

Vermont Mental Health Performance Indicator Project

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

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

FROM: John Pandiani and Walter Ochs

DATE: July 15, 2011

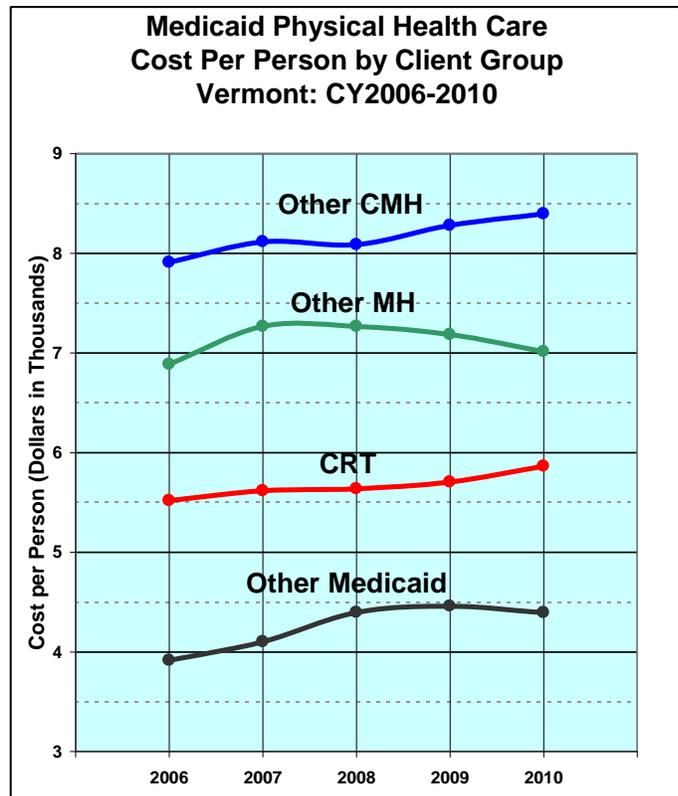
RE: Per Capita Medicaid Expenditures for Physical Health Care 2006-2010

This week's brief report continues our series on health care utilization by adult mental health service recipients and other Vermont residents by providing information regarding per capita Medicaid expenditures for physical health care services to men and women aged 18 and over in each of four Medicaid recipient groups during each of five years. These recipient groups include: individuals with Medicaid CaseRate Community Rehabilitation and Treatment (CRT) services for adults with serious mental illness from a Department of Mental Health designated community agency (DA), individuals with DA services but no CaseRate services (other CMH), other adults with mental health services from a non-designated provider (other MH), and Medicaid service recipients with no mental health services (other Medicaid). These findings and other findings in this series were presented at the National Data Infrastructure Grant Conference in Washington DC on June 29, 2011. A copy of that presentation is available at <http://mentalhealth.vermont.gov/sites/dmh/files/pip/DMH-Health%20Care%20Poster%2020%20June%202011%20legal.pdf>

Data for this analysis was extracted from Vermont's Medicaid paid claims database.

As you will see, Medicaid physical health care costs were highest for individuals with mental health services from an other MH provider, and individuals served by other CMH, averaging \$7,123, and \$8,157 per year, respectively during the study period. Medicaid physical health care costs were lowest for service recipients with no mental health services, averaging \$4,253 per year, and adults with serious mental illness served by CRT programs, averaging \$5,667 per year.

We look forward to your questions, comments, interpretation of these findings, and requests for further analyses. As always, we can be reached at pip@ahs.state.vt.us or 802-241-4049.



Vermont Medicaid Physical Health Care Cost Per Person by Client Group: CY2006-2010

<u>CY</u>	<u>CRT</u>		<u>Other CMH</u>		<u>Other MH</u>		<u>Other Medicaid</u>		<u>Total</u>	
	People	\$ / per	People	\$ / per	People	\$ / per	People	\$ / per	People	\$ / per
<u>2006</u>	2,558	\$5,518	5,267	\$7,908	9,588	\$6,888	73,266	\$3,915	90,679	\$4,506
<u>2007</u>	2,528	\$5,616	5,388	\$8,114	9,834	\$7,266	71,863	\$4,102	89,613	\$4,733
<u>2008</u>	2,459	\$5,636	5,786	\$8,087	10,859	\$7,266	73,615	\$4,395	92,719	\$4,995
<u>2009</u>	2,486	\$5,705	6,285	\$8,280	12,862	\$7,185	77,514	\$4,459	99,147	\$5,086
<u>2010</u>	2,410	\$5,862	6,554	\$8,396	14,068	\$7,012	81,717	\$4,394	104,749	\$5,030
<u>Average \$</u>		\$5,667		\$8,157		\$7,123		\$4,253		\$4,870

Based on analysis of CY2006-2010 Vermont Medicaid paid claims for physical health care provided to adults aged 18 and over. The "CRT" group includes all beneficiaries with Medicaid paid claims to a provider type of DDMHS Case Rate. The "Other CMH" group includes all non-CRT beneficiaries with claims paid to a designated community mental health agency provider type. The "Other MH" group includes all beneficiaries with claims paid for MH/Psychotherapy services who were not CRT or other CMH. "Other Medicaid" includes all other Medicaid beneficiaries. All person counts are unduplicated based on Medicaid Recipient Unique ID. Physical health care costs exclude costs of MH/Psychotherapy services, services with a primary diagnosis code within 295.xx to 298.xx, and psychotherapeutic drug claims. All person counts are unduplicated based on Medicaid Recipient Unique ID.