

Medicaid
CHIP Transfer and Woodworking Summary
Total Number of Kids by the FYE
2/10/14 Caseload Conference

Based on recent actual data and the latest federal guidelines, the following targeted caseload forecasts have been updated.

	Children - Medicaid Funded Under Title XXI				Medicaid Title XIX	Combined Total	
	Age 6 - 18	Under 1		* CHIP Transfers	Total		SOBRA Children >100%
		CHIP Woodwork	Medicaid Woodwork	from - FHK & CMS	Total		Woodworking
FYE 6/30/14	8,426	49	691	-	9,166	9,995	19,161
FYE 6/30/15	8,426	100	1,401	51,059	60,986	20,248	81,234
FYE 6/30/16	8,426	152	2,131	51,059	61,768	30,798	92,566
FYE 6/30/17	8,426	205	2,881	51,059	62,571	41,646	104,217
FYE 6/30/18	8,426	208	2,921	51,059	62,614	42,224	104,838

*CMS will transfer all 4,663 kids on August 1, 2014.

FHK transfers will begin in August 1, 2014 and should be completed by December 1, 2014, for a total of 51,059 kids transferred.

Summary

IPT Impact of the Affordable Care Act without Medicaid Expansion

Calendar Year	2014	2015	2016	2017	2018	2019
Impact of Newly Insured	\$24,299,880	\$34,540,532	\$42,064,118	\$50,250,578	\$52,731,583	\$55,319,347
Impact of the Existing Insured	\$21,349,327	\$22,349,878	\$23,460,175	\$24,625,983	\$25,841,805	\$27,109,932
Total Impact Cash	\$45,649,207	\$56,890,410	\$65,524,293	\$74,876,561	\$78,573,388	\$82,429,279
Total Impact Recurring	\$65,292,618	\$67,956,000	\$71,331,942	\$74,876,561	\$78,573,388	\$82,429,279

Fiscal Year	2014-15	2015-16	2016-17	2017-18	2018-19
FY Cash	\$76,370,029	\$61,552,706	\$70,574,518	\$76,872,848	\$80,655,569
FY Recurring	\$66,730,844	\$69,779,009	\$73,246,036	\$76,872,848	\$80,655,569

REC Impact Sheet without Medicaid Expansion

	High		Middle		Low	
	Cash	Recurring	Cash	Recurring	Cash	Recurring
2013-14			**	**		
2014-15			\$76.4	\$66.7		
2015-16			\$61.6	\$69.8		
2016-17			\$70.6	\$73.2		
2017-18			\$76.9	\$76.9		

Insurance Premiums OIR

	21 - 29		30 - 54		55 - 64	
Silver Plan Individual	Male	Female	Male	Female	Male	Female
Average Old Premium	\$109	\$145	\$193	\$235	\$401	\$377
Average New Premium	\$235	\$238	\$336	\$340	\$609	\$610
Average Monthly Increase	\$126	\$93	\$143	\$105	\$208	\$233
Average Annual Old	\$1,312	\$1,741	\$2,316	\$2,821	\$4,815	\$4,529
Average Annual New	\$2,820	\$2,857	\$4,034	\$4,080	\$7,308	\$7,321
Average Annual Increase	\$1,508	\$1,116	\$1,718	\$1,258	\$2,493	\$2,792

Existing Insured			
Bracket	Male	Female	
21 - 29	14.1%	45.8%	54.2%
30 - 54	59.0%	46.0%	54.0%
55 - 64	27.0%	43.8%	56.2%

Average Weighted Old Premium \$2,999
 Average Weighted New Premium \$4,766

	21 - 29		30 - 54		55 - 64	
Bronze Plan Individual	Male	Female	Male	Female	Male	Female
Average Old Premium	\$111	\$154	\$199	\$247	\$422	\$400
Average New Premium	\$211	\$213	\$302	\$304	\$551	\$552
Average Monthly Increase	\$100	\$58	\$103	\$57	\$128	\$152
Average Annual Old	\$1,333	\$1,852	\$2,385	\$2,962	\$5,067	\$4,798
Average Annual New	\$2,535	\$2,552	\$3,624	\$3,650	\$6,606	\$6,622
Average Annual Increase	\$1,201	\$701	\$1,239	\$688	\$1,539	\$1,824

Existing Uninsured			
Bracket	Male	Female	
21 - 29	24.8%	59.3%	40.7%
30 - 54	57.9%	55.2%	44.8%
55 - 64	17.3%	45.9%	54.1%

Average Weighted Old Premium \$2,764
 Average Weighted New Premium \$3,878

	21 - 29		30 - 54		55 - 64	
Silver Plan Small Group	Male	Female	Male	Female	Male	Female
Average Old Premium	\$190	\$383	\$375	\$523	\$883	\$819
Average New Premium	\$332	\$329	\$458	\$462	\$822	\$826
Average Monthly Increase	\$142	(\$54)	\$83	(\$61)	(\$60)	\$7
Average Annual Old	\$843	\$1,769	\$1,567	\$2,078	\$4,708	\$4,489
Average Annual New	\$1,474	\$1,519	\$1,914	\$1,835	\$4,386	\$4,528
Average Annual Increase	\$631	(\$250)	\$347	(\$243)	(\$322)	\$39

Existing Insured			
Bracket	Male	Female	
21 - 29	14.1%	45.8%	54.2%
30 - 54	59.0%	46.0%	54.0%
55 - 64	27.0%	43.8%	56.2%

Average Weighted Old Premium \$2,512
 Average Weighted New Premium \$2,519

	21 - 29		30 - 54		55 - 64	
Bronze Plan Small Group	Male	Female	Male	Female	Male	Female
Average Old Premium	\$193	\$389	\$380	\$531	\$894	\$832
Average New Premium	\$284	\$275	\$388	\$388	\$690	\$695
Average Monthly Increase	\$90	(\$114)	\$8	(\$143)	(\$204)	(\$136)
Average Annual Old	\$860	\$1,795	\$1,589	\$2,109	\$4,768	\$4,557
Average Annual New	\$1,262	\$1,271	\$1,622	\$1,540	\$3,678	\$3,810
Average Annual Increase	\$402	(\$524)	\$33	(\$569)	(\$1,090)	(\$747)

Existing Uninsured			
Bracket	Male	Female	
21 - 29	24.80%	59.30%	40.70%
30 - 54	57.90%	55.20%	44.80%
55 - 64	17.30%	45.90%	54.10%

Average Weighted Old Premium \$2,166.41
 Average Weighted New Premium \$1,879.61

Individual Subsidies

Premium Type	Distribution	Premium Amount 2014	Premium Amount 2015	Premium Amount 2016	Premium Amount 2017	Premium Amount 2018
Individually Insured	23.6%	\$3,878	\$4,006	\$4,147	\$4,292	\$4,442
Small Groups Insured	23.6%	\$1,880	\$1,942	\$2,010	\$2,080	\$2,153
Large Group Insured	52.8%	\$1,880	\$1,880	\$1,880	\$1,880	\$1,880

	2014	2015	2016	2017	2018
Average Premium	\$2,350	\$2,395	\$2,444	\$2,495	\$2,548

2014

Premium Limit	Individuals	Individual Distr.	Average Income	Maximum Out of Pocket	Average Premium	Out of Pocket	Subsidy
3.0%	126,899	5.9%	\$12,165	\$365	\$2,350	\$364.95	\$1,985
5.2%	481,338	22.4%	\$14,573	\$751	\$2,350	\$750.51	\$1,600
7.2%	423,413	19.7%	\$16,841	\$1,208	\$2,350	\$1,208.32	\$1,142
8.8%	315,669	14.7%	\$19,640	\$1,723	\$2,350	\$1,723.41	\$627
9.5%	394,023	18.3%	\$23,590	\$2,241	\$2,350	\$2,241.03	\$109
100.0%	406,331	18.9%	\$40,967	\$40,967	\$2,350	\$2,350.39	\$0
Subsidy Ave							\$813

2015

Premium Limit	Individuals	Individual Distr.	Average Income	Maximum Out of Pocket	Average Premium	Out of Pocket	Subsidy
3.0%	126,899	5.9%	\$12,165	\$365	\$2,395	\$364.95	\$2,030
5.2%	481,338	22.4%	\$14,573	\$751	\$2,395	\$750.51	\$1,645
7.2%	423,413	19.7%	\$16,841	\$1,208	\$2,395	\$1,208.32	\$1,187
8.8%	315,669	14.7%	\$19,640	\$1,723	\$2,395	\$1,723.41	\$672
9.5%	394,023	18.3%	\$23,590	\$2,241	\$2,395	\$2,241.03	\$154
100.0%	406,331	18.9%	\$40,967	\$40,967	\$2,395	\$2,395.19	\$0
Subsidy Ave							\$850

2016

Premium Limit	Individuals	Individual Distr.	Average Income	Maximum Out of Pocket	Average Premium	Out of Pocket	Subsidy
3.0%	126,899	5.9%	\$12,165	\$365	\$2,444	\$364.95	\$2,079
5.2%	481,338	22.4%	\$14,573	\$751	\$2,444	\$750.51	\$1,694
7.2%	423,413	19.7%	\$16,841	\$1,208	\$2,444	\$1,208.32	\$1,236
8.8%	315,669	14.7%	\$19,640	\$1,723	\$2,444	\$1,723.41	\$721
9.5%	394,023	18.3%	\$23,590	\$2,241	\$2,444	\$2,241.03	\$203
100.0%	406,331	18.9%	\$40,967	\$40,967	\$2,444	\$2,444.27	\$0
Subsidy Ave							\$889

2017

Premium Limit	Individuals	Individual Distr.	Average Income	Maximum Out of Pocket	Average Premium	Out of Pocket	Subsidy
3.0%	126,899	5.9%	\$12,165	\$365	\$2,495	\$364.95	\$2,130
5.2%	481,338	22.4%	\$14,573	\$751	\$2,495	\$750.51	\$1,745
7.2%	423,413	19.7%	\$16,841	\$1,208	\$2,495	\$1,208.32	\$1,287
8.8%	315,669	14.7%	\$19,640	\$1,723	\$2,495	\$1,723.41	\$772
9.5%	394,023	18.3%	\$23,590	\$2,241	\$2,495	\$2,241.03	\$254
100.0%	406,331	18.9%	\$40,967	\$40,967	\$2,495	\$2,495.07	\$0
Subsidy Ave							\$931

2018

Premium Limit	Individuals	Individual Distr.	Average Income	Maximum Out of Pocket	Average Premium	Out of Pocket	Subsidy
3.0%	126,899	5.9%	\$12,165	\$365	\$2,548	\$364.95	\$2,183
5.2%	481,338	22.4%	\$14,573	\$751	\$2,548	\$750.51	\$1,797
7.2%	423,413	19.7%	\$16,841	\$1,208	\$2,548	\$1,208.32	\$1,339
8.8%	315,669	14.7%	\$19,640	\$1,723	\$2,548	\$1,723.41	\$824
9.5%	394,023	18.3%	\$23,590	\$2,241	\$2,548	\$2,241.03	\$307
100.0%	406,331	18.9%	\$40,967	\$40,967	\$2,548	\$2,547.64	\$0
Subsidy Ave							\$973

Individuals

<http://www.kff.org/healthreform/upload/7962-02.pdf>

<http://aspe.hhs.gov/poverty/13poverty.cfm>

Individual Tax Subsidies

General		Family of Three (\$5,639 Premium)			
Income	Percent of Income	Income	Subsidy Amount	Out-of-Pocket	Monthly Out-of-Pocket
<133%	2.00%	\$25,975	\$5,119	\$519	\$43
150%	4.00%	\$29,295	\$4,467	\$1,172	\$98
200%	6.30%	\$39,060	\$3,178	\$2,461	\$205
250%	8.05%	\$48,825	\$1,708	\$3,930	\$328
300%	9.50%	\$58,590	\$73	\$5,566	\$464
400%	9.50%	\$78,120	\$0	\$5,639	\$470
>400%	Full Premium	\$78,315	\$0	\$5,639	\$470

Federal Poverty Level	Income
1	\$11,490
2	\$15,510
3	\$19,530
4	\$23,550
5	\$27,570
6	\$31,590
7	\$35,610
8	\$39,630
>8	+ \$4020

Tax Credit for Small Businesses up to 25 Employees

<http://www.ncsl.org/documents/health/SBtaxCredits.pdf>

Small Business Tax Credit, Percent of Employer Contribution to Premiums, For-Profit Firms 2010-2013 and Non Profit Firms in 2014+

Firm Size	Average Wage					
	Up to \$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
Up to 10	35.0%	28.0%	21.0%	14.0%	7.0%	0.0%
11	33.0%	26.0%	19.0%	12.0%	5.0%	0.0%
12	30.0%	23.0%	16.0%	9.0%	2.0%	0.0%
13	28.0%	21.0%	14.0%	7.0%	0.0%	0.0%
14	26.0%	19.0%	12.0%	5.0%	0.0%	0.0%
15	23.0%	16.0%	9.0%	2.0%	0.0%	0.0%
16	21.0%	14.0%	7.0%	0.0%	0.0%	0.0%
17	19.0%	12.0%	5.0%	0.0%	0.0%	0.0%
18	16.0%	9.0%	2.0%	0.0%	0.0%	0.0%
19	14.0%	7.0%	0.0%	0.0%	0.0%	0.0%
20	12.0%	5.0%	0.0%	0.0%	0.0%	0.0%
21	9.0%	2.0%	0.0%	0.0%	0.0%	0.0%
22	7.0%	0.0%	0.0%	0.0%	0.0%	0.0%
23	5.0%	0.0%	0.0%	0.0%	0.0%	0.0%
24	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%
25	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Small Business Tax Credit, Percent of Employer Contributions to Premiums, For-Profit Firms in 2014+

Firm Size	Average Wage					
	Up to \$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
Up to 10	50.0%	40.0%	30.0%	20.0%	10.0%	0.0%
11	47.0%	37.0%	27.0%	17.0%	7.0%	0.0%
12	43.0%	33.0%	23.0%	13.0%	3.0%	0.0%
13	40.0%	30.0%	20.0%	10.0%	0.0%	0.0%
14	37.0%	27.0%	17.0%	7.0%	0.0%	0.0%
15	33.0%	23.0%	13.0%	3.0%	0.0%	0.0%
16	30.0%	20.0%	10.0%	0.0%	0.0%	0.0%
17	27.0%	17.0%	7.0%	0.0%	0.0%	0.0%
18	23.0%	13.0%	3.0%	0.0%	0.0%	0.0%
19	20.0%	10.0%	0.0%	0.0%	0.0%	0.0%
20	17.0%	7.0%	0.0%	0.0%	0.0%	0.0%
21	13.0%	3.0%	0.0%	0.0%	0.0%	0.0%
22	10.0%	0.0%	0.0%	0.0%	0.0%	0.0%
23	7.0%	0.0%	0.0%	0.0%	0.0%	0.0%
24	3.0%	0.0%	0.0%	0.0%	0.0%	0.0%
25	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

General Assumptions for New Policies (Calendar Year)	2014		2015		2016		2017		2018		2019		Comments
	Population	Excluded Pop.											
1 Total Population*	19,484,080		19,745,610		20,025,640		20,309,920		20,591,940		20,871,928		
2 Population Uninsured	4,176,743	15,307,337	4,232,806	15,512,804	4,292,835	15,732,805	4,353,775	15,956,145	4,414,231	16,177,709	4,474,251	16,397,677	Removes Insured Population
3 Population above the Poverty Threshold of 138%	2,376,631	1,800,112	2,408,532	1,824,274	2,442,689	1,850,146	2,477,365	1,876,410	2,511,765	1,902,466	2,545,918	1,928,333	Excludes most of Medicaid-Eligible but Not Enrolled & Medicaid Expansion Population
4 Less Infants Younger than 1 or Pregnant Women Age 21 and over, and both Groups' Income under the Threshold of 185%	2,368,978	7,653	2,400,776	7,756	2,434,823	7,866	2,469,387	7,978	2,503,677	8,088	2,537,720	8,198	Removes the Remainder of Medicaid
5 Less CHIP Eligible	2,268,394	100,584	2,298,841	101,935	2,331,443	103,380	2,364,539	104,848	2,397,373	106,304	2,429,971	107,749	Removes Children qualifying for CHIP
6 Less Government Employees	2,219,965	48,429	2,249,762	49,079	2,281,668	49,775	2,314,057	50,482	2,346,190	51,183	2,378,092	51,879	Gov't Covered Elsewhere
7 Non-Working Age Population (Younger than 16 years)	165,421		167,641		170,019		172,432		174,827		177,204		Children (See Group 3)
8 Working Age Population (16 years or Older)	2,054,544		2,082,121		2,111,649		2,141,625		2,171,363		2,200,888		(See Group 1)
Group 1 (Employed and Uninsured)													
9 Working Age Population (16 years or Older)	2,054,544		2,082,121		2,111,649		2,141,625		2,171,363		2,200,888		From Line 8
10 Employed	1,340,177	714,367	1,358,166	723,955	1,377,427	734,222	1,396,980	744,645	1,416,378	754,985	1,435,637	765,251	Removes Non-Employed (See Group 2)
11 Self Employed	239,000		242,208		245,643		249,130		252,589		256,024		
12 Employed by a Small Firm (DEO- 26.4% of Non Self Employed, < 50 Employees)	290,711		294,613		298,791		303,032		307,240		311,418		An Assumption based on DEO data, number of employed working for Firms with < 50 Employees
13 Less Self-Funded Small Business Firms (11.2% Reduction)	258,151	32,560	265,326	32,997	269,092	33,465	272,829	33,940	276,539	34,411	280,204	34,879	Removes Self-Funded Insurance Pool
14 Employed by a Large Firm (DEO- 73.6% of Non Self Employed)	810,466		821,345		832,993		844,818		856,549		868,195		An Assumption based on DEO data, number of employed working for Firms with > 50 Employees
15 Less Firms Less Likely to Offer Coverage (40.2%)	484,659	325,807	0	0	0	0	0	0	0	0	0	0	Removes Large Firms located in Retail/ Wholesale and Food and Accommodation Services for 1 Year, UT Data
16 Less Self-Funded Large Business Firms (68.8% Reduction)	151,214	333,445	256,260	565,085	259,894	573,099	263,583	581,235	267,243	589,306	270,877	597,318	Removes Self-Funded Insurance Pool
17 SUBTOTAL	648,365		760,084		770,863		781,805		792,661		803,440		
Group 2 (Non-Working and Uninsured)													
18 Non-Working Population (16 Years or Older)	714,367		723,955		734,222		744,645		754,985		765,251		Line 9 minus Line 10
19 Non-Working Population (> 25 Years of Age)	518,833	195,534	525,797	198,158	533,254	200,968	540,824	203,821	548,334	206,651	555,790	209,461	Assumes those Age 16 to 25 will Pay the Penalty or Do not Owe One
20 SUBTOTAL	518,833		525,797		533,254		540,824		548,334		555,790		
Group 3 (Non-Working Age Population)**													
21 Non-Working Age Population (Younger than 16 years)	165,421		167,641		170,019		172,432		174,827		177,204		Children--Assumes 100% Coverage
22 Belonging to Household where Parents are Insured, but Children are not	83,925		85,051		86,258		87,487		88,697		89,903		
23 Belonging to Household where Parents and Children are Uninsured	81,496		82,590		83,761		84,950		86,130		87,301		
24 SUBTOTAL	165,421		167,641		170,019		172,432		174,827		177,204		
Group 4 (Medicaid Expansion Population, 16 Years of Age and Older)													
25 Qualifying Population	864,063		875,661		888,080		900,687		913,194		925,610		Modified Social Services Estimating Conference Age 16 and over Expansion Population
26 Employed	369,375		374,333		379,642		385,031		390,378		395,686		Removes Non-Employed
27 Self Employed	66,512		67,405		68,361		69,331		70,294		71,250		
28 Employed by a Small Firm (DEO- 26.4% of Non Self Employed, < 50 Employees)	79,956		81,029		82,178		83,345		84,502		85,651		An Assumption based on DEO data, number of employed working for Firms with < 50 Employees
29 Less Self-Funded Small Business Firms (11.2% Reduction)	71,001	8,955	71,954	9,075	72,974	9,204	74,010	9,335	75,038	9,464	76,058	9,593	Removes Self-Funded Insurance Pool
30 Employed by a Large Firm (DEO- 73.6% of Non Self Employed)	222,907		225,899		229,103		232,355		235,582		238,785		An Assumption based on DEO data, number of employed working for Firms with > 50 Employees
31 Less Firms Less Likely to Offer Coverage (40.2%)	133,298	89,609	0	0	0	0	0	0	0	0	0	0	Removes Large Firms located in Retail/ Wholesale and Food and Accommodation Services for 1 Year, UT Data
32 Less Self-Funded Large Business Firms (68.8% Reduction)	41,589	91,709	70,480	155,419	71,480	157,623	72,495	159,860	73,502	162,080	74,501	164,284	Removes Self-Funded Insurance Pool
33 Non-Employed	494,688		501,328		508,438		515,656		522,816		529,924		
34 3% Participation Rate	14,841	479,847	15,040	486,288	15,253	493,185	15,470	500,186	15,684	507,132	15,898	514,026	Assumes only 3% participate since Group 4 is not subject to individual penalty
35 SUBTOTAL	193,943		224,879		228,068		231,306		234,518		237,707		
Federal Tax Adjustment													
36 Uninsured Subtotal (Summation of Lines 17, 20, 24 and 35)	1,526,562		1,678,401		1,702,204		1,726,367		1,750,340		1,774,141		
37 Tax Filers (90%)	1,373,906	152,656	1,510,561	167,840	1,531,984	170,220	1,553,730	172,637	1,575,306	175,034	1,596,727	177,414	Excludes Non-Filers (No Effective Penalty)
Penalties													
38 Chooses Penalty over Healthcare	195,534		198,158		200,968		203,821		206,651		209,461		Excluded population from Line 19
39 Non-Filers	152,656		167,840		170,220		172,637		175,034		177,414		Excluded population from Line 37
40 Less Small and Large Firm Employees	100,461	52,195	101,809	66,031	103,253	66,967	104,719	67,918	106,173	68,861	107,617	69,797	Assumes that small and large firm employers will provide health insurance initially
41 Less Filers Not Audited	50,230	50,231	50,905	50,904	51,626	51,627	52,359	52,360	53,086	53,087	53,808	53,809	Assumes that the Pool of Non-Filers is churning as individuals are Audited and Subject to Penalty
42 Tax Filers	1,373,906		1,510,561		1,531,984		1,553,730		1,575,306		1,596,727		From Line 37
43 Less Small and Large Firm Employees	904,146	469,760	916,282	594,279	929,277	602,707	942,468	611,262	955,555	619,751	968,549	628,178	Assumes that small and large firm employers will provide health insurance initially
44 Ramp-Up Adjustment (60%, 40%, 20% and 0% Reduction to Tax Filers)	542,488	361,658	366,513	549,769	185,855	743,422	0	942,468	0	955,555	0	968,549	Gradually the Pool of Individuals Penalized Shrinks as more Policies are Purchased
45 SUBTOTAL	788,252		615,576		438,449		256,180		259,737		263,269		
46 Penalties	\$74,883,940		\$200,062,200		\$304,722,055		\$178,045,100		\$180,517,215		\$182,971,955		
Individual Subsidies													
47 Non-Working Population (> 25 Years of Age)	518,833		525,797		533,254		540,824		548,334		555,790		Primarily spouses and live-in relatives
48 Less Non-Working Population Non-Filers (>25 Years of Age)	466,950	51,883	473,217	52,580	479,929	53,325	486,742	54,082	493,501	54,833	500,211	55,579	Non-Filer reduction similar to Line 37
49 Non-Working Age Population (Younger than 16 years)	165,421		167,641		170,019		172,432		174,827		177,204		From Line 21
50 Less Non-Working Age Population Non-Filers (Younger than 16 Years)	148,879	16,542	150,877	16,764	153,017	17,002	155,189	17,243	157,344	17,483	159,484	17,720	Assumes younger than 16 years will remain uninsured as they are tax non-filers
51 Medicaid 3% Participation Rate of Non-Employed	14,841		15,040		15,253		15,470		15,684		15,898		
52 Less Medicaid Population below 100% of the FPL (55.3%)	8,207	6,634	8,317	6,723	8,435	6,818	8,555	6,915	8,673	7,011	8,792	7,106	Assumes a hardship exclusion will exist for those with incomes less than 100% of the poverty line
53 SUBTOTAL	624,036		632,411		641,381		650,486		659,518		668,487		
54 Ramp-Up Adjustment on SUBTOTAL (40%, 60%, 80% and 100% Ramp-up to Tax Filers)	249,614	374,422	379,447	252,964	513,105	128,276	650,486	0	659,518	0	668,487	0	REC assumed ramp-up
55 Individual Subsidies	\$202,999,325		\$322,368,993		\$456,340,884		\$605,316,072		\$641,836,120		\$650,564,658		
Tax Credits For Small Firms Less than 25 Employees													
56 Small Firm Employees	329,152		333,570		338,300		343,102		347,867		352,597		From Line 13
57 Less Small Firm Employee Non-Filers (10% Reduction)	296,237	32,915	300,213	33,357	304,470	33,830	308,792	34,310	313,080	34,787	317,337	35,260	Non-Filer reduction similar to Line 37
58 Less Employees with Firms having >24 Employees (5% Reduction)	281,425	14,812	285,202	15,011	289,247	15,223	293,352	15,440	297,426	15,654	301,470	15,867	95% of Small Firm Employees work with Employers that have less than 25 Employees
59 Medicaid Small Firm Employees	71,001		71,954		72,974		74,010		75,038		76,058		From Line 29
60 Less Employees with Firms having >24 Employees (5% Reduction)	67,451	3,550	68,356	3,598	69,325	3,649	70,310	3,700	71,286	3,752	72,255	3,803	95% of Small Firm Employees work with Employers that have less than 25 Employees
61 SUBTOTAL	348,876		353,558		358,572		363,662		368,712		373,725		
62 Ramp-Up Adjustment on SUBTOTAL (40%, 60%, 80% and 100% Ramp-up to Tax Filers)	139,550	209,326	212,135	141,423	286,858	71,714	363,662	0	368,712	0	373,725	0	REC assumed ramp-up
63 Tax Credits	\$26,229,958		\$41,188,919		\$57,646,824		\$75,639,159		\$79,373,657		\$83,268,668		
Insurance Premium Tax Collections													
64 Uninsured Tax Filers	1,373,906		1,510,561		1,531,984		1,553,730		1,575,306		1,596,727		From Line 37
65 Ramp-Up Adjustment on SUBTOTAL (Based on Penalties)	831,418	542,488	1,144,048	366,513	1,346,129	185,855	1,553,730	0	1,575,306	0	1,596,727	0	REC assumed ramp-up for those that are not employed by either small or large firms
66 Individual (23.6%)	196,215		269,995		317,686		366,680		371,772		376,828		Ratio Breakout based on OIR GAPE Data
67 Small Group (23.6%)	196,215		269,995		317,686		366,680		371,772		376,828		Ratio Breakout based on OIR GAPE Data
68 Large Group (52.8%)	438,988		604,058		710,757		820,370		831,762		843,071		Ratio Breakout based on OIR GAPE Data
69 Individual Premiums	\$4,006		\$4,006		\$4,147		\$4,292		\$4,442		\$4,597		OIR Data
70 Small Group Premium	\$1,880		\$1,942		\$2,010		\$2,080		\$2,153		\$2,228		OIR Data
71 Large Group Premium	\$1,880		\$1,942		\$2,010		\$2,080		\$2,153		\$2,228		OIR Data
72 Effective Insurance Premium Tax Rate	1.243%		1.243%		1.243%		1.243%		1.243%		1.243%		
73 Insurance Premium Tax Collections	\$24,299,880		\$34,540,532	</									

General Assumptions for Existing Policies (Calendar Year)	2014		2015		2016		2017		2018		2019		Comments
	Population	Excluded Pop.											
1 Total Insured Population	15,307,337		15,512,804		15,732,805		15,956,145		16,177,709		16,397,677		
2 Privately Insured*	11,409,398	3,897,939	11,562,544	3,950,260	11,726,523	4,006,282	11,892,991	4,063,154	12,058,135	4,119,574	12,222,089	4,175,588	Removes those that do not have any Private Insurance.
3 Less those Insured both Publicly and Privately	8,661,328	2,748,070	8,777,587	2,784,957	8,902,070	2,824,453	9,028,442	2,864,549	9,153,809	2,904,326	9,278,273	2,943,816	Removes those that have Public Insurance in addition to Private Insurance.
5 Employed and Insured	5,354,893		5,426,770		5,503,732		5,581,862		5,659,371		5,736,321		(See Group A)
6 Non-Employed and Insured	3,306,435		3,350,817		3,398,338		3,446,580		3,494,438		3,541,952		(See Group B)
Group A (Employed and Privately Insured)													
7 Employed and Privately Insured	5,354,893		5,426,770		5,503,732		5,581,862		5,659,371		5,736,321		From Line 5
8 Self Employed	495,607		502,259		509,382		516,613		523,787		530,909		
9 Employed by a Small Firm (DEO- 26.4% of Non Self Employed)	1,282,852		1,300,071		1,318,508		1,337,226		1,355,794		1,374,229		An Assumption based on DEO data, number of employed working for Firms with < 50 Employees
10 Less Self-Funded Business Firms (11.2% Reduction)	1,139,173	143,679	1,154,463	145,608	1,170,835	147,673	1,187,457	149,769	1,203,945	151,849	1,220,315	153,914	Removes Self-Funded Pool
11 Employed by a Large Firm (DEO- 73.6% of Non Self Employed)	3,576,434		3,624,440		3,675,842		3,728,023		3,779,790		3,831,183		An Assumption based on DEO data, number of employed working for Firms with > 50 Employees
12 Less Self-Funded Large Business Firms (68.8% Reduction)	1,115,847	2,460,587	1,130,825	2,493,615	1,146,863	2,528,979	1,163,143	2,564,880	1,179,294	2,600,496	1,195,329	2,635,854	Removes Self-Funded Pool
13 SUBTOTAL	2,750,627		2,787,547		2,827,080		2,867,213		2,907,026		2,946,553		
Group B (Non-Employed and Privately Insured)													
14 Non-Employed and Privately Insured	3,306,435		3,350,817		3,398,338		3,446,580		3,494,438		3,541,952		From Line 6
15 Less Self-Funded (60.2% Reduction)	1,315,961	1,990,474	1,333,625	2,017,192	1,352,539	2,045,799	1,371,739	2,074,841	1,390,786	2,103,652	1,409,697	2,132,255	Removes Self-Funded Pool
16 SUBTOTAL	1,315,961		1,333,625		1,352,539		1,371,739		1,390,786		1,409,697		
Individual Subsidies													
17 Non-Employed and Privately Insured	3,306,435		3,350,817		3,398,338		3,446,580		3,494,438		3,541,952		
18 Less Self-Funded (60.2% Reduction)	1,315,961	1,990,474	1,333,625	2,017,192	1,352,539	2,045,799	1,371,739	2,074,841	1,390,786	2,103,652	1,409,697	2,132,255	Removes Self-Funded Pool
19 SUBTOTAL	1,315,961		1,333,625		1,352,539		1,371,739		1,390,786		1,409,697		
20 Individual Subsidies	\$1,070,209,184		\$1,133,015,543		\$1,202,909,431		\$1,276,485,064		\$1,353,498,601		\$1,371,902,591		
Tax Credits For Small Firms Less than 25 Employees													
21 Small Firm Employees	1,139,173		1,154,463		1,170,835		1,187,457		1,203,945		1,220,315		
22 Less Employees with Firms having >24 Employees (5% Reduction)	1,082,214	56,959	1,096,740	57,723	1,112,293	58,542	1,128,084	59,373	1,143,748	60,197	1,159,299	61,016	95% of Small Firm Employees work with Employers that have less than 25 Employees
23 SUBTOTAL	1,082,214		1,096,740		1,112,293		1,128,084		1,143,748		1,159,299		
24 Tax Credits	\$203,414,026		\$212,947,111		\$223,525,782		\$234,633,602		\$246,217,811		\$258,300,311		
Insurance Premium Tax Collections													
25 Existing Privately Insured	4,066,588		4,121,172		4,179,619		4,238,952		4,297,812		4,356,250		Sum of Group A and B
26 SUBTOTAL	4,066,588		4,121,172		4,179,619		4,238,952		4,297,812		4,356,250		
27 Individual (23.6%)	959,715		972,597		986,390		1,000,393		1,014,284		1,028,075		Ratio Breakout based on OIR GAPE Data
28 Small Group (23.6%)	959,715		972,597		986,390		1,000,393		1,014,284		1,028,075		Ratio Breakout based on OIR GAPE Data
29 Large Group (52.8%)	2,147,158		2,175,979		2,206,839		2,238,167		2,269,245		2,300,100		Ratio Breakout based on OIR GAPE Data
30 Individual Premium Increase	\$1,767		\$1,825		\$1,889		\$1,955		\$2,024		\$2,095		OIR Data
31 Small Group Premium Increase	\$7		\$7		\$7		\$8		\$8		\$8		OIR Data
32 Large Group Premium Increase	\$7		\$7		\$7		\$8		\$8		\$8		OIR Data
33 Effective Insurance Premium Tax Rate	1.243%		1.243%		1.243%		1.243%		1.243%		1.243%		
34 Insurance Premium Tax Collections	\$21,349,327		\$22,349,878		\$23,460,175		\$24,625,983		\$25,841,805		\$27,109,932		

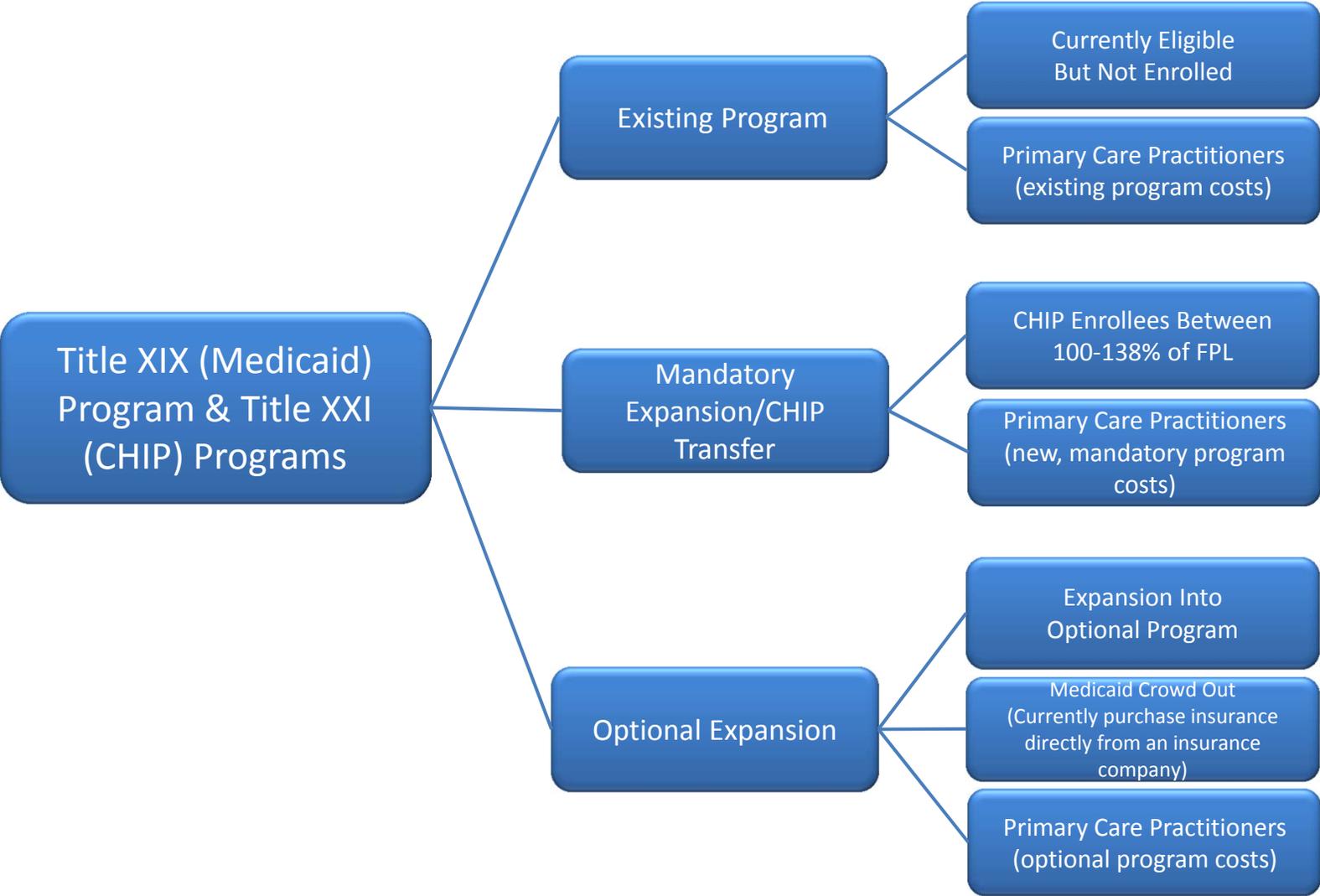
*Private Insurance is any plan that is not Medicare, Medicaid, Tri-Care, VA or Indian Health Care. These plans are collectively referred to as Public Insurance.

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**

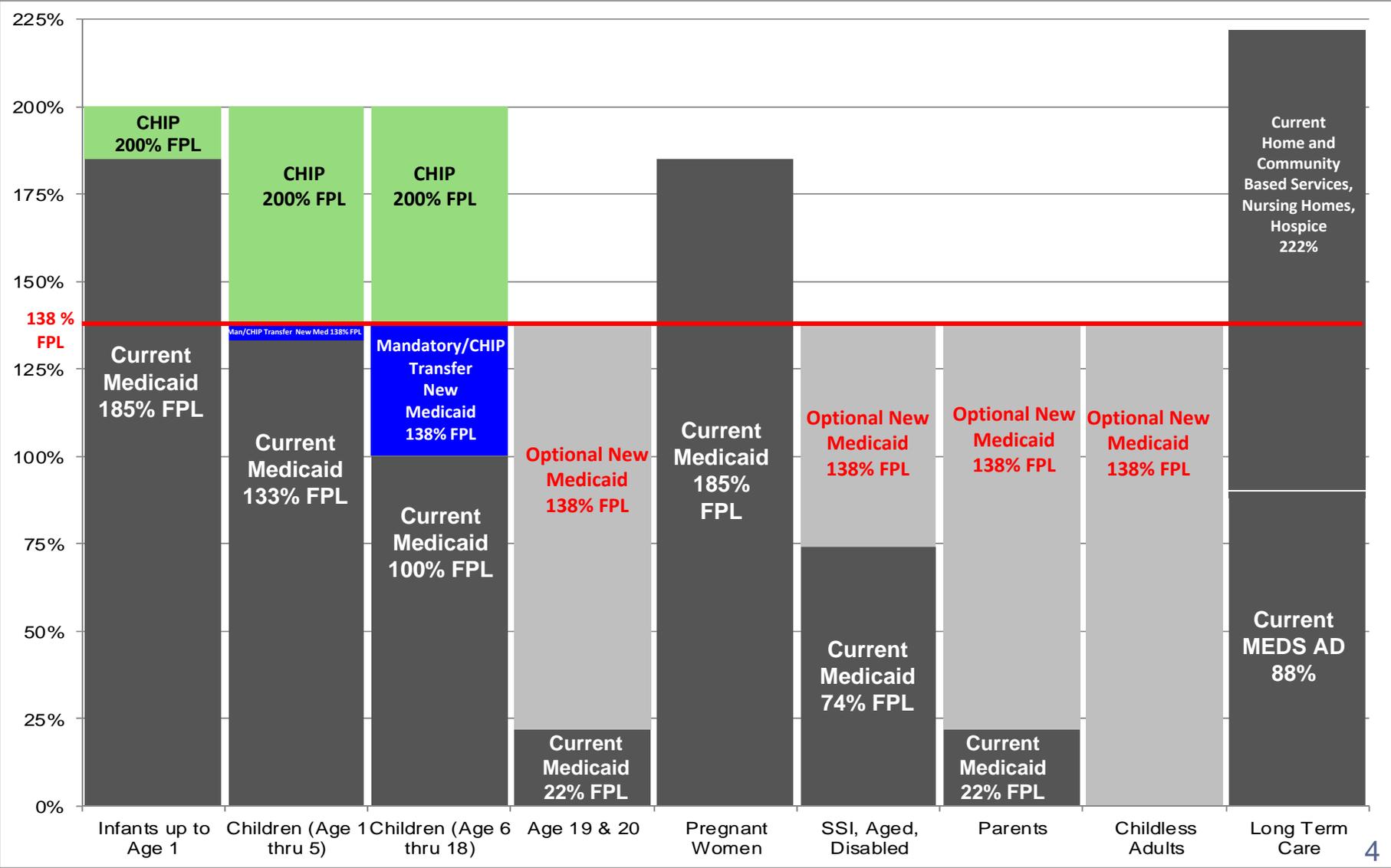
Scope of Analysis



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