

Vermont Medicaid Eligibility Groups

Presentation to House Appropriations

January 14, 2009

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NOTE:

- There are lots of ways to group enrollment categories. For purposes of this presentation we use the same format as used in E-BOARD
- MEG = Medicaid Eligibility Group

This does not include VHAP and Catamount are different

Eligibility

- Family Income and resources
- Presence of a serious illness / disability

What benefit you are eligible for depends on:

- Age
- Working
- Pregnant
- Family structure
- Insured
- Medicare (dual eligible)
- Serious illness or disability

Vermont Medicaid and other State-Sponsored Programs

- Aged, Blind or Disabled (ABD) and/or Medically Needy Adults
 - Adults, Dual Eligibles, Children
- General Medicaid
 - Often referred to as “Aid to Needy Families with Children (ANFC)”
 - Adults, Children
- SCHIP
- Underinsured Children

- VHAP / VHAP ESI
- Catamount / Catamount ESI
- Pharmacy Programs



Green Mountain Care is the “umbrella” that houses all of the State-sponsored health programs in Vermont including:

- Dr. Dynasaur
- VHAP
- Medicaid
- Catamount

www.greenmountaincare.org

ABD ~ Adults

- 18 or older
- Aged, blind, or disabled but ineligible for Medicare
- Generally includes:
 - Supplement Security Income (SSI) cash assistance recipients
 - Working disabled
 - Hospice Patients
 - Breast and cervical cancer treatment recipients
 - Medically Needy
 - Etc.
- Medically needy adults may be ABD or the parents/caretaker relatives of minor children.

ABD ~ Adults

JANUARY E-BOARD ESTIMATES

Projected Enrollment	Projected PMPM	Projected Expenditure
12,037	\$1,454.61	\$210M

PMPM = Per member per month

ABD ~ Dual Eligibles

- Eligible for both Medicare and Medicaid
- At least 65 years of age
- Below the protected income level (PIL)
- Categorized as aged, blind, or disabled

JANUARY E-BOARD ESTIMATES

Projected Enrollment	Projected PMPM	Projected Expenditure
14,453	\$637.09	\$110.5M

ABD ~ Children

- Under age 21
- Categorized as aged, blind, or disabled
- Generally includes:
 - SSI cash assistance recipient
 - Hospice patients
 - Eligible under “Katie Beckett” rules
 - Medically needy
- Medically needy children may or may not be blind or disabled

Projected Enrollment	Projected PMPM	Projected Expenditure
3,570	\$1,746.05	\$74.8M

General Adults

- Parent / Caretaker relatives of minor children including cash assistance recipients and those receiving transitional Medicaid after the receipt of cash assistance

JANUARY E-BOARD ESTIMATES

Projected Enrollment	Projected PMPM	Projected Expenditure
9,291	\$490.77	\$54.7M

General Children

- Under age 21
- Below the Medicaid protect income level (PIL)
- Receiving traditional Medicaid after the receipt of cash assistance

JANUARY E-BOARD ESTIMATES

Projected Enrollment	Projected PMPM	Projected Expenditure
51,071	\$311.89	\$191M

State Children's Health Insurance Program (SCHIP)

- Uninsured
- 18 or under
- Family income up to 300% FPL
- Eligible under the SCHIP eligibility rules in Title XXI of the Social Security Act

JANUARY E-BOARD ESTIMATES

Projected Enrollment	Projected PMPM	Projected Expenditure
3,398	\$172.55	\$7M

Underinsured Children

- Age 18 or under
- Family income up to 300% FPL
- Designed as part of the original 1115 waiver (Title XIX) to provide health coverage for children who would otherwise be underinsured
- Considered an optional expansion

JANUARY E-BOARD ESTIMATES

Projected Enrollment	Projected PMPM	Projected Expenditure
1,156	\$168.24	\$2.3M

Note on Dr. Dynasaur

- Dr. Dynasaur Beneficiaries are “bucketed” throughout different MEGS for budgeting purposes.
 - i.e. SCHIP, underinsured children, general Medicaid.

Vermont Health Access Plan (VHAP)

- 18 or older
- Uninsured
 - No coverage in the past 12 months OR
 - Lost health insurance due to qualifying event
 - Current coverage includes hospital OR Physician (but not both).
- Premium depends on FPL (0-185%): \$0 to \$49/month
- \$25 co-pay for ER visits only

Employer Sponsored Assistance (ESI) Premium Assistance

- Program for the uninsured
- Offered to eligible employees to help them enroll in their employer-sponsored plan. Criteria include:
 - Meet eligibility requirement for VHAP or Catamount
 - Household income is under 300% FPL (2,613/month – 2008)
 - Employer's plan has comprehensive benefits
 - Cheaper to provide premium assistance for employers plan than Catamount or VHAP

VHAP & VHAP ESI

JANUARY E-BOARD ESTIMATES

	Projected Enrollment	Projected PMPM	Projected Expenditure
VHAP	27,592	\$363.23	\$120.2M
VHAP ESI	956	\$173.25	\$1.98M

Catamount Health

- 18 or older
- Families who are not eligible for existing state-sponsored coverage programs
- Uninsured for the past 12 months OR
- Lost health insurance due to qualifying event
- Do not have access to adequate employer-sponsored insurance
- Premium assistance depends on income and eligibility: \$60 to \$185/month

Catamount Health & Catamount ESI

JANUARY E-BOARD ESTIMATES

	Projected Enrollment	Projected PMPM	Projected Expenditure
Catamount	6,302	\$391.33	\$29.5M
Catamount ESI	493	\$126.62	\$749K

Note: As of 11/08, there were 932 people enrolled in Catamount Health with no subsidy.

Pharmacy Only Programs

- Prescription assistance programs to help Vermonters pay for prescription medicines
- Based on income, disability status, and age.
- Programs include:
 - VPharm (I, II, and III)
 - VHAP-Pharmacy
 - VScript (I, II, III)

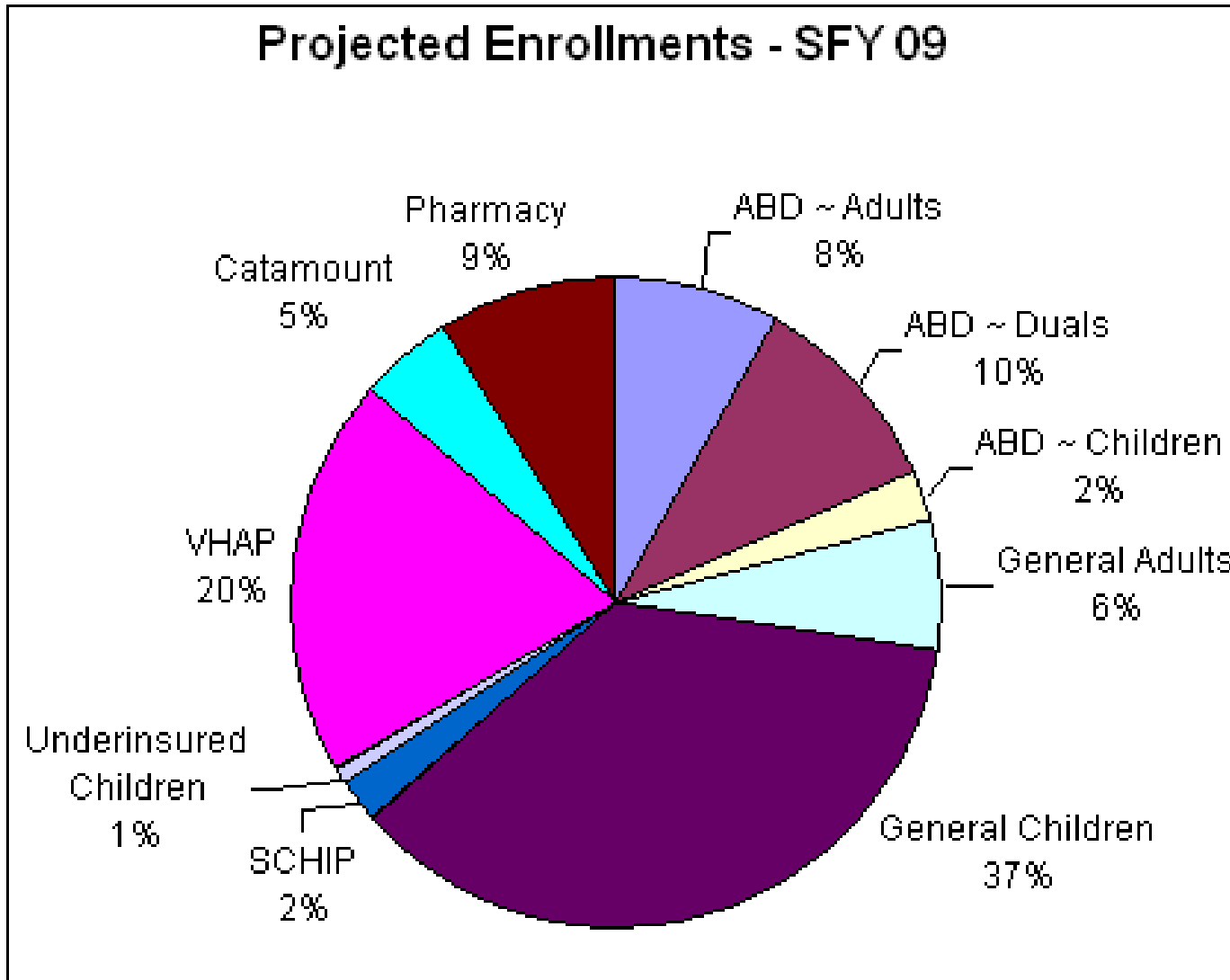
Pharmacy Only Programs

- All Pharmacy Programs assist Vermonters 65 and older and people with disabilities in paying for their prescription medicines
- Run by the Office of Vermont Health Access (OVHA)
- **VPHARM** – Help Vermonters who qualify for Medicare pay for their prescriptions
 - VPHARM will pay most of the costs connected to the Medicare Prescription Drug Program including the monthly premium (not the premium paid to the state by beneficiary).
- **VHAP Pharmacy, VScript, and VScript Expanded** - Help Vermonters who do not qualify for Medicare pay for their prescriptions

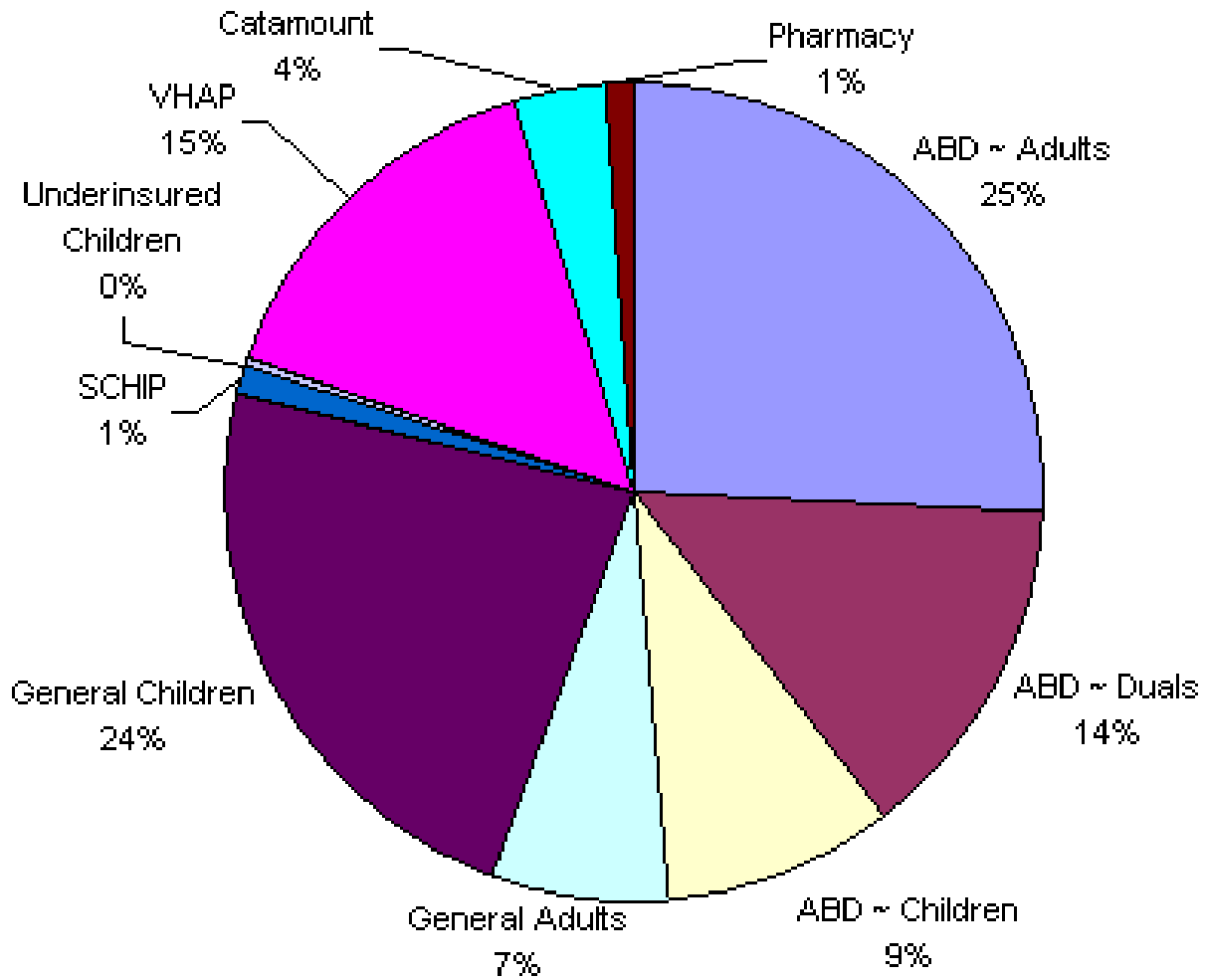
Pharmacy Only Programs

	%FPL	Premium
VPHARM I & VHAP Pharmacy	0 – 150%	\$17/month
VPHARM II & VScript	150 – 175%	\$ 23/month
VPHARM III & VScript Expanded	175 – 225%	\$50/month

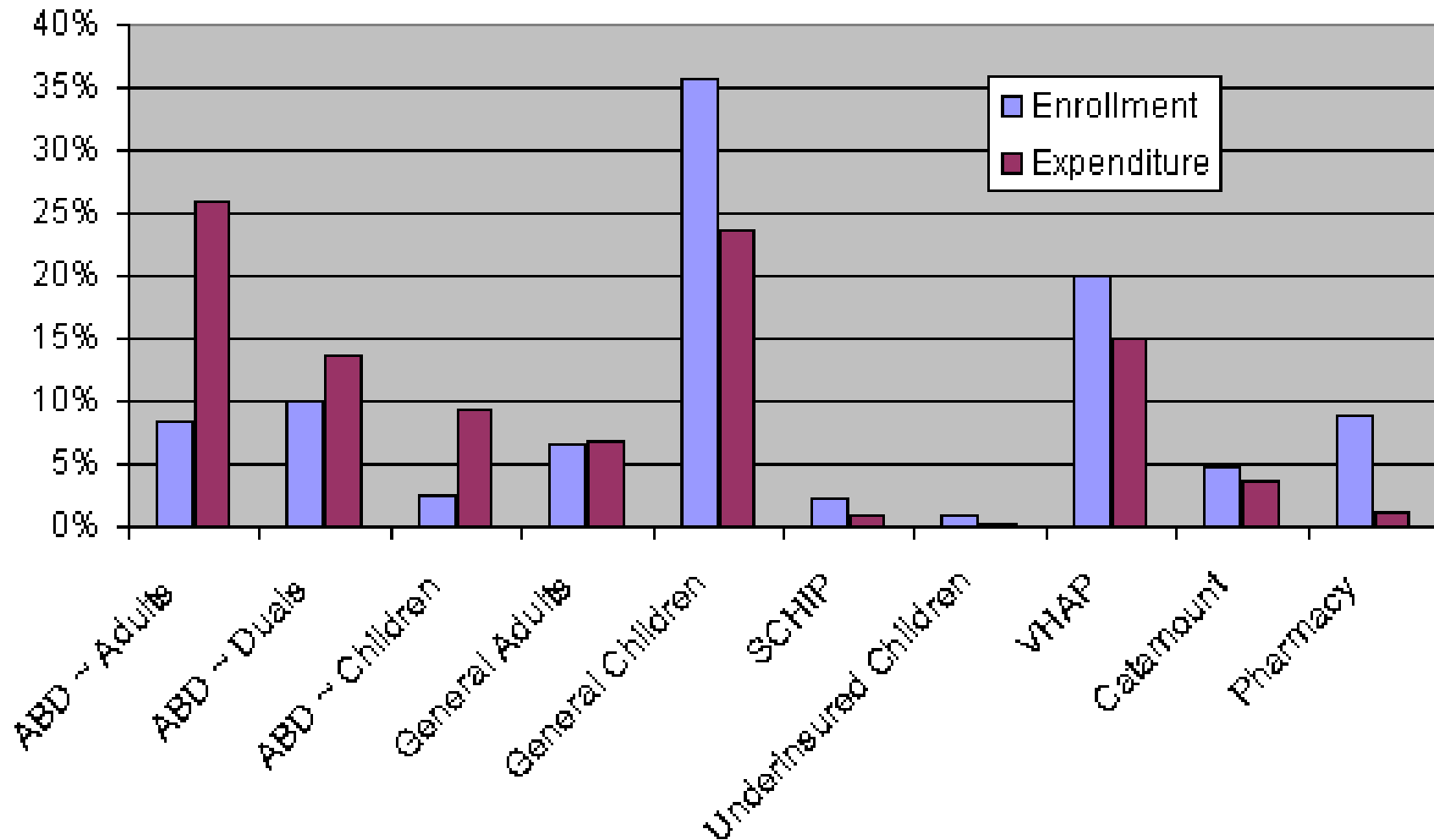
Projected Enrollments - SFY 09



Projected Expenditures - SFY 09



Enrollment and Expenditure as a percentage – SFY 09



MEGs

- These are the MEGS we use for the E-Board
- They differ slightly from the MEGS AHS uses when they file with CMS for Global Commitment

GLOBAL COMMITMENT RISKS

Global Commitment - Risks

- Terms & conditions of Global Commitment require the state to establish the per member per month (PMPM) prospectively
 - Prior to the beginning of the federal fiscal year
- Before this year, Vermont had not done this, enabling the state to make small adjustments (as long final figures were within the actuarial approved range)
- This substantially sheltered the state from financial risk.
- FFY2009 will be there first year Vermont will be in compliance with this condition

What does this mean?

- The state *finally* assumes the RISKS of Global Commitment
 - If actual costs are higher than the set PMPM the state risks paying 100% of additional costs
 - If actual costs are lower than the set PMPM, money is used to fund MCO investments (as long as state has source of matching funds)
- Note: The PMPM cannot be changed with CMS once it has been established

Components of a GC PMPM

- PMPM includes both admin and MCO investments
- Each Medicaid Eligibility Group (MEG) has a PMPM.
- Enrollment x PMPM x 12 = expenditure
 - For each MEG

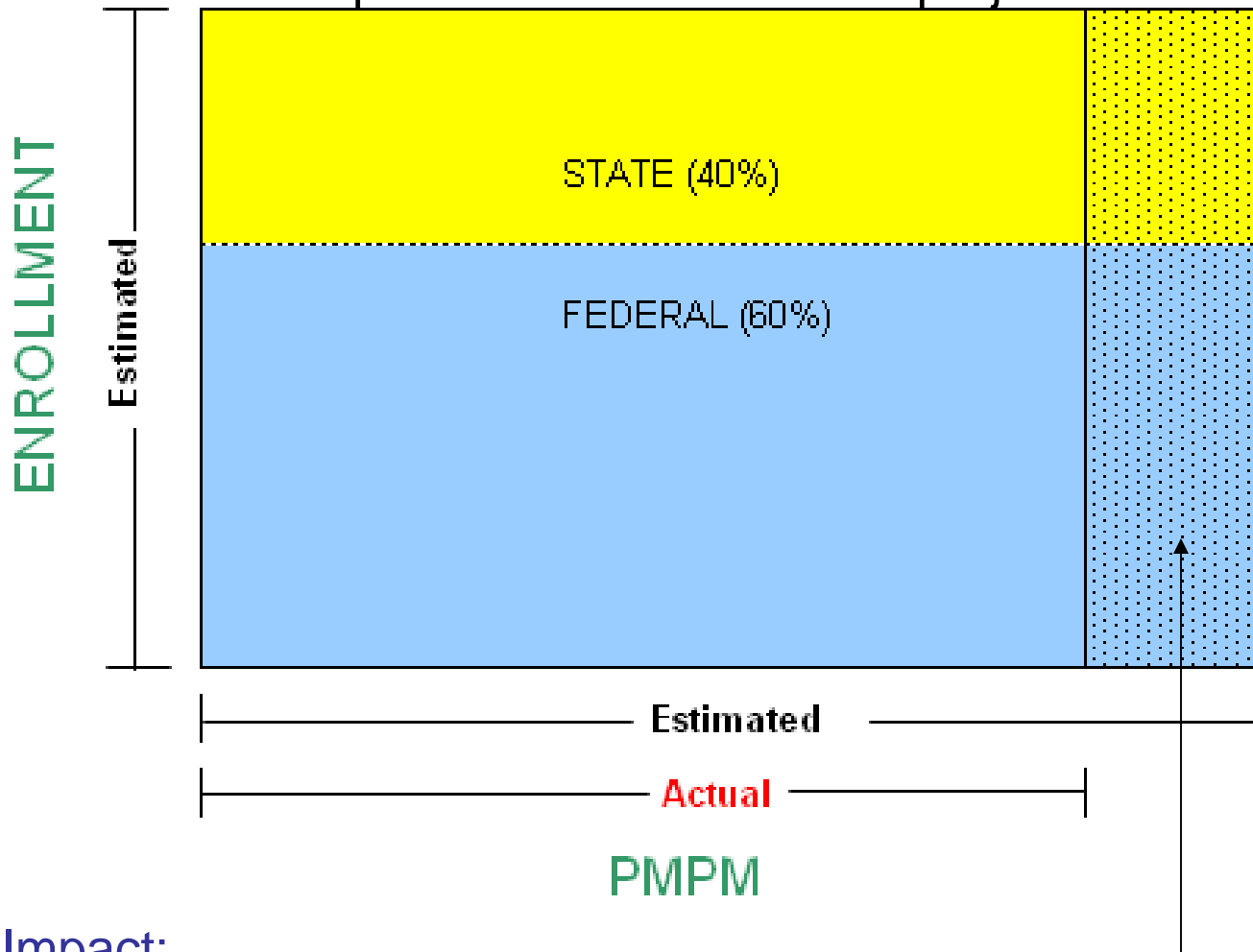
Scenarios

Case Load (Enrollment)	State Program Expenditures (PMPM)	Impact	
Per projected	Higher than projected	State must cover increase with 100% state funds or GC fund runs negative.	☹️
<i>Per projected</i>	<i>Lower than projected</i>	<i>State generates additional federal funds for investments.</i>	😊
Lower than projected	Higher than projected	State must cover increase with 100% state funds or GC fund runs negative. Loss of potential federal match dollars.	☹️
Lower than projected	Lower than projected	State will not generate federal funds necessary to cover MCO investments. May need to cover MCO investments with state funds.	☹️
Higher than projected	Higher than projected	Need additional state funds to match available federal funds. State must cover the PMPM increase with 100% state funds or GC runs negative	☹️
Higher than projected	Lower than projected	Will need additional state funds that will generate additional Federal Funds for investments.	☹️

❖ The PMPM risks are more consequential than the enrollment risks

SCENARIO 1

Case load = As projected
Expenditures = Lower than projected



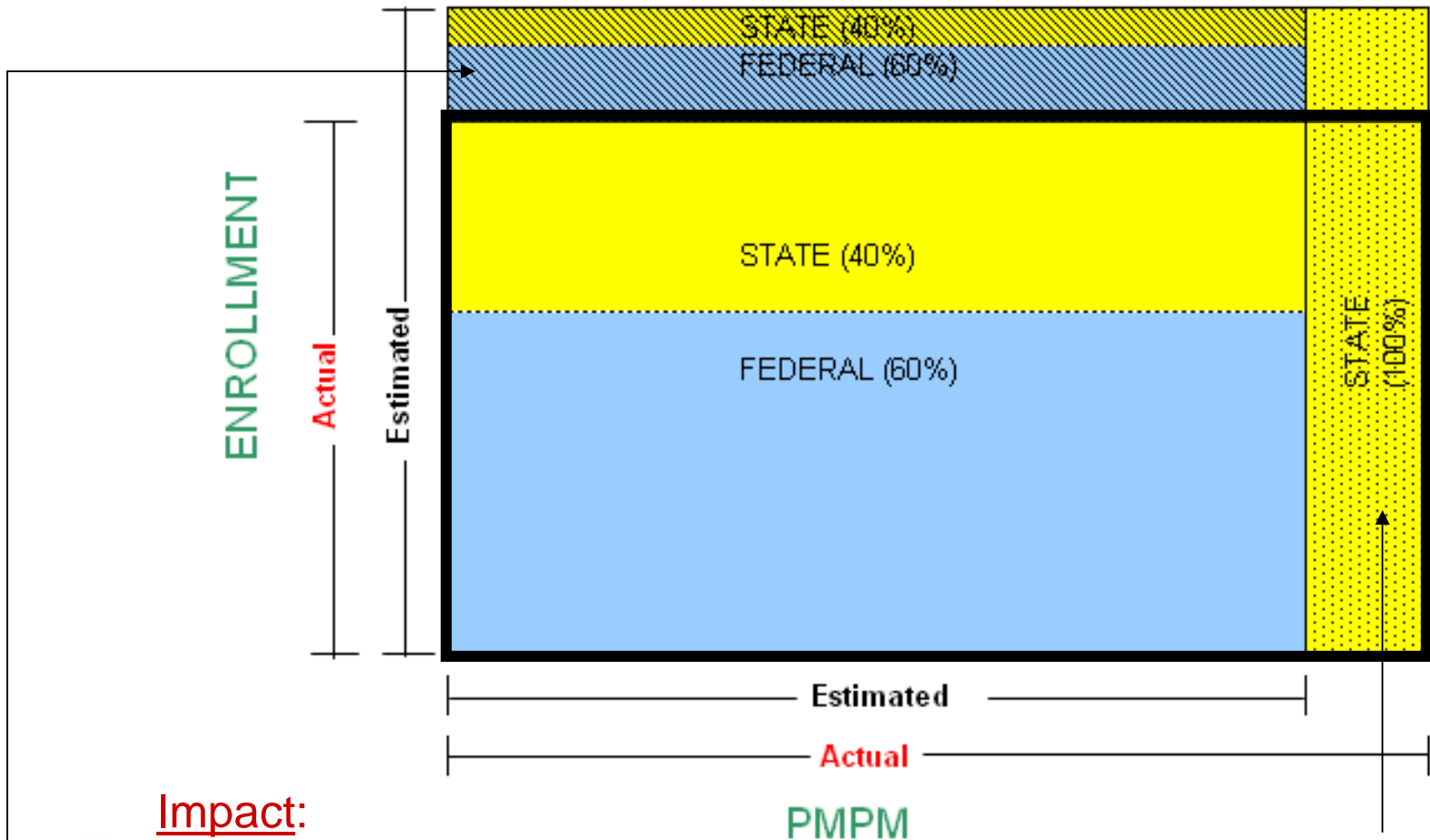
Impact:



- State generates additional federal funds for investments

Scenario 2

Case load = Lower than projected
Expenditures = Higher than projected



Impact:



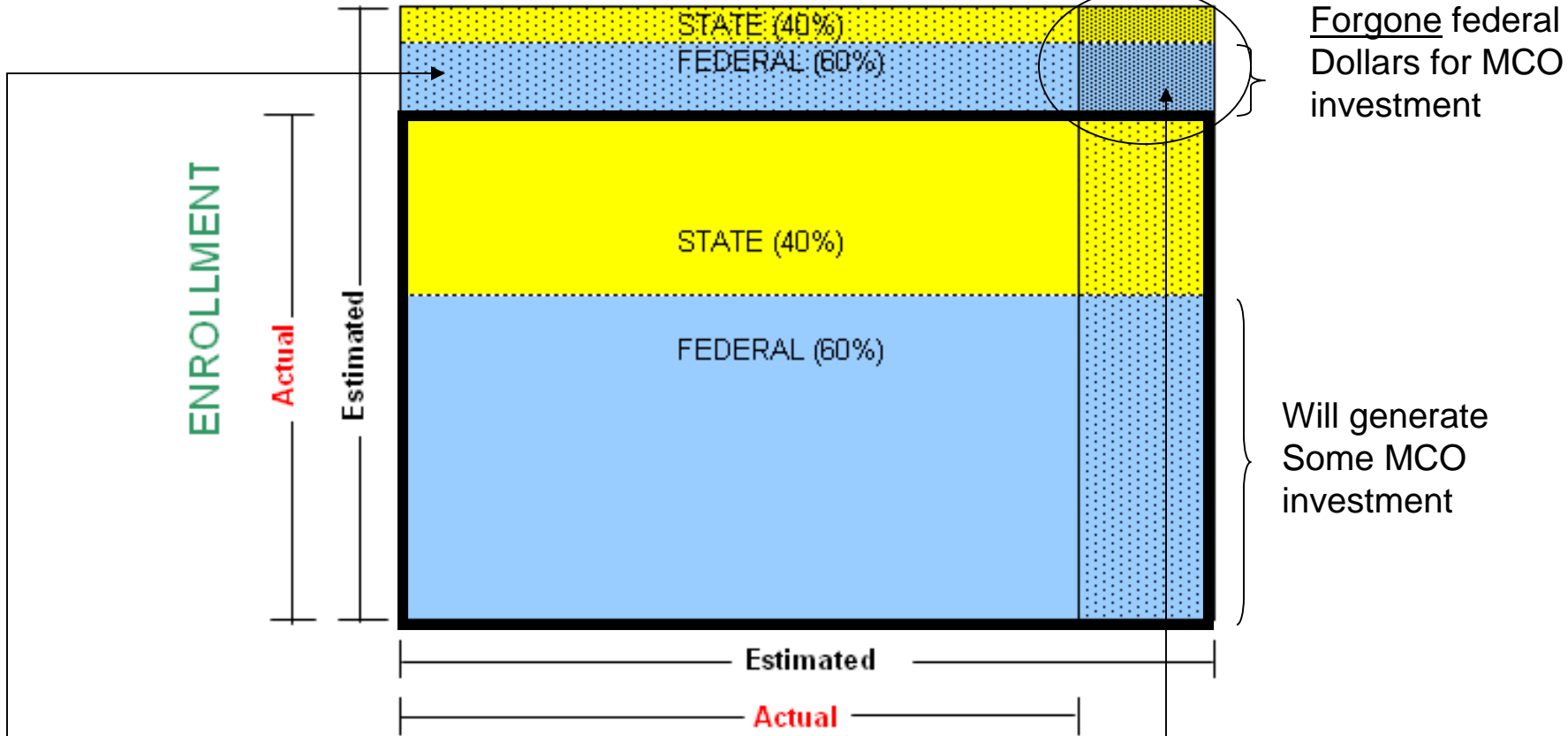
➤ State must cover increase with 100% state funds or GC fund runs negative.



➤ Loss of potential federal match dollars

Scenario 3

Case load = Lower than projected
Expenditures = Lower than projected



Impact:



- Although state will generate some federal funds for MCO investments, it may not generate enough necessary to cover all the MCO investments.
- Will forgo potential federal funds due to lower than projected enrollment as well.

QUESTIONS?

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