

# Massachusetts Primary Care and Behavioral Health Spending: 2021 and 2022

August 2024

Technical Appendix



# Primary Care and Behavioral Health Spending: CY2021 and CY2022

## TECHNICAL APPENDIX

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## Data Source

Primary care and behavioral health data for calendar years 2021 and 2022 was submitted by private payers for their commercial, Medicaid MCO/ACO-A, Medicare Advantage, and SCO/PACE/OneCare lines of business. Data was reported at the managing physician group level for Massachusetts residents. Due to the two-year focus (CY2021 and 2022), CHIA excluded payers that did not submit both CY2021 and CY2022 in the most recent cycle (September 2023) due to data collection updates to the underlying definition of primary care and behavioral health between collection cycles. Most notably, in the September 2023 collection, CHIA removed the behavioral health provider requirement for behavioral health spending, making previously submitted data incomparable. Primary care and behavioral health data presented in this report is not comparable to previously published data.

## 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 2021 and 2022

## Data Submitters

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

**Table TA-1: List of Payers Reporting 2021-2022 Primary Care and Behavioral Health Data**

Payer	Data Type
Blue Cross Blue Shield of Massachusetts (BCBSMA)	Commercial full and partial-claims; Medicare Advantage
CIGNA Health and Life Insurance Company (Cigna)	Commercial full and partial-claims
Fallon Health (Fallon)	Commercial full and partial-claims; Medicaid (e.g. ACO-A, MCO); Medicare Advantage; PACE; SCO
Harvard Pilgrim Health Care (HPHC)	Commercial full and partial-claims; Medicare Advantage
Health Plans, Inc. (HPI)	Commercial full-claims
Mass General Brigham Health Plan (MGBHP) (formerly AllWays)	Commercial full and partial-claims; Medicaid (e.g. ACO-A, MCO)
Tufts Public Plans – (THPP)	Commercial full-claims; Medicaid (e.g. ACO-A, MCO); OneCare
Tufts Medicare Advantage	Medicare Advantage; SCO
UniCare Health Insurance Company (UniCare) <sup>§</sup>	Commercial partial-claims

## Methods

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.<sup>1</sup> Payers reported expenditures, including claims and non-claims-based payments to providers, for their Massachusetts member populations for whom they provided primary, medical coverage. These expenditures were reported separately for *mutually-exclusive* mental health, substance use disorder, primary care, or other service categories using the detailed code sets provided by CHIA and in accordance with the logic outlined in **Figure A**. Mental health and substance use disorder expenditures were categorized based on combinations of Medical Diagnosis Codes (ICD-10), Current Procedure Terminology (CPT) codes, Revenue codes, and Place of Service (POS) codes. Primary care expenditures were categorized based on combinations of CPT codes delivered by primary care providers. Expenditures were attributed to a member’s managing provider group, as applicable, regardless of whether that provider group delivered the services.

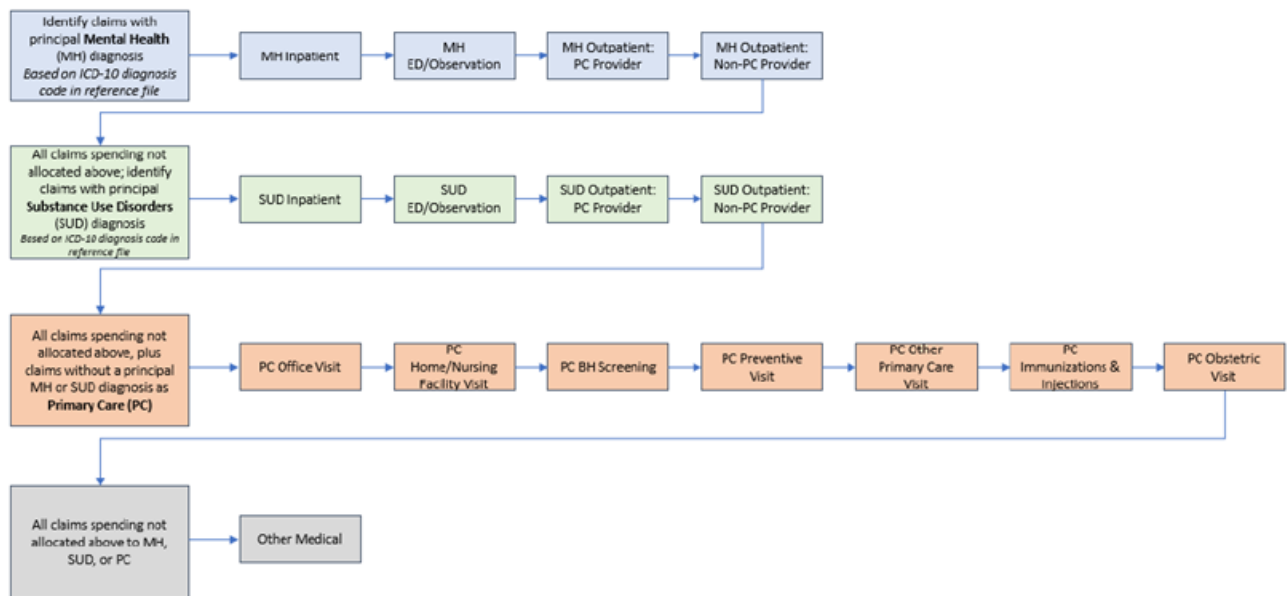
In the Primary Care and Behavioral Health (PCBH) data submissions, insurers report their commercial business as Commercial Full Claims or Commercial Partial Claims. Commercial Partial Claims refer to commercial data that does not include all medical and subcarrier claims which indicate services that 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 CY2021 through CY2022. 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.

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



## Behavioral Health Prescription Drug Classification

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

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

## Non-Claims Classification

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

## Managing Physician Group Affiliations

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

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

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

Reliant	Reliant Medical Group
Steward	Steward Medical Group Steward Network Services
UMass	UMass Memorial Medical Group

## Notes

<sup>1</sup>Primary Care and Behavioral Health Expenses Data Reporting Resources. Available from:  
<https://www.chiamass.gov/payer-data-reporting-primary-and-behavioral-health-care-expenditures/>