growth in Alternative Care Sites Over Time in Massachusetts
- **Innovation Spotlight:** Emergency Medical Services Partnerships
- **Report to the Legislature:** Impact of COVID-19 on the Health Care Workforce
- **Report to the Legislature:** Utilization of Telehealth in the Commonwealth
- **Report to the Legislature:** Disparities in Health Care
- **2022 Health Care Cost Trends Report**

Eliminating health inequities is integral to achieving the HPC's mission.

*The HPC's mission is to advance a more transparent, accountable, and **equitable** health care system through its independent policy leadership and innovative investment programs. The HPC's overall goal is better health and better care – at a lower cost – **for all residents** across the Commonwealth*

The HPC's statute states that the agency should seek to address health care disparities through its work:

*The commission shall establish goals that are intended to **reduce health care disparities** in racial, ethnic and disabled communities and in doing so shall seek to incorporate the recommendations of the health disparities council and the office of health equity.*

To reflect the HPC's commitment to advance health equity and promote social and economic justice throughout its work, the HPC has proposed an action plan **to ensure that health equity is a core component of the HPC's work today and going forward.**

Progress Towards Embedding Health Equity into HPC Internal Processes



Launched an “**Equity in Every Project**” tool to identify specific opportunities to address health equity in external-facing care delivery transformation workstreams.



Formed a dedicated **health equity implementation workstream** with an accountable leader to support equity-focused initiatives, and hold regular meetings to measure progress.



Created a **health equity metric** for all ongoing and planned projects to ensure that a majority have a health equity component.



Regularly **review and incorporate literature** on the impacts of health care market changes on access and affordability for certain patient groups, especially when data resources are limited.



Hold regular **journal and book clubs** to stay up-to-date on equity themes and best practices. **Collect health equity-focused articles** and other resources and compile into a designated library for internal use.



SAVE
THE
DATE!

WEDNESDAY, NOVEMBER 2

2022

HEALTH CARE
COST TRENDS
HEARING



Bill signing at the Massachusetts State House



Chapter 224 of the Acts of 2012, “An Act Improving the Quality of Health Care and Reducing Costs Through Increased Transparency, Efficiency and Innovation,” was signed into law on August 6, 2012, by Governor Patrick and became effective on November 5, 2012.

Agenda



Call to Order

Approval of Minutes (**VOTE**)

2022 Health Care Cost Trends Report: Policy Recommendations

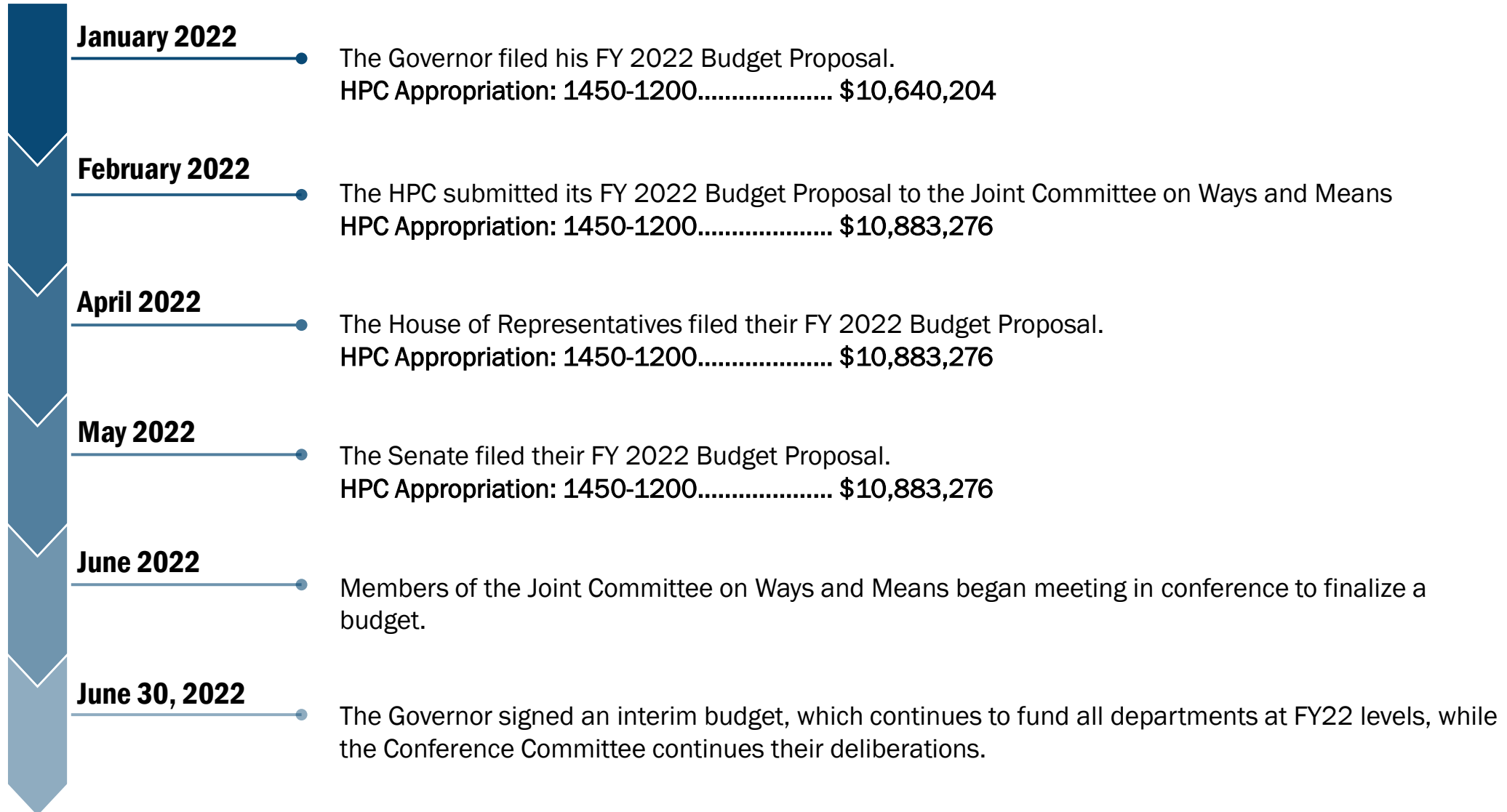
Executive Director's Report

- Market Oversight Updates
- Agency Activities and Events

➤ FISCAL YEAR 2023 BUDGET (VOTE)

Schedule of Upcoming Meetings

The Legislature's FY 2023 budget proposal is still being negotiated by the Conference Committee. An interim budget, set at FY22 levels, has been signed by Governor Baker.



VOTE

HPC Fiscal Year 2023 Budget



MOTION

That the Commission hereby authorizes the Executive Director to continue spending funds to support the ongoing operations of the agency at the level of funding approved by the Commission for fiscal year 2022, until the Commission approves the final operating budget for fiscal year 2023.

Agenda



Call to Order

Approval of Minutes (**VOTE**)

2022 Health Care Cost Trends Report: Policy Recommendations

Executive Director's Report



SCHEDULE OF UPCOMING MEETINGS

Schedule of Upcoming Meetings



BOARD

September 14
December 14



Mass.gov/HPC



COMMITTEE

October 12



HPC-info@mass.gov



ADVISORY COUNCIL

September 21
December 7



[@Mass_HPC](https://twitter.com/Mass_HPC)



SPECIAL EVENTS

November 2
Cost Trends Hearing



tinyurl.com/hpc-linkedin

2022 Public Meeting Calendar



- JANUARY -

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- FEBRUARY -

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- MARCH -

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- APRIL -

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- MAY -

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- JUNE -

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- JULY -

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- AUGUST -

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- SEPTEMBER -

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- OCTOBER -

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- NOVEMBER -

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- DECEMBER -

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BOARD MEETINGS

- Tuesday, January 25
- Wednesday, March 16 – Benchmark Hearing
- Wednesday, April 13
- Wednesday, June 8
- Wednesday, July 13
- Wednesday, September 14
- Wednesday, December 14

COMMITTEE MEETINGS

- Wednesday, February 9
- Wednesday, May 11
- Wednesday, October 12

ADVISORY COUNCIL

- Wednesday, March 30
- Wednesday, June 22
- Wednesday, September 21
- Wednesday, December 7

COST TRENDS HEARING

- Wednesday, November 2