

Medicaid Expansion & Montana Employers

An Update to the Joint Report by the Montana Departments of
Labor & Industry, Revenue, and Health & Human Services



2020

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Montana Department of
LABOR & INDUSTRY

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of Labor & Industry, Revenue, and Health & Human Services

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Executive Summary

This report provides information on the businesses that employed workers who enrolled in Medicaid Expansion in 2018 and 2019, with information on the work patterns of the Expansion population and limited data on Medicaid Expansion enrollees unemployed during the COVID-19 recession. The Montana Departments of Revenue, Health & Human Services, and Labor & Industry contributed data to this report, which has the goal of understanding how Medicaid Expansion fills gaps in the health insurance coverage of Montana's workforce. The data utilized for the analysis includes adults 19 and older who are under 138% of the federal poverty line and who became eligible for Medicaid under the 2015 HELP Act, also known as the Medicaid Expansion population. Highlights of the report include:

- Since 2016, over 23,400 businesses employed a worker who was enrolled in Medicaid Expansion.
- In 2018 and 2019, approximately 59% of Montana businesses had workers enrolled in Medicaid.
- More than 24% of businesses had at least a quarter of their employees enrolled in the program.
- Roughly 7 out of 10 those eligible for Medicaid Expansion are working.
- Only 40.8% of Montana private firms offer insurance to their employees.
- Roughly 17% of Montana's private sector workforce had health insurance provided by Medicaid.
- 87.6% of Montana private sector workers had at least one co-worker enrolled in Medicaid Expansion in 2019.
- Firms in every county, industry, size, and class employ workers enrolled in Medicaid.
- Of Montana's 56 counties, 49 have 50% or more businesses that employ people on Medicaid. The remaining seven counties have between 25% and 46% of private businesses employing Medicaid participants.
- Nearly 90% of employers in the accommodations and food service sector had employees enrolled in Medicaid Expansion in 2019.
- Over half of construction firms had employees enrolled in Medicaid Expansion.
- 70% of retail businesses, including gas stations, had at least one employee enrolled in Medicaid.
- Employers benefit from Medicaid through the cost avoidance of not paying for private health insurance, avoiding tax penalties, and having healthier employees entering the employer's insurance pool.
- If employers had privately insured all workers enrolled in Medicaid in 2019, the cost would have been between \$432 million and \$1.1 billion in 2019.
- Without Medicaid Expansion, Montana employers would be subject to tax penalties estimated to be between \$11.1 million and \$16.7 million.
- Businesses with workers covered by Medicaid paid corporate taxes of \$581 per employee compared to \$1,392 per employee for businesses without workers on Medicaid in 2019.
- Employers would have paid roughly between \$5,690 and \$15,334 per employee for private employer-based insurance coverage.
- Overall, corporate income taxes fund less than 0.5% of the costs of Medicaid Expansion.

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This report only includes data on adults 19 and older who are under 138% of the federal poverty line and who were made eligible for Medicaid under the 2015 HELP Act, also known as the Medicaid Expansion population.

Employer-provided health insurance has become a significant portion of worker compensation in the U.S., comprising 8% of total employee compensation in 2019.¹ Yet in Montana, only 40% of Montana's workers are covered by their employer's health insurance plan, creating significant gaps in employer-based health insurance coverage among Montana's workforce. This report aims to examine how Montana's Medicaid Expansion program helps fill those gaps and understand the costs and benefits of this coverage for Montana's workers and employers. This report is an update to the similarly titled report published in 2019 (which covered 2018 data), with this version including data from both 2018 and 2019.² The report uses data on adults 19 and older made eligible for Medicaid coverage under the 2015 HELP Act legislation, commonly referred to as the Medicaid Expansion population.

Consistent with prior research, this report finds that the majority of Medicaid Expansion enrollees are employed. Using data from the Montana Department of Labor & Industry (MTDLI), the report provides information on the employment status of Medicaid Expansion enrollees, finding that roughly 91,900 enrollees were either employed in a payroll job or held an independent contractor or professional license in 2019. This figure likely understates employment, as it does not include all self-employed individuals. However, limited data from 2020 suggests that Medicaid Expansion enrollees were more likely than the average Montana worker to be unemployed during the COVID-19 pandemic.

Data housed at MTDLI was also used to identify businesses that employed workers enrolled in Medicaid Expansion during their employment. Roughly 60% of Montana private sector businesses had at least one employee who was enrolled in Medicaid during their employment. These businesses are located in every county and represent every industry in Montana, signaling widespread utilization of Medicaid Expansion by both businesses and workers. In general, employers with employees enrolled in Medicaid Expansion tend to be larger. It is not clear whether these employees were enrolled in Medicaid while waiting to become eligible for the employer-based health insurance plan, or relying on Medicaid as their primary insurance throughout their employment.

The Montana Department of Revenue also contributed information to this report, finding that businesses with workers covered by Medicaid Expansion paid corporate taxes of \$581 per employee compared to \$1,392 per employee for firms without workers on Medicaid. The report also includes several methods to calculate the cost of Medicaid Expansion incurred by Montana employers, including information on the per client costs of operation provided by the Montana Department of Public Health & Human Services, which also provided data on Medicaid enrollment for the report. Without Medicaid, some employers would bear the costs of providing insurance for their workers and some workers would likely go uninsured. The total cost savings to employers is estimated to be between \$197 million and \$1.1 billion. The report considers multiple methods of determining the costs and benefits of Medicaid Expansion to Montana employers and concludes that the benefits outweigh the costs regardless of methodology. Montana workers also gain greater economic security through the availability of health insurance through Medicaid.

Most on Medicaid Expansion are Employed

Most people on Medicaid Expansion are working. The Kaiser Family Foundation completed the most comprehensive study of the work patterns of Montana's Medicaid Expansion population using 2017 data from the Current Population Survey, which indicated that 7 out of 10 of Medicaid Expansion enrollees work and 8 out of 10 live in working families.³

The 2019 Current Population Survey illustrates similar working patterns for Medicaid Expansion enrollees in **Figure 1**. Over 70% of Medicaid Expansion participants were working. Other groups not working included those who were ill or disabled (10%), in school (6%), or taking care of a family member (7%).⁴

Matching Medicaid enrollment data with records from programs operated by MTDLI provides further details on the work patterns of the Medicaid Expansion clientele. More than 91,900 Medicaid Expansion enrollees were either employed in a payroll job or held an active independent contractor or professional license in 2019. Compared to the estimates provided in **Figure 1**, this 91,900 figure likely underreports the employed because it does not include all self-employed, unpaid family workers, domestic workers, and some agricultural workers. Roughly 5,100 workers included in the above figure are not required to report wages to MTDLI and are excluded from the wage calculations in this report.⁵ The appendix contains additional details on this wage match.

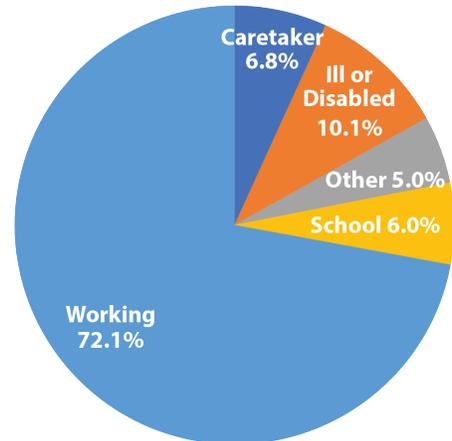
There were roughly 86,900 Medicaid Expansion enrollees who held payroll jobs in 2019. Of this group, 64% worked in every quarter that they were on Medicaid, while 90% worked at least half of the quarters that they were on Medicaid. In addition, approximately 2,900 enrollees held a payroll job another time in 2019, but were not employed while enrolled in Medicaid.

Montana Businesses That Employ Medicaid Enrollees

Among the 86,900 Medicaid enrollees who held payroll jobs in 2019, roughly 93% were employed by a private employer. **Figure 2** illustrates the enrollees who held payroll jobs in 2019 with the number of employing businesses. The analysis specific to Montana businesses uses the number of jobs instead of workers because workers hold multiple jobs and move between jobs during the year. Each payroll worker on Medicaid was matched with the jobs and employers in the relevant quarter. More details on the methodology are available in the appendix. Once converted to averages, **Medicaid Expansion enrollees held roughly 17% of all private sector jobs in 2019.**

Roughly 16,100 Montana private businesses employed a worker who was simultaneously enrolled in Medicaid Expansion in 2019, representing roughly 60% of all Montana private businesses. Since Medicaid Expansion went into effect in 2016, about 23,480 businesses have employed workers enrolled in Medicaid. **Figure 2** illustrates the number of Montana businesses that employed workers enrolled in Medicaid Expansion during 2018 and 2019. It is unclear whether these businesses covered the client after a waiting period, or if the client relied on Medicaid for health insurance throughout their employment.

Figure 1: Reasons for Not Working



Total # of Non-SSI, Non-Dual, Nonelderly, Adult Medicaid enrollees in Montana - Reasons for not working. Source: CPS March 2019 Supplement

Figure 2: Count of Medicaid Expansion Employers and Employees by Year

	2018	2019
Payroll Employees on Medicaid Expansion	86,461	86,864
Private Employees on Medicaid Expansion	80,288	80,604
Private Businesses Employing Workers on Medicaid Expansion	16,067	16,136
Total Private Businesses	27,135	27,525
Percent of All Private Businesses	59.2%	58.6%

Source: 2020 DLI & DOR Medicaid Expansion Data Match

The high share of businesses employing Medicaid Expansion enrollees is consistent with the available statistics on employer-provided health insurance in Montana. According to the 2019 Medical Expenditure Panel Survey (MEPS), only 40.8% of private firms in Montana offered health insurance plans.⁶ Three-quarters of businesses offering insurance required a waiting period before employees become eligible. From an employee perspective, 70.6% of private employees worked in an establishment that offered health insurance in 2019, but only 78.3% of those employees were eligible for insurance and only 58% of those employees enrolled in the employer’s plan. In other words, only 41% of Montana’s private sector employees were enrolled in their employer’s health insurance plan in 2019.

The Benefits of Medicaid Expansion for Employers

Employers benefit from Medicaid by decreasing the cost to their business of providing coverage. This section offers several potential estimates of the costs avoided by employers because some workers are covered by Medicaid Expansion.

For Montana employers, the annual cost of providing single employee coverage was \$5,690, with the cost increasing to \$15,334 for family coverage. **Figure 3** shows estimates from the Medicaid Expenditure Panel Survey of the average cost for employer-based insurance plans in Montana by plan type.⁷ If employers were required to insure all working

Figure 3: Montana Costs for Employer-Provided Insurance

Plan Type	Average Total Premium	Average Employee Contribution	Average Cost to Employer
Single	\$6,899	\$1,209	\$5,690
Single + One	\$13,296	\$3,267	\$10,029
Family	\$20,193	\$4,860	\$15,334

Source: 2019 Medical Expenditure Panel Survey

Medicaid enrollees in employer-based health insurance plans, the estimated cost would have been between \$432 million and \$1.1 billion in 2019, depending on the type of insurance plan provided (single or family). This estimate only includes the cost to the employer and prorates the average cost for part-year employees, assuming the employee would only be covered by the employer’s plan during the weeks they worked. More details on this calculation are provided in the appendix.

Not all payroll workers enrolled in Medicaid Expansion would be eligible for employer-based health insurance due to insufficient hours or work history. However, over 58% of the working Medicaid Expansion population worked year-round. Of those on Medicaid for the entire year, 55% worked year-round and 24% had wages high enough to suggest that they worked full-time all year.⁸ The estimated costs to employers of providing insurance for these full-year, full-time workers was between \$75 million and

\$202 million depending on the plan. This estimate squares with the Bureau of Business and Economic Research's 2018 report, which estimated that 8,700 workers would likely have been required to be covered by employer-provided insurance in the absence of the program.⁹ However, the prorated cost to employers of providing insurance for the quarters that workers had wages implying full-time work is between \$197 million and \$530 million.

In addition to the increased costs of providing health insurance to employees, employers would also have higher tax penalties without the coverage provided by Medicaid. Employers face shared responsibility penalties if they are in a state that does not allow Medicaid enrollment for employees between 100-138% of the federal poverty line. The shared responsibility provisions in the Affordable Care Act (ACA) require that large employers pay penalties if affordable health insurance is not offered to full-time employees. To avoid tax penalties, employers with 50 or more full-time employees would be required to offer health insurance that is affordable and offers minimum value to 95% of their full-time employees and their children up to age 26 or be subject to penalties.¹⁰ A study by Jackson-Hewitt estimates that the cost of tax penalties for Montana employers would be between \$11.1 million and \$16.7 million if Medicaid Expansion did not exist.¹¹

The estimates in this section are produced using several methods to determine the value of Medicaid Expansion to employers with employees enrolled in the program. Three of these estimates suggest a large avoided cost of providing employer-based insurance, the least of these costs being the \$11.1 million of avoided tax penalties. However, beyond the estimated avoided costs, the program likely benefits all employers by reducing costs to the employer's insurance pool. New hires who had been enrolled in Medicaid before being hired are more likely to have used those benefits, which translates to less pent-up demand (a backlog of unaddressed health problems).¹² The Centers for Medicaid & Medicaid Services

Top Ten Occupations of People Unemployed and on Medicaid After March 1, 2020

- Waiters and Waitresses
- Bartenders
- Cooks
- Maids and Housekeeping Cleaners
- Cashiers
- Retail Salespersons
- Construction Laborers
- Food Servers, Non-restaurant
- Customer Service Representatives
- Hairdressers, Hairstylists, and Cosmetologists

Source: 2020 Medicaid Issuance Data matched to DLI Unemployment Claims

Occupational information is available for Medicaid Expansion enrollees who also filed unemployment claims in the first half of 2020. The top ten occupations of unemployed Medicaid Expansion claimants are shown above. Many of these occupations require face-to-face contact and interacting with customers, exposing these workers to a greater risk of contracting COVID-19. Maintaining continuous health insurance coverage through Medicaid is important so that these workers can return to work with greater confidence and security knowing that Medicaid Expansion mitigates financial risks of COVID-related medical expenses and testing.

estimates that average per enrollee costs increased by approximately \$850 between the first and second years of enrollment and decreased by \$400 in the year following. This pattern implies that pent-up demand costs were roughly \$400 per client.¹³ Without Medicaid, this pent-up demand would further burden employer-based insurance. The average cost of pent-up demand multiplied by the 86,900 payroll workers insured by Medicaid Expansion in 2019 suggests that the health insurance pools of Montana employers would have collectively paid for an additional \$35 million in services.¹⁴ By reducing the costs of pent-up demand on employer insurance pools, Medicaid Expansion provides benefits to all employers.

Employer Benefits Compared to Costs through Tax System

A comparison of income tax liability to the value of insurance provided suggests the benefits to Montana businesses of Medicaid Expansion outweigh costs. Montana employers face costs from Medicaid Expansion because it is funded with tax dollars. Over 93% of Medicaid costs in state fiscal year (SFY) 2019 were paid with federal tax dollars, with roughly 7% of the costs paid for with state dollars.¹⁵ Employers with at least one employee on Medicaid Expansion collectively paid taxes of \$144 million in 2019, very similar to their 2018 tax liability, as shown in **Figure 4**. However, only about 1.7% of general fund dollars were used to fund Medicaid Expansion in SFY 2019.¹⁶ **Therefore, only \$2.45 million of the state tax dollars paid by employers with workers enrolled in Medicaid Expansion was directed towards the program, costing the employers less to pay for the program than the estimated tax penalties of \$11.1 million to \$16.7 million that would be incurred without Medicaid Expansion.** Compared to the costs of offering health insurance at \$5,690 per employee, employers with workers enrolled in Medicaid pay roughly \$10 per employee annually to fund Medicaid Expansion.

Figure 4: Tax Liability of Medicaid Expansion Employers and Other Employers by Year

	2018		2019*	
	Medicaid Expansion Employers	Employers with NO Workers on Medicaid Exp.	Medicaid Expansion Employers	Employers with NO Workers on Medicaid Exp.
Montana Taxable Income	\$1,576,433,000	\$494,579,000	\$1,672,803,000	\$297,648,000
Montana Tax Liability	\$144,031,000	\$54,757,000	\$144,023,000	\$50,548,000
Average Tax Liability Per Business	\$11,409	\$6,297	\$11,813	\$5,965
Average Tax Liability Per Employee	\$578	\$1,490	\$581	\$1,392
Tax Liability Paid to Medicaid Expansion**	\$2,448,527	\$930,869	\$2,448,391	\$859,316
Average Tax Liability Per Business Paid to Medicaid Expansion**	\$194	\$107	\$201	\$101
Average Tax Liability Per Employee Paid to Medicaid Expansion**	\$10	\$25	\$10	\$24

*Preliminary. **Assuming 1.7% of state tax dollars go to Medicaid Expansion based on FY2019 expenditures. Source:: DLI & DOR Medicaid Data Match, 2020. Employer counts include only businesses with tax liability that matched to tax records, not the full set of employers of workers enrolled in Medicaid Expansion. See appendix for details.

Employers with employees covered by Medicaid Expansion typically have lower tax liability per employee than employers without any employees enrolled in Medicaid, suggesting that the other tax-paying employers subsidize the health insurance option of these businesses. However, the average tax liability per business for those with workers on Medicaid is higher, so this conclusion depends on the metric used for comparison.

Another way to compare the benefits and costs to the employer is to look at the per client costs of Medicaid Expansion from different funding mechanisms. This analysis uses data provided by the Department of Health and Human Services and shown in **Figure 5**. For SFY 2020, the per client costs for the program were primarily incurred by federal taxpayers, with federal funds covering 90% of costs. The program also receives funding from the hospital utilization fee (a fee of \$70 per inpatient bed per day paid by patients and collected through hospitals). Only \$27.92 per month per client came from state general fund revenues (the hospital utilization is directed into a special revenue fund, not the general fund). In other words, **the annual state cost of providing Medicaid Expansion per client was about \$335. In comparison, the average yearly cost to the employer of providing employer-based insurance to the worker was at least \$5,690.**

Figure 5: Costs of Medicaid Expansion per Client per Month for State Fiscal Years 2017-2018

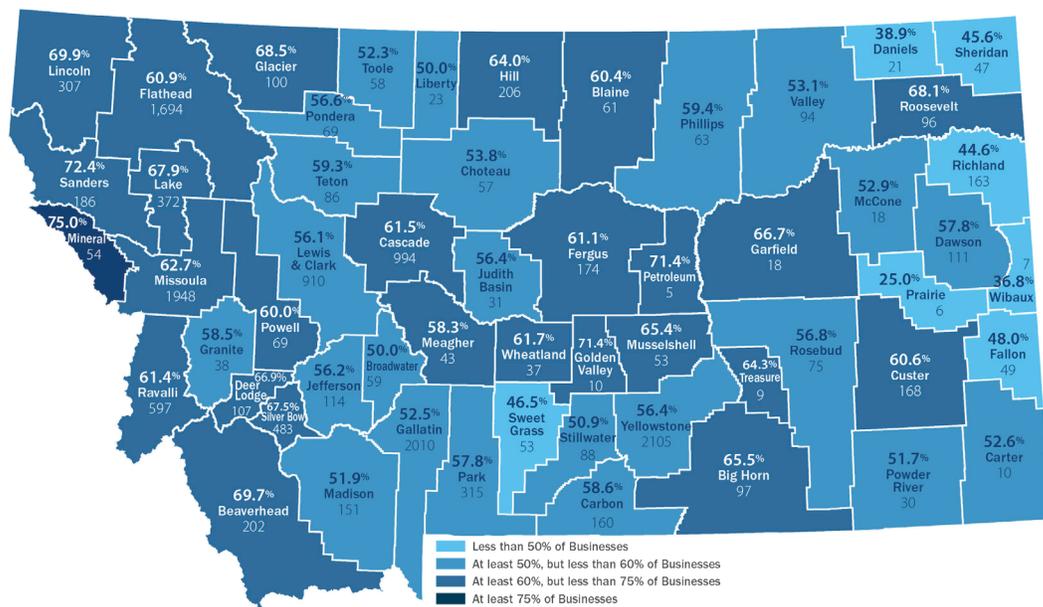
Medicaid Expansion Per Member Per Month - SFY 2019				
Expenditure Category	Tax Revenue	State Funds	Federal Funds	Total
Administrative Costs	-	\$13.96	\$13.96	\$27.92
Hospital Utilization Fee	-	12.25	7.38	19.63
Benefits	11.20	-	148.84	160.04
Total	-	19.63	443.83	463.46
Medicaid Expansion Per Member Per Month - SFY 2020				
Expenditure Category	Tax Revenue	State Funds	Federal Funds	Total
Administrative Costs	-	\$9.99	\$9.01	\$19.00
Hospital Utilization Fee	\$23.56	-	\$263.81	\$287.37
Benefits	\$21.94	\$17.93	\$410.73	\$450.60
Total	\$45.50	\$27.92	\$683.55	\$756.97

Source: Johnson, Erica. Department of Health and Human Services, information request on Aug. 17, 2020.

Medicaid Expansion Employers by Characteristic

In 2019, approximately 59% of all private businesses employed at least one Medicaid worker. Though the number of workers covered by Medicaid varies by business characteristics and geography, businesses in all industries, counties, and size classes employed workers insured by the program. **Of the 56 counties in Montana, 49 counties had over 50% of businesses employing at least one Medicaid worker. Figure 6** illustrates the number of employers by county and the share of the county's businesses that employed a worker who was simultaneously enrolled in Medicaid.

Figure 6: Businesses Employing Workers Enrolled in Medicaid Expansion



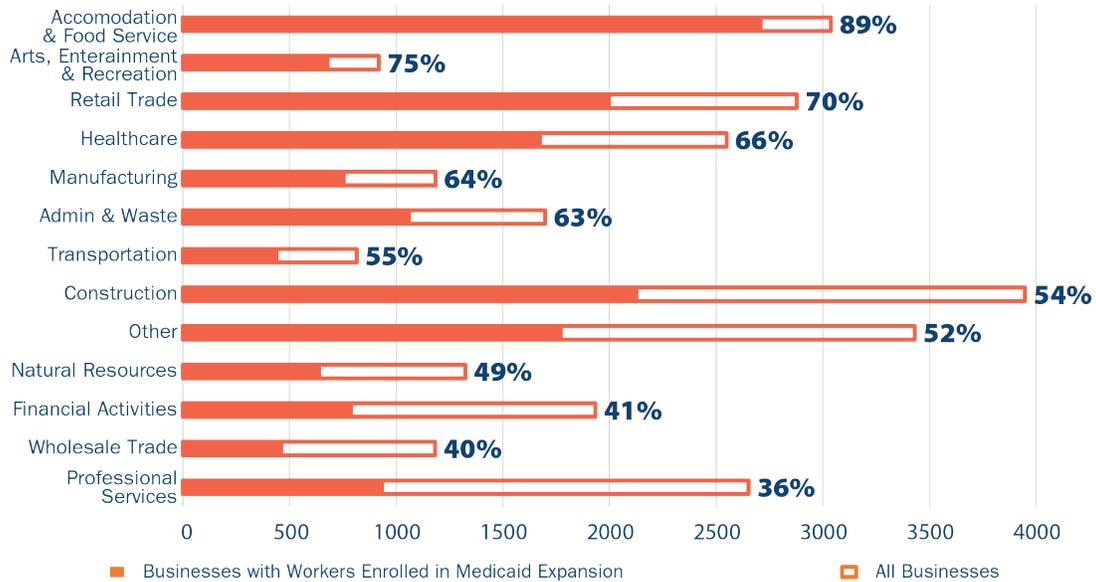
Source: 2020 DLI & DPHHS Medicaid Expansion Data Match. Private sector only. Number of businesses employing medicaid enrollees shown in yellow for each county.

Both urban and rural counties have businesses that employed workers enrolled in Medicaid Expansion, with most counties having between 50% and 75% of businesses with at least one worker enrolled in Medicaid Expansion. Most businesses in urban areas of the state have employees enrolled in Medicaid Expansion. However, rural counties in Montana have a broader range of utilization of Medicaid for employee health insurance, with large variance due to a smaller number of businesses overall. Petroleum, Golden Valley, Mineral, and Sanders counties all had over 70% of businesses employing Medicaid Expansion enrollees in 2019. Daniels, Wibaux, and Prairie counties had the lowest percentage of businesses employing Medicaid Expansion enrollees at less than 40% of businesses.

Medicaid Expansion Employers by Industry

When broken down by industry, businesses in sectors that tend to pay lower wages were significantly more likely to have employees enrolled in the program. **Nearly 90% of businesses within the accommodation and food service industry had at least one employee enrolled in Medicaid Expansion in 2019.** The accommodation and food service industry includes businesses like hotels, fast-food, and full-service restaurants. Construction and retail trade also had a high number of employers who employed Medicaid enrollees; 54% of firms within the construction industry had a worker participating in Medicaid compared to 70% of retail businesses. The retail industry includes gas stations, grocery stores, clothing retailers, or other stores selling directly to the public. Although there are not many businesses in the arts, entertainment, and recreation industry (which includes ski resorts, museums, and other tourist activities), 75% of businesses in that industry have at least one worker who was enrolled in Medicaid Expansion. Manufacturing is another industry with fewer businesses, but a high share (64%) of businesses with employees enrolled in the program. **Figure 7** illustrates both the number and share of employers who employed Medicaid Expansion enrollees in 2019. A chart comparing 2018 and 2019 data can be found in Appendix A1.

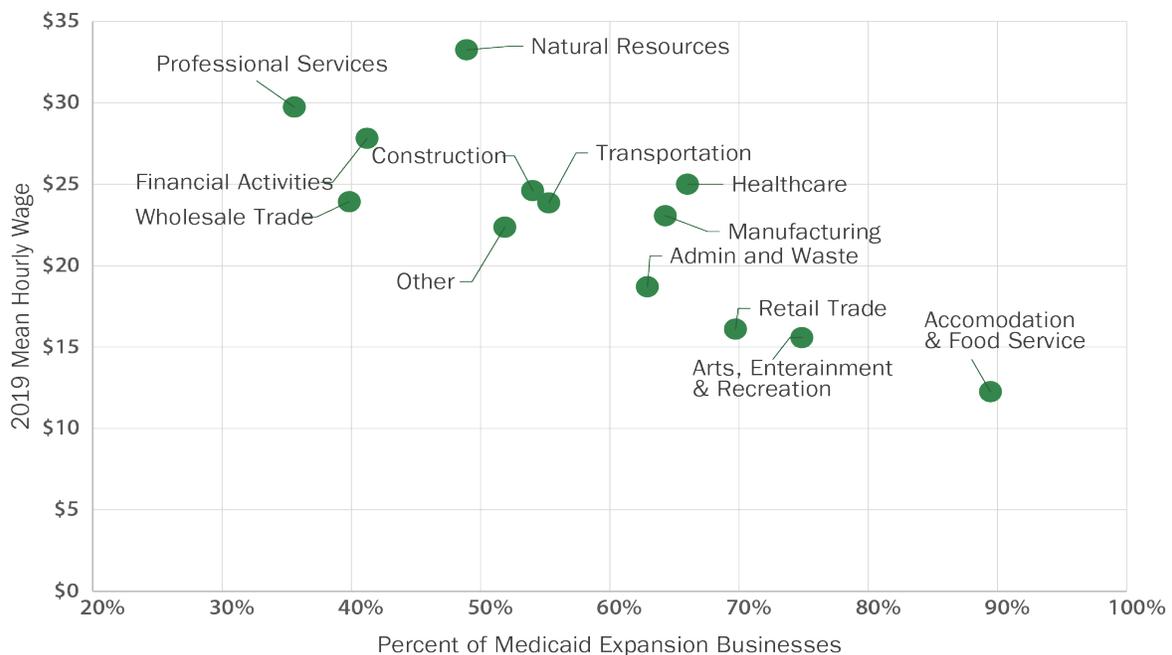
Figure 7: Employers with Workers Enrolled in Medicaid Expansion by Industry, 2019



Source: 2020 DLI & DPHHS Medicaid Expansion Data Match. Private sector only.

The utilization of Medicaid Expansion for insurance increases in industries with lower wages, as illustrated in **Figure 8**. In Montana, the industries of retail trade, accommodation and food service, and arts & entertainment are all the lowest paying industries for average annual wages and are also the industries with the highest utilization of Medicaid among their staffs. These industries also utilize part-time employment more commonly than other industries. Part-time employment reduces the average annual wage due to fewer hours worked and is also associated with lower likelihood of being offered employer-provided health insurance.¹⁷

Figure 8: Percent of Medicaid Employers and Average Hourly Wage in Each Industry



Source: 2020 DLI & DPHHS Medicaid Expansion Data Match. Private sector only. Mean hourly wage from 2019 Occupational Employment Statistics database.

Size of Medicaid Employers

Within every industry, employers who have an employee enrolled in Medicaid Expansion tend to have higher average employment. Figure 9 illustrates the average employment of businesses with and without employees enrolled in Medicaid Expansion by industry. This analysis suggests that large employers are highly likely to have at least one of their workers enrolled in the program, even though they may offer health insurance to other employees. Further, if they offer insurance, smaller employers may be more likely to offer private health insurance to all employees regardless of position. However, additional analysis would be needed to confirm this conclusion.

Figure 9: Average Employment per Business of Montana Private Employers 2019 by Industry and Medicaid Expansion Usage among Workers

Industry	Size of Businesses employing Medicaid Expansion Clients	Size of Businesses without Workers Enrolled in Medicaid Expansion
Utilities	82.2	9.8
Mining	48.3	7.2
Healthcare	39.1	5.0
Finance and Insurance	36.2	4.4
Information	28.2	5.6
Retail Trade	28.0	4.4
Wholesale Trade	26.0	4.7
Manufacturing	25.3	4.8
Transportation	22.3	4.3
Accommodation and Food Service	19.8	4.1
Education	19.6	3.9
Admin and Waste	18.7	3.5
Management of Companies	18.2	4.2
Professional Services	14.7	4.1
Arts, Entertainment, and Rec	13.7	3.7
Construction	10.4	3.6
Other Services	9.6	3.7
Real Estate	9.5	2.9
Agriculture	8.5	3.9
Other	3.8	2.4
Total	20.7	4.1

Source: 2020 DLI & DPHHS Medicaid Expansion Data Match. Private sector only.

Share of Employment on Medicaid Expansion

Overall, nearly 60% of businesses employed workers concurrently enrolled in Medicaid Expansion in 2019. Most of these businesses had only a small share of their employees insured by the program, as illustrated in Figure 10. However, 41% of businesses with employees on Medicaid had over a quarter of their staff enrolled, representing significant reliance by these employers on Medicaid to provide employee health

insurance. Fourteen percent of businesses employing Medicaid enrollees had over 50% of their staff in the program.

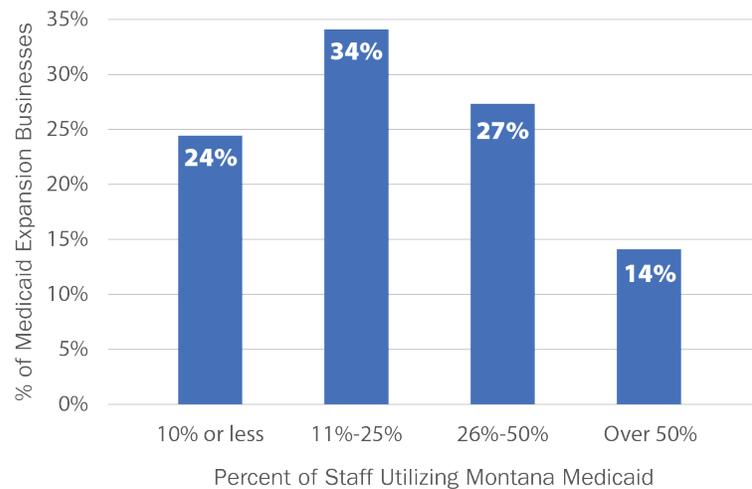
Looking specifically at businesses with over 50% of their employees enrolled in Medicaid Expansion, the businesses tended to be small and in low-wage industries. Roughly 78% of these high-use businesses have 10 employees or less, and 29% are in the accommodation and food service industry. Another 13% of the high-use businesses are in construction (which is a middle-wage industry, but it has high use of seasonal workers). Other common high-use industries include retail (10%) and healthcare (10%). Healthcare is another example of a middle-wage industry with many entry-level occupations within the industry.

This research also examined large businesses (over 50 employees) with most of their employees insured by Medicaid Expansion. High-rate, large businesses were rare, since most large businesses offer health insurance to at least some of their staff, and because the ACA imposes penalties on large employers if they do not offer affordable coverage.¹⁸ **There were roughly 50 businesses in 2019 with over 50 employees and with the majority of their employees enrolled in Medicaid Expansion.** Seventy-five percent of these businesses were in two industries: accommodation and food service (which includes hotels and fast-food restaurants) and administration and waste services (which includes temporary employment firms).

Tax Liability of Medicaid Employers Versus Other Employers

When comparing the tax liability of employers that hired Medicaid Expansion workers to those that don't, employers who employ Medicaid enrollees have a lower average per employee tax liability, although they have higher per business liability. **Figure 11** illustrates the comparative tax liability for 2019. Tax liability is based on many factors and is not directly related to the provision of employee health insurance. However, the comparison of tax liability between employers with employees covered by Medicaid and other businesses is provided for insight into whether the state costs of the program are incurred by taxpaying employers with employees covered by the program. The answer depends on whether the compared metric is the average tax liability per business or the average tax liability per employee. On a per employee basis, employers of workers covered by Medicaid Expansion for health insurance paid corporate taxes of \$581 per employee compared to \$1,392 per employee for businesses without workers enrolled in the program. However, on a per business basis, the average tax liability is higher for employers of Medicaid Expansion enrollees (\$11,813) than employers without such employees (\$5,965).

Figure 10: Distribution of Employers Who Employ Medicaid Clients by Percent of Staff Utilizing Medicaid Expansion

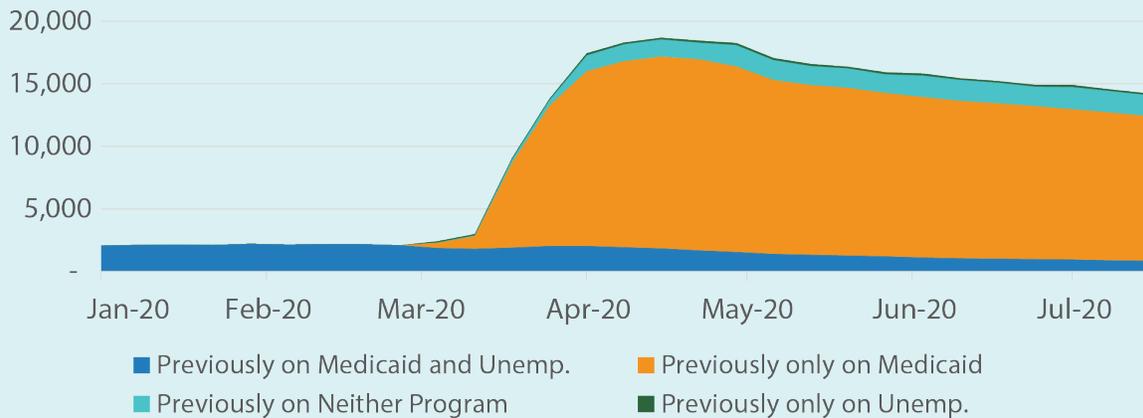


Source: 2020 DLI & DPHHS Medicaid Expansion Data Match Private sector only.

Medicaid Expansion Clients More Likely to be Laid off Due to COVID-19

Although this report covers data in 2019, the dramatic changes in the economy caused by the COVID-19 pandemic have highlighted the importance of maintaining access to health insurance coverage for Montana’s workers. In the absence of Medicaid Expansion, workers may have lost insurance coverage due to layoffs or may not have had health insurance despite working. The graph below shows that approximately 18,700 people were simultaneously on Medicaid Expansion and unemployment at the peak of the pandemic. Of these, 82% were previously on Medicaid, but not on unemployment prior to March 2020.

Figure T1: People on Medicaid and Unemployment based on Program use prior to COVID-19



- Employed Montanans on Medicaid Expansion were more likely to lose their jobs during the COVID-19 pandemic than other workers, comprising 19% of unemployment claims during the peak week of April 18th, 2020 despite being only 12% of the overall workforce in 2019.
- Roughly 3,400 people who were not previously on Medicaid or unemployed enrolled in Medicaid Expansion during the COVID-19 pandemic after filing for unemployment. This data covers from March 1st to July 25th, 2020.

Source: Medicaid Issuance data match to DLI Unemployment Claims

Figure 11: 2019 Comparative Tax Liability of Medicaid Employers*

	Medicaid Expansion Employers	Employers With No Workers on Medicaid Expansion
Montana Taxable Income	\$1,672,803,000	\$297,648,000
Montana Tax Liability	\$144,023,000	\$50,548,000
Average Tax Liability Per Business	\$11,813	\$5,965
Average Tax Liability Per Employee	\$581	\$1,392

*Preliminary. Source: DLI & DOR Medicaid Data Match, 2020. Employer counts include only businesses with tax liability that matched to tax records, not the full set of employers of workers enrolled in Medicaid Expansion. See appendix for details.

Montana taxpayers pay a small share of the overall costs of Medicaid. The program is primarily funded by federal taxpayers, with a 93% cost share provided federally in SFY 2019. The state funding comes from the hospital utilization fee and other state tax revenue sources. **Overall, corporate income taxes fund less than 0.5% of the costs of Medicaid.**¹⁹

The higher tax liability for employers without Medicaid Expansion workers on a per employee basis also holds across most industries, as shown in **Figure 12**. For the accommodation and food service sector, which employs the largest number of Medicaid Expansion enrollees, the tax liability of employers was \$232 per employee. Similar employers without employees enrolled in the program had an average tax liability of \$704. Of the twenty industries examined, all industries had a higher tax liability for employers without Medicaid on a per employee basis except mining, and agriculture.

Figure 12: 2019 Tax Liability of Montana Businesses With and Without Employees Receiving Medical Benefits

Industry	Employers with at least One Worker Enrolled in Medicaid		Other Employers Without Staff Enrolled in Medicaid	
	Tax Liability	Per Employee	Tax Liability	Per Employee
Education	\$323,000	\$88	\$309,000	\$951
Arts, Entertainment, and Recreation	\$1,607,000	\$194	\$525,000	\$747
Other Services	\$2,299,000	\$223	\$1,511,000	\$456
Accommodation and Food Service	\$9,634,000	\$232	\$728,000	\$704
Admin. and Waste	\$3,884,000	\$262	\$1,711,000	\$1,163
Healthcare	\$16,544,000	\$299	\$5,180,000	\$1,427
Information	\$1,101,000	\$453	\$558,000	\$838
Transportation	\$3,711,000	\$553	\$1,168,000	\$1,056
Retail Trade	\$24,385,000	\$658	\$2,561,000	\$784
Real Estate	\$2,250,000	\$832	\$2,535,000	\$2,106
Construction	\$16,027,000	\$914	\$6,717,000	\$1,237
Professional Services	\$11,035,000	\$1,102	\$9,815,000	\$1,778
Wholesale Trade	\$11,011,000	\$1,140	\$7,346,000	\$3,020
Manufacturing	\$16,372,000	\$1,212	\$3,278,000	\$1,998
Agriculture	\$4,160,000	\$1,363	\$1,795,000	\$1,319
Finance and Insurance	\$13,647,000	\$1,769	\$3,838,000	\$2,193
Mining	\$3,808,000	\$2,062	\$497,000	\$631
Total	\$144,023,000	\$581	\$50,548,000	\$1,392

*Utilities, management of companies, and other not listed due to less than 10 businesses.
Source: 2020 DLI & DOR Medicaid Expansion Data Match. Private sector only.

Other Benefits of Medicaid Expansion

In addition to the research presented in this report, other analyses of the Medicaid program has demonstrated significant economic benefits for Medicaid enrollees and the economy. A 2019 updated report on Medicaid Expansion by the Bureau of Business and Economic Research (BBER) suggests the program brings roughly \$600 million to Montana each year, adding approximately 5,900-7,500 jobs, and \$350-\$385 million in personal income to the Montana economy.²⁰ This report concludes that the economic benefits generated by the Medicaid program exceed the cost paid by the state. The report also shows that in the two years after Medicaid Expansion in 2016, there was an increase in labor force participation by 3-6 percentage points among low-income Montanans.

In addition to the BBER's findings, there is a broad literature on Medicaid that provides evidence for additional economic benefits. Some of these findings include improved self-reported health and reduced financial strain, fewer personal bankruptcies, decreased substance abuse and reduced crime, and better utilization of primary care and preventative health care.²¹

Appendix: Methodology

Workers are constantly changing jobs. From 2018 to 2019, an average of 94,000 Montana workers were hired by Montana employers each quarter, while 89,000 separated from their employers.²² As a rate of Montana's total employment, there is roughly 10% job turnover in a given quarter. Measuring the number of employees enrolled in Medicaid is difficult because the number of jobs and the number of workers is not one-to-one. To address these challenges, this report uses two measures: one to count people who were on Medicaid and employed at the same time, and another to measure the number of jobs that workers on Medicaid held. In 2019, the total count of people who were both Medicaid Expansion enrollees and workers in a business was about 86,900 people. An average of about 57,900 workers enrolled in the program were working in any given quarter.

To count total private workers enrolled in Medicaid Expansion, individuals were matched using monthly Medicaid issuance data and quarterly Unemployment Insurance (UI) wage records. With the merging of data marked by different periods, this study assumes any person insured for at least one month is enrolled for the entire quarter. For an average quarter in 2019, 88% of Medicaid Expansion enrollees were in the program for the entire quarter while 95% were insured for at least two months of the quarter, making it appropriate to merge the monthly data with quarterly employment and wage records. Of all Medicaid enrollees in 2019, roughly 57.9% of the Medicaid enrollees were matched to wage records. The remaining population is assumed not to have worked in payroll employment. However, an additional 3% of enrollees were matched to data on independent contractors or professional licensing, while others may have been self-employed. The unique number of individuals who earned wages in at least one quarter of the year are counted, giving the total number of workers who were insured by the program while working.

Additional adjustments were made to make this employment count comparable to data from the Quarterly Census of Employment and Wages (QCEW), the standard data source used for payroll employment statistics. The combined quarterly issuance and wage records (used to determine total employment counts) are summed by year, quarter, and business. These quarterly counts are matched to a file of quarterly employment by employer at the enterprise level (multi-establishment employers are combined) for all wage-paying employers in the state, allowing the comparison of workers enrolled in Medicaid Expansion

A1: Number of Businesses by Tax Type

Tax Type	2018	2019
No Match	5,815	6,859
Sole Proprietorship	2,067	2,009
Partnership	2,373	2,297
S-Corporation	12,527	12,028
C-Corporation	2,640	2,559
Non-Profit	1,713	1,773

Source: 2020 DLI & DOR Medicaid Data Match.
Private sector only.

with the department's tax records for C-corporations for tax year 2017, pass-through entities for tax year 2017, and sole-proprietorships for tax year 2018. C-corporations comprised 10% of the businesses in 2018 and 2019.

Corporate tax liability was pulled directly from the tax records. For pass-through entities and sole-proprietorships, the DOR estimated each business owner's tax liability by applying a tax rate of 6.9% to the taxable income reported by the entity. DOR estimated the taxable income and tax liability of roughly 75% of the identified businesses (over 20,500 businesses in total). The 25% of non-matching records (6,859) likely did not match because the FEIN used for employment records was a subsidiary company, while the parent's FEIN was used to report income to DOR. These businesses were primarily disregarded entities.²³ Further, nonprofit entities would not need to report income to DOR but are included in the employers with employees enrolled in Medicaid Expansion. The type of business is provided in Figure A1.

to other workers, and the calculation of enrollment as a percentage of total employment in the business. Businesses with average employment of one or less were removed from the analysis, as these businesses are often start-ups or business closures, or self-employed individuals. The quarterly employment was averaged annually to make it most comparable to other commonly used employment data.

The list of businesses employing Medicaid Expansion enrollees was then sent to the Department of Revenue (DOR), where the employment information was matched

Calculation of Medicaid Expansion Costs paid by Corporate Taxpayers

According to the Legislative Services Division, corporate tax revenues in SFY 2019 were \$186.5 million, or 7.25% of total general fund revenues of \$2.573 billion.²⁴ The Legislative Services Division also states that Medicaid Expansion general fund expenditures totaled \$45.7 million in SFY 2019, comprising 1.7% of total general fund revenues.²⁵ Because 100% of employer's tax payments are directed towards the general fund, roughly 1.7% of tax payments are directed to the program.

Calculation of Insurance Costs If All Workers Were Provided Private Health Insurance

Based on internal data at MTDLI, 64% of the workers enrolled in Medicaid Expansion worked every quarter that they were on Medicaid, while 90% worked at least half of the quarters they were on Medicaid. However, information on the number of hours worked is not available through the administrative data for Medicaid or MTDLI programs. Work status data for Montana from the 2018 American Community Survey (ACS) 1-Year Estimates published by the U.S. Census Bureau (Table S2303) were used instead to allocate workers into part-time or full-time status, assuming the distribution of those working is similar for the Medicaid population as the full population. Figure A2 illustrates the 2018 ACS data for hours and weeks worked, and (in the second three columns) provides the estimated number of workers enrolled in Medicaid Expansion based on the ACS data. Assuming similar working patterns to the rest of the

population, 61.9% worked full-time for 50 or more weeks in the year, while 74.7% worked full-time for at least a portion of the year. The estimated cost to employers of insuring workers uses the number of workers who were on Medicaid while working, distributed according to the ACS data, and takes the column of those who would have usually worked 35 or more hours and multiplies it by the prorated cost to employers of providing insurance for the number of weeks worked provided in Figure A3.

Figure A2: Distribution of Workers by Work Hours Using Census Data

Number of Weeks Worked	Distribution of Workers in Montana According to 2018 ACS Data			Distribution of Workers on Medicaid Expansion based on ACS Data		
	Usually worked			Usually worked		
	35+ hours per week	15 to 34 hpw	1 to 14 hpw	35+ hours per week	15 to 34 hpw	1 to 14 hpw
Full-Year (50-52 weeks)	61.9%	10.0%	1.5%	53,803	8,692	1,306
Worked 48 to 49 weeks	1.3%	0.5%	0.2%	1,149	415	178
Worked 40 to 47 weeks	3.8%	2.1%	0.4%	3,323	1,812	348
Worked 27 to 39 weeks	2.9%	2.4%	0.9%	2,479	2,071	746
Worked 14 to 26 weeks	2.3%	2.1%	1.0%	2,016	1,801	861
Worked 1 to 13 weeks	2.5%	2.2%	2.0%	2,132	1,949	1,780

Figure A3: Prorated Average Cost to Employer of Providing Care

	Weeks Worked	Prorated Single	Prorated Family
Full-Year	52	\$5,690	\$15,334
Worked 48 to 49 weeks	48.5	\$5,307	\$14,302
Worked 40 to 47 weeks	43.5	\$4,760	\$12,827
Worked 27 to 39 weeks	33	\$3,611	\$9,731
Worked 14 to 26 weeks	20	\$2,188	\$5,898
Worked 1 to 13 weeks	7	\$766	\$2,064

Figure A3 shows the prorated cost of providing insurance by the number of weeks worked. The average employer cost to provide health insurance in 2019 from the Medical Expenditure Panel Survey was used to estimate the cost of providing insurance to all workers enrolled in Medicaid Expansion, prorating the cost to a per-week basis as illustrated in Figure A3. If all employees who were covered under Medicaid were provided employer health insurance regardless of hours worked, the employer cost of providing the health insurance would range from \$432 million to \$1.1 billion.

For estimates relating to full-time workers, workers are considered full-time if they have quarterly wages that are greater than or equal to \$3,315, which the minimum amount of wages a person would make if they worked 30 hours a week at \$8.50 per hour for the 13 weeks in a quarter. For those who were on Medicaid year-round and had wages implying full-time work in each quarter, the total number of workers (13,180) is multiplied by the lowest and highest possible employer premium costs.

Figure A4: Prorated Cost to Employers of Covering Full-Time Workers

Number of Quarters	Medicaid and Full-Time	Prorated Cost per Worker		Total Cost	
		Low	High	Low	High
1	19,045	\$1,423	\$3,834	\$27,091,513	\$73,009,008
2	15,894	\$2,845	\$7,667	\$45,218,430	\$121,859,298
3	11,561	\$4,268	\$11,501	\$49,336,568	\$132,957,281
4	13,180	\$5,690	\$15,334	\$74,994,200	\$202,102,120
Total		\$196,640,710		\$529,927,706	

Source: Montana DLI wage data, Medicaid issuance data, and MEPS data on employer insurance costs per employee.

Figure A4 shows the cost of employer provided insurance prorated for the number of quarters it was provided, along with a column that includes counts of workers by the number of quarters worked full-time while they were on Medicaid. The number of workers is multiplied by the pro-rated employer cost to obtain to the total cost to employers of providing insurance for these workers.

Additional Data

Figure A5: Businesses Employing Medicaid Expansion Participants by Industry

	Number of Businesses		Businesses within Industry Employing MT Medicaid Workers		Average Percentage of Employment on Medicaid		Average Hourly Wage
	2018	2019	2018	2019	2018	2019	2019
Accommodation and Food Service	3,012	3,037	90%	89%	39%	37%	\$12.25
Arts, Entertainment, and Recreation	923	919	75%	75%	31%	29%	\$15.57
Retail Trade	2,904	2,878	70%	70%	25%	26%	\$16.10
Healthcare	2,467	2,549	66%	66%	28%	27%	\$25.00
Manufacturing	1,191	1,185	65%	64%	20%	20%	\$23.07
Admin and Waste	1,679	1,699	62%	63%	35%	32%	\$18.70
Transportation	814	814	53%	55%	23%	23%	\$23.86
Construction	3,842	3,948	56%	54%	28%	27%	\$24.60
Other	3,382	3,431	53%	52%	25%	20%	\$22.35
Natural Resources	1,284	1,324	50%	49%	22%	22%	\$33.25
Financial Activities	1,885	1,933	42%	41%	25%	25%	\$27.82
Wholesale Trade	1,226	1,182	43%	40%	16%	15%	\$23.93
Professional Services	2,537	2,652	36%	36%	21%	22%	\$29.73
All Industries	27,135	27,525	59%	58%	28.7%	27.4%	\$21.81

Source: 2020 DLI & DPHHS Medicaid Expansion Data Match. Private sector only. Excludes employers with average employment one or less.

Endnotes

- 1 Employer Costs for Employee Compensation, 2019 annual average, All Civilian Workers. Bureau of Labor Statistics.
- 2 McNay et al. 2019. “Medicaid Expansion and Montana Employers” published by the Montana Departments of Labor & Industry, Revenue, and Health & Human Services. Available at http://lmi.mt.gov/Portals/193/Publications/LMI-Pubs/Special%20Reports%20and%20Studies/MT-Medicaid_Report.pdf.
- 3 Garfield et al. 2019. “Understanding the Intersection of Medicaid and Work” Henry J. Kaiser Family Foundation. <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-what-does-the-data-say/>.
- 4 March 2019 CPS survey data compiled by MTDLI using similar methodology to Garfield et al, 2019.
- 5 The appendix includes additional details on the match with data from the Unemployment Insurance program, the professional licensing programs, and the independent contractor’s licensing program.
- 6 Table VII.A.2, Table VII.A.2.f, Table VII.B.2, Table VII.B.2.a https://www.meeps.ahrq.gov/data_stats/summ_tables/insr/state/series_7/2019/ic19_viiia_e.pdf
- 7 Statistics here and in **Figure 3** from MEPS Tables X.C, X.C.1, X.C.2, X.D, X.D.1, X.D.2, X.E, X.E.1, X.E.2 https://www.meeps.ahrq.gov/data_stats/summ_tables/insr/state/series_10/2019/ic19_xc_e.pdf
- 8 Wages were greater than or equal to \$3,315 in each quarter or \$8.50 multiplied by 30 hours per week multiplied by 13 weeks per quarter.
- 9 BBER’s estimate in 2018 of full-time, year-round workers was 8,700, less than this report’s estimate of 13,180, suggesting that the report may under-estimate the avoided insurance costs. BBER, 2018. “The Economic Impact of Medicaid Expansion in Montana.” https://mthcf.org/wp-content/uploads/2018/04/BBER-MT-Medicaid-Expansion-Report_4.11.18.pdf.
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- 11 Haile, Brian. 2012. Jackson Hewitt Tax Service. “Without Medicaid Expansion, Employers Face Higher Tax Penalties Under ACA” <http://www.asiaohio.org/wp-content/uploads/2013/03/Jackson-Hewitt-tax-penalties-study-00346600.pdf> Research provided estimates of \$10 million to \$15 million in 2012 dollars, which were inflated to 2019 dollars using the Consumer Price Index for Urban Consumers, Bureau of Labor Statistics.
- 12 Pacific Business Group on Health, California Health Care Foundation. “The Business Case for Expanded Coverage.” October 2018. Fertig et al. 2017. “Evidence of Pent-Up Demand for Care After Medicaid Expansion” Medical Care Research and Review, Vol 75, issue 4, p 516-524.
- 13 The decrease also includes adverse selection costs, which are difficult to remove from pent-up demand costs. Estimate is cost to Medicaid system, so assumes private insurance would cover similar services. Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services. “2018 Actuarial Report on the Financial Outlook for Medicaid.” Page 19. Available at <https://www.cms.gov/files/document/2018-report.pdf>.
- 14 Calculation assumes all employees enrolled in Medicaid were enrolled in their employer’s insurance, which likely over-estimates the impact. See appendix

- 15 Share from state funds will increase in future years as federal share declines to 90%. Arnold, Jon. "Medicaid Monitoring Report and Montana HELP Act Medicaid Expansion Report: A Report Prepared for the Legislative Finance Committee" published by the Legislative Fiscal Division on September 17, 2019 available at <https://leg.mt.gov/content/Publications/fiscal/2021-Interim/Sept-2019/FYE-Medicaid-Monitoring-HELP-Sep-2019.pdf5>
- 16 State business taxpayer share of federal costs is not included in this analysis, but is negligible. Montana taxpayers contribute less than 1% of total federal dollars (IRS Data Book, 2015, available at <https://www.irs.gov/pub/irssoi/15databk.pdf>). Total general fund revenue for SFY 2019 reported in "FY 2020 General Fund Revenue Update #2" published by the Legislative Fiscal Division on January 14, 2020 available at <https://leg.mt.gov/content/Publications/fiscal/Revenue/Rev-Updates/2020Month06.pdf>. General fund expenditures on Medicaid Expansion in SFY 2019 reported in "Medicaid Monitoring Report and Montana HELP Act Medicaid Expansion Report: A Report Prepared for the Legislative Finance Committee" published by the Legislative Fiscal Division on September 17, 2019.
- 17 MEPS, 2019.
- 18 Henry J. Kaiser Family Foundation, 2018. "Employer Responsibility Under the Affordable Care Act" Available at www.kff.org/infographic/employer-responsibility-under-the-affordable-care-act/.
- 19 Calculation based general fund share of Montana HELP Act Expenditures in SFY 2019, and on corporate taxpayers comprising 7.25% of state general fund revenues as described in "FY 2020 General Fund Revenue Update #2" published by the Legislative Fiscal Division on January 14, 2020 available at <https://leg.mt.gov/content/Publications/fiscal/Revenue/Rev-Updates/2020Month06.pdf>. Montana HELP Act Expenditures reported in "Medicaid Monitoring Report and Montana HELP Act Medicaid Expansion Report: A Report Prepared for the Legislative Finance Committee" published by the Legislative Fiscal Division on September 17, 2019 available at <https://leg.mt.gov/content/Publications/fiscal/2021-Interim/Sept-2019/FYE-Medicaid-Monitoring-HELP-Sep-2019.pdf>.
- 20 Bureau of Business and Economic Research, University of Montana. 2019. "The Economic Impact of Medicaid Expansion in Montana: Updated Findings". https://mthcf.org/wp-content/uploads/2019/01/Economic-Impact-of-MedEx-in-MT_1.28.19-FINAL.pdf.
- 21 Studies listed in the order they appear. Baicker et al. 2013. <https://www.nejm.org/doi/10.1056/NEJMsa1212321>. Gross and Notowidigdo, 2011. <https://doi.org/10.1016/j.jpubeco.2011.01.012>. Wen et al. 2014 <https://www.nber.org/papers/w20537.pdf>. Finkelstein et al. 2012 <https://doi.org/10.1093/qje/qjs020>.
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- 25 "Medicaid Monitoring Report and Montana HELP Act Medicaid Expansion Report: A Report Prepared for the Legislative Finance Committee" published by the Legislative Fiscal Division on September 17, 2019 available at <https://leg.mt.gov/content/Publications/fiscal/2021-Interim/Sept-2019/FYE-Medicaid-Monitoring-HELP-Sep-2019.pdf>.

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