CHIA Data User Workgroup

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Agenda

- **Announcements:**
  - Extract Requests and Delivery Totals
  - Check Status and Availability of All CHIA Data Products
  - Location of Application Documents and Submitting Request for Data
  - Abstract Deadline for 2026 Council of State & Territorial Epidemiologists Conference, Hynes Convention Center
  - Abstract Deadline for 2026 Vascular Society Annual Meeting VAM26, Hynes Convention Center
  - Abstract Deadline for 2026 Academic Pediatric Association's Research Conference, Menino Convention Center
  - Submission Deadline for 2026 IEEE International Conference on AI and Data Analytics, Boston College
  - Massachusetts Acute Care Hospital Inpatient Dashboard Quarterly Update (Data through June 2025)
  - Alert: New Publication on Medicaid Accountable Care Organization Implementation and Perinatal Claims Documentation of Social Risk Factors

- **Data User Support Questions**
  - MA APCD Medicare Advantage Codes
  - MA APCD, Case Mix, and CDC Wonder deaths by care setting
  - Wellness and Fitness claims
  - Bundled Payments

- **Q&A**

Announcements

Extract Requests and Delivery Totals

The CHIA website (https://chiamass.gov/status-of-data-requests updated 11/18/2025) provides detailed information on data deliveries. **CHIA is on track by the end of 2025 to deliver a record high number of MA APCD extracts.** Eighteen states have APCDs. Massachusetts was an earlier adapter in 2012, following Maine (2003 the earliest), New Hampshire (2005), Vermont (2008), Colorado (2010), Utah (2010), and Minnesota (2010). Therefore, CHIA has a mature infrastructure, ETL pipelines, standardized data quality checks, robust governance frameworks, and dedicated staff for data intake, validation, and extract preparation.

Data Extract Requests and Delivery Totals

This information was updated on: 11/18/2025

Calendar Year	File Extracts	MA APCD	Case Mix	Total
CY 2025 (As of November 18, 2025)	Requests Delivered	38	112	150
	Requests in the Queue	11	21	32
	Total Requests	49	133	182
CY 2024	Requests Delivered	37	250	287
CY 2023	Requests Delivered	43	216	259
CY 2022	Requests Delivered	44	297	341
CY 2021	Requests Delivered	18	247	265
CY 2020	Requests Delivered	39	89	128

Check Status and Availability of All CHIA Data Products

https://chiamass.gov/status-of-data-requests *(Web Page was Updated 11/18/2025)*

The CHIA website (https://chiamass.gov/status-of-data-requests) provides detailed information regarding the availability of current data releases as well as the projected timelines. As of the present update, **the MA APCD for calendar year 2024 release (which includes 2020-2024 data with six-month run out from 2025) is currently in progress and targeted for release Fall 2025.**

Product	Target	Actual	Status
MA APCD CY 2024 (2020-2024 with a six month runout from 2025)	Fall 2025	-	In Progress
Release Status Notes • MA APCD CY 2024 is in progress.			
MA APCD CY 2023 (2019-2023 with a six month runout from 2024)	Fall 2024	Fall 2024	Available
Release Status Notes • MA APCD CY 2023 is available for application.			

MA APCD Calendar Year 2024 Data On Track for Release December 2025

All case mix data products (HIDD, EDD, and OOD) are now available for application.

Product	Target	Actual	Status
Case Mix FY 2024 (October 1, 2023 - September 30, 2024)			
Hospital Inpatient Discharge Data (HIDD)	June 2025	May 2025	Available
Emergency Department Data (EDD)	August 2025	July 2025	Available
Outpatient Observation Stay (OOD)	September 2025	August 2025	Available

Location of Application Documents

- Application Documents
- Fee Schedule
- Regulatory Information
- Data Release Committee
- Applications Received and Commenting
- Check the Status of Your Request

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 Application Documents

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

Government Application Documents

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

The webpage provides detailed instructions on the six steps below in the application process that have been designed to help applicants prepare applications and to allow for the release of data while protecting patient privacy.

Reminder of Change in Step 2 Process for Submitting Data Request Documents

Submitting Data Request

All application documents must be emailed to CHIA

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.

Council of State and Territorial Epidemiologists 2026 Annual Meeting (May 31st – June 4th) is in Boston at the John B. Hynes Veterans Memorial Convention Center

Abstract Submission Deadline: January 6, 2026

See: https://www.csteconference.org/

Public health epidemiologists from across the United States will gather in Boston at the Hynes Convention Center to share their knowledge in surveillance and epidemiology, learn from leading experts in the field of public health, and discuss new insights and strategies that address critical public health priorities, including outbreaks, non-communicable diseases, data modernization, workforce issues, and other applied epidemiology needs.

Conference Includes a Focus on Public Health Nationwide

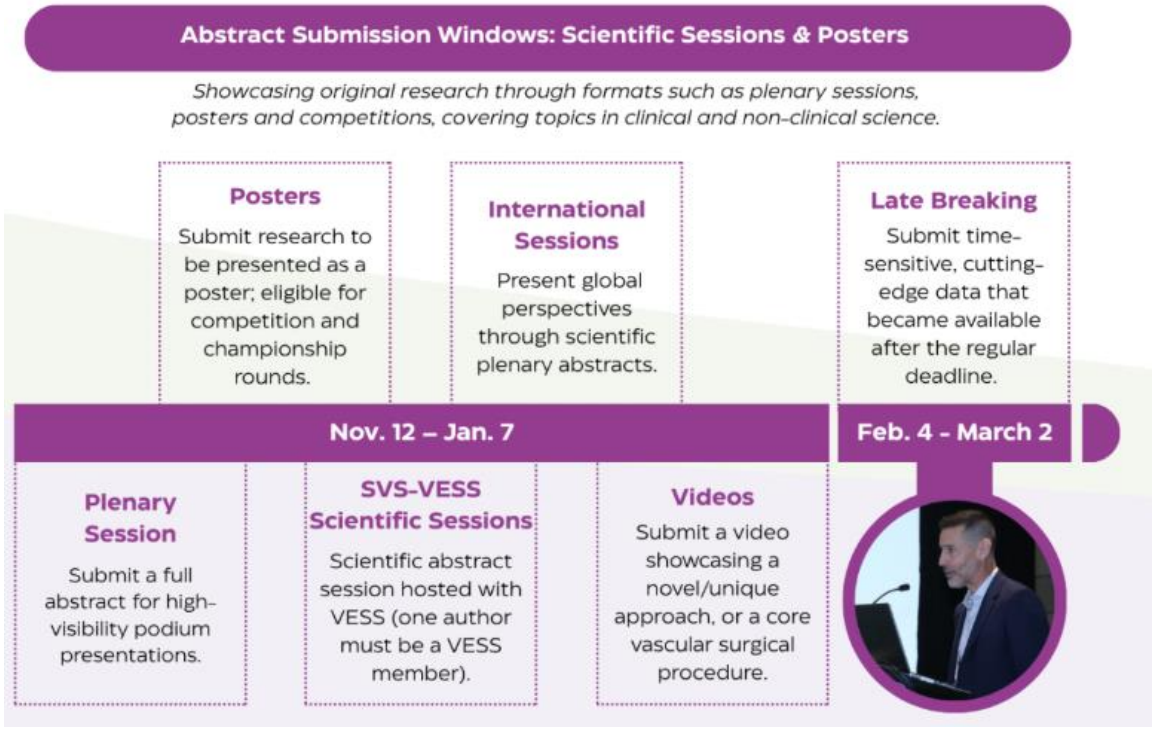
- Sessions focused on practical skills relevant to public health data, outbreak investigation, and other critical topics provide training that can directly impact the effectiveness of your day-to-day epidemiologic surveillance.
- Discussions regarding national surveillance policies help establish standardized surveillance case definitions, ensuring data consistency across jurisdictions, more effective public health interventions, and improved resource allocation.
- Real-time insights into current topics and growing trends, including emergent epidemiological challenges and response strategies, ensure STLTs employ programs that are evidence-based and aligned with the latest scientific advancements.

Society of Vascular Surgery
2026 Vascular Annual Meeting VAM26
(June 10th – June 13th) is in Boston
at the John B. Hynes Veterans Memorial Convention Center

Abstract Submission Deadline: January 7, 2026

Late Breaking Abstract Deadline: March 2, 2026

See: https://vascular.org/2026-vascular-annual-meeting/present-vam26/abstract-submissions



Plenary Sessions and Posters on Clinical, Non-Clinical Science and Research

Examples of topics have included:

- Effectiveness of different vascular interventions (e.g., endovascular vs. open repair)
- Evaluations of cost-effectiveness and reimbursement trends for vascular procedures
- Analyses of data linked to initiatives like the Vascular Quality Initiative
- Examinations of hospital or surgeon volume correlates with patient outcomes
- Studies on payer policies, bundled payments, or coverage changes on vascular procedure
- Epidemiologic studies on national trends in vascular disease treatment and disparities
- Risk prediction models for postoperative complications or mortality using large administrative datasets
- Artificial intelligence, trauma, pediatric vascular surgery

Academic Pediatric Association's 15th Annual Quality Improvement Research Conference April 24, 2026 in Boston at the Thomas Michael Menino Convention & Exhibition Center

Abstract Submission Deadline: December 15, 2025

Implementation research is the scientific study of barriers to and methods of promoting the systematic application of research findings in practice, including in public policy. QI research includes projects designed to improve system, health plan, clinic, or provider performance.

Abstracts will be considered in the following categories:

- QI intervention evaluations from single or multi-center institutions
- Studies focused on understanding context in the implementation and dissemination of interventions
- Quality measure development and validation
- Formative descriptions of QI intervention development (e.g., pre-work/planning/establishing baseline performance)

Speakers and participants will focus on state-of-the-art methods to facilitate the conduct of rigorous QI research and implementation science. Conference participants will engage in highly interactive breakout sessions led by leaders in the fields of pediatric Implementation Science and Quality Improvement research. Attendees will learn when and how to use specific methodologies for the design and analysis of intervention studies. They will also explore facilitators and barriers to implementing these methods.

Several of the Designated Session Leaders for this Research Conference are using the MA APCD

2026 IEEE International Conference on AI and Data Analytics (ICAD 2026)

June 11 -12, 2026

Boston, Massachusetts

Track 1: Foundations of AI, Data Science & Analytics	Track 2: Applied AI & Analytics in Industry and Enterprise	Track 3: Frontiers in AI and Data Analytics
1. Core Machine Learning Methods, Deep Learning, Computer Vision, Natural Language Processing, Automatic Speech Recognition and Processing 2. Statistical & Predictive Analytics (time series, forecasting, unsupervised learning) 3. Data Visualization, Causal Inference & Explainability 4. Synthetic Data for Training & Evaluation 5. Autonomous, Self-Healing Data Pipelines	1. AI in Finance, Business Intelligence & Customer Experience 2. AI in Manufacturing, Supply Chain & Industry 4.0 3. AI for Climate, Environment & Sustainability 4. AI in Medicine, Healthcare & Assistive Technologies 5. AI in Media, Entertainment & Creative Industries 6. AI for Cybersecurity Defense 7. AI in Education & Workforce Development 8. AI in Law, Justice & Legal Technology 9. AI in Agriculture & Food Systems 10. AI in Software Engineering / Software Systems/Testing/ Automation & DevOps	1. Generative AI, LLMs, VLMs, Multi-Agents & Agentic Systems 2. Neuromorphic & Brain-Inspired Computing 3. Edge AI & Federated Learning 4. Efficiency & Energy-Aware AI 5. Open-Weight & Accessible AI Models 6. Quantum AI & Quantum Machine Learning
		Track 4: Responsible AI, Safety, & Governance
		1. AI Governance, Regulation & Policy 2. Ethics, Fairness & Bias Mitigation 3. Privacy-Preserving & Trustworthy AI 4. AI Safety Infrastructures (e.g., AISI, national initiatives) 5. Transparency, Accountability & Risk-Based Compliance 6. Green AI & Sustainable AI Development (carbon footprint, efficiency)

Submission Deadline: January 15, 2026
Notification of Acceptance: March 12, 2026
Publication-Ready Submission: April 20, 2026

See: https://ieee-icad.org/icad-call-for-papers/

Conference Venue Boston College

CHIA's Online Interactive
Quarterly Massachusetts Acute Care Hospital Inpatient Discharge Dashboard

Updated on November 24th with Data through June 2025

See: https://www.chiamass.gov/massachusetts-acute-care-hospital-inpatient-discharge-reporting/

Alert: New Publication on Medicaid Accountable Care Organization Implementation and Perinatal Claims Documentation of Social Risk Factors

Nguyen KH, Gordon SH, Lim K, Thompson KD, Ncube CN, Cole MB. Medicaid accountable care organization implementation and perinatal claims documentation of social risk factors. ***JAMA Network Open***. 2025 Apr 1;8(4):e255999-e255999. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2833025

JAMA Network | Open

Original Investigation | Equity, Diversity, and Inclusion

Medicaid Accountable Care Organization Implementation and Perinatal Claims Documentation of Social Risk Factors

Kevin H. Nguyen, PhD; Sarah H. Gordon, PhD; Kenneth Lim, BS; Kathryn D. Thompson, PhD; Collette N. Ncube, DrPH; Megan B. Cole, PhD, MPH

Abstract

IMPORTANCE Addressing social risk factors (eg, food insecurity) during the perinatal period has the potential to improve pregnancy-related outcomes. While social risk factor diagnosis codes (ie, *International Statistical Classification of Diseases, Tenth Revision*, Z codes) were introduced in 2016, adoption in claims has been slow. In 2018, Massachusetts' Medicaid program implemented an accountable care organization (ACO) model, including a requirement that all ACOs screen for social risks.

OBJECTIVE To assess claims documentation of Z codes in the perinatal period for Medicaid enrollees and evaluate changes in documentation following implementation of Massachusetts' Medicaid ACO program.

DESIGN, SETTING, AND PARTICIPANTS This cross-sectional study used the Massachusetts All-Payer Claims Database to identify all Medicaid-enrolled live deliveries between January 31, 2016, and December 31, 2020, among people 18 years or older. A difference-in-differences (DiD) approach was used to compare Z code documentation before (2016-2017) vs after (2018-2020) ACO implementation for Medicaid ACO vs non-ACO deliveries. Data were analyzed between August 23, 2024, and January 27, 2025.

Key Points

Question How were social risk factor–related diagnosis codes (ie, Z codes) documented among pregnant Medicaid enrollees following Medicaid accountable care organization (ACO) implementation in Massachusetts?

Findings In this cross-sectional study of 79 293 deliveries, Medicaid ACO implementation was associated with modest, statistically significant increases in Z code documentation, particularly in the prenatal period. Increases were largest for documentation of codes related to housing or economic circumstances.

Meaning These findings suggest that, although documentation of social risk

- Massachusetts All-Payer Claims Database (2016–2020) was used to analyze 79,293 Medicaid-financed deliveries, comparing ACO vs non-ACO groups before and after 2018 Medicaid ACO implementation.
- Difference-in-differences analysis assessed changes in documentation of social risk factor diagnosis codes (ICD-10 Z codes) during prenatal and postpartum periods.
- Overall Z code use was low—4.45% in prenatal, 1.14% within 60 days postpartum, and 6.84% across the full perinatal period.
- ACO implementation was associated with modest but significant increases in Z code documentation, mainly in the prenatal period: Any Z code: +1.09 percentage points, Housing/economic codes: +1.52 pp, Food insecurity codes: +0.58 pp
- Requiring social risk screening in ACO contracts can improve documentation, but overall rates remain low; additional incentives and policies may be needed to enhance adoption.

Data User Support Questions

Question: I am studying how risk-adjusted payment models for managed care plans such as Medicare Advantage interact with social determinants of health coding practices and potentially influence equity in resource allocation. I am weighing my options for accurately delineating Medicare Advantage population within the MA APCD. Should I prioritize the Product File, which contains plan-level benefit design and product type indicators, or any specific indicator field in the Member Eligibility File?

Answer: When there are comparable indicators in the product file and member eligibility file, it is a rule of thumb to defer to the eligibility file which carriers typically validate for reconciling payment determinations making it a more authoritative spine for analysis than product file descriptions which may lag in alignment with enrollment attributes. The member eligibility file contains a **Medicare Code** field (ME081) with a coding indicator (Code 5) for Medicare Advantage. See below:

ME	81	ME 081	Medicare Code	11/8/12	Lookup Table - Integer	tlkpMedicare Code	int[1]	Medicare Plan Indicator Code	Report the value that defines if and what type of Medicare coverage that applies to this line of eligibility. **EXAMPLE:** 1 = Part A Only	All	100%	B
								Value	***Description***			
								1	Part A Only			
								2	Part B Only			
								3	Part A and B			
								4	Part C Only			
								5	Advantage			
								6	Part D Only			
								9	Not Applicable			
								0	No Medicare Coverage			

Code 5

answer continued

Answer *(continued)*: The **Insurance Type Code/Product** field (ME003) has which has three codes which provide another option for counting Medicare Advantage Members (Code 16: HMO Medicare Advantage, Code 20: Medicare Advantage PPO, and Code 21: Medicare Advantage Private Fee for Service). See below.

ME	3	ME 003	Insurance Type Code/Product	2/2019	Lookup Table - Text	tlkpInsurance TypeCode	char[2]	Type / Product Identification Code	Report the code that defines the type of insurance under which this member's eligibility is maintained. **EXAMPLE:** HM = HMO	All	96%	A1

Code	***Description***
09	Self-pay
10	Central Certification
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Advantage
17	Dental Maintenance Organization (DMO)
20	Medicare Advantage PPO
21	Medicare Advantage Private Fee for Service
30	Accountable Care Organization (ACO) - MassHealth

Code 16

Code 20

Code 21

answer continued

Answer *(continued)*: Medicare Advantage member counts by either using the member eligibility Medicare Code field (**ME081**) or the Insurance Type Code/Product field (**ME003**) when filtered by member state equals Massachusetts can be compared to the Centers for Medicare & Medicaid Services (CMS) **Medicare Advantage Monthly Enrollment by State** data. See below.

CMS Medicare Advantage site: https://www.cms.gov/data-research/statistics-trends-and-reports/medicare-advantagepart-d-contract-and-enrollment-data/monthly-enrollment-state

CMS.gov Centers for Medicare & Medicaid Services

About CMS Newsroom Data & Research

Medicare Medicaid/CHIP Marketplace & Private Insurance Initiatives Training & Education

Data & Research › Statistics, trends & reports › Medicare Advantage/Part D Contract and Enrollment Data › Monthly Enrollment by State

Medicare Advantage/Part D Contract and Enrollment Data

- Monthly Contract and Enrollment Summary Report
- Monthly Enrollment by Contract
- Monthly Enrollment by Contract/Plan/State/County
- Monthly Enrollment by Plan

Monthly Enrollment by State

Monthly Enrollment by State

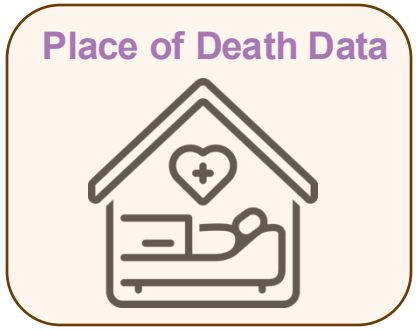
Show Entries: 25 per page

Filter On

Showing 26 – 50 of 111 entries

Title	Report Period
Monthly Enrollment by State	2023-10
Monthly Enrollment by State	2023-09

Question: In analyzing mortality patterns by place of death/care setting using the MA APCD, I am encountering some challenges regarding between database discrepancies in the attribution of deaths by care setting when I compare the MA APCD to case mix data and vital records. How might I understand discrepancies between these sources?



Answer: Keep in mind that death counts in the case mix data encompass some patients whose payers are not represented in the MA APCD and that case mix deaths are restricted to the acute care hospital setting. By contrast, inpatient deaths identified in the MA APCD through discharge status code (20) 'Expired' (or 'Did Not Recover – Christian Science') extend beyond acute care hospitals to include long-term care hospitals, inpatient rehabilitation facilities, skilled nursing facilities, and psychiatric hospitals and there are distinct codes for hospice-related deaths. In the CY2023 APCD release, discharge status codes 20, 40, 41, and 42 were used for deaths (***see Table 1 below***). Case mix inpatient data primarily uses code 20; however, the growing emergence of licensed hospice beds within acute care hospitals has introduced code 41 into the inpatient discharge dataset. Emergency department death coding differentiates between deaths occurring within the ED and those classified as 'dead on arrival' (DOA), with DOA cases in the MA APCD typically mapped to code 20.

Table 1. Death Codes appearing in MA APCD CY2023

Discharge Status	Code value
20	EXPIRED (OR DID NOT RECOVER - CHRISTIAN SCIENCE) PATIENT
41	EXPIRED IN A MEDICAL FACILITY SUCH AS A HOSPITAL, NF OR FREE- STANDING HOSPICE (HOSPICE CLAIMS ONLY)
40	EXPIRED AT HOME (HOSPICE CLAIMS ONLY)
42	EXPIRED - PLACE UNKNOWN (HOSPICE CLAIMS ONLY)

answer continued →

Answer *(continued)*: Greater granularity in death-setting classification is available through CDC WONDER (https://wonder.cdc.gov/) (***See Figure 1 below***), which aligns directly with death certificate place of death coding options (***See Figure 2 below***). It is important to note that anomalies may arise in ED data where patients, for example, have lengths of stay exceeding two hours yet remain coded as DOA. Consequently, a discrepancy might be seen between the case mix reported death and the death certificate when following autopsy or further clinical review, the death is reclassified from a DOA to emergency department death.

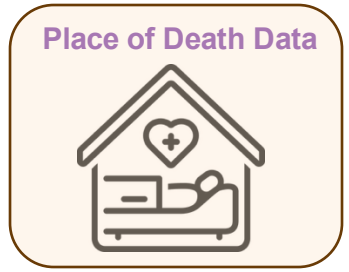


Figure 1. CDC Wonder Place of Death Options

5. Select weekday, autopsy and place of death:

Hint: Use Ctrl + Click for multiple selections, or Shift + Click for a range.

Weekday	Autopsy	Place of Death
All Weekdays	All Values	All Places
Sunday	No	Medical Facility - Inpatient
Monday	Yes	Medical Facility - Outpatient or ER
Tuesday	Unknown	Medical Facility - Dead on Arrival
Wednesday		Medical Facility - Status unknown
Thursday		Decedent's home
Friday		Hospice facility
Saturday		Nursing home/long term care
Unknown		Other

Figure 2. Massachusetts Death Certificate Place of Death Options

Form R-360 07012014

Commonwealth of Massachusetts
Registry of Vital Records and Statistics

DEATH CERTIFICATE MEDICAL CERTIFIER WORKSHEET

Please complete the information pertaining to the decedent as well as the cause of death information as this document will be used to create the legal death certificate. ***PLEASE PRINT NEATLY TO HELP WITH DATA ENTRY.***

DECEDENT – NAME FIRST	MIDDLE	LAST	GENERATIONAL ID

DATE OF DEATH (Month DD, YYYY)	SEX	PLACE OF DEATH – CITY/TOWN	DATE OF BIRTH (Month DD, YYYY)

MEDICAL RECORD NUMBER	PLACE OF DEATH
	☐ Hospital-Inpatient ☐ Hospital-ER/Outpatient ☐ Hospital-DOA ☐ Decedent's Residence ☐ Hospice Facility ☐ Nursing Home/Long Term Care ☐ Assisted Living Facility or Rest Home ☐ Other _____

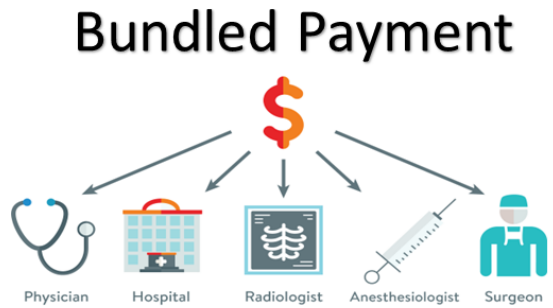
Question: I am interested in analyzing utilization and cost patterns of other complementary and integrative health services beyond routine physical therapy and occupational therapy and am seeking clarification on whether the MA APCD includes providers classified under other fitness and wellness-related taxonomies, such as sports psychologists, acupuncturists, naturopaths, or massage therapists. Could you confirm the presence and granularity of these categories within the APCD provider taxonomy?

Answer: In querying the MA APCD CY2023 Release Provider file for your taxonomies of interest (see Table 1) for a count of distinct National Provider Identifiers (NPIs), there was a pronounced number of naturopaths (1,423 NPIs) constituting the dominant category relative to massage therapists (15 NPIs), exercise and sports psychologists (13 NPIs), and acupuncturists (2 NPIs). See Table 1 below.

Figure 1. NPI Counts Across Select Alternative and Behavioral Health Specialties

Taxonomy Code	NPIs	Definition
103TE1100X	13	Psychologist, Exercise & Sports (for behavioral health professionals specializing in exercise psychology
173C00000X	2	Acupuncturist
175F00000X	1423	Naturopath
175L00000X	15	Massage Therapist

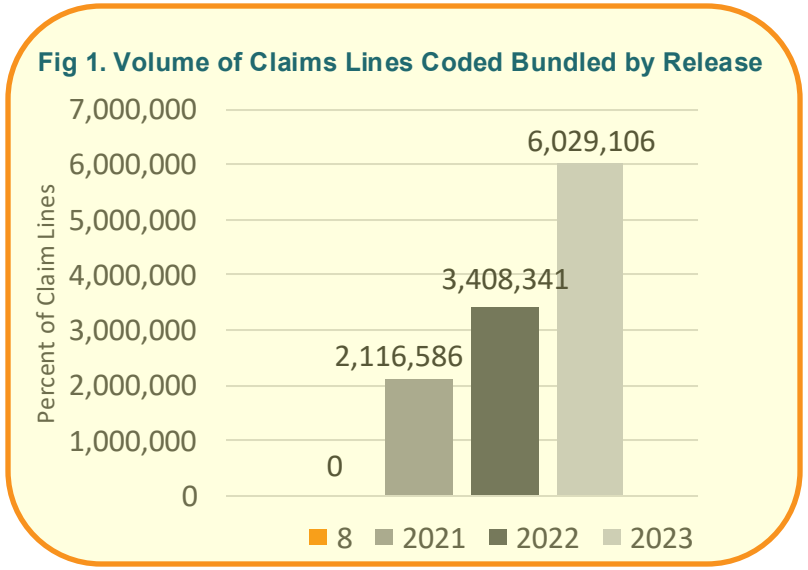
Question: In MA APCD Release 8.0, carriers had not adopted use of the bundled payment coding option in the Payment Arrangement Type field (MC113). Has any uptake of the bundled payment coding option been observed in later releases? I am interested in analyzing how bundled payment models represent a major shift toward value-based care. Understanding whether carriers have begun reporting this coding option will help to provide insight into evolving alternative payment arrangements in Massachusetts.?



Answer: Yes, there has been a modest upward trend. While there was no use of the bundled payment option in Release 8.0, as previously reported during the July 21, 2021st support webinar (see: https://www.chiamass.gov/assets/Uploads/User-Workgroup-July-2021.pdf), in later releases, the percent of bundled payment claim line codes rose steadily, from 0.18% in CY2021 to 0.29% in CY2022 and 0.49% in CY2023. See Table 1 & Figure 1 below. It is important to note when breaking down the CY2023 increase by carriers, only two carriers are using this coding option, and 96.49% of those claim lines are attributable to one carrier, Neighborhood Health Plan.

Table 1. Payment Arrangement (MC113) Coding Frequency by MA APCD Release

Payment Arrangement Type	Code	Release 8.0	Release CY2021	Release CY2022	Release CY2023
Capitation	01	4.26%	3.45%	3.20%	3.21%
Fee for Service	02	58.66%	63.72%	64.68%	62.96%
Percent of Charges	03	1.64%	1.05%	1.37%	1.76%
DRG	04	18.63%	15.85%	15.40%	15.59%
Pay for Performance	05	0.07%	-	-	-
Global Payment	06	0.75%	0.87%	0.74%	0.68%
Other	07	5.88%	4.96%	5.03%	5.42%
Bundled Payment	08	-	0.18%	0.29%	0.49%
Payment Amount Per Episode (MassHealth)	09	1.82%	0.70%	0.64%	0.59%
Enhanced Ambulatory Patient Grouping (MassHealth)	10	1.17%	2.60%	2.51%	2.34%
Blank	Blank	7.13%	6.63%	6.16%	6.98%



When is the next Data User Group meeting?

- The next User Group will meet Tuesday, December 23rd for a Year in Review

- http://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