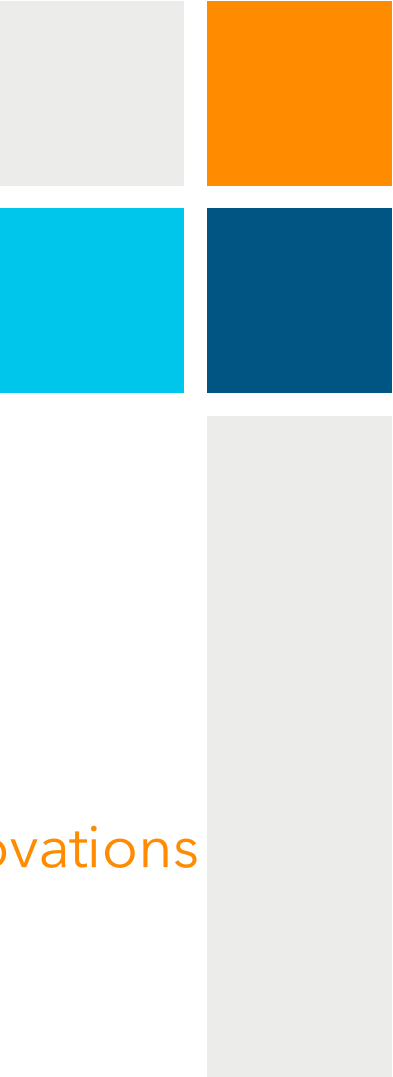




CHIA Data User Workgroup

Donald Kirkwood, Manager of Data Release and Procurement

Scott Curley, Chief Data Product Officer

Anne Medinus, Senior Research Account Specialist

Sylvia Hobbs, Associate Director of Artificial Intelligence and Data Innovations

August 25, 2026



Agenda

Announcements:

- Data Release Availability
- Requesting Data Using CHIA's New Online Application Process
- Discussion of Differences between MA APCD and Case Mix Data
- Discussion of Differences in Discharge Status Codes for Court/Law Enforcement
- Alert: National Association of Health Data Organization's (NAHDO) 2026 Annual Virtual Meeting
- Alert: American Public Health Association (APHA) 2026 Annual Meeting and Exposition
- Alert: National Highway Safety Administration (NHTSA) Seeking Public Comments on Medical Data Integration
- Alert: FDA Seeking Comments on Regulating Generative Artificial Intelligence(GenAI)-Enabled Medical Devices
- Alert: FDA Publishes New Paper on Development and Use of Digitally Derived Measures for Clinical Investigation

Data User Support Questions

- Sites of Care for Autism Spectrum Disorder
- Home Health Services Data
- Behavioral Health Care for Incarcerated Populations
- Decrease in Emergency Department Deaths
- The Differences Between Case Mix and MA APCD Data

Q&A

Questions?



Announcements



FY2025 Outpatient Emergency Department Data is Available

FY2025 OOD is in Progress



To check annual case mix release schedule, see: <https://www.chiamass.gov/requesting-submitting-data/requesting-data-records/status-of-data-requests/>

Case Mix Releases

PRODUCT	TARGET	ACTUAL	STATUS
Case MixFY 2025 (October 1, 2024 – September 30, 2025)			
Hospital Inpatient Discharge Data (HIDD)	June 2026	May 2026	Available
Emergency Department Data (EDD)	August 2026	August 2026	Available
Outpatient Observation Stay Data (OOD)	September 2026	–	In Progress
Release Status Notes HIDD and EDD are available. OOD is in Progress.			





MA APCD CY 2025 Scheduled for Release Fall 2026

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



To check annual case mix release schedule, see: <https://www.chiamass.gov/requesting-submitting-data/requesting-data-records/status-of-data-requests/>

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 MA APCD CY 2025 is in development.			
PRODUCT	TARGET	ACTUAL	STATUS
MA APCD CY 2024 (2020-2024 data with six-month run out from 2025)	Fall 2025	Fall 2025	Available
Release Status Notes MA APCD CY 2024 is available.			

Reminder of 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

Data Application Submission Instructions

1 Prepare To Submit an Application

Review the data application questions and Data Use Agreement before submitting an application. CHIA staff can provide assistance by tailoring your request, discussing data privacy and security requirements, and calculating fees or supporting fee waiver requests. Any questions related to the application process can be directed to HighQ.Support@chiamass.gov.

2 Submit Online Application

CHIA uses a secure, cloud-based online platform for data request applications.

[Submit a data request application](#) 

3 Review and Consultation

A CHIA Subject Matter Expert will review the application materials and, if needed, work with applicants to refine data requests. Review time depends on the complexity of the request and the sensitivity of the data requested.

4 Compliance Review and Approval

CHIA will confirm that the requested release is authorized under Massachusetts law. Note: Applicants seeking Medicaid data must establish that the proposed use is "directly connected" to the administration of the Medicaid program.

5 Execute Data Use Agreement

After approval, a Data Use Agreement (or equivalent agreement for government agencies) must be executed prior to data release. Note: Applicants seeking Medicare data must also sign the Medicare Addendum.

6 Data Release

Once the Data Use Agreement (or equivalent agreement for government agencies) is executed, CHIA processes the data extract, which is then transmitted to the recipient via secure delivery.

[Check the status of your data request](#) →

Detailed instructions for using CHIA's new online data request application are available at: <https://www.chiamass.gov/requesting-submitting-data/requesting-data-records/request-ma-apcd-case-mix-data/>



Registration Open for National Association of Health Data Organizations (NAHDO) 2026 Virtual Annual Meeting

Data in Action: Turning Insight Into Impact



NAHDO's 41st Annual Conference
Virtual Sessions: November 17-19, 2026

For more information, see: <https://www.nahdo.org/conference/2026>

NAHDO is pleased to announce that their 2026 Annual Conference will include a full set of virtual sessions (November 17-19) as well as several exciting pre-conference events (October 28, November 4, and November 11). NAHDO has learned that there are many people who want to participate in our annual conference but due to various factors cannot attend in-person events. To maximize the number of participants, their main annual conference will be virtual as a companion to our in-person meetings and networking sessions. All paid conference registrants will be able to view and participate in live interactive sessions, and all sessions will be recorded and available for on-demand viewing by paid registrants. Our lineup of presenters, speakers and panelists includes innovators, deep thinkers, experts, thought-leading visionaries and sought-after industry leaders who will speak about cutting edge insights and ideas to improve on existing solutions and emerging technologies, new applications and opportunities.



ALERT: Registration Open for the American Public Health Association 2026 Annual Meeting and Expositions

Together We Thrive: Health Across the Lifespan



Date: November 1-4, 2026

Location: Henry B. González Convention Center| San Antonio, Texas

As the largest public health gathering of the year, APHA's Annual Meeting and Exposition convenes approximately 11,000 public health professionals from a broad spectrum across a variety of disciplines and partners from around the world to engage, collaborate and grow. APHA encourages you not to miss opportunity to make lasting connections and learn from exhibitors, peers and today's leaders. The goal of the conference is to come together to ensure health for across the lifespan.

For more information, see: <https://www.apha.org/events-and-meetings/annual>



Program at a glance: <https://apha.confex.com/apha/2026/meetingapp.cgi/Home/0>

Exposition floor plan: https://apha2026.mapyourshow.com/8_0/exhview/index.cfm

For registration: <https://secure.apha.org/IMIS/AnnualMeeting>

ALERT: The National Highway Traffic Safety Administration (NHTSA) Seeking Public Comments on Medical Data Integration



Comments must be submitted on or before October 6, 2026.

Medical Data Integration: The National Highway Traffic Safety Administration (NHTSA) issued notice in the August 7th Federal Register requesting public comments on a planned initiative to track how state and territory jurisdictions link motor vehicle crash logs directly with injury surveillance and hospital medical data, specifically linking motor vehicle crash data with injury surveillance and medical data (e.g., emergency medical services (EMS), emergency department, hospital inpatient discharge, trauma registry, and vital statistics). NHTSA specifically wants to understand the methods, tools, staffing capabilities, governance arrangements, data-sharing practices, quality controls, and unique identifiers supporting crash-injury data integration, including investigating the implementation of Universally Unique Identifiers across medical and transit datasets.

Comments could help NHTSA consider lawful data collection, privacy-preserving linkage, interoperability standards, data quality, equitable representation, sustainable governance, the responsible use of emerging technologies, whether the proposed collection will produce practically useful information that can inform real-world decisions.

Interest group members can add value by recommending measures of integration maturity, meaningful data-use outcomes, implementation capacity, and safeguards that support trustworthy access while protecting individuals and communities. Comments are due **October 6, 2026**, and may be submitted through Regulations.gov under **Docket No. NHTSA-2026-1420**.

For more information, see: <https://www.govinfo.gov/content/pkg/FR-2026-08-07/pdf/2026-16116.pdf>



ALERT: The United States Food and Drug Administration (FDA) Seeking Public Comments on Regulating Generative Artificial Intelligence (GenAI)-Enabled Medical Devices



Comments must be submitted on or before October 19, 2026.

The FDA issued a discussion paper August 18th on considerations for regulating GenAI-enabled medical devices, seeking feedback from interested parties on risk assessment, premarket evaluation, post market monitoring, and other topics relevant to the regulation of GenAI-enabled medical devices. The discussion paper includes key priorities to advance regulatory frameworks for AI and digital health technologies.

GenAI-enabled medical devices hold transformative promises for patient care and the broader health ecosystem. At the same time, these devices may introduce unique risks when compared to traditional software and AI-enabled medical devices. The discussion paper proposes a potential approach to premarket evaluation built on the concept of competency assessment, inspired at a high level by how physicians are trained and evaluated, consisting of non-clinical device benchmarking and clinical confirmation to evaluate whether a GenAI-enabled medical device performs as intended before reaching patients. The paper also describes several potential approaches to risk-proportionate post market monitoring and discusses considerations around foundation models and agentic AI systems. For each of these areas, the FDA poses targeted questions to inform the development of a regulatory framework that is scientifically rigorous, prioritizes patient safety, and aligns with the novel capabilities of GenAI-enabled medical devices.

The FDA encourages feedback on the discussion paper from device manufacturers, clinicians, consumers, researchers, the public, and other interested parties, to be submitted under the **Docket No. FDA-2026-N-7874** on Regulations.gov by **October 19, 2026**.

For more information, see: <https://www.fda.gov/medical-devices/digital-health-center-excellence/considerations-regulation-generative-ai-enabled-medical-devices-discussion-paper-and-request>





ALERT: FDA Publishes New Paper on Development and Use of Digitally Derived Measures for Clinical Investigations

The FDA's Center for Biologics Evaluation and Research, Center for Drug Evaluation and Research, Center for Devices and Radiological Health, and Oncology Center of Excellence jointly published a new paper on existing FDA guidances to support the development and use of digitally derived measures (DDMs) as outcomes in clinical investigations. Digital health technologies (DHTs), including those enabled by artificial intelligence (AI), have the potential to capture information about a person's health, continuously in real time, outside of health care settings, for a variety of purposes.

The paper refers to measures derived from data collected using DHTs as digitally derived measures (DDMs). DDMs may be used as clinical outcome assessments, biomarkers, or as part of multicomponent endpoints derived from multimodal data. FDA encourages the assessment of clinical outcomes that are both clinically relevant and capture what is meaningful to patients with evidence to support that the DDM selection is justified, relevant, and valid.

The paper identifies key considerations from FDA guidances that may facilitate the development of DDMs that quantify meaningful aspects of health, consistent with best practices for patient engagement, measurement science, and software and AI verification and validation. For more information, see: <https://www.fda.gov/medical-devices/digital-health-center-excellence/key-considerations-development-and-use-digitally-derived-measures-clinical-investigations-fda-paper>



Questions?



Data User Support Questions

Question: I used the CDC's Autism and Developmental Disabilities Monitoring Network data. The most recent year I had access to was 2022. The CDC removed, then restored some of its autism materials and resources. Before submitting an MA APCD application, I would like to know the most recent year available and whether autism claim lines show any growth in recent years.

Autism Data



CY 2020-24 Claim Line Volume for Top 20 Autism Billing Providers

Billing Provider	2020	2021	2022	2023	2024
Autism Spectrum Therapies	54,691	159,379	176,198	132,323	170,745
Beacon ABA Services Inc	72,423	102,868	123,295	103,028	132,200
Boston Public Schools	30,244	52,201	54,151	47,367	60,476
Advocates Inc.	31,873	35,210	40,909	43,539	47,430
Autism Intervention Specialists	21,399	29,419	37,153	23,767	31,984
Northeast Arc, Inc.	20,766	23,853	35,203	31,949	29,169
Positive Behavior Supports Corporation	11,812	28,255	36,948	26,586	36,692
Greater Boston ABA Associates	11,337	20,069	24,812	41,489	41,690
Amego Inc.	6,075	7,809	18,580	56,803	43,499
Alternatives Unlimited Inc.	21,455	22,710	24,808	24,908	26,653
Adult Foster Care N. S.	13,007	24,184	23,966	23,985	23,798
Nonotuck Resources A Inc.	18,959	21,090	18,952	22,098	24,710
Rosewood Day Habilitation	21,281	15,120	18,936	26,268	23,335
Autism Therapeutic Services	14,439	22,330	38,727	13,573	13,526
May Institute Inc.	18,020	15,395	17,431	22,606	23,107
AES Group USA Inc.	7,151	11,160	15,581	27,184	33,276
Caregiver Homes of Massachusetts, Inc.	36,149	41,367	11,350	-	-
Seven Hills Adult Fam Care	15,408	16,447	16,672	17,055	21,599
DMR Autism Waiver Services	22,386	20,974	17,049	14,285	10,407
Behavioral Connections LLC.	15,850	13,350	5,977	22,383	24,366

Answer: MA APCD CY2024 cover years calendar years 2020 through 2024 with a 6-month run out of 2025. In looking at the CY2024 release top 20 autism billing providers, autism-related (e.g., primary ICD-10-CM diagnosis F840) claim line volume has increased over the five-year period. See table on left.

Total claim lines for the top 20 billing providers grew from 464,725 in 2020 to 818,662 in 2024, representing 76% increase. Although there was a decline from 756,698 claim lines in 2022 to 721,196 in 2023, claim lines rebounded in 2024 and reached the highest level.

Total claim lines for all providers grew from 582,462 in 2020 to 1,101,718 in 2024, representing a 52% increase. Indicating a sustained increase in autism service claim activity among the largest providers, with 2024 volumes significantly exceeding pre-pandemic level.



Question: I am analyzing home health services for elders (adults +65) and first want a gauge of the population volume of elders in the MA APCD. I understand that the MA APCD does not include Medicare-Fee-for-Service. Therefore, my focus is on medical claims for the Medicare managed care, dual-eligible commercially covered and low-income/Medicaid segment of the Massachusetts elderly population.

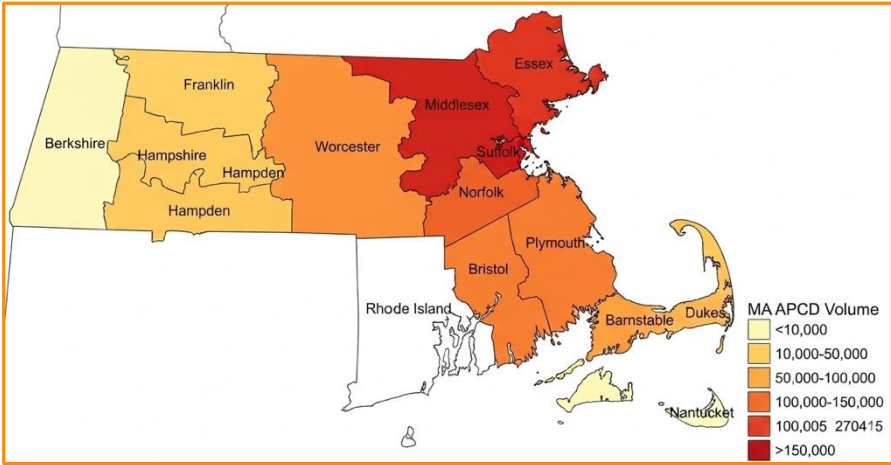


Answer: When comparing U.S. Census Bureau* population estimates for adults age 65 and older to MA APCD CY2024 member eligibility distinct memberlinkids by year for Massachusetts residents **with medical coverage (ME018 = code1) age 65 and older**, the difference between the census population estimates and the MA APCD ranged from **4.5% to 6.8%** annually between 2020 and 2024. In 2024, MA APCD +65 population with medical coverage was 1.2 million and census 1.3 million. **See Table 1 below.** In 2024, across the 14 Massachusetts counties, the MA APCD counts for individuals aged 65 and older are an average of 10.44% lower than the MA Census* counts. **See Figure 1 below.**

Table 1. Comparison of +65 MA Census* Population Estimates to APCD

Year	MA APCD	Census Population Estimates	Percent Difference
2024	1,267,914	1,361,000	6.8%
2023	1,254,570	1,314,000	4.5%
2022	1,207,545	1,275,000	5.3%
2021	1,166,166	1,237,000	5.7%
2020	1,136,284	1,205,000	5.7%

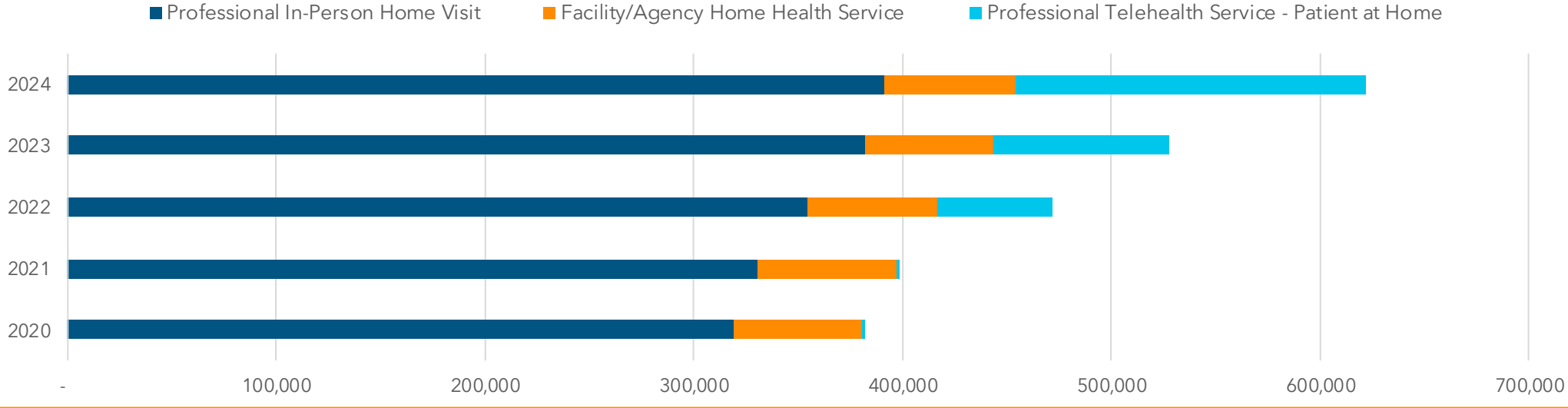
Fig1. Year 2024 APCD 65+ Population by County



Answer (continued): The annual population aged 65 years or older in the MA APCD receiving facility- or agency-based home health services (i.e., type of bill LIKE '32%' or type of bill LIKE '34%'), remained within a range of 61,716 to 66,593 individuals from 2020 through 2024. The annual 65+ population receiving professional in-person services in the patient's home, (i.e., site of service = '12'), increased from 319,352 individuals in 2020 to 391,130 in 2024. The annual 65+ population Receiving professional telehealth services while located in the patient's home, (i.e., site of service = '10'), increased from 1,025 individuals in 2020 and 1,373 in 2021 to 55,700 in 2022, 84,262 in 2023, and 167,737 in 2024. Within each calendar year, each member was counted once within each service category, irrespective of the number of associated claims or encounters. Because an individual could be counted in more than one service category during the same calendar year, the categories are not mutually exclusive, and their population counts should not be summed to derive an unduplicated annual population. **See Figure 1 below.**



Figure 1. Count of Members Age 65 and Older with MA APCD Medical Claims for Home Health Services



Question: What is the annual volume of Massachusetts acute-care hospital utilization involving individuals admitted by court/law enforcement. In addition, what are the most common behavioral health diagnoses associated with these encounters and what denominator can be used to calculate hospitalization rates for this population?

**Court/Law
Enforcement
Source of
Admission**

Answer: Primary or secondary Court/law-enforcement source of visit for emergency department utilization showed an upward trend over the period from 2016-2025, increasing from 1,817 visits in 2016 to 3,376 visits in 2025, an 86% increase. **See Figure 1 on the right.** In contrast, hospital inpatient discharges declined. Initially, inpatient discharges increased from 1,151 in 2016 to 2,187 in 2018 before falling to 670 discharges in 2025. Compared with the 2018, inpatient discharges declined by approximately 69% by 2025. **See Figure 2.** Observation stays demonstrated the opposite pattern. Observation utilization increased from 98 stays in 2016 to 393 stays in 2025, a fourfold increase Over the 2016-2025 period. **See Figure 3.**

Fig 1. FY2016-2025 ED Visits

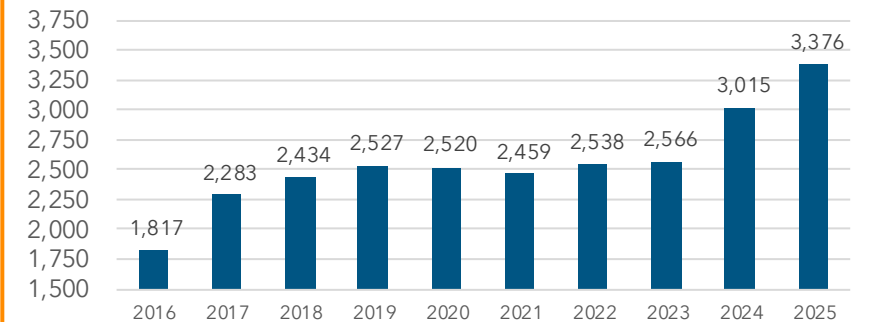


Fig 2. FY2016-2025 Inpatient Discharges

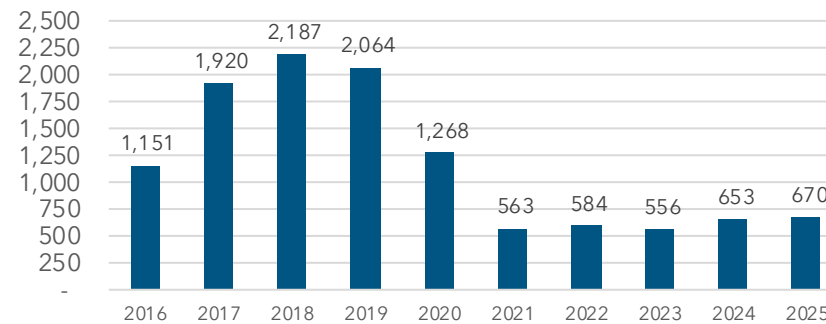
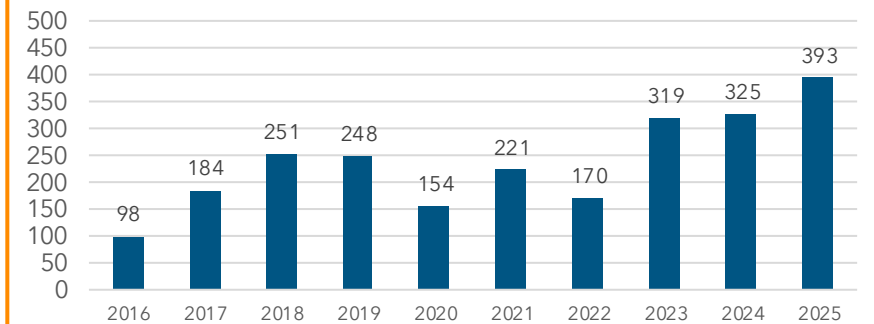


Fig 3. FY2016-2026 Observation Stays



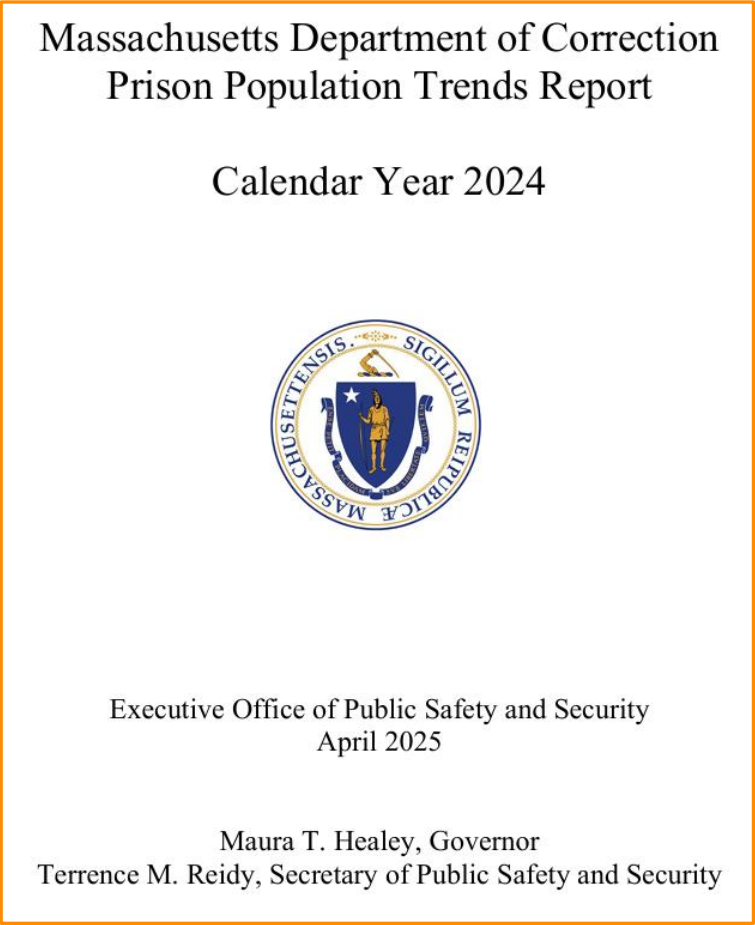
Answer continued →

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Answer (continued): Among the top 10 principal diagnosis codes for females whose ED source of visit was court/law enforcement, six diagnoses were behavioral health-related, including top ranking suicidal ideation. **See first table below.** Among the top 10 principal diagnosis codes for males, three diagnoses were behavioral health-related. **See second table below.** For **Massachusetts Department of Corrections population counts, see the annual Prison Population Trends Report** (Calendar Year 2024) available at: <https://www.mass.gov/doc/prison-population-trends-2024/download>

**Court/Law
Enforcement
Source of
Admission**



Rank	Female Top 10 Principal Diagnosis Codes for ED Visit
1	Suicidal ideations
2	Anxiety disorder, unspecified
3	Chest pain, unspecified
4	Opioid dependence with withdrawal
5	Depression, unspecified
6	Alcohol abuse with intoxication, unspecified
7	Headache, unspecified
8	Unspecified injury of head, initial encounter
9	Restlessness and agitation
10	Other chest pain

Rank	Male Top 10 Principal Diagnosis Codes for ED Visit
1	Chest pain, unspecified
2	Other chest pain
3	Unspecified injury of head, initial encounter
4	Suicidal ideations
5	Unspecified convulsions
6	Altered mental status, unspecified
7	Syncope and collapse
8	Alcohol abuse with intoxication, unspecified
9	Epilepsy, unspecified, not intractable, without status epilepticus
10	Essential (primary) hypertension

Question: I observed a recent decrease in the CDC's provisional weekly mortality data for Massachusetts emergency department deaths and would like to know whether a similar pattern appears in the most recent FY2025 case mix ED data release, particularly between FY2024 and FY2025, and, if possible, longitudinally over multiple years.

ED Deaths



Answer: After decreasing from 244.2 deaths per 100,000 ED visits in 2015 to 193.8 in 2019, the ED death rate experienced a pandemic-era increase to 251.7 deaths per 100,000 visits in 2020, a 29.9% increase over the pre-pandemic 2019 level (**see Figure 1 below**). Although number of ED visits fell from 2.42 million visits in 2019 to 1.98 million in 2020 (**see Figure 2 below**), the number of deaths increased from 4,688 to 4,986 (**see Figure 3 below**), indicating a substantial increase in the severity of patients presenting for ED care during the pandemic. However, since 2020, the ED death rate has fallen to pre-pandemic levels, to 191.6 deaths per 100,000 ED visits in 2025, the lowest death rate in the eleven-years and 23.9% below the 2020 peak, indicating sustained improvement trend despite an increase in ED visit volumes to approximately 2.25 million visits annually.

Fig 1. FY2015-25 Death* Rate per 100,000 ED Visits

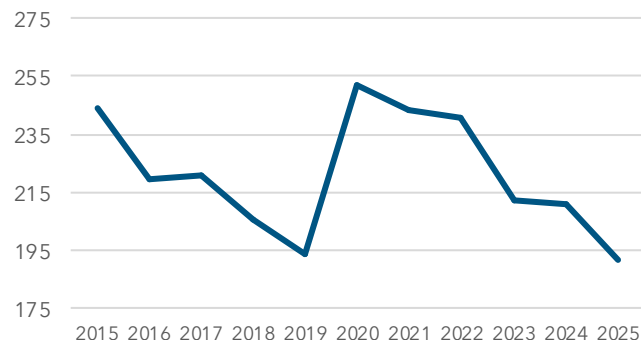


Fig 2. FY2015-25 Total ED Visits

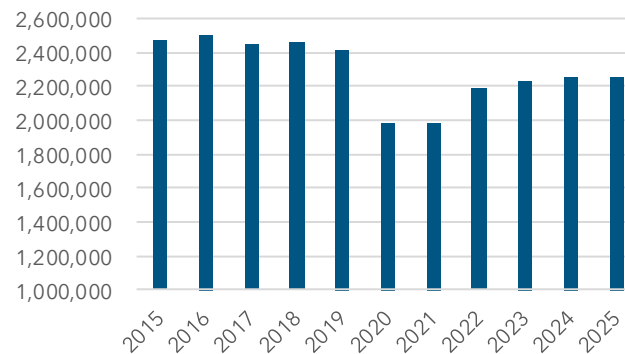
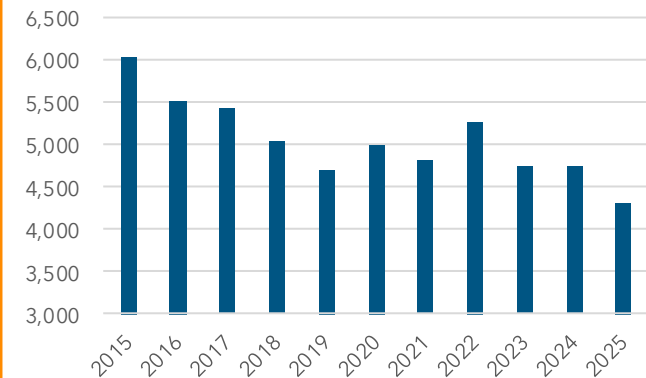


Fig 3. FY2015-25 ED Deaths*



* Note: Departure Status Codes '0', '9'



Question: What are the scope differences between CHIA's hospital case mix data and the Massachusetts All-Payer Claims Database (MA APCD)? I am trying to determine which dataset fits my study design before applying for data access?



Answer: Case mix contains hospital-submitted records for inpatient discharges, treat-and-release emergency department visits, and outpatient observation stays at Massachusetts acute care facilities. Case mix is population-based including all payers (government and commercial), self-pay, and free care. The MA APCD contains payer-submitted eligibility and adjudicated claims covering a broad range of providers and services including utilization, insurance enrollment, expenditures, and nonhospital care. Unlike case mix, the MA APCD does not contain Medicare fee-for-service, self-pay, and free care. Consequently, the MA APCD is not population-base. Moreover, following Gobeille v. Liberty Mutual, ERISA-governed self-funded employee plans cannot be required to submit data to the MA APCD., and analyses using it must evaluate payer and plan completeness, particularly for self-insured populations.

Hospital Reporting (Case Mix)	Payer or Administrator Reporting (MA APCD)
Massachusetts acute hospitals submit information for four mutually defined encounter categories: Hospital Inpatient Discharge Data, or HIDD Outpatient Emergency Department Visit Data, or EDD Outpatient Observation Stay Data, or OOD Behavioral Health Data, or BHID Hospitals submit patient demographics, diagnoses, procedures, admission and discharge characteristics, clinician information, and charges. CHIA receives quarterly submissions, applies file-level and field-level edits, and generally expects submitted files to be at least 99 percent error-free.	The MA APCD is generated from the payer side of the transaction. Private payers, third-party administrators, and MassHealth submit medical, pharmacy, dental claims, member eligibility, provider, product, benefit-plan, and control-total information. Most file types are submitted monthly. The product file is quarterly. Consequently, APCD inclusion depends on both insurance coverage and the submission status of the payer or plan. A service may occur in Massachusetts but be absent from the MA APCD if the responsible self-funded plan is not reporting, if the service is not processed as a conventional claim, or if the applicable payer or population is outside the reporting scope.

Case Mix & MA APCD Differences



Answer (continued): Case mix and the MA APCD are complementary rather than interchangeable data resources. Each captures dimensions of health care that the other does not. Understanding the data structure before applying helps applicants select the dataset that can validly answer their research question while anticipating its secure storage, processing, and methodological requirements. Due to the size of the MA APCD, it is important to plan appropriately for secure data storage, access controls, computing capacity, and other infrastructure required before delivery.

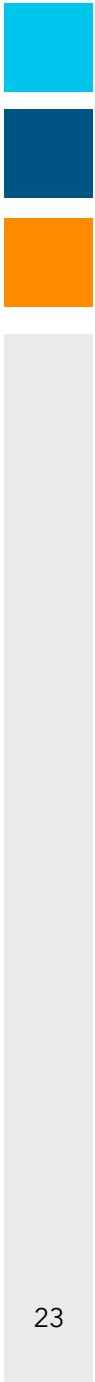
Structural Feature	Case Mix Data	MA APCD
Data Submitter	Submitted exclusively by Massachusetts acute care hospitals and specific psychiatric or behavioral health facilities.	Submitted by health insurance payers, commercial carriers, third-party administrators (TPAs), pharmacy benefit managers (PBMs), and public managed care programs (MassHealth/Medicaid).
Geographic scope and location of care	Case mix only captures care delivered at Massachusetts facilities, even when the patient is a Massachusetts resident or has insurance issued by a Massachusetts carrier. It also includes out-of-state residents treated at Massachusetts hospitals.	The MA APCD follows the insurance claim rather than the physical location of care. It also captures services delivered by out-of-state providers when paid for by a carrier subject to MA APCD reporting requirements. This includes care received by college students attending school outside Massachusetts, dependents living in another state, residents traveling, and patients referred to out-of-state providers.
Completeness	If an encounter occurs at a reporting hospital, the hospital reports it, regardless of patient payment method. The completeness of case mix is not dependent on a patient's payment method.	Following <i>Gobeille v. Liberty Mutual Insurance Co.</i> , states cannot compel ERISA self-funded employer plans to submit claims data under state APCD mandates. The resulting absence or incomplete representation of many self-funded plan members is a structural limitation and a principal reason the MA APCD is not population-based.
Financial Data	Case Mix reports hospital service charges. Charges are institutional list-price for a service and not the insurer-paid amounts, allowed amounts, deductibles or patient out-of-pocket liability fields needed to gain the details of how payment is adjudicated.	The MA APCD contains over twenty distinct currency fields, including charges, payments, prepaid, copay, coinsurance, deductible, coordination of benefits/TPL liability amount, other insurance paid, Medicare paid, allowed, non-covered, excluded expenses, withhold amount, patient total out of pocket amount, value amounts, medical deductible, pharmacy deductible, behavioral health deductible, dental deductible, vision deductible, monthly premium, and total monthly premium.

Answer continued 

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Answer (continued):

Structural Feature	Case Mix Data	MA APCD
Medicare Representation	All encounters for Medicare-fee-for-service and Medicare Advantage beneficiaries are included when they occur at a facility reporting acute care inpatient discharges (HIDD), outpatient emergency department visits (ED), outpatient observation stays (OS) and select facilities reporting behavioral health inpatient discharges (BHID).	The MA APCD does not include Medicare fee-for-service claims, only Medicare Advantage claims submitted by commercial carriers for any care setting. Non-government applicants requiring Medicare fee-for-service claims can request data directly from Research Data Assistance Center (ResDAC) which is a Centers for Medicare & Medicaid Services (CMS) contractor that provides support to researchers who want to request Medicare data for health research.
Medicaid/MassHealth Representation	As with Medicare-fee-for service, all encounters for all MassHealth beneficiaries and commercial Managed Care Organizations (MCOs) and Accountable Care Organizations (ACOs) are included when the encounters occur in one of the four reportable case mix reporting settings: HIDD, ED, OS, and BHID. Case Mix does not include encounters that fall outside of these four defined care setting data streams.	MassHealth submits claims and eligibility data to the MA APCD. Therefore, the MA APCD contains data for all Medicaid beneficiaries, including MCOs, ACOs, Primary Care Clinician (PCC) plans, across all covered care settings . If the intended study population is specifically MassHealth members, the MA APCD provides the stronger population-based framework to analyze the entire continuum of care regardless of where care is provided.
Data Volume, Storage Burden, and delivery method	Case mix is sufficiently compact to be delivered electronically and managed with more modest storage and computing infrastructure. Although case mix is sufficiently compact for electronic transmission, for both case mix and the MA APCD applicants must establish the approved secure storage, access controls, and computing environment before data delivery.	The National Institute of Standards and Technology defines big data as extensive datasets characterized by volume, variety, velocity, and/or variability that require scalable architectures for efficient storage, manipulation, and analysis. The MA APCD has the operational characteristics of big-data. Its volume contains multiple years of data from numerous payer organizations and must be delivered on an external hard drive. Its variety comprises medical, pharmacy, and dental claims, with member eligibility, provider, product, and benefit-plan files. It has variability in coding practices, field completeness, and reporting patterns can vary across payers. It has processing complexity, claims can be versioned, linked across relational files, aggregated from claim lines, and transformed into analytically meaningful units such as encounters, episodes, members, or member-months.



WHEN IS THE NEXT DATA USER WORKGROUP MEETING?

**NEXT CHIA DATA USER WORKGROUP MEETING
TUESDAY, SEPTEMBER 22, 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





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