

The Department of Vermont Health Access
SFY '21 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	\$ 758.18	\$ -	\$ 758.18
ABD Dual	17,898	\$ 262.72	\$ -	\$ 262.72
General Adult	7,899	\$ 436.47	\$ -	\$ 436.47
New Adult Childless	33,834	\$ 426.09	\$ -	\$ 426.09
New Adult w/Child	19,988	\$ 376.67	\$ -	\$ 376.67
Vermont Premium Assistance	16,515	\$ 29.36	\$ -	\$ 29.36
Vermont Cost Sharing	3,879	\$ 29.12	\$ -	\$ 29.12
ABD Child	2,150	\$ 860.03	\$ -	\$ 860.03
General Child	57,393	\$ 226.96	\$ -	\$ 226.96
Underinsured Child	509	\$ 67.48	\$ -	\$ 67.48
CHIP	4,274	\$ 167.32	\$ -	\$ 167.32
Pharmacy Only	9,664	\$ 64.15	\$ -	\$ 64.15
Choices for Care	4,165	\$ 594.37	\$ -	\$ 594.37

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 during the COVID-19 Public Health Emergency