



MASSACHUSETTS
HEALTH POLICY COMMISSION

Meeting of the Market Oversight and Transparency Committee

February 10, 2021



AGENDA

- **Call to Order**
- Approval of Minutes from September 30, 2020 (**VOTE**)
- DataPoints: Out-of-Pocket Spending
- Office of Patient Protection Annual Report
- Presentation: Interim COVID-19 Impact Study
- Mass General Brigham Determinations of Need
- Schedule of Next Meeting (June 2, 2021)



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VOTE: Approving Minutes


MOTION: That the Commission hereby approves the minutes of the Commission meeting held on **September 30, 2020** as presented.



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HPC DataPoints, Issue 19: Persistently High Out-of-Pocket Costs Make Health Care Increasingly Unaffordable and Perpetuate Inequalities in Massachusetts

Characteristics of individuals with persistently high out-of-pocket costs, including spending amounts, health conditions, firm size, and geographic distribution across Massachusetts

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- ▼ Firm Size
- ▼ Regional Variation
- ▼ Income Variation
- ▼ Conclusion
- ▼ Notes

Analytic Plan

PRIMARY RESEARCH QUESTION

What are the characteristics of commercially-insured members experiencing high OOP spending from 2015 - 2017?

- What was average OOP spending for these members across the three years?
- What is their prevalence of chronic conditions?
- Do they have different insurance plan characteristics or firm size?
- Are they clustered regionally across Massachusetts?

SPECIFIC FOCUS: OOP spending in the highest 10% in **each** of the three years



APCD 7.0,
2015-2017



Commercially-insured
members in MA with 36
months of continuous
coverage



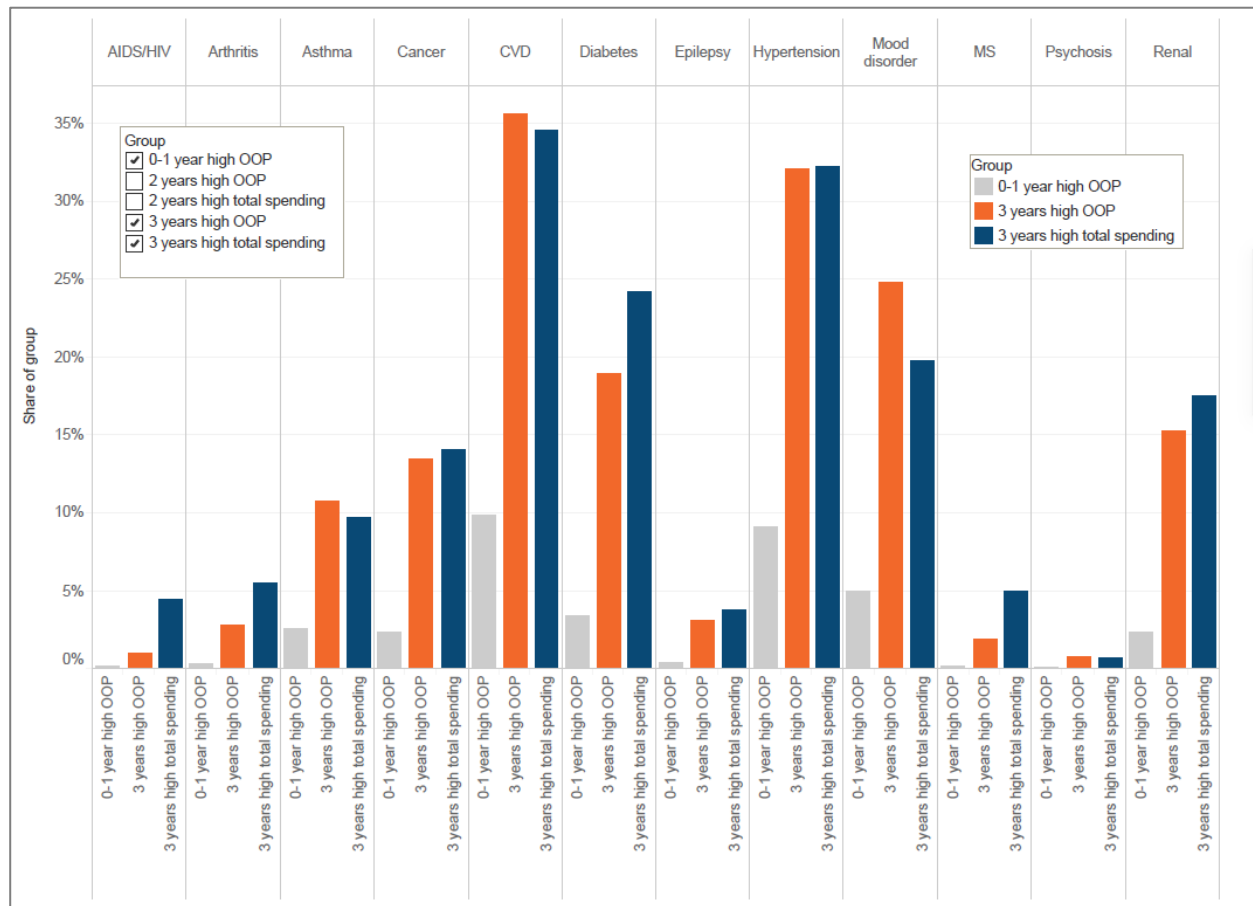
OOP spending includes
copayments, co-insurance,
deductibles for medical and
prescription spending

Notes: The data includes commercially-insured members of Blue Cross Blue Shield of Massachusetts, Tufts Health Plan, Harvard Pilgrim Health Care, and AllWays Health Partners, and excludes most members of self-insured plans (which typically do not report data to the APCD). Most of this membership is from their fully-insured business as most self-insured data is no longer reported into the APCD due to the Gobeille vs. Liberty Mutual decision.

Sources: HPC analysis of Center for Health Information and Analysis APCD 7.0, 2015-2017

Almost 1 in 4 people with persistently high OOP spending have mood disorders.

Share of study sample with chronic condition, 2017



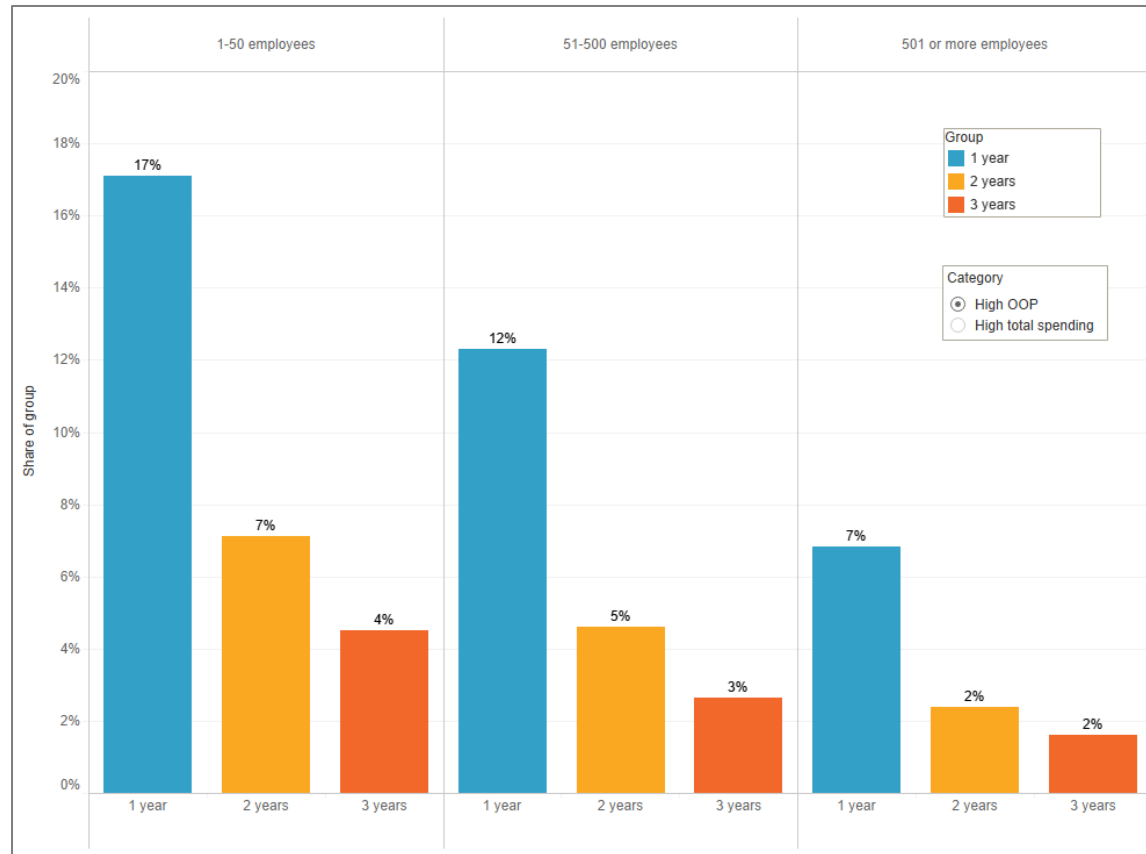
Notes: CVD = cardiovascular disease, MS = multiple sclerosis, and Renal = kidney disease. The information in the chronic condition analyses herein has been processed by software called The Johns Hopkins ACG® System © 1990, 2017, Johns Hopkins University. All Rights Reserved.

The chronic condition flags are independently set each calendar year, using all available medical claims data for the enrollee during the year.

Sources: HPC analysis of Center for Health Information and Analysis APCD 7.0, 2015-2017

People employed by smaller firms were more likely to have persistently high OOP spending than those employed by larger firms, in contrast to patterns for total spending.

Share with high out-of-pocket and total spending by employer size, 2017



Higher OOP spending among individuals in smaller firms is not due to differences in health status. It more likely stems from the fact that small-firm employees are more likely to be enrolled in plans with high deductibles and higher cost-sharing requirements.

Summary of Findings



Approximately 3%, or 120,000 commercially-insured Massachusetts residents, had **OOP spending in the top 10%** in each year 2015-2017.



Annual OOP spending for these individuals averaged \$3,247 – nearly \$300 per month.



This population is largely not the same as those who experience persistently high *total* medical spending.



Individuals with persistently high OOP spending were more likely to:

- Work in small firms
- Live on the Cape and Islands
- Have mood disorders as chronic conditions





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Office of Patient Protection (OPP) Responsibilities

Open Enrollment Waivers

- Administering waivers to allow purchase of non-group health insurance outside of open enrollment

Health Insurance Appeals

- Regulating internal appeals and external review for fully-insured health plans
- Administering external review for members of fully-insured health plans
- Receiving and analyzing annual reports from health plans regarding claims, claim denials, appeals, disenrollment of providers, and other mandated information

Accountable Care/Risk-bearing Provider Organization Appeals

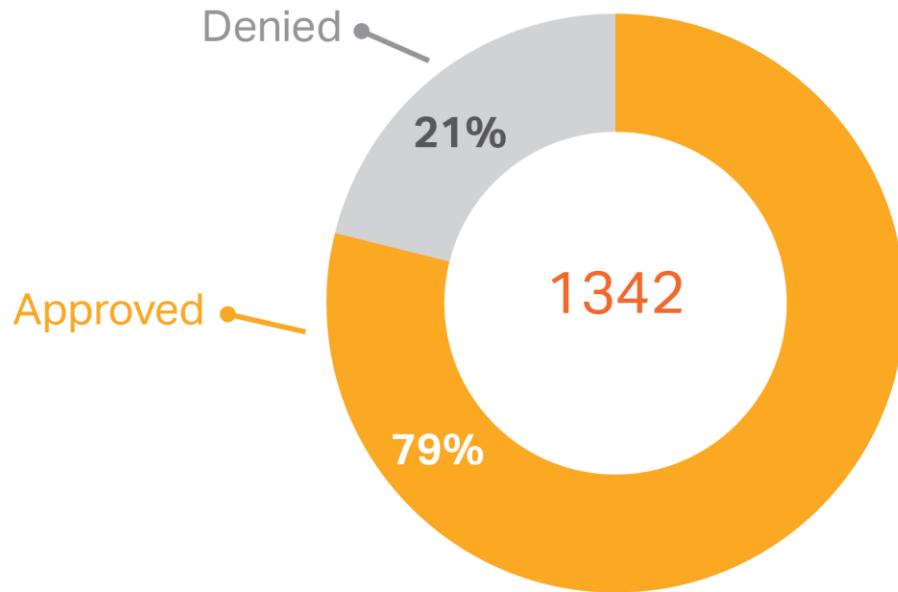
- Regulating internal appeals and external review for Accountable Care Organizations (ACO) and Risk-bearing Provider Organizations (RBPO)
- Administering external review for commercially-insured patients of ACOs/RBPOs
- Receiving and analyzing annual reports from RBPOs and ACOs

Consumer Assistance and Information

- Serving as a resource for consumers through our hotline, website, and outreach

Outcomes of 2019 Open Enrollment Waiver Applications

Waivers



Year	Total Waiver Applications
2011	276
2012	576
2013	416
2014	316
2015	562
2016	355
2017	389
2018	840
2019	1342

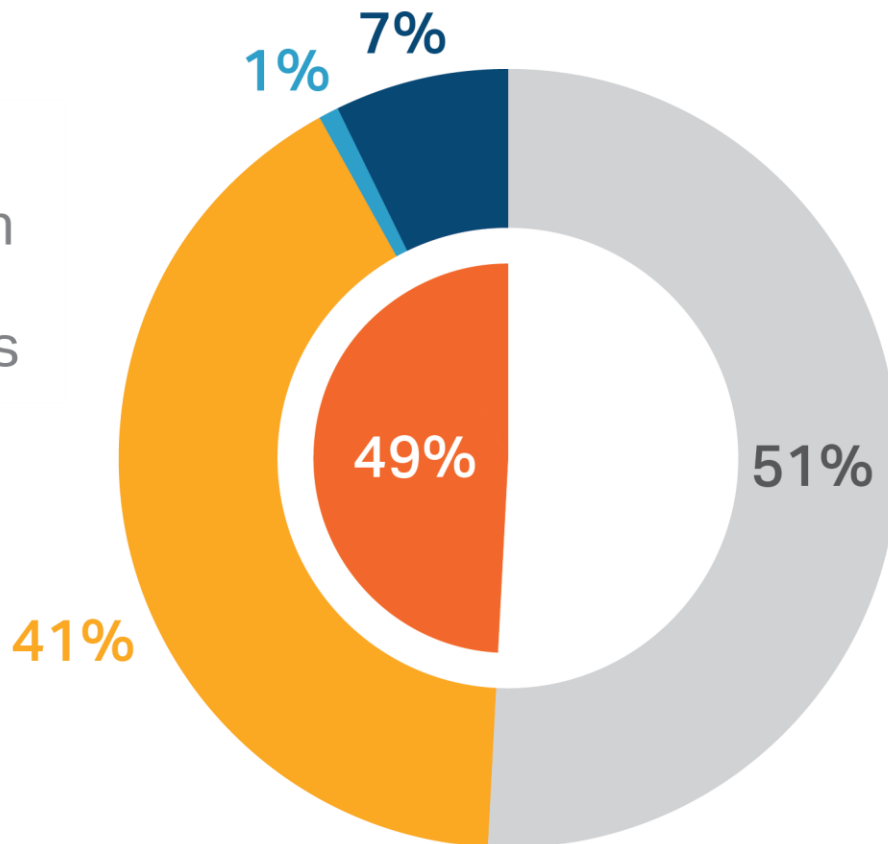
OPP was given the statutory authority to issue enrollment waivers beginning in 2011.

During 2019, insurance companies received 13,128 member appeals.

Health Insurance Internal Appeals

Percentage of all internal appeals by disposition, 2019

49%
resolved in
favor of
consumers



Approved

Resolved/Withdrawn

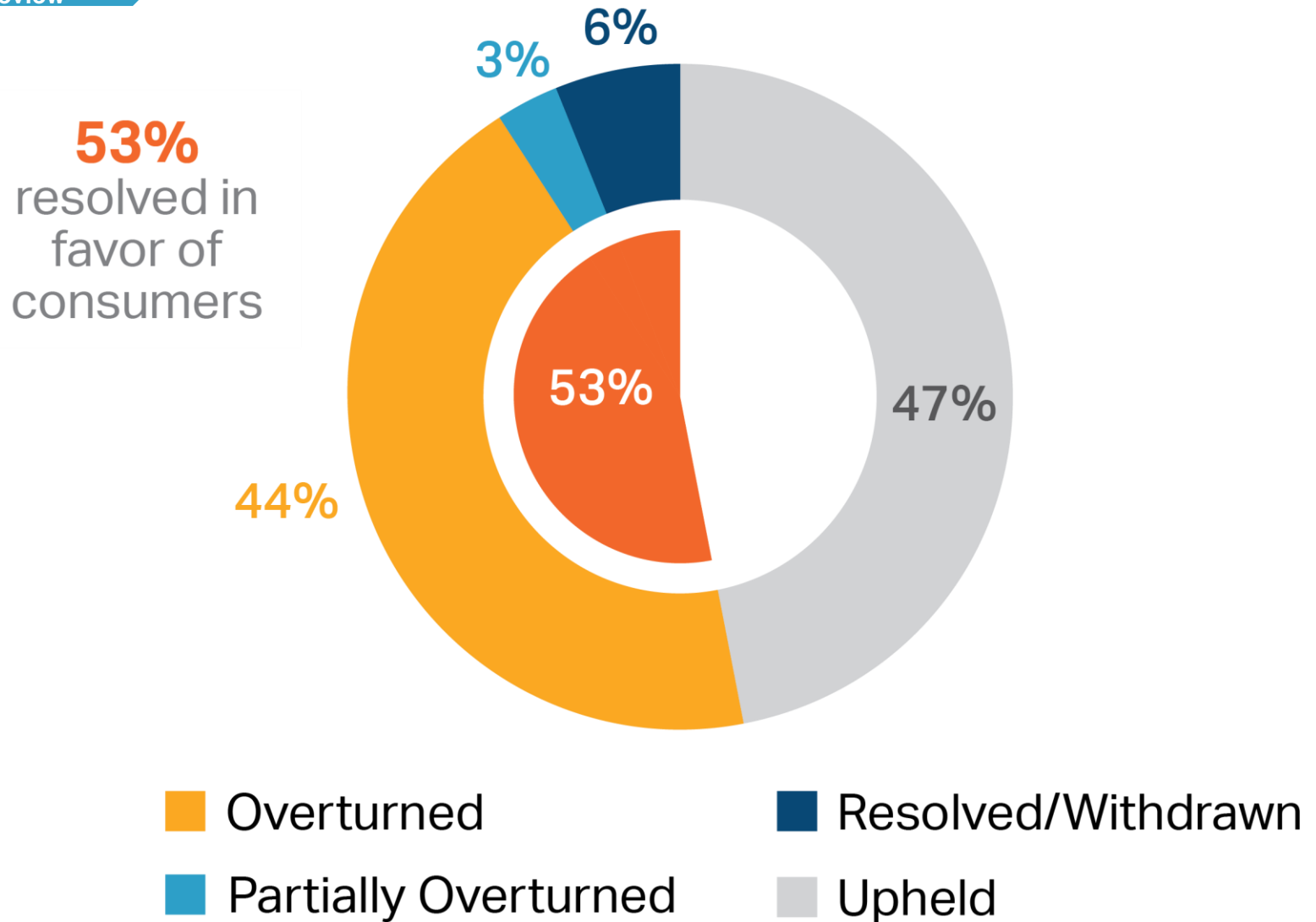
Partially Approved

Denied or Dismissed

OPP received 187 eligible requests for external review during 2019.

Health Insurance
External Review

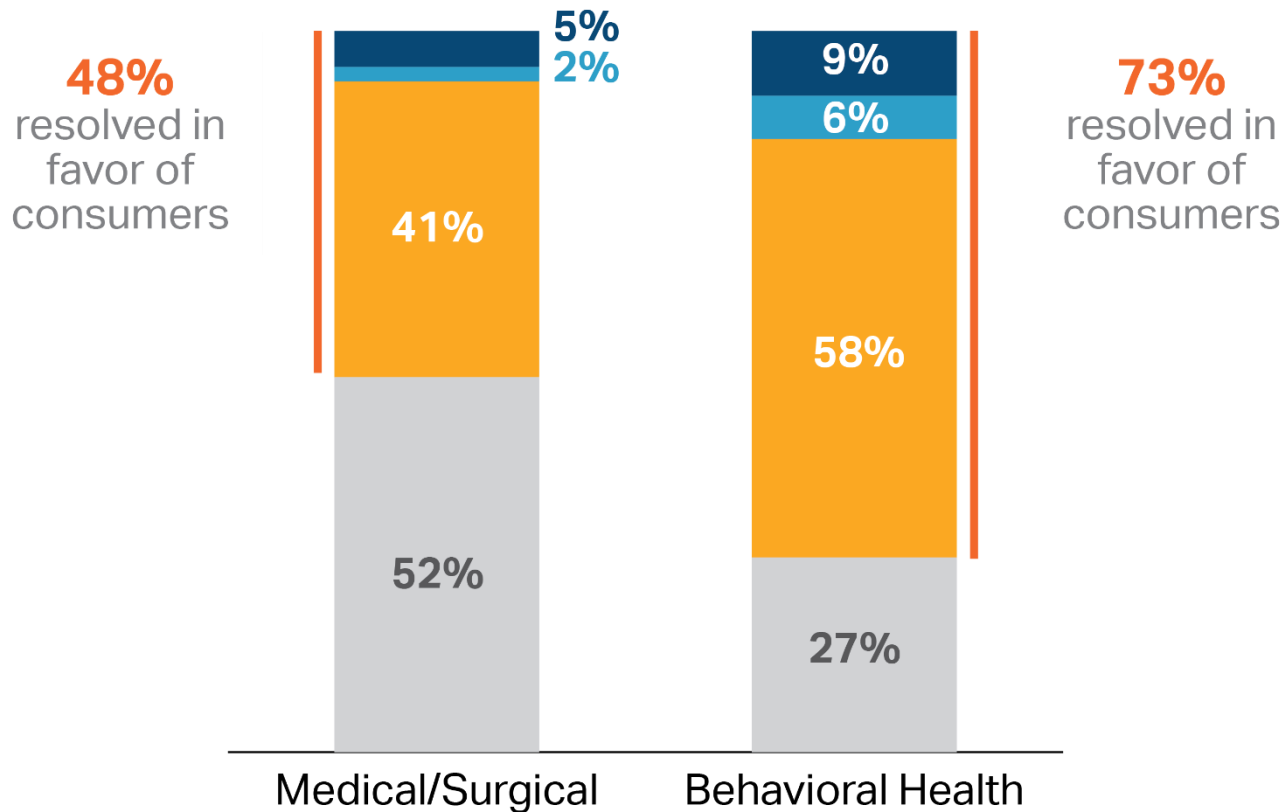
Percentage of external review cases by disposition, 2019



154 eligible requests were for medical/surgical treatment and 33 eligible requests were for behavioral health treatment.

Health Insurance External Review

Percentage of eligible external review cases by disposition, by type of case (Medical/Surgical Care vs. Behavioral Health Care), 2019



Overturned

Resolved/Withdrawn

Partially Overturned

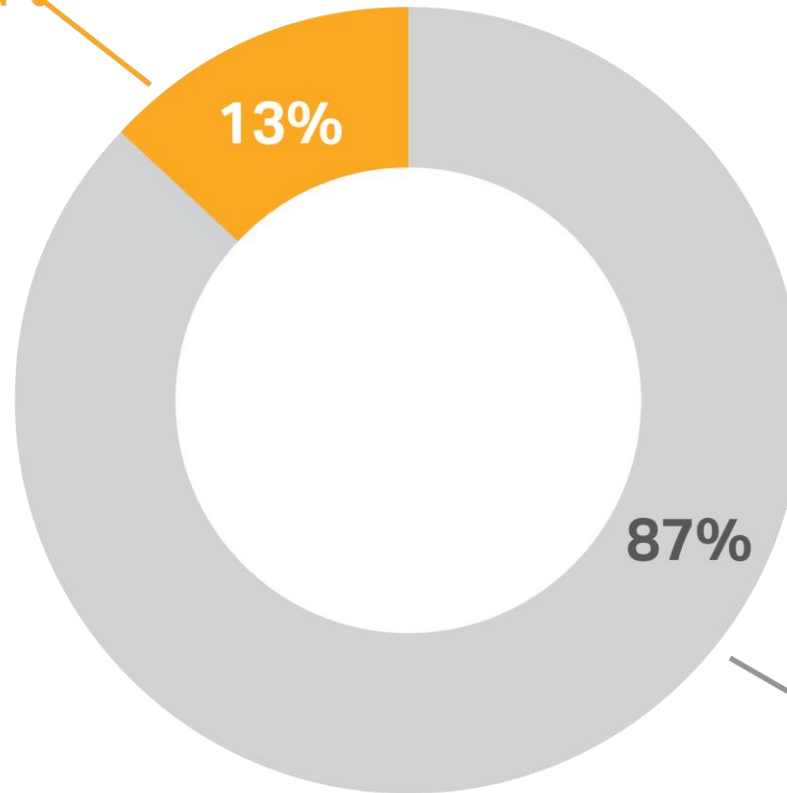
Upheld

During 2019, RBPOs/ACOs processed 68 internal appeals.

RBPO/ACO
Internal Appeals

Percentage of RBPO/ACO internal appeals, by disposition, 2019

Appeals
Overturned



Appeals
Upheld

In 2019, OPP responded to over 2,200 inquiries.



“Had it not been for this commission and [OPP staff’s] support I would be still sitting on a \$95,000 expense. I was denied numerous times by my health insurance company [for treatment for my daughter]...The Office of Patient Protection was able to set forth an appeal on our behalf and the case was overturned due to a Massachusetts law that I believe is so important.”

OPP's 2020 Updates



OPP Operations

In 2020, OPP maintained full operations in a remote work environment, with no interruptions to our consumer services. OPP fielded over 1,200 calls to the hotline.



Open Enrollment Extended

Due to the pandemic, the Health Connector and the Division of Insurance extended open enrollment through May 2020. Therefore, OPP's volume of waivers decreased substantially in 2020, receiving approximately 350 requests.



External Reviews

OPP received 240 requests for health insurance external reviews, of which 175 were eligible for review. This is similar to the number of requests received in previous years.

OPP's 2021 Outlook

Continued Collaboration with
State Agencies

DOI

CCA

AGO

MH

Online Consumer Forms



Increased Outreach



Open Enrollment Extended



OFFICE OF PATIENT PROTECTION

Mass.Gov/HPC/OPP

OPP Hotline: (800) 436-7757

Fax: (617) 624-5046

HPC-OPP@mass.gov



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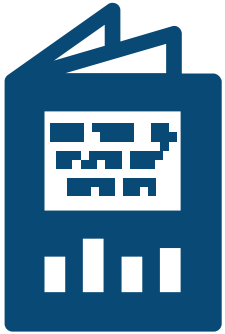
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COVID-19 Impact Study Legislation

An Act Promoting A Resilient Health Care System that Puts Patients First was signed into law on January 1, 2021. It charges the HPC, in collaboration with CHIA, with conducting an analysis and issuing a report on the **effects of the COVID-19 pandemic on the Commonwealth's health care delivery system**, including on the accessibility, quality, and cost of health care services and the financial position of health care entities in the **short-term**, and the implications of those effects on **long-term policy considerations**. An interim report is due **April 2021** and a final report is due **January 2022**.

- 1 An assessment and detailed **description of the essential components of a robust health care system** and the distribution of services and resources necessary to deliver high-quality care
- 2 An **inventory** and description of the location, distribution, nature and sustainability of all health care services, and resources in the commonwealth serving residents from birth to death
- 3 An analysis of the impact of COVID-19 on the **health care workforce** and on health care provider efforts to plan and invest in worker readiness
- 4 An examination of the **closures of services** classified as essential by the department of public health or other relevant agency
- 5 In consultation with the Office of Health Equity in the Department of Public Health, an **analysis of health care disparities** that exist in the commonwealth due to economic, geographic, racial or other factors

Preliminary COVID-19 Impact Study Outline for Discussion



- I. Spending trends
- II. Financial impact: Current impact and projections for long-term impact
- III. Provider markets: Indicators of closures and consolidation
- IV. Utilization Trends
 - I. Preventative care
 - II. Behavioral health
 - III. Telehealth
- V. Impact on health-related social needs, especially food insecurity
- VI. Health care workforce
- VII. Inventory of services
- VIII. Essential components of health care system
- IX. Analysis of health care disparities

Anticipated Timeline and Activities for COVID-19 Impact Study





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The COVID-19 pandemic produced a rapid shift to telehealth nationwide.



NATIONWIDE & NORTHEAST

- Telehealth claims lines increased from 0.18% of medical claim lines in October 2019 to 5.61% in October 2020 (FairHealth, 2021)
 - Mental health diagnoses continued to make up the largest share of telehealth visits in the Northeast (58%) which was much larger than the South (43%) or the West (47%)
- As part of an emergency declaration, CMS allows telehealth visits to be reimbursed in lieu of in-person visits



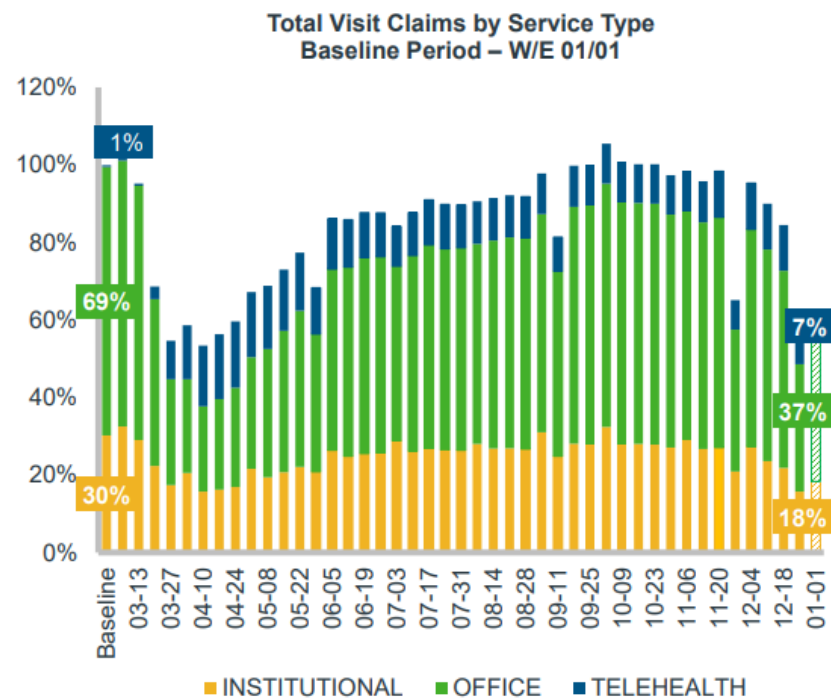
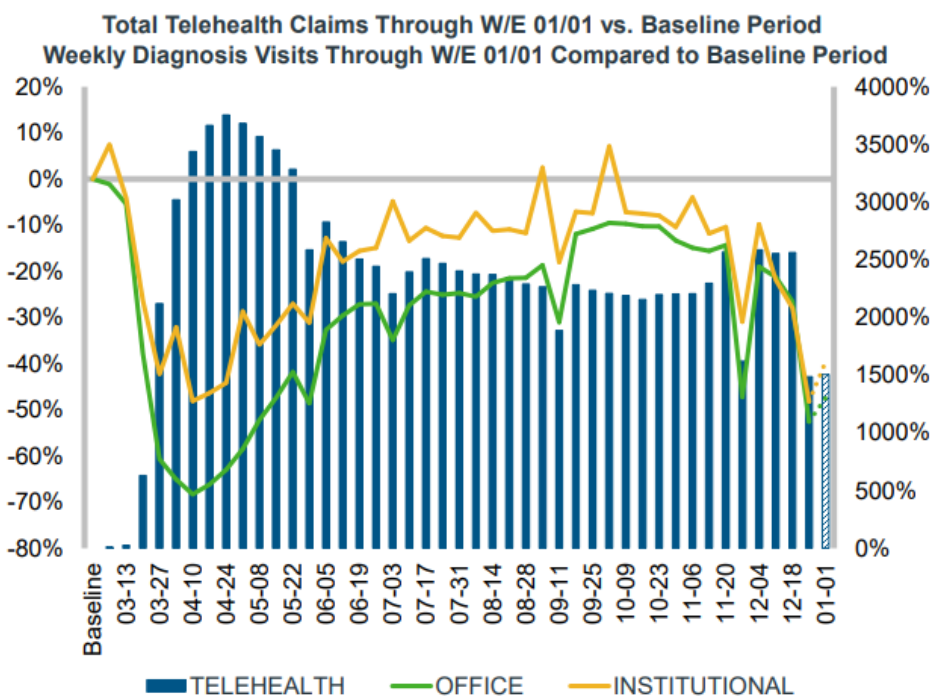
MASSACHUSETTS

- State-specific actions:
 - Executive Order expanding access to telehealth with coverage and payment mandates (March 2020)
 - EOHHS Health Care Reopening Guidance emphasizes that telehealth should be used whenever feasible
 - *An Act Promoting a Resilient Health Care System that Puts Patients First (S. 2984)*
- HPC has supported telehealth adoption through its Telemedicine Pilot Program

Nationwide trends have shown that after their April peak, telehealth visits have held steady at roughly 10% of all visits through 2020.

Changes in visits by telehealth/office/institutional relative to February baseline, 2020

Weekly Medical Claims: Office, Institutional, Telehealth vs. Baseline



Data for latest week date controlled against prior periods; estimates have been applied to reflect anticipated late-adjudicated claims based on historical rates

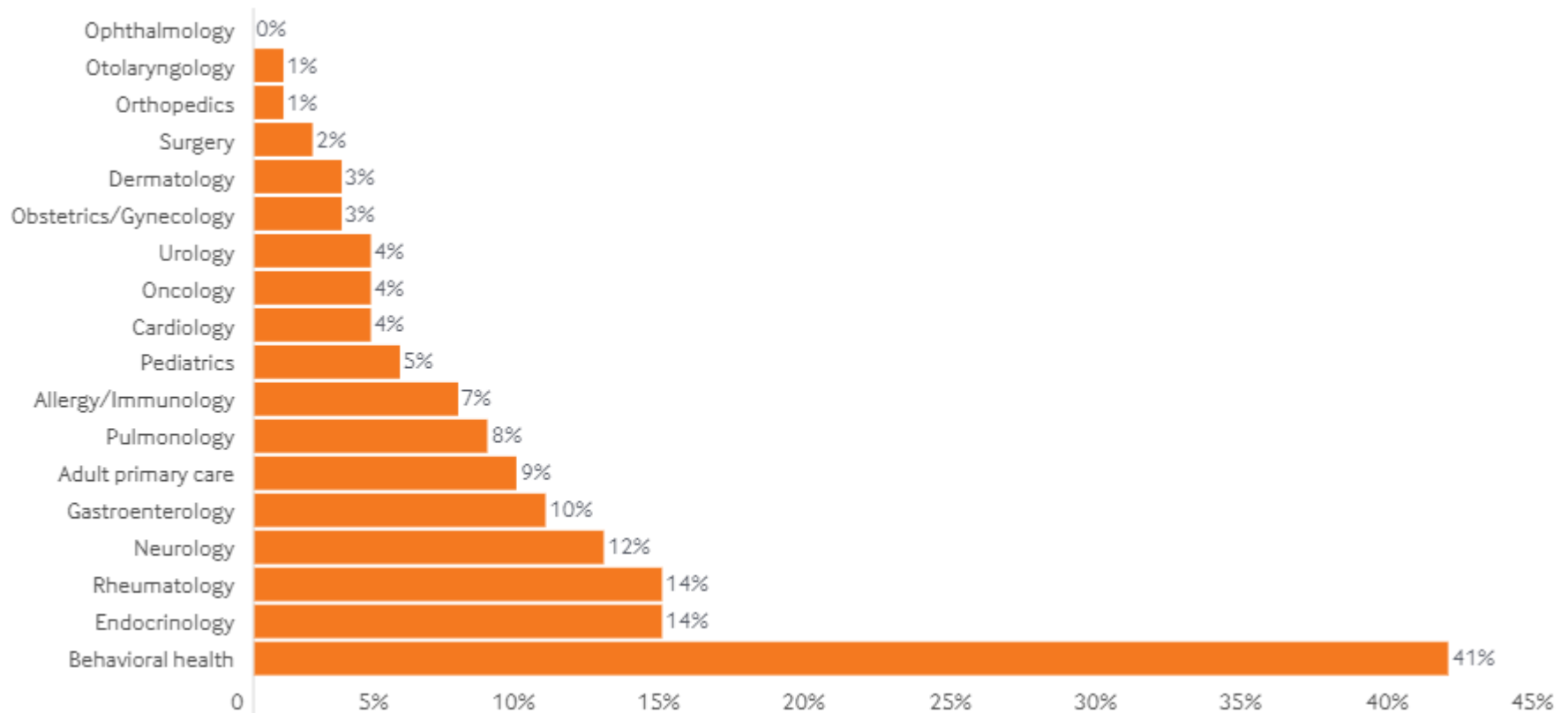
Source: IQVIA: Medical Claims Data Analysis, 2020; Baseline = Average of claims for period W/E 1/10/2020-2/28/2020.
 Estimated amounts for latest weeks applied based on likely claims still to be received due to data latency or claim processing delays; See Appendix for further details

COVID-19 Market Impact - w/e Jan 1, 2021

IQVIA

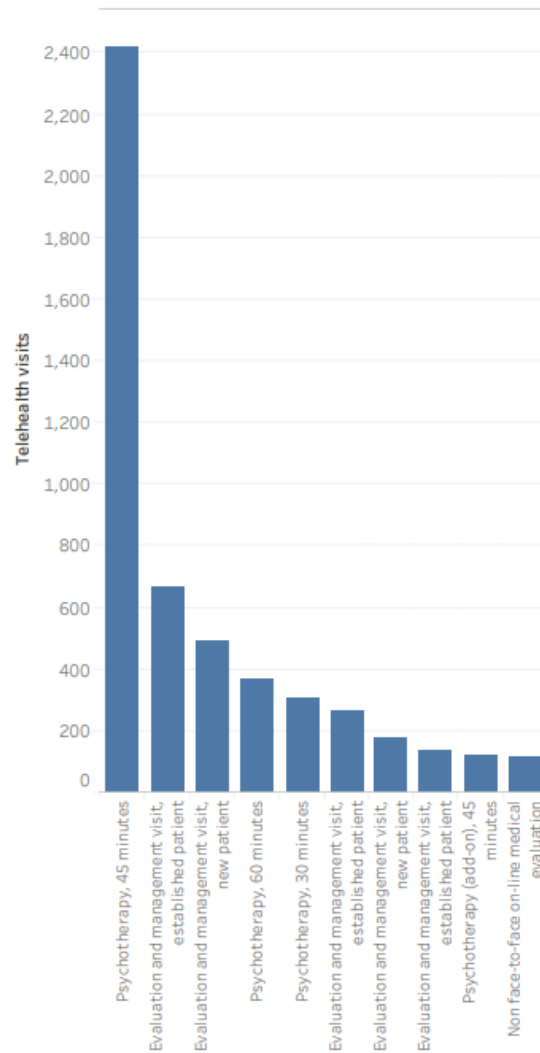
Telehealth has been employed in behavioral health care to a far greater extent than in other specialties.

Telehealth usage as percent of total visits during baseline week, week starting 10/4/2020

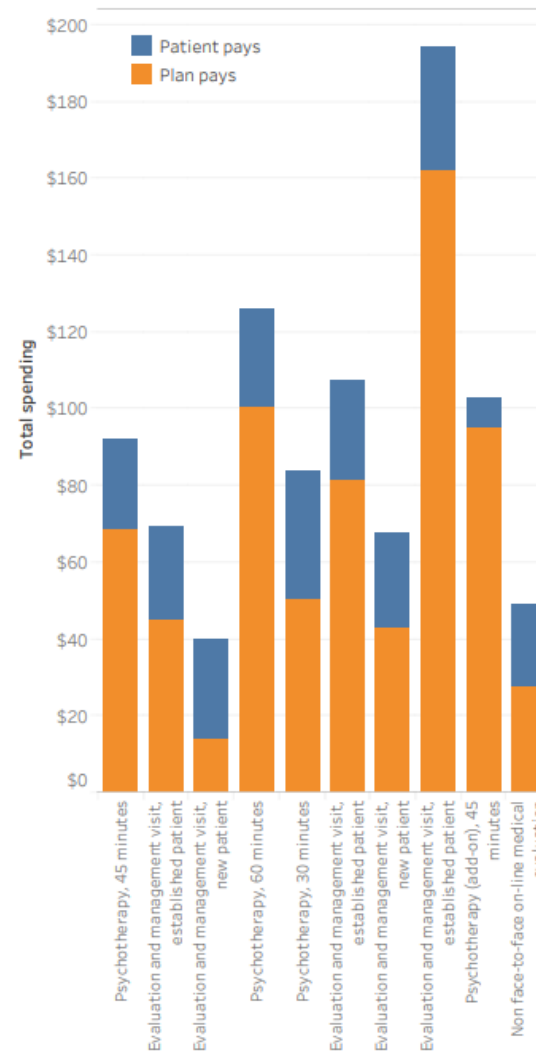


Prior HPC research on telehealth found that in 2017, over half of MA commercial telehealth visits were for mental health reasons.

Most common telehealth visits, 2017

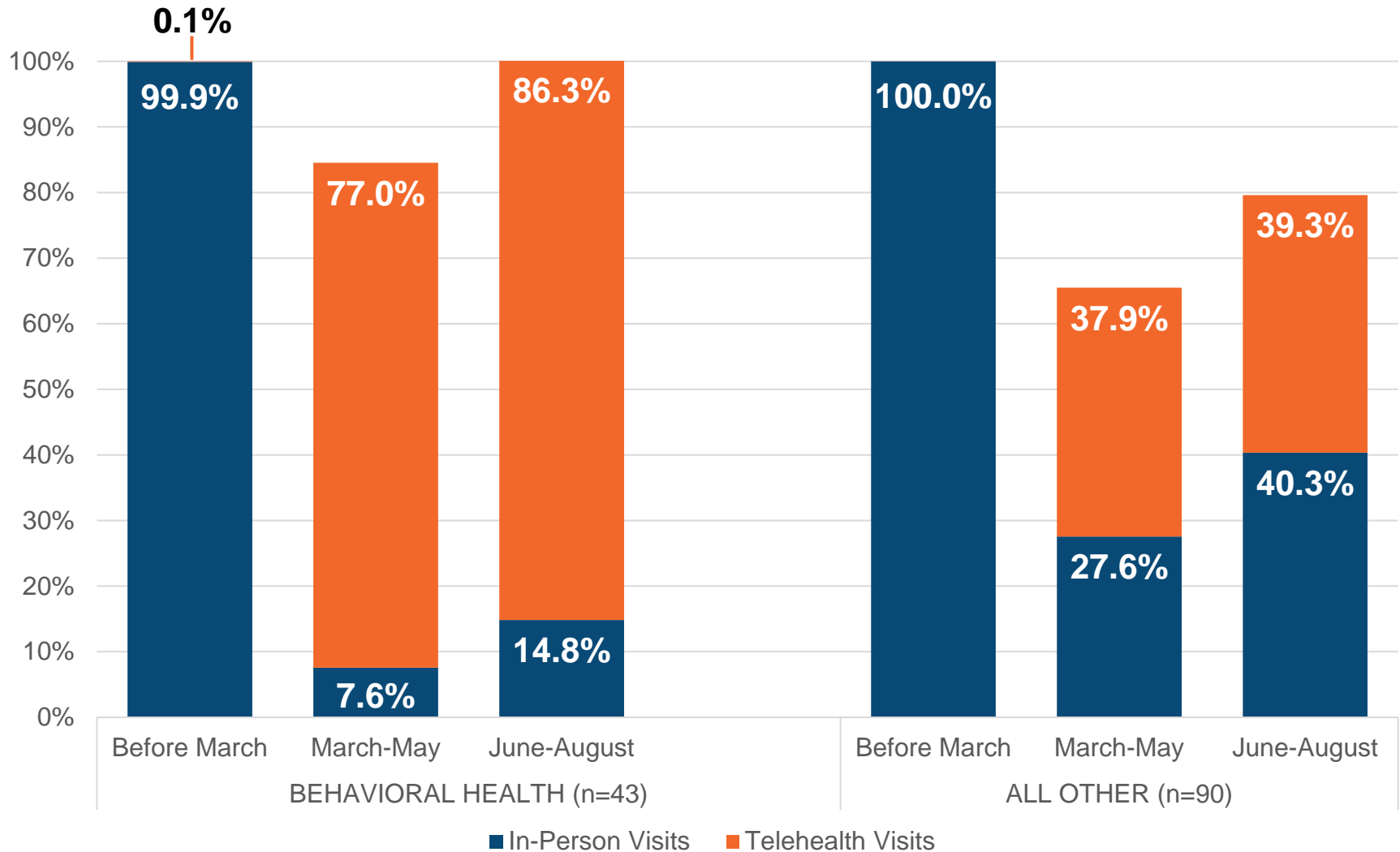


Total spending per visit, 2017



Behavioral health practices returned to pre-pandemic volume by summer, mainly due to telehealth.

Visit volume for BH and all other practice types relative to pre-COVID levels (defined as 100%), split by in-person and telehealth, 2020



The HPC obtained a sample of Massachusetts claims data from a new national research database to examine recent trends in health care utilization.



- Pro-bono, cross-industry collaborative composed of institutions donating technology, healthcare expertise, and de-identified data.
- The data, technology, and services used in the generation of these research findings were generously supplied pro bono by the COVID-19 Research Database partners, who are acknowledged at <https://covid19researchdatabase.org>.
- Aims to get real-world data to public health and policy researchers.
- Data for the following analyses:
 - This is a provider-driven claims submission platform that aggregates claims for providers to send to payers. *Only providers who use this vendor for claims submission are in the data set.*
 - Based on profiling the data, this provider mix appears to skew towards smaller providers for Massachusetts.
 - Timely and continually refreshed data (updated through January 2021)
 - MA data set is largely behavioral health claims
 - Limited information on demographics and spending
 - Mix of payers, but primarily a commercial data set

2020 MA claims represent ~192,000 unique individuals and 3.5 million encounters as of December 2020.

STUDY DESIGN

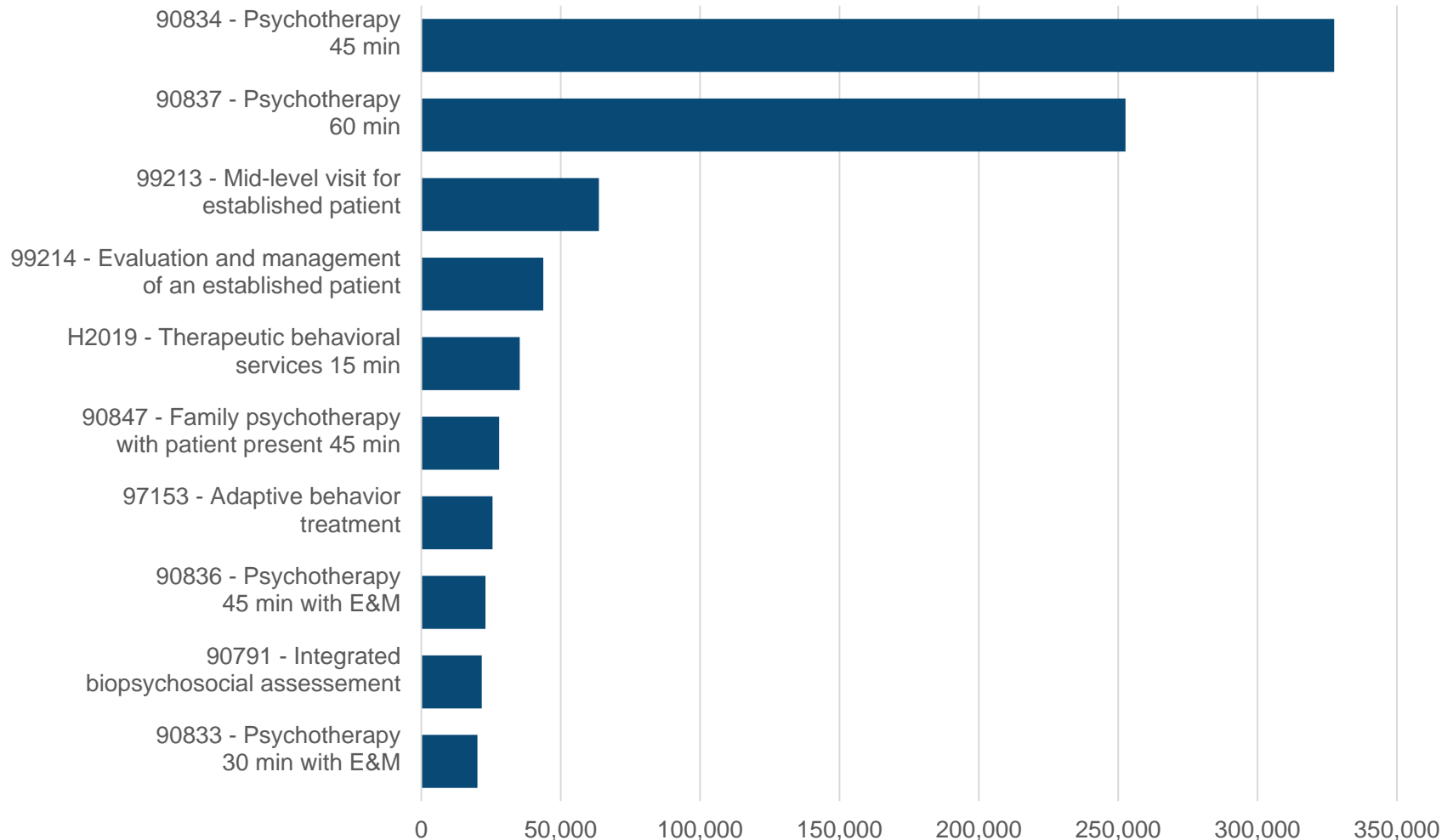
- Telehealth procedure coding using Massachusetts Medical Society guidelines.
- Behavioral Health diagnosis coding based on CHIA guidelines for the Payer Reporting of Primary Care and Behavioral Health Expenses Data Specification Manual.

DATA

- **4.0 million MA claim lines** January through December 2020
 - Focused on professional claims for this analysis, although there were some facility telehealth claims (860 individuals with at least one facility claim).
- **41%** of all encounters are behavioral health.
 - Due to this most analyses are conducted only using behavioral health claims
- **29%** of all encounters are telehealth.

Eight of the ten most common procedures with telehealth codes were for behavioral therapy codes.

Top Ten Highest Volume Telehealth Procedure Codes, 2020

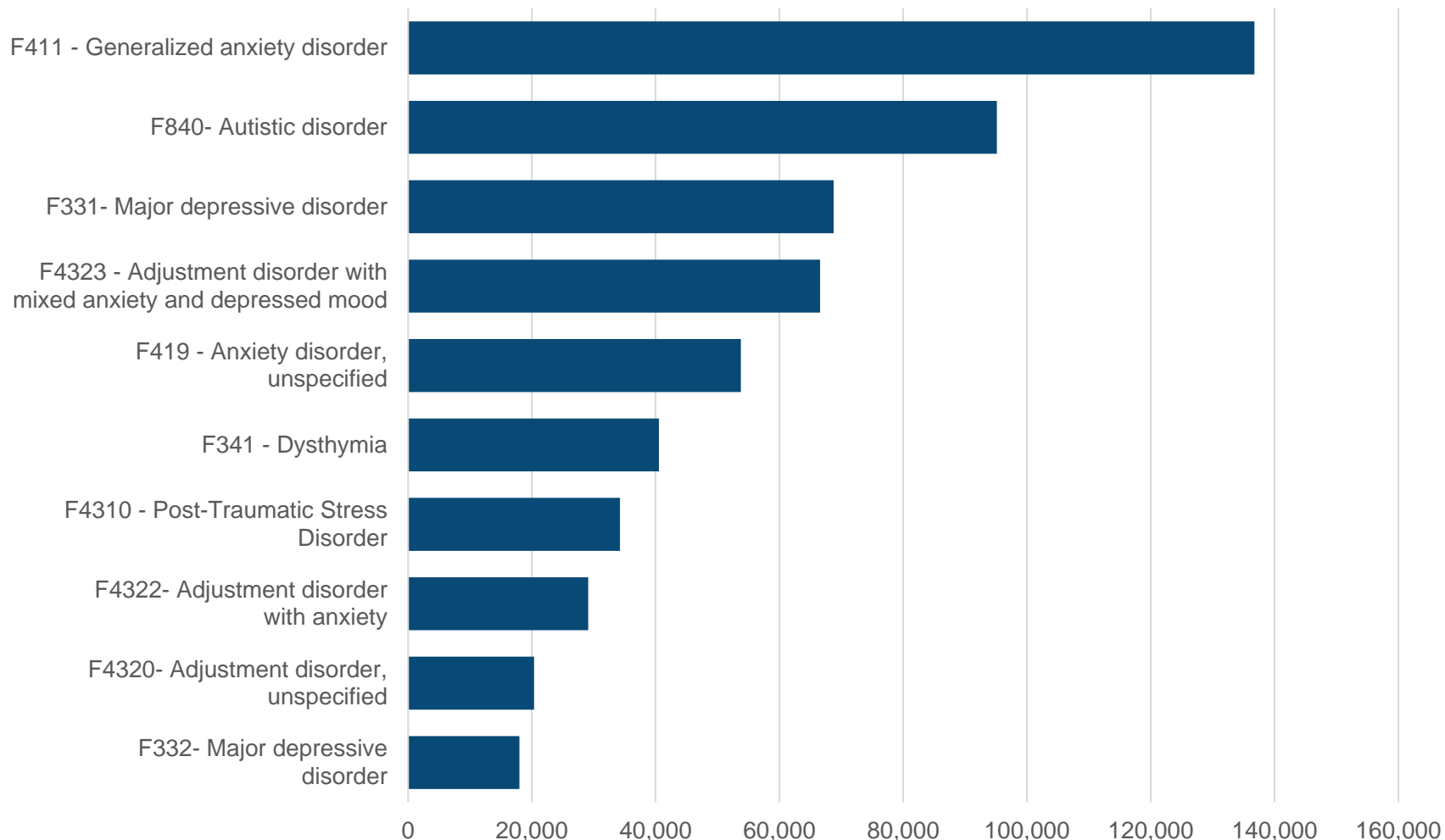


Notes: MMS guidelines for telehealth: <http://www.massmed.org/Patient-Care/COVID-19/Plan-Specific-Coverage-for-COVID-19/>

Source: COVID-19 Research Database, 2020. Data accessed December 2020.

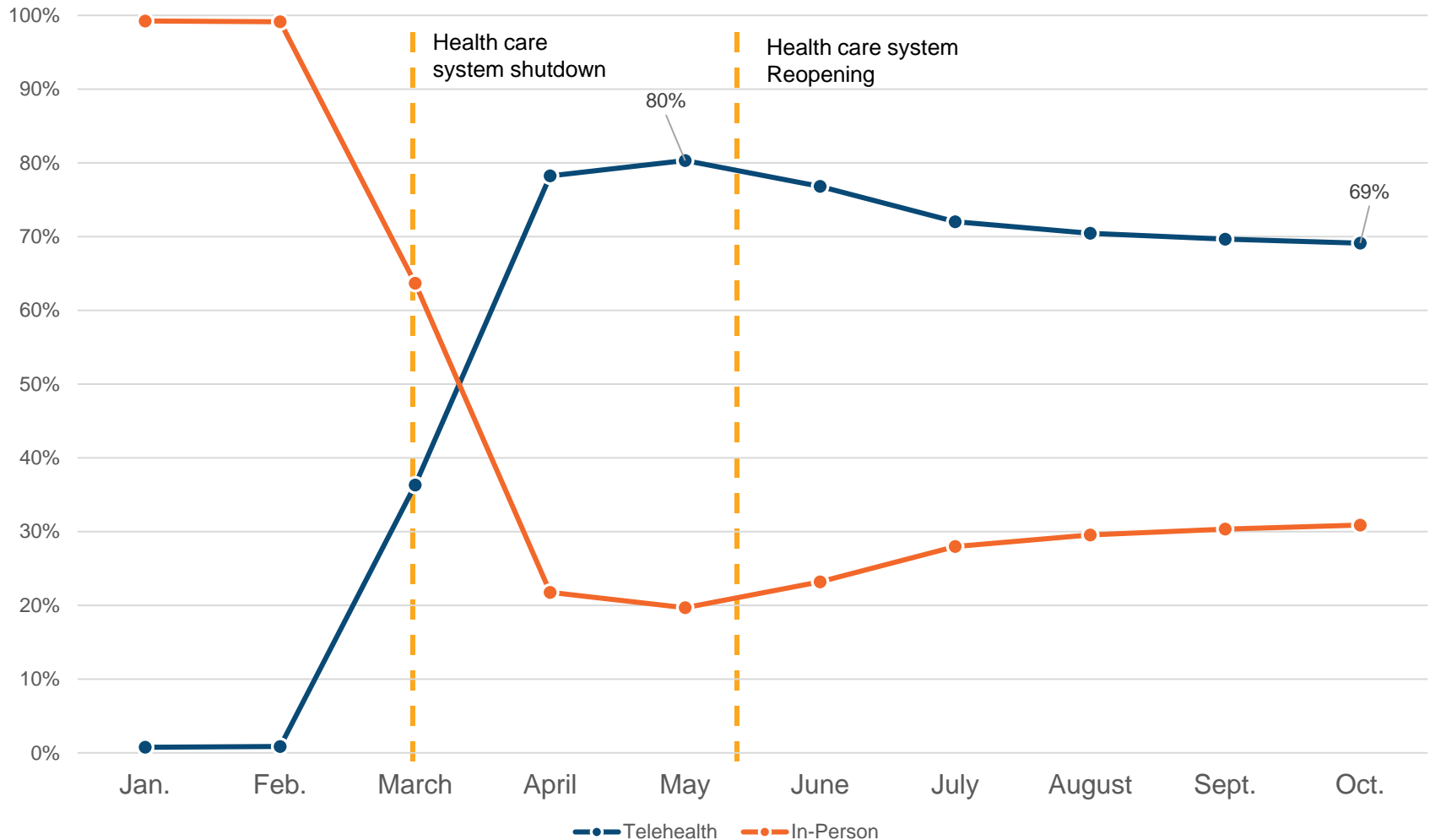
The most common telehealth visits had diagnoses for mental health conditions including anxiety, depression, adjustment disorders, post-traumatic stress disorder, and autism.

Top Ten Highest Volume Telehealth Diagnosis Codes, 2020



The percentage of telehealth behavioral health encounters peaked at 80% in May, before declining to 69% by October.

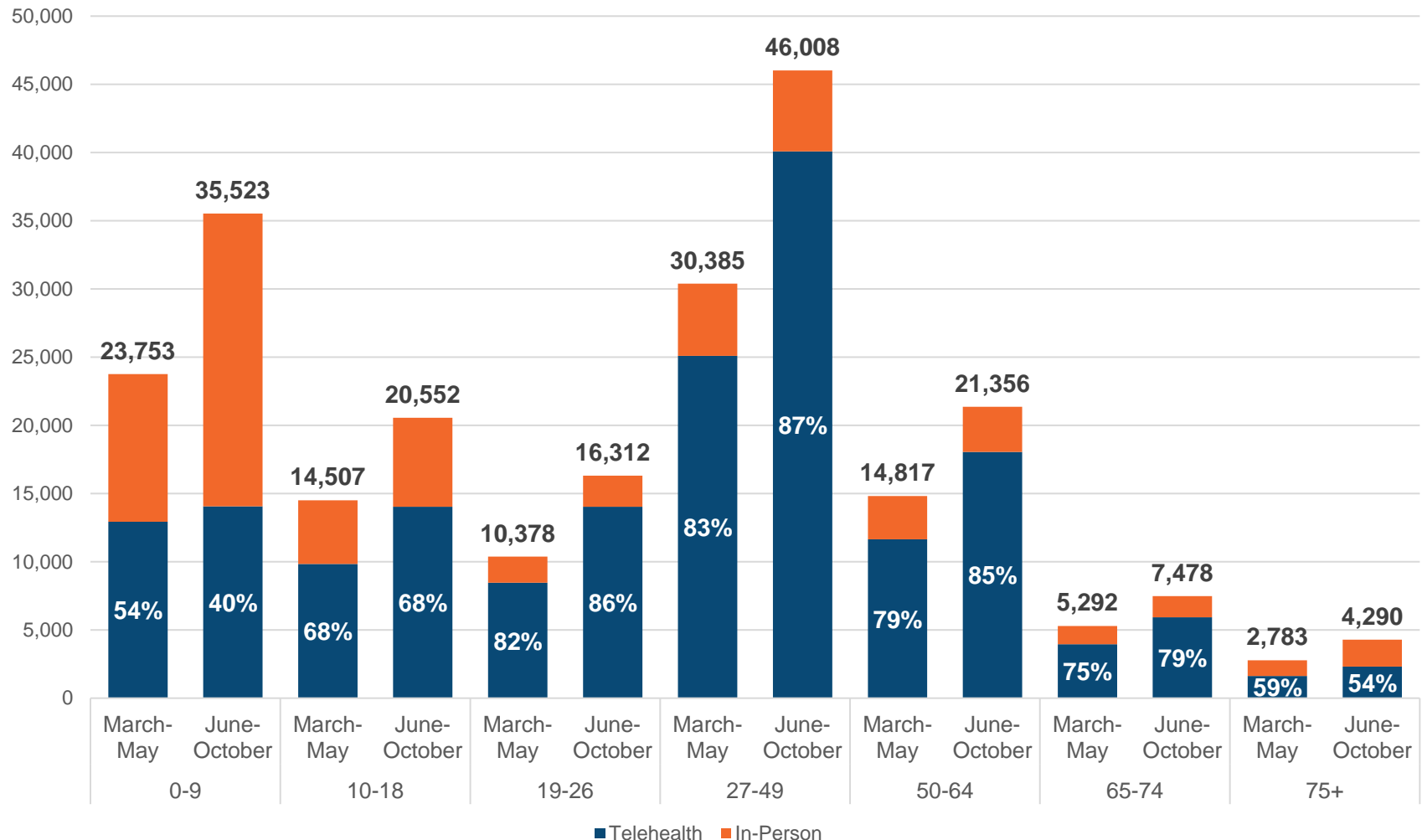
Trend in total visits by relative percentage of Telehealth and In-Person encounters for Behavioral Health, 2020



Notes: MMS guidelines for telehealth: <http://www.massmed.org/Patient-Care/COVID-19/Plan-Specific-Coverage-for-COVID-19/>
Source: COVID-19 Research Database, 2020. Data accessed January 2021.

Patients under 9 and over 75 were more slightly more likely to resume in-person behavioral health visits as the health care system reopened.

Average behavioral telehealth monthly volumes during health system shut down and health care reopening by age groups and telehealth status, 2020



Notes: Due to COVID-19, EOHHS issued an executive order limiting in-person health care to certain essential and emergency health care services. In mid-May, EOHHS initiated the start of health care reopening. For more information see: <https://www.mass.gov/lists/reopening-health-and-human-services-in-massachusetts>. Source: COVID-19 Research Database, 2020. Data accessed January 2021.



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Background: The COVID-19 pandemic has disrupted access to care and intensified behavioral health needs.

NATIONAL LITERATURE

41% of U.S. adults reported at least one adverse mental or behavioral health condition in CDC June survey¹

- 75% among 18-24-year-olds
- One in four young adults (26%) “seriously considered suicide in the past 30 days”

The share of ED visits that were mental health-related during April to October 2020 increased for children aged 5-11 and 12-17 by 24% and 31%, respectively, compared to the same period in 2019

52% of behavioral health organizations reported an increase in the demand for services, according to polling by the National Council for Behavioral Health³

Sources: 1. Czeisler ME, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. Available at: <http://dx.doi.org/10.15585/mmwr.mm6932a1>

2. Leeb RT, Bitsko RH, Radhakrishnan L, Martinez P, Njai R, Holland KM. Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1675–1680. Available at: <http://dx.doi.org/10.15585/mmwr.mm6945a3>

3. National Council for Behavioral Health. Member survey. September 2020. Available at: https://www.thenationalcouncil.org/wp-content/uploads/2020/09/NCBH_Member_Survey_Sept_2020_CTD2.pdf?dof=375ateTbd56

The Impact of COVID-19 on Behavioral Health in Massachusetts

22,000

telehealth visits for behavioral services reported at Massachusetts community health centers by April (compared to 517 in January)¹

131%

Percent increase in patient volume reported by **Boston Medical Center's ambulatory psychiatry team** in August from the five months before the pandemic²

ER Visits, Long Waits Climb For Mass. Kids In Mental Health Crisis

December 07, 2020

By Lindsey Tanner, The Associated Press

wbur

"By early fall, many Massachusetts ERs were seeing about four times more children and teens in psychiatric crisis weekly than usual, said Ralph Buonopane, a mental health program director at Franciscan Hospital for Children in Boston."³

RESEARCH QUESTIONS

- How has the pandemic affected the behavioral health conditions and health care needs of Massachusetts residents, particularly among younger patients?
- **How has COVID-19 affected care for patients who were receiving behavioral health treatments before the pandemic?**

Sources: 1. Katie L. Pandemic creates opportunity for telehealth to catch on. State House News Service. May 8, 2020. Available at: <https://www.wbur.org/news/2020/05/08/pandemic-community-telehealth-massachusetts-suffers>

2. Slade R. Inside Boston's looming mental health crisis. Boston Magazine. Sept 22, 2020. Available at: <https://www.bostonmagazine.com/health/2020/09/22/mental-health-boston/>

3. Tanner L. ER visits, long waits climb for Mass. kids in mental health crisis. The Associated Press. Available at: <https://www.wbur.org/edify/2020/12/07/long-waits-kids-mental-health-crisis>

Methods: A 'Cohort' Approach

INCLUSION CRITERIA



- Massachusetts residents **age 21 and under**
- At least one primary behavioral health diagnosis before March 2020
- Actively receiving **psychotherapy services** before the pandemic
 - At least 2 total visits in January and February
 - At least 1 visit in February

DEFINITIONS



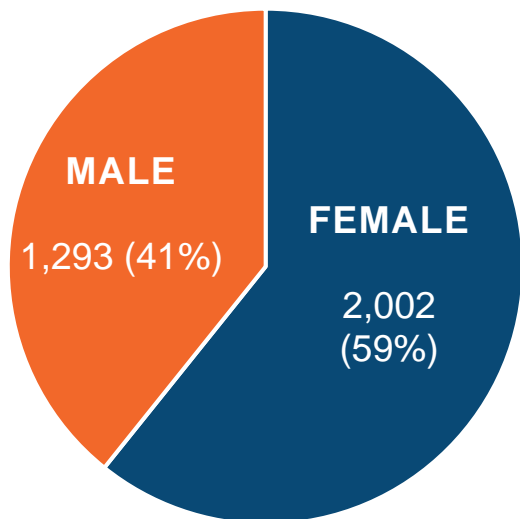
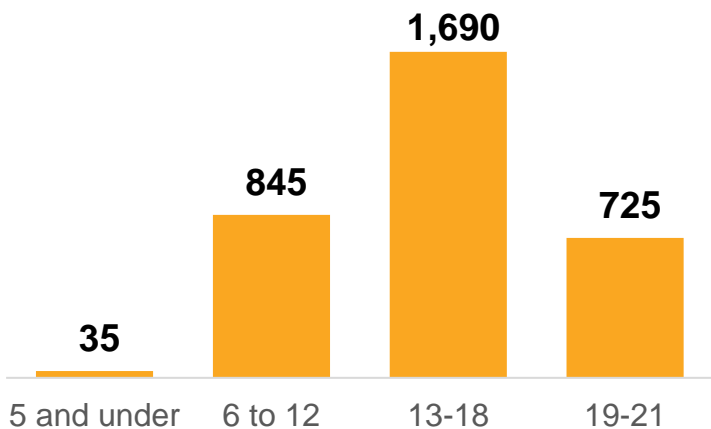
- Behavioral health diagnoses based on CHIA definitions
- Psychotherapy services: CPT codes 90832-90853, 90875, 90876
 - Individual, group, family therapy
- Telehealth
 - Centers for Medicare and Medicaid Services place of service code 2
 - Procedure modifier GT, GQ, 95

Notes: Only professional claims were included in the analysis. One psychotherapy visit combines all claims lines for the same procedure code from the same patient on the same day at the same place of service.

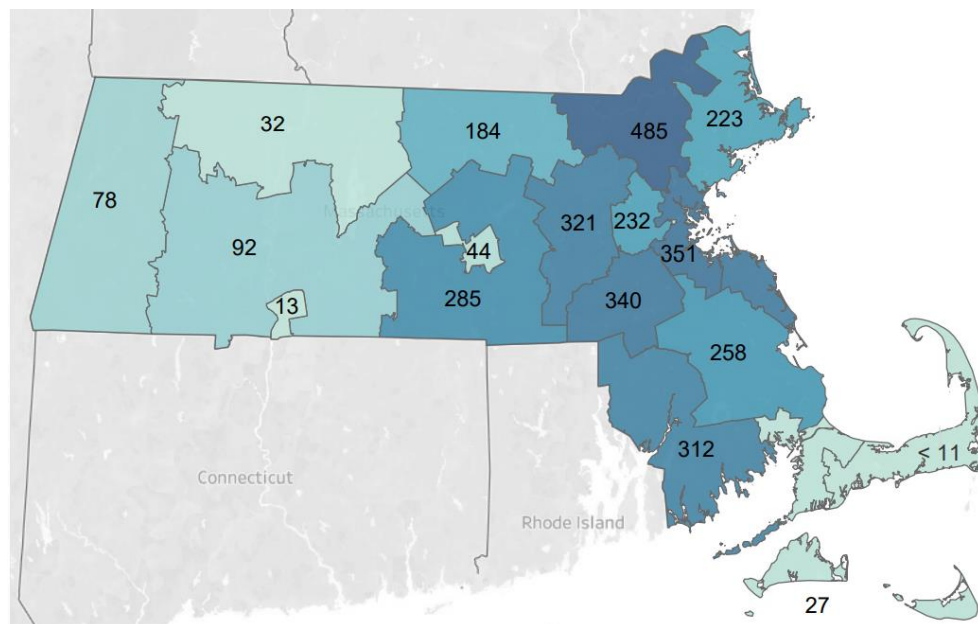
Source: Massachusetts Center for Health Information and Analysis, Primary care and behavioral health supplemental data code list and cross walk. Available at: <https://www.chiamass.gov/payer-data-reporting-primary-and-behavioral-health-care-expenditures/>

Characteristics of the Pediatric Cohort

Among a cohort of 3,295 pediatric patients:

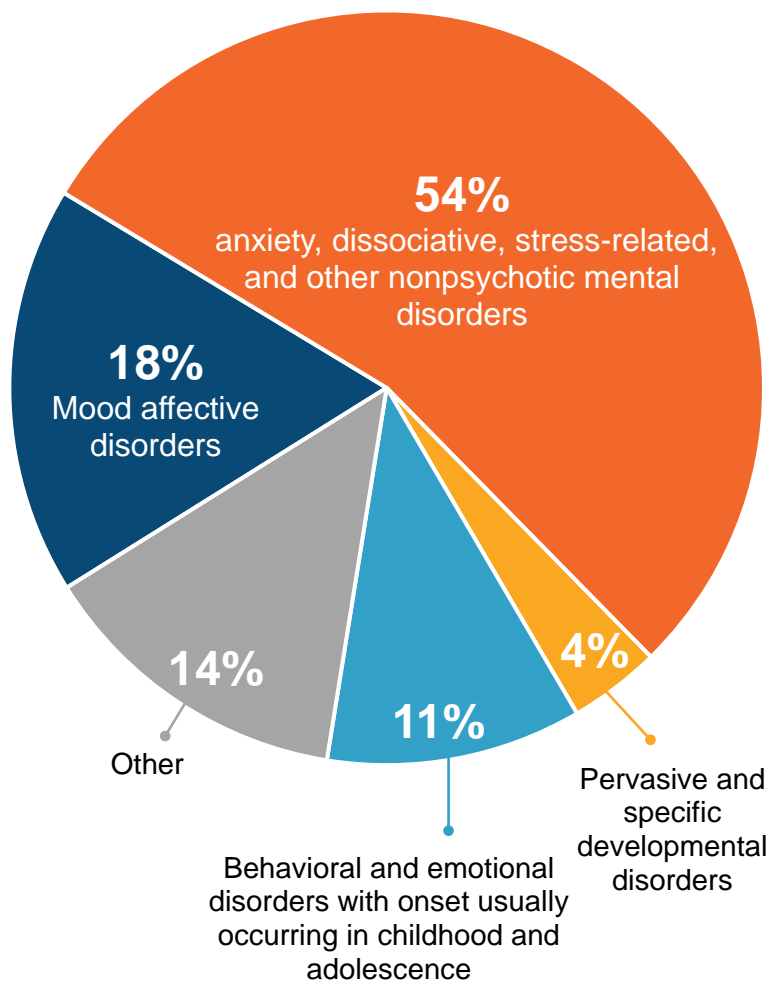


Geographic distribution by 3-digit patient zip code



Cohort Characteristics and Primary Diagnoses

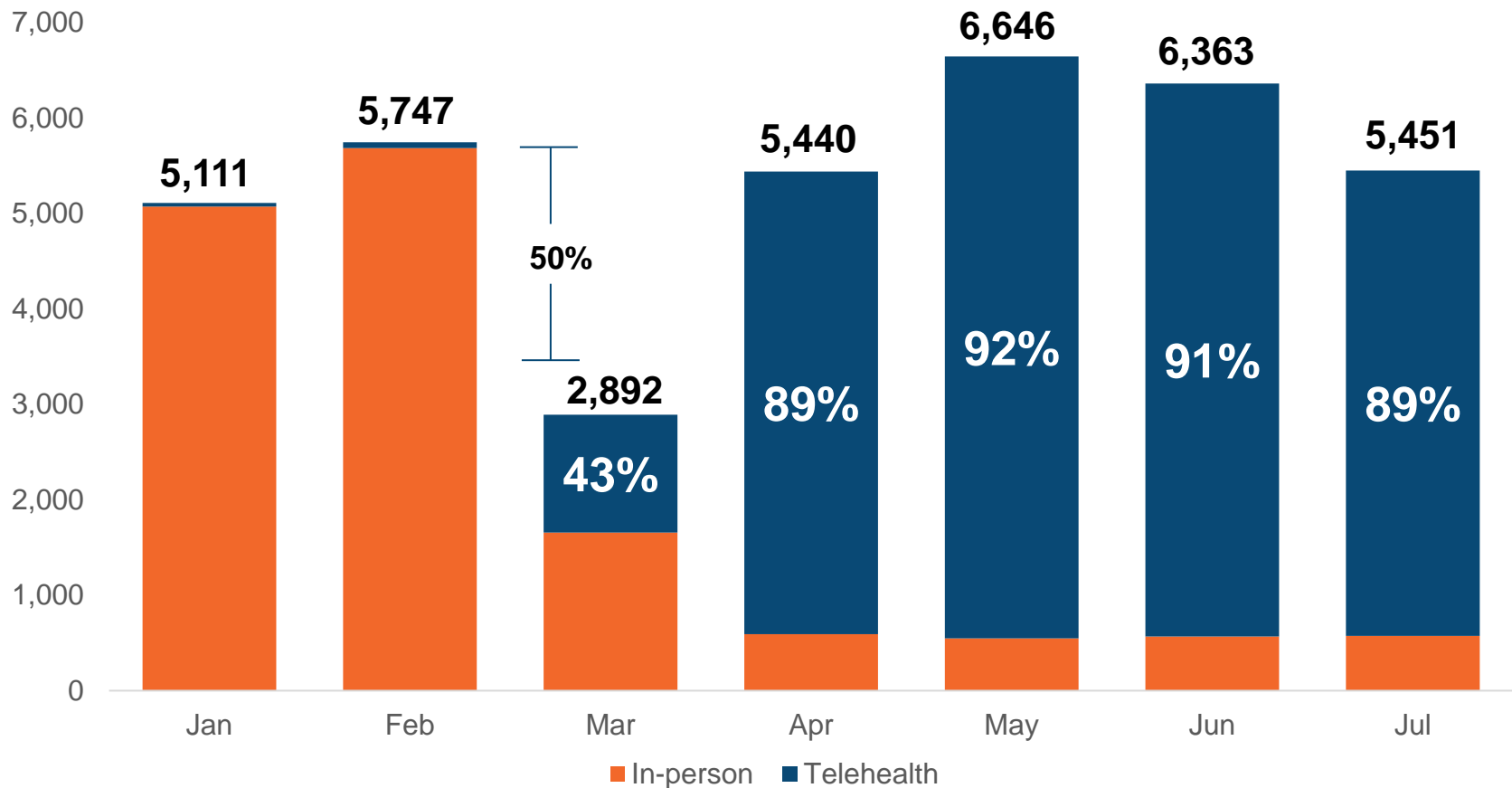
Within the cohort, **98% of patients** (3,234) had **one primary diagnosis**.



Top ICD-10 Diagnosis codes			% of total
F41.1	Generalized anxiety disorder		21.2%
F41.9	Anxiety disorder, unspecified		8.3%
F43.23	Adjustment disorder with mixed anxiety & depressed mood		7.9%
F90.2	ADHD, combined type		5.2%
F43.22	Adjustment disorder with anxiety		5.1%
F33.1	Major depressive disorder, recurrent, moderate		4.5%
F84.0	Autistic disorder		3.6%
F32.9	Major depressive disorder, single episode, unspecified		3.3%

Total psychotherapy volume dropped significantly in March 2020, but rebounded in April through telehealth adoption.

Cohort in-person vs telehealth psychotherapy visits by month, 2020

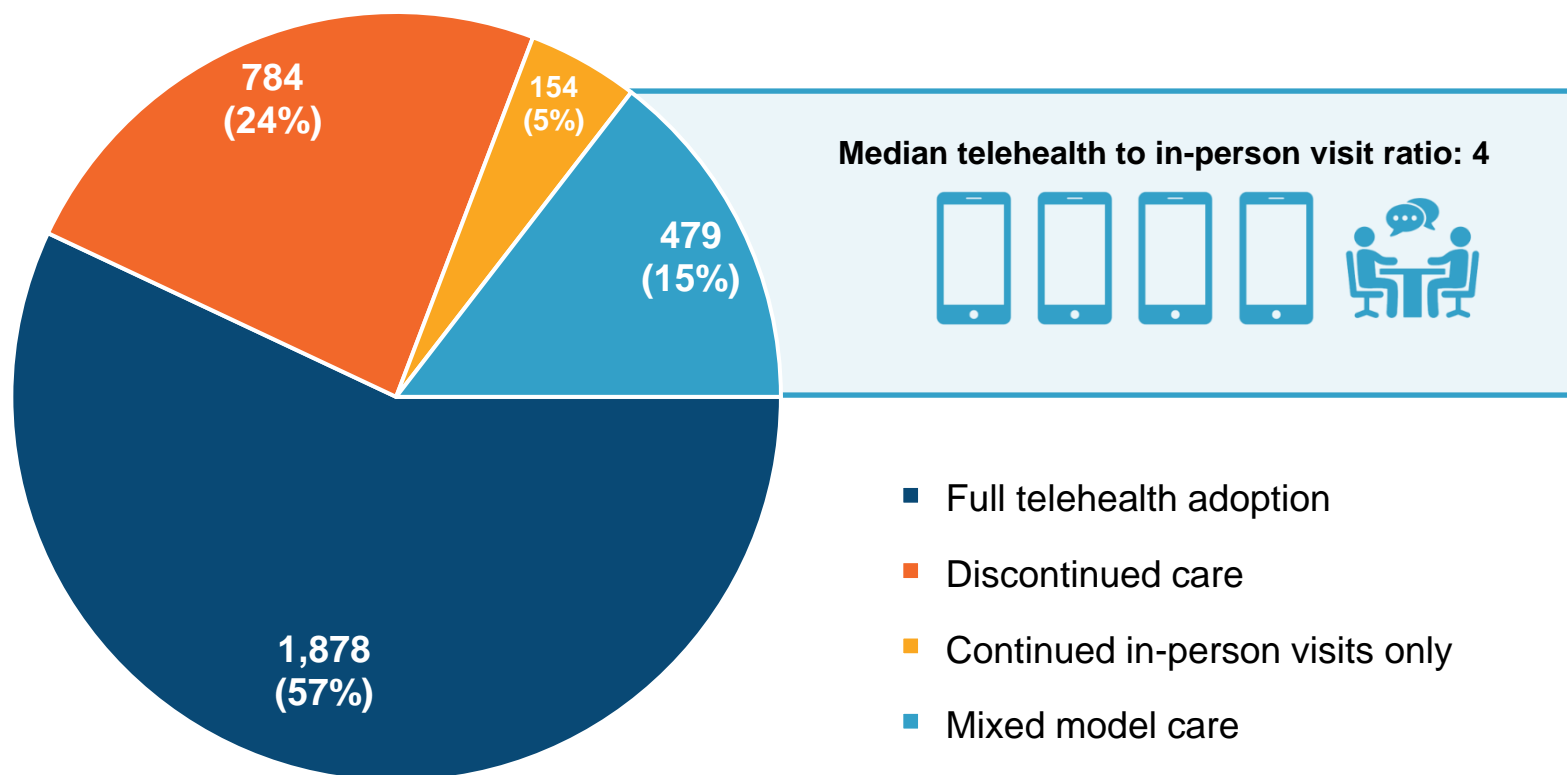


Notes: Only professional psychotherapy claims were included. One psychotherapy visit combines all claims lines for the same procedure code from the same patient on the same day at the same place of service. All non-telehealth visits are assumed to be in-person.

Source: COVID-19 Research Database, 2020. Data accessed January 2021.

From March to June 2020, 57% of pediatric patients in the cohort transitioned their psychotherapy visits entirely to telehealth; 1 in 4 (24%) appeared to discontinue psychotherapy services.

Number of pediatric patients by type of psychotherapy services from March 15th to June 30th 2020

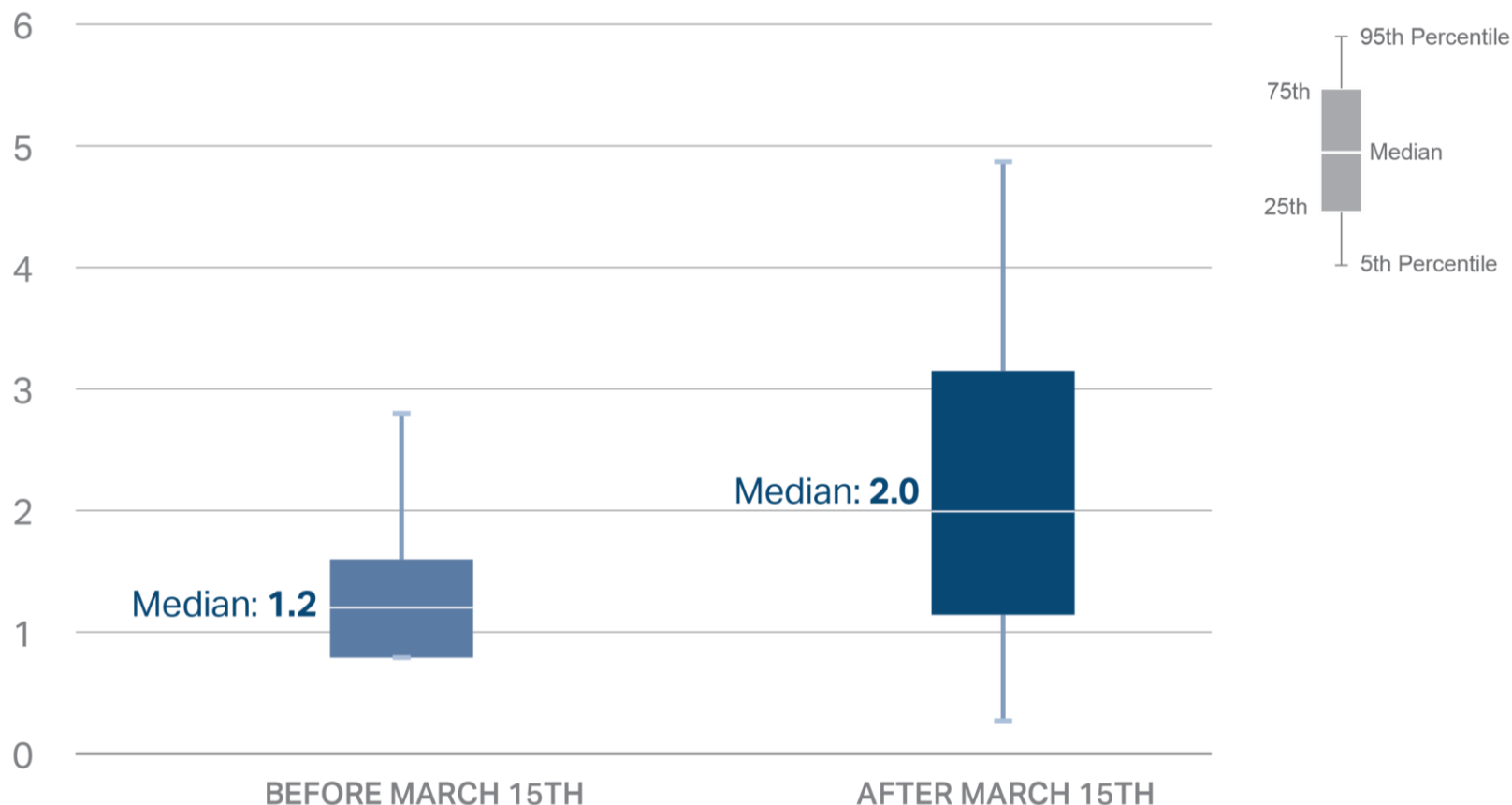


Notes: Only professional psychotherapy claims were included. One psychotherapy visit combines all claims lines for the same procedure code from the same patient on the same day at the same place of service. To contextualize the percent of pediatric patients who dropped off from psychotherapy services and understand the extent to which this number reflects clinical considerations unrelated to the pandemic, we replicated the methodology using the MA APCD 2017 data, and found that roughly 10% of pediatric patients who were actively receiving psychotherapy services in January and February 2017 dropped off from psychotherapy care between March 15 and June 30, 2017.

Source: COVID-19 Research Database, 2020. Data accessed January 2021.

Patients who continued care received more frequent services.

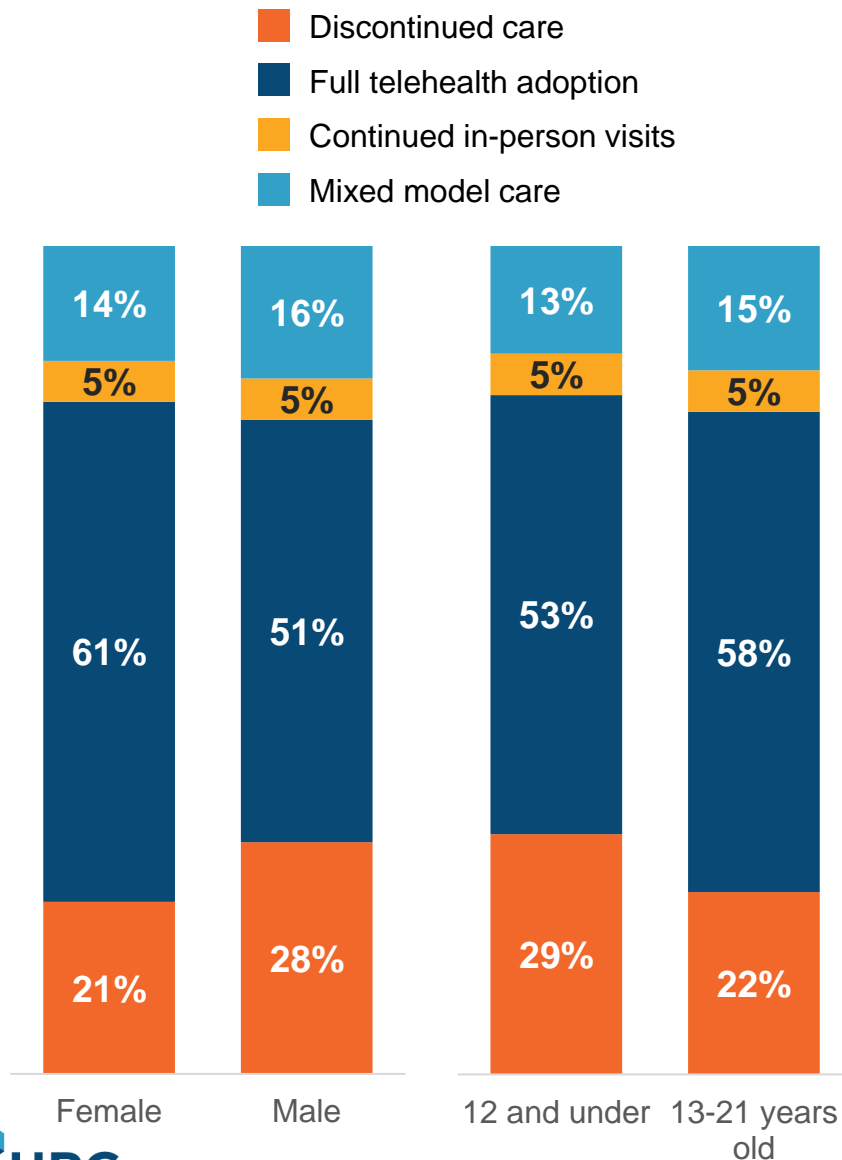
Number of psychotherapy visits per patient per month, January- June 2020



Notes: Only professional psychotherapy claims were included. One psychotherapy visit combines all claims lines for the same procedure code from the same patient on the same day at the same place of service. All non-telehealth visits are assumed to be in-person. Data is for services received from Jan 1 2020 through June 30, 2020.

Source: COVID-19 Research Database, 2020. Data accessed January 2021.

Those pediatric patients who appeared to discontinue care were slightly more likely to be male and to be younger.



NEXT STEPS

- What other factors may explain the differences in care transition?
 - No differences by payer or primary diagnosis were observed
 - Sample size by geography is too small to draw conclusions
- Is the pandemic potentially driving an increase in new behavioral health utilization?
 - What types of diagnoses and/or treatments have occurred post-COVID onset (March- present)?
 - What challenges and barriers may have prevented pediatric patients from receiving treatments during the pandemic?

Key Findings

- Children's behavioral health providers **quickly pivoted to providing telehealth** (or a mix of in-person and telehealth psychotherapy).
- From March to June 2020, **57% of pediatric patients in the cohort transitioned their psychotherapy visits entirely to telehealth**; 1 in 4 (24%) appeared to discontinue psychotherapy services.
- Those who appeared to discontinue care were slightly **younger, and more likely to be male.**
- Average number of visits per patient appears to have **increased** in the early months of the pandemic.

Resources

If you or someone you know is in crisis and in need of behavioral health support:

- National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- The Massachusetts Substance Use Helpline: 1-800-327-5050
- Call2Talk can be accessed by calling Massachusetts 211 or 508-532-2255 (or text c2t to 741741)
- Mental Health America online screener:
<https://screening.mhanational.org/screening-tools/>



AGENDA

- Call to Order
- Approval of Minutes from September 30, 2020 **(VOTE)**
- DataPoints: Out-of-Pocket Spending
- Office of Patient Protection Annual Report
- Presentation: Interim COVID-19 Impact Study
- **Mass General Brigham Determinations of Need**
- Schedule of Next Meeting (June 2, 2021)

Determination of Need (DoN) Review; Mass. General Brigham DoN Filings

DETERMINATION OF NEED (DoN) PROCESS

Providers must file a DoN application with the Department of Public Health (DPH) when they make substantial **capital expenditures**, make substantial **changes in services**, add **specific major equipment**, **change ownership**, or make other specific operational changes.

- Most DoNs **do not require a material change notice** and separate review by the HPC.
- However, the HPC is a **“party of record”** in the DoN process and receives all DoN filings.
- The HPC **may also provide comment** to the DoN program.

MASS. GENERAL BRIGHAM DON FILINGS

On January 21, 2021, Mass. General Brigham (MGB), filed Determination of Need applications (*not yet deemed complete by DPH*) for three substantial capital expenditures, totaling \$2.3B:

- 1) Expansion, renovation and improvement of **Massachusetts General Hospital**;
- 2) Expansion, renovation and improvement of **Brigham and Women’s Faulkner Hospital**; and
- 3) Creation of three **new ambulatory sites** in Westborough, Westwood, and Woburn.

MGB also proposes creating a fourth ambulatory site in Salem, NH which is not subject to review by the Massachusetts DoN program.

Overview of DoN Review Process

DoN applications are **evaluated based on the DoN factors** described in 105 CMR 100.210(A), including:



Alignment with the needs of the applicant's patient panel and the ability to provide public health value



Alignment with the Commonwealth's goals for cost containment, improved public health outcomes, and delivery system transformation

May require an
"independent cost
analysis" (ICA)



Compliance with applicable statutory and regulatory requirements



Financial feasibility of the project



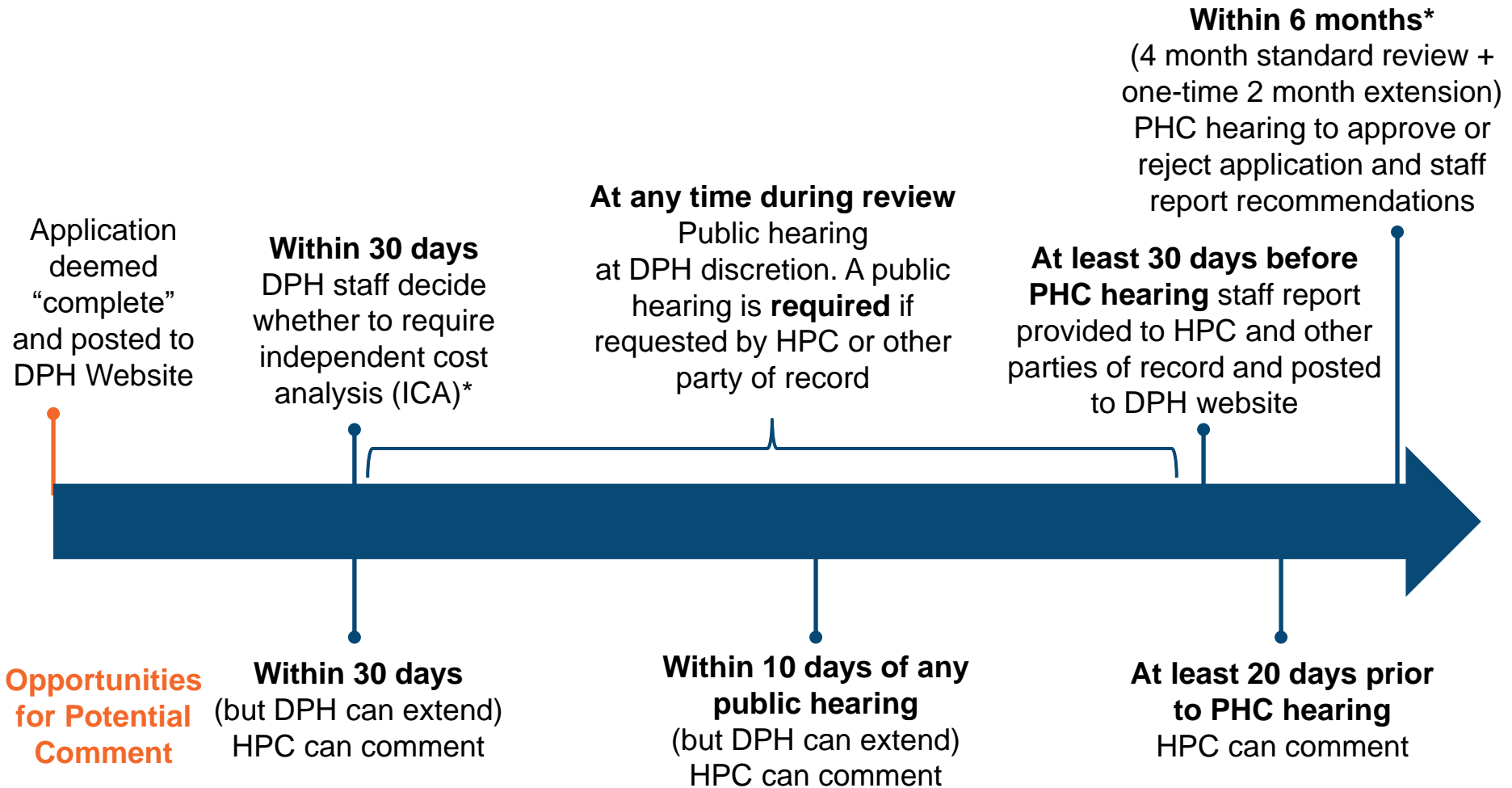
Relative merit of the plan compared to potential alternatives



Applicant's contribution to community health initiatives

DoN staff issues a Staff Report summarizing the project, the staff's fact-finding, analysis of compliance with the DoN factors, and recommended conditions for approval. The Staff Report is then **presented to the DPH's Public Health Council (PHC)**, which may vote to approve or reject the recommendations, add further conditions, or remand the matter for further study and comment.

Timeline for DoN Process and Opportunities for Potential HPC Comment



*If DPH requires an ICA, the timeline for the entire review is stayed until the ICA's completion (timeline for ICA not specified). HPC has an **additional opportunity to comment** for **up to 30 days** after an ICA has been completed.



AGENDA

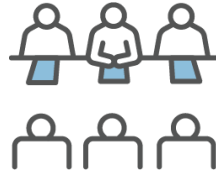
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Upcoming 2021 Meetings and Contact Information



BOARD MEETINGS

**March 25 –
Benchmark Hearing**
April 14
July 14
September 15
November 17



COMMITTEE MEETINGS

June 2
October 6
December 15



SPECIAL EVENTS

ADVISORY COUNCIL
February 24
May 12
September 29
December 8



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