

ANNUAL REPORT

Department of Vermont Health Access



For 2023 and Governor's
Recommended Budget for
State Fiscal Year 2025

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Table of Contents

Message from the Commissioner	5
About DVHA	7
What is DVHA?	7
Mission and Values	7
Priorities and Connection to the Mission	8
Overview of Vermont Medicaid.....	9
Fast Facts.....	11
DVHA Units	12
Help Vermonters Access Health Insurance.....	12
Help Vermonters Access Health Care Services	13
Pay Health Care Providers for Delivering Health Care to Medicaid Members	15
Spend Taxpayer Dollars Wisely by Running an Effective, Efficient Department.....	17
Annual Report: 2023 Accomplishments and Updates.....	20
COVID-19 Public Health Emergency.....	20
Advancing Value-Based Payment Programs.....	23
Modernizing Business and Information Technology Infrastructure	25
Operational Performance Improvement.....	27
DVHA Staff Engagement Successes	30
Program Updates	31
Global Commitment to Health 1115 Waiver	31
Member Experience	33
Provider Experience.....	37
Governor’s Recommended Budget: SFY 2025	45
Budget Narrative	45
Graduate Medical Education (GME)	52
Vermont Medicare Buy-In Program & Medicare Savings Programs (MSPs).....	55
State Fiscal Year 2025 Pullouts	57
Categories of Service	69
Caseload & Utilization	70
Appendix A: Vantage Reports	85
Acronyms.....	129

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Message from the Commissioner

Greetings,

Thank you for taking the time to learn about our work at the Department of Vermont Health Access (DVHA). We appreciate your service to Vermonters, and we look forward to collaborating on opportunities to improve health care access across Vermont. Our Department has experienced some recent transition: with former Commissioner DeLaBruere moving into her new role as Deputy Secretary of the Agency of Digital Services, I am once again honored to step into the role of Acting Commissioner for DVHA.



This report includes highlights of 2023 and details DVHA's budget proposal for state fiscal year 2025. In this way, it covers for both where we have been and where we are going.

The Department's mission is to improve Vermonters' health and well-being by providing access to high-quality, cost-effective health care. In 2023, DVHA has had notable successes in support of that mission:

- Restarted Medicaid renewals, providing flexibility for those impacted by this summer's historic flooding.
- Expanded COVID-19 vaccine access for children enrolled in Dr. Dynasaur.
- Extended Medicaid postpartum coverage from 60 days to 12 months.
- Added Medicaid coverage of residential eating disorder treatment for adults.
- Increased payment for Medicaid enrolled dental providers (adjusted to 75% of general regional commercial dental rates, up from 50%).
- Made progress toward large scale performance evaluation effort for Vermont's Medicaid waiver and underlying programs and investments.
- Piloted partnership with University of Vermont Medical Center to allow Medicaid beneficiaries to enroll in their comprehensive pain management program.
- Completed annual Open Enrollment for qualified health plan coverage for 2024.

Going forward, DVHA will continue our focus on modernizing information technology, implementing value-based payments, and improving operational performance. While balancing these priorities, it remains vitally important to focus on the people we work with, supporting DVHA workforce recruitment and retention and developing key connections. Our work is possible because of our people and our relationships. We strive to work collaboratively and continue to practice integrity, transparency, and service.

I am proud to serve Vermonters and to lead the DVHA team during this time of transition. I encourage you to read more about the past year and future plans through the following pages.

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Resources

[Vermont 1115 Global Commitment Waiver Documents](#)

About DVHA

What is DVHA?

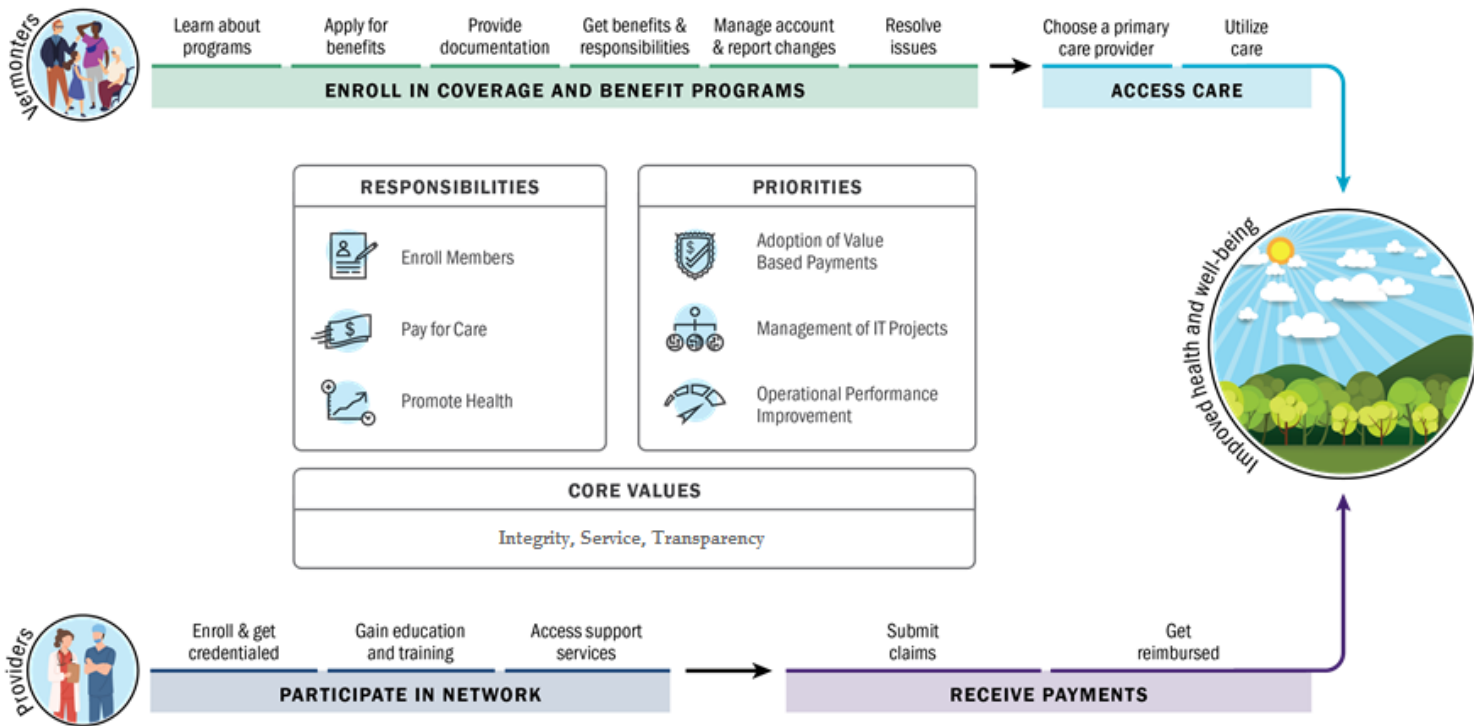
The Department of Vermont Health Access (DVHA), within the State of Vermont's Agency of Human Services, administers the Vermont Medicaid program and Vermont's health insurance marketplace, known as Vermont Health Connect. The Department's work is broad and includes clinical, payment, and eligibility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

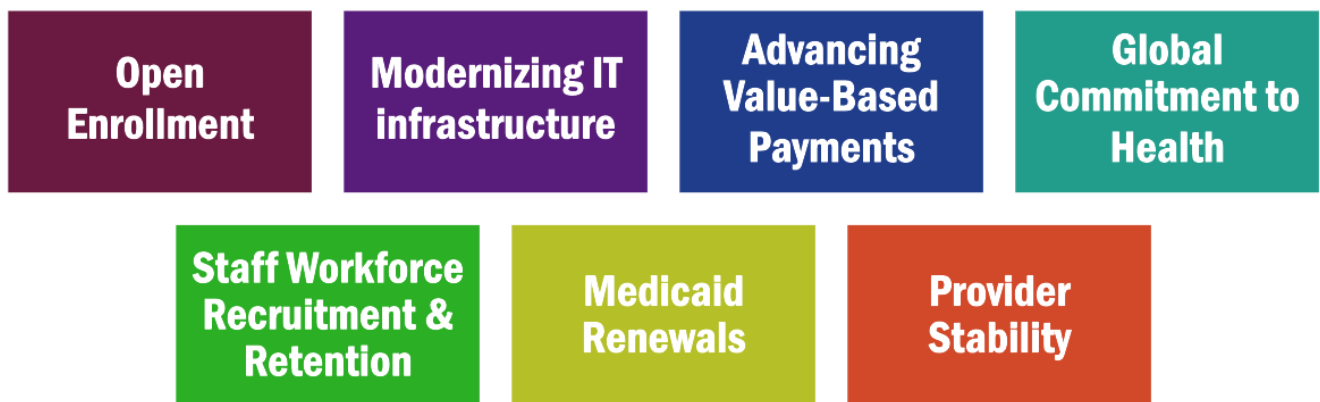
Health care and health insurance systems rely on technology. Vermonters and providers need modern, effective technology systems to sign up for health insurance, to be paid for health care services, and to get the health information they need. Our goal is to implement and use flexible, responsive information 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 priorities and initiatives to support our mission. These are the building blocks that ensure our department can improve Vermonters’ access to health care.

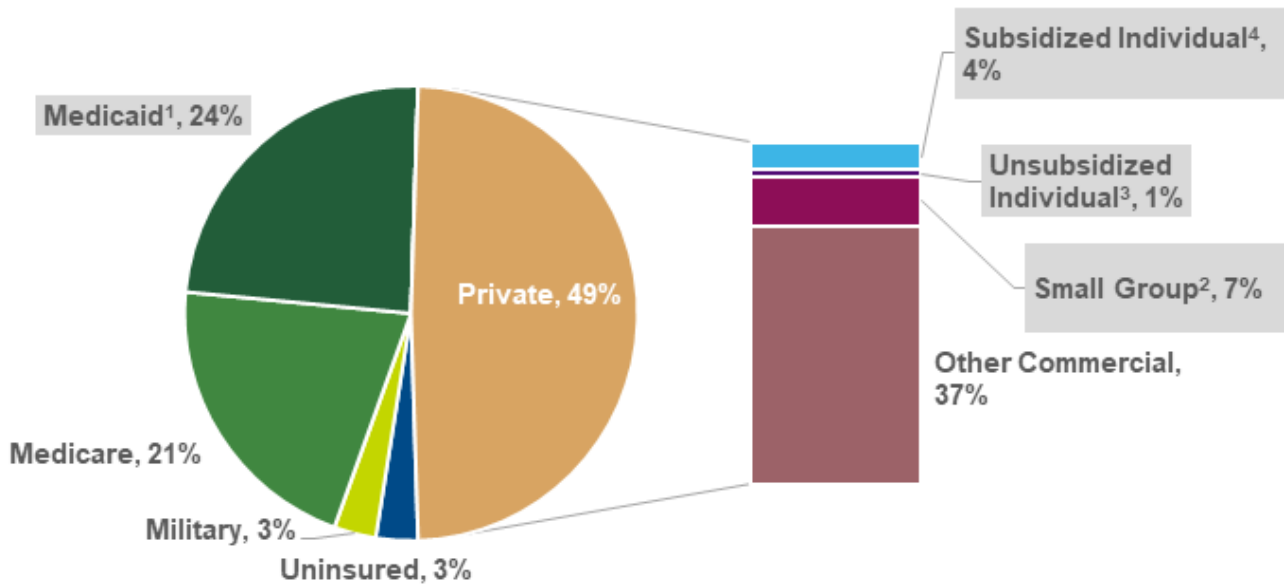


Overview of Vermont Medicaid

Vermont Health Insurance Landscape

More than one out of three Vermonters are covered by a health plan that is administered and/or certified by the Department. As of September 2023, 192,009 Vermonters are enrolled in Vermont Medicaid and another 69,401 Vermonters are enrolled in a qualified health plan. More

information can be found in the Department’s Health Insurance Map reports: Health Insurance Maps | Department of Vermont Health Access.¹



¹Enrollment administered by DVHA, benefits managed by DVHA

²Certified by DVHA, enrollment and benefits administered by insurance company partners

³Certified by DVHA, enrollment administered by DVHA or by insurance company partners, benefits managed by company partners

⁴Certified by DVHA, enrollment administered by DVHA, benefits managed by insurance company partners

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.

- Visit the State’s website for the eligibility guidelines in effect for income-based programs for 2024 to learn more.²
- Detailed information for all eligibility groups can be found here: Eligibility and Cost-sharing of Programs (vermont.gov).³

¹ <https://dvha.vermont.gov/budget-legislative-and-rules/reports-and-studies/health-insurance-maps>

² <https://info.healthconnect.vermont.gov/compare-plans/eligibility-tables/2023-eligibility-tables>

³ https://dvha.vermont.gov/sites/dvha/files/doc_library/Health%20Program%20Eligibility%20Tables.pdf

Medicaid State Plan Eligibility Groups – Full State Plan Benefits

Aged, Blind, Disabled Eligible for SSI or otherwise meet financial eligibility for ABD	New Adults at or below 138% FPL who are: <ul style="list-style-type: none"> • Not Pregnant • Not 65 or older • Not Receiving Medicare 	Working Disabled at or below 250% FPL
Pregnant Women [Dr. Dynasaur] at or below 213% FPL	Children under 19 [Dr. Dynasaur] at or below 317% FPL	Katie Beckett Disabled children under 19 meeting institutional level of care. Parental income/resources not counted.

HCBS for Designated State Plan Populations – Full State Plan Benefits + HCBS

CFC Highest/High Needs -DAIL	Children under 21 with Severe Emotional Disturbance -DMH
Developmental Disabilities -DAIL	Brain Injury -DAIL

Limited Benefit Waiver Groups – Not State Plan Eligible

Waiver Only Expenditures

VPharm For Medicare beneficiaries with income 150 - 225% FPL.	Moderate Needs -DAIL Below 300% of SSI benefit rate who meet clinical criteria and are at risk of institutionalization.	Investments
Marketplace Subsidy Program For individuals at or below 300% FPL who purchase health care coverage in VHC.	Community Rehabilitation Treatment -DMH For individuals with severe and persistent mental illness, regardless of income	SUD IMD Payments -VDH
		Cost-Effective Alternatives
		Palliative Care for under 21 - VDH

Fast Facts

Category	Description	Fact
Coverage	Total Vermonters covered by a health plan that is administered or certified by DVHA (September 2023)	261,410
Providers	Number of providers enrolled in Vermont Medicaid, also known as Green Mountain Care (December 2023)	23,111
Claims	Number of claims processed annually (SFY2023)	9,574,674
	Percent of claims received electronically (SFY2023)	95%
	Percent of claims processed within 30 days (SFY2023)	99.7%
Customer Support	Average number of incoming calls per month (2023)	21,081

DVHA Units

The Department's work is broad, incorporating many units and divisions. Each unit contributes significantly to the Department's mission. The following graphics provide a high-level overview of the Department's organizational structure and highlights staff engagement. The subsequent pages of this section will include brief descriptions of each unit within the Department.

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, which include 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.

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) reviews and monitors the quality, quantity, appropriateness, and effectiveness of healthcare services requested by providers for members, conducts claims data analysis; develops and/or adopts clinical criteria for established clinical services, new technologies, and medical treatments; assures correct coding for medical benefits; reviews

provider appeals and may provide education related to specific Medicaid policies and procedures.

The Unit also manages the Clinical Utilization Review Board (CURB), an advisory board comprised of ten members with diverse medical experience from throughout the state. 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) works 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 also administers the federally required lock-in program, Team Care, designed to prevent diversion, misuse, and abuse of medications. In addition, the CIU 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 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. The DURB evaluates drugs based on clinical appropriateness and safety with consideration for net cost to the state, reviews new drugs for clinical management and PDL status and 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 MPS unit is responsible for engagement, outreach and communication with both members and providers. 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 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 Organizational Change Management 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, 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 prepares mandatory federal reporting for the Centers for Medicare and Medicaid Services (CMS), delivers routine Vermont Healthcare Claims Uniform Reporting and Evaluations System (VHCURES) monthly data feeds, develops the annual Healthcare Effectiveness Data and Information Sets (HEDIS) data extracts for quality reporting including CMS Adult and Child Core reporting as well as quarterly HEDIS measure data to support our ACO initiatives, 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. 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](#); and [Global Commitment Register](#)⁴.

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 Oversight and Monitoring Unit.

Quality Improvement Unit (QIU)

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).

⁴ <https://dvha.vermont.gov/global-commitment-to-health>

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: 2023 Accomplishments and Updates

The following pages describe our service to Vermonters in the context of our core responsibilities and priorities, highlighting accomplishments from 2023.

COVID-19 Public Health Emergency

Medicaid Continuous Coverage

The COVID-19 pandemic caused seismic shifts in health care in Vermont and around the globe. The Department worked continuously during this time 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.

Starting in the spring of 2020 during the federally declared Public Health Emergency, Medicaid agencies were required to keep people on Medicaid with a few exceptions. So, Vermonters remained on Medicaid, even if they no longer qualified. This protection, called continuous coverage, was in place until early 2023.

Since April of 2023, Vermont has been “unwinding” from Medicaid continuous coverage by restarting Medicaid renewals in accordance with its “unwind” plan (<https://dvha.vermont.gov/unwinding>).

“Unwinding” from continuous Medicaid coverage means checking whether Vermonters still qualify for Medicaid programs. This process, called redetermination or renewal, 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.

To help eligible Vermonters stay insured, DVHA asked partners, advocates, providers, and friends to help spread the word. Many Vermonters have had to take action to continue to have health insurance coverage.

Restarting Medicaid Renewals

Since restarting Medicaid renewals in April 2023, DVHA has had an overall renewal rate of over 61%. Initial months of the Medicaid unwind period had a lower rate given that a majority of the members in those renewal batches were no longer eligible for Medicaid. The rate increased over the first half of the unwind period.

DVHA is committed to transparency in the renewal process and posts [monthly dashboards](#) of renewal outcomes. DVHA also posts 45 day updates on coverage status of those whose Medicaid ended to track subsequent Medicaid and qualified health plan (QHP) enrollment.

In July and August, due to the floods, DVHA offered an additional month for renewal responses. Vermonters affected by flooding have continued options to become and remain insured. DVHA opened a special enrollment period for impacted Vermonters to sign up for health insurance. Vermonters on Medicaid can ask for more time for their renewal.

Over the course of the Medicaid renewal restart, there has been attention on states' administrative termination rates and use of automatic (ex parte) renewals. In Vermont, the administrative termination rate is generally below 20%.

DVHA continues to work on ways to streamline the renewal process and ensure Vermonters who remain eligible do not lose Medicaid. DVHA has obtained [numerous waivers](#) from the federal government, and taken steps within its own authority, to create flexibility in the renewal process, maximize use of automatic renewals, and provide seamless coverage for those unable to respond by the deadline. DVHA is taking additional steps to ensure that all members eligible for automatic renewal, including those in households where additional documentation is needed, are renewed.

It is also important to understand that anyone who loses Medicaid can reapply and regain coverage at any point if they remain eligible. They can also file an appeal if they disagree with their eligibility determination.

DVHA is working to follow up with those who lose Medicaid to ensure they are aware of other coverage options. DVHA has fielded a disenrollment survey to find out where people who are no longer covered by Medicaid are accessing health insurance. The initial trend for the first months suggests a general migration to employer-sponsored insurance. The Agency of Human Services also released [a flyer for employers](#) describing how employers can support employees who no longer have Medicaid and wish to enroll in employer-sponsored insurance. DVHA also increased outreach to Vermonters who are no longer enrolled in Medicaid during Open Enrollment for the Health Insurance Marketplace.

Finally, the Medicaid renewal process represents a tremendous workload for the Department. Call volumes have been unprecedented. Operational backlogs are likely to continue beyond the unwind period. DVHA is in discussions with the federal government about this, but both agree

the priority is to maintain coverage for those who remain eligible including those whose renewal is pending. DVHA aims to maintain steady progress and stabilize operations during 2024.

Extending Medicaid Postpartum Coverage for Vermonters

In 2023, DVHA gained approval from CMS to lengthen the automatic Medicaid coverage period from 60 days to 12 months for members after their pregnancy ends. Medicaid will continue for 12 months following the end of a pregnancy regardless of most changes in circumstances.

The American Rescue Plan Act (ARPA) of 2022 gave states this option which Vermont pursued. Changes in income and most other changes in circumstances Vermonters may undergo do not affect whether people qualify for Medicaid during pregnancy nor the period after the pregnancy ends, resulting in continuous Medicaid coverage.

The new policy is designed to improve health outcomes and reduce health inequities related to postpartum depression, smoking, substance use, physical health and health and well-being of the infant and others in the family.

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

Vermont Medicaid continues to allow telehealth service delivery now that the federal COVID-19 Public Health Emergency has ended. Audio-only (telephone) services continue to be a covered telehealth modality to support access to Medicaid services. Audio-only services are allowed as medically necessary and clinically appropriate including for mental health and substance use disorder treatment. Allowable services are updated based on Medicare's List of Telehealth Services and posted on the [Department of Vermont Health Access website](#). Reimbursement is the same as currently established rates for Medicaid-covered services provided through telemedicine/face-to-face services.

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

In 2023 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 harm³, 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

Coverage for COVID-19 Vaccines at Pharmacies for Children Under 19

During the Public Health Emergency, COVID-19 vaccines were provided federally and distributed to pharmacies and medical providers. Effective September 11, 2023, COVID-19 vaccines became available on the retail market and distributed through regular, pre-pandemic pathways. All Medicaid vaccines for children under the age of 19 are supplied, and paid for, by the federal Vaccines for Children Program (VFC) administered by the Vermont Department of Health. Medicaid enrolled providers must obtain the vaccines from the VFC program. In September 2023, Vermont Medicaid sent notice to pharmacies and medical providers that COVID-19 vaccines needed to be obtained through the VFC program. Vermont's pharmacies are eligible to enroll in VFC but choose not to participate due to administrative burden and reporting requirements.

In the interest of maintaining access, and in response to public concern, DVHA worked with CMS to resolve this issue for members and providers. We are happy to report that, effective November 10, 2023, Vermont Medicaid provides payment to pharmacies for COVID-19 vaccines outside of the Vaccines for Children Program. This change is due to temporary federal requirements under the American Rescue Plan and PREP Act and updated guidance received from CMS.

Over the next year, we will work with our federal partners to explore opportunities for continued expanded access to vaccine coverage for children.

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 [DSU])
- Substance Use Disorder Services System of Care Redesign (with VDH’s Division of Substance Use [DSU])
- Comprehensive Pain Management Pilot

The following dashboard provides a summary of each of these initiatives⁵:

	PLANNING	DESIGN	IMPLEMENTATION	EVALUATION	Program Launch & Model Description
Vermont Medicaid Next Generation ACO Program (DVHA)				★	<ul style="list-style-type: none"> • Program launch in 2017 • Monthly prospective population-based payments with financial reconciliation • Includes value-based incentive fund
Mental Health Payment Reform (DMH)				★	<ul style="list-style-type: none"> • Program launch in 2019 • Monthly per person case rate; varies by agency • Caseload reconciliation • Encounter data submission • Value-based payment component
Residential SUD Program Payment Reform (ADAP)			★		<ul style="list-style-type: none"> • Program launch in 2019 • Episodic payment per residential stay • Payments vary by SUD diagnosis
Applied Behavior Analysis Payment Reform (DVHA)				★	<ul style="list-style-type: none"> • Program launch in 2019 • Monthly bundled payments by tiers based on level of service, with financial reconciliation • Value-based payment component
Developmental Disability Services Payment Reform (DAIL)			★		<ul style="list-style-type: none"> • Interim payment methodology implemented • Encounter data submission • Standardized assessment implemented • Value-based payment component
Children’s Integrated Services Payment Reform (DCF)				★	<ul style="list-style-type: none"> • Program launch in 2020 • Per person per month bundled payment • Encounter data submission • Value-based payment component
High-Technology Nursing (VDH and DAIL)			★		<ul style="list-style-type: none"> • Program launch in 2022 • Hybrid model: prospective monthly payment + reduced FFS payments; financial reconciliation • Value-based payment component
Brattleboro Retreat Alternative Payment Model (AHS, DMH, DVHA)			★		<ul style="list-style-type: none"> • Program launch in 2021 • Monthly prospective payments for inpatient services • Financial reconciliation • Robust monitoring framework, no value-based payment component
DSU System of Care Redesign (VDH)	★				<ul style="list-style-type: none"> • New project referral received in 2023. • Project charter finalized • Entering project kick-off phase
Comprehensive Pain Management Pilot (DVHA, UVMHC)			★		<ul style="list-style-type: none"> • Contract executed in November 2023, first cohort launching in January 2024 • Monthly bundled rate for up to 100 Medicaid members • Utilizing HCBS funding for pilot; potential expansion to other regions of state in future

<https://dvha.vermont.gov/global-commitment-to-health://legislature.vermont.gov/assets/Legislative-Reports/Delivery-System-Reform-Report-Jan-15-2022.pdf>
<https://legislature.vermont.gov/assets/Legislative-Reports/Delivery-System-Reform-Report-Jan-15-2022.pdf>

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.⁶

Specific accomplishments in advancing value-based payments in 2023 included the following:

1. DVHA oversaw the seventh year of implementation, evaluation, and evolution of the Vermont Medicaid Next Generation (VMNG) program, including successful negotiation of 2023 VMNG contract and planning for the next stage of the program (with expected emphasis on global payment initiatives and refinement of the complex care model).
2. DVHA led the prioritization, planning, design, implementation, evaluation, and evolution of proposed, existing and new payment reform initiatives. Two new projects, the Substance Use Disorder System of Care Redesign (in collaboration with VDH DSU) and the Comprehensive Pain Pilot, were launched in 2023.
3. DVHA provided support to the AHS Secretary's office, the Director of Health Care Reform, and the Green Mountain Care Board with planning and design of the next iteration of Vermont's All-Payer Model Agreement, which focused in 2023 on exploring participation in CMS's newly released multi-payer AHEAD model. DVHA continues to provide expertise as requested in payment model design and implementation, complex care coordination, and quality measurement.

Modernizing Business and Information Technology Infrastructure

We aim to streamline business operations by harnessing adaptable, cutting-edge information technology systems to accommodate evolving customer demands, regulatory shifts, and advancements in healthcare. Modern technology is pivotal in facilitating health insurance enrollment, processing healthcare claims, and enabling access to vital health data.

For the Agency of Human Services (AHS) to effectively manage Vermont's Medicaid program while upholding financial integrity and complying with laws, it necessitates dependable, secure, and efficient technology. This task involves multiple stakeholders collaborating to deploy technology and processes that meet these objectives within set timelines and budgets. These stakeholders include the Agency of Digital Services (ADS), the Secretary's Office, the Department of Vermont Health Access (DVHA), and the Department for Children and Families (DCF), all operating within the Agency of Human Services (AHS) framework.

DVHA is involved in significant IT initiatives through the Medicaid Management Information System (MMIS) Program and the Integrated Eligibility & Enrollment (IE&E) Program. These initiatives enhance the experiences of applicants, enrollees, staff, and healthcare providers. Collaboration with Federal Partners is ongoing to implement improvements progressively. The

⁶ [Medicaid Delivery System Reform Report](https://legislature.vermont.gov/assets/Legislative-Reports/Delivery-System-Reform-Report-2021-to-Leadership-2021-01-06-002-v2.pdf) (Submitted January 15, 2021): <https://legislature.vermont.gov/assets/Legislative-Reports/Delivery-System-Reform-Report-2021-to-Leadership-2021-01-06-002-v2.pdf>

department is committed to working alongside Federal and State Government leadership to tackle staffing issues, mitigate financial risks for the state, sustain modernization efforts, and execute implementations that adapt to regulatory changes, technological advancements, and consumer expectations.

Medicaid Management Information System (MMIS) Program

The goal of the MMIS Program is to modernize and integrate leveraging a configurable, interoperable system that will be compliant with standards from the Centers for Medicaid and Medicare Services (CMS). When operational, this new MMIS system will efficiently and securely process, manage, and share appropriate data (beneficiary, provider, clinical, claims, etc.) with Vermont agencies, providers, and other stakeholders to meet Vermont's business needs.

Medicaid Data Warehouse and Analytical Solution (MDWAS) Project

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 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.

Integrated Eligibility & Enrollment Program

The goal of the IE&E Program is to enhance business processes and leverage technology to improve the experience for Vermonters to apply, access, and maintain healthcare and financial benefits. The IE&E Program strategy leverages the culmination of the Centers for Medicaid and Medicare Services (CMS) and the US Department of Agriculture (USDA) Food and Nutrition Service (FNS) mandates and guidelines to support the mission of both Department of Children and Families Economic Services Division (DCF-ESD) and DVHA.

Vermont Integrated Eligibility System (VT-IES) Project

The VT-IES Project is a crucial part of the state's effort to modernize its IE&E system. The current system faces operational and technical challenges impacting Vermonters and state staff. The VT-IES Project aims to address these issues by implementing a customer-focused IES through a phased, modular procurement strategy. The new IES will consist of a Customer Portal, Case Management, and Rules Engine modules, replacing legacy enrollment systems and optimizing eligibility, enrollment, and customer management functionality.

VT-IES will provide Vermonters with a centralized, simplified, and user-friendly experience for applying and managing benefits. It will ensure secure enrollment, personalized access, streamlined applications, and comprehensive customer service.

State staff will benefit from reduced manual work, improved data integrity, and automated processes.

IE&E Noticing Solution (IEENTC) Project

ESD and DVHA are facing critical challenges with their outdated Bulk and Manual Noticing Solutions, risking business continuity due to potential non-functionality caused by necessary server Operating System updates. These systems' limitations prevent addressing a backlog of enhancements, hindering operational efficiencies and citizen user experience improvements. To combat these issues, the IE&E Noticing Solution (IEENTC) Project is underway, aiming to introduce a new Customer Communication Management System (CCMS) as the core of an IE&E Notice Solution platform, enhancing functionality, efficiency, and user experience while addressing the shortcomings of the current systems.

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 efficiency 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, we partnered with key stakeholders on new strategies and communication.

In 2023, we continued initiatives to make 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. In September 2023, DVHA began covering automatic blood pressure monitors through the pharmacy benefit. Members can now obtain home blood pressure monitors with a primary care provider prescription from Vermont Medicaid enrolled retail pharmacies.

Quality Improvement (QI) Project: Foster Care Learning Collaborative

In 2023, DVHA continued 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 started as part of a larger CMS-sponsored Learning Collaborative. In 2023, the QI team successfully spread a test of change to multiple districts and developed a standing work group that will continue beyond the end of the Learning Collaborative.

Quality Management: Comprehensive Risk Assessment

Staff from DVHA's Quality, Oversight & Monitoring and Compliance Units maintain 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 realized great progress towards its goals in 2023, as well as informed other regulatory work within the Department.

Pharmacy Prior Authorizations

In part due to legislative requirements in H222, Prior Authorization has been removed from most medications for substance use disorder. **As of October 2023, PA is no longer required for** injectables (Sublocade, Brixadi, Vivitrol), Suboxone film up to 24 mg per day, buprenorphine/naloxone tablets up to 24 mg per day, and naltrexone tablets.

The total number of prior authorizations increased by 9.6% in SFY 2023, an increase of 2,635 requests. There was a growth in the number of prescriptions covered by Vermont Medicaid in SFY 2023; this increase in claims contributes to an increase in prior authorizations. Additionally, the greater complexity and expansion of high-cost therapies leads to a higher need for prior authorizations to manage the fiscal impact to the State. The overall prior authorization denial rate has slightly increased throughout SFY 2023 to 28.03%, a growth of 2.8%. The increase in denial rates and can be contributed to prior authorization changes related to glucagon-like peptide-1 receptor agonist (GLP-1 RA) antidiabetic drugs, implemented on January 1st, 2023. Due to the substantial amount of off-label prescribing for weight loss which is currently not a covered pharmacy benefit, a requirement for a diagnosis of type 2 diabetes was added to this drug class as is FDA indicated for the covered drugs. Since this change, there has been an increase in prior authorization denials due to members not having a diagnosis of Type 2

diabetes. The prior authorization process helps the department direct utilization toward preferred rebatable products with similar efficacy, tolerability and expected outcomes.

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 \$299 million in total gross drug spend in state fiscal year (SFY) 2023, an increase of 12% 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 2023 was driven largely by three factors: increases in caseload, continued increase in utilization of specialty drugs, and increased costs per claim.⁷

⁷ [Pharmacy Best Practices and Cost Control Report](#) (October 27, 2023)



2023 DVHA Highlights



Living our values: Transparency, Integrity, Service

We are committed to supporting diversity, equity, inclusion, and accessibility as part of our person-centered culture. We actively celebrate our colleagues' and future colleagues' different abilities, racial identities, sexual orientations, ethnicity, age, and gender. Everyone is welcome and supported at the Department of Vermont Health Access

Our Mission

DVHA's mission is to improve Vermonters' health and well-being by providing them with access to high-quality, cost-effective health care.

Priorities

- ✓ Advancing value-based payments,
- ✓ Management of information technology projects
- ✓ Operational performance improvement.



Communication

75.2% DVHA Effective communication from management increased by 5% from the previous year.



Retention

85.4% DVHA 85.4% of staff are likely to be working at DVHA in one year.



Diversity, Equity and Inclusion

82.2% DVHA 82.2% believe we have an inclusive work environment where staff diversity is valued and encouraged.



Current Turnover Rate

0.28% DVHA *As of October 31, 2023.



Current Vacancy Rate

4.50% DVHA *As of October 31, 2023.

“ **76.8%** of staff are happy with their current job; an 11.1% increase from last year! ”

Results from the 2023 [DHR Employee Engagement Survey](#).

📍 280 State Drive, NOB 1
South, Waterbury, VT.

🌐 dvha.vermont.gov

📞 802-879-5900

Program Updates

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.

Specifically, the 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 April 2026.

Prescription Assistance Programs

The VPharm program 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 2023, there were 258,916 VPharm claims with a total gross paid amount of \$5,683,706. 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 Global Commitment to Health 1115 Waiver allowing 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 3.⁸

DVHA Partnership: Pilot Program with University of Vermont Medical Center Provides Member Access to Comprehensive Pain Treatment Program

DVHA and the University of Vermont Medical Center have entered into a pilot program that will provide Medicaid members the ability to participate in the Partners Aligned in Transformative Healing (PATH) program at UVM Medical Center's Comprehensive Pain Program, a clinical arm of the Osher Center for Integrative Health at UVM. Up to 100 Medicaid members suffering from chronic pain will be able to participate in the pilot program during 2024.

PATH is a 16-week outpatient program that approaches chronic pain from a "whole person" perspective, melding conventional medical treatment with complementary therapies. Through the program, participants are afforded access to a range of integrative therapies – many, such as reiki, massage therapy, culinary medicine, and yoga, not previously covered by Medicaid. In addition, participants will engage in group and a variety of other therapies, including psychologically informed physical therapy, health coaching, nutrition, and occupational therapy. Additionally, the program draws on the power of group activities and group therapy to help participants feel they are not alone and create opportunities for mutual support and guidance through shared experiences.

Access to this approach to care for Medicaid members is a first nationally. Only a few comprehensive programs of this type currently exist in the United States, and their costs can

⁸ https://dvha.vermont.gov/sites/dvha/files/doc_library/Pharmacy_2022_0.pdf

easily put them out of reach for many. DHVA and the UVM Medical Center have collaborated on an innovative bundled payment model that allows patients access to the full program for one fixed price, rather than billing separately for each visit and service type. Other payors report that participants in the program have demonstrated decreased dependence on opioid pain medication, decreased time away from work, and improved quality of life. DVHA anticipates similar results for Medicaid members.

The DVHA and UVMHC teams are exploring opportunities to increase access, expand geographically, and sustainability.

Member Experience

Open Enrollment for 2024

The Department successfully prepared for and launched Open Enrollment for 2024 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 2024. Open Enrollment runs from November 1 to January 15. Vermonters continue to benefit from the enhanced financial help through the federal government. This year an eligible family of four with a household income of up to \$376,000 can get financial assistance on a qualified health plan through Vermont Health Connect. 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 has a new and improved look and feel making it easier to navigate and more intuitive for customers.

Reaching Vermonters – Increasing Enrollment

Outreach during Open Enrollment was particularly important in 2023 when the restart of Medicaid renewals resulted in loss of coverage for some. Communications efforts 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 2023, DVHA continued to improve customer accessibility to information and health insurance through its websites. Specifically, on the Vermont Health Connect (VHC) informational website, the Department improved navigation, plain language access to make the information easy to read and relevant to the decisions a Vermonter makes when choosing to get health insurance and how to take advantage of available financial help. Paramount were additions to both the

VHC and DVHA websites about the Medicaid Unwind Process . [See the new dedicated section of the DVHA website here.](https://dvha.vermont.gov/unwinding) <https://dvha.vermont.gov/unwinding>

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.

Medicaid Renewal Restart Postcard:



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 develop a detailed pro-active communications campaign around restarting Medicaid renewals. The grant focused specifically on tools to engage

Vermonters who have not needed to worry about their health coverage throughout the Public Health Emergency. Activities included conceptualizing the “Refresh, Review, Reply” campaign, developing a series of video shorts to inform and encourage people to act. Additionally, DVHA produced a digital toolkit of informational materials and social media posts, as a way to connect Vermonters to supportive resources to help them with their health insurance needs. The campaign ran throughout 2023 and will run until the Medicaid Unwind process is complete.

During 2023, the Department also expanded the ability to send brief text messages to customers to share important information. This communication medium is a key asset to the Medicaid renewal communication strategy. Text messages have become a routine communications and engagement tool for both the Medicaid Unwind and Open Enrollment.

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

Assister Program

Vermont’s Assister Network consists of approximately 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 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>

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 2023, the MEAC continued to successfully conduct meetings virtually. It also appears that mechanisms like implementing two-year co-chair terms with alternating appointment years and increased planning meeting frequency has helped sustain the committee’s positive momentum.

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 2023, 23,111 providers are enrolled in Vermont Medicaid. 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	-	311
CLINIC CENTER URGENT CARE		14
DENTIST	346	127
PHYSICIAN	11726	441
PODIATRIST	51	8
OPTOMETRIST	143	37
OPTICIAN	1	-
PHARMACY	1	336
HOME HEALTH AGENCY	-	11
INDEPENDENT RADIOLOGY		7
INDEPENDENT LAB	-	138
AMBULANCE	-	116

Provider Type	Number of Individual Providers	Number of Facilities & Group Practices
DURABLE MEDICAL EQUIPMENT SUPPLIER	-	229
PHYSICAL THERAPIST, OCCUPATIONAL	564	116
CHIROPRACTOR	126	54
MASTER LEVEL PSYCHOLOGIST, LICENSED MENTAL HEALTH COUNSELORS, LICENSED SOCIAL WORKERS, LICENSED MARRIAGE AND FAMILY THERAPISTS	1953	197
NURSING HOME - MEDICARE PARTICIPATING	-	56
NURSING HOME - NON-MEDICARE PARTICIPATING	-	4
ANESTHESIA ASSISTANT	91	-
HOSPICE	-	14
INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH (ICF) /INTELLECTUAL DISABILITY FACILITY	-	1
PSYCHOLOGIST - DOCTORATE	315	31
RURAL HEALTH CLINIC	-	13
AUDIOLOGIST	71	4
INTERNAL STATE PROGRAMS	-	16
STATE DESIGNATED MENTAL HEALTH CLINIC	-	56
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	84	22
PHARMACIST	373	-
PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY	-	16
DIALYSIS FACILITIES	-	12

Provider Type	Number of Individual Providers	Number of Facilities & Group Practices
AMBULATORY SURGICAL CENTER	-	4
PERSONAL CARE SERVICES	-	13
NURSE PRACTITIONER	2589	33
LICENSED NURSE	13	9
FEDERALLY QUALIFIED HEALTH CENTER	-	58
NON-EMERGENCY TRANSPORTATION SERVICES	-	11
STATE DEFINED RESIDENTIAL CARE WAIVER	-	116
STATE DEFINED TARGETED CASE MGMT	-	1
STATE DEFINED INDEPENDENT CASE MANAGER	-	1
STATE DEFINED DEPARTMENT OF HEALTH INTELLECTUAL FACILITY	-	1
STATE DEFINED VOCATIONAL REHAB AGENCY	-	15
FAMILY SUPPORT MANAGEMENT	-	10
STATE DESIGNATED CHILDRENS MED SERVICES	-	29
STATE DEFINED NON-MED RESIDENTIAL FACILITY	-	139
STATE DEFINED ALCHOL AND DRUG PROGRAM FACILITY	-	15
STATE DEFINED ADULT DAY FACILITY	-	11
STATE DEFINED DEPT OF EDUCATION	-	54
SOLE SOURCE EYEGLOSS LAB	-	1
STATE DEFINED CASE RATE AGENCY	-	5
INDEPENDENT BILLING HIGH TECH NURSES	46	-
PHYSICIAN ASSISTANT	1119	-
LICENSED ALCOHOL DRUG COUNSELOR	147	8
LICENSED MIDWIFE	20	6
LICENSED PHYSICAL THERAPY ASSISTANT	4	-
ACCOUNTABLE CARE ORGANIZATION	-	1

Provider Type	Number of Individual Providers	Number of Facilities & Group Practices
NUTRITIONAL EDUCATORS	139	13
SLEEP STUDY CENTER	-	2
BEHAVIORAL ANALYST	148	27
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.⁹ This includes helping members navigate finding a dental home due to the decrease in available dental providers.

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.¹⁰ In 2023, the Department enrolled, on average, 259 new providers a month and terminated, on average, 129 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, retirement, or not following conditions of enrollment.

The federal government ended the COVID-19 Public Health Emergency (PHE) effective May 11, 2023. The national emergency declaration enabled CMS to grant Medicaid agencies a range of flexibilities under Section 1135 of the Social Security Act, including waivers for certain provider enrollment screenings. As of November 11, 2023, mandatory resolution of any waived enrollment screening requirements that were passed under the 1135 waiver were finalized.

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.¹¹ The goal is to

⁹ 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.

¹⁰ CFR is the Code of Federal Regulations.

¹¹ This is done twice a year, through a report on members access to care and how far they must travel.

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.¹²

In 2023, Gainwell and MPS hosted twelve provider webinars on topics such as billing and claims information, policy changes, enrollment application walk-throughs and open forums. The provider manual and education resources such as webinars are available at: <http://www.vtmedicaid.com/#/home> and at <https://dvha.vermont.gov/providers>. A full cycle of revalidation and screening of the VT provider network was completed in 2023, in compliance with federal requirements. Also in 2023 Gainwell provider representatives accomplished an outreach campaign to all enrolled Vermont-based providers to ensure accurate provider records and billing.

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,"
- 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

DVHA is in the third year of a five-year contract extension executed with Gainwell Technologies on January 1, 2022. Gainwell has provided the state of Vermont with Medicaid fiscal agent and operations management services since 1981 through its Medicaid Management Information System (MMIS). Medical claims processing is a core service involving claims input, resolutions, adjustments, financial payments, prior authorizations, third-party liability claims recoveries, and maintenance of codes and rates to ensure compliance with federal and state policies. Additional services provided by Gainwell include financial management encompassing state and federal

¹² Provider Services Telephone Number: 1-800-925-1706

reporting, provider management, analytics and quality management, and coordination of benefits.

In state fiscal year (SFY) 2023, Gainwell's MMIS processed 9,574,674 claims for dozens of programs across departments within the Agency of Human Services and the Agency of Education. SFY23 represented a 14% increase from SFY22 in the number of claims processed. Despite the increased volume, 99.7% of claims were processed within 30 days of receipt, consistent with the previous year. The percentage of claims submitted electronically also remained consistent at 95%. As fiscal agent, net payments issued to providers by Gainwell from the MMIS financial system for SFY23 were \$1,995,906,492, including \$1,511,897,299 in fee-for-service claims payments.

Claims recoupment volume increased by 72% to over 53,400 in SFY23, resulting in increased claims reprocessing, financial recoupment work, and provider outreach to recover previously paid claims. This increase was primarily attributed to retroactive provider enrollment closures resulting from revalidation of provider online enrollments and other enrollment compliance activities.

The MMIS core system is continuously enhanced to support evolving state policies and to remain compliant with federal requirements, allowing DVHA to receive 75% federal funding to operate and maintain this CMS-certified system. Major MMIS enhancements during 2023 include:

- FBR financial reporting redesign to align with CMS 64/21 reporting formats.
- Member copays limited to 5% of household income.
- Automated ACO financial reconciliation reporting, improving accuracy and reducing burden on state financial staff.
- Claims cost avoidance increased by automatically loading Blue Cross Blue Shield of Vermont member policy information into ACCESS and MMIS.
- Compliance with T-MSIS federal data extract data quality metrics, including for Deemed Newborn and Former Foster Child aid categories.
- Alternative payment methods for Serious Mental Illness and Brattleboro Retreat, and DMH case rate changes.
- Enhancements to Electronic Visit Verification systems for additional home health services.
- Provider Management Module upgrades to latest software releases.
- New Patient Access and Interoperability functionality implemented in compliance with federal regulations.

Pharmacy Claims Processing

Change Healthcare, DVHA's prescription benefit management vendor, processed over 2.2 million claims in state fiscal year 2023 resulting in approximately \$299 million in payments to

Vermont Medicaid-enrolled pharmacies.¹³ 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 2023, Change Healthcare processed approximately 30,067 drug-related prior authorizations, with 21,639 of those approved.¹⁴

Reimbursement

During 2023, mostly due to legislative appropriations the Department added approximately \$41.4M to Medicaid reimbursement rates for the following service areas:

Dental Services	\$13,109,475
Assistive Community Care Services (ACCS)	\$12,484,844
Federally Qualified Health Center and Rural Health Clinic Services	\$5,833,354
Professional Services	\$5,559,641
Ambulance Services	\$3,119,640
Medicaid State Plan Home Health, High Technology Nursing, Independently Enrolled Nurses, and Pediatric Palliative Care Services combined	\$1,275,192

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 33 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,

¹³ [Pharmacy Best Practices and Cost Control Program Report](https://legislature.vermont.gov/assets/Legislative-Reports/DVHA-Pharmacy-Best-Practices-Cost-Control-Report_SFYZ2021_FINAL_10.30.2021.pdf) (2021): https://legislature.vermont.gov/assets/Legislative-Reports/DVHA-Pharmacy-Best-Practices-Cost-Control-Report_SFYZ2021_FINAL_10.30.2021.pdf

¹⁴ [Pharmacy Best Practices and Cost Control Program Report](https://legislature.vermont.gov/assets/Legislative-Reports/DVHA-Pharmacy-Best-Practices-Cost-Control-Report_SFYZ2021_FINAL_10.30.2021.pdf) (2021): https://legislature.vermont.gov/assets/Legislative-Reports/DVHA-Pharmacy-Best-Practices-Cost-Control-Report_SFYZ2021_FINAL_10.30.2021.pdf

and other challenges. These facilities provide treatment for children and adolescents and families. The Division establishes annual rates for 12 PNMI for DCF, DMH, and, periodically, the Division of Substance Use of the Vermont Department of Health. These rates usually have 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 2023, 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 post-pandemic 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 and post-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. therefore
- In April 2023, Rate Setting provided additional funding to PNMI providers to help stabilize programs by reimbursing them for increased costs due to inflation that they were not being reimbursed for. The Division estimated the impact of inflation on PNMI programs during SFY 2023 to calculate the BAA, Rate Setting determined the inflation for SFY 2023 was 11.8%. This was a one-time payment that was paid out in 6 months of SFY 2023. In order to place Vermonters with exceptional clinical care and behavioral needs in skilled nursing facilities, Rate Setting set 29 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.¹⁵
- 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.

¹⁵ https://legislature.vermont.gov/assets/Legislative-Reports/Legislative-Report_PNMI_09-02-2022.pdf

Governor's Recommended Budget: SFY 2025

Budget Narrative

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

SFY 2025 Summary: DVHA's state SFY2025 budget request is summarized below. In total for the Department across all funds and all appropriations this results in a total decrease of - **\$28,102,727**.

ADMINISTRATION

1. Staffing Budget \$3,097,182 GROSS /\$1,534,161 GF

The FY25 staffing budget reflects 378 positions, and six ongoing temporary positions. The figures below reflect all Pay Act and reclass related salary changes; all benefit cost changes including health care and retirement; as well as the new childcare and FMLI assessments. Also reflected is higher recruitment and retention, as our vacancy level is roughly half what was estimated last year. The staffing budget also reflects two net neutral transfers of positions between DVHA and the AHS Central Office. First, the Medicaid Policy Unit is moving to AHS. Second, three Quality positions transferred to DVHA.

Appropriation	GROSS	GF
Salary	1,229,157	845,358
Benefits	906,281	521,599
New Childcare and FMLI	190,022	80,630
Temporary positions	220,000	85,000
Lower vacancy level	1,249,056	252,308
Subtotal Staffing changes	3,794,516	1,784,895
Policy Unit to AHS	-1,030,670	-509,720
Quality Positions from AHS	333,336	166,668
Total Staffing Changes	3,097,182	1,441,843

2. Operating Expenses and ISFs -\$236,694 GROSS /-\$79,156 GF

This reflects the changes in costs we pay to state Internal Service Funds or ISFs. These are charges levied by other departments for shared support services and overhead allocation changes. Also reflected here is the share of operating expenses associated with the Medicaid Policy Unit. Like the staffing cost, these funds are also moving to the AHS Central Office.

Appropriation	GROSS	GF
All Internal Service Funds	-126,269	-24,540
Operating Expenses – Policy Unit move	-110,425	-54,616

Total Change	-236,694	-79,156
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3. Contracts – Technical Adjustment -\$4,720,746 GROSS / \$2,903,711 GF

DVHA typically has 75 to 90 contract and grant agreements active, we also manage 25 to 40 significant RFP and contract amendment processes annually. This adjustment is the result of review of the budgeted amounts by funding source for DVHA contracts over the past several years as well as the actual total contract expenditure in FY23 by funding source. While the total budgeted amount for contracts has increased, the GF appropriation for contracts remained flat from FY21 through FY24. Actual FY23 GF need was over this level by \$2.9m. To close SFY23, funds were transferred to the DVHA administration budget, and some contract payments were pushed into FY24. Examples of specific contracts that have increased significantly in this 3-year period are Archetype (67% small base) Maximus and Change Healthcare Rx (26% mid base) and Gainwell M&O (11% large base). At the same time federal funds have been over appropriated as project timing was not always recalibrated, updated timing is now included for federal funds for pending projects.

4. Administration Grants – Technical Adjustment \$200,000 GROSS/ \$0 GF

An adjustment to the federal funds spending authority is needed for the portion of the HIE project that is administered as a grant.

PROGRAM

The programmatic changes in DVHA’s budget are spread across three different budget lines Global Commitment, State Only, and Medicaid Matched Non-Waiver consistent with specific populations and/or services. 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.

5. Caseload & Utilization Changes -\$52,493,310 GROSS / -\$6,464,536 GF

Appropriation	GROSS	GF
B.307 Global Commitment	-53,717,150	-7,971,846
B.309 State Only	1,633,538	1,633,538
B.310 Non-Waiver	-409,698	-126,288
Total Changes	-52,493,310	-6,464,536

The most recent Medicaid Consensus Forecast projects the annualized impact of the unwinding initiative. This is the resumption of annual redeterminations for Medicaid eligibility after the ending of the three-year pandemic suspension of most redeterminations. This covers all the Medicaid Eligibility Groups (MEGs) as well as the SCHIP, VPharm, Vermont Cost Sharing Reduction and Dr. D Expansion populations. Redeterminations began in April 2023. We anticipate the post-pandemic initial redetermination cycle to

complete in the first quarter of FY25 with a normal annual redetermination process in place thereafter.

The Medicaid Consensus Forecast is a collaborative process for estimating caseload and utilization. Annually, DVHA works collaboratively with the Joint Fiscal Office, the Department of Finance and Management, and the Agency of Human Services as part of the State’s Consensus Revenue Forecasting process to 1) present the steady state caseload and expenditure forecast for adoption by the Emergency Board in January, and 2) assist with the Medicaid Year End Report presented by JFO to Emergency Board in July.

Please note the impact of the redeterminations make the projection of caseloads and PMPM estimates particularly challenging for the current budget cycle. All budget estimates are imperfect, but the margin of error and ensuing budgetary risk is much higher than usual.

6. Medicare Buy-In and MSP \$6,987,410 GROSS / \$2,616,352 GF

Appropriation	GROSS	GF
B.307 Global Commitment	6,202,028	2,615,395
B.309 State Only	2,268	956
B.310 Non-Waiver	783,114	0
Total Changes	6,987,410	2,616,352

The federal government allows states to use Medicaid dollars to “buy-in” dually eligible beneficiaries to Medicare and to offer Medicare Savings Programs (MSPs) for income eligible individuals. These are individuals who might otherwise forgo Medicare due to cost. This caseload sees gradual increases consistent with the aging Vermont population. The member month “buy-in” costs are determined at the federal level and tied to annual Medicare financing calculations. This reflects the annualized value of the premium rate changes effective January 2024.

7. Annual Medicare Part D Clawback. \$3,059,074 GF

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 change 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. This reflects the fully annualized impact for the most recent federal guidance increasing state Clawback payments to the CMS.

8. Net Neutral - Family Planning Services. \$635,442 GROSS/\$0 GF

Effective on July 1, 2023, DVHA began paying for family planning services via our MMIS system. These services were previously paid for by VDH. This is a net neutral move of funding from VDH to DVHA and this expenditure remains a GC waiver investment. This is the same adjustment reflected in the BAA.

9. Net Neutral – Safety Net Investments \$240,000 GROSS/\$0 GF

Safety net payments are for services made on behalf of unenrolled, uninsured or underinsured populations and should be under the GC waiver investment provision. This adjustment places these expenditures in the correct State Only budget; they had been incorrectly lodged in the regular Medicaid GC program appropriation. This is the same adjustment reflected in the BAA.

10. Breast Pump Supplies \$164,000 GROSS/\$69,159 GF

Breast pumps have always been covered but the supplies, primarily storage baggies, have not been covered. Effective January 1, 2024, Vermont has come into alignment with the HRSA recommendations and CMS guidelines in support of nursing mothers. These supplies are now covered. This is the fully annualized cost estimate of this change.

11. FQHC and RHC 4.6% MEI Adjustment \$2,260,000 GROSS/\$953,042 GF

The funding is to increase the payments to Federally Qualified Health Centers and Rural Health Clinics by the Medicare Economic Index (MEI) which is a measure of practice cost inflation that Vermont applies to the existing FQHC and RHC payments annually. This is the fully annualized cost estimate of this change.

12. Hospice Rates \$50,000 GROSS/\$21,085 GF

This is the estimated amount to bring Medicaid hospice rates into compliance with CMS minimums for state Medicaid programs to pay for these services. The rate increase was instituted effective January 1, 2024. This is the fully annualized cost estimate of this change.

13. Brattleboro Retreat - Patient Mix. \$0 GROSS/\$2,464,683 GF

The total amount of Retreat funding is not changing, but \$4,396,308 is moving from the GC appropriation to the State Only appropriation, however this is not net neutral. Whether the stay of a patient at the Retreat is payable under Medicaid is related to the services and length of stay. Forensic patients, CRT only beneficiaries and patients staying longer than 60-days fall under the IMD restrictions and are not eligible for Medicaid. These patients need to be funded with state General Funds if they do not have other coverage. Substance use disorder and stabilization treatment services provided for stays less than 60 days are

Medicaid eligible. The fiscal impact reflects the federal funds that cannot be drawn due to patient mix. This is the same adjustment reflected in the BAA.

14. Childcare Payroll Tax – Children’s PCS \$15,956 GROSS/ \$6,729 GF

This reflects the impact of the new Childcare Payroll Tax which begins July 1, 2024 on the Children’s Personal Care Services program.

15. Graduate Medical Education (GME). \$7,146,928 GROSS/ \$0 GF

DVHA is seeking Global Commitment spending authority to increase the annual GME amount from \$51.2 million to \$58.4 million which is the full amount of GME payment potential demonstrated by the approved calculation methodology. This proposed funding mechanism does not require additional General Fund dollars. A more detailed summary of the GME program is provided in the DVHA Budget Book.

16. Border Hospital Rate Increase \$2,175,000 GROSS/ \$917,198 GF

Intended to ensure that the rate of pay to out of state hospitals ten miles from the border will increase as a percentage of rate paid to in-state hospitals.

17. Psychiatric Residential Treatment Facility . . . \$3,557,031 GROSS/ \$1,500,000 GF

AHS issued an RFP for Psychiatric Residential Treatment Facility (PRTF) services in the spring of 2023. A PRTF is a provider of inpatient psychiatric services who has a provider agreement with a State Medicaid Agency to provide the inpatient services benefit to Medicaid-eligible individuals under the age of 21.

DMH and DCF are currently leading the process of contract development with oversight from AHS and technical assistance from DVHA. This should result in in-state capacity of 15-16 PRTF beds available to meet the needs of youth in the custody of DMH, DCF and DDAIL that require this level of care and treatment. Specific programmatic questions about this initiative are best directed to the other departments.

DVHA will process the claims for payment once the agreement is executed and the program is in place. This represents an estimate for a partial year of expenditure and may require mid-year adjustment depending on the actual start date and how quickly the program will be able to scale to capacity.

ONE TIME APPROPRIATION -

18. Global Payment Program \$9,279,583 GROSS/ \$3,913,200 GF

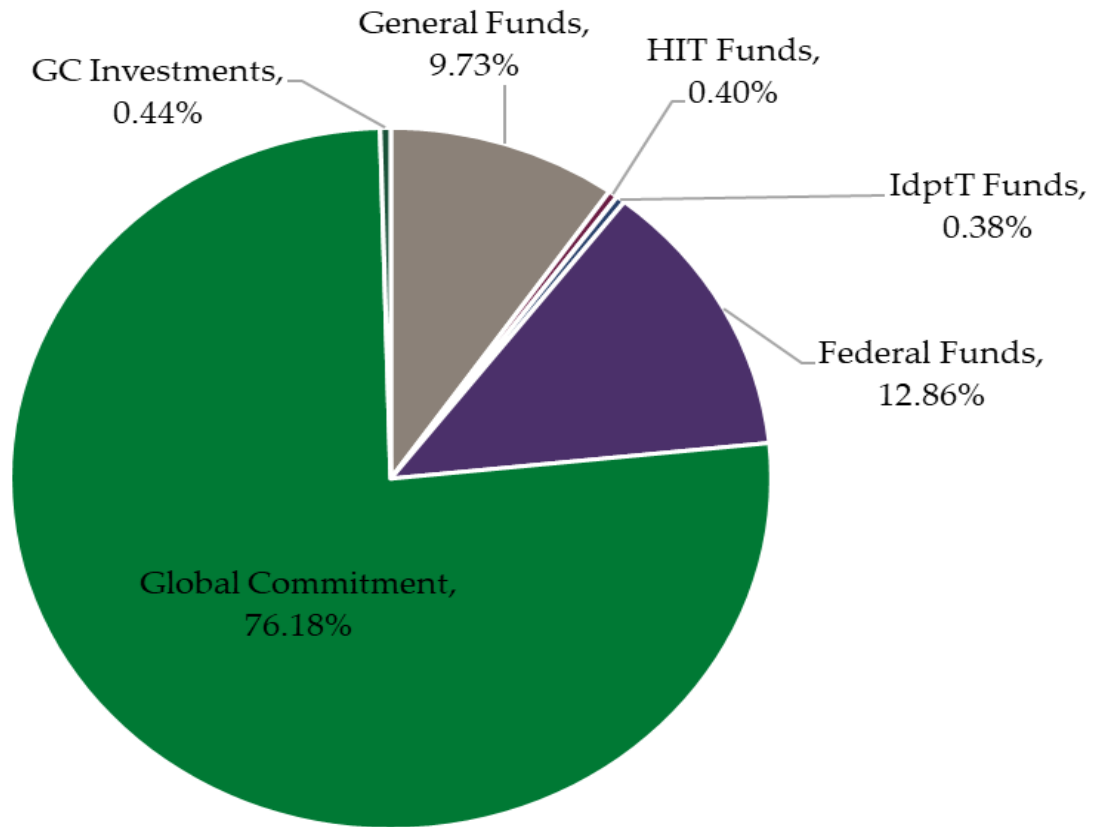
The CY 2024 contract with OneCare Vermont allows for the implementation of a new pilot program. Currently, DVHA is able to internally support a very modest pilot program open to

ACO-participating independent primary care practices. This funding would allow up to 5 hospitals to participate in this program in the second half of calendar year 2024. For any entity voluntarily participating in this pilot, one-time resources are needed to cover the cash flow budget impact due to the timing difference of the runout of claims incurred prior to the start of a GPP prospective payment.

Pilot Program: A voluntary payment model to issue separate “global” monthly prospective payments to current hospital and independent primary care participants in the Vermont Medicaid Next Generation (VMNG) Accountable Care Organization (ACO) program who opt into this program. Prospective payments for the GPP will be reconciled to actual fee-for-service (FFS) experience using Medicaid claims data at the end of the performance year. GPP payments would be for Vermont Medicaid members not attributed to the ACO through the VMNG program receiving services comparable to VMNG “Total Cost of Care” services from GPP-participating provider organizations.

- Participation in the GPP would give participants an opportunity to convert a significant portion of their remaining Medicaid FFS revenue into fixed payments in a no-risk model, allowing them to test global budget participation for one payer before it was potentially a requirement for multiple payers.
- A model that reconciles to FFS is not the longer-term model design but would mitigate potential financial exposure for both the state and participating providers at the outset, making this a low-risk steppingstone toward global budgets.
- Implementing the GPP for a small number of “early adopters” will give Vermont early experience as we await additional details about the CMMI AHEAD model, which will help Vermont determine if this is a model for which the state will apply.

DVHA 2025 Recommended Budget by Source of Funds



Year over Year Changes	Program (Gross)	Admin (Gross)	Total DVHA	State Funds Estimate
2023 Actuals	\$ 1,058,705,592	\$ 130,031,183	\$ 1,188,736,775	\$ 467,975,950
2024 Budget Adjustment Act	\$ 1,028,024,742	\$ 179,693,455	\$ 1,207,718,197	\$ 513,068,883
2025 Governor's Recommended	\$ 994,336,543	\$ 182,212,642	\$ 1,176,549,185	\$ 496,150,791

*This estimate converts Global Commitment funds which are handled 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.

Graduate Medical Education (GME)

Medicaid GME is a long-standing program that allows the state to access additional federal funds for health care workforce development. The proposed GME budget for SFY25 is \$58.4 million up from \$51.2 million in SFY24. The match for this expenditure is provided by UVM and not the General Fund of the state.

The amount of GME is calculated based on three factors.

- 1 - Payments for Qualified Teaching Professionals (QTPs) which is the reimbursement for differential between commercial and Medicaid payments
- 2 - Direct Graduate Medical Education (GME) which pays the salaries of residents and time of supervising physicians
- 3 - Indirect Graduate Medical Education (IME) a formula-based calculation to cover the additional patient care cost incurred by teaching hospitals over non-teaching hospitals

Terms of the Agreement

The SFY25 GME payment agreement will be executed in mid-2024. Changes or updates will be determined at that time. The current GME agreement between the state and UVMHC requires the following:

Training a Physician Workforce

Provide an annual listing of residency and fellowship slots by specialty/ patient population and graduates by specialty who remain in Vermont after graduation.

Involvement of residents and fellows in quality projects aimed at improving the processes for providing safe and effective patient care with a focus on sustainability.

Provide Accreditation Council for Graduate Medical Education UVM Medical Center institutional data for resident/fellow and faculty surveys; and provide ways residents and fellows demonstrate learning about health care disparities; this includes

- Culture that reinforces personal responsibility for patient safety
- Information not lost during shift changes, patient transfers, or the hand-over process
- Interprofessional teamwork skills modeled or taught
- Taught about health care disparities
- Faculty members discuss cost awareness in patient care decisions
- Education in assessing patient goals e.g. end of life care
- Preparation for interaction with diverse individuals

Quality Improvement Focus Area - Behavioral Health Integration in Medical Homes

UVMHN is actively engaged in implementing the Ambulatory Integration of the Medical and Social (AIMS) model in our patient-centered medical homes, which provide comprehensive and high-quality primary care across the network. The embedded behavioral health resources provide care coordination between primary care providers and members of the extended care team who focus exclusively on assessing, managing, and coordinating the behavioral health needs of our primary care patients. Reporting required:

- Number and percentage of UVMHN medical homes with embedded behavioral health resources.
- Geographic spread of UVMHN medical homes with embedded behavioral health resources (state of Vermont only for this reporting).
- Number of patients receiving a short-term behavioral health intervention because of this embedded resource and percent of Medicaid patients utilizing this service.
- Referrals made to community health resources by embedded primary care behavioral health team members.
- Successes, challenges, and lessons learned during this reporting period that will inform continued roll out of this approach.

Quality Improvement Focus Area - Implement E-Consultations

UVMHN will actively deploy e-consultations initially in Chittenden county and then across communities served by UVMHN employed primary care providers. When a patient has a straightforward, low-acuity issue that benefits from a specialist review, the patient's primary care provider can initiate an e-consult to a specialist colleague with an expected response time of one week. The implementation of e-consultations should improve access for our patients by allowing primary care providers to continue to manage the patient's care within the medical home rather than referring their patient to a specialist that normally requires a wait time for the patient to see the specialist to determine the next steps in care. Reporting required:

- Number of unique e-consultations built within our electronic health record system and deployed to our employed primary care providers.
- Number of e-consultations requested by primary care providers.
- Number of requested e-consultations that were completed.
- Timeliness of e-consultation completion.
- Number of unique patients served by e-consultations and the percentage of Medicaid patients utilizing the service.
- Geographic range of patients served by e-consultations (state of Vermont only for this reporting).
- Successes, challenges, and lessons learned during this reporting period that will inform expansion of our digital strategies.

Quality Improvement Focus Area - Telehealth Expansion as Strategy for Improving Access

UVMHN rapidly deployed tele-video visit technology as part of the early strategy for addressing safe access for patients needing an ambulatory visit with a provider during the early stages of the COVID-19 pandemic. The rapid implementation was critical to maintaining our ability to provide care to those patients who were at risk for not getting their health needs met through our previously “normal” in person visits. In the two plus years since that time, our network has continued to implement EPIC as our foundational electronic health record (EHR) system and has started to work on deploying a fully integrated tele-video technology leveraging MyChart, the EHR patient portal. Reporting required:

- Number and percentage of ambulatory visits conducted via telehealth from 2019 to present.
- Geographic range of patients receiving care from 2019 to present (with particular focus on telehealth impact).
- Number of UVMHN clinic locations that migrated to the MyChart tele-video visit platform.
- Percent of UVMHN patients with active MyChart accounts and percent of Medicaid patients using MyChart.
- Successes, challenges and lessons learned during this reporting period that will inform our telehealth strategies.

Vermont Medicare Buy-In Program & Medicare Savings Programs (MSPs)

The Vermont Medicare Buy-In Program and MSPs promote access to Medicare coverage for low-income older adults and people with disabilities. These help to ensure that Medicare is the first and primary payer for covered services for dually eligible individuals.

PROGRAM OVERVIEW:

- The federal government allows states to use Medicaid dollars to “buy-in” to Medicare on behalf of dually eligible beneficiaries (enrolled on Medicare and Medicaid) and other low-income Medicare eligible Vermonters.
- Enrollment can be immediate once eligibility is granted.
- Once enrolled in the Buy-In Program or an MSP, enrollment in Extra Help (a federal program which pays for the majority of Medicaid Prescription Drug Plan costs) is automatic.
- To be eligible for the Vermont Medicare buy-in program you must be dually enrolled **OR** qualify for one of the following MSPs:
 - **Qualified Medicare Beneficiary (QMB) program:** Pays premiums, deductibles, coinsurance, and copayments for Part A and Part B.
 - **Income Limit:** 100% FPL
 - **Specified Low-Income Medicare Beneficiary (SLMB) program:** Pays Part B premiums only.
 - **Income Limit:** 120% FPL
 - **Qualifying Individual (QI-1) program:** Pays Part B premiums only. This program is 100% federally funded.
 - **Income Limit:** 135% FPL
- There is no resource/asset test requirement for MSPs in Vermont
- Members can be enrolled in both an MSP and VPharm.

**Qualified Disabled Working Individual (QDWI) is a fourth federally allowable MSP that pays the Part A premium for certain beneficiaries who are working with a disability. Vermonters who are working with a disability and have income under the QDWI limit tend to qualify for Medicaid for Working People with Disabilities, which is a more robust program.*

SFY'24 BAA

GC: \$55,863,560
 Investments: \$5,292
 Federal Only: \$6,010,450

CY'24 Medicare Premiums

Part A: \$505
Hospital related costs

Part B: \$174.70
Medical and outpatient services

SFY'24 YTD Average Member Months

	Part A:	Part B:
GC:	865	23,641
Invest:	-	3
Federal:	-	2,721

Average member-months paid for per month between July 23-Dec 23



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State Fiscal Year 2025 Pullouts

FY25 Department Request - DVHA									
		GF	SF	State Health Care Res	IdptT	FF	Medicaid GCF	Invmnt GCF	Total
Sec. B.306	Approp #3410010000 - DVHA Administration As Passed FY24	35,605,917	4,753,011		4,672,392	134,621,243		4,220,337	183,872,900
	Other Changes: (Please insert changes to your base appropriation that occurred after the passage of the FY24 budget)								
	FY24 After Other Changes	0	0	0	0	0	0	0	0
	Total After FY24 Other Changes	35,605,917	4,753,011	0	4,672,392	134,621,243	0	4,220,337	183,872,900
	FY24 After Other Changes								
	Personal Services:								
	500000: Salary & Wages: Classified Employees								
	500010: Salary & Wages: Exempt Employees	845,358	(25,966)		(11,198)	488,225		(67,262)	1,229,157
	501500: Health Insurance: Classified Employees								
	501510: Health Insurances: Exempt Employees	368,769	(5,258)			346,337		2,651	712,499
	502000: Retirement: Classified Employees								
	502010: Retirement: Exempt Employees	150,953	(4,745)			63,780		(16,683)	193,305
	All Other Employee Payroll Related Fringe Benefits	1,877	(141)			(831)		(428)	477
	504040: VT Family & Medical Leave Insurance Premium	42,672	63			55,926		1,910	100,571
	504045: Child Care Contribution	37,958	56			49,739		1,698	89,451
	505200: Workers' Compensation Insurance Premium	(3,157)				(13,089)			(16,246)
	508000: Vacancy Turnover Savings	252,308	15,995		126,642	687,760		166,351	1,249,056
	Contracts - Technical Adjustment (BAA item)	2,903,711			(276,548)	(7,347,909)			(4,720,746)
	Quality positions from CO to DVHA (AHS net-neutral)	166,668				166,668			333,336
	Medicaid Policy positions from DVHA to CO (AHS net-neutral)	(509,720)			(3,130)	(517,820)			(1,030,670)
	Temporary Employees	85,000				135,000			220,000
	Operating Expenses:								0
	515010: Fee-for-Space Charge	(9,230)				(38,263)			(47,493)
	516000: Insurance Other Than Employee Benefits	(628)				(2,601)			(3,229)
	516010: Insurance - General Liability	(2,067)				(8,566)			(10,633)
	516671: VISION/ISD	127				527			654
	516685: ADS Allocated Charge	(4,869)				(20,186)			(25,055)
	519006: Human Resources Services	(4,716)				(19,551)			(24,267)
	523620: Single Audit Allocation								0
	Operating for Policy Unit to CO (AHS net-neutral)	(54,616)				(55,809)			(110,425)
	Grants:								0
	Grant - technical adjustment HIE project match estimate					200,000			200,000
									0
	FY25 Subtotal of Increases/Decreases	4,266,398	(19,996)	0	(164,234)	(5,830,663)	0	88,237	(1,660,258)
	FY25 Gov Recommended	39,872,315	4,733,015	0	4,508,158	128,790,580	0	4,308,574	182,212,642
	FY25 Legislative Changes								
	FY25 Subtotal of Legislative Changes	0	0	0	0	0	0	0	0
	FY25 As Passed - Dept ID 3410010000	39,872,315	4,733,015	0	4,508,158	128,790,580	0	4,308,574	182,212,642

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Sec. B.307	Approp #3410015000 - DVHA Global Commitment As Passed FY24							933,090,221		933,090,221
	Other Changes: (Please insert changes to your base appropriation that occurred after the passage of the FY24 budget)									
	FY24 After Other Changes	0	0	0	0	0	0	0	0	0
	Total After FY24 Other Changes	0	0	0	0	0	0	933,090,221	0	933,090,221
	FY24 After Other Changes									
	Grants:									
	Caseload and Utilization							(53,717,150)		(53,717,150)
	Buy-In GC - federal rate change							6,202,028		6,202,028
	Safety Net Investments to State-Only (BAA item, DVHA net-neutral)							(240,000)		(240,000)
	Hospice rate increase - federal requirement (BAA item)							50,000		50,000
	FQHC - Medicare Economic Index (MEI) steady state at 4.6% (BAA item)							2,260,000		2,260,000
	Breast pump supplies (BAA item)							164,000		164,000
	Out-of-state border hospital (within 10mi) rate adjustment							2,175,000		2,175,000
	Psychiatric Residential Treatment Facility (PRTF) (6 months)							3,557,031		3,557,031
	Brattleboro Retreat Case Mix adjustment (BAA item)							(4,396,308)		(4,396,308)
	Child Care Contribution (Children's Personal Care Services)							15,956		15,956
	Graduate Medical Education (GME)							7,146,928		7,146,928
	FY25 Subtotal of Increases/Decreases	0	0	0	0	0	0	(36,782,515)	0	(36,782,515)
	FY25 Gov Recommended	0	0	0	0	0	0	896,307,706	0	896,307,706
	FY25 Legislative Changes									
	FY25 Subtotal of Legislative Changes	0	0	0	0	0	0	0	0	0
	FY25 As Passed - Dept ID 3410015000	0	0	0	0	0	0	896,307,706	0	896,307,706
Sec. B.309	Approp #3410017000 - DVHA - Medicaid Program - State Only As Passed FY24								4,692	53,067,318
	Other Changes: (Please insert changes to your base appropriation that occurred after the passage of the FY24 budget)									
	FY24 After Other Changes	0	0	0	0	0	0	0	0	0
	Total After FY24 Other Changes	53,062,626	0	0	0	0	0	0	4,692	53,067,318
	FY24 After Other Changes									
	Grants:									
	VCR - cost share reduction (QHP) Caseload and Utilization	703,952								703,952
	Vpharm Caseload and Utilization	1,119,986								1,119,986
	Dr. Dynasaur expansion Caseload and Utilization	(190,400)								(190,400)
	Clawback	3,059,074								3,059,074
	Buy-In GC Investment program								2,268	2,268
	Safety Net Investments from GC Program (BAA item, DVHA net-neutral)								240,000	240,000
	Family Planning Services transfer from VDH (BAA item, AHS net-neutral)								635,442	635,442
	Brattleboro Retreat Case Mix adjustment (BAA item)	4,396,308								4,396,308
	FY25 Subtotal of Increases/Decreases	9,088,920	0	0	0	0	0	0	877,710	9,966,630
	FY25 Gov Recommended	62,151,546	0	0	0	0	0	0	882,402	63,033,948
	FY25 Legislative Changes									
	FY25 Subtotal of Legislative Changes	0	0	0	0	0	0	0	0	0
	FY25 As Passed - Dept ID 3410017000	62,151,546	0	0	0	0	0	0	882,402	63,033,948
Sec. B.310	Approp #3410018000 - DVHA - Medicaid Matched NON Waiver Expenses As Passed FY24								21,987,403	34,621,472
	Other Changes: (Please insert changes to your base appropriation that occurred after the passage of the FY24 budget)									
	FY24 After Other Changes	0	0	0	0	0	0	0	0	0
	Total After FY24 Other Changes	12,634,069	0	0	0	0	0	21,987,403	0	34,621,472
	FY24 After Other Changes									
	Grants:									
	CHIP - Caseload and Utilization	(122,664)						(287,034)		(409,698)
	Buy-In - federal funded program							783,114		783,114
	FY25 Subtotal of Increases/Decreases	(122,664)	0	0	0	0	0	496,080	0	373,416
	FY25 Gov Recommended	12,511,405	0	0	0	0	0	22,483,483	0	34,994,888
	FY25 Legislative Changes									
	FY25 Subtotal of Legislative Changes	0	0	0	0	0	0	0	0	0
	FY25 As Passed - Dept ID 3410018000	12,511,405	0	0	0	0	0	22,483,483	0	34,994,888

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	GF	SF	State Health Care Res	IdptT	FF	Medicaid GCF	Invmnt GCF	Total
DVHA FY25 Governor Recommend	101,302,612	4,753,011	0	4,672,392	156,608,646	933,090,221	4,225,029	1,204,651,911
DVHA FY25 Reductions and Other Changes	0	0	0	0	0	0	0	0
DVHA FY25 GovRec Total After Reductions and Other Changes	101,302,612	4,753,011	0	4,672,392	156,608,646	933,090,221	4,225,029	1,204,651,911
DVHA FY25 Total Increases/Decreases	13,232,654	(19,996)	0	(164,234)	(5,334,583)	(36,782,515)	965,947	(28,102,727)
DVHA FY25 Governor Recommend Addendum	114,535,266	4,733,015	0	4,508,158	151,274,063	896,307,706	5,190,976	1,176,549,184
DVHA FY25 Total Legislative Changes	0	0	0	0	0	0	0	0
DVHA FY25 Total As Passed	114,535,266	4,733,015	0	4,508,158	151,274,063	896,307,706	5,190,976	1,176,549,184

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PROGRAM EXPENDITURES	SFY '23 Actuals			SFY '24 As Passed			SFY '24 BAA			SFY '25 Gov Rec			Funding Description
	Avg. Enrollment	Expenses	PMPM	Avg. Enrollment	Expenses	PMPM	Avg. Enrollment	Expenses	PMPM	Avg. Enrollment	Expenses	PMPM	
Adults													
Aged, Blind, or Disabled (ABD)	6,767	\$ 75,523,964	\$ 930.00	6,251	\$ 65,019,595	\$ 866.83	7,428	\$ 83,920,534	\$ 941.49	8,005	\$ 80,459,799	\$ 837.60	Global Commitment Funded (GC)
Dual Eligibles	22,839	\$ 91,380,940	\$ 333.42	22,365	\$ 102,781,577	\$ 382.97	22,376	\$ 95,555,733	\$ 355.87	22,380	\$ 96,682,771	\$ 360.00	Global Commitment Funded (GC)
General	18,626	\$ 87,549,655	\$ 391.71	17,570	\$ 78,674,701	\$ 373.15	15,337	\$ 81,443,949	\$ 442.52	15,000	\$ 74,744,207	\$ 415.25	Global Commitment Funded (GC)
New Adult Childless	50,698	\$ 284,264,122	\$ 467.25	47,240	\$ 259,437,687	\$ 457.66	41,237	\$ 251,974,736	\$ 509.20	38,000	\$ 223,680,823	\$ 490.53	Enhanced for Childless New Adults ~ General Funds
New Adult W/Child	26,073	\$ 131,458,276	\$ 420.16	23,171	\$ 125,793,807	\$ 452.41	23,171	\$ 125,597,310	\$ 451.70	22,500	\$ 121,560,732	\$ 450.22	Global Commitment Funded (GC)
Subtotal Adults	125,003	\$ 670,176,957	\$ 446.77	116,597	\$ 631,707,366	\$ 451.49	109,549	\$ 638,492,262	\$ 485.70	105,885	\$ 597,128,332	\$ 469.95	
Children													
Blind or Disabled (BD)	1,623	\$ 20,460,752	\$ 1,050.45	1,354	\$ 16,982,743	\$ 1,045.22	1,925	\$ 28,386,669	\$ 1,228.86	1,800	\$ 23,923,340	\$ 1,107.56	Global Commitment Funded (GC)
General	62,843	\$ 200,331,099	\$ 331.45	60,852	\$ 195,533,133	\$ 267.77	58,984	\$ 200,445,735	\$ 370.41	58,480	\$ 200,140,013	\$ 285.20	Global Commitment Funded (GC)
SCHIP (Uninsured)	4,655	\$ 10,472,332	\$ 187.46	4,596	\$ 10,178,225	\$ 184.55	4,388	\$ 9,717,592	\$ 184.55	4,411	\$ 9,768,527	\$ 184.55	Title XXI Enhanced
Subtotal Children	69,122	\$ 231,264,183	\$ 278.81	66,802	\$ 222,694,101	\$ 277.80	65,297	\$ 238,549,995	\$ 304.44	64,691	\$ 233,831,880	\$ 301.22	
Pharmacy													
Pharmacy Only - GC	9,072	\$ 3,737,775	\$ 34.33	9,033	\$ 3,424,386	\$ 31.59	9,245	\$ 3,780,311	\$ 34.08	9,763	\$ 4,033,149	\$ 34.43	Global Commitment Funded (GC)
Pharmacy Only - State Only	9,072	\$ 3,538,163	\$ 32.50	9,033	\$ 2,678,653	\$ 24.71	9,245	\$ 3,596,285	\$ 32.42	9,763	\$ 3,798,639	\$ 32.42	General Funds @ 100%
Pharmacy Only Programs	9,072	\$ 7,275,937	\$ 66.83	9,033	\$ 6,103,039	\$ 56.30	9,245	\$ 7,376,596	\$ 66.49	9,763	\$ 7,831,788	\$ 66.85	
QHP Assistance													
Premium Assistance	10,842	\$ 4,139,283	\$ 31.82	9,856	\$ 3,576,184	\$ 30.24	12,541	\$ 4,793,679	\$ 31.85	14,165	\$ 5,414,437	\$ 31.85	Global Commitment Funded (GC)
Cost Sharing	3,106	\$ 1,151,486	\$ 30.90	3,559	\$ 1,153,124	\$ 27.00	3,900	\$ 1,449,969	\$ 30.98	4,995	\$ 1,857,076	\$ 30.98	General Funds @ 100%
Subtotal QHP Assistance	10,842	\$ 5,290,769	\$ 40.67	9,856	\$ 4,729,309	\$ 39.99	16,441	\$ 6,243,648	\$ 31.65	14,165	\$ 7,271,514	\$ 42.78	
Subtotal Direct Services	214,039	\$ 914,007,846	\$ 355.86	202,288	\$ 865,233,816	\$ 356.44	200,532	\$ 890,662,501	\$ 370.12	194,504	\$ 846,063,513	\$ 362.49	
Miscellaneous Program													
Refugee	-	\$ -	\$ -	1	\$ -	\$ -	1	\$ -	\$ -	1	\$ -	\$ -	Federally Funded @ 100%
ACA Rebates		\$ (6,336,484)			\$ (3,036,658)			\$ (3,036,658)			\$ (3,036,658)		Federally Funded @ 100%
Dr. D Expansion - State Only	92	\$ 277,024	\$ 251.61	122	\$ 1,400,000	\$ 956.28	219	\$ 1,051,200	\$ 400.00	252	\$ 1,209,600	\$ 400.00	General Funds @ 100%
IMD State Only		\$ 9,828,129			\$ 32,044,538			\$ 14,040,846			\$ 9,644,538		Investments: Global Commitment Funded (GC)
Safety Net Investments		\$ 240,217						\$ 875,442					
DSH		\$ 46,365,645			\$ -			\$ 22,704,471			\$ 5,271,750		Global Commitment Funded (GC)
Clawback		\$ 35,919,289			\$ 22,704,471			\$ 43,719,725			\$ 22,704,471		General Funds @ 100%
Buy-In ~ GC		\$ 52,469,404			\$ 42,762,070			\$ 55,863,560			\$ 45,821,144		Global Commitment Funded (GC)
Buy-In ~ Investments/State Only		\$ 5,185			\$ 4,082			\$ 5,292			\$ 6,351		Investments: Global Commitment Funded (GC)
Buy-In ~ Federal Only		\$ 5,514,174			\$ 5,498,755			\$ 6,010,450			\$ 6,281,869		Federally Funded @ 100%
Legal Aid		\$ 547,983			\$ 547,983			\$ 547,983			\$ 547,983		Global Commitment Funded (GC)
Misc. Pymts.		\$ (132,840)			\$ -			\$ (4,420,679)			\$ -		Global Commitment Funded (GC)
Healthy Vermonters Program	1,177	\$ -	\$ -	1,018	\$ -	\$ -	1,217	\$ -	\$ -	1,255	\$ -	\$ -	N/A
Subtotal Miscellaneous Program	1,426	\$ 144,697,746		1,304	\$ 155,545,196		1,600	\$ 137,362,241		1,671	\$ 148,273,030		
TOTAL PROGRAM EXPENDITURES	215,465	\$ 1,058,705,592		203,592	\$ 1,020,779,012		202,132	\$ 1,028,024,742		196,175	\$ 994,336,543		

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PROGRAM EXPENDITURES	SFY '21 Actuals			SFY '22 Actuals			SFY '23 Actuals			SFY '24 As Passed			SFY '24 BAA			SFY '25 GR		
	Avg. Enrollment	Expenses	PMPM	Avg. Enrollment	Expenses	PMPM	Avg. Enrollment	Expenses	PMPM	Avg. Enrollment	Expenses	PMPM	Avg. Enrollment	Expenses	PMPM	Avg. Enrollment	Expenses	PMPM
Adults																		
Aged, Blind, or Disabled (ABD)	6,594	\$ 58,918,132	\$ 744.56	6,479	\$ 64,186,768	\$ 825.63	6,767	\$ 75,523,964	\$ 930.00	6,251	\$ 65,019,595	\$ 866.83	7,428	\$ 83,920,534	\$ 941.49	8,005	\$ 80,459,799	\$ 837.60
Dual Eligibles	22,001	\$ 82,481,872	\$ 312.42	22,306	\$ 84,981,924	\$ 317.49	22,839	\$ 91,380,940	\$ 333.42	22,365	\$ 102,781,577	\$ 382.97	22,376	\$ 95,555,733	\$ 355.87	22,380	\$ 96,682,771	\$ 360.00
General	11,172	\$ 58,810,030	\$ 438.67	16,159	\$ 70,203,809	\$ 362.05	18,626	\$ 87,549,655	\$ 391.71	17,570	\$ 78,674,701	\$ 373.15	15,337	\$ 81,443,949	\$ 442.52	15,000	\$ 74,744,207	\$ 415.25
New Adult Childless	42,214	\$ 220,623,074	\$ 435.53	47,929	\$ 254,594,682	\$ 442.66	50,698	\$ 284,264,122	\$ 467.25	47,240	\$ 259,437,687	\$ 457.66	41,237	\$ 251,974,736	\$ 509.20	38,000	\$ 223,680,823	\$ 490.53
New Adult W/Child	24,518	\$ 114,487,987	\$ 389.13	25,109	\$ 131,731,050	\$ 437.20	26,073	\$ 131,458,276	\$ 420.16	23,171	\$ 125,793,807	\$ 452.41	23,171	\$ 125,597,310	\$ 451.70	22,500	\$ 121,560,732	\$ 450.22
Subtotal Adults	106,498	\$ 535,321,094	\$ 418.88	117,981	\$ 605,698,233	\$ 427.82	125,003	\$ 670,176,957	\$ 446.77	116,597	\$ 631,707,366	\$ 451.49	109,549	\$ 638,492,262	\$ 485.70	105,885	\$ 597,128,332	\$ 469.95
Children																		
Blind or Disabled (BD)	1,636	\$ 19,998,435	\$ 1,018.77	1,535	\$ 18,708,639	\$ 1,015.84	1,623	\$ 20,460,752	\$ 1,050.45	1,354	\$ 16,982,743	\$ 1,045.22	1,925	\$ 28,386,669	\$ 1,228.86	1,800	\$ 23,923,340	\$ 1,107.56
General	61,227	\$ 155,993,778	\$ 212.32	62,449	\$ 187,735,433	\$ 250.52	62,843	\$ 200,331,099	\$ 331.45	60,852	\$ 195,533,133	\$ 267.77	58,984	\$ 200,445,735	\$ 370.41	58,480	\$ 200,140,013	\$ 285.20
SCHIP (Uninsured)	4,356	\$ 9,417,889	\$ 180.17	4,707	\$ 9,920,819	\$ 175.64	4,655	\$ 10,472,332	\$ 187.46	4,596	\$ 10,178,225	\$ 184.55	4,388	\$ 9,717,592	\$ 184.55	4,411	\$ 9,768,527	\$ 184.55
Subtotal Children	67,219	\$ 185,410,102	\$ 229.86	68,691	\$ 216,364,890	\$ 480.66	69,122	\$ 231,264,183	\$ 278.81	66,802	\$ 222,694,101	\$ 277.80	65,297	\$ 238,549,995	\$ 304.44	64,691	\$ 233,831,880	\$ 301.22
Pharmacy																		
Pharmacy Only - GC	9,965	\$ 3,447,891	\$ 28.83	9,616	\$ 3,501,070	\$ 30.34	9,072	\$ 3,737,775	\$ 34.33	9,033	\$ 3,424,386	\$ 31.59	9,245	\$ 3,780,311	\$ 34.08	9,763	\$ 4,033,149	\$ 34.43
Pharmacy Only - State Only	9,965	\$ 1,444,819	\$ 12.08	9,616	\$ 2,891,746	\$ 25.06	9,072	\$ 3,538,163	\$ 32.50	9,033	\$ 2,678,653	\$ 24.71	9,245	\$ 3,596,285	\$ 32.42	9,763	\$ 3,798,639	\$ 32.42
Pharmacy Only Programs	9,965	\$ 4,892,710	\$ 40.92	9,616	\$ 6,392,816	\$ 55.40	9,072	\$ 7,275,937	\$ 66.83	9,033	\$ 6,103,039	\$ 56.30	9,245	\$ 7,376,596	\$ 66.49	9,763	\$ 7,831,788	\$ 66.85
QHP Assistance																		
Premium Assistance	15,187	\$ 5,591,697	\$ 30.68	12,470	\$ 4,524,778	\$ 30.24	10,842	\$ 4,139,283	\$ 31.82	9,856	\$ 3,576,184	\$ 30.24	12,541	\$ 4,793,679	\$ 31.85	14,165	\$ 5,414,437	\$ 31.85
Cost Sharing	3,044	\$ 1,176,262	\$ 32.20	3,040	\$ 985,102	\$ 27.00	3,106	\$ 1,151,486	\$ 30.90	3,559	\$ 1,153,124	\$ 27.00	3,900	\$ 1,449,969	\$ 30.98	4,995	\$ 1,857,076	\$ 30.98
Subtotal QHP Assistance	15,187	\$ 6,767,959	\$ 37.14	12,470	\$ 5,509,880	\$ 36.82	10,842	\$ 5,290,769	\$ 40.67	9,856	\$ 4,729,309	\$ 39.99	16,441	\$ 6,243,648	\$ 31.65	14,165	\$ 7,271,514	\$ 42.78
Subtotal Direct Services	198,868	\$ 732,391,866	\$ 306.90	208,757	\$ 833,965,820	\$ 332.91	214,039	\$ 914,007,846	\$ 355.86	202,288	\$ 865,233,816	\$ 356.44	200,532	\$ 890,662,501	\$ 370.12	194,504	\$ 846,063,513	\$ 362.49
Miscellaneous Program																		
Refugee	-	\$ (40,777)	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	1	\$ -	\$ -	1	\$ -	\$ -	1	\$ -	\$ -
ACA Rebates		\$ (3,864,124)			\$ (4,031,719)			\$ (6,336,484)			\$ (3,036,658)			\$ (3,036,658)			\$ (3,036,658)	
Dr. D Expansion - State Only				20	\$ 30,937	\$ 128.90	92	\$ 277,024	\$ 251.61	122	\$ 1,400,000	\$ 956.28	219	\$ 1,051,200	\$ 400.00	252	\$ 1,209,600	\$ 400.00
IMD and Underinsured		\$ 2,078,349			\$ 4,983,664			\$ 9,828,129			\$ 32,044,538			\$ 14,040,846			\$ 9,644,538	
DSH								\$ 240,217			\$ -			\$ 875,442			\$ 5,271,750	
Clawback		\$ 22,704,470			\$ 22,704,469			\$ 46,365,645			\$ 22,704,471			\$ 22,704,471			\$ 22,704,471	
Buy-In ~ GC		\$ 30,355,530			\$ 33,191,145			\$ 35,919,289			\$ 42,762,070			\$ 43,719,725			\$ 45,821,144	
Buy-In ~ CFC		\$ 45,318,402			\$ 50,423,430			\$ 52,469,404			\$ 53,619,345			\$ 55,863,560			\$ 59,821,373	
Buy-In ~ Investments/State Only		\$ 54,058			\$ 6,204			\$ 5,185			\$ 4,082			\$ 5,292			\$ 6,351	
Buy-In ~ Federal Only		\$ 4,557,709			\$ 5,123,607			\$ 5,514,174			\$ 5,498,755			\$ 6,010,450			\$ 6,281,869	
Legal Aid		\$ 547,983			\$ 547,983			\$ 547,983			\$ 547,983			\$ 547,983			\$ 547,983	
Misc. Pymts.		\$ 13,991			\$ 20,752			\$ (132,840)			\$ -			\$ (4,420,679)			\$ -	
Healthy Vermonters Program		\$ -		1,149	\$ -	\$ -	1,177	\$ -	\$ -	1,018	\$ -	\$ -	1,217	\$ -	\$ -	1,255	\$ -	\$ -
Subtotal Miscellaneous Program	170	\$ 101,730,127		1,331	\$ 113,001,078		1,426	\$ 144,697,746		1,304	\$ 155,545,196		1,600	\$ 137,362,241		1,671	\$ 148,273,030	
TOTAL PROGRAM EXPENDITURES	199,038	\$ 834,121,993		210,088	\$ 946,966,898		215,465	\$ 1,058,705,592		203,592	\$ 1,020,779,012		202,132	\$ 1,028,024,742		196,175	\$ 994,336,543	

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FEDERAL MATCH RATES

FFIS projs + JFO/Admin consensus - 2025 October 2023

Fiscal Years 2021 to 2025 [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
2022	10/1/2021	09/30/2022	56.47%		56.47%	43.53%	2022	7/1/2021	06/30/2022	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	09/30/2023	55.82%		55.82%	44.18%	2023	7/1/2022	06/30/2023	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	09/30/2024	56.75%		56.75%	43.25%	2024	7/1/2023	06/30/2024	56.52%		56.52%	43.48%
	COVID e-FMAP		56.75%	0.38%	57.13%	42.88%		COVID e-FMAP		56.52%	1.00%	57.52%	42.48%
2025	10/1/2024	09/30/2025	58.19%		58.19%	41.81%	2025	7/1/2024	06/30/2025	57.83%		57.83%	42.17%

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	State Share
2022	10/1/2021	09/30/2022	69.53%	n/a	69.53%	30.47%	2022	7/1/2021	06/30/2022	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	09/30/2023	69.07%	n/a	69.07%	30.93%	2023	7/1/2022	06/30/2023	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	09/30/2024	69.73%	n/a	69.73%	30.28%	2024	7/1/2023	06/30/2024	69.56%	n/a	69.56%	30.44%
	includes COVID e-FMAP		69.99%		69.99%	30.01%		includes COVID e-FMAP		70.26%		70.26%	29.74%
2025	10/1/2024	09/30/2025	70.73%	n/a	70.73%	29.27%	2025	7/1/2024	06/30/2025	70.48%	n/a	70.48%	29.52%

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Categories of Service

Please note, AHS financial reporting has changed to the CMS reporting system's Categories of Service definitions. FY23 is the last year in which actual DHVA expenditure is presented in the format below. FY24* data below is an estimated allocation. Next year actual FY24 and estimated FY25 BAA information will be presented in the new CMS based format.

DVHA Medicaid Spend by Category of Service		
Category of Service	SFY 2023 Actual Spend	SFY 2024* BAA
Inpatient	\$ 156,415,440	\$ 145,321,456
Outpatient	\$ 75,112,561	\$ 68,840,020
Physician	\$ 65,814,174	\$ 67,192,081
Pharmacy	\$ 279,780,943	\$ 274,116,809
Nursing Home	\$ 2,644,632	\$ 2,476,596
Mental Health Facility	\$ 1,943,358	\$ 1,819,880
Dental	\$ 29,792,849	\$ 41,050,194
MH Clinic	\$ 1,550,804	\$ 1,452,269
Independent Lab/Xray	\$ 6,545,105	\$ 6,129,239
Home Health	\$ 4,924,364	\$ 4,611,478
RHC	\$ 2,823,797	\$ 2,644,377
Hospice	\$ 8,631,546	\$ 8,083,111
FQHC	\$ 38,906,026	\$ 40,703,995
Chiropractor	\$ 1,687,151	\$ 1,579,952
Nurse Practitioner	\$ 1,515,442	\$ 1,419,153
Skilled Nursing	\$ 2,888,116	\$ 2,704,609
Podiatrist	\$ 192,531	\$ 180,297
Psychologist	\$ 34,756,176	\$ 32,547,820
Optometrist	\$ 2,673,854	\$ 2,503,962
Optician	\$ 205,991	\$ 192,903
Transportation	\$ 13,382,241	\$ 14,031,953
Therapy Services	\$ 14,805,019	\$ 13,864,331
Prosthetic/Ortho	\$ 3,317,981	\$ 3,107,161
Medical Supplies	\$ 3,919,652	\$ 3,670,603
DME	\$ 8,958,879	\$ 8,471,645
H&CB Services	\$ (43,467)	\$ (40,705)
H&CB Services Mental Service	\$ 1,416,702	\$ 1,326,687
Enhanced Resident Care	\$ -	\$ -
Personal Care Services	\$ 10,842,232	\$ 10,153,333
Targeted Case Management (Drug)	\$ 6,311	\$ 5,910
Assistive Community Care	\$ 15,404,461	\$ 26,910,528
OADAP Families in Recovery	\$ 720,550	\$ 674,767
Rehabilitation	\$ 337,033	\$ 315,618
D & P Dept of Health	\$ 68,445	\$ 64,096
Blue Print & CHT Payments	\$ 17,054,746	\$ 15,971,113
ACO Capitation	\$ 209,739,932	\$ 199,208,526
PDP Premiums	\$ 1,032,124	\$ 966,545
HIPPS	\$ 471,940	\$ 441,954
GME	\$ 51,217,782	\$ 51,217,782
Ambulance	\$ 9,477,234	\$ 11,994,705
Dialysis	\$ 1,337,236	\$ 1,252,270
ASC	\$ 1,011,886	\$ 947,592
Unknown	\$ (147,867)	\$ (138,472)
Miscellaneous	\$ 604,359	\$ 565,959
Non Classified	\$ (772,303)	\$ (723,232)
Other Expenditures	\$ 146,112,469	\$ 135,095,737
Offsets	\$ (170,462,658)	\$ (176,984,099)
Total DVHA Program Expenditures	\$ 1,058,705,592	\$ 1,028,024,742

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.

Please note: Due to changes in the 1115 waiver (Waiver can be found here: <http://humanservices.vermont.gov/about-us/medicaid-administration/global-commitment-health-1115-waiver>), the following changes have been made:

- The CFC population is no longer separated into its own eligibility group and the Acute costs previously noted in this section are now reported in their appropriate MEG according to their eligibility.
- The Optional children’s MEG is no longer separated into its own eligibility group and this population is now reported in the General Child MEG according to their eligibility.

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

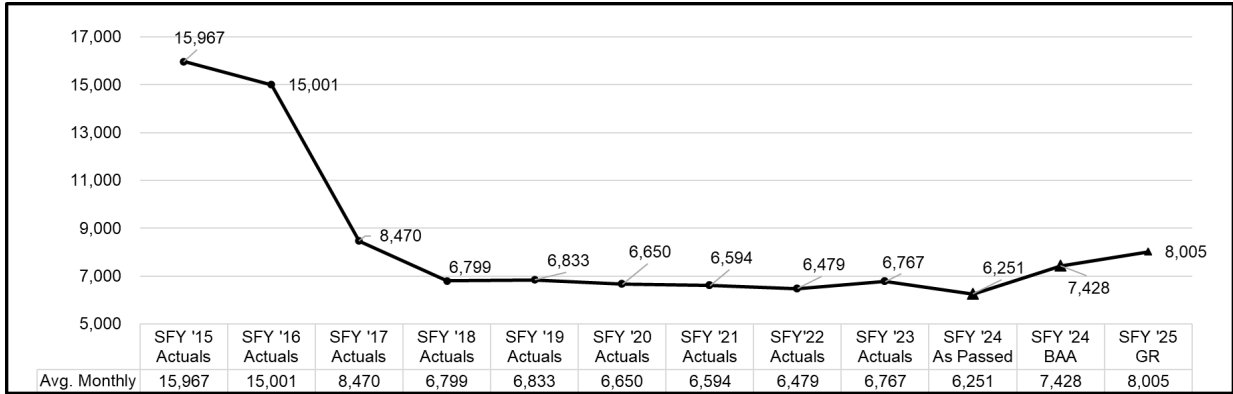
The eligibility requirements for the Aged, Blind, or Disabled (ABD) and/or Medically Needy Adults are as follows:

- 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 2020	6,650	\$ 60,473,015	\$757.79
SFY 2021	6,594	\$ 58,918,132	\$744.56
SFY 2022	6,479	\$ 64,186,768	\$825.63
SFY 2023	6,767	\$ 75,523,964	\$930.00
SFY 2024 As Passed	6,251	\$ 65,019,595	\$866.83
SFY 2024 BAA	7,428	\$ 83,920,534	\$941.49
SFY 2025 Gov. Rec.	8,005	\$ 80,459,799	\$837.60

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.

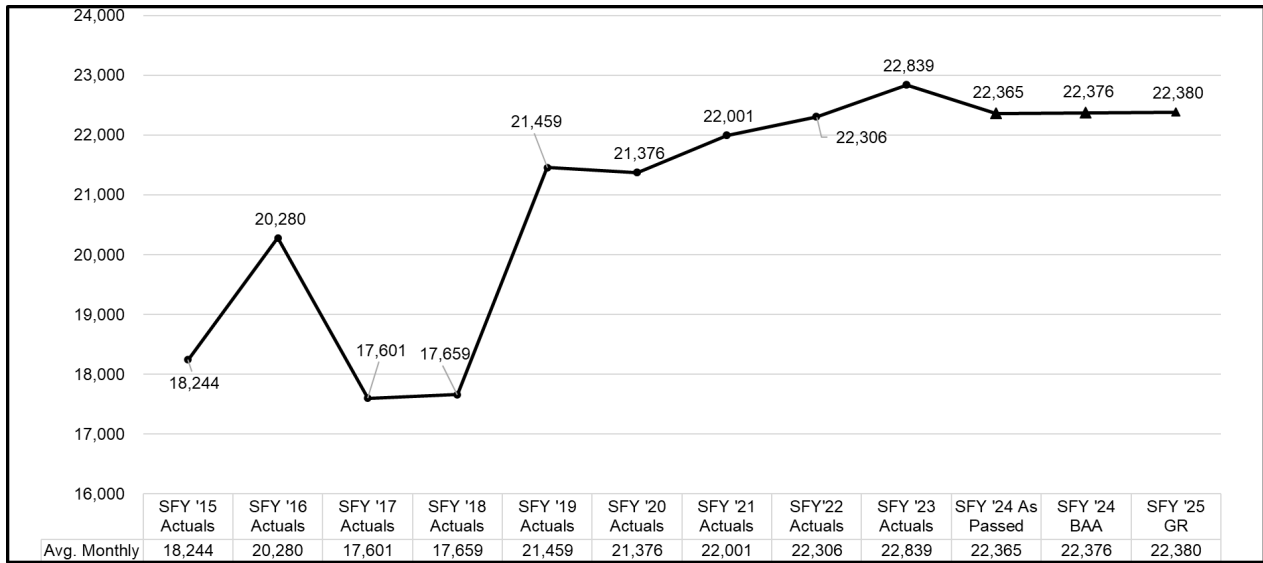
Medicaid assists with:

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

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

SFY	Caseload	Expenditures	PMPM
SFY 2020	21,376	\$ 86,475,869	\$337.13
SFY 2021	22,001	\$ 82,481,872	\$312.42
SFY 2022	22,306	\$ 84,981,924	\$317.49
SFY 2023	22,839	\$ 91,380,940	\$333.42
SFY 2024 As Passed	22,365	\$ 102,781,577	\$382.97
SFY 2024 BAA	22,376	\$ 95,555,733	\$355.87
SFY 2025 Gov. Rec.	22,380	\$ 96,682,771	\$360.00

Average Monthly Caseload Actuals Comparison by SFY



General Adults

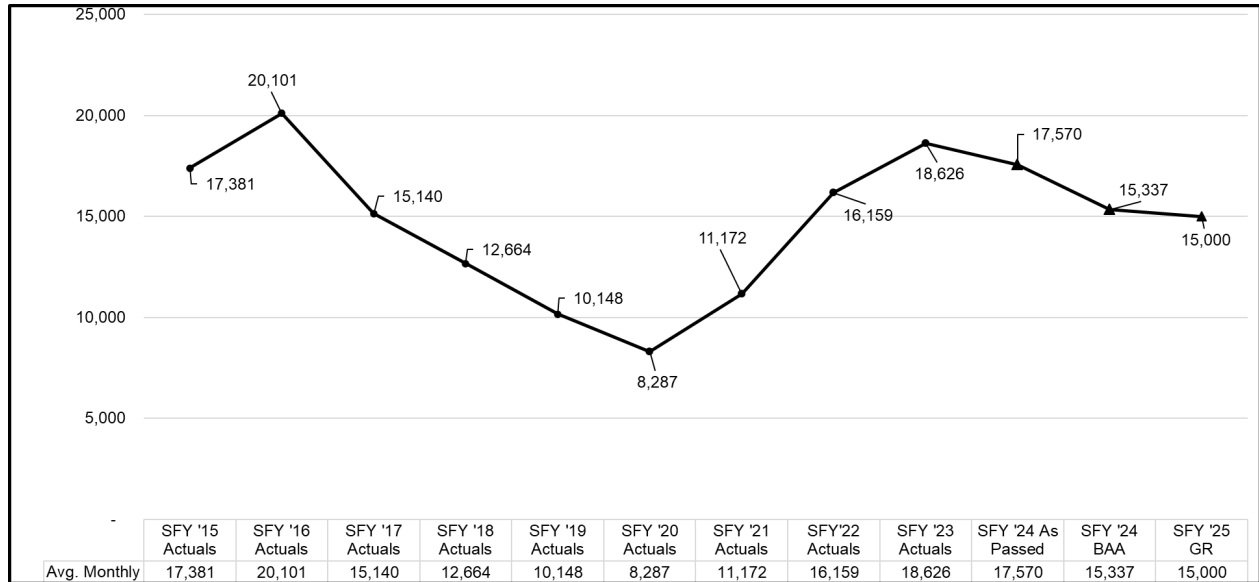
The eligibility requirements for General Adults are as follows:

- Age 19 and older
- Pregnant People, 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 2020	8,287	\$ 51,559,566	\$ 518.51
SFY 2021	11,172	\$ 58,810,030	\$ 438.67
SFY 2022	16,159	\$ 70,203,809	\$ 362.05
SFY 2023	18,626	\$ 87,549,655	\$ 391.71
SFY 2024 As Passed	17,570	\$ 78,674,701	\$ 373.15
SFY 2024 BAA	15,337	\$ 81,443,949	\$ 442.52
SFY 2025 Gov. Rec.	15,000	\$ 74,744,207	\$ 415.25

Average Monthly Caseload Actuals Comparison by SFY



New Adults without Children

The eligibility requirements for New Adults without Children are as follows:

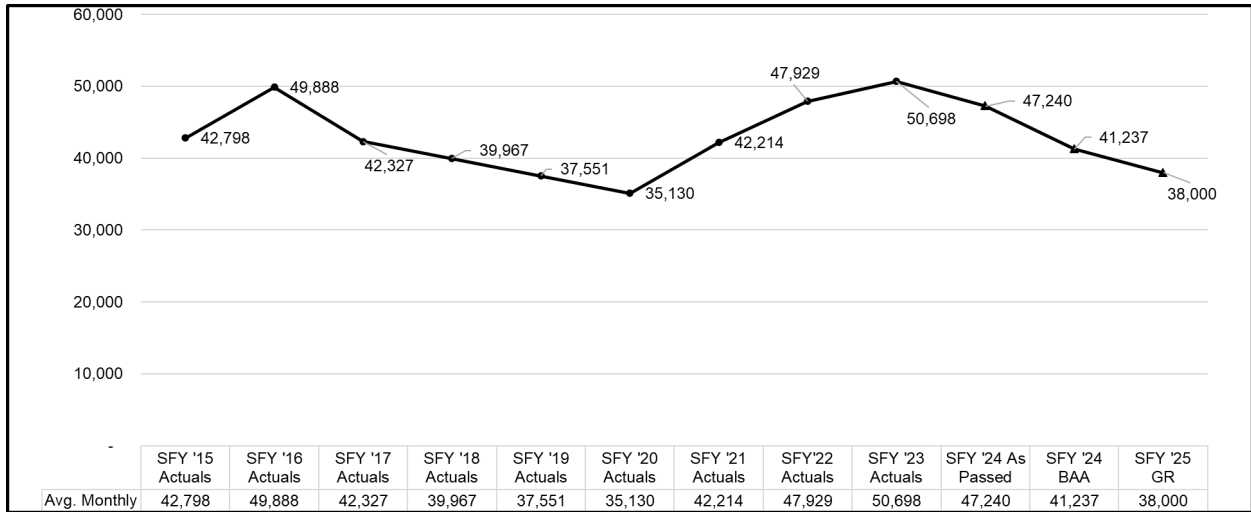
- Age 19 and older
- Income below the designated FPL
- No children in the household

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 2020	35,130	\$ 194,004,101	\$460.21
SFY 2021	42,214	\$ 220,623,074	\$435.53
SFY 2022	47,929	\$ 254,594,682	\$442.66
SFY 2023	50,698	\$ 284,264,122	\$467.25
SFY 2024 As Passed	47,240	\$ 259,437,687	\$457.66
SFY 2024 BAA	41,237	\$ 251,974,736	\$509.20
SFY 2025 Gov. Rec.	38,000	\$ 223,680,823	\$490.53

Average Monthly Caseload Actuals Comparison by SFY



New Adults with Children

The eligibility requirements for New Adults with Children are as follows:

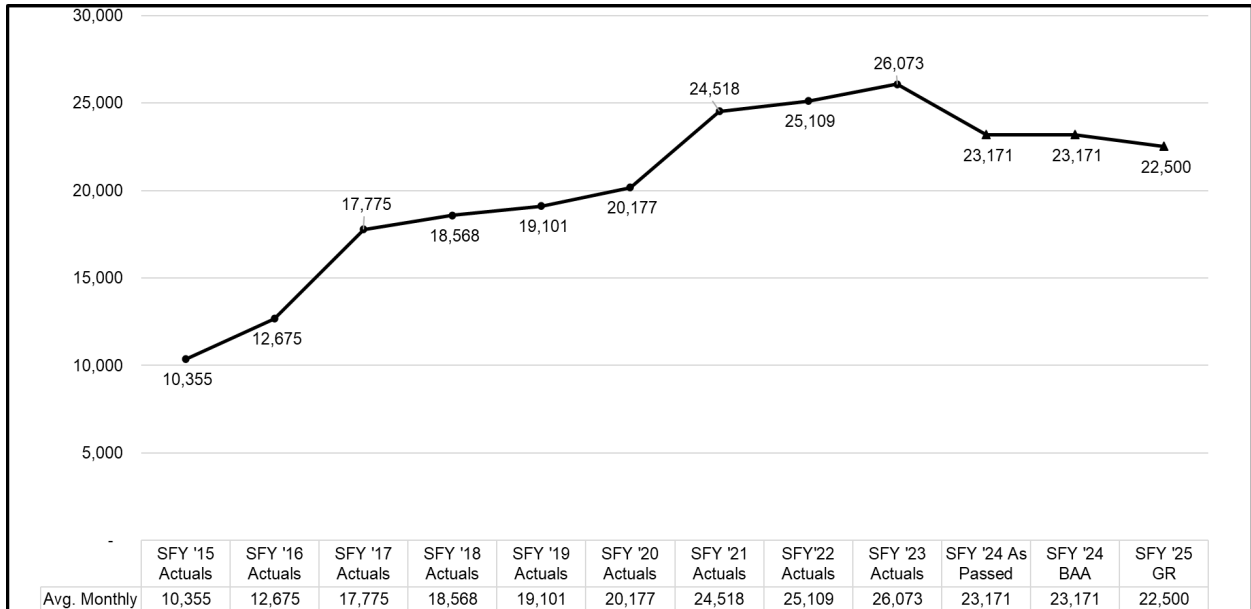
- Age 19 and older
- Income below the designated FPL
- With children in the household under the age of 19

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

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

SFY	Caseload	Expenditures	PMPM
SFY 2020	20,177	\$ 98,886,805	\$408.42
SFY 2021	24,518	\$ 114,487,987	\$389.13
SFY 2022	25,109	\$ 131,731,050	\$437.20
SFY 2023	26,073	\$ 131,458,276	\$420.16
SFY 2024 As Passed	23,171	\$ 125,793,807	\$452.41
SFY 2024 BAA	23,171	\$ 125,597,310	\$451.70
SFY 2025 Gov. Rec.	22,500	\$ 121,560,732	\$450.22

Average Monthly Caseload Actuals Comparison by SFY



IHIP (aka Dr. D expansion)

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).

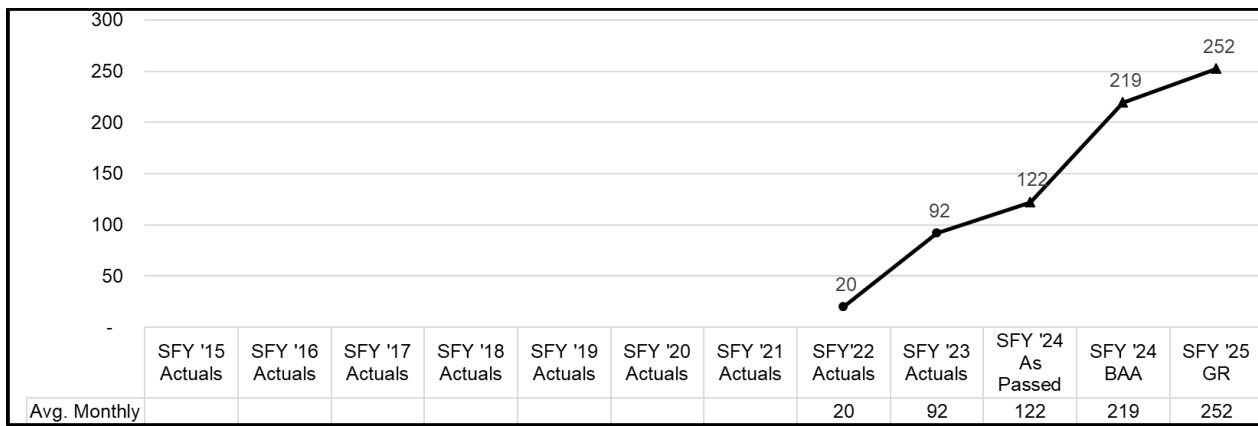
The general eligibility requirements for IHIP are as follows:

- Under age 19 OR pregnant
- Income up to PIL
- 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 2020	-	\$ -	\$ -
SFY 2021	-	\$ -	\$ -
SFY 2022	20	\$ 30,937	\$ 128.90
SFY 2023	92	\$ 277,024	\$ 251.61
SFY 2024 As Passed	122	\$ 1,400,000	\$ 956.28
SFY 2024 BAA	219	\$ 1,051,200	\$ 400.00
SFY 2025 Gov. Rec.	252	\$ 1,209,600	\$ 400.00

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.

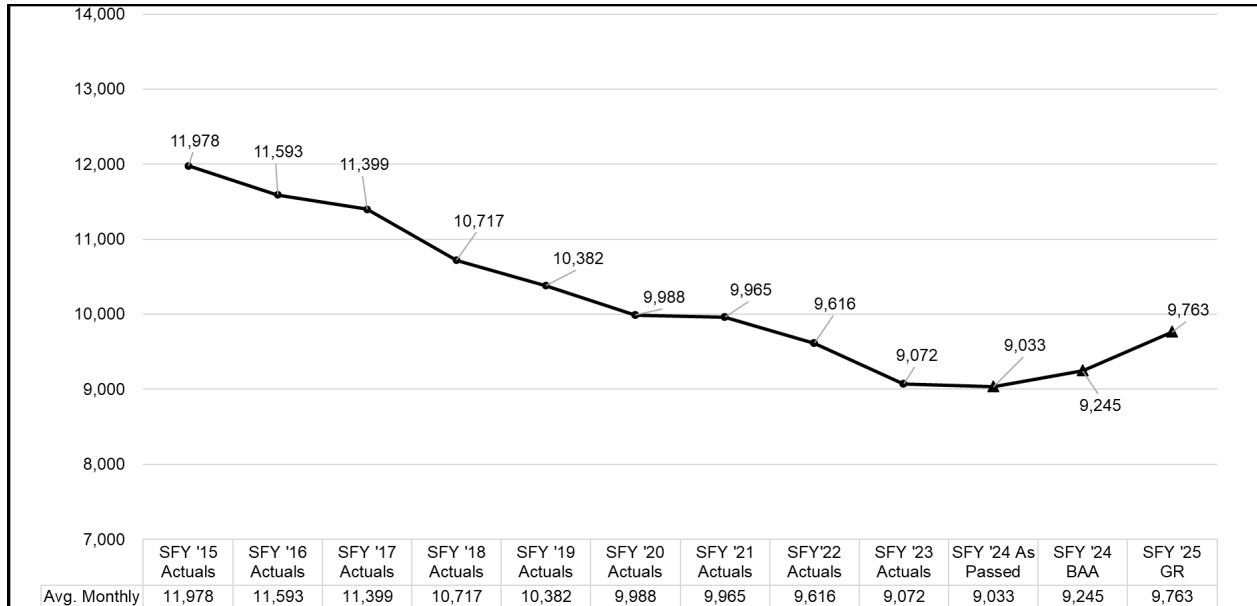
The eligibility requirements for VPharm are as follows:

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

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

SFY	Caseload	Expenditures	PMPM
SFY 2020	9,988	\$ 3,451,390	\$ 28.80
SFY 2021	9,965	\$ 4,892,710	\$ 40.92
SFY 2022	9,616	\$ 6,392,816	\$ 55.40
SFY 2023	9,072	\$ 7,275,937	\$ 66.83
SFY 2024 As Passed	9,033	\$ 6,103,039	\$ 56.30
SFY 2024 BAA	9,245	\$ 7,376,596	\$ 66.49
SFY 2025 Gov. Rec.	9,763	\$ 7,831,788	\$ 66.85

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.

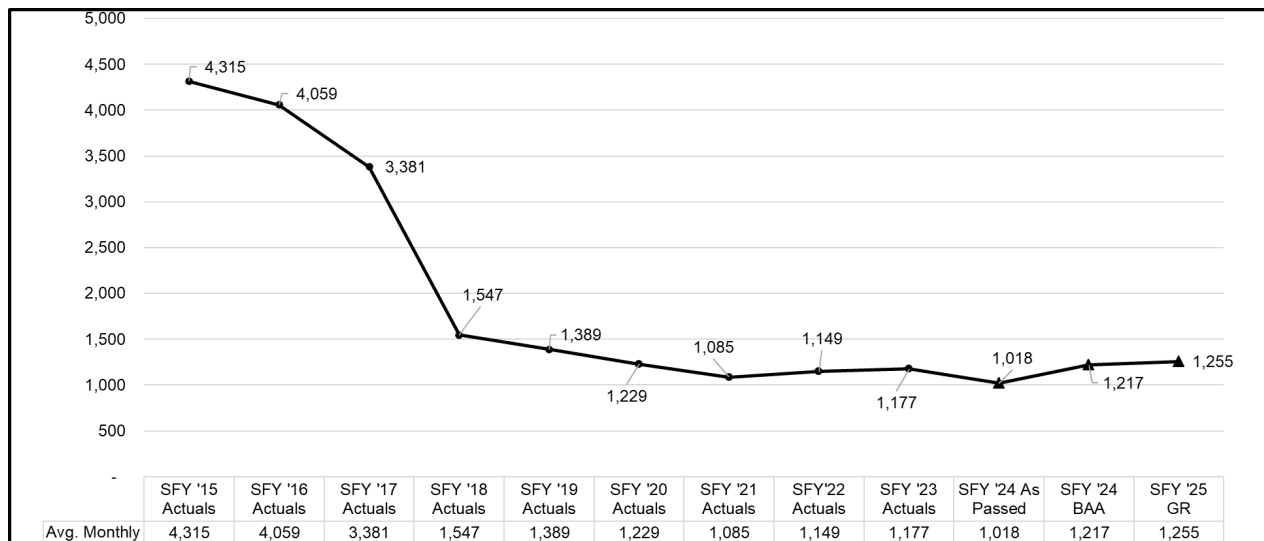
The eligibility requirements for Healthy Vermonters are:

- 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 2020	1,229
SFY 2021	1,085
SFY 2022	1,149
SFY 2023	1,177
SFY 2024 As Passed	1,018
SFY 2024 BAA	1,217
SFY 2025 Gov. Rec.	1,255

Average Monthly Caseload Actuals Comparison by SFY



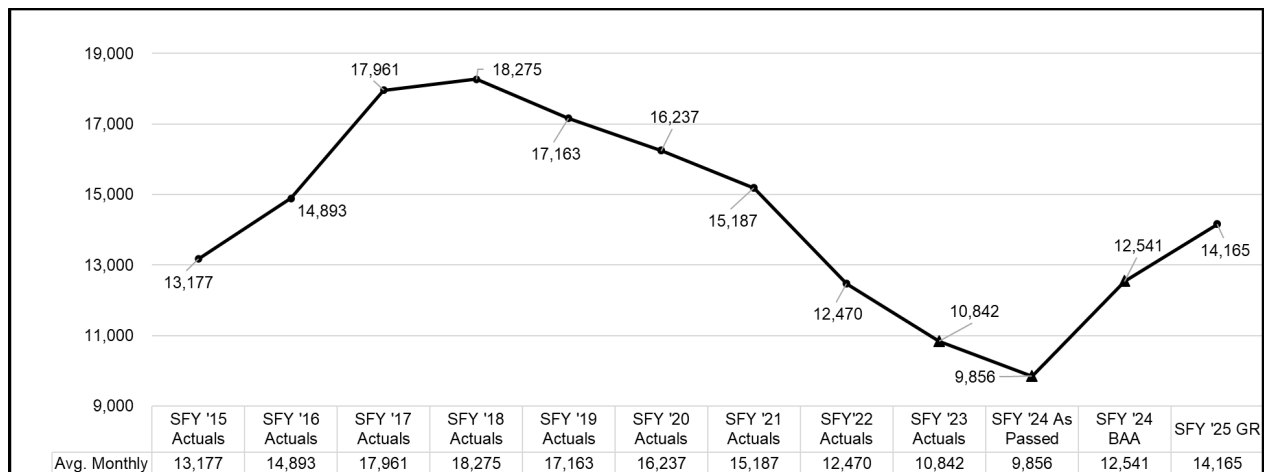
Premium Assistance and Cost Sharing

Individuals with household income over the Medicaid FPL can choose to enroll in a 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, and federal subsidies to make out of pocket expenses more affordable for people with incomes below the designated PIL. 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 who are eligible.

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

SFY	Caseload	Expenditures	PMPM
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	10,842	\$ 4,139,283	\$31.82
SFY 2024 As Passed	9,856	\$ 3,576,184	\$30.24
SFY 2024 BAA	12,541	\$ 4,793,679	\$31.85
SFY 2025 Gov. Rec.	14,165	\$ 5,414,437	\$31.85

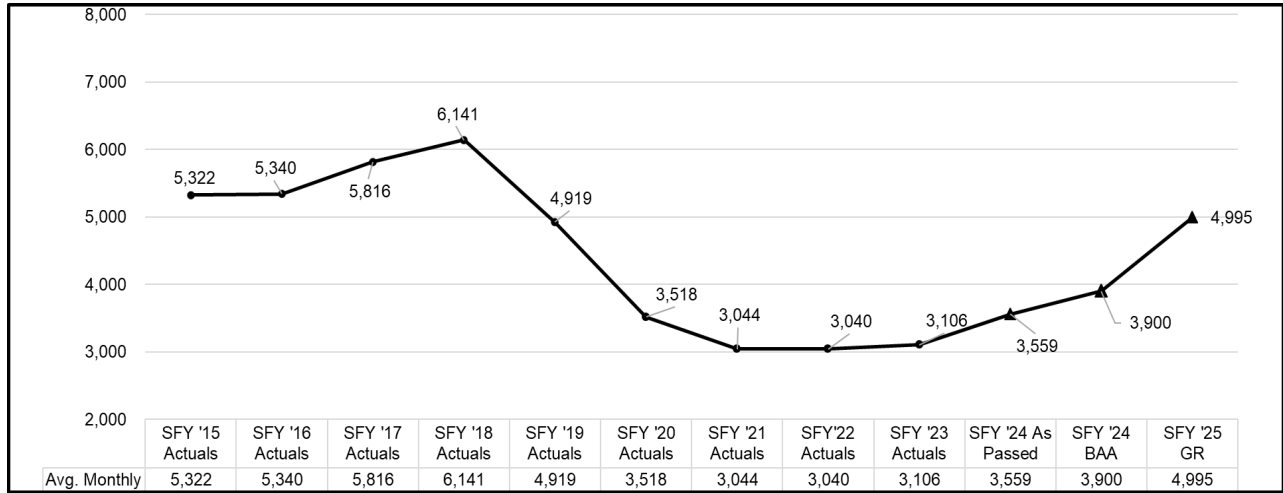
Premium Assistance Average Monthly Caseload Actuals Comparison by SFY



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

SFY	Caseload	Expenditures	PMPM
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	3,106	\$ 1,151,486	\$30.90
SFY 2024 As Passed	3,559	\$ 1,153,124	\$27.00
SFY 2024 BAA	3,900	\$ 1,449,969	\$30.98
SFY 2025 Gov. Rec.	4,995	\$ 1,857,076	\$30.98

Cost Sharing Average Monthly Caseload Actuals Comparison by SFY



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

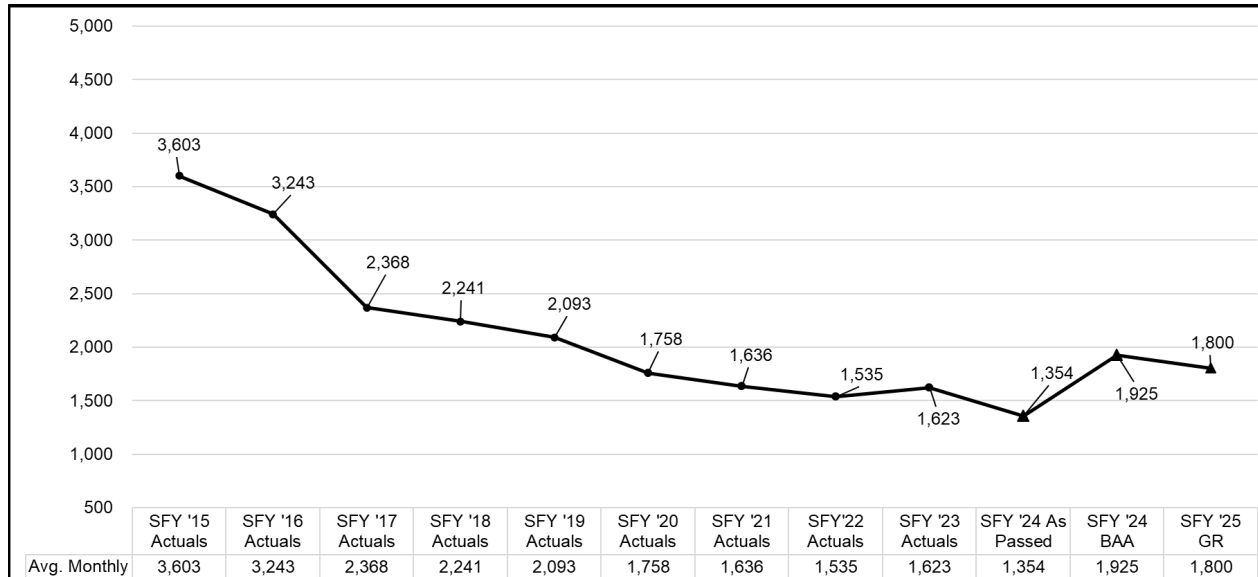
The eligibility requirements for Blind or Disabled (BD) and/or Medically Needy Children are as follows:

- 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:
 - o Children whose household income is greater than the cash assistance level but less than the PIL
 - o Medically needy children may or may not be blind or disabled

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

SFY	Caseload	Expenditures	PMPM
SFY 2020	1,758	\$ 22,103,589	\$ 1,047.61
SFY 2021	1,636	\$ 19,998,435	\$ 1,018.77
SFY 2022	1,535	\$ 18,708,639	\$ 1,015.84
SFY 2023	1,623	\$ 20,460,752	\$ 1,050.45
SFY 2024 As Passed	1,354	\$ 16,982,743	\$ 1,045.22
SFY 2024 BAA	1,925	\$ 28,386,669	\$ 1,228.86
SFY 2025 Gov. Rec.	1,800	\$ 23,923,340	\$ 1,107.56

BD Child Average Monthly Caseload Actuals Comparison by SFY



General Children

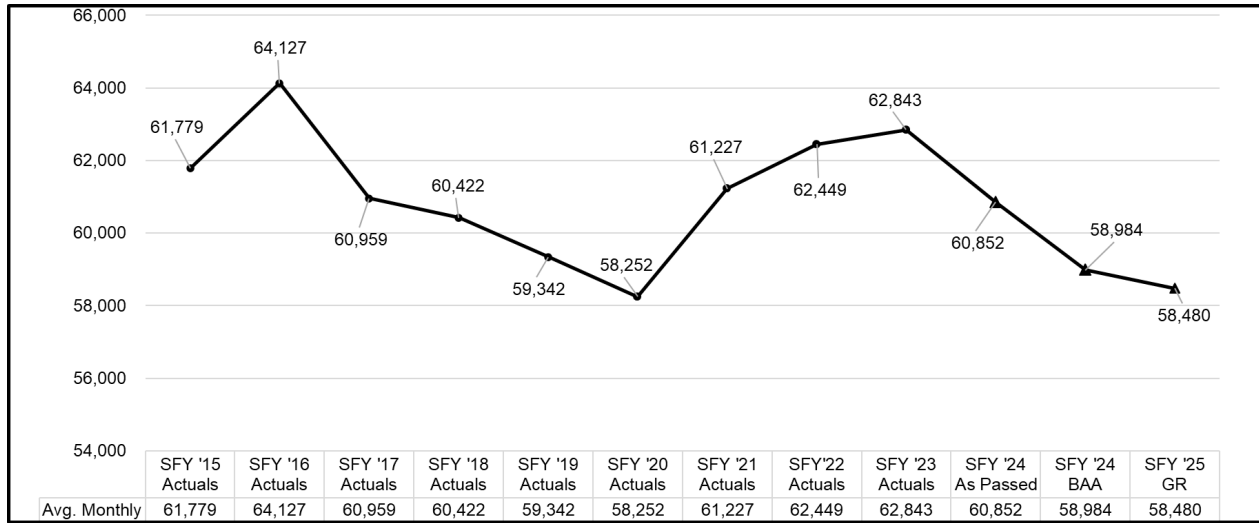
The eligibility requirements for General Children are as follows:

- 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, Expenditure, and PMPM Comparison by State Fiscal Year

General Children			
SFY	Caseload	Expenditures	PMPM
SFY 2020	58,252	\$ 162,105,827	\$ 231.90
SFY 2021	61,227	\$ 155,993,778	\$ 212.32
SFY 2022	62,449	\$ 187,735,433	\$ 250.52
SFY 2023	62,843	\$ 200,331,099	\$ 265.65
SFY 2024 As Passed	60,852	\$ 195,533,133	\$ 267.77
SFY 2024 BAA	58,984	\$ 200,445,735	\$ 283.19
SFY 2025 Gov. Rec.	58,480	\$ 200,140,013	\$ 285.20

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.

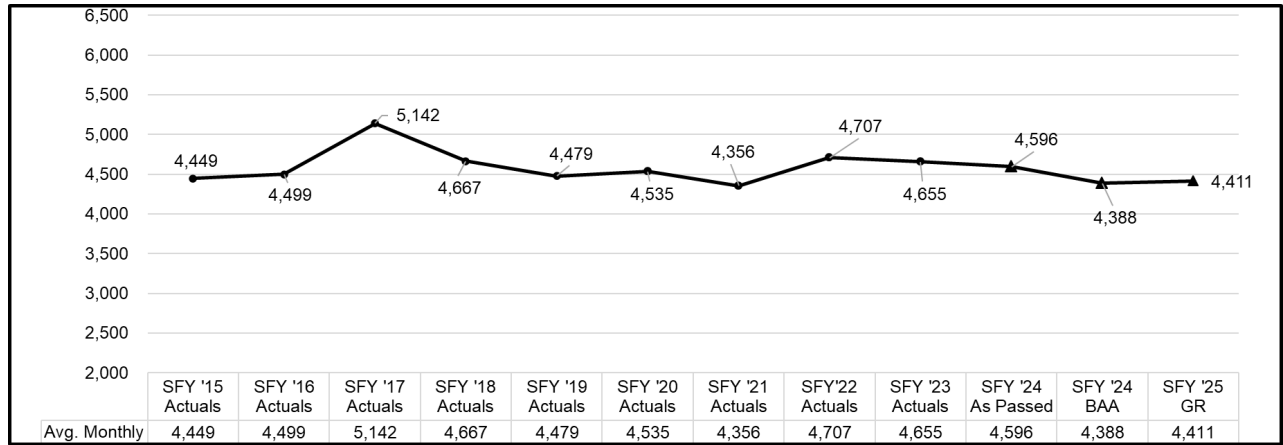
The general eligibility requirements for CHIP are:

- Age 18 and younger
- Income below the designated PIL
- Uninsured

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

SFY	Caseload	Expenditures	PMPM
SFY 2020	4,535	\$ 9,136,532	\$ 167.88
SFY 2021	4,356	\$ 9,417,889	\$ 180.17
SFY 2022	4,707	\$ 9,920,819	\$ 175.64
SFY 2023	4,655	\$ 10,472,332	\$ 187.46
SFY 2024 As Passed	4,596	\$ 10,178,225	\$ 184.55
SFY 2024 BAA	4,388	\$ 9,717,592	\$ 184.55
SFY 2025 Gov. Rec.	4,411	\$ 9,768,527	\$ 184.55

Average Monthly Caseload Actuals Comparison by SFY



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Appendix A: Vantage Reports

Report ID: VTPB-07_GOV REC
 Run Date: 01/25/2024
 Run Time: 09:33 AM

State of Vermont FY2025 Governor's Recommended Budget: Detail Report

Organization: 3410010000 - DVHA - Administration

Budget Object Group: 1. PERSONAL SERVICES

Salaries and Wages		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Description	Code						
Classified Employees	500000	25,579,258	24,981,289	24,981,289	25,585,150	603,861	2.4%
Exempt	500010	0	1,814,723	1,814,723	1,674,077	(140,646)	-7.8%
Overtime	500060	174,903	0	0	0	0	0.0%
Shift Differential	500070	144	0	0	0	0	0.0%
Market Factor - Classified	500899	0	584,469	584,469	613,244	28,775	4.9%
Vacancy Turnover Savings	508000	0	(2,614,741)	(2,614,741)	(1,365,685)	1,249,056	-47.8%
Total: Salaries and Wages		25,754,305	24,765,740	24,765,740	26,506,786	1,741,046	7.0%

Fringe Benefits		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Description	Code						
FICA - Classified Employees	501000	1,877,546	1,955,801	1,955,801	2,004,175	48,374	2.5%
FICA - Exempt	501010	0	128,322	128,322	119,384	(8,938)	-7.0%
Health Ins - Classified Empl	501500	5,411,138	6,501,650	6,501,650	7,209,704	708,054	10.9%
Health Ins - Exempt	501510	0	247,286	247,286	256,477	9,191	3.7%
Retirement - Classified Empl	502000	6,743,993	6,807,123	6,807,123	6,951,937	144,814	2.1%
Retirement - Exempt	502010	0	418,778	418,778	463,615	44,837	10.7%
Dental - Classified Employees	502500	267,130	300,303	300,303	299,463	(840)	-0.3%
Dental - Exempt	502510	0	11,950	11,950	11,098	(852)	-7.1%
Life Ins - Classified Empl	503000	108,471	111,841	111,841	115,484	3,643	3.3%

FY2025

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 Run Date: 01/25/2024
 Run Time: 09:33 AM

State of Vermont
FY2025 Governor's Recommended Budget: Detail Report

Organization: 3410010000 - DVHA - Administration

Fringe Benefits		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Description	Code						
Life Ins - Exempt	503010	0	8,799	8,799	8,066	(733)	-8.3%
LTD - Classified Employees	503500	4,084	6,626	6,626	4,499	(2,127)	-32.1%
LTD - Exempt	503510	0	3,046	3,046	2,812	(234)	-7.7%
EAP - Classified Empl	504000	11,241	12,239	12,239	12,132	(107)	-0.9%
EAP - Exempt	504010	0	511	511	442	(69)	-13.5%
FMLI	504040	0	0	0	101,154	101,154	100.0%
Child Care Contribution Exp	504045	0	0	0	89,968	89,968	100.0%
Employee Tuition Costs	504530	10,650	10,000	10,000	10,000	0	0.0%
Workers Comp - Ins Premium	505200	219,393	241,371	241,371	225,125	(16,246)	-6.7%
Unemployment Compensation	505500	7,320	0	0	0	0	0.0%
Total: Fringe Benefits		14,660,966	16,765,646	16,765,646	17,885,535	1,119,889	6.7%

Contracted and 3rd Party Service		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Description	Code						
Contr&3Rd Pty-Educ & Training	507350	1,000	0	0	0	0	0.0%
IT Contracts - Storage	507544	0	2,892,179	2,892,179	0	(2,892,179)	-100.0%
IT Contracts - Application Development	507565	4,207,406	15,111,767	12,288,962	13,492,093	(1,619,674)	-10.7%
IT Contracts - Application Support	507566	37,165,732	43,024,158	39,990,323	41,542,759	(1,481,399)	-3.4%
Other Contr and 3Rd Pty Serv	507600	21,002,764	33,941,593	31,118,788	35,214,099	1,272,506	3.7%
Interpreters	507615	1,210	43,000	43,000	43,000	0	0.0%
Recording & Other Fees	507620	2,820	0	0	0	0	0.0%
Custodial	507670	19,926	1,000	1,000	1,000	0	0.0%

FY2025

Report ID: VTPB-07_GOV REC

Run Date: 01/25/2024

Run Time: 09:33 AM

State of Vermont

FY2025 Governor's Recommended Budget: Detail Report

Organization: 3410010000 - DVHA - Administration

		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Contracted and 3rd Party Service							
Description	Code						
Total: Contracted and 3rd Party Service		62,400,858	95,013,697	86,334,252	90,292,951	(4,720,746)	-5.0%

		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
PerDiem and Other Personal Services							
Description	Code						
Catamount Health Assessment	505700	6,465	8,400	8,400	8,400	0	0.0%
Per Diem	506000	5,450	8,126	8,126	8,126	0	0.0%
Other Pers Serv	506200	0	6,200	6,200	226,200	220,000	3,548.4%
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		11,915	23,876	23,876	243,876	220,000	921.4%
Total: 1. PERSONAL SERVICES		102,828,044	136,568,959	127,889,514	134,929,148	(1,639,811)	-1.2%

Budget Object Group: 2. OPERATING

		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Equipment							
Description	Code						
Maintenance Equipment	522300	316	0	0	0	0	0.0%
Other Equipment	522400	0	0	0	0	0	0.0%

FY2025

Report ID: VTPB-07_GOV REC

Run Date: 01/25/2024

Run Time: 09:33 AM

State of Vermont

FY2025 Governor's Recommended Budget: Detail Report

Organization: 3410010000 - DVHA - Administration

Equipment		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Description	Code						
Office Equipment	522410	0	100	100	100	0	0.0%
Furniture & Fixtures	522700	3,950	83,300	83,300	83,300	0	0.0%
Total: Equipment		4,266	83,400	83,400	83,400	0	0.0%

IT/Telecom Services and Equipment		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Description	Code						
Software-License-ApplicaSupprt	516551	55,015	0	0	0	0	0.0%
Software-License-ApplicaDevel	516552	0	0	0	0	0	0.0%
Software-License-Data Network	516555	240	0	0	0	0	0.0%
Software-License-DeskLaptop PC	516559	4,240	0	0	0	0	0.0%
Communications	516600	0	8,500	8,500	8,500	0	0.0%
ADS VOIP Expense	516605	110,266	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	74,750	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	25	0	0	0	0	0.0%
ADS Enterp App Supp SOV Emp Exp	516660	1,364,721	850,989	850,989	850,989	0	0.0%
ADS App Support SOV Emp Exp	516661	965	0	0	0	0	0.0%
ADS End User Computing Exp.	516662	1,233,729	0	0	0	0	0.0%
ADS Security SOV Employee Exp.	516665	78,698	0	0	0	0	0.0%
ADS EA SOV Employee Expense	516667	102,274	0	0	0	0	0.0%
It Intsvccost-Vision/Isdassess	516671	552,610	595,104	595,104	595,758	654	0.1%
ADS Centrex Exp.	516672	2,725	172,100	172,100	172,100	0	0.0%

FY2025

Report ID: VTPB-07_GOV REC

Run Date: 01/25/2024

Run Time: 09:33 AM

State of Vermont

FY2025 Governor's Recommended Budget: Detail Report

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IT/Telecom Services and Equipment							
Description	Code						
ADS PM SOV Employee Expense	516683	1,496,070	0	0	0	0	0.0%
ADS Allocation Exp.	516685	449,776	453,960	453,960	428,905	(25,055)	-5.5%
ADS Emp Expense Exp	516687	102	0	0	0	0	0.0%
ADS Temp Emp Exp	516688	869	0	0	0	0	0.0%
ADS Storage Contracts	516692	0	0	0	0	0	0.0%
Software as a Service	519085	0	0	0	0	0	0.0%
Hw - Computer Peripherals	522201	23,921	0	0	0	0	0.0%
Hardware - Desktop & Laptop Pc	522216	118,994	115,000	115,000	115,000	0	0.0%
Hw - Printers,Copiers,Scanners	522217	5,018	18,000	18,000	18,000	0	0.0%
Hw-Personal Mobile Devices	522258	3,600	0	0	0	0	0.0%
Hardware - Data Network	522273	0	1,000	1,000	1,000	0	0.0%
Software-Application Development	522283	1,154	3,000	3,000	3,000	0	0.0%
Software - Application Support	522284	7,724	42,000	42,000	42,000	0	0.0%
Software - Desktop	522286	0	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%
Communications Equipment	522430	1,635	0	0	0	0	0.0%
Total: IT/Telecom Services and Equipment		5,689,121	2,546,753	2,546,753	2,522,352	(24,401)	-1.0%

		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
IT Repair and Maintenance Services							
Description	Code						
Repair & Maint - Office Tech	513010	24,948	41,000	41,000	41,000	0	0.0%
Hardware-Rep&Maint-Desk Lap PC	513037	328	0	0	0	0	0.0%

FY2025

Report ID: VTPB-07_GOV REC

Run Date: 01/25/2024

Run Time: 09:33 AM

State of Vermont

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		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
IT Repair and Maintenance Services							
Description	Code						
Software-Rep&Maint-ApplicaSupp	513050	12,126	0	0	0	0	0.0%
Total: IT Repair and Maintenance Services		37,403	41,000	41,000	41,000	0	0.0%

		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Other Operating Expenses							
Description	Code						
Accreditation/Certification	516575	420	0	0	0	0	0.0%
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%
Contract Labor Related To Sale	525100	0	0	0	0	0	0.0%
Total: Other Operating Expenses		420	40,250	40,250	40,250	0	0.0%

		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Other Rental							
Description	Code						
Rental - Auto	514550	5,569	23,020	23,020	23,020	0	0.0%
Rental - Office Equipment	514650	5,438	32,000	32,000	32,000	0	0.0%
Rental - Other	515000	85	0	0	0	0	0.0%
Total: Other Rental		11,092	55,020	55,020	55,020	0	0.0%

FY2025

Report ID: VTPB-07_GOV REC

Run Date: 01/25/2024

Run Time: 09:33 AM

State of Vermont

FY2025 Governor's Recommended Budget: Detail Report

Organization: 3410010000 - DVHA - Administration

Other Purchased Services		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Description	Code						
Insurance Other Than Empl Bene	516000	19,624	20,229	20,229	17,000	(3,229)	-16.0%
Insurance - General Liability	516010	142,430	142,804	142,804	132,171	(10,633)	-7.4%
Insurance - Auto	516020	118	0	0	0	0	0.0%
Property Insurance	516099	0	0	0	0	0	0.0%
Dues	516500	91,089	55,000	55,000	55,000	0	0.0%
Licenses	516550	5,432	79,000	79,000	79,000	0	0.0%
Advertising-Print	516813	0	0	0	0	0	0.0%
Advertising-Other	516815	7,040	10,000	10,000	10,000	0	0.0%
Advertising - Job Vacancies	516820	14,227	10,000	10,000	10,000	0	0.0%
Printing and Binding	517000	232,741	267,000	267,000	267,000	0	0.0%
Printing-Promotional	517010	0	0	0	0	0	0.0%
Photocopying	517020	0	100	100	100	0	0.0%
Registration For Meetings&Conf	517100	13,931	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	860	1,000	1,000	1,000	0	0.0%
Postage	517200	285,488	307,500	307,500	307,500	0	0.0%
Freight & Express Mail	517300	3,996	25,200	25,200	25,200	0	0.0%
Instate Conf, Meetings, Etc	517400	7,502	25,000	25,000	25,000	0	0.0%
Catering-Meals-Cost	517410	54	1,000	1,000	1,000	0	0.0%
Outside Conf, Meetings, Etc	517500	4,608	28,000	28,000	28,000	0	0.0%
Other Purchased Services	519000	21,811	61,250	61,250	61,250	0	0.0%
Human Resources Services	519006	305,973	338,303	338,303	314,036	(24,267)	-7.2%
Administrative Service Charge	519010	30,466	30,000	30,000	30,000	0	0.0%
Security Services	519025	480	0	0	0	0	0.0%
Moving State Agencies	519040	208	0	0	0	0	0.0%
Infrastructure as a Service	519081	11,756,026	37,741,509	37,741,509	37,741,509	0	0.0%

FY2025

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State of Vermont
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Organization: 3410010000 - DVHA - Administration

		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Other Purchased Services							
Description	Code						
Total: Other Purchased Services		12,944,104	39,164,895	39,164,895	39,126,766	(38,129)	-0.1%

		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Property and Maintenance							
Description	Code						
Water/Sewer	510000	23	68	68	68	0	0.0%
Disposal	510200	53	1,200	1,200	1,200	0	0.0%
Recycling	510220	2,648	0	0	0	0	0.0%
Custodial	510400	13,200	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	1,676	23,000	23,000	23,000	0	0.0%
Repair&Maint-Property/Grounds	513210	7	34,000	34,000	34,000	0	0.0%
Total: Property and Maintenance		17,607	59,368	59,368	59,368	0	0.0%

		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Property Rental							
Description	Code						
Rent Land & Bldgs-Office Space	514000	585,383	1,122,173	1,122,173	1,011,749	(110,424)	-9.8%
Rent Land&Bldgs-Non-Office	514010	62	60	60	60	0	0.0%
Fee-For-Space Charge	515010	792,349	819,098	819,098	771,605	(47,493)	-5.8%

FY2025

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 Run Time: 09:33 AM

State of Vermont
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		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Property Rental							
Description	Code						
Total: Property Rental		1,377,793	1,941,331	1,941,331	1,783,414	(157,917)	-8.1%

		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Supplies							
Description	Code						
Office Supplies	520000	21,089	36,000	36,000	36,000	0	0.0%
Gasoline	520110	298	500	500	500	0	0.0%
Other General Supplies	520500	188	3,000	3,000	3,000	0	0.0%
Educational Supplies	520540	0	0	0	0	0	0.0%
Recognition/Awards	520600	2,639	600	600	600	0	0.0%
Food	520700	0	9,000	9,000	9,000	0	0.0%
Water	520712	375	2,000	2,000	2,000	0	0.0%
Natural Gas	521000	0	0	0	0	0	0.0%
Electricity	521100	947	1,000	1,000	1,000	0	0.0%
Heating Oil #2 - Uncut	521220	0	400	400	400	0	0.0%
Propane Gas	521320	2,550	400	400	400	0	0.0%
Books&Periodicals-Library/Educ	521500	454	11,700	11,700	11,700	0	0.0%
Subscriptions	521510	46,867	50,100	50,100	50,100	0	0.0%
Subscriptions Other Info Serv	521515	624	0	0	0	0	0.0%
Other Books & Periodicals	521520	0	1,500	1,500	1,500	0	0.0%
Household, Facility&Lab Suppl	521800	0	400	400	400	0	0.0%
Medical and Lab Supplies	521810	0	0	0	0	0	0.0%
Paper Products	521820	224	1,200	1,200	1,200	0	0.0%

FY2025

Report ID: VTPB-07_GOV REC

Run Date: 01/25/2024

Run Time: 09:33 AM

State of Vermont

FY2025 Governor's Recommended Budget: Detail Report

Organization: 3410010000 - DVHA - Administration

		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Supplies							
Description	Code						
Total: Supplies		76,255	117,800	117,800	117,800	0	0.0%

		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Travel							
Description	Code						
Travel-Inst-Auto Mileage-Emp	518000	20,202	140,000	140,000	140,000	0	0.0%
Travel-Inst-Other Transp-Emp	518010	575	16,000	16,000	16,000	0	0.0%
Travel-Inst-Meals-Emp	518020	206	1,800	1,800	1,800	0	0.0%
Travel-Inst-Lodging-Emp	518030	0	0	0	0	0	0.0%
Travel-Inst-Incidentals-Emp	518040	0	2,400	2,400	2,400	0	0.0%
Travel-Inst-Auto Mileage-Nonemp	518300	638	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	369	5,100	5,100	5,100	0	0.0%
Travel-Outst-Other Trans-Emp	518510	13,760	90,300	90,300	90,300	0	0.0%
Travel-Outst-Meals-Emp	518520	2,664	16,000	16,000	16,000	0	0.0%
Travel-Outst-Lodging-Emp	518530	21,198	53,232	53,232	53,232	0	0.0%
Travel-Outst-Incidentals-Emp	518540	827	12,000	12,000	12,000	0	0.0%
Total: Travel		60,438	341,823	341,823	341,823	0	0.0%

Total: 2. OPERATING		20,218,497	44,391,640	44,391,640	44,171,193	(220,447)	-0.5%
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Budget Object Group: 3. GRANTS

FY2025

Report ID: VTPB-07_GOV REC

Run Date: 01/25/2024

Run Time: 09:33 AM

State of Vermont

FY2025 Governor's Recommended Budget: Detail Report

Organization: 3410010000 - DVHA - Administration

Grants Rollup		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Description	Code						
Other Grants	550500	0	0	0	0	0	0.0%
Other Grants-Service Agreemnt	550501	2,114,357	2,912,301	2,912,301	3,112,301	200,000	6.9%
Other Grants - MOU	550502	1,076,209	0	0	0	0	0.0%
Cooperative Agreement Payment	550510	0	0	0	0	0	0.0%
Medical Services Grants	604250	(6,563)	0	0	0	0	0.0%
AHS Cost Allocation Exp. Acct.	799090	0	0	0	0	0	0.0%
Total: Grants Rollup		3,184,004	2,912,301	2,912,301	3,112,301	200,000	6.9%
Total: 3. GRANTS		3,184,004	2,912,301	2,912,301	3,112,301	200,000	6.9%
Total Expenditures		126,230,545	183,872,900	175,193,455	182,212,642	(1,660,258)	-0.9%

FY2025

Report ID: VTPB-07_GOV REC
 Run Date: 01/25/2024
 Run Time: 09:33 AM

State of Vermont
FY2025 Governor's Recommended Budget: Detail Report

Organization: 3410015000 - DVHA - Medicaid Program/Global Commitment

Budget Object Group: 1. PERSONAL SERVICES

Contracted and 3rd Party Service		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 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		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Description	Code						
Other Grants	550500	0	13,109,475	13,109,475	13,109,475	0	0.0%
Medical Services Grants	604250	955,196,516	919,432,763	923,701,819	882,650,248	(36,782,515)	-4.0%
AHS Cost Allocation Exp. Acct.	799090	0	0	0	0	0	0.0%
Total: Grants Rollup		955,196,516	932,542,238	936,811,294	895,759,723	(36,782,515)	-3.9%
Total: 3. GRANTS		955,196,516	932,542,238	936,811,294	895,759,723	(36,782,515)	-3.9%
Total Expenditures		955,744,499	933,090,221	937,359,277	896,307,706	(36,782,515)	-3.9%

FY2025

Report ID: VTPB-07_GOV REC

Run Date: 01/25/2024

Run Time: 09:33 AM

State of Vermont

FY2025 Governor's Recommended Budget: Detail Report

Organization: 3410017000 - DVHA - Medicaid/State Only Programs

Budget Object Group: 3. GRANTS

Grants Rollup		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Description	Code						
Other Grants	550500	0	0	0	0	0	0.0%
Other Grants-Service Agreeemnt	550501	33,435	0	0	0	0	0.0%
Medical Services Grants	604250	46,911,991	53,067,318	55,742,931	63,033,948	9,966,630	18.8%
AHS Cost Allocation Exp. Acct.	799090	0	0	0	0	0	0.0%
Total: Grants Rollup		46,945,426	53,067,318	55,742,931	63,033,948	9,966,630	18.8%
Total: 3. GRANTS		46,945,426	53,067,318	55,742,931	63,033,948	9,966,630	18.8%
Total Expenditures		46,945,426	53,067,318	55,742,931	63,033,948	9,966,630	18.8%

FY2025

Report ID: VTPB-07_GOV REC

Run Date: 01/25/2024

Run Time: 09:33 AM

State of Vermont

FY2025 Governor's Recommended Budget: Detail Report

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

Budget Object Group: 3. GRANTS

Grants Rollup		FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Description	Code						
Medical Services Grants	604250	56,015,667	34,621,472	34,672,534	34,994,888	373,416	1.1%
AHS Cost Allocation Exp. Acct.	799090	0	0	0	0	0	0.0%
Total: Grants Rollup		56,015,667	34,621,472	34,672,534	34,994,888	373,416	1.1%
Total: 3. GRANTS		56,015,667	34,621,472	34,672,534	34,994,888	373,416	1.1%
Total Expenditures		56,015,667	34,621,472	34,672,534	34,994,888	373,416	1.1%

FY2025

Report ID: VTPB-07_GOV REC

Run Date: 01/25/2024

Run Time: 09:33 AM

State of Vermont

FY2025 Governor's Recommended Budget: Detail Report

Organization: 3410872501 - DHVA - Medicaid Global Payment Program

Budget Object Group: 3. GRANTS

Grants Rollup					FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and As Passed	Percent Change FY2025 Governor's Recommend and As Passed
Description	Code						
Grants	550220	0	0	0	9,279,583	9,279,583	100.0%
Total: Grants Rollup		0	0	0	9,279,583	9,279,583	100.0%
Total: 3. GRANTS		0	0	0	9,279,583	9,279,583	100.0%
Total Expenditures		0	0	0	9,279,583	9,279,583	100.0%

FY2025

Report ID: VTPB-07_GOV REC

Run Date: 01/25/2024

Run Time: 09:33 AM

State of Vermont

FY2025 Governor's Recommended Budget: Detail Report

Organization: 3410892201 - DVHA-HCBS Plan

Budget Object Group: 1. PERSONAL SERVICES

		FY2023 Actuals				Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Salaries and Wages							
Description	Code						
Classified Employees	500000	51,330	0	0	0	0	0.0%
Total: Salaries and Wages		51,330	0	0	0	0	0.0%

		FY2023 Actuals				Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Fringe Benefits							
Description	Code						
FICA - Classified Employees	501000	3,806	0	0	0	0	0.0%
Health Ins - Classified Empl	501500	6,307	0	0	0	0	0.0%
Retirement - Classified Empl	502000	13,705	0	0	0	0	0.0%
Dental - Classified Employees	502500	259	0	0	0	0	0.0%
Life Ins - Classified Empl	503000	250	0	0	0	0	0.0%
EAP - Classified Empl	504000	22	0	0	0	0	0.0%
Total: Fringe Benefits		24,349	0	0	0	0	0.0%

		FY2023 Actuals				Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Contracted and 3rd Party Service							
Description	Code						
Other Contr and 3Rd Pty Serv	507600	38,371	0	0	0	0	0.0%
Total: Contracted and 3rd Party Service		38,371	0	0	0	0	0.0%

FY2025

Report ID: VTPB-07_GOV REC

Run Date: 01/25/2024

Run Time: 09:33 AM

State of Vermont

FY2025 Governor's Recommended Budget: Detail Report

Organization: 3410892201 - DVHA-HCBS Plan

Total: 1. PERSONAL SERVICES	114,050	0	0	0	0	0.0%
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Budget Object Group: 2. OPERATING

IT/Telecom Services and Equipment		FY2023 Actuals				Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Description	Code						
Telecom-Telephone Services	516652	324	0	0	0	0	0.0%
Hw - Computer Peripherals	522201	227	0	0	0	0	0.0%
Hardware - Desktop & Laptop Pc	522216	1,123	0	0	0	0	0.0%
Total: IT/Telecom Services and Equipment		1,674	0	0	0	0	0.0%
Total: 2. OPERATING		1,674	0	0	0	0	0.0%
Total Expenditures							-100.0%

FY2025

Report ID: VTPB-07_GOV REC

Run Date: 01/25/2024

Run Time: 09:33 AM

State of Vermont

FY2025 Governor's Recommended Budget: Detail Report

Organization: 3410892401 - DHVA-Blueprint/Hub & Spoke

Budget Object Group: 1. PERSONAL SERVICES

PerDiem and Other Personal Services		FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	Difference Between Recommend and FY2024 As Passed	Percent Change Recommend and FY2024 As Passed
Description	Code				
Other Personal Services	506199	0	0	0	0.0%
Total: PerDiem and Other Personal Services		0	0	0	0.0%
Total: 1. PERSONAL SERVICES		0	0	0	0.0%

Budget Object Group: 3. GRANTS

Grants Rollup		FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	Difference Between Recommend and FY2024 As Passed	Percent Change Recommend and FY2024 As Passed
Description	Code				
Grants	550220	0	16,321,466	(16,321,466)	-100.0%
Total: Grants Rollup		0	16,321,466	(16,321,466)	-100.0%
Total: 3. GRANTS		0	16,321,466	(16,321,466)	-100.0%
Total Expenditures		0	16,321,466	(16,321,466)	-100.0%

Fund Name	Fund Code	FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
General Fund	10000	94,921,630	101,668,678	106,831,134	114,535,266	12,866,588	12.7%
Global Commitment Fund	20405	958,700,721	952,898,602	958,044,310	910,778,265	(42,120,337)	-4.4%

FY2025

Report ID: VTPB-07_GOV REC

Run Date: 01/25/2024

Run Time: 09:33 AM

State of Vermont

FY2025 Governor's Recommended Budget: Detail Report

Fund Name	Fund Code	FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Inter-Unit Transfers Fund	21500	11,103,312	4,672,392	5,094,452	4,508,158	(164,234)	-3.5%
Vermont Health IT Fund	21916	2,406,870	4,753,011	4,753,011	4,733,015	(19,996)	-0.4%
Federal Revenue Fund	22005	117,919,327	156,980,694	144,566,756	151,274,063	(5,706,631)	-3.6%
Coronavirus Relief Fund	22045	0	0	0	0	0	0.0%
Funds Total		1,185,051,861	1,220,973,377	1,219,289,663	1,185,828,767	(35,144,610)	-2.9%
Position Count					370		
FTE Total					367.66		

FY2025

Report ID: VTPB-11_GOV REC
 Run Date: 01/25/2024
 Run Time: 09:50 AM

State of Vermont
FY2025 Governor's Recommended Budget: Rollup Report

Organization: 3410010000 - DVHA - Administration

Budget Object Group: 1. PERSONAL SERVICES

Budget Object Rollup Name	FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Salaries and Wages	25,754,305	24,765,740	24,765,740	26,506,786	1,741,046	7.0%
Fringe Benefits	14,660,966	16,765,646	16,765,646	17,885,535	1,119,889	6.7%
Contracted and 3rd Party Service	62,400,858	95,013,697	86,334,252	90,292,951	(4,720,746)	-5.0%
PerDiem and Other Personal Services	11,915	23,876	23,876	243,876	220,000	921.4%
Budget Object Group Total: 1. PERSONAL SERVICES	102,828,044	136,568,959	127,889,514	134,929,148	(1,639,811)	-1.2%

Budget Object Group: 2. OPERATING

Budget Object Rollup Name	FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Equipment	4,266	83,400	83,400	83,400	0	0.0%
IT/Telecom Services and Equipment	5,689,121	2,546,753	2,546,753	2,522,352	(24,401)	-1.0%
IT Repair and Maintenance Services	37,403	41,000	41,000	41,000	0	0.0%
Other Operating Expenses	420	40,250	40,250	40,250	0	0.0%
Other Rental	11,092	55,020	55,020	55,020	0	0.0%
Other Purchased Services	12,944,104	39,164,895	39,164,895	39,126,766	(38,129)	-0.1%
Property and Maintenance	17,607	59,368	59,368	59,368	0	0.0%
Property Rental	1,377,793	1,941,331	1,941,331	1,783,414	(157,917)	-8.1%
Supplies	76,255	117,800	117,800	117,800	0	0.0%
Travel	60,438	341,823	341,823	341,823	0	0.0%
Budget Object Group Total: 2. OPERATING	20,218,497	44,391,640	44,391,640	44,171,193	(220,447)	-0.5%

Budget Object Group: 3. GRANTS

FY2025

Report ID: VTPB-11_GOV REC
 Run Date: 01/25/2024
 Run Time: 09:50 AM

State of Vermont
FY2025 Governor's Recommended Budget: Rollup Report

Organization: 3410010000 - DVHA - Administration

Budget Object Rollup Name	FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Grants Rollup	3,184,004	2,912,301	2,912,301	3,112,301	200,000	6.9%
Budget Object Group Total: 3. GRANTS	3,184,004	2,912,301	2,912,301	3,112,301	200,000	6.9%

Total Expenditures	126,230,545	183,872,900	175,193,455	182,212,642	(1,660,258)	-0.9%
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Fund Name	FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
General Funds	36,198,681	35,605,917	39,109,628	39,872,315	4,266,398	12.0%
Special Fund	2,406,870	4,753,011	4,753,011	4,733,015	(19,996)	-0.4%
Coronavirus Relief Fund	0	0	0	0	0	0.0%
Federal Funds	82,519,746	134,621,243	122,016,027	128,790,580	(5,830,663)	-4.3%
Global Commitment	2,834,652	4,220,337	4,220,337	4,308,574	88,237	2.1%
IDT Funds	2,270,596	4,672,392	5,094,452	4,508,158	(164,234)	-3.5%
Funds Total	126,230,545	183,872,900	175,193,455	182,212,642	(1,660,258)	-0.9%

Position Count	370
FTE Total	367.66

FY2025

Report ID: VTPB-11_GOV REC
 Run Date: 01/25/2024
 Run Time: 09:50 AM

State of Vermont
FY2025 Governor's Recommended Budget: Rollup Report

Organization: 3410015000 - DVHA - Medicaid Program/Global Commitment

Budget Object Group: 1. PERSONAL SERVICES

Budget Object Rollup Name	FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 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	FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Grants Rollup	955,196,516	932,542,238	936,811,294	895,759,723	(36,782,515)	-3.9%
Budget Object Group Total: 3. GRANTS	955,196,516	932,542,238	936,811,294	895,759,723	(36,782,515)	-3.9%

Total Expenditures	955,744,499	933,090,221	937,359,277	896,307,706	(36,782,515)	-3.9%
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Fund Name	FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Global Commitment	955,744,499	933,090,221	937,359,277	896,307,706	(36,782,515)	-3.9%
Funds Total	955,744,499	933,090,221	937,359,277	896,307,706	(36,782,515)	-3.9%

Position Count	
FTE Total	

FY2025

Report ID: VTPB-11_GOV REC
 Run Date: 01/25/2024
 Run Time: 09:50 AM

State of Vermont
FY2025 Governor's Recommended Budget: Rollup Report

Organization: 3410017000 - DVHA - Medicaid/State Only Programs

Budget Object Group: 3. GRANTS

Budget Object Rollup Name	FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Grants Rollup	46,945,426	53,067,318	55,742,931	63,033,948	9,966,630	18.8%
Budget Object Group Total: 3. GRANTS	46,945,426	53,067,318	55,742,931	63,033,948	9,966,630	18.8%
Total Expenditures	46,945,426	53,067,318	55,742,931	63,033,948	9,966,630	18.8%

Fund Name	FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
General Funds	46,939,579	53,062,626	54,861,587	62,151,546	9,088,920	17.1%
Global Commitment	5,846	4,692	881,344	882,402	877,710	18,706.5%
Funds Total	46,945,426	53,067,318	55,742,931	63,033,948	9,966,630	18.8%

Position Count	
FTE Total	

FY2025

Report ID: VTPB-11_GOV REC
 Run Date: 01/25/2024
 Run Time: 09:50 AM

State of Vermont
FY2025 Governor's Recommended Budget: Rollup Report

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

Budget Object Group: 3. GRANTS

Budget Object Rollup Name	FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
Grants Rollup	56,015,667	34,621,472	34,672,534	34,994,888	373,416	1.1%
Budget Object Group Total: 3. GRANTS	56,015,667	34,621,472	34,672,534	34,994,888	373,416	1.1%
Total Expenditures	56,015,667	34,621,472	34,672,534	34,994,888	373,416	1.1%

Fund Name	FY2023 Actuals	FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget	FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and FY2024 As Passed	Percent Change FY2025 Governor's Recommend and FY2024 As Passed
General Funds	11,783,370	12,634,069	12,493,853	12,511,405	(122,664)	-1.0%
Coronavirus Relief Fund	0	0	0	0	0	0.0%
Federal Funds	35,399,581	21,987,403	22,178,681	22,483,483	496,080	2.3%
IDT Funds	8,832,716	0	0	0	0	0.0%
Funds Total	56,015,667	34,621,472	34,672,534	34,994,888	373,416	1.1%

Position Count	
FTE Total	

FY2025

Report ID: VTPB-11_GOV REC
 Run Date: 01/25/2024
 Run Time: 09:50 AM

State of Vermont
FY2025 Governor's Recommended Budget: Rollup Report

Organization: 3410872501 - DHVA - Medicaid Global Payment Program

Budget Object Group: 3. GRANTS

Budget Object Rollup Name				FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and As Passed	Percent Change FY2025 Governor's Recommend and As Passed
Grants Rollup	0	0	0	9,279,583	9,279,583	100.0%
Budget Object Group Total: 3. GRANTS	0	0	0	9,279,583	9,279,583	100.0%
Total Expenditures	0	0	0	9,279,583	9,279,583	100.0%

Fund Name				FY2025 Governor's Recommended Budget	Difference Between FY2025 Governor's Recommend and As Passed	Percent Change FY2025 Governor's Recommend and As Passed
Global Commitment	0	0	0	9,279,583	9,279,583	100.0%
Funds Total	0	0	0	9,279,583	9,279,583	100.0%

Position Count	
FTE Total	

FY2025

Report ID: VTPB-11_GOV REC
 Run Date: 01/25/2024
 Run Time: 09:50 AM

State of Vermont
FY2025 Governor's Recommended Budget: Rollup Report

Organization: 3410892201 - DVHA-HCBS Plan

Budget Object Group: 1. PERSONAL SERVICES

Budget Object Rollup Name	FY2023 Actuals				Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Salaries and Wages	51,330	0	0	0	0	0.0%
Fringe Benefits	24,349	0	0	0	0	0.0%
Contracted and 3rd Party Service	38,371	0	0	0	0	0.0%
Budget Object Group Total: 1. PERSONAL SERVICES	114,050	0	0	0		0.0%

Budget Object Group: 2. OPERATING

Budget Object Rollup Name	FY2023 Actuals				Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
IT/Telecom Services and Equipment	1,674	0	0	0	0	0.0%
Budget Object Group Total: 2. OPERATING	1,674	0	0	0		0.0%

Total Expenditures	115,724	0	0	0	0	0.0%
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Fund Name	FY2023 Actuals				Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Global Commitment	115,724	0	0	0	0	0.0%
Funds Total	115,724	0	0	0		0.0%

Position Count	
FTE Total	

FY2025

Report ID: VTPB-11_GOV REC
 Run Date: 01/25/2024
 Run Time: 09:50 AM

State of Vermont
FY2025 Governor's Recommended Budget: Rollup Report

Organization: 3410892401 - DHVA-Blueprint/Hub & Spoke

Budget Object Group: 1. PERSONAL SERVICES

Budget Object Rollup Name		FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget		Difference Between Recommend and FY2024 As Passed	Percent Change Recommend and FY2024 As Passed
PerDiem and Other Personal Services	0	0	0	0	0	0.0%
Budget Object Group Total: 1. PERSONAL SERVICES	0	0	0	0		0.0%

Budget Object Group: 3. GRANTS

Budget Object Rollup Name		FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget		Difference Between Recommend and FY2024 As Passed	Percent Change Recommend and FY2024 As Passed
Grants Rollup	0	16,321,466	16,321,466	0	(16,321,466)	-100.0%
Budget Object Group Total: 3. GRANTS	0	16,321,466	16,321,466	0	(16,321,466)	-100.0%
Total Expenditures	0	16,321,466	16,321,466	0	(16,321,466)	-100.0%

Fund Name		FY2024 Original As Passed Budget	FY2024 Governor's BAA Recommended Budget		Difference Between Recommend and FY2024 As Passed	Percent Change Recommend and FY2024 As Passed
General Funds	0	366,066	366,066	0	(366,066)	-100.0%
Federal Funds	0	372,048	372,048	0	(372,048)	-100.0%
Global Commitment	0	15,583,352	15,583,352	0	(15,583,352)	-100.0%
Funds Total	0	16,321,466	16,321,466	0	(16,321,466)	-100.0%

Position Count	
FTE Total	

FY2025

Report ID: VTPB-14-POSITION_SUMMARY
 Run Date: 01/20/2024
 Run Time: 06:23 PM

State of Vermont
FY2025 Governor's Recommended Budget
Position Summary Report

03410-Department of Vermont Health Access

Position Number	Classification	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
730001	501100 - DVHA Program Consultant	1.00	1	65,832	51,850	5,037	122,719
730002	533500 - Member & Provider Svcs Super	1.00	1	68,702	52,650	5,256	126,608
730003	512100 - Long Term Care Specialist I	1.00	1	63,814	30,544	4,882	99,240
730005	459400 - DVHA Medicaid Compliance Off	1.00	1	113,339	65,105	8,670	187,114
730006	459800 - Health Program Administrator	1.00	1	60,881	41,580	4,658	107,119
730007	495900 - Med Hlthcare Data & Stat Anal	1.00	1	66,144	31,195	5,000	102,399
730009	460500 - Program Integrity Director	1.00	1	110,906	32,018	8,484	151,408
730011	460560 - Oversight&Monitor Security Aud	1.00	1	96,263	60,339	7,364	163,966
730012	089080 - Financial Manager I	1.00	1	76,190	33,616	5,828	115,634
730013	004800 - Program Technician II	1.00	1	51,813	27,197	3,964	82,974
730014	499700 - Medicaid Operations Adm	1.00	1	75,733	54,233	5,794	135,760
730018	089080 - Financial Manager I	1.00	1	71,220	32,611	5,448	109,279
730020	464900 - DVHA Program & Oper Auditor	1.00	1	75,733	54,612	5,794	136,139
730021	459800 - Health Program Administrator	1.00	1	82,825	47,701	6,336	136,862
730023	501100 - DVHA Program Consultant	1.00	1	69,597	52,902	5,324	127,823
730024	089230 - Administrative Svcs Cord II	1.00	1	67,746	43,494	5,182	116,422
730025	501100 - DVHA Program Consultant	1.00	1	71,677	44,592	5,483	121,752
730027	459500 - Provider Relations Specialist	1.00	1	73,798	21,479	5,645	100,922
730028	469900 - Director of MPS	1.00	1	85,176	49,727	6,516	141,419
730029	459800 - Health Program Administrator	1.00	1	78,354	34,603	5,994	118,951
730030	514400 - Dir Data Mgn Analysis & Integ	1.00	1	103,979	62,493	7,955	174,427
730031	089080 - Financial Manager I	1.00	1	76,190	22,145	5,829	104,164
730032	089130 - Financial Director I	1.00	1	88,608	37,462	6,778	132,848
730034	000075 - Nurse Case Manager / URN II	1.00	1	119,480	57,711	9,141	186,333
730035	000078 - Nurse Auditor	1.00	1	81,715	56,152	6,251	144,118
730036	000075 - Nurse Case Manager / URN II	1.00	1	102,240	41,082	7,821	151,142
730037	501100 - DVHA Program Consultant	1.00	1	61,735	50,709	4,722	117,166
730047	000086 - Nurse Administrator II	1.00	1	143,820	73,441	11,003	228,263

Report ID: VTPB-14-POSITION_SUMMARY
 Run Date: 01/20/2024
 Run Time: 06:23 PM

State of Vermont
FY2025 Governor's Recommended Budget
Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
730049	089140 - Financial Director II	1.00	1	91,520	38,275	7,001	136,796
730050	000090 - Nursing Operations Director	1.00	1	125,074	74,796	9,568	209,438
730051	004900 - Program Technician III	1.00	1	52,312	27,337	4,002	83,651
730053	089230 - Administrative Svcs Cord II	1.00	1	59,800	41,280	4,576	105,656
730054	089080 - Financial Manager I	1.00	1	66,748	52,106	5,106	123,960
730056	459500 - Provider Relations Specialist	1.00	1	71,822	20,927	5,494	98,243
730059	032950 - Health Facility Auditor	1.00	1	68,702	20,056	5,256	94,014
730060	495900 - Med Hlthcare Data & Stat Anal	1.00	1	83,554	56,794	6,393	146,741
730061	089141 - Financial Director IV	1.00	1	125,548	34,972	9,604	170,124
730067	501100 - DVHA Program Consultant	1.00	1	67,746	43,494	5,182	116,422
730068	533500 - Member & Provider Svcs Super	1.00	1	83,553	47,487	6,392	137,432
730069	000075 - Nurse Case Manager / URN II	1.00	1	122,765	67,513	9,391	199,670
730073	000070 - Nurse Case Manager / URN I	1.00	1	99,375	61,028	7,602	168,005
730074	000075 - Nurse Case Manager / URN II	1.00	1	105,609	62,757	8,078	176,444
730075	000070 - Nurse Case Manager / URN I	1.00	1	102,858	61,994	7,869	172,721
730076	000070 - Nurse Case Manager / URN I	1.00	1	90,109	58,461	6,893	155,463
730081	089050 - Financial Administrator I	1.00	1	59,800	41,280	4,576	105,656
730082	004900 - Program Technician III	1.00	1	52,312	27,335	4,001	83,648
730084	464902 - DVHA Sr. Auditor & Program Con	1.00	1	93,537	59,112	7,156	159,805
730086	486400 - Project & Operations Dir	1.00	1	117,437	56,771	8,984	183,192
730087	735500 - Healthcare Assistant Admin II	1.00	1	88,504	37,436	6,770	132,710
730088	501100 - DVHA Program Consultant	1.00	1	75,733	22,017	5,794	103,544
730089	501100 - DVHA Program Consultant	1.00	1	69,596	32,159	5,324	107,079
730090	533500 - Member & Provider Svcs Super	1.00	1	93,538	50,692	7,156	151,386
730091	508560 - VCCI Outreach & Support Coord	1.00	1	54,205	27,862	4,147	86,214
730093	512350 - Long Term Care Medicaid Super	1.00	1	83,554	24,200	6,392	114,146
730094	000070 - Nurse Case Manager / URN I	0.60	1	59,625	29,268	4,562	93,455
730097	735110 - VT Healthcare Service Spec III	1.00	1	59,301	17,433	4,536	81,270
730098	000070 - Nurse Case Manager / URN I	1.00	1	84,100	49,272	6,433	139,805
730102	498000 - Health Enterprise Director II	1.00	1	129,230	69,753	9,886	208,869

Report ID: VTPB-14-POSITION_SUMMARY
 Run Date: 01/20/2024
 Run Time: 06:23 PM

State of Vermont
FY2025 Governor's Recommended Budget
Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
730103	458902 - Health Services Researcher	1.00	1	90,855	51,322	6,950	149,127
730105	501100 - DVHA Program Consultant	1.00	1	52,312	39,189	4,002	95,503
730107	735000 - VT Healthcare Service Spec I	1.00	1	69,597	44,011	5,324	118,932
730108	735110 - VT Healthcare Service Spec III	1.00	1	57,533	40,644	4,402	102,579
730109	501100 - DVHA Program Consultant	1.00	1	69,597	44,009	5,324	118,930
730110	478100 - Business Process Manager	1.00	1	94,100	50,847	7,198	152,145
730112	536900 - VHC Support Services Spec	1.00	1	61,735	29,964	4,723	96,422
730113	536900 - VHC Support Services Spec	1.00	1	65,832	31,108	5,037	101,977
730114	536900 - VHC Support Services Spec	1.00	1	52,312	40,501	4,003	96,816
730115	499700 - Medicaid Operations Adm	1.00	1	78,228	55,310	5,984	139,522
730123	434100 - Dental Program Manager	0.85	2	74,739	21,773	5,719	102,231
730124	460570 - Program Integrity Analyst	1.00	1	80,850	35,299	6,185	122,334
730125	406705 - Program Improvement Manager	1.00	1	78,063	34,520	5,972	118,555
730126	460570 - Program Integrity Analyst	1.00	1	83,241	56,708	6,369	146,318
730127	533500 - Member & Provider Svcs Super	1.00	1	88,504	49,288	6,770	144,562
730131	000070 - Nurse Case Manager / URN I	1.00	1	109,147	63,737	8,349	181,232
730132	508560 - VCCI Outreach & Support Coord	1.00	1	59,800	41,277	4,574	105,651
730133	000070 - Nurse Case Manager / URN I	1.00	1	115,381	65,465	8,826	189,672
730134	000070 - Nurse Case Manager / URN I	1.00	1	84,100	49,271	6,433	139,804
730135	000070 - Nurse Case Manager / URN I	1.00	1	93,198	50,427	7,130	150,755
730136	000070 - Nurse Case Manager / URN I	1.00	1	102,857	61,995	7,869	172,722
730137	089270 - Administrative Svcs Mngr II	1.00	1	88,504	37,434	6,772	132,710
730138	068520 - Blueprint Payment Ops Admin	1.00	1	97,385	51,766	7,451	156,602
730140	503801 - Data Analytics & Info Admin	1.00	1	77,730	50,899	5,947	134,576
730141	459500 - Provider Relations Specialist	1.00	1	69,742	32,199	5,335	107,276
730142	464902 - DVHA Sr. Auditor & Program Con	1.00	1	75,733	54,612	5,793	136,138
730143	464902 - DVHA Sr. Auditor & Program Con	1.00	1	83,554	47,905	6,393	137,852
730144	495600 - Associate Prog Integrity Dir	1.00	1	88,608	49,317	6,779	144,704
730145	495900 - Med Hlthcare Data & Stat Anal	1.00	1	80,850	47,151	6,184	134,185
730146	486200 - Asst Dir of Blueprint for Hlth	1.00	1	97,385	39,914	7,451	144,750

Report ID: VTPB-14-POSITION_SUMMARY
 Run Date: 01/20/2024
 Run Time: 06:23 PM

State of Vermont
FY2025 Governor's Recommended Budget
Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
730147	486200 - Asst Dir of Blueprint for Hlth	0.80	1	70,886	53,261	5,422	129,569
730170	089090 - Financial Manager II	1.00	1	75,733	60,964	5,793	142,490
730171	464900 - DVHA Program & Oper Auditor	1.00	1	71,718	32,750	5,486	109,954
730172	480210 - DVHA Quality Assurance Mgr	0.80	1	64,680	30,463	4,948	100,091
730174	334100 - Audit Liaison/Int Control	1.00	1	73,612	32,910	5,632	112,154
730175	499700 - Medicaid Operations Adm	1.00	1	66,144	44,384	5,060	115,588
730177	499700 - Medicaid Operations Adm	1.00	1	73,320	53,940	5,609	132,869
730178	464915 - DVHA Healthcare QC CAP Auditor	1.00	1	67,184	43,339	5,139	115,662
730181	334100 - Audit Liaison/Int Control	1.00	1	71,220	32,612	5,448	109,280
730182	536900 - VHC Support Services Spec	1.00	1	63,815	30,225	4,881	98,921
730185	464910 - DVHA Healthcare QC Auditor	1.00	1	69,326	43,935	5,305	118,566
730186	459800 - Health Program Administrator	1.00	1	67,184	52,228	5,139	124,551
730187	550200 - Contracts & Grants Administrat	1.00	1	69,326	32,084	5,304	106,714
730188	512100 - Long Term Care Specialist I	1.00	1	67,746	52,386	5,182	125,314
730189	550200 - Contracts & Grants Administrat	1.00	1	64,980	42,726	4,970	112,676
730190	536900 - VHC Support Services Spec	1.00	1	61,735	41,508	4,723	107,966
730192	000070 - Nurse Case Manager / URN I	1.00	1	93,198	59,316	7,130	159,644
730193	000075 - Nurse Case Manager / URN II	1.00	1	92,749	38,451	7,095	138,294
730194	089230 - Administrative Srvcs Cord II	1.00	1	65,832	51,850	5,036	122,718
730195	503801 - Data Analytics & Info Admin	1.00	1	77,729	34,429	5,946	118,104
730197	067400 - Mgr Qlty Imprvmt and Care Mgm	1.00	1	91,541	49,675	7,003	148,219
730198	533200 - Senior Behav Hlth CRC Mg	1.00	1	78,229	22,323	5,985	106,537
730199	089240 - Administrative Srvcs Cord III	1.00	1	63,253	51,129	4,838	119,220
730200	034550 - HCR Integration Manager	1.00	1	104,229	41,997	7,973	154,199
730201	000086 - Nurse Administrator II	1.00	1	128,395	60,266	9,823	198,483
730202	053100 - DVHA Data Anlyst and Info Chie	1.00	1	97,386	39,913	7,450	144,749
730204	533200 - Senior Behav Hlth CRC Mg	1.00	1	75,732	45,344	5,794	126,870
730205	485400 - DVHA Clinical Therapist	1.00	1	85,467	48,439	6,538	140,444
730206	977025 - Rate Model Spec Projects Lead	0.80	1	64,447	51,464	4,929	120,840
730207	499700 - Medicaid Operations Adm	1.00	1	66,144	44,384	5,060	115,588

Report ID: VTPB-14-POSITION_SUMMARY
 Run Date: 01/20/2024
 Run Time: 06:23 PM

State of Vermont
FY2025 Governor's Recommended Budget
Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
730208	454300 - DVHA Rate Setting Mang	1.00	1	106,142	54,207	8,120	168,469
730210	000070 - Nurse Case Manager / URN I	1.00	1	84,100	49,272	6,434	139,805
730211	008900 - Project Director	1.00	1	74,796	54,350	5,723	134,869
730212	000078 - Nurse Auditor	1.00	1	76,388	33,931	5,844	116,163
730213	501100 - DVHA Program Consultant	1.00	1	63,814	51,288	4,883	119,985
730215	000070 - Nurse Case Manager / URN I	1.00	1	115,381	56,576	8,827	180,784
730216	000070 - Nurse Case Manager / URN I	1.00	1	102,857	61,994	7,868	172,720
730218	000070 - Nurse Case Manager / URN I	1.00	1	90,108	25,866	6,893	122,867
730219	537300 - DVHA Director of Quality Mgmt	1.00	1	106,995	63,335	8,186	178,516
730227	501100 - DVHA Program Consultant	1.00	1	57,824	28,871	4,423	91,118
730232	089220 - Administrative Svcs Cord I	1.00	1	51,251	27,039	3,921	82,211
730234	464910 - DVHA Healthcare QC Auditor	1.00	1	69,326	52,824	5,305	127,455
730235	089270 - Administrative Svcs Mngr II	1.00	1	70,928	53,272	5,425	129,625
730236	330310 - VHC Business Process Coord	1.00	1	75,733	33,870	5,793	115,396
730238	459800 - Health Program Administrator	1.00	1	74,131	54,165	5,672	133,968
730239	459800 - Health Program Administrator	1.00	1	69,326	52,824	5,305	127,455
730240	857200 - Communications & Outreach Coord	1.00	1	56,014	16,517	4,285	76,816
730241	463100 - Health Care Project Director	1.00	1	94,598	50,513	7,237	152,348
730244	034550 - HCR Integration Manager	1.00	1	129,230	56,151	9,886	195,267
730245	098500 - Admin HC Pymnt Refrm Analytics	1.00	1	94,620	26,816	7,238	128,674
730248	478105 - HC Payment Reform Process Mgr	1.00	1	75,733	45,722	5,794	127,249
730249	977020 - Payment Reform Spec Proj Lead	1.00	1	97,385	60,166	7,450	165,001
730251	464950 - Dir of Ops for ACO Programs	1.00	1	74,797	46,813	5,722	127,332
730252	533900 - Medicaid Provider Rel Oper Chf	1.00	1	83,241	35,967	6,368	125,576
730253	004800 - Program Technician II	1.00	1	46,738	38,936	3,576	89,250
730254	977010 - Deputy Dir of Payment Reform	1.00	1	100,901	61,636	7,718	170,255
730256	496600 - Grant Programs Manager	1.00	1	78,644	46,534	6,016	131,194
730260	497800 - Health Reform Enterprise Dir I	1.00	1	80,849	47,149	6,185	134,183
730272	501100 - DVHA Program Consultant	1.00	1	56,014	40,222	4,286	100,522
730273	087800 - Dir of Customer Communication	1.00	1	94,619	59,882	7,238	161,739

Report ID: VTPB-14-POSITION_SUMMARY
 Run Date: 01/20/2024
 Run Time: 06:23 PM

State of Vermont
FY2025 Governor's Recommended Budget
Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
730275	501100 - DVHA Program Consultant	1.00	1	59,800	50,168	4,575	114,543
730277	486400 - Project & Operations Dir	1.00	1	97,594	60,712	7,466	165,772
730278	501100 - DVHA Program Consultant	1.00	1	71,677	53,480	5,483	130,640
730279	008900 - Project Director	1.00	1	104,230	53,676	7,974	165,880
730280	486405 - Project & Operations Spec	1.00	1	66,144	44,383	5,060	115,587
730281	501100 - DVHA Program Consultant	1.00	1	56,014	28,368	4,285	88,667
730282	464920 - DVHA Quality Control Manager	1.00	1	78,229	46,420	5,984	130,633
730283	501100 - DVHA Program Consultant	1.00	1	59,800	50,168	4,575	114,543
730284	148400 - Senior Autism Specialist	1.00	1	80,849	23,040	6,184	110,073
730286	499700 - Medicaid Operations Adm	0.81	1	67,679	52,368	5,177	125,224
730287	442100 - Project Administrator Bluepri	1.00	1	62,296	30,124	4,765	97,185
730288	551800 - Dir of Comm & Leg Affairs	1.00	1	97,386	28,062	7,450	132,898
730289	735200 - Benefits Program Mentor	1.00	1	65,374	42,833	5,001	113,208
730290	735100 - VT Healthcare Service Spec II	1.00	1	52,312	29,645	4,001	85,958
730291	735100 - VT Healthcare Service Spec II	1.00	1	52,312	40,502	4,001	96,815
730292	735100 - VT Healthcare Service Spec II	1.00	1	63,814	42,398	4,882	111,094
730293	735100 - VT Healthcare Service Spec II	1.00	1	54,205	39,716	4,147	98,068
730294	735110 - VT Healthcare Service Spec III	1.00	1	65,374	30,980	5,001	101,355
730295	735100 - VT Healthcare Service Spec II	1.00	1	63,814	42,078	4,882	110,774
730296	735100 - VT Healthcare Service Spec II	1.00	1	54,205	48,605	4,147	106,957
730297	735100 - VT Healthcare Service Spec II	1.00	1	52,312	15,483	4,001	71,796
730298	735000 - VT Healthcare Service Spec I	1.00	1	56,472	40,349	4,319	101,140
730299	735000 - VT Healthcare Service Spec I	1.00	1	51,251	47,781	3,921	102,953
730300	459800 - Health Program Administrator	1.00	1	62,858	51,019	4,810	118,687
730301	464900 - DVHA Program & Oper Auditor	1.00	1	60,882	50,470	4,656	116,008
730302	735100 - VT Healthcare Service Spec II	1.00	1	63,814	30,545	4,882	99,241
730303	735100 - VT Healthcare Service Spec II	1.00	1	52,312	40,502	4,001	96,815
730304	735000 - VT Healthcare Service Spec I	1.00	1	49,484	28,856	3,785	82,125
730305	735000 - VT Healthcare Service Spec I	1.00	1	51,251	29,349	3,921	84,521
730306	735100 - VT Healthcare Service Spec II	1.00	1	54,205	48,605	4,147	106,957

Report ID: VTPB-14-POSITION_SUMMARY
 Run Date: 01/20/2024
 Run Time: 06:23 PM

State of Vermont
FY2025 Governor's Recommended Budget
Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
730307	735100 - VT Healthcare Service Spec II	1.00	1	63,253	42,242	4,839	110,334
730308	735000 - VT Healthcare Service Spec I	1.00	1	51,251	15,187	3,921	70,359
730309	735200 - Benefits Program Mentor	1.00	1	63,253	30,388	4,839	98,480
730310	735000 - VT Healthcare Service Spec I	1.00	1	52,915	39,356	4,048	96,319
730313	735100 - VT Healthcare Service Spec II	1.00	1	54,205	48,605	4,147	106,957
730314	735100 - VT Healthcare Service Spec II	1.00	1	54,205	54,956	4,147	113,308
730315	735000 - VT Healthcare Service Spec I	1.00	1	60,237	29,546	4,608	94,391
730316	735000 - VT Healthcare Service Spec I	1.00	1	49,484	39,708	3,785	92,977
730317	735000 - VT Healthcare Service Spec I	1.00	1	49,484	39,708	3,785	92,977
730318	735110 - VT Healthcare Service Spec III	1.00	1	67,663	52,360	5,176	125,199
730319	735000 - VT Healthcare Service Spec I	1.00	1	49,484	39,708	3,785	92,977
730320	735000 - VT Healthcare Service Spec I	1.00	1	51,251	27,041	3,921	82,213
730321	735100 - VT Healthcare Service Spec II	1.00	1	63,814	30,545	4,882	99,241
730322	735100 - VT Healthcare Service Spec II	1.00	1	65,832	51,850	5,036	122,718
730323	512100 - Long Term Care Specialist I	1.00	1	54,204	27,864	4,146	86,214
730324	735000 - VT Healthcare Service Spec I	1.00	1	58,281	40,853	4,458	103,592
730325	735500 - Healthcare Assistant Admin II	1.00	1	75,733	33,491	5,793	115,017
730326	735110 - VT Healthcare Service Spec III	1.00	1	65,374	51,394	5,001	121,769
730327	735750 - Business Reporting Admin	1.00	1	75,734	33,491	5,794	115,019
730328	735000 - VT Healthcare Service Spec I	1.00	1	51,251	27,039	3,921	82,211
730329	735200 - Benefits Program Mentor	1.00	1	65,374	19,128	5,001	89,503
730330	735500 - Healthcare Assistant Admin II	1.00	1	73,320	53,938	5,609	132,867
730331	735100 - VT Healthcare Service Spec II	1.00	1	59,800	29,426	4,574	93,800
730332	735200 - Benefits Program Mentor	1.00	1	57,533	16,941	4,401	78,875
730333	735100 - VT Healthcare Service Spec II	1.00	1	52,312	39,188	4,001	95,501
730334	735000 - VT Healthcare Service Spec I	1.00	1	51,251	15,187	3,921	70,359
730335	735100 - VT Healthcare Service Spec II	1.00	1	63,814	42,398	4,882	111,094
730336	735110 - VT Healthcare Service Spec III	1.00	1	61,277	29,837	4,687	95,801
730337	735200 - Benefits Program Mentor	1.00	1	61,277	41,690	4,687	107,654
730338	735100 - VT Healthcare Service Spec II	1.00	1	56,014	40,222	4,285	100,521

Report ID: VTPB-14-POSITION_SUMMARY
 Run Date: 01/20/2024
 Run Time: 06:23 PM

State of Vermont
FY2025 Governor's Recommended Budget
Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
730339	735110 - VT Healthcare Service Spec III	1.00	1	59,301	29,285	4,536	93,122
730340	459800 - Health Program Administrator	1.00	1	60,882	41,579	4,658	107,119
730341	735100 - VT Healthcare Service Spec II	1.00	1	52,312	40,501	4,003	96,816
730342	735300 - Fair Hearing Specialist	1.00	1	57,532	28,792	4,402	90,726
730343	208800 - Business Analyst	1.00	1	66,747	19,509	5,105	91,361
730344	004700 - Program Technician I	1.00	1	55,910	40,192	4,278	100,380
730345	735000 - VT Healthcare Service Spec I	1.00	1	59,800	29,426	4,574	93,800
730346	536900 - VHC Support Services Spec	1.00	1	52,312	40,501	4,003	96,816
730347	735000 - VT Healthcare Service Spec I	1.00	1	51,251	29,349	3,921	84,521
730348	536900 - VHC Support Services Spec	1.00	1	61,735	41,508	4,723	107,966
730349	735100 - VT Healthcare Service Spec II	1.00	1	54,205	27,863	4,147	86,215
730352	512300 - Long Term Care Specialist III	1.00	1	80,516	35,206	6,160	121,882
730353	512200 - Long Term Care Specialist II	1.00	1	80,330	35,154	6,144	121,628
730354	512200 - Long Term Care Specialist II	1.00	1	67,662	31,620	5,178	104,460
730355	735800 - Healthcare Deputy Dir of Ops	1.00	1	97,823	39,545	7,483	144,851
730356	512300 - Long Term Care Specialist III	1.00	1	76,212	45,858	5,832	127,902
730357	512100 - Long Term Care Specialist I	1.00	1	57,824	28,874	4,424	91,122
730358	512200 - Long Term Care Specialist II	1.00	1	67,662	52,024	5,178	124,864
730359	459900 - ESD Health Care Elig Dir	1.00	1	110,905	43,871	8,484	163,260
730360	735500 - Healthcare Assistant Admin II	1.00	1	80,849	46,745	6,185	133,779
730361	464920 - DVHA Quality Control Manager	1.00	1	85,946	36,290	6,574	128,810
730362	512100 - Long Term Care Specialist I	1.00	1	57,824	28,874	4,424	91,122
730363	512100 - Long Term Care Specialist I	1.00	1	57,824	49,616	4,424	111,864
730364	512300 - Long Term Care Specialist III	1.00	1	69,326	32,084	5,304	106,714
730365	503405 - Healthcare Programs Director	1.00	1	101,004	52,774	7,727	161,505
730366	486405 - Project & Operations Spec	1.00	1	70,928	44,384	5,427	120,739
730367	512200 - Long Term Care Specialist II	1.00	1	71,822	44,634	5,494	121,950
730368	512200 - Long Term Care Specialist II	1.00	1	63,252	51,128	4,840	119,220
730369	512100 - Long Term Care Specialist I	1.00	1	56,014	28,368	4,284	88,666
730370	735500 - Healthcare Assistant Admin II	1.00	1	75,732	33,492	5,793	115,017

Report ID: VTPB-14-POSITION_SUMMARY
 Run Date: 01/20/2024
 Run Time: 06:23 PM

State of Vermont
FY2025 Governor's Recommended Budget
Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
730371	512100 - Long Term Care Specialist I	1.00	1	56,014	28,368	4,284	88,666
730372	512350 - Long Term Care Medicaid Super	1.00	1	83,554	36,052	6,392	125,998
730373	512200 - Long Term Care Specialist II	1.00	1	65,374	51,722	5,002	122,098
730374	512100 - Long Term Care Specialist I	1.00	1	54,204	27,864	4,146	86,214
730375	735510 - Healthcare Assistant Admin I	1.00	1	74,132	53,796	5,671	133,599
730377	503400 - Benefits Progrms Administrator	1.00	1	91,540	59,022	7,003	157,565
730378	735500 - Healthcare Assistant Admin II	1.00	1	83,554	47,906	6,392	137,852
730379	735500 - Healthcare Assistant Admin II	1.00	1	83,553	23,347	6,391	113,291
730381	464910 - DVHA Healthcare QC Auditor	1.00	1	69,326	32,082	5,305	106,713
730382	512100 - Long Term Care Specialist I	1.00	1	56,014	16,516	4,284	76,814
730383	512100 - Long Term Care Specialist I	1.00	1	73,798	54,074	5,646	133,518
730384	512200 - Long Term Care Specialist II	1.00	1	63,252	51,128	4,840	119,220
730385	512350 - Long Term Care Medicaid Super	1.00	1	90,938	49,968	6,956	147,862
730388	512100 - Long Term Care Specialist I	1.00	1	71,676	53,122	5,484	130,282
730389	735510 - Healthcare Assistant Admin I	1.00	1	74,132	53,796	5,671	133,599
730390	735500 - Healthcare Assistant Admin II	1.00	1	85,945	57,463	6,574	149,982
730391	735510 - Healthcare Assistant Admin I	1.00	1	71,718	44,603	5,486	121,807
730392	735510 - Healthcare Assistant Admin I	1.00	1	67,184	19,633	5,139	91,956
730393	735510 - Healthcare Assistant Admin I	1.00	1	67,184	33,796	5,139	106,119
730394	735100 - VT Healthcare Service Spec II	1.00	1	63,814	30,545	4,882	99,241
730395	735400 - VT Healthcare Srvc Supervisor	1.00	1	71,219	20,401	5,447	97,067
730396	735100 - VT Healthcare Service Spec II	1.00	1	54,205	39,716	4,147	98,068
730397	089280 - Administrative Srvc Mngr III	1.00	1	73,154	20,446	5,596	99,196
730398	735110 - VT Healthcare Service Spec III	1.00	1	65,374	19,128	5,001	89,503
730399	735100 - VT Healthcare Service Spec II	1.00	1	73,673	45,148	5,636	124,457
730400	459800 - Health Program Administrator	1.00	1	69,326	43,589	5,303	118,218
730401	735200 - Benefits Program Mentor	1.00	1	63,253	30,388	4,839	98,480
730402	735400 - VT Healthcare Srvc Supervisor	1.00	1	73,611	53,651	5,632	132,894
730403	735500 - Healthcare Assistant Admin II	1.00	1	78,229	34,175	5,985	118,389
730404	735400 - VT Healthcare Srvc Supervisor	1.00	1	71,219	53,352	5,447	130,018

Report ID: VTPB-14-POSITION_SUMMARY
 Run Date: 01/20/2024
 Run Time: 06:23 PM

State of Vermont
FY2025 Governor's Recommended Budget
Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
730405	735200 - Benefits Program Mentor	1.00	1	59,301	50,027	4,536	113,864
730406	735400 - VT Healthcare Srvc Supervisor	1.00	1	76,190	22,147	5,828	104,165
730407	735500 - Healthcare Assistant Admin II	1.00	1	75,733	45,724	5,795	127,252
730408	459800 - Health Program Administrator	1.00	1	69,326	43,936	5,303	118,565
730409	735400 - VT Healthcare Srvc Supervisor	1.00	1	69,036	32,000	5,281	106,317
730410	735110 - VT Healthcare Service Spec III	1.00	1	65,374	42,833	5,001	113,208
730411	735200 - Benefits Program Mentor	1.00	1	65,374	30,980	5,001	101,355
730412	735100 - VT Healthcare Service Spec II	1.00	1	54,205	16,011	4,147	74,363
730413	735110 - VT Healthcare Service Spec III	1.00	1	65,374	51,722	5,001	122,097
730414	735100 - VT Healthcare Service Spec II	1.00	1	56,014	49,111	4,285	109,410
730415	735600 - HAEEU Cust Eligibility&Support	1.00	1	85,717	56,968	6,557	149,242
730416	735000 - VT Healthcare Service Spec I	1.00	1	63,939	30,579	4,891	99,409
730417	735100 - VT Healthcare Service Spec II	1.00	1	65,832	31,108	5,036	101,976
730419	089420 - Administrative Srvc Dir IV	1.00	1	123,220	63,802	9,426	196,448
730420	735500 - Healthcare Assistant Admin II	1.00	1	83,554	56,794	6,392	146,740
730421	735400 - VT Healthcare Srvc Supervisor	1.00	1	76,190	45,852	5,828	127,870
730422	735400 - VT Healthcare Srvc Supervisor	1.00	1	66,747	52,106	5,107	123,960
730423	735100 - VT Healthcare Service Spec II	1.00	1	52,312	48,077	4,001	104,390
730424	089230 - Administrative Srvc Cord II	1.00	1	52,312	27,336	4,001	83,649
730425	735200 - Benefits Program Mentor	1.00	1	57,533	16,088	4,401	78,022
730426	735400 - VT Healthcare Srvc Supervisor	1.00	1	64,667	18,930	4,947	88,544
730427	735100 - VT Healthcare Service Spec II	1.00	1	52,312	15,483	4,001	71,796
730428	735400 - VT Healthcare Srvc Supervisor	1.00	1	76,190	33,997	5,829	116,016
730429	735100 - VT Healthcare Service Spec II	1.00	1	52,312	48,077	4,001	104,390
730430	735100 - VT Healthcare Service Spec II	1.00	1	52,312	27,335	4,001	83,648
730431	735300 - Fair Hearing Specialist	1.00	1	57,532	40,645	4,401	102,578
730433	735000 - VT Healthcare Service Spec I	1.00	1	49,484	39,708	3,785	92,977
730434	735100 - VT Healthcare Service Spec II	1.00	1	61,735	29,965	4,723	96,423
730435	735100 - VT Healthcare Service Spec II	1.00	1	57,824	28,872	4,424	91,120
730436	735200 - Benefits Program Mentor	1.00	1	57,533	28,792	4,402	90,727

Report ID: VTPB-14-POSITION_SUMMARY
 Run Date: 01/20/2024
 Run Time: 06:23 PM

State of Vermont
FY2025 Governor's Recommended Budget
Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
730437	735300 - Fair Hearing Specialist	1.00	1	57,533	28,792	4,401	90,726
730438	735100 - VT Healthcare Service Spec II	1.00	1	52,312	27,335	4,001	83,648
730439	536900 - VHC Support Services Spec		1	26,266	20,383	2,009	48,658
730439	735000 - VT Healthcare Service Spec I	1.00	0	23,218	18,016	1,776	43,010
730440	735100 - VT Healthcare Service Spec II	1.00	1	61,735	29,965	4,723	96,423
730441	735110 - VT Healthcare Service Spec III	1.00	1	59,301	29,285	4,536	93,122
730442	735200 - Benefits Program Mentor	1.00	1	57,533	28,793	4,401	90,727
730443	735300 - Fair Hearing Specialist	1.00	1	65,375	30,652	5,001	101,028
730444	735300 - Fair Hearing Specialist	1.00	1	65,374	30,981	5,001	101,356
730446	735300 - Fair Hearing Specialist	1.00	1	55,369	41,361	4,236	100,966
730447	735100 - VT Healthcare Service Spec II	1.00	1	52,312	27,335	4,001	83,648
730448	464900 - DVHA Program & Oper Auditor	1.00	1	69,326	32,082	5,303	106,711
730449	735000 - VT Healthcare Service Spec I	1.00	1	49,484	47,288	3,785	100,557
730453	081550 - Appeals Director	1.00	1	88,608	49,315	6,779	144,702
730456	089130 - Financial Director I	1.00	1	94,620	38,666	7,239	140,525
730457	497901 - Health Reform Portfo Dir II	1.00	1	110,906	30,979	8,485	150,370
730458	089120 - Financial Manager III	1.00	1	83,325	35,572	6,374	125,271
730459	735700 - Healthcare Eligib & Enorll Dir	1.00	1	90,855	51,321	6,950	149,126
730460	494000 - Exchange Project Director	1.00	1	112,404	64,843	8,598	185,845
730461	089080 - Financial Manager I	1.00	1	71,220	44,466	5,448	121,134
730462	089240 - Administrative Srvc Cord III	1.00	1	65,374	30,980	5,002	101,356
730463	533500 - Member & Provider Srvc Super	1.00	1	70,928	53,271	5,426	129,625
730464	410300 - Workforce Management Coord II	1.00	1	69,326	52,824	5,305	127,455
730465	330310 - VHC Business Process Coord	1.00	1	78,229	54,916	5,984	139,129
730466	735700 - Healthcare Eligib & Enorll Dir	1.00	1	107,723	63,718	8,240	179,681
730467	486400 - Project & Operations Dir	1.00	1	100,900	29,040	7,720	137,660
730468	498800 - Medicaid Fiscal Analyst	1.00	1	60,882	29,726	4,658	95,266
730469	735710 - Eligib & Enorll Data Admin	1.00	1	85,716	57,399	6,557	149,672
730470	857300 - Communications & Notices Mgr	1.00	1	78,229	55,308	5,984	139,521
730471	208800 - Business Analyst	1.00	1	64,667	30,782	4,947	100,396

Report ID: VTPB-14-POSITION_SUMMARY
 Run Date: 01/20/2024
 Run Time: 06:23 PM

State of Vermont
FY2025 Governor's Recommended Budget
Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
730472	089240 - Administrative Svcs Cord III	1.00	1	65,374	51,722	5,002	122,098
730473	410300 - Workforce Management Coord II	1.00	1	71,718	53,493	5,486	130,697
730474	459800 - Health Program Administrator	1.00	1	62,858	42,130	4,809	109,797
730475	735500 - Healthcare Assistant Admin II	1.00	1	75,733	54,233	5,795	135,761
730476	089280 - Administrative Svcs Mngr III	1.00	1	83,325	56,731	6,374	146,430
730477	089400 - Administrative Svcs Dir II	1.00	1	101,004	61,834	7,726	170,564
730478	735750 - Business Reporting Admin	1.00	1	75,733	54,614	5,793	136,140
730479	330320 - Knowledge Management Sys Admin	1.00	1	67,184	43,339	5,139	115,662
730480	410300 - Workforce Management Coord II	1.00	1	62,858	51,022	4,808	118,688
730481	089230 - Administrative Svcs Cord II	1.00	1	63,254	51,128	4,840	119,222
730482	330320 - Knowledge Management Sys Admin	1.00	1	62,858	30,277	4,810	97,945
730483	406705 - Program Improvement Manager	1.00	1	83,325	35,987	6,374	125,686
730484	735750 - Business Reporting Admin	1.00	1	73,320	33,196	5,609	112,125
730485	330320 - Knowledge Management Sys Admin	1.00	1	64,979	30,870	4,970	100,819
730486	460550 - Oversight & Monitoring Dir	1.00	1	101,004	61,664	7,726	170,394
730487	018000 - Change Management Practitioner	1.00	1	68,702	20,055	5,256	94,013
730488	018050 - Sr. Change Mgmt Practitioner	1.00	1	80,558	23,364	6,163	110,085
730489	330320 - Knowledge Management Sys Admin	1.00	1	60,882	29,726	4,657	95,265
730490	089260 - Administrative Svcs Mngr I	1.00	1	78,645	46,535	6,016	131,196
730491	510000 - Director of Rate Setting	1.00	1	97,594	60,876	7,466	165,936
730492	032950 - Health Facility Auditor	1.00	1	78,228	21,862	5,984	106,074
730493	514900 - Rate Support Specialist	1.00	1	68,702	31,908	5,256	105,866
730494	033900 - Hlth Fac Sr Audit & Rate Spec	1.00	1	105,436	44,470	8,064	157,970
730495	510010 - Rate Setting Manager	1.00	1	80,268	22,882	6,140	109,290
730496	032950 - Health Facility Auditor	1.00	1	99,092	40,390	7,580	147,062
730497	032901 - Medicaid Residentl Prgm Audito	1.00	1	78,228	46,422	5,984	130,634
730500	464973 - Project & Operations Spec	1.00	1	62,296	43,305	4,767	110,368
730501	464973 - Project & Operations Spec	1.00	1	62,296	43,305	4,767	110,368
730502	464973 - Project & Operations Spec	1.00	1	62,296	43,305	4,767	110,368
737001	95010E - Executive Director	1.00	1	166,254	47,554	12,344	226,152

Report ID: VTPB-14-POSITION_SUMMARY
 Run Date: 01/20/2024
 Run Time: 06:23 PM

State of Vermont
FY2025 Governor's Recommended Budget
Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
737002	90120A - Commissioner	1.00	1	146,307	80,901	11,192	238,400
737003	90570D - Deputy Commissioner	1.00	1	127,088	60,265	9,723	197,076
737004	90570D - Deputy Commissioner	1.00	1	133,910	50,326	10,244	194,480
737006	91590E - Private Secretary	1.00	1	236,912	67,390	13,368	317,670
737008	95866E - Staff Attorney I	1.00	1	63,648	18,434	4,868	86,950
737015	95869E - Staff Attorney IV	1.00	1	99,570	61,432	7,618	168,620
737016	95870E - General Counsel I	1.00	1	111,198	43,952	8,506	163,656
737017	95360E - Principal Assistant	1.00	1	129,875	69,937	9,937	209,749
737018	95868E - Staff Attorney III	1.00	1	87,630	49,196	6,704	143,530
737028	95866E - Staff Attorney I	1.00	1	58,000	42,100	4,438	104,538
737036	95868E - Staff Attorney III	1.00	1	96,118	51,576	7,354	155,048
737100	96700E - Director Blueprint for Health	1.00	1	217,567	94,554	13,088	325,209
Total		367.66	370	27,872,473	15,526,851	2,123,559	45,522,881

Fund Code	Fund Name	FTE	Count	Gross Salary	State Benefits	Federally Mandated	Total
10000	General Fund		156	11,701,450	6,493,992	887,671	19,083,112
20405	Global Commitment Fund	7.80	5	514,436	263,920	39,354	817,710
21500	Inter-Unit Transfers Fund		2	157,180	90,380	12,023	259,583
21916	Vermont Health IT Fund		0	17,553	13,401	1,344	32,298
22005	Federal Revenue Fund	359.86	206	15,481,854	8,665,158	1,183,167	25,330,178
Total		367.66	370	27,872,473	15,526,851	2,123,559	45,522,881

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

Report ID:VTPB-23-IDT

Run Date: 1/25/2024

Run Time: 10:20 AM

State of Vermont
FY2025 Governor's Recommended Budget
Interdepartmental Transfers Inventory Report



3410010000 - DVHA - Administration

Budget Request Code	Fund	Justification	Budgeted Amount
14598	21500	DMH	\$15,368
14598	21500	DCF	\$60,000
14598	21500	VDH	\$715,000
14598	21500	AHS	\$3,717,790
Total			\$4,508,158

Report ID: VTPB-24-FED_RECEIPTS

Run Date: 1/25/2024

Run Time: 10:23 AM

State of Vermont
FY2025 Governor's Recommended Budget
Federal Receipts Inventory Report



3410010000 - DVHA - Administration

Budget Request Code	Fund	Justification	Budgeted Amount
14595	22005	CFDA #93.778; Medicaid Admin; #37700	\$128,790,580
Total			\$128,790,580

Report ID: VTPB-24-FED_RECEIPTS

Run Date: 1/25/2024

Run Time: 10:23 AM

State of Vermont
FY2025 Governor's Recommended Budget
Federal Receipts Inventory Report



3410018000 - DVHA - Medicaid/Non-Waiver Matched Programs

Budget Request Code	Fund	Justification	Budgeted Amount
13998	22005	CFDA #93.767; CHIP; #37720	\$6,171,683
13998	22005	CFDA #93.778; Medicaid Program; #37710	\$16,311,800
Total			\$22,483,483

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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 10 th 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
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K

KPI	Key Performance Indicator
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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