

Primary Care in Massachusetts

Technical Appendix
June 2026

Primary Care Dashboard

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Context Measures

Percentage of Massachusetts Residents Who Have a PCP as Part of Plan Design

Insurance Category	Year	% of MA Residents Who Have a PCP as Part of Plan Design
Commercial	2023	45.6%
	2024	45.1%

1. **Date:** 03/11/2025
2. **Data/Measurement and submission years:** Data for each calendar year is collected 9 months after the end of the year, and all data was published in March 2026.
3. **Description of metric:** The percentage of Massachusetts residents who have a primary care physician (PCP) as part of their plan design. This measure captures all members enrolled in commercial health plans. Product types reflected under commercial health plans with members who select a PCP as part of their plan design include HMO, POS, PPO, and other lines of business.

PCP Indicator	Description
1	Data for members who select a PCP as part of plan design.
2	Data for members who are attributed to a PCP during reporting period pursuant to payer-provider risk contract.
3	Data for members who are attributed to a PCP by payer's own attribution methodology.
4	Data for members who are not attributed to a PCP.

- a. **Numerator & exclusions:** Sum of member months reported as having a primary care physician as part of their plan design based on CHIA's PCP indicator (PCP type 1).
 - b. **Denominator & exclusions:** Sum of all members months in the stratified population reflecting all primary care practitioner types (PCP type 1-4).
 - c. **Stratifier:** Data stratified by year, insurance category, and primary care practitioner indicator which is used to attribute members to a specific physician group.
 - d. **Imputation method:** N/A.
 - e. **Weighting Scheme:** N/A.
 - f. **Risk Adjusted:** N/A.
4. **Data source & status:** The Center for Health Information and Analysis (CHIA) [Annual Report on the Performance of the Massachusetts Health Care System](#).
 5. **Data cost:** Publicly available.

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6. **Data release:** Data is reported to CHIA annually in September for the most recent calendar year. Data is published as part of CHIA's Annual Report each spring.
 7. **Validator & Source:** N/A.

Infant Mortality per 1,000 Live Births in Massachusetts Stratified by Race/Ethnicity

Year and Race/Ethnicity	Number of Infant Deaths	Mortality Rate ²
2022 Statewide Total¹	229	3.3
White, non-Hispanic	103	2.7
Black, non-Hispanic	38	5.1
Hispanic	62	4
Asian/PI, non-Hispanic	7	1.1
American Indian/Alaska Native, non-Hispanic	0	0
2023 Statewide Total	214	3.2
White, non-Hispanic	94	2.6
Black, non-Hispanic	40	5.3
Hispanic	57	3.6
Asian, non-Hispanic	18	3.1
American Indian/Alaska Native, non-Hispanic	1	*
Other	2	*

1. **Date:** 02/11/2026
2. **Data/Measurement and submission years:** [The Department of Public Health](#) measures vital statistics data annually: Data is available for 2009 through 2023. 2023 data is preliminary and subject to change.
3. **Description of metric:** Trends in Infant Mortality (less than one year of age) per 1,000 live births by Race and Hispanic Ethnicity, Massachusetts: 2022 and 2023.
 - **Numerator & exclusions:** Massachusetts resident newborn deaths under one year of age acquired from vital statistics.
 - **Denominator & exclusions:** Population estimates of births gathered from census data with the 2022 and 2023 bridged population file, MARS (Modified Age, Race/Ethnicity, and Sex) file.
 - **Stratifier:** Data stratified by state (Massachusetts) and race/ethnicity.
 - **Imputation method:** N/A.
 - **Weighting Scheme:** N/A.
 - **Risk Adjusted:** N/A.
4. **Data source & status:** [The Registry of Vital Records and Statistics, Massachusetts Department of Public Health](#)
5. **Data cost:** Publicly available.
6. **Data release:** The Department of Public Health, Registry of Vital Records and Statistics releases data annually.
7. **Validator & Source:** [March of Dimes](#) reported 2021-2023 infant mortality average rates by race/ethnicity in Massachusetts. Total: 3.3 per 1,000 live births. Hispanic: 3.9 per

1,000 live births, White: 2.3 per 1,000 births, Black: 6.4 per 1,000 births, Asian/Pacific Islander: 2.8 per 1,000 live births.

¹ Infant deaths with unknown race are included for total calculations.

² All rates are expressed as per 1,000 live births.

Child Mortality per 100,000 Massachusetts Population Stratified by Race/Ethnicity

Year	Age Group 1-8	
	# Deaths	Age-Spec Rate
2022 Statewide Age Total	68	12.0
White, non-Hispanic	28	8.8
Black, non-Hispanic	14	28.7
Hispanic	21	17.5
Asian/PI, non-Hispanic	5	11.7
American Indian/Alaska Native non-Hispanic ¹	0	0.0
2023 Statewide Age Total	59	10.4
White, non-Hispanic	28	8.8
Black, non-Hispanic	14	28.7
Hispanic	11	9.1
Asian/PI, non-Hispanic	3	*
American Indian/Alaska Native non-Hispanic ¹	0	0.0

1. **Date:** 01/28/2026
2. **Data/M Measurement and submission years:** [The Department of Public Health](#) measures vital statistics data annually: Data is available for 2009 through 2023. 2023 data is preliminary and subject to change.
3. **Description of metric:** Number of deaths and age-specific mortality rates (per 100,000 residents) by race group and age group for Massachusetts and residents ages 1 to 8, Massachusetts residents, 2021, 2022, and 2023.
 - **Numerator & exclusions:** Total deaths in each age group by race/ethnicity
 - **Denominator & exclusions:** Total population of Massachusetts residents by age group and race/ethnicity.
 - **Stratifier:** Age group, race/ethnicity, and year
 - **Imputation method:** Compiled by the Massachusetts Department of Health Registry of Vital Records and Statistics.
 - **Weighting Scheme:** N/A.
 - **Risk Adjusted:** N/A.
4. **Data source & status:** [The Registry of Vital Records and Statistics, Massachusetts Department of Public Health](#), 2025.
5. **Data cost:** N/A.
6. **Data release:** The Department of Public Health, Registry of Vital Records and Statistics, releases data annually.

7. Validator & source: [America's Health Rankings](#) reported that the rate of child mortality from 2021-2023 in Massachusetts for ages 1 to 19 years old was 16.7 per 100,000 children.

*Rate is suppressed due to small numbers. Asian/PI, non-Hispanic and American Indian/Alaska Native, non-Hispanic are not included on this table for 2023 due to the instability of small numbers in these calculations.

Maternal Mortality per 100,000 Live Births in Massachusetts

Year	Number of Maternal Deaths	Mortality Rate
2022 Statewide Total	14	20.4
2023 Statewide Total	11	16.4

- Date:** 01/28/2026
- Data/Measurement and submission years:** [The Department of Public Health](#). Statewide 2020, 2021, and 2023 maternal mortality.
- Description of metric:** Number of pregnancy-related deaths per Massachusetts resident live births in 2022 and 2023. Mortality rate reflects per 100,000 Massachusetts live births.
 - Numerator & exclusions:** Massachusetts resident pregnancy-related deaths (i.e. the death of a woman while pregnant or within one year of termination of pregnancy, from any cause related to or aggravated by her pregnancy or its management, but not from accidental or incidental causes).
 - Denominator & exclusions:** Massachusetts resident live births.
 - Stratifier:** N/A.
 - Imputation method:** N/A.
 - Weighting Scheme:** N/A.
 - Risk Adjusted:** N/A.
- Data source & status:** [The Department of Public Health](#).
- Data cost:** Requested data.
- Data release:** Not released
- Validator & Source:** [CDC maternal mortality 2018-2022](#) rate was 16.4 per 100,000 live births in Massachusetts.

Male Life Expectancy Stratified by Race/Ethnicity

Male Years of Life Remaining ¹ by Race, Hispanic Ethnicity ² , and Gender, Massachusetts						
Year	White, non-Hispanic Male	Black, non-Hispanic Males	Hispanic Males	Asian/PI non-Hispanic Males	American Indian/Alaska Native non-Hispanic Males	All Males
2022	77.5	72.8	77.2	85.3	69.4	77.5
2023	78.1	73.8	77.5	84.3	76.1	78.0

1. **Date:** 02/03/2026
2. **Data/Measurement and submission years:** [The Department of Public Health](#) measures vital statistics data annually: Data is available for 2009 through 2023. 2023 data is preliminary and subject to change.
3. **Description of metric:** Male life expectancy at birth in years in Massachusetts.
 - **Numerator & exclusions:** Life expectancy was calculated using the Chiang II method (source: Chiang, Chin Long & World Health Organization. (1979).
 - **Denominator & exclusions:** Population estimates are from State, County, and Small Area Population Estimates 2011-2020, version 2020, Massachusetts Department of Public Health, Bureau of Environmental Health. Population estimates used for years following the decennial census were developed by the University of Massachusetts Donahue Institute (UMDI) in partnership with the Massachusetts Department of Public Health, Bureau of Environmental Health.
 - **Stratifier:** State (Massachusetts), Race and Hispanic Ethnicity, and Gender
 - **Imputation method:** N/A.
 - **Weighting Scheme:** N/A.
 - **Risk Adjusted:** N/A.
4. **Data source & status:** [The Registry of Vital Records and Statistics, Massachusetts Department of Public Health, 2023](#)
5. **Data cost:** Publicly available.
6. **Data release:** The Department of Public Health, Registry of Vital Records and Statistics, releases data annually.
7. **Validator & source:** The 2020 life expectancy for males at birth in Massachusetts was 76.4 years while life expectancy for males in Massachusetts at age 65 was 17.6 years. Source: [National Vital Statistics Reports](#). U.S. State Life Tables, 2020 Volume 71, Number 2. Tables A and B.

¹ Years of life remaining were calculated using the Chiang II method.

² Population estimates used to stratify by race and Hispanic ethnicity were from State, County, and Small Area Population Estimates 2011-2020, version 2020, Massachusetts Department of Public Health, Bureau of Environmental Health.

Female Life Expectancy Stratified by Race/Ethnicity

Female Years of Life Remaining ¹ by Race, Hispanic Ethnicity ² , and Gender, Massachusetts						
Year	White, non-Hispanic Females	Black, non-Hispanic Females	Hispanic Females	Asian/PI non-Hispanic Females	American Indian/N.A.laska Native non-Hispanic Females	All Females
2022	82.5	80.4	84.6	88.4	70.9	82.7
2023	83.0	81.1	85.3	88.9	78.9	83.3

- Date:** 02/03/2026
- Data/Measurement and submission years:** [The Department of Public Health](#) measures vital statistics data annually: Data is available for 2009 through 2023. 2023 data is preliminary and subject to change.
- Description of metric:** Female life expectancy at birth in years in Massachusetts
 - Numerator & exclusions:** Life expectancy was calculated using the Chiang II method (source: Chiang, Chin Long & World Health Organization. (1979).
 - Denominator & exclusions:** Population estimates are from State, County, and Small Area Population Estimates 2011-2020, version 2020, Massachusetts Department of Public Health, Bureau of Environmental Health. Population estimates used for years following the decennial census were developed by the University of Massachusetts Donahue Institute (UMDI) in partnership with the Massachusetts Department of Public Health, Bureau of Environmental Health.
 - Stratifier:** State (Massachusetts), Race and Hispanic Ethnicity, and Gender
 - Imputation method:** N/A.
 - Weighting Scheme:** N/A.
 - Risk Adjusted:** N/A.
- Data source & status:** [The Registry of Vital Records and Statistics, Massachusetts Department of Public Health, 2023](#)
- Data cost:** Publicly available.
- Data release:** The Department of Public Health, Registry of Vital Records and Statistics, releases data annually.
- Validator & source:** The 2021 life expectancy for females at birth in Massachusetts is 82.2 years while life expectancy for females in Massachusetts at age 65 is 20.9 years. Source: [National Vital Statistics Reports](#). U.S. State Life Tables, 2021 Volume 73, Number 7. Tables A and B.

¹ Years of life remaining were calculated using the Chiang II method.

² Population estimates used to stratify by race and Hispanic ethnicity were from State, County, and Small Area

Population Estimates 2011-2020, version 2020, Massachusetts Department of Public Health, Bureau of Environmental Health.

Percentage of Newborns Who Have Low Birth Weight Stratified by Race/Ethnicity

Year and Race/Ethnicity	Number of Babies with LBW ¹	Percent of Births ²
2022 Statewide Total	5,369	7.9%
White, non-Hispanic	2,534	6.7%
Black, non-Hispanic	881	11.9%
Hispanic	1,246	8.2%
Asian/PI, non-Hispanic	550	8.8%
American Indian/Alaska Native non-Hispanic	21	7.2%
2023 Statewide Total	5,077	7.6%
White, non-Hispanic	2,347	6.5%
Black, non-Hispanic	808	10.7%
Hispanic	1,220	7.9%
Asian/PI, non-Hispanic	492	8.4%
American Indian/Alaska Native non-Hispanic	35	12.1%

- Date:** 01/27/2026.
- Data/Measurement and submission years:** [The Department of Public Health](#) measures vital statistics data annually: Data is available for 2009 through 2023. 2023 data is preliminary and subject to change.
- Description of metric:** Percentage of Massachusetts resident low birthweight newborns (<2500 grams) by race/ethnicity.
 - Numerator & exclusions:** Massachusetts resident births to newborns weighing less than 2,500 grams. Total percentages for LBW were calculated with only known birthweights.
 - Denominator & exclusions:** Population estimates were derived from calculations completed by the UMASS Donahue Institute (UMDI) and controlled to annual county level Census population estimates.
 - Stratifier:** Massachusetts, low birthweight newborns (<2500 grams), and race/ethnicity.
 - Imputation method:** N/A.
 - Weighting Scheme:** N/A.
 - Risk Adjusted:** N/A.
- Data source & status:** [The Registry of Vital Records and Statistics, Massachusetts Department of Public Health, 2023](#)
- Data cost:** Publicly available.
- Data release:** The Department of Public Health, Registry of Vital Records and Statistics, releases data annually.

7. Validator & source: 7.6% of all live births in Massachusetts were to low birthweight infants in 2023. During 2021-2023 (average), the low birthweight rate in Massachusetts was 11.9% for American Indian/Alaska Native infants, 11.3% for Black infants, 8.5% for Asian/Pacific Islander infants, 8.2 % for Hispanic infants, and 6.5% for White infants ([March of Dimes, 2023](#)).

¹ LBW refers to Low Birth Weight or a birthweight <2,500 grams.

² Percentages are based on the table's column totals.

Finance Measures

Primary Care Spending Over All Medical Spending

Insurance Category	Year	Total Expenditures ¹	% of Total Expenditures	Per Member Per Month (PMPM)
Commercial	2023	\$1,839,061,776	7.0%	\$46.2
	2024	\$1,970,337,149	6.6%	\$48.6
MassHealth	2023	\$837,741,977	7.6%	\$48.7
	2024	\$971,837,287	8.4%	\$64.8
Medicare Advantage	2023	\$210,643,705	4.1%	\$50.9
	2024	\$248,325,783	4.2%	\$55.4

- Date:** 04/15/2026
- Data/Masurement and submission years:** CY2023 and CY2024 data was collected in 2025.
- Description of metric:** Percentage of primary care spending over all medical spending by insurance category. Primary Care spending as a proportion of total spending is calculated using the Center for Health Information and Analysis's (CHIA) Primary Care and Behavioral Health (PCBH) data, which is collected by CHIA through submissions from payers. Insurance categories include Commercial, MassHealth, and Medicare Advantage.

In this data, Primary Care is defined by Current Procedural Terminology (CPT) codes, along with provider codes. Using these, Primary Care services were defined as:

- Care provided in any setting by a primary care provider in an outpatient or telehealth setting, or in a patient's home or nursing care setting;
- Payments made for preventative medicine services like exams, screenings, and counseling by a primary care provider;
- Payments made for the administration injections, infusions and vaccines delivered by primary care providers;
- Payments made for routine obstetric care including OB/GYN evaluation and management services; and
- Non-Claims payments made for population health and practice infrastructure payments, performance payments, shared savings payments and recoupments, capitation and full risk payments, and other payments.

Primary Care spending is counted after Behavioral Health in order to prevent double-counting. If behavioral health services are provided by primary care providers or in a

primary care setting, they were counted toward Behavioral Health expenditures and not primary care expenditures.

- a. **Numerator & exclusions:** Primary Care Expenditures.
- b. **Denominator & exclusions:** Total Expenditures.
- c. **Stratifier:** Insurance category.
- d. **Imputation method:** N/A.
- e. **Weighting Scheme:** N/A.
- f. **Risk Adjusted:** N/A.
4. **Data source & status:** The Center for Health Information and Analysis' (CHIA) [Massachusetts Primary Care and Behavioral Health Spending Report](#)
5. **Data cost:** Publicly available.
6. **Data release:** CY2023 and CY2024 data released in 2026
7. **Validator & source:** The Milbank Memorial Fund released a scorecard (<https://www.milbank.org/primary-care-scorecard/>) "The Health of US Primary Care: 2026 Scorecard Data Dashboard" that measures primary care spending as the proportion of total health care expenditures going to primary care. The proportion of total health care expenditures spent by insurance category were calculated with narrow and broad definitions of primary care providers. Parameters for these two definitions of primary care providers are listed below:
 - o **Narrow (Milbank Memorial Fund):** Restricted to outpatient and office-based expenditures to primary care physicians only.
 - o **Broad (Milbank Memorial Fund):** Spending for office-based care from NPs, PAs, behavioral health clinicians, and obstetricians/gynecologists. Includes the narrow definition of primary care spend.

Results of 2022 data from the Milbank Memorial Fund Primary Care Scorecard are listed below by insurance category of the Primary Care spending as a share of total health care spending in the narrow and broad definitions of Primary Care:

- o **Narrow (MEPS):** Commercial (7.0%); Medicaid (5.1%); Medicare (3.2%)
- o **Broad:** Commercial (16.9%); Medicaid (12.4%); Medicare (8.0%)

¹ Notes: Data for Original Medicare not available for this analysis. For commercial partial-claim data, CHIA estimated pharmacy spending by service type. MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including ACP, MCO, PCACO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third party liability, FFS limited and supplemental payments to providers) not included in this analysis. Private commercial payers and MassHealth included facility claims in primary care definition for CY 2023 and CY 2024; review "Data Sources and Methodology" section of the report for more information on inclusion of facility claims. Due to payer exclusions in prior years, data may not tie to previously published data points. Data does not reflect aggregate statewide spending, and findings should not be extrapolated for that purpose. MH and SUD diagnoses not mutually exclusive. Totals do not include any MassHealth supplemental payments. Totals may not sum due to rounding.

Managed Member Months Under an Alternative Payment Method (APM)

% of Managed Member Months Under an APM by Insurance Category			
Insurance Category	2022	2023	2024
Commercial	38.8%	37.4%	35.1%
MassHealth ACPP/MCO	87.4%	88.9%	92.1%
Medicare Advantage	47.2%	51.1%	49.1%

1. **Date:** 03/20/2026
2. **Data/Masurement and submission years:** Data for each calendar year is collected 9 months after the end of the year. All data was published in March 2026.
3. **Description of metric:** The share of Massachusetts resident member months associated with a primary care provider whose care is paid for under an Alternative Payment Method (APM), including global contracts, limited budgets, bundled payments, or other non-fee for service-based payment arrangements. This measure captures the payment arrangement method for all care for members, not just primary care services. Additionally, this measure reflects the transaction of payments from a payer to a provider group
 - **Numerator & exclusions:** Sum of member months under an APM arrangement.
 - **Denominator & exclusions:** Sum of all member months in the stratified population.
 - **Stratifier:** Data can be stratified by insurance category (e.g., Commercial, Medicaid ACPP/MCO, Medicare Advantage) and product type (e.g., Health Maintenance Organization (HMO), Preferred Provider Organization (PPO)). Data can be stratified by payer and physician group in interactive Tableau.
 - **Imputation method:** N/A.
 - **Weighting Scheme:** N/A.
 - **Risk Adjusted:** N/A.
4. **Data source & status:** The Center for Health Information and Analysis' (CHIA) [Annual Report on the Performance of the Massachusetts Health Care System](#)
5. **Data cost:** Publicly available.
6. **Data release:** Data is reported to CHIA annually in September for the most recent calendar year. Data is published as part of CHIA's Annual Report each spring.
7. **Validator & source:** N/A.

Note: Membership under APMs measured by share of member months associated with PCP engaged in alternative payment contract with reporting payer. Global partial budget APMs reflect arrangements in which provider group not held accountable for certain services, often pharmacy and behavioral health expenses. Global full budget APMs hold providers accountable for comprehensive set of services.

Primary Care Office Type Visit Spending

Insurance Category	Year	Total Expenditures ¹	% of Total Expenditures
Commercial	2023	\$871,694,423	54.4%
	2024	\$943,463,587	55.0%
MassHealth	2023	\$76,464,201	18.3%
	2024	\$64,612,423	15.3%
Medicare Advantage	2023	\$107,858,290	68.8%
	2024	\$128,282,179	70.6%

1. **Date:** 03/20/2026
2. **Data/Measurement and submission years:** CY2023 and CY2024 data was collected in 2025.
3. **Description of metric:** Percentage of primary care office type visits spending as a percent of total primary care spending by insurance category. Primary Care service category spending as a proportion of total spending is calculated using the Center for Health Information and Analysis's (CHIA) Primary Care and Behavioral Health (PCBH) data, which is collected by CHIA through submissions from payers. Insurance categories include Commercial, MassHealth, and Medicare Advantage.

In this data, Primary Care is defined by Current Procedural Terminology (CPT) codes, along with provider codes. Using these, Primary Care office type visits were defined as:

- All payments made for evaluation and management services, delivered in an office or other outpatient setting, including telehealth delivered by a primary care provider type.

Primary Care spending is counted after Behavioral Health in order to prevent double-counting. If behavioral health services are provided by primary care providers or in a primary care setting, they were counted toward Behavioral Health expenditures and not primary care expenditures.

- a. **Numerator & exclusions: Primary Care Office Visits Screening Expenditures.**
- b. **Denominator & exclusions: Primary Care Total Expenditures.**
- c. **Stratifier: Insurance category.**
- d. **Imputation method: N/A**

- e. Weighting Scheme: N/A**
- f. Risk Adjusted: N/A**
- 4. Data source & status:** The Center for Health Information and Analysis' (CHIA) Massachusetts Primary Care Expenditures
- 5. Data cost:** Publicly available.
- 6. Data release:** CY2023 and CY2024 data released in 2026
- 7. Validator & source:** N/A

¹ Data for Original Medicare not available for this analysis. For commercial partial-claim data, CHIA estimated pharmacy spending by service type. MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including ACPP, MCO, PCACO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third party liability, FFS limited and supplemental payments to providers) not included in this analysis. CHIA's primary care definition reflected in this report includes obstetric services such as deliveries billed using bundled payments; exclusion of obstetric services from definition of primary care results in a decrease in proportion spent on primary care to 6.1% for commercial and 8.1% for MassHealth; no change for Medicare Advantage (4.2%). Due to comparability concerns resulting from updates to CHIA's PCBH data specification manual in 2025, the following payers are excluded from this analysis: Aetna, Fallon, HPI, HNE, and WellSense; as a result, data may not tie to Total Health Care Expenditures chapter of CHIA's Annual Report. Analysis represents data from commercial payers that submitted CY 2023 and CY 2024 data, representing approximately 85% of commercial market, 47% of commercially administered ACPP/MCO market, and 79% of Medicare Advantage market. Totals do not include any MassHealth supplemental payments. Totals may not sum due to rounding.

Primary Care Preventive Visit Spending

Insurance Category	Year	Total Expenditures ¹	% of Total Expenditures
Commercial	2023	\$431,561,299	26.9%
	2024	\$452,684,453	26.4%
MassHealth	2023	\$30,062,364	7.2%
	2024	\$18,856,214	4.5%
Medicare Advantage	2023	\$8,047,813	5.1%
	2024	\$8,064,660	4.4%

1. **Date:** 03/20/2026
2. **Data/M Measurement and submission years:** CY2023 and CY2024 data was collected in 2025.
3. **Description of metric:** Percentage of primary care preventive visits spending as a percent of total primary care spending by insurance category. Primary Care service category spending as a proportion of total spending is calculated using the Center for Health Information and Analysis's (CHIA) Primary Care and Behavioral Health (PCBH) data, which is collected by CHIA through submissions from payers. Insurance categories include Commercial, MassHealth, and Medicare Advantage.

In this data, Primary Care is defined by Current Procedural Terminology (CPT) codes, along with provider codes. Using these, Primary Care Preventive Visits were defined as:

- All payments made for preventive medicine services, including exams, screenings, and counseling delivered by a primary care provider type.

Primary Care spending is counted after Behavioral Health in order to prevent double-counting. If behavioral health services are provided by primary care providers or in a primary care setting, they were counted toward Behavioral Health expenditures and not primary care expenditures.

- a. **Numerator & exclusions:** Primary Care Preventive Visits Expenditures.
- b. **Denominator & exclusions:** Primary Care Total Expenditures.
- c. **Stratifier:** Insurance category.
- d. **Imputation method:** N/A
- e. **Weighting Scheme:** N/A
- f. **Risk Adjusted:** N/A

4. **Data source & status:** The Center for Health Information and Analysis' (CHIA) [Massachusetts Primary Care and Behavioral Health Spending Report](#)
5. **Data cost:** Publicly available.
6. **Data release:** CY2023 and CY2024 data released in 2026
7. **Validator & source:** N/A

¹Data for Original Medicare not available for this analysis. For commercial partial-claim data, CHIA estimated pharmacy spending by service type. MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including ACPP, MCO, PCACO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third party liability, FFS limited and supplemental payments to providers) not included in this analysis. CHIA's primary care definition reflected in this report includes obstetric services such as deliveries billed using bundled payments; exclusion of obstetric services from definition of primary care results in a decrease in proportion spent on primary care to 6.1% for commercial and 8.1% for MassHealth; no change for Medicare Advantage (4.2%). Due to comparability concerns resulting from updates to CHIA's PCBH data specification manual in 2025, the following payers are excluded from this analysis: Aetna, Fallon, HPI, HNE, and WellSense; as a result, data may not tie to Total Health Care Expenditures chapter of CHIA's Annual Report. Analysis represents data from commercial payers that submitted CY 2023 and CY 2024 data, representing approximately 85% of commercial market, 47% of commercially administered ACPP/MCO market, and 79% of Medicare Advantage market. Totals do not include any MassHealth supplemental payments. Totals may not sum due to rounding.

Primary Care Obstetric Visit Spending

Insurance Category	Year	Total Expenditures ¹	% of Total Expenditures
Commercial	2023	\$129,585,052	8.1%
	2024	\$134,801,326	7.9%
MassHealth	2023	\$24,839,592	5.9%
	2024	\$24,728,768	5.9%

1. **Date:** 03/20/2026
2. **Data/Measurement and submission years:** CY2023 and CY2024 data was collected in 2025.
3. **Description of metric:** Percentage of primary care obstetric visits spending as a percent of total primary care spending by insurance category. Primary Care service category spending as a proportion of total spending is calculated using the Center for Health Information and Analysis's (CHIA) Primary Care and Behavioral Health (PCBH) data, which is collected by CHIA through submissions from payers. Insurance categories include Commercial, MassHealth, and Medicare Advantage.

In this data, Primary Care is defined by Current Procedural Terminology (CPT) codes, along with provider codes. Using these, Primary Care obstetric visits were defined as:

- All payments made for the components of routine obstetric care, as well as OB/GYN evaluation and management services.

Primary Care spending is counted after Behavioral Health in order to prevent double-counting. If behavioral health services are provided by primary care providers or in a primary care setting, they were counted toward Behavioral Health expenditures and not primary care expenditures.

- a. **Numerator & exclusions:** Primary Care Obstetric Visits Screening Expenditures.
 - b. **Denominator & exclusions:** Primary Care Total Expenditures.
 - c. **Stratifier:** Insurance category.
 - d. **Imputation method:** N/A
 - e. **Weighting Scheme:** N/A
 - f. **Risk Adjusted:** N/A
4. **Data source & status:** The Center for Health Information and Analysis' (CHIA) [Massachusetts Primary Care and Behavioral Health Spending Report](#)
 5. **Data cost:** Publicly available.

6. Data release: CY2023 and CY2024 data released in 2026

7. Validator & source: N/A

¹ Data for Original Medicare not available for this analysis. For commercial partial-claim data, CHIA estimated pharmacy spending by service type. MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including ACPP, MCO, PCACO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third party liability, FFS limited and supplemental payments to providers) not included in this analysis. CHIA's primary care definition reflected in this report includes obstetric services such as deliveries billed using bundled payments; exclusion of obstetric services from definition of primary care results in a decrease in proportion spent on primary care to 6.1% for commercial and 8.1% for MassHealth. Due to comparability concerns resulting from updates to CHIA's PCBH data specification manual in 2025, the following payers are excluded from this analysis: Aetna, Fallon, HPI, HNE, and WellSense; as a result, data may not tie to Total Health Care Expenditures chapter of CHIA's Annual Report. Analysis represents data from commercial payers that submitted CY 2023 and CY 2024 data, representing approximately 85% of commercial market and 47% of commercially administered ACPP/MCO market. Totals do not include any MassHealth supplemental payments. Totals may not sum due to rounding.

Primary Care Immunization and Injection Spending

Insurance Category	Year	Total Expenditures ¹	% of Total Expenditures
Commercial	2023	\$126,907,739	7.9%
	2024	\$124,378,100	7.2%
MassHealth	2023	\$12,233,547	2.9%
	2024	\$9,096,021	2.2%
Medicare Advantage	2023	\$10,083,554	6.4%
	2024	\$9,229,304	5.1%

1. **Date:** 03/20/2026
2. **Data/M Measurement and submission years:** CY2023 and CY2024 data was collected in 2025.
3. **Description of metric:** Percentage of primary care immunization and injection spending as a percent of total primary care spending by insurance category. Primary Care service category spending as a proportion of total spending is calculated using the Center for Health Information and Analysis's (CHIA) Primary Care and Behavioral Health (PCBH) data, which is collected by CHIA through submissions from payers. Insurance categories include Commercial, MassHealth, and Medicare Advantage.

In this data, Primary Care is defined by Current Procedural Terminology (CPT) codes, along with provider codes. Using these, Primary Care Immunizations and Injections were defined as:

- All payments made for the administration of injections, infusions, and vaccines by a primary care provider type.

Primary Care spending is counted after Behavioral Health in order to prevent double-counting. If behavioral health services are provided by primary care providers or in a primary care setting, they were counted toward Behavioral Health expenditures and not primary care expenditures.

- a. **Numerator & exclusions:** Primary Care Immunizations and Injection Screening Expenditures.
- b. **Denominator & exclusions:** Primary Care Total Expenditures.
- c. **Stratifier:** Insurance category.
- d. **Imputation method:** N/A

- e. **Weighting Scheme:** N/A
- f. **Risk Adjusted:** N/A
- 4. **Data source & status:** The Center for Health Information and Analysis' (CHIA) [Massachusetts Primary Care and Behavioral Health Spending Report](#)
- 5. **Data cost:** Publicly available.
- 6. **Data release:** CY2023 and CY2024 data released in 2026
- 7. **Validator & source:** N/A

¹ Data for Original Medicare not available for this analysis. For commercial partial-claim data, CHIA estimated pharmacy spending by service type. MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including ACPP, MCO, PCACO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third party liability, FFS limited and supplemental payments to providers) not included in this analysis. CHIA's primary care definition reflected in this report includes obstetric services such as deliveries billed using bundled payments; exclusion of obstetric services from definition of primary care results in a decrease in proportion spent on primary care to 6.1% for commercial and 8.1% for MassHealth; no change for Medicare Advantage (4.2%). Due to comparability concerns resulting from updates to CHIA's PCBH data specification manual in 2025, the following payers are excluded from this analysis: Aetna, Fallon, HPI, HNE, and WellSense; as a result, data may not tie to Total Health Care Expenditures chapter of CHIA's Annual Report. Analysis represents data from commercial payers that submitted CY 2023 and CY 2024 data, representing approximately 85% of commercial market, 47% of commercially administered ACPP/MCO market, and 79% of Medicare Advantage market. Totals do not include any MassHealth supplemental payments. Totals may not sum due to rounding.

Primary Care Home-Nursing Facility Visit Spending

Insurance Category	Year	Total Expenditures ¹	% of Total Expenditures
Commercial	2023	\$3,700,511	0.2%
	2024	\$3,826,051	0.2%
MassHealth	2023	\$3,392,604	0.8%
	2024	\$5,010,339	1.2%
Medicare Advantage	2023	\$15,420,863	9.8%
	2024	\$16,816,446	9.3%

1. **Date:** 03/20/2026
2. **Data/M Measurement and submission years:** CY2023 and CY2024 data was collected in 2025.
3. **Description of metric:** Percentage of primary care home-nursing facility visit spending as a percent of total primary care spending by insurance category. Primary Care service category spending as a proportion of total spending is calculated using the Center for Health Information and Analysis's (CHIA) Primary Care and Behavioral Health (PCBH) data, which is collected by CHIA through submissions from payers. Insurance categories include Commercial, MassHealth, and Medicare Advantage.

In this data, Primary Care is defined by Current Procedural Terminology (CPT) codes, along with provider codes. Using these, Primary Care home-nursing facility visits were defined as:

- All payments made for evaluation and management services, delivered in the home, rest home, or nursing facility delivered by a primary care provider type.

Primary Care spending is counted after Behavioral Health in order to prevent double-counting. If behavioral health services are provided by primary care providers or in a primary care setting, they were counted toward Behavioral Health expenditures and not primary care expenditures.

- a. **Numerator & exclusions:** Primary Care Home-Nursing Facility Expenditures.
- b. **Denominator & exclusions:** Primary Care Total Expenditures.
- c. **Stratifier:** Insurance category.
- d. **Imputation method:** N/A
- e. **Weighting Scheme:** N/A

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- f. **Risk Adjusted:** N/A
 - 4. **Data source & status:** The Center for Health Information and Analysis' (CHIA) [Massachusetts Primary Care and Behavioral Health Spending Report](#)
 - 5. **Data cost:** Publicly available.
 - 6. **Data release:** CY2023 and CY2024 data released in 2026
 - 1. **Validator & source:** N/A

¹ Data for Original Medicare not available for this analysis. For commercial partial-claim data, CHIA estimated pharmacy spending by service type. MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including ACPP, MCO, PCACO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third party liability, FFS limited and supplemental payments to providers) not included in this analysis. CHIA's primary care definition reflected in this report includes obstetric services such as deliveries billed using bundled payments; exclusion of obstetric services from definition of primary care results in a decrease in proportion spent on primary care to 6.1% for commercial and 8.1% for MassHealth; no change for Medicare Advantage (4.2%). Due to comparability concerns resulting from updates to CHIA's PCBH data specification manual in 2025, the following payers are excluded from this analysis: Aetna, Fallon, HPI, HNE, and WellSense; as a result, data may not tie to Total Health Care Expenditures chapter of CHIA's Annual Report. Analysis represents data from commercial payers that submitted CY 2023 and CY 2024 data, representing approximately 85% of commercial market, 47% of commercially administered ACPP/MCO market, and 79% of Medicare Advantage market. Totals do not include any MassHealth supplemental payments. Totals may not sum due to rounding.

Primary Care Other Primary Care Visit Spending

Insurance Category	Year	Total Expenditures ¹	% of Total Expenditures
Commercial	2023	\$27,726,939	1.7%
	2024	\$32,788,106	1.9%
MassHealth	2023	\$26,463,248	6.3%
	2024	\$7,431,636	1.8%
Medicare Advantage	2023	\$11,538,646	7.4%
	2024	\$14,288,858	7.9%

1. **Date:** 03/20/2026
2. **Data/M Measurement and submission years:** CY2023 and CY2024 data was collected in 2025.
3. **Description of metric:** Percentage of primary care other primary care visits spending as a percent of total primary care spending by insurance category. Primary Care service category spending as a proportion of total spending is calculated using the Center for Health Information and Analysis's (CHIA) Primary Care and Behavioral Health (PCBH) data, which is collected by CHIA through submissions from payers. Insurance categories include Commercial, MassHealth, and Medicare Advantage.

In this data, Primary Care is defined by Current Procedural Terminology (CPT) codes, along with provider codes. Using these, Primary Care other primary care visits were defined as:

- All payments made for services, including Medicare enrollment visits, annual wellness visits, and chronic disease care delivered by a primary care provider type.

Primary Care spending is counted after Behavioral Health in order to prevent double-counting. If behavioral health services are provided by primary care providers or in a primary care setting, they were counted toward Behavioral Health expenditures and not primary care expenditures.

- a. **Numerator & exclusions:** Primary Care Other Primary Care Visits Expenditures.
- b. **Denominator & exclusions:** Primary Care Total Expenditures.
- c. **Stratifier:** Insurance category.
- d. **Imputation method:** N/A

- e. **Weighting Scheme:** N/A
- f. **Risk Adjusted:** N/A
- 4. **Data source & status:** The Center for Health Information and Analysis' (CHIA) [Massachusetts Primary Care and Behavioral Health Spending Report](#)
- 5. **Data cost:** Publicly available.
- 6. **Data release:** CY2023 and CY2024 data released in 2026
- 7. **Validator & source:** N/A

¹ Data for Original Medicare not available for this analysis. For commercial partial-claim data, CHIA estimated pharmacy spending by service type. MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including ACPP, MCO, PCACO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third party liability, FFS limited and supplemental payments to providers) not included in this analysis. CHIA's primary care definition reflected in this report includes obstetric services such as deliveries billed using bundled payments; exclusion of obstetric services from definition of primary care results in a decrease in proportion spent on primary care to 6.1% for commercial and 8.1% for MassHealth; no change for Medicare Advantage (4.2%). Due to comparability concerns resulting from updates to CHIA's PCBH data specification manual in 2025, the following payers are excluded from this analysis: Aetna, Fallon, HPI, HNE, and WellSense; as a result, data may not tie to Total Health Care Expenditures chapter of CHIA's Annual Report. Analysis represents data from commercial payers that submitted CY 2023 and CY 2024 data, representing approximately 85% of commercial market, 47% of commercially administered ACPP/MCO market, and 79% of Medicare Advantage market. Totals do not include any MassHealth supplemental payments. Totals may not sum due to rounding.

Primary Care Behavioral Health Screening Spending

Insurance Category	Year	Total Expenditures ¹	% of Total Expenditures
Commercial	2023	\$12,328,127.48	0.8%
	2024	\$22,283,371.07	1.3%
MassHealth	2023	\$4,511,438.21	1.1%
	2024	\$2,771,411.84	0.7%
Medicare Advantage	2023	\$757,831.91	0.5%
	2024	\$1,215,545.72	0.7%

1. **Date:** 03/20/2026
2. **Data/Measurement and submission years:** CY2023 and CY2024 data was collected in 2025.
3. **Description of metric:** Percentage of primary care behavioral health screening spending as a percent of total primary care spending by insurance category. Primary Care service category spending as a proportion of total spending is calculated using the Center for Health Information and Analysis's (CHIA) Primary Care and Behavioral Health (PCBH) data, which is collected by CHIA through submissions from payers. Insurance categories include Commercial, MassHealth, and Medicare Advantage.

In this data, Primary Care is defined by Current Procedural Terminology (CPT) codes, along with provider codes. Using these, Primary Care Behavioral Health Screenings were defined as:

- All payments made for behavioral health screenings delivered by a primary care provider type.

Primary Care spending is counted after Behavioral Health in order to prevent double-counting. If behavioral health services are provided by primary care providers or in a primary care setting, they were counted toward Behavioral Health expenditures and not primary care expenditures.

- a. **Numerator & exclusions:** Primary Care Behavioral Health Screening Expenditures.
- b. **Denominator & exclusions:** Primary Care Total Expenditures.
- c. **Stratifier:** Insurance category.
- d. **Imputation method:** N/A
- e. **Weighting Scheme:** N/A

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- f. Risk Adjusted: N/A**
- 4. Data source & status:** The Center for Health Information and Analysis' (CHIA) [Massachusetts Primary Care and Behavioral Health Spending Report](#)
 - 5. Data cost:** Publicly available.
 - 6. Data release:** CY2023 and CY2024 data released in 2026
 - 7. Validator & source:** N/A

¹ Data for Original Medicare not available for this analysis. For commercial partial-claim data, CHIA estimated pharmacy spending by service type. MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including ACPP, MCO, PCACO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third party liability, FFS limited and supplemental payments to providers) not included in this analysis. CHIA's primary care definition reflected in this report includes obstetric services such as deliveries billed using bundled payments; exclusion of obstetric services from definition of primary care results in a decrease in proportion spent on primary care to 6.1% for commercial and 8.1% for MassHealth; no change for Medicare Advantage (4.2%). Due to comparability concerns resulting from updates to CHIA's PCBH data specification manual in 2025, the following payers are excluded from this analysis: Aetna, Fallon, HPI, HNE, and WellSense; as a result, data may not tie to Total Health Care Expenditures chapter of CHIA's Annual Report. Analysis represents data from commercial payers that submitted CY 2023 and CY 2024 data, representing approximately 85% of commercial market, 47% of commercially administered ACPP/MCO market, and 79% of Medicare Advantage market. Totals do not include any MassHealth supplemental payments. Totals may not sum due to rounding.

Primary Care Integrated Behavioral Health Spending

Insurance Category	Integrated Service Type	Total Expenditures ¹	% of Total Expenditures
Commercial	Primary Care	\$1,970,337,149	6.6%
	PCBH Integrated	\$280,586,814	0.9%
MassHealth	Primary Care	\$971,837,287	8.4%
	PCBH Integrated	\$51,978,174	0.5%
Medicare Advantage	Primary Care	\$248,325,783	4.2%
	PCBH Integrated	\$6,937,692	0.1%

1. **Date:** 04/15/2025
2. **Data/Measurement and submission years:** CY 2024, data was collected in 2025
3. **Description of metric:** Percentage of total primary care spending on integrated behavioral health outpatient services delivered by a primary care provider type. CHIA's 2024 Primary Care and Behavioral Health Spending report introduced two new methodologies to better reflect the integration of primary care and behavioral health services. This methodology was used to source the data presented here. Under this integrated primary care methodology, "Mental Health Outpatient: PC Provider" and "SUD Outpatient: PC Provider" service category spending was incorporated into primary care rather than behavioral health to reflect behavioral health services during a primary care visit. These services require a primary behavioral health diagnosis; however, they can be categorized as primary care. The use of this methodology allows CHIA to assess the proportion of spending on primary care and behavioral health with and without integration. CHIA's PCBH integration methodology may not reflect payer or provider contractual definitions of integrated care. The table above displays total primary care spending at the market level and total primary care integrated spending with the inclusion of expenditures on behavioral health outpatient services offered by a primary care provider.
 - **Numerator & exclusions:** Primary Care Expenditures. PCBH integrated includes a service category from CHIA's behavioral health service type; behavioral health outpatient services offered by a primary care provider.
 - **Denominator & exclusions:** Total Expenditures.
 - **Stratifier:** Insurance category and clinician group.
 - **Imputation method:** N/A
 - **Weighting Scheme:** N/A

4. **Risk Adjusted:** N/A
5. **Data source & status:** The Center for Health Information and Analysis' (CHIA) [Massachusetts Primary Care and Behavioral Health Spending Report](#)
6. **Data cost:** Publicly available.
7. **Data release:** CY2023 and CY2024 data released in 2026
8. **Validator & source:** N/A

¹ Data for Original Medicare not available for this analysis. For commercial partial-claim data, CHIA estimated pharmacy spending by service type. MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including ACPP, MCO, PCACO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third-party liability, FFS limited and supplemental payments to providers) not included in this analysis. CHIA's primary care definition reflected in this report includes obstetric services such as deliveries billed using bundled payments; exclusion of obstetric services from definition of primary care results in a decrease in proportion spent on primary care to 6.1% for commercial and 8.1% for MassHealth; no change for Medicare Advantage (4.2%). Private commercial payers and MassHealth included facility claims in primary care definition for CY 2023 and CY 2024; review "Data Sources and Methodology" section of the report for more information on inclusion of facility claims. CHIA's PCBH integration methodology may not reflect payer or provider contractual definitions of integrated PCBH care. Totals do not include any MassHealth supplemental payments. Totals may not sum due to rounding.

Capacity Measures

Percentage of Primary Care Physicians

Specialty	2022	2023
Massachusetts state-wide total	29.2%	28.7%
Family Medicine/General Practice	5.6%	5.5%
Internal Medicine	15.3%	15.0%
Internal Medicine/Pediatrics	0.7%	0.7%
Preventative Medicine	0.6%	0.6%
Pediatrics	6.2%	6.1%
Geriatric Medicine	0.8%	0.8%

- Date:** 02/10/2025
- Data/Measurement and submission years:** 2022-2023. Data is updated every two years. Data accessed 02/10/2025.
- Description of metric:** Percentage of Massachusetts-based physicians who practice in primary care.
 - Numerator & exclusions:** Total active primary care physicians. Physicians are counted as primary care physicians if their self-designated primary specialty is one of the following: family medicine/general practice, internal medicine, preventive medicine, internal medicine/pediatrics, pediatrics, or geriatric medicine. Physicians who are licensed by a state are considered active, provided they are working at least 20 hours per week.
 - Denominator & exclusions:** Total active physicians .
 - Stratifier:** Massachusetts, primary care specialty.
 - Imputation method:** N/A.
 - Weighting Scheme:** N/A.
 - Risk Adjusted:** N/A.
- Data source & status:** [AAMC U.S. Physician Workforce Data Dashboard](#).
- Data release:** Data is updated annually.
- Data cost:** Publicly available.
- Validator & source:** N/A.

Percentage of Primary Care Physicians Aged 65 or Older

Specialty	2023	2024
Massachusetts state-wide total	22.2%	22.8%
Family Medicine/General Practice	***	***
Internal Medicine	26.4%	26.9%
Internal Medicine/Pediatrics	***	***
Preventative Medicine	48.4%	50.0%
Pediatrics	***	***
Geriatric Medicine	13.8%	14.4%

1. **Date:** 04/28/2026
2. **Data/Masurement and submission years:** 2023-2024. Data is updated annually. Data accessed 04/28/2026.
3. **Description of metric:** Percentage of Massachusetts-based physicians who practice in primary care aged 65 or older.
 - **Numerator & exclusions:** Total active primary care physicians aged 65 or older. Physicians are counted as primary care physicians if their self-designated primary specialty is one of the following: family medicine/general practice, internal medicine, preventive medicine, internal medicine/pediatrics, pediatrics, or geriatric medicine. Physicians who are licensed by a state are considered active, provided they are working at least 20 hours per week.
 - **Denominator & exclusions:** Total active primary care physicians.
 - **Stratifier:** Massachusetts, primary care specialty
 - **Imputation method:** N/A
 - **Weighting Scheme:** N/A
 - **Risk Adjusted:** N/A
4. **Data source & status:** [AAMC U.S. Physician Workforce Data Dashboard](#)
5. **Data release:** Data is updated annually.
6. **Data cost:** Publicly available.
7. **Validator & source:** N/A

Note: Previous reporting was based on primary care physicians aged 60 or older and is no longer published by AAMCs Massachusetts Physician Workforce Profile. Starting in data year 2022, the metric has been changed to primary care physicians aged 65 or older. ***Reflects values that have been suppressed due to small cell sizes.

Percentage of Primary Care Physicians Leaving Primary Care

Location	2022	2023
Massachusetts	5.5%	4.6%
U.S. & Territories	5.7%	4.5%

1. **Date:** 03/18/2026
2. **Data/M Measurement and submission years:** 2022 and 2023. Data is updated every year. Data accessed 3/18/2026.
3. **Description of metric:** Percentage of primary care physicians leaving primary care in Massachusetts, compared with the national rates.
 - **Numerator & exclusions:** Total count of primary care physicians (PCPs) who have exited primary care. Primary care is defined as physicians with a specialty in general family medicine, general practice, general internal medicine, internal medicine-pediatrics, geriatricians, and general pediatrics. For each year, the AMA Masterfile was merged with the CMS Public Use file. Medicare Physician and Other Practitioners data was used to identify physicians with a primary care specialty who billed more than 90% of their evaluation and management services from a hospital. Physicians with a primary care specialty who were hospitalists were reclassified as non-primary care. PCP includes those who in the previous year were a) in direct patient care and b) 75 years old or younger. An "Exit" from primary care is possible in three different ways: a) a transition from direct patient care to retired in the subsequent year, b) dropped from the AMA Masterfile in the subsequent year, or c) a transition from PCP to non-PCP in subsequent year (this mainly consists of hospitalists as well as PCPs who further specialize).
 - **Stratifier:** Massachusetts.
 - **Imputation method:** N/A.
 - **Weighting Scheme:** N/A.
 - **Risk Adjusted:** N/A.
4. **Data source & status:** The Robert Graham Center derived this data from the Q3 AMA Masterfile 2012-2023; CMS Public Use file, Physicians and Other Suppliers, 2012-2023, to identify hospitalists.
5. **Data release:** Data is updated every year.
6. **Data cost:** N/A.
7. **Validator & source:** N/A.

Note: The Q3 AMA Masterfile was used for each data year. Previously reported values were updated to the Q3 AMA Masterfile source for trend consistency.

Primary Care Physicians per Population

Specialty	2022	2023
Massachusetts state-wide total	138.0	137.0
Family Medicine/General Practice	27.0	27.0
Internal Medicine	74.0	73.0
Internal Medicine/ Pediatrics	3.0	4.0
Preventative Medicine	3.0	3.0
Pediatrics	30.0	30.0
Geriatrics	4.0	4.0

1. **Date:** 02/18/2025
2. **Data/Measurement and submission years:** 2022-2023. Data is updated annually. Data accessed 02/18/2025.
3. **Description of metric:** Active Massachusetts-based primary care physicians per 100,000 Massachusetts residents.
 - **Numerator & exclusions:** Active primary care physicians in Massachusetts or active primary care physicians in Massachusetts by the following specialties: family medicine/general practice, internal medicine, preventive medicine, internal medicine/pediatrics, pediatrics, or geriatric medicine. Physicians who are licensed by a state are considered active, provided they are working at least 20 hours per week.
 - **Denominator & exclusions:** State population of Massachusetts (per 100,000). 2018 population = 6,902,149. 2020 population = 6,892,503.
 - **Stratifier:** Massachusetts; primary care specialty.
 - **Imputation method:** N/A.
 - **Weighting Scheme:** N/A.
 - **Risk Adjusted:** N/A.
4. **Data source & status:** [AAMC U.S. Physician Workforce Data Dashboard](#).
5. **Data release:** Data is updated annually.
6. **Data cost:** Publicly available.
7. **Validator & source:**
 - Massachusetts Health Quality Partners' (MHQP) [Massachusetts Provider Database \(MPD\)](#) 2020 primary care provider providers = 6,396/6,892,503 = 93/100,000
 - [Robert Graham Center](#) (2018): National average of 76 primary care providers per 100,000.

Primary Care Physician Assistants per Population

State	2023	2024
Massachusetts	7.9	11.6

1. **Date:** 02/23/2026
2. **Data/Measurement and submission years:** 2024, published 2026. Data is updated annually. Data accessed 02/23/2026.
3. **Description of metric:** Physician assistants (PAs) who reside in Massachusetts and work in primary care per 100,000 Massachusetts residents.
 - **Numerator & exclusions:** Certified physician assistants who reside in Massachusetts and work in primary care. Primary care includes Family Medicine/General Practice, Internal Medicine-General and Pediatrics-General.
 - 2019: Number of certified PAs = 3,738. Percentage practicing in primary care = 17.0%.
 - 2020: Number of certified PAs practicing in primary care = 4,007. Percentage practicing in primary care = 16.7%.
 - 2021: Number of certified PAs practicing in primary care = 473 (15.8%)
 - 2022: Number of certified PAs practicing in primary care = 503 (16.0%)
 - 2023: Number of certified PAs practicing in primary care = 550 (15.9%)
 - 2024: Number of certified PAs = 5,233. Percentage practicing in primary care = 15.8%.
 - **Denominator & exclusions:** State population of Massachusetts (per 100,000).
 - 2019 state population = 6,894,883
 - 2020 state population = 6,995,729
 - 2021 state population = 6,989,690
 - 2022 state population = 6,981,974
 - 2023 state population = 7,001,399
 - 2024 state population = 7,136,171
4. **Stratifier:** Massachusetts
5. **Imputation method:** N/A.
6. **Weighting Scheme:** N/A.
7. **Risk Adjusted:** N/A.
8. **Data source & status:** [National Commission on Certification of Physician Assistants – Statistical Profile of Certified PAs by State 2019, 2020, 2021, 2022, 2023, 2024](#); [Census Bureau](#) for population data

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- 9. Data release:** Data is updated annually.
 - 10. Data cost:** Publicly available.
 - 11. Validator & source:** N/A.

Primary Care Nurse Practitioners

State	2023	2024
Massachusetts	4,364	4,486

1. **Date:** 03/23/2026
2. **Data/Measurement and submission years:** American Community Survey (ACS), 5-year sample 2018-2024.
3. **Description of metric:** Total number of nurse practitioners (NPs) in Massachusetts who practice in primary care.
 - **Numerator & exclusions:** Number of nurse practitioners in Massachusetts according to the ACS (8,972), divided in half ([approximately half of NPs practice as PCPs](#)) = 4,486.
 - **Denominator & exclusions:** Total count of all practicing Nurse Practitioners in Massachusetts according to the ACS
 - **Stratifier:** Massachusetts.
 - **Imputation method:** N/A.
 - **Weighting Scheme:** N/A.
 - **Risk Adjusted:** N/A.
4. **Data source & status:** [Health Policy Commission \(HPC\) Policy Brief: Nurse Practitioner Workforce and Its Role in the Massachusetts Health Care Delivery System](#)
5. **Data release:** 2025.
6. **Data cost:** Publicly available.
7. **Validator & source:** The Kaiser Family Foundation reported that the [total number of Nurse Practitioners](#) in Massachusetts and in any specialty as of January 2024 was 10,289. According to AHRQ's report, [The Number of Nurse Practitioners and Physician Assistants Practicing Primary Care in the United States](#) stated that approximately half of NPs practiced as PCPs in 2010. The total number of NPs estimated to be in primary care in January 2024 is over 5,000.

Note: FTE is based on usual hours worked per week, where full time = 40 hours a week. NPs and certified nurse midwives are grouped together in the ACS. NPs in primary care are estimated to be about 50% of all NPs in Massachusetts (per the HPC's 2020 brief on NPs).

Percentage of Massachusetts Medical School Graduates Entering Primary Care

Year	Selected Massachusetts Medical School	Percentage in Primary Care
2024	Massachusetts Total	19.2%
2025	Massachusetts Total	18.0%
	School A	23.6%
	School B	21.2%
	School C	14.7%
	School D	13.7%

1. **Date:** 03/26/2026
2. **Data/M Measurement and submission years:** 2024 and 2025. Data is updated every year. Data accessed 03/26/2026.
3. **Description of metric:** Percentage of Massachusetts medical and osteopathic graduates practicing in primary care six to eight years after graduation.
 - **Numerator & exclusions:** Total count of students who graduated from Massachusetts medical schools (students from Harvard Medical School, Boston University Chobanian & Avedisian School of Medicine, Tufts University School of Medicine, and UMass Chan Medical School) entering Primary Care, between 2017 and 2019, inclusive, for 2025 data, or 2016 and 2018, inclusive, for 2024 data. The numerators represent the number of graduates with a Primary Care specialty listed in AMA data. Primary Care includes Family Medicine, Internal Medicine, General Practice, Pediatrics, and Geriatrics. Note that not all students will be practicing in Massachusetts after graduation.
 - **Denominator & exclusions:** The denominators are all graduates with a valid specialty listed (primary care and otherwise) between 2017 and 2019, inclusive, for 2025 data; or 2016 and 2018, inclusive, for 2024 data. This allows physicians to finish residency and be in practice by the 2024-2025 academic year, for 2025 data; or 2023-2024 academic year, for 2024 data.
 - **Stratifier:** N/A.
 - **Imputation method:** N/A.
 - **Weighting Scheme:** N/A.
4. **Risk Adjusted:** N/A.
5. **Data source & status:** Anonymized data was provided by the Robert Graham Center. Full Massachusetts information is published on the [U.S. News & World Report website](#).
6. **Data release:** Data is updated every year.
7. **Data cost:** Publicly available.

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8. **Validator & source:** [Contributions of US Medical Schools to Primary Care \(2003-2014\): Determining and Predicting Who Really Goes Into Primary Care](#): national primary care output rate = 22.3%

Primary Care Physician Salary

PC Physician & Pediatrician Average Salary		
Physician Type	2023 Average Salary	2024 Average Salary
Pediatrician	\$204,670	\$235,000
Family Medicine Physician	\$266,010	\$301,270
Range of average salaries: low*	\$162,920	\$166,230
Range of average salaries: high*	\$369,490	\$442,860

1. **Date:** 01/21/2026
2. **Data/Measurement and submission years:** May 2024 data released April 2025. Data accessed 12/25/2025.
3. **Description of metric:** Estimated average annual salary for a family medicine physician and a pediatrician in Massachusetts, compared to the range of average salaries for all Massachusetts physicians (2021 lowest average ([General Internal Medicine](#): \$183,500) and highest average ([Radiologist](#): \$351,310); 2022 lowest average ([Pediatrician](#): \$166,270) and highest average ([Dermatologist](#): \$414,270); 2023 lowest average ([Podiatrist](#): \$162,920) and highest average ([Radiologist](#): \$329,490); 2024 lowest average ([Podiatrist](#): \$166,230) and highest average ([Anesthesiologist](#): \$442,860)).
 - o **Numerator & exclusions:** N/A.
 - o **Denominator & exclusions:** N/A.
 - o **Stratifier:** Massachusetts
 - o **Imputation method:** N/A.
 - o **Weighting Scheme:** N/A.
 - o **Risk Adjusted:** N/A.
4. **Data source & status:** [U.S. Bureau of Labor Statistics](#). May 2021, 2022, 2023, and 2024 State Occupational Employment and Wage Estimates (OEWS), MA, Healthcare practitioners. These occupational employment and wage estimates are calculated with data collected from employers in all industry sectors in metropolitan and nonmetropolitan areas in Massachusetts. [Technical Notes for May 2024 OEWS Estimates](#).
5. **Data release:** Data is updated annually.
6. **Data cost:** Publicly available.
7. **Validator & source:** Glassdoor is an American website where current and former employees anonymously review companies, and users submit salary information. Salary.com.
 - o [Glassdoor: How much does an Internal Medicine make in Massachusetts?](#) – \$216,630
 - o [U.S. Bureau of Labor Statistics](#): General Internal Medicine salary: \$238,050

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- [Glassdoor.com: How much does a Pediatrician make in Massachusetts?](#) – \$252,636
 - [Anesthesiologist Salary in Massachusetts \(January 01, 2026\) | Salary.com](#) - \$481,000

Primary Care Clinician Characteristics

Primary Care Occupation	Race/Ethnicity	2024, Percent of Occupation (%)
Physicians	Asian, non-Hispanic	23.8%
	Black, non-Hispanic	3.5%
	White, non-Hispanic	66.0%
	All Other Races	2.7%
	Hispanic of Any Race	4.0%
Registered Nurses	Asian, non-Hispanic	7.6%
	Black, non-Hispanic	5.9%
	White, non-Hispanic	81.0%
	All Other Races	1.1%
	Hispanic of Any Race	4.4%

- Date:** 04/23/2026
- Data/Masurement and submission years:** 2024 data represented. Data is updated biennially. Data accessed 02/20/2025.
- Description of metric:** Percentage of Massachusetts primary care physicians and registered nurses (RNs) by race/ethnicity.
 - Numerator & exclusions:** Active primary care employee by occupation. Physician refers to a doctor of medicine (M.D.) or doctor of osteopathy (D.O.) who is registered to practice medicine. Registered nurse refers to a nurse licensed by the Board of Registration in Nursing to practice as a registered nurse. Reported race/ethnicity reported by organizational representative. Due to small sample sizes, the non-Hispanic American Indian/Alaska Native, non-Hispanic Native Hawaiian/Other Pacific Islander, and non-Hispanic Two or More Races categories were combined and reported as "All Other Races."
 - Denominator & exclusions:** Total active full-time and part-time employees in respective primary care occupations.
 - Stratifier:** Massachusetts; primary care.
 - Imputation method:** When an organization reported at least some race/ethnicity details, the case's own distribution of observed race categories was used to allocate unknown counts and subtract excess counts proportionally across

groups. When a case reported no race/ethnicity information at all, sector-level distributions were used. Rounding was performed at each step, and any residual discrepancies were reconciled by adjusting the largest categories, ensuring that imputed race totals matched reported staff totals.

- **Weighting Scheme:** To ensure representative workforce estimates, a dual weighting methodology was used to account for both health care sector representation and role-specific distributions. For more information, refer to the CHIA Massachusetts Health Care Workforce Survey Technical Appendix.
 - **Risk Adjusted:** N/A
4. **Data source & status:** [CHIA Massachusetts Health Care Workforce Survey](#).
 5. **Data release:** Data is updated biennially.
 6. **Data cost:** Publicly available.
 7. **Validator & source:** N/A

Primary Care Turnover Rate

Occupation	2024 Turnover Rate	
	Primary Care	All-Sector
Physician	5.7%	10.1%
Medical Assistant	18.6%	*
Registered Nurse	8.6%	16.5%
Physician Assistant/NP/Other APRN	7.6%	*

1. **Date:** 04/23/2026
2. **Data/Measurement and submission years:** 2024 data reported. Turnover rate for specific occupations in primary care reported. Data accessed 02/20/2026.
3. **Description of metric:** Rate of primary care employees leaving their role for any reason.
 - **Numerator & exclusions:** Total number of full-time employees by occupation who left their position for any reason in 2024. Turnover rates were suppressed for small occupation representation size, missing data, or low response rates. For more information on occupation definitions by sector, refer to the CHIA Massachusetts Health Care Workforce Survey Technical Appendix.
 - **Denominator & exclusions:** Average of full-time total employees by occupation in 2024 and total employees in 2023.
 - **Stratifier:** Massachusetts; primary care.
 - **Imputation method:** A ratio-based imputation procedure was used to address missing staff counts. For each role, the average proportion of staff by employment status (e.g. full-time, part-time, and per diem) was calculated across the dataset. If an organization was missing a specific count, it was estimated by applying these dataset-wide averages to the corresponding organization's total staff. Historical organization data, such as staff from the previous year, was not imputed.
 - **Weighting Scheme:** A two-stage weighting process was used to adjust for sampling design effects and non-response by calculating the ratio of the total eligible sites to the number of completed surveys within each sector. For more information, refer to the CHIA Massachusetts Health Care Workforce Survey Technical Appendix.
 - **Risk Adjusted:** N/A
4. **Data source & status:** [CHIA Massachusetts Health Care Workforce Survey](#).

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5. **Data release:** Data is updated biennially.
 6. **Data cost:** Publicly available.
 7. **Validator & source:** N/A

Primary Care Vacancy Rate

Occupation	2024 Vacancy Rate	
	Primary Care	All-Sector
Physician	6.1%	5.8%
Medical Assistant	7.9%	*
Registered Nurse	2.6%	9.2%
Physician Assistant/NP/Other APRN	7.8%	*

1. **Date:** 04/23/2026
2. **Data/Measurement and submission years:** 2024 data reported. Vacancy rate for specific occupations in primary care reported. Data accessed 03/11/2026.
3. **Description of metric:** Rate of primary care job vacancies.
 - **Numerator & exclusions:** Total number of full-time and part-time job vacancies in 2024. Vacancy rates were suppressed for small occupation representation size, missing data, or low response rates. For more information on occupation definitions by sector, refer to the CHIA Massachusetts Health Care Workforce Survey Technical Appendix.
 - **Denominator & exclusions:** Sum of current full-time employees, part-time employees, and number of job vacancies in 2024.
 - **Stratifier:** Massachusetts; primary care.
 - **Imputation method:** A ratio-based imputation procedure was used to address missing staff counts. For each role, the average proportion of staff by employment status (e.g. full-time, part-time, and per diem) was calculated across the dataset. If an organization was missing a specific count, it was estimated by applying these dataset-wide averages to the corresponding organization's total staff. Historical organization data, such as staff from the previous year, was not imputed.
 - **Weighting Scheme:** A two-stage weighting process was used to adjust for sampling design effects and non-response by calculating the ratio of the total eligible sites to the number of completed surveys within each sector. For more information, refer to the CHIA Massachusetts Health Care Workforce Survey Technical Appendix.
 - **Risk Adjusted:** N/A
4. **Data source & status:** [CHIA Massachusetts Health Care Workforce Survey](#).
5. **Data release:** Data is updated biennially.

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6. **Data cost:** Publicly available.
 7. **Validator & source:** N/A

Primary Care Physicians by Geography

Primary Care Physicians	
County	PCP Density per 1,000
Barnstable	1.2
Berkshire	2.0
Bristol	0.8
Dukes	1.1
Essex	1.1
Franklin	0.8
Hampden	1.3
Hampshire	1.2
Middlesex	1.5
Nantucket	0.9
Norfolk	1.4
Plymouth	0.8
Suffolk	5.7
Worcester	1.7

1. **Date:** 06/1/2026
2. **Data/Measurement and submission years:** 2023 American Medical Association (AMA) data
3. **Description of metric:** Primary care physicians (PCPs) per 1,000 Massachusetts residents by county.
 - **Numerator & exclusions:** Number of primary care (internal medicine and family/general practice) physicians active in Massachusetts in 2023. Physician density measures the distribution of physicians across a specific area. As such, it may be an indicator of access to medical care by geography since patients with fewer physicians in their area may experience longer wait or travel times to see a doctor. CHIA used the Health Workforce Mapper, an application developed by the American Medical Association (AMA), where users can specify physician

density by state, county, age group, types, and specialties. This publication uses estimates for 2023.

- **Denominator & exclusions:** Massachusetts population by counties.
 - **Stratifier:** Massachusetts counties.
 - **Weighting Scheme:** N/A
 - **Imputation method:** N/A
 - **Risk Adjusted:** N/A
4. **Data source & status:** American Medical Association (AMA) Workforce Mapper - [Health Workforce Mapper | American Medical Association](#)
 5. **Data cost:** N/A
 6. **Data release:** 2023
 7. **Validator & source:** N/A

Community Health Centers Clinician Characteristics

Occupation	Race/Ethnicity	2024, Percent of Occupation (%)
Physician	Asian, non-Hispanic	24.1%
	Black, non-Hispanic	3.6%
	White, non-Hispanic	59.0%
	All Other Races	0.8%
	Hispanic of Any Race	12.6%

8. Date: 04/23/2026

9. Data/Measurement and submission years: 2024 data represented. Data is updated biennially. Data accessed 03/17/2025.

10. Description of metric: Percentage of Massachusetts community health center physicians by race/ethnicity.

- **Numerator & exclusions:** Active community health center employee by occupation. Physician refers to a doctor of medicine (M.D.) or doctor of osteopathy (D.O.) who is registered to practice medicine. Due to small sample sizes, the non-Hispanic American Indian/Alaska Native, non-Hispanic Native Hawaiian/Other Pacific Islander, and non-Hispanic Two or More Races categories were combined and reported as “All Other Races.”
- **Denominator & exclusions:** Total active full-time and part-time employees in respective community health center occupations.
- **Stratifier:** Massachusetts; community health center.
- **Imputation method:** When an organization reported at least some race/ethnicity details, the case’s own distribution of observed race categories was used to allocate unknown counts and subtract excess counts proportionally across groups. When a case reported no race/ethnicity information at all, sector-level distributions were used. Rounding was performed at each step, and any residual discrepancies were reconciled by adjusting the largest categories, ensuring that imputed race totals matched reported staff totals.
- **Weighting Scheme:** To ensure representative workforce estimates, a dual weighting methodology was used to account for both health care sector representation and role-specific distributions. For more information, refer to the CHIA Massachusetts Health Care Workforce Survey Technical Appendix.
- **Risk Adjusted:** N/A

11. Data source & status: [CHIA Massachusetts Health Care Workforce Survey](#).

12. Data release: Data is updated biennially.

13. Data cost: Publicly available.

14. Validator & source: N/A

Community Health Centers Turnover Rates

Occupation	2024 Turnover Rate	
	Community Health Center	All-Sector
Community Health Workers	17.1%	*
Medical Assistants	20.3%	*
Physician Assistants	11.6%	*
Physicians	10.2%	10.1%
Registered Nurses	19.4%	16.5%
Social Workers	22.1%	23.8%

1. **Date:** 04/23/2026
2. **Data/Measurement and submission years:** 2024 data reported. Turnover rate for specific occupations in community health centers reported. Data accessed 03/17/2026.
3. **Description of metric:** Rate of community health centers employees leaving their role for any reason.
 - **Numerator & exclusions:** Total number of full-time employees who left their position for any reason in 2024. Turnover rates were suppressed for small occupation representation size, missing data, or low response rates. For more information on occupation definitions by sector, refer to the CHIA Massachusetts Health Care Workforce Survey Technical Appendix.
 - **Denominator & exclusions:** Average of full-time total employees by occupation in 2024 and total employees in 2023.
 - **Stratifier:** Massachusetts; community health center.
 - **Imputation method:** A ratio-based imputation procedure was used to address missing staff counts. For each role, the average proportion of staff by employment status (e.g. full-time, part-time, and per diem) was calculated across the dataset. If an organization was missing a specific count, it was estimated by applying these dataset-wide averages to the corresponding organization's total staff. Historical organization data, such as staff from the previous year, was not imputed.
 - **Weighting Scheme:** A two-stage weighting process was used to adjust for sampling design effects and non-response by calculating the ratio of the total eligible sites to the number of completed surveys within each sector. For more information, refer to the CHIA Massachusetts Health Care Workforce Survey Technical Appendix.

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- **Risk Adjusted:** N/A
 - 4. Data source & status:** [CHIA Massachusetts Health Care Workforce Survey](#).
 - 5. Data release:** Data is updated biennially.
 - 6. Data cost:** Publicly available.
 - 7. Validator & source:** N/A

Community Health Centers Vacancy Rates

Occupation	2024 Vacancy Rate	
	Community Health Center	All-Sector
Community Health Workers	2.4%	*
Medical Assistants	7.0%	*
Physician Assistants	9.6%	*
Physicians	11.0%	5.8%
Registered Nurses	8.2%	9.2%
Social Worker	10.1%	15.3%

1. **Date:** 04/23/2026
2. **Data/Measurement and submission years:** 2024 data reported. Vacancy rate for specific occupations in community health centers reported. Data accessed 03/17/2026.
3. **Description of metric:** Rate of community health center job vacancies.
 - **Numerator & exclusions:** Total number of full-time and part-time job vacancies in 2024. Vacancy rates were suppressed for small occupation representation size, missing data, or low response rates. For more information on occupation definitions by sector, refer to the CHIA Massachusetts Health Care Workforce Survey Technical Appendix.
 - **Denominator & exclusions:** Sum of current full-time employees, part-time employees, and number of job vacancies in 2024.
 - **Stratifier:** Massachusetts; community health center.
 - **Imputation method:** A ratio-based imputation procedure was used to address missing staff counts. For each role, the average proportion of staff by employment status (e.g. full-time, part-time, and per diem) was calculated across the dataset. If an organization was missing a specific count, it was estimated by applying these dataset-wide averages to the corresponding organization's total staff. Historical organization data, such as staff from the previous year, was not imputed.
 - **Weighting Scheme:** A two-stage weighting process was used to adjust for sampling design effects and non-response by calculating the ratio of the total eligible sites to the number of completed surveys within each sector. For more information, refer to the CHIA Massachusetts Health Care Workforce Survey Technical Appendix.
 - **Risk Adjusted:** N/A

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4. **Data source & status:** [CHIA Massachusetts Health Care Workforce Survey](#).
 5. **Data release:** Data is updated biennially.
 6. **Data cost:** Publicly available.
 7. **Validator & source:** N/A

Utilization Measures

Preventive Care Visit

Percent of MA Population Who Visited a General Doctor, Nurse Practitioner, Physician Assistant or Midwife for Preventive Care in the Past 12 Months	
Year	Percent (%)
2023	81.3%
2025	75.1%

- Date:** 03/31/2026
- Data/M Measurement and submission years:** 2023 and 2025.
- Description of metric:** Percent of Massachusetts residents who reported that they received care from a general doctor, nurse practitioner or physician assistant in the past 12 months for a check-up, physical examination or for other preventive care. For more information, please see 2025 Massachusetts Health Insurance Survey (MHIS) Methodology Report.
 - Numerator & exclusions:** Non-Institutionalized Massachusetts residents reporting that they had a visit to a general doctor, nurse practitioner, physician’s assistant, or midwife for preventive care in the past 12 months.
 - Denominator & exclusions:** Non-institutionalized Massachusetts residents.
 - Stratifier:** N/A.
 - Imputation Method:** Missing values for key demographic variables for the target and target’s household members and missing values for analytic variables used in calculation of final metric replaced through hot-deck imputation procedures.
 - Weighting Scheme:** The survey data is weighted to adjust for differential sampling probabilities, to reduce biases due to differences between respondents and nonrespondents and to address gaps in coverage in the survey frame. Overall, the procedure executed for this study follows a two-step procedure which is to first correct for any disproportionate probabilities of selection (base weighting), such as oversampling based on targeted household characteristics, and then to balance the sample to match official statistics for persons living in Massachusetts on metrics such as age and gender (post-stratification weighting). In developing weights for the MHIS, the survey data is weighted first at the household level and then at the target-person level.
 - Risk Adjusted:** N/A.

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4. **Data source & status:** [CHIA \(March 2026\). Findings from the Massachusetts Health Insurance Survey report.](#)
 5. **Data release:** Data is updated every two years.
 6. **Data cost:** Estimates are publicly available.
 7. **Validator & Source:** Nationally, 85.2% of adult (18+) residents reported that they had a doctor visit within the past 12 months based on 2024 National Health Interview Survey estimates.

Federally Qualified Health Center Patients Served

Percent of MA Residents Who Received Medical Care at a Federally Qualified Health Center (FQHC)	
Year	Percent (%)
2023	10.3%
2024	10.7%

- 1. Date:** 02/17/2026
- 2. Data/Measurement and calendar years:** 2023 and 2024.
- 3. Description of metric:** Percent of Massachusetts residents who received medical care at a Federally Qualified Health Center (FQHC).
 - Numerator & exclusions:** Number of Massachusetts residents who received medical care at a FQHC. Countable visits are encounters between a patient and a licensed or credentialed provider who exercises independent professional judgment in providing services that are: documented, individual, in-person or virtual.
 - Denominator & exclusions:** Massachusetts residents.
 - Risk Adjusted:** N/A
- 4. Data source & status:** Health Resources and Services Administration Uniform Data System
- 5. Data release:** Data is updated annually.
- 6. Data cost:** Publicly available.
- 7. Validator & Source:** N/A

Avoidable Emergency Department (ED) Use

Percent Of MA Residents Who Reported That Their Most Recent Emergency Room Visit in The Past 12 Months Was for a Non-Emergency Condition	
Year	Percent (%)
2023	36.2%
2025	31.8%

1. **Date:** 03/31/2026
2. **Data/Measurement and submission years:** 2023 and 2025 Massachusetts Health Insurance Survey (MHIS)
3. **Description of metric:** Among residents with at least one Emergency Department (ED) visit in the past 12 months, percent who reported that their most recent ED visit could have been treated by a general doctor if one had been available, by age group and race/ethnicity, 2021, 2023, and 2025. For more information, please see the 2023 Massachusetts Health Insurance Survey (MHIS) Methodology Report.
 - **Numerator & exclusions:** Massachusetts residents with an ED visit over the past 12 months who reported that their most recent ED visit could have been treated by a general doctor if one had been available.
 - **Denominator & exclusions:** Massachusetts residents with an ED visit over the past 12 months.
 - **Stratifier:** N/A.
 - **Imputation Method:** Missing values for key demographic variables for the target and target's household members replaced through hot-deck imputation procedures.
 - **Weighting Scheme:** The survey data is weighted to adjust for differential sampling probabilities, to reduce biases due to differences between respondents and nonrespondents (nonresponse bias), and to address gaps in coverage in the survey frame (coverage bias). Overall, the procedure executed for this study follows a two-step procedure which is to first correct for any disproportionate probabilities of selection (base weighting), such as oversampling based on targeted household characteristics, and then to balance the sample to match official statistics for persons living in Massachusetts on metrics such as age and gender (post-stratification weighting). In developing weights for the MHIS, the survey data is weighted first at the household level and then at the target-person level.
 - **Risk Adjusted:** N/A.

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4. **Data source & status:** [CHIA \(March 2026\). Findings from the Massachusetts Health Insurance Survey report.](#)
 5. **Data release:** Data released biennially.
 6. **Data cost:** Estimates are publicly available.
 7. **Validator & Source:** Massachusetts Health Policy Commission. Decrease in Potentially Avoidable Emergency Visits Among Children and Adults between March 2019 and September 2021. Finding: “Historically, around 30-40% of ED visits in Massachusetts are classified as potentially avoidable visits that could more effectively be cared for in another clinical setting, such as primary care.”.

Well-Child Visits in the First 30 Months of Life: 0 – 15 Months (Commercial)

Percentage of Children Who Had Six or More Well-Child Visits On or Before Their 15-Month Birthday	
Year	Percent (%)
2023	94.7%
2024	95.0%

1. **Date:** 05/6/2026
2. **Data/Measurement and submission years:** Healthcare Effectiveness Data and Information Set (HEDIS®) measurement years 2023 and 2024.
3. **Description of metric:** This measure assesses the percentage of children who had six or more well-child visits on or before their 15-month birthday. Data reflects HEDIS® specifications for well child visits in measurement years 2023 and 2024.
 - **Numerator & exclusions:** Commercially insured enrollees who turned 15 months old during the measurement year enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England), who had six or more well-child visits on or before their 15-month birthday. The visits must be with a primary care provider (PCP), but the PCP does not need to be the practitioner assigned to the child.
 - **Denominator & exclusions:** Commercially insured enrollees who turned 15 months old during the measurement year and were enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England). Exclusions include individuals receiving hospice care.
 - **Weighting Scheme:** N/A
 - **Imputation method:** N/A
 - **Risk Adjusted:** N/A
4. **Data source & status:** CHIA (March 2026). [Annual Report on the Performance of the Massachusetts Health Care System](#).
5. **Data cost:** Publicly available.
6. **Data release:** Data released biennially.
7. **Validator & source:** 95.4% of children ages 0-2 years old in Massachusetts received a well-child visit in the past 12 months, 2023-2024 (Published by [United Health Foundation](#))

Well-Child Visits, 3-21 Months (MassHealth)

Percentage of Children Who Had Six or More Well-Child Visits Between Their 3-Month to 21-Month Birthday (MassHealth)	
Year	Percent (%)
2024	70.3%

1. **Date:** 05/6/2026
2. **Data/Measurement and submission years:** MassHealth measurement year 2024.
3. **Description of metric:** This measure assesses the percentage of children who had six or more well-child visits between their 3-month to 21-month birthday in calendar performance year 2024. 2023 data was not reported due to significant transition in data collection or populations being reported.
 - **Numerator & exclusions:** MassHealth insured enrollees who turned 21 months old during the measurement year who had six or more well-child visits on their 21 month birthday or between their 3-month and 21-month birthday. The visits must be with a primary care provider (PCP), but the PCP does not need to be the practitioner assigned to the child.
 - **Denominator & exclusions:** MassHealth insured enrollees who turned 21 months old during the measurement year. Exclusions include individuals receiving hospice care.
 - **Weighting Scheme:** N/A
 - **Imputation method:** N/A
 - **Risk Adjusted:** N/A
4. **Data source & status:** MassHealth (2026).
5. **Data cost:** Available upon request.
6. **Data release:** N/A
7. **Validator & source:** 95.4% of children ages 0-2 years old in Massachusetts received a well-child visit in the past 12 months, 2023-2024 (Published by [United Health Foundation](#))

Note: MassHealth performance typically lags behind the commercial population given differences in the population. MassHealth performance is better when compared to other state Medicaid plans using regional benchmarks (NCQA). The Regional New England benchmarks used are higher performing than overall national benchmarks. MY24 performance for these measures was higher than the 75th percentile (or top 25%) of all plans. For more than half of these measures, MassHealth performed in the top 90th percentile (or top 10%) of all plans.

Adult Influenza Vaccinations

Season	Population	Percent (%)
2023-2024	All Residents \geq 18 Years	59.2%
2024-2025	All Residents \geq 18 Years	55.2%

1. **Date:** 01/21/2026
2. **Data/Masurement and submission years:** 2018-2019 influenza season (July 2018 – May 2019); 2020 – 2021 influenza season (July 2020 – May 2021); 2021 – 2022 influenza season (July 2021 – May 2022); 2022 – 2023 influenza season (July 2022 – May 2023) 2023 – 2024 influenza season (July 2023 – May 2024); 2024-2025 influenza season (July 2024 – May 2025)
3. **Description of metric:** Estimated proportion of Massachusetts adults (18+) that received the seasonal influenza vaccination.
 - **Numerator & exclusions:** Respondents who did not have either a yes or no response to the question on whether they received flu vaccination in the past 12 months were excluded from the analysis.
 - **Denominator & exclusions:** N/A
 - **Stratifier:** Massachusetts; adults \geq 18; race and ethnicity (based on self-report)
 - **Weighting Scheme:** Flu vaccination coverage estimates from the Behavioral Risk Factor Surveillance System (BRFSS) were calculated using Kaplan-Meier survival analysis using month of reported flu vaccination to determine cumulative flu vaccination coverage. The coverage estimate weighted percentages by the U.S. population.
 - **Imputation method:** Month and year of vaccination were imputed for respondents with missing month and year of vaccination date.
 - **Risk Adjusted:** N/A
4. **Data source & status:** [Centers for Disease Control and Prevention. Flu Vaccination Coverage, Adults 18 years and older, United States Behavioral Risk Factor Surveillance System \(BRFSS\), 2024-25 Season](#)
5. **Data cost:** Publicly available.
6. **Data release:** Data updated annually.
7. **Validator & source:** [America’s Health Rankings \(United Health Foundation\), 53.7% of adults reported receiving a seasonal flu vaccine in the past 12 months.](#)

Prenatal and Post-Partum Care (Commercial)

Measure Name	Year	Percent (%)
Timeliness of Prenatal Care	2023	84.9%
	2024	78.5%
Postpartum Care	2023	91.9%
	2024	87.3%

1. **Date:** 03/20/2026
2. **Data/Masurement and submission years:** Healthcare Effectiveness Data and Information Set (HEDIS®) measurement years 2024 and 2025.
3. **Description of metric:** This measure assesses the timeliness of prenatal care and postpartum care. Timeliness of care assesses the percentage of deliveries in which women had a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. Postpartum care assesses deliveries in which women had a postpartum visit on or between 7 and 84 days after delivery. Data reflects HEDIS® specifications for prenatal and postpartum care.
 - **Numerator & exclusions:** Commercially insured women enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England) who had a prenatal care visits in the first trimester for timeliness of care, and those who had a post partum visit on or between 7 and 84 days after delivery.
 - **Denominator & exclusions:** Commercially insured members enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/ Tufts Health Plan), and Health New England who had deliveries of live births.
 - **Stratifier:** N/A
 - **Weighting Scheme:** NCQA permits health plans to calculate this measure using either administrative data only, or administrative data combined with medical record review (Hybrid Method). If a health plan chose to report eligible measures to NCQA using the Hybrid Method, the health plan reported the rate for their sample population based on Administrative Data Method and the rate based on the Hybrid Method (combination of administrative data and medical record review data) to MHQP. This enabled MHQP to calculate a “chart adjustment factor,”

which represents the increase in a plan’s measured rate after medical record review (i.e., the Hybrid Method rate minus the Administrative Data Method only rate). MHQP adjusted the rates that were obtained for the health plan’s entire HEDIS®-eligible population using the Administrative Data Method by applying the respective chart adjustment factors to each affected measure for the provider site, medical group, or physician network.

- **Imputation method:** N/A
 - **Risk Adjusted:** N/A
- 4. Data source & status:** CHIA (March 2026). [Annual Report on the Performance of the Massachusetts Health Care System.](#)
 - 5. Data cost:** Publicly available.
 - 6. Data release:** Data released biennially.
 - 7. Validator & source:** N/A

Note: N >= 30, a higher score indicates better performance. Measurement periods vary somewhat by measure, but in general “2024 score” refers to performance during calendar year 2024. See [CHIA’s Annual Report Quality Chapter](#) for more information.

Prenatal and Post-Partum Care (MassHealth)

Measure Name	Year	Percent (%)
Timeliness of Prenatal Care	2023	89.3%*
	2024	80.5%
Postpartum Care	2023	83.8%*
	2024	81.8%

1. **Date:** 06/1/2026
2. **Data/Measurement and submission years:** Healthcare Effectiveness Data and Information Set (HEDIS®) measurement years 2024 and 2025.
3. **Description of metric:** This measure assesses the timeliness of prenatal care and postpartum care. Timeliness of care assesses the percentage of deliveries that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization. Postpartum care assesses the percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.
 - **Numerator & exclusions:**
 - Timeliness of Prenatal Care: Members who had a prenatal visit who were continuously enrolled from at least 219 days before delivery (or EDD) through 60 days after delivery who must have a prenatal visit anytime during the time period that begins 280 days prior to delivery and ends 42 days after their enrollment start date.
 - Postpartum Care: Members who had a postpartum visit on or between 7 and 84 days after delivery.
 - **Denominator & exclusions:** Eligible population. Members who use hospice services or elect to use a hospice benefit at any time during the measurement year are excluded. Members who die at any time during the measurement year are excluded.
 - **Stratifier:** N/A
 - **Weighting Scheme:** N/A
 - **Imputation method:** N/A
 - **Risk Adjusted:** N/A
4. **Data source & status:** MassHealth measure results inclusive of FFS and Managed Care where available.
5. **Data cost:** Data request
6. **Data release:** N/A

7. Validator & source: N/A

Note: *Managed care only population. MassHealth performance typically lags behind the commercial population given differences in the population. MassHealth performance is better when compared to other state Medicaid plans using regional benchmarks (NCQA). The Regional New England benchmarks used are higher performing than overall national benchmarks. MY24 performance for these measures was higher than the 75th percentile (or top 25%) of all plans. For more than half of these measures, MassHealth performed in the top 90th percentile (or top 10%) of all plans.

Access Measures

Difficulty Obtaining Necessary Healthcare

Percent of MA Residents Reporting Difficulties Accessing Care in the Past 12 Months	
Year	Percent (%)
2023	41.2%
2025	43.1%

- Date:** 03/31/2026
- Data/Measurement and submission years:** 2023 and 2025.
- Description of metric:** Percent of Massachusetts residents who reported that they had difficulties accessing care in the past 12 months, defined in 2025 as the resident reporting any of the following difficulties: unable to get appointment with doctor's office or clinic as soon as needed, unable to get appointment with specialist as soon as needed, doctor's office or clinic not accepting new patients, doctor's office or clinic not accepting patient's insurance type, and unable to get appointment due to transportation issues. For more information, please see 2025 Massachusetts Health Insurance Survey (MHIS) Methodology Report.
 - Numerator & exclusions:** Non-Institutionalized Massachusetts residents responding that they had any difficulties accessing care in the past 12 months.
 - Denominator & exclusions:** Non-institutionalized Massachusetts residents.
 - Stratifier:** N/A.
 - Imputation Method:** Missing values for key demographic variables for the target and target's household members replaced through hot-deck imputation procedures.
 - Weighting Scheme:** The survey data is weighted to adjust for differential sampling probabilities, to reduce biases due to differences between respondents and nonrespondents and to address gaps in coverage in the survey frame. Overall, the procedure executed for this study follows a two-step procedure which is to first correct for any disproportionate probabilities of selection (base weighting), such as oversampling based on targeted household characteristics, and then to balance the sample to match official statistics for persons living in Massachusetts on metrics such as age and gender (post-stratification weighting). In developing weights for the MHIS, the survey data is weighted first at the household level and then at the target-person level.
 - Risk Adjusted:** N/A.
- Data source & status:** [CHIA \(March 2026\). Findings from the Massachusetts Health Insurance Survey report.](#)

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5. **Data release:** Data is updated every two years.
 6. **Data cost:** Estimates are publicly available.
 7. **Validator & Source:** N/A.

Difficulty Accessing Any Care by Type of Difficulty

Difficulty Accessing Any Care by Type of Difficulty		
Year	Type of Difficulty	Percent (%)
2023	Unable to get appointment with doctor's office or clinic as soon as needed	25.6%
	Unable to get appointment with specialist as soon as needed	23.3%
	Doctor's office or clinic not accepting new patients	19.1%
	Doctor's office or clinic did not accept health insurance type	12.6%
2025	Unable to get appointment with doctor's office or clinic as soon as needed	27.6%
	Unable to get appointment with specialist as soon as needed	23.0%
	Doctor's office or clinic not accepting new patients	17.0%
	Doctor's office or clinic did not accept health insurance type	11.9%

1. **Date:** 03/31/2026
2. **Data/Masurement and submission years:** 2023 and 2025.
3. **Description of metric:** Percentage of Massachusetts residents who reported type of difficulty in accessing care at the time of the survey.
 - **Numerator & exclusions:** Percentage of non-Institutionalized Massachusetts residents responding at the time of the survey.
 - **Denominator & exclusions:** Non-institutionalized Massachusetts residents.
 - **Stratifier:** N/A.
 - **Imputation Method:** Missing values for key demographic variables for the target and target's household members and missing values for analytic variables used in calculation of final metric replaced through hot-deck imputation procedures.
 - **Weighting Scheme:** The survey data is weighted to adjust for differential sampling probabilities, to reduce biases due to differences between respondents and nonrespondents and to address gaps in coverage in the survey frame. Overall, the procedure executed for this study follows a two-step procedure which is to first correct for any disproportionate probabilities of selection (base weighting), such as oversampling based on targeted household characteristics, and then to balance the sample to match official statistics for persons living in Massachusetts on metrics such as age and gender (post-stratification weighting). In developing weights for the MHIS, the survey data is weighted first at the household level and then at the target-person level.

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- **Risk Adjusted:** N/A.
 - 4. Data source & status:** [CHIA \(March 2026\). Findings from the Massachusetts Health Insurance Survey report.](#)
 - 5. Data release:** Data is updated every two years.
 - 6. Data cost:** Estimates are publicly available.
 - 7. Validator & Source:** N/A.

Note: There are 8 options for type of difficulty listed out in the MHIS report. Due to small percentages, the top four types of difficulty in receiving care are listed for this metric.

Difficulty Obtaining Primary Care

Percent of MA Residents Reporting Difficulties Accessing Primary Care in the Past 12 Months	
Year	Percent (%)
2025	30.1%

- Date:** 03/31/2026
- Data/Measurement and submission years:** 2025.
- Description of metric:** Percent of Massachusetts residents who reported that they had difficulties accessing primary care in the past 12 months. For more information, please see 2025 Massachusetts Health Insurance Survey (MHIS) Methodology Report.
 - Numerator & exclusions:** Non-Institutionalized Massachusetts residents responding that they had any difficulties accessing primary care in the past 12 months.
 - Denominator & exclusions:** Non-institutionalized Massachusetts residents.
 - Stratifier:** N/A.
 - Imputation Method:** Missing values for key demographic variables for the target and target's household members replaced through hot-deck imputation procedures.
 - Weighting Scheme:** The survey data is weighted to adjust for differential sampling probabilities, to reduce biases due to differences between respondents and nonrespondents and to address gaps in coverage in the survey frame. Overall, the procedure executed for this study follows a two-step procedure which is to first correct for any disproportionate probabilities of selection (base weighting), such as oversampling based on targeted household characteristics, and then to balance the sample to match official statistics for persons living in Massachusetts on metrics such as age and gender (post-stratification weighting). In developing weights for the MHIS, the survey data is weighted first at the household level and then at the target-person level.
 - Risk Adjusted:** N/A.
- Data source & status:** [CHIA \(March 2026\). Findings from the Massachusetts Health Insurance Survey report.](#)
- Data release:** Data is updated every two years.
- Data cost:** Estimates are publicly available.
- Validator & Source:** N/A.

Note: This measure was newly collected and introduced to the Massachusetts Health Insurance Survey in 2025, there are no previous data points available.

Experiences Accessing Primary Care (Adult, Commercial)

Year	Score	CI_Low	CI_High
2023	83.2	82.9	83.6
2024	83.4	83.1	83.7

1. **Date:** 01/30/2026
2. **Data/Masurement years (MY) and reporting years (RY):**
 - 2023 MY (2024 RY)
 - 2024 MY (2025 RY)
3. **Description of metric:** The Primary Care Access Composite score (also known as the Organizational Access composite score) is a validated composite score on a 0-100 scale. It captures patient experiences of access to primary care services. Higher scores denote better access.

The MHQP Patient Experience Surveys were based on the Clinician & Group Visit Survey 4.0 (beta) (CG-CAHPS Visit Survey) for adults and addressed multiple visit modes, including telehealth. The CG-CAHPS Visit Survey asked patients about their experiences with care at their most recent visit with an ambulatory care provider. It was used for synchronous visits – i.e., care that was delivered and received at the same time, in person, by phone, or by video. It was not used for care delivered through asynchronous methods, such as email or portal messages. The "beta" designation means that the instrument had not yet been field tested by the CAHPS Consortium or approved as a CAHPS survey. MHQP maintained survey composites and items that were not included in the CG-CAHPS Visit Survey to maintain consistency across survey years. The 2024 adult and child PES instruments had 51 items and 68 items, respectively. The 2025 adult and child PES instruments had 52 items and 68 items, respectively.

MHQP used a sample frame of patients who had a primary care visit that occurred within a 6-month period. The sample frame includes patients who had at least one primary care visit that occurred during the previous calendar year, typically between July and December. The survey is fielded from April through July. In 2024, the survey sampled 194,671 adult patients. In 2025, the survey sampled 215,338 adult patients. Physicians with a primary specialty designation of Internal Medicine, Pediatrics, Family Medicine or General Medicine and practicing as primary care providers, and nurse practitioners and physician assistants practicing as primary care providers, were eligible for the survey. Providers must also have had a panel size of at least 20 eligible patients across the participating health plans. Practices having at least three providers meeting these criteria were included. Using health plan claims visit data, each provider was classified as either "adult" or "child," based on the age of the majority of his or her patients in the

sample pool (child=ages 0-17; adult=ages 18 and older). To ensure that only active patients of a provider were included, the survey instrument included initial questions that served to confirm that the patient considered the provider named on the survey to be their primary care provider; and the patient had at least one visit with that provider in the previous 6 months. Sample sizes were designed to provide information at the practice-site level. The survey pull was a standard random sampling of all eligible patients.

To be eligible for the survey, patients met the following criteria: were currently enrolled in one of the participating commercial health plans; was a commercial member in an HMO, POS, or PPO health plan product; was age 18 and older to receive an adult survey; and was a patient of a Massachusetts primary care providers.

Survey invitations were sent to patients by email, if a patient had a valid email, that had links to online surveys in English, Chinese, Portuguese, Russian and Spanish. Non-respondents were sent mailings of a survey invitation with an English paper survey and an URL to access online surveys. The overall response rate in 2024 was 11.9%. The overall response rate in 2025 was 11.3%.

Survey item responses were coded to a 0 to 100 scale (Never=0; Sometimes=33.33; Usually=66.67; Always= 100.00) at the respondent level and composites scores were calculated as a simple average of the response values for each of the component questions. If fewer than half of the questions had valid responses for a given respondent, then the composite was considered missing. Respondent composite scores were averaged at the state level to calculate the state-level composite score. State-level composite scores were not case-mix adjusted.

<i>Organizational Access composite items</i>	When you called this provider’s office to get an appointment for care you needed right away , how often did you get an appointment as soon as you needed?
	When you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?
	When you called this provider’s office during regular office hours, how often did you get an answer to your medical question that same day?

- a. Numerator & exclusions: N/A
- b. Denominator & exclusions: N/A
- c. Stratifier: N/A
- d. Imputation method: N/A
- e. Weighting Scheme: N/A
- f. Risk Adjusted: N/A

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4. **Data source & status:** The data sources for the Primary Care Access composite (also known as the Organizational Access composite) are the 2024 and 2025 MHQP Massachusetts Patient Experience Surveys of commercially insured patients.
 5. **Data cost:** No cost.
 6. **Data release:** Data is collected annually and released annually, usually in the fall.
 7. **Validator & source:** N/A

Note: Note that Commercial and MassHealth experience data are not comparable – provider networks, patient populations, and survey instruments are not aligned.

Experiences Accessing Primary Care (Child, Commercial)

Year	Score	CI_Low	CI_High
2023	91.8	91.3	92.2
2024	92.3	91.9	92.7

1. **Date:** 01/30/2026
2. **Data/Masurement years (MY) and reporting years (RY):**
 - o 2023 MY (2024 RY)
 - o 2024 MY (2025 RY)
3. **Description of metric:** The Primary Care Access Composite score (also known as the Organizational Access composite score) is a validated composite score on a 0-100 scale. It captures patient experiences of access to primary care services. Higher scores denote better access.

The MHQP Patient Experience Surveys were based on the Clinician & Group Visit Survey 4.0 (beta) (CG-CAHPS Visit Survey) for adults and addressed multiple visit modes, including telehealth. The CG-CAHPS Visit Survey asked patients about their experiences with care at their most recent visit with an ambulatory care provider. It was used for synchronous visits – i.e., care that was delivered and received at the same time, in person, by phone, or by video. It was not used for care delivered through asynchronous methods, such as email or portal messages. The "beta" designation means that the instrument had not yet been field tested by the CAHPS Consortium or approved as a CAHPS survey. MHQP maintained survey composites and items that were not included in the CG-CAHPS Visit Survey to maintain consistency across survey years. The 2024 adult and child PES instruments had 51 items and 68 items, respectively. The 2025 adult and child PES instruments had 52 items and 68 items, respectively.

MHQP used a sample frame of patients who had a primary care visit that occurred within a 6-month period. The sample frame includes patients who had at least one primary care visit that occurred during the previous calendar year, typically between July and December. The survey is fielded from April through July. In 2024, the survey sampled 87,390 pediatric patients. In 2025, the survey sampled 91,951 pediatric patients. Physicians with a primary specialty designation of Internal Medicine, Pediatrics, Family Medicine or General Medicine and practicing as primary care providers, and nurse practitioners and physician assistants practicing as primary care providers, were eligible for the survey. Providers must also have had a panel size of at least 20 eligible patients across the participating health plans. Practices having at least three providers meeting these criteria were included. Using health plan claims visit data, each provider was classified as either "adult" or "child," based on the age of the majority of his

or her patients in the sample pool (child=ages 0-17; adult=ages 18 and older). To ensure that only active patients of a provider were included, the survey instrument included initial questions that served to confirm that the patient considered the provider named on the survey to be their child's primary provider (pediatric survey); and the patient had at least one visit with that provider in the previous 6 months. Sample sizes were designed to provide information at the practice-site level. The survey pull was a standard random sampling of all eligible patients.

To be eligible for the survey, patients met the following criteria: were currently enrolled in one of the participating commercial health plans; was a commercial member in an HMO, POS, or PPO health plan product; was age 17 or younger to receive a pediatric survey; and was a patient of a Massachusetts primary care providers.

Survey invitations were sent to patients by email, if a patient had a valid email, that had links to online surveys in English, Chinese, Portuguese, Russian and Spanish. Non-respondents were sent mailings of a survey invitation with an English paper survey and an URL to access online surveys. The overall response rate in 2024 was 11.9%. The overall response rate in 2025 was 11.3%.

Survey item responses were coded to a 0 to 100 scale (Never=0; Sometimes=33.33; Usually=66.67; Always= 100.00) at the respondent level and composites scores were calculated as a simple average of the response values for each of the component questions. If fewer than half of the questions had valid responses for a given respondent, then the composite was considered missing. Respondent composite scores were averaged at the state level to calculate the state-level composite score. State-level composite scores were not case-mix adjusted.

<i>Organizational Access composite items</i>	When you contacted this provider's office to get an appointment for care your child needed right away , how often did you get an appointment as soon as your child needed?
	When you made an appointment for a check-up or routine care for your child with this provider, how often did you get an appointment as soon as your child needed?
	When you called this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

- a. Numerator & exclusions: N/A
- b. Denominator & exclusions: N/A
- c. Stratifier: N/A
- d. Imputation method: N/A
- e. Weighting Scheme: N/A

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- f. Risk Adjusted: N/A
1. **Data source & status:** The data sources for the Primary Care Access composite (also known as the Organizational Access composite) are the 2024 and 2025 MHQP Massachusetts Patient Experience Surveys of commercially insured patients.
 2. **Data cost:** No cost.
 3. **Data release:** Data is collected annually and released annually, usually in the fall.
 4. **Validator & source:** N/A

Note: Note that Commercial and MassHealth experience data are not comparable – provider networks, patient populations, and survey instruments are not aligned.

Experiences Accessing Primary Care (Adult, MassHealth)

Year	Score	CI_Low	CI_High
2023	77.5	77.0	78.0
2024	79.8	79.3	80.3

1. **Date:** 01/9/2026
2. **Data/Measurement years (MY) and reporting years (RY):**
 - 2023 MY (2024 RY)
 - 2024 MY (2025 RY)
3. **Description of metric:** The Primary Care Access Composite score (also known as the Organizational Access composite score) is a validated composite score on a 0-100 scale. It captures patient experiences of access to primary care services. Higher scores denote better access.

The 2024 and 2025 MassHealth Primary Care Member Experience Surveys for adult members (PC Adult MES) were based on the 2023 MHQP Commercial Patient Experience Surveys (PES) (adult and child) used to survey patient experience of primary care services for individuals in Massachusetts with commercial health insurance. The MHQP commercial surveys are based on the CG-CAHPS 4.0 (beta) surveys developed by the National Committee for Quality Assurance (NCQA) and the Agency for Health Care Research and Quality (AHRQ). The surveys include Patient Centered Medical Home (PCMH) survey items, items from the CG-CAHPS 3.0 Health Promotion & Education supplemental (for the adult survey: C-HP6, C-HP7), and items from the CG-CAHPS 3.0 Coordination of Care supplemental (for the child survey: C-CR5, C-CR6).

- The 2024 PC Adult MES had 50 items. The survey was fielded in April 2024 and sampled 114,276 adult members.
- The 2025 PC Adult MES had 54 items. The survey was fielded in May 2025 and sampled 97,344 adult members.

The survey sample was randomly selected from a MassHealth sample frame that contained MassHealth adult members (≥ 18 years old) who were eligible to complete the survey. Eligibility requirements were that the member be actively enrolled in MassHealth, be attributed to an ACO or MCO that participated in the MassHealth program and have at least one primary care visit in the last year. Sample sizes were designed to yield a minimum of 400 completed surveys at the ACO-MCO level. Survey invitations were sent to members by email, if a member had a valid email address on file with MassHealth. Email invitations had links to online surveys in English, Spanish, Portuguese, Chinese, Haitian Creole, Vietnamese, Russian,

Khmer, and Arabic for the 2024 and 2025 surveys. Non-respondents were sent mailings of a survey invitation with an English paper survey and an URL to access online surveys. For members who were on file as being Spanish speakers, mailings also contained a Spanish survey. The response rate for the 2024 adult survey was 10.5%. The response rate for the 2025 adult survey was 9.9%.

Survey item responses were coded to a 0 to 100 scale (Never=0; Sometimes=33.33; Usually=66.67; Always= 100.00) at the respondent level and composites scores were calculated as a simple average of the response values for each of the component questions. Respondent composite scores were averaged at the state level to calculate the state-level composite score. State-level composite scores were not case-mix adjusted.

	Question	Response options
<i>Organizational Access composite items</i>	When you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?	Never Sometimes
	When you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?	Usually Always
	When you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	

- a. Numerator & exclusions: N/A
 - b. Denominator & exclusions: N/A
 - c. Stratifier: N/A
 - d. Imputation method: N/A
 - e. Weighting Scheme: N/A
 - f. Risk Adjusted: N/A
1. **Data source & status:** The data sources for the Primary Care Access composite score were the 2024 and 2025 MassHealth Adult Primary Care Member Experience Surveys.
 2. **Data cost:** No cost.
 3. **Data release:** Data is collected annually and released annually, usually in the fall.
 4. **Validator & source:** N/A

Note: Note that Commercial and MassHealth experience data are not comparable – provider networks and patient populations are not aligned.

Experiences Accessing Primary Care (Child, MassHealth)

Year	Score	CI_Low	CI_High
2023	82.1	81.5	82.7
2024	83.4	82.8	84.1

1. **Date:** 01/9/2026
2. **Data/Measurement years (MY) and reporting years (RY):**
 - 2023 MY (2024 RY)
 - 2024 MY (2025 RY)
3. **Description of metric:** The Primary Care Access composite Score (also known as the Organizational Access composite score) is a validated composite score on a 0-100 scale. It captures patient experiences of access to primary care services. Higher scores denote better access.

The 2024 and 2025 MassHealth Primary Care Member Experience Surveys for child members (PC Child MES) were based on the 2023 MHQP Commercial Patient Experience Surveys (PES) (adult and child) used to survey patient experience of primary care services for individuals in Massachusetts with commercial health insurance. The MHQP commercial surveys are based on the CG-CAHPS 4.0 (beta) surveys developed by the National Committee for Quality Assurance (NCQA) and the Agency for Health Care Research and Quality (AHRQ). The surveys include Patient Centered Medical Home (PCMH) survey items, items from the CG-CAHPS 3.0 Health Promotion & Education supplemental (for the adult survey: C-HP6, C-HP7), and items from the CG-CAHPS 3.0 Coordination of Care supplemental (for the child survey: C-CR5, C-CR6).

- The 2024 PC Child MES had 65 items. The survey was fielded in April 2024 and sampled 144,920 child members.
- The 2025 PC Child MES had 68 items. The survey was fielded in May 2025 and sampled 144,423 child members.

The survey sample was randomly selected from a MassHealth sample frame that contained MassHealth child members (<18 years old) who were eligible to complete the survey. Eligibility requirements were that the member be actively enrolled in MassHealth, be attributed to an ACO or MCO that participated in the MassHealth program and have at least one primary care (pediatric) visit in the last year. Sample sizes were designed to yield a minimum of 400 completed surveys at the ACO-MCO level. Survey invitations were sent to the parents or guardians of child members by mail. Mailings contained a survey invitation with an English

survey and an URL to access online surveys. In 2024 and 2025, online surveys were available in English, Spanish, Portuguese, Chinese, Haitian Creole, Vietnamese, Russian, Khmer, and Arabic. For child members who were on file as being Spanish speakers, mailings also contained a Spanish survey. The response rate for the 2024 child survey was 4.8%. The response rate for the 2025 child survey was 4.5%.

Survey item responses were coded to a 0 to 100 scale (Never=0; Sometimes=33.33; Usually=66.67; Always= 100.00) at the respondent level and composites scores were calculated as a simple average of the response values for each of the component questions. Respondent composite scores were averaged at the state level to calculate the state-level composite score. State-level composite scores were not case-mix adjusted.

	Question	
<i>Organizational Access composite items</i>	When you contacted this provider's office to get an appointment for care your child needed right away, how often did you get an appointment as soon as your child needed?	Never Sometimes Usually
	When you made an appointment for a check-up or routine care for your child with this provider, how often did you get an appointment as soon as your child needed?	Always
	When you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	

- a. Numerator & exclusions: N/A
- b. Denominator & exclusions: N/A
- c. Stratifier: N/A
- d. Imputation method: N/A
- e. Weighting Scheme: N/A
- f. Risk Adjusted: N/A

1. **Data source & status:** The data sources for the Primary Care Access composite score were the 2024 and 2025 MassHealth Child Primary Care Member Experience Surveys.
2. **Data cost:** No cost.
3. **Data release:** Data is collected annually and released annually, usually in the fall.
4. **Validator & source:** N/A

Note: Note that Commercial and MassHealth experience data are not comparable – provider networks and patient populations are not aligned.

Residents With a Primary Care Provider

Percentage of Massachusetts Residents Who Have a Primary Care Provider	
Year	Percent (%)
2023	90.9%
2025	90.4%

- Date:** 03/31/2026
- Data/Measurement and submission years:** 2023 and 2025.
- Description of metric:** Percentage of Massachusetts residents who reported at the time of the survey that they have a primary care provider.
 - Numerator & exclusions:** Percentage of non-Institutionalized Massachusetts residents responding that they had a primary care provider at the time of the survey.
 - Denominator & exclusions:** Non-institutionalized Massachusetts residents.
 - Stratifier:** N/A.
 - Imputation Method:** Missing values for key demographic variables for the target and target's household members and missing values for analytic variables used in calculation of final metric replaced through hot-deck imputation procedures.
 - Weighting Scheme:** The survey data is weighted to adjust for differential sampling probabilities, to reduce biases due to differences between respondents and nonrespondents and to address gaps in coverage in the survey frame. Overall, the procedure executed for this study follows a two-step procedure which is to first correct for any disproportionate probabilities of selection (base weighting), such as oversampling based on targeted household characteristics, and then to balance the sample to match official statistics for persons living in Massachusetts on metrics such as age and gender (post-stratification weighting). In developing weights for the MHIS, the survey data is weighted first at the household level and then at the target-person level.
- Risk Adjusted:** N/A.
- Data source & status:** [CHIA \(March 2026\). Findings from the Massachusetts Health Insurance Survey report.](#)
- Data release:** Data is updated every two years.
- Data cost:** Estimates are publicly available.
- Validator & Source:** N/A.

Usual Source of Care

Percent of MA Residents Who Reported Having a Usual Source of Healthcare (Excluding the Emergency Room)	
Year	Percent (%)
2023	88.9%
2025	87.5%

- Date:** 03/31/2026
- Data/M Measurement and submission years:** 2023 and 2025.
- Description of metric:** Percent of Massachusetts residents who reported that they had a place to which they usually go when they are sick or need advice about their health other than the emergency department. For more information, please see 2025 Massachusetts Health Insurance Survey (MHIS) Methodology Report.
 - Numerator & exclusions:** Non-institutionalized Massachusetts residents responding that they had a usual source of care, excluding the emergency department.
 - Denominator & exclusions:** Non-institutionalized Massachusetts residents.
 - Stratifier:** N/A.
 - Imputation Method:** Missing values for key demographic variables for the target and target's household members and missing values for analytic variables used in calculation of final metric replaced through hot-deck imputation procedures.
 - Weighting Scheme:** The survey data is weighted to adjust for differential sampling probabilities, to reduce biases due to differences between respondents and nonrespondents and to address gaps in coverage in the survey frame. Overall, the procedure executed for this study follows a twostep procedure which is to first correct for any disproportionate probabilities of selection (base weighting), such as oversampling based on targeted household characteristics, and then to balance the sample to match official statistics for persons living in Massachusetts on metrics such as age and gender (post-stratification weighting). In developing weights for the MHIS, the survey data is weighted first at the household level and then at the target-person level.
 - Risk Adjusted:** N/A.
- Data source & status:** [CHIA \(March 2026\). Findings from the Massachusetts Health Insurance Survey report.](#)
- Data release:** Data is updated every two years.
- Data cost:** Estimates are publicly available.

7. Validator & Source: N/A.

Usual Source of Care by Setting

Percent of MA Residents Who Reported a Usual Source of Care Type of Clinic		
Year	Setting Type	Percent (%)
2023	A Doctor's Office or Private Clinic	78.8%
	A Community Health Center or other Public Clinic	9.4%
	A Hospital Outpatient Department	3.9%
	An Urgent Care Center that is not Part of a Community Health Center	3.0%
2025	A Doctor's Office or Private Clinic	81.3%
	A Community Health Center or other Public Clinic	9.1%
	A Hospital Outpatient Department	3.1%
	An Urgent Care Center that is not Part of a Community Health Center	3.1%

1. **Date:** 03/31/2026
2. **Data/Masurement and submission year:** 2023 and 2025.
3. **Description of metric:** Percentage of Massachusetts residents with a usual source of care who indicated the type of care they received, excluding the emergency department, for when they are sick or need advice about their health. For more information, please see 2025 Massachusetts Health Insurance Survey (MHIS) Methodology Report.
 - **Numerator & exclusions:** Non-institutionalized Massachusetts residents responding that they had a usual source of care, excluding the emergency department.
 - **Denominator & exclusions:** Non-institutionalized Massachusetts residents.
 - **Stratifier:** N/A.
 - **Imputation Method:** Missing values for key demographic variables for the target and target's household members and missing values for analytic variables used in calculation of final metric replaced through hot-deck imputation procedures.
 - **Weighting Scheme:** The survey data is weighted to adjust for differential sampling probabilities, to reduce biases due to differences between respondents and non-respondents and to address gaps in coverage in the survey frame. Overall, the procedure executed for this study follows a two-step procedure which is to first correct for any disproportionate probabilities of selection (base weighting), such as oversampling based on targeted household characteristics, and then to balance the sample to match official statistics for persons living in Massachusetts on metrics such as age and gender (post-stratification weighting). In developing weights for the MHIS, the survey data is weighted first at the household level and then at the target-person level.
 - **Risk Adjusted:** N/A.

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4. **Data source & status:** [CHIA \(March 2026\). Findings from the Massachusetts Health Insurance Survey report.](#)
 5. **Data release:** Data is updated every two years.
 6. **Data cost:** Estimates are publicly available.
 7. **Validator & Source:** N/A.

Care Measures

Colorectal Cancer Screening (Commercial)

Members Between 45-75 Year Old Who Had Appropriate Screening for Colorectal Cancer	
Year	Percent (%)
2023	74.9%
2024	73.3%

- Date:** 03/17/2026
- Data/Masurement and submission years:** Healthcare Effectiveness Data and Information Set (HEDIS®) measurement years 2023 and 2024.
- Description of metric:** The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer. Data reflects HEDIS® specifications for colorectal cancer screening in measurement years 2023 and 2024 based on recommendations to update the age range of screening from 50-75 years of age (until MY2022) to 45-75.
 - Numerator & exclusions:** Commercially insured members, 45-75 years of age in MY2023 and MY2024, respectively, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, and Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan and Health New England) who received one or more screenings for colorectal cancer. Any of the following meet criteria:
 - Fecal occult blood test (FOBT)
 - Stool DNA (sDNA) with FIT test
 - Flexible sigmoidoscopy
 - CT colonography
 - Colonoscopy
 - Denominator & exclusions:** Commercially insured members, 45-75 years of age as of December 31 of the measurement year, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England). Exclusions include members who use hospice services, members who die any time during the measurement period, members who had colorectal cancer any time during the member’s history, members who had a colectomy, members receiving palliative care, and members who had an encounter for palliative care.

- **Stratifier:** N/A
 - **Weighting Scheme:** NCQA permits health plans to calculate this measure using either administrative data only, or administrative data combined with medical record review (Hybrid Method). If a health plan chose to report eligible measures to NCQA using the Hybrid Method, the health plan reported the rate for their sample population based on Administrative Data Method and the rate based on the Hybrid Method (combination of administrative data and medical record review data) to MHQP. This enabled MHQP to calculate a “chart adjustment factor,” which represents the increase in a plan’s measured rate after medical record review (i.e., the Hybrid Method rate minus the Administrative Data Method only rate). MHQP adjusted the rates that were obtained for the health plan’s entire HEDIS®-eligible population using the Administrative Data Method by applying the respective chart adjustment factors to each affected measure for the provider site, medical group, or physician network.
 - **Imputation method:** N/A
 - **Risk Adjusted:** N/A
4. **Data source & status:** CHIA (March 2026). [Annual Report on the Performance of the Massachusetts Health Care System](#).
 5. **Data cost:** Publicly available.
 6. **Data release:** Data released biennially.
 7. **Validator & source:** Centers for Diseases Control and Prevention, National Cancer Institute [State Cancer Profiles](#): An estimated 78.2% of Massachusetts’ residents ages 45-75 had received at least one recommended CRC test in 2024. Statewide rate is based on Behavioral Risk Factor Surveillance System (BRFSS) data.

Note: Age range for Colorectal Cancer Screening changed in 2022, so scores for this measure may reflect some adaptation to new specifications. Measurement periods vary somewhat by measure, but in general “2023 score” refers to performance during calendar year 2023. See [CHIA’s Annual Report Quality Chapter](#) for more information.

Breast Cancer Screening (Commercial)

Percentage of Women 50-74 Year of Age Who Had a Mammogram to Screen for Breast Cancer	
Year	Percent (%)
2023	85.1%
2024	85.7%

- Date:** 03/18/2026
- Data/Measurement and submission years:** Healthcare Effectiveness Data and Information Set (HEDIS®) measurement years 2023 and 2024
- Description of metric:** This measure assesses the percentage of commercial members 50–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer in measurement years 2023 and 2024.
 - Numerator & exclusions:** Commercially insured women, 52–74 years as of December 31 of the measurement year, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England) that received one or more mammograms to screen for breast cancer any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year. Exclusions include individuals receiving palliative care.
 - Denominator & exclusions:** Commercially insured women, 52–74 years as of December 31 of the measurement year, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England). Exclusions include individuals receiving palliative care.
 - Stratifier:** N/A
 - Weighting Scheme:** N/A
 - Imputation method:** N/A
 - Risk Adjusted:** N/A
 - Data source & status:** CHIA (March 2026). [Annual Report on the Performance of the Massachusetts Health Care System](#).
- Data cost:** Publicly available.
- Data release:** Data released biennially.

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- 6. Validator & source:** Centers for Disease Control and Prevention, National Cancer Institute, [Screening and Risk Factors Table](#): In 2024, 86.5% of women ages 50-74 received a mammogram over the last two years. Statewide rate is based on Behavioral Risk Factor Surveillance System (BRFFS) data.

Cervical Cancer Screening (Commercial)

Percentage of Women 21-64 Years of Age Who Were Screened for Cervical Cancer	
Year	Percent (%)
2023	84.1%
2024	83.0%

1. **Date:** 03/6/2026
2. **Data/Measurement and submission years:** Healthcare Effectiveness Data and Information Set (HEDIS®) measurement years 2023 and 2024.
3. **Description of metric:** This measure assesses the percentage of women 21–64 years of age who were screened for cervical cancer. Data reflects HEDIS® specifications for cervical cancer screening in measurement years 2023 and 2024.
 - **Numerator & exclusions:** Commercially insured women enrollees, 24–64 years of age as of December 31 of the measurement year, in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England) who were screened for cervical cancer during the measurement year or two years prior to the measurement year.
 - **Denominator & exclusions:** Commercially insured women enrollees, 24–64 years of age as of December 31 of the measurement year, in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England). Exclusions include individuals receiving hospice care.
 - **Stratifier:** N/A
 - **Weighting Scheme:** N/A
 - **Imputation method:** N/A
 - **Risk Adjusted:** N/A
4. **Data source & status:** CHIA (March 2026). [Annual Report on the Performance of the Massachusetts Health Care System](#).
5. **Data cost:** Publicly available from CHIA
6. **Data release:** Data released biennially by CHIA
7. **Validator & source:** Centers for Disease Control and Prevention, Nation Cancer Institute, State Cancer Profiles [Screening and Risk Factors Table](#): In 2024, 67.2% of Women ages 21-65 had a pap smear test in the past three years, no

hysterectomy. Statewide rate is based on Behavioral Risk Factor Surveillance System (BRFSS) data.

Colorectal Cancer Screening (MassHealth)

Members Between 51-64 Years Old Who Had Appropriate Screening for Colorectal Cancer	
Year	Percent (%)
2023	N/A*
2024	52.4%

1. **Date:** 05/6/2026
2. **Data/Measurement and submission years:** Measurement years 2023 and 2024.
3. **Description of metric:** Assesses the percentage of MassHealth members 51–64 years of age who had appropriate screening for colorectal cancer.
 - **Numerator & exclusions:** Members with one or more screenings for colorectal cancer. Any of the following meet criteria:
 - Fecal occult blood test (FOBT)
 - Stool DNA (sDNA) with FIT test
 - Flexible sigmoidoscopy
 - CT colonography
 - Colonoscopy
 - Exclusions include members who use hospice services, members who die any time during the measurement period, members who had colorectal cancer any time during the member’s history, members who had a colectomy, members receiving palliative care, and members who had an encounter for palliative care.
 - **Denominator & exclusions:** Members 51-64 years as of the end of the measurement period who also meet the criteria for participation. Exclusions include members who use hospice services, members who die any time during the measurement period, members who had colorectal cancer any time during the member’s history, members who had a colectomy, members receiving palliative care, and members who had an encounter for palliative care.
 - **Stratifier:** N/A
 - **Weighting Scheme:** N/A
 - **Imputation method:** N/A
4. **Risk Adjusted:** N/A
5. **Data source & status:** MassHealth (May 2026)
6. **Data cost:** Available upon request.
7. **Data release:** Data released biennially.

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- 8. Validator & source:** Centers for Diseases Control and Prevention, National Cancer Institute [State Cancer Profiles](#): An estimated 78.2% of Massachusetts' residents ages 45-75 had received at least one recommended CRC test in 2024. Statewide rate is based on Behavioral Risk Factor Surveillance System (BRFSS) data.

Note: N/A* – Measure data not available due to significant transition in data collection method or populations being reported. MassHealth performance typically lags behind the commercial population, given differences in the population. MassHealth performance is better when compared to other state Medicaid plans using regional benchmarks (NCQA). The Regional New England benchmarks used are higher performing than overall national benchmarks. MY24 performance for these measures was higher than the 75th percentile (or top 25%) of all plans. For more than half of these measures, MassHealth performed in the top 90th percentile (or top 10%) of all plans.

Breast Cancer Screening (MassHealth)

Percentage of Women 50-74 Years of Age Who Had a Mammogram to Screen for Breast Cancer	
Year	Percent (%)
2023	63.1%
2024	65.7%

1. **Date:** 05/12/26
2. **Data/Measurement and submission years:** Measurement years 2023 and 2024.
3. **Description of metric:** The percentage of MassHealth-insured women 50-74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.
 - **Numerator & exclusions:** One or more mammograms any time on or between October 1 two years prior to the measurement period and the end of the measurement period. Exclusions include members who use hospice services or elect to use a hospice benefit any time during the measurement period, members who die any time during the measurement period, members who had a bilateral mastectomy or both right and left unilateral mastectomies and time during the member's history, members who had gender-affirming chest surgery with a diagnosis of gender dysphoria any time during the measurement period, members receiving palliative care or members who had an encounter for palliative care any time during the measurement period.
 - **Denominator & exclusions:** MassHealth members 52-74 years of age by the end of the measurement period who were recommended for routine breast cancer screening and also meet the criteria for participation. Exclusions include members who use hospice services or elect to use a hospice benefit any time during the measurement period, members who die any time during the measurement period, members who had a bilateral mastectomy or both right and left unilateral mastectomies and time during the member's history, members who had gender-affirming chest surgery with a diagnosis of gender dysphoria any time during the measurement period, members receiving palliative care or members who had an encounter for palliative care any time during the measurement period.
 - **Stratifier:** N/A
 - **Weighting Scheme:** N/A
 - **Imputation method:** N/A
 - **Risk Adjusted:** N/A

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4. **Data source & status:** MassHealth (May 2026)
 5. **Data cost:** Available upon request.
 6. **Data release:** Data released biennially.
 7. **Validator & source:** Centers for Disease Control and Prevention, National Cancer Institute, [Screening and Risk Factors Table](#): In 2024, 86.5% of women ages 50-74 received a mammogram over the last two years. Statewide rate is based on Behavioral Risk Factor Surveillance System (BRFFS) data.

Note: MassHealth performance typically lags behind the commercial population given differences in the population. MassHealth performance is better when compared to other state Medicaid plans using regional benchmarks (NCQA). The Regional New England benchmarks used are higher performing than overall national benchmarks. MY24 performance for these measures was higher than the 75th percentile (or top 25%) of all plans. For more than half of these measures, MassHealth performed in the top 90th percentile (or top 10%) of all plans.

Cervical Cancer Screening (MassHealth)

Percentage of Women 21-64 Years of Age Who Were Screened for Cervical Cancer	
Year	Percent (%)
2023	66.6%*
2024	70.1%*

1. **Date:** 05/8/2026
2. **Data/Measurement and submission years:** 2023-2024
3. **Description of metric:** The percentage of members 21-64 years of age who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria:
 - Members 21-64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years.
 - Members 30-64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
 - Members 30-64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting performed within the last 5 years.
 - **Numerator & exclusions:** MassHealth insured women, ages 24 to 64 as of December 31 of the measurement year, who were screened for cervical cancer during the measurement year or two years prior to the measurement year. Women who have had a hysterectomy with no residual cervix, those with a history of cervical cancer, or those who are in hospice care during the measurement year are excluded from the screening requirements.
 - **Denominator & exclusions:** MassHealth insured women, ages 24 to 64 as of December 31 of the measurement year. Women who have had a hysterectomy with no residual cervix, those with a history of cervical cancer, or those who are in hospice care during the measurement year are excluded from the screening requirements.
 - **Stratifier:** N/A
 - **Weighting Scheme:** N/A
 - **Imputation method:** N/A
 - **Risk Adjusted:** N/A

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4. **Data source & status:** MassHealth measure results inclusive of FFS and Managed Care where available.
 5. **Data cost:** Publicly available.
 6. **Data release:** N/A
 7. **Validator & source:** Centers for Diseases Control and Prevention, National Cancer Institute State Cancer Profiles: An estimated 78.2% of Massachusetts' residents ages 45-75 had received at least one recommended CRC test in 2024. Statewide rate is based on Behavioral Risk Factor Surveillance System (BRFSS) data.

Note: *Managed care population only. MassHealth performance typically lags behind the commercial population given differences in the population. MassHealth performance is better when compared to other state Medicaid plans using regional benchmarks (NCQA). The Regional New England benchmarks used are higher performing than overall national benchmarks. MY24 performance for these measures was higher than the 75th percentile (or top 25%) of all plans. For more than half of these measures, MassHealth performed in the top 90th percentile (or top 10%) of all plans.

Childhood Immunization Status (Combo 10, Commercial)

Childhood Immunization Status (Combination 10, Commercial)	
Year	Percent (%)
2023	72.6%
2024	72.4%

1. **Date:** 04/13/2026
2. **Data/Metric and submission years:** Healthcare Effectiveness Data and Information Set (HEDIS®) measurement year 2023 and 2024.
3. **Description of metric:** This measure assesses the percentage of children who turned 2 years old during the measurement year and who had received: four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. Data reflects HEDIS® specifications for childhood immunization status (Combo 10) in measurement year 2023 and 2024.
 - o **Numerator & exclusions:** Commercially insured members, at least 2 years of age as of December 31 of the measurement year, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England) who received: four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines on or before their second birthday. Since this is a metric for combination vaccinations that require more than one antigen (i.e., DTaP and MMR), evidence of all vaccinations must be found.
 - o **Denominator & exclusions:** Commercially insured members, at least 2 years of age as of December 31 of the measurement year, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/ Tufts Health Plan), and Health New England.
 - o **Stratifier:** N/A

- **Weighting Scheme:** NCQA permits health plans to calculate this measure using either administrative data only, or administrative data combined with medical record review (Hybrid Method). If a health plan chose to report eligible measures to NCQA using the Hybrid Method, the health plan reported the rate for their sample population based on Administrative Data Method and the rate based on the Hybrid Method (combination of administrative data and medical record review data) to MHQP. This enabled MHQP to calculate a “chart adjustment factor,” which represents the increase in a plan’s measured rate after medical record review (i.e., the Hybrid Method rate minus the Administrative Data Method only rate). MHQP adjusted the rates that were obtained for the health plan’s entire HEDIS®-eligible population using the Administrative Data Method by applying the respective chart adjustment factors to each affected measure for the provider site, medical group, or physician network.
 - **Imputation method:** N/A
 - **Risk Adjusted:** N/A
4. **Data source & status:** CHIA (March 2026). [Annual Report on the Performance of the Massachusetts Health Care System](#).
 5. **Data cost:** Publicly available.
 6. **Data release:** Data released biennially.
 7. **Validator & source:** 81.3% of Massachusetts children in the 2022 birth cohort received the Combined 7 Vaccine Series by age 24 months ([CDC ChildVaxView](#)). The combined 7 Vaccine Series includes ≥4 doses of DTaP, ≥3 doses of poliovirus vaccine, ≥1 dose of measles-containing vaccine, full series of Hib vaccine (≥3 or ≥4 doses, depending on product type), ≥3 doses of HepB, ≥1 dose of varicella vaccine, and ≥4 doses of PCV.

Childhood Immunization Status (Combo 10, MassHealth)

Childhood Immunization Status (Combination 10, MassHealth)	
Year	Percent (%)
2023	45.3%
2024	46.5%

1. **Date:** 05/8/2026
2. **Data/M Measurement and submission years:** Healthcare Effectiveness Data and Information Set (HEDIS®) measurement year 2023 and 2024.
3. **Description of metric:** This measure assesses the percentage of children who turned 2 years old during the measurement year and who had received: four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. Data reflects HEDIS® specifications for childhood immunization status (Combo 10) in measurement year 2023 and 2024.
 - o **Numerator & exclusions:** MassHealth insured members, at least 2 years of age as of December 31 of the measurement year, who received: four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines on or before their second birthday. Since this is a metric for combination vaccinations that require more than one antigen (i.e., DTaP and MMR), evidence of all vaccinations must be found.
 - o **Denominator & exclusions:** MassHealth insured members, at least 2 years of age as of December 31 of the measurement year.
 - o **Stratifier:** N/A
 - o **Weighting Scheme:** NCQA permits health plans to calculate this measure using either administrative data only, or administrative data combined with medical record review (Hybrid Method). If a health plan chose to report eligible measures to NCQA using the Hybrid Method, the health plan reported the rate for their sample population based on Administrative Data Method and the rate based on the Hybrid Method (combination of administrative data and medical record review data) to MHQP. This enabled MHQP to calculate a “chart adjustment factor,” which represents the increase in a plan’s measured rate after medical record

review (i.e., the Hybrid Method rate minus the Administrative Data Method only rate). MHQP adjusted the rates that were obtained for the health plan's entire HEDIS®-eligible population using the Administrative Data Method by applying the respective chart adjustment factors to each affected measure for the provider site, medical group, or physician network.

- **Imputation method:** N/A
 - **Risk Adjusted:** N/A
- 4. Data source & status:** MassHealth measure results inclusive of FFS and Managed Care where available.
 - 5. Data cost:** Publicly available.
 - 6. Data release:** N/A
 - 7. Validator & source:** N/A

Note: MassHealth performance typically lags behind the commercial population given differences in the population. MassHealth performance is better when compared to other state Medicaid plans using regional benchmarks (NCQA). The Regional New England benchmarks used are higher performing than overall national benchmarks. MY24 performance for these measures was higher than the 75th percentile (or top 25%) of all plans. For more than half of these measures, MassHealth performed in the top 90th percentile (or top 10%) of all plans.

Controlling High Blood Pressure (Commercial)

Controlling High Blood Pressure (Commercial)	
Year	Percent (%)
2023	76.8%
2024	77.2%

1. **Date:** 05/6/2026
2. **Data/Measurement and submission years:** Healthcare Effectiveness Data and Information Set (HEDIS®) measurement year 2023 and 2024.
3. **Description of metric:** This measure assesses the percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period. Data reflects HEDIS® specifications for controlling high blood pressure in measurement years 2023 and 2024.
 - **Numerator & exclusions:** Commercially insured members, 18-85 years of age who had a visit and diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England) whose most recent blood pressure is adequately controlled (systolic blood pressure < 140mmHg and diastolic blood pressure < 90 mmHg) during the measurement period.
 - **Denominator & exclusions:** Commercially insured members, 18-85 years of age who had a visit and diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/ Tufts Health Plan), and Health New England.
 - **Stratifier:** N/A
 - **Weighting Scheme:** NCQA permits health plans to calculate this measure using either administrative data only, or administrative data combined with medical record review (Hybrid Method). If a health plan chose to report eligible measures to NCQA using the Hybrid Method, the health plan reported the rate for their sample population based on Administrative Data Method and the rate based on

the Hybrid Method (combination of administrative data and medical record review data) to MHQP. This enabled MHQP to calculate a “chart adjustment factor,” which represents the increase in a plan’s measured rate after medical record review (i.e., the Hybrid Method rate minus the Administrative Data Method only rate). MHQP adjusted the rates that were obtained for the health plan’s entire HEDIS®-eligible population using the Administrative Data Method by applying the respective chart adjustment factors to each affected measure for the provider site, medical group, or physician network.

- **Imputation method:** N/A
 - **Risk Adjusted:** N/A
- 4. Data source & status:** CHIA (March 2026). [Annual Report on the Performance of the Massachusetts Health Care System.](#)
 - 5. Data cost:** Publicly available.
 - 6. Data release:** Data released biennially.
 - 7. Validator & source:** N/A

Controlling High Blood Pressure (MassHealth)

Controlling High Blood Pressure (MassHealth)	
Year	Percent (%)
2023	71.7%*
2024	78.1%*

1. **Date:** 05/6/2026
2. **Data/M Measurement and submission years:** Calendar performance year 2023 and 2024.
3. **Description of metric:** This measure assesses the percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period. Data reflects HEDIS® specifications for controlling high blood pressure in years 2023 and 2024.
 - **Numerator & exclusions:** Members insured by MassHealth, 18-85 years of age who had a visit and diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, enrolled in a managed care plan whose most recent blood pressure is adequately controlled (systolic blood pressure < 140mmHg and diastolic blood pressure < 90 mmHg) during the measurement period.
 - **Denominator & exclusions:** Members insured by MassHealth, 18-85 years of age who had a visit and diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, enrolled in a managed care plan.
 - **Stratifier:** N/A
 - **Weighting Scheme:** NCQA permits health plans to calculate this measure using either administrative data only, or administrative data combined with medical record review (Hybrid Method).
 - **Imputation method:** N/A
 - **Risk Adjusted:** N/A
4. **Data source & status:** MassHealth (May 2026).
5. **Data cost:** Available upon request.
6. **Data release:** N/A
7. **Validator & source:** N/A

Note: *Managed care only population. MassHealth performance typically lags behind the commercial population given differences in the population. MassHealth performance is better when compared to other state Medicaid plans using regional benchmarks (NCQA). The Regional New England benchmarks used are higher performing than overall national benchmarks. MY24 performance for these measures was higher than the 75th percentile (or top 25%) of all plans. For more than half of these measures, MassHealth performed in the top 90th percentile (or top 10%) of all plans.

Glycemic Status Assessment for Patients with Diabetes >9.0% (Commercial)

Glycemic Status Assessment for Patients With Diabetes (Commercial)	
Year	Percent (%)
2023	21.0%
2024	19.0%

1. **Date:** 05/6/2026
2. **Data/Measurement and submission years:** Healthcare Effectiveness Data and Information Set (HEDIS®) measurement years 2023 and 2024.
3. **Description of metric:** Percentage of patients 18-75 years of age with diabetes who had glycemic status assessment (hemoglobin A1c [HbA1c] or glucose management indicator [GMI] > 9.0% during the measurement period. Data reflects HEDIS® specifications for HbA1c Poor Control (>9.0%) in measurement years 2023 and 2024.
 - o **Numerator & exclusions:** Commercially insured members aged 18 - 75 as of December 31 of the measurement year, with diabetes, with a visit during the measurement period, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England), whose most recent HbA1c level (performed during the measurement period) is > 9.0%.
 - o **Denominator & exclusions:** Commercially insured members, aged 18 - 75 as of December 31 of the measurement year, with diabetes, with a visit during the measurement period, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/ Tufts Health Plan), and Health New England.
 - o **Stratifier:** N/A
 - o **Weighting Scheme:** NCQA permits health plans to calculate this measure using either administrative data only, or administrative data combined with medical record review (Hybrid Method). If a health plan chose to report eligible measures to NCQA using the Hybrid Method, the health plan reported the rate for their sample population based on Administrative Data Method and the rate based on the Hybrid Method (combination of administrative data and medical record review data) to MHQP. This enabled MHQP to calculate a “chart adjustment factor,” which represents the increase in a plan’s measured rate after medical record review (i.e., the Hybrid Method rate minus the Administrative Data Method only rate). MHQP adjusted the rates that were obtained for the health

plan's entire HEDIS®-eligible population using the Administrative Data Method by applying the respective chart adjustment factors to each affected measure for the provider site, medical group, or physician network.

- **Imputation method:** N/A
 - **Risk Adjusted:** N/A
4. **Data source & status:** CHIA (March 2026). [Annual Report on the Performance of the Massachusetts Health Care System](#).
 5. **Data cost:** Publicly available.
 6. **Data release:** Data released biennially.
 7. **Validator & source:** N/A

Glycemic Status Assessment for Patients with Diabetes >9.0% (MassHealth)

Glycemic Status Assessment for Patients With Diabetes (Adult, MassHealth)	
Year	Percent (%)
2023	25.5%*
2024	24.5%*

1. **Date:** 05/6/2026
2. **Data/Measurement and submission years:** MassHealth calendar performance years 2023 and 2024.
3. **Description of metric:** Percentage of patients 18-75 years of age with diabetes who had glycemic status assessment (hemoglobin A1c [HbA1c] or glucose management indicator [GMI] > 9.0% during the measurement period. Data reflects HEDIS® specifications for HbA1c Poor Control (>9.0%) in measurement years 2023 and 2024.
 - **Numerator & exclusions:** MassHealth insured members aged 18 - 75 as of December 31 of the measurement year, with diabetes, with a visit during the measurement period, enrolled in a managed care plan whose most recent HbA1c level (performed during the measurement period) is > 9.0%.
 - **Denominator & exclusions:** MassHealth insured members, aged 18 - 75 as of December 31 of the measurement year, with diabetes, with a visit during the measurement period, enrolled in a managed care plan.
 - **Stratifier:** N/A
 - **Weighting Scheme:** NCQA permits health plans to calculate this measure using either administrative data only, or administrative data combined with medical record review (Hybrid Method).
 - **Imputation method:** N/A
 - **Risk Adjusted:** N/A
4. **Data source & status:** MassHealth (May 2026).
5. **Data cost:** Available upon request.
6. **Data release:** N/A
7. **Validator & source:** N/A

Note: *Managed care population only. MassHealth performance typically lags behind the commercial population given differences in the population. MassHealth performance is better when compared to other state Medicaid plans using regional benchmarks (NCQA). The Regional New England benchmarks used are higher performing than overall national benchmarks. MY24 performance for these measures was higher than the 75th percentile (or top 25%) of all plans. For more than half of these measures, MassHealth performed in the top 90th percentile (or top 10%) of all plans.

Patient-Provider Communication (Adult, Commercial)

Commercial Population Patient Experience of Adult Patient Provider Communication in PC Visits		
Year	95% CI	Score
2023	96.3 to 96.7	96.5
2024	96.4 to 96.7	96.6

1. **Date:** 01/30/2026
2. **Data years (MY) and reporting years (RY):**
 - 2023 MY (2024 RY)
 - 2024 MY (2025 RY)
3. **Description of metric:** The Communication Composite score is a validated composite score on a 0-100 scale that is derived from 4 survey items. It captures patient experiences of patient-provider communication in primary care visits. Higher scores denote better communication.

The MHQP Patient Experience Surveys were based on the Clinician & Group Visit Survey 4.0 (beta) (CG-CAHPS Visit Survey) for adults and addressed multiple visit modes, including telehealth. The CG-CAHPS Visit Survey asked patients about their experiences with care at their most recent visit with an ambulatory care provider. It was used for synchronous visits – i.e., care that was delivered and received at the same time, in person, by phone, or by video. It was not used for care delivered through asynchronous methods, such as email or portal messages. The "beta" designation means that the instrument had not yet been field tested by the CAHPS Consortium or approved as a CAHPS survey. MHQP maintained survey composites and items that were not included in the CG-CAHPS Visit Survey to maintain consistency across survey years. The 2024 adult and child PES instruments had 51 items and 68 items, respectively. The 2025 adult and child PES instruments had 52 items and 68 items, respectively.

MHQP used a sample frame of patients who had a primary care visit that occurred within a 6-month period. The sample frame includes patients who had at least one primary care visit that occurred during the previous calendar year, typically between July and December. The survey is fielded from April through July. In 2024, the survey sampled 194,671 adult patients. In 2025, the survey sampled 215,338 adult patients. Physicians with a primary specialty designation of Internal Medicine, Pediatrics, Family Medicine or General Medicine and practicing as primary care providers, and nurse practitioners and physician assistants practicing as primary care providers, were eligible for the survey. Providers must also have had a panel size of at least 20 eligible patients across the participating health plans. Practices having at least three providers

meeting these criteria were included. Using health plan claims visit data, each provider was classified as either "adult" or "child," based on the age of the majority of his or her patients in the sample pool (child=ages 0-17; adult=ages 18 and older). To ensure that only active patients of a provider were included, the survey instrument included initial questions that served to confirm that the patient considered the provider named on the survey to be their primary care provider; and the patient had at least one visit with that provider in the previous 6 months. Sample sizes were designed to provide information at the practice-site level. The survey pull was a standard random sampling of all eligible patients.

To be eligible for the survey, patients met the following criteria: were currently enrolled in one of the participating commercial health plans; was a commercial member in an HMO, POS, or PPO health plan product; was age 18 and older to receive an adult survey; and was a patient of a Massachusetts primary care providers.

Survey invitations were sent to patients by email, if a patient had a valid email, that had links to online surveys in English, Chinese, Portuguese, Russian and Spanish. Non-respondents were sent mailings of a survey invitation with an English paper survey and an URL to access online surveys. The overall response rate in 2024 was 11.9%. The overall response rate in 2025 was 11.3%.

Survey item responses were coded to a 0 to 100 scale (No=0; Yes, somewhat=50.0; Yes, definitely=100.00) at the respondent level and composite scores were calculated as a simple average of the response values for each of the component questions. If fewer than half of the questions had valid responses for a given respondent, then the composite could not be calculated and was considered missing. Respondent composite scores were averaged at the state level to calculate the state-level composite score. State-level composite scores were not case-mix adjusted.

Communication Composite items and response options

<i>Communication</i>	During your most recent visit, did this provider explain things in a way that was easy to understand?	Yes, definitely
	During your most recent visit, did this provider listen carefully to you?	Yes, somewhat
	During your most recent visit, did this provider show respect for what you had to say?	No
	During your most recent visit, did this provider spend enough time with you?	

- a. Numerator & exclusions: N/A
- b. Denominator & exclusions: N/A
- c. Stratifier: N/A

-
- d. Imputation method: N/A
 - e. Weighting Scheme: N/A
 - f. Risk Adjusted: N/A
1. **Data source & status:** The data sources for the Communication Composite score are the 2024 and 2025 MHQP Massachusetts Patient Experience Surveys of commercially insured patients.
 2. **Data cost:** No cost.
 3. **Data release:** Data is collected annually and released annually, usually in the fall.
 4. **Validator & source:** N/A

Note: Note that Commercial and MassHealth experience data are not comparable – provider networks, patient populations, and survey instruments are not aligned.

Patient-Provider Communication (Child, Commercial)

Commercial Population Patient Experience of Child Patient Provider Communication in PC Visits		
Year	95% CI	Score
2023	98.2 to 98.6	98.4
2024	98.3 to 98.7	98.5

1. **Date:** 01/30/2026
2. **Data/Masurement years (MY) and reporting years (RY):**
 - 2023 MY (2024 RY)
 - 2024 MY (2025 RY)
3. **Description of metric:** The Communication Composite score is a validated composite score on a 0-100 scale that is derived from 4 survey items. It captures patient experiences of patient-provider communication in primary care visits. Higher scores denote better communication.

The MHQP Patient Experience Surveys were based on the **Clinician & Group Visit Survey 4.0 (beta) (CG-CAHPS Visit Survey)** for adults and addressed multiple visit modes, including telehealth. The CG-CAHPS Visit Survey asked patients about their experiences with care at their most recent visit with an ambulatory care provider. It was used for synchronous visits – i.e., care that was delivered and received at the same time, in person, by phone, or by video. It was not used for care delivered through asynchronous methods, such as email or portal messages. The "beta" designation means that the instrument had not yet been field tested by the CAHPS Consortium or approved as a CAHPS survey. MHQP maintained survey composites and items that were not included in the CG-CAHPS Visit Survey to maintain consistency across survey years. The 2024 adult and child PES instruments had 51 items and 68 items, respectively. The 2025 adult and child PES instruments had 52 items and 68 items, respectively.

MHQP used a sample frame of patients who had a primary care visit that occurred within a 6-month period. The sample frame includes patients who had at least one primary care visit that occurred during the previous calendar year, typically between July and December. The survey is fielded from April through July. In 2024, the survey sampled 87,390 pediatric patients. In 2025, the survey sampled 91,951 pediatric patients. Physicians with a primary specialty designation of Internal Medicine, Pediatrics, Family Medicine or General Medicine and practicing as primary care providers, and nurse practitioners and physician assistants practicing as primary care providers, were eligible for the survey. Providers must also have had a panel size of at least 20 eligible patients across the participating health plans. Practices having at

least three providers meeting these criteria were included. Using health plan claims visit data, each provider was classified as either "adult" or "child," based on the age of the majority of his or her patients in the sample pool (child=ages 0-17; adult=ages 18 and older). To ensure that only active patients of a provider were included, the survey instrument included initial questions that served to confirm that the patient considered the provider named on the survey to be their child's primary provider (pediatric survey); and the patient had at least one visit with that provider in the previous 6 months. Sample sizes were designed to provide information at the practice-site level. The survey pull was a standard random sampling of all eligible patients.

To be eligible for the survey, patients met the following criteria: were currently enrolled in one of the participating commercial health plans; was a commercial member in an HMO, POS, or PPO health plan product; was age 17 or younger to receive a pediatric survey; and was a patient of a Massachusetts primary care providers.

Survey invitations were sent to patients by email, if a patient had a valid email, that had links to online surveys in English, Chinese, Portuguese, Russian and Spanish. Non-respondents were sent mailings of a survey invitation with an English paper survey and an URL to access online surveys. The overall response rate in 2024 was 11.9%. The overall response rate in 2025 was 11.3%.

Survey item responses were coded to a 0 to 100 scale (No=0; Yes, somewhat=50.0; Yes, definitely=100.00) at the respondent level and composites scores were calculated as a simple average of the response values for each of the component questions. If fewer than half of the questions had valid responses for a given respondent, then the composite could not be calculated and was considered missing. Respondent composite scores were averaged at the state level to calculate the state-level composite score. State-level composite scores were not case-mix adjusted.

Communication Composite items and response options

<i>Communication composite</i>	During your child's most recent visit, did this provider explain things about your child's health in a way that was easy to understand?	Yes, definitely
	During your child's most recent visit, did this provider listen carefully to you?	Yes, somewhat
	During your child's most recent visit, did this provider show respect for what you had to say?	No
	During your child's most recent visit, did this provider spend enough time with your child?	

- a. Numerator & exclusions: N/A
- b. Denominator & exclusions: N/A

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- c. Stratifier: N/A
 - d. Imputation method: N/A
 - e. Weighting Scheme: N/A
 - f. Risk Adjusted: N/A
1. **Data source & status:** The data sources for the Communication Composite score are the 2024 and 2025 MHQP Massachusetts Patient Experience Surveys of commercially insured patients.
 2. **Data cost:** No cost.
 3. **Data release:** Data is collected annually and released annually, usually in the fall.
 4. **Validator & source:** N/A

Note: Note that Commercial and MassHealth experience data are not comparable – provider networks, patient populations, and survey instruments are not aligned.

Patient-Provider Communication (Adult, MassHealth)

Year	Score	CI_Low	CI_High
2023	92.9	92.5	93.2
2024	93.4	93.0	93.7

1. **Date:** 01/9/2026
2. **Data/Masurement years (MY) and reporting years (RY):**
 - 2023 MY (2024 RY)
 - 2024 MY (2025 RY)
3. **Description of metric:** The Communication Composite score is a validated composite score on a 0-100 scale that is derived from 4 survey items. It captures patient experiences of patient-provider communication in primary care visits. Higher scores denote better communication.

The 2024 and 2025 MassHealth Primary Care Member Experience Surveys for adult members (PC Adult MES) were based on the 2023 MHQP Commercial Patient Experience Surveys (PES) (adult and child) used to survey patient experience of primary care services for individuals in Massachusetts with commercial health insurance. The MHQP commercial surveys are based on the CG-CAHPS 4.0 (beta) surveys developed by the National Committee for Quality Assurance (NCQA) and the Agency for Health Care Research and Quality (AHRQ). The surveys include Patient Centered Medical Home (PCMH) survey items, items from the CG-CAHPS 3.0 Health Promotion & Education supplemental (for the adult survey: C-HP6, C-HP7), and items from the CG-CAHPS 3.0 Coordination of Care supplemental (for the child survey: C-CR5, C-CR6).

- The 2024 PC Adult MES had 50 items. The survey was fielded in April 2024 and sampled 114,276 adult members.
- The 2025 PC Adult MES had 54 items. The survey was fielded in May 2025 and sampled 97,344 adult members.

The survey sample was randomly selected from a MassHealth sample frame that contained MassHealth adult members (≥ 18 years old) who were eligible to complete the survey. Eligibility requirements were that the member be actively enrolled in MassHealth, be attributed to an ACO or MCO that participated in the MassHealth program and have at least one primary care visit in the last year. Sample sizes were designed to yield a minimum of 400 completed surveys at the ACO-MCO level. Survey invitations were sent to members by email, if a member had a valid email address on file with MassHealth. Email invitations had links to online surveys in English, Spanish, Portuguese, Chinese, Haitian Creole, Vietnamese, Russian,

Khmer, and Arabic for the 2024 and 2025 surveys. Non-respondents were sent mailings of a survey invitation with an English paper survey and an URL to access online surveys. For members who were on file as being Spanish speakers, mailings also contained a Spanish survey. The response rate for the 2024 adult survey was 10.5%. The response rate for the 2025 adult survey was 9.9%.

Survey item responses were coded to a 0 to 100 scale (No=0; Yes, somewhat=50; Yes, definitely=100) at the respondent level and composites scores were calculated as a simple average of the response values for each of the component questions. Respondent composite scores were averaged at the state level to calculate the state-level composite score. State-level composite scores were not case-mix adjusted.

Communication Composite items and response options

<i>Communication Composite</i>	During your most recent visit, did this provider explain things in a way that was easy to understand?	Yes, definitely
	During your most recent visit, did this provider listen carefully to you?	Yes, somewhat
	During your most recent visit, did this provider show respect for what you had to say?	No
	During your most recent visit, did this provider spend enough time with you?	

- a. Numerator & exclusions: N/A
 - b. Denominator & exclusions: N/A
 - c. Stratifier: N/A
 - d. Imputation method: N/A
 - e. Weighting Scheme: N/A
 - f. Risk Adjusted: N/A
1. **Data source & status:** The data sources for the Communication Composite score were the 2024 and 2025 MassHealth Adult Primary Care Member Experience Surveys.
 2. **Data cost:** No cost.
 3. **Data release:** Data is collected annually and released annually, usually in the fall.
 4. **Validator & source:** N/A

Note: Note that Commercial and MassHealth experience data are not comparable – provider networks and patient populations are not aligned.

Patient-Provider Communication (Child, MassHealth)

Year	Score	CI_Low	CI_High
2023	95.7	95.3	96.0
2024	96.1	95.8	96.4

1. **Date:** 01/9/2026
2. **Data/Measurement years (MY) and reporting years (RY):**
 - 2023 MY (2024 RY)
 - 2024 MY (2054 RY)
3. **Description of metric:** The Communication Composite score is a validated composite score on a 0-100 scale that is derived from 4 survey items. It captures parent or guardian experiences of communication with their child’s provider in primary care pediatric visits. Higher scores denote better communication. Note that in the MassHealth Primary Care Member Experience Surveys for child members, there is also another composite that captures communication, the child-provider communication composite. However, this composite captures experiences of communication between the child member and the pediatrician, for child members who are old enough to communicate with their providers. This metric specification is for the Communication composite and not for the Child-Provider Communication composite.

The 2024 and 2025 MassHealth Primary Care Member Experience Surveys for child members (PC Child MES) were based on the 2023 MHQP Commercial Patient Experience Surveys (PES) (adult and child) used to survey patient experience of primary care services for individuals in Massachusetts with commercial health insurance. The MHQP commercial surveys are based on the CG-CAHPS 4.0 (beta) surveys developed by the National Committee for Quality Assurance (NCQA) and the Agency for Health Care Research and Quality (AHRQ). The surveys include Patient Centered Medical Home (PCMH) survey items, items from the CG-CAHPS 3.0 Health Promotion & Education supplemental (for the adult survey: C-HP6, C-HP7), and items from the CG-CAHPS 3.0 Coordination of Care supplemental (for the child survey: C-CR5, C-CR6).

- The 2024 PC Child MES had 65 items. The survey was fielded in April 2024 and sampled 144,920 child members.
- The 2025 PC Child MES had 68 items. The survey was fielded in May 2025 and sampled 144,423 child members.

The survey sample was randomly selected from a MassHealth sample frame that contained MassHealth child members (<18 years old) who were eligible to complete the survey. Eligibility requirements were that the member be actively enrolled in MassHealth, be attributed to an ACO or MCO that participated in the MassHealth program and have at least one primary care (pediatric) visit in the last year. Sample sizes were designed to yield a minimum of 400 completed surveys at the ACO-MCO level. Survey invitations were sent to the parents or guardians of child members by mail. Mailings contained a survey invitation with an English survey and an URL to access online surveys. In 2024 and 2025, online surveys were available in English, Spanish, Portuguese, Chinese, Haitian Creole, Vietnamese, Russian, Khmer, and Arabic. For child members who were on file as being Spanish speakers, mailings also contained a Spanish survey. The response rate for the 2024 child survey was 4.8%. The response rate for the 2025 child survey was 4.5%.

Survey item responses were coded to a 0 to 100 scale (No=0; Yes, sometimes=50; Yes, definitely=100) at the respondent level and composites scores were calculated as a simple average of the response values for each of the component questions. Respondent composite scores were averaged at the state level to calculate the state-level composite score. State-level composite scores were not case-mix adjusted.

Communication Composite items and response options

<i>Communication composite</i>	During your child's most recent visit, did this provider explain things about your child's health in a way that was easy to understand?	Yes, definitely
	During your child's most recent visit, did this provider listen carefully to you?	Yes, somewhat
	During your child's most recent visit, did this provider show respect for what you had to say?	No
	During your child's most recent visit, did this provider spend enough time with your child?	

- a. Numerator & exclusions: N/A
 - b. Denominator & exclusions: N/A
 - c. Stratifier: N/A
 - d. Imputation method: N/A
 - e. Weighting Scheme: N/A
 - f. Risk Adjusted: N/A
1. **Data source & status:** The data sources for the Communication Composite score were the 2024 and 2025 MassHealth Child Primary Care Member Experience Surveys.
 2. **Data cost:** No cost.

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3. **Data release:** Data is collected annually and released annually, usually in the fall.
 4. **Validator & source:** N/A

Note: Note that Commercial and MassHealth experience data are not comparable – provider networks and patient populations are not aligned.

Patient-Clinician Trust (Adult, Commercial)

Commercial Population Patient Experience of Adult Patient-Clinician Trust in PC Visits		
Year	95% CI	Score
2023	87.7 to 88.1	87.9
2024	87.8 to 88.3	88.0

1. **Date:** 03/17/2026
2. **years (MY) and reporting years (RY):**
 - 2023 MY (2024 RY)
 - 2024 MY (2025 RY)
3. **Description of metric:** The Trust Composite score is a validated composite score on a 0-100 scale that is based on a 5-item validated scale ([Interpersonal Trust in a Physician - Short Form, Dugan E., Hall M., Trachtenberg F](#)). It captures patient experiences of patient-clinician trust in primary care visits. Higher scores denote better trust.

The MHQP Patient Experience Surveys were based on the Clinician & Group Visit Survey 4.0 (beta) (CG-CAHPS Visit Survey) for adults and addressed multiple visit modes, including telehealth. The CG-CAHPS Visit Survey asked patients about their experiences with care at their most recent visit with an ambulatory care provider. It was used for synchronous visits – i.e., care that was delivered and received at the same time, in person, by phone, or by video. It was not used for care delivered through asynchronous methods, such as email or portal messages. The "beta" designation means that the instrument had not yet been field tested by the CAHPS Consortium or approved as a CAHPS survey. MHQP maintained survey composites and items that were not included in the CG-CAHPS Visit Survey to maintain consistency across survey years. The 2024 adult and child PES instruments had 51 items and 68 items, respectively. The 2025 adult and child PES instruments had 52 items and 68 items, respectively.

MHQP used a sample frame of patients who had a primary care visit that occurred within a 6-month period. The sample frame includes patients who had at least one primary care visit that occurred during the previous calendar year, typically between July and December. The survey is fielded from April through July. In 2024, the survey sampled 194,671 adult patients. In 2025, the survey sampled 215,338 adult patients. Physicians with a primary specialty designation of Internal Medicine, Pediatrics, Family Medicine or General Medicine and practicing as primary care providers, and nurse practitioners and physician assistants practicing as primary care providers, were eligible for the survey. Providers must also have had a panel size of at least 20 eligible patients across the participating health plans. Practices having at least three providers

meeting these criteria were included. Using health plan claims visit data, each provider was classified as either "adult" or "child," based on the age of the majority of his or her patients in the sample pool (child=ages 0-17; adult=ages 18 and older). To ensure that only active patients of a provider were included, the survey instrument included initial questions that served to confirm that the patient considered the provider named on the survey to be their primary care provider; and the patient had at least one visit with that provider in the previous 6 months. Sample sizes were designed to provide information at the practice-site level. The survey pull was a standard random sampling of all eligible patients.

To be eligible for the survey, patients met the following criteria: were currently enrolled in one of the participating commercial health plans; was a commercial member in an HMO, POS, or PPO health plan product; was age 18 and older to receive an adult survey; and was a patient of a Massachusetts primary care providers.

Survey invitations were sent to patients by email, if a patient had a valid email, that had links to online surveys in English, Chinese, Portuguese, Russian and Spanish. Non-respondents were sent mailings of a survey invitation with an English paper survey and an URL to access online surveys. The overall response rate in 2024 was 11.9%. The overall response rate in 2025 was 11.3%.

Survey item responses were coded to a 0 to 100 scale (Strongly disagree=0; Disagree=25.0; Neutral=50.0; Agree=75.0; Strongly agree=100.00) at the respondent level and composite scores were calculated as a simple average of the response values for each of the component questions. If fewer than half of the questions had valid responses for a given respondent, then the composite could not be calculated and was considered missing. Respondent composite scores were averaged at the state level to calculate the state-level composite score. State-level composite scores were not case-mix adjusted.

Trust Composite items and response options

<i>Trust</i>	Sometimes your provider cares more about what is convenient for them than about your medical needs.*	Strongly agree
	Your provider is extremely thorough and careful.	Agree
	You completely trust your provider's decisions about which medical treatments are best for you.	Neutral
	Your provider is totally honest in telling you about all of the different treatment options available for your condition.	Disagree
	All in all, you have complete trust in your provider.	Strongly disagree

*Flipped scoring (Strongly agree=0; Agree=25.0; Neutral=50.0; Disagree=75.0; Strongly disagree=100.00)

- a. Numerator & exclusions: N/A
- b. Denominator & exclusions: N/A

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- c. Stratifier: N/A
 - d. Imputation method: N/A
 - e. Weighting Scheme: N/A
 - f. Risk Adjusted: N/A
1. **Data source & status:** The data sources for the Trust Composite score are the 2024 and 2025 MHQP Massachusetts Patient Experience Surveys of commercially insured patients.
 2. **Data cost:** No cost.
 3. **Data release:** Data is collected annually and released annually, usually in the fall.
 4. **Validator & source:** N/A

Note: Note that Commercial and MassHealth experience data are not comparable – provider networks, patient populations, and survey instruments are not aligned.

Patient-Clinician Trust (Child, Commercial)

Commercial Population Patient Experience of Child Patient-Clinician Trust in PC Visits		
Year	95% CI	Score
2023	92.2 to 92.8	92.5
2024	92.3 to 92.9	92.6

1. **Date:** 03/17/2026
2. **Data/Measurement years (MY) and reporting years (RY):**
 - 2023 MY (2024 RY)
 - 2024 MY (2025 RY)
3. **Description of metric:** The Trust Composite score is a validated composite score on a 0-100 scale that is based on a 5-item validated scale ([Interpersonal Trust in a Physician - Short Form, Dugan E., Hall M., Trachtenberg F](#)). It captures patient experiences of patient-clinician trust in primary care visits. Higher scores denote better trust.

The MHQP Patient Experience Surveys were based on the Clinician & Group Visit Survey 4.0 (beta) (CG-CAHPS Visit Survey) for adults and addressed multiple visit modes, including telehealth. The CG-CAHPS Visit Survey asked patients about their experiences with care at their most recent visit with an ambulatory care provider. It was used for synchronous visits – i.e., care that was delivered and received at the same time, in person, by phone, or by video. It was not used for care delivered through asynchronous methods, such as email or portal messages. The "beta" designation means that the instrument had not yet been field tested by the CAHPS Consortium or approved as a CAHPS survey. MHQP maintained survey composites and items that were not included in the CG-CAHPS Visit Survey to maintain consistency across survey years. The 2024 adult and child PES instruments had 51 items and 68 items, respectively. The 2025 adult and child PES instruments had 52 items and 68 items, respectively.

MHQP used a sample frame of patients who had a primary care visit that occurred within a 6-month period. The sample frame includes patients who had at least one primary care visit that occurred during the previous calendar year, typically between July and December. The survey is fielded from April through July. In 2024, the survey sampled 87,390 pediatric patients. In 2025, the survey sampled 91,951 pediatric patients. Physicians with a primary specialty designation of Internal Medicine, Pediatrics, Family Medicine or General Medicine and practicing as primary care providers, and nurse practitioners and physician assistants practicing as primary care providers, were eligible for the survey. Providers must also have had a panel size of at least 20 eligible patients across the participating health plans. Practices having at

least three providers meeting these criteria were included. Using health plan claims visit data, each provider was classified as either "adult" or "child," based on the age of the majority of his or her patients in the sample pool (child=ages 0-17; adult=ages 18 and older). To ensure that only active patients of a provider were included, the survey instrument included initial questions that served to confirm that the patient considered the provider named on the survey to be their child's primary provider (pediatric survey); and the patient had at least one visit with that provider in the previous 6 months. Sample sizes were designed to provide information at the practice-site level. The survey pull was a standard random sampling of all eligible patients.

To be eligible for the survey, patients met the following criteria: were currently enrolled in one of the participating commercial health plans; was a commercial member in an HMO, POS, or PPO health plan product; was age 17 or younger to receive a pediatric survey; and was a patient of a Massachusetts primary care providers.

Survey invitations were sent to patients by email, if a patient had a valid email, that had links to online surveys in English, Chinese, Portuguese, Russian and Spanish. Non-respondents were sent mailings of a survey invitation with an English paper survey and an URL to access online surveys. The overall response rate in 2024 was 11.9%. The overall response rate in 2025 was 11.3%.

Survey item responses were coded to a 0 to 100 scale (Strongly disagree=0; Disagree=25.0; Neutral=50.0; Agree=75.0; Strongly agree=100.00) at the respondent level and composite scores were calculated as a simple average of the response values for each of the component questions. If fewer than half of the questions had valid responses for a given respondent, then the composite could not be calculated and was considered missing. Respondent composite scores were averaged at the state level to calculate the state-level composite score. State-level composite scores were not case-mix adjusted.

Trust Composite items and response options

<i>Trust composite</i>	Sometimes your child's provider cares more about what is convenient for them than about your child's medical needs.*	Strongly agree
	Your child's provider is extremely thorough and careful.	Agree
	You completely trust your child's provider's decisions about which medical treatments are best for your child.	Neutral
	Your child's provider is totally honest in telling you about all of the different treatment options available for your child's condition.	Disagree
	All in all, you have complete trust in your child's provider.	Strongly disagree

*Flipped scoring (Strongly agree=0; Agree=25.0; Neutral=50.0; Disagree=75.0; Strongly disagree=100.00)

- a. Numerator & exclusions: N/A
- b. Denominator & exclusions: N/A

-
- c. Stratifier: N/A
 - d. Imputation method: N/A
 - e. Weighting Scheme: N/A
 - f. Risk Adjusted: N/A
1. **Data source & status:** The data sources for the Trust Composite score are the 2024 and 2025 MHQP Massachusetts Patient Experience Surveys of commercially insured patients.
 2. **Data cost:** No cost.
 3. **Data release:** Data is collected annually and released annually, usually in the fall.
 4. **Validator & source:** N/A

Note: Note that Commercial and MassHealth experience data are not comparable – provider networks, patient populations, and survey instruments are not aligned.

Patient-Clinician Trust (Adult, MassHealth)

Year	Score	CI_Low	CI_High
2023	79.4	79.0	79.8
2024	81.4	81.0	81.8

1. **Date:** 03/17/2026
2. **Data/Masurement years (MY) and reporting years (RY):**
 - 2023 MY (2024 RY)
 - 2024 MY (2025 RY)
3. **Description of metric:** The Trust Composite score is a validated composite score on a 0-100 scale that is based on a 5-item validated scale ([Interpersonal Trust in a Physician - Short Form, Dugan E., Hall M., Trachtenberg F](#)). It captures patient experiences of patient-clinician trust in primary care visits. Higher scores denote better trust.

The 2024 and 2025 MassHealth Primary Care Member Experience Surveys for adult members (PC Adult MES) were based on the 2023 MHQP Commercial Patient Experience Surveys (PES) (adult and child) used to survey patient experience of primary care services for individuals in Massachusetts with commercial health insurance. The MHQP commercial surveys are based on the CG-CAHPS 4.0 (beta) surveys developed by the National Committee for Quality Assurance (NCQA) and the Agency for Health Care Research and Quality (AHRQ). The surveys include Patient Centered Medical Home (PCMH) survey items, items from the CG-CAHPS 3.0 Health Promotion & Education supplemental (for the adult survey: C-HP6, C-HP7), and items from the CG-CAHPS 3.0 Coordination of Care supplemental (for the child survey: C-CR5, C-CR6).

- The 2024 PC Adult MES had 50 items. The survey was fielded in April 2024 and sampled 114,276 adult members.
- The 2025 PC Adult MES had 54 items. The survey was fielded in May 2025 and sampled 97,344 adult members.

The survey sample was randomly selected from a MassHealth sample frame that contained MassHealth adult members (≥ 18 years old) who were eligible to complete the survey. Eligibility requirements were that the member be actively enrolled in MassHealth, be attributed to an ACO or MCO that participated in the MassHealth program and have at least one primary care visit in the last year. Sample sizes were designed to yield a minimum of 400 completed surveys at the ACO-MCO level. Survey invitations were sent to members by email, if a member had a valid email address on file with MassHealth. Email invitations had links to online surveys in English, Spanish, Portuguese, Chinese, Haitian Creole, Vietnamese, Russian,

Khmer, and Arabic for the 2024 and 2025 surveys. Non-respondents were sent mailings of a survey invitation with an English paper survey and an URL to access online surveys. For members who were on file as being Spanish speakers, mailings also contained a Spanish survey. The response rate for the 2024 adult survey was 10.5%. The response rate for the 2025 adult survey was 9.9%.

Survey item responses were coded to a 0 to 100 scale (Strongly disagree=0; Disagree=25.0; Neutral=50.0; Agree=75.0; Strongly agree=100.00) at the respondent level and composites scores were calculated as a simple average of the response values for each of the component questions. Respondent composite scores were averaged at the state level to calculate the state-level composite score. State-level composite scores were not case-mix adjusted.

Trust Composite items and response options

<i>Trust</i>	Sometimes your provider cares more about what is convenient for them than about your medical needs.*	Strongly agree
	Your provider is extremely thorough and careful.	Agree
	You completely trust your provider's decisions about which medical treatments are best for you.	Neutral
	Your provider is totally honest in telling you about all of the different treatment options available for your condition.	Disagree
	All in all, you have complete trust in your provider.	Strongly disagree

*Flipped scoring (Strongly agree=0; Agree=25.0; Neutral=50.0; Disagree=75.0; Strongly disagree=100.00)

- a. Numerator & exclusions: N/A
 - b. Denominator & exclusions: N/A
 - c. Stratifier: N/A
 - d. Imputation method: N/A
 - e. Weighting Scheme: N/A
 - f. Risk Adjusted: N/A
4. **Data source & status:** The data sources for the Trust Composite score were the 2024 and 2025 MassHealth Adult Primary Care Member Experience Surveys.
 5. **Data cost:** No cost.
 6. **Data release:** Data is collected annually and released annually, usually in the fall.
 7. **Validator & source:** N/A

Note: Note that Commercial and MassHealth experience data are not comparable – provider networks and patient populations are not aligned.

Patient-Clinician Trust (Child, MassHealth)

Year	Score	CI_Low	CI_High
2023	81.5	81.1	81.9
2024	82.4	82.0	82.8

1. **Date:** 03/17/2026
2. **Data/Masurement years (MY) and reporting years (RY):**
 - o 2023 MY (2024 RY)
 - o 2024 MY (2054 RY)
3. **Description of metric:** The Trust Composite score is a validated composite score on a 0-100 scale that is based on a 5-item validated scale ([Interpersonal Trust in a Physician - Short Form, Dugan E., Hall M., Trachtenberg F](#)). It captures patient experiences of patient-clinician trust in primary care visits. Higher scores denote better trust.

The 2024 and 2025 MassHealth Primary Care Member Experience Surveys for child members (PC Child MES) were based on the 2023 MHQP Commercial Patient Experience Surveys (PES) (adult and child) used to survey patient experience of primary care services for individuals in Massachusetts with commercial health insurance. The MHQP commercial surveys are based on the CG-CAHPS 4.0 (beta) surveys developed by the National Committee for Quality Assurance (NCQA) and the Agency for Health Care Research and Quality (AHRQ). The surveys include Patient Centered Medical Home (PCMH) survey items, items from the CG-CAHPS 3.0 Health Promotion & Education supplemental (for the adult survey: C-HP6, C-HP7), and items from the CG-CAHPS 3.0 Coordination of Care supplemental (for the child survey: C-CR5, C-CR6).

- The 2024 PC Child MES had 65 items. The survey was fielded in April 2024 and sampled 144,920 child members.
- The 2025 PC Child MES had 68 items. The survey was fielded in May 2025 and sampled 144,423 child members.

The survey sample was randomly selected from a MassHealth sample frame that contained MassHealth child members (<18 years old) who were eligible to complete the survey. Eligibility requirements were that the member be actively enrolled in MassHealth, be attributed to an ACO or MCO that participated in the MassHealth program and have at least one primary care (pediatric) visit in the last year. Sample sizes were designed to yield a minimum of 400 completed surveys at the ACO-MCO level. Survey invitations were sent to the parents or guardians of child members by mail. Mailings contained a survey invitation with an English survey and an URL to access online surveys. In 2024 and 2025, online surveys were

available in English, Spanish, Portuguese, Chinese, Haitian Creole, Vietnamese, Russian, Khmer, and Arabic. For child members who were on file as being Spanish speakers, mailings also contained a Spanish survey. The response rate for the 2024 child survey was 4.8%. The response rate for the 2025 child survey was 4.5%.

Survey item responses were coded to a 0 to 100 scale (No=0; Yes, sometimes=50; Yes, definitely=100) at the respondent level and composite scores were calculated as a simple average of the response values for each of the component questions. Respondent composite scores were averaged at the state level to calculate the state-level composite score. State-level composite scores were not case-mix adjusted.

Trust Composite items and response options

<i>Trust composite</i>	Sometimes your child's provider cares more about what is convenient for them than about your child's medical needs.*	Strongly agree
	Your child's provider is extremely thorough and careful.	Agree
	You completely trust your child's provider's decisions about which medical treatments are best for your child.	Neutral
	Your child's provider is totally honest in telling you about all of the different treatment options available for your child's condition.	Disagree
	All in all, you have complete trust in your child's provider.	Strongly disagree

*Flipped scoring (Strongly agree=0; Agree=25.0; Neutral=50.0; Disagree=75.0; Strongly disagree=100.00)

- a. Numerator & exclusions: N/A
 - b. Denominator & exclusions: N/A
 - c. Stratifier: N/A
 - d. Imputation method: N/A
 - e. Weighting Scheme: N/A
 - f. Risk Adjusted: N/A
4. **Data source & status:** The data sources for the Trust Composite score were the 2024 and 2025 MassHealth Child Primary Care Member Experience Surveys.
 5. **Data cost:** No cost.
 6. **Data release:** Data is collected annually and released annually, usually in the fall.
 7. **Validator & source:** N/A

Note: Note that Commercial and MassHealth experience data are not comparable – provider networks and patient populations are not aligned.

Behavioral Health Screening (Adult, Commercial)

Year	Score	CI_Low	CI_High
2023	76.2	75.7	76.7
2024	77.8	77.4	78.3

1. **Date:** 01/30/2026
2. **Data/M Measurement (MY) and reporting years (RY):**
 - o 2023 MY (2024 RY)
 - o 2024 MY (2025 RY)
3. **Description of metric:** Massachusetts patient-reported experiences of being screened for depression and anxiety during a primary care visit for commercially insured members, based on aggregate survey responses, on a 0-100 scale, derived from 2 survey items. Higher scores denote better experiences.

The MHQP Patient Experience Surveys were based on the Clinician & Group Visit Survey 4.0 (beta) (CG-CAHPS Visit Survey) for adults and addressed multiple visit modes, including telehealth. The CG-CAHPS Visit Survey asked patients about their experiences with care at their most recent visit with an ambulatory care provider. It was used for synchronous visits – i.e., care that was delivered and received at the same time, in person, by phone, or by video. It was not used for care delivered through asynchronous methods, such as email or portal messages. The "beta" designation means that the instrument had not yet been field tested by the CAHPS Consortium or approved as a CAHPS survey. MHQP maintained survey composites and items that were not included in the CG-CAHPS Visit Survey to maintain consistency across survey years. The 2024 adult and child PES instruments had 51 items and 68 items, respectively. The 2025 adult and child PES instruments had 52 items and 68 items, respectively.

MHQP used a sample frame of patients who had a primary care visit that occurred within a 6-month period. The sample frame includes patients who had at least one primary care visit that occurred during the previous calendar year, typically between July and December. The survey is fielded from April through July. In 2024, the survey sampled 194,671 adult patients. In 2025, the survey sampled 215,338 adult patients. Physicians with a primary specialty designation of Internal Medicine, Pediatrics, Family Medicine or General Medicine and practicing as primary care providers, and nurse practitioners and physician assistants practicing as primary care providers, were eligible for the survey. Providers must also have had a panel size of at least 20 eligible patients across the participating health plans. Practices having at least three providers meeting these criteria were included. Using health plan claims visit data, each provider was

classified as either "adult" or "child," based on the age of the majority of his or her patients in the sample pool (child=ages 0-17; adult=ages 18 and older). To ensure that only active patients of a provider were included, the survey instrument included initial questions that served to confirm that the patient considered the provider named on the survey to be their primary care provider; and the patient had at least one visit with that provider in the previous 6 months. Sample sizes were designed to provide information at the practice-site level. The survey pull was a standard random sampling of all eligible patients.

To be eligible for the survey, patients met the following criteria: were currently enrolled in one of the participating commercial health plans; was a commercial member in an HMO, POS, or PPO health plan product; was age 18 and older to receive an adult survey; and was a patient of a Massachusetts primary care providers.

Survey invitations were sent to patients by email, if a patient had a valid email, that had links to online surveys in English, Chinese, Portuguese, Russian and Spanish. Non-respondents were sent mailings of a survey invitation with an English paper survey and an URL to access online surveys. The overall response rate in 2024 was 11.9%. The overall response rate in 2025 was 11.3%.

Survey item responses were coded to a 0 to 100 scale (No=0; Yes=100.00) at the respondent level and composites scores were calculated as a simple average of the response values for each of the component questions. If fewer than half of the questions had valid responses for a given respondent, then the composite could not be calculated and was considered missing. Respondent composite scores were averaged at the state level to calculate the state-level composite score. State-level composite scores were not case-mix adjusted.

Adult Behavioral Health Composite items and response options

<i>Adult Behavioral Health</i>	During your most recent visit, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?	Yes
	During your most recent visit, did you and anyone in this provider's office talk about things in your life that worry you or cause you stress?	No

- a. Numerator & exclusions: N/A
- b. Denominator & exclusions: N/A
- c. Stratifier: N/A
- d. Imputation method: N/A
- e. Weighting Scheme: N/A
- f. Risk Adjusted: N/A

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4. **Data source & status:** The data sources for the Adult Behavioral Health Composite score are the 2024 and 2025 MHQP Massachusetts Patient Experience Surveys of commercially insured patients.
 5. **Data cost:** No cost.
 6. **Data release:** Data is collected annually and released annually, usually in the fall.
 7. **Validator & source:** N/A

Note: Note that Commercial and MassHealth experience data are not comparable – provider networks, patient populations, and survey instruments are not aligned.

Behavioral Health Screening (Adult, MassHealth)

Year	Score	CI_Low	CI_High
2023	65.9	65.2	66.7
2024	67.1	66.2	67.9

1. **Date:** 01/9/2026
2. **Data/Measurement years (MY) and reporting years (RY):**
 - 2023 MY (2024 RY)
 - 2024 MY (2025 RY)
3. **Description of metric:** The Adult Behavioral Health composite score is a validated composite score on a 0-100 scale that is derived from 2 survey items. It captures patient experiences of being screened for depression and anxiety in primary care visits. Higher scores denote better experiences.

The 2024 and 2025 MassHealth Primary Care Member Experience Surveys for adult members (PC Adult MES) were based on the 2023 MHQP Commercial Patient Experience Surveys (PES) (adult and child) used to survey patient experience of primary care services for individuals in Massachusetts with commercial health insurance. The MHQP commercial surveys are based on the CG-CAHPS 4.0 (beta) surveys developed by the National Committee for Quality Assurance (NCQA) and the Agency for Health Care Research and Quality (AHRQ). The surveys include Patient Centered Medical Home (PCMH) survey items, items from the CG-CAHPS 3.0 Health Promotion & Education supplemental (for the adult survey: C-HP6, C-HP7), and items from the CG-CAHPS 3.0 Coordination of Care supplemental (for the child survey: C-CR5, C-CR6).

- The 2024 PC Adult MES had 50 items. The survey was fielded in April 2024 and sampled 114,276 adult members.
- The 2025 PC Adult MES had 54 items. The survey was fielded in May 2025 and sampled 97,344 adult members.

The survey sample was randomly selected from a MassHealth sample frame that contained MassHealth adult members (≥ 18 years old) who were eligible to complete the survey. Eligibility requirements were that the member be actively enrolled in MassHealth, be attributed to an ACO or MCO that participated in the MassHealth program and have at least one primary care visit in the last year. Sample sizes were designed to yield a minimum of 400 completed surveys at the ACO-MCO level. Survey invitations were sent to members by email, if a member had a valid email address on file with MassHealth. Email invitations had links to online surveys in English, Spanish, Portuguese, Chinese, Haitian Creole, Vietnamese, Russian, Khmer, and

Arabic for the 2024 and 2025 surveys. Non-respondents were sent mailings of a survey invitation with an English paper survey and an URL to access online surveys. For members who were on file as being Spanish speakers, mailings also contained a Spanish survey. The response rate for the 2024 adult survey was 10.5%. The response rate for the 2025 adult survey was 9.9%.

Survey item responses were coded to a 0 to 100 scale (No=0; Yes= 100.00) at the respondent level and composites scores were calculated as a simple average of the response values for each of the component questions. Respondent composite scores were averaged at the state level to calculate the state-level composite score. State-level composite scores were not case-mix adjusted.

Adult Behavioral Health Composite items and response options

	Question	Response options
<i>Adult Behavioral Health Composite</i>	During your most recent visit, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?	Yes No
	During your most recent visit, did you and anyone in this provider's office talk about things in your life that worry you or cause you stress?	

- a. Numerator & exclusions: N/A
 - b. Denominator & exclusions: N/A
 - c. Stratifier: N/A
 - d. Imputation method: N/A
 - e. Weighting Scheme: N/A
 - f. Risk Adjusted: N/A
4. **Data source & status:** The data sources for the Communication Composite score were the 2024 and 2024 MassHealth Adult Primary Care Member Experience Surveys.
 5. **Data cost:** No cost.
 6. **Data release:** Data is collected annually and released annually, usually in the fall.
 7. **Validator & source:** N/A

Note: Note that Commercial and MassHealth experience data are not comparable – provider networks and patient populations are not aligned.

Equity Measures

Difficulty Obtaining Necessary Healthcare by Race/Ethnicity

Percent of MA Residents Reporting Difficulties Accessing Care in the Past 12 Months		
Year	Race/Ethnicity	Percent (%)
2023	White	40.4%
	Black	36.0%
	Asian	36.8%
	Multiracial or a race not listed	48.3%
	Hispanic	46.9%
	Total population	41.2%
2025	White	43.8%
	Black	38.0%
	Asian	37.5%
	Multiracial or a race not listed	42.1%
	Hispanic	45.7%
	Total population	43.1%

1. **Date:** 03/31/2026
2. **Data/Measurement and submission years:** 2023 and 2025.
3. **Description of metric:** Percent of Massachusetts residents who reported that they had difficulties accessing care in the past 12 months, defined in 2025 as the resident reporting any of the following difficulties: unable to get appointment with doctor's office or clinic as soon as needed, unable to get appointment with specialist as soon as needed, doctor's office or clinic not accepting new patients, doctor's office or clinic not accepting patient's insurance type, and unable to get appointment due to transportation issues. For more information, please see 2025 Massachusetts Health Insurance Survey (MHIS) Methodology Report.
 - **Numerator & exclusions:** Non-Institutionalized Massachusetts residents responding that they had any difficulties accessing care in the past 12 months.
 - **Denominator & exclusions:** Non-institutionalized Massachusetts residents.
 - **Stratifier:** Race/Ethnicity.
 - **Imputation Method:** Missing values for key demographic variables for the target and target's household members replaced through hot-deck imputation procedures.
 - **Weighting Scheme:** The survey data is weighted to adjust for differential sampling probabilities, to reduce biases due to differences between respondents

and nonrespondents and to address gaps in coverage in the survey frame. Overall, the procedure executed for this study follows a two-step procedure which is to first correct for any disproportionate probabilities of selection (base weighting), such as oversampling based on targeted household characteristics, and then to balance the sample to match official statistics for persons living in Massachusetts on metrics such as age and gender (post-stratification weighting). In developing weights for the MHIS, the survey data is weighted first at the household level and then at the target-person level.

- **Risk Adjusted:** N/A.
- 4. Data source & status:** [CHIA \(March 2026\). Findings from the Massachusetts Health Insurance Survey report.](#)
- 5. Data release:** Data is updated every two years.
- 6. Data cost:** Estimates are publicly available.
- 7. Validator & Source:** N/A.

Difficulty Obtaining Necessary Healthcare by Region

Percent Of MA Residents Who Reported That Their Most Recent Emergency Room Visit in The Past 12 Months Was for a Non-Emergency Condition		
Year	Region	Percent (%)
2023	Western MA	44.1%
	Central MA	37.6%
	Northeast MA	38.0%
	Metro West	36.7%
	Metro Boston	45.9%
	Metro South	40.1%
	South Coast	47.1%
	Cape and Islands	40.4%
	Total Population	41.2%
2025	Western MA	50.4%
	Central MA	44.2%
	Northeast MA	38.5%
	Metro West	39.6%
	Metro Boston	45.6%
	Metro South	42.4%
	South Coast	44.6%
	Cape and Islands	39.5%
	Total Population	43.1%

- Date:** 03/31/2026
- Data/M Measurement and submission years:** 2023 and 2025 Massachusetts Health Insurance Survey (MHIS)
- Description of metric:** Percent of Massachusetts residents who reported that they had difficulties accessing care in the past 12 months, defined in 2025 as the resident reporting any of the following difficulties: unable to get appointment with doctor's office or clinic as soon as needed, unable to get appointment with specialist as soon as needed, doctor's office or clinic not accepting new patients, doctor's office or clinic not accepting patient's insurance type, and unable to get appointment due to transportation issues. For

more information, please see 2025 Massachusetts Health Insurance Survey (MHIS) Methodology Report.

- **Numerator & exclusions:** Non-Institutionalized Massachusetts residents responding that they had any difficulties accessing care in the past 12 months.
 - **Denominator & exclusions:** Non-institutionalized Massachusetts residents.
 - **Stratifier:** Region.
 - **Imputation Method:** Missing values for key demographic variables for the target and target's household members replaced through hot-deck imputation procedures.
 - **Weighting Scheme:** The survey data is weighted to adjust for differential sampling probabilities, to reduce biases due to differences between respondents and nonrespondents and to address gaps in coverage in the survey frame. Overall, the procedure executed for this study follows a two-step procedure which is to first correct for any disproportionate probabilities of selection (base weighting), such as oversampling based on targeted household characteristics, and then to balance the sample to match official statistics for persons living in Massachusetts on metrics such as age and gender (post-stratification weighting). In developing weights for the MHIS, the survey data is weighted first at the household level and then at the target-person level.
 - **Risk Adjusted:** N/A.
4. **Data source & status:** [CHIA \(March 2026\). Findings from the Massachusetts Health Insurance Survey report.](#)
 5. **Data release:** Data is updated every two years.
 6. **Data cost:** Estimates are publicly available.
 7. **Validator & Source:** N/A.

Usual Source of Care by Race/Ethnicity

Percent of MA Residents Who Reported Having a Usual Source of Healthcare (Excluding the Emergency Room)		
Year	Race/Ethnicity	Percent (%)
2023	White	40.4%
	Black	36.0%
	Asian	36.8%
	Multiracial or a race not listed	48.3%
	Hispanic	46.9%
	Total population	41.2%
2025	White	89.6%
	Black	82.0%
	Asian	84.1%
	Multiracial or a race not listed	87.3%
	Hispanic	81.2%
	Total population	87.5%

1. **Date:** 03/31/2026
2. **Data/Masurement and submission years:** 2023 and 2025.
3. **Description of metric:** Percent of Massachusetts residents who reported that they had a place to which they usually go when they are sick or need advice about their health other than the emergency department. For more information, please see 2025 Massachusetts Health Insurance Survey (MHIS) Methodology Report.
 - **Numerator & exclusions:** Non-institutionalized Massachusetts residents responding that they had a usual source of care, excluding the emergency department.
 - **Denominator & exclusions:** Non-institutionalized Massachusetts residents.
 - **Stratifier:** N/A.
 - **Imputation Method:** Missing values for key demographic variables for the target and target's household members and missing values for analytic variables used in calculation of final metric replaced through hot-deck imputation procedures.
 - **Weighting Scheme:** The survey data is weighted to adjust for differential sampling probabilities, to reduce biases due to differences between respondents and nonrespondents and to address gaps in coverage in the survey frame. Overall, the procedure executed for this study follows a twostep procedure which is to first correct for any disproportionate probabilities of selection (base weighting), such as oversampling based on targeted household characteristics, and then to balance the sample to match official statistics for persons living in Massachusetts on metrics such as age and gender (post-stratification weighting).

In developing weights for the MHIS, the survey data is weighted first at the household level and then at the target-person level.

- **Risk Adjusted:** N/A.
- 4. Data source & status:** [CHIA \(March 2026\). Findings from the Massachusetts Health Insurance Survey report.](#)
- 5. Data release:** Data is updated every two years.
- 6. Data cost:** Estimates are publicly available.
- 7. Validator & Source:** N/A.

Usual Source of Care by Region

Percent of MA Residents Who Reported Having a Usual Source of Healthcare (Excluding the Emergency Room)		
Year	Region	Percent (%)
2023	Western MA	89.3%
	Central MA	89.4%
	Northeast MA	90.0%
	Metro West	91.0%
	Metro Boston	87.5%
	Metro South	88.6%
	South Coast	83.3%
	Cape and Islands	92.7%
	Total Population	88.9%
2025	Western MA	84.1%
	Central MA	88.5%
	Northeast MA	89.4%
	Metro West	88.3%
	Metro Boston	84.9%
	Metro South	88.2%
	South Coast	86.7%
	Cape and Islands	96.1%
	Total Population	87.5%

- Date:** 03/31/2026
- Data/Masurement and submission years:** 2023 and 2025.
- Description of metric:** Percent of Massachusetts residents who reported that they had a place to which they usually go when they are sick or need advice about their health other than the emergency department. For more information, please see 2025 Massachusetts Health Insurance Survey (MHIS) Methodology Report.
- Numerator & exclusions:** Non-institutionalized Massachusetts residents responding that they had a usual source of care, excluding the emergency department.

- **Denominator & exclusions:** Non-institutionalized Massachusetts residents.
 - **Stratifier:** Region.
 - **Imputation Method:** Missing values for key demographic variables for the target and target's household members and missing values for analytic variables used in calculation of final metric replaced through hot-deck imputation procedures.
 - **Weighting Scheme:** The survey data is weighted to adjust for differential sampling probabilities, to reduce biases due to differences between respondents and nonrespondents and to address gaps in coverage in the survey frame. Overall, the procedure executed for this study follows a twostep procedure which is to first correct for any disproportionate probabilities of selection (base weighting), such as oversampling based on targeted household characteristics, and then to balance the sample to match official statistics for persons living in Massachusetts on metrics such as age and gender (post-stratification weighting). In developing weights for the MHIS, the survey data is weighted first at the household level and then at the target-person level.
 - **Risk Adjusted:** N/A.
5. **Data source & status:** [CHIA \(March 2026\). Findings from the Massachusetts Health Insurance Survey report.](#)
 6. **Data release:** Data is updated every two years.
 7. **Data cost:** Estimates are publicly available.
 8. **Validator & Source:** N/A.

Residents Who Have a Primary Care Provider by Race/Ethnicity

Percentage of Massachusetts Residents Who Have a Primary Care Provider		
Year	Race and Ethnicity	Percent (%)
2023	White	93.3%
	Black	86.5%
	Asian	89.3%
	Multiracial or a race not listed	89.5%
	Hispanic	81.3%
	Total population	90.9%
2025	White	92.4%
	Black	87.4%
	Asian	83.7%
	Multiracial or a race not listed	89.7%
	Hispanic	85.8%
	Total population	90.4%

1. **Date:** 03/31/2026
2. **Data/Masurement and submission years:** 2023 and 2025.
3. **Description of metric:** Percentage of Massachusetts residents who reported at the time of the survey that they have a primary care provider.
 - **Numerator & exclusions:** Percentage of non-Institutionalized Massachusetts residents responding that they had a primary care provider at the time of the survey.
 - **Denominator & exclusions:** Non-institutionalized Massachusetts residents.
 - **Stratifier:** N/A.
 - **Imputation Method:** Missing values for key demographic variables for the target and target's household members and missing values for analytic variables used in calculation of final metric replaced through hot-deck imputation procedures.
 - **Weighting Scheme:** The survey data is weighted to adjust for differential sampling probabilities, to reduce biases due to differences between respondents and nonrespondents and to address gaps in coverage in the survey frame. Overall, the procedure executed for this study follows a two-step procedure which is to first correct for any disproportionate probabilities of selection (base weighting), such as oversampling based on targeted household characteristics, and then to balance the sample to match official statistics for persons living in Massachusetts on metrics such as age and gender (post-stratification weighting). In developing weights for the MHIS, the survey data is weighted first at the household level and then at the target-person level.
 - **Risk Adjusted:** N/A.

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4. **Data source & status:** [CHIA \(March 2026\). Findings from the Massachusetts Health Insurance Survey report.](#)
 5. **Data release:** Data is updated every two years.
 6. **Data cost:** Estimates are publicly available.
 7. **Validator & Source:** N/A.

Residents Who Have a Primary Care Provider by Region

Percentage of Massachusetts Residents Who Have a Primary Care Provider		
Year	Region	Percent (%)
2023	Western MA	90.1%
	Central MA	90.7%
	Northeast MA	92.8%
	Metro West	95.2%
	Metro Boston	88.0%
	Metro South	93.1%
	South Coast	88.3%
	Cape and Islands	86.5%
	Total Population	90.9%
	2025	Western MA
Central MA		91.2%
Northeast MA		91.4%
Metro West		93.3%
Metro Boston		86.9%
Metro South		92.3%
South Coast		91.5%
Cape and Islands		92.6%
Total Population		90.4%

1. **Date:** 03/31/2026
2. **Data/Masurement and submission years:** 2023 and 2025.
3. **Description of metric:** Percentage of Massachusetts residents who reported at the time of the survey that they have a primary care provider.
 - **Numerator & exclusions:** Percentage of non-Institutionalized Massachusetts residents responding that they had a primary care provider at the time of the survey.
 - **Denominator & exclusions:** Non-institutionalized Massachusetts residents.

- **Stratifier:** Region.
 - **Imputation Method:** Missing values for key demographic variables for the target and target's household members and missing values for analytic variables used in calculation of final metric replaced through hot-deck imputation procedures.
 - **Weighting Scheme:** The survey data is weighted to adjust for differential sampling probabilities, to reduce biases due to differences between respondents and nonrespondents and to address gaps in coverage in the survey frame. Overall, the procedure executed for this study follows a two-step procedure which is to first correct for any disproportionate probabilities of selection (base weighting), such as oversampling based on targeted household characteristics, and then to balance the sample to match official statistics for persons living in Massachusetts on metrics such as age and gender (post-stratification weighting). In developing weights for the MHIS, the survey data is weighted first at the household level and then at the target-person level.
 - **Risk Adjusted:** N/A.
4. **Data source & status:** [CHIA \(March 2026\). Findings from the Massachusetts Health Insurance Survey report.](#)
 5. **Data release:** Data is updated every two years.
 6. **Data cost:** Estimates are publicly available.
 7. **Validator & Source:** N/A.

Preventive Care Visit by Race/Ethnicity

Percent of MA Population Who Visited a General Doctor, Nurse Practitioner, Physician Assistant or Midwife for Preventive Care in the Past 12 Months		
Year	Race and Ethnicity	Percent (%)
2023	White	84.7%
	Black	71.1%
	Asian	79.1%
	Multiracial or a race not listed	82.2%
	Hispanic	68.4%
	Total population	81.3%
2025	White	79.5%
	Black	61.7%
	Asian	71.0%
	Multiracial or a race not listed	69.9%
	Hispanic	62.8%
	Total population	75.1%

1. **Date:** 03/31/2026
2. **Data/M Measurement and submission years:** 2023 and 2025.
3. **Description of metric:** Percent of Massachusetts residents who reported that they received care from a general doctor, nurse practitioner or physician assistant in the past 12 months for a check-up, physical examination or for other preventive care. For more information, please see 2025 Massachusetts Health Insurance Survey (MHIS) Methodology Report.
 - **Numerator & exclusions:** Non-Institutionalized Massachusetts residents reporting that they had a visit to a general doctor, nurse practitioner, physician’s assistant, or midwife for preventive care in the past 12 months.
 - **Denominator & exclusions:** Non-institutionalized Massachusetts residents.
 - **Stratifier:** Race/Ethnicity
 - **Imputation Method:** Missing values for key demographic variables for the target and target’s household members and missing values for analytic variables used in calculation of final metric replaced through hot-deck imputation procedures.

- **Weighting Scheme:** The survey data is weighted to adjust for differential sampling probabilities, to reduce biases due to differences between respondents and nonrespondents and to address gaps in coverage in the survey frame. Overall, the procedure executed for this study follows a two-step procedure which is to first correct for any disproportionate probabilities of selection (base weighting), such as oversampling based on targeted household characteristics, and then to balance the sample to match official statistics for persons living in Massachusetts on metrics such as age and gender (post-stratification weighting). In developing weights for the MHIS, the survey data is weighted first at the household level and then at the target-person level.
 - **Risk Adjusted:** N/A.
4. **Data source & status:** [CHIA \(March 2026\). Findings from the Massachusetts Health Insurance Survey report.](#)
 5. **Data release:** Data is updated every two years.
 6. **Data cost:** Estimates are publicly available.
 7. **Validator & Source:** Nationally, 85.2% of adult (18+) residents reported that they had a doctor visit within the past 12 months based on 2024 National Health Interview Survey estimates.

Preventive Care Visit by Region

Percent of MA Population Who Visited a General Doctor, Nurse Practitioner, Physician Assistant or Midwife for Preventive Care in the Past 12 Months		
Year	Region	Percent (%)
2023	Western MA	80.1%
	Central MA	82.7%
	Northeast MA	83.0%
	Metro West	83.8%
	Metro Boston	77.3%
	Metro South	82.8%
	South Coast	84.7%
	Cape and Islands	79.0%
	Total Population	81.3%
2025	Western MA	71.8%
	Central MA	76.3%
	Northeast MA	77.4%
	Metro West	78.3%
	Metro Boston	72.3%
	Metro South	74.8%
	South Coast	73.6%
	Cape and Islands	78.4%
	Total Population	75.1%

- Date:** 03/31/2026
- Data/Masurement and submission years:** 2023 and 2025.
- Description of metric:** Percent of Massachusetts residents who reported that they received care from a general doctor, nurse practitioner or physician assistant in the past 12 months for a check-up, physical examination or for other preventive care. For more information, please see 2025 Massachusetts Health Insurance Survey (MHIS) Methodology Report.

- **Numerator & exclusions:** Non-Institutionalized Massachusetts residents reporting that they had a visit to a general doctor, nurse practitioner, physician’s assistant, or midwife for preventive care in the past 12 months.
 - **Denominator & exclusions:** Non-institutionalized Massachusetts residents.
 - **Stratifier:** Region.
 - **Imputation Method:** Missing values for key demographic variables for the target and target’s household members and missing values for analytic variables used in calculation of final metric replaced through hot-deck imputation procedures.
 - **Weighting Scheme:** The survey data is weighted to adjust for differential sampling probabilities, to reduce biases due to differences between respondents and nonrespondents and to address gaps in coverage in the survey frame. Overall, the procedure executed for this study follows a two-step procedure which is to first correct for any disproportionate probabilities of selection (base weighting), such as oversampling based on targeted household characteristics, and then to balance the sample to match official statistics for persons living in Massachusetts on metrics such as age and gender (post-stratification weighting). In developing weights for the MHIS, the survey data is weighted first at the household level and then at the target-person level.
 - **Risk Adjusted:** N/A.
4. **Data source & status:** [CHIA \(March 2026\). Findings from the Massachusetts Health Insurance Survey report.](#)
 5. **Data release:** Data is updated every two years.
 6. **Data cost:** Estimates are publicly available.
 7. **Validator & Source:** Nationally, 85.2% of adult (18+) residents reported that they had a doctor visit within the past 12 months based on 2024 National Health Interview Survey estimates.

Avoidable Emergency Department (ED) Use by Race/Ethnicity

Percent Of MA Residents Who Reported That Their Most Recent Emergency Room Visit in The Past 12 Months Was for a Non-Emergency Condition		
Year	Race and Ethnicity	Percent (%)
2023	White	26.5%
	Black	47.9%
	Asian	***
	Multiracial or a race not listed	***
	Hispanic	51.3%
	Total population	36.2%
2025	White	25.9%
	Black	63.6%
	Asian	***
	Multiracial or a race not listed	***
	Hispanic	36.5%
	Total population	31.8%

1. **Date:** 03/31/2026
2. **Data/Measurement and submission years:** 2023 and 2025 Massachusetts Health Insurance Survey (MHIS)
3. **Description of metric:** Among residents with at least one Emergency Department (ED) visit in the past 12 months, percent who reported that their most recent ED visit could have been treated by a general doctor if one had been available, by age group and race/ethnicity, 2021, 2023, and 2025. For more information, please see the 2023 Massachusetts Health Insurance Survey (MHIS) Methodology Report.
 - **Numerator & exclusions:** Massachusetts residents with an ED visit over the past 12 months who reported that their most recent ED visit could have been treated by a general doctor if one had been available.
 - **Denominator & exclusions:** Massachusetts residents with an ED visit over the past 12 months.
 - **Stratifier:** Race/Ethnicity.

- **Imputation Method:** Missing values for key demographic variables for the target and target’s household members replaced through hot-deck imputation procedures.
 - **Weighting Scheme:** The survey data is weighted to adjust for differential sampling probabilities, to reduce biases due to differences between respondents and nonrespondents (nonresponse bias), and to address gaps in coverage in the survey frame (coverage bias). Overall, the procedure executed for this study follows a two-step procedure which is to first correct for any disproportionate probabilities of selection (base weighting), such as oversampling based on targeted household characteristics, and then to balance the sample to match official statistics for persons living in Massachusetts on metrics such as age and gender (post-stratification weighting). In developing weights for the MHIS, the survey data is weighted first at the household level and then at the target-person level.
 - **Risk Adjusted:** N/A.
4. **Data source & status:** [CHIA \(March 2026\). Findings from the Massachusetts Health Insurance Survey report.](#)
 5. **Data release:** Data released biennially.
 6. **Data cost:** Estimates are publicly available.
 7. **Validator & Source:** Massachusetts Health Policy Commission. Decrease in Potentially Avoidable Emergency Visits Among Children and Adults between March 2019 and September 2021. Finding: “Historically, around 30-40% of ED visits in Massachusetts are classified as potentially avoidable visits that could more effectively be cared for in another clinical setting, such as primary care.”

Note: ***Data suppressed due to small cell size.

Avoidable Emergency Department (ED) Use by Region

Percent Of MA Residents Who Reported That Their Most Recent Emergency Room Visit in The Past 12 Months Was for a Non-Emergency Condition		
Year	Region	Percent (%)
2023	Western MA	31.4%
	Central MA	29.9%;
	Northeast MA	35.7%
	Metro West	25.6%
	Metro Boston	44.3%
	Metro South	35.1%
	South Coast	***
	Cape and Islands	***
	Total Population	36.2%
2025	Western MA	33.8%
	Central MA	30.6%
	Northeast MA	37.9%
	Metro West	32.4%
	Metro Boston	27.9%
	Metro South	24.7%
	South Coast	32.0%
	Cape and Islands	39.7%
	Total Population	31.8%

- Date:** 03/31/2026
- Data/Measurement and submission years:** 2023 and 2025 Massachusetts Health Insurance Survey (MHIS)
- Description of metric:** Among residents with at least one Emergency Department (ED) visit in the past 12 months, percent who reported that their most recent ED visit could have been treated by a general doctor if one had been available, by age group and race/ethnicity, 2021, 2023, and 2025. For more information, please see the 2023 Massachusetts Health Insurance Survey (MHIS) Methodology Report.

- **Numerator & exclusions:** Massachusetts residents with an ED visit over the past 12 months who reported that their most recent ED visit could have been treated by a general doctor if one had been available.
 - **Denominator & exclusions:** Massachusetts residents with an ED visit over the past 12 months.
 - **Stratifier:** Region.
 - **Imputation Method:** Missing values for key demographic variables for the target and target's household members replaced through hot-deck imputation procedures.
 - **Weighting Scheme:** The survey data is weighted to adjust for differential sampling probabilities, to reduce biases due to differences between respondents and nonrespondents (nonresponse bias), and to address gaps in coverage in the survey frame (coverage bias). Overall, the procedure executed for this study follows a two-step procedure which is to first correct for any disproportionate probabilities of selection (base weighting), such as oversampling based on targeted household characteristics, and then to balance the sample to match official statistics for persons living in Massachusetts on metrics such as age and gender (post-stratification weighting). In developing weights for the MHIS, the survey data is weighted first at the household level and then at the target-person level.
 - **Risk Adjusted:** N/A.
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Note: ***Data suppressed due to small cell size.