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Massachusetts Primary Care and Behavioral Health Spending: 2023 and 2024

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Technical Appendix

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Primary Care and Behavioral Health Spending: CY 2023 and CY 2024

CONTENTS

Data Source

Primary care and behavioral health data for CY 2023 and CY 2024 was submitted by 17 commercially administered health plans with private commercial, Medicaid ACPP/MCO, Medicare Advantage, and SCO/PACE/OneCare lines of business. Data was reported at the managing clinician group level for Massachusetts residents. MassHealth submitted CY 2023 and CY 2024 primary care and behavioral health data that reflected expenditures and membership Managed Care Organization (MCO), Accountable Care Partnership Plan (ACPP), Primary Accountable Care Organization (PCACO), and Primary Care Clinician (PCC) plans. Primary care and behavioral health data presented in this report is not comparable to previously published data. 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.

Definitions

- **Primary Care Expenditures:** Includes incurred claims (payer-paid), member-cost-sharing, and non-claims-based payments for services that met CHIA's criteria for primary care services, provided by a primary care provider.
- **Mental Health Expenditures:** Includes incurred claims (payer-paid), member-cost-sharing, and non-claims-based payments for services that met CHIA's criteria for mental health services, including general services provided by a behavioral health clinician, and mental health services provided by any practitioner.
- **Substance Use Disorder Expenditures:** Includes incurred claims (payer-paid), member-cost-sharing, and non-claims-based payments for services that met CHIA's criteria for substance use disorder services in accordance with the SUD service subset code list.
- **Behavioral Health Expenditures:** The sum of mental health and substance use disorder expenditures which includes incurred claims (payer-paid), member-cost-sharing, and non-claims-based payments for mental health and substance use disorder services.
- **Member Months:** The number of members participating in a plan over the specified period of time expressed in months of membership.
- **Mental Health Member Months:** The number of members participating in a plan over the specified period of time expressed in member months, who had a Mental Health principal diagnosis at any point during the reporting year.

- **Substance Use Disorder Member Months:** The number of members participating in a plan over the specified period of time expressed in member months, who had a substance use disorder principal diagnosis at any point during the reporting year.
- **Behavioral Health Member Months:** The number of members participating in a plan over the specified period of time expressed in member months, who had a mental health or substance use disorder principal diagnosis at any point during the reporting year. Mental health and substance use disorder diagnoses are not mutually exclusive.
- **Member Cost-Sharing:** Total member cost-sharing/member paid amounts for service category spending.

Data Year(s)

Calendar Years 2023 and 2024

Data Submitters

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

Table TA-1: List of Payers Reporting 2023-2024 Primary Care and Behavioral Health Data

Payer	Data Type
Aetna Health Insurance Company (Aetna)	Commercial full and partial claims; Medicare Advantage
Blue Cross Blue Shield of Massachusetts (BCBSMA)	Commercial full and partial-claims; Medicare Advantage
Commonwealth Care Alliance (CCA)	Medicare Advantage; OneCare; SCO
CIGNA Health and Life Insurance Company (Cigna)	Commercial full and partial-claims
Fallon Health (Fallon)	Commercial full-claims; Medicaid (e.g., ACPP/MCO); Medicare Advantage; PACE; SCO
Harvard Pilgrim Health Care (HPHC)	Commercial full and partial-claims
Health New England (HNE)	Commercial full and partial-claims; Medicaid (e.g., ACPP/MCO); Medicare Advantage
Health Plans, Inc. (HPI)	Commercial full-claims
MassHealth	Managed Care Organization (MCO), Accountable Care Partnership Plan (ACPP), Primary Care Accountable Care Organization (PCACO), and Primary Care Clinician (PCC)

Payer	Data Type
Mass General Brigham Health Plan (MGBHP) (formerly AllWays)	Commercial full and partial-claims; Medicaid (e.g. ACPP/MCO); Medicare Advantage
Tufts Public Plans (THPP)	Commercial full-claims; Medicaid (e.g. ACPP/MCO); OneCare
Tufts Health Plan (THP)	Commercial full and partial-claims
Tufts Medicare Advantage	Medicare Advantage; SCO
United Healthcare Insurance Company (United)	Commercial full and partial-claims
United Medicare Advantage	Medicare Advantage
United Senior Care Options (SCO)	OneCare; SCO
Wellpoint (formerly UniCare Health Insurance Company)	Commercial partial-claims
WellSense Health Plan (formerly BMC HealthNet)	Commercial full-claims; Medicaid (e.g., ACPP/MCO); SCO

Methods

Primary Care and Behavioral Health Code Classification

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

MassHealth included facility claims in the definition of primary care where in previous years CHIA's methodology excluded facility claims from the definition of primary care. 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. See the facility claims guidelines in **section 4 of the data specifications manual** for more information on identifying primary care facility claims. Additionally, no other carrier imposes provider taxes; therefore, the MassHealth percentages presented in this report are not directly comparable unless provider taxes are included in spending calculations. CHIA's methodology does not include Medicaid provider taxes.

Commercial Gross Up Methodology

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

To gross up commercial spending for services that payers carve-out, CHIA's revised methodology builds off the THCE methodology and leverages commercial partial member months by carved-out benefits in the TME-APM submission template defined in the **TME-APM technical appendix** for CY 2023 through CY 2024. This updated methodology requires commercial member months, pharmacy expenditures, and total expenditures in the TME-APM and PCBH data to be equal or close to equal. To verify that methodology was applied correctly, the PCBH gross up final pharmacy expenditures are compared to THCE final pharmacy expenditures.

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

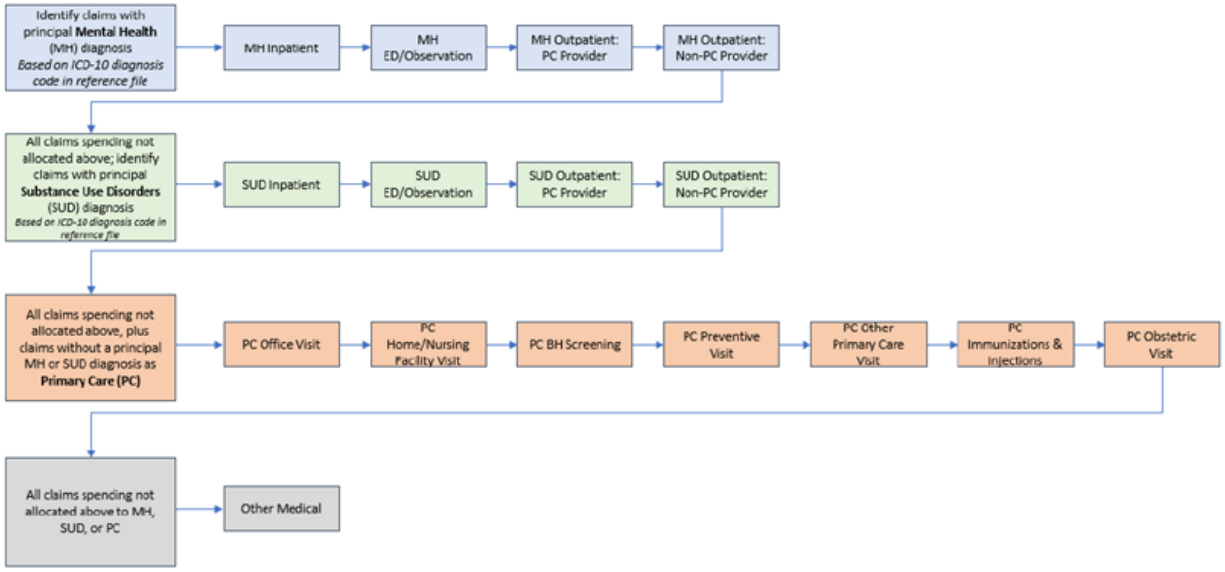
MassHealth Data Notes

MassHealth's primary care and behavioral health data includes programs administered by MassHealth directly, such as Primary Care Accountable Care Organization (PCACO), Primary Care Clinician (PCC), and those administered by commercial health plans such as Accountable Care Partnership Plans (ACPP) and Managed Care Organizations (MCO). Expenses derived from MassHealth's primary care and behavioral health data submission attributed to ACPP and MCO members reflect "wrap" services as claims paid by MassHealth. ACPP and MCO commercially administered payers report encounter experiences separately from MassHealth and are not included in MassHealth's submissions. To avoid double counting reported membership between private commercial payers and MassHealth, CHIA implemented a methodology that excludes MassHealth ACPP and MCO reported membership for CY 2023 and CY 2024 from any analyses. MassHealth supplemental payments and members with FFS coverage (such as FFS dual eligibility, FFS with third-party liability, FFS limited) are not included in this report due to FFS members attributing unique utilization patterns that are not comparable to other populations (e.g., institutionalized members, members in DYS custody, members in hospice).

Integration of Primary Care and Behavioral Health

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

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



Behavioral Health Prescription Drug Classification

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

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

Non-Claims Classification

CHIA updated its non-claims data collection to better align with the Expanded Non-Claims Payment Framework payment categories in the National Association for Health Data Organizations (NAHDO) All Payers Claims Database Common Data Layout (APCD-CDL). The goals of the framework are, 1) to capture the level of financial risk providers are willing to assume and 2) to understand the actual intent of the payment. Its discrete subcategories and

definitions lend themselves to be adapted to suit multiple use cases and varying levels of granularity. The Expanded Framework contains higher-level payment categories, such as population health and infrastructure payments, performance payments, shared savings payments, and capitation and full risk payments as well as granular subcategories, such as primary care, behavioral health, facility, and professional capitation.

Payers allocated non-claims payments into the following categories: Population Health and Practice Infrastructure Payments, Performance Payments, Shared Savings Payments and Recoupments, Capitation and Full Risk Payments, and Other Payments. Payers were instructed to allocate non-claims payments into primary care, mental health, or substance use disorder service types; if non-claims could not be separated into these service categories, allocation defaulted to the 'All Other Services' service type.

Table TA-2: Expanded Non-Claims Data Collection Crosswalk

Original Non-Claims Categories	Expanded Framework Payment Category
Non-Claims Incentive Payments	Non-Claims Performance Payments
Non-Claims Capitation	Non-Claims Capitation and Full Risk Payments
Non-Claims: Risk Settlements	Non-Claims: Shared Savings Payments and Recoupments
Non-Claims: Care Management	Non-Claims: Population Health and Practice Infrastructure Payments
Non-Claims: Other	Non-Claims: Other Payments

Managing Clinician Group Affiliations

This report includes the analysis of primary care and behavioral health (PCBH) spending for the top ten commercial managing clinician groups by spending. Managing clinician groups are often multi-specialty practices that include primary care providers (PCPs) and are responsible for coordinating the care of their members. For managing clinician groups, PCBH spending is for members required by their insurance plan to select a primary care provider (PCP) and for members attributed to a PCP as part of a contract between the payer and provider. To calculate PCBH spending at the commercial clinician group level, affiliated provider groups are "rolled-up" into a clinician group as defined in Table 3.

Table TA-3: Top Ten Managing Clinician Groups and Affiliated Provider Groups

Related Clinician Group	Affiliated Provider Group
Atrius	Atrius Health
Baycare	Baycare Health Partners, Inc.
Beth Israel Lahey Health (BILH) Entities	Beth Israel Deaconess Care Organization (BIDCO) BILH Lahey Clinic Lahey Clinic Performance Network
Boston Children's	The Children's Hospital Corporation
Boston Medical Center (BMC)	Boston Medical Center Mgt Service
Mass General Brigham (MGB)	Partners Community Physicians Organization
Reliant	Reliant Medical Group
Steward	Steward Medical Group Steward Network Services
Tufts Med	Tufts Medicine Integrated Network
UMass	UMass Memorial Healthcare UMass Memorial Medical Group

Methodology Considerations

1. Inclusion of OB/GYN Providers and Associated Procedure Codes in Primary Care Definition

CHIA applies an established hierarchical methodology for allocating spending across service categories. Expenditures are categorized into mutually exclusive categories: Mental Health, SUD, Primary Care, and All Other Services. Allocation is distinct and non-overlapping, with hierarchy determining final category assignments.

CHIA's definition of primary care includes global OB/GYN codes representing bundled maternity services, some of which are not reflective of only primary care. CHIA currently includes 3 OB/GYN related taxonomy codes and 32 CPT/HCPCS codes generally provided by OB/GYN taxonomies. Primary care obstetric services are identified using OB/GYN-related taxonomy codes and CPT/HCPCS codes included in CHIA's Primary Care and Behavioral Health code list crosswalk.

For national comparisons, states listed in the table below include OB/GYN-related taxonomies and procedures in their primary care definitions. In some states, OB/GYNs are defined as primary care physicians for coverage purposes and network adequacy but are not included in

primary care spend calculations. One reason for this is that OB/GYNs are not considered comprehensive, coordinated primary care providers that offer the full spectrum of primary care services (such as in California).

Table TA-4: Number of OB/GYN Codes - State Comparison

State	OB/GYN Related Taxonomy Codes	OB/GYN Related Procedure Codes	OB/GYN Related Bundled Codes
California	0	58	4
Colorado	3	78	12
Connecticut	3	9	0
Delaware	0	10	0
Maryland	0	77	12
Maine	2	9	0
North Carolina	2	17	4
Oregon	2	8	4
Vermont	2	12	8
Washington	3	10	4

Currently, 8 bundled codes are included in CHIA's PCBH code set. An additional 4 bundled codes (all exam/biopsy-related) are included in California, Colorado, and Maryland's primary care code sets.

Due to the modular structure of CHIA's PCBH data specifications, specific service categories can be included or excluded from analyses for specific calculation purposes.

2. Inclusion of Behavioral Health in the Primary Care Setting

CHIA currently includes behavioral health screening codes in its primary care methodology but does not include any other behavioral health codes in primary care data collection, as CHIA includes MH and SUD Outpatient Primary Care Provider service categories in its behavioral health data collection. Currently, Psychiatric Collaborative Care Management codes are included in CHIA's primary care code list as an "Office Type Visit".

CMS has released updated codes for its 2025 Medicare Physician Fee Schedule, including additional codes related to IBH. Recent policy changes have resulted in significant updates to IBH spending methodology, including added HCPCS codes for safety planning and crisis care, clarified HCPCS codes and billing requirements for digital mental health treatment, and expanded consultation services for mental health providers. These new codes for CY 2025 are intended to increase accessibility, with particular focus on Safety Planning and Post-Crisis Care

for individuals at risk of suicide. Additionally, the 6 new interprofessional consultation codes may be used by providers eligible for E/M visits and those who diagnose and treat mental illness, including Clinical Psychologists, Clinical Social Workers, Marriage and Family Therapists, and Mental Health Counselors.

These codes are new as of 2025 and have not yet been added to other state primary care definitions. However, several states, including California, are looking to add them to the primary care definition for the upcoming reporting year.

3. Provider Type Stratification for Primary Care Spend Reporting

Current CHIA reporting for Primary Care includes Professional: Physician and Professional: Other. This is some of the most granular reporting by provider among states reporting primary care spend. Few states stratify by provider type in their primary care spend reporting. Rhode Island displays primary care spend by Professional Physician and Other Professional, without further stratification. Other states, such as Connecticut, Delaware, Maryland, and Oregon display no breakdown of spend by provider type, generally reporting primary care spend only by line of business or payer. States like Maine, discuss provider-specific OB/GYN spending, but do not stratify non-physician spending further than “Other Professional” or “Non-Physician”. The taxonomies for these provider types are not defined in the reporting.

Further stratification by provider type in CHIA’s reporting may allow greater insight into which providers are generating the most spend. This may be particularly helpful in comparing physician spend to Nurse Practitioner or other providers serving as PCPs. However, further stratification may result in small numbers that are less meaningful to parse.

Data Release Notes

PCBH Dataset:

CHIA’s Primary Care and Behavioral Health Spending Report is accompanied by an underlying dataset and data book that can be accessed **here**. The underlying dataset includes primary care and behavioral health expenditures and member months data by clinician group submitted by payers in the fall for 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 in this report that show CY 2023 and CY 2024 data: Aetna, Fallon, Health New England, Health Plans Inc., and WellSense. MassHealth age group stratifications are not included in this underlying dataset. Data is suppressed for clinician groups with fewer than 36,000 total member months overall.

PCBH Databook:

The accompanying databook provides the underlying data for each figure presented in the PCBH Spending Report. This can include data such as expenditures, member months, per member per month (PMPM) spending, and behavioral health diagnosis prevalence. Each tab in the databook includes a source and data notes section describing the corresponding figures, including information on payer inclusions and exclusions.

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