



Meeting of the Care Delivery Transformation Committee

February 15, 2023



Agenda



CALL TO ORDER

Approval of Minutes (**VOTE**)

Guest Presentation: MassHealth's 2023 ACO Program – Ryan Schwarz, Chief, Office of Payment and Care Delivery Innovation

HPC ACO Certification Program: Updates and Discussion of Health Equity Standard

Schedule of Upcoming Meetings

Agenda



Call to Order



APPROVAL OF MINUTES (VOTE)

Guest Presentation: MassHealth's 2023 ACO Program – Ryan Schwarz, Chief, Office of Payment and Care Delivery Innovation

HPC ACO Certification Program: Updates and Discussion of Health Equity Standard

Schedule of Upcoming Meetings

VOTE

Approval of Minutes

MOTION

That the Members hereby approve the minutes of the Committee meeting held on **October 12, 2022**, as presented.

Agenda



Call to Order

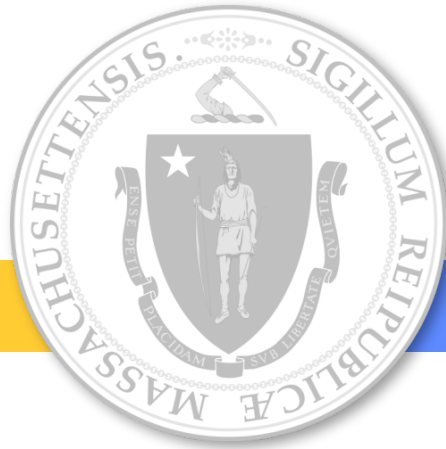
Approval of Minutes (**VOTE**)



GUEST PRESENTATION: MASSHEALTH'S 2023 ACO PROGRAM – RYAN SCHWARZ, CHIEF, OFFICE OF PAYMENT AND CARE DELIVERY INNOVATION

HPC ACO Certification Program: Updates and Discussion of Health Equity Standard

Schedule of Upcoming Meetings



MassHealth ACO Program and 2023 Launch

February 2023



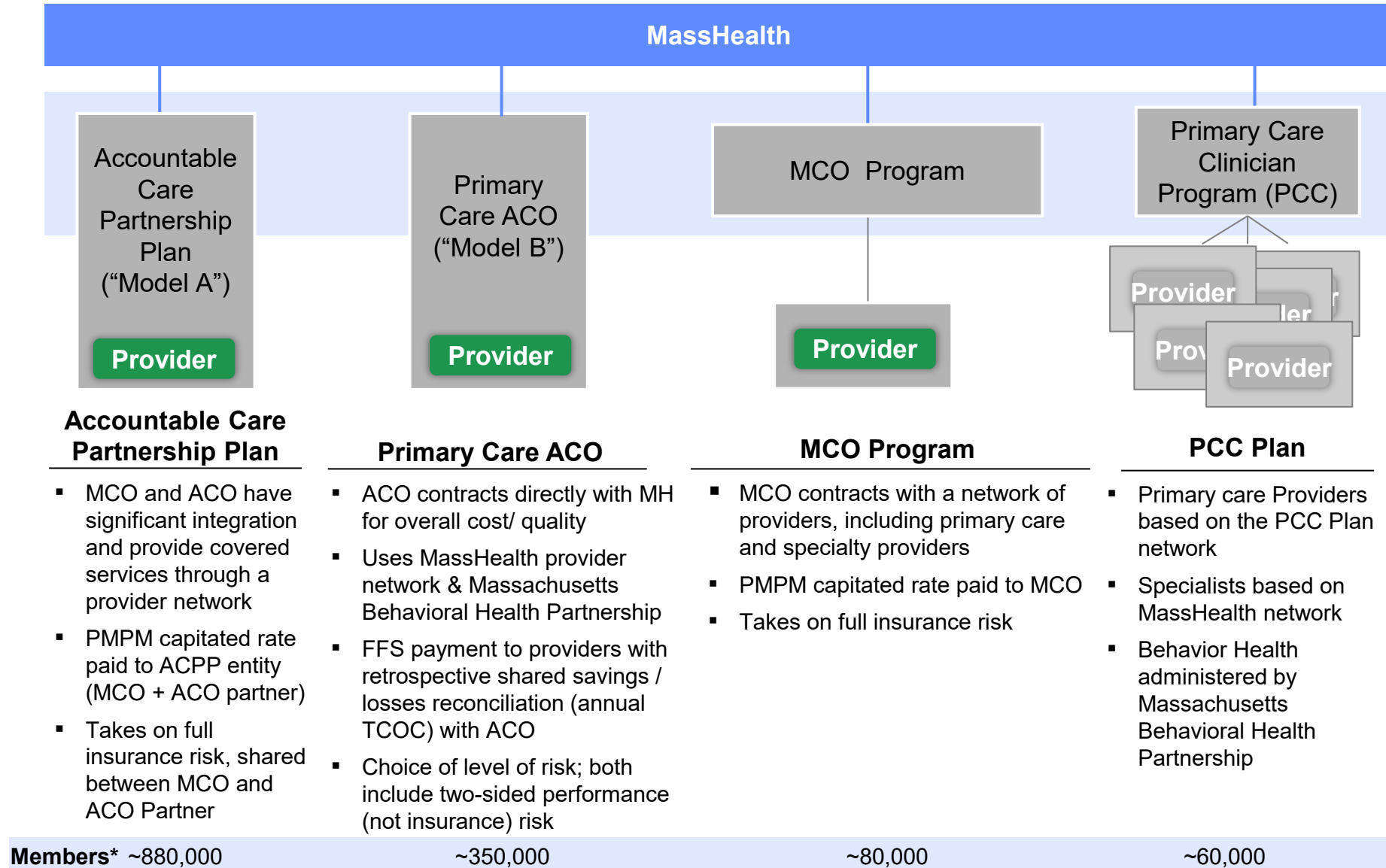
MassHealth's delivery system reforms are showing promising early results, despite the impact of COVID-19

- **Over 1.2 million Massachusetts residents are receiving value-based care** through the MassHealth ACO Program
- **ACOs are strengthening member connection to primary care** – PCP visits were 10% higher among ACO members than non-ACO members, despite market-level declines in 2020 due to COVID-19
- **ACOs have demonstrated reductions in preventable acute utilization**, including a decrease in avoidable admissions by 11% in 2018 – 2019 (**trends in 2020-2022 utilization data are complicated by the COVID-19 pandemic*)
- **ACOs continue to improve clinical quality**, including significant improvements across quality measures in 2021 compared to 2020, also demonstrating positive signs on ACO clinical outcomes of COVID mitigation strategies
- **Community Partners (CP) program provides members with complex behavioral health and long-term services and supports needs valuable care coordination** – CP's have been successful in improving care for more than 180,000 members
 - Between 2019 – 2022, the CP Program has seen **21% reduction in ED visits, 30% reduction in BH admissions, and 20% reduction in risk-adjusted total cost of care**
- **Flexible Services (FS) Program provides critical supports for members' health-related social needs**
 - since 2020, more than 20,000 members have received ~\$50M in nutrition and housing supports
 - Preliminary analyses of individual FS programs have demonstrated **reductions in A1c levels, ED utilization, and total cost of care**



Beginning in April 2023, MassHealth members have access to services through four managed care systems

Member enrollment



* Covered lives estimated pre-redetermination process; numbers may decrease following end of PHE

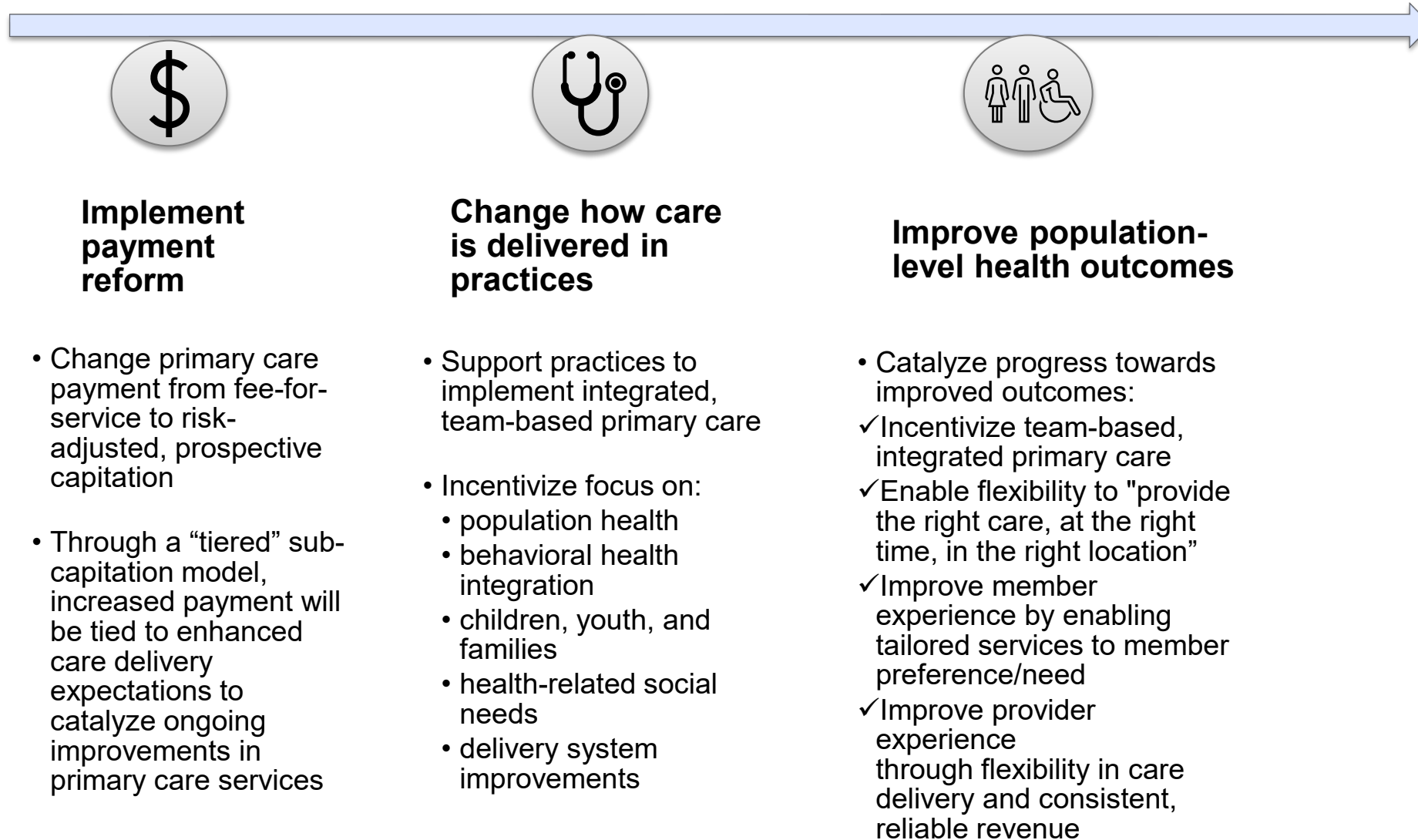
Launching April 1, 2023, MassHealth's new ACO program continues to advance the path of accountable care while making important refinements to improve quality, member experience, and TCOC



MassHealth's ACO program will help advance these goals in multiple ways, including:

- 1 **“Sub-capitate” primary care**, moving practices off of fee-for-service to support integrated, team-based primary care
 - **Increase net investment in primary care by ~\$115M / year** above historical baseline
- 2 **Directly incentivize improvements in clinical quality and health equity**
 - Health Equity Incentives program aligns ACO and hospital incentives for **RELDSOGI data collection, measure stratification, and improving disparities**
- 3 **Increased focus on health-related social needs**, including **expanded expectations for ACOs to participate in Flexible Services program under new federal framework**, providing housing and nutrition supports to certain MassHealth members
- 4 **Make targeted reforms to Community Partners program** to enhance model of care and improve service delivery for ACOs / MCOs and CPs

1 Primary care sub-capitation changes how care is delivered, leading to meaningful improvement in population health outcomes for MH members



Through the sub-capitation program, **MassHealth will increase net investment in primary care by ~\$115M / year** above historical baseline



2 Directly incentivize ACOs & MCOs to improve clinical quality and enhance focus and efforts to close health disparities throughout the Commonwealth

- With ACOs and MCOs as a critical foundation, **MassHealth is centering equity as a pillar of value-based care alongside quality** as key priorities for the delivery system
- **ACOs and MCOs incentivized to improve clinical quality** in 4 domains (**0.75% TCOC, or ~\$69M annually**):
 - 1) *Preventive, perinatal, and pediatric care*; 2) *Care for acute and chronic conditions*; 3) *Care coordination/integration*; and 4) *Member experience*
- **ACOs and MCOs incentivized on health equity (0.75% TCOC + investments in admin, or ~\$80M annually)**:
 - **Enhanced collection of complete, member-reported demographic** (including race, ethnicity, language, disability, sexual orientation, and gender identity) **and health-related social needs data** in order to identify and monitor progress on disparities
 - Evidence-informed interventions that **reduce disparities in access and quality outcomes**; and
 - **Establishment of strong organizational capacity** for health equity that is member- and community-engaged
- MassHealth will implement parallel **clinical quality (\$250M annually) and health equity incentive (\$350M annually)** programs for its 61 **acute care hospitals** to augment impact across the delivery system



3 Increased authority and contractual expectations to focus on health-related social needs, providing broader housing and nutrition supports under new federal framework authorized by MassHealth's 1115

- **Expanded Flexible Services Program (FSP)** – FSP initially launched in 2020 to provide housing and nutrition supports for certain ACO members
 - 2022 MA 1115 expanded FSP authority, including **household-level nutrition supports**
- **Enhanced ACO contractual requirements for FSP**, including ACO's must:
 - Provide FSP to **at least 1% of enrollees**, and **budget and spend at least 75% of annual FSP allotment**
 - Ensure **% of FSP-participating pediatric members is roughly proportional** to pediatric % of overall populations
- **Expanded Community Supports Programs (CSP)** – since 2005, CSP has provided housing supports through managed care for chronically homeless individuals. MA's 2022 1115 expanded CSP authority, including:
 - 1) expand housing supports to homeless individuals with behavioral health needs who are high-utilizers
 - 2) provide eviction-prevention services for members facing eviction due to behavior related to their behavioral health conditions
 - 3) provide assistance for justice-involved individuals transitioning back to community



4 Targeted reforms to Community Partners program to enhance model of care for MassHealth members, and improve delivery of services for ACOs, MCOs, and CPs

Beginning April 1st, 2023, MassHealth is implementing specific reforms to the Community Partners program including:

- **ACOs will directly contract with and pay CPs**, allowing more direct accountability and improved development of efficient, high-functioning partnerships
- **Streamlined panel-based PMPM** payment model, including **increased financial accountability for quality**
 - Additional PMPM add-on payment for CPs serving higher proportions of members experiencing homelessness
- **Increased expectations for CPs**, including:
 - Expectation that the CP **function as lead care coordination entity**
 - **Aligns LTSS and BH CP models** to be more comprehensive
 - **CPs and CBHCs to closely coordinate**, aligning treatment and care coordination
- **Strengthened requirements for HRSN** screening, referrals, and coordination as part of “whole person” care coordination supports to advance health equity

Beginning 4/1/23, MassHealth will have 17 new ACOs, including every major health care provider system, and all FQHCs, in the Commonwealth



| ACO Model | | # Lives (estimated)* | % Members |
|----------------|--|-------------------------|-------------|
| Model A | AllWays Health Partners – Mass General Brigham ACO | 165,000 | 13% |
| | Fallon – Reliant Medical Group | 40,000 | 3% |
| | Fallon – Atrius Health | 40,000 | 3% |
| | Fallon – Health Collaborative of the Berkshires | 20,000 | 2% |
| | Health New England – Baystate Healthcare Alliance | 45,000 | 4% |
| | Tufts Health Public Plans – Cambridge Health Alliance | 40,000 | 3% |
| | Tufts Health Public Plans – UMass Memorial Health Care | 40,000 | 3% |
| | WellSense Health Plan – Boston Accountable Care Organization | 135,000 | 11% |
| | WellSense Health Plan – Beth Israel Lahey Health Performance Network | 60,000 | 5% |
| | WellSense Health Plan – Boston Children’s Health ACO | 130,000 | 11% |
| | WellSense Health Plan – East Boston Neighborhood Health Center | 30,000 | 2% |
| | WellSense Health Plan – Mercy Health ACO | 35,000 | 3% |
| | WellSense Health Plan – Signature Healthcare | 25,000 | 2% |
| | WellSense Health Plan – Southcoast Health Network | 20,000 | 2% |
| | WellSense Health Plan – Tufts Medicine | 60,000 | 5% |
| Model B | Community Care Cooperative | 200,000 | 16% |
| | Steward Healthcare Network | 150,000 | 12% |
| Total | | 1,235,000 | 100% |

* Covered lives estimated pre-redetermination process; numbers may decrease following end of PHE

Agenda



Call to Order

Approval of Minutes (**VOTE**)

Guest Presentation: MassHealth's 2023 ACO Program – Ryan Schwarz, Chief, Office of Payment and Care Delivery Innovation



HPC ACO CERTIFICATION PROGRAM: UPDATES AND DISCUSSION OF HEALTH EQUITY STANDARD

Schedule of Upcoming Meetings

The HPC ACO Certification Program



2012

- Chapter 224 of the Acts of 2012 created the HPC and directed the HPC to create a set of **multi-payer certification standards** for Massachusetts-based ACOs
- The standards are intended to **enable care delivery transformation and payment reform** across multiple markets (Medicare, commercial, MassHealth), and align with and complement **other standards and requirements** in the market, including MassHealth

2017 –
2020

- The HPC designed and implemented the **first ACO certification program** at the end of 2017, certifying 17 ACOs; re-certifications under the same standards occurred at the end of 2019
- Certification requirements emphasized core ACO competencies
- Using data from certification applications, the HPC has issued “Learning + Dissemination” outputs—policy briefs and profiles of each ACO—to **build knowledge and transparency** about ACO approaches and facilitate **learning** across the care delivery system

2021 –
Present

- In preparation for the third certification cycle in 2021, the HPC issued **updated certification standards** that emphasize activities and processes promoting learning, health equity, and patient-centeredness
- 17 ACOs were certified under the new requirements in 2022 or 2023
- The HPC is also interested in exploring ways to address **ACO performance** on quality, cost, and health equity in through the certification program

Overview of the Learning, Equity, and Patient-Centeredness (LEAP) 2022-2023 Standards



1 Pre-Requisites

3 required pre-reqs.
Attestations, org chart ,
risk contracts template

- ✓ Identifiable and unique governing body
- ✓ At least one risk contract with a public or private payer
- ✓ Legal compliance: RBPO certificate, if applicable; any required MCNs filed; anti-trust laws; patient protection; RPO filings

2 Assessment Criteria

5 criteria
Sample ACO
documents, narrative
descriptions, HPC
templates

- ✓ Patient-centered care
- ✓ Culture of performance improvement
- ✓ Data-driven decision-making
- ✓ Population health management programs
- ✓ Whole-person approach

Must show one
health-equity
focused activity or
initiative



3 Required Supplemental Information

3 domains
Narrative or data
Not evaluated by HPC
but must respond

- ✓ Activities to improve health equity, including governance representation and patient data collection
- ✓ Use of innovative care models, including telehealth
- ✓ Strategies to control TME growth

ACO LEAP 2022-2023 Certifications

Atrius Health, Inc.

Baycare Health Partners, Inc.

Berkshire Health Systems, Inc. (2023-24)

Beth Israel Lahey Health Performance Network

BMC Health System, Inc.

Cambridge Health Alliance

Children's Medical Center Corporation

Community Care Cooperative, Inc.

East Boston Neighborhood Health Center Corp. (2023-24)

Mass General Brigham

Reliant Medical Group, Inc.

Signature Healthcare

Southcoast Health System, Inc.

Steward Health Care Network, Inc.

Trinity Health of New England

Tufts Medicine

UMass Memorial Health, Inc. (2023-24)



2023 ACO Certification Timeline



HEALTH EQUITY STAKEHOLDER ENGAGEMENT

- Discuss proposed new approach to ACO Certification Health Equity requirements.

JAN/FEB 2023

MAR/APR 2023

PUG UPDATES

- Incorporate revised Health Equity requirements into the PUG (*other components of the standards and application are not changing*).
- Kick off technical updates to application.

PUG RELEASE/ACO ENGAGEMENT KICKOFF

- ACO LEAP 2024-25 kickoff webinar.

MAY/JUN 2023

JUL/AUG 2023

ONGOING ACO ENGAGEMENT

- Office hours, Q&A opportunities with HPC staff, etc.

APPLICATION PORTAL OPENS/REVIEWS BEGIN

- **September 1:** Open application portal
- **October 1:** Application deadline

SEP/OCT 2023

NOV/DEC 2023

APPLICATION REVIEW PROCESS

- **Dec. 31:** Target date for final determinations to be issued.

Health Equity Response Requirement in the 2021/22 Application

In 2021, the HER consisted of a narrative response describing a single ACO initiative.



In recognition of the important role that health care providers, and ACOs in particular, have in promoting health equity, Applicants are required to provide a Health Equity Response (HER) in at least one of the Assessment Criterion domains.

The Applicant must show within its response an **intentional activity or initiative to address a Health Inequity** affecting its patient population. In addition to meeting the requirements of the selected Assessment Criterion, the HER must include the following three elements:

1. The **Health Inequity** that the activity or initiative is intended to address, including the **specific populations impacted** by the inequity
2. **How the ACO identified** the Health Inequity, including any formal or informal data sources used; and
3. **What the ACO activity or initiative is** and how it aims to address the Health Inequity, including **specific goals or targets** for improvement

The HER may be focused on the activities of just one Component ACO.

Health Equity Opportunities Identified in HPC Letter to ACOs in Fall 2022



Based on review of the 2021 Health Equity Responses, the HPC identified three areas of opportunity for ACOs:

Treating data collection as a means, not an end, in health equity



As ACOs continue to improve data collection capabilities, they have an opportunity to begin to **develop the processes and infrastructure** that will allow them to quickly translate improved information into concrete action.

Understanding the problem and the patient population



Meaningful engagement with patients and an effort to understand the communities and environments in which they live will increase the likelihood that programs to support them are responsive to their unique needs and preferences.

Embedding health equity into all aspects of ACO performance strategy



Rather than conceptualizing health equity as a series of special projects, ACOs have an opportunity to **bring an equity perspective** to their current portfolio of population health programs and set explicit equity goals.

Alignment with Market Developments

ACO programs, accreditation bodies, and other stakeholders are all moving in the direction of these opportunity areas



DATA-DRIVEN INTERVENTIONS TO ADDRESS DISPARITIES

ACO programs (e.g., [MassHealth](#) and [CMS's ACO REACH](#) program) and independent organizations (e.g., the [Joint Commission](#) and the [Health Care Payment Learning and Action Network](#)) are increasingly setting expectations regarding **collection and use of socio-demographic and social needs data to reduce disparities**.



PATIENT ENGAGEMENT TO INFORM PROGRAM DESIGN

As more stakeholders contemplate interventions to reduce disparities, some improvement or accreditation frameworks (e.g., [NCQA's Health Equity Accreditation Plus](#)) are explicitly recognizing the **importance of patient and community engagement** as a key component of organizational efforts to advance health equity.



STRATEGIC COMMITMENTS TO IMPROVING HEALTH EQUITY

Organizations like the [Institute for Healthcare Improvement](#) are emphasizing the importance of **making health equity a strategic priority**, and **public payer ACO** programs will be requiring the creation of health equity (strategic) plans.

Proposed Approach to ACO Certification Health Equity Requirement for 2023-2024



- We propose to focus the ACO Certification Health Equity requirement on the **three opportunity areas** in health equity identified in 2022: Data-Driven Interventions, Patient Engagement, and Strategy.
- For each Component ACO, Applicants would be required to report their current status **on five specific activities** within the three opportunity areas, and a description of plans for progress in the next two years.
 - Response would be “reporting only” for four of the five activities.
 - The Data-Driven Interventions activity would have a “must pass” status threshold.
- This new approach would provide a foundation for **tracking ACO progress** in addressing health equity in future certification cycles.

For each **Activity**, Applicants will select for **each Component ACO** the most appropriate option from the **Status** dropdown menu.

Per the **Status** selected, the Applicant must provide a short description or example to illustrate progress in the past two years, if applicable, and plans or commitments for progress in the next two years.

ACTIVITY

The ACO is **using race, ethnicity, language, and/or disability (RELD) data collection infrastructure** to inform and aid its quality improvement, care delivery, and/or population health management processes in closing disparities.

STATUS *(Dropdown menu options)*

- ✓ **INTERVENTION(S) EVALUATED/REFINED:** ACO is using data-driven strategies to improve the effectiveness of its disparities-focused interventions
- ✓ **INTERVENTION(S) DESIGNED/IMPLEMENTED:** ACO is using stratified metrics to inform design and implementation of interventions to close known disparities
- ✓ **DISPARITIES MONITORING ONLY:** ACO is generating and using stratified metrics to identify and monitor disparities
- ✗ **DATA COLLECTION ONLY:** ACO has implemented RELD data collection, but is not generating stratified metrics for leadership and/or providers
- ✗ **ACO has not taken steps in this area**

✓ = meets minimum standard

✗ = does not meet minimum standard

For each **Activity**, Applicants will select for **each Component ACO** the most appropriate option from the **Status** dropdown menu.

Per the **Status** selected, the Applicant must provide a short description or example to illustrate progress in the past two years, if applicable, and plans or commitments for progress in the next two years.

ACTIVITY

The ACO is **collaborating with patients** to design and implement data-driven, disparities-focused care delivery interventions and population health management programs.

STATUS *(Dropdown menu options)*

Patients **SHARE IN DECISION-MAKING** on design and implementation

Patients are **CONSULTED** on design and implementation

Patients are **INFORMED** about design and implementation

Patients have not been involved in design and implementation

N/A, no equity-focused interventions designed or implemented

"**SHARE IN DECISION-MAKING**" refers to significant patient involvement in designing or refining interventions, potentially including idea generation and joint approval mechanisms.

"**CONSULTED**" refers to recurring bi-directional information exchange between a consistent, defined set of patients and ACOs, including patient feedback informing interventions.

"**INFORMED**" refers to unidirectional information-sharing by ACOs with patients.

For each **Activity**, Applicants will select for **each Component ACO** the most appropriate option from the **Status** dropdown menu.

Per the **Status** selected, the Applicant must provide a short description or example to illustrate progress in the past two years, if applicable, and plans or commitments for progress in the next two years.

ACTIVITY

The ACO has **articulated a vision** for improving health equity in its strategic plan(s) and set **explicit goals** for improving health equity across its risk population(s).

STATUS *(Dropdown menu options)*

ACO has incorporated health equity into strategic plan(s) and set explicit goals

ACO has incorporated health equity into strategic plan(s)

ACO has not taken steps in this area

For each **Activity**, Applicants will select for **each Component ACO** the most appropriate option from the **Status** dropdown menu.

Per the **Status** selected, the Applicant must provide a short description or example to illustrate progress in the past two years, if applicable, and plans or commitments for progress in the next two years.

ACTIVITY

The ACO has incorporated **financial incentives** (e.g., internal performance-based compensation) that support implementation of the ACO's health equity strategic goals.

STATUS *(Dropdown menu options)*

The ACO has developed financial incentives

ACO has not taken steps in this area

For each **Activity**, Applicants will select for **each Component ACO** the most appropriate option from the **Status** dropdown menu.

Per the **Status** selected, the Applicant must provide a short description or example to illustrate progress in the past two years, if applicable, and plans or commitments for progress in the next two years.

ACTIVITY

The ACO has begun **operationalizing** the health equity components of its strategic plan (e.g., in care design, performance improvement activities, clinician and staff learning opportunities, decision support tools, etc.)

STATUS *(Dropdown menu options)*

The ACO has begun operationalizing health equity components of its strategic plan(s)

ACO has not taken steps in this area

Key Themes from Stakeholder Conversations

In January, the ACO Certification team met with stakeholders to solicit feedback on the proposal.

1

Strong validation of our proposed framework.

Stakeholders were supportive of the opportunity areas identified, our shift toward a longitudinal approach, and our proposed reporting mechanism.

2

Appreciation for flexibility. Stakeholders supported balancing "taking the pulse" of equity work within ACOs (identifying key activities without being overly prescriptive) with broadly identifying future directions for this work to drive progress.

3

Confirmation of alignment. Overall, stakeholders indicated our approach aligns with ACOs' ongoing and upcoming health equity work and aligns with signals from others in the market.

4

Clarification that ACOs' progress to date varies across the three opportunity areas. ACOs have made the most progress on collecting and using data (particularly REL data). Opportunities exist for the HPC to support ongoing progress, particularly on nascent patient engagement and strategic efforts.

Key Questions for Discussion



1

Does this framework for tracking ACOs' health equity activities resonate? Are we missing any obvious priorities or opportunities?

2

Is setting a minimum status for only the Data-Driven Interventions activity appropriate for 2023?

3

Is there a role for the HPC in supporting ACOs to move the needle on these opportunity areas (e.g., as ACOs explore strategies to better engage or collaborate with patients on equity-focused interventions)?

Agenda



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Approval of Minutes (**VOTE**)

Guest Presentation: MassHealth's 2023 ACO Program – Ryan Schwarz, Chief, Office of Payment and Care Delivery Innovation

HPC ACO Certification Program: Updates and Discussion of Health Equity Standard



SCHEDULE OF UPCOMING MEETINGS

2023 Hearing on the Health Care Cost Growth Benchmark



Wednesday, March 15 at 12:00 PM
GARDNER AUDITORIUM
Massachusetts State House

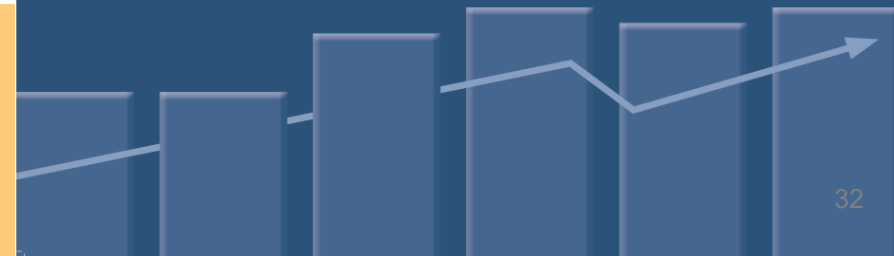
Chapter 224 prescribes the formula that the HPC must use to establish the benchmark each year. Since 2018, the HPC has had limited authority to modify the benchmark if an adjustment is “reasonably warranted.”

For the years 2023 through 2032, the health care cost growth benchmark will be set equal to potential gross state product (PGSP), or 3.6%, unless the HPC determines that an adjustment to the benchmark is reasonably warranted. In that case, the HPC Board may choose to modify the benchmark to any amount.

To sign up to provide **PUBLIC TESTIMONY**, please email
Ashley Caunter, HPC Government Affairs Manager:
ashley.caunter@mass.gov



HEARING ON THE POTENTIAL MODIFICATION OF THE
**HEALTH CARE COST
GROWTH BENCHMARK**



SAVE THE DATE!

Building a Robust Health Care Workforce in Massachusetts: Findings, Challenges, and Opportunities

March 29, 2023

2023 Public Meeting Calendar



| – JANUARY – | | | | | | |
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| – AUGUST – | | | | | | |
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| – SEPTEMBER – | | | | | | |
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| – OCTOBER – | | | | | | |
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| – DECEMBER – | | | | | | |
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BOARD MEETINGS

Wednesday, January 25
 Wednesday, April 12
 Wednesday, June 7
 Wednesday, July 12
 Wednesday, September 13
 Wednesday, December 13

COMMITTEE MEETINGS

Tuesday, January 24 (ANF, 2:00 PM)
 Wednesday, February 15
 Wednesday, May 10
 Monday, July 10 (ANF, 2:00 PM)
 Wednesday, October 4

ADVISORY COUNCIL

Wednesday, February 8
 Wednesday, May 24
 Wednesday, September 20
 Wednesday, December 6

SPECIAL EVENTS

Thursday, March 2 – OPP Regulation Hearing
 Wednesday, March 15 – Benchmark Hearing
 Wednesday, March 29 – Health Care Workforce Event
 Wednesday, November 1 – Cost Trends Hearing