

Minutes from the Health Information and Analysis Oversight Council Meeting March 25, 2026

Council members present: Mr. Brent Benson; Ms. Cara Libman, designee of Commissioner Mike Caljouw, Division of Insurance; Mr. Lou Chitkushev; 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; Mr. Alan Sager; Ms. Lois Johnson, designee of Executive Director David Seltz, Health Policy Commission; and Ms. Amie Shei.

Ms. Donohue called the meeting to order at 2:02 p.m.

I. Approval of Prior Meeting Minutes [VOTE]

Ms. Donohue opened the meeting by welcoming Mr. Andrew Jackmauh to the Council as CHIA's acting executive director. She then briefly walked through the next steps in the process as CHIA's appointing authorities work to select a permanent executive director. Ms. Donohue next welcomed Ms. Lois Johnson, who served as Executive Director Seltz's designee for the Health Policy Commission.

She then called for an approval of the December 10, 2025, meeting minutes. Mr. Sager requested that a word be replaced to better reflect his comments in one agenda item. He also asked that going forward CHIA share with Council members the list of pending requests from prior meetings as well as their status.

Council members then took a roll call vote to approve the minutes. Council members voted to approve the revised minutes, with Mr. Benson, Ms. Johnson, Ms. Lake, and Ms. Sullivan abstaining.

II. Executive Director's Report

Mr. Jackmauh began the executive director's report by noting that the Council meeting agenda was developed to provide members with an update on what CHIA has been working on and provide an opportunity to shape some of the priorities going forward for the agency.

He provided a brief update on the recently established Health Care Affordability Working Group, which was convened earlier this year by the Healey-Driscoll Administration. Mr. Jackmauh explained the purpose of the working group is analyzing the underlying drivers of rising health care costs in Massachusetts with a goal of issuing recommendations between June and the end of 2026. He noted that he has been impressed by what he has heard at meetings of the group so far.

Mr. Jackmauh next briefly walked the Council through budget and legislative updates. He explained that Governor Healey's FY 2027 budget proposal for CHIA matched the agency's request. Mr. Jackmauh emphasized that CHIA's budget included a 3.6% reduction in spending from the FY 2026 budget. CHIA will testify at the budget hearing held by the Joint Committee on Ways and Means later in March, while the Council will hold CHIA's budget hearing in mid-April.

Next, he explained recent legislative developments, noting that the two-year legislative session ends on July 31. Ms. Donohue asked if there was anything of interest to highlight. Mr. Jackmauh indicated that there was no particular bill to call out for Council members but that CHIA is referenced in over 95 bills. Ms. Donohue said that it would be helpful to receive additional context in a future Council meeting around the legislation that CHIA is paying particular attention to.

Mr. Jackmauh then provided a brief summary of CHIA's 2026 Annual Report on the Performance of the Massachusetts Health Care System, released earlier in March. He noted that the Health Policy

Commission's Health Care Cost Growth Benchmark Hearing is being held on April 1, at which CHIA will share findings from the Annual Report.

Next, Mr. Jackmauh raised that Mr. Sager wanted to bring an issue to the Council for discussion around the characterization of total health care expenditures (THCE), as featured in the Annual Report. Mr. Sager believes that CHIA should explicitly state in the Annual Report that THCE does not actually encompass **total** expenditures and that members of the public and the media do not understand or report the distinction accurately. Specifically, he suggested that CHIA place the word "total" in quotation marks to clarify the definition and that the contextual language should be placed earlier in the report. Ms. Donohue responded by noting that she understood Mr. Sager's concerns but stated that CHIA uses the word "total" because it is the language mandated in the legislation and that it is consistent with that CHIA has done across every Annual Report. Ms. Donohue then asked Council members if they would be comfortable with providing a footnote earlier in the report to clarify the definition of THCE. Council members discussed some concerns with putting the word "total" in quotation marks, including that it may cause confusion and imply that the THCE methodology has changed. Mr. Sager said that it may be necessary to use quotation marks anyway. Council members broadly concluded that the THCE clarification language should be featured earlier in the report rather than putting the word "total" in quotation marks.

III. DOI and CHIA's PBM Data Collections

Ms. Donohue introduced the next agenda topic, reminding the Council that at the December meeting, members expressed interest in receiving more detail on what the Division of Insurance (DOI) and CHIA are doing regarding pharmacy benefit manager (PBM) data collection. She thanked Ms. Libman for agreeing to present on DOI's work.

Ms. Libman began by providing some background on the issue and the reason for creating regulations for PBM data collection. She then explained the licensure and regulation requirements for PBMs and the mandate to examine PBM affairs, as needed. Ms. Libman summarized the process so far to license PBMs, which began in spring 2025. Ms. Donohue asked about the difficulties DOI has encountered to date. Ms. Libman replied that DOI is still in the learning stages for this process and working to accurately identify the PBMs operating in Massachusetts. Ms. Libman outlined the specifics on when DOI may grant a license and the three primary areas of regulation, including licensure, enforcement, and reporting requirements. She noted that PBMs are required to submit periodic reports on their financial conditions and business operations and explained this is an area where CHIA and DOI worked to avoid duplication in their requirements. Ms. Donohue sought clarification that it is mostly on the financial side that DOI and CHIA may have overlap. Ms. Caitlin Sullivan, Deputy Executive Director of Health Informatics and Reporting at CHIA, confirmed, although she noted there are some differences in exactly what data is being collected by each agency and that the reports PBMs submit to CHIA will be more comprehensive. Both agencies, however, are committed to sharing information. Ms. Libman then walked through key upcoming dates through January 2027, which is the start of the three-year license period.

Ms. Donohue asked for more detail on the challenges DOI is facing and any knowledge gaps that the agency is navigating. Ms. Libman answered that the required turnaround on the legislative requirements has been a challenge, in conjunction with the agency needing to hire the appropriate staff and build the expertise. Ms. Donohue also asked about the reaction from the PBMs. Ms. Libman said that other states also have regulatory requirements for PBMs so this is not uncharted territory for them and that DOI is reviewing what the other states and the federal government is doing to adjust their work accordingly. Ms. Shei asked about what other states are doing in this area, and Ms. Libman answered that DOI did a lot of research on that and have tried to take a balanced approach to stay within the confines of the authority

granted to them through the legislation. There was also some discussion about the impact of ERISA, and Ms. Libman indicated that DOI has authority over PBMs that work with self-insured plans.

Ms. Caitlin Sullivan then provided a brief update on CHIA's PBM data collection and regulation since the last Council meeting. She noted that data is due June 1 from the 42 PBMs that DOI has identified as subject to Massachusetts regulation. She explained that while CHIA has identified what it would like to learn from the PBMs, the agency expects to adjust what is analytically feasible as needed because it is the first year. Ms. Donohue asked if CHIA's systems can support the size of the data collection. Ms. Sullivan from CHIA answered that it easily can. Mr. Sager next asked if going forward CHIA could ask each PBM to create a list of which drugs comprise 95% of total revenue or some other specific measure. Ms. Sullivan answered that she thought that it may be possible, but CHIA would likely wait to pursue that until a few years of data collection has passed. But she agreed that some threshold cut-off may be warranted at a future date.

Mr. Sager next asked if CHIA would be able to measure financial performance of PBMs, either through revenue or cost measures, and whether the agency could identify the flow of funds to higher corporate entities. Ms. Libman said that DOI may be able to answer those questions at a later date but cannot yet, while Ms. Sullivan from CHIA noted that the agency has created separate variables for the PBMs to identify who receives the money and how it passes through the organization. Mr. Sager sought further clarification on the ability to understand PBM operating margins. Ms. Sullivan said that CHIA is not collecting data that encompasses PBM costs beyond payment for services or consultants in administration, so the agency may not be able to expound on that. There was some discussion from Council members on the varied sizes of the PBMs and the complexities in understanding how corporate structures are organized and how that would impact the ability to understand costs.

Mr. Benson asked how CHIA is collecting the information from PBMs, and Ms. Sullivan from CHIA explained that CHIA created a spreadsheet template that the PBMs will fill out and submit through CHIA's data submission systems. Mr. Chitkushev asked whether there were cybersecurity requirements as part of the licensure approval process. Ms. Libman answered that as part of the DOI application, there are components related to the operations of PBMs but not direct requirements about cybersecurity.

Ms. Sullivan from CHIA concluded the presentation by stating that during the June Council meeting, she should be able to provide members with an update on the PBM data collection, with initial results possibly shared in September.

IV. eAPCD Analytics

Mr. Jackmauh introduced the next agenda item to walk through CHIA's eAPCD analytic goals. He explained that CHIA has started to scope out an initial analytic agenda with some items already underway. Mr. Jackmauh said that CHIA will be asking Council members for feedback on whether these are the right priorities, whether goals should be sequenced or prioritized differently, and whether new priorities should be added.

Ms. Caitlin Sullivan walked through current projects CHIA is working on with the eAPCD. She noted that the list includes only CHIA-specific projects, not those being worked on by other organizations or sister agencies. She stated that some projects were already being done prior to the eAPCD but have since moved to using the new system. She highlighted the dental services report that is in progress and thanked Ms. Donohue for convening a group with dental care expertise to meet with CHIA staff and guide reporting. She stated that CHIA is refining its analytic proposal and finalizing the list of analytic goals. CHIA is aiming to share some analytic findings at the September Council meeting.

Upon reviewing the list, Ms. Shei suggested that CHIA embed health equity considerations across all the identified projects rather than only some. Ms. Lake agreed and noted that access and affordability themes are also related to health equity. Ms. Sullivan from CHIA concurred with Ms. Shei and said that one large enhancement still in development is adding demographic data to the eAPCD, which will accelerate CHIA's ability to incorporate health equity across its reporting.

Given a forthcoming report from the HPC on emergency department (ED) boarding for children and older adults, Mr. Sager asked if it would be feasible or useful to look at the share of payments for inpatient care to hospitals that goes to the ED versus routine inpatient care, in addition to possibly other behavioral health payments, as well as compensation for Medicaid and Medicare. Ms. Sullivan responded that CHIA does have some data on the distribution of payments by inpatient, outpatient, and primary preventative care not tied in with the ED and agreed that it is a good suggestion. She noted that CHIA publishes both a spending report on primary care and behavioral health as well as a dashboard focusing on behavioral health, both of which could possibly have ED information incorporated.

Mr. Benson recommended that since the APCD does not include all payers, CHIA should think about the data the agency has versus what is missing and identify if there is any modeling that can be done to build a fuller picture. Ms. Sullivan answered that CHIA has done some analysis in that area, particularly around the volume of what is missing, but could do more research.

Ms. Sullivan next showed some examples of interactive dashboards from other states that could be built using summary APCD data, arguing that it would be useful for researchers to have a better understanding of the data before they request it, while policymakers could have the opportunity to see broader trends with metrics like overall hospital outpatient utilization or drug utilization. The goal would be to build a dashboard that is durable and repeatable on a regular basis with quick-to-read high-level information. Council members were supportive of this concept. There was some discussion around who the intended audience would be and whether a dashboard could assist CHIA by providing answers to frequently asked questions by the media and other policymakers. Ms. Sullivan from CHIA answered that that was one of the goals. Council members recommended that CHIA both analyze what questions frequently get asked to see if they can be included in the dashboard, and also pressure test the plan with stakeholders for usefulness. Mr. Jackmauh noted that while CHIA has not reached a ceiling yet on the analytic work it has the capacity to conduct, this dashboard could assist in managing the workload, helping the agency prioritize what is most needed.

Ms. Shei asked how much CHIA is leveraging AI tools or if there is a plan to do so. Ms. Sullivan replied that CHIA has an advisory group that is looking at ways to use AI within the agency. Mr. Jackmauh added that CHIA's credibility is foundational to its work, and the agency is proceeding cautiously with AI to ensure that this reputation is not threatened.

Ms. Sullivan from CHIA next presented on new eAPCD project proposals, including the identification of a multi-year project that would be a heavy lift. She explained that it is difficult to identify provider organizations using claims data and that CHIA is looking to create a master provider organization solution. Ms. Johnson expressed support for the project and argued that it would be an important tool, especially if it is available to researchers. Council members discussed some of the work that has already been done in this area between CHIA, the HPC, and other state agencies and how to incorporate that work into the future project. Mr. Sager noted that the word "provider" is unpopular among many health care workers and that another term, such as caregiver, should be used. Ms. Lake noted that the word "caregiver" also has particular meaning and may not be fully applicable to other types of medical providers, while Ms. Johnson noted that in regulations "provider" has a very specific definition.

Ms. Sullivan then walked through additional CHIA projects that would be heavier lifts. She asked the Council members for their feedback on prioritization and how best to manage resources.

Ms. Shei expressed her support for the work around community behavioral health centers and noted that it would be useful to assess the financial sustainability of these organizations if the data allows it. Ms. Lake said it would be useful to think through whether CHIA investing in more durable products first would free up the resources to invest in longer-term, bigger analytic projects. Ms. Donohue summarized the larger issue by noting that CHIA will need to determine if investing in the dashboard first makes the most sense while delaying larger projects. Council members discussed the usefulness of the dashboard in freeing up CHIA's time if the agency does not need to answer ad hoc requests as much. Ms. Libman added that if some projects can be done at the same time as the dashboard, then that may be the best path forward, while noting that some of the proposed analytic reports would be crucial to affordability discussions.

Mr. Sager asked if CHIA has a record of the number of interactions CHIA's current dashboards receive, which Mr. Jackmauh affirmed. He requested that the Council be able to see the data for dashboard interactions within a three-month time period.

Ms. Donohue added that it would be helpful for Council members to understand what types of questions CHIA receives from stakeholders or the press to help prioritize. Council members concluded the discussion by noting that any additional context CHIA can provide would be useful and noting that CHIA should reach out to stakeholders for feedback before developing a dashboard.

V. Data Release Reform

CHIA moved on to the next agenda topic. Mr. Jackmauh introduced two members of CHIA's Legal team to walk through recent data release reform efforts.

Senior Privacy Officer Don Kirkwood first provided background on CHIA's data release efforts for the Case Mix and APCD datasets. He explained that for the past two years, CHIA has been developing a plan to update its data application and release process. Mr. Kirkwood explained some of the prior limitations, including the amount of time it would take to receive the data after applying and the complexities around who was allowed to apply for data. He noted that with the passage of Shield Law 2.0, CHIA was able to start updating its regulations to make reforms. He then briefly walked through the changes in how CHIA can review data applications and who qualifies to apply.

Next, Privacy and Compliance Specialist Leah MacArthur provided more detail on the CHIA data application process, explaining that there is now an online form to apply to both datasets that has replaced numerous paper applications. The online application was rolled out in early March, and several applicants have used the system so far with positive feedback.

Ms. MacArthur concluded by asking Council members for any feedback or guidance on CHIA's data release reform or any additional items that should be considered. Mr. Sager asked if part of the problem with the prior process was data applicants receiving identifiable information with their data. Mr. Kirkwood said that was not an issue. Mr. Sager asked for more detail around identifying what the main problems were with data release, and Mr. Kirkwood answered that his primary concerns pertained to the speed of the process and making it more accessible. There was additional discussion around whether applicants could just receive whatever they requested and Mr. Kirkwood explained that there needed to be a balance between safeguarding the data and making it more accessible for applicants.

Ms. Donohue noted that the topic was on the agenda for two reasons; first was because it was an important body of work where CHIA needs to balance accessibility and safety, and second because there

were complaints about how long the process took. Ms. Libman asked if there were ways to monitor how the process improved. Ms. MacArthur explained that the online data application comes with tools to provide overview data around timelines and how the process is functioning. While it is too early to say with certainty how it is going or whether release times have improved, CHIA will know more in the coming months.

VI. Priority Areas

Mr. Jackmauh introduced the final agenda topic where CHIA will update Council members on its priority analytic areas.

Ms. Cassandra Kane, Associate Manager of Health Informatics and Reporting, presented on CHIA's work on primary care and behavioral health. She first provided an update on the recommendations pertaining to CHIA from the Primary Care Task Force and briefly walked through each item. Mr. Sager asked for clarification around the recommendation to increase the spending on primary care services and exactly which payers it applies to. Ms. Johnson offered to share the written deliverable language with Council members, which provides more detail around which payers are included. She noted, however, that the language of the recommendation is more of a broad principle rather than legislative in nature.

Ms. Kane briefly explained the upcoming publication calendar and some adjustments that were made to the methodology behind the primary care and behavioral health spending report. She next followed up with Council members on specific recommendations that were raised at the December Council meeting.

Haley Farrar-Muir, Associate Director of Strategy and Research, next provided updates on CHIA's work around equity and workforce issues. Due to time constraints, Ms. Farrar-Muir focused on next steps on the workforce analysis. She noted that CHIA published the results from the 2025 workforce survey in February and walked through what the dashboard includes. She concluded by asking Council for guidance on additional ways CHIA could disseminate the results of the workforce survey. Ms. Donohue suggested that Council members share by email their thoughts so those who are not in attendance can participate. She added that it would be a good item for the June Council meeting to discuss in more detail how CHIA shares its reporting.

Next, Ms. Christine Loveridge, Senior Research and Analytic Advisor, walked quickly through CHIA's work on the Massachusetts Employer Survey. She noted that the 2026 survey was currently in the field, with results expected to be compiled between late May and early June. CHIA plans to publish the survey results by end of December. Ms. Loveridge explained some enhancements and refinements to the 2026 survey.

Mr. Jackmauh closed the meeting by highlighting a few additional items. He noted that CHIA is in the process of redesigning its website for the first time in 13 years and will plan to share a demo in June, along with providing Council members with an update on its dental claims analysis efforts. At the request of Mr. Sager, CHIA will also do a strategic evaluation of its work and how it translates to policy development.

VII. Closing

With no other business to discuss, the meeting concluded at 4:02 p.m.