

The Department of Vermont Health Access
SFY '17 Caseload and Member Month Costs "As Passed"

Medicaid Eligibility Group	Enrollment	Gross PMPM	Premium PMPM	Net PMPM
ABD Adult	17,229	\$ 512.62	\$ -	\$ 512.62
ABD Dual	19,153	\$ 240.48	\$ -	\$ 240.48
General Adult	22,041	\$ 381.17	\$ -	\$ 381.17
New Adult	59,021	\$ 326.36	\$ -	\$ 326.36
Exchange Premium Assistance	17,588	\$ 28.21	\$ -	\$ 28.21
Exchange Cost Sharing	5,646	\$ 18.19	\$ -	\$ 18.19
ABD Child	3,417	\$ 701.72	\$ -	\$ 701.72
General Child	64,846	\$ 192.48	\$ 0.72	\$ 193.20
Underinsured Child	820	\$ 122.66	\$ 12.50	\$ 135.16
SCHIP	4,874	\$ 143.61	\$ 37.50	\$ 181.11
Pharmacy Only	11,026	\$ 37.95	\$ 22.09	\$ 60.04
Choices for Care	4,623	\$ 3,827.62	\$ -	\$ 3,827.62

Enrollment = average monthly enrollment projected for SFY '17

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