
**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: Mike Smith, Secretary
Agency of Human Services**

**Prepared by: Cory Gustafson, Commissioner
Department of Vermont Health Access**

**Report Date: December 1st, 2019
(revised December 2nd, 2019)**



TABLE OF CONTENTS

BACKGROUND	2
KEY TERMS	2
MEDICAID PROGRAM ENROLLMENT AND EXPENDITURES	4

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 age 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
- Sunsetted Programs:** Expenditures still being incurred for programs no longer active such as VHAP, VHAP ESL, and Catamount.
- 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

The Department of Vermont Health Access Caseload and Expenditure Report All AHS and AOE YTD SFY'20

Medicaid Eligibility Group	SFY'20 As Passed			SFY'20 Actuals Thru September 30, 2019			% of Expenses to Budget Line Item
	Caseload	Budget	PMPM	Caseload	Expenses	PMPM	
ABD Adult	6,031	\$ 140,899,312	\$ 1,946.88	6,359	\$ 34,945,235	\$ 1,831.70	24.80%
ABD Dual	17,804	\$ 232,065,960	\$ 1,086.21	17,375	\$ 58,594,191	\$ 1,124.09	25.25%
General Adult	12,867	\$ 88,653,500	\$ 574.17	8,281	\$ 15,353,923	\$ 618.04	17.32%
New Adult Childless	39,273	\$ 229,699,189	\$ 487.40	34,274	\$ 54,066,622	\$ 525.83	23.54%
New Adult w/Child	18,813	\$ 90,771,890	\$ 402.08	19,341	\$ 26,065,791	\$ 449.24	28.72%
BD Child	2,112	\$ 59,706,690	\$ 2,355.85	1,889	\$ 12,822,604	\$ 2,262.68	21.48%
General Child	59,708	\$ 343,868,454	\$ 479.93	57,396	\$ 75,987,765	\$ 441.31	22.10%
Underinsured Child	584	\$ 1,474,509	\$ 210.40	546	\$ 236,723	\$ 144.52	16.05%
CHIP	4,697	\$ 10,270,816	\$ 182.22	4,332	\$ 3,344,770	\$ 257.37	32.57%
Sunsetted Programs		\$ -			\$ 144,935		
Vermont Premium Assistance	19,951	\$ 6,914,219	\$ 28.88	16,326	\$ 1,444,114	\$ 29.49	20.89%
Vermont Cost Sharing	4,052	\$ 1,314,872	\$ 27.04	3,735	\$ 293,989	\$ 26.23	22.36%
Pharmacy Only	10,125	\$ 7,465,318	\$ 61.44	10,177	\$ 324,282	\$ 10.62	4.34%
Choices for Care - Traditional	4,390	\$ 213,712,634	\$ 4,056.81	4,300	\$ 54,936,617	\$ 4,258.65	25.71%
Choices for Care - Acute	4,390	\$ 34,265,489	\$ 650.45	4,300	\$ 8,428,523	\$ 653.37	24.60%
Total Medicaid	196,355	\$ 1,461,082,851	\$ 620.09	180,596	\$ 346,990,083	\$ 640.45	23.75%

The Department of Vermont Health Access
Caseload and Expenditure Report
All AHS YTD SFY'20

Medicaid Eligibility Group	SFY'20 As Passed			SFY'20 Actuals Thru September 30, 2019			% of Expenses to Budget Line Item
	Caseload	Budget	PMPM	Caseload	Expenses	PMPM	
ABD Adult	6,031	\$ 147,857,367	\$ 2,043.02	6,359	\$ 34,725,681	\$ 1,820.20	23.49%
ABD Dual	17,804	\$ 262,468,117	\$ 1,228.51	17,375	\$ 58,547,262	\$ 1,123.19	22.31%
General Adult	12,867	\$ 102,161,665	\$ 661.65	8,281	\$ 15,286,896	\$ 615.34	14.96%
New Adult Childless	39,273	\$ 218,326,967	\$ 463.27	34,274	\$ 54,043,556	\$ 525.60	24.75%
New Adult w/Child	18,813	\$ 73,651,050	\$ 326.24	19,341	\$ 26,065,434	\$ 449.23	35.39%
BD Child	2,112	\$ 50,844,420	\$ 2,006.17	1,889	\$ 10,017,014	\$ 1,767.60	19.70%
General Child	59,708	\$ 304,317,884	\$ 424.73	57,396	\$ 68,540,933	\$ 398.06	22.52%
Underinsured Child	584	\$ 1,215,226	\$ 173.41	546	\$ 194,854	\$ 118.96	16.03%
CHIP	4,697	\$ 14,649,058	\$ 259.90	4,332	\$ 3,010,560	\$ 231.65	20.55%
Sunsetted Programs		\$ -			\$ 144,935		
Vermont Premium Assistance	19,951	\$ 6,914,219	\$ 28.88	16,326	\$ 1,444,114	\$ 29.49	20.89%
Vermont Cost Sharing	4,052	\$ 1,314,872	\$ 27.04	3,735	\$ 293,989	\$ 26.23	22.36%
Pharmacy Only	10,125	\$ 7,465,318	\$ 61.44	10,177	\$ 324,282	\$ 10.62	4.34%
Choices for Care - Traditional	4,390	\$ 213,712,634	\$ 4,056.81	4,300	\$ 54,936,617	\$ 4,258.65	25.71%
Choices for Care - Acute	4,390	\$ 28,719,705	\$ 545.17	4,300	\$ 8,428,523	\$ 653.37	29.35%
Total Medicaid	196,355	\$ 1,433,618,501	\$ 608.43	180,596	\$ 336,004,650	\$ 620.18	23.44%

The Department of Vermont Health Access
Caseload and Expenditure Report
DVHA Only YTD SFY'20

Medicaid Eligibility Group	SFY'20 As Passed			SFY'20 Actuals Thru September 30, 2019			% of Expenses to Budget Line Item
	Caseload	Budget	PMPM	Caseload	Expenses	PMPM	
ABD Adult	6,031	\$ 53,364,028	\$ 737.36	6,359	\$ 13,239,919	\$ 693.99	24.81%
ABD Dual	17,804	\$ 56,831,305	\$ 266.00	17,375	\$ 14,609,510	\$ 280.27	25.71%
General Adult	12,867	\$ 72,488,541	\$ 469.47	8,281	\$ 12,130,836	\$ 488.30	16.73%
New Adult Childless	39,273	\$ 195,378,448	\$ 414.57	34,274	\$ 45,035,891	\$ 438.00	23.05%
New Adult w/Child	18,813	\$ 78,136,341	\$ 346.11	19,341	\$ 22,789,087	\$ 392.77	29.17%
BD Child	2,112	\$ 19,287,093	\$ 761.01	1,889	\$ 5,723,152	\$ 1,009.91	29.67%
General Child	59,708	\$ 150,490,908	\$ 210.04	57,396	\$ 37,980,833	\$ 220.58	25.24%
Underinsured Child	584	\$ 490,900	\$ 70.05	546	\$ 141,926	\$ 86.65	28.91%
CHIP	4,697	\$ 8,439,212	\$ 149.73	4,332	\$ 2,415,446	\$ 185.86	28.62%
Sunsetted Programs					\$ 144,935		
Vermont Premium Assistance	19,951	\$ 6,914,219	\$ 28.88	16,326	\$ 1,444,114	\$ 29.49	20.89%
Vermont Cost Sharing	4,052	\$ 1,314,872	\$ 27.04	3,735	\$ 293,989	\$ 26.23	22.36%
Pharmacy Only	10,125	\$ 7,465,318	\$ 61.44	10,177	\$ 324,282	\$ 10.62	4.34%
Choices for Care - Traditional	4,390	\$ -	\$ -	4,300	\$ -	\$ -	0.00%
Choices for Care - Acute	4,390	\$ 28,269,908	\$ 536.63	4,300	\$ 7,306,579	\$ 566.40	25.85%
Total Medicaid	196,355	\$ 678,871,092	\$ 288.11	180,596	\$ 163,580,499	\$ 301.93	24.10%