A CHART BOOK FOR

Understanding the Coverage Gap in Idaho

CLOSE THE GAP
IDAHO

About us

Close the Gap Idaho is a network of over 200 organizations and individuals statewide, working to support a complete, Idaho-based solution to the coverage gap.

The Close the Gap Idaho Steering Committee is made up of health care policy experts, nonprofit advocates, and health care providers.

Steering Committee Members:

- AARP Idaho
- American Cancer Society Cancer Action Network
- American Heart Association (Idaho)
- Central District Health Department
- DisAbility Rights Idaho
- Idaho Academy of Family Physicians
- Idaho Asset Building Network
- Idaho Association of Counties
- Idaho Hospital Association
- Idaho Medical Association
- Idaho Public Employees Association
- Idaho Primary Care Association
- Idaho Voices for Children
- Partners for Prosperity
- Saint Alphonsus Health System
- St. Luke's

Visit closethegapidaho.org/supporting-organizations/ to read letters of endorsement from these organizations.

This chart book was produced by Idaho Voices for Children and includes data provided by the Idaho Center for Fiscal Policy.

IDAHO VOICES FOR CHILDREN

IDAHO
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Fiscal Policy

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SECTION 1: THE COVERAGE GAP IN IDAHO

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Idaho's Medicaid eligibility criteria, based on household size, disability status, and income, are among the most restrictive in the nation.

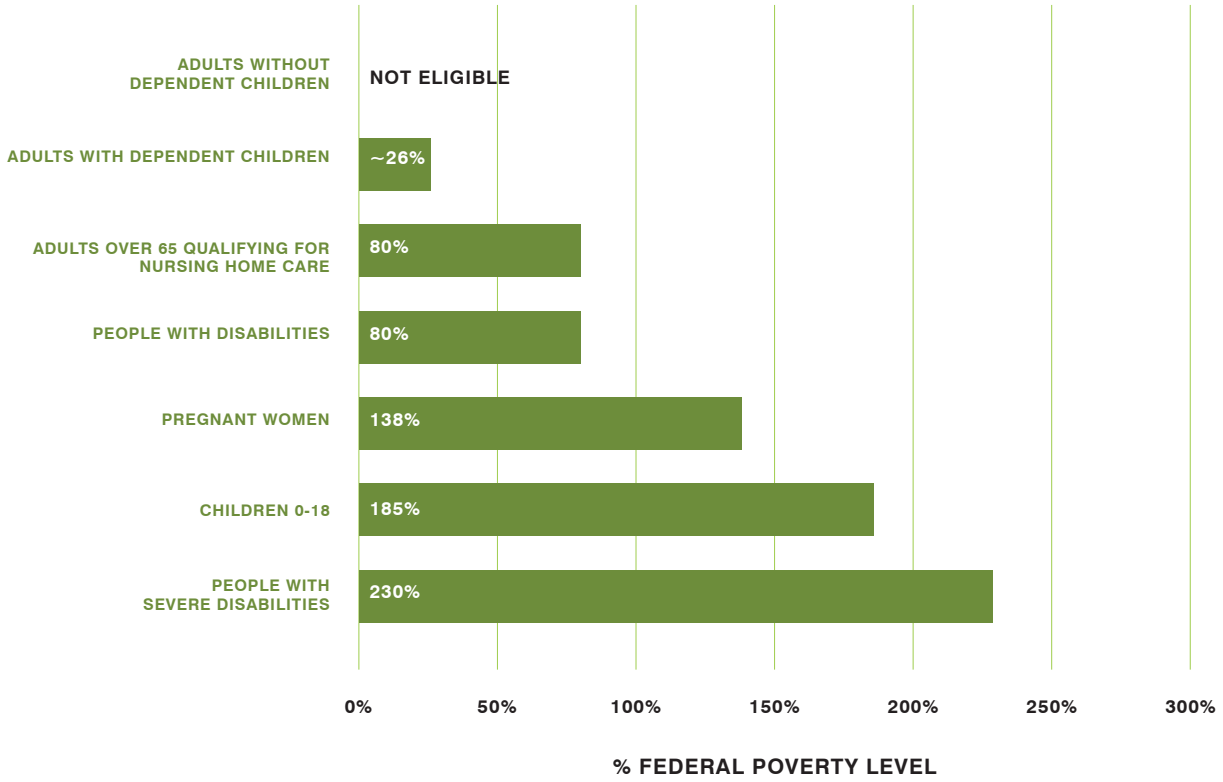
- **The vast majority of Idaho's Medicaid enrollees (92%) are low-income children, seniors, people with disabilities, and low-income pregnant women.**
- **The remaining enrollees are parents with extremely low incomes who have children at home. For example, an adult with one child must earn less than $289 per month to qualify.**

Who is eligible for Medicaid in Idaho?

Each covered group has its own income eligibility levels

Idaho Medicaid income limits as a percent of federal poverty guidelines

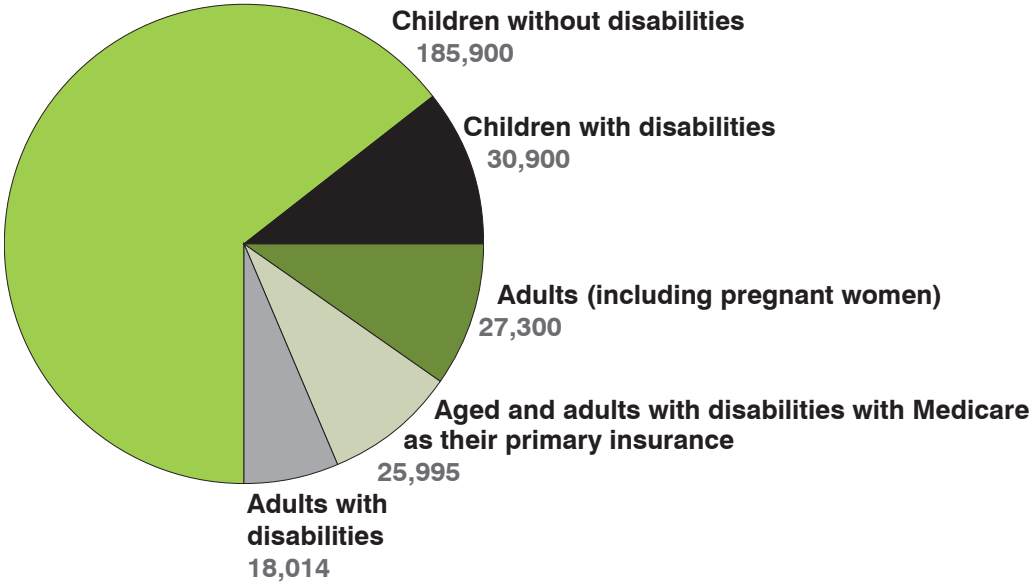
The federal poverty level is $11,880 for an individual and $16,020 for a couple.



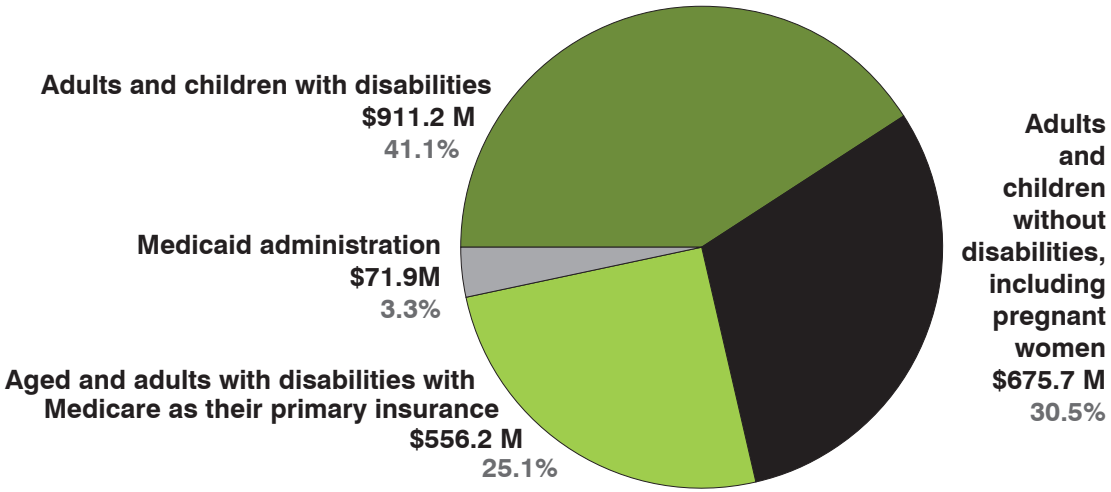
Source: *The Idaho Department of Health and Welfare. "Who is Eligible?" Retrieved from http://healthandwelfare.idaho.gov/*

Who does Medicaid cover and what does it cost?

Categories of Idaho Medicaid participants



Projected Expenditures FY2017



- The majority of Idaho's Medicaid spending is for Idahoans with disabilities and elderly Idahoans qualifying for nursing home care.
- The vast majority of Medicaid enrollees are children without disabilities, followed by children with disabilities.
- Children without disabilities make up 64% of enrollment and account for less than 20% of expenses.
- Elderly and adults with disabilities account for 15% of enrollment and 56% of costs.

Source: *Data provided by the Idaho Department of Health and Welfare. July, 2016*

The efficiency of Idaho's Medicaid program

For every $1 invested in Idaho's Medicaid program, 97 cents is spent directly on health services for Medicaid participants, with just 3 cents going to administrative costs incurred by the Idaho Department of Health and Welfare.*

* This analysis represents only Health & Welfare costs and does not include contractor administrative costs.

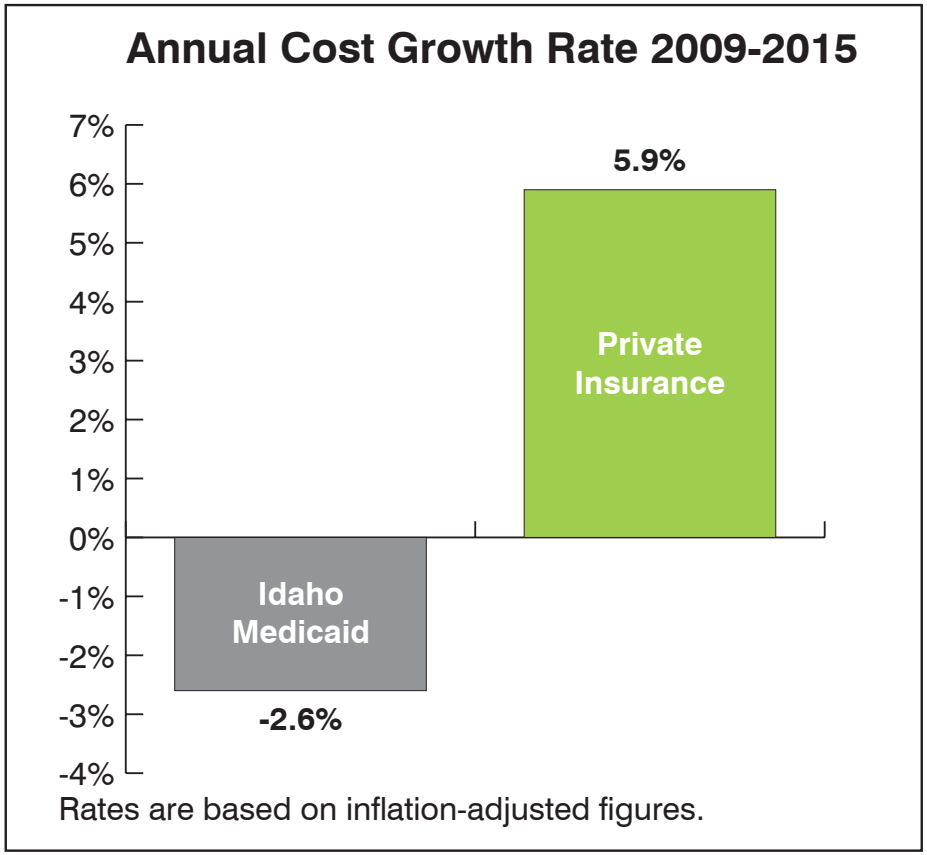
For every dollar spent on Medicaid:

97 cents spent directly on health services

3 cents spent on administrative costs

Source: *The Legislative Services Office. "The Idaho Legislative Budget Book for Fiscal Year 2017." Retrieved from https://legislature.idaho.gov/budget/publications.htm*

Medicaid costs vs. private insurance costs



Rates are based on inflation-adjusted figures.

Monthly costs per member for different participant groups	
Children without disabilities	$216.50
Healthy adults (includes pregnant women)	$614.25
Disabled children	$760.44
Aged and disabled adults with Medicare as their primary insurance	$903.24
Disabled adults	$3,537.83

- **Medicaid limits cost growth compared to the private insurance market.**
- **The chart shows that Medicaid's rate of growth per participant has averaged -2.6% between 2009 and 2015 (costs actually declined). In contrast, the growth of costs per individual for private insurance premiums has increased an average of 5.9% per year.**
- **The table describes the monthly costs per participant to the Medicaid program for different populations.**

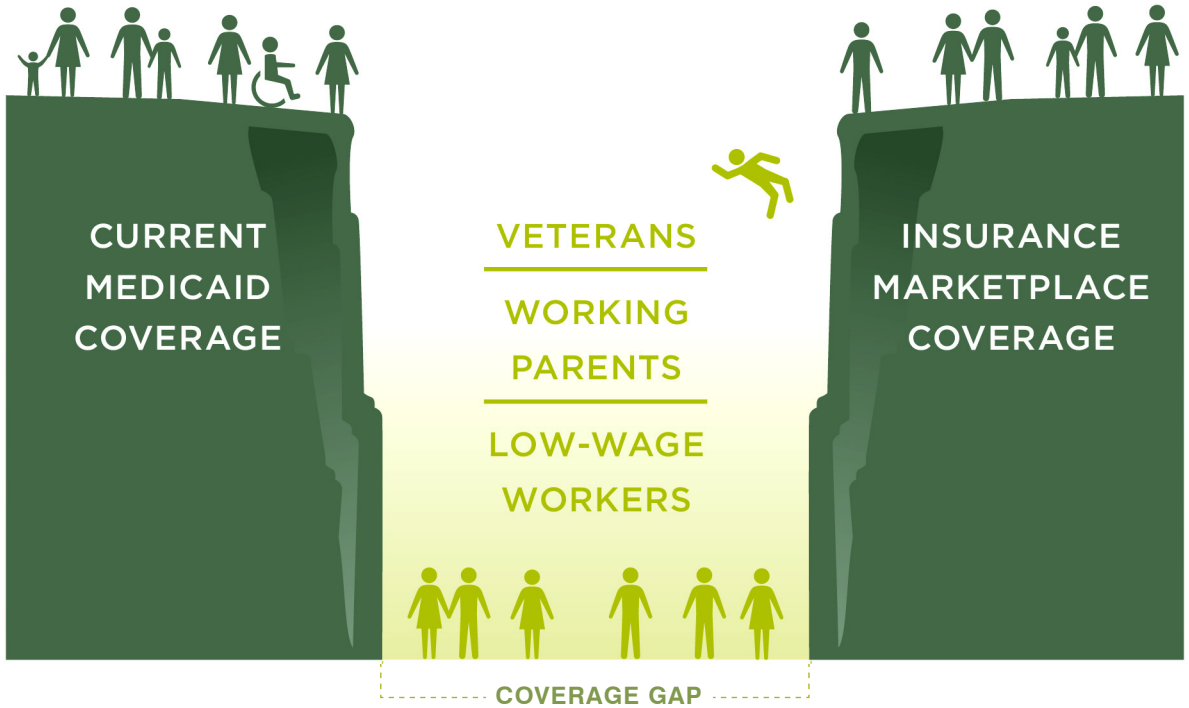
Source: *Close the Gap Analysis of Idaho Department of Insurance data on Idaho private insurance costs and Idaho Department of Health and Welfare data on Idaho's Medicaid costs, July 2016.*

- "The Coverage Gap" is a term used to describe the estimated 78,000 adults in Idaho between the ages of 18 and 64 who have no access to affordable health coverage.
- In a family of four, working parents are not eligible to receive Medicaid if they make over $6,318 annually, but they will not qualify for assistance through the marketplace until they make over $24,300. (See Appendix A.)
- The coverage gap leaves many in a dilemma. Moving from part-time to full-time work, or finding a new job could cause the loss of health care coverage through Medicaid, while still not being enough to qualify for assistance through the marketplace. This gap limits the ability of working parents to improve their financial situation without risking their health.

Source: Milliman, Inc. "2015 Financial Impact of the Medicaid Expansion on the Idaho Medicaid Budget Including State and County Cost Offsets." Jan. 2016.

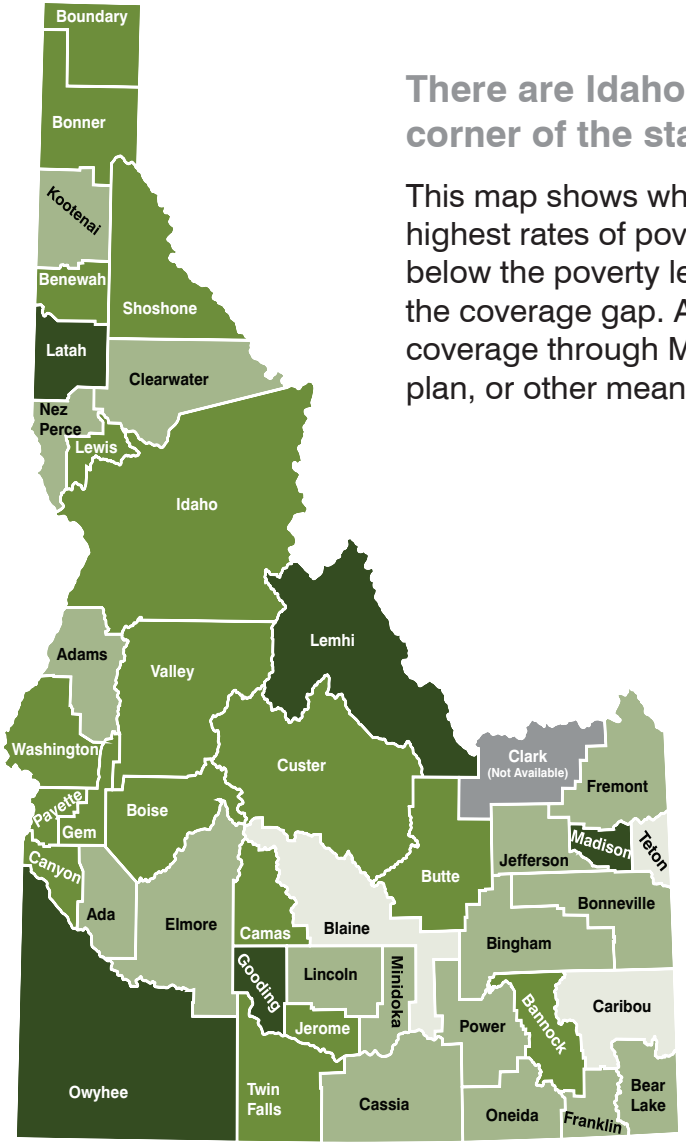
The coverage gap

Idahoans in the gap do not qualify for traditional Medicaid and earn too little to qualify for assistance through the Your Health Idaho insurance marketplace



78,000
uninsured Idaho adults...
are in the coverage gap. They are not eligible for Medicaid and do not earn enough to qualify for assistance through the Your Health Idaho insurance marketplace.

Where do Idahoans in the gap live?



There are Idahoans in the gap in every corner of the state.

This map shows where adults (ages 18-64) have the highest rates of poverty. Households with earnings below the poverty level are most likely to fall into the coverage gap. A portion of them may also have coverage through Medicaid, an employer, a spouse's plan, or other means.

Poverty Rate for Adults 18-64

- Poverty <10%
- Poverty 10% - 15%
- Poverty 15% - 20%
- Poverty >20%

Clark County is excluded because the population is too small to make estimates.

This table provides rates for Idahoans in the coverage gap by county. For example, in Canyon County 9.5% of adults aged 18 to 64 are uninsured and have an income that falls below the poverty level. None of these adults are covered by Idaho's Medicaid program.

Only counties with populations large enough to produce data with reliable margins of error are included in the chart below.

Idahoans Ages 18-64 Who Fall into the Coverage Gap

	Number	Percentage
Idaho Statewide	62,197	6.6%
Ada County	12,115	4.8%
Bannock County	2,919	5.9%
Bingham County	1,535	6.1%
Blaine County	580	4.4%
Bonner County	1,757	7.3%
Bonneville County	2,943	4.9%
Canyon County	10,447	9.5%
Cassia County	724	5.8%
Elmore County	1,219	8.6%
Jefferson County	1,015	7.0%
Jerome County	1,041	8.1%
Kootenai County	6,117	7.2%
Latah County	1,091	4.5%
Madison County	1,128	4.6%
Minidoka County	976	8.5%
Nez Perce County	755	3.2%
Payette County	1,541	12.1%
Twin Falls County	3,891	8.7%

Sources: *United States Census Bureau, 2011-2013 American Community Survey 3-Year Estimates*

2010-2014 American Community Survey 5-Year Estimates

- **Two census data sources estimate the number of uninsured adults under age 65 living below the federal poverty level at 51,000* and 62,000.** The lower estimate is more recent and reflects a time frame with low unemployment.**
- **These alternative data sources suggest that the 78,000 figure is a safe assumption for reliable cost projections. It appears unlikely that the actual number of Idahoans in the coverage gap exceeds 78,000.**

* **Analysis of public use microdata sample.**

** **United States Census Bureau. 2010-2014 American Community Survey Five-Year estimate.**

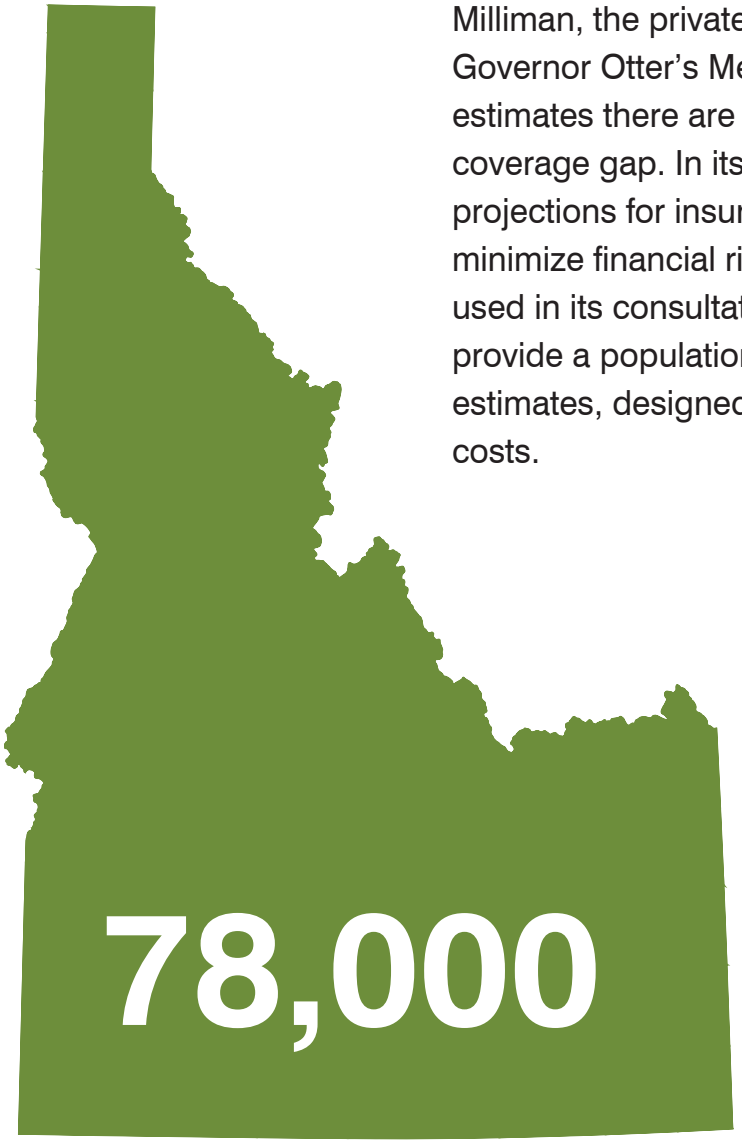
Sources:

Milliman, Inc. "2015 Financial Impact of the Medicaid Expansion on the Idaho Medicaid Budget Including State and County Cost Offsets." Jan. 2016.

United States Census Bureau. 2010-2014 American Community Survey Five-Year estimate.

How many Idahoans are in the coverage gap?

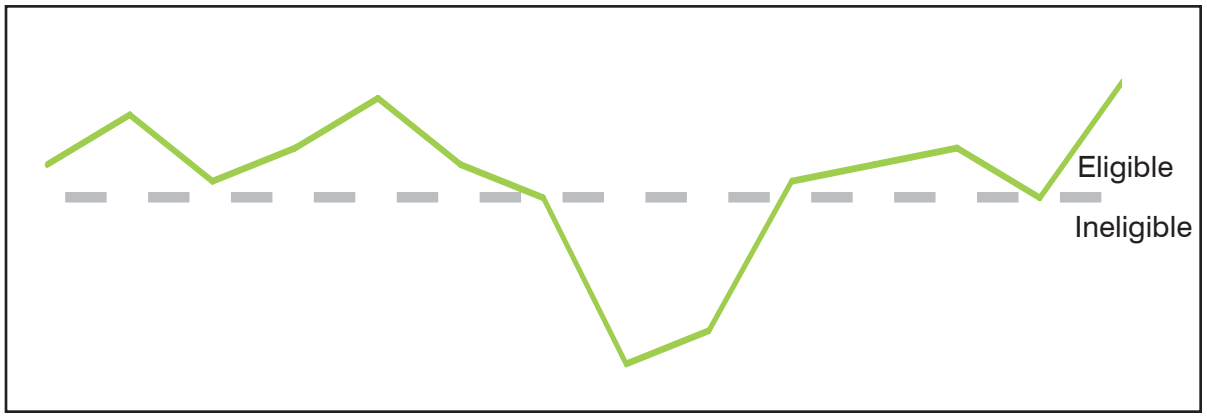
78,000 is a prudent estimate



Milliman, the private actuarial firm used by Governor Otter's Medicaid Redesign Task Force, estimates there are 78,000 Idahoans in the coverage gap. In its practice, Milliman makes projections for insurance companies in order to minimize financial risks. This same approach was used in its consultation with the Task Force, to provide a population figure at the upper end of estimates, designed to avoid unexpectedly high costs.

Idahoans move in and out of benefit eligibility

As their income fluctuates, Idahoans enter and exit the coverage gap



13 months

The average time spent on SNAP in Idaho is 13 months.

75%

In the past six years, 75% of the households that participated in SNAP only did so for one to two periods.

4%

In the past six years, only 4% of Idaho households participated in SNAP continuously. This small group tended to be working households with larger household sizes.

- **Data from the Supplemental Nutrition Assistance Program (SNAP), or food stamps, illustrate how rapidly Idahoans move in and out of eligibility for public assistance, even during recent years that cover a slow economic recovery.***
- **The number of residents in the coverage gap changes every day as Idahoans experience spells of unemployment or reductions in hours and then move into new or higher-paying jobs or secure additional income.**

* **Income levels for SNAP are similar for people who could receive access to coverage if Idaho closes the gap.**

Source: *Armstrong, Richard. "Germane Committee Presentation." Idaho Department of Health and Welfare, Jan. 2016.*

- **The most common industries for workers in the coverage gap may have slim profit margins and the work may be seasonal. These factors can lead to lower annual incomes.**
- **These industries may be more likely to face avoidable employer tax penalties if their workers access tax credits on the marketplace. Closing the gap would eliminate employer fines and save Idaho businesses millions of dollars. (See page 23.)**

Top ten occupations of Idahoans in the gap

1. Restaurants and other food services

2. Construction

3. Child day care services

4. Animal production
(including aquaculture)

5. Landscaping services

6. Hotels/motels

7. Crop production

8. Business support services
(service centers, call centers, collection agencies)

9. Entertainment and recreation

10. Personal care support

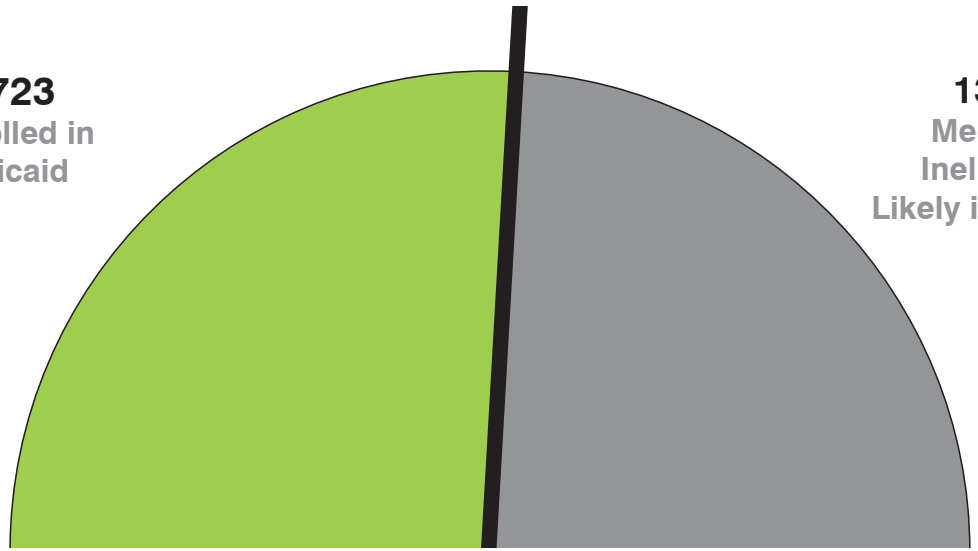
Sources:

United States Census Bureau. 2014 American Community Survey. (Industries included are those with the largest number of uninsured workers, ages 18-64, below 100% of poverty in Idaho.)

Haile, Brian, and Brandes, George. "State Medicaid Choices and the Hidden Tax Surprises from Employers." Jackson-Hewitt Tax Service, Jan. 2014.

Mental health and the coverage gap

Idahoans with Serious Mental Illness



Note: An additional estimated 21,849 adult Idahoans live with a severe mental illness. The service and insurance status of this group cannot be estimated due to lack of information.

- **Serious mental illness affects about 4% of adults everywhere. The most common diagnoses for these adults are depressive, bipolar, schizophrenic, and other psychotic disorders so severe they interfere with major life activities.**
- **In state fiscal year 2015, 14,723 of these adults were served through Idaho's Medicaid program, and 13,503 adults with similar diagnostic characteristics were served with a limited set of non-insurance mental health services delivered through the Department of Health and Welfare.**
- **With a coverage gap solution, the vast majority of Idahoans living with serious mental illness currently receiving limited services could qualify for Medicaid's expanded list of benefits.**

Sources:

Data provided by the Idaho Department of Health and Welfare August, 2016.

Idaho Department of Health and Welfare "Facts and Figures 2015-2016."

Substance Abuse and Mental Health Services Administration, "Serious Mental Illness." Mar. 2016.

- **Many assume that after serving our country, veterans are guaranteed health care, but that is not the case.**
- **Approximately 3,800 uninsured veterans would qualify for health coverage if Idaho closes its gap. An additional 1,200 uninsured spouses of veterans would qualify.**

Idaho veterans in the gap

Idaho's rate of uninsurance for veterans is among the nation's highest at 15%

3,800
Uninsured Veterans

+

1,200
Spouses

Sources:
Haley, Jennifer, and Kenney, Genevieve M. "Uninsured Veterans and Family Members: Who Are They and Where Do They Live?" The Urban Institute, May 2012.

Haley, Jennifer, and Kenney, Genevieve M. "Uninsured Veterans and Family Members: State and National Estimates of Expanded Medicaid Eligibility Under the ACA." The Urban Institute, March 2013.

SECTION 2: BUSINESS AND BUDGETARY IMPACTS

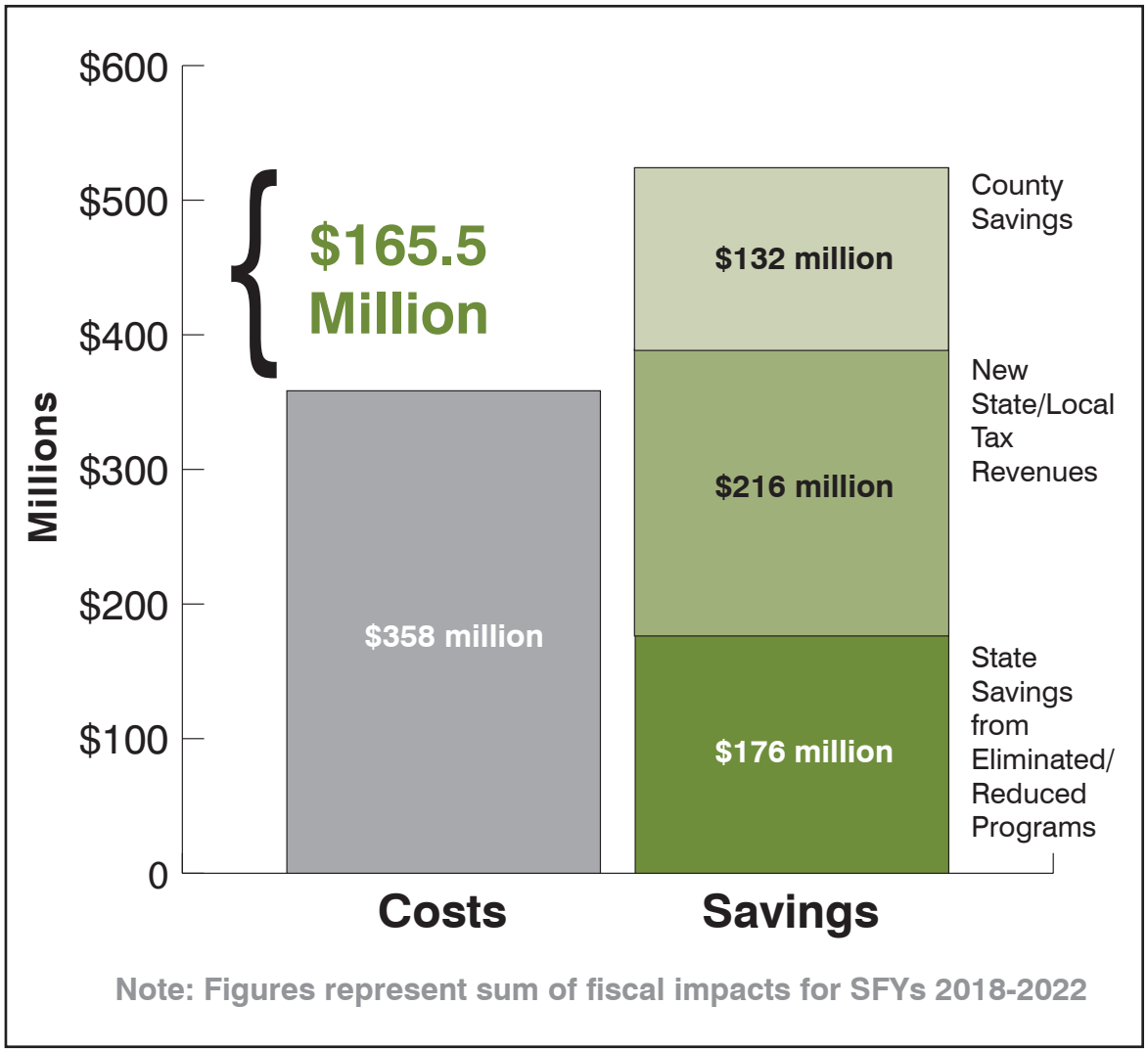
Who pays for the coverage gap now?
Fiscal impact of closing the coverage gap
The return on investment
County and state indigent costs
Reductions in uncompensated care
Idaho businesses face avoidable tax penalties
Comparing state fiscal impacts

Who pays for the coverage gap now and who would pay with a full solution?

Who Pays Now?		Who Would Pay if We Close the Gap?
	Medicaid/Managed Care	✓
✓	State General Fund	✓
✓	Idahoans in the Gap	✓
✓	Counties	
✓	People with Insurance	
✓	Hospitals, Clinics, and Other Providers	

Fiscal impacts of closing the coverage gap

Five year impact of a complete, Idaho-based solution



Note: Figures represent sum of fiscal impacts for SFYs 2018-2022

- **If the state closes the coverage gap, Idaho would see $132 million in savings from eliminated county indigent programs, $216 million in new state and local tax revenues and $176 million in savings from eliminated or reduced state programs.**
- **Over the next five years, Idaho would be required to invest about $358 million in state funds. Adding together the total fiscal impact, Idaho would see a net gain of $165.5 million.**
- **The fiscal impacts were re-calculated in January, 2016 by Milliman, and based on the recommendation of Governor Otter's 2014 task force to redesign Idaho's health system with a hybrid model utilizing a mix of care management and private insurance coverage (known as "Option 3.5"). Additional savings and cost offsets may be available if Idaho opts for a straight managed care plan to close the coverage gap.**

Sources:

Milliman, Inc. "2015 Financial Impact of the Medicaid Expansion on the Idaho Medicaid Budget Including State and County Cost Offsets." Jan. 2016.

Peterson, Steven. "Economic Impacts of Medicaid and the Proposed Medicaid Expansion in Idaho Supported by Federal Government Funding." University of Idaho, Jan. 2016.

- **Substantial economic benefits would accrue if Idaho closes its coverage gap.**
- **Over the next five years, each $1 invested by the state would leverage $9.34 in new federal dollars to the state's health care system and would generate $14.84 in economic output for the state.**
- **By 2022, Idaho could create 13,626 jobs statewide and generate $2.5 billion in wages. New annual state and local revenues would total $216 million.**

Sources: *Peterson, Steven. "Economic Impacts of Medicaid and the Proposed Medicaid Expansion in Idaho Supported by Federal Government Funding." University of Idaho, Jan. 2016.*

The return on investments

Five year estimate of all economic benefits

Leverage and Economic Activity

$9.34 — New federal dollars for each $1 Idaho invests over the next five years

Economic output generated by each $1 Idaho invests over the next five years — **$14.84**

Jobs and Wages

13,626 — Jobs created by 2022

Wages generated over the next five years — **$2.5 Billion**

State and Local Revenue

$216 Million — New state and local revenue over the next five years

County and state indigent costs

A comparison to closing the coverage gap

In 2015, Idaho paid $36 million on medical bills for 3,795 Idahoans through the indigent and catastrophic care programs.

Each figure represents approximately 1,000 individuals.

For an investment of $72 million, Idaho could offer coverage to 117,000 Idahoans (includes 39,000 individuals between 100% and 138% of the federal poverty level).

Each figure represents approximately 1,000 individuals.

- **Counties in Idaho help pay medical bills for individuals who qualify for indigent care. When costs exceed a certain threshold for an individual patient, the state pays the balance, through the state Catastrophic Fund (CAT).**
- **County indigent and state CAT programs are designed to prevent some medical bankruptcies and keep hospitals solvent. The programs shield people with insurance from even greater increases in premiums and out-of-pocket costs. These programs could be eliminated if Idaho closes the gap.**

Sources:

Milliman, Inc. "2015 Financial Impact of the Medicaid Expansion on the Idaho Medicaid Budget Including State and County Cost Offsets." Jan. 2016.

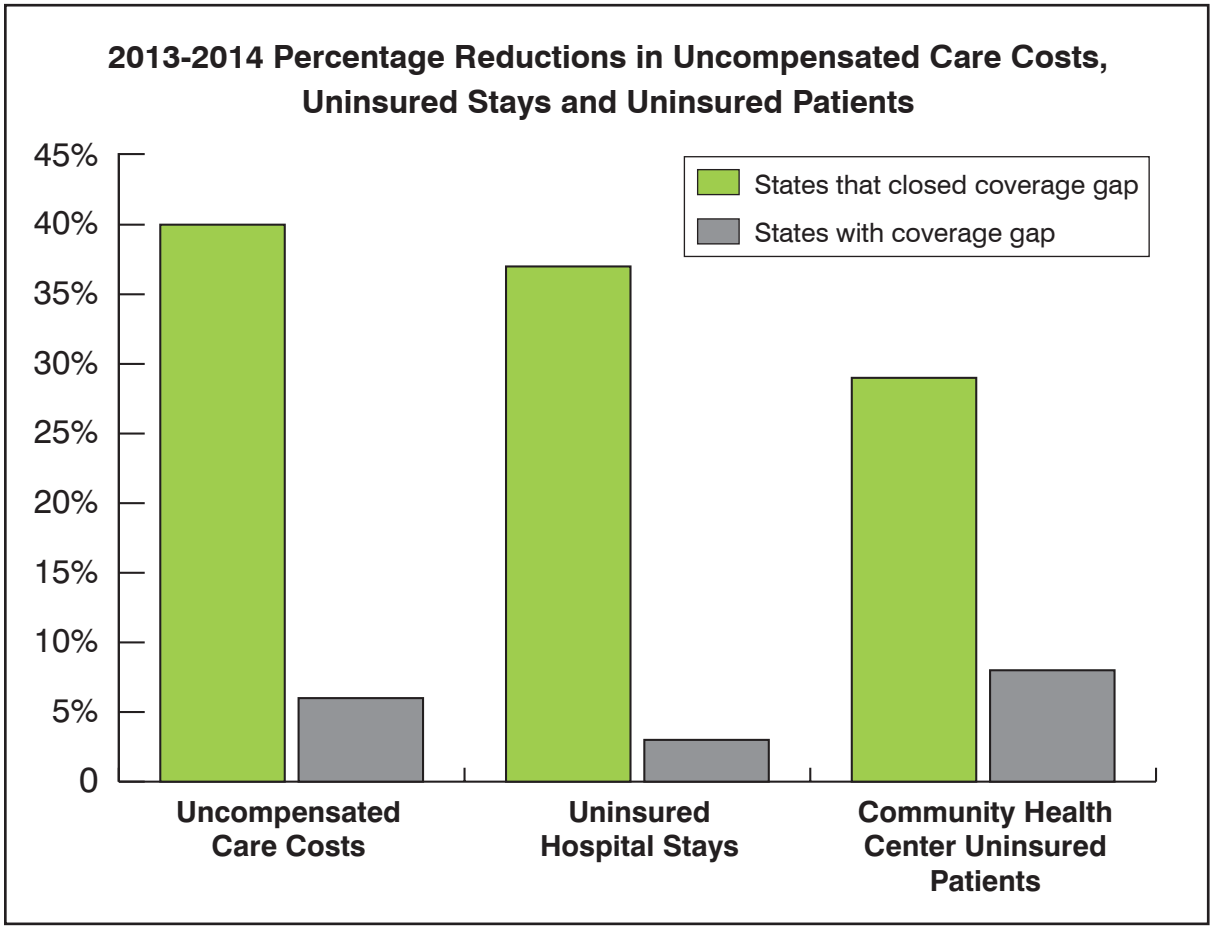
Christenson, Roger. "Catastrophic Health Cost Program. Joint Finance and Appropriations Committee Presentation." January, 2016.

- Four recent studies show that over a two-year span, uncompensated care accrued by nonprofit hospital systems decreased by 40% in states that closed their coverage gaps, compared to a decrease of 6% in states that have yet to close their coverage gaps.
- States that closed their coverage gaps also saw a 37% decline in hospital stays by uninsured patients, compared to only a 3% decline in the remaining states.
- Community health centers located in states that closed their coverage gaps experienced a 29% drop in uninsured patients, while centers in states with a coverage gap experienced an 8% drop in uninsured patients.
- Idaho currently makes payments to hospitals to cover uncompensated care costs through the county indigent and state catastrophic fund.

Source: *Searing, Adam, and Hoadley, Jack. "Beyond the Reduction in Uncompensated Care: Medicaid Expansion is Having a Positive Impact on Safety Net Hospitals and Clinics." Georgetown University Center for Children and Families, June 2016.*

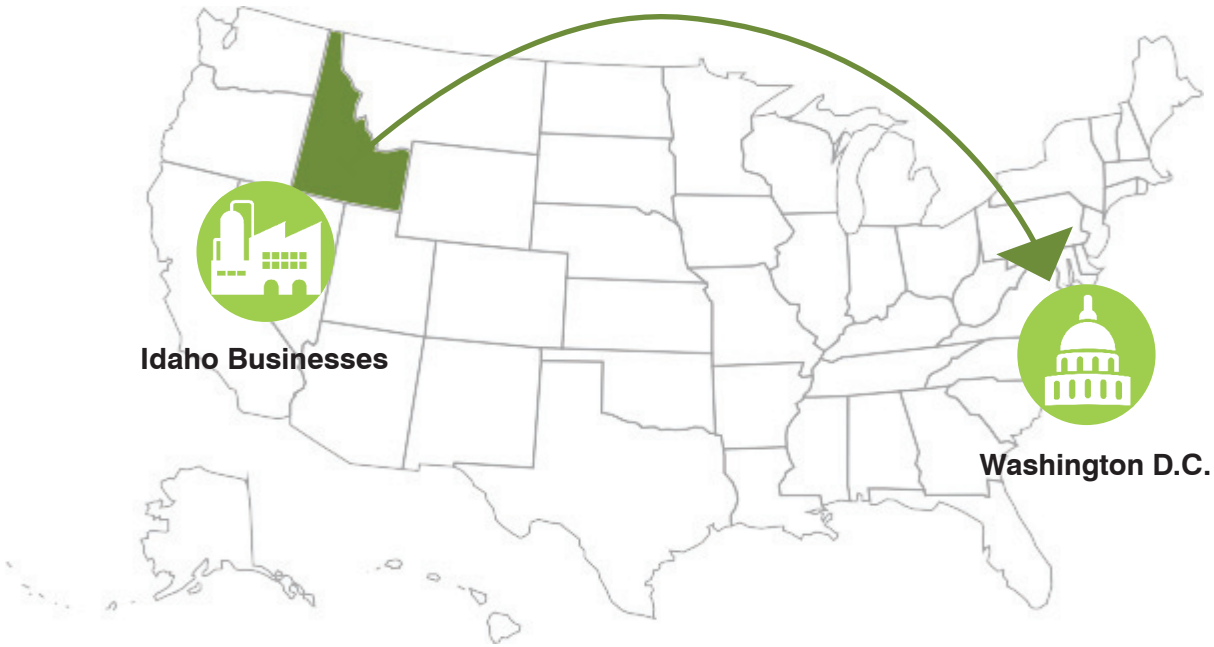
Reductions in uncompensated care

Uncompensated care results in cost-shifting, which drives up the costs of health services and insurance premiums



Idaho businesses face avoidable tax penalties under the status quo

Closing the health coverage gap will prevent Idaho businesses from facing $12 million-$18 million annually in avoidable tax penalties.



- **Today, some businesses face fines if their workers access tax credits on the Your Health Idaho insurance exchange. Fines are at a rate of $3,000 per employee and go directly to Washington, DC.**
- **Closing the gap would provide an alternative affordable coverage option for some of these employees (those between 100% and 138% of the federal poverty level). This would reduce fines for some businesses, saving Idaho employers between $12 million and $18 million annually.**

Source: *Haile, Brian, and Brandes, George. "State Medicaid Choices and the Hidden Tax Surprises from Employers." Jackson-Hewitt Tax Service, Jan. 2014.*

Comparing state fiscal impacts

To date, 31 states and the District of Columbia have closed their coverage gaps. These states represent every region of the country and include red states and blue states. Their experiences can inform Idaho's decision.

According to two recent studies, closing the coverage gap with a complete solution reduces state spending on programs for the uninsured, generates additional revenue from existing insurer or provider taxes, and yields broad economic benefits, including job growth.

KENTUCKY

Implemented in 2014

60% decrease in uncompensated care costs in 2014

$30 million in state mental and behavioral health program savings in the first 18 months

$108.9 million in total savings in the first 18 months

ARKANSAS

Implemented in 2014

56% reduction in uncompensated care costs in the first six months

$17.2 million reduction in state uncompensated care payments to hospitals in the first 18 months of implementation

$6.4 million in state public health savings

MICHIGAN

Implemented in 2014

85% decrease in uncompensated care costs in some hospitals

$190 million in state mental health program savings in 2015

$209 million in total state general fund savings in 2015

Sources:

Cross-Call, Jesse. "Medicaid Expansion Producing State Savings and Connecting Vulnerable Groups to Care." Center on Budget and Policy Priorities, June 2016.

Bachrach D., Boozang P., Herring A., and Reyneri D. "States Expanding Medicaid See Significant Budget Savings and Revenue Gains." State Health Reform Assistance Network, March 2016.

SECTION 3: SOLUTIONS TO THE COVERAGE GAP

Waivers and delivery options

Health care makes a difference

An Idaho family in the gap

Idaho is in the driver's seat

Appendix A: Poverty levels

Appendix B: Five year overview of state fiscal impacts

- **Section 1115 waivers are an option for states to develop a custom model to close their health coverage gap. There is no deadline for states to design a waiver.**
- **While each waiver is unique, they include some common provisions, such as charging premiums, using healthy behavior incentives, and requiring co-payments.**
- **Six states have implemented unique plans to close their coverage gaps through approved section 1115 waivers. Two additional states have waivers pending approval.**

Waivers and delivery options

Waiver Provision	State Approved Waivers
Premium Assistance	AR, IA, IN, NH
Premiums / Monthly Contributions	AR, IA, MI, IN, MT
Healthy Behavior Incentives	IA, MI, IN
Customized Benefit Packages	IA, IN
"Reasonable Promptness" or Coverage Enrollment Date Flexibility	IN
Waive Retroactive Eligibility	IN, NH
Additional Co-Payments	IN
12-Month Continuous Eligibility	MT

*Each of the approved and pending section 1115 waivers is unique, but there are some common themes. The chart summarizes key provisions chosen by the state for approved waivers.

Source: *Rudowitz, Robin, and Musumeci, MaryBeth. "The ACA and Medicaid Expansion Waivers." The Henry J. Kaiser Family Foundation, Nov. 2015.*

Health care makes a difference

Several recent studies demonstrate the value of health insurance to individuals and the health system

HEALTH INSURANCE IMPROVES FINANCIAL HEALTH

Uninsured adults are 82% more likely to have been sent to collections for an unpaid medical bill.

Over 24% of uninsured adults said worry about medical costs affected their job performance, family relationships, or ability to sleep.

Medical debt contributes to half of all bankruptcies in the U.S. 32% of uninsured adults said they were carrying medical debt.

HEALTH INSURANCE IMPROVES PHYSICAL HEALTH

Closing the coverage gap in Idaho could save between 76 and 179 lives a year.

Uninsured adults in Idaho delay seeking medical care, resulting in delayed diagnoses with worse outcomes.

Compared to an insured workforce, uninsured employees miss more work days, resulting in costly turnover for Idaho employers.

COMMUNITIES AND THE HEALTH SYSTEM SAVE MONEY WITH HEALTH INSURANCE

When medical bills go unpaid, the cost of that care increases health care costs for all of us.

State and county indigent funds, paid for by Idaho tax dollars and county property taxes, are being used to pay for millions of dollars in emergency care costs for the uninsured.

Ultimately, the costs of caring for the uninsured are shifted to all health care consumers.

Sources:

The Henry J. Kaiser Family Foundation "Key Facts about the Uninsured Population." Oct. 2015.

Dammrose, Doug. "Moving Indigent Care from Incident-Based to Systematic Care in Idaho." Aug. 2014. Retrieved from https://gov.idaho.gov/priorities/MedicaidExpansion.html.

Hu, K., Kaestner, R., Mazumder, B., Miller, S., and Wong, A. "The Effect Of The Patient Protection And Affordable Care Act Medicaid Expansions On Financial WellBeing." National Bureau of Economic Research, April 2016.

An Idaho family in the gap

An Idaho Family

Samantha lives in Rexburg, Idaho with her husband and one-year old daughter. Samantha's husband attends BYU-Idaho full time and is majoring in Electrical Engineering. He works part time as a maintenance worker at an apartment complex.

Samantha's story was collected in August 2016.

In the Health Coverage Gap

After their daughter was born, Samantha began experiencing severe pain. While she was pregnant, and for a short time afterwards, she was eligible for Medicaid. Her doctors tried to determine the cause of her pain and thought she might have a serious illness like ovarian cancer. Her time on Medicaid ran out before she could see a specialist. She now falls into the coverage gap because the family's income is above the Medicaid eligibility level, but too low for the marketplace.

Too Sick to Work

Samantha enjoys being at home to raise her daughter, but she would like to find part-time work to add to her family's income. She has not been able to work outside the home because her day-to-day pain prevents her from sitting or standing for long periods of time. Samantha's husband worries every day about her health and feels guilty that he doesn't make enough money to provide her with the health insurance she needs.

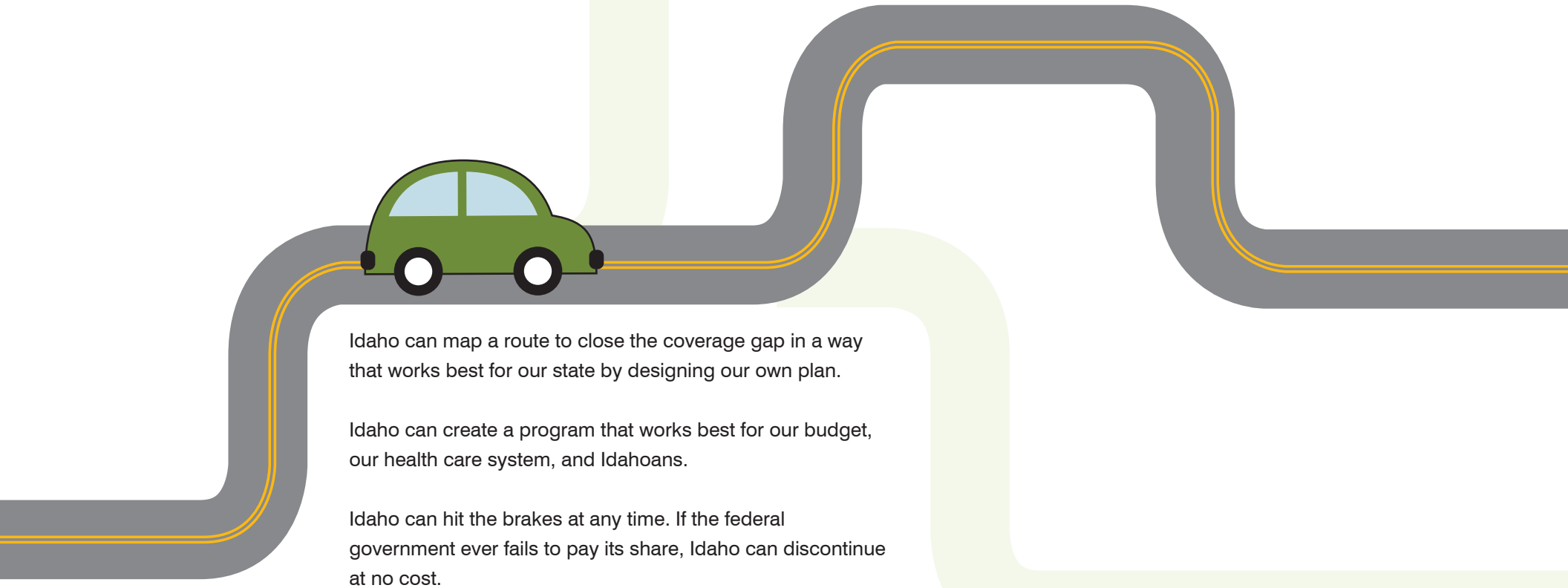
Securing a Better Future

This family has big dreams. Samantha completed one year of college before having her daughter. She plans to finish her degree when her daughter is ready for school. Samantha would like to become a public school counselor in her hometown of Rexburg.

Someday, this family will not fall in the gap, but for now, lack of access to health care prevents Samantha from working and causes worry and stress in her family. Closing the coverage gap would help Samantha receive a diagnosis and treatment for what could be a life-threatening illness.

Idaho is in the driver's seat!

Idaho's Road to Closing the Gap



Idaho can map a route to close the coverage gap in a way that works best for our state by designing our own plan.

Idaho can create a program that works best for our budget, our health care system, and Idahoans.

Idaho can hit the brakes at any time. If the federal government ever fails to pay its share, Idaho can discontinue at no cost.

Appendix A: Poverty levels

FEDERAL POVERTY LEVEL BY FAMILY SIZE, 2016

Family Size	100% Federal Poverty Level Annual Income	138% Federal Poverty Level Annual Income
1	$11,880	$16,394
2	$16,020	$22,108
3	$20,160	$27,821
4	$24,300	$33,534
5	$28,440	$39,247
6	$32,580	$44,960

Source: *The U.S. Department of Health and Human Services. "U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs." Jan. 2016. Retrieved from https://aspe.hhs.gov/poverty-guidelines*

The Idaho Department of Health and Welfare. "Who is Eligible?" Retrieved from http://healthandwelfare. idaho.gov/

ANNUAL INCOMES OF PEOPLE IN THE COVERAGE GAP, 2016

Family size	Annual Incomes of People in the Coverage Gap
Adults without dependent children	
1 person	$0 to $11,880
2 people (married couple)	$0 to $16,020
Parents of dependent children	
2 people (parent & child)	$4,165 to $16,020
3 people	$5,241 to $20,160
4 people	$6,318 to $24,300
5 people	$7,394 to $28,440

Appendix B: Five year overview of state fiscal impacts

PROJECTED FISCAL IMPACTS FOR MANAGED CARE WAIVER UP TO 100% FPL, PRIVATE INSURANCE FOR 100%-138% (IN MILLIONS)

	SFY18	SFY19	SFY20	SFY21	SFY22	Cumulative Total
Projected state savings from eliminated programs	33.3	34.2	35.2	36.2	37.2	176.1
Projected county savings from eliminated programs	24.3	25.3	26.3	27.4	28.5	131.8
New State Costs	($45.4)	($55.1)	($73.0)	($89.4)	($95.5)	($358.4)
Net Fiscal Impact (Savings Less Costs)	$12.2	$4.4	($11.5)	($25.8)	($29.8)	($50.5)
Additional Revenue from Economic Impact (State and Local)	$38.9	$41.0	$42.9	$45.1	$48.2	$216.0
Total Fiscal Impact (Savings Plus New Revenue)	**$51.1**	**$45.4**	**$31.4**	**$19.3**	**$18.4**	**$165.5**

There is a positive fiscal impact for every year and a total positive fiscal impact of $165.5 million over five years.

FEDERAL MATCH OVER FIVE YEARS

	SFY18	SFY19	SFY20	SFY21	SFY22
Federal dollars leveraged	$602.2	$635.8	$664.3	698.1	$745.9
Federal Medical Assistance Percentage (FMAP) Rates	95%	94%	92%	90%	90%

Sources:

Milliman, Inc. "2015 Financial Impact of the Medicaid Expansion on the Idaho Medicaid Budget Including State and County Cost Offsets." Jan. 2016.

Peterson, Steven. "Economic Impacts of Medicaid and the Proposed Medicaid Expansion in Idaho Supported by Federal Government Funding." University of Idaho, Jan. 2016.

Close the Gap

IDAHO