

# APCD USER WORKGROUP

---

Amy Wyeth (Special Projects Analyst)

Don Kirkwood (Manager of Data Release and Procurement)

Sylvia Hobbs (Manager of User Support)

Scott Curley (Manager Privacy & Compliance)

January 28, 2020

# Agenda

---

- Announcements:
  - APCD Release 8.0 Updates
  - FY19 Case Mix Release Projections
- Website Updates
- Application Reminders
- User Support Questions
- Q&A

# MA APCD Release 7.0

---

- Available NOW
- Encompasses data on services from January 2013 – December 2017 with six months of claim runout (includes paid claims through 6/30/18)
- Release Documentation and Data Specifications have been posted to the website: <http://www.chiamass.gov/ma-apcd/>
- Apply now by listing 2017 (and any other years you want from Release 7.0) in the “Years Requested” section of the current application form available here: <http://www.chiamass.gov/application-documents>

# MA APCD Release 8.0

---

- Available **Winter 2019/2020**
- Applicants with *approved projects* that require updated APCD data (Release 8.0) should submit to CHIA a completed Exhibit B (*Certificate of Continued Need and Compliance*) of the Data Use Agreement. After submitting a completed Exhibit B you will receive an invoice (if applicable) for the requested data. Upon payment of the invoice the order for the data will be placed.
- **Release 8.0** includes data on services from January 2014 – December 2018 with six months of claim runout (includes paid claims through 6/30/19).
- Will be linkable to Release 7.0 via crosswalk
- Additional information on highlights and enhancements will be presented in future APCD User Workgroups.

# Case Mix FY19 Release

---

\*CURRENT\* RELEASE TIMEFRAMES FOR EACH FILE:

- Inpatient (HIDD)  
**July 2020**
- Emergency Department (ED)  
**August 2020**
- Outpatient Observation (OOD)  
**October 2020**



# AVAILABLE NOW: Website Release Updates

- Updates on the production of APCD and Case Mix databases and status of data requests are now posted to CHIA's website!
  - **Aim #1** is to provide weekly or bi-weekly status update on CHIA data products as they are in development.
  - **Aim #2** is to provide applicants with information about expected fulfillment status for individual data requests.
  - Request IDs will be communicated to Data Requestors via email.

## File Extract Requests in Process

This information was updated on: 1/17/2020

Sequence Blocks	Request ID	Extract Type	Applicant Type	Status
-	239	CaseMix - HIDD	Government	Recently Completed
-	240	CaseMix - HIDD	Government	Recently Completed
1	328	APCD	Researcher	Active
2	327b	APCD	Researcher	Active
3	TBD	CaseMix - HIDD	Government	Active
4	329	APCD	Researcher	Pending
4	329b	APCD	Researcher	Pending
5	326	APCD	Researcher	Pending

- Have you found the new format helpful?

# APPLICATION REMINDERS

---

# Fee Waiver Request Reminders

---

1. If you're submitting a request for a fee waiver, remember to include the fee remittance form in your application package on IRBNet.
2. Remember to submit supporting documentation (if required).
3. If you're requesting a financial hardship waiver, remember to submit information detailing your project's financial situation (examples: project budget, grant funding, organizational / departmental funding). Also request to pay a specific price that you reasonably believe you're able to afford to contribute.
4. CHIA generally does not offer full financial hardship fee waivers. We expect all applicants to have made an attempt to find funding to cover the full cost of the data fees.
5. Fee waiver requests can take some time to process – especially financial hardship requests.



# USER QUESTIONS

---



AIR  
MEDICAL

**Question:** I am using revenue codes to determine air medical transports and not finding the anticipated volume in the APCD. Is air medical ambulance data not fully included in the MA APCD?

**Answer:** Revenue codes are only used for air (or ground) ambulance medical claims if the ambulance provider is billing through an inpatient care provider and such claims account for only a small portion of the ambulance billing. In the MA APCD, 98% of ambulance claims (which are for prehospital outpatient medical care and transport) do not have a revenue code. There are ambulance claims in the MA APCD from providers in all 50 states including the District of Columbia. If you exclude ground transport and filtered by the common HCPCS procedure codes used to identify a rotary wing or fixed wing air medical providers (**see Table 1 below**), you will still find service providers in all 50 states including DC. The largest volume air medical service provider in Massachusetts and the entire New England region is the non-profit Boston Medflight incorporated as New England Life Flight. Outside of Massachusetts the largest volume provider is the for-profit Air Methods with subsidiaries appearing in the MA APCD as Rocky Mountain Holdings, Native American Air, Mercy Air and LIFENET.

**TABLE 1: Common Procedure Codes found on Air Medical Claims**

Procedure Code	Description
A0436	Rotary wing air mileage, per statute mile
A0435	Fixed wing air mileage, per statute mile
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)

answer continued





AIR  
MEDICAL

**Answer:** (continued) The MA APCD has a field called “**Site of Service - on NSF/CMS 1500 Claims**” (MC037) required based on the value in the field “**Type of Claim**” (MC094). MC094 defines the type of claim for which the payment is submitted based on the following values:

<u>Value</u>	<u>Description</u>
<b>001</b>	<b>Professional</b>
002	Facility
003	Reimbursement Form

If the **Type of Claim** is **001**, then **Site of Service - on NSF/CMS 1500 Claims** is required. The Site of Service field has two coding options related to ground and air ambulance claims:

<u>Value</u>	<u>Description</u>
41	Ambulance Land
<b>42</b>	<b>Ambulance – Air or Water</b>

Additional information on air medical services can be found in DPH’s Massachusetts Ambulance Trip Record Information System (see <https://www.mass.gov/info-details/massachusetts-ambulance-trip-record-information-system-matris>) and also in the Atlas and Database of Air Medical Services (ADAMS). ADAMS is a national public use database initially funded by National Highway Safety Administration and now funded by the Association of Air Medical Services which provides data on air medical services in each state including Massachusetts. See:

<http://www.adamsairmed.org/states/Massachusetts.pdf>



**Answer:** (continued) The MA APCD medical claims and provider file contain more detailed Massachusetts data than the ADAMS directory on the level of existing and emerging ambulance medical and transport care providers.

Another researcher asked whether Air Methods/Rocky Mountain Holdings claims are available in the MA APCD, specifically whether one could see claims for services provided in Massachusetts if the provider is based on another state. The answer is yes. **Table 1** below shows highest version charge amounts and paid amounts in the medical claims for both ground and air medical services from 2012 to 2016 provided under the Air Methods national billing provider ID by state in the MA APCD, with Massachusetts highlighted.

**Table 1: Air and Ground Ambulance Medical Claims Charge Amounts and Paid Amounts in the MA APCD (Years 2012 through 2016) for Air Methods/Rocky Mountain Holdings**

State	2012 charges	2012 paid	2013 charges	2013 paid	2014 charges	2014 paid	2015 charges	2015 paid	2016 charges	2016 paid
AL			\$339,429.40	\$266,253.58	\$3,744,542.41	\$1,962,056.47	\$3,873,423.59	\$1,673,115.38	\$3,118,470.78	\$1,275,544.60
CA	\$538,936.37	\$412,990.69	\$314,756.78	\$291,058.33	\$323,024.54	\$310,613.47	\$441,759.54	\$308,728.25	\$149,737.47	\$36,330.52
CO	-\$884.37	-\$81.82					\$35,420.00	\$34,711.60		
FL			\$67,230.21	\$2,712.23	\$96,004.69	\$3,345.17	\$41,180.83	\$808.32		
GA	\$245,365.18	\$170,384.19	\$189,417.06	\$97,863.33	\$83,327.52	\$79,180.97	\$41,115.00	\$0.00	\$45,185.35	\$8,116.42
IL	\$145,451.96	\$68,355.68	\$342,921.74	\$42,359.50					\$823,233.60	\$74,217.00
KY					\$43,025.56	\$1,398.10	\$96,342.84	\$0.00		
MA	<b>\$2,445,280.68</b>	<b>\$238,593.44</b>	<b>\$3,201,939.17</b>	<b>\$201,164.93</b>	<b>\$4,736,648.81</b>	<b>\$872,282.09</b>	<b>\$3,499,178.66</b>	<b>\$508,697.48</b>	<b>\$4,009,392.13</b>	<b>\$276,777.48</b>
MO					\$44,919.45	\$1,427.11				
NC			\$25,966.89	\$1,142.54			\$37,725.98	\$794.64		
NM							48262.49	416.75		
NY	\$457,072.01	\$276,313.37	\$67,189.17	\$31,928.40	\$192,459.30	\$1,599.62	\$142,429.81	\$3,775.00	\$247,623.34	\$16,336.64
OH	\$4,456,563.29	\$2,870,328.42	\$4,368,324.62	\$2,379,188.32	\$4,446,838.81	\$2,597,488.02	\$6,633,050.64	\$3,253,932.99	\$7,220,847.24	\$3,391,935.93
PA	\$475,582.92	\$64,315.98	\$138,529.51	\$44,528.79	\$3,222.39	\$160.76	\$175,237.56	\$88,997.31	\$51,290.60	\$3,767.42
SC			\$26,482.20	\$562.67					\$236,577.19	\$44,995.81
SD							\$54,999.00	\$34,259.63		
TX	\$25,219.16	\$25,219.16	\$35,045.74	\$1,295.47	\$49,999.00	\$1,201.88	\$54,999.00	\$1,222.02		
Unknow	\$765,197.28	\$55,772.72	\$1,107,395.12	\$66,227.36	\$451,070.80	\$50,767.38	\$151,474.31	\$19,189.84	\$233,630.73	\$4,980.32
VA					\$32,069.28	\$697.08	\$41,811.86	\$0.00		
VT					\$39,953.64	\$1,266.79	\$44,415.21	\$1,277.94		
<b>TOTAL</b>	<b>\$9,553,784.48</b>	<b>\$4,182,191.83</b>	<b>\$10,224,627.61</b>	<b>\$3,426,285.45</b>	<b>\$14,287,106.20</b>	<b>\$5,883,484.91</b>	<b>\$15,412,826.32</b>	<b>\$5,929,927.15</b>	<b>\$16,135,988.43</b>	<b>\$5,133,002.14</b>

**Question: Do enough fields exist in the MA APCD to study the magnitude of premature MA NICU infants (gestational age <37 weeks) prescribed inhaled steroids before age 2 and to determine demographic attributes and health status characteristics?**

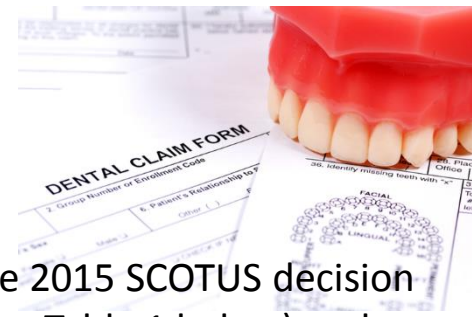
**Answer:** Yes. ICD-10-CM has a fine gradient of gestational ages by weeks (including preterm and extreme immaturity) which can be mapped to larger age increments in ICD-9-CM to facilitate studying multiple years and avoid the need for cell suppression. **See Table 1 below.** Medical claims can be linked to pharmacy claims to determine prescriptions before age 2 and ZIP code used to determine demographic attributes. **Table 2 below** provides a demonstration estimate combining multiple years of MA APCD (Release 6) from years 2012 through 2016.

**Table 1: Increments for Gestational Age in Weeks Combining ICD-9-CM and ICD-10-CM**

Gestational Age in Weeks	ICD-9-CM and ICD-10-CM codes
24 completed weeks of gestation or less	76521, 76522, P0721, P0722, P0723
25-26 completed weeks of gestation	76523, P0724, P0725
27-28 completed weeks of gestation	76524, P0726, P0731
29-30 completed weeks of gestation	76525, P0732, P0733
31-32 completed weeks of gestation	76526, P0734, P0735
33-34 completed weeks of gestation	76527, P0736, P0737
35-36 completed weeks of gestation	76528, P0738, P0739

**Table 2: Characteristics of infants born <37 weeks in MA 2012-2016 Prescribed Inhaled Steroids by Age 2**

	YES	NO
<b>Total Infants (n = 25,525)</b>	<b>2,162</b>	<b>23,363</b>
Gender	Percent Yes	Percent No
Male	62.3%	47.5%
Female	37.7%	52.5%
Gestational Age Group		
24 completed weeks of gestation or less	4.5%	2.7%
25-26 completed weeks of gestation	7.0%	2.0%
27-28 completed weeks of gestation	7.0%	3.4%
29-30 completed weeks of gestation	9.2%	4.8%
31-32 completed weeks of gestation	12.0%	9.6%
33-34 completed weeks of gestation	23.3%	24.3%
35-36 completed weeks of gestation	37.0%	53.2%
Insurance Type		
Medicaid	58.8%	49.7%
Commercial/Other	41.2%	50.3%
EOHHS Health Statistic Region		
Region 1: Western	13.0%	10.8%
Region 2: Central	10.7%	13.3%
Region 3: Northeast	23.7%	22.4%
Region 4: Metrowest	17.2%	21.4%
Region 5: Southeast	21.0%	16.7%
Region 6: Boston	14.8%	15.5%
Health Status Indicator		
Bronchoplmonary dysplasia	12.7%	4.6%



**Question:** CHIA previously provided information on the impact of Gobeille on medical claims volume. I am applying for dental claims and member eligibility data. Has the volume of data on the self-insured also decreased in those two files?

**Answer:** There is still some data on the self-insured in the MA APCD. However, the 2015 SCOTUS decision was not limited to medical and pharmacy claims, it also impacted dental claims (see Table 1 below) and eligibility data (see Table 2). When using the MA APCD, you should always remember that while it does contain 100% of the data on the MassHealth population, commercial claims do not contain 100% of the data on the self-insured population.

**Table 1: Count of Distinct MEIDs in MA APCD Release 7.0 Dental Claims Data by APCD ID Code**

APCDIDCODE	2013	2014	2015	2016	2017
Blank	1,682,708	91			
Unknown/Not Applicable	88,782	315,321	304,296	303,729	350,029
FIG - Fully-Insured Commercial Group Enrollee	268,723	534,495	529,127	555,079	687,843
<b>SIG - Self-Insured Group Enrollee</b>	<b>276,575</b>	<b>567,577</b>	<b>539,514</b>	<b>370,149</b>	<b>306,688</b>
GIC - Group Insurance Commission Enrollee	21,934	42,033	34,545	43,065	47,581
MCO - MassHealth Managed Care Organization Enrollee	276,687	485,545	539,334	561,549	560,380
ICO - Integrated Care Organization or SCO – Senior Care Option	444	4,603	12,875	13,036	14,357

**Table 2: Count of Distinct MEIDs in MA APCD Release 7.0 Member Eligibility Data by APCD ID Code**

APCDIDCODE	2013	2014	2015	2016	2017	2018
Blank	7,348	5,609			5,682	7,346
Unknown / Not Applicable	3,370,391	3,696,871	3,800,690	3,636,271	3,834,620	4,050,324
FIG - Fully-Insured Commercial Group Enrollee	4,391,771	4,393,742	4,227,294	4,122,915	4,267,828	4,592,110
<b>SIG - Self-Insured Group Enrollee</b>	<b>3,505,437</b>	<b>3,741,936</b>	<b>3,529,578</b>	<b>1,152,324</b>	<b>1,202,295</b>	<b>1,295,031</b>
GIC - Group Insurance Commission Enrollee	427,112	463,355	399,385	473,961	381,408	380,724
MCO - MassHealth Managed Care Organization Enrollee	1,786,042	1,769,729	1,840,282	1,957,452	1,831,206	2,033,110
Supplemental Policy Enrollee	364,466	370,925	521,745	327,698	420,298	440,892
ICO – Integrated Care Organization or SCO – Senior Care Option	592	15,924	63,612	93,737	96,506	103,056
ACO – Accountable Care Organization Enrollee (MassHealth only)				15,521		789,064



**Question:** ICD-10-CM has a new diagnosis code ‘Z91120’ for patient's intentional underdosing of medication regimen due to financial. Is this diagnosis code being used in the MA APCD? If yes, what medical conditions and drugs is it associated with?

**Answer:** Each year, since ICD-10-CM implementation in October 2015, there has been an increase in the use of the code ‘Z91120’. In looking at the use of ‘Z91120’ in all 24 MA APCD medical claims associate diagnosis code fields, the top ranking principal diagnosis code it is associated with is Type 2 diabetes mellitus with hyperglycemia (see Table 1 below). When the medical claims are linked to the pharmacy claims, the top ranking drug code it is associated with is the Proair HFA inhaler used by patients with chronic obstructive pulmonary disease and asthma (see Table 2 below).

**Table 1. Top 10 Principal Diagnoses associated with Z91120**

Principal Diagnosis	Description
E1165	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA
I10	ESSENTIAL PRIMARY HYPERTENSION
J441	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION
E1010	TYPE 1 DIABETES MELLITUS W/KETOACIDOSIS W/O COMA
R0789	OTHER CHEST PAIN
I214	NON-ST ELEVATION MYOCARDIAL INFARCTION
F329	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS
I110	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
E1065	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA
R079	CHEST PAIN UNSPECIFIED

**Table 2. Top 10 Drug Codes associated with Z91120**

Drug Code	Drug Name
59310057922	PROAIR HFA INHALER
55111015810	OMEPRAZOLE DR 20 MG CAPSULE
99073070822	FREESTYLE LITE GLUCOSE TEST STRIP
00603002632	ASPIRIN EC 81 MG TABLET
00088222033	LANTUS 100 UNITS/ML VIAL
00002751001	HUMALOG 100 UNITS/ML VIAL
10702001801	OXYCODONE HCL 5 MG TABLET
53746046605	IBUPROFEN 800 MG TABLET
65162036111	FOLIC ACID 1 MG TABLET

# Where can I find past User Workgroup Presentations?

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

## MA APCD / Case Mix Meeting Presentations

2019 Presentations	
2019 MA APCD Presentations	2019 Casemix Presentations
<p>MAAPCD Tuesday, November 26, 2019</p> <ul style="list-style-type: none"><li>• <a href="#">Presentation (PDF)   Word</a></li></ul>	<p>Please Note:</p> <p>The Case Mix Workgroup Meeting for December 2019 was cancelled.</p>
<p>MAAPCD Tuesday, September 24, 2019</p> <ul style="list-style-type: none"><li>• <a href="#">Presentation (PDF)   PPT</a></li></ul>	<p>Case Mix Tuesday, October 22, 2019</p> <ul style="list-style-type: none"><li>• <a href="#">Presentation (PDF)   PPT</a></li></ul>
<p>MAAPCD Tuesday, July 23, 2019</p> <ul style="list-style-type: none"><li>• <a href="#">Presentation (PDF)   PPT</a></li></ul>	<p>Case Mix Tuesday, August 27, 2019</p> <ul style="list-style-type: none"><li>• <a href="#">Presentation (PDF)   PPT</a></li></ul>



# When is the next User Group meeting?

- The next APCD User Group will meet Tuesday, March 24. (visual below depicts today's meeting but will be updated after today)

MA APCD Workgroup
<p><b>NEXT MEETING</b></p> <p>Tuesday January 28, 2020</p>
<p>MAAPCD Workgroup Registration</p>

Case Mix Workgroup
<p><b>NEXT MEETING</b></p> <p>Tuesday, February 25, 2020</p>
<p>Case Mix Workgroup Registration</p>

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

# Questions?

---

- Questions related to MA APCD:  
[apcd.data@state.ma.us](mailto:apcd.data@state.ma.us)
- Questions related to Case Mix:  
[casemix.data@state.ma.us](mailto:casemix.data@state.ma.us)

REMINDER: Please include your **IRBNet ID#**, if you currently have a project using CHIA data.

# Call for Topics and Presenters

---

- If there is a **TOPIC** that you would like to see discussed at an MA APCD or Case Mix workgroup in 2020, contact Amy Wyeth [amy.wyeth@state.ma.us]
- If you are interested in **PRESENTING** at a MA APCD or Case Mix workgroup in 2020, contact Amy Wyeth [amy.wyeth@state.ma.us]  
You can present remotely, or in-person at CHIA
- We may be reaching out to some data users with invitations to present, and hope you will consider this!