

**Vermont Medicaid Shared Savings Program  
Total Cost of Care: Core and Non-Core Services  
Performance Year One (CY 2014)**

The following core services are included in the Total Cost of Care for Performance Year One:

<b>Core Services Expenditures: Performance Year One (CY 2014)</b>
Inpatient Hospital
Outpatient Hospital
Professional Services
Ambulatory Surgery Center
Clinic
Federally Qualified Health Center
Rural Health Center
Chiropractor
Independent Laboratory
Home Health
Hospice
Prosthetic/Orthotics
Medical Supplies
Durable Medical Equipment
Emergency Transportation
Dialysis Facility

The following non-core services are excluded from the Total Cost of Care for Performance Year One:

<b>Non-Core Service Expenditures: Performance Year One (CY 2014)</b>
Personal Care
Pharmacy
Dental
Non-Emergency Transportation
Services administered by the VT Department of Mental Health through Designated Agencies and Specialized Service Agencies
Services administered by the VT Division of Alcohol and Drug Abuse Programs
Services administered by the VT Department of Disabilities, Aging and Independent Living
Services administered by the VT Department of Children and Families
Services administered by the VT Department of Education
Supplemental disproportionate share payments
Medical Education payments