

Vermont Mental Health Performance Indicator Project

Agency of Human Services, Department of Health, Department of Mental Health
108 Cherry Street, Burlington, Vermont 05401

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

FROM: John Pandiani and Brennan Martin

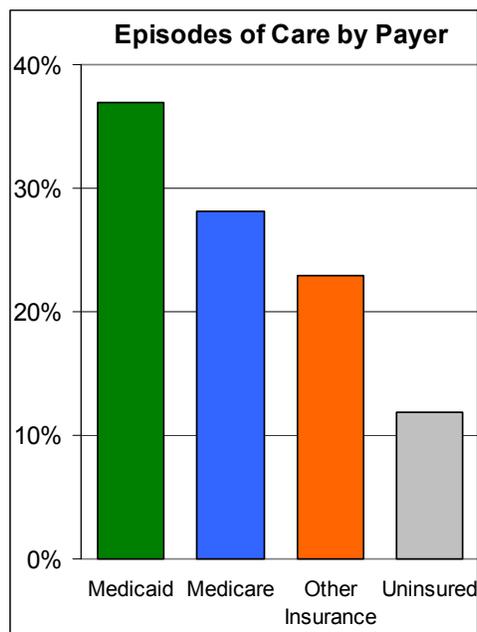
DATE: May 1, 2009

RE: VT General Hospital Behavioral Health Payers

The analysis reported here was conducted in response to a request from Beth Tanzman, Vermont's Deputy Commissioner of Mental Health, for information regarding the primary payers for episodes of inpatient behavioral health care in Vermont. This analysis focuses on all episodes of inpatient behavior health care for Vermont residents in Vermont general hospitals during calendar year 2007.

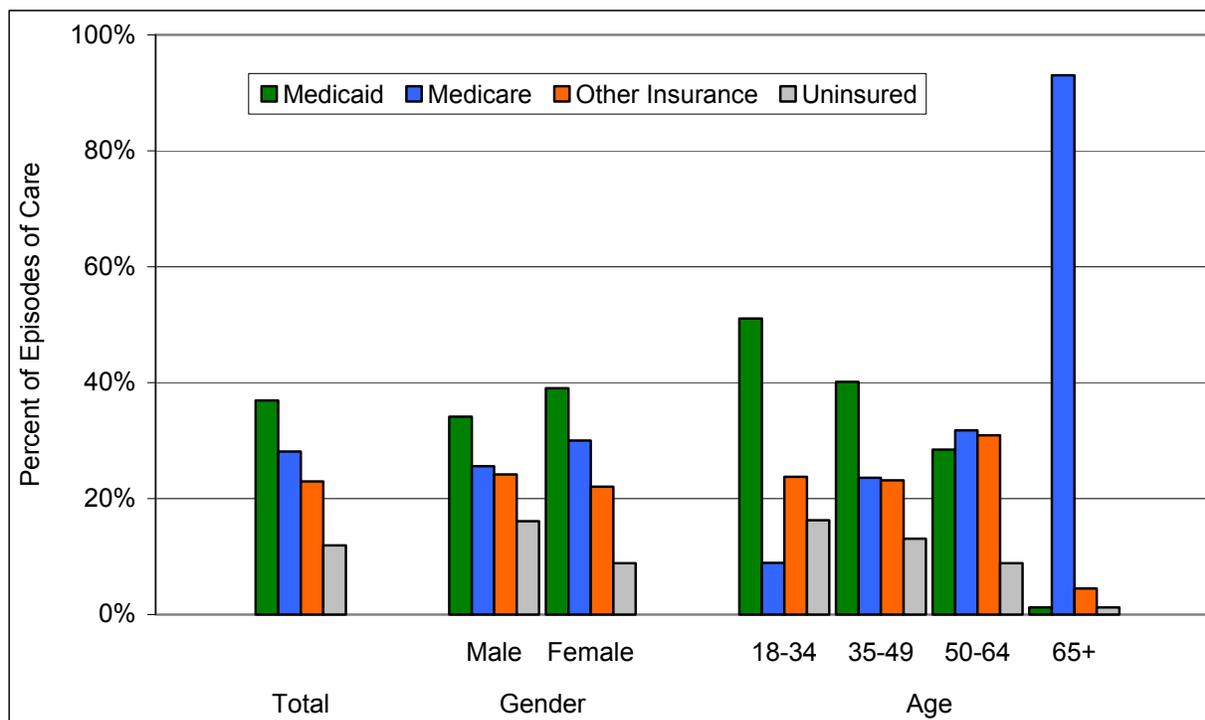
All findings are based on analysis of anonymous extracts from the Uniform Hospital Discharge Data Set maintained by the Vermont Department of Health. For this analysis, behavioral health care included all episodes of inpatient care with a major diagnostic category of mental health or substance abuse. Three data elements (patient date of birth, gender, and responsibility for fee) were used in this analysis. Four broad categories of payer were examined: Medicaid, Medicare, other insurance, and uninsured. Uninsured episodes of care include those reported as "self pay" and "no charge."

As you will see, Medicaid was the primary payer for the largest proportion of all episodes of care during CY2007 (37%), followed by Medicare (28%), other insurance (23%), and uninsured (12%). This pattern was evident for both male and female patients, but the pattern varied among age groups. Most notably, Medicare was the primary payer for people aged 65 and older, accounting for 93% of all episodes of inpatient behavioral health care. In the 50-64 age group, Medicare was again the most frequent primary payer (32%), followed by other insurance (31%), Medicaid (28%), and uninsured (9%). In the 35-49 age group, Medicaid was the most frequent primary payer (40%), followed by Medicare (24%), other insurance (23%), and uninsured (13%). Finally, in the young adult age group (18-34), Medicaid accounted for over half (51%) of episodes of inpatient behavioral health care during 2007.



We look forward to your suggestions for further analysis of these data. Please send your questions, comments, and interpretation of these findings to 802-863-7249 or pip@vdh.state.vt.us.

Primary Payer for Episodes of Inpatient Behavioral Health Care Vermont General Hospitals: CY2007



	Total Episodes	Primary Payer							
		Medicaid		Medicare		Other Insurance		Uninsured	
		#	%	#	%	#	%	#	%
Total	2,338	864	37%	658	28%	537	23%	279	12%
Gender									
Male	993	339	34%	254	26%	240	24%	160	16%
Female	1,345	525	39%	404	30%	297	22%	119	9%
Age									
18-34	695	355	51%	62	9%	165	24%	113	16%
35-49	924	371	40%	218	24%	214	23%	121	13%
50-64	475	135	28%	151	32%	147	31%	42	9%
65+	244	3	1%	227	93%	11	5%	3	1%
Male									
18-34	302	140	46%	24	8%	66	22%	72	24%
35-49	368	142	39%	76	21%	79	21%	71	19%
50-64	223	56	25%	62	28%	88	39%	17	8%
65+	100	1	1%	92	92%	7	7%	0	0%
Female									
18-34	393	215	55%	38	10%	99	25%	41	10%
35-49	556	229	41%	142	26%	135	24%	50	9%
50-64	252	79	31%	89	35%	59	23%	25	10%
65+	144	2	1%	135	94%	4	3%	3	2%

Information is derived from the Vermont Uniform Hospital Discharge Data Set maintained by the Vermont Department of Health. Behavioral health care includes hospitalization for mental health or substance abuse treatment (MDC 19 or 20). Uninsured episodes of care include those where primary payer was reported as "Self Pay" or "No Charge".