CENTER FOR HEALTH INFORMATION AND ANALYSIS

Massachusetts Primary Care and Behavioral Health Spending: 2022 and 2023

April 2025

Technical Appendix

Publication Number 25-106-CHIA-04B

Primary Care and Behavioral Health Spending: CY 2022 and CY 2023

TECHNICAL APPENDIX

Table of Contents

Data Source

Primary care and behavioral health data for CY2022 and CY2023 was submitted by 17 commercially administered health plans with private commercial, Medicaid MCO/ACO-A, Medicare Advantage, and SCO/PACE/OneCare lines of business. Data was reported at the managing physician group level for Massachusetts residents. MassHealth submitted CY2022 and CY2023 primary care and behavioral health data that reflected expenditures and membership for Fee-For-Service (FFS), Managed Care Organization (MCO), Partnership ACO (ACO-A), Primary Care ACO (ACO-B), and Primary Care Clinician (PCC) plans. Primary care and behavioral health data presented in this report is not comparable to previously published data due to payer exclusions in prior reporting; all payers submitted CY 2022 and CY 2023 PCBH data, and no payers have been excluded from this iteration of the PCBH spending report.

Definitions

- **Primary Care Expenditures:** Includes incurred claims (payer-paid), member-cost-sharing, and non-claims-based payments for services that met CHIA's criteria for primary care services, provided by a primary care provider.
- **Mental Health Expenditures:** Includes incurred claims (payer-paid), member-cost-sharing, and non-claims-based payments for services that met CHIA's criteria for mental health services, including general services provided by a behavioral health clinician, and mental health services provided by any practitioner.
- **Substance Use Disorder Expenditures:** Includes incurred claims (payer-paid), member-cost-sharing, and non-claims-based payments for services that met CHIA's criteria for substance use disorder services in accordance with the SUD service subset code list.
- **Behavioral Health Expenditures:** The sum of mental health and substance use disorder expenditures which includes incurred claims (payer-paid), member-cost-sharing, and non-claims-based payments for mental health and substance use disorder services.
- **Member Months:** The number of members participating in a plan over the specified period of time expressed in months of membership.
- **Mental Health Member Months:** The number of members participating in a plan over the specified period of time expressed in member months, who had a Mental Health principal diagnosis at any point during the reporting year.
- **Substance Use Disorder Member Months:** The number of members participating in a plan over the specified period of time expressed in member months, who had a substance use disorder principal diagnosis at any point during the reporting year.
- **Behavioral Health Member Months:** The number of members participating in a plan over the specified period of time expressed in member months, who had a mental health or substance use disorder principal diagnosis at any point during the reporting year. Mental health and substance use disorder diagnoses are not mutually exclusive.
- **Member Cost-Sharing:** Total member cost-sharing/member paid amounts for service category spending.

Data Year(s)

Calendar Years 2022 and 2023

Data Submitters

CHIA reported summarized data on expenditures and enrollment from the following payers:

Table TA-1: List of Payers Reporting 2022-2023 Primary Care and Behavioral Health Data

Payer	Data Type
Aetna Health Insurance Company (Aetna)	Commercial full and partial claims; Medicare Advantage
Blue Cross Blue Shield of Massachusetts (BCBSMA)	Commercial full and partial-claims; Medicare Advantage
Commonwealth Care Alliance (CCA)	Medicare Advantage; OneCare; SCO
CIGNA Health and Life Insurance Company (Cigna)	Commercial full and partial-claims
Fallon Health (Fallon)	Commercial full and partial-claims; Medicaid (e.g., ACO-A MCO); Medicare Advantage; PACE; SCO
Harvard Pilgrim Health Care (HPHC)	Commercial full and partial-claims; Medicare Advantage
Health New England (HNE)	Commercial full and partial-claims; Medicaid (e.g., ACO-A, MCO); Medicare Advantage
Health Plans, Inc. (HPI)	Commercial full-claims
MassHealth	Managed Care Organization (MCO), Partnership ACO (ACO-A), Primary Care ACO (ACO-B), and Primary Care Clinician (PCC),
Mass General Brigham Health Plan (MGBHP) (formerly AllWays)	Commercial full and partial-claims; Medicaid (e.g. ACO-A, MCO)
Tufts Public Plans (THPP)	Commercial full-claims; Medicaid (e.g. ACO-A, MCO); OneCare
Tufts Health Plan (THP)	Commercial full and partial-claims
Tufts Medicare Advantage	Medicare Advantage; SCO
United Healthcare Insurance Company (United)	Commercial full and partial-claims
United Medicare Advantage	Medicare Advantage
United Senior Care Options (SCO)	OneCare; SCO
Wellpoint (formerly UniCare Health Insurance Company)	Commercial partial-claims
WellSense Health Plan (formerly BMC HealthNet)	Commercial full-claims; Medicaid (e.g., ACO, MCO); SCO

Methods

Primary Care and Behavioral Health Code Classification

To classify expenditures as mental health, substance use disorder and primary care, data submitters followed instructions issued in the Primary Care and Behavioral Health Expenses Data Specification Manual published by CHIA.[i] Payers reported expenditures, including claims and non-claims-based payments to providers, for their Massachusetts member populations for whom they provided primary, medical coverage. These expenditures were reported separately for *mutually-exclusive* mental health, substance use disorder, primary care, or other service categories using the detailed code sets provided by CHIA and in accordance with the logic outlined in **Figure A**. Mental health and substance use disorder expenditures were categorized based on combinations of Medical Diagnosis Codes (ICD-10), Current Procedure Terminology (CPT) codes, Revenue codes, and Place of Service (POS) codes. Primary care expenditures were categorized based on combinations of CPT codes delivered by primary care providers. Expenditures were attributed to a member's managing provider group, as applicable, regardless of whether that provider group delivered the services.

Commercial Gross Up Methodology

In the Primary Care and Behavioral Health (PCBH) data submissions, insurers report their commercial business as Commercial Full Claims or Commercial Partial Claims. Commercial Partial Claims refer to commercial data that does not include all medical and subcarrier claims which indicate services that are "carved-out" such as pharmacy and/or behavioral health services. To capture a full view of the commercial market, CHIA implemented a revised methodology on grossing up partial claims to estimate behavioral health spending service percentages and pharmacy claims data for both behavioral health prescription drugs and all other prescription drugs.

To gross up commercial spending for services that payers carve-out, CHIA's revised methodology builds off the THCE methodology and leverages commercial partial member months by carved-out benefits in the TME-APM submission template defined in the TME-APM technical appendix for CY2022 through CY2023. This updated methodology requires commercial member months, pharmacy expenditures, and total expenditures in the TME-APM and PCBH data to be equal or close to equal. To verify that methodology was applied correctly, the PCBH gross up final pharmacy expenditures are compared to THCE final pharmacy expenditures.

For insurers who report pharmacy carve-outs for 100 percent of their commercial partial member months, PCBH commercial full claim pharmacy spending as a percent of commercial full total spending was used to estimate commercial partial pharmacy expenditures with PMPM values being calculated by utilizing spending and member months. If insurers reported pharmacy carve-outs for under 100 percent of their commercial partial member months, then pharmacy spending for commercial partial members where pharmacy was not carved out was used to account for those reported carved out pharmacy services. An additional step is included in this methodology to identify the distribution of new pharmacy spending to mental health (MH Rx), substance use disorder (SUD Rx), and other prescription (Other Rx) drug spending which includes the use of the commercial full population to estimate the allocation of new pharmacy dollars in 'mental health prescription drug' and 'substance use disorder prescription drug' and 'other prescription drug' categories.

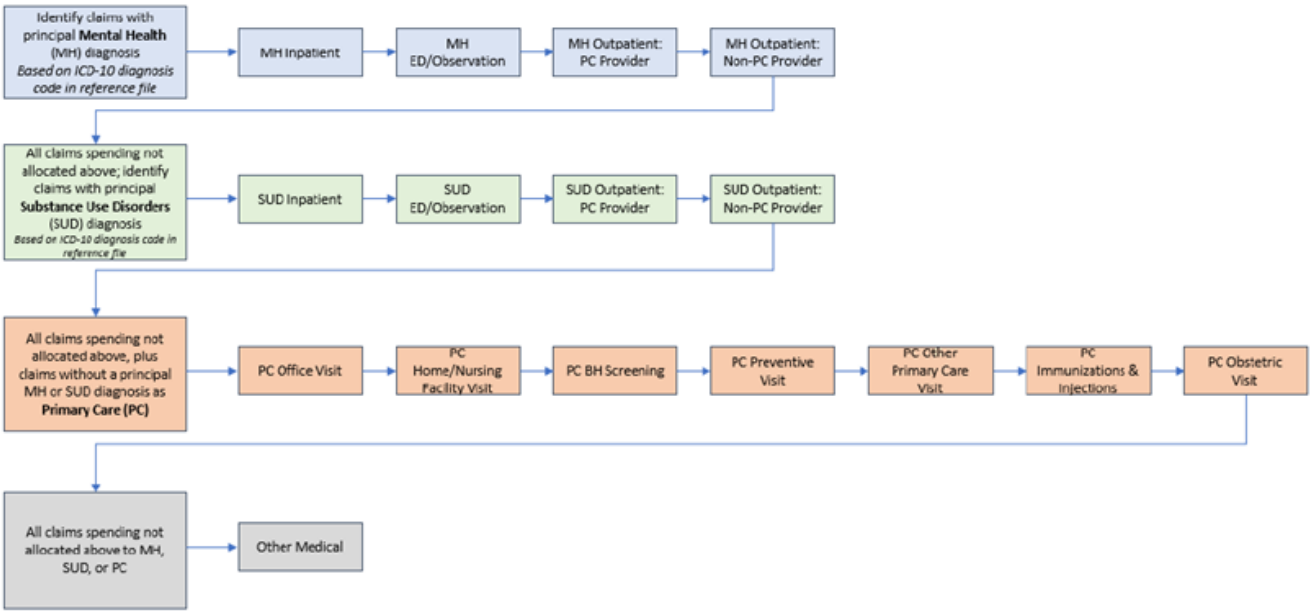
MassHealth Data Notes

MassHealth's primary care and behavioral health data includes programs administered by MassHealth directly, such as Primary Care ACO (ACO-B), Primary Care Clinician (PCC), and those administered by commercial health plans such as Accountable Care Partnerships (ACO-A) and Managed Care Organizations (MCO). Expenses derived from MassHealth's primary care and behavioral health data submission attributed to ACO-A and MCO members reflect "wrap" services as claims paid by MassHealth. ACO-A and MCO commercially administered payers report encounter experiences separately from MassHealth and are not included in MassHealth's submissions. To avoid double counting reported membership between private commercial payers and MassHealth, CHIA implemented a methodology that excludes MassHealth ACO-A and MCO reported membership for CY2022 and CY2023 from any analyses. MassHealth supplemental payments and members with FFS coverage (such as FFS dual eligibility, FFS with third-party liability, FFS limited) are not included in this report due to FFS members attributing unique utilization patterns that are not comparable to other populations (e.g., institutionalized members, members in DYS custody, members in hospice). New to this year's primary care and behavioral health data reporting, MassHealth included facility claims in the definition of primary care where in previous years CHIA's methodology excluded facility claims from the definition of primary care; MassHealth is the only payer to report in this manner, while all other private commercial payers submitted professional claims for primary care only.

Integration of Primary Care and Behavioral Health

CHIA's 2024 Primary Care and Behavioral Health Spending report introduced two new methodologies to better reflect the integration of primary care and behavioral health services. Under the first integrated primary care methodology, "Mental Health Outpatient: PC Provider" and "SUD Outpatient: PC Provider" service category spending was incorporated into primary care rather than behavioral health to reflect behavioral health services during a primary care visit. These services require a primary behavioral health diagnosis; however, they can be categorized as primary care. The second methodology integrates behavioral health screenings in a primary care setting spending to behavioral health spending. The use of these methodologies allows CHIA to assess the proportion of spending on primary care and behavioral health with and without integration. CHIA's PCBH integration methodology may not reflect payer or provider contractual definitions of integrated care.

Figure A – Primary Care and Behavioral Health Medical Claims Classification Methodology:



Behavioral Health Prescription Drug Classification

A reference table of all National Drug Codes (NDC) is included in Appendix B of CHIA's Primary Care and Behavioral Health data specifications. Payers use this list as a reference table in conjunction with methodology and coding logic outlined in Appendixes C and D of CHIA's PCBH data specification manual.

- **Mental Health Prescription Drugs:** All payments made for prescription drugs prescribed to address mental health needs, based on the specified set of National Drug Codes (NDC) listed in Appendix B.
- **Substance Use Disorder (SUD) Prescription Drugs:** All payments made for prescription drugs prescribed to address SUD needs, based on the specified set of National Drug Codes (NDC) listed in Appendix B.
- **Other Prescription Drugs:** All other payments made for prescription drugs not previously categorized as mental health or substance use disorders.

Non-Claims Classification

Payers allocated non-claims payments into the following categories: Incentive Payments, Capitation, Risk Settlements, Care Management, and Other. Payers were instructed to allocate non-claims payments into primary care, mental health, or substance use disorder service types; if non-claims could not be separated into these service categories, allocation defaulted to the 'All Other Services' service type.

Managing Physician Group Affiliations

This report includes the analysis of primary care and behavioral health (PCBH) spending for the top ten commercial managing physician groups by spending. Managing physician groups are often multi-specialty practices that include primary care providers (PCPs) and are responsible for coordinating the care of their members. For managing physician groups, PCBH spending is for members required by their insurance plan to select a primary care provider (PCP) and for members attributed to a PCP as part of a contract between the payer and provider. To calculate PCBH spending at the commercial physician group level, affiliated provider groups are "rolled-up" into a physician group as defined in Table 2.

Table TA-2: Top Ten Managing Physician Groups and Affiliated Provider Groups

Reported Physician Group	Affiliated Provider Group
Atrius	Atrius Health
Baycare	Baycare Health Partners, Inc.
Beth Israel Lahey Health (BILH) Entities	Beth Israel Deaconess Care Organization (BIDCO)
	Beth Israel Deaconess Physician Organization - Boston
	BILH
	Lahey Clinic
	Lahey Clinical Performance Network
Boston Medical Center (BMC)	Boston Medical Center Mgt Service
Mass General Brigham (MGB)	Partners Community Physicians Organization
New England Quality Care Alliance (NEQCA)	New England Quality Care Alliance (NEQCA)
Reliant	Reliant Medical Group
South Shore	South Shore Medical Center
Steward	Steward Medical Group
	Steward Network Services
UMass	UMass Memorial Medical Group

[i] Data is reported to CHIA pursuant to 957 CMR 2.00: Payer Data Reporting. In accordance with the data specification manual, health plans reported summary-level data related to spending on behavioral health and primary care services. Center for Health Information and Analysis, "Payer Data Reporting: Primary and Behavioral Health Care Expenditures," accessed February 27, 2025, https://www.chiamass.gov/payer-data-reporting-primary-and-behavioral-health-care-expenditures.