

EXHIBIT 17. Total Medicaid Benefit Spending by State and Category, FY 2022 (millions)

State <sup>1</sup>	Total spending on benefits	Fee for service									Managed care and premium assistance	Medicare premiums and coinsurance	Collections
		Hospital	Physician	Dental	Other practitioner	Clinic and health center	Other acute	Drugs	Institutional LTSS	Home- and community-based LTSS			
Alabama	\$7,166	\$2,835	\$483	\$89	\$108	\$126	\$712	\$432	\$1,172	\$656	\$140	\$450	-\$37
Alaska	2,436	755	173	94	41	499	184	106	235	329	1	43	-24
Arizona	20,258	1,377	62	5	18	375	1,242	230	105	8	16,327	509	-0
Arkansas	8,533	1,371	359	1	31	88	765	103	934	400	4,111	408	-38
California <sup>2</sup>	117,885	10,370	1,074	1,614	-45	4,058	12,640	6,786	3,893	23,408	51,517	3,572	-1,002
Colorado <sup>2</sup>	11,874	3,611	380	342	-0	874	351	471	854	2,396	2,464	244	-115
Connecticut	9,672	2,860	541	149	298	391	604	462	1,615	2,085	136	629	-96
Delaware <sup>3</sup>	3,137	87	9	53	1	3	116	-10	74	246	2,518	44	-4
District of Columbia	3,648	287	23	5	5	164	328	96	442	646	1,575	81	-5
Florida	32,667	2,921	289	406	69	271	656	140	1,863	1,856	22,218	2,398	-421
Georgia	14,340	2,877	379	17	73	20	843	350	1,807	1,829	5,525	703	-84
Hawaii	2,990	37	0	33	0	27	34	0	10	156	2,688	52	-48
Idaho	3,195	824	186	-	54	54	267	189	200	527	829	95	-31
Illinois	25,956	2,590	184	16	29	74	1,090	1	1,106	1,170	19,017	765	-86
Indiana	16,851	1,438	220	23	11	197	794	161	3,039	2,250	8,369	409	-61
Iowa <sup>3</sup>	6,614	101	15	0	2	71	128	-2	38	56	6,092	196	-84
Kansas <sup>3</sup>	4,301	98	4	0	0	1	68	-1	81	0	3,927	145	-22
Kentucky	14,590	477	46	2	10	345	418	25	1,457	1,228	10,268	341	-27
Louisiana	14,674	1,349	39	-	1	32	334	51	1,602	914	9,918	518	-83
Maine	3,786	944	126	21	92	198	564	153	554	945	11	266	-86
Maryland	14,344	1,245	140	150	151	209	1,510	264	1,576	2,120	6,614	468	-102
Massachusetts	20,865	2,716	366	373	38	277	1,414	407	1,624	4,236	8,829	774	-189
Michigan	21,023	1,368	258	27	18	246	751	609	2,129	1,059	14,068	786	-297
Minnesota <sup>3</sup>	16,159	612	170	21	125	174	1,016	-314	1,172	4,920	8,122	279	-138
Mississippi	5,944	781	150	5	31	65	306	72	1,092	556	2,574	337	-26
Missouri	13,013	2,847	12	4	14	458	872	585	1,455	2,788	3,595	463	-79
Montana	2,344	938	158	61	84	85	299	135	188	303	53	63	-23
Nebraska <sup>3</sup>	3,296	39	2	0	0	0	56	-0	534	642	2,014	59	-50
Nevada	5,053	637	161	76	39	76	412	137	387	396	2,512	254	-35
New Hampshire <sup>3</sup>	2,461	248	4	22	1	4	164	-90	433	494	1,135	55	-9



**EXHIBIT 17.** (continued)

State <sup>1</sup>	Total spending on benefits	Fee for service									Managed care and premium assistance	Medicare premiums and coinsurance	Collections
		Hospital	Physician	Dental	Other practitioner	Clinic and health center	Other acute	Drugs	Institutional LTSS	Home- and community-based LTSS			
New Jersey	\$20,873	\$1,285	\$54	\$0	\$18	\$518	\$1,178	\$7	\$1,372	\$2,376	\$13,759	\$587	-\$281
New Mexico	8,258	503	22	8	51	6	120	2	40	706	6,606	209	-15
New York <sup>3</sup>	80,518	8,752	277	14	155	1,189	4,262	-3,578	8,605	9,947	51,134	2,487	-2,727
North Carolina	18,404	2,388	325	350	55	160	1,076	212	2,111	1,131	10,104	670	-179
North Dakota	1,524	164	40	15	22	17	64	49	423	283	433	23	-9
Ohio	30,025	924	155	29	15	166	824	135	2,656	4,676	19,843	834	-232
Oklahoma	7,523	2,817	730	175	46	703	601	1,107	970	763	108	236	-731
Oregon	13,083	414	23	5	19	407	486	90	585	2,981	7,797	341	-65
Pennsylvania	41,178	1,884	33	6	1	62	509	12	1,362	3,924	32,617	976	-209
Rhode Island	3,393	366	10	4	0	18	245	2	295	417	1,963	88	-15
South Carolina	7,544	1,234	129	139	16	85	422	143	971	928	3,440	332	-294
South Dakota	1,246	309	68	24	7	65	100	87	231	317	1	47	-11
Tennessee	11,265	612	30	152	0	99	348	542	268	754	7,984	567	-90
Texas	54,942	8,384	122	12	2,305	24	2,474	448	1,693	2,933	37,585	1,725	-2,762
Utah	4,211	477	129	24	14	22	363	113	478	506	2,051	71	-36
Vermont <sup>3</sup>	1,884	100	15	7	13	9	1,360	-91	149	303	-	19	-1
Virginia <sup>3</sup>	17,824	3,044	241	279	6	90	366	-18	383	2,892	10,946	432	-838
Washington	17,141	877	92	191	10	1,068	914	620	1,097	4,279	12,369	565	-4,941
West Virginia	5,184	216	27	5	30	14	354	293	929	713	2,439	203	-40
Wisconsin	11,429	804	31	101	34	368	1,050	616	777	1,348	5,958	431	-89
Wyoming	668	142	70	12	2	49	30	42	139	166	2	23	-9
<b>Subtotal</b>	<b>\$787,191</b>	<b>\$84,336</b>	<b>\$8,639</b>	<b>\$5,160</b>	<b>\$4,115</b>	<b>\$14,602</b>	<b>\$46,085</b>	<b>\$12,382</b>	<b>\$57,205</b>	<b>\$100,961</b>	<b>\$444,305</b>	<b>\$26,275</b>	<b>-\$16,876</b>
American Samoa	68	38	1	-	-	7	21	0	-	0	-	2	-
Guam	167	83	18	3	0	2	37	22	1	1	-	2	-
N. Mariana Islands	73	46	-	5	-	10	7	4	-	1	-	1	-
Puerto Rico	5,098	-	-	-	-	60	31	323	-	-	4,678	-	6
Virgin Islands	137	41	10	15	4	14	12	33	0	2	-	1	6
<b>Total</b>	<b>\$792,734</b>	<b>\$84,544</b>	<b>\$8,668</b>	<b>\$5,183</b>	<b>\$4,119</b>	<b>\$14,694</b>	<b>\$46,193</b>	<b>\$12,764</b>	<b>\$57,206</b>	<b>\$100,964</b>	<b>\$448,983</b>	<b>\$26,281</b>	<b>-\$16,865</b>
<b>Percent of total, exclusive of collections</b>	<b>-</b>	<b>10.4%</b>	<b>1.1%</b>	<b>0.6%</b>	<b>0.5%</b>	<b>1.8%</b>	<b>5.7%</b>	<b>1.6%</b>	<b>7.1%</b>	<b>12.5%</b>	<b>55.5%</b>	<b>3.2%</b>	<b>-</b>



**EXHIBIT 17.** (continued)

**Notes:** FY is fiscal year. LTSS is long-term services and supports. Includes federal and state funds. Service category definitions and spending amounts shown here may differ from other CMS data sources, such as the Transformed Medicaid Statistical Information System (T-MSIS). The specific services included in each category have changed over time and therefore may not be directly comparable to earlier editions of MACStats. Collections include third-party liability, estate, and other recoveries.

– Dash indicates zero; \$0 or -\$0 indicates an amount between \$0.5 and -\$0.5 million that rounds to zero.

Additional detail on categories:

- Hospital includes inpatient, outpatient, critical access hospital, and emergency hospital services as well as related disproportionate share hospital payments.
- Physician includes physician and surgical services.
- Clinic and health center includes non-hospital outpatient clinic, rural health clinic, federally qualified health center (FQHC), and freestanding birth center.
- Other acute includes lab or X-ray; sterilizations; abortions; early and periodic screening, diagnostic, and treatment (EPSDT) screenings; emergency services for unauthorized aliens; non-emergency transportation; physical, occupational, speech, and hearing therapy; prosthetics, dentures, and eyeglasses; U.S. Preventive Services Task Force (USPSTF) grade A or B preventive services and Advisory Committee on Immunization Practices (ACIP) vaccines; other diagnostic screening and preventive services; school-based services; health home with chronic conditions; tobacco cessation for pregnant women; private duty nursing; case management (excluding primary care case management); rehabilitative services; hospice; health home with substance use disorder; opioid use disorder (OUD) medication assisted treatment (MAT) services; COVID-19 vaccine and administration; and other care not otherwise categorized.
- Drugs (including OUD MAT drugs) are net of rebates.
- Institutional LTSS includes nursing facility, intermediate care facility for individuals with intellectual disabilities, and mental health facility.
- Home- and community-based LTSS includes home health, waiver and state plan services, personal care, and certified community behavioral health clinic.
- Managed care and premium assistance includes comprehensive and limited-benefit managed care plans, primary care case management, employer-sponsored premium assistance programs, and Programs of All-Inclusive Care for the Elderly. Comprehensive plans account for more than 90 percent of spending in the managed care category. Managed care also includes rebates for drugs (including OUD MAT drugs) provided by managed care plans and managed care payments associated with the Community First Choice option, USPSTF grade A or B preventive services, ACIP vaccines, certified community behavioral health clinic, and services subject to electronic visit verification requirements.

<sup>1</sup> All states had certified their CMS-64 Financial Management Report (FMR) submissions as of May 30, 2023. Figures presented in this exhibit may change if states revise their expenditure data after this date.

<sup>2</sup> State or territory reports negative spending in a category due to prior period adjustments. California and Colorado report negative spending for other practitioners.

<sup>3</sup> State reports negative fee-for-service (FFS) drug spending after the application of drug rebates. The negative net amount may reflect prior period adjustments, a difference in the timing of payments and rebates after a shift of some FFS drug spending into Medicaid managed care, or the state not separately reporting the FFS and managed care drug rebates. Vermont shows negative drug spending because it reports most of its benefit spending under other care services in its CMS-64 submission.

**Source:** MACPAC, 2023, analysis of CMS-64 FMR net expenditure data as of May 30, 2023.