CHIA Data User Workgroup

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February 24, 2026

Agenda

Announcements:

- CHIA Annual Data Release Status
- Reminder of the Application Submission Process
- Alert: AJPH State of Public Health Union Webinar
- Alert: CHIA's Latest Health Care and Human Services Workforce Survey
- Alert: Commonwealth Fund 2025 Scorecard on State Health System Performance
- Alert: AcademyHealth ARM 2026 Health Information Technology Interest Group Call for Abstracts
- Alert: AcademyHealth ARM 2026 Call for Late Breaking Abstracts
- Reminder: American Public Health Association 2026 Abstract Deadline

Data User Support Questions

- Departure Status Coding
- Joint Replacements
- Dental Claims
- Insurance Type Code Products

Q&A

Questions?

Announcements

CHIA.

CHIA ANNUAL DATA RELEASE STATUS (MA APCD)

MA APCD CALENDAR YEAR 2024 IS AVAILABLE
(2020-2024 DATA WITH SIX-MONTH RUN OUT THROUGH 2025)

This Annual Release includes medical, pharmacy and dental claims incurred between January 1, 2020, and December 31, 2024, and it includes six (6) months of run-out (paid claims through June 30, 2025). In addition to claims data, the release contains relevant reference files including member eligibility, providers, products, and benefit plans.

REMEMBER DATA USE STARTS WITH READING THE DOCUMENTATION

See: https://www.chiamass.gov/ma-apcd

MA APCD Calendar Year 2024 Documentation

- MA APCD CY 2024 Documentation Guide

- MA APCD CY 2024 Release Notes

- MA APCD CY 2024 Standardized Extract Data Specifications

- MA APCD Updated Master Patient Index and Data Exclusion

- MA APCD CY 2024 De-Identification Summary

CHIA Data User Workgroup ■ February 24, 2026

CHIA.

CHIA ANNUAL DATA RELEASE STATUS (CASE MIX)

ALL FY2024 CASE MIX DATABASES ARE AVAILABLE

The FY2024 case mix databases includes episodes of care that occurred between October 1, 2023, and September 30, 2024. In FY2024:

- Hospital inpatient acute care facilities reported a total of 766,685 discharges
- Hospital outpatient emergency departments reported a total of 2,254,190 visits
- Hospital outpatient observation stay units reported a total of 218,034 stays

See: https://www.chiamass.gov/case-mix-data

Case Mix Documentation

Hospital Inpatient Discharge Database (HIDD)
- FY24 Documentation Manual (PDF)
- FY24 Release Notes (PDF)
  (Updated 10/24/2025)

Emergency Department Database (EDD)
- FY24 Documentation Manual (PDF)
- FY24 Release Notes (PDF)

Outpatient Observation Database (OOD)
- FY24 Documentation Manual (PDF)
- FY24 Release Notes (PDF)

FY2025 CASE MIX DATA PRODUCTS IN PROGRESS

Case mix FY2025 (October 1, 2024, through September 30, 2025) hospital inpatient discharge data is targeted for release in June 2026, outpatient emergency department visit data in August 2026, and outpatient observation stay I September 2026.

REMINDER OF APPLICATION SUBMISSION PROCESS

The following webpage links provide the step-by-step instructions for non-government entities and government entities on how to apply for the case mix and MA APCD data.

NON-GOVERNMENT APPLICATIONS

https://www.chiamass.gov/non-government-agency-apcd-requests
https://www.chiamass.gov/non-government-agency-case-mix-requests

GOVERNMENT APPLICATIONS

https://www.chiamass.gov/government-agency-apcd-requests
https://www.chiamass.gov/government-agency-case-mix-requests

Application documents are no longer submitted to or managed through IRBNet.org. All application materials must now be emailed directly to CHIA. Even if you have previous application documents submitted to IRBNet which you are updating, those updates should also be emailed directly to CHIA.

❑ **Massachusetts Case Mix Data** application documents must be emailed to casemix.data@chiamass.gov.

❑ **Massachusetts All Payer Claims Data** application documents must be emailed to apcd.data@chiamass.gov.

ALERT: AJPH HOSTS STATE OF THE PUBLIC HEALTH UNION

State of the Public Health Union
Thursday, Feb. 26 | 3-4:30 p.m.
Register Now: APHA.org/SOTPHU

Speakers

Dr. Jerome Adams   Dr. Mandy Cohen   Dr. Tom Frieden   Dr. Robert Redfield

Moderators
Dr. Denys T. Lau
Dr. Bisola Ojikutu-Long
Dr. KD Frick

The <u>American Journal of Public Health</u> this Thursday, Feb. 26 from 3-4:30 p.m. ET will host the State of the Public Health Union address, which coincides with the Journal's 115th Anniversary Celebration! This year's theme is "**Making Public Health Work for Everyone: Conversations with Former Federal Public Health Leaders in Republican and Democratic Administrations.**"

The speakers include:

- Tom Frieden, Resolve to Save Lives, Former CDC Director (2009-2017); President and CEO of Resolve to Save Lives; Author of The Formula for Better Health: How to Save Millions of Lives--Including Your Own
- Jerome Adams, Purdue University, Former U.S. Surgeon General (2017-2021) and former Indiana State Health Commissioner; and current Executive Director of Health Equity Initiatives at Purdue University
- Robert Redfield, Former CDC Director (2018- 2021), current Senior Visiting Fellow for Biosecurity and Public Health Policy at the Heritage Foundation
- Mandy Cohen, Former CDC Director (2023- 2025), current National Advisor at Manatt Health and Advisor for the Governors Public Health Alliance

To register, see: <u>https://www.apha.org/events-and-meetings/apha-calendar/2026-ajph-annual-state-of-the-public-health-union</u>

ALERT: CHIA'S LATEST MASSACHUSETTS HEALTH CARE AND HUMAN SERVICES WORKFORCE SURVEY IS NOW AVAILABLE

CHIA has released the results from the latest **Massachusetts Health Care and Human Services Workforce Survey** (MHCW). The interactive dashboard includes findings on staffing capacity and demographics in **13 key sectors, plus, cross-sector statewide information.**

Massachusetts health care providers are experiencing unprecedented workforce challenges which have clear consequences for access to care, quality of care, cost, and health outcomes.

The biennial MHCW, first fielded in 2023, provides a critical fact base to inform policies and programs and support ongoing monitoring of workforce trends in the health and human service sectors.

See: https://www.chiamass.gov/massachusetts-healthcare-workforce-survey
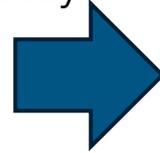
Statewide
Acute Care Hospitals
Adult Day Health
Ambulatory Surgical Centers
Behavioral Health ABH
Behavioral Health Hospitals
Community Health Centers
Dental Practices
Emergency Medical Services
Home Health Care
Human Services
Nursing Homes
Primary Care
Public Hospitals

2025 Massachusetts Health Care and Human Services Workforce Dashboard

The Massachusetts Health Care and Human Services Workforce Survey (MHCW) was fielded in 2025 to collect information on staffing capacity and diversity across 13 key sectors. These results provide a critical fact base to inform policies and programs and support ongoing monitoring of workforce trends in the health care and human services sectors.

Select a sector or the statewide summary to view results.

ALERT: Commonwealth Fund 2025 Scorecard on State Health System Performance

See: https://www.commonwealthfund.org/publications/scorecard/2025/jun/2025-scorecard-state-health-system-performance

How the health system is working in

Massachusetts

Using the most recent available data, see the indicators where your state performed best — and where there is room to improve.

The Commonwealth Fund

Massachusetts ranks #1 overall.

	National rank	Rank among New England states
Access & Affordability	1 of 51	1 of 6
Prevention & Treatment	2	1
Avoidable Hospital Use & Cost	35	3
Healthy Lives	1	1
Income Disparity	7	2
Racial Health Equity	2	1

Massachusetts ranks #1 in the New England region.

Note: New England region includes CT, ME, MA, NH, RI, VT.

Massachusetts ranks #1 overall nationally on the 2025 Commonwealth Fund State Health System Scorecard, with strong performance in access, prevention, treatment, and health outcomes, including the lowest uninsured rates and top rankings for infant mortality and preventable deaths. However, among the weaknesses mentioned are high readmission rates among adults age 65+, and persistent disparities in mental health access.

CHIA.

ALERT: ACADEMYHEALTH HEALTH INFORMATION TECHNOLOGY INTEREST GROUP CALL FOR ABSTRACTS FOR ARM 2026

Reminder! The deadline is fast approaching! **The AcademyHealth Health Information Technology Interest Group** is still accepting abstracts for presentation at the 2026 Annual Research Meeting in Seattle (May 30 – June 2, 2026), but only for a little longer!

Submission Deadline: Saturday, February 28 at 11:59 PM ET
Submission Link: https://forms.gle/8e3CcSbg9Mj38Jhw9

This is your chance to share your cutting-edge work with a national audience of researchers, policymakers, innovators, and leaders shaping the future of digital health and health information technology.

What They Are Looking For:
- Digital health and health information technology
- Federated learning and privacy-preserving analytics
- AI and machine learning in health services research
- Outcomes research, economic evaluations, and more
- 500-word abstract limit with required headings: Research Objective, Study Design, Population Studied, Principal Findings, Conclusions, and Implications for Health Policy or Practice
- Multiple submissions allowed (one accepted per person/team)

ALERT: ACADEMYHEALTH ISSUES CALL FOR LATE BREAKING ABSTRACTS FOR ARM 2026

Submissions are now open for Late-Breaking Abstracts (LBAs) at the 2026 Annual Research Meeting. LBAs are submitted to a theme for consideration for podium or poster presentation. Up to four abstracts accepted for podium presentation are grouped according to topic area. All accepted presenters are expected to attend in person.

Submission Deadline: Wednesday, March 11, 2026, at 5:00 p.m. ET
Notifications: Mid April 2026

Will Your Late-Breaking Research Qualify?
According to AcademyHealth, to qualify for presentation as a Late-Breaking Abstract, the submitted research should be likely to have a significant impact on the research community and/or represent a major advance or new finding for which the data or analyses were not available by the regular call for presentations deadline of January 6, 2026. During the submission process, you will be asked to explain why your data/analyses were not available by the original call for presentations deadline, and why your abstract should qualify as late-breaking. Failure to speak to this point directly will affect your likelihood of being accepted.

Link to submit abstract: https://academyhealth.confex.com/academyhealth/2026arm/late/papers/

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

Abstract Submission

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

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

APHA 2026
ANNUAL MEETING & EXPO

Together We Thrive: Health Across the Lifespan

San Antonio | November 1-4, 2026

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

APHA 2026 CALL FOR ABSTRACTS

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

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

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

- **Abstract Submission Deadline** — Tuesday, March 31, 2026, 11:59 PM (PDT). **There will be no extensions.**

- **Abstract Notification** — Presenters will be notified of abstract status via email on **Tuesday, June 2, 2026.**

Questions?

Data User Support Questions

CHIA.

Question: As part of my study on gaps in access to care, which is typically framed as patients who never reach a healthcare facility, I am focusing on patient arrivals at a facility who leave without being seen or whose care is not completed. I would like to know the quality of departure-status coding related to 'eloped/left against medical advice' in CHIA's case mix data.

Answer: For all three case mix databases, the patient status/departure status code fields in the filing specifications are designated as a 'Error Type A' which requires a high level of completeness or the submission will be rejected. For example, in looking at the past seven years of data, the field is 99.9% complete. It is important to note that while all three databases have a left against medical advice (AMA) code, only the outpatient emergency department visit data has an eloped code. **See Table 1 below**. Also keep in mind that the two departure status codes reflect fundamentally different patient behaviors and clinical situations, which affects how the events are interpreted, documented, and analyzed. **Table 2 below** shows the differences in how the **Joint Commission on Accreditation of Healthcare Organizations** defines elopement and against medical advice.

TABLE 1. CASE MIX DATA ELOPED AND LEFT AGAINST MEDICAL ADVICE CODING OPTIONS

Database	Field Name	Error Type	Coding Options
Hospital Inpatient Discharge Data	Patient Status	A	Code '07'=AMA
Outpatient Emergency Department Visit Data	Departure Status	A	Code '4'=AMA, Code '6'=Eloped
Outpatient Observation Stay Data	Departure Status	A	Code '4'=AMA

TABLE 2. DIFFERENCE IN HOW THE JOINT COMMISSION* DEFINES ELOPEMENT AND AMA

Status	Definition
Elopement	When a patient wanders away, walks away, runs away, escapes, or otherwise leaves the hospital unsupervised, unnoticed, and/or prior to their scheduled discharge.
AMA	When a patient checks out of a hospital against the doctor's advice.

Source Joint Commission's 2025 Manual: https://manual.jointcommission.org/releases/TJC2025B/AppendixDTJC.html
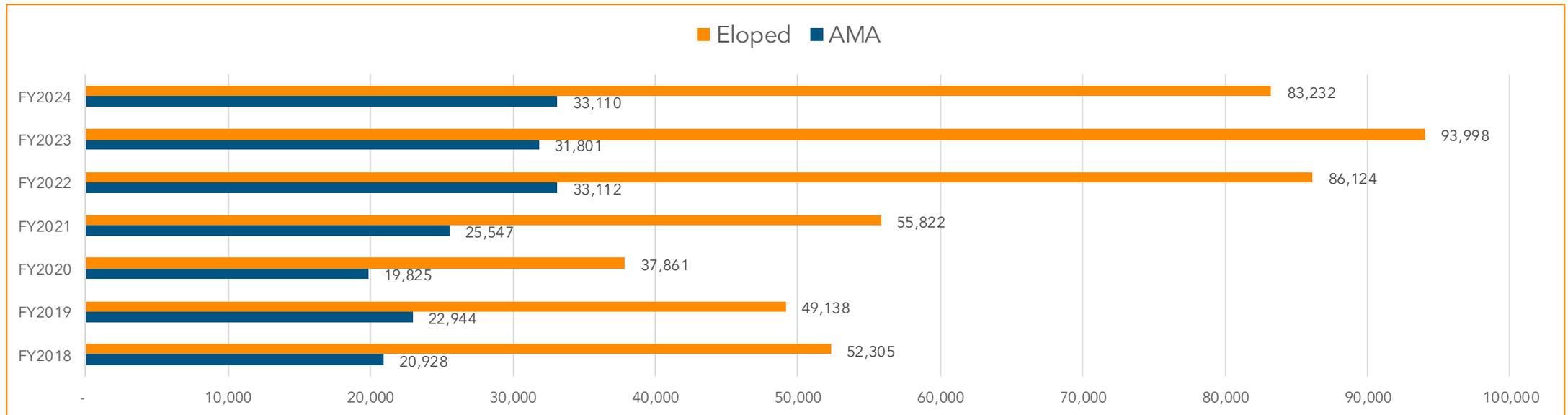
Answer *(continued)***:** From FY2018–FY2024 in the outpatient ED data, the AMA rate increased from 0.85% to 1.47% of total visits, while the elopement rate rose from 2.13% to 3.69%. **See Table 1 below.** Across the seven-year period, these rate changes correspond to a 58.8% increase in AMA counts and a 59.0% increase in elopement counts. ED elopements are increasing faster (higher average annual rate gain) and more (larger volume increase) than AMAs over the seven-year period. **See Figure 1 below.**

TABLE 1. FY2018-2024 OUTPATIENT ED PERCENT VOLUME PATIENT AMA AND ELOPEMENTS

Departure Status	FY2024	FY2023	FY2022	FY2021	FY2020	FY2019	FY2018
AMA	1.47%	1.42%	1.51%	1.29%	1.00%	0.95%	0.85%
Eloped	3.69%	4.21%	3.93%	2.82%	1.91%	2.03%	2.13%
Total ED Visits	2,254,190	2,233,372	2,189,277	1,980,393	1,980,640	2,419,170	2,455,500

FIGURE 1. FY2018-2024 CHANGE IN OUTPATIENT ED VOLUME OF PATIENT AMA AND ELOPEMENTS

Eloped ■ AMA

FY2024: 33,110 (AMA), 83,232 (Eloped)
FY2023: 31,801 (AMA), 93,998 (Eloped)
FY2022: 33,112 (AMA), 86,124 (Eloped)
FY2021: 25,547 (AMA), 55,822 (Eloped)
FY2020: 19,825 (AMA), 37,861 (Eloped)
FY2019: 22,944 (AMA), 49,138 (Eloped)
FY2018: 20,928 (AMA), 52,305 (Eloped)

answer continued →

Answer *(continued)***:** From FY2018 to FY2024, unlike HIDD and OSD, the AMA rates in HIDD fell from 0.15% to 0.09% (−40.0%), while OSD rose from 1.96% to 2.45% (+25.0%), and ED rose from 0.85% to 1.47% (+72.9%). Outpatient ED experienced the largest relative increase in AMA rate, while OSD had a modest increase, and HIDD declined over the seven-year period. **See Table 1 below**.

TABLE 1. COMPARISON OF CHANGE IN AMA VOLUME IN HIDD, OSD, AND ED

Hospital Inpatient Discharge Data						
Departure Status	**FY2024**	**FY2023**	**FY2022**	**FY2021**	**FY2020**	**FY2019**	**FY2018**
AMAs	712	509	627	652	868	1,624	1,222
Total Discharge Volume	766,685	744,336	729,319	752,157	748,320	809,331	809,270
AMA Percent	0.09%	0.07%	0.09%	0.09%	0.12%	0.20%	0.15%
Outpatient Observation Stay Data							
Departure Status	**FY2024**	**FY2023**	**FY2022**	**FY2021**	**FY2020**	**FY2019**	**FY2018**
AMAs	5,335	5,142	4,726	4,333	3,898	4,380	4,183
Total Stay Volume	218,034	221,217	187,099	186,757	183,567	216,037	213,639
AMA Percent	2.45%	2.32%	2.53%	2.32%	2.12%	2.03%	1.96%
Outpatient Emergency Department Data							
Departure Status	**FY2024**	**FY2023**	**FY2022**	**FY2021**	**FY2020**	**FY2019**	**FY2018**
AMAs	33,110	31,801	33,112	25,547	19,825	22,944	20,928
Total ED Visits	2,254,190	2,233,372	2,189,277	1,980,393	1,980,640	2,419,170	2,455,500
AMA Percent	1.47%	1.42%	1.51%	1.29%	1.00%	0.95%	0.85%

Question: I am analyzing inpatient and standalone surgical center joint replacements and would like to know the different types of codes used in the MA APCD to differentiate joint replacements in CPT and ICD-10-PCS coding. I want to understand the distinctions to accurately classify separate primary from revision surgeries and avoid miscounting volumes in my analysis.

Answer: Table 1 below has the CPT codes and Table 2 on the following page has the ICD-10-PCS Codes.

TABLE 1. CPT TABLE – HIP & KNEE REPLACEMENT TYPES

Procedure Type	CPT Code(s)	Notes
Primary Total Hip Arthroplasty (THA)	27130	Standard primary total hip replacement.
Hemiarthroplasty (Partial Hip)	27125	Femoral head replacement only.
Hip Resurfacing	27130	No distinct CPT code; billed under primary THA.
Revision THA – Acetabular or Femoral Component Only	27134	Covers revision of one component.
Revision THA – Both Components	27134	Same CPT; intraoperative documentation determines components.
Primary Total Knee Arthroplasty (TKA)	27447	Standard primary total knee replacement.
Unicompartmental (Partial) Knee Arthroplasty	27446	Medial or lateral unicondylar knee replacement.
Patellofemoral Arthroplasty	27438	Patella–femoral joint replacement.
Revision TKA – One Component	27486	Replacement of one knee prosthetic component.
Revision TKA – All Components	27487	Replacement of all major components.
Computer-Assisted Navigation (Add-On)	20985	Optional add-on; not a replacement code.
Robotic Assistance (e.g., MAKO)	S2900	Optional HCPCS; many payers do not reimburse.

Answer (continued): In ICD-10-PCS, there are approximately 245 codes ('0SR%') for various joint replacements and 741 codes ('0SW%') for various revisions . A general aggregation is shown below in the final character defaults to 'Z' when no qualifier applies, and it is replaced only when the PCS table specifies a different qualifier for that specific section, body part, device, and approach. Qualifiers identify additional procedural details such as component involvement, graft type, cemented vs. uncemented devices, unicondylar vs. total replacements, or the use of spacers. Common qualifier letters include 9 (cemented), A (uncemented), E (articulating spacer), L (medial unicondylar), M (lateral unicondylar), and N (patellofemoral component.

TABLE 2. ICD-10-PCS TABLE – HIP & KNEE REPLACEMENT TYPES* (INPATIENT ONLY)

Procedure Type	ICD-10-PCS	Key Coding Details
Primary Total Hip Replacement	0SR90Z	Root operation Replacement (R) of hip joint (S), open approach (0). Device character varies: A = Cemented, J = Uncemented, C = Synthetic, etc.
Hemiarthroplasty (Femoral Head Only)	0SRB0Z	Replacement of femoral head only (body part B). Same device rules.
Hip Revision – Acetabular Component	0SW90Z	Root operation Revision (W). Body part (9 = acetabulum).
Hip Revision – Femoral Component	0SWB0Z	Same as above but body part B (femoral head).
Hip Resurfacing	0SM90Z	Root operation Supplement (M) instead of Replacement.
Primary Total Knee Replacement	0SRC0Z	Replacement of knee joint. Body part C = right knee, D = left knee. Device character indicates cemented/uncemented.
Unicompartmental Knee (Medial)	0SRB0Z	Medial femoral condyle or medial compartment, depending on body-part mapping.
Unicompartmental Knee (Lateral)	0SRC0Z	Lateral compartment (varies by laterality).
Patellofemoral Replacement	0SRE0Z	Patella/femoral trochlea replaced.
Knee Revision – Tibial Component	0SWC0Z	Revision of tibial component.
Knee Revision – Femoral Component	0SWD0Z	Revision of femoral component.
Robotic Assistance	8th character: 0 (none), 1 (robotic)	There is not ICD-10-CM code for Makoplasty robotic assistance for knee replacement

*For more information, see the American Academy of Professional Coders (AAPC): https://www.aapc.com/codes/pcs-codes-list/0SRC*

answer continued ⟶

CHIA.

Answer (continued): Both CMS MS-DRGs and 3M APR-DRGs, which classify inpatient hospitalizations based on clinical factors and resource utilization, have specific DRGs to group episodes of care involving joint replacements. By filtering inpatient hospital discharge data by DRG codes, you can aggregate and compare volumes of hip and knee replacements across hospitals longitudinally. It is important to note that the according to a report using the American Joint Replacement Registry is held and overseen by the American Academy of Orthopedic Surgeons, since 2022, there has been a 70% increase in joint replacement surgeries performed at outpatient ambulatory surgical centers. The inpatient decrease is reflected in HIDD as shown in **MS-DRGs 468, 469, and 470**. However, revisions due to complications and comorbidities have not decreased, as shown in **MS-DRGs 466 and 467**.

FIGURE 1. FY2015 THROUGH FY2024 HIDD (INPATIENT ONLY) KNEE AND HIP REPLACEMENTS/REVISIONS BY MS-DRG

MS DRG	Definition
466	Revision of hip or knee replacement w MCC
467	Revision of hip or knee replacement w CC
468	Revision of hip or knee replacement w/o CC/MCC
469	Major hip and knee joint replacement or reattachment of lower extremity w MCC or total ankle replacement
470	Major hip and knee joint replacement or reattachment of lower extremity w/o MCC

MS DRG 466

MS DRG 467

MS DRG 468

MS DRG 469

MS DRG 470
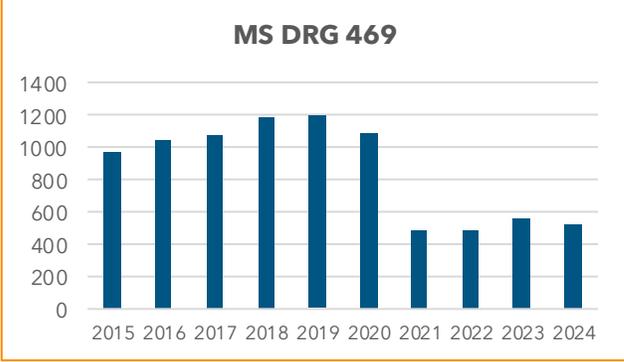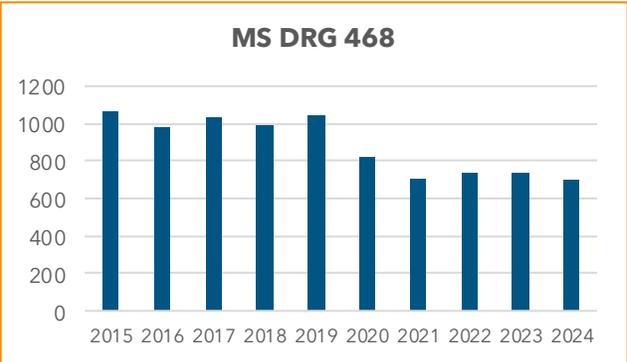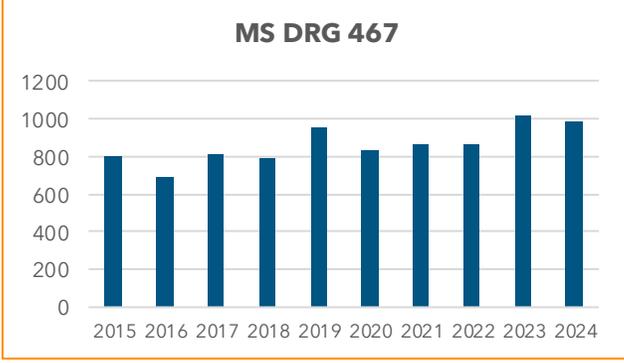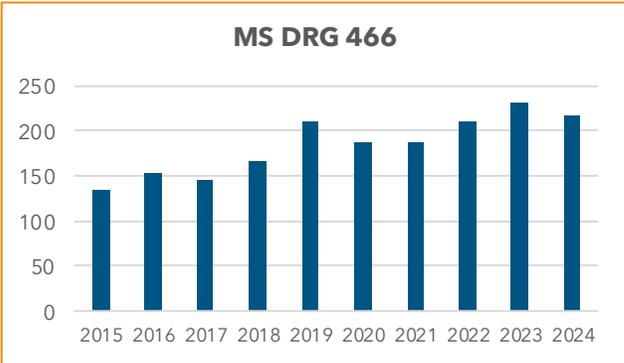
Question: I am studying cash payments that occur at dental schools for walk-in patients. If a patient pays for dental services out of pocket in cash to an out-of-network provider, and later submits the receipt for reimbursement, will those services appear in the insurance carrier's dental claims data once the reimbursement is processed?

Answer: Yes, once the patient submits a claim form and itemized receipt for reimbursement, the insurance carrier reviews the documentation as if it were a standard out-of-network (OON) claim.

If the insurer approves reimbursement:
- A claim is created in the carrier's system.
- This is required for the insurer to adjudicate, document, and track the payment.
- The claim receives a claim number, service dates, procedure codes, allowed amounts, and payment details.
- That adjudicated claim becomes part of the insurer's official claims database, just like any other out-of-network dental claim.
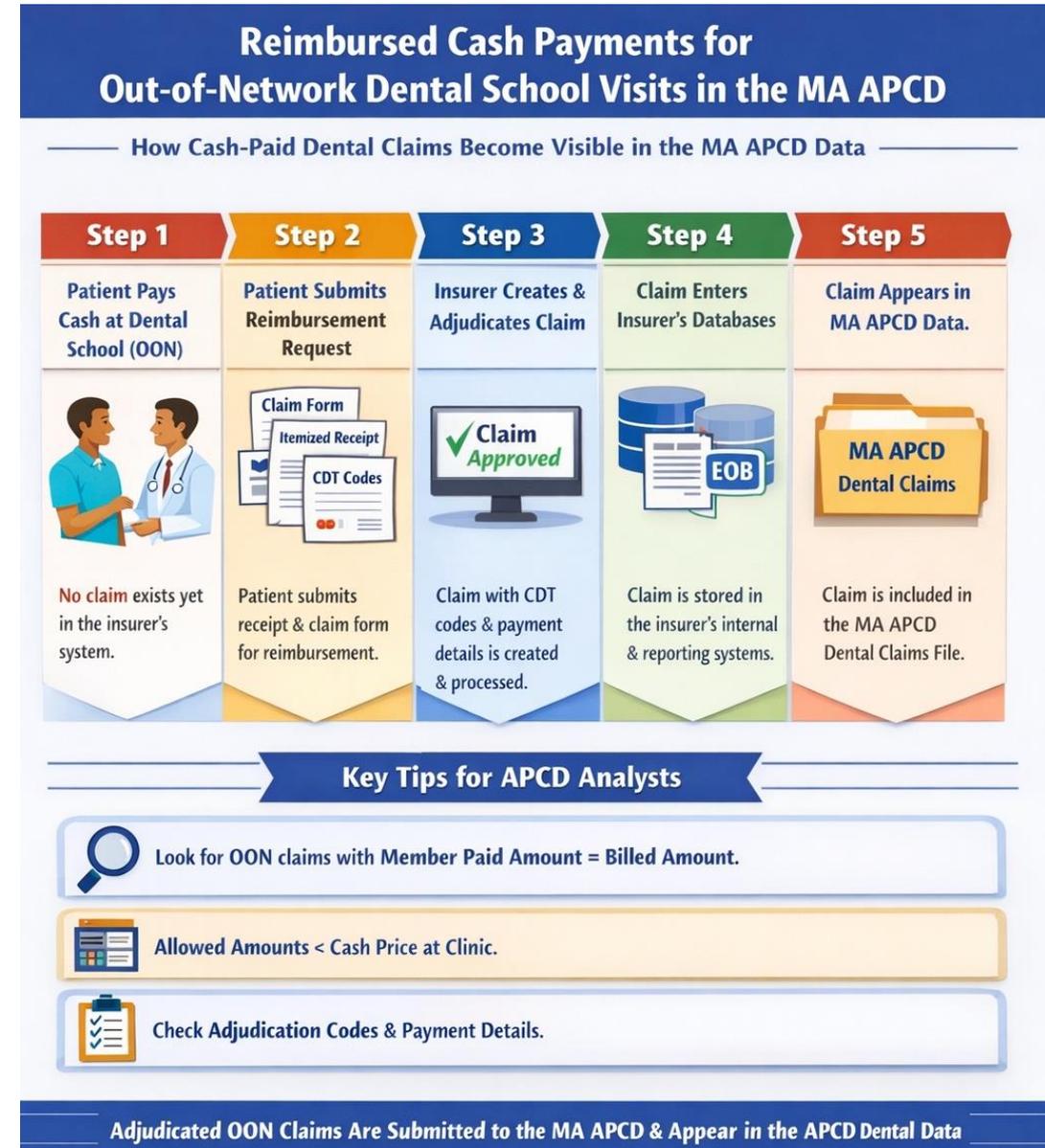
The claim will also show up on:
- the patient's Explanation of Benefits (EOB)
- any insurer-maintained analytics datasets
- regulatory claim submissions, if applicable
- any data extracts given to providers or purchasers

Answer *(continued):* This infographic explains how a cash-paid, out-of-network dental school visit becomes a reimbursed claim that ultimately appears in the MA APCD dental data. It outlines each step from the patient's payment and reimbursement request through claim creation and adjudication.

The Key Tips section highlights specific APCD-relevant fields analysts can use to identify these claims, such as Billed Amount, Member Paid Amount, Allowed Amount, and Paid Amount, which typically show a pattern of the Member Paid Amount equaling the full cash price and the Allowed Amount being lower.

Reimbursed Cash Payments for Out-of-Network Dental School Visits in the MA APCD

— How Cash-Paid Dental Claims Become Visible in the MA APCD Data —

Step 1	Step 2	Step 3	Step 4	Step 5
Patient Pays Cash at Dental School (OON)	Patient Submits Reimbursement Request	Insurer Creates & Adjudicates Claim	Claim Enters Insurer's Databases	Claim Appears in MA APCD Data.
No claim exists yet in the insurer's system.	Patient submits receipt & claim form for reimbursement.	Claim with CDT codes & payment details is created & processed.	Claim is stored in the insurer's internal & reporting systems.	Claim is included in the MA APCD Dental Claims File.

Key Tips for APCD Analysts

- Look for OON claims with Member Paid Amount = Billed Amount.
- Allowed Amounts < Cash Price at Clinic.
- Check Adjudication Codes & Payment Details.

Adjudicated OON Claims Are Submitted to the MA APCD & Appear in the APCD Dental Data

Question: Not all Insurance Type Code Products (ISCP) in the member eligibility filing specifications are in the data. "MO" (Medicaid Managed Care Organization) is not used. Can I confirm that the full specification options are not used?

INSURANCE TYPE CODE PRODUCT

Answer: Although 'MO' exists in the filing specifications, Medicaid Manage Care Organizations (MCO) are using the coding option of '4' in the APCD ID Code field to indicate they are an MCO. In the ISCP field, they are using either MC, HN, 20, or SC . In the Calendar Year 2024 MA APCD, Table 1 indicates the codes used in the member eligibility data and Table 2 the ones not used.

Code	Table 1. Insurance Type Code Products used in CY2024
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	HMO Medicare Advantage
17	Dental Maintenance Organization (DMO)
20	Medicare Advantage PPO
30	Accountable Care Organization (ACO) - MassHealth
HM	Health Maintenance Organization
HN	HMO Medicare Risk/Medicare Part C
IC	Integrated Care Organization
MB	Medicare Part B
MC	Medicaid
MD	Medicare Part D
MP	Medicare Primary
MS	Medicare Secondary Plan
SC	Senior Care Option
SP	Supplemental Policy
TF	HSN Trust Fund
ZZ	Other

Code	Table 2. Insurance Type Code Products not used
09	Self-pay
10	Central Certification
11	Other Non-Federal Programs
21	Medicare Advantage Private Fee for Service
AM	Automobile Medical
BL	Blue Cross / Blue Shield *
CC	Commonwealth Care **
CE	Commonwealth Choice
CH	CHAMPUS
CI	Commercial Insurance
DS	Disability
LI	Liability
LM	Liability Medical
MA	Medicare Part A
MO	Medicaid Managed Care Organization
OF	Other Federal Program (e.g. Black Lung)
QM	Qualified Medicare Beneficiary
TV	Title V
VA	Veterans Administration Plan
WC	Workers' Compensation

NOTE: *The carrier Blue Cross/Blue Shield (OrgID 291) uses codes 12, 13, 15, 16, 20, and HM. **The carrier Commonwealth Care (Org ID10728) uses codes IC and SC.

CHIA.

WHEN IS THE NEXT DATA USER WORKGROUP MEETING?

NEXT CHIA DATA USER WORKGROUP MEETING MONDAY, MARCH 24, 2026

https://www.chiamass.gov/ma-apcd-and-case-mix-user-workgroup-information

Questions

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

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