

Vermont's Health Care System

Overview:

Payers & Players

(as we currently know it)



Updated January 2021

Nolan Langweil, Joint Fiscal Office

A quick note about the DATA in this presentation

We attempted to use the most up to date data available at the time of creating this presentation.

Most of the data are from BEFORE THE COVID-19 PUBLIC HEALTH EMERGENCY and do not reflect spending, coverage changes, additional assistance, etc. that may have occurred due to COVID-19.

Parts of a Health Care System

- Patients
- Providers
- Payers (Insurance Coverage)
- Regulators



PATIENTS

(People)



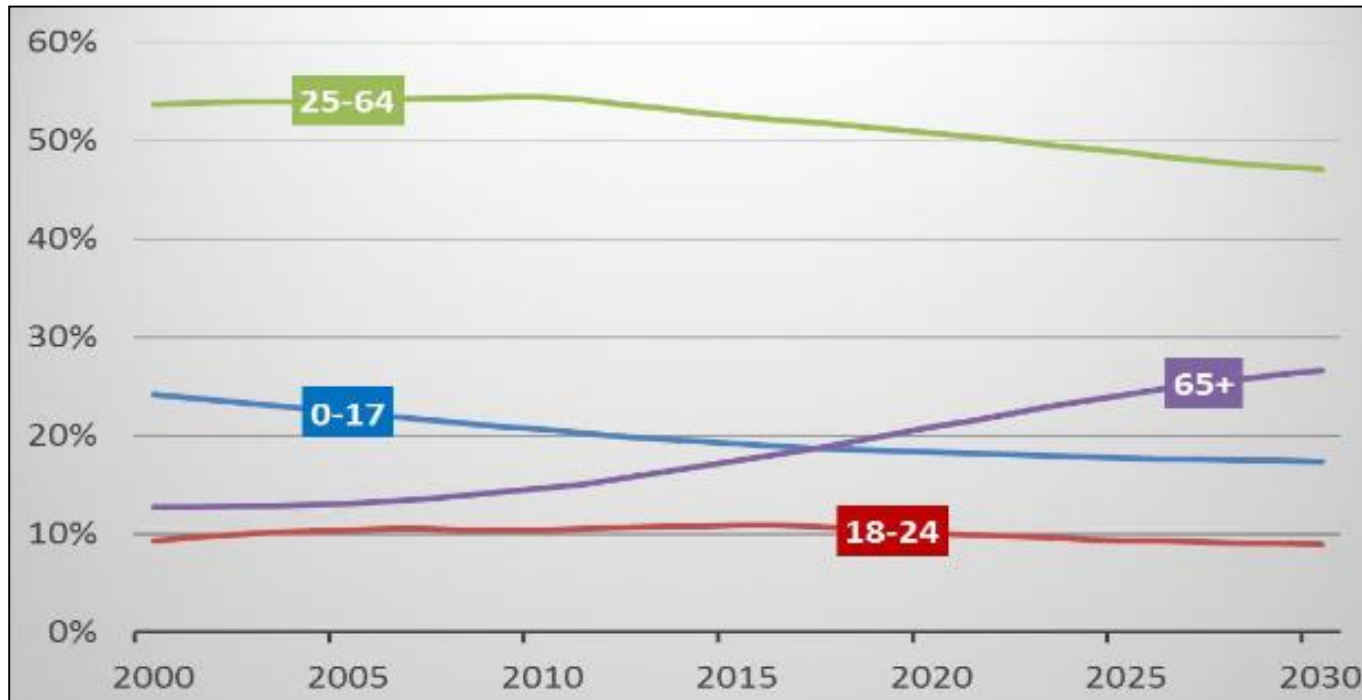
POPULATION

	Population	% Δ	Births	% Δ	Deaths	% Δ
2008	624,451	0.2%	6,341	-2.7%	5,195	0.7%
2009	624,817	0.1%	6,109	-3.7%	5,028	-3.2%
2010	625,741	0.1%	6,224	1.9%	5,381	7.0%
2011	626,431	0.1%	6,079	-2.3%	5,435	1.0%
2012	626,011	-0.1%	6,007	-1.2%	5,487	1.0%
2013	626,630	0.1%	5,972	-0.6%	5,636	2.7%
2014	626,562	0.0%	6,131	2.7%	5,627	-0.2%
2015	626,042	-0.1%	5,903	-3.7%	5,919	5.2%
2016	624,594	-0.2%	5,756	-2.5%	5,908	-0.2%
2017	623,657	-0.2%	5,655	-1.8%	6,010	1.7%
2018	626,299	0.4%	5,432	-3.9%	6,027	0.3%
Avg Yr over yr Δ 0.03%			-1.51%		1.53%	

 = Decrease from previous year

POPULATION

Share of Vermont Population by age Group, 2000-2030



- 2017 marked the first time that Vermont had as many seniors (65+) as children (<18).
- Note: These projections, which were made in 2019, could change as a result of the COVID-19 pandemic.

POPULATION

LEADING CAUSES OF DEATH BY AGE (2018)

15-24 Years

Accidents	54%
-----------	-----

25-34 Years

Accidents	45%
-----------	-----

Suicide	17%
---------	-----

35-44 Years

Accidents	35%
-----------	-----

45-54 Years

Malignant Neoplasms	28%
---------------------	-----

Diseases of the heart	19%
-----------------------	-----

Accidents	18%
-----------	-----

Suicide	9%
---------	----

55-84 Years

Malignant Neoplasms	31%
---------------------	-----

Diseases of the heart	22%
-----------------------	-----

Chronic Lower Respiratory Disease	8%
-----------------------------------	----

85+ Years

Diseases of the Heart	26%
-----------------------	-----

Malignant Neoplasms	13%
---------------------	-----

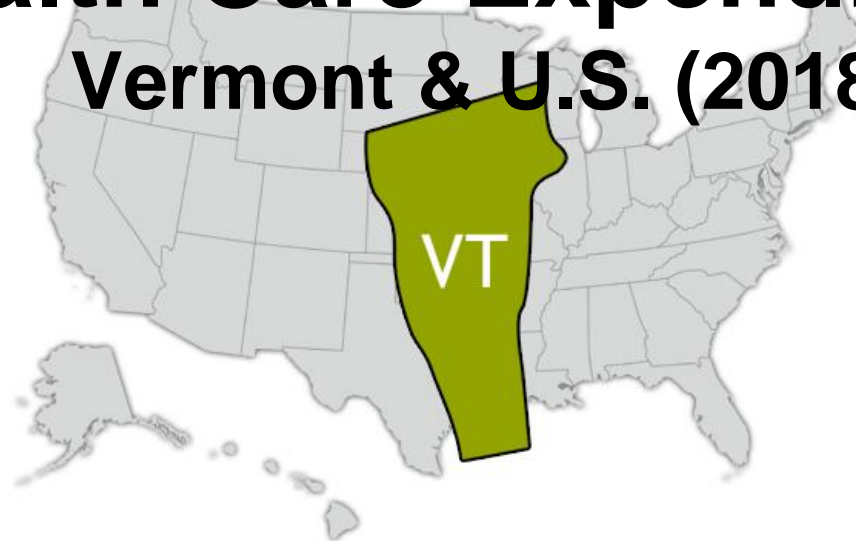
Alzheimer's Disease	11%
---------------------	-----

Stroke	6%
--------	----

Note: This list is from 2018 and therefore does not include COVID-19 related deaths

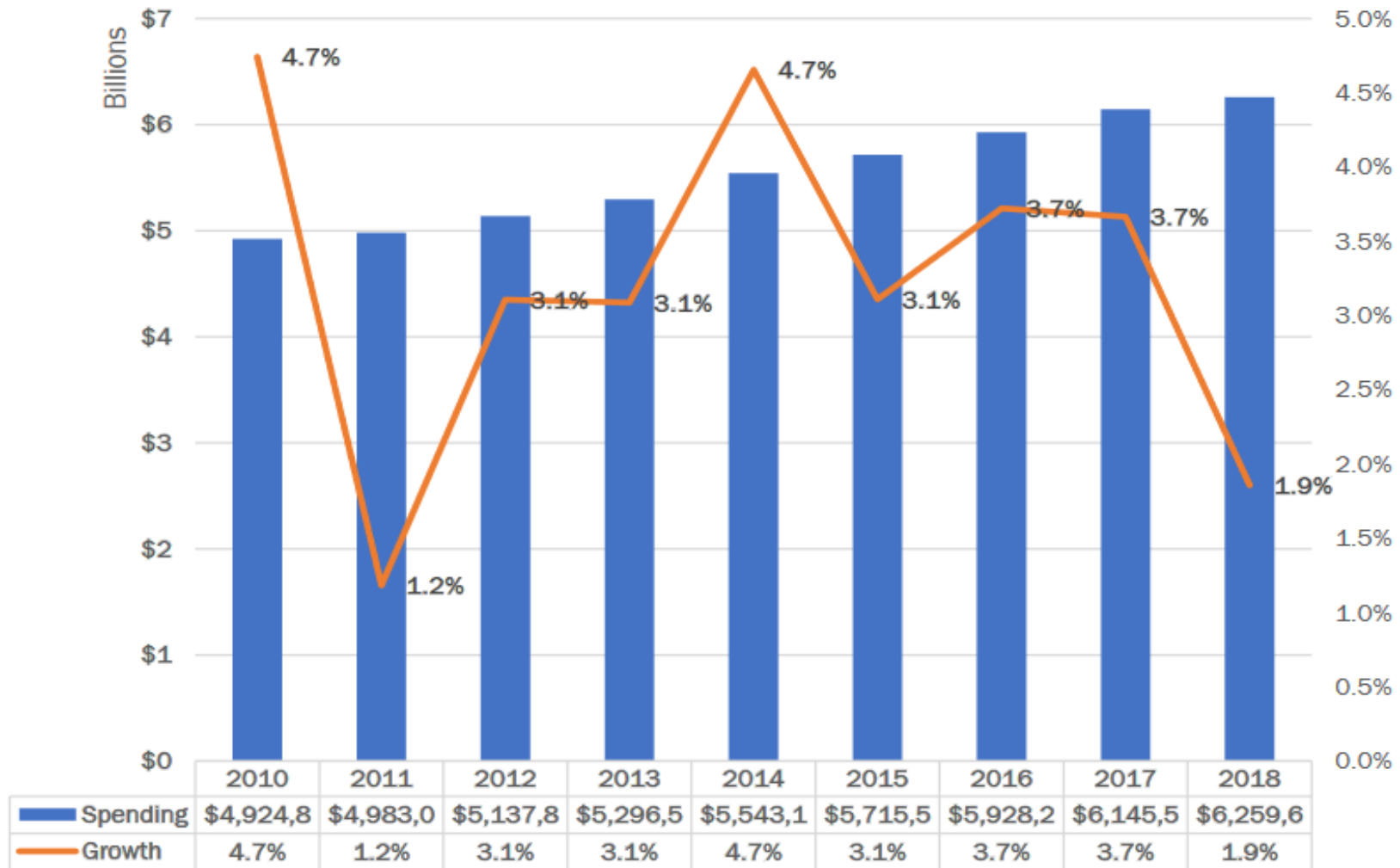
Health Care Expenditures

Vermont & U.S. (2018)



	<u>VT</u>	<u>U.S.</u>
Total (billions)	\$6.26	\$3,475
Annual Change (2017-2018)	1.9%	4.7%
Average Annual Change (2009-2018)	3.6%	4.4%
Per Capita	\$9,995	\$10,640
Annual Change (2017-2018)	1.4%	4.0%
Average Annual Change (2009-2018)	3.6%	4.4%
Share of Gross State/Domestic Product	18.8%	16.9%

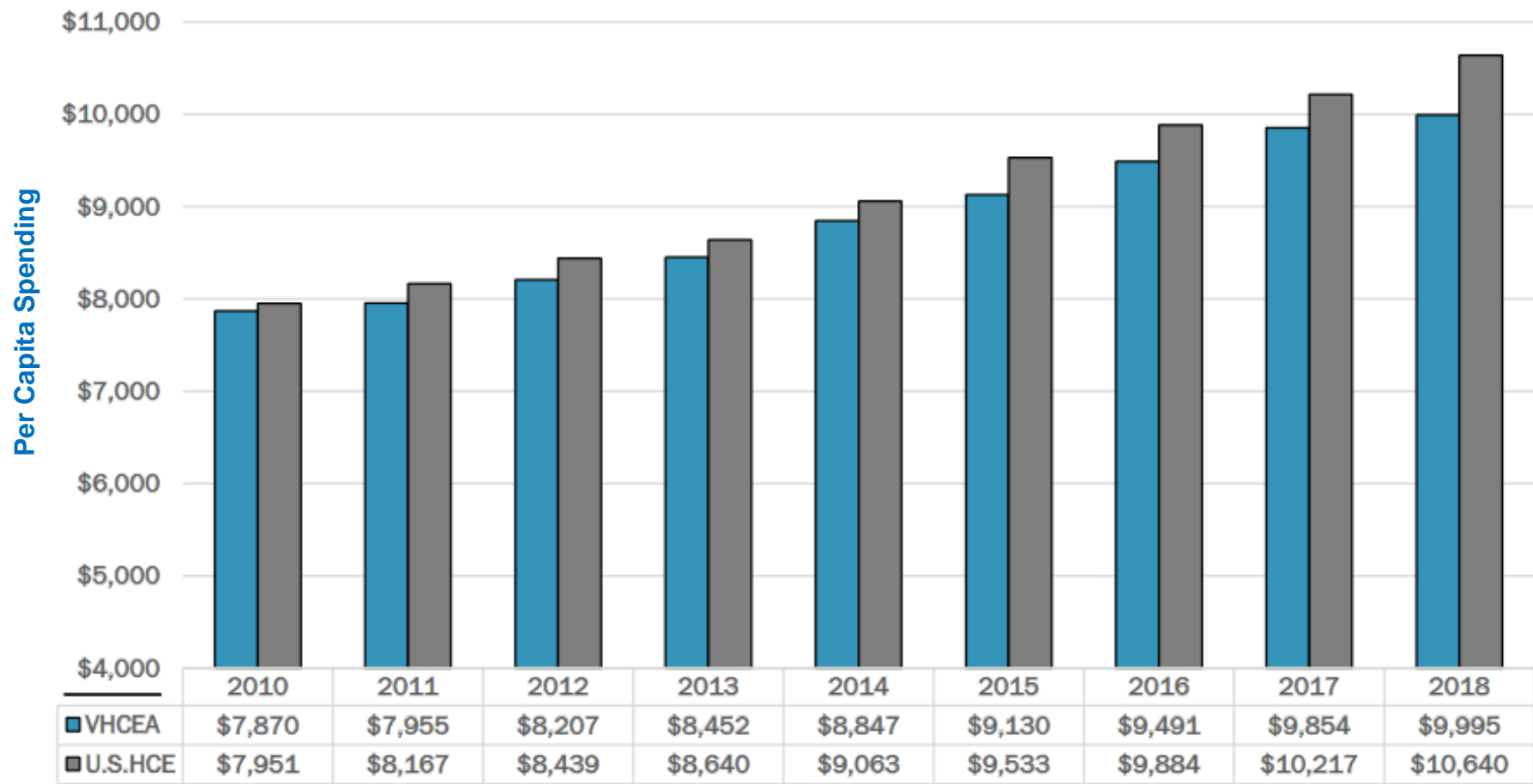
Health Care Expenditures



Source: Chart from GMCB 2018 Expenditure Analysis.

Health Care Expenditures

Per Capita (per person)
Health Consumption Expenditures



Note: Chart from GNCB 2018 Expenditure Analysis.
Source: US Data from CMS: NHE Health Consumption Expenditures

PROVIDERS



HOSPITALS

- 14 hospitals in Vermont
 - 1 “Level 1” trauma center (University of Vermont Medical Center)
 - All of not-for-profit hospitals
 - Saw over 265,000 emergency room visits in 2018
- Dartmouth-Hitchcock Medical Center (in NH)
 - Provides health care services to a significant number of Vermonters
 - Also a “Level 1” trauma center (only one in NH)
- VA Hospital
 - Located in White River Junction
- Psychiatric Hospitals
 - Vermont Psychiatric Care Hospital in Berlin
 - Brattleboro retreat (private treatment center)



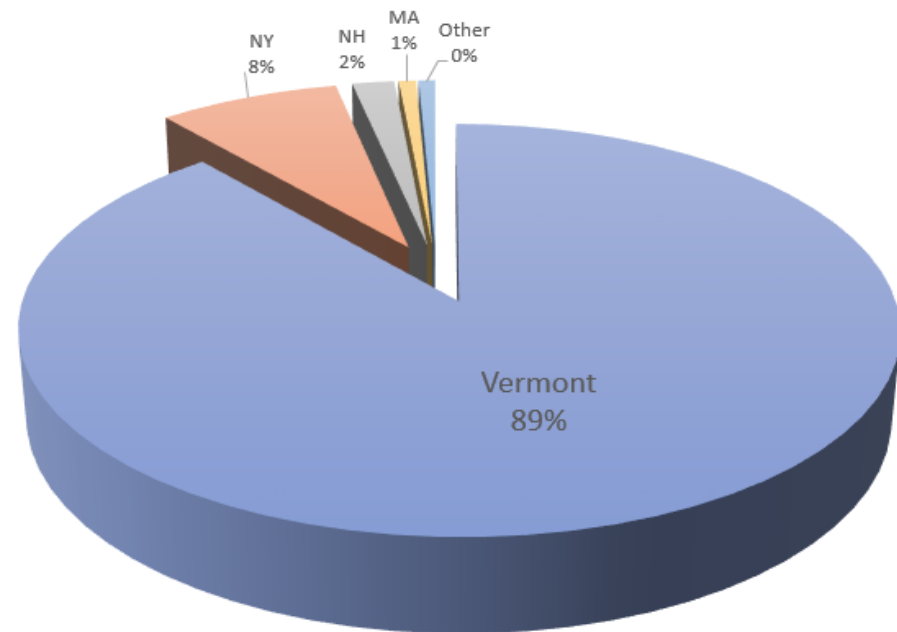
Spending on **HOSPITAL CARE** for Vermonters in 2018 was **\$2.27 billion**. This accounted for **36%** of all health care spending for Vermonters.

A quick note about where people seek hospital care

- ***The University of Vermont Medical Center (VT) and Dartmouth-Hitchcock (NH) account for a major part of in/out migration***
 - Approx. 20% of UVMHC's business come from New York residents (2015)
 - A significant number of Vermonters seek medical services through Dartmouth-Hitchcock

- **Porter Hospital** - In-migration from NY for newborn delivery
- **Southwestern Hospital** - shares a market with Albany, NY
- **St. Johnsbury Hospital** - market-area includes New Hampshire
- Other VT hospitals also serve out-of-state residents for emergencies (e.g. as skiing injuries, etc.)

**Vermont Hospitals (2018):
Discharges by Patients' State of Residence***

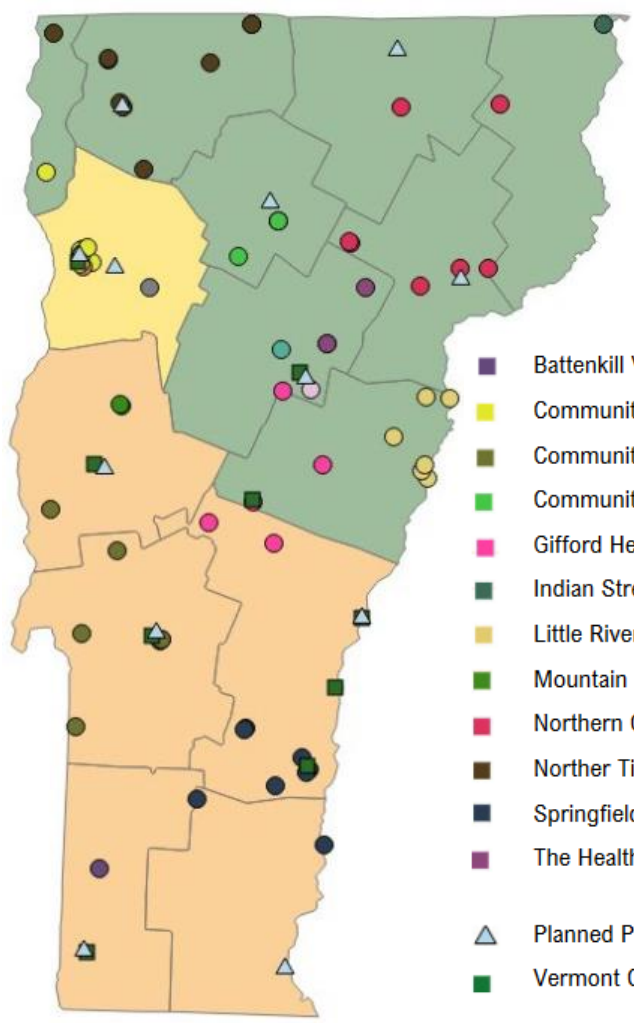


* Includes both inpatient and outpatient discharges

FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

- FQHC is a reimbursement designation from the federal government.
- FQHCs have a larger regulatory burden, including over 90 requirements tied to FQHC status.
- Some defining components of an FQHC include:
 - Offering comprehensive services including primary medical, dental, oral, mental health & enabling services
 - Being located in areas of high need
 - Having a patient-majority governing board
 - Acceptance all patients regardless of payer or ability to pay and offer sliding fee scales.

FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)



- Battenkill Valley Health Center (FQHC)
- Community Health Centers of Burlington (FQHC)
- Community Health Centers of the Rutland Region (FQHC)
- Community Health Services of Lamoille Valley (FQHC)
- Gifford Health Care (FQHC)
- Indian Stream Health Center (FQHC)
- Little Rivers Health Care (FQHC)
- Mountain Health Center (FQHC)
- Northern Counties Health Care (FQHC)
- Norther Tier Center for Health (FQHC)
- Springfield Medical Care Systems (FQHC)
- The Health Center (FQHC)
- ▲ Planned Parenthood of Northern New England
- Vermont Coalition of Clinics for the Uninsured (Squares)

- Area Health Education Center (AHEC) Regions Shaded by County
- Northern Vermont
 - Southern Vermont
 - UVM

- 12 FQHCs
 - (including New Hampshire-based Indian Stream’s Canaan, Vermont site)
- 60+ primary care sites in all 14 counties
 - *Note: There were only 7 sites in 2000.*
- Served over 187,339 Vermonters in 2019



LONG TERM CARE

- 37 Nursing homes facilities
 - 34 participate in Medicaid (including the Vermont Veteran's home)
 - Approx. 2,978 beds (2018)
- 10 Home health agencies
- 15 Assisted Living Residences
- 110 Residential Care Homes
- 10 Hospice programs
- 1 ICF/ID *

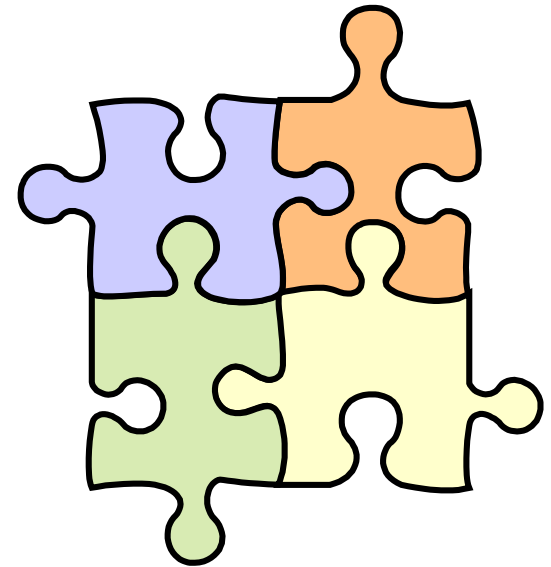


* ICF/MR = Intermediate Care Facilities Individuals with Intellectual Disabilities

MENTAL HEALTH

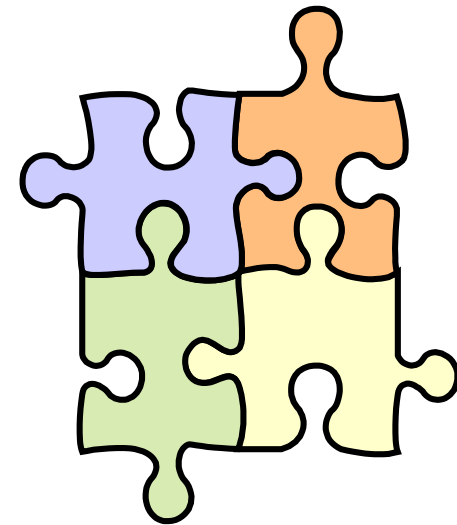
Providers Include:

- 9 Designated Agencies (DA's) provide comprehensive Mental Health (MH) & Developmental Disability Services (DS)
 - 1 region has separate DA's for MH and DS
 - 5 specialized service agencies for DS only
 - 2 specialized service agencies for MH only
- “Designated” Hospitals
 - Hospitals that have inpatient psychiatric units.
- Brattleboro Retreat
- Vermont Psychiatric Care Hospital in Berlin



MENTAL HEALTH

- 187 adult psychiatric inpatient beds across the system of care.
 - 45 are level 1 beds
 - Level 1 = hospitalization stay for people who are the most acutely distressed and require additional resources
 - 25 @ Vermont Psychiatric Care Hospital
 - 23 @ Rutland Regional Medical Center
 - 75 @ Brattleboro retreat
 - Beds also located White River Junction VA Hospital



Note: as of 11/5/20, there were 57 beds off-line, the majority of which were at the Brattleboro Retreat.

WORKFORCE - Physicians

(2018)

- 2,473 Physicians (1,368 FTEs)
 - Another 1,112 renewed their VT licenses but were not providing patient care in VT
 - 615 (25%) worked mainly in primary care
 - 19 fewer than in 2008
 - 1,858 (75%) worked mainly in specialty Care
 - 659 more than in 2008
 - 312 more than in 2016
 - Increases were especially large in hospitalists and emergency medicine
 - Some specialties saw decreases

Source: Vermont Department of Health, 2018 Physician Census
(October 2019)





WORKFORCE - Nurses

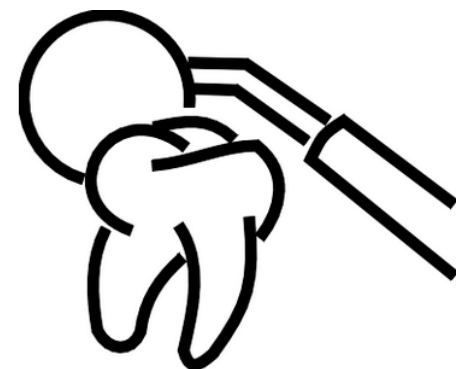
	Licenses in VT	Practicing in VT	Average Age	% under age 40	% over age 60	Pursuing further Nurse Education (%)	Data Year
Advanced Practice Registered Nurses (APRNs)	868	84%	49 (median)	26%	28%	-----	2019
Registered Nurses (RNs)	10,851	Approx. 80%	48	-----	-----	11%	2017
Licensed Practical Nurses (LPNs)	1,627	Approx. 80%	48	30%	22%	9%	2018
Licensed Nursing Assistants (LNAs)	3,885	87%	Mid/late 30s	Approx. 50%	Approx. 4%	8%	2016

Note: Although this presentation doesn't provide data on Physician Assistants (PAs), they are also an important part of the health care provider workforce.

WORKFORCE - Dentists

(2019)

- 389 Dentists (289.3 FTEs)
 - 313 provide mainly primary care
 - 28% were under age 40
 - 44% were age 55 or older
 - 21% were age 65 or older
 - Between 2017 and 2019
 - Net number of dentists stayed the same
 - More dentists providing 30 hours or more of per week
 - FTEs increased by 3.3 (due to more hours)
 - % of dentists accepting new patients was 97% in both years
 - % of dentists accepting new Medicaid patients dropped to 55%



PAYERS

(Insurance Coverage)



Note: facts and figures are all Pre-COVID-19 data.
Things may have changed as a result of the pandemic.

INSURANCE COVERAGE

Private / Commercial Insurance

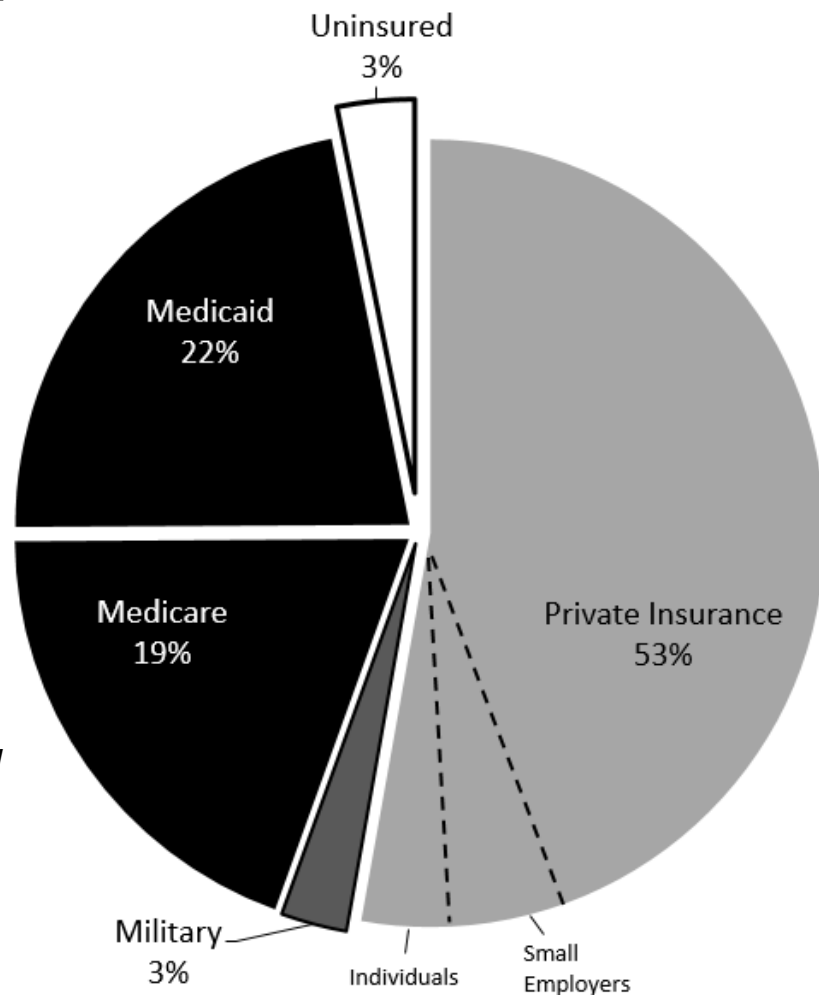
- Employer-based
- Individual Market

Government

- Medicare
- Medicaid

Military

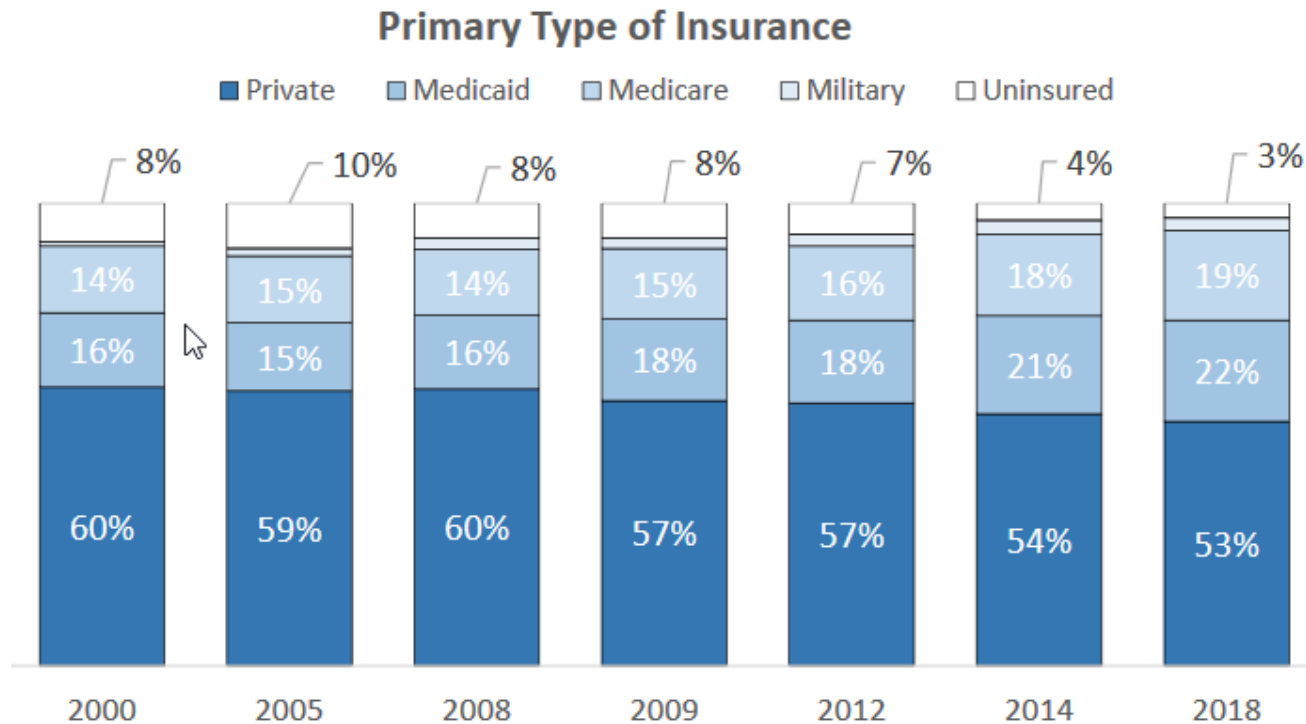
(2018 Data)



Notes:

- 1) Chart = Primary source of health coverage by source (VHHIS, 2018)
- 2) Public employees (such as State employees and teachers) are treated as “private” insurance, not “public” insurance, in this and other documents because they are administered by private insurance companies acting as third-party administrators.
- 3) This chart and the other charts in this presentation do not take into consideration any changes in insurance (i.e. loss of employer-sponsored insurance, etc.) as a result of the pandemic.

INSURANCE COVERAGE



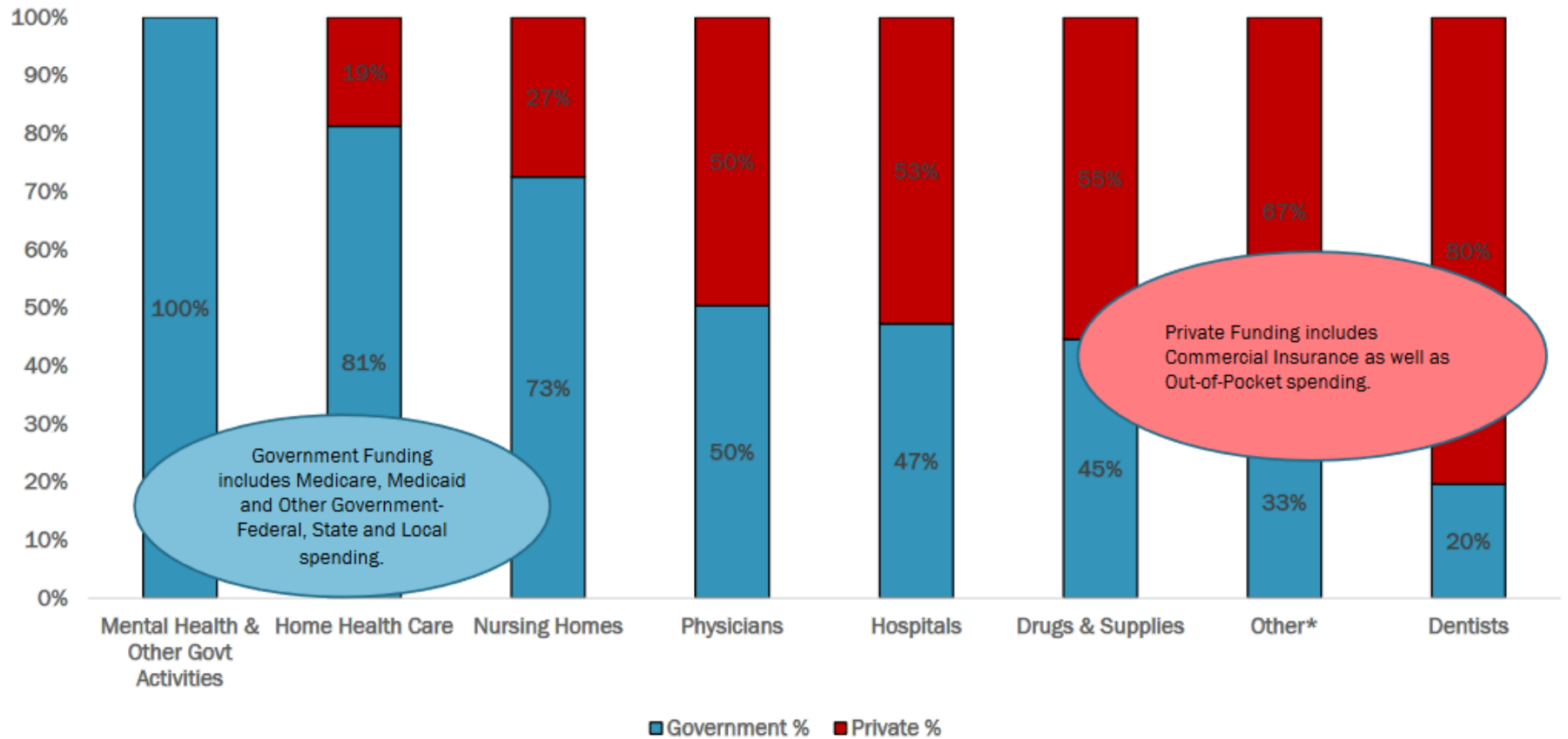
Between 2000 and 2018

- The rate of uninsured and commercially insured has decreased
- The number of Vermonters with Government insurance (Medicare and Medicaid) has increased

Source: Vermont Household Health Insurance Survey, 2018

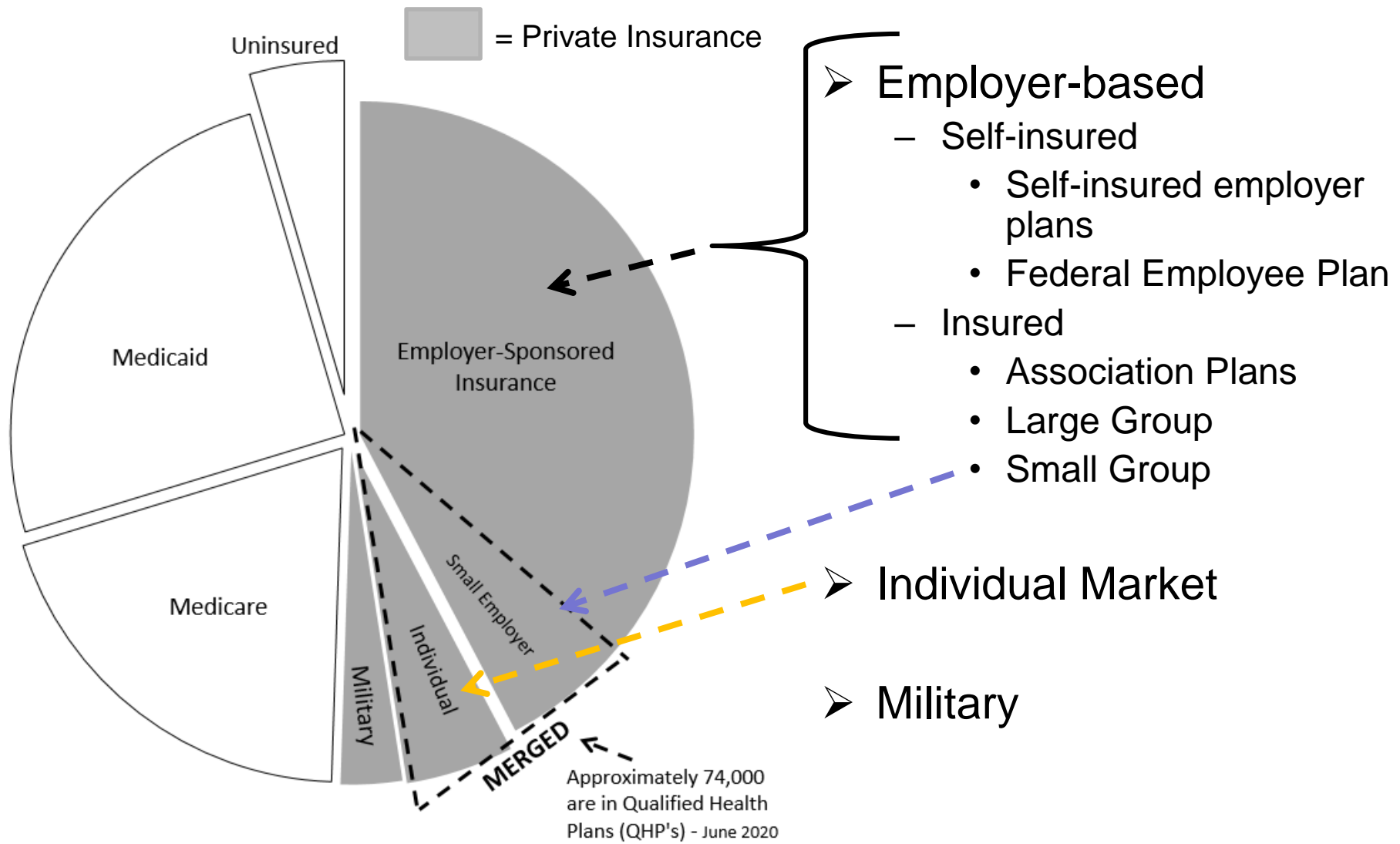
Types of Spending on Services

Government vs. Private Funding by Provider Category

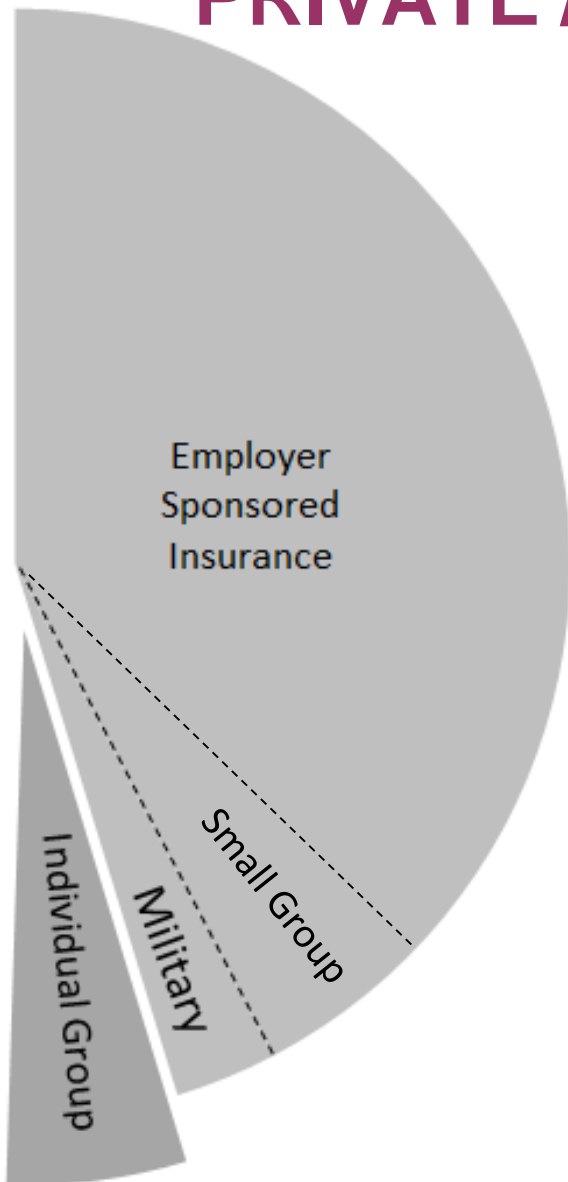


*"Other" includes services rendered by other professionals, durable medical equipment suppliers, vision providers, and other miscellaneous providers.

PRIVATE / COMMERCIAL INSURANCE



PRIVATE / COMMERCIAL INSURANCE



- Approximately half of Vermonters have private insurance*
 - Approx. 90% of private insurance was through an employer
 - Approx. 5% were individual plans
 - Approx. 65% (21,108) of those with individual plans receive state and federal subsidies

* 2018 Vermont Household Health Insurance Survey (VHHIS)

Health Benefits Exchange

("The Exchange")



- Established under the Affordable Care Act (ACA)
- Online marketplace for Individuals and Small businesses (≤ 100 employees) to purchase health insurance plans and access financial assistance (if eligible).
- ***Vermont Health Connect (VHC)*** is Vermont's Health Benefit Exchange.

PRIVATE / COMMERCIAL INSURANCE

Employer-based

INSURED

- INSURER bears ALL (or most) of the financial risk
- Employer purchases coverage from a regulated health insurance company
- Insurer is subject to state regulations

SELF-INSURED

- EMPLOYER assumes ALL (or most) of the financial risk (may reinsure)
- Employer purchases administration services (TPA*)
- Not subject to state regulation

* TPA = Third Party Administrator

Small Employer Plans

- Small employer defined as up to 100 employees
- Approx. 41,000 people were covered by small group QHP plans (as of June 2020)

*Note: Many small employers were enrolled in **Association plans** which were reintroduced in 2019 and are not part of the small group market. This will effect enrollment in small group plans (as presented in previous slides) in 2019 and beyond.*

Individual Plans

(no Employer-Sponsored Insurance)



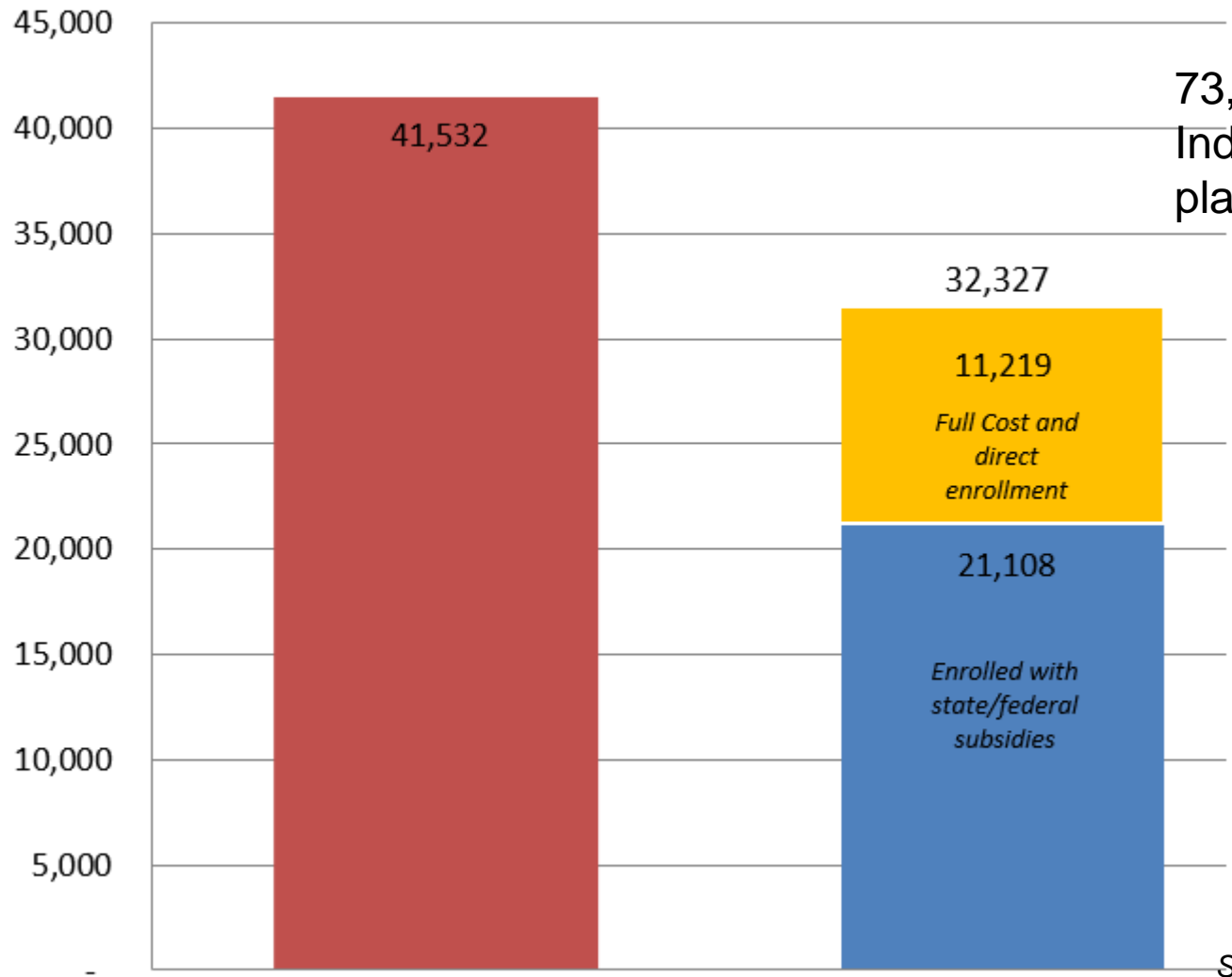
Employer
Sponsored
Insurance

- Approximately 32,000 people (as of June 2020)
- Two-thirds are receiving financial assistance (state and/or federal)
- Those with subsidies can only purchase through VHC
- Federal advanced premium tax credits (APTC) available for those up to 400% FPL
- Additional State tax credits available up to 300%FPL
- State & Federal cost-sharing assistance also available up to 300% FPL
- Individuals not receiving financial assistance can buy directly from the carriers although many still purchase through VHC.

NOTE: FPL Chart on the last slide of this presentation

Enrollment in the Individual and Group Markets

(June 2020)



73,859 lives enrolled in Individual and small group plans as of June 2020

Source: Vermont Health Connect - June 2020

Military

- Coverage based on current or previous military service
 - Includes Veteran's Administration (VA).
- Approximately 3% of Vermonters have Military coverage*

• Roughly 17,000 people according to the Vermont Household Health Insurance Survey & The Green Mountain Care Board data.

A quick note about the UNINSURED

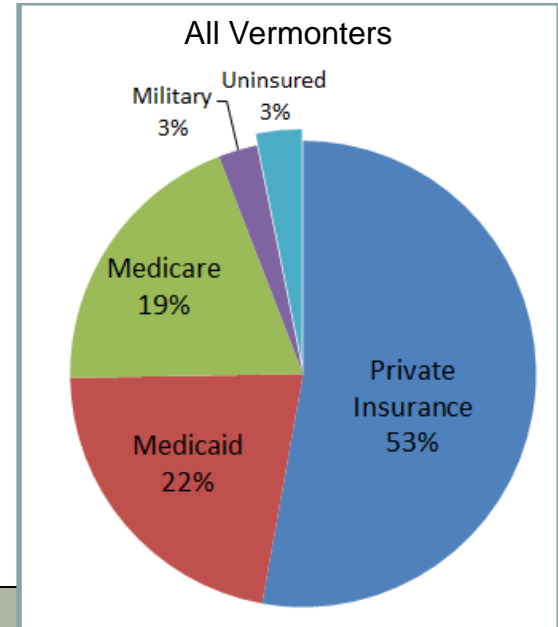
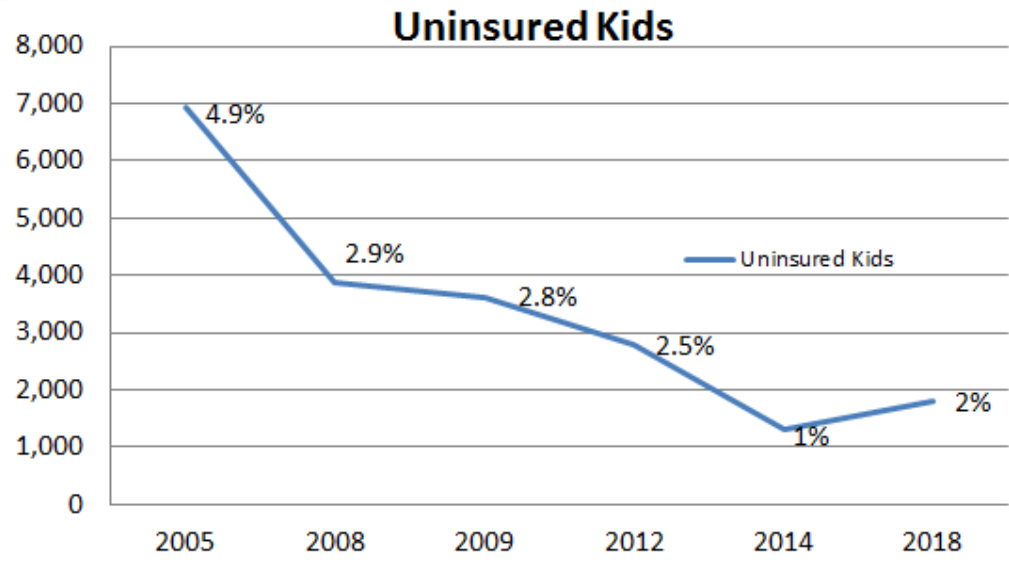
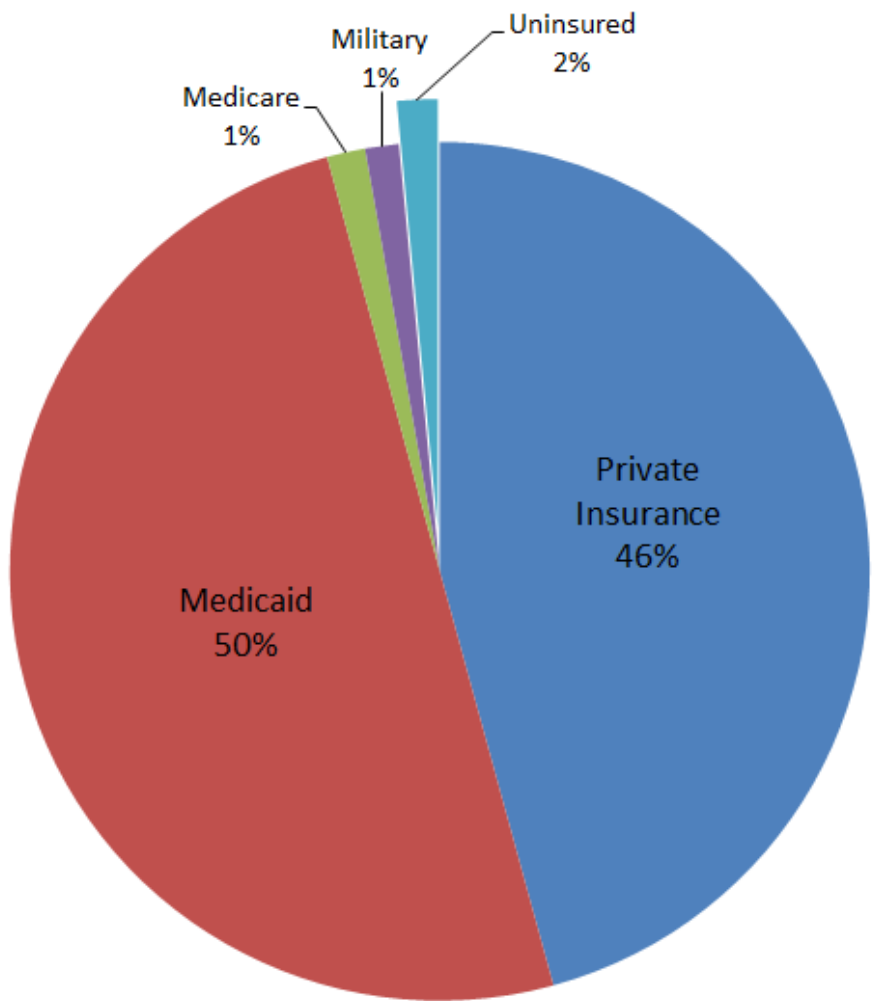
According to the 2018 Vermont Household Health Insurance Survey (VHHIS):

- 19,800 (3.2%) people were uninsured.
 - This is a decrease of 3,400 (0.5%) people from 2014.

Of the uninsured:

- 3,000 (17%) were eligible for Medicaid.
- 7,500 (43%) were eligible for both state and federal subsidies through the VT Health Connect.
- 5,500 (28%) worked for employers who offers health insurance.
 - Most cite cost as the reason they did not have insurance.

Source of Coverage for Kids (ages 0-17)



* Vermont Household Health Insurance Survey, 2018

PUBLIC

- **Medicare**
- **Medicaid**

Note: Public employees are counted as private insurance

**A quick note about
Medicaid vs. Medicare**

CAUTION

**Medicaid &
Medicare
are not the same!**

A quick note about Medicaid vs. Medicare

Medicaid

- State-federal program
- Low-income
- Children and adults
- 65 or older, blind, or disabled

Note: The list above is meant for illustrative purposes and does not include “Medicaid expansion” eligibilities which may differ from state to state.

Medicare

- Federal program
- All incomes
 - 65 or older
 - Any age with end stage renal disease
- Under 65 with certain disabilities

Medicare

- Federal program
 - No state role at all
- Created by Congress in 1965
- Privately administered
 - States currently have no part in administering Medicare

Medicare – who is covered

(2018 Data)

- Roughly 120,000-130,000 (19%) Vermonters are on Medicare
- Nearly everyone over 65 years old
 - 1,700 (or 1% of) kids ages 17 & Under
- Anyone with end-stage renal disease
- Some Parts have additional requirements (i.e. work history, premium requirements, etc.)

Note: the number of Medicare beneficiaries increased by approx. 9% between 2014 and 2018.

Structure of Medicare

- **Part A** - Primarily hospital inpatient care
- **Part B** - Most other health services
- **Part C (Medicare Advantage Plans)** - Are health plan options (like an HMO or PPO) approved by Medicare and offered by private insurance companies.
 - Cover all of Part A and Part B and usually Medicare drug coverage.
 - Roughly 3% of Medicare beneficiaries in Vermont
- **Part D** - Pharmacy coverage

Medicaid

- Created in 1965 as Title XIX of Social Security Act
- Public health benefit program for low-income individuals and families and individuals with disabilities
- Financed through a federal-state partnership and administered by the states
- Each state designs and operates its own program within broad federal guidelines

“If you’ve seen one Medicaid Program, then you’ve seen one Medicaid program.”

Medicaid

NATIONWIDE

75.5 million individuals nationwide have coverage through Medicaid (as of June 2020, Medicaid.gov).

- Approx. 23% of Americans.

VERMONT

Approx. 182,000 (1/3) of Vermonters receive some form of assistance through Medicaid

- Primary source of coverage:
 - Between **133,000** (DHVA) and **137,000** (VHHIS, VDH) Vermonters (approx. 22%).
- Partial or supplemental assistance for approx. **48,000** Vermonters (approx. 7%)
 - e.g. premium assistance, Rx assistance, etc.

Medicaid

Eligibility – *who is covered*

- **In order to qualify, beneficiaries must be:**
 - Vermont resident
 - U.S. citizen, permanent resident, or noncitizen with lawful presence
 - Financial situation would be characterized as low income or very low income and be one of the following:
 - Pregnant
 - Responsible for a child 18 years old or younger
 - Blind
 - Have a disability or a family caretaker of someone with a disability
 - 65 years of age or older

Benefits (Services) – *what is covered*

- Under Medicaid, states are required to cover mandatory benefits and may choose to cover optional benefits.

Covered Medicaid Populations

(who is covered)

Covered Populations

Aged, Blind, Disabled

Working Disabled at or below 250% FPL

Parents or Caretaker
Relatives under 138%
FPL

Pregnant Women at or below 213% FPL

Children under 19 at or below 317% FPL.
Including additional benefits.

Adults under 138% FPL

Limited Benefit Groups

VPharm:

Covers Part D cost sharing and excluded classes of meds, diabetic supplies and eye exams for Medicare Part D beneficiaries.

Healthy Vermonters:

Discount on Medications for anyone who has exhausted or has no prescription coverage.

Vermont Premium Assistance (VPA) up to 300% FPL

Vermont Covered State Plan Services

(What is covered)

Mandatory Services	Optional Services	
Inpatient hospital services	Prescription drugs	Chiropractic services
Outpatient hospital services	Clinic services	Other practitioner services
Rural health clinic services	Physical therapy	Private duty nursing services
Nursing facility services	Occupational therapy	Personal care
Home health services	Eyeglasses	Hospice
Physician services	Respiratory care services	Case management
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services	Other diagnostic, screening, preventive, and rehabilitative services	Services for individuals age 65 or older in an institution for mental disease (IMD)
Federally qualified health center services	Podiatry services	Services in an intermediate care facility for individuals with an intellectual disability
Laboratory and X-ray services	Optometry services	Health homes for enrollees with chronic conditions
Family planning services	Dental services	Speech, hearing, and language disorder services
Nurse midwife services	Tobacco cessation counseling	Inpatient psychiatric services for individuals under age 21
Certified pediatric and family nurse practitioner services	Prosthetics	Self-directed personal assistance services
Freestanding birth center services (when licensed or otherwise recognized by the state)	<p>NOTE: Under Medicaid, states are required to cover MANDATORY benefits and may choose to cover OPTIONAL benefits.</p>	
Transportation to medical care		

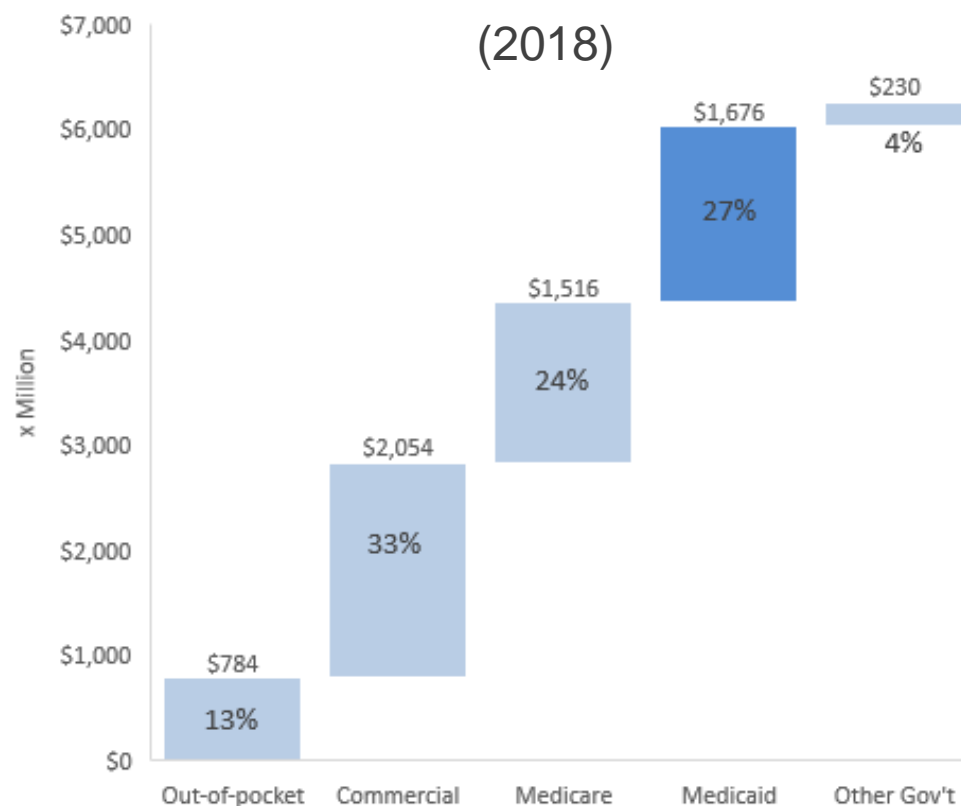
A quick note on the 'Dual-Eligibility'

- Eligible for both Medicare and Medicaid
 - Medicare payer of first resort
 - Counted in Medicare totals on previous slide
- Approx. 17-18,000 lives (2018)
- The Vermont Agency of Human Services (AHS) spends over \$220 million per year on “duals” for health care and other support services agency-wide

Context: Overall Health Spending

IN 2018, VERMONTERS SPENT \$6.26 BILLION ON HEALTH CARE

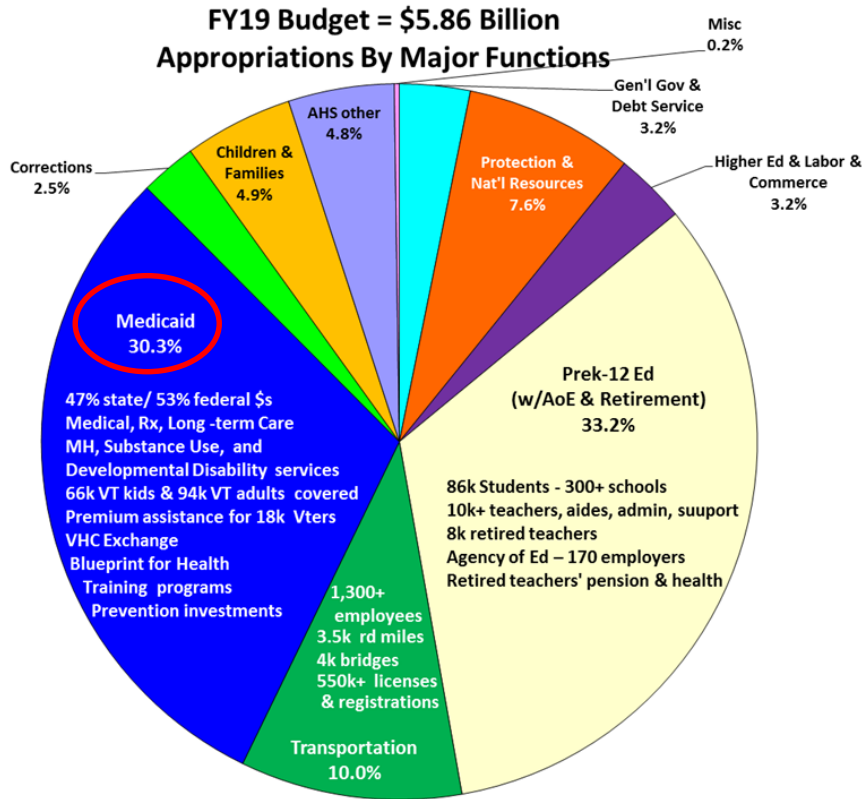
- It is projected to have increased to \$6.65 billion in 2020.
- **Medicaid** accounted for **27%** of Vermonters health spending.
 - This has state budget implications.



Source: Green Mountain Care Board, Expenditure Analysis

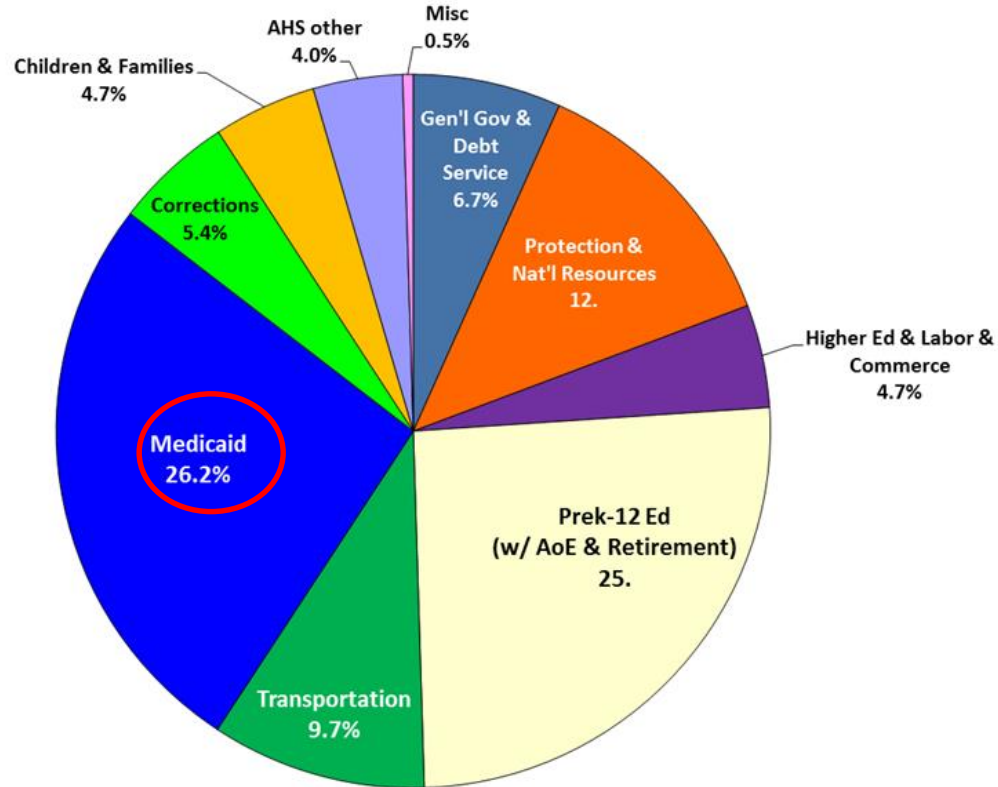
Context: State Budget (2019 illustration)

ALL FUNDS



STATE FUNDS

FY19 Budget = \$2.75 Billion State Funds
Appropriations by Major Function
Excludes Federal Funds and Property Taxes

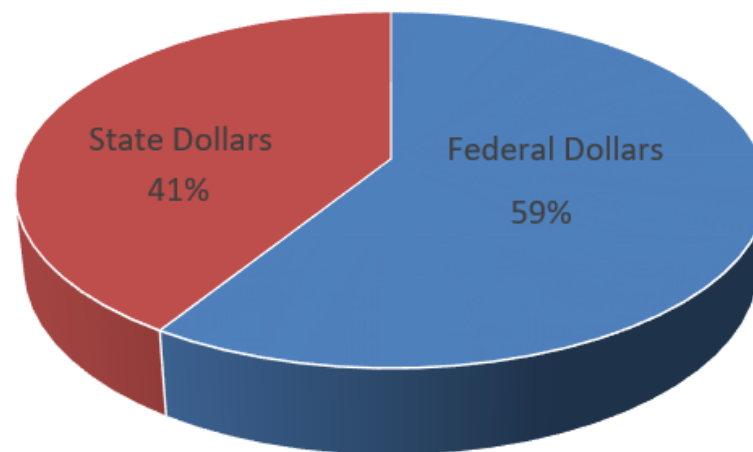


Medicaid accounts for :

- **30.3%** of the total budget (all funds)
- **26.2%** of state funds appropriation

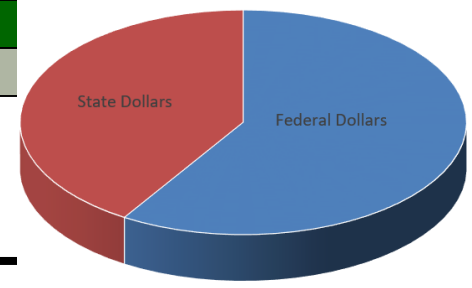
Medicaid Financing

- FY 2020 Medicaid expenditures = \$1.83 billion (gross)
 - *This does not include the infusion of federal dollars to the State due to the COVID-19 public health emergency.*
- The pre-COVID 19 split between State and federal dollars in funding the State's Medicaid program has traditionally been roughly 40% State / 60% Federal dollars



- Most (not all) of the federal funds are matching dollars from what is known as FMAP (Federal Medical Assistance Percentage)

Federal Medical Assistance Percentage (FMAP)



- FMAP is the share of state Medicaid benefit costs paid by the federal government
- Most of the federal funds for the State’s Medicaid program are from FMAP
- FMAP is calculated based on a 3 year average of state per capita personal income compared to national average
- No state can receive less than 50% of more than 83%

<i>COMPARISON OF FMAPs - Selected States (FFY 2021)</i>			
<u>New England States</u>	<u>Highest FMAP</u>	<u>Lowest FMAP (50% FMAP)</u>	
CT, NH, MA = 50%	Mississippi (77.76%) ↑	Alaska	New Hampshire
RI = 54.09% ↑	West Virginia (74.99%) ↑	California	New Jersey
Vermont = 54.57% ↑	New Mexico (73.46%) ↑	Colorado	New York
Maine = 63.69% ↓	Alabama (72.58%) ↑	Connecticut	Virginia
		Maryland	Washington
		Massachusetts	Wyoming
		Minnesota	

↑ = Increased from previous year
 ↓ = Decreased from previous year

- States also received “enhanced FMAPs” for expansion populations under the ACA and for the *Children’s Health Insurance Program (CHIP)*
- States are also receiving an additional 6.2% in FMAP as part of the federal Families First Coronavirus Response Act (2020)

Federal Medical Assistance Percentage (FMAP)

FY 2021 RATES

Federal Medical Assistance Percentage (FMAP)

- 54.39% Federal / 45.61% State
- Applied to the majority Medicaid expenditures

STATE SHARE

\$1.00



GROSS

\$2.20



=

Children's Health Insurance Program (CHIP)

- 70.95% Federal / 29.05% State
- Applied to Medicaid expenditures for approx. 4,300 low-income children

\$1.00



\$3.44



=

Childless New Adults

- 90% Federal / 10% State
- Applied to the Medicaid expenditures for approx. 35,000 childless adults

\$1.00



\$10.00



=

Note: These rates do not include the additional 6.2% FMAP states receive as part of the federal Families First Coronavirus Response Act

A quick note about Global Commitment

- Much of Vermont's Medicaid program is administered through the State's **Global Commitment to Health** Medicaid Section 1115 demonstration (often referred to as a Medicaid Waiver)
- Section 1115 of the federal Social Security Act allows the federal government to waive many, but not all, of the laws governing Medicaid, including those relating to eligible individuals and services
 - Section 1115 demonstrations are agreements between the Centers for Medicare and Medicaid Services (CMS) and individual states
 - States can have more than one Section 1115 demonstration agreement with CMS
- CMS's Section 1115 authority is intended to encourage state innovation in designing and improving their Medicaid programs
- States identify ways to save Medicaid funds and are permitted to use those savings for identified priorities/goals.
 - Some goals are written into the demonstration's terms and conditions. Others are achieved through "investments."
 - In FY2020, Vermont had 69 investments worth approx. \$124M. Without a waiver, these would require all State funds or be eliminated.
- **1115 waivers must be budget neutral to the federal government**

A quick note about All Payer Model (APM)

- The APM is an agreement between CMS, AHS, and the Green Mountain Care Board.
- The purpose of the APM is to move away from fee-for-service reimbursement on a state-wide level
- The APM will establish an annualized limit of 3.5% on per capita health care expenditure growth for all major payers.
- Beneficiaries (Medicare, Commercial, and Medicaid) will keep their current benefits, covered services, and choice of providers.

A quick note about All Payer Model (APM)

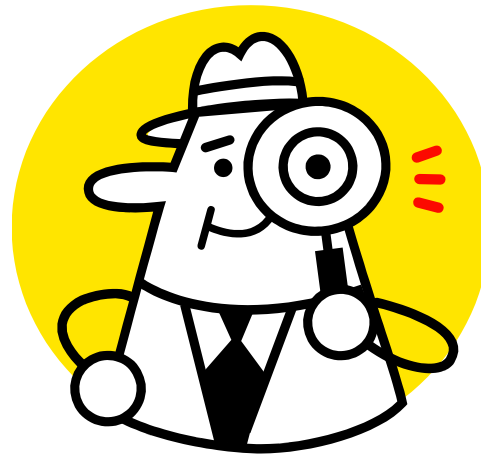
(Continued)

- Agreement contains 3 high level health improvement goals:
 - Improving access to primary care
 - Reducing deaths from suicide and drug overdose
 - Reducing prevalence and morbidity of chronic disease
- There will be no financial penalties to the state if financial and quality targets are not met.
- Duration: January 1, 2017 – December 31, 2022

Useful Summary can be found at:

<https://innovation.cms.gov/innovation-models/vermont-all-payer-aco-model>

REGULATORS



REGULATORS

- Department of Financial Regulations (DFR)
- Green Mountain Care Board (GMCB)
- Attorney General (fraud, etc.)
- Health Department (inspections)
- Center for Medicare and Medicaid Services (CMS)

Other

- Joint Commission (accreditation)
- National Committee for Quality Assurance or NCQA (accreditation)

A quick note about The Green Mountain Care Board

- The GMCB was created in 2011 to:
 - Regulate hospital budgets and major capital expenditures as well as health insurance rates
 - Test new and innovative ways to pay for and delivery health care as part of its role in building a new system
 - Evaluate innovation projects and proposals for what should be in Vermont's new health system, proposals for funding the new system, and the effect of the new system on the Vermont economy.
- Five member board, appointed by the Governor

2020

Note: 2021 VHC subsidies based on the 2020 FPL chart

2020 Federal Poverty Levels (FPLs)

Monthly

Household Size	100%	138%	150%	200%	250%	300%	400%
1	\$1,063	\$1,467	\$1,595	\$2,127	\$2,658	\$3,190	\$4,253
2	\$1,437	\$1,983	\$2,155	\$2,873	\$3,592	\$4,310	\$5,747
3	\$1,810	\$2,498	\$2,715	\$3,620	\$4,525	\$5,430	\$7,240
4	\$2,183	\$3,013	\$3,275	\$4,367	\$5,458	\$6,550	\$8,733
5	\$2,557	\$3,528	\$3,835	\$5,113	\$6,392	\$7,670	\$10,227
6	\$2,930	\$4,043	\$4,395	\$5,860	\$7,325	\$8,790	\$11,720

Annually

Household Size	100%	138%	150%	200%	250%	300%	400%
1	\$12,760	\$17,609	\$19,140	\$25,520	\$31,900	\$38,280	\$51,040
2	\$17,240	\$23,791	\$25,860	\$34,480	\$43,100	\$51,720	\$68,960
3	\$21,720	\$29,974	\$32,580	\$43,440	\$54,300	\$65,160	\$86,880
4	\$26,200	\$36,156	\$39,300	\$52,400	\$65,500	\$78,600	\$104,800
5	\$30,680	\$42,338	\$46,020	\$61,360	\$76,700	\$92,040	\$122,720
6	\$35,160	\$48,521	\$52,740	\$70,320	\$87,900	\$105,480	\$140,640

<https://aspe.hhs.gov/poverty-guidelines>

END