

MEETING MINUTES
PRIMARY CARE ACCESS, DELIVERY, AND PAYMENT TASK FORCE
DATA AND RESEARCH WORKGROUP

July 10, 2025

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

Date of Meeting: July 10, 2025
Start Time: 11:00 AM
End Time: 12:30 PM

Primary Care Task Force Member	Present?	Vote: Approval of Minutes (May 20, 2025)
Dr. Kiame Mahaniah, Co-Chair	X	X
David Seltz, Co-Chair	X	X
Senator Cindy Friedman	X	Abstained
Michael Caljouw	A	A
Dr. Ryan Schwarz	X	X
Lauren Peters	X	X
Suzanne Curry	X	X
Dr. Mark Friedberg	X	X
Dr. Judith Melin	X	2nd
Lora Pellegrini	X	X
Barbra Rabson	X	M
Summary	10 Members Attended	

(M): Made motion; (2nd): Seconded motion; (ab): Abstained from Vote; (A): Absent from Meeting



Proceedings

A meeting of the Primary Care Access, Delivery, and Payment Task Force (Primary Care Task Force) Data and Research Workgroup was held virtually on Tuesday, July 10, 2025, beginning at 11:00 AM. A recording of the meeting and the meeting materials are available on the [HPC Website](#).

Participating Primary Care Task Force (PCTF) Data and Research Workgroup members who attended were Undersecretary of the Executive Office of Health and Human Services (EHS), Dr. Kiame Mahaniah (Co-Chair); Executive Director of the Health Policy Commission (HPC), Mr. David Seltz (Co-Chair); Senator Cindy Friedman; Ms. Lauren Peters; Dr. Ryan Schwarz; Ms. Suzanne Curry; Dr. Mark Friedberg; Dr. Judith Melin; Ms. Lora Pellegrini; Ms. Barbra Rabson. Primary Care Task Force member Dr. Wayne Altman also attended the meeting as a non-voting participant.

ITEM 1: Call to Order

Mr. Seltz and Dr. Mahaniah welcomed members of the PCTF Data and Research Workgroup and called the meeting to order.

ITEM 2: Approval of Minutes: May 20, 2025 (VOTE)

As no members had corrections to the minutes from the Data and Research Workgroup meeting on May 20, 2025, Ms. Rabson made a motion to approve the minutes, and Dr. Judith Melin seconded the motion. The meetings were approved by roll call vote.

ITEM 3: Statutory Deliverable #1: Defining Primary Care Services, Codes, and Providers for the Purpose of Measuring Primary Care Spending and Utilization

Mr. Seltz reviewed the timeline for first two PCTF statutory deliverables and reviewed the draft proposal for deliverable #1 (defining primary care services, codes, and providers) that was shared with workgroup members in advance of the meeting. The outline for the draft proposal includes a brief introduction to explain the importance of measuring primary care spending, the policy recommendation, a summary of the current Center for Health Information Analysis (CHIA) methodology for defining and measuring spending on primary care, and additional policy considerations. Mr. Seltz asked members to consider the recommendation that Massachusetts should rely on CHIA's technical expertise and experience defining and measuring primary care, for which it has already developed a highly credible and robust process. Mr. Seltz then reviewed the subcomponents of the proposed recommendation that provide further guidance for CHIA to maintain transparency and solicit public input for its methodology, to require annual reporting on primary care spending and HPC to include primary care spending trends in its annual cost trends report, and, finally, explain that CHIA's annual reporting should be used for the purpose of setting a primary care spending target. Mr. Seltz then asked workgroup members to share feedback on the proposal.

Several workgroup members recommended that the proposal include a recommendation for the legislature to establish a standing primary care advisory body to provide ongoing guidance and input on CHIA's methodology and highlighted the importance of potentially expanding the set of stakeholders providing guidance to CHIA's methodological processes. Senator Friedman said the legislative intent to make the Primary Care Task Force a permanent advisory body to oversee this work. She stated that rather than recommending CHIA solicit public input, the task force should recommend the make-up of the advisory body to ensure the necessary experts and state

agencies would be included in the advisory body. Mr. Seltz responded that the draft would be revised to be more explicit about the advisory body and its membership makeup.

Some workgroup members suggested that the recommendations explicitly state that CHIA's review process for making any necessary updates to its methodology should occur annually. There were additional questions and discussion about whether data from individual practices would be made available to the public, and if additional data, such as Medicare spending on primary care, may be included in the future. Senator Friedman assured members that individual practice level data is not shared with the public, and while additional data such as Medicare spending may be helpful, it is critical that task force recommend that agencies only collect necessary data to avoid adding additional burden to the system.

Mr. Seltz reviewed the additional policy considerations section of the proposal and asked workgroup members to provide feedback and to name other additional policy considerations they believe should be mentioned in the proposal. Members suggested adding clarifying language to this section to more clearly articulate how these policy considerations may or may not impact CHIA's methodology.

Mr. Seltz thanked workgroup members for their comments, questions, and feedback on the proposal. He asked workgroup members if they agree that, after incorporation of their feedback, the proposal can be shared with the full PCTF during the July 22, 2025 meeting, and members agreed.

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 PCTF statutory deliverable #2, to develop a standardized set of data and reporting requirements for private and public payers, providers, and provider organizations. He explained that while Massachusetts has robust data reporting infrastructure, there may be additional information needed on the amount and distribution of non-claims payments from payers to provider organizations to ensure they are being invested in primary care. Mr. Seltz opened the floor for workgroup members to discuss focused areas that are worth investigating for further information that may be necessary to track investment in primary care.

Members agreed that greater transparency of funds flow to primary care is necessary, not only for non-claims payments, but also for claims-based payments. Some members stated it is critical to understand payments made by primary care practices to the larger health system for items such as billing services or using the system's electronic health records (EHS). Additionally, several members said that Accountable Care Organizations (ACOs) and other provider organizations should report the proportion of surplus payments and quality performance payments that are invested in primary care practices.

Dr. Schwarz reflected on how primary care spending is tracked and reported within the MassHealth Sub-Capitation Program, noting that MassHealth and CHIA have worked closely together to establish a process for tracking and reporting non-claims spending within the program. While there will be a steep learning curve, he believes this experience makes CHIA is well-positioned to provide technical assistance and centralize the lessons learned through this process to assist other payers to track and report non-claims payments. He explained other challenges to tracking the flow of dollars within the program, such as when health plans, Managing Care Organizations (MCOs) or ACOs provide centralized services, such as care management programs, across a network of primary care practices that are staffed at the organization level. Dr. Schwarz explained in these instances it is difficult to determine the accounting attributable to the health plan or organization, versus the practice. He agreed that transparency is needed to track dollars within the provider system to determine the scope of the overall health care spending that is

ultimately being directed to primary care practices. The ongoing question that will need to be investigated by CHIA and the primary care advisory body will be exactly what kind of investments count as primary care spending, as both payers and providers have a vested interest in determining what spending is attributed to the numerator and what is attributed to the denominator. Dr. Altman agreed that these details are critical to determine and pointed out that these challenging scenarios are experienced by most primary care practices in the state, since almost all of them are affiliated with an ACO.

Caitlin Sullivan, Deputy Executive Director, Health Informatics & Reporting at CHIA noted that through the Sub-Capitation Program, MassHealth has visibility into funds flow to primary care practices built into its contracts with providers, and other payers do not have this built into their contracts. She then asked the group if it would be better for providers to share this funds flow data with CHIA or with payers. Members responded that providers should report this data to both CHIA and payers.

Mr. Seltz then explained that the HPC has been asking providers about their funds flow mechanisms through the Registration of Provider Organizations (RPO), and introduced Kara Vidal, Director, Office of Health Resource Planning (OHRP) to share more information about this work. Ms. Vidal explained that RPO asks organizations that contract on behalf of providers which provider types are eligible for surplus payments, and which provider types can potentially owe deficit payments. RPO also asks organizations to explain their decision-making process for distributing surplus finds across providers.

Some members suggested the task force should determine which types of investments qualify as primary care investments, such as expanded hours or opening new locations, and how to collect these investments in a standardized way. Members also suggested collecting qualitative data from providers in hospital systems to understand how investments in primary care are made. Others suggested that for the purpose of the task force, it may be best to recommend that health systems be required to report data related to investment in primary care to CHIA and to payers, and to determine the exact process after recommendations are put forth, as CHIA learns more about individual processes for different organizations.

ITEM 5: Upcoming Primary Care Task Force Meetings

Director Seltz thanked workgroup members for a productive conversation and reminded them that topics discussed during this meeting will be shared with the rest of the task at the next full PCTF meeting on Tuesday, July 22, 2025. He also reminded members that the task force will meet in-person at the HPC's office on Wednesday, September 17, 2025.

ITEM 6: Adjourn

The meeting adjourned at 12:27 PM.