
**Report to
The Vermont Legislature**

Medicaid Program Enrollment and Expenditures Quarterly Report

In Accordance with 33 V.S.A. § 1901f

Submitted to: The General Assembly

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Agency of Human Services

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BACKGROUND

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

KEY TERMS

Caseload: Average monthly member enrollment

PMPM: Per Member Per Month

MEG: Medicaid Eligibility Group

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

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

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

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

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

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

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

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

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

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

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

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

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

Moderates: Individuals who have incomes below 300 percent of the SSI Federal Benefit rate who have moderate needs. Limited benefits include adult day services, case management, homemaker services and flexible funds.

CRT (DSHP): For individuals who are at or below 133% of the FPL, Community Rehabilitation and Treatment (CRT) Services include case management, flexible support, skilled therapy services, environmental safety devices, counseling, residential treatment, respite, supported employment, enhanced dental, crisis support, community supports, and peer supports.

LUND IMD: Maternal Health and Treatment Services. Expenditures for Medicaid eligible pregnant women, postpartum women, and mothers 19 to 64 years of age, who are primarily receiving treatment and withdrawal management services for substance use disorder (SUD) or serious mental illness (SMI) and who are residents at the Lund Home, which meets the definition of an Institute of Mental Disease (IMD).

Medicare Insurance (Buy-In): Medicare Health Insurance Premium Payments for those eligible under Medicaid.

MEDICAID PROGRAM ENROLLMENT AND EXPENDITURES

Agency of Human Services Caseload and Expenditure Report

YTD Medicaid (Medicaid-Related) SFY 2024

Gross Budget:		SFY2024 As Passed						Ending Enrollment as of September 2023	
		DVHA	Other AHS	AOE	TOTAL				
		\$ 944,240,479	\$ 911,966,167	\$ 51,932,108	\$ 1,908,138,754				
YTD Expenditures		SFY2024 Actuals Through September 30, 2023							
Medicaid Eligibility Group	Estimated Caseload	PMPM	Actual Caseload	DVHA	Other AHS	AOE	TOTAL	PMPM	
ABD Adult	5,995	\$ 2,873.67	7,676	\$ 26,762,854	\$ 32,619,331	\$ 197,624	\$ 59,579,809	\$ 2,587.28	7,651
ABD Dual	22,365	\$ 2,253.19	22,875	\$ 30,973,388	\$ 116,904,073	\$ 2,511	\$ 147,879,972	\$ 2,154.86	22,624
General Adult	17,570	\$ 486.15	15,890	\$ 21,258,791	\$ 4,550,406	\$ 39,615	\$ 25,848,812	\$ 542.23	15,512
New Adult Childless	47,240	\$ 545.92	46,026	\$ 73,756,218	\$ 11,105,805	\$ 2,915	\$ 84,864,938	\$ 614.62	44,620
New Adult w/Child	23,171	\$ 539.37	24,992	\$ 36,963,349	\$ 3,810,527	\$ 391	\$ 40,774,267	\$ 543.82	24,300
BD Child	1,354	\$ 3,057.88	1,930	\$ 8,326,499	\$ 4,416,461	\$ 1,835,905	\$ 14,578,865	\$ 2,517.94	1,926
General Child	60,212	\$ 550.02	58,766	\$ 57,027,233	\$ 29,627,680	\$ 5,386,587	\$ 92,041,500	\$ 522.08	57,736
Underinsured Child	640	\$ 188.83	565	\$ 156,739	\$ 62,717	\$ 45,858	\$ 265,314	\$ 156.62	544
CHIP	4,596	\$ 269.23	4,088	\$ 2,337,283	\$ 916,589	\$ 212,815	\$ 3,466,688	\$ 282.67	4,039
Dr. D Exp (IHIP) - State Only	122	\$ 956.28	166	\$ 209,488	\$ -	\$ -	\$ 209,488	\$ 421.51	168
Vermont Premium Assistance	9,856	\$ 30.24	12,120	\$ 1,162,524	\$ -	\$ -	\$ 1,162,524	\$ 31.97	12,319
Vermont Cost Sharing	3,559	\$ 27.00	3,550	\$ 354,742	\$ -	\$ -	\$ 354,742	\$ 33.31	3,643
Pharmacy Only	9,033	\$ 56.30	9,201	\$ 1,772,277	\$ 871,885	\$ -	\$ 2,644,162	\$ 95.80	9,337
Waiver Moderates	\$ -		116	\$ -	\$ 244,535	\$ -	\$ 244,535	\$ 702.69	118
CRT (DSHP)	\$ -		-	\$ -	\$ 2,944,807	\$ -	\$ 2,944,807	\$ -	
LUND IMD	\$ -		-	\$ -	\$ 878,155	\$ -	\$ 878,155	\$ -	
Medicare Insurance (Buy-In)	\$ -		-	\$ 14,350,300	\$ -	\$ -	\$ 14,350,300	\$ -	
Total Medicaid	202,154	\$ 786.59	204,295	\$ 275,411,685	\$ 208,952,973	\$ 7,724,221	\$ 492,088,879	\$ 802.91	200,776