

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

October 29, 2025

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

Date of Meeting: October 29, 2025
Start Time: 10:00 AM
End Time: 12:00 PM

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

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

Proceedings

An virtual meeting of the Primary Care Access, Delivery, and Payment Task Force (PCTF) was held on Wednesday, October 29, 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); Representative John Lawn; 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; Ms. Barbra Rabson; Dr. Ryan Schwarz; Ms. Christina Severin; and Dr. Barbara Spivak.

ITEM 1: Call to Order

Task Force co-chairs, Mr. David Seltz and Secretary Mahaniah called the meeting to order and shared opening remarks. Mr. Seltz reviewed the meeting agenda.

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

Mr. Seltz introduced approval of the minutes from the PCTF meeting on September 17, 2025. Dr. Dickson made a motion to approve the minutes, and Dr. Altman seconded the motion. Senator Friedman, Representative Lawn, and Christina Severin were absent for vote. The minutes were approved by roll call as presented.

ITEM 3: Statutory Deliverable #4: Propose payment models to increase public and private reimbursement for primary care services: Alternative Payment Models for Primary Care Implemented in Other States

Mr. Seltz reviewed the next items on the agenda before reflecting on how the next three PCTF statutory deliverables relate to one another, with the second deliverable focusing on tracking healthcare invest to ensure they reach primary care practices, the third deliverable focusing on how much to invest in primary care, and the fourth deliverable focusing on how to pay for primary care to enable care transformation. Mr. Seltz reminded the taskforce that earlier this year, the HPC report [A Dire Diagnosis: The Declining Health of Primary Care in Massachusetts and the Urgent Need for Action](#), recommended a shift towards Alternative Payment Models (APMs) including towards capitated payments for primary care. He also described that many states, recognizing that primary care payment reform is essential to enable care delivery changes that improve provider experience and patient experience, access, and outcomes, are extending this past Medicaid and applying APMs to commercial sector to enable multi-payer alignment. He then reviewed key features of impactful APM policy identified in The Eugene Farley Jr. Health Policy Center report, [State Policies to Advance Primary Care Payment Reform in the Commercial Sector](#).

Mr. Seltz reviewed examples of state policy approaches to enact APMs in the commercial sector in Colorado, Delaware, and Washington, including examples of different state approaches for setting affordability standards and hospital price growth caps, targets for percentage of covered lives in APMs, and requirements for applying prospective per-member-per-month (PMPM) payment models. Mr. Seltz also reviewed key findings examined in the report related to different policy levers states can use to advance APMs, such as MOUs and voluntary agreements,

legislative requirements to grant appropriate regulatory authority to state agencies, and participation in federal demonstrations. He also reviewed how primary care spending targets provide the foundation for primary care reform that can be tied to APM implementation and that clearly defining what qualifies as an APM or setting targets for the proportion of non-fee-for-service dollars can ensure APMs meaningfully change how primary care practices are paid. Finally, he reviewed additional considerations and recommendations outlined by the report for enacting primary care reform that the task force may consider in the development of recommendations for the task force's fourth statutory deliverable.

Members thanked Mr. Seltz for sharing the findings from the report. Some comments made by members included that PCTF recommendations should hold both health plans and health system accountable for ensuring that dollars for primary care are reaching primary care practices, that enough patients or covered lives are being included in APMs, including patients covered under self-funded Employee Retirement Income Security Act (ERISA) plans, and that strong evaluation methods are applied to ensure APMs are increasing payment and access for primary care. Members also raised the importance of addressing high-premium costs, which can be addressed through methods such as setting affordability standards and hospital-price growth caps, and ensuring that commercial payers cover costs spent by Federally Qualified Community Health Centers (FQHCs). Members asked how the states in the report enacted guardrails for downside risk to providers and for more information about the core competencies included in Colorado's regulations for primary care APMs.

ITEM 4: Statutory Deliverable #4: Propose payment models to increase public and private reimbursement for primary care services: The MassHealth Primary Care Sub-Capitation Program

Dr. Ryan Schwarz provided an overview of the MassHealth Primary Care Sub-Capitation Program. He began the presentation by stating that it is not MassHealth's position that their exact methodology program be replicated across every payer, but that there are core components to capitation models that can be replicated or adjusted for different capitation model approaches. He then stated the goal of changing the way MassHealth pays for primary care is ultimately to help improve patient access and enable care teams to provide higher quality primary care.

He then reviewed key aspects of the program. All ACO primary care practices are required to participate, reflecting 92% of eligible MassHealth members (approximately 1.1M). He noted that the prospective monthly payments from ACOs to practices were 99.9% accurate and consistent, allowing for practices to budget and plan for their care delivery, hopefully moving toward integrated team-based care focused less on volume and more on quality. With two and half years of data, MassHealth has found that the program is helping to improve care, with improved service offerings including expanded after-hours care, behavioral health-integration, and more. He also reviewed the reporting mechanisms ACOs must submit for MassHealth to ensure that organizations are allocating payments to primary care practices consistently and accurately, and reviewed common considerations and challenges in implementing primary care capitated payment models, including those related to rate setting, incorporating risk-adjustment, and encouraging multi-payer participation.

Members commended the program for supporting team-based primary care delivery and stressed the importance of multi-payer alignment for capitated payment programs for reducing administrative burden in primary care. Discussion included suggesting that parity with Medicare pricing would help increase access to primary care for children covered by MassHealth and stating the importance of ensuring PMPM payments are being invested directly into primary care practices to support practice-level delivery of team-based care activities, such as care management, rather than by a third party. Members asked about changes that have been made to the program since its initial implementation, to which Dr. Schwarz responded there have been changes made to the program's rate-setting methodology as well as changes to its risk-adjustment methodology. In response to questions about

program performance, Mr. Schwarz announced that the Centers for Medicare and Medicaid Services (CMS) will soon be publishing a report of evaluation findings of the program from 2017-2022. Finally, members commented on the importance of aligning payment and incentives in capitated payment models to support quality, equity, and affordability to truly meet patient and community needs.

ITEM 5: Statutory Deliverable #4: Propose payment models to increase public and private reimbursement for primary care services: Proposals in Massachusetts Primary Care Legislation

Mr. Seltz reviewed three proposals that are currently before the state Legislature related to primary care access, payment and delivery. He reviewed how each bill addresses APMs to increase public and private reimbursement for primary care services and the advanced primary care services and investments outlined by the bills that would make providers eligible for higher PMPM payments.

ITEM 6: Open Discussion: Principles for Advancing Primary Care Payment Reform

Secretary Mahaniah moderated an open discussion for task force members to share their thoughts on principles for advancing primary care payment reform that will enable care transformation. Additional principles mentioned from members included: negotiating primary care contracts separately from other contracts; applying lessons from the statewide Quality Measures Alignment Task Force (QMAT) to reduce the number of quality measures required for reporting; preventing increases to premiums, centering support for private primary care practices, leaving room for flexibility and implementing improvement processes, employing third party evaluation of APMs and publication of findings, and addressing administrative burdens such as those caused by prior authorization.

ITEM 7: Upcoming Meetings

Mr. Seltz reviewed the schedule for upcoming PCTF workgroup meetings on November 18, 2025 and the next full task force meeting on December 3, 2025.

ITEM 8: Adjourn

Mr. Seltz thanked members for their participation and the meeting adjourned at 11:55 AM.