

Primary Care Task Force: Data and Research Workgroup

July 10, 2025



MASSACHUSETTS
HEALTH POLICY COMMISSION



EOHHS



CALL TO ORDER

Approval of Minutes: May 20, 2025 (**VOTE**)

Statutory Deliverable #1: Proposal for defining primary care services, codes, and providers

Statutory Deliverable #2: Developing a standardized set of data and reporting requirements for private and public payers, providers, and provider organizations

Upcoming Primary Care Task Force Meetings

- Tuesday, July 22, 2025
- Wednesday, September 17, 2025

Adjourn

Agenda



CALL TO ORDER



APPROVAL OF MINUTES: MAY 20, 2025 (VOTE)

Statutory Deliverable #1: Proposal for defining primary care services, codes, and providers

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Approval of Minutes from May 20, 2025, Primary Care Access, Delivery, and Payment Task Force Data and Research Workgroup Meeting



MOTION

That the Primary Care Access, Delivery, and Payment Task Force Data and Research Workgroup hereby approves the minutes of the Primary Care Access, Delivery, and Payment Task Force meeting held on **May 20, 2025**, as presented.

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 Dr. Black and Wayne

Today's meeting will focus on deliverables #1 and #2, related to measurement and data reporting.



	The task force shall develop recommendations to:	Statutory Deadline
1	Define primary care services, codes, and providers for the purposes of measuring spending	September 15, 2025
2	Develop a standardized set of data and reporting requirements for private and public payers, providers and provider organizations	September 15, 2025
3	Establish a primary care spending target for private and public health care payers that reflects the cost to deliver evidence-based, equitable and culturally competent primary care	December 15, 2025
4	Propose payment models to increase public and private reimbursement for primary care services	March 15, 2026
5	Assess the impact of health plan design on health equity and patient access to primary care services	March 15, 2026
6	Monitor and track the needs of and service delivery to residents of the Commonwealth	May 15, 2026
7	Create short-term and long-term workforce development plans to increase the supply and distribution of and improving working conditions of primary care clinicians and other primary care workers	May 15, 2026

Agenda



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Approval of Minutes: May 20, 2025 (VOTE)



STATUTORY DELIVERABLE #1: PROPOSAL FOR DEFINING PRIMARY CARE SERVICES, CODES, AND PROVIDERS

Statutory Deliverable #2: Developing a standardized set of data and reporting requirements for private and public payers, providers, and provider organizations

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STATUTORY DELIVERABLE #1: Defining Primary Care Services, Codes, and Providers

- Pursuant to Chapter 343 of the Acts of 2024, the Primary Care Access, Payment, and Delivery Task Force (PCTF) is charged with reporting findings and recommendations to the Massachusetts legislature to **define primary care services, codes, and providers** by September 15, 2025.
- The PCTF Co-Chairs have developed a **proposed draft** of this deliverable for discussion, including:
 - A Brief Introduction to the Issue
 - Policy Recommendation
 - Designated Agency
 - Transparent Methodology
 - Public Input
 - Annual Reporting
 - Spending Target Measurement
 - A Summary of Current CHIA Methodology and Annual Update Process

Introduction: Importance of Measuring Primary Care Spending



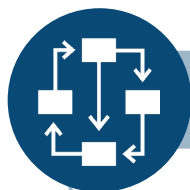
- **Primary care represents one of the highest value categories of care**, yet is experiencing significant challenges, including reduced growth in investment compared to all other medical services.
- **Data-driven** policy changes, investments, and market reforms are needed to **support and improve the Commonwealth's primary care system**. Transparent, comprehensive expenditure data on primary care services in Massachusetts are essential to inform these reforms, and this **data measurement process is also critical for setting and tracking investment improvement targets**.
- As discussed at previous PCTF meetings, the **Center for Health Information and Analysis (CHIA)** is currently measuring primary care spending in Massachusetts and its methodology generally aligns with other states. Nearly 20 states have established methods to measure primary care spending, but **there is no national consensus for methodology to measure primary care spending**.
 - CHIA's methodology, developed in 2019 through a public listening session with stakeholders, leverages standard billing codes and aligns with other states' approaches.
 - CHIA has collected summary-level data from health insurers to measure overall spending on primary care and behavioral health services covered by insurance since 2020.

Primary Care Access, Payment and Delivery Task Force Recommendation: Statutory Deliverable #1

- CHIA has already developed and implemented a **highly credible and robust process** for defining and measuring primary care spending in Massachusetts.
- **The PCTF recommends that Massachusetts rely on CHIA's technical expertise and experience** to continue this foundational measurement work, which is critical for informing policies to increase investment in primary care and other strategies to strengthen primary care access, delivery, and financial stability.

- **Designated Agency:** The Legislature should **codify CHIA as the agency responsible for defining, measuring, and reporting on primary care spending** in Massachusetts, and authorize CHIA to require such reporting from payers and providers as is necessary for these purposes.
- **Transparent Methodology:** The Legislature should **require that CHIA develop and publicly post its detailed methodology and data specifications** for defining and measuring primary care spending based on summary level reporting from commercial and public payers.
 - The methodology should incorporate a **designated list of primary care services by codes, a list of provider types, and non-claims payments** (including prospective payments) to support primary care.
 - **CHIA should be informed by methodologies used in other states**, and to the extent appropriate, should align its methodology with those used in other states, particularly neighboring states, to allow for cross-state comparisons.
- **Public Input:** The Legislature should **require that CHIA establish an annual process for soliciting and considering public input on its methodology** for measuring primary care spending, including by seeking input of primary care providers, behavioral health providers, health systems, health plans, and others.
 - **State agencies** that develop and implement primary care policies (e.g., the HPC, MassHealth, the Department of Public Health) should be **consulted on any changes to the methodology**.

- **Annual Reporting:** The Legislature should **require CHIA to report annually on primary care spending in Massachusetts**, including as a share of total statewide expenditures, by member, by insurance type, by age group, by payer, and managing physician organization.
 - **HPC should include primary care spending trends in its annual cost trends report**, including complementary analyses based on data from the All-Payer Claims Database (APCD), and make corresponding policy recommendations.
- **Spending Target Measurement:** **CHIA's annual reporting should be used for the purposes of setting a primary care spending target** (to be further defined by the PCTF in deliverable #3).
 - CHIA should **consider the inclusion of pharmaceutical spending data as appropriate** in the calculation in order to **ensure clear incentives and accountability** for the state, market actors, and the public to be able to track meaningful progress on spending targets (as recommended by the PCTF).



Modular Methodology

- CHIA calculates primary care spending **by first classifying if the service is:**
 1. A specified service type (based on CPT/HPCPCS code)
 2. Delivered by a primary care provider type (based on taxonomy code).
- Service types and provider categories (physician, other professional, facility) **are modular and can be included or excluded** in the total primary care measurement based on purpose.



Service Classification

- The **service types** include:
 - Problem-focused office visits,
 - Preventive office visits
 - Chronic care management
 - Immunizations/injections
 - Home/nursing facility visits
 - Screenings and assessments
 - Integrated behavioral health care



Provider Types

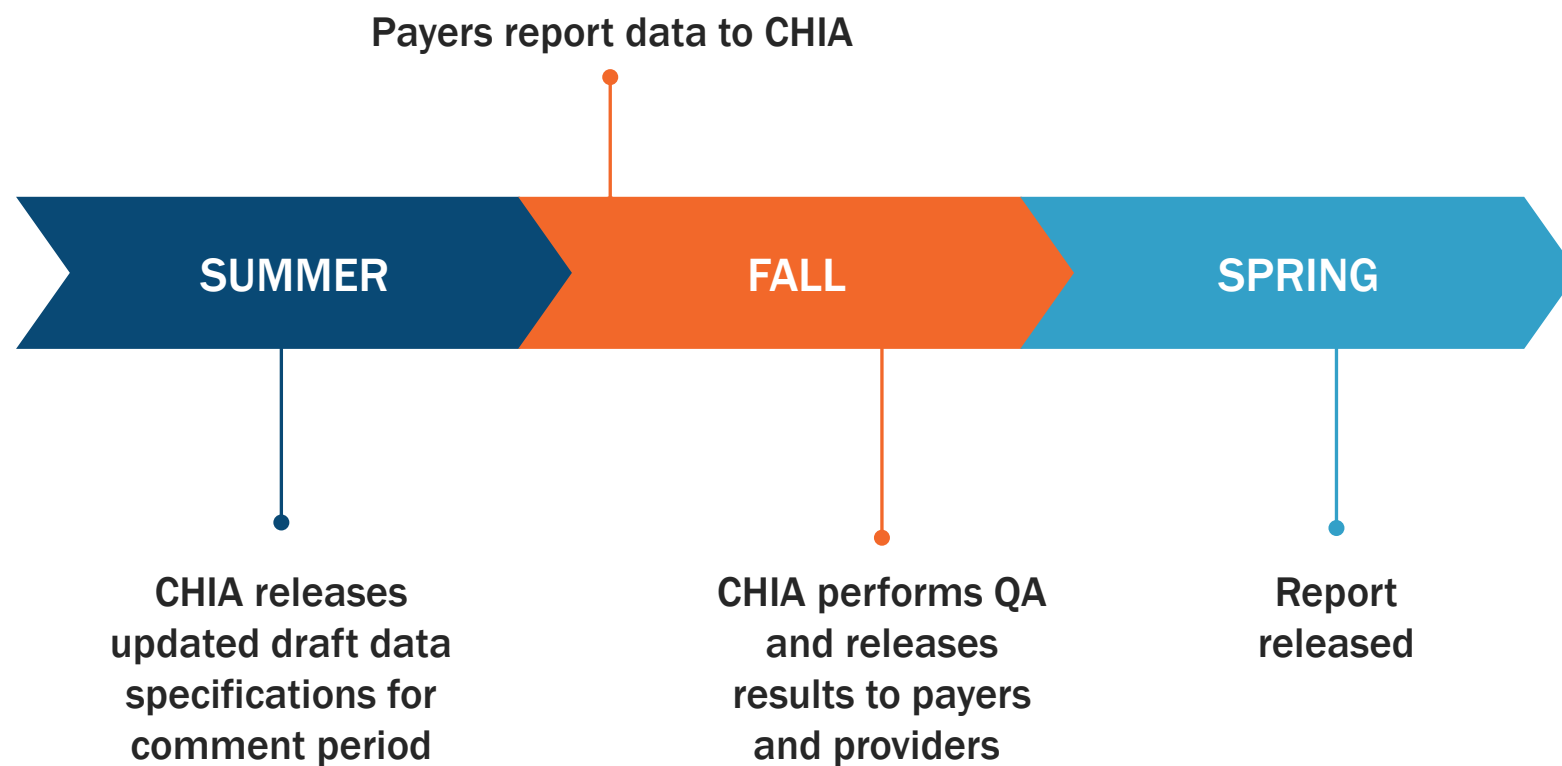
- The designated provider types include a range of provider specialties, including **family medicine, internal medicine, general practice, pediatrics, OB/GYN, adolescent, and geriatric medicine.**
- Professionals include **physicians, registered nurses, nurse practitioners, and physician assistants.**



Insurance Type Covered

- CHIA's primary care analysis includes ~80% of Massachusetts residents with primary medical coverage through:
 - Private commercial insurance (including self- and fully insured, and Connector plans)
 - MassHealth (FFS and ACO)
 - Medicare Advantage
 - Senior Care Options (SCO)
 - One Care
 - Programs for All-Inclusive Care for the Elderly (PACE)

Current Annual Calendar for Collecting and Reporting



In developing this recommendation, the PCTF discussed a number of **known limitations** with the current methodology as well as further considerations **which CHIA should explore and seek to address** in the future, to the extent feasible, including:

- Inclusion of Original Medicare Data
- Identification, measurement, and inclusion of services, such as behavioral health care services, that are delivered in a primary care setting but are not billed through insurance codes
- Consider inclusion of other professionals that provide services in a primary care setting
- Inclusion of spending on behavioral health integration and associated time spent on care delivery
- Measuring spending for primary care providers engaged in direct contracts with employers or who offer services that are not reimbursed through the health insurance plans (e.g., direct primary care, concierge)
- Inclusion of OB/GYN provider spending only for primary care services (e.g., wellness visits but not childbirth)

Measurement of Primary Care Spending in Proposed Legislation



- Two bills filed in the current legislative session direct CHIA to define “primary care expenditures” for the purpose of reporting and analyzing performance against a primary care expenditure target: **S.867, An Act relative to primary care for you**, sponsored by Senator Friedman, and **H.2537, An Act relative to primary care access**, sponsored by Representative Schwartz.
 - Both bills additionally direct CHIA to consider recommendations from the PCTF when defining primary care expenditures.
- **H.1370, An Act relative to Massachusetts primary care for you**, sponsored by Representative Haggerty, additionally defers to CHIA in defining “primary care expenditures,” with the specification that prospective payments for primary care services be included.

Agenda



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Statutory Deliverable #1: Proposal for defining primary care services, codes, and providers



STATUTORY DELIVERABLE #2: DEVELOPING A STANDARDIZED SET OF DATA AND REPORTING REQUIREMENTS FOR PRIVATE AND PUBLIC PAYERS, PROVIDERS, AND PROVIDER ORGANIZATIONS

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Deliverable #2 Discussion:

Develop a standardized set of data and reporting requirements for private and public payers, providers, and provider organizations



- Are additional data and reporting needed **to effectively monitor statewide primary care** in Massachusetts?
- Is additional information needed **to provide accountability** of individual payers, provider organizations, and providers with regard to spending and investment?
- Is additional data and information needed on **the amount and distribution of non-claims payments from payers** to provider organizations to understand how such payments are used to support primary care within the provider organization?
 - Is it typical for provider organizations to retain a portion of non-claims payments to fund the **provision of in-kind services to primary care groups** (e.g., billing, quality reporting)? Should, or could, such in-kind services be accounted for in primary care spend? Do task force members consider one of these kinds of payment (lump-sum vs. in-kind service) more **valuable/transformative** for primary care?
- Which **documents govern funds flow** within your organization and are there elements of those funds flow methods that could not or should not be made public?
 - How, if at all, can primary care providers influence the internal funds flow methodology?
- What are the **challenges in developing standard data collection from provider organizations** on primary care spending or investment?
- Is additional data and information needed on **patient access to and outcomes** in primary care?

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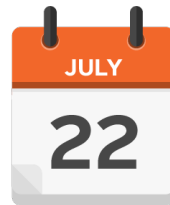
UPCOMING PRIMARY CARE TASK FORCE MEETINGS

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Next Steps

Upcoming Task Force Meeting Dates for 2025:



Tuesday, July 22nd
10:00 AM – 12:00 PM (virtual)



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