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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

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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:		DVHA				Other AHS		AOE		TOTAL		Ending Enrollment as of June 2024
SFY 2024 As Passed												
YTD Expenditures		SFY2024 Actuals Through 6/30/24										
Medicaid Eligibility Group	Estimated			Actual							PMPM	Ending Enrollment as of June 2024
	Caseload	Budget	PMPM	Caseload	DVHA	Other AHS	AOE	TOTAL	PMPM			
ABD Adult	7,428	\$ 225,251,506	\$ 2,527.05	7,554	\$ 101,216,779	\$ 135,961,715	\$ 995,007	\$ 238,173,501	\$ 2,627.31	7,527		
ABD Dual	22,376	\$ 618,855,377	\$ 2,304.76	22,500	\$ 102,751,340	\$ 508,762,459	\$ 30,267	\$ 611,544,066	\$ 2,264.94	21,642		
General Adult	15,337	\$ 103,838,506	\$ 564.20	14,100	\$ 73,102,163	\$ 17,302,532	\$ 304,347	\$ 90,709,041	\$ 536.11	10,427		
New Adult Childless	41,237	\$ 296,998,256	\$ 600.19	41,426	\$ 247,883,397	\$ 44,806,209	\$ 26,401	\$ 292,716,007	\$ 588.83	36,544		
New Adult w/Child	23,171	\$ 149,372,884	\$ 537.21	24,217	\$ 136,036,512	\$ 16,530,165	\$ 6,031	\$ 152,572,708	\$ 525.01	23,122		
BD Child	1,925	\$ 60,663,625	\$ 2,626.13	1,930	\$ 30,876,297	\$ 25,987,025	\$ 11,678,254	\$ 68,541,576	\$ 2,959.35	1,943		
General Child	58,984	\$ 396,406,437	\$ 560.05	58,251	\$ 214,413,604	\$ 148,841,326	\$ 33,008,769	\$ 396,263,700	\$ 566.89	55,102		
CHIP	4,388	\$ 14,387,877	\$ 273.24	4,462	\$ 11,541,528	\$ 3,906,952	\$ 1,668,376	\$ 17,116,855	\$ 319.68	4,537		
Dr. D Exp (IHIP) - State Only	219	\$ 1,051,200	\$ 400.00	255	\$ 1,028,296	\$ 584	\$ (606)	\$ 1,028,274	\$ 335.71	313		
Vermont Premium Assistance	12,541	\$ 4,793,679	\$ 31.85	13,272	\$ 5,627,707	\$ -	\$ -	\$ 5,627,707	\$ 35.34	14,654		
Vermont Cost Sharing	3,900	\$ 1,449,969	\$ 30.98	3,874	\$ 1,681,009	\$ -	\$ -	\$ 1,681,009	\$ 36.16	4,287		
Pharmacy Only	9,245	\$ 7,375,410	\$ 66.48	9,192	\$ 7,522,918	\$ 3,049,619	\$ -	\$ 10,572,537	\$ 95.85	9,272		
Waiver Moderates		in multiple lines	\$ -	117	\$ -	\$ 1,114,186	\$ -	\$ 1,114,186	\$ 794.15	119		
CRT (DSHP)		in General Adult	\$ -	-	\$ -	\$ 12,678,907	\$ -	\$ 12,678,907	\$ -	-		
LUND IMD		in General Adult	\$ -	-	\$ -	\$ 2,675,419	\$ -	\$ 2,675,419	\$ -	-		
Medicare Insurance (Buy-In)		\$ 61,879,302	\$ -	-	\$ 57,860,385	\$ -	\$ -	\$ 57,860,385	\$ -	-		
<b>Total Medicaid</b>	<b>196,851</b>	<b>\$ 1,942,324,026</b>	<b>\$ 822.25</b>	<b>197,160</b>	<b>\$ 991,541,935</b>	<b>\$ 921,617,097</b>	<b>\$ 47,716,846</b>	<b>\$ 1,960,875,878</b>	<b>\$ 828.80</b>	<b>185,083</b>		