
Medicaid Program Enrollment and Expenditures Report

Q4 SFY 2018

Quarterly Report to the General Assembly Pursuant to 33 V.S.A. § 1901f

Al Gobeille, Secretary
Vermont Agency of Human Services

Cory Gustafson, Commissioner
Department of Vermont Health Access

August 31, 2018



Key Terms

Caseload – Average monthly member enrollment

MEG – Medicaid Eligibility Group

ABD Adult and Acute CFC – 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 - Beneficiaries age 19 or older and under 65; who are at or below 133% of the FPL

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

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 or under 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

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

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

PMPM – Per Member Per Month

The Department of Vermont Health Access
Caseload and Expenditure Report ~ All AHS and AoE Medicaid Expenditures
All AHS and AoE YTD '18

	SFY '18 BAA			SFY '18 Actuals thru June 30, 2018			% of Expenses to Budget Line Item
	Caseload	Budget	PMPM	Caseload	Expenses	PMPM	
ABD Adult and Acute CFC	7,218	\$ 182,809,143	\$ 2,110.45	6,799	\$ 167,609,124	\$ 2,054.41	91.69%
ABD Dual	17,645	\$ 226,912,702	\$ 1,071.65	17,659	\$ 222,809,638	\$ 1,051.44	98.19%
General Adult	12,984	\$ 89,522,326	\$ 574.55	12,664	\$ 83,434,709	\$ 549.01	93.20%
New Adult	59,604	\$ 299,940,774	\$ 419.35	58,535	\$ 293,727,200	\$ 418.16	97.93%
Vermont Premium Assistance	19,023	\$ 6,649,761	\$ 29.13	18,275	\$ 6,334,440	\$ 28.88	95.26%
Vermont Cost Sharing	6,483	\$ 2,640,929	\$ 33.95	6,141	\$ 1,570,896	\$ 21.32	59.48%
ABD Child	2,439	\$ 75,635,614	\$ 2,583.94	2,241	\$ 60,785,052	\$ 2,259.92	80.37%
General Child	60,360	\$ 303,696,157	\$ 419.29	59,821	\$ 318,447,021	\$ 443.61	104.86%
Underinsured Child	831	\$ 2,600,955	\$ 260.73	601	\$ 1,398,663	\$ 193.83	53.77%
CHIP	4,817	\$ 12,036,223	\$ 208.23	4,667	\$ 12,511,519	\$ 223.41	103.95%
Pharmacy Only	11,182	\$ 4,678,042	\$ 34.86	10,717	\$ 4,588,899	\$ 35.68	98.09%
Traditional Choices for Care	4,350	\$ 197,420,739	\$ 3,782.01	4,232	\$ 196,563,497	\$ 3,870.35	99.57%
Total Medicaid Claims Paid	206,937	\$ 1,404,543,364	\$ 565.61	202,353	\$ 1,370,386,458	\$ 564.35	97.57%

The Department of Vermont Health Access
Caseload and Expenditure Report ~ DVHA Only Medicaid Expenditures
DVHA YTD '18

	SFY '18 BAA			SFY '18 Actuals thru June 30, 2018			% of Expenses to Budget Line Item
	Caseload	Budget	PMPM	Caseload	Expenses	PMPM	
ABD Adult and Acute CFC	7,218	\$ 93,646,370	\$ 1,081.11	6,799	\$ 83,331,998	\$ 1,021.41	88.99%
ABD Dual	17,645	\$ 54,637,311	\$ 258.04	17,659	\$ 53,612,503	\$ 253.00	98.12%
General Adult	12,984	\$ 76,353,006	\$ 490.03	12,664	\$ 71,486,396	\$ 470.39	93.63%
New Adult	59,604	\$ 268,599,342	\$ 375.53	58,535	\$ 264,090,016	\$ 375.97	98.32%
Vermont Premium Assistance	19,023	\$ 6,649,761	\$ 29.13	18,275	\$ 6,334,440	\$ 28.88	95.26%
Vermont Cost Sharing	6,483	\$ 2,640,929	\$ 33.95	6,141	\$ 1,570,896	\$ 21.32	59.48%
ABD Child	2,439	\$ 24,090,018	\$ 822.99	2,241	\$ 20,174,102	\$ 750.05	83.74%
General Child	60,360	\$ 153,061,657	\$ 211.32	59,821	\$ 156,825,223	\$ 218.47	102.46%
Underinsured Child	831	\$ 1,171,707	\$ 117.46	601	\$ 515,180	\$ 71.39	43.97%
CHIP	4,817	\$ 8,314,607	\$ 143.84	4,667	\$ 8,323,354	\$ 148.63	100.11%
Pharmacy Only	11,182	\$ 4,678,042	\$ 34.86	10,717	\$ 4,588,899	\$ 35.68	98.09%
Traditional Choices for Care	4,350	\$ 197,420,739	\$ 3,782.01	4,232	\$ 196,563,497	\$ 3,870.35	99.57%
Total Medicaid Claims Paid	206,937	\$ 891,263,489	\$ 358.91	202,353	\$ 868,043,548	\$ 357.48	97.39%