

CHIA Data User Workgroup

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Agenda

Announcements:

- Data Release Availability
- Requesting Data Using CHIA's New Online Application Process
- Alert: National Association of Health Data Organization's (NAHDO) Call for Abstracts for Virtual Meeting
- Alert: Call for Abstracts for the NIH's and AcademyHealth's 19th Annual Conference on the Science of Dissemination & Implementation in Health

Data User Support Questions

- Which Drugs are Mail Order Dominant
- Rehabilitation Exercise Coding
- Eating Disorders
- Pediatric Vision Screening

Q&A

Questions?



Announcements

MA APCD CY 2025 Scheduled for Release Fall 2026

Includes data covering 2021-2025 with a six-month run out from 2026



Annual Release Status

This information was updated on: 06/22/2026

MA APCD Releases

Product	Target	Actual	Status
MA APCD CY 2025 (2021-2025 data with six-month run out from 2026)	Fall 2026	Fall 2026	In Progress
Release Status Notes MAAPCD CY 2025 is in development.			
MA APCD CY 2024 (2020-2024 data with six-month run out from 2025)	Fall 2025	Fall 2025	Available
Release Status Notes MAAPCD CY 2024 is available for application.			
MA APCD CY 2023 (2019-2023 data with six-month run out from 2024)	Fall 2024	Fall 2024	Available
Release Status Notes MAAPCD CY 2023 is available for application.			

HIDD FY2025 is Available

FY2025 EDD and OOD are in Progress



Case Mix Releases

Product	Target	Actual	Status
Case Mix FY 2025 (October 1, 2024 - September 30, 2025)			
Hospital Inpatient Discharge Data (HIDD)	June 2026	May 2026	Available
Emergency Department Data (EDD)	August 2026	-	In Progress
Outpatient Observation Stay Data (OOD)	September 2026	-	In Progress
Release Status Notes HIDD is available. EDD and OOD are in Progress			
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 Data (OOD)	September 2025	August 2025	Available
Release Status Notes All FY 2024 Case Mix databases are available for application.			

Use CHIA's New Online Application Process for Requesting Case Mix data and MA APCD



Data users can now apply through a new smart online application form. There is now **one application form** for Case Mix or MA APCD data requests. The new process is designed to help users request appropriate data more efficiently.

Available at: <https://masschia.hiqh.com/masschia/renderSmartForm.action?formId=aaff08f4-cc30-4638-8f30-a383df1717ec>



CHIA Data Request Application

Complete all required fields before submitting. Your progress will not be saved if you navigate away from this page.

For more information about CHIA Data and eligibility requirements, visit chiamass.gov.

▼ Preamble

Please review before completing this Application

Overview (required)

This Application is required for all applicants requesting CHIA Data.

Prior to receiving CHIA Data, Applicants must execute CHIA's Data Use Agreement or other written agreement.

Before completing this Application, please review the data request information on CHIA's website:

- [APCD Data Availability](#)
- [Case Mix Data Availability](#)
- [Fee Schedule](#)
- [Data Use Agreement](#)

Please review the Fee Schedule if you plan on requesting a fee waiver, as it contains qualification requirements.

Information submitted as part of the Application may be subject to verification during the review process or during any audit review conducted at CHIA's discretion. Applications will not be reviewed until the Application and all supporting documents are complete and the required application fee is received.

Please contact casemix.data@chiamass.gov or apcd.data@chiamass.gov if you have questions regarding CHIA Data or the application process.

☐ I am ready to begin my Application

REQUESTING DATA USING CHIA'S NEW ONLINE APPLICATION PROCESS



Step-by-step instructions for the MA APCD data at: <https://www.chiamass.gov/request-ma-apcd-data> and
Step-by-step instructions for Case Mix data at: <https://www.chiamass.gov/request-case-mix-data>

The application process applies to all data requestors, with certain steps varying based on applicant type and the purpose behind the request. Where the process differs, those differences are noted below.

Prior to submitting an **MA APCD request**, all applicants should determine whether they are requesting:

- Identifiable Data, or
- Statistically De-identified Data

Prior to submitting a **Case Mix request**, all applicants should determine whether they are requesting:

- Identifiable Data, or
- HIPAA-Safe Harbor Compliant De-identified Data

Requests for Identifiable Data for Research must include:

- A detailed description of the following:
- Research methodology, objectives, and rationale
- The need for specific Identifiable Data elements
- How the results will be published or contribute to generalizable knowledge
- Authorization to receive Identifiable Data, either through individual patient authorization or waiver of authorization approved by an Institutional Review Board or Privacy Board.

ALERT: NAHDO's Call for Abstracts for 41st Annual Conference Virtual Meeting



NAHDO's 41st Annual Conference

Virtual Sessions: November 17-19, 2026

Priority Deadline: July 6, 2026, Final Deadline: July 15, 2026



NAHDO (the National Association of Health Data Organizations) is seeking abstracts that explore cutting-edge work and innovative solutions across the spectrum of health data, especially as it applies to the collection, analysis and dissemination of claims and hospital data. Presenters are allotted 8-10 minutes to present their work, followed by 5 minutes of interactive Q&A with the audience. Sessions also include up to 15 minutes of reaction and discussion by all presenters in the session.

For submission guidelines, see:

<https://www.nahdo.org/conference/2026/abstracts>

ALERT: Call for Abstracts for the NIH's and AcademyHealth's 19th Annual Conference on the Science of Dissemination & Implementation in Health



NOW OPEN: CALL FOR PRESENTATIONS Share your research, your ideas, and your story at the 19th Annual Science of D&I Conference.

Elevating the Science of Dissemination: Leveraging Tools to Improve Clinical, Community, and Public Health Practice

Get your research out there! The [19th Annual Conference on the Science of Dissemination and Implementation \(D&I\) in Health](https://academyhealth.confex.com/academyhealth/f/2026DIAreaOfFocus) encourages presentation submissions to nine thematic tracks that present evidence-based approaches to a multitude of clinical and community settings via public health practice, health care delivery, and health care policy.

Submit your abstract, panel, workshop, or Impact Story submission today!

SUBMISSION DEADLINE: Thursday, July 16, 2026, 5:00 p.m. ET

Learn More About This Year's Areas of Focus, see:

<https://academyhealth.confex.com/academyhealth/f/2026DIAreaOfFocus>

Abstract Tracks:

- Behavioral Health
- Building the Future of D&I Science: Capacity Building, Infrastructure, and Emerging Research Areas
- Clinical Care Settings: Patient-level Interventions
- Clinical Care Settings: System-level Interventions
- Global Dissemination and Implementation Science
- Health Policy Dissemination and Implementation Science
- Models, Measures, and Methods
- Prevention and Public Health
- Scaling and Implementing Evidence-Based Health Interventions to Reduce Disparities

CHIA data users working with Case Mix data and/or the MA APCD are able to observe care patterns, policy impacts, and population-level outcomes across the Commonwealth. Share how those insights translate into real-world dissemination and implementation at the 19th Annual Science of D&I Conference, and help ground the field in actionable, system-level evidence.

Submit your abstract, panel, workshop, or Impact Story by July 16, 2026, 5:00 p.m. ET and bring CHIA-powered data findings to a national audience.

Abstract Submission Instructions and Form:
<https://academyhealth.confex.com/academyhealth/2026di/cfp.cgi>

ALERT: New Study Hospitals alike, hospitals different: spatial clustering of inequality around Boston's hospitals



See: <https://www.frontiersin.org/journals/sociology/articles/10.3389/fsoc.2026.1736351/full>



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[Check for updates](#)

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Hospitals alike, hospitals different: spatial clustering of inequality around Boston's hospitals

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This brief research report investigates how racial and socioeconomic segregation shape spatial inequalities in health outcomes and healthcare access across Boston, Massachusetts. It examines the spatial clustering of race, poverty, and poor health, and analyzes how these patterns align with the locations of major hospitals in the city. We integrated data from the 2018–2022 American Community Survey, CDC PLACES, and the Massachusetts Center for Health Information and Analysis (CHIA) for all non-specialized acute care hospitals in Boston. Spatial autocorrelation was assessed using Global Moran's I statistics and Bivariate Local Indicators of Spatial Association (BILISA) maps to identify co-clustering of non-White population, poverty, and poor health at the census tract level. All three measures showed statistically significant positive spatial autocorrelation ($p < 0.001$), confirming moderate-strong spatial clustering across Boston. Bivariate maps show racial composition, poverty, and poor health outcomes to have significant spatial clustering around hospitals. Historical segregation patterns still exist to this day and shape how people receive healthcare in the city. Patterns around recently closed Carney Hospital further underscored the spatial burden of care redistribution. Safety-net hospitals disproportionately serve neighborhoods with the greatest health and economic vulnerabilities while wealthier hospitals are embedded in healthier areas. These findings highlight the need for interhospital collaboration, equitable resource distribution, and policy interventions that explicitly address the spatial legacy of structural racism in healthcare delivery in American cities.

KEYWORDS
healthcare access, hospital closures, hospitals, racism, segregation, spatial analysis, urban health

1 Introduction

Racial segregation has been documented to be the basis of the formation of socioeconomically disadvantaged communities in American cities (Massey, 1990). Historically, Boston, as one of the largest cities on the East Coast, has been a focal point for studies of racial and socioeconomic segregation from many perspectives including education (Kantrowitz, 1979; Ross et al., 1966) and housing (Schafer, 1979; Guy, 2000). Despite what seems to be progress in reducing black-white segregation, the growing ethnic diversity in U.S. cities shows that minority groups continue to experience persistent residential segregation (De la Roca et al., 2014). Recent studies argue that the persistence of segregation cannot be fully understood without attending to contemporary urban changes, such as growing ethnic diversity, shifts in

New study using CHIA's hospital profile reports, census tract-level data from the 2018–2022 American Community Survey, and CDC PLACES to examine non-specialized acute care hospitals across Boston. Using GIS, the authors found that under-resourced safety-net hospitals carry a disproportionate burden of care for these highly vulnerable populations.

Karduz EK (2026) Hospitals alike, hospitals different: spatial clustering of inequality around Boston's hospitals. Front. Sociol. 11:1736351. doi: 10.3389/fsoc.2026.1736351

Questions?



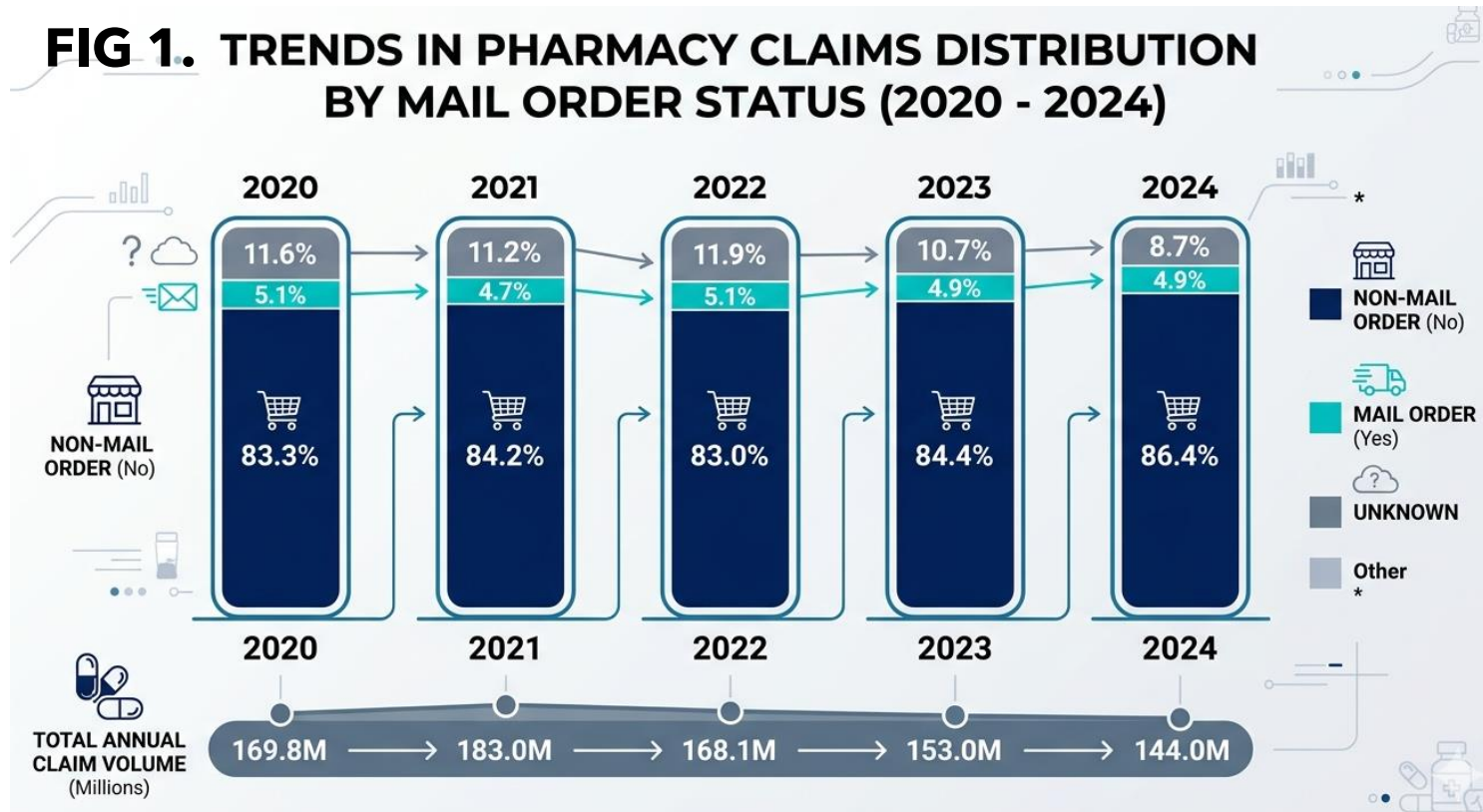
Data User Support Questions

Question: In MA APCD CY2024 release, what percentage of all pharmacy claims were filled through mail-order pharmacies during the release reporting period and which pharmaceuticals accounted for highest volume of mail order pharmacy claims?

Mail Order Pharmaceuticals



FIG 1. TRENDS IN PHARMACY CLAIMS DISTRIBUTION BY MAIL ORDER STATUS (2020 - 2024)



Answer: Mail-order dispensing pharmacy claims data from 2020 through 2024 consistently account for approximately five percent of all claims annually (See Figure 1). Specifically, mail-order claims represented 5.14% of all pharmacy claims in 2020, declined to 4.69% in 2021, increased slightly to 5.12% in 2022, and then stabilized at 4.92% in both 2023 and 2024. Although total pharmacy claim line volume has decreased over the most recent years, the proportion of mail-order claims has remained consistent.



Answer (continued): The top-ranking mail-order pharmaceuticals by gender shows that medications chronic cardiometabolic disease management are the top mail-order pharmaceuticals (See Table 1 below). Several medications appeared consistently within the top utilization rankings for both males and females, including atorvastatin calcium, lisinopril, amlodipine besylate, simvastatin, losartan potassium, omeprazole, rosuvastatin calcium, and hydrochlorothiazide. The high degree of overlap across genders indicates broadly shared reliance on mail order lipid-lowering, antihypertensive, and gastrointestinal maintenance therapies for continuity of care related to chronic disease management.

Table 1. Top-Ranking Mail-Order Pharmaceuticals by Gender

TOP RANK FOR FEMALES	DRUG NAME		TOP RANK FOR FEMALES	DRUG NAME
1	ATORVASTATIN CALCIUM		1	ATORVASTATIN CALCIUM
2	LEVOTHYROXINE SODIUM		2	LISINOPRIL
3	LISINOPRIL		3	AMLODIPINE BESYLATE
4	AMLODIPINE BESYLATE		4	SIMVASTATIN
5	LOSARTAN POTASSIUM		5	LOSARTAN POTASSIUM
6	OMEPRAZOLE		6	OMEPRAZOLE
7	SIMVASTATIN		7	ROSUVASTATIN CALCIUM
8	HYDROCHLOROTHIAZIDE		8	METOPROLOL SUCCINATE
9	SYNTHROID		9	HYDROCHLOROTHIAZIDE
10	ROSUVASTATIN CALCIUM		10	ALLOPURINOL

Question: Can you identify which CPT/HCPCS procedure codes in our claims data are associated with physical therapy services involving therapeutic exercise or supervised exercise programs? I'd also like to know the frequently used codes for physical therapy exercise interventions?

Physical Therapy CPT/HCPCS Codes



Answer: Physical therapy medical claims involving therapeutic exercise or supervised physical therapy services are commonly billed under provider type 31 (Physical Therapist) or with revenue codes 042X (Physical Therapy). The most frequently used physical therapy CPT code is 97110 (Therapeutic Exercise), which covers exercises to improve strength, endurance, flexibility, and range of motion. Other frequently used exercise-related physical therapy codes include 97112 (Neuromuscular Reeducation) for balance and coordination training, 97530 (Therapeutic Activities) for functional movement and task-based exercise, 97116 (Gait Training) for walking and mobility training, 97113 (Aquatic Therapy/Exercise), and 97150 (Group Therapeutic Procedures) for therapist-supervised exercise delivered in a group setting. Among these, while 97110 is generally considered the most common code for therapeutic exercise services, 97112 and 97530 are also commonly used in comprehensive rehabilitation programs.

Three Highest Volume Physical Therapy CPT Codes

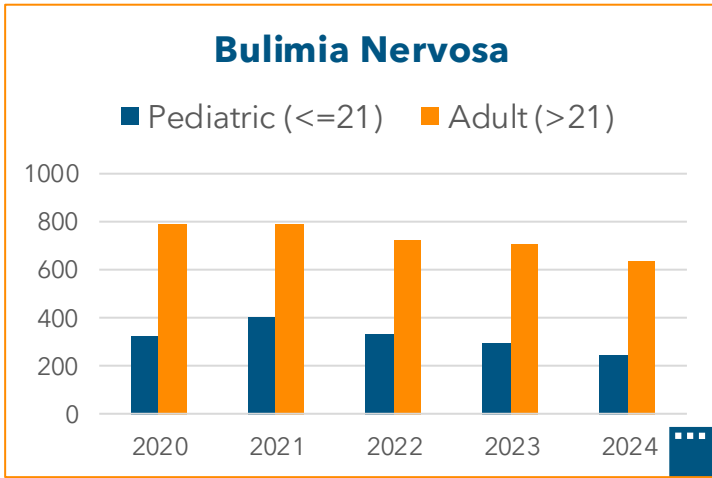
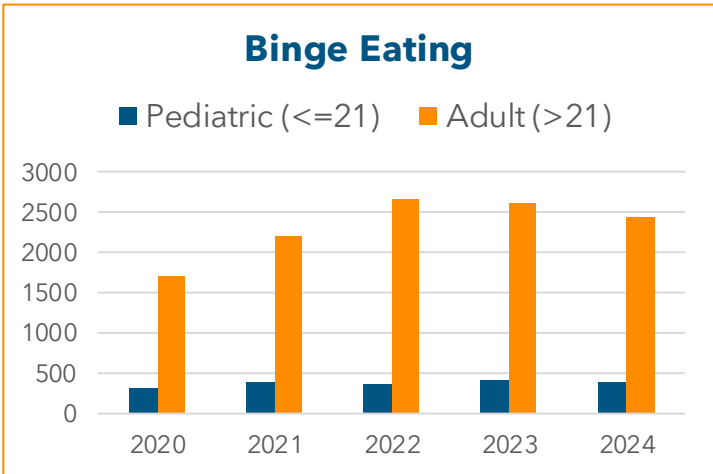
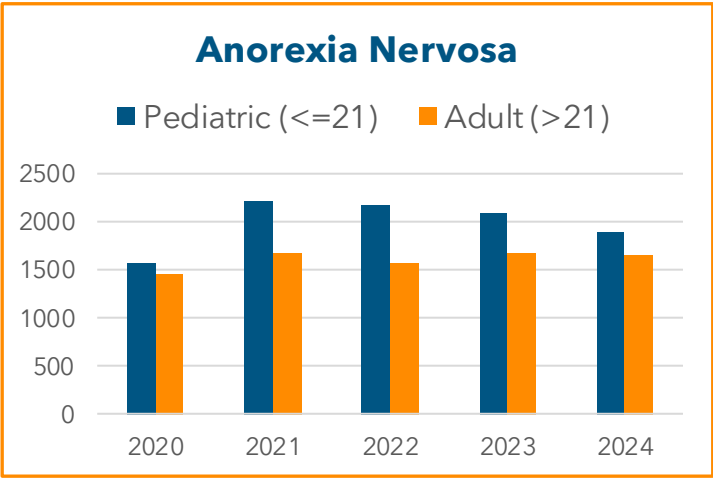
- **CPT 97110: Therapeutic Exercise:** Used when exercises focus on a single, measurable parameter to target isolated physiological deficits.
 - *Examples:* Straight leg raises for quad strength, hamstring stretching for flexibility, or treadmill walking to improve cardiovascular endurance.
- **CPT 97112: Neuromuscular Re-education:** Applied when exercises focus on brain-body retraining, movement quality, and stability.
 - *Examples:* Standing on a wobble board for balance, Proprioceptive Neuromuscular Facilitation (PNF) diagonal patterns, or core stabilization exercises with direct posture cueing.
- **CPT 97530: Therapeutic Activities:** Used for dynamic, multi-joint exercises mimicking "real-world" functional movements.
 - *Examples:* Practicing sit-to-stand movements to improve transfers, picking up objects from the floor to practice functional bending/lifting, or overhead reaching while holding a weighted object.



Question: Using the case mix ED data, I noticed over the past five years a 49% decline in distinct patients with a principal or associated eating disorder diagnosis (anorexia nervosa, bulimia nervosa, and binge eating disorder) from 358 to 179. To determine whether the decline is a true population reduction or care-seeking shift, I am considering applying for the MA APCD but first wanted to determine the magnitude of eating disorder data available.

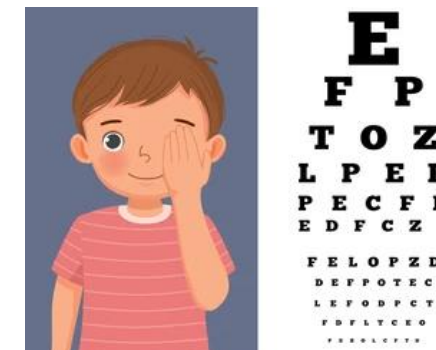


Answer: The MA APCD captures data from all care settings. When looking at principal diagnosis alone, the MA APCD shows between 6,131 and 7,812 members with eating-disorder diagnoses annually from 2020 through 2024. The largest diagnostic groups were adults with binge-eating disorder, reaching 2,654 members in 2022, and pediatric members with anorexia nervosa, reaching 2,199 members in 2021. Although the MA APCD does not include all self-insured populations or Medicare fee-for-service beneficiaries, the charts below demonstrate that its cross-care setting data provide a substantially larger population for eating-disorder research than from case-mix ED data alone.

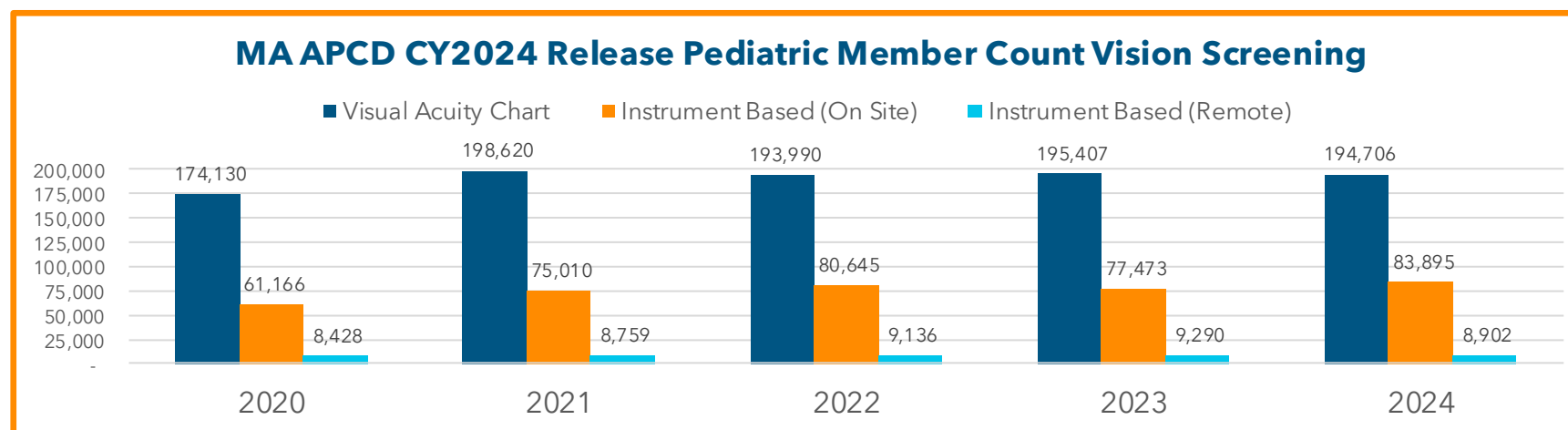


Question: Given that some state all-payer claims databases may not capture claims from certain low-volume specialty insurers, including carriers that exclusively provide vision coverage, to what extent does the MA APCD contain sufficient data to support analyzing pediatric vision screening? Specifically, can the MA APCD be used to estimate pediatric (age<=21) member counts by vision screening method?

Pediatric Vision Screening



Answer: Yes, in looking at the MA APCD calendar year 2024 release to identify pediatric vision-screening records for calendar years 2020 through 2024, twenty-eight carriers submitted data to support determining screening by screening method: visual acuity chart screening, on-site instrument-based screening, and remote instrument-based screening. Visual acuity chart screening was the most frequently identified method, ranging from 174,130 distinct pediatric members in 2020 to 198,620 in 2021. On-site instrument-based screening increased from 61,166 members in 2020 to 83,895 in 2024, representing an increase of approximately 37.2%. Remote instrument-based screening remained comparatively uncommon, with annual counts ranging from 8,428 to 9,290 members.





WHEN IS THE NEXT DATA USER WORKGROUP MEETING?

**NEXT CHIA DATA USER WORKGROUP MEETING
TUESDAY, AUGUST 25, 2026**

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

Questions?

Questions

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





chiamass.gov