CHIA Data User Workgroup

Donald Kirkwood, Manager of Data Release and Procurement
Scott Curley, Chief Data Product Officer
Anne Medinus, Senior Research Account Specialist
Sylvia Hobbs, Associate Director of Artificial Intelligence and Data Innovations
May 26, 2026

Agenda

Announcements:

- FY2025 HIDD Availability
- Requesting Data Using CHIA's New Online Application Process
- Alert: Impact of Place on Dental Use by Medicaid-Enrolled Adults in Massachusetts

Data User Support Questions

- FY2025 HIDD Documentation and Release Notes
- MA APCD Gobeille Impact Reminder
- Case Mix MDM ID Sequence
- Carrier License Type

Q&A

Questions?

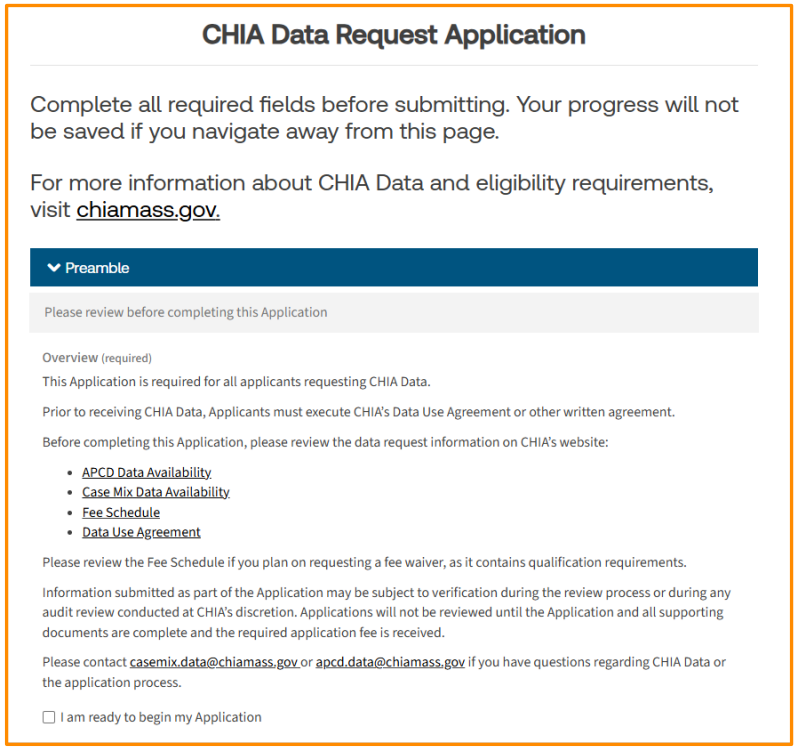
Announcements

FY2025 Case Mix Hospital Inpatient Discharge Data (HIDD) is Now Available for Application

- **FY2025 hospital inpatient discharge is now available for application.**
- FY2025 outpatient emergency department visit data is targeted for release in August 2026.
- FY2025 outpatient observation stay data is targeted for release in September 2026.

Use CHIA's New Online Application Process for Requesting Case Mix data and MA APCD

Data users can now apply through a new smart online application form. There is now **one application form** for Case Mix or MA APCD data requests. The new process is designed to help users request appropriate data more efficiently.



CHIA Data Request Application

Complete all required fields before submitting. Your progress will not be saved if you navigate away from this page.

For more information about CHIA Data and eligibility requirements, visit chiamass.gov.

Preamble

Please review before completing this Application

Overview (required)

This Application is required for all applicants requesting CHIA Data.

Prior to receiving CHIA Data, Applicants must execute CHIA's Data Use Agreement or other written agreement.

Before completing this Application, please review the data request information on CHIA's website:

- APCD Data Availability
- Case Mix Data Availability
- Fee Schedule
- Data Use Agreement

Please review the Fee Schedule if you plan on requesting a fee waiver, as it contains qualification requirements.

Information submitted as part of the Application may be subject to verification during the review process or during any audit review conducted at CHIA's discretion. Applications will not be reviewed until the Application and all supporting documents are complete and the required application fee is received.

Please contact casemix.data@chiamass.gov or apcd.data@chiamass.gov if you have questions regarding CHIA Data or the application process.

I am ready to begin my Application

REQUESTING DATA USING CHIA'S NEW ONLINE APPLICATION PROCESS

Step-by-step instructions for the MA APCD data at: https://www.chiamass.gov/request-ma-apcd-data and
Step-by-step instructions for Case Mix data at: https://www.chiamass.gov/request-case-mix-data

The application process applies to all data requestors, with certain steps varying based on applicant type and the purpose behind the request. Where the process differs, those differences are noted below.

Prior to submitting an **MA APCD request**, all applicants should determine whether they are requesting:

- Identifiable Data, or
- Statistically De-identified Data

Prior to submitting a **Case Mix request**, all applicants should determine whether they are requesting:

- Identifiable Data, or
- HIPAA-Safe Harbor Compliant De-identified Data

Requests for Identifiable Data for Research must include:

- A detailed description of the following:
- Research methodology, objectives, and rationale
- The need for specific Identifiable Data elements
- How the results will be published or contribute to generalizable knowledge
- Authorization to receive Identifiable Data, either through individual patient authorization or waiver of authorization approved by an Institutional Review Board or Privacy Board.

CHIA ANNUAL DATA RELEASE STATUS (MA APCD)

Right on schedule with the promised targeted release date, all years of Massachusetts APCD data are now available for application, see: https://chiamass.gov/ma-apcd

MA APCD Overview

MA APCD Overview
(Updated – December 2025)

Request MA APCD Data

See step-by-step instructions
to apply for MA APCD data

MA APCD Calendar Year 2024 Documentation

- MA APCD CY 2024 Documentation Guide
- MA APCD CY 2024 Release Notes
- MA APCD CY 2024 Standardized Extract Data Specifications
- MA APCD Updated Master Patient Index and Data Exclusion
- MA APCD CY 2024 De-Identification Summary

Annual Release Status

This information was updated on: 03/13/2026

MA APCD Releases

Product	Target	Actual	Status
MA APCD CY 2024 (2020-2024 data with six-month run out from 2025)	Fall 2025	Fall 2025	Available
Release Status Notes • MA APCD CY 2024 is available for application.			
MA APCD CY 2023 (2019-2023 data with six-month run out from 2024)	Fall 2024	Fall 2024	Available
Release Status Notes • MA APCD CY 2023 is available for application.			

REMEMBER DATA USE STARTS WITH READING THE DOCUMENTATION

ALERT: AcademyHealth Annual Research Meeting 2026 Session on Governing AI in Healthcare June 2, 2026

Governing AI in Healthcare: Oversight, Accountability, and Strategy
Tuesday, June 2, 2026, 10:15 AM - 11:30 AM PDT, 4C-2 (Level 4, Seattle Convention Center),
Session Type: Podium

Session Description: The speakers examine why AI in healthcare requires strong oversight and how governance can improve through technical protocols, policy design, legal safeguards, and national strategy. They explore risks such as bias, opacity, and misuse, and highlight approaches that strengthen accountability and protect patients and providers.

Chair
Sylvia Hobbs, MPH
Massachusetts Center for Health Information and Analysis (CHIA)

Presentations

Automating Inequity: A Counterfactual Digital Twin Audit of Intersectional Bias In AI-Driven Prognostication
L. Raymond Guo, PhD, MA, MS, West Virginia University, Morgantown, WV and Shuimei Liu, JD., China University of Political Science and Law, Beijing, China

Early Evidence for Context-Aware Large Language Models (LLMs) In Sensitive Health Data Classification
Soroush Dianaty, MD, Martha Kaiser, MS, Anita Murcko, MD, MACP, FAMIA and Adela Grando, PhD, FAMIA, FACMI, Arizona State University, Phoenix, AZ

The National Addiction and Health Data Archive Program's Strategy for Sharing AI-Ready Data and Responsible Large Language Model (LLM) Use
Amy Pienta, PhD, Chelsea Samples-Steele, M.S. and Joe Saul, J.D., CISSP, CIPM, CIPP/E, University of Michigan, Ann Arbor, MI

The Transparency Paradox: How "Trade Secret Supremacy" Clauses Undermine Algorithmic Accountability In State AI Laws
Shuimei Liu, JD., China University of Political Science and Law, Beijing, China and L. Raymond Guo, PhD, MA, MS, West Virginia University, Morgantown, WV

AcademyHealth ANNUAL RESEARCH MEETING
MAY 30–JUNE 2, 2026 | Seattle Convention Center | Seattle, WA

The AcademyHealth 2026 Annual Research Meeting (ARM) will take place May 30 - June 2, 2026, in Seattle, WA. You can now search online the presentations by themes and session types and other navigation options online at: https://academyhealth.confex.com/academyhealth/2026arm/meetingapp.cgi

Once you find a session, you can click on it for more details and any available handout materials. Some presenters are uploading PDFs of their presentations in advance of the meeting.

ALERT: AcademyHealth Annual Research Meeting 2026
Session on AI in Action: Insights from Patients, Providers, and Health Systems May 30, 2026

AI in Action: Insights from Patients, Providers, and Health Systems
Saturday, May 30, 2026, 12:30 PM - 1:45 PM PDT, Session Type: Podium
4C-2 (Level 4, Seattle Convention Center)

Session Description: The speakers highlight how health systems and researchers are using generative AI and machine learning to extract policy data, support clinical decisions, monitor emerging risks, and understand patient and provider perspectives. They explore the real-world impact of these tools on care delivery, trust, and the patient experience.

Chair
Usha Sambamoorthi, PhD
Temple University

Presentations

Using Artificial Intelligence to Extract Standardized Data from Hospital Financial Assistance Policies
Omkar Waghmare, MS, Kelsey Chalmers, PhD, Paula Smith, MPH and Vikas Saini, MD, Lown Institute, Needham, MA

Near Real-Time Illicit Drug Surveillance and Clinical Decision Support with Generative Artificial Intelligence
David Zhu, BSc1, Ana Maldonado2, Hannah Eyre, MS3, Vilija Joyce4, Elliot Fielstein2, Michael Stringer5, William Kazanis2, Michael Slentz2, Carla Garcia, MPH6, Robin Kinnard2, Ashanti Corey2, Elizabeth Oliva, PhD7, Joseph Liberto, MD8, Dominick DePhilippis9, Kamonica Craig, PharmD, BCPP10, Jodie Trafton2, Ruth Reeves2 and Suzanne Tamang, PhD11, (1)Virginia Commonwealth University School of Medicine, Richmond, VA, (2)Dept of Veterans Affairs, District of Columbia, (3)Dept of Veterans Affairs, Seattle, WA, (4)VA Palo Alto Health Care System, Palo Alto, CA, (5)George E. Wahlen Dept of Veterans Affairs Medical Center, Salt Lake City, UT, (6)Veterans Health Administration, Menlo Park, CA, (7)VA Program Evaluation and Resource Center, VA Palo Alto Healthcare System, Menlo Park, CA, (8)Veterans Health Administration, Baltimore, MD, (9)Veterans Health Administration, Philadelphia, PA, (10)Veterans Health Administration, Long Beach, CA, (11)The U.S. Dept of Veterans Affairs, Office of Mental Health and Suicide Prevention, Menlo Park, CA

Patient and Physician Perceived Benefits and Risks with AI Clinical Scribes: A Qualitative Study
Catherine Nasrallah, MPH, CHES1, Cherish Wilson, BA1, Ritika Putta1, Devi Shah1, Cynthia Fenton, MD2, Sara Murray, MD MAS1, Julia Adler Milstein, PhD1, Maria Byron, MD1 and Jinoos Yazdany, MD, MPH2, (1)University of California San Francisco (UCSF), San Francisco, CA, (2)University of California, San Francisco, San Francisco, CA

Provider Engagement In the Development of HIV Risk Prediction Model for Women
Lori Bilello, PhD, MBA/MHS1, Jingchuan Guo, MD, PhD2, Yiyang Liu, Ph.D.2 and Mattia Prosperi, PhD, MEng3, (1)University of Florida College of Medicine, Jacksonville, FL, (2)University of Florida, Gainesville, FL, (3)University of Florida College of Public Health and Health Professions and College of Medicine, Gainesville, FL

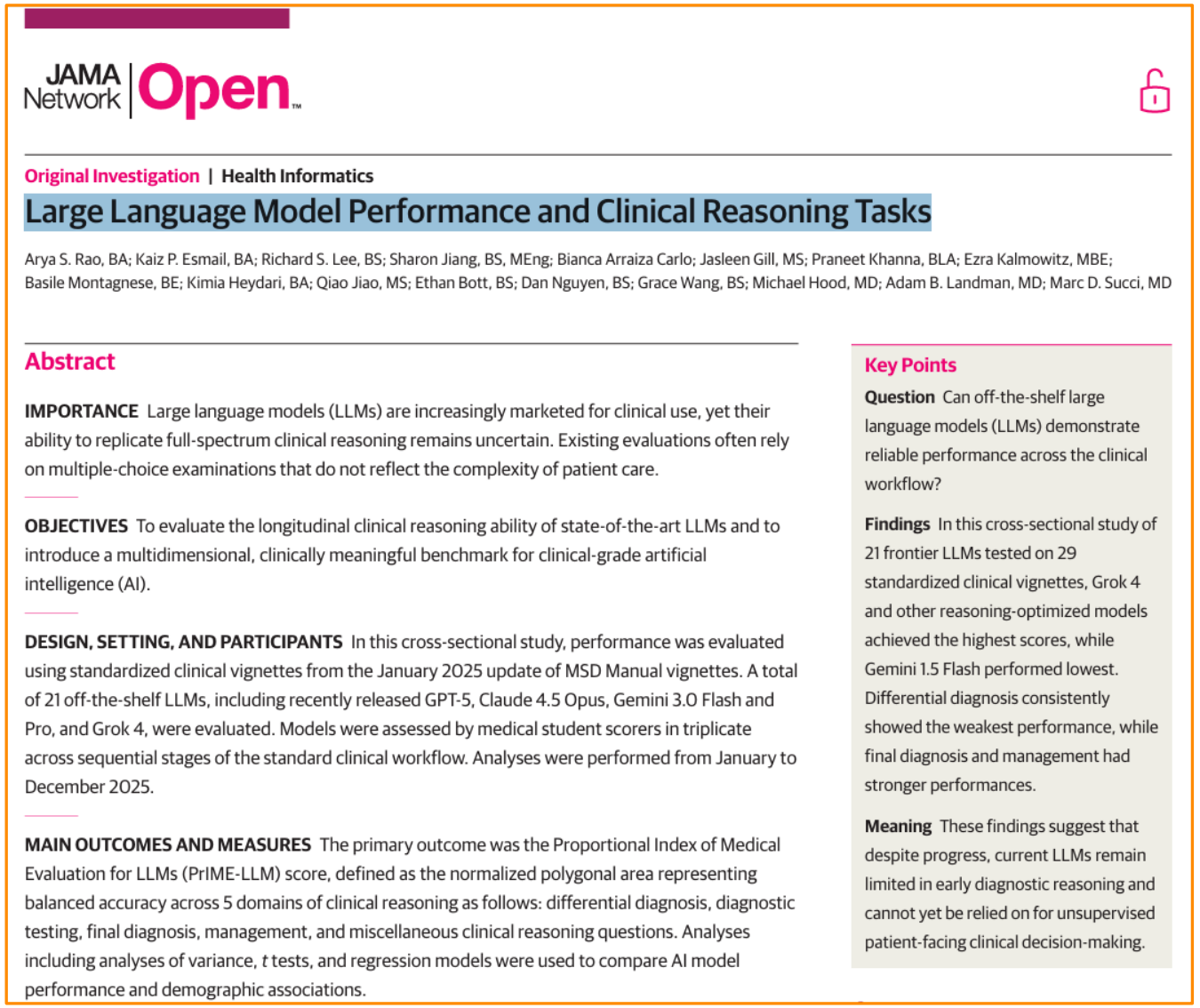
AcademyHealth ANNUAL RESEARCH MEETING
MAY 30–JUNE 2, 2026 | Seattle Convention Center | Seattle, WA

The Lown Institute in Needham, Massachusetts, a nonprofit, nonpartisan health policy think tank that conducts research and produces data-driven rankings to evaluate hospital performance, cost, and equity in the U.S. healthcare system is one of the lead authors, with 22 co-investigators, on a study Using Artificial Intelligence to Extract Standardized Data from Hospital Financial Assistance Policies.

LOWN INSTITUTE

https://lowninstitute.org

ALERT: New Publication on Large Language Model Performance and Clinical Reasoning Tasks



JAMA Network Open

Original Investigation | Health Informatics

Large Language Model Performance and Clinical Reasoning Tasks

Arya S. Rao, BA; Kaiz P. Esmail, BA; Richard S. Lee, BS; Sharon Jiang, BS, MEng; Bianca Arraiza Carlo; Jasleen Gill, MS; Praneet Khanna, BLA; Ezra Kalmowitz, MBE; Basile Montagnese, BE; Kimia Heydari, BA; Qiao Jiao, MS; Ethan Bott, BS; Dan Nguyen, BS; Grace Wang, BS; Michael Hood, MD; Adam B. Landman, MD; Marc D. Succi, MD

Abstract

IMPORTANCE Large language models (LLMs) are increasingly marketed for clinical use, yet their ability to replicate full-spectrum clinical reasoning remains uncertain. Existing evaluations often rely on multiple-choice examinations that do not reflect the complexity of patient care.

OBJECTIVES To evaluate the longitudinal clinical reasoning ability of state-of-the-art LLMs and to introduce a multidimensional, clinically meaningful benchmark for clinical-grade artificial intelligence (AI).

DESIGN, SETTING, AND PARTICIPANTS In this cross-sectional study, performance was evaluated using standardized clinical vignettes from the January 2025 update of MSD Manual vignettes. A total of 21 off-the-shelf LLMs, including recently released GPT-5, Claude 4.5 Opus, Gemini 3.0 Flash and Pro, and Grok 4, were evaluated. Models were assessed by medical student scorers in triplicate across sequential stages of the standard clinical workflow. Analyses were performed from January to December 2025.

MAIN OUTCOMES AND MEASURES The primary outcome was the Proportional Index of Medical Evaluation for LLMs (PrIME-LLM) score, defined as the normalized polygonal area representing balanced accuracy across 5 domains of clinical reasoning as follows: differential diagnosis, diagnostic testing, final diagnosis, management, and miscellaneous clinical reasoning questions. Analyses including analyses of variance, *t* tests, and regression models were used to compare AI model performance and demographic associations.

Key Points

Question Can off-the-shelf large language models (LLMs) demonstrate reliable performance across the clinical workflow?

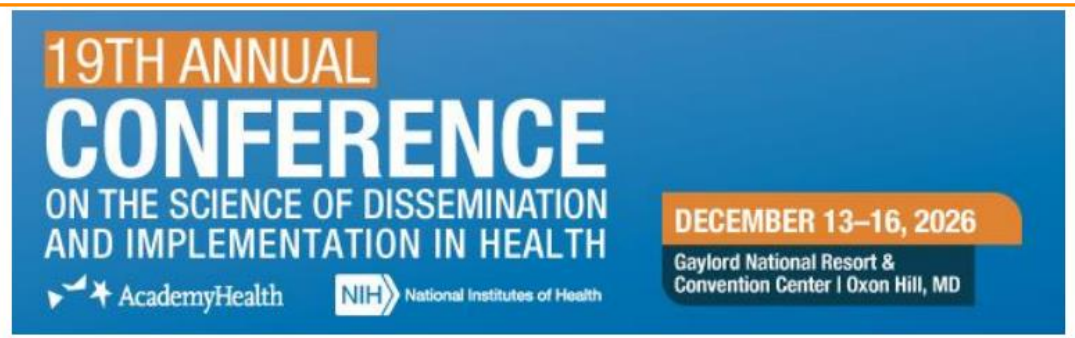
Findings In this cross-sectional study of 21 frontier LLMs tested on 29 standardized clinical vignettes, Grok 4 and other reasoning-optimized models achieved the highest scores, while Gemini 1.5 Flash performed lowest. Differential diagnosis consistently showed the weakest performance, while final diagnosis and management had stronger performances.

Meaning These findings suggest that despite progress, current LLMs remain limited in early diagnostic reasoning and cannot yet be relied on for unsupervised patient-facing clinical decision-making.

A new JAMA Network Open study, led by researchers from Harvard Medical School, Mass General Brigham, Massachusetts General Hospital, and Brigham & Women's Hospital, evaluates 21 leading large language models using a novel Proportional Index of Medical Evaluation for LLMs (PrIME-LLM) framework to measure end-to-end clinical reasoning across realistic patient cases—moving beyond traditional multiple-choice benchmarks. The findings highlight both meaningful progress and persistent limitations, underscoring that current AI systems are not yet ready for frontline diagnostic reasoning. *Rao AS, Esmail KP, Lee RS, et al. Large Language Model Performance and Clinical Reasoning Tasks. JAMA Network Open. 2026;9(4):e264003*

See: Large Language Model Performance and Clinical Reasoning Tasks | Digital Health | JAMA Network Open | JAMA Network

ALERT: Call for Abstracts for the NIH's and AcademyHealth's 19th Annual Conference on the Science of Dissemination & Implementation in Health



NOW OPEN: CALL FOR PRESENTATIONS Share your research, your ideas, and your story at the **19th Annual Science of D&I Conference.**

Elevating the Science of Dissemination: Leveraging Tools to Improve Clinical, Community, and Public Health Practice

Get your research out there! The 19th Annual Conference on the Science of Dissemination and Implementation (D&I) in Health encourages presentation submissions to nine thematic tracks that present evidence-based approaches to a multitude of clinical and community settings via public health practice, health care delivery, and health care policy.

Submit your abstract, panel, workshop, or Impact Story submission today!
SUBMISSION DEADLINE: Thursday, July 16, 2026, 5:00 p.m. ET

Learn More About This Year's Areas of Focus, see:
https://academyhealth.confex.com/academyhealth/f/2026DIAreaOfFocus

Abstract Tracks:
- Behavioral Health
- Building the Future of D&I Science: Capacity Building, Infrastructure, and Emerging Research Areas
- Clinical Care Settings: Patient-level Interventions
- Clinical Care Settings: System-level Interventions
- Global Dissemination and Implementation Science
- Health Policy Dissemination and Implementation Science
- Models, Measures, and Methods
- Prevention and Public Health
- Scaling and Implementing Evidence-Based Health Interventions to Reduce Disparities

CHIA data users working with Case Mix data and/or the MA APCD are able to observe care patterns, policy impacts, and population-level outcomes across the Commonwealth. Share how those insights translate into real-world dissemination and implementation at the 19th Annual Science of D&I Conference, and help ground the field in actionable, system-level evidence. Submit your abstract, panel, workshop, or Impact Story by July 16, 2026, 5:00 p.m. ET and bring CHIA-powered data findings to a national audience.

Abstract Submission Instructions and Form: https://academyhealth.confex.com/academyhealth/2026di/cfp.cgi

ALERT: The State of Indiana Breaks New Ground With the Nation's First Public All Payer Claims Database Chatbot

Congratulations to the Indiana Department of Insurance on being honored by the National Association of Health Data Organizations with the Innovation in Data Dissemination Award in recognition of the pioneering Indiana Health Prices Chatbot. Representing the nation's first publicly accessible, consumer-oriented All Payer Claims Database (APCD) price transparency chatbot, the platform uses natural language interaction to democratize access to healthcare pricing intelligence. See: **https://indianahealthprices.in.gov/**

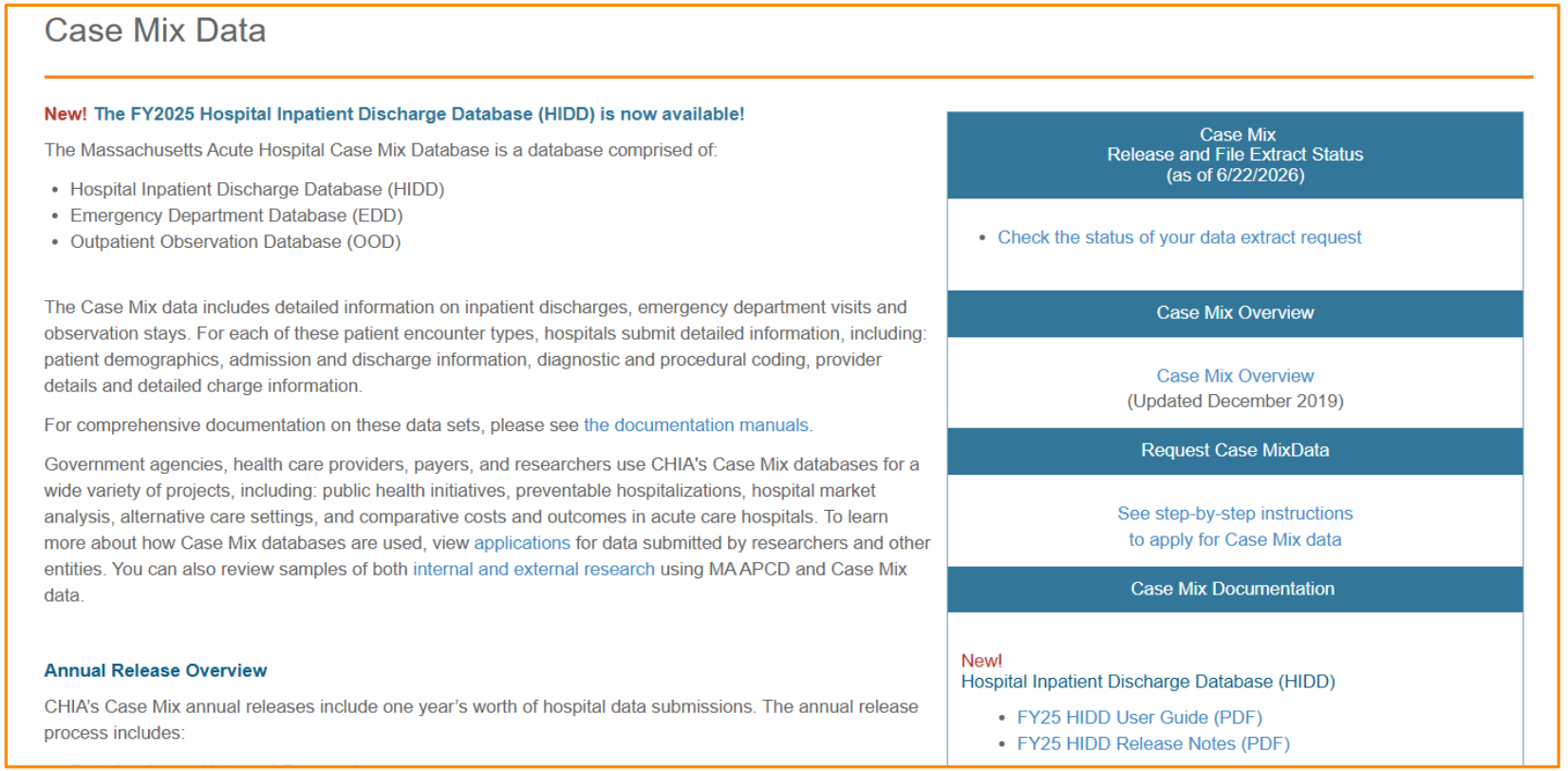
Questions?

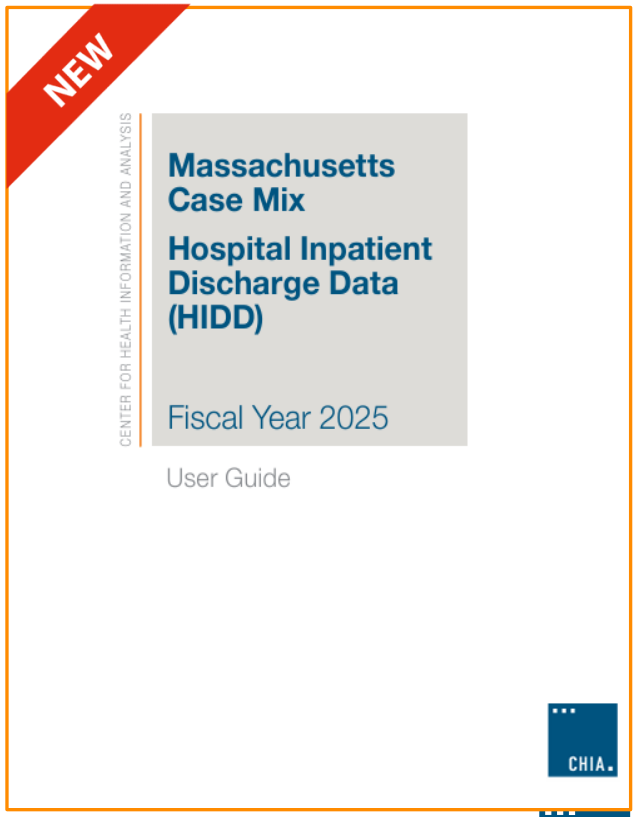
Data User Support Questions

FY2025 HIDD Data, Documentation, and Release Notes

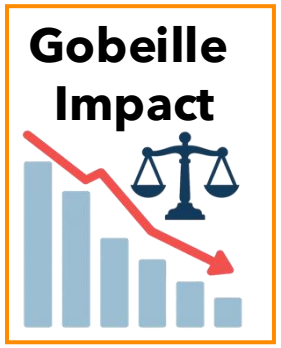
Many data user questions can be answered by first reading the HIDD User Guide and Release Notes before using the data because CHIA introduced important FY2025 updates, including new or revised values such as Admission Type Code 6: Trauma and updated demographic reporting categories for ethnicity, Hispanic indicator, homeless indicator, race, and patient sex assigned at birth. Reading the guide is essential for correctly linking tables, interpreting data elements, and accounting for known limitations in hospital reporting, coding practices, completeness, and comparability across facilities.

Link to Documentation and Release Notes: https://www.chiamass.gov/case-mix-data





Reminder: Interpreting the MA APCD Post Gobeille



Data users are reminded that observed declines in disease incidence or prevalence in MA APCD analyses after 2015 may in part reflect data loss from Gobeille-related exclusions. For example, if a study observes declines 2014–2020, those declines may be artifacts of incomplete capture, not true epidemiologic improvement. Keep in mind that:

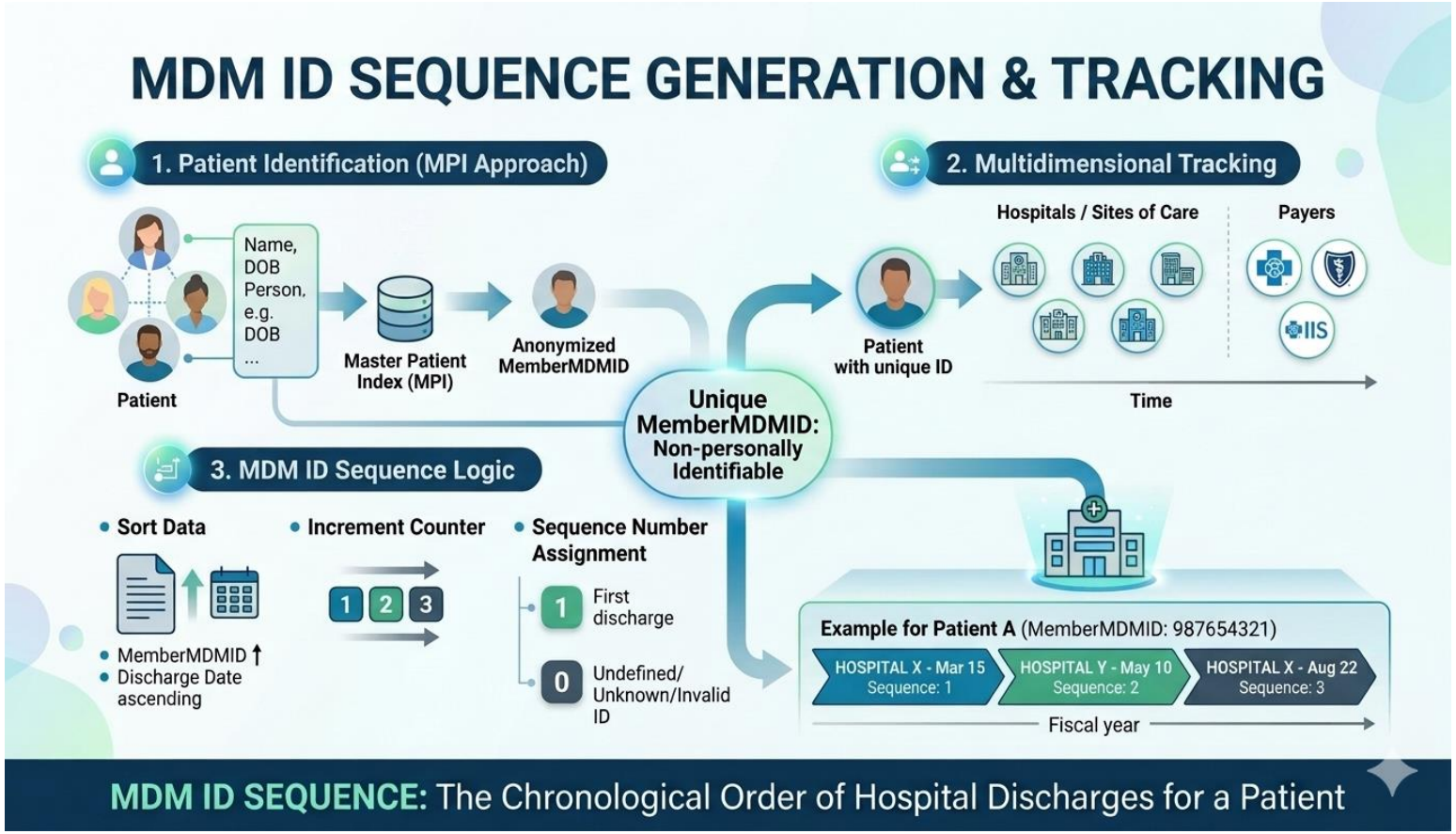
- **Gobeille v. Liberty Mutual (U.S. Supreme Court, 2016):** Held that **ERISA preempts state APCD reporting mandates for self-insured employer plans**
- **Resulting Data Gap**: Post-2016 MA APCD excludes a substantial portion of commercially insured populations covered by self-funded plans
- **Bias Risk in Trends (2014–2020):** Apparent decreases in incidence/prevalence may reflect data loss, not true population-level change
- **Differential Impact**: Effects vary by condition, age group, geography, and employer mix—comparability over time is compromised
- **Denominator Instability**: Changes in covered lives complicate rate calculations and longitudinal analyses
- **Selection Bias**: Remaining MA APCD population may be systematically different (e.g., smaller employers, fully insured plans)
- **Interpretation Caution**: Pre/post-2016 comparisons without adjustment may be misleading
- **Disclosure**: Explicitly acknowledge Gobeille-related limitations in methods/discussion to contextualize findings

For more information concerning the case, see SCOTUS blog case docket page with holding, vote, author, links to opinion analysis, argument preview/analysis, and proceedings timeline at: https://www.scotusblog.com/cases/gobeille-v-liberty-mutual-insurance-company/

Member MDM ID and MDM ID Sequence Number

CHIA used our Master Patient Index (MPI) approach to create unique Member MDM ID for distinct patients within the case mix data. The MemberMDMID provides a way to identify a distinct patient using a unique identifier that is not personally identifiable. The MemberMDMID provides the ability to track distinct patients across time, across case mix hospital sites of care, and across payers.

An MDM ID Sequence can be calculated by data users to indicate the chronological order of Inpatient discharge for patients with multiple Inpatient discharges in a fiscal year. A match with the Member MDM ID only, is used to make the determination that a patient has had multiple discharges. The Sequence Number uses the following data conventions: (1) The sequence number is calculated by sorting the file by Member MDM ID and discharge date (in ascending order). (2) The sequence number is then calculated by incrementing a counter for each Member MDM ID's set of discharges. A sequence number of "1" indicates the first discharge for the Member MDM ID in that fiscal year. If the Member MDM ID is undefined (not reported, unknown or invalid), the sequence number is set to zero.



MDM ID Sequence is the order of hospital discharges for a patient.

MDM ID Sequence Number Calculation (HIDD)

The following SQL query extracts the chronological discharge sequence for each unique patient by converting string-formatted dates (MMDDYYYY) into a sortable chronological format (YYYYMMDD), while ensuring that any missing patient identifiers or discharge dates default to a sequence number of zero. In Microsoft SQL, substring the varchar(8) format discharge date of 03262025 into an order than can be meaningfully sequenced. For instances when either the discharge date is blank or the MemberMDMID is blank, the Nullif was used to default to an MDM_sequence of '0'.

```
SELECT
    d.RecordType20ID,
    d.DischargeDate,
    m.MemberMDMID,
    CASE
      WHEN NULLIF(LTRIM(RTRIM(m.MemberMDMID)), '') IS NULL
          OR NULLIF(LTRIM(RTRIM(d.DischargeDate)), '') IS NULL
      THEN 0
      ELSE ROW_NUMBER() OVER (
        PARTITION BY m.MemberMDMID
        ORDER BY
          SUBSTRING(d.DischargeDate, 5, 4) +
          SUBSTRING(d.DischargeDate, 1, 2) +
          SUBSTRING(d.DischargeDate, 3, 2)
      )
    END AS MDMIDdischarge_sequence
FROM [HIDDReleaseFY2025].[dbo].[FIPA_HDD_2025_MEID_Mapping] AS m
INNER JOIN [HIDDReleaseFY2025].[dbo].[FIPA_HDD_2025_Discharge_Full_L167] AS d
ON m.RecordType20ID = d.RecordType20ID;
```

MDM ID Sequence Number Calculation (EDD)

The varchar(8) *discharge date in the ED database is in an order that does not require substringing so 20231226 (December 26, 2023) can numerically order of its own accord.*

```
SELECT
    e.RecordType20ID,
    e.DischargeDate,
    m.MemberMDMID,
    CASE
      WHEN NULLIF(LTRIM(RTRIM(m.MemberMDMID)), '') IS NULL
          OR NULLIF(LTRIM(RTRIM(e.DischargeDate)), '') IS NULL
      THEN 0
      ELSE ROW_NUMBER() OVER (
        PARTITION BY m.MemberMDMID
        ORDER BY e.DischargeDate
      )
    END AS MDMIDvisit_sequence
FROM [EDReleaseFY2024].[dbo].[FIPA_EDD_2024_MEID_Mapping] AS m
INNER JOIN [EDReleaseFY2024].[dbo].[FIPA_EDD_2024_Visit_Full_L041] AS e
ON m.RecordType20ID = e.RecordType20ID;
```

MDM ID Sequence Number Calculation (OSD)

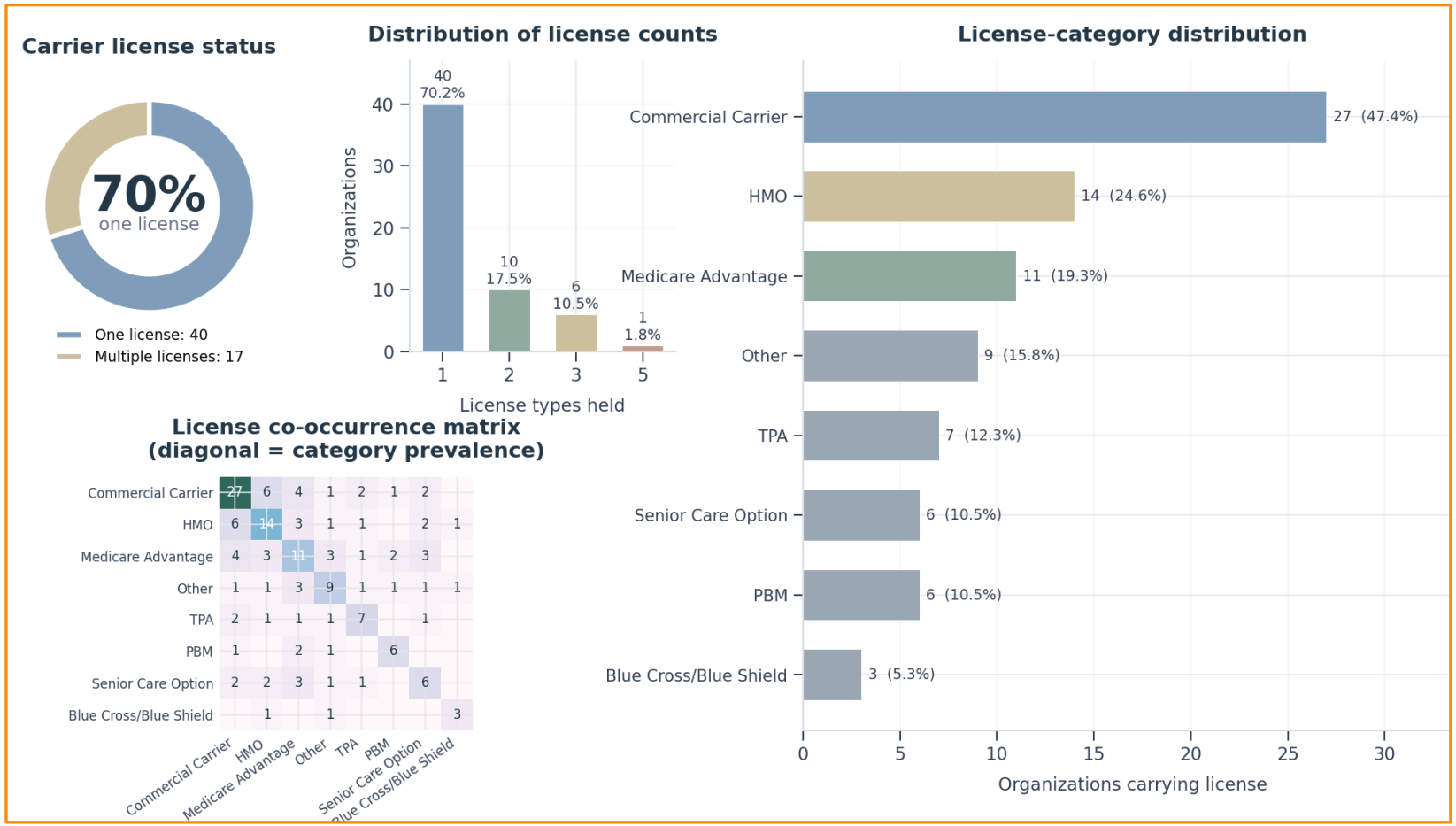
OSD has the same good new as EDD, the varchar(8) discharge date in the OSD database is in an order that does not require substringing so 20231226 (December 26, 2023) can numerically order of its own accord.

```
SELECT
    o.RecordType01ID,
    o.DischargeDate,
    m.MemberMDMID,
    CASE
      WHEN NULLIF(LTRIM(RTRIM(m.MemberMDMID)), '') IS NULL
          OR NULLIF(LTRIM(RTRIM(o.DischargeDate)), '') IS NULL
      THEN 0
      ELSE ROW_NUMBER() OVER (
        PARTITION BY m.MemberMDMID
        ORDER BY o.DischargeDate
      )
    END AS MDMIDstay_sequence
FROM [OODReleaseFY2024].[dbo].[FIPA_OOD_2024_MEID_Mapping] AS m
INNER JOIN [OODReleaseFY2024].[dbo].[FIPA_OOD_2024_Observation_Full_L041] AS o
ON m.RecordType01ID = o.RecordType01ID;
```

Carrier License Type

Question: What is the magnitude of cross licensing in the MA APCD? Do insurance carriers tend to hold multiple licenses or mostly one license type?

Answer: In the MA APCD carrier-license field, 17 of 57 organizations (29.8%) hold multiple license types, while 40 of 57 organizations (70.2%) hold only one. This distribution indicates that single-license organizations predominate, although cross-licensing represents a meaningful minority of the carrier license landscape. Cross licensing accounts for 26 additional license memberships beyond a one-license-per-organization baseline, with the strongest overlaps occurring among Commercial Carrier, HMO, and Medicare Advantage classifications.



Carrier License Type

Carriers with Multiple License Types

OrganizationName	Count of License Types	Blue Cross and Blue Shield Licensee	Commercial Carrier	Health Maintenance Organization	Medicare Advantage Organization	Other	Pharmacy Benefit Manager	Senior Care Option	Third Party Administrator
Tufts Health Plan	5		X	X	X			X	X
Fallon Health and Life Assurance Company	3		X			X			X
Commonwealth Care Alliance	3				X	X		X	
Fallon Community Health Plan	3			X	X			X	
Centene (dba Wellcare)	3				X	X	X		
CVS Caremark	3		X		X		X		
Health New England, Inc.	3		X	X	X				
WellPoint, Inc.	2	X				X			
Blue Cross Blue Shield of Massachusetts	2	X		X					
Dental Service of Massachusetts, Inc. (Denta Quest)	2		X					X	
United Healthcare Insurance Company - Medicare Advantage	2				X	X			
Network Health	2			X		X			
MedImpact Healthcare Systems, Inc.	2		X		X				
Aetna Life Insurance Company	2		X	X					
Harvard Pilgrim Health Care	2		X	X					
CIGNA Health and Life Insurance Company	2		X	X					
Cigna Health and Life Insurance Company (East)	2		X	X					

Carrier License Type

Carriers with a Single License Type

OrganizationName	Count of License Types	Blue Cross and Blue Shield Licensee	Commercial Carrier	Health Maintenance Organization	Medicare Advantage Organization	Other	Pharmacy Benefit Manager	Senior Care Option	Third Party Administrator
Blue Cross Blue Shield of California	1	X							
United Healthcare Insurance Company - United Behavioral Health	1								X
Health Plans, Inc.	1								X
CIGNA Behavioral Health, Inc.	1								X
Beacon Health Strategies	1								X
Dominion Dental Services USA, Inc.	1								X
UnitedHealthcare Senior Care Options (HMO SNP)	1							X	
Senior Whole Health	1							X	
informedRx (SXC Health Solutions, Inc.)	1						X		
Medco Containment Life Insurance Company	1						X		
Medco Health Services	1						X		
Envision Pharmaceutical Services, Inc.	1						X		
MassHealth	1					X			
Cigna HealthSpring	1					X			
Health Safety Net	1					X			
Aetna Inc. - Next Generation	1				X				
Harvard Pilgrim Medicare Alliance	1				X				
Central Mass Health LLC (DBA Mass Advantage)	1				X				

Carrier License Type

Carriers with a Single License Type (continued)

OrganizationName	Count of License Types	Blue Cross and Blue Shield Licensee	Commercial Carrier	Health Maintenance Organization	Medicare Advantage Organization	Other	Pharmacy Benefit Manager	Senior Care Option	Third Party Administrator
Cigna Health and Life Insurance Company (Dental DHMO)	1			X					
Aetna - Medicare	1			X					
Allways Health Partners Insurance Company	1			X					
Boston Medical Center HealthNet Plan	1			X					
Neighborhood Health Plan	1			X					
The Guardian Life Insurance Company of America	1		X						
United Healthcare Insurance Company	1		X						
Connecticut General Life Insurance Company	1		X						
Altus Dental Insurance Company, Inc.	1		X						
Metropolitan Life Insurance Company	1		X						
ConnectiCare of Massachusetts, Inc.	1		X						
Humana Insurance Company	1		X						
United Healthcare Insurance Company - Ovations Insurance Solutions	1		X						
Cigna Health and Life Insurance Company (Dental DPPO)	1		X						
United Healthcare Insurance Company - OptumHealth Vision	1		X						
ConnectiCare, Inc.	1		X						
Aetna Life Insurance Company - Aetna Student Health	1		X						
United Healthcare Insurance Company - Harvard Pilgrim Health Care	1		X						
Delta Dental Plan of Michigan, Inc.	1		X						
United Healthcare Insurance Company - Physical Health	1		X						
United Healthcare Insurance Company - OptumHealth Dental	1		X						
United Healthcare Student Resources	1		X						

WHEN IS THE NEXT DATA USER WORKGROUP MEETING?

NEXT CHIA DATA USER WORKGROUP MEETING
TUESDAY, JUNE 23, 2026

http://www.chiamass.gov/ma-apcd-and-case-mix-user-workgroup-information/

Questions

- Questions related to MA APCD email:
  apcd.data@chiamass.gov
- Questions related to Case Mix email:
  casemix.data@chiamass.gov

chiamass.gov