

Apex News - Apex brings in Practice Leader from BCBS of MA Market News - Blues take on Provider Networks in fight for Healthcare Cost Stability in MA

October 27th 2025

Apex welcomes a New Practice Leader, Matt Tierney!

We're thrilled to welcome **Matt Tierney** as **VP & Practice Leader of Employee Benefits**. Matt is a 25-year veteran at Blue Cross Blue Shield of Massachusetts, most recently serving the large group market. He brings rare, end-to-end insight into our healthcare system—from small group to large group, including rating and underwriting drivers, and value-add carrier wellness programs that improve population health outcomes.

Matt's joining comes as **Apex** continues to vault into the conversation as the **broker putting client needs first—always**. His experience, integrity, and data-driven approach will help our clients navigate costs, elevate care quality, and deliver benefits that truly matter.

Welcome aboard, Matt!

APEX BENEFITS PARTNERS
where clients come first

WELCOME TO THE TEAM

MY STORY

Matt has over 25 years of Health plan experience working with accounts from small, to more recently large, national businesses. Matt has expertise across all lines of Medical and Ancillary Offerings including Medicare. This has allowed Matt to work with consultants and businesses to find solutions to their complex health and benefits needs.

Matt leaves **Blue Cross Blue Shield of MA** after a successful 24 year tenure ready to bring his industry knowledge to **Apex Benefits Partners**.

Matt is a member of the Town of Weymouth Scholarship Fund Committee, which provides grants to Weymouth, MA residents toward their continuing education. Matt is a licensed MA Accident and Health broker.

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Speaking of BCBS...Globe highlights public fight brewing between Health Carriers and Hospital/Provider Networks

The quiet driver of MA cost trends: payer-provider infighting. Last Wednesday the below article made its way to the Globe. It was reported that that **Blue Cross Blue Shield of Massachusetts warned nearly 200,000 patients** that **UMass Memorial Health** could soon be **out of network** amid a contract dispute—meaning members may have to switch doctors or face higher out-of-pocket costs.

Nearly 200,000 people could lose access to UMass Memorial in contract dispute with Blue Cross

By [Jessica Bartlett](#) Globe Staff, Updated October 22, 2025, 5:00 p.m.



Why this matters for where MA premiums are headed: These payer-provider standoffs—pricing, coding audits, and hardball renewals—don't just make headlines; they **push volatility into employer premiums and member experience**. Access can change with little notice; costs jump when care goes out of network.

What businesses should be strategizing today:

- **Pressure-test your network:** identify COEs and alternates, and pre-build steerage paths before disputes land. *Ask for a custom Apex steerage plan based on your specific population!*
- **Model out-of-network exposure:** Know your financial risk by region/service line and set communication triggers.
- **Lock in value, not just rates:** Bundle high-cost episodes, require transparency, and measure quality (SET rates, avoidable admits, Rx management).

Do we believe UMass is leaving? No, ultimately these negotiations tend to work themselves out at the final hour. But, it doesn't change the fact that we are still searching for a bipartisan solution to healthcare in Massachusetts. The finger pointing is already starting...

Blue Cross plans to target doctors for overcharging. Physicians are furious.

By [Jonathan Saltzman](#) Globe Staff, Updated October 24, 2025, 1 hour ago



The Boston Globe reports that Blue Cross Blue Shield of Massachusetts is moving to crack down on what it views as systematic **overcharging by physicians**, triggering fierce pushback from doctors who argue the approach ignores clinical complexity and penalizes those caring for sicker patients. It's a fresh flashpoint in the long-running fight over **who absorbs cost control—insurers, providers, or patients**, and it lands as separate contract standoffs threaten patient access and destabilize networks.

Why this matters right now:

- **Access risk during negotiations.** Nearly **200,000** people were warned they could lose in-network access to UMass Memorial amid a Blue Cross contract impasse; *illustrating how bargaining tactics spill over to patients with higher OOP costs and forced provider switches.*
- **Network churn beyond one system.** Other MA providers are openly posting FAQs and timelines around changing Blue Cross participation; *underscoring how fluid—and disruptive—these deals have become.*
- **Macro pressure equals harder deals.** With rising delivery costs and post-pandemic financial strain, renewals are tougher, and each side is using more aggressive tools defend margins; *pushing volatility into employer premiums and member experience.*

Do these issues have staying power? This isn't just policy noise; it's a core reason premiums climb and networks shift. Expect more audits, tighter coding rules, and hardball contracting to surface as "cost containment"—with real consequences at the point of care. Employers should pressure-test plan designs, out-of-network protections, and steerage strategies before renewal to avoid surprise access issues and cost spikes.

The market is noisy; contracts are volatile, pricing models are opaque, and costs keep climbing. A partnership with **Apex** sets you up for success because we're relentlessly client-driven and know exactly when and where to push the right buttons.

We understand carrier pricing and underwriting mechanics and negotiate from facts not hope.
We implement steerage, primary care/pharmacy optimization, and evidence-based benefits (fertility, behavioral health) that improve outcomes and lower trend.

We monitor contract risk, model out-of-network exposure, and deploy member communications before disruptions hit.

We will steer your health plan toward a healthier, sustainable direction—built around your people and your budget.

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