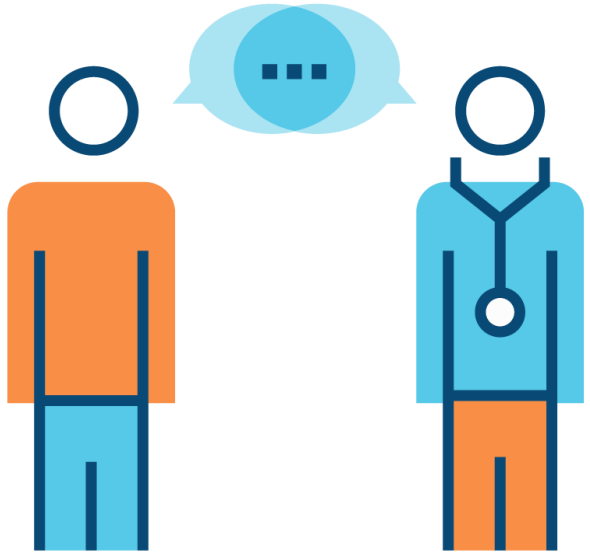

Primary Care Task Force: Workforce Workgroup

November 18, 2025

MASSACHUSETTS HEALTH POLICY COMMISSION

EOHHS

Agenda

Call to Order

UP NEXT: Approval of Minutes: July 30, 2025 (VOTE)

Discussion: PCTF Priorities to Address Administrative Burden

- Legislative Proposals in the 194th General Court
- Summary of HPC 2025 Health Care Cost Trends Hearing Pre-Filed Testimony
- Quality Measure Alignment Taskforce (QMAT) and Statewide Quality Advisory Committee (SQAC)

Upcoming PCTF Meeting: Wednesday, December 3, 2025

Adjourn

VOTE

Approval of Minutes from the July 30, 2025 Primary Care Access, Delivery, and Payment Task Force Workforce Workgroup Meeting

MOTION

That the Primary Care Access, Delivery, and Payment Task Force Workforce Workgroup hereby approves the minutes of the meeting held on July 30, 2025, as presented.

Primary Care Task Force: Workforce Workgroup Members

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

Workgroup Co-Chair David Seltz, Executive Director, Massachusetts Health Policy Commission

- **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)
- **Brenda Anders Pring, MD, FAAP,** President, Massachusetts Chapter of the American Academy of Pediatrics; Pediatrician, Beth Israel Deaconess Medical Center; Chief Medical Officer, Essential Pediatrics; Instructor Harvard Medical School
- **Laura Black, DNP, FNP-C,** President, Massachusetts Coalition of Nurse Practitioners; Nurse Practitioner, BrightStar Health and Wellness; Owner, Integrated Health Partners
- **Alyson Bracken, PA-C, MPH,** Senior Manager, Primary Care Center of Excellence, Brigham and Women's Hospital
- **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
- **Renee Crichlow, MD, FAAFP,** Chief Medical Officer, Codman Square Health Center; Vice-chair of Health Equity, Department of Family Medicine, Boston University
- **David Gilchrist, MD, MBA, FAAFP,** Past President, Massachusetts Academy of Family Physicians
- **Stephen Martin, MD, EdM, FAAFP, FASAM**, Professor, Department of Family Medicine and Community Health, UMass Chan Medical School; Staff Physician, Barre Family Health Center
- **Christina Severin,** President and CEO, Community Care Cooperative
- **Barbara Spivak, MD**, Past President, Massachusetts Medical Society; Internist, Watertown

Agenda

Call to Order

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The HPC has identified prior authorization as a priority area for further work.

- In 2019, the HPC surveyed a wide range of stakeholders and found **significant stakeholder interest in prior authorization (PA)**.
  - Consistent with national surveys, MA providers report dedicating significant staff time and resources to navigating and complying with each payer's unique PA policies.
  - Consistent with recent academic findings, MA payers note that PA is an important tool for keeping down costs and broad removal of PA requirements could increase spending.
- The unnecessary complexity associated with prior authorization **directly impacts patients**.
  - For example, **patients may experience delays in care** while PA requests are being submitted and processed, even when their requests are ultimately approved.
- Prior authorization reform continues to receive significant attention from **state and federal policy makers**.

Policy Strategies for Streamlining Prior Authorizations

- Requiring health plans to uniformly **publicly disclose** all services and medications subject to prior authorization
- **Increasing reporting** on prior authorizations, including denial rates, response times, and services requiring prior authorization
- Establishing a **standardized electronic platform** for processing and automating prior authorization requests
- Setting a **time limit for response** to prior authorization requests
- Permitting **gold carding** for providers with at least a 90% approval rate
- **Prohibiting retrospective denials**
- Directing the Division of Insurance to create a list of services for which prior authorizations must be **automatically approved**
- Requiring health plans to **honor authorizations from a patient's previous insurer** for set time period

Senator Cindy Friedman and Representative John Lawn have introduced bills to streamline and increase reporting on prior authorization processes.

S.1403, *An Act relative to reducing administrative burden*

- Requires health plans to post the full list of services and medication requiring prior authorization
- Mandates that health plans annually publish their approval and denial rates
- Requires that all utilization review processes are evidence-based and uniformly applied
- Establishes a standardized electronic processing system with a mandatory 24-hour response time
- Regulates the use of artificial intelligence in utilization management

H.1383, *An Act relative to the use and impact of prior authorization*

- Requires the HPC, Center for Health Information and Analysis (CHIA), and Division of Insurance (DOI) to conduct a study on the impacts of prior authorizations on cost, access, and quality of care.
  - Requires the study to include an inventory of services requiring prior authorization, approval rates, and response times.
- Calls for an assessment of integrating electronic standardized review processes into electronic health records

Learning from Rhode Island: Prior Authorization Pilot Program

- Effective October 1, 2025, Rhode Island instituted a three-year pilot program prohibiting health plans from imposing a prior authorization requirement for any admission, item, service, treatment, or procedure ordered by a primary care provider.
  - The pilot program applies to state-regulated insurance carriers and Medicaid Fee for Service and Managed Care
  - Guidance from the Office of Health Insurance Commissioner requests that carriers that work on behalf of self-insured groups work with them to align prior authorization policies with the parameters of the pilot program.
- The pilot program applies to treatments ordered by any provider (MD, DO, NP, or PA) within the practice type of family medicine, geriatric medicine, internal medicine, obstetrics and gynecology, or pediatrics who is credentialed with the insurer as a primary care provider.
- The pilot program does not prohibit prior authorization requirements for prescription drugs.

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2025 Health Care Cost Trends Pre-Filed Testimony

- Prior to the HPC's 2025 Health Care Cost Trends Hearing, 50 entities (including 25 providers and nine health plans) were required to submit **pre-filed written testimony** responding to questions from the HPC and Office of the Attorney General.
  - Providers' testimony focused on the impacts of administrative burden and provider burnout on the health care workforce and patient access to care.
  - Health plans' testimony focused on the role of utilization management in regulating spending growth.
- **Twenty of the 25 providers** required to submit testimony called for reforms to prior authorization processes.
- Eleven of the providers recommended policies that **reduce duplicative data entry and streamlining data reporting** requirements across payers.
- All nine **health plans discussed technological improvements** they are taking to streamline or simplify administrative processes in their testimony.

Six of the nine payers have signed an industry pledge to CMS to simplify prior authorizations by:

- Standardizing electronic PA and fully implementing federal interoperability requirements
- Reducing the number of services requiring PA
- Honoring other payers' authorizations for new members
- Enhancing provider and patient communication regarding timelines
- Expanding real-time approvals
- Ensuring human-led clinical decision making

Administrative Burden Excerpts from 2025 Pre-Filed Testimony

"The evidence is overwhelming for the need for timely prior authorization reforms."

– Dana-Farber Cancer Institute

"Administrative complexity and workforce shortages are inextricably linked."

– Tufts Medicine

"[Prior authorization] use must be balanced by data-driven changes that improve efficiency and eliminate delays in access to care for patients."

– Atrius Health

"Administrative complexity burdens clinicians, patients, and health systems alike—driving burnout, delaying and fragmenting care, and adding unnecessary costs across the system."

– Boston Children's Hospital

"Interoperability and streamlining the number of services needing prior authorization will significantly reduce administrative costs for providers and payers alike."

– Aetna

Discussion: PCTF Priorities for Prior Authorization Reforms

- How are primary care practices specifically impacted by prior authorization (PA) requirements? Are health system-affiliated practices differently impacted?
- What reforms should the PCTF recommend to reduce administrative burden and complexities for primary care providers and practices?
  - Standardization in PA across payers?
  - Reduction in the services subject to PA?
  - Elimination in PA for primary care (like Rhode Island pilot)?
  - Automation/clinical data exchange?
  - Payment for practice expenses of processing PA requests?
- What additional reforms should the PCTF recommend to reduce administrative burdens and complexities stemming from prior authorization requirements?

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Quality Measure Alignment Taskforce Background and Overview

- Massachusetts has been engaged in a **voluntary process of aligning quality measures** to reduce administrative burden on providers and payers and to focus quality improvement efforts.
- In the spring of 2017, **EOHHS convened the Quality Measure Alignment Taskforce** (the “Taskforce” or “QMAT”) with representatives from the provider, payer, consumer advocate, and academic communities with expertise in health care quality measurement.
- Through a consensus process, the Taskforce has developed the Massachusetts Aligned Measure Set for voluntary adoption by Massachusetts payers and providers in their **global budget-based risk contracts**.
- Chapter 343 codified a modified version of the Taskforce’s process that will begin next year: a **new Statewide Quality Advisory Committee** (SQAC) will be responsible for making recommendations to CHIA on a standard quality measure set that shall be used in contracts between payers and providers

Agencies Involved in Quality Measure Alignment Taskforce Since 2017

EOHHS (Lead)

- Undersecretary Chairs the Taskforce
- Issues procurement to convene the Taskforce
- Sends important communications
- Direct connection to other EHS agencies

HPC

- Policy and project management support
- Funding for Taskforce facilitator and support contractor oversight
- Public reporting on Taskforce activities

CHIA

- Project management support
- Leverage IT and data collection expertise on CHIA staff (administer the Quality Measure Catalogue)
- Public reporting on Aligned Measure Set

DPH

- Policy support, including ensuring the state's quality measurement priorities are reflected in the Aligned Measure Set

MassHealth

- Coordinate procurement activities
- Manage contract with facilitator
- Coordinate with MassHealth ACO program activities

Other State Agencies

Invited to sit on the Taskforce: Department of Mental Health, Group Insurance Commission (GIC)
Sometimes participate and make efforts to align with the Taskforce: Health Connector, Mass HIway

Annual Measure Review Process to Date

Guiding Principles

The Taskforce establishes guiding principles for the selection of measures as well as the composition of the measure set as a whole.

Review Measures

The Taskforce reviews ambulatory quality measures and measure specifications and considers their inclusion in the Massachusetts Aligned Measure Set.

Make Recommendations

Through a consensus-based process, the Taskforce endorses measures for inclusion in the Massachusetts Aligned Measure Set and makes recommendations to the Secretary of Health and Human Services.

Disseminate

Once endorsed by the Secretary, measure sets and implementation parameters are sent to payers and ACOs for implementation.

Examples of Other Recent QMAT Priorities and Workstreams

In addition to its core task of reviewing and recommending updates to the Aligned Measure Set, the QMAT also pursues related goals and workstreams each year on an ad hoc basis

Other priorities and workstreams have included:

- **Fidelity.** Increasing fidelity to the AMS (e.g., interviews with payers, provider organizations to identify barriers, seek commitments).
- **Health equity data standards implementation.** Endorsing and promoting widescale adoption of health equity data standards.
- **Transparency.** Advising CHIA on how best to gather data on and eventually publish ACO performance using the Aligned Measure Set, including which measures to prioritize for performance assessment.
- **Clinical data exchange.** Supporting the use of quality measures requiring clinical data (e.g., electronic clinical quality measures).

Adherence to the Massachusetts Aligned Measure Set

The **overall trend in adherence** to the Massachusetts Aligned Measure Set from 2019 to 2025 **is positive**, but payer adherence is variable and there continue to be multiple measure sets used in global budget-based risk contracts.

Overall adherence rate is defined as the proportion of measures used in contracts that are endorsed.

Sum of instances endorsed measures were used by a given payer in their global budget-based risk contracts

Sum of instances measures (endorsed or unendorsed) were used by a given payer in their global budget-based risk contracts

Overall	MassHealth	BCBSMA	HPHC	THP	MGBHP	HNE	WellSense	United Healthcare
2019: 65%	100%	47%	45%	61%	N/A	35%	59%	N/A
2020: 72%	100%	62%	53%	56%	N/A	42%	57%	N/A
2021: 84%	100%	81%	85%	60%	N/A	38%	67%	N/A
2022: 84%	100%	84%	81%	75%	78%	70%	57%	39%
2023: 93%	100%	99%	86%	80%	83%	76%	57%	40%
2024: 96%	100%	99%	99%	N/A	83%	84%	73%	63%
2025: 94%	100%	94%	99%	N/A	84%	100%	80%	53%

Adherence to the Core Measure Set

The Core Set includes measures that payers and providers are expected to always use in their risk contracts. **The trend in adherence** specifically to the Core Set in the Aligned Measure Set from 2021 to 2025 has been variable across payers, but overall has not changed significantly.

Core Set adherence rate tracks how frequently Core Measures are used in contracts.

Sum of instances of core measures being used by a given payer in their global budget-based risk contracts

Expected number of instances that core measures would be used if all core measures were used in all risk contracts

Overall	MassHealth	BCBSMA	HPHC	THP	MGBHP	HNE	WellSense	United Healthcare
2021: 71%	100%	72%	75%	33%	N/A	50%	25%	N/A
2022: 70%	100%	82%	77%	39%	35%	46%	25%	25%
2023: 66%	83%	97%	55%	30%	39%	19%	17%	17%
2024: 66%	83%	94%	36%	N/A	40%	22%	17%	N/A
2025: 74%	83%	95%	65%	N/A	37%	38%	17%	N/A

Updates to the Quality Measure Alignment Process and Body in 2026

Section 44 of Chapter 343 of the Acts of 2024 (signed in early 2025) detailed an updated process for developing a standard set of quality measures for use in the Commonwealth

Quality Measure Alignment Taskforce		Statewide Quality Advisory Committee (*new*)
EOHHS-convened body of subject matter (e.g., quality measurement/improvement) experts	**OVERVIEW**	**CHIA-convened** body, with Health Policy Commission and Division of Insurance co-chairing
Membership **procured** via a biennial Notice of Intent	**MEMBERSHIP**	Several ex officio participants; remaining 11 members chosen by **gubernatorial appointment** to fill roles specified in the statute
Occasionally informed by time-limited TAGs or QMAT workgroups convened on specific topics (e.g., health equity data standards)	**TECHNICAL ADVISORY GROUPS (TAGS)**	Procured body of quality measurement experts will serve as a TAG to the SQAC (will be current QMAT for the first year); additional TAGs/workgroups as needed
Presented to the Secretary of EOHHS for approval **annually** and disseminated to payers and providers for **voluntary adoption** in global budget risk (i.e., ACO) contracts	**RECOMMEND-ATIONS**	Presented to CHIA for approval **biennially** for **use** in (1) payer-provider contracts that incorporate quality measures into payment terms, (2) tiering, (3) consumer transparency websites, and (4) monitoring systemwide performance

New Statewide Quality Advisory Committee Membership

Health Policy Commission (Co-Chair)

Center for Health Information and Analysis (Convener)

Division of Insurance (Co-Chair)

Ex officio members

Executive Director of the **Betsy Lehman Center**

Executive Director of the **Group Insurance Commission**

Secretary of **Aging & Independence**

Assistant Secretary for **MassHealth**

Commissioner of **Public Health**

Commissioner of **Mental Health**

Gubernatorial appointments

Rep. of the **Massachusetts Health and Hospital Association**

Rep. of the **Mass. League of Community Health Centers**

Rep. of the **Massachusetts Medical Society**

Rep. of **Blue Cross Blue Shield of Massachusetts**

Rep. of **Massachusetts Association of Health Plans**

Rep. of a **labor organization** representing health care workers

Rep. of a **specialty pediatric** provider

Rep. for **consumers**

A **registered nurse** who practices in a patient care setting

A **behavioral health** provider

A **long-term supports and services** provider

2026 Massachusetts Aligned Measure Set

Core Measures

CG-CAHPS (MHQP version)	Childhood Immunization Status (Combo 10)
Controlling High Blood Pressure	Glycemic Status Assessment for Patients with Diabetes: HbA1c Poor Control (>9.0%)

Menu Measures

Adult Immunization Status (Influenza)	Behavioral Risk Assessment (for Pregnant Women)	Blood Pressure Control for Patients with Diabetes
Breast Cancer Screening	Cervical Cancer Screening	Child and Adolescent Well-Care Visits
Chlamydia Screening	Colorectal Cancer Screening	Depression Screening and Follow-Up for Adolescents and Adults
Developmental Screening in the First Three Years of Life	Eye Exam for Patients with Diabetes	Health-Related Social Needs Screening
Immunizations for Adolescents (Combo 2)	Initiation and Engagement of Substance Use Treatment	Kidney Health Evaluation for Patients with Diabetes
Lead Screening in Children	Pharmacotherapy for Opioid Use Disorder	Prenatal and Postpartum Care
Race, Ethnicity, Language, and Disability Data Collection	Race, Ethnicity, and Language Stratification	Well-Child Visits in the First 30 Months of Life

Discussion: PCTF Priorities to Address Administrative Burden

- How do payer quality reporting requirements specifically impact primary care practices? Do health system-affiliated practices face different burdens?
- What recommendations should the PCTF make to reduce the administrative burden of quality reporting on primary care providers and practices?
- What other areas related to administrative burden, aside from prior authorization and quality measures, are top priorities for you and your organization?

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UP NEXT: Upcoming PCTF Meeting: Wednesday, December 3, 2025

Adjourn

Upcoming Meeting

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