

Expenditure analysis presented to legislature 4/22/2014

GMCB-Mike Davis, Lori Perry and Karen Hein

House Committee on Health Care-Mike Fisher, Paul Poirer, Doug Gage, Kathleen Hoyt, Mary Morrissey, Chris Pearson, Kristy Spengler, George Till and Mark Woodward

Questions/comments

A few questions were raised during our testimony and we indicated we would send additional information. Here are our responses to those questions.

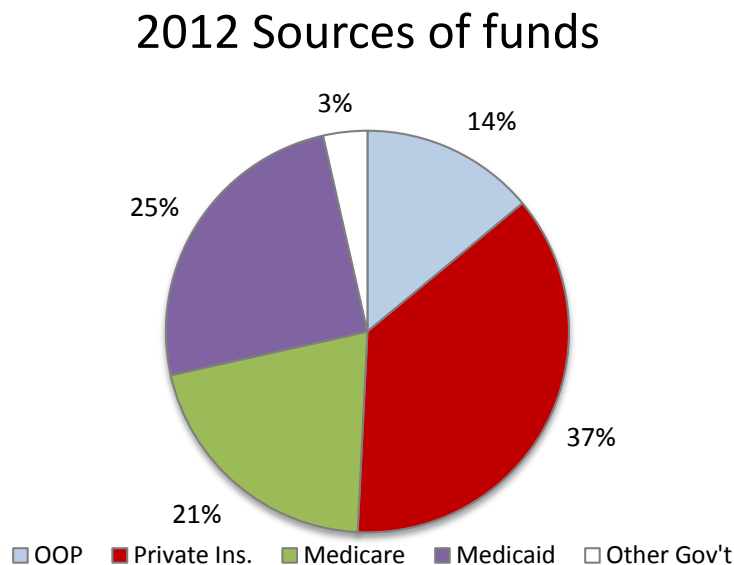
Why did Vermont resident “Other Government” drop from 2011-2012?

Other Government has decreased from 2011 due in large part to the closing of the Vermont State Hospital and a reported decrease in FQHC grants. Vermont State Hospital costs are now reflected in new community programs across the state including community hospital budgets.

Provider Analysis—why don't we have administrative revenues/costs?

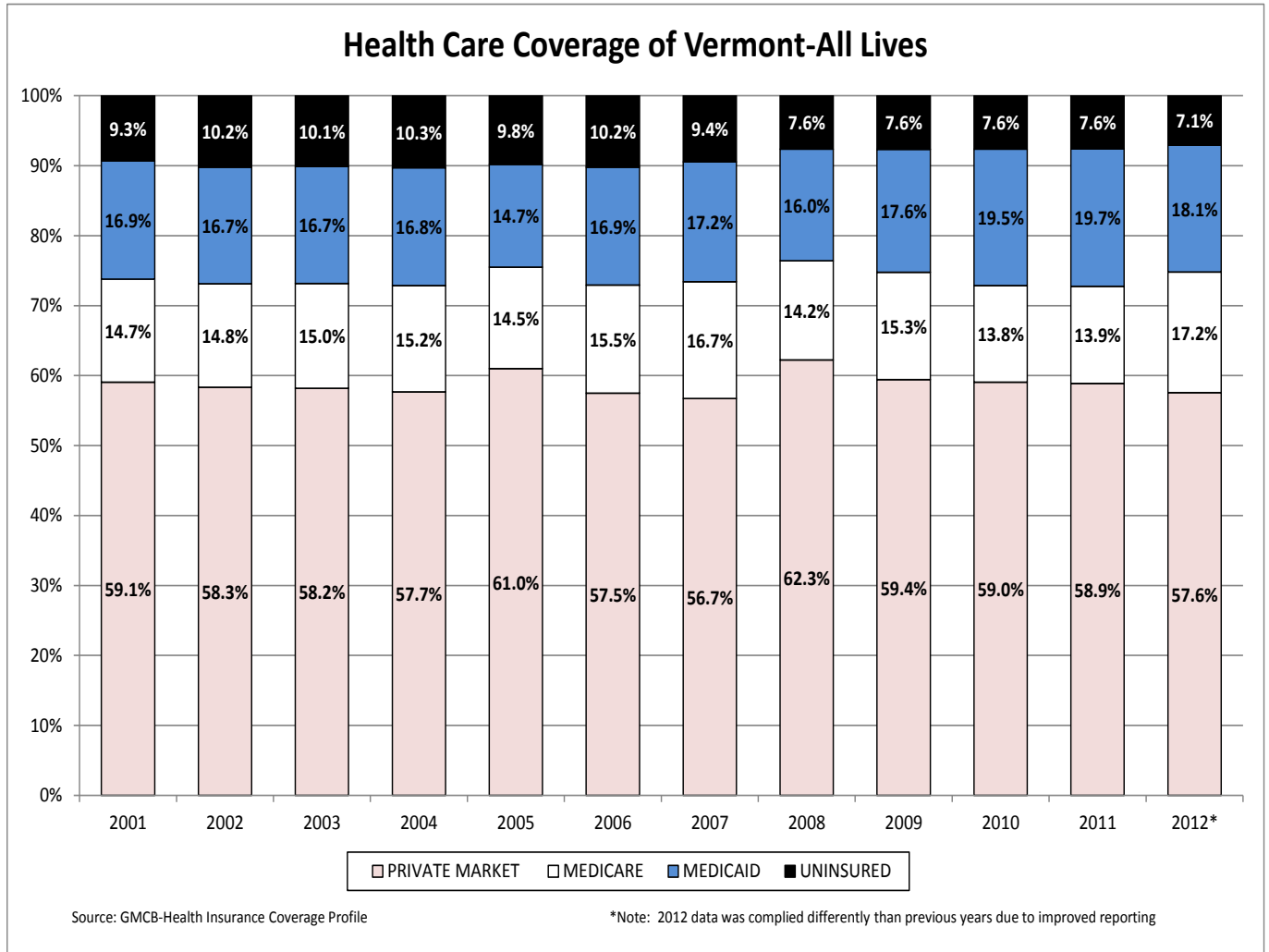
Provider administrative costs are not reported in the Expenditure Analysis (Provider) since various providers have very different business operations. To improve reporting would require working with each of the providers to define administrative costs for their operations.

Slide 17 “What are the sources of funds for Vermont Residents?”
Pie chart should have a corrected title



Has the % of private insurance gone down from prior years? How many Vermonters got insurance through the work place?

The graph below provides some broad categories of coverage. However, we don't have any specific information that shows whether insurance is purchased (received) through the workplace or not. However, data sources are improving every year along with how we define the categories. If more information is needed, do not hesitate in contacting us.



Are developmental services included? Can you show more detail for Government Health Activities?

The chart below includes descriptions for the information recorded in the “Government Health Activity” category. As data sources continue to improve, these data can be recorded more accurately and consistently in the Expenditure Analysis.

Government Health Care Activities	Description	FFY12
Mental Health/Substance Abuse		
H&CB Mental Retardation	Home & community-based care for those requiring in-home services due to mental retardation.	\$143,315,477
Mental Health Clinic	Evaluation, diagnostic and treatment services provided in a licensed mental health clinic, including psychotherapy, group therapy, day hospital, chemotherapy and emergency care.	\$13,626,403
Mental Health Day Treatment	Day treatment programs for those with mental health issues.	\$50,434,409
Mental Health Community Rehab/Treatment	Programs that assist adults who have been diagnosed with a mental illness, including programs that help individuals and their families develop skills and supports important to living the life they want for themselves.	\$35,027,827
Targeted Case Management	Services aimed specifically at special groups such as those with developmental disabilities or chronic mental illness, that assist individuals in gaining access to needed medical, social, educational, and other services. It does not include the direct provision of those services.	\$6,287,253
H&CB Mental Health Services	Home & community-based care for those requiring in-home services due to a mental health illness.	\$2,699,279
H&CB - TBI Services	Home & community-based care for those requiring in-home services due to a traumatic brain injury.	\$5,208,627
Other MH/MR Services	Other mental health and mental retardation services.	\$220,229
Alcohol & Drug Abuse Programs	Programs to address alcohol and substance abuse.	\$15,498,570
Total Mental Health/Substance Abuse		\$272,318,076
MCO Investments	Health care investment opportunities in programs that serve to reduce the rate of uninsured and/or underinsured in Vermont, increase the access of quality health care to uninsured, underinsured, and Medicaid beneficiaries, provide public health approaches to improve the health outcomes and the quality of life for Medicaid-eligible individuals in Vermont, and encourage the formation and maintenance of public-private partnerships in health care. Examples include health provider training, school health services, and emergency mental health services.	
Total MCO Investments		\$93,140,768

Government Health Care Activities	Description	FFY12
Home & Community-Based Care		
H&CB Aged/Disabled	Home & community-based care provides alternative services for the aged and disabled who would otherwise need admission to a nursing home.	\$32,925,740
H&CB Enhanced Residential Care	Home & community-based enhanced residential care provides services to those in Level III residential care facilities and assisted living residences.	\$6,725,365
Assistive Community Care Services	Services for those in participating residential care homes or assisted living residencies including case management, nursing assessment and routine tasks, medication assistance, and on-site assistive therapy.	\$24,362,405
Personal Care Services	Personal care services for those in participating residential care homes or assisted living residencies.	\$24,856,897
Total Home & Community-Based Care		\$88,870,406
AHS Other		
D&P Dept. of Education	Services offered through the Vermont Department of Education including case management, counseling, rehabilitation, personal care, and therapy services.	\$40,718,454
AHS - Dept. of Health	Program and grant funding through the Department of Health, primarily for Alcohol and Drug Abuse Programs (ADAP), health promotion & disease prevention, local health services, and emergency preparedness .	\$30,714,877
AHS - Other	Other miscellaneous services including Department of Corrections inmate health care services and miscellaneous health care transportation services.	\$15,300,115
Total AHS Other		\$86,733,446
Other		
Health Care Administration/Green Mountain Care Board	The Division of Health Care Administration of the Department of Department of Financial Regulation (DFR) and the GMCB provides health care consumer protection, assistance and education; requires community hospital and insurance company regulatory filings for evaluation, response and approval; promotes cost containment in health care through activities including the review of capital expenditure and hospital budgets; provides data and analysis to advance public policy discussions at state and federal levels.	\$2,543,141
Total Other		\$2,543,141
TOTAL GOVERNMENT HEALTH CARE ACTIVITIES		\$543,605,837