

GMC REVENUES		
Excludes Out-of-pocket (OOP) costs		
	Revenues	
Federal Funds	Low	High
Federal: Medicaid Match	xxx	xxx
Federal: ACA Waiver		xxx
Federal: Other (including federal grants)		xxx
TOTAL Federal Funds		xxx
State Funds		
State Medicaid (See Table 1)	xxx	xxx
Other Taxes TBD	xxx	xxx
Budget Adjustments		xxx
Other		xxx
TOTAL State Funds	xxx	xxx
TOTAL GMC REVENUES	xxx	xxx

GMC COSTS		
	Costs	
GMC Plan Coverage Costs - Excludes OOP costs	Low	High
GMC Primary		xxx
Medicaid Eligible	xxx	xxx
Non-Medicaid Eligible (mostly former ESI)		xxx
GMC Secondary		
Medicaid-Match Eligible	xxx	xxx
Medicare Primary		xxx
ESI or Other Primary		xxx
Other		xxx
Total GMC Coverage Cost	xxx	xxx
GMC Operations, Risk Management and Other		
GMC Planning	xxx	xxx
GMC Transition	xxx	xxx
GMC Ongoing Operations	xxx	xxx
Premium Reserves (Revenue Risk)	xxx	xxx
Insurance Reserves (Claims Risk)	xxx	xxx
Reinsurance	xxx	xxx
Other	xxx	xxx
Total GMC Operations & Risk Mgmt Cost	xxx	xxx
TOTAL GMC COSTS	xxx	xxx
GMC Coverage + Operations		
ESTIMATED AMOUNT TO BE FINANCED	xxx	xxx

TOTAL SYSTEM COSTS (2017)	Low	High
(Based on 2/6/14 Consensus Document)	(Millions)	
<u>Sources of Funds/Revenues</u>		
Federal: Medicare	1,613	
Federal: Medicaid Match	1,211	1,226
Federal: ACA	267	
Federal employees, VA, etc.	209	
State Medicaid Funding	429	586
Private Insurance (non-GMC)	332	
Existing Funds/Revenues	4,061	4,233
<u>Costs</u>		
Total Estimated System Costs	5,999	6,236
Est. Amount to be publicly financed	1,766	2,175

Note :

The above estimates are based on the 2/6/14 consensus document and are subject to change as updated information becomes available. Policy decisions may also impact estimates. For instance,

- Change in actuarial value or covered benefits
- Inclusion of workers' compensation
- Re-evaluation of provider reimbursement rates
- Possible increase in system resources needed by the GMCB, Administration, and legislature for administration, oversight, and other needs.

Tax Expenditures: Federal Support for Health Care

Currently most individuals and businesses receive tax exclusions or deductions related to health care premiums and some payments.

- Employers' contributions to health insurance premiums and health reimbursement accounts
- Employees' share of health insurance premiums if at firms that offer "cafeteria plans"
- Itemized deductions for health insurance premiums paid by the self-employed

General Fund and other existing state reserves

Currently the general fund and other fund reserves are 5% of the previous year's appropriation. The implementation of GMC could impact state revenues, and therefore the level of fund reserves should be reviewed.

Table 1: Medicaid Funding Sources	
	Revenue
General Fund	xxx
Tobacco Funds	xxx
State Health Care Resources Fund (see table 2)	xxx
Interdepartmental Transfer (IDT)	xxx
Insurance Fund	xxx
HIT	xxx
Agriculture Mosquito Control	xxx
Success Beyond Six	xxx
Next Generation	xxx
Exchange Funding	xxx
CarryForward	xxx
Fund Balance used	xxx
TOTAL Medicaid	xxx

Table 2: State Health Care Resources Fund (SHCRF)	
	Revenue
Cigarette Tax	xxx
Tobacco Products	xxx
Claims Assessment	<i>(Likely reduced under GMC)</i>
Employer Assessment	<i>(Likely repealed under GMC)</i>
Graduate Medical Education	xxx
Provider Tax - Hospitals	xxx
Provider Tax NH	xxx
Provider Tax Home Health	xxx
Provider Tax ICF-MR	xxx
Pharmacy \$0.10/Script	xxx
Premium Dr. D	<i>Current Medicaid premiums</i>
Premiums SCHIP	<i>likely repealed and replaced</i>
Premiums Rx Programs	<i>with new premium/other</i>
Recoveries	xxx
Other	xxx
TOTAL SHCRF	xxx

Small risk that provider taxes cease under GMC