

2017 Vermont Health Care Expenditure Analysis

Resident and Provider Perspectives

Presented by

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Introduction

The *Vermont Health Care Expenditure Analysis (VHCEA)* is required under 18 V.S.A. § 9383.

Since 1991, the Board has been tasked with developing an annual expenditure analysis, as well as estimates of future health care spending covering a period of at least two years.

This report:

- Examines trends in spending and sources of funds;
- Compares Vermont data to national data reflected in the National Health Accounts published by the Centers for Medicare & Medicaid Services (CMS); and
- Quantifies total spending for all health care services provided in Vermont for residents and non-residents, and for services provided to Vermonters regardless of site of service.

Notes:

- This symbol is used when a slide is prepared from Vermont resident analysis data. Spending on services provided to Vermont residents, whether for in-state or out-of-state services, is reported from payer data.*
- This symbol is used when a slide is prepared from Vermont provider analysis data. Provider revenues, whether for in-state or out-of-state patients, are reported from provider data.*



Relationship to Total Cost of Care

The VHCEA measures expenditures at a broader and more comprehensive level than the Total Cost of Care (TCOC) measure that is described in the All-Payer Accountable Care Organization (ACO) Model Agreement between Vermont and the federal Centers for Medicare and Medicaid Services (CMS).

The All-Payer ACO Model TCOC can be thought of as a subset of the VHCEA resident analysis in two ways:

- ▼ The VHCEA Resident Analysis estimate includes all Vermont residents
 - The All-Payer ACO Model TCOC excludes certain populations, such as Vermont residents without insurance or those covered by the Federal Employee Health Benefits Plan.
- ▼ The VHCEA Provider Analysis estimates include all people receiving services in Vermont, whether or not they live in Vermont
 - The All-Payer ACO Model TCOC focuses on Vermont residents.
- ▼ The VHCEA Resident and Provider Analyses estimate total expenditures
 - The All-Payer ACO Model TCOC is limited to claim payments for the types of services covered by traditional Medicare or non-claims payments related to direct medical care (e.g., care management, capitation).
 - The All-Payer ACO Model TCOC does not include retail pharmacy.

Summary

Vermont residents health care spending:

- † Total spending for Vermont residents receiving health care services both in- and out-of-state **increased 1.7% in 2017**. This was lower than the 3.7% increase in 2016 and the average annual increase of 3.2% for the period 2012 through 2017.
- † Commercial insurance spending increased 2.5%, mainly due to increases in Administration & Net Cost of Insurance, Other Professionals, Other Unclassified, and Dentists.
- † Medicare spending increased 0.8% as a result of increases in utilization for Hospitals, Other Professionals, and Administration & Net Cost of Insurance.
- † Medicaid spending decreased 0.2%, mainly due to a decrease in Drugs & Supplies due to higher rebate percentages for specialty drugs, but offset by increases for Mental Health and Other Government Activities.

Vermont has seen a payer shift over time for health care services:

- † For the period 2009 through 2017, the percentage of total resident costs paid by commercial insurers decreased from 38% to 34%, and out-of-pocket spending decreased from 15% to 14%. In contrast, Medicaid grew from 25% to 27%, and Medicare increased from 19% to 21%.



Summary (continued)

Vermont compared to United States:

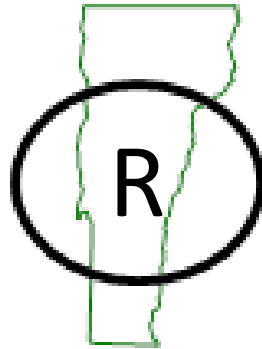
- ✔ Vermont expenditures are compared to U.S. health consumption spending.
- ✔ For 2017, Vermont increased 1.7% from 2016, U.S. health consumption spending increased 3.8%. Vermont was lower than the 3.7% increase in 2016. U.S. spending was lower than the 5.0% increase in 2016.
- ✔ Per person spending (per capita) in Vermont was \$9,667 an increase of 1.8% over 2016. This is lower than the U.S. per person amount of \$10,229.
- ✔ Vermont's health share of Gross Domestic Product is 18.5% compared to the U.S. of 17.1%.

Vermont providers health care revenues received:

- ✔ Health care service revenues received by Vermont providers for in- and out-of-state patients increased 3.3% in 2017. This was slightly higher than the 3.2% increase in 2016 but lower than the average annual increase of 3.8% for the period 2012 through 2017.
- ✔ Growth reported in revenues for Hospitals increased 3.2%; this category includes revenues for hospital-employed physicians.
- ✔ Revenues increased 24.1% for Vision & DME, 7.2% for Home Health Care, 5.5% for Physicians, 3.9% for Dentists, 3.8% for Other Professionals, and 2.8% for Nursing Homes. These increases were offset by a decline of 0.9% for Drugs & Supplies.



2017 Vermont Resident Analysis



Vermont Resident Health Care Expenditures

Summary of Spending Growth by Payer Type and Provider Category

All dollar amounts are reported in millions.

Payers	2012	2013	2014	2015	2016	2017	2016-2017 Annual Change	2012-2017 Average Annual Change
Out-of-Pocket	\$716	\$722	\$722	\$735	\$762	\$776	1.8%	1.6%
Commercial	\$1,857	\$1,892	\$1,920	\$1,846	\$1,971	\$2,021	2.5%	1.7%
Medicare	\$1,081	\$1,120	\$1,195	\$1,280	\$1,301	\$1,311	0.8%	3.9%
Medicaid	\$1,304	\$1,379	\$1,490	\$1,631	\$1,661	\$1,657	-0.2%	4.9%
Other Government	\$181	\$183	\$216	\$223	\$233	\$264	13.0%	7.8%
Total Resident Expenditures	\$5,138	\$5,297	\$5,543	\$5,716	\$5,928	\$6,029	1.7%	3.2%
Annual Percent Change	3.1%	3.1%	4.7%	3.1%	3.7%	1.7%		

Providers & Facilities	2012	2013	2014	2015	2016	2017	2016-2017 Annual Change	2012-2017 Average Annual Change
Hospitals	\$1,963	\$2,005	\$2,050	\$2,161	\$2,075	\$2,100	1.2%	1.4%
Physicians	\$689	\$711	\$739	\$765	\$882	\$877	-0.6%	5.0%
Dentists	\$213	\$222	\$233	\$237	\$244	\$206	-15.5%	-0.7%
Other Professionals	\$165	\$168	\$195	\$210	\$196	\$231	18.1%	6.9%
Home Health Care	\$96	\$104	\$111	\$122	\$142	\$116	-18.5%	3.8%
Drugs & Supplies	\$637	\$638	\$683	\$788	\$773	\$756	-2.1%	3.5%
Vision & DME	\$111	\$119	\$121	\$123	\$119	\$160	34.0%	7.6%
Nursing Homes	\$285	\$285	\$283	\$276	\$292	\$302	3.2%	1.1%
Other Unclassified	\$44	\$50	\$67	\$78	\$72	\$76	5.0%	11.5%
Admin & Net Cost of Health Insurance	\$354	\$354	\$356	\$206	\$366	\$408	11.6%	2.9%
Mental Health & Other Govt Activities	\$581	\$641	\$705	\$751	\$766	\$797	4.0%	6.5%
Total Resident Expenditures	\$5,138	\$5,297	\$5,543	\$5,716	\$5,928	\$6,029	1.7%	3.2%
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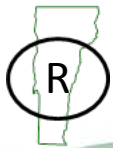
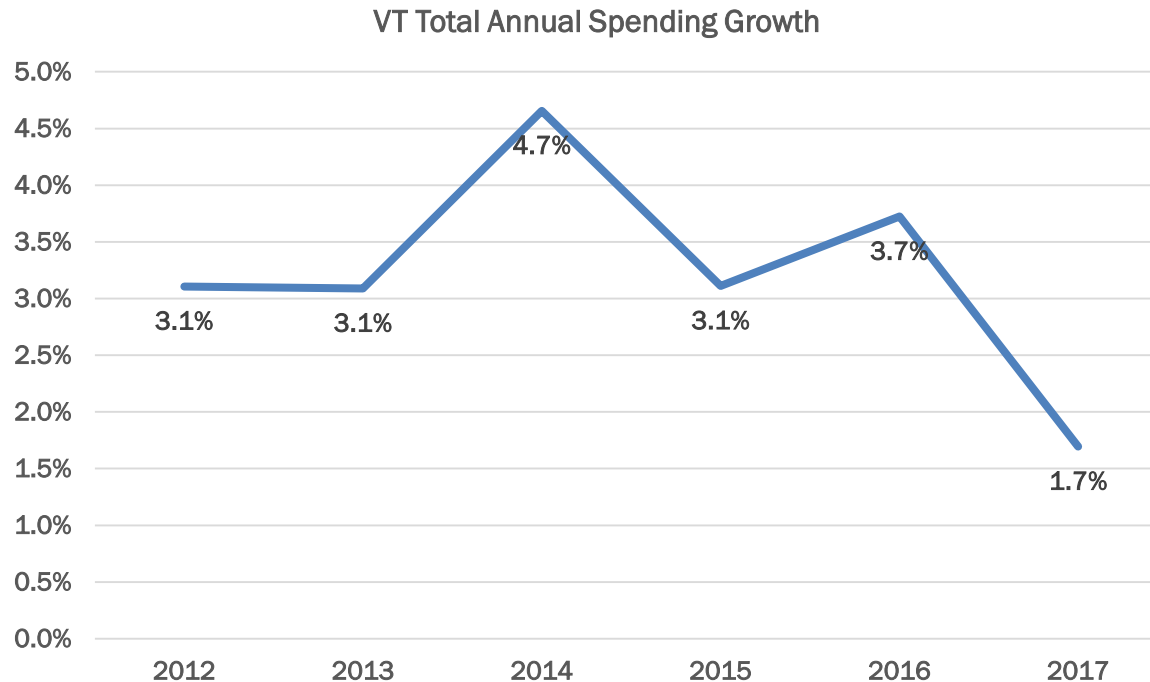


Spending on services for Vermont residents is reported from payer data.

2017 Vermont Resident Analysis

Spending Growth Over Time

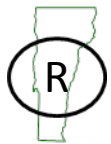
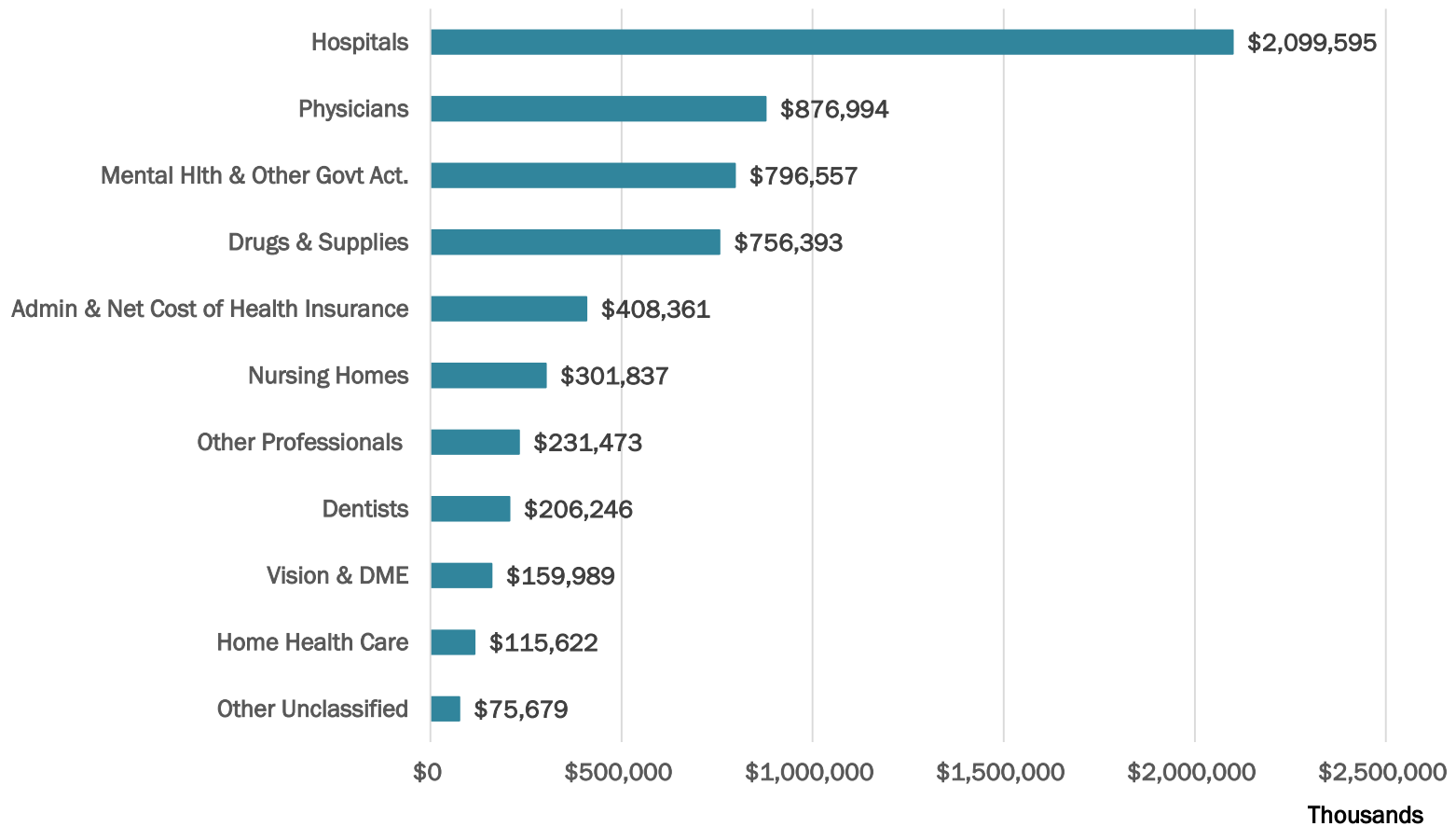
Spending increased from \$5.1 billion in 2012 to \$6.0 billion in 2017, an average annual increase of 3.2%. The increase from 2016 to 2017 was 1.7%.



Spending on services for Vermont residents is reported from payer data.

2017 Vermont Resident Analysis

Spending on Services by Provider Category: In- and Out-of-State (\$6.0 billion)



Spending on services for Vermont residents is reported from payer data.

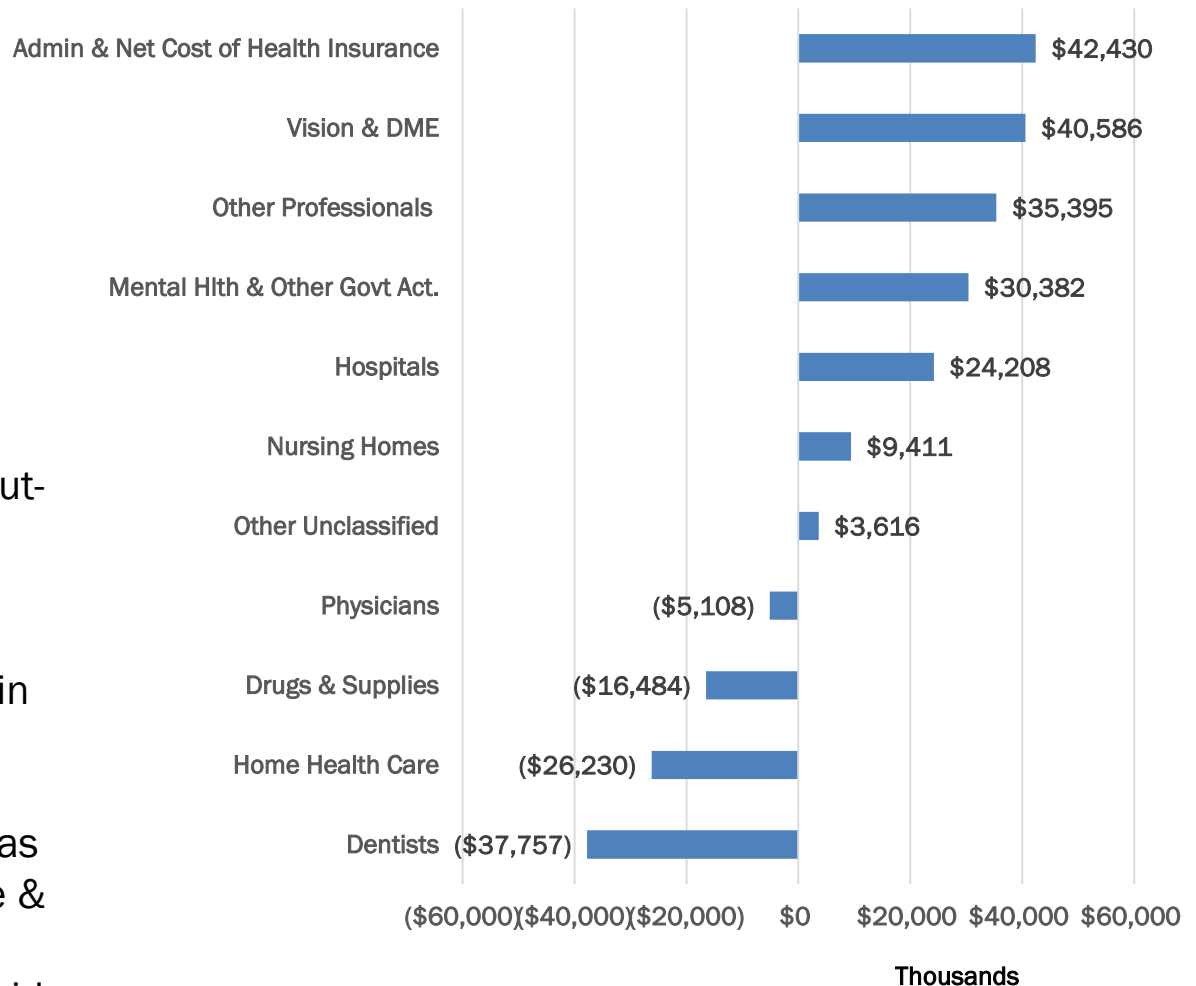
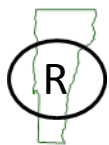
2017 Vermont Resident Analysis

Total Spending Increase 2016 - 2017

Total Spending increased by \$100.4 million, or 1.7%, over 2016.

Provider categories and payer types with the largest increases included:

- Administration & Net Cost of Insurance in Commercial Insurance
- Vision & DME increased in Out-of-Pocket
- Other Professionals in Commercial Insurance
- Hospitals showed increases in Medicare.
- Mental Health & Other Government Activities (such as Mental Health Clinics, Home & Community Based Services) reported increases in Medicaid

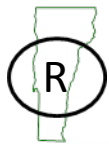
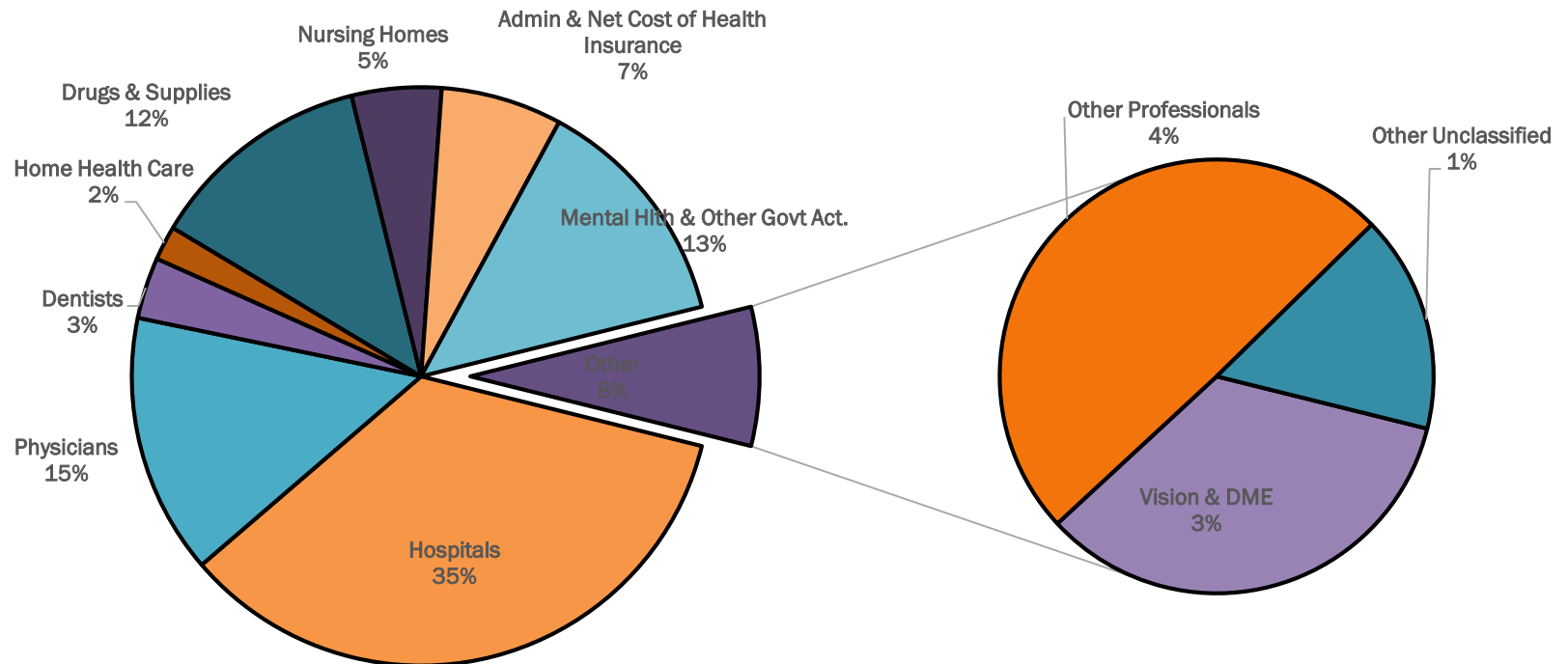


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2017 Vermont Resident Analysis

Spending for Services by Provider Category: In- and Out-of-State Spending (\$6.0 billion)

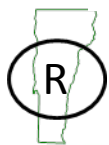
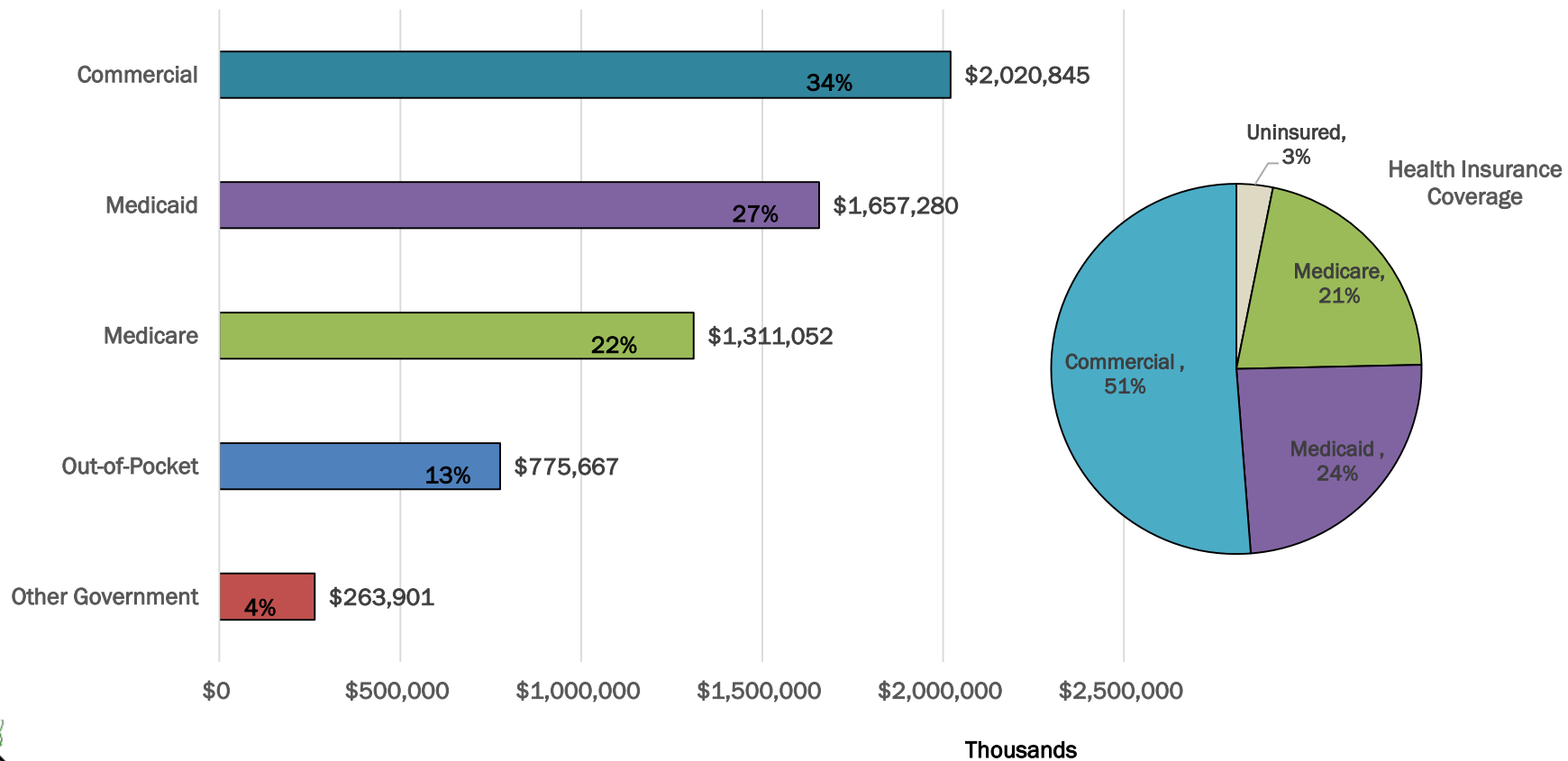
Where It Went



Spending on services for Vermont residents is reported from payer data.

2017 Vermont Resident Analysis

Spending for Services by Payer Type: In- and Out-of-State (\$6.0 billion)

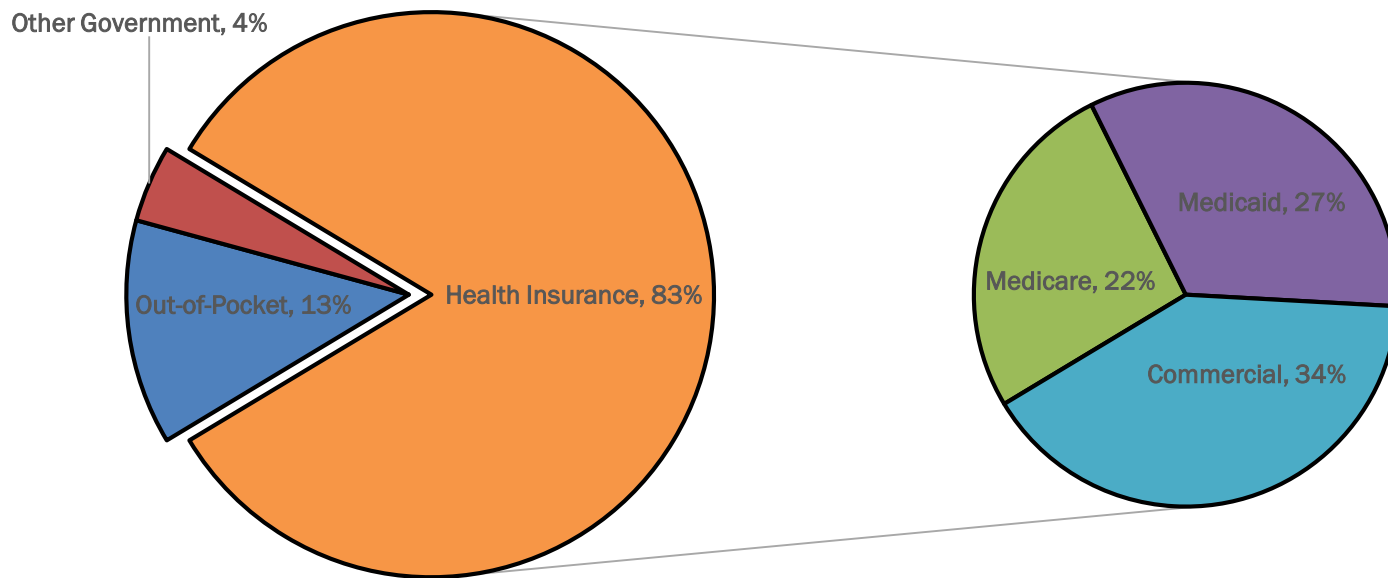


Spending on services for Vermont residents is reported from payer data.

2017 Vermont Resident Analysis

Spending for Services by Payer Type: In- and Out-of-State (\$6.0 billion)

Where It Came From



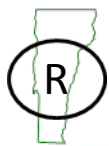
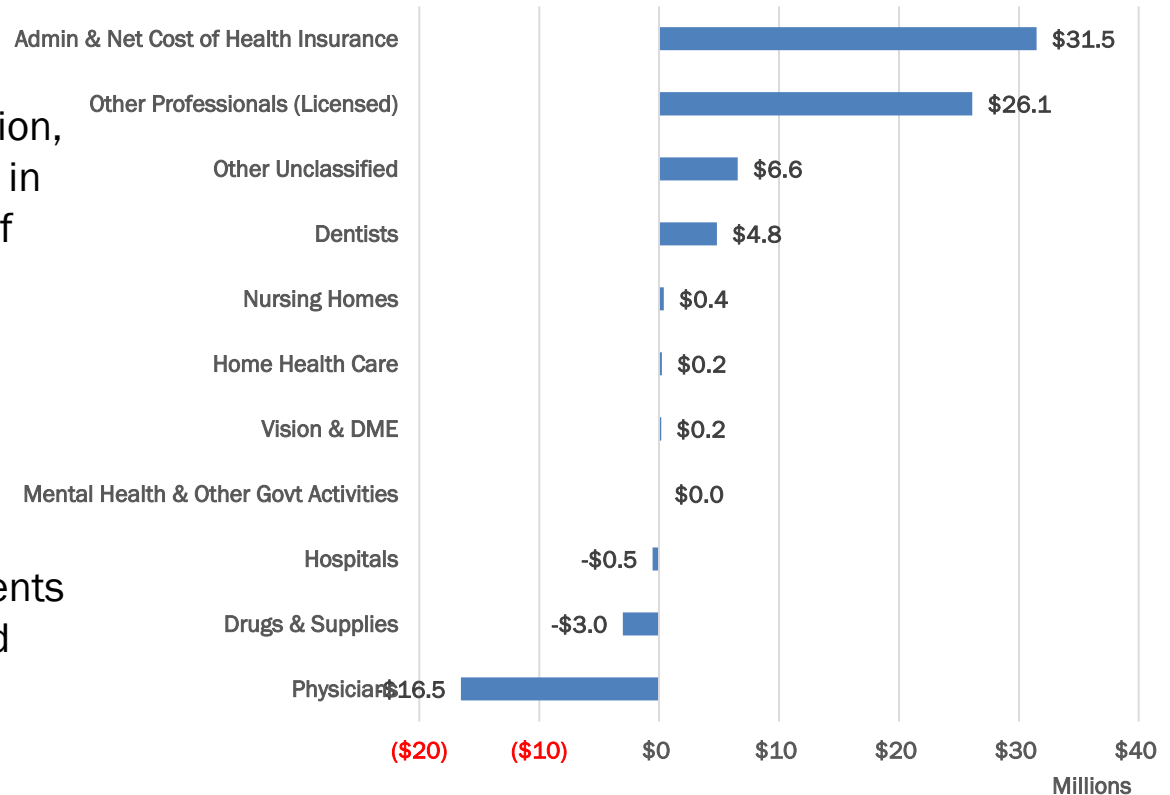
Spending on services for Vermont residents is reported from payer data.

2017 Vermont Resident Analysis

Commercial Insurance Spending Increase from 2016

In 2017:

- Commercial Insurance spending increased by \$50 million to a total of \$2.0 billion, mainly caused by increases in Administration & Net Cost of Insurance and Other Professionals.
- Decreases were reported in Hospitals, Physicians, and Drugs & Supplies.
- In-state spending for commercially-insured residents remained between 75% and 76%.
- Commercial insurance enrollment increased to 322,306, or 2.2%, from 2016.



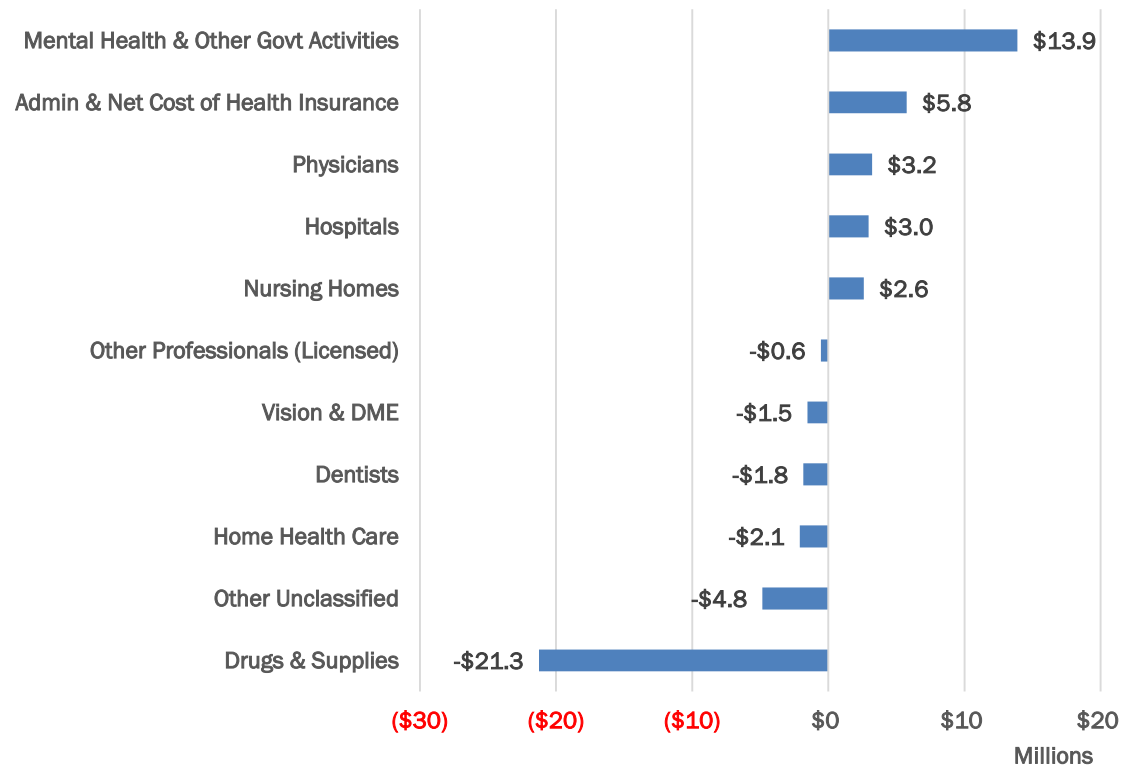
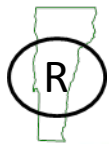
Spending on services for Vermont residents is reported from payer data.

2017 Vermont Resident Analysis

Medicaid Spending Decrease from 2016

In 2017:

- Medicaid spending decreased \$3.7 million, to \$1.7 billion.
- Spending increased in 5 categories: Mental Health & Other Government Activities, Administration & Net Cost of Insurance, Hospitals, Nursing Homes, and Physicians.
- Spending decreased the most in Drugs & Supplies, due to reduced spending and higher rebates for specialty drugs.
- In-state spending for Medicaid beneficiaries remained between 85% and 86%.
- Medicaid enrollment decreased to 150,375 (a 4.3% decrease) from 2016.



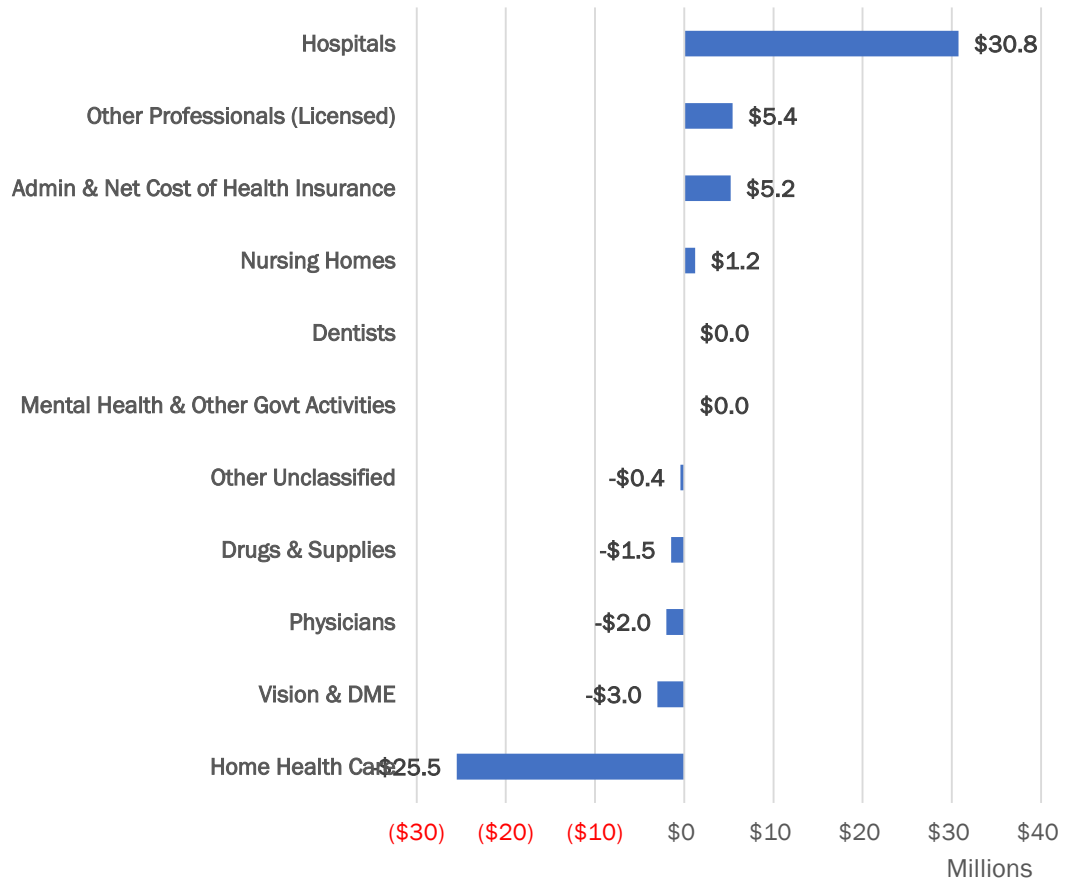
Spending on services for Vermont residents is reported from payer data.

2017 Vermont Resident Analysis

Medicare Spending Increase from 2016

In 2017:

- Medicare spending increased \$10.2 million, to \$1.3 billion, mainly resulting from increased hospital spending. Increases were also seen in the categories of Other Professionals and Administration & Net Cost of Insurance.
- In-state spending for Medicare beneficiaries decreased from 73% in 2016 to 68% in 2017. This appears to be largely due to a decrease in in-state spending for Prescription Drugs.
- Medicare enrollment expanded to 133,915, an increase of 2.0% over 2016.

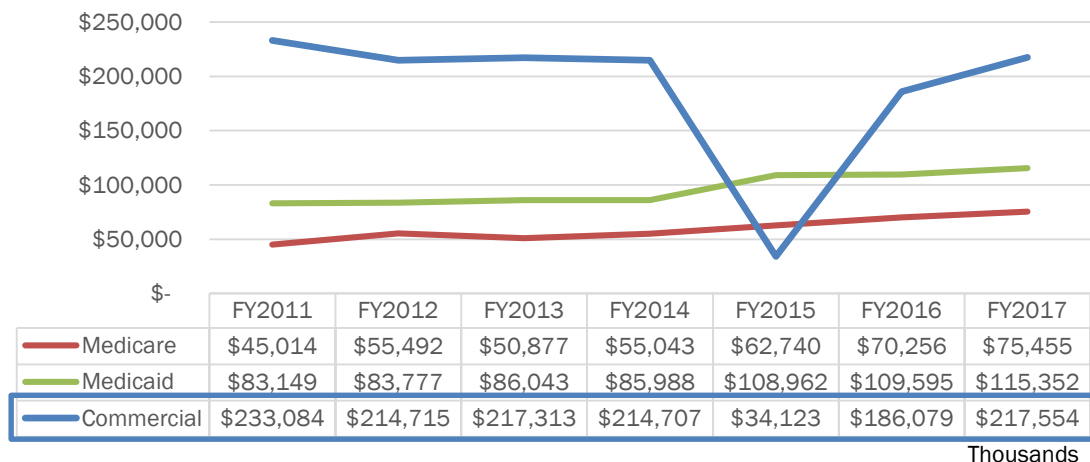


Spending on services for Vermont residents is reported from payer data.

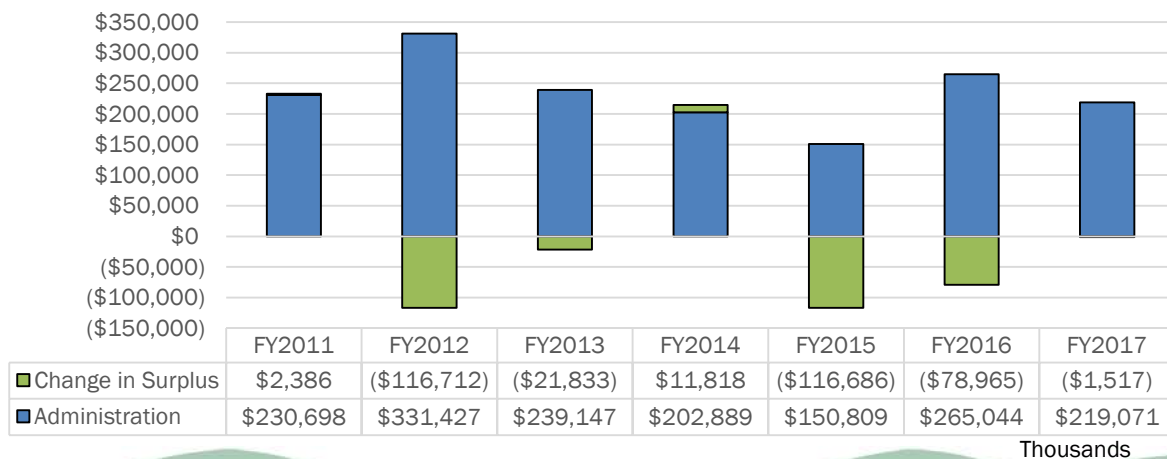
2017 Vermont Resident Analysis

- Net Cost of Health Insurance is the difference between premiums earned and benefits incurred. It consists of items such as premium taxes, administrative costs, net additions to reserves, and profits or losses.
- The change in spending for Administration & Net Cost of Health Insurance is one of the major factors in growth swings in total spending by payer, particularly for Commercial Insurance.
- Commercial Insurance has two components in this category: Administration and Change in Surplus. Medicare and Medicaid have the Administration component only.

Administration & Net Cost of Health Insurance Trend



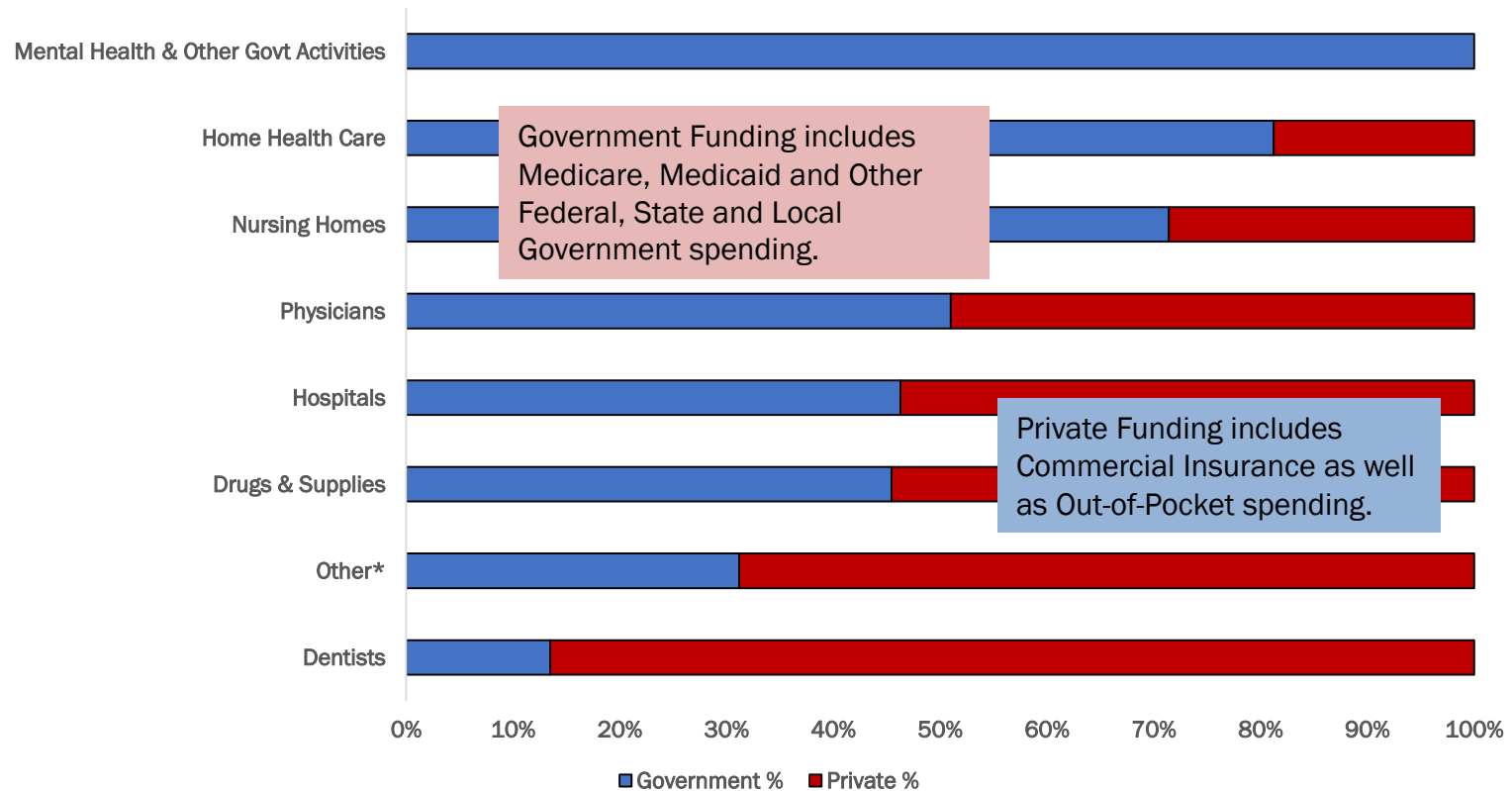
Commercial Trend Components of Administration & Net Cost of Health Insurance



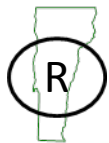
Spending on services for Vermont residents is reported from payer data.

2017 Vermont Resident Analysis

Government vs. Private Funding by Provider Category



*"Other" includes services rendered by other professionals, durable medical equipment suppliers, vision providers, and other miscellaneous providers.



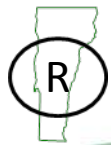
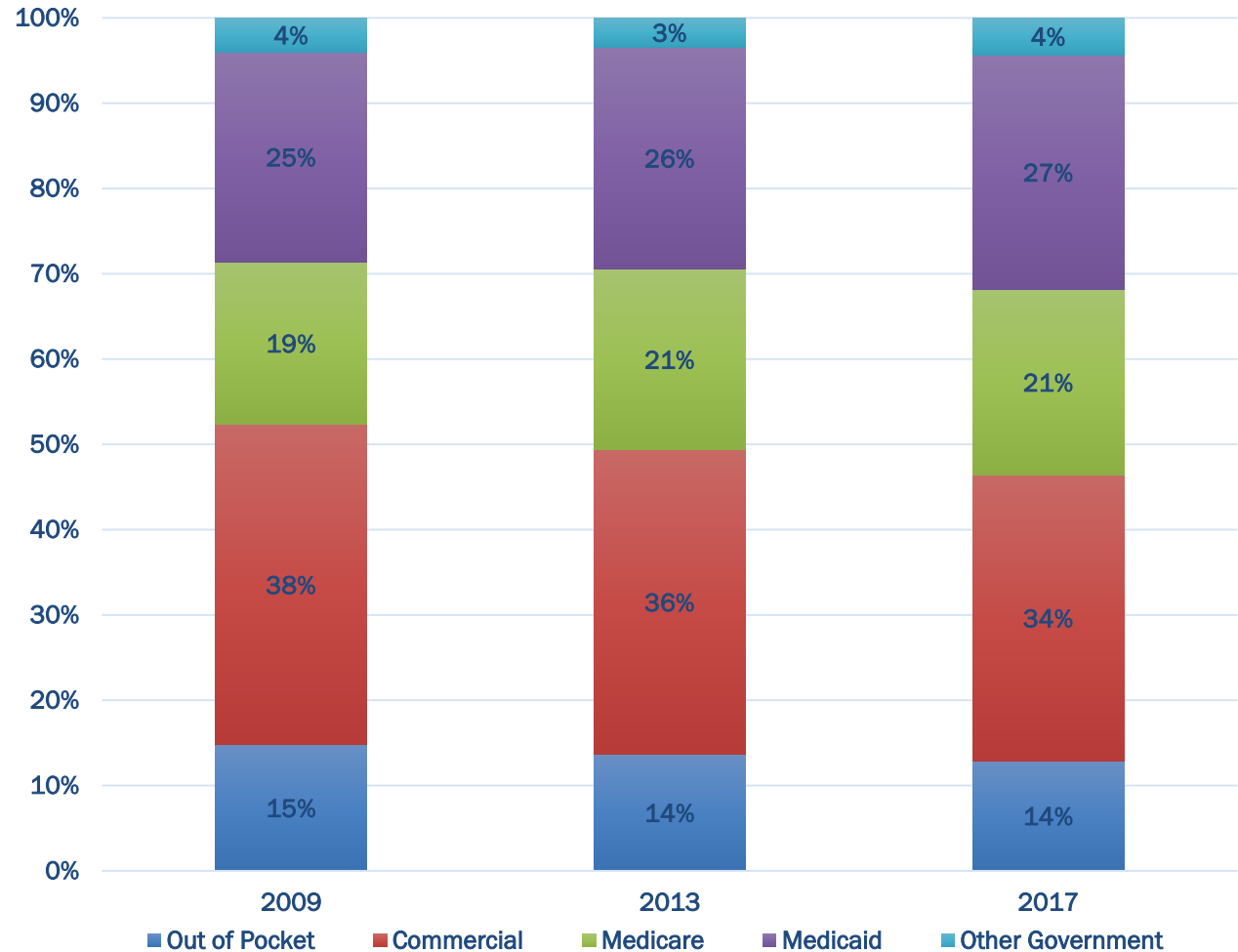
Spending on services for Vermont residents is reported from payer data.

2017 Vermont Resident Analysis

Spending Comparison by Payer Type

In 2017:

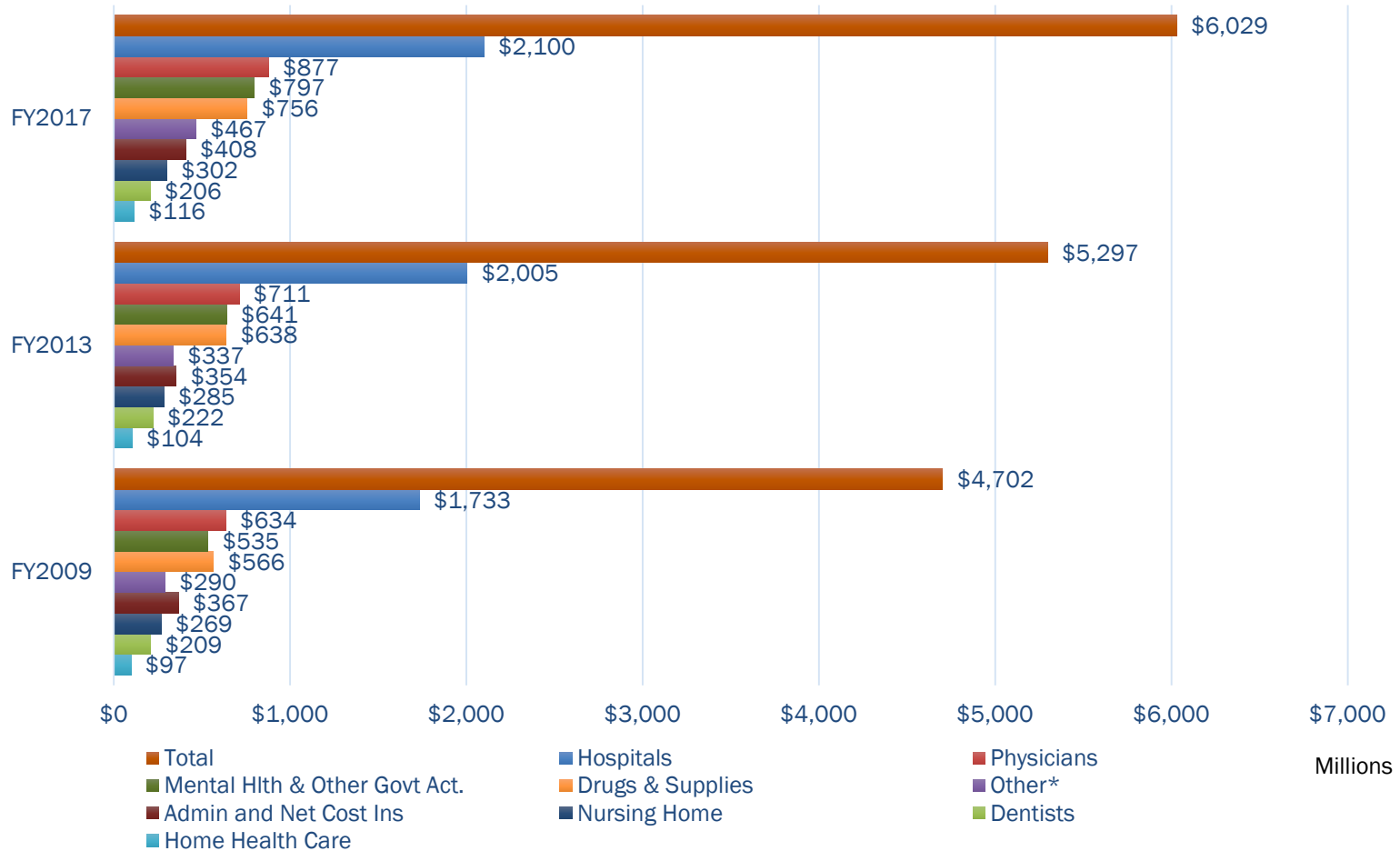
- Commercial Payers accounted for 34% of Vermont resident spending even though they covered 51% of the insured population.
- Medicare accounted for 21% of Vermont resident spending and covered 21% of insured,
- Medicaid accounted for 27% of Vermont resident spending and covered 24% of the insured population.
- Out-of-pocket spending as a percentage of total spending has remained fairly steady over time.



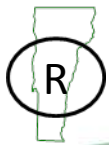
Spending on services for Vermont residents is reported from payer data.

2017 Vermont Resident Analysis

Spending Comparison by Provider Category



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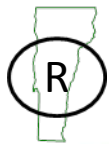
Spending on services for Vermont residents is reported from payer data.

2017 Vermont Resident Analysis

National Health Expenditures

CMS has prepared the National Health Expenditure (NHE) accounts since 1960. The accounts report:

- Measures for annual expenditures of health care goods and services, public health activities, government administrations, net cost of health insurance, and health care investments.
- Data is presented by type of expenditure, source of funding, and type of sponsor (private businesses, governments and households, which include contributions to health insurance premiums and out-of-pocket costs).
- Every 5 years, CMS also prepares the NHE “State Health Expenditures” to estimate provider and resident expenditures. The primary source of data for this report is the Economic Census. In 2017, CMS updated “State Health Expenditures” to include data from 2014. This data is reported by state, including Vermont.
- Health Consumption Expenditures (HCE) is a subset of the NHE report, and has the array of service categories that is most comparable to the VHCEA.
- Personal Health Care (PHC) is a subset of the HCE. It does not include government administration, net cost of health insurance, and public health activities.



2017 Vermont Resident Analysis

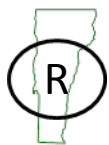
VHCEA Results Compared to CMS NHC Results

	CMS NHE	CMS HCE	CMS PHC	VHCEA
Total Spend (millions)	\$3,492,075	\$3,324,454	\$2,961,004	\$6,029
Total Spend Annual % Change 2016-2017	3.9%	3.8%	3.8%	1.7%
Per Capita Spend	\$10,745	\$10,229	\$9,111	\$9,667
Per Capita Spend Annual % Chg 2016 - 2017	3.3%	3.2%	3.2%	1.8%
Share of Gross State/Domestic Product	17.9%	17.1%	15.2%	18.5%

National Health Expenditures (NHE) includes categories of spending that Vermont does not record. These include Research, Structures and Equipment.

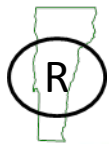
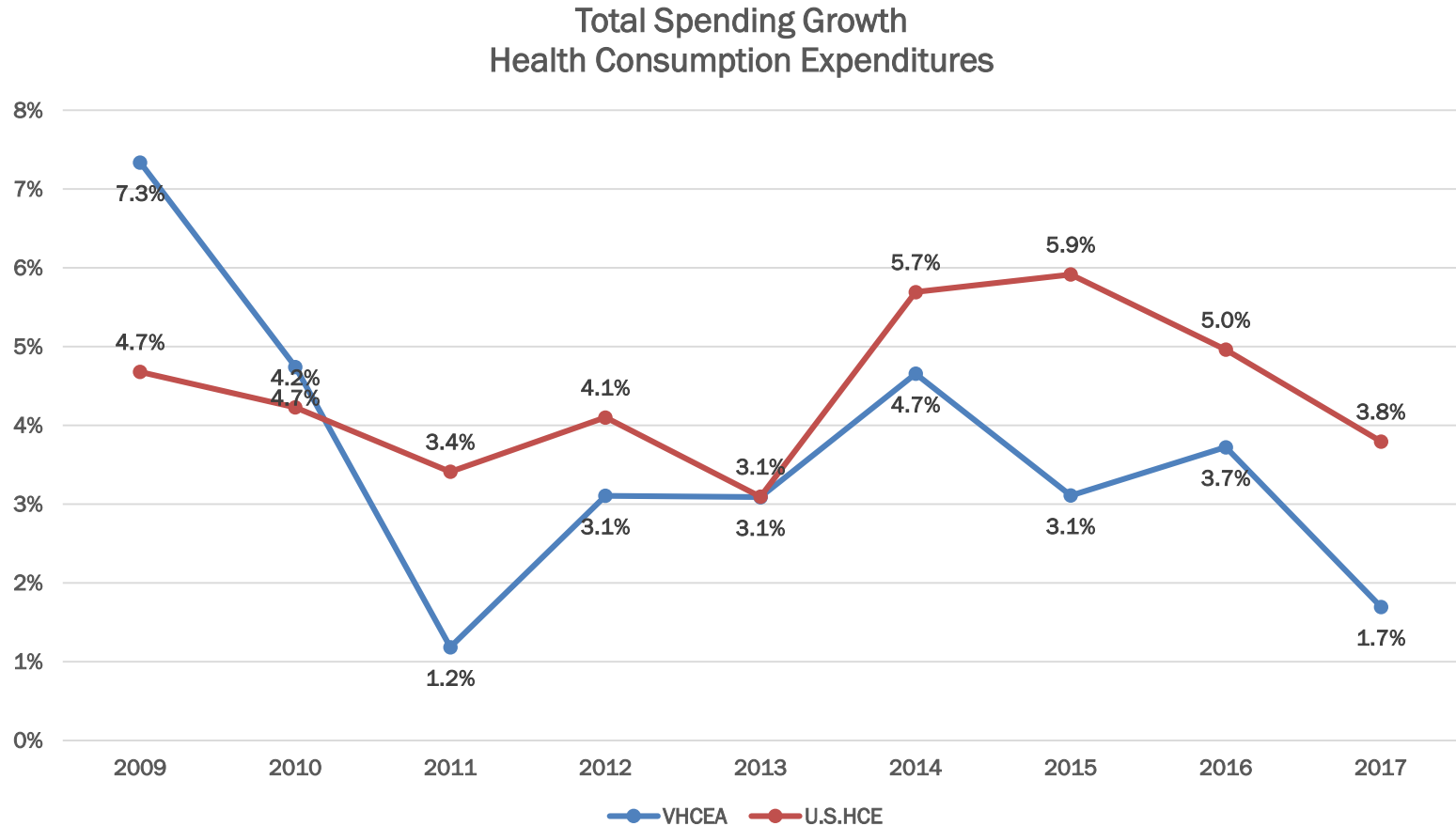
Health Consumption Expenditures (HCE) is a subset of the NHE and has the array of categories of service most comparable to Vermont Expenditure Analysis.

Personal Health Care (PHC) is a subset of the HCE spending as it does not include Government Administration, Net Cost of Health Insurance and Government Public Health Activities.



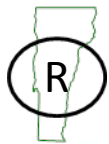
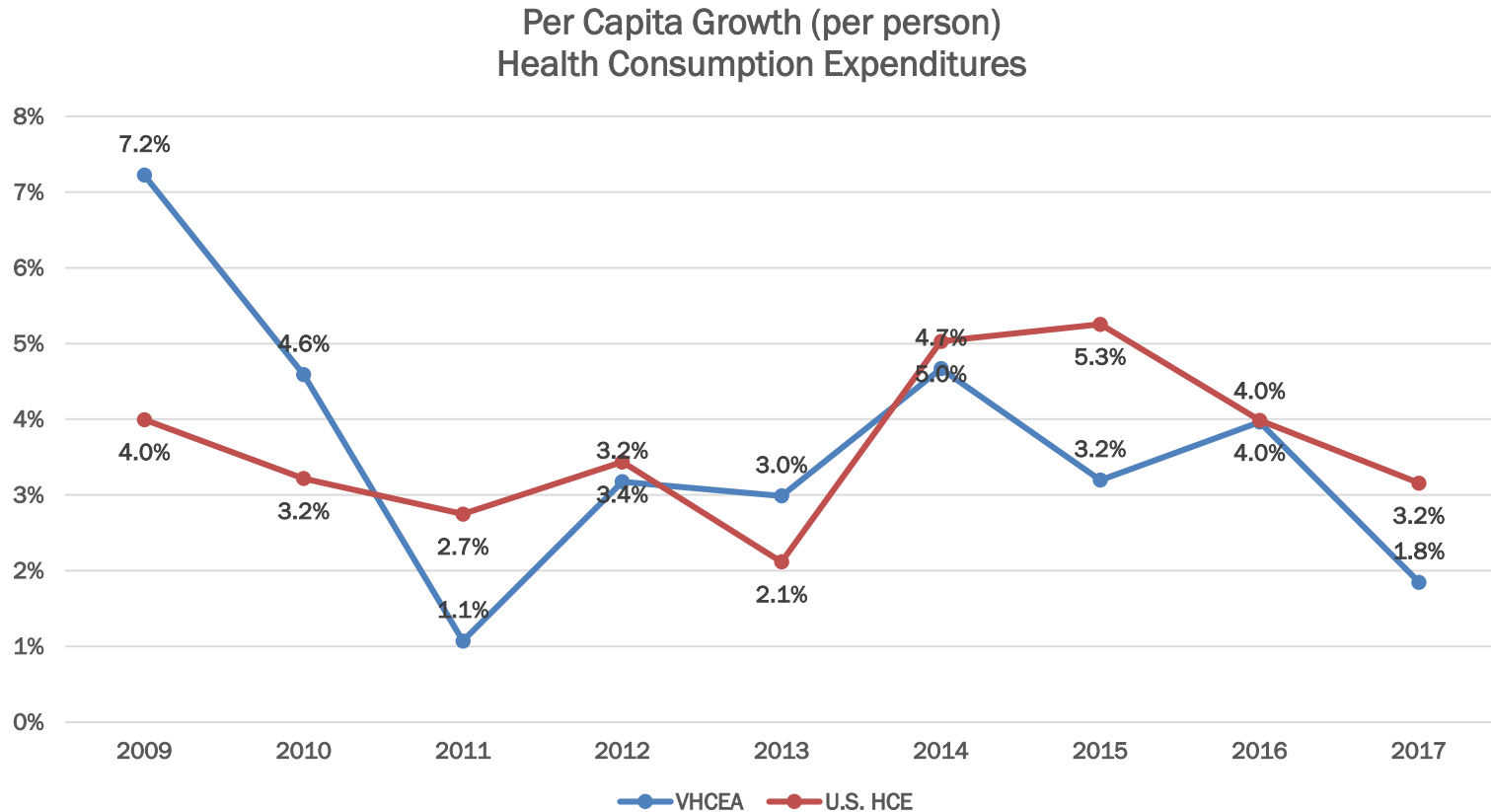
2017 Vermont Resident Analysis

VHCEA Results Compared to U.S. HCE Results: Total Spending Growth



2017 Vermont Resident Analysis

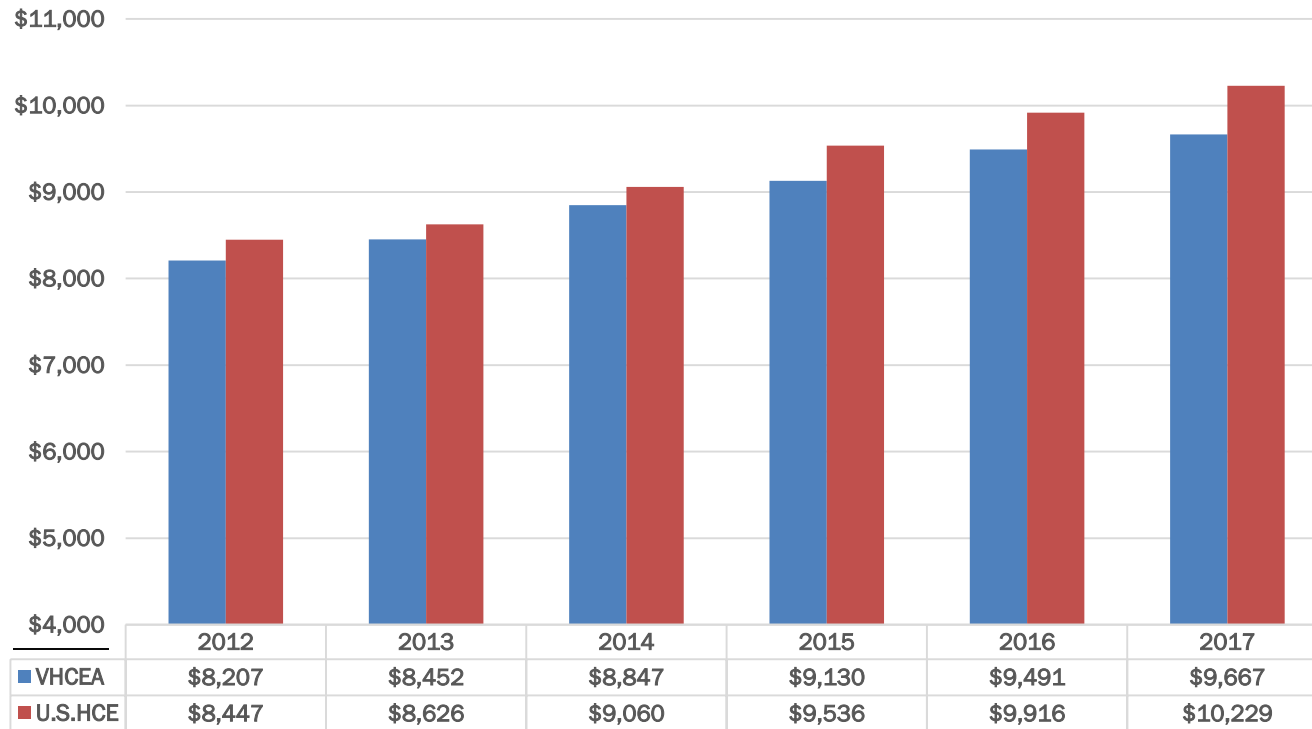
VHCEA Results Compared to U.S. HCE Results: Per Capita Growth



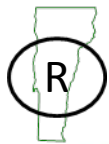
2017 Vermont Resident Analysis

VHCEA Results Compared to U.S. HCE Results: Per Capita Costs

Per Capita (per person)
Health Consumption Expenditures



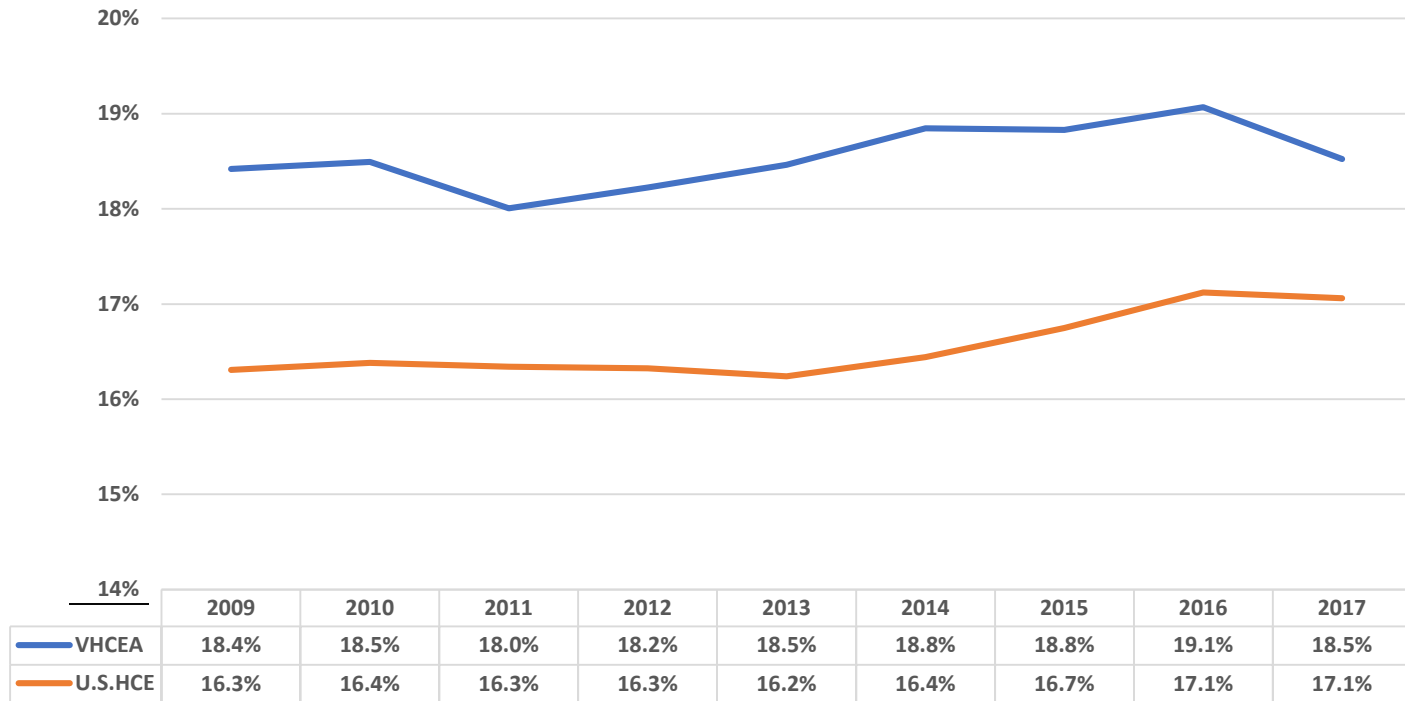
Source: US data from CMS: Health Consumption Expenditures



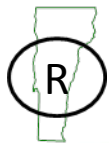
2017 Vermont Resident Analysis

VHCEA Results Compared to U.S. HCE Results: Health Care Share of Gross Product

Health Care Share of GSP/GDP-Annual Growth



Note: Gross State Product (GSP) is a measurement of the economic output of a state. It is the sum of all value added by industries within the state and serves as a counterpart to the Gross Domestic Product (GDP), which measures national economic output.



Vermont Provider Analysis



Vermont Provider Health Care Revenues

Summary of Revenue Growth by Payer Type and Provider Category

All dollar amounts are reported in millions

Payers	2012	2013	2014	2015	2016	2017	2016-2017 Annual Change	2012-2017 Average Annual Change
Out-of-Pocket	\$738	\$765	\$734	\$731	\$768	\$774	0.8%	1.0%
Commercial	\$1,803	\$1,838	\$1,819	\$1,979	\$2,001	\$2,101	5.0%	3.1%
Medicare	\$1,201	\$1,229	\$1,324	\$1,384	\$1,454	\$1,529	5.1%	4.9%
Medicaid	\$1,181	\$1,361	\$1,389	\$1,462	\$1,508	\$1,490	-1.2%	4.8%
Other Government	\$246	\$248	\$281	\$297	\$309	\$345	11.4%	7.0%
Total Provider Revenues	\$5,169	\$5,441	\$5,546	\$5,853	\$6,041	\$6,238	3.3%	3.8%
Annual Percent Change	2.8%	5.3%	1.9%	5.5%	3.2%	3.3%		

Providers & Facilities	2012	2013	2014	2015	2016	2017	2016-2017 Annual Change	2012-2017 Average Annual Change
Hospitals	\$2,289	\$2,456	\$2,547	\$2,698	\$2,819	\$2,909	3.2%	4.9%
Physicians	\$573	\$527	\$414	\$434	\$422	\$446	5.5%	-4.9%
Dentists	\$261	\$261	\$262	\$272	\$285	\$296	3.9%	2.6%
Other Professionals	\$229	\$244	\$251	\$305	\$319	\$331	3.8%	7.6%
Home Health Care	\$113	\$119	\$128	\$135	\$141	\$152	7.2%	6.0%
Drugs & Supplies	\$714	\$761	\$817	\$880	\$896	\$888	-0.9%	4.5%
Vision & DME	\$110	\$135	\$117	\$85	\$88	\$110	24.1%	-0.1%
Nursing Home	\$265	\$264	\$271	\$259	\$270	\$277	2.8%	0.9%
Other Unclassified	\$34	\$34	\$34	\$34	\$34	\$34	0.0%	0.1%
Mental Health & Other Govt Activities	\$581	\$641	\$705	\$751	\$766	\$797	4.0%	6.5%
Total Provider Revenues	\$5,169	\$5,441	\$5,546	\$5,853	\$6,041	\$6,238	3.3%	3.8%
Annual Percent Change	2.8%	5.3%	1.9%	5.5%	3.2%	3.3%		



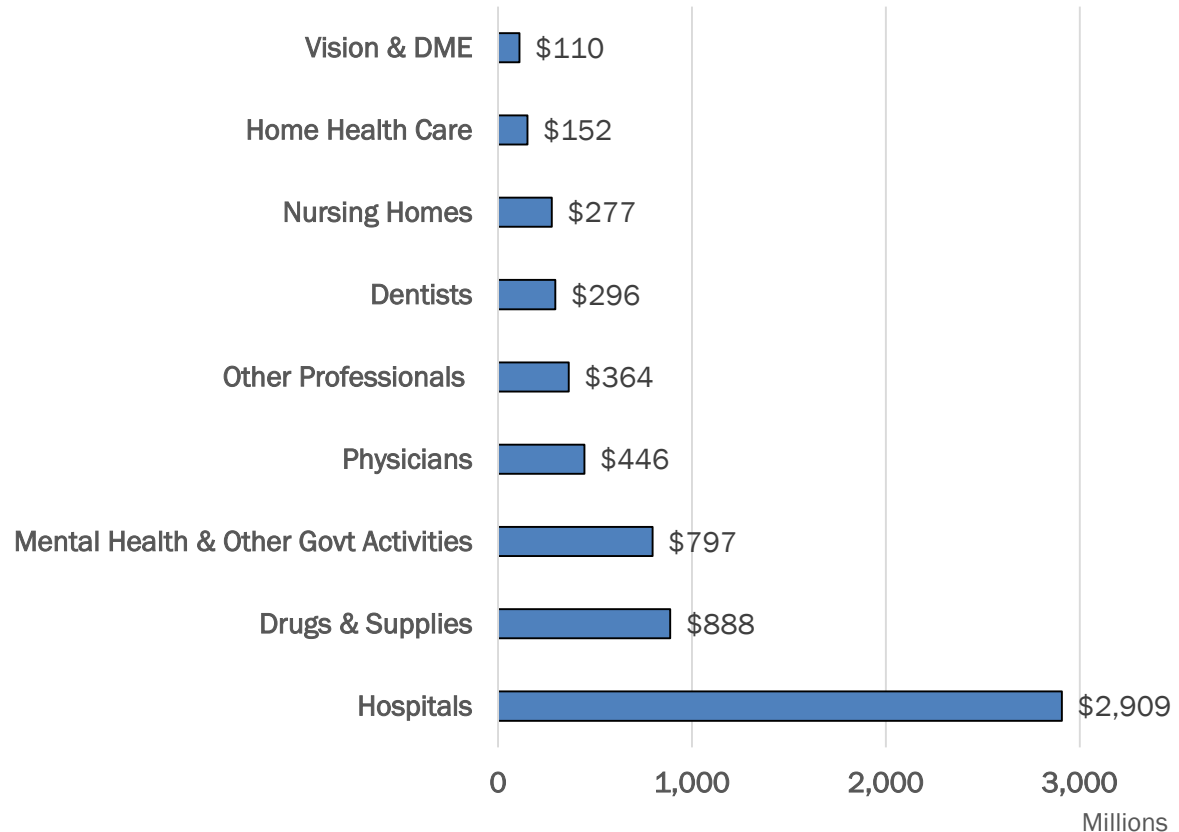
Revenue for Vermont providers is reported from provider data.

2017 Vermont Provider Analysis

Provider Revenues by Provider Category (\$6.2 Billion)

In 2017:

- Provider revenues increased \$197 million, or 3.3%, in 2017.
- Medicare and Commercial payers accounted for most of the increase in revenues for Hospitals.*



***Note:** Hospitals include the 14 community hospitals, Vermont Psychiatric Care Hospital, Brattleboro Retreat, and the VA Hospital. Hospital revenue consists of Operating Revenues (Net Patient Revenue and Other Operating Revenue).

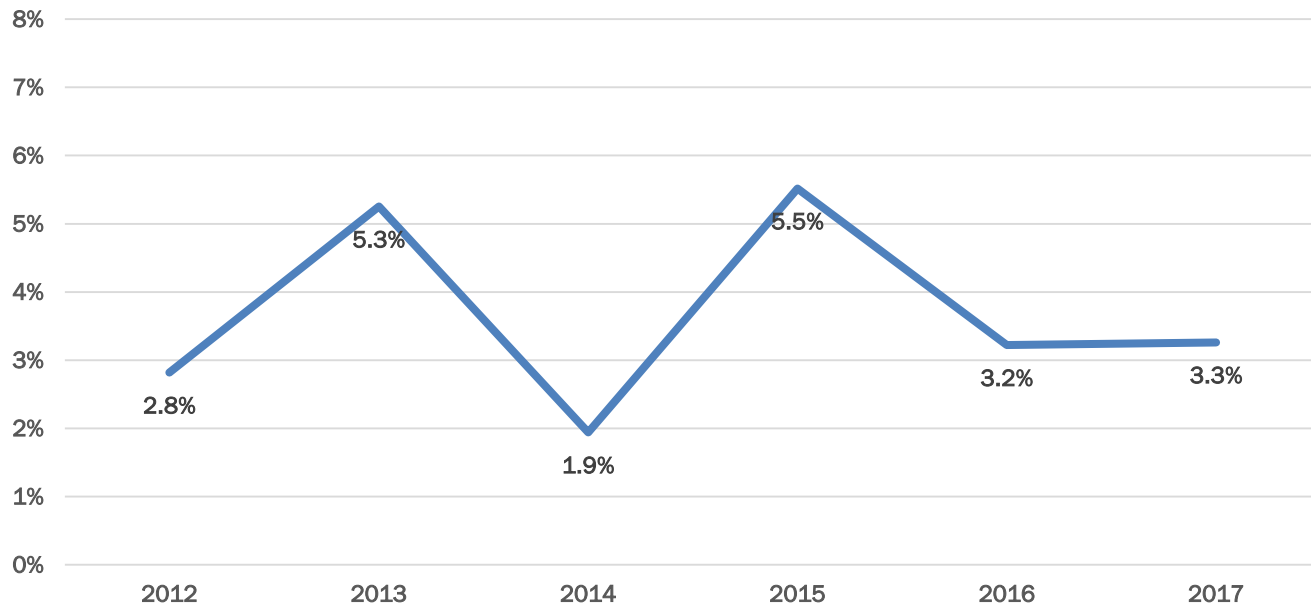


Revenue for Vermont providers is reported from provider data.

2017 Vermont Provider Analysis

Revenue Growth Over Time

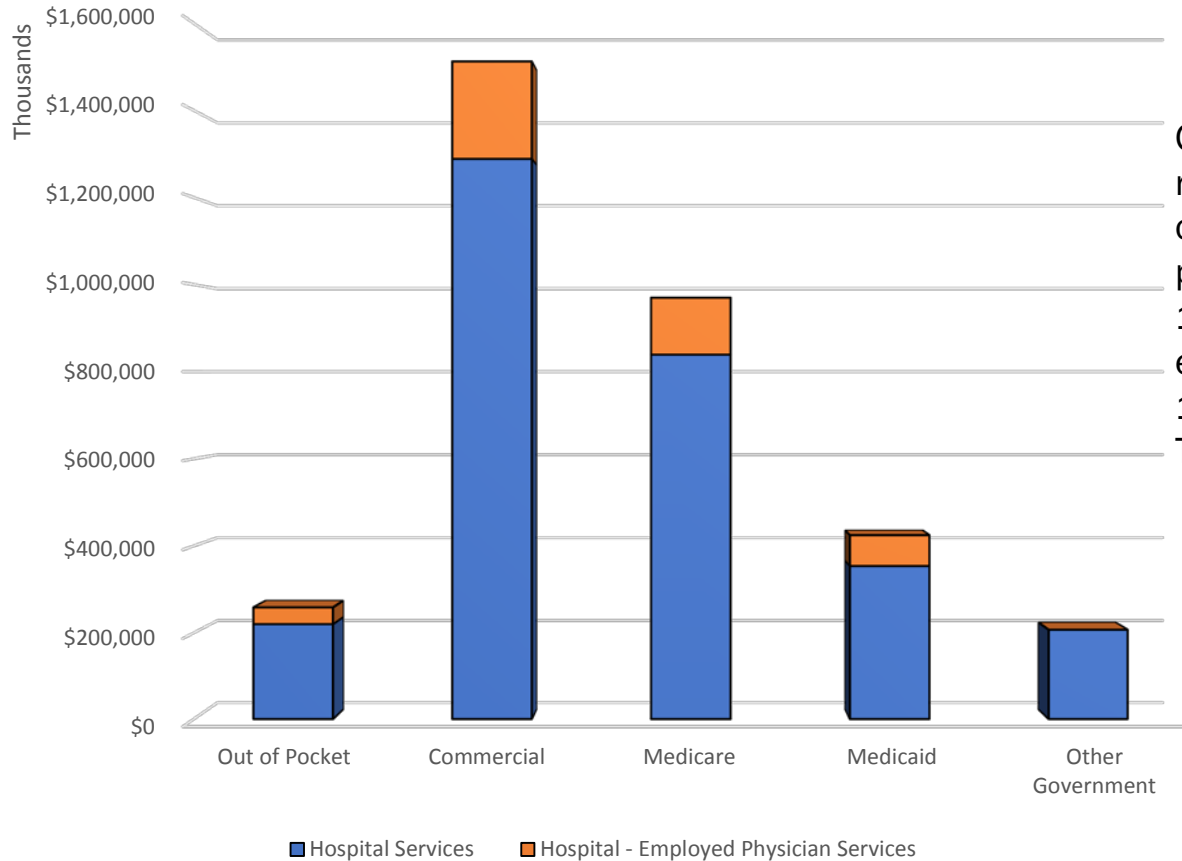
Revenues increased from \$5.2 billion in 2012 to \$6.2 billion in 2017, an average annual increase of 3.8% for the period. The increase from 2016 to 2017 was 3.3%.



Revenue for Vermont providers is reported from provider data.

2017 Vermont Provider Analysis

Community Hospital Revenues by Payer Type and Physician vs. Hospital Services (\$2.6 billion)



Of the total community hospital revenues, approximately 16% or \$464 million is reported as physician revenue. Vermont's 14 community hospitals employed 1,080 MD FTEs, 13,111 Non-MD FTEs and 231 Travelers as of 2017.

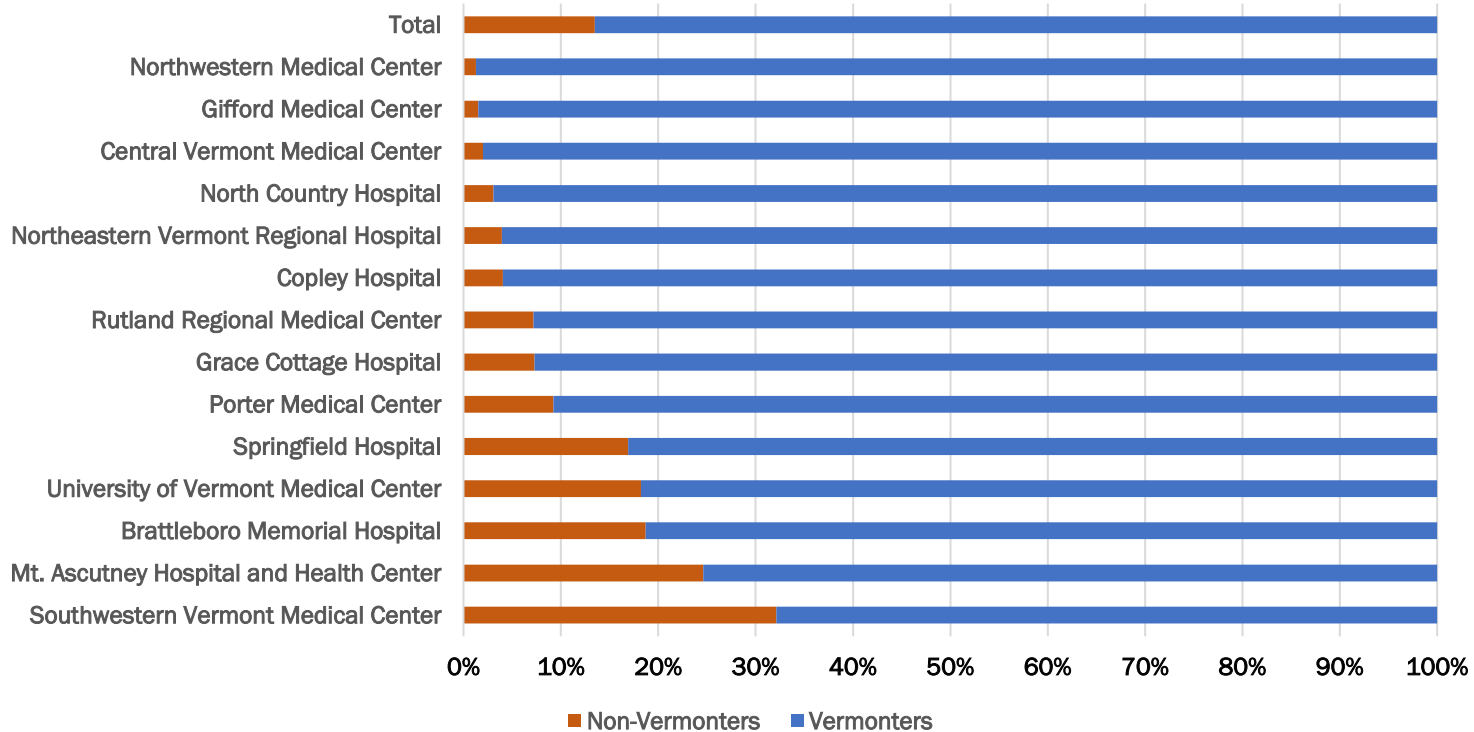


Revenue for Vermont providers is reported from provider data.

2017 Vermont Provider Analysis

Hospital Inpatient Discharges In-Migration

2017 In-migration of Out of State Residents



Source: 2016 Vermont Uniform Hospital Discharge Data Set. Does not include newborns.

Notes: All figures exclude discharges from the VA hospital and records with missing charges.

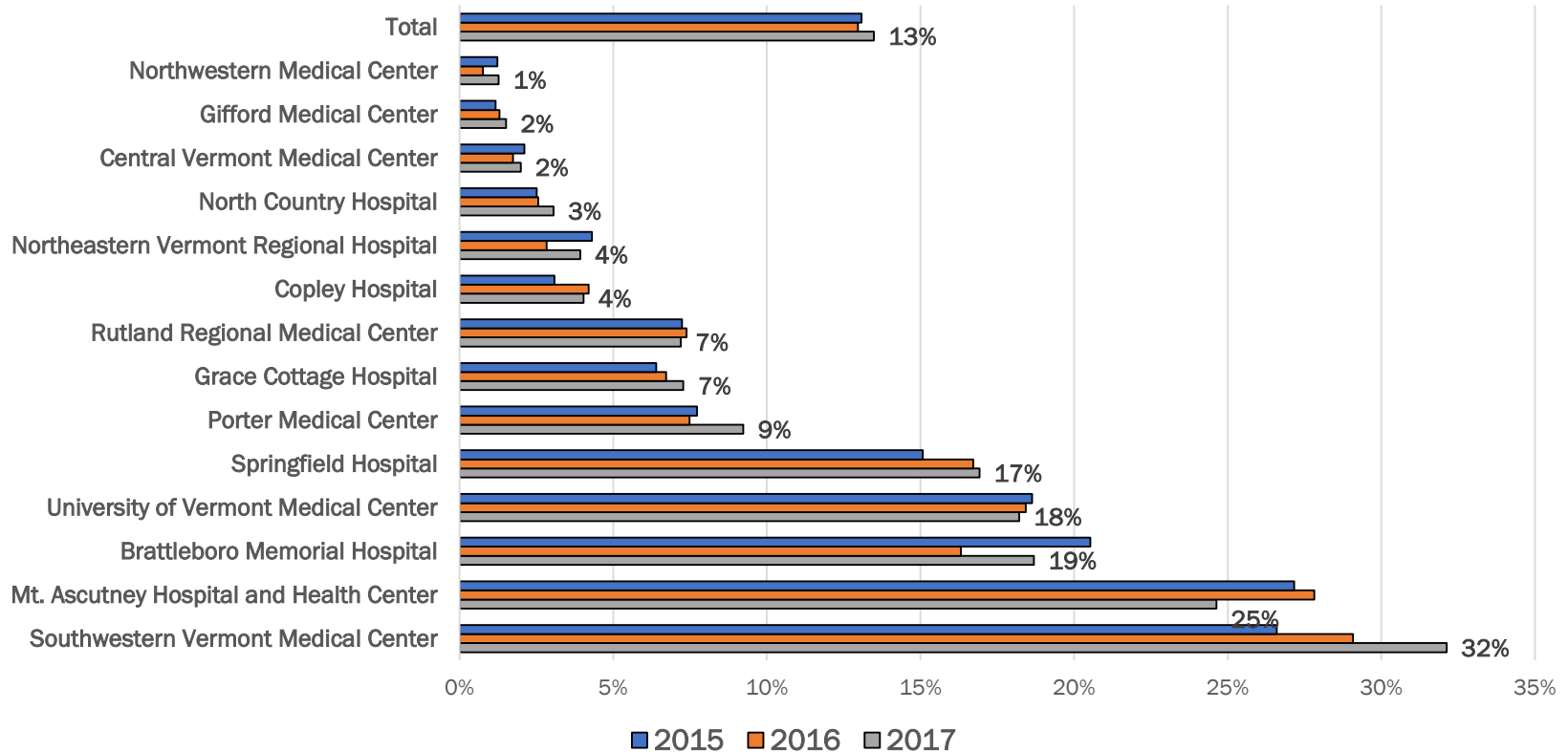
Vermont residents use hospitals in other states, but reporting on those discharges is currently unavailable.



2017 Vermont Provider Analysis

Hospital Inpatient Discharges - 2015-2017 Percent of In-Migration

2015-2017 Percent of Out of State Residents to Total Inpatient Discharges



Source: 2016 Vermont Uniform Hospital Discharge Data Set. Does not include newborns.

Notes: All figures exclude discharges from the VA hospital and records with missing charges.

Vermont residents use hospitals in other states, but reporting on those discharges is currently unavailable.



Comparative Summary of 2017 Expenditure Analyses

Resident and Provider Analyses by Payer Type and Provider Category

All dollar amounts are reported in thousands

	Resident*	Provider**
Payers	(Reported by Payers)	(Reported by Providers)
Out-of-Pocket	\$775,667	\$773,921
Commercial	\$2,020,845	\$2,100,726
Medicare	\$1,311,052	\$1,529,127
Medicaid	\$1,657,280	\$1,489,557
Other Government - Federal	\$263,901	\$344,727
Total	\$6,028,745	\$6,238,059

Providers & Facilities		
Hospitals	\$2,099,595	\$2,908,805
Hospitals-Only	\$2,099,595	\$2,444,690
Hospital-Physicians	\$0	\$464,115
Physicians	\$876,994	\$445,598
Dentists	\$206,246	\$296,065
Other Professionals	\$231,473	\$330,732
Home Health Care	\$115,622	\$151,692
Drugs & Supplies	\$756,393	\$888,012
Vision & DME	\$159,989	\$109,620
Nursing Homes	\$301,837	\$277,320
Other Unclassified	\$75,679	\$33,659
Admin & Net Cost of Health Insurance	\$408,361	\$0
Mental Health & Other Govt Activities	\$796,557	\$796,557
Total	\$6,028,745	\$6,238,059

Annual percent change 2016-2017 1.7% 3.3%

Note: *In/Out migration-Resident includes out of state care by residents.

**Provider includes out of state patients treated.



Vermont Resident Analysis: Projections

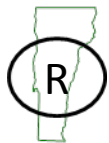
Vermont
Health Care
Expenditure
Analysis Projection Projection

All dollar amounts are reported in thousands

Payers ²				2017-2018	2018-2019
	2017	2018	2019	% change	% change
Out of Pocket	\$775,667	\$794,295	\$811,004	2.4%	2.1%
Commercial	\$2,020,845	\$2,048,249	\$2,091,067	1.4%	2.1%
Medicare	\$1,311,052	\$1,326,835	\$1,340,043	1.2%	1.0%
Medicaid	\$1,657,280	\$1,677,388	\$1,704,354	1.2%	1.6%
Other Government	\$263,901	\$282,043	\$310,019	6.9%	9.9%
Total	\$6,028,745	\$6,128,810	\$6,256,487	1.7%	2.1%
Providers & Facilities ¹				2017-2018	2018-2019
	2017	2018	2019	% change	% change
Hospitals	\$2,099,595	\$2,116,459	\$2,137,299	0.8%	1.0%
Physicians	\$876,994	\$939,303	\$969,279	7.1%	3.2%
Dentists	\$206,246	\$197,934	\$182,303	-4.0%	-7.9%
Other Professionals	\$231,473	\$242,785	\$254,650	4.9%	4.9%
Home Health Care	\$115,622	\$117,082	\$115,357	1.3%	-1.5%
Drugs & Supplies	\$756,393	\$741,207	\$725,862	-2.0%	-2.1%
Vision & DME	\$159,989	\$175,413	\$212,611	9.6%	21.2%
Nursing Homes	\$301,837	\$315,641	\$327,931	4.6%	3.9%
Other Unclassified	\$75,679	\$74,706	\$76,063	-1.3%	1.8%
Admin & Net Cost of Health Insurance	\$408,361	\$439,850	\$474,348	7.7%	7.8%
Mental Health & Other Govt Activities	\$796,557	\$768,430	\$780,783	-3.5%	1.6%
Total	\$6,028,745	\$6,128,810	\$6,256,487	1.7%	2.1%

Notes:

1. Expenditures represent the amount of spending and expected spending by each Provider sector.
2. Projections are primarily based on Vermont Payer trends when available.



Vermont Provider Analysis: Projections

Vermont
Health Care
Expenditure
Analysis Projection Projection

All dollar amounts are reported in thousands

Payers	2017	2018 ²	2019 ²	2017-2018	2018-2019
				% change ²	% change ²
Out of Pocket	\$773,921	\$803,289	\$825,828	3.8%	2.8%
Commercial	\$2,100,726	\$2,178,868	\$2,240,400	3.7%	2.8%
Medicare	\$1,529,127	\$1,586,007	\$1,630,796	3.7%	2.8%
Medicaid	\$1,489,557	\$1,492,843	\$1,520,207	0.2%	1.8%
Other Government	\$344,727	\$319,433	\$333,800	-7.3%	4.5%
Total	\$6,238,059	\$6,380,440	\$6,551,031	2.3%	2.7%

Providers & Facilities ¹	2017	2018 ²	2019 ²	2017-2018	2018-2019
				% change ²	% change ²
Hospitals^{3,4}	\$2,908,805	\$3,019,186	\$3,103,899	3.8%	2.8%
Physicians⁴	\$445,598	\$451,451	\$466,753	1.3%	3.4%
Dentists	\$296,065	\$308,222	\$321,981	4.1%	4.5%
Other Professionals	\$330,732	\$347,728	\$368,606	5.1%	6.0%
Home Health Care	\$151,692	\$160,621	\$171,156	5.9%	6.6%
Drugs & Supplies	\$888,012	\$892,092	\$889,950	0.5%	-0.2%
Vision & DME	\$109,620	\$112,207	\$118,452	2.4%	5.6%
Nursing Homes	\$277,320	\$286,795	\$295,717	3.4%	3.1%
Other Unclassified	\$33,659	\$33,708	\$33,733	0.1%	0.1%
Mental Health & Other Govt Activities	\$796,557	\$768,430	\$780,783	-3.5%	1.6%
Total	\$6,238,059	\$6,380,440	\$6,551,031	2.3%	2.7%

Notes:

1. The amount of revenues earned and expected to be collected by each Provider sector.
2. Except for community hospitals, projections are primarily based on National Health Expenditure (NHE), and Vermont trends when available.
3. Projected 2018 and approved 2019 community hospital budgets are included in the forecast.
4. The community hospital amounts include physician practice expenditures reflective of any hospital's physician practice acquisitions.



Appendix

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2017 EXPENDITURE ANALYSIS-RESIDENT

All dollar amounts are reported in thousands

PROVIDERS & FACILITIES	Percent of Total	Total	Out of Pocket	Commercial	Medicare	Medicaid	Other Government - Federal	Other Government - State & Local
Hospitals	34.8%	\$2,099,595	\$163,140	\$965,310	\$522,731	\$318,219	\$130,144	\$50
Community Hospital	32.3%	\$1,946,540	\$161,691	\$949,531	\$517,013	\$318,219	\$35	\$50
Inpatient	14.1%	\$851,640	\$66,780	\$301,819	\$303,894	\$179,128	\$0	\$19
Inpatient-Physician	0.0%	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient-Physician	0.0%	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient & ER	18.2%	\$1,094,900	\$94,911	\$647,713	\$213,119	\$139,092	\$35	\$31
Veterans Hosp	2.3%	\$137,096	\$0	\$6,987	\$0	\$0	\$130,109	\$0
Psych Hosp - State	0.1%	\$3,115	\$153	\$2,171	\$792	\$0	\$0	\$0
Psych Hosp - Private	0.2%	\$12,843	\$1,296	\$6,621	\$4,926	\$0	\$0	\$0
Physicians	14.5%	\$876,994	\$115,472	\$314,389	\$224,496	\$190,411	\$31,991	\$235
Office of Physicians	10.2%	\$617,047	\$79,495	\$195,848	\$161,650	\$147,828	\$31,991	\$235
Ambulatory Clinics	4.0%	\$239,588	\$35,766	\$117,534	\$57,808	\$28,481	\$0	\$0
CMHCs	0.0%	\$27	\$5	\$23	\$0	\$0	\$0	\$0
Other Ambulatory Clinics	4.0%	\$239,561	\$35,761	\$117,511	\$57,808	\$28,481	\$0	\$0
Labs	0.3%	\$20,360	\$212	\$1,008	\$5,038	\$14,102	\$0	\$0
Dentists	3.4%	\$206,246	\$96,678	\$81,777	\$159	\$27,449	\$0	\$182
Other Professionals (Licensed)	3.8%	\$231,473	\$37,103	\$116,315	\$37,527	\$40,527	\$0	\$0
Chiropractic	0.3%	\$16,058	\$4,231	\$8,586	\$2,028	\$1,214	\$0	\$0
Physical Therapy	0.6%	\$38,325	\$6,863	\$15,411	\$9,456	\$6,595	\$0	\$0
Podiatrist	0.1%	\$4,405	\$936	\$1,753	\$1,502	\$213	\$0	\$0
Psychological	1.2%	\$73,385	\$8,215	\$30,821	\$7,230	\$27,119	\$0	\$0
Optometrists	0.2%	\$10,913	\$2,259	\$3,161	\$3,191	\$2,302	\$0	\$0
Other (Professional)	1.5%	\$88,387	\$14,599	\$56,583	\$14,121	\$3,084	\$0	\$0
Home Health Care	1.9%	\$115,622	\$15,698	\$6,021	\$59,824	\$29,668	\$3,155	\$1,256
Drugs & Supplies	12.5%	\$756,393	\$146,342	\$266,302	\$277,697	\$69,567	(\$3,445)	(\$70)
Rx	11.5%	\$696,318	\$128,762	\$265,106	\$242,111	\$63,854	(\$3,445)	(\$70)
Other Supplies	1.0%	\$60,075	\$17,580	\$1,196	\$35,586	\$5,713	\$0	\$0
Vision & DME	2.7%	\$159,989	\$113,277	\$19,423	\$18,726	\$8,563	\$0	\$0
Nursing Home	5.0%	\$301,837	\$77,271	\$9,068	\$77,118	\$125,147	\$0	\$13,234
Other Unclassified	1.3%	\$75,679	\$10,685	\$24,687	\$17,319	\$7,040	\$0	\$15,948
Mental Health & Other Govt Activities	13.2%	\$796,557	\$0	\$0	\$0	\$725,337	\$28,463	\$42,758
Admin and Net Cost of Health Insurance	6.8%	\$408,361	\$0	\$217,554	\$75,455	\$115,352	\$0	\$0
Administration	6.8%	\$409,878	\$0	\$219,071	\$75,455	\$115,352	\$0	\$0
Change in Surplus	0.0%	(\$1,517)	\$0	(\$1,517)	\$0	\$0	\$0	\$0
TOTAL VERMONT EXPENDITURES	100.0%	\$6,028,745	\$775,667	\$2,020,845	\$1,311,052	\$1,657,280	\$190,308	\$73,593
Percent of total expenditures		100.0%	12.9%	33.5%	21.7%	27.5%	3.2%	1.2%

Note: All physician spending including hospital physicians in the Resident Analysis are shown in the physician service category

	Payer reported data
	Allocations estimated from VT specific data
	Amounts imputed from National Health Expenditures or other indirect sources



2017 EXPENDITURE ANALYSIS-RESIDENT

Commercial Insurance Detail

All dollar amounts are reported in thousands

PROVIDERS & FACILITIES	Percent of Total	Total	Self-Insured	BCBSVT	TVHP	MVP	Workers Comp	Other Private
Hospitals	47.8%	\$965,310	\$568,686	\$231,637	\$17,113	\$30,029	\$9,640	\$108,205
Community Hospital	47.0%	\$949,531	\$557,939	\$229,316	\$16,853	\$28,996	\$9,640	\$106,786
Inpatient	14.9%	\$301,819	\$169,926	\$75,794	\$6,953	\$8,523	\$4,641	\$35,981
Inpatient-Physician	0.0%	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient-Physician	0.0%	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient & ER	32.1%	\$647,713	\$388,013	\$153,522	\$9,900	\$20,473	\$5,000	\$70,805
Veterans Hosp	0.3%	\$6,987	\$5,689	\$816	\$130	\$0	\$0	\$352
Psych Hosp - State	0.1%	\$2,171	\$1,925	\$25	\$2	\$0	\$0	\$219
Psych Hosp - Private	0.3%	\$6,621	\$3,133	\$1,480	\$127	\$1,033	\$0	\$848
Physicians	15.6%	\$314,389	\$163,900	\$64,661	\$4,279	\$13,027	\$38,324	\$30,199
Office of Physicians	9.7%	\$195,848	\$97,873	\$31,168	\$1,665	\$13,027	\$35,765	\$16,349
Ambulatory Clinics	5.8%	\$117,534	\$65,850	\$33,344	\$2,608	\$0	\$1,943	\$13,789
CMHCs	0.0%	\$23	\$19	\$3	\$0	\$0	\$0	\$1
Other Ambulatory Clinics	5.8%	\$117,511	\$65,831	\$33,341	\$2,607	\$0	\$1,943	\$13,788
Labs	0.0%	\$1,008	\$176	\$149	\$6	\$0	\$616	\$61
Dentists	4.0%	\$81,777	\$48,836	\$239	\$14	\$63	\$255	\$32,369
Other Professionals (Licensed)	5.8%	\$116,315	\$76,091	\$22,966	\$1,667	\$925	\$3,952	\$10,714
Chiropractic	0.4%	\$8,586	\$5,611	\$1,518	\$100	\$36	\$651	\$671
Physical Therapy	0.8%	\$15,411	\$10,373	\$3,128	\$268	\$223	\$0	\$1,419
Podiatrist	0.1%	\$1,753	\$1,152	\$344	\$32	\$66	\$0	\$159
Psychological	1.5%	\$30,821	\$18,485	\$8,347	\$320	\$121	\$0	\$3,547
Optometrists	0.2%	\$3,161	\$2,209	\$577	\$140	\$0	\$0	\$235
Other (Professional)	2.8%	\$56,583	\$38,262	\$9,053	\$806	\$479	\$3,300	\$4,682
Home Health Care	0.3%	\$6,021	\$3,644	\$1,513	\$59	\$125	\$0	\$681
Drugs & Supplies	13.2%	\$266,302	\$134,348	\$78,725	\$2,785	\$11,060	\$3,487	\$35,896
Rx	13.1%	\$265,106	\$133,240	\$78,659	\$2,779	\$11,060	\$3,487	\$35,881
Other Supplies	0.1%	\$1,196	\$1,108	\$67	\$6	\$0	\$0	\$15
Vision & DME	1.0%	\$19,423	\$13,960	\$2,884	\$305	\$278	\$774	\$1,222
Nursing Home	0.4%	\$9,068	\$6,898	\$1,347	\$236	\$61	\$0	\$526
Other Unclassified	1.2%	\$24,687	\$23,270	\$14	\$2	\$17	\$0	\$1,383
Mental Health & Other Govt Activities	0.0%	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Admin and Net Cost of Health Insurance	10.8%	\$217,554	\$75,431	\$38,386	\$1,025	\$1,162	\$57,854	\$43,697
Administration	10.8%	\$219,071	\$64,089	\$39,254	\$4,743	\$9,690	\$57,854	\$43,440
Change in Surplus	-0.1%	(\$1,517)	\$11,341	(\$869)	(\$3,718)	(\$8,528)	\$0	\$257
TOTAL VERMONT EXPENDITURES	100.0%	\$2,020,845	\$1,115,065	\$442,373	\$27,484	\$56,746	\$114,286	\$264,892
Percent of total expenditures		100.0%	55.2%	21.9%	1.4%	2.8%	5.7%	13.1%

Note: All physician spending including hospital physicians in the Resident Analysis are shown in the physician service category



	Payer reported data
	Allocations estimated from VT specific data
	Amounts imputed from National Health Expenditures or other indirect sources

2017 EXPENDITURE ANALYSIS-PROVIDER

All dollar amounts are reported in thousands

PROVIDERS & FACILITIES	Percent of Total	Total	Out of Pocket	Commercial	Medicare	Medicaid	Other Government - Federal	Other Government - State & Local
Hospitals	46.6%	\$2,908,805	\$220,271	\$1,288,529	\$839,043	\$353,745	\$200,577	\$6,639
Community Hospital	41.8%	\$2,606,969	\$216,551	\$1,253,974	\$822,035	\$314,410	\$0	\$0
Inpatient	14.2%	\$885,253	\$63,274	\$360,054	\$357,617	\$104,309	\$0	\$0
Inpatient-Physician	2.6%	\$163,325	\$13,704	\$79,565	\$46,511	\$23,545	\$0	\$0
Outpatient-Physician	4.8%	\$300,790	\$24,848	\$144,262	\$84,330	\$47,350	\$0	\$0
Outpatient & ER	20.2%	\$1,257,602	\$114,724	\$670,093	\$333,578	\$139,207	\$0	\$0
Veterans Hosp	3.5%	\$217,587	\$3,615	\$13,804	\$0	\$0	\$200,168	\$0
Psych Hosp - State	0.3%	\$21,742	\$0	\$0	\$668	\$21,120	(\$46)	\$0
Psych Hosp - Private	1.0%	\$62,506	\$105	\$20,752	\$16,339	\$18,215	\$455	\$6,639
Physicians	7.1%	\$445,598	\$55,092	\$178,520	\$125,621	\$68,066	\$18,166	\$133
Office of Physicians	6.8%	\$425,458	\$52,896	\$170,953	\$120,688	\$62,721	\$18,068	\$133
Ambulatory Clinics	0.2%	\$14,756	\$1,901	\$6,053	\$4,259	\$2,542	\$0	\$0
CMHCs	0.0%	\$266	\$33	\$106	\$0	\$127	\$0	\$0
Other Ambulatory Clinics	0.2%	\$14,490	\$1,868	\$5,947	\$4,259	\$2,416	\$0	\$0
Labs	0.1%	\$5,383	\$295	\$1,514	\$673	\$2,803	\$97	\$1
Dentists	4.7%	\$296,065	\$138,780	\$117,391	\$229	\$39,403	\$1	\$261
Other Professionals (Licensed)	5.3%	\$330,732	\$57,618	\$168,425	\$59,246	\$45,442	\$1	\$0
Chiropractic	0.5%	\$32,608	\$8,591	\$17,435	\$4,118	\$2,464	\$0	\$0
Physical Therapy	0.8%	\$51,118	\$9,154	\$20,555	\$12,612	\$8,797	\$0	\$0
Podiatrist	0.1%	\$4,774	\$1,015	\$1,900	\$1,628	\$231	\$0	\$0
Psychological	0.9%	\$54,316	\$6,080	\$22,812	\$5,351	\$20,072	\$0	\$0
Optometrists	0.7%	\$41,589	\$8,609	\$12,048	\$12,159	\$8,772	\$1	\$0
Other (Professional)	2.3%	\$146,328	\$24,169	\$93,675	\$23,378	\$5,106	\$0	\$0
Home Health Care	2.4%	\$151,692	\$2,864	\$15,420	\$85,910	\$43,086	\$3,155	\$1,256
Drugs & Supplies	14.2%	\$888,012	\$171,807	\$312,640	\$326,019	\$81,672	(\$4,044)	(\$82)
Rx	12.7%	\$794,980	\$153,808	\$279,887	\$291,864	\$73,116	(\$3,621)	(\$73)
Other Supplies	1.5%	\$93,032	\$17,999	\$32,754	\$34,155	\$8,556	(\$424)	(\$9)
Vision & DME	1.8%	\$109,620	\$77,615	\$13,308	\$12,831	\$5,867	\$0	\$0
Nursing Home	4.4%	\$277,320	\$35,319	\$3,836	\$80,229	\$126,440	\$17,031	\$14,465
Other Unclassified	0.5%	\$33,659	\$14,555	\$2,656	\$0	\$500	\$0	\$15,948
Mental Health & Other Govt Activities	12.8%	\$796,557	\$0	\$0	\$0	\$725,337	\$28,463	\$42,758
Admin and Net Cost of Health Insurance	0.0%	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Administration	N/A	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Change in Surplus	N/A	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL VERMONT REVENUES	100.0%	\$6,238,059	\$773,921	\$2,100,726	\$1,529,127	\$1,489,557	\$263,348	\$81,379
Percent of total expenditures		100.0%	12.4%	33.7%	24.5%	23.9%	4.2%	1.3%

Note: All physician revenues including hospital physicians in the Resident Analysis are shown in the physician service category

	Provider reported data
	Allocations estimated from VT specific data
	Amounts imputed from National Health Expenditures or other indirect sources



Health Insurance Coverage Profile Vermont Residents 2014-2017

Category	2013	2014	2015	2016	2017	% 2016-2017
Commercial Insured Market						
Insured Plans						
Individual	4,387	32,041	29,547	32,721	32,112	
Small Employer	31,122	37,231	36,656	42,938	42,568	
Merged Market	35,509	69,272	66,203	75,659	74,680	-1.3%
Large Employer	52,397	47,400	40,190	19,472	17,608	
Association	63,846	39,758	39,410	0	2	
Large Group Market	116,243	87,158	79,600	19,472	17,610	-9.6%
Insured Market Subtotal	151,752	156,430	145,803	95,131	92,290	-3.0%
Self-insured Employer Plans						
Self-insured Employer Plans	127,048	137,327	126,568	168,838	182,972	
Federal Employee Plan	14,521	14,535	14,666	14,685	14,604	
Military	15,478	18,578	18,578	18,578	16,900	
Self Insured Market Subtotal	157,047	170,440	159,812	202,101	214,476	6.1%
VT residents covered by insurers outside VT	24,165	25,143	20,077	18,276	15,540	
Other	41,191	25,143	20,077	18,276	15,540	-15.0%
Commercial Insured Market	349,990	352,013	325,692	315,508	322,306	2.2%
Government Coverage						
Medicaid	127,342	146,273	161,097	157,112	150,375	-4.3%
Medicare	111,954	115,649	119,477	131,344	133,915	2.0%
Government Coverage	239,296	261,922	280,574	288,456	284,290	-1.4%
Uninsured						
Uninsured	37,344	26,071	26,071	28,541	19,800	-30.6%
Total of Assigned Lives	626,630	640,006	632,337	632,505	626,396	-1.0%
Duplicated Count		-13,444	-6,295	-7,911	-2,739	
Total Vermont Population	626,630	626,562	626,042	624,594	623,657	-0.2%

Resources*

ASSR

VHHIS

VHCURES

DVHA

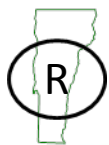
TDI & VHCURES

VHHIS

Enrollees maybe accounted for across multiple payer types causing a "duplicated count" adjustment to be recognized.
VHCURES has aided in the validation of these enrollment counts.

***Resources:**

- Annual Statement Supplement Report (ASSR)
- Vermont Household Health Insurance Survey (VHHIS)
- Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES)
- Department of Vermont Health Access (DVHA)
- The Dartmouth Institute for Health Policy and Clinical Practice (TDI)



Methodologies, Technical Notes, and Sources

National Health Expenditures (NHE) is recorded at three different levels

National Health Expenditures (NHE)	Personal Health Care (PHC) <ul style="list-style-type: none">-Hospital-Professional Services<ul style="list-style-type: none">-Physician and clinics-Other professionals-Dental-Other health, residential, and person care-Home Health-Nursing care facilities and continuing care retirement communities-Retail outlet sales of medical products<ul style="list-style-type: none">-Prescription drugs-Other medical products<ul style="list-style-type: none">-Durable medical equipment-Non-durable medical equipment
	Health Consumption Expenditures (HCE) <p>Personal Health Care plus:</p> <ul style="list-style-type: none">-Administration and the net cost of private insurance-Public health activity
	National Health Expenditures (NHE) <p>Health Consumption Expenditures plus:</p> <ul style="list-style-type: none">-Investment<ul style="list-style-type: none">-Research-Structures-Equipment

Source: National Health Statistics Group, Office of the Actuary, Centers for Medicare & Medicaid Services

Vermont expenditures do not include investments in research, structures and equipment as defined in the NHE

Methodologies, Technical Notes, and Sources

National Health Expenditures

Health Consumption Expenditures (HCE)

- Represents spending for all medical care rendered during the year,
- Includes the total amount spent to treat individuals with specific medical conditions,
- Includes spending by governments to organize and deliver health services, and prevention and control health problems,
- Includes the administrative costs of running various government health care programs, and
- Includes the difference between premiums earned by insurers and the claims or losses incurred for which insurers become liable.

National Health Expenditures (NHE)

- Includes Health Consumption Expenditures and medical sector purchases of structures and equipment and investments in noncommercial medical research.

Please see the link below:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/index.html>

Methodologies, Technical Notes, and Sources

- † **NHE, Health Consumption Expenditures** website at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html>
- † **US Comparisons: National Health Expenditure Data (NHE), the Centers for Medicare and Medicaid Services'** website at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html>
- † **US Dept. of Labor, Bureau of Labor Statistics** website at: http://stats.bls.gov/oes/current/oes_nat.htm
- † **VT Dept. of Labor** website at: <http://www.vtlmi.info/occupation.cfm>

Methodologies, Technical Notes, and Sources

- † **GSP** refers to the US Bureau of Economic Analysis-Gross State Product (GSP), or Gross Regional Product (GRP), and is a measurement of the economic output of a state. The sum of all value added by industries within the state and serves as a counterpart to the Gross Domestic Product (GDP).
<http://www.bea.gov/iTable/iTable.cfm?reqid=70&step=1&isuri=1&acrdn=1#reqid=70&step=7&isuri=1&7001=1200&7002=1&7003=200&7090=70&7005=-1&7006=50000&7093=levels&7004=naics>
- † **VT Household Health Insurance Survey** aids in enrollment calculations and out-of-pocket calculations.
http://www.healthvermont.gov/sites/default/files/documents/pdf/VHHIS_Report_2018.pdf
- † **Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES)** payer data is used to supplement source data and is also used to test for reasonableness and trends in payers' aggregate reports.
<http://gmcboard.vermont.gov/hit/vhcures>

Methodologies, Technical Notes, and Sources

- † Commercial payers' "Spending" is defined as earned premiums.
- † 2016 Expenditure Analysis was updated to include actual 2016 Medicare data, and Out-of-Pocket was adjusted accordingly.
- † The Out-of-Pocket (OOP) methodology primarily uses Vermont data, with allocations using Medicare claims expenditures from VHCURES, The Vermont Household Health Insurance Survey, 2018 U.S. Census data (latest available), and the NHE are used to help estimate out-of-pocket costs for unique provider populations and services.

Methodologies, Technical Notes, and Sources

- † **Enrollment** data used to provide a summary of Vermonters' health care coverage is collected from a variety of payer sources that include the Annual Statement Supplemental Report (ASSR), Vermont Health Care Uniform Reporting and Evaluation System (VHCURES), the Dartmouth Institute for Health Policy & Clinical Practice (TDI), Vermont Household Health Insurance Survey (VHHIS), the Department of Vermont Health Access (DVHA), and the Vermont Department of Health (VDH).
- † **Timing differences:** this report includes data from both calendar years and from federal fiscal years (October 1, YYYY through September 30, YYYY) because organizations represented in this report base their data on different fiscal years. The data issue has been consistently recognized since the early 1990s; since some data points are estimates, we have not attempted to adjust for these timing differences.
- † **Medicaid Mental Health & Other Government Activities** are reported equally on both Resident and Provider Analyses. When the Expenditure Analysis was first developed there was no method or ability to isolate resident versus provider expenditures for these services. These accounts are under review to see if reporting can be improved.

Methodologies, Technical Notes, and Sources

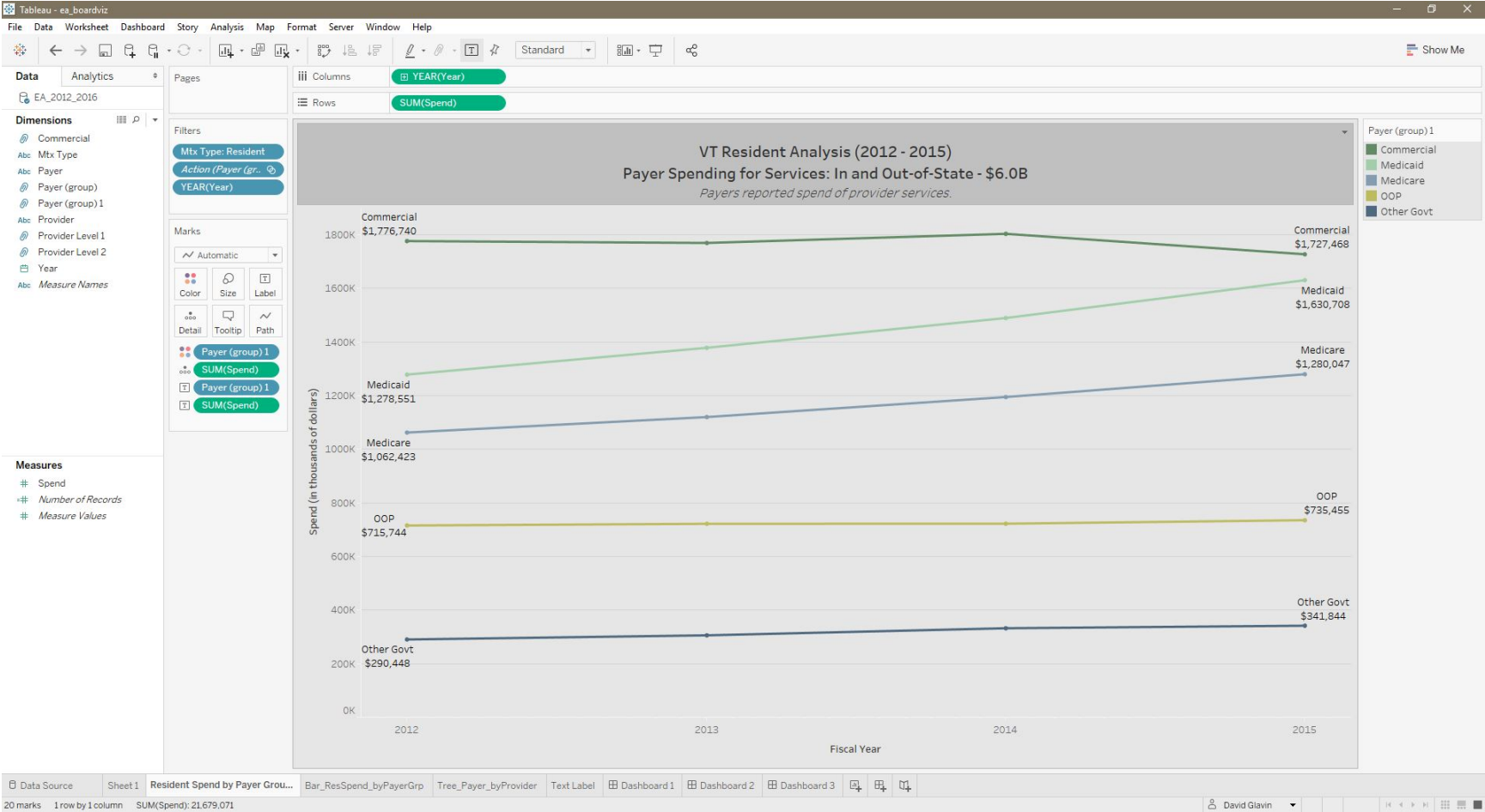
- † Reporting methods for “Physician” data in the Provider analysis have been evolving to rely more on Vermont-specific data from VHCURES and less on the U.S. Census and the NHE. While that data is less than 100% of Vermont’s claims data, it is more reliable. It will continue to be tested and adjusted for patient in-migration. The methodology and question of how to best define “physician” data will continue to be explored and improved.
- † For a complete list of the sources and methods used in the Vermont Health Care Expenditure Analysis, please refer to the Expenditure Analysis Manual, which is available at this [link](#).

Acknowledgements

The Green Mountain Care Board wants to thank the many representatives of government, commercial insurers, and the health care provider community for their valuable time and assistance that enabled us to produce this report. The Board also thanks its staff, the staff of the Agency of Human Services, and all others who provided data and feedback.

If you have questions about this report, please contact Lori Perry, Kelly Theroux, Agatha Kessler or Harriet Johnson at (802) 828-2177.

Tableau Interactive



[Link to Interactive data visualization](#)