Baystate Health

ADVANCING CARE. ENHANCING LIVES.

Springfield, MA 01199 | BaystateHealth.org

Peter D. Banko, President & CEO

October 28, 2025

Ms. Lois H. Johnson, JD
Executive Director
Health Policy Commission
50 Milk Street
Boston, MA 02109
Via Electronic Submission to HPC-Testimony@mass.gov

Re: 2025 Pre-Filed Testimony: Providers

Dear Ms. Johnson:

This letter transmits Baystate Health's written testimony as required under M.G.L. c. 6D, § 8 to submit written questions from the Health Policy Commission and the Office of the Attorney General for the 2025 Annual Health Care Cost Trends Hearing.

Please find attached Baystate Health's responses to the questions in the 2025 Pre-Filed Testimony for Providers. We hope our responses are helpful to you as we all seek to understand more about Massachusetts's dynamic healthcare environment and remain committed to finding solutions and paving the way for a more equitable, stable, and resilient healthcare landscape in the Commonwealth.

As CEO of Baystate Health, by my signature below, I certify that I am legally authorized and empowered to represent Baystate Health for the purposes of this testimony, and acknowledge it is signed under the pains and penalties of perjury.

Please direct any follow-up questions to AnnMarie Martinez, Vice President of Managed Care Contracting for Baystate Health: (Annmarie.Martinez@baystatehealth.org; 413-459-9024)

Sincerely,

Peter D. Banko
President & CEO
Baystate Health

MASSACHUSETTS
HEALTH POLICY COMMISSION

2025 Pre-Filed Testimony
PROVIDERS

As part of the
Annual Health Care
Cost Trends Hearing

Massachusetts Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

INSTRUCTIONS FOR WRITTEN TESTIMONY

If you are receiving this, you are hereby required under M.G.L. c. 6D, § 8 to submit written pre-filed testimony for the 2025 Annual Health Care Cost Trends Hearing.

On or before the close of business on **Friday, October 31, 2025**, please electronically submit testimony as a Word document to: HPC-Testimony@mass.gov. Please complete relevant responses to the questions posed in the provided template. If necessary, you may include additional supporting testimony or documentation in an appendix. Please submit any data tables included in your response in Microsoft Excel or Access format.

We encourage you to refer to and build upon your organization's pre-filed testimony responses from 2013 to 2024, if applicable. If a question is not applicable to your organization, please indicate that in your response.

Your submission must contain a statement from a signatory that is legally authorized and empowered to represent the named organization for the purposes of this testimony. The statement must note that the testimony is signed under the pains and penalties of perjury. An electronic signature will be sufficient for this submission. All submissions are public record and will be posted to the HPC's website.

You may receive questions from both the HPC and the Office of the Attorney General (AGO). If you have any difficulty with the templates or have any other questions regarding the pre-filed testimony process or the questions, please contact relevant staff at the information below.

HPC CONTACT INFORMATION

For any inquiries regarding HPC questions, please contact: General Counsel Lois Johnson at HPC-Testimony@mass.gov or lois.johnson@mass.gov.

AGO CONTACT INFORMATION

For any inquiries regarding AGO questions, please contact: Assistant Attorney General Sandra Wolitzky at sandra.wolitzky@mass.gov or (617) 963-2021.

THE 2025 HEALTH CARE COST TRENDS HEARING: PRE-FILED TESTIMONY

The Massachusetts Health Policy Commission (HPC), along with the Office of the Attorney General (AGO), holds the Health Care Cost Trends Hearing each year to examine the drivers of health care costs and consider the challenges and opportunities for improving the Massachusetts health care system.

The 2025 Health Care Cost Trends Hearing offers a critical opportunity to discuss the pressing issues challenging the stability and sustainability of the Commonwealth's health care system. These include mounting affordability issues, workforce constraints, financial volatility, increasing prescription drug costs, and threats to health care access and coverage – and the ongoing efforts to address them.

Recent federal action has created uncertainties about the health care landscape in Massachusetts. It will require a renewed commitment among stakeholders and policymakers to work together towards a health care system that is more affordable, accessible, and equitable for all residents. The 2025 Health Care Cost Trends Hearing will convene industry leaders, clinicians, and community members to reflect on recent policy actions and invite further collaborative action in Massachusetts, advancing the Commonwealth's health care goals and values.

Amid the federal activity, Massachusetts is still contending with existing affordability hardships facing the Commonwealth's residents. Massachusetts now has the highest family health insurance premiums in the country. In 2024, the average annual cost of health care for a family exceeded $31,000 (including out-of-pocket spending). As health care spending grows as a portion of household income, more and more families incur medical debt and avoid using needed care. These rates become particularly dire when health care premiums and out-of-pocket spending reach 25% of total income – a reality that 41% of Hispanic families and 26% of Black families in Massachusetts faced in 2023 compared to 9% of white families. Furthermore, the average annual cost sharing per person grew from $849 in 2019 to $1,049 in 2023 (a 29% increase), and residents paying $5,000 or more annually in cost sharing doubled from 2019 (1.5%) to 2023 (3.1%).

This is the first cost trends hearing since the enactment of two significant health care laws earlier this year (Chapters 342 and 343 of the Acts of 2024), which strengthen the health care market, address rising prescription drug costs, and enhance the public transparency and accountability of the Commonwealth's health care system – including requiring additional health care market participants to provide public testimony. As the HPC, the AGO, and other state agency partners continue implementation of these new laws, the 2025 Health Care Cost Trends Hearing will focus on working together to safeguard the Commonwealth's commitment to health care affordability, access, and equity.

The pre-filed written testimony affords the HPC and the AGO, on behalf of the public, an opportunity to engage with a broad range of Massachusetts health care market participants. In addition to pre-filed written testimony, the public hearing features in-person testimony from leading health care industry executives, stakeholders, and consumers, with questions posed by the HPC's Board of Commissioners about the state's performance under the Health Care Cost Growth Benchmark and the status of public and industry-led health care policy reform efforts.

Preamble: Baystate Health is honored to participate in the 2025 Health Care Cost Trends Hearing at a time when the Commonwealth's healthcare landscape faces significant disruption, challenges, and opportunities for transformation. With the recent bankruptcy of Steward Health Care, Massachusetts has felt the reverberations of instability across communities, healthcare organizations, and the lives of residents who depend on a resilient system. These changes have intensified the financial pressures and workforce challenges that providers are facing as we adapt to a post-pandemic "new normal."

At Baystate Health, we are driven by our dual commitment to serve as both a community health safety net and an academic leader, offering high-quality, accessible care for all residents in Western Massachusetts. As the primary healthcare provider in our region, we bear a unique responsibility: if we do not provide critical services or programs, there may be no alternative for the communities we serve. Our academic mission is equally essential, helping us grow a workforce that can meet the region's evolving needs while fostering a dynamic environment where all clinicians, staff, and students are engaged and valued.

Our future depends on aligning around a single strategic vision one that emphasizes efficiency and system-wide coordination without compromising the integrity of our services or the quality of care. This does not mean replicating the practices of other systems but rather embracing a tailored approach that is uniquely suited to Baystate Health's role as both an academic and community-based provider.

In response to the urgent need for healthcare reform in Massachusetts, Baystate Health remains steadfast in our commitment to innovative, clinician-led solutions that make care more affordable, accessible, and equitable. We look forward to engaging with the HPC and other stakeholders at this year's hearing to collectively advance a healthcare system that better serves every resident across the Commonwealth.

1. Recent and ongoing federal policy actions are changing health care in Massachusetts. What do you anticipate will be the most significant implications of these federal actions on your organization's strategies to address health care affordability, quality, access, and equity? How is your organization working to ensure stability and mitigate any negative impacts on health care workers, patients, and patient care? What specific actions should health care market participants, policymakers, and the public consider to safeguard the Massachusetts health care system against potential risks from federal policy shifts?

Federal policy with respect to healthcare has been changing at such a rapid pace that it is difficult to sort through which items are most impactful. Changes include assaults on 340b drug pricing, site neutral payments, DSH payments, wage and supply chain price escalation, pharmacy expenses, inadequate market basket adjustments, and tariffs are on a short list of policy changes that can potentially have a great impact.

Perhaps the most significant are those emerging from the One Big Beautiful Bill Act (OBBBA), and the lapsing of premium subsidies offered to purchasers of insurance on the health insurance exchange.

The OBBBA contained material reforms to Medicaid. These include work requirements for non-elderly adults and more frequent eligibility verifications. The most likely result of these changes is a reduction in the number of people who qualify for Medicaid.

The Congressional Budget Office (CBO) has estimated that approximately 5.2 million adults will lose Medicaid by 2034, or about 7% of total Medicaid enrollees. This is a gradual change and does not necessarily mean these people will join the ranks of the uninsured. The impact of these changes on Baystate hinges on a) how many people in our service area are affected, b) their response in terms of acquiring coverage elsewhere, and c) what impact this has on their utilization of healthcare services.

Baystate Health operates in a region with a large proportion of government care. In 2023, Medicaid accounted for 24% of Baystate Medical Center's Gross Patient Service Revenue. Medicaid reimbursement is poor and fails to meet the cost of delivering care, but reimbursement from uninsured patients is considerably worse. If large numbers of patients seek uninsured care, this will have a disproportionately negative impact on Baystate Health as compared to our peers in other parts of the state.

The second policy change centers on the Health Insurance Marketplaces. During the pandemic, the American Rescue Plan Act (ARPA) and the Inflation Reduction Act (IRA) greatly expanded the size and reach of premium subsidies. These additional subsidies are set to expire at the end of this year (2025). If the credits do not get extended, this combines with rising healthcare costs to considerably drive up the price of these plans.

The impact of this change is magnified by the swelling numbers of people who purchased plans on the exchange due to the end of the Public Health Emergency (PHE) and the resulting changes to Medicaid eligibility.

There is potentially a twofold impact to this change, first that subscribers may choose to drop their coverage – the CBO estimates 3-5 million by 2027 - and that insurers may choose to stop offering plans because of a decline in membership.

The impact is akin to the Medicaid change. Growing numbers of uninsured disproportionately impacts Baystate given its location in an area with a large indigent population. But the loss of insurers on the exchange may also have an impact as Baystate depends on competition in the commercial market to afford leverage and flexibility.

Unless action is taken, Baystate is faced with decisions that will alter the 141-year history, mission, and trajectory of our hospital system in ways unacceptable to the fragile economy of Western Massachusetts. These include reductions in employee headcount, closure of vital services, and facility consolidations.

Baystate Health, as the region's largest employer, understands its responsibility to the patients we serve and to the citizens of the Commonwealth. We will continue our bold Transformation planning and implementation despite actions emanating from Washington, D.C. Considerable progress was made on these efforts during our 2025 fiscal year, and we will accelerate opportunities to further this work in 2026.

Baystate Health recently made a strategic decision to retain ownership of its health plan, Health New England. We view building a close and strategic integration of provider and payer as an opportunity to deliver healthcare to our patients in a more efficient, aligned, and accessible way. Continued collaboration around our ACO, BeHealthy Partnership, through this alignment will further enable us to serve the needs of the most vulnerable population. In the past year, we expanded our ACO in the Greenfield, Palmer, and Westfield regions, served by our extensive network of physicians and our community hospitals.

Question three of this filing outlines additional and important strategies to further reduce administrative burden, needless paperwork, and overall friction in navigating the healthcare delivery system in our state. We would encourage swift action to further mitigate the extraordinary curtailment of federal resource sharing. And, where possible, identify strategies to move forward consistent with CMS regulation.

As further details emerge for the Rural Health Transformation Fund, we would encourage and welcome a strong partnership with the state as we serve over 800,000 patients in some of the most rural regions of our state. Baystate Wing is one of six hospitals mentioned in a recent Request for Information (RFI) from the state's Executive Office of

Human Services (EOHHS) to inform policy makers in advance of a state plan for submission to CMS.

Acknowledging the limited tools available to fund our health system, resources allocated under the RHTF will allow Baystate Health, through our community hospital, to focus on improving rural resident's access to care, use new and emerging technologies to support rural health, leverage local and regional strategic partnership between providers and other key stakeholders, use data and technology to furnish high-quality services near rural patients' homes, and ensure financial stability of rural hospitals and providers.

Finally, the state's health safety net program must be further strengthened to provide badly needed resources to assist and pay for necessary care for our state's most vulnerable populations. Work is well-underway on this topic.

The Commonwealth has been a critical partner in advancing healthcare throughout the Commonwealth for generations. This moment in time calls for bold thinking, bold partnerships, and bold action to ensure our state's 7.1+ million citizens retain the healthcare they deserve with its focus on affordability, quality, access and innovation.

2. Many Massachusetts health care providers continue to face significant workforce challenges. What strategies has your organization successfully implemented to improve recruitment and retention of clinical and/or non-clinical workers? What policy, payment, or health care system reforms does your organization recommend to better sustain, strengthen, and diversify the health care workforce more broadly in Massachusetts?

Like many Massachusetts health care providers, Baystate Health continues to experience profound workforce challenges that span both clinical and non-clinical areas of the organization. These shortages are most acute in high-demand specialties such as nursing, imaging, respiratory therapy, and technical support roles, yet they extend across nearly every part of our health system. The combination of rising patient acuity, increased labor competition, and structural workforce shifts has created persistent gaps that directly affect access to care, employee well-being, and organizational performance.

Primary Workforce Challenges

Nursing

- Baystate continues to face persistent vacancy rates in inpatient and critical care units.
- These vacancies are compounded by increasing patient acuity, aggressive recruitment from travel nursing agencies, and regional wage pressures that create inequities and strain long-term retention.

Imaging Services

- The national shortage of imaging technologists has significantly extended time-to-fill rates.
- Reliance on premium labor has grown as we strive to maintain uninterrupted diagnostic and treatment services, increasing costs and straining team capacity.

Support and Technical Roles

- Entry-level and mid-skill positions—particularly surgical services staff, patient care technicians (PCTs), and environmental services associates—remain difficult to fill.
- Wage competition with other industries, high turnover, and overall lower workforce participation rates in the post-pandemic era contribute to ongoing instability in these critical functions.

Recruitment and Retention

Pipeline Development

- Baystate has expanded programs such as the Apprentice Nurse Program (ANP I–III), which creates structured, progressive pathways for students and employees to advance into licensed clinical roles.
- International workforce pipelines, including partnerships in the Philippines, have been established to strengthen long-term nursing sustainability and expand patient access to care.

Targeted Outreach

- Strategic use of digital advertising, academic partnerships, and community-based recruitment events enables Baystate to attract diverse candidate pools across Massachusetts and neighboring states.

Transforming Care Delivery Through Advanced Practice Flexibility

- Baystate implemented a more adaptable Primary Care APP model.

- This includes hybrid work options, cross-coverage for physician inboxes, and structured FMLA support—enhancing provider engagement, ensuring continuity of care, and reducing time-to-fill for critical provider roles.

Process Optimization

- Enhancements within Workday and requisition management have streamlined hiring processes, reduced time-to-fill, and improved the overall candidate experience.

Workforce Development and Talent Strategies

- Baystate has prioritized workforce development initiatives that blend outside-in recruitment with inside-up career advancement, strengthening the regional workforce while investing in employees' futures.
- Programs such as the Certified Medical Assistant Pathway, supported by a Workforce Competitive Trust Fund grant through Commonwealth Corporation and Holyoke Community College, allow individuals to earn wages while pursuing credentials.
- These programs are frequently linked to registered apprenticeships, aligned with the Department of Apprenticeship Standards, and provide nationally recognized credentials.

Examples of apprenticeship and bridge programs include:

- Registered MRI Technologist
- Polysomnography Technician
- Patient Care Technician
- Cardiac Monitor Technician
- Patient Care Technician to Licensed Practical Nurse (LPN) Bridge Program (funded through the Commonwealth Corporation Donnelly Grant with Holyoke Community College) – This program has achieved 100% retention over its first two years.

Youth and Early Pipeline Engagement

- Baystate has invested in youth development through a long-standing after-school healthcare immersion program.
- This program, in place since 2006, provides students in grades 9–12 with exposure to clinical experts, essential soft skills training, and a capstone internship in their senior year.

- Thousands of students have participated, with over 900 eventually employed at Baystate Health. Alumni include pharmacists, nurse practitioners, and current medical students preparing for primary care careers.

Policy Considerations

Despite these efforts, structural barriers within Massachusetts education and credentialing pathways limit the scale and speed of workforce replenishment. Key examples include:

- Surgical Technologists: In many states, this occupation is accessible through certificate programs that emphasize hands-on training. In Massachusetts, community colleges require a full associate's degree, which creates barriers to entry and challenges in sustaining enrollment.
- Certified Nurse Aides (CNAs): Current policy requires CNA clinical training to take place in long-term care facilities. As a result, graduates are underprepared for acute-care settings, placing additional training burdens on hospital care teams and contributing to high turnover rates.

Addressing these structural barriers at the policy level could significantly improve workforce throughput and retention in critical allied health roles.

Summary

Baystate Health's workforce strategy is centered on three pillars:

1. Building sustainable talent pipelines through apprenticeships, bridge programs, and international recruitment.
2. Improving retention by fostering engagement, flexibility, and career advancement.
3. Leveraging partnerships and policy advocacy to streamline training pathways, and address systemic barriers.

Through these efforts, Baystate Health continues to advance its mission of ensuring access to high-quality, equitable care for all residents of Western Massachusetts, despite the profound workforce challenges facing health care today.

There are several priorities our commonwealth can address:

- Passing comprehensive workplace violence protections (hospitals are championing legislation with the Massachusetts Nurses Association and 1199SEIU).

- Addressing the unnecessary administrative burdens costing our system $1.75 billion a year, driving caregiver burnout, and delaying patient care.
- Passing legislation to streamline the prior authorization process (we are supporting legislation in partnership with the Massachusetts Medical Society and Health Care For All).
- Ensuring fair reimbursement for all members of the care team – including behavioral health workers, primary care professionals, community health workers.
- Focusing pipeline investments on high-need areas, such as behavioral health, LPNs, and advanced practice providers.

3. Administrative complexity in the health care system can burden clinicians and patients and contribute to burnout, reduce timely and equitable access to care, and add unnecessary costs to the system. What policies or strategies should policymakers and/or other market participants consider to reduce administrative complexity that provides little value in the Massachusetts health care system? How would such changes impact your organization's administrative costs of providing care?

Following are several areas of regulatory burden (through policy and statute) with associated commentary we would ask the Health Policy Commission and our state partners to evaluate and consider. It is imperative we work together to provide remedy and policy 'fixes' for these issues as we collectively navigate the turbulent times ahead. For many of these areas, legislation has been filed with consensus building for bold action.

Taken together, these issues have long served to create unnecessary friction and burden for patients and employees alike. The added costs associated with each simply means already scarce resources are redirected from critical areas of the healthcare system. At a time when we should be doubling down on wise investments in hospital at home programs, technology, telehealth, and artificial intelligence—initiatives that truly benefit our patients---we remain mired in this web of complexity and cost.

Prior Authorizations

The prior authorization (PA) process consumes a substantial number of staff hours each week, particularly for medications and procedures. Patients frequently become frustrated and may abandon treatment due to the complexity of the process. Others expect the practice to handle all appeals and follow-ups, further increasing the workload.
While we understand the need for reasonable guardrails to ensure appropriate utilization, the current system has reached an extreme, resulting in increased cost, reduced efficiency, and delays in patient care. In surgical cases, discrepancies between the approved authorization and the actual procedure performed—often due to unforeseen findings—must be corrected within an extremely limited timeframe (often just one or two days).

For medications, insurance companies sometimes refuse coverage initially, instead instructing patients to request prior authorization through their providers. Despite our staff completing the required work, denials persist. This pattern appears to function as a delay tactic, creating frustration for both patients and providers. In the end they have little intention of approving this.

Physician Licensing and Credentialing

Each state currently maintains its own licensing requirements, which creates significant variability and delays in the process. A more standardized and expedited approach could greatly improve efficiency and access.

At present, hiring a new provider takes about four months, with much of that time spent waiting on the back and forth of bureaucratic process. It is quite cumbersome and ultimately delays access to care for patients. At a minimum, given physician shortages in key areas, expedited processes should be enacted, perhaps by region, if necessary to respond to unnecessary delays.

The lag in credentialing and licensing results in unavoidable gaps in coverage. This leads to burnout among remaining providers, additional strain on staff who must reschedule patients, and considerable disruption in patients accessing care.

Claim Denials

Claim denials continue to present a significant challenge across both insurance-based and state-funded payers. Denials often occur for minor issues such as missing information, incorrect coding, or other technical errors. While these can be corrected, the window of time allowed to resubmit or appeal is frequently short, resulting in the permanent loss of reimbursement opportunities.

If the administrative tools were less fragmented and more simplified, there would likely be reduced claim denials and lower overhead costs that are required for constant compliance monitoring.

Administrative Burden

As is well known and documented in prior submissions to the HPC and key stakeholders, the overall paperwork burden for hospitals and patients remains extensive. The volume and complexity of required documentation continue to strain staff capacity and detract from direct patient care. Perhaps identifying key elements within the administrative burden area and demanding swift action by regulatory bodies to address them is an immediate first step as other initiatives require more complicated legislative study prior to action (furthering delay).

At the same time, Massachusetts should continue its strong work in standardizing quality metrics across payers. Building this foundation will reduce duplicative reporting requirements, promote alignment, and create a more efficient system that allows providers to focus on quality and outcomes rather than administrative burden.

Passage of the OBBBA significantly limits state's abilities to address the Medicaid shortfall by limiting state directed payments and targeting supplemental funding mechanisms. There will be increased administrative burden on hospitals and providers - especially hospitals' financial counseling and eligibility teams - which will see increased volume as a result of new Medicaid work requirements. This will result in more staff time devoted to enrollment/appeals, denials, and eligibility processes.

Referrals

Although many insurers have eliminated referral requirements for in-network providers, MassHealth has reinstated them for some plans. Additionally, several payers still require referrals for all out-of-network services. These changes add a considerable administrative burden on staff and can delay or complicate patient access to care. We would recommend a more thorough and consistent approach across all areas to support our patients.

Pharmacy

Our pharmacy teams struggle with the complexity that Massachusetts requires in order to simply get medication into patients' hands. The increased burden year over year placed on pharmacy teams contributes to workflow inefficiencies, increased operating costs, and barriers to timely access to needed medications for our patients. Within our hospital outpatient pharmacies, our teams navigate complex coordination with providers, payers/PBMs, and patients. Many of our patients are managing chronic and complex conditions which require our pharmacy teams to spend hours working through inconsistent prior authorization processes, payer-specific formulary management, financial assistance efforts, and prescription claim adjudication issues that often require manual intervention--all while working with systems that do not speak to one another.

A few key focus areas that our team would find beneficial for policy makers to consider:

- Payer/PBM transparency: Allow patients to clearly understand what their plan allows, cost, out-of-pocket expectations without any loopholes or complex documentation required in the prior auth process

- Reducing the need for failures on multiple medications which delay treatment and increase denials and appeals

- *Ongoing MassHealth carve-outs undermine 340B savings and increase administrative burden*: MassHealth continues to carve out medications from the 340B program to capture greater value at the state level. While this may benefit the state financially, it places significant financial strain on Covered Entities like Baystate Medical Center and Baystate Franklin Medical Center. These carve-outs

also increase administrative burden, requiring extensive manual effort to manage medication and payer lists to maintain compliance.

- *Legislative action to end manufacturer restrictions in the Contract Pharmacy space*: Several states have successfully challenged and overturned manufacturer-imposed restrictions on contract pharmacies. We would encourage Massachusetts to consider similar action to ensure that Covered Entities can continue serving patients through external pharmacies and reinvest 340B savings into vital health programs. Since 2020, Baystate Medical Center has lost over $20 million in savings due to these restrictions. To maintain limited contract pharmacy access, our team must navigate complex, manufacturer-specific claim processes, strict deadlines, and constantly changing carve-out requirements; all managed through an additional system that demands continuous oversight.

Taken together, these actions will help support ease of access to essential medications, particularly for underserved patients who rely on hospital-affiliated outpatient pharmacies for continuity of care.

Advanced Practice Providers

Expanding the use of advanced practice providers (APPs) is essential to meeting patient demand, especially in primary care and behavioral health. Equitable reimbursement for APPs would help attract and retain these clinicians while ensuring patients have timely access to care.

Final Thoughts

Wherever and whenever unnecessary and nettlesome procedures, processes, and practices can be eliminated, the commensurate savings which are cumulatively substantial, can be directed to:

- Allowing the clinician to focus more on direct patient care, leading to clinical efficiency and improved access.
- Decreasing the clinician burnout--a known concern for all areas of patient care teams.
- Ensuring patients receive better care in a timelier fashion with improved coordination.
- Making critical investments across the system to better serve patients.
- Offsetting destructive Medicaid cuts coming from the federal government.

4. High-quality, accessible primary care is foundational to an effective and efficient health care system. If your organization includes primary care providers, what activities or investments are you pursuing to enhance access to affordable, high-quality, person-centered primary care (including integrated behavioral health services) for your patients? How are you tracking the impact of these activities or investments? What policy, payment, or health care system reforms does your organization recommend to enhance equitable access to high-quality primary care services?

Baystate Health is committed to high quality, seamlessly accessible primary care. As the largest and primary provider of healthcare in Western Massachusetts this has been and continues to be part of our core mission and commitment to our community. Specifically, we have and are continuing to invest in care models and resources that support:

Seamless, High Quality Patient Centered Access:

Expanded Visit Access:

- Investment in extended hours primary care sites in all regions to provide evening and weekend primary care for urgent issues

Expanded Access vs. Team Based Care Model Expansion

- Leveraging multidisciplinary teams and technology to support patients' needs not requiring a provider visit.
- Embedding clinical pharmacists for clinical disease management of HF, DM, Asthma, COPD, hyperlipidemia, anticoagulation, HTN to expand access to high quality chronic disease management
- Expanding centralized primary care RN triage to provide immediate clinical advice for clinical issues not necessitating a visit and triaging to appropriate provider and visit type for conditions that do require a primary care visit.
- Developing and deploying virtual "waiting room" to allow more patients same day access for urgent needs and maximize provider schedule utilization.
- Integrated Behavioral Health available at all primary care sites to expand access to behavioral health services.
- Enhanced Specialty Access to Primary Care through deployment of E-consult model to expand and support primary care access to specialty support, expand conditions that can be managed by primary care, and enable a more seamless experience for patients. This also expands specialty access for higher acuity patients.

Primary Care Workforce Enhancements:

- Increasing primary care workforce pipeline through initiation and expansion of Family Medicine residency program
- Deployment of virtual scribe program to support providers and decrease clinician burn out
- Supporting Advanced Practice Providers transition to practice through onboarding program and peer support

How are you tracking the impact of these activities or investments?

- Ambulatory capacity management metrics such as arrived visits, schedule utilization, New/return visit ratio, new patient lag time, 3rd next available
- Risk adjusted Panel Sizes
- Patient Experience Survey
- Disease management and preventative screening quality metrics
- Employee Engagement Surveys and Action Planning
- Clinical Pharmacist Dashboard metrics include disease management metrics, patient volumes, schedule utilization, panel metrics.
- PCP visits/1000

What policy, payment, or health care system reforms does your organization recommend to enhance equitable access to high-quality primary care services?

- Policies and payment approaches addressing administrative burden related to billing, documentation, and referral processes
- Educational loan repayment and other incentives for working in primary care
- Requiring retail Urgent Care providers to accept all payers and locate in underserved communities.
- Capitated payment systems
- Increased spending on primary care, both for nonbillable and care management services as well as traditional Evaluation and Management services
- Clarified and expanded roles of Medical Assistants and all supporting team members
- Payment for telehealth modalities

5. Massachusetts now has the highest family health insurance premiums in the United States. In 2024, the average annual cost of health care for a family exceeded $31,000 (including out of pocket spending). This reflects the growth in underlying health care costs. As health care spending grows as a portion of household income, more and more families incur medical debt and avoid using needed care. Collaborative, urgent action across market participants is needed to reverse these trends. How can your organization contribute to this effort?

As an academic medical center, we recognize our responsibility to deliver world-class care while also advancing affordability and access for the people of Massachusetts. We are committed to leading efforts that address underlying cost drivers, simplify administrative processes, and ensure patients can access the care they need without financial hardship.

Our organization is taking several steps to contribute to a more affordable, sustainable health care system:

- Driving efficiency across the revenue cycle: We are modernizing revenue cycle operations to reduce administrative waste and cost across the billing continuum. This includes automation of high-volume manual tasks, standardizing payer interactions to decrease denials and rework, and consolidating vendor systems to create a more streamlined and cost-effective infrastructure. These initiatives lower the total cost to collect and, ultimately, the cost of care delivery.
- Improving access and financial advocacy: We are expanding patient access and financial counseling programs to meet patients where they are. Our teams proactively screen patients for Medicaid and hospital-based financial assistance programs and assist with enrollment to reduce the risk of medical debt. We also provide upfront cost estimates and flexible, interest-free payment plans to help patients make informed decisions about their care.
- Enhancing transparency and trust: We are advancing clear, patient-friendly billing and pricing tools so individuals can understand and plan for out-of-pocket costs. This transparency not only strengthens the patient experience but also contributes to broader market accountability and cost containment.
- Strengthening revenue integrity and clinical collaboration: We are partnering closely with clinical departments to ensure accurate documentation, compliant billing, and appropriate resource utilization. By investing in education, charge capture reviews, and shared analytics, we help reduce billing errors, avoid unnecessary administrative rework, and support efficient, high-quality care delivery.

Together, these initiatives reflect our commitment to being a responsible steward of health care resources. We believe lasting progress requires shared accountability among providers, payers, policymakers, and patients. We look forward to continued partnership

with the Health Policy Commission to develop innovative approaches that balance affordability, access, and excellence in care for all Massachusetts residents.

QUESTIONS FROM THE OFFICE OF THE ATTORNEY GENERAL

1. Chapter 224 requires providers to make price information on admissions, procedures, and services available to patients and prospective patients upon request. In the table below, please provide available data regarding the number of individuals that sought this information.

Health Care Service Price Inquiries Calendar Years (CY) 2023-2025			
Year		Aggregate Number of Written Inquiries	Aggregate Number of Inquiries via Telephone or In-Person
CY2023	**Q1**	3	88
	Q2	5	74
	Q3	1	73
	Q4	0	62
CY2024	**Q1**	4	97
	Q2	2	100
	Q3	1	87
	Q4	2	78
CY2025	**Q1**	6	74
	Q2	3	83
	TOTAL:	27	816