

## Melamed, Marisa

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**From:** London, Katharine <Katharine.London@umassmed.edu>  
**Sent:** Wednesday, January 16, 2013 2:13 PM  
**To:** Lunge, Robin  
**Subject:** RE: HC financing draft conclusion

Amended note on that last chart:

\* State Medicaid: We assume that the State would contribute the same amount from existing funding sources for Medicaid recipients with or without reform; this amount could be funded in a different way as part of state health reform. The additional state share of Medicaid funding under health reform is include in Amount to be Financed.

Amended assumptions sentence:

We made many assumptions and estimates in order to develop these projections. To the extent that actual numbers differ from these assumptions, these differences could produce small or large differences in the results, depending on the order of magnitude of the variance.

Does that help?

-----Original Message-----

**From:** Lunge, Robin [mailto:Robin.Lunge@state.vt.us]  
**Sent:** Wednesday, January 16, 2013 1:46 PM  
**To:** London, Katharine  
**Subject:** RE: HC financing draft conclusion

Sorry - I meant in the last chart - the federal match goes up under reform, but the state match does not.... since it is the same match rate either way, I don't get it.

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**From:** London, Katharine [Katharine.London@umassmed.edu]  
**Sent:** Wednesday, January 16, 2013 1:44 PM  
**To:** Lunge, Robin  
**Subject:** RE: HC financing draft conclusion

Good, glad we're on the right track.

We get federal match on Medicaid expenditures. Medicaid expenditures could be funded as they are now or through new funding sources. I will clarify.  
Also will soften assumption caveat.

I'm just so excited we got to a final answer!

K

-----Original Message-----

From: Lunge, Robin [mailto:Robin.Lunge@state.vt.us]  
Sent: Wednesday, January 16, 2013 1:40 PM  
To: London, Katharine  
Subject: RE: HC financing draft conclusion

This looks great! I don't get how we get more fed Medicaid \$ without a corresponding state increase in match? That jumped out & also the increase in other federal, so it would be good to briefly explain that or reference where that explanation is. Otherwise, the only other thing that jumped out at me was the "wrong" in the last paragraph - just feels harsh. the assumption could be "wrong" but in a small way & the results might not be widely off, right? so maybe we could soften that to say that an assumption can be incorrect and depending on the order of magnitude, this could result in a small or large difference in the results. it just sounds black & white now and most of the assumptions are shades of grey...

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From: London, Katharine [Katharine.London@umassmed.edu]  
Sent: Wednesday, January 16, 2013 1:20 PM  
To: Lunge, Robin; Wallack, Anya; Larson, Mark; Costa, Michael; Green, Devon  
Cc: Melamed, Marisa  
Subject: HC financing draft conclusion

Hi all,  
Rest of report is coming soon ... In the meantime, could you please review the Conclusion for overall gist and for language? (Conclusion is attached to this email and below.) I'm thinking that it would be easier to collect feedback quickly on this one excerpt, and then we could incorporate that feedback into the rest of the report. Thx Katharine

#### Conclusion

In summary, we project that the total cost of Green Mountain Care will be \$3.8 billion in 2017, and total statewide health care costs will be \$36 million lower under a unified, single payer system than the amount that would have been spent without reform. In our Green Mountain Care single payer model, no Vermont resident would be uninsured, and many Vermonters would have access to more robust health care benefits than they would have without reform. A \$123 million reduction in administrative costs statewide helps to pay for that additional coverage. The single system would also support the State's efforts to contain cost increases going forward through administrative simplification and through improved coordination of care. We expect that health care providers will also reap savings from the single payer system, and the Blueprint for Health will contain the rate of increase in health care costs going forward; these additional savings are not included in the overall 2017 cost estimate.

Table XX. Total health care costs without reform by type of coverage, 2017 (Millions of Dollars)

2017 Coverage without Reform

Number of Individuals

Total Paid Claims Per Year

**Green, Devon**

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**From:** Larson, Mark  
**Sent:** Wednesday, January 23, 2013 10:34 PM  
**To:** Lunge, Robin; Wallack, Anya; London, Katharine; Costa, Michael; Green, Devon  
**Cc:** Grenier, Michael  
**Subject:** RE: updated Executive Summary

Why does the federal Medicaid match increase with reform but the state medicaid funding stays the same? Don't we need state match for the increase federal dollars?

Mark

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