
**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: Michael K. Smith, Secretary
Agency of Human Services**

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

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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 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- Sunsetted Programs:** Expenditures still being incurred for programs no longer active such as VHAP, VHAP ESI, and Catamount.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 Medicaid program enrollment and expenditure reports have traditionally reported caseload representative of a year-to-date average monthly member enrollment. The Per Member Per Month (PMPM) is calculated using the average monthly enrollment and expenses/budget for each Medicaid Eligibility Group. Due to the impact of the public health emergency produced by the novel coronavirus, SARS-CoV-2, this report is being revised to include an additional column that indicates point-in-time enrollment, as of the last month of the quarter, into the Medicaid program. The “Ending Enrollment” column was included to communicate the observed increases in enrollment during the public health emergency.

The Department of Vermont Health Access Caseload and Expenditure Report DVHA Only YTD SFY'21

Medicaid Eligibility Group	SFY'21 Restatement As Passed			SFY'21 Actuals Thru September 30, 2020			% of Expenses to Budget Line Item	Ending Enrollment as of September
	Caseload	Budget	PMPM	Caseload	Expenses	PMPM		
ABD Adult	6,475	\$ 61,811,034	\$ 795.51	6,261	\$ 13,688,168	\$ 728.75	22.15%	6,270
ABD Dual	17,439	\$ 57,644,404	\$ 275.46	17,579	\$ 10,879,414	\$ 206.29	18.87%	17,592
General Adult	8,114	\$ 50,275,041	\$ 516.34	9,700	\$ 13,506,651	\$ 464.13	26.87%	9,780
New Adult Childless	35,000	\$ 187,427,978	\$ 446.26	38,886	\$ 50,358,477	\$ 431.68	26.87%	39,172
New Adult w/Child	19,988	\$ 94,734,165	\$ 394.96	23,064	\$ 26,469,606	\$ 382.55	27.94%	23,397
BD Child	1,604	\$ 20,361,380	\$ 1,057.84	1,642	\$ 5,032,541	\$ 1,021.84	24.72%	1,631
General Child	57,698	\$ 164,653,910	\$ 237.81	59,436	\$ 33,884,593	\$ 190.04	20.58%	59,501
Underinsured Child	509	\$ 431,984	\$ 70.72	547	\$ 123,846	\$ 75.52	28.67%	538
CHIP	4,450	\$ 8,934,633	\$ 167.32	4,268	\$ 2,047,929	\$ 159.94	22.92%	4,239
Vermont Premium Assistance	16,515	\$ 5,819,526	\$ 29.36	15,889	\$ 1,459,155	\$ 30.61	25.07%	15,814
<i>Vermont Cost Sharing</i>	3,481	\$ 1,216,331	\$ 29.12	3,232	\$ 470,693	\$ 48.54	38.70%	3,236
Pharmacy Only	9,664	\$ 7,577,935	\$ 65.35	10,086	\$ 1,257,764	\$ 41.57	16.60%	10,098
Choices for Care - Traditional	-	\$ -	\$ -	-	\$ -	\$ -	0.00%	-
<i>Choices for Care - Acute</i>	4,326	\$ 36,642,934	\$ 705.83	4,471	\$ 11,432,453	\$ 852.28	31.20%	4,445
Total Medicaid	181,782	\$ 697,531,255	\$ 319.77	191,830	\$ 170,611,291	\$ 296.46	24.46%	192,477

Pursuant to Sec. E.308 of Act 72 (2019), the Long-Term Care Waiver appropriation (Sec. B.308) was transferred to the Department of Disabilities, Aging, and Independent Living from the Department of Vermont Health Access, effective 07/01/2020. This transfer is required to be reflected in future budget recommendations and as such, the Medicaid Enrollment and Expenditure Quarterly Reports reflect this change beginning with the Quarter 1 State Fiscal Year 2021 Report.

All AHS YTD SFY21

Medicaid Eligibility Group	SFY'21 Restatement As Passed			SFY'21 Actuals Thru September 30, 2020			% of Expenses to Budget Line Item	Ending Enrollment as of September
	Caseload	Budget	PMPM	Caseload	Expenses	PMPM		
ABD Adult	6,475	\$ 151,121,555	\$ 1,944.94	6,261	\$ 33,182,817	\$ 1,766.64	21.96%	6,270
ABD Dual	17,439	\$ 236,468,790	\$ 1,129.98	17,579	\$ 50,076,719	\$ 949.54	21.18%	17,592
General Adult	8,114	\$ 63,603,893	\$ 653.23	9,700	\$ 16,924,806	\$ 581.59	26.61%	9,780
New Adult Childless	35,000	\$ 222,379,565	\$ 529.48	38,886	\$ 59,526,632	\$ 510.27	26.77%	39,172
New Adult w/Child	19,988	\$ 107,785,455	\$ 449.38	23,064	\$ 29,992,326	\$ 433.46	27.83%	23,397
BD Child	1,604	\$ 42,707,863	\$ 2,218.82	1,642	\$ 9,023,419	\$ 1,832.17	21.13%	1,631
General Child	57,698	\$ 314,954,688	\$ 454.89	59,436	\$ 60,698,497	\$ 340.42	19.27%	59,501
Underinsured Child	509	\$ 891,605	\$ 145.97	547	\$ 230,036	\$ 140.27	25.80%	538
CHIP	4,450	\$ 11,871,861	\$ 222.32	4,268	\$ 2,601,682	\$ 203.19	21.91%	4,239
Vermont Premium Assistance	16,515	\$ 5,819,526	\$ 29.36	15,889	\$ 1,459,155	\$ 30.61	25.07%	15,814
<i>Vermont Cost Sharing</i>	3,481	\$ 1,216,331	\$ 29.12	3,232	\$ 470,693	\$ 48.54	38.70%	3,236
Pharmacy Only	9,664	\$ 7,577,935	\$ 65.35	10,086	\$ 1,257,764	\$ 41.57	16.60%	10,098
Choices for Care - Traditional	4,457	\$ 232,658,547	\$ 4,350.06	4,632	\$ 50,143,714	\$ 3,608.24	21.55%	4,604
<i>Choices for Care - Acute</i>	4,326	\$ 41,611,012	\$ 801.52	4,471	\$ 12,532,266	\$ 934.27	30.12%	4,445
Total Medicaid	181,913	\$ 1,440,668,626	\$ 659.96	191,991	\$ 328,120,527	\$ 569.68	22.78%	192,636

All AHS and AOE YTD SFY21

Medicaid Eligibility Group	SFY'21 Restatement As Passed			SFY'21 Actuals Thru September 30, 2020			% of Expenses to Budget Line Item	Ending Enrollment as of September
	Caseload	Budget	PMPM	Caseload	Expenses	PMPM		
ABD Adult	6,475	\$ 152,344,291	\$ 1,960.67	6,261	\$ 33,283,345	\$ 1,771.99	21.85%	6,270
ABD Dual	17,439	\$ 236,613,121	\$ 1,130.67	17,579	\$ 50,082,041	\$ 949.64	21.17%	17,592
General Adult	8,114	\$ 63,818,217	\$ 655.43	9,700	\$ 16,940,324	\$ 582.12	26.54%	9,780
New Adult Childless	35,000	\$ 222,481,367	\$ 529.72	38,886	\$ 59,537,935	\$ 510.36	26.76%	39,172
New Adult w/Child	19,988	\$ 107,788,739	\$ 449.39	23,064	\$ 29,994,771	\$ 433.49	27.83%	23,397
BD Child	1,604	\$ 55,465,796	\$ 2,881.64	1,642	\$ 10,009,308	\$ 2,032.35	18.05%	1,631
General Child	57,698	\$ 350,980,456	\$ 506.92	59,436	\$ 65,070,009	\$ 364.93	18.54%	59,501
Underinsured Child	509	\$ 1,150,685	\$ 188.39	547	\$ 256,298	\$ 156.28	22.27%	538
CHIP	4,450	\$ 13,400,423	\$ 250.94	4,268	\$ 2,822,969	\$ 220.48	21.07%	4,239
Vermont Premium Assistance	16,515	\$ 5,819,526	\$ 29.36	15,889	\$ 1,459,155	\$ 30.61	25.07%	15,814
<i>Vermont Cost Sharing</i>	3,481	\$ 1,216,331	\$ 29.12	3,232	\$ 470,693	\$ 48.54	38.70%	3,236
Pharmacy Only	9,664	\$ 7,577,935	\$ 65.35	10,086	\$ 1,257,764	\$ 41.57	16.60%	10,098
Choices for Care - Traditional	4,457	\$ 232,658,547	\$ 4,350.06	4,632	\$ 50,143,714	\$ 3,608.24	21.55%	4,604
<i>Choices for Care - Acute</i>	4,326	\$ 41,641,756	\$ 802.11	4,471	\$ 12,533,433	\$ 934.35	30.10%	4,445
Total Medicaid	181,913	\$ 1,492,957,188	\$ 683.92	191,991	\$ 333,861,759	\$ 579.65	22.36%	192,636

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.