
**Report to
The Vermont Legislature**

Medicaid Program Enrollment and Expenditures Quarterly Report

In Accordance with 33 V.S.A. § 1901f

Submitted to: The General Assembly

Submitted by: Mike Smith, Secretary
Agency of Human Services

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Agency of Human Services

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TABLE OF CONTENTS

| | |
|---|----------|
| BACKGROUND | 2 |
| KEY TERMS | 2 |
| MEDICAID PROGRAM ENROLLMENT AND EXPENDITURES | 4 |

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

Sunsetted Programs: Expenditures still being incurred for programs no longer active such as VHAP, VHAP ESI, and Catamount.

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

Choices for Care (Traditional): Vermont's Long-Term Care Medicaid Program for Vermonters in nursing homes, home-based settings, and/or enhanced residential care (ERC)

Choices for Care (Acute): Long-Term Care Medicaid for Vermonters who would otherwise qualify for Choices for Care (Traditional), but who are currently receiving a lower level of care

MEDICAID PROGRAM ENROLLMENT AND EXPENDITURES

Agency of Human Services Caseload and Expenditure Report

DVHA Only YTD SFY'22

| Medicaid Eligibility Group | SFY'22 Gov Rec | | | SFY'22 Actuals Thru September 30, 2021 | | | % of Expenses to Budget Line Item | Ending Enrollment as of September 2021 |
|---------------------------------|----------------|-----------------------|------------------|--|-----------------------|------------------|-----------------------------------|--|
| | Caseload | Budget | PMPM | Caseload | Expenses | PMPM | | |
| ABD Adult | 6,475 | \$ 59,377,463 | \$ 764.19 | 6,208 | \$ 14,783,414 | \$ 793.74 | 24.90% | 6,193 |
| ABD Dual | 17,649 | \$ 54,564,094 | \$ 257.64 | 18,185 | \$ 12,899,818 | \$ 236.46 | 23.64% | 18,197 |
| General Adult | 10,049 | \$ 60,588,292 | \$ 502.44 | 13,107 | \$ 17,225,892 | \$ 438.08 | 28.43% | 13,252 |
| New Adult Childless | 35,802 | \$ 201,971,935 | \$ 470.11 | 46,304 | \$ 57,968,872 | \$ 417.31 | 28.70% | 46,450 |
| New Adult w/Child | 22,258 | \$ 108,106,667 | \$ 404.75 | 26,186 | \$ 31,786,862 | \$ 404.63 | 29.40% | 26,278 |
| Dr. D Expansion - State Only* | 22 | \$ 252,420 | \$ 956.14 | - | \$ - | \$ - | 0.00% | - |
| BD Child | 1,594 | \$ 20,428,886 | \$ 1,068.01 | 1,561 | \$ 4,574,887 | \$ 977.12 | 22.39% | 1,542 |
| General Child | 59,588 | \$ 160,461,685 | \$ 224.40 | 61,466 | \$ 42,447,390 | \$ 230.19 | 26.45% | 61,322 |
| Underinsured Child | 530 | \$ 433,667 | \$ 68.19 | 555 | \$ 93,431 | \$ 56.08 | 21.54% | 554 |
| CHIP | 4,374 | \$ 8,683,881 | \$ 165.45 | 4,554 | \$ 2,396,010 | \$ 175.39 | 27.59% | 4,586 |
| Dr. D Expansion - State Only* | 100 | \$ 1,147,580 | \$ 956.32 | - | \$ - | \$ - | 0.00% | - |
| Vermont Premium Assistance | 15,937 | \$ 5,615,851 | \$ 29.36 | 13,920 | \$ 1,245,999 | \$ 29.84 | 22.19% | 13,479 |
| <i>Vermont Cost Sharing</i> | 3,236 | \$ 1,130,724 | \$ 29.12 | 2,840 | \$ 235,294 | \$ 27.61 | 20.81% | 2,812 |
| Pharmacy Only | 9,568 | \$ 5,453,791 | \$ 47.50 | 9,830 | \$ 1,811,328 | \$ 61.42 | 33.21% | 9,837 |
| Choices for Care - Traditional | - | \$ - | \$ - | - | \$ - | \$ - | 0.00% | - |
| <i>Choices for Care - Acute</i> | 4,596 | \$ 40,104,146 | \$ 727.16 | 4,361 | \$ 9,538,302 | \$ 729.06 | 23.78% | 4,320 |
| Total Medicaid | 188,542 | \$ 728,321,082 | \$ 321.91 | 206,238 | \$ 197,007,499 | \$ 318.41 | 27.05% | 206,010 |

*New for SFY22, no expenditures for QE 0921

All AHS YTD SFY'22

| Medicaid Eligibility Group | SFY'22 Gov Rec | | | SFY'22 Actuals Thru September 30, 2021 | | | % of Expenses to Budget Line Item | Ending Enrollment as of September 2021 |
|---------------------------------|----------------|-------------------------|------------------|--|-----------------------|------------------|-----------------------------------|--|
| | Caseload | Budget | PMPM | Caseload | Expenses | PMPM | | |
| ABD Adult | 6,475 | \$ 155,543,053 | \$ 2,001.84 | 6,208 | \$ 36,214,443 | \$ 1,944.40 | 23.28% | 6,193 |
| ABD Dual | 17,649 | \$ 245,013,848 | \$ 1,156.88 | 18,185 | \$ 56,823,833 | \$ 1,041.59 | 23.19% | 18,197 |
| General Adult | 10,049 | \$ 76,671,455 | \$ 635.81 | 13,107 | \$ 20,903,632 | \$ 531.61 | 27.26% | 13,252 |
| New Adult Childless | 35,802 | \$ 242,809,235 | \$ 565.17 | 46,304 | \$ 66,792,251 | \$ 480.83 | 27.51% | 46,450 |
| New Adult w/Child | 22,258 | \$ 125,071,773 | \$ 468.27 | 26,186 | \$ 35,513,701 | \$ 452.07 | 28.39% | 26,278 |
| Dr. D Expansion - State Only* | 22 | \$ 252,420 | \$ 956.14 | - | \$ - | \$ - | 0.00% | - |
| BD Child | 1,594 | \$ 42,041,945 | \$ 2,197.93 | 1,561 | \$ 8,619,963 | \$ 1,841.09 | 20.50% | 1,542 |
| General Child | 59,588 | \$ 313,379,879 | \$ 438.26 | 61,466 | \$ 70,263,785 | \$ 381.04 | 22.42% | 61,322 |
| Underinsured Child | 530 | \$ 1,026,899 | \$ 161.46 | 555 | \$ 168,990 | \$ 101.43 | 16.46% | 554 |
| CHIP | 4,374 | \$ 11,166,929 | \$ 212.75 | 4,554 | \$ 2,878,202 | \$ 210.69 | 25.77% | 4,586 |
| Dr. D Expansion - State Only* | 100 | \$ 1,147,580 | \$ 956.32 | - | \$ - | \$ - | 0.00% | - |
| Vermont Premium Assistance | 15,937 | \$ 5,615,851 | \$ 29.36 | 13,920 | \$ 1,245,999 | \$ 29.84 | 22.19% | 13,479 |
| <i>Vermont Cost Sharing</i> | 3,236 | \$ 1,130,724 | \$ 29.12 | 2,840 | \$ 235,294 | \$ 27.61 | 20.81% | 2,812 |
| Pharmacy Only | 9,568 | \$ 5,453,791 | \$ 47.50 | 9,830 | \$ 1,811,328 | \$ 61.42 | 33.21% | 9,837 |
| Choices for Care - Traditional | 4,724 | \$ 232,616,220 | \$ 4,103.45 | 4,509 | \$ 58,378,371 | \$ 4,316.01 | 25.10% | 4,467 |
| <i>Choices for Care - Acute</i> | 4,596 | \$ 45,065,763 | \$ 817.12 | 4,361 | \$ 10,686,560 | \$ 816.83 | 23.71% | 4,320 |
| Total Medicaid | 188,670 | \$ 1,504,007,364 | \$ 664.30 | 206,385 | \$ 370,536,354 | \$ 598.45 | 24.64% | 206,157 |

*New for SFY22, no expenditures for QE 0921

All AHS and AOE YTD SFY'22

| Medicaid Eligibility Group | SFY'22 Gov Rec | | | SFY'22 Actuals Thru September 30, 2021 | | | % of Expenses to Budget Line Item | Ending Enrollment as of September 2021 |
|---------------------------------|----------------|-------------------------|------------------|--|-----------------------|------------------|-----------------------------------|--|
| | Caseload | Budget | PMPM | Caseload | Expenses | PMPM | | |
| ABD Adult | 6,475 | \$ 156,675,672 | \$ 2,016.42 | 6,208 | \$ 36,447,587 | \$ 1,956.92 | 23.26% | 6,193 |
| ABD Dual | 17,649 | \$ 245,096,109 | \$ 1,157.27 | 18,185 | \$ 56,840,195 | \$ 1,041.89 | 23.19% | 18,197 |
| General Adult | 10,049 | \$ 76,907,184 | \$ 637.77 | 13,107 | \$ 20,968,761 | \$ 533.27 | 27.27% | 13,252 |
| New Adult Childless | 35,802 | \$ 242,904,809 | \$ 565.39 | 46,304 | \$ 66,812,165 | \$ 480.97 | 27.51% | 46,450 |
| New Adult w/Child | 22,258 | \$ 125,086,349 | \$ 468.32 | 26,186 | \$ 35,514,092 | \$ 452.07 | 28.39% | 26,278 |
| Dr. D Expansion - State Only* | 22 | \$ 252,420 | \$ 956.14 | - | \$ - | \$ - | 0.00% | - |
| BD Child | 1,594 | \$ 51,986,699 | \$ 2,717.83 | 1,561 | \$ 10,323,593 | \$ 2,204.95 | 19.86% | 1,542 |
| General Child | 59,588 | \$ 351,090,716 | \$ 491.00 | 61,466 | \$ 76,662,409 | \$ 415.74 | 21.84% | 61,322 |
| Underinsured Child | 530 | \$ 1,328,975 | \$ 208.96 | 555 | \$ 213,007 | \$ 127.86 | 16.03% | 554 |
| CHIP | 4,374 | \$ 12,391,819 | \$ 236.09 | 4,554 | \$ 3,133,242 | \$ 229.36 | 25.28% | 4,586 |
| Dr. D Expansion - State Only* | 100 | \$ 1,147,580 | \$ 956.32 | - | \$ - | \$ - | 0.00% | - |
| Vermont Premium Assistance | 15,937 | \$ 5,615,851 | \$ 29.36 | 13,920 | \$ 1,245,999 | \$ 29.84 | 22.19% | 13,479 |
| <i>Vermont Cost Sharing</i> | 3,236 | \$ 1,130,724 | \$ 29.12 | 2,840 | \$ 235,294 | \$ 27.61 | 20.81% | 2,812 |
| Pharmacy Only | 9,568 | \$ 5,453,791 | \$ 47.50 | 9,830 | \$ 1,811,328 | \$ 61.42 | 33.21% | 9,837 |
| Choices for Care - Traditional | 4,724 | \$ 232,616,220 | \$ 4,103.45 | 4,509 | \$ 58,378,371 | \$ 4,316.01 | 25.10% | 4,467 |
| <i>Choices for Care - Acute</i> | 4,596 | \$ 45,082,446 | \$ 817.42 | 4,361 | \$ 10,687,816 | \$ 816.92 | 23.71% | 4,320 |
| Total Medicaid | 188,670 | \$ 1,554,767,364 | \$ 686.72 | 206,385 | \$ 379,273,860 | \$ 612.57 | 24.39% | 206,157 |

*New for SFY22, no expenditures for QE 0921

The Vermont Cost Sharing Reduction (VCSR) population are also eligible for Vermont Premium Assistance (VPA) and the caseload counts are included in the VPA caseload counts and are not duplicatively reflected in the total. The budget and expenses are specific to each program.

The Choices for Care Acute caseload counts are included within the Choices for Care Traditional caseload counts. The Choices for Care Traditional caseload also includes the Waiver Moderate only population. The Waiver Moderate only population are categorically ineligible for Acute Medicaid services.