

CHIA Data User Workgroup

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January 28, 2025

Agenda

- **Announcements:**
 - FY2023 Case Mix Releases, Documentation and Release Notes
 - New - MA APCD CY2023 Now Available for Request
 - Updated Master Patient Index
 - MassHealth Accountable Care Organizations
 - New Publication Alert using MA APCD: Association of Medicaid Accountable Care Organizations and postpartum mental health care utilization

- **New on CHIA's Website**
 - New Massachusetts Skilled Nursing Facilities Interactive Dashboard

- **Data User Support Questions**
 - Medical Claims Admission Date Anomalies
 - Hospital Inpatient Discharge Data Duplicate Associate Diagnosis Codes
 - GLP-1 Receptor Agonists for Obesity
 - Status of Vision Carriers
 - Comparison of Self-Insured Trends by Release
 - Outpatient Emergency Department Services

- **Q&A**

Announcements

FY2023 Case Mix Releases and Documentation

ALL FY2023 CASE MIX RELEASES ARE AVAILABLE

- Hospital Inpatient Discharge Data FY2023 (HIDD)
- Outpatient Emergency Department Visit Data FY2023 (EDD)
- Outpatient Observation Stay Data FY2023(OSD)

Those with *approved projects* using previous years data who require year 2023 data should submit an Exhibit B (*Certificate of Continued Need and Compliance*) of the DUA. Afterwards, you will receive an invoice (if applicable). Upon payment, the order for the year 2023 data will be placed.

REVIEW CASE MIX DOCUMENTATION AND RELEASE NOTES BEFORE ACCESSING DATA

- FY2023 case mix documentation and release notes available at <https://chiamass.gov/case-mix-data>
- The documentation contains a data overview, including data element list, data dictionary, reference tables, and summary statistics.
- The release notes contain information directly submitted by hospitals explaining data anomalies.
- Remember to review documentation and release notes before accessing data.

MA APCD CY2023 Now Available



CY2023 MA APCD is Now Available for Request

CY 2023 Data includes medical, pharmacy and dental claims incurred between January 1, 2019, and December 31, 2023, and it includes six (6) months of run-out (paid claims through June 30, 2024). In addition to claims data, the release contains relevant reference files including member eligibility, providers, products, and benefit plans. Applicants already approved for MA APCD CY2022 who require CY2023 should submit to CHIA a completed Exhibit B (*Certificate of Continued Need and Compliance*) of the DUA. Afterwards, you will receive an invoice (if applicable) for the requested data. Upon payment of the invoice the order for the data will be placed. As with case mix data, before accessing the MA APCD remember to review documentation on the releases available at: <https://www.chiamass.gov/ma-apcd/>

CY2023 MA APCD Updated Master Patient Index (MPI)

The MEMBERLINKEID used in this CY 2023 Annual Release is based on the same logic and methodology as used in the CY 2022 Annual Release. Other than the normal minor shifts one would see as the underlying data improves, the MEMBERLINKEIDs would remain consistent between the two releases. For shifts that improve the quality of the data, see: <https://www.chiamass.gov/assets/docs/p/apcd/MA-APCD-CY2023/MA-APCD-CY2023-MPI-Data-Exclusion-Overview.pdf>

MA APCD CY2023 Now Available (continued)

Accountable
Care
Organizations



CY2023 MA APCD includes MassHealth Accountable Care Organizations (ACOs)

MassHealth Accountable Care Partnership Plans (Applies to OrgIDs 301, 296, 3505, 3735, 4962) started in 2018. These members and claims will be identified as follows:

- **Insurance Type Code/Product** field (ME003, MC003, PC003, DC003) where carriers report the code that defines the type of insurance under which this patient's claim line was processed.
 - Use the code of '30' to denote ACO.
- **APCD ID Code** (ME134, MC241, PC120, DC067) where carriers report the code that describes the member's / subscriber's enrollment into one of the predefined categories; aligns enrollment to appropriate editing and threshold.
 - Use the code '7' to denote ACO.

Alert: New Publication on Medicaid ACOs Using MA APCD



HSR Health Services Research

RESEARCH ARTICLE

Association of Medicaid Accountable Care Organizations and postpartum mental health care utilization

Brittany L. Ranchoff PhD, MPH , Kimberley H. Geissler PhD, Laura B. Attanasio PhD, Chanup Jeung PhD

First published: 07 January 2025 | <https://doi.org/10.1111/1475-6773.14421>

[Read the full text >](#)

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Abstract

Objective

To examine the association of Massachusetts Medicaid Accountable Care Organization (ACO) implementation with changes in mental health care utilization in the postpartum period.

Study Setting and Design

We examine care for people with a birth covered by Medicaid or private insurance. We used a difference-in-differences design to compare differences before and after Medicaid ACO implementation for those with Medicaid versus those with private insurance. The primary outcome was a binary measure of having at least one outpatient mental health care visit in the 6 months postpartum. We estimated linear probability models controlling for age, prenatal mental illness, pregnancy complications, birth mode, and ZIP code characteristics.

Ranchoff BL, Geissler KH, Attanasio LB, Jeung C. Association of Medicaid Accountable Care Organizations and postpartum mental health care utilization. Health Serv Res. 2025 Jan 7:e14421. doi: 10.1111/1475-6773.14421. Epub ahead of print. PMID: 39764765.

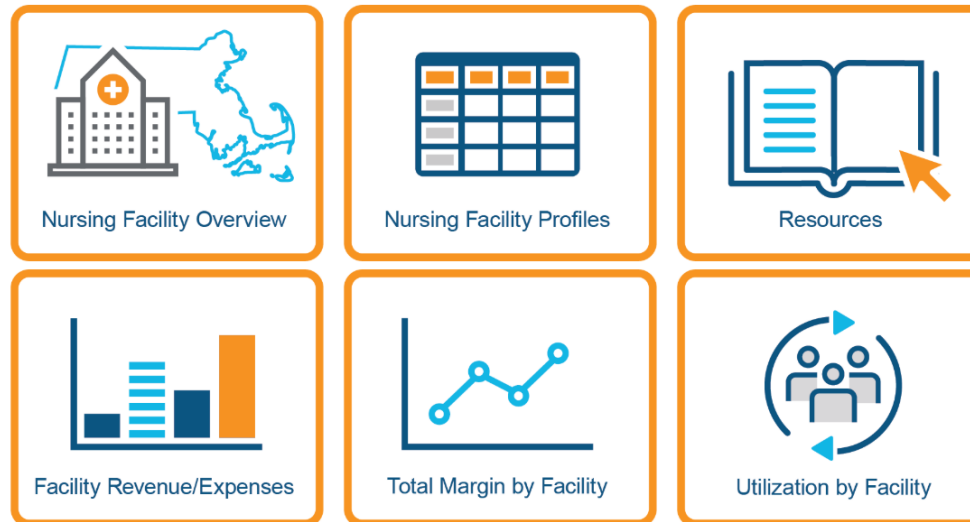
The publication is available at the following link:
<https://pubmed.ncbi.nlm.nih.gov/39764765/>

New on CHIA's Website

New Massachusetts Skilled Nursing Facility Interactive Dashboard

Nursing facilities serve an important role in the Massachusetts continuum of health care services, providing nearly 12 million patient days of service in 2023. To better understand this component of the health care system, CHIA released in January 2025 a new interactive dashboard to examine Massachusetts nursing facilities at an industry level as well as at an individual facility level on measures of financial performance, quality of care, and utilization over a three-year period (2021-2023). The dashboard is available at: Available at: <https://www.chiamass.gov/massachusetts-nursing-facilities> and is also accompanied by comprehensive reports available at: <https://www.chiamass.gov/skilled-nursing-facility-cost-reports>

Nursing Facilities Interactive Dashboard



Data User Support Questions

Question: The MA APCD medical claims has instances of highest version paid claims with incurred dates and dates of services within the expected range of the MA APCD release, yet with admission dates in 1753, outside of the expected date range. I was hoping to create a good admission date from the 'date of service from'. Is there a good way to do this?

Admission Date



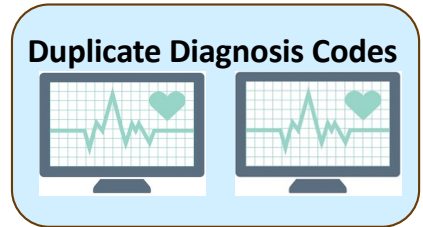
Anomalies

Answer: Out-of-range admission dates (e.g., 1879) are attributable to several potential reasons including legacy systems assigning default/placeholder values (e.g., 1900-01-01 or arbitrary earlier dates) when an actual admission date is missing, data entry errors, formatting mismatches (e.g., YYYY-MM-DD interpreted as DD-MM-YYYY), software glitches, etc. Examples of such anomalies are shown:

admissiondate	dischargedate	dateofservicefrom	dateofserviceto	dischargestatus
1900-01-01	2022-08-31	2022-08-15	2022-08-31	03
1753-01-01	2022-10-25	2022-10-13	2022-10-25	01
1753-01-01	2022-10-04	2022-09-27	2022-10-04	01
1753-01-01	2022-12-26	2022-12-25	2022-12-26	01
1753-01-01	2022-10-25	2022-10-19	2022-10-25	02
1753-01-01	2022-12-21	2022-12-20	2022-12-21	02
1753-01-01	2022-09-22	2022-09-21	2022-09-22	70
1753-01-01	2022-10-26	2022-10-25	2022-10-26	01

The minimum 'date of service from' within all the claim lines of a payer claim control number can be strong proxy candidate for admission date if you confirm that the claim is in fact for inpatient care. For example, determine if other fields on the claim line commonly associated with inpatient care are reasonably populated such as discharge status (MC023), admission type (MC020), admission source (MC021), entity type (MC027 = Code 2 for non-person entity), type of bill on facility claims (MC036 = Code 11 for hospital inpatient care), and revenue codes (MC054 for boarding).

Question: The case mix hospital inpatient discharge data has a field called “number of diagnosis codes.” I use the number and type of diagnosis codes to assign a risk of mortality using Charlson Comorbid Index (CCI). Is this field based on the total number of diagnosis codes including both the principal diagnosis code in main discharge table and associated diagnosis code table?



Answer: In reviewing the HIDD ‘number of diagnosis code’ field across five fiscal years (FY2019–FY2023), this field consistently represents the principal diagnosis code plus the count of additional diagnosis codes listed in the diagnosis code table. Although this is a CHIA-derived field, it is essential to emphasize that its calculation relies entirely **on data as submitted by hospitals**. Following CHIA’s lifting of limits on the number of diagnosis codes hospitals could report, some anomalies appeared in the data where hospitals inadvertently submitted duplicate associated diagnosis codes. See below.

FY2019-FY2023 Percent of Discharges with Duplicate DX

Fiscal Year	Number of Discharges	Number of Discharges with Duplicate Associated Diagnosis Codes	Percent of Discharges with Duplicate Diagnosis Codes
2019	809,331	533,929	65.97%
2020	748,320	451,534	60.34%
2021	752,107	461,280	61.33%
2022	729,319	445,663	61.11%
2023	744,336	454,000	60.99%

The associated diagnosis table has not been cleaned for inadvertent submission of duplicate diagnosis codes. Therefore, when using the associated diagnosis table for risk adjust, review the table and deduplicate if necessary, since duplicate diagnosis codes can inflate the count of comorbid conditions, leading to an artificially higher Charlson Comorbidity Index score. This misrepresentation could overestimate the patient’s risk of mortality or healthcare utilization, potentially skewing clinical and research outcomes.

Question: I am considering applying for the MA APCD to analyze the impact of GLP-1 therapies on total healthcare costs. I would like to include MassHealth alongside commercial data. So, a key question I have is whether GLP-1 therapies are covered by MassHealth.

Answer: As of 8/2024, MassHealth was one of 13 state Medicaid programs offering coverage for GLP-1 receptor agonists prescribed for the management of obesity. MassHealth initiated coverage for obesity pharmacotherapy in 1/2024. Subsequent releases of the MA APCD will provide more comprehensive data for analysis. For full list of coverage start dates, see 10/2024 MassHealth prescriber e-letter at: <https://www.mass.gov/doc/issue-3-october-2024-0/download>

Volume 14, Issue 3, October 2024



THE PRESCRIBER e-LETTER



Upcoming Changes to MassHealth Coverage of Weight Loss Drugs

MassHealth began covering anti-obesity medications in January 2024. At that time, Wegovy® (semaglutide) and Saxenda® (liraglutide) were designated as preferred glucagon-like peptide-1 (GLP-1) receptor agonists for the treatment of overweight and obesity.

Effective October 1, 2024, Zepbound® (tirzepatide) Is a Preferred Drug

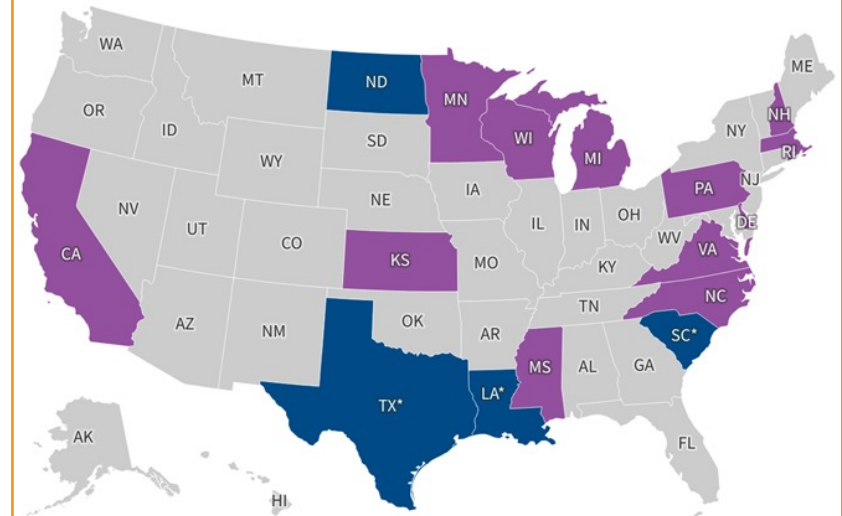
Effective October 1, 2024, Zepbound® (tirzepatide) is a preferred GLP-1 for the treatment of overweight and obesity. With this update, Zepbound® (tirzepatide) no longer requires a trial with Wegovy® (semaglutide) or Saxenda® (liraglutide) for prior authorization (PA) approval.

Effective January 1, 2025, Wegovy® (semaglutide) and Saxenda® (liraglutide) Will Be Designated as Non-Covered Agents

Effective January 1, 2025, Wegovy® (semaglutide) and Saxenda® (liraglutide) will be non-covered agents for the treatment of overweight and obesity in adults.

Thirteen States Covered GLP-1s for Obesity Treatment as of August 2024

- Coverage in place and covers GLP-1s for obesity treatment (13 states)
- Coverage in place but does not cover GLP-1s for obesity treatment (4 states)
- Not covered (34 states including DC)



Note: GLP-1 = glucagon-like peptide-1. Coverage is under fee-for-service as of August 2024. FL did not respond to the 2024 survey; publicly available data used to verify status. NC reported adding coverage of obesity drugs in August 2024 and is included here. *These states, either in survey responses or publicly available data, noted coverage was limited to one drug (Orlistat).

Source: Annual KFF survey of state Medicaid officials conducted by Health Management Associates, October 2024

KFF

Question: We would like to use the MA APCD to analyze vision care and understand that carriers who specialize in vision care no longer submit data to the MA APCD. When did they stop submitting data?

Vision Data



Answer: In looking at an aggregated count annual distribution of claims associated with optometric HCPCS codes for lenses (e.g. single-vision, bifocal, trifocal, and progressive lenses, categorized under codes **V2100–V2999**) spanning calendar year 2016 through a six-month runoff period for calendar year 2021, in the table below you will see that the year 2018 marked the termination of claims submissions from **EyeMed Vision Care, Vision Service Plan, and Davis Vision.**

CY2016 through CY2021 Claims for Optometric HCPCS codes V2100-V2999

Carrier	2016	2017	2018	2019	2020	2021
Forty-Six Different Carriers	588,049	562,203	563,841	599,556	465,043	226,391
First American Administrators, Inc (dba for EyeMed Vision Care)	1,663,591	1,431,995	962,894	-	-	-
Vision (VSP) Service Plan	215,838	227,925	150,493	-	-	-
Davis Vision, Inc.	742,268	719,798	537,312	-	-	-

In the three-year period from **2016 to 2018**, across all **49 insurance carriers** listed in the dataset, a cumulative total of **9,657,197 lens-related claims** was recorded. Notably, the three vision entities—EyeMed Vision Care, Vision Service Plan, and Davis Vision—accounted for **6,652,114 claims** within this period, representing an overwhelming **69% of the total lens claims volume** reported by all carriers.

Question: With the new MA APCD release, has there been a trend change in the volume of self-insured?

Self-Insured



Answer: The self-insured population's proportion of the total shows modest fluctuations across releases. In Release 11, it decreased from 5.27% in 2019 to 5.67% in 2022, remaining relatively stable. Release 12 saw greater variability, peaking at 6.42% in 2022 before dropping to 5.89% in 2023. Release 13 displayed increased volatility, rising from 5.94% in 2021 to 6.11% in 2022, then declining to 5.60% in 2023 and rebounding to 5.66% in 2024.

Comparison of Volume of Massachusetts Residents by Enrollment Type by MA APCD Release

Year	Release	Total	Unknown/ Not Applicable	Fully Insured Commercial	Self-Insured	Group Insurance Commission	MassHealth Managed Care	Supplemental Policy	Integrated Care or Senior Care	Accountable Care
2019	11	7,311,546	1,266,187	2,492,769	385,361	377,158	1,235,106	405,626	131,131	1,018,208
2020	11	6,604,519	1,067,181	2,425,449	374,872	352,590	830,701	411,490	133,452	1,008,784
2021	11	6,271,271	1,049,815	2,268,487	379,098	316,225	770,758	414,532	138,393	933,963
2022	11	6,309,712	1,062,876	2,267,886	389,766	313,859	777,513	417,068	141,388	939,356
Year	Release	Total	Unknown/ Not Applicable	Fully Insured Commercial	Self-Insured	Group Insurance Commission	MassHealth Managed Care	Supplemental Policy	Integrated Care or Senior Care	Accountable Care
2020	12	6,589,675	1,066,542	2,417,405	373,919	351,730	830,212	411,477	133,407	1,004,983
2021	12	6,521,638	1,049,760	2,346,853	387,596	336,446	770,255	415,356	138,340	1,077,032
2022	12	6,356,424	1,109,251	2,180,430	407,929	316,250	809,774	413,957	150,486	968,347
2023	12	6,591,487	1,142,608	2,182,376	388,139	339,189	629,204	405,378	160,313	1,344,280
Year	Release	Total	Unknown/ Not Applicable	Fully Insured Commercial	Self-Insured	Group Insurance Commission	MassHealth Managed Care	Supplemental Policy	Integrated Care or Senior Care	Accountable Care
2021	13	6,520,566	1,049,135	2,475,777	387,266	335,576	769,915	414,533	138,345	950,019
2022	13	6,822,107	1,109,201	2,423,488	416,754	338,314	820,090	416,255	150,550	1,147,455
2023	13	6,797,407	1,194,804	2,319,469	380,619	340,195	563,495	403,561	188,335	1,406,929
2024	13	6,980,715	1,248,574	2,388,642	394,959	336,262	362,197	404,427	183,328	1,662,326

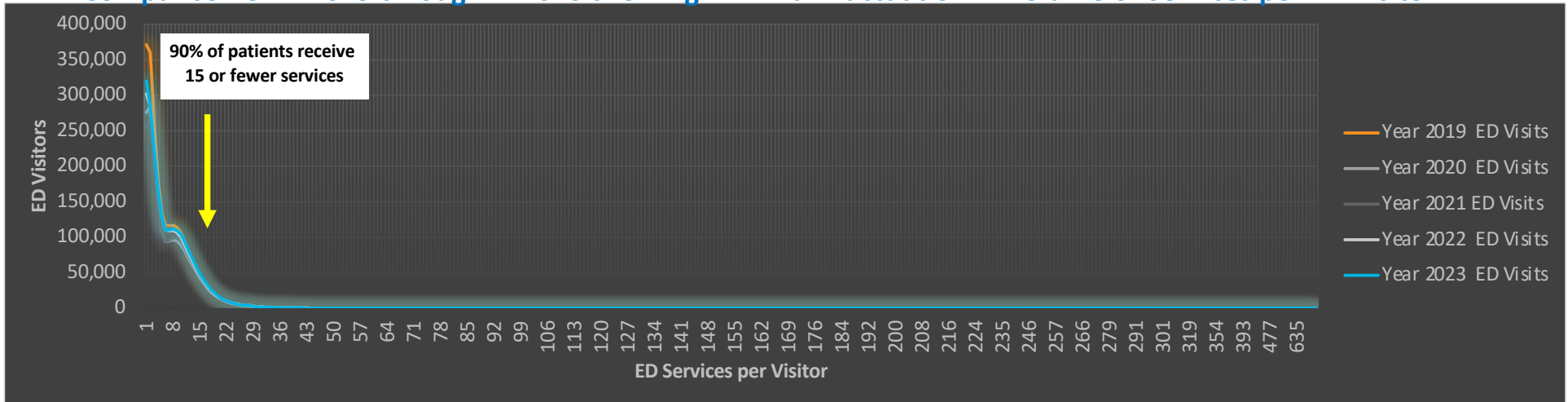
Question: The outliers in number of services patients are receiving a high volume of services in the outpatient emergency department appear to be increasing. Is this a continuous trend?

Emergency Department Services



Answer: Only a few patients have high volumes services. From FY2019 to FY2023, 90% of ED visitors received 15 or fewer services. See *Figure below*. In fact, in FY2019, single-service visits (371,214) were significantly higher than other service count categories, followed by two-service visits (360,119). Likewise in 2020–2023, this patterns persisted, with a higher volume of patients with one- and two-services. High service counts like "50" and "100" remain consistently low over the years, with minimal change.

Comparison of FY2019 through FY2023 showing Minimal Fluctuation in Volume of Services per ED Visitor

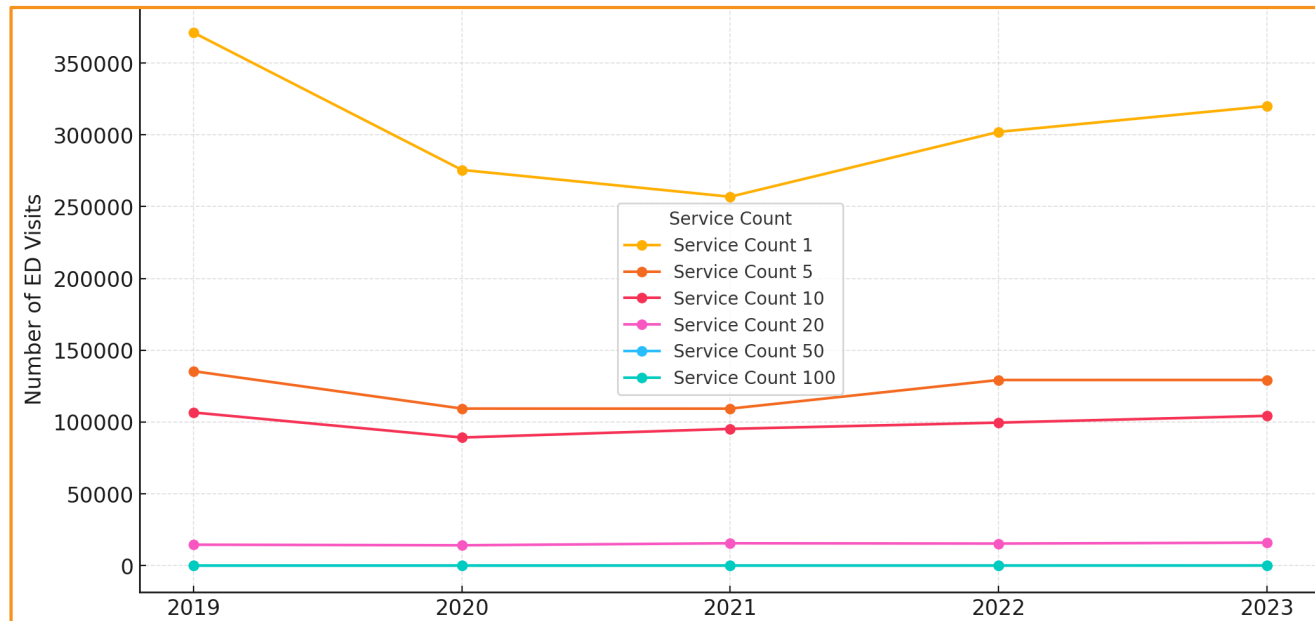


Answer (continued): The line graph below highlights distinct trends in ED visits across selected service count categories, with single-service visits consistently leading in volume, peaking in 2019, declining sharply in 2020, and recovering steadily through 2023. Mid-range service categories (e.g., 5 and 10 services) show parallel patterns of decline and recovery, while higher service categories like 50 and 100 remain consistently low.

Emergency Department Services



FY2019 through FY2023 Trend of ED Visits for Selected Service Counts



When is the next Data User Group meeting?

- The next User Group will meet Tuesday, February 25, 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



REMINDER

CHIA still receives a high volume of email from data users who do not include their IRBNet ID. If you are in the process of or have already submitted a data application to CHIA through IRBNet <https://www.irbnet.org/release/home.html>, due to the volume of email CHIA receives, please remember to always include your IRBNET ID# in the subject line of your email. Doing so facilitates tracking your application and expediting responses to any questions.