Expanding Medicaid in Texas: Smart, Affordable and Fair

A report by **Billy Hamilton Consulting** *analyzing the state and regional impacts of extending Medicaid under the Affordable Care Act*

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"Serving Humanity to Honor God"

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Smart, Affordable and Fair
Why Texas Should Extend Medicaid to Low-Income Adults

Executive Summary

Texas is at a crossroads. The 2013 Texas Legislature must decide whether to accept $100 billion in federal funding over 10 years to provide additional Medicaid health care coverage under the Affordable Care Act (ACA) for our state's neediest citizens. Texas already spends the state match necessary for the expansion on purely state-funded health programs for low-income adults and local funding for charity care. Rejecting these funds would mean unnecessarily rejecting an opportunity to greatly expand the number of insured Texans, improve efficiency in state health programs, provide relief to local taxpayers and increase the financial stability of the health care infrastructure on which all Texans depend.

Texas ranks first among states in its share of uninsured residents, at 23.8 percent in 2011 — more than 6 million people — compared with a national average of 15.7 percent. Unsurprisingly, many of Texas' uninsured adults have little income, and the cost of their health care is borne by state and local taxpayers and health care providers.

The ACA directs states to offer Medicaid coverage to adults below 138 percent of the FPL — $15,401 for single adults and $31,809 for a family of four in 2012. Except for administrative costs that are matched at 50 percent, the federal government would bear nearly all the cost of Medicaid for these newly eligible adults—100 percent for the first three years, declining to 90 percent by 2020 and beyond.

A recent Supreme Court decision, however, allows states to opt out of the expansion. Eighteen states and the District of Columbia already have expanded or decided to expand Medicaid; five are leaning towards expansion; 12 are undecided; five are leaning towards rejecting it; and 10 governors, including Texas', have said their states will not expand Medicaid, although it is ultimately a legislative decision.[1]

Criticism that Texas cannot afford an expansion ignores the fact that Texas state and local governments and hospitals already spend enough on adult health care to more than cover the $15 billion in state match necessary for the ten-year period. In addition, the expansion would generate new state revenue that the state could use for match. Other states have had similar findings that have caused governors who initially opposed the expansion, such as Arizona's governor, Jan Brewer, to change their minds.

Specifically, Texas could use some of the state funds currently spent on the following programs:

- community and mental health care,
- women's health care, including the breast and cervical cancer program,
- the kidney health care program, HIV Medication assistance and STD program,
- inpatient hospital care for incarcerated individuals,
- state supplementation of the County Indigent Health Care (CIHC) program, and
- medically needy adults that currently qualify for Medicaid at the higher state match rate.

Counties and hospital districts also spend $2.5 billion in local tax dollars for indigent care, inpatient hospital care for jailed individuals and charity care, most of which the expansion would cover. Finally, local hospitals shoulder an additional conservative estimate of $1.8 billion in unreimbursed charity costs, some of which funds individuals that Medicaid would cover under an expansion.

[1] The Advisory Board Company, "Where Each State Stands on ACA's Medicaid Expansion," January 15, 2013, http://www.advisory.com/Daily-Briefing/2012/11/09/MedicaidMap.

The stimulus from the additional federal funds from 2014 through 2017 would also generate an estimated $1.8 billion in new state tax revenue, offsetting half of the $3.7 billion in state match required for the expansion for 2014-2017, as well as $2.5 billion in local revenue. Expanding Medicaid would also generate a portion of the $1.3 billion in new revenue from the state's insurance premium tax that the Comptroller estimated would result from the ACA implementation during a six-year period from 2014-2019.

Expanding Medicaid to adults would also benefit Texas by:

- providing health care coverage to about a million adults aged 18 to 64 who are below 138 percent of FPL, assuming moderate enrollment levels;
- reducing Texas' uninsured population by 25 percent, assuming moderate enrollment levels;
- boosting Texas economic output by $67.9 billion during fiscal 2014-17;
- generating an estimated 231,000 additional jobs in Texas by 2016;
- significantly reducing the current $1.8 billion in annual hospital charity care costs;
- providing the means to fund the currently Medicaid-eligible but unenrolled children anticipated to enroll due to the ACA, even without an expansion to adults;
- eliminating inefficiency among the state's various health programs for low-income adults; and
- ensuring consistency in the state's policy of savings through managed care.

Fears that the federal government will reduce matching rates in the future are unlikely to become reality given that members of Congress represent states. However, Texas could build in an automatic "trigger" to reduce Medicaid optional populations and services should such action occur.

Criticism that expanding Medicaid would be expanding "socialism," is incorrect. In a socialist system, the government not only funds but also *operates* hospitals, hires health care providers and controls every aspect of health care. Medicaid does not do these things; patients and their health care providers make health care decisions. The state accepts federal funds for many other similarly funded programs.

Criticism that Medicaid is "broken" and putting more people into the program would be "like putting more people on the *Titanic*" is actually the opposite. Experience in other states indicates that failing to expand Medicaid would result in an estimated 8,400 premature deaths each year.

Texans would receive *no benefit* from rejecting the Medicaid expansion. It would have no impact whatsoever on our federal tax burden, and the state would lose the benefits in jobs and investment that increased federal spending would spread through the economy.

Opting out will also create a disadvantage for low-income Texans in the reformed health insurance market. The ACA assumes that Medicaid will cover people below 100 percent FPL, so these individuals will *not* be able to participate in the ACA Health Benefit Exchange and premium subsidies, leaving them with few options but to continue using expensive hospital emergency rooms for routine care.

This study provides a statewide, regional and county-level overview of the costs local governments and hospitals now face for charity health care. It estimates the federal funding a Medicaid expansion would bring under different enrollment scenarios as well as the required state match, and compares them to the unreimbursed costs local governments and hospitals currently incur.

It also estimates new revenue generated by activity springing from Medicaid expansion, and highlights existing state funding that could fulfill the state's matching requirements. It profiles the benefits of expansion to children, adults, employers, employees, unemployed adults, hospitals and the overall economy and discusses the consequences of opting out for low-income adults. Finally, it reports on findings from other states and addresses arguments against the expansion in more detail.

Background

Texas has an extraordinary opportunity to expand health care coverage that would benefit more than 2 million of its citizens with a maximum enrollment effort and about 1.5 million with a moderate enrollment effort. The federal government would pay about $100 billion toward this expansion over 10 years, with the state responsible for only about $15 billion under a moderate enrollment scenario.[2]

The federal Affordable Care Act (ACA) provides for an extension of Medicaid coverage to adults aged 18 through 64 whose incomes are below 138 percent of the federal poverty level, or FPL (actually 133 percent with a 5 percent modified adjusted gross income disregard.) This poverty level equates to $15,415 for a single adult and $31,809 for a family of four.

A June 2012 Supreme Court decision made this expansion optional for states. Governor Perry has stated that Texas will not participate; the Legislature, however, will make the final decision, probably during the 2013 session.[3] If the state opts out this session, it may join later but would miss receiving an estimated $7.7 billion in federal funds for adults during the 2014-2015 biennium, assuming a phased-in, moderate enrollment level.

Additionally, many children are likely to enroll without a Medicaid expansion once the ACA insurance mandate is implemented. Without expanding Medicaid to adults, Texas will have to find additional state match for these children without the benefit of the additional state funds that an expansion would free up and without the new revenues that the additional federal funding would generate.

Texas ranks first among states in its share of uninsured residents, at 23.8 percent in 2011 — more than 6 million people — compared with a national average of 15.7 percent. Uninsured rates rose as high as 28 percent in some rural Texas counties in 2010; the lowest county rate was 17.2 percent, still higher than the national average.[4]

Impact on Existing Local Health Care Spending

Due largely to Texas' high rate of uninsured individuals, local governments and the private sector must spend billions to provide uncoordinated and often inefficient health care services for specific populations. Extending Medicaid coverage to low-income adults would eliminate many of these costs, leaving cities, counties, hospital districts and hospitals with additional resources to meet other pressing needs.

Texas would receive $7.6 billion in federal funds to expand Medicaid for adults in 2016. In 2016, the federal government would provide 100 percent of funding for the expansion; the state's match would

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[2] Texas Health and Human Services Commission, "Presentation to the Senate Health & Human Services and Senate State Affairs Committees on the Affordable Care Act," Austin, Texas, August 1, 2012, pp. 12, 16 and 18, http://www.hhsc.state.tx.us/news/presentations/2012/080112-Senate-HHS-ACA-Presentation.pdf; and associated Excel spreadsheet.

[3] Texas Office of the Governor, "Letter to Kathleen Sebelius, Secretary, U.S. Department of Health and Human Services," July 9, 2012, http://governor.state.tx.us/files/press-office/O-SebeliusKathleen201207090024.pdf.

[4] U.S. Census Bureau, Current Population Survey, 2012 Annual Social and Economic Supplement, "Table HI06. Health Insurance Coverage Status by State for All People: 2011," http://www.census.gov/hhes/www/cpstables/032012/health/toc.htm; and Michael E. Cline, Ph.D. and Steve Murdock, Ph.D., *Estimates of the Impact of the Affordable Care Act on Counties in Texas*, (San Antonio, Texas: Methodist Healthcare Ministries of South Texas, Inc, April 2012), p. 16, http://www.mhm.org/images/stories/advocacy_and_public_policy/Estimates%20of%20the%20Impact%20of%20the%20ACA%20on%20Texas%20Counties_FINAL%20REPORT%20APRIL%202012.pdf; and associated Excel spreadsheet.

be primarily limited to 50 percent of administrative costs, or about $293 million (**Table 1**). In 2011, local unreimbursed health care costs, mostly met by hospital district taxes, totaled $2.5 billion, while in 2010 (most recent data), hospital charity costs reached an additional conservative estimate of $1.8 billion.[5] The state match due for the adult expansion in 2016, then, would equal about 6.7 percent of the amount local jurisdictions and hospitals are *already* spending on low-income care.

In 2017, Texas would again receive $7.6 billion in federal funds for the adult expansion; the federal match rate would decline to 95 percent, while due to increased caseloads, the state match would increase to $694 million. The state's share for the adult expansion in 2017 thus would amount to about 16 percent of what local jurisdictions currently spend on low-income care.

Unreimbursed charity costs represent a major burden to Texas hospitals, many of which provide services to a disproportionate share of indigent and low-income adults. In 2010, unreimbursed charity care costs totaled $58 million for Scott & White Memorial Hospital in Bell County; $70.8 million for Parkland Memorial Hospital in Dallas; $82.2 million for University Medical Center at El Paso; and $101.4 million for Memorial Hermann Hospital in Houston.[6]

American hospital emergency rooms absorb $4.4 billion in non-emergency care each year, according to a 2010 national study by the Rand Corporation. Uncompensated care for the uninsured costs hospitals an estimated $40 billion per year.[7] Without health insurance, many people have no choice but to turn to emergency rooms.

Taxpayers, local governments and hospitals pay for these costs, and hospitals often must use contributions and grants to cover them instead of improving their facilities and services. These costs also are passed on to the insured through higher premiums. Medicaid coverage would provide a more economical and sensible approach to health care for the uninsured. Under Medicaid managed care, which is now required throughout Texas, covered individuals would have access to a primary-care physician and preventive care, using far more expensive emergency room care only when necessary.

Texas has 20 new Regional Healthcare Partnerships (RHPs) designed to coordinate health care regionally, making it more efficient and effective. **Table 1** compares 2010 RHP regional charity costs, as

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[5] Hospitals in Texas accrued $17.3 billion in uncompensated care charges in 2010, including $9.5 billion in charity care and $7.8 billion in bad debt (see Texas Department of State Health Services, "Texas Fact Sheet: Acute Care Hospitals," Austin, Texas, January 24, 2012, available at http://www.dshs.state.tx.us/chs/hosp/hosp5/). Charity care charges include those for uninsured patients with incomes below certain FPL percentages, depending upon hospital policies. Charity charges also include unreimbursed costs from government-sponsored health programs such as Medicaid and Medicare. Charity charges included in uncompensated care estimates are also unadjusted for allowances and discounts typically provided by insurance companies. This study excludes bad debt and unreimbursed costs from government-sponsored programs in estimates of unreimbursed costs for charity care. It also uses data from DSHS that estimate the unreimbursed actual costs, rather than charges, that hospitals incur for uninsured patients that meet their poverty guidelines. These data exclude charity costs of 270 for-profit hospitals that are not designated as Medicaid Disproportionate Share Hospitals and are not required to report and exempts 108 other hospitals under the law. The estimate also does not include an additional $255.4 million in charity costs reported by hospital systems, since these cross county boundaries. As such, the data used in this report understates unreimbursed costs to hospitals but also provides the most conservative estimate available for county and regional actual unreimbursed costs to hospitals for charity care that is not government-sponsored.

[6] Texas Department of State Health Services, "Report on Charity Care Costs, Government-Sponsored Indigent Health Care (GSIH), and Community Benefits Provided by Nonprofit Hospitals in Texas - 2010." (Internal Excel spreadsheet.)

[7] Rand Corporation, "Some Hospital Emergency Department Visits Could Be Handled by Alternative Care Settings," September 7, 2010, http://www.rand.org/news/press/2010/09/07.html.

well as 2011 unreimbursed health care costs to hospital districts and counties, to the federal funds Texas would receive in 2016 and 2017 for adults aged 18 through 64 below 138 percent FPL, assuming a moderate enrollment scenario. Although federal funds for the expansion would not offset *all* of the regions' charity costs, since not all individuals, such as undocumented immigrants, would be eligible for Medicaid or subsidized insurance under the ACA, they *would* have a substantial impact.

(See **Appendix B** for more detail on the state and each region, including an explanation and breakout of three enrollment scenarios, and **Appendix C** for county-level data. **Appendix A** includes explanatory notes for the appendices, while **Appendix D** provides a map and list of counties included in the RHPs. **Appendix E** explains the methodology and lists the sources used for these estimates.)

Table 1

Current Local Low-Income Health Care Costs by Regional Health Partnership Region Versus Costs Covered Under Medicaid Expansion, 2016 and 2017

RHP Region	2011 County & City Unreimbursed Health Care Expenditures	2011 Hospital District Unreimbursed Healthcare Expenditures	2010 Total Hospital Charity Care Costs	2010 Local Unreimbursed Health Care & Hospital Charity Costs	2016 State Funds - Adult - (Moderate Enrollment Scenario)	2016 Federal Funds - Adult - (Moderate Enrollment Scenario)	2017 State Funds - Adult - (Moderate Enrollment Scenario)	2017 Federal Funds - Adult - (Moderate Enrollment Scenario)
State	**$ 311,782,125**	**$ 2,232,255,563**	**$ 1,836,673,862**	**$ 4,380,711,550**	**$ 292,887,951**	**$ 7,615,086,733**	**$ 693,582,100**	**$ 7,629,403,096**
1	$ 29,650,748	$ 19,060,932	$ 171,263,658	**$ 219,975,339**	$ 18,650,176	**$ 484,904,583**	$ 44,165,109	**$ 485,816,203**
2	$ 42,501,457	$ 22,107,080	$ 30,857,177	**$ 95,465,714**	$ 16,766,819	**$ 435,937,284**	$ 39,705,168	**$ 436,756,846**
3	$ 25,758,720	$ 604,972,149	$ 353,609,900	**$ 984,340,769**	$ 48,197,551	**$ 1,253,136,319**	$ 114,135,656	**$ 1,255,492,215**
4	$ 11,346,698	$ 46,494,090	$ 65,295,685	**$ 123,136,473**	$ 11,800,529	**$ 306,813,745**	$ 27,944,596	**$ 307,390,555**
5	$ 26,229,739	$ 5,107,216	$ 100,100,828	**$ 131,437,782**	$ 20,631,317	**$ 536,414,229**	$ 48,856,608	**$ 537,422,688**
6	$ 20,376,442	$ 295,446,488	$ 156,696,001	**$ 472,518,931**	$ 30,833,262	**$ 801,664,811**	$ 73,015,631	**$ 803,171,940**
7	$ 10,652,376	$ 156,443,095	$ 123,025,201	**$ 290,120,672**	$ 14,416,908	**$ 374,839,613**	$ 34,140,392	**$ 375,544,312**
8	$ 31,056,808	$ -	$ 73,953,318	**$ 105,010,126**	$ 8,765,213	**$ 227,895,545**	$ 20,756,726	**$ 228,323,988**
9	$ 12,974,101	$ 449,984,576	$ 240,947,996	**$ 703,906,673**	$ 28,477,675	**$ 740,419,540**	$ 67,437,412	**$ 741,811,528**
10	$ 10,525,904	$ 284,727,819	$ 160,297,700	**$ 455,551,423**	$ 21,755,237	**$ 565,636,164**	$ 51,518,142	**$ 566,699,560**
11	$ 9,747,496	$ 19,213,318	$ 17,361,762	**$ 46,322,576**	$ 4,593,001	**$ 119,418,037**	$ 10,876,595	**$ 119,642,542**
12	$ 12,127,300	$ 90,590,330	$ 96,601,924	**$ 199,319,554**	$ 14,868,400	**$ 386,578,391**	$ 35,209,560	**$ 387,305,158**
13	$ 11,922,435	$ 18,027,228	$ 17,712,136	**$ 47,661,799**	$ 2,841,836	**$ 73,887,726**	$ 6,729,694	**$ 74,026,635**
14	$ 6,787,343	$ 87,027,017	$ 13,214,967	**$ 107,029,327**	$ 5,115,165	**$ 132,994,293**	$ 12,113,120	**$ 133,244,322**
15	$ 305,744	$ 73,235,652	$ 85,105,343	**$ 158,646,739**	$ 11,789,754	**$ 306,533,605**	$ 27,919,081	**$ 307,109,888**
16	$ 11,302,557	$ 6,316,676	$ 36,056,504	**$ 53,675,737**	$ 6,206,183	**$ 161,360,745**	$ 14,696,737	**$ 161,664,103**
17	$ 6,804,399	$ 39,816,286	$ 36,546,452	**$ 83,167,137**	$ 11,931,910	**$ 310,229,648**	$ 28,255,716	**$ 310,812,880**
18	$ 15,066,423	$ -	$ 1,997,301	**$ 17,063,724**	$ 6,866,447	**$ 178,527,615**	$ 16,260,295	**$ 178,863,247**
19	$ 7,350,807	$ 9,956,421	$ 39,843,242	**$ 57,150,470**	$ 3,619,230	**$ 94,099,991**	$ 8,570,627	**$ 94,276,899**
20	$ 9,294,628	$ 3,729,192	$ 16,186,767	**$ 29,210,586**	$ 4,761,340	**$ 123,794,850**	$ 11,275,235	**$ 124,027,585**

Note: Although total federal funding for adults below 138% FPL is greater than local unreimbursed health care and hospital charity care costs, local governments and hospitals will continue to have unreimbursed costs due to individuals who are ineligible for Medicaid or subsidized insurance under ACA, such as undocumented immigrants, or certain services or other costs not covered by Medicaid or insurance. In addition, some unreimbursed costs for individuals above 138% FPL who receive subsidized insurance under ACA may shift to bad debt if coinsurance, copayments and deductibles are not paid. These data exclude charity costs of 270 for-profit hospitals that are not designated as Medicaid Disproportionate Share Hospitals and are not required to report and exempts 108 other hospitals from reporting requirements due to: 1 = Hospital in county with less than 50,000 population and having whole county Health Professional Shortage Area designation (78); 2 = Shriners and Scottish Rite hospitals (3); 3 = State acute care and state psychiatric hospitals (15); 4 = Other, determined to be exempt, not required to report due to closure, recent opening or not operational (12). Unreimbursed costs exclude $255.4 million in hospital system costs unallocated to counties.

Source: Department of State Health Services, Health and Human Services Commission and Michael E. Cline, Ph.D. & Steve Murdock, Ph.D., "Estimates of the Impact of the Affordable Care Act on Counties in Texas," (San Antonio, Texas: Methodist Healthcare Ministries of South Texas, Inc.), April 2012.

Impact on Children

Although the new ACA Medicaid option applies to adults, extending Medicaid to low-income adults would likely increase the number of children in Medicaid and the Children's Health Insurance Program (CHIP). As many as 878,000 Texas children are eligible for but are not enrolled in Medicaid and CHIP.[8] Many newly eligible adults would be parents, who would enroll their children during the process of completing their own enrollments.

Costs for children who enroll in Medicaid and CHIP as a result of their parents' new eligibility would be subject to the existing state-federal match rate for children already in the program, rather than the more-generous match for newly eligible adults. This probable influx of new children, then, would represent an additional new cost to state general revenue. This is true, however, only because the Legislature has neither budgeted for full enrollment in children's Medicaid and CHIP nor directed state agencies to pursue full enrollment.

The expansion to adults would generate enough new state revenue and offset enough existing state and local expenditures to cover both adults and children; however, these funds will not be available unless Texas expands Medicaid to adults. Without an expansion, many of these children are likely to enroll anyway, and the Legislature will have to identify other sources of funding them without the benefit of the new state revenues and state and local spending offsets that an expansion to adults would bring.

The three enrollment scenarios in this report include estimates of the number of currently eligible but unenrolled children expected to enter Medicaid or CHIP. We also calculate the state and federal cost of covering these children, who in theory should *already* be enrolled. It is unlikely that local governments or hospitals are expending charity dollars on eligible but unenrolled children; they should — and have every reason to — enroll such children in Medicaid or CHIP.

Summary of Total Funding, Economic and Tax Impacts

This study provides detailed funding, economic and tax impacts for the Medicaid expansion under three scenarios depending upon enrollment levels: a "Limited" scenario based on minimal enrollment; a "Moderate" scenario based on higher enrollment levels; and an "Enhanced" scenario based on extremely high enrollment levels.

Funding. Chart 1 identifies estimated federal and state funding requirements under a Medicaid expansion for adults and eligible but unenrolled children, assuming moderate enrollment levels. About two-thirds of the state match required from 2014 through 2017 is due to additional children who would likely enroll.

Total federal spending from 2014 through 2017 would amount to $22.96 billion for adults and $4.50 billion for children, for a total of $27.46 billion. State match would be $1.28 billion for adults and $2.46 billion for children, for a total of $3.74 billion—an overall effective state match rate of 13.6 percent.

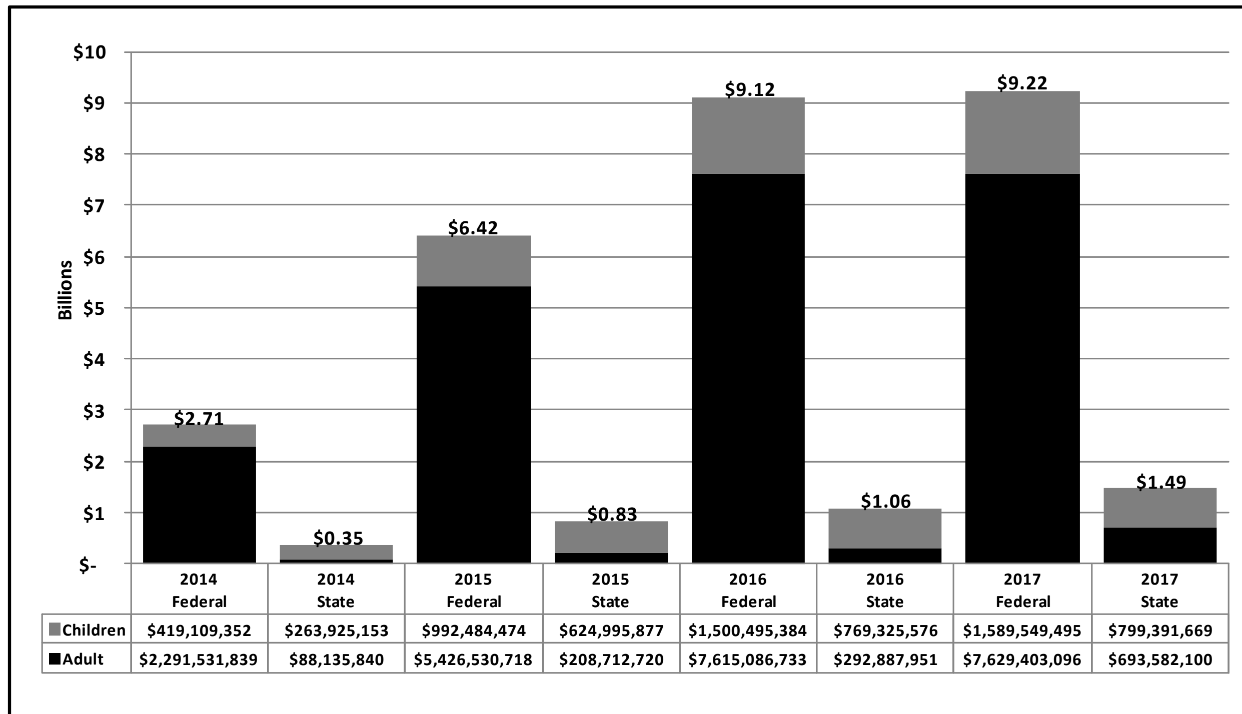
In 2014, assuming a 50 percent phase-in and an eight-month year, federal funds would total $2.71 billion with state matching requirements of $352 million. In 2015, assuming a 75 percent phase-in, federal funds would total $6.42 billion with state matching funds of $833 million.

[8] Michael E. Cline, Ph.D. and Steve Murdock, Ph.D., *Estimates of the Impact of the Affordable Care Act on Counties in Texas*. (San Antonio, Texas: Methodist Healthcare Ministries of South Texas, Inc., April 2012), http://www.mhm.org/images/stories/advocacy_and_public_policy/Estimates%20of%20the%20Impact%20of%20the%20ACA%20on%20Texas%20Counties_FINAL%20REPORT%20APRIL%202012.pdf.

In 2016, the first full year of implementation, federal funds would total $9.12 billion with state matching funds of $1.06 billion. In 2017, when the federal match rate declines from 100 percent to 95 percent, federal funds would amount to $9.22 billion with a state match of $1.49 billion.

Chart 1

Federal and State Funding of Texas Medicaid Expansion
Adults and Eligible But Unenrolled Children, Moderate Enrollment Scenario
2014-2017



	2014 Federal	2014 State	2015 Federal	2015 State	2016 Federal	2016 State	2017 Federal	2017 State
Children	$419,109,352	$263,925,153	$992,484,474	$624,995,877	$1,500,495,384	$769,325,576	$1,589,549,495	$799,391,669
Adult	$2,291,531,839	$88,135,840	$5,426,530,718	$208,712,720	$7,615,086,733	$292,887,951	$7,629,403,096	$693,582,100

Economic, Tax and Jobs Impact. Expanding Medicaid would have a substantial impact on the Texas economy and state and local tax revenues, as well as job creation. Overall, under the moderate enrollment scenario, the $1.8 billion increase in state economically-responsive taxes from injecting new federal Medicaid funds in the Texas economy will offset nearly half of the $3.7 billion in state matching funds required to fund the ACA Medicaid expansion from fiscal 2014 through fiscal 2017.

Moderate Scenario. **Table 2** illustrates that under the moderate enrollment scenario, the injection of $27.5 billion in additional federal funds from the expansion will boost Texas economic output by $67.9 billion during fiscal 2014-17 as the direct and indirect impacts of this new spending re-circulate through the state's economy.[9] This economic impact increases from $6.7 billion in fiscal 2014 to $22.8 billion in fiscal 2017 as the expansion phases in.

As more federal funds enter the state economy, statewide employment and wage rates will also grow. Total Medicaid expansion-related wage and salary jobs will gradually increase as the expansion phases in—from 71,500 in fiscal 2014 to 166,000 in fiscal 2015, 231,100 in fiscal 2016 and 229,200 in fiscal

[9] This estimate is based on a U.S. RIMS II input-output multiplier of 2.47 for hospitals and for physicians, dentists and other health care practitioners.

2017. Overall, these additional workers will earn an average of $50,818, the same as the statewide average for all industries, during this period.[10]

Because of the nearly 100 percent federal match for the Medicaid expansion to adults, every $1 in state money spent for the adult and child expansion during fiscal 2014-2017 will draw an additional $7.34 in matching federal funds to the state. This is the key factor driving the boost to the state economy due to the expansion of the state's Medicaid program during this period.

In turn, increased state economic output will boost state and local tax revenues in sales, property, franchise, motor vehicle and other economically-responsive taxes.[11] Based on data for 2000-2012, each $1 increase in Texas gross state product boosts state economically-responsive taxes by 2.6 cents and local economically-responsive taxes by 3.7 cents.[12] Thus, the $67.9 billion gain in state economic output from the ACA Medicaid expansion will add $1.8 billion to the state treasury and $2.5 billion to local government revenues from fiscal 2014 through fiscal 2017.

Overall, the $1.8 billion increase in state revenues from this expansion will offset 47.2 percent of the $3.7 billion state match to fund the expansion during fiscal 2014-2017. However, the magnitude of the state revenue offset will generally fall over time as more children funded at the baseline Texas Medicaid match rate of 59.3 percent, join the program. Thus, for the entire medical expansion, under the moderate scenario, Medicaid generated state revenues will increase from 49.5 percent of state matching funds in fiscal 2014 and fiscal 2015 to 55.2 percent fiscal 2016, before falling to 39.7 percent in fiscal 2017.

[10] These estimates are based on historical BEA data on Texas wages and employment and a RIMS II health and hospital services jobs multiplier 2.33.

[11] For this estimate state economically-responsive taxes include sales, franchise, motor vehicle, insurance, utility, mixed beverage and hotel occupancy taxes. Local economically-responsive taxes include school and other property, sales, utility, mixed beverage and hotel occupancy taxes.

[12] Although the structure of the Texas economy and state and local taxes have changed significantly during this period, the ratio of total state and local economically-responsive relative to state gross state product has remained remarkably stable during this period.

Table 2

Annual Multiplier Impacts of Medicaid Expansion on the Texas Economy and State and Local Taxes, Fiscal 2014 to 2017
Moderate Enrollment Scenario
(amounts in millions of dollars)

	2014	2015	2016	2017	2014-2017
Medicaid Expenditures					
State Match	$352	$834	$1,062	$1,492	$3,740
Federal Match	$2,711	$6,419	$9,116	$9,219	$27,465
Total	**$3,063**	**$7,253**	**$10,178**	**$10,711**	**$31,205**
Federal/State Match	**7.70**	**7.70**	**8.58**	**6.18**	**7.34**
State Economic Impact					
Federal Match	$2,711	$6,419	$9,116	$9,219	$27,465
Texas GSP Healthcare Multiplier	2.47	2.47	2.47	2.47	2.47
Teaxas Earnings Health Care Multiplier	1.85	1.85	1.85	1.85	1.85
Texas Jobs Health Care Multiplier	2.33	2.33	2.33	2.33	2.33
Texas Medicaid Economic Impact	**$6,705**	**$15,876**	**$22,547**	**$22,801**	**$67,929**
Projected Texas Gross State Product	$1,510,400	$1,597,900	$1,677,795	$1,761,685	$6,547,780
Share of Projected GSP	**0.4%**	**1.0%**	**1.3%**	**1.3%**	**1.0%**
Jobs Impact					
Wages and Salaries Share of Expansion Impact	$3,527	$8,351	$11,860	$11,994	$35,731
Texas Medicaid Wage and Salary Jobs (Thousands)	**71.5**	**166.0**	**231.1**	**229.2**	**703.1**
Projected Total Wage and Salary Jobs (Number of Jobs-Years)	11,248,430	11,426,864	11,608,128	11,792,267	46,075,689
Medicaid Jobs as Share of Projected Jobs	0.6%	1.5%	2.0%	1.9%	1.5%
Texas Medicaid Wages/Job	**$49,318**	**$50,305**	**$51,311**	**$52,337**	**$50,818**
State Tax Impact					
State Tax Coefficient	2.6%	2.6%	2.6%	2.6%	2.6%
Projected Federal Medicaid Generated Taxes	**$174**	**$413**	**$586**	**$593**	**$1,766**
Projected Total State Taxes	$47,319	$49,589	$52,068	$54,672	$203,648
Share of Projected State Taxes	0.4%	0.8%	1.1%	1.1%	0.9%
Share of State Match	**49.5%**	**49.5%**	**55.2%**	**39.7%**	**47.2%**
Texas Projected Local Tax Impact					
Local Tax Coefficient	3.7%	3.7%	3.7%	3.7%	3.7%
Projected Federal Medicaid Generated Taxes	**$248**	**$587**	**$834**	**$844**	**$2,513**
Projected Local Taxes	$56,736	$60,023	$63,024	$66,175	$245,957
Share of Projected Local Taxes	**0.4%**	**1.0%**	**1.3%**	**1.3%**	**1.0%**

***Limited and Enhanced Scenarios*.** **Table 3** illustrates that changes in assumptions for various enrollment scenarios result in significant ranges of economic and tax impacts of the Medicaid expansion on the state economy. Under the limited enrollment scenario, the injection of $16.2 billion in federal funds to the program would increase state economic output by $40.1 billion, while the injection of $38.1 billion in federal funds under the enhanced enrollment program would boost the state economy by $94.2

billion. Under the two scenarios, state economically-responsive tax revenues would range from $1 billion in the limited expansion to $2.5 billion in the enhanced expansion, while local economically-responsive tax revenues would range from $1.5 billion in the limited expansion to $3.5 billion in the enhanced expansion.

However, as noted above, the overall impact on state finances would depend on the number of adults versus children who enroll in the program. Under the limited child enrollment scenario, with $8.75 dollars in federal funds for every $1 in state spending, economically-responsive state tax collections would offset 56.3 percent of the state match for the program. However, with the enhanced child enrollment scenario, with $6.81 dollars in federal funds drawn down for every $1 spent on the expanded program, the state tax offset would be 43.8 percent.[13]

[13] This estimate is generally in line with a recent study of the ACA Medicaid expansion on California state finances. According to the UCLA Center for Health-Policy Research and the UC Berkley Labor Center, under their base expansion scenario, state revenue gains from a Medicaid expansion similar to that proposed for Texas, with an estimated $17.4 billion in additional federal funds, would offset 60.4 percent of the state match during fiscal 2014-2019. However, under their enhanced scenario, where more lower-match federal funds for children are drawn into Medicaid, the offset would be 40.8 percent. In this scenario, however, more Californians would be covered by Medicaid, drawing an estimated $25.1 billion in federal funds during the period. See Laurel Lucia, Ken Jacobs, Greg Watson, Mirada Dietz, and Dylan H. Roby, "Med-Cal Expansion under the Affordable Care Act: Significant Increase in Coverage with a Minimal Cost to the State," January 2013, http://laborcenter.berkeley.edu/healthcare/medi-cal_expansion13.pdf.

Table 3

Total Multiplier Impacts of Medicaid Expansion on the Texas Economy and State and Local Taxes, Fiscal 2014-2017
Alternative Enrollment Scenarios
(amounts in millions of dollars)

	Limited	Moderate	Enhanced
Medicaid Expenditures			
State Match	$1,852	$3,740	$5,596
Federal Match	$16,202	$27,465	$38,104
Total State and Federal Match	**$18,054**	**$31,205**	**$43,700**
Federal/State Match	**8.75**	**7.34**	**6.81**
State Economic Impact			
Federal Match	$16,202	$27,465	$38,104
Texas GSP Healthcare Multiplier	2.47	2.47	2.47
Texas Medicaid Economic Impact	**$40,072**	**$67,929**	**$94,243**
Projected Total Texas Gross State Product	$6,547,780	$6,547,780	$6,547,780
Share of Projected GSP	**0.6%**	**1.0%**	**1.4%**
State Tax Impact			
State Tax Coefficient	2.6%	2.6%	2.6%
Projected Federal Medicaid Generated Taxes	**$1,042**	**$1,766**	**$2,450**
Projected Total State Taxes	$203,648	$203,648	$203,648
Share of Projected State Taxes	0.5%	0.9%	1.2%
Share of State Match	**56.3%**	**47.2%**	**43.8%**
Texas Local Tax Impact			
Local Tax Coefficient	3.7%	3.7%	3.7%
Projected Federal Medicaid Generated Taxes	**$1,483**	**$2,513**	**$3,487**
Projected Local Taxes	$245,957	$245,957	$245,957
Share of Projected Local Taxes	**0.6%**	**1.0%**	**1.4%**

Current and Future Health Insurance Income-Eligibility Standards and Federal Match Rates

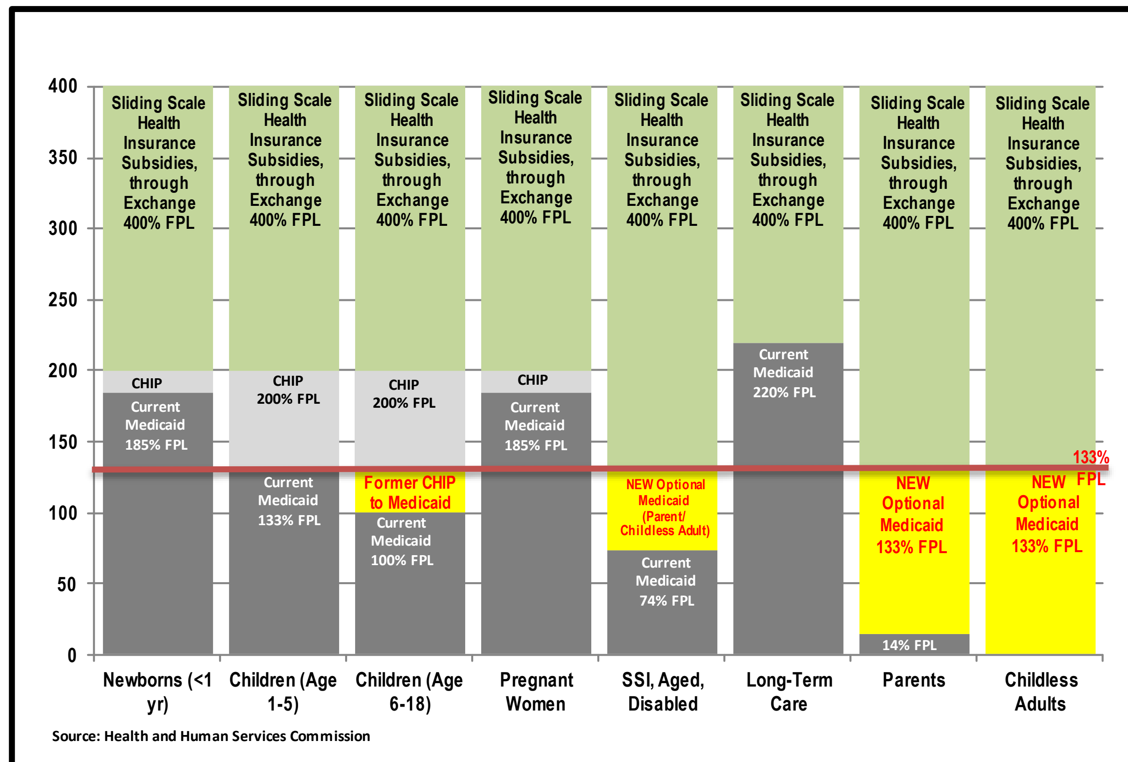
Texas Medicaid currently covers relatively few adults other than long-term care patients— parents with incomes up to 14 percent FPL, the aged or disabled up to 74 percent FPL and pregnant women up to 185 percent FPL (**Chart 2**). Medicaid and CHIP cover children under the age of 18 with family incomes below 200 percent of FPL.

Once the ACA's insurance provisions become effective in January 2014, all individuals above 100 percent of FPL will be able to purchase private, competitive health insurance through the ACA Health Benefit Exchange. The ACA *requires* those with incomes above 133 percent of FPL to purchase insurance or pay a fine. Individuals with incomes between 100 percent and 400 percent FPL will be able to purchase federally subsidized private health insurance through the exchange (**Chart 2**).

Individuals below 100 percent FPL, however, will be unable to participate in the exchange because the ACA assumes Medicaid coverage for this group. The U.S. Department of Health and Human Services has determined that states must expand coverage to 133 percent of FPL to receive the full federal match rate under the expansion; limiting the expansion to those below 100 percent of FPL is not an option.[14]

Chart 2

Eligibility for Health Insurance Programs Under the Affordable Care Act and Existing CHIP and Medicaid



As noted above, the federal government will fund the adult expansion without requiring a state match (other than for administrative costs) from 2014 through 2016. After that, federal funding will decline to 95 percent in 2017 and to 90 percent by 2020, and will remain at that level under current law. This match rate is far higher than that in the current Medicaid program, which generally provides about six dollars for every four the state spends. In effect, the federal government is providing states with a *huge* incentive to provide affordable health care for their citizens at a comparatively modest cost.

The state's regular Federal Medical Assistance Percentage (FMAP) match rate for Medicaid is currently 59.3 percent, meaning that for every dollar spent on the program, the federal government pays 59.3 cents and Texas pays 40.7 cents. This match will continue to apply to newly enrolled children since they are already eligible.

Under the ACA, CHIP covers children with family incomes between 133 percent and 200 percent of FPL. The state's CHIP federal match rate is currently 71.51 percent. Under the ACA, the CHIP federal

[14] U.S. Secretary of Health and Human Services, "Letter to Governors," December 10, 2012, http://cciio.cms.gov/resources/files/gov-letter-faqs-12-10-2012.pdf.

contribution will increase by 23 percentage points, from 2016 through September 2019, although Congress must renew funding for CHIP in 2015 for this to go into effect. The state will be able to continue CHIP funding for children aged 6-18 between 100 percent and 133 percent FPL who will move from CHIP to Medicaid in 2014.

The ACA also affects funding to states for Medicaid and Medicare Disproportionate Share Hospital (DSH) programs that assist hospitals serving a disproportionate number of Medicaid and low-income patients with uncompensated care costs. Because the ACA assumed full participation by the states in the Medicaid expansion, it included $18.1 billion in cuts to nationwide Medicaid DSH payments from 2014 to 2020.[15]

Although the U.S. Department of Health and Human Services has not yet stated how it plans to apply the cuts, opting out of the expansion could leave Texas' hospitals holding the bag, losing some federal DSH funding without gaining Medicaid assistance from the expansion. Texas hospitals received about $940 million in federal DSH funds in 2011.[16]

Methodology Summary

This study provides caseload and funding estimates for 2014 through 2017 and compares them to actual costs for low-income health care reported by local governments, hospital districts and hospitals throughout Texas. We show that local entities already spend billions of dollars on care for individuals who, in many cases, would be eligible for Medicaid under an expansion.

Caseload and funding estimates are based partly on data from *Estimates of the Impact of the Affordable Care Act on Counties in Texas*, an analysis conducted by Michael E. Cline, Ph.D. and Steve Murdock, Ph.D. and commissioned by Methodist Healthcare Ministries of South Texas, Inc. Our estimates also rely on funding and other data from the Texas Health and Human Services Commission (HHSC). The estimates do not extend beyond 2014 through 2017 since HHSC limited its estimates to those years.[17]

Cline and Murdock analyzed three scenarios that depend on the eligible population's response to the expansion — in other words, how many of the uninsured will enroll in the program given the opportunity and the enrollment efforts of the state and other organizations. The study controlled for undocumented immigrants and others who are ineligible for Medicaid.

The scenarios assume a response that increases the insured rate for eligible adults aged 18-64 below 138 percent FPL from the current rate of 48 percent to 71 percent under a "Limited" enrollment scenario, 85 percent under a "Moderate" scenario and 98 percent under an "Enhanced" scenario. The estimates also assume a response that increases the insured rate for eligible children below 200 percent FPL under the three scenarios, from the current 76 percent rate to 82 percent (Limited), 90 percent (Moderate) and 98 percent (Enhanced).

Table 4 below breaks out the three scenarios, providing a low-to-high range based on 2010 data. Texas had 1.3 million uninsured adults aged 18 to 64 below 138 percent of FPL in 2010. In that year, Medicaid

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[15] HCERA § 1203(a)(2), 124 Stat. at 1054 (codified at 42 U.S.C. § 1396r-4(f)(7)(A)).

[16] Texas Health and Human Services Commission, "Appendix F: Medicaid Expenditure History (FFYs 1987-2011," from *Texas Medicaid and CHIP in Perspective* (Austin, Texas, January 2011), http://www.hhsc.state.tx.us/medicaid/reports/PB8/PDF/Appendix-F.pdf.

[17] Michael E. Cline, Ph.D. and Steve Murdock, Ph.D., *Estimates of the Impact of the Affordable Care Act on Counties in Texas*, (San Antonio, Texas: Methodist Healthcare Ministries of South Texas, Inc., April 2012), http://www.mhm.org/images/stories/advocacy_and_public_policy/Estimates%20of%20the%20Impact%20of%20the%20ACA%20on%20Texas%20Counties_FINAL%20REPORT%20APRIL%202012.pdf.

expansion would have insured an estimated 581,447 under a Limited enrollment scenario, 935,371 under a Moderate scenario and 1,264,015 under an Enhanced scenario.

Texas also had an estimated 878,034 children under age 18 and below 200 percent FPL who were uninsured in 2010. These children are currently eligible for Medicaid or CHIP but not enrolled. As already noted, Medicaid expansion to adults should result in many of these children enrolling along with their parents — an estimated 219,509 under the Limited enrollment scenario, 512,187 under the Moderate scenario and 804,865 under an Enhanced scenario.

Table 4

Assumptions for Limited, Moderate and Enhanced Scenarios

	Current	Limited	Moderate	Enhanced
Adults 18-64 <138% FPL				
Population	2,528,031			
Current Insured	1,213,455			
Current Uninsured	1,314,576			
Insured Rate	**48.0%**	**71.0%**	**85.0%**	**98.0%**
Current & ACA Insured with Medicaid Expansion		1,794,902	2,148,826	2,477,470
Newly Insured Under ACA with Medicaid Expansion		**581,447**	**935,371**	**1,264,015**
Children Under 18 <200% FPL				
Population	3,658,473			
Current Insured	2,780,439			
Current Uninsured	878,034			
Insured Rate	**76.7%**	**82.0%**	**90.0%**	**98.0%**
Current & ACA Insured with Medicaid Expansion		2,999,948	3,292,626	3,585,304
Newly Insured Under ACA with Medicaid Expansion		**219,509**	**512,187**	**804,865**
Adults & Children				
Insured Rate				
Population	6,186,504			
Current Insured	3,993,894			
Current Uninsured	2,192,610			
Insured Rate	**64.6%**	**77.5%**	**88.0%**	**98.0%**
Current & ACA Insured with Medicaid Expansion		4,794,850	5,441,452	6,062,774
Newly Insured Under ACA with Medicaid Expansion		**800,956**	**1,447,558**	**2,068,880**

Source: Michael E. Cline, Ph.D. and Steve Murdock, Ph.D., Estimates of the Impact of the Affordable Care Act on Counties in Texas, (San Antonio, Texas: Methodist Healthcare Ministries of South Texas, Inc, April 2012).

This study estimates Medicaid caseloads for 2014 through 2017 for these groups by adjusting the 2010 Cline and Murdock data for a 1.2 percent annual caseload increase, the growth rate HHSC used in its estimates. HHSC caseload estimates are similar to Cline and Murdock's Moderate scenario estimates after escalation.

This methodology apportions the Cline and Murdock statewide totals to counties based on their share of adults aged 18 to 64 below 138 percent of FPL and children under age 18 below 200 percent of FPL. The analysis includes a data adjustment to remove individuals, such as undocumented immigrants, who are not eligible for Medicaid. County-level data have margins of error reflective of the Census data employed in these estimates; less-populous counties tend to have higher margins of error than more-populous counties.

We then combined the Cline and Murdock caseload data with HHSC's federal and state costs per enrollee for these population groups from 2014 through 2017 to estimate funding for each year. HHSC estimates of costs per enrollee include administrative costs and provider rate increases required by law, but not the CHIP federal match rate increase beginning in 2016 since Congress must renew CHIP funding in 2015. The estimates adjust the Cline and Murdock caseload data to account for a 50 percent phase-in for 2014 (and an eight-month year), a 75 percent phase-in for 2015 and a full phase-in for 2016. Federal and state funding for 2017 reflect the reduction to 95 percent for the federal Medicaid match rate.

This methodology does not take into account currently insured adults that may move to Medicaid due to the expansion. Employers insure about 675,000 adults below 138 percent FPL in Texas and another 194,000 provide for their own insurance, about 869,000 in total.[18] (Some portion of those who provide their own insurance may be between 18 and 26 years old and covered on their parents' policies.) Studies conducted in other states have found it difficult to estimate with confidence what portion of the currently insured would shift to Medicaid with an expansion. Since this study provides a wide range of estimates depending on low, moderate or high levels of enrollment, as well as the data necessary to adjust the estimates, readers can make their own judgments and adjustments to the estimates to account for any shifting from the insured population to Medicaid.

Beyond its benefits to individual Texans, the Medicaid expansion can reduce the burden on Texas local governments and hospitals that provide unreimbursed care. The study presents actual data for these expenses and compares them on a statewide and regional basis to the federal funding the state and regions would receive under the expansion for 2016, the first full year of implementation and 2017 when the federal match rate declines from 100 percent to 95 percent.

County-level data also break out indigent and jail inmate health care as well as hospital charity costs. (**Appendix A** contains notes and cautions to consider when using the data in Appendices B and C. **Appendix B** provides detailed statewide and regional data and **Appendix C** provides county-level data. **Appendix D** provides a map and lists the counties included in Regional Healthcare Partnership regions. **Appendix E** provides a more detailed discussion of the methodology summarized in this section and the sources used in developing it.)

Funding Estimates

Under the Moderate scenario, from 2014 through 2017 the federal government would pay Texas a total of $27.5 billion for a state match of $3.7 billion to insure adults aged 18 through 64 below 138 percent of FPL and children below 200 percent FPL, for an effective federal match rate of 88 percent. Federal funds would range from $16.2 billion for the Limited scenario to $38.1 billion for the Enhanced scenario. State matching costs would range from $1.9 billion to $5.6 billion, respectively (**Table 5**).

[18] U.S. Census Bureau, "B27016: Health Insurance Coverage Status And Type By Ratio Of Income To Poverty Level In The Past 12 Months By Age, 2011 American Community Survey 1-Year Estimates," http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t.

Table 5

Fiscal and Enrollment Impact of Medicaid Expansion on Texas Adults and Children

Years	Estimate Range		
	Limited	**Moderate**	**Enhanced**
2014-2017			
Federal	$16,203,299,273	$27,464,191,090	$38,104,480,682
State	$ 1,851,013,736	$ 3,740,956,886	$ 5,596,216,157
All Funds	**$18,054,313,009**	**$31,205,147,976**	**$43,700,696,839**
Average State Match Percentage	**10.3%**	**12.0%**	**12.8%**
2014 (8-month year) - 50% implementation			
Federal	$ 1,604,084,663	$ 2,710,641,191	$ 3,755,265,155
State	$ 167,898,086	$ 352,060,993	$ 533,841,879
All Funds	**$ 1,771,982,749**	**$ 3,062,702,184**	**$ 4,289,107,033**
Average State Match Percentage	**9.5%**	**11.5%**	**12.4%**
Caseload Estimate	**280,033**	**506,101**	**723,329**
2015 - 75% implementation			
Federal	$ 3,798,600,808	$ 6,419,015,192	$ 8,892,768,308
State	$ 397,596,100	$ 833,708,597	$ 1,264,180,276
All Funds	**$ 4,196,196,908**	**$ 7,252,723,789**	**$10,156,948,584**
Average State Match Percentage	**9.5%**	**11.5%**	**12.4%**
Caseload Estimate	**637,635**	**1,152,391**	**1,647,021**
2016 - 100% implementation			
Federal	$ 5,376,774,171	$ 9,115,582,117	$12,648,579,328
State	$ 511,776,924	$ 1,062,213,528	$ 1,604,734,333
All Funds	**$ 5,888,551,095**	**$10,177,795,644**	**$14,253,313,661**
State Match Percentage	**8.7%**	**10.4%**	**11.3%**
Caseload Estimate	**860,383**	**1,554,959**	**2,222,380**
2017 - 100% implementation			
Federal	$ 5,423,839,632	$ 9,218,952,591	$12,807,867,892
State	$ 773,742,625	$ 1,492,973,768	$ 2,193,459,670
All Funds	**$ 6,197,582,257**	**$10,711,926,359**	**$15,001,327,562**
Average State Match Percentage	**12.5%**	**13.9%**	**14.6%**
Caseload Estimate	**870,707**	**1,573,619**	**2,249,049**

In 2016, the first year of full implementation, the federal government would pay Texas $7.6 billion to insure the adult group under the Moderate enrollment scenario, for an effective federal match rate of 96.3 percent after including a 50 percent state match for administrative costs; the state's share, then, would total about $293 million. Federal funds would range from an estimated $4.7 billion for the Limited scenario to $10.3 billion for the Enhanced scenario. The state match would range from $182.1 million to $395.8 million.

For 2017, when the federal match rate declines to 95 percent, the federal government would pay Texas $7.6 billion for the adult group only, for a state match of about $693.6 million under the Moderate enrollment scenario — a 91.7 percent effective federal match rate after administrative costs. Federal

funds could range from $4.7 billion for the Limited scenario to $10.3 billion for the Enhanced scenario, with the state match ranging from $431.1 million to $937.3 million (**Table 6**).

Table 6

Fiscal and Enrollment Impact of the Medicaid Expansion on Adults Below 138 percent of FPL

Years	Estimate Range		
	Limited	Moderate	Enhanced
2014-2017			
Federal	$ 14,274,023,031	$ 22,962,552,386	$ 31,030,479,514
State	$ 797,738,818	$ 1,283,318,611	$ 1,734,214,524
All Funds	**$ 15,071,761,850**	**$ 24,245,870,996**	**$ 32,764,694,038**
Average State Match Percentage	**5.3%**	**5.3%**	**5.3%**
2014 (8-month year) - 50% implementation			
Federal	$ 1,424,466,135	$ 2,291,531,839	$ 3,096,664,979
State	$ 54,787,159	$ 88,135,840	$ 119,102,499
All Funds	**$ 1,479,253,294**	**$ 2,379,667,679**	**$ 3,215,767,478**
Average State Match Percentage	**3.7%**	**3.7%**	**3.7%**
Caseload Estimate	203,288	327,028	441,930
2015 - 75% implementation			
Federal	$ 3,373,249,765	$ 5,426,530,718	$ 7,333,150,402
State	$ 129,740,376	$ 208,712,720	$ 282,044,246
All Funds	**$ 3,502,990,141**	**$ 5,635,243,438**	**$ 7,615,194,649**
Average State Match Percentage	**3.7%**	**3.7%**	**3.7%**
Caseload Estimate	462,886	744,642	1,006,274
2016 - 100% implementation			
Federal	$ 4,733,703,884	$ 7,615,086,733	$ 10,290,658,847
State	$ 182,065,534	$ 292,887,951	$ 395,794,571
All Funds	**$ 4,915,769,418**	**$ 7,907,974,684**	**$ 10,686,453,418**
State Match Percentage	**3.7%**	**3.7%**	**3.7%**
Caseload Estimate	624,587	1,004,771	1,357,798
2017 - 100% implementation			
Federal	$ 4,742,603,247	$ 7,629,403,096	$ 10,310,005,286
State	$ 431,145,750	$ 693,582,100	$ 937,273,208
All Funds	**$ 5,173,748,997**	**$ 8,322,985,196**	**$ 11,247,278,494**
Average State Match Percentage	**8.3%**	**8.3%**	**8.3%**
Caseload Estimate	632,082	1,016,828	1,374,092
Note: Federal match is 100% through 2016 and declines to 95% in 2017. Estimates include administrative costs matched at 50%.			

In 2016, the first year in which HHSC projects full implementation, the federal government would pay Texas $1.5 billion to insure the additional children, for a state match of about $769.3 million under the Moderate enrollment scenario — a 66.1 percent effective federal match rate after administrative costs.

Federal funds would range from an estimated $643.1 million for the Limited scenario to $2.4 billion for the Enhanced scenario. The state match would range from $329.7 million to $1.2 billion.

In 2017, when the federal match rate declines to 95 percent, the federal government would pay Texas $1.6 billion for the children's group only, with a state match of about $799.4 million under the Moderate enrollment scenario — a 66.5 percent federal effective match rate after administrative costs. Federal funds would range from $681.2 million for the Limited scenario to $2.5 billion for the Enhanced scenario, while the state match would range from $342.6 million to $1.3 billion, respectively (**Table 7**).

Table 7

Fiscal and Enrollment Impact of Medicaid Expansion on Children Below 200 percent of FPL

	Estimate Range		
Years	**Limited**	**Moderate**	**Enhanced**
2014-2017			
Federal	$ 1,929,276,242	$ 4,501,638,705	$ 7,074,001,168
State	$ 1,053,274,918	$ 2,457,638,275	$ 3,862,001,633
All Funds	**$ 2,982,551,159**	**$ 6,959,276,980**	**$10,936,002,801**
Average State Match Percentage	**35.3%**	**35.3%**	**35.3%**
2014 (8-month year) - 50% implementation			
Federal	$ 179,618,527	$ 419,109,352	$ 658,600,176
State	$ 113,110,927	$ 263,925,153	$ 414,739,380
All Funds	**$ 292,729,455**	**$ 683,034,505**	**$ 1,073,339,556**
Average State Match Percentage	**38.6%**	**38.6%**	**38.6%**
Caseload Estimate	**$ 76,746**	**$ 179,073**	**$ 281,400**
2015 - 75% implementation			
Federal	$ 425,351,042	$ 992,484,474	$ 1,559,617,905
State	$ 267,855,725	$ 624,995,877	$ 982,136,030
All Funds	**$ 693,206,767**	**$ 1,617,480,351**	**$ 2,541,753,935**
Average State Match Percentage	**38.6%**	**38.6%**	**38.6%**
Caseload Estimate	**$ 174,750**	**$ 407,749**	**$ 640,747**
2016 - 100% implementation			
Federal	$ 643,070,287	$ 1,500,495,384	$ 2,357,920,480
State	$ 329,711,390	$ 769,325,576	$ 1,208,939,762
All Funds	**$ 972,781,678**	**$ 2,269,820,960**	**$ 3,566,860,242**
State Match Percentage	**33.9%**	**33.9%**	**33.9%**
Caseload Estimate	**235,795**	**550,189**	**864,582**
2017 - 100% implementation			
Federal	$ 681,236,385	$ 1,589,549,495	$ 2,497,862,606
State	$ 342,596,875	$ 799,391,669	$ 1,256,186,462
All Funds	**$ 1,023,833,260**	**$ 2,388,941,164**	**$ 3,754,049,068**
Average State Match Percentage	**33.5%**	**33.5%**	**33.5%**
Caseload Estimate	**238,625**	**556,791**	**874,957**

Local Benefits

Local savings from the expansion would offset much if not all of the state match in 2016 and 2017. According to reports that cities, counties, hospital districts and local hospitals submit to the state, unreimbursed local health care spending in Texas that local property taxes largely support, totaled $2.5

billion in 2011. In addition, Texas hospitals reported at least $1.8 billion in conservatively estimated unreimbursed health care costs for charity care in 2010, for an estimated total of $4.4 billion in unreimbursed expenses (**Table 8**).

The math is simple — *federal funding for the adult expansion far exceeds current local expenses for unreimbursed health care costs*. Although the impact of the Medicaid expansion and ACA subsidized insurance would not entirely offset total local expenses, since not everyone currently receiving charity care, such as undocumented immigrants, would be eligible for these programs and since some services may not be covered, much of it would.

If necessary, the state could use some portion of these savings to fund the required match through an intergovernmental transfer arrangement. Local governments and hospitals would still realize a net gain over current costs from the federal funds the match would generate.

Table 8

Low-Income Health Costs Reported by Cities, Counties, Hospital Districts and Hospitals Versus Federal Funds Available Under Medicaid Expansion

2011 Unreimbursed Health Care Costs	
County	$ 308,656,819
City	$ 3,125,306
Countywide Hospital District or County Share of District	$ 2,232,255,563
Total	**$ 2,544,037,688**
2010 Hospital Charity Costs	
Public	$ 341,452,546
Nonprofit	$ 1,287,610,739
For profit	$ 207,610,577
Total	**$ 1,836,673,862**
2010 Local Unreimbursed Health Care & Hospital Charity Costs	**$ 4,380,711,550**
2016 Federal Funds-Adult as % of Local Unreimbursed Costs	
Limited	**108.1%**
Moderate	**173.8%**
Enhanced	**234.9%**

Note: Although total federal funding for adults below 138% FPL is greater than local unreimbursed health care and hospital charity care costs, local governments and hospitals will continue to have unreimbursed costs due to individuals who are ineligible for Medicaid or subsidized insurance under ACA, such as undocumented immigrants, or certain services or other costs not covered by Medicaid or insurance. In addition, some unreimbursed costs for individuals above 138% FPL who receive subsidized insurance under ACA may shift to bad debt if coinsurance, copayments and deductibles are not paid. These data exclude charity costs of 270 for-profit hospitals that are not designated as Medicaid Disproportionate Share Hospitals and are not required to report and exempts 108 other hospitals from reporting requirements due to: 1= Hospital in county with less than 50,000 population and having whole county Health Professional Shortage Area designation (78); 2 = Shriners and Scottish Rite hospitals (3); 3 = State acute care and state psychiatric hospitals (15); 4 = Other, determined to be exempt, not required to report due to closure, recent opening or not operational (12). Unreimbursed costs exclude $255.4 million in hospital system costs unallocated to counties.

Source: Department of State Health Services

We estimate that the Medicaid expansion would generate more than 231,000 jobs in 2016, equivalent to a 1.8 percentage point reduction in the state's current unemployment rate—from 6.1 percent to 4.3 percent.[19] These jobs, many of them in health care, would provide substantial benefits and increased economic security to families and local communities. As employees spend their wages on taxable items, state and local governments benefit from increased tax collections, and the increased economic activity in turn creates other jobs.

State Benefits

In numerous programs, the state pays 100 percent for adult health care that Medicaid would cover under an expansion. For example, the Texas Department of Criminal Justice requested $186.5 million in state appropriations for hospital inpatient and clinical care for its inmates for 2014.[20]

The federal government contributes nothing toward this purpose now, but with a Medicaid expansion, the state would spend nothing on in-patient hospital care for eligible inmates from 2014 through 2016, and a maximum of just 10 percent of these costs by 2020. Similarly, the expansion would cover eligible adults in state mental institutions and juvenile facilities that need non-psychiatric hospital in-patient care.

The state also spends unmatched general revenue for community primary care services, mental and behavioral health services and, soon, women's health care delivered to low-income individuals who are not eligible for Medicaid. Other programs include the breast and cervical cancer program, the kidney health care program and the HIV Medication assistance and STD program. Furthermore, the state supplements funding for the County Indigent Health Care (CIHC) program, much of which would be unnecessary under a Medicaid expansion. The state also pays the regular state match for medically needy adults that currently qualify for Medicaid. Under an expansion, the state would be able to use the high federal match rate for newly eligible individuals not covered by Medicare.[21]

The Comptroller's office estimates that larger caseloads from a Medicaid expansion would net increased revenues from the insurance premium tax due to the large number of persons who will buy health insurance under the exchange, as well as those covered in the expansion. The Comptroller estimates the increased insurance premium tax revenue due to ACA implementation and the Medicaid expansion at $1.3 billion from 2015 through 2019, or an average of $250 million a year.[22]

In addition to these savings and new revenue that could offset the required state match, the expansion would generate an additional $1.8 billion in new tax revenue from 2014 through 2017, assuming moderate enrollment—enough to offset nearly half of the required state match from 2014 through 2017.

[19] Bureau of Labor Statistics, "States and selected areas: Employment status of the civilian noninstitutional population, January 1976 to date, seasonally adjusted," (October 2012), p. 309, http://www.bls.gov/lau/ststdsadata.txt.
[20] Texas Department of Criminal Justice*, Legislative Appropriations Request for Fiscal Years 2014 and 2015* (Austin, Texas, August 30, 2012), p. 31, http://www.tdcj.state.tx.us/documents/finance/LAR_FY2014-15.pdf.
[21] Texas Department of State Health Services, *FY 2014-2015 Legislative Appropriations Request* (Austin, Texas, August 16, 2012), "3A. Strategy Request," available at http://www.dshs.state.tx.us/budget/lar/default.shtm.
[22] Texas Comptroller of Public Accounts, *Diagnosis: Cost– An Initial Look at the Federal Health Care Legislation's Impact on Texas*, p. 5-6, http://www.window.state.tx.us/specialrpt/healthFed/hr3590Cost.pdf.

Benefits to Children

According to the Census Bureau, in 2011 Texas had about 900,000 or 16.7 percent of the nation's 5 million uninsured children, and nearly 600,000 of the nation's 3.5 million uninsured children with family incomes below 200 percent FPL, again a 16.7 percent share. About 13.2 percent of all Texas children are uninsured, compared to a national average of 7.5 percent.[23]

Bringing Texas up to the national average would require the state to insure an additional 393,000 children, less than the 550,000 expected to enroll in Medicaid under a Moderate scenario. After 2014, the national average will increase significantly since most states will expand Medicaid, which means that, without the expansion, *the disparity between Texas and other states will grow*.

Children represent the state's economic future, and regular medical and dental checkups and care are critical for them to maintain their educational progress. Numerous studies have tied Medicaid and CHIP coverage to improved educational outcomes.[24]

Medicaid provides an important preventive program for low-income children called Early Periodic Screening, Diagnosis and Treatment (EPSDT), or Texas Health Steps, which identifies and addresses health problems early. The program saves the state money over time as it prevents children from becoming ill, or as ill as they would otherwise. It makes sense in both human and economic terms for low-income children to enroll in Medicaid or CHIP now and receive regular developmental and preventive checkups through EPSDT.

Studies conducted in the 1980s found that expanding Medicaid to children reduced child mortality by 5.1 percent and infant mortality by 8.5 percent. Assuming the lower 5.1 percent rate, the expansion under the Moderate scenario would save the lives of 2,700 Texas children every year after full implementation.[25]

Benefits to Adults

Our children *also* need healthy parents to provide for their care. Many low-income individuals and families simply cannot afford basic living expenses, health insurance *and* out-of-pocket health care expenses, making a Medicaid expansion imperative.

The Kaiser Family Foundation estimates that about 41 percent of adults covered under the expansion would be parents.[26] Many of them work, but lack health insurance. According to the Census Bureau, 59.9 percent of uninsured adults in Texas work, a higher labor force participation rate than the total population's.[27] According to Kaiser, about 1.2 million adults who would be covered under the expansion

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[23] U.S. Census Bureau, "B27016: Health Insurance Coverage Status And Type By Ratio Of Income To Poverty Level In The Past 12 Months By Age, 2011 American Community Survey 1-Year Estimates," http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t.

[24] National Bureau of Economic Research, "The Impact of Children's Public Health Insurance Expansions on Educational Outcomes," by Phillip B. Levine and Diane Whitmore Schanzenbach, January 2009.

[25] Janet Currie and Jonathan Gruber, "Saving Babies: the Efficacy and Cost of Recent Expansions of Medicaid Eligibility for Pregnant Women," *Journal of Political Economics* (1996, 104:1263-1296), http://www.princeton.edu/~jcurrie/publications/saving_babies.pdf; and Janet Currie and Jonathan Gruber, "Health Insurance Eligibility, Utilization of Medical Care and Child Health," *Quarterly Journal of Economics* (1996, 111:431-466), http://www.lafollette.wisc.edu/courses/pa882/CurrieGruber.pdf.

[26] Kaiser Family Foundation, "Characteristics of Uninsured Low-Income Adults," Table 1, August 2012, http://www.kff.org/uninsured/upload/8350.pdf.

[27] U.S. Census Bureau, "S2702: SELECTED CHARACTERISTICS OF THE UNINSURED IN THE UNITED STATES: 2011 American Community Survey 1-Year Estimates,"

in Texas are working, about 60 percent of them in agriculture or service industries that tend toward smaller firms and are less likely to offer insurance to employees.[28]

Only 28.4 percent of the 320,334 Texas private firms with fewer than 50 employees insured their employees in 2011, versus 92.3 percent of the 132,109 larger private firms.[29] And besides working for low wages in firms that do not offer health insurance, many low-income individuals find work only on a part-time or seasonal basis, resulting in poverty-level incomes.

Table 9 lists the nation's current federal poverty guidelines by family or household size and calculates incomes at 138 percent of FPL.

Table 9

2012 Federal Poverty Guidelines

Persons in Family/Household	Poverty Guideline	138% FPL
1	$11,170	$15,415
2	15,130	20,879
3	19,090	26,344
4	23,050	31,809
5	27,010	37,274
6	30,970	42,739
7	34,930	48,203
8	38,890	53,668
Source: *Federal Register*, Vol. 77, No. 17, January 26, 2012, pp. 4034-4035.		

The Medicaid expansion would cover a person employed in a full-time, minimum-wage job paying $7.25 per hour, which equates to $15,080 per year, just below the 138 percent FPL cutoff. It also would cover a single parent earning $10 per hour (annual wages of $20,800).

These wages are generally insufficient to cover basic living and working expenses as well as health insurance. **Table 10** compiles data from the 2011 *Consumer Expenditure Survey* for a family of two with one earner, one child and an income between $15,000 and $19,999, and illustrates the inability of people in this situation to afford insurance.[30] Expenses exclude health care costs listed at the bottom of the table, as well as debt payments. Health care costs are averages and can vary substantially among families. The health insurance premium used in this example is the average Texas employer-based

http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_1YR_S2702&prodType=table.

[28] Kaiser Family Foundation, "Characteristics of Uninsured Low-Income Adults," Table 3, August 2012, http://www.kff.org/uninsured/upload/8350.pdf.

[29] Kaiser Family Foundation, "Percent of Private Sector Establishments That Offer Health Insurance to Employees, by Firm Size, 2011," http://www.statehealthfacts.kff.org/comparemaptable.jsp?ind=176&cat=3; and "Number of Private Sector Establishments, by Firm Size, 2011," http://www.statehealthfacts.kff.org/comparemaptable.jsp?ind=971&cat=3&sub=46&yr=200&typ=1&rgnhl=49.

[30] U.S. Bureau of Labor Statistics, *Consumer Expenditure Survey, 2011*, "Table 2: Income Before Taxes: Average Annual Expenditures and Characteristics," http://www.bls.gov/cex/csxstnd.htm#2011.

premium for an employee and one additional dependent.[31] This family would be ineligible for food stamps.

Table 10

Typical Household Budget for Two at 138 Percent of the Federal Poverty Level

	Annual	Monthly
Gross Earned Income	**$ 20,879**	**$ 1,740**
Income tax (Earned Income Tax Credit)	$ (3,106)	$ (259)
Payroll tax (Social Security/Medicare)	$ 1,294	$ 108
Net Income	**$ 22,691**	**$ 1,891**
Expenses		
Food	$ 3,748	$ 312
Housing	$ 5,464	$ 455
Utilities	$ 2,739	$ 228
Household	$ 1,650	$ 138
Clothing	$ 560	$ 47
Transportation	$ 4,019	$ 335
Personal care products and services	$ 305	$ 25
Education and reading	$ 409	$ 34
Entertainment	$ 1,571	$ 131
Contributions	$ 1,049	$ 87
Life/personal insurance & pensions	$ 666	$ 56
Miscellaneous	$ 343	$ 29
Total Expenses	**$ 22,523**	**$ 1,877**
Income Less Expenses	**$ 168**	**$ 14**
Healthcare		
Health insurance premiums	*$ 3,009*	*$ 251*
Medical services	*$ 363*	*$ 30*
Drugs	*$ 366*	*$ 31*
Medical supplies	*$ 57*	*$ 5*
Total Healthcare	***$ 3,795***	***$ 316***

Note: Excludes debt payments.
Sources: *Consumer Expenditure Survey, 2011, Kaiser Family Foundation, "Texas: Employer-Based Health Premiums," and tax and food stamp calculators.*

The high cost of health insurance affects both employers and workers, but high premiums as well as out-of-pocket medical expenses make it *impossible* for most low-income workers to afford health care. The 2012 average cost of single coverage was $5,615, and family coverage was $15,745, a 30 percent increase since 2007, according to a recent study by the Kaiser Family Foundation and the Health Research and Educational Trust.[32] Employees paid an average of $951 for single coverage and $4,316 for family coverage, with employers paying the balance. At an average cost of $4,664 for single coverage

[31] Kaiser Family Foundation, "Texas: Employer-Based Health Premiums," Table: Average Employee-Plus-One Premium per Enrolled Employee For Employer-Based Health Insurance, 2011, http://www.statehealthfacts.org/profileind.jsp?sub=67&rgn=45&cat=5.
[32] Kaiser Family Foundation, "Employer Health Benefits 2012 Survey," pp. 1-2, http://ehbs.kff.org/?page=charts&id=1&sn=6&p=1.

and $11,429 for family coverage per employee, it is unsurprising that most small employers find it difficult to provide insurance.[33]

Although the ACA provides subsidized health insurance for individuals above 100 percent of FPL, about 1.4 million uninsured Texas adults aged 18 to 64 who are below 100 percent of FPL will not be eligible.[34] Covering most of these adults through Medicaid would mean a healthier workforce and would reduce absenteeism, job loss and unemployment insurance costs to employers. It also would increase income for families with children, thus reducing stress and providing more opportunities.

And, it would save lives. The Harvard School of Public Health recently compared three states (New York, Arizona and Maine) that expanded Medicaid to childless adults aged 20 to 64 between 2000 and 2005 with neighboring states that did not (New Hampshire, Pennsylvania, Nevada and New Mexico). They found not only a higher insured rate in the expansion states, but a 6.1 percent drop in the death rate for adults under age 65, or about 2,840 deaths prevented each year for every 500,000 persons newly insured.[35] This translates into one life saved per year in the five-year follow-up period for every 176 newly insured. In Texas, that would amount to about 5,700 lives saved per year under the Moderate enrollment scenario once fully implemented.

Benefits to Employers

Only 36 percent of U.S. workers in firms with fewer than 25 workers have insurance.[36] In a Kaiser Family Foundation survey, 48 percent of small employers indicated that the cost of insurance was too high for them to offer it to employees.[37]

On the other hand, when their uninsured employees become sick, they are more likely to be absent from work longer, creating a burden to their employer and fellow employees. Frequent or prolonged absences for common untreated conditions such as asthma, diabetes, heart disease, allergies and flu can lead to terminations and the costs of recruiting, hiring and training new employees. Expanding Medicaid to adults aged 18 through 64 who are making marginal wages or working in part-time or seasonal positions is an effective way to assist small businesses and their employees alike.

Finally, we estimate that the Medicaid expansion would generate nearly 71,500 jobs in Texas in 2014, rising to 231,100 jobs in 2016, the first year of full implementation. Many of these jobs would be in health care, an industry that pays well and provides good job security and benefits, including health

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[33] Kaiser Family Foundation, “Employer Health Benefits 2012 Survey,” p. 7, http://ehbs.kff.org/?page=charts&id=1&sn=12&ch=2691.

[34] U.S. Census Bureau, “B27016: Health Insurance Coverage Status And Type By Ratio Of Income To Poverty Level In The Past 12 Months By Age, 2011 American Community Survey 1-Year Estimates,” http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t.

[35] Harvard School of Public Health, “Expanding Medicaid to Low-Income Adults Leads to Improved Health, Fewer Deaths,” July 25, 2012, http://www.hsph.harvard.edu/news/press-releases/2012-releases/medicaid-expansion-lower-mortality.html; and Benjamin D. Sommers, Katherine Baicker and Arnold M. Epstein, “Mortality and Access to Care After State Medicaid Expansions,” *New England Journal of Medicine* (September 13, 2012), http://www.nejm.org/doi/full/10.1056/NEJMsa1202099#t=articleTop.

[36] Kaiser Family Foundation, “Employer Health Benefits 2012 Annual Survey,” Section 3: Employee Coverage, Eligibility, and Participation, http://ehbs.kff.org/?page=charts&id=1&sn=7&ch=2735.

[37] Kaiser Family Foundation, “2012 Employer Health Benefits Annual Survey,” Exhibit 2.14: Among Small Firms (3-199 Workers) Not Offering Health Benefits, the Most Important Reason for Not Offering, 2012,http://ehbs.kff.org/?page=charts&id=1&sn=3&ch=2732.

insurance, and wages would average $50,818 during the 2014-2017 period—the same as the statewide average for all industries.[38]

Given its December 2012 unemployment rate of 6.1 percent, the Texas economy (and some of the 771,000 Texans who were unemployed then) would benefit substantially from the additional jobs.[39] Of the state's unemployed, unemployment insurance covered only about 158,000 in December 2012.[40] Those individuals receive from $62 to $440 per week (before income tax withholding deductions) for a maximum of 26 weeks without an extension;[41] in December 2012, they received an average of $336.43 per week.[42] That equates to $17,494 on an annual basis, hardly enough for basic living expenses, much less health insurance. With a Medicaid expansion, however, many of these individuals could receive the health care they need as they seek employment.

Many low-income workers, moreover, are underemployed. Part-time earners employed by businesses small and large may find themselves losing insurance in 2014 if they had it before. Wal-Mart quit providing health insurance to associates working fewer than 24 hours per week in 2012, and recently announced plans to quit providing insurance to new employees working fewer than 30 hours per week beginning in 2014.[43] Most of these workers earn near-minimum wage and would be eligible for Medicaid in states that expand. Wal-Mart currently has 150,000 Texas employees; about half of Wal-Mart employees nationwide earn less than $10 per hour.[44]

Texas already has the highest rate of uninsured for adults aged 18 to 64 of any state — 31 percent compared to a national average of 21 percent in 2011.[45] If Texas does not expand Medicaid, and Wal-Mart and other companies implement their intended policies, the number of uninsured in Texas will grow as it shrinks in states that acted, leaving Texas still at the bottom and digging a deeper hole.

Findings in Other States

Recent studies in other states have also found that states can finance their share of the expansion using funds already spent on state and locally funded health care for adults and new revenues generated from the expansion. After further study and considering revised trends, several states besides Texas have also substantially reduced their estimates of the state funds required for the expansion.

Some governors that previously expressed opposition to the expansion have changed their minds. In particular, Arizona's governor, Jan Brewer, initially in opposition, has recently announced that she will support it as long as Arizona includes an automatic trigger reducing Medicaid optional coverage should

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[38] These estimates are based on historical BEA data on Texas wages and employment and a RIMS II health and hospital services jobs multiplier 2.33.

[39] U.S. Bureau of Labor Statistics,"States and Selected Areas: Employment Status of the Civilian Noninstitutional Population, January 1976 to Date, Seasonally Adjusted," http://www.bls.gov/lau/ststdsadata.txt.

[40] U.S. Department of Labor, Employment and Training Division, " Weekly Claims Page 8," December22, 2012,http://www.ows.doleta.gov/unemploy/page8/2012/122912.html.

[41] Texas Workforce Commission, "Unemployment Benefits Estimator," https://services.twc.state.tx.us/UBS/changeLocale.do?language=en&country=US&page=/benefitsEstimator.do.

[42] U.S. Department of Labor, Employment and Training Division, "Monthly Program and Financial Data, Summary Data For State Programs, By Selection Of The State(a), Report Period Between 01/01/2012 And 12/31/2012," January 20, 2012, http://www.ows.doleta.gov/unemploy/claimssum.asp.

[43] Rick Ungar, "Wal-Mart Bails on ObamaCare, Sticks Taxpayers With Employee Healthcare Costs," *Forbes* (December 9, 2012), http://www.forbes.com/sites/rickungar/2012/12/09/walmart-bails-on-obamacare-sticks-taxpayers-with-employee-healthcare-costs/.

[44] Wal-Mart, "Our Locations," http://corporate.walmart.com/our-story/locations#/united-states/texas.

[45] U.S. Census Bureau, "Table HI06. Health Insurance Coverage Status and Type of Coverage by State and Age for All People: 2011," http://www.census.gov/hhes/www/cpstables/032012/health/toc.htm.

the federal government reduce its match rate in the future, a concern expressed by several state governors.[46] After reviewing a new study that identified sufficient existing revenue sources, New Mexico's governor, Susana Martinez, also announced her support for the expansion.[47]

California. A recent study by the University of California at Berkeley and the University of California at Los Angeles on the California expansion found that increased state tax revenues and savings would largely offset additional spending. It also found that savings in other areas of the budget, including other state health programs, mental health services and state prisons due to the expansion "would likely be more than enough to offset the $46 to $381 million in annual state General Fund spending for the newly eligible population through 2019."[48]

Florida. Florida has recently reduced its estimate of state costs from $26 billion to $5.066 billion over 10 years from 2013-14 to 2022-23, including costs for newly eligible adults ($1.767 billion), children who are currently eligible but not enrolled ($3.012 billion) and the cost of shifting, called "crowd out," of currently insured individuals to Medicaid ($0.287 billion). The state now estimates that the expansion would generate $37 billion in federal funds over the ten-year period, of which about $30 billion is for newly eligible adults.[49]

Ohio. Estimates just published by Ohio State University compare the state's match requirements with the net savings the state would receive from moving adults from state-funded programs to Medicaid over a nine-year period from 2014 through 2019, concluding that savings in these programs would provide 41.2 percent of the state match necessary for the expansion. The study estimated that the state would receive net savings of about $1 billion on:

- Better match rate for medically needy adults of $709 million
- Breast and Cervical Cancer Program costs of $48 million
- Inpatient prison health care costs of $273 million

In addition, the study pointed out that there would also be savings on non-Medicaid substance abuse treatment, family planning, pregnant women and other state health care programs for uninsured adults. The study identified other areas of savings as well, including reduced criminal justice costs due to better access to substance abuse treatment.

The study also found net increases in state revenue from taxes of $2,898 million on: managed care plans ($1.823 billion), general revenue ($857 million) from increased economic activity and increased drug rebates to the state from pharmaceutical companies ($218 million). The study estimates that the state will need about $2.5 billion for state match, which would leave a net state fiscal gain of $1.4 billion.[50]

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[46] Angela Gonzalez, "Brewer to expand Arizona Medicaid program," *Phoenix Business Journal*, January 14, 2013, http://www.bizjournals.com/phoenix/news/2013/01/14/brewer-to-expand-arizona-medicaid.html.
[47] Dennis Domrzalski, "New Mexico to join Medicaid expansion program," *Albuquerque Business First,* January 9, 2013, http://www.bizjournals.com/albuquerque/news/2013/01/09/new-mexico-to-join-medicaid-expansion.html.
[48] Laurel Lucia, Ken Jacobs, Greg Watson, Miranda Dietz, and Dylan H. Roby, *Medi-Cal Expansion under the Affordable Care Act: Significant Increase in Coverage with Minimal Cost to the State*, UC Berkeley Center for Labor Research and Education and UCLA Center for Health Policy Research, January 2013, p. 5, http://laborcenter.berkeley.edu/healthcare/medi-cal_expansion13.pdf.
[49] Social Services Estimating Conference, "Estimates Related to Federal Affordable Care Act: Title XIX (Medicaid) FINAL Per email from House received on December 20, 2012," p. 25, http://ahca.myflorida.com/medicaid/pdffiles/Estimates_as_requested_by_House_Staff.pdf.
[50] Regional Economic Models, Inc., Urban Institute, Ohio State University and Health Policy Institute of Ohio,

***Wyoming*.** The Wyoming Department of Health issued a report in November 2012 that also looked for offsets to pay for the Medicaid expansion. The department found that "participating in the optional expansion of the Medicaid program would result in a projected cost savings for the State General Fund throughout the first 6 years of the ACA implementation (fiscal years 2014-2020)."[51]

Objections to Medicaid Expansion

The ACA and the Medicaid expansion have raised concerns in Texas and some other states about its long-term costs for state and local budgets, as well as other concerns. Objections to expansion in Texas primarily revolve around three arguments:

- Medicaid is "socialized medicine" like that practiced in western Europe and expanding it would spread it further;[52]
- the federal government should abandon Medicaid and move to a system of block grants to states, to provide them with more "flexibility" in meeting their citizens' health care needs; and
- the added cost burden of expansion, despite extremely favorable federal matching rates, is too much for a program that has already overburdened the state financially.[53]

Socialized medicine: Medicaid is *not* socialized medicine. Socialized medicine as practiced in Western Europe, and specifically Great Britain, is a system under which the government not only funds but also *operates* hospitals, hires health care providers and controls every aspect of health care. Medicaid does not do these things; patients and their health care providers make health care decisions. Medicaid in no way meets the definition of "socialized medicine."[54]

Medicaid is a federal insurance program that matches state funding to provide health care to eligible, low-income citizens who cannot afford private health insurance. States receive federal matching funds and administer the program under federal rules that limit eligibility to certain groups and services and that provide states with flexibility within certain eligibility and service requirements. Texas participates in *many* similar federal programs that require state matching funds, including transportation, historic preservation and homeland security programs, among others.

Block grants: Some Texas lawmakers suggest that Medicaid is a "one-size-fits-all" program that fails to meet the state's unique demographic and industry needs. They are petitioning the federal government to convert federal Medicaid funding to a block grant, with each state receiving a fixed amount to establish its own state-specific program that might or might not include all the features of the current

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"Expanding Medicaid in Ohio: preliminary analysis of likely effects," pp. 13-24, revised, January 18, 2013, http://a5e8c023c8899218225edfa4b02e4d9734e01a28.gripelements.com/pdf/publications/oh_medicaid_expansion_study_1_15_2013_final_numbered.pdf.

[51] Wyoming Department of Health, "The Optional Expansion Of Medicaid In Wyoming: Costs, Offsets, And Considerations For Decision-Makers," November 2012, p. 15, available at http://www.health.wyo.gov/default.aspx.

[52] Texas Office of the Governor, "Gov. Perry: Texas Will Not Expand Medicaid or Implement Health Benefit Exchange," July 9, 2012, http://governor.state.tx.us/news/press-release/17408/.

[53] Texas Office of the Governor, "Letter to The Honorable Kathleen Sebelius," July 9, 2012, http://governor.state.tx.us/files/press-office/O-SebeliusKathleen201207090024.pdf; and Robert Wilonsky, "Gov. Perry tells Sebelius to "Relay This Message to the President: Texas Rejects Expansion of Medicaid," July 9, 2010, http://trailblazersblog.dallasnews.com/2012/07/gov-perry-tells-sebelius-to-relay-this-message-to-the-president-texas-rejects-expansion-of-medicaid.html/.

[54] Ezra Klein, "Health Reform for Beginners: The Difference Between Socialized Medicine, Single-Payer Health Care, and What We'll Be Getting," *The Washington Post* (June 9, 2009), http://voices.washingtonpost.com/ezra-klein/2009/06/health_reform_for_beginners_th_1.html.

program. Even for lawmakers who favor a block-grant approach, however, this argument should not affect the decision to extend Medicaid coverage under the ACA. In fact, lawmakers who favor a Medicaid block grant *in particular* should support extending Medicaid to low-income adults: the government typically bases block grants on historical funding levels, so maximizing federal funding now would better position Texas in the event of any future conversion to block grants.

Cost burdens: As noted above, state and local governments currently fund all of our expenditures for indigent care and in-patient hospital costs for eligible incarcerated individuals, while the state supplies 100 percent of funding for some adults served in state health care programs that would be eligible for Medicaid. These, combined with hospital charity costs, *far* exceed the amount Texas would be required to contribute to expand Medicaid. New revenue from insurance premium taxes and economic growth from the infusion of $100 billion in federal funds would provide additional revenue sources. Furthermore, opting out of the expansion will *not* reduce Texans' federal tax burden, nor will expanding Medicaid increase it.

Concerns that the federal government will not be able to maintain high match rates in the future are unlikely to become reality given that Congressional representatives and senators represent their states. To ensure against this event, however, Texas could build in an automatic "trigger," such as Arizona is doing, to reduce Medicaid optional populations and services should Congress reduce the match rate in the future.

Governor Rick Perry has described extending Medicaid to low-income adults as "adding more passengers to the Titanic." It would be closer to the case to say that failing to cover adults will doom them like those hapless travelers. Experience in other states indicates that the death rate would fall by 6.1 percent for adults under age 65 if the state expands Medicaid, preventing premature deaths of 5,700 Texas adults in each of the five years following the implementation year, or *28,500 Texans* over five years. Previous studies also have found reductions of 5.1 percent in the child mortality rate and 8.5 percent in the infant mortality rate attributable to Medicaid coverage.[55]

Such studies led one author from the Harvard study, Arnold M. Epstein, to conclude:

> Sometimes the political rhetoric is at odds with the evidence, such as claims that Medicaid is a 'broken program' or worse than no insurance at all; our findings suggest precisely the opposite.[56]

In Conclusion

Extending Medicaid to low-income adults will save tens of thousands of lives and improve millions more over the next decade and beyond. The jobs created will support hundreds of thousands of people and boost the economy. The additional tax revenue will benefit state and local governments and important

[55] Janet Currie and Jonathan Gruber, "Saving Babies: the Efficacy and Cost of Recent Expansions of Medicaid Eligibility for Pregnant Women," *Journal of Political Economics* (1996, 104:1263-1296), http://www.princeton.edu/~jcurrie/publications/saving_babies.pdf; and "Health Insurance Eligibility, Utilization of Medical Care and Child Health," *Quarterly Journal of Economics* (1996, 111:431-466), http://www.lafollette.wisc.edu/courses/pa882/CurrieGruber.pdf.

[56] Harvard School of Public Health, "Expanding Medicaid to Low-Income Adults Leads to Improved Health, Fewer Deaths," July 25, 2012, http://www.hsph.harvard.edu/news/press-releases/2012-releases/medicaid-expansion-lower-mortality.html; and Benjamin D. Sommers, Katherine Baicker and Arnold M. Epstein, "Mortality and Access to Care After State Medicaid Expansions," *New England Journal of Medicine* (September 13, 2012), http://www.nejm.org/doi/full/10.1056/NEJMsa1202099#t=articleTop.

public purposes such as education, infrastructure and public safety. Businesses will benefit from healthier employees and lower employer insurance costs.

State and local government and the state's hospitals collectively spend far more on piecemeal health care for low-income Texans than the state's expected match for the expansion. Expanding Medicaid would move thousands of people into managed care from these programs and significantly reduce the use of expensive emergency room treatment for routine care.

Without expanding Medicaid to adults, Texas will still have to find additional state match for many of the eligible but unenrolled children identified in this report — but without the benefit of the additional state funds that an expansion would free up and without the new revenues that the additional federal funding would generate.

The decision to expand Medicaid — or not — will affect the lives of *millions* of Texans for years into the future and is arguably one of the most important decisions that the Legislature has had to make in decades. If politics are set aside, the right decision is obvious.

Appendix A

Statewide, Regional & County Appendix Notes

Appendix Notes

Appendix B

This appendix contains statewide and regional summaries of caseload and funding estimates involving three enrollment scenarios (Limited, Moderate and Enhanced) for Medicaid expansion from 2014 through 2017. The summaries compare 2016 federal funding for the adult portion of the expansion with 2011 local unreimbursed health care costs and 2010 actual hospital charity costs.

The comparison uses federal funding estimates for 2016, the first full year of implementation. It uses only federal funding for the comparison, since new state match may not be available, and uses funding for the adult portion of the expansion only, since additional funding for children will not offset local costs, as they are already eligible.

The summaries also provide estimates for 2017 to illustrate the effect of the change in federal match from 100 to 95 percent. The summaries include funding estimates for children as well as children and adults combined, to provide a comprehensive overview of potential funding.

The regions used in this analysis are the 20 new Regional Healthcare Partnership (RHP) regions. Appendix D provides a listing of the counties in these regions.

Appendix C

This appendix provides county-level data on actual unreimbursed expenditures for indigent and jail inmate health care and total unreimbursed health care costs made by counties, cities and hospital districts in 2011. It also provides the total unreimbursed charity costs hospitals incurred in 2010. It further includes 2016 federal funding estimates for the adult portion of the Medicaid expansion.

The appendix includes unreimbursed costs for health care reported to the Texas Department of State Health Services for the annual interest distribution from the tobacco settlement. Some unreimbursed health care costs may not be eligible for Medicaid expansion funding. Medicaid funding does not cover undocumented individuals or individuals that exceed certain poverty levels or need services not covered by Medicaid. Medicaid expansion funds also may not cover certain local administrative or other health care costs reported to DSHS. Counties will continue to be responsible for these expenses after expansion.

Jail inmates account for a significant amount of county unreimbursed health care costs. The Medicaid expansion will cover most inpatient costs for these inmates, since most are below 138 percent of poverty, and a 1997 U.S. Department of Health and Human Services ruling makes otherwise eligible inmates who spend more than 24 hours in a hospital eligible for Medicaid. Texas has finally begun to take advantage of this ruling, and in January 2013 will begin Medicaid enrollment of inmates under age 19 and pregnant women when they become patients of a medical institution.[57]

The methodology allocates county shares of unreimbursed health care costs for a hospital district located in two or more counties to each affected county according to its share of the district's tax levy.

A county may have multiple hospital districts, a public hospital within or without the boundaries of a hospital district and a County Indigent Health Care (CIHC) program in a portion of the county that is not

[57] The Kaiser Commission on Medicaid and the Uninsured, *Medicaid Today; Preparing for Tomorrow: A Look at State Medicaid Program Spending, Enrollment and Policy Trends—Result from a 50-State Medicaid Budget Survey for State Fiscal Years 2012 and 2013* (Washington, D.C., October 2012), p. 83, http://www.kff.org/medicaid/upload/8380.pdf.

in a hospital district or the service area of a public hospital. Some hospital districts do not have a public hospital but have arranged with one or more hospitals within the district to provide care. Some hospital districts are countywide while others serve multiple counties. Some public hospitals serve countywide while others serve an area within the county.

Hospital charity costs, then, may be from multiple counties; consequently, the costs shown are for the county in which the hospital is located. Tax levies apply only on a county or hospital district basis, but several counties may contribute funds to a single hospital district. For hospital districts serving multiple counties, the methodology assigns tax levies to the respective counties from which they originate. Also, for hospital districts serving multiple counties, unreimbursed health care expenditures reported to DSHS for the annual interest distribution from the tobacco settlement reflect the county shares of tax levies for the hospital district in question.

Local Unreimbursed Health Care Costs

These costs cover a wide variety of costs including those for health care for indigent individuals and jail inmates, medical transportation, behavioral health, health education and awareness and other expenses. Reports to DSHS ensure against duplication of expenses reported by counties and hospital districts and so provide the best representation of local unreimbursed tax-supported health care costs. The Medicaid expansion would offset some but not all expenditures for indigent health care since undocumented immigrants are ineligible. Similarly, the Medicaid expansion would offset some but not all expenditures for jail inmates, specifically the portion applying to hospital in-patient care for otherwise eligible inmates.

Hospital Charity Costs

Charity costs represent the portion of overall uncompensated care costs that hospitals must absorb. Charity costs exclude unreimbursed costs for government-sponsored health care, since Medicaid and Medicare generate most of them and a Medicaid expansion would not alleviate them. Charity costs also exclude bad debt from insured or partially insured persons as well as a wide range of other uncompensated care, such as contractual allowances made with third-party payors. Charity costs include only estimates of actual operating expenses, not gross charges, for financially eligible patients, usually those with incomes up to 200 percent of FPL. The Medicaid expansion and ACA subsidized insurance would offset most but not all of these costs, since undocumented immigrants are not eligible.

The data in this analysis, exclude charity costs of 270 for-profit hospitals that are not designated as Medicaid Disproportionate Share Hospitals and are not required to report and exempts 108 other hospitals from reporting requirements due to: 1= Hospital in county with less than 50,000 population and having whole county Health Professional Shortage Area designation (78); 2 = Shriners and Scottish Rite hospitals (3); 3 = State acute care and state psychiatric hospitals (15); and 4 = Other, determined to be exempt, not required to report due to closure, recent opening or not operational (12). Unreimbursed costs exclude $255.4 million in hospital system costs unallocated to counties.

Although total federal funding for adults below 138% FPL is greater than local unreimbursed health care and hospital charity care costs, local governments and hospitals will continue to have unreimbursed costs due to individuals who are ineligible for Medicaid or subsidized insurance under ACA, such as undocumented immigrants, or certain services or other costs not covered by Medicaid or insurance. In addition, some unreimbursed costs for individuals above 138% FPL who receive subsidized insurance under ACA may shift to bad debt if coinsurance, copayments and deductibles are not paid.

Funding Estimates

Medicaid expansion funding estimates depend upon the cost per enrollee and the actual number of eligible adults and children who enroll because of the expansion. Statewide estimates of future costs and enrollment for these populations vary. This study provides for low, moderate and high enrollment scenarios (identified as “Limited,” “Moderate” and “Enhanced”) based on 2010 data from a statewide analysis, *Estimates of the Impact of the Affordable Care Act on Counties in Texas*, conducted by Michael E. Cline, Ph.D. and Steve Murdock, Ph.D. and commissioned by Methodist Healthcare Ministries of South Texas, Inc.

The scenarios were escalated over time based on HHSC estimates of annual caseload increases and allocated to counties based on their share of the state’s population of adults aged 18 through 64 below 138 percent of FPL and children under 18 years below 200 percent of FPL, respectively. The data do not include populations that would not be eligible for Medicaid, such as undocumented immigrants. Combining caseloads with HHSC estimates of the costs per adult and child enrollee by year and by federal/state share resulted in total federal, state and all funds estimates by year. County-level caseload data have margins of error that largely track with the Census margins of error for counties and vary from county to county; smaller counties tend to have higher margins of error than larger counties.

The analysis does not compare Medicaid funding for the eligible but not enrolled population to unreimbursed health care costs or hospital charity costs in this study, since these children are currently Medicaid-eligible. These funds, however, will provide economic stimulus to counties, as well as provide health care to uninsured children.

The analysis also compares projected Medicaid funding to the combined unreimbursed health care costs and hospital charity costs only on a regional and statewide basis, and not on a county basis, since hospitals may serve individuals from neighboring counties.

HHSC estimates a phase-in of 50 percent implemented in 2014 (an eight-month year) and 75 percent implementation in 2015 with full implementation in 2016. Even though the federal match rate will decline from 100 percent in 2016 to 95 percent in 2017, the increased caseloads would more than offset the difference at the state level, while the local level may have more variation.

Federal match rates for the adult expansion population are 2014-2016, 100 percent; 2017, 95 percent; 2018, 94 percent; 2019, 93 percent; and 2020 and beyond, 90 percent. Federal match rates remain the same as under current law for children who are eligible now but not enrolled, except that the federal rate for CHIP will go up by 23 percentage points for 2016 through September 2019. The current federal match rate for Medicaid is 59.3 percent and for CHIP is 71.17 percent. States will be able to use CHIP for the Medicaid expansion so children moving from CHIP to Medicaid will continue to be funded at CHIP rates.

HHSC estimates an annual average increase factor for health care costs of 4 percent per year. Counties and regions may use this factor or a more specific local or regional factor, if known, to estimate unreimbursed health care costs and hospital charity costs for 2016, for a more direct comparison with the 2016 and 2017 funding estimates.

The funding estimates presented here may differ from other previously published estimates because of different methodologies. HHSC’s estimates fall within the Limited to Enhanced scenarios and fit most closely to the Moderate enrollment scenario presented here, although they vary somewhat due to different caseload assumptions, primarily involving enrollment rate assumptions for adults and children.

These estimates do not take into account currently insured adults that may move to Medicaid as a result of the expansion. Employers insure about 675,000 adults below 138 percent FPL in Texas and another

194,000 provide for their own insurance, about 869,000 in total.[58] (Some portion of those who provide their own insurance may be between 18 and 26 years old and covered on their parents' policies.) Studies conducted in other states have found it difficult to estimate with confidence what portion of the currently insured would shift to Medicaid with an expansion. Since this study provides a wide range of estimates depending on low, moderate or high levels of enrollment, as well as the data necessary to adjust the estimates, readers can make their own judgments and adjustments to the estimates to account for any shifting from the insured population to Medicaid.

[58] U.S. Census Bureau, "B27016: Health Insurance Coverage Status And Type By Ratio Of Income To Poverty Level In The Past 12 Months By Age, 2011 American Community Survey 1-Year Estimates," http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t.

Appendix B

Impact of Medicaid Expansion on Local Spending for Health Care

Statewide & Regional Data

Texas Medicaid Expansion 2014-2017
Statewide

	Estimate Range		
	Limited	**Moderate**	**Enhanced**
2014-2017 Medicaid Expansion - Adult & Eligible But Unenrolled			
Federal	$16,203,299,273	$27,464,191,090	$38,104,480,682
State	$ 1,851,013,736	$ 3,740,956,886	$ 5,596,216,157
All Funds	**$18,054,313,009**	**$31,205,147,976**	**$43,700,696,839**
Average State Match Percentage	**10.3%**	**12.0%**	**12.8%**
2016 Medicaid Expansion - Adult Only (100% federal match)			
Federal	$ 4,733,703,884	$ 7,615,086,733	$10,290,658,847
State	$ 182,065,534	$ 292,887,951	$ 395,794,571
All Funds	**$ 4,915,769,418**	**$ 7,907,974,684**	**$10,686,453,418**
State Match Percentage	**3.7%**	**3.7%**	**3.7%**
Caseload Estimate	**624,587**	**1,004,771**	**1,357,798**
2017 Medicaid Expansion - Adult Only (95% federal match)			
Federal	$ 4,742,603,247	$ 7,629,403,096	$10,310,005,286
State	$ 431,145,750	$ 693,582,100	$ 937,273,208
All Funds	**$ 5,173,748,997**	**$ 8,322,985,196**	**$11,247,278,494**
Average State Match Percentage	**8.3%**	**8.3%**	**8.3%**
Caseload Estimate	**632,082**	**1,016,828**	**1,374,092**
2011 Unreimbursed Health Care Costs			
County	$ 308,656,819	$ 308,656,819	$ 308,656,819
City	$ 3,125,306	$ 3,125,306	$ 3,125,306
Countywide Hospital District or County Share of District	$ 2,232,255,563	$ 2,232,255,563	$ 2,232,255,563
Total	**$ 2,544,037,688**	**$ 2,544,037,688**	**$ 2,544,037,688**
2010 Hospital Charity Costs			
Public	$ 341,452,546	$ 341,452,546	$ 341,452,546
Nonprofit	$ 1,287,610,739	$ 1,287,610,739	$ 1,287,610,739
For profit	$ 207,610,577	$ 207,610,577	$ 207,610,577
Total	**$ 1,836,673,862**	**$ 1,836,673,862**	**$ 1,836,673,862**
2010 Local Unreimbursed Health Care & Hospital Charity Costs	**$ 4,380,711,550**	**$ 4,380,711,550**	**$ 4,380,711,550**
2016 Federal Funds-Adult as % of Local Unreimbursed Costs	**108.1%**	**173.8%**	**234.9%**
2016 Medicaid Expansion - Eligible, But Unenrolled			
Federal	$ 643,070,287	$ 1,500,495,384	$ 2,357,920,480
State	$ 329,711,390	$ 769,325,576	$ 1,208,939,762
All Funds	**$ 972,781,678**	**$ 2,269,820,960**	**$ 3,566,860,242**
Average State Match Percentage	**33.9%**	**33.9%**	**33.9%**
Caseload Estimate	**235,795**	**550,189**	**864,582**
2016 Medicaid Expansion - Total Adult & Eligible, But Unenrolled			
Federal	$ 5,376,774,171	$ 9,115,582,117	$12,648,579,328
State	$ 511,776,924	$ 1,062,213,528	$ 1,604,734,333
All Funds	**$ 5,888,551,095**	**$10,177,795,644**	**$14,253,313,661**
Average State Match Percentage	**8.7%**	**10.4%**	**11.3%**
Caseload Estimate	**860,383**	**1,554,959**	**2,222,380**

Texas Medicaid Expansion 2014-2017
RHP 01

	Estimate Range		
	Limited	**Moderate**	**Enhanced**
2014-2017 Medicaid Expansion - Adult & Eligible But Unenrolled			
Federal	$ 997,748,315	$1,669,437,756	$2,301,609,214
State	$ 99,290,202	$ 194,867,200	$ 288,235,639
All Funds	**$ 1,097,038,517**	**$1,864,304,956**	**$2,589,844,853**
Average State Match Percentage	**9.1%**	**10.5%**	**11.1%**
2016 Medicaid Expansion - Adult Only (100% federal match)			
Federal	$ 301,427,257	$ 484,904,583	$ 655,276,533
State	$ 11,593,356	$ 18,650,176	$ 25,202,944
All Funds	**$ 313,020,613**	**$ 503,554,759**	**$ 680,479,477**
State Match Percentage	**3.7%**	**3.7%**	**3.7%**
Caseload Estimate	**39,772**	**63,981**	**86,460**
2017 Medicaid Expansion - Adult Only (95% federal match)			
Federal	$ 301,993,940	$ 485,816,203	$ 656,508,453
State	$ 27,453,995	$ 44,165,109	$ 59,682,587
All Funds	**$ 329,447,935**	**$ 529,981,313**	**$ 716,191,040**
Average State Match Percentage	**8.3%**	**8.3%**	**8.3%**
Caseload Estimate	**40,249**	**64,748**	**87,498**
2011 Unreimbursed Health Care Costs			
County	$ 29,650,748	$ 29,650,748	$ 29,650,748
City	$ -	$ -	$ -
Countywide Hospital District or County Share of District	$ 19,060,932	$ 19,060,932	$ 19,060,932
Total	**$ 48,711,681**	**$ 48,711,681**	**$ 48,711,681**
2010 Hospital Charity Costs			
Public	$ 4,566,683	$ 4,566,683	$ 4,566,683
Nonprofit	$ 160,390,431	$ 160,390,431	$ 160,390,431
For profit	$ 6,306,544	$ 6,306,544	$ 6,306,544
Total	**$ 171,263,658**	**$ 171,263,658**	**$ 171,263,658**
2010 Local Unreimbursed Health Care & Hospital Charity Costs	**$ 219,975,339**	**$ 219,975,339**	**$ 219,975,339**
2016 Federal Funds-Adult as % of Local Unreimbursed Costs	**137.0%**	**220.4%**	**297.9%**
2016 Medicaid Expansion - Eligible, But Unenrolled			
Federal	$ 29,606,923	$ 69,082,730	$ 108,558,537
State	$ 15,179,895	$ 35,419,710	$ 55,659,524
All Funds	**$ 44,786,818**	**$ 104,502,440**	**$ 164,218,061**
Average State Match Percentage	**33.9%**	**33.9%**	**33.9%**
Caseload Estimate	**10,856**	**25,331**	**39,805**
2016 Medicaid Expansion - Total Adult & Eligible, But Unenrolled			
Federal	$ 331,034,180	$ 553,987,313	$ 763,835,070
State	$ 26,773,251	$ 54,069,886	$ 80,862,468
All Funds	**$ 357,807,431**	**$ 608,057,199**	**$ 844,697,538**
Average State Match Percentage	**7.5%**	**8.9%**	**9.6%**
Caseload Estimate	**50,628**	**89,311**	**126,266**

Texas Medicaid Expansion 2014-2017
RHP 02

	Estimate Range		
	Limited	**Moderate**	**Enhanced**
2014-2017 Medicaid Expansion - Adult & Eligible But Unenrolled			
Federal	$ 902,713,083	$1,514,200,718	$2,090,161,029
State	$ 92,386,749	$ 182,476,326	$ 270,580,372
All Funds	**$ 995,099,833**	**$1,696,677,044**	**$2,360,741,400**
Average State Match Percentage	**9.3%**	**10.8%**	**11.5%**
2016 Medicaid Expansion - Adult Only (100% federal match)			
Federal	$ 270,988,117	$ 435,937,284	$ 589,104,500
State	$ 10,422,620	$ 16,766,819	$ 22,657,865
All Funds	**$ 281,410,737**	**$ 452,704,102**	**$ 611,762,366**
State Match Percentage	**3.7%**	**3.7%**	**3.7%**
Caseload Estimate	**35,755**	**57,520**	**77,729**
2017 Medicaid Expansion - Adult Only (95% federal match)			
Federal	$ 271,497,574	$ 436,756,846	$ 590,212,017
State	$ 24,681,598	$ 39,705,168	$ 53,655,638
All Funds	**$ 296,179,172**	**$ 476,462,014**	**$ 643,867,655**
Average State Match Percentage	**8.3%**	**8.3%**	**8.3%**
Caseload Estimate	**36,185**	**58,210**	**78,662**
2011 Unreimbursed Health Care Costs			
County	$ 42,501,457	$ 42,501,457	$ 42,501,457
City	$ -	$ -	$ -
Countywide Hospital District or County Share of District	$ 22,107,080	$ 22,107,080	$ 22,107,080
Total	**$ 64,608,537**	**$ 64,608,537**	**$ 64,608,537**
2010 Hospital Charity Costs			
Public	$ 7,048,791	$ 7,048,791	$ 7,048,791
Nonprofit	$ 23,808,386	$ 23,808,386	$ 23,808,386
For profit	$ -	$ -	$ -
Total	**$ 30,857,177**	**$ 30,857,177**	**$ 30,857,177**
2010 Local Unreimbursed Health Care & Hospital Charity Costs	**$ 95,465,714**	**$ 95,465,714**	**$ 95,465,714**
2016 Federal Funds-Adult as % of Local Unreimbursed Costs	**283.9%**	**456.6%**	**617.1%**
2016 Medicaid Expansion - Eligible, But Unenrolled			
Federal	$ 28,523,970	$ 66,555,843	$ 104,587,716
State	$ 14,624,650	$ 34,124,139	$ 53,623,627
All Funds	**$ 43,148,620**	**$ 100,679,982**	**$ 158,211,344**
Average State Match Percentage	**33.9%**	**33.9%**	**33.9%**
Caseload Estimate	**10,459**	**24,404**	**38,349**
2016 Medicaid Expansion - Total Adult & Eligible, But Unenrolled			
Federal	$ 299,512,087	$ 502,493,127	$ 693,692,217
State	$ 25,047,270	$ 50,890,957	$ 76,281,493
All Funds	**$ 324,559,356**	**$ 553,384,084**	**$ 769,973,709**
Average State Match Percentage	7.7%	9.2%	9.9%
Caseload Estimate	**46,214**	**81,924**	**116,079**

Texas Medicaid Expansion 2014-2017			
RHP 03	**Estimate Range**		
	Limited	**Moderate**	**Enhanced**
2014-2017 Medicaid Expansion - Adult & Eligible But Unenrolled			
Federal	$ 2,740,623,878	$4,692,664,474	$6,542,578,959
State	$ 345,118,841	$ 710,149,303	$1,069,472,197
All Funds	**$ 3,085,742,720**	**$5,402,813,777**	**$7,612,051,155**
Average State Match Percentage	**11.2%**	**13.1%**	**14.0%**
2016 Medicaid Expansion - Adult Only (100% federal match)			
Federal	$ 778,976,848	$1,253,136,319	$1,693,427,639
State	$ 29,960,648	$ 48,197,551	$ 65,131,832
All Funds	**$ 808,937,496**	**$1,301,333,870**	**$1,758,559,472**
State Match Percentage	**3.7%**	**3.7%**	**3.7%**
Caseload Estimate	**102,782**	**165,345**	**223,439**
2017 Medicaid Expansion - Adult Only (95% federal match)			
Federal	$ 780,441,325	$1,255,492,215	$1,696,611,283
State	$ 70,949,211	$ 114,135,656	$ 154,237,389
All Funds	**$ 851,390,536**	**$1,369,627,871**	**$1,850,848,673**
Average State Match Percentage	**8.3%**	**8.3%**	**8.3%**
Caseload Estimate	**104,015**	**167,329**	**226,120**
2011 Unreimbursed Health Care Costs			
County	$ 25,758,720	$ 25,758,720	$ 25,758,720
City	$ -	$ -	$ -
Countywide Hospital District or County Share of District	$ 604,972,149	$ 604,972,149	$ 604,972,149
Total	**$ 630,730,869**	**$ 630,730,869**	**$ 630,730,869**
2010 Hospital Charity Costs			
Public	$ 15,042,074	$ 15,042,074	$ 15,042,074
Nonprofit	$ 313,840,002	$ 313,840,002	$ 313,840,002
For profit	$ 24,727,824	$ 24,727,824	$ 24,727,824
Total	**$ 353,609,900**	**$ 353,609,900**	**$ 353,609,900**
2010 Local Unreimbursed Health Care & Hospital Charity Costs	**$ 984,340,769**	**$ 984,340,769**	**$ 984,340,769**
2016 Federal Funds-Adult as % of Local Unreimbursed Costs	**79.1%**	**127.3%**	**172.0%**
2016 Medicaid Expansion - Eligible, But Unenrolled			
Federal	$ 130,560,595	$ 304,640,993	$ 478,721,390
State	$ 66,940,296	$ 156,193,821	$ 245,447,346
All Funds	**$ 197,500,891**	**$ 460,834,814**	**$ 724,168,736**
Average State Match Percentage	**33.9%**	**33.9%**	**33.9%**
Caseload Estimate	**47,873**	**111,703**	**175,533**
2016 Medicaid Expansion - Total Adult & Eligible, But Unenrolled			
Federal	$ 909,537,443	$1,557,777,312	$2,172,149,029
State	$ 96,900,944	$ 204,391,372	$ 310,579,178
All Funds	**$ 1,006,438,388**	**$1,762,168,683**	**$2,482,728,207**
Average State Match Percentage	**9.6%**	**11.6%**	**12.5%**
Caseload Estimate	**150,655**	**277,048**	**398,972**

Texas Medicaid Expansion 2014-2017
RHP 04

	Estimate Range		
	Limited	**Moderate**	**Enhanced**
2014-2017 Medicaid Expansion - Adult & Eligible But Unenrolled			
Federal	$ 634,770,331	$1,064,388,340	$1,469,002,130
State	$ 64,715,541	$ 127,712,165	$ 189,311,368
All Funds	**$ 699,485,872**	**$1,192,100,505**	**$1,658,313,498**
Average State Match Percentage	**9.3%**	**10.7%**	**11.4%**
2016 Medicaid Expansion - Adult Only (100% federal match)			
Federal	$ 190,722,111	$ 306,813,745	$ 414,613,214
State	$ 7,335,466	$ 11,800,529	$ 15,946,662
All Funds	**$ 198,057,577**	**$ 318,614,274**	**$ 430,559,876**
State Match Percentage	**3.7%**	**3.7%**	**3.7%**
Caseload Estimate	**25,165**	**40,482**	**54,706**
2017 Medicaid Expansion - Adult Only (95% federal match)			
Federal	$ 191,080,669	$ 307,390,555	$ 415,392,686
State	$ 17,370,970	$ 27,944,596	$ 37,762,971
All Funds	**$ 208,451,638**	**$ 335,335,151**	**$ 453,155,658**
Average State Match Percentage	**8.3%**	**8.3%**	**8.3%**
Caseload Estimate	**25,467**	**40,968**	**55,363**
2011 Unreimbursed Health Care Costs			
County	$ 11,346,698	$ 11,346,698	$ 11,346,698
City	$ -	$ -	$ -
Countywide Hospital District or County Share of District	$ 46,494,090	$ 46,494,090	$ 46,494,090
Total	**$ 57,840,788**	**$ 57,840,788**	**$ 57,840,788**
2010 Hospital Charity Costs			
Public	$ 5,012,091	$ 5,012,091	$ 5,012,091
Nonprofit	$ 56,638,309	$ 56,638,309	$ 56,638,309
For profit	$ 3,645,285	$ 3,645,285	$ 3,645,285
Total	**$ 65,295,685**	**$ 65,295,685**	**$ 65,295,685**
2010 Local Unreimbursed Health Care & Hospital Charity Costs	**$ 123,136,473**	**$ 123,136,473**	**$ 123,136,473**
2016 Federal Funds-Adult as % of Local Unreimbursed Costs	**154.9%**	**249.2%**	**336.7%**
2016 Medicaid Expansion - Eligible, But Unenrolled			
Federal	$ 19,888,119	$ 46,405,552	$ 72,922,984
State	$ 10,196,925	$ 23,792,794	$ 37,388,663
All Funds	**$ 30,085,044**	**$ 70,198,346**	**$ 110,311,647**
Average State Match Percentage	**33.9%**	**33.9%**	**33.9%**
Caseload Estimate	**7,292**	**17,016**	**26,739**
2016 Medicaid Expansion - Total Adult & Eligible, But Unenrolled			
Federal	$ 210,610,230	$ 353,219,297	$ 487,536,197
State	$ 17,532,391	$ 35,593,323	$ 53,335,325
All Funds	**$ 228,142,621**	**$ 388,812,620**	**$ 540,871,522**
Average State Match Percentage	**7.7%**	**9.2%**	**9.9%**
Caseload Estimate	**32,457**	**57,498**	**81,445**

Texas Medicaid Expansion 2014-2017
RHP 05

	Estimate Range		
	Limited	**Moderate**	**Enhanced**
2014-2017 Medicaid Expansion - Adult & Eligible But Unenrolled			
Federal	$ 1,182,474,674	$2,030,500,585	$2,834,810,663
State	$ 152,824,551	$ 315,870,365	$ 476,473,012
All Funds	**$ 1,335,299,224**	**$2,346,370,950**	**$3,311,283,675**
Average State Match Percentage	**11.4%**	**13.5%**	**14.4%**
2016 Medicaid Expansion - Adult Only (100% federal match)			
Federal	$ 333,446,776	$ 536,414,229	$ 724,884,171
State	$ 12,824,876	$ 20,631,317	$ 27,880,160
All Funds	**$ 346,271,652**	**$ 557,045,546**	**$ 752,764,331**
State Match Percentage	**3.7%**	**3.7%**	**3.7%**
Caseload Estimate	**43,997**	**70,777**	**95,645**
2017 Medicaid Expansion - Adult Only (95% federal match)			
Federal	$ 334,073,656	$ 537,422,688	$ 726,246,953
State	$ 30,370,332	$ 48,856,608	$ 66,022,450
All Funds	**$ 364,443,988**	**$ 586,279,296**	**$ 792,269,403**
Average State Match Percentage	**8.3%**	**8.3%**	**8.3%**
Caseload Estimate	**44,525**	**71,626**	**96,792**
2011 Unreimbursed Health Care Costs			
County	$ 26,229,739	$ 26,229,739	$ 26,229,739
City	$ -	$ -	$ -
Countywide Hospital District or County Share of District	$ 5,107,216	$ 5,107,216	$ 5,107,216
Total	**$ 31,336,954**	**$ 31,336,954**	**$ 31,336,954**
2010 Hospital Charity Costs			
Public	$ 346,593	$ 346,593	$ 346,593
Nonprofit	$ 42,476,800	$ 42,476,800	$ 42,476,800
For profit	$ 57,277,435	$ 57,277,435	$ 57,277,435
Total	**$ 100,100,828**	**$ 100,100,828**	**$ 100,100,828**
2010 Local Unreimbursed Health Care & Hospital Charity Costs	**$ 131,437,782**	**$ 131,437,782**	**$ 131,437,782**
2016 Federal Funds-Adult as % of Local Unreimbursed Costs	**253.7%**	**408.1%**	**551.5%**
2016 Medicaid Expansion - Eligible, But Unenrolled			
Federal	$ 58,997,466	$ 137,660,575	$ 216,323,683
State	$ 30,248,850	$ 70,580,558	$ 110,912,266
All Funds	**$ 89,246,316**	**$ 208,241,132**	**$ 327,235,949**
Average State Match Percentage	**33.9%**	**33.9%**	**33.9%**
Caseload Estimate	**21,633**	**50,476**	**79,320**
2016 Medicaid Expansion - Total Adult & Eligible, But Unenrolled			
Federal	$ 392,444,242	$ 674,074,804	$ 941,207,854
State	$ 43,073,726	$ 91,211,874	$ 138,792,426
All Funds	**$ 435,517,968**	**$ 765,286,678**	**$1,080,000,280**
Average State Match Percentage	**9.9%**	**11.9%**	**12.9%**
Caseload Estimate	**65,629**	**121,253**	**174,964**

Texas Medicaid Expansion 2014-2017
RHP 06

	Estimate Range		
	Limited	**Moderate**	**Enhanced**
2014-2017 Medicaid Expansion - Adult & Eligible But Unenrolled			
Federal	$ 1,684,421,287	$2,841,421,941	$3,933,089,791
State	$ 183,204,989	$ 366,622,502	$ 546,388,730
All Funds	**$ 1,867,626,276**	**$3,208,044,442**	**$4,479,478,521**
Average State Match Percentage	**9.8%**	**11.4%**	**12.2%**
2016 Medicaid Expansion - Adult Only (100% federal match)			
Federal	$ 498,332,318	$ 801,664,811	$1,083,330,941
State	$ 19,166,628	$ 30,833,262	$ 41,666,575
All Funds	**$ 517,498,946**	**$ 832,498,072**	**$1,124,997,515**
State Match Percentage	**3.7%**	**3.7%**	**3.7%**
Caseload Estimate	**65,752**	**105,775**	**142,940**
2017 Medicaid Expansion - Adult Only (95% federal match)			
Federal	$ 499,269,183	$ 803,171,940	$1,085,367,603
State	$ 45,388,108	$ 73,015,631	$ 98,669,782
All Funds	**$ 544,657,291**	**$ 876,187,571**	**$1,184,037,385**
Average State Match Percentage	**8.3%**	**8.3%**	**8.3%**
Caseload Estimate	**66,541**	**107,045**	**144,655**
2011 Unreimbursed Health Care Costs			
County	$ 19,135,989	$ 19,135,989	$ 19,135,989
City	$ 1,240,453	$ 1,240,453	$ 1,240,453
Countywide Hospital District or County Share of District	$ 295,446,488	$ 295,446,488	$ 295,446,488
Total	**$ 315,822,930**	**$ 315,822,930**	**$ 315,822,930**
2010 Hospital Charity Costs			
Public	$ 40,995,684	$ 40,995,684	$ 40,995,684
Nonprofit	$ 62,809,259	$ 62,809,259	$ 62,809,259
For profit	$ 52,891,058	$ 52,891,058	$ 52,891,058
Total	**$ 156,696,001**	**$ 156,696,001**	**$ 156,696,001**
2010 Local Unreimbursed Health Care & Hospital Charity Costs	**$ 472,518,931**	**$ 472,518,931**	**$ 472,518,931**
2016 Federal Funds-Adult as % of Local Unreimbursed Costs	**4.1%**	**6.5%**	**8.8%**
2016 Medicaid Expansion - Eligible, But Unenrolled			
Federal	$ 60,580,852	$ 141,355,137	$ 222,129,422
State	$ 31,060,674	$ 72,474,813	$ 113,888,951
All Funds	**$ 91,641,526**	**$ 213,829,949**	**$ 336,018,373**
Average State Match Percentage	**33.9%**	**33.9%**	**33.9%**
Caseload Estimate	**22,213**	**51,831**	**81,448**
2016 Medicaid Expansion - Total Adult & Eligible, But Unenrolled			
Federal	$ 558,913,170	$ 943,019,947	$1,305,460,362
State	$ 50,227,302	$ 103,308,075	$ 155,555,526
All Funds	**$ 609,140,472**	**$1,046,328,022**	**$1,461,015,888**
Average State Match Percentage	**8.2%**	**9.9%**	**10.6%**
Caseload Estimate	**87,966**	**157,606**	**224,388**

Texas Medicaid Expansion 2014-2017
RHP 07

	Estimate Range		
	Limited	**Moderate**	**Enhanced**
2014-2017 Medicaid Expansion - Adult & Eligible But Unenrolled			
Federal	$ 781,516,679	$1,314,397,524	$1,816,730,287
State	$ 82,343,501	$ 163,680,101	$ 243,309,446
All Funds	**$ 863,860,180**	**$1,478,077,625**	**$2,060,039,733**
Average State Match Percentage	**9.5%**	**11.1%**	**11.8%**
2016 Medicaid Expansion - Adult Only (100% federal match)			
Federal	$ 233,008,473	$ 374,839,613	$ 506,540,072
State	$ 8,961,864	$ 14,416,908	$ 19,482,310
All Funds	**$ 241,970,338**	**$ 389,256,522**	**$ 526,022,383**
State Match Percentage	**3.7%**	**3.7%**	**3.7%**
Caseload Estimate	**30,744**	**49,458**	**66,835**
2017 Medicaid Expansion - Adult Only (95% federal match)			
Federal	$ 233,446,529	$ 375,544,312	$ 507,492,368
State	$ 21,222,412	$ 34,140,392	$ 46,135,670
All Funds	**$ 254,668,941**	**$ 409,684,704**	**$ 553,628,037**
Average State Match Percentage	**8.3%**	**8.3%**	**8.3%**
Caseload Estimate	**31,113**	**50,052**	**67,637**
2011 Unreimbursed Health Care Costs			
County	$ 10,652,376	$ 10,652,376	$ 10,652,376
City	$ -	$ -	$ -
Countywide Hospital District or County Share of District	$ 156,443,095	$ 156,443,095	$ 156,443,095
Total	**$ 167,095,471**	**$ 167,095,471**	**$ 167,095,471**
2010 Hospital Charity Costs			
Public	$ 50,000	$ 50,000	$ 50,000
Nonprofit	$ 122,975,201	$ 122,975,201	$ 122,975,201
For profit	$ -	$ -	$ -
Total	**$ 123,025,201**	**$ 123,025,201**	**$ 123,025,201**
2010 Local Unreimbursed Health Care & Hospital Charity Costs	**$ 290,120,672**	**$ 290,120,672**	**$ 290,120,672**
2016 Federal Funds-Adult as % of Local Unreimbursed Costs	**80.3%**	**129.2%**	**174.6%**
2016 Medicaid Expansion - Eligible, But Unenrolled			
Federal	$ 26,299,882	$ 61,366,313	$ 96,432,743
State	$ 13,484,328	$ 31,463,392	$ 49,442,455
All Funds	**$ 39,784,211**	**$ 92,829,704**	**$ 145,875,197**
Average State Match Percentage	**33.9%**	**33.9%**	**33.9%**
Caseload Estimate	**9,643**	**22,501**	**35,359**
2016 Medicaid Expansion - Total Adult & Eligible, But Unenrolled			
Federal	$ 259,308,356	$ 436,205,926	$ 602,972,815
State	$ 22,446,193	$ 45,880,300	$ 68,924,765
All Funds	**$ 281,754,548**	**$ 482,086,226**	**$ 671,897,580**
Average State Match Percentage	**8.0%**	**9.5%**	**10.3%**
Caseload Estimate	**40,388**	**71,959**	**102,194**

Texas Medicaid Expansion 2014-2017
RHP 08

	Estimate Range		
	Limited	**Moderate**	**Enhanced**
2014-2017 Medicaid Expansion - Adult & Eligible But Unenrolled			
Federal	$ 482,965,338	$ 817,370,557	$1,133,203,107
State	$ 54,331,324	$ 109,473,126	$ 163,576,948
All Funds	**$ 537,296,662**	**$ 926,843,682**	**$1,296,780,055**
Average State Match Percentage	**10.1%**	**11.8%**	**12.6%**
2016 Medicaid Expansion - Adult Only (100% federal match)			
Federal	$ 141,664,838	$ 227,895,545	$ 307,966,985
State	$ 5,448,648	$ 8,765,213	$ 11,844,884
All Funds	**$ 147,113,485**	**$ 236,660,758**	**$ 319,811,869**
State Match Percentage	**3.7%**	**3.7%**	**3.7%**
Caseload Estimate	**18,692**	**30,070**	**40,635**
2017 Medicaid Expansion - Adult Only (95% federal match)			
Federal	$ 141,931,167	$ 228,323,988	$ 308,545,963
State	$ 12,902,833	$ 20,756,726	$ 28,049,633
All Funds	**$ 154,834,001**	**$ 249,080,715**	**$ 336,595,596**
Average State Match Percentage	**8.3%**	**8.3%**	**8.3%**
Caseload Estimate	**18,916**	**30,430**	**41,122**
2011 Unreimbursed Health Care Costs			
County	$ 31,056,808	$ 31,056,808	$ 31,056,808
City	$ -	$ -	$ -
Countywide Hospital District or County Share of District	$ -	$ -	$ -
Total	**$ 31,056,808**	**$ 31,056,808**	**$ 31,056,808**
2010 Hospital Charity Costs			
Public	$ 106,827	$ 106,827	$ 106,827
Nonprofit	$ 73,846,491	$ 73,846,491	$ 73,846,491
For profit	$ -	$ -	$ -
Total	**$ 73,953,318**	**$ 73,953,318**	**$ 73,953,318**
2010 Local Unreimbursed Health Care & Hospital Charity Costs	**$ 105,010,126**	**$ 105,010,126**	**$ 105,010,126**
2016 Federal Funds-Adult as % of Local Unreimbursed Costs	**134.9%**	**217.0%**	**293.3%**
2016 Medicaid Expansion - Eligible, But Unenrolled			
Federal	$ 18,595,642	$ 43,389,775	$ 68,183,908
State	$ 9,534,253	$ 22,246,562	$ 34,958,871
All Funds	**$ 28,129,895**	**$ 65,636,337**	**$ 103,142,779**
Average State Match Percentage	**33.9%**	**33.9%**	**33.9%**
Caseload Estimate	**6,818**	**15,910**	**25,001**
2016 Medicaid Expansion - Total Adult & Eligible, But Unenrolled			
Federal	$ 160,260,480	$ 271,285,320	$ 376,150,893
State	$ 14,982,901	$ 31,011,775	$ 46,803,755
All Funds	**$ 175,243,381**	**$ 302,297,095**	**$ 422,954,648**
Average State Match Percentage	**8.5%**	**10.3%**	**11.1%**
Caseload Estimate	**25,510**	**45,979**	**65,636**

Texas Medicaid Expansion 2014-2017
RHP 09

	Estimate Range		
	Limited	**Moderate**	**Enhanced**
2014-2017 Medicaid Expansion - Adult & Eligible But Unenrolled			
Federal	$ 1,621,718,108	$2,778,303,248	$3,874,546,853
State	$ 205,231,293	$ 422,666,338	$ 636,729,049
All Funds	**$ 1,826,949,401**	**$3,200,969,586**	**$4,511,275,902**
Average State Match Percentage	**11.2%**	**13.2%**	**14.1%**
2016 Medicaid Expansion - Adult Only (100% federal match)			
Federal	$ 460,260,923	$ 740,419,540	$1,000,567,052
State	$ 17,702,343	$ 28,477,675	$ 38,483,348
All Funds	**$ 477,963,266**	**$ 768,897,214**	**$1,039,050,401**
State Match Percentage	**3.7%**	**3.7%**	**3.7%**
Caseload Estimate	**60,729**	**97,694**	**132,020**
2017 Medicaid Expansion - Adult Only (95% federal match)			
Federal	$ 461,126,214	$ 741,811,528	$1,002,448,118
State	$ 41,920,565	$ 67,437,412	$ 91,131,647
All Funds	**$ 503,046,779**	**$ 809,248,940**	**$1,093,579,766**
Average State Match Percentage	**8.3%**	**8.3%**	**8.3%**
Caseload Estimate	**61,458**	**98,867**	**133,604**
2011 Unreimbursed Health Care Costs			
County	$ 12,974,101	$ 12,974,101	$ 12,974,101
City	$ -	$ -	$ -
Countywide Hospital District or County Share of District	$ 449,984,576	$ 449,984,576	$ 449,984,576
Total	**$ 462,958,677**	**$ 462,958,677**	**$ 462,958,677**
2010 Hospital Charity Costs			
Public	$ 70,833,571	$ 70,833,571	$ 70,833,571
Nonprofit	$ 169,963,547	$ 169,963,547	$ 169,963,547
For profit	$ 150,878	$ 150,878	$ 150,878
Total	**$ 240,947,996**	**$ 240,947,996**	**$ 240,947,996**
2010 Local Unreimbursed Health Care & Hospital Charity Costs	**$ 703,906,673**	**$ 703,906,673**	**$ 703,906,673**
2016 Federal Funds-Adult as % of Local Unreimbursed Costs	**65.4%**	**105.2%**	**142.1%**
2016 Medicaid Expansion - Eligible, But Unenrolled			
Federal	$ 77,946,065	$ 181,873,916	$ 285,801,766
State	$ 39,964,069	$ 93,249,374	$ 146,534,678
All Funds	**$ 117,910,135**	**$ 275,123,289**	**$ 432,336,444**
Average State Match Percentage	**33.9%**	**33.9%**	**33.9%**
Caseload Estimate	**28,581**	**66,688**	**104,795**
2016 Medicaid Expansion - Total Adult & Eligible, But Unenrolled			
Federal	$ 538,206,989	$ 922,293,455	$1,286,368,818
State	$ 57,666,413	$ 121,727,048	$ 185,018,026
All Funds	**$ 595,873,401**	**$1,044,020,504**	**$1,471,386,845**
Average State Match Percentage	**9.7%**	**11.7%**	**12.6%**
Caseload Estimate	**89,310**	**164,382**	**236,815**

Texas Medicaid Expansion 2014-2017 **RHP 10**	**Estimate Range**		
	Limited	**Moderate**	**Enhanced**
2014-2017 Medicaid Expansion - Adult & Eligible But Unenrolled			
Federal	$ 1,222,345,629	$2,083,840,978	$2,899,239,011
State	$ 147,749,143	$ 301,809,494	$ 453,293,583
All Funds	**$ 1,370,094,772**	**$2,385,650,472**	**$3,352,532,594**
Average State Match Percentage	**10.8%**	**12.7%**	**13.5%**
2016 Medicaid Expansion - Adult Only (100% federal match)			
Federal	$ 351,611,767	$ 565,636,164	$ 764,373,276
State	$ 13,523,530	$ 21,755,237	$ 29,398,972
All Funds	**$ 365,135,297**	**$ 587,391,401**	**$ 793,772,248**
State Match Percentage	**3.7%**	**3.7%**	**3.7%**
Caseload Estimate	**46,393**	**74,633**	**100,855**
2017 Medicaid Expansion - Adult Only (95% federal match)			
Federal	$ 352,272,798	$ 566,699,560	$ 765,810,298
State	$ 32,024,800	$ 51,518,142	$ 69,619,118
All Funds	**$ 384,297,597**	**$ 618,217,701**	**$ 835,429,416**
Average State Match Percentage	**8.3%**	**8.3%**	**8.3%**
Caseload Estimate	**46,950**	**75,528**	**102,065**
2011 Unreimbursed Health Care Costs			
County	$ 10,525,904	$ 10,525,904	$ 10,525,904
City	$ -	$ -	$ -
Countywide Hospital District or County Share of District	$ 284,727,819	$ 284,727,819	$ 284,727,819
Total	**$ 295,253,723**	**$ 295,253,723**	**$ 295,253,723**
2010 Hospital Charity Costs			
Public	$ 79,784,672	$ 79,784,672	$ 79,784,672
Nonprofit	$ 78,408,490	$ 78,408,490	$ 78,408,490
For profit	$ 2,104,538	$ 2,104,538	$ 2,104,538
Total	**$ 160,297,700**	**$ 160,297,700**	**$ 160,297,700**
2010 Local Unreimbursed Health Care & Hospital Charity Costs	**$ 455,551,423**	**$ 455,551,423**	**$ 455,551,423**
2016 Federal Funds-Adult as % of Local Unreimbursed Costs	**77.2%**	**124.2%**	**167.8%**
2016 Medicaid Expansion - Eligible, But Unenrolled			
Federal	$ 54,029,699	$ 126,069,133	$ 198,108,567
State	$ 27,701,804	$ 64,637,459	$ 101,573,113
All Funds	**$ 81,731,503**	**$ 190,706,591**	**$ 299,681,680**
Average State Match Percentage	**33.9%**	**33.9%**	**33.9%**
Caseload Estimate	**19,811**	**46,226**	**72,641**
2016 Medicaid Expansion - Total Adult & Eligible, But Unenrolled			
Federal	$ 405,641,466	$ 691,705,296	$ 962,481,843
State	$ 41,225,334	$ 86,392,696	$ 130,972,085
All Funds	**$ 446,866,800**	**$ 778,097,992**	**$1,093,453,928**
Average State Match Percentage	**9.2%**	**11.1%**	**12.0%**
Caseload Estimate	**66,204**	**120,859**	**173,496**

Texas Medicaid Expansion 2014-2017
RHP 11

	Estimate Range		
	Limited	**Moderate**	**Enhanced**
2014-2017 Medicaid Expansion - Adult & Eligible But Unenrolled			
Federal	$ 245,703,004	$ 411,102,536	$ 566,769,927
State	$ 24,444,851	$ 47,972,757	$ 70,956,759
All Funds	**$ 270,147,854**	**$ 459,075,293**	**$ 637,726,685**
Average State Match Percentage	**9.0%**	**10.4%**	**11.1%**
2016 Medicaid Expansion - Adult Only (100% federal match)			
Federal	$ 74,232,854	$ 119,418,037	$ 161,375,742
State	$ 2,855,110	$ 4,593,001	$ 6,206,759
All Funds	**$ 77,087,964**	**$ 124,011,038**	**$ 167,582,502**
State Match Percentage	**3.7%**	**3.7%**	**3.7%**
Caseload Estimate	**9,795**	**15,757**	**21,293**
2017 Medicaid Expansion - Adult Only (95% federal match)			
Federal	$ 74,372,412	$ 119,642,542	$ 161,679,129
State	$ 6,761,128	$ 10,876,595	$ 14,698,103
All Funds	**$ 81,133,540**	**$ 130,519,137**	**$ 176,377,231**
Average State Match Percentage	**8.3%**	**8.3%**	**8.3%**
Caseload Estimate	**9,912**	**15,946**	**21,548**
2011 Unreimbursed Health Care Costs			
County	$ 9,747,496	$ 9,747,496	$ 9,747,496
City	$ -	$ -	$ -
Countywide Hospital District or County Share of District	$ 19,213,318	$ 19,213,318	$ 19,213,318
Total	**$ 28,960,814**	**$ 28,960,814**	**$ 28,960,814**
2010 Hospital Charity Costs			
Public	$ 1,147,717	$ 1,147,717	$ 1,147,717
Nonprofit	$ 15,746,924	$ 15,746,924	$ 15,746,924
For profit	$ 467,121	$ 467,121	$ 467,121
Total	**$ 17,361,762**	**$ 17,361,762**	**$ 17,361,762**
2010 Local Unreimbursed Health Care & Hospital Charity Costs	**$ 46,322,576**	**$ 46,322,576**	**$ 46,322,576**
2016 Federal Funds-Adult as % of Local Unreimbursed Costs	**160.3%**	**257.8%**	**348.4%**
2016 Medicaid Expansion - Eligible, But Unenrolled			
Federal	$ 7,286,774	$ 17,002,449	$ 26,718,125
State	$ 3,736,034	$ 8,717,400	$ 13,698,767
All Funds	**$ 11,022,807**	**$ 25,719,850**	**$ 40,416,893**
Average State Match Percentage	**33.9%**	**33.9%**	**33.9%**
Caseload Estimate	**2,672**	**6,234**	**9,797**
2016 Medicaid Expansion - Total Adult & Eligible, But Unenrolled			
Federal	$ 81,519,628	$ 136,420,486	$ 188,093,868
State	$ 6,591,143	$ 13,310,402	$ 19,905,527
All Funds	**$ 88,110,771**	**$ 149,730,888**	**$ 207,999,394**
Average State Match Percentage	**7.5%**	**8.9%**	**9.6%**
Caseload Estimate	**12,466**	**21,991**	**31,089**

Texas Medicaid Expansion 2014-2017
RHP 12

	Estimate Range		
	Limited	**Moderate**	**Enhanced**
2014-2017 Medicaid Expansion - Adult & Eligible But Unenrolled			
Federal	$ 797,214,329	$1,335,080,720	$1,841,442,361
State	$ 80,130,520	$ 157,625,382	$ 233,359,523
All Funds	**$ 877,344,848**	**$1,492,706,102**	**$2,074,801,884**
Average State Match Percentage	**9.1%**	**10.6%**	**11.2%**
2016 Medicaid Expansion - Adult Only (100% federal match)			
Federal	$ 240,305,553	$ 386,578,391	$ 522,403,287
State	$ 9,242,521	$ 14,868,400	$ 20,092,434
All Funds	**$ 249,548,074**	**$ 401,446,790**	**$ 542,495,721**
State Match Percentage	**3.7%**	**3.7%**	**3.7%**
Caseload Estimate	**31,707**	**51,007**	**68,928**
2017 Medicaid Expansion - Adult Only (95% federal match)			
Federal	$ 240,757,328	$ 387,305,158	$ 523,385,405
State	$ 21,887,030	$ 35,209,560	$ 47,580,491
All Funds	**$ 262,644,357**	**$ 422,514,718**	**$ 570,965,896**
Average State Match Percentage	**8.3%**	**8.3%**	**8.3%**
Caseload Estimate	**32,088**	**51,619**	**69,756**
2011 Unreimbursed Health Care Costs			
County	$ 12,127,300	$ 12,127,300	$ 12,127,300
City	$ -	$ -	$ -
Countywide Hospital District or County Share of District	$ 90,590,330	$ 90,590,330	$ 90,590,330
Total	**$ 102,717,630**	**$ 102,717,630**	**$ 102,717,630**
2010 Hospital Charity Costs			
Public	$ 16,397,205	$ 16,397,205	$ 16,397,205
Nonprofit	$ 42,981,355	$ 42,981,355	$ 42,981,355
For profit	$ 37,223,364	$ 37,223,364	$ 37,223,364
Total	**$ 96,601,924**	**$ 96,601,924**	**$ 96,601,924**
2010 Local Unreimbursed Health Care & Hospital Charity Costs	**$ 199,319,554**	**$ 199,319,554**	**$ 199,319,554**
2016 Federal Funds-Adult as % of Local Unreimbursed Costs	**120.6%**	**193.9%**	**262.1%**
2016 Medicaid Expansion - Eligible, But Unenrolled			
Federal	$ 24,197,959	$ 56,461,831	$ 88,725,703
State	$ 12,406,642	$ 28,948,793	$ 45,490,945
All Funds	**$ 36,604,601**	**$ 85,410,624**	**$ 134,216,647**
Average State Match Percentage	**33.9%**	**33.9%**	**33.9%**
Caseload Estimate	**8,873**	**20,703**	**32,533**
2016 Medicaid Expansion - Total Adult & Eligible, But Unenrolled			
Federal	$ 264,503,512	$ 443,040,222	$ 611,128,989
State	$ 21,649,163	$ 43,817,193	$ 65,583,379
All Funds	**$ 286,152,675**	**$ 486,857,414**	**$ 676,712,368**
Average State Match Percentage	**7.6%**	**9.0%**	**9.7%**
Caseload Estimate	**40,580**	**71,710**	**101,462**

Texas Medicaid Expansion 2014-2017
RHP 13

	Estimate Range		
	Limited	**Moderate**	**Enhanced**
2014-2017 Medicaid Expansion - Adult & Eligible But Unenrolled			
Federal	$ 152,587,695	$ 255,676,903	$ 352,744,526
State	$ 15,432,419	$ 30,400,032	$ 45,031,115
All Funds	**$ 168,020,114**	**$ 286,076,935**	**$ 397,775,641**
Average State Match Percentage	**9.2%**	**10.6%**	**11.3%**
2016 Medicaid Expansion - Adult Only (100% federal match)			
Federal	$ 45,930,221	$ 73,887,726	$ 99,848,289
State	$ 1,766,547	$ 2,841,836	$ 3,840,319
All Funds	**$ 47,696,768**	**$ 76,729,562**	**$ 103,688,608**
State Match Percentage	**3.7%**	**3.7%**	**3.7%**
Caseload Estimate	**6,060**	**9,749**	**13,174**
2017 Medicaid Expansion - Adult Only (95% federal match)			
Federal	$ 46,016,570	$ 74,026,635	$ 100,036,004
State	$ 4,183,325	$ 6,729,694	$ 9,094,182
All Funds	**$ 50,199,894**	**$ 80,756,329**	**$ 109,130,186**
Average State Match Percentage	**8.3%**	**8.3%**	**8.3%**
Caseload Estimate	**6,133**	**9,866**	**13,333**
2011 Unreimbursed Health Care Costs			
County	$ 11,922,435	$ 11,922,435	$ 11,922,435
City	$ -	$ -	$ -
Countywide Hospital District or County Share of District	$ 18,027,228	$ 18,027,228	$ 18,027,228
Total	**$ 29,949,663**	**$ 29,949,663**	**$ 29,949,663**
2010 Hospital Charity Costs			
Public	$ 179,598	$ 179,598	$ 179,598
Nonprofit	$ 17,532,538	$ 17,532,538	$ 17,532,538
For profit	$ -	$ -	$ -
Total	**$ 17,712,136**	**$ 17,712,136**	**$ 17,712,136**
2010 Local Unreimbursed Health Care & Hospital Charity Costs	**$ 47,661,799**	**$ 47,661,799**	**$ 47,661,799**
2016 Federal Funds-Adult as % of Local Unreimbursed Costs	**96.4%**	**155.0%**	**209.5%**
2016 Medicaid Expansion - Eligible, But Unenrolled			
Federal	$ 4,696,370	$ 10,958,182	$ 17,219,995
State	$ 2,407,896	$ 5,618,418	$ 8,828,939
All Funds	**$ 7,104,266**	**$ 16,576,600**	**$ 26,048,933**
Average State Match Percentage	**33.9%**	**33.9%**	**33.9%**
Caseload Estimate	**1,722**	**4,018**	**6,314**
2016 Medicaid Expansion - Total Adult & Eligible, But Unenrolled			
Federal	$ 50,626,591	$ 84,845,908	$ 117,068,284
State	$ 4,174,443	$ 8,460,253	$ 12,669,258
All Funds	**$ 54,801,034**	**$ 93,306,162**	**$ 129,737,542**
Average State Match Percentage	**7.6%**	**9.1%**	**9.8%**
Caseload Estimate	**7,782**	**13,767**	**19,489**

Texas Medicaid Expansion 2014-2017
RHP 14

	Estimate Range		
	Limited	**Moderate**	**Enhanced**
2014-2017 Medicaid Expansion - Adult & Eligible But Unenrolled			
Federal	$ 279,454,973	$ 471,416,603	$ 652,539,676
State	$ 30,400,629	$ 60,838,966	$ 90,671,564
All Funds	**$ 309,855,601**	**$ 532,255,569**	**$ 743,211,240**
Average State Match Percentage	**9.8%**	**11.4%**	**12.2%**
2016 Medicaid Expansion - Adult Only (100% federal match)			
Federal	$ 82,672,151	$ 132,994,293	$ 179,722,036
State	$ 3,179,698	$ 5,115,165	$ 6,912,386
All Funds	**$ 85,851,849**	**$ 138,109,458**	**$ 186,634,422**
State Match Percentage	**3.7%**	**3.7%**	**3.7%**
Caseload Estimate	**10,908**	**17,548**	**23,713**
2017 Medicaid Expansion - Adult Only (95% federal match)			
Federal	$ 82,827,574	$ 133,244,322	$ 180,059,914
State	$ 7,529,779	$ 12,113,120	$ 16,369,083
All Funds	**$ 90,357,354**	**$ 145,357,442**	**$ 196,428,997**
Average State Match Percentage	**8.3%**	**8.3%**	**8.3%**
Caseload Estimate	**11,039**	**17,758**	**23,998**
2011 Unreimbursed Health Care Costs			
County	$ 6,787,343	$ 6,787,343	$ 6,787,343
City	$ -	$ -	$ -
Countywide Hospital District or County Share of District	$ 87,027,017	$ 87,027,017	$ 87,027,017
Total	**$ 93,814,360**	**$ 93,814,360**	**$ 93,814,360**
2010 Hospital Charity Costs			
Public	$ 12,306,473	$ 12,306,473	$ 12,306,473
Nonprofit	$ -	$ -	$ -
For profit	$ 908,494	$ 908,494	$ 908,494
Total	**$ 13,214,967**	**$ 13,214,967**	**$ 13,214,967**
2010 Local Unreimbursed Health Care & Hospital Charity Costs	**$ 107,029,327**	**$ 107,029,327**	**$ 107,029,327**
2016 Federal Funds-Adult as % of Local Unreimbursed Costs	**77.2%**	**124.3%**	**167.9%**
2016 Medicaid Expansion - Eligible, But Unenrolled			
Federal	$ 10,054,710	$ 23,460,960	$ 36,867,210
State	$ 5,155,195	$ 12,028,772	$ 18,902,349
All Funds	**$ 15,209,905**	**$ 35,489,732**	**$ 55,769,560**
Average State Match Percentage	**33.9%**	**33.9%**	**33.9%**
Caseload Estimate	**3,687**	**8,602**	**13,518**
2016 Medicaid Expansion - Total Adult & Eligible, But Unenrolled			
Federal	$ 92,726,861	$ 156,455,253	$ 216,589,246
State	$ 8,334,893	$ 17,143,937	$ 25,814,735
All Funds	**$ 101,061,754**	**$ 173,599,190**	**$ 242,403,982**
Average State Match Percentage	**8.2%**	**9.9%**	**10.6%**
Caseload Estimate	**14,595**	**26,150**	**37,232**

Texas Medicaid Expansion 2014-2017
RHP 15

	Estimate Range		
	Limited	**Moderate**	**Enhanced**
2014-2017 Medicaid Expansion - Adult & Eligible But Unenrolled			
Federal	$ 664,361,863	$1,133,815,668	$1,578,288,084
State	$ 81,128,162	$ 166,029,498	$ 249,534,688
All Funds	**$ 745,490,025**	**$1,299,845,166**	**$1,827,822,772**
Average State Match Percentage	**10.9%**	**12.8%**	**13.7%**
2016 Medicaid Expansion - Adult Only (100% federal match)			
Federal	$ 190,547,970	$ 306,533,605	$ 414,234,646
State	$ 7,328,768	$ 11,789,754	$ 15,932,102
All Funds	**$ 197,876,738**	**$ 318,323,359**	**$ 430,166,747**
State Match Percentage	**3.7%**	**3.7%**	**3.7%**
Caseload Estimate	**25,142**	**40,446**	**54,656**
2017 Medicaid Expansion - Adult Only (95% federal match)			
Federal	$ 190,906,200	$ 307,109,888	$ 415,013,407
State	$ 17,355,109	$ 27,919,081	$ 37,728,492
All Funds	**$ 208,261,309**	**$ 335,028,969**	**$ 452,741,898**
Average State Match Percentage	**8.3%**	**8.3%**	**8.3%**
Caseload Estimate	**25,444**	**40,931**	**55,312**
2011 Unreimbursed Health Care Costs			
County	$ 305,744	$ 305,744	$ 305,744
City	$ -	$ -	$ -
Countywide Hospital District or County Share of District	$ 73,235,652	$ 73,235,652	$ 73,235,652
Total	**$ 73,541,396**	**$ 73,541,396**	**$ 73,541,396**
2010 Hospital Charity Costs			
Public	$ 82,155,761	$ 82,155,761	$ 82,155,761
Nonprofit	$ -	$ -	$ -
For profit	$ 2,949,582	$ 2,949,582	$ 2,949,582
Total	**$ 85,105,343**	**$ 85,105,343**	**$ 85,105,343**
2010 Local Unreimbursed Health Care & Hospital Charity Costs	**$ 158,646,739**	**$ 158,646,739**	**$ 158,646,739**
2016 Federal Funds-Adult as % of Local Unreimbursed Costs	**120.1%**	**193.2%**	**261.1%**
2016 Medicaid Expansion - Eligible, But Unenrolled			
Federal	$ 29,926,658	$ 69,828,779	$ 109,730,899
State	$ 15,343,828	$ 35,802,220	$ 56,260,611
All Funds	**$ 45,270,487**	**$ 105,630,999**	**$ 165,991,510**
Average State Match Percentage	**33.9%**	**33.9%**	**33.9%**
Caseload Estimate	**10,973**	**25,604**	**40,235**
2016 Medicaid Expansion - Total Adult & Eligible, But Unenrolled			
Federal	$ 220,474,628	$ 376,362,384	$ 523,965,545
State	$ 22,672,597	$ 47,591,974	$ 72,192,713
All Funds	**$ 243,147,225**	**$ 423,954,358**	**$ 596,158,258**
Average State Match Percentage	**9.3%**	**11.2%**	**12.1%**
Caseload Estimate	**36,115**	**66,050**	**94,891**

Texas Medicaid Expansion 2014-2017
RHP 16

	Estimate Range		
	Limited	**Moderate**	**Enhanced**
2014-2017 Medicaid Expansion - Adult & Eligible But Unenrolled			
Federal	$ 334,730,290	$ 561,862,448	$ 775,844,285
State	$ 34,520,954	$ 68,299,716	$ 101,343,541
All Funds	**$ 369,251,243**	**$ 630,162,164**	**$ 877,187,826**
Average State Match Percentage	**9.3%**	**10.8%**	**11.6%**
2016 Medicaid Expansion - Adult Only (100% federal match)			
Federal	$ 100,305,356	$ 161,360,745	$ 218,055,084
State	$ 3,857,898	$ 6,206,183	$ 8,386,734
All Funds	**$ 104,163,254**	**$ 167,566,928**	**$ 226,441,818**
State Match Percentage	**3.7%**	**3.7%**	**3.7%**
Caseload Estimate	**13,235**	**21,291**	**28,771**
2017 Medicaid Expansion - Adult Only (95% federal match)			
Federal	$ 100,493,930	$ 161,664,103	$ 218,465,028
State	$ 9,135,812	$ 14,696,737	$ 19,860,457
All Funds	**$ 109,629,742**	**$ 176,360,840**	**$ 238,325,485**
Average State Match Percentage	**8.3%**	**8.3%**	**8.3%**
Caseload Estimate	**13,394**	**21,546**	**29,116**
2011 Unreimbursed Health Care Costs			
County	$ 11,302,557	$ 11,302,557	$ 11,302,557
City	$ -	$ -	$ -
Countywide Hospital District or County Share of District	$ 6,316,676	$ 6,316,676	$ 6,316,676
Total	**$ 17,619,233**	**$ 17,619,233**	**$ 17,619,233**
2010 Hospital Charity Costs			
Public	$ 1,114,793	$ 1,114,793	$ 1,114,793
Nonprofit	$ 34,154,634	$ 34,154,634	$ 34,154,634
For profit	$ 787,077	$ 787,077	$ 787,077
Total	**$ 36,056,504**	**$ 36,056,504**	**$ 36,056,504**
2010 Local Unreimbursed Health Care & Hospital Charity Costs	**$ 53,675,737**	**$ 53,675,737**	**$ 53,675,737**
2016 Federal Funds-Adult as % of Local Unreimbursed Costs	**186.9%**	**300.6%**	**406.2%**
2016 Medicaid Expansion - Eligible, But Unenrolled			
Federal	$ 10,756,055	$ 25,097,428	$ 39,438,802
State	$ 5,514,784	$ 12,867,813	$ 20,220,841
All Funds	**$ 16,270,839**	**$ 37,965,241**	**$ 59,659,643**
Average State Match Percentage	**33.9%**	**33.9%**	**33.9%**
Caseload Estimate	**3,944**	**9,203**	**14,461**
2016 Medicaid Expansion - Total Adult & Eligible, But Unenrolled			
Federal	$ 111,061,411	$ 186,458,173	$ 257,493,886
State	$ 9,372,682	$ 19,073,995	$ 28,607,575
All Funds	**$ 120,434,093**	**$ 205,532,168**	**$ 286,101,461**
Average State Match Percentage	**7.8%**	**9.3%**	**10.0%**
Caseload Estimate	**17,179**	**30,493**	**43,232**

Texas Medicaid Expansion 2014-2017
RHP 17

	Estimate Range		
	Limited	**Moderate**	**Enhanced**
2014-2017 Medicaid Expansion - Adult & Eligible But Unenrolled			
Federal	$ 629,759,394	$1,048,056,399	$1,441,070,802
State	$ 58,842,075	$ 113,748,126	$ 167,241,196
All Funds	**$ 688,601,469**	**$1,161,804,525**	**$1,608,311,998**
Average State Match Percentage	**8.5%**	**9.8%**	**10.4%**
2016 Medicaid Expansion - Adult Only (100% federal match)			
Federal	$ 192,845,511	$ 310,229,648	$ 419,229,299
State	$ 7,417,135	$ 11,931,910	$ 16,124,204
All Funds	**$ 200,262,646**	**$ 322,161,558**	**$ 435,353,503**
State Match Percentage	**3.7%**	**3.7%**	**3.7%**
Caseload Estimate	**25,445**	**40,933**	**55,315**
2017 Medicaid Expansion - Adult Only (95% federal match)			
Federal	$ 193,208,060	$ 310,812,880	$ 420,017,450
State	$ 17,564,369	$ 28,255,716	$ 38,183,405
All Funds	**$ 210,772,429**	**$ 339,068,596**	**$ 458,200,855**
Average State Match Percentage	**8.3%**	**8.3%**	**8.3%**
Caseload Estimate	**25,750**	**41,424**	**55,979**
2011 Unreimbursed Health Care Costs			
County	$ 6,804,399	$ 6,804,399	$ 6,804,399
City	$ -	$ -	$ -
Countywide Hospital District or County Share of District	$ 39,816,286	$ 39,816,286	$ 39,816,286
Total	**$ 46,620,685**	**$ 46,620,685**	**$ 46,620,685**
2010 Hospital Charity Costs			
Public	$ -	$ -	$ -
Nonprofit	$ 36,546,452	$ 36,546,452	$ 36,546,452
For profit	$ -	$ -	$ -
Total	**$ 36,546,452**	**$ 36,546,452**	**$ 36,546,452**
2010 Local Unreimbursed Health Care & Hospital Charity Costs	**$ 83,167,137**	**$ 83,167,137**	**$ 83,167,137**
2016 Federal Funds-Adult as % of Local Unreimbursed Costs	**231.9%**	**373.0%**	**504.1%**
2016 Medicaid Expansion - Eligible, But Unenrolled			
Federal	$ 16,083,634	$ 37,528,431	$ 58,973,228
State	$ 8,246,311	$ 19,241,367	$ 30,236,423
All Funds	**$ 24,329,945**	**$ 56,769,798**	**$ 89,209,651**
Average State Match Percentage	**33.9%**	**33.9%**	**33.9%**
Caseload Estimate	**5,897**	**13,761**	**21,624**
2016 Medicaid Expansion - Total Adult & Eligible, But Unenrolled			
Federal	$ 208,929,145	$ 347,758,080	$ 478,202,527
State	$ 15,663,446	$ 31,173,276	$ 46,360,627
All Funds	**$ 224,592,591**	**$ 378,931,356**	**$ 524,563,154**
Average State Match Percentage	**7.0%**	**8.2%**	**8.8%**
Caseload Estimate	**31,342**	**54,694**	**76,939**

Texas Medicaid Expansion 2014-2017
RHP 18

	Estimate Range		
	Limited	**Moderate**	**Enhanced**
2014-2017 Medicaid Expansion - Adult & Eligible But Unenrolled			
Federal	$ 379,283,220	$ 642,501,649	$ 891,170,718
State	$ 43,075,176	$ 86,956,387	$ 130,024,472
All Funds	**$ 422,358,396**	**$ 729,458,036**	**$1,021,195,190**
Average State Match Percentage	**10.2%**	**11.9%**	**12.7%**
2016 Medicaid Expansion - Adult Only (100% federal match)			
Federal	$ 110,976,657	$ 178,527,615	$ 241,253,560
State	$ 4,268,333	$ 6,866,447	$ 9,278,983
All Funds	**$ 115,244,990**	**$ 185,394,062**	**$ 250,532,543**
State Match Percentage	**3.7%**	**3.7%**	**3.7%**
Caseload Estimate	**14,643**	**23,556**	**31,832**
2017 Medicaid Expansion - Adult Only (95% federal match)			
Federal	$ 111,185,293	$ 178,863,247	$ 241,707,116
State	$ 10,107,754	$ 16,260,295	$ 21,973,374
All Funds	**$ 121,293,047**	**$ 195,123,542**	**$ 263,680,491**
Average State Match Percentage	**8.3%**	**8.3%**	**8.3%**
Caseload Estimate	**14,819**	**23,838**	**32,214**
2011 Unreimbursed Health Care Costs			
County	$ 15,066,423	$ 15,066,423	$ 15,066,423
City	$ -	$ -	$ -
Countywide Hospital District or County Share of District	$ -	$ -	$ -
Total	**$ 15,066,423**	**$ 15,066,423**	**$ 15,066,423**
2010 Hospital Charity Costs			
Public	$ -	$ -	$ -
Nonprofit	$ 12,691	$ 12,691	$ 12,691
For profit	$ 1,984,610	$ 1,984,610	$ 1,984,610
Total	**$ 1,997,301**	**$ 1,997,301**	**$ 1,997,301**
2010 Local Unreimbursed Health Care & Hospital Charity Costs	**$ 17,063,724**	**$ 17,063,724**	**$ 17,063,724**
2016 Federal Funds-Adult as % of Local Unreimbursed Costs	**650.4%**	**1046.2%**	**1413.8%**
2016 Medicaid Expansion - Eligible, But Unenrolled			
Federal	$ 14,880,803	$ 34,721,828	$ 54,562,853
State	$ 7,629,602	$ 17,802,381	$ 27,975,160
All Funds	**$ 22,510,404**	**$ 52,524,208**	**$ 82,538,012**
Average State Match Percentage	**33.9%**	**33.9%**	**33.9%**
Caseload Estimate	**5,456**	**12,731**	**20,007**
2016 Medicaid Expansion - Total Adult & Eligible, But Unenrolled			
Federal	$ 125,857,459	$ 213,249,443	$ 295,816,412
State	$ 11,897,935	$ 24,668,827	$ 37,254,143
All Funds	**$ 137,755,394**	**$ 237,918,270**	**$ 333,070,555**
Average State Match Percentage	**8.6%**	**10.4%**	**11.2%**
Caseload Estimate	**20,099**	**36,287**	**51,839**

Appendix C

Impact of Medicaid Expansion on Local Health Care Spending

Countywide Data

Impact of the Medicaid Expansion on Counties									
County	**2014-2017 Adults Estimated New Local Tax Revenue**	**2011 County Indigent Health Care & Unreimbursed Jail Health Care Costs**	**2011 Total Hospital District or City/County Unreimbursed Health Care Expenditures**	**2010 Total Hospital Charity Care Costs**	**2016 Adults <138% FPL Enrollees Moderate Scenario**	**2016 Adult Federal Funds Limited Scenario**	**2016 Adult Federal Funds Moderate Scenario**	**2016 Adult Federal Funds Enhanced Scenario**	**2014-2017 Adults Federal Funds Moderate Scenario**
Statewide Total	**$ 2,101,392,352**	**$ 258,927,030**	**$ 2,544,037,688**	**$ 1,836,673,862**	**1,004,771**	**$ 4,733,703,884**	**$ 7,615,086,733**	**$10,290,658,847**	**$22,962,552,386**
Anderson	$ 3,411,854	$ 163,709	$ 500,636	$ 587,290	3,855	$ 18,163,119	$ 29,218,922	$ 39,485,034	$ 88,106,814
Andrews	$ 1,160,386	$ 16,436	$ 10,258,573	$ 392,056	820	$ 3,864,812	$ 6,217,305	$ 8,401,764	$ 18,747,677
Angelina	$ 6,077,844	$ 1,104,149	$ 2,250,489	$ -	4,643	$ 21,872,515	$ 35,186,209	$ 47,548,937	$ 106,100,588
Aransas	$ 2,036,757	$ 903,356	$ 1,376,696	$ -	1,088	$ 5,126,868	$ 8,247,568	$ 11,145,363	$ 24,869,738
Archer	$ 824,371	$ 133,552	$ 168,031	$ -	382	$ 1,799,460	$ 2,894,782	$ 3,911,868	$ 8,728,933
Armstrong	$ 174,693	$ 7,929	$ 13,368	$ -	77	$ 363,262	$ 584,378	$ 789,701	$ 1,762,136
Atascosa	$ 2,842,401	$ 768,473	$ 4,122,594	$ -	2,603	$ 12,262,914	$ 19,727,291	$ 26,658,504	$ 59,485,724
Austin	$ 2,362,602	$ 170,182	$ 1,547,272	$ -	1,430	$ 6,739,079	$ 10,841,124	$ 14,650,169	$ 32,690,353
Bailey	$ 490,460	$ 38,561	$ 1,439,845	$ 129,635	358	$ 1,687,110	$ 2,714,046	$ 3,667,631	$ 8,183,942
Bandera	$ 1,554,780	$ 302,934	$ 586,575	$ -	928	$ 4,374,128	$ 7,036,639	$ 9,508,973	$ 21,218,301
Bastrop	$ 4,461,940	$ 1,985,456	$ 2,481,067	$ 50,000	3,922	$ 18,475,824	$ 29,721,970	$ 40,164,828	$ 89,623,705
Baylor	$ 263,269	$ -	$ 524,177	$ 440,678	151	$ 709,672	$ 1,141,647	$ 1,542,766	$ 3,442,524
Bee	$ 1,727,816	$ 215,996	$ 481,230	$ -	2,292	$ 10,796,757	$ 17,368,691	$ 23,471,207	$ 52,373,597
Bell	$ 25,693,389	$ 8,547,006	$ 11,992,499	$ 71,149,359	11,128	$ 52,425,877	$ 84,337,256	$ 113,969,277	$ 254,310,782
Bexar	$ 130,432,762	$ 450,540	$ 286,059,851	$ 136,134,201	75,697	$ 356,624,414	$ 573,699,984	$ 775,270,331	$ 1,729,936,427
Blanco	$ 1,023,426	$ 125,403	$ 577,564	$ -	479	$ 2,258,219	$ 3,632,786	$ 4,909,170	$ 10,954,311

Impact of the Medicaid Expansion on Counties									
County	**2014-2017 Adults Estimated New Local Tax Revenue**	**2011 County Indigent Health Care & Unreimbursed Jail Health Care Costs**	**2011 Total Hospital District or City/County Unreimbursed Health Care Expenditures**	**2010 Total Hospital Charity Care Costs**	**2016 Adults <138% FPL Enrollees Moderate Scenario**	**2016 Adult Federal Funds Limited Scenario**	**2016 Adult Federal Funds Moderate Scenario**	**2016 Adult Federal Funds Enhanced Scenario**	**2014-2017 Adults Federal Funds Moderate Scenario**
Borden	$ 64,161	$ 20,402	$ 23,462	$ -	27	$ 129,202	$ 207,846	$ 280,873	$ 626,739
Bosque	$ 1,241,726	$ 180,901	$ 528,434	$ -	772	$ 3,638,241	$ 5,852,821	$ 7,909,219	$ 17,648,612
Bowie	$ 6,886,983	$ 2,112,466	$ 2,664,797	$ 29,248,540	5,587	$ 26,319,670	$ 42,340,327	$ 57,216,664	$ 127,673,132
Brazoria	$ 25,400,032	$ 4,659,051	$ 16,203,276	$ 3,468,851	9,156	$ 43,136,471	$ 69,393,434	$ 93,774,921	$ 209,249,143
Brazos	$ 11,939,030	$ 2,014,123	$ 4,182,910	$ 17,605,458	17,158	$ 80,835,242	$ 130,039,265	$ 175,728,756	$ 392,120,740
Brewster	$ 752,817	$ 4,501	$ 756,417	$ 451,969	529	$ 2,490,407	$ 4,006,306	$ 5,413,927	$ 12,080,625
Briscoe	$ 121,759	$ 5,292	$ 6,086	$ -	73	$ 342,665	$ 551,244	$ 744,924	$ 1,662,221
Brooks	$ 433,554	$ 803,419	$ 1,307,277	$ -	455	$ 2,145,870	$ 3,452,050	$ 4,664,933	$ 10,409,321
Brown	$ 2,557,465	$ 929,583	$ 1,628,977	$ 467,121	1,773	$ 8,351,290	$ 13,434,680	$ 18,154,975	$ 40,510,968
Burleson	$ 1,250,760	$ 10,357	$ 1,297,651	$ -	872	$ 4,108,235	$ 6,608,899	$ 8,930,945	$ 19,928,490
Burnet	$ 3,621,093	$ 609,577	$ 1,325,056	$ -	1,943	$ 9,154,586	$ 14,726,939	$ 19,901,271	$ 44,407,651
Caldwell	$ 2,084,741	$ 491,104	$ 1,101,176	$ -	1,984	$ 9,347,453	$ 15,037,202	$ 20,320,546	$ 45,343,218
Calhoun	$ 1,439,689	$ 1,716,414	$ 3,793,366	$ 826,968	810	$ 3,814,255	$ 6,135,974	$ 8,291,857	$ 18,502,431
Callahan	$ 935,102	$ 180,444	$ 207,511	$ -	569	$ 2,681,401	$ 4,313,556	$ 5,829,131	$ 13,007,109
Cameron	$ 20,032,903	$ 5,431,657	$ 8,194,794	$ 27,010,302	24,881	$ 117,221,399	$ 188,573,502	$ 254,829,084	$ 568,625,030
Camp	$ 879,025	$ 2,335,867	$ 2,686,247	$ 4,673,099	650	$ 3,063,388	$ 4,928,057	$ 6,659,538	$ 14,860,077
Carson	$ 539,997	$ 11,102	$ 103,185	$ -	258	$ 1,213,371	$ 1,951,944	$ 2,637,763	$ 5,885,899
Cass	$ 2,088,739	$ 260,825	$ 362,684	$ 1,068,755	1,618	$ 7,622,892	$ 12,262,911	$ 16,571,503	$ 36,977,613
Castro	$ 693,930	$ 31,203	$ 1,661,376	$ -	411	$ 1,936,151	$ 3,114,677	$ 4,209,023	$ 9,392,005
Chambers	$ 3,512,091	$ 884,099	$ 5,096,862	$ -	946	$ 4,458,390	$ 7,172,191	$ 9,692,151	$ 21,627,044
Cherokee	$ 3,072,890	$ 264,722	$ 530,084	$ 7,855,847	2,694	$ 12,691,713	$ 20,417,098	$ 27,590,677	$ 61,565,772

Impact of the Medicaid Expansion on Counties									
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Childress	$ 367,647	$ -	$ 310,140	$ 661,186	416	$ 1,960,493	$ 3,153,836	$ 4,261,941	$ 9,510,086
Clay	$ 963,023	$ 134,958	$ 241,451	$ 39,957	453	$ 2,136,507	$ 3,436,989	$ 4,644,580	$ 10,363,905
Cochran	$ 279,837	$ -	$ 1,893,986	$ -	159	$ 750,867	$ 1,207,916	$ 1,632,319	$ 3,642,354
Coke	$ 217,257	$ -	$ 1,366,873	$ -	131	$ 616,048	$ 991,034	$ 1,339,235	$ 2,988,365
Coleman	$ 603,396	$ 10,657	$ 1,282,487	$ -	380	$ 1,790,097	$ 2,879,721	$ 3,891,515	$ 8,683,517
Collin	$ 85,195,317	$ 6,836,267	$ 9,036,074	$ -	17,398	$ 81,968,096	$ 131,861,683	$ 178,191,482	$ 397,616,062
Collingsworth	$ 216,656	$ 7,120	$ 1,414,217	$ -	141	$ 666,605	$ 1,072,365	$ 1,449,141	$ 3,233,611
Colorado	$ 1,662,933	$ 174,019	$ 2,962,420	$ 398,947	1,041	$ 4,904,042	$ 7,889,109	$ 10,660,959	$ 23,788,840
Comal	$ 10,001,894	$ 2,946,604	$ 3,791,375	$ -	3,637	$ 17,133,251	$ 27,562,179	$ 37,246,192	$ 83,111,067
Comanche	$ 1,030,906	$ 202,904	$ 2,113,759	$ 190,540	598	$ 2,818,092	$ 4,533,451	$ 6,126,286	$ 13,670,181
Concho	$ 197,517	$ 32,159	$ 815,411	$ -	279	$ 1,312,613	$ 2,111,594	$ 2,853,506	$ 6,367,307
Cooke	$ 3,463,753	$ -	$ 3,069,167	$ 1,302,230	1,390	$ 6,548,085	$ 10,533,873	$ 14,234,965	$ 31,763,869
Coryell	$ 5,760,771	$ 755,476	$ 1,066,208	$ 389,080	2,701	$ 12,727,291	$ 20,474,331	$ 27,668,018	$ 61,738,352
Cottle	$ 116,643	$ 62,430	$ 402,708	$ -	68	$ 318,323	$ 512,084	$ 692,006	$ 1,544,140
Crane	$ 300,452	$ 20,990	$ 4,102,593	$ -	253	$ 1,190,901	$ 1,915,797	$ 2,588,916	$ 5,776,900
Crockett	$ 252,038	$ 42,997	$ 1,951,421	$ -	199	$ 938,116	$ 1,509,142	$ 2,039,382	$ 4,550,672
Crosby	$ 506,053	$ 8,067	$ 542,778	$ -	295	$ 1,387,512	$ 2,232,085	$ 3,016,331	$ 6,730,634
Culberson	$ 152,082	$ -	$ 1,570,930	$ -	150	$ 705,927	$ 1,135,622	$ 1,534,625	$ 3,424,358
Dallam	$ 601,946	$ 4,819	$ 875,256	$ -	346	$ 1,630,936	$ 2,623,678	$ 3,545,512	$ 7,911,447
Dallas	$ 227,609,808	$ 10,386,735	$ 449,984,576	$ 240,947,996	80,716	$ 380,270,173	$ 611,738,803	$ 826,674,147	$ 1,844,638,783
Dawson	$ 922,841	$ -	$ 2,011,122	$ -	818	$ 3,855,450	$ 6,202,243	$ 8,381,411	$ 18,702,261

Impact of the Medicaid Expansion on Counties

County	2014-2017 Adults Estimated New Local Tax Revenue	2011 County Indigent Health Care & Unreimbursed Jail Health Care Costs	2011 Total Hospital District or City/County Unreimbursed Health Care Expenditures	2010 Total Hospital Charity Care Costs	2016 Adults <138% FPL Enrollees Moderate Scenario	2016 Adult Federal Funds Limited Scenario	2016 Adult Federal Funds Moderate Scenario	2016 Adult Federal Funds Enhanced Scenario	2014-2017 Adults Federal Funds Moderate Scenario
Deaf Smith	$ 1,356,447	$ 980	$ 4,275,302	$ -	1,024	$ 4,825,398	$ 7,762,594	$ 10,489,993	$ 23,407,346
Delta	$ 320,085	$ 92,172	$ 105,998	$ -	251	$ 1,181,539	$ 1,900,736	$ 2,568,563	$ 5,731,485
Denton	$ 58,857,009	$ 4,898,505	$ 11,730,188	$ -	14,882	$ 70,113,384	$ 112,791,065	$ 152,420,374	$ 340,110,470
DeWitt	$ 1,414,509	$ 189,120	$ 1,955,801	$ -	1,131	$ 5,327,224	$ 8,569,880	$ 11,580,920	$ 25,841,638
Dickens	$ 148,466	$ 35,426	$ 40,740	$ -	128	$ 602,941	$ 969,948	$ 1,310,740	$ 2,924,783
Dimmit	$ 603,202	$ 120,753	$ 1,153,801	$ -	622	$ 2,928,569	$ 4,711,175	$ 6,366,453	$ 14,206,088
Donley	$ 269,126	$ 2,512	$ 335,385	$ -	158	$ 745,250	$ 1,198,879	$ 1,620,108	$ 3,615,104
Duval	$ 792,564	$ 21,011	$ 226,742	$ -	773	$ 3,643,859	$ 5,861,858	$ 7,921,431	$ 17,675,862
Eastland	$ 1,829,181	$ 215,575	$ 952,529	$ -	806	$ 3,797,403	$ 6,108,863	$ 8,255,222	$ 18,420,682
Ector	$ 10,201,519	$ -	$ 34,263,225	$ 7,911,554	5,418	$ 25,527,608	$ 41,066,141	$ 55,494,791	$ 123,830,949
Edwards	$ 120,362	$ 41,774	$ 101,996	$ -	110	$ 516,806	$ 831,384	$ 1,123,492	$ 2,506,957
El Paso	$ 50,174,553	$ 5,972,661	$ 73,235,652	$ 85,105,343	40,232	$ 189,544,317	$ 304,919,034	$ 412,052,792	$ 919,453,649
Ellis	$ 10,929,555	$ 2,508,687	$ 3,075,247	$ 258,284	3,040	$ 14,322,649	$ 23,040,777	$ 31,136,188	$ 69,477,219
Erath	$ 2,457,400	$ 379,179	$ 855,608	$ 3,225,988	1,869	$ 8,804,431	$ 14,163,647	$ 19,140,065	$ 42,709,097
Falls	$ 1,047,371	$ 261,829	$ 332,560	$ -	1,091	$ 5,141,848	$ 8,271,666	$ 11,177,928	$ 24,942,403
Fannin	$ 2,096,863	$ 296,200	$ 1,019,767	$ -	1,727	$ 8,134,081	$ 13,085,258	$ 17,682,782	$ 39,457,320
Fayette	$ 2,007,366	$ 384,957	$ 2,134,997	$ 388,669	1,137	$ 5,355,311	$ 8,615,064	$ 11,641,979	$ 25,977,885
Fisher	$ 301,518	$ 25,358	$ 877,673	$ -	178	$ 838,874	$ 1,349,492	$ 1,823,639	$ 4,069,263
Floyd	$ 520,439	$ -	$ 716,202	$ 84,869	311	$ 1,464,284	$ 2,355,587	$ 3,183,226	$ 7,103,044
Foard	$ 84,606	$ -	$ 239,652	$ -	56	$ 265,893	$ 427,741	$ 578,028	$ 1,289,811
Fort Bend	$ 59,295,407	$ 6,966,220	$ 15,753,059	$ 17,787,217	18,653	$ 87,879,536	$ 141,371,388	$ 191,042,436	$ 426,291,651

Impact of the Medicaid Expansion on Counties									
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Franklin	$ 746,585	$ 133,978	$ 326,575	$ -	481	$ 2,267,581	$ 3,647,847	$ 4,929,523	$ 10,999,727
Freestone	$ 1,293,840	$ 152,281	$ 1,801,330	$ -	1,074	$ 5,059,458	$ 8,139,127	$ 10,998,821	$ 24,542,744
Frio	$ 892,285	$ 45,302	$ 1,456,711	$ 108,523	1,151	$ 5,424,593	$ 8,726,517	$ 11,792,592	$ 26,313,963
Gaines	$ 1,133,174	$ 225,700	$ 6,107,966	$ -	849	$ 3,999,631	$ 6,434,187	$ 8,694,849	$ 19,401,666
Galveston	$ 26,684,868	$ 10,116,634	$ 16,249,616	$ -	8,409	$ 39,618,069	$ 63,733,398	$ 86,126,222	$ 192,181,854
Garza	$ 424,321	$ -	$ 696,467	$ -	417	$ 1,962,366	$ 3,156,849	$ 4,266,012	$ 9,519,169
Gillespie	$ 2,444,083	$ 309,772	$ 805,370	$ 2,702,478	1,008	$ 4,750,498	$ 7,642,104	$ 10,327,168	$ 23,044,019
Glasscock	$ 121,513	$ -	$ 10,275	$ -	58	$ 275,256	$ 442,802	$ 598,381	$ 1,335,227
Goliad	$ 451,092	$ 271,169	$ 945,419	$ -	369	$ 1,737,667	$ 2,795,377	$ 3,777,537	$ 8,429,188
Gonzales	$ 1,330,500	$ 2,805	$ 1,719,965	$ -	1,131	$ 5,327,224	$ 8,569,880	$ 11,580,920	$ 25,841,638
Gray	$ 1,802,740	$ 120,747	$ 245,810	$ 642,777	1,125	$ 5,301,009	$ 8,527,708	$ 11,523,931	$ 25,714,473
Grayson	$ 8,381,632	$ 3,011,775	$ 4,781,247	$ 1,997,301	4,611	$ 21,724,588	$ 34,948,241	$ 47,227,358	$ 105,383,017
Gregg	$ 10,809,509	$ 2,012,812	$ 2,761,742	$ 21,095,290	6,966	$ 32,817,198	$ 52,792,869	$ 71,341,723	$ 159,191,756
Grimes	$ 1,691,842	$ 226,619	$ 675,471	$ 418,982	1,545	$ 7,280,227	$ 11,711,667	$ 15,826,579	$ 35,315,391
Guadalupe	$ 10,089,859	$ 1,813,375	$ 4,273,442	$ 6,441,032	4,862	$ 22,904,255	$ 36,845,965	$ 49,791,849	$ 111,105,418
Hale	$ 2,250,069	$ 738,623	$ 1,178,354	$ 1,807,116	2,022	$ 9,525,339	$ 15,323,367	$ 20,707,255	$ 46,206,120
Hall	$ 216,388	$ -	$ 247,031	$ -	151	$ 709,672	$ 1,141,647	$ 1,542,766	$ 3,442,524
Hamilton	$ 620,175	$ 45,914	$ 636,257	$ 355,769	331	$ 1,561,654	$ 2,512,225	$ 3,394,899	$ 7,575,369
Hansford	$ 490,360	$ -	$ 2,147,336	$ -	264	$ 1,241,459	$ 1,997,128	$ 2,698,822	$ 6,022,146
Hardeman	$ 276,941	$ 5,067	$ 1,441,549	$ 330,931	188	$ 887,559	$ 1,427,811	$ 1,929,475	$ 4,305,426
Hardin	$ 4,401,132	$ 356,561	$ 533,325	$ -	2,091	$ 9,851,151	$ 15,847,500	$ 21,415,543	$ 47,786,593

Impact of the Medicaid Expansion on Counties									
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Harris	$ 411,454,714	$ 73,671,449	$ 588,815,056	$ 331,239,939	137,038	$ 645,616,488	$ 1,038,600,148	$ 1,403,513,863	$ 3,131,797,593
Harrison	$ 5,472,639	$ 708,753	$ 1,453,951	$ 2,685,427	3,768	$ 17,751,172	$ 28,556,225	$ 38,589,497	$ 86,108,516
Hartley	$ 491,457	$ 5,800	$ 1,062,067	$ -	352	$ 1,657,151	$ 2,665,850	$ 3,602,501	$ 8,038,611
Haskell	$ 406,956	$ -	$ 767,515	$ 23,811	279	$ 1,314,486	$ 2,114,607	$ 2,857,577	$ 6,376,390
Hays	$ 10,739,020	$ 2,337,017	$ 4,355,631	$ 9,450,241	5,209	$ 24,538,935	$ 39,475,668	$ 53,345,503	$ 119,035,031
Hemphill	$ 406,926	$ -	$ 3,844,994	$ 58,517	174	$ 818,277	$ 1,316,358	$ 1,778,862	$ 3,969,348
Henderson	$ 5,294,032	$ 718,109	$ 8,316,818	$ 13,058,271	3,730	$ 17,575,158	$ 28,273,073	$ 38,206,859	$ 85,254,697
Hidalgo	$ 35,944,815	$ 2,860,123	$ 18,034,945	$ 72,743,933	40,399	$ 190,328,889	$ 306,181,171	$ 413,758,383	$ 923,259,500
Hill	$ 2,385,348	$ 797,032	$ 973,001	$ 608,277	1,652	$ 7,783,926	$ 12,521,965	$ 16,921,576	$ 37,758,766
Hockley	$ 1,815,550	$ 320,090	$ 1,156,203	$ -	1,195	$ 5,630,567	$ 9,057,866	$ 12,240,361	$ 27,313,112
Hood	$ 4,365,552	$ 247,783	$ 850,342	$ 1,032,304	2,150	$ 10,128,279	$ 16,293,314	$ 22,017,995	$ 49,130,903
Hopkins	$ 2,413,713	$ 20,869	$ 3,717,613	$ 1,855,715	1,711	$ 8,062,927	$ 12,970,792	$ 17,528,099	$ 39,112,159
Houston	$ 1,460,983	$ 114,157	$ 1,421,188	$ 2,784,336	1,411	$ 6,649,200	$ 10,696,535	$ 14,454,779	$ 32,254,361
Howard	$ 2,335,012	$ 317,299	$ 543,719	$ 456,525	2,027	$ 9,549,681	$ 15,362,526	$ 20,760,173	$ 46,324,201
Hudspeth	$ 208,795	$ 265,865	$ 305,744	$ -	213	$ 1,003,653	$ 1,614,571	$ 2,181,853	$ 4,868,583
Hunt	$ 5,744,162	$ 124,442	$ 8,677,199	$ 2,710,968	4,452	$ 20,975,594	$ 33,743,337	$ 45,599,109	$ 101,749,746
Hutchinson	$ 1,720,432	$ 37,935	$ 3,441,445	$ -	1,037	$ 4,885,317	$ 7,858,986	$ 10,620,253	$ 23,698,008
Irion	$ 174,127	$ 26,145	$ 58,532	$ -	73	$ 342,665	$ 551,244	$ 744,924	$ 1,662,221
Jack	$ 683,103	$ 17,762	$ 1,286,749	$ -	452	$ 2,130,890	$ 3,427,952	$ 4,632,368	$ 10,336,655
Jackson	$ 955,290	$ 41,590	$ 2,209,116	$ -	457	$ 2,151,487	$ 3,461,087	$ 4,677,145	$ 10,436,570
Jasper	$ 2,450,092	$ 566,062	$ 967,627	$ -	1,876	$ 8,838,136	$ 14,217,867	$ 19,213,336	$ 42,872,594

Impact of the Medicaid Expansion on Counties

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Jeff Davis	$ 164,487	$ 12,335	$ 175,967	$ -	114	$ 537,404	$ 864,519	$ 1,168,269	$ 2,606,872
Jefferson	$ 20,193,266	$ 9,615,507	$ 11,682,852	$ 20,115,675	14,168	$ 66,748,526	$ 107,378,033	$ 145,105,466	$ 323,788,001
Jim Hogg	$ 381,913	$ 80,054	$ 92,062	$ -	344	$ 1,619,701	$ 2,605,605	$ 3,521,088	$ 7,856,948
Jim Wells	$ 3,122,660	$ 472,818	$ 899,293	$ 5,429,546	2,559	$ 12,056,940	$ 19,395,942	$ 26,210,736	$ 58,486,575
Johnson	$ 10,605,495	$ 1,504,608	$ 1,906,272	$ -	2,960	$ 13,944,407	$ 22,432,300	$ 30,313,923	$ 67,642,417
Jones	$ 1,143,744	$ 211,687	$ 1,906,203	$ -	1,288	$ 6,066,856	$ 9,759,722	$ 13,188,816	$ 29,429,493
Karnes	$ 834,046	$ -	$ 1,333,765	$ -	1,050	$ 4,947,109	$ 7,958,391	$ 10,754,584	$ 23,997,753
Kaufman	$ 7,307,197	$ 1,055,704	$ 1,243,913	$ -	2,097	$ 9,877,366	$ 15,889,672	$ 21,472,532	$ 47,913,757
Kendall	$ 3,964,670	$ 165,661	$ 841,188	$ -	1,510	$ 7,111,704	$ 11,440,564	$ 15,460,223	$ 34,497,905
Kenedy	$ 39,174	$ 7,010	$ 8,061	$ -	28	$ 132,947	$ 213,870	$ 289,014	$ 644,906
Kent	$ 53,367	$ 27,997	$ 763,191	$ -	31	$ 144,181	$ 231,944	$ 313,438	$ 699,405
Kerr	$ 4,401,398	$ 115,373	$ 508,547	$ 7,488,776	2,186	$ 10,298,676	$ 16,567,430	$ 22,388,422	$ 49,957,472
Kimble	$ 299,740	$ -	$ 1,802,669	$ -	202	$ 953,096	$ 1,533,240	$ 2,071,947	$ 4,623,337
King	$ 21,244	$ -	$ -	$ -	14	$ 65,537	$ 105,429	$ 142,472	$ 317,911
Kinney	$ 224,317	$ 93,465	$ 880,794	$ -	202	$ 951,223	$ 1,530,228	$ 2,067,876	$ 4,614,254
Kleberg	$ 2,200,166	$ 777,945	$ 1,354,632	$ 4,747,765	2,205	$ 10,390,428	$ 16,715,031	$ 22,587,882	$ 50,402,548
Knox	$ 259,065	$ 1,368	$ 640,689	$ 309,013	168	$ 790,189	$ 1,271,174	$ 1,717,803	$ 3,833,101
La Salle	$ 341,699	$ 209,518	$ 390,290	$ -	512	$ 2,413,635	$ 3,882,803	$ 5,247,032	$ 11,708,215
Lamar	$ 3,450,726	$ 99,320	$ 4,491,053	$ 54,303	2,607	$ 12,281,639	$ 19,757,414	$ 26,699,210	$ 59,576,556
Lamb	$ 932,799	$ 1,687,583	$ 2,606,403	$ -	701	$ 3,301,194	$ 5,310,614	$ 7,176,507	$ 16,013,641
Lampasas	$ 1,959,505	$ 48,222	$ 1,401,770	$ -	936	$ 4,409,706	$ 7,093,872	$ 9,586,315	$ 21,390,881

Impact of the Medicaid Expansion on Counties									
County	**2014-2017 Adults Estimated New Local Tax Revenue**	**2011 County Indigent Health Care & Unreimbursed Jail Health Care Costs**	**2011 Total Hospital District or City/County Unreimbursed Health Care Expenditures**	**2010 Total Hospital Charity Care Costs**	**2016 Adults <138% FPL Enrollees Moderate Scenario**	**2016 Adult Federal Funds Limited Scenario**	**2016 Adult Federal Funds Moderate Scenario**	**2016 Adult Federal Funds Enhanced Scenario**	**2014-2017 Adults Federal Funds Moderate Scenario**
Lavaca	$ 1,491,549	$ 45,346	$ 1,641,799	$ 885,934	874	$ 4,119,470	$ 6,626,972	$ 8,955,369	$ 19,982,989
Lee	$ 1,251,390	$ 320,878	$ 579,505	$ -	819	$ 3,857,322	$ 6,205,256	$ 8,385,482	$ 18,711,344
Leon	$ 1,211,847	$ 49,446	$ 56,863	$ -	779	$ 3,671,946	$ 5,907,042	$ 7,982,490	$ 17,812,110
Liberty	$ 5,463,992	$ 310,992	$ 851,423	$ -	2,110	$ 9,939,158	$ 15,989,076	$ 21,606,862	$ 48,213,502
Limestone	$ 1,527,817	$ 535,773	$ 6,483,876	$ 548,744	1,289	$ 6,072,474	$ 9,768,759	$ 13,201,027	$ 29,456,742
Lipscomb	$ 251,920	$ -	$ 1,878,726	$ -	154	$ 724,652	$ 1,165,745	$ 1,575,331	$ 3,515,189
Live Oak	$ 759,394	$ 376,038	$ 558,094	$ -	644	$ 3,035,301	$ 4,882,874	$ 6,598,478	$ 14,723,830
Llano	$ 1,481,587	$ 107,648	$ 296,295	$ 106,827	742	$ 3,495,932	$ 5,623,889	$ 7,599,851	$ 16,958,291
Loving	$ 9,222	$ -	$ -	$ -	6	$ 28,087	$ 45,184	$ 61,059	$ 136,248
Lubbock	$ 20,632,300	$ 106,602	$ 17,440,203	$ 40,827,079	18,480	$ 87,061,259	$ 140,055,030	$ 189,263,574	$ 422,322,303
Lynn	$ 457,471	$ 35,391	$ 839,533	$ -	291	$ 1,368,788	$ 2,201,962	$ 2,975,625	$ 6,639,802
Madison	$ 719,804	$ 270,471	$ 450,557	$ -	838	$ 3,949,074	$ 6,352,856	$ 8,584,942	$ 19,156,420
Marion	$ 666,999	$ 4,000	$ 209,625	$ -	595	$ 2,801,240	$ 4,506,341	$ 6,089,651	$ 13,588,432
Martin	$ 394,708	$ -	$ 2,674,969	$ 88,771	234	$ 1,104,767	$ 1,777,233	$ 2,401,667	$ 5,359,074
Mason	$ 277,647	$ 65,174	$ 75,998	$ -	167	$ 788,317	$ 1,268,161	$ 1,713,732	$ 3,824,017
Matagorda	$ 2,526,213	$ 31,469	$ 8,772,340	$ 255,158	1,929	$ 9,089,049	$ 14,621,510	$ 19,758,800	$ 44,089,740
Maverick	$ 2,494,650	$ 341,691	$ 3,729,192	$ 4,217,903	3,523	$ 16,595,848	$ 26,697,661	$ 36,077,924	$ 80,504,195
McCulloch	$ 604,056	$ -	$ 550,879	$ 179,598	371	$ 1,747,030	$ 2,810,439	$ 3,797,890	$ 8,474,604
McLennan	$ 16,978,777	$ 5,407,023	$ 7,598,897	$ 34,154,634	13,453	$ 63,379,923	$ 101,958,977	$ 137,782,417	$ 307,447,366
McMullen	$ 60,499	$ 3,226	$ 190,775	$ -	36	$ 168,524	$ 271,103	$ 366,356	$ 817,486
Medina	$ 3,111,187	$ -	$ 1,051,967	$ -	2,504	$ 11,798,537	$ 18,980,250	$ 25,648,990	$ 57,233,097

Impact of the Medicaid Expansion on Counties

County	2014-2017 Adults Estimated New Local Tax Revenue	2011 County Indigent Health Care & Unreimbursed Jail Health Care Costs	2011 Total Hospital District or City/County Unreimbursed Health Care Expenditures	2010 Total Hospital Charity Care Costs	2016 Adults <138% FPL Enrollees Moderate Scenario	2016 Adult Federal Funds Limited Scenario	2016 Adult Federal Funds Moderate Scenario	2016 Adult Federal Funds Enhanced Scenario	2014-2017 Adults Federal Funds Moderate Scenario
Menard	$ 133,459	$ -	$ 509,853	$ -	99	$ 468,122	$ 753,065	$ 1,017,656	$ 2,270,794
Midland	$ 17,378,096	$ 590,588	$ 22,417,368	$ 3,914,092	5,311	$ 25,022,037	$ 40,252,831	$ 54,395,723	$ 121,378,491
Milam	$ 1,669,159	$ 591,525	$ 1,099,156	$ -	1,172	$ 5,521,963	$ 8,883,155	$ 12,004,265	$ 26,786,288
Mills	$ 367,410	$ 59,592	$ 268,673	$ -	192	$ 904,411	$ 1,454,922	$ 1,966,110	$ 4,387,174
Mitchell	$ 488,834	$ 2,776	$ 2,807,438	$ -	620	$ 2,921,079	$ 4,699,126	$ 6,350,170	$ 14,169,756
Montague	$ 1,596,881	$ 273,620	$ 686,310	$ 368,856	815	$ 3,838,597	$ 6,175,133	$ 8,344,775	$ 18,620,512
Montgomery	$ 46,369,021	$ 1,064,917	$ 31,787,244	$ 14,010,582	12,236	$ 57,646,369	$ 92,735,437	$ 125,318,172	$ 279,634,679
Moore	$ 1,467,765	$ -	$ 2,937,600	$ -	1,225	$ 5,771,003	$ 9,283,785	$ 12,545,657	$ 27,994,351
Morris	$ 935,957	$ 131,693	$ 172,700	$ -	709	$ 3,340,516	$ 5,373,872	$ 7,261,990	$ 16,204,387
Motley	$ 88,420	$ -	$ 92,094	$ -	47	$ 220,953	$ 355,447	$ 480,333	$ 1,071,815
Nacogdoches	$ 4,063,836	$ -	$ 8,582,629	$ 5,935,819	3,816	$ 17,979,615	$ 28,923,721	$ 39,086,113	$ 87,216,663
Navarro	$ 3,281,981	$ 485,353	$ 1,354,050	$ 813,950	2,501	$ 11,783,557	$ 18,956,152	$ 25,616,425	$ 57,160,431
Newton	$ 828,686	$ 89,863	$ 170,975	$ -	808	$ 3,804,893	$ 6,120,912	$ 8,271,504	$ 18,457,015
Nolan	$ 1,043,131	$ 57,433	$ 2,487,848	$ -	742	$ 3,494,060	$ 5,620,877	$ 7,595,781	$ 16,949,208
Nueces	$ 27,080,454	$ 37,036	$ 35,780,392	$ 48,252,748	18,524	$ 87,272,850	$ 140,395,415	$ 189,723,555	$ 423,348,702
Ochiltree	$ 861,475	$ -	$ 1,977,697	$ 1,360,335	509	$ 2,396,783	$ 3,855,693	$ 5,210,396	$ 11,626,466
Oldham	$ 172,873	$ 14,202	$ 16,332	$ -	79	$ 372,625	$ 599,440	$ 810,054	$ 1,807,552
Orange	$ 6,483,527	$ 1,351,523	$ 1,555,976	$ 1,336,832	3,276	$ 15,433,034	$ 24,827,047	$ 33,550,067	$ 74,863,543
Palo Pinto	$ 1,977,723	$ 134,733	$ 5,099,035	$ 624,353	1,265	$ 5,960,124	$ 9,588,024	$ 12,956,790	$ 28,911,752
Panola	$ 1,923,856	$ 396,934	$ 1,177,840	$ -	1,273	$ 5,997,574	$ 9,648,269	$ 13,038,203	$ 29,093,415
Parker	$ 9,540,045	$ 165,929	$ 14,956,050	$ -	2,282	$ 10,751,817	$ 17,296,397	$ 23,373,512	$ 52,155,601

Impact of the Medicaid Expansion on Counties									
County	**2014-2017 Adults Estimated New Local Tax Revenue**	**2011 County Indigent Health Care & Unreimbursed Jail Health Care Costs**	**2011 Total Hospital District or City/County Unreimbursed Health Care Expenditures**	**2010 Total Hospital Charity Care Costs**	**2016 Adults <138% FPL Enrollees Moderate Scenario**	**2016 Adult Federal Funds Limited Scenario**	**2016 Adult Federal Funds Moderate Scenario**	**2016 Adult Federal Funds Enhanced Scenario**	**2014-2017 Adults Federal Funds Moderate Scenario**
Parmer	$ 713,743	$ -	$ 1,529,344	$ -	533	$ 2,511,004	$ 4,039,441	$ 5,458,704	$ 12,180,540
Pecos	$ 978,025	$ 420,457	$ 10,284,826	$ -	1,048	$ 4,939,619	$ 7,946,342	$ 10,738,301	$ 23,961,420
Polk	$ 3,618,361	$ 481,227	$ 680,533	$ -	2,405	$ 11,332,288	$ 18,230,198	$ 24,635,405	$ 54,971,386
Potter	$ 8,631,057	$ 631,379	$ 15,924,181	$ 50,753,816	6,133	$ 28,894,339	$ 46,482,185	$ 62,813,770	$ 140,162,500
Presidio	$ 439,915	$ 2,074	$ 348,538	$ -	456	$ 2,147,742	$ 3,455,062	$ 4,669,004	$ 10,418,404
Rains	$ 696,305	$ 110,528	$ 127,107	$ -	494	$ 2,329,373	$ 3,747,251	$ 5,063,854	$ 11,299,472
Randall	$ 10,068,567	$ 510,833	$ 587,457	$ -	5,425	$ 25,557,568	$ 41,114,337	$ 55,559,921	$ 123,976,279
Reagan	$ 250,923	$ -	$ 2,389,282	$ -	184	$ 865,089	$ 1,391,664	$ 1,880,627	$ 4,196,428
Real	$ 209,086	$ 97,275	$ 115,316	$ -	143	$ 675,968	$ 1,087,426	$ 1,469,495	$ 3,279,027
Red River	$ 845,163	$ 452,585	$ 525,127	$ -	674	$ 3,173,865	$ 5,105,781	$ 6,899,704	$ 15,395,985
Reeves	$ 662,671	$ -	$ 5,274,823	$ -	1,008	$ 4,750,498	$ 7,642,104	$ 10,327,168	$ 23,044,019
Refugio	$ 571,961	$ 29,407	$ 2,411,795	$ -	409	$ 1,924,916	$ 3,096,603	$ 4,184,600	$ 9,337,506
Roberts	$ 75,623	$ -	$ 80,618	$ -	39	$ 183,504	$ 295,201	$ 398,921	$ 890,151
Robertson	$ 1,239,346	$ 164,497	$ 274,354	$ -	906	$ 4,269,269	$ 6,867,953	$ 9,281,018	$ 20,709,643
Rockwall	$ 8,281,402	$ 1,006,175	$ 1,249,102	$ -	1,546	$ 7,283,972	$ 11,717,692	$ 15,834,720	$ 35,333,558
Runnels	$ 646,321	$ 24,746	$ 1,701,366	$ -	472	$ 2,224,514	$ 3,578,565	$ 4,835,899	$ 10,790,814
Rusk	$ 3,374,835	$ 418,485	$ 514,484	$ 4,337,454	3,095	$ 14,579,180	$ 23,453,457	$ 31,693,864	$ 70,721,614
Sabine	$ 711,242	$ 2,962	$ 1,018,684	$ -	478	$ 2,250,729	$ 3,620,737	$ 4,892,888	$ 10,917,978
San Augustine	$ 547,386	$ -	$ 1,050,820	$ -	474	$ 2,232,004	$ 3,590,614	$ 4,852,182	$ 10,827,147
San Jacinto	$ 1,744,225	$ 275,218	$ 316,500	$ -	1,322	$ 6,226,018	$ 10,015,765	$ 13,534,818	$ 30,201,563
San Patricio	$ 5,048,527	$ 686,185	$ 1,298,208	$ -	3,189	$ 15,024,832	$ 24,170,374	$ 32,662,672	$ 72,883,410

Impact of the Medicaid Expansion on Counties									
County	2014-2017 Adults Estimated New Local Tax Revenue	2011 County Indigent Health Care & Unreimbursed Jail Health Care Costs	2011 Total Hospital District or City/County Unreimbursed Health Care Expenditures	2010 Total Hospital Charity Care Costs	2016 Adults <138% FPL Enrollees Moderate Scenario	2016 Adult Federal Funds Limited Scenario	2016 Adult Federal Funds Moderate Scenario	2016 Adult Federal Funds Enhanced Scenario	2014-2017 Adults Federal Funds Moderate Scenario
San Saba	$ 380,938	$ 199,440	$ 447,351	$ -	309	$ 1,456,794	$ 2,343,538	$ 3,166,944	$ 7,066,712
Schleicher	$ 187,109	$ -	$ 2,435,147	$ -	165	$ 775,209	$ 1,247,076	$ 1,685,238	$ 3,760,435
Scurry	$ 1,265,514	$ -	$ 8,041,159	$ -	893	$ 4,209,350	$ 6,771,561	$ 9,150,758	$ 20,418,981
Shackelford	$ 311,516	$ -	$ 990,565	$ -	139	$ 655,370	$ 1,054,291	$ 1,424,718	$ 3,179,112
Shelby	$ 1,750,168	$ 716,360	$ 831,235	$ -	1,335	$ 6,291,555	$ 10,121,194	$ 13,677,290	$ 30,519,474
Sherman	$ 280,978	$ -	$ 1,152,615	$ -	142	$ 668,478	$ 1,075,377	$ 1,453,212	$ 3,242,694
Smith	$ 17,005,194	$ 3,298,637	$ 4,217,237	$ 79,302,666	8,120	$ 38,254,899	$ 61,540,472	$ 83,162,809	$ 185,569,301
Somervell	$ 649,398	$ 438,560	$ 525,497	$ 225,858	377	$ 1,775,117	$ 2,855,623	$ 3,858,950	$ 8,610,852
Starr	$ 2,460,540	$ 147,332	$ 4,684,991	$ 346,593	3,925	$ 18,490,804	$ 29,746,068	$ 40,197,393	$ 89,696,370
Stephens	$ 759,965	$ 721,778	$ 2,660,864	$ -	436	$ 2,055,990	$ 3,307,462	$ 4,469,543	$ 9,973,328
Sterling	$ 80,900	$ 15,284	$ 889,282	$ -	56	$ 262,148	$ 421,716	$ 569,887	$ 1,271,645
Stonewall	$ 116,933	$ -	$ 1,400,880	$ -	61	$ 286,490	$ 460,876	$ 622,805	$ 1,389,726
Sutton	$ 446,969	$ 2,379	$ 1,069,703	$ -	217	$ 1,020,505	$ 1,641,682	$ 2,218,489	$ 4,950,331
Swisher	$ 561,803	$ -	$ 867,192	$ 167,760	412	$ 1,939,896	$ 3,120,701	$ 4,217,164	$ 9,410,171
Tarrant	$ 155,712,138	$ -	$ 268,880,596	$ 150,200,336	56,692	$ 267,089,600	$ 429,665,758	$ 580,629,465	$ 1,295,615,247
Taylor	$ 10,166,943	$ 2,697,486	$ 4,419,328	$ 15,746,924	6,835	$ 32,201,150	$ 51,801,836	$ 70,002,488	$ 156,203,390
Terrell	$ 84,153	$ -	$ 317,463	$ -	52	$ 247,168	$ 397,618	$ 537,322	$ 1,198,979
Terry	$ 918,090	$ -	$ 2,010,715	$ -	693	$ 3,265,616	$ 5,253,381	$ 7,099,165	$ 15,841,060
Throckmorton	$ 144,643	$ 4,797	$ 645,285	$ 17,045	64	$ 299,598	$ 481,962	$ 651,300	$ 1,453,308
Titus	$ 1,993,191	$ 58,079	$ 2,664,845	$ -	1,618	$ 7,624,765	$ 12,265,923	$ 16,575,573	$ 36,986,696
Tom Green	$ 8,522,643	$ 742,323	$ 2,448,471	$ 17,532,538	5,655	$ 26,639,865	$ 42,855,423	$ 57,912,741	$ 129,226,356

Impact of the Medicaid Expansion on Counties									
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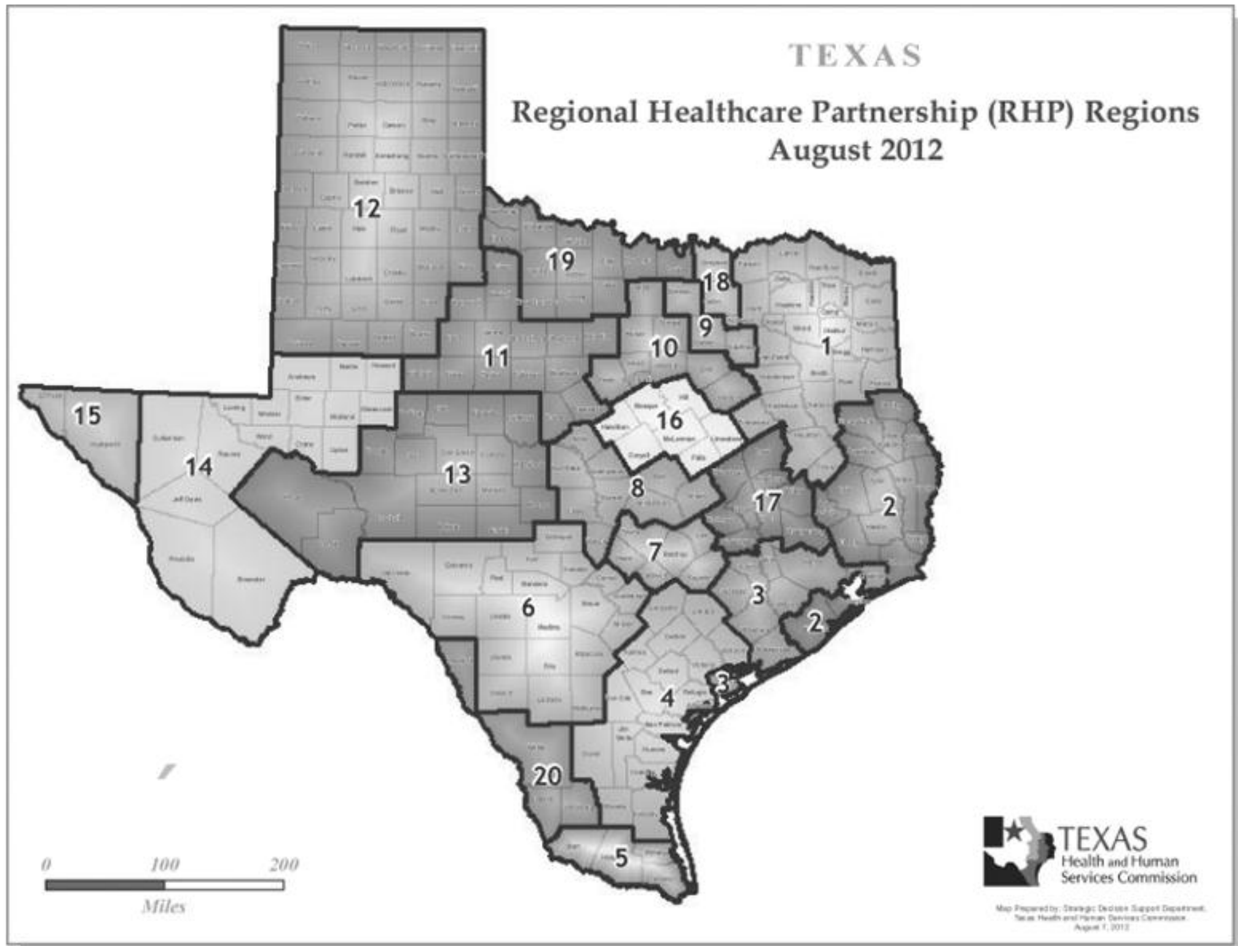
Travis	$ 94,177,570	$ 15,351,787	$ 156,443,095	$ 113,136,291	36,388	$ 171,433,628	$ 275,784,455	$ 372,681,735	$ 831,601,164
Trinity	$ 867,401	$ 110,815	$ 1,012,798	$ -	696	$ 3,280,596	$ 5,277,480	$ 7,131,730	$ 15,913,726
Tyler	$ 1,326,573	$ -	$ 1,662,577	$ -	1,153	$ 5,433,956	$ 8,741,579	$ 11,812,945	$ 26,359,379
Upshur	$ 2,845,723	$ 333,053	$ 383,011	$ -	1,946	$ 9,165,821	$ 14,745,013	$ 19,925,695	$ 44,462,150
Upton	$ 294,972	$ 13,487	$ 5,359,582	$ -	171	$ 807,042	$ 1,298,284	$ 1,754,438	$ 3,914,849
Uvalde	$ 1,755,731	$ 285,612	$ 1,996,664	$ 2,134,862	1,523	$ 7,175,368	$ 11,542,980	$ 15,598,624	$ 34,806,733
Val Verde	$ 3,159,117	$ -	$ 2,432,231	$ 1,686,129	3,072	$ 14,470,576	$ 23,278,746	$ 31,457,768	$ 70,194,790
Van Zandt	$ 3,756,629	$ 337,291	$ 387,885	$ -	2,395	$ 11,283,604	$ 18,151,879	$ 24,529,569	$ 54,735,223
Victoria	$ 7,466,013	$ 324,844	$ 2,332,503	$ 5,979,692	3,303	$ 15,560,363	$ 25,031,881	$ 33,826,870	$ 75,481,199
Walker	$ 3,638,684	$ 81,915	$ 6,731,391	$ 3,935,698	4,773	$ 22,486,690	$ 36,174,231	$ 48,884,101	$ 109,079,870
Waller	$ 2,683,026	$ 610,406	$ 819,412	$ -	1,337	$ 6,297,172	$ 10,130,230	$ 13,689,502	$ 30,546,723
Ward	$ 796,259	$ 200,245	$ 3,203,146	$ -	589	$ 2,775,025	$ 4,464,169	$ 6,032,662	$ 13,461,268
Washington	$ 3,068,155	$ 366,643	$ 1,164,245	$ 575,732	1,825	$ 8,598,458	$ 13,832,298	$ 18,692,297	$ 41,709,948
Webb	$ 12,978,042	$ 2,110,628	$ 4,985,287	$ 11,968,864	11,576	$ 54,538,041	$ 87,735,086	$ 118,560,939	$ 264,556,606
Wharton	$ 2,966,749	$ 344,166	$ 3,171,080	$ 3,101,671	2,161	$ 10,178,837	$ 16,374,646	$ 22,127,902	$ 49,376,149
Wheeler	$ 445,656	$ -	$ 3,868,406	$ 54,531	239	$ 1,127,237	$ 1,813,381	$ 2,450,515	$ 5,468,072
Wichita	$ 9,739,335	$ 3,041,717	$ 4,837,545	$ 35,722,774	6,968	$ 32,828,433	$ 52,810,943	$ 71,366,147	$ 159,246,255
Wilbarger	$ 994,375	$ -	$ 1,449,654	$ 385,769	693	$ 3,265,616	$ 5,253,381	$ 7,099,165	$ 15,841,060
Willacy	$ 1,202,016	$ 159,650	$ 422,224	$ -	1,572	$ 7,405,684	$ 11,913,488	$ 16,099,310	$ 35,923,964
Williamson	$ 35,099,341	$ 3,385,281	$ 12,443,812	$ 2,697,132	13,403	$ 63,145,862	$ 101,582,445	$ 137,273,589	$ 306,311,969
Wilson	$ 3,047,259	$ 128,349	$ 3,764,202	$ -	2,288	$ 10,779,905	$ 17,341,581	$ 23,434,571	$ 52,291,849

Impact of the Medicaid Expansion on Counties									
County	**2014-2017 Adults Estimated New Local Tax Revenue**	**2011 County Indigent Health Care & Unreimbursed Jail Health Care Costs**	**2011 Total Hospital District or City/County Unreimbursed Health Care Expenditures**	**2010 Total Hospital Charity Care Costs**	**2016 Adults <138% FPL Enrollees Moderate Scenario**	**2016 Adult Federal Funds Limited Scenario**	**2016 Adult Federal Funds Moderate Scenario**	**2016 Adult Federal Funds Enhanced Scenario**	**2014-2017 Adults Federal Funds Moderate Scenario**
Winkler	$ 488,484	$ 36,293	$ 2,854,237	$ -	402	$ 1,894,956	$ 3,048,407	$ 4,119,470	$ 9,192,175
Wise	$ 4,424,360	$ 638,331	$ 2,850,061	$ 4,540,980	2,762	$ 13,011,909	$ 20,932,195	$ 28,286,753	$ 63,118,995
Wood	$ 2,788,087	$ 209,018	$ 582,103	$ -	1,878	$ 8,847,499	$ 14,232,929	$ 19,233,689	$ 42,918,010
Yoakum	$ 716,634	$ 81,472	$ 2,026,684	$ -	410	$ 1,930,534	$ 3,105,640	$ 4,196,811	$ 9,364,755
Young	$ 1,504,466	$ 116,097	$ 2,717,656	$ 1,235,002	803	$ 3,784,295	$ 6,087,778	$ 8,226,727	$ 18,357,100
Zapata	$ 679,981	$ 1,750,832	$ 4,217,278	$ -	891	$ 4,199,987	$ 6,756,499	$ 9,130,405	$ 20,373,565
Zavala	$ 487,826	$ 190,227	$ 287,761	$ -	758	$ 3,572,704	$ 5,747,392	$ 7,766,747	$ 17,330,701

Appendix D

Regional Healthcare Partnership (RHP) Regions

Map & County List


TEXAS
Regional Healthcare Partnership (RHP) Regions
August 2012
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Health and Human
Services Commission

Regional Healthcare Partnership (RHP) Regions					
RHP 1	**RHP 3**	12. Kinney	6. Haskell	36. Ochiltree	16. Winkler
1. Anderson	1. Austin	13. La Salle	7. Jones	37. Oldham	**RHP 15**
2. Bowie	2. Calhoun	14. McMullen	8. Knox	38. Parmer	1. El Paso
3. Camp	3. Chambers	15. Medina	9. Mitchell	39. Potter	2. Hudspeth
4. Cass	4. Colorado	16. Real	10. Nolan	40. Randall	**RHP 16**
5. Cherokee	5. Fort Bend	17. Uvalde	11. Palo Pinto	41. Roberts	1. Bosque
6. Delta	6. Harris	18. Val Verde	12. Shackelford	42. Scurry	2. Coryell
7. Fannin	7. Matagorda	19. Wilson	13. Stephens	43. Sherman	3. Falls
8. Franklin	8. Waller	20. Zavala	14. Stonewall	44. Swisher	4. Hamilton
9. Freestone	9. Wharton	**RHP 7**	15. Taylor	45. Terry	5. Hill
10. Gregg	**RHP 4**	1. Bastrop	**RHP 12**	46. Wheeler	6. Limestone
11. Harrison	1. Aransas	2. Caldwell	1. Armstrong	47. Yoakum	7. McLennan
12. Henderson	2. Bee	3. Fayette	2. Bailey	**RHP 13**	**RHP 17**
13. Hopkins	3. Brooks	4. Hays	3. Borden	1. Coke	1. Brazos
14. Houston	4. DeWitt	5. Lee	4. Briscoe	2. Coleman	2. Burleson
15. Hunt	5. Duval	6. Travis	5. Carson	3. Concho	3. Grimes
16. Lamar	6. Goliad	**RHP 8**	6. Castro	4. Crockett	4. Leon
17. Marion	7. Gonzales	1. Bell	7. Childress	5. Irion	5. Madison
18. Morris	8. Jackson	2. Blanco	8. Cochran	6. Kimble	6. Montgomery
19. Panola	9. Jim Wells	3. Burnet	9. Collingsworth	7. Mason	7. Robertson
20. Rains	10. Karnes	4. Lampasas	10. Cottle	8. McCulloch	8. Walker
21. Red River	11. Kenedy	5. Llano	11. Crosby	9. Menard	9. Washington
22. Rusk	12. Kleberg	6. Milam	12. Dallam	10. Pecos	**RHP 18**
23. Smith	13. Lavaca	7. Mills	13. Dawson	11. Reagan	1. Collin
24. Titus	14. Live Oak	8. San Saba	14. Deaf Smith	12. Runnels	2. Grayson
25. Trinity	15. Nueces	9. Williamson	15. Dickens	13. Schleicher	3. Rockwall
26. Upshur	16. Refugio	**RHP 9**	16. Donley	14. Sterling	**RHP 19**
27. Van Zandt	17. San Patricio	1. Dallas	17. Floyd	15. Sutton	1. Archer
28. Wood	18. Victoria	2. Denton	18. Gaines	16. Terrell	2. Baylor
RHP 2	**RHP 5**	3. Kaufman	19. Garza	17. Tom Green	3. Clay
1. Angelina	1. Cameron	**RHP 10**	20. Gray	**RHP 14**	4. Cooke
2. Brazoria	2. Hidalgo	1. Ellis	21. Hale	1. Andrews	5. Foard
3. Galveston	3. Starr	2. Erath	22. Hall	2. Brewster	6. Hardeman
4. Hardin	4. Willacy	3. Hood	23. Hansford	3. Crane	7. Jack
5. Jasper	**RHP 6**	4. Johnson	24. Hartley	4. Culberson	8. Montague
6. Jefferson	1. Atascosa	5. Navarro	25. Hemphill	5. Ector	9. Throckmorton
7. Liberty	2. Bandera	6. Parker	26. Hockley	6. Glasscock	10. Wichita
8. Nacogdoches	3. Bexar	7. Somervell	27. Hutchinson	7. Howard	11. Wilbarger
9. Newton	4. Comal	8. Tarrant	28. Kent	8. Jeff Davis	12. Young
10. Orange	5. Dimmit	9. Wise	29. King	9. Loving	**RHP 20**
11. Polk	6. Edwards	**RHP 11**	30. Lamb	10. Martin	1. Jim Hogg
12. Sabine	7. Frio	1. Brown	31. Lipscomb	11. Midland	2. Maverick
13. San Augustine	8. Gillespie	2. Callahan	32. Lubbock	12. Presidio	3. Webb
14. San Jacinto	9. Guadalupe	3. Comanche	33. Lynn	13. Reeves	4. Zapata
15. Shelby	10. Kendall	4. Eastland	34. Moore	14. Upton	
16. Tyler	11. Kerr	5. Fisher	35. Motley	15. Ward	

Appendix E

Methodology & Sources

Methodology

The methodology used in this analysis provides statewide, regional and county-level federal, state and total caseload and funding estimates by year from 2014 through 2017 for the optional state Medicaid expansion available under the federal Affordable Care Act (ACA). The expansion applies to adults aged 18-64 with incomes below 138 percent of the federal poverty level (FPL) and children under age 18 below 200 percent of the FPL who are eligible for but not enrolled in the Medicaid program or the Children's Health Insurance Program (CHIP). Medicaid expansion funds to counties would depend on the cost per enrollee and the actual number of adults and children who enroll because of the expansion. Consequently, estimates of future costs and enrollment for these populations can vary substantially.

This analysis provides for "Limited," "Moderate," and "Enhanced" caseload estimates, based primarily on an April 2012 study conducted by Michael E. Cline, Ph.D. and Steve Murdock, Ph.D., *Estimates of the Impact of the Affordable Care Act on Counties in Texas* and commissioned by Methodist Healthcare Ministries of South Texas, Inc. Their study employed 2010 data to estimate ACA impacts. Our analysis supplements their findings with data from the Health and Human Services Commission (HHSC), including estimates of the rates of annual caseload growth and health care cost increases as well as costs per adult and child enrollee for each year of the expansion.

Our study limits its estimates to the first four years of the expansion, since HHSC limited its most recent published estimates to this period due to uncertainties affecting caseloads, costs and potential variances in implementation. The Medicaid expansion, however, would continue beyond 2017, with federal matching funds declining from 100 percent for 2014 through 2016 to 90 percent for 2020 and beyond. HHSC has estimated that the state would receive $100.1 billion in federal funds for a state match of $15.6 billion for the 10-year period of 2014 through 2023.

Caseload Estimates

Our statewide caseload estimates rely primarily on data from the Cline and Murdock study, which provides three scenarios for a number of demographic groups. These scenarios, "Limited," "Moderate" or "Enhanced," result in estimated statewide insured rates after the expansion of 71 percent, 85 percent and 98 percent, respectively, for adults aged 18 through 64 below 138 percent of FPL, and 82 percent, 90 percent and 98 percent, respectively, for children under age 18 and below 200 percent of FPL.

Our analysis uses the statewide numbers from these scenarios to approximate the populations affected by the Medicaid expansion. The adult group would be new to Medicaid, but the child group is currently eligible for Medicaid or the Children's Health Insurance Program (CHIP), although not enrolled. The analysis assumes that newly enrolling parents would also enroll any children they have who are currently eligible but not enrolled.

Using estimates by Cline and Murdock that controlled for ineligible individuals, the methodology allocated the estimated statewide caseloads for adults and children in the three scenarios to the counties based on their shares of each group. Margins of error vary by county and tend to be higher for smaller counties; since the data originate from Census data, similar error rates apply. This study uses an effective rate of 138 percent of FPL since the ACA provides coverage for adults up to 133 percent FPL plus a 5 percent modified adjusted gross income disregard.

Our analysis escalates the state and county estimates from 2010 to 2014 through 2017 using HHSC's caseload increase factor for the Medicaid expansion of 1.2 percent per year. The analysis assumes a phase-in for the Medicaid expansion based on HHSC's estimate of 50 percent in 2014, adjusted to account for an eight-month year; 75 percent in 2015; and 100 percent in 2016 and 2017.

HHSC assumed an enrollment rate, also called an "uptake rate," for the uninsured in these groups of 75 percent for adults and 50 percent for children. The Limited, Moderate and Enhanced scenarios estimated by Cline and Murdock assume a statewide, insured rate for these groups after expansion of 71 percent, 85 percent and 98 percent for adults, and 82 percent, 90 percent and 98 percent for children, respectively.

These estimates translate to enrollment rates for the insured in these groups of 44 percent, 71 percent and 96 percent for adults and 25 percent, 58 percent and 92 percent for children, respectively. Although the difference in effective enrollment rates results in a slightly different mix of adults and children than the HHSC caseload estimates, the HHSC total caseload estimates are approximate to the Moderate scenario estimates used in our analysis.

These estimates do not take into account currently insured adults that may move to Medicaid as a result of the expansion. Employers insure about 675,000 adults below 138 percent FPL in Texas and another 194,000 provide for their own insurance, about 869,000 in total.[59] (Some portion of those who provide their own insurance may be between 18 and 26 years old and covered on their parents' policies.) Studies conducted in other states have found it difficult to estimate with confidence what portion of the currently insured would shift to Medicaid with an expansion. Since this study provides a wide range of estimates depending on low, moderate or high levels of enrollment, as well as the data necessary to adjust the estimates, readers can make their own judgments and adjustments to the estimates to account for any shifting from the insured population to Medicaid.

Funding Estimates

The methodology for the funding estimates derives a cost per enrollee for adults and children by using HHSC's statewide federal, state and all-funds estimates for adults and children and dividing them by HHSC's statewide caseload estimates for each group by year from 2014 through 2017. The methodology multiplies the cost per enrollee by the caseload estimates explained in the section above to estimate federal, state and total funding for adults and children by year.

The HHSC cost per enrollee includes a 4 percent annual cost increase factor and administrative costs federally matched at 50 percent. The estimates include the increase of the primary care provider rates to the Medicare rates required by the ACA, covered at a 100 percent federal matching rate for 2013-2014 under ACA provisions. They also include the rate increases for physician extenders, such as nurse practitioners, matched at the regular Federal Matching Assistance Program (FMAP) rate unless supervised by a primary-care physician. Additional provider increases beyond 2014 are not included from 2014-2017, although they are included in the $100 billion ten-year estimate.

HHSC estimates a state match requirement of $591 million from 2014 through 2017 for $1.6 billion in federal funds to continue the provider rate increase for primary care physicians and $893.4 million in state match for $2.5 billion in federal funds to include all primary care services provided by any physician. Should Texas opt to add provider rate increases, funding estimates in this study would increase accordingly.

Federal and state funding estimates assume the appropriate FMAP matching rates for each population group. The ACA provides for the adult expansion population FMAP to be 100 percent for 2014-2016, 95 percent for 2017, 94 percent for 2018, 93 percent for 2019, and 90 percent for 2020 and future years.

[59] U.S. Census Bureau, "B27016: Health Insurance Coverage Status And Type By Ratio Of Income To Poverty Level In The Past 12 Months By Age, 2011 American Community Survey 1-Year Estimates," http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t.

The federal government will continue to calculate FMAP rates for children who are currently eligible but not enrolled as they have in the past. As an example, for federal fiscal 2013, Texas' FMAP is 59.30 percent, so that for every dollar spent on the program, the federal government pays 59.3 cents and Texas pays 40.7 cents.

CHIP has an "enhanced" matching rate, calculated by reducing the Medicaid FMAP state share by 30 percent; Texas' rate is currently 71.51 percent. For 2016 and 2017, the rate will "bump" by 23 percentage points under the ACA for children remaining in CHIP. (Some children will move from CHIP to Medicaid, as Medicaid coverage will increase to 138 percent of the FPL.) If Texas maintains the present FMAP in those years, for instance, the CHIP FMAP would increase to 94.51 percent. HHSC estimates do not include the bump except in the 10-year estimate since Congress must renew CHIP funding in 2015. The mix of Medicaid and CHIP for children below 200 percent of poverty results in an effective federal match rate of 64.7 percent for 2014 through 2017. The methodology assumes that CHIP funding for children that must move from CHIP to Medicaid will continue at the CHIP match rate.

The Supreme Court ruling that made the Medicaid expansion under the ACA optional for states means that some variables could change. Questions have arisen concerning whether certain features of the expansion are *also* optional, such as eligibility determination changes to the calculation of modified adjusted gross income and the application of maintenance-of-effort (MOE) requirements, as well as the later start date and phase-in assumed in the estimates used in this study.

Unreimbursed Local Health Care Spending

For comparative purposes, this study also provides data for two sources of local spending on indigent and charity health care. One is a Department of State Health Services (DSHS) report of unreimbursed health care expenditures submitted by counties, cities and hospital districts annually in order to receive interest from the state's Tobacco Settlement Permanent Trust Accounts. These data provide the total, unduplicated cost locally for unreimbursed charity care supported primarily through local taxes.

The county-level data also provide a breakdown of costs to show the portion of the total spent on indigent health care. Under Texas law, counties must provide health care to indigent persons up to 21 percent of FPL. Counties may extend coverage to 50 percent of FPL and still receive state assistance if their total costs exceed 8 percent of their previous year's tax general revenue tax levy. For counties that share a hospital district, the analysis allocates each county's share of the district's costs according to its share of tax levies for the district.

In addition, the county-level breakdown shows the portion of the total spent on jail inmate health care. Currently, local and state governments pay for all health care of institutionalized persons who are not otherwise covered, which is most of them. Under a Medicaid rule established in 1997, an institutionalized inmate is eligible for Medicaid for hospital inpatient care if otherwise eligible except for his or her incarceration. A Medicaid expansion, then, would cover some portion of health care costs for prison and jail inmates that the state and local governments now cover at 100 percent. (Beginning in January 2013, Texas will enroll inmates under age 19 and pregnant women in Medicaid when hospitalized in a medical institution under the rule.)

Another source used in comparisons is a DSHS report of unreimbursed charity costs submitted by certain hospitals. The data do not include unreimbursed costs for government-sponsored health care, since that is largely Medicaid-related and Medicaid expansion funding would not affect them.

Hospitals generally provide charity care from 21 percent to 200 percent FPL. The Medicaid expansion would cover charity costs for adults aged 18 through 64 below 138 percent of poverty; consequently, the Medicaid expansion would cover a significant portion of total charity costs. In addition, subsidized

insurance will be available for adults between 100 percent and 400 percent FPL, which will also help to reduce charity costs. The ACA and Medicaid expansion would not, however, cover costs for ineligible adults, such as undocumented persons, or services not covered by Medicaid. Consequently, the Medicaid expansion will not eliminate charity costs for hospitals entirely even if expansion funds exceed total charity costs.

For the purposes of this report, hospital charity costs attach to the county in which the hospital resides, although hospitals may assist people in multiple counties. Consequently, users should take care in comparing anticipated Medicaid expansion funding to unreimbursed hospital charity costs on a county basis. This analysis only provides comparisons on a regional and statewide basis to minimize this problem.

Potential Medicaid funding for children under age 18 below 200 percent of FPL who are currently eligible but not enrolled is not compared to unreimbursed health care costs or hospital charity charges in this study as the expansion would have no effect on these costs. These children are currently eligible and providers would enroll them now if presented for care. These funds, however, *will* offer economic stimulus to counties and provide health care to currently uninsured children, so this study has included them for informational purposes.

County Health Care Administration & Funding

A county may have multiple hospital districts, and may have public hospitals outside the boundaries of a hospital district. Some hospital districts do not have a public hospital but arrange with one or more other hospitals within the district to provide care. Some hospital districts are countywide while others serve multiple counties. Some public hospitals serve countywide, while others serve a smaller area within the county. Hospital charity costs, then, may be from multiple counties; since the charity costs attach to the hospital, for the purposes of this study the costs shown are for the county in which the hospital is located.

Hospital districts can levy property taxes for their support, and most do. We apply tax levies to the originating counties whenever a district straddles more than one, and use the counties' shares of these levies to apportion unreimbursed health care expenditures, including jail health care expenses.

Counties without a countywide hospital district, or a public hospital without a countywide service area, operate County Indigent Health Care (CIHC) programs, generally funded from property taxes and sometimes supplemented with local sales taxes or other funding such as grants or the annual distribution of interest from the tobacco settlement fund. Counties also may administer CIHC programs in areas outside a hospital district or public hospital service area. Counties whose expenditures for their CIHC programs exceed 8 percent of their previous year's general revenue tax levy can receive reimbursement for that portion from the state. The data included in this analysis include only unreimbursed indigent health care costs.

This study presents regional data using the state's 20 Regional Healthcare Planning regions.

Methodology Sources

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Michael E. Cline, Ph.D. and Steve Murdock, Ph.D., *Estimates of the Impact of the Affordable Care Act on Counties in Texas* (San Antonio, Texas: Methodist Healthcare Ministries of South Texas, Inc, April 2012), http://www.mhm.org/images/stories/advocacy_and_public_policy/Estimates%20of%20the%20Impact%20of%20the%20ACA%20on%20Texas%20Counties_FINAL%20REPORT%20APRIL%202012.pdf, and unpublished Excel spreadsheet of insured and uninsured by county, age and FPL.

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