

**The Department of Vermont Health Access**  
**SFY '19 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	7,141	\$ 767.80	\$ -	\$ 767.80
ABD Dual	17,772	\$ 251.46	\$ -	\$ 251.46
General Adult	12,958	\$ 464.27	\$ -	\$ 464.27
New Adult Childless	39,795	\$ 409.59	\$ -	\$ 409.59
New Adult w/Child	20,309	\$ 346.03	\$ -	\$ 346.03
Vermont Premium Assistance	20,524	\$ 28.88	\$ -	\$ 28.88
Vermont Cost Sharing	7,099	\$ 16.75	\$ -	\$ 16.75
ABD Child	2,379	\$ 855.12	\$ -	\$ 855.12
General Child	60,372	\$ 214.05	\$ (0.72)	\$ 213.33
Underinsured Child	800	\$ 117.79	\$ (12.50)	\$ 105.29
CHIP	4,905	\$ 140.94	\$ (37.50)	\$ 103.44
Pharmacy Only	10,913	\$ 46.84	\$ (22.09)	\$ 24.75
Choices for Care	4,390	\$ 4,415.82	\$ -	\$ 4,415.82

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

Net PMPM = Gross PMPM minus Premium PMPM