VERMONT

State of Vermont
Department of Vermont Health Access
312 Hurricane Lane, Suite 201
Williston VT 05495-2807
dvha.vermont.gov

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

Agency of Human Services

Department of Vermont Health Access
SFY '13 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	14,445	$ 579.46	$ -	$ 579.46
Dual Eligibles	17,155	$ 233.84	$ -	$ 233.84
General Adults	11,686	$ 511.06	$ -	$ 511.06
VHAP	38,799	$ 347.86	$ (18.87)	$ 328.98
VHAP ESI	810	$ 206.35	$ (18.87)	$ 187.48
Catamount Premium Assistance	11,440	$ 451.65	$ (75.57)	$ 376.07
ESIA	874	$ 216.52	$ (75.57)	$ 140.95
Blind or Disabled (BD)/Medically Needy Children	3,614	$ 822.18	$ -	$ 822.18
General Children	55,564	$ 184.64	$ (0.77)	$ 183.87
Underinsured Children	943	$ 59.91	$ (12.50)	$ 47.41
SCHIP (Uninsured Children)	4,017	$ 157.64	$ (37.50)	$ 120.14
Pharmacy Only Programs	12,698	$ 31.36	$ (21.51)	$ 9.84
Choices for Care Program	3,758	$ 4,464.65	$ -	$ 4,464.65

Enrollment = average monthly enrollment projected for SFY '13
Gross pmpm = average monthly cost in medical claims for the eligibility group (does not include adminstrative costs)
Premium pmpm = monthly premium amount paid by enrollees
Net pmpm = Gross pmpm minus premium pmpm