

Vermont Mental Health Performance Indicator Project

Agency of Human Services, Department of Mental Health
103 South Main Street, Waterbury, Vermont 05671

MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani and Walter Ochs

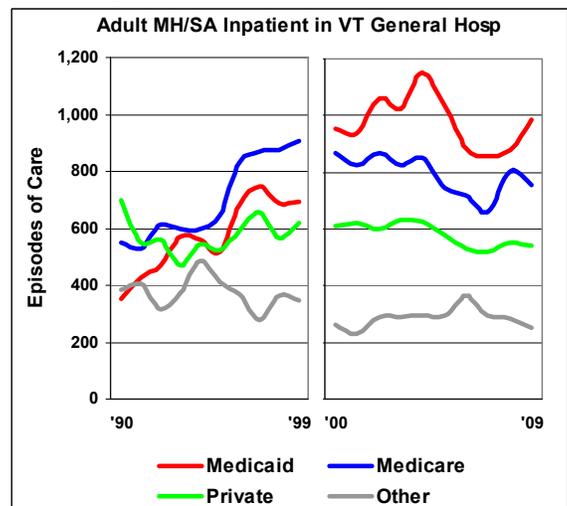
DATE: April 15, 2011

RE: Change in Inpatient General Hospital MH/SA Payers: 1990-2009

This brief report provides information regarding the numbers of episodes of inpatient mental health and addiction (MH/SA) services in Vermont general hospitals to adult (age 18+) Vermont residents for each of four payer categories: Medicaid, Medicare, private insurance, and “other.” “Other” includes self pay, other government, workers’ compensation, uninsured, and missing. Data are provided for 20-years, 1990-2009.

This is the third in a series that provides information regarding changing patterns of MH/SA services to Vermont residents. Previous reports in this series provided information regarding change in overall utilization¹ and change in utilization by age and gender groups². All reports in this series are based on analysis of Vermont’s Hospital Discharge Database.

As you will see, Medicare was the most frequent payer during most of the first half of the study period, accounting for between 27% and 35% of all episodes of care during 1990-1999, followed by Medicaid, accounting for between 18% and 29%. Episodes of care with private insurance coverage decreased substantially from 35% in 1990 to 23% and 24% in 1998 and 1999. Finally, the proportion of people in the “other” category (self pay, uninsured and unknown) decreased from 19% and 21% during the first two years, to less than 15% during 1997, 1998, and 1999.



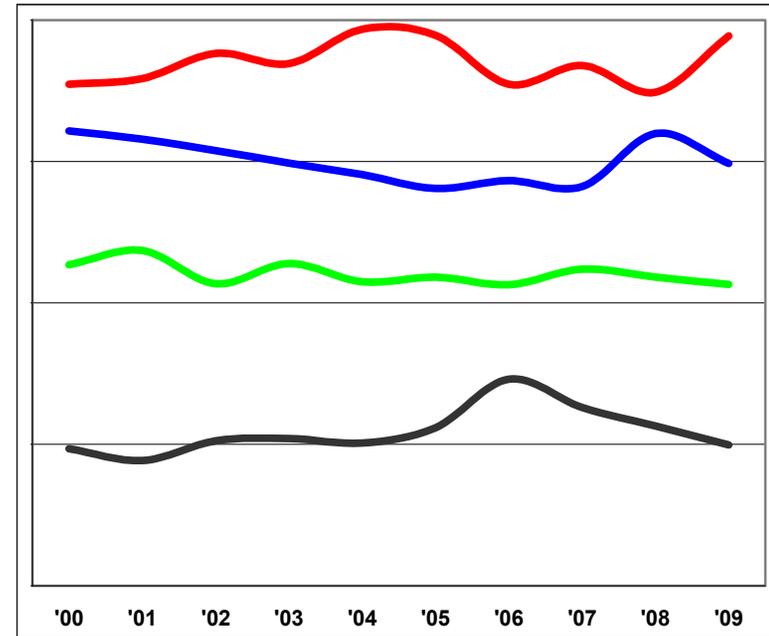
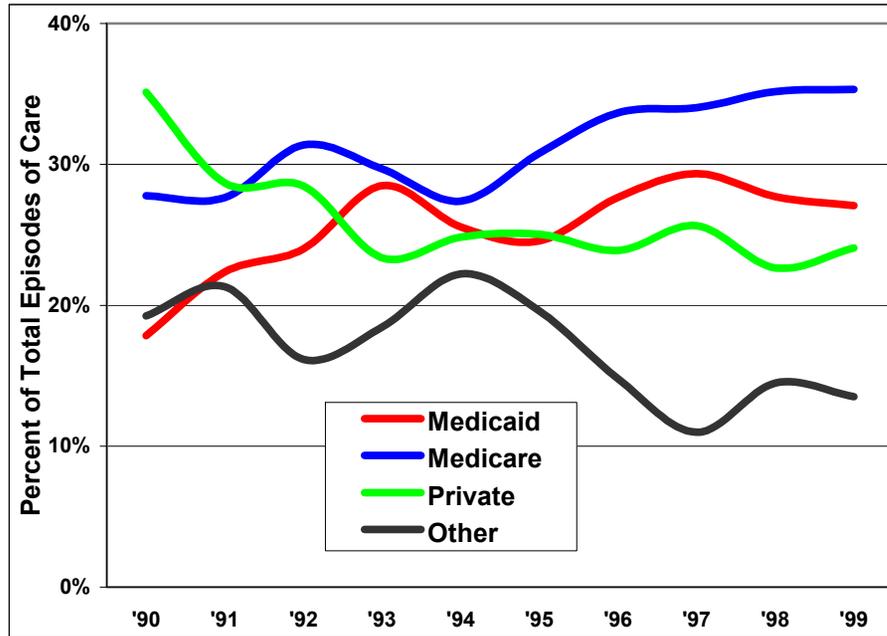
During the second half of the study period, Medicaid was the most frequent payer, accounting for between 35% and 39% of all episodes of care annually, followed by Medicare, varying between 28% and 32%, private insurance (between 21% and 24%) and Other (between 9% and 15%).

We look forward to your interpretations of these findings and your suggestions for further analysis of this rich data set to pip@ahs.state.vt.us or 802-241-4049.

¹ http://mentalhealth.vermont.gov/sites/dmh/files/pip/DMH-PIP_Feb_11_2011.pdf

² http://mentalhealth.vermont.gov/sites/dmh/files/pip/DMH-PIP_Feb_18_2011.pdf

Adult Inpatient Mental Health and Substance Abuse Services in Vermont General Hospitals by Payer During 1990-2009



	'90	'91	'92	'93	'94	'95	'96	'97	'98	'99	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09
Medicaid	18%	22%	24%	28%	26%	25%	28%	29%	28%	27%	35%	36%	38%	37%	39%	39%	35%	37%	35%	39%
Medicare	28%	28%	31%	30%	27%	31%	34%	34%	35%	35%	32%	32%	31%	30%	29%	28%	29%	28%	32%	30%
Private	35%	29%	28%	23%	25%	25%	24%	26%	23%	24%	23%	24%	21%	23%	21%	22%	21%	22%	22%	21%
Other	19%	21%	16%	18%	22%	20%	15%	11%	14%	14%	10%	9%	10%	10%	10%	11%	15%	13%	11%	10%
Total #	1,984	1,910	1,963	2,011	2,187	2,097	2,477	2,549	2,491	2,567	2,696	2,610	2,819	2,768	2,923	2,659	2,499	2,332	2,521	2,522

Based on analysis of the Vermont Hospital Discharge Database. Includes Vermont General Hospital care of Vermont adults (aged 18 and over) with a Major Diagnostic Category of mental health (MDC 19) or substance abuse (MDC 20) during 1990-2009. Payer is primary payer. Other payer includes self pay, other government, workers comp, uninsured, and missing.