



October 31, 2025

Via Email (HPC-Testimony@mass.gov)

David Seltz  
Executive Director  
Health Policy Commission  
50 Milk Street, 8<sup>th</sup> Floor  
Boston, Massachusetts 02109

Re: 2025 Pre-Filed Provider Testimony – Revere Medical of Massachusetts, P.C.

Dear Executive Director Seltz,

On October 3, 2025, the Massachusetts Health Policy Commission and the Attorney General's Office contacted Revere Medical of Massachusetts, P.C. ("Revere Medical") to request that Revere Medical provide pre-filed testimony in advance of the upcoming annual Health Care Cost Trends Hearing to be held on November 12, 2025. Please find attached Revere Medical's pre-filed testimony that is responsive to such request.

I, Joseph Weinstein, M.D., am legally authorized and empowered to represent Revere Medical for the purposes of this testimony. I hereby submit this testimony on behalf of Revere Medical and, under the pains and penalties of perjury, affirm that the statements made herein are true and accurate to the best of my knowledge and belief.

Sincerely,

A handwritten signature in black ink that reads "Joseph Weinstein, M.D." with a stylized flourish at the end.

Joseph Weinstein, M.D.  
President  
Revere Medical of Massachusetts, P.C.

# 2025 Pre-Filed Testimony PROVIDERS



As part of the  
*Annual Health Care  
Cost Trends Hearing*

Massachusetts Health Policy Commission  
50 Milk Street, 8<sup>th</sup> 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](mailto: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](mailto:HPC-Testimony@mass.gov) or  
[lois.johnson@mass.gov](mailto: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](mailto: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.

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?

Revere Medical of Massachusetts, P.C. ("Revere Medical") has been closely tracking federal policy actions and legislation so that we are prepared for, and can mitigate to the extent possible, any negative impacts on our ability to provide patient-centric, high-quality care in the communities we serve.

### **Implications of Federal Policy Actions on the Delivery of Primary Care**

In an environment where the Commonwealth's primary care providers are already overburdened, we are concerned that recent federal policy actions and legislation will make it more difficult for Revere Medical to achieve its quality, access and equity goals. One of the most significant issues we see on the horizon is the potential for coverage loss and fragmentation stemming from recent and proposed federal policies that will affect individual eligibility for health care coverage. Estimates suggest that hundreds of thousands of MassHealth beneficiaries could lose or experience gaps in insurance coverage as a result of new federal eligibility requirements.

The loss of health insurance coverage has serious downstream effects, including detrimental effects on the quality and continuity of patient care, which make it more difficult for Revere Medical to achieve its quality of care goals. When patients lose coverage, they often delay or forgo care, making it harder to manage chronic diseases and maintain consistent preventative care. Missed opportunities for early intervention often lead to worsening health conditions and require more intensive and costly treatment later. These gaps in care also weaken the trust and continuity that form the foundation of the patient-provider relationship, especially in the primary care context.

Coverage instability also makes it more difficult for Revere Medical to achieve affordability goals due to increased fragmentation and duplication in patient care (e.g., patients without health care insurance are more likely to visit the emergency department), less continuity in the patient-provider relationship, lower quality care resulting in greater disease burden, and high acuity services and care not being provided in the most appropriate, lowest cost setting. These impacts also make it more difficult for health care providers like Revere Medical to manage risk and total medical expense under value-based contracts and alternative payment arrangements.

The equity implications of coverage loss are similarly concerning. The Massachusetts residents most likely to be affected by new eligibility rules are those who have been historically underserved and already face barriers to accessing consistent preventative care. As a result, it will be more difficult for Revere Medical to support the Commonwealth's health equity goals.

Simply put, loss and gaps in insurance coverage risk major disruption in patient access to primary care, which we believe will lead to poorer health outcomes and higher long-term costs to both patients and the Commonwealth.

### **Recommended State-Level Actions to Support the Delivery of Primary Care**

While much remains uncertain, we recognize that the ultimate impact of federal policy changes will depend heavily on how they are implemented at the state-level. Revere Medical encourages state policymakers to carefully consider the downstream consequences of new or modified federal requirements, particularly related to eligibility determinations and related administrative processes. Policies that inadvertently increase coverage churn or shift additional administrative burdens to providers will only exacerbate the challenges already present in the primary care sector.

To mitigate these risks, we encourage lawmakers, regulators and other leaders in the health care sector to focus on strengthening state-level safety nets to prevent unnecessary loss of health care coverage. With respect to implementation of new eligibility requirements, we believe streamlining the eligibility determination and redetermination processes will be critical to minimizing administrative complexity and avoiding coverage gaps to the extent possible. Additionally, we encourage the Commonwealth to prioritize transparency and collaboration among state agencies, payors and providers so that organizations like Revere Medical can provide input and plan effectively for any changes, prioritizing the delivery of uninterrupted, high-quality care.

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?

Revere Medical, like many Massachusetts health care organizations, continues to face persistent challenges in recruiting and retaining primary care providers. Notably, although Massachusetts has a large number of physicians per capita, primary care physicians represent a relatively small share of the total physicians in Massachusetts, and residents increasingly report difficulty accessing primary care services.

### **Strategies Revere Medical Has Implemented to Improve Recruitment and Retention**

Over the past year, Revere Medical has implemented several targeted strategies to strengthen recruitment and retention of our primary care workforce. As we highlighted in our testimony to the Health Policy Commission last year, Revere Medical has remained focused on building trust and continuity with the providers and staff that joined our team following the acquisition of Steward Health Care's primary care organization. We recognize that fostering a positive culture during and after the transition has been essential to retaining our team and maintaining access to high-quality care for our patients.

Administrative tasks are one of the most significant contributors to physician burnout. Revere Medical, with the support of its affiliated management services organization (MSO), has made significant investments in technology and staff to support our clinicians so that they can focus on patient care. These investments in technology are intended to improve workflow efficiency and alleviate some of the more cumbersome tasks that typically fall to providers, such as certain aspects of electronic health records ("EHR") documentation (e.g., excessive clicks), prior authorizations and related payor interactions, reporting on quality metrics, billing and coding documentation, refill requests, and other lower urgency patient communications. Many of these tasks can be streamlined with technology or redirected to administrative or other clinical staff members who can more efficiently address the issue.

Additionally, Revere Medical continues to actively recruit new providers through a relationship-driven approach that emphasizes collaboration, clinical autonomy, and professional growth. Our recruitment strategy focuses on identifying candidates whose values align with our mission and on creating a supportive environment where clinicians can thrive, and, importantly, focus on patient care.

### **Policy Recommendations to Better Support the Primary Care Workforce Pipeline**

While Revere Medical remains committed to pursuing strategies within our control to recruit and retain a strong workforce, the challenges facing primary care cannot be solved by individual organizations alone. We appreciate the Health Policy Commission's leadership in bringing attention to the systemic challenges faced by the primary care sector and concur in the Health Policy Commission's assessment that there is a critical need for primary care reform.

The trends highlighted in the Health Policy Commission's "A Dire Diagnosis: The Declining Health of Primary Care in Massachusetts" are consistent with the challenges that Revere Medical faces in maintaining our primary care workforce. Primary care is the foundation of an effective health care system, yet reimbursement levels for primary care have not kept pace with the growing demands and complexity of care. Moreover, lower primary care provider compensation relative to other specialties, combined with the high cost of education, continues to discourage many medical and nursing students from pursuing careers in primary care. Without meaningful reform, we believe these economic realities will perpetuate workforce shortages and further limit access to care, particularly in underserved communities.

In addition to the other reforms discussed in our testimony, Revere Medical would encourage lawmakers, regulators and other leaders in the healthcare sector to prioritize the following:

- Increase reimbursement rates for primary care services, recognizing the essential role of longitudinal, preventive and coordinated care in reducing overall health system costs.
- Increase state funding for loan repayment and scholarship programs for medical and nursing students who commit to practicing primary care in the Commonwealth.
- Increase the number of medical school and residency seats to help meet growing workforce needs and provide more opportunities for talented students to pursue careers in medicine—particularly in primary care.

These policy changes would complement the efforts of organizations like Revere Medical that are already investing in reducing administrative burden, improving infrastructure and supporting provider well-being. We believe strongly that sustainable reform is vital to ensuring that primary care is seen as an appealing and viable career path so that all patients in Massachusetts can access high-quality care.

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?

Reducing unnecessary administrative complexity is essential to sustaining high-quality, patient-centered primary care across Massachusetts. Our clinicians and staff are deeply committed to delivering coordinated, efficient and compassionate care, but fragmented payor requirements and non-standardized processes often divert attention from patient care and create avoidable friction in the health care system. We believe that simplifying administrative requirements would benefit patients, providers and payors alike by reducing clinician burnout and promoting better use of resources across the continuum of care.

#### **Strategies Revere Medical Has Implemented to Address Administrative Complexity**

As a multi-site primary care organization serving diverse communities across the Commonwealth, Revere Medical interacts daily with a wide range of government and commercial payors. Each has distinct documentation, billing and prior authorization requirements, creating operational complexity and often requiring customized workflows for each payor. Additionally, overlapping quality and reporting requirements, often with different definitions and submission processes, consume significant staff time that could otherwise support patient engagement and population health initiatives.

To offset the burden of administrative requirements on our clinical and non-clinical staff, Revere Medical has prioritized improving its information technology infrastructure, by, among other things, enhancing the EHR platform used across our practices, building more robust and centralized referral and authorization teams, and automating many reporting and reconciliation functions. These internal initiatives have improved our efficiency and clinician experience. However, industrywide progress will require consistent standards and shared accountability among policymakers, payors and providers.

#### **Policy Recommendations to Reduce Administrative Complexity**

To meaningfully reduce administrative complexity while preserving quality oversight, we recommend that policymakers consider the following policies and strategies:

- Streamline prior authorization by developing a uniform set of evidence-based criteria for common services, automating approvals for low-variation care (e.g.,

generic medications and routine imaging), mandating rapid turnaround times for payor determinations, and relaxing requirements under full risk arrangements.

- Align quality reporting requirements across payors and regulatory agencies to reduce duplicative data submission. We believe a core set of standardized metrics focused on outcomes and equity would substantially reduce reporting workload while preserving accountability.
- Simplify credentialing and provider enrollment processes by developing a centralized system or process that establishes uniform timelines for enrollment of new providers across payors.

Reducing unnecessary administrative variation would not only enhance operational efficiency but also strengthen care delivery by allowing clinicians to spend more time with patients and less on documentation. For patients, these reforms would translate into faster access to needed care, fewer coverage denials and improved continuity. For the Commonwealth, they would promote better alignment between payors and providers, reduce avoidable costs and support the long-term sustainability of the primary care system.

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?

High-quality, accessible primary care is the backbone of an equitable and sustainable health care system. As a community-based organization providing comprehensive primary care throughout the Commonwealth, we serve a diverse patient population with a wide range of cultural and socioeconomic backgrounds. Our mission is to deliver high-quality, person-centered care that integrates physical and behavioral health, addresses social determinants of health, and meets patients where they are.

### **Strategies Revere Medical Has Implemented to Enhance Access to Affordable, High-Quality, Person-Centric Primary Care**

Over the past year, Revere Medical has undertaken a series of strategic investments to enhance access to care and improve patient outcomes. We have expanded our primary care workforce, through, among other initiatives, recruiting for bilingual and bicultural clinicians to better serve our communities. We have also modified clinic hours into

evenings and expanded our telehealth services to ensure that patients can access care conveniently and without unnecessary delay. These changes have been especially important for working families, older adults and individuals with limited transportation.

Revere Medical is especially proud of the comprehensive care management and support services that we provide to our MassHealth patients who participate in Revere Health Choice. These care management programs provide personalized support to help patients navigate health challenges, achieve medical goals, and address social determinants of health. Our care managers not only provide direct support to patients, but also connect patients with counselors, therapists, and other community resources to help address their needs, including essential needs such as food, housing, utilities, and legal support. For example, our Healthy Beginnings program provides a perinatal care coordinator and other free support to MassHealth patients during pregnancy, childbirth and the postpartum period; our Post-Discharge Outreach program helps ensure safe patient transitions after inpatient stays, by, among other things, advising on discharge plans, scheduling follow-up appointments, and connecting patients with community resources; and our pharmacy services team provides personalized medication support to patients, by, among other things, reviewing and answering patient questions about their medications.

Revere Medical monitors the impact of these initiatives through a combination of clinical, operational and patient experience measures. We track quality indicators such as hypertension control, diabetes management, depression screening and follow-up, and childhood immunization rates.

While we believe Revere Medical's initiatives have improved access to care and patient satisfaction, the broader payment and policy environment continues to pose challenges. For example, current reimbursement rates for behavioral health and care management do not fully support integrated or team-based models of care.

### **Policy Recommendations to Enhance Equitable Access to High-Quality Primary Care**

To enhance equitable access to high-quality primary care across the Commonwealth, we recommend the following reforms:

- Increase investment in primary care as a share of total health care spending, with an emphasis on prevention, team-based care and accountability for outcomes rather than volume.
- Establish sustainable payment models for integrated behavioral health, including funding for licensed behavioral health clinicians, care coordinators and social service partnerships within primary care practices.

- Expand workforce development programs that incentivize primary care and behavioral health clinicians to practice in community-based settings through loan repayment and scholarships.
- Simplify administrative and reporting requirements for primary care providers to reduce administrative burden and allow clinicians to focus on patient care.

These reforms would allow Revere Medical and other community-based organizations to sustain and expand person-centered, integrated primary care. By aligning payment and policy structures with the realities of community practice, the Commonwealth can help ensure that every Massachusetts resident, regardless of income, zip code, or language, has access to affordable, high-quality primary care that supports longevity and well-being.

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?

Revere Medical shares the Commonwealth’s concern about rising health insurance premiums and the growing financial strain these costs impose on Massachusetts residents. We are taking a variety of actions that we believe will help constrain rising healthcare costs in Massachusetts and we look forward to continuing to collaborate with the Health Policy Commission and other stakeholders to achieve this goal.

### **Ensuring Continued Access to High Quality Primary Care**

When patients are unable to conveniently access primary care services in a timely manner, medical problems can become more severe and issues that might have been resolved with an inexpensive doctor’s visit can require more costly interventions. As the Health Policy Commission noted in a recent report, “[l]imited access to primary care can lead to potentially avoidable ED and inpatient hospital use and associated higher spending, as well as worse patient outcomes, especially for patients managing chronic conditions.” Revere Medical is committed to maintaining and improving access to primary care services for Massachusetts residents which will, in turn, help reduce patient reliance on more costly interventions and limit the growth of healthcare costs.

### **Expanding Access through Primary Care Provider Recruitment**

Revere Medical is also actively investing in recruiting additional primary care clinicians to improve patient access to care within Massachusetts. Massachusetts faces a continuing

primary care provider shortage. As the Health Policy Commission has reported, in 2023, 41% of Massachusetts residents reported difficulty accessing care, with the most cited reason being the inability to get an appointment at a doctor's office or clinic when needed. By working to increase our primary care capacity (and the primary care capacity in Massachusetts overall), we can help families access timely care and reduce reliance on higher cost settings of care (e.g., emergency departments and hospitalizations).

### **Implementing Technology to Improve Efficiency**

Revere Medical is also deploying technology-enabled clinical documentation and data integration tools to reduce administrative burden and improve workflow efficiency, which help reduce administrative costs and allow providers to focus their attention on patient care. Importantly, tools such as these have been shown to significantly reduce provider burnout, which is a factor identified by the Health Policy Commission as contributing to the Commonwealth's lack of an adequate supply of primary care providers. These tools can also enhance the quality of primary care services by helping providers identify potential diagnoses and necessary interventions, thus reducing avoidable subsequent expenses (e.g., emergency department visits and hospitalizations).

### **Centralizing Services to Reduce Administrative Burden**

Revere Medical relies on its affiliated MSO to centralize management functions (including billing, credentialing, human resources, compliance, and population health analytics) which in turn creates economies of scale and eliminates duplicative overhead costs. This centralization allows providers to spend less time on non-clinical tasks, increases productivity, and reduces overall administrative costs, resulting in an overall decrease in health care costs.

### **Partnering on Alternative Payment Models**

In collaboration with commercial and governmental payors, Revere Medical continues to implement value-based payment arrangements that reward prevention, care coordination, patient outcomes and satisfaction, and total cost of care management, rather than simply paying providers based on the volume of services provided. In order to further our success under these value-based payment arrangements, we use data analytics to focus resources on high-risk patients and track quality and costs.

In short, Revere Medical is focused on continuing to invest in maintaining and enhancing its primary care practices to benefit patients in Massachusetts in both the short and long term. These investments—including in primary care provider retention and recruitment, advanced technology platforms, centralized administrative functions, and value-based care initiatives—will enable us to deliver more accessible, efficient, and coordinated care.

This will, in turn, help to slow cost increases and reduce the financial burden of care on Massachusetts patients.

## 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.

As primary care providers, discussions regarding the cost of services, such as copayments, deductibles, coinsurance and private pay rates, typically occur informally with front desk staff during scheduling, check-in, or billing interactions. Because these conversations are part of routine administrative processes and not separately tracked, we do not have specific data on the number of individuals who have requested pricing information.