

**THE ENROLLMENT AND
ECONOMIC IMPACTS OF
MEDICAID EXPANSION ON
MISSOURI**

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*Prepared by:
University of Missouri
School of Medicine
Department of Health
Management and
Informatics
&
Dobson DaVanzo &
Associates, LLC,
Vienna VA*

University of Missouri School of Medicine
Department of Health Management & Informatics

Lanis L. Hicks, Ph.D.

Sue Boren, Ph.D.

Ricky Leung, Ph.D.

Adam Bouras

Ashley Kimberling

Kyle Myers

Dobson DaVanzo & Associates, LLC

Joan DaVanzo, Ph.D., M.S.W.

Steven Heath, M.P.A.

Greg Berger

Al Dobson, Ph.D.

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Underlying Assumptions

This study examines the enrollment, economic, and tax impacts of the Medicaid expansion on Missouri; Medicaid expansion was created under the Patient Protection and Affordable Care Act, more commonly known just as the Affordable Care Act (ACA). In performing the study, the 3.0 version of the IMPLAN model was used to generate the potential impact of Medicaid expansion on Medicaid enrollment, Medicaid expenditures, jobs created, labor income, taxes generated, and the impact it could have on private insurance premiums.

IMPLAN 3.0 is an input-output model used to examine the impact of changes (expanding or contracting) that occur in an industry or economy. In performing the analysis, a number of important assumptions were made. As decisions were made about the Missouri-specific data to include in the model, the approach was to be conservative. This included using the household multipliers in IMPLAN, which reflect household spending resulting from the infusion of resources. In addition, the results involve the net value-added output to the economy, not the total output. This is consistent with the way national and state GDPs are calculated. As a result, the findings in this report should be viewed as representing a very conservative estimate of the potential impact of Medicaid expansion on Missouri, which is consistent with economic theory.

- Missouri will begin to participate in the Medicaid expansion in 2014
- The potential population included only individuals ages 19-64
- From the potential population only individuals with incomes at or below 138% of the federal poverty level (FPL) were included
- Of the individuals at or below 138% of the poverty level, only those uninsured were included
- Of these potentially eligible individuals, it was assumed only 73% would actually enroll in Medicaid
- The initial cost per Medicaid enrollee was assumed to be \$6,556, based on historic Medicaid costs for adult services, excluding nursing facilities and Part D premiums
- The Federal share of the costs during 2014-2020 will be 96.1%

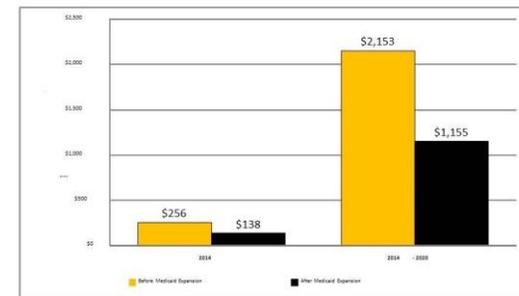
Once the key assumptions involving eligibility, enrollment, and cost were established, these factors were included in the IMPLAN model to estimate the impact of Medicaid expansion on Missouri. In addition to estimating the direct effect of Medicaid expansion on Missouri, the indirect and induced effects associated with the infusion of federal dollars into the state were calculated. The data used in the model were obtained at the county level, and then the county data were aggregated into the ten Workforce Investment Areas (WIAs) of Missouri. State level calculations were not simply the aggregation of the WIAs, but instead were performed separately to minimize the distortions that might occur from interactions among the WIAs.

Executive Summary

Effect of Medicaid Expansion on Private Insurance Premiums:

- **Cost Shift:** A cost shift occurs when some payers underpay hospitals and other health care providers relative to the costs of providing care. These costs may then be passed on to private payers in the form of higher premiums
- Given no change, the average private insurance premium for a family of four in Missouri was \$12,754 in 2010 and is projected to cost \$14,992 in 2014
- Of the growth in Missouri insurance premiums from 2010 to 2014, cost shifting from the uninsured represents \$434 of this growth
- When the full effects of Medicaid expansion are realized, the elimination of cost shifting means a family of four could expect to save \$1,688 due to reduced premiums over the period 2014-2020, and an individual would save \$610 over this timeframe
- Across the period 2014-2020, privately insured individuals and families could potentially save nearly \$1 billion due to reductions in premiums

Projected Reduction in Total Private-Sector Premiums

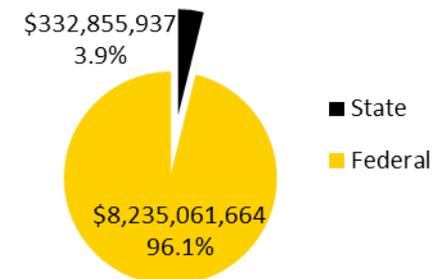


Source: DeBosch | DeVanzo update of research performed by Kenneth Thorpe for Families USA based on analysis of 2010 Medical Expenditure Panel Survey, 2011 National Health Expenditure Accounts, and University of Missouri analysis of 2010 Missouri IMPLAN data.

Cost of Medicaid Expansion:

- The estimated average health care cost of an adult individual enrolled in Missouri Medicaid was \$6,556 in 2011
- From 2014 to 2020, the federal government will contribute \$8.2 billion to Missouri's Medicaid expansion (96.1% of total expansion costs)
- From 2014 to 2020, the Missouri government will contribute \$332.9 million to the Medicaid expansion (3.9% of total expansion costs)

Federal and State Contributions to Medicaid Expansion Program for 2014-2020



Expected Increase in Medicaid Eligibility and Enrollment with Expansion:

- Between 2014 and 2020, the population 19-64 at or below 138% of the federal poverty level in Missouri is projected to increase by 2.24%, from 429,256 to 438,851
- With the expansion of Medicaid, in 2014, 218,165 additional Missourians would be eligible for Medicaid, and this number would grow to 220,932 by 2020
- Approximately 73% of newly eligible enrollees would enroll in Medicaid; this will result in an estimated 161,281 new enrollees in the Medicaid program in 2020

Summary: Medicaid expansion would be highly beneficial to the Missouri economy and its citizens

THE ENROLLMENT AND ECONOMIC IMPACTS OF MEDICAID EXPANSION ON MISSOURI

Introduction

The Department of Health Management and Informatics (HMI), School of Medicine, at the University of Missouri and Dobson DaVanzo & Associates, LLC, were commissioned by the Missouri Hospital Association (MHA) and the Missouri Foundation for Health (MFH), to determine the potential Medicaid enrollment, economic, and tax impacts on Missouri, if the state participates in the Medicaid expansion created under the Patient Protection and Affordable Care Act, more commonly known just as the Affordable Care Act (ACA).

Our goal was to examine baseline estimates of Missouri Medicaid enrollment and the Missouri economy in the absence of Medicaid expansion to determine how Missouri could look with Medicaid expansion. To accomplish this, a series of simulation models was developed. The first estimates are on the increased enrollment in and direct federal and state expenditures on Medicaid due to the implementation of the expansion offered by ACA (the Hilltop Institute, 2012). Second, the simulation model then estimates the value-added economic and tax impact on the state's economy, as well as impacts on private employer health insurance premiums, if the state participates in the Medicaid expansion.

The economic and tax models are based on the IMPLAN (Impact Analysis for Planning) professional 3.0 model building software and data package (Minnesota IMPLAN Group, 2010 data). The economic model can be updated as new data become available or as changes are made in underlying assumptions. The multipliers employed in this study are those associated with households. The household multiplier involves the income and purchases of individuals, but does not include government entities, since any new capacity created by the government entities must ultimately be financed by output in the economy.

The outcomes reported in this study reflect the value-added contributions to the state gross output. Value added reflects the difference between an industry's total output and the cost of its intermediate inputs. It equals gross output (sales or receipts and other operating income, plus inventory change) minus intermediate inputs (consumption of goods and services purchased from other industries or imported). Value added consists of compensation of employees, taxes on production and imports less subsidies, and gross operating surplus. Gross value added is the value of output less the value of intermediate consumption; it is a measure of the contribution to gross domestic product (GDP) made by an individual producer, industry, or sector. The results of this study, therefore, are conservative and do not estimate the contribution to total expenditures on health care. While conservative, the model employed is consistent with economic theory. The value-added approach was selected to avoid the double-counting that occurs when total output is used. Value added does not include the value of intermediate products used in production, while total output also counts the value of these intermediate products in its determination of contributions to the economy.

Overview of Medicaid Expansion Option

The Patient Protection and Affordable Care Act was enacted in March 2010. A significant feature of the health care reform law is an expansion of Medicaid to cover a larger number of low-income individuals, beginning January 1, 2014. Since each state administers its own Medicaid program in partnership with the federal government, the ACA Medicaid expansion will affect each state differently. Under our current Medicaid program,

- Missouri covers parents with incomes at or equal to 19% of the federal poverty level (FPL)
- Pregnant women under 185% of the FPL
- Disabled individuals under 85% of the FPL
- Missourians 65 and older up to 85% of the FPL
- Blind individuals up to 85% of the FPL
- Qualified Medicare beneficiaries up to 100% of the FPL
- Children under age 19 under 300% of the FPL (Missouri Foundation for Health, 2011).

The eligibility criteria for the various groups of individuals currently covered by Medicaid in Missouri are not dissimilar to those of most other states in the U.S. Presently, 18 states, including Missouri, cover pregnant women up to 185% of the FPL, and 15 states, including Missouri, and the District of Columbia (DC) cover children up to 300% of the FPL (with only two states covering a higher income level above the FPL criteria). However, 42 states and Washington DC have higher FPL criteria for the coverage of parents than Missouri (Kaiser Commission on Medicaid and Uninsured, 2012). Under the current Medicaid program, Missouri covers 39.9% of all children, and a remaining 4.4% of children are eligible but not enrolled (American Academy of Pediatrics, 2012).

Under Medicaid expansion, Medicaid would expand to cover all non-Medicare eligible individuals under age 65 whose incomes are up to 133% of the federal poverty level (FPL), effectively including incomes up to 138% of the FPL, since the regulations disregard 5% of incomes within the FPL. Modified adjusted gross income will be used to determine the eligibility of individuals under Medicaid expansion.

The expansion under ACA represents the largest eligibility expansion in Medicaid since its inception in 1965. With the expansion, newly eligible adults will receive a benefit package meeting federal requirements and benchmarks, and have the same essential health benefits offered to individuals currently on Medicaid (Kaiser Commission on Medicaid and Uninsured, 2012). In Missouri, children will continue to be covered up to 300% of FPL under the current Medicaid program.

The expanded coverage applies to uninsured adults, as long as they meet citizenship requirements, are not incarcerated, are not entitled to Medicare, and were not eligible to participate in the current Medicaid program (Sommers & Epstein, 2010). The Medicaid

expansion program is designed to cover only individuals who qualify under the new eligibility criteria; individuals currently eligible for Medicaid coverage but not enrolled are not eligible for coverage under the expansion program. These eligible but not enrolled individuals will remain eligible under the conditions of each state's current Medicaid program coverage. Consequently, in the following analysis, the focus is on the population ages 19-64 whose income is at or below 138% of the FPL and who are currently not eligible for or enrolled in Medicaid coverage.

Medicaid Nationally and in Missouri

Medicaid (Title XIX of the federal Social Security Act) plays a major role in the US health care delivery system, currently accounting for about 1/6 of all health care spending. However, 66% of all Medicaid spending in Missouri is for the 28% of the population that is elderly and disabled enrollees. In addition, Medicaid, a jointly administered and funded state and federal health insurance program, represents the largest source of federal revenue for most states (through federal matching payments). Payments support the ability of states to finance health care coverage for their population.

The MO HealthNet Division of the Missouri Department of Social Services (DSS) administers the Missouri Medicaid program and provides for payment of Medicaid covered services. The Family Support Division in DSS determines eligibility for individuals and families. In 2011, Missouri's MO HealthNet covered about one out of every seven Missourians. MO HealthNet state expenditures account for about 28% of the total state budget, with over 60% of the funding coming from the federal government (Missouri Foundation for Health, 2011).

State participation in Medicaid expansion is now optional. Originally, the ACA required all states to expand eligibility criteria, warning that if states refused to participate all federal dollars from their current Medicaid programs would be withheld. However, 26 states filed a joint lawsuit and two states (Missouri and Virginia) filed individual lawsuits against the federal government, claiming the ACA was unconstitutional (National Conference of State Legislatures, 2012). On June 28, 2012, the US Supreme Court ruled that while the ACA was constitutional, the federal government could not withhold federal dollars from the Medicaid program if a state chose not to participate in the Medicaid expansion. Therefore, the decision is now up to the individual state as to whether and when it would like to opt in or opt out of participating in the Medicaid expansion. Since the Medicaid expansion program is voluntary, states do not have a deadline for deciding whether to opt in to the expansion, and will be allowed to opt out of the expansion at any time without penalty (Kaiser Health News, 2012).

Funding under ACA Medicaid Expansion

For states that choose to opt in to the Medicaid expansion, 100% of newly eligible enrollees' health care costs will be covered by the federal government from 2014 to 2016.

During this time, the states will not have to use their budget to cover newly eligible enrollees. Beginning in 2017, the federal government will continue to pay for 95% of the new enrollees’ costs, with participating state governments having to cover the remaining 5%. The federal government will then continue to assume a progressively smaller portion of total costs each subsequent year, paying 94% in 2018, 93% in 2019, and 90% in 2020. For all subsequent years following 2020, the federal government will continue to pay 90% of new enrollees’ costs (Kaiser Family Foundation, 2010). Table 1 provides a summary of the federal government’s share of the cost associated with the new enrollees.

Table 1: Federal Government Payment for Newly Eligible Enrollees	
Year	Federal Percent
2014	100%
2015	100%
2016	100%
2017	95%
2018	94%
2019	93%
2020	90%

The ACA also authorizes states to create health insurance exchanges. While these exchanges are closely related to the Medicaid expansion program, individuals expected to use the health insurance exchange are not included in our Medicaid expansion analysis, since they are above the income criteria of the expansion program and are not eligible to participate in the program. (See Appendix for details on the ACA health insurance exchanges.)

Geographic Areas of Analysis

In addition to a state-level analysis of Missouri, additional analyses were conducted for each of the state’s 10 workforce investment areas (WIAs). Because the U.S. and state departments of labor aggregate employment numbers by WIA, it is helpful to look at economic and job growth in this way. Workforce Investment Areas were created under the Workforce Investment Act of 1998 and are designed “to consolidate, coordinate, and improve employment, training, literacy, and vocational rehabilitation programs” (P.L. 105-220). Missouri is divided into regional areas, each administered by a local board. The state board provides oversight for the local areas. Figure 1 provides a map indicating the location of the 10 WIAs in Missouri analyzed in this report.

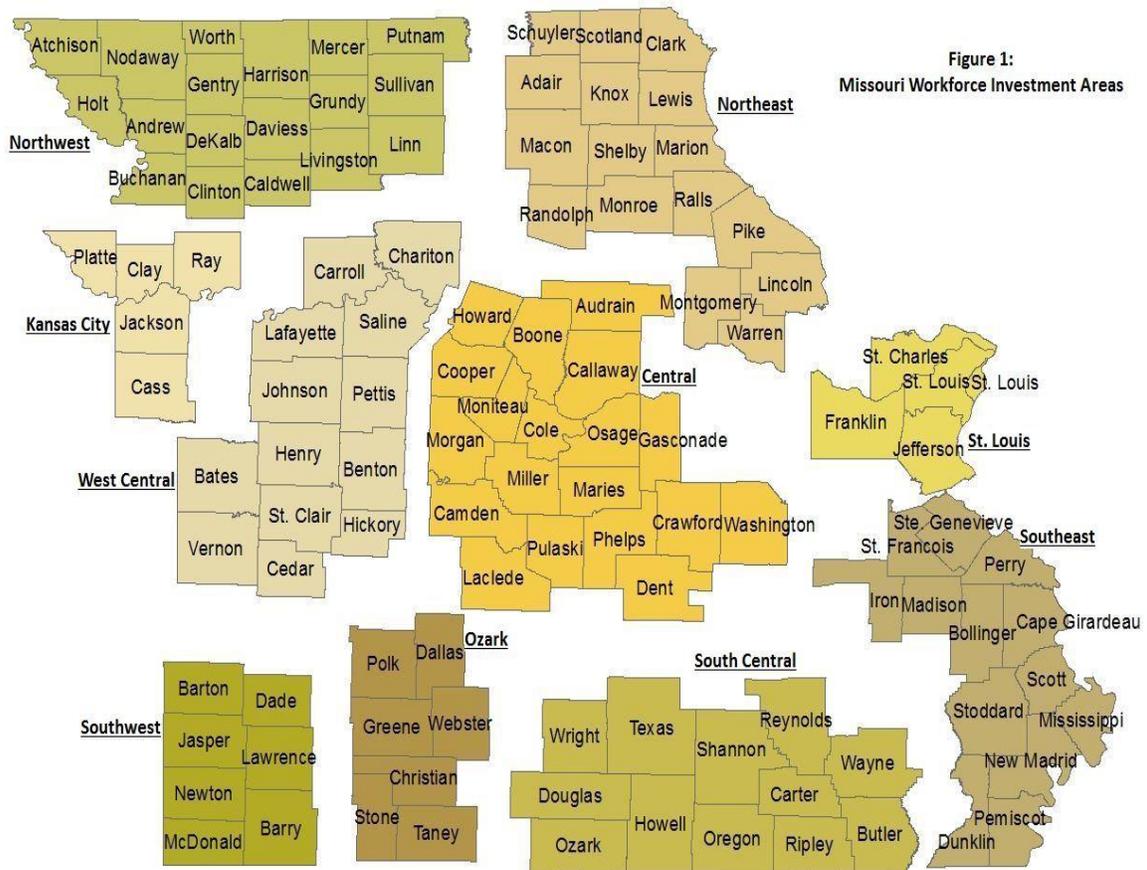


Figure 1:
Missouri Workforce Investment Areas

Assumptions in Model

In assessing the potential economic impact of Medicaid expansion on the state of Missouri, it was necessary to make certain assumptions during the development of the economic impact models. In future years, as decisions are solidified and data become more current and available, the economic impact models can be updated accordingly, potentially improving the accuracy of the projected impact.

In performing the study, the 3.0 version of the IMPLAN model was used to generate the potential impact of Medicaid expansion on Medicaid enrollment, Medicaid expenditures, jobs created, labor income, taxes generated, and the impact it could have on private insurance premiums. IMPLAN 3.0 is an input-output model used to examine the impact of changes (expanding or contracting) that occur in an industry or economy. In performing the analysis, several important underlying assumptions were made. As decisions were made about the Missouri-specific data to include in the model, the approach was to select the most conservative set of options available to be included. As a result, the findings in this report should be viewed as representing a very conservative estimate of the potential impact of Medicaid expansion on Missouri.

Our assumptions are predicated upon Missouri deciding to participate in the Medicaid expansion program beginning in 2014. Our assumptions are as follows:

1. The first assumption involved deciding which populations were potential candidates for inclusion in the Medicaid expansion. From the total population, it was determined to exclude individuals over the age of 64, since the ACA excluded individuals covered under Medicare. Since the Medicaid expansion only covers individuals up to and including 138% of the FPL, individuals under the age of 19 were also excluded since Missouri covers this age cohort up to 300% of poverty. Therefore, the population included in the analysis only included individuals ages 19-64. Population data were obtained from the Missouri Office of Administration, Bureau of Planning by age cohort and projections from 2010 to 2020.
2. The next assumption involved reducing the total population 19-64 to include only those who had income at or below 138% of the FPL. Information on the number of individuals by age cohort at or below 138% of the FPL in 2010 was obtained from the U.S. Census Bureau. The percent of the population at or below 138% of the FPL was assumed to remain constant during the period 2010 to 2020. This percent was then multiplied by the population 19-64 in each year to determine the population 19-64 and at or below 138% of the FPL.
3. Individuals who have health insurance are excluded from the estimation of individuals eligible for coverage under the Medicaid expansion. The baseline percent of the uninsured population ages 19-64 and at or below 138% of the FPL in 2010 are assumed to remain constant over the projected period. This rate of the uninsured in each county is used to estimate the future number of uninsured individuals who are ages 19-64 and at or below 138% of the FPL by multiplying it by the projected total population ages 19-64 and at or below 138% the FPL for the period spanning 2014 to 2020. The county data on the uninsured were obtained from the U.S. Census Bureau (2012).

We assume that there will be no crowd-out from private health insurance plans to Medicaid. According to Kaiser Family Foundation (StateHealthFacts.org), approximately 23% of individuals in Missouri under age 65 and at or below 138% of the FPL have employer-based or individual private health insurance. And, while it is possible some of these individuals will switch to Medicaid once they become eligible, information needed to make a credible projection regarding the actual number switching insurance is not available, and so this factor was not incorporated into the calculations in this report.

4. It is assumed that the rate of unemployment by county in Missouri will parallel the rate of population growth; therefore, population growth will produce no net effect on the number of individuals unemployed. A study by Holahan & Garrett (2009) found a positive relationship between the number of uninsured and the unemployment rate, and how this relationship can affect the number of Medicaid enrollees. However, the study did not investigate the impact of unemployment on the number of uninsured at the county level.

Alternatively, a study that investigated the adjustment of unemployment at the county level found that the unemployment rates change slowly over time (Moomaw, 1995).

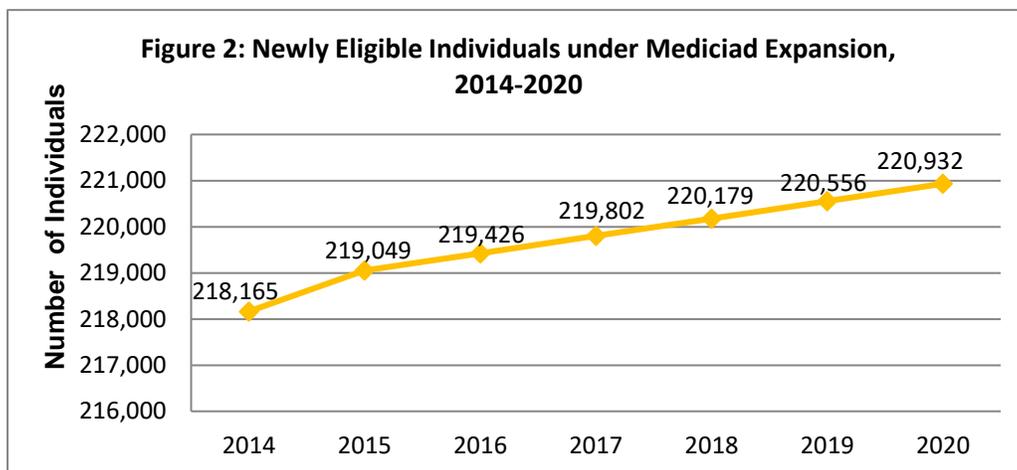
5. Once the number of newly eligible individuals was estimated, the percent of those eligible who would actually enroll in Medicaid was selected. Based on current Medicaid enrollment data for Missouri, and information from the Congressional Budget Office, the Urban Institute, and the Kaiser Family Foundation, a rate of 73% was selected. This rate was also held constant over time. Much of the pent-up demand for services that will be delivered to newly enrolled individuals when they receive a Medicaid card will occur during the initial three years of the Medicaid expansion and the federal government will pay 100% of the costs.
6. In establishing the projected cost per new Medicaid recipient to be included in the model, 2011 monthly Medicaid data obtained from MO HealthNet on expenditures and enrollees per category of services were summed to obtain weighted annual estimates and these annual costs were used. In deriving the expenditure data to include, the categories covering payment for nursing facilities and Part D premiums were excluded; also excluded were the categories predominantly covering individuals 18 years of age and under (e.g., foster care, child welfare services, MAF children, HDN, etc.) since it was assumed these individual are not eligible for Medicaid expansion since they are currently eligible for coverage under Missouri Medicaid. The total expenditures associated with the selected categories were divided by the total number of enrollees in those categories to obtain an average cost per enrollee.
7. The administrative costs of the Medicaid program are assumed to be 5% of total Medicaid expenditures. This administrative cost assumption is based on current Medicaid administrative costs in the Missouri Medicaid fee-for-service program.
8. This 2011 cost period forms the basis for the cost, but is adjusted for projected inflation for the period 2014 – 2020, based on the average rate of increase in Medicaid during the past five years; this rate is held constant over time. Several studies (Glied & Little, 2003; Gulley, Rasch, & Chan, 2011; Billings, Parikh, & Mijanovich, 2000) formed the foundation for the assumptions behind establishing the base rate for the newly enrolled population.

Insurance Coverage under Medicaid Expansion

An individual's access to health insurance has substantial implications for his or her health status. Individuals without health insurance consistently have a lower health status than those with insurance, typically due to a lack of utilization of preventive services and screenings. Additionally, reduced access to medical care for acute and chronic illness equates to overall poor health outcomes for the uninsured (Cover Missouri, 2011). As uninsured individuals have lower utilization of preventive services, they typically only receive care in urgent or emergent situations. This has negative direct and indirect impacts on health systems and society through

the following: 1) increased costs to commercial insurance and public programs, such as Medicare and Medicaid; 2) misuse of emergency departments and averted resources for acute care of the uninsured; and 3) loss of work productivity when uninsured individuals experience health problems (Cover Missouri, 2011).

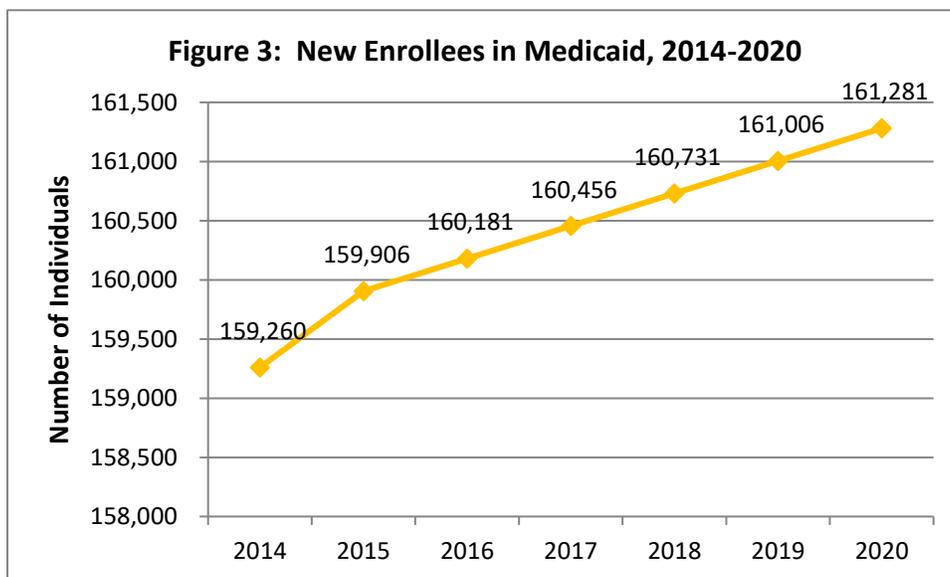
Figure 2 provides information on the projected growth in the number of uninsured Missourians who are ages 19-64 and at or below 138% of the FPL between 2014 and 2020 who would be eligible for coverage under the Medicaid expansion program. As indicated, the number of newly eligible individuals is projected to grow from 218,165 in 2014 to 220,932 in 2020. Changes in the population ages 19-64 and at or below 138% of the FPL vary substantially among WIAs across the state. For example, the Ozark WIA’s population in this cohort is projected to increase by 7.0% between 2014 and 2020, from 21,718 to 23,248. Alternatively, the South Central WIA’s population in this cohort is projected to decrease by 2.2%, from 13,208 to 12,914 during this period of time. Table 3a in the Appendix provides an overview of the projected number of newly eligible individuals ages 19-64 and at or below 138% of the FPL in the state of Missouri by WIA between 2014 and 2020 who would be eligible for coverage under the Medicaid expansion program.



Model Inputs—New Medicaid Enrollees under Medicaid Expansion

The first step in estimating the impact of the Medicaid expansion on the state of Missouri is to estimate the number of new enrollees in Medicaid under the expanded coverage. Not all individuals newly eligible for enrollment will participate in the Medicaid program, even if they are eligible. The foundation for this estimate of new enrollees is the model assumption that 73% of the number of newly Medicaid eligible individuals in the state will enroll under Medicaid expansion. This assumption is based upon information provided by the Congressional Budget Office (2012) on Medicaid enrollment in the expansion program. As reflected in the data contained in Table 4a in the Appendix, this assumption results in an estimated 159,260 new enrollees in the Medicaid program in 2014 and 161,281 in 2020. As the data indicate, the

largest growth in new Medicaid enrollees is in the St. Louis Workforce Investment Area, reflecting the larger population base in that geographic area. Figure 3 shows the projected growth in Medicaid enrollees under the expansion program between 2014 and 2020.

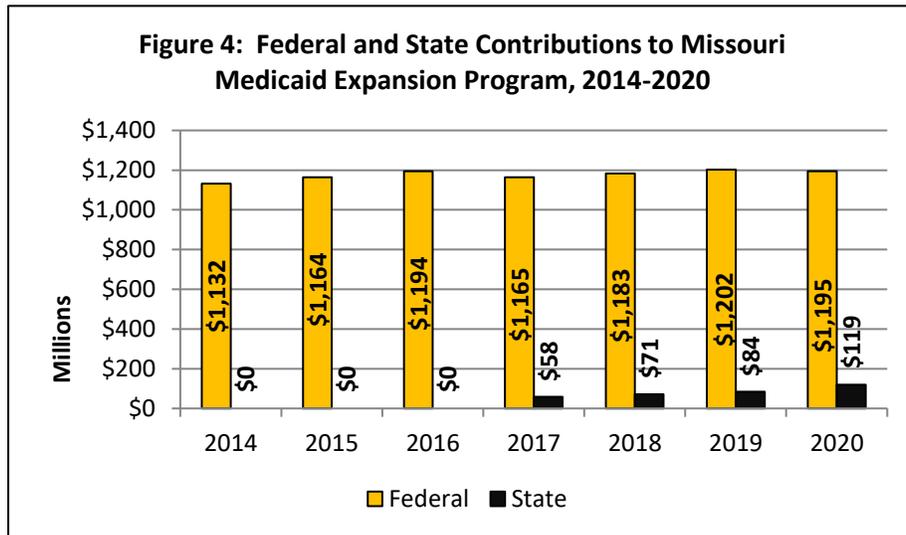


Model Inputs—Federal Medicaid Expenditures Derived Demand Due to Increased Medicaid Enrollment

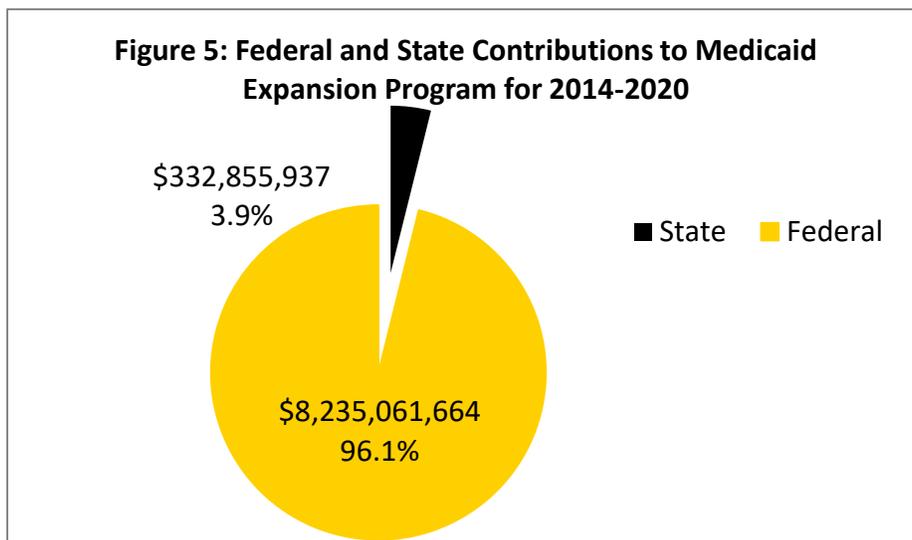
The next step in estimating the impact on Missouri of participating in the Medicaid expansion program is to develop an estimate of the total amount of federal dollars that will flow into Missouri through the program. In deriving the estimated cost to the Medicaid program, it was assumed that the average annual cost per recipient would be based on the calculated rate of \$6,556. This amount forms the foundation for a proxy for estimating direct Medicaid costs that will be reimbursed by the federal government under the program. This cost per recipient is increased by an expected growth rate based on historic Medicaid cost increases for the period 2014 to 2020.

Table 5a in the Appendix provides information on the direct Medicaid payments that Missouri is estimated to receive from the federal government through Missouri’s participation in the Medicaid expansion. These federal data do not reflect the expected Medicaid expenditures by the state of Missouri beginning in 2017. Also included in Appendix Table 5a is the estimated state’s contributions to the costs of the Medicaid expansion. As the data indicate, federal contributions to Missouri’s Medicaid expansion program will increase from \$1.13 billion in 2014, to \$1.20 billion in 2020. As a result, the total direct infusion of federal Medicaid dollars to the Medicaid expansion will be almost \$8.2 billion during this seven-year period. During this period, the state’s costs for the Medicaid expansion will increase from about \$58 million in 2017 to over \$119 million in 2020, reflecting both increased enrollment and an increased share of total Medicaid expansion expenditures, as the federal government

reduces its share from 100% in 2014 to 90% by 2020. Total state Medicaid expenditures over this period are expected to be almost \$333 million. Total Medicaid expansion expenditures (federal and state) for the period are expected to be approximately \$8.6 billion. Figure 4 illustrates the federal and state contributions to the Medicaid expansion between 2014 and 2020 based on the assumptions incorporated in the IMPLAN model employed.



Starting in 2017, the federal government will finance 95% of the expansion program and Missouri will need to assume 5% of the costs of the expansion. In 2018, the federal government’s share drops to 94% and Missouri’s share increases to 6%. In 2019, the relative shares are 93% federal and 7% Missouri. In 2020 and beyond, the federal share of the Medicaid expansion program is 90% and Missouri’s share is 10%. Figure 5 shows the relative overall contributions of Federal and state financing of the Medicaid expansion program over the period 2014 – 2020.



Findings—Economic Analysis

Overview of Topics

The discussion of the projected federal and state expenditures for Medicaid expansion in the preceding section represents an estimate of the direct impact of the Medicaid expansion on the Missouri economy. As illustrated by Figure 6, the flow of an infusion of federal Medicaid dollars through a state impacts the flow of health services, suppliers of goods and services to the health sector and to the economy in general. That is, Medicaid not only impacts beneficiaries and providers participating in the program, but also the larger state economy. As the federal government injects dollars into the state’s economy through the Medicaid program, these dollars trickle down to other individuals and organizations within the state, multiplying the initial flow of dollars.

To estimate the downstream impacts of the Medicaid expansion in Missouri, we used the IMPLAN 3.0 software package. This proprietary economic modeling tool tracks the interdependence among various producing and consuming sectors of an economy to estimate the economic contributions of an industry (or economic sector) to a defined region; in our analysis, we analyzed the state as a whole and then analyzed ten defined WIAs in Missouri. A comparison of the new state economic output to direct inputs provides an index of how many times each direct dollar is re-spent in the economy of a geographical area, or how each direct job supports additional jobs in the economy.

Definitions of key IMPLAN components as applied to this study are:

Total value-added economic effects are the combined effect, or sum, of direct, indirect, and induced effects.

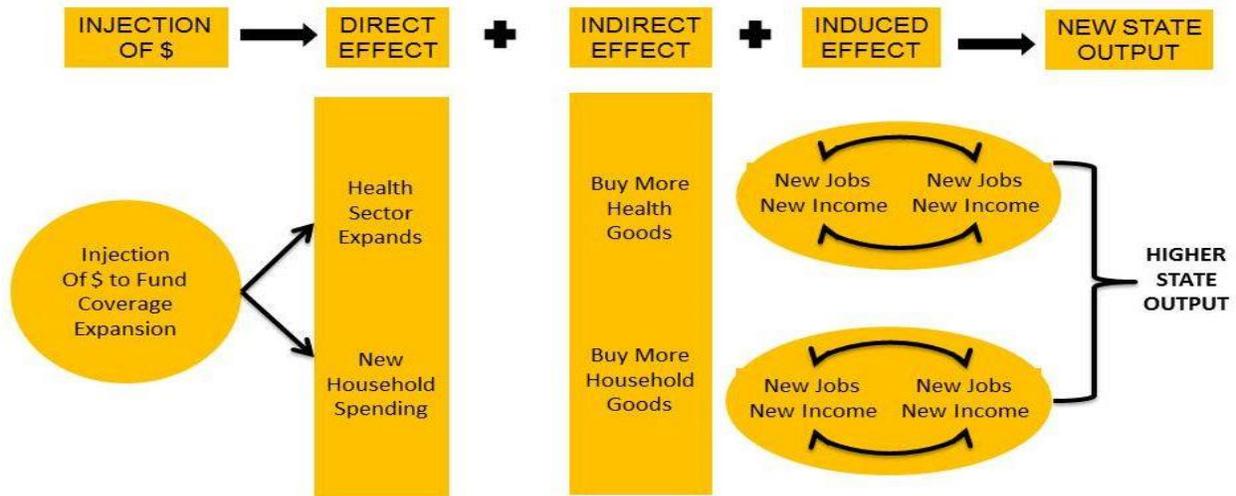
- **Direct effect** is the initial change in revenue, earnings, and employment (jobs) due to the Medicaid expansion in Missouri
- **Indirect effect** is a change in inter-industry transactions, as supplying industries respond to the direct effects of the Medicaid expansion in Missouri.
- **Induced effect** is the change in downstream household spending caused by the direct and indirect effects on household income.

Multipliers calculated by IMPLAN show the relationship between the value-added direct effect and the total economic effect. The value-added direct effect *times* the multiplier produces the total economic effect.

Tax effects represent state and local, as well as federal, taxes on the total economic effect.

As shown in Figure 6, health care providers are *directly* impacted by the Medicaid payments they receive from the state, using these payments to support jobs, generate income, and purchase goods and services associated with the provision of care. There are downstream impacts from providing a new job in a community.

Figure 6: Impact of Infusion of New Monies in an Economy



Source: Haveman J & Weinberg M (2012). *The Economic Impact of the Affordable Care Act on California*. San Francisco CA: Bay Area Council Economic Institute.

Table 2 details the impact of the Medicaid expansion in 2014. It shows the scale of the health care sector of the economy in Missouri and how this Medicaid expansion will increase jobs, labor income, and gross state product (GSP).

Table 2: Medicaid Expansion in the Missouri Context, 2014			
	Employment (Jobs)	Labor Income*	Value Added*
Missouri	3,510,755	\$221,465 million	\$251,629 million
Value Added to Health Expenditures	392,709	\$20,094 million	\$22,047 million
Direct Impact of Medicaid Expansion for 2014	14,920	\$640 million	\$737 million
Direct as a Percent of State GSP	0.42%	0.29%	0.29%
Direct as a Percent of Value Added to Health Expenditures	3.80%	3.19%	3.34%
Total Impact of Medicaid Expansion for 2014	24,008	\$977 million	\$1,339 million
Total as a Percent of State GSP	0.68%	0.44%	0.53%
Total as a Percent of Value Added to Health Expenditures	6.11%	4.86%	6.07%
Multiplier	1.51	1.52	1.81

Note: (*) the figures are based on 2010 dollars.

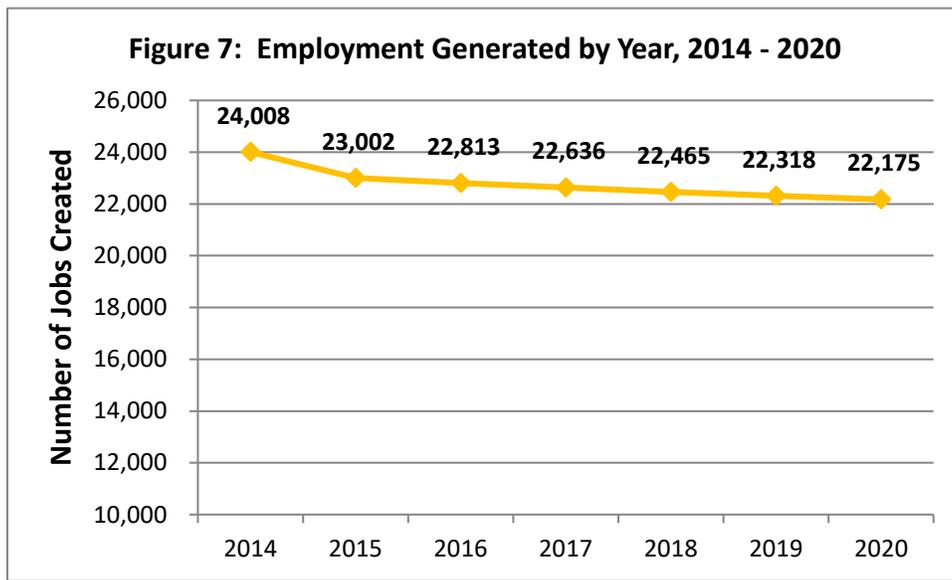
Job Creation Results

As indicated, the inflow of additional federal dollars into Missouri will directly result in jobs being created in the health care organizations providing services to the newly enrolled Medicaid population. In addition to the direct impact on these organizations, there will also be both an indirect effect and an induced impact on employment in Missouri as well. While the direct employment impact focuses on the creation of jobs associated with the direct provision of health care services in these organizations, the indirect and induced effects will impact a wide range of other sectors in the economy, such as retail sales, real estate, wholesale trade, education, etc.

Through Medicaid expansion, an estimated 24,008 jobs would be created in 2014, with 22,175 of them sustained through 2020. It is estimated that these new jobs would produce a labor income (employee compensation) impact of approximately \$997 million in 2014, and continue to produce approximately \$973 million in 2020. Table 3 provides information on the estimated impact of the Medicaid expansion on various industries within Missouri's economy in 2014.

Table 3: Impact of Medicaid Expansion on Missouri by Type of Industry, 2014			
Industry Impacted	Employment	Labor Income	GSP (Value Added)
Nursing and residential care facilities	5,094	\$144,537,880	\$166,277,160
Retail stores - health and personal care	3,208	\$123,568,266	\$163,878,656
Employment and payroll only (state & local government, non-education)	2,929	\$138,182,669	\$155,700,286
Private hospitals	2,905	\$180,355,977	\$196,939,729
Home health care services	2,108	\$78,817,797	\$80,416,770
Food services and drinking places	807	\$14,980,542	\$23,067,040
Real estate establishments	741	\$8,860,442	\$65,079,793
Medical and diagnostic labs and outpatient	373	\$21,638,653	\$26,773,737
Employment services	381	\$12,803,394	\$13,795,433
Offices of physicians, dentists, and other health practitioners	375	\$32,395,607	\$33,452,015
Non-depository credit intermediation and related activities	234	\$13,641,945	\$14,893,219
Wholesale trade businesses	242	\$18,190,919	\$32,377,920
Retail Stores - general merchandise	195	\$5,424,392	\$8,452,171
Services to buildings and dwellings	198	\$5,027,541	\$6,628,730
Retail stores - food and beverage	189	\$5,264,025	\$7,599,425
Subtotal	19,977	\$803,690,049	\$995,332,084
Other	4,031	\$73,415,080	\$343,651,941
Total	24,008	\$977,105,129	\$1,371,868,679

Figure 7 shows the expected number of total jobs to be created through the Medicaid expansion for Missouri during the period 2014 to 2020. Appendix Table 6a provides data on the estimated direct, indirect, induced, and total numbers of jobs created with the Medicaid expansion program in each of the WIAs. *As these data indicate, the number of direct jobs created accounts for approximately 66% of all jobs created, but the percent varies by WIA, reflecting the relative amount of time resources will stay in an individual region. The numbers reflected in the period of 2015 – 2020 are not additional jobs created, but reflect the number of jobs initially created in 2014 that will be sustained during each of the subsequent years.*



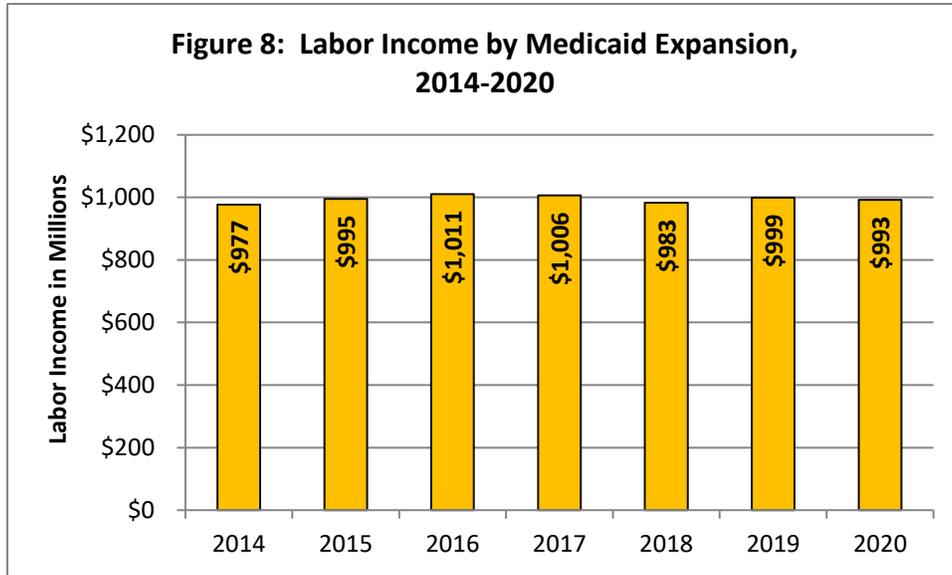
As these data indicate, Medicaid expansion in Missouri is projected to generate more than 24,008 additional jobs in the state initially, and that over 22,175 of these jobs will be sustained during the study timeframe. Of the 24,008 jobs created in 2014, 5,318 will be generated in the St. Louis area (a number similar to current employment at St. Louis University) and 4,236 will be generated in the Kansas City area (a number similar to current employment at Ford Motor Co.). While the more rural areas of the state generate fewer jobs, the impact on the local economy and population will still be substantial. For example, it is estimated that the Medicaid expansion in Northeast WIA will generate an additional 860 jobs during 2014, while an additional 1,723 jobs will be generated in the Southeast WIA and 1,040 in the Northwest WIA. As Table 4 indicates, the generation of new jobs in the WIAs can have a substantial impact on the number of individuals unemployed in the areas. *The total number of jobs created in the state is comparable to the total number of employees in the BJC Health System.* Note that the total number of jobs created in the state does not equal the total number created in the individual WIAs due to the state multiplier smoothing the interactions among the WIAs. Table 9a in the Appendix provides information on the impact of jobs created in terms of current major employers in each WIA.

Table 4: Impact of New Job Creation on Unemployment, 2014			
WIA	Number Unemployed 2011	Number of New Jobs	Percent Reduction in Unemployed
Northwest	7,278	1,040	14.3%
Northeast	8,504	860	10.1%
W. Central	8,006	1,457	18.2%
Central	18,571	2,422	13.0%
Southwest	7,641	1,769	23.2%
Ozark	14,848	2,043	13.8%
S. Central	6,937	1,234	17.8%
Southeast	11,159	1,723	15.4%
St. Louis	66,929	5,318	7.9%
Kansas City	37,109	4,236	11.4%
Missouri	186,982	24,008	12.8%
The Missouri total is not the sum of the individual WIAs; it is calculated independently from the individual WIAs and accounts for leakages that occur among the WIAs.			

Table 6a in the Appendix provides more detailed information regarding the impact on employment generated with the Medicaid expansion. This table provides year-by-year estimates of the impact on employment (initial and sustained jobs created) within each of the workforce investment areas of the state, and for the state of Missouri.

Labor Income Results

As a result of the number of new jobs created in Missouri, labor income (employee compensation) will also increase in the state. Figure 8 and Table 7a in the Appendix provide information on the projected impact on labor income as a result of the Medicaid expansion program. As these data indicate, labor income in the state is projected to increase by almost \$6.4 billion during the period 2014 to 2020. This income reflects the direct income received by individuals in organizations providing services to the Medicaid population, as well as the indirect and induced incomes generated throughout the economy.



Appendix Table 7a provides detailed information regarding the impact on labor income for the state during this period of time. It provides year-by-year estimates of the impact on labor income within each of the workforce investment areas of the state and for the state of Missouri. The table also provides information for each of the WIAs on the direct, indirect, and induced labor income impacts annually. This table provides substantial insight into the impact that the Medicaid expansion program will have on various geographic areas of the state.

Value Added to Gross State Product

Value added reflects the difference between an industry’s total output and the cost of its intermediate inputs. It equals gross output (sales or receipts and other operating income, plus inventory change) minus intermediate inputs (consumption of goods and services purchased from other industries that are imported). Value added consists of compensation of employees, taxes on production and imports less subsidies (formerly indirect business taxes and nontax payments), and gross operating surplus (formerly “other value added”). Gross value added is the value of output less the value of intermediate consumption; it is a measure of the contribution to gross state product (GSP) made by an individual producer, industry, or sector; gross value added is the source from which the primary incomes of the System of National Accounts (SNA) are generated, and is the basis of GDP estimation. For example, a business will purchase raw or intermediate goods or services to use in its business, repackage or transform these goods or services into new products to sell to consumers or to other businesses. The difference between the cost of the intermediate goods and the final product is the amount by which the business has contributed (the value added) to production, and therefore to the economy.

Table 5 provides summary information on the total value added to the Missouri economy with participation in Medicaid expansion between 2014 and 2020. As the data indicate, the total value added to the Missouri economy between 2014 and 2020 is estimated to be almost \$9.6 billion. This includes the direct, indirect, and induced impacts of participation in Medicaid expansion, and results from the initial \$8.6 billion spent on Medicaid expansion.

Table 5: Total Value Added to GSP with Medicaid Expansion, 2014 – 2020 (in millions)								
WIA	2014	2015	2016	2017	2018	2019	2020	Total 2014-2020
Northwest	\$53.8	\$54.5	\$55.2	\$53.0	\$53.1	\$53.8	\$53.2	\$376.7
Northeast	\$38.0	\$40.5	\$41.3	\$40.0	\$40.5	\$41.2	\$41.1	\$282.6
West Central	\$67.1	\$68.1	\$68.9	\$66.4	\$66.6	\$67.4	\$66.7	\$471.1
Central	\$130.6	\$133.4	\$135.8	\$131.6	\$132.7	\$135.0	\$134.4	\$933.4
Southwest	\$90.5	\$92.8	\$94.9	\$92.3	\$93.5	\$95.4	\$95.2	\$654.5
Ozark	\$113.3	\$116.8	\$120.0	\$117.2	\$119.3	\$122.2	\$122.5	\$831.4
South Central	\$56.7	\$57.5	\$58.2	\$55.9	\$56.0	\$56.6	\$55.8	\$396.7
Southeast	\$85.8	\$87.0	\$88.0	\$84.6	\$84.8	\$85.7	\$84.7	\$600.7
St. Louis	\$333.0	\$345.6	\$334.7	\$329.7	\$330.8	\$335.1	\$331.9	\$2,340.8
Kansas City	\$264.0	\$269.1	\$274.1	\$265.5	\$267.8	\$272.7	\$271.5	\$1,884.8
Missouri	\$1,339.0	\$1,364.2	\$1,386.8	\$1,380.3	\$1,350.4	\$1,371.9	\$1,363.2	\$9,555.8
The Missouri total is not the sum of the individual WIAs; it is calculated independently from the individual WIAs and accounts for leakages that occur among the WIAs.								

Table 8a in the Appendix provides more detailed information on the total value added that is created by the Medicaid expansion program between 2014 and 2020. As these data indicate, the total value added to Missouri was almost \$9.6 billion between 2014 and 2020. The data in Appendix Table 8a highlights the estimated direct, indirect, and induced amounts of value added to Missouri’s economy during this seven-year period.

Tax Impact

Figure 9 depicts the distribution of tax generated through Medicaid expansion during the period 2014-2020. The middle graph shows the distribution of tax collected by the state and local government (\$856 million) and the federal government (\$1.4 billion). The federal tax represents about 62.4% of the total tax collected (\$2.2 billion) during the Medicaid expansion period of 2014-2020. The state and local governments account for the balance of the total taxes. The side graphs in Figure 9 provide additional information about the sources of the taxes that would be generated with the Medicaid expansion. As the graph indicates, there are five main sources of taxes: employee compensation, proprietor, indirect business, households, and corporations.

Comparing information in the two side graphs, the findings show that the indirect business tax contributes substantially (77.2%) to the state and local taxes generated, but employee compensation contributes the most to federal taxes generated (53.0%). Household tax is the second component that drives both federal (27.4%) and state and local taxes (19.4%) generated.

Figure 9: Tax Generated with Medicaid Expansion, 2014-2020

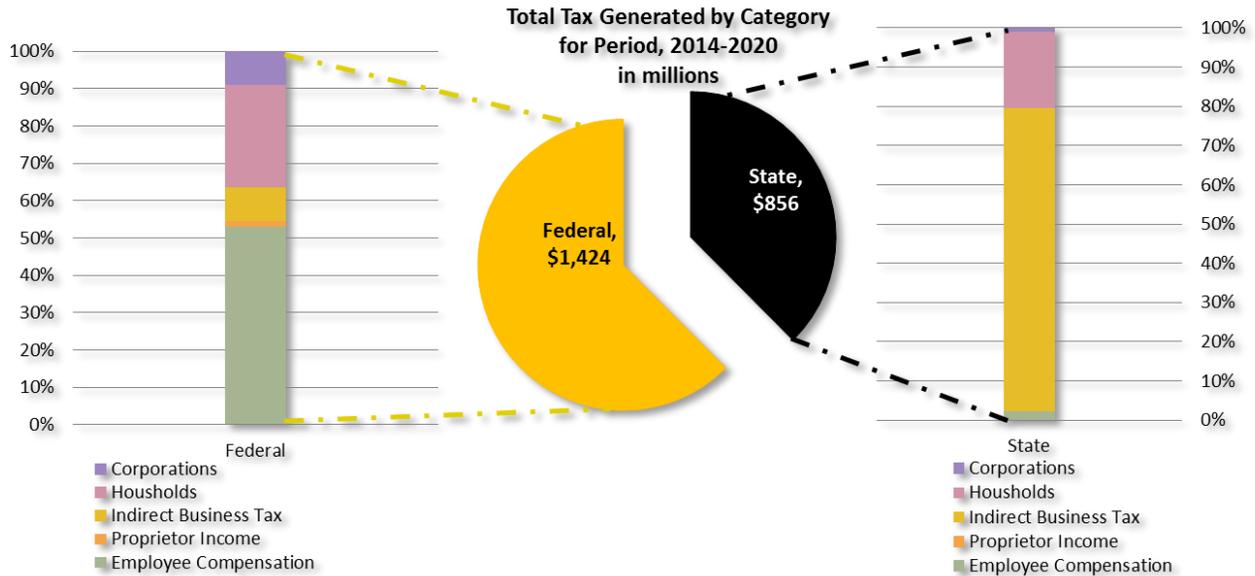


Table 6 provides information about the total taxes generated for the first year of the Medicaid expansion (2014) and for the entire period 2014 to 2020, and whether the tax is state/local or federal. As the data indicate, an additional \$2.3 billion will be generated in taxes from the Medicaid expansion, with 62.4% of it being federal taxes. Table 10a in the Appendix provides details on the taxes generated in each of the WIAs by source of the taxes during the period 2014-2020.

Table 6: Total Tax Generated			
	Federal	State and Local	Total
One Year: 2014	\$202,727,715	\$119,247,565	\$321,975,280
2014 to 2020	\$1,423,863,355	\$855,653,365	\$2,279,516,720

The estimates provided throughout this report reflect a base multiplier effect, estimating the impact of the direct, indirect, and induced effects of activities within the state. However, because Medicaid expansion involves the infusion of federal dollars into the Medicaid program in the state, the application of a “super multiplier” for the impact would result in even larger effects.

The super multiplier reflects the concept that for every Medicaid dollar spent in a state, it is matched at some level by the federal government (the FMAP) and, therefore, increases the

amount of federal dollars circulating through businesses and households in the state. The super multiplier is calculated with the formula: Super Multiplier = Multiplier x 1/(1 – FMAP). For example, Missouri’s Federal Assistance Percentage (FMAP) was 63.45% in 2012, meaning that for every dollar Missouri spent on its Medicaid program, the federal government reimbursed them \$0.6345. The base value-added multiplier for Missouri is 1.81; consequently, this would result in a “super multiplier” of 4.95, which would create \$4.95 value added per dollar of Medicaid expansion in Missouri’s economy.

If the “super multiplier” had been applied instead of the base value-added multiplier, the total impact on Missouri would have been much larger—approximately \$47.5 billion instead of the \$9.6 billion estimated as the value-added output of Medicaid expansion. While the state’s value-added multiplier was 1.81, the multipliers for the WIAs ranged from 1.43 to 1.92. Table 11a in the Appendix includes the basic multipliers for the WIAs and the state for 2014-2020.

As discussed throughout the report, the Appendix contains more detailed information for each of the workforce investment areas of Missouri. Also included in the Appendix are maps showing the locations of the WIAs and the impacts that the Medicaid expansion program will have on the various sectors. These maps include information on employment, labor income, value added, output, number of uninsured, and number of insured.

Effect of Medicaid Expansion on Private Sector Premiums

Regardless of insurance status, nearly all individuals seek some type of health care service at some point in their lives. As mentioned previously, those individuals who are uninsured or underinsured often seek care through their local hospital emergency department. In addition, since 1986, federal law has required hospitals to provide care in the ED through the Emergency Medical Treatment and Active Labor Act. While the hospitals often provide these services at a loss, many institutions and other health providers try to obtain payment for these services through alternative funding streams.

The federal government and state and local governments have such programs as the Medicare and Medicaid disproportionate share hospital (DSH) payment to partially cover this cost. However, under the ACA, those payments will be reduced and this reduction was intended to be offset by newly covered individuals. Hospitals also receive donations from charitable foundations, private donors, and other sources to partially offset their charity care. It is well understood that the remainder of the cost of care for the uninsured is shifted to other individuals with private insurance in the form of higher premiums, a phenomenon called cost shifting (Families USA, 2009; Dobson, DaVanzo, El-Gamil, Berger, 2009; Dobson, DaVanzo & Sen, 2006; Dowless, 2007; Frakt, 2011; Robinson, 2011).

Cost-shifting is the economic phenomenon of setting different prices for identical services based upon the payer. Uncompensated services provided to uninsured and

underinsured individuals, combined with stringent public reimbursement policies, result in decreasing revenues for many hospitals (Dowless, 2007). As a result, hospitals may mark up the price of certain services that have the highest volume to their best private payer, or they may otherwise negotiate higher payment rates from private payers.

Due to cost-shifting, industry analysts note an inverse relationship between decreased public payer reimbursement and private payer payments. When reimbursement rates from Medicare and Medicaid decrease, payments from private payers increase (Dowless, 2007).

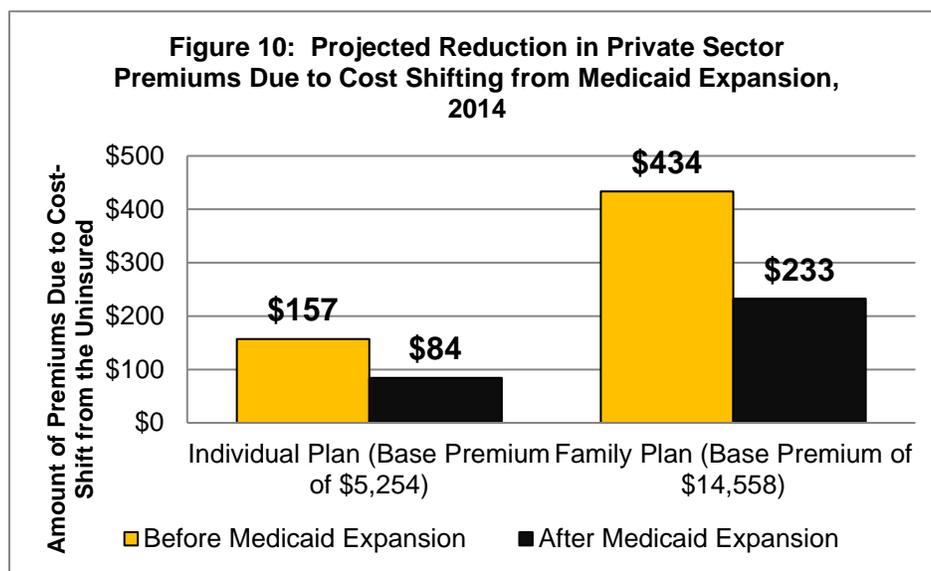
In 2010 nationally, the average total premium cost was \$13,871 for family coverage. If increases in health insurance premiums continue to grow at the previous rate, it is estimated that the average premium for family coverage would rise to \$23,793 by 2020, an increase of 72% from 2010. While Missouri has one of the lower health insurance premium costs in the U.S. with its average premium of \$12,754 for family coverage in 2010, premiums are still a major expense for employers and individuals. Although Missouri is projected to remain below the national average in 2020, premiums are still estimated to increase to \$21,877 by then, if increases continue at the historical rate of growth (Schoen, 2011).

To estimate the potential impact of the Medicaid expansion in 2014 on private insurance premiums in Missouri, we adapted the research findings of prominent health economist Ken Thorpe at Emory University. In 2005, Thorpe estimated that cost-shifting from the uninsured in Missouri added \$110 to individual private premiums and \$291 to private premiums for a family of four (approximately 3 percent of total premiums for each group) (Families USA, 2005). We then projected these estimates forward from 2005 to the period 2014-2020 consistent with the methodology employed by other organizations using these figures (Furnas & Harbage, 2009).

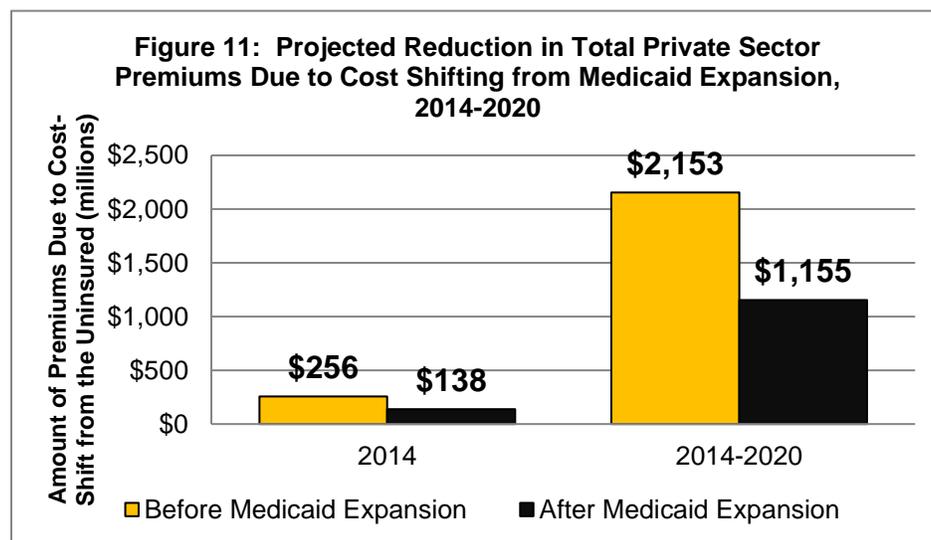
Based on data collected through the Medical Expenditure Panel Survey (MEPS), an ongoing panel survey conducted by the Agency for Health care Research and Quality (AHRQ), we determined that, in 2010, the average private insurance premium for an individual in Missouri was \$4,603 and for a family was \$12,754. (AHRQ, Table X.C 2010; AHRQ, Table X.D, 2010) Using projected inflation factors for private health insurance from the Office of the Actuary at CMS, we estimate that individual premiums will cost \$5,411 and family premiums will cost \$14,992 annually in Missouri in 2014 (CMS, 2011). At these premium levels, the amount represented by cost-shifting from the uninsured to the insured would be approximately \$157 for an individual and \$434 for a family.

Based on our assumptions of population growth, income distribution, and the take-up rate of Medicaid in Missouri in 2014, we estimate that the number of individuals without insurance in Missouri will fall by 46.4% due to the expansion of the Medicaid program. If the cost-shift to private insurance premiums from the previously uninsured falls by a proportionate amount, then individuals would pay \$73 less and families would pay \$201 less annually for the same level of coverage as the currently uninsured gain access to coverage through Medicaid

(see Figure 10). Across the period 2014-2020, these savings could total \$610 for an individual and \$1,688 for a family.



Across all private insurance premiums in Missouri, this reduction in the cost-shift to private insurers from the uninsured due to increased Medicaid enrollment could result in approximately \$119 million in savings in 2014 to individuals and families as private insurance premiums fall.¹ Across the period 2014-2020, privately insured individuals and families could potentially save nearly \$1 billion due to reductions in premiums (Figure 11).



¹ Authors' analysis. Total direct private health insurance premiums written for 2009 were inflated to 2014 using inflation factors from the Office of the Actuary, CMS, and the proportion of premiums due to cost-shifting from the uninsured was calculated as an average between individual and family plans. Direct premiums written from: Department of Insurance, Financial Institutions & Professional Registration, State of Missouri (2012, April). 2011 Missouri life, accident, and health supplemental report, statistics section. (Jefferson City, MO: DIFP).

Conclusions Regarding Key Impacts

Missouri's decision regarding participation (whether to opt in or opt out) in the ACA's Medicaid expansion will have a significant impact on the state's economy and on the health insurance coverage and health status of its residents. If Missouri decides to participate in Medicaid Expansion, over 200,000 individuals will be newly eligible to participate in the program each year between 2014 and 2020. Of these individuals, it is estimated that approximately 160,000 will participate in Medicaid each year. As the federal government covers 100% of the costs of expansion for years 2014-2016, Missouri will experience no direct financial burden for the individuals participating during these years. Much of the pent-up demand for services that will be delivered when the patient receives a Medicaid card will be paid by the full federal funding in the first three years of implementation. For the period 2017-2020, during which time Missouri gradually contributes to the capped state-share of 10%, total state expenditures for Medicaid expansion would be approximately \$333 million. During this seven-year period, there would be an infusion of approximately \$8.2 billion federal dollars to support the Medicaid expansion, and Missouri's contribution combined with the federal contribution would total approximately \$8.6 billion.

The creation of approximately 22,000 sustainable new jobs in the economy due to Medicaid expansion will significantly impact each WIA in the state in terms of ability to reduce unemployment. To put the number of statewide new jobs created into context, the number of new employees added to the economy would be similar to adding the total workforce of the BJC Health System to it again.

In addition to the additional individuals provided health insurance, and that impact on improved health status, the economic value-added output produced through direct, indirect, and induced effects of the \$8.6 billion Medicaid expansion infusion totals approximately \$9.6 billion added to the gross state product. The Medicaid expansion will generate over \$856 million in additional state and local taxes from 2014 to 2020 and over \$1.4 billion in federal taxes, due to the increase in jobs and economic activities within the state.

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Appendix

Detailed Tables

Table 1a: Total Population Ages 19-64 in Missouri, 2014-2020								
WIA/Year	2014	2015	2016	2017	2018	2019	2020	% Change 2014-2020
Northwest	169,283	169,288	168,902	168,517	168,131	167,745	167,360	-1.14%
Northeast	184,343	185,835	186,768	187,700	188,633	189,566	190,498	3.34%
W. Central	182,808	182,914	182,577	182,239	181,902	181,564	181,227	-0.86%
Central	465,937	468,779	470,241	471,703	473,165	474,628	476,090	2.18%
Southwest	203,329	205,158	206,513	207,867	209,222	210,576	211,931	4.23%
Ozark	377,087	382,606	386,815	391,024	395,233	399,443	403,652	7.04%
S. Central	130,312	130,220	129,659	129,099	128,538	127,977	127,417	-2.22%
Southeast	238,122	237,874	237,027	236,180	235,333	234,486	233,639	-1.88%
St. Louis	1,384,450	1,385,849	1,384,085	1,382,322	1,380,558	1,378,794	1,377,030	-0.54%
Kansas City	773,823	777,623	780,655	783,687	786,719	789,751	792,783	2.45%
Missouri	4,109,492	4,126,148	4,133,243	4,140,339	4,147,434	4,154,530	4,161,625	1.27%
The Missouri total is not the sum of the individual WIAs; it is calculated independently from the individual WIAs and accounts for leakages that occur among the WIAs.								

Table 2a: Total Population Ages 19-64 and ≤138% of the FPL in Missouri, 2014-2020								
WIA/Year	2014	2015	2016	2017	2018	2019	2020	% Change 2014-2020
Northwest	33,288	33,289	33,290	33,291	33,292	33,293	33,217	-0.21%
Northeast	27,226	27,454	27,682	27,909	28,137	28,365	28,507	4.71%
W. Central	37,411	37,433	37,455	37,477	37,498	37,520	37,451	0.11%
Central	82,872	83,390	83,908	84,426	84,945	85,463	85,729	3.45%
Southwest	46,320	46,752	47,185	47,617	48,049	48,482	48,802	5.36%
Ozark	66,504	67,538	68,572	69,606	70,640	71,674	72,463	8.96%
S. Central	40,039	40,011	39,982	39,954	39,926	39,897	39,726	-0.78%
Southeast	51,436	51,383	51,329	51,276	51,223	51,169	50,987	-0.87%
St. Louis	171,567	171,741	171,915	172,089	172,264	172,438	172,218	0.38%
Kansas City	107,252	107,789	108,327	108,864	109,401	109,939	110,367	2.90%
Missouri	429,256	431,024	432,793	434,561	436,330	438,098	438,851	2.24%
The Missouri total is not the sum of the individual WIAs; it is calculated independently from the individual WIAs and accounts for leakages that occur among the WIAs.								

Table 3a: Eligible Individuals, Age 19-64 ≤138% of the FPL, 2014-2020								
WIA/Year	2014	2015	2016	2017	2018	2019	2020	% Change 2014-2020
Northwest	10,413	10,414	10,390	10,366	10,342	10,319	10,295	-1.14%
Northeast	7,422	7,482	7,520	7,558	7,595	7,633	7,670	3.34%
W. Central	12,446	12,453	12,430	12,407	12,384	12,361	12,338	-0.86%
Central	24,287	24,435	24,511	24,587	24,663	24,740	24,816	2.18%
Southwest	20,862	21,050	21,189	21,328	21,467	21,606	21,744	4.23%
Ozark	21,718	22,035	22,278	22,520	22,763	23,005	23,248	7.04%
S. Central	13,208	13,198	13,141	13,085	13,028	12,971	12,914	-2.22%
Southeast	16,163	16,146	16,088	16,031	15,973	15,916	15,858	-1.88%
St. Louis	51,392	51,444	51,378	51,313	51,247	51,182	51,116	-0.54%
Kansas City	40,503	40,702	40,860	41,019	41,178	41,336	41,495	2.45%
Missouri	218,165	219,049	219,426	219,802	220,179	220,556	220,932	1.27%
The Missouri total is not the sum of the individual WIAs; it is calculated independently from the individual WIAs and accounts for leakages that occur among the WIAs.								

Table 4a: New Medicaid Enrollees under Medicaid Expansion Program, 2014-2020								
WIA/Year	2014	2015	2016	2017	2018	2019	2020	% Change 2014-2020
Northwest	7,602	7,602	7,585	7,567	7,550	7,533	7,515	-1.14%
Northeast	5,418	5,462	5,490	5,517	5,544	5,572	5,599	3.34%
W. Central	9,086	9,091	9,074	9,057	9,041	9,024	9,007	-0.86%
Central	17,729	17,837	17,893	17,949	18,004	18,060	18,115	2.18%
Southwest	15,229	15,366	15,468	15,569	15,671	15,772	15,873	4.23%
Ozark	15,854	16,086	16,263	16,440	16,617	16,794	16,971	7.04%
S. Central	9,642	9,635	9,593	9,552	9,510	9,469	9,427	-2.22%
Southeast	11,799	11,786	11,745	11,703	11,661	11,619	11,577	-1.88%
St. Louis	37,516	37,554	37,506	37,458	37,411	37,363	37,315	-0.54%
Kansas City	29,567	29,712	29,828	29,944	30,060	30,176	30,291	2.45%
Missouri	159,260	159,906	160,181	160,456	160,731	161,006	161,281	1.27%
The Missouri total is not the sum of the individual WIAs; it is calculated independently from the individual WIAs and accounts for leakages that occur among the WIAs.								

Table 5a: Comparison of Federal and State Contributions to Missouri Medicaid Expansion Program, 2014-2020

WIA/Year	Source	2014	2015	2016	2017	2018	2019	2020	2014-2020
Northwest	Federal	\$58,015,242	\$59,409,461	\$60,696,718	\$58,968,498	\$59,669,622	\$60,371,931	\$59,747,402	\$416,878,873
	State	\$0	\$0	\$0	\$2,948,425	\$3,580,177	\$4,226,035	\$5,974,740	\$16,729,378
Northeast	Federal	\$43,588,023	\$44,995,445	\$46,306,561	\$45,316,170	\$46,188,492	\$47,071,128	\$46,921,229	\$320,387,047
	State	\$0	\$0	\$0	\$2,265,808	\$2,771,310	\$3,294,979	\$4,692,123	\$13,024,220
W. Central	Federal	\$74,794,821	\$76,634,525	\$78,328,951	\$76,131,814	\$77,070,682	\$78,012,030	\$77,239,050	\$538,211,873
	State	\$0	\$0	\$0	\$3,806,591	\$4,624,241	\$5,460,842	\$7,723,905	\$21,615,579
Central	Federal	\$126,009,329	\$129,820,620	\$133,350,931	\$130,254,202	\$132,514,653	\$134,797,787	\$134,122,601	\$920,870,123
	State	\$0	\$0	\$0	\$6,512,710	\$7,950,879	\$9,435,845	\$13,412,260	\$37,311,694
Southwest	Federal	\$94,234,478	\$97,364,401	\$100,359,405	\$98,365,950	\$100,413,870	\$102,488,530	\$102,315,945	\$695,542,580
	State	\$0	\$0	\$0	\$4,918,298	\$6,024,832	\$7,174,197	\$10,231,595	\$28,348,921
Ozark	Federal	\$100,429,002	\$104,344,629	\$108,024,353	\$106,333,311	\$109,005,226	\$111,718,962	\$111,985,734	\$751,841,217
	State	\$0	\$0	\$0	\$5,316,666	\$6,540,314	\$7,820,327	\$11,198,573	\$30,875,880
S. Central	Federal	\$64,704,884	\$66,210,821	\$67,507,979	\$65,451,657	\$66,093,481	\$66,732,777	\$65,904,626	\$462,606,226
	State	\$0	\$0	\$0	\$3,272,583	\$3,965,609	\$4,671,294	\$6,590,463	\$18,499,949
Southeast	Federal	\$89,047,646	\$91,089,868	\$92,943,881	\$90,180,678	\$91,134,172	\$92,086,131	\$91,013,538	\$637,495,913
	State	\$0	\$0	\$0	\$4,509,034	\$5,468,050	\$6,446,029	\$9,101,354	\$25,524,467
St. Louis	Federal	\$264,105,344	\$270,717,284	\$276,861,674	\$269,250,491	\$272,728,237	\$276,219,188	\$273,641,106	\$1,903,523,324
	State	\$0	\$0	\$0	\$13,462,525	\$16,363,694	\$19,335,343	\$27,364,111	\$76,525,673
Kansas City	Federal	\$217,115,002	\$223,417,718	\$229,671,734	\$224,511,426	\$228,582,771	\$232,698,151	\$231,707,685	\$1,587,704,486
	State	\$0	\$0	\$0	\$11,225,571	\$13,714,966	\$16,288,871	\$23,170,768	\$64,400,177
Missouri	Federal	\$1,132,043,771	\$1,164,004,770	\$1,194,052,187	\$1,164,764,198	\$1,183,401,207	\$1,202,196,615	\$1,194,598,916	\$8,235,061,664
	State	\$0	\$0	\$0	\$58,238,210	\$71,004,072	\$84,153,763	\$119,459,892	\$332,855,937

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Table 6a: Employment Generated by Type of Effect by WIA, 2014-2020

WIA/Year	Type of Effect	2014	2015	2016	2017	2018	2019	2020
Northwest	Direct	770	764	756	711	698	692	671
	Indirect	83	83	82	77	76	75	73
	Induced	187	186	184	174	170	169	164
	Total	1,040	1,032	1,022	962	944	936	908
Northeast	Direct	672	673	671	636	629	628	613
	Indirect	59	59	59	56	56	56	54
	Induced	129	129	129	123	122	121	119
	Total	860	861	859	815	806	805	786
West Central	Direct	1,136	1,128	1,118	1,054	1,035	1,026	996
	Indirect	105	105	104	98	96	96	93
	Induced	217	215	213	201	197	196	190
	Total	1,457	1,448	1,435	1,353	1,328	1,318	1,279
Central	Direct	1,729	1,729	1,723	1,634	1,614	1,609	1,569
	Indirect	198	199	198	189	187	186	182
	Induced	495	495	494	468	463	462	450
	Total	2,422	2,422	2,415	2,291	2,263	2,257	2,201
Southwest	Direct	1,249	1,254	1,255	1,195	1,186	1,186	1,160
	Indirect	175	175	176	168	167	167	163
	Induced	345	347	347	331	328	328	321
	Total	1,769	1,776	1,778	1,693	1,680	1,681	1,644
Ozark	Direct	1,309	1,320	1,328	1,270	1,264	1,270	1,248
	Indirect	238	240	242	232	231	232	228
	Induced	496	501	504	483	481	483	475
	Total	2,043	2,062	2,074	1,984	1,976	1,985	1,950

Table 6a: Employment Generated by Type of Effect by WIA, 2014-2020

WIA/Year	Type of Effect	2014	2015	2016	2017	2018	2019	2020
South Central	Direct	933	926	916	861	844	835	808
	Indirect	103	103	102	96	94	93	90
	Induced	198	197	195	184	180	178	173
	Total	1,234	1,225	1,212	1,141	1,118	1,106	1,071
Southeast	Direct	1,256	1,246	1,233	1,160	1,137	1,126	1,091
	Indirect	142	141	139	131	129	128	124
	Induced	325	323	320	301	296	293	284
	Total	1,723	1,710	1,692	1,593	1,562	1,547	1,498
St. Louis	Direct	3,363	3,418	3,240	3,125	3,070	3,048	2,959
	Indirect	539	549	522	504	496	492	478
	Induced	1,417	1,440	1,366	1,319	1,296	1,287	1,249
	Total	5,318	5,407	5,128	4,948	4,863	4,827	4,686
Kansas City	Direct	2,715	2,710	2,702	2,563	2,532	2,527	2,466
	Indirect	444	444	443	421	417	416	406
	Induced	1,078	1,076	1,074	1,019	1,007	1,004	980
	Total	4,236	4,230	4,219	4,003	3,956	3,947	3,852
Missouri	Direct	15,868	15,118	15,112	15,112	15,112	15,112	15,112
	Indirect	2,285	2,220	2,158	2,098	2,039	1,999	1,959
	Induced	5,856	5,663	5,543	5,427	5,313	5,208	5,104
	Total	24,008	23,002	22,813	22,636	22,465	22,318	22,175

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Table 7a: Labor Income Generated by Type of Effect by WIA, 2014-2020

WIA/Year	Type of Effect	2014	2015	2016	2017	2018	2019	2020	Total 2014-2020
Northwest	Direct	\$31,615,157	\$32,023,195	\$32,364,888	\$31,108,091	\$31,145,568	\$31,512,151	\$31,186,165	\$220,955,215
	Indirect	\$2,538,668	\$2,575,903	\$2,607,987	\$2,511,212	\$2,518,819	\$2,548,466	\$2,522,103	\$17,823,158
	Induced	\$5,962,102	\$6,039,854	\$6,105,125	\$5,868,857	\$5,876,749	\$5,945,919	\$5,884,410	\$41,683,016
	Total	\$40,115,927	\$40,638,952	\$41,078,000	\$39,488,159	\$39,541,137	\$40,006,536	\$39,592,677	\$280,461,388
Northeast	Direct	\$22,832,562	\$24,295,585	\$24,759,226	\$23,996,252	\$24,225,933	\$24,688,878	\$24,610,254	\$169,408,690
	Indirect	\$1,574,307	\$1,679,999	\$1,717,054	\$1,669,065	\$1,690,094	\$1,722,391	\$1,716,906	\$11,769,816
	Induced	\$3,512,551	\$3,738,339	\$3,810,423	\$3,693,736	\$3,729,845	\$3,801,120	\$3,789,015	\$26,075,029
	Total	\$27,919,419	\$29,713,923	\$30,286,703	\$29,359,054	\$29,645,871	\$30,212,389	\$30,116,175	\$207,253,534
West Central	Direct	\$38,747,770	\$39,262,428	\$39,691,608	\$38,160,412	\$38,216,787	\$38,683,571	\$38,300,273	\$271,062,849
	Indirect	\$3,008,796	\$3,056,856	\$3,098,614	\$2,987,251	\$3,000,002	\$3,036,644	\$3,006,555	\$21,194,718
	Induced	\$5,839,421	\$5,918,139	\$5,984,023	\$5,754,344	\$5,764,037	\$5,834,440	\$5,776,629	\$40,871,033
	Total	\$47,595,986	\$48,237,424	\$48,774,245	\$46,902,007	\$46,980,827	\$47,554,655	\$47,083,458	\$333,128,602
Central	Direct	\$73,017,933	\$74,515,429	\$75,828,083	\$73,386,083	\$73,982,852	\$75,257,525	\$74,880,565	\$520,868,470
	Indirect	\$6,209,112	\$6,356,450	\$6,489,102	\$6,300,453	\$6,372,501	\$6,482,294	\$6,449,825	\$44,659,737
	Induced	\$16,312,373	\$16,651,040	\$16,948,625	\$16,406,996	\$16,544,707	\$16,829,760	\$16,745,461	\$116,438,962
	Total	\$95,539,418	\$97,522,918	\$99,265,810	\$96,093,532	\$96,900,060	\$98,569,580	\$98,075,851	\$681,967,169
Southwest	Direct	\$49,812,586	\$51,008,181	\$52,115,121	\$50,637,554	\$51,250,823	\$52,309,722	\$52,221,632	\$359,355,619
	Indirect	\$5,314,559	\$5,454,076	\$5,584,783	\$5,438,566	\$5,516,829	\$5,630,812	\$5,621,330	\$38,560,955
	Induced	\$10,984,771	\$11,250,777	\$11,497,361	\$11,173,771	\$11,311,534	\$11,545,243	\$11,525,800	\$79,289,257
	Total	\$66,111,916	\$67,713,034	\$69,197,265	\$67,249,892	\$68,079,185	\$69,485,777	\$69,368,762	\$477,205,831
Ozark	Direct	\$52,953,942	\$54,546,062	\$55,992,562	\$54,658,181	\$55,574,156	\$56,957,701	\$57,093,707	\$387,776,311
	Indirect	\$8,844,700	\$9,124,227	\$9,380,207	\$9,170,395	\$9,338,083	\$9,570,560	\$9,593,412	\$65,021,584
	Induced	\$18,167,306	\$18,717,325	\$19,217,600	\$18,763,449	\$19,081,799	\$19,556,850	\$19,603,548	\$133,107,877
	Total	\$79,965,947	\$82,387,613	\$84,590,368	\$82,592,025	\$83,994,038	\$86,085,110	\$86,290,667	\$585,905,768

Table 7a: Labor Income Generated by Type of Effect by WIA, 2014-2020

WIA/Year	Type of Effect	2014	2015	2016	2017	2018	2019	2020	Total 2014-2020
South Central	Direct	\$33,583,738	\$34,048,798	\$34,400,844	\$33,054,974	\$33,085,584	\$33,405,608	\$32,991,044	\$234,570,590
	Indirect	\$2,868,406	\$2,910,379	\$2,942,761	\$2,829,846	\$2,834,696	\$2,862,115	\$2,826,597	\$20,074,800
	Induced	\$5,640,288	\$5,718,747	\$5,778,236	\$5,552,521	\$5,558,013	\$5,611,773	\$5,542,131	\$39,401,709
	Total	\$42,092,432	\$42,677,924	\$43,121,842	\$41,437,341	\$41,478,293	\$41,879,496	\$41,359,772	\$294,047,100
Southeast	Direct	\$49,222,160	\$49,874,008	\$50,413,738	\$48,464,542	\$48,532,626	\$49,039,582	\$48,468,382	\$344,015,038
	Indirect	\$4,831,668	\$4,900,331	\$4,958,160	\$4,771,138	\$4,782,593	\$4,832,550	\$4,776,262	\$33,852,702
	Induced	\$10,712,188	\$10,854,975	\$10,973,395	\$10,550,046	\$10,565,806	\$10,676,174	\$10,551,820	\$74,884,404
	Total	\$64,766,016	\$65,629,314	\$66,345,294	\$63,785,725	\$63,881,025	\$64,548,306	\$63,796,464	\$452,752,144
St. Louis	Direct	\$153,802,789	\$159,533,370	\$154,368,625	\$151,952,293	\$152,350,094	\$154,300,196	\$152,860,033	\$1,079,167,400
	Indirect	\$27,185,047	\$28,250,933	\$27,388,429	\$27,011,802	\$27,135,545	\$27,482,884	\$27,226,371	\$191,681,011
	Induced	\$65,339,485	\$67,793,133	\$65,617,214	\$64,608,923	\$64,797,220	\$65,626,633	\$65,014,106	\$458,796,714
	Total	\$246,327,322	\$255,577,436	\$247,374,267	\$243,573,018	\$244,282,859	\$247,409,713	\$245,100,510	\$1,729,645,125
Kansas City	Direct	\$125,826,173	\$128,143,310	\$130,387,856	\$126,175,220	\$127,186,410	\$129,476,264	\$128,925,149	\$896,120,382
	Indirect	\$20,676,914	\$21,106,034	\$21,525,724	\$20,879,424	\$21,097,098	\$21,476,929	\$21,385,512	\$148,147,635
	Induced	\$48,246,798	\$49,151,941	\$50,030,111	\$48,430,654	\$48,836,134	\$49,715,376	\$49,503,762	\$343,914,776
	Total	\$194,749,885	\$198,401,284	\$201,943,691	\$195,485,298	\$197,119,642	\$200,668,568	\$199,814,423	\$1,388,182,791
Missouri	Direct	\$640,236,318	\$651,789,326	\$662,075,716	\$658,946,957	\$643,654,406	\$653,867,340	\$649,725,119	\$4,560,295,182
	Indirect	\$101,390,218	\$103,414,748	\$105,247,398	\$104,755,120	\$102,717,581	\$104,352,498	\$103,696,464	\$725,574,027
	Induced	\$235,478,593	\$239,790,309	\$243,638,954	\$242,489,153	\$236,987,875	\$240,749,747	\$239,226,152	\$1,678,360,783
	Total	\$977,105,129	\$994,994,383	\$1,010,962,068	\$1,006,191,230	\$983,359,862	\$998,969,585	\$992,647,735	\$6,964,229,992

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Table 8a: Value Added Generated by Type of Effect by WIA, 2014-2020

WIA/Year	Type of Effect	2014	2015	2016	2017	2018	2019	2020	Total 2014-2020
Northwest	Direct	\$36,505,371	\$36,998,342	\$37,415,632	\$35,984,787	\$36,050,698	\$36,475,015	\$36,097,690	\$255,527,535
	Indirect	\$5,242,886	\$5,317,958	\$5,382,325	\$5,180,778	\$5,194,622	\$5,255,763	\$5,201,393	\$36,775,725
	Induced	\$12,071,277	\$12,228,764	\$12,360,985	\$11,882,681	\$11,898,728	\$12,038,776	\$11,914,238	\$84,395,449
	Total	\$53,819,534	\$54,545,065	\$55,158,941	\$53,048,246	\$53,144,049	\$53,769,554	\$53,213,321	\$376,698,710
Northeast	Direct	\$27,021,730	\$28,772,455	\$29,341,504	\$28,457,005	\$28,749,572	\$29,298,962	\$29,205,657	\$200,846,885
	Indirect	\$3,401,083	\$3,627,381	\$3,705,288	\$3,599,675	\$3,642,931	\$3,712,546	\$3,700,723	\$25,389,627
	Induced	\$7,590,151	\$8,078,071	\$8,233,859	\$7,981,736	\$8,059,786	\$8,213,804	\$8,187,647	\$56,345,054
	Total	\$38,012,964	\$40,477,907	\$41,280,652	\$40,038,416	\$40,452,290	\$41,225,312	\$41,094,027	\$282,581,568
West Central	Direct	\$47,767,529	\$48,486,162	\$49,102,867	\$47,293,527	\$47,450,008	\$48,029,567	\$47,553,664	\$335,683,324
	Indirect	\$6,529,419	\$6,632,121	\$6,721,069	\$6,477,897	\$6,503,893	\$6,583,332	\$6,518,101	\$45,965,832
	Induced	\$12,773,474	\$12,945,855	\$13,090,170	\$12,587,933	\$12,609,331	\$12,763,343	\$12,636,876	\$89,406,982
	Total	\$67,070,422	\$68,064,138	\$68,914,107	\$66,359,357	\$66,563,232	\$67,376,242	\$66,708,641	\$471,056,139
Central	Direct	\$84,589,108	\$86,391,123	\$87,982,485	\$85,217,403	\$85,980,366	\$87,461,747	\$87,023,657	\$604,645,889
	Indirect	\$13,439,008	\$13,752,161	\$14,033,234	\$13,619,464	\$13,769,287	\$14,006,523	\$13,936,365	\$96,556,042
	Induced	\$32,533,494	\$33,208,951	\$33,802,477	\$32,722,265	\$32,996,937	\$33,565,451	\$33,397,324	\$232,226,899
	Total	\$130,561,610	\$133,352,236	\$135,818,196	\$131,559,133	\$132,746,590	\$135,033,721	\$134,357,346	\$933,428,832
Southwest	Direct	\$58,527,725	\$59,987,771	\$61,346,902	\$59,664,122	\$60,444,755	\$61,693,611	\$61,589,718	\$423,254,604
	Indirect	\$10,464,122	\$10,735,773	\$10,989,907	\$10,699,085	\$10,849,884	\$11,074,055	\$11,055,406	\$75,868,232
	Induced	\$21,524,918	\$22,046,266	\$22,529,561	\$21,895,579	\$22,165,639	\$22,623,606	\$22,585,507	\$155,371,076
	Total	\$90,516,765	\$92,769,810	\$94,866,371	\$92,258,786	\$93,460,278	\$95,391,272	\$95,230,631	\$654,493,913
Ozark	Direct	\$62,181,845	\$64,105,004	\$65,860,768	\$64,346,389	\$65,481,560	\$67,111,756	\$67,272,007	\$456,359,329
	Indirect	\$17,307,260	\$17,852,591	\$18,351,728	\$17,939,544	\$18,265,829	\$18,720,566	\$18,765,267	\$127,202,785
	Induced	\$33,820,895	\$34,844,954	\$35,776,415	\$34,931,073	\$35,523,861	\$36,408,245	\$36,495,182	\$247,800,625
	Total	\$113,310,000	\$116,802,549	\$119,988,911	\$117,217,006	\$119,271,250	\$122,240,566	\$122,532,457	\$831,362,739

Table 8a: Value Added Generated by Type of Effect by WIA, 2014-2020

WIA/Year	Type of Effect	2014	2015	2016	2017	2018	2019	2020	Total 2014-2020
South Central	Direct	\$39,256,212	\$39,834,861	\$40,282,699	\$38,741,815	\$38,813,366	\$39,188,792	\$38,702,459	\$274,820,204
	Indirect	\$5,789,527	\$5,875,070	\$5,941,293	\$5,714,162	\$5,724,816	\$5,780,190	\$5,708,458	\$40,533,516
	Induced	\$11,641,495	\$11,803,448	\$11,926,247	\$11,460,386	\$11,471,736	\$11,582,697	\$11,438,956	\$81,324,965
	Total	\$56,687,233	\$57,513,379	\$58,150,239	\$55,916,363	\$56,009,917	\$56,551,679	\$55,849,873	\$396,678,683
Southeast	Direct	\$56,321,099	\$57,111,417	\$57,775,171	\$55,586,017	\$55,709,562	\$56,291,486	\$55,635,818	\$394,430,570
	Indirect	\$8,844,407	\$8,970,739	\$9,077,270	\$8,735,529	\$8,757,174	\$8,848,649	\$8,745,582	\$61,979,350
	Induced	\$20,634,855	\$20,909,802	\$21,137,809	\$20,322,217	\$20,352,473	\$20,565,069	\$20,325,532	\$144,247,757
	Total	\$85,800,361	\$86,991,959	\$87,990,250	\$84,643,764	\$84,819,209	\$85,705,204	\$84,706,932	\$600,657,679
St. Louis	Direct	\$174,776,798	\$181,425,659	\$175,686,993	\$173,072,092	\$173,663,094	\$175,886,005	\$174,244,370	\$1,228,755,011
	Indirect	\$46,160,374	\$47,973,131	\$46,511,286	\$45,874,427	\$46,087,315	\$46,677,239	\$46,241,576	\$325,525,348
	Induced	\$112,013,025	\$116,219,375	\$112,489,147	\$110,760,613	\$111,083,417	\$112,505,300	\$111,455,230	\$786,526,107
	Total	\$332,950,197	\$345,618,165	\$334,687,426	\$329,707,131	\$330,833,826	\$335,068,544	\$331,941,175	\$2,340,806,464
Kansas City	Direct	\$143,671,606	\$146,435,484	\$149,122,792	\$144,425,379	\$145,706,450	\$148,329,737	\$147,698,372	\$1,025,389,820
	Indirect	\$36,364,918	\$37,120,302	\$37,859,097	\$36,723,005	\$37,106,437	\$37,774,499	\$37,613,711	\$260,561,969
	Induced	\$84,009,254	\$85,585,586	\$87,114,967	\$84,330,179	\$85,036,496	\$86,567,486	\$86,199,012	\$598,842,980
	Total	\$264,045,778	\$269,141,372	\$274,096,856	\$265,478,562	\$267,849,383	\$272,671,722	\$271,511,095	\$1,884,794,768
Missouri	Direct	\$736,724,580	\$750,617,005	\$763,080,560	\$759,490,819	\$743,079,573	\$754,886,308	\$750,120,188	\$5,257,999,033
	Indirect	\$180,884,833	\$184,497,314	\$187,767,689	\$186,890,492	\$183,255,700	\$186,173,524	\$185,004,106	\$1,294,473,658
	Induced	\$421,374,612	\$429,090,621	\$435,978,009	\$433,920,465	\$424,077,216	\$430,808,847	\$428,082,415	\$3,003,332,185
	Total	\$1,338,984,025	\$1,364,204,940	\$1,386,826,258	\$1,380,301,776	\$1,350,412,489	\$1,371,868,679	\$1,363,206,709	\$9,555,804,876

The Missouri total is not the sum of the individual WIAs; it is calculated independently from the individual WIAs and accounts for leakages that occur among the WIAs.

Table 9a: Impact of Job Creation, in Terms of Current Major Employer, per WIA, 2014				
WIA	Major Employer, 2012	# Employees	New Job Creation	Impact
Northwest	Missouri Western State University	535	1,040	1.9x
Northeast	A.T. Still University	500	860	1.7x
W. Central	University of Central Missouri	1,394	1,457	1.0x
Central	Columbia MO Public Schools	2,413	2,422	1.0x
Southwest	Mercy Hospital, Joplin	1,671	1,769	1.1x
Ozark	Bass Pro Shops	2,363	2,043	0.9x
S. Central	Ozarks Medical Center	1,200	1,234	1.0x
Southeast	Proctor and Gamble Co.	1,737	1,723	1.0x
St. Louis	St. Louis University	5,946	5,318	0.9x
Kansas City	Ford Motor Co.	3,800	4,236	1.1x
Missouri	BJC Health System	24,815	24,008	1.0x
*Source: Department of Economic Development, Missouri Economic Research Information Center, Missouri Division of Business & Community Services; organizational websites.				

Table 10a: Taxes Generated from Medicaid Expansion by WIA, 2014-2020

WIA	Tax Type	Employee Compensation	Proprietor Income	Indirect Business Tax	Households	Corporations	Total
Northwest	State/Local	\$1,179,846	\$0	\$25,601,251	\$6,393,460	\$354,706	\$33,529,263
	Federal	\$23,120,263	\$477,642	\$10,665,129	\$12,696,179	\$3,419,340	\$50,378,553
Northeast	State/Local	\$1,027,447	\$0	\$22,103,188	\$4,826,466	\$265,581	\$28,222,682
	Federal	\$24,218,376	\$542,730	\$3,909,834	\$11,450,182	\$3,468,299	\$43,589,421
W. Central	State/Local	\$1,612,616	\$0	\$37,442,419	\$8,098,437	\$509,704	\$47,663,176
	Federal	\$35,124,381	\$1,774,180	\$5,837,566	\$19,282,236	\$6,656,337	\$68,674,700
Central	State/Local	\$4,002,052	\$0	\$68,926,531	\$16,377,178	\$921,284	\$90,227,045
	Federal	\$68,343,290	\$2,555,372	\$12,038,154	\$38,732,938	\$12,031,281	\$133,701,035
Southwest	State/Local	\$1,369,933	\$0	\$51,938,012	\$10,852,775	\$619,374	\$64,780,094
	Federal	\$52,747,587	\$1,459,565	\$9,906,529	\$25,876,115	\$8,088,570	\$98,078,366
Ozark	State/Local	\$1,650,780	\$0	\$62,259,998	\$13,579,460	\$914,747	\$78,404,985
	Federal	\$68,180,535	\$1,955,050	\$13,541,591	\$32,213,022	\$11,945,908	\$127,836,106
S. Central	State/Local	\$1,259,254	\$0	\$32,810,358	\$6,312,638	\$344,121	\$40,726,371
	Federal	\$37,128,423	\$1,423,226	\$5,721,848	\$15,337,951	\$4,493,957	\$64,105,405
Southeast	State/Local	\$1,663,528	\$0	\$43,898,818	\$9,793,328	\$515,011	\$55,870,685
	Federal	\$50,051,117	\$2,057,033	\$8,468,734	\$23,385,801	\$6,725,667	\$90,688,352
St. Louis	State/Local	\$3,148,640	\$0	\$148,795,695	\$40,796,636	\$2,321,799	\$195,062,770
	Federal	\$186,213,340	\$5,053,710	\$30,941,109	\$95,003,608	\$30,320,957	\$347,532,724
Kansas City	State/Local	\$3,464,345	\$0	\$126,042,986	\$32,818,118	\$1,864,902	\$164,190,351
	Federal	\$128,971,242	\$3,778,054	\$38,960,306	\$70,512,808	\$21,139,446	\$263,361,856
Missouri	State/Local	\$19,637,029	\$0	\$660,415,812	\$165,897,606	\$9,702,918	\$855,653,365
	Federal	\$754,733,151	\$22,792,548	\$129,665,253	\$389,959,539	\$126,712,864	\$1,423,863,355

The Missouri total is not the sum of the individual WIAs; it is calculated independently from the individual WIAs and accounts for leakages that occur among the WIAs.

Table 11a: Basic Multipliers by WIA, 2014 - 2020

WIA/Year	2014	2015	2016	2017	2018	2019	2020	Total
Northwest	1.50	1.49	1.49	1.48	1.48	1.48	1.48	1.48
Northeast	1.44	1.44	1.44	1.43	1.43	1.43	1.43	1.43
W. Central	1.44	1.43	1.43	1.42	1.42	1.42	1.42	1.43
Central	1.60	1.59	1.59	1.58	1.58	1.58	1.58	1.59
Southwest	1.56	1.55	1.55	1.55	1.54	1.54	1.54	1.55
Ozark	1.83	1.82	1.82	1.81	1.81	1.81	1.81	1.81
S. Central	1.45	1.45	1.45	1.44	1.44	1.44	1.44	1.45
Southeast	1.55	1.55	1.54	1.54	1.53	1.53	1.53	1.54
St. Louis	1.94	1.93	1.93	1.92	1.91	1.91	1.91	1.92
Kansas City	1.86	1.85	1.85	1.84	1.83	1.83	1.83	1.84
Missouri	1.87	1.86	1.86	1.85	1.85	1.85	1.85	1.86

The Missouri total is not the sum of the individual WIAs; it is calculated independently from the individual WIAs and accounts for leakages that occur among the WIAs.

Health Insurance Exchanges

Beginning in 2014, individuals earning between 139% and 400% of the FPL will be eligible for tax credits and subsidies toward the purchase of private insurance in state-based health insurance exchanges to make obtaining health insurance more financially feasible. Also, individuals with incomes at or below 250% of the FPL are also eligible for reduced cost sharing (deductibles and copayments) to be paid for by the federal government. Citizens and legal residents in families between 100% and 400% of the FPL who purchase insurance coverage through a state health insurance exchange are eligible for a tax credit, reducing the cost of the premium (Sommers & Epstein, 2010; Kaiser Family Foundation, 2012). However, individuals eligible for public coverage are not eligible for assistance with premiums in the exchange. If a state does not participate in the Medicaid expansion program, then individuals with incomes below 100% of the FPL will not be eligible for exchange subsidies, although those above 100% of the FPL will be eligible to participate in the exchange (Kaiser Family Foundation, 2012).

Individuals who are offered coverage through an employer are not eligible for a tax credit toward their premiums unless the plan offered by the employer does not have an actuarial value of at least 60% or if the employees' premium exceeds 9.5% of their income. If these thresholds are met, then the employer-sponsored insurance is considered unaffordable, and the individuals are eligible to enroll in a health insurance exchange and may be eligible to receive tax credits to assist with the cost of coverage purchased through the exchange (Kaiser Family Foundation, 2012).

The amount of the tax credit an individual can receive is based on the premium for the second-lowest-cost silver plan (one that provides essential benefits and has an actuarial value of 70%) in the exchange and area and varies with income. The premium that an individual would be required to pay would not exceed a specified percentage of their income (adjusted for family size). If the individual purchases a plan that is more expensive than the second-lowest-cost silver plan, then the individual would be required to pay the full difference between the cost of the second-lowest-cost silver plan and the plan they purchase. The following table provides details on the premium amounts (Federal Register, 2012, p. 30392).

Household income percentage of Federal poverty line	Percentage of income
Less than 133%	2.00
At least 133% but less than 150%	4.00
At least 150% but less than 200%	6.30
At least 200% but less than 250%	8.05
At least 250% but less than 300%	9.50
At least 300% but less than 400%	9.50

Premium tax credits are refundable and available even if the individual has no tax liability. The tax credits are also available to the individual at the time the individual purchases insurance, rather than paying for the premium out of pocket and then waiting to receive reimbursement for the premium when filing an annual income tax return.

Maps