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Vermont Medicaid Overview

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Vermont Medicaid Overview

Population¹: 624,594 (2016 Census estimate)

Number Enrolled in Medicaid²: 168,961 or 27.1% of population (as of March 2017)

Median Annual Household Income³: \$66,036 (2 person household as of 2015)

Medicaid Expansion⁴? Yes

Number of hospitals⁵: 14

Number of critical access hospitals⁶: 8

Number of FQHCs⁷: 11 (as of 2015)

Percentage of Federal and State Budget on Medicaid⁸: State – 39.4%, Federal – 60.6% (CY2015)

Current Eligibility Guidelines

Provides Medicaid coverage to children up to 312% FPL regardless of age

Provides Medicaid coverage for pregnant women up to 208% FPL

Provides Medicaid coverage to adults who are parents/care takers up to 53% FPL, and to adults up to 133% FPL

Program Highlights

In 1995, the Vermont legislature authorized the creation of Vermont Health Access Plan (VHAP) and the Dr. Dynasaur program. Dr. Dynasaur provided coverage to children with household incomes up to 300 percent of poverty, pregnant women with household incomes up to 200 percent of poverty, and for parents and guardians with incomes up to 185 percent of poverty. VHAP provided coverage for other adults with household incomes up to 150 percent of poverty. In 2006, Vermont created [Catamount Health](#) which allowed residents with incomes up to 300 percent of poverty to purchase a Catamount plan (provided by either MVP Health or Blue Cross Blue Shield) at a subsidized rate.

In 2011, the Vermont state government enacted a law functionally establishing the first state-level single-payer health care system in the United States through Green Mountain Care. This effort was abandoned in December 2014, due to the projected tax impact. Vermont is now moving forward with

¹ <https://www.census.gov/data/tables/2016/demo/popest/state-total.html>

² <http://kff.org/health-reform/state-indicator/total-monthly-medicaid-and-chip-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

³ <https://censusreporter.org/tables/B19019/>

⁴ <http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

⁵ <http://kff.org/other/state-indicator/total-hospitals/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

⁶ <http://www.flexmonitoring.org/data/critical-access-hospital-locations/>

⁷ <http://kff.org/other/state-indicator/total-fqhcs/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

⁸ Total Federal and State Spending: <http://www.statenetwork.org/resource/data-points-to-consider-when-assessing-proposals-to-cap-federal-medicaid-funding-a-toolkit-for-states/>

plans for an all-payer model that will merge payments from Medicaid, Medicare, and commercial insurers, paying set rates to all providers via a state-wide ACO.

In 2011, Vermont passed sweeping health reform legislation (Act 48) setting goals for universal coverage through a single source and health care delivery and payment transformation. The Green Mountain Care Board is authorized by the legislature to oversee regulation, innovation and evaluation of the health system.⁹

Quality of Care (2014)

Overall: Above the median performance on quality measures

Child Core Set Measures: Above the median performance on 18 of 20 reported quality measures

Adult Core Set Measures: Above the median performance on 7 of 12 reported quality measures

Marketplace Design

Vermont operates a State-based Marketplace

Section 1115 Waivers

Vermont's Global Commitment to Health waiver was renewed by CMS¹⁰ effective January 1, 2017, and Vermont has entered into an All-Payer Accountable Care Organization Model Agreement with CMS.¹¹

⁹ <http://gmcboard.vermont.gov/board>

¹⁰ <http://dvha.vermont.gov/global-commitment-to-health/global-commitment-to-health-1115-waiver-2017-documents>

¹¹ <http://hcr.vermont.gov/sites/hcr/files/VT%20All-Payer%20Accountable%20Care%20Organization%20Model%20Agreement%2010-27-16.pdf>