

Vermont Mental Health Performance Indicator Project

Agency of Human Services, Department of Mental Health
26 Terrace Street, Montpelier, VT 05609

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

FROM: John Pandiani and Sheila Leno

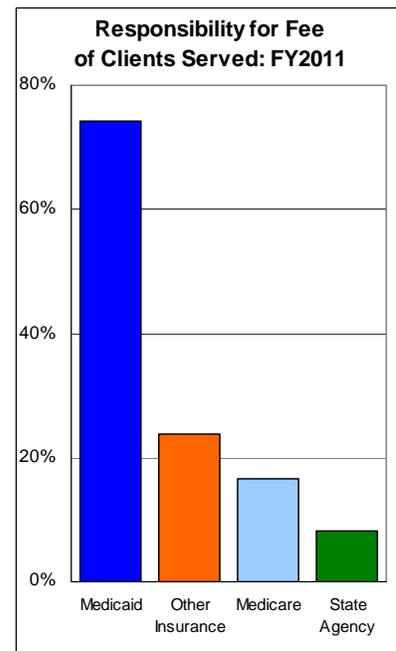
DATE: August 10, 2012

RE: Responsibility for Fee: FY2011

This week's brief report is the first in a series that will provide information based on data published in the Vermont Department of Mental Health (DMH) FY2011 Statistical Report. Electronic copies of complete DMH Statistical Reports for Fiscal Years 1999-2011 are available online at <http://mentalhealth.vermont.gov/report/annualstatistical>.

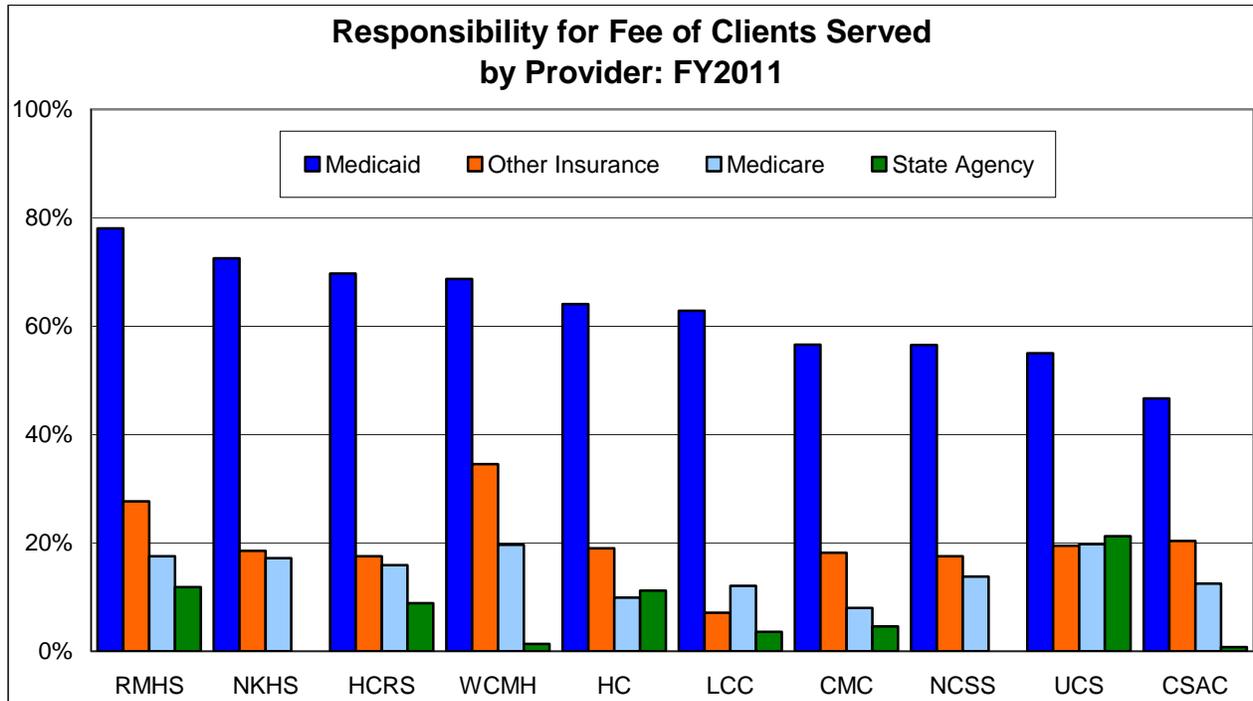
This report provides information regarding the numbers of people whose services are reimbursed by each of four broad payer categories: "Medicaid", "Medicare", "Other Insurance", and "State Agency" at each of the ten designated agencies during FY2011. Information regarding source of payment is based on Monthly Service Report (MSR) data submitted to DMH by designated community agencies, and excludes the 13% of all clients served for whom no source of reimbursement data were provided.

As you will see, Medicaid was the primary payer for the greatest number (74%) of all clients served during FY2011, followed by Other Insurance (24%), Medicare (17%) and Vermont State Agency Contracts (8%). There were, however, some substantial differences among designated agencies in the proportion of clients served in the various insurance categories. Medicaid coverage varied from 78% in Rutland County and 73% in Northeast, to 47% in Addison County. During the same time period, other insurance coverage, varied from 35% in Washington, to 7% in Lamoille. Finally, two designated agencies, Northeast and Northwest, reported no clients were reimbursed under state agency contracts, while one agency, Bennington, reported 21% of all individuals served during FY2011 reimbursed by state agency contracts.



As always, we look forward to your questions, comments, and suggestions for further analyses at pip@state.vt.us or 802-828-1703.

Responsibility for Fee of Clients Served Community Service Providers Fiscal Year 2011



	Total Clients Served with Data	Responsibility for Fee			
		Medicaid	Other Insurance	Medicare	State Agency
OVERALL	24,835	74%	24%	17%	8%
<u>Community Service Providers</u>					
HC (Chittenden)	5,878	64%	19%	10%	11%
HCRS (Southeast)	3,476	70%	18%	16%	9%
NKHS (Northeast)	2,737	73%	19%	17%	0%
RMHS (Rutland)	2,611	78%	28%	18%	12%
NCSS (Northwest)	2,381	57%	18%	14%	0%
WCMH (Washington)	2,329	69%	35%	20%	1%
UCS (Bennington)	1,763	55%	19%	20%	21%
CMC (Orange)	1,664	57%	18%	8%	5%
CSAC (Addison)	1,551	47%	20%	12%	1%
LCC (Lamoille)	445	63%	7%	12%	4%

Responsibility for fee is reported for four categories: Medicaid, Medicare, other insurance, and state agency contract. Providers may report up to three payers for each client. Therefore, the categories are not mutually exclusive and clients may be counted in more than one category. "Medicaid" includes all clients who are covered by Medicaid, including people on the Medicaid Waiver. "Medicare" includes all clients who are covered by Medicare. "Other Insurance" includes all clients with other third-party insurance excluding Medicaid and Medicare. "Other Insurance" also includes private insurance, service contracts, Veterans Administration, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), and worker's compensation. "State Agency Contracts" includes clients whose services are partly funded by DMH, ADAP, DCF and Vocational Rehabilitation contracts.

Information on responsibility for fee presented here is current as of the end of the report period.