

# Massachusetts Primary Care and Behavioral Health Spending: 2023 and 2024

June 2026



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## SECTION 1:

# Executive Summary

### Key Findings

- In 2024, spending on primary care represented 6.6% of commercial, 8.4% of MassHealth, and 4.2% of Medicare Advantage total health care spending.

These trends reflect a proportional decline for private commercial members but an increase for MassHealth and Medicare Advantage members.

- Spending on behavioral health represented 8.1% of commercial, 22.4% of MassHealth, and 2.3% of Medicare Advantage total health care spending in 2024. The proportion of spending remained relatively stable for private commercial and Medicare Advantage members while increasing for MassHealth members.

- Commercial full-claim primary care's share of spending for pediatric members increased from 2023 to 2024 (13.4% to 13.7%) while adult members primary care share of spending decreased from 5.9% in 2023 to 5.6% in 2024.
- Despite decreases in commercial member cost-sharing for mental health (MH) and SUD services, cost-sharing as a percentage of total spending was highest for MH services at 16.1%, followed by primary care at 10.9%, all other services (9.9%), and SUD (8.4%).
- Non-claims capitation and full-risk payments accounted for 68.6% of total MassHealth primary care spending in 2024. Among private commercial plans and Medicare Advantage, non-claims accounted for 0.1% and 2.0% of total primary care spending, respectively.

## Overview

This report presents summary market totals and payer and provider-level metrics on primary care and behavioral health—including spending on mental health (MH) and substance use disorders (SUD)—for commercial, MassHealth, and Medicare Advantage insurance categories for CY 2023 and CY 2024. CHIA collects spending and diagnosis prevalence for MH and SUD services separately; however, combined spending on these 2 service categories represents total behavioral health (BH) expenditure figures referenced in this report. Additional analyses in this report include primary care (PC) and BH spending metrics by age group, payer, and managing clinician group. For more information on behavioral health spending, see CHIA's [Annual Report on the Performance of the Massachusetts Health Care System](#).

Accompanying this report is a [databook](#) the charts shown throughout the report and a dataset with payer- and provider-level PC and BH spending information for CY 2023 and CY 2024. Additionally, CHIA publishes a [Primary Care Dashboard](#) and a [Behavioral Health Dashboard](#) that include data points across cost, quality, utilization, and equity domains to monitor the state of primary care and behavioral health in the Commonwealth.

## Background

Primary care and behavioral health services play a critical role across the Commonwealth in improving health outcomes, advancing health equity, and moderating overall health care costs. However, these services have historically been under-resourced, making it difficult for many Massachusetts residents to obtain timely and affordable access to this vital care. To provide insight into investments in primary care and behavioral health services, CHIA collects primary care and behavioral health spending data from health plans covering Massachusetts residents.<sup>1</sup>

This publication examines spending on primary care and behavioral health services for Massachusetts residents enrolled in private commercial, MassHealth, and Medicare Advantage plans for calendar years (CY) 2023 and CY 2024. The time period of this report reflects ongoing policy efforts aimed at reshaping the primary care and behavioral health landscape in the Commonwealth to strengthen access, equity, and affordability.

Most recently, Massachusetts enacted legislation in 2025 to convene a Primary Care Access, Delivery, and Payment Task Force charged with making recommendations to stabilize and strengthen Massachusetts primary care. The Task Force has issued several recommendations, including using CHIA's methodology (as reflected in this report) to define and measure

primary care expenditures; developing a standardized set of data and reporting requirements for private and public payers, providers, and provider organizations; establishing a primary care spending target intended to either increase the proportion of primary care spending to 15 percent, or double it (whichever is greater), over a 5-year period; and advancing payments models to increase public and private reimbursement for primary care services, with future deliverables focused on service delivery needs, plan design, and workforce development.<sup>2</sup> This report complements the work of the Task Force by providing updated data about primary care expenditures in 2024.

Other initiatives aimed at strengthening primary care and behavioral health have been enacted in the Commonwealth over the past several years. In 2022, Massachusetts enacted the Mental Health ABC Act: Addressing Barriers to Care, which sought to expand access to behavioral health care services and support the behavioral health workforce. In addition, this legislation charged CHIA with monitoring behavioral health costs, quality, and utilization.<sup>3</sup> The following year, Massachusetts launched the Roadmap for Behavioral Health Reform,<sup>4</sup> which aims to improve access to behavioral health services with new entry options like 24/7 helplines and

the expansion of community behavioral health and behavioral health urgent care centers.<sup>5</sup>

Other policy changes that have impacted primary care and behavioral health in Massachusetts include the 2023-2024 resumption of MassHealth member eligibility determinations, requiring disenrolled individuals to find new coverage options. Many of those residents were able to access insurance through the Health Connector, which, at the same time, launched a pilot program expanding eligibility to families with incomes up to 500 percent of the federal poverty level.<sup>6</sup> Finally, in 2023, MassHealth implemented a Primary Care Sub-Capitation model that pays a fixed per-member, per-month rate to primary care practitioners participating in accountable care organizations (ACOs) to deliver a range of services, including integrated behavioral health services.<sup>7</sup>

While Massachusetts policymakers, care providers, payers, and community organizations continue to advance efforts to improve access to primary care and behavioral health services, anticipated insurance coverage disruptions from federal policy changes—along with growing affordability concerns—risk worsening existing challenges. In response, CHIA will continue to provide data and information to promote a more transparent and equitable health care system that effectively serves all residents of the Commonwealth.

### Market-Level Findings

Spending trends on primary care and behavioral health services varied across insurance categories between CY 2023 and CY 2024. In 2024, private commercial plans spent 14.8 percent of total commercial medical spending (\$4.4 billion) on primary care and behavioral health services. The proportion spent on primary care decreased 0.4 percentage points in 2024 compared with 2023, representing 6.6 percent of total spending (\$2.0 billion). Although total commercial spending on primary care services increased 7.1 percent from \$1.8 billion to \$2.0 billion, spending on behavioral health and all other services outpaced that of primary care, resulting in a decline in the proportion of total primary care spending. Behavioral health spending increased slightly in 2024 to 8.1 percent of total commercial spending (+11.9 percent total expenditure growth overall), and at the same time the percentage of members with a behavioral health diagnosis decreased 0.2 percentage points to 22.4 percent.

The proportion of medical spending on primary care and behavioral health services for MassHealth members increased to 30.8 percent in 2024. MassHealth plans including ACPP, MCO, PCACO, and PCC spent 8.4 percent (\$971.8 million) on primary care services, an increase from 7.6 percent (\$837.7 million) in 2023, reflecting the first full year of MassHealth's Primary Care Sub-Capitation Program. MassHealth behavioral health spending, including MH and

SUD services, represented 22.4 percent of total spending in 2024 (15.9 percent MH, 6.5 percent SUD), a 0.3 percentage point increase from 2023. At the same time, the percentage of MassHealth members with a behavioral health diagnosis increased 3.6 percentage points to 32.7 percent. These behavioral health spending and prevalence trends were due in part to a series of programmatic changes such as shifting Primary Care Accountable Care Organization (PCACO) members to Accountable Care Partnership Plans (ACPP), the initiation of MassHealth's redetermination process, and the expansion of community behavioral health centers (CBHC).

In 2024, Medicare Advantage plans spent 6.5 percent of total spending (\$388.1 million) on primary care and behavioral health services, a decrease of 0.1 percentage point from 2023. Medicare Advantage spending on PC and SUD services as a percentage of total spending (4.2 percent and 0.4 percent, respectively) remained stable from 2023 to 2024; however, MH spending as a proportion of total spending decreased 0.1 percentage point to 1.9 percent. Overall, behavioral health spending accounted for 2.3 percent of Medicare Advantage expenditures. The percentage of Medicare Advantage members with a mental health diagnosis decreased 2.9 percentage points to 11.5 percent, and the percentage of members with a SUD diagnosis decreased 0.4 percentage points to 2.0 percent.

### *Primary Care*

Primary care spending for commercially insured pediatric members (ages 0-17) represented 13.7 percent of commercial pediatric total medical spending, which was higher than for adult members (ages 18-64, 5.6 percent).

Across the commercial and Medicare Advantage insurance categories, primary care office visits represented the largest share of primary care spending in 2024, making up 55.0 percent of commercial primary care spending and 70.6 percent of Medicare Advantage primary care spending. Primary care office visits reflect payments for care services such as professional evaluation and management services in an office or outpatient setting delivered by a primary care provider.

Primary care-specific non-claims payments, including capitation (fixed-payment) and full-risk payments, represented 68.6 percent of MassHealth spending in 2024, an increase of 11.1 percentage points from 2023, making it the largest category of MassHealth primary care spending. This increase reflects the transition from fee-for-service payments to the Primary Care Sub-Capitation Program, which pays participating primary care practices a fixed per member per month (PMPM) rate for a set of primary care services, and the first full year of implementation in 2024.<sup>8</sup>

Additionally, the Primary Care Sub-Capitation Program, launched in April 2023, resulted in CY 2023 data reflecting on a partial year of capitated payments, while 2024 reflects a full year of capitation. Conversely, primary care-specific non-claims payments represented 0.1 percent of private commercial and 2.0 percent of Medicare Advantage primary care spending in 2024.

### *Behavioral Health*

The proportion of behavioral health expenditures varied among different age groups. Spending on behavioral health for commercially insured pediatric members (ages 0-17) represented 13.9 percent of their total medical spending, which was higher than for adult members (ages 18-64, 7.8 percent).

Behavioral health reflects services for MH and SUD that are delivered in a variety of care settings such as inpatient hospitals, residential treatment centers, intensive outpatient programs, and outpatient offices. Outpatient services delivered by a behavioral health or other specialist provider represented the largest category of MH spending for commercial and MassHealth members (51.8 percent and 53.1 percent, respectively). Outpatient MH services provided by a primary care provider accounted for 14.6 percent of commercial mental health spending and 4.2 percent of MassHealth behavioral health spending in 2024.

Of total MH spending in 2024, prescription drugs represented the largest portion of Medicare Advantage MH spending (45.0 percent). Of total SUD spending in 2024, SUD inpatient services accounted for the largest category of commercial and Medicare Advantage

spending at 42.2 percent and 42.4 percent, respectively. SUD outpatient services offered by a behavioral health provider or other specialist accounted for the largest portion of MassHealth spending (46.3 percent), followed by SUD inpatient services (31.2 percent). ■

## SECTION 2:

# Market Overview

This section includes primary care and behavioral health (both MH and SUD) spending for Massachusetts residents at the market level, examining how expenses for these services vary by insurance category and over time from CY 2023 to CY 2024. This report includes behavioral health diagnosis prevalence, PCBH spending by age group, and the distribution of PCBH spending by service category. The data reflects multiple insurance categories: members with private commercial insurance, MassHealth members enrolled in Medicaid ACPP/MCO plans reported by commercially administered plans, MassHealth members enrolled in PCACO and PCC plans, and Medicare beneficiaries enrolled in Medicare Advantage plans.

Market-level analyses by primary care and behavioral health service type include data from all payers that

submitted data reflecting CY 2023 and CY 2024. In 2025, CHIA updated its methodology and data specifications to capture more details about primary care and behavioral health expenditures. As a result, CY 2024 data is not comparable with prior years. The following payers submitted only one year of data (CY 2024) and have been excluded from all detailed service-category-level analyses showing CY 2023 and CY 2024 data in this section: Aetna, Fallon, Health New England (HNE), Health Plans Inc. (HPI), and WellSense. As a result, the population included in these charts reflects 85 percent of the private commercial population, 47 percent of MassHealth, and 79 percent of Medicare Advantage. Data may not tie to previously published data points.

Expenditure totals do not reflect aggregate statewide spending, and findings should not be extrapolated for that purpose. ■

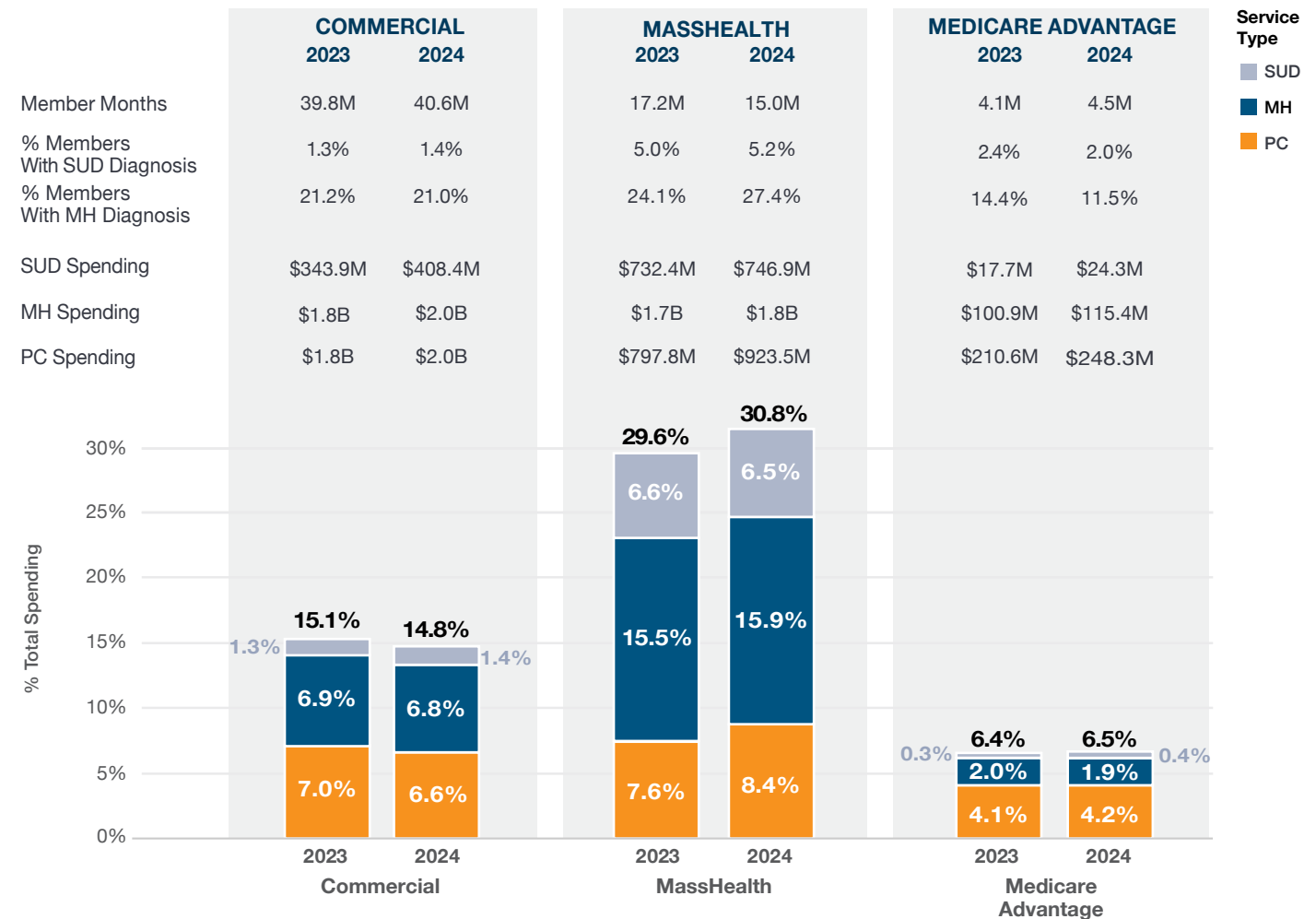
# Primary Care and Behavioral Health Percentage of Spending and Diagnosis Prevalence by Insurance Category

2023-2024

In 2024, primary care and behavioral health services accounted for 14.8% of total health care spending for Massachusetts residents with private commercial insurance, 30.8% for MassHealth members, and 6.5% for Medicare Advantage enrollees. Although primary cares share of commercial spending declined, total spending increased (from 7.0%, \$1.84 billion in 2023 and 6.6%, \$1.97 billion in 2024). Among MassHealth members, primary care represented 8.4% (\$971.8 million) of total spending in 2024, a 0.9 percentage point increase, while Medicare Advantage primary care spending increased slightly to 4.2%.

In 2024, 22.4% of commercially insured residents had a primary behavioral health diagnosis. Total commercial behavioral health spending increased 11.9%, accounting for 8.1% of commercial health care spending in 2024; mental health (MH) represented 6.8% of commercial spending in 2024 while SUD accounted for 1.4%.<sup>9</sup> MassHealth had both the highest share of members with a behavioral health diagnosis (32.7%) and the highest proportion of behavioral health spending (22.4% overall; 15.9% MH and 6.5% SUD) compared with commercial and Medicare Advantage in 2024.

In 2024, 13.5% of Medicare Advantage members had a behavioral health diagnosis, a decrease of over 3.0 percentage points from 2023. Medicare Advantage plans attributed 1.9% of total spending to MH and 0.4% to SUD services.



Source: Payer-reported data to CHIA.

Notes: Data for Original Medicare not available for this analysis. For commercial partial-claim data, CHIA estimated pharmacy spending by service type. MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including ACPP, MCO, PCACO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third-party liability, FFS limited and supplemental payments to providers) not included in this analysis. Private commercial payers and MassHealth included facility claims in primary care definition for CY 2023 and CY 2024; review "Data Sources and Methodology" section for more information on inclusion of facility claims. Due to payer exclusions in prior years, data may not tie to previously published data points. Data does not reflect aggregate statewide spending, and findings should not be extrapolated for that purpose. MH and SUD diagnoses not mutually exclusive. Totals do not include any MassHealth supplemental payments. Totals may not sum due to rounding. See technical appendix for more information.

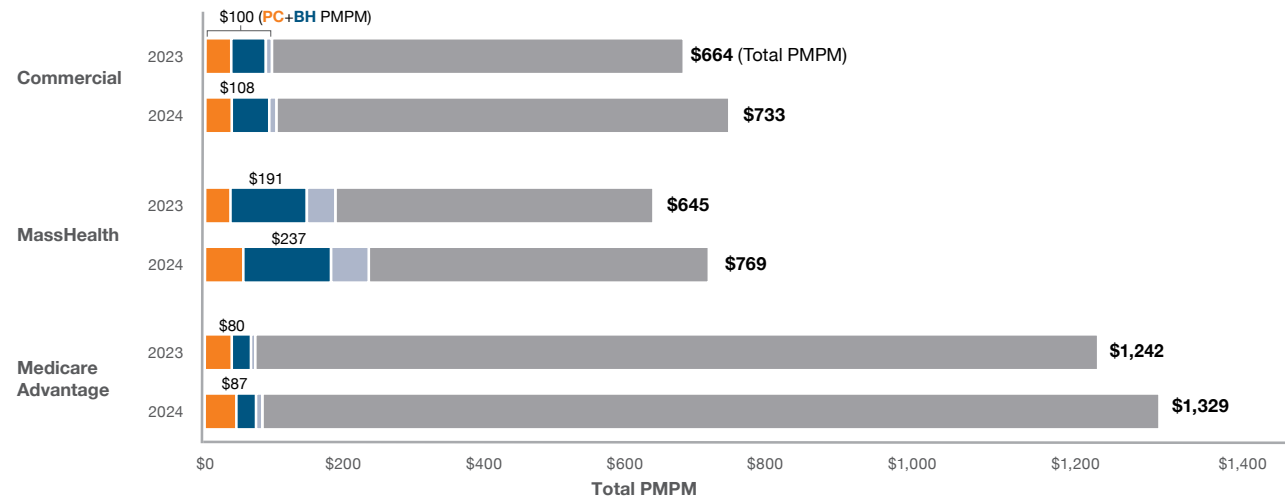
# Per Member Per Month Service Type Spending by Insurance Category

2023-2024

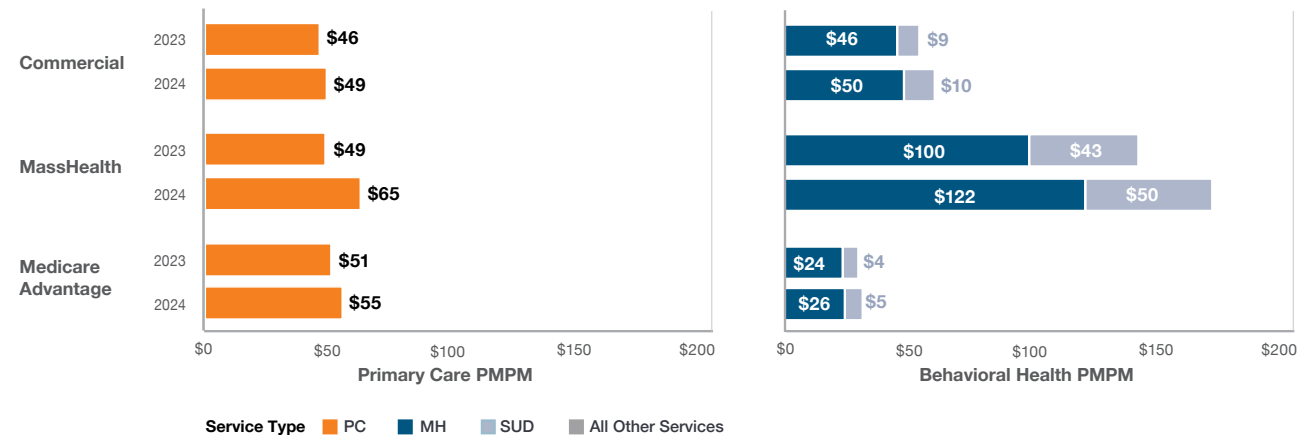
In 2024, primary care spending for commercial members was \$49 PMPM, reflecting a 5.1% increase from 2023 and representing 6.6% of total health care spending for commercial members. Behavioral health spending for commercial members was \$60 PMPM (\$50 MH and \$10 SUD); this was a 9.8% increase from 2023 and represented 8.1% of total health care spending for commercial members.

On a per member basis, MassHealth had the highest primary care spending among all insurance categories in 2024 at \$65 PMPM, a 32.9% increase from \$49 PMPM in 2023. This increase was driven in part by the first full year of implementation of MassHealth’s Primary Care Sub-Capitation Program, which launched in April 2023 and aims to increase investments in primary care.<sup>10</sup> Behavioral health represented 22.4% of MassHealth health care spending in 2024 at \$172 PMPM (\$122 MH and \$50 SUD), which was the highest behavioral health spending among all insurance categories.

Medicare Advantage primary care spending averaged \$55 PMPM in 2024, a 8.7% increase from 2023. Among all insurance categories, Medicare Advantage had the lowest spending on behavioral health in 2024 at \$31 PMPM (\$26 MH and \$5 SUD), though this was an 8.7% increase compared with 2023.



## Primary Care and Behavioral Health PMPM by Insurance Category



Source: Payer-reported data to CHIA.

Notes: Data for Original Medicare not available for this analysis. For commercial partial-claim data, CHIA estimated pharmacy spending by service type. MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including ACP, MCO, PCACO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third-party liability, FFS limited and supplemental payments to providers) not included in this analysis. Private commercial payers and MassHealth included facility claims in primary care definition for CY 2023 and CY 2024; review “Data Sources and Methodology” section for more information on inclusion of facility claims. Due to payer exclusions in prior years, data may not tie to previously published data points. Data does not reflect aggregate aggregate statewide spending, and findings should not be extrapolated for that purpose. MH and SUD diagnoses not mutually exclusive. Totals do not include any MassHealth supplemental payments. Totals may not sum due to rounding. See technical appendix for more information.

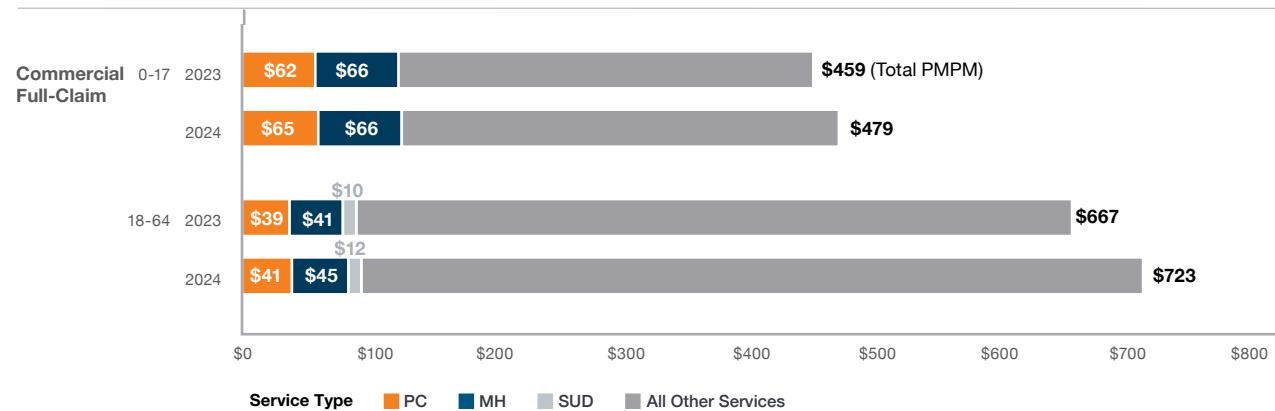
## Market Overview

In 2024, commercial full-claim plans for members ages 0-17 spent \$65 PMPM on primary care and \$66 PMPM on MH services.<sup>11</sup> Among commercially insured adults ages 18-64, primary care spending in 2024 was \$41 PMPM, MH spending was \$45 PMPM, and SUD spending was \$12 PMPM. While primary care accounted for 6.6% of total health care spending among all commercial members, it represented 13.7% of spending for pediatric members, and 5.6% for members ages 18-64.

## Per Member Per Month Service Type Spending by Age Group

2023-2024

		Commercial Full-Claim 2023	Commercial Full-Claim 2024
Member Months	0-17	4.4M	4.4M
	18-64	20.0M	20.4M
% Members With MH Diagnosis	0-17	19.8%	19.6%
	18-64	23.2%	23.5%
% Members With SUD Diagnosis	0-17	0.2%	0.2%
	18-64	1.6%	1.6%
% Members With BH Diagnosis	0-17	20.0%	19.8%
	18-64	24.8%	25.1%



Source: Payer-reported data to CHIA.

Notes: Analysis represents commercial full-claim data reported by commercial payers representing approximately 63.3% of commercial market. MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including AOPP, MCO, PCACO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third-party liability, FFS limited and supplemental payments to providers) not included in this analysis. Private commercial payers and MassHealth included facility claims in primary care definition for CY 2023 and CY 2024; review "Data Sources and Methodology" section for more information on inclusion of facility claims. Due to payer exclusions in prior years, data may not tie to previously published data points. Data does not reflect aggregate statewide spending, and findings should not be extrapolated for that purpose. MH and SUD diagnoses not mutually exclusive. Totals do not include any MassHealth supplemental payments. Totals may not sum due to rounding. See technical appendix for more information.

# Mental Health and Substance Use Disorder Spending for Members With a Behavioral Health Diagnosis

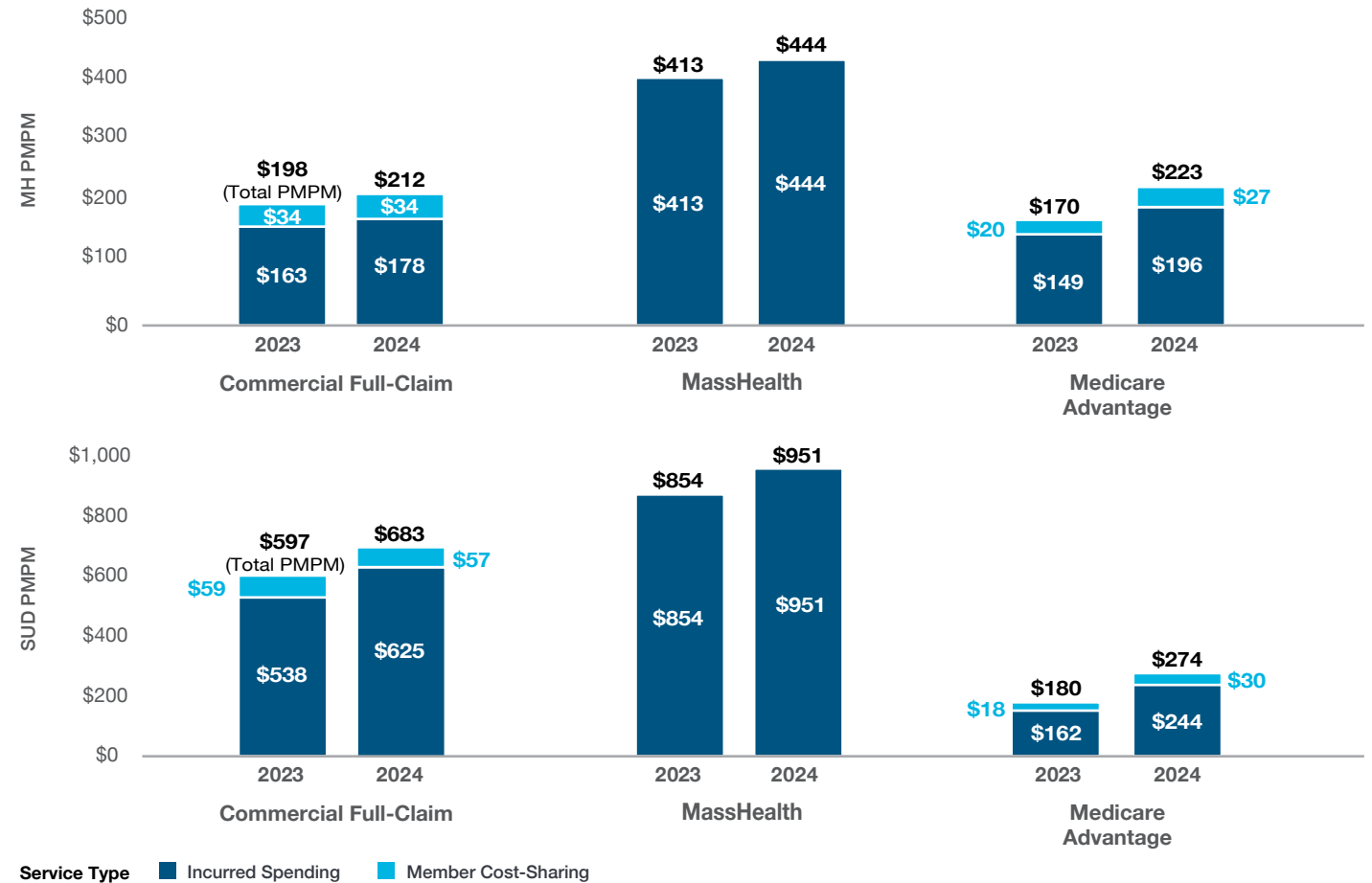
2023-2024

CHIA examined MH and SUD spending for members with a primary behavioral health diagnosis, representing a utilization-based analysis rather than a total population analysis.

Mental health spending for commercial members with a primary MH diagnosis increased from \$198 PMPM to \$212 PMPM in 2024. These members were responsible for \$34 PMPM in cost-sharing, representing 16.0% of total MH spending in 2024. SUD spending increased to \$683 PMPM in 2024 for members with a primary SUD diagnosis, and members were responsible for 8.3% (\$57 PMPM) of total SUD spending.

Among insurance categories, behavioral health was highest for MassHealth members with a behavioral health diagnosis. Mental health spending for MassHealth members with a MH diagnosis was \$444 PMPM in 2024, an increase from \$413 in 2023. SUD spending for MassHealth members with a primary SUD diagnosis was \$951 PMPM in 2024, an increase from \$854 in 2023. MassHealth reported no member cost-sharing for these services.

Mental health spending for Medicare Advantage members with a MH diagnosis increased to \$223 PMPM while SUD spending for members with a SUD diagnosis increased to \$274 PMPM in 2024. Cost-sharing for Medicare Advantage members with a primary behavioral health diagnosis accounted for 12.1% of MH spending and 10.9% of SUD spending in 2024.



Source: Payer-reported data to CHIA.

Notes: Data for Original Medicare not available for this analysis. Analysis represents commercial full-claim data reported by commercial payers representing approximately 63.3% of commercial market. MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including ACP, MCO, PCAO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third-party liability, FFS limited and supplemental payments to providers) not included in this analysis. Private commercial payers and MassHealth included facility claims in primary care definition for CY 2023 and CY 2024; review "Data Sources and Methodology" section for more information on inclusion of facility claims. Due to payer exclusions in prior years, data may not tie to previously published data points. Data does not reflect aggregate statewide spending, and findings should not be extrapolated for that purpose. MH and SUD diagnoses not mutually exclusive. Totals do not include any MassHealth supplemental payments. Totals may not sum due to rounding. See technical appendix for more information.

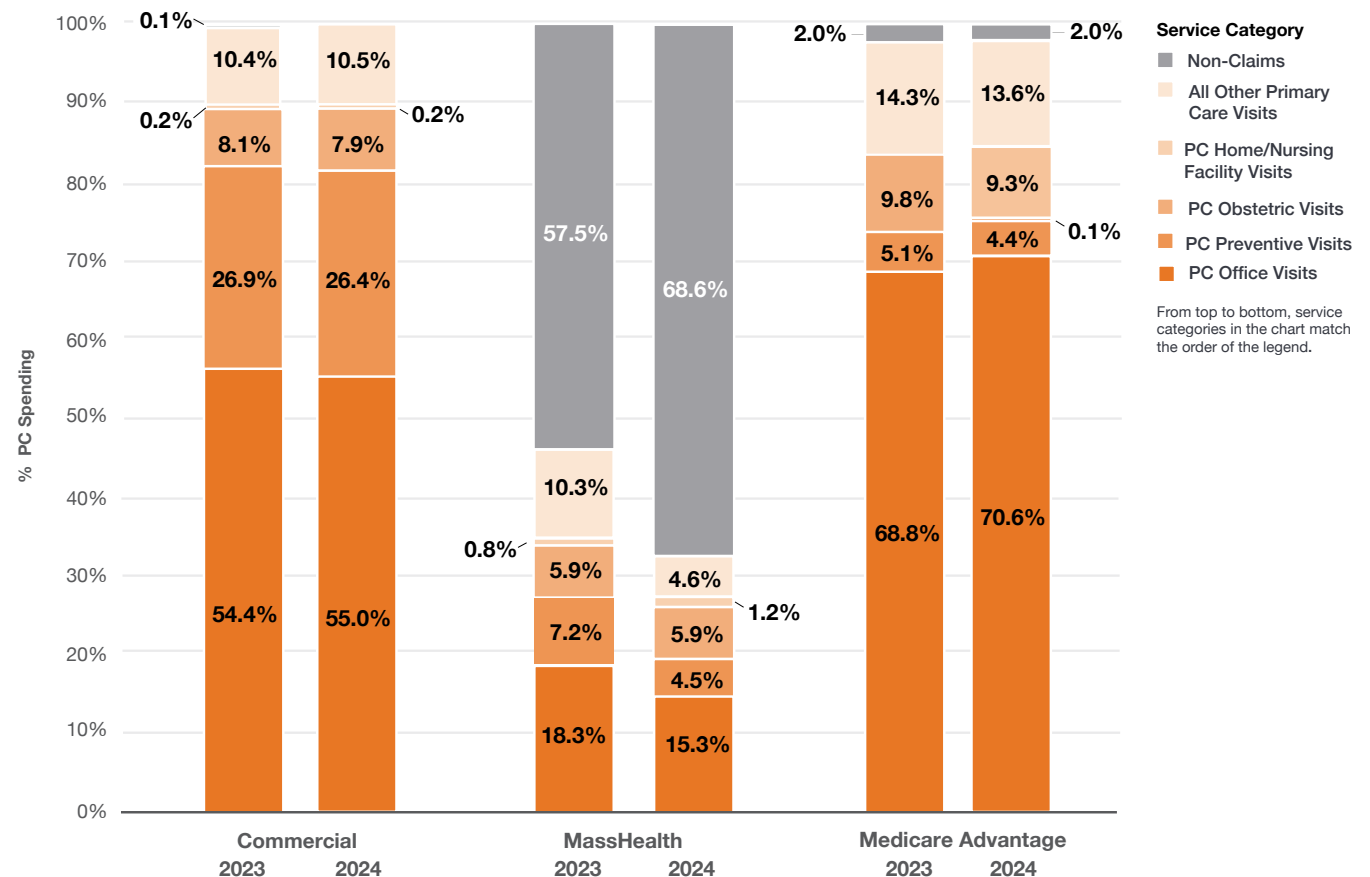
# Primary Care Spending by Service Category

2023-2024

Primary care office visits, such as evaluation and management services, represented 55.0% of total commercial primary care spending in 2024. Preventive visits, including medical exams and screenings, represented 26.4% of commercial primary care spending in 2024. Spending for all other primary care categories, such as primary care behavioral health screenings and primary immunizations/injections, made up 10.5% in 2024.

Non-claims represented 68.6% of MassHealth primary care spending in 2024. The high non-claims spending was attributed the new Primary Care Sub-Capitation Program, beginning in April 2023, which shifted spending from physician claims to non-claims.<sup>12</sup> Primary care office visits accounted for 15.3% of spending in 2024.

Primary care office visits accounted for 70.6% of Medicare Advantage primary care spending in 2024, a decrease of 1.8 percentage points from 2023. Specific to the Medicare Advantage population, 9.3% of primary care spending was on primary care home or nursing facility visits in 2024, which reflect payments made for professional services provided by a primary care provider delivered in a private home, rest home, or nursing facility. Spending for all other primary care visits accounted for 13.6% of Medicare Advantage spending in 2024.



Source: Payer-reported data to CHIA.

Notes: Data for Original Medicare not available for this analysis. For commercial partial-claim data, CHIA estimated pharmacy spending by service type. MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including ACPP, MCO, PCACO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third-party liability, FFS limited and supplemental payments to providers) not included in this analysis. CHIA's primary care definition reflected in this report includes obstetric services such as deliveries billed using bundled payments; exclusion of obstetric services from definition of primary care results in a decrease in proportion spent on primary care to 6.1% for commercial and 8.1% for MassHealth; no change for Medicare Advantage (4.2%). "All Other PC Categories" consolidates PC Behavioral Health Screenings, PC Immunizations and Injections, and PC Other Primary Care Visits due to low proportion of total primary care spending; individual data points available in CHIA's accompanying PCBH databook. Totals do not include any MassHealth supplemental payments. Totals may not sum due to rounding. See end note for more information on payer exclusions.<sup>19</sup> See technical appendix for more information.

# Mental Health Spending by Service Category

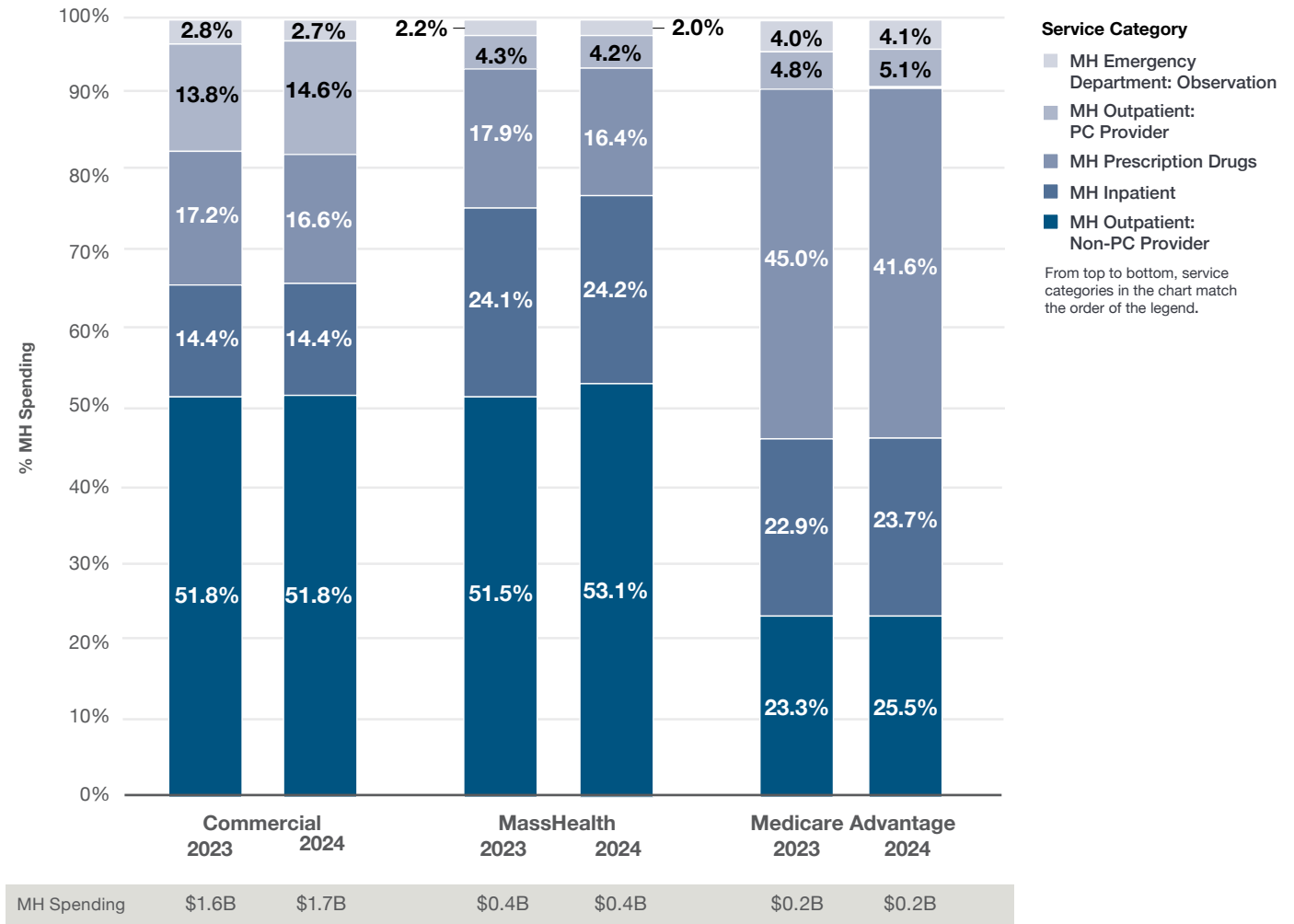
2023-2024

Mental health services are delivered in a variety of health care settings such as inpatient treatment, intensive outpatient programs, and residential treatment facilities. Spending for services in these settings differ across insurance categories.

Outpatient MH services provided by a BH or other specialist provider accounted for half of MH spending for commercial (51.8%) and MassHealth (53.1%) in 2024 but only 25.5% of spending for Medicare Advantage. Spending for outpatient MH services delivered by a primary care provider represented 14.6% of total MH spending for commercial members, 4.2% for MassHealth, and 5.1% for Medicare Advantage.

Prescription drugs used to treat MH conditions accounted for 41.6% of Medicare Advantage MH spending in 2024 but a smaller share of spending for commercial (16.6%) and MassHealth (16.4%).

The proportion of MH spending for inpatient services varied across insurance categories at 14.4% (commercial), 24.2% (MassHealth), and 23.7% (Medicare Advantage).



Source: Payer-reported data to CHIA.

Notes: Data for Original Medicare not available for this analysis. For commercial partial-claim data, CHIA estimated pharmacy spending by service type. MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including ACP, MCO, PCACO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third-party liability, FFS limited and supplemental payments to providers) not included in this analysis. MH and SUD diagnoses not mutually exclusive. "Outpatient services delivered by a behavioral health or other specialist provider" refers to services provided by non-primary care providers. Totals do not include any MassHealth supplemental payments. Totals may not sum due to rounding. See end note for more information on payer exclusions.<sup>14</sup> See technical appendix for more information.

## Market Overview

Compared with MH service spending, inpatient SUD services reflected a greater proportion of SUD spending across all insurance categories. The distribution of other SUD service category spending varied by insurance category.

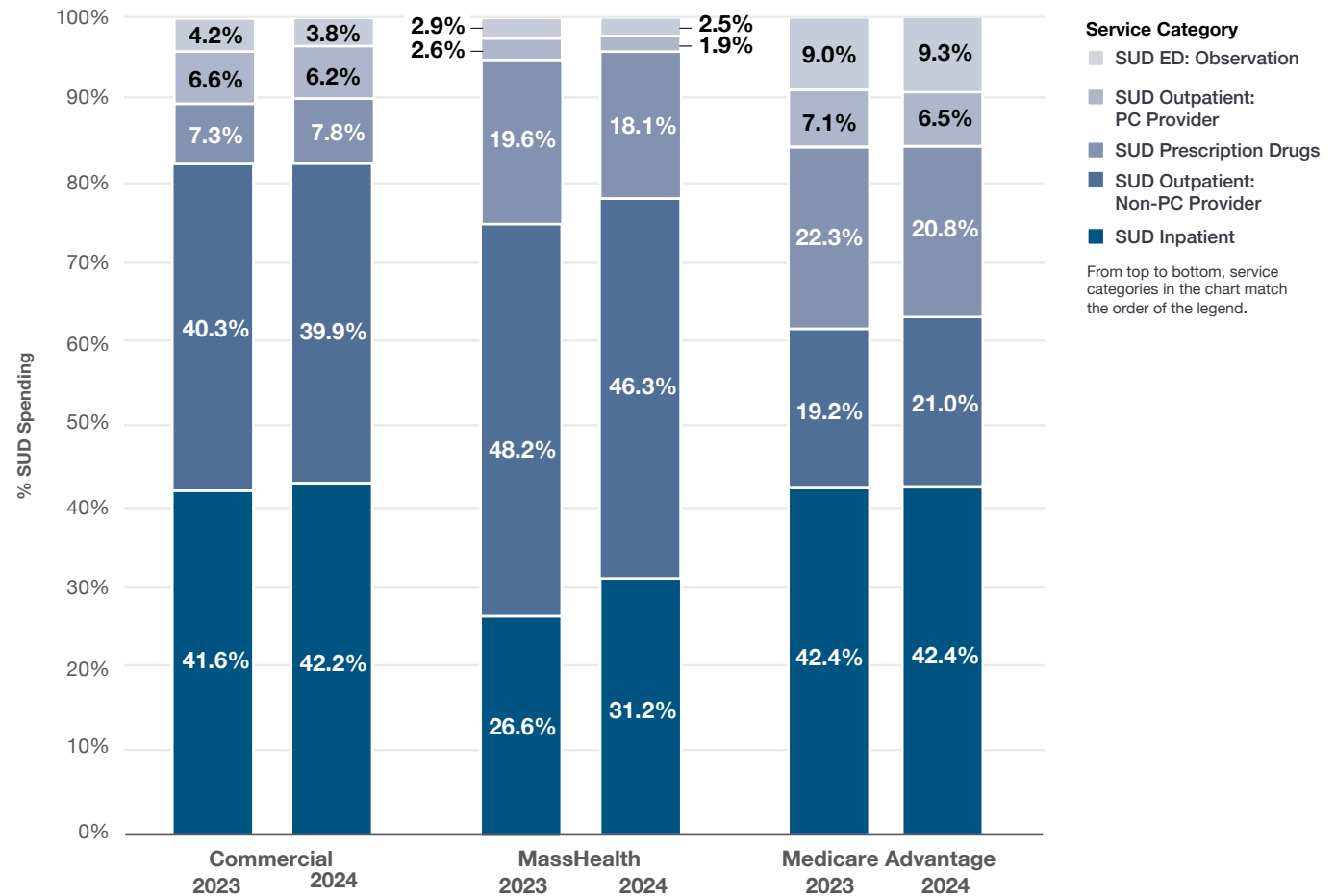
Inpatient services represented 42.2% and outpatient services represented 39.9% of total SUD spending for commercial members in 2024.

For MassHealth members, outpatient services provided by a behavioral health or other specialist provider accounted for the largest proportion (46.3%) of total SUD spending in 2024, a 1.9 percentage point decrease from 2023. At the same time, the proportion of total SUD spending attributable to inpatient services (31.2%) increased by 4.6 percentage points.

Like commercial SUD spending, inpatient services represented the largest category of Medicare Advantage SUD spending, accounting for 42.4% in 2024, consistent with 2023. Outpatient services delivered by a behavioral health or other specialty provider accounted for 21.0% of Medicare Advantage SUD spending. Outpatient services delivered by a primary care provider accounted for 6.5% of Medicare Advantage SUD spending.

# Substance Use Disorder Spending by Service Category

2023-2024



SUD Spending	Commercial 2023	Commercial 2024	MassHealth 2023	MassHealth 2024	Medicare Advantage 2023	Medicare Advantage 2024
	\$295.8M	\$364.1M	\$401.3M	\$413.1M	\$12.2M	\$123.0M

Source: Payer-reported data to CHIA.

Notes: Data for Original Medicare not available for this analysis. For commercial partial-claim data, CHIA estimated pharmacy spending by service type. MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including ACP, MCO, PCACO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third-party liability, FFS limited and supplemental payments to providers) not included in this analysis. MH and SUD diagnoses not mutually exclusive and reflect members who had MH or SUD principal diagnosis at any point during reporting year. "Outpatient services delivered by a behavioral health or other specialist provider" refers to services provided by non-primary care providers. Totals do not include any MassHealth supplemental payments. Totals may not sum due to rounding. See end note for more information on payer exclusions.<sup>15</sup> See technical appendix for more information.

# Integrated Primary Care Service Category Spending by Insurance Category

2024

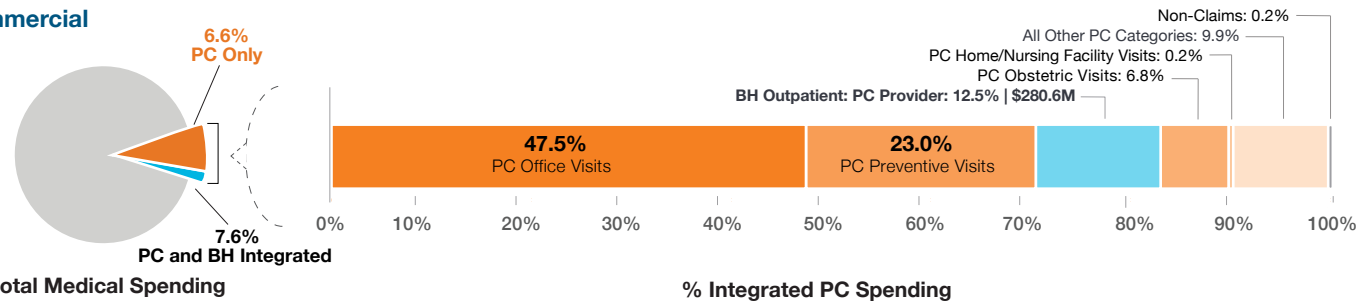
In accordance with CHIA's standard methodology, payers categorized MH and SUD services that were delivered by a primary care provider as behavioral health; however, these services could also be classified as primary care. CHIA estimated the impact on overall primary care spending when including these integrated services, which totaled \$2.3 billion for commercial, \$1.0 billion for MassHealth, and \$255.3 million for Medicare Advantage members in 2024.

Primary care spending inclusive of these integrated service categories represented 7.6% of total commercial spending in 2024. Of this spending, behavioral health outpatient services delivered by a primary care provider represented 12.5% of total primary care spending.

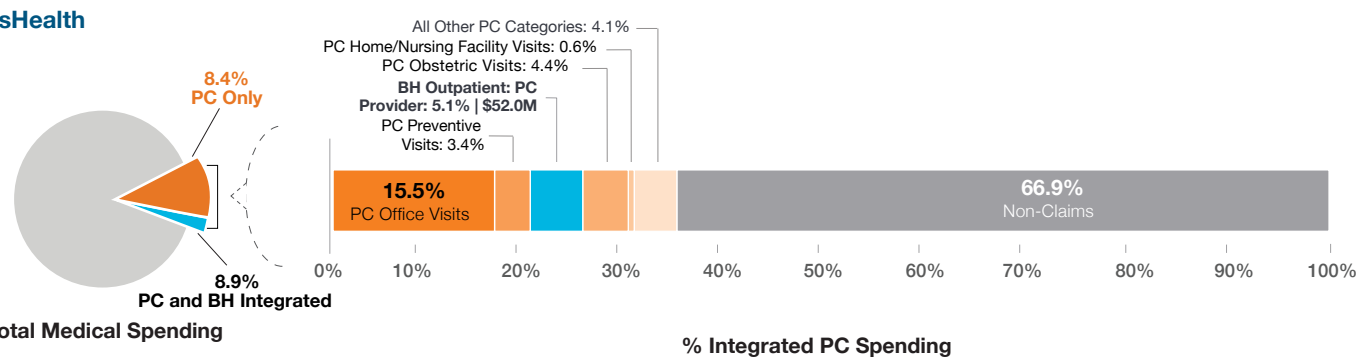
In 2024, MassHealth's primary care percentage of overall spending totaled 8.9% inclusive of behavioral health services delivered by a primary care provider, which was 0.5 percentage point greater than when excluding those services. Of the \$1.0 billion spent on primary care, behavioral health outpatient services delivered by a primary care provider represented 5.1% of primary care spending.

Medicare Advantage's primary care spending represented 4.3% of total spending inclusive of integrated behavioral health services and 4.2% without integration. Behavioral health outpatient spending offered by a primary care provider represented 2.7% of total primary care spending.

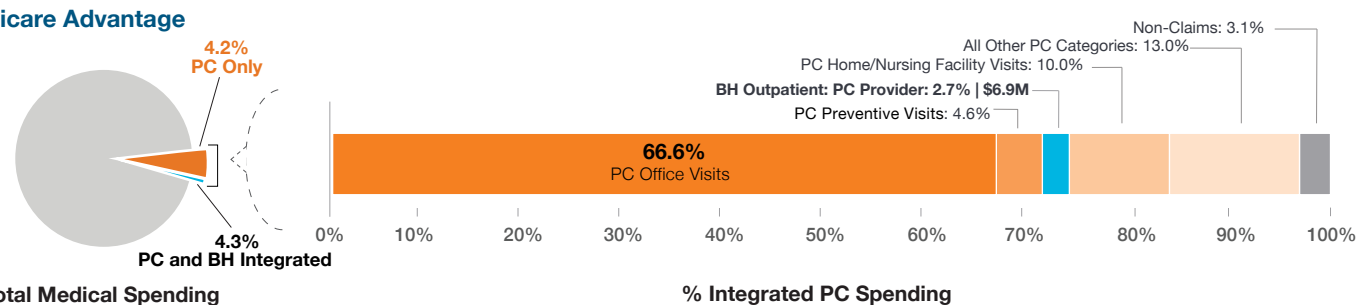
## Commercial



## MassHealth



## Medicare Advantage



Source: Payer-reported data to CHIA.

Notes: Data for Original Medicare not available for this analysis. For commercial partial-claim data, CHIA estimated pharmacy spending by service type. MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including ACPR, MCO, PCACO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third-party liability, FFS limited and supplemental payments to providers) not included in this analysis. CHIA's primary care definition reflected in this report includes obstetric services such as deliveries billed using bundled payments; exclusion of obstetric services from definition of primary care results in a decrease in proportion spent on primary care to 6.1% for commercial and 8.1% for MassHealth; no change for Medicare Advantage (4.2%). Private commercial payers and MassHealth included facility claims in primary care definition for CY 2023 and CY 2024; review "Data Sources and Methodology" section for more information on inclusion of facility claims. CHIA's PCBH integration methodology may not reflect payer or provider contractual definitions of integrated PCBH care. Totals do not include any MassHealth supplemental payments. Totals may not sum due to rounding. See technical appendix for more information.

## Market Overview

CHIA modeled the impact on overall behavioral health spending when including behavioral health screenings delivered in primary care settings to patients without behavioral health diagnoses, which totaled \$2.4 billion for commercial, \$2.6 billion for MassHealth, and \$141.2 million for Medicare Advantage.

Including these screenings with the behavioral health service categories resulted in a slight increase in the proportion of total commercial spending allocated to behavioral health in 2024, which was 8.2% under the integrated definition and 8.1% under the standard definition. Commercial spending on behavioral health screenings delivered in primary care settings accounted for a small portion of integrated behavioral health spending at 1.0% (\$25.5 million).

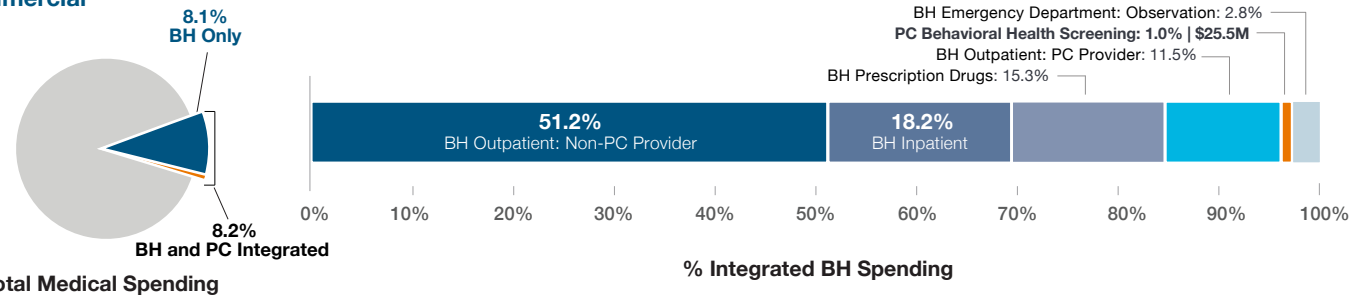
Standard behavioral health services represented 22.4% of MassHealth spending in 2024. When behavioral health screening services administered by a primary care provider were reflected under behavioral health care, behavioral health spending did not increase enough to change the proportion of spending in 2024. Behavioral health screening services administered by a primary care provider reflected only 0.3% (\$7.1 million) of MassHealth behavioral health spending.

When the integrated behavioral health spending methodology is applied to Medicare Advantage spending, there is a small increase in the percentage of total spending in 2024, from 2.3% to 2.4%.

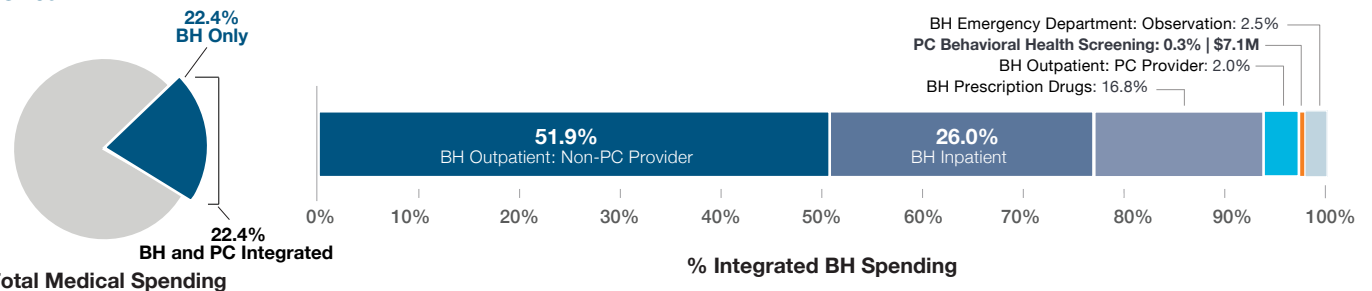
# Integrated Behavioral Health Service Category Spending by Insurance Category

2024

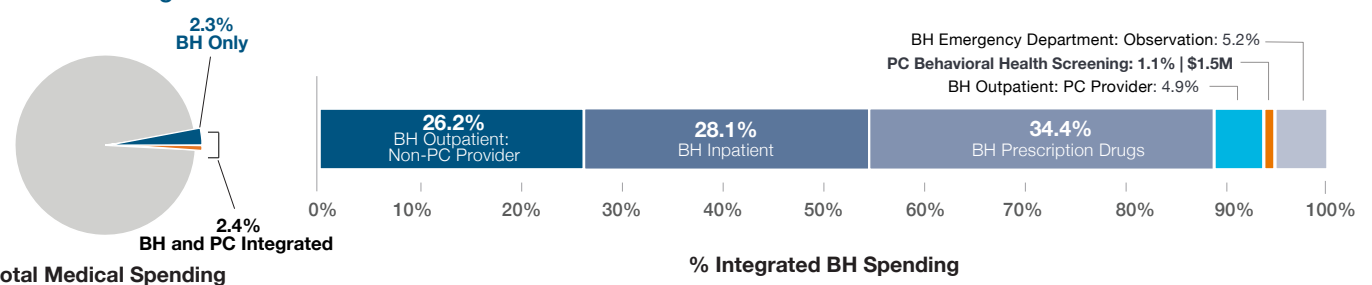
## Commercial



## MassHealth



## Medicare Advantage



Source: Payer-reported data to CHIA.

Notes: Data for Original Medicare not available for this analysis. For commercial partial-claim data, CHIA estimated pharmacy spending by service type. MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including ACPP, MCO, PCACO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third-party liability, FFS limited and supplemental payments to providers) not included in this analysis. Private commercial payers and MassHealth included facility claims in primary care definition for CY 2023 and CY 2024; review "Data Sources and Methodology" section for more information on inclusion of facility claims. CHIA's PCBH integration methodology may not reflect payer provider contractual definitions of integrated PCBH care. Totals do not include any MassHealth supplemental payments. MH and SUD diagnoses not mutually exclusive. Totals may not sum due to rounding. See technical appendix for more information.

# Service Type Member Cost-Sharing by Insurance Category

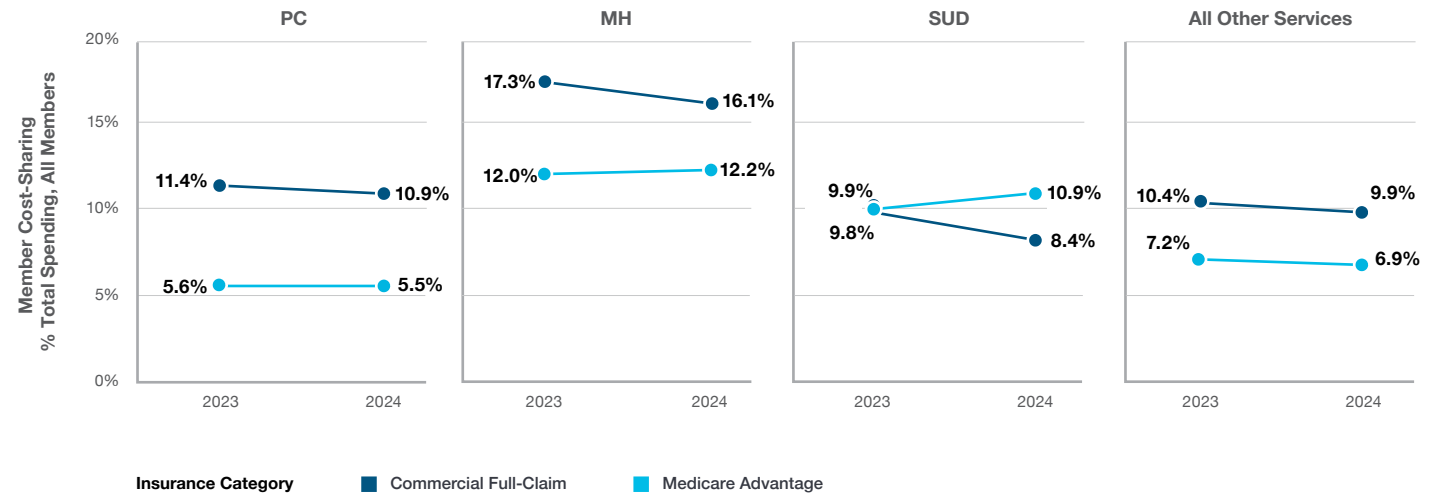
2023-2024

Member cost-sharing represents out-of-pocket payments for covered health care services for which the member is financially responsible, such as copayments, coinsurance, and deductibles.

In 2024, commercial member-cost sharing for primary care services accounted for 10.9% of primary care spending, which was a 0.5 percentage point decrease from 2023. The overall decline in the proportion of commercial member cost-sharing was in part driven by the ConnectorCare expansion pilot in 2024.<sup>16</sup>

Commercial member cost-sharing declined for both MH and SUD services, decreasing 1.2 percentage points and 1.4 percentage points, respectively. Despite this decrease, cost-sharing responsibilities as a percentage of total expenses remained highest for MH services at 16.1% in 2024. Medicare Advantage member cost-sharing as a proportion of total expenses increased for both MH and SUD services. Notably, the largest year-over-year increase in cost-sharing (1.0 percentage point) was for Medicare Advantage SUD services. Member cost-sharing decreased slightly for both primary care and all other services by 0.1 and 0.3 percentage points, respectively.

Member cost-sharing responsibilities are substantially lower for MassHealth members (data not shown) because of federal and state limits.<sup>17</sup>



## Total Cost-Sharing PMPM

Commercial Full-Claim				
2023	PC \$5	MH \$8	SUD \$1	Other \$59
2024	PC \$5	MH \$8	SUD \$1	Other \$61
Medicare Advantage				
2023	PC \$3	MH \$3	SUD \$0	Other \$84
2024	PC \$3	MH \$3	SUD \$1	Other \$86

Source: Payer-reported data to CHIA.

Notes: Data for Original Medicare not available for this analysis. Analysis represents commercial full-claim data reported by commercial payers representing approximately 63.3% of commercial market. Due to payer exclusions in prior years, data may not tie to previously published data points. Data does not reflect aggregate statewide spending, and findings should not be extrapolated for that purpose. MH and SUD diagnoses not mutually exclusive. Totals do not include any MassHealth supplemental payments. Totals may not sum due to rounding. See technical appendix for more information.

# Market Overview

Commercial full-claim members were responsible for 10.9% (\$128.3 million) of commercial primary care spending in 2024. Of primary care member cost-sharing, office visits represented a majority of spending (91.7%), followed by primary care obstetric visits (4.4%). Remaining primary care service categories accounted for 3.9% combined.

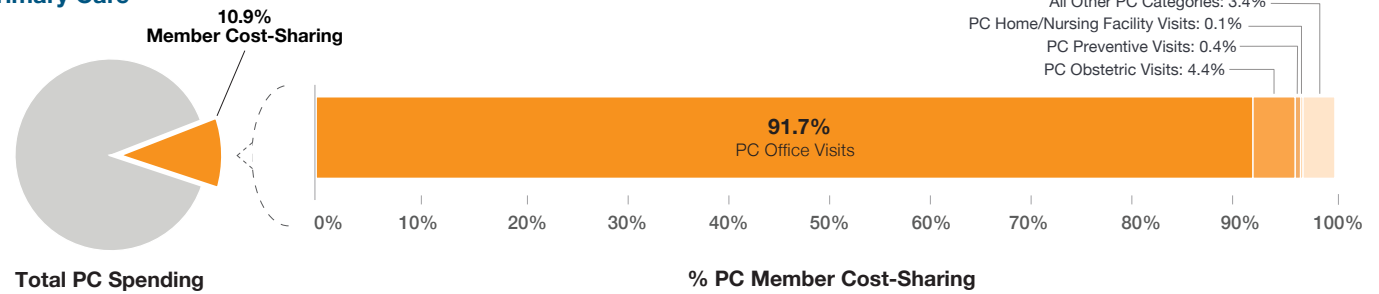
Commercial member cost-sharing for MH services represented 16.1% (\$196.7 million) of total commercial MH spending in 2024. Mental health outpatient services delivered by a behavioral health or other specialist provider accounted for the largest share of MH member cost-sharing (49.9%) in 2024, followed by prescription drugs (33.7%) and outpatient care delivered by a primary care provider (12.0%). Inpatient care and emergency department/observation services constituted the remaining 4.4% of member cost-sharing spending.

SUD member cost-sharing represented a smaller proportion (8.4%, \$20.4 million) of total commercial SUD spending than the other two service categories. SUD outpatient services offered by a behavioral health or other specialist provider represented 35.6% of the total, compared with 31.3% for SUD inpatient services. The remaining member cost-sharing spending was made up of prescription drugs (15.3%), outpatient services delivered by a primary care provider (10.5%), and emergency department/observation visits (7.3%).

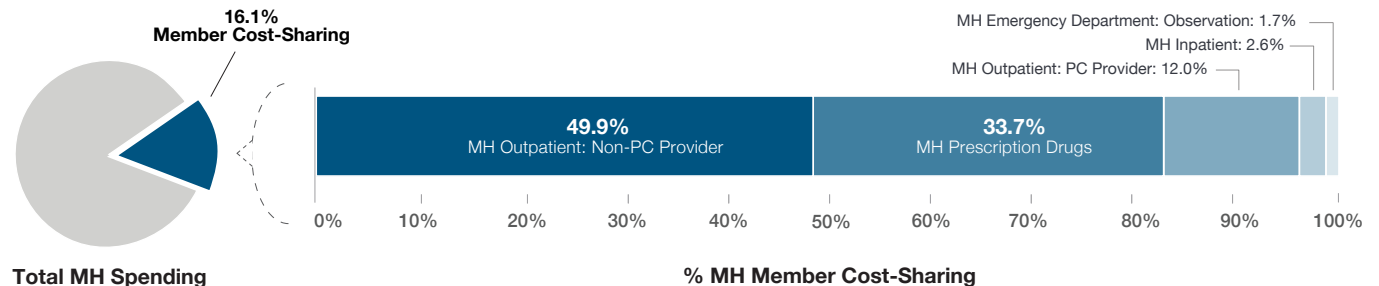
## Commercial Member Cost-Sharing by Service Category

2024

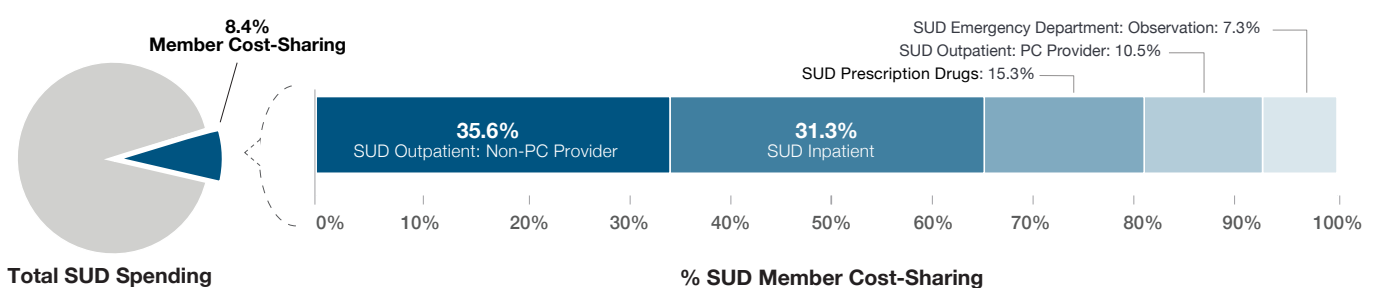
### Primary Care



### Mental Health



### Substance Use Disorders



Source: Payer-reported data to CHIA.

Notes: Analysis represents commercial full-claim CY2024 data reported by commercial payers representing approximately 63.3% of commercial market. CHIA's primary care definition reflected in this report includes obstetric services such as deliveries billed using bundled payments; exclusion of obstetric services from definition of primary care results in a decrease in proportion spent on primary care to 6.1% for commercial and 8.1% for MassHealth; no change for Medicare Advantage (4.2%). Private commercial payers included facility claims in primary care definition for CY 2023 and CY 2024; review "Data Sources and Methodology" section for more information on inclusion of facility claims. Totals may not sum due to rounding. See technical appendix for more information.

# Medicare Advantage Member Cost-Sharing by Service Category

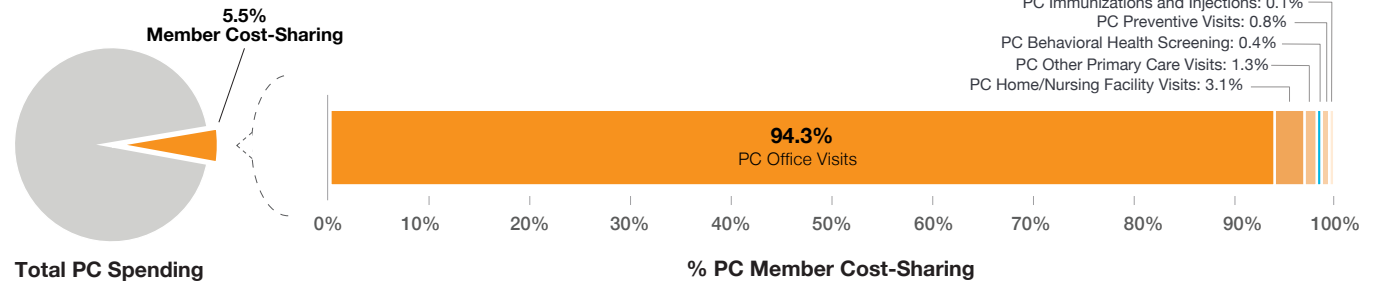
2024

In 2024, Medicare Advantage member cost-sharing for primary care services represented 5.5% (\$13.8 million) of Medicare Advantage primary care spending. Of Medicare Advantage primary care member cost-sharing, office visits accounted for the vast majority of spending (94.3%), followed by home/nursing facility visits at 3.1%. The remaining service categories combined accounted for 2.6% of member cost-sharing for primary care services.

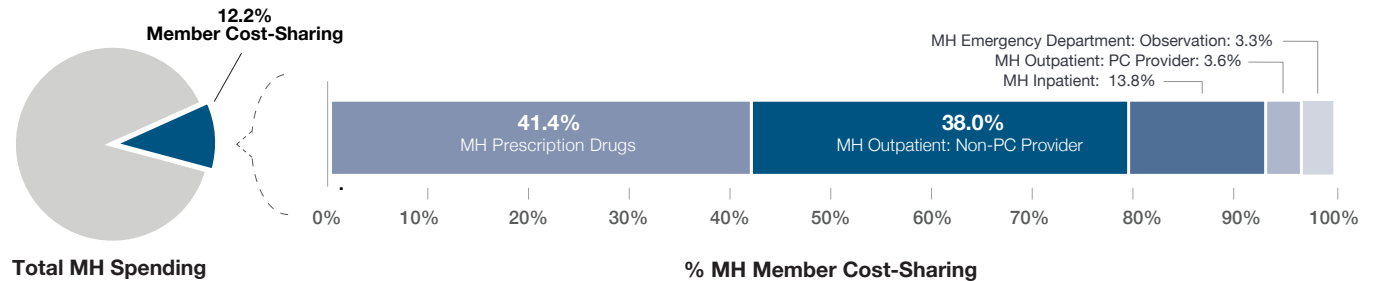
For mental health services, Medicare Advantage member cost-sharing represented 12.2% (\$14.1 million) of MH spending in 2024. Among MH service categories, prescription drugs accounted for the largest proportion of member cost-sharing at 41.1%, followed by outpatient care provided by a behavioral health or other specialist provider at 38.0%.

In 2024, SUD member cost-sharing represented a smaller proportion (10.9%, \$2.7 million) of total Medicare Advantage SUD spending than the other two service categories. Outpatient services offered by a behavioral health or other specialist provider accounted for the largest share of Medicare Advantage SUD member cost-sharing (38.3%). Of the remaining service categories, inpatient services, prescription drugs, emergency department observation, and outpatient care offered by a primary care provider represented 37.9%, 9.4%, 8.1%, and 6.4% of total SUD member cost-sharing, respectively.

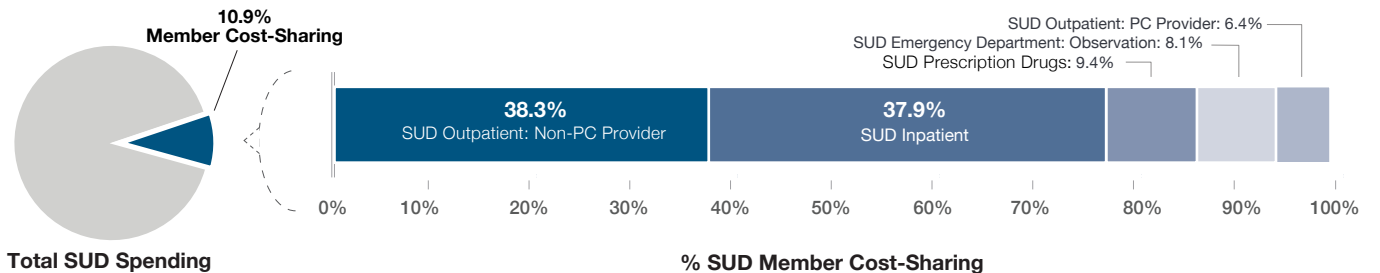
## Primary Care



## Mental Health



## Substance Use Disorders



Source: Payer-reported data to CHIA.

Notes: Data for Original Medicare not available for this analysis. CHIA's primary care definition reflected in this report includes obstetric services such as deliveries billed using bundled payments; exclusion of obstetric services from definition of primary care results in a decrease in proportion spent on primary care to 6.1% for commercial and 8.1% for MassHealth; no change for Medicare Advantage (4.2%). Totals may not sum due to rounding. See technical appendix for more information.

## SECTION 3:

# Health Plan and Managing Clinician Group Overview

In addition to the market-level analyses presented in this report, CHIA examined primary care and behavioral health spending by health plan (payer) and managing clinician group. Health plans with private commercial members in this report include Aetna, Blue Cross Blue Shield of Massachusetts (BCBSMA), Cigna, Fallon, Health New England (HNE), Harvard Pilgrim Health Care (HPHC), Health Plans Inc. (HPI), Mass General Brigham Health Plan (MGBHP), Tufts Health Plan (THP), Tufts Health Public Plan (THPP), United, and WellSense. Health plans with MassHealth ACPP/MCO lines of business in this report include Fallon, HNE, MGBHP, THPP, and WellSense. Data for MassHealth in this section includes members enrolled in the PCC plan as well as members enrolled in PCACO plans. Medicare Advantage payers include Aetna, BCBSMA, Commonwealth Care Alliance (CCA), Fallon, HNE, HPHC, MGBHP, Tufts, and United.

Data presented at the health plan and clinician group levels represents all payers that submitted data to CHIA in 2023 and 2024; there are no payer exclusions in this section. Spending data presented in this report is not risk-adjusted and does not account for differences among payers and clinician groups in member health status or expected medical costs. CY 2023 data for clinician groups is available in the [databook](#) for comparison with CY 2024 data presented in this report.

The underlying characteristics of each payer's member population may vary among health plans, impacting the levels of PCBH spending. In addition, the levels of spending across payers can vary based on plan design, provider mix in the payer's network and their accompanying fee schedules, and the use of alternative payment methods. ■

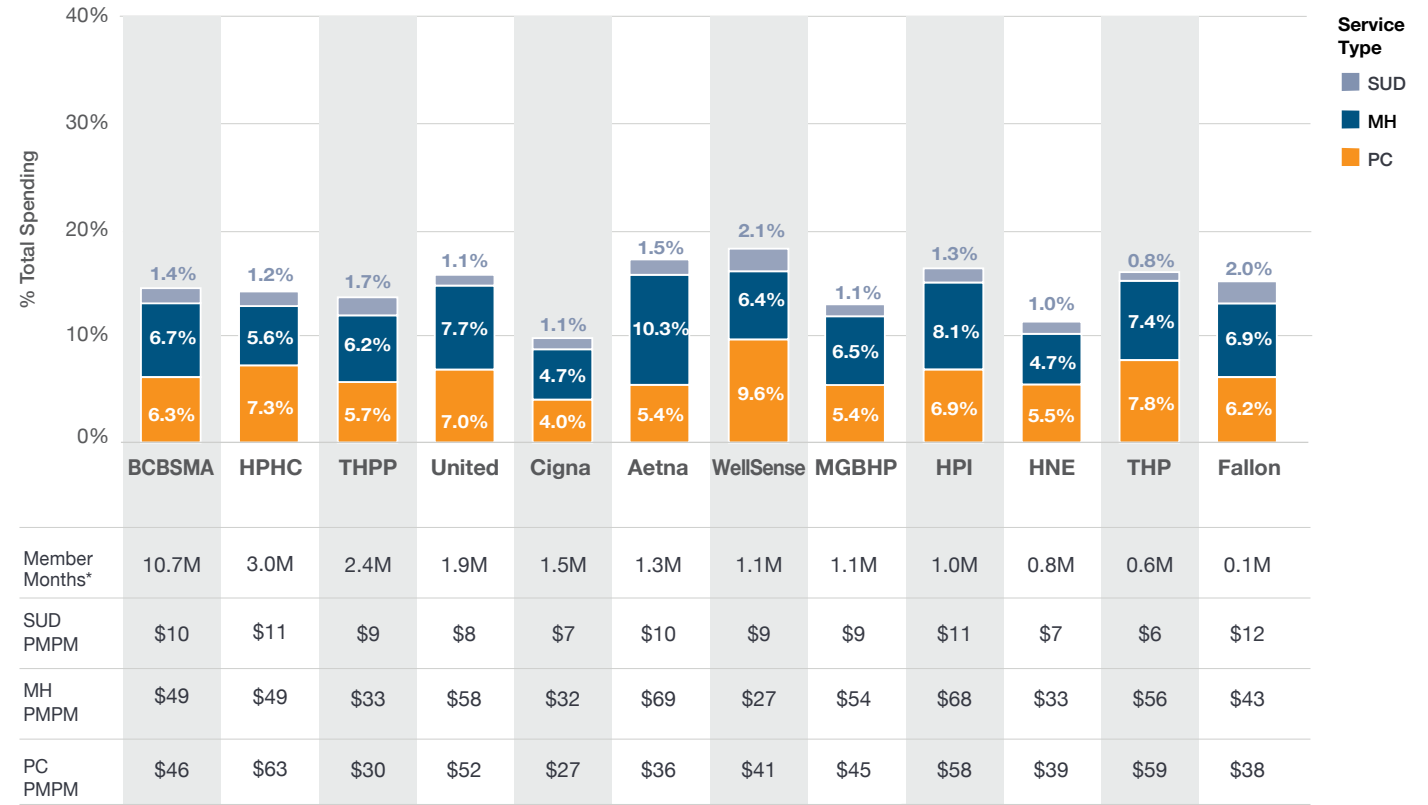
## Commercial Primary Care and Behavioral Health Spending by Payer

2024

Primary care spending as a percentage of total health care spending varied across payers offering private commercial insurance. Among all commercial payers, WellSense had the highest proportion of primary care spending in 2024 at 9.6% (\$41 PMPM), followed by THP at 7.8% (\$59 PMPM). Notably, more than 90% of WellSense’s private commercial members were enrolled in subsidized ConnectorCare plans. Cigna reported the lowest proportion of primary care spending at 4.0% (\$27 PMPM).

There was significant variation in MH spending as a percentage of total expenses across commercial plans. Among health plans, the share of members with mental health diagnoses ranged from 8.0% to 18.0%. In 2024, Aetna spent the highest proportion of total expenses on mental health at 10.3% (\$69 PMPM). Cigna and HNE reported the lowest proportion of total expenses on mental health at 4.7% (\$32 and \$33 PMPM, respectively).

For each private commercial payer, SUD spending remained at or below 2.1% of total expenses in 2024, with spending ranging from \$6 to \$12 PMPM.



\*From left to right, payers are ordered largest to smallest by member months.

Source: Payer-reported data to CHIA.

Notes: For commercial partial-claim data, CHIA estimated pharmacy spending by service type. CHIA’s primary care definition reflected in this report includes obstetric services such as deliveries billed using bundled payments; exclusion of obstetric services from definition of primary care results in a decrease in proportion spent on primary care to 6.1% for commercial. Private commercial payers included facility claims in primary care definition for CY 2023 and CY 2024; review “Data Sources and Methodology” section for more information on inclusion of facility claims. Due to payer exclusions in prior years, data may not tie to previously published data points. Data does not reflect aggregate statewide spending, and findings should not be extrapolated for that purpose. MH and SUD diagnoses not mutually exclusive. Totals may not sum due to rounding. See technical appendix for more information.

## MassHealth Primary Care and Behavioral Health Spending by Payer

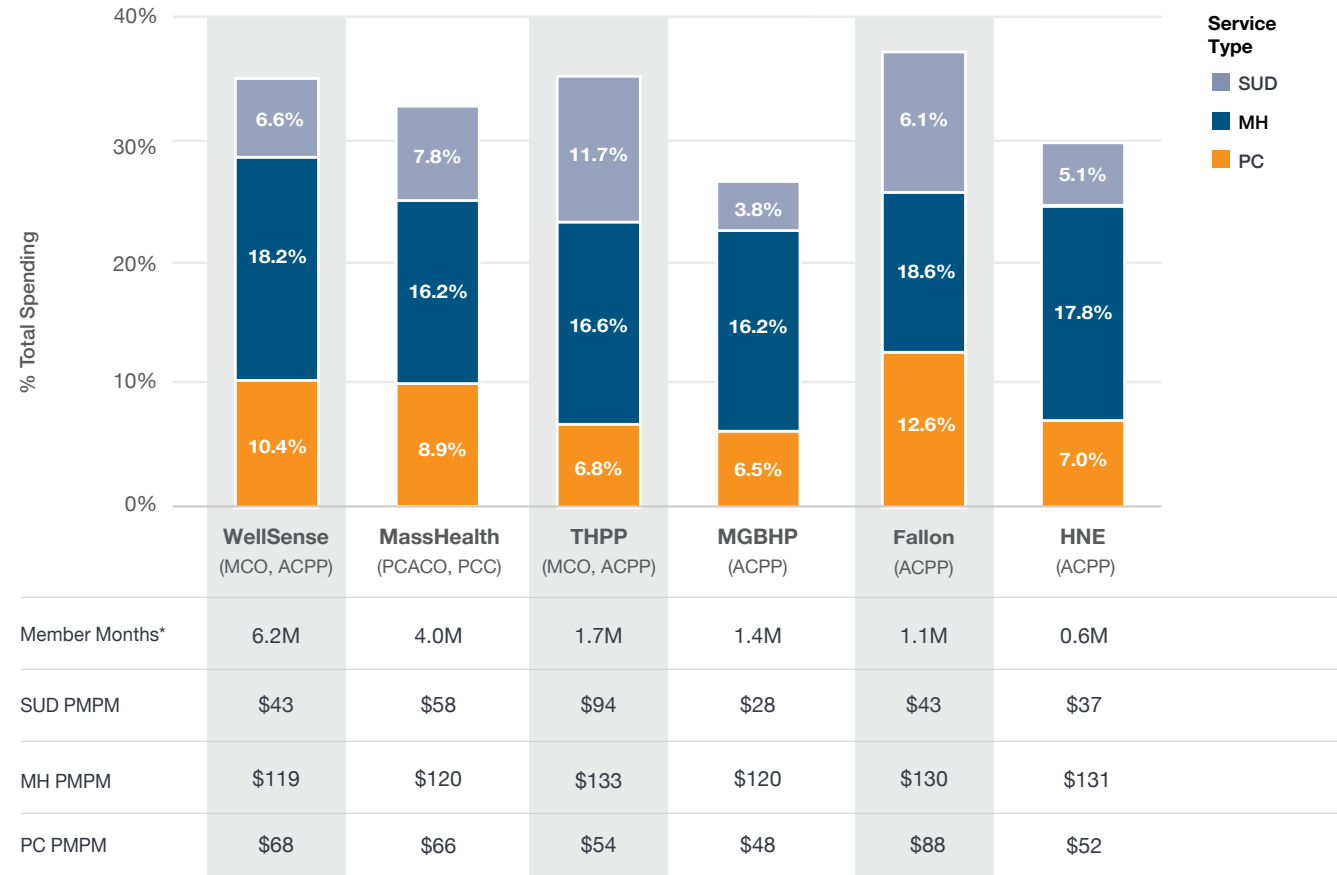
2024

In 2024, member populations within each MassHealth plan and payer continued to shift, reflecting the resumption of member eligibility renewals (“redeterminations”) and the establishment of new ACO contracts in 2023. Across MassHealth plans, behavioral health diagnoses ranged from 29.0% to 39.0% of members.

Among payers that provided coverage to MassHealth members, Fallon had the highest proportion of primary care spending in 2024 at 12.6% (\$88 PMPM), followed by WellSense at 10.4% (\$68 PMPM). MGBHP reported the lowest percentage of primary care spending at 6.5% (\$48 PMPM). MassHealth reported spending of 8.9% or \$66 PMPM on primary care services for members enrolled in its PCACO and PCC plans.

Compared with other MassHealth plans, Fallon had the highest MH spending as a percent of total spending at 18.6% (\$130 PMPM). WellSense had the second-highest percentage of total spending on MH services at 18.2% (\$119 PMPM). However, THPP had the highest MH per-member spending (\$133 PMPM) among all MassHealth plans in 2024.

In 2024, MassHealth plans reported that SUD spending represented about 4% to 12% of total spending. THPP reported the highest proportion of total SUD spending and the highest per-member spending across all MassHealth payers (11.7% and \$94 PMPM).



\*From left to right, payers are ordered largest to smallest by member months.

Source: Payer-reported data to CHIA.

Notes: MassHealth-submitted data includes data for members for which MassHealth is a primary payer, including ACPP, MCO, PCACO, and PCC. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third-party liability, FFS limited and supplemental payments to providers) not included in this analysis. CHIA's primary care definition reflected in this report includes obstetric services such as deliveries billed using bundled payments; exclusion of obstetric services from definition of primary care. MassHealth included facility claims in primary care definition for CY 2023 and CY 2024; review "Data Sources and Methodology" section for more information on inclusion of facility claims. Due to payer exclusions in prior years, data may not tie to previously published data points. Data does not reflect aggregate statewide spending, and findings should not be extrapolated for that purpose. MH and SUD diagnoses not mutually exclusive. Totals do not include any MassHealth supplemental payments. Totals may not sum due to rounding. See technical appendix for more information.

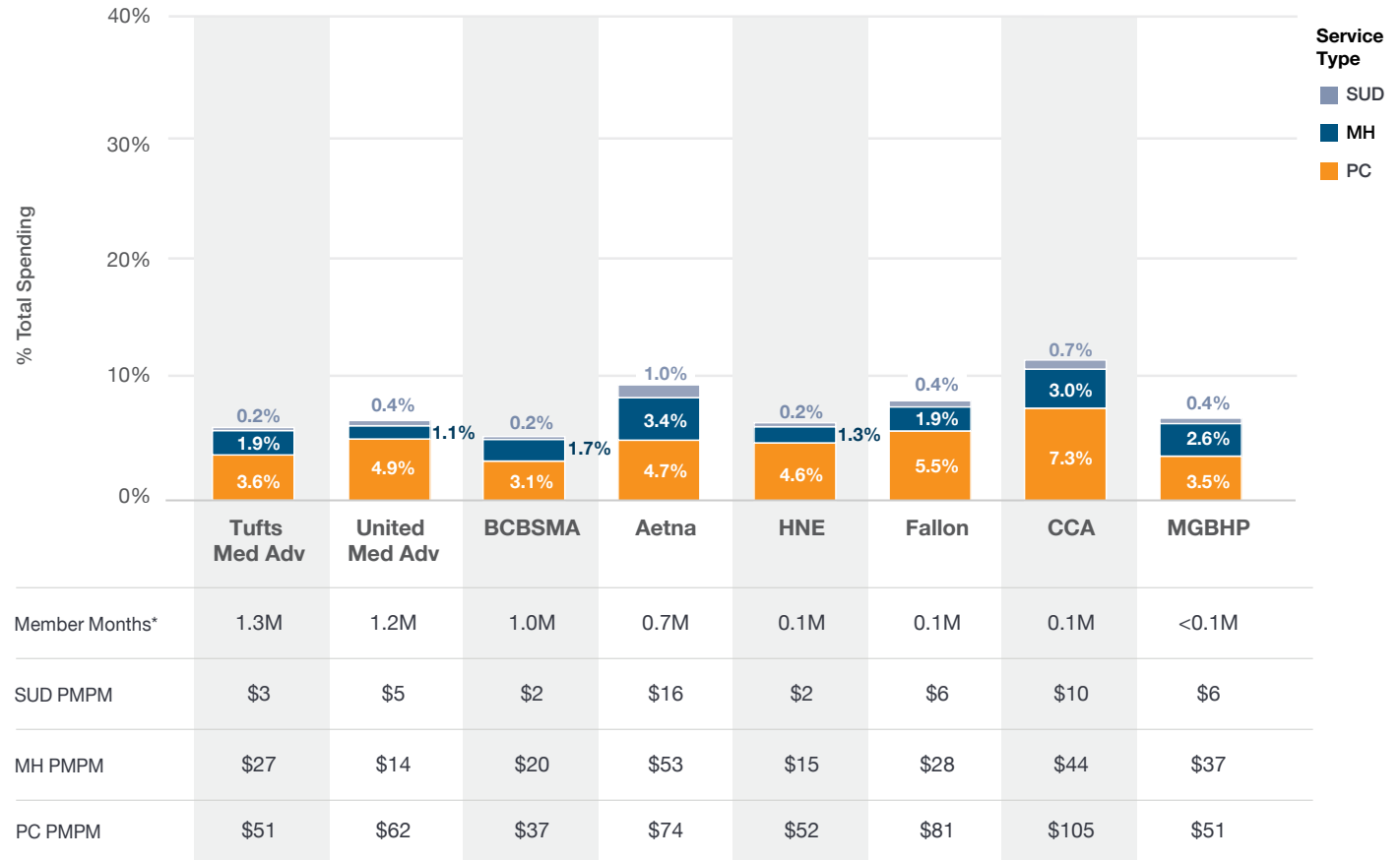
# Medicare Advantage Primary Care and Behavioral Health Spending by Payer

2024

Among Medicare Advantage payers in 2024, Commonwealth Care Alliance (CCA) had the highest proportion of primary care spending at 7.3%, followed by Fallon at 5.5% and United at 4.9%. CCA and Fallon also reported the two highest primary care per-member spending amounts in 2024 at \$105 and \$81 PMPM, respectively. Similar to previous years, BCBSMA reported the lowest percentage of primary care spending in 2024 at 3.1% (\$37 PMPM).

Aetna had the highest proportion of mental health spending at 3.4% in 2024 (\$53 PMPM), followed by CCA at 3.0% and MGBHP at 2.6%. Medicare Advantage payers spent an average of \$37 PMPM on mental health services in 2024 (data not shown).

All payers with Medicare Advantage plans spent less than or equal to 1.0% of their total on SUD services in 2024. At 1.0%, Aetna spent the highest proportion on SUD services in 2024. Aetna's \$16 PMPM SUD services spending was 60% greater than the next highest payer (CCA, \$10 PMPM). Across all payers, average SUD PMPM spending (\$6 PMPM) was substantially less than for primary care and mental health services (data not shown).



Source: Payer-reported data to CHIA.

Notes: Data for Original Medicare not available for this analysis. CHIA's primary care definition reflected in this report includes obstetric services such as deliveries billed using bundled payments; exclusion of obstetric services from definition of primary care results in no change for Medicare Advantage (4.2%). Private commercial payers and MassHealth included facility claims in primary care definition for CY 2023 and CY 2024; review "Data Sources and Methodology" section for more information on inclusion of facility claims. Due to payer exclusions in prior years, data may not tie to previously published data points. Data does not reflect aggregate statewide spending, and findings should not be extrapolated for that purpose. MH and SUD diagnoses not mutually exclusive. Totals may not sum due to rounding. See technical appendix for more information.

## Health Plan and Managing Clinician Group Overview

Managing clinician groups, multi-specialty practices including primary care providers (PCPs), are responsible for coordinating the care of their members. The 10 largest managing clinician groups represented 52% of commercial full-claim member months in 2024.

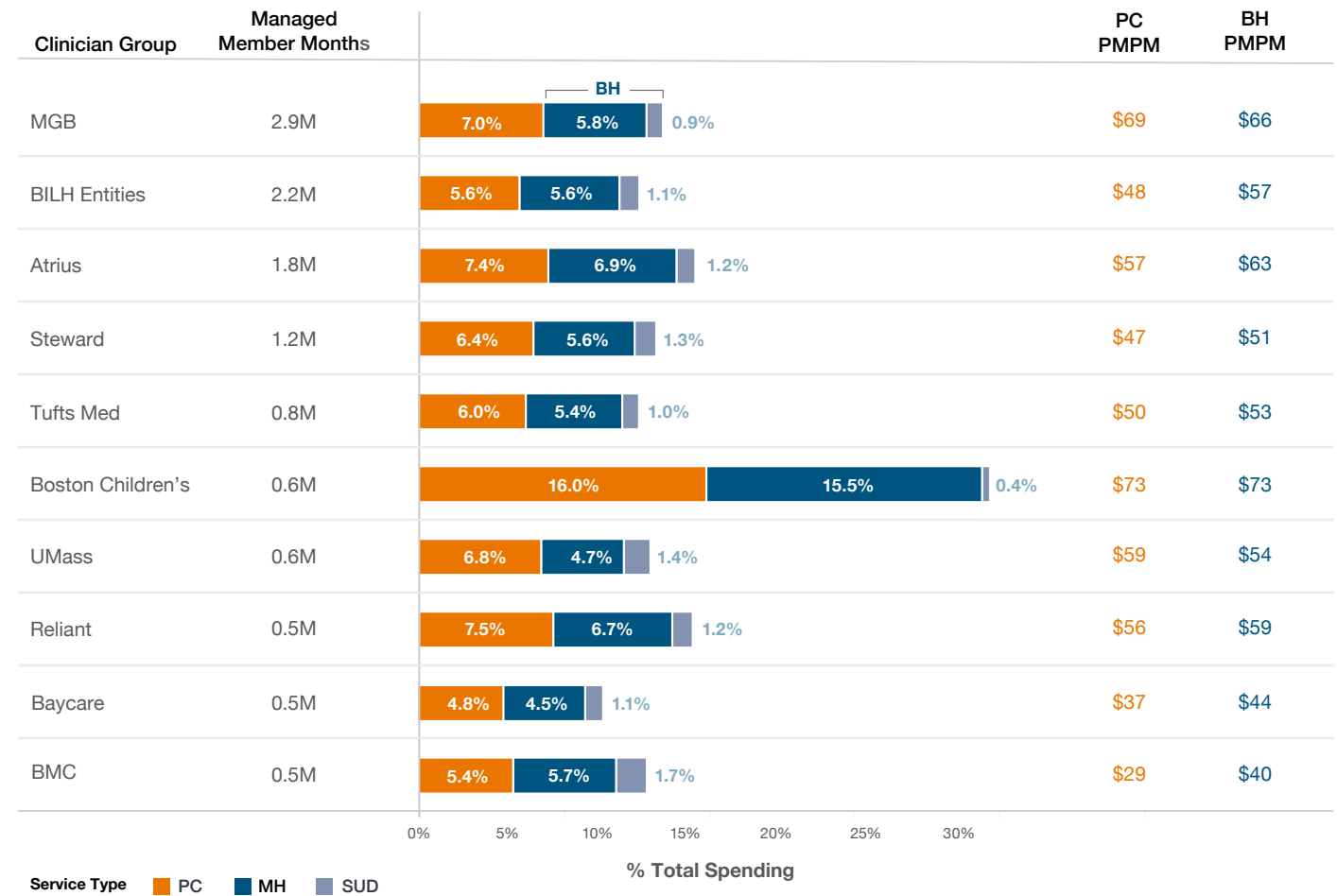
In 2024, Boston Children’s, which serves only pediatric patients, had the highest proportion of primary care spending at 16.0%, followed by Reliant at 7.5%; Baycare had the lowest reported primary care spending percentage at 4.8%. Boston Children’s also had the highest proportion of MH spending at 15.5% in 2024, while Baycare had the lowest proportion at 4.5%.

Boston Children’s also had the highest primary care per-member spending among the top 10 clinician groups at \$73 PMPM in 2024. They also had the highest behavioral health per-member spending at \$73 PMPM in 2024, accounting for 15.5% of total spending.

The composition of members, risk profiles, provider reimbursement rates, and payment types may vary across managing clinician groups, impacting service type and total health care spending levels. CY 2023 data is available in the PCBH [databook](#) for comparison.

# Commercial Primary Care and Behavioral Health Spending by Top 10 Managing Clinician Groups

2024



Source: Payer-reported data to CHIA.

Notes: Analysis represents commercial full-claim data reported by commercial payers that submitted CY 2024 data representing approximately 63.3% of commercial market. Totals may not sum due to rounding. Top 10 managing clinician groups identified by commercial full-claim membership totals in 2024. Spending data presented in this report is not risk-adjusted and does not account for differences among clinician groups in member health status and expected medical costs. Due to payer exclusions in prior years, data may not tie to previously published data points. Data does not reflect aggregate statewide spending, and findings should not be extrapolated for that purpose. MH and SUD diagnoses not mutually exclusive. Totals may not sum due to rounding. See technical appendix for more information.

## SECTION 4:

# Data Sources and Methodology

CHIA collected CY 2023 and CY 2024 primary care and behavioral health (PCBH) expenditure and membership data at the managing clinician group level from 17 commercially administered health plans with private commercial, Medicaid ACPP/MCO, and Medicare Advantage lines of business. In addition, MassHealth submitted CY 2023 and CY 2024 primary care and behavioral health data with fee-for-service (FFS), Managed Care Organization (MCO), Accountable Care Partnership Plan (ACPP), Primary Care Accountable Care Organization (PCACO), and Primary Care Clinician (PCC) delivery systems.

In 2025, CHIA updated its methodology and data specifications to capture more details about primary care and behavioral health expenditures. As a result, CY 2024 data is not comparable with prior years. The following payers submitted only one year of data (CY 2024) and

have been excluded from all detailed service category-level analyses in this report that show CY 2023 and CY 2024 data: Aetna, Fallon, Health New England, Health Plans Inc., and WellSense.

Data for total medical spending reflects payer-paid and member cost-sharing amounts but does not include out-of-pocket payments for goods and services not covered by insurance, including over-the-counter medications and denied claims. The totals reflected in this report may not tie to those presented in the [Annual Report on the Performance of the Massachusetts Health Care System](#) (Annual Report) due to differences in claims run-out from data pulled at different times and payer exclusions.

Data points presented in the upcoming sections of this report reflect submissions from private health insurance carriers and MassHealth. Spending figures presented as

“commercial” reflect market-wide estimates that incorporate both payer-reported commercial full-claim and commercial partial-claim data that have been adjusted using CHIA’s adjustment methodology. Commercial full-claim represents enrollment for which health plans submit complete medical and sub-carrier claims, while commercial partial-claim reflects contracts with carved-out services such as pharmacy and behavioral health. To ensure comparability and capture full spending for the commercial population, CHIA applies adjustment methodology to “gross up” partial-claim data. For more information, please see this report’s accompanying [technical appendix](#).

MassHealth data includes programs administered by MassHealth directly, including PCACOs, PCC plans, and those administered by commercial health plans such as ACPPs and MCOs. MassHealth members with FFS coverage (such as FFS dual eligibility, FFS with third-party liability, FFS limited, and supplemental payments to providers) are not included in this analysis. To avoid double-counting reported membership between private commercial payers and MassHealth, CHIA implemented a methodology that excludes MassHealth’s reported ACPP and MCO membership from total MassHealth reported membership. MassHealth expenditures attributed to ACPP and MCO members reflect wrap services paid as claims by MassHealth only, while ACPP and MCO payers report separately.

Behavioral health spending was defined in CHIA’s PCBH data specifications by identifying medical claims with a principal MH or SUD diagnosis (ICD10) and further classifying services based on procedure codes, place of service (POS) codes, or revenue codes.<sup>18</sup> Medical claims spending that did not meet the logic to be allocated to the MH or SUD service types and claims without a principal MH or SUD diagnosis were then allocated sequentially through the primary care-specific service categories.

Primary care spending was defined using a list of procedure codes delivered by specific provider types. Any medical claims spending that did not fall into the MH, SUD, or primary care service types was then allocated to “all other services.” Pharmacy claims were allocated based on National Drug Code (NDC) numbers for MH prescription drugs, SUD prescription drugs, and all other prescription drugs. New to this year’s data specifications, CHIA included facility claims associated with freestanding or provider-based federally qualified health centers (FQHCs) and outpatient hospital primary care delivery, accounting for 3.6 percent of total primary care spending in 2024. In addition, MassHealth’s Primary Care Sub-Capitation Program provides a fixed prospective PMPM payment to practices which includes these facility fees in the determination of capitation amounts. See the facility claims guidelines in section 4 of the data specifications manual for more information on identifying primary care facility claims.<sup>19</sup>

To better align with other states' approaches to the collection of non-claims payments, CHIA implemented an expanded non-claims framework in 2025 that updated the naming conventions used for CHIA's non-claims categories.<sup>20</sup> Data submitters were directed to allocate non-claims-related payments into 5 categories: capitation and full-risk payments, performance payments, population health and practice infrastructure, share savings payments and recoupments, and "other non-claims payments." Payers identified non-claims payments by service type; if payments could not be defined as specific to behavioral health or primary care, they were reported under "all other services." In this report, non-claims spending does not include payments made from government entities; it does reflect payments made to health care providers pursuant to payer-provider contracts.

In accordance with the data specifications, payers used a hierarchical model to allocate claims spending into mutually exclusive spending categories under service types of MH, SUD, primary care, and all other services as outlined in Table A. ■

**Table A: Service Type Spending Categories**

**Mental Health (MH)**

- MH Inpatient
- MH Emergency  
Department: Observation
- MH Outpatient: PC Provider
- MH Outpatient: Non-PC Provider
- MH Prescription Drugs
- MH Non-Claims

**Substance Use Disorders (SUD)**

- SUD Inpatient
- SUD Emergency  
Department: Observation
- SUD Outpatient: PC Provider
- SUD Outpatient: Non-PC Provider
- SUD Prescription Drugs
- SUD Non-Claims

**Primary Care (PC)**

- PC Office Visits
- PC Home/Nursing Facility Visits
- PC Behavioral Health Screening
- PC Preventive Visits
- PC Obstetric Visits
- PC Other Primary Care Visits
- PC Immunizations and Injections
- PC Non-Claims

**All Other Services**

- Other Medical
- Other Prescription Drugs
- Other Non-Claims

For additional details on diagnoses and code lists for services classified as primary care, MH, and SUD, see the Primary Care and Behavioral Health Expenditures [data specifications](#).<sup>21</sup>

# Notes

1. Center for Health Information and Analysis, “Payer Data Reporting: Primary and Behavioral Health Care Expenditures,” accessed April 6, 2026, <https://www.chiamass.gov/payer-data-reporting-primary-and-behavioral-health-care-expenditures>.
2. Massachusetts Health Policy Commission, “Primary Care Access, Delivery, and Payment Task Force,” accessed April 9, 2026, <https://masshpc.gov/offices-and-task-forces/pctf>.
3. General Court of the Commonwealth of Massachusetts, “Session Law Acts of 2022, Chapter 177: An Act Addressing Barriers to Care for Mental Health,” accessed January 29, 2026, <https://malegislature.gov/Laws/SessionLaws/Acts/2022/Chapter177>. Specifically, CHIA was charged with monitoring behavioral health “costs, cost trends, price, quality, utilization, and patient outcomes related to behavioral health service subcategories...including mental health, substance use disorder, outpatient, inpatient, services for children, services for adults, and provider type.”
4. MassHealth, “Roadmap for Behavioral Health Reform,” accessed April 6, 2026, <https://www.mass.gov/roadmap-for-behavioral-healthreform>.
5. Blue Cross Blue Shield of Massachusetts Foundation, *Massachusetts Roadmap for Behavioral Health Reform: Overview and Implementation Update* (Boston, August 2024), <https://www.bluecrossmafoundation.org/publication/massachusetts-roadmap-behavioral-health-reform-overview-and-implementation-update>.
6. Payers reported in communications with CHIA that enrollment shifts resulted in increased acuity among both the MassHealth and Connector populations, resulting in higher claims costs. For more information, see CHIA’s Enrollment Trends reporting and the MassHealth Redetermination Dashboard.
7. Massachusetts Executive Office of Health and Human Services, “MassHealth Primary Care Sub-Capitation: Program Overview,” accessed February 28, 2026, <https://www.mass.gov/info-details/masshealth-primary-care-sub-capitation-program-overview>.
8. MassHealth’s Primary Care Sub-Capitation Program launched in April 2023. As a result, CY 2023 data reflects a partial year of capitated payments, while 2024 reflects a full year of capitation.
9. Massachusetts Health Policy Commission, “2024 Cost Trends Hearing Testimony,” accessed January 7, 2026, <https://masshpc.gov/meetings/annual-cost-trends-hearing/2024-cth/testimony>. Payers reported that this increase in spending was attributed to an increase in utilization of behavioral health services.
10. MassHealth, “MassHealth Primary Care Sub-Capitation Program,” accessed April 8, 2026, <https://www.mass.gov/masshealth-primarycare-sub-capitation-program>.
11. “Commercial full-claim” is a subset of commercial health insurance plans and refers to members for whom the payer had access to and was able to report all claims and non-claims expenses.

## Notes (continued)

- 12.** MassHealth, “MassHealth Primary Care Sub-Capitation Program.” accessed April 6, 2026, <https://www.mass.gov/masshealth-primarycare-sub-capitation-program>.
- 13.** Due to comparability concerns resulting from updates to CHIA’s PCBH data specification manual in 2025, the following payers are excluded from this analysis: Aetna, Fallon, HPI, HNE, and WellSense; as a result, data may not tie to Total Health Care Expenditures chapter of CHIA’s Annual Report. Analysis represents data from commercial payers that submitted CY 2023 and CY 2024 data, representing approximately 85% of commercial market, 47% of commercially administered ACP/MCO market, and 79% of Medicare Advantage market.
- 14.** Due to comparability concerns resulting from updates to CHIA’s PCBH data specification manual in 2025, the following payers are excluded from this analysis: Aetna, Fallon, HPI, HNE, and WellSense; as a result, data may not tie to Total Health Care Expenditures chapter of CHIA’s Annual Report. Analysis represents data from commercial payers that submitted CY 2023 and CY 2024 data, representing approximately 85% of commercial market, 47% of commercially administered ACP/MCO market, and 79% of Medicare Advantage market.
- 15.** Due to comparability concerns resulting from updates to CHIA’s PCBH data specification manual in 2025, the following payers are excluded from this analysis: Aetna, Fallon, HPI, HNE, and WellSense; as a result, data may not tie to Total Health Care Expenditures chapter of CHIA’s Annual Report. Analysis represents data from commercial payers that submitted CY 2023 and CY 2024 data, representing approximately 85% of commercial market, 47% of commercially administered ACP/MCO market, and 79% of Medicare Advantage market.
- 16.** Massachusetts Health Connector, *ConnectorCare Expansion Pilot* (Boston, August 2024), <https://betterhealthconnector.com/wp-content/uploads/ConnectorCare-Pilot-Expansion-Report-082624.pdf>.
- 17.** Commonwealth of Massachusetts, “MassHealth Copay Information For Members,” accessed February 25, 2025, <https://www.mass.gov/info-details/masshealth-copayment-information-for-members>.
- 18.** Center for Health Information and Analysis, “Payer Data Reporting: Primary and Behavioral Health Care Expenditures,” accessed April 10, 2026, <https://www.chiamass.gov/payer-data-reporting-primary-andbehavioral-health-care-expenditures>.
- 19.** See note 18.
- 20.** California Department of Health Care Access and Information, “Expanded Non-Claims Payments Framework,” April 9, 2026, <https://hcai.ca.gov/affordability/ohca/expanded-non-claims-payments-framework/>.
- 21.** See note 18.



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