

**Summary Table: Vermont Dual Eligible Population (ALL)
Utilization Data by Major Service Category 2010**

Major Service Category	Population Count ^a	% of Population	Service Payments	% of Total Payment	\$ Per User	\$ Per Capita
Day Health Rehabilitative Services	180	0.8%	\$1,562,827	0.3%	\$8,682	\$72
Diagnostic Testing	19,051	87.9%	\$19,862,937	3.4%	\$1,043	\$917
Durable Medical Equipment & Supplies	11,130	51.4%	\$9,931,365	1.7%	\$892	\$458
Emergency Department	9,546	44.1%	\$6,027,610	1.0%	\$631	\$278
Home Health Care	4,548	21.0%	\$24,374,433	4.2%	\$5,359	\$1,125
Hospice	353	1.6%	\$3,652,499	0.6%	\$10,347	\$169
Inpatient Hospital	4,319	19.9%	\$76,328,470	13.1%	\$17,673	\$3,522
Mental Health/Substance Abuse Clinic	2,502	11.5%	\$1,901,220	0.3%	\$760	\$88
Miscellaneous	1,603	7.4%	\$1,668,299	0.3%	\$1,041	\$77
Non-Physician Practitioner	16,744	77.3%	\$10,786,298	1.9%	\$644	\$498
Nursing Home	3,771	17.4%	\$132,219,277	22.7%	\$35,062	\$6,101
Outpatient Hospital	18,894	87.2%	\$13,839,402	2.4%	\$732	\$639
Pharmacy ^b	20,082	92.7%	\$67,822,149	11.6%	\$3,377	\$3,130
Physician	19,847	91.6%	\$34,084,570	5.9%	\$1,717	\$1,573
Transportation	7,816	36.1%	\$12,635,790	2.2%	\$1,617	\$583
CFC HCBS/ERC, DS, TBI, CRT	5,798	26.8%	\$165,783,646	28.5%	\$28,593	\$7,650
Total	21,670	100.0%	\$582,480,793	100.0%	\$26,880	\$26,880

Notes. 1. Dual eligibility is determined by enrollment at the month level and requires concurrent Medicare A, B, or A/B with full Medicaid Benefits

2. Major Service Category is a JEN Associates defined flag that represents both setting and service type and uses institutional provider type, revenue codes, provider specialty, procedure codes and other data types from claims records to define the category. See Appendix A for definitions.

3. PACE Vermont excluded from all data.

^a Population counts ≥ 1 and < 11 are considered sensitive data and have been assigned a "5" to maintain table continuity.

^b Medicare Pharmacy payment data is based on projections from 2006-2008 actual data. 2010 reflects projection forward 11.4% annually since 2008.

Version 03222012, Source: iMMRS, VT 2004-2010 PayDatIDyymmUnityNHFix0213 AEK 3/20/2012

Table 1. Vermont Dual Eligible Subgroup: Choices for Care Nursing Facility Utilization Data by Major Service Category 2010

Major Service Category	Population Count ^a	% of Population	Service Payments	% of Total Payment	\$ Per User	\$ Per Capita
Day Health Rehabilitative Services	16	0.6%	\$82,892	0.0%	\$5,181	\$29
Diagnostic Testing	2,619	91.5%	\$1,959,544	1.2%	\$748	\$685
Durable Medical Equipment & Supplies	1,284	44.9%	\$1,064,760	0.6%	\$829	\$372
Emergency Department	1,439	50.3%	\$1,090,016	0.7%	\$757	\$381
Home Health Care	473	16.5%	\$2,317,304	1.4%	\$4,899	\$810
Hospice	107	3.7%	\$1,061,211	0.6%	\$9,918	\$371
Inpatient Hospital	894	31.2%	\$14,179,357	8.5%	\$15,861	\$4,954
Mental Health/Substance Abuse Clinic	50	1.7%	\$14,787	0.0%	\$296	\$5
Miscellaneous	93	3.2%	\$14,002	0.0%	\$151	\$5
Non-Physician Practitioner	2,021	70.6%	\$987,698	0.6%	\$489	\$345
Nursing Home	2,861	100.0%	\$119,803,290	71.9%	\$41,875	\$41,860
Outpatient Hospital	2,608	91.1%	\$1,560,063	0.9%	\$598	\$545
Pharmacy ^b	2,817	98.4%	\$8,984,319	5.4%	\$3,189	\$3,139
Physician	2,758	96.4%	\$3,954,161	2.4%	\$1,434	\$1,382
Transportation	1,489	52.0%	\$3,095,646	1.9%	\$2,079	\$1,082
CFC HCBS/ERC, DS, TBI, CRT	511	17.9%	\$6,538,901	3.9%	\$12,796	\$2,285
Total	2,862	100.0%	\$166,707,950	100.0%	\$58,249	\$58,249

Notes. 1. Dual eligibility is determined by enrollment at the month level and requires concurrent Medicare A, B, or A/B with full Medicaid Benefits

2. An Individual is assigned to CFC Nursing Facility if he or she utilizes category of service 0501, 0502, or 0503 services during the 2010 calendar year.

An individual may be eligible for multiple subgroups depending on annual service utilization.

3. Major Service Category is a JEN Associates defined flag that represents both setting and service type and uses institutional provider type, revenue codes, provider specialty, procedure codes and other data types from claims records to define the category. See Appendix A for definitions.

4. PACE Vermont excluded from all data.

^a Population counts ≥ 1 and < 11 are considered sensitive data and have been assigned a "5" to maintain table continuity.

^b Medicare Pharmacy payment data is based on projections from 2006-2008 actual data. 2010 reflects projection forward 11.4% annually since 2008.

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Table 2. Vermont Dual Eligible Subgroup: Choices for Care HCBS Utilization Data by Major Service Category 2010

Major Service Category	Population Count ^a	% of Population	Service Payments	% of Total Payment	\$ Per User	\$ Per Capita
Day Health Rehabilitative Services	57	2.1%	\$359,987	0.3%	\$6,316	\$134
Diagnostic Testing	2,498	93.2%	\$3,161,220	2.4%	\$1,266	\$1,180
Durable Medical Equipment & Supplies	2,203	82.2%	\$3,443,831	2.6%	\$1,563	\$1,285
Emergency Department	1,645	61.4%	\$1,417,169	1.1%	\$862	\$529
Home Health Care	1,878	70.1%	\$11,904,033	9.1%	\$6,339	\$4,442
Hospice	140	5.2%	\$1,167,809	0.9%	\$8,341	\$436
Inpatient Hospital	1,011	37.7%	\$18,238,733	13.9%	\$18,040	\$6,805
Mental Health/Substance Abuse Clinic	171	6.4%	\$85,390	0.1%	\$499	\$32
Miscellaneous	174	6.5%	\$58,547	0.0%	\$336	\$22
Non-Physician Practitioner	2,114	78.9%	\$1,338,450	1.0%	\$633	\$499
Nursing Home	763	28.5%	\$18,917,470	14.4%	\$24,794	\$7,059
Outpatient Hospital	2,498	93.2%	\$2,591,515	2.0%	\$1,037	\$967
Pharmacy ^b	2,608	97.3%	\$12,744,724	9.7%	\$4,887	\$4,755
Physician	2,584	96.4%	\$5,536,266	4.2%	\$2,143	\$2,066
Transportation	1,746	65.1%	\$4,964,007	3.8%	\$2,843	\$1,852
CFC HCBS/ERC, DS, TBI, CRT	2,671	99.7%	\$45,079,267	34.4%	\$16,877	\$16,821
Total	2,680	100.0%	\$131,008,420	100.0%	\$48,884	\$48,884

Notes. 1. Dual eligibility is determined by enrollment at the month level and requires concurrent Medicare A, B, or A/B with full Medicaid benefits.

2. An Individual is assigned to CFC HCBS if he or she utilizes category of service 2701 during the 2010 calendar year. An individual may be eligible for multiple subgroups depending on annual service utilization.

3. Major Service Category is a JEN Associates defined flag that represents both setting and service type and uses institutional provider type, revenue codes, provider specialty, procedure codes and other data types from claims records to define the category. See Appendix A for definitions.

4. PACE Vermont excluded from all data.

^a Population counts ≥ 1 and < 11 are considered sensitive data and have been assigned a "5" to maintain table continuity.

^b Medicare Pharmacy payment data is based on projections from 2006-2008 actual data. 2010 reflects projection forward 11.4% annually since 2008.

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Table 3. Vermont Dual Eligible Subgroup: Choices for Care ERC Utilization Data by Major Service Category 2010

Major Service Category	Population Count ^a	% of Population	Service Payments	% of Total Payment	\$ Per User	\$ Per Capita
Day Health Rehabilitative Services	5	1.1%	\$1,858	0.0%	\$372	\$4
Diagnostic Testing	405	92.5%	\$364,587	1.8%	\$900	\$832
Durable Medical Equipment & Supplies	352	80.4%	\$275,149	1.4%	\$782	\$628
Emergency Department	266	60.7%	\$194,908	1.0%	\$733	\$445
Home Health Care	437	99.8%	\$4,460,751	22.2%	\$10,208	\$10,184
Hospice	32	7.3%	\$209,519	1.0%	\$6,547	\$478
Inpatient Hospital	141	32.2%	\$1,853,879	9.2%	\$13,148	\$4,233
Mental Health/Substance Abuse Clinic	22	5.0%	\$4,987	0.0%	\$227	\$11
Miscellaneous	5	1.1%	\$159	0.0%	\$32	\$0
Non-Physician Practitioner	321	73.3%	\$140,968	0.7%	\$439	\$322
Nursing Home	127	29.0%	\$3,391,670	16.8%	\$26,706	\$7,744
Outpatient Hospital	410	93.6%	\$267,644	1.3%	\$653	\$611
Pharmacy ^b	431	98.4%	\$1,459,553	7.3%	\$3,386	\$3,332
Physician	418	95.4%	\$574,566	2.9%	\$1,375	\$1,312
Transportation	261	59.6%	\$487,740	2.4%	\$1,869	\$1,114
CFC HCBS/ERC, DS, TBI, CRT	438	100.0%	\$6,442,101	32.0%	\$14,708	\$14,708
Total	438	100.0%	\$20,130,040	100.0%	\$45,959	\$45,959

Notes. 1. Dual eligibility is determined by enrollment at the month level and requires concurrent Medicare A, B, or A/B with full Medicaid benefits.

2. An Individual is assigned to the CFC ERC if he or she utilizes category of service 2717 during 2010 calendar year. An individual may be eligible for multiple subgroups depending on annual service utilization.

3. Major Service Category is a JEN Associates defined flag that represents both setting and service type and uses institutional provider type, revenue codes, provider specialty, procedure codes and other data types from claims records to define the category. See Appendix A for definitions.

4. PACE Vermont excluded from all data.

^a Population counts ≥ 1 and < 11 are considered sensitive data and have been assigned a "5" to maintain table continuity.

^b Medicare Pharmacy payment data is based on projections from 2006-2008 actual data. 2010 reflects projection forward 11.4% annually since 2008.

Version 03222012, Source: iMMRS, VT 2004-2010 PayDat1DyymmUnityNHFix0213 AEK 3/20/2012

Table 4. Vermont Dual Eligible Subgroup: Developmental Services Utilization Data by Major Service Category 2010

Major Service Category	Population Count ^a	% of Population	Service Payments	% of Total Payment	\$ Per User	\$ Per Capita
Day Health Rehabilitative Services	5	0.3%	\$29,378	0.0%	\$5,876	\$19
Diagnostic Testing	1,464	92.9%	\$784,313	0.7%	\$536	\$498
Durable Medical Equipment & Supplies	780	49.5%	\$706,941	0.7%	\$906	\$449
Emergency Department	266	16.9%	\$194,908	0.2%	\$733	\$124
Home Health Care	225	14.3%	\$1,487,037	1.4%	\$6,609	\$944
Hospice	11	0.7%	\$94,442	0.1%	\$8,586	\$60
Inpatient Hospital	141	8.9%	\$1,853,879	1.7%	\$13,148	\$1,176
Mental Health/Substance Abuse Clinic	225	14.3%	\$51,623	0.0%	\$229	\$33
Miscellaneous	84	5.3%	\$47,808	0.0%	\$569	\$30
Non-Physician Practitioner	1,437	91.2%	\$1,763,737	1.7%	\$1,227	\$1,119
Nursing Home	37	2.3%	\$711,454	0.7%	\$19,228	\$451
Outpatient Hospital	410	26.0%	\$267,644	0.3%	\$653	\$170
Pharmacy ^b	431	27.3%	\$4,318,231	4.0%	\$10,019	\$2,740
Physician	1,491	94.6%	\$1,606,696	1.5%	\$1,078	\$1,019
Transportation	400	25.4%	\$737,736	0.7%	\$1,844	\$468
CFC HCBS/ERC, DS, TBI, CRT	1,576	100.0%	\$92,035,254	86.3%	\$58,398	\$58,398
Total	1,576	100.0%	\$106,691,082	100.0%	\$67,697	\$67,697

Notes. 1. Dual eligibility is determined by enrollment at the month level and requires concurrent Medicare A, B, or A/B with full Medicaid benefits.

2. An individual is assigned to DS HCBS if he or she utilizes category of service 2703 during the 2010 calendar year. An individual may be eligible for multiple subgroups depending on annual service utilization.

3. Major Service Category is a JEN Associates defined flag that represents both setting and service type and uses institutional provider type, codes, provider specialty, procedure codes and other data types from claims records to define the category. See Appendix A for definitions.

4. PACE Vermont excluded from all data.

^a Population counts ≥ 1 and < 11 are considered sensitive data and have been assigned a "5" to maintain table continuity.

^b Medicare Pharmacy payment data is based on projections from 2006-2008 actual data. 2010 reflects projection forward 11.4% annually since 2008.

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**Table 5. Vermont Dual Eligible Subgroup: CRT
Utilization Data by Major Service Category 2010**

Major Service Category	Population Count ^a	% of Population	Service Payments	% of Total Payment	\$ Per User	\$ Per Capita
Day Health Rehabilitative Services	15	1.0%	\$78,527	0.1%	\$5,235	\$50
Diagnostic Testing	1,429	91.6%	\$1,682,752	2.8%	\$1,178	\$1,079
Durable Medical Equipment & Supplies	725	46.5%	\$505,232	0.8%	\$697	\$324
Emergency Department	785	50.3%	\$549,752	0.9%	\$700	\$352
Home Health Care	360	23.1%	\$2,500,057	4.1%	\$6,945	\$1,603
Hospice	5	0.3%	\$62,953	0.1%	\$12,591	\$40
Inpatient Hospital	338	21.7%	\$6,150,392	10.2%	\$18,196	\$3,943
Mental Health/Substance Abuse Clinic	868	55.6%	\$377,093	0.6%	\$434	\$242
Miscellaneous	165	10.6%	\$125,076	0.2%	\$758	\$80
Non-Physician Practitioner	1,281	82.1%	\$874,167	1.5%	\$682	\$560
Nursing Home	98	6.3%	\$2,662,447	4.4%	\$27,168	\$1,707
Outpatient Hospital	1,419	91.0%	\$841,218	1.4%	\$593	\$539
Pharmacy ^b	1,538	98.6%	\$10,500,617	17.4%	\$6,827	\$6,731
Physician	1,439	92.2%	\$2,777,311	4.6%	\$1,930	\$1,780
Transportation	786	50.4%	\$1,155,082	1.9%	\$1,470	\$740
CFC HCBS/ERC, DS, TBI, CRT	1,557	99.8%	\$29,442,636	48.8%	\$18,910	\$18,873
Total	1,560	100.0%	\$60,285,314	100.0%	\$38,644	\$38,644

Notes. 1. Dual eligibility is determined by enrollment at the month level and requires concurrent Medicare A, B, or A/B with full Medicaid benefits.

2. An individual is assigned to the CRT if he or she utilizes category of service 0916 during the calendar year 2010. An individual may be eligible for multiple subgroups depending on annual service utilization.

3. Major Service Category is a JEN Associates defined flag that represents both setting and service type and uses institutional provider type, revenue codes, provider specialty, procedure codes and other data types from claims records to define the category. See Appendix A for definitions.

4. PACE Vermont excluded from all data.

^a Population counts ≥ 1 and < 11 are considered sensitive data and have been assigned a "5" to maintain table continuity.

^b Medicare Pharmacy payment data is based on projections from 2006-2008 actual data. 2010 reflects projection forward 11.4% annually since 2008.

Version 03222012, Source: iMMRS, VT 2004-2010 PayDat1DyymmUnityNHFix0213 AEK 3/20/2012

**Table 6. Vermont Dual Eligible Subgroup: Traumatic Brain Injury (TBI)
Utilization Data by Major Service Category 2010**

Major Service Category	Population Count ^a	% of Population	Service Payments	% of Total Payment	\$ Per User	\$ Per Capita
Day Health Rehabilitative Services	0	0.0%	\$0	0.0%	\$0	\$0
Diagnostic Testing	48	96.0%	\$28,264	1.3%	\$589	\$565
Durable Medical Equipment & Supplies	26	52.0%	\$21,001	1.0%	\$808	\$420
Emergency Department	16	32.0%	\$12,953	0.6%	\$810	\$259
Home Health Care	5	10.0%	\$17,729	0.8%	\$3,546	\$355
Hospice	0	0.0%	\$0	0.0%	\$0	\$0
Inpatient Hospital	5	10.0%	\$175,613	8.2%	\$35,123	\$3,512
Mental Health/Substance Abuse Clinic	5	10.0%	\$4,363	0.2%	\$873	\$87
Miscellaneous	5	10.0%	\$81	0.0%	\$16	\$2
Non-Physician Practitioner	47	94.0%	\$36,939	1.7%	\$786	\$739
Nursing Home	5	10.0%	\$18,355	0.9%	\$3,671	\$367
Outpatient Hospital	46	92.0%	\$21,490	1.0%	\$467	\$430
Pharmacy ^b	47	94.0%	\$303,329	14.2%	\$6,454	\$6,067
Physician	48	96.0%	\$69,191	3.2%	\$1,441	\$1,384
Transportation	24	48.0%	\$14,967	0.7%	\$624	\$299
CFC HCBS/ERC, DS, TBI, CRT	50	100.0%	\$1,413,670	66.1%	\$28,273	\$28,273
Total	50	100.0%	\$2,137,945	100.0%	\$42,759	\$42,759

Notes. 1. Dual eligibility is determined by enrollment at the month level and requires concurrent Medicare A, B, or A/B with full Medicaid benefits.

2. An individual is assigned to TBI if he or she utilizes category of service 2713 during the 2010 calendar year. An individual may be eligible for multiple subgroups depending on annual service utilization.

3. Major Service Category is a JEN Associates defined flag that represents both setting and service type and uses institutional provider type, revenue codes, provider specialty, procedure codes and other data types from claims records to define the category. See Appendix A for definitions.

4. PACE Vermont excluded from all data.

^a Population counts ≥ 1 and < 11 are considered sensitive data and have been assigned a "5" to maintain table continuity.

^b Medicare Pharmacy payment data is based on projections from 2006-2008 actual data. 2010 reflects projection forward 11.4% annually since 2008.

Version 03222012, Source: iMMRS, VT 2004-2010 PayDatIDyymmUnityNHFix0213 AEK 3/20/2012

Table 7. Vermont Dual Eligible Subgroup: Non Medicaid Waiver High Risk Utilization Data by Major Service Category 2010

Major Service Category	Population Count ^a	% of Population	Service Payments	% of Total Payment	\$ Per User	\$ Per Capita
Day Health Rehabilitative Services	14	1.3%	\$122,018	0.2%	\$8,716	\$116
Diagnostic Testing	1,047	99.6%	\$3,172,465	4.5%	\$3,030	\$3,019
Durable Medical Equipment & Supplies	902	85.8%	\$1,453,846	2.1%	\$1,612	\$1,383
Emergency Department	888	84.5%	\$1,344,410	1.9%	\$1,514	\$1,279
Home Health Care	528	50.2%	\$2,192,538	3.1%	\$4,153	\$2,086
Hospice	51	4.9%	\$928,976	1.3%	\$18,215	\$884
Inpatient Hospital	940	89.4%	\$29,898,910	42.8%	\$31,807	\$28,448
Mental Health/Substance Abuse Clinic	107	10.2%	\$166,910	0.2%	\$1,560	\$159
Miscellaneous	63	6.0%	\$256,618	0.4%	\$4,073	\$244
Non-Physician Practitioner	1,005	95.6%	\$1,163,206	1.7%	\$1,157	\$1,107
Nursing Home	338	32.2%	\$5,504,545	7.9%	\$16,286	\$5,237
Outpatient Hospital	1,032	98.2%	\$2,970,526	4.3%	\$2,878	\$2,826
Pharmacy ^b	994	94.6%	\$12,275,492	17.6%	\$12,350	\$11,680
Physician	1,049	99.8%	\$6,640,145	9.5%	\$6,330	\$6,318
Transportation	787	74.9%	\$1,748,400	2.5%	\$2,222	\$1,664
CFC HCBS/ERC, DS, TBI, CRT	0	0.0%	\$0	0.0%	\$0	\$0
Total	1,051	100.0%	\$69,839,005	100.0%	\$66,450	\$66,450

Notes. 1. Dual eligibility is determined by enrollment at the month level and requires concurrent Medicare A, B, or A/B with full Medicaid benefits.

2. The Non-Medicaid Waiver High Risk group consists of any individual who did not receive services through Choices for Care, Developmental Services, Community and Rehabilitation Treatment, or Traumatic Brain Injury programs during calendar year 2010. Individuals in this group are also associated with aggregate Medicare claims paid exceeding \$25,000 for the calendar year.

3. Major Service Category is a JEN Associates defined flag that represents both setting and service type and uses institutional provider type, revenue codes, provider specialty, procedure codes and other data types from claims records to define the category. See Appendix A for definitions.

4. PACE Vermont excluded from all data.

^a Population counts ≥ 1 and < 11 are considered sensitive data and have been assigned a "5" to maintain table continuity.

^b Medicare Pharmacy payment data is based on projections from 2006-2008 actual data. 2010 reflects projection forward 11.4% annually since 2008.

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Appendix A. Major Service Category Definitions

Major Service Category	Definition
Day Health Rehabilitative Services	Includes charges from Day Health Rehabilitative Services
Diagnostic Testing	Laboratory and radiology charges from physician/supplier claims and outpatient hospital revenue center codes
Durable Medical Equipment & Supplies	Medical supplies from Physician/Supplier and DME procedure codes and Outpatient Hospital revenue center codes
Emergency Department	Includes emergency department charges only
Home Health Care	All Home Health charges or selected charges based on revenue center codes
Hospice	All Hospice charges
Inpatient Hospital	All hospital charges associated with an inpatient hospital stay
Mental Health/Substance Abuse Clinic	All charges from outpatient mental health and substance abuse providers
Miscellaneous	Unclassifiable charges that include services without procedure codes, specific provider or service type classifications.
Non-Physician Practitioner	Non-physician professional charges from Physician/Supplier claims and professional components of Outpatient Hospital charges
Nursing Home	All nursing home and SNF claim charges
Outpatient Hospital	Selected Outpatient Hospital charges for use of facilities, includes dialysis and ambulatory surgery center charges
Pharmacy	Pharmacy charges from Physician/Supplier procedure codes and Outpatient Hospital revenue center codes
Physician	Physician charges from Physician/Supplier claims and professional components of Outpatient Hospital charges
Transportation	Ambulance charges from Physician/Supplier procedure codes and Outpatient Hospital revenue center codes
CFC HCBS/ERC, DS, TBI, CRT	Includes charges under Choices for Care Home and Community Based Services, Enhanced Residential Care, Developmental Services, Traumatic Brain Injury, and Community Rehabilitative Treatment programs.

Note: Major service category assignments depend on setting and service combinations and on whether the line item is from an institutional claim type or a non-institutional claim type and is also based on provider type, provider specialty, procedure codes, revenue codes, and other data types. JEN Associates designed this categorization algorithm with the intention to support both the areas of overlap between Medicaid and Medicare as well as the unique benefits offered by each program.