

MILLIMAN REPORT

Florida Agency for Health Care Administration

ACA Medicaid Eligibility Expansion Fiscal Analysis SFY 24/25 through SFY 33/34

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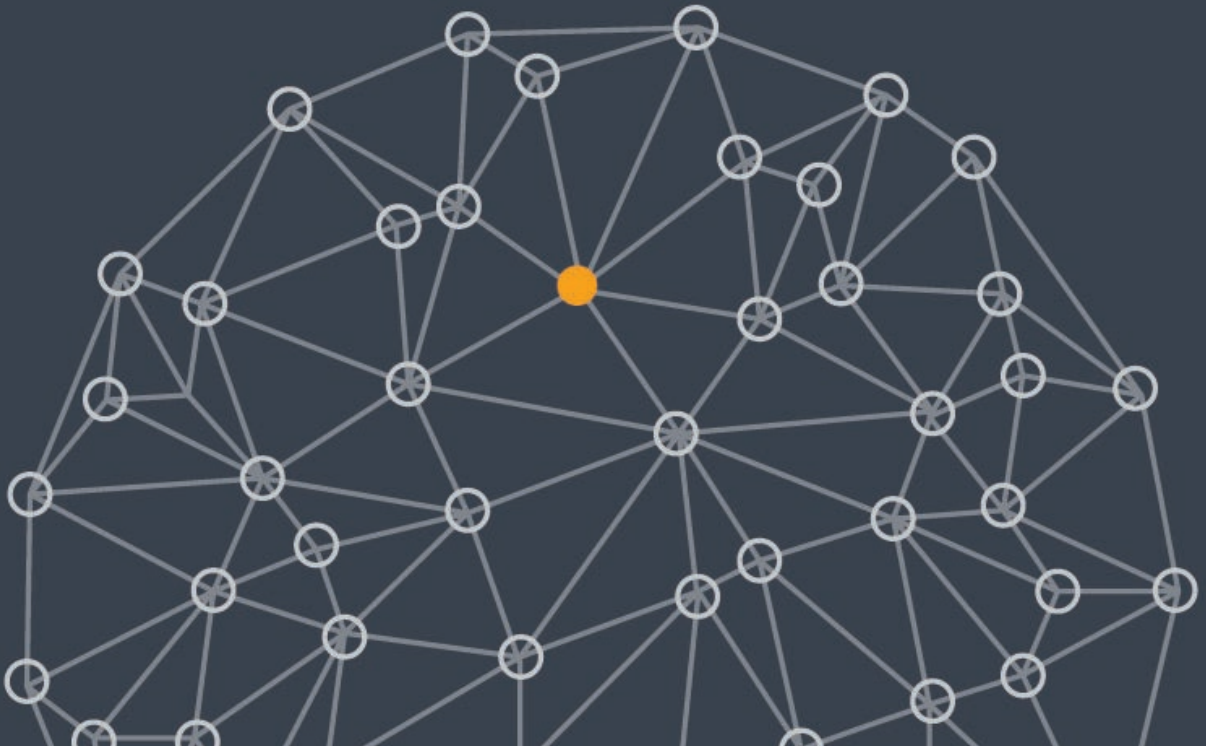




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I. OVERVIEW AND SUMMARY OF RESULTS

This report documents the development of enrollment and fiscal expenditure estimates associated with the valuation of members newly eligible for Medicaid (“Expansion population”) should Florida choose to expand coverage (“Medicaid Expansion”) as part of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (ACA), the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the Families First Coronavirus Response Act (FFCRA), Consolidated Appropriations Act of 2021, American Rescue Plan Act (ARPA) of 2021, Inflation Reduction Act of 2022, and the Consolidated Appropriations Act of 2023. The Florida Agency for Health Care Administration (Agency) retained Milliman, Inc. (Milliman) to provide support in developing fiscal estimates for the Medicaid Expansion, which does not currently exist in Florida.

This report provides an overview of potential scenarios outlining projected enrollment and expenditures for the current Medicaid program and Medicaid Expansion to include individuals with incomes up to 138% of the federal poverty level (FPL) from state fiscal year July 1, 2024 through June 30, 2025 (SFY 24/25) through SFY 33/34. The report is not a comprehensive economic analysis of Medicaid Expansion on other Florida state agencies, state revenues, other healthcare stakeholders, or the general Florida economy. Please note, we provide the current Florida Medicaid program estimated expenditures during the 10-year projection period to illustrate the cost of Medicaid Expansion relative to the cost of the current Medicaid program.

OVERVIEW

The current Medicaid program in Florida includes coverage for a variety of individuals based on income status as a percentage of the federal poverty level. The following outlines cohorts of individuals qualifying for Medicaid based on income status, including the respective FPL¹ maximum modified adjusted gross income (MAGI) disregard. For context, the 2023 FPL is \$14,580 for a single individual and \$30,000 for a family of four. The FPL is updated on an annual basis.

- **Children up to 1-year-old:** 205% of the FPL
- **Children ages 1 to 18:** 138% of the FPL
- **Pregnant women:** 190% of the FPL
- **Parents, caretakers, and children ages 19 and 20:** 23% of the FPL
- **Disabled adults:** 88% of the FPL
- **Childless adults:** No current Medicaid coverage

Medicaid Expansion in Florida would extend Medicaid coverage to all low-income individuals up to 138% FPL. In this context, the Expansion population is anticipated to be primarily comprised of:

- Parents, caretakers, and children ages 19 and 20 with incomes above 23% FPL and up to 138% FPL
- Disabled adults with incomes above 88% FPL and up to 138% FPL
- All childless adults with incomes up to 138% FPL

As part of the Medicaid Expansion, the federal government has established a matching federal Medicaid assistance percentage (FMAP) of 90%. This percentage is an increase from the FMAP used in Florida for the majority of other Medicaid costs (currently projected as 59.5% for SFY 23/24). Additionally, the ARPA established a temporary 5% increase to the FMAP for two years for any state Medicaid program that newly implements Medicaid Expansion.

We analyzed the set of individuals meeting the criteria for Medicaid eligibility under Medicaid Expansion relative to Florida’s current Medicaid eligibility criteria to develop estimates for the enrollment increases and expenditure changes to the Florida Medicaid program. As part of this analysis, we considered the impact of additional members currently eligible but not currently enrolled joining the program as people are made aware of Medicaid Expansion (“the welcome mat effect”). We developed a range of plausible scenarios to estimate impacts related to cost and enrollment if Florida decides to pursue Medicaid Expansion. Actual results will vary from our projections for numerous reasons, including differences from assumptions regarding eligibility, participation rates, take-up rates, health statuses, age distribution of enrolled members, service mix and intensity, utilization of services, additional benefit changes, state directed payments not yet approved, economic situation, marketing efforts geared towards the potential Expansion population, and the legislative environment, including funding level and federal matching percentage changes.

¹ Annual Update of the HHS Poverty Guidelines; <https://www.federalregister.gov/documents/2023/01/19/2023-00885/annual-update-of-the-hhs-poverty-guidelines>

This report illustrates three scenarios (low, middle, and high) based on our review of other Medicaid Expansion states and our knowledge of the Medicaid program in Florida. We include the following scenarios:

- **Expansion middle scenario:** Assumes estimated morbidity of the Expansion population in Florida would be similar to the experience observed in other Medicaid Expansion states and represents the moderate economic situation.
- **Expansion low scenario:** Moderately favorable economic situation reflecting lower enrollment and lower morbidity when compared to the middle scenario.
- **Expansion high scenario:** Moderately deteriorating economic situation reflecting higher enrollment and higher morbidity when compared to the middle scenario.

These assumptions were chosen to produce a range of results. In practice the range may be more condensed. Further details regarding the assumption variation underlying each scenario are provided in Section III of this report.

RESULTS

The estimated incremental cost on an incurred basis (from SFY 24/25 through SFY 33/34) of Medicaid Expansion in Florida (including both the state and federal share) ranges from approximately \$78.1 billion to \$176.2 billion over 10 years, with a moderate economic (middle) scenario estimate being approximately \$122.5 billion over 10 years. The estimated state Medicaid incremental expenditures range from approximately \$6.0 billion to \$17.2 billion over this 10-year period. These estimates reflect the fiscal impact of increasing the federal Medicaid assistance percentage (FMAP) to 90% for the expansion population, additional administrative costs for the Agency to administer the program, the welcome mat effect, the impact of the 5% FMAP increase for two years due to the effects of ARPA, and the shifting of revenues between the state and federal government due to the extension of post-partum coverage of Medicaid members from 30 days to 365 days after delivery.

Figure 1 illustrates the total state and federal expenditure estimates for each of the three scenarios for each state fiscal year.

FIGURE 1: FISCAL IMPACT OF MEDICAID ELIGIBILITY EXPANSION, SFY 24/25 - SFY 33/34 (EXPENDITURES IN MILLIONS)

LOW SCENARIO	SFY 24/25	SFY 25/26	SFY 26/27	SFY 27/28	SFY 28/29	SFY 29/30	SFY 30/31	SFY 31/32	SFY 32/33	SFY 33/34	Total
Average Enrollment Change	935,300	1,372,900	1,484,300	1,499,300	1,514,300	1,529,500	1,544,700	1,560,100	1,575,700	1,591,600	
Federal Funds	\$ 5,763.5	\$ 7,645.1	\$ 6,464.5	\$ 6,697.6	\$ 6,939.5	\$ 7,190.9	\$ 7,451.8	\$ 7,721.3	\$ 8,000.0	\$ 8,290.4	\$ 72,164.6
State Funds	(\$ 1,188.8)	(\$ 992.9)	\$ 890.6	\$ 925.2	\$ 959.9	\$ 995.3	\$ 1,033.0	\$ 1,071.4	\$ 1,110.3	\$ 1,152.1	\$ 5,956.1
Total (All Funds)	\$ 4,574.7	\$ 6,652.2	\$ 7,355.1	\$ 7,622.8	\$ 7,899.4	\$ 8,186.2	\$ 8,484.8	\$ 8,792.7	\$ 9,110.3	\$ 9,442.5	\$ 78,120.7
MIDDLE SCENARIO											
Average Enrollment Change	1,288,100	1,895,600	2,050,600	2,071,100	2,091,800	2,112,800	2,133,900	2,155,300	2,176,800	2,198,500	
Federal Funds	\$ 7,512.4	\$ 10,364.0	\$ 9,641.4	\$ 10,167.2	\$ 10,722.2	\$ 11,308.4	\$ 11,927.0	\$ 12,578.8	\$ 13,265.5	\$ 13,991.6	\$ 111,478.5
State Funds	(\$ 951.8)	(\$ 640.7)	\$ 1,302.2	\$ 1,374.7	\$ 1,449.9	\$ 1,528.7	\$ 1,612.8	\$ 1,700.6	\$ 1,792.5	\$ 1,890.7	\$ 11,059.6
Total (All Funds)	\$ 6,560.6	\$ 9,723.3	\$ 10,943.6	\$ 11,541.9	\$ 12,172.1	\$ 12,837.1	\$ 13,539.8	\$ 14,279.4	\$ 15,058.0	\$ 15,882.3	\$ 122,538.1
HIGH SCENARIO											
Average Enrollment Change	1,589,500	2,342,400	2,534,500	2,559,800	2,585,400	2,611,300	2,637,300	2,663,700	2,690,400	2,717,200	
Federal Funds	\$ 9,327.3	\$ 13,272.6	\$ 13,142.9	\$ 14,104.1	\$ 15,136.3	\$ 16,245.1	\$ 17,435.6	\$ 18,712.9	\$ 20,083.3	\$ 21,556.1	\$ 159,016.2
State Funds	(\$ 705.8)	(\$ 263.9)	\$ 1,755.8	\$ 1,884.7	\$ 2,021.8	\$ 2,168.2	\$ 2,326.4	\$ 2,495.3	\$ 2,675.7	\$ 2,870.7	\$ 17,228.9
Total (All Funds)	\$ 8,621.5	\$ 13,008.7	\$ 14,898.7	\$ 15,988.8	\$ 17,158.1	\$ 18,413.3	\$ 19,762.0	\$ 21,208.2	\$ 22,759.0	\$ 24,426.8	\$ 176,245.1

Notes:

1. Values are rounded.
2. All expenditures shown are reported on an incurred basis, actual timing of payments or receipt of funds could vary.
3. Enrollment changes reflect the addition of full Medicaid expansion members and changes in current Medicaid enrollment.

Figure 2 breaks down the results shown in Figure 1 to illustrate the impact of each of the different components of the cost (i.e., Medicaid Expansion costs, welcome mat expenditures, ARPA funding, and shifting of funding due to post-partum extension) for the middle scenario.

FIGURE 2: FISCAL IMPACT OF FMAP INCREASES FROM FULL MEDICAID EXPANSION, SFY 24/25 - SFY 33/34 (IN MILLIONS)

MIDDLE SCENARIO	SFY 24/25	SFY 25/26	SFY 26/27	SFY 27/28	SFY 28/29	SFY 29/30	SFY 30/31	SFY 31/32	SFY 32/33	SFY 33/34	Total
Full Medicaid Eligibility Expansion Population Expenditures											
Federal Funds	\$ 5,627.2	\$ 8,389.2	\$ 9,445.8	\$ 9,966.5	\$ 10,515.5	\$ 11,094.9	\$ 11,707.0	\$ 12,351.7	\$ 13,031.1	\$ 13,749.7	\$ 105,878.6
State Funds	\$ 762.2	\$ 1,087.1	\$ 1,224.1	\$ 1,291.7	\$ 1,363.0	\$ 1,438.0	\$ 1,517.8	\$ 1,601.4	\$ 1,688.8	\$ 1,782.6	\$ 13,756.7
Total (All Funds)	\$ 6,389.4	\$ 9,476.3	\$ 10,669.9	\$ 11,258.2	\$ 11,878.5	\$ 12,532.9	\$ 13,224.8	\$ 13,953.1	\$ 14,719.9	\$ 15,532.3	\$ 119,635.3
Welcome Mat Population											
Federal Funds	\$ 98.9	\$ 141.1	\$ 155.4	\$ 160.2	\$ 166.0	\$ 172.0	\$ 178.2	\$ 184.6	\$ 191.2	\$ 198.1	\$ 1,645.7
State Funds	\$ 72.4	\$ 105.7	\$ 118.3	\$ 123.3	\$ 127.6	\$ 132.1	\$ 136.8	\$ 141.7	\$ 146.8	\$ 152.0	\$ 1,256.7
Total (All Funds)	\$ 171.3	\$ 246.8	\$ 273.7	\$ 283.5	\$ 293.6	\$ 304.1	\$ 315.0	\$ 326.3	\$ 338.0	\$ 350.1	\$ 2,902.4
Impact of ARPA Temporary 5% FMAP Increase on Certain Medicaid Program Expenditures Eligible for the Standard FMAP											
Federal Funds	\$ 1,747.6	\$ 1,793.8	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 3,541.4
State Funds	(\$ 1,747.6)	(\$ 1,793.8)	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	(\$ 3,541.4)
Total (All Funds)	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
Post-partum Extension (Expansion FMAP)											
Federal Funds	\$ 38.8	\$ 39.9	\$ 40.3	\$ 40.1	\$ 40.5	\$ 41.2	\$ 41.8	\$ 42.5	\$ 43.1	\$ 43.8	\$ 412.0
State Funds	(\$ 38.8)	(\$ 39.9)	(\$ 40.3)	(\$ 40.1)	(\$ 40.5)	(\$ 41.2)	(\$ 41.8)	(\$ 42.5)	(\$ 43.1)	(\$ 43.8)	(\$ 412.0)
Total (All Funds)	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
Medicaid Eligibility Expansion Expenditures After the Welcome Mat Population and FMAP Increases											
Federal Funds	\$ 7,512.4	\$ 10,364.0	\$ 9,641.4	\$ 10,167.2	\$ 10,722.2	\$ 11,308.4	\$ 11,927.0	\$ 12,578.8	\$ 13,265.5	\$ 13,991.6	\$ 111,478.5
State Funds	(\$ 951.8)	(\$ 640.7)	\$ 1,302.2	\$ 1,374.7	\$ 1,449.9	\$ 1,528.7	\$ 1,612.8	\$ 1,700.6	\$ 1,792.5	\$ 1,890.7	\$ 11,059.6
Total (All Funds)	\$ 6,560.6	\$ 9,723.3	\$ 10,943.6	\$ 11,541.9	\$ 12,172.1	\$ 12,837.1	\$ 13,539.8	\$ 14,279.4	\$ 15,058.0	\$ 15,882.3	\$ 122,538.1

Notes:

1. Values are rounded.
2. All expenditures shown are reported on an incurred basis, actual timing of payments or receipt of funds could vary.

KEY CONSIDERATIONS

This report outlines in detail the methodology used to develop the estimates summarized in Figure 1. Note, there are some **key assumptions and considerations** worth highlighting to make it clear what these results reflect and do not reflect.

- **Variability in results:** This report illustrates a 10-year projection. Given the long duration of the projection period, there is a greater level of uncertainty with the projections in future years. Therefore, there is a higher probability that the actual results will vary from our projections, especially in the later years of the projection period.

The range of projections presented in this report are primarily based on the data and information available at the time the report was developed. When developing the range of scenarios, we varied the enrollment, morbidity, and cost trend assumptions. Actual variation in membership, morbidity, or cost trends for the Medicaid Expansion population could be larger than the range illustrated in this report. It is possible that, if the actual morbidity or enrollment were to fall outside of the assumptions underlying this illustrative range, their impacts may be partially offsetting.

- **Public Health Emergency considerations:** At the time of this report, Florida is in the midst of the public health emergency (PHE) unwinding process, including redetermination of Medicaid eligibility for all current Medicaid enrollees with subsequent disenrollment from Medicaid for those individuals found to be ineligible. When developing the current Medicaid program projected expenditures, our best estimate for future Medicaid enrollment and expected costs reflects all expected redeterminations resulting in a disenrollment based on information known to us at the time of the report. As part of these assumptions, we relied on the Agency to provide certain assumptions related to the eligibility unwinding process. Given the uncertainty of this redetermination process, these estimates are more likely to vary from the ultimate level of disenrollment and costs. **Subsequent versions of this report may be necessary if the results of redetermination vary significantly from these estimates.**

- **Current Medicaid program projected expenditures:** The year over year growth in the current Medicaid program expenditures, including Medicaid enrollment and cost per member growth, was estimated using Social Services Estimating Conference (SSEC) estimates and Florida's long-term expectation for Medicaid expenditure trend. This assumption does not vary among the three scenarios. This long-term Medicaid expenditure trend does not reflect program and population changes. To the extent that there are fee schedule or provider contracting changes, program changes, or approved state directed payments, the expenditure trend rate may materially deviate from Florida's long-term expectation.
- **Other state agency expenditure offsets:** If Florida decides to implement Medicaid Expansion, it may be anticipated that certain services currently paid using non-Medicaid funding would be paid through the federally matched Medicaid program. While there may be other state agency expenditure reductions that would help offset the cost of implementing new Medicaid programs in Florida, we did not have sufficient information to model these impacts at this time.
- **Unanticipated economic changes:** The economy may experience significant changes from the current environment. Our ranges inherently account for some of these changes by varying factors, such as enrollment. However, our ranges do not consider significant changes due to unforeseen circumstances.
- **Unforeseen changes to the Medicaid program:** Our projections are based on the current Medicaid program. If the Medicaid program is altered for items other than Medicaid expansion (e.g., changes in benefit design, changes in provider payments, etc.), these estimates may not account for these items.
- **Additional items not modeled:** This analysis is limited in scope as outlined previously. Of particular note, the following additional items are not modeled within this report, but may be worth additional consideration in the event that Florida pursues Medicaid Expansion:
 - Changes to directed payments
 - Economic ripple effects as a result of Medicaid Expansion

The scope of our report is limited to a projection of the estimated financial impact of Medicaid Expansion on the Florida state budget. The Agency can use the results of this report as part of its determination of the potential costs and benefits of expanding Medicaid coverage.

II. LIMITATIONS AND QUALIFICATIONS

We prepared this report for the specific purpose of evaluating the potential enrollment and fiscal impact of Medicaid Expansion in Florida. This report may not be appropriate, and should not be used, for other purposes.

This report is intended solely for the use and benefit of the Agency, and it is only to be relied upon by the Agency. Milliman recognizes that materials it delivers to the Agency may be public records subject to disclosure to third parties; however, Milliman does not intend to benefit, and assumes no duty or liability to, other parties who receive this work. It should only be distributed and reviewed in its entirety. We understand that this report will be shared outside of the Agency.

The state of Florida has not pursued Medicaid Expansion at the time of this report. This report illustrates a range of total estimated expenditures and enrollment related to a Medicaid Expansion in Florida from SFY 24/25 through SFY 33/34. Should a decision be made to move ahead with Medicaid Expansion, the timing of the decision and operational considerations would need to be reviewed for potential updates to the assumptions contained in this analysis.

Milliman has developed certain models to estimate the values included in this report. The intent of the models was to review and project enrollment and Medicaid expenditures from SFY 24/25 through SFY 33/34. Because the focus of this paper is on the expansion population, we did not include variations to the current Medicaid population expenditures. While this projection reflects our best estimate of future expenditures for this population, these costs will vary from these estimates. We reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOPs). The models, including all input, calculations, and output, may not be appropriate for any other purpose.

Actual experience under Medicaid Expansion will differ from the estimates included in this report due to differences in health care trend, managed care efficiency, provider reimbursement levels, enrollment demographic changes, the impact of the COVID-19 pandemic, eligibility redetermination process, and many other factors. It is certain that actual experience will not conform exactly to the assumptions used.

In preparing this material, we relied on several sources of data and information from Statewide Medicaid Managed Care (SMMC) plans, the Agency, and other sources. Those data sources and information include Agency eligibility data, Agency fee-for-service (FFS) claims data, Managed Medical Assistance (MMA) plan Achieved Savings Rebate (ASR) financial data submissions, MMA plan Florida Medicaid Management Information System (FMMIS) encounter data, SSEC materials, CMS public use files, and other supporting information from the Agency and plans. We relied on the Agency for the accuracy of the eligibility data, FFS claims data, SSEC data, and other supporting information and for the collection and processing of the SMMC plan encounter and financial data. We relied on the SMMC plans to provide accurate financial and encounter data as certified by the plans, as well as accurate follow-up information. We did not audit any of the data sources or other information, but we did assess the data and information for reasonableness. If the data or other information used is inadequate or incomplete, the results will be likewise inadequate or incomplete.

The results of this report are technical in nature and are dependent upon specific assumptions and methods. No party should rely on these results without a thorough understanding of those assumptions and methods. Such an understanding may require consultation with qualified professionals.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this report are actuaries at Milliman, are members of the American Academy of Actuaries, and meet the Qualification Standards of the Academy to render the actuarial communication contained herein. To the best of our knowledge and belief, this communication is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices.

III. METHODOLOGY AND KEY ASSUMPTIONS

In order to appropriately model the impact of Medicaid Expansion in Florida from SFY 24/25 through SFY 33/34, we develop estimates for the current Medicaid program and Medicaid Expansion populations separately. The current Medicaid program estimates reflect best estimates for enrollment and costs per member per month (PMPM) for enrollees, after the completion of the PHE unwind redetermination process. Separately, we use American Community Survey (ACS) census data from the U.S. Census Bureau for Florida for calendar year (CY) 2021 with modifications to better align with other public data sources to project the Medicaid Expansion population. We also use current Medicaid projected costs to develop expenditure estimates for the Medicaid Expansion population by considering historical data and future estimates of medical costs and Medicaid enrollment developed by the Office of Economic & Demographic Research and established in the Medicaid Caseload and Expenditures SSEC. Ultimately the total costs are analyzed between scenarios with and without expansion accounting for changes in funding sources to appropriately value the economic impact of Medicaid Expansion in Florida.

Given the differences in methodology, we discuss the process for the development of the current Medicaid program expenditures and the Expansion population enrollment and expenditures in separate sections below.

DEVELOPMENT OF CURRENT MEDICAID PROGRAM EXPENDITURES

We reviewed emerging claims experience in the Florida Medicaid program to develop the baseline expenditures associated with the current Medicaid program (after completion of eligibility redeterminations). We used information associated with the development of the RY 23/24 MMA and Dental managed care program capitation rates to develop cost estimates. Similarly, we relied upon information included in the March 2023 SSEC to inform all other Agency medical costs (e.g., other program capitation rates, FFS costs paid directly by the Agency, other Medicaid costs, etc.).

Expenditure Estimate

For the purposes of analyzing future expenditures under the current program, our data sources reflect the best estimates available at the time of this report which includes RY 23/24 SMMC capitation rate setting work and separate projections from the March 2023 SSEC expenditures. Given Florida is in the midst of the PHE unwind and Medicaid eligibility redetermination process, the new level of Medicaid enrollment under the current program and associated acuity level of the program is unclear. Therefore, these estimates and the data sources used for this report may change as we receive more information on this process.

MMA / Dental Costs

Cost estimates for Medicaid members in the SMMC MMA and Dental programs rely on RY 23/24 capitation rates. These rates include an underlying assumption for the acuity impact of member redetermination and disenrollment. We use the expected acuity level of the MMA and Dental programs as of April 2024 (the month after the redetermination process is expected to be completed) as the basis for our future cost estimates. To the extent the redetermination process differs significantly from our current estimates, this assumption may need to be revisited.

To project MMA and Dental program costs to our 10-year projection period beyond the RY 23/24 timeframe, we apply an annualized cost trend of 2.6% PMPM, consistent with the long-term trend rate used in the SSEC. Additionally, we assume a 1% annualized enrollment level increase consistent with the February 2023 SSEC for SFY 24/25 through SFY 27/28 and continue this assumption from SFY 27/28 through SFY 33/34. This assumption is consistent with census estimates. These assumptions do not vary across the scenarios.

All Other Medical Cost Expenditures

Cost estimates for all other Medicaid programs (other program capitation rates, FFS costs directly paid by the Agency, other Medicaid costs, etc.) are based on the estimates included in the March 2023 SSEC expenditures for SFY 24/25 through SFY 27/28. Similar to the MMA and Dental programs we assume an annualized trend of 2.6% PMPM, consistent with the long-term trend rate used in the SSEC. Additionally, we assume a 1% annualized enrollment level increase consistent with the February 2023 SSEC for SFY 24/25 through SFY 27/28 and continue this assumption from SFY 27/28 through SFY 33/34. These assumptions do not vary across the scenarios.

[State Administrative Expenses](#)

State administrative expenses reflect the expenses estimated to be incurred by the Agency to operate the current Medicaid program in Florida. These amounts were trended at 3% annually through the entirety of the projection period, based on guidance from the Agency. We assumed an FMAP of 50% on state administrative expenses. This assumption does not vary across the scenarios.

[DSH payment reductions](#)

Based upon the aggregate DSH payment reductions indicated in the Consolidated Appropriations Act of 2021, we developed average federal fiscal year DSH reduction percentages. The reduction percentages are in relation to baseline projected DSH values for each federal fiscal year.

MEDICAID EXPANSION ESTIMATES

The following section provides an overview of the methodology and assumptions used to develop the enrollment and expenditures related to the Expansion population in Florida. Specifically, we discuss the methodology associated with the following assumptions:

- Expansion population estimates
- Participation rate assumptions
- Medicaid expansion enrollment scenario development
- Cost estimates per Expansion enrollee
- Expansion impact to current Medicaid caseload and expenditures

[Expansion Population Estimates](#)

Effective in January 2014, the ACA expanded Medicaid eligibility to individuals under age 65 up to 133% FPL with no asset test. Given the MAGI disregard of an additional 5% of FPL, our analysis assumes an effective eligibility limit of 138% FPL. We relied upon the ACS census data for Florida for CY 2021 to project the Expansion population. The ACS data provided information regarding the number of children, parents, and childless adults with and without health insurance by FPL. This analysis reflects MAGI equivalent levels that are consistent with the Agency's current eligibility definitions.

Based on our review, some buckets within the CY 2021 ACS data did not align with other publicly available information. To better align with these other public data sources, we developed adjustments to target Medicaid, Medicare, and direct ACA enrollment based on public data sources. The following reflect our key adjustments to the ACS data:

- We adjusted the Medicaid enrollment upwards, to align with actual CY 2021 Medicaid enrollment.
- We adjusted Medicare only and Medicare / Medicaid dual eligible populations to align with actual Medicare enrollment in Florida based on public Medicare enrollment files.
- We adjusted the CY 2021 ACS data based on actual ACA open enrollment reported in CMS public use files. In particular, this data source reflects more recent enrollment levels for less than 100% FPL and between 100% and 138% FPL within the direct ACA market. We decreased the enrollment totals within the CMS public use files to account for historical effectuation ratios seen in the ACA market by corresponding FPL. To scale to the appropriate membership in the direct care coverage type, we reduced enrollment levels across non-Medicaid and non-Medicare coverage types (mainly uninsured and employer-sponsored).
- Due to the continuous Medicaid eligibility requirements under the PHE, the CY 2021 Medicaid enrollment targeted in the first step does not reflect the expected Medicaid enrollment after redetermination. To align with expected enrollment net of redetermination, we removed members from the Medicaid coverage type and redistributed them across all other coverage types in the respective income range (mainly uninsured and employer-sponsored).

The following populations will be newly eligible for Medicaid under a possible expansion:

- Parents / caretakers and children ages 19 and 20 with incomes above 23% FPL and up to 138% FPL
- Disabled adults with incomes above 88% FPL and up to 138% FPL
- All non-disabled childless adults with incomes up to 138% FPL

Members from these cohorts are stratified within the Medicaid Expansion estimates to correspond to the following enrollment populations, delimited by any current coverage:

- **Expansion population, uninsured:** Individuals who do not currently have any form of health insurance. Undocumented and documented immigrants in waiting periods are not eligible for the Expansion population and are therefore excluded.
- **Expansion population, family planning:** Individuals who currently receive limited benefit coverage through the Agency's family planning waiver. All family planning waiver members under 138% FPL are included in the expansion population. The overall family planning population was estimated based on forecasted case load estimates developed for the February 2023 SSEC. Adjusted ACS data was utilized to develop FPL distributions for individuals enrolled in the family planning waiver. Based on this distribution, we estimate that approximately 78% of the family planning population has income under 138% FPL and would become eligible for full Medicaid benefits under expansion.
- **Expansion population, marketplace:** Individuals who are currently insured with an ACA-compliant individual or family plan through the insurance marketplace. The analysis anticipates many individuals who earn less than 138% FPL may transition into Medicaid coverage.
- **Expansion population, employer:** Individuals who are currently insured through employer-sponsored insurance. These individuals may lose employer-sponsored coverage as a result of Medicaid eligibility expansion as employers determine these members can gain eligibility through the Medicaid program. Utilizing adjusted ACS data, we excluded individuals currently enrolled in a post-secondary school educational institution with reported employer insurance.
- **Expansion population, other coverage:** All other individuals that are part of the Expansion population and not captured by the previous groupings.

Figure 3 illustrates the estimated Expansion population totals by FPL and insurance coverage, developed from ACS data for CY 2021 with the adjustments to align with actual enrollment figures. The anticipated implementation of the coverage extension of pregnant women up to 12 months post-partum population is assumed to reduce the uninsured population and the corresponding projected increase in Medicaid beneficiaries is included in the current Medicaid population.

FIGURE 3: BASELINE FULL MEDICAID ELIGIBILITY EXPANSION POPULATION FROM 2021 AMERICAN COMMUNITY SURVEY

POPULATION	UNINSURED	CURRENTLY INSURED - MARKETPLACE	CURRENTLY INSURED - EMPLOYER	CURRENTLY INSURED - OTHER COVERAGE	TOTAL
Parents 23% - 138%	101,832	345,426	21,132	101	468,491
Childless Adults < 138%	588,451	835,058	59,554	612	1,483,675
Family Planning <138%	29,081	-	-	-	29,081
Total	719,364	1,180,484	80,686	713	1,981,247

Notes:

1. Values are rounded to nearest hundred.
2. Currently insured excludes individuals with Medicare or Medicaid coverage.
3. Uninsured excludes women included in the post-partum extension population.

Participation Rate Assumptions

As part of our analysis, we developed assumptions for the following items assuming Florida implements Medicaid Expansion:

- **Take-up rate:** The take-up rate reflects the percentage of the Expansion population expected to enroll in Medicaid.
- **Ramp-up rate:** If Florida implements expansion, many eligible members would likely not be enrolled on day one of the expansion. The ramp-up rate reflects the gradual enrollment of the Expansion population across a number of months following Medicaid expansion implementation.
- **Future expansion membership growth:** This reflects typical historical increases in the number of Medicaid members, similar to the growth in the current program.

The following take-up, ramp-up and membership growth assumptions were applied to the Medicaid Expansion population to account for growth in the Medicaid populations in the initial roll-out of Medicaid Expansion and full 10-year projection.

[Take-up rate](#)

The take-up rate by insurance coverage group was based on experience from other Medicaid Expansion states and current unemployment levels in Florida. College students who are under 26 years old and reported employer or governmental insurance are assumed to keep their current coverage.

Figure 4 illustrates the take-up rate by insurance coverage group for the three scenarios. The take-up rate for the uninsured and direct populations is approximately 95% which is similar to the pre-COVID participation rates observed for states that expanded Medicaid prior to the PHE. Additionally, it may be reasonable to assume a higher take-up rate than other Medicaid Expansion states because of the elevated Medicaid enrollment as a result of the continuous eligibility provisions in Medicaid maintenance of effort.

INSURANCE COVERAGE	LOW SCENARIO	MIDDLE SCENARIO	HIGH SCENARIO
Medicare	0.0%	0.0%	0.0%
Direct	90.0%	95.0%	100.0%
Government	20.0%	25.0%	30.0%
Employer	40.0%	50.0%	60.0%
Uninsured	90.0%	95.0%	100.0%

Notes:

1. Medicare is defined as insurance coverage funded by the Federal government for people 65 and older and people with certain long-term disabilities under 65.
2. Direct is defined as insurance coverage purchased by an individual from a private company (such as individual policies purchased through the ACA Marketplace).
3. Government is defined as insurance coverage provided to active duty military and veterans.
4. Employer is defined as insurance coverage offered through one's employer.
5. Uninsured is defined as individuals without comprehensive medical coverage. Note, Family Planning members are included in the uninsured category.

[Assumed ramp-up to ultimate take-up rate](#)

Projected enrollment assumes a period of 24 months for enrollment in the Medicaid eligibility to ramp up to the ultimate take-up rates for each eligible population based on historical results from other states. The ramp-up schedule outlined in Figure 5 is based on our review of mature Medicaid Expansion states. The Medicaid Expansion enrollment is illustrated as a percentage of the ultimate estimated enrollment.

PROGRAM DURATION	CUMULATIVE RAMP-UP PERCENTAGE
Month 1	35.0%
Month 2	45.0%
Month 12	82.0%
Month 18	94.0%
Month 24	100.0%

The ramp-up schedule anticipated for the Expansion population who are not currently enrolled in the family planning population is applied for a 24-month period in all scenarios, as outlined above. Our analysis assumes that all newly-eligible individuals currently enrolled in the family planning waiver will obtain full Medicaid benefits during the first month Medicaid Expansion is implemented in Florida, given their current status within the Medicaid program.

[Future Expansion Membership Growth](#)

Enrollment growth for all Medicaid Expansion is assumed to be 1.0% per year for each year beyond the initial 24-month ramp-up period, consistent with Florida census and SSEC estimates.

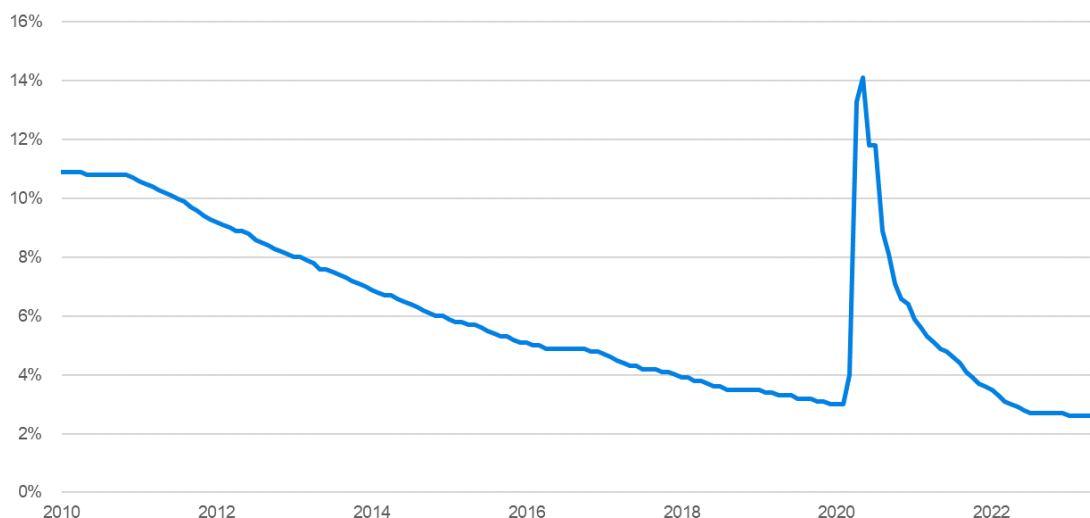
Medicaid Expansion Enrollment Scenario Development

The enrollment range is intended to reflect individuals who may enroll in Medicaid under different economic situations, reflecting changes in the eligible population and the participation percentage. For example, more individuals may become eligible in a deteriorating economic situation, while fewer individuals may be eligible in an improving economic situation. Actual participation in the Medicaid program may be outside of this range and the underlying assumptions can be different from referenced participation due to regulation changes, passive Medicaid enrollment processes, population changes, and emerging program participation rates. We developed a range of Medicaid Expansion population estimates based on a review of historical economic environmental changes, Medicaid Expansion enrollment from other states that have previously expanded, various sensitivity testing, and a projection using SSEC Medicaid growth estimates.

Unemployment Evaluation

The actual number of Expansion population beneficiaries will be highly dependent on the economic environment in Florida. In periods of high unemployment and low wage growth, the number of eligible individuals is likely to grow. Alternatively, during periods of low unemployment and high wage growth, the number of full benefit Medicaid eligible beneficiaries is likely to decrease. The economic condition in Florida has continued to improve after the COVID-19 pandemic. During the COVID-19 pandemic the unemployment rate increased to 14.1% in May 2020, but since then, the Bureau of Labor Statistics projects the unemployment rate has recovered to 2.6% as of May 2023. Figure 6 illustrates the unemployment rate in FL from January 2010 through May 2023.

FIGURE 6: FLORIDA UNEMPLOYMENT RATE



As illustrated in Figure 6, the unemployment rate in Florida began to decline in CY 2010 as the economy recovered from the financial crisis and continued a downward trend through CY 2019. In CY 2020 unemployment rates increased again as a result of the COVID-19 PHE. The unemployment rate began to recover during CY 2020 and has stabilized to historically low levels in late CY 2022 and early CY 2023.

To better understand how the Medicaid Expansion population could move in various economic situations, we reviewed the unemployment rate in Florida back to 2000, which ranged from a low of 2.6% in 2023 to a high of 14.1% during the COVID-19 pandemic, based on the unemployment statistics reported by the Bureau of Labor Statistics. The Florida unemployment rate in June 2021 (midpoint of ACS data) was 4.8%, with approximately 500,000 unemployed individuals. Moving the unemployment rate to 2.6%, representing the current unemployment rate, could reduce the number of unemployed individuals to approximately 270,000. If the unemployment rate increases to 8%, representing a deteriorating economic situation from 2021, the number of unemployed individuals increases to approximately 830,000. If the economic situation deteriorates substantially, increasing the unemployment rate to 14.1%, representing the highest unemployment rate since 2000, the number of unemployed individuals could increase to nearly 1.5 million. While an increase in unemployment may likely lead to more individuals enrolling in Medicaid, it is important to note that

this relationship is typically not linear because some newly unemployed individuals may not enroll in Medicaid, even if they are eligible, while others might have been eligible for the Expansion population while employed.

Because these numbers are based on the unemployment statistics reported by the Bureau of Labor Statistics, these numbers do not directly tie to the Medicaid Expansion population reported in Figure 5 above. The scenarios are provided to illustrate that the total Expansion population is dependent on multiple factors that are unknown as of the date of this report which could materially impact the possible range of the fiscal impacts.

[Enrollment Range](#)

The middle scenario reflects experience from other Medicaid Expansion states and reflects a moderate unemployment level. The low scenario illustrates a moderately favorable economic situation compared to the middle scenario, in which unemployment rates continue to remain at historically low levels during the projection period, resulting in fewer people enrolling in the Expansion population. The high scenario reflects a moderately deteriorating economic situation compared to the middle scenario, where the unemployment rates increase, resulting in more people enrolling in the Expansion population.

[Cost Estimates Per Expansion Enrollee](#)

To develop cost estimates for the Expansion population, we use existing Medicaid enrollee cost estimates and apply additional adjustments consistent with observed experience in other Medicaid Expansion states. These adjustments account for anticipated pent-up demand and overall acuity differences between the Expansion population and existing Medicaid populations. These costs are projected forward each year to develop the 10-year projection to inform the overall Medicaid Expansion cost estimates.

[Baseline Costs for Medicaid Expansion Members](#)

We relied on the current Florida Medicaid population to inform the projected costs for the Expansion population. This included projected costs from the MMA program, Dental program, and claims paid by the Agency on an FFS basis. We assume the set of services covered for expansion members will be identical to current adult TANF members in the Medicaid managed care program, such that these three sources capture the full extent of costs for Expansion enrollees. We assume the Expansion population is not enrolled in other Medicaid programs (e.g., LTC, PACE, etc.).

[Acute Care Costs \(MMA Program\)](#)

Starting acute care costs were developed using RY 23/24 MMA capitation rates, after completion of the PHE unwind redetermination process. To align the Expansion populations with the MMA program, we blend member months and costs from the following rate cells included in our RY 23/24 rates.

- **Expansion 19-54 Male:** TANF Non-SMI 14-54 Male, TANF SMI 14-54 Male rate cells
- **Expansion 19-54 Female:** TANF Non-SMI 14-54 Female, TANF SMI 14-54 Female rate cells
- **Expansion 55+:** TANF Non-SMI 55+, TANF SMI 55+ rate cells

Note, for each of these blends, we assume the distribution of members and costs between Non-SMI and SMI in the Expansion population is consistent with the distribution of these members in the current Medicaid population. While there are some individuals in the Expansion population that are disabled, the majority of them would qualify as TANF. We considered the additional disabled members when setting the morbidity adjustment.

Given the 14-54 Male and 14-54 Female rate cells include children ages 14-18, we adjusted the blended capitation rates to account for the removal of these children. This increased the capitation rates based on the following:

- **Expansion 19-54 Male:** 14% relative to blended TANF Non-SMI / SMI 14-54 Male rate cells
- **Expansion 19-54 Female:** 17% relative to blended TANF Non-SMI / SMI 14-54 Female rate cells

[Dental Costs \(Dental Program\)](#)

Dental Program costs were developed using estimated RY 23/24 capitation rates after completion of the PHE unwind redetermination process. For the Expansion population, we use the Medicaid Only 21+ rate cell from the Dental program rates to emulate the Expansion population.

All Other Costs (Agency FFS Claims)

We rely on FFS claims from the Agency's FFS data to estimate all other medical costs for the Expansion population. We develop estimates for these costs using CY 2021 Agency March 2023 SSEC estimates and claims data to approximate the PMPM costs for services excluded from the MMA and Dental programs for the Expansion population. Where possible, we aligned the Expansion populations with the same MMA rate cells blended for the acute care MMA services.

Pent-up demand

This analysis assumes that the Expansion population has experienced barriers that restricted use of medical services through higher member cost sharing or lack of insurance coverage. As a result, upon receiving Medicaid coverage it is anticipated that these members would initially utilize services at higher rates than average. Additionally, our analysis assumes that the most acute members would likely enroll first and the healthier members may be slower to enroll. This report refers to the combination of these phenomena as pent-up demand.

Based on the Medicaid Expansion states reviewed, we assume that the additional expenditures as a result of pent-up demand would last for 18 months and decrease over time. The pent-up demand assumptions underlying this analysis were reduced relative to the Medicaid Expansion states we reviewed because a higher percentage of the new Medicaid beneficiaries in Florida are assumed to have recent access to health insurance as a result of the Medicaid eligibility provisions in the FFCRA related to maintenance of effort and increased marketplace subsidies.² Figure 7 illustrates the assumed pent-up demand factors by program duration and demographic grouping for the Expansion populations.

FIGURE 7: PENT-UP DEMAND FACTORS

PROGRAM DURATION	19-54 MALE	19-54 FEMALE	55+ MALE & FEMALE
Month 1-6	1.1000	1.1000	1.0000
Month 7-12	1.0100	1.0250	1.0000
Month 13-18	1.0025	1.0250	1.0000
Month 19-24	1.0000	1.0000	1.0000

Morbidity

Compared to the current Medicaid adult TANF population in Florida, it is anticipated that the Expansion population would have higher morbidity. The higher expected morbidity is driven by the expectation that this population would be older than the current adult TANF population in Florida and would include disabled adults between 88% FPL and 138% FPL.

A range of morbidity factors were applied to reflect that actual results will vary from our projections for many reasons, including age distribution, cost trends, and health status of the Expansion population. The high scenario reflects a moderately deteriorating economic situation combined with higher morbidity when compared to the middle scenario, while the low scenario reflects a moderately favorable economic situation combined with lower morbidity.

Figure 8 illustrates the assumed morbidity factor for the Expansion population for each scenario by demographic grouping, relative to the TANF populations. The morbidity by demographic grouping assumed in this report is based on actual morbidity factors observed from other Medicaid Expansion states. Note, we were unable to determine different morbidity factors for each population. Therefore, we used the same morbidity assumptions regardless of the individual's prior insurance coverage or population. Additionally, the 1.0000 for the 19-54 female cohort reflects the expectation that the morbidity of the Expansion population excluding pregnant women is equivalent to the 19-54 rate cell including pregnant women.

² Inflation Reduction Act of 2022, Retrieved May 16, 2023, from <https://www.congress.gov/bill/117th-congress/house-bill/5376/text>

FIGURE 8: MORBIDITY FACTORS			
SCENARIO	19-54 MALE	19-54 FEMALE	55+ MALE & FEMALE
Low Scenario	1.2825	1.0000	1.2350
Middle Scenario	1.3500	1.0000	1.3000
High Scenario	1.4175	1.0500	1.3650

Prospective Trend

The per capita expenditures for the full Medicaid eligibility population were projected forward using different trends across the various scenarios. We assume the following trends by scenario:

- **Low Scenario:** We assume a trend rate of 2.6% per year for the remainder of the projection period, which includes the average historical healthcare inflation and is consistent with long-term expenditure growth consistent with the SSEC. This trend is consistent with the trend assumed for the current program.
- **Medium Scenario:** We assume a trend of 4.45%, consistent with the average of the low and high scenario trend estimates.
- **High Scenario:** We assume a trend rate of 6.3% per year for the remainder of the projection period. This assumption aligns with 10-year average federal spending on benefit payments per enrollee for “Adults–Made eligible by the ACA” as outlined in the May 2023 Congressional Budget Office (CBO) baseline projections.³

This trend rate includes the impact of utilization, mix, intensity, and cost per unit. The trend rate used in our projection model assumes that the Agency would implement policy actions to maintain trend rates at the assumed levels. Note, if inflation is different than the historical average then actual expenditures may be different than our projections.

Expansion Impact to Current Medicaid Caseload and Expenditures

Under Medicaid Expansion, we model several impacts to the existing Medicaid population based on information observed in other states. We outline the various adjustments we make when evaluating the current Medicaid population within the Medicaid Expansion estimates.

Welcome Mat

The Medicaid Expansion welcome mat effect refers to the phenomenon that occurs when individuals eligible for Medicaid prior to Medicaid Expansion (but not enrolled) enroll in Medicaid as a result of the program’s increased exposure. The most common populations to experience increased enrollment due to the Medicaid Expansion welcome mat effect are typically healthy children and healthy adults.

The welcome mat effect for healthy children occurs when children already eligible for Medicaid (but not enrolled) enroll because their parents became eligible under Medicaid Expansion. Prior to the COVID-19 pandemic the Medicaid participation rate for children in Florida was approximately 93% and lower than states that implemented Medicaid Expansion.⁴ However, the Consolidated Appropriations Act of 2023 requires all states to provide 12 months of continuous coverage for children up to age 19. Given this change and the estimates for this caseload within the SSEC estimates, we have not included a welcome mat effect for the healthy children population in this analysis. Note, while the report does not estimate an increased participation rate for healthy children, Medicaid participation rates for healthy children may increase slightly.

The welcome mat effect for healthy adults occurs when adults already eligible for Medicaid (but not enrolled) enroll as a result of increased publicity related to Medicaid program eligibility. Prior to the COVID-19 pandemic, the adult Medicaid participation rate in Florida was approximately 70% and lower than states that implemented Medicaid Expansion. Based on a review of adult Medicaid participation rates and publicly available data, we assumed that the welcome mat effect for the adult Medicaid population would result in the participation rate of Medicaid-eligible adults increasing by approximately 5%, if the state of Florida decides to implement Medicaid Expansion. This would result in

³ <https://www.congress.gov/bill/117th-congress/house-bill/5376/text>

⁴ Urban Institute; Improvements in Uninsurance and Medicaid/CHIP Participation among Children and Parents Stalled in 2017; https://www.urban.org/sites/default/files/publication/100214/improvements_in_uninsurance_and_medicaid_chip_participation_among_children_and_parents_stalled_in_2017_1.pdf

an annual increase of approximately 68,500 adult beneficiaries in Florida's current Medicaid program and increase total Medicaid expenditures by approximately \$2.9 billion during the 10-year projection period. In estimating the total cost of the welcome mat population during the projection period, we applied the pent-up demand and ramp up assumptions, outlined previously, to reflect that these members may not have had health insurance prior to joining Medicaid.

[Extension of post-partum coverage for pregnant women](#)

Starting in RY 21/22, the Florida legislature extended postpartum Medicaid coverage for mothers eligible for Medicaid under s. 409.903(5) from 60 days to a period of twelve months or 365 days following a delivery. Because extension of post-partum coverage was implemented after December 1, 2009, pregnant women in the post-partum period from 60 days through 12 months who are not otherwise eligible for a mandatory Medicaid eligibility and who have incomes up to 138% FPL are anticipated to be eligible to receive the Medicaid Expansion FMAP upon. Due to the enhanced FMAP, the federal share will cover an additional \$412 million over the 10-year projection period, reducing the state share on the existing Medicaid population.

ADDITIONAL ASSUMPTIONS

The Medicaid Expansion participation rates and estimated cost per Medicaid expansion enrollee were utilized to develop the Medicaid Expansion expenditures for each scenario. However, under Medicaid Expansion, changes in other components related to the share of costs contribute to Florida's Medicaid fiscal impact. We outline the additional components modeled in this analysis below.

Federal Medical Assistance Percentage (FMAP)

The total potential Expansion population expenditures would be paid by a combination of federal and state funds if the state of Florida decides to adopt the Medicaid Expansion.

In addition to Medicaid expansion, the ACA introduced certain mandatory changes to current Medicaid programs. The expenditures for the Florida Medicaid program associated with these mandatory provisions are presented in the current Medicaid program expenditures. According to the ACA, a state can receive the expansion matching rate (currently 90%) for non-elderly adults with incomes up to 138% FPL who were not eligible for Medicaid under the rules the state had in place on December 1, 2009, if the state adopts a Medicaid Expansion. As a result, states would receive the Medicaid expansion FMAP under the Expansion population scenarios. Additionally, pregnant women in the post-partum period from 60 days through 12 months who are eligible Medicaid eligibility and who have incomes up to 138% FPL will be eligible to receive the expansion FMAP upon implementation of Medicaid Expansion.

Figure 9 illustrates the FMAPs for Florida assumed in this analysis. Note, the FMAPs reported in the figure below do not reflect the ARPA temporary 2-year FMAP increase of 5% if Medicaid Expansion is implemented.

YEAR	STANDARD	ENHANCED	FAMILY PLANNING	EXPANSION
2025	58.1%	70.6%	90.0%	90.0%
2026	57.5%	70.1%	90.0%	90.0%
2027	57.0%	69.9%	90.0%	90.0%
2028	56.8%	69.7%	90.0%	90.0%
2029	56.8%	69.8%	90.0%	90.0%
2030	56.8%	69.8%	90.0%	90.0%
2031	56.8%	69.8%	90.0%	90.0%
2032	56.8%	69.8%	90.0%	90.0%
2033	56.8%	69.8%	90.0%	90.0%
2034	56.8%	69.8%	90.0%	90.0%

Notes:

1. All Federal Medical Assistance Percentages are shown on a state fiscal year.
2. Family planning reflects FMAP for Family Planning waiver program. Members enrolled in this waiver will transition to the Expansion population if they have incomes less than 138%, at which point they will receive additional services.

Agency administrative expenses

Based on discussions with the Agency, the projection assumes the Agency's administrative costs equal to approximately 5% of healthcare expenditures for the first 12 months for the Medicaid Expansion population. Additionally, it is assumed that the administrative costs for subsequent time periods would be 75% of the administrative costs for the first 12 months or 3.75% of healthcare expenditures. We assumed an FMAP of 50.0% on Agency administrative costs.

APPENDICES
A THROUGH F

Appendix A
Florida Agency for Healthcare Administration
Affordable Care Act Medicaid Expansion Projection
Mid Estimate Scenario
(Values in Millions)

	SFY 24/25	SFY 25/26	SFY 26/27	SFY 27/28	SFY 28/29	SFY 29/30	SFY 30/31	SFY 31/32	SFY 32/33	SFY 33/34	SFY 24/25 - SFY 33/34
Without Medicaid Expansion Populations											
State and Federal Funds											
Estimated Spend - without Medicaid Expansion											
All Other Medicaid net of Pharmacy Rebates	\$ 35,151.3	\$ 36,004.3	\$ 36,903.9	\$ 37,889.0	\$ 39,075.2	\$ 40,301.2	\$ 41,568.6	\$ 42,878.7	\$ 44,233.0	\$ 45,633.2	\$ 399,638.4
Family Planning	78.2	79.1	80.1	81.7	84.2	86.7	89.3	92.0	94.8	97.7	\$ 863.8
State Administrative Expenses	782.0	807.8	834.5	862.1	888.2	915.1	942.9	971.7	1,001.4	1,032.1	\$ 9,037.8
DSH Payment Reductions	(157.9)	(158.6)	(157.9)	(39.1)	0.0	0.0	0.0	0.0	0.0	0.0	(\$ 513.5)
Total Estimated Spend - without Medicaid Expansion	\$ 35,853.6	\$ 36,732.6	\$ 37,660.6	\$ 38,793.7	\$ 40,047.6	\$ 41,303.0	\$ 42,600.8	\$ 43,942.4	\$ 45,329.2	\$ 46,763.0	\$ 409,026.5
State Funds											
Estimated Spend - without Medicaid Expansion											
All Other Medicaid net of Pharmacy Rebates	\$ 14,744.7	\$ 15,317.1	\$ 15,858.5	\$ 16,386.1	\$ 16,888.3	\$ 17,406.1	\$ 17,953.5	\$ 18,519.3	\$ 19,104.2	\$ 19,709.0	\$ 171,886.8
Family Planning	7.8	7.9	8.0	8.2	8.4	8.7	8.9	9.2	9.5	9.8	\$ 86.4
State Administrative Expenses	391.0	403.9	417.3	431.1	444.1	457.6	471.5	485.8	500.7	516.1	\$ 4,519.1
DSH Payment Reductions	(66.2)	(67.5)	(67.9)	(16.9)	0.0	0.0	0.0	0.0	0.0	0.0	(\$ 218.5)
Total Estimated Spend - without Medicaid Expansion	\$ 15,077.3	\$ 15,661.4	\$ 16,215.9	\$ 16,808.5	\$ 17,340.8	\$ 17,872.4	\$ 18,433.9	\$ 19,014.3	\$ 19,614.4	\$ 20,234.9	\$ 176,273.8
Federal Funds											
Estimated Spend - without Medicaid Expansion											
All Other Medicaid net of Pharmacy Rebates	\$ 20,406.6	\$ 20,687.2	\$ 21,045.4	\$ 21,502.9	\$ 22,186.9	\$ 22,895.1	\$ 23,615.1	\$ 24,359.4	\$ 25,128.8	\$ 25,924.2	\$ 227,751.6
Family Planning	70.4	71.2	72.1	73.5	75.8	78.0	80.4	82.8	85.3	87.9	\$ 777.4
State Administrative Expenses	391.0	403.9	417.2	431.0	444.1	457.5	471.4	485.9	500.7	516.0	\$ 4,518.7
DSH Payment Reductions	(91.7)	(91.1)	(90.0)	(22.2)	0.0	0.0	0.0	0.0	0.0	0.0	(\$ 295.0)
Total Estimated Spend - without Medicaid Expansion	\$ 20,776.3	\$ 21,071.2	\$ 21,444.7	\$ 21,985.2	\$ 22,706.8	\$ 23,430.6	\$ 24,166.9	\$ 24,928.1	\$ 25,714.8	\$ 26,528.1	\$ 232,752.7
Overall Summary											
Total - without Medicaid Expansion											
Total (State and Federal)	\$ 35,853.6	\$ 36,732.6	\$ 37,660.6	\$ 38,793.7	\$ 40,047.6	\$ 41,303.0	\$ 42,600.8	\$ 43,942.4	\$ 45,329.2	\$ 46,763.0	\$ 409,026.5
State Funds - Medicaid Assistance	\$ 15,077.3	\$ 15,661.4	\$ 16,215.9	\$ 16,808.5	\$ 17,340.8	\$ 17,872.4	\$ 18,433.9	\$ 19,014.3	\$ 19,614.4	\$ 20,234.9	\$ 176,273.8
Federal Funds	\$ 20,776.3	\$ 21,071.2	\$ 21,444.7	\$ 21,985.2	\$ 22,706.8	\$ 23,430.6	\$ 24,166.9	\$ 24,928.1	\$ 25,714.8	\$ 26,528.1	\$ 232,752.7

Appendix A
Florida Agency for Healthcare Administration
Affordable Care Act Medicaid Expansion Projection
Mid Estimate Scenario
(Values in Millions)

	SFY 24/25	SFY 25/26	SFY 26/27	SFY 27/28	SFY 28/29	SFY 29/30	SFY 30/31	SFY 31/32	SFY 32/33	SFY 33/34	SFY 24/25 - SFY 33/34
Welcome Mat Population											
State and Federal Funds											
Estimated Spend for Welcome Mat Population											
Medicaid Expenditures net of Pharmacy Rebates	165.1	237.9	263.8	273.3	283.0	293.1	303.6	314.5	325.8	337.4	\$ 2,797.5
State Administrative Expenses	6.2	8.9	9.9	10.2	10.6	11.0	11.4	11.8	12.2	12.7	\$ 104.9
Total Estimated Spend - Welcome Mat Population	\$ 171.3	\$ 246.8	\$ 273.7	\$ 283.5	\$ 293.6	\$ 304.1	\$ 315.0	\$ 326.3	\$ 338.0	\$ 350.1	\$ 2,902.4
State Funds											
Estimated Spend for Welcome Mat Population											
Medicaid Expenditures net of Pharmacy Rebates	69.3	101.2	113.4	118.2	122.3	126.6	131.1	135.8	140.7	145.7	\$ 1,204.3
State Administrative Expenses	3.1	4.5	4.9	5.1	5.3	5.5	5.7	5.9	6.1	6.3	\$ 52.4
Total Estimated Spend - Welcome Mat Population	\$ 72.4	\$ 105.7	\$ 118.3	\$ 123.3	\$ 127.6	\$ 132.1	\$ 136.8	\$ 141.7	\$ 146.8	\$ 152.0	\$ 1,256.7
Federal Funds											
Estimated Spend for Welcome Mat Population											
Medicaid Expenditures net of Pharmacy Rebates	\$ 95.8	\$ 136.7	\$ 150.4	\$ 155.1	\$ 160.7	\$ 166.5	\$ 172.5	\$ 178.7	\$ 185.1	\$ 191.7	\$ 1,593.2
State Administrative Expenses	\$ 3.1	\$ 4.4	\$ 5.0	\$ 5.1	\$ 5.3	\$ 5.5	\$ 5.7	\$ 5.9	\$ 6.1	\$ 6.4	\$ 52.5
Total Estimated Spend - Welcome Mat Population	\$ 98.9	\$ 141.1	\$ 155.4	\$ 160.2	\$ 166.0	\$ 172.0	\$ 178.2	\$ 184.6	\$ 191.2	\$ 198.1	\$ 1,645.7
Overall Summary											
Total - with Welcome Mat Population											
Total (State and Federal)	\$ 36,024.9	\$ 36,979.4	\$ 37,934.3	\$ 39,077.2	\$ 40,341.2	\$ 41,607.1	\$ 42,915.8	\$ 44,268.7	\$ 45,667.2	\$ 47,113.1	\$ 411,928.9
State Funds - Medicaid Assistance	\$ 15,149.7	\$ 15,767.1	\$ 16,334.2	\$ 16,931.8	\$ 17,468.4	\$ 18,004.5	\$ 18,570.7	\$ 19,156.0	\$ 19,761.2	\$ 20,386.9	\$ 177,530.5
Federal Funds	\$ 20,875.2	\$ 21,212.3	\$ 21,600.1	\$ 22,145.4	\$ 22,872.8	\$ 23,602.6	\$ 24,345.1	\$ 25,112.7	\$ 25,906.0	\$ 26,726.2	\$ 234,398.4
Fiscal Impact of Welcome Mat Population											
Total (State and Federal)	\$ 171.3	\$ 246.8	\$ 273.7	\$ 283.5	\$ 293.6	\$ 304.1	\$ 315.0	\$ 326.3	\$ 338.0	\$ 350.1	\$ 2,902.4
State Funds - Medicaid Assistance	\$ 72.4	\$ 105.7	\$ 118.3	\$ 123.3	\$ 127.6	\$ 132.1	\$ 136.8	\$ 141.7	\$ 146.8	\$ 152.0	\$ 1,256.7
Federal Funds	\$ 98.9	\$ 141.1	\$ 155.4	\$ 160.2	\$ 166.0	\$ 172.0	\$ 178.2	\$ 184.6	\$ 191.2	\$ 198.1	\$ 1,645.7

Appendix A
Florida Agency for Healthcare Administration
Affordable Care Act Medicaid Expansion Projection
Mid Estimate Scenario
(Values in Millions)

	SFY 24/25	SFY 25/26	SFY 26/27	SFY 27/28	SFY 28/29	SFY 29/30	SFY 30/31	SFY 31/32	SFY 32/33	SFY 33/34	SFY 24/25 - SFY 33/34
Expansion Population											
State and Federal Funds											
Estimated Spend for Medicaid Expansion Population											
Expansion Population - Uninsured											
Parents: 23%-138% FPL	\$ 278.4	\$ 414.4	\$ 465.3	\$ 490.8	\$ 517.8	\$ 546.3	\$ 576.3	\$ 607.9	\$ 641.3	\$ 676.6	\$ 5,215.1
Childless Adults	\$ 1,777.5	\$ 2,673.8	\$ 3,014.0	\$ 3,179.6	\$ 3,354.3	\$ 3,538.7	\$ 3,733.1	\$ 3,938.2	\$ 4,154.6	\$ 4,382.9	\$ 33,746.7
Expansion Population - Direct Market											
Newly Eligible Parents: 23%-138% FPL	\$ 968.3	\$ 1,444.3	\$ 1,622.5	\$ 1,711.6	\$ 1,805.7	\$ 1,904.9	\$ 2,009.6	\$ 2,120.0	\$ 2,236.5	\$ 2,359.3	\$ 18,182.7
Newly Eligible Childless Adults	\$ 2,848.6	\$ 4,316.8	\$ 4,866.2	\$ 5,133.6	\$ 5,415.7	\$ 5,713.2	\$ 6,027.1	\$ 6,358.3	\$ 6,707.6	\$ 7,076.2	\$ 54,463.3
Expansion Population - Employer Market											
Newly Eligible Parents: 23%-138% FPL	\$ 58.9	\$ 87.7	\$ 98.5	\$ 103.9	\$ 109.6	\$ 115.7	\$ 122.0	\$ 128.7	\$ 135.8	\$ 143.2	\$ 1,104.0
Newly Eligible Childless Adults	\$ 181.5	\$ 272.9	\$ 307.2	\$ 324.1	\$ 341.9	\$ 360.7	\$ 380.5	\$ 401.5	\$ 423.5	\$ 446.8	\$ 3,440.6
Expansion Population - All Other Markets											
Newly Eligible Parents: 23%-138% FPL	\$ 0.3	\$ 0.4	\$ 0.5	\$ 0.5	\$ 0.5	\$ 0.5	\$ 0.6	\$ 0.6	\$ 0.6	\$ 0.7	\$ 5.2
Newly Eligible Childless Adults	\$ 2.1	\$ 3.1	\$ 3.5	\$ 3.7	\$ 3.9	\$ 4.1	\$ 4.4	\$ 4.6	\$ 4.9	\$ 5.1	\$ 39.4
Family Planning											
Family Planning: Expansion (Converting to Full Benefit)	\$ 129.5	\$ 130.2	\$ 135.7	\$ 143.1	\$ 151.0	\$ 159.3	\$ 168.0	\$ 177.3	\$ 187.0	\$ 197.3	\$ 1,578.4
Current Medicaid Benefits Offset - Family Planning: Expansion	(\$ 60.8)	(\$ 61.6)	(\$ 62.3)	(\$ 63.6)	(\$ 65.5)	(\$ 67.5)	(\$ 69.5)	(\$ 71.6)	(\$ 73.8)	(\$ 76.0)	(\$ 672.2)
Pharmacy Rebate Savings: Expansion	(\$ 103.4)	(\$ 154.7)	(\$ 174.1)	(\$ 183.6)	(\$ 193.7)	(\$ 204.4)	(\$ 215.6)	(\$ 227.5)	(\$ 240.0)	(\$ 253.1)	(\$ 1,950.1)
State Administrative Expenses - Expansion	\$ 308.5	\$ 349.0	\$ 392.9	\$ 414.5	\$ 437.3	\$ 461.4	\$ 488.3	\$ 515.1	\$ 541.9	\$ 573.3	\$ 4,482.2
Total Estimated Spend - Expansion Population	\$ 6,389.4	\$ 9,476.3	\$ 10,669.9	\$ 11,258.2	\$ 11,878.5	\$ 12,532.9	\$ 13,224.8	\$ 13,953.1	\$ 14,719.9	\$ 15,532.3	\$ 119,635.3
State Funds											
Estimated Spend for Medicaid Expansion Population											
Expansion Population - Uninsured											
Parents: 23%-138% FPL	\$ 27.8	\$ 41.4	\$ 46.5	\$ 49.1	\$ 51.8	\$ 54.6	\$ 57.6	\$ 60.8	\$ 64.1	\$ 67.7	\$ 521.4
Childless Adults	\$ 177.7	\$ 267.4	\$ 301.4	\$ 318.0	\$ 335.4	\$ 353.9	\$ 373.3	\$ 393.8	\$ 415.5	\$ 438.3	\$ 3,374.7
Expansion Population - Direct Market											
Newly Eligible Parents: 23%-138% FPL	\$ 96.8	\$ 144.4	\$ 162.2	\$ 171.2	\$ 180.6	\$ 190.5	\$ 201.0	\$ 212.0	\$ 223.6	\$ 235.9	\$ 1,818.2
Newly Eligible Childless Adults	\$ 284.9	\$ 431.7	\$ 486.6	\$ 513.4	\$ 541.6	\$ 571.3	\$ 602.7	\$ 635.8	\$ 670.8	\$ 707.6	\$ 5,446.4
Expansion Population - Employer Market											
Newly Eligible Parents: 23%-138% FPL	\$ 5.9	\$ 8.8	\$ 9.9	\$ 10.4	\$ 11.0	\$ 11.6	\$ 12.2	\$ 12.9	\$ 13.6	\$ 14.3	\$ 110.6
Newly Eligible Childless Adults	\$ 18.1	\$ 27.3	\$ 30.7	\$ 32.4	\$ 34.2	\$ 36.1	\$ 38.1	\$ 40.1	\$ 42.4	\$ 44.7	\$ 344.1
Expansion Population - All Other Markets											
Newly Eligible Parents: 23%-138% FPL	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.6
Newly Eligible Childless Adults	\$ 0.2	\$ 0.3	\$ 0.4	\$ 0.4	\$ 0.4	\$ 0.4	\$ 0.4	\$ 0.5	\$ 0.5	\$ 0.5	\$ 4.0
Family Planning											
Family Planning: Expansion (Converting to Full Benefit)	\$ 13.0	\$ 13.0	\$ 13.6	\$ 14.3	\$ 15.1	\$ 15.9	\$ 16.8	\$ 17.7	\$ 18.7	\$ 19.7	\$ 157.8
Current Medicaid Benefits Offset - Family Planning: Expansion	(\$ 6.1)	(\$ 6.2)	(\$ 6.2)	(\$ 6.4)	(\$ 6.5)	(\$ 6.7)	(\$ 7.0)	(\$ 7.2)	(\$ 7.4)	(\$ 7.6)	(\$ 67.3)
Pharmacy Rebate Savings: Expansion	(\$ 10.3)	(\$ 15.5)	(\$ 17.4)	(\$ 18.4)	(\$ 19.4)	(\$ 20.4)	(\$ 21.6)	(\$ 22.7)	(\$ 24.0)	(\$ 25.3)	(\$ 195.0)
State Administrative Expenses - Expansion	\$ 154.2	\$ 174.5	\$ 196.4	\$ 207.3	\$ 218.7	\$ 230.7	\$ 244.2	\$ 257.6	\$ 270.9	\$ 286.7	\$ 2,241.2
Total Estimated Spend - Expansion Population	\$ 762.2	\$ 1,087.1	\$ 1,224.1	\$ 1,291.7	\$ 1,363.0	\$ 1,438.0	\$ 1,517.8	\$ 1,601.4	\$ 1,688.8	\$ 1,782.6	\$ 13,756.7

Appendix A
Florida Agency for Healthcare Administration
Affordable Care Act Medicaid Expansion Projection
Mid Estimate Scenario
(Values in Millions)

	SFY 24/25	SFY 25/26	SFY 26/27	SFY 27/28	SFY 28/29	SFY 29/30	SFY 30/31	SFY 31/32	SFY 32/33	SFY 33/34	SFY 24/25 - SFY 33/34
Federal Funds											
Estimated Spend for Medicaid Expansion Population											
Expansion Population - Uninsured											
Parents: 23%-138% FPL	\$250.6	\$373.0	\$418.8	\$441.7	\$466.0	\$491.7	\$518.7	\$547.1	\$577.2	\$608.9	\$4,693.7
Childless Adults	\$1,599.8	\$2,406.4	\$2,712.6	\$2,861.6	\$3,018.9	\$3,184.8	\$3,359.8	\$3,544.4	\$3,739.1	\$3,944.6	\$30,372.0
Expansion Population - Direct Market											
Newly Eligible Parents: 23%-138% FPL	\$871.5	\$1,299.9	\$1,460.3	\$1,540.4	\$1,625.1	\$1,714.4	\$1,808.6	\$1,908.0	\$2,012.9	\$2,123.4	\$16,364.5
Newly Eligible Childless Adults	\$2,563.7	\$3,885.1	\$4,379.6	\$4,620.2	\$4,874.1	\$5,141.9	\$5,424.4	\$5,722.5	\$6,036.8	\$6,368.6	\$49,016.9
Expansion Population - Employer Market											
Newly Eligible Parents: 23%-138% FPL	\$53.0	\$78.9	\$88.6	\$93.5	\$98.6	\$104.1	\$109.8	\$115.8	\$122.2	\$128.9	\$993.4
Newly Eligible Childless Adults	\$163.4	\$245.6	\$276.5	\$291.7	\$307.7	\$324.6	\$342.4	\$361.4	\$381.1	\$402.1	\$3,096.5
Expansion Population - All Other Markets											
Newly Eligible Parents: 23%-138% FPL	\$0.3	\$0.4	\$0.5	\$0.5	\$0.4	\$0.4	\$0.5	\$0.5	\$0.5	\$0.6	\$4.6
Newly Eligible Childless Adults	\$1.9	\$2.8	\$3.1	\$3.3	\$3.5	\$3.7	\$4.0	\$4.1	\$4.4	\$4.6	\$35.4
Family Planning											
Family Planning: Expansion (Converting to Full Benefit)	\$116.5	\$117.2	\$122.1	\$128.8	\$135.9	\$143.4	\$151.2	\$159.6	\$168.3	\$177.6	\$1,420.6
Current Medicaid Benefits Offset - Family Planning: Expansion	(\$54.7)	(\$55.4)	(\$56.1)	(\$57.2)	(\$59.0)	(\$60.8)	(\$62.5)	(\$64.4)	(\$66.4)	(\$68.4)	(\$604.9)
Pharmacy Rebate Savings: Expansion	(\$93.1)	(\$139.2)	(\$156.7)	(\$165.2)	(\$174.3)	(\$184.0)	(\$194.0)	(\$204.8)	(\$216.0)	(\$227.8)	(\$1,755.1)
State Administrative Expenses - Expansion	\$154.3	\$174.5	\$196.5	\$207.2	\$218.6	\$230.7	\$244.1	\$257.5	\$271.0	\$286.6	\$2,241.0
Total Estimated Spend - Expansion Population	\$5,627.2	\$8,389.2	\$9,445.8	\$9,966.5	\$10,515.5	\$11,094.9	\$11,707.0	\$12,351.7	\$13,031.1	\$13,749.7	\$105,878.6
Overall Summary											
Total Medicaid Expenditures (Including Expansion/Welcome Mat)											
Total (State and Federal)	\$42,414.3	\$46,455.9	\$48,604.2	\$50,335.6	\$52,219.7	\$54,140.1	\$56,140.6	\$58,221.8	\$60,387.2	\$62,645.3	\$531,564.7
State Funds - Medicaid Assistance	\$15,911.9	\$16,854.4	\$17,558.4	\$18,223.3	\$18,831.2	\$19,442.3	\$20,088.5	\$20,757.4	\$21,450.0	\$22,169.4	\$191,286.8
Federal Funds	\$26,502.3	\$29,601.5	\$31,045.8	\$32,112.3	\$33,388.5	\$34,697.8	\$36,052.1	\$37,464.4	\$38,937.2	\$40,475.9	\$340,277.8
Impact of Medicaid Expansion and Welcome Mat											
Total (State and Federal)	\$6,560.6	\$9,723.3	\$10,943.6	\$11,541.9	\$12,172.1	\$12,837.1	\$13,539.8	\$14,279.4	\$15,058.0	\$15,882.3	\$122,538.1
State Funds - Medicaid Assistance	\$834.6	\$1,193.0	\$1,342.5	\$1,414.8	\$1,490.4	\$1,569.9	\$1,654.6	\$1,743.1	\$1,835.6	\$1,934.5	\$15,013.0
Federal Funds	\$5,726.0	\$8,530.3	\$9,601.1	\$10,127.1	\$10,681.7	\$11,267.2	\$11,885.2	\$12,536.3	\$13,222.4	\$13,947.8	\$107,525.1
Impact of ARPA Temporary 5% FMAP Increase on Certain Other Medicaid Program Expenditures Eligible for the Standard FMAP											
Total (State and Federal)	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
State Funds - Medicaid Assistance	(\$1,747.6)	(\$1,793.8)	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	(\$3,541.4)
Federal Funds	\$1,747.6	\$1,793.8	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$3,541.4
Post-partum Extension (Expansion FMAP)											
Total (State and Federal)	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
State Funds - Medicaid Assistance	(\$38.8)	(\$39.9)	(\$40.3)	(\$40.1)	(\$40.5)	(\$41.2)	(\$41.8)	(\$42.5)	(\$43.1)	(\$43.8)	(\$412.0)
Federal Funds	\$38.8	\$39.9	\$40.3	\$40.1	\$40.5	\$41.2	\$41.8	\$42.5	\$43.1	\$43.8	\$412.0
Fiscal Impact of Expansion and Welcome Mat Expenditures with FMAP Adjustments											
Total (State and Federal)	\$6,560.6	\$9,723.3	\$10,943.6	\$11,541.9	\$12,172.1	\$12,837.1	\$13,539.8	\$14,279.4	\$15,058.0	\$15,882.3	\$122,538.1
State Funds - Medicaid Assistance	(\$951.8)	(\$640.7)	\$1,302.2	\$1,374.7	\$1,449.9	\$1,528.7	\$1,612.8	\$1,700.6	\$1,792.5	\$1,890.7	\$11,059.6
Federal Funds	\$7,512.4	\$10,364.0	\$9,641.4	\$10,167.2	\$10,722.2	\$11,308.4	\$11,927.0	\$12,578.8	\$13,265.5	\$13,991.6	\$111,478.5

Appendix B
Florida Agency for Healthcare Administration
Affordable Care Act Medicaid Expansion Projection
Low Estimate Scenario
(Values in Millions)

	SFY 24/25	SFY 25/26	SFY 26/27	SFY 27/28	SFY 28/29	SFY 29/30	SFY 30/31	SFY 31/32	SFY 32/33	SFY 33/34	SFY 24/25 - SFY 33/34
Without Medicaid Expansion Populations											
State and Federal Funds											
Estimated Spend - without Medicaid Expansion											
All Other Medicaid net of Pharmacy Rebates	\$ 35,151.3	\$ 36,004.3	\$ 36,903.9	\$ 37,889.0	\$ 39,075.2	\$ 40,301.2	\$ 41,568.6	\$ 42,878.7	\$ 44,233.0	\$ 45,633.2	\$ 399,638.4
Family Planning	78.2	79.1	80.1	81.7	84.2	86.7	89.3	92.0	94.8	97.7	\$ 863.8
State Administrative Expenses	782.0	807.8	834.5	862.1	888.2	915.1	942.9	971.7	1,001.4	1,032.1	\$ 9,037.8
DSH Payment Reductions	(157.9)	(158.6)	(157.9)	(39.1)	0.0	0.0	0.0	0.0	0.0	0.0	(\$ 513.5)
Total Estimated Spend - without Medicaid Expansion	\$ 35,853.6	\$ 36,732.6	\$ 37,660.6	\$ 38,793.7	\$ 40,047.6	\$ 41,303.0	\$ 42,600.8	\$ 43,942.4	\$ 45,329.2	\$ 46,763.0	\$ 409,026.5
State Funds											
Estimated Spend - without Medicaid Expansion											
All Other Medicaid net of Pharmacy Rebates	\$ 14,744.7	\$ 15,317.1	\$ 15,858.5	\$ 16,386.1	\$ 16,888.3	\$ 17,406.1	\$ 17,953.5	\$ 18,519.3	\$ 19,104.2	\$ 19,709.0	\$ 171,886.8
Family Planning	7.8	7.9	8.0	8.2	8.4	8.7	8.9	9.2	9.5	9.8	\$ 86.4
State Administrative Expenses	391.0	403.9	417.3	431.1	444.1	457.6	471.5	485.8	500.7	516.1	\$ 4,519.1
DSH Payment Reductions	(66.2)	(67.5)	(67.9)	(16.9)	0.0	0.0	0.0	0.0	0.0	0.0	(\$ 218.5)
Total Estimated Spend - without Medicaid Expansion	\$ 15,077.3	\$ 15,661.4	\$ 16,215.9	\$ 16,808.5	\$ 17,340.8	\$ 17,872.4	\$ 18,433.9	\$ 19,014.3	\$ 19,614.4	\$ 20,234.9	\$ 176,273.8
Federal Funds											
Estimated Spend - without Medicaid Expansion											
All Other Medicaid net of Pharmacy Rebates	\$ 20,406.6	\$ 20,687.2	\$ 21,045.4	\$ 21,502.9	\$ 22,186.9	\$ 22,895.1	\$ 23,615.1	\$ 24,359.4	\$ 25,128.8	\$ 25,924.2	\$ 227,751.6
Family Planning	70.4	71.2	72.1	73.5	75.8	78.0	80.4	82.8	85.3	87.9	\$ 777.4
State Administrative Expenses	391.0	403.9	417.2	431.0	444.1	457.5	471.4	485.9	500.7	516.0	\$ 4,518.7
DSH Payment Reductions	(91.7)	(91.1)	(90.0)	(22.2)	0.0	0.0	0.0	0.0	0.0	0.0	(\$ 295.0)
Total Estimated Spend - without Medicaid Expansion	\$ 20,776.3	\$ 21,071.2	\$ 21,444.7	\$ 21,985.2	\$ 22,706.8	\$ 23,430.6	\$ 24,166.9	\$ 24,928.1	\$ 25,714.8	\$ 26,528.1	\$ 232,752.7
Overall Summary											
Total - without Medicaid Expansion											
Total (State and Federal)	\$ 35,853.6	\$ 36,732.6	\$ 37,660.6	\$ 38,793.7	\$ 40,047.6	\$ 41,303.0	\$ 42,600.8	\$ 43,942.4	\$ 45,329.2	\$ 46,763.0	\$ 409,026.5
State Funds - Medicaid Assistance	\$ 15,077.3	\$ 15,661.4	\$ 16,215.9	\$ 16,808.5	\$ 17,340.8	\$ 17,872.4	\$ 18,433.9	\$ 19,014.3	\$ 19,614.4	\$ 20,234.9	\$ 176,273.8
Federal Funds	\$ 20,776.3	\$ 21,071.2	\$ 21,444.7	\$ 21,985.2	\$ 22,706.8	\$ 23,430.6	\$ 24,166.9	\$ 24,928.1	\$ 25,714.8	\$ 26,528.1	\$ 232,752.7

Appendix B
Florida Agency for Healthcare Administration
Affordable Care Act Medicaid Expansion Projection
Low Estimate Scenario
(Values in Millions)

	SFY 24/25	SFY 25/26	SFY 26/27	SFY 27/28	SFY 28/29	SFY 29/30	SFY 30/31	SFY 31/32	SFY 32/33	SFY 33/34	SFY 24/25 - SFY 33/34
Welcome Mat Population											
State and Federal Funds											
Estimated Spend for Welcome Mat Population											
Medicaid Expenditures net of Pharmacy Rebates	165.1	237.9	263.8	273.3	283.0	293.1	303.6	314.5	325.8	337.4	\$ 2,797.5
State Administrative Expenses	6.2	8.9	9.9	10.2	10.6	11.0	11.4	11.8	12.2	12.7	\$ 104.9
Total Estimated Spend - Welcome Mat Population	\$ 171.3	\$ 246.8	\$ 273.7	\$ 283.5	\$ 293.6	\$ 304.1	\$ 315.0	\$ 326.3	\$ 338.0	\$ 350.1	\$ 2,902.4
State Funds											
Estimated Spend for Welcome Mat Population											
Medicaid Expenditures net of Pharmacy Rebates	69.3	101.2	113.4	118.2	122.3	126.6	131.1	135.8	140.7	145.7	\$ 1,204.3
State Administrative Expenses	3.1	4.5	4.9	5.1	5.3	5.5	5.7	5.9	6.1	6.3	\$ 52.4
Total Estimated Spend - Welcome Mat Population	\$ 72.4	\$ 105.7	\$ 118.3	\$ 123.3	\$ 127.6	\$ 132.1	\$ 136.8	\$ 141.7	\$ 146.8	\$ 152.0	\$ 1,256.7
Federal Funds											
Estimated Spend for Welcome Mat Population											
Medicaid Expenditures net of Pharmacy Rebates	\$ 95.8	\$ 136.7	\$ 150.4	\$ 155.1	\$ 160.7	\$ 166.5	\$ 172.5	\$ 178.7	\$ 185.1	\$ 191.7	\$ 1,593.2
State Administrative Expenses	\$ 3.1	\$ 4.4	\$ 5.0	\$ 5.1	\$ 5.3	\$ 5.5	\$ 5.7	\$ 5.9	\$ 6.1	\$ 6.4	\$ 52.5
Total Estimated Spend - Welcome Mat Population	\$ 98.9	\$ 141.1	\$ 155.4	\$ 160.2	\$ 166.0	\$ 172.0	\$ 178.2	\$ 184.6	\$ 191.2	\$ 198.1	\$ 1,645.7
Overall Summary											
Total - with Welcome Mat Population											
Total (State and Federal)	\$ 36,024.9	\$ 36,979.4	\$ 37,934.3	\$ 39,077.2	\$ 40,341.2	\$ 41,607.1	\$ 42,915.8	\$ 44,268.7	\$ 45,667.2	\$ 47,113.1	\$ 411,928.9
State Funds - Medicaid Assistance	\$ 15,149.7	\$ 15,767.1	\$ 16,334.2	\$ 16,931.8	\$ 17,468.4	\$ 18,004.5	\$ 18,570.7	\$ 19,156.0	\$ 19,761.2	\$ 20,386.9	\$ 177,530.5
Federal Funds	\$ 20,875.2	\$ 21,212.3	\$ 21,600.1	\$ 22,145.4	\$ 22,872.8	\$ 23,602.6	\$ 24,345.1	\$ 25,112.7	\$ 25,906.0	\$ 26,726.2	\$ 234,398.4
Fiscal Impact of Welcome Mat Population											
Total (State and Federal)	\$ 171.3	\$ 246.8	\$ 273.7	\$ 283.5	\$ 293.6	\$ 304.1	\$ 315.0	\$ 326.3	\$ 338.0	\$ 350.1	\$ 2,902.4
State Funds - Medicaid Assistance	\$ 72.4	\$ 105.7	\$ 118.3	\$ 123.3	\$ 127.6	\$ 132.1	\$ 136.8	\$ 141.7	\$ 146.8	\$ 152.0	\$ 1,256.7
Federal Funds	\$ 98.9	\$ 141.1	\$ 155.4	\$ 160.2	\$ 166.0	\$ 172.0	\$ 178.2	\$ 184.6	\$ 191.2	\$ 198.1	\$ 1,645.7

Appendix B
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Affordable Care Act Medicaid Expansion Projection
Low Estimate Scenario
(Values in Millions)

	SFY 24/25	SFY 25/26	SFY 26/27	SFY 27/28	SFY 28/29	SFY 29/30	SFY 30/31	SFY 31/32	SFY 32/33	SFY 33/34	SFY 24/25 - SFY 33/34
Expansion Population											
State and Federal Funds											
Estimated Spend for Medicaid Expansion Population											
Expansion Population - Uninsured											
Parents: 23%-138% FPL	\$ 176.0	\$ 257.3	\$ 283.8	\$ 294.1	\$ 304.7	\$ 315.8	\$ 327.2	\$ 339.1	\$ 351.4	\$ 364.1	\$ 3,013.5
Childless Adults	\$ 1,100.3	\$ 1,625.7	\$ 1,800.0	\$ 1,865.2	\$ 1,932.8	\$ 2,002.9	\$ 2,075.6	\$ 2,150.8	\$ 2,228.8	\$ 2,309.6	\$ 19,091.7
Expansion Population - Direct Market											
Newly Eligible Parents: 23%-138% FPL	\$ 725.8	\$ 1,063.3	\$ 1,173.2	\$ 1,215.7	\$ 1,259.8	\$ 1,305.5	\$ 1,352.8	\$ 1,401.9	\$ 1,452.7	\$ 1,505.4	\$ 12,456.1
Newly Eligible Childless Adults	\$ 2,103.3	\$ 3,130.0	\$ 3,465.5	\$ 3,591.1	\$ 3,721.4	\$ 3,856.3	\$ 3,996.1	\$ 4,141.0	\$ 4,291.2	\$ 4,446.8	\$ 36,742.7
Expansion Population - Employer Market											
Newly Eligible Parents: 23%-138% FPL	\$ 22.4	\$ 32.7	\$ 36.1	\$ 37.4	\$ 38.7	\$ 40.2	\$ 41.6	\$ 43.1	\$ 44.7	\$ 46.3	\$ 383.2
Newly Eligible Childless Adults	\$ 67.5	\$ 99.7	\$ 110.2	\$ 114.2	\$ 118.3	\$ 122.6	\$ 127.1	\$ 131.7	\$ 136.5	\$ 141.4	\$ 1,169.2
Expansion Population - All Other Markets											
Newly Eligible Parents: 23%-138% FPL	\$ 0.1	\$ 0.2	\$ 0.2	\$ 0.2	\$ 0.2	\$ 0.2	\$ 0.2	\$ 0.2	\$ 0.2	\$ 0.2	\$ 1.9
Newly Eligible Childless Adults	\$ 0.8	\$ 1.1	\$ 1.3	\$ 1.3	\$ 1.3	\$ 1.4	\$ 1.4	\$ 1.5	\$ 1.5	\$ 1.6	\$ 13.2
Family Planning											
Family Planning: Expansion (Converting to Full Benefit)	\$ 127.2	\$ 125.6	\$ 128.6	\$ 133.2	\$ 138.1	\$ 143.1	\$ 148.3	\$ 153.6	\$ 159.2	\$ 165.0	\$ 1,421.9
Current Medicaid Benefits Offset - Family Planning: Expansion	(\$ 60.8)	(\$ 61.6)	(\$ 62.3)	(\$ 63.6)	(\$ 65.5)	(\$ 67.5)	(\$ 69.5)	(\$ 71.6)	(\$ 73.8)	(\$ 76.0)	(\$ 672.2)
Pharmacy Rebate Savings: Expansion	(\$ 71.6)	(\$ 104.9)	(\$ 115.9)	(\$ 120.1)	(\$ 124.5)	(\$ 129.0)	(\$ 133.7)	(\$ 138.5)	(\$ 143.5)	(\$ 148.8)	(\$ 1,230.5)
State Administrative Expenses - Expansion	\$ 212.4	\$ 236.2	\$ 261.1	\$ 270.6	\$ 280.4	\$ 290.6	\$ 302.6	\$ 313.6	\$ 323.4	\$ 336.8	\$ 2,827.7
Total Estimated Spend - Expansion Population	\$ 4,403.4	\$ 6,405.3	\$ 7,081.8	\$ 7,339.3	\$ 7,605.7	\$ 7,882.1	\$ 8,169.7	\$ 8,466.4	\$ 8,772.3	\$ 9,092.4	\$ 75,218.4
State Funds											
Estimated Spend for Medicaid Expansion Population											
Expansion Population - Uninsured											
Parents: 23%-138% FPL	\$ 17.6	\$ 25.7	\$ 28.4	\$ 29.4	\$ 30.5	\$ 31.6	\$ 32.7	\$ 33.9	\$ 35.1	\$ 36.4	\$ 301.3
Childless Adults	\$ 110.0	\$ 162.6	\$ 180.0	\$ 186.5	\$ 193.3	\$ 200.3	\$ 207.6	\$ 215.1	\$ 222.9	\$ 231.0	\$ 1,909.3
Expansion Population - Direct Market											
Newly Eligible Parents: 23%-138% FPL	\$ 72.6	\$ 106.3	\$ 117.3	\$ 121.6	\$ 126.0	\$ 130.5	\$ 135.3	\$ 140.2	\$ 145.3	\$ 150.5	\$ 1,245.6
Newly Eligible Childless Adults	\$ 210.3	\$ 313.0	\$ 346.5	\$ 359.1	\$ 372.1	\$ 385.6	\$ 399.6	\$ 414.1	\$ 429.1	\$ 444.7	\$ 3,674.1
Expansion Population - Employer Market											
Newly Eligible Parents: 23%-138% FPL	\$ 2.2	\$ 3.3	\$ 3.6	\$ 3.7	\$ 3.9	\$ 4.0	\$ 4.2	\$ 4.3	\$ 4.5	\$ 4.6	\$ 38.3
Newly Eligible Childless Adults	\$ 6.7	\$ 10.0	\$ 11.0	\$ 11.4	\$ 11.8	\$ 12.3	\$ 12.7	\$ 13.2	\$ 13.6	\$ 14.1	\$ 116.8
Expansion Population - All Other Markets											
Newly Eligible Parents: 23%-138% FPL	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
Newly Eligible Childless Adults	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.2	\$ 0.2	\$ 1.2
Family Planning											
Family Planning: Expansion (Converting to Full Benefit)	\$ 12.7	\$ 12.6	\$ 12.9	\$ 13.3	\$ 13.8	\$ 14.3	\$ 14.8	\$ 15.4	\$ 15.9	\$ 16.5	\$ 142.2
Current Medicaid Benefits Offset - Family Planning: Expansion	(\$ 6.1)	(\$ 6.2)	(\$ 6.2)	(\$ 6.4)	(\$ 6.5)	(\$ 6.7)	(\$ 7.0)	(\$ 7.2)	(\$ 7.4)	(\$ 7.6)	(\$ 67.3)
Pharmacy Rebate Savings: Expansion	(\$ 7.2)	(\$ 10.5)	(\$ 11.6)	(\$ 12.0)	(\$ 12.4)	(\$ 12.9)	(\$ 13.4)	(\$ 13.9)	(\$ 14.4)	(\$ 14.9)	(\$ 123.2)
State Administrative Expenses - Expansion	\$ 106.2	\$ 118.1	\$ 130.5	\$ 135.3	\$ 140.2	\$ 145.3	\$ 151.3	\$ 156.8	\$ 161.7	\$ 168.4	\$ 1,413.8
Total Estimated Spend - Expansion Population	\$ 525.1	\$ 735.0	\$ 812.5	\$ 842.0	\$ 872.8	\$ 904.4	\$ 937.9	\$ 972.0	\$ 1,006.5	\$ 1,043.9	\$ 8,652.1

Appendix B
Florida Agency for Healthcare Administration
Affordable Care Act Medicaid Expansion Projection
Low Estimate Scenario
(Values in Millions)

	SFY 24/25	SFY 25/26	SFY 26/27	SFY 27/28	SFY 28/29	SFY 29/30	SFY 30/31	SFY 31/32	SFY 32/33	SFY 33/34	SFY 24/25 - SFY 33/34
Federal Funds											
Estimated Spend for Medicaid Expansion Population											
Expansion Population - Uninsured											
Parents: 23%-138% FPL	\$158.4	\$231.6	\$255.4	\$264.7	\$274.2	\$284.2	\$294.5	\$305.2	\$316.3	\$327.7	\$2,712.2
Childless Adults	\$990.3	\$1,463.1	\$1,620.0	\$1,678.7	\$1,739.5	\$1,802.6	\$1,868.0	\$1,935.7	\$2,005.9	\$2,078.6	\$17,182.4
Expansion Population - Direct Market											
Newly Eligible Parents: 23%-138% FPL	\$653.2	\$957.0	\$1,055.9	\$1,094.1	\$1,133.8	\$1,175.0	\$1,217.5	\$1,261.7	\$1,307.4	\$1,354.9	\$11,210.5
Newly Eligible Childless Adults	\$1,893.0	\$2,817.0	\$3,119.0	\$3,232.0	\$3,349.3	\$3,470.7	\$3,596.5	\$3,726.9	\$3,862.1	\$4,002.1	\$33,068.6
Expansion Population - Employer Market											
Newly Eligible Parents: 23%-138% FPL	\$20.2	\$29.4	\$32.5	\$33.7	\$34.8	\$36.2	\$37.4	\$38.8	\$40.2	\$41.7	\$344.9
Newly Eligible Childless Adults	\$60.8	\$89.7	\$99.2	\$102.8	\$106.5	\$110.3	\$114.4	\$118.5	\$122.9	\$127.3	\$1,052.4
Expansion Population - All Other Markets											
Newly Eligible Parents: 23%-138% FPL	\$0.1	\$0.2	\$0.2	\$0.2	\$0.2	\$0.2	\$0.2	\$0.2	\$0.2	\$0.2	\$1.9
Newly Eligible Childless Adults	\$0.7	\$1.0	\$1.2	\$1.2	\$1.2	\$1.3	\$1.3	\$1.4	\$1.3	\$1.4	\$12.0
Family Planning											
Family Planning: Expansion (Converting to Full Benefit)	\$114.5	\$113.0	\$115.7	\$119.9	\$124.3	\$128.8	\$133.5	\$138.2	\$143.3	\$148.5	\$1,279.7
Current Medicaid Benefits Offset - Family Planning: Expansion	(\$54.7)	(\$55.4)	(\$56.1)	(\$57.2)	(\$59.0)	(\$60.8)	(\$62.5)	(\$64.4)	(\$66.4)	(\$68.4)	(\$604.9)
Pharmacy Rebate Savings: Expansion	(\$64.4)	(\$94.4)	(\$104.3)	(\$108.1)	(\$112.1)	(\$116.1)	(\$120.3)	(\$124.6)	(\$129.1)	(\$133.9)	(\$1,107.3)
State Administrative Expenses - Expansion	\$106.2	\$118.1	\$130.6	\$135.3	\$140.2	\$145.3	\$151.3	\$156.8	\$161.7	\$168.4	\$1,413.9
Total Estimated Spend - Expansion Population	\$3,878.3	\$5,670.3	\$6,269.3	\$6,497.3	\$6,732.9	\$6,977.7	\$7,231.8	\$7,494.4	\$7,765.8	\$8,048.5	\$66,566.3
Overall Summary											
Total Medicaid Expenditures (Including Expansion/Welcome Mat)											
Total (State and Federal)	\$40,428.3	\$43,384.8	\$45,015.8	\$46,416.5	\$47,947.0	\$49,489.2	\$51,085.6	\$52,735.1	\$54,439.5	\$56,205.5	\$487,147.3
State Funds - Medicaid Assistance	\$15,674.9	\$16,502.2	\$17,146.8	\$17,773.8	\$18,341.2	\$18,908.9	\$19,508.7	\$20,128.2	\$20,767.8	\$21,430.8	\$186,183.3
Federal Funds	\$24,753.4	\$26,882.6	\$27,868.9	\$28,642.7	\$29,605.8	\$30,580.3	\$31,576.9	\$32,606.9	\$33,671.7	\$34,774.7	\$300,963.9
Impact of Medicaid Expansion and Welcome Mat											
Total (State and Federal)	\$4,574.7	\$6,652.2	\$7,355.1	\$7,622.8	\$7,899.4	\$8,186.2	\$8,484.8	\$8,792.7	\$9,110.3	\$9,442.5	\$78,120.7
State Funds - Medicaid Assistance	\$597.6	\$840.8	\$930.9	\$965.3	\$1,000.4	\$1,036.5	\$1,074.8	\$1,113.9	\$1,153.4	\$1,195.9	\$9,909.5
Federal Funds	\$3,977.1	\$5,811.4	\$6,424.2	\$6,657.5	\$6,899.0	\$7,149.7	\$7,410.0	\$7,678.8	\$7,956.9	\$8,246.6	\$68,211.2
Impact of ARPA Temporary 5% FMAP Increase on Certain Other Medicaid Program Expenditures Eligible for the Standard FMAP											
Total (State and Federal)	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
State Funds - Medicaid Assistance	(\$1,747.6)	(\$1,793.8)	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	(\$3,541.4)
Federal Funds	\$1,747.6	\$1,793.8	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$3,541.4
Post-partum Extension (Expansion FMAP)											
Total (State and Federal)	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
State Funds - Medicaid Assistance	(\$38.8)	(\$39.9)	(\$40.3)	(\$40.1)	(\$40.5)	(\$41.2)	(\$41.8)	(\$42.5)	(\$43.1)	(\$43.8)	(\$412.0)
Federal Funds	\$38.8	\$39.9	\$40.3	\$40.1	\$40.5	\$41.2	\$41.8	\$42.5	\$43.1	\$43.8	\$412.0
Fiscal Impact of Expansion and Welcome Mat Expenditures with FMAP Adjustments											
Total (State and Federal)	\$4,574.7	\$6,652.2	\$7,355.1	\$7,622.8	\$7,899.4	\$8,186.2	\$8,484.8	\$8,792.7	\$9,110.3	\$9,442.5	\$78,120.7
State Funds - Medicaid Assistance	(\$1,188.8)	(\$992.9)	\$890.6	\$925.2	\$959.9	\$995.3	\$1,033.0	\$1,071.4	\$1,110.3	\$1,152.1	\$5,956.1
Federal Funds	\$5,763.5	\$7,645.1	\$6,464.5	\$6,697.6	\$6,939.5	\$7,190.9	\$7,451.8	\$7,721.3	\$8,000.0	\$8,290.4	\$72,164.6

Appendix C
Florida Agency for Healthcare Administration
Affordable Care Act Medicaid Expansion Projection
High Estimate Scenario
(Values in Millions)

	SFY 24/25	SFY 25/26	SFY 26/27	SFY 27/28	SFY 28/29	SFY 29/30	SFY 30/31	SFY 31/32	SFY 32/33	SFY 33/34	SFY 24/25 - SFY 33/34
Without Medicaid Expansion Populations											
State and Federal Funds											
Estimated Spend - without Medicaid Expansion											
All Other Medicaid net of Pharmacy Rebates	\$ 35,151.3	\$ 36,004.3	\$ 36,903.9	\$ 37,889.0	\$ 39,075.2	\$ 40,301.2	\$ 41,568.6	\$ 42,878.7	\$ 44,233.0	\$ 45,633.2	\$ 399,638.4
Family Planning	78.2	79.1	80.1	81.7	84.2	86.7	89.3	92.0	94.8	97.7	\$ 863.8
State Administrative Expenses	782.0	807.8	834.5	862.1	888.2	915.1	942.9	971.7	1,001.4	1,032.1	\$ 9,037.8
DSH Payment Reductions	(157.9)	(158.6)	(157.9)	(39.1)	0.0	0.0	0.0	0.0	0.0	0.0	(\$ 513.5)
Total Estimated Spend - without Medicaid Expansion	\$ 35,853.6	\$ 36,732.6	\$ 37,660.6	\$ 38,793.7	\$ 40,047.6	\$ 41,303.0	\$ 42,600.8	\$ 43,942.4	\$ 45,329.2	\$ 46,763.0	\$ 409,026.5
State Funds											
Estimated Spend - without Medicaid Expansion											
All Other Medicaid net of Pharmacy Rebates	\$ 14,744.7	\$ 15,317.1	\$ 15,858.5	\$ 16,386.1	\$ 16,888.3	\$ 17,406.1	\$ 17,953.5	\$ 18,519.3	\$ 19,104.2	\$ 19,709.0	\$ 171,886.8
Family Planning	7.8	7.9	8.0	8.2	8.4	8.7	8.9	9.2	9.5	9.8	\$ 86.4
State Administrative Expenses	391.0	403.9	417.3	431.1	444.1	457.6	471.5	485.8	500.7	516.1	\$ 4,519.1
DSH Payment Reductions	(66.2)	(67.5)	(67.9)	(16.9)	0.0	0.0	0.0	0.0	0.0	0.0	(\$ 218.5)
Total Estimated Spend - without Medicaid Expansion	\$ 15,077.3	\$ 15,661.4	\$ 16,215.9	\$ 16,808.5	\$ 17,340.8	\$ 17,872.4	\$ 18,433.9	\$ 19,014.3	\$ 19,614.4	\$ 20,234.9	\$ 176,273.8
Federal Funds											
Estimated Spend - without Medicaid Expansion											
All Other Medicaid net of Pharmacy Rebates	\$ 20,406.6	\$ 20,687.2	\$ 21,045.4	\$ 21,502.9	\$ 22,186.9	\$ 22,895.1	\$ 23,615.1	\$ 24,359.4	\$ 25,128.8	\$ 25,924.2	\$ 227,751.6
Family Planning	70.4	71.2	72.1	73.5	75.8	78.0	80.4	82.8	85.3	87.9	\$ 777.4
State Administrative Expenses	391.0	403.9	417.2	431.0	444.1	457.5	471.4	485.9	500.7	516.0	\$ 4,518.7
DSH Payment Reductions	(91.7)	(91.1)	(90.0)	(22.2)	0.0	0.0	0.0	0.0	0.0	0.0	(\$ 295.0)
Total Estimated Spend - without Medicaid Expansion	\$ 20,776.3	\$ 21,071.2	\$ 21,444.7	\$ 21,985.2	\$ 22,706.8	\$ 23,430.6	\$ 24,166.9	\$ 24,928.1	\$ 25,714.8	\$ 26,528.1	\$ 232,752.7
Overall Summary											
Total - without Medicaid Expansion											
Total (State and Federal)	\$ 35,853.6	\$ 36,732.6	\$ 37,660.6	\$ 38,793.7	\$ 40,047.6	\$ 41,303.0	\$ 42,600.8	\$ 43,942.4	\$ 45,329.2	\$ 46,763.0	\$ 409,026.5
State Funds - Medicaid Assistance	\$ 15,077.3	\$ 15,661.4	\$ 16,215.9	\$ 16,808.5	\$ 17,340.8	\$ 17,872.4	\$ 18,433.9	\$ 19,014.3	\$ 19,614.4	\$ 20,234.9	\$ 176,273.8
Federal Funds	\$ 20,776.3	\$ 21,071.2	\$ 21,444.7	\$ 21,985.2	\$ 22,706.8	\$ 23,430.6	\$ 24,166.9	\$ 24,928.1	\$ 25,714.8	\$ 26,528.1	\$ 232,752.7

Appendix C
Florida Agency for Healthcare Administration
Affordable Care Act Medicaid Expansion Projection
High Estimate Scenario
(Values in Millions)

	<u>SFY 24/25</u>	<u>SFY 25/26</u>	<u>SFY 26/27</u>	<u>SFY 27/28</u>	<u>SFY 28/29</u>	<u>SFY 29/30</u>	<u>SFY 30/31</u>	<u>SFY 31/32</u>	<u>SFY 32/33</u>	<u>SFY 33/34</u>	<u>SFY 24/25 - SFY 33/34</u>
Welcome Mat Population											
State and Federal Funds											
Estimated Spend for Welcome Mat Population											
Medicaid Expenditures net of Pharmacy Rebates	165.1	237.9	263.8	273.3	283.0	293.1	303.6	314.5	325.8	337.4	\$ 2,797.5
State Administrative Expenses	6.2	8.9	9.9	10.2	10.6	11.0	11.4	11.8	12.2	12.7	\$ 104.9
Total Estimated Spend - Welcome Mat Population	\$ 171.3	\$ 246.8	\$ 273.7	\$ 283.5	\$ 293.6	\$ 304.1	\$ 315.0	\$ 326.3	\$ 338.0	\$ 350.1	\$ 2,902.4
State Funds											
Estimated Spend for Welcome Mat Population											
Medicaid Expenditures net of Pharmacy Rebates	69.3	101.2	113.4	118.2	122.3	126.6	131.1	135.8	140.7	145.7	\$ 1,204.3
State Administrative Expenses	3.1	4.5	4.9	5.1	5.3	5.5	5.7	5.9	6.1	6.3	\$ 52.4
Total Estimated Spend - Welcome Mat Population	\$ 72.4	\$ 105.7	\$ 118.3	\$ 123.3	\$ 127.6	\$ 132.1	\$ 136.8	\$ 141.7	\$ 146.8	\$ 152.0	\$ 1,256.7
Federal Funds											
Estimated Spend for Welcome Mat Population											
Medicaid Expenditures net of Pharmacy Rebates	\$ 95.8	\$ 136.7	\$ 150.4	\$ 155.1	\$ 160.7	\$ 166.5	\$ 172.5	\$ 178.7	\$ 185.1	\$ 191.7	\$ 1,593.2
State Administrative Expenses	\$ 3.1	\$ 4.4	\$ 5.0	\$ 5.1	\$ 5.3	\$ 5.5	\$ 5.7	\$ 5.9	\$ 6.1	\$ 6.4	\$ 52.5
Total Estimated Spend - Welcome Mat Population	\$ 98.9	\$ 141.1	\$ 155.4	\$ 160.2	\$ 166.0	\$ 172.0	\$ 178.2	\$ 184.6	\$ 191.2	\$ 198.1	\$ 1,645.7
Overall Summary											
Total - with Welcome Mat Population											
Total (State and Federal)	\$ 36,024.9	\$ 36,979.4	\$ 37,934.3	\$ 39,077.2	\$ 40,341.2	\$ 41,607.1	\$ 42,915.8	\$ 44,268.7	\$ 45,667.2	\$ 47,113.1	\$ 411,928.9
State Funds - Medicaid Assistance	\$ 15,149.7	\$ 15,767.1	\$ 16,334.2	\$ 16,931.8	\$ 17,468.4	\$ 18,004.5	\$ 18,570.7	\$ 19,156.0	\$ 19,761.2	\$ 20,386.9	\$ 177,530.5
Federal Funds	\$ 20,875.2	\$ 21,212.3	\$ 21,600.1	\$ 22,145.4	\$ 22,872.8	\$ 23,602.6	\$ 24,345.1	\$ 25,112.7	\$ 25,906.0	\$ 26,726.2	\$ 234,398.4
Fiscal Impact of Welcome Mat Population											
Total (State and Federal)	\$ 171.3	\$ 246.8	\$ 273.7	\$ 283.5	\$ 293.6	\$ 304.1	\$ 315.0	\$ 326.3	\$ 338.0	\$ 350.1	\$ 2,902.4
State Funds - Medicaid Assistance	\$ 72.4	\$ 105.7	\$ 118.3	\$ 123.3	\$ 127.6	\$ 132.1	\$ 136.8	\$ 141.7	\$ 146.8	\$ 152.0	\$ 1,256.7
Federal Funds	\$ 98.9	\$ 141.1	\$ 155.4	\$ 160.2	\$ 166.0	\$ 172.0	\$ 178.2	\$ 184.6	\$ 191.2	\$ 198.1	\$ 1,645.7

Appendix C
 Florida Agency for Healthcare Administration
 Affordable Care Act Medicaid Expansion Projection
 High Estimate Scenario
 (Values in Millions)

	SFY 24/25	SFY 25/26	SFY 26/27	SFY 27/28	SFY 28/29	SFY 29/30	SFY 30/31	SFY 31/32	SFY 32/33	SFY 33/34	SFY 24/25 - SFY 33/34
Expansion Population											
State and Federal Funds											
Estimated Spend for Medicaid Expansion Population											
Expansion Population - Uninsured											
Parents: 23%-138% FPL	\$ 368.3	\$ 557.8	\$ 637.3	\$ 684.2	\$ 734.6	\$ 788.7	\$ 846.8	\$ 909.1	\$ 976.1	\$ 1,047.9	\$ 7,550.8
Childless Adults	\$ 2,359.0	\$ 3,611.2	\$ 4,142.7	\$ 4,447.7	\$ 4,775.2	\$ 5,126.8	\$ 5,504.3	\$ 5,909.5	\$ 6,344.7	\$ 6,811.8	\$ 49,032.9
Expansion Population - Direct Market											
Newly Eligible Parents: 23%-138% FPL	\$ 1,282.1	\$ 1,946.2	\$ 2,225.0	\$ 2,388.9	\$ 2,564.7	\$ 2,753.6	\$ 2,956.3	\$ 3,174.0	\$ 3,407.7	\$ 3,658.6	\$ 26,357.1
Newly Eligible Childless Adults	\$ 3,773.9	\$ 5,820.2	\$ 6,677.1	\$ 7,168.8	\$ 7,696.6	\$ 8,263.3	\$ 8,871.7	\$ 9,525.0	\$ 10,226.3	\$ 10,979.2	\$ 79,002.1
Expansion Population - Employer Market											
Newly Eligible Parents: 23%-138% FPL	\$ 76.6	\$ 116.1	\$ 132.7	\$ 142.5	\$ 153.0	\$ 164.2	\$ 176.3	\$ 189.3	\$ 203.2	\$ 218.2	\$ 1,572.1
Newly Eligible Childless Adults	\$ 237.8	\$ 363.9	\$ 417.0	\$ 447.7	\$ 480.6	\$ 516.0	\$ 554.0	\$ 594.8	\$ 638.6	\$ 685.6	\$ 4,936.0
Expansion Population - All Other Markets											
Newly Eligible Parents: 23%-138% FPL	\$ 0.4	\$ 0.5	\$ 0.6	\$ 0.7	\$ 0.7	\$ 0.8	\$ 0.8	\$ 0.9	\$ 0.9	\$ 1.0	\$ 7.3
Newly Eligible Childless Adults	\$ 2.7	\$ 4.2	\$ 4.8	\$ 5.2	\$ 5.5	\$ 5.9	\$ 6.4	\$ 6.8	\$ 7.3	\$ 7.9	\$ 56.7
Family Planning											
Family Planning: Expansion (Converting to Full Benefit)	\$ 138.4	\$ 141.6	\$ 150.2	\$ 161.2	\$ 173.1	\$ 185.8	\$ 199.5	\$ 214.2	\$ 230.0	\$ 246.9	\$ 1,840.9
Current Medicaid Benefits Offset - Family Planning: Expansion	(\$ 60.8)	(\$ 61.6)	(\$ 62.3)	(\$ 63.6)	(\$ 65.5)	(\$ 67.5)	(\$ 69.5)	(\$ 71.6)	(\$ 73.8)	(\$ 76.0)	(\$ 672.2)
Pharmacy Rebate Savings: Expansion	(\$ 136.4)	(\$ 208.0)	(\$ 238.2)	(\$ 255.7)	(\$ 274.6)	(\$ 294.8)	(\$ 316.5)	(\$ 339.8)	(\$ 364.8)	(\$ 391.7)	(\$ 2,820.5)
State Administrative Expenses - Expansion	\$ 408.2	\$ 469.7	\$ 538.1	\$ 577.8	\$ 620.5	\$ 666.2	\$ 716.9	\$ 769.6	\$ 824.7	\$ 887.1	\$ 6,478.8
Total Estimated Spend - Expansion Population	\$ 8,450.2	\$ 12,761.8	\$ 14,625.0	\$ 15,705.4	\$ 16,864.4	\$ 18,109.0	\$ 19,447.0	\$ 20,881.8	\$ 22,420.9	\$ 24,076.5	\$ 173,342.0
State Funds											
Estimated Spend for Medicaid Expansion Population											
Expansion Population - Uninsured											
Parents: 23%-138% FPL	\$ 36.8	\$ 55.8	\$ 63.7	\$ 68.4	\$ 73.5	\$ 78.9	\$ 84.7	\$ 90.9	\$ 97.6	\$ 104.8	\$ 755.1
Childless Adults	\$ 235.9	\$ 361.1	\$ 414.3	\$ 444.8	\$ 477.5	\$ 512.7	\$ 550.4	\$ 591.0	\$ 634.5	\$ 681.2	\$ 4,903.4
Expansion Population - Direct Market											
Newly Eligible Parents: 23%-138% FPL	\$ 128.2	\$ 194.6	\$ 222.5	\$ 238.9	\$ 256.5	\$ 275.4	\$ 295.6	\$ 317.4	\$ 340.8	\$ 365.9	\$ 2,635.8
Newly Eligible Childless Adults	\$ 377.4	\$ 582.0	\$ 667.7	\$ 716.9	\$ 769.7	\$ 826.3	\$ 887.2	\$ 952.5	\$ 1,022.6	\$ 1,097.9	\$ 7,900.2
Expansion Population - Employer Market											
Newly Eligible Parents: 23%-138% FPL	\$ 7.7	\$ 11.6	\$ 13.3	\$ 14.2	\$ 15.3	\$ 16.4	\$ 17.6	\$ 18.9	\$ 20.3	\$ 21.8	\$ 157.1
Newly Eligible Childless Adults	\$ 23.8	\$ 36.4	\$ 41.7	\$ 44.8	\$ 48.1	\$ 51.6	\$ 55.4	\$ 59.5	\$ 63.9	\$ 68.6	\$ 493.8
Expansion Population - All Other Markets											
Newly Eligible Parents: 23%-138% FPL	\$ 0.0	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.9
Newly Eligible Childless Adults	\$ 0.3	\$ 0.4	\$ 0.5	\$ 0.5	\$ 0.6	\$ 0.6	\$ 0.6	\$ 0.7	\$ 0.7	\$ 0.8	\$ 5.7
Family Planning											
Family Planning: Expansion (Converting to Full Benefit)	\$ 13.8	\$ 14.2	\$ 15.0	\$ 16.1	\$ 17.3	\$ 18.6	\$ 20.0	\$ 21.4	\$ 23.0	\$ 24.7	\$ 184.1
Current Medicaid Benefits Offset - Family Planning: Expansion	(\$ 6.1)	(\$ 6.2)	(\$ 6.2)	(\$ 6.4)	(\$ 6.5)	(\$ 6.7)	(\$ 7.0)	(\$ 7.2)	(\$ 7.4)	(\$ 7.6)	(\$ 67.3)
Pharmacy Rebate Savings: Expansion	(\$ 13.6)	(\$ 20.8)	(\$ 23.8)	(\$ 25.6)	(\$ 27.5)	(\$ 29.5)	(\$ 31.6)	(\$ 34.0)	(\$ 36.5)	(\$ 39.2)	(\$ 282.1)
State Administrative Expenses - Expansion	\$ 204.1	\$ 234.9	\$ 269.1	\$ 288.9	\$ 310.2	\$ 333.1	\$ 358.4	\$ 384.8	\$ 412.4	\$ 443.6	\$ 3,239.5
Total Estimated Spend - Expansion Population	\$ 1,008.3	\$ 1,464.1	\$ 1,677.9	\$ 1,801.6	\$ 1,934.8	\$ 2,077.5	\$ 2,231.4	\$ 2,396.0	\$ 2,572.0	\$ 2,762.6	\$ 19,926.2

Appendix C
Florida Agency for Healthcare Administration
Affordable Care Act Medicaid Expansion Projection
High Estimate Scenario
(Values in Millions)

	SFY 24/25	SFY 25/26	SFY 26/27	SFY 27/28	SFY 28/29	SFY 29/30	SFY 30/31	SFY 31/32	SFY 32/33	SFY 33/34	SFY 24/25 - SFY 33/34
Federal Funds											
Estimated Spend for Medicaid Expansion Population											
Expansion Population - Uninsured											
Parents: 23%-138% FPL	\$331.5	\$502.0	\$573.6	\$615.8	\$661.1	\$709.8	\$762.1	\$818.2	\$878.5	\$943.1	\$6,795.7
Childless Adults	\$2,123.1	\$3,250.1	\$3,728.4	\$4,002.9	\$4,297.7	\$4,614.1	\$4,953.9	\$5,318.5	\$5,710.2	\$6,130.6	\$44,129.5
Expansion Population - Direct Market											
Newly Eligible Parents: 23%-138% FPL	\$1,153.9	\$1,751.6	\$2,002.5	\$2,150.0	\$2,308.2	\$2,478.2	\$2,660.7	\$2,856.6	\$3,066.9	\$3,292.7	\$23,721.3
Newly Eligible Childless Adults	\$3,396.5	\$5,238.2	\$6,009.4	\$6,451.9	\$6,926.9	\$7,437.0	\$7,984.5	\$8,572.5	\$9,203.7	\$9,881.3	\$71,101.9
Expansion Population - Employer Market											
Newly Eligible Parents: 23%-138% FPL	\$68.9	\$104.5	\$119.4	\$128.3	\$137.7	\$147.8	\$158.7	\$170.4	\$182.9	\$196.4	\$1,415.0
Newly Eligible Childless Adults	\$214.0	\$327.5	\$375.3	\$402.9	\$432.5	\$464.4	\$498.6	\$535.3	\$574.7	\$617.0	\$4,442.2
Expansion Population - All Other Markets											
Newly Eligible Parents: 23%-138% FPL	\$1,153.9	\$1,751.6	\$2,002.5	\$2,150.0	\$2,308.2	\$2,478.2	\$2,660.7	\$2,856.6	\$3,066.9	\$3,292.7	\$23,721.3
Newly Eligible Childless Adults	\$3,396.5	\$5,238.2	\$6,009.4	\$6,451.9	\$6,926.9	\$7,437.0	\$7,984.5	\$8,572.5	\$9,203.7	\$9,881.3	\$71,101.9
Family Planning											
Family Planning: Expansion (Converting to Full Benefit)	\$124.6	\$127.4	\$135.2	\$145.1	\$155.8	\$167.2	\$179.5	\$192.8	\$207.0	\$222.2	\$1,656.8
Current Medicaid Benefits Offset - Family Planning: Expansion	(\$54.7)	(\$55.4)	(\$56.1)	(\$57.2)	(\$59.0)	(\$60.8)	(\$62.5)	(\$64.4)	(\$66.4)	(\$68.4)	(\$604.9)
Pharmacy Rebate Savings: Expansion	(\$122.8)	(\$187.2)	(\$214.4)	(\$230.1)	(\$247.1)	(\$265.3)	(\$284.9)	(\$305.8)	(\$328.3)	(\$352.5)	(\$2,538.4)
State Administrative Expenses - Expansion	\$204.1	\$234.8	\$269.0	\$288.9	\$310.3	\$333.1	\$358.5	\$384.8	\$412.3	\$443.5	\$3,239.3
Total Estimated Spend - Expansion Population	\$11,989.5	\$18,283.3	\$20,954.2	\$22,500.4	\$24,159.2	\$25,940.7	\$27,854.3	\$29,908.0	\$32,112.1	\$34,479.9	\$248,181.6
Overall Summary											
Total Medicaid Expenditures (Including Expansion/Welcome Mat)											
Total (State and Federal)	\$44,475.1	\$49,741.4	\$52,559.3	\$54,782.5	\$57,205.6	\$59,716.3	\$62,362.9	\$65,150.6	\$68,088.2	\$71,189.8	\$585,271.7
State Funds - Medicaid Assistance	\$16,157.9	\$17,231.2	\$18,012.0	\$18,733.3	\$19,403.1	\$20,081.8	\$20,802.1	\$21,552.1	\$22,333.2	\$23,149.4	\$197,456.1
Federal Funds	\$28,317.2	\$32,510.1	\$34,547.3	\$36,049.2	\$37,802.6	\$39,634.5	\$41,560.7	\$43,598.5	\$45,755.0	\$48,040.4	\$387,815.5
Impact of Medicaid Expansion and Welcome Mat											
Total (State and Federal)	\$8,621.5	\$13,008.7	\$14,898.7	\$15,988.8	\$17,158.1	\$18,413.3	\$19,762.0	\$21,208.2	\$22,759.0	\$24,426.8	\$176,245.1
State Funds - Medicaid Assistance	\$1,080.6	\$1,569.8	\$1,796.1	\$1,924.8	\$2,062.3	\$2,209.4	\$2,368.2	\$2,537.8	\$2,718.8	\$2,914.5	\$21,182.3
Federal Funds	\$7,540.9	\$11,438.9	\$13,102.6	\$14,064.0	\$15,095.8	\$16,203.9	\$17,393.8	\$18,670.4	\$20,040.2	\$21,512.3	\$155,062.8
Impact of ARPA Temporary 5% FMAP Increase on Certain Other Medicaid Program Expenditures Eligible for the Standard FMAP											
Total (State and Federal)	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
State Funds - Medicaid Assistance	(\$1,747.6)	(\$1,793.8)	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	(\$3,541.4)
Federal Funds	\$1,747.6	\$1,793.8	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$3,541.4
Post-partum Extension (Expansion FMAP)											
Total (State and Federal)	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
State Funds - Medicaid Assistance	(\$38.8)	(\$39.9)	(\$40.3)	(\$40.1)	(\$40.5)	(\$41.2)	(\$41.8)	(\$42.5)	(\$43.1)	(\$43.8)	(\$412.0)
Federal Funds	\$38.8	\$39.9	\$40.3	\$40.1	\$40.5	\$41.2	\$41.8	\$42.5	\$43.1	\$43.8	\$412.0
Fiscal Impact of Expansion and Welcome Mat Expenditures with FMAP Adjustments											
Total (State and Federal)	\$8,621.5	\$13,008.7	\$14,898.7	\$15,988.8	\$17,158.1	\$18,413.3	\$19,762.0	\$21,208.2	\$22,759.0	\$24,426.8	\$176,245.1
State Funds - Medicaid Assistance	(\$705.8)	(\$263.9)	\$1,755.8	\$1,884.7	\$2,021.8	\$2,168.2	\$2,326.4	\$2,495.3	\$2,675.7	\$2,870.7	\$17,228.9
Federal Funds	\$9,327.3	\$13,272.6	\$13,142.9	\$14,104.1	\$15,136.3	\$16,245.1	\$17,435.6	\$18,712.9	\$20,083.3	\$21,556.1	\$159,016.2

Appendix D
Florida Agency for Healthcare Administration
Affordable Care Act Medicaid Expansion Projection
Mid Estimate Scenario
Average Monthly Eligibility Basis

ESTIMATED ENROLLMENT	SFY 24/25	SFY 25/26	SFY 26/27	SFY 27/28	SFY 28/29	SFY 29/30	SFY 30/31	SFY 31/32	SFY 32/33	SFY 33/34
Current Medicaid Population										
All Other Medicaid	4,346,700	4,390,200	4,434,100	4,478,400	4,523,200	4,568,500	4,614,100	4,660,300	4,706,900	4,753,900
Family Planning	37,400	37,400	37,400	37,400	37,400	37,400	37,400	37,400	37,400	37,400
All Current Programs	4,384,100	4,427,600	4,471,500	4,515,800	4,560,600	4,605,900	4,651,500	4,697,700	4,744,300	4,791,300
Welcome Mat Population	43,400	64,300	69,600	70,300	71,000	71,800	72,500	73,200	73,900	74,700
Medicaid Expansion Population										
Expansion Population - Uninsured										
Parents (23%-138%)	65,600	97,300	105,400	106,500	107,500	108,600	109,700	110,800	111,900	113,000
Childless Adults (<138%)	379,400	562,400	609,100	615,100	621,300	627,500	633,800	640,100	646,500	653,000
Expansion Population - Direct Market										
Parents (23%-138%)	222,700	330,100	357,500	361,100	364,700	368,400	372,000	375,800	379,500	383,300
Childless Adults (<138%)	538,400	798,100	864,300	872,900	881,700	890,500	899,400	908,400	917,500	926,600
Expansion Population - Employer Market										
Parents (23%-138%)	13,600	20,200	21,900	22,100	22,300	22,500	22,800	23,000	23,200	23,400
Childless Adults (<138%)	38,400	56,900	61,600	62,300	62,900	63,500	64,100	64,800	65,400	66,100
Expansion Population - All Other Markets										
Parents (23%-138%)	100	100	100	100	100	100	100	100	100	100
Childless Adults (<138%)	400	600	600	600	600	700	700	700	700	700
Family Planning Population - Converting to Full Benefits										
Parents (23%-138%)	7,300	7,400	7,400	7,500	7,600	7,600	7,700	7,800	7,900	8,000
Childless Adults (<138%)	22,200	22,500	22,700	22,900	23,100	23,400	23,600	23,800	24,100	24,300
Medicaid Expansion Programs	1,288,100	1,895,600	2,050,600	2,071,100	2,091,800	2,112,800	2,133,900	2,155,300	2,176,800	2,198,500
Total Eligible	5,715,600	6,387,500	6,591,700	6,657,200	6,723,400	6,790,500	6,857,900	6,926,200	6,995,000	7,064,500

Appendix E
Florida Agency for Healthcare Administration
Affordable Care Act Medicaid Expansion Projection
Low Estimate Scenario
Average Monthly Eligibility Basis

ESTIMATED ENROLLMENT	SFY 24/25	SFY 25/26	SFY 26/27	SFY 27/28	SFY 28/29	SFY 29/30	SFY 30/31	SFY 31/32	SFY 32/33	SFY 33/34
Current Medicaid Population										
All Other Medicaid	4,457,700	4,502,200	4,547,300	4,592,700	4,638,700	4,685,100	4,731,900	4,779,200	4,827,000	4,875,300
Family Planning	37,400	37,400	37,400	37,400	37,400	37,400	37,400	37,400	37,400	37,400
All Current Programs	4,495,100	4,539,600	4,584,700	4,630,100	4,676,100	4,722,500	4,769,300	4,816,600	4,864,400	4,912,700
Welcome Mat Population	43,400	64,300	69,600	70,300	71,000	71,800	72,500	73,200	73,900	74,700
Medicaid Expansion Population										
Expansion Population - Uninsured										
Parents (23%-138%)	43,100	64,000	69,300	70,000	70,700	71,400	72,100	72,800	73,500	74,300
Childless Adults (<138%)	248,300	368,200	398,700	402,700	406,700	410,800	414,900	419,000	423,200	427,500
Expansion Population - Direct Market										
Parents (23%-138%)	173,800	257,700	279,100	281,900	284,700	287,500	290,400	293,300	296,200	299,200
Childless Adults (<138%)	420,000	622,600	674,200	681,000	687,800	694,700	701,600	708,600	715,700	722,900
Expansion Population - Employer Market										
Parents (23%-138%)	5,400	8,000	8,600	8,700	8,800	8,900	9,000	9,100	9,200	9,200
Childless Adults (<138%)	15,000	22,300	24,100	24,400	24,600	24,900	25,100	25,400	25,600	25,900
Expansion Population - All Other Markets										
Parents (23%-138%)	-	-	-	-	-	-	-	-	-	-
Childless Adults (<138%)	200	200	200	200	300	300	300	300	300	300
Family Planning Population - Converting to Full Benefits										
Parents (23%-138%)	7,300	7,400	7,400	7,500	7,600	7,600	7,700	7,800	7,900	8,000
Childless Adults (<138%)	22,200	22,500	22,700	22,900	23,100	23,400	23,600	23,800	24,100	24,300
Medicaid Expansion Programs	935,300	1,372,900	1,484,300	1,499,300	1,514,300	1,529,500	1,544,700	1,560,100	1,575,700	1,591,600
Total Eligible	5,473,800	5,976,800	6,138,600	6,199,700	6,261,400	6,323,800	6,386,500	6,449,900	6,514,000	6,579,000

Appendix F
Florida Agency for Healthcare Administration
Affordable Care Act Medicaid Expansion Projection
High Estimate Scenario
Average Monthly Eligibility Basis

ESTIMATED ENROLLMENT	SFY 24/25	SFY 25/26	SFY 26/27	SFY 27/28	SFY 28/29	SFY 29/30	SFY 30/31	SFY 31/32	SFY 32/33	SFY 33/34
Current Medicaid Population										
All Other Medicaid	4,235,800	4,278,100	4,320,900	4,364,100	4,407,800	4,451,800	4,496,400	4,541,300	4,586,700	4,632,600
Family Planning	37,400	37,400	37,400	37,400	37,400	37,400	37,400	37,400	37,400	37,400
All Current Programs	4,273,200	4,315,500	4,358,300	4,401,500	4,445,200	4,489,200	4,533,800	4,578,700	4,624,100	4,670,000
Welcome Mat Population	43,400	64,300	69,600	70,300	71,000	71,800	72,500	73,200	73,900	74,700
Medicaid Expansion Population										
Expansion Population - Uninsured										
Parents (23%-138%)	81,200	120,400	130,400	131,700	133,000	134,400	135,700	137,100	138,400	139,800
Childless Adults (<138%)	471,200	698,500	756,500	764,000	771,700	779,400	787,200	795,100	803,000	811,000
Expansion Population - Direct Market										
Parents (23%-138%)	275,900	409,000	442,900	447,400	451,800	456,400	460,900	465,500	470,200	474,900
Childless Adults (<138%)	667,400	989,400	1,071,500	1,082,200	1,093,000	1,103,900	1,115,000	1,126,100	1,137,400	1,148,800
Expansion Population - Employer Market										
Parents (23%-138%)	16,600	24,600	26,600	26,900	27,200	27,400	27,700	28,000	28,300	28,500
Childless Adults (<138%)	47,100	69,800	75,600	76,300	77,100	77,900	78,600	79,400	80,200	81,000
Expansion Population - All Other Markets										
Parents (23%-138%)	100	100	100	100	100	100	100	100	100	100
Childless Adults (<138%)	500	700	800	800	800	800	800	800	800	800
Family Planning Population - Converting to Full Benefits										
Parents (23%-138%)	7,300	7,400	7,400	7,500	7,600	7,600	7,700	7,800	7,900	8,000
Childless Adults (<138%)	22,200	22,500	22,700	22,900	23,100	23,400	23,600	23,800	24,100	24,300
Medicaid Expansion Programs	1,589,500	2,342,400	2,534,500	2,559,800	2,585,400	2,611,300	2,637,300	2,663,700	2,690,400	2,717,200
Total Eligible	5,906,100	6,722,200	6,962,400	7,031,600	7,101,600	7,172,300	7,243,600	7,315,600	7,388,400	7,461,900



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