CHIA Data User Workgroup

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Agenda

- **Announcements:**
  - New – FY2024 Outpatient Observation Stay Data Now Available
  - How to Check Current Data Release Availability and Targeted Date of Availability
  - Change in Process for Submitting Request for Data Documents
  - Commenting on CHIA Data Release Applications
  - Upcoming Boston University Forum on Large Datasets in Health Research
  - New Publication on Impact of Medicaid Coverage of Tele-Mental Health Services on Postpartum Mental Health Services
- **Data User Support Questions**
  - Radiology and Advanced Imaging Data
  - Selection of Geospatial Data
  - Primary Care Flag Fields
  - Null Values
- **Q&A**

Announcements

FY2024 Outpatient Observation Stay Data Now Available

The fiscal year 2024 outpatient observation stay data (OSD) is now available. The OSD includes observation stays that occurred between October 1, 2023, and September 30, 2024. Facilities reported a total of 218,034. To apply for the data, obtain a copy of the Application Form, Data Use Agreement, Data Management Plan and/or other documents required for application, go to: https://www.chiamass.gov/chia-data. Follow the links to the forms that correspond to the data (Case Mix, MA APCD) and application type (Government, Non-Government) that are appropriate to the data request. Information on the Hospital Case Mix and Charge Data Fee Schedule is available at the following link: https://www.chiamass.gov/assets/docs/g/chia-ab/1705.pdf . The Documentation notes some of the following changes in outpatient observation stay sites:

- North Adams Regional Hospital (Org Id 21965) opened in March 2024 and is designated a critical access hospital.
- Signature Healthcare Brockton Hospital (Org Id 25) temporarily closed as of February 7, 2023, due to a transformer fire and did not submit quarterly OOD files for FY 2024 Quarter 1 through Quarter 3. This site reopened August 13, 2024, and submitted for Quarter 4 FY 2024.
- Steward Health Care closed two sites on August 31, 2024: Nashoba Valley Medical Center, A Steward Family Hospital (Org Id 11467) and Steward Carney Hospital (Org Id 42). Also, Steward Norwood Hospital (Org Id 41) is currently considered a closed facility since this site's license was not renewed in November 2024.

FY2024 Outpatient Observation Stay Data Now Available

New Data Release

Hospital observation stays, which had decreased markedly during the pandemic, increased to a post-pandemic high of 221,217 stays in FY2023. However, while the FY2024 volume of 218,034 stays showed a 1.4%, the FY2024 volume remains higher than the pre-pandemic year-to-year volume. ***See Figure 1 below***. Total observation stay charges in FY2024 amounted to $3.58 billion, a 2.7% decrease from the FY2023 surge to $3.68 billion. Over the ten-year period from FY2015 to FY2024, total observation stay volume increased by 3.8%, total charges rose by 58.1%. ***See Figure 2 below***.

Fig 1. Ten Year (FY2015-FY2024 Trend in Observation Stay Volume

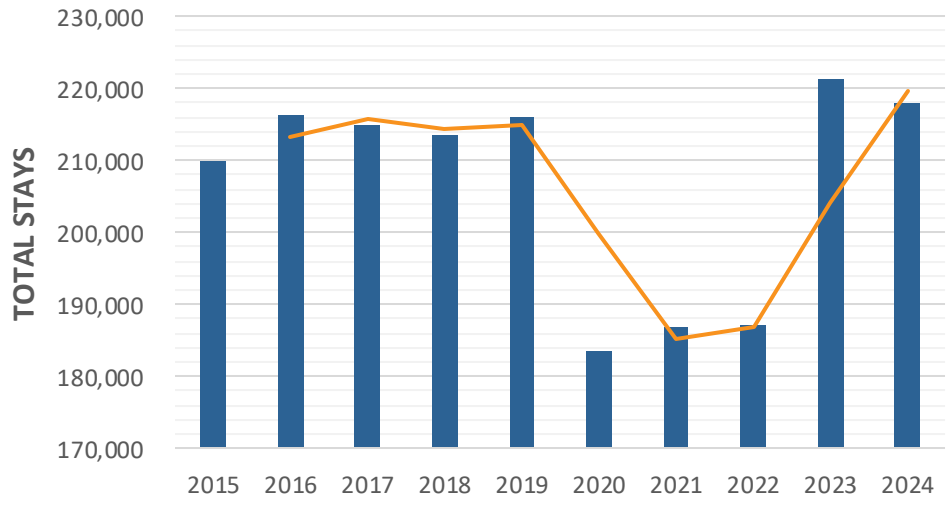
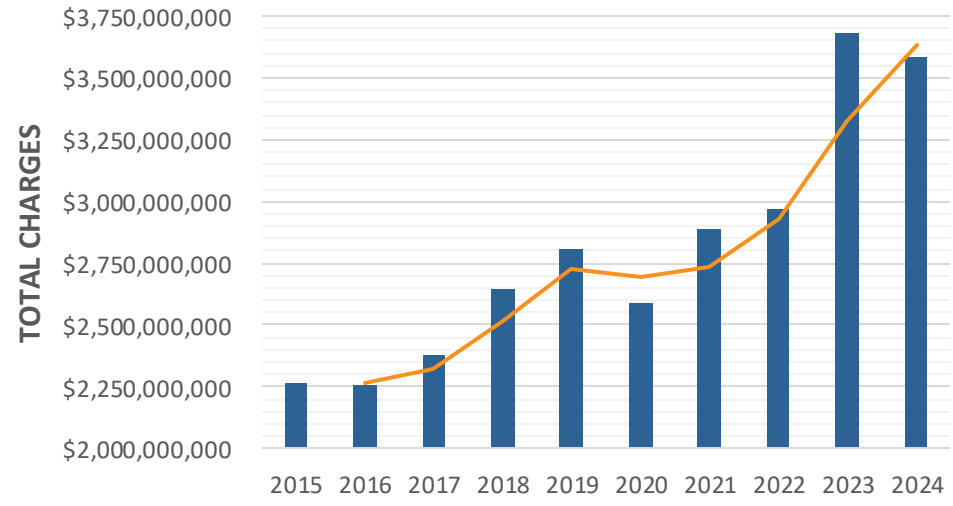


Fig 2. Ten Year (FY2015-FY2024 Trend in Observation Stay Charges



How to Check Current Data Release Availability

To date, all case mix data databases (HIDD, EDD, and OSD) fiscal year 2024 (10/1/2023 through 9/30/2024) are available to apply for. 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 Massachusetts All-Payer Claims Database (MA APCD) for Calendar Year 2025 (which includes 2020-2024 data with six-month run out from 2025) is in progress and targeted for release Fall 2025.

Annual Release Status

This information was updated on: 8/5/2025

MA APCD Releases

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

Change in Process for Submitting Data Request Documents

Submitting Data Request

All application documents should be emailed to CHIA

- To access **Massachusetts case mix data**, applicants must submit a written Data Request Form, a Fee Remittance/Fee Waiver Form, and, if the request is for Case Mix Levels 2 and above, a Data Management Plan to CHIA to casemix.data@chiamass.gov.

- To access **Massachusetts all payer claims data**, applicants must submit a written Data Request Form, a Data Management Plan, and a Fee Remittance/Fee Waiver Request Form to CHIA to apcd.data@chiamass.gov.

Large Datasets in High-Impact Health Research: Advancing access to data, linking datasets, and applying AI and new methodologies

Upcoming Research Forum

Sept 18-19, 2025, Boston University

IQVIA 2025 Research Forum

See: https://www.iqvia.com/insights/the-iqvia-institute/events-and-webinars/iqvia-research-forum-2025

In collaboration with Boston University Questrom School of Business and Boston University School of Public Health, Boston University will co-Chair the 2025 IQVIA Institute Research Forum (the forum) which focus on taking a dive deep into the opportunities and challenges regarding the use of large datasets with a focus on applying innovative methodologies, institutional and infrastructural approaches to use large datasets in high-impact health research.

Themes for the 2025 Forum Discussion

- **Advancing Access to Data**: Improving access to data through funding, sharing resources and collaboration across research teams, institutions, states and countries.
- **Linking Large Datasets**: Linking and integrating diverse data and large datasets in research and building innovative federal, state and institutional infrastructures for common data collection.
- **Using AI and New Methodologies**: Advancing the use of AI and other innovative methodologies in health research and translating research insights into clinical practice.

Alert: New Publication on Impact of Medicaid Coverage of Tele-Mental Health Services on Postpartum Mental Health Services: Evidence from Massachusetts

Impact of Medicaid Coverage of Tele-Mental Health Services on Postpartum Mental Health Services: Evidence from Massachusetts

Authors: Chanup Jeung, Laura B. Attanasio, and Kimberley H. Geissler | AUTHORS INFO & AFFILIATIONS

Publication: Journal of Women's Health • https://doi.org/10.1089/jwh.2024.1152

Available at: https://www.liebertpub.com/doi/10.1089/jwh.2024.1152

Some highlights from new article entitled “Impact of Medicaid Coverage of Tele-Mental Health Services on Postpartum Mental Health Services: Evidence from Massachusetts. Journal of Women's Health. 2025 Jun 4” by Chanup Jeung, Laura B. Attanasio, and Kimberly H. Geissler KH include that:

- Policy context: Massachusetts Medicaid introduced payment parity for tele-mental health in January 2019, prior to the COVID-19 pandemic, ensuring equal coverage for tele- and in-person mental health visits.
- Study design: Researchers used a difference-in-differences approach with the Massachusetts All-Payer Claims Database (2016–2020), comparing Medicaid vs. privately insured birthing individuals before and after parity.
- Findings: Among 138,669 individuals (81,494 Medicaid; 57,175 private), postpartum tele-mental health use was extremely low (0.07% overall), and parity produced no statistically significant increase in utilization among Medicaid enrollees.
- Conclusion: Payment parity alone did not increase tele-mental health uptake, suggesting that systemic barriers, geographic, logistical, or structural, continue to constrain postpartum mental health service access for Medicaid populations.

Data User Support Questions

Radiology Data

Question: I am considering applying for Medicare data from RESDAC and the MA APCD to study radiation oncology. Before applying for the MA APCD, I wanted to determine to what extent the medical claims billing stream data details any proton beam therapy procedures at the claim line level and they are not all bundled in "general radiology"?

Answer: The MA APCD does indeed contain detailed line-level medical claims documenting proton beam therapy. However, it is important to note that the overall claim volumes are lowered relative to the true MA population denominator, since the MA APCD excludes Medicare fee-for-service and, following *Gobeille v. Liberty Mutual*, has an approximately 40% reduction in commercial claims due to the absence of self-funded ERISA plan data. When filtering the medical claims for the proton beam CPT procedure codes 77520, 77522, 77523, and 77525 across calendar years 2021, 2022, 2023, and the first six months of 2024, proton beam therapy utilization was observed from providers in 17 states and the District of Columbia (**see Table 1**). Within Massachusetts, Massachusetts General Hospital was the sole reporting provider of proton beam services. The ten highest-volume providers by state are summarized in Table 2 below.

Table 1. Volume* of MA APCD Medical Claims Proton Beam Procedures for CY2021-2024(first 6 months)

Provider State	2021	2022	2023	2024 (first 6 months)
MA	3614	4516	3449	1421
FL	318	176	569	98
GA	418	108	*	*
NY	112	86	185	40
PA	84	92	30	*
MI	30	63	56	*
MD	36	*	56	50
TN	*	54	83	*
IL	15	13	84	11
CA	39	76	*	*
AZ	65	28	*	*
TX	*	25	39	*
DC	*	35	*	26
MN	20	*	15	15
VA	*	*	42	*
WA	*	*	34	*
NJ	*	28	*	*
MO	*	*	*	*

** Asterisk indicates cell suppression for volume less than 11*

Table 2. Top 10 Proton Beam Providers in MA APCD by State

RANK	PROVIDER
1	MASSACHUSETTS GENERAL HOSPITAL, Massachusetts
2	PROTON INTERNATIONAL - DELRAY, LLC, Florida
3	BAPTIST HOSPITAL, Georgia
4	THE NEW YORK PROTON CENTER, New York
5	ACKERMAN CANCER CENTER, Pennsylvania
6	WILLIAM BEAUMONT HOSPITAL, Michigan
7	HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, Pennsylvania
8	MARYLAND PROTON TREATMENT CENTER, LLC, Maryland
9	NORTHWESTERN MEDICINE CHICAGO PROTON CENTER, Illinois
10	FLORIDA PROTON THERAPY INSTITUTE INC, Florida

Census 5-Digit ZIP Code Tabulation Areas with 3-Digit ZIP Code Safe Harbor Geography Labels

A common application edit is switching from 3-digit to 5-digit ZIP Code. Remember if your research plan involves linkage between CHIA data and Census American Community Survey (ACS) data to select 5-Digit ZIP option for valid linkage to ACS sociodemographic data.

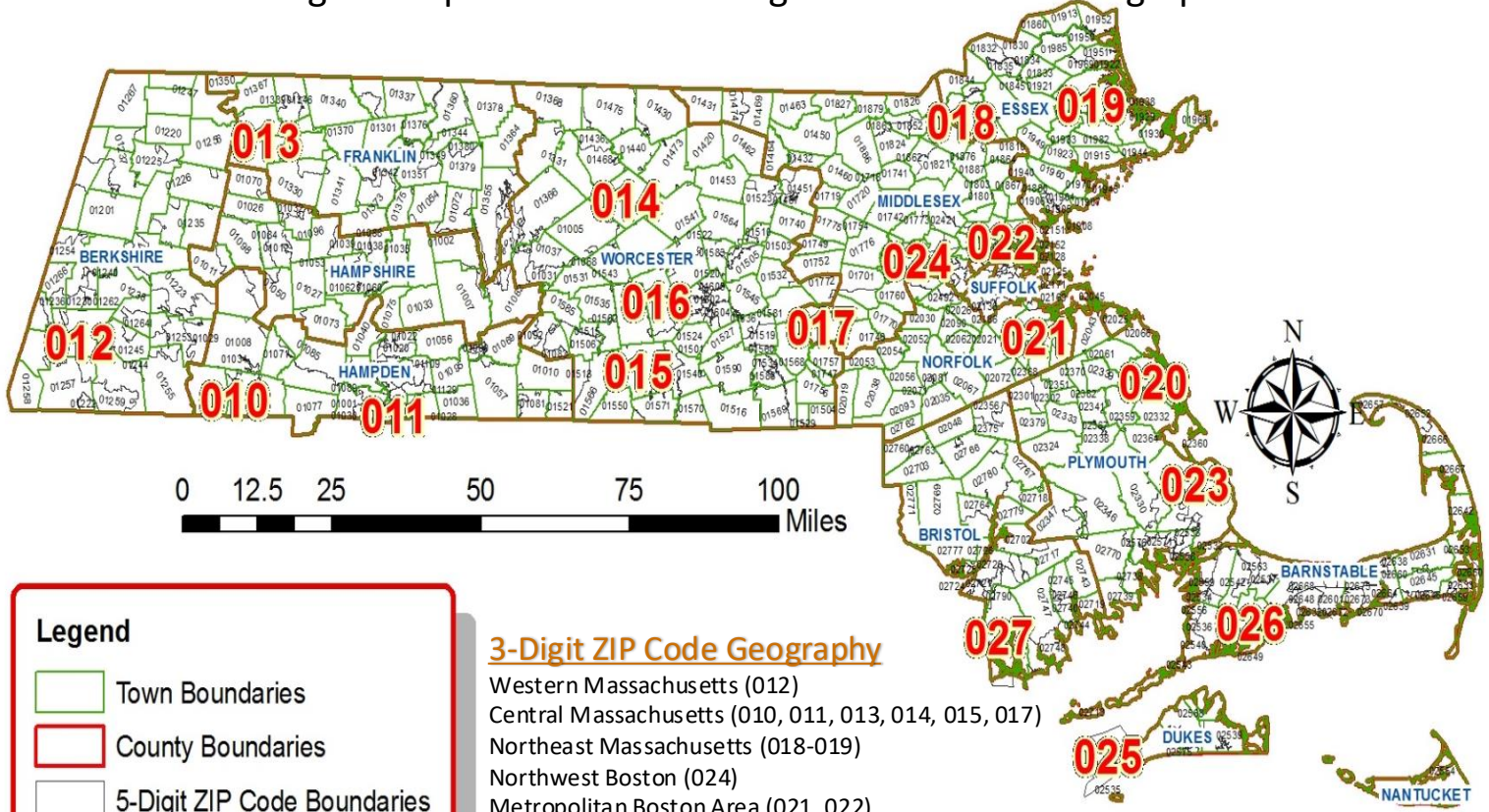
Why 5-Digit ZIP Codes Are Needed for ACS Linkage

Granularity of ACS Estimates

- The American Community Survey (ACS) publishes detailed sociodemographic, housing, and economic variables at ZIP Code Tabulation Areas (ZCTAs), which are built to align with 5-digit ZIP codes.
- The ACS does not release equivalent detail at the 3-digit ZIP code level. Aggregating to 3-digit ZIPs would collapse multiple heterogeneous communities into a single unit, obscuring neighborhood-level variation.

Precision for Health Equity Analyses

- Many variables relevant to health services research (e.g., income distribution, education level, housing cost burden, internet access) vary dramatically within the same 3-digit ZIP area.
- For example, a single 3-digit ZIP code in Massachusetts might include both affluent suburbs and socioeconomically disadvantaged urban neighborhoods. Only the 5-digit granularity preserves this contrast.



3-Digit ZIP Code Geography

Western Massachusetts (012)
Central Massachusetts (010, 011, 013, 014, 015, 017)
Northeast Massachusetts (018-019)
Northwest Boston (024)
Metropolitan Boston Area (021, 022)
Southeast Massachusetts (020, 023, 027)
Cape Cod (025, 026)

NOTE: *010, 011, 012 also serve Connecticut*
025, 026, 027 also serve New Hampshire

Question: Does the Massachusetts APCD include a flag or indicator that identifies which provider on a claim is the patient's designated primary care provider (PCP), or how the PCP status is derived indirectly from the data?

Answer: The PCP Flag field (PV055) in the provider table is not a derived field (See Table 1 below). The field is submitted by the carriers who know which providers they pay for primary care provision. It is a 100% filing threshold If PV034 (Provider Id Code=1 (Person).

Table 1. PCP Flag (PV055)

PV	55	PV 055	PCP Flag	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Indicator - Provider is a PCP	Report the value that defines the element. **EXAMPLE:** 1 = Yes, provider is a PCP.	Required when PV034 = 1	100%	A0
								Value	***Description***			
								1	Yes			
								2	No			
								3	Unknown			
								4	Other			
								5	Not Applicable			

The Member Eligibility file also contains PCP ID field (ME046) and the Attributed PCP Provider ID field (ME124). For ME046 (Member PCP ID) carriers report the PCP identifier for their members with a corresponding ID in the Provider File. ME046 is only used for members whose insurance products require the selection of a primary care physician (for example, health maintenance organizations or point of service plans). For ME124 (Attributed PCP Provider ID) carriers report PCPs attributed to the members whose insurance products do not require the selection of a primary care physician (for example, preferred provider organization plans or indemnity products). This attribution is based on the carrier's own attribution methodology. This value is reported in December only, for the year prior to the current year.

Data Quality Alert for 1900-01-01 as a Surrogate Value for Null/Blank Dates

Within the FY2024 Outpatient Observation Stay data, 186,117 records contain a principal procedure date coded as 19000101. See Figure 1. This a surrogate value reflecting underlying blank date entries. This phenomenon is not limited to the case mix data but recurs systematically within the MA APCD as well. When a date field is defined as NOT NULL but incoming data is blank/lacks a value, data systems automatically insert default values like '1900-01-01'. NULL correctly represents a missing or unknown value, while 1900-01-01 is a system default to imply "no date provided."

Despite its convenience, using a default date like 1900-01-01 introduces a data quality issue in that it poses analytic risks. It can distort calculations such as age, length of stay, or time intervals, leading to misleading results. For this reason, the recommended best practice for data submitters to preserve true NULLs whenever possible since data users may opt to clean the default value posing a data quality issue.

Fig 1. Example of Null Dates

Results | Messages

	P_PRO	P_PRODATE
1	-	1900-01-01 00:00:00.000
2	-	1900-01-01 00:00:00.000
3	-	1900-01-01 00:00:00.000
4	-	1900-01-01 00:00:00.000
5	-	1900-01-01 00:00:00.000
6	-	1900-01-01 00:00:00.000
7	-	1900-01-01 00:00:00.000
8	-	1900-01-01 00:00:00.000
9	-	1900-01-01 00:00:00.000
10	-	1900-01-01 00:00:00.000
11	-	1900-01-01 00:00:00.000
12	-	1900-01-01 00:00:00.000
13	-	1900-01-01 00:00:00.000

When is the next Data User Group meeting?

- The next User Group will meet Tuesday, September 23, 2025.
- 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