

**Minutes from the Health Information and Analysis
Oversight Council Meeting
June 18, 2025**

Council members present: Mr. Niels Puetthoff, designee of Commissioner Mike Caljouw, Division of Insurance; Mr. Brent Benson; Ms. Fay Donohue; Ms. Dana Sullivan, designee of Secretary Matthew Gorzkowicz, Executive Office for Administration and Finance; Ms. Adrianna McIntyre; Mr. Alan Sager; Executive Director David Seltz, Health Policy Commission; Ms. Amie Shei; Ms. Eliza Lake, designee of Secretary Kate Walsh, Executive Office of Health and Human Services; and Ms. Jean Yang.

Ms. Donohue called the meeting to order at 2:01 p.m.

I. APPROVAL OF PRIOR MEETING MINUTES [VOTE]

Ms. Donohue opened the meeting and welcomed Ms. Amie Shei to the Oversight Council. She also thanked Ms. Sandy Wolitzky for her participation as a Council member for many years.

Ms. Donohue next called for a motion to approve the minutes from the March 27, 2025, meeting. Mr. Sager asked if there was a means to track items from previous meetings. Ms. Peters confirmed that CHIA has an internal process for ensuring that open questions or tasks are completed. Mr. Sager requested that in a future meeting there be a discussion around tracking financially distressed hospitals.

Council members then did a formal roll call vote to approve the minutes. Ms. Shei abstained from voting since the prior meeting occurred before her appointment; the rest of the Council members voted to approve the minutes.

II. ROLE OF THE OVERSIGHT COUNCIL

Executive Director Lauren Peters introduced the next topic, stating that Council members had requested a reminder of the history of the Oversight Council as well as a review of its statutorily mandated role and duties.

Ms. Peters explained that the Council was established in 2015 with the goal of advising and overseeing CHIA's work. She walked through the membership of the Council, noting that the make-up of the Council seats has not changed until the recent amendment requiring that one of the Attorney General's appointments have experience in health equity advocacy. This role is now filled by Ms. Shei.

She then explained that the role of the Council is divided into three broad categories, including budget, research and analytics, and data guidelines. She noted that CHIA's budget is set by the Massachusetts Legislature, but that she views the role of the Council in this area as ensuring that CHIA's budget request aligns with identified agency priorities.

Ms. Peters noted that she thinks the Council has the most substantive role and can provide the most value in the research and analytics category. She explained, however, that CHIA's statute already has detailed language on what it must report related to the Annual Report on the Performance of the Massachusetts Health Care System and the production of mandated benefit reviews, as examples.

She next described the final category related to data guidelines, which covers identifying what data CHIA collects, how CHIA collects it, and what CHIA does once it has the data.

Ms. Donohue solicited questions from Council members. Ms. Yang sought clarification on her appointment to the Council given her place of employment. Ms. Peters explained that Council members may not be affiliated with a surcharge payer or acute hospital, which does not apply to Ms. Yang. Mr. Sager then asked if there are any other specific responsibilities enumerated in the legislation beyond what was already discussed. Ms. Peters replied that CHIA's enabling statute Chapter 12C includes more detail on the work CHIA must perform with a section that also delineates the establishment of the Council and its role.

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III. ELECTION OF OFFICERS

Ms. Donohue then introduced the next agenda item as a vote for the chair and vice chair of the Council and explained that there are no other officers. The appointments are for one year and elections should be held on a yearly basis, although she noted that elections have not been held for some time.

She opened the floor for nominations. Mr. Sager nominated Ms. Donohue to serve as chair. Mr. Seltz also nominated her and suggested that Ms. Lake serve as vice chair. No other nominations were put forward.

Council members made a formal roll call vote to approve these nominations, which were unanimously supported. Ms. Donohue then noted that annually the Council should hold elections for the next officers.

IV. HOSPITAL/NURSING FACILITY AFFILIATED ENTITIES REPORTING

The next agenda item is an introduction and update on the hospital and nursing facility affiliated entities reporting. Ms. Elizabeth Almanzor, Director of Provider Finance, was invited to the table to present.

Ms. Almanzor explained that as part of the recent market oversight legislation, CHIA is now directed to collect additional data from the affiliated entities of acute and non-acute hospitals as well as skilled nursing facilities. She first walked through the work CHIA has conducted so far, including the foundational efforts of understanding what these relationships and affiliations are between entities.

Ms. Almanzor noted that the next Nursing Facility Dashboard, planned for early 2026, will include some of these new affiliated entity information related to management and realty company data.

For hospitals, CHIA is anticipating and expecting to collect the financial statements from the identified affiliated entities as part of the fiscal year 2025 reporting which will occur in early calendar year 2026. Ms. Lake asked about any challenges that CHIA foresees in this process, given that some of these entities are located out of state. Ms. Almanzor replied that the primary challenge is knowing definitively that the relationships exist and identifying all the relevant organizations. Another challenge will be understanding who is responsible for compliance.

Ms. Shei then asked about the enforcement mechanism and whether CHIA has any authority to enforce this data request, adding that there have been issues in the past with hospitals submitting data. Ms. Almanzor agreed that that could be a challenge but noted that CHIA does have the statutory authority to collect this data. Ms. Peters added that there are also financial penalties if the organizations do not submit the required data.

Mr. Seltz asked if the skilled nursing facility data that CHIA already collects includes any real estate investment trust data. Ms. Almanzor answered that the new data collection will include additional layers of data that is not already collected.

Mr. Puetthoff asked for clarification on what type of reporting CHIA will produce with the newly collected data. Ms. Almanzor replied that CHIA has not yet identified how best to present this information.

Ms. Yang next asked about identifying financially distressed hospitals, and who is responsible for owning the analytics and identifying the point of intervention when needed. Ms. Peters answered that CHIA owns the analytics, especially since the agency already analyzes the financial data of hospitals and hospital health systems. She elaborated that CHIA would also work closely with other state agencies, such as the Health Policy Commission (HPC). The Council further discussed how CHIA may intervene. Mr. Seltz added that the data at minimum will be used when the HPC conducts transactional reviews.

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Council members further discussed with Ms. Almanzor the difficulty in identifying the relationships between entities, especially if some organizations try to obfuscate the information. She agreed and said that was the challenge. It was also discussed whether additional entities can eventually be included in the data collection, based on how the legislation is written. Ms. Almanzor replied that for now only the identified entities will be included.

Next, Mr. Sager said that he thought that this discussion raises a broader question regarding how to address future problems and abuses in the system and which agency holds that responsibility. Council members discussed how best to anticipate future problems and how to address them. Ms. Peters noted that through data collection CHIA can discover the relationships between all the different entities and help identify who the big players are in health care. That information can then enable CHIA and others to better anticipate new types of arrangements or models. Mr. Sager suggested that CHIA could identify which hospitals and entities are essential to the public good and monitor them to discover any problems. Ms. Peters added that she does not think any single agency is tasked with anticipating the future, but that CHIA can collect the new data and information to inform how the relationships work and evolve over time.

With the conclusion of her presentation, Ms. Almanzor asked Council members to think through any other types of information or analyses they want to see reported. Ms. Lake asked for clarification on how CHIA will present information on entities with complicated vertical integration structures, to which Ms. Almanzor replied that CHIA will seek to ensure that the information presented is not duplicative across organizations while being transparent. Mr. Sager then asked whether CHIA through its nursing facility data collection can look into all the organizations they contract with, such as food suppliers and laundry services, among others. Ms. Almanzor answered that while the goal is to understand all the interconnected parties, CHIA will not have data except from the owner and parent companies. Ms. Donohue sought clarification on whether surgical centers count as non-acute hospitals, which Ms. Almanzor replied they do not. Ms. Shei also suggested that CHIA could explore using analyst reports as another source of financial information for these entities.

V. PBM DATA COLLECTION AND ANALYSIS

Ms. Caitlin Sullivan, Deputy Executive Director of Health Informatics and Reporting, was then asked to present on the next agenda item. Similar to expanded reporting on affiliated entities, CHIA has been given an expanded role to collect data from pharmacy benefit managers (PBMs). Ms. Sullivan walked through the directive and explained that CHIA now must collect data on revenue and expenditures that flow between PBMs, health plans, and drug manufacturers; formulary information; and other business practices such as spread pricing and clawbacks. She provided detail on the timeline and next steps, explaining that CHIA will release data specifications this fall, with plans to collect data during the winter. CHIA is aiming to release its first report on the data in spring 2026.

Ms. Sullivan also explained that since the Division of Insurance (DOI) also has an expanded role to license PBMs for the first time, CHIA is working closely with DOI to make sure there is an alignment on definitions. The agency will also work closely with the HPC as they develop a new office established to analyze PBMs.

She then asked the Council if they had ideas of analyses CHIA should conduct in addition to what is already mandated. The Council briefly discussed what DOI and the HPC are doing related to the legislation.

Ms. Yang asked about the difficulty in CHIA identifying the appropriate PBMs and collecting the necessary data. Ms. Sullivan said that CHIA has been mirroring, where possible, the efforts of other states that have done this work both in terms of data collection and how best to conduct analyses. Mr. Seltz added some detail on what the HPC is hoping to learn from PBM data collection and recommended that CHIA de-aggregate the data as much as possible. Ms. Sullivan noted that CHIA is recognizing the

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need to be flexible in the first few years of data collection, with the goal of tightening up the requirements as needed.

Mr. Sager noted that it would be useful for CHIA to identify what questions it hopes to have answered by the data and requested that CHIA provide a list of questions that the agency is exploring at the next Council meeting. Ms. Lake agreed with this approach, while noting that there will be questions that the agency and Council do not know to ask yet.

Ms. McIntyre asked further about the difficulties collecting data. Ms. Sullivan stated that CHIA anticipates some difficulties collecting data from some PBMs due to the agency's comprehensive approach to collecting the data. Ms. Shei asked if CHIA had engaged with health care payers yet, and Ms. Sullivan replied that CHIA has not yet done so but plans to at a future date.

Ms. Donohue requested that CHIA provide another update to the Council at a future meeting on the data collection progress in addition to providing a primer on how PBMs work.

VI. CHIA PRIORITY AREAS

The next item on the agenda was an update on CHIA's analytic priority areas. First, Ms. Sullivan provided an update to CHIA's work on primary care and behavioral health.

Ms. Sullivan explained that for both the primary care and behavioral health dashboards CHIA included 2023 data, where applicable, and added some additional measures. These dashboards rely on both CHIA data sources as well as trusted publicly available data sources.

She then highlighted some key findings from the Primary Care Dashboard. There was discussion from Council members clarifying several key findings. Mr. Sager said that it would be helpful if the dashboard could include information on how many primary care doctors Massachusetts would need to meet demand versus how many physicians are currently available and how to narrow that gap. He requested that CHIA provide estimates of that data in the next Council meeting. Mr. Seltz explained that the HPC published a report earlier this year on primary care in Massachusetts which included much of that data. He offered at the next meeting to walk through some of the findings as well as provide an update on discussions held at the Primary Care Access, Delivery, and Payment Task Force.

Ms. Sullivan provided the next steps on the Primary Care Dashboard, stating that the next iteration of the report would reflect recommendations from the Task Force.

She then walked through the recently published Behavioral Health Dashboard and highlighted some notable findings.

Next, Ms. Haley Farrar-Muir, Associate Director of Strategy and Research, joined remotely to update the Council on CHIA's work related to health care equity. She explained that CHIA had published its inaugural dashboard on health care equity since the last meeting, noting that this dashboard focuses on previously published metrics sourced from CHIA's other reporting. Ms. Farrar-Muir then walked through the various domains and highlighted notable findings.

Ms. Shei asked if in future dashboards a domain focusing on health care outcomes could be included. Ms. Farrar-Muir answered that health outcomes have not featured prominently in past CHIA reporting, but that it would be relevant to health equity. Ms. McIntyre asked about the possible restrictions to Medicaid provider taxes and state directed payments and the disproportionate impact that they would have on primary care and behavioral health, in addition to impacting data collection. She also wanted to understand the impacts of recent federal policies on affordable health care for immigrant populations, or if data limitations would make such analysis difficult. Ms. Peters and Ms. Farrar-Muir walked through the

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types of data CHIA has on immigration status, mostly from the Massachusetts Health Insurance Survey, and the limits of data availability. Mr. Sager asked if any data on income levels could be included in future dashboards.

Ms. Farrar-Muir next provided a brief update on the Workforce Survey, explaining that fielding should close by June 30. The next interactive dashboard with results will be released in early 2026, which will include some enhancements and results from new survey questions.

VII. EXECUTIVE DIRECTOR'S REPORT

Ms. Peters then presented the Executive Director's Report to the Council. She briefly walked through FY 2026 budget developments, noting that the Senate and House have both passed their respective budgets and now must reconcile the differences. Ms. Peters explained that CHIA had also recently released two legislatively required mandated benefit reviews and is in the process of producing the comprehensive mandated benefit review.

Next, she provided an update on the eAPCD project. She explained that since the last meeting, CHIA has reached several major milestones and is on track to provide a demonstration at the September Council meeting. Some key steps include loading the data into the new environment as well as making improvements in the structure of the data about members' health insurance enrollment. The core of this eAPCD project has been adding groupers and enhancements, through a product called Flexible Analytics, to give the data additional meaning for users. CHIA has now successfully implemented these tools.

At the request of Council members, CHIA clarified what health care spending was included in the total health care expenditures measurement. CHIA proposed adding clarifying language to specify what spending was not included. Mr. Sager largely agreed with the additional language but requested edits to make it clearer what items were not included in the calculation. A brief discussion ensued among Council members on whether that was necessary. It was agreed that CHIA would share a draft of the proposed definition language with Council members for a more detailed review.

Next, Ms. Donohue sought to discuss CHIA's CompareCare transparency website with Council members. She proposed that the Oversight Council draft and share a letter with the appropriate legislative authorities suggesting that CHIA's statutory language around the maintenance of the CompareCare site be removed from its mandate. Mr. Sager supported the idea and asked if CHIA had an estimate of how much money and resources would need to be spent to achieve improvement in the usefulness of the site. Ms. Peters answered that while CHIA can provide details on what is currently being spent on the website, it cannot immediately provide an estimate of what work would have to be done to make the website achieve its stated goals. However, she noted it would likely represent significant costs, especially if CHIA were to market the CompareCare website. Ms. Lake recommended that the letter reflects the Council's discussion and note why it would be difficult, if not impossible, to improve the website.

Mr. Seltz was also supportive and noted that while CompareCare was a well-meaning policy at the time, there are many more meaningful things CHIA could be doing with its resources to help policymakers and consumers understand what is happening in the health care system. Mr. Sager added that health plans also find it difficult to provide information on anticipated out-of-pocket costs and ideally patients should not need to think about the cost of their care at all.

Ms. Donohue concluded the discussion by encouraging Council members to follow-up with any questions and noted that a draft letter would be shared with the Council for review.

VIII. CLOSING

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With no other business to discuss, Ms. Donohue sought to adjourn the meeting; the meeting concluded at 4:03. p.m.