

# Primary Care<sup>1</sup> by Vermont Dual Eligible<sup>2</sup> Population Subgroup Calendar Year 2010, Version 1 05102012

Dual Eligible Subgroup <sup>3</sup>	Primary Care Type							# Total Individuals in Subgroup	% in Subgroup with Primary Care in Year
	# People with a General Practitioner Visit	# People with a Geriatrician Visit	# People with a Multi-Specialty Practice Visit	# People with a Nurse Practitioner Visit	# People with an Outpatient Clinic Visit	# People with a Physician Assistant Visit	# of People with No Primary Care		
<b>CFC NF</b>	2,130	40	0	38	504	**	142	<b>2,862</b>	<b>94.8%</b>
<b>CFC HCBS</b>	1,687	15	**	21	737	13	206	<b>2,680</b>	<b>92.3%</b>
<b>CFC ERC</b>	258	**	0	11	112	**	48	<b>438</b>	<b>87.0%</b>
<b>DS</b>	823	**	0	19	470	19	244	<b>1,576</b>	<b>84.5%</b>
<b>CRT</b>	794	**	0	20	454	37	252	<b>1,560</b>	<b>83.7%</b>
<b>TBI</b>	33	0	0	0	12	0	**	<b>50</b>	<b>90.0%</b>
<b>Non-Specialized High Risk</b>	671	**	0	0	364	**	**	<b>1,051</b>	<b>98.5%</b>
<b>All Others</b>	5,742	25	**	164	4,114	223	2,181	<b>12,450</b>	<b>82.5%</b>
<b>Overall<sup>A</sup></b>	<b>11,444</b>	<b>82</b>	<b>**</b>	<b>260</b>	<b>6,549</b>	<b>302</b>	<b>3,031</b>	<b>21,670</b>	<b>86.0%</b>

Notes. 1. To receive primary care an individual must have at least one encounter with a general practitioner, geriatrician, multi-specialty practice, outpatient clinic, or a non-specialized nurse practitioner or physician assistant in the calendar year.

2. Dual Eligibility is determined by enrollment at the month level and requires concurrent Medicare A, B, or A/B with full Medicaid Benefits.

3. Subgroup Definitions: **CFC - Nursing Facility** = Category of Service 0501,0502,&0503

**CFC - HCBS** = Category of Service 2701

**CFC - ERC** = Category of Service 2717

**CRT** = Category of Service 0916

**DS HCBS** = Category of Service 2703

**TBI** = Category of Service 2713

**HIGH RISK MEDICARE** = NOT (0501 OR 0502 OR 0503 OR 2701 OR 2717 OR 0916 OR 2703 OR 2713) with Medicare annual payments  $\geq$  \$25,000

**All Others** = NOT (0501 OR 0502 OR 0503 OR 2701 OR 2717 OR 0916 OR 2703 OR 2713) with Medicare annual payments < \$25,000.

**A. Overall totals will not add up to the column totals as they provide unduplicated person counts for each column and individuals are not assigned to exclusive subgroups.**

\*\* . Person counts  $\geq$  1 and < 11 are considered sensitive data and have been assigned "\*\*\*\*" to maintain data privacy standards.

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