



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

To: MMS Officers

From: Yael R. Miller

RE: Wednesday, January 22, 10 a.m.

Meeting with: Michael Sherman, MD, Patricia Toro, MD, and Jan Cook, MD
Harvard Pilgrim Health Care (HPHC)

Background on Harvard Pilgrim Health Care

- You meet with [Michael Sherman, MD](#), Chief Medical Officer and Sr. VP Harvard Pilgrim Health Care as well as [Patricia Toro, MD](#) Associate Medical Director Massachusetts and [Jan Cook, MD](#) Vice President, Senior Medical Director at Harvard Pilgrim Health Care
- Harvard is one of the top three largest plans between BCBS and Tufts. They currently offer commercial plans in MA, NH and Maine. They offer Medicare Advantage Plans as well. (see CHIA report for more details on Insurance market below)
- “Harvard Pilgrim Health Care and its family of companies provide health benefit plans, programs and services to more than 3 million members and customers, including its subsidiaries that serve national self-insured and population health customers, in New England and beyond.
- A leading not-for-profit health services company, HPHC guides its members – and the communities served – to better health.
- Founded by doctors 50 years ago, they are building on their legacy. In partnership with our expansive network of doctors and hospitals, they work to improve health outcomes and lower costs through clinical quality and innovative care management. Their commitment to the communities served is driven by the passion of the Harvard Pilgrim Health Care Foundation. Through its work, low- and moderate-income families are gaining greater access to fresh, affordable food — a cornerstone to better health and well-being.”
- On Aug. 14, 2019, it was announced that Harvard and Tufts signed a definitive agreement to combine organizations. The Combined organizations will “become one of the region’s largest non-profit health services organizations, providing coverage in all segments of the market regardless of a person’s age, income, life circumstances or health status”.
- The new organization will serve close to 2.4 million members in Massachusetts, Maine, Connecticut, NH, and Rhode Island, offering employer sponsored plans, Medicare and Medicaid plans Qualified Health Plans and plans for those dually eligible for Medicare and Medicaid.
- The meeting will provide an opportunity for the plans to update the officers on key issues and to learn about key areas of the MMS interest about reducing the administrative burden and the merger: Prior Authorization – gold carding and automation; Provider Directories and Quality Measurement reduction; and the upcoming merger.

1. Primary Care and Behavioral Health – reflections on the Governors bill—increase by 30 percent over 3 years – thoughts?
2. Prescription drug costs—any new insights? “
 - For more information about the insurance market – Review ‘Performance of the Massachusetts Health Care System Annual Report October 2019. Click [here](#) and review pages 41-56.