

State of Vermont
Department of Vermont Health Access
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The Department of Vermont Health Access

Caseload and Expenditure Report ~ All AHS Medicaid Spend

YTD December 31, 2012

	SFY '13 Appropriated				
	Caseload Expenses			PMPM	
ABD Adult	14,444.60	\$	171,838,250.68	\$	991.36
ABD Dual	17,155.02	\$	194,934,350.86	\$	946.93
General Adult	11,685.65	\$	79,100,240.99	\$	564.08
VHAP	38,798.86	\$	173,502,508.16	\$	372.65
VHAP ESI	810.35	\$	2,006,576.29	\$	206.35
Catamount	11,440.11	\$	62,002,768.29	\$	451.65
ESIA	873.95	\$	2,270,715.33	\$	216.52
ABD Child	3,613.79	\$	93,601,570.08	\$2	2,158.44
General Child	55,563.94	\$	228,797,327.45	\$	343.14
Underinsured Child	942.87	\$	2,088,215.92	\$	184.56
SCHIP	4,016.87	\$	10,358,905.24	\$	214.90
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Pharmacy Only	12,698.01	\$	4,777,918.48	\$	31.36
Choices for Care	3,757.52	\$	174,812,771.00	\$3	3,876.95
Total Medicaid	175,802	\$	1,200,092,118.77	\$	568.87

SFY '13 Budget Adjustment						
Caseload	Expenses			PMPM		
14,189	\$	168,678,572.85	\$	990.65		
17,215	\$	192,935,162.44	\$	933.93		
11,614	\$	73,162,753.30	\$	524.96		
37,340	\$	159,569,906.98	\$	356.12		
807	\$	1,429,801.03	\$	147.62		
11,582	\$	59,153,213.87	\$	425.61		
766	\$	1,000,628.74	\$	108.80		
3,727	\$	87,208,278.47	\$1	1,950.14		
55,519	\$	226,071,854.48	\$	339.33		
1,029	\$	2,101,239.89	\$	170.14		
4,017	\$	9,289,124.53	\$	192.69		
12,565	\$	(440,928.93)	\$	(2.92)		
3,859	\$	180,677,907.00	\$3	3,902.00		
174,230	\$	1,160,837,514.65	\$	555.22		

SFY '13 Actuals thru December 31, 2012				
Caseload	Expenses PMPM			PMPM
14,141	\$	78,931,016	\$	930.29
16,978	\$	86,312,782	\$	847.32
11,483	\$	35,930,860	\$	521.51
37,147	\$	79,431,261	\$	356.38
813	\$	622,363	\$	127.59
11,352	\$	24,679,228	\$	362.32
702	\$	396,913	\$	94.19
3,720	\$	39,226,387	\$	1,757.45
55,437	\$	96,509,870	\$	290.15
1,011	\$	926,250	\$	152.65
3,882	\$	4,866,851	\$	208.93
12,273	\$	1,999,035	\$	27.15
3,880	\$	98,671,065	\$	4,238.81
172,820	\$ 548,503,882.48 \$ 528.97			

% of BAA Spent
// OI DAA SPEIR
to date
46.79%
44.74%
49.11%
49.78%
43.53%
41.72%
39.67%
44.98%
42.69%
44.08%
52.39%
-453.37%
54.61%
47.25%

The Department of Vermont Health Access

Caseload and Expenditure Report ~ DVHA Only Medicaid Spend

YTD December 31, 2012

	SFY '13 Appropriated			
	Caseload	Expenses	PMPM	
ABD Adult	14,444.60	\$ 100,440,442	\$ 579.46	
ABD Dual	17,155.02	\$ 48,138,865	\$ 233.84	
General Adult	11,685.65	\$ 71,664,326	\$ 511.06	
VHAP	38,798.86	\$ 161,957,523	\$ 347.86	
VHAP ESI	810.35	\$ 2,006,576	\$ 206.35	
Catamount	11,440.11	\$ 62,002,768	\$ 451.65	
ESIA	873.95	\$ 2,270,715	\$ 216.52	
ABD Child	3,613.79	\$ 35,654,068	\$ 822.18	
General Child	55,563.94	\$ 123,109,797	\$ 184.64	
Underinsured Child	942.87	\$ 677,890	\$ 59.91	
SCHIP	4,016.87	\$ 7,598,806	\$ 157.64	
Pharmacy Only	12,698.01	\$ 4,777,918	\$ 31.36	
Choices for Care	3,757.52	\$ 174,812,771	\$ 3,876.95	
Total Medicaid	175,801.54	\$ 795,112,468	\$ 376.90	

SFY '13 Budget Adjustment				
Caseload	Expenses	PMPM		
14,189.15	\$ 97,260,433	\$	571.21	
17,215.35	\$ 46,097,874	\$	223.14	
11,614.08	\$ 65,724,721	\$	471.59	
37,340.29	\$ 148,021,635	\$	330.34	
807.13	\$ 1,429,801	\$	147.62	
11,581.97	\$ 59,153,214	\$	425.61	
766.41	\$ 1,000,629	\$	108.80	
3,726.57	\$ 29,244,275	\$	653.96	
55,518.89	\$ 120,354,228	\$	180.65	
1,029.18	\$ 690,513	\$	55.91	
4,017.27	\$ 6,528,240	\$	135.42	
12,565.21	\$ (440,929)	\$	(2.92)	
3,858.66	\$ 180,677,907	\$	3,902.00	
174,230.17	\$ 755,742,540	\$	361.47	

SFY '13 Actuals thru December 31, 2012				
Caseload		Expenses		PMPM
14,141.00	\$	46,634,195	\$	549.63
16,977.67	\$	21,832,692	\$	214.33
11,483.00	\$	32,644,290	\$	473.81
37,147.00	\$	74,430,873	\$	333.95
813.00	\$	620,820	\$	127.27
11,352.33	\$	24,679,228	\$	362.32
702.33	\$	396,913	\$	94.19
3,720.00	\$	16,896,490	\$	757.01
55,437.33	\$	54,809,971	\$	164.78
1,011.33	\$	336,408	\$	55.44
3,882.33	\$	3,618,134	\$	155.32
12,273.33	\$	1,899,992	\$	25.80
3,879.67	\$	98,671,065	\$	4,238.81
172,820.33	\$	377,471,070	\$	364.03

% of Approp.	% of BAA
Spent to Date	Spent to Date
46.43%	47.95%
45.35%	47.36%
45.55%	49.67%
45.96%	50.28%
30.94%	43.42%
39.80%	41.72%
17.48%	39.67%
47.39%	57.78%
44.52%	45.54%
49.63%	48.72%
47.61%	55.42%
39.77%	-430.91%
56.44%	54.61%
4= 4=0/	10.0=2/
47.47%	49.95%

Glossary of Terms

PMPM - Per Member Per Month

MEG – Medicaid Eligibility Group

ABD Adult - Beneficiaries over age 18; categorized as aged, blind, disabled, and/or medically needy

ABD Child - Beneficiaries age 18 or under; 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 over age 18; 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 age 18 or under, 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)

VHAP – Beneficiaries over age 18 without children who have a household income below 150% FPL or beneficiaries 18 and older with children who have a household income below 185% FPL

VHAP ESI - Adults who are eligible for the Vermont Health Access Plan (VHAP) and who have access to an approved cost-effective, employer-sponsored insurance plan

ESIA – Adults who are uninsured and not eliqible for VHAP and who have access to an approved cost-effective employer-sponsored insurance plan

Underinsured Child – Beneficiaries age 18 or under with household income 225-300% FPL with other insurance

CHIP – Beneficiaries under 18 with household income 225-300% FPL with no other insurance

Catamount – Beneficiaries over age 18 with income under 300% who are ineligible for existing state-sponsored coverage programs and do not have access to insurance through their employer **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, enhanced residential care (ERC), and program for all-inclusive care for the elderly (PACE)