

The Department of Vermont Health Access
SFY '18 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	8,636	\$ 711.73	\$ -	\$ 711.73
ABD Dual	18,007	\$ 274.64	\$ -	\$ 274.64
General Adult	15,222	\$ 465.27	\$ -	\$ 465.27
New Adult	59,063	\$ 386.47	\$ -	\$ 386.47
Vermont Premium Assistance	16,828	\$ 28.26	\$ -	\$ 28.26
Vermont Cost Sharing	5,376	\$ 19.10	\$ -	\$ 19.10
ABD Child	2,459	\$ 842.64	\$ -	\$ 842.64
General Child	61,159	\$ 212.43	\$ (0.72)	\$ 211.71
Underinsured Child	831	\$ 122.72	\$ (12.50)	\$ 110.22
CHIP	5,562	\$ 139.13	\$ (37.50)	\$ 101.63
Pharmacy Only	11,640	\$ 45.64	\$ (22.09)	\$ 23.55
Choices for Care	4,350	\$ 4,385.58	\$ -	\$ 4,385.58

Enrollment = average monthly enrollment projected for SFY '18

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

Net PMPM = Gross PMPM minus Premium PMPM