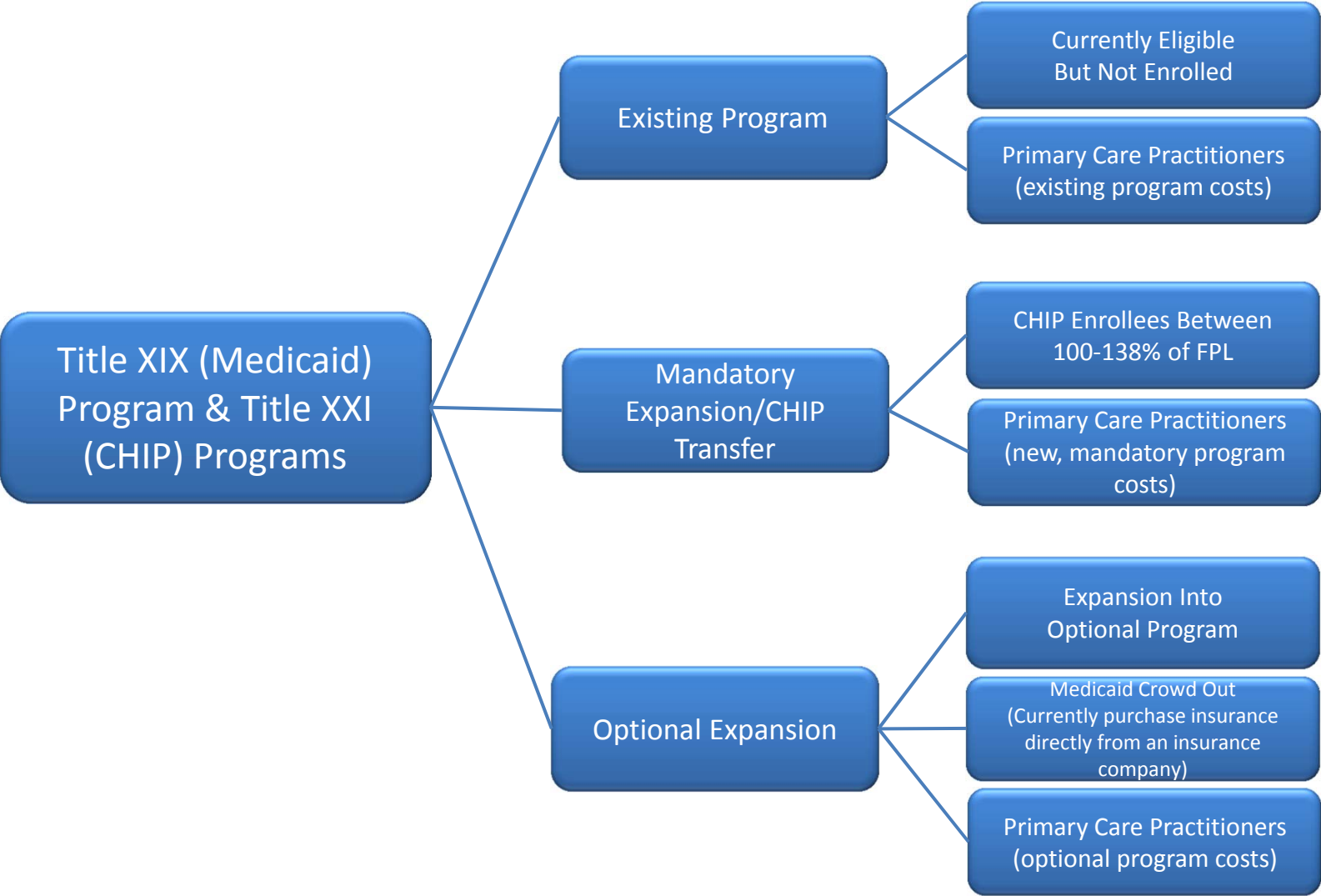


Social Services Estimating Conference

**Estimates Related to Federal Affordable Care Act:
Title XIX (Medicaid) & Title XXI (CHIP) Programs**

**ADOPTED
REVISED PER CONFERENCE
March 7, 2013**

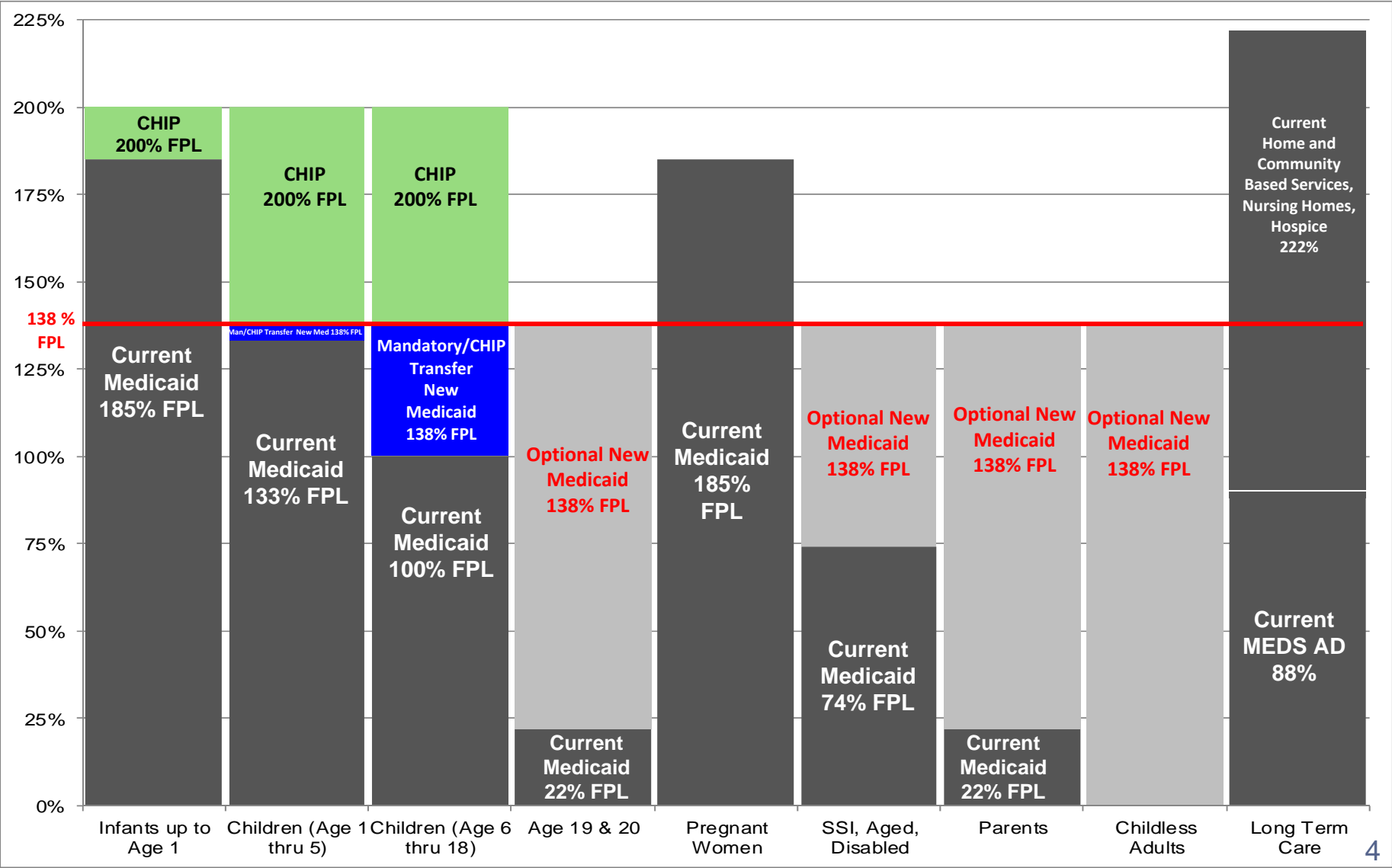
Scope of Analysis



Assumptions Related to Medicaid and CHIP

KEY ELEMENT	Affordable Care Act
FMAP/ Current Eligibility Level (EXISTING PROGRAM)	Regular FMAP (58.67%) for SFY 13-14, (58.93%) for SFY 14-15, (59.22%) for SFY 15-16 and (59.31%) thereafter. Based on 2/13 FMAP Calculation.
Medicaid Expansion (OPTIONAL PROGRAM)	Expand eligibility to 138% Federal Poverty Level – beginning 1/1/2014 <ul style="list-style-type: none"> •138% FPL for a family of 4: \$32,499 (2013)
FMAP/ Medicaid Expansion (OPTIONAL PROGRAM)	Provides for enhanced FMAP for expansion population: <ul style="list-style-type: none"> •100% CY 2014 •100% CY 2015 •100% CY 2016 •95% CY 2017 •94% CY 2018 •93% CY 2019 •90% CY 2020 and beyond
CHIP Transition (MANDATORY PROGRAM)	Children under 138% FPL move from Title XXI CHIP Program to Title XIX Medicaid program. The regular CHIP EFMAP (71.03%) for SFY 13-14, (71.24%) for SFY 14-15, (71.44%) for SFY 15-16 and (71.51%) thereafter received for these children. Based on 2/13 FMAP Calculation.
FMAP/ CHIP (EXISTING PROGRAM)	Anticipated enhanced FMAP for CHIP Population begins 10/1/2015 (138% Federal Poverty Level and above) <ul style="list-style-type: none"> •10/1/2015: $71.52+23.0=94.52\%$
CHIP/ Eligible but Not Enrolled (EXISTING PROGRAM)	Since the analysis begins on July 1, 2013 (2013-2014 State Fiscal Year), and the enhanced CHIP FMAP does not begin until 10/1/2015, the following FMAP levels are used for CHIP eligible but not enrolled based on 3/13 FMAP calculation: <ul style="list-style-type: none"> •71.03% SFY 2013-2014 •71.24% SFY 2014-2015 •88.69% SFY 2015-2016 •94.52% SFY 2016-2017 and beyond
Increased Rate for Practitioners (BOTH PROGRAMS)	100% federal funded increase to select codes for primary care providers for 2013 and 2014. This impacts approximately 35% of primary care codes under the Florida Medicaid Program. The estimates for the primary care fee increase reflect the details included in the November 2012 CMS rule relating to the fee increase.

Existing and Optional Medicaid / CHIP Eligibility Levels



Cost Assumptions for Medicaid Expansion

- The 2009-2011 3-Year American Community Survey (Public Use Microdata Sample) used for all populations except the Mandatory New Medicaid.
- The eligible population will increase each year by the annual growth rate in the total population of Florida for the Medicaid and CHIP Eligible but not Enrolled populations and the Newly Eligible population.
- The cost in per member per month (PMPM) will increase each year by the Chained Price Index for Medical Services.
- There will be an annual Health Insurance Tax (HIT) imposed on Medicaid Managed Care rates.
- Impacts are not included for the potential monthly user fee to support the operation of the Federal Exchange which may be a 3.5 percent of premium charge.
- Impacts are not included for the changes to the state disproportionate share allowances which will be phased down for a seven year period beginning with FFY 2014.
- Changes to the federal pharmacy rebate are already built-in to the underlying Medicaid estimates.

Assumptions:

Eligible but not Enrolled under Existing Program

- Based on 2009-2011 3-Year American Community Survey (Public Use Microdata Sample).
- Phase-in assumptions:
 - Even though it cannot be determined how many people who are eligible but not enrolled will ultimately enroll in Medicaid or CHIP, a minimum of 25% of the total eligible but not enrolled children is assumed in each state year beginning January 1, 2014. Adults are indeterminate.
 - The Conference assumes 25% of likely new enrollees for the first state fiscal year (SFY 2013-14) if expansion is exercised beginning 1/1/2014.
 - The Conference assumes 50% of likely new enrollees for the second state fiscal year (SFY 2014-15) of expansion beginning 7/1/2014.
 - The Conference assumes 75% of likely new enrollees for the third state fiscal year (SFY 2015-16) of expansion beginning 7/1/2015.
 - The Conference assumes 100% of likely new enrollees for the fourth state fiscal year (SFY 2016-17) of expansion and beyond (beginning 7/1/2016).
- The eligible population will increase each year by the annual growth rate in the total population of Florida.
- By fiscal year, this phase-in translates as follows:

– SFY 2013-2014:	25%
– SFY 2014-2015:	50%
– SFY 2015-2016:	75%
– SFY 2016-2017 and beyond:	100%

Assumptions:

Newly Eligible Population under Expansion Option

- Based on 2009-2011 3-Year American Community Survey (Public Use Microdata Sample).
- Phase-in assumptions:
 - The Conference assumes that only 79.7% of the eligible population will present for services:
 - Experience with the current Medicaid program indicates that only 79.7% of the population has availed themselves of available services.
 - Employers may provide new coverage that provides an alternative.
 - The Conference assumes 50% of likely new enrollees for the first state fiscal year (SFY 2013-14) if expansion is exercised beginning 1/1/2014.
 - The Conference assumes 65% of likely new enrollees for the second state fiscal year (SFY 2014-15) of expansion beginning 7/1/2014.
 - The Conference assumes 85% of likely new enrollees for the third state fiscal year (SFY 2015-16) of expansion beginning 7/1/2015.
 - The Conference assumes 100% of likely new enrollees for the fourth state fiscal year (SFY 2016-17) of expansion and beyond (beginning 7/1/2016).
- The eligible population will increase each year by the annual growth rate in the total population of Florida.
- By fiscal year, the phase-in translates as follows:

– SFY 2013-2014:	50%
– SFY 2014-2015:	65%
– SFY 2015-2016:	85%
– SFY 2016-2017 and beyond:	100%

Assumptions:

Crowd Out Population under Expansion Option

- Based on 2009-2011 3-Year American Community Survey (Public Use Microdata Sample) grown to get a FY 2013-14 equivalent.
- The Conference assumes enhanced FMAP would be received for these enrollees.
- Phase-in assumptions:
 - The Conference assumes that 150,751 persons under 138% FPL who are currently purchasing insurance directly from an insurance company (excluding the availability of any other insurance coverage) will enroll in Medicaid if the Expansion Option is adopted. This is a subset of all persons purchasing some form of private insurance because:
 - Employers may provide new coverage that provides an alternative.
 - The Conference assumes 40% of these enrollees for the first state year (SFY 2013-14) if expansion is exercised beginning 1/1/2014.
 - The Conference assumes 80% of new enrollees for the second state fiscal year (SFY 2014-15) of expansion beginning 7/1/2014.
 - The Conference assumes 100% of new enrollees for the third state fiscal year (SFY 2015-16) of expansion and beyond (beginning 7/1/2015).
- By fiscal year, this phase-in translates as follows:

– SFY 2013-2014:	40%
– SFY 2014-2015:	80%
– SFY 2015-2016 and beyond:	100%

Assumptions: Impact to CHIP Population

- Children transitioning from CHIP to Medicaid under Mandatory Expansion:
 - Assumed that for children under 138% FPL who move from CHIP to Medicaid, Florida will receive regular CHIP EFMAP.
- Utilized the Medicaid PMPM from February 25, 2013, SSEC estimate for SFY 2013-14:
 - SOBRA Children to 100% FPL for Children: \$147.82
- This would equate to no change in estimated expenditures due to the programmatic change for these beneficiaries.
- CHIP eligible but not enrolled population:
 - For these children Florida will receive enhanced CHIP EFMAP.
- For the recurring CHIP children the enhanced EFMAP will likely apply as well.

Assumptions:

Impact to CHIP Population

- Assume phase-in for CHIP Population based on growth rates from the February 15, 2013 Kidcare SSEC:
 - On January 1, 2014: 29% of Healthy Kids CHIP children will move to Medicaid (based on current distribution of children by Income Level). For future years it is assumed that the number of children will grow in Medicaid at:
 - 2.4% for SFY 2013-14
 - 3.2% for SFY 2014-15
 - 4.0% for SFY 2015-16
 - 4.4% for SFY 2016-17 and beyond.
 - On January 1, 2014: 28% of Children’s Medical Services CHIP children will move to Medicaid (Based on current distribution of Children’s Medical Services children by Income Level). For future years it is assumed that the number of children will grow in Medicaid at:
 - 1.1% for SFY 2013-14 and beyond.
 - On January 1, 2014: 11.2% of Medikids CHIP children will move to Medicaid (Based on current distribution of Medikids CHIP children by Income Level). For future years it is assumed that the number of children will grow in Medicaid at:
 - 0.6% for SFY 2013-14
 - 0.8% for SFY 2014-15
 - 1.0% for SFY 2015-16
 - 1.1% for SFY 2016-17 and beyond.
 - Beginning January 2014, Full Pay Program Growth for both Healthy Kids and MediKids CHIP will stop and 5% of Full Pay Enrollment as of December 2013 will migrate to an Exchange each month (assumption).

Assumptions Related To Primary Care Practitioners

- The final CMS rule relating to the primary care fee increase was released in November 2012.
 - Provides that certain physicians that provide eligible primary care services will be paid the Medicare rates in effect in calendar years (CY) 2013 and 2014.
 - Increased payment applies to primary care services delivered by a physician with a specialty designation of family medicine, general internal medicine, or pediatric medicine or related.
 - In addition to the specialty types listed above the increased payment is available to:
 - Board certified subspecialists.
 - Any provider type who has 60% of their Medicaid claims in evaluation and management.
 - States will receive 100 percent FMAP for the difference between the Medicaid State Plan payment amount as of July 1, 2009 and the applicable Medicare rate.

Assumptions Related to Health Insurance Tax (HIT)

- Health insurer fee estimates based on fee as described in the March 21, 2010 report prepared by the staff of the Joint Committee on Taxation, and incorporating impact of Statewide Medicaid Managed Care (SMMC) roll-out.
 - Assumes all contracted Managed Care Plans are for-profit (non-profit entities are exempt from fee).
 - Assumes it does not apply to Long-term Care as the fee does not apply to “long-term care insurance.”
 - Used SFY 2011-12 counts of SMMC eligibles and projected through SFY 2015-16 using the Social Services Estimating Conference’s prepaid caseload growth rates. Used the annual growth rate in total population of Florida for future years.
 - The SFY 2014-15 capitation rate is based on preliminary SMMC capitation rates received from the Agency’s contracted actuaries and projected future years using the Social Services Estimating Conference’s prepaid unit cost growth rates of 4%.
 - The health insurance fee load percentages are estimates based on material received from Milliman.
 - Calendar Year 2014: 1.40%
 - Calendar Year 2015 and beyond: 2.50%

General Assumptions

- Expenditures:
 - Expenditures are based on February 25, 2013, SSEC estimate for SFY 2013-14 and then increased by the Chained Price Index for Medical Services.
 - FMAP used is based on estimates from February 25, 2013, FMAP Estimating Conference for SFY 2013-14, SFY 2014-15, SFY 2015-16, and SFY 2016-17 then held flat for remainder of analysis.
- Caseload:
 - The Newly Eligible/Expansion, Eligible but not Enrolled/Existing Uninsured, and Crowd Out caseload is based on 2009-2011 3-Year American Community Survey (Public Use Microdata Sample) regarding the uninsured.
 - Increased each year by the annual growth rate in the total population of Florida for the Newly Eligible population and the Eligible but not Enrolled population.

PMPM Cost Calculations

- The cost calculations use the following Medicaid PMPMs from February 25, 2013, SSEC estimate for SFY 2013-14:

– Under 1 for Children Under 1:	\$375.18
– SOBRA Children to 100% FPL for Children:	\$147.82
– SOBRA Pregnant Women to 100% FPL for Pregnant Women:	\$842.88
– TANF Adults for Adults:	\$339.72
– SSI for SSI, Aged, Disabled:	\$1,513.43

- Based on the above PMPM details:

– Infants:	\$375.18
– Age 1-5:	\$147.82
– Age 6-18:	\$147.82
– Age 19-20:	\$339.72
– Pregnant Women:	\$842.88
– SSI:	\$1,513.43
– Parents:	\$339.72
– Childless Adults:	\$543.55 (\$339.72 x 1.6)

Summary Impact for Expansion: Affordable Care Act: Existing, Optional & Mandatory Expansion

		<i>Total: Impact of Enrollment and FMAP Changes to Medicaid (EXISTING PROGRAM)</i>	<i>Total: Impact of Enrollment and FMAP Changes to Medicaid (OPTIONAL EXPANSION)</i>	<i>Total: Impact of Enrollment and FMAP Changes to Medicaid (MANDATORY/CHIP TRANSFER EXPANSION)</i>	<i>Total: Impact of Increased Rates for Primary Care Practitioners (EXISTING PROGRAM)</i>	<i>Total: Impact of Increased Rates for Primary Care Practitioners (OPTIONAL & MANDATORY/CHIP TRANSFER EXPANSION)</i>	<i>Total: Impact of Health Insurance Tax on Managed Care Rates</i>	<i>Grand Total All Elements</i>
SFY 2013-14	State Cost	\$6,113,697	\$0	\$0	\$0	\$0	\$16,436,955	\$22,550,652
	Total Cost	\$16,657,706	\$1,258,054,808	\$0	\$675,323,161	\$50,583,309	\$39,770,034	\$2,040,389,018
	Enrollment	17,643	438,113					455,756
SFY 2014-15	State Cost	\$25,200,363	\$0	\$0	\$0	\$0	\$91,326,810	\$116,527,173
	Total Cost	\$69,116,571	\$3,635,450,992	\$0	\$338,290,013	\$72,147,705	\$221,828,541	\$4,336,833,822
	Enrollment	35,743	621,119					656,862
SFY 2015-16	State Cost	\$31,990,002	\$0	\$0	\$0	\$0	\$122,508,804	\$154,498,806
	Total Cost	\$107,546,720	\$4,880,683,071	\$0	\$0	\$0	\$299,312,983	\$5,287,542,774
	Enrollment	54,367	816,113					870,480
SFY 2016-17	State Cost	\$40,920,865	\$144,644,699	\$0	\$0	\$0	\$129,613,016	\$315,178,580
	Total Cost	\$148,770,752	\$5,785,787,963	\$0	\$0	\$0	\$317,212,471	\$6,251,771,186
	Enrollment	73,516	946,676					1,020,192
SFY 2017-18	State Cost	\$42,485,190	\$329,673,427	\$0	\$0	\$0	\$137,330,938	\$509,489,555
	Total Cost	\$154,457,643	\$5,994,062,318	\$0	\$0	\$0	\$336,101,169	\$6,484,621,130
	Enrollment	74,537	957,737					1,032,274

Summary Impact for Expansion: Affordable Care Act: Existing, Optional & Mandatory Expansion

		<i>Total: Impact of Enrollment and FMAP Changes to Medicaid (EXISTING PROGRAM)</i>	<i>Total: Impact of Enrollment and FMAP Changes to Medicaid (OPTIONAL EXPANSION)</i>	<i>Total: Impact of Enrollment and FMAP Changes to Medicaid (MANDATORY/CHIP TRANSFER EXPANSION)</i>	<i>Total: Impact of Increased Rates for Primary Care Practitioners (EXISTING PROGRAM)</i>	<i>Total: Impact of Increased Rates for Primary Care Practitioners (OPTIONAL & MANDATORY/CHIP TRANSFER EXPANSION)</i>	<i>Total: Impact of Health Insurance Tax on Managed Care Rates</i>	<i>Grand Total All Elements</i>
SFY 2018-19	State Cost	\$44,093,011	\$403,521,013	\$0	\$0	\$0	\$145,444,588	\$593,058,612
	Total Cost	\$160,304,137	\$6,208,015,583	\$0	\$0	\$0	\$355,958,366	\$6,724,278,086
	Enrollment	75,545	968,647					1,044,192
SFY 2019-20	State Cost	\$45,789,739	\$546,892,070	\$0	\$0	\$0	\$153,980,373	\$746,662,182
	Total Cost	\$166,471,736	\$6,434,024,358	\$0	\$0	\$0	\$376,848,685	\$6,977,344,779
	Enrollment	76,538	979,396					1,055,934
SFY 2020-21	State Cost	\$47,579,928	\$667,280,739	\$0	\$0	\$0	\$162,963,510	\$877,824,177
	Total Cost	\$172,980,198	\$6,672,807,386	\$0	\$0	\$0	\$398,833,847	\$7,244,621,431
	Enrollment	77,515	989,976					1,067,491
SFY 2021-22	State Cost	\$49,470,435	\$692,517,181	\$0	\$0	\$0	\$172,413,302	\$914,400,918
	Total Cost	\$179,852,798	\$6,925,171,808	\$0	\$0	\$0	\$421,961,092	\$7,526,985,698
	Enrollment	78,476	1,000,379					1,078,855
SFY 2022-23	State Cost	\$51,467,380	\$719,199,215	\$0	\$0	\$0	\$182,351,615	\$953,018,210
	Total Cost	\$187,113,146	\$7,191,992,146	\$0	\$0	\$0	\$446,283,933	\$7,825,389,225
	Enrollment	79,420	1,010,598					1,090,018
Total	State Cost	\$385,110,610	\$3,503,728,344	\$0	\$0	\$0	\$1,314,369,911	\$5,203,208,865
	Total Cost	\$1,363,271,407	\$54,986,050,433	\$0	\$1,013,613,174	\$122,731,014	\$3,214,111,121	\$60,699,777,149

Summary Impact for Expansion: Cost Components: Existing, Optional & Mandatory Expansion

<u>Enrollment and Enhanced Federal Matching Rate</u>		Medicaid: Eligible but not Enrolled (EXISTING PROGRAM)	Kidcare: Eligible but not Enrolled (EXISTING PROGRAM)	Medicaid: Expansion to 138% FPL (OPTIONAL EXPANSION)	Medicaid: Under 138% FPL in CHIP program move to Medicaid (MANDATORY/CHIP TRANSFER EXPANSION)	Savings CHIP: Under 138% FPL in CHIP move to Medicaid (MANDATORY/CHIP TRANSFER EXPANSION)	Total:
SFY 2013-14	FMAP	58.67%	71.03%	100.00%	71.03%	71.03%	
	State Cost	\$4,306,745	\$1,806,952	\$0	\$18,153,658	(\$18,153,658)	\$6,113,697
	Total Cost	\$10,420,385	\$6,237,321	\$1,258,054,808	\$62,658,237	(\$62,658,237)	\$1,274,712,514
	Enrollment	10,686	6,957	438,113	70,647	-70,647	455,756
SFY 2014-15	FMAP	58.83%	71.24%	100.00%	71.24%	71.24%	
	State Cost	\$17,757,311	\$7,443,052	\$0	\$37,978,490	(\$37,978,490)	\$25,200,363
	Total Cost	\$43,236,695	\$25,879,876	\$3,635,450,992	\$132,053,164	(\$132,053,164)	\$3,704,567,563
	Enrollment	21,649	14,094	621,119	72,700	-72,700	656,862
SFY 2015-16	FMAP	59.22%	88.69%	100.00%	71.44%	71.44%	
	State Cost	\$27,435,472	\$4,554,530	\$0	\$39,982,959	(\$39,982,959)	\$31,990,002
	Total Cost	\$67,276,783	\$40,269,937	\$4,880,683,071	\$139,971,851	(\$139,971,851)	\$4,988,229,791
	Enrollment	32,929	21,438	816,113	75,327	-75,327	870,480
SFY 2016-17	FMAP	59.31%	94.52%	97.50%	71.51%	71.51%	
	State Cost	\$37,868,196	\$3,052,669	\$144,644,699	\$42,412,926	(\$42,412,926)	\$185,565,564
	Total Cost	\$93,065,117	\$55,705,635	\$5,785,787,963	\$148,882,582	(\$148,882,582)	\$5,934,558,715
	Enrollment	44,527	28,989	946,676	78,321	-78,321	1,020,192
SFY 2017-18	FMAP	59.31%	94.52%	94.50%	71.51%	71.51%	
	State Cost	\$39,315,844	\$3,169,346	\$329,673,427	\$45,166,021	(\$45,166,021)	\$372,158,617
	Total Cost	\$96,622,866	\$57,834,777	\$5,994,062,318	\$158,532,894	(\$158,532,894)	\$6,148,519,961
	Enrollment	45,145	29,392	957,737	81,443	-81,443	1,032,274

Summary Impact for Expansion: Cost Components: Existing, Optional & Mandatory Expansion

<u>Enrollment and Enhanced Federal Matching Rate</u>		Medicaid: Eligible but not Enrolled (EXISTING PROGRAM)	Kidcare: Eligible but not Enrolled (EXISTING PROGRAM)	Medicaid: Expansion to 138% FPL (OPTIONAL EXPANSION)	Medicaid: Under 138% FPL in CHIP program move to Medicaid (MANDATORY/CHIP TRANSFER EXPANSION)	Savings CHIP: Under 138% FPL in CHIP move to Medicaid (MANDATORY/CHIP TRANSFER EXPANSION)	Total:
SFY 2018-19	FMAP	59.31%	94.52%	93.50%	71.51%	71.51%	
	State Cost	\$40,803,650	\$3,289,361	\$403,521,013	\$48,099,029	(\$48,099,029)	\$447,614,024
	Total Cost	\$100,279,306	\$60,024,831	\$6,208,015,583	\$168,827,762	(\$168,827,762)	\$6,368,319,720
	Enrollment	45,756	29,789	968,647	84,699	-84,699	1,044,192
SFY 2019-20	FMAP	59.31%	94.52%	91.50%	71.51%	71.51%	
	State Cost	\$42,373,866	\$3,415,873	\$546,892,070	\$51,278,245	(\$51,278,245)	\$592,681,809
	Total Cost	\$104,138,280	\$62,333,456	\$6,434,024,358	\$179,986,821	(\$179,986,821)	\$6,600,496,094
	Enrollment	46,357	30,181	979,396	88,095	-88,095	1,055,934
SFY 2020-21	FMAP	59.31%	94.52%	90.00%	71.51%	71.51%	
	State Cost	\$44,030,501	\$3,549,427	\$667,280,739	\$54,726,808	(\$54,726,808)	\$714,860,667
	Total Cost	\$108,209,637	\$64,770,561	\$6,672,807,386	\$192,091,289	(\$192,091,289)	\$6,845,787,584
	Enrollment	46,949	30,566	989,976	91,637	-91,637	1,067,491
SFY 2021-22	FMAP	59.31%	94.52%	90.00%	71.51%	71.51%	
	State Cost	\$45,780,008	\$3,690,427	\$692,517,181	\$58,469,488	(\$58,469,488)	\$741,987,616
	Total Cost	\$112,509,236	\$67,343,562	\$6,925,171,808	\$205,228,109	(\$205,228,109)	\$7,105,024,606
	Enrollment	47,531	30,945	1,000,379	95,330	-95,330	1,078,855
SFY 2022-23	FMAP	59.31%	94.52%	90.00%	71.51%	71.51%	
	State Cost	\$47,627,962	\$3,839,418	\$719,199,215	\$62,535,363	(\$62,535,363)	\$770,666,595
	Total Cost	\$117,050,778	\$70,062,368	\$7,191,992,146	\$219,499,344	(\$219,499,344)	\$7,379,105,292
	Enrollment	48,103	31,317	1,010,598	99,182	-99,182	1,090,018
Total	State Cost	\$347,299,555	\$37,811,055	\$3,503,728,344	\$458,802,987	(\$458,802,987)	\$3,888,838,954
	Total Cost	\$852,809,083	\$510,462,324	\$54,986,050,433	\$1,607,732,053	(\$1,607,732,053)	\$56,349,321,840

Summary Impact for Expansion: Increase Select Primary Care Rates to Medicare Rate

<u>Increase Reimbursement to Primary Care Providers to the Medicare Rate</u>		Currently Enrolled Population (EXISTING PROGRAM)	Medicaid: Eligible but Not Enrolled (EXISTING PROGRAM)	Medicaid: Expansion to 138% FPL (OPTIONAL EXPANSION)	Kidcare Transition Population (MANDATORY/CHIP TRANSFER EXPANSION)	Total:
SFY 2013-14	FMAP	100%	100%	100%	100%	
	State Cost	\$0	\$0	\$0	\$0	\$0
	Total Cost	\$674,924,060	\$399,101	\$48,183,499	\$2,399,810	\$725,906,470
SFY 2014-15	FMAP	100%	100%	100%	100%	
	State Cost	\$0	\$0	\$0	\$0	\$0
	Total Cost	\$337,462,030	\$827,983	\$69,618,887	\$2,528,818	\$410,437,718
Total	State Cost	\$0	\$0	\$0	\$0	\$0
	Total Cost	\$1,012,386,090	\$1,227,084	\$117,802,386	\$4,928,628	\$1,136,344,188

SFY 2012-13 Total Cost of \$337,642,030

Summary Impact without Expansion: Affordable Care Act: Existing, Optional & Mandatory Expansion

		<i>Total: Impact of Enrollment and FMAP Changes to Medicaid (EXISTING PROGRAM)</i>	<i>Total: Impact of Enrollment and FMAP Changes to Medicaid (OPTIONAL EXPANSION)</i>	<i>Total: Impact of Enrollment and FMAP Changes to Medicaid (MANDATORY/CHIP TRANSFER EXPANSION)</i>	<i>Total: Impact of Increased Rates for Primary Care Practitioners (EXISTING PROGRAM)</i>	<i>Total: Impact of Increased Rates for Primary Care Practitioners (OPTIONAL & MANDATORY/CHIP TRANSFER EXPANSION)</i>	<i>Total: Impact of Health Insurance Tax on Managed Care Rates</i>	<i>Grand Total All Elements</i>
SFY 2013-14	State Cost	\$7,193,795	\$0	\$0	\$0	\$0	\$16,436,955	\$23,630,750
	Total Cost	\$20,386,041	\$0	\$0	\$675,323,161	\$2,399,810	\$39,770,034	\$737,879,046
	Enrollment	21,847						21,847
SFY 2014-15	State Cost	\$29,649,449	\$0	\$0	\$0	\$0	\$91,326,810	\$120,976,259
	Total Cost	\$84,586,272	\$0	\$0	\$338,290,013	\$2,528,818	\$221,828,541	\$647,233,644
	Enrollment	44,260						44,260
SFY 2015-16	State Cost	\$34,712,470	\$0	\$0	\$0	\$0	\$122,508,804	\$157,221,274
	Total Cost	\$131,618,057	\$0	\$0	\$0	\$0	\$299,312,983	\$430,931,040
	Enrollment	67,321						67,321
SFY 2016-17	State Cost	\$42,745,626	\$0	\$0	\$0	\$0	\$129,613,016	\$172,358,642
	Total Cost	\$182,069,308	\$0	\$0	\$0	\$0	\$317,212,471	\$499,281,779
	Enrollment	91,033						91,033
SFY 2017-18	State Cost	\$44,379,693	\$0	\$0	\$0	\$0	\$137,330,938	\$181,710,631
	Total Cost	\$189,028,862	\$0	\$0	\$0	\$0	\$336,101,169	\$525,130,031
	Enrollment	92,297						92,297

Summary Impact without Expansion: Affordable Care Act: Existing, Optional & Mandatory Expansion

		<i>Total: Impact of Enrollment and FMAP Changes to Medicaid (EXISTING PROGRAM)</i>	<i>Total: Impact of Enrollment and FMAP Changes to Medicaid (OPTIONAL EXPANSION)</i>	<i>Total: Impact of Enrollment and FMAP Changes to Medicaid (MANDATORY/CHIP TRANSFER EXPANSION)</i>	<i>Total: Impact of Increased Rates for Primary Care Practitioners (EXISTING PROGRAM)</i>	<i>Total: Impact of Increased Rates for Primary Care Practitioners (OPTIONAL & MANDATORY/CHIP TRANSFER EXPANSION)</i>	<i>Total: Impact of Health Insurance Tax on Managed Care Rates</i>	<i>Grand Total All Elements</i>
SFY 2018-19	State Cost	\$46,059,170	\$0	\$0	\$0	\$0	\$145,444,588	\$191,503,758
	Total Cost	\$196,182,952	\$0	\$0	\$0	\$0	\$355,958,366	\$552,141,318
	Enrollment	93,545						93,545
SFY 2019-20	State Cost	\$47,831,587	\$0	\$0	\$0	\$0	\$153,980,373	\$201,811,960
	Total Cost	\$203,731,736	\$0	\$0	\$0	\$0	\$376,848,685	\$580,580,421
	Enrollment	94,775						94,775
SFY 2020-21	State Cost	\$49,701,600	\$0	\$0	\$0	\$0	\$162,963,510	\$212,665,110
	Total Cost	\$211,696,853	\$0	\$0	\$0	\$0	\$398,833,847	\$610,530,700
	Enrollment	95,985						95,985
SFY 2021-22	State Cost	\$51,676,380	\$0	\$0	\$0	\$0	\$172,413,302	\$224,089,682
	Total Cost	\$220,107,608	\$0	\$0	\$0	\$0	\$421,961,092	\$642,068,700
	Enrollment	97,174						97,174
SFY 2022-23	State Cost	\$53,762,378	\$0	\$0	\$0	\$0	\$182,351,615	\$236,113,993
	Total Cost	\$228,992,679	\$0	\$0	\$0	\$0	\$446,283,933	\$675,276,612
	Enrollment	98,344						98,344
Total	State Cost	\$407,712,148	\$0	\$0	\$0	\$0	\$1,314,369,911	\$1,722,082,059
	Total Cost	\$1,668,400,368	\$0	\$0	\$1,013,613,174	\$4,928,628	\$3,214,111,121	\$5,901,053,291

Summary Impact without Expansion: Cost Components: Existing, Optional & Mandatory Expansion

<u>Enrollment and Enhanced Federal Matching Rate</u>		Medicaid: Eligible but not Enrolled (EXISTING PROGRAM)	Kidcare: Eligible but not Enrolled (EXISTING PROGRAM)	Medicaid: Expansion to 138% FPL (OPTIONAL EXPANSION)	Medicaid: Under 138% FPL in CHIP program move to Medicaid (MANDATORY/CHIP TRANSFER EXPANSION)	Savings CHIP: Under 138% FPL in CHIP move to Medicaid (MANDATORY/CHIP TRANSFER EXPANSION)	Total:
SFY 2013-14	FMAP	58.67%	71.03%	0.00%	71.03%	71.03%	
	State Cost	\$4,306,745	\$2,887,050	\$0	\$18,153,658	(\$18,153,658)	\$7,193,795
	Total Cost	\$10,420,385	\$9,965,656	\$0	\$62,658,237	(\$62,658,237)	\$20,386,041
	Enrollment	10,686	11,161		70,647	-70,647	21,847
SFY 2014-15	FMAP	58.83%	71.24%	0.00%	71.24%	71.24%	
	State Cost	\$17,757,311	\$11,892,138	\$0	\$37,978,490	(\$37,978,490)	\$29,649,449
	Total Cost	\$43,236,695	\$41,349,577	\$0	\$132,053,164	(\$132,053,164)	\$84,586,272
	Enrollment	21,649	22,611		72,700	-72,700	44,260
SFY 2015-16	FMAP	59.22%	88.69%	0.00%	71.44%	71.44%	
	State Cost	\$27,435,472	\$7,276,998	\$0	\$39,982,959	(\$39,982,959)	\$34,712,470
	Total Cost	\$67,276,783	\$64,341,274	\$0	\$139,971,851	(\$139,971,851)	\$131,618,057
	Enrollment	32,929	34,392		75,327	-75,327	67,321
SFY 2016-17	FMAP	59.31%	94.52%	0.00%	71.51%	71.51%	
	State Cost	\$37,868,196	\$4,877,430	\$0	\$42,412,926	(\$42,412,926)	\$42,745,626
	Total Cost	\$93,065,117	\$89,004,191	\$0	\$148,882,582	(\$148,882,582)	\$182,069,308
	Enrollment	44,527	46,506		78,321	-78,321	91,033
SFY 2017-18	FMAP	59.31%	94.52%	0.00%	71.51%	71.51%	
	State Cost	\$39,315,844	\$5,063,849	\$0	\$45,166,021	(\$45,166,021)	\$44,379,693
	Total Cost	\$96,622,866	\$92,405,996	\$0	\$158,532,894	(\$158,532,894)	\$189,028,862
	Enrollment	45,145	47,152		81,443	-81,443	92,297

Summary Impact without Expansion: Cost Components: Existing, Optional & Mandatory Expansion

<u>Enrollment and Enhanced Federal Matching Rate</u>		Medicaid: Eligible but not Enrolled (EXISTING PROGRAM)	Kidcare: Eligible but not Enrolled (EXISTING PROGRAM)	Medicaid: Expansion to 138% FPL (OPTIONAL EXPANSION)	Medicaid: Under 138% FPL in CHIP program move to Medicaid (MANDATORY/CHIP TRANSFER EXPANSION)	Savings CHIP: Under 138% FPL in CHIP move to Medicaid (MANDATORY/CHIP TRANSFER EXPANSION)	Total:
SFY 2018-19	FMAP	59.31%	94.52%	0.00%	71.51%	71.51%	
	State Cost	\$40,803,650	\$5,255,520	\$0	\$48,099,029	(\$48,099,029)	\$46,059,170
	Total Cost	\$100,279,306	\$95,903,646	\$0	\$168,827,762	(\$168,827,762)	\$196,182,952
	Enrollment	45,756	47,789		84,699	-84,699	93,545
SFY 2019-20	FMAP	59.31%	94.52%	0.00%	71.51%	71.51%	
	State Cost	\$42,373,866	\$5,457,721	\$0	\$51,278,245	(\$51,278,245)	\$47,831,587
	Total Cost	\$104,138,280	\$99,593,456	\$0	\$179,986,821	(\$179,986,821)	\$203,731,736
	Enrollment	46,357	48,418		88,095	-88,095	94,775
SFY 2020-21	FMAP	59.31%	94.52%	0.00%	71.51%	71.51%	
	State Cost	\$44,030,501	\$5,671,099	\$0	\$54,726,808	(\$54,726,808)	\$49,701,600
	Total Cost	\$108,209,637	\$103,487,216	\$0	\$192,091,289	(\$192,091,289)	\$211,696,853
	Enrollment	46,949	49,036		91,637	-91,637	95,985
SFY 2021-22	FMAP	59.31%	94.52%	0.00%	71.51%	71.51%	
	State Cost	\$45,780,008	\$5,896,372	\$0	\$58,469,488	(\$58,469,488)	\$51,676,380
	Total Cost	\$112,509,236	\$107,598,372	\$0	\$205,228,109	(\$205,228,109)	\$220,107,608
	Enrollment	47,531	49,643		95,330	-95,330	97,174
SFY 2022-23	FMAP	59.31%	94.52%	0.00%	71.51%	71.51%	
	State Cost	\$47,627,962	\$6,134,416	\$0	\$62,535,363	(\$62,535,363)	\$53,762,378
	Total Cost	\$117,050,778	\$111,941,901	\$0	\$219,499,344	(\$219,499,344)	\$228,992,679
	Enrollment	48,103	50,241		99,182	-99,182	98,344
Total	State Cost	\$347,299,555	\$60,412,593	\$0	\$458,802,987	(\$458,802,987)	\$407,712,148
	Total Cost	\$852,809,083	\$815,591,285	\$0	\$1,607,732,053	(\$1,607,732,053)	\$1,668,400,368

Summary Impact without Expansion: Increase Select Primary Care Rates to Medicare Rate

<u>Increase Reimbursement to Primary Care Providers to the Medicare Rate</u>		Currently Enrolled Population (EXISTING PROGRAM)	Medicaid: Eligible but Not Enrolled (EXISTING PROGRAM)	Medicaid: Expansion to 138% FPL (OPTIONAL EXPANSION)	Kidcare Transition Population (MANDATORY/CHIP TRANSFER EXPANSION)	Total:
SFY 2013-14	FMAP	100%	100%	0.00%	100%	
	State Cost	\$0	\$0	\$0	\$0	\$0
	Total Cost	\$674,924,060	\$399,101	\$0	\$2,399,810	\$677,722,971
SFY 2014-15	FMAP	100%	100%	0.00%	100%	
	State Cost	\$0	\$0	\$0	\$0	\$0
	Total Cost	\$337,462,030	\$827,983	\$0	\$2,528,818	\$340,818,831
Total	State Cost	\$0	\$0	\$0	\$0	\$0
	Total Cost	\$1,012,386,090	\$1,227,084	\$0	\$4,928,628	\$1,018,541,802

SFY 2012-13 Total Cost of \$337,642,030