

## Glossary of Terms

**PMPM** – Per Member Per Month

**MEG** – Medicaid Eligibility Group

**ABD Adult** – Beneficiaries over age 18; categorized as aged, blind, disabled, and/or medically needy

**ABD Child** – Beneficiaries age 18 or under; categorized as blind, disabled, and/or medically needy

**ABD Dual** – Beneficiaries eligible for both Medicare and Medicaid; categorized as blind, disabled, and/or medically needy

**General Adult** – Beneficiaries over age 18; pregnant women or parents/caretaker relatives of minor children receiving cash assistance and those receiving transitional Medicaid after the receipt of cash assistance

**General Child** – Beneficiaries age 18 or under, and below the protected income level, categorized as those eligible for cash assistance including Reach Up (Title V) and foster care payments (Title IV-E)

**VHAP** – Beneficiaries over age 18 without children who have a household income below 150% FPL or beneficiaries 18 and older with children who have a household income below 185% FPL

**VHAP ESI** – Adults who are eligible for the Vermont Health Access Plan (VHAP) and who have access to an approved cost-effective, employer-sponsored insurance plan

**ESIA** – Adults who are uninsured and not eligible for VHAP and who have access to an approved cost-effective employer-sponsored insurance plan

**New Adult** - Adults who are at or below 138% of the FPL

**Exchange Vermont Premium Assistance** - Individuals enrolled in qualified health plans (QHP) with incomes between 133-300% FPL

**Exchange Vermont Cost Sharing** - Individuals enrolled in qualified health plans (QHP) with incomes between 200-300% FPL

**Underinsured Child** – Beneficiaries age 18 or under with household income 225-300% (as of 1/1/14, 237-312%) FPL with other insurance

**CHIP** – Beneficiaries under 18 with household income 225-300% FPL with no other insurance

**Catamount** – Beneficiaries over age 18 with income under 300% who are ineligible for existing state-sponsored coverage programs and do not have access to insurance through their employer

**Pharmacy Only** – Assistance to help pay for prescription medicines based on income, disability status, and age

**Choices for Care** - Vermont's Long Term Care Medicaid Program; for Vermonters in nursing homes, home-based settings, and/or enhanced residential care (ERC)



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**The Department of Vermont Health Access**  
**Caseload and Expenditure Report ~ All AHS Medicaid Spend**  
**All AHS YTD '14**  
 Thursday, July 31, 2014

	SFY '14 Budget Adjustment			SFY '14 Actuals thru June 30, 2014			% of Approp. Spent to Date
	Caseload	Expenses	PMPM	Caseload	Expenses	PMPM	
ABD Adult	14,660	\$ 185,030,520	\$ 1,051.77	15,447	\$ 188,835,438	\$ 1,018.76	102.06%
ABD Dual	17,351	\$ 200,918,225	\$ 964.95	17,382	\$ 201,968,814	\$ 968.30	100.52%
General Adult	11,550	\$ 84,215,797	\$ 607.60	12,840	\$ 84,532,839	\$ 548.62	100.38%
VHAP *	37,921	\$ 100,020,181	\$ 386.93	36,617	\$ 105,278,087	\$ 421.28	105.26%
VHAP ESI *	764	\$ 462,511	\$ 99.99	721	\$ 851,137	\$ 147.61	184.03%
Catamount *	13,208	\$ 35,764,708	\$ 459.64	13,326	\$ 48,356,058	\$ 450.96	135.21%
ESIA *	772	\$ 497,443	\$ 108.33	687	\$ 638,510	\$ 98.07	128.36%
New Adult **	34,834	\$ 92,812,770	\$ 444.07	44,197	\$ 80,536,031	\$ 350.28	86.77%
Exchange Premium Assistance ** #	40,748	\$ 6,586,587	\$ 26.94	14,013	\$ 2,565,588	\$ 36.82	38.95%
Exchange Cost Sharing ** #	15,094	\$ 1,484,460	\$ 16.39	4,452	\$ 332,623	\$ 19.52	22.41%
ABD Child	3,712	\$ 92,534,006	\$ 2,077.42	3,564	\$ 91,503,344	\$ 2,139.73	98.89%
General Child	55,646	\$ 240,214,462	\$ 359.74	55,931	\$ 236,587,894	\$ 352.50	98.49%
Underinsured Child	874	\$ 2,154,907	\$ 205.44	1,196	\$ 2,521,774	\$ 175.67	117.02%
CHIP	4,174	\$ 10,431,858	\$ 208.26	3,804	\$ 10,218,851	\$ 223.89	97.96%
Pharmacy Only	12,510	\$ 5,393,070	\$ 35.93	12,663	\$ 4,485,706	\$ 29.52	83.18%
Choices for Care	3,884	\$ 206,699,425	\$ 4,434.86	4,029	\$ 202,593,610	\$ 4,190.32	98.01%
<b>Total Medicaid</b>	<b>177,027</b>	<b>\$ 1,265,220,931</b>	<b>\$ 595.59</b>	<b>178,206</b>	<b>\$ 1,261,806,304</b>	<b>\$ 590.05</b>	<b>99.73%</b>

\* Caseload for sunseting programs are point-in-time values for the BAA, and point-in-time for Actuals (December 2013)  
 Actual PMPM for sunseting programs are Total Expenses per Total enrolled

\*\* Caseload for new programs are point in time values for the BAA and are not included in total Medicaid caseload count due to the expected transition from sunseting programs to new programs  
 Caseload for new programs are point in time values for Actuals (June 2013) and are not included in total Medicaid caseload count due to the expected transition from sunseting programs to new programs  
 Actual PMPM for new programs are Total Expenses per Total enrolled

# Exchange Premium Assistance and Cost Sharing PMPMs were budgeted based on member count. Actual PMPM is based on subscriber count, which may include more than one member per plan



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**DVHA YTD '14**  
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	SFY '14 Budget Adjustment			SFY '14 Actuals thru June 30, 2014			% of Approp. Spent to Date
	Caseload	Expenses	PMPM	Caseload	Expenses	PMPM	
ABD Adult	14,660	\$ 111,814,690	\$ 635.59	15,447	\$ 108,329,783	\$ 584.43	96.88%
ABD Dual	17,351	\$ 50,384,851	\$ 241.98	17,382	\$ 49,143,760	\$ 235.61	97.54%
General Adult	11,550	\$ 76,593,458	\$ 552.61	12,840	\$ 76,094,174	\$ 493.86	99.35%
VHAP *	37,921	\$ 96,400,670	\$ 372.92	36,617	\$ 97,932,892	\$ 391.89	101.59%
VHAP ESI *	764	\$ 462,511	\$ 99.99	721	\$ 849,213	\$ 147.28	183.61%
Catamount *	13,208	\$ 35,764,708	\$ 459.64	13,326	\$ 48,356,058	\$ 450.96	135.21%
ESIA *	772	\$ 497,443	\$ 108.33	687	\$ 638,510	\$ 98.07	128.36%
New Adult **	34,834	\$ 90,067,832	\$ 432.05	44,197	\$ 72,982,243	\$ 317.42	81.03%
Exchange Premium Assistance ** #	40,748	\$ 6,586,587	\$ 26.94	14,013	\$ 2,571,477	\$ 36.91	39.04%
Exchange Cost Sharing ** #	15,094	\$ 1,484,460	\$ 16.39	4,452	\$ 332,623	\$ 19.52	22.41%
ABD Child	3,712	\$ 33,110,973	\$ 743.35	3,564	\$ 36,486,052	\$ 853.20	110.19%
General Child	55,646	\$ 131,835,785	\$ 197.43	55,931	\$ 130,940,851	\$ 195.09	99.32%
Underinsured Child	874	\$ 708,670	\$ 67.56	1,196	\$ 1,072,657	\$ 74.72	151.36%
CHIP	4,174	\$ 7,601,478	\$ 151.75	3,804	\$ 7,465,861	\$ 163.57	98.22%
Pharmacy Only	12,510	\$ 5,393,070	\$ 35.93	12,663	\$ 4,485,706	\$ 29.52	83.18%
Choices for Care	3,884	\$ 206,699,425	\$ 4,434.86	4,029	\$ 202,593,610	\$ 4,190.32	98.01%
<b>Total Medicaid</b>	<b>177,027</b>	<b>\$ 855,406,614</b>	<b>\$ 402.67</b>	<b>178,206</b>	<b>\$ 840,275,469</b>	<b>\$ 392.93</b>	<b>98.23%</b>

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