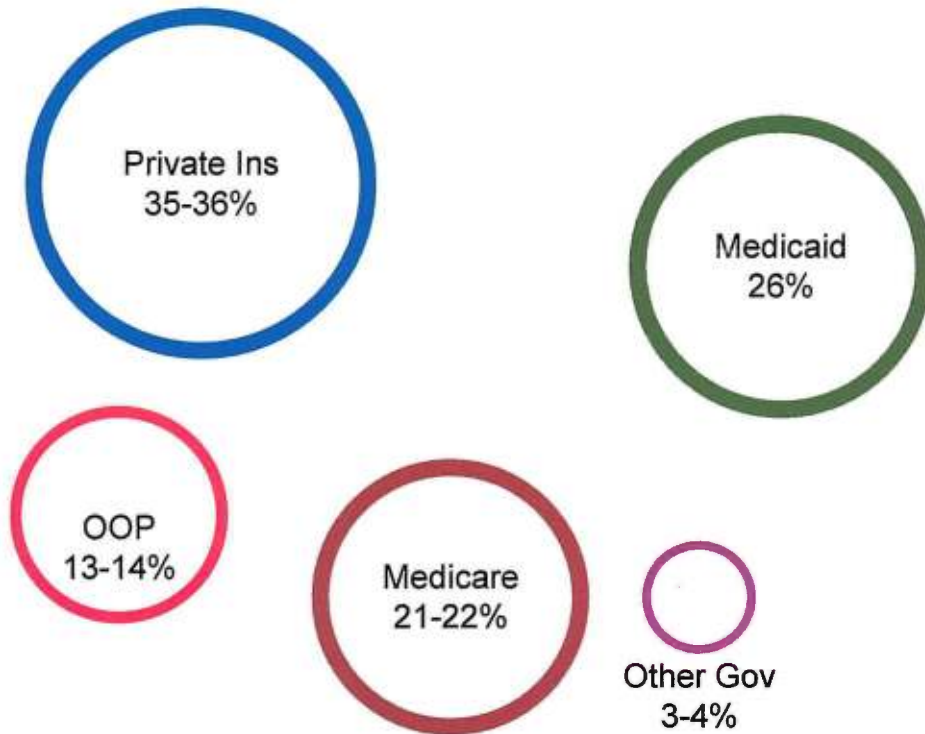


2013 Vermont Health Care Expenditure - \$5.33 Billion

[Start](#)

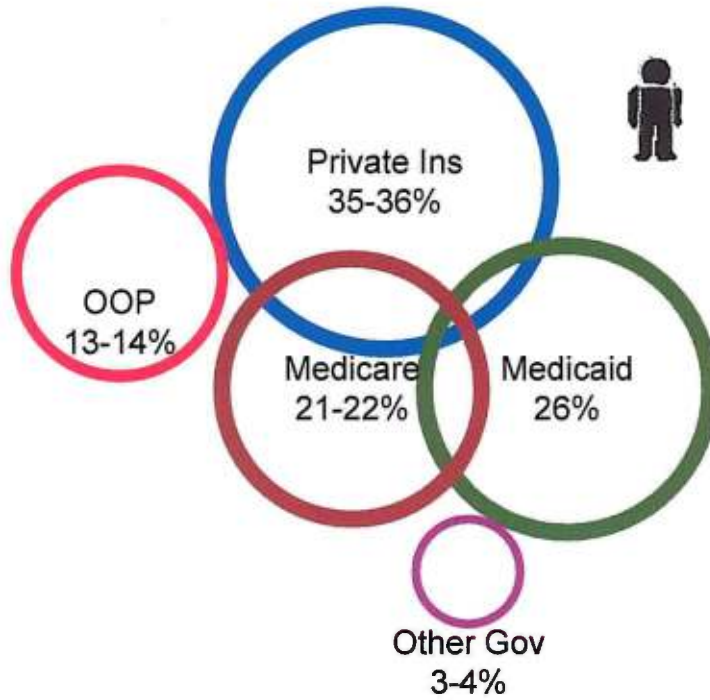
[Reset](#)

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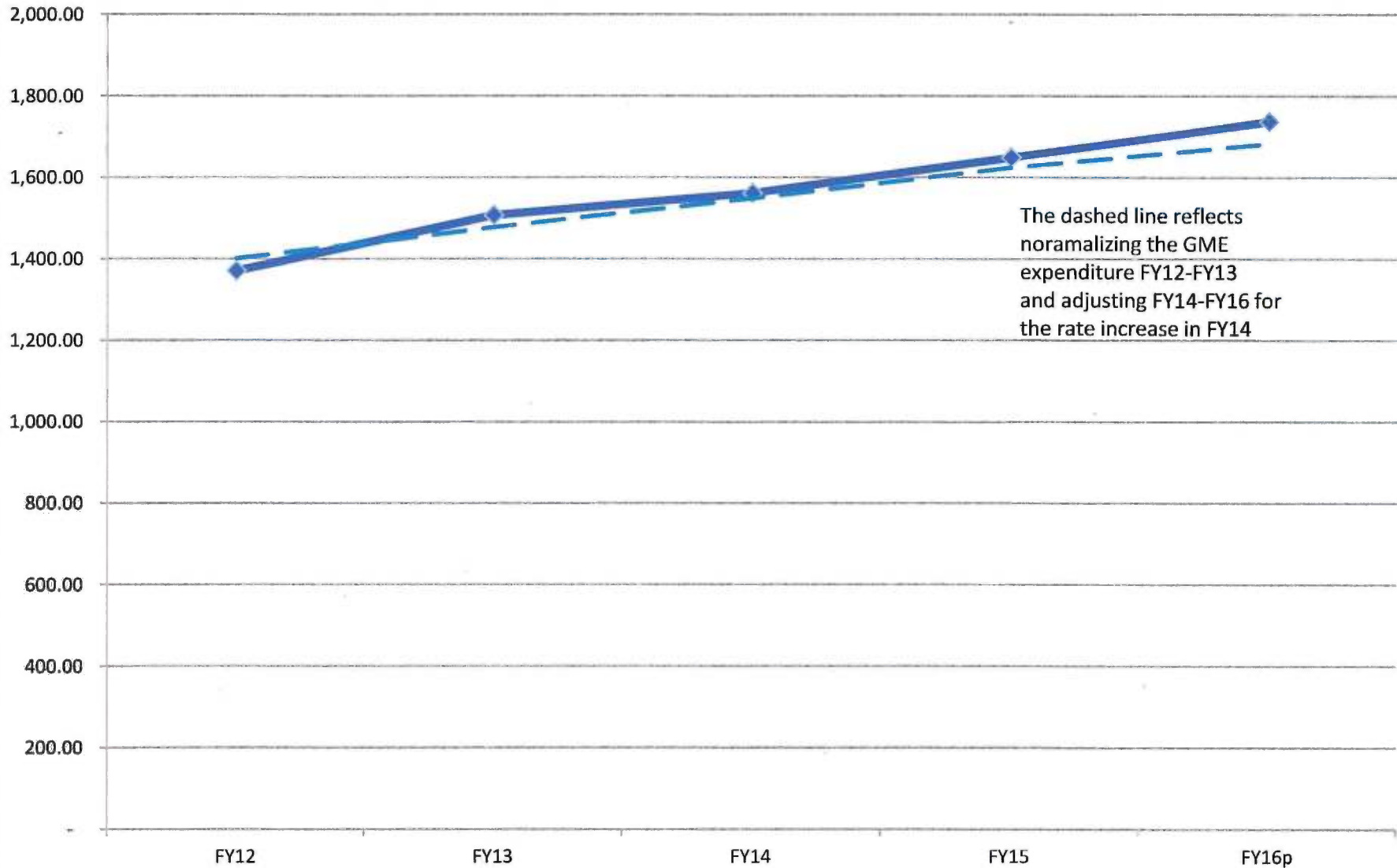
2013 Vermont Health Care Expenditure - \$5.33 Billion

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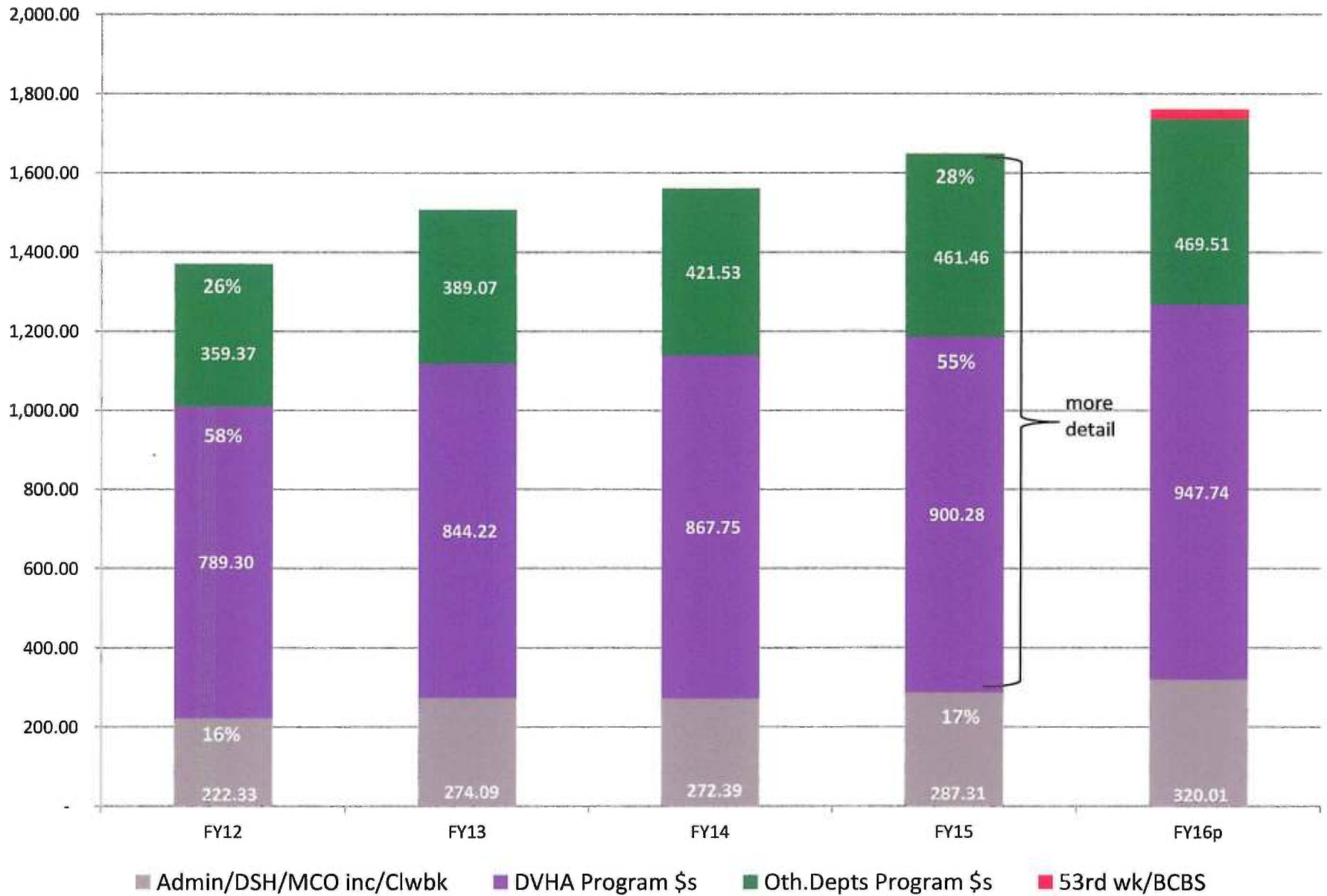
Vermont Total (state & federal \$s) Medicaid Spending

does not include 53rd week in FY16



◆ Total Exp Line - Adjusted (GME, '14 rate incr)

Medicaid Trend by Big Catagories



DVHA Program \$\$

FY15 Expenditure Detail

Inpatient	142.9	15.9%
Outpatient	128.8	14.3%
Physicians	117.0	13.0%
Rx	185.6	20.6%
Rx Rebate	-93.4	-10.4%
Nursing Home	122.2	13.6%
HCBS/HH/PCS etc	102.3	11.4%
Dental	27.1	3.0%
Psychologist	24.6	2.7%
FQHC/RHC	31.4	3.5%
Net All Other	111.8	12.4%
	<u>900.3</u>	<u>100%</u>

Payment Models

Fee for Service
DRG

Initiatives - mgt, perf, budget

Blueprint
Chronic Care Coordination
State Innovation Model

TBD All Payer Model

Oth. Depts Program \$\$

FY15 Breakdown by Dept.

VDH	26.6	5.8%
DMH	164.5	35.6%
DCF	50.7	11.0%
DDAIL	177.3	38.4%
AOE	42.4	9.2%
	<u>461.5</u>	<u>100%</u>

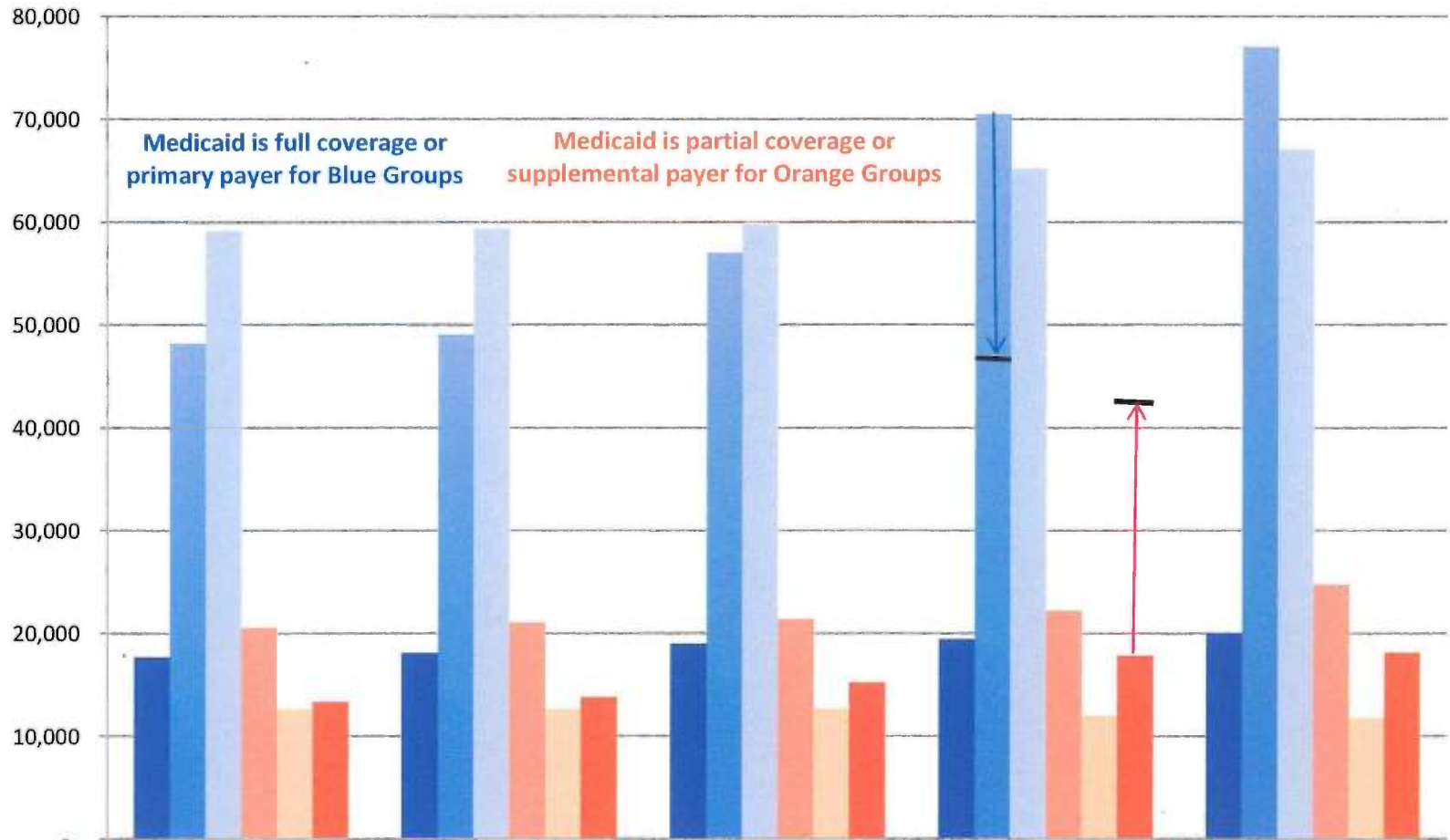
Payment Models

Master Grants
Bundled Rates

Initiatives - mgt, perf, budget

Revised Master Grant
RBA - Results First

Average Caseload



	FY12	FY13	FY14	FY15	FY16p
■ ABD/Med Need (a&k)	17,689	18,080	19,011	19,420	20,011
■ Adults (Gen'l & New)	48,226	49,123	57,037	70,536	77,064
■ Kids	59,183	59,399	59,735	65,219	67,111
■ Duals & CFC	20,525	21,055	21,411	22,197	24,744
■ Rx Only	12,655	12,659	12,663	12,005	11,761
■ VPA(cat), UnderlIns	13,332	13,787	15,209	17,833	18,109

Average Yearly Enrollment by Eligibility Type, Vermont Medicaid, FY 2012 to FY 2015 and FY16 Projected

PROGRAM ENROLLMENT	FY '12	FY '13	FY '14	FY '15	FY'16 p
MEDICAID IS FULL COVERAGE/PRIMARY PAYER					
Aged, Blind, or Disabled (ABD)/Medically Needy	17,689	17,941	19,011	19,420	20,011
General Adults	11,235	11,454	12,840	17,412	18,772
VHAP*	36,991	37,669	36,617		
New Adult**			44,197	53,124	58,292
Children - General and CHIP	59,183	59,399	59,735	65,219	67,111
TOTAL - MEDICAID IS PRIMARY PAYER	125,098	126,463	135,783	155,175	164,185
MEDICAID IS PARTIAL COVERAGE/SUPPLEMENTAL PAYER					
Dual Eligibles	16,634	17,171	17,382	18,163	20,228
Choices for Care- Nursing Home, Home & Community Based, ERC	3,891	3,884	4,029	4,034	4,516
Catamount*	10,713	11,296	13,326		
Employer Sponsored Insurance Assistance (ESIA) programs*	1,551	1,536	1,408		
VPA Premium Assistance***			14,013	16,906	17,244
CSR Cost-sharing subsidies***			4,452	5,322	5,481
Pharmacy Only Programs	12,655	12,659	12,663	12,005	11,761
Children -Underinsured (ESI)	1,068	955	1,196	927	865
TOTAL - MEDICAID IS SECONDARY/SUPPLEMENTAL PAYER	46,512	47,501	49,283	52,035	54,614
TOTAL - ALL	171,610	173,964	185,066	207,210	218,799

Notes:

* VHAP, VHAP ESI, Catamount, and ESIA ended during SFY'14, the FY14 subtotals & totals

have been adjusted so as not to double count caseload, expends are not adjusted

** 'New Adult' eligibility type began in Jan'14 (Medicaid expansion under the ACA)

*** Premium assistance (advanced premium tax credits) & cost-sharing subsidies

for eligible beneficiaries who purchase QHP through the exchange began January SFY'14.

do not double count the caseolad for the CSR subset of VPA

ABD/Medically Needy (adult & kids) (full coverage/primary payer)

Expend
\$s in
millions

Avg.
caseload
count

SFY'12 - PMPMs

	DVHA	Other Depts	TOTAL
ABD Adults	\$569	\$378	\$947
ABD Children	\$762	\$1,158	\$1,920

SFY'15 - PMPMs

	DVHA	Other Depts	TOTAL
ABD Adults	\$540	\$439	\$979
ABD Children	\$712	\$1,296	\$2,008



■ DVHA \$s
 ■ Oth Dept \$s
 ▲ Caseload

Adults (General & New) (full coverage/primary payer)

Expend
\$s in
millions

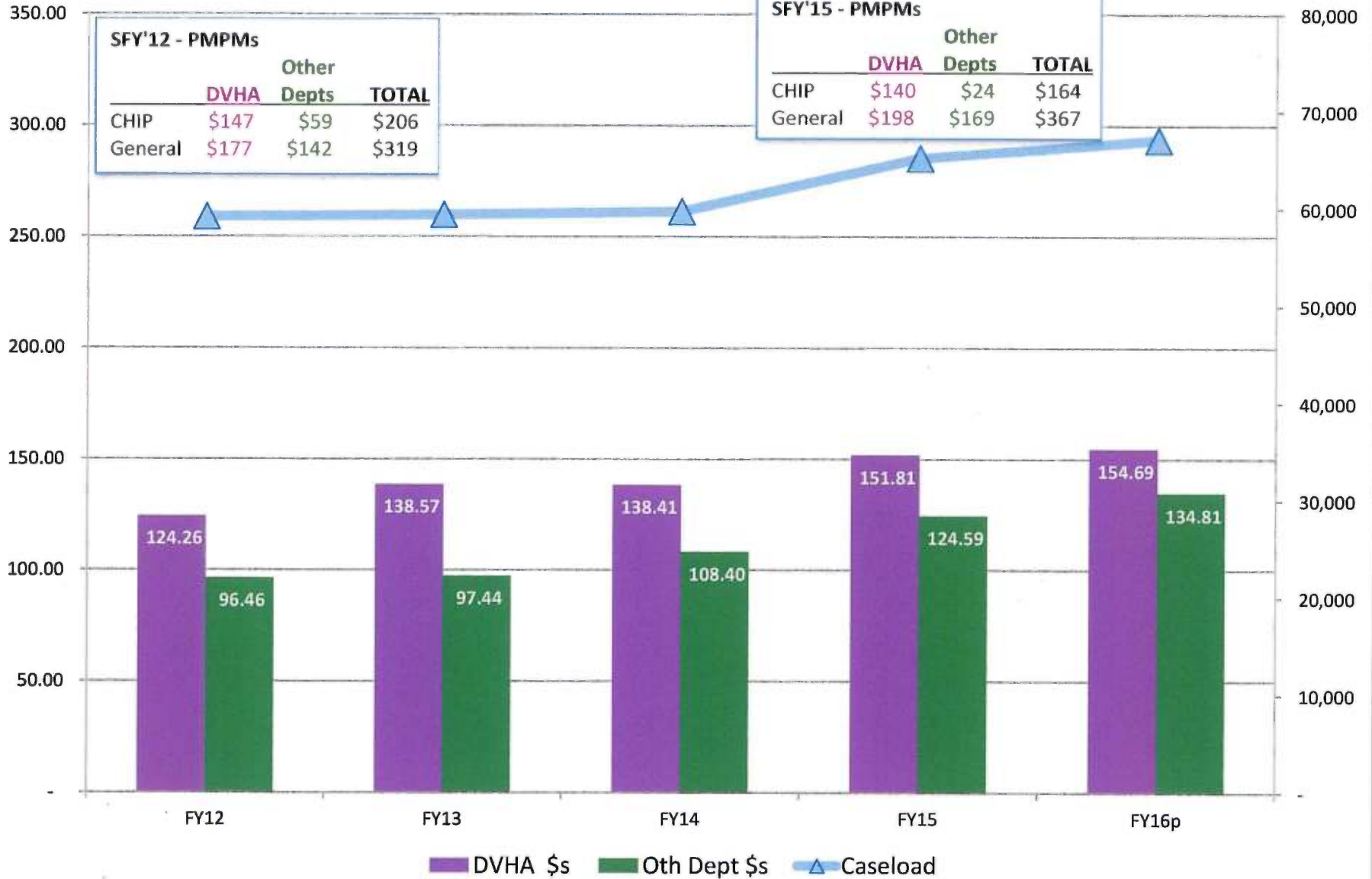
Avg.
caseload
count



Kids (General and CHIP) (full coverage/primary payer)

Expend
\$s in
millions

Avg.
caseload
count



Duals and Choices for Care (Supplemental coverage)

