

State of Vermont

Department of Vermont Health Access

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Agency of Human Services

Medicaid Program Enrollment and Expenditures Report

Q4 SFY 2016

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

Hal Cohen, Secretary
Vermont Agency of Human Services

Steven M. Costantino, Commissioner
Department of Vermont Health Access

August 31, 2016



Glossary of Terms

PMPM – Per Member Per Month

MEG – Medicaid Eligibility Group

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

ABD Child – Beneficiaries under age 19; categorized as blind, disabled, and/or medically needy

ABD Dual – Beneficiaries eligible for both Medicare and Medicaid; categorized as 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

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)

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

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

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

Underinsured Child – Beneficiaries under age 19 or under with household income 237-312% FPL with other insurance

CHIP – Beneficiaries under age 19 with household income 237-312% FPL with no other insurance

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

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

The Department of Vermont Health Access
Caseload and Expenditure Report ~ DVHA Only Medicaid Spend

DVHA YTD '16

Monday, August 8, 2016

	SFY '16 Appropriated			SFY '16 Actuals thru June 30, 2016			% of Approp. Spent to Date
	Caseload	Expenses	PMPM	Caseload	Expenses	PMPM	
ABD Adult	16,508	\$ 106,452,055	\$ 601.43	15,758	\$ 99,308,972	\$ 525.18	93.29%
ABD Dual	18,772	\$ 55,064,900	\$ 232.01	18,611	\$ 55,523,042	\$ 248.61	100.83%
General Adult	20,228	\$ 101,044,865	\$ 472.09	20,315	\$ 92,641,465	\$ 380.01	91.68%
New Adult	58,292	\$ 239,445,492	\$ 328.97	61,292	\$ 248,721,362	\$ 338.16	103.87%
Exchange Premium Assistance #	17,244	\$ 5,838,169	\$ 38.75	14,893	\$ 5,266,242	\$ 29.47	90.20%
Exchange Cost Sharing #	5,481	\$ 1,196,397	\$ 21.03	4,976	\$ 1,186,720	\$ 19.88	99.19%
ABD Child	3,503	\$ 30,763,473	\$ 858.33	3,242	\$ 27,174,573	\$ 698.56	88.33%
General Child	62,462	\$ 150,882,900	\$ 192.15	63,093	\$ 151,736,910	\$ 200.41	100.57%
Underinsured Child	865	\$ 1,289,560	\$ 96.59	819	\$ 1,186,527	\$ 120.70	92.01%
SCHIP	4,463	\$ 7,471,592	\$ 139.93	4,482	\$ 7,025,792	\$ 130.62	94.03%
Pharmacy Only	11,761	\$ 5,221,382	\$ 41.94	11,612	\$ 702,094	\$ 5.04	13.45%
Choices for Care	4,516	\$ 208,569,796	\$ 4,533.64	4,218	\$ 213,115,112	\$ 4,210.93	102.18%
Total Medicaid Claims Paid	224,094	\$ 913,240,581	\$ 339.60	223,310	\$ 903,794,834	\$ 337.27	98.97%

Exchange Premium Assistance (VPA) and Cost Sharing (CSR) PMPM's were budgeted based on subscriber count. On average, there are 1.2 individuals per subscriber enrollment for VPA, and 1.14 individuals per subscriber enrollment for CSR. Actual caseload and PMPM is reported as individual count.

The Department of Vermont Health Access
Caseload and Expenditure Report ~ All AHS Medicaid Spend
All AHS YTD '16
Monday, August 8, 2016

	SFY '16 Appropriated			SFY '16 Actuals thru June 30, 2016			% of Approp. Spent to Date
	Caseload	Expenses	PMPM	Caseload	Expenses	PMPM	
ABD Adult	16,508	\$ 187,113,755	\$ 991.76	15,758	\$ 181,583,629	\$ 960.27	97.04%
ABD Dual	18,772	\$ 213,788,855	\$ 978.08	18,611	\$ 218,379,458	\$ 977.81	102.15%
General Adult	20,228	\$ 110,797,688	\$ 585.99	20,315	\$ 104,967,060	\$ 430.57	94.74%
New Adult	58,292	\$ 260,126,345	\$ 435.04	61,292	\$ 276,420,440	\$ 375.82	106.26%
Exchange Premium Assistance #	17,244	\$ 5,838,169	\$ 38.75	14,893	\$ 5,266,242	\$ 29.47	90.20%
Exchange Cost Sharing #	5,481	\$ 1,196,397	\$ 21.03	4,976	\$ 1,186,720	\$ 19.88	99.19%
ABD Child	3,503	\$ 85,490,421	\$ 1,847.90	3,242	\$ 66,364,338	\$ 1,705.98	77.63%
General Child	62,462	\$ 270,612,159	\$ 385.33	63,093	\$ 256,775,510	\$ 339.15	94.89%
Underinsured Child	865	\$ 2,932,720	\$ 954.97	819	\$ 1,904,494	\$ 193.74	64.94%
SCHIP	4,463	\$ 9,049,198	\$ 182.28	4,482	\$ 8,392,111	\$ 156.03	92.74%
Pharmacy Only	11,761	\$ 5,221,382	\$ 41.94	11,612	\$ 1,405,028	\$ 10.08	26.91%
Choices for Care	4,516	\$ 211,558,241	\$ 4,151.24	4,218	\$ 215,667,896	\$ 4,261.37	101.94%
Total Medicaid Claims Paid	224,094	\$ 1,363,725,329	\$ 507.12	223,310	\$ 1,338,505,934	\$ 499.49	98.15%

Exchange Premium Assistance (VPA) and Cost Sharing (CSR) PMPM's were budgeted based on subscriber count. On average, there are 1.2 individuals per subscriber enrollment for VPA, and 1.14 individuals per subscriber enrollment for CSR. Actual caseload and PMPM is reported as individual count.

The Department of Vermont Health Access
Caseload and Expenditure Report ~ All AHS and AoE Medicaid Spend
All AHS and AoE YTD '16
Monday, August 8, 2016

	SFY '16 Appropriated			SFY '16 Actuals thru June 30, 2016			% of Approp. Spent to Date
	Caseload	Expenses	PMPM	Caseload	Expenses	PMPM	
ABD Adult	16,508	\$ 194,437,118	\$ 991.76	15,758	\$ 182,970,086	\$ 967.60	94.10%
ABD Dual	18,772	\$ 228,199,574	\$ 978.08	18,611	\$ 218,616,055	\$ 978.87	95.80%
General Adult	20,228	\$ 111,683,157	\$ 585.99	20,315	\$ 105,181,219	\$ 431.45	94.18%
New Adult	58,292	\$ 262,003,982	\$ 435.04	61,292	\$ 276,465,556	\$ 375.88	105.52%
Exchange Premium Assistance #	17,244	\$ 5,838,169	\$ 38.75	14,893	\$ 5,266,242	\$ 29.47	90.20%
Exchange Cost Sharing #	5,481	\$ 1,196,397	\$ 21.03	4,976	\$ 1,186,720	\$ 19.88	99.19%
ABD Child	3,503	\$ 90,459,139	\$ 1,847.90	3,242	\$ 82,411,072	\$ 2,118.48	91.10%
General Child	62,462	\$ 281,482,507	\$ 385.33	63,093	\$ 286,746,415	\$ 378.73	101.87%
Underinsured Child	865	\$ 3,081,904	\$ 954.97	819	\$ 2,329,302	\$ 236.96	75.58%
SCHIP	4,463	\$ 10,197,759	\$ 182.28	4,482	\$ 9,755,883	\$ 181.38	95.67%
Pharmacy Only	11,761	\$ 5,221,382	\$ 41.94	11,612	\$ 3,005,371	\$ 21.57	57.56%
Choices for Care	4,516	\$ 211,563,519	\$ 4,151.24	4,218	\$ 215,674,825	\$ 4,261.51	101.94%
Total Medicaid Claims Paid	224,094	\$ 1,405,364,607	\$ 522.61	223,310	\$ 1,389,801,754	\$ 518.64	98.89%

Exchange Premium Assistance (VPA) and Cost Sharing (CSR) PMPM's were budgeted based on subscriber count. On average, there are 1.2 individuals per subscriber enrollment for VPA, and 1.14 individuals per subscriber enrollment for CSR. Actual caseload and PMPM is reported as individual count.