

**MEETING MINUTES**  
**PRIMARY CARE ACCESS, DELIVERY, AND PAYMENT TASK FORCE**

**July 22, 2025**

**CO-CHAIRLED BY THE MASSACHUSETTS HEALTH POLICY COMMISSION AND THE EXECUTIVE OFFICE OF  
HEALTH AND HUMAN SERVICES**

**Date of Meeting:** July 22, 2025  
**Start Time:** 10:00 AM  
**End Time:** 12:00 PM

Primary Care Task Force Member	Present?	Vote: Approval of Minutes (July 17, 2025)
Dr. Kiame Mahaniah, Co-Chair	X	X
David Seltz, Co-Chair	X	X
Senator Cindy Friedman	X	X
Representative John Lawn (designee: Bridgette Maynard)	X	A
Dr. Wayne Altman	X	X
Dr. Laura Black	X	X
Dr. Jennifer Blewett	X	X
Alyson Bracken	X	X
Michael Caljouw	X	M
Dr. Renee Crichlow	X	X
Suzanne Curry	X	X
Dr. Eric Dickson	X	X
Dr. Mark Friedberg	X	X
Dr. David Gilchrist	X	X
Jon Hurst	X	X
Dr. Stephen Martin	X	X
Dr. Judith Melin	X	X
Sarah Mills	X	X
Lora Pellegrini	X	X
Lauren Peters	X	X
Dr. Brenda Pring	X	X
Dr. Ryan Schwarz	X	X
Christina Severin	X	X
Dr. Barbara Spivak	X	2nd
Barbra Rabson	A	A
<b>Summary</b>	<b>24 Members Attended</b>	

## Proceedings

A meeting of the Primary Care Access, Delivery, and Payment Task Force (PCTF) was held virtually on Tuesday, July 22, 2025, beginning at 10:00 AM. A recording of the meeting and the meeting materials are available on the [HPC Website](#).

Participating task force members who attended virtually were Secretary of the Executive Office of Health and Human Services (EOHHS), Dr. Kiame Mahaniah (Co-Chair); Executive Director of Health Policy Commission (HPC), Mr. David Seltz (Co-Chair); Senator Cindy Friedman; Dr. Wayne Altman; Dr. Laura Black; Dr. Jennifer Blewett; Ms. Alyson Bracken; Commissioner of Insurance, Mr. Michael Caljouw; Dr. Renee Crichlow; Ms. Suzanne Curry; Dr. Eric Dickson; Dr. Mark Friedberg; Dr. David Gilchrist; Mr. Jon Hurst; Dr. Stephen Martin; Dr. Judith Melin; Ms. Sarah Mills; Ms. Lora Pellegrini; Ms. Lauren Peters; Dr. Brenda Pring; Dr. Ryan Schwarz; Ms. Christina Severin; and Dr. Barbara Spivak. Ms. Bridgette Maynard attended as a non-voting participant on behalf of Representative John Lawn.

### ITEM 1: Call to Order

Mr. David Seltz welcomed task force members, staff, and members of the public viewing the meeting on the livestream. He congratulated Secretary Kiame Mahaniah for his recent appointment as Secretary of Health and Human Services and recognized the work of former Secretary of Health and Human Services, Kate Walsh. Secretary Mahaniah thanked Mr. Seltz, stated that he will continue to act as Co-Chair for the PCTF, and announced that Dr. Ryan Schwarz, Chief, Office of Accountable Care and Behavioral Health, MassHealth, will chair the PCTF Workforce Workgroup. Mr. Seltz reviewed the agenda for the meeting.

### ITEM 2: Approval of Minutes: June 17, 2025 (VOTE)

Mr. Seltz asked task force members for any comments, questions or corrections to the minutes from the PCTF Meeting on June 17, 2025. Commissioner Caljouw made a motion to approve the minutes, and Dr. Spivak seconded the motion. Task force members approved the minutes by roll call vote.

### ITEM 3: Statutory Deliverable #1: Proposal for Defining Primary Care Services, Codes, and Providers

Mr. Seltz presented a draft proposal for the task force's first statutory deliverable. Mr. Seltz explained that the draft proposal recommends Massachusetts rely on the Center for Health Information and Analysis (CHIA)'s technical expertise and experience to continue the credible and robust process it has developed and implemented for defining and measuring primary care spending. The proposal recommends the legislature establish an ongoing primary care advisory body to advise on primary care policy and rule-making across state agencies, including providing technical input to CHIA's data specifications and measurement process. The proposal recommends the measurement process be used for the purpose of setting a primary care spending target. Mr. Seltz also reviewed known limitations of CHIA's methodology and the proposal's recommendation for CHIA to continue to explore and seek to address these limitations. Mr. Seltz asked for feedback and questions from task force members to help refine and drive forward the final proposal to be discussed at the September 17, 2025 PCTF meeting.

Dr. Crichlow highlighted that many of these recommendations are aligned with currently proposed legislation and asked if the primary care task force statutory deliverables will be made available to the legislature to help move forward these proposals. Dr. Seltz reviewed the three primary care bills naming CHIA as the designated agency to define primary care services, codes, and providers, agreeing that the PCTF recommendations are well aligned with

the existing proposals and turned the floor to Senator Friedman to provide more information. Senator Friedman stated the Senate will do everything to align the primary care bills with the PCTF recommendations to the extent possible. Senator Friedman then recommended that the PCTF recommend that Federally Qualified Health Centers (FQHCs) be named as a member of the primary care advisory body and asked a clarifying question about the inclusion of OB/GYN provider spending only for primary care services as part of the additional policy considerations section of the proposal. Mr. Seltz explained that OB/GYN services are reported by global payment which also includes labor and delivery services, which slightly increases the calculation of primary care spend.

Task force members expressed support for the proposal and offered more feedback on the makeup of the primary care advisory board, additional considerations about the limitations of the current methodology, and asked clarifying questions about the CHIA methodology. Mr. Seltz thanked members for their comments and explained the next steps would be for the co-chairs to revise the draft according to the feedback and share a final draft with task force members for their review.

## **ITEM 4: Statutory Deliverable #2: Developing a standardized set of data and reporting requirements for private and public payers, providers, and provider organizations**

Mr. Seltz reviewed the task force's second statutory deliverable which concerns identifying if there is a need for additional data and reporting requirements for payers, providers, and health systems. Mr. Seltz stated that feedback from task force members would help inform the development of a proposal for this deliverable.

Mr. Seltz explained that health plans have reported a lack of insight into how non-claims payments are distributed within a provider organization, causing uncertainty about how much of those funds to report to the state as spending in primary care. As the task force develops recommendations for increasing primary care expenditures, which may be accomplished through increasing investment in non-claims payments, the state will need a mechanism to ensure those non-claims payments are being invested in primary care. At the Data and Research Workgroup meeting on July 10, 2025, workgroup members broadly discussed the need for additional information to understand "funds flow formulas" or the method for distribution of non-claims revenue or settlement which is determined internally by each provider organization, as well as provider organization accounting to understand the financing of primary care practices and/or individual primary care providers within a large provider organization. Mr. Seltz asked the group for feedback regarding the need for additional information to understand these dimensions, as well as the feasibility of this data collection.

Task force members stated that additional reporting may be necessary for claims-based payments as well as non-claims payments and suggested that the term "funds flow formulas" may need to be more clearly defined. Members expressed support for incorporating flexibility in the task force recommendations for the state to request additional data to understand this information and agreed that it would be more effective for provider groups to manage reporting, rather than health plans, although health plans may offer supplemental data.

Members also expressed some hesitation for additional reporting requirements that may add more bureaucracy and administrative burden for practices, especially for FQHCs. Members expressed interest in increasing support for private practices, which would encourage larger health systems to invest more in primary care. Members also suggested reframing the discussion to focus on establishing alternative payment methodologies, such as sub-capitation payment models, and contract agreements across commercial health plans to increase the ability of the state to ensure investment in primary care, rather than developing new methods for tracking payments within the current system.

Dr. Schwarz explained that the MassHealth sub-capitation program requires health plans to report the percentage of primary care sub-capitation payments allocated to primary care practices by taxpayer identification number (TIN). However, Dr. Schwarz stated that MassHealth does not have as much visibility across health systems to the level necessary to truly track the MassHealth dollars being allocated to primary care practices and agrees that provider organization accounting data is important for holding both payers and providers accountable. He said that, in setting a primary care spending target, payers should be confident that increased payments are invested in primary care in a way that supports delivery of quality, meaningful care, and there is more work to do in determining the actual dataset that needs to be reported to ensure that dollars are making it to those providers. He also agreed that there needs to be a balance with administrative burden at the individual practice level.

The discussion continued with members providing additional feedback related to what data to collect and how to best collect it. There was agreement that more tailored approaches may be necessary to track spending by different organizations, provider, and practice types. Members suggested that collecting qualitative data from clinicians and practice leaders can help ensure increased payments from health plans are resulting in additional support to primary care practices. Members suggested the task force recommend acceptable uses for increased spending in primary care that are related directly to improving patient care. Finally, members agreed that the goal of the task force is to provide recommendations for future primary care legislation to be as effective as possible, and that recommendations for this statutory deliverable can provide flexibility to guide future solutions to technical issues.

## **ITEM 5: Statutory Deliverable #3: Establishing a Primary Care Spending Target**

Mr. Seltz began the discussion of the task force's third deliverable to establish a primary care spending target. He reviewed the design questions and recommendations for increasing primary care spending rates presented by Christopher Koller, President of the Milbank Memorial Fund, at the PCTF meeting on June 17, 2025. He also reviewed the three existing legislative proposals establishing a primary care spending target. He then opened the floor for task force members to provide their feedback related to the primary care spending target design questions.

Members commented that in setting a primary care spending target, it is most important that any increased investment be directed to areas that have the greatest impact on improving workforce conditions and patient care and access. Many members said that a spending target should be a requirement outlined in legislation, rather than aspirational, that the HPC and CHIA should be the designated oversight agencies, and that both health plans and provider organizations should be held accountable. Some members suggested that primary care spending contracts should be negotiated separate from specialty medical services to improve accountability. Finally, there was agreement that an increase in primary care spending should be reallocated from other areas of current healthcare spend rather than increasing overall health care spending to protect affordability.

Members discussed the options to set the target as a percentage increase of total medical expenditures per year, or as a rate of increase from the current baseline of primary care spending. Senator Friedman expressed support for using the term family medicine, instead of primary care, to more adequately represent the inclusion of services such as pediatric medicine and behavioral health services and urged task force members to study the existing proposed legislation. She supported adding the state as an accountable entity and reiterated that clearly defining and mandating a primary care spending target is critical. Members expressed interest in continuing to deliberate on these topics.

## **ITEM 6: Upcoming Meetings**

Mr. Seltz thanked task force members and expressed gratitude for the progress made thus far. He also acknowledged that while the task force has been given specific statutory deliverables to complete, that members have voiced interest in discussing how the individual deliverables relate to one another and the overall goals of the task force, and suggested that time be allocated for this discussion during the September 17, 2025 meeting together. He reviewed the schedule for the next task force meetings including the PCTF Workforce Workgroup meeting scheduled for July 30, 2025, and the full PCTF Meeting scheduled from September 17, 2025.

## **ITEM 6: Adjourn**

The meeting adjourned at 12:01 PM.