

**Minutes from the Health Information and Analysis
Oversight Council Meeting
December 10, 2025**

Council members present: Ms. Cara Libman, designee of Commissioner Mike Caljouw, Division of Insurance; Mr. Lou Chitkushev; Ms. Fay Donohue; Ms. Catia Sharp, designee of Secretary Matthew Gorzkowicz, Executive Office for Administration and Finance; Ms. Adrianna McIntyre; Mr. Alan Sager; Executive Director David Seltz, Health Policy Commission; Ms. Amie Shei; and Ms. Jean Yang.

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

I. APPROVAL OF PRIOR MEETING MINUTES [VOTE]

The meeting opened with Chair Fay Donohue welcoming a new Council member, Mr. Lou Chitkushev, appointed by the Office of the Attorney General with cybersecurity experience. Ms. Donohue also welcomed Ms. Catia Sharp, who will temporarily serve as the designee of Secretary Gorzkowicz, from the Executive Office for Administration and Finance.

Ms. Donohue next called for a motion to approve the minutes from the September 17, 2025, meeting. Mr. Seltz and Mr. Sager each asked for slight revisions within the minutes. Council members then took a formal roll call vote to approve the minutes. Council members unanimously voted to approve the revised minutes, with Ms. Sharp abstaining.

II. EXECUTIVE DIRECTOR'S REPORT

Ms. Peters opened with providing Council members with an update on the actions related to the CompareCare website. She explained that while the letter from the Council requesting changes to the legislation was positively received, there were no immediate next steps for CHIA or the Council to take. There was a brief discussion with Mr. Chitkushev and Council members on the CompareCare site's intended purpose and the Council's concerns.

Ms. Peters then provided an update on the fiscal year 2027 budget submission and explained next steps in the process. She briefly walked through recent legislative actions related to CHIA and noted that the agency will continue to monitor health care bills pending in the Legislature as it moves into the second year of session. Ms. Peters provided an update on CHIA's recently released retroactive comprehensive mandated benefit review and the work occurring for upcoming mandated benefit reviews.

She then provided a summary of the Health Policy Commission's Annual Cost Trends Hearing, noting the hearing was an opportunity to discuss the issues challenging stability and sustainability of the Commonwealth's health care system. Ms. Peters summarized the covered topics at the hearing and stated that one of her primary takeaways was the need for shared responsibility across the leaders in the Massachusetts health care system, with bold action needed by every market participant. Ms. Yang noted that she thought there was greater urgency than seen in earlier hearings and that there was a general consensus that Massachusetts is in crisis but that little was offered by way of direct recommendations. Mr. Seltz broadly agreed with her sentiment, but he believes there is a shared strategy to ease administrative burdens while lowering health care costs. He stated that any change is going to require bold leadership and real political will to make significant changes. Mr. Sager noted that he believes it will be difficult to develop a persuasive argument that results in removing the waste in health care spending across the whole system. He also asserted that the Commonwealth is not yet in crisis and that the worst is yet to come. Ms. Libman added that the conversations at the Cost Trends Hearing reflected the statements shared by Council members and noted that a lot of work is being conducted by state agencies behind the scenes to address these problems.

Ms. Peters then provided a brief update on the results from CHIA's 2025 Massachusetts Health Insurance Survey (MHIS), which was to be published the next day at an event held with the Blue Cross Blue Shield of Massachusetts Foundation. In response to questions from Council members, Ms. Peters shared additional information about the MHIS: This year is the first time the report was released during an event. A particularly notable finding was the rate of medical debt incurred by Massachusetts residents even

**Minutes from the Health Information and Analysis
Oversight Council Meeting
December 10, 2025**

while fully insured. Ms. Peters explained that while the survey break outs by several demographic factors, it does not contain geographic variation. Ms. McIntyre asked if CHIA was intending to include questions in the 2027 survey on the recent changes to federal policy. Ms. Peters agreed it was a worthwhile question to include and that the CHIA team would explore its inclusion.

III. DENTAL CLAIMS ANALYSIS

Mr. Eric Yang, Associate Manager of Health Informatics and Reporting, joined Council members to discuss CHIA's recent work on dental claims analysis. First, Mr. Yang provided context around the importance of oral health care and background on known challenges around accessing affordable care. He next walked Council members through CHIA's data collection efforts and planned analytics. Mr. Yang stated that CHIA has been establishing baseline measures about the oral health care system in Massachusetts and profiling the dental claims data for the past several months, with the goal of public reporting in 2026. CHIA is continuing to review the data quality of the dental claims and to finalize the list of payers that can be included in the first cycle of reporting.

At the conclusion of Mr. Yang's presentation, Ms. Peters noted that Ms. Donohue had offered to convene a small group of dental care experts since this is a new analytic frontier for CHIA. Ms. Peters invited Council members to join the group if they were interested; in the meantime, she opened up the conversation to share thoughts on CHIA's analytic efforts. Mr. Sager asked what questions CHIA is hoping to answer from the data; Ms. Donohue responded that developing those questions is the goal of the group being created. Mr. Sager continued that it would be useful to know the differences in actual prices paid by different payers, and then whether data can show if patients with better dental coverage or who are capable of paying higher payments receive preferential access.

Ms. Shei asked if the claims data includes newer types of membership models, such as monthly member payments without insurance. It was noted that the data would not be included since there would be no claims data associated with those transactions. Mr. Seltz expressed interest in understanding whether a service was within network or out-of-network to understand the adequacy of existing payer networks and the differential costs of care. Ms. McIntyre noted that she has a colleague to recommend to CHIA who may be helpful in this area and asked if dental insurance has the same self-insured reporting issues as the broader MA APCD. Ms. Peters confirmed that dental insurers follow the same rules. Ms. Yang observed that as part of the Affordable Care Act, children's dental coverage is part of essential health benefits, which should provide reliable claims data; although Ms. McIntyre noted that a lot of children are part of mixed insurance status families, which may complicate analysis. Mr. Sager asked if it was possible to learn how many people are covered by each of the plans, what the total spending per member per month (PMPM) is, and the breakdown of frequency of services. Mr. Yang confirmed that CHIA is already working toward answering some of those questions, like PMPM calculations, coverage rates, and service type analysis. Ms. Donohue added that the Division of Insurance (DOI) did a dental report recently that may include some helpful information. After additional discussion, Ms. Donohue told Council members to reach out with additional questions or comments and to inform her and Ms. Peters if they wanted to be part of the smaller group exploring this issue.

IV. PBM DATA COLLECTION

Ms. Molly Bailey, Associate Manager of Health Informatics and Reporting, presented the next agenda item on CHIA's new pharmacy benefit manager (PBM) data collection. Before explaining the details of CHIA's data collection efforts, she first walked the Council through what PBMs are and their role in the prescription drug supply chain.

Ms. Bailey explained the flow of prescription medicines and funds through the supply chain. A discussion ensued where Ms. Bailey provided greater detail on the various entities involved in the process and the role of PBMs. Additional detail was requested about 340B entities, which were identified as part of a

**Minutes from the Health Information and Analysis
Oversight Council Meeting
December 10, 2025**

federal drug pricing program in which the covered entity can purchase drugs at a lower rate to assist in providing services to low-income and uninsured patients, and then these covered entities contract with pharmacies to dispense the medications. Mr. Sager noted the importance of understanding the distinction between retail prescription drugs dispensed to outpatient individuals versus medications dispensed for inpatient patients and nursing home residents; while this flow of drugs is not within the scope of CHIA's work, it is still a sizeable portion of spending in this area.

Council members further discussed exactly how and where PBMs interact within the health care system. Ms. Bailey explained that CHIA's new PBM data collection is focused on the flow of financials and utilization of drugs in the supply chain, most notably post-sale adjustment practices, reimbursement and member cost-sharing, wholesale acquisition costs, and flow of rebates through to the health plan and patient. Mr. Sager asked if CHIA will be able to measure the share of medications paid by patient plus insurer for outpatient retail prescription drugs that go to the pharmacy, the PBM, wholesaler, and manufacturer. Ms. Bailey answered that CHIA cannot look at the share of the payment divided across the entities.

Mr. Sager raised the question of whether CHIA can collect data on discounts. Ms. Bailey said that CHIA was not aware yet how discounts are presented in the data. Council members discussed the distinction between point-of-sale discounts and rebates. Ms. Libman reminded Council members that DOI has published an administrative bulletin for the initial licensing of the PBMs, which will enable it to have a better understanding of who the players are in this space and the structure of these entities.

Ms. Bailey then provided detail on CHIA's reporting authority to collect data from the PBMs and the timeline of next steps. Referring to suggested analytic questions that CHIA shared in advance of the meeting, Mr. Sager asked if CHIA will be able to measure the prices that different pharmacies are paid for the same drugs. Ms. Bailey responded that CHIA is not collecting data at the pharmacy level. Mr. Sager then asked how CHIA can learn what pharmacies are paid, and Ms. Bailey answered that CHIA will have aggregated data but not at an individual pharmacy level. The Council discussed whether CHIA can analyze overall PBM profits. Ms. Bailey specified that CHIA will be collecting data on administrative service fees that health plans are paying PBMs for their services with some understanding of spread pricing, clawbacks, and other for-profit business practices. Ms. Bailey clarified that CHIA will not capture information about payments from drug manufacturers to PBMs.

Mr. Sager next asked if CHIA can ask PBMs whether they have accepted any other payments from drug manufacturers. While noting that CHIA may not have the authority to request that information, Ms. Peters stated that when the legislation that created this mandate for CHIA was developed, rebates were the common practice. Over time, spending practices have evolved to include administrative service fees, among others. She noted the plan is to be as broad as possible in how CHIA is defining rebates and other fees, knowing that PBMs are evolving their definitions.

Ms. Libman flagged that DOI will be collecting some of the data that CHIA is hoping to gather from PBMs and will collaborate with CHIA as much as possible. Ms. Yang asked if data collection on top drugs by volume referred to dollar amounts or number of prescriptions. Ms. Bailey confirmed that CHIA will collect both utilization and reimbursement metrics.

Ms. Bailey concluded her presentation by providing greater detail on the data to be collected and the planned analyses. Ms. Donohue noted that a shared terminology needs to be developed, especially regarding the definition of rebates.

Mr. Sager asked if CHIA can measure PBM revenue on commercially insured Massachusetts patients, its expenses, and the subsequent profit. Ms. Bailey stated that CHIA can calculate the profit a PBM makes from rebates and administrative service fees but cannot offer insight into PBM expenses. A discussion ensued around the use of the words "profit" versus "revenue" and coming to shared definitions. In response to Mr. Sager's question, Ms. Peters noted that while CHIA is collecting data around the practice of PBMs, the detailed insights of drug manufacturers is outside its purview.

**Minutes from the Health Information and Analysis
Oversight Council Meeting
December 10, 2025**

Mr. Seltz added that DOI will be collecting some disclosure and financial statements from PBMs which may provide some answers in conjunction with the information CHIA is collecting. Ms. Donohue said it would be helpful to understand what DOI is doing in this area. Ms. Libman offered to coordinate with colleagues to share DOI's efforts with Council members at a future meeting.

Ms. McIntyre said that it would also be interesting if information could be collected around the role PBMs play in drug pricing strategies, which is often attributed solely to manufacturers. Mr. Sager added that the United States is relatively alone in utilizing PBMs in the health care system, which has made the drug affordability issue much more complicated.

V. PRIORITY AREAS

The next agenda item was a review of CHIA's core analytic priority areas. Ms. Erin Bonney, Director of Health Informatics and Reporting, shared with the Council the agency's recent work on primary care and behavioral health. She walked through recent updates from the HPC's Primary Care Access, Delivery, and Payment Task Force and its recommendations that pertain to CHIA. Mr. Seltz expanded briefly on Ms. Bonney's summary and noted that the Task Force is currently wrapping up its work on the third deliverable to establish a primary care spending target. Ms. Donohue asked for more details about the additional measures that were recommended for inclusion in CHIA reporting and the agency's assessment of what is feasible. Council members discussed whether other state agencies have access to traditional, or Original, Medicare data.

Ms. Bonney next shared updates that CHIA plans to make to its Primary Care Dashboard series; the next report being released in spring 2026 would include new measures on providers accepting new patients, behavioral health, and prenatal and post-partum care, in addition to new data from CHIA's Workforce survey related to the primary care sector. Ms. Bonney also highlighted some metrics that CHIA is exploring to include in future reporting, such as appointment wait times and use of urgent care centers or concierge medicine. She then asked the Council for recommendations on data sources to capture any of these topics or proposed metrics. Ms. McIntyre suggested secret shopper studies to explore appointment wait times and which payers and providers are accepting Medicaid. Council members discussed whether data from CHIA's Workforce survey could be used. Mr. Sager asked if CHIA can assess whether primary care physicians and nurse practitioners are devoting more than 20 hours per week to primary care, and if so, convert those total hours to full-time equivalents, which CHIA could use to compare to needed primary care capacity. Ms. Peters said that CHIA would have to report back on that measure. Mr. Seltz made suggestions on how CHIA can examine urgent care center utilization, including reaching out to the Department of Public Health since they are tasked with licensing urgent care centers. He made additional suggestions around concierge medicine data. Ms. Shei said that it may be interesting for CHIA to try and capture organization or corporate structures of primary care offices as they relate to finance measures.

Ms. Bonney then shared updates on CHIA's behavioral health care reporting, noting that the next dashboard will be published in summer 2026. She highlighted some new measures that will be added to the next report, including utilization of and spending on behavioral health care for adolescents. She also noted a few areas that CHIA is considering including in the future, such as information on community behavioral health centers and wait times for care. There was a concluding discussion around measuring primary care spending and investment on the provider side.

Next, Ms. Haley Farrar-Muir, Associate Director of Strategy and Research, presented CHIA's work on health care equity. First, she provided an update on the APCD Member Simplified File, which will contain enhanced member demographic information such as race, ethnicity, and language. Developing and testing the data infrastructure for data collection will begin in February 2026. Ms. Farrar-Muir reminded Council members that the first Health Care Equity Dashboard was published earlier in 2025 and noted that the next iteration will contain updated data and additional metrics. She also noted that CHIA is

**Minutes from the Health Information and Analysis
Oversight Council Meeting
December 10, 2025**

continuing its work to assist sister agencies in their equity work, such as the Executive Office of Health and Human Services' (EOHHS) initiative, Advancing Health Equity in Massachusetts (AHM), as well as MassHealth's 1115 waiver. Council members briefly discussed the definition of AHM, which is one of the Commonwealth's initiatives to bring together different agencies, including CHIA, to address equity-related issues. Ms. Shei noted that Council member Eliza Lake is heavily involved in the AHM initiative and that Ms. Shei's organization is funding one of the local AHM projects. She asked if there were opportunities for CHIA's team to share data and analytics with these various AHM communities. Ms. Peters expressed her support for that idea. Ms. Sager asked for more detail on the 1115 equity program. Ms. Farrar-Muir explained that it is a MassHealth initiative to collect similar data to the elements that CHIA is aiming to collect in the APCD Member Simplified File, from hospitals and Accountable Care Organizations that may have this information as part of a patient's electronic health record. Given CHIA's experience in data collection from hospitals, the agency is assisting MassHealth with the intake of this information as part of the 1115 waiver.

Council members then received an update on CHIA's workforce initiatives. Ms. Farrar-Muir explained that CHIA will be releasing its first Integrated Nursing Dashboard in early 2026, which is a collaborative effort between the Department of Public Health and EOHHS. This dashboard is part of an effort to continue monitoring health care workforce trends to inform state policies and programs critical to ensuring that residents' health care needs are met. She noted that the data for this dashboard comes from a number of different sources meant to describe the current landscape of nursing in Massachusetts. Ms. Farrar-Muir went on to state that the second fielding of the Massachusetts Health Care and Human Services Workforce Survey was conducted in 2025, and results from that survey will be released in early 2026. The survey focused on 13 health care and human services sectors, focused on the demand side of health care. CHIA is currently conducting sector-specific and cross-sector analyses from the survey. Mr. Sager asked if it would be possible to say anything about the high vacancy rate at nursing homes. She answered that nursing homes are one of the sectors covered in the survey and that CHIA does present vacancy and turnover information about select occupations in the nursing home sector. Ms. Libman asked if the Integrated Nursing Dashboard differentiates between inpatient and outpatient settings in the data. Ms. Farrar-Muir said that the patient setting is included in the data.

Finally, Ms. Farrar-Muir shared information on a new analytic effort by CHIA called the Employee Voice Survey. This project acts as a complementary effort to CHIA's demand-side Workforce survey. This qualitative study will collect data from direct care workers and case managers with experience in post-acute care settings, such as home health care and long-term care facilities. CHIA is in the process of recruiting participants for the focus groups and engaging with stakeholders. The survey is scheduled to begin fielding in early 2026 with survey analysis completed by summer 2026. Mr. Sager asked for more detail about stakeholder engagement. Ms. Farrar-Muir answered that CHIA is working closely with provider organizations to assist with recruitment but noted that CHIA is open to recommendations of other groups to include. Ms. Donohue noted that this is a new topic for the Council to consider and asked everyone to get in touch with CHIA if they have additional thoughts or questions. Ms. Donohue then asked that this topic be addressed again at a later meeting.

As the final agenda item, Ms. Huong Trieu, Senior Director of Research, provided an update on the Massachusetts Employer Survey (MES). She explained that the MES is an ongoing biennial survey that tracks employer health benefits, employee take-up rates, cost sharing, and employer decision making. Ms. Trieu stated that the next survey will begin fielding in February 2026. She walked through some of the expected refinements and new topics being included.

Ms. Shei asked if the survey included a question about the percentage of employees on MassHealth and whether CHIA can assess whether some employers intentionally limit the number of hours employees work to evade health insurance requirements. Ms. Trieu answered that this survey is answered by human resources departments within an organization, so it is hard for the survey respondent to know why an employee is not accepting employer-sponsored insurance. Ms. Trieu also stated that while the MES asks questions regarding part-time employee insurance offerings, there is not a specific question asking whether employers intentionally limit the number of hours worked. Ms. Donohue asked if the MES could

**Minutes from the Health Information and Analysis
Oversight Council Meeting
December 10, 2025**

ask what percentage of the new workforce is part-time compared with the last survey. Ms. Trieu said that CHIA could get back to her. Ms. Sharp asked about a situation where employees are taking up employer-offered insurance due to being dropped from their prior insurance. Ms. Trieu indicated that the survey will show those take-up rates. Ms. Libman asked if the MES included any questions related to stop-loss insurance, which Ms. Trieu said she would check. Mr. Sager asked for clarification on a new topic being included in the MES that will explore direct contracting with PBMs. He asked whether this question refers to pharmacy carve-outs, where a PBM is paid a lump sum to cover all drug costs. Ms. Trieu stated that she believed that was the intention of the question but would confirm. Ms. McIntyre asked if the MES included questions on Health Reimbursement Arrangements, which Ms. Trieu confirmed it does.

VI. CLOSING

With no other business to discuss, the meeting concluded at 3:59 p.m.