2012 Vermont Health Care Expenditure Analysis

Green Mountain Care Board

Updated March 2014

Purpose of this report

What is the Vermont Health Care Expenditure Analysis?

- Resident analysis
- Provider analysis

Summary Vermont Resident analysis

- Comparison to National Health Expenditure Accounts
- Payer specific findings

Summary Vermont Provider analysis

- Provider specific findings

Next steps

- Drill down of payer reported data

Expenditure Analysis Summary Tables

The Expenditure Analysis

The *Vermont Health Care Expenditure Analysis* is required under V.S.A. § 9375a.

The analysis is prepared annually. The report is intended to be a tool to inform policy-makers and the public about health care spending.

The *Vermont Health Care Expenditure Analysis* presents two separate reports 1) spending for services provided to Vermont residents within Vermont and in other states; and 2) health care spending for services delivered in Vermont.

Two Different Spending Analyses

The report reflects two perspectives:

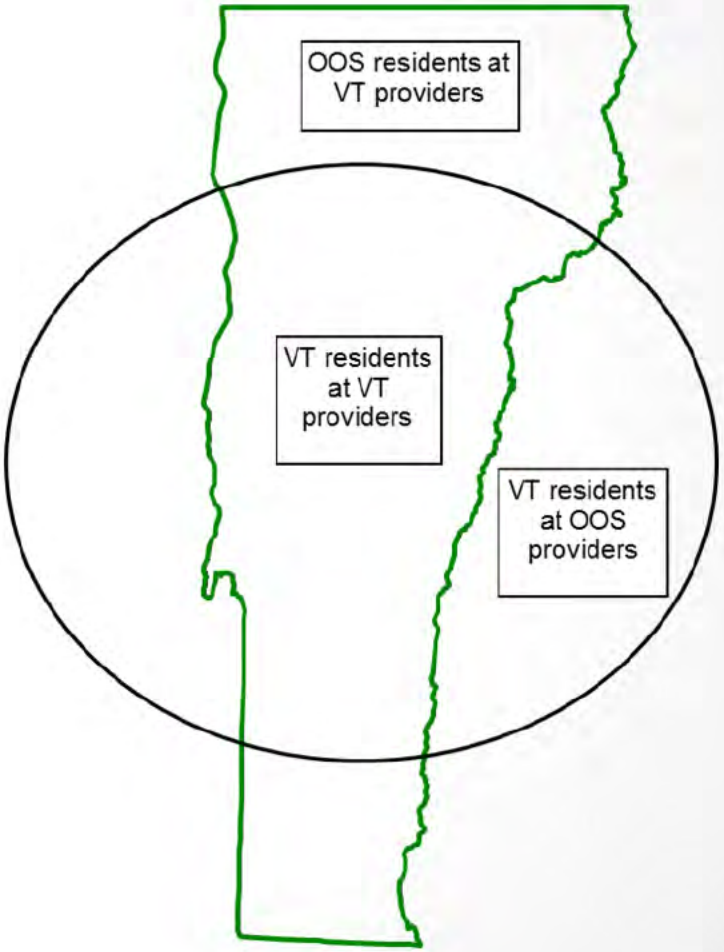
1) the **Resident analysis**,

payers' premium spending on Vermont Residents ;

2) and the **Provider analysis**,

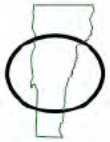
all net revenues received by Vermont Providers for services rendered.

Because some Vermonters obtain health care out/of/state (OOS) and some non-Vermonters come to Vermont for care, both of these analytical constructs are necessary to manage and /or understand health care spending.



How the analyses differ

Type of Difference		Resident Analysis	Provider Analysis
Populations, Patient Care	Vt Residents in state care	√	√
	Vt Resident out of state care	√	
	Out of state patients in state care		√
Reporting differences related to time, reporting, and classifications	Fiscal year issues related to reporting	√	√
	Accounting differences	√	√
	Taxonomy differences	√	√



Vermont Expenditure Analysis
2012 Highlights

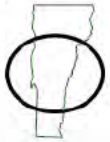
- Vermont health care expenditure growth has slowed compared to prior years (2007-2010)
- Vermont Resident expenditures as a % of Vt. GDP have slowed the last two years
- Vermont Resident analysis shows that the 2012 spending increase was primarily funded by Medicare & Medicaid
- Vermont Resident expenditures have increased at a slower rate than what has been seen at the federal level
- Vermont Provider information shows that physicians continue to move into hospitals

Heath Care Expenditures by Resident and Provider spending views

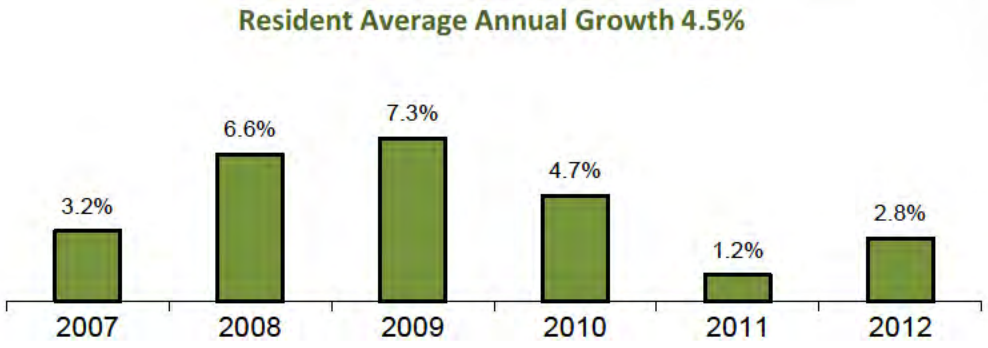
PAYERS	RESIDENT (As reported by Payers)	PROVIDER (As reported by Providers)
Out-of-Pocket	$715,744	$754,614
Private Insurance	$1,886,087	$1,799,528
Medicare	$1,062,423	$1,185,028
Medicaid	$1,278,551	$1,184,036
Other Government	$181,101	$246,034
TOTAL SPENDING	**$5,123,906**	**$5,169,240**

PROVIDER SERVICES		
Hospitals	$1,980,596	$2,289,345
Physician Services	$673,351	$572,645
Dental Services	$193,793	$260,597
Other Professional Services	$166,539	$229,428
Home Health Care	$94,882	$113,259
Drugs & Supplies	$629,871	$714,160
Vision Products & DME	$111,332	$110,251
Nursing Home Care	$292,882	$265,017
Other/Unclassified Health Services	$43,577	$33,539
Admin/Net Cost of Health Insurance	$356,086	n.a
Government Health Care Activities	$580,998	$580,998
TOTAL SPENDING	$5,123,906	$5,169,240

All dollar amounts are reported in thousands - Multiply expenditures by 1,000 to arrive at the full expenditure amount.



Annual change in spending as measured by Resident and Provider analyses



Note: Use caution in interpreting year-to-year differences in health care spending or between resident and provider analyses.

Vermont Expenditure Analysis
2012 Resident Analysis Highlights

- Total Vermont Resident health care expenditures for 2012 were $5.1 billion.
  - This is an increase of $141 million over 2011.

- Vermont Resident expenditures grew 2.8% in 2012. This compared with a growth of 1.2% in 2011.
  - Vermont grew 4.5% annually for the period 2007 to 2012.
  - The U.S. annual average for this period was 4.1%.
  - Vermont health care spending as a % of GDP (18.8%) remains higher than the U.S. level of 16.8%.

Vermont Expenditure Analysis
2012 Resident Analysis Highlights

- Private insurance spending increased 2.0% ($36 million).
- Medicaid spending increased 6% ($68 million) from 2011.
  - Government Health Activities account for $47 million of Medicaid growth.
- Medicare showed the largest increase in spending with a growth of 7.1% ($71 million) over 2011.
  - Part D (Drugs & Supplies) increased 22%.
  - Medicare Pareto analysis shows 5% of the population consumes 45% of health care.
- Out of pocket shows little change
- Vermont is compared to the U.S. National Health Expenditure Accounts (CMS)

What are the National Health Expenditure Accounts?

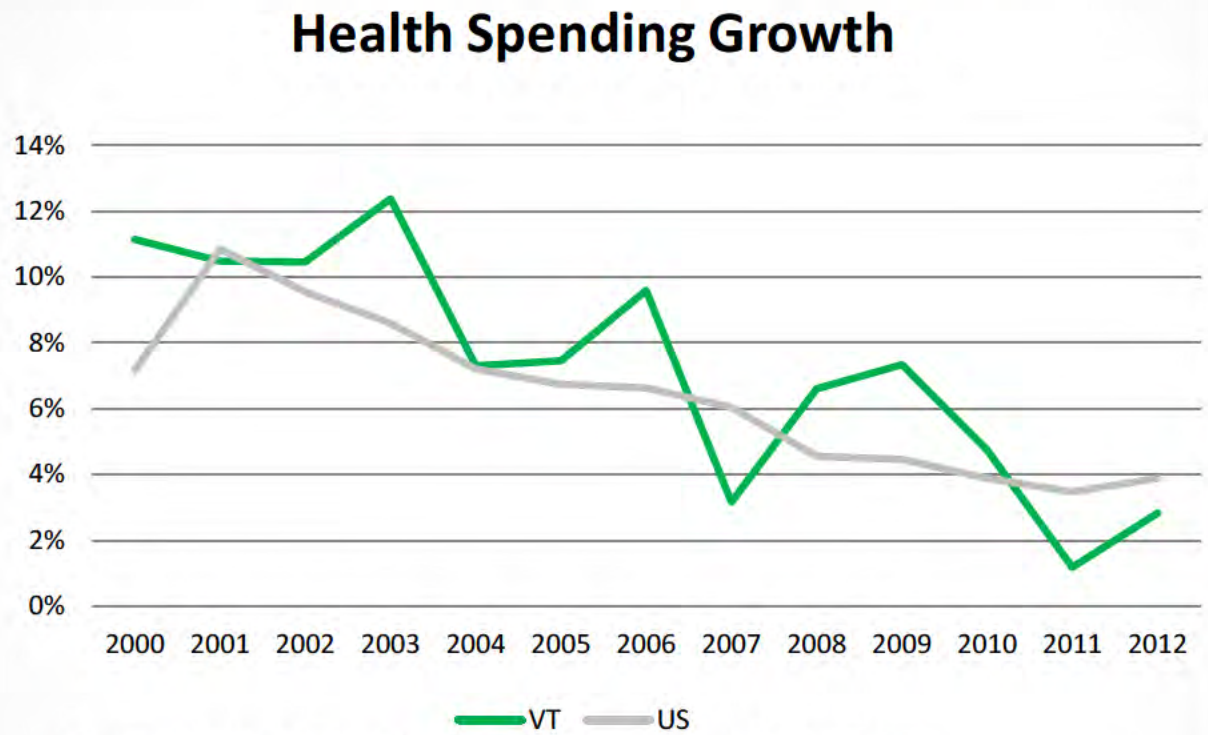
The National Health Expenditure Accounts (NHEA) are the official estimates of total health care spending in the United States.

Since 1960, the NHEA measures annual U.S. expenditures for health care goods and services, public health activities, government administration, the net cost of health insurance, and investment related to health care. The data are presented by type of service, by source of funding, and by type of sponsor.

The NHEA is prepared by CMS, the Office of the Actuary, and National Health Statistics Group.

State provider and resident data are prepared only every 5 years because the primary source of data is the quinquennial Economic Census.

What is the rate of growth in Vermont compared with the U.S.?



Source: US data from CMS Health Consumption Expenditures
VT data from VT Healthcare Expenditures Analysis

National Health Expenditure Accounts
Various Perspectives

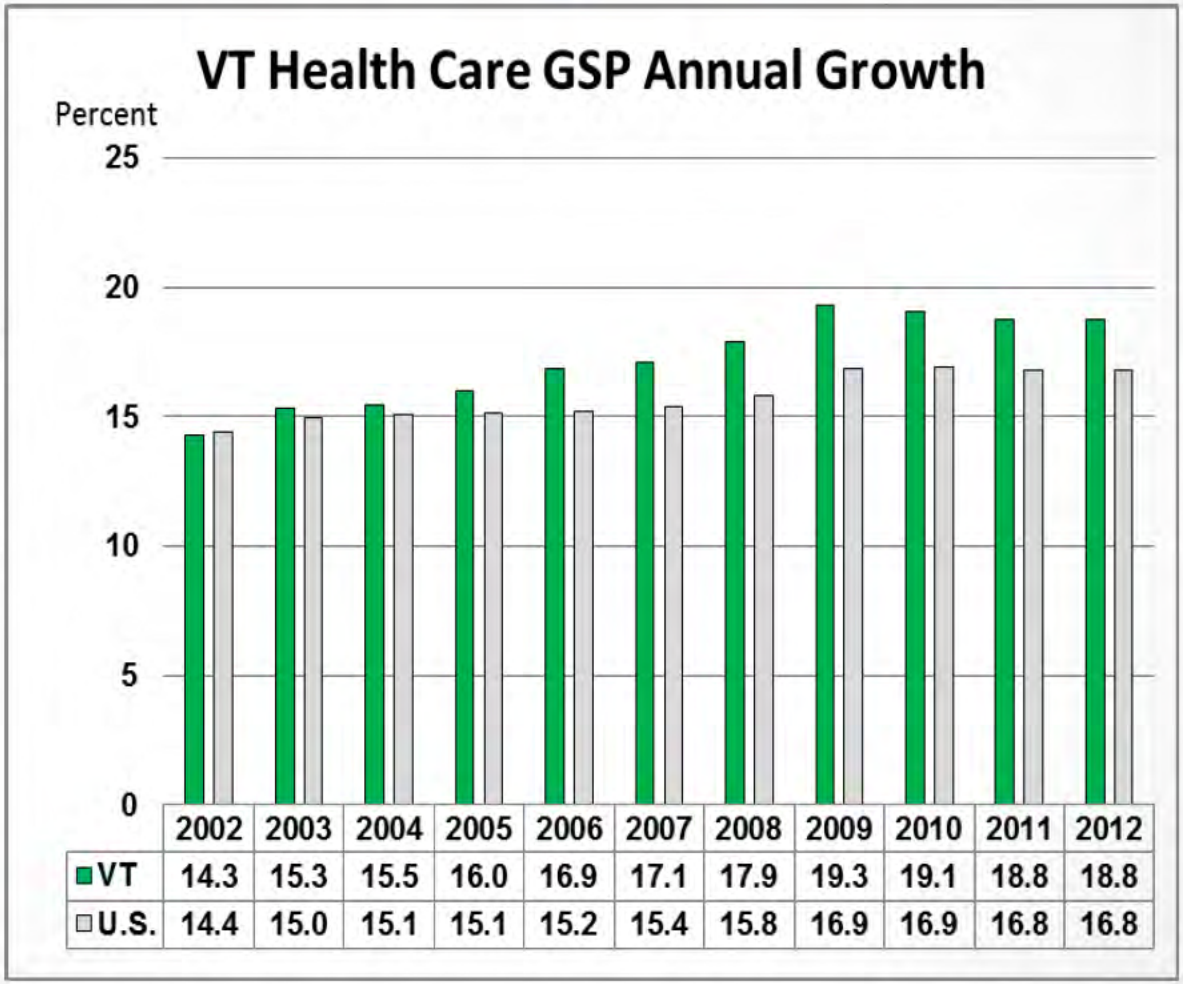
2012	National Health Expenditures		Health Consumption Expenditures		Personal Health Care	
	VT	U.S.	VT	U.S.	VT	U.S.
Total (billions)	n/a	$2,793	$5.1	$2,633	$4.2	$2,360
Per Capita	n/a	$8,915	$8,149	$8,404	$6,659	$7,533
Annual Change (2011-2012)	n/a	3.0%	2.4%	3.1%	2.2%	3.1%
Avg Annual Change (2008-2012)	n/a	3.0%	3.7%	3.1%	4.1%	3.2%
Share of Gross State/Domestic Product	n/a	17.2%	18.8%	16.8%	15.3%	15.1%

2011	National Health Expenditures		Health Consumption Expenditures		Personal Health Care	
	VT	U.S.	VT	U.S.	VT	U.S.
Total (billions)	n/a	$2,693	$5.0	$2,535	$4.1	$2,271
Per Capita	n/a	$8,658	$7,955	$8,150	$6,513	$7,303
Annual Change (2010-2011)	n/a	2.9%	1.1%	2.8%	2.8%	2.9%
Avg Annual Change (2007-2011)	n/a	3.1%	4.7%	3.3%	5.4%	3.4%
Share of Gross State/Domestic Product	n/a	17.3%	18.8%	16.8%	15.4%	15.1%

Note: VT data is from Resident Analysis.
U.S. actual data is from CMS 1/7/2014

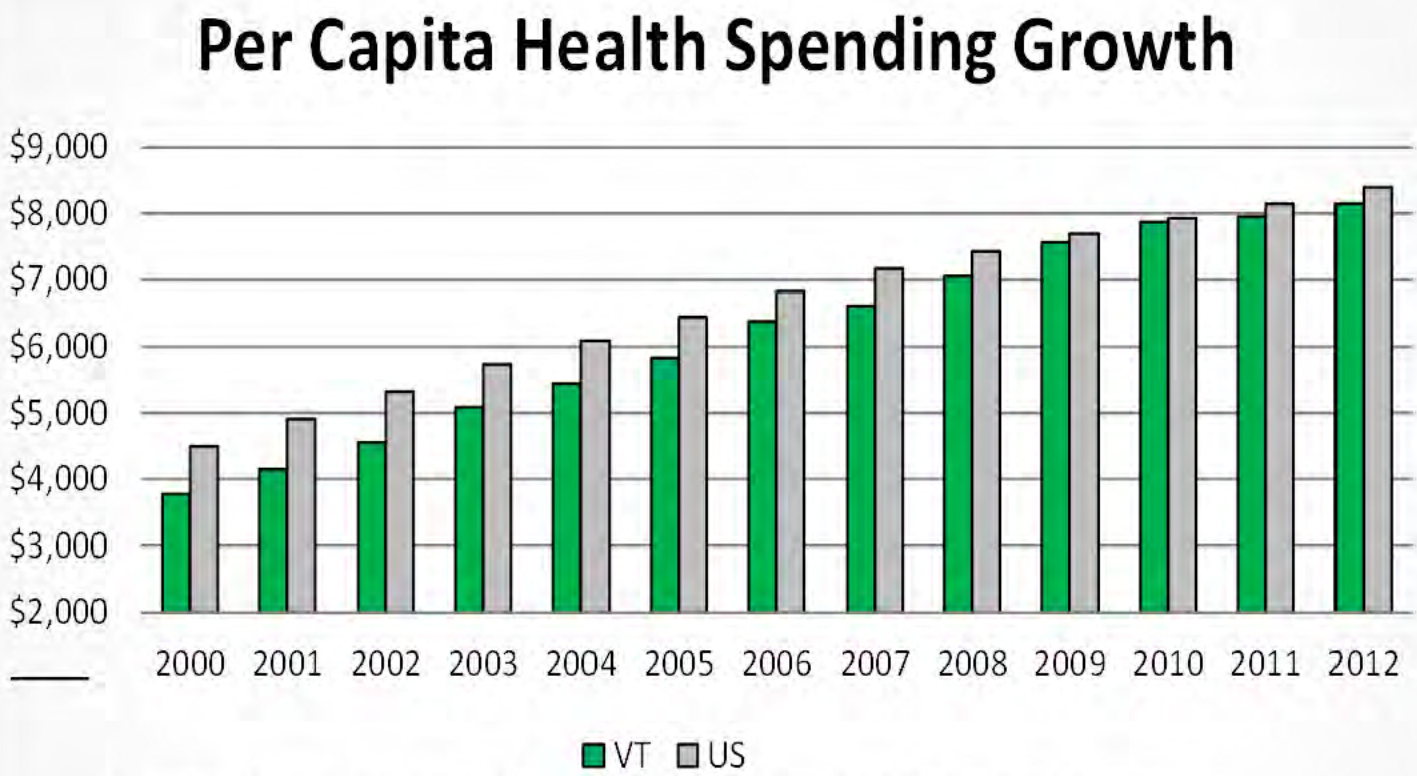
Health care spending as a share of gross state product has slowed the last couple of years

Vermont's health care expenditures as a percentage of GDP/GSP continues to be higher than the US average.



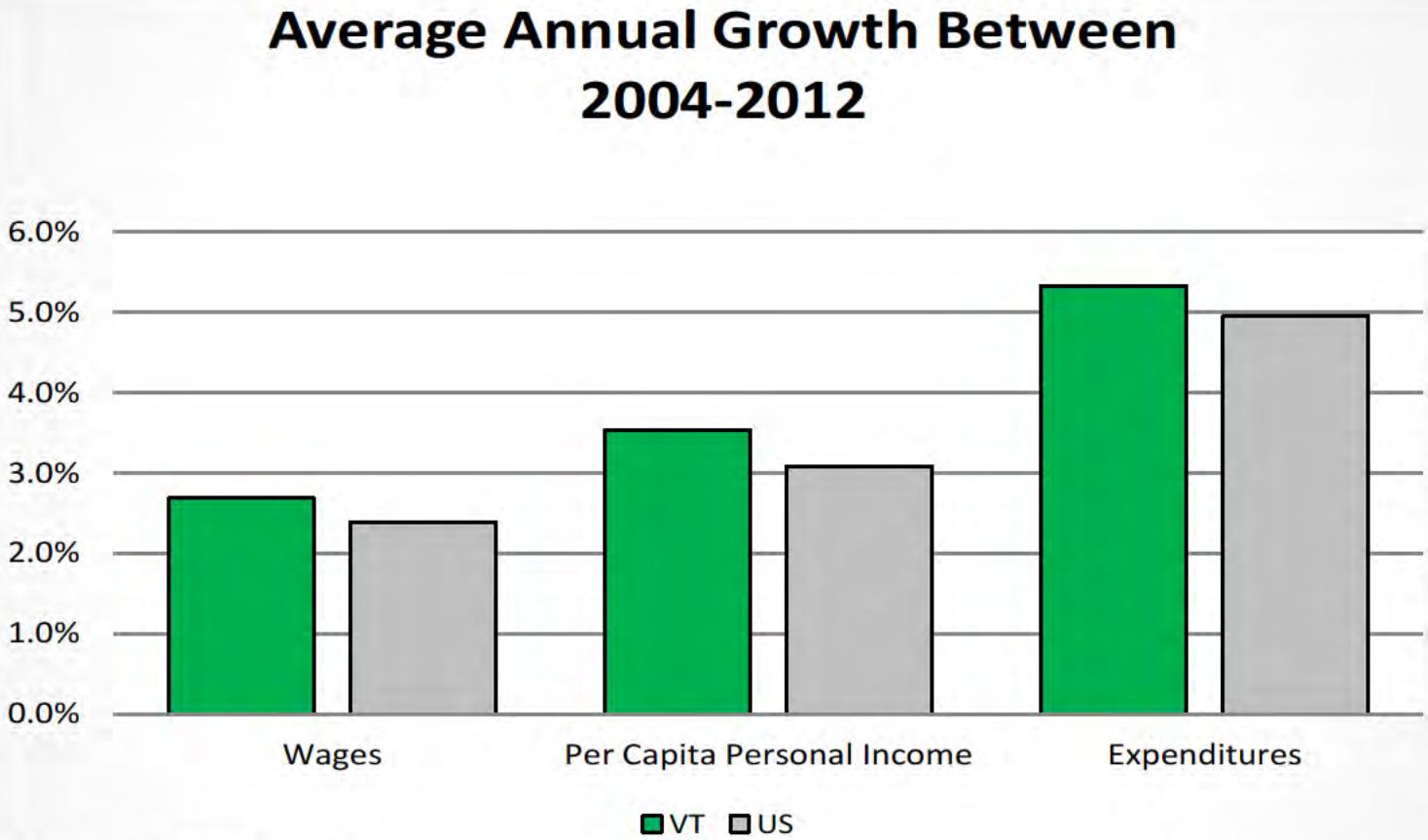
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
VT	14.3	15.3	15.5	16.0	16.9	17.1	17.9	19.3	19.1	18.8	18.8
U.S.	14.4	15.0	15.1	15.1	15.2	15.4	15.8	16.9	16.9	16.8	16.8

What has been the per capita rate of growth in Vermont compared with the U.S.?



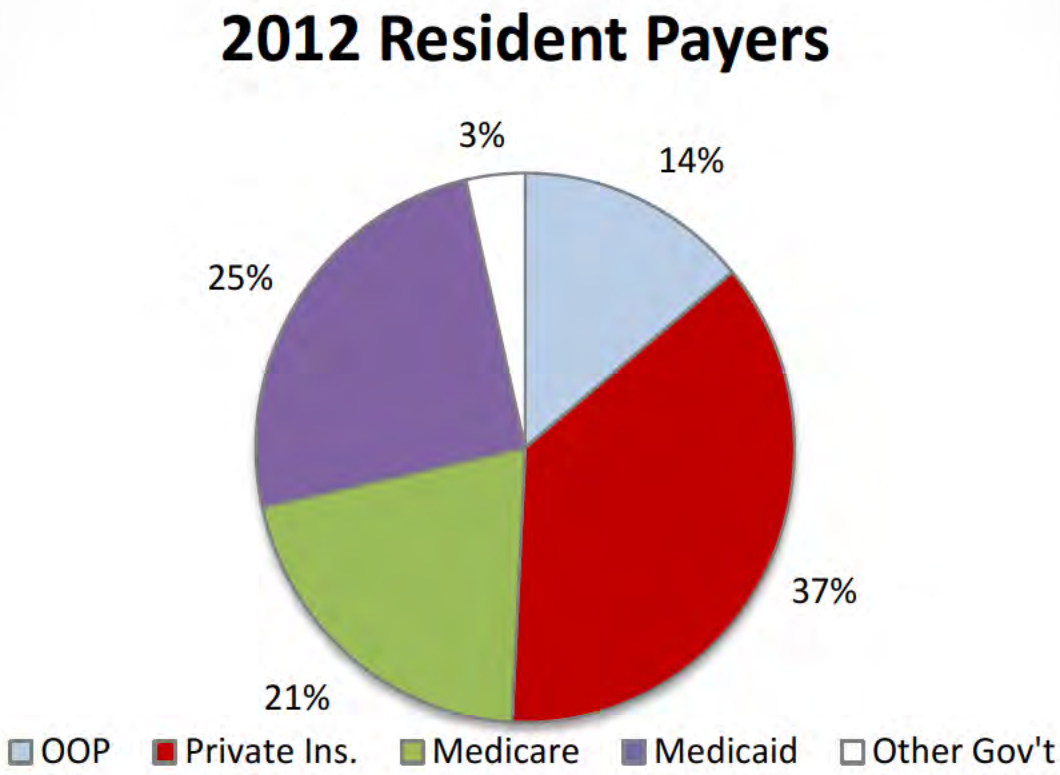
Source: US data from CMS Health Consumption Expenditures
VT data from VT Healthcare Expenditure Analysis

Comparison to selected measures



Source: US data from CMS Health Consumption Expenditures
US Dept of Labor, Bureau of Labor Statistics
VT data from VT Healthcare Expenditure Analysis
VT Dept. of Labor, Economic & Labor Market Informations

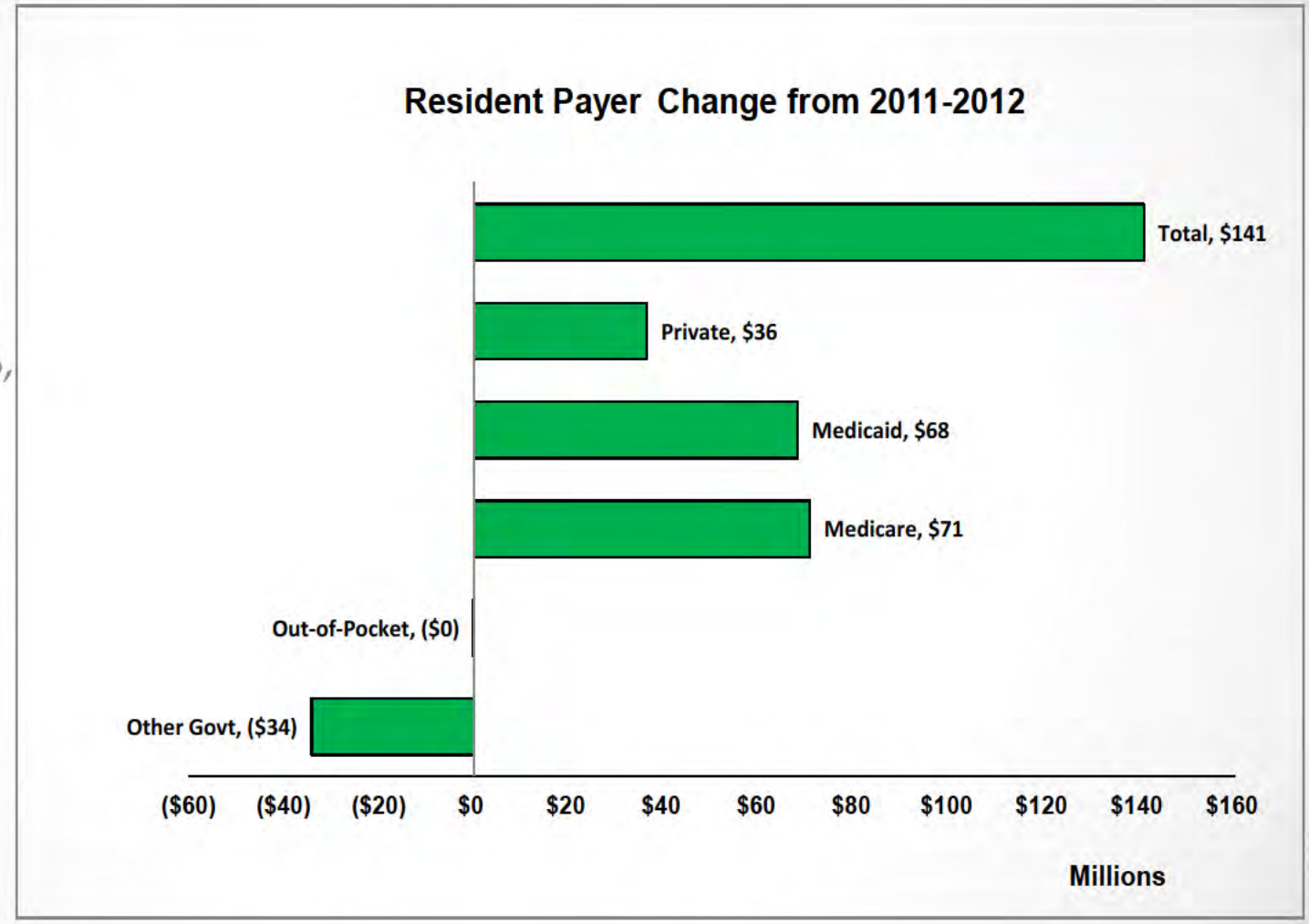
What are the sources of funds for Vermont Residents?



$5.123 billion

Who paid for the cost increase?

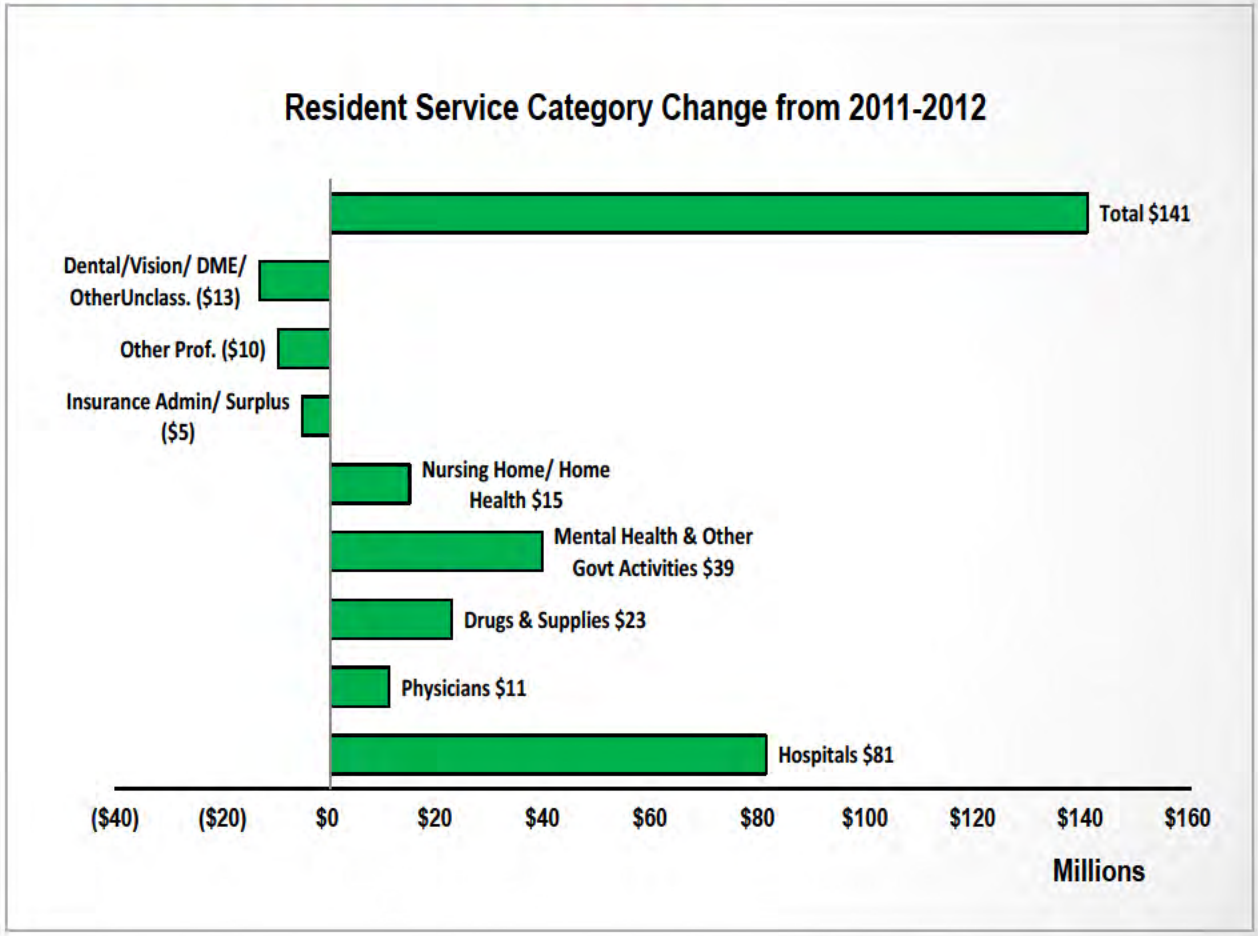
Medicaid increased 6% over 2012, Medicare 7.1%, and Private Insurance increased 2%.



What services were bought with the increase?

From 2011 to 2012 total Vermont health care expenditures increased $141 million to $5.1 billion.

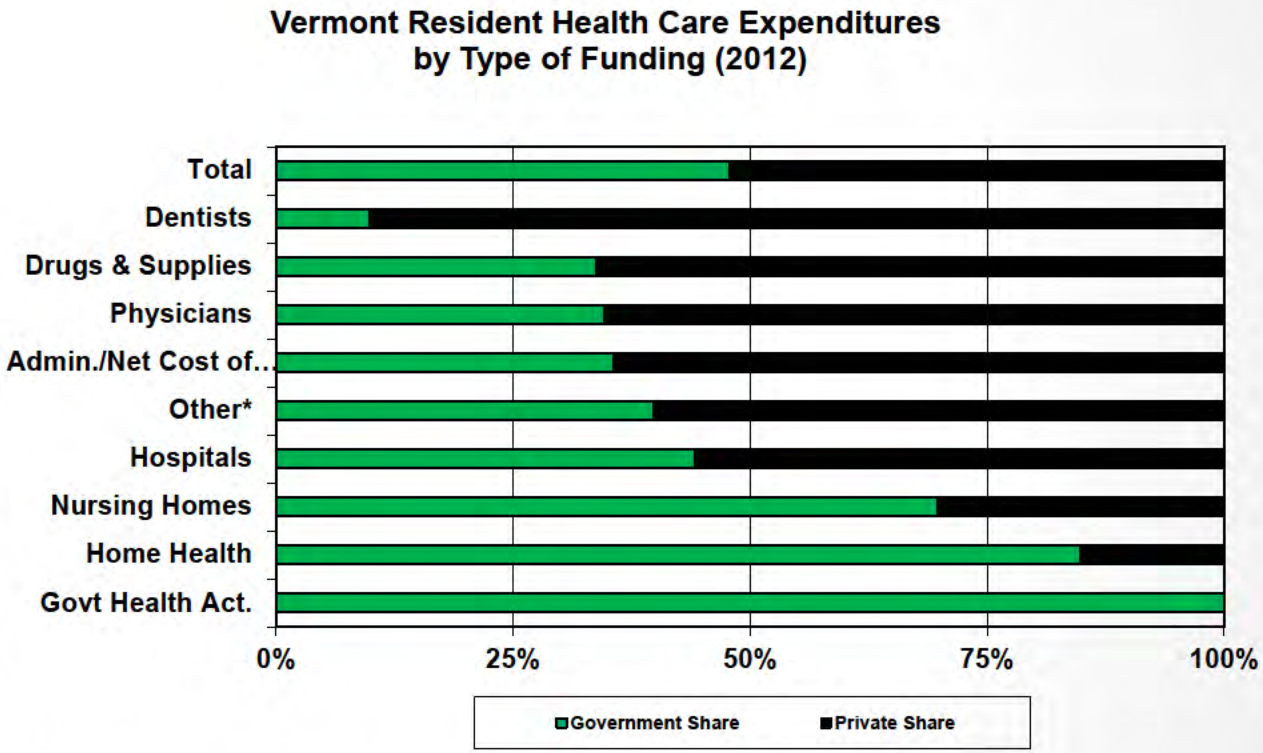
Hospitals and mental health & other government activities expenditures explain the majority of the total spending increase.



Providers are funded very differently depending upon the service they provide

In 2012, health care expenditures were financed 51% by private payers and 49% by government payers.

However, notice the funding differences by various provider types.

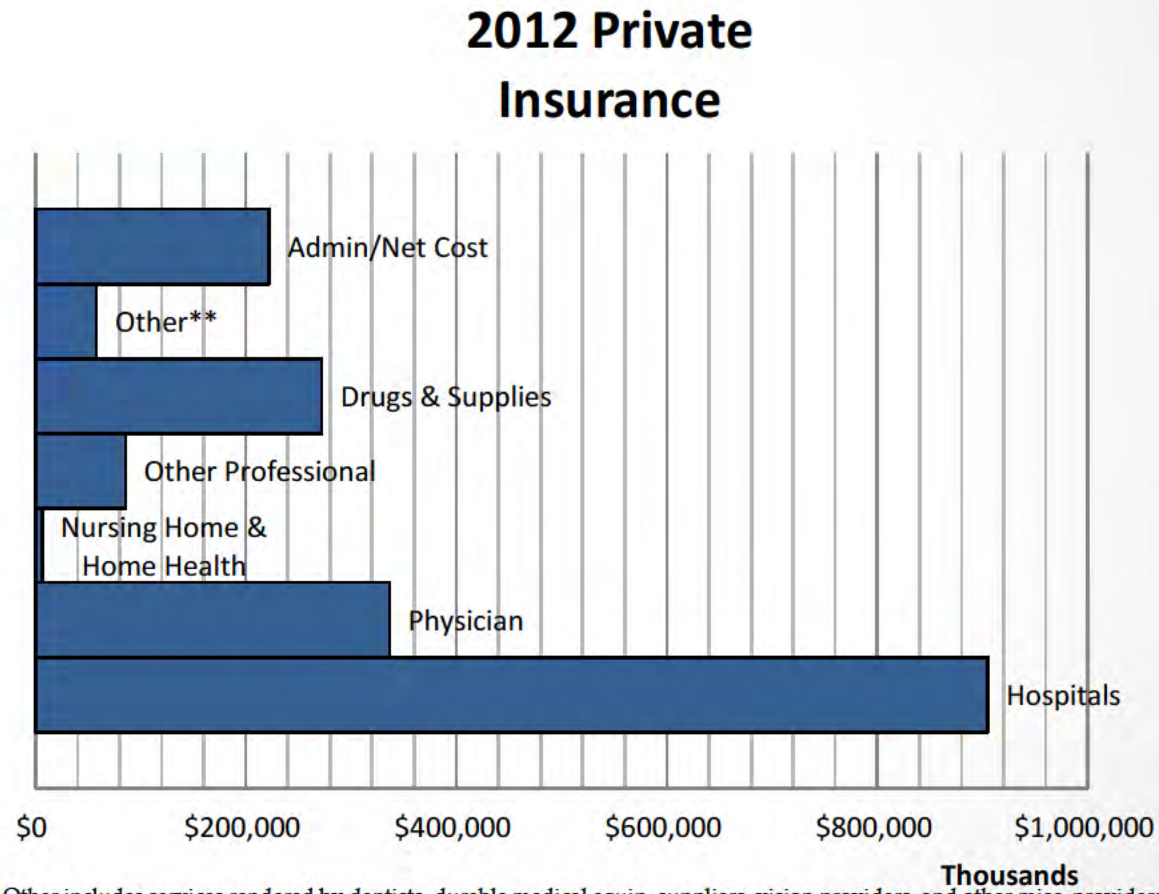


*Other includes services rendered by other professionals, durable medical equip. suppliers, vision providers, and other misc. providers

What do Private Insurance funds buy?

Private Insurance will spend $1.9 billion in 2012. Hospital spending is 48%, physicians are 18%, and drugs & supplies accounts for another 14%.

Private Insurance grew $36 million or 2% over 2011.



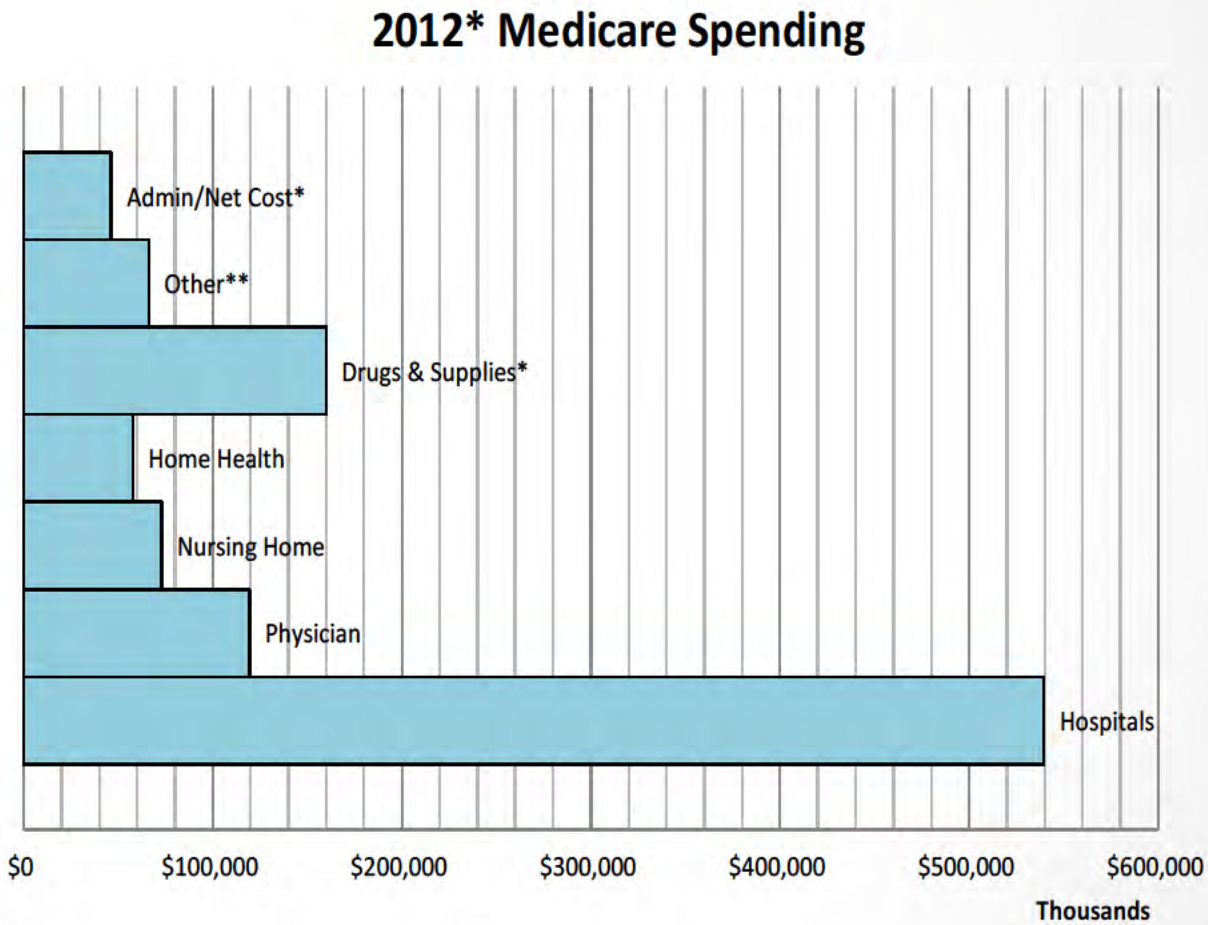
** Other includes services rendered by dentists, durable medical equip. suppliers, vision providers, and other misc. providers.

What do Medicare funds buy?

Medicare will spend $1.1 billion in 2012. Medicare hospital spending is 51% of the funding,

drugs & supplies accounts for another 15%.

Medicare grew $71 million or 7% over 2011.



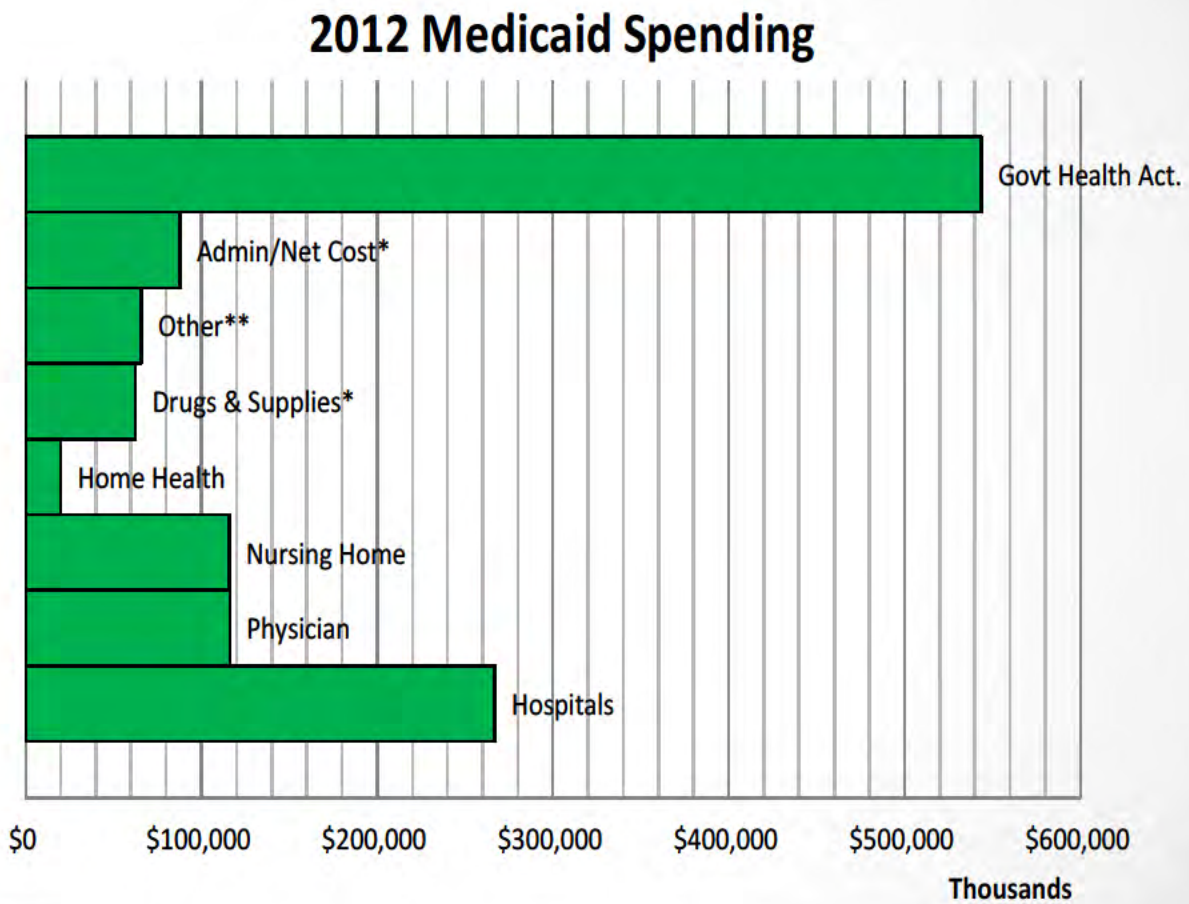
* Estimated

** Other includes services rendered by other professionals, durable medical equip. suppliers, vision providers, and other misc. providers.

What do Medicaid funds buy?

Medicaid will spend $1.3 billion in FFY 2012. Medicaid's Government Health Activities accounts for the majority of spending. This category includes mental health & community based services, MCO investments, and other AHS activities.

Medicaid grew $68 million or 6% over 2011.

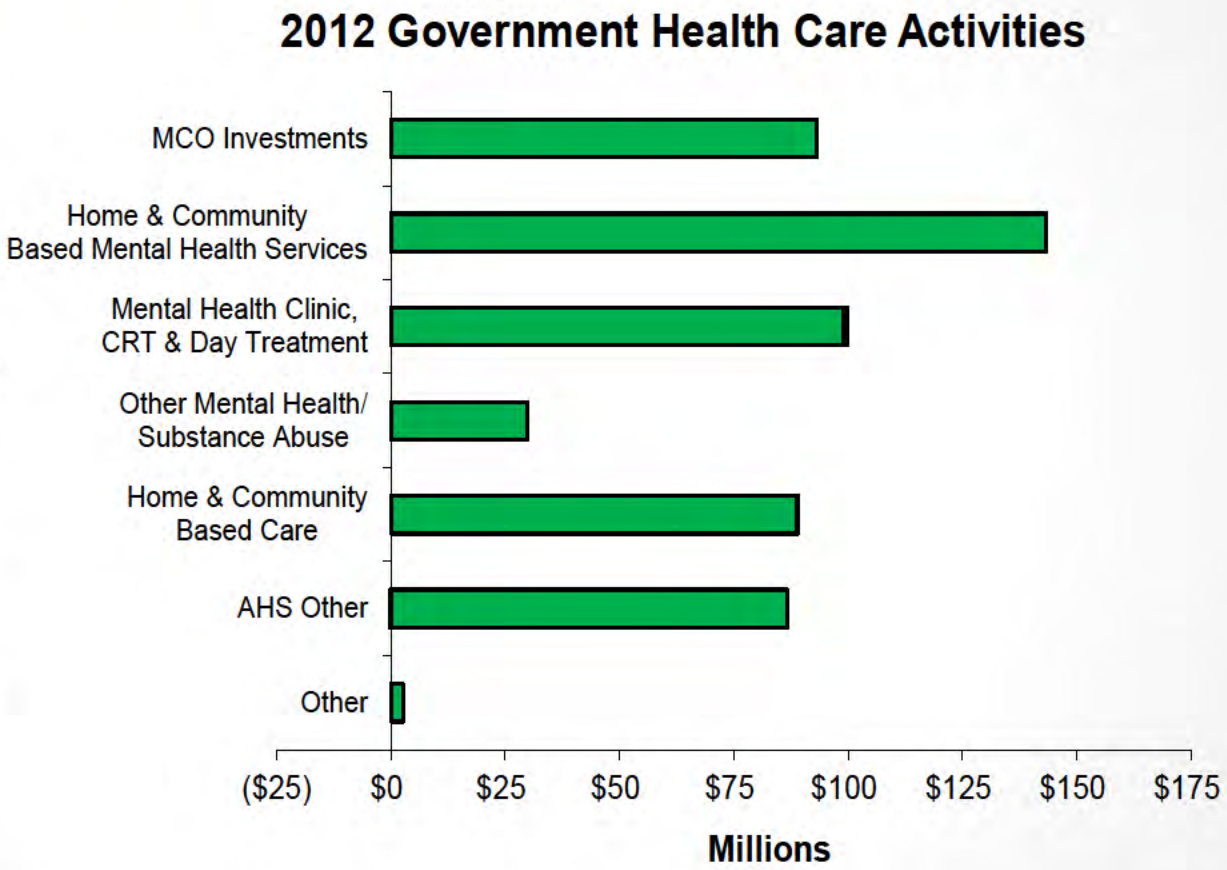


* Estimated

** Other includes services rendered by other professionals, durable medical equip. suppliers, vision providers, and other misc. providers.

What types of services are included in Government Health Activities?

In 2012, home and community based mental health services accounted for $143 million, while mental health in clinics, rehab treatment and day treatment services account for about $100 million of the total $543 million spent on government health activities.

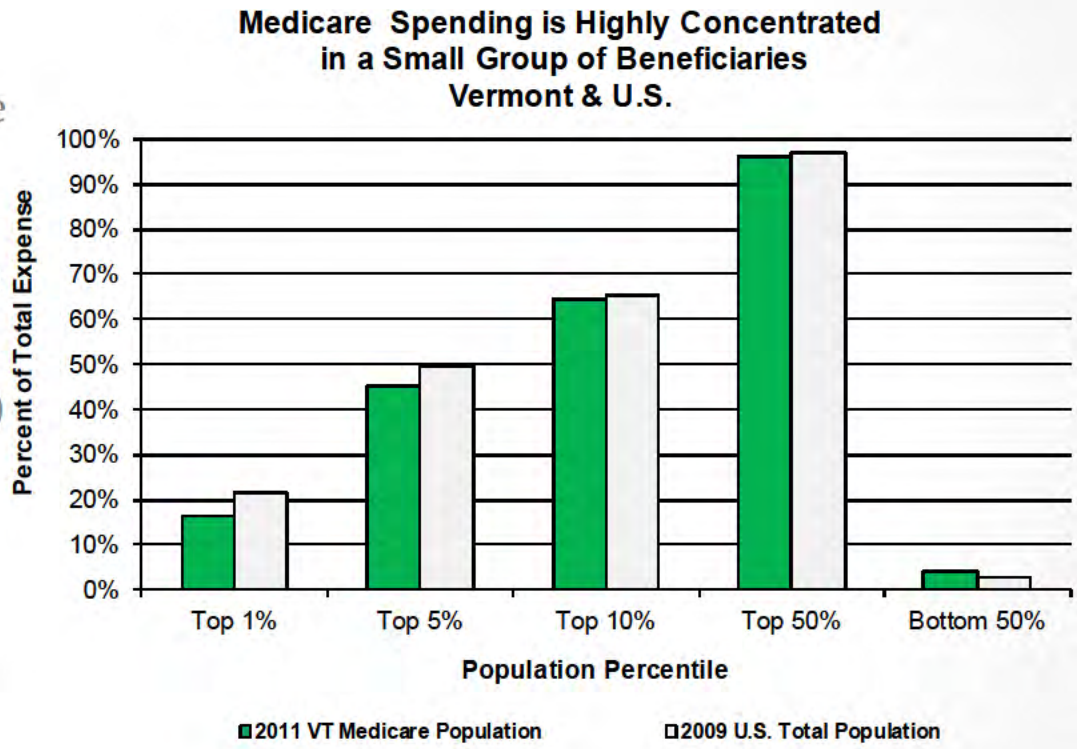


Concentration of Medicare Spending

A small percentage of the population consumes a relatively large proportion of health care resources.

(called "Pareto analysis")

For the Vermont Medicare population in 2011, 5% of the population consumed 45% of the health care spending.



Pareto Analysis - VT Medicare 2011 data, U.S. Medicare 2009 data from CMS; U.S. total from MEPS 2009

Vermont Expenditure Analysis
2012 Provider Analysis Highlights

- Total Vermont Provider health care expenditures for 2012 were $5.2 billion.
  - This is an increase of $142 million over 2011.
- Vermont Provider expenditures grew 2.8% in 2012. This compared with a growth of 4.8% in 2011.
  - Vermont grew 4.5% annually for the period 2007 to 2012.
- Hospital and physician spending represents 55.5% of total provider spending in 2012.
- The migration of physicians from private practice to hospitals has grown over the last several years.
  - Hospital employed physicians make up about 17% of the community hospital spending.
  - Physician full time equivalents increased from 947 in 2007 to 1207 in 2012.

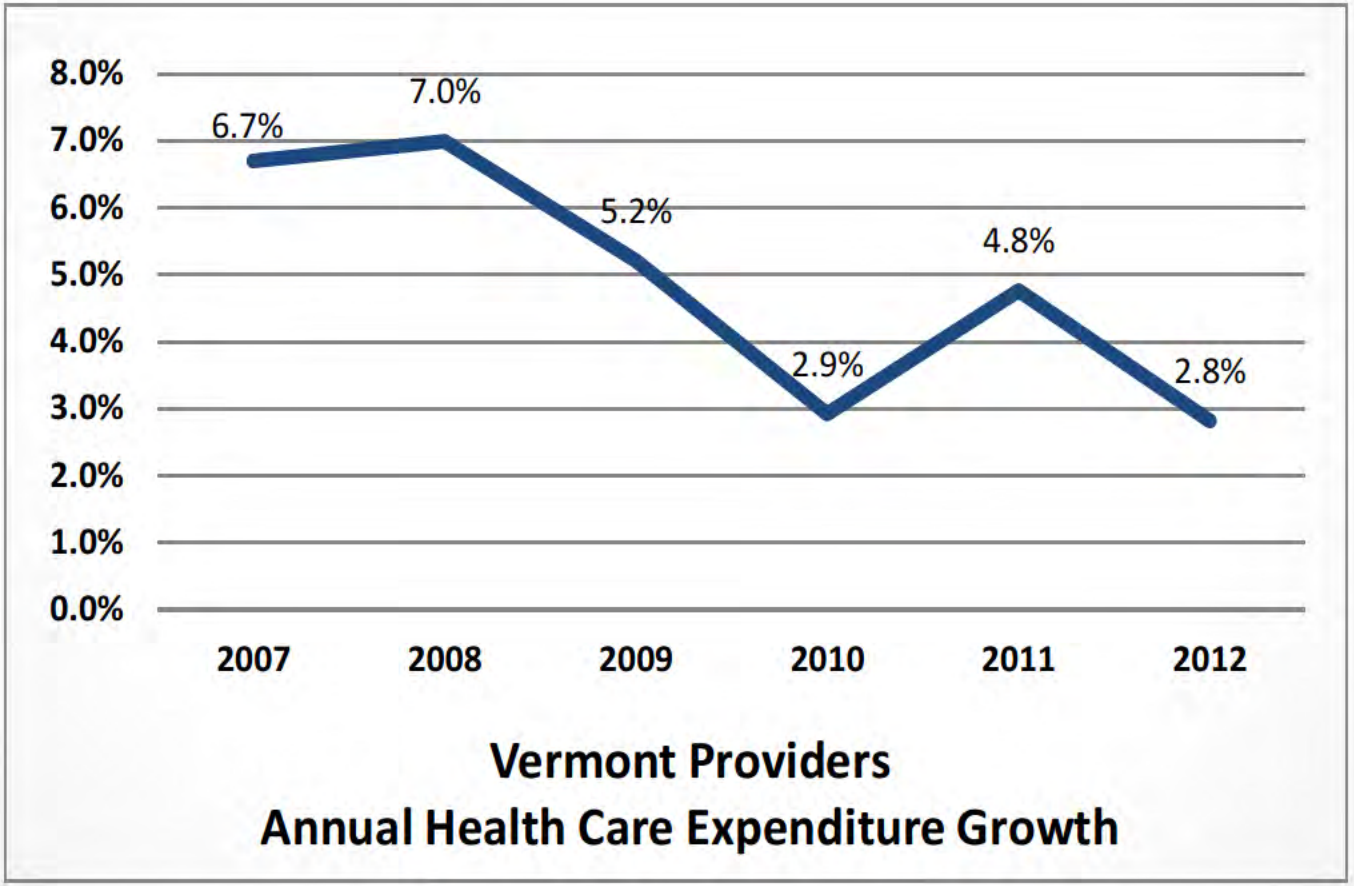
Vermont Expenditure Analysis
2012 Provider Analysis Highlights

- Fletcher Allen Health Care accounts for 43% of the hospital spending in Vermont.

- Vermonters also rely heavily on Dartmouth Hitchcock Medical Center for hospital care.
  - Almost 8,000 Vermonters (15% of total Vermont discharges) use DHMC for inpatient care.
  - Vermonter spending is a significant portion of DHMC 's budget.

- When Vermonters go out of state for care, they tend to use more complex and expensive out-of-state hospital services.
  - An average adjusted care mix discharge for out of state discharges is $21,044 versus $15,648 for Vermont.

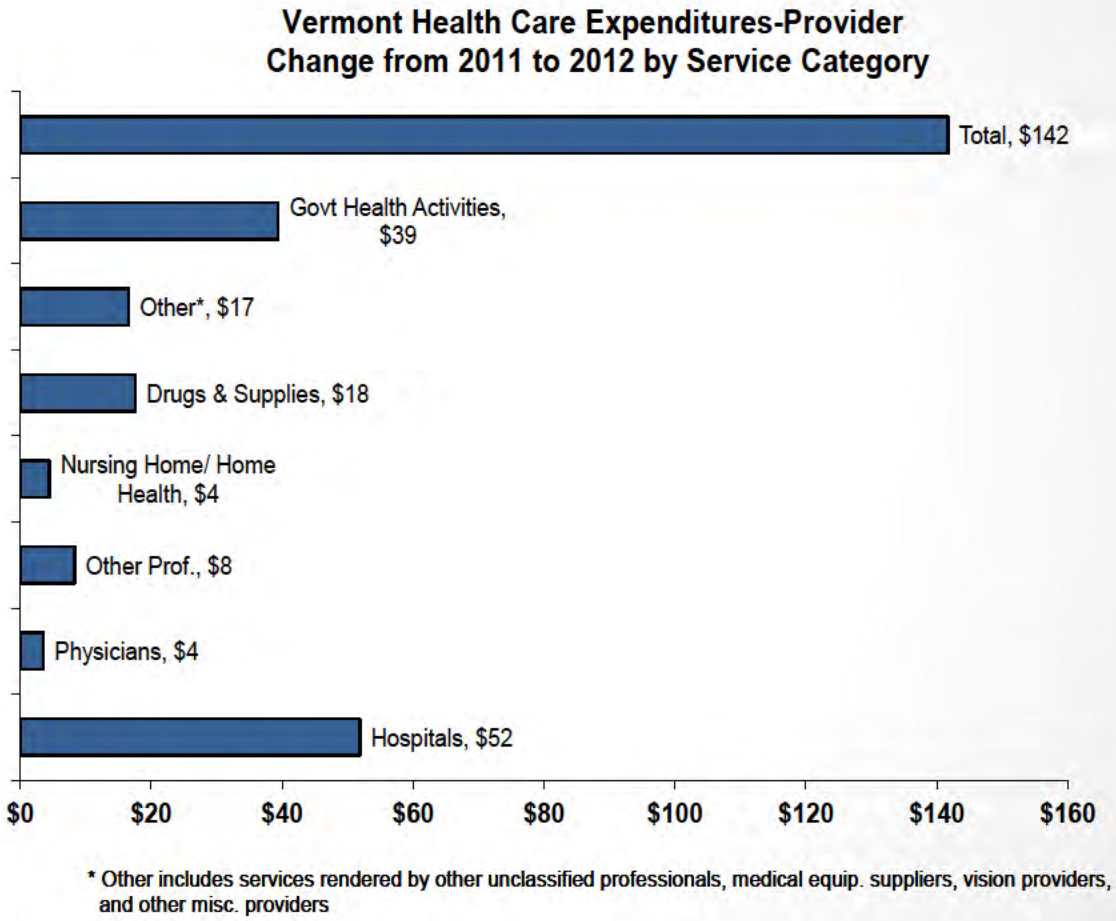
What is the provider health care expenditures growth rate in Vermont?



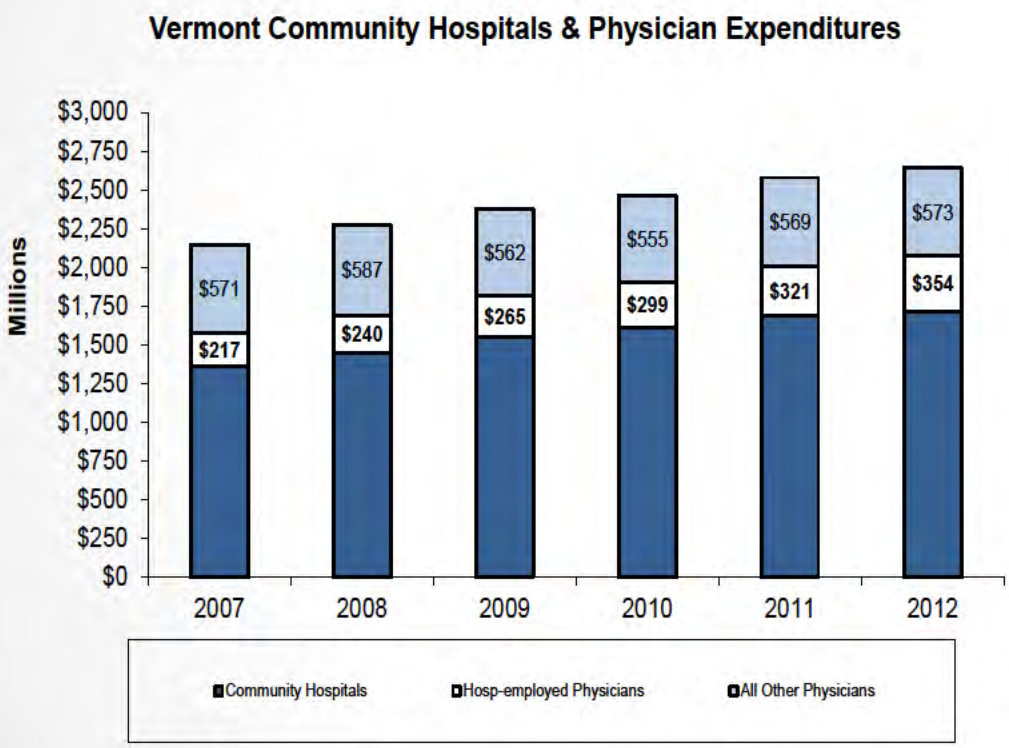
What accounts for the spending increase?

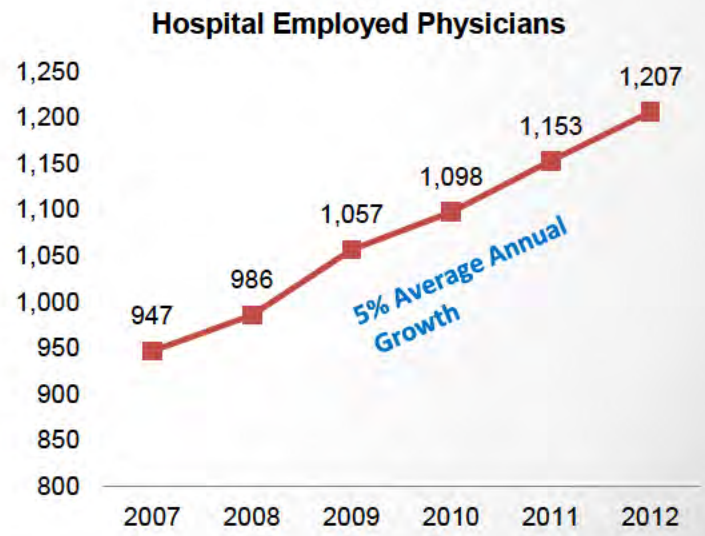
From 2011 to 2012 total provider spending increased $142 million to $5.2 billion.

Hospital expenditures account for the majority of the increase in spending, followed by government health activities.



The increase in physicians employed by hospitals explains some of the growth in hospital budgets.

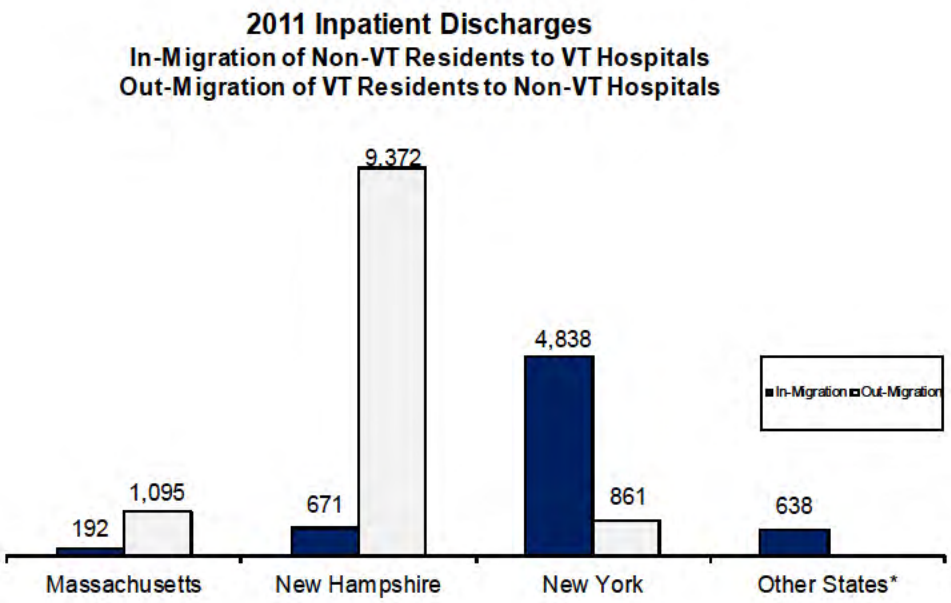




Vermonters seeking care in New Hampshire rely heavily on Dartmouth Hitchcock Medical Center

In 2011, 22% of Vermont's 51,449 resident inpatient discharges were at out-of-state hospitals.

While 83% of the out-of-state discharges (9,372) were in New Hampshire, 7,978 of these were at Dartmouth Hitchcock Medical Center.



Source: 2011 Vermont Uniform Hospital Discharge Data Set (NH data not complete, used average of 2008 & 2009 & 2010) Does not include newborns.

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

*VT residents use hospitals in other states , but reporting on this is currently unavailable.

Future Plans for Vermont Expenditure Analysis

- VHCURES will provide much greater detail for the analysis of Vermont Resident spending.
- Truven/Brandeis contract work in progress is designed to provide "drill down" looks using VHCURES data.
  - Provider categories will be greatly expanded
    - Primary care vs. specialty care
    - Mental health centers
    - Inpatient vs. outpatient care
  - Richer detail to examine expenditures
    - Unique populations
    - Number of patients receiving services
    - Utilization type
    - Site of service
- Initial draft reports due in April
  - Includes some comparisons with other data sources

Future Plans for Vermont Expenditure Analysis Detail

- Why is this information useful?
  - Provides greater level of detail
  - Allows more unique looks at patients and providers
  - Provides standard comparisons across payers
- What are our next steps once this information is received?
  - Understand the data; understand the findings
  - Identify areas of further study
  - Begin to build data base structure to include non-claims spending
- How should this information be used with other ongoing analyses?
  - Forecasting
  - Payment reform
  - Budgeting

Resident and Provider 2012 data tables

2012 Vermont Health Care Expenditures - Resident Analysis

All dollar amounts are reported in thousands

	Percent of Total	Total	Out-of-Pocket	Private Insurance	Medicare	Vermont Medicaid	Other Federal	State & Local
Hospitals	38.7%	**$1,980,596**	$169,682	$904,845	$539,636	$266,955	$96,012	$3,465
Community Hospitals	36.3%	**$1,862,229**	$169,682	$889,362	$535,749	$266,955	$314	$166
Veterans Hospital	1.9%	**$99,544**	$0	$3,665	$0	$0	$95,698	$181
Psychiatric Hosp: State	0.1%	**$3,563**	$0	$445	$0	$0	$0	$3,118
Psychiatric Hosp: Private	0.3%	**$15,260**	$0	$11,373	$3,887	$0	$0	$0
Physician Services*	13.1%	**$673,351**	$86,715	$336,562	$119,491	$116,184	$13,944	$456
Dental Services	3.8%	**$193,793**	$129,023	$43,698	$0	$20,380	$29	$663
Other Professional Services	3.3%	**$166,539**	$25,954	$85,676	$23,727	$31,164	$16	$2
Chiropractor Services	0.3%	**$15,722**	$2,450	$10,948	$1,516	$808	$0	$0
Physical Therapy Services	0.7%	**$37,049**	$5,774	$21,800	$6,675	$2,795	$4	$0
Psychological Services	1.0%	**$51,553**	$8,034	$22,015	$2,801	$18,697	$4	$2
Podiatrist Services	0.1%	**$4,941**	$770	$2,219	$1,561	$390	$0	$0
Other	1.1%	**$57,274**	$8,926	$28,693	$11,174	$8,473	$8	$0
Home Health Care	1.9%	**$94,882**	$12,290	$1,894	$57,885	$20,127	$1,641	$1,045
Drugs & Supplies	12.3%	**$629,871**	$134,757	$272,171	$159,824	$62,397	$782	($61)
Vision Products & DME	2.2%	**$111,332**	$62,732	$14,267	$24,616	$9,714	$2	$2
Nursing Home Care	5.7%	**$292,882**	$89,559	$4,805	$72,988	$115,768	$1	$9,761
Other/Unclassified Health Services	0.9%	**$43,577**	$5,032	$140	$17,908	$4,549	$1	$15,948
Admin/Net Cost of Health Insurance	6.9%	**$356,086**	N/A	$222,030	$46,349	$87,707	$0	$0
Government Health Care Activities**	11.3%	**$580,998**	n.a.	$0	n.a.	$543,606	$13,808	$23,585
TOTAL VERMONT EXPENDITURES	100.0%	**$5,123,906**	**$715,744**	**$1,886,087**	**$1,062,423**	**$1,278,551**	**$126,235**	**$54,866**
Percent of total expenditures		100.0%	14.0%	36.8%	20.7%	25.0%	2.5%	1.1%

* Hospital-employed physician practices are included in the Physician Services category in the Resident Matrix.

** See Government Health Care Activities in this report for further detail.

	Payer reported data
	Allocations estimated from VT specific data
	Amounts imputed from National Health Expenditures or other indirect sources
N/A	Not Applicable
n.a.	Not Available

2007-2012 Vermont Resident Health Care Expenditures

All dollar amounts are reported in thousands - Multiply expenditures by 1,000 to arrive at the full expenditure amount.

PAYERS	2007	2008	2009	2010	2011	2012	2011-2012 Annual Change	2007-2012 Average Annual Change
Out-of-Pocket	$579,321	$595,542	$693,932	$701,454	$715,787	$715,744	0.0%	4.3%
Private Insurance	$1,600,787	$1,686,526	$1,765,562	$1,875,532	$1,849,761	$1,886,087	2.0%	3.3%
Medicare	$795,103	$842,766	$896,231	$953,599	$991,815	$1,062,423	7.1%	6.0%
Medicaid	$963,730	$1,060,444	$1,155,724	$1,186,524	$1,210,509	$1,278,551	5.6%	5.8%
Other Government	$169,878	$195,086	$190,379	$207,693	$215,196	$181,101	-15.8%	1.3%
TOTAL RESIDENT EXPENDITURES	**$4,108,819**	**$4,380,364**	**$4,701,828**	**$4,924,802**	**$4,983,068**	**$5,123,906**	2.8%	4.5%
Annual Percent Change	3.2%	6.6%	7.3%	4.7%	1.2%	2.8%		

PROVIDERS	2007	2008	2009	2010	2011	2012	2011-2012 Annual Change	2007-2012 Average Annual Change
Hospitals	$1,361,322	$1,517,122	$1,733,474	$1,832,195	$1,899,578	$1,980,596	4.3%	7.8%
Physician Services	$615,694	$642,458	$634,075	$660,083	$662,381	$673,351	1.7%	1.8%
Dental Services	$191,607	$201,372	$209,458	$213,659	$212,744	$193,793	-8.9%	0.2%
Other Professional Services	$144,570	$148,609	$154,786	$162,968	$176,146	$166,539	-5.5%	2.9%
Home Health Care	$94,895	$102,553	$97,124	$95,541	$93,375	$94,882	1.6%	0.0%
Drugs & Supplies	$510,746	$530,779	$566,076	$588,175	$607,303	$629,871	3.7%	4.3%
Vision Products & DME	$87,594	$90,629	$91,551	$98,663	$106,568	$111,332	4.5%	4.9%
Nursing Home Care	$239,902	$255,318	$268,927	$270,909	$279,569	$292,882	4.8%	4.1%
Other/Unclassified Health Services	$34,101	$33,971	$44,001	$43,759	$42,533	$43,577	2.5%	5.0%
Admin/Net Cost of Health Insurance	$379,695	$347,516	$367,042	$414,746	$361,246	$356,086	-1.4%	-1.3%
Government Health Care Activities	$448,693	$510,037	$535,313	$544,102	$541,626	$580,998	7.3%	5.3%
TOTAL RESIDENT EXPENDITURES	**$4,108,819**	**$4,380,364**	**$4,701,828**	**$4,924,802**	**$4,983,069**	**$5,123,906**	2.8%	4.5%
Annual Percent Change	3.2%	6.6%	7.3%	4.7%	1.2%	2.8%		

2012 Vermont Health Care Expenditures - Provider Analysis

All dollar amounts are reported in thousands

	Percent of Total	Total	Out-of-Pocket	Private Insurance	Medicare	Vermont Medicaid	Other Federal	State & Local
Hospitals	44.3%	**$2,289,345**	$193,703	$973,220	$681,436	$283,494	$147,886	$9,605
Community Hospitals	40.1%	**$2,072,986**	$188,886	$945,725	$672,367	$266,008	$0	$0
Veterans Hospital	3.1%	**$160,168**	$4,159	$8,602	$0	$0	$147,227	$181
Psychiatric Hosp: State	0.1%	**$3,181**	$63	$0	$0	$0	$0	$3,118
Psychiatric Hosp: Private	1.0%	**$53,010**	$595	$18,894	$9,069	$17,486	$658	$6,306
Physician Services*	11.1%	**$572,645**	$73,746	$306,915	$125,265	$53,588	$12,715	$415
Dental Services	5.0%	**$260,597**	$173,499	$58,761	$0	$27,406	$39	$892
Other Professional Services	4.4%	**$229,428**	$35,756	$122,730	$34,183	$36,736	$22	$2
Chiropractor Services	0.7%	**$36,346**	$5,664	$25,310	$3,504	$1,867	$0	$0
Physical Therapy Services	1.0%	**$51,777**	$8,069	$30,466	$9,328	$3,907	$6	$0
Psychological Services	0.9%	**$48,425**	$7,547	$20,680	$2,631	$17,563	$3	$2
Podiatrist Services	0.1%	**$4,954**	$772	$2,225	$1,565	$391	$0	$0
Other	1.7%	**$87,926**	$13,703	$44,049	$17,154	$13,008	$12	$0
Home Health Care	2.2%	**$113,259**	$4,798	$11,569	$59,390	$34,825	$1,633	$1,045
Drugs & Supplies	13.8%	**$714,160**	$152,790	$308,593	$181,212	$70,747	$886	($69)
Vision Products & DME	2.1%	**$110,251**	$62,123	$14,128	$24,377	$9,619	$2	$2
Nursing Home Care	5.1%	**$265,017**	$42,659	$2,060	$79,165	$123,515	$6,941	$10,677
Other/Unclassified Health Services	0.6%	**$33,539**	$15,541	$1,550	$0	$500	$0	$15,948
Admin/Net Cost of Health Insurance	N/A	**n.a.**	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Government Health Care Activities**	11.2%	**$580,998**	$0	$0	$0	$543,606	$13,808	$23,585
TOTAL VERMONT EXPENDITURES	100.0%	**$5,169,240**	**$754,614**	**$1,799,528**	**$1,185,028**	**$1,184,036**	**$183,932**	**$62,102**
Percent of total expenditures		100.0%	14.6%	34.8%	22.9%	22.9%	3.6%	1.2%

* Hospital-employed physician practices are included in the Community Hospital category in the Provider Matrix. Physicians amount reported $278 million.

** See Government Health Care Activities in this report for further detail.

	Provider reported data
	Allocations estimated from VT specific data
	Amounts imputed from National Health Expenditures or other indirect sources
N/A	Not Applicable
n.a.	Not Available

2007-2012 Vermont Provider Health Care Expenditures

All dollar amounts are reported in thousands - Multiply expenditures by 1,000 to arrive at the full expenditure amount.

PAYERS	2007	2008	2009	2010	2011	2012	2011-2012 Annual Change	2007-2012 Average Annual Change
Out-of-Pocket	$590,953	$612,581	$719,639	$702,831	$744,194	$754,614	1.4%	5.0%
Private Insurance	$1,556,606	$1,704,162	$1,683,263	$1,736,956	$1,814,666	$1,799,528	-0.8%	2.9%
Medicare	$850,144	$870,462	$941,964	$1,015,080	$1,072,586	$1,185,028	10.5%	6.9%
Medicaid	$926,767	$995,428	$1,073,904	$1,078,417	$1,119,720	$1,184,036	5.7%	5.0%
Other Government	$217,744	$249,228	$243,913	$265,655	$276,364	$246,034	-11.0%	2.5%
TOTAL PROVIDER EXPENDITURES	**$4,142,214**	**$4,431,861**	**$4,662,684**	**$4,798,939**	**$5,027,530**	**$5,169,240**	2.8%	4.5%
Annual Percent Change	6.7%	7.0%	5.2%	2.9%	4.8%	2.8%		

PROVIDERS	2007	2008	2009	2010	2011	2012	2011-2012 Annual Change	2007-2012 Average Annual Change
Hospitals	$1,748,089	$1,872,379	$2,000,218	$2,120,790	$2,237,481	$2,289,345	2.3%	5.5%
Physician Services	$571,072	$586,728	$561,643	$555,307	$569,125	$572,645	0.6%	0.1%
Dental Services	$226,151	$237,685	$246,564	$239,321	$253,116	$260,597	3.0%	2.9%
Other Professional Services	$175,786	$185,630	$205,546	$212,090	$221,127	$229,428	3.8%	5.5%
Home Health Care	$97,632	$100,440	$102,802	$108,655	$109,822	$113,259	3.1%	3.0%
Drugs & Supplies	$543,165	$584,477	$646,021	$634,813	$696,553	$714,160	2.5%	5.6%
Vision Products & DME	$73,179	$78,778	$80,154	$93,738	$101,621	$110,251	8.5%	8.5%
Nursing Home Care	$228,356	$244,732	$252,566	$257,348	$263,972	$265,017	0.4%	3.0%
Other/Unclassified Health Services	$30,092	$30,976	$31,856	$32,775	$33,086	$33,539	1.4%	2.2%
Admin/Net Cost of Health Insurance	n.a.	n.a.	n.a.	n.a	n.a	n.a	n.a	n.a
Government Health Care Activities	$448,693	$510,037	$535,313	$544,102	$541,626	$580,998	7.3%	5.3%
TOTAL PROVIDER EXPENDITURES	**$4,142,214**	**$4,431,861**	**$4,662,684**	**$4,798,939**	**$5,027,529**	**$5,169,240**	2.8%	4.5%
Annual Percent Change	6.7%	7.0%	5.2%	2.9%	4.8%	2.8%		

Methodologies, technical notes and sources

- **US comparisons**: National Health Expenditure Data (NHE), the Centers for Medicare and Medicaid Services' website at http://http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html
  - NHE, Health Consumption Expenditures from http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/tables.pdf

- **VT GSP** as of 01/02/2014 at U.S. Dept. of Commerce, Bureau of Economic Analysis, 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 Dept of Labor** http://www.vtlmi.info/occupation.cfm
- **US Dept of Labor, Bureau of Labor Statistics** http://stats.bls.gov/oes/current/oes_nat.htm

- Vermont Healthcare Claims Uniform Reporting and Evaluation System (**VHCURES**) http://gmcboard.vermont.gov/vhcures

- **Medicare data** are from the 2011 Vermont Medicare Annual Report prepared for GMCB by Dan Gottlieb of The Dartmouth Institute for Health Policy & Clinical Practice (TDI)

- The **Out of Pocket** (OOP) methodology relies on Vermont data and less on the census and the NHE. Medicare claims expenditures reported to GMCB from TDI include out of pocket costs by Medicare enrollees. VHCURES allows measurement of the insured enrollee's actual out of pocket costs for about 90% of the commercial market. Survey and 2007 census data and the NHE is still used to help estimate out of pocket costs for unique provider populations and services.

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This report would not have been possible without the support of many individuals in government, private insurance, and health care provider organizations. The Green Mountain Care Board (GMCB) would also like to thank GMCB staff, staff of the Department of Financial Regulation (DFR), the Agency of Human Services (AHS), and all others who provided data and feedback in a timely manner. If you have questions about this report, please contact Michael Davis or Lori Perry at the GMCB (802) 828-2177.

Note: Many reported numbers are based upon federal fiscal year 2012 (Oct.1 through Sept. 30). But some data sources are based upon 2012 calendar year. This has been true since the report has been prepared. There is only a small amount of precision realized in adjusting for that quarterly timing difference. Therefore, we have not taken the effort to adjust for these differences.