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HEALTH CARE AND HUMAN SERVICES POLICY, RESEARCH, AND CONSULTING—**WITH REAL-WORLD PERSPECTIVE.**

An Evaluation of the Impact of Medicaid Expansion in New Hampshire

Phase I Report

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Executive Summary

Following the June 2012 United States Supreme Court ruling that the federal government could not require individual states to expand their Medicaid programs for adults and declared this part of the Affordable Care Act (ACA) unconstitutional, states now have the option to opt out of the Medicaid expansion provision of the ACA without compromising their current federal Medicaid funding.

As a result of this ruling, the New Hampshire Department of Health and Human Services contracted with The Lewin Group to explore the potential financial impacts of expanding or not expanding its Medicaid program. The purpose of this report, which represents the first of two project phases, is to estimate the impact of expanding versus not expanding Medicaid on New Hampshire's Medicaid program. However, this analysis does not capture the full effects of expanding or not expanding Medicaid and should only be used in the context of the effects on the New Hampshire Medicaid program only. A second report will follow in December, and will discuss the secondary effects on other state health programs, health care providers, commercial premiums, and the overall state economy.

This report provides estimates on Medicaid enrollment and costs under the option of not expanding Medicaid compared to the option of expanding the program under various program design options. We present the following options for the state's consideration as it continues to weigh the costs and benefits of implementing an expansion, not only on state and federal finances, but also as it considers the needs of state residents.

Option to Not Expand Medicaid

The ACA includes various coverage provisions that will affect New Hampshire's Medicaid program regardless of any changes made to the current program. These provisions include reforming the individual insurance markets by eliminating pre-existing condition exclusions, guaranteeing coverage and renewability of coverage, establishing Health Benefit Exchanges (HBE), an individual mandate, and subsidizing health insurance for people between 100 and 400 percent of FPL and a mandate for large employers to offer health insurance. The ACA also provides states with a 23 percentage point increase in their enhanced Federal Medical Assistance Percentage (FMAP) rate for CHIP beginning in federal fiscal year 2016, regardless of whether the state decides to expand Medicaid. We estimate that the state would save $61 million from 2016 through 2019 assuming that the state would have continued the CHIP program in the absence of the ACA.

If the state decides not to expand Medicaid then we estimate the state would save between $65.8 and $113.7 million over the 2014 to 2020 period due to the other effects of the ACA and depending on options to reduce eligibility levels to 138 percent of FPL for adults beginning in 2014.

1. **No Expansion - Baseline:** maintenance of the current Medicaid program, without changes to Federal matching rates for Medicaid reimbursement, taking into account certain provisions of the Affordable Care Act that will affect the state's Medicaid program with or without expansion:

Cumulative State Cost (2014-2020): *($65,780,000)*
Cumulative Federal Cost (2014-2020): *$55,845,000*
Change in Enrollment by 2020: *175*

2. **No Expansion and Moving Current Eligibles Above 138 percent of FPL to HBE**: capping certain eligibility categories (Medicaid for Employed Adults with Disabilities and poverty-level pregnant women) for adults at 138 percent of FPL and moving enrollees to the Exchange where they can obtain subsidized private health insurance coverage:

Cumulative State Cost (2014-2020): *($113,691,000)*
Cumulative Federal Cost (2014-2020): *$7,154,000* [1]
Change in Enrollment by 2020: *(913)*

Option to Expand Medicaid

Expanding Medicaid to all adults below 138 percent of FPL beginning January 2014 would result in an increase in state Medicaid spending of between $38.0 and $102.3 million over the 2014 through 2020 period depending on participation levels in the program. As a midpoint assumption, we estimate the cost to the state would be about $85.5 million over this time period. However, the expansion would result in additional federal funding of between $1.95 and $2.71 billion over this same period.

1. **Expansion —Baseline estimate:** implementing Medicaid expansion in 2014 under a fee for service system, for all adults in the state up to 138 percent of FPL

Cumulative State Cost (2014-2020): *$85,488,000*
Cumulative Federal Cost (2014-2020): *$2,510,922,000*
Change in Enrollment by 2020: *62,237*

2. **Expansion - Low-range Participation Assumption:** sensitivity analysis based on current Medicaid participation for adults in New Hampshire, representing a low take up rate scenario:

Cumulative State Cost (2014-2020): *$38,009,000*
Cumulative Federal Cost (2014-2020): *$1,952,472,000*
Change in Enrollment by 2020: *47,565*

3. **Expansion - High-range Participation Assumption:** sensitivity analysis based on Medicaid participation rates among eligible adults in Massachusetts, representing a high take up rate scenario:

Cumulative State Cost (2014-2020): *$102,333,000*
Cumulative Federal Cost (2014-2020): *$2,709,058,000*
Change in Enrollment by 2020: *67,443*

[1] Federal cost does not include the cost of providing premium and cost sharing subsidies in the HBEs.

The state also has a variety of options it could consider in designing the expansion. If the expansion was implemented under a managed care arrangement (Care Management), we estimate the cost to the state would be about $69.5 million over the 2014 through 2020 period, while increasing federal matching funds by $2.5 billion.

4. **Expansion Option –Managed Care Rates:** estimate of the cost of the program under a managed care arrangement using managed care rates that were developed for this analysis

   Cumulative State Cost (2014-2020): *$69,470,000*
   Cumulative Federal Cost (2014-2020): *$2,501,073,000*
   Change in Enrollment by 2020: *62,237*

New Hampshire also has the option to begin the expansion at any time after January 1, 2014, and still receive the enhanced federal match. However, 100 percent federal matching is only available from 2014 through 2016. If the state decides to delay the start of the program until after January 2014, then it will lose the ability to provide coverage to residents at full federal funding during that period.

Assuming the state delays implementation by one year, the cost to the state would be $79.4 million over the 2014 to 2020 period which is a savings of about $6.1 million compared to implementing the program in January 2014. However, the federal funding to the state would decline from $2.5 to $2.16 billion which would be a loss of $340 million in federal funds over this period. Assuming the state delays implementation by two years, the state would save about $14.3 million but lose $713 million in federal funding compared to implementing the program in January 2014.

5. **Expansion Option—Delay Implementation by One Year:** estimate of the cost of the program in delaying implementation until January 1, 2015, under a fee-for-service program

   Cumulative State Cost (2014-2020): *$79,384,000*
   Cumulative Federal Cost (2014-2020): *$2,158,931,000*
   Change in Enrollment by 2020: *62,237*

6. **Expansion Option—Delay Implementation by Two Years:** estimate of the cost of the program in delaying implementation until January 1, 2016, under a fee-for-service program

   Cumulative State Cost (2014-2020): *$71,166,000*
   Cumulative Federal Cost (2014-2020): *$1,797,367,000*
   Change in Enrollment by 2020: *62,237*

New Hampshire also has the option to limit eligibility for current eligibility groups for adults to 138 percent of FPL beginning in 2014. Current eligibles above 138 percent of FPL could receive subsidized coverage in the HBE. Potential eligibility categories include the Medicaid for Employed Adults with Disabilities (MEAD) and poverty-level adult pregnant women. The state also has the option to transition certain adults out of certain eligibility categories, such as the

Breast and Cervical Cancer Program category, which would allow these current eligibles to become covered under the newly eligible group at the enhanced federal matching rates.

If the state expands Medicaid to 138 percent of FPL, then more adult women with incomes below 138 percent of FPL will have enrolled as a newly eligible adult through the Medicaid expansion prior to a pregnancy and thus the state would receive the enhanced federal matching rate for these eligibles. However, this may depend on future guidance from the Centers for Medicaid and Medicaid Services (CMS).

Under these various design options, the state could significantly reduce the cost of the Medicaid expansion while maintaining substantial federal funding. However, some of these scenarios may change depending in future guidance from CMS.

7. **Expansion Option – Moving Current Eligibles Above 138 percent of FPL to HBE**:

   Cumulative State Cost (2014-2020): *$37,576,000*
   Cumulative Federal Cost (2014-2020): *$2,462,231,000*
   Change in Enrollment by 2020: *61,149*

8. **Expansion Option— Moving Current Eligibles Above 138 percent of FPL to HBE+ Transition Enrollees out of Breast and Cervical Cancer Program Eligibility Category:**

   Cumulative State Cost (2014-2020): *$24,021,000*
   Cumulative Federal Cost (2014-2020): *$2,475,786,000*
   Change in Enrollment by 2020: *61,149*

9. **Expansion Option - Moving Current Eligibles Above 138 percent of FPL to HBE + Transition Enrollees out of Breast and Cervical Cancer Program Eligibility Category + Transition of Pregnant Women Below 138 percent of FPL into "Newly Eligible" Category:**

   Cumulative State Cost (2014-2020): *($26,182,000)*
   Cumulative Federal Cost (2014-2020): *$2,525,989,000*
   Change in Enrollment by 2020: *61,149*

Detailed year by year cost estimates for state Medicaid spending are presented in ***Figure ES-1*** for each of the above Medicaid expansion scenarios. Federal Medicaid spending estimates are presented in ***Figure ES-2***.

Figure 1: Summary of the State Cost and Enrollment of Various Options for Expanding Medicaid in New Hampshire by Year (in $1000s)

Scenario	2014	2015	2016	2017	2018	2019	2020	Cumulative (2014-2020)	Change in Enrollment by 2020
No Expansion									
1. Baseline	-$551	-$634	-$14,948	-$15,597	-$16,278	-$16,990	-$782	-$65,780	175
2. Moving Current Eligibles Above 138 Percent of FPL to HBE	-$6,435	-$6,813	-$21,436	-$22,409	-$23,431	-$24,500	-$8,668	-$113,691	(913)
Expansion									
1. Baseline	$3,603	$4,322	-$9,138	$9,143	$13,141	$17,371	$47,046	$85,488	62,237
2. Low-Range Participation Assumption	$1,271	$1,532	-$12,420	$1,582	$4,455	$7,498	$34,091	$38,009	47,565
3. High-Range Participation Assumption	$4,430	$5,312	-$7,973	$11,826	$16,222	$20,874	$51,642	$102,333	67,443
4. Managed Care Rates	$2,493	$2,415	-$11,405	$6,760	$10,586	$14,619	$44,001	$69,470	62,237
5. Delay Implementation by One Year	-$551	$3,363	-$10,129	$9,143	$13,141	$17,371	$47,046	$79,384	62,237
6. Delay Implementation by Two Years	-$551	-$634	-$11,121	$5,913	$13,141	$17,371	$47,046	$71,166	62,237
7. Move Current Eligibles Above 138 Percent of FPL to HBE (MEAD and Pregnant Women Eligibility Categories)	-$2,282	-$1,857	-$15,625	$2,331	$5,988	$9,861	$39,160	$37,576	61,149
8. Option 7 + Transition Enrollees Out of Breast and Cervical Cancer Program Eligibility Category	-$4,105	-$3,771	-$17,636	$431	$4,038	$7,860	$37,205	$24,021	61,149
9. Option 8 + Transition of Pregnant Women Below 138 Percent of FPL into "Newly Eligible" Category	-$9,531	-$10,346	-$25,459	-$6,962	-$3,553	$71	$29,598	-$26,182	61,149

Figure 2: Summary of the Federal Cost of Various Options for Expanding Medicaid in New Hampshire by Year (in $1000s)

Scenario	2014	2015	2016	2017	2018	2019	2020	Cumulative (2014-2020)
No Expansion								
1. Baseline	-$560	-$644	$13,488	$14,119	$14,775	$15,462	-$795	$55,845
2. Moving Current Eligibles Above 138 Percent FPL to HBE	-$6,540	-$6,923	$6,894	$7,196	$7,506	$7,829	-$8,809	$7,154
Expansion								
1. Baseline	$264,869	$316,152	$385,000	$379,322	$388,136	$396,936	$380,507	$2,510,922
2. Low-Range Participation Assumption	$204,591	$244,201	$300,611	$296,248	$303,165	$310,072	$293,584	$1,952,472
3. High-Range Participation Assumption	$286,255	$341,680	$414,941	$408,796	$418,284	$427,755	$411,347	$2,709,058
4. Managed Care Rates	$278,524	$314,933	$382,642	$375,934	$383,703	$391,416	$373,922	$2,501,073
5. Delay Implementation by One Year	-$560	$273,610	$340,979	$379,322	$388,136	$396,936	$380,507	$2,158,931
6. Delay Implementation by Two Years	-$560	-$644	$296,959	$336,033	$388,136	$396,936	$380,507	$1,797,367
7. Move Current Eligibles Above 138 Percent of FPL to HBE (MEAD and Pregnant Women Eligibility Categories)	$258,889	$309,873	$378,407	$372,399	$380,867	$389,304	$372,493	$2,462,231
8. Option 7 + Transition Enrollees Out of Breast and Cervical Cancer Program Eligibility Category	$260,712	$311,787	$380,417	$374,299	$382,818	$391,305	$374,448	$2,475,786
9. Option 8 + Transition Pregnant Women below 138 Percent of FPL Into "Newly Eligible" Category	$266,139	$318,362	$388,240	$381,692	$390,408	$399,094	$382,055	$2,525,989

I. Introduction

In March 2010, the U.S. Congress passed the Patient Protection & Affordable Care Act (ACA), a sweeping piece of legislation designed to overhaul the country's health care system and extend health insurance to millions of uninsured Americans. The law included several approaches to accomplish this goal, including the establishment of Health Benefit Exchanges (HBE), insurance market reforms, an individual mandate, subsidized health insurance and a mandate for large employers to offer health insurance. One of the key provisions of the Act was an expansion of Medicaid in all 50 states and the District of Columbia.

As originally written, each state would be required to expand its Medicaid program to cover all adults under age 65 whose household incomes are less than or equal to 138 percent of the federal poverty level (FPL) or face losing all federal funding for their Medicaid programs. For these newly eligible individuals, the federal government would cover 100 percent of the health care costs between 2014 and 2016. This percentage would be gradually decreased from 100 percent to 90 percent between 2016 and 2020.

However, in June 2012, the United States Supreme Court ruled that the federal government could not require individual states to expand their Medicaid programs for adults and declared this part of the ACA unconstitutional. States will now have the option to opt out of the Medicaid expansion provision of the Act without compromising their current federal Medicaid funding.

As a result of this ruling, the New Hampshire Department of Health and Human Services contracted with the Lewin Group to explore the potential financial impacts of expanding or not expanding its Medicaid program. The purpose of this report, which represents the first of two project phases, is to estimate the impact of expanding versus not expanding Medicaid on New Hampshire's Medicaid program. A second report will follow in December, and will discuss the secondary effects on other state health programs, health care providers, commercial premiums, and the overall state economy.

To adequately address this question, we included the following considerations in our analysis:

- Estimates of newly eligible individuals and currently eligible but not enrolled who can be expected to enroll;
- Estimates of the short- and long-term costs of covering the newly eligible individuals in both a fee-for-service (FFS) and managed care environment;
- The impact of delayed implementation of an expansion of Medicaid;
- The administrative costs to DHHS associated with implementing the Medicaid expansion;
- The number of individuals currently eligible above 138 percent of FPL who may become 'newly eligible' and the increase in federal revenue associated therewith; and
- The impact on currently eligible individuals with incomes above 138 percent of FPL remaining on Medicaid or moving into the Health Benefit Exchange (HBE).

This report provides estimates on Medicaid enrollment and costs under the option of not expanding Medicaid compared to the option of expanding the program under various program design options. Detailed tables for each of the scenarios described in this report are presented in Appendix A.

II. Analysis and Results

The following sections present our estimates of the impact on state and federal Medicaid spending under various options for expanding and not expanding Medicaid in New Hampshire.

A. Impact of Expanding Medicaid under the ACA on the Uninsured in New Hampshire

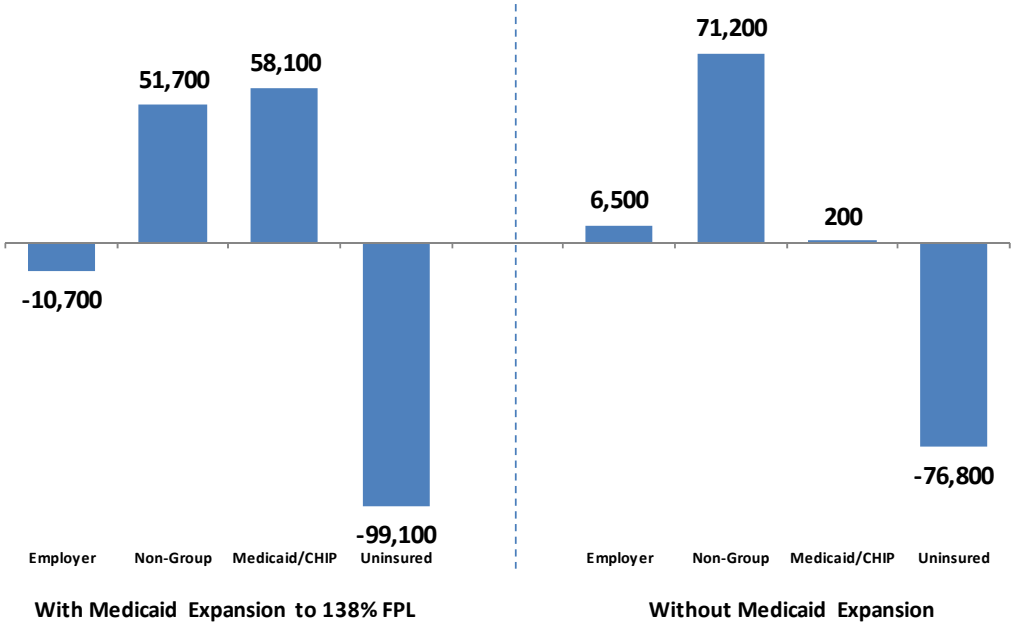
The coverage provisions in the ACA will dramatically change health insurance coverage in New Hampshire when it is fully implemented in 2014. These provisions include reforming the individual insurance markets by eliminating pre-existing condition exclusions, guaranteeing coverage and renewability of coverage, establishing health benefit Exchanges, an individual mandate, and subsidizing health insurance for people between 100 and 400 percent of FPL and a mandate for large employers to offer health insurance. [2]

As originally written, New Hampshire was required to expand its Medicaid program to cover adults with incomes below 138 percent of FPL, and those above that income level but below 400 percent of FPL without an offer of affordable employer coverage would be eligible for subsidized coverage through the Exchange. The Supreme Court ruling now makes the Medicaid expansion optional for the state. If the state decides to expand Medicaid coverage as originally designed under the Act then all state residents below 400 percent of FPL will have access to subsidized coverage. However, if the state does not expand Medicaid, many of the lowest income adults (below 100 percent of FPL) will not have access to subsidized coverage because premium subsidies through the Exchange are only available for individuals between 100 and 400 percent of FPL.

We estimate that there will be about 170,000 uninsured in New Hampshire in 2014 in the absence of the ACA. Taking into account all other provisions of the ACA, our estimates show that if the state expands Medicaid, the number of uninsured would be reduced by 99,000 (***Figure 3***). However, if the state decides not to expand Medicaid then the ACA will have a lesser impact on the number of uninsured.

[2] Under the ACA, states have the option of establishing a fully state-based exchange, a state-federal partnership exchange, or default into a federally-facilitated exchange. In June, 2012, NH passed HB 1297, which prohibits the state from establishing a state-based exchange. Given this, the federal government will run the exchange in New Hampshire.

Figure 3. Change in Coverage under the ACA in New Hampshire (in 1,000s)



The uninsured that would primarily be affected under the decision to expand Medicaid will be individuals below 138 percent of FPL. Those remaining uninsured will continue to strain the finances of other public health programs and safety net providers for their care, while likely forgoing or reducing necessary care and risking a drain to personal finances.

B. Impact on the New Hampshire Medicaid Program of Not Expanding

As described above, the state has the option of not expanding Medicaid as originally required under the ACA without facing a financial penalty. However, other aspects of the ACA will affect New Hampshire's Medicaid program regardless of any changes made to the current program. These other provisions include the following:

- The ACA requires all U.S. citizens to obtain health insurance coverage or pay a penalty. By 2016 the penalty will be the greater of $695 per person (capped at $2,085 per family) or 2.5 percent of income. However, exemptions apply to people below the federal tax filing threshold and to families where coverage is unaffordable (i.e., premiums that exceed 8 percent of family income). Most New Hampshire residents with incomes below 138 percent of FPL will be exempt from the penalty. However, the mere existence of the individual mandate may incent some people who are currently eligible to obtain Medicaid or CHIP coverage to satisfy the mandate. We estimate there will be 12,900 children and adults in New Hampshire that are eligible for Medicaid but not enrolled and 2,900 will enroll to satisfy the mandate.
- The ACA requires states to simplify their Medicaid eligibility procedures, which is unaffected by the Supreme Court's decision. Beginning in 2014, the state will be required to use Modified Adjusted Gross Income (MAGI) to determine financial eligibility and use streamlined application and enrollment procedures, such as eliminating asset tests. Experience in states that have eliminated asset tests showed increased enrollment of

between 3 and 10 percent for the affected populations.[3,4] Based on these results, we estimate 850 adults will be newly enrolled in Medicaid, who had not previously been enrolled due to eligibility procedures.

- The ACA requires all large employers with more than 50 workers to offer qualified health insurance or pay a penalty. The Act also provides certain small employers with tax credits to incentivize offering coverage to their employees. We estimate that some employers will begin to offer coverage due to these provisions, which may become available to lower wage workers and their dependents that are currently enrolled in Medicaid. We assume that some of these workers will decide to take the employer's offer of coverage, which will reduce Medicaid enrollment. We estimate that about 3,600 adults and children will leave Medicaid for these new options under the ACA.
- As an incentive for states to retain their CHIP programs through 2019, the ACA provides states with a 23 percentage point increase in their enhanced Federal Medical Assistance Percentage (FMAP) rate for CHIP beginning in federal fiscal year 2016, regardless of whether the state decides to expand Medicaid. We estimate that the state would save $61 million from 2016 through 2019 assuming that the state would have continued the CHIP program in the absence of the ACA.

We estimate that these provisions required by the ACA will result in a net increase in Medicaid enrollment of 175 individuals by 2020 (***Figure 4***). However, the cost of those leaving the program for an offer of private coverage will be slightly higher than the costs for the new enrollees, which will result in significant savings to the state between 2014 and 2020. Coupled with the savings from the increased federal CHIP funding, we estimate the state would save about $66 million over this period. The federal government will only contribute an estimated $56 million to New Hampshire's Medicaid program over this period, if the state chooses to forgo Medicaid expansion.

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[3] Utah Department of Health, "Medicaid Asset Limit Study", October 2005.

[4] National Academy for State Health Policy, "Maximizing Kids' Enrollment in Medicaid and SCHIP", February 2009.

Figure 4: Impact on New Hampshire Medicaid Spending if Medicaid is Not Expanded Under the ACA (2014-2020)

	2014	2015	2016	2017	2018	2019	2020	2014-2020
Change in Enrollment	133	153	172	172	173	175	175	
Total Costs (in $1000s)								
State Share	-$551	-$634	-$14,948	-$15,597	-$16,278	-$16,990	-$782	-$65,779
Federal Share	-$559	-$644	$13,488	$14,119	$14,775	$15,462	-$795	$55,845
Total	-$1,110	-$1,278	-$1,461	-$1,478	-$1,503	-$1,528	-$1,577	-$9,935

Source: Lewin Group estimates using the New Hampshire version of the Health Benefits Simulation Model. Please refer to Appendix A, Figure A-1 for further detail.

As an option, the state could examine the impact of capping certain eligibility categories for adults at 138 percent of FPL and moving enrollees to the HBE where they can obtain subsidized private health insurance coverage and under which they would be guaranteed coverage and renewability for that coverage in the future. For illustrative purposes, we assumed that the state caps eligibility at 138 percent of FPL for the Medicaid for Employed Adults with Disabilities (MEAD) and poverty-level pregnant women eligibility categories. The MEAD eligibility category currently covers working disabled individuals to 450 percent of FPL. Poverty level pregnant women are currently eligible through 185 percent of FPL.

This option would result in moving 805 enrollees to the HBE in 2014. If the state decided to implement this option, the state's share of Medicaid savings would be nearly $114 million over this period.

Figure 5: Impact on New Hampshire Medicaid Spending if Medicaid is Not Expanded Under the ACA (2014-2020) and Capping Certain Eligibility Categories for Adults at 138 Percent of FPL

	2014	2015	2016	2017	2018	2019	2020	2014-2020
Change in Enrollment	(805)	(808)	(813)	(837)	(862)	(886)	(913)	
Total Costs ($1,000s)								
State Share	-$6,435	-$6,813	-$21,436	-$22,409	-$23,431	-$24,500	-$8,668	-$113,691
Federal Share	-$6,540	-$6,923	$6,894	$7,196	$7,506	$7,829	-$8,809	$7,154
Total	-$12,975	-$13,736	-$14,541	-$15,213	-$15,925	-$16,671	-$17,477	-$106,537

Source: Lewin Group estimates using the New Hampshire version of the Health Benefits Simulation Model. Please refer to Appendix A, Figure A-2 for further detail.

We show that the federal government would also share in the savings to Medicaid resulting from capping eligibility for these two eligibility categories and moving individuals into the HBE since the federal government currently pays 50 percent of the cost for these individuals. Under these circumstances, the federal government will save an estimated $7 million between 2014 and 2020. However, we do not show the new federal cost for providing premium and cost-sharing subsidies for these individuals.

This analysis does not quantify the additional cost to enrollees moved to the HBE who would be required to pay a portion of the premium that would range from 3 percent of income for those at 138 percent of FPL to 9.5 percent of income for those at 400 percent of FPL. Also, individuals that are working full-time for an employer that offers affordable coverage would be ineligible for subsidized coverage through the Exchange and would be required to enroll in the employer's health plan[5]. Health benefit plans offered in the Exchange or by the employer may also require these individuals to pay deductibles and copayments that may exceed their current cost-sharing requirements under Medicaid.

C. Impact on the New Hampshire Medicaid Program of Expanding Under Various Design Options

We estimated the impact on Medicaid enrollment and state spending under the option that the state expands Medicaid to all adults in the state up to 138 percent of FPL beginning in 2014. In 2014, we estimate there will be about 100,700 adult legal residents below 138 percent of FPL who would be newly eligible for the expansion. Of these, 49,500 would be uninsured and 51,100 would have some form of health insurance (***Figure 6***). In addition, we estimate there are 12,900 children and adults who are currently eligible for Medicaid or CHIP but are uninsured and may potentially enroll to satisfy the individual mandate.

Figure 6: Estimate of Individuals Eligible and Who Will Enroll in a Medicaid Expansion to 138 Percent of FPL in New Hampshire in 2014 [1/]

	Eligible	Enroll	Participation Rate
Newly Eligible - Previously Uninsured	49,518	37,919	76.6%
Newly Eligible - Previously Insured	51,143	20,513	40.1%
Currently Eligible but Uninsured	12,915	2,888	22.4%
Leave Medicaid for New Offer of Employer Coverage	n/a	3,561	n/a
Net Change in Medicaid Enrollment	n/a	57,760	n/a

1/Assumes full implementation and ultimate enrollment in 2014

As described in our methodology below, we estimate that about 76 percent of the uninsured will ultimately enroll in a Medicaid expansion and about 40 percent of those that would have had private insurance in the absence of the expansion would also enroll. Due to the individual mandate and parents enrolling in Medicaid, we estimate that about 22 percent of the currently eligible but uninsured will ultimately enroll. It may take up to 2 years to reach this ultimate enrollment level as people learn about the program and their eligibility over time. Based on national estimates produced by the Congressional Budget Office (CBO), we assume that the program will reach 76 percent of ultimate enrollment in the first year, 88 percent in the second, and 100 by the third year. As described in the section above, we estimate that about 3,600 adults and children will leave Medicaid for newly offered employer coverage due to the employer related provisions of the ACA.

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5 An affordable employer plan must have an actuarial value of at least 60%, and enrollees' share of premium must not exceed 9.5% of income.

Expanding Medicaid to all adults below 138 percent of FPL would result in a net increase in Medicaid enrollment of 62,237 individuals by 2020 (***Figure 7***). Total Medicaid costs, including health care and administration, would increase by $2.6 billion from 2014 through 2020. The federal government will pay 100 percent of the health care costs for newly eligible adults from 2014 through 2016. By 2020, the percent paid by the federal government will drop to 90 percent. However, the state will only receive the current federal matching rate for health care costs for new enrollees that are eligible under current Medicaid eligibility criteria. The additional cost of administering Medicaid eligibility and coverage for these new enrollees will be matched by the federal government at the current matching rate for program administration.

Figure 7: Impact on New Hampshire Medicaid Spending if Medicaid is Expanded Under the ACA (2014-2020) – Baseline ACA Analysis [1/]

	2014	2015	2016	2017	2018	2019	2020	2014-2020
Change in Enrollment	44,169	51,548	59,157	59,895	60,674	61,455	62,237	
Total Costs ($1,000s)								
State Share	$3,603	$4,322	-$9,138	$9,143	$13,141	$17,371	$47,046	$85,488
Federal Share	$264,869	$316,152	$385,000	$379,322	$388,136	$396,936	$380,507	$2,510,922
Total	$268,472	$320,474	$375,862	$388,465	$401,277	$414,308	$427,553	$2,596,410

1/ Assumes fee-for-service program, implementation January 1, 2014, current Medicaid eligible above 138% FPL remain in the program and all current eligibility categories are retained.

Source: Lewin Group estimates using the New Hampshire version of the Health Benefits Simulation Model. Please refer to Appendix A, Figure A-3 for further detail.

Based on the federal matching methods for these new enrollees, we estimate that the state's share of the cost between 2014 and 2020 would be about $85million, which would be about 3.3 percent of the total cost of expanding Medicaid. This includes a 23 percentage point increase in their enhanced FMAP rate for CHIP beginning in federal fiscal year 2016, which we estimate that the state would save $60 million over this period. The federal government, on the other hand, will spend an estimated $2.5 billion between 2014 and 2020, to cover the cost of the increased federal matching rates for the newly eligible enrollees.

1. Sensitivity Analysis – Take up Rate Assumptions for Newly Eligible Group

The estimates presented in this report are dependent on the accuracy of the survey data used to estimate the number of newly eligible individuals in New Hampshire that are below 138 percent of FPL as well as being sensitive to assumptions used to estimate participation by those newly eligible for the expansion. Our model for this analysis was based on multiple surveys, imputations for under-reporting Medicaid coverage, and simulation of monthly income and assets. Therefore, it is difficult to calculate a confidence interval to account for survey sampling error based on this method.

However, to provide a range of potential enrollment estimates we performed a sensitivity analysis around the participation assumptions used to produce our results. Medicaid

participation rates for adults ages 19 to 64 vary dramatically across states, ranging from 44 to 83 percent.[6] Some of the reasons linked to higher take up include lower cost sharing, more generous benefits, and greater use of managed care. For example, Massachusetts's health reform, which includes an individual mandate, was associated with a 10 percentage point increase in participation.

We replicated the methodology used in this study using Current Population Survey (CPS) data from 2008 through 2010. Our analysis showed that Medicaid participation among non-disabled adults was 66 percent nationally. Based on the Sommers et al. study finding on the effects of Massachusetts health reform, we adjusted the national rate to 76 percent as a mid-range participation assumption for the study. We found an 83 percent Medicaid participation rate in Massachusetts, the highest among all states, and used that rate for a high-end assumption. Medicaid participation among eligible adults in New Hampshire was 50 percent. We adjusted the New Hampshire rate to 60 percent to account for the effects of ACA and used this as a low-range participation assumption. ***Figure 8*** presents the impact of the various participation assumptions on potential Medicaid enrollment under the expansion.

Assuming the low-range participation assumption, Medicaid enrollment will be approximately 24% lower by 2020 compared to 62,237 under the baseline assumption (***Figure 9***). The cost of the Medicaid expansion to the state would be $38 million— over $47 million lower than costs under the medium-range participation assumption. The federal government share of costs is also proportionally lower under a low-range participation assumption; its costs would total approximately $1.9 billion, compared to nearly $2.5 billion under an assumption of medium-range participation.

[6] Sommers, Tomasi, Swartz and Epstein, "Reasons for the Wide Variation in Medicaid Participation Rates Among States Holds Lessons for Coverage Expansions in 2014", Health Affairs, May 2012.

Figure 8: Participation Assumptions for Sensitivity Analysis [1/]

	Low-Range Assumption	Mid-Range Assumption (Baseline)	High-Range Assumption
Newly Eligible - Previously Uninsured			
Eligible	49,518	49,518	49,518
Enroll	29,512	37,919	40,902
Participation	60%	77%	83%
Newly Eligible - Previously Insured			
Eligible	51,143	51,143	51,143
Enroll	15,965	20,513	22,126
Participation	31%	40%	43%
Currently Eligible but Uninsured			
Eligible	12,915	12,915	12,915
Enroll	2,248	2,888	3,115
Participation	17%	22%	24%
Leave Medicaid for New Offer of Employer Coverage			
Leave Medicaid	3,561	3,561	3,561
Net Change in Medicaid Enrollment			
Net Change	44,165	57,760	62,583

1/ Assumes that all provisions are fully implemented and ultimate enrollment is reached in 2014.

Figure 9: Impact on New Hampshire Medicaid Spending if Medicaid is Expanded Under the ACA (2014-2020) – Sensitivity Analysis – Low-Range Participation Assumption[1/]

	2014	2015	2016	2017	2018	2019	2020	2014-2020
Change in Enrollment	33,773	39,413	45,228	45,788	46,380	46,973	47,565	
Total Costs ($1,000s)								
State Share	$1,271	$1,532	-$12,420	$1,582	$4,455	$7,498	$34,091	$38,009
Federal Share	$204,591	$244,201	$300,611	$296,248	$303,165	$310,072	$293,584	$1,952,472
Total	$205,863	$245,732	$288,191	$297,831	$307,619	$317,570	$327,675	$1,990,481

1/ Assumes fee-for-service program, implementation January 1, 2014, current Medicaid eligible above 138% FPL remain in the program and all current eligibility categories are retained.

Source: Lewin Group estimates using the New Hampshire version of the Health Benefits Simulation Model. Please refer to Appendix A, Figure A-4 for further detail.

Assuming the high-range participation assumption, Medicaid enrollment would increase by 67,443 compared to 62,237 under the baseline assumption (***Figure 10***). Thus, the cost of the Medicaid expansion to the state would be about $102 million compared to $85million under the baseline assumption. The federal government would be responsible for an additional $198 million of costs under the high-range participation assumption; its share of total cost would be nearly $2.7 billion between 2014 and 2020.

Figure 10: Impact on New Hampshire Medicaid Spending if Medicaid is Expanded Under the ACA (2014-2020) – Sensitivity Analysis – High-Range Participation Assumption[1/]

	2014	2015	2016	2017	2018	2019	2020	2014-2020
Change in Enrollment	47,857	55,854	64,099	64,900	65,746	66,594	67,443	
Total Costs ($1,000s)								
State Share	$4,430	$5,312	-$7,973	$11,826	$16,222	$20,874	$51,642	$102,333
Federal Share	$286,255	$341,680	$414,941	$408,796	$418,284	$427,755	$411,347	$2,709,058
Total	$290,685	$346,992	$406,967	$420,622	$434,506	$448,630	$462,989	$2,811,391

1/ Assumes fee-for-service program, implementation January 1, 2014, current Medicaid eligible above 138% FPL remain in the program and all current eligibility categories are retained.

Source: Lewin Group estimates using the New Hampshire version of the Health Benefits Simulation Model. Please refer to Appendix A, Figure A-5 for further detail.

These sensitivity analyses present a range of possible enrollment impacts and the associated costs to the program. Actual participation in the Medicaid expansion program will depend on a variety of factors, including the level of outreach activities to increase awareness of the program and enrollment simplification to ease the enrollment process for applicants.

2. *Alternative Design Option – Managed Care (Care Management) for Newly Eligible Group*

The New Hampshire legislature enacted changes in the law in 2011 to implement a managed care system for its Medicaid program. Implementing the Medicaid expansion under a managed care program could provide a substantial increase in the number of Medicaid eligibles that could be enrolled in managed care. The additional members could make the program financially viable for plans and help attract to participate in the program.

For this analysis, we estimated the cost of the program using the managed care rates that we develop, which are described in the methodology section below. Due to the short history of the Medicaid managed care system in the state, these rates may not fully reflect true costs of the hypothetical newly eligible population under expansion. Additionally, our managed care rates do not reflect the exclusion of certain services from the state's Medicaid managed care program, such as long-term supports and services and dental services. ***Figure 11*** presents the impact of administering the Medicaid expansion under a managed care arrangement.

Under a managed care environment, the cost to the state would be $69 million compared to our estimate of $85 million under a fee-for-service program over the seven-year period.

Figure 11: Impact on New Hampshire Medicaid Spending if Medicaid is Expanded Under the ACA (2014-2020) – Sensitivity Analysis – Managed Care Model Assumption

	2014	2015	2016	2017	2018	2019	2020	2014-2020
Change in Enrollment	44,169	51,548	59,157	59,895	60,674	61,455	62,237	
Total Costs ($1,000s)								
State Share	$2,493	$2,415	-$11,405	$6,760	$10,586	$14,619	$44,001	$69,470
Federal Share	$278,524	$314,933	$382,642	$375,934	$383,703	$391,416	$373,922	$2,501,073
Total	$281,017	$317,348	$371,237	$382,693	$394,289	$406,035	$417,923	$2,570,544

1/ Assumes managed care program, implementation January 1, 2014, current Medicaid eligible above 138% FPL remain in the program and all current eligibility categories are retained.

Source: Lewin Group estimates using the New Hampshire version of the Health Benefits Simulation Model. Please refer to Appendix A, Figure A-6 for further detail.

Under a managed care model, the health plans would perform many of the administrative functions for which the state is currently responsible, such as claims processing, managing appeals and grievances, and utilization review. These administrative costs for the plans are included in the payment rates that we developed for this analysis. The state will incur new costs for plan oversight, quality reporting and actuarial services among others. However, based on various studies of state administrative costs under a managed care program compared to a fee for service program, we estimate that state administrative costs would be reduced from 5.5 percent of spending to 4.0 percent. [7]

3. Alternative Design Option – Delayed Program Implementation

Beginning January 1, 2014, New Hampshire could expand Medicaid to all adults below 138 percent of FPL and receive enhanced federal matching. However, CMS has stated that states may "decide whether and when to expand, and if a state covers the expansion group, it may later drop the coverage".[8] Therefore, New Hampshire has the option to begin the expansion at any time after January 1, 2014, and still receive the enhanced federal match. However, 100 percent federal matching is only available from 2014 through 2016. If the state decides to delay the start of the program until after January 2014, then it will lose the ability to provide coverage to residents at full federal funding during that period.

Another state concern is that the federal government may reduce the level of funding for the expansion in the future due to budget pressures or that future cost of the program will place pressure on state budgets. In any case, states could discontinue eligibility for the expansion at any time without penalty.

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7 Policy and Research Unit on Medicaid and Medicare, USC Institute for Families in Society, Medicaid Health Care Performance CY 2010, September 2011 and America's Health Insurance Plans, "Medicaid Managed Care Cost Savings – A Synthesis of 24 Studies", Updated March 2009

8 Presentation by Cindy Mann, CMS Deputy Administrator to the National Conference of State Legislators, "Medicaid and CHIP: Today and Moving Forward ", August 6, 2012.

To illustrate the impact of this option, we estimated the cost to the state of delaying implementation of the Medicaid expansion until January 1, 2015. We assume that the state will still be required to meet eligibility simplification requirements and interface with the Exchange beginning in 2014. However, the program will still experience increased enrollment from people currently eligible who enroll to satisfy the mandate and those that become newly eligible through the enrollment simplification processes. The program will also see people leaving Medicaid for the other coverage options that become available under the ACA.

Delaying implementation of the program to 2015 would only reduce the cost to the state by $6.1 million between 2014 and 2020 compared to the cost of implementing the program starting in 2014 (***Figure 12***). The program would cover 44,000 fewer people in 2014 under a delayed implementation. This is due to the fact that the federal government pays the full cost for the newly eligible group for the first three years of the program. With a one-year delay in expansion of implementation for New Hampshire, the federal government will save over $350 million, largely due to the absence of the newly eligible enrollees for which the state would have received 100% FMAP funding during 2014.

Similarly, delaying implementation of the program until 2016 would only reduce the cost to the state by $14.3 million between 2014 and 2020 compared to the cost of implementing the program in 2014 (***Figure 12***). Under these circumstances, federal contributions will be nearly $720 million less over the seven-year period, when compared to implementing the program in January 2014.

Figure 12: Impact on New Hampshire Medicaid Spending if Medicaid is Expanded Under the ACA (2014-2020) – Program Design Option – Delayed Implementation until January 2015

	2014	2015	2016	2017	2018	2019	2020	2014-2020
Change in Enrollment	133	44,595	52,115	59,895	60,674	61,455	62,237	
Total Costs ($1,000s)								
State Share	-$551	$3,363	-$10,129	$9,143	$13,141	$17,371	$47,046	$79,384
Federal Share	-$560	$273,610	$340,979	$379,322	$388,136	$396,936	$380,507	$2,158,931
Total	-$1,110	$276,973	$330,850	$388,465	$401,277	$414,308	$427,553	$2,238,315

1/ Assumes fee-for-service program, implementation January 1, 2015, current Medicaid eligible above 138% FPL remain in the program and all current eligibility categories are retained.

Source: Lewin Group estimates using the New Hampshire version of the Health Benefits Simulation Model. Please refer to Appendix A, Figure A-7 for further detail.

Figure 13: Impact on New Hampshire Medicaid Spending if Medicaid is Expanded Under the ACA (2014-2020) – Program Design Option – Delayed Implementation Until January 2016

	2014	2015	2016	2017	2018	2019	2020	2014-2020
Change in Enrollment	133	153	45,073	52,765	60,674	61,455	62,237	
Total Costs ($1,000s)								
State Share	-$551	-$634	-$11,121	$5,913	$13,141	$17,371	$47,046	$71,166
Federal Share	-$560	-$644	$296,959	$336,033	$388,136	$396,936	$380,507	$1,797,367
Total	-$1,110	-$1,278	$285,837	$341,946	$401,277	$414,308	$427,553	$1,868,533

1/ Assumes fee-for-service program, implementation January 1, 2016, current Medicaid eligible above 138% FPL remain on the program and all current eligibility categories are retained.

Source: Lewin Group estimates using the New Hampshire version of the Health Benefits Simulation Model. Please refer to Appendix A, Figure A-8 for further detail.

4. *Alternative Design Option 7 – Move Current Eligibles Above 138% FPL to Exchange (MEAD and Pregnant Women Eligibility Categories)*

Beginning in 2014 when the Medicaid maintenance of effort requirement for adults expires, New Hampshire will have the option of moving currently eligible enrollees of certain subgroups, who are above 138percent of FPL, into the health benefit Exchange. This will involve capping Medicaid income eligibility for these groups at 138 percent of FPL and allowing those enrollees to purchase coverage through the HBE with premium and cost-sharing subsidies, which will be paid in full by the federal government. In doing so, New Hampshire will no longer be responsible for funding 50 percent of the cost for these individuals.

Potential eligibility groups that could be moved to the Exchange include the Medicaid for Employed Adults with Disabilities (MEAD) eligibility category, which currently covers working disabled individuals to 450 percent of FPL, and poverty level pregnant women, who are currently eligible through 185 percent of FPL.

For this analysis, we used historical Medicaid enrollment and paid claims obtained from DHHS from 2009 through 2011. These data included enrollee's family income as a percent of FPL. Enrollee counts and paid claims amounts were summarized by eligibility category, age, gender, poverty level, and month. We trended these data to 2020 using 2.5 percent enrollment growth and 5 percent health care cost growth.

By reducing income eligibility for these eligibility categories and moving these individuals to the Exchanges, the Medicaid program would no longer bear the cost for these individuals and the state and federal government would share the savings. However, the cost of providing premium and cost-sharing subsidies through the Exchange would be paid by the federal government. Those individuals moved to the Exchanges would be required to pay a portion of the premium, ranging from 3 percent of income for those at 138 percent of FPL to 9.5 percent of income for those at 400 percent of FPL.

This option would result in moving over 900 enrollees to the Exchanges in 2014 and an additional savings to the state of about $47.9 million between 2014 and 2020 over the baseline

(*Figure 14*). Thus, if the state decided to implement this option then the net cost of the Medicaid expansion to the state would be $37.6 million between 2014 and 2020.

Figure 14: Impact on New Hampshire Medicaid Spending if Medicaid is Expanded Under the ACA (2014-2020) – Program Design Option 7– Capping Certain Eligibility Categories for Adults at 138 Percent of FPL

	2014	2015	2016	2017	2018	2019	2020	2014-2020
Change in Enrollment	43,231	50,587	58,172	58,886	59,639	60,394	61,149	
Total Costs ($1,000s)								
State Share	-$2,282	-$1,857	-$15,625	$2,331	$5,988	$9,861	$39,160	$37,576
Federal Share	$258,889	$309,873	$378,407	$372,399	$380,867	$389,304	$372,493	$2,462,231
Total	$256,607	$308,016	$362,781	$374,730	$386,855	$399,165	$411,653	$2,499,808

1/ Assumes fee-for-service program, implementation January 1, 2014, limit eligibility to 138% FPL remain for pregnant women and MEAD eligibility categories and all current eligibility categories are retained.

Source: Lewin Group estimates using the New Hampshire version of the Health Benefits Simulation Model. Please refer to Appendix A, Figure A-9 for further detail.

We found that the federal government would also share in the savings to Medicaid resulting from capping eligibility for these two eligibility categories and moving individuals into the Exchange since the federal government currently pays 50 percent of the cost for these individuals. It would save an estimated $49 million between 2014 and 2020, compared to baseline expansion conditions, in which costs would reach over $2.5 billion in the timeframe. However, we did not show the new federal cost for providing premium and cost-sharing subsidies for these individuals. Also, this analysis does not quantify the additional cost to enrollees moved to the Exchanges who would be required to pay a portion of the premium ranging from 3 percent of income for those at 138 percent of FPL to 9.5 percent of income for those at 400 percent of FPL. Health benefit plans in the Exchange may also require these individuals to pay deductibles and copayments that well exceed cost-sharing requirements under Medicaid.

5. *Alternative Design Option 8 – Option 7 + Transition Enrollees out of Breast and Cervical Cancer Program Eligibility Category*

Beginning in 2014 when the Medicaid maintenance of effort requirement for adults expires, New Hampshire would have the option to transition enrollees out of the Breast and Cervical Cancer Program (BCCP) eligibility category. By doing so, current enrollees as well as individuals that could become eligible for these programs in the future could enroll as newly eligible adults if their income is below 138 percent of FPL. Those above 138 percent of FPL could receive premium and cost-sharing subsidies through the Exchange.

Due to the significantly enhanced FMAP rates under Medicaid expansion, New Hampshire would save most of the funds it had previously spent on covering enrollees in these eligibility categories. For enrollees below 138 percent of FPL the federal government would pay a larger share of the cost. The Medicaid program would no longer be responsible for the cost of

previously eligibles over 138 percent of FPL who would seek subsidized coverage in the Exchange, which would be fully paid by the federal government.

We estimate the cost of this option using trended Medicaid enrollment and paid claims for these groups. By evolving this current Medicaid program and allowing enrollees to take coverage under the newly eligible category or purchase subsidized health insurance through the Exchange depending on their income, the state could significantly reduce its share of the costs of the expansion. Nearly all of the costs for these individuals would become federally funded. In conjunction with moving current eligibles above 138 percent of FPL for the MEAD eligibility category and poverty-level pregnant women coverage discussed previously, this aggregate option would reduce the state's cost of the Medicaid expansion by $61 million between 2014 and 2020 as compared to our baseline expansion estimates (***Figure 15***). Additionally, this would reduce costs for the federal government by $35 million relative to our baseline estimate.

Figure 15: Impact on New Hampshire Medicaid Spending if Medicaid is expanded under the ACA (2014-2020) – Program Design Option 8- Option 7 plus Transition Enrollees out of Breast and Cervical Cancer Program Eligibility Category

	2014	2015	2016	2017	2018	2019	2020	2014-2020
Change in Enrollment	43,231	50,587	58,172	58,886	59,639	60,394	61,149	
Total Costs ($1,000s)								
State Share	-$4,105	-$3,771	-$17,636	$431	$4,038	$7,860	$37,205	$24,021
Federal Share	$260,712	$311,787	$380,417	$374,299	$382,818	$391,305	$374,448	$2,475,786
Total	$256,607	$308,016	$362,781	$374,730	$386,855	$399,165	$411,653	$2,499,808

1/ Assumes fee-for-service program, implementation January 1, 2014, current Medicaid eligible above 138% FPL remain in the program and current enrollees in the MEAD and BCCP eligibility categories are transferred out.

Source: Lewin Group estimates using the New Hampshire version of the Health Benefits Simulation Model. Please refer to Appendix A, Figure A-10 for further detail.

6. Alternative Design Option 9 – Option 8 + Transition of Pregnant Women Below 138 Percent of FPL to "Newly Eligible" Category

If the state expands Medicaid to 138 percent of FPL, then more adult women with incomes below 138 percent of FPL will have enrolled as a newly eligible adult through the Medicaid expansion prior to a pregnancy. Under this sensitivity analysis, we assume that the cost of Medicaid services for these women will be paid at the enhanced federal matching rate instead of requiring the state to recategorize these individuals into the current Medicaid poverty level category, for which the state receives only a 50 percent matching rate. However, this will depend on guidance from CMS.

Under this scenario, we estimate there will be 2,076 adult pregnant women below 138 percent of FPL in the Medicaid program in 2014. We assume that about 76 percent of these individuals would enroll in the Medicaid expansion, which is our average participation rate for uninsured individuals, prior to pregnancy. These women would be included in the newly eligible category when they become pregnant and thus pregnancy-related services would be covered with enhanced federal funding. We assume that the remaining 24 percent of current pregnant

women would have remained uninsured until their pregnancy, at which time they would apply for Medicaid coverage and become eligible based on the current poverty related eligibility category.

Figure 16 shows the change in enrollment and state spending for this scenario compared to the baseline ACA analysis presented above in order to show the impact of this specific assumption. We show no change in Medicaid enrollment or administrative costs because these individuals are simply categorized under a different eligibility category. However, health care costs for these individuals will now be matched at the enhanced matching rate for the expansion population. In conjunction with savings under the previous design options, the transition of pregnant women below 138 percent of FPL into the newly eligible category will lead to state a total savings of over $26 million over the 2014-2020 period, saving the state over $111 million beyond implementing the baseline expansion in 2014. This design option would cost the federal government an additional $15 million beyond the baseline.

Figure 16: Impact on New Hampshire Medicaid Spending if Medicaid is Expanded Under the ACA (2014-2020) – Program Design Option 9 – Option 8 + Transition of Pregnant Women Below 138 Percent of FPL to "Newly Eligible" Category[1/]

	2014	2015	2016	2017	2018	2019	2020	2014-2020
Change in Enrollment	43,231	50,587	58,172	58,886	59,639	60,394	61,149	
Total Costs ($1,000s)								
State Share	-$9,531	-$10,346	-$25,459	-$6,962	-$3,553	$71	$29,598	-$26,182
Federal Share	$266,139	$318,362	$388,240	$381,692	$390,408	$399,094	$382,055	$2,525,989
Total	$256,607	$308,016	$362,781	$374,730	$386,855	$399,165	$411,653	$2,499,808

1/ Assumes fee-for-service program, implementation January 1, 2014, current Medicaid eligible above 138% FPL remain in the program and current enrollees in the MEAD and BCCP eligibility categories are transferred out.

Source: Lewin Group estimates using the New Hampshire version of the Health Benefits Simulation Model. Please refer to Appendix A, Figure A-11 for further detail.

D. Summary

Figure 17 summarizes the cumulative total cost to the state of New Hampshire (2014-2020) under eleven simulations of various design options. Without expansion, the state would see savings ranging from $65.8 to $113.7 million, depending on the design of the program. Under Medicaid expansion, the state may encounter costs up to $102 million, unless it elects to expand the program under certain combinations of program designs. Under the option where the state expands Medicaid while moving certain current eligible groups above 138 percent of FPL to the health benefit exchange, transitions enrollees out of the Breast and Cervical Cancer Program eligibility category, and assuming pregnant women below 138 percent of FPL will transition into the "newly eligible" category, the state could save over $26 million while providing alternative options for covering these individuals.

However, under each of the expansion scenarios, the federal government would provide between $1.8 and $2.7 billion dollars in funding to the state that would be forfeited if the state does not expand Medicaid.

Figure 17: Summary of the State Cost of Various Options for Expanding Medicaid in New Hampshire (2014-2020)

Scenario	Cost to State (2014-2020) in $1,000s	Cost to Federal Government (2014-2020) in $1,000s
No Expansion:		
1. Baseline	-$65,779.6	$55,845.0
2. Moving Current Eligibles Above 138 of Percent FPL to HBE (MEAD and Pregnant Women Eligibility Categories)	-$113,691.4	$7,154.1
Expansion:		
1. Baseline	$85,488.0	$2,510,922.3
2. Low-Range Participation Assumption	$38,009.2	$1,952,472.0
3. High-Range Participation Assumption	$102,333.2	$2,709,057.8
4. Managed Care Rates	$69,470.2	$2,501,073.5
5. Delay Implementation by One Year	$79,384.2	$2,158,931.0
6. Delay Implementation by Two Years	$71,165.5	$1,797,367.2
7. Move Current Eligibles Above 138 of Percent FPL to HBE (MEAD and Pregnant Women Eligibility Categories)	$37,576.1	$2,462,231.5
8. Option 7 plus Transition Enrollees out of Breast and Cervical Cancer Program Eligibility Category	$24,021.2	$2,475,786.4
9. Option 8 plus Transition of Pregnant Women Below 138 Percent of FPL into "Newly Eligible" Category	-$26,181.6	$2,525,989.2

Source: Lewin Group estimates using the New Hampshire version of the Health Benefits Simulation Model.

III. Methodology

This section describes the methodology used to produce the enrollment and cost estimates presented in this report.

We used the Lewin Group Health Benefits Simulation Model (HBSM) to estimate the number of people who would become newly eligible for Medicaid through the expansion in New Hampshire. To do this, we simulated the number of people eligible for the expansion in coverage using 3 years of Current Population Survey (CPS) data compiled by the Bureau of the Census (2008-2010). We use the CPS because these data include the detailed information required to simulate eligibility for the program, including income by source, employment, family characteristics, and state of residence. We pooled 3 years of CPS data in order to increase the sample size, which improves the accuracy of the estimates for narrowly defined population groups.

The first step in developing these estimates is to correct the CPS data for under-reporting of Medicaid coverage. As in most household surveys, some individuals fail to report whether they were enrolled in Medicaid and/or the various public assistance programs. In fact, the CPS reports up to 40 percent fewer Medicaid enrollees than program data show actually participate in the program. To correct for this problem, we identified people who appear to be eligible for Medicaid in these data and assigned a portion of them to Medicaid covered status. The resulting data replicate program control totals on enrollment by class of eligibility.

Using these data, we can estimate the number of program filing units (single individuals and related families living together) who meet the income eligibility requirements under the current program in their state of residence. The model also simulates the number of people who would be eligible under proposed increases in income eligibility. In particular, the model can estimate the number of non-custodial adults who are eligible under expansions affecting these groups.

The model simulates a wide variety of Medicaid policy changes, including changes in income eligibility levels for selected population groups such as children, parents, two-parent families, and childless adults. It also models changes in certification period rules, changes in the deprivation standard (i.e., hours worked limit) for two-parent families, "deeming" of income from people outside the immediate family unit, and other refinements in eligibility. It uses the actual income eligibility levels in each state. The model is also designed to simulate the unique features of the Medicaid program including month-by-month simulations of income eligibility and the unique family unit definitions used in the program.

A. Simulate Newly Eligible Population

The first step of the modeling was to simulate the current Medicaid eligibility rules for New Hampshire to identify people who currently meet the income and categorical eligible criteria for Medicaid in the state. We use the CPS data to simulate eligibility on a month-by-month basis. We do this by allocating reported weeks of employment across the 52 weeks of the year according to the number of jobs reported for the year. Reported weeks of unemployment and non-participation in the labor force are also allocated over the year. We then distribute wages across the weeks employed and distribute unemployment compensation over weeks unemployed. Workers compensation income over weeks not in labor force and other sources of

income are allocated across all 12 months of the year. Using the same methodology, we will simulate people who would become newly eligible for the expansion program under the ACA to 133 percent of FPL (plus the 5 percent income disregard).

The HBSM simulates enrollment among newly eligible people based on estimates of the percentage of people who are eligible for the current program who actually enroll. Not all eligible people are expected to enroll in Medicaid when they become eligible. We estimated the number of eligible people who enroll under the Medicaid expansion based on a multivariate model of enrollment among people across the country (i.e., national data) who are currently eligible under the existing Medicaid program, which varies with age, race, income, work status, and other factors affecting enrollment.

This participation model reflects differences in the percentage of eligible people who participate in Medicaid by age, income, self-reported health status, race/ethnicity, employment status, and coverage from other sources of insurance. This approach results in an average participation rate of about 70 percent among people who are currently uninsured and about 39 percent among eligible people who have coverage from some other source. Thus, the model simulates the number of privately insured people who would shift to public coverage (i.e., "crowd-out").

B. Simulate Crowd-Out

"Crowd-out" is a major concern for policy makers in considering coverage expansions under public programs. Crowd-out is the process whereby publicly subsidized coverage is substituted for private insurance. Several studies have attempted to estimate the extent of crowd-out using data on enrollment under public and private coverage during periods where Medicaid eligibility for poverty level children was expanded.[9] A review of the literature today reveals a range of crowd-out estimates from 0 to 60 percent for Medicaid and CHIP expansions using various data sources and analytical techniques. Thus, up to 60 percent of those taking coverage under these coverage expansions would have had private insurance in the absence of the program.

Our Medicaid participation model simulates the crowd-out that occurs as newly eligible people discontinue their private coverage and enroll in public coverage. As discussed above, we estimate that the participation rate for people with access to employer-sponsored insurance (ESI) is about 39 percent. We developed this estimate based upon CPS data showing the availability of employer-based coverage for children who are eligible under Medicaid or SCHIP. This provided a basis for estimating separate participation rates for children with and without access to ESI, thus enabling an estimate of crowd-out for public program expansion simulation.

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[9] Beginning in 1989, there were a series of Medicaid eligibility expansions for children and pregnant women. Children through age 5 and pregnant women are eligible through 133 percent of FPL. States also have the option of expanding eligibility for pregnant women to 185 percent of the FPL. Also, all children below the FPL who were born after September 30, 1983, are eligible for the program. Thus, all children below the FPL will be covered by 2001.

C. Simulate Enrollment for Currently Eligible but Not Enrolled Population

Changes in eligibility for the Medicaid expansion can lead to increased enrollment among those who are already eligible for the program. For example, we assume that currently eligible but uninsured children would become enrolled in cases where a newly eligible parent becomes enrolled under a coverage expansion. This is because eligibility for parents is determined on a family unit basis. Thus, uninsured children of parents who enroll in the program are assumed to be automatically enrolled.

We also estimate an increase in enrollment among the currently eligible but not enrolled population resulting from the eligibility expansions. We modeled the behavioral impact that the mandate for health insurance would have on enrollment for this group of people. The penalty for remaining uninsured under PPACA ($695 per person per year, up to $2,085 per family in 2016) is assumed to be an additional cost of being uninsured. We apply this assumption only to families that would face the penalty (i.e., with incomes above the federal tax filing threshold). We then estimate the increase in coverage for this group using a multivariate analysis of a broad range of factors affecting the level of insurance coverage, including the price paid for coverage, which includes the amount of the penalty.

D. Integrate Medicaid Expansion with HBSM

We integrate the Medicaid simulations developed with CPS data into MEPS data included in the HBSM. The MEPS data used in HBSM include all of the data required to simulate eligibility for the program except state of residence, which makes it difficult to use for Medicaid simulations. Our approach is to assign MEPS households to a state within the census region identified for the individual in proportion to the distribution of people by income (derived from the CPS). We then simulate eligibility and enrollment for MEPS households using exactly the same models and assumptions used to simulate Medicaid eligibility with the CPS. We then adjust participation function so that the MEPS-based enrollment estimates replicate the estimates developed with the CPS.

The MEPS data would actually be ideal for Medicaid simulations if they included a state of residence indicator. MEPS include month-by-month coverage and employment data which provide a basis for allocating reported income across months for each individual in these data. They also provide the family composition information required to identify family units.

This approach enables us to integrate the state-based Medicaid program analyses into the HBSM, where detailed health data are available to simulate costs and other aspects of health reform. It also allows us to integrate the simulation of Medicaid expansions together with other elements of health reform such as employer requirements and the effect of premium subsidies on coverage and spending.

The HBSM also simulates all the coverage options available under the ACA, including new offers of employer coverage due to the employer penalty and worker demand for coverage due to the individual mandate. Our model provides estimates of new employer coverage due to the ACA, which could lead to a new offer of employer coverage for people currently on Medicaid in New Hampshire. Our analysis assumes that a portion of those people will shift to employer coverage if offered.

Figure 18 shows our estimate of the number of New Hampshire residents that would be newly eligible and enroll in a Medicaid expansion up to 138 percent of FPL. The table also shows the number of people we estimate are eligible for the current Medicaid program but are not enrolled. Finally, the table shows our estimate of the number of current enrollees that would leave Medicaid for a new offer of employer coverage under the ACA.

Figure 18: Estimate of Number Eligible and Who Will Enroll in a Medicaid Expansion to 138 Percent FPL in New Hampshire in 2014

Expansion to 138 Percent FPL	Newly Eligible - Previously Uninsured		Newly Eligible - Previously Insured (Crowd-Out)		Currently Eligible but Uninsured (Woodwork)		Leave Medicaid for New Offer of Employer Coverage	Net Change in Medicaid Enrollment
Age/Sex Category	Eligible	Enroll	Eligible	Enroll	Eligible	Enroll		
Under age 1 M&F	0	0	0	0	930	169	102	68
Age 1-5 M&F	0	0	0	0	2,386	366	855	(489)
Age 6-13 M&F	0	0	0	0	3,978	758	1,245	(487)
Age 14-20 M	3,007	1,989	6,626	2,980	1,611	377	512	4,834
Age 14-20 F	2,960	2,375	7,450	2,908	1,212	268	370	5,182
Age 21-44 M	16,976	12,834	10,305	3,447	367	100	88	16,293
Age 21-44 F	13,343	9,544	9,364	3,778	2,015	812	317	13,818
Age 45-64 M	6,161	5,180	5,559	2,467	196	14	15	7,645
Age 45-64 F	7,069	5,996	11,840	4,933	220	25	57	10,896
Age 65+ M	0	0	0	0	0	0	0	0
Age 65+ F	0	0	0	0	0	0	0	0
Total	49,518	37,919	51,143	20,513	12,915	2,888	3,561	57,760

1/ Assumes that all provisions are fully implemented and ultimate enrollment is reached in 2014.

Estimates of persons eligible and enrolling in the expansion were projected from 2014 through 2020 using age- and sex-specific population growth rates for New Hampshire, adjusted for potentially higher rate of growth among the demographic enrolled in Medicaid. The population growth rate for each age and sex category was derived using state-level data from the U.S. Census Bureau's *Interim State Projections of Population for Five-Year Age Groups and Selected Age Groups by Sex, 2005*. An annual adjustment factor of 1 percent was added to reflect the growth in the population in poverty.

E. Estimate Costs for the Newly Eligible Population

To understand the cost ramifications of the potential expansion to New Hampshire's Medicaid program under the ACA, OptumInsight compiled multiple data sources utilization and costs. The primary data source for the analysis was historical New Hampshire Fee-For-Service (FFS) Medicaid claims data. The data was provided by the New Hampshire DHHS and included claims and enrollment data by eligibility category, age, gender, dual enrollment status, federal poverty level categories, and pregnancy status. The data reflected experience from January 2009 to August 2012.

Given the lack of historical claims and enrollment data for the population who would be eligible for the expansion up to 138 percent of FPL under a Medicaid environment, OptumInsight relied on an average of current, non-Medicare Dual Temporary Assistance for Needy Families (TANF) enrollees and other supplemental sources. The other supplemental sources include the Health Benefits Simulation Model (HBSM), the Office of the Actuary's 2011 report, and a prior published New Hampshire study.

To develop baseline projections for 2014 to 2020, the historical FFS experience was trended forward to the appropriate time periods. Further documentation regarding the trend factor development is discussed later in this report.

Once the FFS data were projected forward to the respective time period, adjustments were applied to reflect state costs under a managed care Medicaid program. The adjustments were intended to capture the reduced service utilization due to a managed care organization's ability to implement care management strategies. The following adjustments were applied to the FFS claims data:

Rate Cohort	Adjustment
Adults	0.867
Children	0.857
Aged	0.852
Disabled	0.839

While care management strategies under a managed Medicaid program affect utilization patterns, offsetting administrative expenses increases the overall cost of care. Therefore, to account for the increased expense associated with a managed Medicaid program, the results reflect the following administrative and premium tax loads:

Aid Category	Administrative Expense	Premium Tax
TANF/Poverty Level	12.0%	2.0%
Foster Care	9.2%	2.0%
MEAD	9.2%	2.0%
Disabled HC, CSD, APTD, and ANB	9.2%	2.0%
BCCP	9.2%	2.0%
Old Age	7.4%	2.0%

The results of the aforementioned methodology include projections for both current and expansion populations for the New Hampshire Medicaid program under both a FFS and a managed care environment.

F. Medical Cost Trend Development

Medical cost trend estimates were developed under a fee-for-service and managed care delivery system. The trends were used to project the baseline costs forward to calendar years 2014 – 2020. Several data sources were used to develop the trend estimates including:

- Actual New Hampshire Medicaid data from January 2009 – August 2012
- The State of New Hampshire July 2012 – June 2013 Capitation Rate Development, prepared by Milliman dated April 6, 2012
- The 2011 Actuarial Report on the Financial Outlook for Medicaid, prepared by the Office of the Actuary

The state of New Hampshire supplied data from the FFS Medicaid program for the period January 2009 - August 2012. The data was supplied by eligibility category, age, gender, dual eligibility status, pregnancy status, and by FPL groupings. The data was grouped into the following categories based on the member's basis of eligibility:

- Adults
- Children
- Disabled
- Aged

Once the data was grouped, we performed a trend analysis based on the historical per member per month (PMPM) paid claims data.

We reviewed FFS trend estimates contained in the State of New Hampshire July 2012 – June 2013 Capitation Rate Development. These trends were used to project costs from calendar year 2010 to the New Hampshire 2012/2013 state fiscal year.

Our final trend source was the 2011 Actuarial Report on the Financial Outlook for Medicaid. This report was prepared by the Office of the Actuary and is a national look at Medicaid trend levels extending to calendar year 2020. Recent historical New Hampshire FFS trends have been lower than national Medicaid trend levels; however, future New Hampshire trends may migrate toward the national level.

We blended the three trend estimates at the following levels to develop the trends used for this analysis:

- Actual New Hampshire Medicaid Data – 50%
- New Hampshire Capitation Development – 25%
- 2011 Actuarial Report – 25%

The following table provides the results of the blending and presents the annual trend assumptions:

Population	FFS Annual Trend Rate
Adults	2.1%
Children	3.2%
Aged	3.6%
Disabled	0.8%

We estimated the impact of the Care Management program under a Medicaid managed care environment as described in the previous section. We also expect the care management program to reduce medical trend levels compared to a FFS program. We have assumed the Medicaid managed care program will reduce annual trends at a rate of 0.25 percent versus the FFS trend levels. Our final estimate of PMPM medical cost for an expansion population under a fee-for-service program is presented in ***Figure 19***. ***Figure 20*** presents our estimate of monthly managed care capitation rates for the expansion population. As described, these rates include an assumption for medical cost, administration and premium tax.

Figure 19: Estimated Monthly Medical Cost for the Expansion Population in New Hampshire under a Fee-For-Service Model

Age / Gender	2014	2015	2016	2017	2018	2019	2020
Age 14-20 F	292	301	311	321	331	341	352
Age 14-20 M	278	287	296	306	315	325	336
Age 21-44 F	427	436	445	454	463	473	483
Age 21-44 M	389	398	406	414	423	431	440
Age 45-64 F	664	677	691	706	720	735	750
Age 45-64 M	788	804	820	837	854	872	890

Figure 20: Estimated Monthly Capitation Rates for the Expansion Population in New Hampshire Under a Managed Care Model

Age / Gender	2014	2015	2016	2017	2018	2019	2020
Age 14-20 F	307	299	308	317	326	336	346
Age 14-20 M	293	286	294	302	311	320	330
Age 21-44 F	453	438	446	454	463	471	479
Age 21-44 M	413	400	407	414	422	429	437
Age 45-64 F	703	681	694	706	719	732	745
Age 45-64 M	835	808	823	838	853	868	884

Due to the short history of the Medicaid managed care system in the state, these rates may not fully reflect true costs of the hypothetical newly eligible population under expansion. Additionally, our managed care rates do not reflect the exclusion of certain services from the

state's Medicaid managed care program, such as long-term supports and services and dental services.

Monthly cost estimates are multiplied by the estimated number of enrollees within each age and gender cell in order to compute total costs for the expansion population.

G. Administrative Costs

Total administrative costs were calculated as 5.5 percent of the annual medical cost of the Medicaid program for the fee for service options and as 4 percent of the annual medical cost for the managed care option. This was based on our analysis of the CMS 64 data from 2002 through 2011. The state and federal shares were found by applying the estimated Federal Medical Assistance Percentage (FMAP) rate for administrative costs (57.34 percent) to the total cost.

There is some concern among states that the Medicaid expansion will require a significant increase in administrative costs. As stated above, Medicaid administrative costs in New Hampshire account for about 5.5 percent of total Medicaid spending. The federal government matches administrative costs at 50%, although some functions are matched at higher rates.[10]

Medicaid expansion may require states to adopt new administrative roles, including enhancement of current systems to interface with the health benefit Exchange, increased time spent on enrollment of traditional and expansion populations, outreach to newly eligible populations, and upgrading and/or modifying current systems to interface with the new Exchanges. Though associated costs may increase, the State Health Reform Assistance Network proposes that increases may be offset by enhanced federal matching (e.g., 90% match for building the eligibility system, 75% match for systems operation).

Historically, administrative costs to the state in a fee-for-service system tend to be higher than those in a managed care environment, in which the managed care organization would be largely responsible for administrative tasks. If the state chooses to implement expansion under a fee or service system, it will likely experience a surge in staffing needs in order to accommodate the significant volume of new enrollment. The timely and successful provision of certain program maintenance functions (i.e. enrollee and provider appeals, case management and disease management for certain populations, program integrity, prior authorization and utilization management functions, call center operations, and claims processing) is dependent on adequate staffing. To accommodate significant new enrollment following Medicaid expansion under a fee-for-service system, DHHS may need to hire new staff to maintain adequate service levels (i.e. calls are answered within a certain number of seconds, appeals are handled within a certain number of days). In the initial stages of expansion implementation, DHHS may experience a surge in staffing needs in order to handle eligible determination and enrollment processing. This however, is contingent upon pending policy decisions regarding how eligibility is determined.

New state administrative roles may include the following:

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[10] Kaiser Commission on Medicaid and the Uninsured, "Medicaid Administration", 2002.

- **Update technology systems that support eligibility**: To be eligible for enhanced federal financial participation (FPP), or enhanced match, the state's Medicaid Management Information System (MMIS) must meet a minimum set of requirements for efficient and economical operation. Before approval will be granted, the system must: align with industry standards; use open interfaces; promote sharing of Medicaid technologies and systems; support accurate and timely processing of claims; produce data and reports that contribute to program evaluation, transparency, and accountability; and coordinate seamlessly with the Exchanges.[11]
- **Review current eligibility categories and consider how existing and potential expanded Medicaid programs will interact with the Exchanges**: The addition of new eligibility categories may require additional administrative funds. Most existing categories can be collapsed into three groups: parents, pregnant women, and children under age 19. After January 2014, states can elect to include all non-pregnant individuals between the ages of 19 and 65 whose household incomes are at or below 133 percent of FPL. With or without Medicaid expansion, the state will need to interface with the health benefit Exchange. As previously mentioned, this will require enhancements to existing systems and possibly additional staff to facilitate operations.
- **Implement MAGI methodologies:** All state Medicaid agencies will be switching to a new standard for determining eligibility known as Modified Adjusted Gross Income (MAGI). Changing to MAGI eligibility standards will affect how income is counted and how households are defined. For example, MAGI excludes income from Veterans benefits, child-support income, and death benefits, but would include stepparent and grandparent income.[12]
- **Revise application processes:** The ACA requires states to use a single, streamlined application to facilitate Medicaid enrollment. In particular, the application must meet cultural competency and literacy standards to ensure access, and the online application should be tailored to the applicant based on responses to certain questions.[13] Most states will use the federal application, but states are permitted to develop their own application if it meets the standards set forth by the Secretary.
- **Modify and streamline renewal processes to increase retention:** Several states have already created more flexible renewal processes, including online, telephone, and administrative renewals. By reducing inefficiencies in the renewal process, states can conserve administrative funds used for closing and reopening cases and eliminate the

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[11] Centers for Medicare & Medicaid Services, "Enhanced Funding Requirements: Seven Conditions and Standards", April 2011.

[12] Kaiser Commission on Medicaid and the Uninsured, "Expanding Coverage to Adults Through Medicaid Under Health Reform", September 2010.

[13] Centers for Medicare & Medicaid Services, "Supporting Statement for Data Collection to Support Eligibility Determinations for Insurance Affordability Programs and Enrollment through Affordable Insurance Exchanges, Medicaid and Children's Health Insurance Program Agencies", 2012.

gaps in coverage that result from individuals who "churn" on and off Medicaid over short periods of time.[14]

One promising avenue for decreasing costs is eliminating the income certification process and asset tests that many states use to prove an individual's income. An asset test takes into consideration an individual's resources beyond income, including savings accounts or vehicles, when considering eligibility for Medicaid. Many states have already dropped the asset test requirement, with additional states considering this possibility. For example, the state of Oklahoma reported spending $3.5 million on administrative activities surrounding the asset test, which they reduced to $2.5 million by removing the requirement.

Several studies suggest that introducing 'self-certification' of income would reduce the burden on both applicants and enrollment officers. The Medi-Cal Policy Institute found that income certification was estimated to be 2.5 percent of an eligibility worker's time. Eliminating the requirement yielded a savings of approximately $4.2 million state and federal dollars.

H. Children's Health Insurance Program (CHIP)

Under the Affordable Care Act, states will receive a 23 percent increase in federal funding matching rate (from 65 percent to 88 percent) for the Children's Health Insurance Program (CHIP), between federal fiscal year 2016 and 2019. State savings were calculated by comparing baseline annual state expenses without this ACA provision, to projected state expenses under the enhanced match rates. State expenses for both scenarios were found by multiplying total projected cost of CHIP operation for New Hampshire by the portion of costs for which the state is responsible. The federal share was calculated in the same manner (***Figure 21***).

Figure 21: Calculation of Impact on New Hampshire CHIP Funding Under the ACA (in $1,000s)

	2012	2013	2014	2015	2016	2017	2018	2019	2020
Total Computable	$51,859	$54,193	$56,631	$59,180	$61,843	$64,626	$67,534	$70,573	$73,749
Baseline									
Federal share	$33,708	$35,225	$36,810	$38,467	$40,198	$42,007	$43,897	$45,872	$47,937
State Share	$18,151	$18,967	$19,821	$20,713	$21,645	$22,619	$23,637	$24,701	$25,812
ACA									
Federal share	$33,708	$35,225	$36,810	$38,467	$54,422	$56,871	$59,430	$62,104	$73,749
State Share	$18,151	$18,967	$19,821	$20,713	$7,421	$7,755	$8,104	$8,469	$0
Difference under ACA									
Federal share	$0	$0	$0	$0	$14,224	$14,864	$15,533	$16,232	$25,812
State Share	$0	$0	$0	$0	-$14,224	-$14,864	-$15,533	-$16,232	-$25,812

Source: Lewin Projections using CMS 64 data for CHIP

[14] Kaiser Commission on Medicaid and the Uninsured, "Performing Under Pressure: Annual Findings of a 50-State Survey of Eligibility, Enrollment, Renewal, and Cost-Sharing Policies in Medicaid and CHIP, 2011-2012", January 2012.

I. Move Current Eligibles Above 138 Percent FPL to the HBE (MEAD and Pregnant Women Eligibility Categories)

To calculate state savings from moving currently eligible participants in the Medicaid for Employed Adults with Disabilities (MEAD) eligibility category who are above 138 percent of FPL, the state share of expenses without Medicaid expansion was compared to the state share of expenses for this eligibility category under Medicaid expansion to 138 percent of FPL. Since the state would no longer be responsible for expenses incurred by enrollees, it would save all of the funds it had previously devoted to covering this subgroup. By the same token, the federal government would save an equal amount as the state because it too would cease to be responsible for the remaining 50 percent of expenses. State savings for moving pregnant women above 138 percent of FPL was calculated in the same manner.

Total administrative costs were calculated as 5.5 percent of the annual total cost for each group. The state and federal shares were found by applying the estimated FMAP rate for administrative costs (57.34 percent) to the total cost.

Moving Current Eligibles above 138% of FPL to Health Benefit Exchange

Medicaid for Employed Adults with Disabilities (MEAD)

	2014	2015	2016	2017	2018	2019	2020
Number of Enrollees above 138% of FPL	705	723	741	759	778	798	818
Total cost	$9,450,967	$9,923,515	$10,419,691	$10,940,676	$11,487,709	$12,062,095	$12,665,200
Traditional Medicaid							
State share of total cost	$4,725,483	$4,961,758	$5,209,846	$5,470,338	$5,743,855	$6,031,047	$6,332,600
Federal share of total cost	$4,725,483	$4,961,758	$5,209,846	$5,470,338	$5,743,855	$6,031,047	$6,332,600
When moved to HBE							
State share of total cost	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
State savings	$4,725,483	$4,961,758	$5,209,846	$5,470,338	$5,743,855	$6,031,047	$6,332,600
Federal share of total cost	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Federal savings	$4,725,483	$4,961,758	$5,209,846	$5,470,338	$5,743,855	$6,031,047	$6,332,600

State and federal share of total cost, without Medicaid expansion, is based on Federal Medical Assistance Percentage (FMAP) of 50%

Moving Current Eligibles above 138% of FPL to Health Benefit Exchange							
Adult Pregnant Women							
	2014	2015	2016	2017	2018	2019	2020
Number of Enrollees above 138% of FPL	233	238	244	250	257	263	270
Total cost	$1,795,215	$1,884,976	$1,979,224	$2,078,186	$2,182,095	$2,291,200	$2,405,760
Traditional Medicaid							
State share of total cost	$897,607	$942,488	$989,612	$1,039,093	$1,091,047	$1,145,600	$1,202,880
Federal share of total cost	$897,607	$942,488	$989,612	$1,039,093	$1,091,047	$1,145,600	$1,202,880
When moved to HBE							
State share of total cost	$0	$0	$0	$0	$0	$0	$0
State savings	$897,607	$942,488	$989,612	$1,039,093	$1,091,047	$1,145,600	$1,202,880
Federal share of total cost	$0	$0	$0	$0	$0	$0	$0
Federal savings	$897,607	$942,488	$989,612	$1,039,093	$1,091,047	$1,145,600	$1,202,880
State and federal share of total cost, without Medicaid expansion, is based on Federal Medical Assistance Percentage (FMAP) of 50%							

J. Transition of Enrollees Out of Breast and Cervical Cancer Program Eligibility Category

One option available to New Hampshire is to move those who are currently enrolled in the Breast and Cervical Cancer Program (BCCP) eligibility category out of the current Medicaid program, and into the expanded program and Health Benefit Exchange for 2014 through 2020. To calculate the savings for the state in doing so, state savings for each income subgroup under Medicaid expansion was calculated. Due to the significantly enhanced FMAP rates under Medicaid expansion, New Hampshire would save most of the funds it had previously spent on covering enrollees in this eligibility category. Enrollees below 138 percent of FPL would enroll in the expanded Medicaid program as "new eligibles." Because the federal government would need to recoup the loss of coverage by the state for those below 138 percent of FPL, the savings to the state would be transferred as costs to the federal government. Those over 138 percent of FPL would seek coverage in the health benefit Exchange, thereby saving the federal government its share of expenses.

There would be no additional administrative costs associated with modifying these eligibility categories for enrollees below 138 percent of FPL, because these enrollees would become a part of the "newly eligible" group. Administrative costs for enrollees above 138 percent of FPL would be calculated as 5.5 percent of the annual total cost of the program. The state and federal shares were found by applying the estimated FMAP rate for administrative costs (57.34 percent) to the total cost.

Transition of Enrollees out of Certain Eligibility Categories Breast and Cervical Cancer Program (BCCP)							
	2014	2015	2016	2017	2018	2019	2020
Baseline							
Under 100% FPL							
Number of Enrollees	245	251	257	264	270	277	284
Total Cost	$3,646,895.00	$3,829,239.75	$4,020,701.74	$4,221,736.83	$4,432,823.67	$4,654,464.85	$4,887,188.09
State share of total cost	*$1,823,447.50*	*$1,914,619.88*	*$2,010,350.87*	*$2,110,868.41*	*$2,216,411.83*	*$2,327,232.43*	*$2,443,594.05*
Federal share of total cost	*$1,823,447.50*	*$1,914,619.88*	*$2,010,350.87*	*$2,110,868.41*	*$2,216,411.83*	*$2,327,232.43*	*$2,443,594.05*
100-138% FPL							
Number of Enrollees	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Total Cost	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
State share of total cost	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Federal share of total cost	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Above 138% FPL							
Number of Enrollees	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Total Cost	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
State share of total cost	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Federal share of total cost	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Sum of total costs							
State share of total cost	***$1,823,447.50***	***$1,914,619.88***	***$2,010,350.87***	***$2,110,868.41***	***$2,216,411.83***	***$2,327,232.43***	***$2,443,594.05***
Federal share of total cost	***$1,823,447.50***	***$1,914,619.88***	***$2,010,350.87***	***$2,110,868.41***	***$2,216,411.83***	***$2,327,232.43***	***$2,443,594.05***
Eligibility Category Modification							
Under 138% FPL - "Newly Eligible"							
Number of enrollees	245	251	257	264	270	277	284
Total cost	$3,646,895.00	$3,829,239.75	$4,020,701.74	$4,221,736.83	$4,432,823.67	$4,654,464.85	$4,887,188.09
State share of total cost	*$0.00*	*$0.00*	*$0.00*	*$211,086.84*	*$265,969.42*	*$325,812.54*	*$488,718.81*
State savings, from transition	*$1,823,447.50*	*$1,914,619.88*	*$2,010,350.87*	*$1,899,781.57*	*$1,950,442.41*	*$2,001,419.89*	*$1,954,875.24*
Federal share of total cost	*$3,646,895.00*	*$3,829,239.75*	*$4,020,701.74*	*$4,010,649.98*	*$4,166,854.25*	*$4,328,652.31*	*$4,398,469.28*
Federal savings, from elimination	*($1,823,447.50)*	*($1,914,619.88)*	*($2,010,350.87)*	*($1,899,781.57)*	*($1,950,442.41)*	*($2,001,419.89)*	*($1,954,875.24)*
Above 138% FPL - Move to HBE							
Number of enrollees	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Total cost	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
State share of total cost	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
State savings, from transition	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Federal share of total cost	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Federal savings, from transition	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Sum of total savings, from transition							
State share of total savings	***$1,823,447.50***	***$1,914,619.88***	***$2,010,350.87***	***$1,899,781.57***	***$1,950,442.41***	***$2,001,419.89***	***$1,954,875.24***
Federal share of total savings	***($1,823,447.50)***	***($1,914,619.88)***	***($2,010,350.87)***	***($1,899,781.57)***	***($1,950,442.41)***	***($2,001,419.89)***	***($1,954,875.24)***

K. Transition of Pregnant Women Below 138 Percent of FPL into "Newly Eligible" Category

If the state expands Medicaid to 138 percent of FPL, then more adult women with incomes below 138 percent of FPL will have enrolled as a newly eligible adult through the Medicaid expansion prior to a pregnancy. Under this sensitivity analysis, we assume that the cost of Medicaid services for these women will be paid at the enhanced federal matching rate instead of requiring the state to re-categorize these individuals into the current Medicaid poverty level category, for which the state receives only a 50 percent matching rate. However, this will depend on guidance from CMS.

For this subgroup, the total savings to the state were calculated by multiplying projected state savings under the expansion by the product of the lag rate and the expected take up rate.

There would be no additional administrative costs associated with modifying these eligibility categories for enrollees below 138 percent of FPL, because these enrollees would become a part of the "newly eligible" group.

Transition of Adult Pregnant Women Below 138 Percent of FPL							
	2014	2015	2016	2017	2018	2019	2020
Baseline							
Under 100% FPL							
Number of Enrollees	1784	1828	1874	1921	1969	2018	2068
Total Cost	$16,593,222	$17,422,883	$18,294,027	$19,208,728	$20,169,165	$21,177,623	$22,236,504
State share of total cost	$8,296,611	$8,711,441	$9,147,014	$9,604,364	$10,084,582	$10,588,812	$11,118,252
100-138% FPL							
Number of Enrollees	293	300	308	315	323	331	339
Total Cost	$2,329,283	$2,445,747	$2,568,034	$2,696,436	$2,831,258	$2,972,820	$3,121,461
State share of total cost	*$1,164,641*	*$1,222,873*	*$1,284,017*	*$1,348,218*	*$1,415,629*	*$1,486,410*	*$1,560,731*
Sum of total costs							
State share of total cost	***$9,461,252.20***	***$9,934,314.81***	***$10,431,030.55***	***$10,952,582.08***	***$11,500,211.18***	***$12,075,221.74***	***$12,678,982.83***
Transition							
Under 138% FPL - "Newly Eligible"							
Number of enrollees	2076	2128	2181	2236	2292	2349	2408
Lag factor	0.5735	0.6618	0.75	0.75	0.75	0.75	0.75
Total cost	$18,922,504	$19,868,630	$20,862,061	$21,905,164	$23,000,422	$24,150,443	$25,357,966
State share of total cost	*$0*	*$0*	*$0*	*$1,095,258*	*$1,380,025*	*$1,690,531*	*$2,535,797*
State savings, from transition	*$5,426,306*	*$6,574,179*	*$7,823,273*	*$7,392,993*	*$7,590,139*	*$7,788,518*	*$7,607,390*
Sum of total savings, from transition							
State share of total savings	***$5,426,306***	***$6,574,179***	***$7,823,273***	***$7,392,993***	***$7,590,139***	***$7,788,518***	***$7,607,390***

Appendix A. Detailed Tables

Figure A-1: Impact on New Hampshire Medicaid Spending if Medicaid is Not Expanded Under the ACA (2014-2020)

No Medicaid Expansion FFS rates								
	2014	2015	2016	2017	2018	2019	2020	Cumulative
1. Cost of Currently Eligible but Not Enrolled								
Population growth rate		1.5%	1.6%	1.7%	1.8%	1.8%	1.8%	
Currently Eligible but Uninsured - Eligible	13761	13968	14192	14430	14685	14946	15216	
Take Up Rate	27%	27%	27%	27%	27%	27%	27%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Enrollment	2855.64	3341.60	3844.72	3907.32	3975.78	4046.60	4118.68	
PMPY Cost	$4,258	$4,364	$4,471	$4,580	$4,692	$4,806	$4,922	
Total Cost	$12,159,666	$14,581,093	$17,189,243	$17,896,081	$18,653,097	$19,447,784	$20,272,882	$120,199,845
FMAP	50%	50%	50%	50%	50%	50%	50%	
Subtotal - State Cost	*$6,079,833*	*$7,290,546*	*$8,594,621*	*$8,948,040*	*$9,326,549*	*$9,723,892*	*$10,136,441*	*$60,099,923*
Subtotal - Federal Cost	*$6,079,833*	*$7,290,546*	*$8,594,621*	*$8,948,040*	*$9,326,549*	*$9,723,892*	*$10,136,441*	*$60,099,923*
2. Leave Medicaid for New Offer of Employer Coverage								
Population Growth Rate		1.5%	1.6%	1.7%	1.8%	1.8%	1.9%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Disenrollment	2723	3189	3673	3735	3803	3871	3943	
PMPY Cost	$4,852	$4,952	$5,057	$5,166	$5,280	$5,398	$5,520	
Total Savings	$13,211,961	$15,792,420	$18,573,701	$19,296,695	$20,077,734	$20,896,321	$21,767,675	$129,616,508
FMAP	50%	50%	50%	50%	50%	50%	50%	
Subtotal - State Savings	*$6,605,981*	*$7,896,210*	*$9,286,851*	*$9,648,347*	*$10,038,867*	*$10,448,161*	*$10,883,838*	*$64,808,254*
Subtotal - Federal Savings	*$6,605,981*	*$7,896,210*	*$9,286,851*	*$9,648,347*	*$10,038,867*	*$10,448,161*	*$10,883,838*	*$64,808,254*
3. CHIP								
State Savings	-	-	-$14,223,849	-$14,863,922	-$15,532,799	-$16,231,775	-	-$60,852,345
Federal Savings	-	-	$14,223,849	$14,863,922	$15,532,799	$16,231,775	-	$60,852,345
4. Net Impact								
Change in Enrollment	133	153	172	172	173	175	175	
Health Care Costs								
State Cost	-$526,148	-$605,663	-$14,916,078	-$15,564,229	-$16,245,117	-$16,956,044	-$747,397	-$65,560,676
Federal Cost	-$526,148	-$605,663	$13,531,620	$14,163,615	$14,820,480	$15,507,506	-$747,397	$56,144,014
Subtotal	***-$1,052,296***	***-$1,211,327***	***-$1,384,458***	***-$1,400,614***	***-$1,424,637***	***-$1,448,538***	***-$1,494,793***	***-$9,416,663***
Admistrative Costs								
State Share	-$24,462	-$28,159	-$32,183	-$32,559	-$33,117	-$33,673	-$34,748	-$218,901
Federal Share	-$33,414	-$38,464	-$43,962	-$44,475	-$45,238	-$45,997	-$47,465	-$299,015
Subtotal	***-$57,876***	***-$66,623***	***-$76,145***	***-$77,034***	***-$78,355***	***-$79,670***	***-$82,214***	***-$517,916***
Total								
State Share	-$550,610	-$633,822	-$14,948,262	-$15,596,788	-$16,278,235	-$16,989,717	-$782,145	-$65,779,578
Federal Share	-$559,562	-$644,128	$13,487,658	$14,119,140	$14,775,243	$15,461,509	-$794,862	$55,844,998
Total	***-$1,110,172***	***-$1,277,950***	***-$1,460,604***	***-$1,477,648***	***-$1,502,992***	***-$1,528,207***	***-$1,577,007***	***-$9,934,579***

Figure A-2: Impact on New Hampshire Medicaid Spending if Medicaid is Not Expanded Under the ACA (2014-2020) and Capping Certain Eligibility Categories for Adults at 138 Percent of FPL

No Medicaid Expansion FFS rates								
	2014	2015	2016	2017	2018	2019	2020	Cumulative
1. Cost of Currently Eligible but Not Enrolled								
Population growth rate		1.5%	1.6%	1.7%	1.8%	1.8%	1.8%	
Currently Eligible but Uninsured - Eligible	13,761	13,968	14,192	14,430	14,685	14,946	15,216	
Take Up Rate	27%	27%	27%	27%	27%	27%	27%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Enrollment	2,856	3,342	3,845	3,907	3,976	4,047	4,119	
PMPY Cost	$4,258	$4,364	$4,471	$4,580	$4,692	$4,806	$4,922	
Total Cost	$12,159,666	$14,581,093	$17,189,243	$17,896,081	$18,653,097	$19,447,784	$20,272,882	$120,199,845
FMAP	50%	50%	50%	50%	50%	50%	50%	
Subtotal - State Cost	*$6,079,833*	*$7,290,546*	*$8,594,621*	*$8,948,040*	*$9,326,549*	*$9,723,892*	*$10,136,441*	*$60,099,923*
Subtotal - Federal Cost	*$6,079,833*	*$7,290,546*	*$8,594,621*	*$8,948,040*	*$9,326,549*	*$9,723,892*	*$10,136,441*	*$60,099,923*
2. Leave Medicaid for New Offer of Employer Coverage								
Population Growth Rate		1.5%	1.6%	1.7%	1.8%	1.8%	1.9%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Disenrollment	2,723	3,189	3,673	3,735	3,803	3,871	3,943	
PMPY Cost	$4,852	$4,952	$5,057	$5,166	$5,280	$5,398	$5,520	
Total Savings	$13,211,961	$15,792,420	$18,573,701	$19,296,695	$20,077,734	$20,896,321	$21,767,675	$129,616,508
FMAP	50%	50%	50%	50%	50%	50%	50%	
Subtotal - State Savings	*$6,605,981*	*$7,896,210*	*$9,286,851*	*$9,648,347*	*$10,038,867*	*$10,448,161*	*$10,883,838*	*$64,808,254*
Subtotal - Federal Savings	*$6,605,981*	*$7,896,210*	*$9,286,851*	*$9,648,347*	*$10,038,867*	*$10,448,161*	*$10,883,838*	*$64,808,254*
3. CHIP								
State savings	-	-	-$14,223,849	-$14,863,922	-$15,532,799	-$16,231,775	-	(60,852,345)
Federal Savings	-	-	$14,223,849	$14,863,922	$15,532,799	$16,231,775	-	60,852,345
4. Moving Current Eligibles above 138% to Health Benefit Exchange								
MEAD								
Enollees	705	723	741	759	778	798	818	
State Savings	$4,725,483	$4,961,758	$5,209,846	$5,470,338	$5,743,855	$6,031,047	$6,332,600	$38,474,927
Federal Savings	$4,725,483	$4,961,758	$5,209,846	$5,470,338	$5,743,855	$6,031,047	$6,332,600	$38,474,927
Pregnant Women								
Enollees	233	238	244	250	257	263	270	
State Savings	$897,607	$942,488	$989,612	$1,039,093	$1,091,047	$1,145,600	$1,202,880	$7,308,327
Federal Savings	$897,607	$942,488	$989,612	$1,039,093	$1,091,047	$1,145,600	$1,202,880	$7,308,327
5. Net Impact								
Change in Enrollment	(805)	(808)	(813)	(837)	(862)	(886)	(913)	
Health Care Costs								
State Cost	-$6,149,239	-$6,509,909	-$21,115,536	-$22,073,660	-$23,080,019	-$24,132,691	-$8,282,876	-$111,343,930
Federal Cost	-$6,149,239	-$6,509,909	$7,332,162	$7,654,185	$7,985,578	$8,330,859	-$8,282,876	$10,360,760
Subtotal	***-$12,298,478***	***-$13,019,818***	***-$13,783,374***	***-$14,419,475***	***-$15,094,441***	***-$15,801,832***	***-$16,565,752***	***-$100,983,170***
Admistrative Costs								
State Share	-$285,892	-$302,661	-$320,411	-$335,197	-$350,888	-$367,332	-$385,090	-$2,347,471
Federal Share	-$390,524	-$413,429	-$437,675	-$457,874	-$479,306	-$501,769	-$526,026	-$3,206,603
Subtotal	***-$676,416***	***-$716,090***	***-$758,086***	***-$793,071***	***-$830,194***	***-$869,101***	***-$911,116***	***-$5,554,074***
Total								
State Share	-$6,435,131	-$6,812,570	-$21,435,947	-$22,408,857	-$23,430,907	-$24,500,023	-$8,667,966	-$113,691,401
Federal Share	-$6,539,763	-$6,923,338	$6,894,487	$7,196,311	$7,506,272	$7,829,090	-$8,808,902	$7,154,157
Total	***-$12,974,894***	***-$13,735,908***	***-$14,541,459***	***-$15,212,547***	***-$15,924,635***	***-$16,670,933***	***-$17,476,869***	***-$106,537,244***

Figure A-3: Impact on New Hampshire Medicaid Spending if Medicaid is Expanded Under the ACA (2014-2020) – Baseline ACA Analysis

Expansion up to 138% of FPL FFS rates Mid-range participation assumption								
	2014	2015	2016	2017	2018	2019	2020	Cumulative
1. Cost of Newly Eligibles								
Population growth + 1% Poverty growth		1.1%	1.2%	1.2%	1.3%	1.3%	1.3%	
Projected Total Number of Newly Eligibles	100,661	101,782	103,051	104,337	105,710	107,089	108,487	
Take Up Rate	58%	58%	58%	58%	58%	58%	58%	
Enrollment Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Enrollment	44,683	52,153	59,856	60,607	61,400	62,193	62,989	
PMPY Cost	$5,799	$5,930	$6,059	$6,184	$6,305	$6,427	$6,549	
Total Cost	$259,101,227	$309,245,762	$362,658,768	$374,798,027	$387,152,140	$399,721,474	$412,516,868	$2,505,194,267
FMAP	100%	100%	100%	95%	94%	93%	90%	
Subtotal - State Cost	*$0*	*$0*	*$0*	*$18,739,901*	*$23,229,128*	*$27,980,503*	*$41,251,687*	*$111,201,220*
Subtotal - Federal Cost	*$259,101,227*	*$309,245,762*	*$362,658,768*	*$356,058,125*	*$363,923,012*	*$371,740,971*	*$371,265,181*	*$2,393,993,047*
2. Cost of Currently Eligible but Not Enrolled								
Population growth + 1% Poverty growth		1.5%	1.6%	1.7%	1.8%	1.8%	1.8%	
Currently Eligible but Uninsured - Eligible	12,915	13,110	13,321	13,546	13,787	14,033	14,288	
Take Up Rate	22%	22%	22%	22%	22%	22%	22%	
Enrollment Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Enrollment	2,209	2,584	2,974	3,023	3,077	3,133	3,191	
PMPY Cost	$3,888	$3,991	$4,096	$4,205	$4,316	$4,431	$4,548	
Total Cost	$8,586,402	$10,313,351	$12,182,342	$12,712,000	$13,282,655	$13,883,497	$14,514,395	$85,474,641
FMAP	50%	50%	50%	50%	50%	50%	50%	
Subtotal - State Cost	*$4,293,201*	*$5,156,676*	*$6,091,171*	*$6,356,000*	*$6,641,328*	*$6,941,748*	*$7,257,198*	*$42,737,321*
Subtotal - Federal Cost	*$4,293,201*	*$5,156,676*	*$6,091,171*	*$6,356,000*	*$6,641,328*	*$6,941,748*	*$7,257,198*	*$42,737,321*
3. Leave Medicaid for New Offer of Employer Coverage								
Population Growth Rate		1.5%	1.6%	1.7%	1.8%	1.8%	1.9%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Disenrollment	2,723	3,189	3,673	3,735	3,803	3,871	3,943	
PMPY Cost	$4,852	$4,952	$5,057	$5,166	$5,280	$5,398	$5,520	
Total Savings	$13,211,961	$15,792,420	$18,573,701	$19,296,695	$20,077,734	$20,896,321	$21,767,675	$129,616,508
FMAP	50%	50%	50%	50%	50%	50%	50%	
Subtotal - State Savings	*$6,605,981*	*$7,896,210*	*$9,286,851*	*$9,648,347*	*$10,038,867*	*$10,448,161*	*$10,883,838*	*$64,808,254*
Subtotal - Federal Savings	*$6,605,981*	*$7,896,210*	*$9,286,851*	*$9,648,347*	*$10,038,867*	*$10,448,161*	*$10,883,838*	*$64,808,254*
4. Increased CHIP match rate								
State Savings	-	-	(14,223,849)	(14,863,922)	(15,532,799)	(16,231,775)	-	(60,852,345)
Federal Savings	-	-	14,223,849	14,863,922	15,532,799	16,231,775	-	60,852,345
5. Net Impact								
Change in Enrollment	44,169	51,548	59,157	59,895	60,674	61,455	62,237	
Health Care Costs								
State Cost	-$2,312,780	-$2,739,534	-$17,419,529	$583,631	$4,298,790	$8,242,316	$37,625,047	$28,277,941
Federal Cost	$256,788,448	$306,506,228	$373,686,938	$367,629,700	$376,058,271	$384,466,334	$367,638,541	$2,432,774,459
Subtotal	***$254,475,668***	***$303,766,693***	***$356,267,409***	***$368,213,332***	***$380,357,061***	***$392,708,650***	***$405,263,588***	***$2,461,052,400***
Admistrative Costs								
State Share	$5,915,583	$7,061,410	$8,281,850	$8,559,547	$8,841,842	$9,128,969	$9,420,823	$57,210,025
Federal Share	$8,080,579	$9,645,758	$11,312,857	$11,692,186	$12,077,796	$12,470,007	$12,868,674	$78,147,857
Subtotal	***$13,996,162***	***$16,707,168***	***$19,594,707***	***$20,251,733***	***$20,919,638***	***$21,598,976***	***$22,289,497***	***$135,357,882***
Total								
State Share	$3,602,803	$4,321,876	-$9,137,679	$9,143,179	$13,140,632	$17,371,285	$47,045,870	$85,487,966
Federal Share	$264,869,026	$316,151,986	$384,999,795	$379,321,886	$388,136,067	$396,936,340	$380,507,215	$2,510,922,316
Total	***$268,471,829***	***$320,473,862***	***$375,862,116***	***$388,465,065***	***$401,276,700***	***$414,307,625***	***$427,553,085***	***$2,596,410,282***

Figure A-4: Impact on New Hampshire Medicaid Spending if Medicaid is Expanded Under the ACA (2014-2020) – Sensitivity Analysis – Low-Range Participation Assumption

Expansion to 138% of FPL FFS rates Low-range participation assumption								
	2014	2015	2016	2017	2018	2019	2020	Cumulative
1. Cost of Newly Eligibles								
Population growth rate		1.1%	1.2%	1.2%	1.3%	1.3%	1.3%	
Projected Total Number of Newly Eligibles	100,661	101,782	103,051	104,337	105,710	107,089	108,487	
Take Up Rate	45%	45%	45%	45%	45%	45%	45%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Enrollment	34,777	40,591	46,586	47,171	47,788	48,405	49,025	
PMPY Cost	$5,799	$5,930	$6,059	$6,184	$6,305	$6,427	$6,549	
Total Cost	$201,659,587	$240,687,291	$282,258,861	$291,706,898	$301,322,157	$311,104,923	$321,063,632	$1,949,803,349
FMAP	100%	100%	100%	95%	94%	93%	90%	
Subtotal - State Cost	*$0*	*$0*	*$0*	*$14,585,345*	*$18,079,329*	*$21,777,345*	*$32,106,363*	*$86,548,382*
Subtotal - Federal Cost	*$201,659,587*	*$240,687,291*	*$282,258,861*	*$277,121,553*	*$283,242,827*	*$289,327,578*	*$288,957,269*	*$1,863,254,967*
2. Cost of Currently Eligible but Not Enrolled								
Population growth rate		1.5%	1.6%	1.7%	1.8%	1.8%	1.8%	
Currently Eligible but Uninsured - Eligible	12,915	13,110	13,321	13,546	13,787	14,033	14,288	
Take Up Rate	17%	17%	17%	17%	17%	17%	17%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Enrollment	1,719	2,011	2,315	2,353	2,395	2,439	2,484	
PMPY Cost	$3,888	$3,991	$4,096	$4,205	$4,316	$4,431	$4,548	
Total Cost	$6,682,833	$8,026,925	$9,481,568	$9,893,803	$10,337,947	$10,805,584	$11,296,615	$66,525,277
FMAP	50%	50%	50%	50%	50%	50%	50%	
Subtotal - State Cost	*$3,341,416*	*$4,013,463*	*$4,740,784*	*$4,946,902*	*$5,168,974*	*$5,402,792*	*$5,648,308*	*$33,262,638*
Subtotal - Federal Cost	*$3,341,416*	*$4,013,463*	*$4,740,784*	*$4,946,902*	*$5,168,974*	*$5,402,792*	*$5,648,308*	*$33,262,638*
3. Leave Medicaid for New Offer of Employer Coverage								
Population Growth Rate		1.5%	1.6%	1.7%	1.8%	1.8%	1.9%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Disenrollment	2,723	3,189	3,673	3,735	3,803	3,871	3,943	
PMPY Cost	$4,852	$4,952	$5,057	$5,166	$5,280	$5,398	$5,520	
Total Savings	$13,211,961	$15,792,420	$18,573,701	$19,296,695	$20,077,734	$20,896,321	$21,767,675	$129,616,508
FMAP	50%	50%	50%	50%	50%	50%	50%	
Subtotal - State Savings	*$6,605,981*	*$7,896,210*	*$9,286,851*	*$9,648,347*	*$10,038,867*	*$10,448,161*	*$10,883,838*	*$64,808,254*
Subtotal - Federal Savings	*$6,605,981*	*$7,896,210*	*$9,286,851*	*$9,648,347*	*$10,038,867*	*$10,448,161*	*$10,883,838*	*$64,808,254*
4. CHIP								
State Savings	-	-	-$14,223,849	-$14,863,922	-$15,532,799	-$16,231,775	-	-$60,852,345
Federal Savings	-	-	$14,223,849	$14,863,922	$15,532,799	$16,231,775	-	$60,852,345
5. Net Impact								
Change in Enrollment	33,773	39,413	45,228	45,788	46,380	46,973	47,565	
Health Care Costs								
State Cost	-$3,264,564	-$3,882,747	-$18,769,916	-$4,980,023	-$2,323,363	$500,201	$26,870,833	-$5,849,579
Federal Cost	$198,395,023	$236,804,544	$291,936,644	$287,284,029	$293,905,733	$300,513,985	$283,721,739	$1,892,561,696
Subtotal	***$195,130,458***	***$232,921,797***	***$273,166,728***	***$282,304,006***	***$291,582,370***	***$301,014,186***	***$310,592,572***	***$1,886,712,117***
Administrative Costs								
State Share	$4,536,034	$5,414,538	$6,350,078	$6,562,485	$6,778,171	$6,997,425	$7,220,085	$43,858,817
Federal Share	$6,196,141	$7,396,161	$8,674,092	$8,964,235	$9,258,859	$9,558,355	$9,862,506	$59,910,349
Subtotal	***$10,732,175***	***$12,810,699***	***$15,024,170***	***$15,526,720***	***$16,037,030***	***$16,555,780***	***$17,082,591***	***$103,769,166***
Total								
State Share	$1,271,470	$1,531,791	-$12,419,837	$1,582,462	$4,454,808	$7,497,626	$34,090,919	$38,009,239
Federal Share	$204,591,163	$244,200,705	$300,610,736	$296,248,265	$303,164,592	$310,072,340	$293,584,245	$1,952,472,045
Total	***$205,862,634***	***$245,732,495***	***$288,190,898***	***$297,830,727***	***$307,619,400***	***$317,569,966***	***$327,675,164***	***$1,990,481,284***

Figure A-5: Impact on New Hampshire Medicaid Spending if Medicaid is Expanded Under the ACA (2014-2020) – Sensitivity Analysis – High-Range Participation Assumption

Expansion to 138% of FPL FFS rates High-range participation assumption								
	2014	2015	2016	2017	2018	2019	2020	Cumulative
1. Cost of Newly Eligibles								
Population growth rate		1.1%	1.2%	1.2%	1.3%	1.3%	1.3%	
Projected Total Number of Newly Eligibles	100,661	101,782	103,051	104,337	105,710	107,089	108,487	
Take Up Rate	63%	63%	63%	63%	63%	63%	63%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Enrollment	48,198	56,255	64,564	65,374	66,229	67,085	67,944	
PMPY Cost	$5,799	$5,930	$6,059	$6,184	$6,305	$6,427	$6,549	
Total Cost	$279,481,239	$333,569,971	$391,184,261	$404,278,351	$417,604,197	$431,162,192	$444,964,027	$2,702,244,238
FMAP	100%	100%	100%	95%	94%	93%	90%	
Subtotal - State Cost	*$0*	*$0*	*$0*	*$20,213,918*	*$25,056,252*	*$30,181,353*	*$44,496,403*	*$119,947,926*
Subtotal - Federal Cost	*$279,481,239*	*$333,569,971*	*$391,184,261*	*$384,064,434*	*$392,547,945*	*$400,980,838*	*$400,467,624*	*$2,582,296,313*
2. Cost of Currently Eligible but Not Enrolled								
Population growth rate		1.5%	1.6%	1.7%	1.8%	1.8%	1.8%	
Currently Eligible but Uninsured - Eligible	12,915	13,110	13,321	13,546	13,787	14,033	14,288	
Take Up Rate	24%	24%	24%	24%	24%	24%	24%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Enrollment	2,382	2,788	3,208	3,261	3,319	3,380	3,442	
PMPY Cost	$3,888	$3,991	$4,096	$4,205	$4,316	$4,431	$4,548	
Total Cost	$9,261,778	$11,124,564	$13,140,563	$13,711,882	$14,327,423	$14,975,525	$15,656,048	$92,197,783
FMAP	50%	50%	50%	50%	50%	50%	50%	
Subtotal - State Cost	*$4,630,889*	*$5,562,282*	*$6,570,281*	*$6,855,941*	*$7,163,712*	*$7,487,762*	*$7,828,024*	*$46,098,891*
Subtotal - Federal Cost	*$4,630,889*	*$5,562,282*	*$6,570,281*	*$6,855,941*	*$7,163,712*	*$7,487,762*	*$7,828,024*	*$46,098,891*
3. Leave Medicaid for New Offer of Employer Coverage								
Population Growth Rate		1.5%	1.6%	1.7%	1.8%	1.8%	1.9%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Disenrollment	2,723	3,189	3,673	3,735	3,803	3,871	3,943	
PMPY Cost	$4,852	$4,952	$5,057	$5,166	$5,280	$5,398	$5,520	
Total Savings	$13,211,961	$15,792,420	$18,573,701	$19,296,695	$20,077,734	$20,896,321	$21,767,675	$129,616,508
FMAP	50%	50%	50%	50%	50%	50%	50%	
Subtotal - State Savings	*$6,605,981*	*$7,896,210*	*$9,286,851*	*$9,648,347*	*$10,038,867*	*$10,448,161*	*$10,883,838*	*$64,808,254*
Subtotal - Federal Savings	*$6,605,981*	*$7,896,210*	*$9,286,851*	*$9,648,347*	*$10,038,867*	*$10,448,161*	*$10,883,838*	*$64,808,254*
4. CHIP								
State Savings	-	-	-$14,223,849	-$14,863,922	-$15,532,799	-$16,231,775	-	-$60,852,345
Federal Savings	-	-	$14,223,849	$14,863,922	$15,532,799	$16,231,775	-	$60,852,345
5. Net Impact								
Change in Enrollment	47,857	55,854	64,099	64,900	65,746	66,594	67,443	
Health Care Costs								
State Cost	-$1,975,091	-$2,333,928	-$16,940,418	$2,557,589	$6,648,298	$10,989,180	$41,440,589	$40,386,218
Federal Cost	$277,506,148	$331,236,043	$402,691,541	$396,135,950	$405,205,589	$414,252,215	$397,411,810	$2,624,439,295
Total	***$275,531,057***	***$328,902,115***	***$385,751,122***	***$398,693,538***	***$411,853,886***	***$425,241,395***	***$438,852,399***	***$2,664,825,513***
Admistrative Costs								
State Share	$6,405,040	$7,645,712	$8,967,233	$9,268,095	$9,574,022	$9,885,231	$10,201,634	$61,946,968
Federal Share	$8,749,168	$10,443,904	$12,249,078	$12,660,050	$13,077,941	$13,503,046	$13,935,248	$84,618,436
Total	***$15,154,208***	***$18,089,616***	***$21,216,312***	***$21,928,145***	***$22,651,964***	***$23,388,277***	***$24,136,882***	***$146,565,403***
Total								
State Share	$4,429,948	$5,311,784	-$7,973,185	$11,825,684	$16,222,320	$20,874,411	$51,642,223	$102,333,186
Federal Share	$286,255,316	$341,679,947	$414,940,619	$408,795,999	$418,283,530	$427,755,261	$411,347,058	$2,709,057,730
Total	***$290,685,265***	***$346,991,731***	***$406,967,434***	***$420,621,683***	***$434,505,850***	***$448,629,672***	***$462,989,281***	***$2,811,390,916***

Figure A-6: Impact on New Hampshire Medicaid Spending if Medicaid is Expanded Under the ACA (2014-2020) – Sensitivity Analysis – Managed Care Model Assumption

Expansion to 138% of FPL MCO rates - expansion group Mid-range participation assumption								
	2014	2015	2016	2017	2018	2019	2020	2014-2020
1. Cost of Newly Eligibles								
Population growth rate		1.1%	1.2%	1.2%	1.3%	1.3%	1.3%	
Projected Total Number	100,661	101,782	103,051	104,337	105,710	107,089	108,487	
Take Up Rate	58%	58%	58%	58%	58%	58%	58%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Enrollment	44,683	52,153	59,856	60,607	61,400	62,193	62,989	
PMPY Cost	$6,140	$5,956	$6,071	$6,181	$6,287	$6,393	$6,498	
Total Cost	$274,358,782	$310,630,285	$363,390,294	$374,632,194	$386,028,246	$397,579,211	$409,292,583	$2,515,911,594
FMAP	100%	100%	100%	95%	94%	93%	90%	
Subtotal - State Cost	*$0*	*$0*	*$0*	*$18,731,610*	*$23,161,695*	*$27,830,545*	*$40,929,258*	*$110,653,108*
Subtotal - Federal Cost	*$274,358,782*	*$310,630,285*	*$363,390,294*	*$355,900,584*	*$362,866,551*	*$369,748,666*	*$368,363,325*	*$2,405,258,486*
2. Cost of Currently Eligible but Not Enrolled								
Population growth rate		1.5%	1.6%	1.7%	1.8%	1.8%	1.8%	
Currently Eligible but Un	12,915	13,110	13,321	13,546	13,787	14,033	14,288	
Take Up Rate	22%	22%	22%	22%	22%	22%	22%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Enrollment	2,209	2,584	2,974	3,023	3,077	3,133	3,191	
PMPY Cost	$4,103	$3,987	$4,083	$4,181	$4,281	$4,384	$4,488	
Total Cost	$9,061,736	$10,304,851	$12,142,266	$12,638,920	$13,173,714	$13,735,674	$14,324,352	$85,381,514
FMAP	50%	50%	50%	50%	50%	50%	50%	
Subtotal - State Cost	*$4,530,868*	*$5,152,426*	*$6,071,133*	*$6,319,460*	*$6,586,857*	*$6,867,837*	*$7,162,176*	*$42,690,757*
Subtotal - Federal Cost	*$4,530,868*	*$5,152,426*	*$6,071,133*	*$6,319,460*	*$6,586,857*	*$6,867,837*	*$7,162,176*	*$42,690,757*
3. Leave Medicaid for New Offer of Employer Coverage								
Population Growth Rate		1.5%	1.6%	1.7%	1.8%	1.8%	1.9%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Disenrollment	2,723	3,189	3,673	3,735	3,803	3,871	3,943	
PMPY Cost	$4,852	$4,952	$5,057	$5,166	$5,280	$5,398	$5,520	
Total Savings	$13,211,961	$15,792,420	$18,573,701	$19,296,695	$20,077,734	$20,896,321	$21,767,675	$129,616,508
FMAP	50%	50%	50%	50%	50%	50%	50%	
Subtotal - State Savings	*$6,605,981*	*$7,896,210*	*$9,286,851*	*$9,648,347*	*$10,038,867*	*$10,448,161*	*$10,883,838*	*$64,808,254*
Subtotal - Federal Saving	*$6,605,981*	*$7,896,210*	*$9,286,851*	*$9,648,347*	*$10,038,867*	*$10,448,161*	*$10,883,838*	*$64,808,254*
4. CHIP								
State Savings	-	-	-$14,223,849	-$14,863,922	-$15,532,799	-$16,231,775	-	-$60,852,345
Federal Savings	-	-	$14,223,849	$14,863,922	$15,532,799	$16,231,775	-	$60,852,345
5. Net Impact								
Change in Enrollment	44,169	51,548	59,157	59,895	60,674	61,455	62,237	
Health Care Costs								
State Cost	-$2,075,113	-$2,743,784	-$17,439,567	$538,800	$4,176,886	$8,018,446	$37,207,597	$27,683,266
Federal Cost	$272,283,669	$307,886,500	$374,398,425	$367,435,619	$374,947,340	$382,400,117	$364,641,663	$2,443,993,334
Subtotal	***$270,208,557***	***$305,142,716***	***$356,958,859***	***$367,974,419***	***$379,124,226***	***$390,418,564***	***$401,849,260***	***$2,471,676,600***
Admistrative Costs								
State Share	$4,568,227	$5,158,834	$6,034,854	$6,221,086	$6,409,588	$6,600,533	$6,793,784	$41,786,907
Federal Share	$6,240,115	$7,046,874	$8,243,501	$8,497,891	$8,755,381	$9,016,209	$9,280,186	$57,080,157
Subtotal	***$10,808,342***	***$12,205,709***	***$14,278,354***	***$14,718,977***	***$15,164,969***	***$15,616,743***	***$16,073,970***	***$98,867,064***
Total								
State Share	$2,493,114	$2,415,050	-$11,404,713	$6,759,886	$10,586,474	$14,618,980	$44,001,381	$69,470,172
Federal Share	$278,523,785	$314,933,375	$382,641,926	$375,933,510	$383,702,721	$391,416,326	$373,921,849	$2,501,073,492
Total	***$281,016,899***	***$317,348,425***	***$371,237,213***	***$382,693,396***	***$394,289,195***	***$406,035,306***	***$417,923,230***	***$2,570,543,664***

Figure A-7: Impact on New Hampshire Medicaid Spending if Medicaid is Expanded Under the ACA (2014-2020) – Program Design Option – Delayed Implementation until January 2015

Expansion up to 138% of FPL FFS rates Mid-range participation assumption								
	2014	2015	2016	2017	2018	2019	2020	Cumulative
1. Cost of Newly Eligibles								
Population growth + 1% Poverty growth		1.1%	1.2%	1.2%	1.3%	1.3%	1.3%	
Projected Total Number of Newly Eligibles	-	101,782	103,051	104,337	105,710	107,089	108,487	
Take Up Rate	0%	58%	58%	58%	58%	58%	58%	
Enrollment Lag Rate	0%	88%	100%	100%	100%	100%	100%	
Enrollment	-	52,153	59,856	60,607	61,400	62,193	62,989	
PMPY Cost	$0	$5,930	$6,059	$6,184	$6,305	$6,427	$6,549	
Total Cost	$0	$268,012,994	$319,993,031	$374,798,027	$387,152,140	$399,721,474	$412,516,868	$2,162,194,534
FMAP	0%	100%	100%	95%	94%	93%	90%	
Subtotal - State Cost	*$0*	*$0*	*$0*	*$18,739,901*	*$23,229,128*	*$27,980,503*	*$41,251,687*	*$111,201,220*
Subtotal - Federal Cost	*$0*	*$268,012,994*	*$319,993,031*	*$356,058,125*	*$363,923,012*	*$371,740,971*	*$371,265,181*	*$2,050,993,314*
2. Cost of Currently Eligible but Not Enrolled								
Population growth + 1% Poverty growth		1.5%	1.6%	1.7%	1.8%	1.8%	1.8%	
Currently Eligible but Uninsured - Eligible	12,915	13,110	13,321	13,546	13,787	14,033	14,288	
Take Up Rate	22%	22%	22%	22%	22%	22%	22%	
Enrollment Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Enrollment	2,209	2,584	2,974	3,023	3,077	3,133	3,191	
PMPY Cost	$3,888	$3,991	$4,096	$4,205	$4,316	$4,431	$4,548	
Total Cost	$12,159,666	$10,313,351	$12,182,342	$12,712,000	$13,282,655	$13,883,497	$14,514,395	$89,047,906
FMAP	50%	50%	50%	50%	50%	50%	50%	
Subtotal - State Cost	*$6,079,833*	*$5,156,676*	*$6,091,171*	*$6,356,000*	*$6,641,328*	*$6,941,748*	*$7,257,198*	*$44,523,953*
Subtotal - Federal Cost	*$6,079,833*	*$5,156,676*	*$6,091,171*	*$6,356,000*	*$6,641,328*	*$6,941,748*	*$7,257,198*	*$44,523,953*
3. Leave Medicaid for New Offer of Employer Coverage								
Population Growth Rate		1.5%	1.6%	1.7%	1.8%	1.8%	1.9%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Disenrollment	2,723	3,189	3,673	3,735	3,803	3,871	3,943	
PMPY Cost	$4,852	$4,952	$5,057	$5,166	$5,280	$5,398	$5,520	
Total Savings	$13,211,961	$15,792,420	$18,573,701	$19,296,695	$20,077,734	$20,896,321	$21,767,675	$129,616,508
FMAP	50%	50%	50%	50%	50%	50%	50%	
Subtotal - State Savings	*$6,605,981*	*$7,896,210*	*$9,286,851*	*$9,648,347*	*$10,038,867*	*$10,448,161*	*$10,883,838*	*$64,808,254*
Subtotal - Federal Savings	*$6,605,981*	*$7,896,210*	*$9,286,851*	*$9,648,347*	*$10,038,867*	*$10,448,161*	*$10,883,838*	*$64,808,254*
4. Increased CHIP match rate								
State Savings	-	-	(14,223,849)	(14,863,922)	(15,532,799)	(16,231,775)	-	(60,852,345)
Federal Savings	-	-	14,223,849	14,863,922	15,532,799	16,231,775	-	60,852,345
5. Net Impact								
Change in Enrollment	133	44,595	52,115	59,895	60,674	61,455	62,237	
Health Care Costs								
State Cost	-$526,148	-$2,739,534	-$17,419,529	$583,631	$4,298,790	$8,242,316	$37,625,047	$30,064,573
Federal Cost	-$526,148	$265,273,459	$331,021,200	$367,629,700	$376,058,271	$384,466,334	$367,638,541	$2,091,561,358
Subtotal	***-$1,052,296***	***$262,533,925***	***$313,601,671***	***$368,213,332***	***$380,357,061***	***$392,708,650***	***$405,263,588***	***$2,121,625,931***
Admistrative Costs								
State Share	-$24,462	$6,102,906	$7,290,036	$8,559,547	$8,841,842	$9,128,969	$9,420,823	$49,319,662
Federal Share	-$33,414	$8,336,460	$9,958,056	$11,692,186	$12,077,796	$12,470,007	$12,868,674	$67,369,764
Subtotal	***-$57,876***	***$14,439,366***	***$17,248,092***	***$20,251,733***	***$20,919,638***	***$21,598,976***	***$22,289,497***	***$116,689,426***
Total								
State Share	-$550,610	$3,363,372	-$10,129,493	$9,143,178	$13,140,633	$17,371,285	$47,045,870	$79,384,235
Federal Share	-$559,562	$273,609,919	$340,979,256	$379,321,887	$388,136,067	$396,936,340	$380,507,215	$2,158,931,122
Total	***-$1,110,172***	***$276,973,291***	***$330,849,763***	***$388,465,065***	***$401,276,700***	***$414,307,625***	***$427,553,085***	***$2,238,315,357***

Figure A-8: Impact on New Hampshire Medicaid Spending if Medicaid is Expanded Under the ACA (2014-2020) – Program Design Option – Delayed Implementation Until January 2016

Expansion to 138% FPL FFS rates Medium-range participation								
	2014	2015	2016	2017	2018	2019	2020	Cumulative
1. Cost of Newly Eligibles								
Population growth rate		1.1%	1.2%	1.2%	1.3%	1.3%	1.3%	
Projected Total Number of Newly Eligibles	-	101,782	103,051	104,337	105,710	107,089	108,487	
Take Up Rate	0%	58%	58%	58%	58%	58%	58%	
Lag Rate	0%	0%	76%	88%	100%	100%	100%	
Enrollment	-	-	45,772	53,477	61,400	62,193	62,989	
PMPY Cost	$0	$0	$6,059	$6,184	$6,305	$6,427	$6,549	
Total Cost	$0	$0	$277,327,294	$330,704,141	$387,152,140	$399,721,474	$412,516,868	$1,807,421,917
FMAP	0%	0%	100%	95%	94%	93%	90%	
Subtotal - State Cost	*$0*	*$0*	*$0*	*$16,535,207*	*$23,229,128*	*$27,980,503*	*$41,251,687*	*$108,996,525*
Subtotal - Federal Cost	*$0*	*$0*	*$277,327,294*	*$314,168,934*	*$363,923,012*	*$371,740,971*	*$371,265,181*	*$1,698,425,392*
2. Cost of Currently Eligible but Not Enrolled								
Population growth rate		1.5%	1.6%	1.7%	1.8%	1.8%	1.8%	
Currently Eligible but Uninsured - Eligible	13,761	13,968	13,321	13,546	13,787	14,033	14,288	
Take Up Rate	27%	27%	22%	22%	22%	22%	22%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Enrollment	2,856	3,342	2,974	3,023	3,077	3,133	3,191	
PMPY Cost	$4,258	$4,364	$4,096	$4,205	$4,316	$4,431	$4,548	
Total Cost	$12,159,666	$14,581,093	$12,182,342	$12,712,000	$13,282,655	$13,883,497	$14,514,395	$93,315,647
FMAP	50%	50%	50%	50%	50%	50%	50%	
Subtotal - State Cost	*$6,079,833*	*$7,290,546*	*$6,091,171*	*$6,356,000*	*$6,641,328*	*$6,941,748*	*$7,257,198*	*$46,657,823*
Subtotal - Federal Cost	*$6,079,833*	*$7,290,546*	*$6,091,171*	*$6,356,000*	*$6,641,328*	*$6,941,748*	*$7,257,198*	*$46,657,823*
3. Leave Medicaid for New Offer of Employer Coverage								
Population Growth Rate		1.5%	1.6%	1.7%	1.8%	1.8%	1.9%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Disenrollment	2,723	3,189	3,673	3,735	3,803	3,871	3,943	
PMPY Cost	$4,852	$4,952	$5,057	$5,166	$5,280	$5,398	$5,520	
Total Savings	$13,211,961	$15,792,420	$18,573,701	$19,296,695	$20,077,734	$20,896,321	$21,767,675	$129,616,508
FMAP	50%	50%	50%	50%	50%	50%	50%	
Subtotal - State Savings	*$6,605,981*	*$7,896,210*	*$9,286,851*	*$9,648,347*	*$10,038,867*	*$10,448,161*	*$10,883,838*	*$64,808,254*
Subtotal - Federal Savings	*$6,605,981*	*$7,896,210*	*$9,286,851*	*$9,648,347*	*$10,038,867*	*$10,448,161*	*$10,883,838*	*$64,808,254*
4. CHIP								
State cost	-	-	-$14,223,849	-$14,863,922	-$15,532,799	-$16,231,775	-	-$60,852,345
Federal cost	-	-	$14,223,849	$14,863,922	$15,532,799	$16,231,775	-	$60,852,345
5. Net Impact								
Change in Enrollment	133	153	45,073	52,765	60,674	61,455	62,237	
Health Care Costs								
State Cost	-$526,148	-$605,663	-$17,419,529	-$1,621,063	$4,298,790	$8,242,316	$37,625,047	$29,993,750
Federal Cost	-$526,148	-$605,663	$288,355,463	$325,740,509	$376,058,271	$384,466,334	$367,638,541	$1,741,127,306
Subtotal	***-$1,052,296***	***-$1,211,327***	***$270,935,934***	***$324,119,446***	***$380,357,061***	***$392,708,650***	***$405,263,588***	***$1,771,121,056***
Admistrative Costs								
State Share	-$24,462	-$28,159	$6,298,221	$7,534,533	$8,841,842	$9,128,969	$9,420,823	$41,171,768
Federal Share	-$33,414	-$38,464	$8,603,256	$10,292,036	$12,077,796	$12,470,007	$12,868,674	$56,239,890
Subtotal	***-$57,876***	***-$66,623***	***$14,901,476***	***$17,826,570***	***$20,919,638***	***$21,598,976***	***$22,289,497***	***$97,411,658***
Total								
State Share	-$550,610	-$633,822	-$11,121,308	$5,913,470	$13,140,633	$17,371,285	$47,045,870	$71,165,518
Federal Share	-$559,562	-$644,128	$296,958,718	$336,032,545	$388,136,067	$396,936,340	$380,507,215	$1,797,367,196
Total	***-$1,110,172***	***-$1,277,950***	***$285,837,410***	***$341,946,016***	***$401,276,700***	***$414,307,625***	***$427,553,085***	***$1,868,532,714***

Figure A-9: Impact on New Hampshire Medicaid Spending if Medicaid is Expanded Under the ACA (2014-2020) – Program Design Option – Moving Current Eligibles Above 138 Percent FPL to HBE (MEAD and Pregnant Women Eligibility Categories)

	2014	2015	2016	2017	2018	2019	2020	Cumulative
1. Cost of Newly Eligibles								
Population growth rate		1.1%	1.2%	1.2%	1.3%	1.3%	1.3%	
Projected Total Number of Newly Eligibles	100,661	101,782	103,051	104,337	105,710	107,089	108,487	
Take Up Rate	58%	58%	58%	58%	58%	58%	58%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Enrollment	44,683	52,153	59,856	60,607	61,400	62,193	62,989	
PMPY Cost	$5,799	$5,930	$6,059	$6,184	$6,305	$6,427	$6,549	
Total Cost	$259,101,227	$309,245,762	$362,658,768	$374,798,027	$387,152,140	$399,721,474	$412,516,868	$2,505,194,267
FMAP	100%	100%	100%	95%	94%	93%	90%	
Subtotal - State Cost	*$0*	*$0*	*$0*	*$18,739,901*	*$23,229,128*	*$27,980,503*	*$41,251,687*	*$111,201,220*
Subtotal - Federal Cost	*$259,101,227*	*$309,245,762*	*$362,658,768*	*$356,058,125*	*$363,923,012*	*$371,740,971*	*$371,265,181*	*$2,393,993,047*
2. Cost of Currently Eligible but Not Enrolled								
Population growth rate		1.5%	1.6%	1.7%	1.8%	1.8%	1.8%	
Currently Eligible but Uninsured - Eligible	12,915	13,110	13,321	13,546	13,787	14,033	14,288	
Take Up Rate	22%	22%	22%	22%	22%	22%	22%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Enrollment	2,209	2,584	2,974	3,023	3,077	3,133	3,191	
PMPY Cost	$3,888	$3,991	$4,096	$4,205	$4,316	$4,431	$4,548	
Total Cost	$8,586,402	$10,313,351	$12,182,342	$12,712,000	$13,282,655	$13,883,497	$14,514,395	$85,474,641
FMAP	50%	50%	50%	50%	50%	50%	50%	
Subtotal - State Cost	*$4,293,201*	*$5,156,676*	*$6,091,171*	*$6,356,000*	*$6,641,328*	*$6,941,748*	*$7,257,198*	*$42,737,321*
Subtotal - Federal Cost	*$4,293,201*	*$5,156,676*	*$6,091,171*	*$6,356,000*	*$6,641,328*	*$6,941,748*	*$7,257,198*	*$42,737,321*
3. Leave Medicaid for New Offer of Employer Coverage								
Population Growth Rate		1.5%	1.6%	1.7%	1.8%	1.8%	1.9%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Disenrollment	2,723	3,189	3,673	3,735	3,803	3,871	3,943	
PMPY Cost	$4,852	$4,952	$5,057	$5,166	$5,280	$5,398	$5,520	
Total Savings	$13,211,961	$15,792,420	$18,573,701	$19,296,695	$20,077,734	$20,896,321	$21,767,675	$129,616,508
FMAP	50%	50%	50%	50%	50%	50%	50%	
Subtotal - State Savings	*$6,605,981*	*$7,896,210*	*$9,286,851*	*$9,648,347*	*$10,038,867*	*$10,448,161*	*$10,883,838*	*$64,808,254*
Subtotal - Federal Savings	*$6,605,981*	*$7,896,210*	*$9,286,851*	*$9,648,347*	*$10,038,867*	*$10,448,161*	*$10,883,838*	*$64,808,254*
4. CHIP								
State Savings	-	-	-$14,223,849	-$14,863,922	-$15,532,799	-$16,231,775	-	-$60,852,345
Federal Savings	-	-	$14,223,849	$14,863,922	$15,532,799	$16,231,775	-	$60,852,345
5. Moving Current Eligibles above 138% to Exchange								
MEAD								
Enollees	705	723	741	759	778	798	818	
State savings	$4,725,483	$4,961,758	$5,209,846	$5,470,338	$5,743,855	$6,031,047	$6,332,600	$38,474,927
Federal Savings	$4,725,483	$4,961,758	$5,209,846	$5,470,338	$5,743,855	$6,031,047	$6,332,600	$38,474,927
Pregnant Women								
Enollees	233	238	244	250	257	263	270	
State savings	$897,607	$942,488	$989,612	$1,039,093	$1,091,047	$1,145,600	$1,202,880	$7,308,327
Federal Savings	$897,607	$942,488	$989,612	$1,039,093	$1,091,047	$1,145,600	$1,202,880	$7,308,327
6. Net Impact								
Change in Enrollment	43,231	50,587	58,172	58,886	59,639	60,394	61,149	
Health Care Costs								
State Cost	-$7,935,871	-$8,643,780	-$23,618,987	-$5,925,799	-$2,536,112	$1,065,669	$30,089,567	-$17,505,312
Federal Cost	$251,165,357	$300,601,982	$367,487,480	$361,120,269	$369,223,369	$377,289,686	$360,103,061	$2,386,991,205
Subtotal	***$243,229,486***	***$291,958,203***	***$343,868,494***	***$355,194,470***	***$366,687,257***	***$378,355,355***	***$390,192,629***	***$2,369,485,893***
Admistrative Costs								
State Share	$5,654,152	$6,786,908	$7,993,623	$8,256,908	$8,524,072	$8,795,310	$9,070,481	$55,081,455
Federal Share	$7,723,469	$9,270,793	$10,919,144	$11,278,787	$11,643,727	$12,014,234	$12,390,113	$75,240,269
Subtotal	***$13,377,622***	***$16,057,701***	***$18,912,767***	***$19,535,696***	***$20,167,799***	***$20,809,545***	***$21,460,595***	***$130,321,724***
Total								
State Share	-$2,281,719	-$1,856,872	-$15,625,364	$2,331,109	$5,987,960	$9,860,979	$39,160,048	$37,576,143
Federal Share	$258,888,826	$309,872,775	$378,406,624	$372,399,057	$380,867,096	$389,303,921	$372,493,175	$2,462,231,475
Subtotal	***$256,607,108***	***$308,015,904***	***$362,781,261***	***$374,730,166***	***$386,855,056***	***$399,164,900***	***$411,653,223***	***$2,499,807,617***

Figure A-10: Impact on New Hampshire Medicaid Spending if Medicaid is Expanded Under the ACA (2014-2020) – Program Design Option – Option 7 + Transition Enrollees Out of Breast and Cervical Cancer Program Eligibility Category

Expansion to 138% FPL FFS rates Medium-range participation assumption								
	2014	2015	2016	2017	2018	2019	2020	Cumulative
1. Cost of Newly Eligibles								
Population growth rate		1.1%	1.2%	1.2%	1.3%	1.3%	1.3%	
Projected Total Number of Newly Eligibles	100,661	101,782	103,051	104,337	105,710	107,089	108,487	
Take Up Rate	58%	58%	58%	58%	58%	58%	58%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Enrollment	44,683	52,153	59,856	60,607	61,400	62,193	62,989	
PMPY Cost	$5,799	$5,930	$6,059	$6,184	$6,305	$6,427	$6,549	
Total Cost	$259,101,227	$309,245,762	$362,658,768	$374,798,027	$387,152,140	$399,721,474	$412,516,868	$2,505,194,267
FMAP	100%	100%	100%	95%	94%	93%	90%	
Subtotal - State Cost	*$0*	*$0*	*$0*	*$18,739,901*	*$23,229,128*	*$27,980,503*	*$41,251,687*	*$111,201,220*
Subtotal - Federal Cost	*$259,101,227*	*$309,245,762*	*$362,658,768*	*$356,058,125*	*$363,923,012*	*$371,740,971*	*$371,265,181*	*$2,393,993,047*
2. Cost of Currently Eligible but Not Enrolled								
Population growth rate		1.5%	1.6%	1.7%	1.8%	1.8%	1.8%	
Currently Eligible but Uninsured - Eligible	12,915	13,110	13,321	13,546	13,787	14,033	14,288	
Take Up Rate	22%	22%	22%	22%	22%	22%	22%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Enrollment	2,209	2,584	2,974	3,023	3,077	3,133	3,191	
PMPY Cost	$3,888	$3,991	$4,096	$4,205	$4,316	$4,431	$4,548	
Total Cost	$8,586,402	$10,313,351	$12,182,342	$12,712,000	$13,282,655	$13,883,497	$14,514,395	$85,474,641
FMAP	50%	50%	50%	50%	50%	50%	50%	
Subtotal - State Cost	*$4,293,201*	*$5,156,676*	*$6,091,171*	*$6,356,000*	*$6,641,328*	*$6,941,748*	*$7,257,198*	*$42,737,321*
Subtotal - Federal Cost	*$4,293,201*	*$5,156,676*	*$6,091,171*	*$6,356,000*	*$6,641,328*	*$6,941,748*	*$7,257,198*	*$42,737,321*
3. Leave Medicaid for New Offer of Employer Coverage								
Population Growth Rate		1.5%	1.6%	1.7%	1.8%	1.8%	1.9%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Disenrollment	2,723	3,189	3,673	3,735	3,803	3,871	3,943	
PMPY Cost	$4,852	$4,952	$5,057	$5,166	$5,280	$5,398	$5,520	
Total Savings	$13,211,961	$15,792,420	$18,573,701	$19,296,695	$20,077,734	$20,896,321	$21,767,675	$129,616,508
FMAP	50%	50%	50%	50%	50%	50%	50%	
Subtotal - State Savings	*$6,605,981*	*$7,896,210*	*$9,286,851*	*$9,648,347*	*$10,038,867*	*$10,448,161*	*$10,883,838*	*$64,808,254*
Subtotal - Federal Savings	*$6,605,981*	*$7,896,210*	*$9,286,851*	*$9,648,347*	*$10,038,867*	*$10,448,161*	*$10,883,838*	*$64,808,254*
4. CHIP								
State cost	-	-	-$5,984,443	-$6,328,922	-$6,673,346	-$7,017,713	-	-$26,004,424
Federal cost	-	-	$5,984,443	$6,328,922	$6,673,346	$7,017,713	-	$26,004,424
5. Moving Currently Eligibles Above 138 Percent of FPL to HBE								
MEAD								
Enrollees	705	723	741	759	778	798	818	
State Savings	$4,725,483	$4,961,758	$5,209,846	$5,470,338	$5,743,855	$6,031,047	$6,332,600	$38,474,927
Federal Savings	$4,725,483	$4,961,758	$5,209,846	$5,470,338	$5,743,855	$6,031,047	$6,332,600	$38,474,927
Pregnant Women								
Enrollees	233	238	244	250	257	263	270	
State Savings	$897,607	$942,488	$989,612	$1,039,093	$1,091,047	$1,145,600	$1,202,880	$7,308,327
Federal Savings	$897,607	$942,488	$989,612	$1,039,093	$1,091,047	$1,145,600	$1,202,880	$7,308,327
6. Transition Enrollees Out of BCCP Eligibilty Category								
Enollees	245	251	257	264	270	277	284	
State savings	$1,823,448	$1,914,620	$2,010,351	$1,899,782	$1,950,442	$2,001,420	$1,954,875	$13,554,937
Federal Savings	-$1,823,448	-$1,914,620	-$2,010,351	-$1,899,782	-$1,950,442	-$2,001,420	-$1,954,875	-$13,554,937
7. Net Impact								
Change in Enrollment	42,986	42,957	42,927	42,896	42,864	42,831	42,797	
Health Care Costs								
State Cost	-$9,759,318	-$10,558,400	-$25,629,337	-$7,825,581	-$4,486,554	-$935,751	$28,134,692	-$31,060,249
Federal Cost	$252,988,804	$302,516,602	$369,497,831	$363,020,051	$371,173,811	$379,291,106	$362,057,937	$2,400,546,143
Subtotal	***$243,229,486***	***$291,958,203***	***$343,868,494***	***$355,194,470***	***$366,687,257***	***$378,355,355***	***$390,192,629***	***$2,369,485,893***
Admistrative Costs								
State Share	$5,654,152	$6,786,908	$7,993,623	$8,256,908	$8,524,072	$8,795,310	$9,070,481	$55,081,455
Federal Share	$7,723,469	$9,270,793	$10,919,144	$11,278,787	$11,643,727	$12,014,234	$12,390,113	$75,240,269
Subtotal	***$13,377,622***	***$16,057,701***	***$18,912,767***	***$19,535,696***	***$20,167,799***	***$20,809,545***	***$21,460,595***	***$130,321,724***
Total								
State Share	-$4,105,166	-$3,771,492	-$17,635,714	$431,328	$4,037,517	$7,859,559	$37,205,173	$24,021,205
Federal Share	$260,712,274	$311,787,395	$380,416,975	$374,298,838	$382,817,539	$391,305,341	$374,448,050	$2,475,786,412
Total	***$256,607,108***	***$308,015,904***	***$362,781,261***	***$374,730,166***	***$386,855,056***	***$399,164,900***	***$411,653,223***	***$2,499,807,617***

Figure A-11: Impact on New Hampshire Medicaid Spending if Medicaid is Expanded Under the ACA (2014-2020) – Program Design Option – Option 8 plus Transition of Pregnant Women Below 138 Percent of FPL into "Newly Eligible" Category

Expansion to 138% FPL FFS rates Medium-range participation assumption	2014	2015	2016	2017	2018	2019	2020	Cumulative
1. Cost of Newly Eligibles								
Population growth rate		1.1%	1.2%	1.2%	1.3%	1.3%	1.3%	
Projected Total Number of Newly Eligibles	100,661	101,782	103,051	104,337	105,710	107,089	108,487	
Take Up Rate	58%	58%	58%	58%	58%	58%	58%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Enrollment	44,683	52,153	59,856	60,607	61,400	62,193	62,989	
PMPY Cost	$5,799	$5,930	$6,059	$6,184	$6,305	$6,427	$6,549	
Total Cost	$259,101,227	$309,245,762	$362,658,768	$374,798,027	$387,152,140	$399,721,474	$412,516,868	$2,505,194,267
FMAP	100%	100%	100%	95%	94%	93%	90%	
Subtotal - State Cost	*$0*	*$0*	*$0*	*$18,739,901*	*$23,229,128*	*$27,980,503*	*$41,251,687*	*$111,201,220*
Subtotal - Federal Cost	*$259,101,227*	*$309,245,762*	*$362,658,768*	*$356,058,125*	*$363,923,012*	*$371,740,971*	*$371,265,181*	*$2,393,993,047*
2. Cost of Currently Eligible but Not Enrolled								
Population growth rate		1.5%	1.6%	1.7%	1.8%	1.8%	1.8%	
Currently Eligible but Uninsured - Eligible	12,915	13,110	13,321	13,546	13,787	14,033	14,288	
Take Up Rate	22%	22%	22%	22%	22%	22%	22%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Enrollment	2,209	2,584	2,974	3,023	3,077	3,133	3,191	
PMPY Cost	$3,888	$3,991	$4,096	$4,205	$4,316	$4,431	$4,548	
Total Cost	$8,586,402	$10,313,351	$12,182,342	$12,712,000	$13,282,655	$13,883,497	$14,514,395	$85,474,641
FMAP	50%	50%	50%	50%	50%	50%	50%	
Subtotal - State Cost	*$4,293,201*	*$5,156,676*	*$6,091,171*	*$6,356,000*	*$6,641,328*	*$6,941,748*	*$7,257,198*	*$42,737,321*
Subtotal - Federal Cost	*$4,293,201*	*$5,156,676*	*$6,091,171*	*$6,356,000*	*$6,641,328*	*$6,941,748*	*$7,257,198*	*$42,737,321*
3. Leave Medicaid for New Offer of Employer Coverage								
Population Growth Rate		1.5%	1.6%	1.7%	1.8%	1.8%	1.9%	
Lag Rate	76%	88%	100%	100%	100%	100%	100%	
Disenrollment	2,723	3,189	3,673	3,735	3,803	3,871	3,943	
PMPY Cost	$4,852	$4,952	$5,057	$5,166	$5,280	$5,398	$5,520	
Total Savings	$13,211,961	$15,792,420	$18,573,701	$19,296,695	$20,077,734	$20,896,321	$21,767,675	$129,616,508
FMAP	50%	50%	50%	50%	50%	50%	50%	
Subtotal - State Savings	*$6,605,981*	*$7,896,210*	*$9,286,851*	*$9,648,347*	*$10,038,867*	*$10,448,161*	*$10,883,838*	*$64,808,254*
Subtotal - Federal Savings	*$6,605,981*	*$7,896,210*	*$9,286,851*	*$9,648,347*	*$10,038,867*	*$10,448,161*	*$10,883,838*	*$64,808,254*
4. CHIP								
State Savings	-	-	-$5,984,443	-$6,328,922	-$6,673,346	-$7,017,713	-	-$26,004,424
Federal Savings	-	-	$5,984,443	$6,328,922	$6,673,346	$7,017,713	-	$26,004,424
5. Moving Current Eligibles Above 138 Percent of FPL to HBE								
MEAD								
Enrollees	705	723	741	759	778	798	818	
State Savings	$4,725,483	$4,961,758	$5,209,846	$5,470,338	$5,743,855	$6,031,047	$6,332,600	$38,474,927
Federal Savings	$4,725,483	$4,961,758	$5,209,846	$5,470,338	$5,743,855	$6,031,047	$6,332,600	$38,474,927
Pregnant Women								
Enrollees	233	238	244	250	257	263	270	
State Savings	$897,607	$942,488	$989,612	$1,039,093	$1,091,047	$1,145,600	$1,202,880	$7,308,327
Federal Savings	$897,607	$942,488	$989,612	$1,039,093	$1,091,047	$1,145,600	$1,202,880	$7,308,327
6. Transition of Enrollees Out of BCCP Eligibility Category								
Enollees	245	251	257	264	270	277	284	
State savings	$1,823,448	$1,914,620	$2,010,351	$1,899,782	$1,950,442	$2,001,420	$1,954,875	$13,554,937
Federal Savings	-$1,823,448	-$1,914,620	-$2,010,351	-$1,899,782	-$1,950,442	-$2,001,420	-$1,954,875	-$13,554,937
7. Attrition of Adult Pregnant Women Below 138 percent of FPL into "Newly Eligible" Category								
Enrollees	2,076	2,128	2,181	2,236	2,292	2,349	2,408	
State Savings	$5,426,306	$6,574,179	$7,823,273	$7,392,993	$7,590,139	$7,788,518	$7,607,390	$50,202,798
Federal Savings	-$5,426,306	-$6,574,179	-$7,823,273	-$7,392,993	-$7,590,139	-$7,788,518	-$7,607,390	-$50,202,798
8. Net Impact								
Change in Enrollment	40,910	40,829	40,746	40,660	40,572	40,482	40,389	
Health Care Costs								
State Cost	-$15,185,625	-$17,132,578	-$33,452,610	-$15,218,574	-$12,076,694	-$8,724,269	$20,527,302	-$81,263,048
Federal Cost	$258,415,111	$309,090,781	$377,321,104	$370,413,044	$378,763,951	$387,079,624	$369,665,326	$2,450,748,941
Subtotal	***$243,229,486***	***$291,958,203***	***$343,868,494***	***$355,194,470***	***$366,687,257***	***$378,355,355***	***$390,192,629***	***$2,369,485,893***
Admistrative Costs								
State Share	$5,654,152	$6,786,908	$7,993,623	$8,256,908	$8,524,072	$8,795,310	$9,070,481	$55,081,455
Federal Share	$7,723,469	$9,270,793	$10,919,144	$11,278,787	$11,643,727	$12,014,234	$12,390,113	$75,240,269
Subtotal	***$13,377,622***	***$16,057,701***	***$18,912,767***	***$19,535,696***	***$20,167,799***	***$20,809,545***	***$21,460,595***	***$130,321,724***
Total								
State Share	-$9,531,472	-$10,345,671	-$25,458,987	-$6,961,665	-$3,552,622	$71,041	$29,597,784	-$26,181,593
Federal Share	$266,138,580	$318,361,574	$388,240,248	$381,691,831	$390,407,678	$399,093,859	$382,055,440	$2,525,989,210
Total	***$256,607,108***	***$308,015,904***	***$362,781,261***	***$374,730,166***	***$386,855,056***	***$399,164,900***	***$411,653,223***	***$2,499,807,617***