



(as we currently know it)



2025 Update

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**DISCLAIMER:
AN IMPORTANT NOTE ABOUT THE DATA
IN THIS PRESENTATION**

- ❖ **This presentation attempts to use the most up-to-date data available at the time it was created.**
- ❖ **Given that different sources collect different data at different times, the year associated with the data will be indicated whenever possible.**
- ❖ **Finally, much of the statewide expenditure data has traditionally come from the Green Mountain Care Board's Expenditure Analysis. While this is generally updated annually, there is a temporary delay with the data which has not been updated since 2022. As a result, some of the data may date back as far as 2020.**



Parts of a Health Care System

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

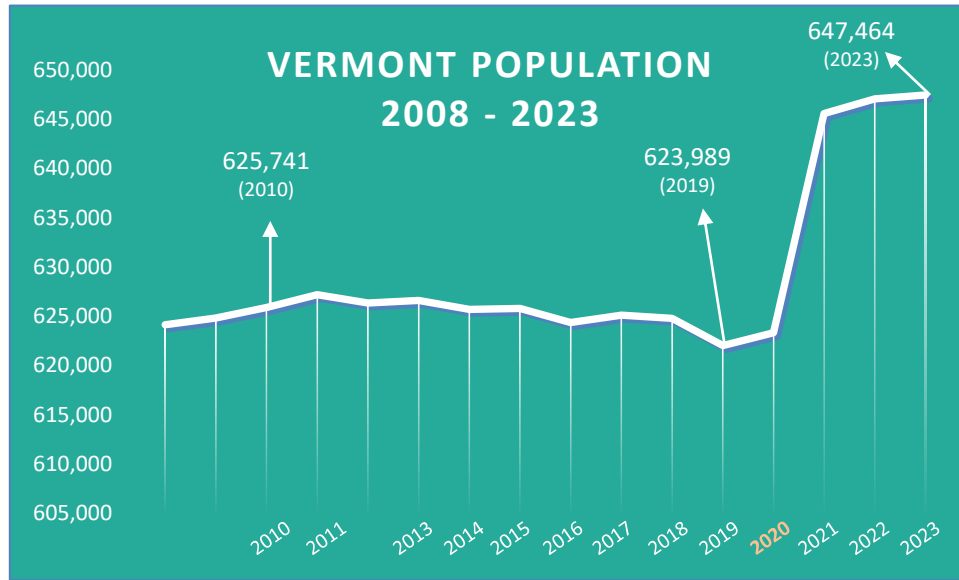


PATIENTS

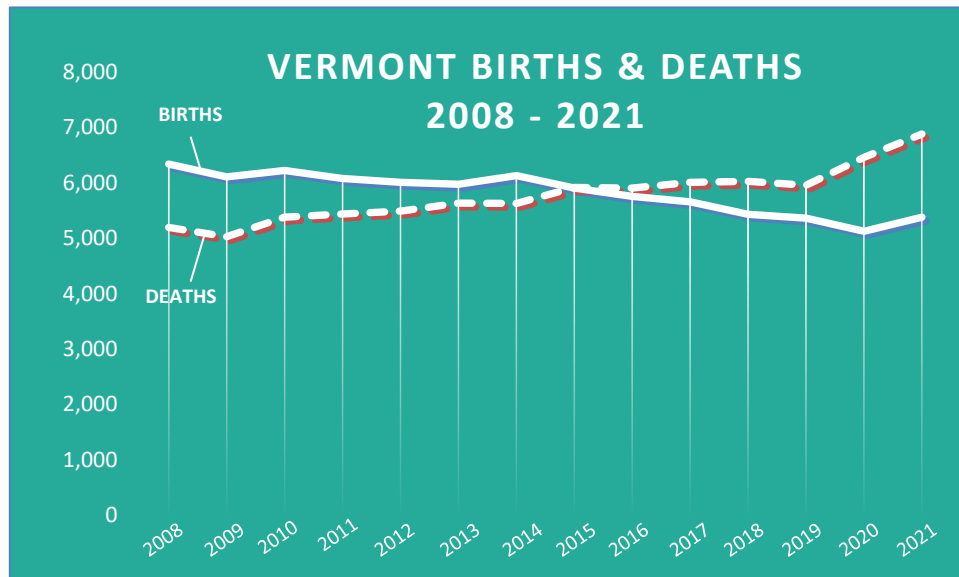
(People)



POPULATION



Source: U.S. Census Data



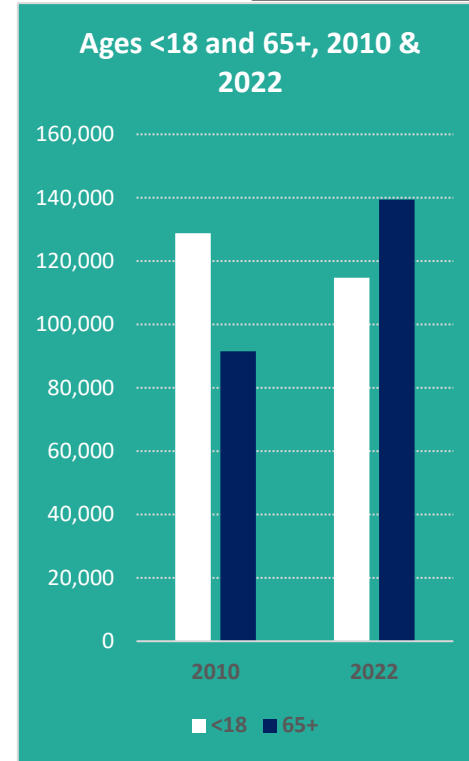
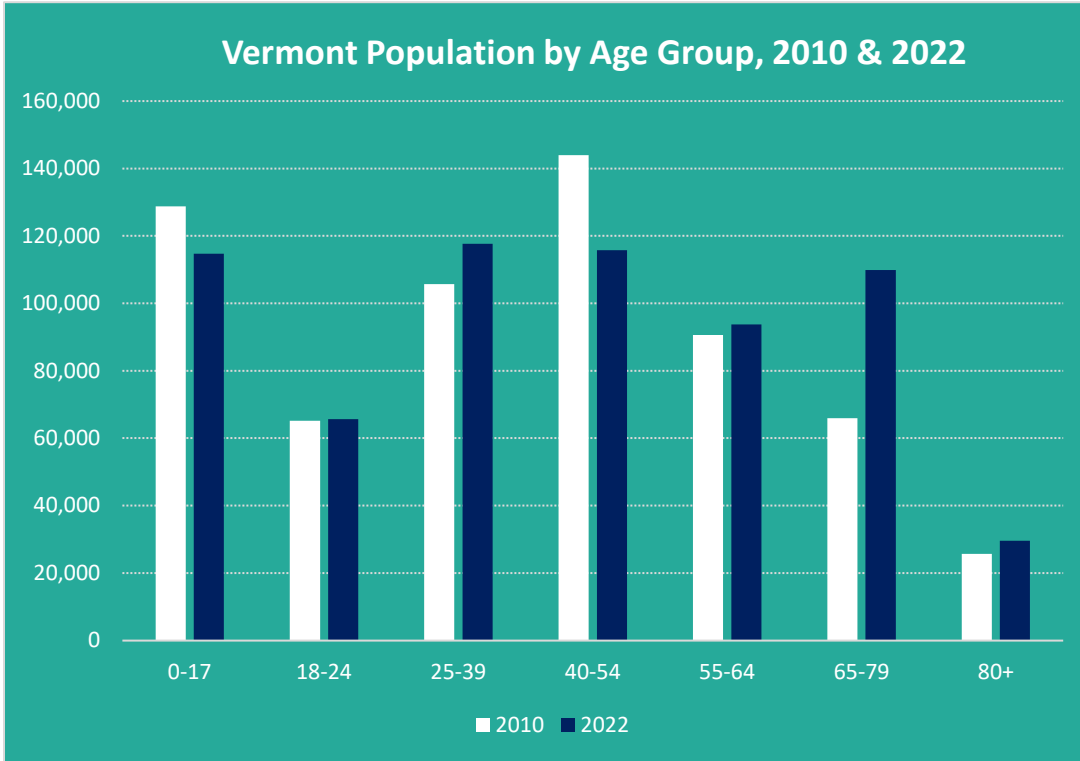
Source: Vermont Vital Statistics, Vermont Department of Health





POPULATION

Median age
Vermont = 43.7
United States = 39.2



Source: U.S. Census Bureau, Estimates based on 2010 Decennial Census and 2022 Population Estimates

- In 2010, there were more people under the age of 18 than there were over the age of 65.
- In 2022, the opposite was true.
- This will have implications, particularly when it comes to access, delivery, and the costs of health care in Vermont.
- For more information on Vermont’s population and potential policy implications, please see JFO issue brief [Vermont’s Population Estimates for 2023](#) (published October 4, 2024).



POPULATION



LEADING CAUSES OF DEATH BY AGE (2022)

- For those under age 45, the leading causes are accidents.
 - Yet, those over age 55 still account more than half of all accident-related deaths
- For those over age 45, the leading causes are health-related.

	% of deaths in age group	#
15-24 Years		
Accidents	45%	26
Suicide	22%	13
25-34 Years		
Accidents	57%	71
Suicide	14%	17
35-44 Years		
Accidents	47%	90
45-54 Years		
Malignant Neoplasms	23%	77
Major Cardiovascular Diseases	17%	58
Accidents	23%	79
Suicide	5%	16
55-84 Years		
Malignant Neoplasms	28%	1136
Major Cardiovascular Diseases	27%	1092
Chronic Lower Respiratory Disease	5%	209
Accidents	5%	200
85+ Years		
Major Cardiovascular Diseases	37%	804
Malignant Neoplasms	11%	250
Alzheimer's Disease	10%	211
Accidents	5%	114

Source: 2024 Vital Statistics, Released July 2024



PROVIDERS



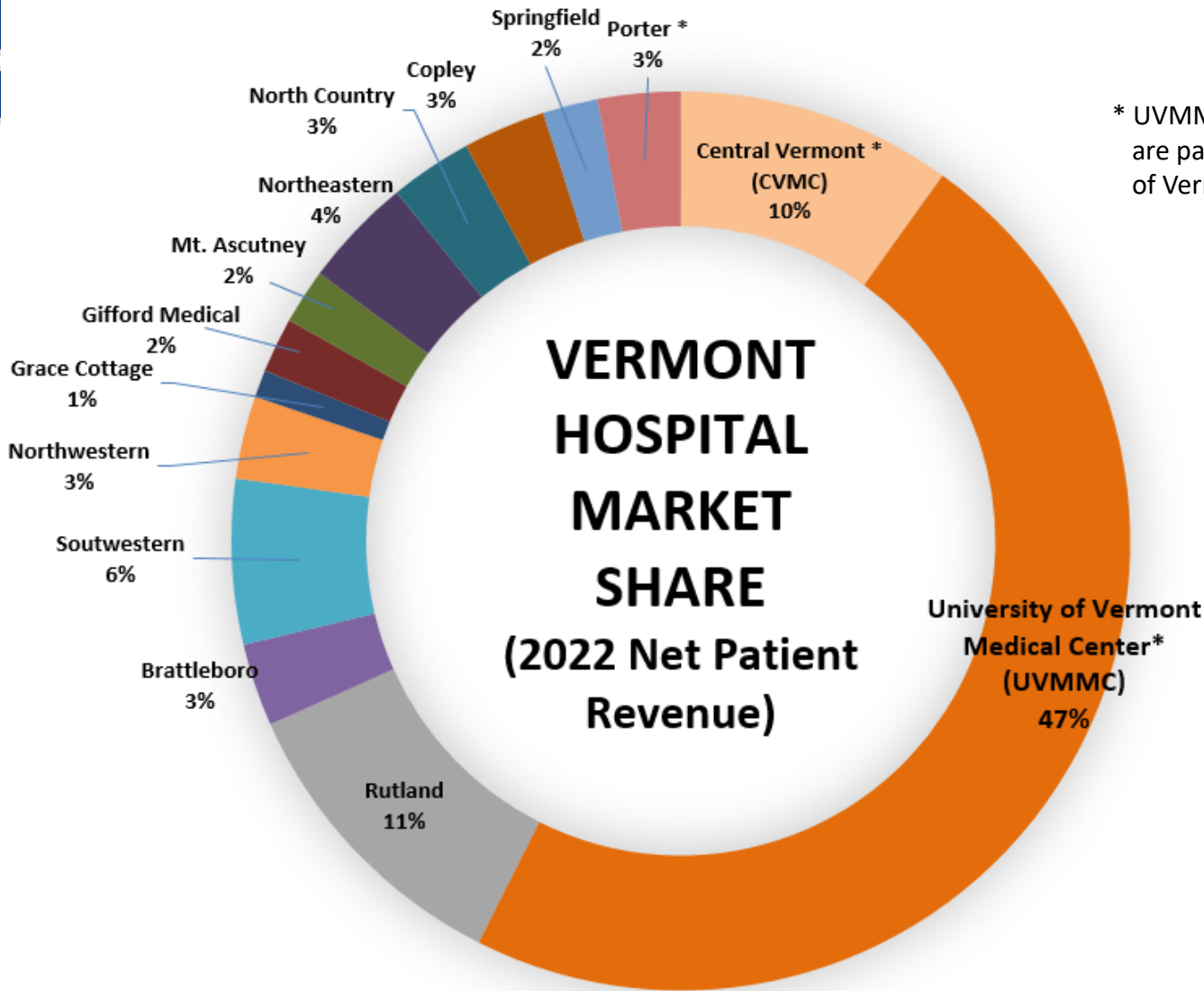


HOSPITALS

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



HOSPITALS



* UVMMC, CVMC, and Porter are part of the University of Vermont Health Network.

**VERMONT
HOSPITAL
MARKET
SHARE
(2022 Net Patient
Revenue)**

Source: Bartholomew-Nash & Associates, Presentation to the GMCB, July 15, 2024



HOSPITALS *By the numbers (2022)*



- Total estimated operating expenses for Vermont Hospitals (2022) was **\$3.5 billion**.
- There were a total of **238,919 visits** to Vermont hospital Emergency Departments that did not result in an admission to the hospital.
 - *UVMMC accounted for 21% of all these visits.*
- There were **44,618 inpatient discharges**.
 - *The average length of stay across the system was 5.8 days.*
 - *Those ages 65 or older accounted for half of all inpatient discharges.*
 - *Medicare was the principal payer over 50% of the time, followed by private insurance (25%) and Medicaid (18%).*
 - *UVMMC accounted for 44% of all inpatient discharges and 64% of total inpatient charges in Vermont.*
 - *Pregnancy related procedures were the most frequent inpatient procedures during hospitalization.*
- There were a total of **140,554 outpatient visits**.
 - *UVMMC accounted for 44% of all outpatient visits in Vermont.*
 - *Medicare was the principal payer 49% of the time, followed by private insurance (35%) and Medicaid (12%).*

UVMMC = The University of Vermont Medical Center

Sources: 2020 Vermont Hospitals Report, republished February 2022 – September 2024.





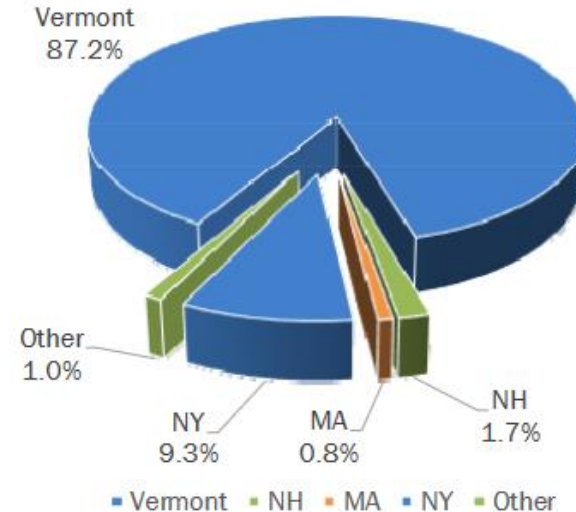
HOSPITALS In-State Migration

- Statewide, approximately 13% of total inpatient discharges were for out of state residents. The amount varies widely by hospital/region

Percent of out of state residents to total inpatient discharges (2022)

Hospital	Town	%
Southern Vermont Medical Center	Bennington	29%
Mount Ascutney Hospital	Windsor	27%
Brattleboro Memorial Hospital	Brattleboro	20%
University of Vermont Medical Center	Burlington	17%
Springfield Hospital	Springfield	12%
Porter Medical Center	Middlebury	9%
Rutland Regional Health Center	Rutland	7%
Northeastern Vermont Regional Hospital	St. Johnsbury	5%
Copley Hospital	Morrisville	3%
Gifford Medical Center	Randolph	3%
Central Vermont Medical Center	Berlin	3%
Grace Cottage Hospital	Townshend	2%
North Country Hospital	Newport	2%
Northwestern Medical Center	St. Albans	1%
ALL HOSPITALS		13%

What states patients come from when seeking hospital care in Vermont (2020)



Source:
 2020 Vermont Hospitals Report, republished February 2022.
 Green Mountain Care Board 2020 Expenditure Analysis
 (released May 2022).

- Out-of-State migration harder to estimate.
 - For example, many Vermonters seek medical Care at Dartmouth Hitchcock Medical Center in New Hampshire but the data are limited.

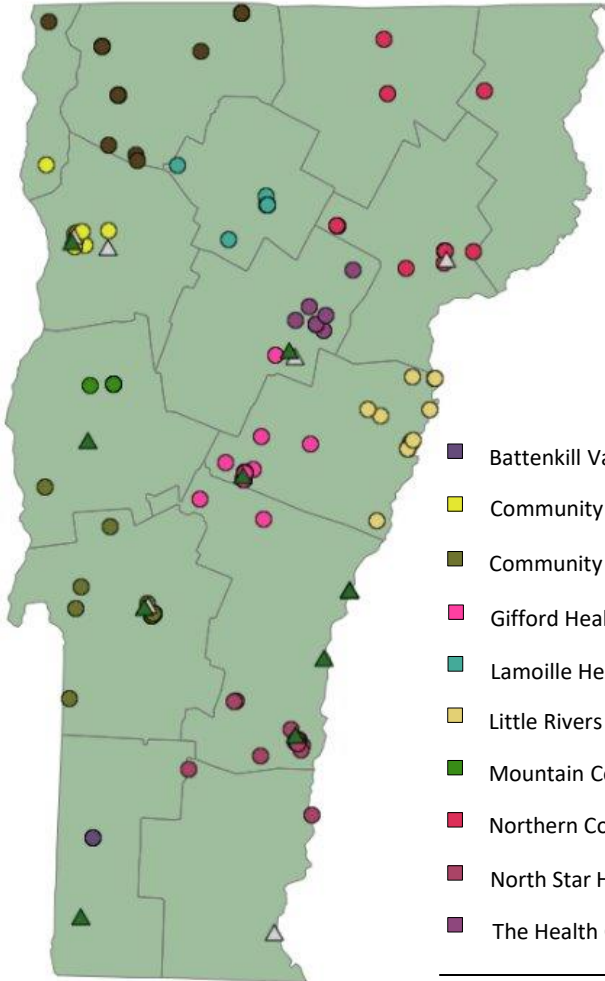


FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

- FQHC's are a federally defined clinical model that 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 of all patients regardless of payer or ability to pay and offer sliding fee scales.
- FQHCs have a larger regulatory burden, including over 90 requirements tied to FQHC status.
- FQHC's receive rates established by the federal Government from Medicare and Medicaid.



FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)



- Battenkill Valley Health Center (FQHC)
 - Community Health Centers (FQHC)
 - Community Health (FQHC)
 - Gifford Health Care (FQHC)
 - Lamoille Health Partners (FQHC)
 - Little Rivers Health Care (FQHC)
 - Mountain Community Health (FQHC)
 - Northern Counties Health Care (FQHC)
 - North Star Health (FQHC)*
 - The Health Center (FQHC)
-
- △ Planned Parenthood of Northern New England (CHC)
 - ▲ Vermont Free and Referral Clinics*

* North Star Health also has a location in Charlestown, NH
 * A VFRC member, Good Neighbor Health Clinic, also has a location in Lebanon, NH

- 11 FQHCs in Vermont
- 92 primary care sites across all 14 counties
 - *Note: There were only 7 sites in 2000.*
- Served over 198,334 Vermonters in 2023

Source: Bi-State Primary Care Association



LONG TERM CARE



- 36 Nursing homes facilities
 - 33 participate in Medicaid (including the Vermont Veteran's home)
 - Approx. 2,930 total beds (as of October 2024)
- 9 Home health agencies
- 18 Assisted Living Residences
- 85 Residential Care Homes
- 9 Hospice programs



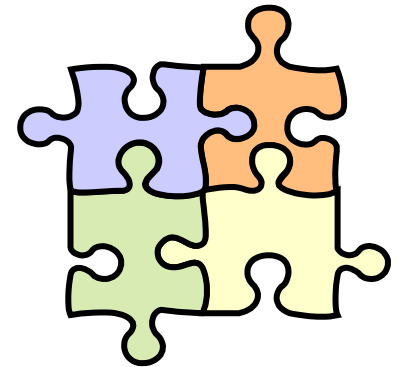
Source: Vermont Department of Disabilities, Aging, and Independent Living



MENTAL HEALTH

Providers Include:

- Designated Agencies (DA's) Specialized Services Agencies (SSA's)
- "Designated" Hospitals
- Brattleboro Retreat
- Vermont Psychiatric Care Hospital (VPCH) in Berlin



MENTAL HEALTH

Designated Agencies (DA's) and Specialized Services Agencies (SSA's)

- Created by state statute ([18 V.S.A. § 8907](#)).

§ 8907. Designation of agencies to provide mental health and developmental disability services

(a) Except as otherwise provided in this chapter, the Commissioners of Mental Health and of Disabilities, Aging, and Independent Living shall, within the limits of funds designated by the General Assembly for this purpose, ensure that community services to persons with a mental condition or psychiatric disability and persons with a developmental disability throughout the State are provided through designated community mental health agencies. The Commissioners shall designate public or private nonprofit agencies to provide or arrange for the provision of these services.

(b) Within the limits of available resources, each designated community mental health or developmental disability agency shall plan, develop, and provide or otherwise arrange for those community mental health or developmental disability services that are not assigned by law to the exclusive jurisdiction of another agency and that are needed by and not otherwise available to persons with a mental condition or psychiatric disability or a developmental disability or children and adolescents with a severe emotional disturbance in accordance with the provisions of 33 V.S.A. chapter 43 who reside within the geographic area served by the agency. (Added 1979, No. 108 (Adj. Sess.), § 2; amended 1987, No. 264 (Adj. Sess.), § 11; 2005, No. 174 (Adj. Sess.), § 47; 2007, No. 15, § 15; 2013, No. 96 (Adj. Sess.), § 115; 2023, No. 6, § 218, eff. July 1, 2023.)



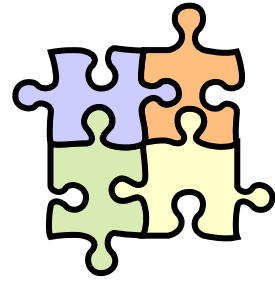
MENTAL HEALTH

Designated Agencies (DA's) and Specialized Services Agencies (SSA's)

- 11 Designated Agencies (DA's) and 7 Specialized Services Agencies (SSA's) serve Vermont
 - DA's have specific geographical catchment areas whereas SSAs do not.
 - 9 DA's provide comprehensive Mental Health (MH) and Disability Services (DS)
 - 1 region has separate DA's for MH and DS – Orange County
 - 5 specialized service agencies for DS only
 - 2 specialized service agencies for MH only (one for adults and one for youth)
 - 9 DA's are the Preferred Providers for substance use supports



MENTAL HEALTH



“Designated” Hospitals

- “Designated” Hospitals are hospitals that have inpatient psychiatric units.
- The Dept. of Mental Health (DMH) currently designates 6 hospitals to provide psychiatric care in Vermont.
 - Brattleboro Retreat, CVMC, Rutland Regional, UVMHC, VA Hospital (White River Junction), and Windham Center (at Springfield Hospital)

Brattleboro Retreat

- Private non-profit mental health and addiction hospital that provides comprehensive inpatient, partial hospitalization, and outpatient treatment services for children, adolescents, and adults.

Vermont Psychiatric Care Hospital (VPCH) in Berlin

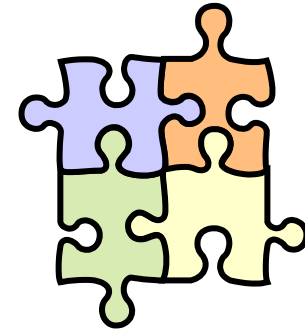
- Vermont’s primary hospital for involuntary mental health patients.
- 25 beds
- Run by DMH



MENTAL HEALTH

In all, there are **181 adult psychiatric inpatient beds** across the system of care.*

- 25 @ Vermont Psychiatric Care Hospital
- 24 @ Rutland Regional Medical Center
- 68 @ Brattleboro retreat
- 14 @ Central Vermont Medical Center
- 12 @ VA Hospital in White River Junction
- 28 @ University of Vermont Medical Center
- 10 @ Windham Center



57 of the beds listed above are level 1 beds

Level 1 = hospitalization stay for people who are the most acutely distressed and require additional resources

Level 1 Beds

Brattleboro Retreat	26
Rutland Regional Medical Center	6
Vermont Psychiatric Care Hospital	25

* Number of beds as of 9/25/24



MENTAL HEALTH

MENTAL HEALTH SYSTEM OF CARE



Key to Provider Symbols

- BLUE: ADULTS SYSTEM OF CARE
- GREEN: CHILD, YOUTH & FAMILY SYSTEM OF CARE
- ORANGE: SERVICES IN BOTH YOUTH & ADULTS

Inpatient Hospitalization
229 total beds

Children & Adolescent 1 Facility 30 Beds 	General Inpatient (Adult) 7 Facilities 142 Beds 	Level One Inpatient (Adult) 3 Facilities 57 Beds
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Secure Residential
16 total beds

River Valley 1 Facility 16 Beds
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Intensive Residential & Treatment Programs
92 total beds

Youth Residential (PNMI) 5 Residences 45 Beds 	Intensive Recovery Residential 5 Residences 42 Beds 	Peer-run Residential 1 Residence 5 Beds
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Crisis Supports & Response
56 total beds

Children's Crisis Stabilization Program 1 Facility 6 Beds 	Youth Hospital Diversion Program 2 Facilities 12 Beds 	Mental Health Urgent Care for youth 	Mental Health Urgent Care for Adults 	Adult Crisis Beds 12 Facilities 38 Beds 	Crisis Assessment, Support & Referral Continuing Education & Advocacy 	988 Crisis Lifeline Centers & Mobile Crisis Response
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Community Mental Health
174 total beds/109 vouchers

Micro-residential (HCBS) 3 Homes 9 Beds 	Youth Group Homes (PNMI) 4 Homes 13 Beds 	Group Residential Homes 19 Homes 152 Beds 	Shelter & Care Vouchers DMH Housing Vouchers 	<ul style="list-style-type: none"> • Individual, family, and group therapy • Clinical assessment • Medical consultation and medication • Service planning and coordination • Community supports & employment services • Schools/PCP/Early care & learning ctrs (youth only) • Peer programming (adults only) • Prevention work (youth only)
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- Peer-run Services & Residential Care
- Department of Mental Health
- Designated and Specialized Services Agencies
- Private Providers



WORKFORCE – Physicians

	Number				Fill-Time Equivalent (FTEs)			
	2018	2022	Change		2018	2022	Change	
TOTAL	2,473	3,112	639	26%	1,368	1,394	25	2%
Primary Care	615	569	-46	-7%	436	406	-30	-7%
Specialty Care	1,858	2,543	685	37%	932.1	987.2	55	6%

- 3,112 (1,394 FTEs) Physicians providing patient care in Vermont
 - Includes 980 who provided telemedicine only. Excludes residents and fellows.
 - 20% (or 30% of FTEs) provided mainly primary care
 - While there was a 26% increase in the number of physicians between 2018 and 2022, it only translated into a 2% increase in FTEs.
 - All of the growth was in specialty care. Primary care saw a decrease in the number of providers.
 - Increases were especially large in hospitalists and emergency medicine
 - Some specialties saw decreases
 - 20% graduated from medical school or completed residency training in Vermont
 - 8% both graduated from UVM Medical school and did a resident in Vermont (UVMHC)
 - 65% are 45 years of age or older
 - 26% are over the age of 60



Source: Vermont Department of Health, Health Care Workforce Data



WORKFORCE – Physicians Assistants

(2020 data, released Nov. 2022)

- 356 (297.3 FTEs) PA's providing care
 - 114 (32%) worked mainly in primary care
 - 8 (5 FTEs) more than in 2016
 - 242 (68%) worked mainly in specialty Care
 - 40 (33 FTEs) more than in 2016
 - There are no PAs training programs in Vermont.
 - 44% are under the age of 40
 - 45% are between the ages of 40-59
 - 11% are over the age of 60



Source: Vermont Department of Health, Health Care Workforce Data





WORKFORCE - Nurses

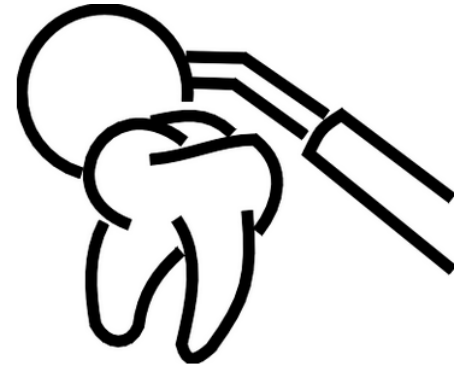
	Licensed in VT	Practicing in VT	Average Age	% Under age 44	% Over age 65	Pursuing further Nurse Education (%)	Full-time (%)	% Traveling Nurse	Data Year
Advanced Practice Registered Nurses (APRNs)	868	84%	49 (median)	52%	60+ = 29%	-----	23%	-----	2019
Registered Nurses (RNs)	14,206	Approx. 76%	48	42%	13%	11%	22%	3%	2021
Licensed Practical Nurses (LPNs)	1,582	82%	Approx. 49	41%	10%	13%	69%	10%	2022
Licensed Nursing Assistants (LNAs)	3,766	76%	38 (median)	64%	10%	14%	43%	-----	2022

Source: Vermont Department of Health, Health Care Workforce Data



WORKFORCE - Dentists

- 393 Dentists (297 FTEs)
 - 315 provide mainly primary care
 - 30% were under age 40
 - 39% were age 55 or older
 - 18% were age 65 or older
 - 30% (123) are solo practices
 - Between 2017 and 2021, the net number of dentists increased by 12
 - But 14 less dentists were providing at least 30 or more hours of care per week.
 - While most are accepting new patients, only half are accepting new Medicaid patients.



Source: Vermont Department of Health, 2021 Survey of Dentists (released September 2024)



PAYERS

(Insurance Coverage)



INSURANCE COVERAGE

Private / Commercial Insurance

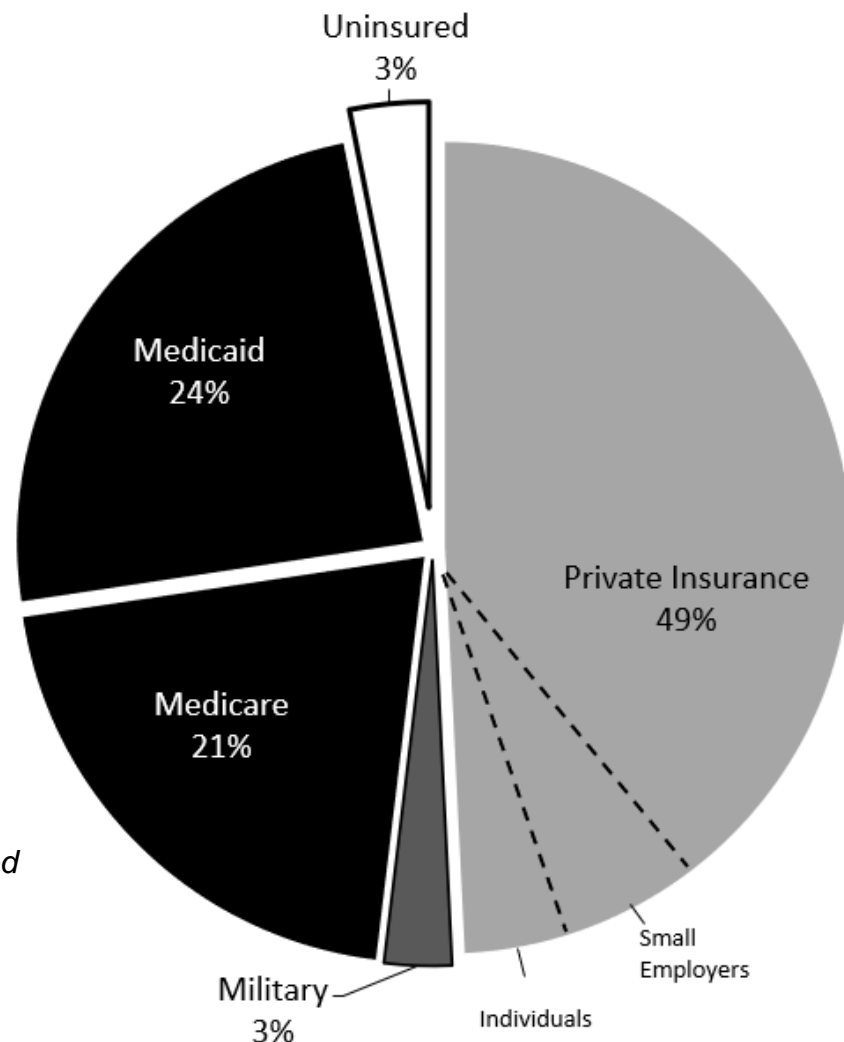
- Employer-based
- Individual Market

Government

- Medicare
- Medicaid

Military

Health Coverage by Source (2021)



Notes:

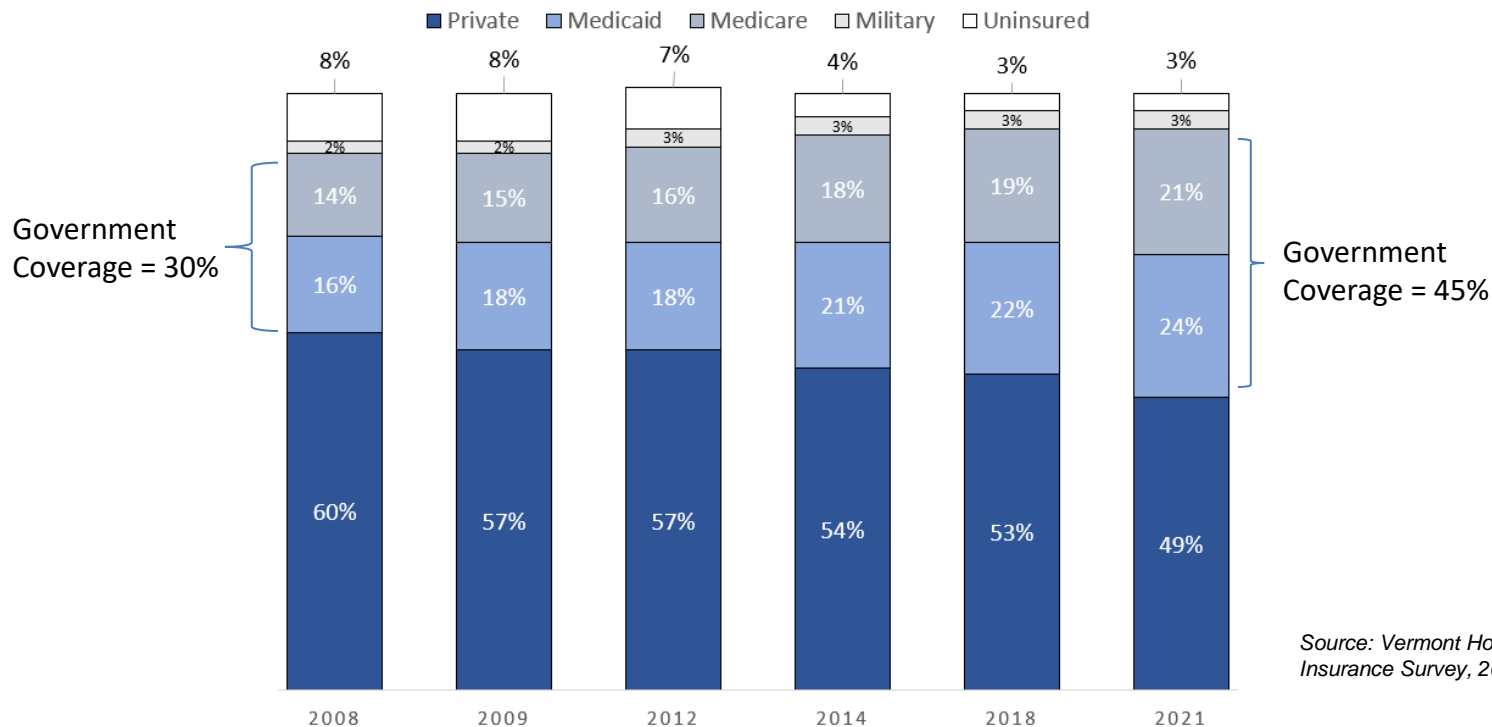
1) Chart = Primary source of health coverage by source (Vermont Household Health Insurance Survey, 2021)

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.



Context: Insurance Coverage

PRIMARY TYPE OF INSURANCE



Between 2008 and 2021:

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

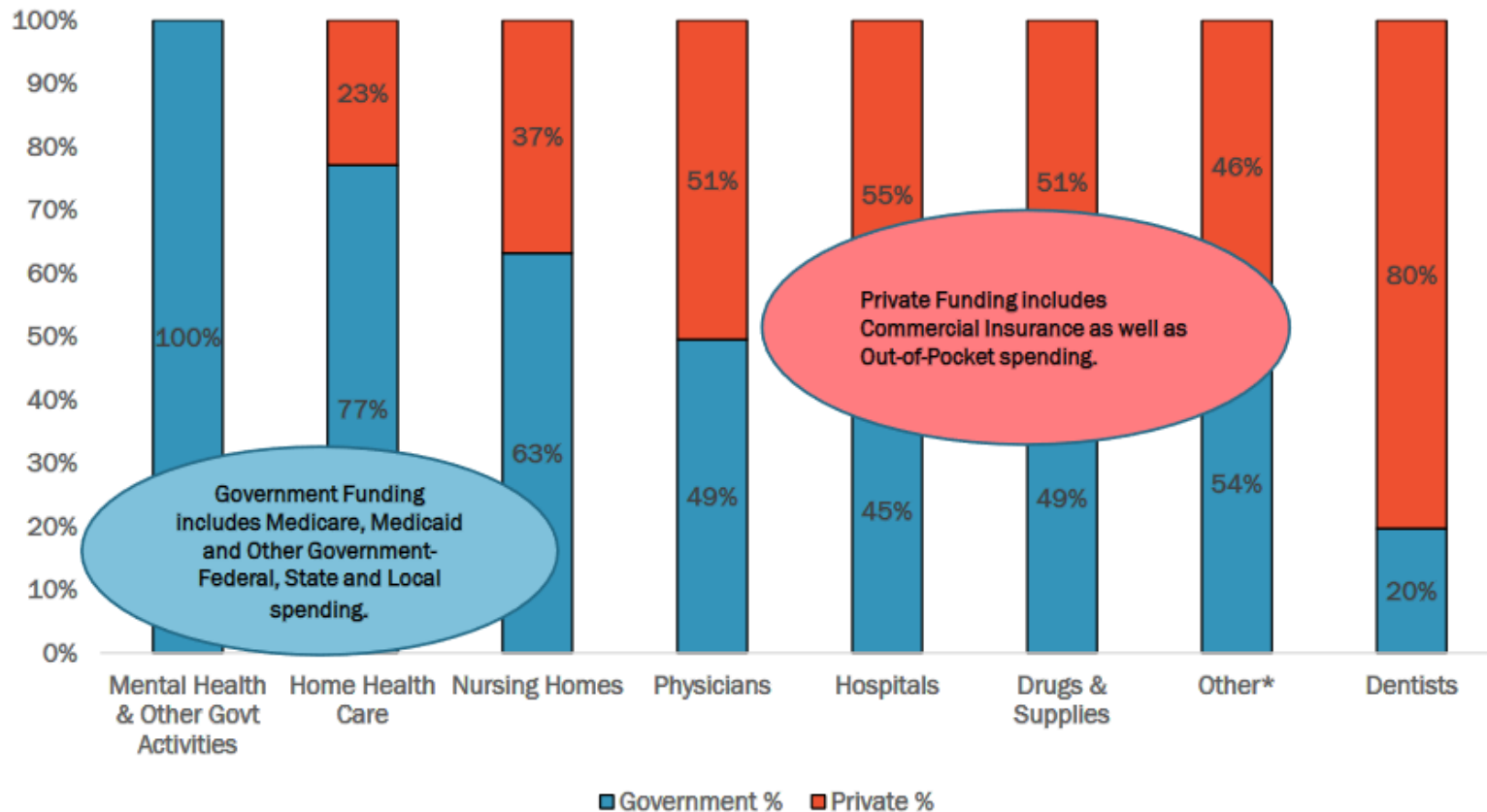
Present:

- This trend likely continued through the 2023. However, it will be important to see how the post-pandemic Medicaid redetermination may have impacted this trend, if/when a new Vermont Household Health Insurance Survey is conducted (last conducted in 2021).



INSURANCE COVERAGE

Government vs. Private Funding by Provider Category

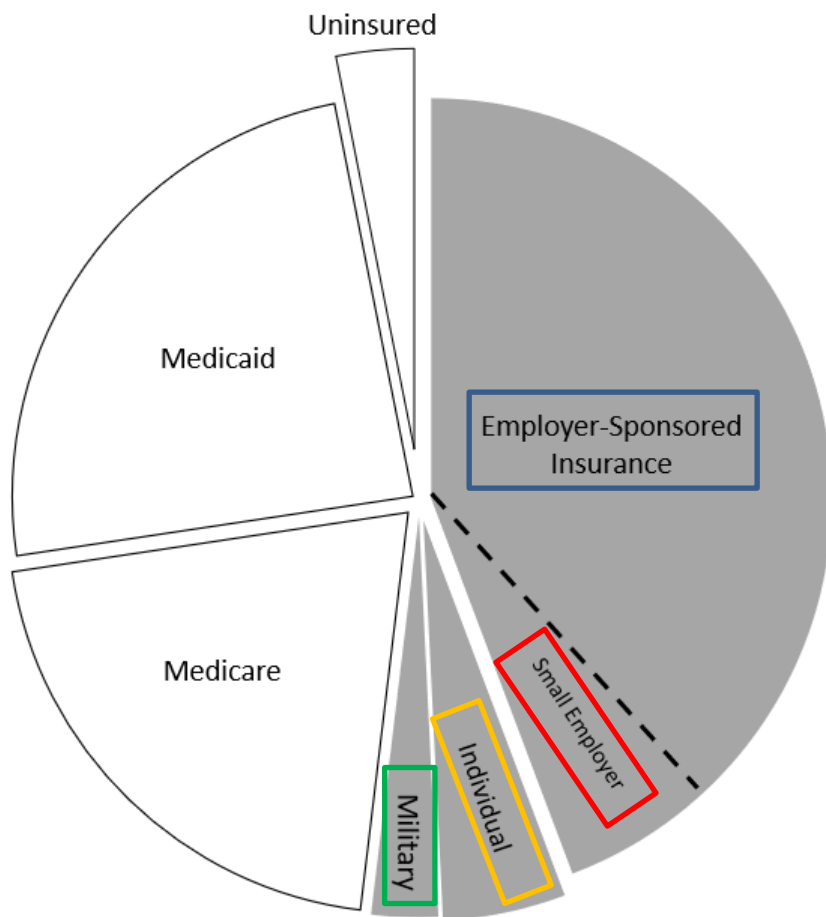


*"Other" includes services rendered by other professionals, durable medical equipment suppliers, vision providers, and other miscellaneous providers.

Source: Green Mountain Care Board, Expenditure Analysis 2020, Released May 2022.



PRIVATE / COMMERCIAL INSURANCE



➤ Employer-based

- Self-insured
 - Self-insured employer plans
 - Federal Employee Plan
- Insured
 - Large Group ★
 - Small Group ★

➤ Individual Market ★

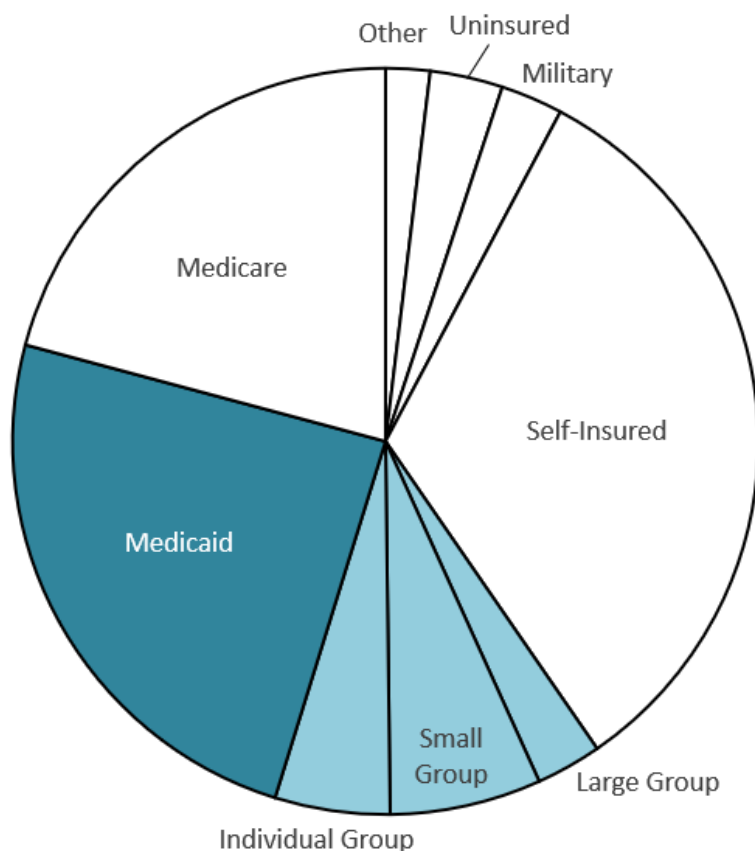
- Qualified Health Plans
- Reflective Plans

➤ Military

★ = Regulated by the State



PRIVATE / COMMERCIAL INSURANCE



➤ Regulated/Influenced by the State

- Individual Market
- Small Group
- Large Group
- MEDICAID (through State Budget)

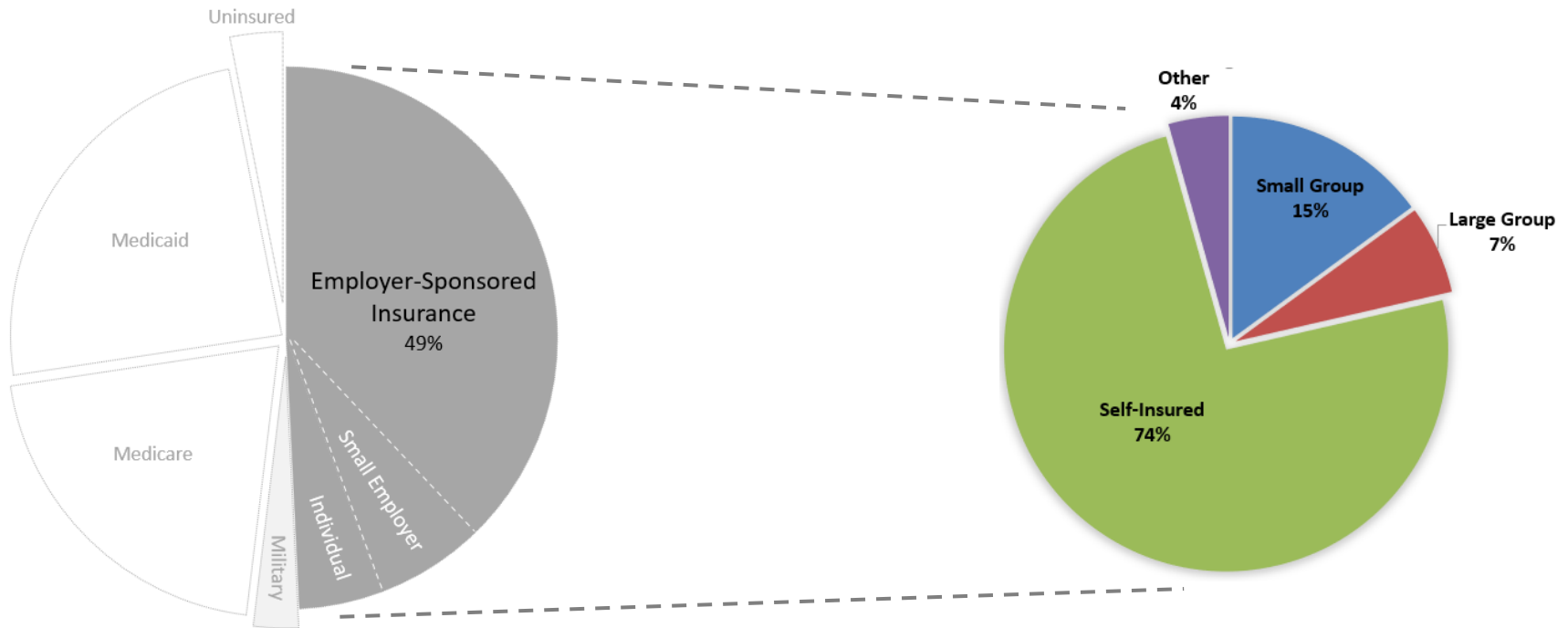
➤ Not Regulated/Influenced by the State

- Self-Insured Employer Plans
- Medicare
- Military



PRIVATE / COMMERCIAL INSURANCE

- Approximately half (49%) of Vermonters have private insurance*
 - Most private insurance plans are through an employer-related SOURCE (employer-sponsored insurance (ESI), COBRA, or retirement plan)
 - **Approx. 3/4 of ESI plans are self-insured plans**



* 2021 Vermont Household Health Insurance Survey (VHHIS)

** Health Insurance Map, Dept. of Vermont Health Access



PRIVATE / COMMERCIAL INSURANCE

INSURED

vs.

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



A QUICK NOTE:

Health Benefits Exchange ("The Exchange")



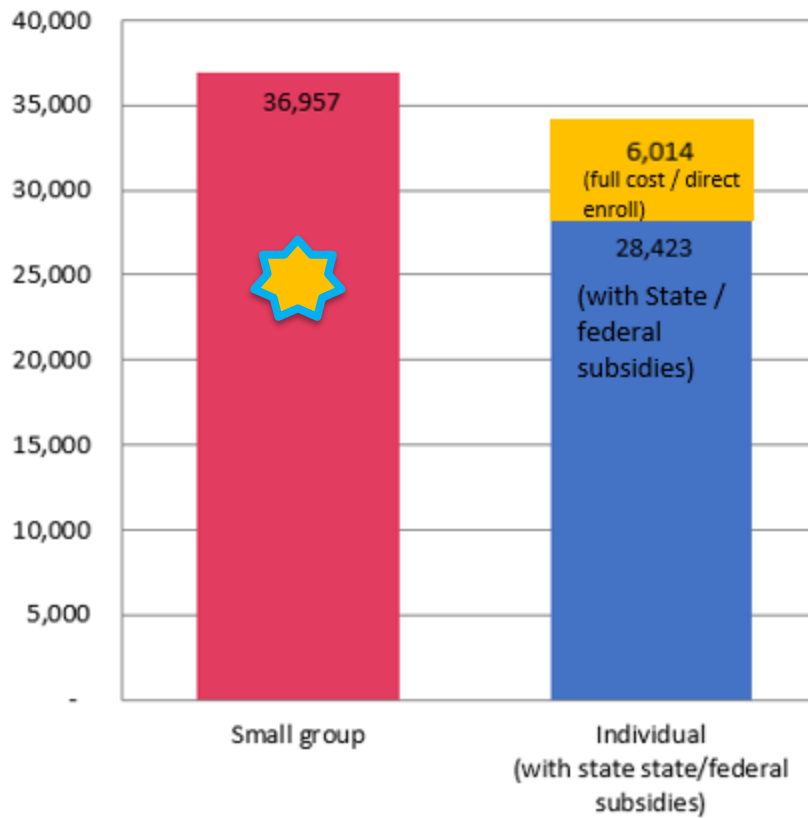
- Established under the Affordable Care Act (ACA)
- Online marketplace for Individuals and Small businesses (≤ 100 employees) to purchase health insurance plans and access financial assistance (if eligible).
- ***Vermont Health Connect (VHC)*** is Vermont's Health Benefit Exchange.
- VHC is administered by the Department of Vermont Health Access (DVHA)
 - DVHA is part of the Agency of Human Services (AHS)



PRIVATE / COMMERCIAL INSURANCE

Individual and Small Group Markets

Enrollment in the Individual & Small Group Markets
(June 2024)



Small employer

- defined as up to 100 employees
- Approx. 37,000 people were covered by small group plans (June 2024)

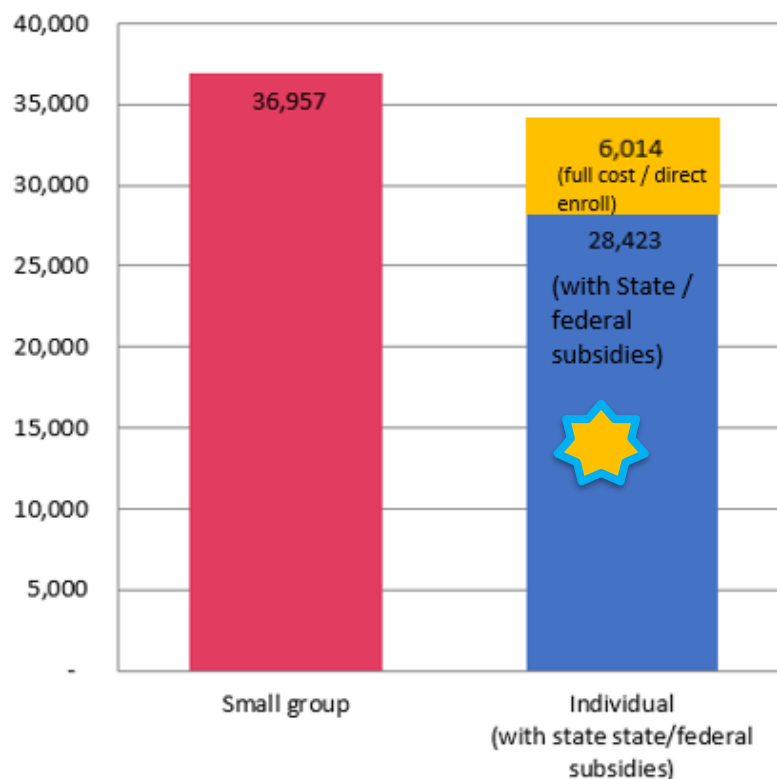
Source: Dept. of Vermont Health Access, Health Insurance Map – June 2024



PRIVATE / COMMERCIAL INSURANCE

Individual and Small Group Markets

Enrollment in the Individual & Small Group Markets
(June 2024)



Source: Dept. of Vermont Health Access, Health Insurance Map – June 2024

Individual Plans

- Approx. 34,437 people were covered by individual plans (June 2023)
- 82% were receiving financial assistance (state and/or federal).
 - Federal advanced premium tax credits (APTC)
 - 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



MILITARY

- Coverage based on current or previous military service
 - Includes Veteran's Administration (VA).
- Approximately 3% of Vermonters (16,600) have Military coverage*

* Source: 2021 Vermont Household Health Insurance Survey



THE UNINSURED

RATE OF UNINSURED

Survey Year	Uninsured		Difference from 2021
	#	%	
2021	19,400	3.1%	
2018	19,800	3.2%	400
2014	23,200	3.7%	3,800
2012	42,800	6.8%	23,400

According to the **2021 Vermont Household Health Insurance Survey**, of the uninsured approximately:

- 20% were eligible for Medicaid.
- 52% were eligible for state and/or federal subsidies through the VT Health Connect.
- 33% had access to employer-sponsored health insurance.
 - 51% cite cost as the primary reason they did not have insurance.

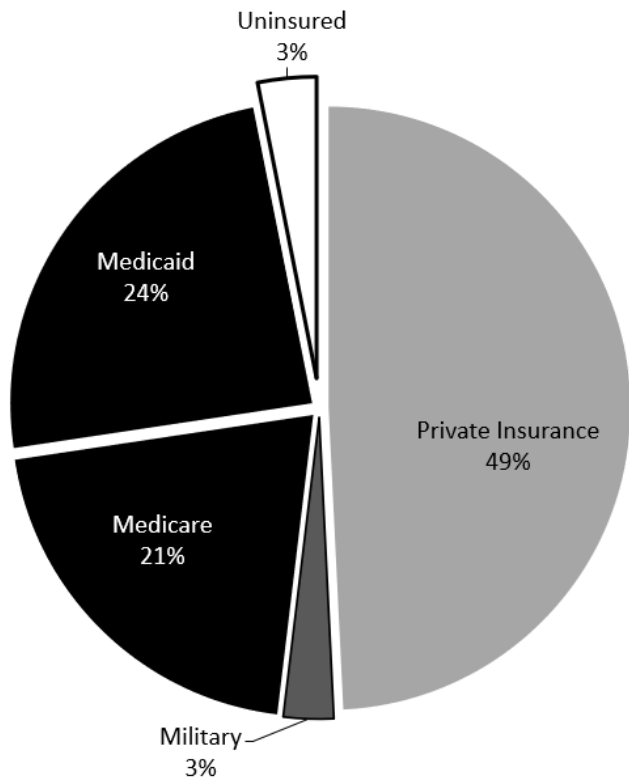
Source: 2021 Vermont Household Health Insurance Survey



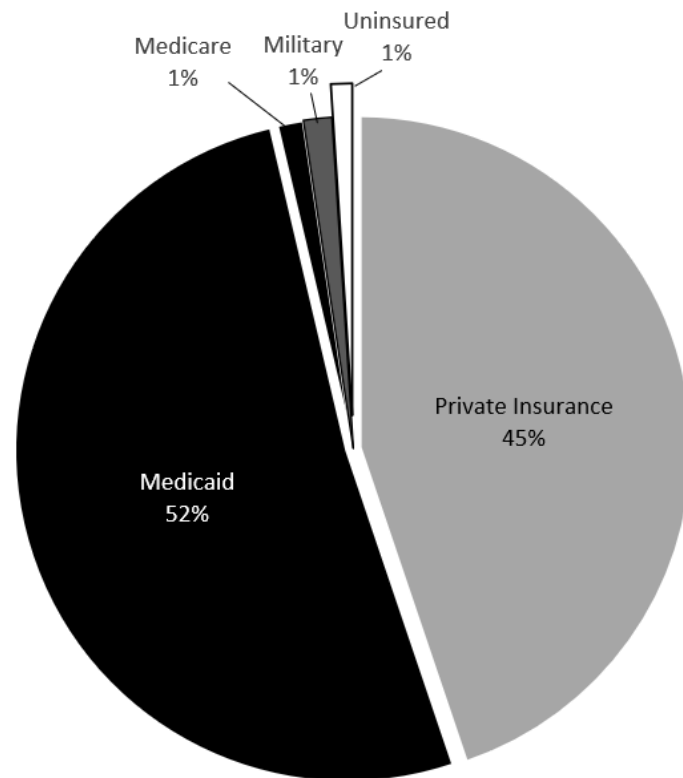
Coverage of Children

Health Coverage by Source (2021)

Total Vermont Population



Kids aged 17 and under



- Only 1% (1,200) of kids in Vermont were uninsured.
- More than 50% of kids in Vermont had Medicaid coverage.

Source: 2021 Vermont Household Health Insurance Survey



PUBLIC

MEDICARE & MEDICAID



A QUICK NOTE:

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

(2021 Data)

- Federal Program (no state involvement)
- Roughly 120,000-130,000 (21%) Vermonters have Medicare coverage
- Most (87%) are over 65 years old
 - Plus 1,500 (or 1%) are 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 27% (27,700 people) between 2012 and 2021.



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.”



Vermont Medicaid

**VT Medicaid is administered by the
Department of Vermont Health Access (DVHA)**



*Green Mountain Care is the “umbrella” name
of all the State-sponsored health programs
under Vermont Medicaid.*



Medicaid

(As of July 2024)

NATIONWIDE

Approximately 80 million individuals nationwide had coverage through Medicaid or CHIP (approx. 23% of Americans).

- CHIP = Children's Health Insurance Program.

VERMONT

Approx. 197,000 (1/3) of Vermonters received some form of assistance through Medicaid (including CHIP).

- Primary source of coverage:
 - Approximately **151,000** Vermonters (approx. 26%).
- Partial or supplemental assistance for approx. **46,000** 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
 - *Act 48 of 2021 provided for state-only coverage for all income-eligible children and pregnant women regardless of immigration status.*
 - 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.



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		

Medicaid – Global Commitment

- Global Commitment to Health (“Global Commitment”) is the name of the agreement between Vermont and CMS* that is used to administer the vast majority of Vermont’s 2.3 billion Medicaid program.
- GC is a Section 1115 Demonstration (often referred to as “a waiver”) that waive certain provisions of Medicaid law and give states flexibility and encourage state innovations in designing state Medicaid programs.
 - Must be budget neutral to the federal government.
 - Waivers generally reflect a states priorities and goals.
 - At least 47 states had at least one approved and/or pending 1115 waiver (2020).
- GC has enabled VT to implement many programs that would not have received federal dollars in the absence of the waiver.
- The current agreement is effective July 1, 2022 through December 31, 2027

* CMS = the Centers for Medicare and Medicaid Services



A QUICK NOTE:

‘Dual-Eligibility’

- Eligible for both Medicare and Medicaid
 - Medicare is payer of first resort
 - Counted in Medicare totals on previous slide
- Approx. 22,500 lives (2024)
- The Vermont Agency of Human Services (AHS) spends over \$600 million per year on “duals” for health care and other support services agency-wide

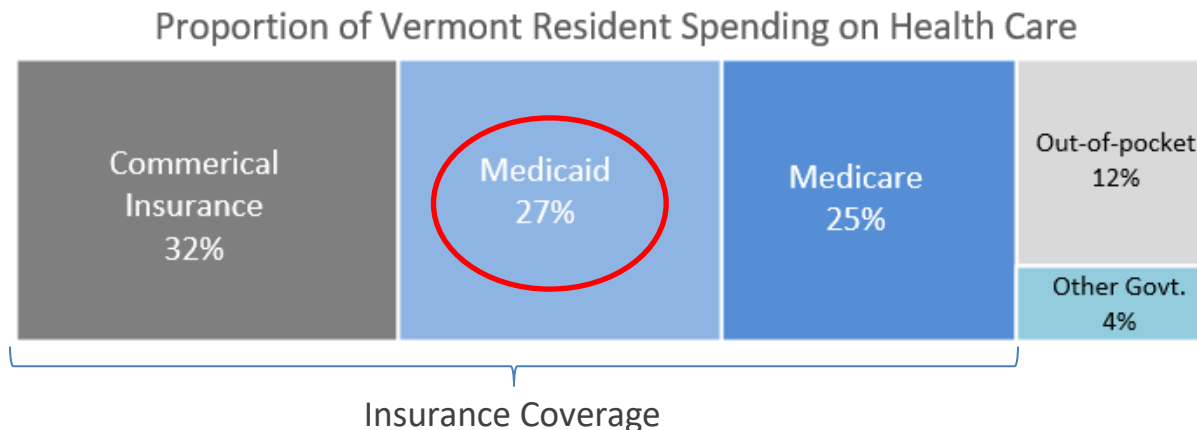


Context: Overall Health Spending

IN 2020, VERMONTERS SPENT \$6.37 BILLION ON HEALTH CARE

Note: At this time, we do not have more up to date data on TOTAL health care spending in Vermont.

- **Medicaid** accounted for **27%** of Vermonters health spending in 2020.
 - This has state budget implications.

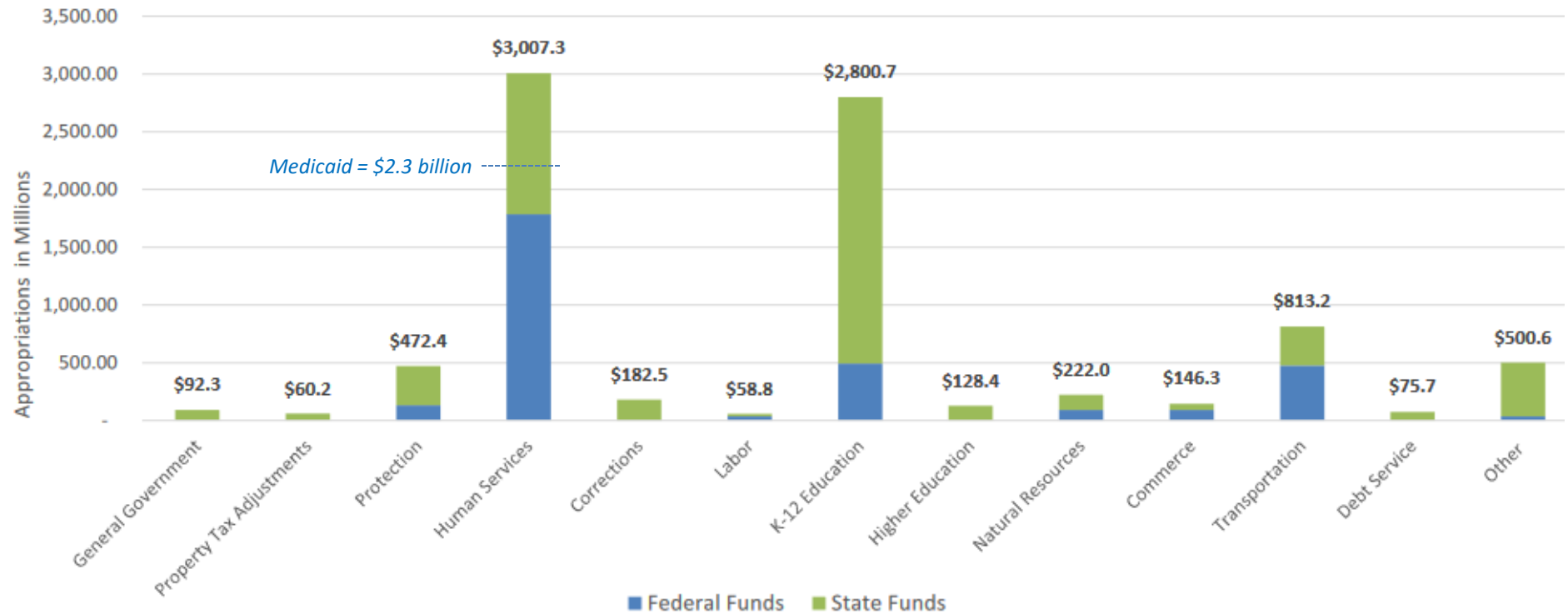


Source: 2020 Vermont Health Care Expenditure Analysis (published May 2022)



Context: State Budget (2024 illustration)

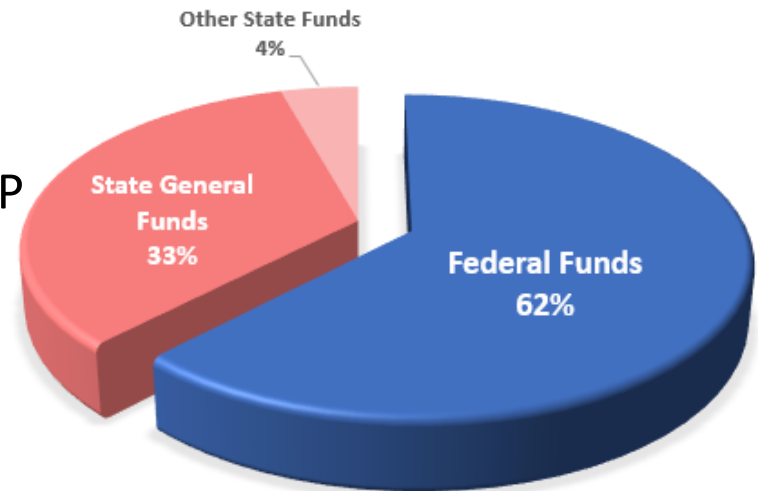
FY 2024 Appropriations by Area of Government – \$8.56 Billion



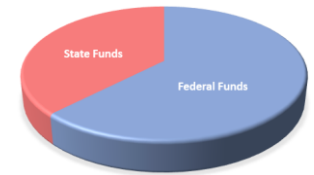
MEDICAID FINANCING



- Overall FY 2024 Medicaid expenditures = \$2.3 billion (gross)
- Medicaid is funded through a combination of both State and Federal matching dollars.
 - In FY'24 total federal participation accounted for approximately 62% of overall Medicaid spending in Vermont.
 - Federal matching dollars range between 50% to 90% depending on the program and/or the expenditure.
- Most (not all) of the federal funds for the State's Medicaid program are from the FMAP (Federal Medical Assistance Percentage)



Federal Medical Assistance Percentage (FMAP)



- FMAP is the share of state Medicaid benefit costs paid by the federal government
- 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% or more than 83%

<i>COMPARISON OF FMAPs - Selected States (FFY 2026)</i>			
<u>New England States</u>	<u>Highest FMAP</u>	<u>Lowest FMAP (50% FMAP)</u>	
CT, NH, MA = 50%	Mississippi (76.90%)	California	New Hampshire
RI = 57.50% ↑	West Virginia (74.22%) ↑	Colorado	New Jersey
Vermont = 59.01% ↑	Alabama (72.63%) ↓	Connecticut	New York
Maine = 61.29% ↓	New Mexico (71.66%) ↓	Maryland	Washington
		Massachusetts	Wyoming
↑ = Increased from previous year			
↓ = Decreased from previous year			

- States also receive “enhanced FMAPs” for expansion populations under the ACA and for the *Children’s Health Insurance Program (CHIP)*



Federal Medical Assistance Percentage

SFY 2026 RATES

Federal Medical Assistance Percentage (FMAP)

- 58.81% Federal / 41.20% State
- Applied to the majority Medicaid expenditures

Enhanced FMAPs

Children's Health Insurance Program (CHIP)

- 71.17% Federal / 28.84% State
- Applied to Medicaid expenditures for approx. 4,400 low-income children

Childless New Adults

- 90% Federal / 10% State
- Applied to the Medicaid expenditures for approx. 41,000 childless adults
- Enacted as part of the Affordable Care Act

STATE SHARE

\$1.00



GROSS

\$2.43



=

\$1.00



\$3.47



=

\$1.00



\$10.00

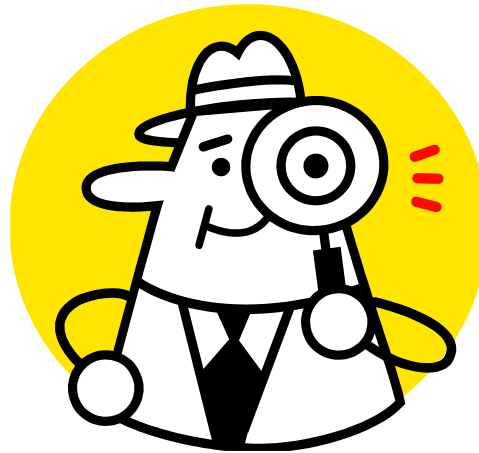


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* The State fiscal year is different than the federal fiscal year. As such, the state uses a blended match rate to calculate SFY FMAP rates.



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:

The Green Mountain Care Board

- Created in 2011 (Act 48)
- Five-member board, appointed by the Governor for 6-year terms.
- Regulate health insurance rates, hospital budgets, Accountable Care Organizations, and major capital expenditures (certificate of need).
- Supports Vermont's health care innovation and payment reform efforts (such as the Vermont All-Payer Model).
- Data and analytic responsibilities (such as maintaining Vermont's all-payer claims database and other data).
- <https://gmcboard.vermont.gov/>
- Statutory purpose can be found at [18 V.S.A. § 9372](#)



2024 FEDERAL POVERTY LEVELS (FPLs)

Monthly

Household Size	100%	138%	150%	200%	250%	300%	400%
1	\$1,255	\$1,732	\$1,883	\$2,510	\$3,138	\$3,765	\$5,020
2	\$1,703	\$2,351	\$2,555	\$3,407	\$4,258	\$5,110	\$6,813
3	\$2,152	\$2,969	\$3,228	\$4,303	\$5,379	\$6,455	\$8,607
4	\$2,600	\$3,588	\$3,900	\$5,200	\$6,500	\$7,800	\$10,400
5	\$3,048	\$4,207	\$4,572	\$6,097	\$7,621	\$9,145	\$12,193
6	\$3,497	\$4,825	\$5,245	\$6,993	\$8,742	\$10,490	\$13,987

Annually

Household Size	100%	138%	150%	200%	250%	300%	400%
1	\$15,060	\$20,783	\$22,590	\$30,120	\$37,650	\$45,180	\$60,240
2	\$20,440	\$28,207	\$30,660	\$40,880	\$51,100	\$61,320	\$81,760
3	\$25,820	\$35,632	\$38,730	\$51,640	\$64,550	\$77,460	\$103,280
4	\$31,200	\$43,056	\$46,800	\$62,400	\$78,000	\$93,600	\$124,800
5	\$32,470	\$44,809	\$48,705	\$64,940	\$81,175	\$97,410	\$129,880
6	\$41,960	\$57,905	\$62,940	\$83,920	\$104,900	\$125,880	\$167,840

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

Note: New Poverty Guidelines will likely be released later in January 2025



THE END

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