

**HOUSE HEALTH CARE REVISED PROPOSAL (3/31/15)**

COST ESTIMATES	SFY '16 COST ESTIMATES				SFY' 17 COST ESTIMATES*				Assumptions & Notes
	Start Date	State \$	Fed \$	Other	Gross (est.) \$	State \$	Fed \$	Gross (est.) \$	
<b>Underinsured</b>		<b>2,761,308</b>			<b>2,761,308</b>	<b>5,881,585</b>		<b>5,881,585</b>	
Current cost-sharing subsidies	Existing	761,308			761,308	1,621,585		1,621,585	< Assumes 6.5% growth (1)
Cost sharing subsidies	1/1/2016	2,000,000			2,000,000	4,260,000		4,260,000	< Assumes 6.5% growth (1)
<b>Primary Care - Medicaid reimbursement rate increase</b>	7/1/2015	<b>3,286,655</b>	<b>3,713,345</b>		<b>7,000,000</b>	<b>3,515,930</b>	<b>3,757,070</b>	<b>7,273,000</b>	< Assumes 3.9% growth & FMAP changes (2)
<b>Blueprint for Health</b>		<b>1,837,396</b>	<b>2,248,430</b>		<b>4,085,826</b>	<b>1,913,131</b>	<b>2,213,553</b>	<b>4,126,684</b>	< Assumes 1% Medicaid population growth (3)
Increase CHT payments	7/1/2015								< Increases base from \$1.50 to \$2.25 PMPM
Increase Primary care med home payments	7/1/2015								< Increases base from \$2 to \$3.5 + \$1.50 for P4P payments.
<b>Green Mountain Care Board</b>		<b>285,717</b>	<b>123,693</b>	<b>453,357</b>	<b>862,767</b>	<b>281,354</b>	<b>342,518</b>	<b>659,407</b>	<b>1,283,280</b>
All-payer waiver / Rate-setting process	7/1/2015	285,717	123,693	393,357	802,767	281,354	342,518	599,407	1,223,280
VITL Oversight **				60,000	60,000			60,000	60,000
<b>AHEC</b>	7/1/2015	<b>300,000</b>	<b>400,000</b>		<b>700,000</b>	<b>300,000</b>	<b>400,000</b>	<b>700,000</b>	< Restores cut from Admin's proposal
<b>Universal Primary Care Study</b>	7/1/2015	<b>200,000</b>			<b>200,000</b>				< Report due 10/15/15
<b>Health Care Advocate</b>	7/1/2015	<b>40,000</b>			<b>40,000</b>				
<b>TOTAL</b>		<b>8,711,076</b>	<b>6,485,468</b>	<b>453,357</b>	<b>15,649,901</b>	<b>11,892,000</b>	<b>6,713,142</b>	<b>659,407</b>	<b>19,264,549</b>

**NOTES:**  
 \* SFY'17 assumes annualized costs. Also assumes both loss of Leahy bump and modest decrease in federal match.  
 \*\* VITL Oversight -- proposes using HIT fund dollars for the state share of billback. HIT Fund sunsets at end of SFY'17 so assumes this would be GF in SFY'18.

**Growth Trends**  
 (1) Cost sharing subsidies - Assumes private insurance growth of 6.5%. Note: '16-'17 RAND/Admin consensus = 7.7%; CMS = 5.4%; used midpoint of 6.5%.  
 (2) Medicaid Reimbursement rates - Assumes 3.9% growth in Medicaid based on RAND/Admin consensus estimates for '16-'17. CMS = 6.8%  
 (3) Blueprint for Health - Growth tied to estimated Medicaid population growth. FY'11-'14 traditional populations grew at 1.4%. Est. '15-'16 growth = .5%. Used 1% for '17' & '18.