

# 2026 Annual Report on the Performance of the Massachusetts Health Care System

## Commercial Insurance Dataset: Release Notes

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Updated 3/12/2026

### Introduction

These release notes provide information for users of the Center for Health Information and Analysis's (CHIA's) 2026 commercial insurance dataset. This dataset was used for CHIA's *2026 Annual Report on the Performance of the Massachusetts Health Care System* and specifically underlies the analysis presented in the report's following chapters: Access & Affordability and Commercial Payer Trends (formerly Private Commercial Payer Use of Funds).

CHIA collected and aggregated data from payers with at least 50,000 Massachusetts private commercial plan members in accordance with 957 CMR 10.00 and performed several measures to assess the quality of the data submitted, including comparing it to prior year submissions as well as other external sources. CHIA did not conduct an audit of the submitted data, however, so data errors or anomalies may exist in the dataset. At the end of this document is a listing of known data issues that were not resolved prior to the publication of CHIA's *Annual Report*. For more information about the data collected as part of CHIA's Annual Premiums Data Request, see the [Data Submission Manual](#).

### Overview of Dataset

The commercial insurance dataset contains enrollment and financial data for private commercial health insurance plans effective between 2022 and 2024 and situated in Massachusetts (includes non-Massachusetts residents).

This dataset contains two data tables: "Financial x Prod" and "Financial x Ben". Both data tables contain member months and financial data aggregated by payer entity, funding type, market sector, and year. In addition to these variables, the Financial x Prod table segments enrollment and financial data by Product Type (HMO, PPO, POS, Other), and the Financial x Ben table segments data by Benefit Design Type (HDHP, Limited, Tiered). Product Type categories are mutually exclusive while Benefit Design Types are not (i.e., a single insurance plan may be included under multiple Benefit Design Type categories but can only be included under a single Product Type category). Therefore, any market-wide aggregation and/or analysis should be done using the Financial x Prod table, and the Financial x Ben table should only be used to examine data related to a specific Benefit Design Type category.

Row-level calculations have been included as columns in the dataset as documented in the Field List below. The Aggregate Calculations section provides equations for additional derived measures referenced in CHIA's *2026 Annual Report on the Performance of the Massachusetts Health Care System*.

## Field List

Field Name	Field Description and List of Values	Notes
Payer	<p>Grouped and abbreviated payer name:</p> <ul style="list-style-type: none"> <li>• Aetna: Aetna Health, Inc. and Aetna Life Insurance Company</li> <li>• BCBSMA: Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc. and Blue Cross and Blue Shield of Massachusetts, Inc.</li> <li>• Cigna: CIGNA Health and Life Insurance Company</li> <li>• HPHC: Harvard Pilgrim Health Care, Inc.; HPHC Insurance Company, Inc.; and Health Plans, Inc.</li> <li>• HNE: Health New England, Inc.</li> <li>• MGBHP (formerly AllWays): Mass General Brigham Health Plan, Inc. and Mass General Brigham Health Insurance Company</li> <li>• Tufts: Tufts Associated Health Maintenance Organization, Inc.; Tufts Insurance Company</li> <li>• THPP: Tufts Health Public Plans, Inc.</li> <li>• United: UnitedHealthcare Insurance Company</li> <li>• Wellpoint (formerly UniCare): Wellpoint Life &amp; Health Insurance Company</li> <li>• WellSense (formerly BMCHP): WellSense Health Plan, Inc.</li> </ul>	<p>Corresponds to Payer Grouping column in Reference Table A.</p> <p>Health Plans, Inc. (HPI) is grouped under HPHC, while Tufts Health Public Plans (THPP) is reported separately from Tufts.</p> <p>HPHC (and HPI), Tufts, and THPP merged under one parent company in 2021, but continued to report data as separate entities.</p> <p>AllWays rebranded its name to Mass General Brigham Health Plan (MGBHP) as of January 2023.</p> <p>Boston Medical Center Health Plan, Inc. (BMCHP) is now doing business as WellSense Health Plan for all products, effective June 2022.</p>
Payer Detail	<p>Abbreviated payer detail name:</p> <ul style="list-style-type: none"> <li>• AHI: Aetna Health, Inc.</li> <li>• ALIC: Aetna Life Insurance Company</li> <li>• BCBSMAHMO: Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.</li> <li>• BCBSMAParent: Blue Cross and Blue Shield of Massachusetts, Inc.</li> <li>• CIGNA: CIGNA Health and Life Insurance Company</li> <li>• HPHC: Harvard Pilgrim Health Care, Inc.</li> <li>• HPiC: HPHC Insurance Company, Inc.</li> <li>• HPI: Health Plans, Inc.</li> <li>• HNE: Health New England, Inc.</li> <li>• MGBHP: Mass General Brigham Health Plan, Inc.</li> <li>• MGBHPIC: Mass General Brigham Health Insurance Company</li> <li>• TAHMO: Tufts Associated Health Maintenance Organization, Inc.</li> <li>• TICO: Tufts Insurance Company</li> <li>• THPP: Tufts Health Public Plans, Inc.</li> <li>• United: UnitedHealthcare Insurance Company</li> </ul>	<p>Corresponds to Payer Detail Abbreviation column in Reference Table A.</p>

Field Name	Field Description and List of Values	Notes
	<ul style="list-style-type: none"> <li>Wellpoint: Wellpoint Life &amp; Health Insurance Company</li> <li>WellSense: WellSense Health Plan, Inc.</li> </ul>	
Funding Type	<p>A mutually exclusive categorization based on the entity that is financially responsible for covered members' medical costs:</p> <ul style="list-style-type: none"> <li>Fully-Insured: A plan where an employer contracts with a payer to cover pre-specified medical costs for its employees and employee-dependents.</li> <li>Self-Insured: A plan where employers take on the financial responsibility and risk for their employees' and employee-dependents' medical costs, paying payers or third-party administrators to administer their claims. These employers may or may not also purchase stop-loss coverage to protect against large claims; stop-loss premiums and employer-reimbursements are not included in this dataset.</li> </ul>	
Year	<p>Calendar year of the enrollment and financial data:</p> <ul style="list-style-type: none"> <li>2022</li> <li>2023</li> <li>2024</li> </ul>	
Market Segment	<p>A mutually exclusive categorization of the entity through which the population is insured. For employer-sponsored insurance, this field indicates the employer size.</p> <ul style="list-style-type: none"> <li>APTC + CSR Subsidies: Health insurance plans purchased by individuals through the Massachusetts Health Connector and qualified for an Advance Premium Tax Credit (APTC) subsidy and a Cost-Sharing Reduction (CSR) subsidy. Synonymous with ConnectorCare.</li> <li>APTC Subsidy Only: Health insurance plans purchased by individuals through the Massachusetts Health Connector and qualified for an Advance Premium Tax Credit (APTC) subsidy but not qualified for a Cost-Sharing Reduction (CSR) subsidy.</li> <li>No Subsidy/ Unknown: Health insurance plans purchased by individuals either directly from a payer or through the Massachusetts Health Connector without public subsidy.</li> <li>Small Group: If Fully-Insured, health insurance plans purchased through employer groups with 2-50 eligible enrollees, and that meet the definition of an "Eligible Small Business or Group," per Massachusetts Division of Insurance Regulation 211 CMR 66.04, except as otherwise noted in the Massachusetts Division of Insurance Bulletin 2016-09. Includes any Small Groups that may have purchased health insurance through the Massachusetts Health Connector or through an association. If Self-Insured, plans purchased through employer groups with 2-50 enrolled employees.</li> <li>Mid-Size Group: If Fully-Insured, health insurance plans purchased through employer groups with 51-100 enrolled employees, and those employer groups with fewer than 51 enrollees that would not otherwise meet the definition of a Small Group (e.g., an employer with 150 total employees but only 40 enrolled employees). If Self-Insured, plans purchased through employer groups with 51-100 enrolled employees.</li> </ul>	See Reference Table B for groupings.

Field Name	Field Description and List of Values	Notes
	<ul style="list-style-type: none"> <li>Large Group: Health insurance plans and self-insured plans purchased through employer groups with 101-499 enrolled employees.</li> <li>Jumbo Group: Health insurance plans and self-insured plans purchased through employer groups with 500+ enrolled employees.</li> <li>MA GIC: Health insurance plans and self-insured plans purchased by individuals from the selection negotiated and administered by the Massachusetts Group Insurance Commission (GIC).</li> <li>Student Health: Health insurance plans purchased by students through their school for primary, medical coverage. The ACA considers student health insurance purchasers to be non-group purchasers.</li> </ul>	
Product Type	<p>A mutually exclusive categorization of enrollment by members' selected health insurance products. All Private Commercial plans are included in one of these four categories, such that summing values across all Product Types produces totals equal to those for a given Market Sector.</p> <ul style="list-style-type: none"> <li>Health Maintenance Organization (HMO): Plans that have a closed network of providers, outside of which non-emergency coverage is not provided; generally requires members to coordinate care through a primary care provider.</li> <li>Preferred Provider Organization (PPO): Plans that have a network of "preferred providers," although members may obtain coverage outside the network at higher levels of cost-sharing; generally does not require members to select a primary care provider.</li> <li>Point-of-Service (POS): Plans that require members to coordinate care through a primary care provider and use in-network providers for the lowest cost-sharing. As with a PPO plan, out-of-network providers are covered, though at a higher cost to members.</li> <li>Other: Plan types other than HMO, PPO, and POS, including, but not limited to, Exclusive Provider Organization (EPO) plans and Indemnity plans.</li> </ul>	
Benefit Design Type	<p>Benefit and network design characteristics that are not exclusive to a given Product Type. These categories are <u>not</u> mutually exclusive.</p> <ul style="list-style-type: none"> <li>High Deductible Health Plan (HDHP): Plans with an individual deductible greater than or equal to the IRS definition for a high deductible health plan, which is \$1,400 for 2022, \$1,500 for 2023, and \$1,600 for 2024 (for the most preferred network or tier, if applicable). Only a plan's individual deductible level must be satisfied to be categorized as an HDHP; the deductible for the family plan is not taken into consideration.</li> <li>Tiered Networks: Plans that segment their provider networks into tiers, with tiers typically based on differences in the quality and/or the cost of care provided.</li> <li>Limited Networks: Plans that offer members access to a reduced or selective provider network that is smaller than the payer's most comprehensive provider network within a defined geographic area.</li> </ul>	<p>Because benefit design type categories are not mutually exclusive (e.g., a plan can be categorized as both HDHP and limited), the Financial x Ben table should only be used to examine data related to a specific Benefit Design Type category. Any market-wide aggregation and/or analysis should be done using the Financial x Prod table.</p>
Member Months	Reported covered member months for the given year and population.	
Members	Estimated covered members.	

Field Name	Field Description and List of Values	Notes
	Calculated by dividing Member Months by 12.	
Percent of Benefits Not Carved Out	The ratio of a membership's actual Allowed Claims, as compared to that membership's estimated Allowed Claims, had all members administered had a comprehensive benefit package (i.e. all Essential Health Benefit, and benefit claims, administered and paid by the submitted payer). This value is less than 100% when certain benefits, such as prescription drugs or behavioral health services, are carved-out and not paid for by the plan.	Can be used to calculate a scaled financial field to reflect the estimated financial value of a comprehensive benefit package in which all services are administered by the payer.
Earned Premiums	Represents the total gross earned premiums earned prior to Medical Loss Ratio (MLR) rebate payments incurred, though not necessarily paid, during the year, including any portion of the premium that is paid to a third party (e.g. Connector fees, reinsurance). Does not include any amounts related to risk adjustment. Premium amounts include the full amount collected by the payer, including member contributions, employer contributions, advance premium tax credit amounts, and/or state premium subsidies.	Applies to Fully-Insured plans only.
MLR Rebates	Massachusetts health insurers are required to submit data on the proportion of premium revenues spent on health care services and quality improvement initiatives. This proportion is known as the Medical Loss Ratio (MLR). If state and federal MLR ratios or thresholds are not met, payers must provide rebates to members for the excess premium retention. Across this three year period, the Massachusetts MLR threshold for fully-insured plans was 88% in the Merged Market and 85% for larger group plans outside the Merged Market. MLR Rebates owed to members are reported as a positive amount (+) in the dataset.	Applies to Fully-Insured plans only.
Fully-Insured Premiums Net MLR	Represents the total premium amounts collected by the payer, including member contributions, employer contributions, advance premium tax credit amounts, and/or state premium subsidies, net of any MLR rebates owed to members.  Calculated by subtracting MLR Rebates from Earned Premiums.	Applies to Fully-Insured plans only.
Allowed Claims Adjusted for Rx Rebates	The medical, pharmacy, and behavioral health claims cost paid by the payer (Incurred Claims) and the member (Cost-Sharing) and the federal or state governments (CSR Amounts) to the provider after the provider or network discount, if any, and adjusted for pharmacy rebates. Allowed Claims include capitation payments, withhold amounts, and all other payments to providers including those paid outside the claims system.	
Incurred Claims Adjusted for Rx Rebates	The medical, pharmacy, and behavioral health claims cost paid by the payer to the provider after the provider or network discount, if any, and adjusted for pharmacy rebates. Incurred Claims include capitation payments, withhold amounts, and all other payments to providers including those paid outside the claims system. Incurred Claims reflect only those amounts that are the liability of the payer, including (gross of) payments from the federal or state governments (CSR Amounts) and excluding payments from the member (Cost-Sharing), such that the Incurred Claims are reported in a manner consistent with amounts expected to be funded by the Premiums earned.  Calculated by subtracting Member Cost-Sharing from Allowed Claims Adjusted for Rx Rebates.	

Field Name	Field Description and List of Values	Notes
Member Cost-Sharing	Represents the medical, pharmacy, and behavioral health expenses allowed under the member's plan but not paid for by the payer, including copayments, coinsurance, and deductibles paid by the member as well as cost-sharing reduction (CSR) subsidies paid to the payer by state and federal governments. Member Cost-Sharing does not include out-of-pocket payments for goods and services not covered by the members' health insurance policies (e.g., over-the-counter medicines, vision, and dental care) and does not account for employer offsets, such as health reimbursement arrangements or health savings accounts.	
Cost-Sharing Reduction Amts	The total estimated federal and state payments received by payers to lower individuals' health insurance deductibles, copayments, and coinsurance payments while enrolled in qualifying Massachusetts Health Connector plans. Eligibility is determined based on expected annual income. Maximum out-of-pocket amounts may also be reduced.	Applies to APTC + CSR Subsidies Market Sector only.

## Reference Tables

The following reference tables can be used to create additional groupings for analysis:

**Reference Table A: Payer Entity Abbreviations and Groupings**

Payer Entity	Payer Entity Abbreviation	Payer Grouping
Aetna Health, Inc.	AHI	Aetna
Aetna Life Insurance Company	ALIC	Aetna
Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.	BCBSMAHMO	BCBSMA
Blue Cross and Blue Shield of Massachusetts, Inc.	BCBSMAParent	BCBSMA
CIGNA Health and Life Insurance Company	CIGNA	Cigna
Harvard Pilgrim Health Care, Inc.	HPHC	HPHC
HPHC Insurance Company, Inc.	HPiC	HPHC
Health Plans, Inc.	HPI	HPHC
Health New England, Inc.	HNE	HNE
Mass General Brigham Health Plan, Inc.	MGBHP	MGBHP
Mass General Brigham Health Insurance Company	MGBHIC	MGBHP
Tufts Associated Health Maintenance Organization, Inc.	TAHMO	Tufts
Tufts Insurance Company	TICO	Tufts
Tufts Health Public Plans, Inc.	THPP	THPP
UnitedHealthcare Insurance Company	United	United
Wellpoint Life & Health Insurance Company	Wellpoint	Wellpoint
WellSense Health Plan, Inc.	WellSense	WellSense

**Reference Table B: Market Sector Groupings**

Full descriptions of each Market Sector are listed in the Field List. Groupings are listed from most granular to most inclusive. Note that the Unsubsidized category in Grouping 1 includes members receiving federal premium tax credits. Student Health data was excluded from the *Annual Report*.

Market Sector	Grouping 1	Grouping 2	Grouping 3	Grouping 4
No Subsidy/ Unknown	Unsubsidized	Individual	Merged Market	Individual
APTC Subsidy Only	Unsubsidized	Individual	Merged Market	Individual
APTC + CSR Subsidies	ConnectorCare	Individual	Merged Market	Individual
Small Group	Small Group	Small Group	Merged Market	Employer-Sponsored Insurance (ESI)
Mid-Size Group	Mid-Size Group	Mid-Size Group	>50 Employees	Employer-Sponsored Insurance (ESI)
Large Group	Large Group	Large Group	>50 Employees	Employer-Sponsored Insurance (ESI)
Jumbo Group	Jumbo Group	Jumbo Group	>50 Employees	Employer-Sponsored Insurance (ESI)
MA GIC	MA GIC	MA GIC	>50 Employees	Employer-Sponsored Insurance (ESI)
Student Health	Student Health	Student Health	Student Health	Student Health

## Aggregate Calculations

This section contains information on additional derived measures referenced in CHIA's 2026 Annual Report:

### Benefit Level (after CSR subsidies)

This calculation represents the portion of medical costs that are covered either by the payer or by government subsidies i.e., the portion of medical costs not paid by the member. Claims amounts were adjusted for pharmacy rebates reported by payers.

$$\frac{\sum(\text{Incurred Claims Adjusted for Rx Rebates})}{\sum(\text{Allowed Claims Adjusted for Rx Rebates})}$$

### HDHP Percent of Total Enrollment

This calculation represents the percentage of members enrolled in a High Deductible Health Plan (HDHP). First sum the Member Months with Benefit Design Type category HDHP, then divide by the sum of total member months in the Financial x Prod table. Benefit Design Type categories are not mutually exclusive, so the Member Months in the denominator must come from the Financial x Prod table.

$$\frac{\sum(\text{Member Months})_{HDHP}}{\sum(\text{Member Months})_{Financial \times Prod}}$$

### Non-HDHP Member Cost-Sharing PMPM

This calculation represents the per member per month member cost-sharing amounts for non-HDHP members (enrolled in plans with individual deductibles of less than \$1,400 for 2022, less than \$1,500 for 2023, and less than \$1,600 for 2024). In order to derive the cost-sharing amounts and member months for non-HDHP members, subtract HDHP cost-sharing amounts and member months in the Financial x Ben table from the total cost-sharing amounts and member months in the Financial x Prod table. Benefit Design Type categories are not mutually exclusive, so totals must come from the Financial x Prod table.

$$\frac{\sum(\text{Member Cost Sharing})_{Financial \times Prod} - \sum(\text{Member Cost Sharing})_{HDHP}}{\sum(\text{Member Months})_{Financial \times Prod} - \sum(\text{Member Months})_{HDHP}}$$

## Payer-Specific Notes

Not all data issues identified as part of the quality assurance process were resolved prior to the creation of this dataset. As a result, this section includes a listing of known data anomalies that users should be aware of when conducting analysis.

- There are no known data anomalies.