CENTER FOR HEALTH INFORMATION AND ANALYSIS

Behavioral Health in Massachusetts

Technical Appendix
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Behavioral Health Dashboard

TECHNICAL APPENDIX

Context Domain

Mental Health Status

Year	Mental Health Status
2021	12.4%

1. **Date:** 7/9/2024
2. **Data years:** Calendar year 2021. Data was collected in 2022.
3. **Description of metric:** Percentage of Massachusetts residents who reported their mental health was either "fair" or "poor" in the previous 12 months.
4. **Numerator & exclusions:** Massachusetts resident survey respondents who indicated their mental health status was fair or poor.
5. **Denominator & exclusions:** All Massachusetts resident survey respondents.
6. **Stratifier(s):** N/A.
7. **Data source:** The Center for Health Information and Analysis (CHIA) 2021 Massachusetts Health Insurance Survey (MHIS). Massachusetts Health Insurance Survey (chiamass.gov)
8. **Data release:** Biennial.
9. **Validator & source:** N/A.

Suicide Death Rate per 100,000 Population, Massachusetts

Year	Suicide deaths per 100k population
2022	8.3

1. **Date:** 7/2/2024
2. **Data years:** Calendar year 2021.
3. **Description of metric:** Number of suicide deaths per 100,000 Massachusetts residents.
4. **Numerator & exclusions:** Suicides in Massachusetts.
5. **Denominator & exclusions:** Massachusetts total population.
6. **Stratifier(s):** N/A.
7. **Data source:** CDC National Center for Health Statistics. Suicide Mortality by State.
8. **Data release:** Annually.
9. **Validator & source:** Suicide rate nationally in 2021 was 14.1 per 100,000. CDC National Center for Health Statistics. NCHS Data Brief, Number 464, April 2023 (cdc.gov)

Alcohol-Related Death Rate per 100,000 Population, Massachusetts

Year	Alcohol-related deaths per 100k population
2021	12.5

1. **Date:** 7/2/2024
2. **Data years:** Calendar year 2021.
3. **Description of metric:** The number of alcohol-related deaths per 100,000 Massachusetts residents (age-adjusted).
4. **Numerator & exclusions:** Deaths related to alcohol in Massachusetts.
5. **Denominator & exclusions:** Massachusetts total population.
6. **Stratifier(s):** N/A.
7. **Data source:** The Commonwealth Fund. Alcohol-Related Deaths per 100,000 Population | Commonwealth Fund
8. **Data release:** Annually.
9. **Validator & source:** Alcohol-related death rate nationally in 2021 was 14.4 per 100,000. The Commonwealth Fund. Alcohol-Related Deaths per 100,000 Population | Commonwealth Fund

Drug Overdose Death rate per 100,000 Population, Massachusetts

Year	Drug Overdose deaths per 100k population
2021	36.8

1. **Date:** 7/2/2024
2. **Data years:** Calendar year 2021.
3. **Description of metric: N**umber of drug overdose deaths per 100,000 Massachusetts residents (age-adjusted).
4. **Numerator & exclusions:** Deaths caused by drug overdose in Massachusetts.
5. **Denominator & exclusions:** Massachusetts total population.
6. **Stratifier(s):** N/A.
7. **Data source:** CDC National Center for Health Statistics. Drug Overdose Mortality by State (cdc.gov)
8. **Data release:** Annually.
9. **Validator & source:** Drug overdose death rate nationally in 2021 was 32.4 per 100,000. CDC National Center for Health Statistics. https://www.cdc.gov/nchs/data/databriefs/db457.pdf

Tobacco Use or Heavy Alcohol Use among Massachusetts Adults

Year	Current Smoker	Heavy Drinking
2021	10.6%	6.3%
2022	10.4%	6.7%

1. **Date:** 7/2/2024
2. **Data years:** Calendar years 2021 and 2022. Data was collected in 2022 and 2023, respectively.
3. **Description of metric:** Percentage of Massachusetts adults who reported regular tobacco use and/or heavy drinking.
4. **Numerator & exclusions:** Behavioral Risk Factor Surveillance System (BRFSS) survey respondents who indicated they are a current smoker or indicated they are a heavy drinker. A current smoker was defined as someone who has smoked at least 100 cigarettes in their lifetime and who currently smokes either some days or every day. A drink of alcohol was defined as a twelve ounce can or bottle of beer, one five-ounce glass of wine, or one drink with one shot of liquor. Heavy drinking was defined as consumption of more than 14 drinks/week in the past month for men and consumption of more than 7 drinks/week in the past month for women.
5. **Denominator & exclusions:** All BRFFS survey respondents.
6. **Stratifier(s):** N/A.
7. **Data source:** A Profile of Health Among Massachusetts Adults, 2022 Results from the Behavioral Risk Factor Surveillance System. download (mass.gov)
8. **Data release:** Annually.
9. **Validator & source:** The US median for current smoker rates was 13.5% in 2022. The US median rate for heavy drinking was 6.8% in 2022. A Profile of Health Among Massachusetts Adults, 2022 Results from the Behavioral Risk Factor Surveillance System. download (mass.gov)

Had a Visit for Behavioral Health, Mental Health, or Substance Use Disorder in the Past 12 Months

Year	Behavioral Health	Mental Health	SUD
2021	18.0%	17.5%	1.5%
2023	21.6%	21.4%	1.1%

1. **Date:** 7/2/2024
2. **Data years:** Calendar years 2021 and 2023. Data was collected in 2022 and 2024, respectively.
3. **Description of metric:** Percentage of Massachusetts residents who had a visit for mental health or substance use disorder in the past 12 months.
4. **Numerator & exclusions:** Massachusetts residents survey respondents who indicated they had a visit for behavioral health, mental health, or substance use disorder in the past 12 months. In this data, behavioral health is defined by the categories of both mental health and substance use disorder services.
5. **Denominator & exclusions:** All Massachusetts resident survey respondents.
6. **Stratifier(s):** N/A.
7. **Data source:** The Center for Health Information and Analysis (CHIA) 2023 Massachusetts Health Insurance Survey. Massachusetts Health Insurance Survey (chiamass.gov)
8. **Data release:** Biennial.
9. **Validator & source:** N/A.

Notes: Visits for behavioral health include visits to a mental health professional and visits for alcohol or substance use care or treatment, including visits provided via telehealth. Questions about mental health were reported of residents 1 year old or older in 2019 and 2021, and were reported of residents 5 years old or older in 2023. Questions about alcohol and substance use care and treatment were reported of residents 11 years or older in 2019, 2021, and 2023. Estimates for which the sample size is less than 50 respondents are not reported.

Most Recent Emergency Department (ED) Visit in the Past 12 Months was for a Condition Related to Behavioral Health, Mental Health, or Substance Use Disorder

Year	Behavioral Health	Mental Health	SUD
2021	7.5%	6.0%	2.1%
2023	4.8%	4.5%	0.7%

1. **Date:** 7/2/2024
2. **Data years:** Calendar years 2021 and 2023. Data was collected in 2022 and 2024, respectively.
3. **Description of metric:** Percentage of Massachusetts residents who reported that their most recent emergency department visit in the past 12 months was related to mental health or substance use disorder.
4. **Numerator & exclusions:** Massachusetts residents who reported that their most recent emergency department visit in the past 12 months was related to mental health or substance use conditions. In this data, behavioral health is defined by the categories of both mental health and substance use disorder services.
5. **Denominator & exclusions:** All survey respondents.
6. **Stratifier(s):** N/A.
7. **Data source:** The Center for Health Information and Analysis (CHIA) 2023 Massachusetts Health Insurance Survey. Massachusetts Health Insurance Survey (chiamass.gov)
8. **Data release:** Biennial.
9. **Validator & source:** N/A.

Notes: Questions about mental health were reported of residents 1 year old or older in 2019 and 2021, and were reported of residents 5 years old or older in 2023. Questions about alcohol and substance use care and treatment were reported of residents 11 years or older in 2019, 2021, and 2023. Estimates for which the sample size is less than 50 respondents are not reported.

Behavioral Health, Mental Health, and Substance Use Disorder Member Months

Insurance Category	Year	Mental Health	SUD	Behavioral Health
Commercial	2021	20.8%	1.5%	22.3%
	2022	21.3%	1.4%	22.7%
Medicaid MCO/ACO-A	2021	21.7%	3.7%	25.4%
	2022	21.2%	3.5%	24.8%
Medicare Advantage	2021	13.7%	1.6%	15.2%
	2022	12.5%	1.6%	14.1%

1. **Date:** 7/2/2024
2. **Data years:** Calendar Year (CY) 2022, data collected 2023.
3. **Description of metric:** Percentage of member with a behavioral health (mental health and/or substance use disorder) diagnosis.

   Percentages were calculated as behavioral health member months over all member months by insurance category. Behavioral health member months as a proportion of total member months is calculated by the Center for Health Information and Analysis's (CHIA) Primary Care and Behavioral Health data collection from Massachusetts payers. Insurance categories include Commercial Claims, Medicaid MCO/ACO-A, and Medicare Advantage.

In this data, Behavioral Health is defined by the following categories of both mental health and substance use disorder services:

- **MH Inpatient:** All member months for claims associated with services provided at an acute or nonacute inpatient facility with a mental health principal diagnosis.
- **MH Emergency Department and Observation:** All member months for emergency or observation services in an acute or non-acute facility for claims with a mental health or SUD principal diagnosis.
- **MH Outpatient: Primary Care Provider:** Member months for outpatient MH face-to-face and telehealth services, including evaluation and management and integrated mental health primary care services, with a mental health nor SUD diagnosis and delivered by a primary care provider.
- **MH Outpatient: Non-Primary Care Provider:** Member months for outpatient MH specific services, including evaluation and management, intensive outpatient services, and other diversionary care and residential treatment with a mental health or SUD principal diagnosis, not included in Emergency Department and Observation and delivered by any provider type except primary care. Ancillary services should be excluded.
- **SUD Inpatient:** All member months for claims associated with services provided at an acute or non-acute inpatient facility with a SUD principal diagnosis.

- **SUD Emergency Department and Observation:** All member months for emergency or observation services in an acute or nonacute facility for claims with a SUD principal diagnosis.
- **SUD Outpatient: Primary Care Provider:** Member months for certain outpatient face-to-face and telehealth services, including evaluation and management and integrated SUD primary care services, with a SUD diagnosis and delivered by a primary care provider. Ancillary services should not be included.
- **SUD Outpatient: Non-Primary Care Provider:** Member months for SUD specific services, including evaluation and management, intensive outpatient services, medication assisted treatment, and other diversionary care and residential treatment with a SUD principal diagnosis, not included in SUD Emergency Department and Observation and delivered by any provider type except primary care. This category excludes care classified as SUD Emergency Department and Observation and SUD Primary Care. Ancillary services should not be included.

4. **Numerator & exclusions:** Behavioral health member months. These member months are collected through the sum of mental health and substance use disorder (SUD) member months.
5. **Denominator & exclusions:** Total member months.
6. **Stratifier(s):** Insurance category.
7. **Data source:** The Center for Health Information and Analysis (CHIA) Massachusetts Annual Report 2024. Annual Report on the Performance of the Massachusetts Health Care System (March 2024) (chiamass.gov)
8. **Data release:** Annually.
9. **Validator & source:** N/A.

Notes: For commercial partial-claim data where payers reported pharmacy carve-outs, CHIA estimated pharmacy spending by service type. Analysis represents data from payers that submitted CY2021 and CY2022 data: BCBSMA, Cigna, Fallon, HPHC, HPI, MGBHP, THPP, Tufts Medicare Advantage, and UniCare, representing approximately 72% of the commercial market, 60% of the MCO/ACO-A market, and 60% of the Medicare Advantage market. Commercial full-claim members only represent approximately 46% of the commercial market.Due to payer exclusions, 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 . Mental health and substance use disorders diagnosis prevalence are not mutually exclusive . Totals may not sum due to rounding. *Effective January 1st , 2022, HPHC discontinued its Medicare Advantage plans due to the integration of HPHC and THP under the parent company, Point32Health.

Access Domain

Any Individual Unmet Need for Behavioral Health Care in the Past 12 Months Because of the Cost of Care

Year	Mental Health	SUD	Behavioral Health
2021	4.7%	1.0%	5.0%
2023	4.6%	1.1%	5.1%

1. **Date:** 7/1/2024
2. **Data years:** Calendar years 2021 and 2023. Data was collected in 2022 and 2024, respectively.
3. **Description of metric:** Percentage of Massachusetts residents who reported they did not receive needed behavioral health care in the past 12 months due to cost.

   In this data, behavioral health is defined by the categories of both mental health and substance use disorder services.
4. **Numerator & exclusions:** Respondents who indicated that they had a need for behavioral health care that went unmet in the past 12 months due to the cost of care. In this data, behavioral health is defined by the categories of both mental health and substance use disorder services.
5. **Denominator & exclusions:** All survey respondents.
6. **Stratifier(s):** N/A.
7. **Data source:** The Center for Health Information and Analysis (CHIA) 2023 Massachusetts Health Insurance Survey. Massachusetts Health Insurance Survey (chiamass.gov).
8. **Data release:** Biennial.
9. **Validator & source:** N/A.

Notes: Questions about mental health were reported of residents 1 year old or older in 2019 and 2021, and were reported of residents 5 years old or older in 2023. Questions about alcohol and substance use care and treatment were reported of residents 11 years or older in 2019, 2021, and 2023.Estimates for which the sample size is less than 50 respondents are not reported.

Any Family Unmet Need for Behavioral Health Care in the Past 12 Months Because of the Cost of Care

Year	Mental Health	SUD	Behavioral Health
2021	8.3%	1.3%	8.6%
2023	8.2%	1.7%	8.8%

1. **Date:** 7/1/2024
2. **Data years:** Calendar years 2021 and 2023. Data was collected in 2022 and 2024, respectively.
3. **Description of metric:** Percentage of Massachusetts families who reported they did not receive needed behavioral health care in the past 12 months due to cost.
4. **Numerator & exclusions:** Respondents who indicated their families had a need for behavioral health care go unmet in the past 12 months due to the cost of care. In this data, behavioral health is defined by the categories of both mental health and substance use disorder services.
5. **Denominator & exclusions:** All survey respondents.
6. **Stratifier(s):** N/A.
7. **Data source:** The Center for Health Information and Analysis (CHIA) 2023 Massachusetts Health Insurance Survey. Massachusetts Health Insurance Survey (chiamass.gov)
8. **Data release:** Biennial.
9. **Validator & source:** N/A.

Notes: Estimates for which the sample size is less than 50 respondents are not reported.

Percent of Behavioral Health-Related Emergency Department Visits that Resulted in Boarding for >12 and >24 hours.

Year	% of BH visits that resulted in boarding (>12 hrs)	% of BH visits that resulted in boarding (>24 hrs)
2021	31.7%	16.0%
2022	34.0%	17.8%
2023	33.9%	16.1%

1. **Date:** 7/1/2024
2. **Data years:** Calendar years 2021, 2022, and 2023.
3. **Description of metric:** Percentage of behavioral health-related emergency department visits in Massachusetts that resulted in patients being boarded for more than 12 hours and 24 hours.

   Length of stay (LOS) was calculated by subtracting the arrival date and time from the departure date and time and is reported in hours. Excess LOS (ELOS) was calculated by subtracting 12 or 24 from the calculated LOS; visits with a remaining LOS greater than 0 were considered to have ELOS.
4. **Numerator & exclusions:** Visits with missing LOS were also missing ELOS.
5. **Denominator & exclusions:** Five outlier months were removed when calculating the length of stay including April 2019 at Tufts Medical Center, March 2020 at Brigham and Women's Hospital, January 2022 at Sturdy Memorial Hospital, May 2023 at Metrowest Hospital, and May 2023 at Saint Vincent's Hospital. The number of visits with missing length of stay due to missing date and/or time of arrival or departure, or invalid data, was 498 in FFY 2021, 31186 in FFY 2022, 131 in Q1 of FFY 2023, 572, in Q2 of FFY 2023, 707 in Q3 of FFY 2023, and 329 in Q4 of 2023. Exclusions due to invalid data included:
   a. Twelve hospital-quarters with 90% or more departure times equal to zero.
   b. Twenty-four hospital-quarters with 100% of visits with arrival time exactly equal to departure time.
6. **Stratifier(s):** N/A.
7. **Data source:** Massachusetts Acute Hospital Case Mix Hospital Emergency Department Databases, October 2018-December 2023. Reports on Massachusetts Acute Hospital Case Mix Database (chiamass.gov)
8. **Data release:** Data is released quarterly.
9. **Validator & source:** N/A.

Finance Domain

Behavioral Health Spending as a Percent of Total Health Care Spending

Insurance Category	Year	Total Spending	% of Total Spending
Commercial	2021	$1,469,806,802	7.9%
	2022	$1,398,108,457	7.5%
Medicaid MCO/ACO-A	2021	$503,294,620	19.5%
	2022	$561,603,279	20.1%
Medicare Advantage	2021	$60,185,064	2.5%
	2022	$58,358,167	2.2%

1. **Date:** 6/5/2024
2. **Data years:** Calendar Year (CY) 2021 and CY2022, data collected 2023.
3. **Description of metric:** Percentage of behavioral health spending over all medical spending by insurance category. Behavioral health spending as a proportion of total spending is calculated by the Center for Health Information and Analysis's (CHIA) Primary Care and Behavioral Health data collection from Massachusetts payers. Insurance categories include Commercial Claims, Medicaid MCO/ACO-A, and Medicare Advantage.

In this data, Behavioral Health is defined by the following categories of both mental health and substance use disorder services:

- **MH Inpatient:** All payments made for claims associated with services provided at an acute or nonacute inpatient facility with a mental health principal diagnosis.
- **MH Emergency Department and Observation:** All payments made for emergency or observation services in an acute or non-acute facility for claims with a mental health or SUD principal diagnosis.
- **MH Outpatient: Primary Care Provider:** Payments for outpatient MH face-to-face and telehealth services, including evaluation and management and integrated mental health primary care services, with a mental health nor SUD diagnosis and delivered by a primary care provider.
- **MH Outpatient: Non-Primary Care Provider:** Payments for outpatient MH specific services, including evaluation and management, intensive outpatient services, and other diversionary care and residential treatment with a mental health or SUD principal diagnosis, not included in Emergency Department and Observation and delivered by any provider type except primary care. Ancillary services should be excluded.
- **MH Prescription Drugs:** All payments made for prescription drugs prescribed to address mental health and SUD needs, based on the specified set of National Drug Codes (NDC).
- **SUD Inpatient:** All payments made for claims associated with services provided at an acute or non-acute inpatient facility with a SUD principle diagnosis.

- **SUD Emergency Department and Observation:** All payments made for emergency or observation services in an acute or nonacute facility for claims with a SUD principal diagnosis.
- **SUD Outpatient: Primary Care Provider:** Payments for certain outpatient face-to-face and telehealth services, including evaluation and management and integrated SUD primary care services, with a SUD diagnosis and delivered by a primary care provider. Ancillary services should not be included.
- **SUD Outpatient: Non-Primary Care Provider:** Payments for SUD specific services, including evaluation and management, intensive outpatient services, medication assisted treatment, and other diversionary care and residential treatment with a SUD principal diagnosis, not included in SUD Emergency Department and Observation and delivered by any provider type except primary care. This category excludes care classified as SUD Emergency Department and Observation and SUD Primary Care. Ancillary services should not be included.
- **SUD Prescription Drugs:** All payments made for prescription drugs prescribed to address SUD needs, based on the specified set of National Drug Codes (NDC).

4. **Numerator & exclusions:** Behavioral health spending. These expenditures are collected through the sum of mental health and substance use disorder (SUD) expenditures. Non-claims are not included in this analysis.
5. **Denominator & exclusions:** Total healthcare spending.
6. **Stratifier(s):** Insurance category.
7. **Data source:** The Center for Health Information and Analysis (CHIA) Massachusetts Annual Report 2024.
8. **Data release:** Annually.
9. **Validator & source:** N/A.

Notes: For commercial partial-claim data where payers reported pharmacy carve-outs, CHIA estimated pharmacy spending by service type. Analysis represents data from payers that submitted CY2021 and CY2022 data: BCBSMA, Cigna, Fallon, HPHC, HPI, MGBHP, THPP, Tufts Medicare Advantage, and UniCare, representing approximately 72% of the commercial market, 60% of the MCO/ACO-A market, and 60% of the Medicare Advantage market. Due to payer exclusions, 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. Mental health and substance use disorders diagnosis prevalence are not mutually exclusive. Totals may not sum due to rounding.

Percent of Individuals that Paid Entire Cost of Most Recent Mental Health Visit Out-of-Pocket

Statewide	Behavioral Health Visit Percentage
2023	15.0%

1. **Date:** 7/10/2024
2. **Data years:** Calendar year 2023. Data was collected in 2024.
3. **Description of metric:** Percentage of individuals who paid the entire cost of their most recent mental health visit out of pocket.
4. **Numerator & exclusions:** Survey respondents who indicated they paid the entire cost of their most recent mental health visit out of pocket.
5. **Denominator & exclusions:** All survey respondents.
6. **Stratifier(s):** Statewide.
7. **Data source:** The Center for Health Information and Analysis (CHIA) 2023 Massachusetts Health Insurance Survey. Massachusetts Health Insurance Survey (chiamass.gov)
8. **Data release:** Biennial.
9. **Validator & source:** N/A.

Notes: Mental health care out-of-pocket costs is a new metric to the 2023 MHIS survey, and will only be populated for data year 2023. Categories listed for this measure are not mutually exclusive. Residents were asked to select all applicable options. Questions about mental health were asked of residents 5 years old and older. Because alcohol and substance use disorder reporting is low, this graph is for mental health only.

Member Cost Sharing for Mental Health and SUD Visits

Insurance Category	Year	Member Cost-Share % of Total
Commercial Full Claims	2021	Mental Health: 15.2% SUD: 9.2%
	2022	Mental Health: 18.0% SUD: 9.3%
Medicare Advantage	2021	Mental Health: 10.7% SUD: 9.1%
	2022	Mental Health: 12.4% SUD: 9.5%

1. **Date:** 3/20/2024
2. **Data years:** Calendar Year (CY) 2021 and CY 2022, data collected 2023.
3. **Description of metric:** Member cost sharing for those with a mental health and substance use disorder (SUD) principal diagnosis.
4. **Numerator & exclusions:** Mental health and SUD member cost-sharing expenditures.
5. **Denominator & exclusions:** Total member cost-sharing expenditures. This reflects payments made for covered health care services, in which the member is financially responsible for such as copayments, coinsurance, and deductibles.
6. **Stratifier(s):** Insurance category.
7. **Data source:** The Center for Health Information and Analysis (CHIA)
8. **Data release:** Annually.
9. **Validator & source:** N/A.

Notes: Analysis represents data from payers that submitted CY2021 and CY2022 data: BCBSMA, Cigna, Fallon, HPHC, HPI, MGBHP, THPP, and Tufts Medicare Advantage. In this analysis, commercial full-claim members only represent approximately 46% of the commercial market, 60% of the MCO/ACO-A market, and 60% of the Medicare Advantage market. Due to payer exclusions, 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.

Behavioral Health Inpatient Spending as a Percent of Total Behavioral Health Spending

Insurance Category	Year	Total Spending	% of Total Spending
Commercial	2021	$319,641,463	21.7%
	2022	$313,429,854	22.4%
Medicaid MCO/ACO-A	2021	$160,624,497	31.9%
	2022	$152,867,462	27.2%
Medicare Advantage	2021	$18,986,070	31.5%
	2022	$17,770,245	30.5%

1. **Date:** 6/5/2024
2. **Data years:** Calendar Year (CY) 2021 and CY 2022, data collected 2023.
3. **Description of metric:** Percentage of inpatient behavioral health spending over all behavioral health spending by insurance category. Behavioral health spending as a proportion of total spending is calculated by the Center for Health Information and Analysis's (CHIA) Primary Care and Behavioral Health data collection from Massachusetts payers. Insurance categories include Commercial Claims, Medicaid MCO/ACO-A, and Medicare Advantage.

In this data, Behavioral Health is defined by the following categories of both mental health and substance use disorder services:

- **MH Inpatient:** All payments made for claims associated with services provided at an acute or nonacute inpatient facility with a mental health principal diagnosis.
- **SUD Inpatient:** All payments made for claims associated with services provided at an acute or non-acute inpatient facility with a SUD principle diagnosis.

4. **Numerator & exclusions:** Mental health and SUD inpatient behavioral health spending.
5. **Denominator & exclusions:** Total behavioral health spending.
5. **Stratifier(s):** Insurance category.
6. **Data source:** The Center for Health Information and Analysis (CHIA) Massachusetts Annual Report 2024
7. **Data release:** Annually.
8. **Validator & source:** N/A.

Notes: For commercial partial-claim data where payers reported pharmacy carve-outs, CHIA estimated pharmacy spending by service type. Analysis represents data from payers that submitted CY2021 and CY2022 data: BCBSMA, Cigna, Fallon, HPHC, HPI, MGBHP, THPP, Tufts Medicare Advantage, and UniCare, representing approximately 72% of the commercial market, 60% of the MCO/ACO-A market, and 60% of the Medicare Advantage market. Due to

payer exclusions, 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. Totals may not sum due to rounding.

Behavioral Health Outpatient Spending as a Percent of Total Behavioral Health Spending

Insurance Category	Year	Total Spending	% of Total Spending
Commercial	2021	$860,556,853	58.5%
	2022	$792,797,320	56.7%
Medicaid MCO/ACO-A	2021	$197,487,718	39.2%
	2022	$247,351,371	44.0%
Medicare Advantage	2021	$17,819,545	29.6%
	2022	$16,648,989	28.5%

1. **Date:** 6/5/2024
2. **Data years:** Calendar Year (CY) 2021 and CY 2022, data collected 2023.
3. **Description of metric:** Percentage of behavioral health outpatient spending over all behavioral health spending by insurance category. Behavioral health spending as a proportion of total spending is calculated by the Center for Health Information and Analysis's (CHIA) Primary Care and Behavioral Health data collection from Massachusetts payers. Insurance categories include Commercial Claims, Medicaid MCO/ACO-A, and Medicare Advantage.

In this data, Behavioral Health is defined by the following categories of both mental health and substance use disorder services:

- **MH Outpatient: Primary Care Provider:** Payments for outpatient MH face-to-face and telehealth services, including evaluation and management and integrated mental health primary care services, with a mental health nor SUD diagnosis and delivered by a primary care provider.
- **MH Outpatient: Non-Primary Care Provider:** Payments for outpatient MH specific services, including evaluation and management, intensive outpatient services, and other diversionary care and residential treatment with a mental health or SUD principal diagnosis, not included in Emergency Department and Observation and delivered by any provider type except primary care. Ancillary services should be excluded.
- **SUD Outpatient: Primary Care Provider:** Payments for certain outpatient face-to-face and telehealth services, including evaluation and management and integrated SUD primary care services, with a SUD diagnosis and delivered by a primary care provider. Ancillary services should not be included.
- **SUD Outpatient: Non-Primary Care Provider:** Payments for SUD specific services, including evaluation and management, intensive outpatient services, medication assisted treatment, and other diversionary care and residential treatment with a SUD principal diagnosis, not included in SUD Emergency Department and Observation and delivered by any provider type except primary care. This category excludes care classified as SUD Emergency Department and Observation and SUD Primary Care. Ancillary services should not be included.

4. **Numerator & exclusions:** Total Mental Health and SUD primary care provider and non-primary care provider outpatient behavioral health spending.
5. **Denominator & exclusions:** Total behavioral health spending.
6. **Stratifier(s):** Insurance category.
7. **Data source:** The Center for Health Information and Analysis (CHIA) Massachusetts Annual Report 2024
8. **Data release:** Annually.
9. **Validator & source:** N/A.

Notes: For commercial partial-claim data where payers reported pharmacy carve-outs, CHIA estimated pharmacy spending by service type. Analysis represents data from payers that submitted CY2021 and CY2022 data: BCBSMA, Cigna, Fallon, HPHC, HPI, MGBHP, THPP, Tufts Medicare Advantage, and UniCare, representing approximately 72% of the commercial market, 60% of the MCO/ACO-A market, and 60% of the Medicare Advantage market. Due to payer exclusions, 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. Totals may not sum due to rounding.

Behavioral Health Emergency Department Observation as a Percent of Total Behavioral Health Spending

Insurance Category	Year	Total Spending	% of Total Spending
Commercial	**2021**	$44,062,414	3.0%
	2022	$44,699,642	3.2%
Medicaid MCO/ACO-A	**2021**	$11,931,346	2.4%
	2022	$12,858,896	2.3%
Medicaid MCO/ACO-A	**2021**	$1,918,686	3.2%
	2022	$2,041,783	3.5%

1. **Date:** 6/5/2024
2. **Data years:** Calendar Year (CY) 2021 and CY 2022, data collected 2023.
3. **Description of metric:** Percentage of emergency department behavioral health spending over all behavioral health spending by insurance category. Behavioral health spending as a proportion of total spending is calculated by the Center for Health Information and Analysis's (CHIA) Primary Care and Behavioral Health data collection from Massachusetts payers. Insurance categories include Commercial Claims, Medicaid MCO/ACO-A, and Medicare Advantage.

In this data, Behavioral Health Emergency Department Observation is defined by the following categories of both mental health and substance use disorder services:

- **MH Emergency Department and Observation:** All payments made for emergency or observation services in an acute or non-acute facility for claims with a mental health or SUD principal diagnosis.
- **SUD Emergency Department and Observation:** All payments made for emergency or observation services in an acute or nonacute facility for claims with a SUD principal diagnosis.

4. **Numerator & exclusions:** Mental health and SUD emergency department and observation behavioral health spending.
5. **Denominator & exclusions:** Total behavioral health spending.
6. **Stratifier(s):** Insurance category.
7. **Data source:** The Center for Health Information and Analysis (CHIA) Massachusetts Annual Report 2024
8. **Data release:** Annually.
9. **Validator & source:** N/A.

Notes: For commercial partial-claim data where payers reported pharmacy carve-outs, CHIA estimated pharmacy spending by service type. Analysis represents data from payers that submitted CY2021 and CY2022 data: BCBSMA, Cigna, Fallon, HPHC, HPI, MGBHP, THPP, Tufts Medicare Advantage, and UniCare, representing approximately 72% of the commercial market, 60% of the MCO/ACO-A market, and 60% of the Medicare Advantage market. Due to

payer exclusions, 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. Totals may not sum due to rounding.

Behavioral Health Prescription Drug Spending as a Percent of Total Behavioral Health Spending

Insurance Category	Year	Total Spending	% of Total Spending
Commercial	**2021**	$246,141,794	16.7%
	2022	$246,973,018	17.7%
Medicaid MCO/ACO-A	**2021**	$120,379,260	23.9%
	2022	$131,563,688	23.4%
Medicare Advantage	**2021**	$21,335,713	35.5%
	2022	$21,735,655	37.2%

1. **Date:** 6/5/2024
2. **Data years:** Calendar Year (CY) 2021 and CY 2022, data collected 2023.
3. **Description of metric:** Percentage of prescription drug behavioral health spending over all behavioral health spending by insurance category. Behavioral health spending as a proportion of total spending is calculated by the Center for Health Information and Analysis's (CHIA) Primary Care and Behavioral Health data collection from Massachusetts payers. Insurance categories include Commercial Claims, Medicaid MCO/ACO-A, and Medicare Advantage.

In this data, Behavioral Health is defined by the following categories of both mental health and substance use disorder services:

- **MH Inpatient:** All payments made for prescription drugs prescribed to address MH needs, based on the specified set of National Drug Codes (NDC).
- **SUD Inpatient:** All payments made for prescription drugs prescribed to address SUD needs, based on the specified set of National Drug Codes (NDC).

4. **Numerator & exclusions:** Mental health and SUD behavioral health inpatient spending.
5. **Denominator & exclusions:** Total behavioral health spending.
5. **Stratifier(s):** Insurance category.
6. **Data source:** The Center for Health Information and Analysis (CHIA) Massachusetts Annual Report 2024
7. **Data release:** Annually.
8. **Validator & source:** N/A.

Notes: For commercial partial-claim data where payers reported pharmacy carve-outs, CHIA estimated pharmacy spending by service type. Analysis represents data from payers that submitted CY2021 and CY2022 data: BCBSMA, Cigna, Fallon, HPHC, HPI, MGBHP, THPP, Tufts Medicare Advantage, and UniCare, representing approximately 72% of the commercial market, 60% of the MCO/ACO-A market, and 60% of the Medicare Advantage market. Due to

payer exclusions, 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. Totals may not sum due to rounding.

Utilization Domain

Behavioral Health-Related Hospital Inpatient Discharges

Year	Discharges
2021	283,537
2022	269,665
2023	271,393

1. **Date:** 7/10/2024
2. **Data years:** Federal Fiscal Year (FFY) 2021-2024; Calendar years 2021, 2022 and 2023. Data updated May 2024.
3. **Description of metric:** Number of inpatient discharges from acute hospitals associated with any behavioral health conditions. For this analysis, discharges were categorized into clinically meaningful independent behavioral health categories based on the listed primary and secondary diagnosis codes using the CCSR categories for ICD-10-CM diagnoses as related to behavioral health. A discharge may be associated with more than one behavioral health category because all primary and secondary diagnoses on the discharge record were considered and because ICD-10-CM diagnoses may be associated with more than one CCSR category. Discharges were classified into mutually exclusive groups: one or more mental health conditions associated with the discharge, but no substance use disorder, one or more substance use disorders associated with the discharge but no mental health condition, and co-occurring mental health and substance use conditions. Due to incomplete data in FFY 2021, one hospital comprising 0.95% of inpatient discharges from FFY 2016 to 2020 was excluded from analyses in all years in this report. See technical appendix for more information and detailed behavioral health category definitions.
4. **Numerator & exclusions:** Inpatient discharges with a behavioral health condition present.
5. **Denominator & exclusions:** Total inpatient discharges.
6. **Stratifier(s):** N/A.
7. **Data source:** CHIA HIDD. https://www.chiamass.gov/massachusetts-acute-care-hospital-inpatient-discharge-reporting/
8. **Data release:** Data is updated and released quarterly. Most recent data update released May, 2024.
9. **Validator & source:** N/A.

Length of Stay at Acute Hospitals

Year	Average length of stay at acute hospitals
2021	6.62 days
2022	7.15 days
2023	7.00 days

1. **Date:** 6/24/2024
2. **Data years:** Calendar years 2021, 2022, and 2023.
3. **Description of metric:** Length of stay (LOS) was calculated by subtracting the admission date from the discharge date. Stays for which the admission and discharge dates were the same would be coded as having a length of stay of 0 days. Average length of stay (ALOS) is an aggregate measure of the mean LOS within a certain category or group. Inpatient days is an aggregate measure of the sum of the LOS, or the days of care associated with a discharge within a category or group. No outliers were removed when calculating the length of stay. The number of discharges with missing length of stay due to missing date of admission or discharge was 8 in FFY 2021, 7 in FFY 2022, 8 in FFY 2023.
4. **Numerator & exclusions:** N/A.
5. **Denominator & exclusions:** Due to small numbers of discharges for several months (<11 discharges), two hospitals, Shriners Hospital for Children – Boston and Springfield, were excluded. 396 discharges in FFY 2020 and 22 discharges in FFY 2021 from temporary COVID-19 field hospitals were also excluded.
6. **Stratifier(s):** N/A.
7. **Data source:** Massachusetts Acute Care Hospital Inpatient Discharge Reporting. Massachusetts Acute Care Hospital Inpatient Discharge Reporting (chiamass.gov)
8. **Data release:** Data is released quarterly.
9. **Validator & source:** N/A.

Opioid-Related Emergency Department Visits and Inpatient Stays Combined

Year	ED Visits per 100,000
2021	885
2022	737

1. **Date:** 7/20/2024
2. **Data years:** Calendar years 2021 and 2022. Data updated 2023.
3. **Description of metric:** Opioid-related hospitalizations included any inpatient stay or emergency department visit with at least one opioid-related code (either primary or secondary diagnoses).
4. **Numerator & exclusions:** The following ICD-10-CM codes were used to identify opioid-related visits:
    a. F11 series: Opioid-related disorders
        i. All codes are included except F11.11, F11.21, and F11.91
    b. T40 series: Poisoning by, adverse effect of, and underdosing of narcotics
    c. Codes with a sixth digit of "6", indicating underdosing, are excluded
5. **Denominator & exclusions:** Analysis was restricted to MA residents.
6. **Stratifier(s):** N/A
7. **Data source:** HPC analysis of CHIA Acute Hospital Case-Mix Emergency Department Discharge Database, FY2016-2023. Population denominators from HPC analysis of the American Community Survey 2020 5-year data tables, accessed at: https://www.census.gov/programs-surveys/acs/data/data-tables.html.
8. **Data release:** Data is updated quarterly.
9. **Validator & source:** N/A.

Behavioral Health Emergency Department Visits at Acute Care Hospitals, per 100,000 population

Year	ED Visits per 100,000
2021	1,793
2022	1,661

1. **Date:** 03/13/2024
2. **Data years:** FY 2021 and 2022; Calendar years 2021 and 2022. Data updated 2023.
3. **Description of metric:** Emergency department visits associated with any behavioral health diagnosis.
4. **Numerator & exclusions:** Visits were categorized into clinical meaningful independent behavioral health categories based on the listed principal diagnosis code using the CCSR categories for ICD-10-CM diagnoses defined by AHRQ as related to mental and behavioral disorders [1]. A visit may be associated with more than one behavioral health category because ICD-10-CM diagnoses may be associated with more than one CCSR category.
5. **Denominator & exclusions:** Analysis was restricted to MA residents.
6. **Stratifier(s):** N/A.
7. **Data source:** CHIA Acute Hospital Case-Mix Inpatient Discharge Database, FY2016-2023. Population denominators from HPC analysis of the American Community Survey 2020 5-year data tables, accessed at: https://www.census.gov/programs-surveys/acs/data/data-tables.html.
8. **Data release:** Data update released November 2023.
9. **Validator & source:** N/A.

Psychotherapy Utilization per 1,000 Commercially Insured members, by Age Group

Year	Age Group	Visits per 1,000
2021	**Total Population (0-64)**	**1,942**
	0-17	1,407
	18-25	2,841
	26-49	2,460
	50-64	1,291

1. **Date:** 08/14/2023
2. **Data year(s):** Calendar Year (CY) 2021. Data collected 2022.
3. **Description of metric:** Number of psychotherapy visits, delivered in-person or via telehealth, for individuals aged 0-64.
4. **Numerator & exclusions:** Psychotherapy visits for individuals ages 0-64 with 12 months of enrollment. Psychotherapy claims were identified using Current Procedural Terminology codes 90832, 90833, 90834, 90836, 90837 and 90838.
    a. To ensure inclusion of only ambulatory services, inpatient facility claims were excluded for this analysis, as were emergency department, inpatient, and residential sites of service (professional claim site of service codes 13, 14, 21, 23, 31, 33, 34, 51, and 61), as well as facility claims with HCCI outpatient facility category 1 (emergency department).
    b. Only psychotherapy visits with specific behavioral health diagnoses were included in the analysis.
5. **Denominator & exclusions:** Individuals included were those with enrollment in health insurance with any of the five commercial payers included in the APCD (Blue Cross Blue Shield of Massachusetts, Tufts Health Plan, Harvard Pilgrim Health Care, Mass General Brigham Health Plan, Anthem), as well as 12 full months of behavioral health coverage.
6. **Stratifier(s):** Age group
7. **Data source:** CHIA All-Payer Claims Database V2021
8. **Data release:** Published March 2023, updated annually
9. **Validator & source:** N/A.

Quality Domain

Behavioral Health Screening in Primary Care

Year	Commercial	MassHealth
2020	71.1	65.2
2021	74.1	66.6

1. **Date:** 6/26/2024
2. **Data years:** Measurement year 2021 (reporting year 2022), and measurement year 2022 (reporting year 2023)
3. **Description of metric:** The Adult Behavioral Health composite score is a validated composite score on a 0-100 scale that is derived from 2 survey items. It captures patient experiences of being screened for depression and anxiety in primary care visits. Higher scores denote better experiences.

   The 2022 and 2023 MassHealth Primary Care Member Experience Surveys for adult members (PC Adult MES) were based on the CG-CAHPS 3.0 survey developed by the National Committee for Quality Assurance (NCQA) and the Agency for Healthcare Research and Quality (AHRQ).

   The 2022 PC Adult MES had 57 items. The survey was fielded in February 2022 and sampled 117,455 adult members.

   The 2023 PC Adult MES had 57 items. The survey was fielded in May 2023 and sampled 121,352 adult members.

   The survey sample was randomly selected from a MassHealth sample frame that contained MassHealth adult members (≥ 18 years old) who were eligible to complete the survey. Eligibility requirements were that the member be actively enrolled in MassHealth, be attributed to an ACO that participated in the MassHealth program and have at least one primary care visit in the last year. Sample sizes were designed to yield a minimum of 400 completed surveys at the ACO level. Survey invitations were sent to members by email, if a member had a valid email address on file with MassHealth. Email invitations had links to online surveys in English, Spanish, Portuguese, Chinese, Haitian Creole, Vietnamese, Russian, Khmer, and Arabic for the 2022 and 2023 surveys. Non-respondents were sent mailings of a survey invitation with an English paper survey and an URL to access online surveys. For members who were on file as being Spanish speakers, mailings also contained a Spanish survey. The response rate for the 2022 adult survey was 10.0%. The response rate for the 2023 adult survey was 8.5%.

   Survey item responses were coded to a 0 to 100 scale (No=0; Yes= 100.00) at the respondent level and composites scores were calculated as a simple average of the response values for each of the component questions. Respondent composite scores were averaged at the state level to calculate the state-level composite score. State-level composite scores were not case-mix adjusted.

Adult Behavioral Health Composite items and response options

Adult Behavioral Health Composite	Did anyone in this provider's office ask you if there was a period of time when you felt sad, empty or depressed?	Yes No
	Did you and anyone in this provider's office talk about things in your life that worry you or cause you stress?	

4. **Numerator & exclusions:** N/A.
5. **Denominator & exclusions:** N/A.
6. **Stratifier:** N/A.
7. **Weighting Scheme:** N/A.
8. **Data source & status:** The data sources for the Communication Composite score were the 2022 and 2023 MassHealth Adult Primary Care Member Experience Surveys.
9. **Data release:** Data is collected annually and released annually, usually in the fall.
10. **Validator & source:** N/A.

Notes: Note that Commercial and MassHealth experience data are not comparable – provider networks, patient populations, and survey instruments are not aligned.

Initiation and Engagement of SUD Treatment

Year	Massachusetts State Average	
	Initiation	Engagement
2020	36.2%	13.3%
2022	38.4%	12.9%

1. **Date:** 6/24/2024
2. **Data years:** Healthcare Effectiveness Data and Information Set (HEDIS®) measurement years 2020 and 2022.
3. **Description of metric:** This data assesses new episodes of substance use disorder (SUD) in adults and adolescents 13 years of age and older who received:
    a. **Initiation of SUD Treatment:** New episodes, after which the individual initiated treatment through an inpatient SUD admission, outpatient visit, telehealth or intensive outpatient encounter or partial hospitalization, or received medication within 14 days of diagnosis.
    b. **Engagement of SUD Treatment:** New episodes, after which the individual initiated treatment and had two or more additional SUD services or medications within 34 days of the initiation visit.
4. **Numerator & exclusions:** Commercially insured members, adults and adolescents 13 years of age and older who had new episodes of SUD, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England) and who received initiation of SUD treatment within 14 days and/or engagement of SUD treatment within 34 days.
5. **Denominator & exclusions:** Commercially insured members, adults and adolescents 13 years of age and older who had new episodes of SUD, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England).
6. **Stratifier(s):** N/A.
7. **Weighting Scheme:** NCQA permits health plans to calculate this measure using either administrative data only, or administrative data combined with medical record review (Hybrid Method). If a health plan chose to report eligible measures to NCQA using the Hybrid Method, the health plan reported the rate for their sample population based on Administrative Data Method and the rate based on the Hybrid Method (combination of administrative data and medical record review data) to MHQP. This enabled MHQP to calculate a "chart adjustment factor," which represents the increase in a plan's measured rate after medical record review (i.e., the Hybrid Method rate minus the Administrative Data Method only rate). MHQP adjusted the rates that were obtained for the health plan's entire HEDIS®-eligible population using the Administrative Data Method by applying the respective chart adjustment factors to each affected measure for the provider site, medical group, or physician network.

8. **Data source:** CHIA (July 2022). A Focus on Provider Quality: Selected Clinical Measures, 2018 and 2020.
9. **Data release:** Data released biennially.
10. **Validator & source:** National Committee for Quality Assurance (NCQA), HEDIS® Measures and Technical Resources, Initiation and Engagement of Substance Use Disorder Treatment (IET): An estimated 36.5% of national resident's adults and adolescents 13 years of age and older under a Commercial HMO plan had received initiation of SUD treatment in 2022. An estimated 13.1% of national resident's adults and adolescents 13 years of age and older under a Commercial HMO plan had received engagement of SUD treatment in 2022.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Year	Massachusetts State Average
2020	35.3% (adj)
2022	42.5% (adj)

1. **Date:** 6/24/2024
2. **Data years:** Healthcare Effectiveness Data and Information Set (HEDIS®) measurement years 2020 and 2022.
3. **Description of metric:** This data assesses the percentage of children and adolescents with ongoing antipsychotic medication use who had metabolic testing during the year.
4. **Numerator & exclusions:** Commercially insured members, children and adolescents with ongoing antipsychotic medication use, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England) and who had metabolic testing during the year.
5. **Denominator & exclusions:** Commercially insured members, children and adolescents with ongoing antipsychotic medication use, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England).
6. **Stratifier(s):** N/A.
7. **Weighting Scheme:** NCQA permits health plans to calculate this measure using either administrative data only, or administrative data combined with medical record review (Hybrid Method). If a health plan chose to report eligible measures to NCQA using the Hybrid Method, the health plan reported the rate for their sample population based on Administrative Data Method and the rate based on the Hybrid Method (combination of administrative data and medical record review data) to MHQP. This enabled MHQP to calculate a "chart adjustment factor," which represents the increase in a plan's measured rate after medical record review (i.e., the Hybrid Method rate minus the Administrative Data Method only rate). MHQP adjusted the rates that were obtained for the health plan's entire HEDIS®-eligible population using the Administrative Data Method by applying the respective chart adjustment factors to each affected measure for the provider site, medical group, or physician network.
8. **Data source:** CHIA (July 2022). A Focus on Provider Quality: Selected Clinical Measures, 2018 and 2020.
9. **Data release:** Data released biennially.
10. **Validator & source:** National Committee for Quality Assurance (NCQA), HEDIS® Measures and Technical Resources, Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM): An estimated 37% of national resident's children and adolescents with ongoing antipsychotic medication use who had metabolic testing during 2022.

Follow-Up After ED Visit for Mental Health 7 day (FUM)

Year	Massachusetts State Average
2020	71.4% (adj)
2022	77.0% (adj)

1. **Date:** 6/24/2024
2. **Data years:** Healthcare Effectiveness Data and Information Set (HEDIS®) measurement years 2020 and 2022.
3. **Description of metric:** This data assesses emergency department (ED) visits for adults and children 6 years of age and older with a diagnosis of mental illness or intentional self-harm and who received a follow-up visit for mental illness within 7 days.
4. **Numerator & exclusions:** Commercially insured members, adults and children 6 years of age or older who visited the ED with a diagnosis of mental illness or intentional self-harm, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England) and who received a follow-up visit for mental illness within 7 days.
5. **Denominator & exclusions:** Commercially insured members, adults and children 6 years of age or older who visited the ED with a diagnosis of mental illness or intentional self-harm, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England).
6. **Stratifier(s):** N/A
7. **Weighting Scheme:** NCQA permits health plans to calculate this measure using either administrative data only, or administrative data combined with medical record review (Hybrid Method). If a health plan chose to report eligible measures to NCQA using the Hybrid Method, the health plan reported the rate for their sample population based on Administrative Data Method and the rate based on the Hybrid Method (combination of administrative data and medical record review data) to MHQP. This enabled MHQP to calculate a "chart adjustment factor," which represents the increase in a plan's measured rate after medical record review (i.e., the Hybrid Method rate minus the Administrative Data Method only rate). MHQP adjusted the rates that were obtained for the health plan's entire HEDIS®-eligible population using the Administrative Data Method by applying the respective chart adjustment factors to each affected measure for the provider site, medical group, or physician network.
8. **Data source:** CHIA (July 2022). A Focus on Provider Quality: Selected Clinical Measures, 2018 and 2020.
9. **Data release:** Data released biennially.
10. **Validator & source:** N/A.

Follow-Up After Hospitalization for Mental Illness 7 day (FUH)

Year	Massachusetts State Average
2020	61.4% (adj)
2022	62.1% (adj)

1. **Date:** 6/24/2024
2. **Data years:** Healthcare Effectiveness Data and Information Set (HEDIS®) measurement years 2020 and 2022.
3. **Description of metric:** This data assesses the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients age 6 years and older that resulted in follow-up care with a mental health provider within 7 days.
4. **Numerator & exclusions:** Commercially insured members, adults and children 6 years of age or older that were discharged from hospitalization with a diagnosis of mental illness or intentional self-harm, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England) and who received a follow-up visit for mental illness within 7 days.
5. **Denominator & exclusions:** Commercially insured members, adults and children 6 years of age or older that were discharged from hospitalization with a diagnosis of mental illness or intentional self-harm, enrolled in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan, Blue Cross Blue Shield of Massachusetts, Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan), and Health New England).
6. **Stratifier(s):** N/A
7. **Weighting Scheme:** NCQA permits health plans to calculate this measure using either administrative data only, or administrative data combined with medical record review (Hybrid Method). If a health plan chose to report eligible measures to NCQA using the Hybrid Method, the health plan reported the rate for their sample population based on Administrative Data Method and the rate based on the Hybrid Method (combination of administrative data and medical record review data) to MHQP. This enabled MHQP to calculate a "chart adjustment factor," which represents the increase in a plan's measured rate after medical record review (i.e., the Hybrid Method rate minus the Administrative Data Method only rate). MHQP adjusted the rates that were obtained for the health plan's entire HEDIS®-eligible population using the Administrative Data Method by applying the respective chart adjustment factors to each affected measure for the provider site, medical group, or physician network.
8. **Data source:** CHIA (July 2022). A Focus on Provider Quality: Selected Clinical Measures, 2018 and 2020.
9. **Data release:** Data released biennially.
10. **Validator & source:** N/A.

Equity Domain

Had a Visit for Behavioral Health in the Past 12 Months

Year	Race and Ethnicity	Behavioral Health Visit Percentage
2021	White, non-Hispanic	19.8%
	Black, non-Hispanic	9.9%
	Asian, non-Hispanic	10.5%
	Other or multiple races, non-Hispanic	13.4%
	Hispanic	17.4%
	Total Population	**18.0%**
2023	White, non-Hispanic	21.6%
	Black, non-Hispanic	19.8%
	Asian, non-Hispanic	12.9%
	Other or multiple races, non-Hispanic	32.7%
	Hispanic	22.3%
	Total Population	**21.6%**

1. **Date:** 7/10/2024
2. **Data years:** Calendar year 2023. Data was collected in 2024.
3. **Description of metric:** Percentage of Massachusetts residents, by race and ethnicity, who had a visit for behavioral health in the past 12 months.
4. **Numerator & exclusions:** Massachusetts residents survey respondents who indicated they had a visit for behavioral health, mental health, or substance use disorder in the past 12 months. In this data, behavioral health is defined by the categories of both mental health and substance use disorder services.
5. **Denominator & exclusions:** All Massachusetts resident survey respondents.
6. **Stratifier(s):** Race and ethnicity.
7. **Data source:** The Center for Health Information and Analysis (CHIA) 2023 Massachusetts Health Insurance Survey. Massachusetts Health Insurance Survey (chiamass.gov)
8. **Data release:** Biennial.

9. **Validator & source:** N/A.

Notes: In 2019, "Asian, non-Hispanic" residents were reported as part of "Other or multiple races, non-Hispanic" group. Visits for behavioral health include visits to a mental health professional and visits for alcohol or substance use care or treatment, including visits provided via telehealth. Questions about mental health were reported of residents 1 year old or older in 2019 and 2021, and were reported of residents 5 years old or older in 2023. Questions about alcohol and substance use care and treatment were reported of residents 11 years or older in 2019, 2021, and 2023. Estimates for which the sample size is less than 50 respondents are not reported.

Most Recent Emergency Department Visit was for a Condition Related to Mental Health or Substance Use Disorder (SUD)

Year	Race/Ethnicity	Percent
2021	White, non-Hispanic	8.1%
	Black, non-Hispanic	3.9%
	Asian, non-Hispanic	***
	Other or multiple races, non-Hispanic	***
	Hispanic	7.2%
	Total Population	**7.5%**
2023	White, non-Hispanic	5.9%
	Black, non-Hispanic	1.8%
	Asian, non-Hispanic	***
	Other or multiple races, non-Hispanic	***
	Hispanic	2.8%
	Total Population	**4.8%**

1. **Date:** 7/10/2024
2. **Data years:** Calendar year 2023. Data was collected in 2024.
4. **Description of metric:** Percentage of Massachusetts residents, by race and ethnicity, who reported that their most recent emergency department visit in the past 12 months was related to mental health or substance use disorder.
5. **Numerator & exclusions:** Massachusetts residents who reported that their most recent emergency department visit in the past 12 months was related to mental health or substance use conditions. In this data, behavioral health is defined by the categories of both mental health and substance use disorder services.
5. **Denominator & exclusions:** All survey respondents.
6. **Stratifier(s):** Race and ethnicity.
7. **Data source:** The Center for Health Information and Analysis (CHIA) 2023 Massachusetts Health Insurance Survey. Massachusetts Health Insurance Survey (chiamass.gov)
8. **Data release:** Biennial.

9. **Validator & source:** N/A

Notes: In 2019, "Asian, non-Hispanic" residents were reported as part of "Other or multiple races, non-Hispanic" group. Questions about mental health were reported of residents 1 year old or older in 2019 and 2021 and were reported of residents 5 years old or older in 2023. Questions about alcohol and substance use care and treatment were reported of residents 11 years or older in 2019, 2021, and 2023. *** = Estimates for which the sample size is less than 50 respondents are not reported.

Any Family Unmet Need for Behavioral Health Care in the Past 12 Months because of the Cost of Care

Year	Race/Ethnicity	Percent
2021	White, non-Hispanic	8.1%
	Black, non-Hispanic	8.3%
	Asian, non-Hispanic	6.9%
	Other or multiple races, non-Hispanic	12.2%
	Hispanic	12.0%
	Total Population	**8.6%**
2023	White, non-Hispanic	7.9%
	Black, non-Hispanic	9.2%
	Asian, non-Hispanic	4.0%
	Other or multiple races, non-Hispanic	6.0%
	Hispanic	17.3%
	Total Population	**8.8%**

1. **Date:** 7/10/2024
2. **Data years:** Calendar year 2023. Data was collected in 2024.
3. **Description of metric:** Percentage of Massachusetts families, by race and ethnicity, who had a family need for behavioral health care that went unmet in the past 12 months because of the cost of care.
4. **Numerator & exclusions:** Respondents who indicated their families had a need for behavioral health care go unmet in the past 12 months due to the cost of care. In this data, behavioral health is defined by the categories of both mental health and substance use disorder services.
5. **Denominator & exclusions:** All survey respondents.
6. **Stratifier(s):** Race and ethnicity.
7. **Data source:** The Center for Health Information and Analysis (CHIA) 2023 Massachusetts Health Insurance Survey. Massachusetts Health Insurance Survey (chiamass.gov)
8. **Data release:** Biennial.
9. **Validator & source:** N/A.

Notes: Estimates for which the sample size is less than 50 respondents are not reported.

Percent of Individuals that Paid Entire Cost of Most Recent Mental Health Visit Out-of-Pocket

Year	Race and Ethnicity	Mental Health Visit Percentage
2023	White, non-Hispanic	17.2%
	Black, non-Hispanic	3.6%
	Asian, non-Hispanic	***
	Other or multiple races, non-Hispanic	***
	Hispanic	10.2%
	Total Population	**15.0%**

1. **Date:** 7/10/2024
2. **Data years:** Calendar year 2023. Data was collected in 2024.
3. **Description of metric:** Percentage of individuals in Massachusetts, by race and ethnicity, who paid the entire cost of their most recent mental health visit out of pocket.
4. **Numerator & exclusions:** Survey respondents who indicated they paid the entire cost of their most recent mental health visit out of pocket.
5. **Denominator & exclusions:** All survey respondents.
6. **Stratifier(s):** Race and ethnicity.
7. **Data source:** The Center for Health Information and Analysis (CHIA) 2023 Massachusetts Health Insurance Survey. Massachusetts Health Insurance Survey (chiamass.gov)
8. **Data release:** Biennial.
9. **Validator & source:** N/A

Notes: Mental health care out-of-pocket costs is a new metric to the 2023 MHIS survey and will only be populated for data year 2023. Categories listed for this measure are not mutually exclusive. Residents were asked to select all applicable options. Questions about mental health were asked of residents 5 years old and older. Because alcohol and substance use disorder reporting is low, this graph is for mental health only. *** = Estimates for which the sample size is less than 50 respondents are not reported.