VERMONT MEDICAID FACTS

Who is covered in Vermont’s Medicaid Program?

ELIGIBILITY GROUPS

FFS

- Dual Eligibles
- Incarcerated++
- Undocumented Immigrants+

Children (0-18 years)*

Current and Former Foster Care Children*

Parents and Other Caretaker Relatives*

Pregnant Women*

Aged, Blind, Disabled Adults*

Disabled Children*

Qualified Non-Citizens* **

Newly Eligible Adults*

American Indians/Alaskan Natives*

Intellectual and Developmental Disabilities*

* Eligibility groups are covered through primary care case management.
** Qualified non-citizens are subject to a 5-year waiting requirement, except for children up to 18 years of age and pregnant women.
+ Emergency Medicaid services only.
++ Acute inpatient hospitalization covered only.

Important News

October 2016 - Vermont’s voluntary all-payer accountable care organization (ACO) model was announced to begin in January 2017. Vermont’s ACO model will require Medicare, Medicaid, and commercial payers to pay similar rates for all services.3

January 2017 - Vermont established its first Accountable Care Organization (ACO), OneCare, through a one-year pilot program. This ACO, under the all-payer ACO model, is expected to cover 30,000 Medicaid beneficiaries the first year and create a system that rewards value, meaning low-cost, high-quality care.9 Plans to expand the model between 2018 and 2022 will extend coverage to approximately 102,000 of Vermont’s Medicaid, Medicare, and Commercial Exchange beneficiaries.10 This program may qualify for Advanced Alternative Model bonus payments starting in 2018 from the Centers for Medicare & Medicaid Services.11

How has Vermont’s Medicaid program engaged in Managed Care?

SECTION 1115 WAIVER 12

The Vermont global commitment to health waiver was created to “use a multi-disciplinary approach, including the basic principles of public health, the fundamentals of effective administration of a Medicaid managed care delivery system, public-private partnership, and program flexibility” for the state Medicaid program.

EFFECTIVE: 10/1/2005
APPROVAL: 9/27/2005
EXPIRATION: 12/31/2021

Do Medicaid health plans provide coverage?*7

YES ❌ NO

* Excludes statewide ACO option.

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How is Vermont meeting the needs of Medicaid enrollees?

Value-Based Healthcare Initiatives
In 2017, Vermont established its first Accountable Care Organization (ACO) OneCare through a one-year pilot program. The program estimated that it would provide services to 30,000 Medicaid enrollees and create a system that rewards value, meaning low-cost and high-quality care.9

Vermont’s Hub and Spokes health homes program creates a coordinated, systemic response to the complex issues of opioid addiction among Vermont’s Medicaid population, focusing specifically on medication assisted therapy (MAT) for individuals with opioid dependence.13

Family Planning
Covered family planning services include birth control and counseling.3

The Vermont Health Access Plan covers uninsured (ineligible for Medicaid) men and women up to 200% of the federal poverty level (FPL) who are not currently pregnant for limited family planning services. These services include birth control, annual exams, sexually transmitted infection (STI) testing and treatment, and patient education and counseling.14

Women’s Health16
Covered women’s health services include prenatal and postpartum care, delivery, and inpatient services for maternity care.

Behavioral Health
Medicaid benefits vary by region and plan. However, Vermont has state mandated services that every plan must offer its Medicaid enrollees. The mental health services include:16

- Mental/behavioral health inpatient and outpatient services
- Substance use disorder inpatient and outpatient services
- Outpatient rehabilitation services
- Covered drug therapies: methadone, naltrexone, naloxone, acamprosate, and disulfiram17

Oral Health18
Adults covered by Vermont’s Medicaid program are eligible to receive oral health benefits up to $495 per calendar year. Children do not have a maximum limit for oral health benefits.

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**Federal**

- President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.
- Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

**Vermont**

- 1966: Vermont adopts the Medicaid program.
- 1981: Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.
- 1984: Children and pregnant women become mandatory Medicaid eligibility groups.
- 1989: Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded. Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.
- 1990: Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children’s Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.
- 1995: Olmstead decision allows expanded HCBS coverage for persons with disabilities.
- 2005: The Vermont legislature authorizes the creation of Vermont Health Access Plan (VHAP), enrolling low-income, uninsured adults into managed care plans.
- 2006: Vermont creates behavioral health services for individuals with serious and persistent mental illness under the community rehabilitation and treatment program.
- 2007: The state creates Green Mountain Care, a mandatory program for most enrollees in the state, providing coverage for most Medicaid services, except long-term services and supports (LTSS).
- 2010: The state creates Catamount Health, providing enrollment options for individuals with incomes up to 300% of the federal poverty level (FPL).
- 2013: Vermont introduces a program for all-inclusive care for the elderly (PACE) to cover the full range of Medicare and Medicaid services for individuals over age 55 who require a nursing home-level of care.
- 2014: PACE ends.
- 2017: The blueprint for health program provides the majority of Medicaid enrollees and most residents of Vermont access to medical homes with community health teams with additional support services for those with complex conditions.
- 2017: Vermont authorizes Medicaid expansion to cover eligible adults up to 138% of the federal poverty level (FPL).
- 2017: Vermont creates a statewide single-payer Accountable Care Organization (ACO) for all citizens and Medicaid beneficiaries. Medicaid beneficiaries begin to enroll into this program.
- Initial opiate prescriptions for Medicaid patients age 18 and older are limited to 50 morphine milligram equivalents (MME) per day and a maximum of a 7-day supply. Patients age 17 and younger will be limited to 24 MME per day and a maximum of a 3-day supply.

32 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

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For a complete list of sources, please contact the Institute for Medicaid Innovation at info@MedicaidInnovation.org