
**Report to
The Vermont Legislature**

Medicaid Program Enrollment and Expenditures Quarterly Report

In Accordance with 33 V.S.A. § 1901f

Submitted to: The General Assembly

Submitted by: Jenney Samuelson, Secretary
Agency of Human Services

Prepared by: Richard Donahey, Chief Financial Officer
Agency of Human Services

Report Date: March 1, 2023

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BACKGROUND

In accordance with 33 V.S.A. § 1901f, a quarterly report on enrollment and total expenditures by Medicaid eligibility group for all programs paid for by the Department of Vermont Health Access shall be submitted to the General Assembly by March 1, June 1, September 1, and December 1 of each year. To the extent such information is available, total expenditures for Medicaid-related programs paid for by other departments within the Agency of Human Services shall be included.

KEY TERMS

Caseload: Average monthly member enrollment

PMPM: Per Member Per Month

MEG: Medicaid Eligibility Group

ABD Adult: Beneficiaries aged 19 or older; categorized as aged, blind, disabled, and/or medically needy

ABD Dual: Beneficiaries eligible for both Medicare and Medicaid; categorized as aged, blind, disabled, and/or medically needy

General Adult: Beneficiaries age 19 or older; pregnant women or parents/caretaker relatives of minor children receiving cash assistance and those receiving transitional Medicaid after the receipt of cash assistance

New Adult Childless: Beneficiaries age 19 or older and under 65; who are at or below 133% of the FPL who do not have dependent children

New Adult w/Child: Beneficiaries age 19 or older and under 65; who are at or below 133% of the FPL who have dependent children

BD Child: Beneficiaries under age 19; categorized as blind, disabled, and/or medically needy

General Child: Beneficiaries under age 19, and below the protected income level, categorized as those eligible for cash assistance including Reach Up (Title V) and foster care payments (Title IV-E)

Underinsured Child: Beneficiaries under age 19 with household income 237-312% FPL with other (primary) insurance

CHIP: Children's Health Insurance Program; Beneficiaries under age 19 with household income 237-312% FPL with no other insurance

Dr. Dynasaur Expansion: A new, state-funded health care program for pregnant individuals and children under age 19 who have an immigration status for which Vermont Medicaid is not available (except for Emergency Medicaid).

Vermont Premium Assistance: Individuals enrolled in qualified health plans (QHP) with incomes at or below 300% FPL

Vermont Cost Sharing: Individuals enrolled in qualified health plans (QHP) with incomes at or below 300% FPL

Pharmacy Only: Assistance to help pay for prescription medicines based on income, disability status, and age

Choices for Care (Traditional): Vermont's Long-Term Care Medicaid Program for Vermonters in nursing homes, home-based settings, and/or enhanced residential care (ERC)

Choices for Care (Acute): Long-Term Care Medicaid for Vermonters who would otherwise qualify for Choices for Care (Traditional), but who are currently receiving a lower level of care

MEDICAID PROGRAM ENROLLMENT AND EXPENDITURES

Agency of Human Services Caseload and Expenditure Report

DVHA Only YTD SFY 2023

Medicaid Eligibility Group	SFY2023 As Passed			SFY2023 Actuals Through December 31, 2022			% of Exp B
	Caseload	Budget	PMPM	Caseload	Expenses	PMPM	
ABD Adult	6,218	\$ 52,849,651	\$ 708.29	5,998	\$ 32,857,687	\$ 913.0	
ABD Dual	18,340	\$ 49,356,433	\$ 224.27	18,436	\$ 25,997,951	\$	
General Adult	12,965	\$ 70,796,604	\$ 455.05	18,552	\$ 46,937,526		
New Adult Childless	45,289	\$ 248,653,582	\$ 457.53	50,319	\$ 140,		
New Adult w/Child	25,192	\$ 123,561,053	\$ 408.73	25,570	\$		
BD Child	1,477	\$ 18,582,270	\$ 1,048.42				
General Child	62,082	\$ 107,930,700	\$ 225.42				
Underinsured Child	537	\$ 565,707	\$				
CHIP	4,523	\$ 10,145,275	\$				
Dr. D Expansion - State Only	122	\$ 1,400	\$				
Vermont Premium Assistance	15,937						
Vermont Cost Sharing							
Pharmacy Only							
Choices for Care - Traditional							
Choices for Care - Acute							
Total Medicaid							

All AHS YTD SFY 2023

Medicaid Eligibility Group	SFY2023 As Passed			SFY2023 Actuals Through December 31, 2022			% of Expenses to Budget Line Item	Ending Enrollment as of December 2022
	Caseload	Budget	PMPM	Caseload	Expenses	PMPM		
ABD Adult	6,218	\$ 156,446,796	\$ 2,096.69	5,998	\$ 81,354,142	\$ 2,260.59	52.00%	5,985
ABD Dual	18,340	\$ 262,358,091	\$ 1,192.10	18,436	\$ 125,850,839	\$ 1,137.72	47.97%	18,432
General Adult	12,965	\$ 90,054,072	\$ 578.83	18,552	\$ 56,300,551	\$ 505.79	62.52%	18,371
New Adult Childless	45,289	\$ 290,045,155	\$ 533.69	50,319	\$ 159,140,509	\$ 527.11	54.87%	50,727
New Adult w/Child	25,192	\$ 141,193,231	\$ 467.06	25,570	\$ 69,561,733	\$ 453.41	49.27%	26,258
BD Child	1,477	\$ 40,598,625	\$ 2,290.60	1,450	\$ 16,964,955	\$ 1,949.55	41.79%	1,416
General Child	62,082	\$ 323,664,490	\$ 434.46	62,279	\$ 166,501,488	\$ 445.58	51.44%	62,159
Underinsured Child	537	\$ 1,067,728	\$ 165.69	638	\$ 493,347	\$ 128.91	46.21%	628
CHIP	4,523	\$ 13,444,637	\$ 247.71	4,710	\$ 6,828,510	\$ 241.64	50.79%	4,633
Dr. D Expansion - State Only	122	\$ 1,400,000	\$ 956.28	46	\$ 24,234	\$ 88.45	1.73%	53
Vermont Premium Assistance	15,937	\$ 5,615,851	\$ 29.36	10,140	\$ 1,955,249	\$ 32.14	34.82%	9,728
Vermont Cost Sharing	3,236	\$ 1,130,724	\$ 29.12	3,077	\$ 533,600	\$ 28.90	47.19%	2,975
Pharmacy Only	9,762	\$ 5,244,195	\$ 44.77	9,318	\$ 2,329,160	\$ 41.66	44.41%	9,285
Choices for Care - Traditional	4,409	\$ 262,072,043	\$ 4,953.35	4,648	\$ 127,840,592	\$ 4,584.40	48.78%	4,576
Choices for Care - Acute	4,409	\$ 48,161,511	\$ 910.29	4,524	\$ 23,239,911	\$ 856.11	48.25%	4,458
Total Medicaid	206,853	\$ 1,642,497,150	\$ 661.70	212,102	\$ 838,918,820	\$ 659.21	51.08%	212,251

The Vermont Cost Sharing Reduction (VCSR) population are also eligible for Vermont Premium Assistance (VPA) and the caseload counts are included in the VPA caseload counts and are not duplicatively reflected in the total. The budget and expenses are specific to each program.

The Choices for Care Acute caseload counts are included within the Choices for Care Traditional caseload counts. The Choices for Care Traditional caseload also includes the Waiver Moderate only population. The Waiver Moderate only population are categorically ineligible for Acute Medicaid services.