



VERMONT

Department of Vermont Health Access
312 Hurricane Lane Suite 201
Williston, VT 05495-2087
www.dvha.vermont.gov

[phone] 802-879-5900
[Fax] 802-879-5651

Agency of Human Services

Department of Vermont Health Access
SFY '15 Caseload and Member Month Costs "As Passed"

Medicaid Eligibility Group	Enrollment	Gross PMPM	Premium PMPM	Net PMPM
Aged, Blind, or Disabled (ABD)/Medically Needy Adults	15,004	\$ 644.46	\$ -	\$ 644.46
Dual Eligibles	17,558	\$ 246.39	\$ -	\$ 246.39
General Adults	11,679	\$ 556.69	\$ -	\$ 556.69
New Adult	35,059	\$ 437.60	\$ -	\$ 437.60
Premium Assistance For Exchange Enrollees < 300%*	42,785	\$ 26.94	\$ -	\$ 26.94
Cost Sharing For Exchange Enrollees < 350%*	15,849	\$ 16.39	\$ -	\$ 16.39
Blind or Disabled (BD)/Medically Needy Children	3,714	\$ 758.70	\$ -	\$ 758.70
General Children	55,846	\$ 200.56	\$ (0.72)	\$ 199.84
Underinsured Children	775	\$ 68.96	\$ (12.50)	\$ 56.46
SCHIP (Uninsured Children)	4,329	\$ 156.29	\$ (37.50)	\$ 118.79
Pharmacy Only Programs	12,489	\$ 43.97	\$ (21.51)	\$ 22.46
Choices for Care Program	3,875	\$ 4,452.81	\$ -	\$ 4,452.81

Enrollment = average monthly enrollment projected for SFY '15

Gross pmpm = average monthly cost in medical claims for the eligibility group (does not include administrative costs)

* - Gross pmpm = average monthly cost for Premium Assistance and Cost Sharing

Premium pmpm = monthly premium amount paid by enrollees

Net pmpm = Gross pmpm minus premium pmpm

Report created pursuant to 33 V.S.A. § 1901(g)