

Overview of Proposals' Estimated Costs and Coverage for Under 65 Population (2007)



| | Campaign for Better Health Care and Health and Disability Advocates | Illinois Hospital Association | Single Payer | Selected Members of the Insurance Industry | Healthy Illinois/Citizens Action | Modified 7 th Hybrid 11/29/2006 | |
|---|---|-------------------------------|--|--|----------------------------------|--|-----------------|
| Total newly covered under proposal | 1,086,000 | 169,000 | 1,705,000 | 473,000 | 344,000 | 1,520,000 | |
| Remaining uninsured | 619,000 | 1,536,000 | 0 | 1,232,000 | 1,361,000 | 185,000 | |
| Percent of uninsured covered | 64% | 10% | 100% | 28% | 20% | 89% | |
| Total newly covered under Medicaid or SCHIP ¹ | 70,000 | 72,000 | According to several analyses of other state systems, it may be possible to pay for the program using funds already in the system – this discussion remains theoretical as such a program has not been implemented at the state level. | 392,000 | Not applicable | 230,000 | |
| Annual per capita State coverage costs for all newly insured individuals ² | \$2,536 | \$316 | | \$1,393 | \$2,400 ³ | Option A: \$2,304 Option B: \$2,041 | |
| Additional state funds need (not including Medicaid/SCHIP State funds) | \$3.352 billion | \$277 million | | \$952 million | \$1.544 billion | Option A: \$2.78 billion Option B: \$2.28 billion | |
| Federal Medicaid/SCHIP funds ¹ | \$127 million | \$51 million | | \$631 million | Not applicable | \$428 million | |
| State Medicaid/SCHIP funds ¹ | \$68 million ⁴ | \$9 million ⁴ | | \$483 million ⁴ | Not applicable | \$428 million | |
| Employer fees or taxes | Footnote 5 | \$37 million ⁶ | | \$15.677 billion | Not applicable | Not applicable | \$1.486 billion |

Note: The first five estimates used a common modeling approach to derive high-level cost, participation and financing estimates. The “modified 7th hybrid” used a slightly updated version of the same modeling approach. The estimates consider major factors that affect cost and coverage, but may not (for reasons of time and available data) consider some factors that should be considered in developing more precise estimates, such as for a state appropriation estimate. Due to data limitations, we were unable to model all components of each proposal, as discussed in more detail in the “Evaluation of Proposals, Section VI - Summary of Proposals – Coverage and Costs for 2007” dated 8/15/06.

- (1) All non-elderly residents newly enrolled in public coverage that are eligible for Federal match whether due to an expansion or due to new enrollment under existing eligibility rules.
- (2) Includes State Medicaid/SCHIP funds and other unspecified sources of State funds and does not include employer assessment (if any). Also does not include funding from Illinois’ recently passed provider tax program as it is not clear that this program will be operating upon or after expansion implementation.
- (3) Does not reflect the funds available through new insurer premium assessments because these cannot be allocated to subpopulations.
- (4) To facilitate discussion, State Medicaid/SCHIP spending is shown as a cost. For waiver approval, the impact on program spending would have to be budget neutral, and/or SCHIP allotment neutral. However, the mechanism by which this would be accomplished is not specified in every proposal.
- (5) Lack of proposal detail meant that additional analyses are necessary to determine the impact of proposed employer pay-or-play. As such, we do not include any such fees here.
- (6) Refers to employer contribution of the Illinois Hospital Association’s Employer-Sponsored Insurance Initiative.