

Medicaid & Global Commitment



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PART ONE

VERMONT

**Medicaid
Background**

What is Medicaid?

- Created in 1965 as Title XIX of the Social Security Act
- Medicaid is a public health insurance program for low-income individuals and families and those with disabilities.
- Financed through a federal-state partnership and administered through 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 Usage

NATIONWIDE

73 million individuals nationwide in have coverage through Medicaid and CHIP (as of September 2016, Medicaid.gov).

- Approx. 22% of Americans.

VERMONT

Approx. 203,000 Vermonters receive some form of assistance through Medicaid (as of 9/16).

- Primary source of coverage for approx. **151,000** Vermonters.
- Partial or supplemental assistance for approx. **52,000** Vermonters (e.g. premium assistance, Rx assistance, etc.)

Vermont Medicaid

- Administered by the Department of Vermont Health Access (DVHA)
- Green Mountain Care is the “umbrella” name of all the State-sponsored health programs in Vermont.

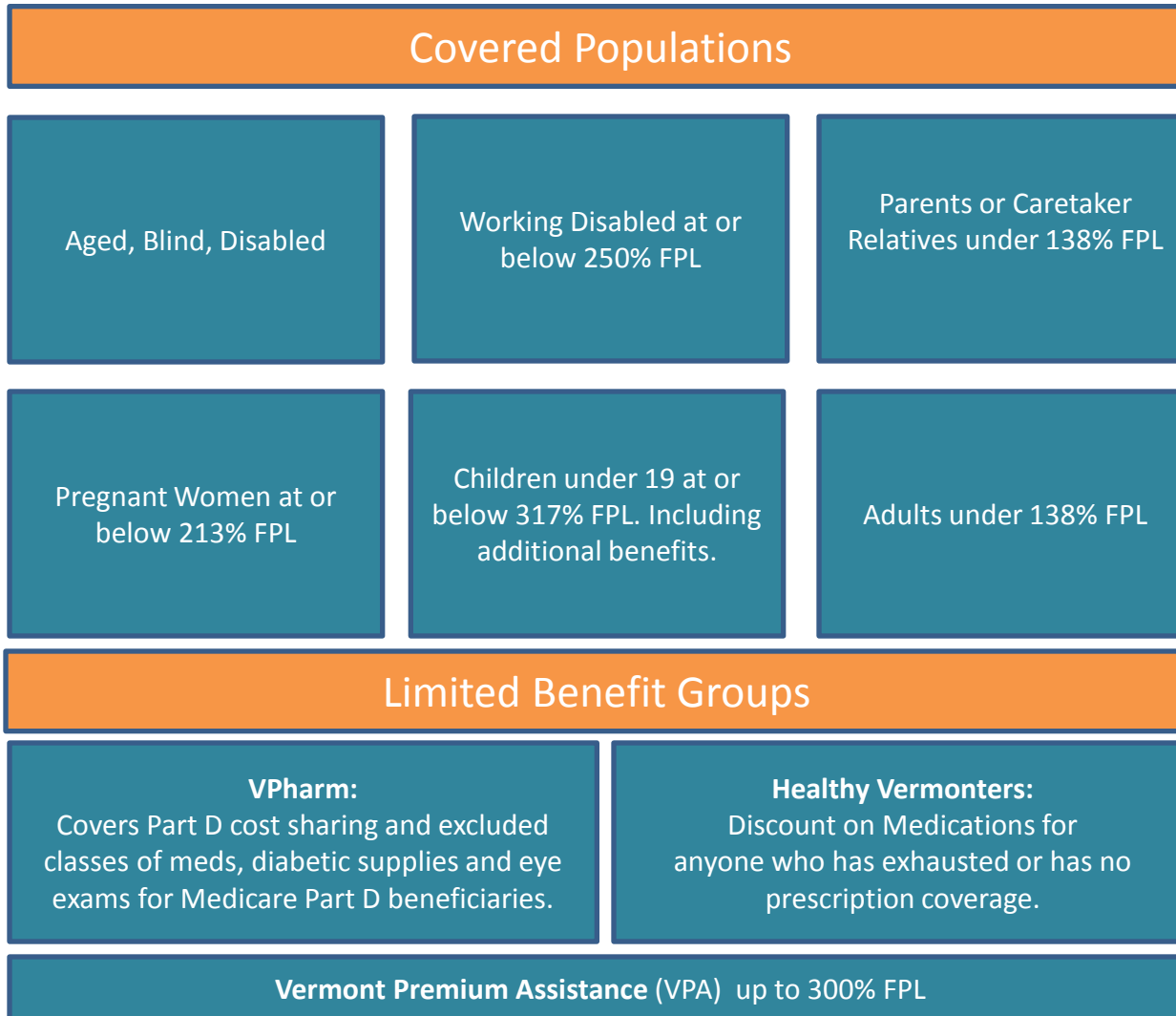


★ Not to be confused with Green Mountain Care as laid out in Act 48 or with the Green Mountain Care Board.

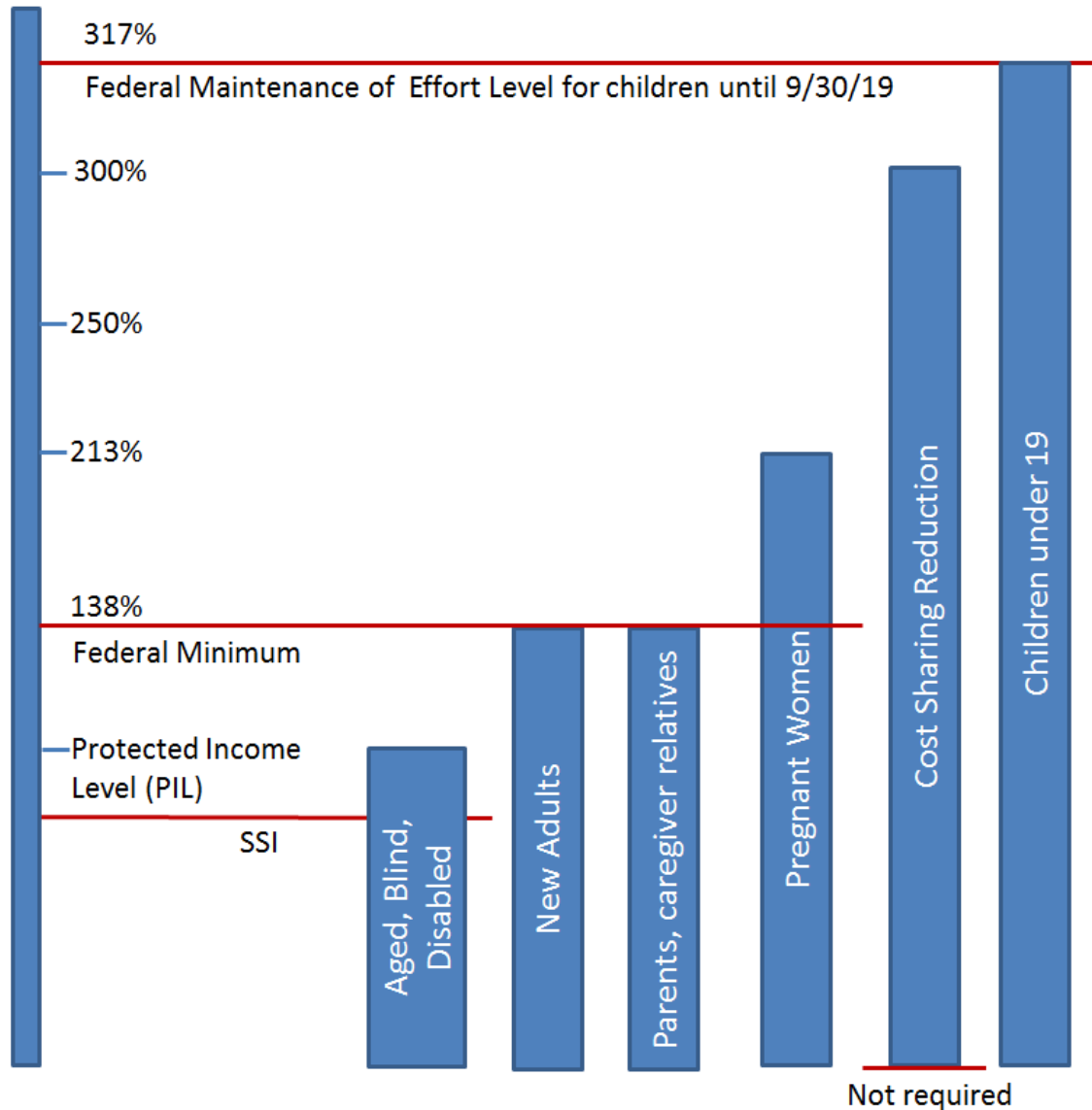
Medicaid Eligibility

- **In order to qualify, beneficiaries must be:**
 - **A Vermont Resident**
 - **A U.S. citizen, permanent resident, or legal alien**
 - **Financial situation would be characterized as low income or very low income**
 - **Fall into a specific eligibility category (e.g., working disabled, child(ren) under age 19, pregnant women, etc.)**

Covered Medicaid Populations



Medicaid Eligibility



2016

2016 Federal Poverty Levels (FPLs)

Monthly

Household Size	100%	133%	138%	150%	200%	225%	250%	275%	300%	400%
1	\$990	\$1,317	\$1,366	\$1,485	\$1,980	\$2,228	\$2,475	\$2,723	\$2,970	\$3,960
2	\$1,335	\$1,776	\$1,842	\$2,003	\$2,670	\$3,004	\$3,338	\$3,671	\$4,005	\$5,340
3	\$1,680	\$2,234	\$2,318	\$2,520	\$3,360	\$3,780	\$4,200	\$4,620	\$5,040	\$6,720
4	\$2,025	\$2,693	\$2,795	\$3,038	\$4,050	\$4,556	\$5,063	\$5,569	\$6,075	\$8,100
5	\$2,370	\$3,152	\$3,271	\$3,555	\$4,740	\$5,333	\$5,925	\$6,518	\$7,110	\$9,480
6	\$2,715	\$3,611	\$3,747	\$4,073	\$5,430	\$6,109	\$6,788	\$7,466	\$8,145	\$10,860
7	\$3,061	\$4,071	\$4,224	\$4,591	\$6,122	\$6,887	\$7,652	\$8,417	\$9,183	\$12,243
8	\$3,408	\$4,532	\$4,702	\$5,111	\$6,815	\$7,667	\$8,519	\$9,371	\$10,223	\$13,630

Annually

Household Size	100%	133%	138%	150%	200%	225%	250%	275%	300%	400%
1	\$11,880	\$15,800	\$16,394	\$17,820	\$23,760	\$26,730	\$29,700	\$32,670	\$35,640	\$47,520
2	\$16,020	\$21,307	\$22,108	\$24,030	\$32,040	\$36,045	\$40,050	\$44,055	\$48,060	\$64,080
3	\$20,160	\$26,813	\$27,821	\$30,240	\$40,320	\$45,360	\$50,400	\$55,440	\$60,480	\$80,640
4	\$24,300	\$32,319	\$33,534	\$36,450	\$48,600	\$54,675	\$60,750	\$66,825	\$72,900	\$97,200
5	\$28,440	\$37,825	\$39,247	\$42,660	\$56,880	\$63,990	\$71,100	\$78,210	\$85,320	\$113,760
6	\$32,580	\$43,331	\$44,960	\$48,870	\$65,160	\$73,305	\$81,450	\$89,595	\$97,740	\$130,320
7	\$36,730	\$48,851	\$50,687	\$55,095	\$73,460	\$82,643	\$91,825	\$101,008	\$110,190	\$146,920
8	\$40,890	\$54,384	\$56,428	\$61,335	\$81,780	\$92,003	\$102,225	\$112,448	\$122,670	\$163,560

www.federalregister.gov/articles/2016/01/25/2016-01450/annual-update-of-the-hhs-poverty-guidelines#t-1

Note: 2017 VHC subsidies based on the 2016 FPL chart

Caseload & Per member per month (PMPM)

<u>FY 16</u>	<u>Caseload</u>	<u>PMPM</u>
Adults (ABD & General)	35,101	\$288.15
New Adults	62,562	\$248.72
Kids (BD, Gen, CHIP)	71,043	\$379.35
Duals & CFC	24,537	\$465.08
Rx Only	11,593	\$2.30
VHC Subsidy & Wrap	15,719	\$8.78

ABD = Aged, Blind and Disabled

BD = Blind and Disabled

CHIP = Childrens Health Insurance Program

CFC = Choices for Care

Medicaid Basics: Mandatory, Optional, & Expansion

For both eligibility (who's covered) and benefits (what's covered), certain categories are:

- Mandatory – must be covered by the state
- Optional – each state may choose to cover or not
- Expansion – federal matching funds would not be available in the absence of a Waiver

Vermont Covered State Plan Services

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 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)		
Transportation to medical care		

Vermont Waiver Expansion Services

Vermont Medicaid offers additional supports and services for:

- Traumatic Brain Injury
- Mental Illness under 22 years of age
- Community Rehabilitation and Treatment
- Developmental Disabilities

PART TWO

VERMONT

**Global
Commitment**

Section 1115 Waivers

- 1115 is the section of the Federal Social Security Act that allows the federal government to “waive” many, but not all, of the laws governing Medicaid, including eligible people and services.
- 1115 waiver authority is intended to encourage state innovation in the Medicaid program
- Often, states identify ways to save Medicaid funds and are permitted to use the savings to expand coverage.
- 1115 waivers must be budget neutral
- Vermont’s 1115 waiver is called **Global Commitment to Health**

Global Commitment

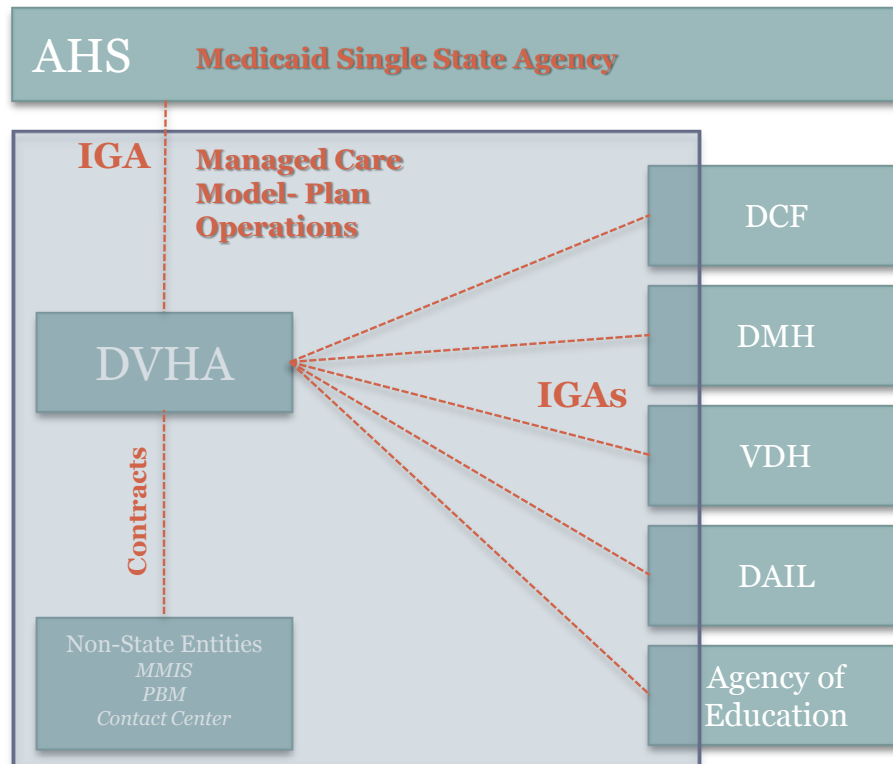
Key Concepts

- Global Commitment began October 2005
 - Latest renewal – *1/1/17 to 12/31/2021*
- The Agency of Human Services (AHS) operates Medicaid using a managed care-like Model:
 - Must comply with certain federal Medicaid managed care regulations
 - Requirements set through inter-governmental agreements with AHS and DVHA.

Global Commitment Delivery Model

AHS operates Medicaid using a managed care-like model:

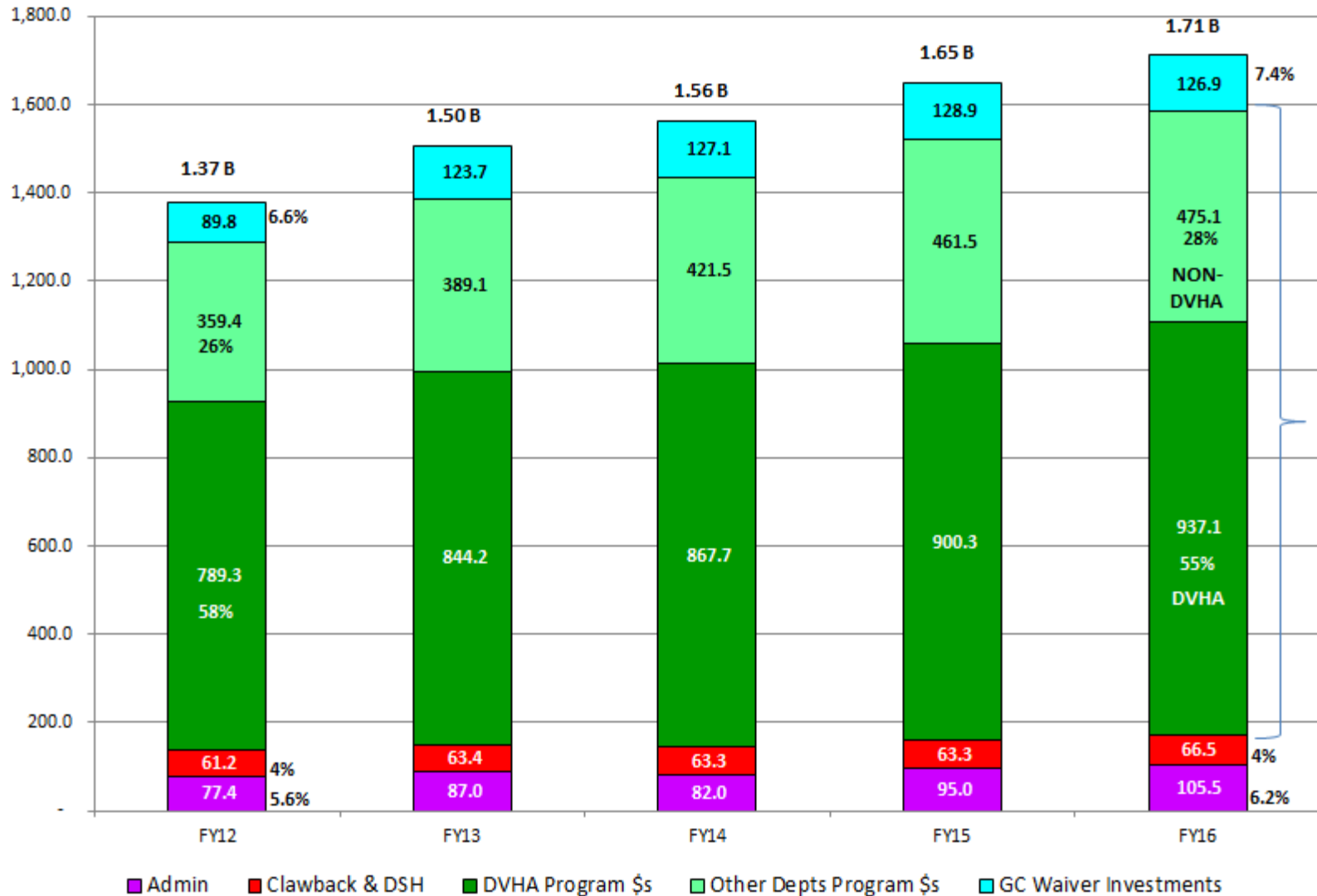
- Must comply with certain federal Medicaid managed care regulations
- Requirements set through inter-governmental agreements (IGA) with AHS and DVHA.



IGA = Intergovernmental Agreements

A quick note about Medicaid Spending

Medicaid \$ Trend by Big Categories



A quick note about Medicaid Spending

Among State Agencies and Departments

DVHA Program \$s

FY16 Expenditure Detail

Inpatient	149.3	14.7%
Outpatient	143.5	14.1%
Physicians	123.3	12.2%
Rx	208.3	20.5%
Rx Rebate	(124.7)	-12.3%
Nursing Home	120.2	11.8%
HCBS/HH/PCS/AC	103.0	10.2%
Dental	29.2	2.9%
Psychologist	27.9	2.8%
FQHC/RHC	36.1	3.6%
Net All Other	198.6	19.6%
	<u>1,014.7</u>	<u>100%</u>

Oth. Depts Program \$s

FY16 Breakdown by Dept.

VDH	31.0	6.5%
DMH	160.7	33.8%
DCF	55.2	11.6%
DDAIL	180.2	37.9%
AOE	48.1	10.1%
	<u>475.1</u>	<u>100%</u>

Waiver
Investments 113.677

DVHA = Dept of Vermont Health Access

VDH = Vermont Dept of Health

DMH = Dept of Mental Health

DCF = Dept for Children & Families

DDAIL = Dept of Disabilities, Aging and Independent Living

AOE = Agency of Education

PART THREE

VERMONT

GLOSSARY

Aged, Blind, or Disabled (ABD) and/or Medically Needy Adults

The general eligibility requirements for the ABD and/or Medically Needy Adults are: age 19 and older; determined aged, blind, or disabled (ABD) but ineligible for Medicare; generally includes Supplemental Security Income (SSI) cash assistance recipients, working disabled, hospice patients, Breast and Cervical Cancer Treatment (BCCT) participants, or Medicaid/Qualified Medicare Beneficiaries (QMB); and medically needy [i.e., eligible because their income is greater than the cash assistance level but less than the protected income level (PIL)]. Medically needy adults may be ABD or the parents/caretaker relatives of minor children.

Dual Eligibles

Dual Eligibles are enrolled in both Medicare and Medicaid. Medicare eligibility is either due to being at least 65 years of age or determined blind, or disabled.

General Adults

The general eligibility requirements for General Adults are: parents/caretaker relatives of minor children including cash assistance recipients and those receiving transitional Medicaid after the receipt of cash assistance, whose income is below the protected income level (PIL).

New Adult

Due to Affordable Care Act changes that expanded Medicaid eligibility, adults who are at or below 138% of the federal poverty level will now qualify for traditional Medicaid.

Prescription Assistance Pharmacy Only Programs

Vermont provides prescription assistance programs to help Vermonters pay for prescription medicines based on income, disability status, and age. There is a monthly premium based on income and co-pays based on the cost of the prescription.

VPharm assists Vermonters enrolled in Medicare Part D with paying for prescription medicines. Those eligible include people age 65 and older, and Vermonters of all ages with disabilities with household incomes up to 225% FPL.

Choices for Care

The general eligibility requirements for this subset are: Vermonters in nursing homes, home-based settings under home and community based services (HCBS) waiver programs, and enhanced residential care (ERC).

Healthy Vermonters

Healthy Vermonters provides a discount on prescription medicines for individuals not eligible for other pharmacy assistance programs with household incomes up to 350% and 400% FPL if they are aged or disabled. There is no cost to the state for this program.

Blind or Disabled (BD) and/or Medically Needy Children

The general eligibility requirements for BD and/or Medically Needy Children are: under age 21; categorized as blind or disabled; generally includes Supplemental Security Income (SSI) cash assistance recipients; hospice patients; those eligible under “Katie Beckett” rules; and medically needy Vermonters [i.e., eligible because their income is greater than the cash assistance level but less than the protected income level (PIL)]. Medically needy children may or may not be blind or disabled.

General Children

The general eligibility requirements for General Children are: under age 19 and below the protected income level (PIL), categorized as those eligible for cash assistance including Reach Up (Title V) and foster care payments (Title IV-E).

Optional Benefit Children

The general eligibility requirements for Underinsured Children are: up to age 19 and up to 312% FPL. This program was designed as part of the original 1115 Waiver to Title XIX of the Social Security Act to provide healthcare coverage for children who would otherwise be underinsured.

Children’s Health Insurance Program (CHIP)

The general eligibility requirements for the Children’s Health Insurance Program (CHIP) are: up to age 19, uninsured, and up to 312% Federal Poverty Limit (FPL). As of January 1, 2014 CHIP is operated as a Medicaid Expansion with enhanced federal funding from Title XXI of the Social Security Act.