MINUTES OF THE HEALTH POLICY COMMISSION

Meeting of March 12, 2013

MASSACHUSETTS HEALTH POLICY COMMISSION

THE HEALTH POLICY COMMISSION
McCormack Building
One Ashburton Place, 21st Floor
Boston, MA 02108

Docket: Tuesday, March 12, 2013, 12:00PM

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1. **Adoption of the Minutes of the January 16, 2013 Commission Meeting (APPROVED)**

2. **Report of the Committees**

3. **Adoption of Regulation 958 CMR 2.00 (Relative to the One-Time Assessment) (APPROVED)**

4. **Adoption of Emergency Regulations 958 CMR 3.00 (APPROVED), 4.00 (APPROVED) (Relative to the Office of Patient Protection)**

5. **Report on Consumer-Driven Health Plans**

6. **Interim Guidance Relative to Notice of Material Change (APPROVED)**

7. **Executive Director Report**

8. **Public Discussion**

Health Policy Commission
Presented below is a summary of the meeting, including time-keeping, attendance, and votes.

Date of Meeting: Tuesday, March 12, 2013
Beginning Time: 12:04 PM
End Time: 2:16 PM

Board Member	Attended	Item 1	Item 3	Item 4a	Item 4b	Item 6
		Adoption of the Minutes 1/16/13 Board Meeting	**Adoption of Regulation 958 CMR 2.00**	**Adoption of Emergency Regulation 958 CMR 3.00**	**Adoption of Emergency Regulation 958 CMR 4.00**	**Interim Guidance Relative to Notice of Material Change**
Stuart Altman	Yes	Yes (2nd)	Yes (2nd)	Yes (M)	Yes	Yes
Carole Allen	Yes	Yes (M)	Yes	Yes (2nd)	Yes (2nd)	Yes (2nd)
David Cutler	Yes	Yes	Yes	Yes	Yes	Yes
Wendy Everett	Yes	Yes	Yes	Yes	Yes	Yes
Paul Hattis	Yes	Yes	Yes	Yes	Yes (M)	Yes
Rick Lord	Yes	Yes	Yes	Yes	Yes	Yes (M)
Candace Reddy (Glen Shor)	Yes	Yes	Yes	Yes	Yes	Yes
Marylou Sudders	Yes	Yes	Yes	Yes	Yes	Yes
Veronica Turner	Yes	Yes	Yes (M)	Yes	Yes	Yes
Jean Yang	Yes	Yes	Yes	Yes	Yes	Yes
John Polanowicz	No	N/A	N/A	N/A	N/A	N/A
Summary	**10 members attended**	**Approved with 10 votes**	**Approved with 10 votes**	**Approved with 10 votes**	**Approved with 10 votes**	**Approved with 10 votes**

(M): Made motion; (2nd): Seconded motion

PROCEEDINGS

A regular meeting of the board of the Massachusetts Health Policy Commission was held on Tuesday, March 12, 2013, at the McCormack Building, One Ashburton Place, 21st Floor, Boston, MA 02108.

Members present included Chair Stuart Altman; Dr. Carole Allen; Dr. David Cutler; Dr. Wendy Everett; Dr. Paul Hattis; Mr. Rick Lord; Ms. Marylou Sudders; Ms. Veronica Turner; and Ms. Jean Yang.

Ms. Candace Reddy participated in place of Mr. Glen Shor, Secretary, Executive Office of Administration and Finance.

Mr. John Polanowicz, Secretary, Executive Office of Health and Human Services, was absent from the meeting.

Chair Altman called the meeting to order at 12:04 PM and reviewed the agenda.

ITEM 1: Adoption of the Minutes of the January 16, 2013 Commission Meeting

Chair Stuart Altman solicited additions or corrections to the minutes of the meeting of the Health Policy Commission from January 16, 2013. Executive Director David Seltz noted that one typological error had been corrected in the prior meeting's minutes.

Dr. Carole Allen made the motion to approve the minutes of January 16, 2013. After consideration, upon motion made and duly seconded by **Chair Altman**, it was voted unanimously to approve the minutes upon the correction noted by Mr. Seltz.

Voting in the affirmative were all ten present commission members. There were no abstentions and no votes in opposition.

ITEM 2: Report of Committees

Cost Trends and Market Performance Committee

Dr. David Cutler initiated reporting on the activities of the Cost Trends and Market Performance Committee. He identified two primary issues on which the committee was focusing. The first was interim guidance relative to notice of material change. The second involved the guidelines for the annual cost trends report to be produced by the Health Policy Commission.

Dr. Cutler updated the commission on the proposed outline for the annual cost trends report. He defined total health expenditures and what expenses would be included within that amount. He defined what would be included in the annual cost trends report, and noted that the report intends to take a holistic approach to measuring health expenditures.

Mr. Nikhil Sahni, Policy Director for Cost Trends and Special Projects for the Health Policy Commission, reviewed the methodology for the annual cost trends report. He described the procedures of creating the report as divided into three sections such that the first section would include setting a baseline and developing metrics; the second section would include uncovering the drivers of cost growth and defining three to five guiding questions regarding these drivers; and the third section would include discussing the implications of findings, both long-term and short-term, and using findings to analyze and discuss future areas of study.

Mr. Sahni then discussed a timeline for the annual cost trends report which included the release of a report by the Center for Health Information and Analysis by September 1, 2013; a hearing on cost trends by October 1, 2013; approval of the Health Policy Commission of a draft of the report by mid-December 2013; and release of the final report by December 31, 2013.

Quality Improvement and Patient Protection Committee

Ms. Marylou Sudders reported on the activities of the Quality Improvement and Patient Protection Committee. Pursuant to Section 103 of the Acts of Chapter 224 of 2012, there was a hearing held on February 22, 2013, at the Worcester Recovery Center regarding mandatory nurse overtime. Next steps for the committee following the hearing included another meeting on April 3, 2013 from 9:00AM to 11:00AM.

Ms. Sudders noted that the committee would begin the conversation regarding parity around mental and physical health. She also noted that the committee would begin the process of defining care integration and behavioral health medical homes.

Care Delivery and Payment System Reform Committee

Dr. Carole Allen reported on the activities of the Care Delivery and Payment System Reform Committee. She identified important issues being addressed by the committee, including defining guidelines for patient centered medical homes (PCMHs) and accountable care organizations (ACOs); hiring staff members to aid the committee with its activities; and addressing the provider organization registration.

Dr. Allen announced the dates and times of three listening sessions to be held in conjunction with the Division of Insurance regarding the registration of provider organizations and the certification of risk-bearing provider organizations. The listening sessions would be held on Friday, March 15, 2013, at 9AM; on Monday, March 25, 2013, at 1PM; and Monday, April 1, 2013, at 1PM.

Community Health Care Investment and Consumer Involvement Committee

Dr. Paul Hattis reported on the activities of the Community Health Care Investment and Consumer Involvement Committee. He first gave an operational update for the committee, reporting that the group met twice during the month of February, during which time he had

been elected as chair; the charge for the committee had been reviewed; and a formal hearing regarding the one-time assessment had been held on February 27, 2013, at 9:00AM.

Dr. Hattis reported that final regulations for 958 CMR 2.00 would be voted on at the current (March 12, 2013) board meeting.

Dr. Hattis also reported on an upcoming report pursuant to Section 263 of Chapter 224 of the Acts of 2012 regarding flexible spending accounts, health reimbursement arrangements, health savings accounts, and similar tax-favored health plans.

Item 3: Adoption of Regulation 958 CMR 2.00 (Relative to the One-Time Assessment)

Executive Director David Seltz recommended the approval of regulation 958 CMR 2.00. He noted that waivers were not under consideration at present, but that that process would be moving forward.

Ms. Lois Johnson, General Counsel for the Health Policy Commission, reported on the regulations specific to two issues. The first issue regarded the consideration of Medicaid Managed Care Organizations (MMCOs) within the one-time assessment. Several organizations submitted comments in support of exclusion as surcharge payers. Ms. Johnson noted that the Health Policy Commission staff believed that while there was sound legal basis to include MMCOs, they would recommend their exclusion. Mr. Rick Lord asked Ms. Johnson if Commonwealth Care payments would be excluded and she replied that they would be.

Ms. Johnson next addressed the issue of mitigation. She noted that there were no specific recommendations or references regarding the appropriateness of granting mitigations. One particular hospital had requested clarification regarding qualifying language for mitigation.

Dr. Wendy Everett asked Ms. Johnson about the omission of a timeline on page four of the memo provided by staff regarding 958 CMR 2.00. Ms. Johnson responded that the payment deadline of June 30, 2013, would essentially bookend the response time by the Health Policy Commission to mitigation applications, that invoices would include important information regarding applications, and that the Health Policy Commission would respond in a timely manner to applications. Executive Director David Seltz also noted that to the extent that certain qualifying hospitals do not elect to apply, the billing process may still move forward, even as mitigation waivers are being administered.

In relation to the memo released regarding 958 CMR 2.00, Dr. Paul Hattis asked if mitigation applications would still be accepted after the payment deadline of June 30, 2013. Ms. Lois Johnson responded that the law requires that at least the first installment of the assessment be collected by June 30, 2013, and Mr. David Seltz noted that it was his intention to present by June 30, 2013, any application for mitigation to the Health Policy Commission. He also noted that any late applications could be revisited at a later date.

Ms. Lois Johnson requested a vote of the commission to approve final regulations on the one-time assessment with an amendment as recommended by staff, to exclude Medicaid Managed Care Organizations in the definition of surcharge payer, leaving the other provisions unchanged. **Ms. Veronica Turner** made the motion to approve 958 CMR 2.00. After consideration, upon motion made and duly seconded by **Chair Stuart Altman**, it was voted unanimously to approve final regulations 958 CMR 2.00.

Voting in the affirmative were all ten present commission members. There were no abstentions and no votes in opposition.

Executive Director David Seltz proceeded to make comments regarding the one-time assessment. He noted that assessment funds would be reinvested in the health care system to produce high quality and affordable care. Sixty million dollars alone would be invested over four years in public health measures. Funds would also be invested in the development of interoperable electronic health records, which would work across multiple sites of care, and which would work in real time. The assessment would also support distressed community hospitals, leading to strong financial standing for those hospitals as well as improved quality in the care offered at those sites.

Dr. David Cutler asked Mr. Seltz if any action would be required of the Health Policy Commission in disbursing the money collected. Mr. Seltz responded that while the Health Policy Commission is responsible for physically collecting checks submitted for the assessment, the Comptroller would be distributing funds.

Dr. Wendy Everett noted that the current plan assumed that the $225 million collected would be distributed among selected funds. Given any mitigations granted, however, she asked if it would be determined by the Health Policy Commission how any lesser amount of money would be distributed. Mr. Seltz noted that any reduction in funding would be taken out of the distressed hospital fund alone, in accord with Chapter 224 regulations.

Ms. Marylou Sudders asked if the definition of a "distressed hospital" was exclusive to acute care facilities, excluding behavioral health facilities. Mr. Seltz noted that the definition does exclude academic hospitals; that he would have to examine the definition regarding application to acute psychiatric facilities; and that the process was still ongoing with the help of the Center for Health Information and Analysis in terms of developing a list of hospitals eligible for the distressed hospital fund.

ITEM 4: Adoption of Emergency Regulations 958 CMR 3.00 and 4.00 (Relative to the Office of Patient Protection)

Executive Director David Seltz reviewed the planned transfer of the Office of Patient Protection from the Department of Public Health to the Health Policy Commission, to occur on April 20, 2013. He reviewed the two proposed emergency regulations, 958 CMR 3.00 and 958 CMR 4.00, each identical in substance to existing regulations, which were being presented at the current (March 12, 2013) commission meeting. The adoption of the

emergency regulations was intended to ensure continuity of the office's functioning during the transfer. Following the approval of 958 CMR 3.00 and 958 CMR 4.00, the emergency regulations would be subject to hearing within 90 days after their effective date. The Health Policy Commission would then vote within that time to make the emergency regulations final.

Ms. Lois Johnson then elaborated on the duties of the office, on the transfer process, and on the regulations up for vote. She noted that the Office of Patient Protection has specific responsibilities to promulgate regulations regarding carriers and health plans, and to conduct internal grievance procedures. The Office of Patient Protection also conducts external reviews of health plans regarding medical necessity determinations. The Office of Patient Protection contracts with external review agencies, determines whether individual procedures are medically necessary for particular patients, and then makes those decisions binding on health plans.

Ms. Johnson reiterated that under Chapter 224 of the Acts of 2012, the Office of Patient Protection is being transferred to the Health Policy Commission. She noted that the transfer process is being conducted such that there would be no disruption to consumer health plan access and such that continuity in regulation would be maintained.

The current interagency agreement between the Health Policy Commission and the Department of Public Health expires on April 20, 2013, necessitating the promulgation of emergency regulations so that there is no disruption in the activities of the Office of Patient Protection during a transfer. Emergency regulation 958 CMR 3.00 regards internal grievance procedures and external reviews while 958 CMR 4.00 regards granting open enrollment waivers for individuals not in group health plans. The Commonwealth of Massachusetts allows for the promulgation of emergency regulations, but requires a hearing within 90 days.

Following Ms. Johnson's summary, Dr. Wendy Everett posed a question regarding why the Chapter 224 law required the transfer of the Office of Patient Protection to the Health Policy Commission. Executive Director David Seltz responded that while the Department of Public Health has administered the office in years past, the legislature included the transfer in the drafting of the Chapter 224 legislation in an effort to reinvigorate the Office of Patient Protection within the Health Policy Commission, thinking both about the office's external review function as well as about a new role in relation to the development of accountable care organizations (ACOs). The transfer presents an opportunity for both the Office of Patient Protection and for the Health Policy Commission, and Mr. Seltz anticipates that in upcoming months the office will engage with the commission regarding consumer education.

Executive Director David Seltz requested that the commission vote to approve emergency regulation 958 CMR 3.00. **Chair Stuart Altman** made the motion to approve 958 CMR 3.00. After consideration, upon motion made and duly seconded by **Dr. Carole Allen**, it was voted unanimously to approve emergency regulation 958 CMR 3.00.

Voting in the affirmative were all ten present commission members. There were no abstentions and no votes in opposition.

Executive Director David Seltz next requested that the commission vote to approve emergency regulation 958 CMR 4.00. **Dr. Paul Hattis** made the motion to approve 958 CMR 4.00. After consideration, upon motion made and duly seconded by **Dr. Carole Allen**, it was voted unanimously to approve emergency regulation 958 CMR 4.00.

Voting in the affirmative were all ten present commission members. There were no abstentions and no votes in opposition.

ITEM 5: Report on Consumer-Driven Health Plans

Mr. Nikhil Sahni, Policy Director for Cost Trends and Special Projects for the Health Policy Commission, updated commission members on a report regarding consumer-driven health plans.

Pursuant to Section 263 of Chapter 224, the Health Policy Commission is charged with investigating and reviewing the methods of, and making recommendations relative to, increasing the use and adoption of flexible spending accounts, health reimbursement arrangements, health savings accounts, and similar tax-favored health plans by April 1, 2013.

As of March 12, 2013, the commission staff had completed a comprehensive literature review of national and Massachusetts sources. Staff found the data regarding Massachusetts consumer-driven health plans had been limited. Mr. Sahni anticipated that staff would work with industry members to collect additional data in order to fulfill the mandate from Chapter 224.

Dr. Paul Hattis noted that the report was, at this time, primarily descriptive, and that the report only intended to make recommendations where appropriate.

Chair Stuart Altman noted that the subject area being defined by the report is complicated and politically laden, and that given the short time frame allowed, the report would only be interim. He emphasized that future reports would require further research, particularly regarding Massachusetts, and that this first report is only the beginning of a research process.

Dr. Carole Allen asked about the origin of this reporting requirement within the Chapter 224 legislation. Executive Director David Seltz responded that the Chapter 224 legislation includes concepts such as reducing cost growth and sustainability, and that this report encompasses these concepts by examining how consumers engage with product design and the incentivizing of better consumer choices.

Dr. David Cutler reiterated that the subject of this report is controversial and requested that Mr. Sahni discuss the report's methodology briefly, and also address recommendations

regarding tiered or limited networks. Mr. Sahni responded that the methodology had been comprehensive, including the review of 40 to 60 papers and outreach to both opponents and proponents of the subject for literature recommendations, always with the goal of neutral reporting. He also noted that tiered and limited networks are explored in the paper as a mode of product design.

ITEM 6: Interim Guidance Relative to Notice of Material Change

Ms. Lois Johnson recommended to the present commissioners that they approve proposed interim guidance relative to the notice of material change.

Section 13 of Chapter 6D became effective January 1, 2013, requiring provider or provider organizations to provide notice to the Health Policy Commission before making any material change to its operations or governance structure. As such, the commission would review each notice preliminarily for its effect on the Commonwealth's ability to meet the health care cost growth benchmark and on its effect on the competitive market. The commission may then opt to conduct a full cost and market impact review on a proposed material change depending upon these qualifications.

Section 13 requires that definitions must be made for what constitutes a material change, a nonmaterial change, and a near majority share of a primary and dispersed service area. Subject to Chapter 30a, regulations have been promulgated which would be adopted and published. A public hearing would be conducted and final regulations would be approved. Regulations should be complementary with other regulations in order to decrease administrative duplication and in order to define terms clearly.

Executive Director David Seltz explained the purpose of the interim guidance. He noted that since Chapter 224 took effect, many providers have asked about material change issues regarding pending transactions. The interim guidance is intended to provide guidelines temporarily before final guidelines are approved and released. They are intended to align with statutes and to reduce uncertainty for providers in the market as much as possible while still leaving the option for expansion. Thus, while it is not anticipated or necessary that the commission alter the interim guidance, the commission is not bound by the definitions set forth in the current guidance and debate will be welcomed in the process of developing finalized guidelines.

Ms. Lois Johnson described the contents of the interim guidance. The interim guidance provides specific direction on how notice should be provided, including who should provide notice, what material change is subject to notice, what information should be provided in a notice, and in what format a notice should be provided. Although Section 13 of Chapter 6D applies to any provider or provider organization, the interim guidance sets a reasonable size threshold, with the revenue threshold set in reference to the provider registration provision.

The threshold set provides that any provider or provider organization with $25 million in net patient service revenue or more in the preceding fiscal year proposing a material change to its operations or governance structure that has not been finalized as of March 12, 2013,

must file notice with the commission not less than 60 days before the effective date of the proposed change.

Changes subject to notice currently included in the interim guidance are: acquisition of or by a carrier; merger with a hospital or hospital system; any other acquisition, merger, or affiliation with another provider or provider organization where the result is an increase in net patient service revenue of the provider or provider organization of $10 million or more; any clinical affiliation which has a net service patient revenue of $25 million or more in the preceding fiscal year; and any formation of a partnership, joint venture, common entity, accountable care organization, or parent corporation created for the purpose of contracting on behalf of one or more provider or provider organizations.

The guidance clarifies that the provider or provider organization must provide information on the given form. The notice form attempts to streamline and limit the information requested, particularly across agencies. Any provider or provider organization which meets the given threshold must submit a notice, and the notice may be submitted electronically to necessary agencies. If any notice form is incomplete or requires clarification, a notice form must be resubmitted again within 30 days. All notice forms and all supplemental information are considered public records.

Ms. Veronica Turner asked if closures had been considered to be included within the definition of material change during the creation of the interim guidance. Executive Director David Seltz responded that staff tried to adhere closely to Chapter 224 regarding transactions in composing the interim guidance, and thus closures had not been included. He noted that there may be continued discussion around additional transactions and that further transactions may be added to those already within the interim guidance. However, for the purposes of this guidance, he was not recommending the inclusion of closures as considered transactions.

Dr. Wendy Everett inquired about the determination by staff of the size threshold contained within the interim guidance. Ms. Lois Johnson responded that the provider registration program offered a benchmark for the threshold created, and Executive Director David Seltz added that in setting the threshold, staff kept in mind whether a material change by an organization of a certain size would affect the market in Massachusetts.

Ms. Marylou Sudders noted that she would advocate for including closures within the definition of material change of the interim guidance. She remarked that behavioral health facilities would probably not meet the size threshold required by the guidance, but that while those facilities are small in terms of revenue, she would argue that their closure would constitute a material change.

Chair Stuart Altman noted that inclusion of closure would necessitate inclusion of the term "addition," and although some commissioners might be uncomfortable with the guidance temporarily, a balance must be sought in terms of creating definitions. He then asked Executive Director David Seltz if the guidance would be revisited again after potential

approval at the current March 12, 2013, board meeting, and if whether a change made on March 13, 2013, would go unnoticed if the guidance was not approved.

Executive Director David Seltz responded that making further changes to the interim guidance might cause the commission to miss out on the review of further material changes which might occur in the market. Mr. Seltz anticipated proposed regulations within the next three months, and it would be an important step to approve interim guidelines while still drafting the regulations.

Dr. Wendy Everett highlighted the status of transactions that had occurred between January 1, 2013, and March 12, 2013, noting that those deals had been made and would not be considered. Transactions still in process could, however, be reviewed.

On the subject of closures, Dr. Paul Hattis noted that there is already in place a process within the Department of Public Health whereby closures of essential services are reviewed. Additionally, the interim guidance might be reconsidered, and there would be further discussion surrounding the definition of material change.

Dr. David Cutler suggested that before writing final regulations, the commission reach out to the Center for Health Information and Analysis as well as to stakeholders within the industry to create an extensive list of what kind of transactions might be considered material changes.

Executive Director David Seltz highlighted the administrative simplicity of the notice form available to providers and provider organizations, which is two pages in length, and which provides definitions, explanations, and instructions to applicants at the time they file.

Dr. Carole Allen asked Ms. Lois Johnson further about the definition of a clinical affiliation in reference to material change. Ms. Lois Johnson responded that any agreement to provide services or handle patients or any kind of service arrangement between two large organizations would be changes for which the Health Policy Commission would request notice.

Chair Stuart Altman requested that the Health Policy Commission approve the interim guidance relative to notice of material change. **Mr. Rick Lord** made the motion to approve the interim guidance relative to notice of material change. After consideration, upon motion made and duly seconded by **Dr. Carole Allen**, it was voted unanimously to approve interim guidance relative to notice of material change.

Voting in the affirmative were all ten present commission members. There were no abstentions and no votes in opposition.

ITEM 7: Executive Director Report

Executive Director David Seltz presented his initial strategic operating plan for the Health Policy Commission for 2013, which he would be finalizing and presenting again at the April 24, 2013, board meeting.

His plan includes the building of sound policy and of an operational foundation; the development of sound data sets; the development of clear regulations and definitions; the development of policies with streamlined administrative processes; and the development of staff support.

He noted that the work of the Health Policy Commission is measured in long-term successes, and that work must be conducted through collaboration with industry stakeholders, academic experts, government agencies, consumers, and the wider public. The work of the commission has already begun through the work of committees, with each committee having met and established priorities for the 2013 calendar year.

Mr. Seltz would present his finalized plan along with a timeline for implementation in April, and would post both to the Health Policy Commission website.

Dr. David Cutler requested that Mr. Seltz also establish distinct expectations and role assignments for the commissioners as well as anticipate any upcoming challenges.

Mr. Seltz announced the creation of the Health Policy Commission's advisory council, which will consult with the commission and advise the executive director, as well as give input on the operations of the commission, engage consumers and stakeholders, and advise on specific policy issues. In selecting the council, Mr. Seltz had sought to be inclusive and reflective of the commission's broad mission, as well as of a cross-section of Massachusetts and of the health care industry. The first meeting of the advisory council would be on March 26, 2013, at 9:00AM on the campus of the University of Massachusetts, Boston.

Mr. Seltz gave a staffing update for the Health Policy Commission, announcing the addition of two new staff members. He noted updates to the Health Policy Commission website and the introduction of a Health Policy Commission monthly newsletter. He announced a Health Policy Commission summer internship position for which the commission was seeking applications. And he noted that materials for the current March 12, 2013, board meeting would be available on the Health Policy Commission website.

ITEM 8: Public Comment

Several members of the public audience contributed to commentary following the completion of agenda items for the general board meeting.

Peggy O'Malley, a registered nurse, commented on service issues in the areas of Gloucester and Rockport. She commented on characteristics which cause issues in those regions, including geographic isolation and reliance on the fishing industry. She discussed concerns about maintaining quality of care and access to care for patients amidst attempts to control

health care costs through policy. She also requested that patient voices be included in the work of the Health Policy Commission.

Josh Archambault of the Pioneer Institute asked if monies collected in the one-time assessment were calculated within total health care expenditures. Executive Director David Seltz responded that the operations of a state agency were not included in health care expenditures.

Toby Fisher of the Massachusetts Public Health Association asked about timing of the one-time assessment in relation to grant funding. Executive Director David Seltz responded that the first installment of monies from the one-time assessment was to be collected by June 30, 2013, and that the Department of Public Health was currently moving forward with grant processes.

Chair Stuart Altman adjourned the meeting at 2:16PM.

LIST OF DOCUMENTS PRESENTED AT AND POSTED AFTER THE MEETING

1. Docket of the meeting (Health Policy Commission – Agenda)
2. Presentation (Health Policy Commission – Slide Presentation, 3/12/2013)