



CHIA Data User Workgroup

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Agenda

Announcements:

- CHIA Annual Data Release Status
- Overview of CHIA's New Online Application Process
- Alert: Cannabis Use Trends in Massachusetts, Findings from the International Cannabis Policy Study
- Alert: Abstract Deadline for Women's Health Conference in Boston
- Alert: Massachusetts Payer Provider Partnership
- Reminder: American Public Health Association 2026 Abstract Deadline

Data User Support Questions

- Occupational Data
- Outpatient Ambulatory Surgery Centers
- Pediatric Interfacility Transfers
- Costs and Charges

Q&A

Questions?



Announcements

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
<ul style="list-style-type: none">MA APCD CY 2024 Documentation GuideMA APCD CY 2024 Release NotesMA APCD CY 2024 Standardized Extract Data SpecificationsMA APCD Updated Master Patient Index and Data ExclusionMA 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 <ul style="list-style-type: none">MAAPCD 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 <ul style="list-style-type: none">MAAPCD CY 2023 is available for application.			

REMEMBER DATA USE STARTS WITH READING THE DOCUMENTATION



CHIA ANNUAL DATA RELEASE STATUS (CASE MIX)



All FY2024 case mix databases are now available for application. The FY2025 hospital inpatient discharge data is targeted for release in June, see: <https://www.chiamass.gov/case-mix-data>

Case Mix Overview
<p>Case Mix Overview (Updated December 2019)</p>
Request Case MixData
<p>See step-by-step instructions to apply for Case Mix data</p>
Case Mix Documentation
<p>Hospital Inpatient Discharge Database (HIDD)</p> <ul style="list-style-type: none"> FY24 Documentation Manual (PDF) FY24 Release Notes (PDF) (Updated 10/24/2025)
<p>Emergency Department Database (EDD)</p> <ul style="list-style-type: none"> FY24 Documentation Manual (PDF) FY24 Release Notes (PDF)
<p>Outpatient Observation Database (OOD)</p> <ul style="list-style-type: none"> FY24 Documentation Manual (PDF) FY24 Release Notes (PDF)

Case Mix Releases

Product	Target	Actual	Status
Case Mix FY 2025 (October 1, 2024 - September 30, 2025)			
Hospital Inpatient Discharge Data (HIDD)	June 2026	-	In Progress
Emergency Department Data (EDD)	August 2026	-	In Progress
Outpatient Observation Stay Data (OOD)	September 2026	-	In Progress
Release Status Notes			
<ul style="list-style-type: none"> In Progress 			
Product	Target	Actual	Status
Case Mix FY 2024 (October 1, 2023 - September 30, 2024)			
Hospital Inpatient Discharge Data (HIDD)	June 2025	May 2025	Available
Emergency Department Data (EDD)	August 2025	July 2025	Available
Outpatient Observation Stay Data (OOD)	September 2025	August 2025	Available

Overview of CHIA's New Online Data Application Process



REQUESTING CHIA DATA



Step-by-step instructions are on the MA APCD data at: <https://www.chiamass.gov/request-ma-apcd-data> and 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.

STATISTICAL DE-IDENTIFICATION



The Health Insurance Portability and Accountability Act (HIPAA) permits implementation of de-identification through expert determination, meaning a qualified statistical expert assesses the data and determines, using accepted methods, that the risk of re-identification is very small both alone and in combination with other reasonably available information. This is distinct from Safe Harbor, because expert determination allows retention of certain data elements when justified by a documented risk analysis rather than requiring removal of a fixed list of identifiers.

To make the most robust set of health care data readily available to the widest audience, CHIA retained an expert to employ the Expert Determination method. There are several differences between CHIA's Expert Determination De-Identification and HIPAA Safe Harbor. CHIA's model retains certain ZIP Codes in Massachusetts, which are reported at the 5-digit level (or as an amalgamation of multiple small area 5-digit ZIP Codes) admission date, discharge date, and date of service birth month/year.

For detailed element-by-element information, see **MA APCD 2024 De-identification Summary** at <https://www.chiamass.gov/assets/docs/p/apcd/MA-APCD-CY2024/MA-APCD-CY2024-De-Identification-Summary.pdf>

Further Reading:

- Jaffe DH, Malin BA, Hendricks-Sturup RM. *A real-world data challenge: guidance for aligning data privacy compliance and fit-for-purpose usability*. Health Affairs Scholar. 2025 Nov;3(11):qxaf210. <https://academic.oup.com/healthaffairsscholar/article-pdf/3/11/qxaf210/65274001/qxaf210.pdf>
- Malin, B., Benitez, K. and Masys, D., 2011. *Never too old for anonymity: a statistical standard for demographic data sharing via the HIPAA Privacy Rule*. Journal of the American Medical Informatics Association, 18(1), pp.3-10. <https://academic.oup.com/jamia/article-pdf/18/1/3/17373609/18-1-3.pdf>
- Benitez K, Loukides G, Malin B. *Beyond safe harbor: automatic discovery of health information de-identification policy alternatives*. In Proceedings of the 1st ACM International Health Informatics Symposium 2010 Nov 11 (pp. 163-172). <https://dl.acm.org/doi/pdf/10.1145/1882992.1883017>

CHIA DATA REQUESTS SIX APPLICATION STEPS



Step 1: Prepare to Submit

Review the Data Application Questions and Data Use Agreement prior to submitting an application.

[Data application questions](#)
[Data Use Agreement](#)

Step 2: Submit Online Application

CHIA utilizes HighQ from Thomson Reuters, a secure, cloud-based platform to submit applications for data.

[Submit your application online](#)



Step 3: Review and Consultation

A CHIA Subject Matter Expert will review the application materials and, if needed, work with applicants to refine data requests. Review time depends on the complexity of the request and the sensitivity of the data sought.



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



CHIA DATA REQUESTS SIX APPLICATION STEPS (CONTINUED)



Step 4: Compliance Review and Approval

CHIA will confirm that the requested release is authorized under Massachusetts law.

Note: MAAPCD applicants seeking Medicaid data must establish that the proposed use is “directly connected” to the administration of the Medicaid program.

Step 5: Execute Data Use Agreement

After approval, a Data Use Agreement (or equivalent agreement for government agencies) must be executed prior to data release.

Applicants should consider consulting their legal or compliance office for DUA assessment before submitting an application. CHIA will not modify the DUA unless terms are inconsistent with applicable law.

Additional Requirements: MAAPCD applicants receiving Medicaid data must also sign a Medicaid Acknowledgement of Conditions Form and Medicaid Addendum. Government agencies receiving Medicare data must also execute a Medicare Addendum.

Step 6: Data Released

Once the Data Use Agreement (or equivalent agreement for government agencies) is executed, CHIA processes the data extract, which is then transmitted to the recipient via secure delivery.

ALERT: CANNABIS USE TRENDS IN MASSACHUSETTS REPORT



See: <https://masscannabiscontrol.com/wp-content/uploads/2026/03/Cannabis-Use-Trends-in-Massachusetts-Findings-from-the-International-Cannabis-Policy-Study-2019-2023.pdf>



Cannabis Use Trends in Massachusetts, Findings from the International Cannabis Policy Study, 2019-2023

March 2026

Massachusetts Cannabis Control Commission

Shannon O'Brien, Chair
Carrie Benedon, Commissioner
Kimberly Roy, Commissioner
Bruce Stebbins, Commissioner

Travis Ahern, Executive Director

Prepared by the Massachusetts Cannabis Control Commission

Alexander Colby, MA, Research Analyst
Graelyn Humiston, MS, Research Analyst
Victoria Edwards, MSW, MLS, Project Coordinator
Julie K. Johnson, PhD, Chief of Research

New March 2026 report from Cannabis Control Commission finds cannabis use in Massachusetts increasing, while risky behaviors and health impacts remained prevalent. The findings underscore gaps in cannabis knowledge, substantial co-use with other substances, and meaningful implications for traffic safety, workplace safety, and healthcare utilization.

- High prevalence and frequency: 37% of residents surveyed reported past-year cannabis use (43% in 2023), and 14% reported daily or near-daily use, indicating sustained population-level exposure.
- Shift to the legal market: Legal retail stores are now the most common source (61%), with about 74% of cannabis obtained from legal sources, though cost and convenience still drive some illicit purchasing.
- Impaired driving and workplace risk: Fourteen percent of users reported driving after cannabis use, and 13% reported use at or before work in the past month, highlighting ongoing safety concerns.
- Poly-substance use is common: Nearly half of cannabis users reported co-use with alcohol (48%), with substantial co-use of cigarettes (38%) and e-cigarettes (23%), compounding health risks.
- Health system implications: Nine percent of users sought medical care for adverse effects, while many reported using cannabis to manage mental (43%) and physical (51%) health symptoms, suggesting both burden and unmet care needs.

ALERT: ABSTRACT DEADLINE FOR WOMEN'S HEALTH CONFERENCE 2026 IN BOSTON

Deadline: May 15th, 2026, 11:59PM EST

Location

Simmons University, in the Main College Building's Linda K. Paresky Conference Center
300 Fenway
Boston, Massachusetts 02115
Time: 8:00 AM - 5:00 PM

See: <https://hsph.harvard.edu/nutrition/events/womens-health-conference-2026/#registration>

Register to join us in-person or on livestream (via Zoom)



HARVARD
UNIVERSITY

Women's Health Conference 2026

September 30 - October 2 | Boston, MA, USA



HARVARD
T.H. CHAN | SCHOOL OF PUBLIC HEALTH



Stanford
MEDICINE
School of Medicine



NUS
National University of Singapore | Global Centre for Asian Women's Health
Yong Loo Lin School of Medicine



iWISH
Institute for Women and Interdisciplinary research
in Science and Health

Launched in 2023 by the Global Centre for Asian Women's Health (GloW) at the National University of Singapore Yong Loo Lin School of Medicine, in collaboration with Harvard T.H. Chan School of Public Health, the Global Women's Health Conference has been held in Singapore (2023, 2024) and Paris (2025).

The 2026 conference will take place in Boston from September 30 to October 2. Co-organized by Harvard T.H. Chan, GloW at NUS, Stanford University School of Medicine, and Université Paris Cité's iWISH, the meeting will showcase advances shaping women's health across the life course. Addressing persistent under-research and under-funding, the conference will convene global leaders to accelerate solutions in precision nutrition, reproductive and mental health, aging, AI and femtech, and health equity. The program concludes with a symposium marking the 50th anniversary of the Nurses' Health Study.

The scientific program will feature:

- Breakthroughs in precision nutrition and lifestyle medicine
- Advances in fertility, pregnancy, and reproductive health
- New approaches to mental health and brain health
- Healthy aging, cognition, and cardiometabolic health
- The expanding role of AI and femtech in diagnosis, treatment, and prevention
- Global women's health and health equity

Massachusetts Payer Provider Partnership to be led by Lauren Peters



The former Executive Director of the Massachusetts Center for Health Information and Analysis is helping a new organization that's bringing together insurers and hospitals to focus on affordability, echoing an effort underway in the Healey administration. The Massachusetts Payer-Provider Partnership (MP3) is led by Lauren Peters, the prior executive director of the Center for Health Information and Analysis. Peters left the agency in January, a spokesperson for MP3 said. MP3 is affiliated with the Massachusetts Health & Hospital Association but will function as an "autonomous entity."

MP3 members will explore solutions to tamp down on health care costs and improve patient access, including streamlining administrative processes and promoting "innovative" care delivery and payment models. Members will test out those ideas within their organizations, with the aim of scaling up initiatives statewide. The partnership is intended to support the work of Gov. Maura Healey's Health Care Affordability Work Group, which by June is expected to produce recommendations on slashing health care system costs. The Division of Insurance is also finalizing prior authorization reforms that will eliminate administrative burdens.

Health Policy Commission Executive Director David Seltz said MP3 is a "welcome new effort that will help advance our shared goal of a healthcare system that is more affordable, accessible, and equitable for all commonwealth residents." The HPC monitors cost trends and makes policy recommendations. The partnership's inaugural members include Baystate Health, Boston Medical Center Health System, Fallon Health, Health New England, Mass General Brigham, Mass General Brigham Health Plan, UMass Memorial Health, UMass Memorial Health Mass Advantage and WellSense Health Plan.

REMINDER: American Public Health 2026 Annual Meeting Abstract Deadline is Approaching

Abstract Submission



Abstract Submission Deadline — Tuesday, March 31, 2026, 11:59 PM (PDT)

For submission rules see: <https://apha.confex.com/apha/2026/cfp.cgi>

APHA 2026
ANNUAL MEETING & EXPO

Together We Thrive: Health Across the Lifespan

San Antonio | November 1-4, 2026

As the largest public health gathering of the year, APHA's Annual Meeting and Expo convenes approximately 11,000 public health professionals and partners from around the world. Join us for this can't miss opportunity to make lasting connections and learn from exhibitors, peers and today's leaders. Together, let's ensure health for all across the lifespan.



APHA 2026 CALL FOR ABSTRACTS

The American Public Health Association is now accepting abstract submissions for oral and poster presentations for the **Annual Meeting and Expo** in San Antonio, TX, November 1 - 4, 2026. Authors are encouraged to submit abstracts on the meeting theme – **Together We Thrive: Health Across the Lifespan** – and current and emerging public health issues.

Log in with your current APHA account (members and non-members) or create a new account if you have no previous account with APHA.

APHA 2026 will be an **in-person** meeting and selected presenters will be required to become a member of APHA, pay for registration, attend the meeting in-person and abide by any COVID-19 vaccination requirements. For general presenter questions, please email annualmeetingprogram@apha.org.

- **Abstract Submission Deadline** – Tuesday, March 31, 2026, 11:59 PM (PDT). **There will be no extensions.**
- **Abstract Notification** – Presenters will be notified of abstract status via email on **Tuesday, June 2, 2026.**

Questions?



Data User Support Questions

Question: I am interested in studying cancer incidence rates among specific occupational groups to identify cancer disparities related to occupation and specifically to inform targeted outreach and cancer screening to first responders. Given the available fields, can occupation be reliably identified for working-age individuals in CHIA data?



Answer: No, an exact patient level occupation field does not exist in any CHIA data. The case mix data only contains an employer ZIP code field, which represents the employer’s geographic location and is not a valid proxy for exact occupation since that single ZIP code can include many employers, industries, and occupations. Also, the employer ZIP code is populated for only approximately 20% of **individuals aged >21 to <65**. See Fig. 1 below. Likewise, the MA APCD contains employer ZIP code populated approximately 40% (Fig. 2) . However, the MA APCD also contains employer name (accessible for government applicants) populated approximated 58% (Fig. 3), and employment status populated approximately 78% (Fig. 4).

FIG 1. 20-YEAR PERCENT COMPLETENESS OF EMPLOYER ZIP IN HIDD

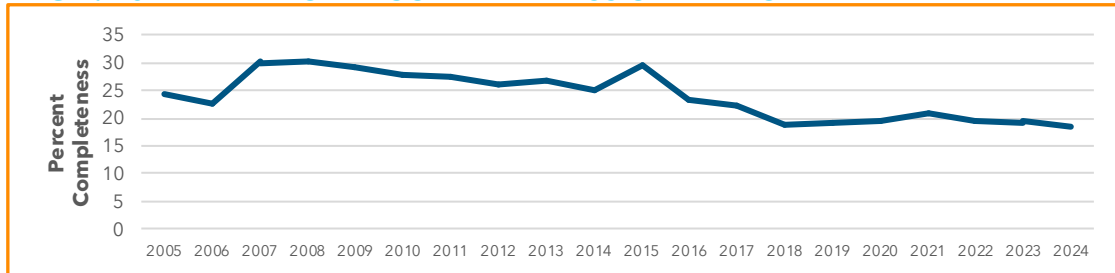


FIG 2. 20-YEAR PERCENT COMPLETENESS OF EMPLOYER ZIP IN APCD

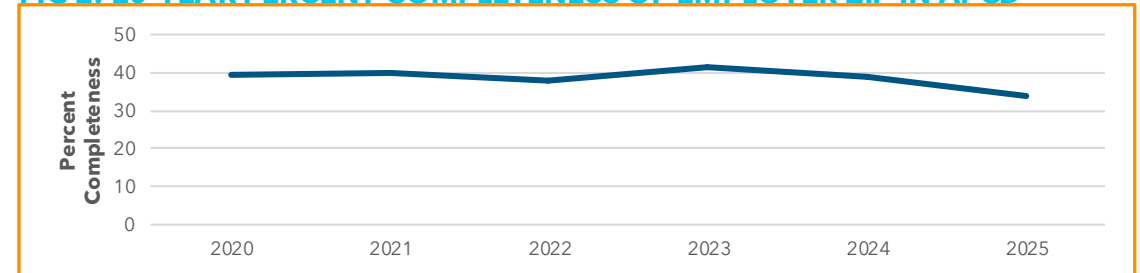


FIG 3. 6-YEAR PERCENT COMPLETENESS OF EMPLOYER NAME IN APCD

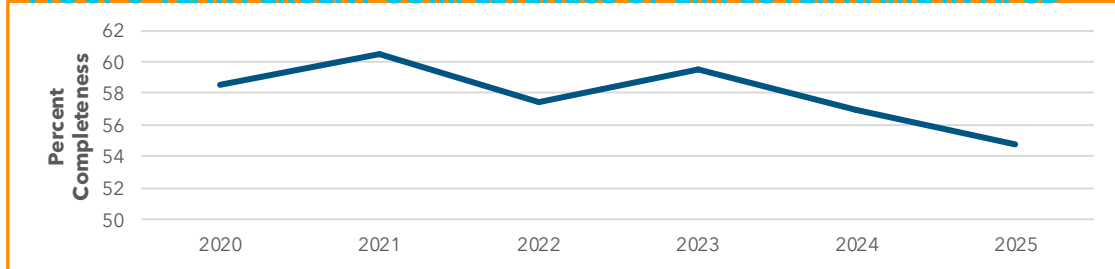
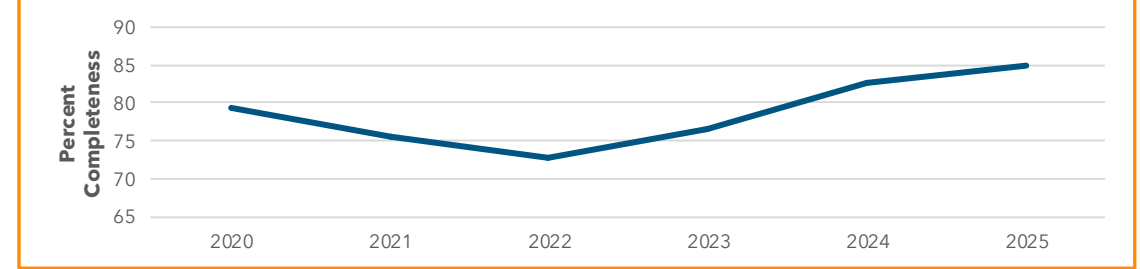


FIG 4. 6-YEAR PERCENT COMPLETENESS OF EMPLOYMENT STATUS IN APCD



answer continued →

Answer (continued): Previous studies have been done using occupation/industry data obtained from the Massachusetts Department of Public Health's Cancer Registry. See: <https://www.mass.gov/lists/special-topics-in-occupational-injuries-and-illnesses#cancer-data-on-massachusetts-workers->



AMERICAN JOURNAL OF INDUSTRIAL MEDICINE
INCORPORATING ENVIRONMENTAL AND OCCUPATIONAL HEALTH

Article

Cancer incidence among massachusetts firefighters, 1982–1986

[Susan R. Sama BSN](#), [Terry R. Martin MPH](#), [Letitia K. Davis SCD](#), [David Kriebel SCD](#)

First published: 1990 | <https://doi.org/10.1002/ajim.4700180106> | [VIEW METRICS](#)

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Abstract

Previous investigations of cancer among firefighters have been limited to mortality data and have yielded inconsistent results. Case-control analyses were conducted in the present surveillance study in order to examine associations between firefighting and cancer incidence in Massachusetts. Subjects were identified through the Massachusetts Cancer Registry files for 1982–1986. Exposure status (firefighting) was determined from the usual occupation reported to the Registry. Nine different cancer types were examined among the 315 reported white male firefighters. Two “unexposed” reference populations were used: policemen and statewide males. Standardized morbidity odds ratios (SMORs) were statistically significantly elevated for melanoma (SMOR = 292; 95% C.I. = 170–503) and bladder cancer (SMOR = 159; 95% C.I. = 102–250) among firefighters compared with the state as a whole. When policemen were used as the reference group, the bladder cancer excess persisted (SMOR = 211; 95% C.I. = 107–414) and non-Hodgkin’s lymphoma was elevated (SMOR = 327; 95% C.I. = 119–898); the melanoma excess was largely reduced (SMOR = 138; 95% C.I. = 60–319) but remained elevated among those aged 55–74 years (SMOR = 513; 95% C.I. = 150–1,750). Small number excesses (not significant) were also observed for pancreatic cancer and leukemia compared with police.

AMERICAN JOURNAL OF INDUSTRIAL MEDICINE
INCORPORATING ENVIRONMENTAL AND OCCUPATIONAL HEALTH

Research Article

Mesothelioma and employment in massachusetts: Analysis of cancer registry data 1988–2003

[Cora R. Roelofs ScD](#), [Gabriela J. Kernan MS](#), [Letitia K. Davis ScD](#), [Richard W. Clapp DSc](#), [Phillip R. Hunt PhD](#)

First published: 20 June 2013 | <https://doi.org/10.1002/ajim.22218> | [VIEW METRICS](#)

Research completed at: University of Massachusetts Lowell and Massachusetts Department of Public Health.
Disclosure Statement: The authors have no conflicts of interest to disclose.

[Read the full text >](#)

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Abstract

Background

Cancer registries can be used to monitor mesothelioma cases and to identify occupations and industries previously and newly associated with mesothelioma-causing asbestos exposure by using standard registry data on the “usual” occupation and industry of the case.

Methods

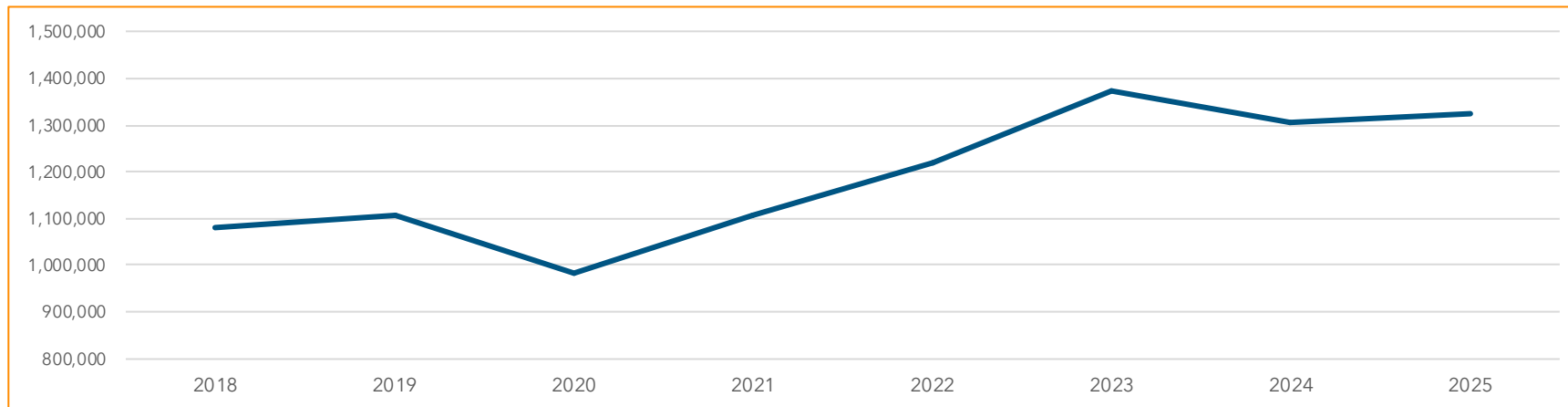
We used the National Institute for Occupational Safety and Health’s Standardized Occupational Industry Coding Software to code 564 mesothelioma cases for occupation and 543 for industry of the 1,424 incident mesothelioma in the Massachusetts Cancer Registry from 1988 to 2003. Additionally, we coded the occupation and industry of 80,184

Question: I have been using the case mix hospital inpatient discharge data and noticed a decline in inpatient discharges for certain elective surgical procedures. We are considering applying for the MA APCD and wanted to know whether it contains data from outpatient surgical centers, so we can assess whether this inpatient decrease reflects a shift toward outpatient surgical settings?



Answer: Yes. The MA APCD includes data on services provided in **outpatient ambulatory surgical centers (ASCs)**, which allows users to examine whether declines in inpatient discharges are associated with increased use of outpatient surgical settings. ASCs can be identified in the MA APCD using multiple standard coding fields across professional and facility claims: **Site of Service on CMS-1500 (professional) claims = 24** (This code indicates an *Ambulatory Surgical Center*, defined as a freestanding facility—other than a physician’s office—where surgical and diagnostic services are provided on an outpatient basis.) **Type of Bill on facility (UB-04) claims = 831** (This bill type explicitly designates facility claims submitted by an Ambulatory Surgical Center.) **Service Provider Specialty (NPI taxonomy) = 261QA1903X** (This taxonomy code corresponds to an *Ambulatory Surgical Center* and can be used to identify ASC facilities via the NPI registry. These fields combined in the WHERE filter has shown an upward trend in medical claims lines from ASCs. See Figure 1 below.

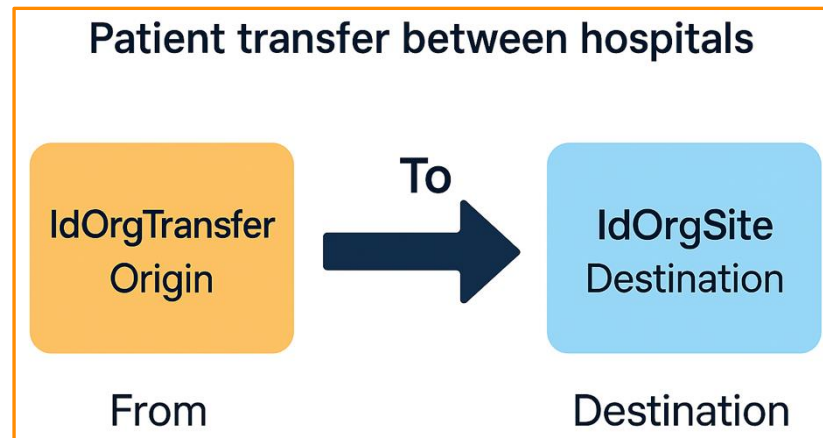
FIG 1. INCREASE IN MA APCD VOLUME OF ASC MEDICAL CLAIM LINES YEARS 2018 THROUGH 2025



Question: I am studying pediatric interfacility transfers to identify patient transfer patterns from community hospitals to trauma centers where the child receives definitive care. I am unclear whether IdOrgTransfer is the hospital initiating the transfer or the hospital receiving the patient. How should these two fields be interpreted for interfacility transfers? Should the sending hospital be reported in IdOrgTransfer or IdOrgSite?



Answer: The IdOrgTransfer is where the patient is coming **FROM**. It is the ID for the **SENDING** organization. The IdOrgSite is the **DESTINATION**, the physical site of care delivery for the diagnosis and procedure codes reported in the record. **See diagram below.**



The filing specifications instruct hospitals to populate the Massachusetts Transfer Hospital ID (IdOrgTransfer) with OrgID as specified in the Transfer OrgID list posted on CHIA's website at: <https://www.chiamass.gov/assets/docs/p/case-mix/Transfer-Org-Id-List.xlsx> . Transfer OrgID should not be the OrgID for the provider on RecordType10 or the hospital service site on RecordType20

Question: I am using CHIA's case mix data for the first time and see that the files include total charges at the discharge record level and line-item charges at the revenue code service level. Can these charge fields be used to estimate or calculate the costs of care across hospitals or service lines? If not directly, is there a standard approach for converting case mix charges into costs so that they can be used for cost comparisons or spending analyses?

Case Mix Charges

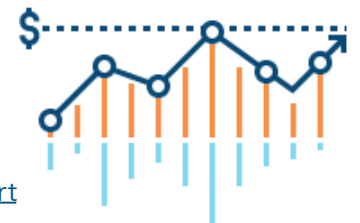


Answer: CHIA's case mix data include hospital billing charges, but charges are not a measure of cost. Case mix data users sometimes analyze utilization patterns and intensity of care, such as trends in average charges per discharge within the same hospital over time, differences in charges across DRGs, or changes in charges associated with longer lengths of stay or higher case mix index. The charges support severity-adjusted volume and outlier analyses, such as identifying unusually high-charge cases, service combinations associated with extreme billed amounts, or patterns in charge growth by payer category.

To better understand costs, please review CHIA's hospital profile reports at: <https://www.chiamass.gov/assets/docs/r/hospital-profiles/2024/FY24-Massachusetts-Hospital-Profiles-Compendium.pdf> which present revenue-to-cost ratios alongside gross and net patient service revenue and total expenses. The hospital profile reports make clear that charges list prices, while costs reflect the real resources required to deliver care. Reviewing these reports allow you to see how payment levels differ by payer relative to costs. The reports provide the necessary financial context to interpret utilization meaningfully and avoid drawing incorrect conclusions about efficiency, spending, or cost growth based on charges alone. Also review, CHIA's Performance of the Massachusetts Health Care System Report at: <https://www.chiamass.gov/assets/2026-annual-report/2026-Annual-Report.pdf> .

The **Massachusetts Health Policy Commission** is charged with developing annual health care costs trends report. Their website provides the state's most in depth compendium of costs analyses, benchmarking, in addition to cost trends hearings. See:

- Annual Health Care Cost Trends Report <https://masshpc.gov/publications/cost-trends-report/2025-annual-health-care-cost-trends-report>
- Health Care Cost Benchmarking: <https://masshpc.gov/cost-containment/benchmark>
- Annual Cost Trends Hearings: https://masshpc.gov/meetings?f%5B0%5D=meeting_type%3A23





WHEN IS THE NEXT DATA USER WORKGROUP MEETING?

**NEXT CHIA DATA USER WORKGROUP MEETING
TUESDAY, APRIL 28, 2026**

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

Questions?

Questions



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



chiamass.gov