# CHIA Data User Workgroup

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# Agenda

- **Announcements:**
  - New - FY2024 Outpatient Emergency Department Visit Data Now Available
  - How to Check Current Data Release Availability and Targeted Date of Availability
  - Commenting on CHIA Data Release Applications
  - American Public Health Association Call for Late Breaking Abstracts
  - New Publication on Medicaid Nutrition Support Reducing Hospitalizations and ED Visits

- **Data User Support Questions**
  - Behavioral Health Provider Type Classifications
  - Cardiac PET Scans
  - Injuries Related to an Encounter with a Marine Animal

- **Q&A**

# Announcements

# FY2024 Outpatient Emergency Department Now Available

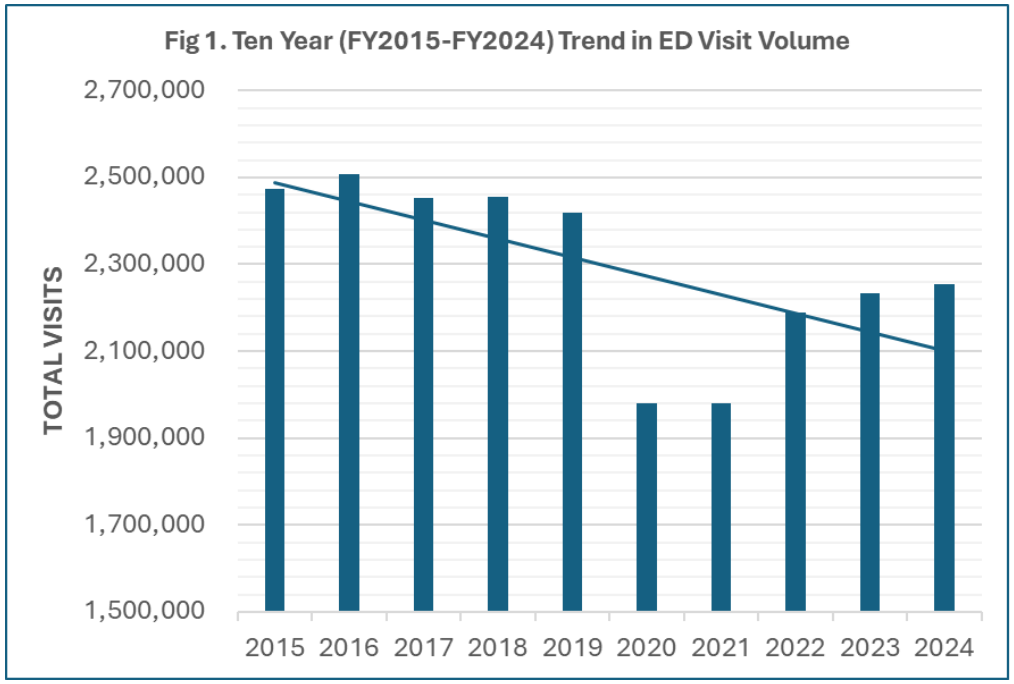
The fiscal year 2024 outpatient emergency department visit data (EDD) is now available. The EDD includes emergency department visits that occurred between October 1, 2023, and September 30, 2024. Facilities reported a total of 2,254,190 visits. To apply for the data, obtain a copy of the Application 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 emergency department sites:

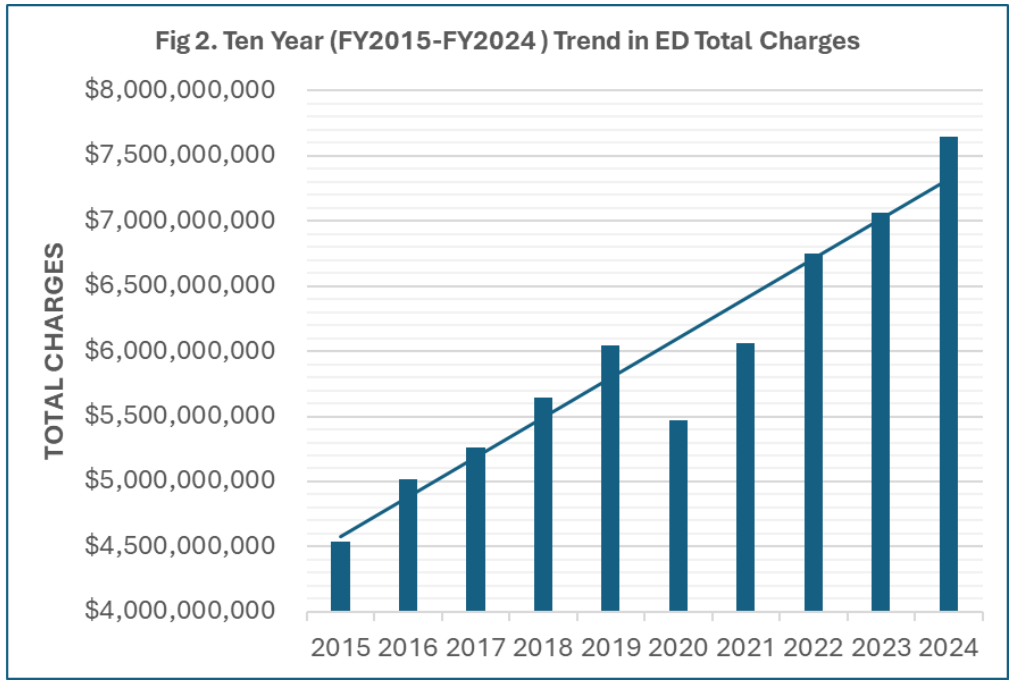
- Steward Health Care closed two sites on August 31, 2024: Nashoba Valley Medical Center, A Steward Family Hospital (Org Id 11467) and Steward Carney Hospital (Org Id 42). Also, Steward Norwood Hospital (Org Id 41) is currently considered a closed facility since this site's license was not renewed in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

# FY2024 Outpatient Emergency Department Now Available

New Data Release

In FY2024, the total ED visits were 2,254,190, representing an increase of 20,818 visits (0.93%) compared to FY2023's total of 2,233,372 visits. ***See Figure 1 below***. Total ED charges in FY2024 amounted to $7,643,850,961, an increase of $578,889,389 (8.2%) from the FY2023 total of $7,064,961,572. Over the ten-year period from FY2015 to FY2024, total ED visits declined by 8.9%, while total charges rose by 68.3%. ***See Figure 2 below***.



# How to Check Current Data Release Availability

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 for forthcoming publications. As of the present update, the Massachusetts All-Payer Claims Database (MA APCD) for Calendar Years 2022 and 2023 is publicly accessible.

In addition, the Hospital Inpatient Discharge Database (HIDD) and, as mentioned previously, Emergency Department visit data (EDD) for Fiscal Year 2024 have been released.

The targeted release date for the FY2024 Outpatient Observation Stay dataset is September 2025.

**Annual Release Status**

*This information was updated on: 7/16/2025*

**MA APCD Releases**

| Product | Target | Actual | Status |
|---|---|---|---|
| **MA APCD CY 2023 (2019-2023 data with six-month run out from 2024)** | Fall 2024 | Fall 2024 | Available |
| **Release Status Notes**<br>• MA APCD CY 2023 is available for application. | | | |
| **MA APCD CY 2022 (2018-2022 data with six-month run out from 2023)** | Fall 2023 | Fall 2023 | Available |
| **Release Status Notes**<br>• MA APCD CY 2022 is available for application. | | | |

**Case Mix Releases**

| 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 | - | In process |

# Commenting on CHIA Data Release Applications

Members of the public who have read some of the numerous peer-reviewed journal articles utilizing CHIA data have inquired about the process for obtaining a copy of the application and whether there is an opportunity, as part of the review process, to provide feedback on the proposed project. Yes, there is. In accordance with 957 CMR 5.06(6), the public can submit comments on data applications. Data applications under review and open for public comment are posted on CHIA's website at: https://www.chiamass.gov/apcd-application-received-and-commenting

## Massachusetts All Payer Claims Database (MA APCD) Applications Received and Commenting

Applications Open for Comment *

| Primary Investigator | Organization | Project Title | Date Posted | Comment |
|---|---|---|---|---|
| Brett R. Anderson, MD MS MBA, Director, Center for Child Health Services Research | Icahn School of Medicine at Mount Sinai | Health Outcomes and Expenditures for Children using All Payer Claims Data (APCD) | June 27, 2025 | apcd.data@chiamass.gov |
| Yuqing Gu, PhD candidate | University of Michigan | Ownership and moral hazard in dental health care | June 27, 2025 | apcd.data@chiamass.gov |

Recent MA APCD Applications

| Applicant | Organization | Project Title | Close Date | Status |
|---|---|---|---|---|
| Blake Heller, PhD, Assistant Professor | University of Houston | Effect of Adult English Language Training on Health and Health Care Utilization | June 10, 2025 | Approved |
| Valmeek Kudesia, M.D., Medical Doctor | - | Use of GLP-1RA Medications on Total Medicare and MassHealth Costs | June 10, 2025 | Approved |
| Lisa Cosgrove and Gianna D'Ambrozio, Professors | University of Massachusetts Boston | "Too many, too much, too young": Trends of Pediatric Psychotropic Polypharmacy in Massachusetts Before and During the COVID-19 Pandemic | Feb 10, 2025 | Approved |

# American Public Health Association Call for Late Breaking Abstracts

Call for Abstracts

**Late Breaking Abstract Deadline: Thursday, July 31, 2025, at 11:59 PST**

**APHA 2025 Conference and Exposition, Washington, D.C. | November 2-5, 2025**

See: https://www.apha.org/events-and-meetings/annual/presenters/late-breakers-reviewers-and-moderators

Each year, APHA's Annual Meeting and Expo convenes about 12,000 public health professionals and partners from around the world to engage, collaborate and grow. The Annual Meeting brings together a broad spectrum of professionals across a variety of disciplines. As the largest public health gathering of the year, this is a meeting you won't want to miss..

**2025 Conference Theme**

**Making Public Health a National Priority**

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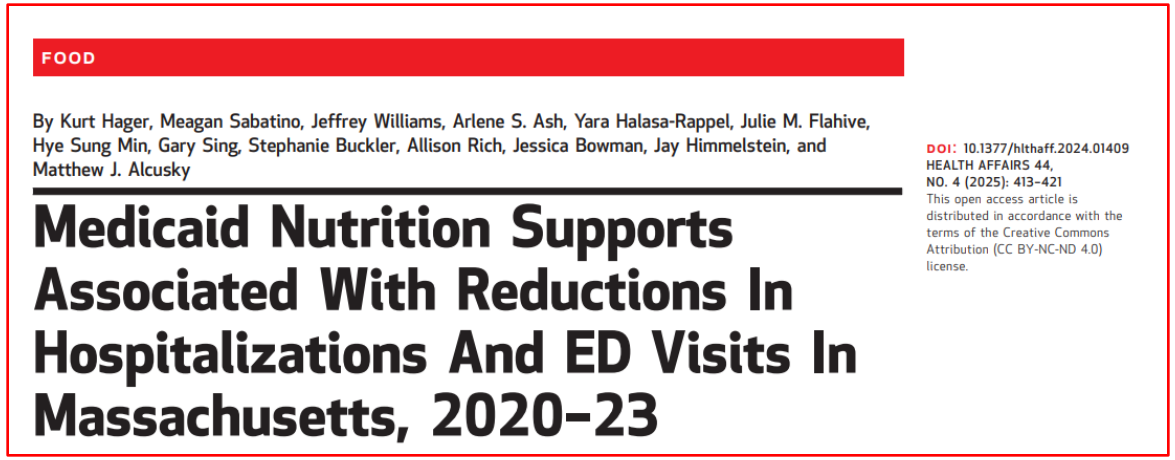
**Member Groups Calling for Late Breaking Abstracts**

**Late breaker sessions are a forum for presenting research findings and programs that have been completed recently.**

Chiropractic Health Care
Community Health Workers
Foot & Ankle Health
Human Rights Forum
Integrative, Complementary and Traditional Health
Occupational Health and Safety
Public Health Nursing
Community Health Planning & Policy Development
Epidemiology
Health Informatics Information Technology
Injury Control and Emergency Health Services
Latino Caucus
One Health
Trade and Health Forum

# Alert: New Publication on Medicaid Nutrition Support Reducing Hospitalizations and ED Visits



FOOD

By Kurt Hager, Meagan Sabatino, Jeffrey Williams, Arlene S. Ash, Yara Halasa-Rappel, Julie M. Flahive, Hye Sung Min, Gary Sing, Stephanie Buckler, Allison Rich, Jessica Bowman, Jay Himmelstein, and Matthew J. Alcusky

**Medicaid Nutrition Supports Associated With Reductions In Hospitalizations And ED Visits In Massachusetts, 2020–23**

DOI: 10.1377/hlthaff.2024.01409
HEALTH AFFAIRS 44,
NO. 4 (2025): 413–421
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Open Access Available at: https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2024.01409

Some highlights from new article entitled "Medicaid Nutrition Supports Associated with Reductions in Hospitalizations and ED Visits in Massachusetts, 2020-2023" by Kurt Hager, Meagan Sabatino, Jeffrey Williams, Arlene S. Ash, Yara Halasa-Rappel, Julie M. Flahive, Hye Sung Min, Gary Sing, Stephanie Buckler, Allison Rich, Jessica Bowman, Jay Himmelstein, and Matthew J. Alcusky include that:

- The program is statistically associated with significant reductions in hospitalizations, emergency department visits, and health care costs among Medicaid participants, particularly adults with longer enrollment durations.
- A 23% reduction in inpatient hospitalizations was observed among Flexible Services Program participants compared to eligible nonparticipants.
- A 13% reduction in emergency department (ED) visits was observed among participants compared to nonparticipants.
- No statistically significant difference was found in primary care visit rates between participants and nonparticipants.
- Among participants who began the program in 2022–2023, there was a 47% reduction in hospitalizations and a $1,721 reduction in health care costs per person.
- Among adults with more than 90 days of enrollment, there was a $2,502 reduction in health care costs per person during the 2020–2023 period.

# Data User Support Questions

## Question: I would like to extend a current case mix study on care seeking for ICD-10-CM codes F01–F99 (mental, behavioral, and neurodevelopmental disorders) to include all care settings within the MA APCD, with a particular focus on analyzing behavioral health provider specialties. To what extent are granular behavioral health provider specialties defined or encoded within the medical claims and provider reference files?

**Answer:** MA APCD CY2023 release medical claims has a provider specialty field with taxonomy coding. The taxonomy code is a standardized code set that classifies healthcare providers by type, classification, and area of specialization. The format is 10-character alphanumeric codes (for example, 101Y00000X for Counselor). These codes are maintained by the National Uniform Claim Committee. In the MA APCD CY2023 release medical claims, for patients with a principal diagnosis range in F01-F99, there were **39 distinct behavioral health provider taxonomy types**, each reflecting a different category of behavioral health professionals. **See Table 1 below**. Please note that there are instances where this field is not populated in the medical claims but can be obtained by linkage to CMS NPI registry or to the provider table.

### Table 1. Behavioral Health Provider Specialties listed on CY2023 MA APCD Medical Claims

| | | | | | |
|---|---|---|---|---|---|
| **Counselors** | | **Social Workers** | | **Psychologists (continued)** | |
| 101Y00000X | Counselor (General) | 104100000X | Social Worker (General) | 103TC0700X | Clinical |
| 101YA0400X | Addiction (Substance Use Disorder) | 1041C0700X | Clinical Social Worker | 103TC1900X | Counseling |
| 101YM0800X | Mental Health | 1041S0200X | School Social Worker | 103TC2200X | Clinical Child & Adolescent |
| 101YP1600X | Pastoral | | | 103TE1000X | Educational |
| 101YP2500X | Professional | **Neuropsychologists** | | 103TE1100X | Exercise & Sports |
| 101YS0200X | School | 103G00000X | Clinical Neuropsychologist | 103TF0000X | Family |
| | | 103GC0700X | Clinical Neuropsychologist, Clinical | 103TF0200X | Forensic |
| **Psychoanalysts** | | | | 103TH0004X | Health |
| 102L00000X | Psychoanalyst | **Advanced Practice Providers** | | 103TH0100X | Health Service |
| | | 363LP0808X – Nurse Practitioner, Psychiatric/Mental Health | | 103TM1700X | Men & Masculinity |
| **Poetry Therapists** | | 364SP0808X – Clinical Nurse Specialist, Psychiatric/Mental Health | | 103TM1800X | Intellectual & Developmental Disabilities |
| 102X00000X | Poetry Therapist | | | 103TP0016X | Prescribing (Medical) |
| | | **Psychologists** | | 103TP0814X | Psychoanalysis |
| **Behavior Analysts** | | 103T00000X | Psychologist (General) | 103TP2700X | Psychotherapy |
| 103K00000X | Behavior Analyst | 103TA0400X | Addiction (Substance Use Disorder) | 103TP2701X | Group Psychotherapy |
| 106E00000X | Assistant Behavior Analyst | 103TA0700X | Adult Development & Aging | 103TR0400X | Rehabilitation |
| 106S00000X | Behavior Technician | 103TB0200X | Cognitive & Behavioral | 103TS0200X | School |

**Question: I am studying marine animal buffer zone law focused on habitat are disruption by human encounters and interested in how case mix data might serve as a data source for quantifying the public health implications of human and marine animal interactions. To what extent are hospital providers using external cause codes to systematically code injuries due to encounters with specific marine animals?**

**Encounters with Marine Animals**

**Answer:** From FY2016 to FY2024 in combined ED data and hospital discharge data, there were less than 500 care episodes involving marine animal-related injuries with a **primary** ICD-10-CM external cause code related to marine animal encounters, distributed across **20 distinct E-codes** (***See Table 1***). The most frequently reported were "bitten by other fish" (W56.51XA) with 80 episodes and "struck by other fish" (W56.52XA) with 71 episodes. "Bitten by other nonvenomous marine animals", while "other contact with other fish" ranked second. Over a nine-year period in combined ED data and HIDD, fewer than 11 episodes involved large marine mammals such as whales, dolphins, or seals. The data demonstrate that clinical providers are applying granular, species-relevant external cause codes, enabling standardized tracking of marine animal injury mechanisms within hospital case mix systems.

**Table 1. Marine Animal E-Codes in Case Mix Ranked by Frequency of Use**

| ECode | Definition | Rank |
|---|---|---|
| W5651XA | Bitten by other fish, initial encounter | 1 |
| W5652XA | Struck by other fish, initial encounter | 2 |
| W5681XA | Bitten by other nonvenomous marine animals, initial encounter | 3 |
| W5659XA | Other contact with other fish, initial encounter | 4 |
| W5689XA | Other contact with other nonvenomous marine animals, initial encounter | 5 |
| W5641XA | Bitten by shark, initial encounter | 6 |
| W5682XA | Struck by other nonvenomous marine animals, initial encounter | 7 |
| W5631XA | Bitten by other marine mammals, initial encounter | 8 |
| W5611XA | Bitten by sea lion, initial encounter | 9 |
| W5649XA | Other contact with shark, initial encounter | 10 |
| W5639XA | Other contact with other marine mammals, initial encounter | 11 |
| W5602XA | Struck by dolphin, initial encounter | 12 |
| W5641XD | Bitten by shark, subsequent encounter | 13 |
| W5642XA | Struck by shark, initial encounter | 14 |
| W5651XD | Bitten by other fish, subsequent encounter | 15 |
| W5652XD | Struck by other fish, subsequent encounter | 16 |
| W5632XA | Struck by other marine mammals, initial encounter | 17 |
| W5631XD | Bitten by other marine mammals, subsequent encounter | 18 |
| W5681XS | Bitten by other nonvenomous marine animals, sequela | 19 |
| W5682XD | Struck by other nonvenomous marine animals, subsequent encounter | 20 |

## Question: I am analyzing inpatient diagnostic imaging and would also like to analyze the scope of diagnostic imaging services captured in MA APCD. I would like to inquire whether the MA APCD includes outpatient-level claims data specific to cardiac positron emission tomography (PET) scans. Does the APCD contain sufficient CPT procedure coding to distinguish cardiac PET?

**Cardiac PET Scans**

**Answer:** In looking at MA APCD CY2023, Table 1 below demonstrates that outpatient cardiac PET procedures are captured in the MA APCD consistently across multiple years. **Key CPT codes such as 78431 (PET MPI, rest and stress) have the highest frequency**, with 4,364 episodes recorded in 2023 alone. Although some codes such as 78432 and 78434 appear sparsely, the presence of volume across nearly all primary PET codes suggests feasible analytic use. The definitions included confirm that the data can differentiate rest-only, stress-only, and combined imaging modalities. Therefore, the MA APCD is a viable source for quantifying outpatient cardiac PET scan utilization, enabling trend analysis and procedure-specific evaluation, especially for perfusion and viability imaging in ambulatory care settings.

### Table 1. Three Year Comparison of Cardiac PET Scan Medical Claim Line Volume

| CPT code | Definition | 2021 | 2022 | 2023 |
|---|---|---|---|---|
| 78429 | PET myocardial perfusion imaging (MPI), rest only | 430 | 365 | 586 |
| 78430 | PET MPI, stress only | 57 | 18 | 36 |
| 78431 | PET MPI, rest and stress | 2187 | 2427 | 4364 |
| 78432 | PET MPI, rest and stress, with CT attenuation correction and anatomical imaging | * | * | * |
| 78433 | PET MPI with pharmacologic stress, rest and stress, with CT and anatomical imaging | 123 | 110 | 131 |
| 78434 | Add-on code for PET with concurrent CT for attenuation correction | 275 | 446 | 2035 |
| 78459 | PET for myocardial viability evaluation | 214 | 290 | 236 |
| 78491 | PET, single study metabolic evaluation of the heart | 21 | 37 | 21 |
| 78492 | PET, multiple studies metabolic evaluation of the heart | 298 | 256 | 185 |

# When is the next Data User Group meeting?

- The next User Group will meet Tuesday, August 26, 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.