

Primary Care Access, Delivery, and Payment Task Force

September 17, 2025



MASSACHUSETTS
HEALTH POLICY COMMISSION



EOHHS

Primary Care Access, Delivery, and Payment Task Force Membership



Kiame Mahaniah, MD, Secretary of Health and Human Services, 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

Representative John Lawn, 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

Wayne Altman, MD, FAAFP, Founder, MAPCAP (MA Primary Care Alliance for Patients); Professor and Chair of Family Medicine, Tufts University School of Medicine; Vice President, Massachusetts Academy of Family Physicians; President, Family Practice Group (The Sagov Center for Family Medicine)

Laura Black, DNP, FNP-C, President, Massachusetts Coalition of Nurse Practitioners; Nurse Practitioner, BrightStar Health and Wellness; Owner, Integrated Health Partners

Jennifer Blewett, DSW, LICSW, DCSW, CGP, Clinician and Assistant Director for Community Outreach and Engagement, West End Clinic, Department of Psychiatry, Massachusetts General Hospital; Member, Massachusetts State Board, National Association of Social Workers

Alyson Bracken, PA-C, MPH, Senior Manager, Primary Care Center of Excellence, Brigham and Women's Hospital

Renee Crichlow, MD, FAAFP, Chief Medical Officer, Codman Square Health Center; Vice-chair of Health Equity, Department of Family Medicine, Boston University

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

Eric Dickson, MD, MHCM, FACEP, President and CEO, UMass Memorial Health; Former Board Chair, Massachusetts Health & Hospital Association

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

David Gilchrist, MD, MBA, FAAFP, Executive Chair of Primary Care, Atrius Health and Reliant Medical Group; Past President, Massachusetts Academy of Family Physicians

Jon Hurst, President, Retailers Association of Massachusetts

Stephen Martin, MD, EdM, FAAFP, FASAM, Professor, Department of Family Medicine and Community Health, UMass Chan Medical School; Staff Physician, Barre Family Health Center

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

Sarah Mills, MPH, Vice President of Government Affairs, Associated Industries of Massachusetts

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

Brenda Anders Pring, MD, FAAP, President, Massachusetts Chapter of the American Academy of Pediatrics; Pediatrician, Atrius Health and Beth Israel Deaconess Medical Center; Instructor, Harvard Medical School

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

Christina Severin, President and CEO, Community Care Cooperative

Barbara Spivak, MD, Past President, Massachusetts Medical Society; Internist, Watertown

Call to Order



UP NEXT: Approval of Minutes: July 22, 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

Statutory Deliverable #3: Establishing a Primary Care Spending Target

Discussion: Developing a Vision for Primary Care in Massachusetts

Upcoming Primary Care Task Force Meetings

- PCTF Meeting, Wednesday, October 29, 2025
- PCTF Meeting, Wednesday, December 3, 2025

Adjourn

VOTE

Approval of Minutes from the July 22, 2025, Primary Care Access, Delivery, and Payment Task Force Meeting

MOTION

That the Primary Care Access, Delivery, and Payment Task Force hereby approves the minutes of the meeting held on July 22, 2025, as presented.

Call to Order

Approval of Minutes: July 22, 2025 (VOTE)



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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.
- The current CHIA methodology is attached to the recommendation as an appendix.

- **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** 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. CHIA should include a comparison of its methodology to **alternative approaches**.
 - CHIA should finalize data specifications and require data collection within **six months of the legislation's effective date**.
- **Annual Review Process:** The Legislature should require that **CHIA establish an annual process for reviewing and revising** as necessary its methodology for measuring primary care spending. The process should include consultation with the Primary Care Advisory Body, other states and relevant experts.

- **New Primary Care Advisory Body:** The Legislature should establish an **ongoing primary care advisory body** to advise on primary care policy and rule-making across state agencies, including providing technical input on CHIA's data specifications, methodology, measurement, and reporting. The Legislature should consider including the following members to the advisory body: primary care providers, behavioral health providers, health systems, community health centers, health plans, and government agency representatives, including HPC, MassHealth, the Department of Public Health, the Division of Insurance, and technical experts in health care spending measurement.
- **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 a range of age groups, 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).


Additional Policy Considerations

In developing this recommendation, the PCTF discussed a number of known limitations with the current methodology as well as further considerations that 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 for patients that are delivered by primary care providers 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.

DELIVERABLE	STATUTORY DEADLINE
 1 Define primary care services, codes, and providers	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



Call to Order

Approval of Minutes: July 22, 2025 (VOTE)

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

UP NEXT: Statutory Deliverable #2: Developing a Standardized Set of Data and Reporting Requirements for Private and Public Payers, Providers, and Provider Organizations

Statutory Deliverable #3: Establishing a Primary Care Spending Target

Discussion: Developing a Vision for Primary Care in Massachusetts

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Proposal to Jointly Consider Task Force Deliverables 2, 3, and 4



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The primary care spending targets in currently proposed legislation are similar, ranging from 12% to 15%. This range is consistent with other states.



The aggregate primary care spending target is set by each proposal as **equal to:**

S.867 – Sen. Friedman

- Eight percent in 2027,
- Ten percent in 2028,
- **12 percent in 2029**, and
- At least 12 percent for all subsequent years.

H.1370 – Rep. Haggerty

- Ten percent in 2027,
- 12.5 percent in 2028,
- **15 percent in 2029**, and
- Between 15 and 20 percent for all subsequent years.

H.2537 – Rep. Schwartz

- Eight percent in 2026,
- Ten percent in 2027,
- **12 percent in 2028**, and
- At least 12 percent for all subsequent years.

In each bill, the HPC is permitted to modify the aggregate primary care expenditure target for subsequent years, provided that (1) a **public hearing** is held and (2) the HPC Board of Commissioners approves the modification by a **vote of two thirds**.

Massachusetts Primary Care Spending



Primary Care Spending (2022)

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



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.

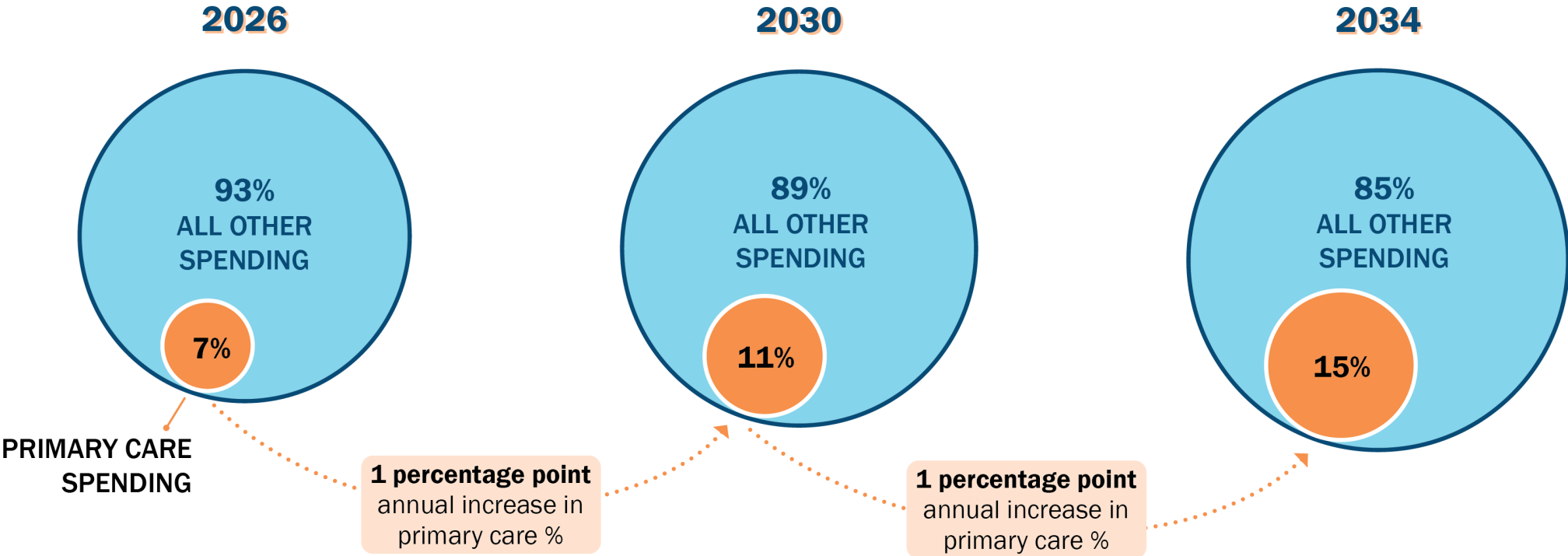
Statutory Deliverable #3: Establishing a Primary Care Spending Target – *Proposal for Discussion*



For discussion:

- Implementing a **hybrid model** that includes:
 - An **improvement target** of a **one percentage point increase** in primary care spending as a share of total medical spending **every year through 2034** for each market segment (e.g. Commercial, MassHealth, Medicare Advantage);
 - An **aggregate, statewide target of 15%** of total medical spending **allocated to primary care by 2034;**
- Using **2026 primary care spend as the baseline;**
- Measuring and holding **health plans, health systems, and managing provider organizations** accountable for increasing primary care spending rates; and
- Increasing primary care spend over time **without increasing the growth in overall health care expenditures.**

Statutory Deliverable #3: Establishing a Primary Care Spending Target – *Proposal for Discussion*



Agenda



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UP NEXT: Discussion: Developing a Vision for Primary Care in Massachusetts

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Discussion: Developing a Vision for Primary Care in Massachusetts

- What should **primary care look like in 5-10 years** in Massachusetts?
- What **elements are foundational** to you or your organization's vision of optimized primary care?
- What actions/steps are **needed** by your organization/the Commonwealth to realize a **shared vision for primary care**?
- How will we know we have **achieved that vision**?
- What does **team-based primary care** mean to you?
- How can **primary care reform support Massachusetts residents** in the wake of recent and ongoing federal policy action?

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Discussion: The Vision for Primary Care in Massachusetts

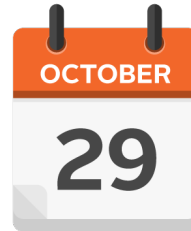


UP NEXT: Upcoming Primary Care Task Force Meetings

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- PCTF Meeting, Wednesday, December 3, 2025

Adjourn

Upcoming Meeting Dates



Primary Care Task Force Meeting
Wednesday, October 29, 2025
10:00 AM – 12:00 PM (virtual)



Primary Care Task Force Meeting
Wednesday, December 3, 2025
10:00 AM – 12:00 PM (Location TBD)