



MASSACHUSETTS
HEALTH POLICY COMMISSION

Health Policy Commission Board Meeting

February 13, 2019



AGENDA

- Call to Order
- Approval of Minutes from December 13, 2018 Meeting
- Executive Director's Report
- Market Oversight and Transparency
- Schedule of Next Board Meeting



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VOTE: Approving Minutes

MOTION: That the Commission hereby approves the minutes of the Commission meeting held on December 13, 2018 as presented.



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Highlights from the Webinar on ACOs and Serious Illness Care

On January 24, the HPC collaborated with the Massachusetts Coalition for Serious Illness Care to host **Serious and Advancing Illness Care in Value-Based Payment Models: What ACOs in Massachusetts are doing to document and honor patients' wishes**, a webinar regarding ACOs' efforts to support the wishes of patients facing serious and advancing illness.



Maureen Bisognano
Massachusetts
Coalition for Serious
Illness Care



Adrienne Seiler, M.D.
Baycare Health
Partners



Leslie Sebba, M.D.
Lahey Clinical
Performance
Network



Charles Pu, M.D.
Partners Center
for Population
Health

*“Here I am with
a doctor for [my
mother’s] body
and a doctor for
her soul.”*

- Maureen
Bisognano

*“Without accountability,
everyone is passing the
ball.”*

- Adrienne Seiler, MD

*“[Serious illness care]
humanizes interactions
with patients and makes
you remember why you
are in the healthcare
profession.”*

- Leslie Sebba, MD

*“A challenge for all
health systems is
how to integrate
[serious illness care
programs].”*

- Charles Pu, MD

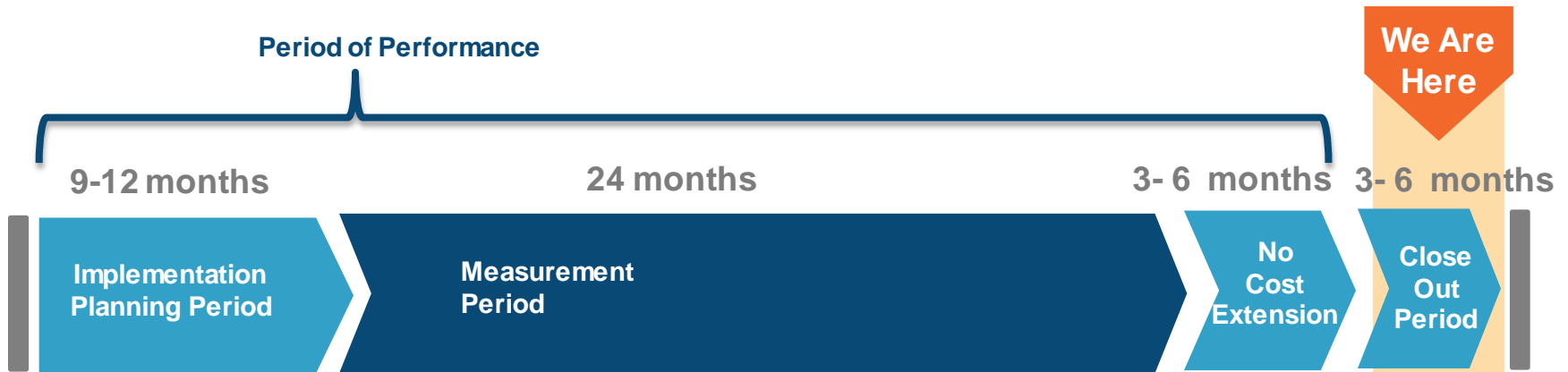
40+ engagements
on Twitter

120+
attendees



3 HPC-
Certified
ACOs

CHART Program Timeline



Current State:

- All CHART initiatives have ended
- Final payments have been completed

Next Steps:

- Develop and disseminate key lessons and findings of CHART program, including evaluation of CHART Phase 2

Health Care Innovation Investment (HCII) Program Timeline



Current State:

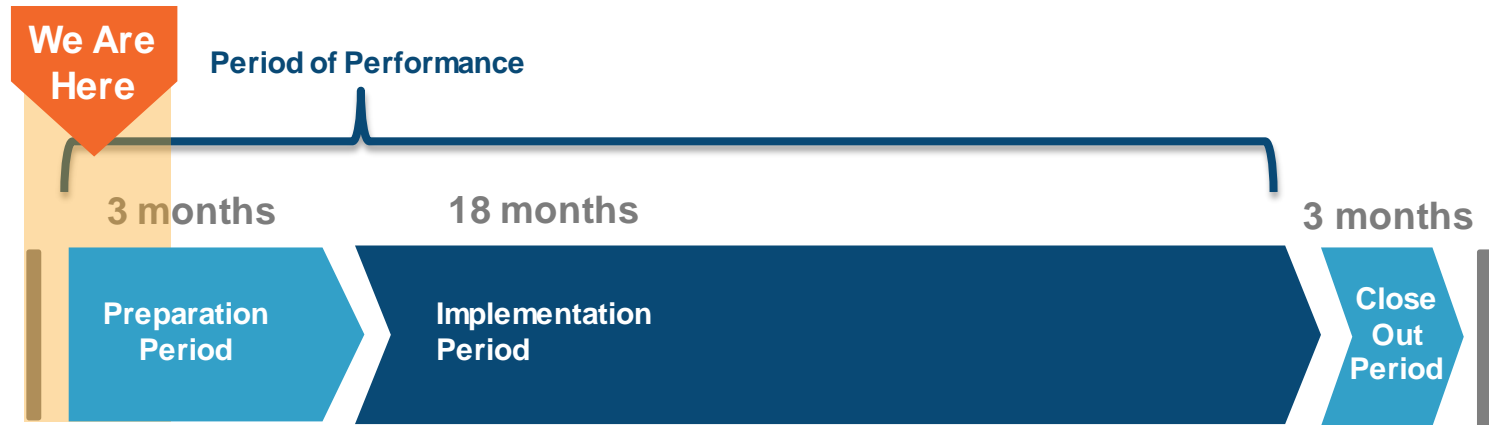
- Half of the Mother and Infant-Focused Neonatal Abstinence Syndrome (NAS) awards are still in the Implementation Period
- All Telemedicine pilots and three NAS awards have completed their Implementation Period activities, and will begin close out
- Targeted Cost Challenge Investment (TCCI) awardees are reflecting on their sustainability plans
- Nearly \$8M of the \$11.3M of total HCII funding has been dispersed

Next Steps:

- Continue close out activities as awardees complete their initiatives
- Compile qualitative and quantitative data for HPC led evaluation

Updated through 2/6/2019

SHIFT-Care Program Timeline



Current State:

- All awardees have received contracts
- HPC staff are engaging awardees in Preparation Period activities
- External evaluator for Track 2b awards (Brandeis) is engaging with awardees on baseline data collection and measure specifications

Next Steps:

- SHIFT-Care Profiles slated for Spring 2019 release
- Awardees will begin to collect and report baseline data

Office of Patient Protection (OPP) Responsibilities

Core Responsibilities

- **Carrier Appeals**
 - Regulating internal and external review for fully-insured plans
 - Administering external review for fully-insured plans
 - Receiving and analyzing annual reports from health plans regarding appeals, disenrollment of providers, claim denials, and other mandated information
- **Open Enrollment Waivers**
 - Administering waivers to purchase non-group health insurance outside of open enrollment
- **ACO/RBPO Appeals**
 - Regulating internal appeals and administering external review for patients of RBPOs and ACOs with commercial insurance
- **Consumer outreach, assistance, and education**

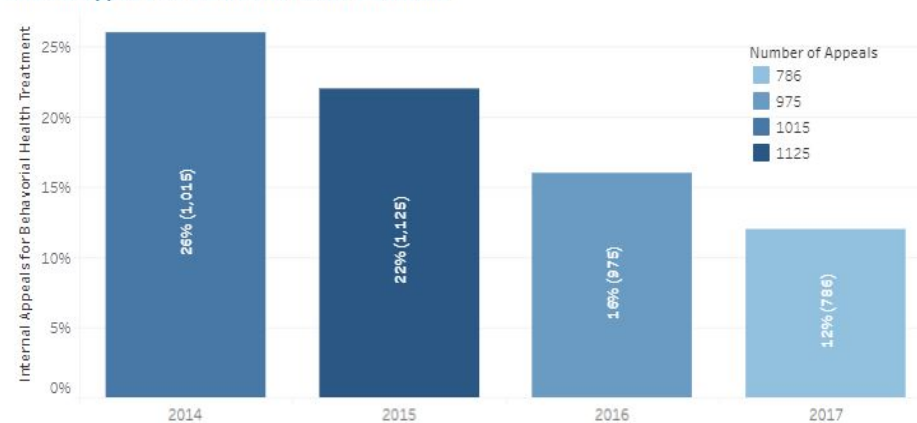
HPC DataPoints, Issue 9: OPP Medical Necessity Appeals

- In December, the HPC released a [DataPoints issue](#) examining trends in internal appeals and external reviews pursued by health insurance consumers.
- Despite the increase in the total number of internal appeals filed between 2014 and 2017, there was a decrease in both the total number and percentage of appeals related to coverage of BH treatment.

Total Internal Appeals Based on Medical Necessity



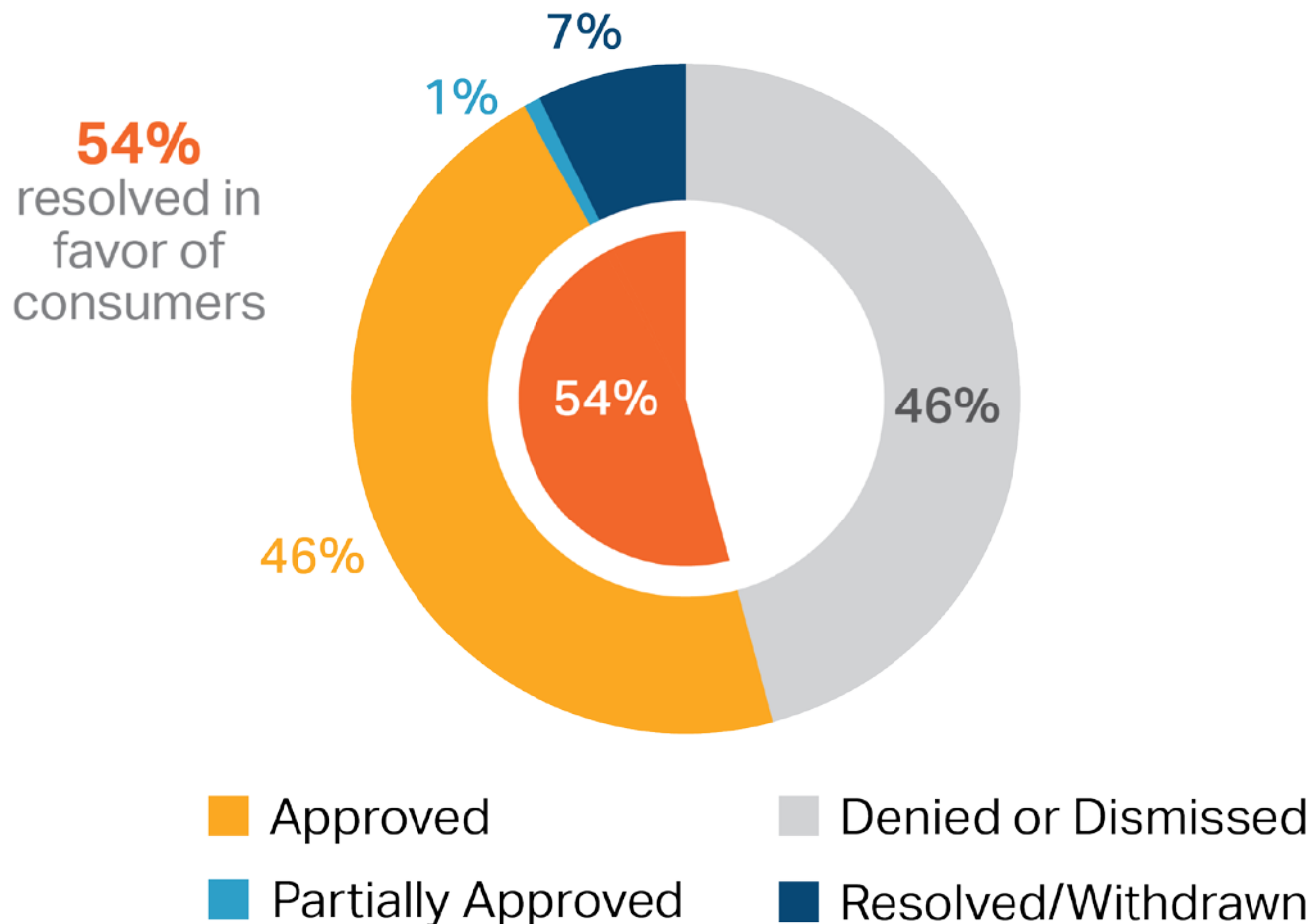
Internal Appeals for Behavioral Health Treatment



During 2017, insurance companies received 14,279 member grievances. Of these, 6,338 were adverse determinations based on medical necessity.

Internal Appeals

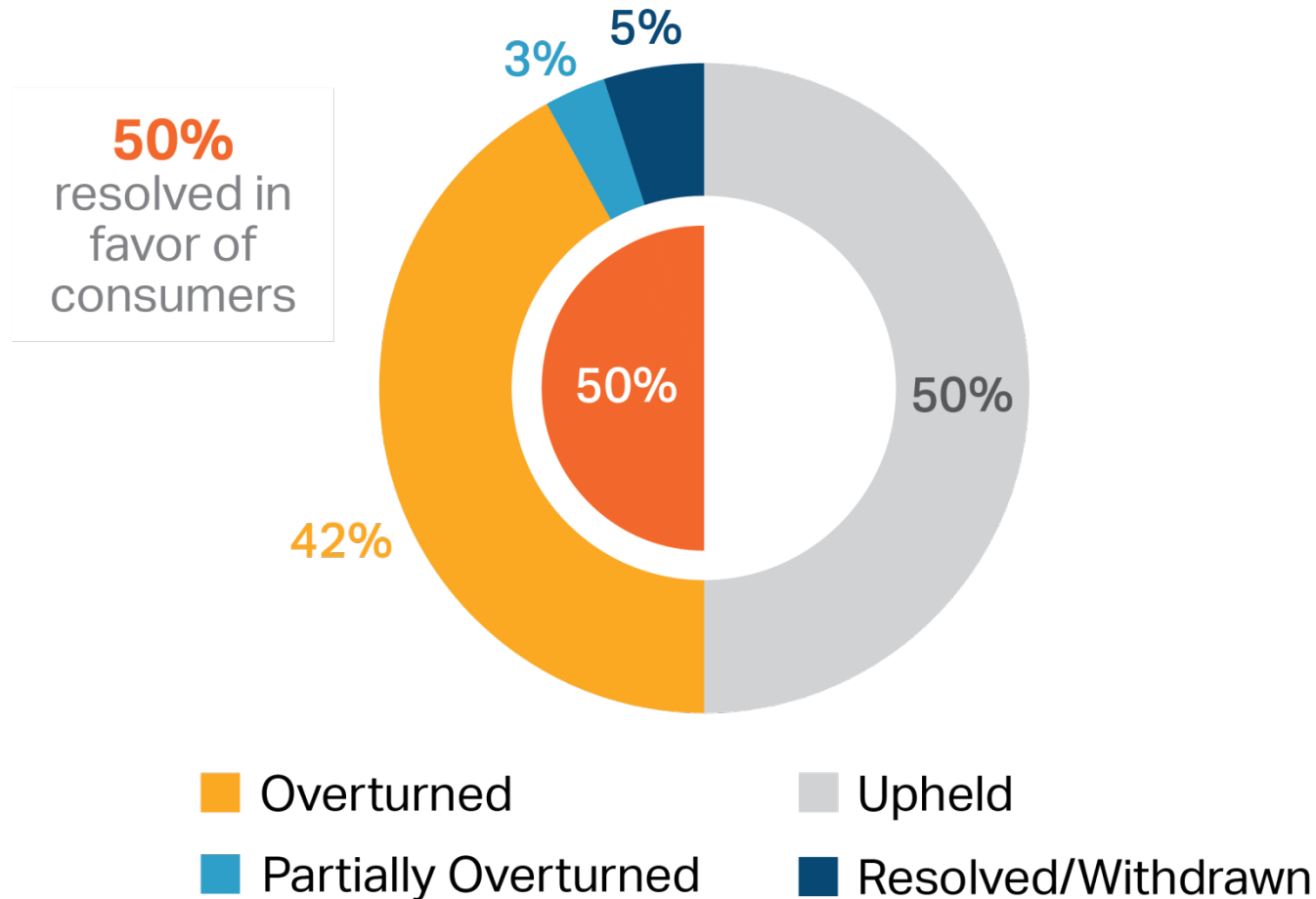
Insurance companies reported that a majority of all grievances were resolved in favor of the member.



OPP received 215 eligible requests for external review during 2017

External Review

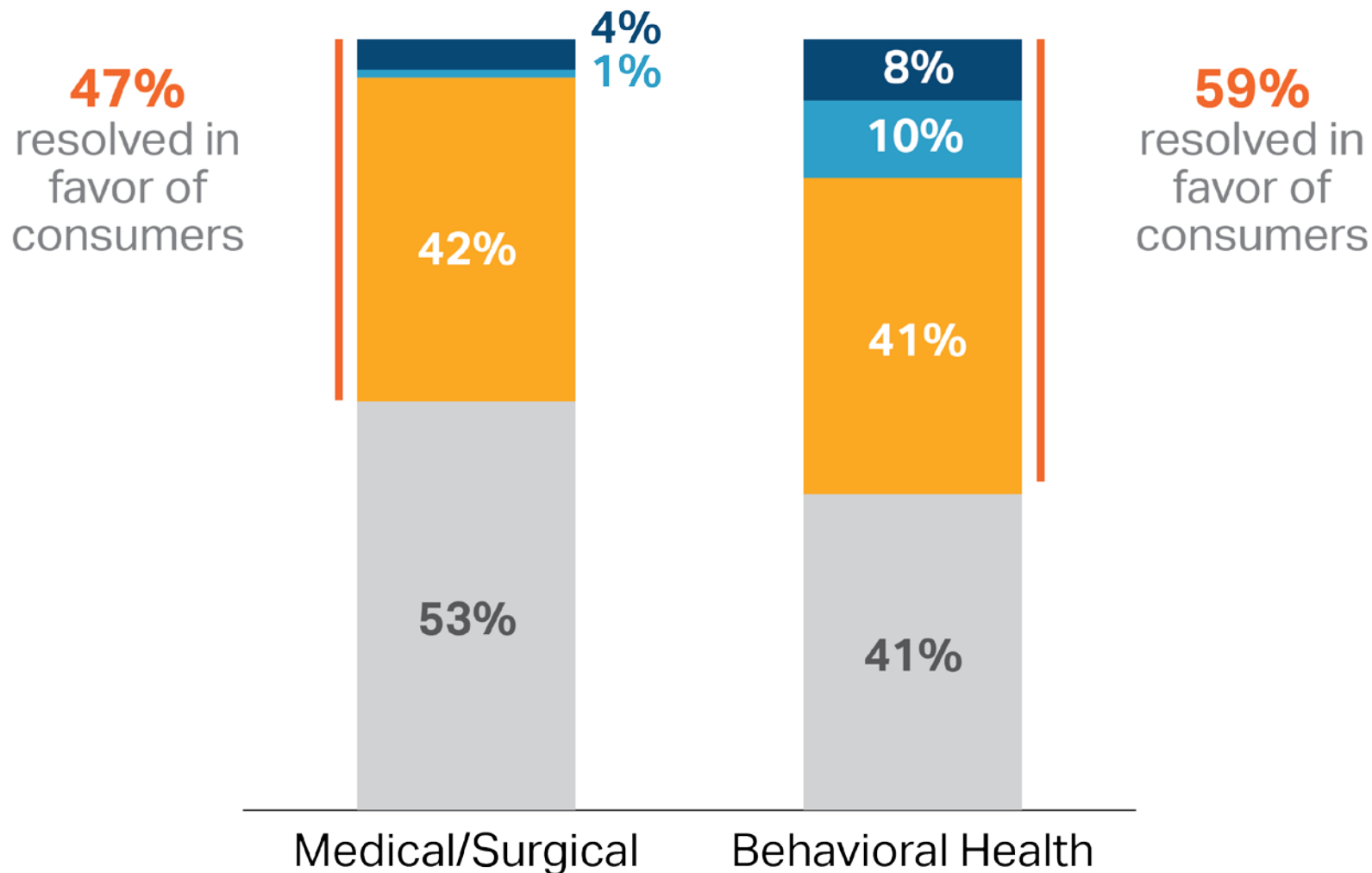
Percentage of external review cases by disposition, 2017



164 eligible requests were for medical/surgical treatment and 51 eligible requests were for behavioral health treatment.

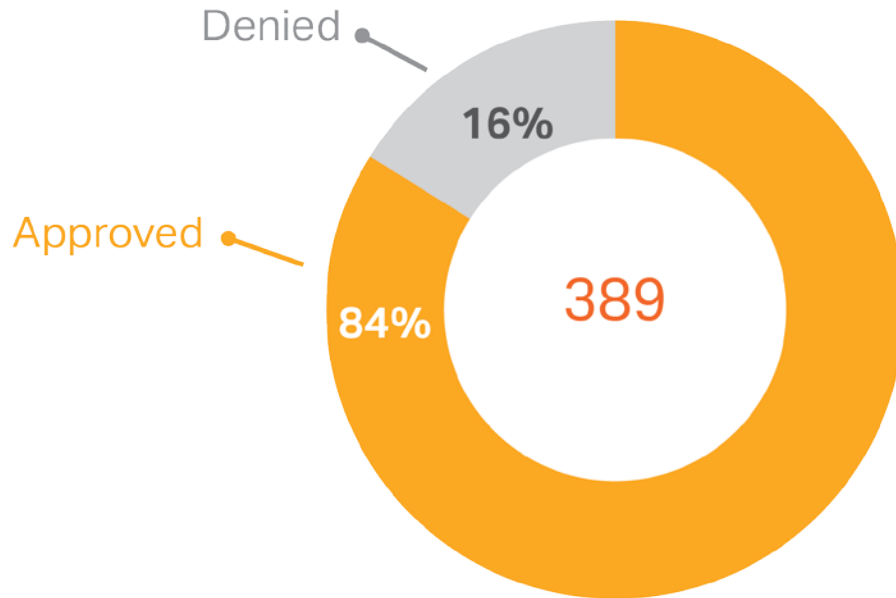
External Review

Percentage of eligible external review cases by disposition, by type of case (Medical/Surgical Care vs. Behavioral Health Care), 2017



Outcomes of 2017 open enrollment waiver applications

Waivers



Year	Total Waiver Applications
2011	276
2012	576
2013	416
2014	316
2015	562
2016	355
2017	389

OPP was given the statutory authority to issue enrollment waivers beginning in 2011.

In 2017, OPP responded to over 1,320 consumer inquiries



Contact OPP

Phone: (800) 436-7757

Fax: (617) 624-5046

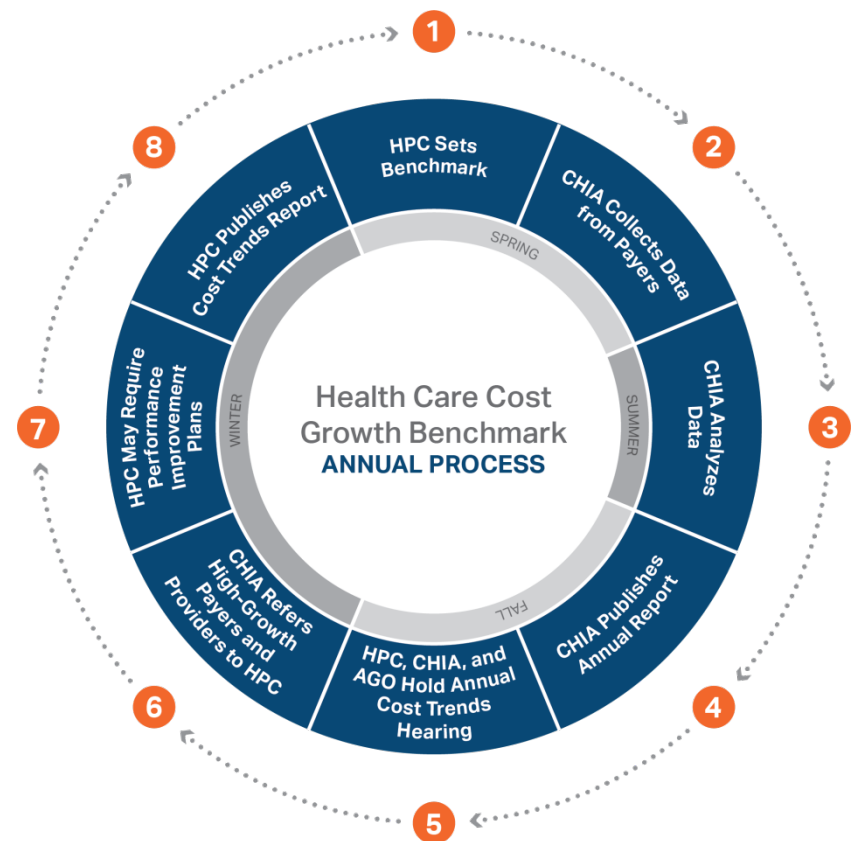
Email: HPC-OPP@mass.gov

Website: mass.gov/HPC/OPP

HPC DataPoints, Issue 10: Health Care Cost Growth Benchmark

HPC DataPoints showcases brief overviews and interactive graphics relevant to the HPC's mission to drive down the cost of health care.

- Through the use of interactive graphics, this latest edition of DataPoints describes the HPC's **annual process for monitoring health care spending growth** against the benchmark and the performance of individual health care entities, as mandated by Chapter 224.
- The issue also describes the **benchmark setting process over the years**, and the HPC's authority to modify the benchmark.



2019 Hearing on the Health Care Cost Growth Benchmark

Wednesday, March 13
12:00 PM

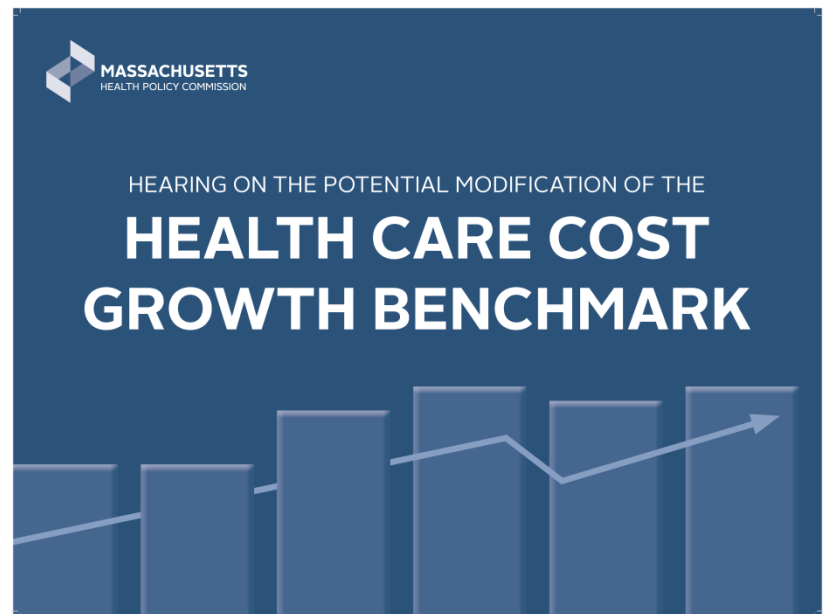
Massachusetts State House,
Gardner Auditorium

Chapter 224 prescribes the formula that the HPC must use to establish the benchmark each year

“For calendar years 2018 through 2022, the health care cost growth benchmark *shall be equal to* the growth rate of potential gross state product...minus 0.5 per cent”

Since 2018, the HPC has had limited authority to modify the benchmark if an adjustment is “reasonably warranted”

“For calendar years 2018 through 2022, if the commission determines that an adjustment in the health care cost growth benchmark is reasonably warranted...the board of the commission may modify the health care cost growth benchmark...” between -0.5 and PGSP



Inspired by the “Massachusetts model,” other states are increasingly establishing total health care spending growth benchmarks.



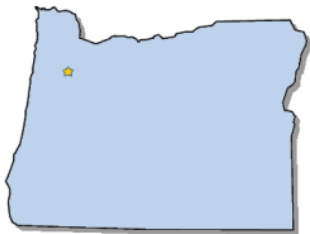
Delaware

- On November 20, 2018, Governor Carney signed an Executive Order (EO) establishing spending and quality benchmarks for health care in Delaware. The EO was signed after significant stakeholder engagement and a thorough examination of promising state models, including MA.
- The spending target is based on total (all-payer) health care spending growth and is initially set at 3.8% for 2019, with more aggressive targets over time.
- The quality improvement benchmarks encompass a range of measures, including emergency department use, opioid overdoses, tobacco use, obesity rates, and physical activity for high school students.



Rhode Island

- On February 6, 2019, Governor Raimondo signed an Executive Order establishing a target for total health care spending growth in Rhode Island: 3.2% annual growth through 2022.
- The Executive Order was signed after significant stakeholder engagement, supported by Brown University's School of Public Health, including an examination of the Massachusetts model.



Oregon

- In 2017, Oregon established a Joint Interim Task Force on Health Care Cost Review to study the feasibility of creating a hospital rate-setting process in Oregon.
- In September 2018, after nearly a year of research and consultation with other states including Maryland, Vermont, Massachusetts, and Pennsylvania, the Task Force ultimately recommended that Oregon move forward with a total health care spending target.
- The Oregon Health Authority is leading the planning and initial implementation process.

Upcoming HPC Publications in 2019

2018 Cost Trends Report and Chartpack

Hard copies of the annual report will be available soon



DataPoints Issue #11

Pharmacy Benefit Manager (PBM) price markups for generic drugs



ACO Policy Brief #3



Focus on the risk contract experience and performance management approaches of HPC-certified ACOs



Health Care Innovation Investment (HCII) Profiles

Targeted Cost Challenge Investments (TCCI)
Neonatal Abstinence Syndrome (NAS)

White and Brown Bagging Report

Study of the practice of shifting drug distribution channels

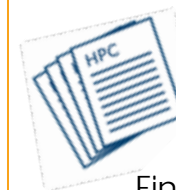


Drug Coupon Study

Study of the practice of discount vouchers for prescription drugs

Tele-Behavioral Health Guide

Lessons from Telemedicine Pilot Awardees & PCMH Prime practices on integrating tele-behavioral health care into practice



Co-Occurring Disorders (COD) Policy Brief

Findings on barriers to access for individuals with COD and policy recommendations



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Types of Transactions Noticed

TYPE OF TRANSACTION	NUMBER	FREQUENCY
Clinical affiliation	22	23%
Physician group merger, acquisition or network affiliation	20	21%
Acute hospital merger, acquisition or network affiliation	20	21%
Formation of a contracting entity	17	18%
Merger, acquisition or network affiliation of other provider type (e.g., post-acute)	11	11%
Change in ownership or merger of corporately affiliated entities	5	5%
Affiliation between a provider and a carrier	1	1%

Notice Currently Under Review

Received Since 12/13

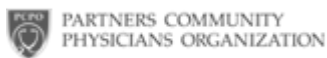
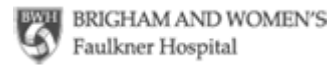
- The proposed acquisition of Care New England (CNE) in Rhode Island by Partners HealthCare System (Partners). Under the proposed transaction, Partners subsidiary Brigham Health would become the corporate parent of CNE.

The HPC conducts MCN reviews of certain out-of-state transactions

- The HPC has authority to review transactions involving a merger with or acquisition of or by a hospital system, including an **out-of-state hospital system**.
- In its April 2018 guidance, the HPC limited its review of out-of-state transactions to those most likely to have an impact in Massachusetts. This includes:
 - Acquisitions of **hospital systems in New England or New York** by Massachusetts Providers or Provider Organizations.
 - Acquisitions of **Massachusetts Providers or Provider Organizations**, regardless of where the out-of-state hospital system is located.
- The HPC's review of all proposed Material Changes focuses on transactions' potential for cost, quality, and access impacts **in Massachusetts**.

Background on the Parties: Partners HealthCare System

- Largest health system in Massachusetts, with \$13.4B in operating revenue in FY17
- Includes:
 - 8 general acute care hospitals in Mass. with 2,838 staffed beds in FY17
 - A specialty psychiatric hospital (McLean)
 - A specialty ophthalmology and otolaryngology hospital (Mass. Eye & Ear)
 - A rehabilitation network (Spaulding)
 - A home health agency
 - An insurance carrier
 - A physician group, PCPO, contracting on behalf of more than 6,700 physicians
- Partners' hospitals and physician groups are among the highest priced in the Commonwealth



Rhode Island Health Care Context

Lifespan: RI's largest health system

- Rhode Island Hospital, RI's largest hospital (includes Hasbro Children's Hospital) (AMC)
- Miriam Hospital and Newport Hospital (community)
- Bradley Hospital (psychiatric)

Care New England: RI's second-largest system

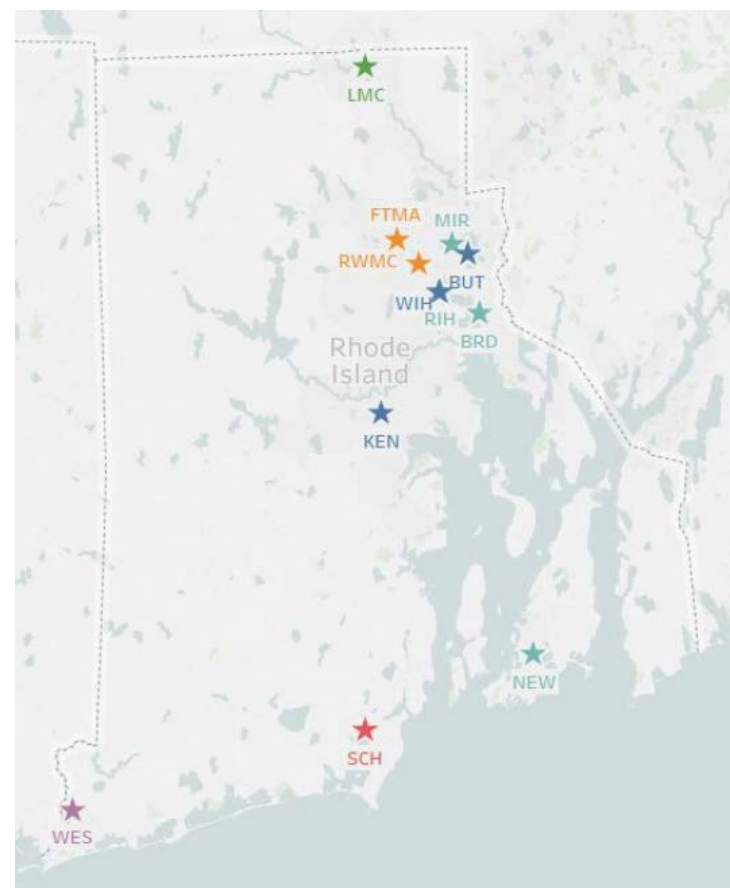
- Women & Infants Hospital (specialty)
- Kent County Memorial Hospital (community)
- Butler Hospital (psychiatric)

Other Hospitals:

- Landmark Medical Center: Affiliated with Prime Healthcare
- CharterCARE (for-profit): Roger Williams Medical Center (AMC) and Fatima Hospital
- South County Hospital: Independent
- Westerly Hospital: Affiliated with Yale New Haven

Commercial Payers in RI:

- BCBS of RI is the largest commercial payer, with approximately **60%** of the market.
- UnitedHealthcare is the second-largest commercial payer, with approximately **20%** of the market.
- Tufts Health Plan has approximately **5%** of the market.
- Other payers include Neighborhood Health Plan of RI, Cigna, and Aetna.

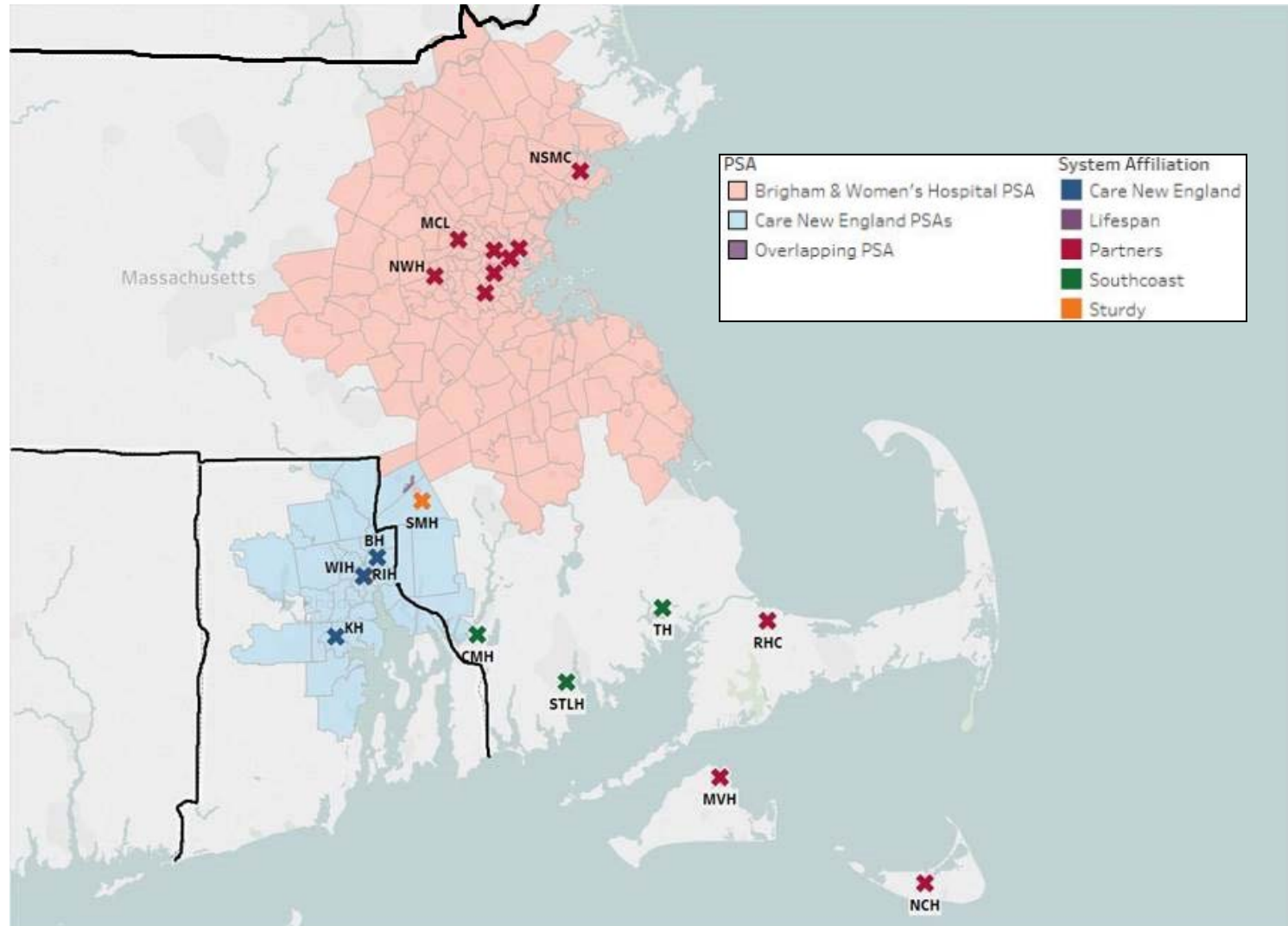


Background on the Parties: Care New England



- Second-largest health system in RI, with \$1.1B in operating revenue in FY18
- Includes:
 - One general acute care hospital with 359 beds (Kent County Memorial Hospital - Kent)
 - A specialty hospital for women and newborn children with 167 beds and 140 bassinets (Women & Infants - WIH)
 - A teaching and research hospital for psychiatric and movement and memory disorders (Butler Hospital)
 - A mental health and addiction treatment services center
 - A Visiting Nurse Association
 - A physician group, Care New England Medical Group (CNE MG), with over 350 physicians, primarily specialists, practicing in hospitals and physician offices
- Participates in the Integra Community Care Network ACO
- A 2012 study commissioned by RI's Office of the Health Insurance Commissioner and Executive Office of Health and Human Services found CNE's prices to be among the highest in RI

Inpatient Primary Service Areas of CNE and Brigham & Women's



Background on the Parties: Existing Clinical Affiliation

Partners and CNE have a clinical affiliation that began in 2009.

- Brigham & Women's physicians see patients at Kent, WIH, and CNE MG Primary and Specialty Care Services in Pawtucket.
- Brigham Health has a cardiovascular health program at Kent, including general cardiology, electrophysiology, heart failure, valve conditions, and interventional cardiology.
- Brigham Health has a surgical program at Kent, including vascular, thoracic, and colorectal surgery.
- Brigham Health has expanded access to clinical trials for Kent patients.

About the Transaction

Under this transaction, Partners would acquire CNE and Partners affiliate Brigham Health would become CNE's corporate parent.

The parties have identified several goals of this acquisition:

- To stabilize CNE's financial condition, including addressing substantial deferred maintenance;
- To enhance the scope and quality of CNE's health care services; and
- To strengthen CNE's academic and research programs in conjunction with Brown University's Warrant Alpert Medical School.

The parties have also noted:

- CNE will continue to conduct its own payer contracting.
- The parties are considering establishing new ambulatory care sites in RI. These sites would not charge hospital facility fees.
- The parties have no plans to reduce current CNE services, including behavioral health services.

Our Approach to Examining the Transaction's Impact on Health Care Spending in Massachusetts

We attempted to answer the following questions:

- How would the transaction affect competition in the MA market?
- Will the transaction lead to shifts in maternity care from MA hospitals to WIH for MA patients?
- Will the transaction lead to shifts in tertiary/quaternary care from Rhode Island Hospital (RIH) to Brigham & Women's Hospital (BWH) for MA patients?

For each of these questions, we attempted to quantify the cost impact of any potential change.

- We analyzed discharge data from MA and RI and commercial claims from the MA and RI APCD.
- We evaluated the potential for volume shifts based on current patient flow patterns and compared prices for common services at the parties' hospitals and nearby competitors.
- We focused on shifts in inpatient care, because they were more easily quantifiable.

The transaction would not significantly affect Partners' maternity market share in its service areas.

Shares of Inpatient Maternity Services

	Women & Infants PSA	Kent PSA	Brigham & Women's PSA	Newton-Wellesley PSA
Partners system	2.9%	0.5%	39.7%	46.2%
BWH	1.6%	0.3%	15.5%	19.1%
MGH	0.3%	0.1%	9.7%	10.0%
Newton-Wellesley	1.0%	0.1%	11.2%	15.0%
CNE system	82.3%	92.3%	0.3%	0.2%
WIH	76.6%	79.1%	0.3%	0.2%
Kent	5.7%	13.2%	0.0%	0.0%
Partners + CNE	85.2%	92.8%	40.0%	46.4%
Lifespan system	0.6%	0.8%	0.0%	0.0%
Southcoast	1.0%	0.1%	0.1%	0.0%
Sturdy	5.7%	0.4%	0.3%	0.1%
HHI post-transaction	7,312	8,626	2,954	3,486
HHI change	482	92	23	15

The parties both provide maternity services to patients living in areas of southern MA bordering RI.

Shares of Inpatient Maternity Services

	Charlton PSA	Sturdy PSA
Partners system	3.9%	12.7%
BWH	2.4%	6.4%
MGH	0.7%	0.9%
Newton-Wellesley	0.7%	5.4%
CNE system	32.4%	56.1%
WIH	32.3%	55.6%
Kent	0.1%	0.5%
Partners + CNE	36.3%	68.8%
Lifespan system	9.0%	0.4%
Southcoast	44.4%	0.3%
Sturdy	0.6%	16.2%

The transaction would not significantly affect Partners' share of non-maternity services in its service areas.

Shares of Non-Maternity Inpatient Services

	Women & Infants PSA	Kent PSA	Brigham & Women's PSA	Newton-Wellesley PSA
Partners system	7.1%	5.0%	32.2%	34.3%
BWH	4.0%	3.2%	9.0%	11.0%
MGH	2.1%	1.3%	12.2%	12.4%
Newton-Wellesley	0.3%	0.1%	63.9%	5.9%
CNE system	11.9%	22.2%	0.0%	0.0%
WIH	2.4%	2.6%	0.0%	0.0%
Kent	9.5%	19.6%	0.0%	0.0%
Partners + CNE	19.0%	27.2%	32.2%	34.3%
Lifespan system	49.8%	50.6%	0.2%	0.2%
Southcoast	0.9%	0.2%	0.0%	0.0%
Sturdy	5.0%	0.2%	0.2%	0.1%
HHI post-transaction	3,004	3,477	2,256	2,485
HHI change	169	221	1	0

There is limited scope for maternity shifts from MA hospitals to Women & Infants for MA patients.

Scope of Maternity Care Shift

- We do not anticipate that this transaction would lead to meaningful shifts in MA maternity volume to WIH.
 - Most Partners primary care patients already use Partners hospitals; some Partners patients living close to WIH might choose to deliver at WIH instead.
 - Other patients might shift due to brand effects, but WIH's brand is strong now.

Cost Impact of Maternity Care Shift

- We examined commercial prices for deliveries and found that WIH is always higher-priced than NWH and sometimes higher-priced than BWH, depending on the payer.
 - If all current Partners commercial patients living within 30 minutes of WIH switched from delivering at BWH or NWH to WIH, spending could increase by **\$120K**.
- WIH is substantially higher-priced than Charlton and Sturdy. For vaginal deliveries, WIH is **53%** more expensive than Charlton and **79%** more expensive than Sturdy.
 - For every 1% of each hospital's vaginal delivery volume for MA commercial patients that shifted to WIH, spending could increase by **\$30K**.

There is limited scope for tertiary/quaternary shifts from Rhode Island Hospital to Brigham & Women's for MA patients.

Scope of Tertiary/Quaternary Care Shift

- We examined the potential for MA patients to switch from RIH to BWH for complex care.
 - CNE might refer more of their patients to BWH rather than RIH; however, the majority of CNE's primary care patients are RI residents.
 - MA patients might shift from RIH to BWH due to increased Partners presence in the region. Currently, approximately **300 MA commercial patients** use RIH for non-emergency care each year.

Cost Impact of Tertiary/Quaternary Care Shift

- We examined commercial prices for 6 complex cardiovascular, orthopedic, and oncology DRGs provided by both BWH and RIH.
 - We found that, on average, BWH is **11%** more expensive than RIH for these procedures.
 - If all MA commercial patients currently using RIH for scheduled tertiary care went to BWH instead, spending could increase by **\$180K**.

Quality and Access: Key Findings

There is some potential for improved quality as a result of the transaction, especially in Rhode Island, and the parties have plans to work closely to advance population health management programs in Rhode Island.

- We examined party hospital performance on clinical quality measures across the domains of processes, outcomes, and patient experience.
- On measures of patient experience, Partners hospitals generally perform at or above average, while CNE performance is mixed.
- On maternity process measures, BWH performs well. WIH's performance is not as strong, but WIH performed better than BWH on one measure that we examined (C-Sections rate).
- On outcome measures, the parties generally perform comparably to their respective statewide averages, with some variation among party hospitals.

We did not review evidence that this transaction would have a negative impact on health care access for MA patients.



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Policy Priorities in the 2018 Cost Trends Report

In late 2017, the HPC's Board restructured the policy committees to better align with its top priority areas and established two new committees, the **Market Oversight and Transparency Committee** (MOAT) and the **Care Delivery Transformation Committee** (CDT). Consistent with this strategic framework, the HPC recommends that the Commonwealth take action across the following two priority areas:

- 1 Strengthen market functioning and system transparency
- 2 Promoting an efficient, high-quality, health care delivery system

These include **NEW** recommendations for 2018, indicated in **orange**, and *renewed* recommendations from previous years' Cost Trends Reports, for which continued action, attention, and effort is required.

2018 Cost Trends Report: Summary of Recommendations for Discussion

Strengthen market functioning and system transparency

1. **NEW** Administrative Complexity

The Commonwealth should take action to identify, prioritize, and address areas of administrative complexity that add costs to the health care system without improving the value care. The HPC intends to collaborate with stakeholders from across the health care industry to advance this policy imperative in 2019.

2. **Pharmaceutical Spending**

The Commonwealth should take action to reduce drug spending growth and payers and providers should consider further opportunities to maximize value. Specific areas of focus include:

- **NEW** Drug pricing review and accountability – establishing a process for review of high-cost drugs that enhances the ability of MassHealth to negotiate directly with drug manufacturers for supplemental rebates or outcome based contracts
- Adding pharmaceutical and medical device manufacturers as witnesses for the cost trends hearing
- **NEW** Proactive consumer price disclosure and other consumer focused policies such as pass-through rebate sharing
- **NEW** Greater oversight of pharmacy benefit manager prices and limiting the practice of excess “spread pricing”
- **NEW** Consider strategies to address prices for drugs covered under medical benefits of insurance plans including medical drug spending through price variation and consideration of Medicare reforms
- Consider opportunities for risk-based contracting with manufacturers
- Using treatment protocols and guidelines
- Enhanced provider education and monitoring of prescribing patterns

2018 Cost Trends Report: Summary of Recommendations for Discussion

Strengthen market functioning and system transparency

3. Out-of-Network Billing

The Commonwealth should take action to enhance out-of-network (OON) protections for consumers. Specifically:

- Require advance patient notification
- Consumer billing protections in emergency and “surprise” billing scenarios
- Reasonable and fair reimbursement for OON services

4. Provider Price Variation

The Commonwealth should take action to reduce unwarranted variation in provider prices. Specifically:

- Advance data-driven interventions and policies to address persistent unwarranted provider price variation in the coming year

5. Facility Fees

The Commonwealth should take action to equalize payments for the same services between hospital outpatient departments and physician offices. Specifically:

- Implement site-neutral payments for select services
- Clear disclosure of fees to patients

6. Demand-Side Incentives

The Commonwealth should encourage payers and employers to enhance strategies that empower consumers to make high-value choices. Specifically:

- Encouraging employees to choose high-value plans, and employers to purchase health insurance through the Health Connector
- Payers improving the design of tiered and limited network plans, and testing new ideas such as PCP tiering
- Payers, employers, and employees utilizing new CompareCare website

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Promoting an efficient, high-quality, health care delivery system

7. Unnecessary Utilization

The Commonwealth should focus on reducing unnecessary utilization and increasing the provision of care in high-value, low-cost settings, consistent with the HPC's improvement targets detailed in the health system performance dashboard. Specifically, policymakers and market participants should seek progress on:

- Avoidable ED utilization (e.g., low-acuity ED visits, BH-related ED visits)
- Avoidable hospital admissions/readmissions
- Community hospital-appropriate inpatient care at AMCs/teaching hospitals
- Institutional post-acute care

8. Social Determinants of Health (SDH)

The Commonwealth should take steps to address the importance of social determinants of health that impact health care access, outcomes, and costs. Building off of leadership by EOHHS and MassHealth, specific areas of focus include:

- Flexible funding to address health-related social needs
- Inclusion of social determinants in payment policies and performance measurement
- **NEW** Collaborations between health plans/ACOs and community-based organizations to address SDH
- Continued evaluation of innovative interventions to build the evidence-base

2018 Cost Trends Report: Summary of Recommendations for Discussion

Promoting an efficient, high-quality, health care delivery system

9. Health Care Workforce

The Commonwealth should support advancements in the health care workforce that promote top-of-license practice and new care team models. Specific areas of focus include:

- Scope of practice reform, including removing restrictions that are not evidence-based (e.g., advance practice registered nurses)
- Establishing a new level of dental practitioner for expanded oral health care access (e.g., dental therapist)
- Support for new care team models, particularly to address patient's behavioral health and health-related social needs (e.g., community health workers, peer support specialists, recovery coaches)
- Engagement of the health care workforce in policy and delivery reform efforts

10. Innovation Investments

The Commonwealth should continue to support targeted investments to test, evaluate, and scale innovative care delivery models. Emerging ideas that should be considered for funding include:

- Telehealth, particularly for clinical services with patient access challenges (e.g., behavioral health, oral health)
- Mobile integrated health, in which community paramedicine and other providers treat patients in their homes and communities

2018 Cost Trends Report: Summary of Recommendations for Discussion

Promoting an efficient, high-quality, health care delivery system

11. Alignment and Improvement of APMs

The Commonwealth should promote the increased adoption of alternative payment methods (APMs) and improvements in APM effectiveness. Specific areas of focus include:

- **NEW** Shift global budget payment models to two-sided risk to maximize the impact of incentives to improve health outcomes and values
- Reducing disparities in budget levels
- Incorporating bundled payments



VOTE: 2018 Health Care Cost Trends Report

MOTION: That, pursuant to section 8(g) of chapter 6D of the Massachusetts General Laws, the Commission hereby authorizes the Executive Director to issue the annual report on cost trends as presented.



AGENDA

- Call to Order
- Approval of Minutes from December 13, 2018 Meeting
- Executive Director's Report
- Market Oversight and Transparency
- **Schedule of Next Board Meeting**

Upcoming 2019 Meetings and Contact Information



Board Meetings

Wednesday, March 13 – Benchmark Hearing
Wednesday, May 1 (1:00 PM)
Wednesday, July 24
Wednesday, September 11
Monday, December 16 – RESCHEDULED



Committee Meetings

Wednesday, February 27
Wednesday, June 5
Wednesday, October 2
Wednesday, November 20



Contact Us

Mass.Gov/HPC
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Special Events

2019 Cost Trends Hearing
Day 1 – Tuesday, October 22
Day 2 – Wednesday, October 23