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**Report to  
The Vermont Legislature**

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**Medicaid Program Enrollment and Expenditures Quarterly Report**

**In Accordance with 33 V.S.A. § 1901f**

**Submitted to:** The General Assembly

**Submitted by:** Jenney Samuelson, Secretary  
Agency of Human Services

**Prepared by:** Richard Donahey, Chief Financial Officer  
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:		SFY 2024 As Passed							
		DVHA	Other AHS	AOE	TOTAL				
SFY 2024 As Passed		\$ 954,654,171	\$ 935,737,747	\$ 51,932,108	\$ 1,942,324,026				
YTD Expenditures		SFY2024 Actuals Through March 31, 2024						Ending Enrollment as of March 2024	
Medicaid Eligibility Group	Estimated Caseload	PMPM	Actual Caseload	DVHA	Other AHS	AOE	TOTAL		PMPM
ABD Adult	7,428	\$ 2,527.05	7,573	\$ 76,842,551	\$ 100,582,652	\$ 704,723	\$ 178,129,926	\$ 2,613.41	7,505
ABD Dual	22,376	\$ 2,304.76	22,626	\$ 78,200,064	\$ 374,651,755	\$ 15,816	\$ 452,867,635	\$ 2,223.96	22,134
General Adult	15,337	\$ 564.20	15,075	\$ 57,793,784	\$ 13,391,452	\$ 186,518	\$ 71,371,755	\$ 526.06	12,897
New Adult Childless	41,237	\$ 600.19	42,663	\$ 191,952,697	\$ 32,014,735	\$ 15,007	\$ 223,982,438	\$ 583.33	39,124
New Adult w/Child	23,171	\$ 537.21	24,389	\$ 102,687,850	\$ 11,624,267	\$ 4,089	\$ 114,316,206	\$ 520.81	23,884
BD Child	1,925	\$ 2,626.13	1,925	\$ 23,260,166	\$ 18,844,770	\$ 7,831,861	\$ 49,936,797	\$ 2,881.86	1,896
General Child	58,984	\$ 560.05	58,915	\$ 159,909,396	\$ 107,429,921	\$ 21,598,452	\$ 288,937,769	\$ 544.92	57,087
CHIP	4,388	\$ 273.24	4,416	\$ 8,020,691	\$ 2,828,525	\$ 1,056,990	\$ 11,906,206	\$ 299.57	4,512
Dr. D Exp (IHIP) - State Only	219	\$ 400.00	231	\$ 698,096	\$ 584	\$ -	\$ 698,680	\$ 336.07	277
Vermont Premium Assistance	12,541	\$ 31.85	12,857	\$ 4,028,633	\$ -	\$ -	\$ 4,028,633	\$ 34.82	14,162
Vermont Cost Sharing	3,900	\$ 30.98	3,751	\$ 1,203,551	\$ -	\$ -	\$ 1,203,551	\$ 35.65	4,077
Pharmacy Only	9,245	\$ 66.48	9,193	\$ 6,164,561	\$ 2,281,204	\$ -	\$ 8,445,765	\$ 102.08	9,184
Waiver Moderates	\$ -	\$ -	120	\$ 33	\$ 782,347	\$ -	\$ 782,380	\$ 726.44	127
CRT (DSHP)	\$ -	\$ -	\$ -	\$ -	\$ 9,613,427	\$ -	\$ 9,613,427	\$ -	-
LUND IMD	\$ -	\$ -	\$ -	\$ -	\$ 2,573,237	\$ -	\$ 2,573,237	\$ -	-
Medicare Insurance (Buy-In)	\$ -	\$ -	\$ -	\$ 43,288,165	\$ -	\$ -	\$ 43,288,165	\$ -	-
<b>Total Medicaid</b>	<b>196,851</b>	<b>\$ 822.25</b>	<b>199,863</b>	<b>\$ 754,050,238</b>	<b>\$ 676,618,877</b>	<b>\$ 31,413,455</b>	<b>\$ 1,462,082,570</b>	<b>\$ 812.83</b>	<b>192,662</b>