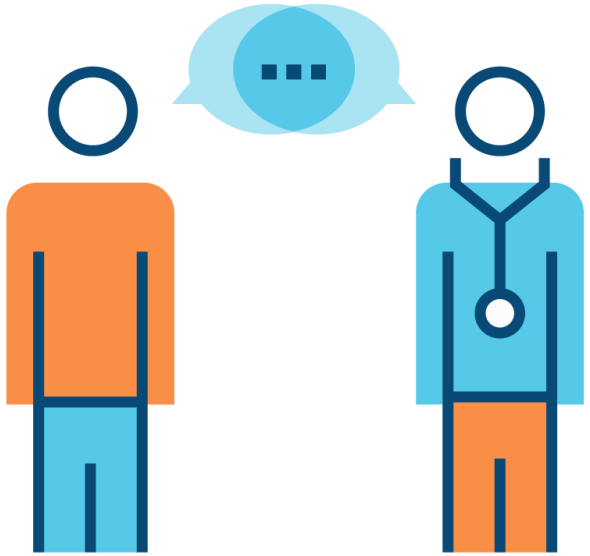


Primary Care Task Force: Data and Research Workgroup

May 20, 2025

MASSACHUSETTS
HEALTH POLICY COMMISSION

EOHHS

Agenda

WELCOME BY CO-CHAIRS

Center for Health Information and Analysis (CHIA) Presentation on Primary Care Definitions

Massachusetts Health Policy Commission (HPC) Presentation on Primary Care Spending and Utilization Methodology

Discussion of Statutory Deliverable #1: Defining Primary Care Services, Codes, and Providers for the Purpose of Measuring Primary Care Spending and Utilization

Next Steps

Primary Care Task Force: Data and Research Workgroup Members

Kiame Mahaniah, MD, Undersecretary for Health, Massachusetts Executive Office of Health and Human Services

David Seltz, Executive Director, Massachusetts Health Policy Commission

Senator Cindy Friedman, Chair, Joint Committee on Health Care Financing

Michael Caljouw, Massachusetts Commissioner of Insurance

Lauren Peters, JD, Executive Director, Center for Health Information and Analysis

Ryan Schwarz, MD, MBA, Chief, Office of Accountable Care and Behavioral Health, MassHealth

Suzanne Curry, Director of Policy Initiatives, Health Care For All

Mark Friedberg, MD, MPP, Senior Vice President, Performance Measurement & Improvement, Blue Cross Blue Shield of Massachusetts

Judith Melin, MA, MD, FACP, Governor, Massachusetts Chapter of the American College of Physicians; Internal Medicine, Beth Israel Lahey Health

Lora Pellegrini, JD, President and CEO, Massachusetts Association of Health Plans

Barbra G. Rabson, MPH, President and CEO, Massachusetts Health Quality Partners

Importance of Measuring Primary Care Spending

- Primary care services **improve patient outcomes, lower health care costs,** and **provide equitable and timely care** to Massachusetts residents.
- Despite being one of the highest-value categories of care, primary care represents a **declining share of health care spending in Massachusetts.**
- Measuring primary care spending will help **set a primary care spending target** and **guide strategic investment** in primary care services.
- The **Data and Research workgroup** will aim to:
  - Define primary care services, codes, and providers for the purposes of measuring primary care spending and setting a spending target;
  - Develop a standardized set of data and reporting requirements for private and public payers, providers and provider organizations; and
  - Assess the impact of health plan design on health equity and patient access to primary care services.

Agenda

Welcome by Co-Chairs

CENTER FOR HEALTH INFORMATION AND ANALYSIS (CHIA) PRESENTATION ON PRIMARY CARE DEFINITIONS

Massachusetts Health Policy Commission (HPC) Presentation on Primary Care Spending and Utilization Methodology

Discussion of Statutory Deliverable #1: Defining Primary Care Services, Codes, and Providers for the Purpose of Measuring Primary Care Spending and Utilization

Next Steps

Measuring Primary Care Spending

Presentation to the Primary Care Task Force Data and Research Workgroup

May 20, 2025

Background

Purpose

Since 2020, CHIA has collected summary-level data from health insurers to measure overall spending for primary care and behavioral health services

Development

Leveraged standard billing codes, similar initiatives in other states, and public listening session feedback to develop approach

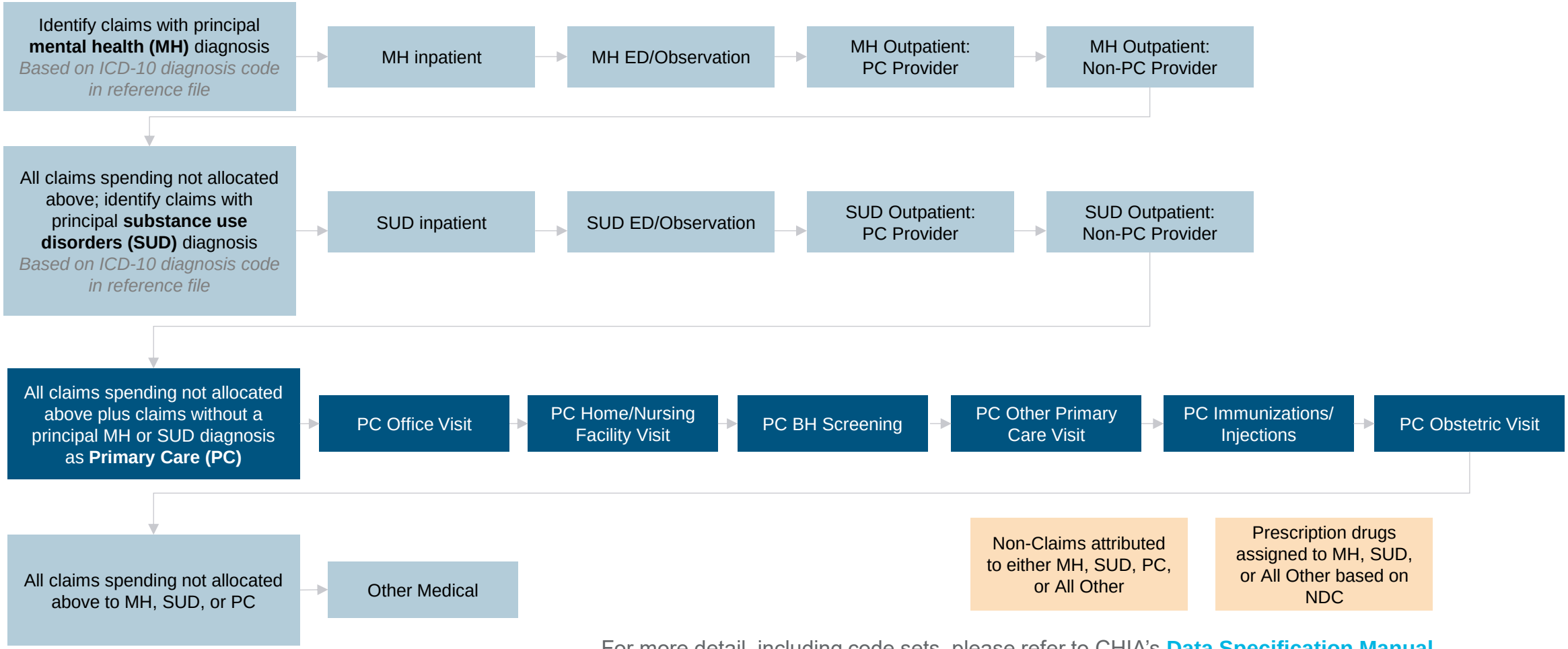
Methodology

Expenditures are reported via **mutually exclusive**, **hierarchical** categories, with payer liability and member cost-sharing separated

Population

All Mass. residents with private insurance (fully and self-insured), MassHealth, Medicare Advantage, and programs for dually eligible (SCO/PACE/One Care)

Methodology Overview



For more detail, including code sets, please refer to CHIA's **Data Specification Manual**.

Primary Care Service Categories

Claims allocated to primary care spending must include a **primary care service code** provided by a **primary care provider type**

Claims-Based Categories

- Office Type Visits
- Home/Nursing Facility Visits
- Behavioral Health Screening
- Preventive Visits
- Other Primary Care Visits
- Immunizations and Injections
- Obstetric Visits

Non-Claims-Based Categories

- Non-Claims: Incentive Programs
- Non-Claims: Capitation
- Non-Claims: Risk Settlements
- Non-Claims: Care Management
- Non-Claims: Other

Primary Care Provider Types

Claims allocated to primary care spending must include a **primary care service code** provided by a **primary care provider type**

Physicians

- Family Medicine
- Internal Medicine
- Pediatrics
- General Practice
- Adolescent Medicine
- Geriatric Medicine
- Obstetrics/Gynecology

Other Provider Types

- Nurse Practitioner (similar specialties as physician)
- Physician Assistant
- Community Health Center/FQHC
- Community Health Nurse Specialist
- Midwife
- Women's Health Clinic

For the complete list, please refer to CHIA's Data Specification Manual.

Capturing the Integration of Behavioral Health in Primary Care

Behavioral health spending delivered in the primary care setting is captured in the following three categories:

- MH Outpatient: Primary Care Provider*
- SUD Outpatient: Primary Care Provider*
- Primary Care Behavioral Health Screening

Payments in each of these categories are distinct from each other and include only professional claims. The payments reported in each of these categories can be summed to calculate Behavioral Health Spending in Primary Care.

**Collected as part of Behavioral Health using CHIA-provided methodology, which includes claims spending for services provided by a primary care provider in a primary care place of service.*

Methodology Considerations

OB/GYN Services/Providers

Primary care definition includes certain services provided by OB/GYN provider types, but inclusion of global codes could overcount spending

Non-Claims

Data submitters report difficulty assigning non-claims to primary care, likely undercounting role of these payments

Prescription Drugs

No prescription drugs in primary care definition, but included in denominator of total health care spending; accelerating growth impacts PC spending percentage

Integrated Care

Behavioral health care and screenings can be assigned to primary care or behavioral health; limited impact on overall spending trends

Annual Data Specification Update Process

CHIA adds any new codes that have come online or requested by data submitters (Jan – May)

CHIA releases draft data specifications for two-week comment period (June)

CHIA releases final data specifications (June)

Payers report data to CHIA (September)

CHIA performs QA and releases results to payers and providers (October - March)

Report released (May)

FINANCE

Metrics focused on spending for primary care services

Primary Care Spending

Spending on primary care services, and as a percentage of total medical spending by insurance category and on a per member per month (PMPM) basis.

COMMERCIAL

6.7% | $995.2M | $41.6 PMPM

2022

MASSHEALTH MCO/ACO-A

7.5% | $208.1M | $35.2 PMPM

2022

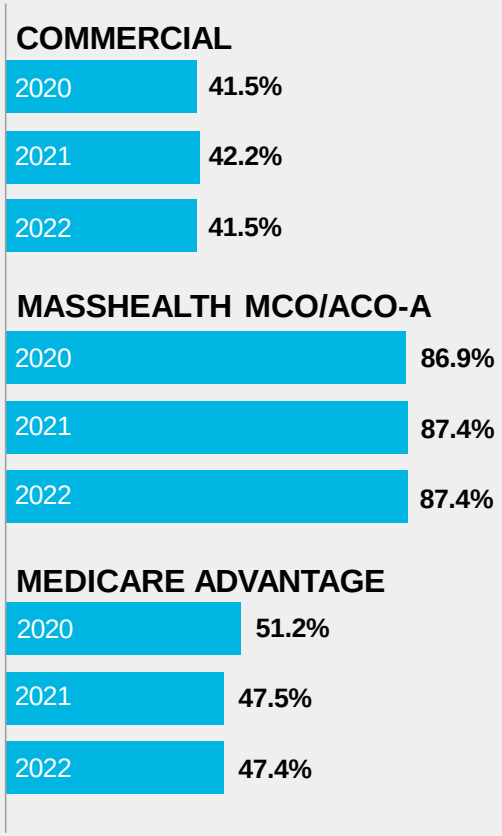
MEDICARE ADVANTAGE

4.2% | $114.7M | $46.8 PMPM

2022

Managed Member Months Under an APM

The share of Massachusetts resident member months whose care is paid for under an Alternative Payment Method (APM).



Notes: Data for original Medicare was not available for this analysis. Analysis represents data from commercial payers that submitted CY2022 data: Aetna, BCBSMA, CCA, Cigna, Fallon, HPHC, HPI, MGBHP, THP, THPP, United, and United Medicare Advantage representing approximately 92% of the commercial market, 60% of the MassHealth MCO/ACO-A market, and 64% of the Medicare Advantage market in 2022. Totals may not sum due to rounding. Previously published data points are not comparable, differences are due to payer exclusions.

Agenda

Welcome by co-chairs

Center for Health Information and Analysis (Chia) Presentation on Primary Care Definitions

MASSACHUSETTS HEALTH POLICY COMMISSION (HPC) PRESENTATION ON PRIMARY CARE SPENDING AND UTILIZATION METHODOLOGY

Discussion of Statutory Deliverable #1: Defining Primary Care Services, Codes, and Providers for the Purpose of Measuring Primary Care Spending and Utilization

Next Steps

The HPC also examines primary care spending, utilization, and payment rates by analyzing the Massachusetts All-Payer Claims Database.

- Building on CHIA's reporting, the HPC conducts additional analyses on Massachusetts primary care utilization and spending trends with a focus on the commercial market. These findings are published annually as a companion to the HPC's Cost Trends Report.
- Using CHIA's All-Payer Claims Database (APCD), the HPC is able to examine specific trends in primary care spending, such as spending by provider group and disparities in primary care use based on community-income level.
- Last year, the HPC examined trends in primary care visits for behavioral health concerns, which is a focus area for some payers and providers as they try to integrate behavioral health into primary care settings.
- Claims-based analyses complement CHIA's aggregate reporting process and allow for a more granular examination of primary care, including spending, utilization, payment rates and the ability to track patients across years, by geographic region, by health plan or provider organization, and across the health care system.

The HPC's definition of primary care for spending analysis has largely followed the PCBH methodology developed by CHIA, with a few differences.

SERVICES

The HPC excludes obstetrics services.

PROVIDERS

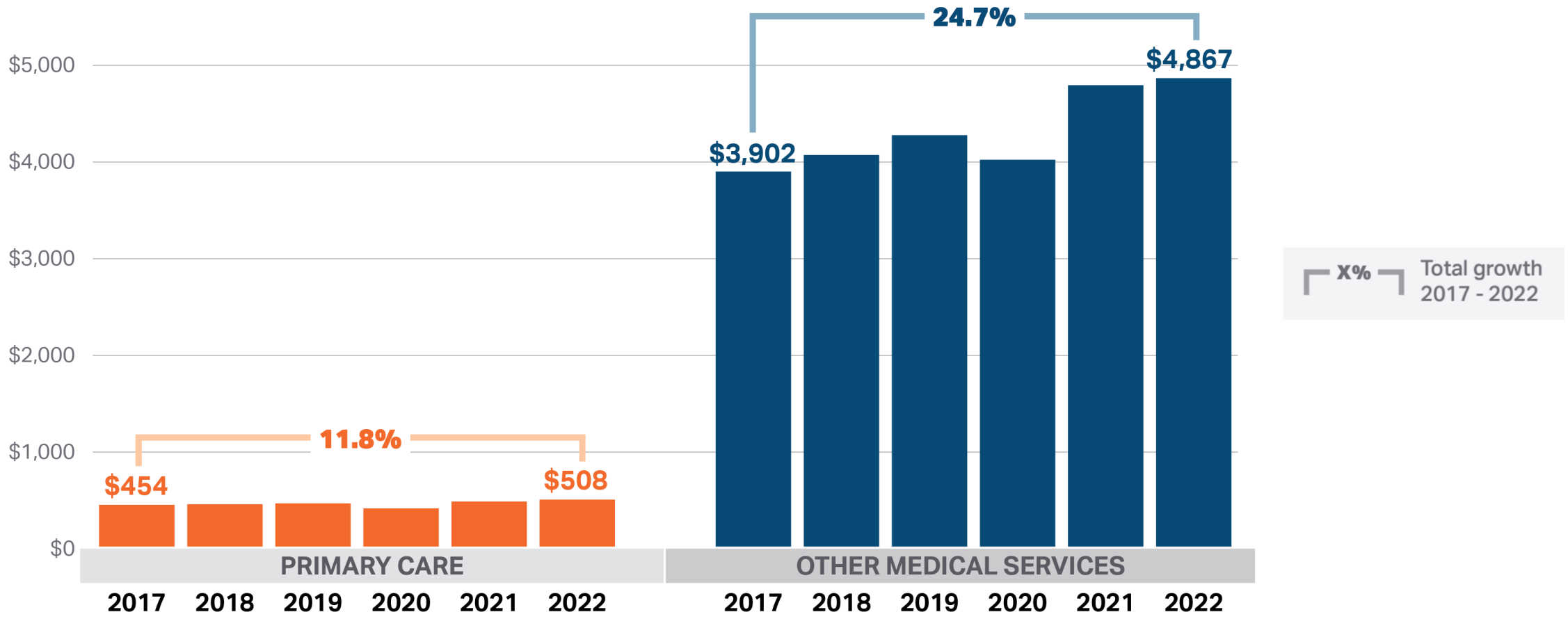
The HPC identifies primary care providers through a combination of payer-reported assigned PCPs, provider types identified in the claims data, and provider types as indicated in the RPO and supplemental provider data from IQVIA. There may be slight differences in provider identification than with those used in CHIA's payer-reported aggregate data.

NON-CLAIMS-BASED SPENDING

Since the analysis uses the All-Payer Claims Database, the HPC is unable to capture non-claims-based spending.

Primary care spending in Massachusetts grew half as fast as spending on all other medical services (excluding prescription drugs) from 2017-2022.

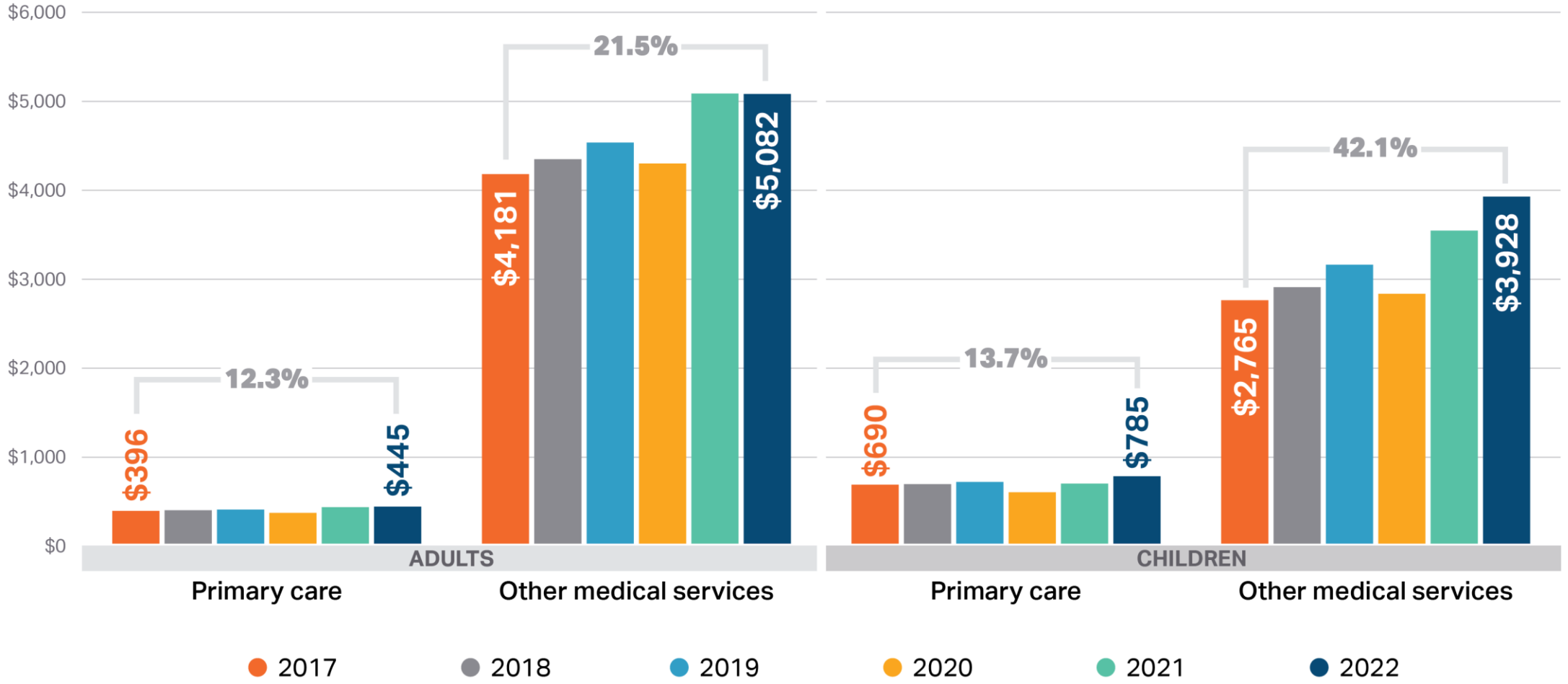
Commercial medical spending by category per member per year, 2017-2022



Notes: Analysis restricted to members under 65 and those with prescription drug coverage. Prescription drug spending is not included in "Other medical services". Primary care declined as a percentage of all commercial spending from 8.4% in 2017 to 7.5% in 2022 if prescription drug spending is included.
Sources: HPC analysis of Center for Health Information and Analysis All-Payer Claims Database, V2022, 2018-2021 and V2021, 2017-2018.

The relatively slower rate of growth of primary care spending was particularly true for children.

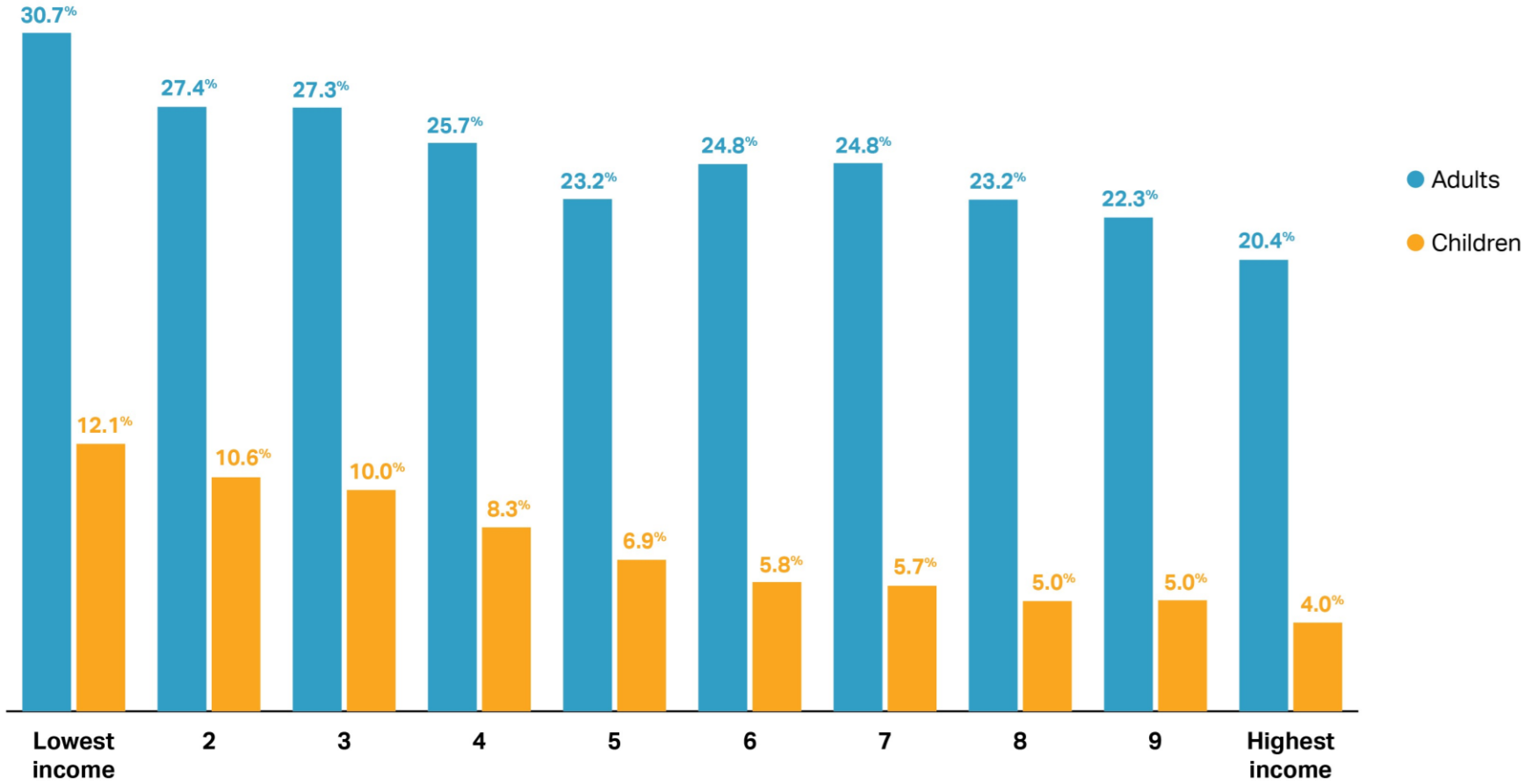
Commercial medical spending by category per member per year for children vs adults, 2017-2022



Notes: Analysis restricted to members under 65 (children ages 0-17, adults ages 18-64) and those with prescription drug coverage. Prescription drug spending is not included in "Other medical services."
Sources: HPC analysis of Center for Health Information and Analysis All-Payer Claims Database, V2022, 2018-2022 and V2021, 2017-2018.

Commercially-insured children living in low-income areas were three times more likely to have no primary care visits than children living in the highest-income areas.

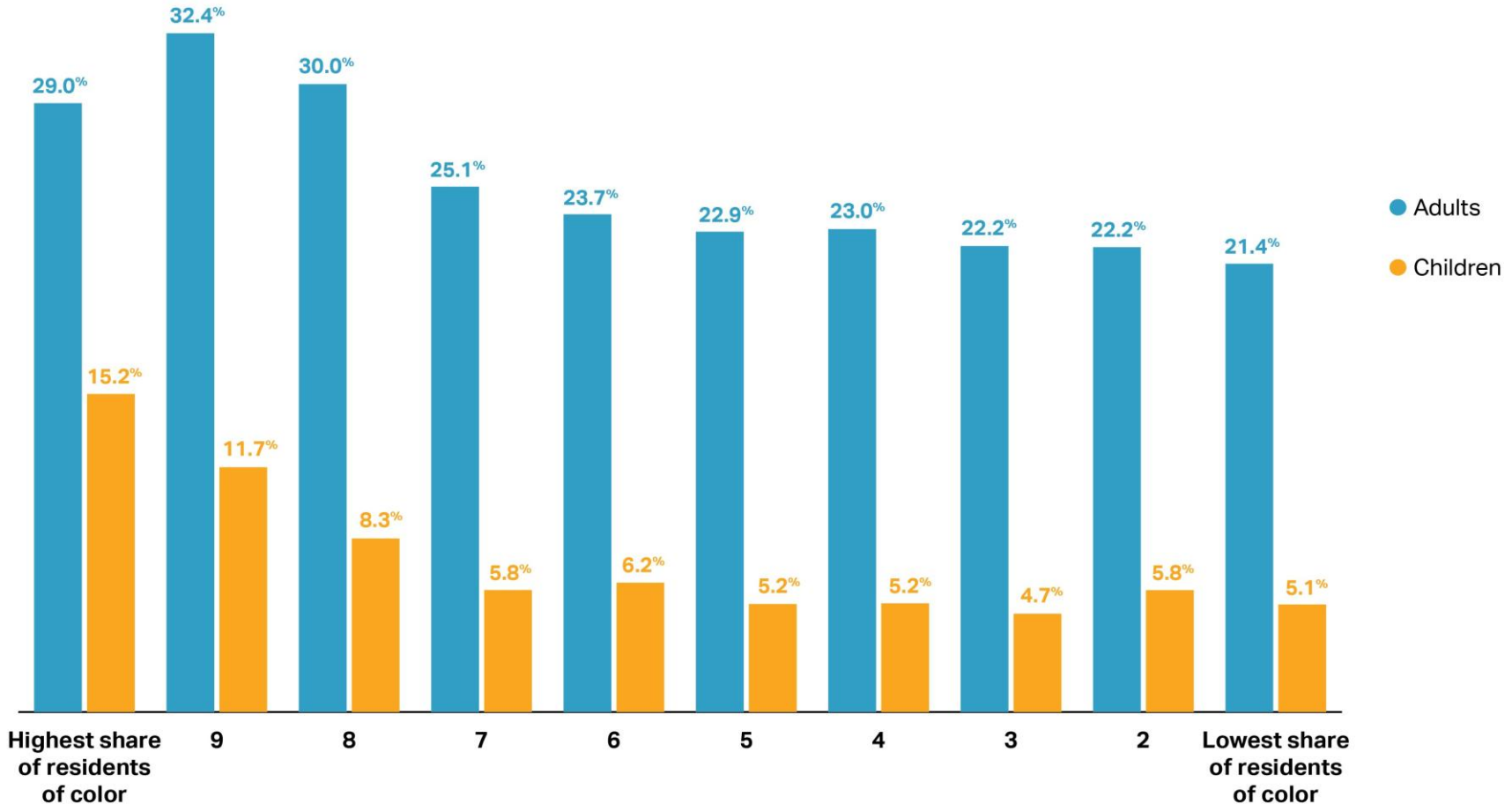
Percent of commercial members with no primary care visits by community income decile, 2022



Notes: Analysis restricted to members under 65 with full year medical and prescription drug coverage. Children are defined as those under 18 years old. Adults are those aged 18 to 64. Income groupings represent population-weighted deciles based on median income of zip code sourced from U.S. Census Bureau American Community Survey 5-year estimates.
Sources: HPC analysis of Center for Health Information and Analysis All-Payer Claims Database, V2022, 2022.

Commercially-insured children living in communities with the highest share of residents of color were three times more likely to have no primary care visits than children living in communities with the lowest shares of residents of color.

Percent of commercial members with no primary care visits by share of residents of color in member's zip code, 2022



Notes: Analysis restricted to members under age 65 with full year medical and prescription drug coverage. Children are defined as those under age 18 years old. Race and ethnicity distribution by zip code based on the U.S. Census Bureau American Community Survey 5-year estimates. The average percent of residents of color ranged from 78.6% in the highest decile to 4.2% in the lowest decile. See technical appendix for details.
Sources: HPC analysis of Center for Health Information and Analysis (CHIA) All-Payer Claims Database V2022, 2022.

Learning From Other States

CALIFORNIA

- **15% primary care spending target** for all payers by 2034.
- Set an improvement benchmark of a **0.5% to 1% annual increase in primary care spending** as a percentage of total health care expenditures through 2033.
- Defined primary care to **include the services of doctors, nurses, and pharmacists**. Obstetrician gynecologists and naturopathic providers were excluded.
- **Benchmarks are incentivized**, but not enforceable.

CONNECTICUT

- **10% primary care spending target** for all payers by 2025.
- Calculates primary care spending as all claims expenditures for the following (when practicing primary care):
  - Physicians (MDs and DOs) practicing geriatric medicine
  - Family medicine
  - Internal medicine
  - Pediatric and adolescent medicine
  - Nurse practitioners and physician assistants

Foubister V. Five States Leading Efforts to Increase Primary Care Spending. The Milbank Memorial Fund. March 12, 2025.

Learning From Other States

OKLAHOMA

- In 2022, the legislature approved an **11% primary care spending target for Medicaid**.
- The legislation directed about **50% of Medicaid enrollees to be transitioned from fee-for-service to a managed care model** called SoonerSelect.
- Currently, the state Medicaid program spends **5% of its health care budget on primary care**, less than half of the spending target.
- The primary care spending target **does not apply** to other health plans.

RHODE ISLAND

- In 2010, set a **primary care expenditure target of 10.7%** to be reached by 2014.
- In September 2024, RI established a new primary care expenditure definition, setting **a new spending target of 10%**, effective 2025
- Primary care expenditures include **all claims-based and non-claims-based payments** for primary care services delivered to Rhode Island residents at a primary care site (including out-of-state).

Foubister V. Five States Leading Efforts to Increase Primary Care Spending. The Milbank Memorial Fund. March 12, 2025.

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Massachusetts Health Policy Commission (HPC) Presentation On Primary Care Spending And Utilization Methodology

DISCUSSION OF STATUTORY DELIVERABLE #1: DEFINING PRIMARY CARE SERVICES, CODES, AND PROVIDERS FOR THE PURPOSE OF MEASURING PRIMARY CARE SPENDING AND UTILIZATION

Next Steps

Discussion

- Should Massachusetts continue to measure primary care spending **using the definitions established by CHIA** and the current process for payer reporting?
- Are there **updates** that CHIA should consider in future years?
- Are there **standard analyses that HPC/CHIA should conduct** annually on primary care spending and utilization **to complement** the CHIA report?

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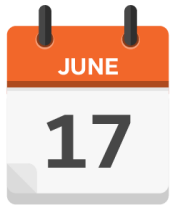
NEXT STEPS

Next Steps

Next Data and Research Workgroup Meeting:

Thursday, July 10th
11:00 AM – 12:30PM (virtual)

Upcoming Task Force Meeting Dates for 2025:



Tuesday, June 17th
10:00 AM – 12:00 PM (virtual)

Tuesday, July 22nd
10:00 AM – 12:00 PM (in-person)

Wednesday, September 17th
10:00 AM – 12:00 PM (in-person)