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Estimated State Budget Impact of a MaineCare Expansion in 2016

Prepared by Manatt Health Solutions for the Maine Health Access Foundation

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About the Maine Health Access Foundation (MeHAF):

MeHAF is Maine's largest private nonprofit health foundation dedicated to promoting access to quality healthcare, especially for those who are uninsured and underserved, and improving the health of everyone in Maine. To learn more about MeHAF, please visit www.mehaf.org.

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Estimated State Budget Impact of a MaineCare Expansion in 2016

This brief examines the budget implications of expanding MaineCare (Maine's Medicaid program) and finds that the state savings coupled with the new revenues are sufficient to offset state costs attributable to expansion in calendar year 2016.

MaineCare expansion would cost Maine $17.2 million in calendar year 2016 as a result of both the increased costs of administering the larger Medicaid program and a portion of the costs for parents who would gain eligibility under expansion. At the same time, Maine could expect to see budgetary savings and revenues of $43.9 million, more than sufficient to offset State costs attributable to expansion in 2016. The brief identifies potential savings in two major categories: savings from accessing enhanced federal matching funds for some current MaineCare enrollees, and savings from replacing State General Funds with Medicaid funds. In addition, Maine could expect increasing provider tax revenues; as provider Medicaid revenues increase with expansion, this would translate into additional tax revenue for the State.

The brief estimates expansion-related budget impacts only for calendar year 2016, assuming Maine expands MaineCare on or before October 1, 2015. In all cases, the authors developed conservative assumptions in an effort to err on the side of overestimating costs and underestimating savings. To develop estimates of costs, savings and revenue gains, the authors relied on public data sources of current State expenditures for MaineCare and programs and services for the uninsured, discussion with MaineCare stakeholders, and results from states that have already expanded Medicaid.

Additional analysis regarding state spending and expected spending growth would be required to project these estimates into future years, and such an analysis would be based on a number of assumptions regarding state spending and expected spending growth for which reliable publicly available data and experience are not yet available. Finally, this brief does not examine broader economic impacts of expansion, such as job creation, uncompensated care cost reductions, reductions in cost shifting to the private sector, and other economic gains. These macroeconomic gains are important additional areas of analysis for Maine as it contemplates potential expansion of MaineCare.

Potential Budget Impacts of Medicaid Expansion in Maine	2016
Total Estimated Costs of Expansion	($17.2 million)
Total Estimated Savings from Accessing Enhanced Federal Matching Funds	$12.6 million
Total Estimated Savings from Replacing State General Funds with Medicaid Funds	$27.9 million
Total Estimated Revenue Gains	$3.4 million
Total Net Estimated Savings of Medicaid Expansion in Maine	**$26.7 million**

Background on Federal Funding Under a MaineCare Expansion

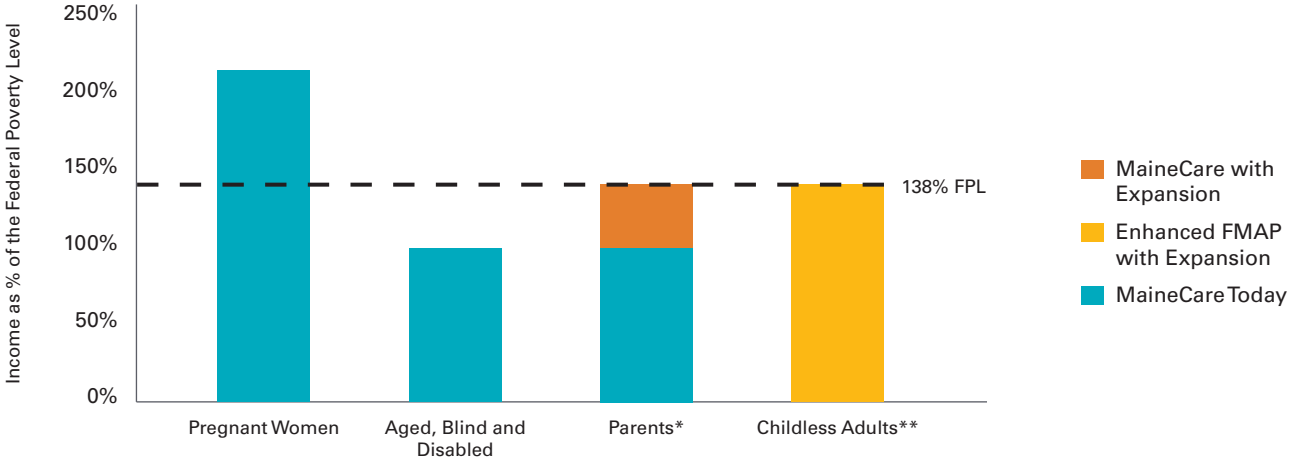
Under the Affordable Care Act (ACA), states may opt to expand Medicaid to childless adults and parents above state eligibility levels that were in place as of December 1, 2009, and below 138% of the federal poverty level (FPL). Pursuant to the law, the federal government is obligated to pay 100% of the cost of newly eligible adults through 2016, phasing down to 90% in 2020 and beyond.

Newly Eligible Enhanced FMAP[1]	
Calendar Year	**Enhanced FMAP Rate**
2014	100%
2015	100%
2016	100%
2017	95%
2018	94%
2019	93%
2020 and beyond	**90%**

MaineCare currently covers certain low-income populations, including parents up to 100% of the FPL; the program does not cover childless adults (over the age of 20). Maine previously covered parents up to 200% of the FPL, and covered some childless adults up to 100% of the FPL under a waiver, but the State dropped this coverage in 2013 and 2014, respectively.

Should the State expand MaineCare, the federal government would pay 100% of the costs of newly eligible childless adults in Maine in

MaineCare Eligibility Levels



*Maine previously covered parents up to 200% FPL, but dropped to 133% FPL in March 2013, and to 100% FPL in January 2014.

**Maine also previously covered some childless adults up to 100% FPL with limited benefits under a waiver, but eliminated this coverage in January 2014.

2016, ramping down to 90% in 2020 and beyond. Because Maine covered parents from 100% – 138% FPL on December 1, 2009, the State would not receive enhanced match for this population; it would receive its regular match of roughly 62%, and the State would be responsible for about 38% of total Medicaid service spending for these enrollees.

In calculating the expansion-related costs and savings, this analysis takes into account the different federal matching rates for childless adults and parents who would enroll through an expansion of MaineCare, meaning that the analysis assumes that Maine would be responsible for none of the costs of new childless adult enrollees in 2016, and for the regular State share of costs related to parents of 100% – 138% FPL.

Costs of Expansion Enrollees

In Maine, Medicaid expansion would extend coverage to childless adults with incomes up to 138% FPL, and for parents with incomes from 100% – 138% FPL. Estimates and assumptions related to the number of Maine adults who would be eligible for MaineCare under an expansion and their annual cost of care are sourced from the fiscal note for the most recent comprehensive MaineCare expansion bill (LD 1578).[2]

The brief assumes an aggressive take-up rate of 85%, meaning that 85% of eligible individuals would enroll in MaineCare.[3,4] The brief further assumes no "ramp up" of enrollment over the course of 2016 – meaning that for the purposes of the analysis, 85% of all eligible individuals are assumed to be enrolled as of January 1, 2016. Using aggressive take-up and ramp-up assumptions results in an intentionally conservative – or high – estimate of the costs of a MaineCare expansion.

Estimated Costs of Expansion Enrollees	2016
Take-Up Rate for New Adults	85%
Number of Newly Eligible Childless Adults[5]	55,965
Average Annual State Cost of Childless Adult	$5,855
Newly Eligible FMAP	100%
Total State Cost of Newly Eligible Childless Adults	$0
Number of Eligible Parents 100% – 138% FPL	15,000
Average Annual State Cost of Parent	$3,098
Maine Regular FMAP	61.6%
Total State Cost of Parents	$15.2 million
Total State Costs of Expansion Enrollees	**$15.2 million**

Administrative Costs

Maine should expect to see increased administrative costs as the size of the MaineCare program grows with expansion. Costs related to eligibility and enrollment infrastructure would be matched by the federal government at an enhanced rate (75% for personnel, and 90% for systems),[6] while the State would receive the standard 50% federal match for other administrative expenses. This brief uses Maine Department of Health and Human Services estimates of increased administrative costs due to expansion, as documented in the fiscal note from LD 1578.[7]

Administrative Costs	2016
Number of New FTE Hires for Eligibility and Enrollment Operations	83
Average Annual Cost of New FTE	$34,782
Average FMAP for New FTEs	69.3%
Total Additional Administrative Costs	**$2.0 million**

State Savings from Accessing Enhanced Federal Matching Funds

Maine currently uses waivers and special Medicaid eligibility categories to provide coverage to high-need enrollees, including "medically needy" individuals, pregnant women, and individuals with disabilities. Maine historically has been responsible for roughly 38% of the cost of covering such individuals. With expansion, many individuals who were previously eligible for MaineCare through waivers and special eligibility categories would qualify for full MaineCare coverage in the new adult group – which means the State would receive enhanced federal funding (100% in 2015 and 2016, phasing down to 90% in 2020 and beyond) for these populations.

All savings estimates in this category have been discounted[8] to reflect that the State would not see savings when a parent who otherwise would be enrolled in a traditional Medicaid category instead is enrolled in the new adult group.

State Savings from Accessing Enhanced Federal Matching Funds[9]	2016
Medically Needy	$4.5 million
Pregnant Women	$1.9 million
Disabled	$2.9 million
HIV Waiver	$2.3 million
Breast and Cervical Cancer Treatment Program	$0.9 million
Total State Savings from Accessing Enhanced Federal Matching Funds	**$12.6 million***

*Total does not equal sum of lines because of rounding.

- **Medically Needy.** MaineCare currently covers medically needy individuals with incomes up to 100% FPL. Some high-cost, high-need individuals who previously would have had to "spend down" their income in order to qualify for this eligibility category would be able to instead enroll in the new adult group under a MaineCare expansion. Based on experience in other states,[10] this brief estimates that MaineCare would spend $72 million[11] on medically needy individuals in 2016 and that expansion would reduce this spending by 8%. As such, Maine could save up to $4.5 million in 2016 in this category.
- **Pregnant Women.** With expansion, women who become pregnant while enrolled in the new adult group would remain in the new adult group. Previously, they would have been covered under MaineCare's pregnant women category (which covers pregnant women with incomes up to 209% FPL). Based on Census data for women of childbearing age, the brief estimates that 59% of pregnant women in Maine would qualify going forward as new adults,[12] and assumes 47% of women in Maine would be pregnant with their first child (and thus the State would be able to draw down enhanced federal matching dollars for their cost of care).[13] Projected spending on pregnant women in MaineCare for 2016 is $8.5 million.[14] As such, Maine could save up to $1.9 million in 2016 in this category.
- **People with Disabilities.** MaineCare currently covers people with disabilities who have incomes up to 100% FPL. With expansion, individuals who previously would have had to pursue a disability determination to qualify for Medicaid under this category would be able to enroll as new adults. Based on experience in other states,[15] this brief estimates that expansion could reduce spending on disabled enrollees in Maine of $324 million[16] by 1.15%. As such, Maine could save up to $2.9 million in 2016 in this category.
- **HIV Waiver.** MaineCare currently covers, under a waiver, certain adults with HIV up to 250% FPL. With expansion, adults with incomes up to 138% FPL would qualify as new adults. The Maine Department of Health and Human Services estimates that expansion would result in a decrease of 60% in HIV waiver enrollment.[17] As such, Maine could reduce State waiver spending (of an estimated $4.9 million)[18] by $2.3 million in 2016.
- **Breast and Cervical Cancer Treatment Program.** MaineCare covers, through a special program, medical services for women up to

250% FPL who have breast or cervical cancer. Using Census data, the brief estimates that 40% of women in this program would have incomes up to 138% FPL, and would qualify as new adults.[19] As such, Maine could reduce State spending on this program (an estimated $2.9 million)[20] and save up to $930,000 in 2016.

State Savings from Replacing General Funds with Medicaid Funds

Maine currently uses State general funds to support programs and services for the uninsured, including mental and behavioral health programs and healthcare services for prisoners. With expansion, many of the beneficiaries of these programs and services would be able to secure MaineCare coverage in the new adult category, permitting the State to fund these services with federal, rather than State, dollars.

For childless adults in the new adult group, Maine will fully replace State spending with federal spending. For parents, Maine will partially replace State spending with federal dollars; the State would still be responsible for its standard share of the cost of coverage. Again, this analysis discounts the following savings estimates within each of these State spending categories to reflect the lesser match for parents.[21]

State Savings from Replacing General Funds with Medicaid Funds	2016
State Mental Health and Substance Abuse Programs	$20.3 million
Hospital Inpatient Costs of Prisoners	$5.4 million
Family Planning Services	$1.4 million
Healthcare-Related General Assistance	$0.5 million
Drugs for the Elderly	$0.4 million
Total State Savings from Replacing General Funds with Medicaid Funds	**$27.9 million**

*Total does not equal sum of lines because of rounding

- **State Mental Health and Substance Abuse Programs.** State funds for mental health and substance abuse services of $44 million[22] could be reduced, as many individuals served by these programs qualify for an expanded MaineCare program. This brief assumes a reduction of 50% in this spending based on experience in other states. While this is a rough estimate, given the inability to access State data on funding for direct services to the uninsured, it is not an aggressive one: other states have found this to be a significant area of savings.[23] The brief estimates that Maine could save up to $20.3 million in 2016 in this category.
- **Hospital Inpatient Costs of Prisoners.** Absent expansion, Maine would use an estimated $6 million in State dollars

to cover hospital inpatient costs of prisoners who do not qualify for Medicaid in 2016;[24] with expansion, MaineCare would pick up the majority of these costs. This brief assumes nearly all prisoners are likely to qualify for the new adult category, but for their incarceration status. As such, Maine could save up to $5.4 million in 2016 in this category.

- **Family Planning Services.** Maine uses $1.5 million per year in State funds to support family planning services for the uninsured.[25] With expansion, this brief assumes nearly all of those served by this program would become eligible for MaineCare. As such, Maine could expect to save up to $1.4 million in 2016 in this category.
- **General Assistance.** Roughly $500,000 in State general assistance funds are spent on prescription drugs and medical services for the uninsured.[26] This brief assumes nearly all of the enrollees in this program are likely to be eligible for an expanded MaineCare program. As such, Maine could save up to $455,000 in 2016 in this category.
- **Drugs for the Elderly.** Maine uses about $500,000 in State funds to cover out-of-pocket drug costs for certain elderly individuals who are not Medicaid eligible and have incomes up to 175% FPL.[27] With expansion, some of these individuals who are under age 65 would gain MaineCare coverage in the new adult group, reducing State costs for this drug program. This brief assumes a reduction of 73% in this spending, based on Census data.[28] As such, Maine could save up to $367,000 in 2016 in this category.

Revenue Gains

Maine currently raises revenue through assessments or fees on certain healthcare providers. As provider revenues increase with expansion, this translates into additional revenue for the State.

- **Revenue Gains from Maine's Hospital Tax.** Maine hospitals are subject to a tax of 2.23% of their net operating revenue.[29] With expansion, MaineCare would cover many previously uninsured patients, so hospitals would receive Medicaid payments for patients who previously were covered through charity care. This increase in Medicaid payments would increase hospital revenues by an estimated $150 million,[30] resulting in a larger tax base for the State. As such, Maine could see up to $3.4 million in increased tax revenues, without increasing the percentage of the tax.

Revenue Gains[31]	2016
Revenue Gains from Hospital Tax	$3.4 million
Total Revenue Gains	**$3.4 million**

Conclusion

Based on analysis of the potential cost, savings and revenue impact of MaineCare expansion, there are substantial budget gains available to the State of Maine under a 2016 MaineCare expansion scenario. While further analysis is necessary to project cost, savings and revenue impact beyond 2016, experience from other states suggests that savings and revenues continue to increase in the out years. Further, savings and economic gains from expansion can be used to help ensure the sustainability of expansion. Arkansas[32] and Michigan,[33] for example, have created special accounts to bank state savings from expansion to help cover costs in future years.

In addition to the net State budget impact detailed in this brief, Maine could also expect to see broader economic impacts due to expansion. Studies from states that have expanded Medicaid have found that expansion creates jobs, brings in new federal dollars that spur the economy, and increases state and local tax revenue,[34] and that expansion reduces hospital uncompensated care costs.[35] As uncompensated care costs decrease, states might also expect to see reductions in cost shifting to the private sector, reducing premiums or the rate of increase in health insurance premiums overall, to the benefit of all state residents.

[1] 78 FR 19918, April 2, 2013.

[2] *See LD 1578 Fiscal Note*, Maine Legislature, 126th Session, March 10, 2014, available online at http://www.mainelegislature.org/legis/bills/bills_126th/fiscalpdfs/FN157802.pdf. This analysis uses the higher of the two cost scenarios for parents included in the fiscal note, reflecting DHHS's upward adjustment of those costs.

[3] Take-up assumptions are consistent across costs, savings and revenues.

[4] Holahan, J., Buettgens, M., Carroll, C., Dorn, S., *The Cost and Coverage Implications of the ACA Medicaid Expansion: National and State-by-State Analysis*, The Kaiser Family Foundation and the Urban Institute, November 2012, available online at http://www.urban.org/UploadedPDF/412707-The-Cost-and-Coverage-Implications-of-the-ACA-Medicaid-Expansion.pdf.

[5] Childless adults under expansion are those aged 21 and above. Maine covers certain low-income 19- and 20-year olds under a separate eligibility category.

[6] CMS, *Affordable Care Act: State Resources FAQ*, April 25, 2013, available online at http://www.medicaid.gov/state-resource-center/FAQ-medicaid-and-chip-affordable-care-act-implementation/downloads/Affordable-Care-Act-FAQ-enhanced-funding-for-medicaid.pdf.

[7] *LD 1578 Fiscal Note*, Maine Legislature, 126th Session, March 10, 2014, available online at http://www.mainelegislature.org/legis/bills/bills_126th/fiscalpdfs/FN157802.pdf.

[8] This brief, as described above in the costs section, estimates that 20% of new adults in Maine will be parents, subject to the regular FMAP. As such, the brief discounts all savings estimates in this category by 20%, to reflect that the State will not see savings when a parent who otherwise would be enrolled in a traditional Medicaid category instead is enrolled in the new adult group.

[9] Unless otherwise noted, the brief uses State DSS Enrollment Data (*MaineCare Caseload, Count of Members*, SFY 2012-SFY 2015, Maine Department of Health and Human Services – Finance), trended forward based on the observed change in enrollment from 2011–2014, to estimate enrollment for CY 2016. The brief uses 0.5% as the average annual growth rate when trending forward cost data to 2016 from *Health Spending by State of Residence, 1991 - 2009*, Centers for Medicare and Medicaid Services, Center for Strategic Planning, Medicare & Medicaid Research Review, 2011: Volume 1, Number 4, available online at http://www.cms.gov/mmrr/Downloads/MMRR2011_001_04_A03-.pdf.

[10] Estimates based on findings from Arkansas, Kentucky and Washington in Bachrach, D., Boozang, P., Glanz, D., *States Expanding Medicaid See Significant Budget Savings and Revenue Gains*, State Health Reform Assistance Network, Robert Wood Johnson Foundation, April 2015, available online at http://www.rwjf.org/en/library/research/2015/04/states-expanding-medicaid-see-significant-budget-savings-and-rev.html; estimates were discounted significantly to reflect that Maine's medically needy program enrollment is primarily elderly individuals over age 65 as noted in *The Medicaid Medically Needy Program: Spending and Enrollment Update*, Kaiser Family Foundation, December 30, 2012, available online at https://kaiserfamilyfoundation.files.wordpress.com/2013/01/4096.pdf.

[11] *The Medicaid Medically Needy Program: Spending and Enrollment Update*, Kaiser Family Foundation, December 30, 2012, available online at https://kaiserfamilyfoundation.files.wordpress.com/2013/01/4096.pdf.

[12] *Current Population Survey Annual Social and Economic Supplement 2012 - 2014*, U.S. Census, available online at http://www.census.gov/cps/data/cpstablecreator.html.

[13] *Previous Live Births*, Maine Pregnancy Risk Assessment Monitoring System Survey Results, 2011, available online at http://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/prams/tables2011/10%20Prevlivebirth11.pdf.

[14] Estimates based on spending information derived from conversations with an actuary on regional costs of labor and delivery.

[15] Estimates based on findings from Arkansas and Kentucky in Bachrach, D., Boozang, P., Glanz, D., *States Expanding Medicaid See Significant Budget Savings and Revenue Gains*, State Health Reform Assistance Network, Robert Wood Johnson Foundation, April 2015, available online at http://www.rwjf.org/en/library/research/2015/04/states-expanding-medicaid-see-significant-budget-savings-and-rev.html.

[16] *Medicaid Spending by Enrollment Group, FY 2011*, Kaiser Commission on Medicaid and the Uninsured and Urban Institute, available online at http://kff.org/medicaid/state-indicator/medicaid-spending-by-enrollment-group/.

[17] *HIV/AIDS 1115 Demonstration Waiver Draft Evaluation Design, Maine Medicaid Section 1115 Health Care Reform Demonstration for Individuals with HIV/AIDS*, Number 11-W-00128/1, Office of MaineCare Services, Maine Department of Health and Human Services, available online at http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/me/me-hiv-pa.pdf.

[18] *Id.*

[19] *Current Population Survey Annual Social and Economic Supplement 2012 - 2014*, U.S. Census, available online at http://www.census.gov/cps/data/cpstablecreator.html.

[20] *2009 MSIS Statistical Tables*, Centers for Medicare and Medicaid Services, available online at http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MedicaidDataSourcesGenInfo/MSIS-Tables.html.

[21] This brief, as described above in the costs section above, estimates that 20% of new adults in Maine will be parents, and as such discounts all savings estimates in this section by 8%, which is the product of the State share percentage (39.4%) and the proportion of new adults estimated to be parents (20%).

[22] *DHHS Programs, Services and Funding*, Maine Department of Health and Human Services, April 2013, available online at http://www.maine.gov/dhhs/prog-serv-fund-apr-2013.pdf.

[23] Bachrach, D., Boozang, P., Glanz, D., *States Expanding Medicaid See Significant Budget Savings and Revenue Gains*, State Health Reform Assistance Network, Robert Wood Johnson Foundation, April 2015, available online at http://www.rwjf.org/en/library/research/2015/04/states-expanding-medicaid-see-significant-budget-savings-and-rev.html.

[24] *State Prison Health Care Spending, an Examination*, Pew Charitable Trusts and the MacArthur Foundation, July 2014, available online at http://www.pewtrusts.org/~/media/Assets/2014/07/StatePrisonHealthCareSpendingReport.pdf; brief does not examine savings to cities and counties related to correctional spending.

[25] *Letter RE: LD 319, an Act to Strengthen the Economic Stability of Qualified Maine Citizens by Expanding Coverage of Reproductive Health Care and Family Services*, Stefanie Nadeau, Director of MaineCare Services to Senator Eric Brakey, March 26, 2015, available online at http://www.mainelegislature.org/legis/bills/getTestimonyDoc.asp?id=23215.

[26] *OFI: GA Expenditure Breakdown*, General Assistance Expenditures SFY 2014, Maine Office of Family Independence.

[27] *DHHS in Focus Reference Book*, Maine Department of Health and Human Services, December 2010.

[28] *Current Population Survey Annual Social and Economic Supplement 2012 - 2014*, U.S. Census, available online at http://www.census.gov/cps/data/cpstablecreator.html.

[29] For childless adults, the brief assumes 50% of benefit spending would be on hospital services, based on Anderson, N. and Gressani, T., *MaineCare for Childless Adults Waiver, Year 7 Annual Report*, October 1, 2008 – September 30, 2009, Cutler Institute of Health & Social Policy, Muskie School of Public Service, University of Southern Maine, prepared for the Maine Department of Health and Human Services, February 23, 2010; for parents, the brief estimates 30% of spending would be on hospital services, based on *MaineCare by the Numbers*, Office of MaineCare Services, Maine Department of Health and Human Services, February 28, 2013, available online at http://www.maine.gov/tools/whatsnew/attach.php?id=509359&an=1.

[30] Maine also imposes taxes on the revenues of nursing homes and residential treatment facilities. To the extent new adults use these services, Maine may also see increased revenues on both of these taxes.

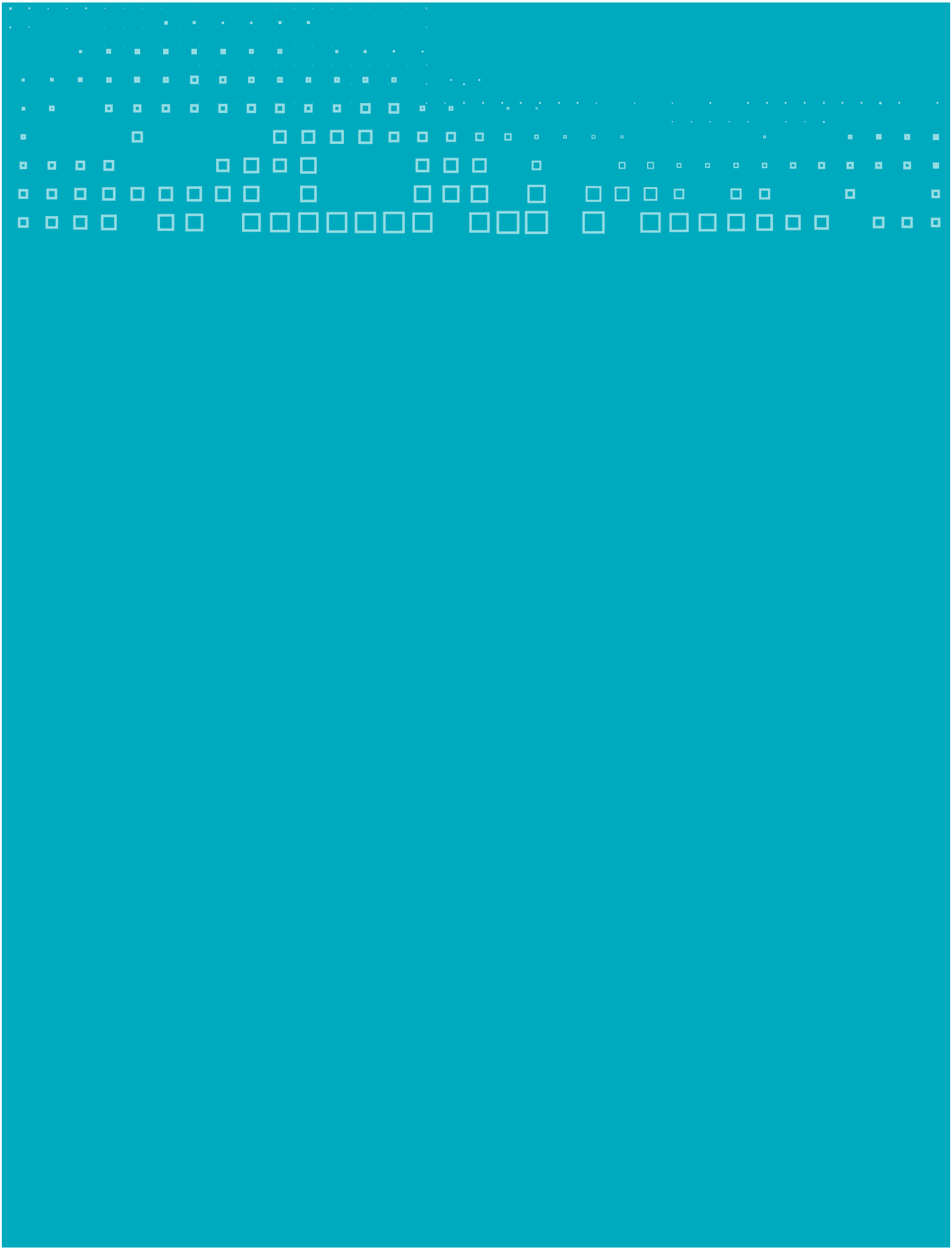
[31] *Health Provider and Industry State Taxes and Fees*, National Conference of State Legislatures, July 10, 2014, available online at http://www.ncsl.org/research/health/health-provider-and-industry-state-taxes-and-fees.aspx.

[32] *Act 1496*, State of Arkansas, 89th General Assembly, Regular Session, 2013, available online at http://www.arkleg.state.ar.us/assembly/2013/2013R/Acts/Act1496.pdf.

[33] Cleary, Mary Ann and Jen, Kyle I., *Memorandum: Roads and Risk Reserve Fund, Medicaid Expansion Savings, and Potential Budget Risks, House Fiscal Agency*, available online at http://house.michigan.gov/hfa/PDF/Roads_and_RiskReserveFund.pdf.

[34] Holahan, John, Matthew Buettgens, and Stan Dorn, *The Cost of Not Expanding Medicaid*, The Kaiser Commission on Medicaid and the Uninsured, 2013, available online at http://kaiserfamilyfoundation.files.wordpress.com/2013/07/8457-the-cost-of-not-expanding-medicaid4.pdf; Ku, Leighton, Brian Bruen, Erika Steinmetz, and Tyler Bysshe, *The Economic and Employment Costs of Not Expanding Medicaid in North Carolina: A County-Level Analysis*, Cone Health Foundation, December 1, 2014, available online at http://www.conehealthfoundation.com/app/files/public/4202/The-Economic-and-Employment-Costs-of-Not-Expanding-Medicaid-in-North-Carolina.pdf; Beebe, Mike, *Governor Beebe's weekly column and radio address: Taking Advantage of Opportunity*, Arkansas Governor Mike Beebe, October 24, 2014, available online at http://governor.arkansas.gov/newsroom/index.php?do:newsDetail=1&news_id=4690; Deloitte, *Commonwealth of Kentucky Medicaid Expansion Report*, February 2015, available online at http://governor.ky.gov/healthierky/Documents/medicaid/Kentucky_Medicaid_Expansion_One-Year_Study_FINAL.pdf.

[35] Center for Health Information and Data Analytics, Colorado Hospital Association, *Impact of Medicaid Expansion on Hospitals: Updated for Second Quarter 2014*, Colorado Hospital Association, September 2014, available online at http://www.cha.com/Documents/CHA-Study/FINAL-CHA-Medicaid-Expansion-Study-Q2-Sept-2014.aspx; DeLeire, Thomas, Karen Joynt, and Ruth McDonald, *Impact of Insurance Expansion on Hospital Uncompensated Care Costs in 2014*, Office of the Assistant Secretary for Planning and Evaluation, September 24, 2014, available online at http://aspe.hhs.gov/health/reports/2014/UncompensatedCare/ib_UncompensatedCare.pdf; Arkansas Center for Health Improvement, *AHA Report Measures Impact of Private Option on Arkansas Hospitals*, Arkansas Center for Health Improvement, October 31, 2014, available online at http://www.achi.net/Pages/News/Article.aspx?ID=56; Arkansas Hospital Association and Arkansas Chapter of the He-althcare Financial Management Association, *Arkansas Private Option*, Arkansas Center for Health Improvement, October 31, 2014, available online at http://www.achi.net/Docs/260/; Deloitte, *Commonwealth of Kentucky Medicaid Expansion Report*, February 2015, available online at http://governor.ky.gov/healthierky/Documents/medicaid/Kentucky_Medicaid_Expansion_One-Year_Study_FINAL.pdf.



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