Department of Vermont Health Access

**ANNUAL REPORT FOR 2022 &
GOVERNOR'S RECOMMENDED BUDGET
FOR STATE FISCAL YEAR 2024**

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Message from the Commissioner

Greetings,

Thank you for taking the time to learn about the Department of Vermont Health Access (DVHA) and our work. Together, we have the opportunity to improve health access for Vermonters in our state. This report includes highlights of 2022 and describes in detail our budget proposal for State Fiscal Year 2024. As we welcome a new year, it is important to take stock of not only where we have been, but where we are going.

First, we will continue to focus on Vermonters. The work we do strives to offer financial stability to providers, gives Vermonters on Medicaid and health insurance exchange plans access to health care services, and ensures we are using taxpayer dollars wisely. As we emerge from the disruption caused by the pandemic, focusing on provider stability, access to services and balancing it with fiscal responsibility – is the cornerstone of our work.

This year marks the beginning of implementation of programmatic changes for our Global Commitment to Health Waiver renewal. The waiver supports Vermont's efforts to innovate in health care coverage, payment, and delivery. It also offers tools to support Vermont's health care providers as they recover from the ongoing challenges presented by the COVID-19 pandemic.

We continue our focus on modernizing information technology, implementing effective technology solutions that support Vermonters signing up for health insurance, paying health care claims, and accessing health information.

The Department is committed to value-based payment. We continue to reimagine how we pay providers, moving away from fee-for-service and focusing on paying for high-quality, cost-effective health care. As the payer for Vermonters who are covered by Medicaid, DVHA plays an important role in health care reform.

The Federal landscape continues to define many aspects of our work. We have been diligently preparing our staff and systems for April, when we may begin to "unwind" from continuous Medicaid coverage for Vermonters. This requires consistent, effective outreach to Vermonters – whether they are patients or providers – to help them understand how their health coverage may be changing and make every effort to offer them opportunities to remain insured.

Equally important is our focus on the people we work with, supporting DVHA workforce recruitment and retention and developing stakeholder relationships. Our work is possible because of our people and our relationships. It's vital that we work together collaboratively and continue to practice integrity, transparency, and service.

I am proud to serve Vermonters and strive to make a difference each day leading the talented DVHA team. I encourage you to read more about the past year and what's to come on the following pages.

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About DVHA

About Us

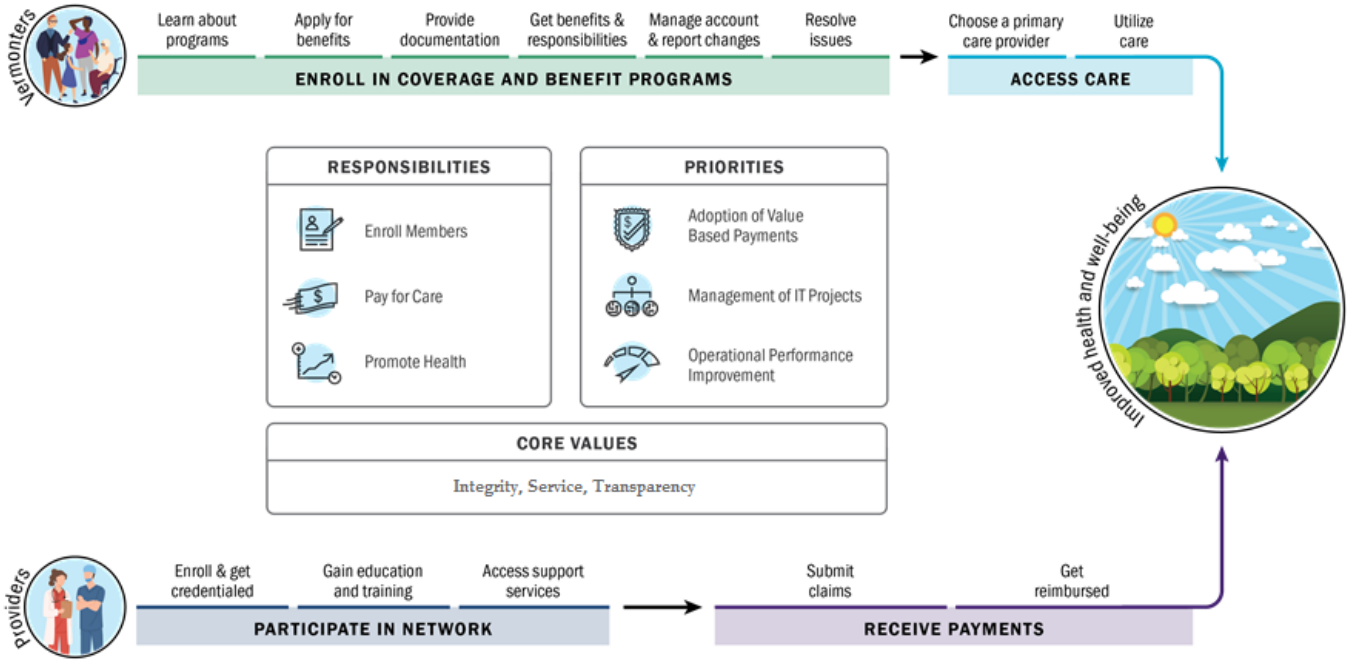
The Department of Vermont Health Access (DVHA), within the State of Vermont's Agency of Human Services, administers the Vermont Medicaid program and Vermont's health insurance marketplace, Vermont Health Connect. The Department's work is broad and includes clinical, payment, and eligibility for health plans it administers.

Mission and Values

Mission

Improve Vermonters' health and well-being
by providing access to high-quality, cost-effective health care.

Our mission says that we are striving to improve Vermonters' health and well-being. We provide access to high-quality health care. We are committing to doing this cost-effectively. We are accountable to our members, providers and to taxpayers.



To support our mission, we:

- Help Vermonters **access health insurance** through Medicaid and through the Health Insurance Marketplace, Vermont Health Connect.
- Help Vermonters **who are covered by Medicaid access health care services**.
- **Pay health care providers** for delivering health care to Vermonters who are covered by **Medicaid**.
- Spend taxpayer dollars wisely by **running an effective, efficient department**.

Core activities:

1) We encourage Vermonters to sign up for, or enroll in, health insurance and benefit programs. This work is represented by the "Vermonters" path in the diagram above.
2) We pay for Vermonters' health care if they are in Medicaid programs. We work with a robust network of health care providers, pharmacies, and other partners. The Department does not pay for health care for Commercial insurance nor Medicare insurance.
3) We strategically invest in programs and monitor costs. This work is central to our commitment to quality and improvement.

Values

Our department follows three core values:

1) **Transparency** – We trust that we will achieve our collective goals most efficiently if we communicate the good, the bad, and the ugly with our partners and stakeholders.
2) **Integrity** – We are ethical and honest. Our actions align with our core values as employees of the Department and of the State of Vermont.
3) **Service** – Everything we do is funded by taxpayers to serve Vermonters. Therefore, we must ensure that our processes and policies are person-centered. We aim to model, drive, and support the integration of person-centered principles throughout our organizational culture.

These values guide our pursuit of our responsibilities, priorities, and mission. We are committed to innovation and collaboration. We approach opportunities to manage Medicaid costs differently with an open mind and are committed to serving Medicaid members, providers, and Vermont taxpayers. We recognize that the success of our initiatives depends on strong working relationships with other state agencies, federal and local governments, and community partners.

Priorities and Connection to the Mission

DVHA has identified three key priorities that support our mission **to improve Vermonters' health and well-being by providing access to high-quality, cost-effective health care.**

Advancing Value-Based Payments

Value-based payment programs pay for Medicaid-covered health care in a new way, resulting in predictable and flexible payments for providers and for DVHA, as well as quality of care for Medicaid members. Instead of paying providers solely for the number of services they deliver (e.g., for each test, office visit, hospital stay, and procedure), value-based payment programs link payment to quality, pay differently, or do both. If the value-based payment program pays differently, it can be for entire or selected populations of patients. An important element of value-based payment is regularly monitoring cost, coordination, volume, and quality of care to support all Medicaid members having access to the services they need.

Modernizing Information Technology Infrastructure

Health care and health insurance systems rely on technology. Vermonters and providers need modern, effective technology systems to sign up for health insurance, to be paid for health care services, and to get the health information they need. Our goal is to implement and use flexible, responsive information technology systems in the face of changing customer expectations, a

shifting federal landscape, and advances in the healthcare industry. Modern, effective technology solutions support signing up for health insurance, paying health care claims, and accessing health information.

Operational Performance Improvement

Continuous improvement is a core tenet of the Department's work. To improve, DVHA staff determine meaningful ways to measure our work, gather data and develop scorecards to monitor effectiveness. These scorecards drive clinical initiatives, business decisions, the pursuit of better customer service, a higher quality of care, and operational efficiencies.

Looking to the Future: DVHA's Work

The Department is focused on the following key priorities to support our mission. These are the building blocks that ensure our department can improve Vermonters' access to health care.

About Health Insurance

The Department administers Vermont Medicaid and Vermont's health insurance exchange which offers qualified health plans. But there are other types of health insurance too. Here is a description of three major types of health insurance:

- **Medicaid** is a government-funded health insurance plan. Eligibility for Medicaid is based on income, medical or disability status, and other factors. Medicaid is handled differently from state to state. The federal government establishes requirements for all states to follow, but each state individually administers its Medicaid program following state guidelines. The Department of Vermont Health Access designs and administers the Medicaid program for Vermonters. This includes determining who is eligible for Medicaid coverage, which health care services Medicaid will cover, and how much Medicaid will pay for these services.
- **Commercial** health insurance plans are offered by private insurance companies like BlueCross BlueShield of Vermont and MVP® Health Care. Health plans that Vermonters get through their employers are commercial health plans. Health plans Vermonters can

buy on the health insurance marketplace, Vermont Health Connect, are also commercial health plans. Qualified Health Plans offered by Blue Cross and MVP in Vermont are certified by the Department of Vermont Health Access. A certified insurance plan provides essential health benefits, follows established limits on deductibles, co-payments, and out-of-pocket maximum amounts, and meets other requirements of the Affordable Care Act.

- **Medicare** is a national, government-funded health insurance plan for people who qualify by age. The federal government decides how Medicare works. States can only control certain aspects of Medicare access and affordability.

Medicaid is an entitlement program. Eligible Vermonters have rights to payment for medically necessary health care services. The State and the Federal government are obligated to fund Medicaid services. This federal/state partnership provides significant flexibility from state to state. Federal administrative, reimbursement, coverage, and eligibility requirements must be met in each state.

In Vermont, Medicaid makes significant "investments" that promote public health. Medicaid investments are not entitlements and are subject to both federal approval and the appropriate use of state funds.

Fast Facts

Category	Description	Fact
Coverage	Number of covered lives in Vermont's public health insurance coverage programs (September 2022)	270,475
Providers	Number of providers enrolled in Vermont Medicaid, also known as Green Mountain Care (December 2022)	27,860
Claims	Number of claims processed annually (SFY2022)	8,383,050
	Percent of claims received electronically (SFY2022)	95.04%
	Percent of claims processed within 30 days (SFY2022)	99.69%
	Average number of days from claim receipt to adjudication (SFY2022)	1.27
Customer Support	Average number of incoming calls per month (SFY2022)	16,921

DVHA Units

The Department's work is broad, and each unit contributes significantly to the Department's mission. The following pages include brief descriptions of each unit.

Help Vermonters Access Health Insurance

One of the Department's core responsibilities is helping Vermonters access health insurance. Health insurance is a cornerstone of accessing high quality, affordable health care. The Department continuously works to ensure Vermonters can access health insurance that is affordable and that offers comprehensive coverage in alignment with federal requirements.

Health Access Eligibility & Enrollment Unit (HAEEU)

The Health Access Eligibility and Enrollment Unit (HAEEU) is the doorway Vermonters use to access many of the Department's programs. HAEEU operates Vermont's health insurance marketplace, also known as Vermont Health Connect.

Vermont's health insurance marketplace is integrated. This means that Vermonters can come through one "door" to access a range of insurance plans. Vermonters are screened for eligibility for health insurance through Modified Adjusted Gross Income, or MAGI-based Medicaid, Dr. Dynasaur, and Qualified Health Plans, including federal and state-based financial assistance. HAEEU also enrolls Vermonters into Medicaid for the Aged, Blind and Disabled, VPharm, and the Medicare Savings Programs.

HAEEU offers online, telephone, paper and in-person assistance for Vermonters who are applying for health insurance.

The HAEEU team is comprised of several smaller units:

- Offline/Online Support Teams (Tier 1/Tier 2) - Customer service representatives who determine applicant eligibility for health care programs;
- Tier 3 Call Center, which handles complex case resolution;
- Data Team;
- Access Operations (AOPS) Team, which serves as the primary link between eligibility policy and operations;
- Business & Training Team, which facilitates new hire training and onboarding, develops business processes, and manages operational projects; and
- Communication & Outreach Team, responsible for public education and communication around health care access, including notices, website, social media and the Assister Program.

Long-Term Care (LTC)

The Long-Term Care (LTC) Unit determines financial eligibility for Vermonters who apply for LTC Medicaid. Eligibility for Vermont LTC Medicaid has two parts: (1) Financial Eligibility, determined by DVHA; and (2) Clinical Eligibility, determined by the Department of Disabilities, Aging, and Independent Living (DAIL) or by the Department of Mental Health (DMH).

If they are eligible, Vermonters may receive services in their own home, in the home of another person, in an approved residential care home, in an assisted living facility, or in an approved nursing home. The LTC Medicaid Program covers Choices for Care, Developmental Disabilities Home- and Community-Based Services, the Brain Injury Program, and Intensive Home- and Community-Based Treatment.

The financial eligibility application process can be complicated and lengthy. It requires a 60-month "look-back" review period of detailed financial history. LTC staff work closely with clients,

families, case managers, attorneys, and authorized representatives to help ensure that eligible Vermonters can access needed LTC Medicaid services in a timely manner.

Health Care Appeals Team (HCAT)

The Health Care Appeals Team provides investigative research and support for eligibility fair hearings, covered services internal appeals, and covered services fair hearings. The team also oversees the Medicaid Program Grievance and Appeals process, supporting both federal and state regulatory compliance for grievances and appeals processed by the specialized service departments.

Integrated Eligibility & Enrollment (IE&E) Program

The IE&E Program is one of the major Information Technology (IT) initiatives residing under the Agency of Human Services' (AHS) umbrella. The goal of the IE&E Program is to enhance business processes and leverage technology to improve the experience of Vermonters as they apply for, access, and maintain health care and financial benefits. The IE&E Program leverages state and federal resources from both the Centers for Medicare and Medicaid Services (CMS) and the US Department of Agriculture (USDA) Food and Nutrition Service (FNS). This program is a collaborative effort coordinated across multiple agencies and departments.

Help Vermonters Access Health Care Services

The Department is responsible for reviewing, authorizing, and monitoring services for Vermonters who are covered by Medicaid. These services include health care, pharmacy, mental health, and substance use disorder treatment. In addition, the Department responds to questions and concerns from Vermonters covered by Medicaid.

Clinical Services

Clinical Services is comprised of three units: Clinical Operations, Clinical Integrity, and Pharmacy.

Clinical Operations

The Clinical Operations Unit (COU) monitors the quality, quantity, appropriateness, and effectiveness of healthcare services requested by providers for members. The Unit reviews requests for services for medical necessity, utilizing evidence-based medical information; identifies over- and under-utilization of healthcare services through the prior authorization (PA) review process, performs case tracking and claims data analysis; develops and/or adopts clinical criteria for certain established clinical services, new technologies, and medical treatments; assures correct coding for medical benefits; reviews provider appeals; offers provider education related to specific Medicaid policies and procedures; and performs quality improvement activities to enhance medical benefits for members.

The Unit also manages the Clinical Utilization Review Board (CURB), an advisory board comprised of ten members with diverse medical experience appointed by the Governor upon recommendation by the DVHA Commissioner. The CURB examines existing medical services, emerging technologies, and relevant evidence-based clinical practice guidelines, and makes recommendations to DVHA regarding coverage, unit limitations, place of service, and appropriate medical necessity of services in Vermont's Medicaid programs. DVHA retains final authority to evaluate and implement the CURB's recommendations.

Clinical Integrity

The Clinical Integrity Unit (CIU) consists of licensed mental health clinicians, who work to ensure that Vermont Medicaid members receive quality services at the appropriate level of care. The CIU is responsible for the utilization management of mental health and substance use disorder services; the team works toward the integration and coordination of services provided to Vermont Medicaid members with substance use disorders and mental health needs. The team also administers the federally required lock-in program, Team Care, designed to prevent diversion, misuse, and abuse of medications. The Vermont model has a case management approach and ensures a member is receiving services from a single prescriber and a single pharmacy. In addition, the Autism Specialist authorizes applied behavior analysis (ABA) services for children.

Pharmacy Unit

The DVHA Pharmacy Unit manages pharmacy benefits for members enrolled in Vermont's publicly funded pharmacy benefit programs to ensure members receive medically necessary medications in a timely, cost-effective manner. The team works closely with DVHA's contracted pharmacy benefit manager (PBM). Collaborative responsibilities include facilitating claims processing, determinations for prior authorization requests, management of the preferred drug list (PDL), rebate pricing and negotiations, and assisting members with problems or complaints. The PBM manages a call center staffed with pharmacists and pharmacy technicians who respond to providers who have pharmacy claims processing issues and prior authorization questions. The PBM also offers a secure provider portal to pharmacists and prescribers. This portal provides the ability to query member information, provide electronic submissions of prior authorizations (PA), and see status updates of PA request submissions.

The Unit enforces claim rules in compliance with federal and state laws, implements legislative and operational changes to the pharmacy benefit programs, and oversees all federal, state, and supplemental drug rebate programs. In addition, the Pharmacy Unit and its PBM partner work together to manage DVHA's preferred drug list (PDL), pharmacy utilization management programs, and drug utilization review activities focused on promoting rational prescribing in alignment with evidence-based clinical guidelines.

The Pharmacy Unit manages the activities of the Drug Utilization Review Board (DURB), an advisory panel consisting of physicians, pharmacists, and community health practitioners across Vermont who meet seven times per year. Members evaluate drugs based on clinical appropriateness and safety with consideration for net cost to the state. The DURB reviews new drugs for clinical management and PDL status. The DURB votes on changes to be made to the Vermont Medicaid PDL.

Pay Health Care Providers for Delivering Health Care to Medicaid Members

The Department works to enroll health care providers in Medicaid. These providers accept Medicaid insurance and provide medical treatment to Vermonters who have Medicaid for their health insurance. The Department pays providers for caring for Medicaid patients. The Department is the "payer" of Medicaid "claims", or bills, for health care services.

Member and Provider Services (MPS) Unit

The Department's Member and Provider Services Unit ensures that Vermont Medicaid members have access to appropriate health care for their physical, mental, and dental health needs. The goal of the Member and Provider Services Unit is to ensure that members are informed, their issues are addressed promptly, and they are satisfied with the answers received. The Customer Support Center is the point of initial contact for members' questions and concerns. Members' calls may be forwarded to Member and Provider Services staff for additional information/review if questions or concerns remain after contact with the Customer Support Center.

Member issues may come to DVHA's attention in many ways, from members themselves, the Governor's Office, the AHS Secretary's Office, from legislators, from Vermont Legal Aid, and from the provider community. Member and Provider Services staff promptly respond to members' needs, no matter the entry point, and deliver the necessary information in a manner that reduces confusion and increases understanding wherever possible.

The Member and Provider Services Unit (MPS) coordinates benefit and collection practices with providers, members, and other insurance companies to ensure that Medicaid is the payer of last resort. The Unit also works diligently to recover funds from third parties where Medicaid should not have been solely responsible.

Medicaid Management Information System (MMIS) Program

The goal of the MMIS Program is to modernize and integrate a configurable, interoperable system that will be compliant with the Centers for Medicare and Medicaid Services (CMS) Conditions and Standards. An operational MMIS efficiently and securely shares appropriate data (beneficiary, provider, clinical, etc.) with Vermont agencies, providers, and other stakeholders. The MMIS Program also has oversight of the MMIS core claims processing contract with the State's vendor, Gainwell Technologies.

Payment Reform Unit

The Payment Reform Unit transitions Vermont Medicaid's health care revenue model from fee-for-service payments based on volume to alternative payment models based on value. The goals are to improve quality of care, improve the health of Vermont's population, reduce growth in the cost of care (known collectively as the "Triple Aim"), and improve the integration of care and services for Vermonters.

The Payment Reform Unit is a resource for internal and external stakeholders to explore potential payment options and to plan, design, implement, test, and evaluate alternative payment models. Because of the complexity of this work, payment reform benefits from systematic processes. AHS and DVHA have developed and refined processes to foster consistent and effective approaches to payment reform.

Rate Setting

The Division of Rate Setting calculates Medicaid rates for residential services provided by Vermont nursing homes, out-of-state nursing homes, and residential facilities for youth called Private Non-Medical Institutions (PNMIs). Rate Setting sets unique rates for each facility based on that facility's historical costs. The Unit consists of a team of financial auditors, accountants, and technical professionals who perform annual audits to determine which costs are included in the rate calculation in alignment with regulation.

The Division has rules governing the processes for setting the Medicaid rates of each different type of facility. The nursing home Medicaid rates are established pursuant to Methods, Standards, and Principles for Establishing Medicaid Payment Rates for Long-Term Care Facilities, referred to as V.D.R.S.R. PNMI rates are established pursuant to the Methods, Standards, and Principles for Establishing Payment Rates for Private Nonmedical Institutions Providing Residential Child Care Services, referred to as P.N.M.I.R.

Reimbursement

The Reimbursement Unit oversees rate setting, pricing, provider payments, and reimbursement methodologies for a large array of services provided under Vermont's Medicaid Program. The Unit works with Medicaid providers and other stakeholders to support equitable, transparent, and predictable payment methodologies to ensure efficient and appropriate use of Medicaid resources. The Reimbursement Unit is primarily responsible for implementing and managing prospective payment reimbursement methodologies developed to align with CMS Medicare methodologies for outpatient, inpatient, and professional fee services.

The Unit also oversees a complementary set of specialty fee schedules, including, but not limited to, durable medical equipment, ambulance, clinical laboratory services, physician-administered drugs, dental, home health, hospice, and anesthesia. The Reimbursement Unit also manages the Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) payment process as well as supplemental payment administration, such as for Disproportionate Share Hospital (DSH) and Graduate Medical Education programs.

The Unit is involved with addressing the individual and special circumstantial needs of members by working closely with clinical staff from within DVHA and partner agencies to ensure that needed services are provided in an efficient and timely manner. The Reimbursement Unit works collaboratively on reimbursement policies for specialized programs with AHS sister departments, including the Department of Disabilities, Aging, and Independent Living (DAIL), the Vermont Department of Health (VDH), the Department of Mental Health (DMH), and the Department for Children and Families (DCF).

Spend Taxpayer Dollars Wisely by Running an Effective, Efficient Department

The Department is focused on spending taxpayer dollars responsibly. We strive to run an effective, efficient department, using resources wisely and improving whenever possible. Many of the following units work across the entire Department.

Admin/Operations/Office of Change Management

The Administrative Services Unit works to achieve consistency in administrative processes and procedures across the Department, focusing on customer service and support for all staff. The team has worked on various initiatives to improve workforce culture, onboarding, offboarding, position management, and performance evaluations.

The Administrative Services Unit is responsible for operations, including managing building concerns, floor plans, ergonomic assessments, space planning, and departmental records retention policies. The team is also responsible for safety and security for the Department,

including emergency procedure plans and continuity of operations planning (COOP), and assisting with telecommunication needs/issues and hardware/software purchases.

Business Office

The DVHA Business Office supports, monitors, manages, and reports all aspects of fiscal planning and responsibility for the Department. The Unit includes Accounts Payable/Accounts Receivable (AP/AR), Grants and Contracts, Fiscal Analytics, and Programmatic Accounting and Compliance.

Areas of responsibility include provider and drug manufacturer assessment billing and receipts, vendor payments, and financial monitoring; procurement, maintenance and compliance for all DVHA-funded contracts and grants; analysis and preparation of the programmatic budget, financial reporting in alignment with federal and state regulations, research requests, and monitoring of program operations.

Commissioner's Office

The Commissioner and the senior management team provide management oversight and strategic direction for DVHA and all of its component units. The two Deputy Commissioners, the Director of Managed Care Operations, the General Counsel, the Chief Medical Officer, the Chief Financial Officer, the Director of the Special Investigations Unit and the Director of Communications and Legislative Affairs are among the Commissioner's direct reports. This Office produces the Department's annual programmatic budget and ensures that DVHA maintains its focus on furthering the Governor's priorities through its work in managing the integrated eligibility and enrollment process for Medicaid and commercial health insurance plans for vulnerable Vermonters. The Office also manages communications and tracks legislative priorities for the Department and coordinates legislative testimony.

Data Unit

The Data Management and Analysis Unit provides data analysis, distributes Medicaid data extracts, and reports to regulatory agencies, the legislature, and other stakeholders and vendors. The Unit delivers mandatory federal reporting to the Centers for Medicare and Medicaid Services (CMS), delivers routine Vermont Healthcare Claims Uniform Reporting and Evaluations System (VHCURES) data feeds, develops the annual Healthcare Effectiveness Data and Information Sets (HEDIS) data extracts for quality reporting, delivers weekly medical and pharmacy claims files and monthly eligibility records to support Care Coordination for the Vermont Chronic Care Initiative (VCCI), and provides ad hoc data analysis for internal DVHA divisions and other AHS departments and state agencies. The Unit continues to support the AHS Central Office with CMS monitoring and evaluation measures for our Global Commitment 1115 Waiver, Substance Use Disorder Demonstration, and Serious Mental Illness & Serious Emotional Disturbance Demonstration.

The Data Unit supports AHS and DVHA initiatives around performance measures, performance improvement projects, and pay-for-performance initiatives. The Unit is actively engaged in Performance Improvement Projects (PIPs) aimed at improving several HEDIS measures: Controlling High Blood Pressure (CBP) and Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET). Analysts supporting these projects analyze eligibility and claims records while collaboratively designing, developing, and implementing change processes to encourage beneficiary and provider coordination and cooperation.

Legal Unit

The DVHA Legal Unit is responsible for the legal affairs of the Department. DVHA Legal ensures department-wide consistency in legal approaches and regulatory compliance; provides legal advice and counsel to the different units within DVHA; and provides strategic planning and policy direction on emerging legal issues to promote and uphold DVHA's mission to improve the health and well-being of Vermonters by providing access to quality health care cost-effectively. This includes coordination with the legal efforts of attorneys in other departments at the Agency of Human Services and the Office of the Vermont Attorney General.

Oversight and Monitoring Unit

The Oversight & Monitoring (OMU) Unit is responsible for ensuring the effectiveness and efficiency of departmental control environments, operational processes, regulatory compliance, and financial and performance reporting in line with applicable laws and regulations. The OMU facilitates communication and collaboration between State staff, leadership, Federal and State Auditors, and independent Auditors, including but not limited to Federal and State partners such as the Centers for Medicare & Medicaid Services (CMS), the Office of Inspector General (OIG), the Medicaid Fraud & Residential Abuse Unit (MFRAU) of the Attorney General's (AG) Office, State's Attorney's Office, Medical Practice and Licensing Boards, Drug Enforcement Administration (DEA) and other Law Enforcement Offices.

The OMU includes Healthcare Program Oversight & Monitoring (O&M), PERM Audit facilitation, HealthCare Quality Control (HCQC & MEQC) Case reviews and Promoting Interoperability/EHR Incentive Program audits.

Policy Unit

The Medicaid Policy Unit works to ensure that DVHA and other AHS departments administer the Medicaid program in compliance with federal and state regulations. Additionally, the Policy Unit works with AHS staff and other public and private partners to develop and implement effective Medicaid policy aimed at advancing the Agency's goals of improving access and quality while reducing overall costs.

The primary functions of the Unit include policy development and implementation, Medicaid legislative coordination, Medicaid administrative rulemaking, policy research and analysis, and the administration of the following: 1115 Global Commitment to Health Waiver; Medicaid State Plan; Global Commitment Register[1]; and PBR (Policy, Budget, Reimbursement) Process.

Compliance Unit

The Compliance Unit is responsible for monitoring and maintaining our compliance with federal Managed Care Medicaid regulations. This work includes risk assessments, coordinating the External Quality Review Organization compliance audit and consultation/coordination with Medicaid programs across AHS. The Compliance Unit also convenes meetings of the Regulatory Compliance Committee in collaboration with the Quality Unit and the Monitoring and Oversight Unit.

Quality Improvement Unit (QIU)

[1] https://dvha.vermont.gov/global-commitment-to-health

The Quality Improvement Unit (QIU) collaborates with AHS partners to develop a culture of continuous quality improvement, maintain the Vermont Medicaid Quality Plan and Work Plan, coordinate quality initiatives including formal performance improvement projects, and coordinate the production of standard performance measures. The Unit is the DVHA lead unit for the Results Based Accountability (RBA) methodology and produces the DVHA RBA Scorecards.

The QIU also partners with the Compliance and Oversight & Monitoring Units as part of the larger Risk & Quality Management Team in order to create a culture of proactive regulatory compliance and continuous quality improvement; to identify, analyze, prioritize and correct compliance risks across all departments and programs responsible for Medicaid service delivery; to take advantage of opportunities to move beyond compliance and identify ways to improve the services DVHA delivers to Vermonters; and to coordinate the production and/or analysis of standard performance measures pertaining to all Medicaid enrollees, including the special health care needs populations (service provision delegated to intergovernmental agreement [IGA] partners).

Special Investigations Unit (SIU)

The Special Investigations Unit (SIU) works to establish and maintain integrity within the Medicaid Program and engages in activities to prevent, detect, and investigate Medicaid provider and beneficiary fraud, waste, and abuse. The SIU ensures that services were provided as billed and were medically necessary and strives to educate providers when deficiencies and incorrect billing practices are identified. The Unit's overall goal is to protect the integrity of Medicaid funds to ensure taxpayer dollars are spent on the health and welfare of the recipients.

Annual Report: Changes in 2022

The Department of Vermont Health Access reports on work completed in the past year in its annual report. The following pages describe our service to Vermonters in the context of our core responsibilities and priorities.

Effects of the COVID-19 Pandemic

The COVID-19 pandemic caused seismic shifts in health care in Vermont and around the globe. During State Fiscal Year 2022, which ran from July 1, 2021, through June 30, 2022, the Department worked continuously to respond to the needs of Vermonters, health care providers, and to comply with Federal regulation. During the pandemic, the Federal government passed laws to make it easier for people to stay insured and to get, or access, health care. Aligning with these laws helped Vermonters and was a significant priority for the Department during State Fiscal Year (SFY) 2022.

The Federal Public Health Emergency

During the pandemic, the Federal Government declared a Public Health Emergency. The public health emergency was in effect throughout SFY 2022 and is still in effect. The public health emergency began in response to the COVID-19 pandemic and provided flexibility to states to keep people covered by health insurance and to simplify access to health care services. These policies included:

1) Keeping people on Medicaid, even if they were no longer eligible;
2) Coverage without cost sharing of all services, drugs, tests, and vaccines for the treatment and prevention of COVID-19;
3) Allowing legally responsible individuals to deliver Children's Personal Care Services;
4) Allowing legally responsible individuals to deliver Developmental Disabilities Services Division Personal Care Services; and
5) Expanded the use of telehealth by offering providers guidance on allowable telehealth uses and by permitting services delivered by audio-only

Medicaid Continuous Coverage

Since the spring of 2020, Medicaid agencies have been required to keep people on Medicaid with a few exceptions. So, Vermonters have remained on Medicaid, even if they no longer qualify. This protection, called continuous coverage, has been in place to help ensure as many people as possible keep their health insurance and access to health care during the pandemic. Since January of 2020, an additional 36,654 Vermonters have been covered by Medicaid.

Continuous coverage was a requirement under federal law and was expected to stay in place until the end of the Federal COVID-19 Public Health Emergency. Recently, the federal law changed. Instead of waiting for the end of the Public Health Emergency to begin "unwinding," this process will start in the spring of 2023 (whether or not the federal government continues to extend the Public Health Emergency).

DVHA has been preparing for the end of Medicaid continuous coverage. It has made a Medicaid "unwind" plan. "Unwinding" from continuous Medicaid coverage means checking whether Vermonters still qualify for Medicaid programs. This process, called redetermination, uses both data to automatically check if people are still eligible and direct outreach to Vermonters on Medicaid to help determine whether they are still eligible.

In 2022, the Department worked closely with the Federal Government and with the Centers for Medicare and Medicaid Services (CMS), the branch of the Federal Government that develops health policy, to plan its strategy and operations for the unwind.

To help these Vermonters stay insured, we are asking partners, advocates, providers, and friends to help spread the word. Many Vermonters will need to take action to continue to have health insurance coverage when the Department begins unwinding. Find the details of the current plan for the "unwind" here: https://dvha.vermont.gov/unwinding

Telemedicine, Audio-only, and Technology-based Triage Consultations

In 2022, Vermont Medicaid continued to follow the telehealth guidelines implemented at the beginning of the Public Health Emergency (PHE) to support Medicaid-enrolled providers delivering services to Medicaid members. The Department has filed amendments to the Health Care Administrative Rule on Telehealth in preparation for the period following the end of the federal COVID-19 public health emergency. Rule revisions include:

- Expanding remote patient monitoring to include Medicaid members that have a diabetes or hypertension diagnosis
- Adding audio-only as a covered telehealth modality for delivering health care services that are medically necessary and clinically appropriate, based on Medicare's Telehealth Services list.

The Department is also working on post-PHE telehealth guidance for providers to be released in advance of the end of the PHE. Read more in the Vermont Medicaid Payments for Telephonic Services Furnished During the Emergency Response to COVID-19.[2]

Changes in Clinical and Pharmacy Prior Authorizations Following the State of Emergency Ending in Vermont

In, 2022, Vermont Medicaid continued to use flexibilities allowed by the Federal government to ensure Vermonters' access to care during the federal COVID-19 public health emergency. The Department uses prior authorizations to determine whether a particular service is medically necessary and covered by Medicaid. Prior authorizations are still required for services with the potential to cause imminent harm[3], services found on the Fee Schedule indicating a prior authorization is required,[4] and for items not found on the Waived Prior Authorization List (updated October 28, 2021).[5]

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[2]https://dvha.vermont.gov/sites/dvha/files/documents/News/DVHA%20Memo%20Provider%20Guidance%20in%20Response%20to%20COVID-19%20FINAL%20Updated%2003.29.21.pdf

[3] Imminent Harm List https://dvha.vermont.gov/sites/dvha/files/doc_library/2019%20Imminent%20Harm%20List%20Procedure%20Codes%20with%20Descriptions_Updated_jlc04302020.xlsx

[4] Vermont Medicaid Fee Schedule: http://vtmedicaid.com/#/feeSchedule

[5] Waived Prior Authorization List: https://dvha.vermont.gov/sites/dvha/files/documents/News/Waived%20PA%20Codes%20and%20Descriptions_v4.xlsx

Advancing Value-Based Payment Programs

Value-based payment programs pay for Medicaid-covered health care in a new way, resulting in predictability and flexibility of payments for providers and for DVHA and quality of care for Medicaid members. Instead of paying providers solely for the number of services they deliver (e.g., for each test, office visit, hospital stay, and procedure), value-based payment programs link payment to quality, pay differently for services or for entire or selected populations of patients, or do both. An important element of value-based payment is regularly monitoring cost, coordination, volume, and quality of care to support all Medicaid members having access to the services they need.

Progress on value-based payment could not occur without the commitment and collaboration of health care providers, people who receive services, advocates, regulators, and policymakers. The goal of value-based payment is to design payments that support an integrated system of care that provides high-quality services throughout the lifespan of Medicaid members.

DVHA has prioritized value-based payment since at least 2014. The largest value-based payment initiative is the Vermont Medicaid Next Generation (VMNG) Accountable Care Organization (ACO) program, which makes prospective payments to providers who have voluntarily joined together in an ACO. The payments cover a wide range of health care services for most of Vermont's Medicaid members.

In addition to the VMNG ACO program, DVHA is in various stages of value-based payment planning, design, implementation, and evaluation for the following programs:

- Adult and Children's Mental Health Services (with Department of Mental Health [DMH])
- Applied Behavior Analysis Services for Children with Autism
- Children's Integrated Services (with Department for Children and Families [DCF])
- Developmental Disability Services (with Department of Disabilities, Aging, and Independent Living [DAIL])
- High-Technology Nursing Services (with Vermont Department of Health [VDH] and DAIL)
- Inpatient Mental Health Services at the Brattleboro Retreat (with DMH)
- Residential Substance Use Disorder Services (with VDH's Division of Substance Use)

The following dashboard provides a brief summary of each of these initiatives[6]:

[6] For more detailed information, see https://legislature.vermont.gov/assets/Legislative-Reports/Delivery-System-Reform-Report-Jan-15-2022.pdf

	PLANNING	DESIGN	IMPLEMENTATION	EVALUATION	Program Launch & Model Description
Vermont Medicaid Next Generation ACO Program (DVHA)				★	• Program launch in 2017 • Monthly prospective population-based payments with financial reconciliation • Includes value-based incentive fund
Mental Health Payment Reform (DMH)			★		• Program launch in 2019 • Monthly per person case rate; varies by agency • Caseload reconciliation • Encounter data submission • Value-based payment out for CMS approval
Residential SUD Program Payment Reform (DSU)			★		• Program launch in 2019 • Episodic payment per residential stay • Payments vary by SUD diagnosis • Value-based payment out for CMS approval
Applied Behavior Analysis Payment Reform (DVHA)				★	• Program launch in 2019 • Monthly bundled payments by tiers based on level of service, with financial reconciliation • Value-based payment out for CMS approval
Developmental Disability Services Payment Reform (DAIL)		★			• Interim payment methodology implemented • Encounter data submission • Standardized assessment underway • Value-based payment out for CMS approval
Children's Integrated Services Payment Reform (DCF)			★		• Program launch in 2020 • Per person per month bundled payment • Encounter data submission implemented • Monitoring program under development
High-Technology Nursing (VDH and DAIL)			★		• Program launch in 2022 • Hybrid model: prospective monthly payment + reduced FFS payments; financial reconciliation • Value-based payment out for CMS approval
Brattleboro Retreat Alternative Payment Model (AHS, DMH, DVHA)			★		• Program launch in 2021 • Monthly prospective payments for inpatient services • Financial reconciliation • Robust performance measurement framework

The federal government's Centers for Medicare and Medicaid Services (CMS) has also prioritized value-based care. CMS has set a goal for 50% of Medicaid payments to be in the form of advanced value-based care models by 2030. Vermont has already exceeded that goal.[7]

Specific accomplishments in advancing value-based payments in 2022 included the following:

1. Successful implementation of Year Five (2021) of the Vermont Medicaid Next Generation (VMNG) Accountable Care Organization (ACO) program, and successful negotiation of the 2022 contract for the program.

2. Supporting DAIL in implementing a standardized tool to assess needs for people receiving developmental disability services, and in collecting data to identify services provided by designated mental health and specialized service agencies.

3. Implementation of a new payment reform program for home health agency High-Technology Nursing Services for children and adults, with VDH and DAIL.

4. Development of value-based payment performance frameworks for several payment reform initiatives. Each of these is described in more detail below.

1. 2021 Results for the Vermont Medicaid Next Generation Accountable Care Organization Program

Calendar year 2021 was the fifth full year of the VMNG ACO program. DVHA negotiates an ACO contract annually, currently with OneCare Vermont. The ACO and its network of providers

[7] Medicaid Delivery System Reform Report (Submitted January 15, 2021): https://legislature.vermont.gov/assets/Legislative-Reports/Delivery-System-Reform-Report-2021-to-Leadership-2021-01-06-002-v2.pdf

agree to be accountable for the cost and quality of comprehensive health care services for Medicaid members who are attributed to the ACO (in 2022, more than 80% of Medicaid members were attributed). The overall results page for the VMNG program can be found here[8]. Recent program results indicate:

A. Participation in the Vermont Medicaid Next Generation ACO program is stable.

The number of communities participating in the VMNG program has remained unchanged since 2020 and attribution has remained stable or continued to increase. About 5,000 providers throughout Vermont are part of the ACO network in 2022, and about 126,000 Medicaid members are attributed.

B. The program promoted shared financial accountability between the ACO, its participating providers and Medicaid.

For 2021, DVHA and OneCare Vermont agreed on the price of health care for attributed Medicaid members up-front. Spending for ACO-attributed Medicaid members was less than expected. DVHA and OneCare's provider network will share in the savings; DVHA will issue OneCare a financial reconciliation payment of approximately $7.1 million for 2021.

C. The VMNG Program promoted quality accountability for the ACO's provider network in 2021.

The VMNG measure set for 2021 contained 10 payment measures and 3 reporting measures related to care for chronic illness, mental health and substance use disorder treatment, preventive care, and patient experience of care. Results for 2021 showed the following:

- OneCare's providers earned a total of 13.75 out of 20 possible points for the payment measures, yielding a quality score of 68.75%.
- Of the 9 measures with national benchmarks, OneCare providers' quality performance exceeded the 90th percentile for 3 measures, exceeded the 75th percentile for 2 measures, exceeded the 50th percentile for 3 measures, and was below the 25th percentile for 1 measure.
- Based on this performance, OneCare's network providers are eligible to receive $1,576,525 in quality incentive payments through the VMNG's Value-Based Incentive Fund.

D. The VMNG ACO Program and other payment reform initiatives have played a significant role in stabilizing health care providers during the COVID-19 Public Health Emergency.

The VMNG ACO program, and some of the other innovative payment models listed above, have played a significant role in stabilizing health care providers and hospitals during the COVID-19 Public Health Emergency. As elective visits and procedures declined during the pandemic,

[8] https://dvha.vermont.gov/initiatives/payment-reform/vermont-medicaid-next-generation-aco-program

providers that received fixed prospective payments in these programs were better able to withstand the loss of revenues from non-Medicaid service declines.

2. Supporting DAIL in implementing standardized assessment and data collection for individuals with intellectual and developmental disabilities.

Along with DAIL, representatives from the State, the provider network, individuals, family members, and other stakeholders have been working together on this project since 2018. The goal is to create a transparent, effective, and operationally feasible payment model for developmental disabilities services that aligns with the Agency's broader health care reform goals.

During 2021, DAIL implemented a standardized assessment tool to improve validity and reliability of needs assessments, and to assist in collecting data to inform a potential future payment model. DAIL and DVHA also collaborated to support providers in submitting data to the Medicaid Management Information System (MMIS) to reflect developmental disability services provided to individuals.

3. Implementation of new High-Technology Nursing Services payment reform Project

The Vermont Department of Health (VDH) and DAIL each manage high-technology nursing services programs: VDH for children and DAIL for recipients over the age of 21. These programs offer in-home nursing care for individuals with complex medical needs and provide critical support for their choice to remain in their homes and communities. The High-Technology Nursing Services payment reform initiative is focused on services provided by Vermont's home health agencies and visiting nurse associations.

Nursing shortages and the complexity of the services involved can make it challenging for home health agencies to provide staffing for all authorized hours. In response to these challenges, VDH and DAIL have engaged with providers, advocates, individuals receiving services, and families to develop a multi-faceted approach to address individuals' needs for and access to high-technology nursing services. One component of the multi-faceted approach is the development of a new payment model with the goal of improving access to authorized services. A hybrid payment model consisting of an up-front monthly payment and fee-for-service payment was implemented in January 2022 and a value-based payment component was designed during 2022 for implementation in 2023, as described in the next section.

4. Development of value-based payment performance frameworks for several payment reform initiatives.

In 2022, leveraging a federal funding source (enhanced federal match for home- and community-based services), DVHA led efforts to incorporate provider payments based on quality in several payment models. The VMNG ACO has a mature quality framework that incorporates payment for performance, and the Adult and Children's Mental Health program has a quality framework in earlier stages of development that was strengthened in 2022. In addition, performance frameworks were designed for the Applied Behavior Analysis, Residential

Substance Use Disorder, High-Technology Nursing Services, and Developmental Disability Services programs.

The process for designing these frameworks generally includes the following activities:

- Identify potential measures in various domains reflecting goals of project,
- Assess baseline performance,
- Establish proposed targets,
- Develop proposed scoring methodology, including weighting of measures,
- Seek input from providers and other stakeholders,
- Refine proposal in response to feedback,
- Post for public comment,
- Obtain state and federal approval, and
- Implement framework.

These proposals are now with the federal government for review and approval, with implementation planned for 2023.

Modernizing Information Technology Infrastructure

Our goal is to implement and use flexible, responsive information technology systems in the face of changing customer expectations, a shifting federal landscape, and advances in the health care industry. Modern, effective technology solutions support signing up for health insurance, paying health care claims, and accessing health information.

Effective, secure, and reliable technology is required for the Agency of Human Services (AHS) to administer Vermont's Medicaid program efficiently, with financial integrity, and in compliance with federal and state law. This work inherently involves multiple entities in order to implement technology that meets these objectives on time and on budget. These entities include the Agency of Digital Services, and the Secretary's Office, Department of Vermont Health Access, and Department for Children and Families, all under the umbrella of the Agency of Human Services.

The Department of Vermont Health Access is currently engaged with large-scale information technology projects: the Medicaid Management Information System (MMIS) and the Integrated Eligibility & Enrollment (IE&E) program, both of which are designed improve the experience of applicants/enrollees, staff, and providers. The Department is taking a modular approach to these projects to deliver improvements incrementally over time. Dividing these projects into smaller pieces reduces financial risk to the State, allows for more frequent improvements, and results in a system that is more adaptable to regulatory changes, technological innovation, and consumer expectations.

Modern Data Analytics and Reporting (MDAR)

In 2022, DVHA initiated and completed a modern data analytics and reporting (MDAR) project under the Integrated Eligibility and Enrollment Program. This project replaced Vermont Health Connect (VHC)'s hosted Oracle Business Intelligence Enterprise Edition reporting platform with a Software as a Service (SaaS) reporting platform.

Streamlined reporting is critical to eligibility and enrollment operations. The previous reporting system did not adequately deliver up-to-date reporting information, nor meet service level agreements (SLA) for Federal requirements. The new system is better able to serve Vermonters.

This MDAR project enlisted a reporting vendor to implement a SaaS model of a suitable reporting platform. The project was completed in the fall of 2022 and has dramatically increased data availability and reduced resource constraints.

Medicaid for the Aged, Blind and Disabled Compliance

Under the Integrated Eligibility and Enrollment Program, DVHA completed several projects related to Medicaid for the Aged, Blind and Disabled (MADB) populations in 2022. The first project provided an online option to improve the process Vermonters use to apply for MABD benefits and to meet Federal requirements. The MABD online application was made available for self-service for new applicants or enrollees transitioning from Medicaid for Children and Adults. The Department also implemented a Disaster Recovery system in the event that the document uploader and MABD online application tools are not available for Vermonters to use.

DVHA also completed a project focused on implementing an “ex parte” renewal process for MABD enrollees and streamlining the renewal process for those who can’t renew “ex parte.” In an “ex parte” redetermination, the State of Vermont performs eligibility redetermination based on available electronic information, thus easing the burden on enrollees. Automatic renewals save Vermonters from filling out a new application every year and save application processing time for State of Vermont staff.

Medicaid Data Warehouse and Analytical Solution (MDWAS)

The MDWAS solution will leverage new and existing technologies to improve access, security, integrity, and utility of the State's Medicaid data for AHS departments involved with Medicaid service delivery. The departments impacted include DVHA, DAIL, DMH, VDH, DCF, DOC, and the Agency of Human Services Central Office. The State anticipates contracts to be executed for this work in 2023.

The MDWAS project will integrate a new **Medicaid Data Lake (MDL)** and **Data Analytics and Reporting (DAR)** solution with the State’s existing **Data Warehouse (DW)** operated by Vermont Information Technology Leaders (VITL). Enhancing the data warehouse will allow the State to reuse existing technology with a focus on extensibility, allowing stakeholders to analyze and report on aggregated Medicaid data from a single location.

Electronic Visit Verification (EVV)

DVHA, in partnership with the Department of Disabilities, Aging, and Independent Living (DAIL) and the Department of Health, has been in the process of implementing Electronic Visit Verification (EVV) for in-home services funded by Vermont Medicaid to comply with federal requirements set forth in the 21st Century Cures Act (Cures Act).[9] EVV for personal care services went live on January 1, 2021. EVV for Home Health Agencies went live on December 1, 2022. EVV provides validation of services delivered to ensure correct benefits are accounted

[9] https://dvha.vermont.gov/initiatives/electronic-visit-verification

for and paid for. This includes where and when services were delivered. This provides validation from a health care service delivery perspective and from a Medicaid funding perspective.

Patient Access Interoperability

Patient Access Interoperability (PAI) is a federal requirement for state Medicaid programs and is included in the CMS Interoperability Rule. The PAI project implements technology that allows patients easy access to their claims, clinical, and provider data through a third-party application. This will improve a member's experience and support patients with additional information to make informed decisions regarding their healthcare.

Third-party applications went live in July 2022 with claims and pharmacy data. Clinical data will go-live in May 2023.

Successfully Transitioning Health and Dental Plan Premium Responsibilities to the Commercial Insurance Issuers

Customers of Vermont's health insurance marketplace experienced a change in who they pay for their 2022 health and dental insurance.[10] Previously, customers paid one monthly bill to Vermont Health Connect. Beginning with 2022 health and dental plans, customers are sending separate payments directly to their insurance companies. This transition – referred to as the Premium Processing project, under the Integrated Eligibility and Enrollment program – was a result of customer requests to pay their insurance company directly, removing the State of Vermont from the financial relationship between a Vermonter and their insurance company. This project involved significant information technology work to change our current system and a robust communication plan.

The Premium Processing project's communication campaign asked customers to stop paying Vermont Health Connect. The campaign had over a 98% success rate – only 284 customers attempted to send payments to Vermont Health Connect for their 2022 health and dental insurance.

Health Insurance Subsidies

In 2021, the federal American Rescue Plan Act significantly expanded federal subsidies to make health coverage more affordable for Vermonters enrolled through the State's marketplace:

- **Increased Premium Tax Credit:** This tax credit reduces the percentage of household income that customers are expected to pay toward health insurance premiums (i.e., the federal tax credit amount available increased). For example, the new contribution limits fully subsidize certain qualified health insurance for households with income up to 150% of the Federal Poverty Level (FPL). It also caps payments on the benchmark plan premium at 2% of household income for those up to 200% FPL, and 8.5% for those at 400% FPL (the Affordable Care Act's upper limit for Premium Tax Credit eligibility).
- **Cliff removal:** This removes the premium subsidy "cliff" of 400% FPL by making the Premium Tax Credit available for households of any income level, calculated based on an 8.5% contribution limit for the benchmark plan premium.

[10] https://info.healthconnect.vermont.gov/premiums

In 2022, there was uncertainty regarding federal continuation of expanded health insurance subsidies. In August, the Inflation Reduction Act extended these subsidies through 2025. The Department updated its eligibility system to ensure these subsidies would remain available to Vermonters. In addition, the Department updated the eligibility system to make it possible for more Vermonters with access to employer-sponsored coverage to obtain these subsidies. The federal government eliminated the "family glitch" which previously blocked some families from subsidy eligibility.

Process changes, system changes, and robust communication were required to support a successful implementation of these subsidies.

In 2022, the Department launched an additional decision tool, the "Affordable Employer Coverage Tool for Marketplace subsidy eligibility"[11] to help Vermonters understand their employer sponsored insurance affordability as it relates to the Family Glitch.[12]

Immigrant Health Insurance Plan (IHIP)

IHIP officially began on July 1, 2022. IHIP is a state-funded health care program for children under age 19 and pregnant people who have an immigration status for which Vermont Medicaid is not available (except for Emergency Medicaid). IHIP was created by Act 48 of 2021.

IHIP Launched July 1, 2022

There are two ways to apply for IHIP: (1) using the Medicaid application and (2) using the IHIP application. A person who applies using the Medicaid application will get both Emergency Medicaid *and* IHIP if they meet the rules. If this person is pregnant, the baby will get Medicaid as soon as they are born. The baby won't need a separate application. A pregnant person who uses the IHIP application will need to apply for Medicaid for their baby after the baby is born. IHIP pays for the same health care regardless of which application is used.

The department promulgated new administrative rules for IHIP, created a new health care application specific to IHIP, translated multiple IHIP documents into Spanish, including the new IHIP application, and created two new aid category codes in its IT systems. These new codes link this program to a state-only funding source. These codes also allow the state to comply with the additional confidentiality requirement in the statute for IHIP at 33 V.S.A. 2092(c).

State Fiscal Year 2022 Provider Funding Opportunity for IHIP (Act 48 of 2021)

The Department implemented the provider funding opportunity for state fiscal year 2022 in accordance with the requirements of Act 48 of 2021 in phases. The funding opportunity was to pay health care providers for delivering health care services to pregnant individuals and children who are eligible for Medicaid except for their immigration status. Although the provider funding opportunity took some time to operationalize, at the end of state fiscal year 2022 there were seven (7) agreements executed with a total paid claims amount of $30,936.83 eligible for funding from July 1, 2021, through June 30, 2022 as a bridge to the

[11] https://vt-affordabilityestimator.checkbookhealth.org/#/
[12] https://info.healthconnect.vermont.gov/learn-more/financial-help/family-glitch

state-funded program (the Immigrant Health Insurance Plan) that began July 1, 2022. This provider funding is paid in the form of grants.

Agreements Executed to Date:

- **Gifford Health Care** – Covering all Gifford Health Care providers.
- **North Country Hospital** – Covering all North Country Hospital providers.
- **Northeastern Vermont Regional Hospital** – Covering all Northeastern Vermont Regional Hospital providers, as well as Northern Counties Health Care primary care and dental providers.
- **Northwestern Medical Center** – Covering all providers in the Health Service Area, including the hospital, primary care, pediatric, and obstetrics/gynecology (OB-GYN).
- **Southwestern Vermont Health Care** – Covering Southwestern Vermont Health Care providers.
- **University of Vermont Health Network** – Covering providers under the UVM Health Network umbrella
- **Brattleboro Memorial Hospital** – Covering all Brattleboro Hospital providers.

All communications about the Act 48 Provider Funding Opportunity were designed to promote that Medicaid is available to pay for emergency care, if people are eligible. These messages were developed following testimony during the 2021 legislative session, as information about these programs was not known broadly. Examples of these messages are shown below.

Emergency Medicaid is Still Available:
Although some people have an immigration status that means they can't get Medicaid, they may be able to have their emergency care paid.

What is an emergency?
Labor and delivery if you are pregnant;
Sudden, dangerous medical problems like heart attacks or being hurt in an accident.

How does someone get emergency care paid for?
Apply for Medicaid.
If your care meets the rules, Medicaid will pay some or all of the bills.

Act 48 of 2021 IHIP Outreach Grant Opportunity

After establishing the Provider Funding Opportunity described above, the Department established outreach grants for Vermont community organizations to provide culturally and linguistically appropriate outreach and information about IHIP. Grants were awarded to two organization: (1) Migrant Justice and (2) Milk With Dignity. The grantees have developed and distributed outreach materials about IHIP in Spanish since July 2022, including an informational flyer, and both an audio and video message. The grantees have distributed information about

IHIP during farm visits and at numerous outreach events since July. These grants are funded until February of 2023.

Operational Performance Improvement

Continuous improvement is a core tenet of the Department's work. To improve, DVHA staff determine meaningful ways to measure our work, gather data and develop scorecards to monitor effectiveness. These scorecards are designed to drive clinical initiatives, business decisions, the pursuit of better customer service, a higher quality of care, and operational efficiencies.

Each of the Department's units tracks performance metrics with an emphasis on the core responsibilities of enrolling members, paying for care, and promoting health. The results can be seen across all three areas of responsibility as well as in general operations.

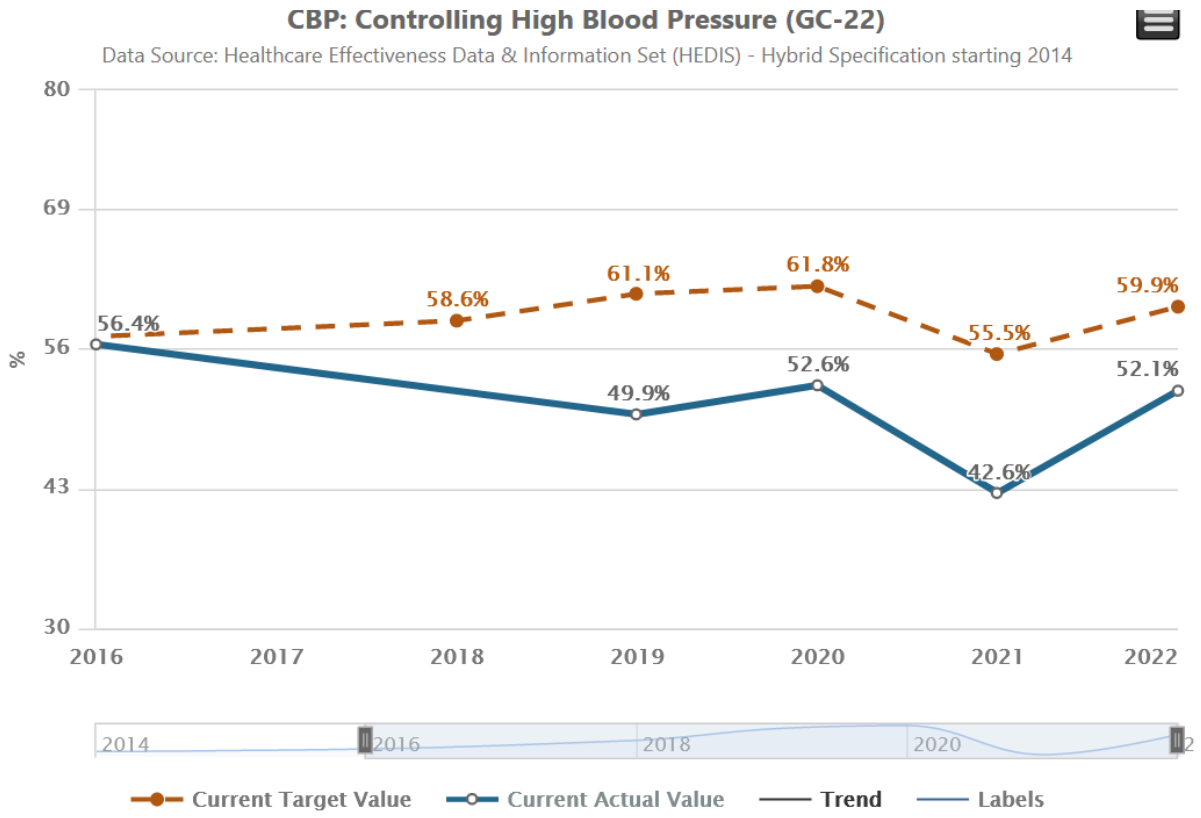
The Department strives for business efficiencies and uses results-based accountability (RBA) principles and tools. Along with other departments in the Agency of Human Services, DVHA uses RBA-based strategy management, the Clear Impact Scorecard, and collaboration support software to facilitate project management, data charting and public communication of results. These tools inform our continuous quality improvement work, inclusive of clinical initiatives.

The Department's Performance Accountability Scorecard can be found here: https://embed.clearimpact.com/Scorecard/Embed/77812.

Specific examples of quality performance improvement activities are below.

Performance Improvement Project (PIP) on Managing Hypertension

Vermont Medicaid routinely assesses health outcomes for the populations we serve. This is done in part by producing key quality performance measures and analyzing our results. When this analysis indicates opportunities for improvement, as was evident with our performance on a quality measure focused on controlling high blood pressure (https://app.resultsscorecard.com/Measure/Embed/100157136), we partnered with key stakeholders on new strategies and communication.



In 2020, we joined forces with the Vermont Department of Health and OneCare Vermont to launch a project focused on management of hypertension (HTN). The annual reported rate in the graph captures activity during the previous calendar year. The drop in the 2021 rate is attributed to the decline in overall office visits during the height of the public health emergency in calendar year 2020. It returned to its pre-pandemic level the following year.

In 2022, our project strategies revolved around making blood pressure (BP) cuffs accessible and affordable, encouraging patients to join educational workshops that promote the importance of self-monitoring BPs and raising awareness amongst providers about measuring, diagnosing and documenting these BP readings in patient charts. Our team hopes that these interventions will enhance both care management and quality measure data collection.

Quality Improvement (QI) Project: Foster Care Learning Collaborative

DVHA is leading a QI project focused on improving the timeliness of care for children and youth entering foster care. Partners include DCF, VDH, and the Vermont Child Health Improvement Program (VCHIP). The project is part of a larger CMS-sponsored Learning Collaborative. In 2022, the QI team worked closely with one district to test a change to their process. If successful, the team will spread that change as a best practice to other districts.

Quality Management: Comprehensive Risk Assessment

Staff from DVHA's Quality, Oversight & Monitoring and Compliance Units have developed a comprehensive risk assessment process for Vermont's Medicaid program. The purposes of this work are to:

- identify, analyze, prioritize and correct compliance risks across all departments and programs responsible for Medicaid service delivery; and
- take advantage of opportunities to move beyond compliance and look for ways to improve the services we deliver to Vermonters.

The assessment entails collaboration with other Agency departments. This project launched in 2022 and has already realized progress towards its goals, as well as informed other regulatory work within the Department.

Pharmacy Prior Authorizations

In 2022, DVHA worked to ensure prior authorizations for pharmacy were processed accurately and quickly. The average turnaround time for processing pharmacy prior authorizations (PAs) is 66 minutes.

The average length of time for processing prior authorizations for medication assisted treatment (MAT) across all 3 therapeutic classes (buprenorphine products, naltrexone products, and miscellaneous products for alcohol abstinence) and for each medication within the therapeutic classes was **30 minutes**.[13]

Prior authorizations are not required for Suboxone film, or for generic buprenorphine/naloxone combination tablets, effective 8/21/20 (moved to preferred status), unless the dose is greater than 16mg for Spokes (office-based opioid treatment) or 24mg for Hubs (opioid treatment programs). Prior authorizations are required for buprenorphine-only sublingual tablets, Sublocade, Zubsolv, buprenorphine/naloxone film (generic to Suboxone and higher in net cost to the State). For the naltrexone product therapeutic class, naltrexone tablets and Vivitrol (effective 10/01/2022) do not require a prior authorization.

Effectively Managing the Pharmacy Benefit and Pharmaceutical Spend

Each year, the Department reports to the legislature its pharmacy utilization and spend. The Pharmacy Unit managed $266 million in total gross drug spend in state fiscal year (SFY) 2022, an increase of 15% over the previous fiscal year. Gross drug spend includes what DVHA paid to pharmacies for all publicly-funded pharmacy benefit programs, including Medicaid for Children and Adults, those dually eligible for Medicare and Medicaid, and Vermont's Pharmaceutical Assistance Program (VPharm). Physician-administered drugs are typically processed through the Medicaid medical benefit, which are not reflected in the above figures. The significant spending increase in SFY 2022 was driven largely by three factors: increases in caseload and utilization, changes in drug mix, and increased costs per claim.[14]

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[13] https://legislature.vermont.gov/assets/Legislative-Reports/MAT-Prior-Authorization-Report-1-February-2022_DVHA_FINAL.pdf

[14] Pharmacy Best Practices and Cost Control Program Report (October 30, 2022)

Program Updates

Medicaid Program Updates

One of the Department's core responsibilities is ensuring the Medicaid program offers comprehensive, high-quality health care services to Vermonters, especially those who are most vulnerable. The following pages describe changes to the Medicaid program in 2022.

Global Commitment to Health 1115 Waiver

The Global Commitment Demonstration is a partnership between the State and the Federal Government. It increases Vermonters' access to health care services, strengthens the health care system, and supports health care providers recovering from disruptions brought on by the COVID-19 pandemic.

Since 2005, in addition to providing Medicaid coverage for approximately 200,000 Vermonters, the Global Commitment Demonstration has enabled crucial funding for public health, health care, and health-related services for all Vermonters, regardless of whether they are enrolled in Medicaid or Medicare, have commercial insurance, or are uninsured. With this infrastructure in place, Vermont has nearly universal health coverage and one of the healthiest populations in the nation, despite also having one of the oldest populations.

In 2022, the Agency of Human Services and the federal Centers for Medicare and Medicaid Services (CMS) approved a new Global Commitment to Health agreement. The newly approved agreement, which will be in effect from July 1, 2022 to December 31, 2027, gives Vermont precedent-setting flexibilities that cement its role as a national leader in health care coverage and payment and delivery innovation. This approval also offers Vermont additional tools to leverage Medicaid in support of Vermont's providers as they recover from the ongoing challenges presented by the COVID-19 pandemic.

The new agreement includes:

- **More Dollars for Innovation in Vermont's Health Care System.** The new agreement grants Vermont the ability to spend 32% more than before for public health programs and services addressing social factors that influence health.
- **Flexibility to Adjust Provider Rates.** The state has flexibility to adjust provider rates so that they can continue to provide needed services to Vermonters.
- **Access to Substance Use Disorder Treatment.** Vermont is the first state in the nation able to use Medicaid funds to expand access to substance use treatment services for individuals whose income is above Medicaid limits.
- **Sustainable Support for the Lund Home.** Vermont is the first state to obtain Medicaid funding for maternal health and treatment services offered in a residential facility.
- **Access to Supportive Housing.** Vermont obtained approval to implement a pilot program that will help people covered by Medicaid secure and maintain housing based on their needs.
- **Strengthening Data Sharing.** Mental health, substance use, and long-term services providers will have access to health information technology funding for tools to manage and improve Vermonters' health.

Specifically, the renewed Demonstration provides:

Unprecedented Flexibility through:

- More Dollars to Stabilize and Promote Continued Innovation in Vermont's Health Care System.
- Budget Neutrality (BN) Adjustments to Increase Provider Rates.
- Strengthening Providers' Data Exchange Capabilities to Advance Population Health.

New and Expanded Coverage:

- Expanded Access to Substance Use Disorder (SUD) Treatment for Vermonters Above Medicaid Income Limit
- Permanent Supportive Housing Program
- Community Rehabilitation & Treatment (CRT) – No income limit
- New Peer Support Benefit for SUD and CRT
- Sustainable Funding for Lund Home
- Reimbursement of Personal Care and Life Skills Aide for Parents and
- Caretakers (BI, Children's, Developmental Services [DS])
- Choices for Care (CFC) New Life Skills Aide Benefit
- CFC: Moderate Needs Change to Clinical Criteria
- Increased Pharmacy Benefit for Low-Income Elderly Vermonters

CMS is also taking steps in this demonstration extension to reinforce and ensure that the authorized programs offering Home- and Community-Based Services (HCBS) comply with HCBS rules and regulations. Following a review of information and stakeholder feedback, CMS determined that the state's five HCBS programs do not separate case management from the direct service providers; therefore, the state is out of compliance with 42 CFR section § 441.730(b). Vermont is currently under a corrective action plan to come into full compliance by the end of 2025.

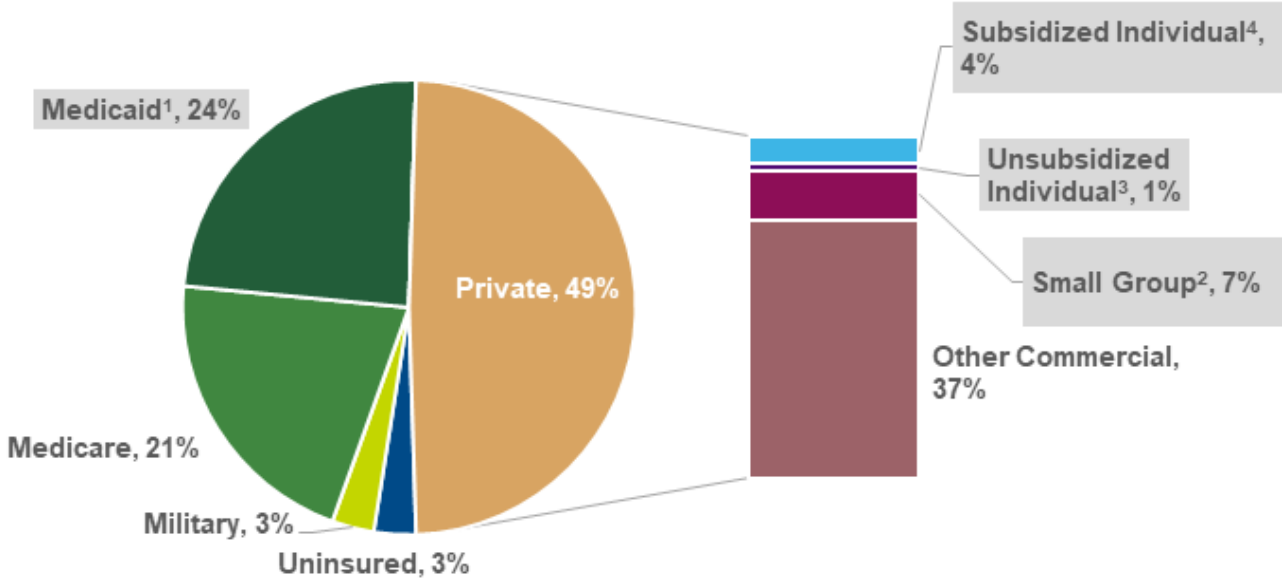
Member Experience

The Department works to ensure that we provide the best possible experience to Vermonters we serve, whether they are covered by Medicaid or buy plans on the health insurance marketplace.

As of September 2022, 270,475 Vermonters received health coverage through Vermont's state-based exchange for health insurance (Medicaid or Qualified Health Plans), or a qualified or reflective health plan directly from Vermont's health insurance carriers. More information can be found in the Department's Health Insurance Map reports: Health Insurance Maps | Department of Vermont Health Access.[15]

More than one out of three Vermonters are covered by a health plan that is administered and/or certified by the Department of Vermont Health Access (DVHA).

[15] https://dvha.vermont.gov/budget-legislative-and-rules/reports-and-studies/health-insurance-maps



[1]Enrollment administered by DVHA, benefits managed by DVHA
[2]Certified by DVHA, enrollment and benefits administered by insurance company partners
[3]Certified by DVHA, enrollment administered by DVHA or by insurance company partners, benefits managed by company partners
[4]Certified by DVHA, enrollment administered by DVHA, benefits managed by insurance company partners

Health Insurance Landscape in Vermont

The Vermont Household Health Insurance Survey was conducted in 2021 and results were released in 2022. The survey found that nearly 97% of all Vermonters have health insurance, matching the state's highest insured rate on record. Almost 600,000 Vermonters are covered. The data is consistent with studies from the U.S. Census Bureau which found that, in 2020, Vermont ranked second in the nation for its percentage of people with health insurance.[16] This information will provide a great deal of insight into how the health insurance landscape may have changed and help policymakers to understand the impact of the COVID-19 public health emergency on the insured and uninsured populations.[17]

The report found, "cost is still the primary barrier to health insurance coverage for uninsured Vermonters. More than half (51%) of the uninsured identify cost as the only reason they do not have insurance, while 21% indicate cost is one of the main reasons, and 15% say it is one reason among many for being uninsured. Only 9% indicate that cost is not much of a factor in their not having health insurance coverage."

When asked about other reasons for not having health insurance coverage:

[16] The VHHIS result is statistically similar to the U.S. Census Bureau's Current Population Survey, which shows Vermont's uninsured rate (2.6%) ranked second to only Massachusetts (2.4%) in 2020
[17] Household Health Insurance Survey: https://www.healthvermont.gov/stats/surveys/household-health-insurance-survey

- 33% percent of uninsured Vermonters indicate they lack health insurance because they are ineligible for state health insurance coverage;
- 22% cannot afford to pay employer-sponsored insurance (ESI) premiums;
- 21% are not interested in insurance;
- 21% lost their insurance due to job loss; and
- 8% of uninsured Vermonters report COVID-19 as a reason for the loss of health insurance coverage.

Vermont Medicaid Program

Medicaid programs provide low-cost or free health insurance for eligible Vermonters. Medicaid is a state program that follows Federal rules. Eligibility is based on financial factors, and for certain eligibility groups, on clinical factors. The Vermont Medicaid Program provides comprehensive health coverage, including broad prescription coverage.

Children under the age of 21 are covered under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, which requires all states to provide all services described in the Medicaid statute necessary to cover health conditions, regardless of whether the services are part of states' traditional Medicaid benefit packages. This includes treatment for any vision and hearing problems, dental services, and eyeglasses and hearing aids. Under EPSDT, children up to age 21 are entitled to all medically necessary Medicaid services, including optional services, even if a state does not cover the same services for adults.[18]

Customer feedback is a crucial element in administration of the Vermont Medicaid plans. Hearing from our customers provides us with useful information about what we're doing well and what we could be doing better. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey provides an assessment of health plan performance from a customer perspective.[19]

The survey is customized to reflect what may be affecting Vermonters served by the Medicaid program. Questions about Vermonters' experience with telehealth services were added starting in 2020. 60% of adult respondents in 2021 indicated that they were as satisfied or more satisfied with their video and/or telephone visits as they were with in-person visits with both primary care providers and specialists. The Vermont Medicaid program continues to receive positive feedback from adult members, with 85% of those surveyed giving the plan a high rating.[20]

In 2021, 95% of the child survey respondents rated "all of the health care they received" highly, with 96% giving their child's Medicaid health plan, itself, the highest tier rating.

Prescription Assistance Programs

[18] https://www.medicaid.gov/medicaid/benefits/mandatory-optional-medicaid-benefits/index.html
[19] https://dvha.vermont.gov/quality/experience-care
[20] Vermont Medicaid's Experience of Care scorecard.

The VPharm program was established in 2006 to provide supplemental pharmaceutical coverage to Medicare beneficiaries. VPharm helps pay for prescription medicines with affordable monthly premiums for individuals who meet income guidelines and are enrolled in Medicare Part D, which covers prescription drugs.

In SFY 2022, there were 264,339 VPharm claims with a total gross paid amount of $5,714,202. Beginning July 1, 2022, DVHA expanded the drug coverage available under VPharm 2 and VPharm 3 to be equivalent to the drug coverage available under VPharm 1. These changes result from Vermont's new Global Commitment to Health 1115 Waiver which will allow VPharm 2 and VPharm 3 enrollees to receive $1 and $2 copays for more drugs through VPharm, not just "maintenance" drugs.

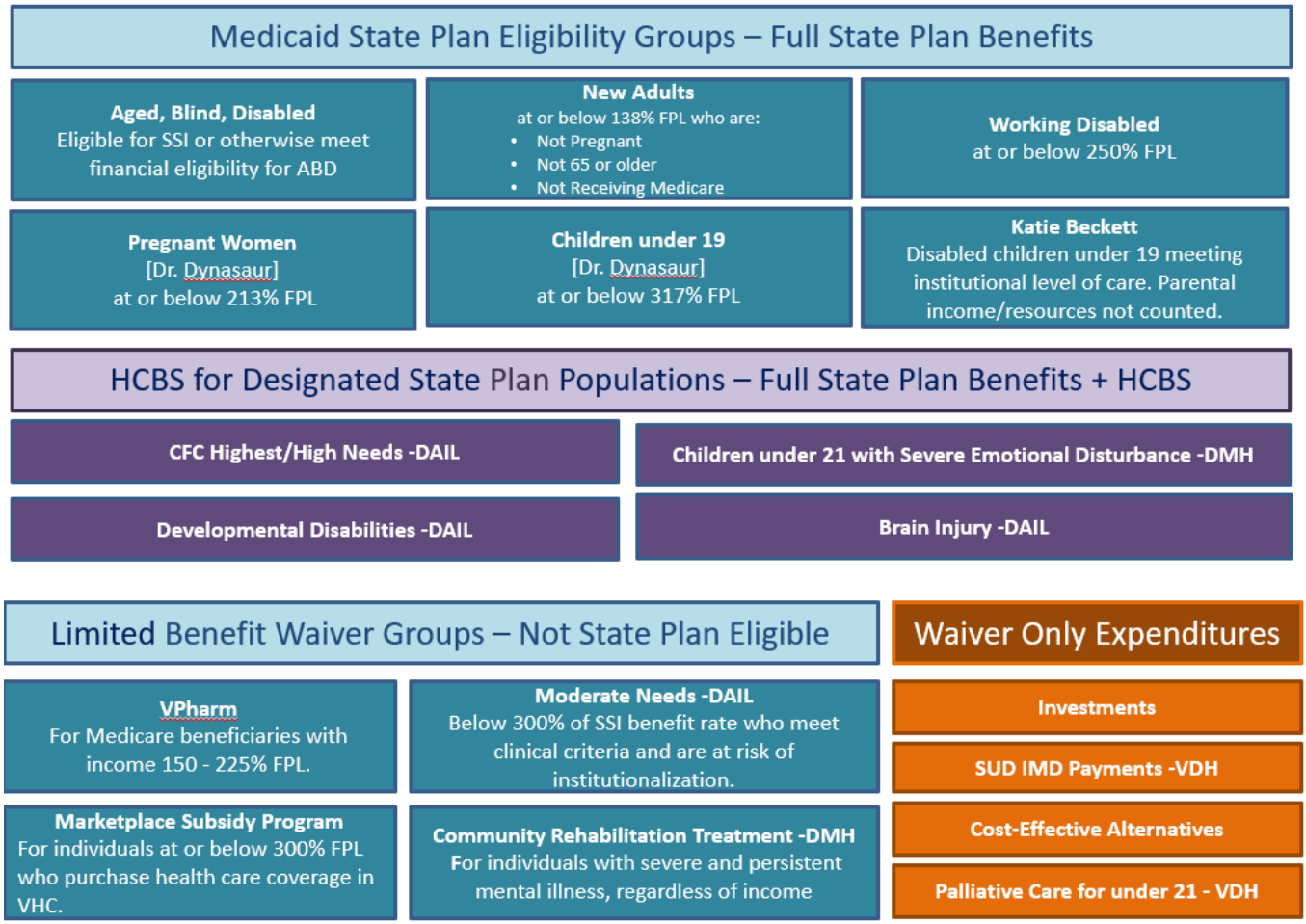
Previously, VPharm 2 and VPharm 3 coverage was limited to maintenance medications, over-the-counter medications, and diabetic supplies. This change will result in lower out-of-pocket costs for VPharm members. For prescriptions with a DVHA cost share of $29.99 or less, the patient will pay a $1.00 co-payment. Prescriptions with a DVHA cost share of $30.00 or more are responsible for a $2.00 co-payment. VPharm 1 is not changing. This is an expansion of drug coverage for people who are enrolled in VPharm 2 and VPharm 3.[21]

Eligibility & Cost-Sharing of Programs in Plan Year 2023

Each year, the Department reviews and updates eligibility and cost-sharing to align with state and federal regulations. Income calculations are based on gross monthly income minus certain qualifying deductions. Qualified Health Plans, advance premium tax credits, cost-sharing reductions, and Vermont premium assistance all use Modified Adjusted Gross Income (MAGI) for eligibility determination. So does Medicaid for Children and Adults. If a Vermonter is determined to be eligible for a program that requires a monthly premium, the Vermonter must pay that premium to get their insurance coverage. The Vermonter must also continue to pay their bill on a timely basis as required to maintain their health insurance. For more information:

- Visit the State's website for the eligibility guidelines in effect for income-based programs for 2023 to learn more.[22]
- Detailed information for all eligibility groups can be found here: Eligibility and Cost-sharing of Programs (vermont.gov).[23]

[21] https://dvha.vermont.gov/sites/dvha/files/doc_library/Pharmacy_2022_0.pdf
[22] https://info.healthconnect.vermont.gov/compare-plans/eligibility-tables/2023-eligibility-tables
[23] https://dvha.vermont.gov/sites/dvha/files/doc_library/Health%20Program%20Eligibility%20Tables.pdf



Open Enrollment for Plan Year 2023

The Department successfully prepared for and launched Open Enrollment for 2023 health insurance plans on the marketplace. Open enrollment is for Vermonters who buy their plans on the health insurance marketplace, Vermont Health Connect.

Vermonters can sign up for or change their health and dental plans for 2023. Open Enrollment runs from November 1 to January 15. This year, Vermonters could get increased financial help through the federal government and the elimination of the family glitch. Because of these enhancements, more Vermonters can get lower-cost health plans. All qualified health plans cover preventive care like mental health services and annual check-ups.

In preparation for Open Enrollment, the Department updated the Plan Comparison Tool. The Tool compares qualified health plans on both plan design and total cost to help Vermonters make informed decisions. Total cost includes both premium and out-of-pocket costs. For this year, the Tool also features an employer affordability calculator so that Vermonters can find out if they may have been affected by the “family glitch.”

The first step in the qualified health plan renewal effort for Open Enrollment involves determining eligibility for the coming year’s state and federal subsidies and enrolling members in new comparable versions of their health and/or dental plans. In October 2022,

this step was operated with a single, clean, automated run that took care of 99.7% of eligible cases, the **fifth year in a row**, at 99% or better. This means that Vermonters could log into their online accounts on the very first day of Open Enrollment, see their benefits and net premiums for the coming year, and select a new plan if they chose to do so.

Finally, as in past years, the Department completed its required Open Enrollment Readiness Review with the Federal Government and did not receive any feedback.

Reaching Vermonters – Increasing Enrollment

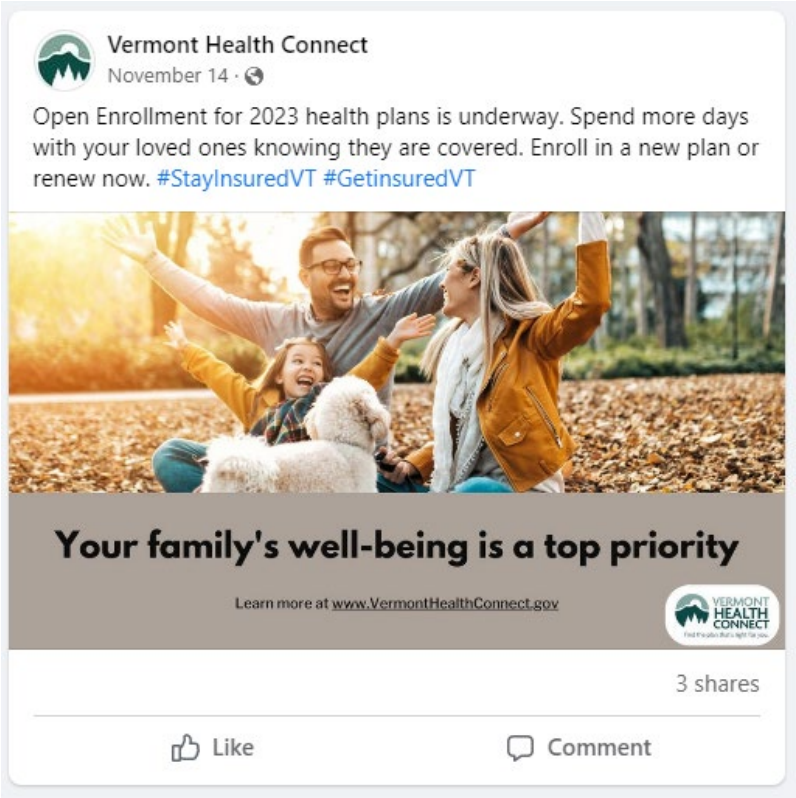
The Department of Vermont Health Access communicates important information with the public and stakeholders about signing up for health insurance. This outreach seeks to help Vermonters understand the health insurance options available to them and the purpose of the state's health insurance marketplace. Outreach efforts also focus on vulnerable and underserved Vermonters more likely to lack access to health insurance.

In 2022, DVHA took several steps to improve customer accessibility to information and health insurance. The Department improved navigation, plain language access and information relevance on the Vermont Health Connect informational website. The "Google Translate" option was also added to all state-hosted pages on www.VermontHealthConnect.gov.

The Department increased engagement with Vermonters through improvements to social media campaigns. These campaigns increased frequency, improved content relevance and effectiveness, and used a modified content review process. The team utilized new resources to continue to update content relevance and represent more diverse populations. The team developed and published video campaigns which are documented to produce more engagement. Examples of social media campaign posts and the postcard campaign are below.

Video: How to Use Vermont Health Connect's Plan Comparison Tool:

Open Enrollment social media post:



Open Enrollment postcard:

The Department used grant funds to partner with three different organizations to promote the enhanced financial assistance received through the American Rescue Plan Act and to improve Vermonters' health insurance literacy. The grants focused specifically on engagement with the vulnerable and underserved population. Activities included hosting live and virtual events,

mailing educational materials, and connecting Vermonters to supportive resources to help them with their health insurance needs. One organization produced educational videos in seven languages to increase access to health insurance information for Vermonters who speak other languages.

The Department offered multiple virtual 2022 Open Enrollment "Town Halls" to provide information about Open Enrollment, the expanded subsidies under the American Rescue Plan Act, and to answer general questions about Vermont's health insurance marketplace.[24] DVHA promoted these events to members and the public through press releases and social media, as well as through partner communication networks, in order to build broad awareness of the open enrollment period and continued, lower costs for health insurance through the State's health insurance marketplace for the 2022 calendar year. Additional informational videos have been published and made available online.

The State also leveraged grant funding during 2023 Open Enrollment to promote opportunities for enhanced subsidies via 10- and 30-second radio commercials and Front Porch Forum advertisements.

During Open Enrollment, many Qualified Health Plan members received direct emails reminding them about important Open Enrollment deadlines and key plan decision tips based on their current enrollment status. Medicaid members whose mail was returned to the State were contacted by email to request them to update their contact information.

This same population received the Department's first text message pilot campaign. During 2022, the Department developed the ability to send brief text messages to customers to share important information. This communication medium is a key asset to the public health emergency unwind communication strategy. The pilot campaign was successful and showed promise for future communications and engagement efforts.

Applying for Benefits

Once Vermonters decide that they want to apply for health insurance through Vermont's integrated health insurance marketplace, they generally take one of four possible paths to enrollment:

	How to Apply
Online	http://VermontHealthConnect.gov/
By Phone	1-855-899-9600 (Toll-Free)
By Paper	http://info.healthconnect.vermont.gov/paper
With an Assister	https://info.healthconnect.vermont.gov/find-local-help/find

Applying Online

[24] https://www.youtube.com/@VTHealthConnect

Customers applying for Medicaid or Qualified Health Plans can create an account and apply online at http://VermontHealthConnect.gov/ or https://my.vermont.gov/. Vermonters can log in at their convenience.

Applying by Phone

The Department's contracted Customer Support Center is equipped to enroll customers for both Medicaid and Qualified Health Plans over the phone. Call volume is the highest during the Open Enrollment period. As a result, the Department has established the percentage of calls answered within 25 seconds during Open Enrollment as the new measure to assess performance.

In the first month of Open Enrollment (November 1-30, 2022), 59% of calls were answered within 25 seconds. To reduce hold times for Vermonters, in 2022 the Customer Support Center implemented a call-back feature. The call-back feature made calling more convenient and has been utilized by customers during the highest call volume days. During the first month of Open Enrollment, the feature was used by customers 1,296 times. The Department continues to work with the contracted call center vendor, Maximus, to increase trained staff and staffing coverage to avoid the long wait times as much as possible.

Applying by Paper

The paper application is federally required and is the least utilized application method as increasing numbers of applicants move to online and phone applications. The 205ALLMED-NonLTC paper application allows the customer to be screened for all insurance programs offered through the Department, except for Long-Term Care Medicaid. Applicants whose identities cannot be confirmed have the option of either filling out a paper application or meeting with a local Assister who can validate their identity and help them apply for health insurance.

New in 2022, individuals can apply for the Immigrant Health Insurance Plan (IHIP)[25] through a separate paper application, offered in both Spanish[26] and English[27] versions. This application is only in paper form at this time.

Applying with an Assister

The Assister program serves as a cornerstone of the Department's ongoing effort to help Vermonters understand and enroll in the health insurance that best meets their families' needs and budget. The Program fosters collaboration between the State's health insurance marketplace, hospitals, clinics, and community organizations, having helped Vermont dramatically reduce and continue to maintain its low uninsured rate. Paired with the Customer Support Center and online tools, the Assister program provides an additional option of tailored, one-on-one support for Vermonters who may have encountered barriers to enrollment in health insurance.

[25] https://dvha.vermont.gov/information-for-non-citizens/immigrant-health-insurance-plan-ihip
[26] https://dvha.vermont.gov/sites/dvha/files/doc_library/205IHIP-Spanish-Final.pdf
[27] https://dvha.vermont.gov/sites/dvha/files/doc_library/205IHIP%20Final.pdf

Vermont's Assister Network consists of over 100 Certified Application Counselors, Navigators, and Brokers. Assisters provide in-person and virtual enrollment assistance in all 14 counties of the State of Vermont. Assisters receive regular training and direct support so that Vermonters have accessible, knowledgeable people within their community to help them with their health insurance needs. Assisters play a critical role, especially for the most vulnerable populations, to help make sense of the ever-changing and expensive health insurance landscape.

The story below describes one Assister's experience working with a Vermonter in 2022:

> **"I began working with a patient after he was admitted into the hospital under the assumption that he had active VT Medicaid coverage at the time of his admission. We were simply planning to make some updates to his Medicaid account to keep all his information up-to-date. But when I called the Assister Hotline, we found out that his Medicaid coverage had actually terminated because he had an old out-of-state address listed on his account. The patient became very concerned because this meant that he had no insurance coverage for his current hospitalization. I was able to assist him in updating his address and the rest of his information, and by the end of the phone call his coverage was reinstated so the patient did not have to worry about how he would pay his medical bills."**
>
> **- Kaleigh, Brattleboro Retreat**

The Department continues to work to make connecting with an Assister as easy as possible. The Assister Directory has been updated and made more accessible on the website for the State's health insurance marketplace. It can be found at: https://info.healthconnect.vermont.gov/find-local-help/find

Connecting with Primary Care

Connecting with a primary care provider is a key step toward accessing health care. Units across DVHA work together to support Vermonters enrolling in Medicaid or Qualified Health Plans through Vermont's state-based health insurance marketplace.

Removing Barriers to Care for Medicaid Members

The Department works to remove barriers to health care services for Medicaid members. Two examples for 2022 are non-emergency medical transportation and language access for speakers of languages other than English.

Non-Emergency Medical Transportation (NEMT) is a covered service for members enrolled in Medicaid and Dr. Dynasaur programs. This benefit is essential in providing assistance to qualified members who face barriers to transportation. Dedicated rides to medical services can help reduce unnecessary stress and uncertainty while increasing access to care.[28] The Vermont Public Transportation Association (VPTA) is a regional network of public transit providers who

[28] http://www.vpta.net/medicaid-transportation/

transport Medicaid and Dr. Dynasaur members to and from medically necessary, non-emergency medical services. VPTA serves as the point of contact for members' NEMT-related questions and scheduling needs. Medicaid members may find more information about transportation on the VPTA website. Providers may find more information about NEMT on the DVHA website.[29]

DVHA provides Non-Emergency Medical Transportation (NEMT) to ensure that Medicaid members without access to transportation receive rides to and from medical appointments, including treatment for opioid addiction. In addition to contract management and quality review of the eight statewide transportation brokers/providers, MPS staff process authorizations for out-of-area transportation and transportation-related medical exemption applications. MPS responsibilities also extend to outreach and communication, including Medicaid policy education; provider manuals and newsletters; member handbooks and newsletters; the Green Mountain Care member website; and the Department of Vermont Health Access website.

The Department also took steps in 2022 to ensure Vermonters covered by Medicaid who speak other languages can communicate with their health care providers. When care is delivered in a language other than the patient's preferred language, there can be significant barriers to the patient's ability to understand a diagnosis, the care they are consenting to, or whether they may require important follow-up care. These language barriers can lead to a patient's increased anxiety about health care appointments and result in poorer health outcomes.

In addition to sharing what is important to the individual and their family, providers are required under federal and State law to provide interpreters for patients with limited English proficiency and those who are deaf or hard of hearing. Dedicated access to interpreters can improve the patient's overall healthcare experience, and although it may be common for patients with limited English proficiency to bring a family member with them to translate, a trained interpreter is strongly recommended. DVHA's network of providers is permitted to bill for reimbursement of interpreter services for Vermont Medicaid members.[30] The Department's Member and Provider Services Unit works to ensure that providers know the resources available to them to provide language assistance.

The list below provides examples of languages other than English which Vermonters indicate as their preferred language when they complete their health coverage application. This illustrates the variety of languages in which language assistance may be beneficial for Vermonters accessing care:

- Arabic
- Burmese
- Dari
- French
- Kirundi
- Nepali
- Pashto
- Somali
- Spanish

[29] Medicaid Non-Emergency Transportation Manual: https://dvha.vermont.gov/sites/dvha/files/documents/providers/Forms/NEMT%20FY21%20Manual%20Final%201.12.21.pdf

[30] Section 4.8.4: Limited English Proficiency, Section 4.8.5 Deaf and Hard of Hearing: http://www.vtmedicaid.com/assets/manuals/GeneralBillingFormsManual.pdf

Medicaid and Exchange Advisory Committee

The Medicaid and Exchange Advisory Committee is a group that convenes to give input to the Department on topics related to member and provider initiatives, policies, and communications. This statutory advisory committee raises issues for DVHA to consider and provides feedback on policy development and program administration. Meetings are open to the public. In 2022, the MEAC continued to successfully conduct meetings virtually. Anecdotally, the virtual option has increased access for both members of the public and advisory committee members as it has mitigated the number of audio issues. The committee also successfully added a member representing the small business community.

Coordination of Health Insurance for Parolees

The Department of Vermont Health Access has been coordinating with other state and community partners to prepare for the arrival of parolees from Afghanistan and Ukraine. As part of the State's preparation, the Department developed processes and communication materials to clearly communicate several key points about health insurance for this population. Additional details about health insurance options for parolees can be found by visiting the following link: https://dvha.vermont.gov/information-for-non-citizens/Ukrainian-and-Afghan-Humanitarian-Parolees-Can-Apply-for-Medicaid-and-Other-Health-Insurance.

Over the course of 2022, the State received 112 applications from Afghan refugees, resulting in 209 enrollments. The State received 37 applications from Ukrainian refugees, resulting in 54 enrollments.

Provider Experience

How we support providers

The Department of Vermont Health Access supports an extensive network of in-state and out-of-state providers. Vermonters have a variety of health care needs and require a network of providers that can address those needs and deliver medically necessary, covered services. As of December 2022, 27,860 providers are enrolled in Vermont Medicaid. Statewide workforce shortages during 2022 have impacted certain provider types including dentists and nurses. The following table shows the total number of individual providers, as well as the total number of group practices and facilities, by provider type.

Provider Type	Number of Individual Providers	Number of Facilities & Group Practices
GENERAL HOSPITAL	-	492
CLINIC CENTER URGENT CARE		13

Provider Type	Number of Individual Providers	Number of Facilities & Group Practices
DENTIST	388	137
PHYSICIAN	13831	535
PODIATRIST	51	8
OPTOMETRIST	133	40
OPTICIAN	1	1
PHARMACY	-	358
HOME HEALTH AGENCY	-	11
INDEPENDENT RADIOLOGY		9
INDEPENDENT LAB	-	171
AMBULANCE	-	137
DURABLE MEDICAL EQUIPMENT SUPPLIER	-	273
PHYSICAL THERAPIST, OCCUPATIONAL	631	124
CHIROPRACTOR	145	61
MASTER LEVEL PSYCHOLOGIST, LICENSED MENTAL HEALTH COUNSELORS, LICENSED SOCIAL WORKERS, LICENSED MARRIAGE AND FAMILY THERAPISTS	1907	161
NURSING HOME - MEDICARE PARTICIPATING	-	59
NURSING HOME - NON-MEDICARE PARTICIPATING	-	7
ANESTHESIA ASSISTANT	70	-
HOSPICE	-	12
INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH (ICF) /INTELLECTUAL DISABILITY FACILITY	-	1
PSYCHOLOGIST - DOCTORATE	404	28
RURAL HEALTH CLINIC	-	16
AUDIOLOGIST	76	6
INTERNAL STATE PROGRAMS	-	16
STATE DESIGNATED MENTAL HEALTH CLINIC	-	64

Provider Type	Number of Individual Providers	Number of Facilities & Group Practices
STATE DEFINED INTELLECTUAL DISABILITY CLINIC	-	17
STATE DEFINED CHILD – FAMILY CLINIC	-	4
MENTAL HEALTH /DEVELOPMENTAL SERVICES CLINIC	-	9
STATE DEFINED INDEPENDENT AGING WAIVER	-	21
NATUROPATHIC PHYSICIAN	75	20
PHARMACIST	322	-
PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY	-	23
DIALYSIS FACILITIES	-	12
AMBULATORY SURGICAL CENTER	-	5
PERSONAL CARE SERVICES	-	14
NURSE PRACTITIONER	2723	27
LICENSED NURSE	11	10
FEDERALLY QUALIFIED HEALTH CENTER	-	59
NON-EMERGENCY TRANSPORTATION SERVICES	-	7
STATE DEFINED RESIDENTIAL CARE WAIVER	-	138
STATE DEFINED TARGETED CASE MGMT	-	1
STATE DEFINED INDEPENDENT CASE MANAGER	2	2
STATE DEFINED DEPARTMENT OF HEALTH INTELLECTUAL FACILITY	-	1
STATE DEFINED VOCATIONAL REHAB AGENCY	-	16
FAMILY SUPPORT MANAGEMENT	-	7
STATE DESIGNATED CHILDRENS MED SERVICES	-	35
STATE DEFINED NON-MED RESIDENTIAL FACILITY	-	170
STATE DEFINED ALCHOL AND DRUG PROGRAM FACILITY	-	35
STATE DEFINED ADULT DAY FACILITY	-	9
STATE DEFINED DEPT OF EDUCATION	-	62
SOLE SOURCE EYEGLASS LAB	-	1

Provider Type	Number of Individual Providers	Number of Facilities & Group Practices
STATE DEFINED CASE RATE AGENCY	-	5
INDEPENDENT BILLING HIGH TECH NURSES	46	-
PHYSICIAN ASSISTANT	1197	-
LICENSED ALCOHOL DRUG COUNSELOR	187	13
LICENSED MIDWIFE	29	5
LICENSED PHYSICAL THERAPY ASSISTANT	3	-
ACCOUNTABLE CARE ORGANIZATION	-	1
NUTRITIONAL EDUCATORS	135	11
SLEEP STUDY CENTER	-	3
BEHAVIORAL ANALYST	129	21
FAMILY SUPPORTIVE HOUSING	-	10

The Department monitors the adequacy of Vermont Medicaid's network of enrolled providers and ensures that members are served in accordance with managed care requirements.[31] This includes helping members navigate finding a dental home due to the decrease in available dental providers. In 2022, 23 dental providers disenrolled from Medicaid due to retirement and low reimbursement rates. MPS staff continue to work with dentists to promote enrollment with Vermont Medicaid. On average, in 2022, MPS received 12 calls a week from members trying to find a dental provider. In 2022, MPS also worked with the Oral Health Commission to support efforts to recruit more dentists.

Revalidation and Access

The Member and Provider Services Unit conducts provider enrollment, screening, revalidation screening and monitoring of the network to help prevent Medicaid fraud, waste, and abuse. Federal regulations, specifically 42 CFR §455.410 and §455.450, require all participating providers to be screened upon initial enrollment and revalidation of enrollment.[32] In 2022, the Department enrolled, on average, 257 new providers a month and terminated, on average, 15 providers a month from participation with Vermont Medicaid. Providers terminate with Vermont Medicaid for various reasons, including, but not limited to, not wanting to accept Medicaid rates, not submitting claims in the past 36 months, moving, and retirement.

[31] Evaluation of network adequacy is completed every six months. Member and Provider Services works with a variety of associations and societies to encourage providers to participate with Vermont Medicaid & meet the needs of its members.
[32] CFR is the Code of Federal Regulations.

Between March 2020 and March 2022, CMS allowed for site visits to be done virtually or to be suspended, due to the Public Health Emergency. As of March 2022, MPS resumed site visits upon enrollment and every 5 years thereafter. This subset of providers receiving site visits includes:

- Ambulance service suppliers
- Community mental health centers, including eating disorder treatment providers
- Comprehensive outpatient rehabilitation facilities
- Hospice organizations
- Independent clinical laboratories
- Independent diagnostic testing facilities
- Physical therapists enrolling as individuals or group practices
- Portable X-ray suppliers
- Revalidating Home Health agencies[33]
- Revalidating Durable Medical Equipment, Prosthetics/Orthotics & Supplies suppliers[34]

Education, Training, and Support Services

The MPS unit is responsible for ensuring members have access to care, as well as for engagement, outreach and communication with both members and providers.[35] The goal is to ensure members and providers are always informed. Providers are assisted by Gainwell's Provider Services unit. Gainwell's services in support of providers include management of a Provider Services Call Center.[36]

In 2022, Gainwell and MPS hosted six provider webinars on topics such as billing and claims information. The provider manual and education resources such as webinars are available at: http://www.vtmedicaid.com/#/home and at https://dvha.vermont.gov/providers

Benefit Rules Management

According to the CMS National Correct Coding Initiative, providers must use the appropriate and correct codes for services that are provided to members. The use of correct codes allows for appropriate reimbursement for services provided to members. All codes (e.g., CPT, HCPCS, and ICD-10) released each year are reviewed and the Medicaid Management Information System (MMIS) is updated accordingly by specific deadlines so that providers may submit claims for timely reimbursement.

Other functions of benefit rules management include:

- Reviewing utilization and claims reports for services;
- Reviewing prior authorization requests for specific services;
- Reviewing prior authorization for all requests for services with risk for "imminent harm,"

[33] Newly enrolling Home Health agencies must have a site visit to comply with 42 CFR § 455.432.
[34] Newly enrolling suppliers must have a site visit to comply with 42 CFR § 455.432.
[35] This is done twice a year, through a report on members access to care and how far they must travel.
[36] Provider Services Telephone Number: 1-800-925-1706

- Clinical audits to ensure medical necessity and appropriate utilization of services; and
- Collaboration on Agency-wide initiatives, such as Early Periodic Screening Diagnosis & Treatment (EPSDT) review of services, Applied Behavior Analysis utilization review and reconciliation, and clinical case reviews.

Submitting Claims and Reimbursement

Medical Claims Processing

On January 1, 2022, the DVHA executed a 5-year extension to its contract with Gainwell Technologies. Gainwell has provided the State of Vermont with Medicaid fiscal agent and operations management services since 1981 through its Medicaid Management Information System (MMIS).[37] Medical claims processing is a core service involving claims input, resolutions, adjustments, payments, utilization review, and reference file maintenance to ensure compliance with federal and state requirements. Additional services provided by Gainwell include financial management, encompassing state and federal reporting, provider management, analytics and quality management, and coordination of benefits.

In state fiscal year (SFY) 2022, Gainwell's MMIS processed over 8 million claims for more than 30 distinct programs, supporting all departments within the Agency of Human Services and the Agency of Education. Nearly a million more claims were processed in SFY 2022 than were processed the previous year. These claims resulted in over $1.4 billion in payments to providers. Despite the increased volume, claims were adjudicated in 1 day on average, with 99.7% of provider claims paid within 30 days of receipt. The proportion of claims submitted electronically increased from 94.82% in SFY 2021 to over 95% in SFY 2022.[38]

The MMIS is continuously enhanced to support new and ongoing state initiatives and to remain compliant with federal requirements. For example, MMIS was modified to support the Immigrant Health Insurance Program, implemented July 1, 2022. Multiple system enhancements were also made to support Medicaid's value-based payment priorities, as well as other key state and federal initiatives. Ongoing system upgrades ensure continued compliance with evolving federal requirements, allowing DVHA to receive 75% federal funding to operate and maintain this CMS-certified system.

Pharmacy Claims Processing

Change Healthcare, DVHA's prescription benefit management vendor, processed over 2.1 million claims in state fiscal year 2022 resulting in approximately $266 million in payments to

[37]Gainwell Technologies (formerly DXC Technology), provides the State of Vermont with Medicaid fiscal agent services that include claims processing and payment, financial services, provider enrollment, and system maintenance and operations. This system is referred to as the fiscal agent/claims processing component of the Medicaid Management Information System (MMIS).

[38] Claims data provided by Gainwell Technologies on December 13, 2022.

Vermont Medicaid-enrolled pharmacies.[39] Change Healthcare adjudicates pharmacy claims, which are then sent to Gainwell Technologies for payments to the pharmacies. In addition to claims processing, Change Healthcare also operates a provider call center. This provider call center processes all drug-related prior authorizations and provides claims processing support for pharmacies. In state fiscal year 2022, Change Healthcare processed approximately 27,447 drug-related prior authorizations, with 20,525 of those approved.[40]

Reimbursement

During 2022, the Department added approximately $13M to Medicaid reimbursement rates for the following service areas:

Professional Services	$9,891,927
Hospital Outpatient Services	$1,710,072
Dental Services	$1,054,622
Federally Qualified Health Center and Rural Health Clinic Services	$ 480,899
Medicaid State Plan Home Health, High Technology Nursing, and Pediatric Palliative Care Services combined	$ 422,339

Additional information on the rate updates can be viewed in the Global Commitment Register at https://humanservices.vermont.gov/about-us/medicaid-administration/global-commitment-register/final-policies/2021-final-policies

Rate Setting

The Division of Rate Setting audits costs and establishes Medicaid payment rates for the 34 Vermont nursing homes, also referred to as nursing facilities, that accept Medicaid. The Department does this in consultation with DAIL. The Division also sets rates for Private Nonmedical Institutions (PNMI) for Residential Child Care, part of the State's Medicaid program. This is a network of treatment facilities for children and adolescents with emotional, behavioral, and other challenges. These facilities provide treatment for children and adolescents and families. The Division establishes annual rates for 12 PNMIs for DCF, DMH, and, periodically, the Division of Substance Use of the Vermont Department of Health. These rates usually have

[39] Pharmacy Best Practices and Cost Control Program Report (2021): https://legislature.vermont.gov/assets/Legislative-Reports/DVHA-Pharmacy-Best-Practices-Cost-Control-Report_SFY2021_FINAL_10.30.2021.pdf
[40] Pharmacy Best Practices and Cost Control Program Report (2021): https://legislature.vermont.gov/assets/Legislative-Reports/DVHA-Pharmacy-Best-Practices-Cost-Control-Report_SFY2021_FINAL_10.30.2021.pdf

an education component; as such, staff at the Agency of Education are also involved in the rate setting process.

Annually, the Division of Rate Setting is responsible for setting accurate nursing home and PNMI Medicaid rates in a timely manner in accordance with the Division's rules, providing predictable rates to providers on a set schedule. In 2022, the Division also prioritized several activities to support the nursing home and PNMI systems of care:

- Throughout the year, Rate Setting continued to respond to COVID-related issues to assist nursing home and PNMI providers by providing financial stability via extraordinary financial relief and rate adjustments. As it has throughout the COVID pandemic, the Division continues to receive an unprecedented number of requests for rate adjustments and extraordinary financial relief as a result of increased cost pressures providers are experiencing related to inflation and workforce recruitment and retention.
- In May 2022, Rate Setting added an additional 9.18% of inflation to the nursing care cost component of nursing home rates for all four quarters of SFY 2022 to help stabilize providers by reimbursing them for increased nursing costs that they were experiencing.
- In order to place Vermonters with exceptional clinical care and behavioral needs in skilled nursing facilities, Rate Setting set 21 new special rates to expeditiously allow for Vermonters to be placed in skilled nursing facilities, in order to minimize the time spent in hospitals or other less optimal settings.
- In partnership with the DCF and DMH, DVHA is facilitating a multi-phased effort to change the PNMI rate setting rules and to refine supporting processes to address provider concerns with the current methodology. Additional detail can be found in the legislative report Costs and Contract Staffing for Private Nonmedical Institutions.[41]
- Rate Setting initiated a process to work with DAIL, the nursing home industry, provider representatives, and CMS to develop an understanding of the acuity data that will be available to Rate Setting under the new CMS Patient Driven Payment Model, and to prepare for the transition away from the current acuity measure use for which CMS has announced it will discontinue support on October 1, 2023.

[41] https://legislature.vermont.gov/assets/Legislative-Reports/Legislative-Report_PNMI_09-02-2022.pdf

Governor's Budget Recommendation: SFY24

Budget Narrative

Department's Mission: Improve Vermonters' health and well-being by providing access to high-quality, cost-effective health care.

State Fiscal Year 2024 Summary: The Department of Vermont Health Access' (DVHA's) state fiscal year 2024 budget request includes an increase in Administration of $20,651,599 (gross) and an increase in Program of $64,284,450 (gross) for a total of $84,936,049 (gross) in new appropriations. Explanations are provided under the Administration and Program sections below.

Appropriation	GROSS	STATE FUNDS
B.306 DVHA Administration	$20,651,599	$895,677
B.307 Global Commitment Program	$66,325,443	$28,838,303
B.309 State Only Program	($1,536,873)	$3,869,624
B.310 Non-Waiver Program	($504,120)	($102,629)
Total Change	$84,936,049	$33,500,974

The programmatic changes in DVHA's budget are spread across three different covered populations: Global Commitment, State Only, and Medicaid Matched Non-Waiver. The descriptions of these changes are similar across these populations and have been consolidated within this narrative. However, the items are repeated for each population in the Ups/Downs document. DVHA has numerically cross-walked the changes listed below to the Ups/Downs and has included an appropriation-level breakdown table whenever an item is referenced more than once in the Ups/Downs document.

ADMINISTRATION *$20,651,599 GROSS / $895,677 STATE*

1. Salary & Fringe, Retirement, and Healthcare Changes…..$2,634,374 / $1,158,235 state

In SFY2024, DVHA is projected to have 373 positions which is on par with SFY2023. These figures reflect annual salary; fringe and Federal Financial Participation rates; reclassifications; and an increase to retiree pension and health care cost accruals.

Appropriation	GROSS	STATE FUNDS
Salary & Fringe	$2,141,459	$961,501
Retirement	$492,916	$196,735
Total Change	$2,634,374	$1,158,235

2. Internal Service Fund (ISF). . . . . .. ……$139,695 / $29,829 state

This item represents an increase in funding needs to reimburse other departments for shared services.

Appropriation	GROSS	STATE FUNDS
Personal Services:		
Internal Service Fund (ISF) Worker's Compensation	$22,019	$4,693
Operating Expenses:		
ISF ADS	$4,184	$893
ISF DHR	$32,330	$6,903
ISF Fee for Space	$37,848	$8,082
ISF VISION	$42,494	$9,074
ISF General Liability	$256	$55
ISF Property/Commercial Insurance	$605	$129
Total Change	$139,695	$29,829

3. Gainwell Contract - MDWAS. . . . . .$654,350 / $0 state

The MDWAS project endeavors to pull Medicaid data into a data lake, connect that data to clinical and other non-claims data in our VHIE data warehouse and create new analytics and reporting tools. Gainwell will provide source data to the data lake, which will require them to work with our vendor to ensure that these data transfers work properly. We will also need Gainwell's participation as we analyze our reporting and analysis needs. Our goal is to move all our analytics and reporting tools into the new platform. Gainwell's experience with our data will be important to the success of this project.

4. Medicaid Data Warehouse & Analytics Solution (MDWAS) . . $17,878,690/$0 state

The Medicaid Data Warehouse and Analytics Solution (MDWAS) is an effort undertaken by the State of Vermont to "construct a centralized data repository, with robust reporting and analysis tools, that contains all Medicaid-related claims and clinical data." This project is the next step in the strategy to modernize the Medicaid Management Information Systems (MMIS).

5. Reduction in Office Rents. . . . .……($488,783) / ($209,003) state

This item represents a reduction in office space rental costs due to savings from the consolidation of DVHA's physical footprint and existing lease agreements with actual costs less than originally budgeted.

6. Operational Reductions. . . . . ($166,768) / ($83,384) state

This item represents areas within DVHA's operational budget that have been identified for reduction due to changes in the operational environment, such as DVHA's effort to create a hybrid working environment.

PROGRAM ***$64,284,450 GROSS / $32,605,297 STATE***

7. Caseload & Utilization Changes . . . . . **.....** $4,514,136 / $2,883,573 state

The Medicaid Consensus Forecast is a collaborative process for estimating caseload and utilization. DVHA works collaboratively with the Joint Fiscal Office, the Department of Finance and Management, and the Agency of Human Services twice each year as part of the State's Consensus Revenue Forecasting process.

The COVID-19 pandemic continues to be the primary factor driving caseload and utilization projections. After several years of decline, Vermont's Medicaid enrollment has grown steadily since the start of the pandemic in March 2020. The cause is twofold: first, individuals experiencing pandemic-related economic challenges now qualify for Medicaid, and most significantly, Vermont has been generally prohibited from terminating Medicaid coverage. Continuous Medicaid coverage is a condition of receiving the 6.2% enhancement in Federal Medical Assistance Percentage (FMAP) authorized in the Families First Coronavirus Response Act (FFCRA). The federal government has provided this increased FMAP since spring of 2020 to support states and to stabilize health care coverage during the Public Health Emergency.

DVHA has taken many steps to facilitate access to health care and to comply with the continuous coverage requirements, including:

- Extending Medicaid coverage periods until after the Emergency ends; the Department is not processing redeterminations that could result in loss of Medicaid.
- Suspending certain termination of health insurance; the Department is generally not ending Medicaid coverage during the Emergency unless the customer requests it.
- Temporarily waiving financial verifications required for those seeking to enroll in health insurance.

The most recent Medicaid Consensus Forecast completed in October projects that Medicaid continuous coverage will continue through March 2023. As such, enrollment is expected to remain elevated for the majority of SFY2023. Once the continuous coverage requirement ends and Vermont begins processing redeterminations that could result in loss of Medicaid, the caseload growth is expected to moderate. DVHA will begin a 12- to 14-month process of "unwinding" from the Medicaid continuous coverage requirement by redetermining eligibility for all Medicaid enrollees. DVHA will seek to prioritize redeterminations for the population likely to be ineligible for Medicaid and eligible for other coverage. However, due to federal

requirements as well as operational capacity, the caseload moderation will occur gradually over the course of a year or more. The unwind from Medicaid continuous coverage is scheduled to begin in April 2023.

Appropriation	GROSS	STATE FUNDS
B.307 Global Commitment	$3,945,546	$1,715,523
B.309 State Only	$1,231,370	$1,232,723
B.310 Non-Waiver	($662,780)	($64,673)
Total Changes	$4,514,136	$2,883,573

8. Brattleboro Retreat APM Year 2 Appropriations Shortfall 3,613,296 / $1,571,061 state

DVHA is seeking $3,613,296 in gross funding to be included in the SFY24 base budget covering an SFY23 base budget shortfall for the second half of APM Year 3 and the first half of APM Year 4.

9. Brattleboro Retreat APM.. . . . .$18,768,000 / $8,160,326 state

Retroactive to July 1, 2022, AHS/DVHA executed an amendment to the March 2021 Alternative Payment Model (APM) contract with the Brattleboro Retreat. This amendment increased the per diem rate from $2,550 to $3,100 (net increase of $550 per diem) and increased the Medicaid bed count from 42 to 51 (net increase 9 beds). These rates are expected to be in place for APM Year 3 and into APM Year 4. The total fiscal impact on the SFY24 budget is $18,768,000.

	State Fiscal Year 2024	
	Last Half APM Yr. 3	First Half APM Yr. 4
	July 2023-Dec. 2023	Jan. 2024-June 2024
Fiscal Impact	$ 9,384,000.00	$ 9,384,000.00
Total Impact on SFY24 Budget	$	18,768,000.00

10. Brattleboro Retreat Funding Shift to GC. . . . . .$0/$0 state

CMS has ordered a phasedown of Institute for Mental Disease (IMD) Investment dollars. DVHA is shifting a portion of the allocation of those dollars from Investment to Global Commitment funding.

Appropriation	GROSS	STATE FUNDS
B.307 Global Commitment	$4,594,463	$1,997,673
B.309 State Only	($4,594,563)	($1,997,673)
Total Change	$0	$0

11. Brattleboro Retreat Funding Shift to GF. . . . . $0/$2,808,354 state

CMS has ordered a phasedown of Institute for Mental Disease (IMD) Investment dollars. DVHA is shifting a portion of the allocation of those dollars from Investment to General Fund dollars.

12. Annual Medicaid Rate Adjustments. . . . . .$914,001 / $395,226 state

DVHA has a goal to be a reliable and predictable payer for Vermont Medicaid-participating providers. Annual rate updates are developed using established rate methodologies, aligning with Medicare reimbursement methodologies where possible. Rate changes are part of the State's annual budget development process and are intended to support and maintain the Medicaid provider network, provide stabilization to the health care system, and maximize transparency when rate changes are made. Increased caseload continues to put pressure on DVHA's budget for SFY24, limiting the available funds for more comprehensive rate increases. The total amount for this set of annual updates is inclusive of rate adjustments to Federally Qualified Health Centers and Rural Health Clinics; professional services; outpatient hospital services; durable medical equipment, prosthetics, orthotics, and supplies; physician administered drugs; Medicaid State Plan skilled home health services; and hospice services.

Appropriation	GROSS	STATE FUNDS
B.307 Global Commitment	$898,441	$390,642
B.309 State Only	$0	$0
B.310 Non-Waiver	$15,560	$4,584
Total Changes	$914,001	$395,226

13. Annual Medicare Buy-In and Caseload Changes . . . .$1,316,004 / $502,931 state

The federal government allows states to use Medicaid dollars to "buy-in" to Medicare on behalf of dually eligible beneficiaries who would otherwise be fully covered by Medicaid programs. Caseload and member month costs vary from year to year. This change incorporates a rate increase and an upward trend in member months. The DVHA Buy-in caseload remains relatively consistent with a slight increase for SFY23 because Vermont's population is aging into Medicare.

Appropriation	GROSS	STATE FUNDS
B.307 Global Commitment	$1,156,696	$502,931
B.310 Non-Waiver	$159,308	$0
Total Changes	$1,316,004	$502,931

14. Medicaid Dental Services for DS and CRT Clients. . . . . $198,821 / $86,447 state

Vermont sought and was granted federal authority to make this change to Medicaid coverage in the 2022 Global Commitment to Health Waiver renewal negotiation. Moving the relevant DMH and DCF investment budgets to the Medicaid program was built into Vermont's budget neutrality agreement and is necessary to fund the enhanced dental benefit for DS and CRT populations that Vermont committed to expanding as part of the waiver renewal. Moving $50,000 in general funds from DAIL to DVHA unlocks an additional $68,821 through Federal match and moves $80,000 from DMH to DVHA for the same services under the Medicaid benefit. Comments from community partners and stakeholders during the waiver application process demonstrated support for increased dental access for these vulnerable groups.

Appropriation	GROSS	STATE FUNDS
Medicaid Dental Services for DS Clients	$118,821	$51,663
Medicaid Dental Services for CRT Clients	$80,000	$34,784
Total Changes	$198,821	$86,447

15. Graduate Medical Education Supplemental Payment. . .$21,217,782 / $9,225,492 state

DVHA is seeking Global Commitment spending authority via the SFY 2024 budget to increase the annual GME amount from $30 million to approximately $51 million, which is the full amount of GME payment potential demonstrated by the approved calculation methodology for SFY 2024. This proposed funding mechanism does not require additional General Fund dollars. If authorized, the remaining $21 million would be disbursed to the University of Vermont Medical Center (UVMMC) in the existing quarterly installments through SFY 2024.

16. American Federation of State, County and Municipal Employees (AFSCME) Collective Bargaining Agreement. . . . . $568,826 / $247,326 state

This is the estimated cost of the Independent Care Workers agreement with the State of Vermont for Children's Personal Care Services. This amount is paid by DVHA and managed by VDH. This increase annualizes the effect of the current collective bargaining agreement.

17. Dental Rates . . . .$13,109,475 / $5,700,000 state

In response to unprecedented statewide dental access challenges, DVHA is seeking appropriations to fund an increase in Medicaid dental reimbursements to align with 75% of Northeast Delta Dental 2023 commercial rates. While Medicaid rates for some services were updated in early 2022, the rates for most Medicaid-covered dental services have not been updated in many years, with current Medicaid rates being, on average, only 50% of commercial rates. This rate increase is intended to stabilize the statewide dental system and to promote continued access to dental care for Vermont Medicaid members.

18. Drug Coverage Changes for Pharmacy Benefit. . . ($1,800,001) / ($801,783) state

To relieve budget pressures, DVHA explored removal of a portion of the over–the-counter coverage. This figure includes antihistamines, melatonin, and vitamin D. Nutritional supplements were also considered during this process and after further research, it has been determined that they are available through the SNAP benefit via DCF and may also be prescribed through the Medicaid medical benefit.

Appropriation	GROSS	STATE FUNDS
B.307 Global Commitment	($1,745,903)	($759,119)
B.309 State Only	($37,890)	($37,890)
B.310 Non-Waiver	($16,208)	($4,775)
Total Changes	($1,800,001)	($801,783)

19. Annual Medicare Clawback Changes. . . . . $2,364,110 / $2,364,110 state

The Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA), which established the Medicare Part D prescription drug program, eliminated Medicaid prescription drug coverage for people dually eligible for Medicare and Medicaid and required these people to receive their drug coverage through a Medicare Part D plan. This reduced state costs; however, the MMA also required states to reimburse the federal government for costs associated with the transfer of prescription drug coverage for this population from state Medicaid programs to Medicare.

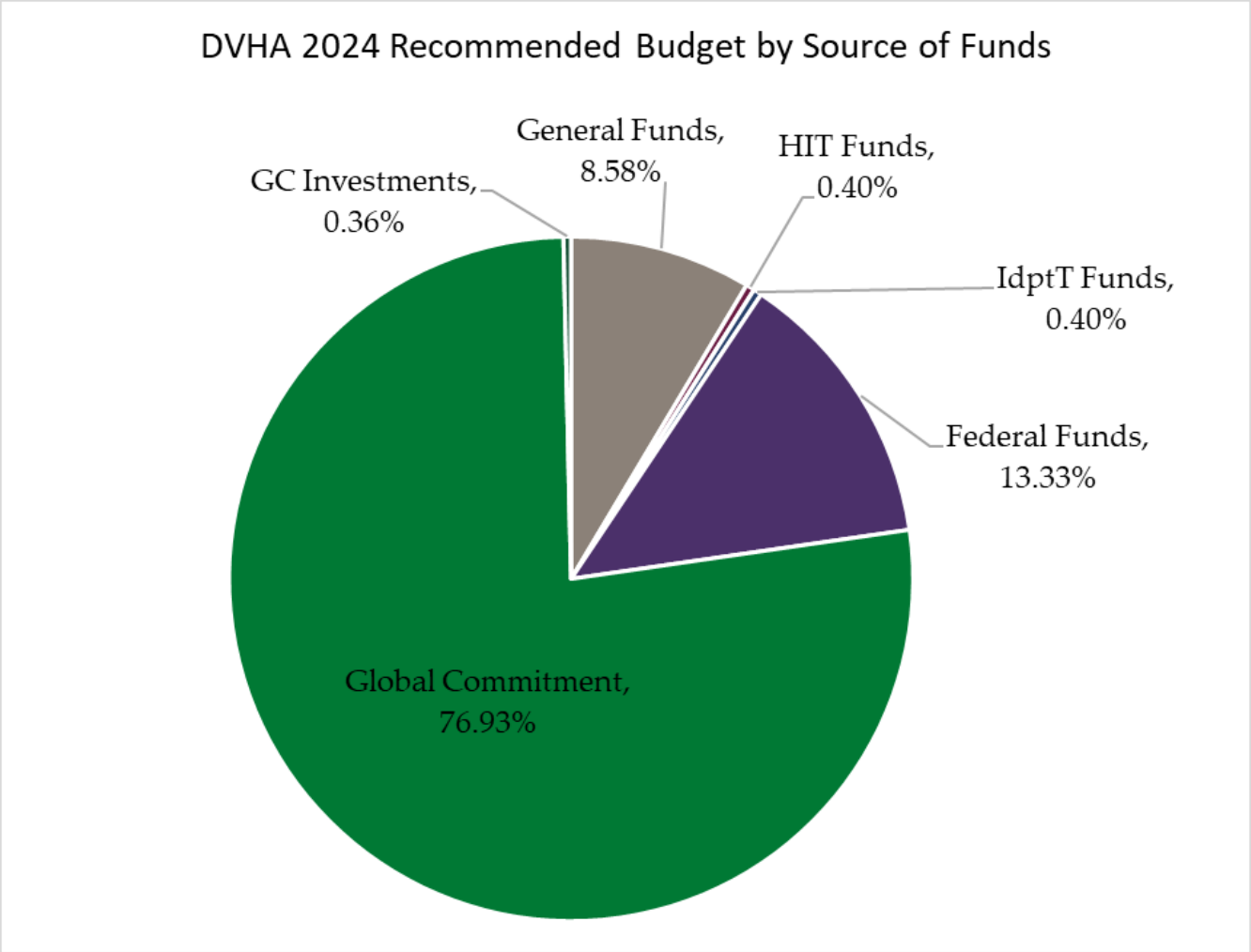
20. Eliminate Vermont Cost Sharing Reduction (VCSR). ($500,000) / ($500,000) state

VCSR is a state-funded program to reduce out-of-pocket costs for eligible qualified health plan enrollees. In the early years of the health insurance marketplace, VCSR filled an important affordability gap for Vermonters with moderate incomes (200-300% of the federal poverty level). However, federal changes in recent years have made health plans with even lower out-of-pocket costs more affordable for Vermonters. As a result, VCSR complicates coverage decisions for enrollees and is no longer an efficient use of state dollars. Because the availability of VCSR is tied to the design of qualified health plans, any change to the program must take place on a calendar year basis. This change would take effect in January 2024 and reflect six months of savings.

21. Children's Health Insurance Program (CHIP) FMAP Changes. . . . $0/ ($37,766) state

This item is for anticipated changes to Federal Medical Assistance Percentage (FMAP) in state fiscal year 2023. Specifically, this item accounts for changes in the base FMAP to the CHIP program.

Appropriation	GROSS	STATE FUNDS
B.307 Global Commitment	$0	$0
B.310 State Only	$0	$0
B.310 Non-Waiver	$0	($37,766)



Year over Year Changes	Program (Gross)	Admin (Gross)	Total DVHA	State Funds Estimate
2022 Actuals	$ 946,966,898	$ 130,434,084	$ 1,077,400,981.79	$ 423,957,286.33
2023 Budget Adjustment Act	$ 1,022,383,858	$ 169,086,053	$ 1,191,469,910.59	$ 469,051,917.05
2024 Govenor's Recommended	$ 991,170,263	$ 183,872,900	$ 1,175,043,162.95	$ 510,938,143.33

*This estimate converts Global Commitment funds which are handeled at AHS Central Office using a blended Federal Medical Assistance Percentage (FMAP) which may not fully reflect the actual mix of caseload for the New Adults.

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State Fiscal Year 2024 Pullouts

	FY24 Department Request - DVHA	GF	SF	State Health Care Res	IdptT	FF	Coronavirus Relief Fund	Medicaid GCF	Invmnt GCF	Total
Sec. B.306	**Approp #3410010000 - DVHA Administration As Passed FY23**	**34,666,169**	**4,738,197**		**4,833,029**	**114,997,590**			**3,986,316**	**163,221,301**
	DOC - (page 25)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	Total After FY23 Other Changes	**34,666,169**	**4,738,197**	**0**	**4,833,029**	**114,997,590**	**0**	**0**	**3,986,316**	**163,221,301**
	FY23 After Other Changes									
	Personal Services:									
	1. Salary and Fringe	1,010,993	14,452		(162,686)	1,051,603			227,097	**2,141,459**
	1. Retirement	191,313	362		2,049	292,267			6,924	**492,915**
	2. Internal Service (ISF) Workers Compensation	4,693				17,326				**22,019**
	3. Gainwell Contract - Medicaid Data Warehouse (MDWAS) project (BAA item)					654,350				**654,350**
										0
										0
	Operating Expenses:									
	4. MDWAS project (BAA item)					17,878,690				**17,878,690**
	5. Reduction in Office Rents	(209,003)				(279,780)				**(488,783)**
	6. Operational Reductions	(83,384)				(83,384)				**(166,768)**
	2. ISF ADS	893				3,291				**4,184**
	Grants:									
										0
	FY24 Subtotal of Increases/Decreases	**939,748**	**14,814**	**0**	**(160,637)**	**19,623,653**	**0**	**0**	**234,021**	**20,651,599**
	FY24 Gov Recommended	**35,605,917**	**4,753,011**	**0**	**4,672,392**	**134,621,243**	**0**	**0**	**4,220,337**	**183,872,900**
	FY24 Legislative Changes									
	FY24 Subtotal of Legislative Changes	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	FY24 As Passed - Dept ID 3410010000	**35,605,917**	**4,753,011**	**0**	**4,672,392**	**134,621,243**	**0**	**0**	**4,220,337**	**183,872,900**

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FY24 Department Request - DVHA

		GF	SF	State Health Care Res	IdptT	FF	Coronavirus Relief Fund	Medicaid GCF	Invmnt GCF	Total
Sec. B.307	**Approp #3410015000 - DVHA Global Commitment As Passed FY23**							**837,656,029**		**837,656,029**
	FY23 After Other Changes	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	Total After FY23 Other Changes	**0**	**0**	**0**	**0**	**0**	**0**	**837,656,029**	**0**	**837,656,029**
	FY23 After Other Changes									
	Grants:									
	7. Caseload and Utilization							3,945,546		3,945,546
	8. Brattleboro Retreat Alternative Payment Model (APM) Year 2 Appropriations Shortfall (BAA item)							3,613,296		3,613,296
	9. Brattleboro Retreat APM Amendment (BAA item)							18,768,000		18,768,000
	10. Brattleboro Retreat Funding Shift to GC (BAA item, DVHA net-neutral)							4,594,463		4,594,463
	12. Annual Rate Changes (Hospice and FQHCs) (BAA item)							898,441		898,441
	13. Buy in Caseload							1,156,696		1,156,696
	14. Medicaid Dental Services for DS clients (AHS net-neutral)							118,821		118,821
	14. Medicaid Dental Services for CRT clients (AHS net-neutral)							80,000		80,000
	15. Graduate Medical Education (GME) (BAA item)							21,217,782		21,217,782
	16. AFSCME Collective Bargaining Agreement							568,826		568,826
	17. Dental Rates							13,109,475		13,109,475
	18. Drug Coverage Changes within Pharmacy Benefit							(1,745,903)		(1,745,903)
	FY24 Subtotal of Increases/Decreases	**0**	**0**	**0**	**0**	**0**	**0**	**66,325,443**	**0**	**66,325,443**
	FY24 Gov Recommended	**0**	**0**	**0**	**0**	**0**	**0**	**903,981,472**	**0**	**903,981,472**
	FY24 Subtotal of Legislative Changes	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	FY24 As Passed - Dept ID 3410015000	**0**	**0**	**0**	**0**	**0**	**0**	**903,981,472**	**0**	**903,981,472**
Sec. B.309	**Approp #3410017000 - DVHA - Medicaid Program - State Only As Passed FY23**	**44,533,864**							**9,570,327**	**54,104,191**
	Other Changes: (Please insert changes to your base appropriation that occurred after the passage of the FY23 budget)									
	FY23 After Other Changes	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	Total After FY23 Other Changes	**44,533,864**	**0**	**0**	**0**	**0**	**0**	**0**	**9,570,327**	**54,104,191**
	FY23 After Other Changes									
	Grants: 0									
	7. Caseload and Utilization	1,233,763							(2,393)	1,231,370
	10. Brattleboro Retreat Funding Shift to GC (BAA item, DVHA net-neutral)								(4,594,463)	(4,594,463)
	11. Brattleboro Retreat Funding Shift to GF due to Institution of Mental Disease (IMD) phasedown (BAA item)	4,968,779							(4,968,779)	0
	19. Clawback	2,364,110								2,364,110
	20. Eliminate Vermont Cost-Sharing Reduction (VCSR) program, effective January 2024	(500,000)								(500,000)
	18. Drug Coverage Changes within Pharmacy Benefit	(37,890)								(37,890)
										0
	FY24 Subtotal of Increases/Decreases	**8,028,762**	**0**	**0**	**0**	**0**	**0**	**0**	**(9,565,635)**	**(1,536,873)**
	FY24 Gov Recommended	**52,562,626**	**0**	**0**	**0**	**0**	**0**	**0**	**4,692**	**52,567,318**
	FY24 Legislative Changes									
	FY24 Subtotal of Legislative Changes	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	FY24 As Passed - Dept ID 3410017000	**52,562,626**	**0**	**0**	**0**	**0**	**0**	**0**	**4,692**	**52,567,318**
Sec. B.310	**Approp #3410018000 - DVHA - Medicaid Matched NON Waiver Expenses As Passed FY23**	**12,736,699**				**22,388,893**				**35,125,592**
	FY23 After Other Changes	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	Total After FY23 Other Changes	**12,736,699**	**0**	**0**	**0**	**22,388,893**	**0**	**0**	**0**	**35,125,592**
	FY23 After Other Changes									
	Grants: 0									
	7. Caseload and Utilization	(64,673)				(598,107)				(662,780)
	13. Buy in Caseload					159,308				159,308
	12. Annual Rate Changes (Hospice and FQHCs) (BAA item)	4,584				10,976				15,560
	21. Children's Health Improvement Program (CHIP) Federal Medical Assistance Percentage (FMAP) change	(37,766)				37,766				0
	18. Drug Coverage Changes within Pharmacy Benefit	(4,775)				(11,433)				(16,208)
										0
										0
	FY24 Subtotal of Legislative Changes	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	FY24 As Passed - Dept ID 3410018000	**12,634,069**	**0**	**0**	**0**	**21,987,403**	**0**	**0**	**0**	**34,621,472**

VERMONT
AGENCY OF HUMAN SERVICES
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	GF	SF	State Health Care Res	IdptT	FF	Coronavirus Relief Fund	Medicaid GCF	Invmnt GCF	Total
DVHA FY24 Governor Recommend	91,936,732	4,738,197	0	4,833,029	137,386,483	0	837,656,029	13,556,643	1,090,107,113
DVHA FY24 Reductions and Other Changes	0	0	0	0	0	0	0	0	0
DVHA FY24 GovRec Total After Reductions and Other Changes	91,936,732	4,738,197	0	4,833,029	137,386,483	0	837,656,029	13,556,643	1,090,107,113
DVHA FY24 Total Increases/Decreases	8,865,880	14,814	0	(160,637)	19,222,163	0	66,325,443	(9,331,614)	84,936,049
DVHA FY24 Governor Recommend Addendum	100,802,612	4,753,011	0	4,672,392	156,608,646	0	903,981,472	4,225,029	1,175,043,162
DVHA FY24 Total Legislative Changes	0	0	0	0	0	0	0	0	0
DVHA FY24 Total As Passed	100,802,612	4,753,011	0	4,672,392	156,608,646	0	903,981,472	4,225,029	1,175,043,162

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PROGRAM EXPENDITURES	SFY '22 Actuals			SFY '23 As Passed			SFY '23 BAA			SFY '24 Gov Rec			Funding Description
Adults	Avg. Enrollment	Expenses	PMPM	Avg. Enrollment	Expenses	PMPM	Avg. Enrollment	Expenses	PMPM	Avg. Enrollment	Expenses	PMPM	
Aged, Blind, or Disabled (ABD)	6,117	$ 61,100,684	$ 832.45	6,218	$ 52,849,651	$ 708.29	5,995	$ 60,964,330	$ 847.43	5,884	$ 59,397,386	$ 841.23	Global Commitment Funded (GC)
CFC Acute-Care Services	4,448	$ 37,926,790	$ 710.49	4,409	$ 42,967,084	$ 812.11	4,492	$ 39,229,925	$ 727.77	4,507	$ 39,449,010	$ 729.40	Global Commitment Funded (GC)
Dual Eligibles	18,343	$ 51,195,208	$ 232.58	18,340	$ 49,356,433	$ 224.27	18,350	$ 52,416,194	$ 238.04	18,350	$ 53,325,545	$ 242.17	Global Commitment Funded (GC)
General	16,159	$ 70,203,809	$ 362.05	12,965	$ 70,796,604	$ 455.05	18,804	$ 82,489,524	$ 365.57	17,570	$ 77,355,557	$ 366.89	Global Commitment Funded (GC)
New Adult Childless	47,805	$ 253,540,691	$ 441.97	45,289	$ 248,653,582	$ 457.53	50,851	$ 273,591,389	$ 448.35	47,115	$ 253,236,116	$ 447.90	Enhanced for Childless New Adults ~ General Funds
New Adult W/Child	25,109	$ 131,731,050	$ 437.20	25,192	$ 123,561,053	$ 408.73	24,730	$ 131,766,017	$ 444.02	23,171	$ 123,442,946	$ 443.96	Global Commitment Funded (GC)
Subtotal Adults	117,981	$ 605,698,233	$ 427.82	112,413	$ 588,184,406	$ 436.03	123,222	$ 640,457,380	$ 433.13	116,597	$ 606,206,559	$ 433.26	
Children													
Blind or Disabled (BD)	1,535	$ 18,708,639	$ 1,015.84	1,477	$ 18,582,270	$ 1,048.42	1,447	$ 18,006,966	$ 1,037.03	1,354	$ 16,889,747	$ 1,039.50	Global Commitment Funded (GC)
General	61,833	$ 187,229,516	$ 252.33	62,082	$ 167,930,706	$ 225.42	61,930	$ 191,050,615	$ 257.08	60,212	$ 191,672,188	$ 265.27	Global Commitment Funded (GC)
Underinsured	616	$ 505,917	$ 68.413	537	$ 565,707	$ 87.79	640	$ 538,972	$ 70.18	640	$ 574,817	$ 74.85	Global Commitment Funded (GC)
SCHIP (Uninsured)	4,707	$ 9,920,819	$ 175.639	4,523	$ 10,145,275	$ 186.92	4,905	$ 10,226,217	$ 173.74	4,596	$ 9,997,436	$ 181.27	Title XXI Enhanced
Subtotal Children	68,691	$ 216,364,890	$ 262.49	68,619	$ 197,223,957	$ 239.52	68,922	$ 219,822,769	$ 265.79	66,802	$ 219,134,188	$ 273.36	
Pharmacy													
Pharmacy Only - GC	9,616	$ 3,501,070	$ 30.34	9,762	$ 3,739,015	$ 31.92	9,306	$ 3,477,909	$ 31.14	9,033	$ 3,376,357	$ 31.15	Global Commitment Funded (GC)
Pharmacy Only - State Only	9,616	$ 2,891,746	$ 25.06	9,762	$ 1,505,181	$ 12.85	9,306	$ 1,432,048	$ 12.82	9,033	$ 2,678,653	$ 24.71	General Funds @ 100%
Pharmacy Only Programs	9,616	$ 6,392,816	$ 55.40	9,762	$ 5,244,195	$ 44.77	9,306	$ 4,909,958	$ 43.97	9,033	$ 6,055,011	$ 55.86	
QHP Assistance													
Premium Assistance	12,470	$ 4,524,778	$ 30.24	15,937	$ 5,615,851	$ 29.36	9,722	$ 3,527,563	$ 30.24	9,856	$ 3,576,184	$ 30.24	Global Commitment Funded (GC)
Cost Sharing	3,040	$ 985,102	$ 27.00	3,236	$ 1,130,724	$ 29.12	3,252	$ 1,053,656	$ 27.00	3,559	$ 653,124	$ 15.29	General Funds @ 100%
Subtotal QHP Assistance	12,470	$ 5,509,880	$ 36.82	15,937	$ 6,746,574	$ 35.28	9,722	$ 4,581,219	$ 39.27	9,856	$ 4,229,309	$ 35.76	
Subtotal Direct Services	**208,757**	**$ 833,965,820**	**$ 332.91**	**206,731**	**$ 797,399,133**	**$ 321.43**	**211,172**	**$ 869,771,326**	**$ 343.23**	**202,288**	**$ 835,625,067**	**$ 344.24**	
Miscellaneous Program													
Refugee	-	$ -	$ -	1	$ 499	$ 41.60	1	$ -	$ -	1	$ -	$ -	Federally Funded @ 100%
ACA Rebates		$ (4,031,719)			$ (3,036,658)			$ (3,036,658)			$ (3,036,658)		Federally Funded @ 100%
Dr. D Expansion - State Only	20	$ 30,937	$ 128.90	122	$ 1,400,000	$ 956.28	122	$ 1,400,000	$ 956.28	122	$ 1,400,000	$ 956.28	General Funds @ 100%
HIV	162	$ 605	$ 0.31	178	$ 3,002	$ 1.41	163	$ 609	$ 0.31	163	$ 609	$ 0.31	Investments: Global Commitment Funded (GC)
IMD and Underinsured		$ 4,983,664			$ 9,663,242			$ 32,044,538			$ 32,044,538		Investments: Global Commitment Funded (GC)
DSH		$ 22,704,469			$ 22,704,471			$ 22,704,471			$ 22,704,471		Global Commitment Funded (GC)
Clawback		$ 33,191,145			$ 40,397,960			$ 40,397,960			$ 42,762,070		General Funds @ 100%
Buy-In ~ GC		$ 45,293,488			$ 47,165,892			$ 48,073,362			$ 48,093,155		Global Commitment Funded (GC)
Buy-In ~ CFC		$ 5,129,942			$ 5,296,758			$ 5,521,086			$ 5,526,191		Global Commitment Funded (GC)
Buy-In ~ Investments/State Only		$ 6,204			$ 4,082			$ 4,082			$ 4,082		Investments: Global Commitment Funded (GC)
Buy-In ~ Federal Only		$ 5,123,607			$ 5,339,447			$ 5,497,001			$ 5,498,755		Federally Funded @ 100%
Legal Aid		$ 547,983			$ 547,983			$ 547,983			$ 547,983		Global Commitment Funded (GC)
Misc. Pymts.		$ 20,752			$ -			$ (541,902)			$ -		Global Commitment Funded (GC)
Healthy Vermonters Program	1,149	$ -	$ -	1,040	$ -	$ -	1,040	$ -	$ -	1,018	$ -	$ -	N/A
Subtotal Miscellaneous Program	**210,088**	**$ 946,966,898**		**1,341**	**$ 129,486,679**		**1,326**	**$ 152,612,532**		**1,304**	**$ 155,545,196**		
TOTAL PROGRAM EXPENDITURES	**210,088**	**$ 946,966,898**		**208,072**	**$ 926,885,812**		**212,498**	**$ 1,022,383,858**		**203,592**	**$ 991,170,263**		

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PROGRAM EXPENDITURES	SFY '20 Actuals			SFY '21 Actuals			SFY '22 Actuals			SFY '23 As Passed			SFY '23 BAA			SFY '24 GR		
Adults	Avg. Enrollment	Expenses	PMPM	Avg. Enrollment	Expenses	PMPM	Avg. Enrollment	Expenses	PMPM	Avg. Enrollment	Expenses	PMPM	Avg. Enrollment	Expenses	PMPM	Avg. Enrollment	Expenses	PMPM
Aged, Blind, or Disablec	6,298	$ 57,489,532	$ 760.67	6,229	$ 55,539,766	$ 743.09	6,117	$ 61,100,684	$ 832.45	6,218	$ 52,849,651	$ 708.29	5,995	$ 60,964,330	$ 847.43	5,884	$ 59,397,386	$ 841.23
CFC Acute-Care Servic	4,326	$ 36,665,867	$ 706.27	4,476	$ 41,518,829	$ 772.93	4,448	$ 37,926,790	$ 710.49	4,409	$ 42,967,084	$ 812.11	4,492	$ 39,229,925	$ 727.77	4,507	$ 39,449,010	$ 729.40
Dual Eligibles	17,522	$ 53,812,435	$ 255.93	18,031	$ 45,495,222	$ 210.27	18,343	$ 51,195,208	$ 232.58	18,340	$ 49,356,433	$ 224.27	18,350	$ 52,416,194	$ 238.04	18,350	$ 53,325,545	$ 242.17
General	8,287	$ 51,559,566	$ 518.51	-	$ 58,810,030	$ -	16,159	$ 70,203,809	$ 362.05	12,965	$ 70,796,604	$ 455.05	18,804	$ 82,489,524	$ 365.57	17,570	$ 77,355,557	$ 366.89
New Adult Childless	35,009	$ 192,985,152	$ 459.36	42,064	$ 219,469,261	$ 434.79	47,805	$ 253,540,691	$ 441.97	45,289	$ 248,653,582	$ 457.53	50,851	$ 273,591,389	$ 448.35	47,115	$ 253,236,116	$ 447.90
New Adult W/Child	20,177	$ 98,886,805	$ 408.42	24,409	$ 114,487,987	$ 390.87	25,109	$ 131,731,050	$ 437.20	25,192	$ 123,561,053	$ 408.73	24,730	$ 131,766,017	$ 444.02	23,171	$ 123,442,946	$ 443.96
Subtotal Adults	91,619	$ 491,399,357	$ 446.96	95,209	$ 535,321,094	$ 468.55	117,981	$ 605,698,233	$ 427.82	112,413	$ 588,184,406	$ 436.03	123,222	$ 640,457,380	$ 433.13	116,597	$ 606,206,559	$ 433.26
Children																		
Blind or Disabled (BD)	1,758	$ 22,103,589	$ 1,047.61	1,636	$ 19,998,435	$ 1,018.77	1,535	$ 18,708,639	$ 1,015.84	1,477	$ 18,582,270	$ 1,048.42	1,447	$ 18,006,966	$ 1,037.03	1,354	$ 16,889,747	$ 1,039.50
General	57,691	$ 161,637,128	$ 233.48	60,658	$ 155,451,561	$ 213.56	61,833	$ 187,229,516	$ 252.33	62,082	$ 167,930,706	$ 225.42	61,930	$ 191,050,615	$ 257.08	60,212	$ 191,672,188	$ 265.27
Underinsured	561	$ 468,699	$ 69.62	569	$ 542,218	$ 79.45	616	$ 505,917	$ 68.41	537	$ 565,707	$ 87.79	640	$ 538,972	$ 70.18	640	$ 574,817	$ 74.85
SCHIP (Uninsured)	4,535	$ 9,136,532	$ 167.88	4,356	$ 9,417,889	$ 180.17	4,707	$ 9,920,819	$ 175.64	4,523	$ 10,145,275	$ 186.92	4,905	$ 10,226,217	$ 173.74	4,596	$ 9,997,436	$ 181.27
Subtotal Children	64,546	$ 193,345,948	$ 249.62	67,219	$ 185,410,102	$ 229.86	68,691	$ 216,364,890	$ 262.49	68,619	$ 197,223,957	$ 239.52	68,922	$ 219,822,769	$ 265.79	66,802	$ 219,134,188	$ 273.36
Pharmacy																		
Pharmacy Only - GC	9,988	$ 2,243,323	$ 18.72	9,965	$ 3,447,891	$ 28.83	9,616	$ 3,501,070	$ 30.34	9,762	$ 3,739,015	$ 31.92	9,306	$ 3,477,909	$ 31.14	9,033	$ 3,376,357	$ 31.15
Pharmacy Only - State Only	9,988	$ 1,208,067	$ 10.08	9,965	$ 1,444,819	$ 12.08	9,616	$ 2,891,746	$ 25.06	9,762	$ 1,505,181	$ 12.85	9,306	$ 1,432,048	$ 12.82	9,033	$ 2,678,653	$ 24.71
Pharmacy Only Programs	9,988	$ 3,451,390	$ 28.80	9,965	$ 4,892,710	$ 40.92	9,616	$ 6,392,816	$ 55.40	9,762	$ 5,244,195	$ 44.77	9,306	$ 4,909,958	$ 43.97	9,033	$ 6,055,011	$ 55.86
QHP Assistance																		
Premium Assistance	16,237	$ 5,732,382	$ 29.42	15,187	$ 5,591,697	$ 30.68	12,470	$ 4,524,778	$ 30.24	15,937	$ 5,615,851	$ 29.36	9,722	$ 3,527,563	$ 30.24	9,856	$ 3,576,184	$ 30.24
Cost Sharing	3,518	$ 1,170,612	$ 27.73	3,044	$ 1,176,262	$ 32.20	3,040	$ 985,102	$ 27.00	3,236	$ 1,130,724	$ 29.12	3,252	$ 1,053,656	$ 27.00	3,559	$ 653,124	$ 15.29
Subtotal QHP Assistance	16,237	$ 6,902,994	$ 35.43	15,187	$ 6,767,959	$ 37.14	12,470	$ 5,509,880	$ 36.82	15,937	$ 6,746,574	$ 35.28	9,722	$ 4,581,219	$ 39.27	9,856	$ 4,229,309	$ 35.76
Subtotal Direct Services	**182,389**	**$ 695,099,689**	**$ 317.59**	**187,579**	**$ 732,391,866**	**$ 325.37**	**208,757**	**$ 833,965,820**	**$ 332.91**	**206,731**	**$ 797,399,133**	**$ 321.43**	**211,172**	**$ 869,771,326**	**$ 343.23**	**202,288**	**$ 835,625,067**	**$ 344.24**
Miscellaneous Program																		
Refugee	1	$ 2,478	$ 225.31	-	$ (40,777)	$ -	-	$ -	$ -	1	$ 499	$ 41.60	1	$ -	$ -	1	$ -	$ -
ACA Rebates		$ (3,777,116)			$ (3,864,124)			$ (4,031,719)			$ (3,036,658)			$ (3,036,658)			$ (3,036,658)	
Dr. D Expansion - State	-	$ -	$ -	-	$ -	$ -	20	$ 30,937	$ 128.90	122	$ 1,400,000	$ 956.28	122	$ 1,400,000	$ 956.28	122	$ 1,400,000	$ 956.28
IMD and Underinsured		$ 8,334,423			$ 2,078,349			$ 4,983,664			$ 9,663,242			$ 32,044,538			$ 32,044,538	
DSH		$ 22,704,470			$ 22,704,470			$ 22,704,469			$ 22,704,471			$ 22,704,471			$ 22,704,471	
Clawback		$ 35,532,471			$ 30,355,530			$ 33,191,145			$ 40,397,960			$ 40,397,960			$ 42,762,070	
Buy-In ~ GC		$ 37,665,327			$ 40,643,414			$ 45,293,488			$ 47,165,892			$ 48,073,362			$ 48,093,155	
Buy-In ~ CFC		$ 4,194,263			$ 4,674,988			$ 5,129,942			$ 5,296,758			$ 5,521,086			$ 5,526,191	
Buy-In ~ Investments/State Only		$ 43,219			$ 54,058			$ 6,204			$ 4,082			$ 4,082			$ 4,082	
Buy-In ~ Federal Only		$ 4,336,552			$ 4,557,709			$ 5,123,607			$ 5,339,447			$ 5,497,001			$ 5,498,755	
Legal Aid		$ 547,983			$ 547,983			$ 547,983			$ 547,983			$ 547,983			$ 547,983	
Misc. Pymts.		$ 408,764			$ 13,991			$ 20,752			$ -			$ (541,902)			$ -	
Healthy Vermonters Pro	1,229	$ -	$ -	-	$ -	$ -	1,149	$ -	$ -	1,040	$ -	$ -	1,040	$ -	$ -	1,018	$ -	$ -
btotal Miscellaneous Program	**1,411**	**$ 109,996,016**		**170**	**$ 101,730,127**		**1,331**	**$ 113,001,078**		**1,341**	**$ 129,486,679**		**1,326**	**$ 152,612,532**		**1,304**	**$ 155,545,196**	
TOTAL PROGRAM EXPENDIT	**183,801**	**$ 805,095,705**		**187,749**	**$ 834,121,993**		**210,088**	**$ 946,966,898**		**208,072**	**$ 926,885,812**		**212,498**	**$ 1,022,383,858**		**203,592**	**$ 991,170,263**	

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FEDERAL MATCH RATES

FFIS projs + JFO/Admin consensus - rev December 2022

Fiscal Years 2010 to 2024 [Prior years are in hidden rows]

Title XIX / Medicaid (program) & Title IV-E**/Foster Care (program):

Federal Fiscal Year							State Fiscal Year						
FFY	From	To	Federal Share	e-FMAP	Total Federal Share	State Share	SFY	From	To	Federal Share	e-FMAP	Total Federal Share	State Share
2020	10/01/19	09/30/20	53.86%		53.86%	46.14%	2020	7/1/2019	6/30/2020	53.87%		53.87%	46.13%
	COVID e-FMAP		**53.86%**	**4.65%**	**58.51%**	**41.49%**		**COVID e-FMAP**		**53.87%**	**3.10%**	**56.97%**	**43.03%**
2021	10/1/2020	09/30/21	54.57%		54.57%	45.43%	2021	7/1/2020	6/30/2021	54.39%		54.39%	45.61%
	COVID e-FMAP		**54.57%**	**6.20%**	**60.77%**	**39.23%**		**COVID e-FMAP**		**54.39%**	**6.20%**	**60.59%**	**39.41%**
2022	10/1/2021	09/30/22	56.47%		56.47%	43.53%	2022	7/1/2021	6/30/2022	56.00%		56.00%	44.00%
	COVID e-FMAP		**56.47%**	**6.20%**	**62.67%**	**37.33%**		**COVID e-FMAP**		**56.00%**	**6.20%**	**62.20%**	**37.81%**
2023	10/1/2022	09/30/23	55.82%		55.82%	44.18%	2023	7/1/2022	6/30/2023	55.98%		55.98%	44.02%
	COVID e-FMAP		**55.82%**	**4.98%**	**60.80%**	**39.21%**		**COVID e-FMAP**		**55.98%**	**5.90%**	**61.88%**	**38.12%**
2024	10/1/2023	09/30/24	56.75%		57.13%	43.25%	2024	7/1/2023	6/30/2024	56.52%		56.52%	43.48%

Title XXI / CHIP (program & admin) enhanced FMAP:

Federal Fiscal Year							State Fiscal Year						
FFY	*From*	*To*	*Federal Share*	*e-FMAP*	*Total Federal Share*	*State Share*	*SFY*	*From*	*To*	*Federal Share*	*e-FMAP*	*Total Federal Share*	*Share*
2020	10/1/2019	09/30/20	67.70%	n/a	67.70%	32.30%	2020	7/1/2019	6/30/2020	67.71%	n/a	67.71%	32.29%
	Expanded CHIP FMAP		**70.96%**	**11.50%**	**82.46%**	**17.54%**		**Expanded CHIP FMAP**		**69.88%**	**14.38%**	**84.25%**	**15.75%**
2021	10/1/2020	09/30/21	68.20%	n/a	68.20%	31.80%	2021	7/1/2020	6/30/2021	68.07%	n/a	68.07%	31.93%
	includes COVID e-FMAP		**72.54%**		**72.54%**	**27.46%**		***includes COVID e-FMAP***		**72.41%**	**2.88%**	**75.29%**	**24.71%**
2022	10/1/2021	09/30/22	69.53%	n/a	69.53%	30.47%	2022	7/1/2021	6/30/2022	69.20%	n/a	69.20%	30.80%
	includes COVID e-FMAP		**73.87%**		**73.87%**	**26.13%**		***includes COVID e-FMAP***		**73.54%**		**73.54%**	**26.46%**
2023	10/1/2022	09/30/23	69.07%	n/a	69.07%	30.93%	2023	7/1/2022	6/30/2023	69.19%	n/a	69.19%	30.81%
	includes COVID e-FMAP		**72.56%**		**72.56%**	**27.44%**		***includes COVID e-FMAP***		**73.32%**		**73.32%**	**26.68%**
2024	10/1/2023	09/30/24	69.73%	n/a	69.73%	30.28%	2024	7/1/2023	6/30/2024	70.26%	n/a	70.26%	29.74%

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Categories of Service

DVHA Medicaid Spend by Category of Service			
Category of Service	**SFY 2022 Actual Spend**	**SFY 2023 BAA**	**SFY 2024 Gov. Rec.**
Inpatient	$ 142,501,319	$ 165,226,100	$ 154,789,584
Outpatient	$ 78,272,749	$ 78,461,418	$ 72,728,876
Physician	$ 68,522,788	$ 68,687,955	$ 63,669,481
Pharmacy	$ 255,719,338	$ 256,335,724	$ 235,807,344
Nursing Home	$ 1,966,652	$ 1,971,392	$ 1,827,359
Mental Health Facility	$ 821,778	$ 823,759	$ 763,573
Dental	$ 28,590,389	$ 28,659,303	$ 39,873,696
MH Clinic	$ 1,100,800	$ 1,103,453	$ 1,022,833
Independent Lab/Xray	$ 7,598,013	$ 7,616,327	$ 7,059,864
Home Health	$ 5,926,441	$ 5,940,726	$ 5,506,685
RHC	$ 3,335,407	$ 3,343,447	$ 3,099,168
Hospice	$ 7,960,453	$ 7,998,390	$ 7,446,633
FQHC	$ 35,776,602	$ 36,186,838	$ 34,106,630
Chiropractor	$ 1,689,973	$ 1,694,047	$ 1,570,276
Nurse Practitioner	$ 1,189,508	$ 1,192,375	$ 1,105,258
Skilled Nursing	$ 2,095,077	$ 2,100,127	$ 1,946,688
Podiatrist	$ 205,820	$ 206,317	$ 191,243
Psychologist	$ 32,060,724	$ 32,138,003	$ 29,789,938
Optometrist	$ 2,614,610	$ 2,620,913	$ 2,429,424
Optician	$ 189,246	$ 189,702	$ 175,842
Transportation	$ 10,822,417	$ 10,848,503	$ 10,055,891
Therapy Services	$ 13,001,692	$ 13,033,031	$ 12,080,813
Prosthetic/Ortho	$ 3,536,781	$ 3,545,306	$ 3,286,279
Medical Supplies	$ 4,403,487	$ 4,414,102	$ 4,091,599
DME	$ 9,104,506	$ 9,126,452	$ 8,459,656
H&CB Services	$ (81,493)	$ (81,689)	$ (75,721)
H&CB Services Mental Service	$ 1,057,598	$ 1,060,147	$ 982,691
Enhanced Resident Care	$ 1,000	$ 1,002	$ 929
Personal Care Services	$ 12,116,777	$ 12,145,983	$ 11,258,574
Targeted Case Management (Drug)	$ 20,915	$ 20,966	$ 19,434
Assistive Community Care	$ 14,461,962	$ 14,496,821	$ 13,437,655
Day Treatment MHS	$ -	$ -	$ -
OADAP Families in Recovery	$ 1,220,609	$ 1,223,551	$ 1,134,156
Rehabilitation	$ 488,784	$ 489,963	$ 454,165
D & P Dept of Health	$ (79,441)	$ (79,632)	$ (73,814)
PcPlus Case Mgmt and Special Program Paymer	$ -	$ -	$ -
Blue Print & CHT Payments	$ 18,374,624	$ 18,418,915	$ 17,642,019
ACO Capitation	$ 184,288,444	$ 202,513,597	$ 202,513,597
PDP Premiums	$ 1,120,164	$ 1,122,864	$ 1,040,826
HIPPS	$ 513,021	$ 514,257	$ 476,685
ESIA/CHAP Premium Assistance	$ -	$ -	$ -
Ambulance	$ 8,621,166	$ 8,641,947	$ 8,010,550
Dialysis	$ 1,344,365	$ 1,347,606	$ 1,249,147
ASC	$ 914,345	$ 916,549	$ 849,584
Unknown	$ 10,212	$ 10,236	$ 9,489
Miscellaneous	$ 688,572	$ 690,231	$ 639,802
Non Classified	$ (844,005)	$ (846,040)	$ (784,226)
Other Expenditures	$ 117,507,324	$ 128,269,715	$ 129,756,944
Offsets	$ (163,784,617)	$ (163,174,624)	$ (151,474,636)
Total DVHA Program Expenditures	**$ 946,966,898**	**$ 1,022,383,858**	**$ 991,170,263**

Caseload & Utilization

This section details the historical and projected caseload and utilization of Medicaid Services. By statute, Vermont uses a consensus process to forecast Medicaid caseload and utilization. Program spending is a function of caseload, utilization, and cost for services.

Aged, Blind, or Disabled (ABD) and/or Medically Needy Adults

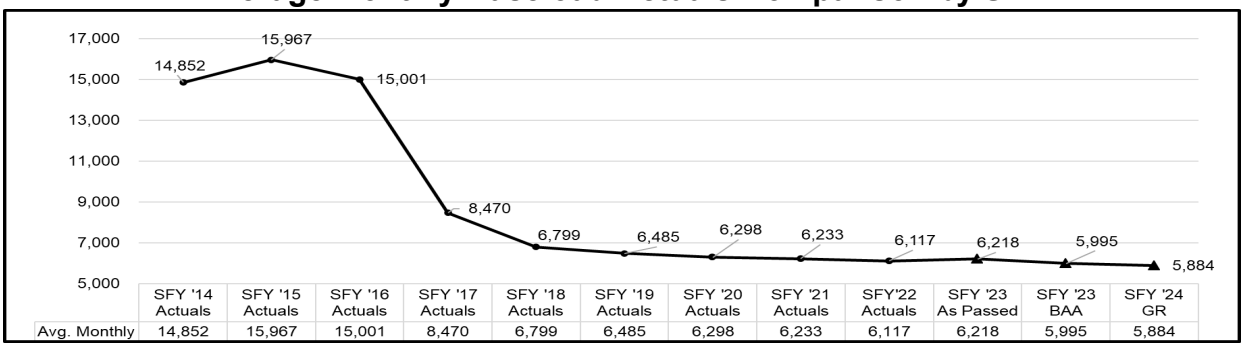
The eligibility requirements for the aged, blind, or disabled (ABD) and/or Medically Needy Adults are as follows:

- Age 19 and older
- Determined ABD but ineligible for Medicare includes:
  - Supplemental Security Income (SSI) cash assistance recipients
  - Working disabled
  - Hospice patients
  - Breast and Cervical Cancer Treatment (BCCT) participants
  - Medicaid/Qualified Medicare Beneficiaries (QMB)
  - Medically needy – eligible because their income is greater than the cash assistance level but less than the protected income level (PIL) – may be ABD or the parents/caretaker relatives of disabled or medically needy minor children

ABD Adult Caseload, Expenditures, and PMPM by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2019	6,485	$ 61,197,266	$ 786.40
SFY 2020	6,298	$ 57,489,532	$ 760.67
SFY 2021	6,233	$ 55,539,766	$ 742.59
SFY 2022	6,117	$ 61,100,684	$ 832.45
SFY 2023 As Passed	6,218	$ 52,849,651	$ 708.29
SFY 2023 BAA	5,995	$ 60,964,330	$ 847.43
SFY 2024 Gov. Rec.	5,884	$ 59,397,386	$ 841.23

Average Monthly Caseload Actuals Comparison by SFY



Dual Eligible

Dual Eligible members are enrolled in both Medicare and Medicaid. Medicare eligibility is based on being at least 65 years of age or determined blind or disabled.

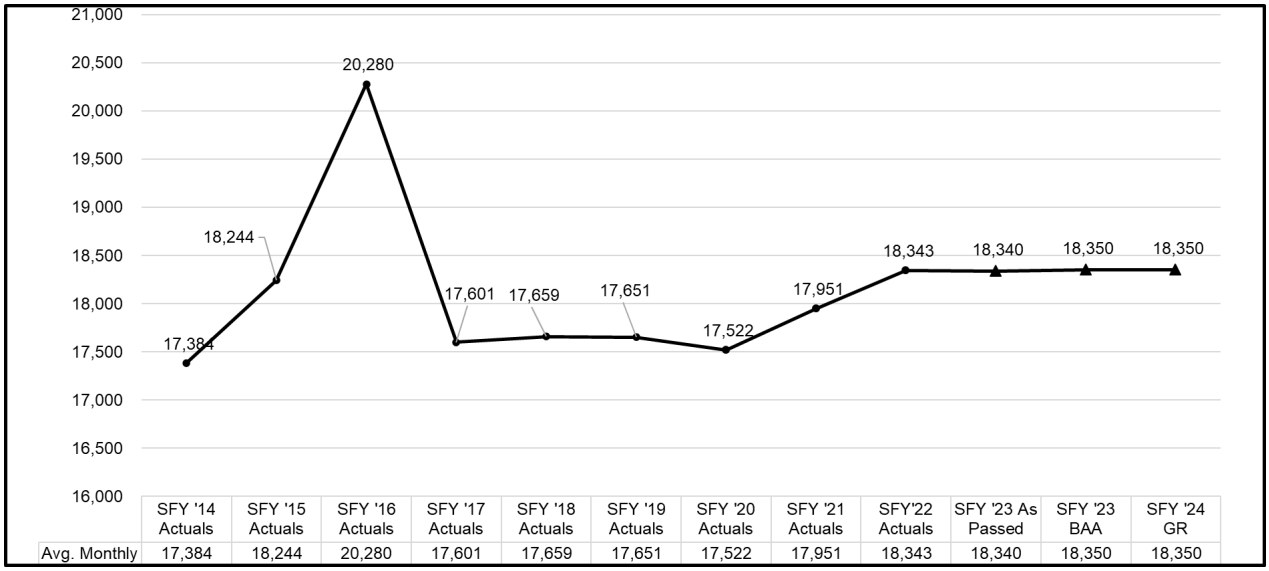
Medicaid assists with:

- Medicare:
  - Co-payments
  - Co-insurance
  - Deductibles
- Non-Medicare routine services:
  - Hearing
  - Dental
  - Transportation

Dual Eligible Caseload, Expenditures, and PMPM by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2019	17,651	$ 58,079,913	$ 274.21
SFY 2020	17,522	$ 53,812,435	$ 255.93
SFY 2021	17,951	$ 45,495,222	$ 211.21
SFY 2022	18,343	$ 51,195,208	$ 232.58
SFY 2023 As Passed	18,340	$ 49,356,433	$ 224.27
SFY 2023 BAA	18,350	$ 52,416,194	$ 238.04
SFY 2024 Gov. Rec.	18,350	$ 53,325,545	$ 242.17

Average Monthly Caseload Actuals Comparison by SFY



General Adults

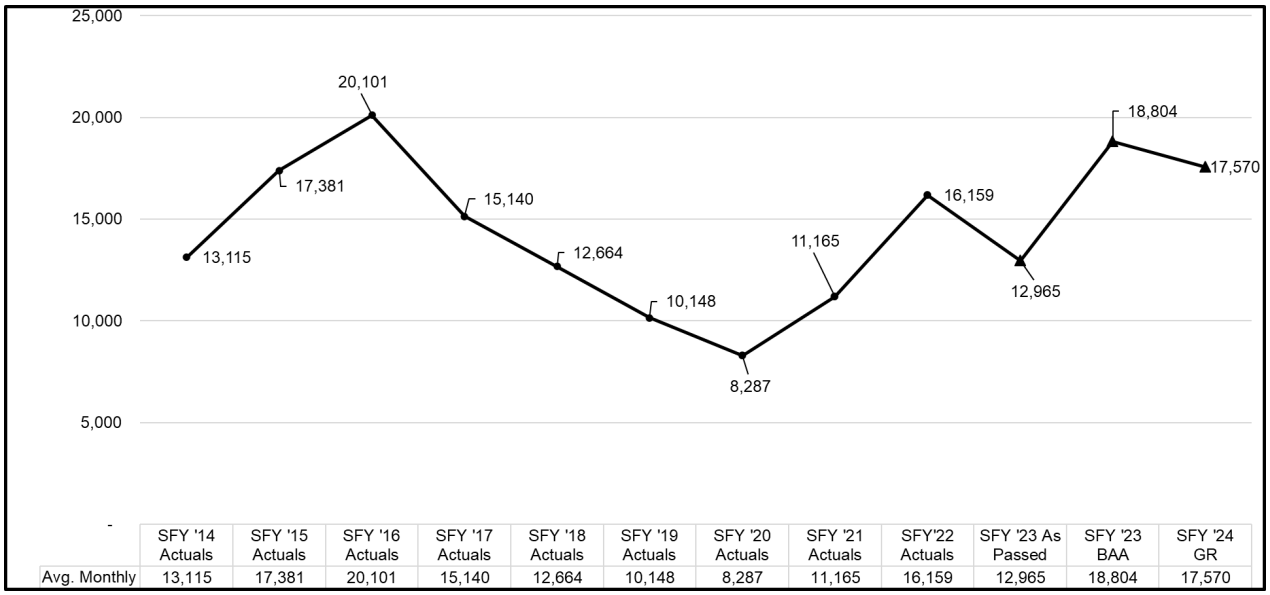
The eligibility requirements for General Adults are as follows:

- Age 19 and older
- Parent(s), caretaker(s), or relative(s) of minor children (including cash assistance recipients)
- Those receiving transitional Medicaid after the receipt of cash assistance
- Income below the PIL

General Adults Caseload, Expenditures, and PMPM by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2019	10,148	$ 62,828,505	$ 515.94
SFY 2020	8,287	$ 51,559,566	$ 518.51
SFY 2021	11,165	$ 58,810,030	$ 438.95
SFY 2022	16,159	$ 70,203,809	$ 362.05
SFY 2023 As Passed	12,965	$ 70,796,604	$ 455.05
SFY 2023 BAA	18,804	$ 82,489,524	$ 365.57
SFY 2024 Gov. Rec.	17,570	$ 77,355,557	$ 366.89

Average Monthly Caseload Actuals Comparison by SFY



New Adults Without Children

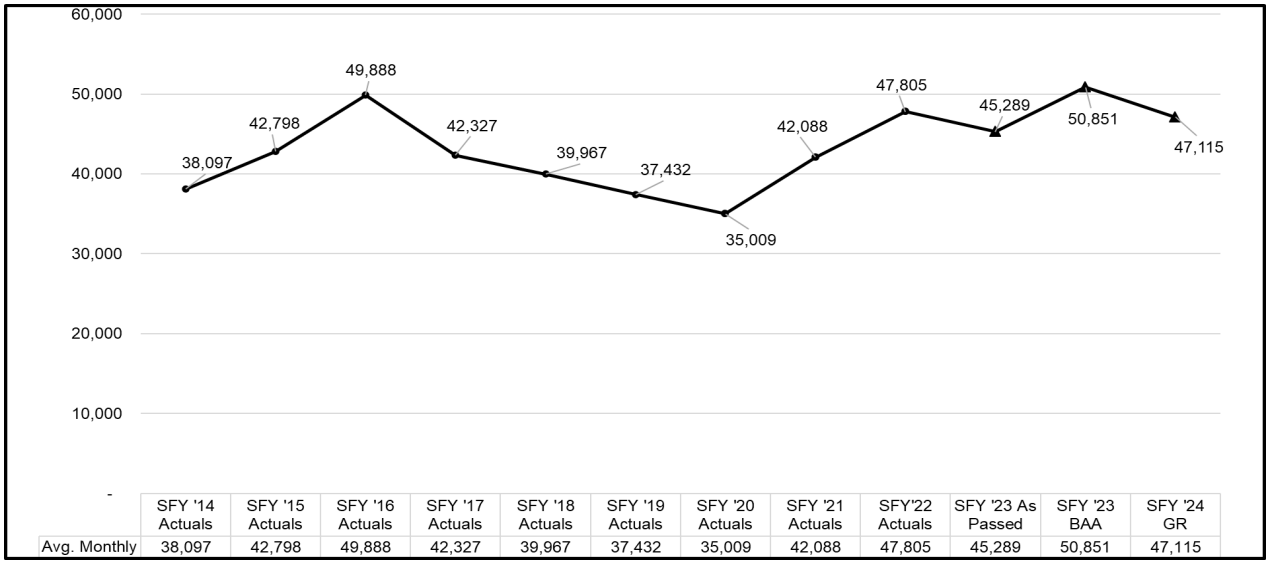
The eligibility requirements for New Adults without Children are as follows:
• Age 19 and older
• Income below the designated FPL
• No children in the household

The Federal government reimburses services for New Adults without Children in the household at a higher percentage rate.

New Adults Without Children Caseload, Expenditures, and PMPM by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2019	37,432	$ 204,022,529	$ 454.21
SFY 2020	35,009	$ 192,985,152	$ 459.36
SFY 2021	42,088	$ 219,469,261	$ 434.54
SFY 2022	47,805	$ 253,540,691	$ 441.97
SFY 2023 As Passed	45,289	$ 248,653,582	$ 457.53
SFY 2023 BAA	50,851	$ 273,591,389	$ 448.35
SFY 2024 Gov. Rec.	47,115	$ 253,236,116	$ 447.90

Average Monthly Caseload Actuals Comparison by SFY



New Adults with Children

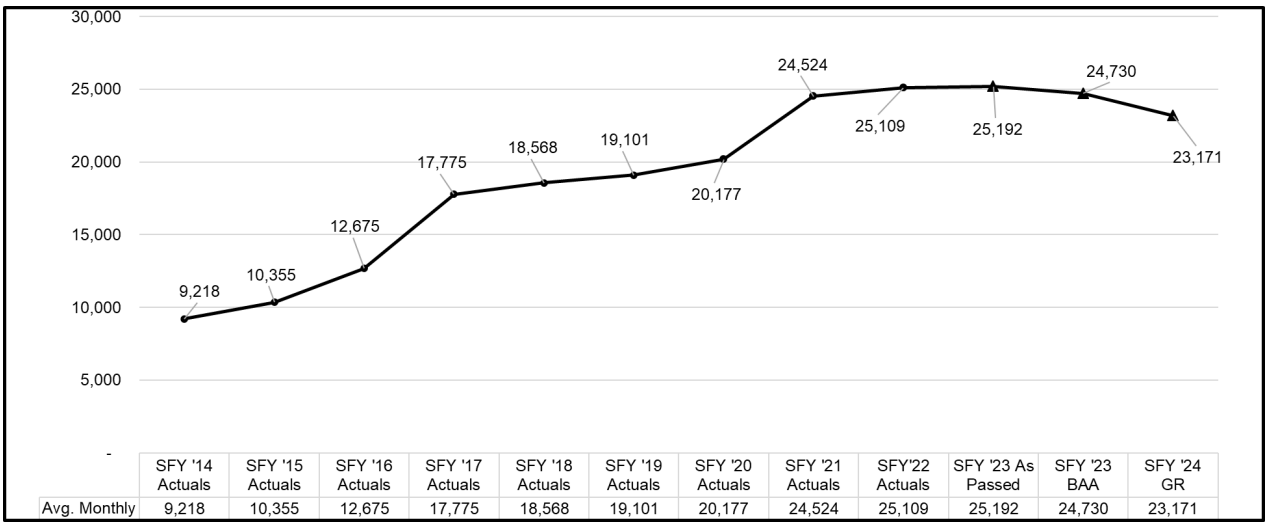
The eligibility requirements for New Adults with Children are as follows:
• Age 19 and older
• Income below the designated FPL
• With children in the household under the age of 19

Unlike New Adults without children, for this population, the Federal government reimburses services for New Adults with Children in the household at the unenhanced Global Commitment rate.

New Adults with Children Caseload, Expenditures, and PMPM Comparison by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2019	19,101	$ 88,370,003	$ 385.54
SFY 2020	20,177	$ 98,886,805	$ 408.42
SFY 2021	24,524	$ 114,487,987	$ 389.03
SFY 2022	25,109	$ 131,731,050	$ 437.20
SFY 2023 As Passed	25,192	$ 123,561,053	$ 408.73
SFY 2023 BAA	24,730	$ 131,766,017	$ 444.02
SFY 2024 Gov. Rec.	23,171	$ 123,442,946	$ 443.96

Average Monthly Caseload Actuals Comparison by SFY



IHIP

The Immigrant Health Insurance Plan (IHIP) was enacted by the Vermont General Assembly in Act 48 of 2021 and is codified in state statute at 33 V.S.A. chapter 19, subchapter 9. IHIP was created to establish Dr. Dynasaur-like coverage for certain Vermont residents (children under 19 years of age and pregnant individuals) who have an immigration status for which Medicaid coverage is not available, including migrant workers who are employed in seasonal occupations in Vermont, and who are otherwise uninsured. IHIP began July 1, 2022 and is an entirely state funded program.

IHIP covers hospital, medical, and dental services as well as prescription drugs. IHIP does not cover long-term services and supports, including home- and community-based services (HCBS).

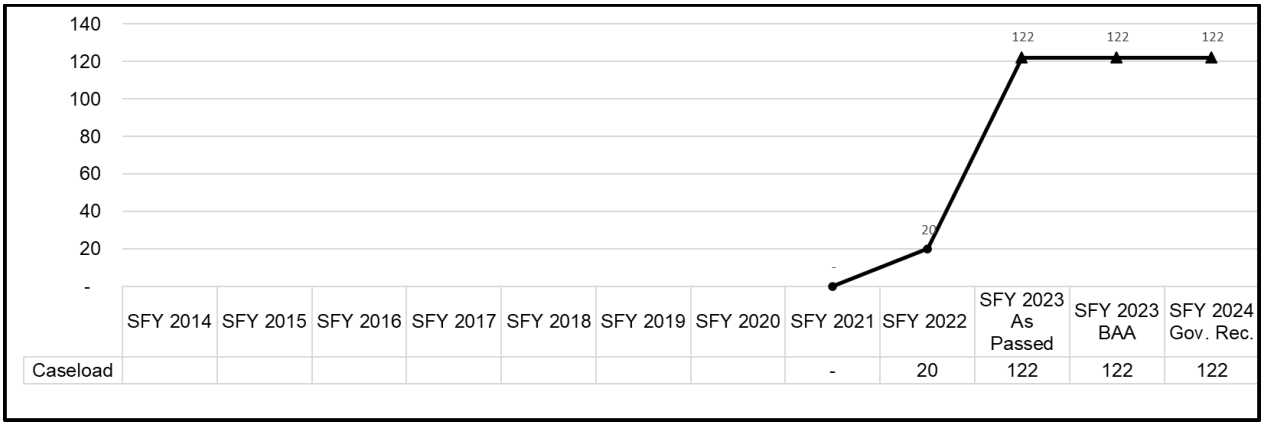
The general eligibility requirements for IHIP are as follows:

- Under age 19 OR pregnant
- Income up to 312% FPL (children) or 208% FPL (pregnant)
- Otherwise, uninsured
- Ineligible for Medicaid due to immigration status (except for Emergency Medicaid)

IHIP Caseload, Expenditures, and PMPM by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2019	-	$ -	$ -
SFY 2020	-	$ -	$ -
SFY 2021	-	$ -	$ -
SFY 2022 Actuals	20	$ 30,937	$ 128.90
SFY 2023 As Passed	122	$ 1,400,000	$ 956.28
SFY 2023 BAA	122	$ 1,400,000	$ 956.28
SFY 2024 Gov. Rec.	122	$ 1,400,000	$ 956.28

Average Monthly Caseload Actuals Comparison by SFY



Pharmacy Only Programs – Prescription Assistance

Vermont provides prescription assistance programs to help Vermonters pay for prescription medicines based on income, disability status, and age under the name VPharm. There are monthly premiums based on income and co-pays based on the cost of the prescription.

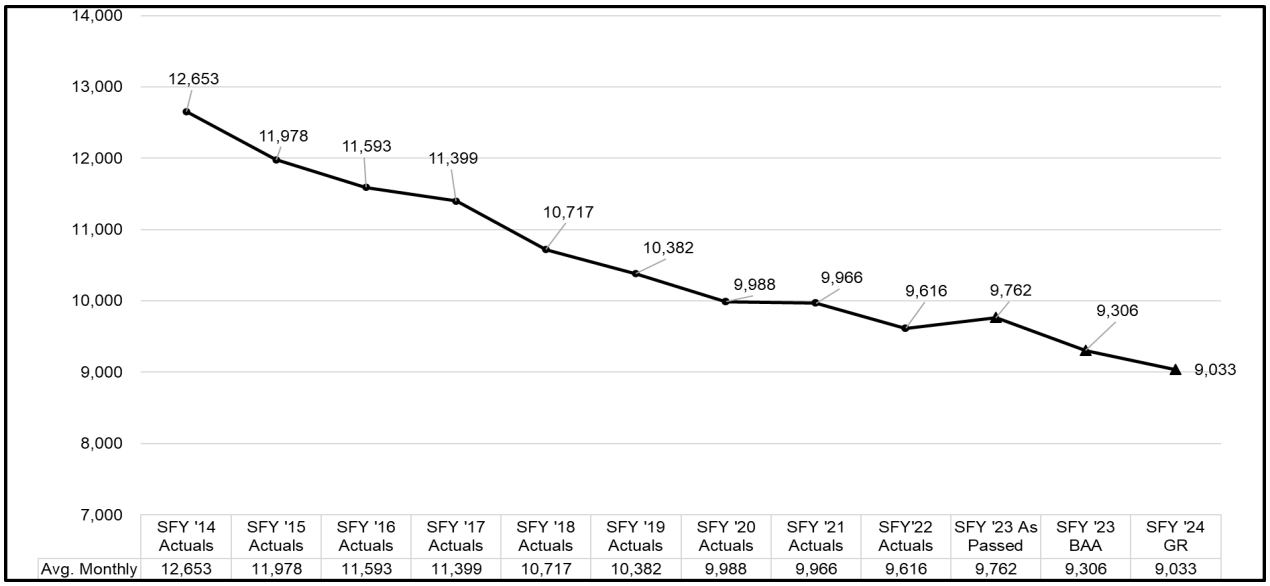
VPharm assists Vermonters enrolled in Medicare Part D with paying for prescription medicines as well as their Medicare Part D premiums.
The eligibility requirements for VPharm are as follows:

- Age 65 and older
- Any age with disability
- Current Medicare Part D eligibility
- Income below the designated FPL

VPharm Caseload, Expenditures, and PMPM Comparison by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2019	10,382	$ 8,475,105	$ 68.03
SFY 2020	9,988	$ 3,451,390	$ 28.80
SFY 2021	9,966	$ 4,892,710	$ 40.91
SFY 2022	9,616	$ 6,392,816	$ 55.40
SFY 2023 As Passed	9,762	$ 5,244,195	$ 44.77
SFY 2023 BAA	9,306	$ 4,909,958	$ 43.97
SFY 2024 Gov. Rec.	9,033	$ 6,055,011	$ 55.86

Average Monthly Caseload Actuals Comparison by SFY



Choices for Care Acute

The eligibility requirements for Choices for Care Acute are as follows:

The Choices for Care Program are managed and funded by DAIL. The eligibility requirements for Choices for Care are:

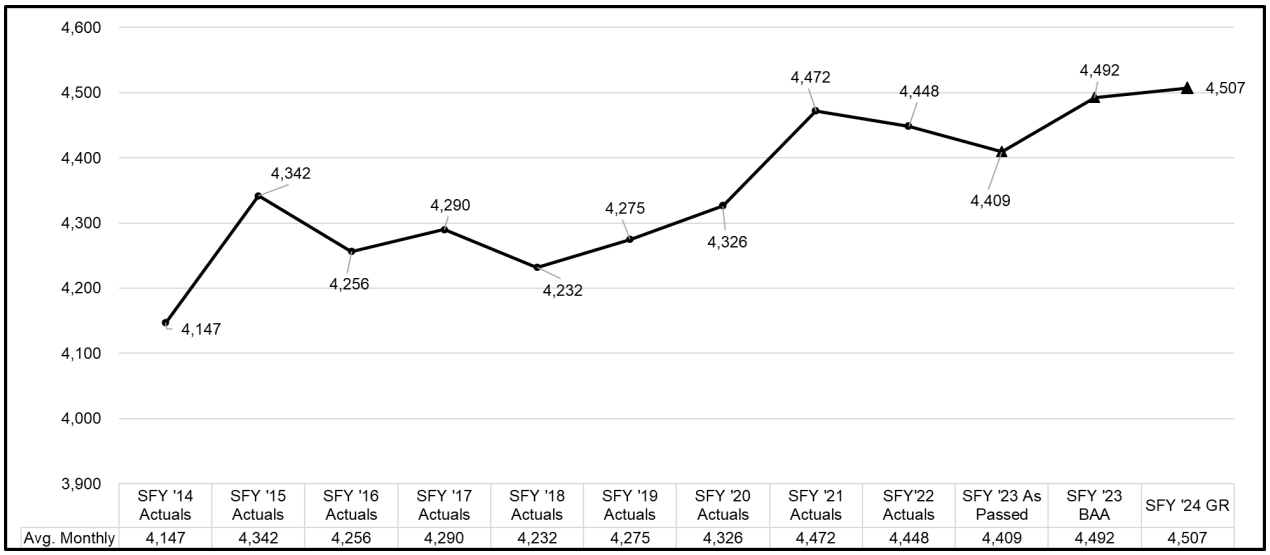
- Vermonters in nursing homes
- Home-based settings under home and community-based services (HCBS) waiver programs
- Enhanced residential care (ERC)

DVHA is responsible for other Medicaid state plan benefits for this population.

Choices for Care Acute Caseload, Expenditures, and PMPM Comparison by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2019	4,275	$ 31,156,672	$ 607.34
SFY 2020	4,326	$ 36,665,867	$ 706.27
SFY 2021	4,472	$ 41,518,829	$ 773.75
SFY 2022	4,448	$ 37,926,790	$ 710.49
SFY 2023 As Passed	4,409	$ 42,967,084	$ 812.11
SFY 2023 BAA	4,492	$ 39,229,925	$ 727.77
SFY 2024 Gov. Rec.	4,507	$ 39,449,010	$ 729.40

Average Monthly Caseload Actuals Comparison by SFY



Healthy Vermonters

Healthy Vermonters provides a discount on prescription medicines for individuals not eligible for other pharmacy assistance programs. There are no programmatic costs to the state for this program. The eligibility requirements for Healthy Vermonters are:

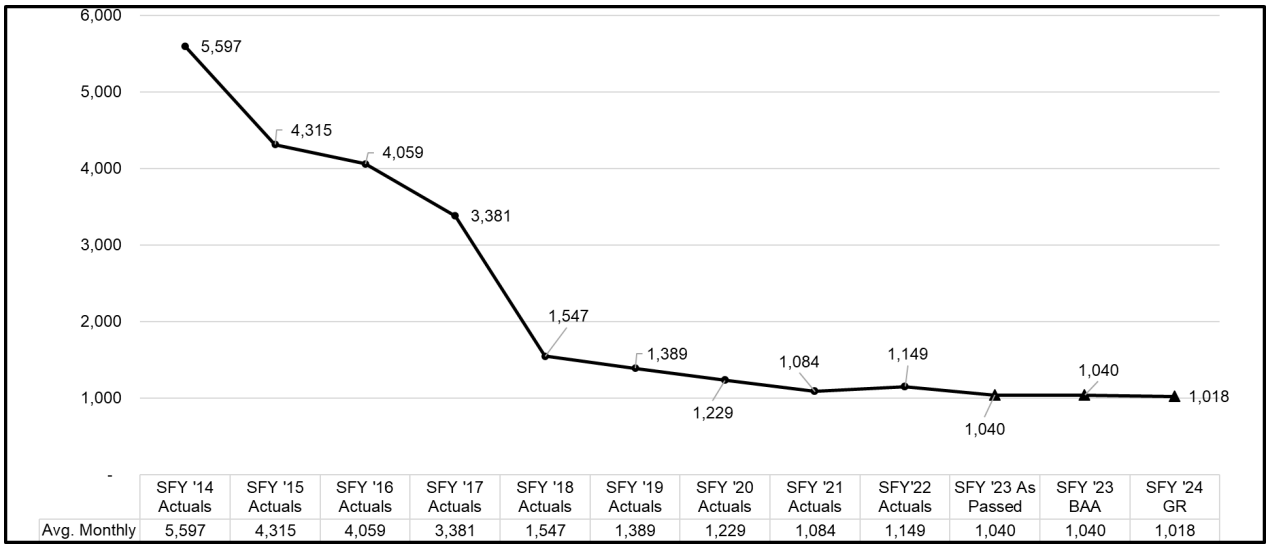
- Household incomes up to 350% and 400% FPL if they are aged or disabled.

Healthy Vermonters Caseload Comparison by State Fiscal Year

There is no programmatic cost to the State for this program.

SFY	Caseload
SFY 2019	1,389
SFY 2020	1,229
SFY 2021	1,084
SFY 2022	1,149
SFY 2023 As Passed	1,040
SFY 2023 BAA	1,040
SFY 2024 Gov. Rec.	1,018

Average Monthly Caseload Actuals Comparison by SFY



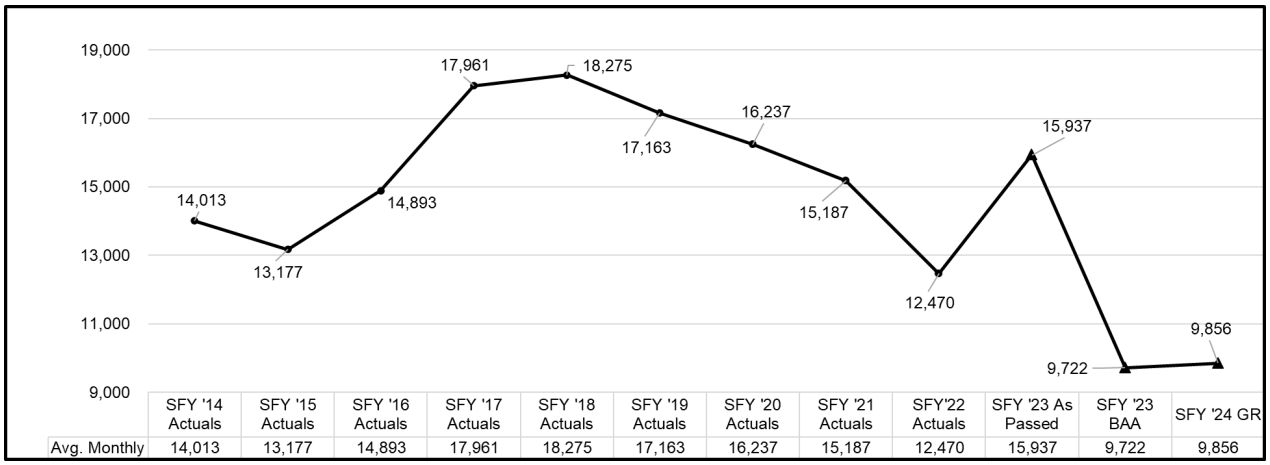
Premium Assistance and Cost Sharing

Individuals with household income over 138% of FPL can choose to enroll in qualified health plan through Vermont Health Connect, Vermont's health benefit exchange. These plans have varying cost sharing and premium levels. There are Federal tax credits to make premiums more affordable for people and generally limit premiums to less than 8.5% of their household income, as well as Federal subsidies to make out-of-pocket expenses more affordable for people with incomes below 250% FPL. In addition to the Federal tax credits and cost sharing subsidies provided by the Affordable Care Act, the State of Vermont further subsidizes premiums and cost sharing for enrollees whose income is less than 300% FPL.

Premium Assistance Caseload, Expenditures, and PMPM Comparison by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2019	17,163	$ 5,941,367	$ 28.85
SFY 2020	16,237	$ 5,732,382	$ 29.42
SFY 2021	15,187	$ 5,591,697	$ 30.68
SFY 2022	12,470	$ 4,524,778	$ 30.24
SFY 2023 As Passed	15,937	$ 5,615,851	$ 29.36
SFY 2023 BAA	9,722	$ 3,527,563	$ 30.24
SFY 2024 Gov. Rec.	9,856	$ 3,576,184	$ 30.24

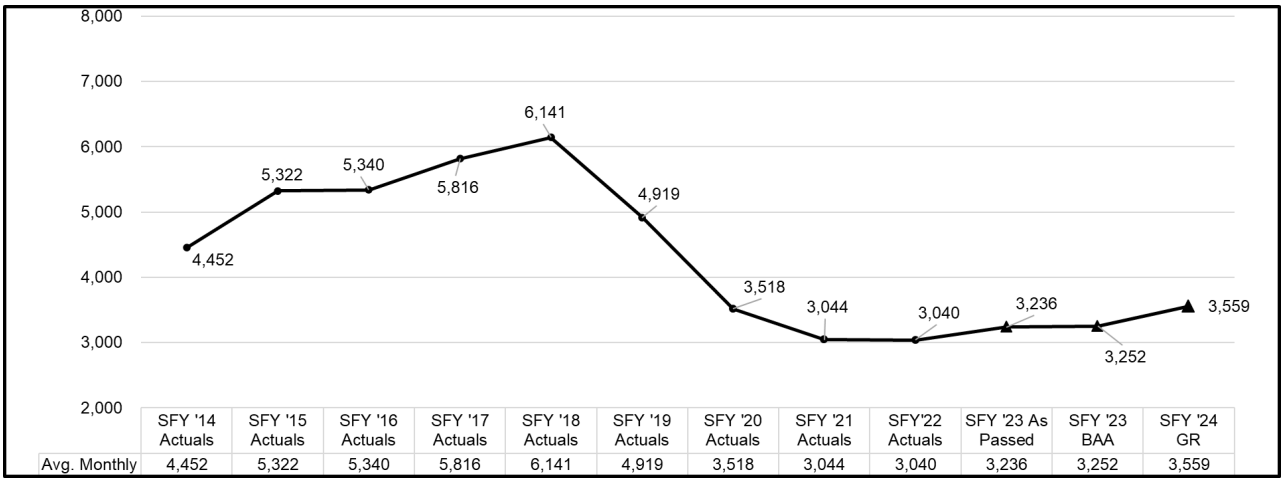
Premium Assistance Average Monthly Caseload Actuals Comparison by SFY



Cost Sharing Caseload, Expenditures, and PMPM Comparison by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2019	4,919	$ 1,482,370	$ 25.11
SFY 2020	3,518	$ 1,170,612	$ 27.73
SFY 2021	3,044	$ 1,176,262	$ 32.20
SFY 2022	3,040	$ 985,102	$ 27.00
SFY 2023 As Passed	3,236	$ 1,130,724	$ 29.12
SFY 2023 BAA	3,252	$ 1,053,656	$ 27.00
SFY 2024 Gov. Rec.	3,559	$ 653,124	$ 15.29

Cost Sharing Average Monthly Caseload Actuals Comparison by SFY



Blind or Disabled (BD) and/or Medically Needy Children

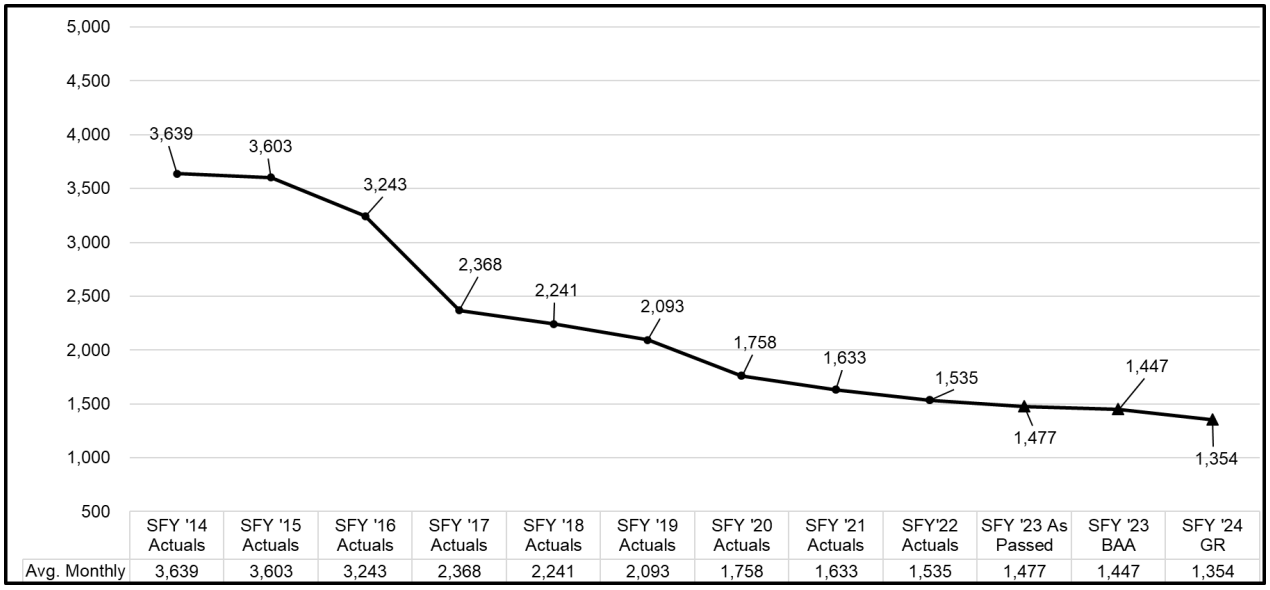
The eligibility requirements for Blind or Disabled (BD) and/or Medically Needy Children are as follows:

- Age cap of 19 years, unless eligible for a special exception
- Blind or disabled status as determined by the Federal Social Security Administration, or the State
- Supplemental Security Income (SSI) cash assistance recipients
- Hospice patients
- Those eligible under "Katie Beckett" rules
- Medically needy Vermonters:
  - Children whose household income is greater than the cash assistance level but less than the PIL
  - Medically needy children may or may not be blind or disabled

BD Child Caseload, Expenditures, and PMPM Comparison by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2019	2,093	$ 21,234,113	$ 845.44
SFY 2020	1,758	$ 22,103,589	$ 1,047.61
SFY 2021	1,633	$ 19,998,435	$ 1,020.33
SFY 2022	1,535	$ 18,708,639	$ 1,015.84
SFY 2023 As Passed	1,477	$ 18,582,270	$ 1,048.42
SFY 2023 BAA	1,447	$ 18,006,966	$ 1,037.03
SFY 2024 Gov. Rec.	1,354	$ 16,889,747	$ 1,039.50

BD Child Average Monthly Caseload Actuals Comparison by SFY



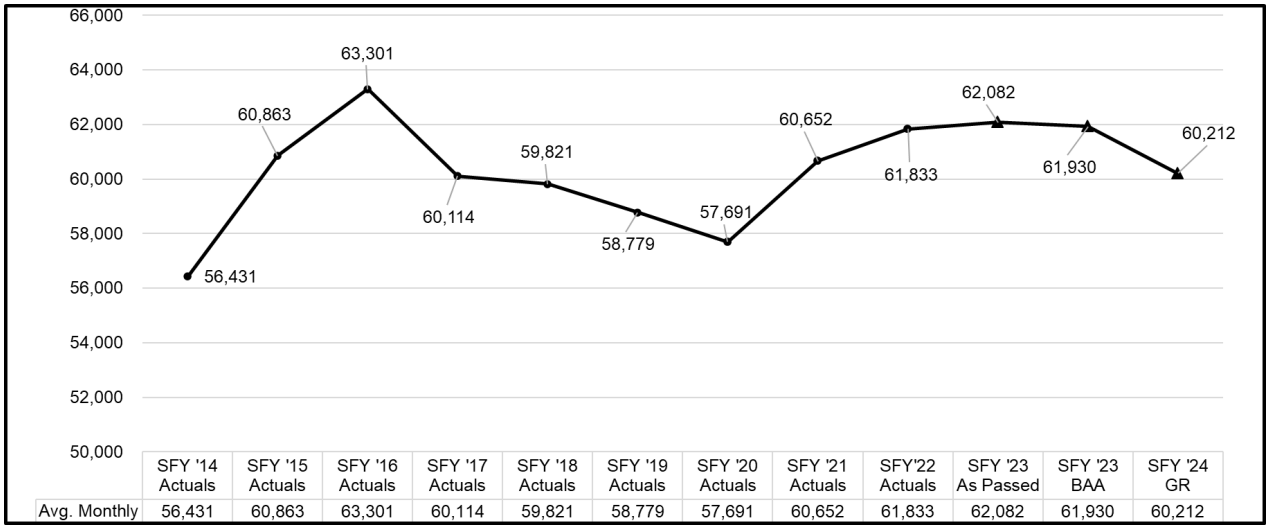
General Children

The eligibility requirements for General Children are as follows:
• Age 18 and younger
• Income below the PIL
• Categorized as those eligible for cash assistance including Reach Up (Title V) and foster care payments (Title IV-E)

General Children Caseload, Expenditures, and PMPM Comparison by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2019	58,779	$ 165,815,234	$ 235.08
SFY 2020	57,691	$ 161,637,128	$ 233.48
SFY 2021	60,652	$ 155,451,561	$ 213.59
SFY 2022	61,833	$ 187,229,516	$ 252.33
SFY 2023 As Passed	62,082	$ 167,930,706	$ 225.42
SFY 2023 BAA	61,930	$ 191,050,615	$ 257.08
SFY 2024 Gov. Rec.	60,212	$ 191,672,188	$ 265.27

Average Monthly Caseload Actuals Comparison by SFY



Optional Benefit (Underinsured) Children

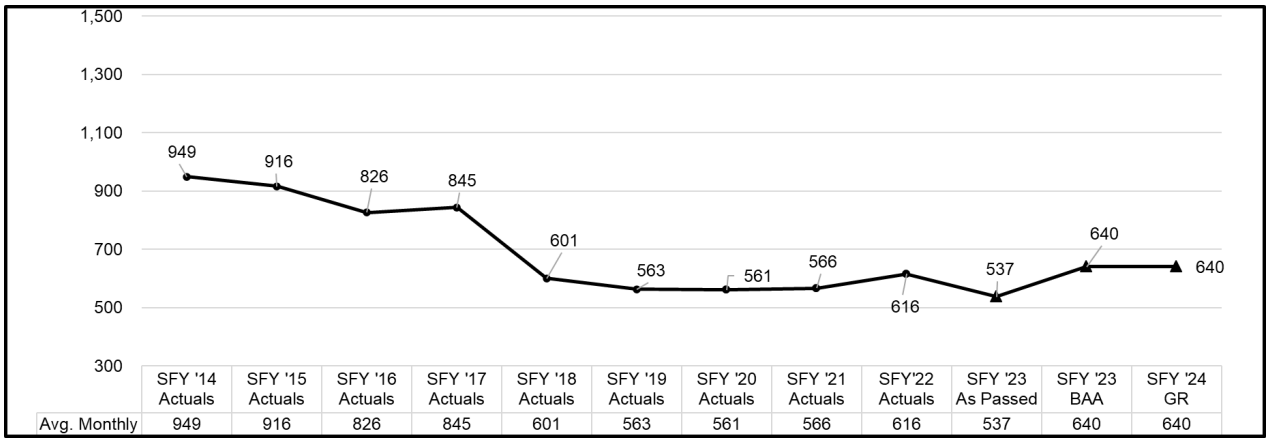
This program was designed as part of the original 1115 Waiver to Title XIX of the Social Security Act to provide healthcare coverage for children who would otherwise be underinsured. The general eligibility requirements for Underinsured Children are as follows:

- Age 18 and younger
- Income up to 312% FPL

Optional Benefit Children Caseload, Expenditures, and PMPM Comparison by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2019	563	$ 472,464	$ 69.93
SFY 2020	561	$ 468,699	$ 69.62
SFY 2021	566	$ 542,218	$ 79.78
SFY 2022	616	$ 505,917	$ 68.41
SFY 2023 As Passed	537	$ 565,707	$ 87.79
SFY 2023 BAA	640	$ 538,972	$ 70.18
SFY 2024 Gov. Rec.	640	$ 574,817	$ 74.85

Average Monthly Caseload Actuals Comparison by SFY



Children's Health Insurance Program (CHIP)

As of January 1, 2014, CHIP is operated as a Medicaid Expansion with enhanced federal funding from Title XXI of the Social Security Act.

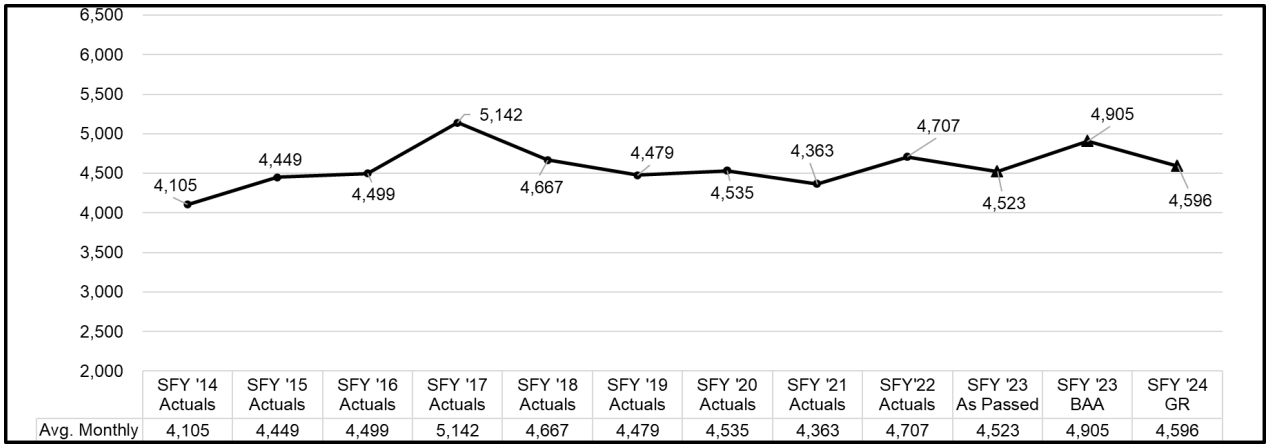
The general eligibility requirements for the CHIP are:

- Age 18 and younger
- Income up to 312% FPL
- Uninsured

CHIP Caseload, Expenditures, and PMPM Comparison by State Fiscal Year

SFY	Caseload	Expenditures	PMPM
SFY 2019	4,479	$ 9,234,963	$ 171.82
SFY 2020	4,535	$ 9,136,532	$ 167.88
SFY 2021	4,363	$ 9,417,889	$ 179.87
SFY 2022	4,707	$ 9,920,819	$ 175.64
SFY 2023 As Passed	4,523	$ 10,145,275	$ 186.92
SFY 2023 BAA	4,905	$ 10,226,217	$ 173.74
SFY 2024 Gov. Rec.	4,596	$ 9,997,436	$ 181.27

Average Monthly Caseload Actuals Comparison by SFY



Appendix A: Vantage Reports

Report ID: VTPB-07_GOV REC
Run Date: 01/20/2023
Run Time: 01:53 PM

State of Vermont
FY2024 Governor's Recommended Budget: Detail Report

Organization: 3410010000 - DVHA - Administration

Budget Object Group: 1. PERSONAL SERVICES

Salaries and Wages		FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
Classified Employees	500000	24,121,887	24,200,729	24,200,729	24,981,289	780,560	3.2%
Exempt	500010	0	1,320,267	1,320,267	1,814,723	494,456	37.5%
Overtime	500060	156,244	0	0	0	0	0.0%
Market Factor - Classified	500899	0	579,206	579,206	584,469	5,263	0.9%
Vacancy Turnover Savings	508000	0	(2,614,741)	(2,614,741)	(2,614,741)	0	0.0%
Total: Salaries and Wages		**24,278,131**	**23,485,461**	**23,485,461**	**24,765,740**	**1,280,279**	**5.5%**

Fringe Benefits		FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
FICA - Classified Employees	501000	1,778,135	1,895,646	1,895,646	1,955,801	60,155	3.2%
FICA - Exempt	501010	0	96,858	96,858	128,322	31,464	32.5%
Health Ins - Classified Empl	501500	4,720,613	5,841,205	5,841,205	6,501,650	660,445	11.3%
Health Ins - Exempt	501510	0	238,401	238,401	247,286	8,885	3.7%
Retirement - Classified Empl	502000	5,997,697	6,318,883	6,318,883	6,807,123	488,240	7.7%
Retirement - Exempt	502010	0	321,613	321,613	418,778	97,165	30.2%
Dental - Classified Employees	502500	255,345	301,152	301,152	300,303	(849)	-0.3%
Dental - Exempt	502510	0	11,949	11,949	11,950	1	0.0%
Life Ins - Classified Empl	503000	94,539	107,027	107,027	111,841	4,814	4.5%
Life Ins - Exempt	503010	0	6,617	6,617	8,799	2,182	33.0%

State of Vermont

FY2024 Governor's Recommended Budget: Detail Report

Organization: 3410010000 - DVHA - Administration

Fringe Benefits		FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
LTD - Classified Employees	503500	4,053	6,242	6,242	6,626	384	6.2%
LTD - Exempt	503510	0	2,216	2,216	3,046	830	37.5%
EAP - Classified Empl	504000	10,907	11,870	11,870	12,239	369	3.1%
EAP - Exempt	504010	0	501	501	511	10	2.0%
Employee Tuition Costs	504530	12,876	10,000	10,000	10,000	0	0.0%
Workers Comp - Ins Premium	505200	182,487	219,352	219,352	241,371	22,019	10.0%
Unemployment Compensation	505500	3,996	0	0	0	0	0.0%
Total: Fringe Benefits		**13,060,647**	**15,389,532**	**15,389,532**	**16,765,646**	**1,376,114**	**8.9%**

Contracted and 3rd Party Service		FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
Contr&3Rd Pty-Educ & Training	507350	0	0	0	0	0	0.0%
IT Contracts - Project Managment	507542	0	0	0	0	0	0.0%
IT Contracts - Storage	507544	0	2,892,179	2,892,179	2,892,179	0	0.0%
IT Contracts - Application Development	507565	5,452,753	14,457,417	14,457,417	15,111,767	654,350	4.5%
IT Contracts - Application Support	507566	38,656,841	43,024,158	43,024,158	43,024,158	0	0.0%
Other Contr and 3Rd Pty Serv	507600	25,030,290	33,941,593	33,941,593	33,941,593	0	0.0%
Interpreters	507615	1,204	43,000	43,000	43,000	0	0.0%
Custodial	507670	8,616	1,000	1,000	1,000	0	0.0%
Total: Contracted and 3rd Party Service		**69,149,704**	**94,359,347**	**94,359,347**	**95,013,697**	**654,350**	**0.7%**

State of Vermont

FY2024 Governor's Recommended Budget: Detail Report

Organization: 3410010000 - DVHA - Administration

PerDiem and Other Personal Services		FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
Catamount Health Assessment	505700	7,049	8,400	8,400	8,400	0	0.0%
Per Diem	506000	5,250	8,126	8,126	8,126	0	0.0%
Other Pers Serv	506200	0	6,200	6,200	6,200	0	0.0%
Transcripts	506220	0	0	0	0	0	0.0%
Sheriffs	506230	0	1,150	1,150	1,150	0	0.0%
Total: PerDiem and Other Personal Services		**12,299**	**23,876**	**23,876**	**23,876**	**0**	**0.0%**

Total: 1. PERSONAL SERVICES	**106,500,780**	**133,258,216**	**133,258,216**	**136,568,959**	**3,310,743**	**2.5%**

Budget Object Group: 2. OPERATING

Equipment		FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
Maintenance Equipment	522300	319	0	0	0	0	0.0%
Other Equipment	522400	0	0	0	0	0	0.0%
Office Equipment	522410	0	100	100	100	0	0.0%
Safety Supplies & Equipment	522440	0	0	0	0	0	0.0%
Furniture & Fixtures	522700	8,867	83,300	83,300	83,300	0	0.0%
Total: Equipment		**9,186**	**83,400**	**83,400**	**83,400**	**0**	**0.0%**

State of Vermont

FY2024 Governor's Recommended Budget: Detail Report

Organization: 3410010000 - DVHA - Administration

IT/Telecom Services and Equipment		FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
Software-License-ApplicaSupprt	516551	1,100	0	0	0	0	0.0%
Software-License-ApplicaDevel	516552	0	0	0	0	0	0.0%
Software-License-DeskLaptop PC	516559	0	0	0	0	0	0.0%
Communications	516600	0	8,500	8,500	8,500	0	0.0%
ADS VOIP Expense	516605	89,742	0	0	0	0	0.0%
Internet	516620	0	0	0	0	0	0.0%
Telecom-Mobile Wireless Data	516623	0	2,400	2,400	2,400	0	0.0%
Telecom-Telephone Services	516652	82,063	166,000	166,000	166,000	0	0.0%
Telecom-Conf Calling Services	516658	0	30,000	30,000	30,000	0	0.0%
Telecom-Wireless Phone Service	516659	0	0	0	0	0	0.0%
ADS Enterp App Supp SOV Emp Exp	516660	1,111,864	850,989	915,741	850,989	0	0.0%
ADS End User Computing Exp.	516662	1,077,168	0	0	0	0	0.0%
ADS Security SOV Employee Exp.	516665	65,296	0	0	0	0	0.0%
ADS EA SOV Employee Expense	516667	109,476	0	0	0	0	0.0%
It Intsvccost-Vision/Isdassess	516671	546,427	552,610	552,610	595,104	42,494	7.7%
ADS Centrex Exp.	516672	1,868	172,100	172,100	172,100	0	0.0%
ADS PM SOV Employee Expense	516683	1,158,950	0	0	0	0	0.0%
ADS Allocation Exp.	516685	459,093	449,776	449,776	453,960	4,184	0.9%
ADS Emp Expense Exp	516687	498	0	0	0	0	0.0%
Software as a Service	519085	0	0	0	0	0	0.0%
Hw - Computer Peripherals	522201	13,208	0	0	0	0	0.0%
Hardware - Desktop & Laptop Pc	522216	122,449	115,000	115,000	115,000	0	0.0%
Hw - Printers,Copiers,Scanners	522217	399	18,000	18,000	18,000	0	0.0%
Hw-Personal Mobile Devices	522258	3,732	0	0	0	0	0.0%
Hardware - Data Network	522273	0	1,000	1,000	1,000	0	0.0%
Server Connectivity	522282	0	0	0	0	0	0.0%
Software-Application Development	522283	0	3,000	3,000	3,000	0	0.0%

State of Vermont

FY2024 Governor's Recommended Budget: Detail Report

Organization: 3410010000 - DVHA - Administration

IT/Telecom Services and Equipment		FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
Software - Application Support	522284	92	42,000	42,000	42,000	0	0.0%
Software - Desktop	522286	53,192	85,000	85,000	85,000	0	0.0%
Software-Security	522288	0	1,500	1,500	1,500	0	0.0%
Software - Server	522289	0	2,200	2,200	2,200	0	0.0%
Software - Storage	522290	0	0	0	0	0	0.0%
Total: IT/Telecom Services and Equipment		**4,896,617**	**2,500,075**	**2,564,827**	**2,546,753**	**46,678**	**1.9%**

IT Repair and Maintenance Services		FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
Rep&Maint-Telecom&Ntwrkhw	513006	0	0	0	0	0	0.0%
Repair & Maint - Office Tech	513010	18,025	41,000	41,000	41,000	0	0.0%
Software-Rep&Maint-ApplicaSupp	513050	16,384	0	0	0	0	0.0%
Total: IT Repair and Maintenance Services		**34,410**	**41,000**	**41,000**	**41,000**	**0**	**0.0%**

Other Operating Expenses			FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
Single Audit Allocation	523620	0	40,000	40,000	40,000	0	0.0%
Bank Service Charges	524000	0	250	250	250	0	0.0%

State of Vermont

FY2024 Governor's Recommended Budget: Detail Report

Organization: 3410010000 - DVHA - Administration

Other Operating Expenses			FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
Total: Other Operating Expenses		**0**	**40,250**	**40,250**	**40,250**	**0**	**0.0%**

Other Rental		FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
Rental - Auto	514550	10,697	23,020	23,020	23,020	0	0.0%
Rental - Office Equipment	514650	7,993	32,000	32,000	32,000	0	0.0%
Total: Other Rental		**18,689**	**55,020**	**55,020**	**55,020**	**0**	**0.0%**

Other Purchased Services		FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
Insurance Other Than Empl Bene	516000	7,628	19,624	19,624	20,229	605	3.1%
Insurance - General Liability	516010	99,476	142,548	142,548	142,804	256	0.2%
Property Insurance	516099	0	0	0	0	0	0.0%
Dues	516500	21,216	55,000	55,000	55,000	0	0.0%
Licenses	516550	47,306	79,000	79,000	79,000	0	0.0%
Advertising-Print	516813	0	0	0	0	0	0.0%
Advertising-Other	516815	11,100	10,000	10,000	10,000	0	0.0%
Advertising - Job Vacancies	516820	3,703	10,000	10,000	10,000	0	0.0%
Printing and Binding	517000	192,344	267,000	267,000	267,000	0	0.0%

State of Vermont

FY2024 Governor's Recommended Budget: Detail Report

Organization: 3410010000 - DVHA - Administration

Other Purchased Services		FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
Printing-Promotional	517010	0	0	0	0	0	0.0%
Photocopying	517020	0	100	100	100	0	0.0%
Registration For Meetings&Conf	517100	0	2,000	2,000	2,000	0	0.0%
Training - Info Tech	517110	0	20,000	20,000	20,000	0	0.0%
Empl Train & Background Checks	517120	2,026	1,000	1,000	1,000	0	0.0%
Postage	517200	302,102	307,500	307,500	307,500	0	0.0%
Postage - Bgs Postal Svcs Only	517205	0	0	0	0	0	0.0%
Freight & Express Mail	517300	1,966	25,200	25,200	25,200	0	0.0%
Instate Conf, Meetings, Etc	517400	8,965	25,000	25,000	25,000	0	0.0%
Catering-Meals-Cost	517410	0	1,000	1,000	1,000	0	0.0%
Outside Conf, Meetings, Etc	517500	(6,192)	28,000	28,000	28,000	0	0.0%
Other Purchased Services	519000	21,071	61,250	61,250	61,250	0	0.0%
Human Resources Services	519006	268,804	305,973	305,973	338,303	32,330	10.6%
Administrative Service Charge	519010	28,227	30,000	30,000	30,000	0	0.0%
Security Services	519025	105	0	0	0	0	0.0%
Moving State Agencies	519040	662	0	0	0	0	0.0%
Infrastructure as a Service	519081	13,844,156	19,862,819	19,862,819	37,741,509	17,878,690	90.0%
Total: Other Purchased Services		**14,854,664**	**21,253,014**	**21,253,014**	**39,164,895**	**17,911,881**	**84.3%**

Property and Maintenance		FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
Water/Sewer	510000	54	68	68	68	0	0.0%
Disposal	510200	52	1,200	1,200	1,200	0	0.0%

State of Vermont

FY2024 Governor's Recommended Budget: Detail Report

Organization: 3410010000 - DVHA - Administration

Property and Maintenance		FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
Recycling	510220	2,061	0	0	0	0	0.0%
Custodial	510400	18,461	0	0	0	0	0.0%
Exterminators	510510	0	0	0	0	0	0.0%
Repair & Maint - Buildings	512000	0	1,100	1,100	1,100	0	0.0%
Repairs Maint To Elec System	512020	0	0	0	0	0	0.0%
Other Repair & Maint Serv	513200	336	23,000	23,000	23,000	0	0.0%
Repair&Maint-Property/Grounds	513210	0	34,000	34,000	34,000	0	0.0%
Total: Property and Maintenance		**20,964**	**59,368**	**59,368**	**59,368**	**0**	**0.0%**

Property Rental		FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
Rent Land & Bldgs-Office Space	514000	613,136	1,610,956	1,610,956	1,122,173	(488,783)	-30.3%
Rent Land&Bldgs-Non-Office	514010	48	60	60	60	0	0.0%
Fee-For-Space Charge	515010	654,033	781,250	781,250	819,098	37,848	4.8%
Total: Property Rental		**1,267,217**	**2,392,266**	**2,392,266**	**1,941,331**	**(450,935)**	**-18.8%**

Supplies		FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
Office Supplies	520000	15,928	51,000	51,000	36,000	(15,000)	-29.4%

State of Vermont

FY2024 Governor's Recommended Budget: Detail Report

Organization: 3410010000 - DVHA - Administration

Supplies		FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
Gasoline	520110	122	500	500	500	0	0.0%
Small Tools	520220	(0)	0	0	0	0	0.0%
Other General Supplies	520500	334	3,000	3,000	3,000	0	0.0%
Educational Supplies	520540	0	0	0	0	0	0.0%
Recognition/Awards	520600	1,128	600	600	600	0	0.0%
Public Service Recog Wk Food	520601	0	0	0	0	0	0.0%
Food	520700	0	9,000	9,000	9,000	0	0.0%
Water	520712	461	2,000	2,000	2,000	0	0.0%
Electricity	521100	971	1,000	1,000	1,000	0	0.0%
Heating Oil #2 - Uncut	521220	0	400	400	400	0	0.0%
Propane Gas	521320	2,419	400	400	400	0	0.0%
Books&Periodicals-Library/Educ	521500	16,012	11,700	11,700	11,700	0	0.0%
Subscriptions	521510	15,434	100,100	100,100	50,100	(50,000)	-50.0%
Other Books & Periodicals	521520	0	1,500	1,500	1,500	0	0.0%
Household, Facility&Lab Suppl	521800	319	400	400	400	0	0.0%
Medical and Lab Supplies	521810	0	0	0	0	0	0.0%
Paper Products	521820	394	1,200	1,200	1,200	0	0.0%
Total: Supplies		**53,522**	**182,800**	**182,800**	**117,800**	**(65,000)**	**-35.6%**

Travel		FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
Travel-Inst-Auto Mileage-Emp	518000	3,181	210,000	210,000	140,000	(70,000)	-33.3%
Travel-Inst-Other Transp-Emp	518010	265	21,000	21,000	16,000	(5,000)	-23.8%

State of Vermont

FY2024 Governor's Recommended Budget: Detail Report

Organization: 3410010000 - DVHA - Administration

Travel		FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
Travel-Inst-Meals-Emp	518020	36	1,800	1,800	1,800	0	0.0%
Travel-Inst-Lodging-Emp	518030	136	0	0	0	0	0.0%
Travel-Inst-Incidentals-Emp	518040	0	2,400	2,400	2,400	0	0.0%
Travl-Inst-Auto Mileage-Nonemp	518300	63	4,541	4,541	4,541	0	0.0%
Travel-Inst-Other Trans-Nonemp	518310	0	450	450	450	0	0.0%
Travel-Inst-Lodging-Nonemp	518330	0	0	0	0	0	0.0%
Travel-Outst-Auto Mileage-Emp	518500	22	5,100	5,100	5,100	0	0.0%
Travel-Outst-Other Trans-Emp	518510	3,200	90,300	90,300	90,300	0	0.0%
Travel-Outst-Meals-Emp	518520	640	21,000	21,000	16,000	(5,000)	-23.8%
Travel-Outst-Lodging-Emp	518530	14,026	75,000	75,000	53,232	(21,768)	-29.0%
Travel-Outst-Incidentals-Emp	518540	387	12,000	12,000	12,000	0	0.0%
Total: Travel		**21,955**	**443,591**	**443,591**	**341,823**	**(101,768)**	**-22.9%**
Total: 2. OPERATING		**21,177,226**	**27,050,784**	**27,115,536**	**44,391,640**	**17,340,856**	**64.1%**

Budget Object Group: 3. GRANTS

Grants Rollup		FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
Other Grants	550500	0	0	0	0	0	0.0%
Other Grants-Service Agreemnt	550501	2,116,284	2,912,301	8,712,301	2,912,301	0	0.0%
Other Grants - MOU	550502	482,913	0	0	0	0	0.0%
Cooperative Agreement Payment	550510	0	0	0	0	0	0.0%

State of Vermont

FY2024 Governor's Recommended Budget: Detail Report

Organization: 3410010000 - DVHA - Administration

Grants Rollup		FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
Medical Services Grants	604250	153,000	0	0	0	0	0.0%
AHS Cost Allocation Exp. Acct.	799090	0	0	0	0	0	0.0%
Total: Grants Rollup		**2,752,197**	**2,912,301**	**8,712,301**	**2,912,301**	**0**	**0.0%**
Total: 3. GRANTS		**2,752,197**	**2,912,301**	**8,712,301**	**2,912,301**	**0**	**0.0%**
Total Expenditures		**130,430,203**	**163,221,301**	**169,086,053**	**183,872,900**	**20,651,599**	**12.7%**

State of Vermont

FY2024 Governor's Recommended Budget: Detail Report

Organization: 3410015000 - DVHA - Medicaid Program/Global Commitment

Budget Object Group: 1. PERSONAL SERVICES

Contracted and 3rd Party Service		FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
Other Contr and 3Rd Pty Serv	507600	547,983	547,983	547,983	547,983	0	0.0%
Total: Contracted and 3rd Party Service		**547,983**	**547,983**	**547,983**	**547,983**	**0**	**0.0%**
Total: 1. PERSONAL SERVICES		**547,983**	**547,983**	**547,983**	**547,983**	**0**	**0.0%**

Budget Object Group: 3. GRANTS

Grants Rollup		FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
Other Grants	550500	0	0	0	13,109,475	13,109,475	100.0%
Medical Services Grants	604250	871,159,862	837,108,046	937,657,052	890,324,014	53,215,968	6.4%
AHS Cost Allocation Exp. Acct.	799090	(53,983)	0	0	0	0	0.0%
Total: Grants Rollup		**871,105,879**	**837,108,046**	**937,657,052**	**903,433,489**	**66,325,443**	**7.9%**
Total: 3. GRANTS		**871,105,879**	**837,108,046**	**937,657,052**	**903,433,489**	**66,325,443**	**7.9%**
Total Expenditures		**871,653,862**	**837,656,029**	**938,205,035**	**903,981,472**	**66,325,443**	**7.9%**

State of Vermont

FY2024 Governor's Recommended Budget: Detail Report

Organization: 3410017000 - DVHA - Medicaid/State Only Programs

Budget Object Group: 3. GRANTS

Grants Rollup		FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
Other Grants	550500	0	0	0	0	0	0.0%
Other Grants-Service Agreemnt	550501	30,937	0	0	0	0	0.0%
Medical Services Grants	604250	41,096,796	54,104,191	49,357,135	52,567,318	(1,536,873)	-2.8%
AHS Cost Allocation Exp. Acct.	799090	468,128	0	0	0	0	0.0%
Total: Grants Rollup		**41,595,861**	**54,104,191**	**49,357,135**	**52,567,318**	**(1,536,873)**	**-2.8%**
Total: 3. GRANTS		**41,595,861**	**54,104,191**	**49,357,135**	**52,567,318**	**(1,536,873)**	**-2.8%**
Total Expenditures		**41,595,861**	**54,104,191**	**49,357,135**	**52,567,318**	**(1,536,873)**	**-2.8%**

State of Vermont

FY2024 Governor's Recommended Budget: Detail Report

Organization: 3410018000 - DVHA - Medicaid/Non-Waiver Matched Programs

Budget Object Group: 3. GRANTS

Grants Rollup		FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Description	**Code**						
Medical Services Grants	604250	34,131,321	35,125,592	34,821,686	34,621,472	(504,120)	-1.4%
AHS Cost Allocation Exp. Acct.	799090	(414,145)	0	0	0	0	0.0%
Total: Grants Rollup		**33,717,175**	**35,125,592**	**34,821,686**	**34,621,472**	**(504,120)**	**-1.4%**
Total: 3. GRANTS		**33,717,175**	**35,125,592**	**34,821,686**	**34,621,472**	**(504,120)**	**-1.4%**
Total Expenditures		**33,717,175**	**35,125,592**	**34,821,686**	**34,621,472**	**(504,120)**	**-1.4%**

Fund Name	Fund Code	FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
General Fund	10000	81,854,000	91,936,732	100,302,223	100,802,612	8,865,880	9.6%
Global Commitment Fund	20405	882,016,334	851,212,672	942,196,043	908,206,501	56,993,829	6.7%
Inter-Unit Transfers Fund	21500	3,752,152	4,833,029	4,833,029	4,672,392	(160,637)	-3.3%
Vermont Health IT Fund	21916	3,495,286	4,738,197	4,738,197	4,753,011	14,814	0.3%
Federal Revenue Fund	22005	106,279,328	137,386,483	139,400,417	156,608,646	19,222,163	14.0%
Coronavirus Relief Fund	22045	0	0	0	0	0	0.0%
Funds Total		**1,077,397,101**	**1,090,107,113**	**1,191,469,909**	**1,175,043,162**	**84,936,049**	**7.8%**

Position Count	375
FTE Total	372.46

State of Vermont

FY2024 Governor's Recommended Budget: Rollup Report

Organization: 3410010000 - DVHA - Administration

Budget Object Group: 1. PERSONAL SERVICES

Budget Object Rollup Name	FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Salaries and Wages	24,278,131	23,485,461	23,485,461	24,765,740	1,280,279	5.5%
Fringe Benefits	13,060,647	15,389,532	15,389,532	16,765,646	1,376,114	8.9%
Contracted and 3rd Party Service	69,149,704	94,359,347	94,359,347	95,013,697	654,350	0.7%
PerDiem and Other Personal Services	12,299	23,876	23,876	23,876	0	0.0%
Budget Object Group Total: 1. PERSONAL SERVICES	**106,500,780**	**133,258,216**	**133,258,216**	**136,568,959**	**3,310,743**	**2.5%**

Budget Object Group: 2. OPERATING

Budget Object Rollup Name	FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Equipment	9,186	83,400	83,400	83,400	0	0.0%
IT/Telecom Services and Equipment	4,896,617	2,500,075	2,564,827	2,546,753	46,678	1.9%
IT Repair and Maintenance Services	34,410	41,000	41,000	41,000	0	0.0%
Other Operating Expenses	0	40,250	40,250	40,250	0	0.0%
Other Rental	18,689	55,020	55,020	55,020	0	0.0%
Other Purchased Services	14,854,664	21,253,014	21,253,014	39,164,895	17,911,881	84.3%
Property and Maintenance	20,964	59,368	59,368	59,368	0	0.0%
Property Rental	1,267,217	2,392,266	2,392,266	1,941,331	(450,935)	-18.8%
Supplies	53,522	182,800	182,800	117,800	(65,000)	-35.6%
Travel	21,955	443,591	443,591	341,823	(101,768)	-22.9%
Budget Object Group Total: 2. OPERATING	**21,177,226**	**27,050,784**	**27,115,536**	**44,391,640**	**17,340,856**	**64.1%**

Budget Object Group: 3. GRANTS

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State of Vermont

FY2024 Governor's Recommended Budget: Rollup Report

Organization: 3410010000 - DVHA - Administration

Budget Object Rollup Name	FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Grants Rollup	2,752,197	2,912,301	8,712,301	2,912,301	0	0.0%
Budget Object Group Total: 3. GRANTS	**2,752,197**	**2,912,301**	**8,712,301**	**2,912,301**		**0.0%**
Total Expenditures	**130,430,203**	**163,221,301**	**169,086,053**	**183,872,900**	**20,651,599**	**12.7%**

Fund Name	FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
General Funds	33,972,878	34,666,169	38,730,921	35,605,917	939,748	2.7%
Special Fund	3,495,286	4,738,197	4,738,197	4,753,011	14,814	0.3%
Coronavirus Relief Fund	0	0	0	0	0	0.0%
Federal Funds	83,837,888	114,997,590	116,797,590	134,621,243	19,623,653	17.1%
Global Commitment	5,371,999	3,986,316	3,986,316	4,220,337	234,021	5.9%
IDT Funds	3,752,152	4,833,029	4,833,029	4,672,392	(160,637)	-3.3%
Funds Total	**130,430,203**	**163,221,301**	**169,086,053**	**183,872,900**	**20,651,599**	**12.7%**

Position Count	375
FTE Total	372.46

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State of Vermont

FY2024 Governor's Recommended Budget: Rollup Report

Organization: 3410015000 - DVHA - Medicaid Program/Global Commitment

Budget Object Group: 1. PERSONAL SERVICES

Budget Object Rollup Name	FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Contracted and 3rd Party Service	547,983	547,983	547,983	547,983	0	0.0%
Budget Object Group Total: 1. PERSONAL SERVICES	**547,983**	**547,983**	**547,983**	**547,983**		**0.0%**

Budget Object Group: 3. GRANTS

Budget Object Rollup Name	FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Grants Rollup	871,105,879	837,108,046	937,657,052	903,433,489	66,325,443	7.9%
Budget Object Group Total: 3. GRANTS	**871,105,879**	**837,108,046**	**937,657,052**	**903,433,489**	**66,325,443**	**7.9%**

Total Expenditures	**871,653,862**	**837,656,029**	**938,205,035**	**903,981,472**	**66,325,443**	**7.9%**

Fund Name	FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Global Commitment	871,653,862	837,656,029	938,205,035	903,981,472	66,325,443	7.9%
Funds Total	**871,653,862**	**837,656,029**	**938,205,035**	**903,981,472**	**66,325,443**	**7.9%**

Position Count	
FTE Total	

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State of Vermont

FY2024 Governor's Recommended Budget: Rollup Report

Organization: 3410017000 - DVHA - Medicaid/State Only Programs

Budget Object Group: 3. GRANTS

Budget Object Rollup Name	FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Grants Rollup	41,595,861	54,104,191	49,357,135	52,567,318	(1,536,873)	-2.8%
Budget Object Group Total: 3. GRANTS	**41,595,861**	**54,104,191**	**49,357,135**	**52,567,318**	**(1,536,873)**	**-2.8%**
Total Expenditures	**41,595,861**	**54,104,191**	**49,357,135**	**52,567,318**	**(1,536,873)**	**-2.8%**

Fund Name	FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
General Funds	36,605,387	44,533,864	49,352,443	52,562,626	8,028,762	18.0%
Global Commitment	4,990,473	9,570,327	4,692	4,692	(9,565,635)	-100.0%
IDT Funds	0	0	0	0	0	0.0%
Funds Total	**41,595,861**	**54,104,191**	**49,357,135**	**52,567,318**	**(1,536,873)**	**-2.8%**

Position Count	
FTE Total	

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State of Vermont

FY2024 Governor's Recommended Budget: Rollup Report

Organization: 3410018000 - DVHA - Medicaid/Non-Waiver Matched Programs

Budget Object Group: 3. GRANTS

Budget Object Rollup Name	FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
Grants Rollup	33,717,175	35,125,592	34,821,686	34,621,472	(504,120)	-1.4%
Budget Object Group Total: 3. GRANTS	**33,717,175**	**35,125,592**	**34,821,686**	**34,621,472**	**(504,120)**	**-1.4%**
Total Expenditures	**33,717,175**	**35,125,592**	**34,821,686**	**34,621,472**	**(504,120)**	**-1.4%**

Fund Name	FY2022 Actuals	FY2023 Original As Passed Budget	FY2023 Governor's BAA Recommended Budget	FY2024 Governor's Recommended Budget	Difference Between FY2024 Governor's Recommend and FY2023 As Passed	Percent Change FY2024 Governor's Recommend and FY2023 As Passed
General Funds	11,275,735	12,736,699	12,218,859	12,634,069	(102,630)	-0.8%
Coronavirus Relief Fund	0	0	0	0	0	0.0%
Federal Funds	22,441,441	22,388,893	22,602,827	21,987,403	(401,490)	-1.8%
Funds Total	**33,717,175**	**35,125,592**	**34,821,686**	**34,621,472**	**(504,120)**	**-1.4%**

Position Count	
FTE Total	

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State of Vermont

FY2024 Governor's Recommended Budget
Position Summary Report

3410010000-DVHA - Administration

Position Number	Classification	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
730001	501100 - DVHA Program Consultant	1.00	1	62,567	46,249	4,786	113,602
730002	501100 - DVHA Program Consultant	1.00	1	58,635	45,179	4,486	108,300
730003	512100 - Long Term Care Specialist I	1.00	1	60,528	27,660	4,630	92,818
730005	459400 - DVHA Medicaid Compliance Off	1.00	1	111,114	59,454	8,500	179,068
730006	459800 - Health Program Administrator	1.00	1	57,616	38,336	4,408	100,360
730007	495900 - Med Hlthcare Data & Stat Anal	1.00	1	64,854	40,316	4,961	110,131
730009	460500 - Program Integrity Director	1.00	1	108,722	30,642	8,317	147,681
730011	460560 - Oversight&Monitor Security Aud	1.00	1	94,369	54,900	7,218	156,487
730012	089080 - Financial Manager I	1.00	1	72,176	30,466	5,520	108,162
730013	004700 - Program Technician I	1.00	1	45,615	23,602	3,490	72,707
730014	499700 - Medicaid Operations Adm	1.00	1	71,884	48,423	5,499	125,806
730018	089080 - Financial Manager I	1.00	1	67,683	29,602	5,177	102,462
730020	464900 - DVHA Program & Oper Auditor	1.00	1	74,256	49,429	5,681	129,366
730021	459800 - Health Program Administrator	1.00	1	78,936	42,971	6,039	127,946
730023	501100 - DVHA Program Consultant	1.00	1	66,414	47,296	5,081	118,791
730024	089230 - Administrative Srvcs Cord II	1.00	1	66,414	39,566	5,081	111,061
730025	501100 - DVHA Program Consultant	1.00	1	70,262	30,306	5,376	105,944
730027	459500 - Provider Relations Specialist	1.00	1	70,408	20,039	5,387	95,834
730028	469900 - Director of MPS	1.00	1	102,190	49,469	7,817	159,476
730029	459800 - Health Program Administrator	1.00	1	76,815	32,089	5,875	114,779
730030	514400 - Dir Data Mgn Analysis & Integ	1.00	1	99,029	56,167	7,575	162,771
730031	498800 - Medicaid Fiscal Analyst	1.00	1	70,304	20,010	5,379	95,693
730032	089130 - Financial Director I	1.00	1	84,031	34,050	6,429	124,510
730034	000075 - Nurse Case Manager / URN II	1.00	1	117,150	53,366	8,962	179,479
730035	464901 - DVHA Programs & Ops Auditor II	1.00	1	79,269	43,062	6,064	128,395

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State of Vermont

FY2024 Governor's Recommended Budget
Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
730036	000075 - Nurse Case Manager / URN II	1.00	1	100,246	38,463	7,669	146,378
730037	501100 - DVHA Program Consultant	1.00	1	60,528	45,694	4,631	110,853
730047	000086 - Nurse Administrator II	1.00	1	137,030	66,503	10,483	214,016
730049	089140 - Financial Director II	1.00	1	89,731	35,600	6,865	132,196
730050	000090 - Nursing Operations Director	1.00	1	122,628	68,315	9,381	200,324
730051	089210 - Administrative Srvcs Tech IV	1.00	1	54,662	35,242	4,182	94,086
730053	089230 - Administrative Srvcs Cord II	1.00	1	56,680	36,920	4,336	97,936
730054	089080 - Financial Manager I	1.00	1	63,398	38,748	4,850	106,996
730056	459500 - Provider Relations Specialist	1.00	1	68,369	19,483	5,230	93,082
730059	089141 - Financial Director IV	1.00	1	89,066	46,944	6,814	142,824
730060	495900 - Med Hlthcare Data & Stat Anal	1.00	1	81,910	51,512	6,266	139,688
730061	089141 - Financial Director IV	1.00	1	113,028	60,166	8,646	181,840
730067	501100 - DVHA Program Consultant	1.00	1	64,543	39,057	4,937	108,537
730068	533500 - Coord of Benefits Supervisor	1.00	1	79,269	42,665	6,065	127,999
730069	000075 - Nurse Case Manager / URN II	1.00	1	120,351	61,967	9,206	191,524
730073	000070 - Nurse Case Manager / URN I	0.60	1	58,463	45,133	4,471	108,067
730074	000075 - Nurse Case Manager / URN II	1.00	1	100,245	56,499	7,669	164,414
730075	000070 - Nurse Case Manager / URN I	1.00	1	100,836	56,658	7,714	165,208
730076	000070 - Nurse Case Manager / URN I	1.00	1	82,443	45,129	6,307	133,879
730081	089040 - Financial Specialist III	1.00	1	53,602	36,082	4,102	93,786
730082	004900 - Program Technician III	1.00	1	58,635	50,702	4,485	113,822
730084	464901 - DVHA Programs & Ops Auditor II	1.00	1	67,683	47,642	5,178	120,503
730086	486400 - Project & Operations Dir	1.00	1	115,128	52,239	8,808	176,175
730087	735500 - Healthcare Assistant Admin II	1.00	1	84,261	34,114	6,446	124,821
730088	501100 - DVHA Program Consultant	1.00	1	74,256	21,086	5,680	101,022
730089	501100 - DVHA Program Consultant	1.00	1	68,224	29,751	5,219	103,194
730090	533500 - Coord of Benefits Supervisor	1.00	1	89,149	45,749	6,820	141,718
730091	508560 - VCCI Outreach & Support Coord	1.00	1	51,293	25,146	3,925	80,364
730093	735400 - VT Healthcare Srvc Supervisor	1.00	1	77,106	21,862	5,898	104,866
730094	000070 - Nurse Case Manager / URN I	1.00	1	97,437	37,698	7,454	142,589

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State of Vermont

FY2024 Governor's Recommended Budget
Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
730097	735110 - VT Healthcare Service Spec III	1.00	1	56,410	16,232	4,315	76,957
730098	000070 - Nurse Case Manager / URN I	1.00	1	97,438	48,004	7,454	152,895
730102	498000 - Health Enterprise Director II	1.00	1	126,692	63,903	9,693	200,288
730103	458902 - Health Services Researcher	1.00	1	92,581	38,386	7,082	138,049
730105	089210 - Administrative Srvcs Tech IV	1.00	1	51,293	43,182	3,923	98,398
730107	735000 - VT Healthcare Service Spec I	1.00	1	68,224	40,058	5,220	113,502
730108	735110 - VT Healthcare Service Spec III	1.00	1	64,085	28,626	4,903	97,614
730109	501100 - DVHA Program Consultant	1.00	1	68,224	40,058	5,219	113,501
730110	478100 - Business Process Manager	1.00	1	89,690	45,895	6,861	142,446
730112	536900 - VHC Support Services Spec	1.00	1	58,635	27,144	4,485	90,264
730113	536900 - VHC Support Services Spec	1.00	1	62,566	28,212	4,786	95,564
730114	536900 - VHC Support Services Spec	1.00	1	56,680	44,648	4,336	105,664
730115	499700 - Medicaid Operations Adm	1.00	1	76,690	50,090	5,867	132,647
730123	434100 - Dental Program Manager	0.85	2	71,542	20,381	5,473	97,396
730124	464900 - DVHA Program & Oper Auditor	1.00	1	57,616	38,336	4,408	100,360
730125	406705 - Program Improvement Manager	1.00	1	74,027	31,330	5,663	111,020
730126	460570 - Program Integrity Analyst	1.00	1	79,268	50,791	6,064	136,123
730127	499400 - Medicaid Transptation QC Chief	1.00	1	83,782	44,290	6,409	134,481
730131	000070 - Nurse Case Manager / URN I	1.00	1	104,092	57,543	7,964	169,600
730132	508560 - VCCI Outreach & Support Coord	1.00	1	56,680	36,917	4,336	97,933
730133	000070 - Nurse Case Manager / URN I	1.00	1	113,106	59,995	8,652	181,753
730134	000070 - Nurse Case Manager / URN I	1.00	1	82,443	45,130	6,306	133,879
730135	000070 - Nurse Case Manager / URN I	1.00	1	82,443	45,130	6,306	133,879
730136	000070 - Nurse Case Manager / URN I	1.00	1	100,835	56,658	7,713	165,207
730137	089270 - Administrative Srvcs Mngr II	1.00	1	79,268	32,758	6,064	118,090
730138	068520 - Blueprint Payment Ops Admin	1.00	1	92,768	54,463	7,096	154,327
730140	503801 - Data Analytics & Info Admin	1.00	1	73,319	42,633	5,610	121,562
730141	501100 - DVHA Program Consultant	1.00	1	64,542	46,786	4,938	116,266
730142	460570 - Program Integrity Analyst	1.00	1	81,619	51,023	6,244	138,886
730143	464902 - DVHA Sr. Auditor & Program Con	1.00	1	79,269	43,062	6,064	128,395

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730144	495600 - Associate Prog Integrity Dir	1.00	1	86,861	52,856	6,644	146,361
730145	495900 - Med Hlthcare Data & Stat Anal	1.00	1	76,690	42,360	5,867	124,917
730146	486200 - Asst Dir of Blueprint for Hlth	1.00	1	89,752	35,608	6,866	132,226
730147	486200 - Asst Dir of Blueprint for Hlth	0.80	1	67,225	47,518	5,143	119,886
730170	089080 - Financial Manager I	1.00	1	69,826	53,746	5,342	128,914
730171	464900 - DVHA Program & Oper Auditor	1.00	1	70,304	30,317	5,379	106,000
730172	480210 - DVHA Quality Assurance Mgr	0.80	1	61,684	27,663	4,718	94,065
730174	334100 - Audit Liaison/Int Control	1.00	1	69,826	29,840	5,342	105,008
730175	499700 - Medicaid Operations Adm	1.00	1	71,884	48,783	5,499	126,166
730177	499700 - Medicaid Operations Adm	1.00	1	69,534	48,145	5,319	122,998
730178	464915 - DVHA Healthcare QC CAP Auditor	1.00	1	63,710	38,829	4,874	107,413
730181	334100 - Audit Liaison/Int Control	1.00	1	69,826	30,188	5,341	105,355
730182	536900 - VHC Support Services Spec	1.00	1	60,528	27,355	4,630	92,513
730185	464910 - DVHA Healthcare QC Auditor	1.00	1	67,975	39,990	5,201	113,166
730186	459800 - Health Program Administrator	1.00	1	63,710	46,559	4,874	115,143
730187	550200 - Contracts & Grants Administrat	1.00	1	65,874	29,114	5,040	100,028
730188	512100 - Long Term Care Specialist I	1.00	1	51,292	36,606	3,924	91,822
730189	550200 - Contracts & Grants Administrat	1.00	1	61,630	38,266	4,716	104,612
730190	536900 - VHC Support Services Spec	1.00	1	60,528	37,661	4,630	102,819
730192	000070 - Nurse Case Manager / URN I	1.00	1	82,443	45,130	6,308	133,881
730193	000075 - Nurse Case Manager / URN II	1.00	1	87,553	35,010	6,699	129,262
730194	089230 - Administrative Srvcs Cord II	1.00	1	62,567	46,250	4,786	113,603
730195	503801 - Data Analytics & Info Admin	1.00	1	100,984	27,502	7,727	136,213
730197	067400 - Mgr Qlty Imprvmt and Care Mgm	0.80	1	71,801	40,671	5,493	117,965
730198	533200 - Senior Behav Hlth CRC Mg	1.00	1	76,689	21,363	5,867	103,919
730199	089240 - Administrative Srvcs Cord III	1.00	1	56,410	26,538	4,315	87,263
730200	034550 - HCR Integration Manager	1.00	1	102,190	39,163	7,817	149,170
730201	000086 - Nurse Administrator II	1.00	1	122,328	54,774	9,357	186,460
730202	053100 - DVHA Data Anlyst and Info Chie	1.00	1	92,768	54,464	7,096	154,328
730204	334000 - DVHA Bhav Hlth Cnrnt RvwCre Mg	1.00	1	72,176	40,771	5,521	118,468

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730205	485400 - DVHA Clinical Therapist	1.00	1	83,782	44,290	6,408	134,480
730206	499700 - Medicaid Operations Adm	0.80	1	59,405	45,390	4,545	109,340
730207	499700 - Medicaid Operations Adm	1.00	1	71,884	41,053	5,499	118,436
730208	454300 - DVHA Rate Setting Mang	1.00	1	104,062	49,807	7,961	161,830
730210	000070 - Nurse Case Manager / URN I	1.00	1	97,438	27,391	7,454	132,283
730211	464980 - DVHA Program Liaison	1.00	1	73,319	42,632	5,610	121,561
730212	000078 - Nurse Auditor	1.00	1	77,605	50,339	5,937	133,881
730213	501100 - DVHA Program Consultant	1.00	1	60,528	45,694	4,630	110,852
730215	000070 - Nurse Case Manager / URN I	1.00	1	113,106	52,266	8,652	174,024
730216	000070 - Nurse Case Manager / URN I	1.00	1	100,836	56,658	7,714	165,207
730218	000070 - Nurse Case Manager / URN I	1.00	1	100,835	56,658	7,714	165,207
730219	537300 - DVHA Director of Quality Mgmt	1.00	1	99,029	56,167	7,576	162,772
730227	501100 - DVHA Program Consultant	1.00	1	54,912	15,823	4,201	74,936
730232	089220 - Administrative Srvcs Cord I	1.00	1	48,505	24,388	3,710	76,603
730234	464910 - DVHA Healthcare QC Auditor	1.00	1	65,873	47,148	5,040	118,061
730235	089270 - Administrative Srvcs Mngr II	1.00	1	67,351	47,549	5,152	120,052
730236	330310 - VHC Business Process Coord	1.00	1	71,885	30,747	5,499	108,131
730238	459800 - Health Program Administrator	1.00	1	70,304	48,353	5,379	124,036
730239	459800 - Health Program Administrator	1.00	1	65,873	47,148	5,040	118,061
730240	857200 - Communications & Outreach Coor	1.00	1	53,144	15,343	4,065	72,552
730241	463100 - Health Care Project Director	1.00	1	92,747	54,457	7,095	154,299
730244	034550 - HCR Integration Manager	1.00	1	126,693	43,898	9,691	180,282
730245	098500 - Admin HC Pymnt Refrm Analytics	1.00	1	89,752	24,852	6,866	121,470
730248	854000 - Senior Policy Advisor	1.00	1	69,826	40,493	5,341	115,660
730249	977020 - Payment Reform Spec Proj Lead	1.00	1	92,768	53,999	7,098	153,865
730251	464950 - Dir of Ops for ACO Programs	1.00	1	84,032	43,938	6,428	134,398
730252	533900 - Medicaid Provider Rel Oper Chf	1.00	1	81,619	43,702	6,245	131,566
730253	089040 - Financial Specialist III	1.00	1	48,506	35,844	3,712	88,062
730254	977010 - Deputy Dir of Payment Reform	1.00	1	125,507	45,333	9,601	180,441
730256	496600 - Grant Programs Manager	1.00	1	74,693	41,817	5,714	122,224

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730260	497800 - Health Reform Enterprise Dir I	1.00	1	76,689	50,090	5,867	132,646
730272	501100 - DVHA Program Consultant	1.00	1	53,144	35,955	4,066	93,165
730273	513410 - Health Care Train/Commun Mngr	1.00	1	87,152	52,937	6,666	146,755
730275	501100 - DVHA Program Consultant	1.00	1	58,636	45,179	4,486	108,301
730277	486400 - Project & Operations Dir	1.00	1	83,512	45,282	6,389	135,183
730278	501100 - DVHA Program Consultant	1.00	1	51,293	36,605	3,925	91,823
730279	497800 - Health Reform Enterprise Dir I	1.00	1	64,854	40,316	4,960	110,130
730280	486405 - Project & Operations Spec	1.00	1	67,350	39,820	5,153	112,323
730281	501100 - DVHA Program Consultant	1.00	1	53,144	25,649	4,066	82,859
730282	464920 - DVHA Quality Control Manager	1.00	1	76,689	50,088	5,866	132,643
730283	501100 - DVHA Program Consultant	1.00	1	58,635	45,179	4,485	108,299
730284	148400 - Senior Autism Specialist	1.00	1	76,690	21,363	5,867	103,920
730286	499700 - Medicaid Operations Adm	0.81	1	66,348	47,276	5,075	118,699
730287	442100 - Project Administrator Bluepri	1.00	1	61,069	27,805	4,673	93,547
730288	551800 - Dir of Comm & Leg Affairs	1.00	1	92,768	26,120	7,098	125,986
730289	735200 - Benefits Program Mentor	1.00	1	62,005	38,366	4,743	105,114
730290	735100 - VT Healthcare Service Spec II	1.00	1	53,144	15,342	4,066	72,552
730291	735100 - VT Healthcare Service Spec II	1.00	1	51,293	25,147	3,924	80,364
730292	735100 - VT Healthcare Service Spec II	1.00	1	60,528	45,694	4,631	110,853
730293	735100 - VT Healthcare Service Spec II	1.00	1	51,293	36,605	3,924	91,822
730294	735110 - VT Healthcare Service Spec III	1.00	1	64,085	28,626	4,903	97,614
730295	735100 - VT Healthcare Service Spec II	1.00	1	60,528	37,661	4,631	102,820
730296	735100 - VT Healthcare Service Spec II	1.00	1	51,293	35,453	3,924	90,670
730297	735100 - VT Healthcare Service Spec II	1.00	1	51,293	36,605	3,924	91,822
730298	735000 - VT Healthcare Service Spec I	1.00	1	55,370	36,560	4,235	96,165
730299	735000 - VT Healthcare Service Spec I	1.00	1	48,505	24,387	3,711	76,603
730300	459800 - Health Program Administrator	1.00	1	59,696	37,738	4,566	102,000
730301	464900 - DVHA Program & Oper Auditor	1.00	1	57,616	44,903	4,408	106,927
730302	735100 - VT Healthcare Service Spec II	1.00	1	60,528	27,658	4,631	92,817
730303	735100 - VT Healthcare Service Spec II	1.00	1	51,293	14,840	3,924	70,057

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730304	735000 - VT Healthcare Service Spec I	1.00	1	50,252	24,863	3,844	78,959
730305	735000 - VT Healthcare Service Spec I	1.00	1	48,506	14,080	3,711	66,297
730306	735100 - VT Healthcare Service Spec II	1.00	1	51,293	48,705	3,924	103,922
730307	735100 - VT Healthcare Service Spec II	1.00	1	51,293	36,605	3,924	91,822
730308	735000 - VT Healthcare Service Spec I	1.00	1	48,506	35,842	3,710	88,058
730309	735200 - Benefits Program Mentor	1.00	1	62,005	28,060	4,743	94,808
730310	735000 - VT Healthcare Service Spec I	1.00	1	50,252	42,899	3,844	96,995
730313	735100 - VT Healthcare Service Spec II	1.00	1	51,293	36,605	3,924	91,822
730314	735100 - VT Healthcare Service Spec II	1.00	1	51,293	36,605	3,924	91,822
730315	735000 - VT Healthcare Service Spec I	1.00	1	57,138	26,737	4,372	88,247
730316	735000 - VT Healthcare Service Spec I	1.00	1	48,506	14,081	3,710	66,297
730317	735000 - VT Healthcare Service Spec I	1.00	1	48,506	35,842	3,710	88,058
730318	735110 - VT Healthcare Service Spec III	1.00	1	64,085	46,662	4,903	115,650
730319	735000 - VT Healthcare Service Spec I	1.00	1	55,370	36,560	4,235	96,165
730320	735000 - VT Healthcare Service Spec I	1.00	1	50,253	24,864	3,844	78,961
730321	735100 - VT Healthcare Service Spec II	1.00	1	60,528	27,658	4,631	92,817
730322	735100 - VT Healthcare Service Spec II	1.00	1	64,542	46,786	4,938	116,266
730323	512100 - Long Term Care Specialist I	1.00	1	51,292	36,606	3,924	91,822
730324	735000 - VT Healthcare Service Spec I	1.00	1	57,138	37,043	4,372	98,553
730325	735500 - Healthcare Assistant Admin II	1.00	1	74,256	31,020	5,681	110,957
730326	735110 - VT Healthcare Service Spec III	1.00	1	64,085	46,341	4,903	115,329
730327	208800 - Business Analyst	1.00	1	72,176	30,466	5,522	108,164
730328	735000 - VT Healthcare Service Spec I	1.00	1	51,875	25,304	3,969	81,148
730329	735400 - VT Healthcare Srvc Supervisor	1.00	1	63,398	18,132	4,850	86,380
730330	735500 - Healthcare Assistant Admin II	1.00	1	69,534	48,144	5,320	122,998
730331	735100 - VT Healthcare Service Spec II	1.00	1	56,680	26,611	4,335	87,626
730332	735200 - Benefits Program Mentor	1.00	1	62,005	38,366	4,743	105,114
730333	735100 - VT Healthcare Service Spec II	1.00	1	51,293	25,147	3,924	80,364
730334	735000 - VT Healthcare Service Spec I	1.00	1	48,506	14,081	3,710	66,297
730335	735100 - VT Healthcare Service Spec II	1.00	1	60,528	37,964	4,631	103,123

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730336	735110 - VT Healthcare Service Spec III	1.00	1	58,136	27,007	4,447	89,590
730337	735200 - Benefits Program Mentor	1.00	1	64,085	17,998	4,903	86,986
730338	735100 - VT Healthcare Service Spec II	1.00	1	53,144	35,955	4,066	93,165
730339	735110 - VT Healthcare Service Spec III	1.00	1	56,410	26,537	4,315	87,262
730340	459800 - Health Program Administrator	1.00	1	57,616	38,238	4,408	100,262
730341	735100 - VT Healthcare Service Spec II	1.00	1	51,293	36,604	3,923	91,820
730342	735300 - Fair Hearing Specialist	1.00	1	54,288	25,961	4,154	84,403
730343	208800 - Business Analyst	1.00	1	63,399	18,132	4,851	86,382
730344	004700 - Program Technician I	1.00	1	53,311	36,001	4,078	93,390
730345	735000 - VT Healthcare Service Spec I	1.00	1	51,875	35,610	3,969	91,454
730346	536900 - VHC Support Services Spec	1.00	1	54,912	26,130	4,201	85,243
730347	735000 - VT Healthcare Service Spec I	1.00	1	48,506	26,396	3,710	78,612
730348	536900 - VHC Support Services Spec	1.00	1	60,528	17,048	4,630	82,206
730349	735100 - VT Healthcare Service Spec II	1.00	1	51,293	25,147	3,924	80,364
730352	512300 - Long Term Care Specialist III	1.00	1	78,936	32,665	6,038	117,639
730353	512200 - Long Term Care Specialist II	1.00	1	78,748	32,615	6,024	117,387
730354	512200 - Long Term Care Specialist II	1.00	1	64,084	28,628	4,904	97,616
730355	503400 - Benefits Progrms Administrator	1.00	1	89,752	35,156	6,866	131,774
730356	512300 - Long Term Care Specialist III	1.00	1	72,676	41,270	5,560	119,506
730357	512100 - Long Term Care Specialist I	1.00	1	51,292	36,606	3,924	91,822
730358	512200 - Long Term Care Specialist II	1.00	1	64,084	46,342	4,904	115,330
730359	459900 - ESD Health Care Elig Dir	1.00	1	105,601	40,096	8,078	153,775
730360	735500 - Healthcare Assistant Admin II	1.00	1	79,269	42,664	6,064	127,997
730361	464920 - DVHA Quality Control Manager	1.00	1	81,910	43,370	6,267	131,547
730362	512100 - Long Term Care Specialist I	1.00	1	54,912	26,134	4,200	85,246
730363	512100 - Long Term Care Specialist I	1.00	1	54,912	44,166	4,201	103,279
730364	512300 - Long Term Care Specialist III	1.00	1	67,974	29,686	5,200	102,860
730365	503405 - Healthcare Programs Director	1.00	1	99,029	48,437	7,576	155,042
730366	459800 - Health Program Administrator	1.00	1	57,616	38,334	4,407	100,357
730367	512200 - Long Term Care Specialist II	1.00	1	68,370	40,098	5,230	113,698

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730368	512200 - Long Term Care Specialist II	1.00	1	60,070	45,570	4,596	110,236
730369	512100 - Long Term Care Specialist I	1.00	1	53,144	25,652	4,064	82,860
730370	735510 - Healthcare Assistant Admin I	1.00	1	67,975	29,343	5,200	102,518
730371	512100 - Long Term Care Specialist I	1.00	1	53,144	25,652	4,064	82,860
730372	512350 - Long Term Care Medicaid Super	1.00	1	74,692	31,512	5,714	111,918
730373	512200 - Long Term Care Specialist II	1.00	1	64,084	38,934	4,904	107,922
730374	512100 - Long Term Care Specialist I	1.00	1	51,292	36,606	3,924	91,822
730375	735510 - Healthcare Assistant Admin I	1.00	1	72,675	48,634	5,560	126,869
730377	503400 - Benefits Progrms Administrator	1.00	1	86,861	52,856	6,645	146,362
730378	735500 - Healthcare Assistant Admin II	1.00	1	79,268	43,064	6,064	128,396
730379	735500 - Healthcare Assistant Admin II	1.00	1	79,269	21,595	6,065	106,929
730381	464910 - DVHA Healthcare QC Auditor	1.00	1	65,873	29,112	5,040	100,025
730382	512100 - Long Term Care Specialist I	1.00	1	53,144	15,344	4,064	72,552
730383	512100 - Long Term Care Specialist I	1.00	1	72,342	48,910	5,534	126,786
730384	512200 - Long Term Care Specialist II	1.00	1	60,070	45,570	4,596	110,236
730385	512350 - Long Term Care Medicaid Super	1.00	1	81,620	43,702	6,244	131,566
730388	512100 - Long Term Care Specialist I	1.00	1	68,224	47,448	5,220	120,892
730389	735510 - Healthcare Assistant Admin I	1.00	1	70,304	48,001	5,379	123,684
730390	735500 - Healthcare Assistant Admin II	1.00	1	74,256	49,428	5,679	129,363
730391	735510 - Healthcare Assistant Admin I	1.00	1	57,616	38,334	4,408	100,358
730392	735510 - Healthcare Assistant Admin I	1.00	1	65,873	18,806	5,039	89,718
730393	735510 - Healthcare Assistant Admin I	1.00	1	65,873	31,120	5,040	102,033
730394	735100 - VT Healthcare Service Spec II	1.00	1	60,528	27,658	4,631	92,817
730395	735400 - VT Healthcare Srvc Supervisor	1.00	1	61,069	39,178	4,672	104,919
730396	735100 - VT Healthcare Service Spec II	1.00	1	51,293	36,605	3,924	91,822
730397	089280 - Administrative Srvcs Mngr III	1.00	1	68,994	18,801	5,278	93,073
730398	735110 - VT Healthcare Service Spec III	1.00	1	64,085	18,319	4,903	87,307
730399	735100 - VT Healthcare Service Spec II	1.00	1	53,144	25,649	4,066	82,859
730400	459800 - Health Program Administrator	1.00	1	67,975	29,344	5,199	102,518
730401	735200 - Benefits Program Mentor	1.00	1	58,136	45,043	4,447	107,626

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Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
730402	735400 - VT Healthcare Srvc Supervisor	1.00	1	72,176	48,501	5,522	126,199
730403	735500 - Healthcare Assistant Admin II	1.00	1	76,690	31,671	5,865	114,226
730404	735400 - VT Healthcare Srvc Supervisor	1.00	1	69,825	48,223	5,341	123,389
730405	735200 - Benefits Program Mentor	1.00	1	56,410	26,537	4,315	87,262
730406	735400 - VT Healthcare Srvc Supervisor	1.00	1	72,176	20,519	5,522	98,217
730407	735500 - Healthcare Assistant Admin II	1.00	1	71,885	48,782	5,498	126,165
730408	459800 - Health Program Administrator	1.00	1	67,975	39,990	5,200	113,165
730409	735400 - VT Healthcare Srvc Supervisor	1.00	1	65,437	28,994	5,006	99,437
730410	735110 - VT Healthcare Service Spec III	1.00	1	64,085	38,932	4,903	107,920
730411	735200 - Benefits Program Mentor	1.00	1	64,085	28,626	4,903	97,614
730412	735100 - VT Healthcare Service Spec II	1.00	1	51,293	36,605	3,924	91,822
730413	735110 - VT Healthcare Service Spec III	1.00	1	64,085	46,662	4,903	115,650
730414	735100 - VT Healthcare Service Spec II	1.00	1	53,144	43,685	4,066	100,895
730415	735600 - HAEEU Cust Eligibility&Support	1.00	1	81,453	50,978	6,231	138,662
730416	735000 - VT Healthcare Service Spec I	1.00	1	62,692	28,247	4,796	95,735
730417	735100 - VT Healthcare Service Spec II	1.00	1	62,566	28,213	4,787	95,566
730419	089420 - Administrative Srvcs Dir IV	1.00	1	116,916	57,516	8,944	183,376
730420	735500 - Healthcare Assistant Admin II	1.00	1	79,268	50,792	6,063	136,123
730421	735400 - VT Healthcare Srvc Supervisor	1.00	1	74,693	41,817	5,714	122,224
730422	735400 - VT Healthcare Srvc Supervisor	1.00	1	63,398	46,475	4,850	114,723
730423	735100 - VT Healthcare Service Spec II	1.00	1	60,528	17,351	4,631	82,510
730424	089230 - Administrative Srvcs Cord II	1.00	1	51,293	36,605	3,924	91,822
730425	735200 - Benefits Program Mentor	1.00	1	66,331	39,542	5,074	110,947
730426	735400 - VT Healthcare Srvc Supervisor	1.00	1	61,069	39,280	4,672	105,021
730427	735100 - VT Healthcare Service Spec II	1.00	1	51,293	14,840	3,924	70,057
730428	735400 - VT Healthcare Srvc Supervisor	1.00	1	72,176	30,827	5,520	108,523
730429	735100 - VT Healthcare Service Spec II	1.00	1	58,635	37,448	4,486	100,569
730430	735100 - VT Healthcare Service Spec II	1.00	1	58,635	45,178	4,486	108,299
730431	735300 - Fair Hearing Specialist	1.00	1	54,288	37,424	4,154	95,866
730433	735500 - Healthcare Assistant Admin II	1.00	1	76,690	42,360	5,867	124,917

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730434	735100 - VT Healthcare Service Spec II	1.00	1	58,635	27,142	4,486	90,263
730435	735100 - VT Healthcare Service Spec II	1.00	1	54,912	14,972	4,200	74,084
730436	735200 - Benefits Program Mentor	1.00	1	54,288	37,425	4,154	95,867
730437	735300 - Fair Hearing Specialist	1.00	1	54,288	37,424	4,154	95,866
730438	735100 - VT Healthcare Service Spec II	1.00	1	53,144	35,955	4,066	93,165
730439	536900 - VHC Support Services Spec	1.00	1	54,912	36,436	4,201	95,549
730440	735100 - VT Healthcare Service Spec II	1.00	1	58,635	16,835	4,486	79,956
730441	735110 - VT Healthcare Service Spec III	1.00	1	54,288	37,424	4,153	95,865
730442	735200 - Benefits Program Mentor	1.00	1	62,005	28,060	4,743	94,808
730443	735300 - Fair Hearing Specialist	1.00	1	64,085	28,304	4,904	97,293
730444	735300 - Fair Hearing Specialist	1.00	1	64,085	28,625	4,902	97,612
730446	735300 - Fair Hearing Specialist	1.00	1	60,070	27,534	4,595	92,199
730447	735100 - VT Healthcare Service Spec II	1.00	1	51,293	14,840	3,924	70,057
730448	464900 - DVHA Program & Oper Auditor	1.00	1	67,974	29,683	5,201	102,858
730449	499105 - Senior Policy & Implementation	1.00	1	68,994	41,449	5,277	115,720
730450	454200 - Dir Healthcare Policy&Planning	1.00	1	109,283	58,593	8,359	176,235
730451	735500 - Healthcare Assistant Admin II	1.00	1	94,370	46,697	7,219	148,286
730452	735500 - Healthcare Assistant Admin II	1.00	1	74,256	49,429	5,680	129,365
730453	081550 - Appeals Manager	1.00	1	81,910	43,780	6,266	131,956
730454	454205 - Deputy Dir Medicaid Policy	1.00	1	81,349	43,627	6,223	131,199
730455	735500 - Healthcare Assistant Admin II	1.00	1	81,910	51,511	6,267	139,688
730456	089130 - Financial Director I	1.00	1	89,752	35,158	6,867	131,777
730457	034550 - HCR Integration Manager	1.00	1	89,066	46,943	6,813	142,822
730458	089090 - Financial Manager II	1.00	1	74,256	31,020	5,681	110,957
730459	735700 - Healthcare Eligib & Enorll Dir	1.00	1	112,882	31,782	8,635	153,299
730460	494000 - Exchange Project Director	1.00	1	110,198	59,204	8,431	177,833
730461	089080 - Financial Manager I	1.00	1	67,684	29,604	5,178	102,466
730462	089240 - Administrative Srvcs Cord III	1.00	1	64,084	28,628	4,904	97,616
730463	459500 - Provider Relations Specialist	1.00	1	62,005	46,096	4,743	112,844
730464	410300 - Workforce Management Coord II	1.00	1	67,975	47,720	5,200	120,895

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730465	330310 - VHC Business Process Coord	1.00	1	74,256	49,056	5,681	128,993
730466	735800 - Healthcare Deputy Dir of Ops	1.00	1	95,909	55,318	7,338	158,565
730467	486400 - Project & Operations Dir	1.00	1	83,512	45,424	6,388	135,324
730468	498800 - Medicaid Fiscal Analyst	1.00	1	57,616	38,336	4,408	100,360
730469	735750 - Business Reporting Admin	1.00	1	79,269	50,792	6,064	136,125
730470	857300 - Communications & Notices Mgr	1.00	1	74,256	49,428	5,681	129,365
730471	208800 - Business Analyst	1.00	1	67,683	29,604	5,177	102,464
730472	089240 - Administrative Srvcs Cord III	1.00	1	62,004	46,098	4,744	112,846
730473	410300 - Workforce Management Coord II	1.00	1	70,304	48,353	5,379	124,036
730474	459800 - Health Program Administrator	1.00	1	59,696	37,738	4,566	102,000
730475	735500 - Healthcare Assistant Admin II	1.00	1	74,256	49,057	5,681	128,994
730476	089280 - Administrative Srvcs Mngr III	1.00	1	78,978	50,713	6,041	135,732
730477	089400 - Administrative Srvcs Dir II	1.00	1	92,748	54,616	7,094	154,458
730478	208800 - Business Analyst	1.00	1	69,825	48,222	5,341	123,388
730479	330320 - Knowledge Management Sys Admin	1.00	1	65,873	29,112	5,040	100,025
730480	410300 - Workforce Management Coord II	1.00	1	63,710	28,524	4,874	97,108
730481	089230 - Administrative Srvcs Cord II	1.00	1	62,006	46,098	4,744	112,848
730482	330320 - Knowledge Management Sys Admin	1.00	1	59,696	27,432	4,566	91,694
730483	406705 - Program Improvement Manager	1.00	1	78,978	32,281	6,041	117,300
730484	735750 - Business Reporting Admin	1.00	1	64,855	40,316	4,961	110,132
730485	330320 - Knowledge Management Sys Admin	1.00	1	61,631	27,958	4,715	94,304
730486	460550 - Oversight & Monitoring Dir	1.00	1	99,028	56,168	7,576	162,772
730487	018000 - Change Management Practitioner	1.00	1	64,854	40,316	4,962	110,132
730488	018000 - Change Management Practitioner	1.00	1	74,256	21,086	5,682	101,024
730489	018000 - Change Management Practitioner	1.00	1	74,256	49,428	5,681	129,365
730490	089260 - Administrative Srvcs Mngr I	1.00	1	74,693	41,818	5,714	122,225
730491	510000 - Director of Rate Setting	1.00	1	111,114	41,606	8,502	161,222
730492	032950 - Health Facility Auditor II	1.00	1	74,692	20,350	5,714	100,756
730493	514900 - Rate Support Specialist	1.00	1	67,350	29,516	5,152	102,018
730494	033900 - Hlth Fac Sr Audit & Rate Spec	1.00	1	97,156	39,630	7,432	144,218

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Position Number	Classification	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
730495	510010 - Rate Setting Manager	1.00	1	86,860	52,860	6,646	146,366
730496	032950 - Health Facility Auditor II	1.00	1	91,396	46,362	6,992	144,750
730497	032901 - Medicaid Residentl Prgm Audito	1.00	1	61,068	39,282	4,672	105,022
730498	735500 - Healthcare Assistant Admin II	1.00	1	64,854	40,316	4,961	110,131
737001	95010E - Executive Director	1.00	1	160,014	73,024	11,175	244,213
737002	90120A - Commissioner	1.00	1	140,816	73,294	10,772	224,882
737003	90570D - Deputy Commissioner	1.00	1	118,768	54,006	9,085	181,859
737004	90570D - Deputy Commissioner	1.00	1	128,878	35,306	9,858	174,042
737006	91590E - Private Secretary	1.00	1	228,010	50,886	12,159	291,055
737008	95866E - Staff Attorney I	1.00	1	58,906	16,714	4,506	80,126
737015	95867E - Staff Attorney II	1.00	1	95,826	34,468	7,332	137,626
737016	95870E - General Counsel I	1.00	1	115,982	15,292	8,872	140,146
737017	95360E - Principal Assistant	1.00	1	125,008	35,100	9,563	169,671
737018	95867E - Staff Attorney II	1.00	1	80,310	43,480	6,144	129,934
737028	95866E - Staff Attorney I	1.00	1	60,216	37,984	4,608	102,808
737036	95868E - Staff Attorney III	1.00	1	89,836	46,088	6,872	142,796
737037	95869E - Staff Attorney IV	1.00	1	99,882	38,530	7,641	146,053
737038	95869E - Staff Attorney IV	1.00	1	102,461	49,545	7,838	159,844
737100	96700E - Director Blueprint for Health	1.00	1	209,810	86,653	11,897	308,360
Total		**372.46**	**375**	**27,380,478**	**14,430,152**	**2,084,123**	**43,894,756**

Fund Code	Fund Name	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
10000	General Fund		155	11,235,509	5,891,763	851,303	17,978,577
20405	Global Commitment Fund	8.80	6	576,917	274,772	44,135	895,824
21500	Inter-Unit Transfers Fund		2	170,855	89,984	13,073	273,912
21916	Vermont Health IT Fund		0	41,675	23,426	3,188	68,289
22005	Federal Revenue Fund	363.66	211	15,355,522	8,150,207	1,172,424	24,678,154
Total		**372.46**	**375**	**27,380,478**	**14,430,152**	**2,084,123**	**43,894,756**

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FY2024 Governor's Recommended Budget
Position Summary Report

Note: Numbers may not sum to total due to rounding.

State of Vermont
FY2024 Governor's Recommended Budget
Interdepartmental Transfers Inventory Report

3410010000 - DVHA - Administration

Budget Request Code	Fund	Justification	Budgeted Amount
13508	21500	DHM MOU	$10,328
13508	21500	AOA MOU	$20,000
13508	21500	CCB MOU	$20,000
13508	21500	VDH MOU	$705,040
13508	21500	AHS MOU	$3,917,024
		Total	**$4,672,392**

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Federal Receipts Inventory Report

3410010000 - DVHA - Administration

Budget Request Code	Fund	Justification	Budgeted Amount
12941	22005	CFDA #93.778; Medicaid Admin; #37700	$134,621,243
		Total	**$134,621,243**

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FY2024 Governor's Recommended Budget
Federal Receipts Inventory Report

VERMONT

3410018000 - DVHA - Medicaid/Non-Waiver Matched Programs

Budget Request Code	Fund	Justification	Budgeted Amount
12942	22005	CFDA #93.767; CHIP; #37720	$6,458,717
12942	22005	CFDA #93.778; Medicaid Non-Waiver; #37710	$15,528,686
		Total	**$21,987,403**

FY2024

Acronyms

| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V |

A

AAA	Area Agency on Aging
AABD	Aid to the Aged, Blind or Disabled
ABD	Aged Blind and Disabled
ACA	Affordable Care Act
ACO	Accountable Care Organization
AHS	Agency of Human Services
APM	All-Payer Model

B

BAA	Budget Adjustment Act
BC/BS	Blue Cross/Blue Shield
BCBSVT	Blue Cross/Blue Shield of Vermont
BD	Blind and Disabled

C

CAH	Critical Access Hospital
CAHPS	Consumer Assessment of Health Plans Survey
CDC	Centers for Disease Control and Prevention (Federal)
CHC	Community Health Centers
CHIP	Children's Health Insurance Program
CHIPRA	Children's Health Insurance Program Re-Authorization Act
CMMI	Center for Medicare and Medicaid Innovation (Federal)
CMS	Centers for Medicare and Medicaid Services (Federal)
COBRA	Consolidated Omnibus Reconciliation Act of 1986 (health coverage)
COLA	Cost Of Living Adjustment
COU	Clinical Operations Unit
CPC	Certified Professional Coder
CPT	Common Procedural Terminology
CRT	Community Rehabilitation and Treatment
CURB	Clinical Utilization Review Board

D

DA	Designated Agency
DAIL	Department of Disabilities, Aging and Independent Living
DCF	Department for Children and Families
DD	Developmental Disabilities
DME	Durable Medical Equipment
DMH	Department of Mental Health
DOB	Date Of Birth
DR. D	Dr. Dynasaur Program
DS	Developmental Services
DSH	Disproportionate Share Hospital
DSHP	Designated State Health Plan
DURB	Drug Utilization Review Board
DVHA	Department of Vermont Health Access

E

E&E	Eligibility & Enrollment
EHB	Essential Health Benefits
EHR	Electronic Health Record
EMR	Electronic Medical Record
EMS	Emergency Medical Services
EOB	Explanation Of Benefits
EPSDT	Early and Periodic Screening, Diagnosis and Treatment

F

FFS	Fee for Service
FICA	Federal Insurance Contribution Act
FMAP	Federal Medical Assistance Percentage
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center
FYE	Fiscal Year End

G

GA	General Assistance
GA/EA	General Assistance/Emergency Assistance
GC	Global Commitment Waiver
GF	General Fund
GMC	Green Mountain Care/Medicaid
GMCB	Green Mountain Care Board
GME	Graduate Medical Education

H

HAEEU	Health Access Eligibility and Enrollment Unit
HBE or VHC	Health Benefits Exchange
HBEE Rule	Health Benefits Eligibility and Enrollment Rule
HCBS	Home and Community-Based Services
HCPCS	Healthcare Common Procedure Coding System
HEDIS	Healthcare Effectiveness Data and Information Set
HHS	Health and Human Services (U.S. Department of, Federal)
HIE	Health Information Exchange
HIN	Health Information Network
HIPAA	Health Insurance Portability and Accountability Act
HIT	Health Information Technology
HITECH	Health Information Technology for Economic and Clinical Health Act (Federal)
HMO	Health Maintenance Organization
HRSA	Health Resources and Services Administration (Federal)
HSB	Human Services Board

I

ICD	International Classification of Diseases (diagnosis codes and surgical codes)
ICD-10	ICD 10th Edition (current version)-clinical modification
ICU/ICS	Intensive Care Unit
IDN	Integrated Delivery Network
IDS	Integrated Delivery System

IEP	Initial Enrollment Period
IFS	Integrating Family Services
IGA	Inter-Governmental Agreements
IPPS	Inpatient Prospective Payment System
IRB	Institutional Review Board
IV&V	Independent Verification & Validation

J

JFO	Joint Fiscal Office

K

KPI	Key Performance Indicator

L

LOC	Level Of Care
LOE	Level Of Effort
LOS	Length Of Stay
LSI	Level of Services Inventory
LTC	Long-Term Care

M

MA	Medicare Advantage
MAA	Medical Assistance for the Aged
MAGI	Modified Adjusted Gross Income
MAT	Medication Assisted Treatment
MBES	Medicaid Budget and Expenditure System
MCA	Medicaid for Children and Adults
MCIS	Managed Care Information System
MCO	Managed Care Organization
MDAR	Modern Data Analytics and Reporting
MDWAS	Medicaid Data Warehouse and Analytics Solution
MEAC	Medicaid and Exchange Advisory Committee
MEG	Medicaid Eligibility Group
MEQC	Medicaid Eligibility Quality Control

MES	Medicaid Enterprise Solution
MFCU	Medicaid Fraud and Control Unit
MFRAU	Medicaid Fraud and Residential Abuse Unit
MMA	Medicare Modernization Act
MMIS	Medicaid Management Information System
MOE	Maintenance Of Eligibility
MOS	Medicaid Operations Services
MSP	Medicare Savings Programs

N

NAMI	National Association for Mental Illness
NCQA	National Committee for Quality Assurance
ND	Doctor of Naturopathic Medicine
NDC	National Drug Code
NEMT	Non-Emergency Medical Transportation
NIMH	National Institute of Mental Health
NOD	Notice Of Decision
NP	Nurse Practitioner
NPI	National Provider Identifier

O

ONC	Office of National Coordinator for Health Information Technology
OPPS	Outpatient Prospective Payment System
OTC	Over The Counter

P

PA	Prior Authorization
PBA	Pharmacy Benefits Administrator
PBM	Pharmacy Benefits Manager
PBMS	Pharmacy Benefits Management System
PBSA	Pharmacy Benefits Services Administration
PCA	Personal Care Attendant
PCMH	Patient-Centered Medical Home
PCP	Primary Care Provider

PDL	Preferred Drug List
PDP	Prescription Drug Plan
PHI	Protected Health Information
PHO	Physician Hospital Organization
PMM	Provider Management Module
PMPM	Per Member Per Month
PMPY	Per Member Per Year
PNA	Personal Needs Allowance
PNI	Personal Needs Issuance
PNMI	Private Non-Medical Institution
POC	Plan Of Care
POS	Place of Service
PPO	Preferred Provider Organization
PQRS	Physician Quality Reporting System

Q

QHP	Qualified Health Plan
QMB	Qualified Medicare Beneficiary

R

RBRVS	Resource-Based Relative Value Scale
REOMB	Recipient Explanation of Medicaid Benefits
RetroDUR	Retrospective Drug Utilization Review
RFI	Request For Information
RFP	Request For Proposals
RHC	Rural Health Clinic

S

SAMHSA	Substance Abuse and Mental Health Services Administration
SASH	Support And Services at Home
SBE	State Health Benefit Exchange
SBM	State-Based Marketplace
SCHIP	State Children's Health Insurance Program (Plan)

SEP	Special Enrollment Period
SFY	State Fiscal Year
SHIP	State Health Insurance Assistance Program
SIU	Special Investigation Unit
SLA	Service Level Agreement
SMI	Supplementary Medical Insurance
SNF	Skilled Nursing Facility
SNOMED	Systematized Nomenclature of Medicine
SOV	State Of Vermont
SPA	State Plan Amendment
SPAP	State Pharmaceutical Assistance Program
SSDC	Sovereign States Drug Consortium
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSI/AABD	Supplemental Security Income/Aid to Aged, Blind or Disabled
SSN	Social Security Number

T

TCR	Therapeutic Class Review
TCS	Therapeutic Classification
TIN	Taxpayer Identification Number
TM	Transitional Medicaid
TPA	Third Party Administrator
TPCM	Third Party Claim Management
TPL	Third Party Liability

U

UBP	Uniform Benefit Package
UR	Utilization Review
URC	Utilization Review Committee

V

VCHIP	Vermont Child Health Improvement Program
VCSA	Vermont Cost Sharing Assistance

VCSR	Vermont Cost Sharing Reduction
VDH	Vermont Department of Health
VHBE	Vermont Health Benefit Exchange
VHC	Vermont Health Connect
VHCA	Vermont Healthcare Association
VHCIP	Vermont Healthcare Innovation Project
VHCURES	Vermont Healthcare Claims Uniform Reporting and Evaluation System
VNA	Visiting Nurses Association
VPharm	VT Pharmacy Program
VPQHC	Vermont Program for Quality in Healthcare