

**Minutes from the Health Information and Analysis
Oversight Council Meeting
September 17, 2025**

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

Ms. Donohue called the meeting to order at 2:00 p.m.

I. APPROVAL OF PRIOR MEETING MINUTES [VOTE]

The meeting opened with Chair Fay Donohue welcoming a new Council member, Ms. Cara Libman, who is the designee for Commissioner Michael Caljouw from the Division of Insurance. She takes the place of Mr. Niels Puetthoff, who was on the Council for many years. Ms. Donohue thanks Mr. Puetthoff for his participation as a Council member.

Ms. Donohue next called for a motion to approve the minutes from the June 18, 2025, meeting. Mr. Sager asked if there were other enumerated responsibilities for CHIA specified under statute that were not covered in the last meeting. It was agreed that CHIA would enumerate its statutory directives and share at a future Council meeting. Mr. Sager also raised concerns with the revised definition of total health care expenditures (THCE) that was circulated prior to the meeting. It was agreed that those items warranted discussion but did not require a change to the drafted minutes.

Council members then took a formal roll call vote to approve the minutes. Council members unanimously voted to approve the minutes.

II. EXECUTIVE DIRECTOR'S REPORT

Ms. Lauren Peters opened her Executive Director's Report by following up on items that were discussed at the June Council meeting. She briefly summarized the status of the pharmacy benefit manager (PBM) data collection, explaining that CHIA is in the process of defining data specifications and the specific elements that will be collected while working on the various regulations to collect the data. CHIA plans to provide a more comprehensive update at the December Council meeting, in addition to seeking feedback from Council members on the use cases for the PBM data. Ms. Peters briefly updated members on the letter drafted to the Legislature about the CompareCare website and explained that the letter was distributed and received a favorable response. No further action by CHIA or the Council is needed at this time. Next, she noted that during the last meeting there were questions on primary care staffing and workforce as well as recent efforts by the Primary Care Access, Delivery, and Payment Task Force, which can best be answered by the Health Policy Commission (HPC). Mr. Seltz plans to present later in the meeting on these initiatives.

Ms. Peters then reviewed the revised language to the THCE definition, which was amended based on the prior meeting discussion. Mr. Sager thanked CHIA for its efforts but noted that he would request additional alterations, specifically around explicitly stating that the THCE calculation is lower than federal estimates of personal health expenditures. Council members discussed amending the definition and raised concerns about inserting specific numbers into the definition that may require frequent alterations in the future. The discussion concluded with Mr. Sager suggesting using language stating that the THCE calculation from CHIA has consistently been lower than federal estimates, to which the other members agreed.

Before moving on to the rest of the Executive Director's Report, Mr. Sager asked for more detail around the legislative response to the CompareCare letter. Ms. Peters explained that no commitments were made by the chairs of the committees but that they expressed their understanding of CHIA's concerns. There was a brief discussion on how to manage the next steps if the Legislature takes no action.

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Ms. Peters then briefly provided an update on the FY 2026 budget, noting that CHIA was satisfied with its appropriation. Ms. Peters also explained to the Council that Governor Healey had recently signed legislation that expanded the Shield Law, which protects providers and patients receiving reproductive care and contains language around data privacy that impacts CHIA.

She then walked through recently released CHIA publications and outlined reports that will be published before the next Council meeting in December. Ms. Shei asked if CHIA does any targeted outreach to key stakeholders when it publishes reports, specifically reporting on hospital financial performance. Ms. Peters answered that CHIA holds quarterly meetings with numerous sister state agencies to share reporting on hospital financials and discuss any hospitals or health systems that CHIA is more concerned about. Mr. Sager then asked whether CHIA and the Council are developing a list of questions that should be answered through the PBM data collection. Ms. Peters replied that CHIA's first focus has been developing the data collection regulations as well as defining what data the agency is hoping to collect, which will be assisted by public listening sessions to solicit feedback. Mr. Sager asked that a preliminary list of questions CHIA is hoping to answer through the PBM data collection be circulated to Council members ahead of the next meeting. Mr. Sager then asked if CHIA had calculated the precise cost of updating the CompareCare website and expressed concern that the Legislature may decrease funding to CHIA when removing the website mandate. A brief discussion ensued on whether that was likely.

III. MONITORING HOSPITAL FINANCIALS

Ms. Elizabeth Almanzor, Director of Provider Finance, was then invited to present on CHIA's efforts to monitor hospital financial performance. She explained that the goal was to provide context around the data CHIA collects, how CHIA publishes it, and the current monitoring process. Ms. Almanzor stated that CHIA collects financial statements in a standardized manner from hospitals and their health systems on both a quarterly and annual basis. She noted that the annual data is viewed as the gold standard since they are based on audited financial statements. Next, she explained how CHIA publishes the data, including through interactive dashboards, reports, and detailed databooks. She provided some examples to the Council of CHIA's interactive dashboards to show the level of detail available on the website.

Ms. Donohue asked how people know where to look for the CHIA reporting. Ms. Peters answered that the dashboards are all public and include extensive data from each hospital and health system. She then reminded the Council that CHIA meets quarterly with sister agencies to walk them through the most recent data. Ms. Donohue stated the importance of this data being useful and accessible. Mr. Sager then questioned whether CHIA is complying with the statute stating that the agency shall identify financially distressed hospitals and stated that he does not think it is. Ms. Lake responded that there are concerns with identifying financially distressed hospitals in such a publicly explicit way. Council members discussed the balance between monitoring hospitals and potentially creating unintended consequences from labeling hospitals as distressed. Ms. Sullivan maintained that CHIA is meeting its obligation to report on financially distressed hospitals by holding the quarterly meetings with agencies responsible for regulating and licensing hospitals. Ms. Donohue asked for clarification on which agencies should be involved in those discussions, and Ms. Lake answered that the group currently includes CHIA, the Executive Office of Health and Human Services, MassHealth, the Department of Public Health, and the Health Policy Commission.

Mr. Sager proposed that CHIA should be going further to identify financially distressed hospitals in its reporting and expressed deep concern about how state agencies and the Legislature are monitoring the hospital industry. Mr. Seltz conversely suggested that there is great risk in naming certain hospitals as distressed, and it can cause unintended harm. He also noted that there is no perfect formula or test to identify a distressed hospital. Mr. Benson, Ms. McIntyre, and Ms. Yang stated their agreement with Mr. Seltz's position. Ms. Peters concluded the discussion asserting that CHIA sufficiently satisfies the statutory requirements through its published data and ongoing monitoring meetings with other state agencies.

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IV. PRIMARY CARE

Mr. Seltz provided updates on the HPC's recent research into primary care in Massachusetts and the work of the Primary Care Access, Delivery, and Payment Task Force. He walked briefly through the January 2025 report on the state of primary care in Massachusetts and highlighted some of the main challenges and need for urgent action. He explained that the HPC focused on workforce challenges facing primary care, such as provider burnout and access barriers for patients. Findings included that the amount of money being spent on primary care as a share of total health care expenditures is declining. Mr. Seltz explained that this work has been significantly aided by CHIA, which has taken a leadership position in collecting and sharing robust data on the proportion of primary care spending.

He then walked through the new 25-member Task Force, which was convened to focus on providing solutions to the primary care crisis in Massachusetts, not only identifying problems. Mr. Seltz outlined the deliverables of the Task Force. He noted that the first deliverable was defining primary care services, codes, and providers to accurately measure and track primary care spending and set spending targets. He explained that CHIA is already doing this work, which made the Task Force's goal easier. Mr. Seltz explained in more detail the first approved deliverable and noted that it is a foundational piece for later recommendations of the Task Force. Next, he said that pending legislation sets primary care spending targets, which builds off the Task Force's work. He concluded by highlighting the state of California's work in this area and its own aggressive spending targets and questioned how Massachusetts should define meeting these targets, such as measuring on a plan by plan basis, defining consequences, and exploring changing how residents pay for primary care, among other considerations.

Ms. McIntyre asked about the various ways to increase the percentage spent on primary care and how the Task Force is thinking about the combination of these factors. Mr. Seltz agreed that there are a lot of methods to address this problem and that the Task Force will likely need to be more explicit in directing where it wants the money to go. Mr. Sager asked for more detail on what types of insurers would be required to increase their spending and which patients it would impact. In answering, Mr. Seltz noted that from his perspective this spending target will not solve the primary care crisis but rather acts as an important symbol of values and highlights the need to adjust our values. Mr. Seltz was asked whether equity is part of the discussions of the Task Force. He replied that it absolutely was, especially when it comes to workforce issues.

Ms. Donohue ended the agenda item by noting that it is clear how important CHIA is to the efforts to address the primary care crisis.

V. eAPCD OVERVIEW AND DEMONSTRATION

Mr. Mike Cocchi, Deputy Executive Director and Chief Data Officer, was asked to provide an overview of the eAPCD project before the demonstration. Mr. Cocchi began by reminding Council members that the All-Payer Claims Database (APCD) is CHIA's largest data asset made up of claims data from over 50 payers. He walked through the primary issues facing data users of the APCD, namely its technical complexity and the skills needed to both use and analyze the data. CHIA made the decision in 2019 to create an enhanced APCD and entered a contract with a vendor to construct it.

Mr. Cocchi then briefly outlined eventual project development difficulties and the decision in 2024 to bring continued eAPCD development in-house to CHIA. He noted that the project was completed on time and under budget and walked through the various important enhancements that are now available in the eAPCD that would have been unavailable if the project was still hosted by the vendor. Mr. Cocchi concluded by noting examples of upcoming CHIA and HPC projects that can utilize the eAPCD. Before moving on to the demonstration, Mike thanked the CHIA team members for their hard work on this project, which was echoed by the Council members.

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Ms. Ashley Storms, Director of Health Informatics and Reporting, then provided a demonstration of the eAPCD functionality. She reiterated that the eAPCD is a complex system including enhancements that CHIA has built in addition to enhancements that the agency has purchased. She also reminded Council members that CHIA staff includes individuals comfortable with writing complex data queries using different data analysis systems in addition to individuals who are familiar with health policy but are not data coders. The eAPCD was designed to accommodate all skill levels. Ms. Storms then demonstrated pulling together an analysis looking at the spending and utilization of a particular drug as an example. She then showed a few additional examples of other visuals created using the tool.

Council members expressed admiration and enthusiasm for the tool and the eAPCD project. Ms. McIntyre clarified that the demonstration included the full dataset available, not just a sample. Ms. Storms confirmed that the eACPD was operating at fast speeds even with the full dataset. Ms. Lake asked for clarification on who outside CHIA can use the eAPCD. Ms. Storms and Mr. Cocchi explained that you need to be an authorized user of CHIA data, and CHIA's priority right now is to provide access to approved sister agencies. Mr. Sager asked if CHIA is satisfied with the quality, accuracy, and detail of the data provided by the plans. Mr. Cocchi responded that it's a complicated question and that data quality may determine the best use of the data. He explained that the data is raw and in the condition that payers submitted it to CHIA, so there may be issues that the agency cannot plan for. The meeting concluded with Ms. Donohue inviting CHIA staff and Council members to spend a few minutes after the meeting celebrating the successful completion of the eAPCD project.

VI. CLOSING

With no other business to discuss, Ms. Donohue sought to adjourn the meeting; the meeting concluded at 3:48 p.m.