

The Department of Vermont Health Access
SFY '20 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 | 6,031 | \$ 737.36 | \$ - | \$ 737.36 |
| ABD Dual | 17,804 | \$ 266.00 | \$ - | \$ 266.00 |
| General Adult | 12,867 | \$ 469.47 | \$ - | \$ 469.47 |
| New Adult Childless | 39,273 | \$ 414.57 | \$ - | \$ 414.57 |
| New Adult w/Child | 18,813 | \$ 346.11 | \$ - | \$ 346.11 |
| Vermont Premium Assistance | 19,951 | \$ 28.88 | \$ - | \$ 28.88 |
| Vermont Cost Sharing | 4,052 | \$ 27.04 | \$ - | \$ 27.04 |
| ABD Child | 2,112 | \$ 761.01 | \$ - | \$ 761.01 |
| General Child | 59,708 | \$ 210.04 | \$ (0.72) | \$ 209.32 |
| Underinsured Child | 584 | \$ 70.05 | \$ (12.50) | \$ 57.55 |
| CHIP | 4,697 | \$ 149.73 | \$ (37.50) | \$ 112.23 |
| Pharmacy Only | 10,125 | \$ 61.44 | \$ (22.09) | \$ 39.35 |
| Choices for Care | 4,390 | \$ 536.63 | \$ - | \$ 536.63 |

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

* Premium collection paused for the COVID-19 Public Health Emergency during the final quarter of fiscal year 2020