

CHIA Regulations Comparison

957 CMR 5.00, 957 CMR 6.00, 957 CMR 7.00 — current vs. proposed (side-by-side)

This document provides a section-by-section comparison of the current CHIA regulations and the proposed amendments posted for public hearing (January 8, 2026).

957 CMR 5.00 — Health Care Claims, Case Mix and Charge Data Release Procedures

Current: /mnt/data/957-5_current.pdf

Proposed: /mnt/data/957-5_proposed.pdf

Section-by-section (side-by-side) comparison. Text is extracted from CHIA PDFs; formatting/line breaks may differ from the official documents.

Section	Current language (excerpt/full section)	Proposed language (excerpt/full section)	Change note
5.00	5.00:HEALTH CARE CLAIMS, CASE MIX AND CHARGE DATA RELEASE PROCEDURES	5.00:HEALTH CARE CLAIMS, CASE MIX AND CHARGE DATA RELEASE PROCEDURES 957 CMR 5:00: M.G.L. c.12C Proposed Regulation, November 21, 2025 Page 9	Substantially revised
5.01	5.01:General Provisions Scope and Purpose. 957 CMR 5.00 governs the disclosure of certain payer data, hospital case mix data and hospital charge data submitted by health care payers and providers pursuant to M.G.L. c. 12C. The purpose of 957 CMR 5.00 is to specify: (a) the process by which data will be released to certain requesters as required by M.G.L. c. 12C; and (b) the application and data release process for all other requests for certain payer, hospital case mix and hospital charge data collected and maintained by the Center for Health Information and Analysis.	5.01:General Provisions (1) Scope and Purpose. The purpose of 957 CMR 5.00 is to govern the disclosure of Data collected, stored, and maintained by CHIA under M.G.L. c. 12C, and to specify the process for requesting such data as authorized by M.G.L. c. 12C. (2) Applicability. This regulation applies to Data collected, stored, and maintained by CHIA, and governs all requests for access to such Data. (3) Authority. This regulation is issued pursuant to M.G.L. c. 12C, including but not limited to, §§ 3, 5, and 8, 10, 11, and 12.	Rewritten/restructured
5.02	5.02:Definitions All defined terms in 957 CMR 5.00 are capitalized. As used in 957 CMR 5.00, unless the context otherwise requires, the following words shall have the following meanings: Acute Hospital Case Mix Databases. The CHIA databases housing Case Mix Data and Charge Data, including the outpatient emergency department database, the inpatient discharge database and the outpatient observation database. APCD. The All Payer Claims Database.	5.02:Definitions All defined terms in 957 CMR 5.00 are capitalized. Any other term used in this regulation but not defined herein shall have the meaning given to the term by M.G.L. c. 12C, other CHIA regulations, or Sub-Regulatory Guidance. As used in 957 CMR 5.00, unless the context requires otherwise, the following words shall have the following meanings: APCD Data. Claims information submitted to CHIA for	Rewritten/restructured

	<p>APCD Data. Information submitted to CHIA by Payers, including, but not limited to, data regarding member eligibility, products, providers, encounters, and medical, pharmacy, or dental claims.</p> <p>Applicant. An individual or organization that requests Data or a Summarized Data Report in accordance with 957 CMR 5.00.</p> <p>Case Mix Data. Case specific, diagnostic discharge data that describe socio-demographic characteristics of the patient, the medical reason for the admission, treatment and services Effective December 29, 2017 Page 1 December 14, 2017 957 CMR</p>	<p>the All-Payer Claims Database pursuant to M.G.L. c. 12C, § 10, including, but not limited to, data regarding member eligibility, products, benefit plans, providers, encounters, and medical, pharmacy, or dental claims.</p> <p>Case Mix Data. Case specific, encounter type information submitted by hospitals to CHIA pursuant to M.G.L. c. 12C, § 8, including provider details and patient details, such Proposed Regulation November 21, 2025 957 CMR: Center for Health Information and Analysis 957 CMR</p>	
5.03	<p>5.03:Requests from Government Agencies</p> <p>(1) All Government Agency requests for Data shall be made in writing as set forth in an agreement between the parties or as provided on CHIA’s Website.</p> <p>(2) When requesting Protected Health Information, Government Agencies shall identify the public purposes for which the Data is sought and the security measures designed to protect the Data from inadvertent and/or unauthorized disclosure.</p> <p>(3) CHIA shall fulfill Government Agency requests for Protected Health Information to the extent permissible under state and federal laws protecting patient privacy and data security. To the extent required by such laws, Government Agencies may be required to establish to CHIA’s satisfaction that they are seeking the minimum amount of Protected Health Information necessary to accomplish the public purpose for which access to such data is given and that appropriate data security measures are in place.</p> <p>(4) Government Agencies requesting Protected Health Information of Medicaid</p>	<p>5.03:Data Access</p> <p>(1) All requests for Data shall be made in writing to CHIA in a form or manner specified by CHIA.</p> <p>(2) All Data recipients shall comply with the privacy and security requirements established in 957 CMR 5.03, unless such requirements violate applicable law. Prior to receiving any Data, recipients shall enter into a written agreement with CHIA that memorializes these privacy and security obligations and may include additional terms for Data access. The requirements set forth in 957 CMR 5.03(2) cannot be waived or modified by agreement, and in the event of any conflict between an agreement and this regulation, the provisions of 957 CMR 5.03 shall control. At a minimum, recipients must: Proposed Regulation November 21, 2025 957 CMR: Center for Health Information and Analysis 957 CMR</p>	Rewritten/restructured

	<p>recipients will be required to demonstrate compliance with 42 U.S.C. §1396a(a)(7) to the satisfaction of both CHIA and the Executive Office of Health and Human Services.</p> <p>(5) Government Agencies requesting Medicare Data will be required to demonstrate compliance with CMS requirements regarding access to and use of such Data.</p> <p>(6) Prior to the receipt of any Data, Government Agencies shall enter into a written agreement with CHIA governing its use and disclosure. Effective December 29, 2017 Page 3 December 14, 2017 957 CMR</p>		
5.04	<p>5.04:Requests from Payers, Providers, Provider Organizations and Researchers for Deidentified Data</p> <p>(1) Requests from Payers, Providers, Provider Organizations and Researchers for Deidentified Data shall be made in writing by filing an application with CHIA in a form specified by CHIA as provided on its Website.</p> <p>(2) CHIA shall fulfill requests from Payers, Providers, Provider Organizations and Researchers for De-identified Data based upon an application that establishes to CHIA's satisfaction that the Data will exclusively be used for the purposes of lowering total medical expenses, coordinating care, benchmarking, quality analysis and other research, administrative or planning purposes. Such purposes exclude purposes that CHIA determines are contrary to the public interest.</p> <p>(3) Payer, Provider, Provider Organization and Researcher requests for De-identified Data for any other uses, including commercial uses involving the resale or re-use of Data, shall be reviewed under 957 CMR 5.06.</p> <p>(4) Payers, Providers, Provider Organizations and Researchers shall enter into a Data Use Agreement with CHIA prior to the receipt of Data. The</p>	<p>5.04:Data Requests: Government Agencies for Public Purpose</p> <p>(1) A Government Agency may request Data to use for a public purpose.</p> <p>(2) When requesting Data, the Government Agency shall identify and demonstrate the public purpose(s) for which the Data is sought. In reviewing such requests, CHIA shall evaluate and determine whether the Data requested is necessary to accomplish the identified public purpose(s).</p> <p>(3) If the request is necessary to accomplish the identified public purpose(s), and meets the requirements of 957 CMR 5.00, CHIA shall fulfill the request to the extent permissible under state and federal laws protecting patient privacy, confidentiality, and data security.</p> <p>(4) Data provided under this section may include Identifiable Data.</p> <p>Proposed Regulation November 21, 2025 957 CMR: Center for Health Information and Analysis 957 CMR</p>	Rewritten/restructured

<p>Data Use Agreement shall, at a minimum:</p> <ul style="list-style-type: none">(a) restrict the use of the Data to those uses identified in the application;(b) require the Data Recipient to adhere to processes and procedures aimed at preventing unauthorized disclosure or use of the Data;(c) require the Data Recipient to notify CHIA of any unauthorized use or disclosure of the Data; and(d) permit CHIA, at its discretion, to audit the Data Recipient's compliance with the provisions of the Data Use Agreement. <p>5.05 Requests from Payers, Providers and Provider Organizations for Data with Direct Patient Identifiers for Treatment and Coordination of Care</p> <p>(1) Payer, Provider and Provider Organization requests for Data with Direct Patient Identifiers shall be made in writing by filing an application with CHIA in a form specified by CHIA as provided on its Website.</p> <p>(2) CHIA shall fulfill Payer, Provider and Provider Organization requests for Direct Patient Identifiers for Treatment and Coordination of Care to the extent permissible under state and federal laws protecting patient privacy and data security. Payers, Providers and Provider Organizations may be required to establish to CHIA's satisfaction that Data Subjects have consented to the release of the Data for the specific use described in the Payer, Provider or Provider Organization's request.</p> <p>(3) Payer, Provider and Provider Organization requests for Protected Health Information for uses other than requests for Direct Patient Identifiers for Treatment and Coordination of Care shall be reviewed under 957 CMR 5.06.</p> <p>Effective December 29, 2017 Page 4 December 14, 2017 957 CMR</p>		
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5.05	5.05:Data Requests from Payers, Providers, Provider Organizations for Data with Direct Patient Identifiers	<p>5.05:Data Requests: Providers, Provider Organizations, and Payers for Treatment, Payment or Health Care Operations</p> <p>(1) A Provider, Provider Organization, or Payer may request Data for the purpose of carrying out Treatment, Payment or Health Care Operations.</p> <p>(2) If the request for Data is necessary to accomplish the purpose of carrying out Treatment, Payment or Health Care Operations, and meets the requirements of 957 CMR 5.00, CHIA shall fulfill the request to the extent permissible under state and federal laws protecting patient privacy, confidentiality, and data security.</p> <p>(2) Data provided under this section may include Identifiable Data.</p>	Rewritten/restructured
5.06	5.06:All Other Requests for Data	<p>5.06:Data Requests: Research</p> <p>(1) Identifiable Data may be requested for Research purposes.</p> <p>(2) A request for Identifiable Data for Research shall include, at a minimum, the following:</p> <p>(a) A detailed description of the Research purpose, including:</p> <ol style="list-style-type: none"> 1. the research objectives, rationale, and need for Identifiable Data 2. a detailed project summary that describes any other data sources to be used for the project, and 3. the research methodology and procedures <p>(b) A description of how the results of the Research will be published or otherwise contribute to generalizable knowledge.</p> <p>(c) Authorization to receive Identifiable Data, either through:</p> <ol style="list-style-type: none"> (i) Authorization from individual patient(s) whose data is being requested; or (ii) Waiver of individual authorization approved by an 	Rewritten/restructured

		<p>institutional review board or privacy board.</p> <p>(3) If the request meets the requirements of 957 CMR 5.00, CHIA may fulfill the request to the extent permissible under state and federal laws protecting patient privacy, confidentiality, and data security.</p>	
5.07	5.07:Summarized Data Reports	<p>5.07:Data Requests: De-Identified Data</p> <p>(1) De-Identified Data may be requested for the following purposes:</p> <ul style="list-style-type: none"> a. lowering total medical expenses, b. coordinating care, c. benchmarking, d. quality analysis, e. research, <p>Proposed Regulation November 21, 2025 957 CMR: Center for Health Information and Analysis 957 CMR</p>	Rewritten/restructured
5.08	<p>5.08:Data Release Committee</p> <p>(1) The Executive Director shall establish a Data Release Committee to advise the Executive Director on best practices regarding data release, data security and data protection.</p> <p>(2) The Data Release Committee shall include, but not be limited to, representatives from health care plans, health care providers, health care provider organizations and consumers. The Executive Director may appoint additional members to the Committee.</p> <p>(3) The Executive Director shall convene the Data Release Committee as necessary to review applications for Data and other issues related to the release of Data.</p> <p>(4) The Data Release Committee shall review applications for Data submitted pursuant to 957 CMR 5.06.</p> <p>(5) In reviewing each application for Data submitted pursuant to 957 CMR 5.06, the Data</p>	<p>5.08:Compliance and Penalties</p> <p>(1) Sanctions. If a recipient fails to comply with any of the requirements and conditions for receiving Data under 957 CMR 5.00, CHIA may:</p> <ul style="list-style-type: none"> (a) deny future access to Data; (b) terminate current access to all Data; (c) demand and secure the destruction or return of all Data; (d) undertake any other actions to ensure the privacy, security, and confidentiality of the Data. <p>(2) Penalties. A recipient that fails to comply with the requirements of 957 CMR 5.00 shall be subject to all penalties and remedies allowed by law, including but not limited to M.G.L. c. 214, § 1B and M.G.L. c. 93A. A violation of the prohibition on using Data to conduct an investigation into any individual patient or to impose liability on any individual patient, as</p>	Rewritten/restructured

	<p>Release Committee shall make a recommendation to the Executive Director regarding whether the Applicant has met the criteria for release specified in 957 CMR 5.06(9).</p> <p>(6) CHIA will post information about the Data Release Committee membership, scheduled meetings and meeting agendas on its Website.</p> <p>(7) Data Release Committee recommendations on applications are not binding on the Executive Director.</p>	<p>stated in 957 CMR 5.03(8), shall constitute a violation of M.G.L. c. 93A. CHIA will notify state and federal law enforcement officials, as applicable, of violations of 957 CMR 5.00 and the related agreements made with Data recipients.</p>	
5.09	<p>5.09:Compliance and Penalties</p> <p>(1) Sanctions. If a Data Recipient fails to comply with any of the requirements and conditions for receiving Data under 957 CMR 5.00, CHIA may:</p> <p>(a) deny future access to Data;</p> <p>(b) terminate current access to all Data; and/or</p> <p>(c) demand and secure the destruction or return of all Data.</p> <p>(2) Penalties. A Data Recipient that fails to comply with the requirements of 957 CMR 5.00 also will be subject to all penalties and remedies allowed by law, including but not limited to M.G.L. c. 214, § 1B and M. G.L. c. 93A. CHIA will notify state and federal law enforcement officials, as applicable, of any violations of 957 CMR 5.00 and the agreements made with Data Recipients thereunder.</p>	<p>5.09:Sub-Regulatory Guidance</p> <p>CHIA may, from time to time, issue Sub-Regulatory Guidance to clarify its requirements, policies, and procedures under 957 CMR 5.00 and to establish fees.</p>	Rewritten/restructured
5.10	<p>5.10:Administrative Bulletins</p> <p>CHIA may, from time to time, issue Administrative Bulletins to clarify its policies and procedures under 957 CMR 5.00 and to establish fees. Effective December 29, 2017 (Correction 4/20/18)</p> <p>Page 8</p> <p>December 14, 2017</p> <p>957 CMR</p>	<p>5.10:Severability</p> <p>The provisions of 957 CMR 5.00 are severable. If any provision or the application of any provision is held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions of 957 CMR 5.00 or the application of such provisions.</p> <p>REGULATORY AUTHORITY</p> <p>Proposed Regulation</p> <p>November 21, 2025</p>	Rewritten/restructured

		957 CMR: Center for Health Information and Analysis 957 CMR	
5.11	<p>5.11:Other Provisions</p> <p>(1) Fees. CHIA shall charge a fee to all non-governmental entities requesting Data or a Summarized Data Report, as established under M.G.L. c. 12C, § 12(b). Fee schedules will be issued by CHIA by Administrative Bulletin and updated from time to time.</p> <p>(2) Other Disclosures. CHIA may make other disclosures of Data as required by law, including, but not limited to, disclosures made pursuant to Civil Investigative Demands, law enforcement subpoenas or court orders.</p> <p>(3) Confidentiality. Data, as defined in Section 5.02, released by CHIA pursuant to 957 CMR 5.00 are not a public record.</p> <p>5.12 Severability</p> <p>The provisions of 957 CMR 5.00 are severable. If any provision or the application of any provision is held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions of 957 CMR 5.00 or the application of such provisions.</p> <p>REGULATORY AUTHORITY 957 CMR 5:00: M.G.L. c.12C Effective December 29, 2017 Page 9</p>		Removed in proposed
5.12	5.12:Severability		Removed in proposed

957 CMR 6.00 — Cost Reporting Requirements

Current: /mnt/data/957-6_current.pdf

Proposed: /mnt/data/957-6_proposed.pdf

Section-by-section (side-by-side) comparison. Text is extracted from CHIA PDFs; formatting/line breaks may differ from the official documents.

Section	Current language (excerpt/full section)	Proposed language (excerpt/full section)	Change note
6.00	6.00:Clubhouse Services Part II – Type III Providers 101 CMR 334.00: Prostheses, Prosthetic Devices and Orthotic Devices 101 CMR 343.00: Hospice Services 114.3 CMR 13.00: Freestanding Clinics Providing Abortion and Sterilization Services 114.3 CMR 20.00: Clinical Laboratory Services 114.3 CMR 22.00: Durable Medical Equipment, Oxygen, and Respiratory Therapy Equipment 114.3 CMR 31.00: Prescribed Drugs 114.3 CMR 37.00: Chronic Maintenance Dialysis Treatments and Home Dialysis Supplies 114.3 CMR 39.00: Rehabilitation Center Services, Audiological Services, Restorative Services 114.3 CMR 47.00: Freestanding Ambulatory Surgical Facilities 114.3 CMR 55.00: Freestanding Birth Centers Services 114.5 CMR 4.00: Social, Rehabilitation and Health Care Services 101 CMR [Pending]: Group Adult Foster Care Effective December 20, 2024 Page 16	6.00:Cost Reporting Requirements	Rewritten/restructured
6.01	6.01:General Provisions (1) Scope and Purpose. 957 CMR 6.00 governs the filing requirements for certain Providers to report their costs and other data to the Center for Health Information and Analysis. (2) Interpretation of Regulatory References. Any references to 114 CMR: Division of Health Care Finance and Policy shall, if necessary, be construed as referring to analogous regulations issued	6.01:General Provisions (1) Scope and Purpose. The purpose of 957 CMR 6.00 is to establish the filing requirements for certain Providers to report their costs and other data to the Center for Health Information and Analysis. (2) Applicability. This regulation is applicable to Type I, Type II, Type III Providers, Intermediate Care Facilities and any other Provider	Rewritten/restructured

	by EOHHS under the authority of M.G.L. c. 118E and appearing in 101 CMR: Executive Office of Health and Human Services.	determined by CHIA as subject to this regulation, whether or not that Provider is of a type specifically listed in 957 CMR 6.00. (3) Authority. This regulation is issued pursuant to M.G.L. c. 12C, including but not limited to, §§ 3, 5, and 22.	
6.02	6.02:Definitions All defined terms in 957 CMR 6.00 are capitalized. As used in 957 CMR 6.00, unless the context otherwise requires, the following words shall have the following meanings: ADH Provider. Any person, partnership, corporation, or other entity that is authorized in the Commonwealth of Massachusetts to engage in the business of furnishing Adult Day Health Services to the public and also meets such conditions of participation as may be adopted by a governmental unit. Effective December 20, 2024 Page 1 December 17, 2024 957 CMR: Center for Health Information and Analysis 957 CMR	6.02:Definitions All defined terms in 957 CMR 6.00 are capitalized. Any other term used in this regulation but not defined herein shall have the meaning given to the term by M.G.L. c. 12C, other CHIA regulations, or Sub-Regulatory Guidance. As used in 957 CMR 6.00, unless the context otherwise requires, the following words shall have the following meanings: Audited Financial Statements. A complete set of Financial Statements of an entity, including the notes to the Financial Statements, which are subject to an independent audit in accordance with Generally Accepted Auditing Standards (GAAS). The independent 1 Proposed Regulation November 21, 2025 957 CMR: Center for Health Information and Analysis 957 CMR	Rewritten/restructured
6.03	6.03:Reporting Requirements for Type I Providers Each Type I Provider shall file: (1) An annual Uniform Financial Statement and Independent Auditor's Report (UFR) completed in accordance with: (a) The filing requirements and schedule of 808 CMR 1.00: Compliance, Reporting and Auditing for Human and Social Services; and (b) Any special instructions appearing in the UFR Audit & Preparation Manual which may require that certain providers distinguish among certain of their cost centers or programs by filing separate UFR-Schedule Bs for each	6.03:Reporting Requirements for Type I Providers Each Type I Provider shall submit the following information to the Center: (1) An annual Uniform Financial Report (UFR) completed in accordance with: (a) The filing requirements and schedule of 808 CMR 1.00: Compliance, Reporting and Auditing for Human and Social Services; and (b) Any special instructions appearing in the UFR Audit & Preparation Manual, or other Sub-Regulatory Guidance issued by OSD, which may require that certain providers distinguish between their cost centers or programs by	Substantially revised

	<p>cost center or program; and (2) Any cost report supplemental schedule or any additional information requested by the Center within the timeframe specified by the Center on the request.</p>	<p>filing separate UFR-Schedule Bs for each cost center or program; and (2) Any supplemental schedule or any additional information requested by the Center, including through Sub-Regulatory Guidance, within the timeframe specified by the Center on the request. Type I Providers: Providers whose rates are governed by the following regulations (a) 101 CMR 305.00: Rates of Payment for Behavioral Health Services Provided in Community Behavioral Health Centers (b) 101 CMR 30</p>	
6.04	<p>6.04:Reporting Requirements for Type II Providers Each Type II Provider shall file the applicable reports listed in 957 CMR 6.00. Reports by Type II Providers are due within the timeframe specified by the Center or, if applicable, within the timeframe provided in 957 CMR 6.00.</p>	<p>6.04:Reporting Requirements for Type II Providers Each Type II Provider shall submit the following information to the Center: (1) Cost Report. A complete Cost Report for the prior Fiscal Year; (2) Financial Statements. Providers must submit copies of Audited Financial Statements and other external documentation supporting the accuracy of the data reported on the Cost Report. If no Audited Financial Statements are available, Providers must file reviewed or compiled Financial Statements. Other forms of acceptable documentation will be provided through Sub-Regulatory Guidance; and (3) Any supplemental schedule or any additional information requested by the Center, including through Sub-Regulatory Guidance, within the timeframe specified by the Center on the request. Type II Providers: Providers whose rates are governed by the following regulations (a) 101 CMR 204.00: Rates of Payment to Resident Care Facilities (b) 101 CMR 304.00: Rates for Community Health Centers (c) 101 CMR 310.00: Rates for Adult Day Health</p>	Rewritten/restructured

		<p>Services</p> <p>(d) 101 CMR 345.00: Rates for Temporary Nursing Services</p> <p>(e) 101 CMR 350.00: Rates for Home Health Services</p> <p>(f) 101 CMR 351.00: Rates for Certain Adult Foster Care Services (Includes AFC and GAFC providers)</p> <p>(g) 101 CMR 361.00: Rates for Continuous Skilled Nursing Agency and Independent Nursing Services</p> <p>(h) and any other Provider required by CHIA or EOHHS by statute, regulation, or SubRegulatory Guidance to report as a Type II Provider.</p>	
6.05	<p>6.05:Reporting Requirements for Type III Providers Effective December 20, 2024 Page 6 December 17, 2024 957 CMR: Center for Health Information and Analysis 957 CMR</p>	<p>6.05:Reporting Requirements for Type III Providers 4 Proposed Regulation November 21, 2025 957 CMR: Center for Health Information and Analysis 957 CMR</p>	Edited/updated language
6.06	<p>6.06:340B Covered Entities Each 340B Covered Entity shall file within 90 days following the end of its fiscal year a complete and accurate Cost Report and certified financial statements in the format specified by the Center. Each Provider shall also make available within the timeframe specified by the Center all records and books relating to said operations, including such data, statistics, and records as the Center may from time to time request.</p>	<p>6.06:Reporting Requirements for Intermediate Care Facilities</p> <p>(1) On an annual basis, each ICF shall file with the Center one copy of the ICF Cost Report in portable document format, within 120 days of the close of its fiscal year. The ICF Cost Report is to be completed in accordance with the instructions set forth therein and pursuant to requirements of Administrative Bulletin 97-1 and any pertinent administrative bulletins issued by EOHHS pursuant to 101 CMR 129.09: Administrative Bulletins.</p> <p>(2) Each ICF shall file, when required, trial balances and supplemental financial information to support the facility's ICF Cost Report filing.</p> <p>(3) Each ICF shall make available all books and records relating to its operation for audit and/or screening, if requested by the Center.</p>	Rewritten/restructured
6.07	6.07:Adult Day Health	6.07:Additional Information	Rewritten/restructured

	<p>An ADH Provider that was paid by a Governmental Unit for Adult Day Health Services provided in a prior Fiscal Year, and whose program operated for the entire prior fiscal year must submit the following information to the Center:</p> <p>(1) A complete Adult Day Health Center Cost Report for the prior Fiscal Year;</p> <p>(2) Financial Statements certified by a certified public accountant. In the absence of certified statements, the ADH Provider may submit uncertified financial statements or a Balance Sheet and Operating Statement prepared by the agency, and approved by the Center; and</p> <p>(3) Statistical data which shall be designated by the Center, including but not limited to the total number of resident days.</p>	<p>Each Provider shall also make available all records, books and reports relating to its operations, including such data and statistics as the Center may from time-to-time request, including through Sub-Regulatory Guidance, whether or not that Provider is of a type specifically listed in 957 CMR 6.00.</p>	
6.08	<p>6.08:Home Health Services</p> <p>(1) Required Reports. Each Home Health Provider or Home Health Agency must file the following information in a format specified by the Center:</p> <p>(a) The Nursing Service Cost Report for the agency's most recent fiscal year; and</p> <p>(b) A home health agency Cost Report (CMS 1728) in which the Continuous Skilled Nursing hours and costs are separated from the Home Health skilled nursing visits, costs and other statistics, and any supplemental schedules as supplied and/or required by the Center.</p> <p>(2) Financial statements. Home Health Agencies must submit copies of financial statements and other external documentation supporting the accuracy of the data reported on the cost report. Acceptable documentation includes one of the following items (in descending order of preference):</p> <p>(a) Audited, reviewed, or compiled financial statements prepared by a Certified Public Accountant;</p>	<p>6.08:Accuracy of Reported Data</p> <p>Any entity reporting data pursuant to 957 CMR 6.00 (i) certifies that an authorized representative of the entity submitted information and data to the Center, and (ii) attests that information and data submitted to the Center is true, correct, and complete.</p>	<p>Rewritten/restructured</p>

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6.09	<p>6.09:Intermediate Care Facilities</p> <p>(1) On an annual basis, each ICF shall file with the Center one copy of the ICF Cost Report in portable document format, within 120 days of the close of its fiscal year. The ICF Cost Report is to be completed in accordance with the instructions set forth therein and pursuant to requirements of Administrative Bulletin 97-1 and any pertinent administrative bulletins issued by EOHHS pursuant to 101 CMR 129.09: Administrative Bulletins.</p> <p>(2) Each ICF shall file, when required, trial balances and supplemental financial information to support the facility's ICF Cost Report filing.</p> <p>(3) Each ICF shall make available all books and records relating to its operation for audit and/or screening, if requested by the Center.</p>	<p>6.09:Financial Review</p> <p>The Center and EOHHS may conduct financial reviews to ensure accuracy and consistency in reporting. Providers must submit additional data and documentation relating to the Cost Report, the operations of the Provider and any Related Party as requested during a financial review even if the Center has accepted the Provider's Cost Reports. All Providers must maintain supporting documentation sufficient to demonstrate compliance with all provisions of 957 CMR 6.00.</p> <p>6 Proposed Regulation November 21, 2025 957 CMR: Center for Health Information and Analysis 957 CMR</p>	Rewritten/restructured
6.10	<p>6.10:Ambulance Services</p> <p>Each Eligible Provider of Ambulance and Chair Car Services, except Governmental Units, shall complete and file an ambulance service Cost Report and supplemental schedules as specified by the Center and within 60 days of the close of the Provider's fiscal year. The submission must include financial statements audited, certified, reviewed or compiled by a certified public accountant or copies of tax returns filed with the Internal Revenue Service for the reporting year.</p>	<p>6.10:Penalties</p> <p>(1) The Center may impose a fine of not less than \$100 nor more than \$500 on Providers that knowingly fail to file or that knowingly file falsified data.</p> <p>(2) If a Provider has, without just cause, refused to permit any examination or to furnish information to the Center, as required by 957 CMR 6.00, the Center may petition the Superior Court to issue an order directing all Governmental Units to withhold payment to the Provider until further order of the Court.</p> <p>(3) The Center may refer delinquent Providers to EOHHS, with recommendations that EOHHS impose penalties, including:</p> <p>(a) Reduction in delinquent Providers' rates;</p> <p>(b) Removal of delinquent Providers from the list of eligible Providers;</p>	Rewritten/restructured

		(c) Any other penalty authorized by M.G.L. c. 118E or applicable regulations. (3) The Center may refer a Provider that knowingly fails to file with the Center data, or knowingly falsifies data, to the appropriate licensing authority.	
6.11	<p>6.11:Community Health Centers</p> <p>(1) Required Reports: Existing CHC Providers.</p> <p>(a) Unless exempted, each CHC shall file with the Center the following information in a format specified by the Center:</p> <ol style="list-style-type: none"> 1. A community health center Cost Report and any supplemental schedules as supplied and/or required by the Center; and 2. A financial statement certified by a certified public accountant. In the absence of certified statements, the agency may submit uncertified statements or a Balance Sheet and Operating Statement prepared by the health center; <p>Effective December 20, 2024 Page 8 December 17, 2024 957 CMR: Center for Health Information and Analysis 957 CMR</p>	<p>6.11:Sub-Regulatory Guidance</p> <p>The Center may issue Sub-Regulatory Guidance to clarify its requirements, policies, and procedures under 957 CMR 6.00 and to set forth the required technical information, such as: data file format, record specifications, data elements, definitions, code tables and edit specifications for data and information submitted pursuant to 957 CMR 6.00.</p>	Rewritten/restructured
6.12	<p>6.12:AFC Providers</p> <p>Each Provider shall file an AFC Cost Report as required by the Center and on the date specified by the Center.</p>	<p>6.12:Severability</p> <p>The provisions of 957 CMR 6.00 are severable. If any provision or the application of any provision is held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions of 957 CMR 6.00 or the application of such provisions.</p> <p>REGULATORY AUTHORITY 957 CMR 6:00: M.G.L. c. 12C 7 Proposed Regulation, November 21, 2025</p>	Rewritten/restructured
6.13	<p>6.13:Resident Care Facilities</p> <p>(1) Required Reports.</p> <p>(a) Resident Care Facility Cost Report. Each Resident Care Facility must complete and</p>		Removed in proposed

	<p>file a Residential Care Cost Report each calendar year with the Center, containing the Resident Care Facility's claim for reimbursement and the complete financial condition of the Resident Care Facility, including all applicable management company, central office, and real estate expenses.</p> <p>(b) Realty Company Cost Report. A Resident Care Facility that does not own the real property of the Resident Care Facility, and pays rent to an affiliated or non-affiliated realty trust or other business entity, must file or cause to be filed a realty company Cost Report with the Center. If no report is filed, the Center will recommend that EOHHS should not reimburse the costs associated with the Resident Care Facility's rental expense.</p> <p>(c) Management Company Cost Report. A Resident Care Facility that claims management or central office expenses must file a separate management company Cost Report with the Center for each entity for which it claims management or central office expenses. If these costs are claimed for reimbursement, the Resident Care Facility must certify that costs are reasonable and necessary for the care of Publicly-aided Residents in Massachusetts.</p> <p>(2) General Cost Reporting Requirements. Effective December 20, 2024 Page 9 December 17, 2024 957 CMR: Center for Health Information and Analysis 957 CMR</p>		
6.14	6.14:Temporary Nursing Services See 101 CMR 345.00: Temporary Nursing Services.		Removed in proposed
6.15	6.15:Additional Information Each Provider shall also make available all records, books and reports relating to its operations, including such data and statistics as the		Removed in proposed

	Center may from time to time request, whether or not that Provider is of a type specifically listed in 957 CMR 6.00 or 957 CMR		
6.16	6.16:Accuracy of Reported Data All reports, schedules, additional information, books and records that are filed or made available to the Center will be certified under the penalties of perjury as true, correct, and accurate by the Executive Director, Financial Officer, owner, partner, or other officer or director of the Provider, as the Center may specify.		Removed in proposed
6.17	6.17:Audits Effective December 20, 2024 Page 12 December 17, 2024 957 CMR: Center for Health Information and Analysis 957 CMR		Removed in proposed
6.18	6.18:Extensions of Deadlines, Exemptions from Filing and Alternate Cost Reports (1) The Center may at its discretion grant allowances that: (a) Extend the filing due date to any Provider; (b) Exempt any Provider from some or all of the Cost-Reporting requirements of 957 CMR 6.00; or (c) Allow any Provider to file alternate Cost Reports in lieu of the Cost Reports specified in 957 CMR 6.00. (2) In exercising its discretion to grant allowances, the Center may consider the Provider(s) service volume, revenues, current MassHealth volumes and revenues, amount and value of uncompensated care, expenditures, hardship in filing or meeting filing deadlines, and any other relevant factors. (3) The Center may attach reasonable conditions or requirements to any allowance granted under this section. (4) The Center will limit the duration of any allowance to one fiscal year of the Provider(s) granted the allowance; however, the Center may renew		Removed in proposed

	<p>the Provider's allowance for an additional fiscal year following the expiration of the previous allowance.</p>		
6.19	<p>6.19:Penalties (1) The Center may impose a fine of up to \$500 on Providers that knowingly fail to file or that knowingly file falsified data. (2) If a Provider has without justifiable cause refused to furnish the Center with information, as required by 957 CMR 6.00, the Center may petition the Superior Court to issue an order directing all Governmental Units to withhold payment to the Provider until further order of the Court. (3) The Center may refer delinquent Providers to EOHHS, with recommendations that EOHHS impose penalties, including: (a) Reduction in delinquent Providers' rates; (b) Removal of delinquent Providers from the list of eligible Providers; (c) Any other penalty authorized by M.G.L. c. 118E or applicable regulations. Effective December 20, 2024 Page 13 December 17, 2024 957 CMR: Center for Health Information and Analysis 957 CMR</p>		Removed in proposed
6.20	<p>6.20:Administrative Bulletins The Center may issue Administrative Bulletins to clarify its policies on and understanding of substantive provisions of 957 CMR 6.00 and to specify information and documentation necessary to implement 957 CMR 6.00.</p>		Removed in proposed
6.21	<p>6.21:Severability The provisions of 957 CMR 6.00 are severable. If any provision or the application of any provision is held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions of 957 CMR 6.00 or the application of such provisions.</p>		Removed in proposed

	<p>REGULATORY AUTHORITY 957 CMR 6:00: M.G.L. c. 12C Effective December 20, 2024 Page 14 December 17, 2024 957 CMR: Center for Health Information and Analysis 957 CMR</p>		
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957 CMR 7.00 — Nursing Facilities Cost Reporting Requirements

Current: /mnt/data/957-7_current.pdf

Proposed: /mnt/data/957-7_proposed.pdf

Section-by-section (side-by-side) comparison. Text is extracted from CHIA PDFs; formatting/line breaks may differ from the official documents.

Section	Current language (excerpt/full section)	Proposed language (excerpt/full section)	Change note
7.00	7.00:M.G.L. c. 12C. Effective December 20, 2024 Page 14	7.00:M.G.L. c. 12C 10 Proposed Regulation, November 21, 2025	Substantially revised
7.01	7.01:General Provisions 957 CMR 7.00 governs the cost reporting requirements for Nursing Facilities.	7.01:General Provisions (1) Scope and Purpose. The purpose of 957 CMR 7.00 is to set forth reporting requirements for Nursing Facilities related to costs and other health care data and information. (2) Applicability. 957 CMR 7.00 applies to Nursing Facilities, as defined in section 7.02. (3) Authority. This regulation is issued pursuant to M.G.L. c. 12C, including but not limited to, §§ 3, 5, 8, and 11.	Rewritten/restructured
7.02	7.02:Definitions All defined terms in 957 CMR 7.00 are capitalized. As used 957 CMR 7.00, unless the context requires otherwise, terms have the following meanings: Additions. New Units or enlargements of existing Units that may or may not be accompanied by an increase in Licensed Bed Capacity. Adjudicatory Proceeding. A proceeding before an agency in which the legal rights, duties or privileges of specifically named persons or entities are required by constitutional right or by any provision of the General Laws to be determined after an opportunity for an agency hearing. Administrative and General Costs. Administrative and General Costs include the amounts reported in the following accounts: administrator salaries; payroll taxes - administrator; workers'	7.02:Definitions All defined terms in 957 CMR 7.00 are capitalized. Any other term used in this regulation but not defined herein shall have the meaning given to the term by M.G.L. c. 12C, other CHIA regulations, or Sub-Regulatory Guidance. As used in 957 CMR 7.00, unless the context requires otherwise, the following words shall have the following meanings: Adjudicatory Proceeding. A proceeding before an agency in which the legal rights, duties or privileges of specifically named persons or entities are required by constitutional right or by any provision of the General Laws to be determined after an opportunity for an agency hearing.	Rewritten/restructured

	<p>compensation - administrator; group life/health - administrator; administrator pensions; other administrator benefits; clerical; EDP/payroll/bookkeeping services; administrator-in-training; office supplies; phone; conventions and meetings; help wanted advertisements; licenses and dues (resident-care related); education and training - administration; accounting - other; insurance - malpractice; other operating expenses; realty company variable costs; management company allocated variable costs; and management company allocated fixed costs.</p> <p>Administrator-in-training. A person registered with the Board of Registration of Nursing Home Administrators and involved in a course of training as described in 245 CMR 2.00: Nursing Home Administrators.</p> <p>Effective December 20, 2024 Page 1 December 17, 2024 957 CMR: Center for Health Information and Analysis 957 CMR</p>	<p>Affiliated Entity. A person or entity that is not a Nursing Facility that owns, Controls, is Controlled by, or is under common Control with a Nursing Facility; or that has a material financial relationship with a Nursing Facility that affects the Nursing Facility's delivery of health care services. Affiliated Entities include but are not limited to Significant Equity Investors, Realty Companies, and Management Companies. A person or entity will not be deemed to be an Affiliated Entity solely by reason of having a contract for nonmanagement services (such as legal or accounting services) with a Nursing Facility.</p> <p>1 Proposed Regulation November 21, 2025 957 CMR: Center for Health Information and Analysis 957 CMR</p>	
7.03	<p>7.03:Reporting Requirements (1) Required Cost Reports (a) Nursing Facility Cost Report. Each Provider must complete and file a Nursing Facility cost report each calendar year with the Center. The Nursing Facility cost report must contain the complete financial condition of the Provider, including all applicable management company, central office, and real estate expenses. If a Provider has closed on or before November 30, the Provider is not required to file an HCF-1 report. (b) Realty Company Cost Report. A Provider that does not own the real property of the Nursing Facility and pays rent to an affiliated or non-affiliated realty trust or other business entity must file or cause to be filed a realty company cost report with the Center.</p>	<p>7.03:Reporting Requirements 4 Proposed Regulation November 21, 2025 957 CMR: Center for Health Information and Analysis 957 CMR</p>	Rewritten/restructured

(c) Management Company Cost Report. A Provider must file a separate management company cost report with the Center for each entity for which it reports management or central office expenses related to the care of Massachusetts Publicly-aided Residents. If the Provider identifies such costs, the Provider must certify that costs are reasonable and necessary for the care of Publicly-aided Residents in Massachusetts.

(d) Financial Statements. If a Provider or its parent organization is required or elects to obtain independent audited financial statements for purposes other than 957 CMR 7.00, the Provider must file a complete copy of its audited financial statements with the Center, that most closely correspond to the Provider's Nursing Facility cost report fiscal period. If the Provider or its parent organization does not obtain audited financial statements, the Provider must file with the Center a copy of its unaudited financial statements that most closely correspond to the Nursing Facility cost report fiscal period. Financial statements must accompany the Provider's Nursing Facility cost report filing. Nothing in this section shall be construed as an additional requirement that nursing homes complete audited financial statements solely to comply with the Center's reporting requirements.

(e) CMS-2540 Reports. State operated Nursing Facilities that meet the definition in 42 CFR 433.50(a)(i) must file a CMS-2540 report with the Center annually. The State operated Nursing Facility must report the final disposition made by the Medicare intermediary.

(2) General Cost Reporting Requirements

(a) Accrual Method. Providers must complete all required reports using the accrual method

	<p>of accounting.</p> <p>(b) Documentation of Reported Costs. Providers must maintain accurate, detailed and original financial records to substantiate reported costs for a period of at least five years following the submission of required reports or until the final resolution of any appeal of a rate for the period covered by the report, whichever is later. Providers must maintain complete documentation of all of the financial transactions and census activity of the Provider and affiliated entities including, but not limited to, the books, invoices, bank</p> <p>Effective December 20, 2024 Page 6 December 17, 2024 957 CMR: Center for Health Information and Analysis 957 CMR</p>		
7.04	<p>7.04:Filing Deadlines</p> <p>(1) General. Except as provided below, Providers must file required Cost Reports for the calendar year by 5:00 P.M. of April 1 of the following calendar year. If April 1 falls on a weekend or holiday, the reports are due by 5:00 P.M. of the following business day.</p> <p>(a) Hospital-Based Nursing Facilities. Hospital-Based Nursing Facilities must file Cost Reports no later than 90 days after the close of the hospital's fiscal year.</p> <p>(b) Appointment of a Resident Protector Receiver. If a receiver is appointed pursuant to M.G.L. c. 111, § 72N, the Provider must file Cost Reports for the current reporting period or portion thereof, within 60 of the receiver's appointment.</p> <p>(2) Extension of Filing Date. The Center may grant a request for an extension of the filing due date for a maximum of 30 calendar days. In order to receive an extension, the Provider must:</p> <p>(a) submit the request itself, and not by agent or other representative;</p> <p>(b) demonstrate exceptional circumstances that prevent</p>	<p>7.04:Data Submission Procedures 7 Proposed Regulation November 21, 2025 957 CMR: Center for Health Information and Analysis 957 CMR</p>	<p>Rewritten/restructured</p>

	<p>the Provider from meeting the deadline; and</p> <p>(c) file the request with the Center no later than 30 calendar days before the due date.</p> <p>(3) Administrative Bulletin. The Center may modify the filing deadlines by issuing an Administrative Bulletin 30 days prior to any proposed change.</p>		
7.05	<p>7.05:Incomplete Submissions</p> <p>If the Cost Reports are incomplete, the Center will notify the Provider in writing within 120 days of receipt. The Center will specify the additional information that the Provider must submit to complete the Cost Reports. The Provider must file the required information within 25 days of the date of notification or by April 1 of the year the Cost Reports are filed, whichever is later. If the Center fails to notify the Provider within the 120-day period, the Cost Reports will be considered complete and will be deemed to be filed on the date of receipt.</p>	<p>7.05:Financial Reviews</p> <p>The Center may conduct a Financial Review of a Nursing Facility to ensure accuracy and consistency in reporting required under 957 CMR 7.00. During the course of a Financial Review, a Nursing Facility must submit additional data and documentation relating to its financial and operational reporting, as well as that of any Related Party or Affiliated Entity, as requested by the Center and as necessary for the Center to evaluate the accuracy of the Nursing Facility's reporting. The Center reserves the right to conduct a Financial Review even if it has accepted the reviewed Nursing Facility's reporting prior to the initiation of such a Financial Review.</p> <p>Each Nursing Facility must maintain supporting documentation sufficient to demonstrate compliance with all provisions of 957 CMR 7.00.</p>	Rewritten/restructured
7.06	<p>7.06:Audits</p> <p>Effective December 20, 2024 Page 12 December 17, 2024 957 CMR: Center for Health Information and Analysis 957 CMR</p>	<p>7.06:Penalties</p> <p>The Center will provide written notice to Nursing Facilities that fail to comply with the reporting deadlines established in 957 CMR 7.00.</p> <p>(1) The Center will notify Nursing Facilities that failure to respond within two weeks of the written notice, without just cause, may result in penalties. In accordance with M.G.L. c. 12C, § 11, Nursing Facilities may be subject to a penalty of up to \$25,000 per week for each week that they fail to provide the required data and information.</p> <p>(2) Any remedy available under 957 CMR 7.00 is in addition to other sanctions and</p>	Rewritten/restructured

		<p>penalties that may apply under the provisions of other statutes and regulations. (3) A Nursing Facility that fails to comply with the requirements of 957 CMR 7.00 will be subject to all penalties and remedies allowed by law and the Center will take all necessary steps to enforce 957 CMR 7.06, including a petition to the Superior Court for an order enforcing the same. 9 Proposed Regulation November 21, 2025 957 CMR: Center for Health Information and Analysis 957 CMR</p>	
7.07	<p>7.07:Penalties (1) The Center may impose a fine of up to \$500 on Providers that knowingly fail to file or that knowingly file falsified data. (2) If a Provider has without justifiable cause refused to furnish the Center with information as required by 957 CMR 7.00, the Center may petition the Superior Court to issue an order directing all Governmental Units to withhold payment to the Provider until further order of the Court. (3) The Center may refer delinquent Providers to EOHHS, with recommendations that EOHHS impose penalties, including: (a) Reduction in delinquent Providers' rates; (b) Removal of delinquent Providers from the list of eligible Providers; and (c) Any other penalty authorized by M.G.L. c. 118E or applicable regulations. (4) The Center may refer delinquent Providers or Providers that knowingly file falsified information to the appropriate licensing authority, which may seek suspension or revocation of the Providers' license. (5) Before assessing a penalty, the Center shall notify the Provider that has failed to comply with the requirements of 957 CMR 7.00 that it has the right to</p>	<p>7.07:Severability The provisions of 957 CMR 7.00 are severable. If any provision or the application of any provision is held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions of 957 CMR #.00 or the application of such provisions. REGULATORY AUTHORITY 957 CMR</p>	Rewritten/restructured

	<p>request a hearing in accordance with M.G.L. c. 30A, § 10.</p> <p>(6) If a hearing is timely requested in writing, the Center, including through a Presiding Officer, will conduct the hearing in accordance with 801 CMR 1.00: Standard Adjudicatory Rules of Practice and Procedure. After the hearing, the Center shall render a written decision and may assess a civil penalty pursuant to 957 CMR 7.07(1).</p> <p>(7) After the issuance of a final decision, except where any provision of law precludes judicial review, a Provider aggrieved by such final decision may seek judicial review thereof in accordance with M.G.L. c. 30A, § 14.</p>		
7.08	<p>7.08:Administrative Bulletins</p> <p>The Center may issue Administrative Bulletins to clarify its policies on and understanding of substantive provisions of 957 CMR 7.00 and to specify information and documentation necessary to implement the data collection requirements of 957 CMR 7.00. Such bulletins shall be deemed to be incorporated in the provisions of 957 CMR 7.00.</p> <p>Effective December 20, 2024 Page 13</p> <p>December 17, 2024</p> <p>957 CMR: Center for Health Information and Analysis</p> <p>957 CMR</p>		Removed in proposed
7.09	<p>7.09:Severability</p> <p>The provisions of 957 CMR 7.00 are severable. If any provision of 957 CMR 7.00 or the application of any provision of 957 CMR 7.00 is held invalid or unconstitutional, such provision will not be construed to affect the validity or constitutionality of any other provision of 957 CMR 7.00 or the application of any other provision.</p> <p>REGULATORY AUTHORITY</p> <p>957 CMR</p>		Removed in proposed