
**Report to
The Vermont Legislature**

Health Benefit Costs (PMPM)

**In Accordance with
Act 33 V.S.A. §1901(g): HUMAN SERVICES:
MEDICAL ASSISTANCE: MEDICAID**

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Department of Vermont Health Access**

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**AGENCY OF HUMAN SERVICES
Department of Vermont Health Access**

The Department of Vermont Health Access Caseload and Member Month Costs "As Passed"

Purpose: Act 48 of the 2011 Legislative Session established a reporting requirement for the Department of Vermont Health Access (DVHA) to post on its website Medicaid per-member per-month (PMPM) costs. Title 33 VSA §1901(g) requires that the shall post prominently on its website the total per-member per-month cost for each of its Medicaid and Medicaid waiver programs and the amount of the state's share and the beneficiary's share of such cost.

The Caseload and Member Month Costs report is the summary of the annual As Passed DVHA program budget. It details the projected monthly average enrollment, gross per member per month budget, estimated premium collections for applicable Medicaid Eligibility Groups (MEGs), and the net per member per month budget for each MEG. None of the budget amounts include DVHA administrative costs.

This report does not contain any actual enrollment or expenditures - it is budgetary ONLY.

The As Passed budget and enrollment estimates were determined using a combination of actuarial results and consensus between the Joint Fiscal Office (JFO), Agency of Human Services (AHS), Finance and Management, and DVHA.

The Department of Vermont Health Access
SFY '22 Caseload and Member Month Costs "As Passed"

<u>Medicaid Eligibility Group</u>	<u>Enrollment</u>	<u>Gross PMPM</u>	<u>Premium PMPM*</u>	<u>Net PMPM</u>
ABD Adult	6,475	\$ 764.19	\$ -	\$ 764.19
ABD Dual	17,649	\$ 257.64	\$ -	\$ 257.64
General Adult	10,049	\$ 502.44	\$ -	\$ 502.44
New Adult Childless	35,802	\$ 470.11	\$ -	\$ 470.11
New Adult w/Child	22,258	\$ 404.75	\$ -	\$ 404.75
Vermont Premium Assistance	15,937	\$ 29.36	\$ -	\$ 29.36
Vermont Cost Sharing	3,236	\$ 29.12	\$ -	\$ 29.12
ABD Child	1,594	\$ 1,068.01	\$ -	\$ 1,068.01
General Child	59,588	\$ 224.40	\$ -	\$ 224.40
Underinsured Child	530	\$ 68.19	\$ -	\$ 68.19
CHIP	4,374	\$ 165.45	\$ -	\$ 165.45
Pharmacy Only	9,568	\$ 47.50	\$ -	\$ 47.50
Choices for Care	4,596	\$ 727.16	\$ -	\$ 727.16

Enrollment = average monthly enrollment projected

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

Premium PMPM = monthly premium amount paid by enrollees *Premiums paused for Public Health Emergency

Net PMPM = Gross PMPM minus Premium PMPM

ABD = Aged, Blind, and Disabled

CHIP = Children's Health Insurance Plan