CHIA Data User Workgroup

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June 24, 2025

Agenda

- **Announcements:**
  - FY2024 Hospital Inpatient Discharge Data Now Available
  - MA APCD CY2023 Now Available for Request
  - Commenting on CHIA Data Release Applications
  - Resultant Research Using the MA APCD and CHIA's Case Mix Data
  - Academy Health and National Institutes of Health Joint Call for Abstracts
  - National Association of Health Data Organizations Call for Abstracts
  - New Publication on State Regulation of Artificial Intelligence in Health Care

- **Data User Support Questions**
  - Product File Deductibles
  - Substance Use Disorder Filter Frequency
  - Update to Fatal and Injury Reporting System Tool (FIRST)
  - Education Level Added to Interactive CDC WONDER Death Data

- **Q&A**

Announcements

FY2024 Hospital Inpatient Discharge Data Now Available

FY2024 HIDD Data, Documentation, and Release Notes Now Available

The FY2024 HIDD is now available. The documentation and release notes are also now available online. Before accessing the FY2024 HIDD, review the case mix documentation and release notes. 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. The targeted date for the FY2024 Emergency Department Data is August 2025, and FY2024 Observation Stay Data is September 2025. All FY 2023 Case Mix databases are available for application.

Documentation and Release notes available at
https://chiamass.gov/case-mix-data

Case Mix Products	Target	Actual	Status
Case Mix FY2024 (October 1, 2023 - September 30, 2024)			
Hospital Inpatient Discharge Data (HIDD)	June 2025	May 2025	Available
Outpatient Emergency Department Data (EDD)	August 2025	-	In Process
Outpatient Observation Stay Data (OSD)	September 2025	-	In Process

Case Mix Documentation

Hospital Inpatient Discharge Database (HIDD)

- FY24 Documentation Manual (PDF)
- FY24 Release Notes (PDF)

Emergency Department Database (EDD)

- FY23 Documentation Manual (PDF) | Word
- FY23 Release Notes (PDF) | Word

Outpatient Observation Database (OOD)

- FY23 Documentation Manual (PDF) | Word
- FY23 Release Notes (PDF) | Word

Case Mix Documentation Archive

MA APCD CY2023 Now Available

CY2023 MA APCD is now available and includes medical, pharmacy and dental claims incurred between January 1, 2021, and December 31, 2023. It includes a six months of run-out (paid claims through June 30, 2024). In addition to claims data, the release includes associated 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/

Documentation and Release notes available at https://chiamass.gov/ma-apcd

Before accessing the CY2023 MA APCD, review the documentation guide and release notes for important highlights and updates to the data. For example, in this release, CHIA's substance use disorder filter was updated to include fourteen new codes within the ranges in the 2018 CMS SUD filter.

MA APCD Calendar Year 2023 Documentation

- MA APCD CY 2023 Documentation Guide
- MA APCD CY 2023 Release Notes
- MA APCD Government Data Specifications Workbook
- MA APCD Non-Gvnt. Data Specifications Workbook (Limited Data Set-LDS)
- MA APCD CY 2023 MPI Data Exclusion Overview
- MA APCD Master Patient Index

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

CHIA.

HEALTH INFORMATION AND ANALYSIS CHIA DATA ABOUT CHIA

Search

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

Applications Open for Comment

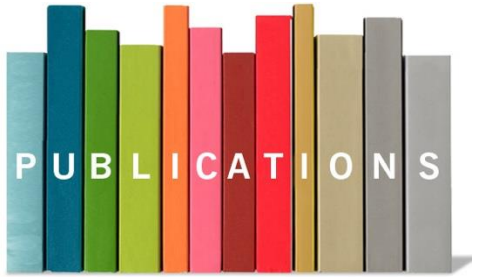
Primary Investigator	Organization	Project Title	Date Posted	Comment
Blake Heller, PhD, Assistant Professor	University of Houston	Effect of Adult English Language Training on Health and Health Care Utilization	May 27, 2025	apcd.data@chiamass.gov
Valmeek Kudesia, M.D., Medical Doctor	-	Use of GLP-1RA Medications on Total Medicare and MassHealth Costs	May 27, 2025	apcd.data@chiamass.gov

Recent MA APCD Applications

Applicant	Organization	Project Title	Close Date	Status
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 Application Amendment	Feb 10, 2025	Approved
Meredith Pyne, Research Associate	Silver Hill Hospital	Silver Hill Hospital Mental Health Risk Parity Research Initiative	Feb 10, 2025	Approved
Laura Garabedian, Assistant Professor, Harvard Pilgrim Health Care Institute	Harvard Pilgrim Health Care Institute	Impact of a Novel Medicaid Value-Based Payment Model on Contraceptive Access in Primary Care	Nov. 24, 2024	Approved

Resultant Research Using the MA APCD and CHIA's Case Mix Data

If you have used CHIA data in your research and published a peer-reviewed article or conference presentation, we encourage you to share your publication with CHIA by sending a link to it. Your work may be featured on our **Resultant Research Webpage** https://www.chiamass.gov/resultant-research-using-chia-data , helping to highlight the diverse and impactful uses of Massachusetts health data. The site contains links to publications shared for the past decade.



Resultant Research Using the MA APCD and CHIA's Case Mix Data

The table below contains a sample of external research publications using CHIA's MA APCD and Case Mix data (by year of publication). Case Mix specific research is highlighted in gray. If you have questions please email apcd.data@chiamass.gov and/or casemix.data@chiamass.gov.

2025

Investigator and Organization	Article Title	Publication	Full Citation	Data Application
Nancy L Keating, Joel S Weissman, Alexi A Wright, Robert Wolf, Susan Gershman, Richard Knowlton, John Ayanian, Harvard Medical School, Brigham & Women's Hospital, Massachusetts Department of Public Health, University of Michigan Medical School	Outpatient palliative care and end-of-life care intensity: Linking Massachusetts cancer registry with All-Payer claims	JNCI Cancer Spectrum	Nancy L Keating, Joel S Weissman, Alexi A Wright, Robert Wolf, Susan Gershman, Richard Knowlton, John Z Ayanian, Outpatient palliative care and end-of-life care intensity: Linking Massachusetts cancer registry with All-Payer claims, JNCI Cancer Spectrum, 2025;, pkaf010, https://doi.org/10.1093/jncics/pkaf010	DPH-related project
Brittany Ranchoff, Kimberley Geissler, et al, Baystate Health, Harvard Medical School	Association of Medicaid Accountable Care Organizations and postpartum mental health care utilization	Health Service Research	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.	Effects of Utilization Patterns and Coordination of Care on Outcomes

AcademyHealth/National Institutes of Health Call for Abstracts

Call for Abstracts

Abstract Deadline: Thursday, July 17, 2025, at 5:00 p.m. ET

18th Annual Conference on the Science of Dissemination and Implementation in Health

See: https://academyhealth.confex.com/academyhealth/2025di/cfp.cgi

AcademyHealth and the **National Institutes of Health** are once again convening the growing dissemination and implementation (D&I) science community for the 18th Annual Conference on the Science of D&I in Health. This year's conference theme is "**Realizing the Benefits of D&I Science**."

Overview

The abstract solicitation and conference structure have been designed to focus our thinking and discussion on the highest priorities for dissemination and implementation science now and in the future to help optimize health and health care in the U.S. and globally. Given the breadth of the field and the importance of maximizing opportunities for participants to follow consistent themes throughout the concurrent sessions of the meeting, we are including nine thematic tracks to organize the conference agenda.

2025 Conference Theme

Realizing the Benefits of Dissemination & Implementation Science

This year's conference theme will address existing and future efforts to maximize the benefits of D&I science. While our field has identified and tested a range of strategies to ensure the adoption, integration, sustainment, and spread of effective health interventions, less attention has been focused on the ultimate benefits of successful dissemination and implementation studies. The 18th Annual Science of D&I Conference will explore success stories, methodological advancements, challenges, and opportunities to realize the benefits of our science across health care, community, and public health systems.

Submission Timeline

Call for Abstracts Opens: Thursday, May 15, 2025
Submission Deadline: Thursday, July 17, 2025, at 5:00 p.m. ET
Abstract Notifications: Mid-September 2025
Location: Gaylord National Resort Convention Center
Conference Date: December 14-17, 2025

National Association of Health Data Organizations Call for Abstracts

Call for Abstracts

Abstract Priority Deadline: July 3, 2025 Final Deadline: July 15, 2025

NAHDO's 40th Annual Conference

See: https://www.nahdo.org/conference/2025/abstracts

NAHDO at 40: Data and Policy Spanning the Decades
Virtual Sessions: November 4-6, 2025

Overview
NAHDO is seeking abstracts that explore cutting-edge work and innovative solutions across the spectrum of health data programs, especially as it applies to the collection, analysis and dissemination of claims and hospital data.

2025 Conference Theme
NAHDO at 40: Data and Policy Spanning the Decades
NAHDO invites you to submit abstracts on any health data topic relevant to our audiences, with priority given to themes such as: health policy trends shaping or shaped by data programs; using analytics to boost healthcare value; closing data gaps by tapping underused sources; enabling seamless data exchange across systems; evolving governance and privacy practices; applying AI and advanced analytics for new insights; ensuring data quality and integrity; improving operations in health data programs; innovating data communication through visualization; or presenting a creative, unconventional idea NAHDO is particularly interested in offering sessions that resonate with a diverse audience, including data suppliers such as health plans, hospitals, and healthcare systems; data users such as academic researchers, policymakers, industry consultants, and public health professionals; technical experts like database managers and administrators; organizations aiming to link multiple data sources; insurance commissioners and their staff; patient and healthcare consumer advocacy groups; and representatives from state and federal government agencies.

Submission Timeline
Priority Deadline: July 3, 2025
Final Deadline: July 15, 2025
Conference Date: Virtual Sessions: November 4-6, 2025

Alert: New Publication on State Regulation of Artificial Intelligence in Health Care

NEJM AI

NEJM AI 2025;2(6)
DOI: 10.1056/AIpc2500163

POLICY CORNER

More Fragmented, More Complex: State Regulation of AI in Health Care

David Blumenthal, M.D., M.P.P.,[1] and Amulya Marellapudi, B.S.[1]

Received: February 19, 2025; Revised: March 12, 2025; Accepted: March 17, 2025; Published: May 5, 2025

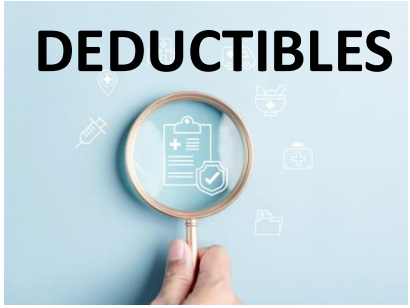
Available at: https://ai.nejm.org/doi/10.1056/AIpc2500163

Some highlights from new article entitled "More Fragmented, More Complex: State Regulation of AI in Health Care" by David Blumenthal and Amulya Marellapudi include:

- **State-Led AI Health Regulation Expanding**: In the absence of federal oversight following the revocation of the Biden administration's AI executive order, states are actively legislating in six key areas: AI commissions/offices, data privacy, bias mitigation, transparency, claims processing, and workforce training.
- **Formation of State AI Bodies**: Numerous states, such as Florida and Tennessee, have enacted or proposed laws to create AI task forces and appoint AI officers to guide health AI policy and strategy, signaling a move toward localized regulatory frameworks.
- **Privacy Protections for Health Data**: States like California, Virginia, and Colorado have passed robust privacy legislation granting consumers rights over their health data, including access, deletion, and opt-out options related to AI use.
- **Anti-Discrimination Safeguards**: Enacted laws in states including Oklahoma, Vermont, and New York aim to reduce algorithmic bias in AI systems, requiring transparency, equity audits, and antidiscrimination compliance in healthcare applications.
- **Transparency in AI Use**: California and New York lead in requiring explicit patient disclosures about AI involvement in care decisions. Proposed laws in Illinois and Colorado would require informed consent and visible labeling of AI-generated content.
- **AI in Insurance and Claims Management**: Laws like California's SB 1120 restrict the use of AI in utilization review decisions, preserving human oversight in care determinations and aiming to prevent unfair denials based on AI output.
- **Training the Health Workforce**: States such as Illinois and Colorado mandate clinician education in AI ethics and application, with Massachusetts proposing licensing requirements and patient disclosure obligations for mental health AI tools.

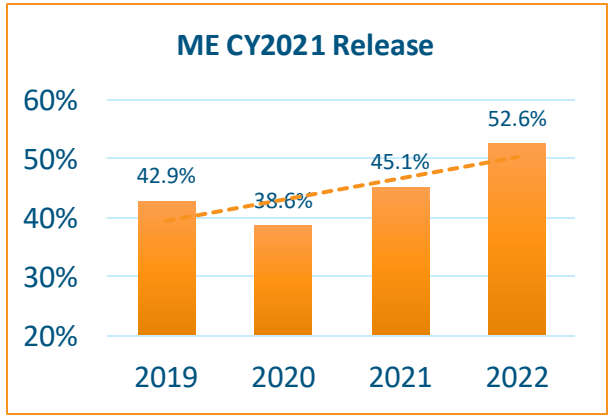
Data User Support Questions

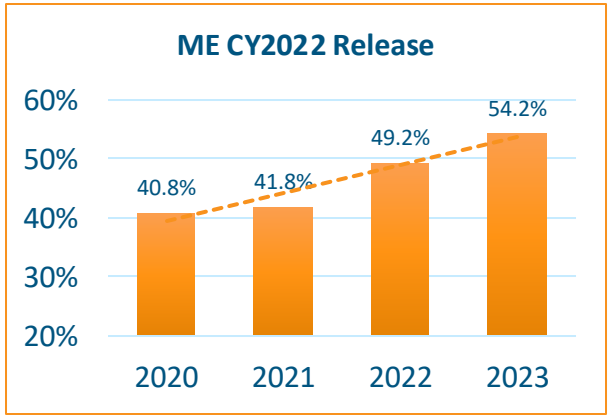
Question: I used an earlier version of the MA APCD, and the member deductible fields were not complete. What is the current completeness of the member deductible fields in the member eligibility table and annual per person deductible the product table? I'm interested in understanding whether the member eligibility file alone provides sufficient detail for deductible analysis, or if additional, distinct information can be meaningfully gleaned from the product file's deductible fields.

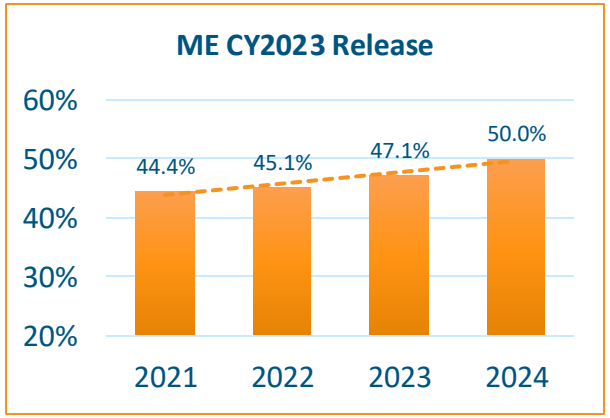


Answer: In the **member eligibility file coding for** member deductible data, the blank rate for 2022 dropped from 52.6% in CY2021 release to 49.2% in CY2022 release and further to 45.1% in CY2023 release. Similarly, 2021 dropped from 45.1% (CY2021 release) to 41.8% (CY2022 release), and ticked back up to 44.4% in CY2023 release. In comparing each individual release by year, the blank rate increases sharply for most recent years (*see trendline below*). Most notably in CY2022, where the rate climbs from 40.8% (2020) to 54.2% (2023). Within a single release year, the percentage of blanks tends to increase as the coverage year becomes more recent.

Comparison of Member Eligibility File Member Deductible Percent Blank By MA APCD Release







continued

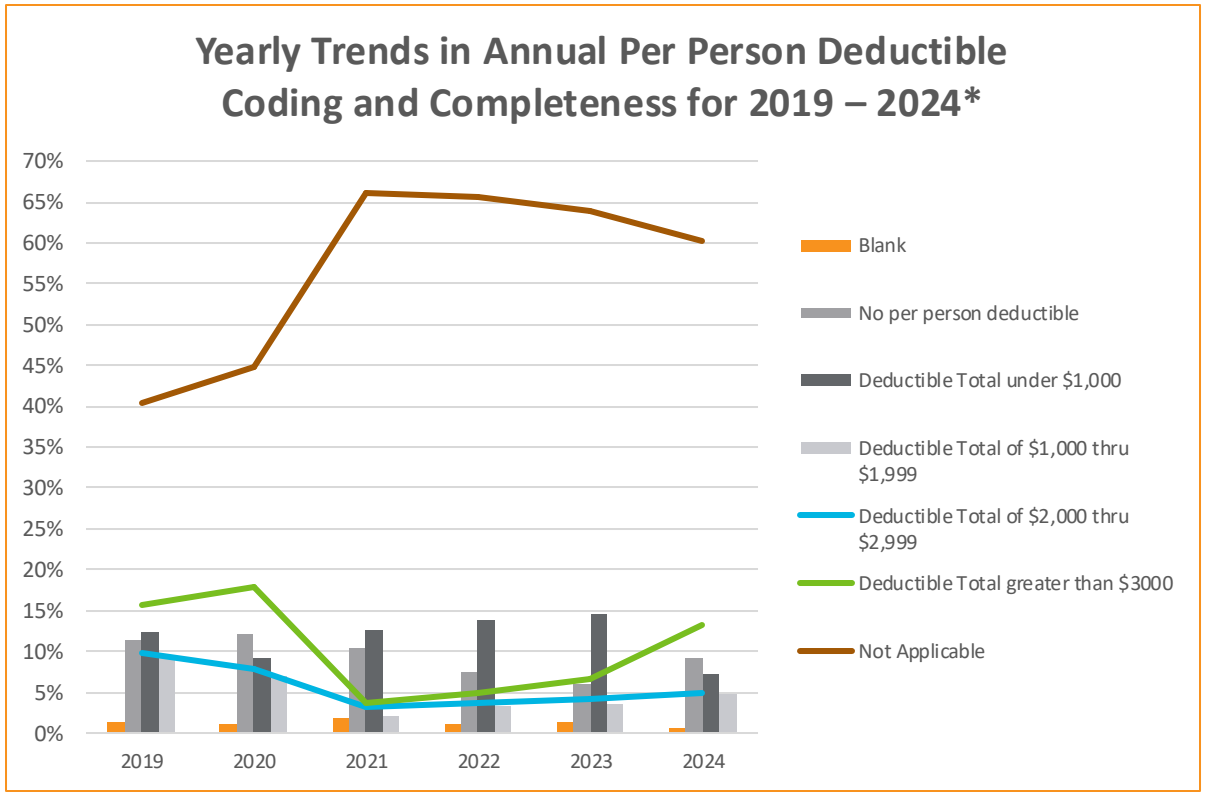
Answer (continued): **Product File** has consistently high data completeness for the Annual Per Person Deductible (PR012) across MA APCD release, with blank values constituting less than 2% annually, attributable to a single carrier. A substantial proportion of records where per person deductibles do not apply. (***Webinar Annotation***): During the webinar discussion, one participant advised assessing PR012 concurrently with the presence of values under PR013 (Annual Per Family Deductible Code), as this may reflect alternative deductible structuring at the family rather than individual level.

Product File Coding Record Line Frequency for Annual Per Person Deductible

CY2021	2019	2020	2021	2022
Blank	1.4%	1.1%	1.8%	0.8%
No per person deductible	11.4%	12.1%	10.3%	11.3%
Deductible Total under $1,000	12.3%	9.1%	12.6%	7.7%
Deductible Total of $1,000 thru $1,999	9.1%	6.9%	2.2%	6.5%
Deductible Total of $2,000 thru $2,999	9.7%	7.9%	3.1%	7.1%
Deductible Total greater than $3000	15.7%	18.0%	3.9%	17.2%
Not Applicable	40.3%	44.8%	66.0%	49.3%

CY2022	2020	2021	2022	2023
Blank	1.1%	1.8%	1.2%	0.6%
No per person deductible	12.1%	10.4%	7.1%	9.9%
Deductible Total under $1,000	9.1%	12.7%	13.7%	8.6%
Deductible Total of $1,000 thru $1,999	6.9%	2.1%	3.2%	5.7%
Deductible Total of $2,000 thru $2,999	7.9%	3.1%	3.7%	6.0%
Deductible Total greater than $3000	18.0%	3.9%	5.2%	15.3%
Not Applicable	44.8%	66.0%	65.8%	53.9%

CY2023	2021	2022	2023	2024
Blank	1.8%	1.2%	1.3%	0.5%
No per person deductible	10.5%	7.5%	5.9%	9.1%
Deductible Total under $1,000	12.6%	13.8%	14.6%	7.3%
Deductible Total of $1,000 thru $1,999	2.1%	3.2%	3.5%	4.7%
Deductible Total of $2,000 thru $2,999	3.1%	3.7%	4.1%	5.0%
Deductible Total greater than $3000	3.8%	5.0%	6.5%	13.2%
Not Applicable	66.1%	65.6%	64.0%	60.2%



*Comparing latest year 2019 (from CY2021 Release), year 2020 (from CY2022 Release), years 2021-2024 (from CY2023 Release)

Question: I am filling out the MA APCD application and would like to understand the implications of selecting or omitting the Substance Use Disorder (SUD) filter in a data request. Do you have information or estimates on the extent of the population that would be excluded from the dataset with the SUD filter applied versus without it, and how this may affect analyses that aim to be representative of the broad population?

Answer: Based on a count of distinct Member Link EIDs (MEIDS) by the release, SUD filter excludes only a small and consistent portion of the insured population across multiple years and data release cycles. Specifically, from calendar years 2019 through 2024, the percentage of the population excluded due to the SUD filter has remained between 4.9% and 6.0%, with approximately 94% to 95% of distinct Member Link EIDs (MEIDs) retained in each release. These figures indicate that the broad population you are seeking remains statistically intact. Therefore, researchers can be reasonably confident that the SUD filter does not materially compromise the representativeness of the dataset for most general population-level analyses.

Comparison of Percent Distinct MEIDs with and without SUD Filter by MA APCD Release

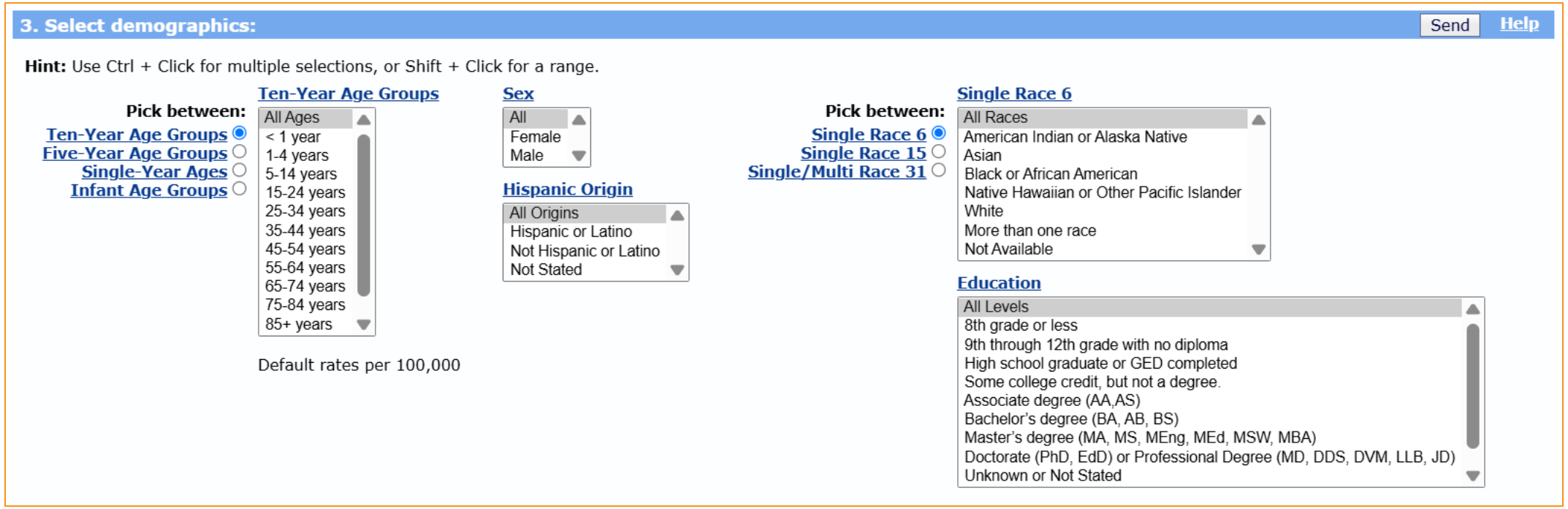
CY2021	Distinct MEIDs	FALSE	TRUE
2019	5,366,540	94.2%	5.8%
2020	5,221,522	94.2%	5.8%
2021	5,463,137	94.3%	5.7%
2022	4,742,713	95.1%	4.9%

CY2022	Distinct MEIDs	FALSE	TRUE
2020	5,366,540	94.2%	5.8%
2021	5,221,522	94.3%	5.7%
2022	5,463,137	94.2%	5.8%
2023	4,742,713	94.9%	5.1%

CY2023	Distinct MEIDs	FALSE	TRUE
2021	5,366,540	94.3%	5.7%
2022	5,221,522	94.2%	5.8%
2023	5,463,137	94.0%	6.0%
2024	4,742,713	94.9%	5.1%

CDC WONDER Adds Education Level to Mortality Data: New Insights into Socioeconomic Patterns of Death

Many researchers who have used the National Vital Statistics System's *Linked Birth/Infant Death Records*, where maternal education is included, have bemoaned the fact that for adult mortality in CDC Wonder, education was not a standard field. CDC WONDER has released a significant update to its *Multiple Cause of Death, 2018–2023* dataset: education level is now included as a selectable variable for deaths occurring in 2021 and later. Researchers can now stratify mortality data by ten education categories, from "8th grade or less" to "Doctorate/Professional degree", enabling more nuanced analyses of how educational attainment intersects with patterns of mortality across the United States. This enhancement provides a valuable new dimension for studying health disparities and informing targeted public health interventions.



Content source: CDC WONDER https://wonder.cdc.gov/

National Highway Traffic Safety Administration (NHTSA) 2025 Updated Online Interactive Data Visualization Tools

See: https://cdan.dot.gov/DataVisualization/DataVisualization.htm

NHTSA Data Visualization - Fatality Analysis Reporting System (FARS)

This portal presents interactive data visualizations that focus on several highway safety topics of interest, and are modeled after the information presented in NCSA's Traffi Safety Facts Sheets. These data visualizations include multiple dashboards with information on fatal motor vehicle traffic crashes and fatalities based on data from NHTSA's Fatality Analysis Reporting System (FARS). FARS contains data on every fatal traffic crash in the 50 States, the District of Columbia, and Puerto Rico. To be included in FARS, crash must involve a motor vehicle traveling on a public trafficway and must result in the death of a vehicle occupant or a nonoccupant within 30 days of the crash.

Click on the images to navigate to the dashboard, hover over the text for more information

Pedestrians

Motorcycles

Occupant Protection

Young Drivers

Pedalcyclists

Speeding

Passenger Vehicles

Rural Urban

Children

Large Trucks

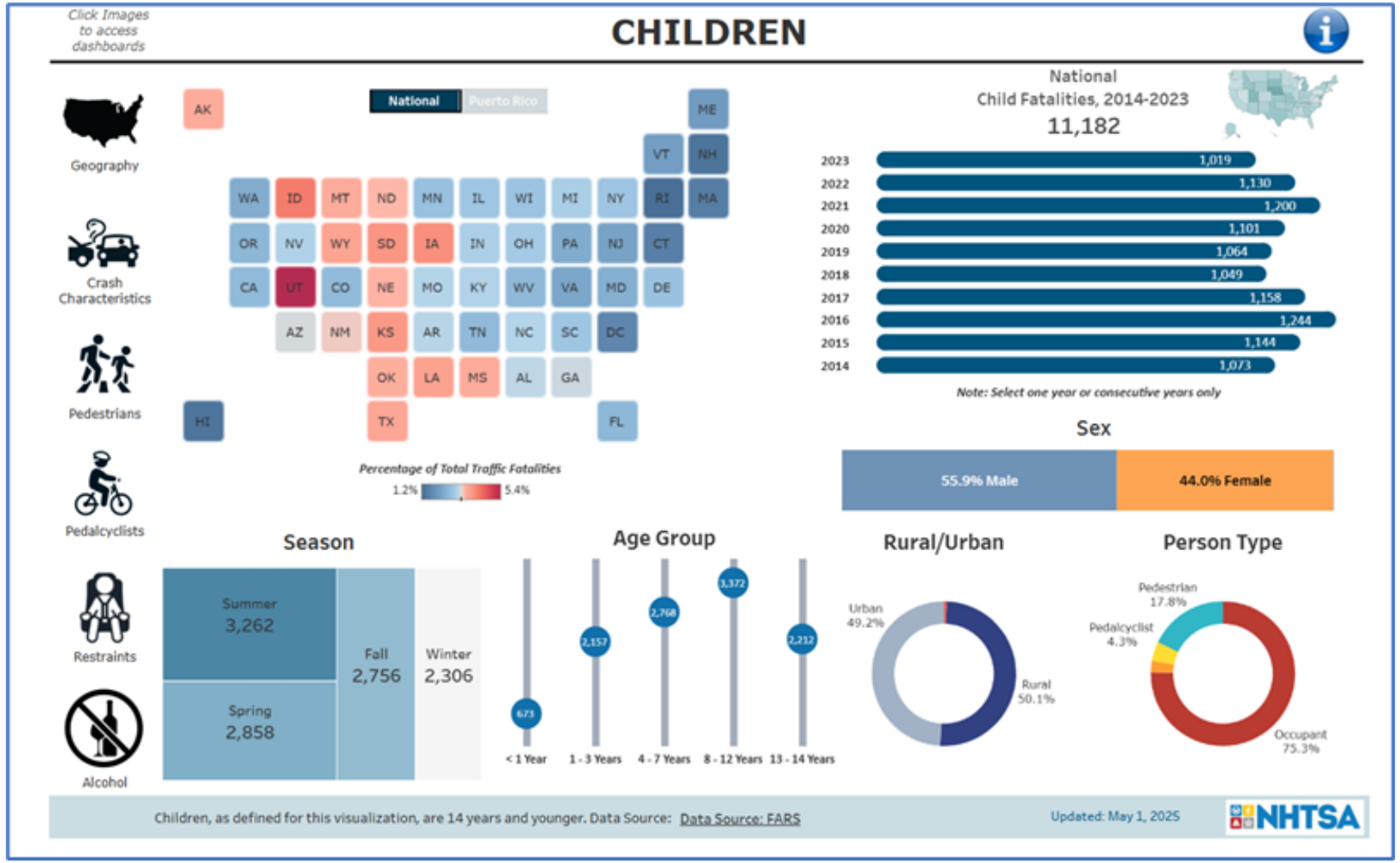
Older Population

Alcohol-Impaired Driving

continued

National Highway Traffic Safety Administration (NHTSA) 2025 Updated Online Interactive Data Visualization Tools

See: https://cdan.dot.gov/DataVisualization/DataVisualization.htm



When is the next Data User Group meeting?

- The next User Group will meet Tuesday, July 22, 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.