

**EXHIBIT 21.** Medicaid Spending by State, Eligibility Group, and Dually Eligible Status, FY 2021 (millions)

State	Total	Basis of eligibility <sup>1</sup>					Dually eligible status <sup>2</sup>					
		Child	New adult group <sup>3</sup>	Other adult <sup>4</sup>	Disabled	Aged	All dually eligible enrollees		Dually eligible with full benefits		Dually eligible with limited benefits	
							Total	Age 65+	Total	Age 65+	Total	Age 65+
<b>Total</b>	<b>\$699,301</b>	<b>15.2%</b>	<b>21.8%</b>	<b>10.7%</b>	<b>31.5%</b>	<b>20.8%</b>	<b>\$222,573</b>	<b>60.8%</b>	<b>\$213,571</b>	<b>60.7%</b>	<b>\$9,002</b>	<b>62.5%</b>
Alabama	6,257	22.1	–	11.9	44.9	21.1	2,017	64.7	1,725	65.9	292	57.7
Alaska	2,146	22.5	25.3	15.9	23.4	13.0	496	52.5	494	52.4	2	76.1
Arizona <sup>5</sup>	17,403	14.6	32.0	14.2	28.9	10.2	3,322	48.6	3,223	48.0	99	67.8
Arkansas	7,162	23.7	32.0	0.1	30.4	13.8	1,782	56.4	1,609	57.5	173	45.6
California <sup>6</sup>	105,889	11.7	26.0	13.7	26.1	22.6	29,695	70.6	29,301	70.6	394	74.8
Colorado <sup>7</sup>	10,568	14.3	33.9	6.2	29.7	15.8	2,667	61.4	2,585	61.2	82	67.4
Connecticut	9,180	13.2	26.7	12.4	22.8	24.9	3,416	60.1	3,019	58.6	397	71.4
Delaware	2,422	18.4	25.3	16.1	26.6	13.6	581	55.0	552	54.7	29	60.0
District of Columbia <sup>8</sup>	3,254	10.4	16.9	11.9	38.6	22.2	1,002	66.5	969	66.2	33	75.2
Florida	26,723	22.1	–	13.1	36.1	28.7	11,026	66.7	9,889	67.0	1,138	63.9
Georgia	11,850	25.3	–	15.4	38.7	20.6	3,467	67.2	3,034	67.6	433	64.5
Hawaii <sup>9</sup>	2,823	16.8	33.4	9.8	19.5	20.5	802	62.2	795	62.1	7	77.6
Idaho	2,876	16.9	23.6	8.1	38.0	13.4	808	42.4	753	41.6	55	53.5
Illinois <sup>8</sup>	26,392	10.2	53.9	2.5	12.1	21.2	6,192	65.8	6,087	65.8	105	66.3
Indiana <sup>7</sup>	15,506	12.4	24.8	21.8	22.7	18.3	4,793	62.1	4,622	62.5	171	53.3
Iowa	5,934	13.4	24.7	11.3	34.4	16.1	2,038	47.4	1,982	46.8	56	66.8
Kansas	3,934	20.9	–	11.6	45.3	22.2	1,630	49.2	1,560	49.2	71	48.5
Kentucky <sup>5</sup>	14,238	14.2	38.2	8.9	28.4	10.3	2,649	54.7	2,432	55.6	216	43.9
Louisiana <sup>7</sup>	12,489	14.7	37.6	5.1	29.8	12.8	2,706	56.2	2,408	56.3	298	55.3
Maine	3,398	14.0	16.1	8.1	40.7	21.1	1,457	48.6	1,354	47.0	103	69.3
Maryland	13,278	14.5	25.7	13.4	30.9	15.6	3,676	54.1	3,467	53.6	209	60.8
Massachusetts	19,038	9.0	15.6	11.3	38.0	26.1	8,513	55.2	8,443	54.9	69	95.6
Michigan	20,635	12.8	28.3	9.8	30.9	18.2	6,459	58.0	6,366	58.1	94	55.0
Minnesota	14,912	14.9	17.7	10.0	37.5	20.0	5,417	50.6	5,387	50.5	30	68.1
Mississippi	5,523	24.1	–	11.3	42.9	21.7	1,977	60.0	1,735	60.9	242	53.6

**EXHIBIT 21.** (continued)

State	Total	Basis of eligibility <sup>1</sup>					Dually eligible status <sup>2</sup>					
		Child	New adult group <sup>3</sup>	Other adult <sup>4</sup>	Disabled	Aged	All dually eligible enrollees		Dually eligible with full benefits		Dually eligible with limited benefits	
							Total	Age 65+	Total	Age 65+	Total	Age 65+
Missouri	<b>\$10,607</b>	25.4%	0.9%	9.8%	46.1%	17.8%	<b>\$3,894</b>	42.9%	<b>\$3,827</b>	42.7%	<b>\$67</b>	54.7%
Montana	<b>2,183</b>	19.0	38.1	8.5	21.1	13.4	<b>541</b>	55.7	<b>515</b>	55.5	<b>25</b>	60.7
Nebraska <sup>5</sup>	<b>3,035</b>	17.2	14.3	10.5	36.6	21.5	<b>1,044</b>	53.8	<b>1,031</b>	53.7	<b>13</b>	58.6
Nevada	<b>4,666</b>	15.9	41.8	8.2	22.5	11.6	<b>873</b>	58.8	<b>744</b>	58.1	<b>129</b>	63.0
New Hampshire	<b>2,152</b>	16.7	26.0	5.3	29.5	22.6	<b>893</b>	51.8	<b>861</b>	52.1	<b>32</b>	42.6
New Jersey	<b>17,990</b>	12.3	27.0	6.4	33.3	21.0	<b>6,523</b>	53.6	<b>6,523</b>	53.6	–	–
New Mexico	<b>6,844</b>	19.7	30.8	13.2	24.6	11.7	<b>1,438</b>	56.3	<b>1,324</b>	55.6	<b>114</b>	64.6
New York	<b>71,252</b>	8.5	24.1	8.4	28.5	30.5	<b>30,300</b>	68.9	<b>29,865</b>	68.8	<b>436</b>	76.7
North Carolina	<b>16,436</b>	19.9	–	16.8	43.9	19.4	<b>5,147</b>	60.0	<b>5,001</b>	59.9	<b>146</b>	64.2
North Dakota <sup>6</sup>	<b>1,378</b>	13.4	2.9	5.5	40.6	37.6	<b>890</b>	58.0	<b>817</b>	56.6	<b>72</b>	74.3
Ohio	<b>26,956</b>	13.7	23.2	11.3	33.8	18.0	<b>7,827</b>	51.3	<b>7,503</b>	51.3	<b>324</b>	51.6
Oklahoma	<b>5,788</b>	30.3	9.1	11.1	32.9	16.7	<b>1,607</b>	54.3	<b>1,560</b>	54.5	<b>47</b>	49.3
Oregon <sup>7</sup>	<b>11,165</b>	10.6	42.2	1.4	21.5	24.4	<b>3,506</b>	74.0	<b>3,373</b>	74.5	<b>133</b>	62.0
Pennsylvania	<b>36,392</b>	11.1	20.5	5.7	40.3	22.4	<b>14,238</b>	57.1	<b>14,039</b>	57.1	<b>198</b>	60.6
Rhode Island	<b>2,809</b>	21.3	24.7	11.7	31.5	10.8	<b>944</b>	58.4	<b>929</b>	58.4	<b>15</b>	64.1
South Carolina	<b>6,726</b>	22.7	–	16.7	41.4	19.1	<b>2,261</b>	55.4	<b>2,226</b>	55.3	<b>35</b>	64.9
South Dakota	<b>1,004</b>	19.7	–	12.2	46.6	21.5	<b>406</b>	51.9	<b>382</b>	51.9	<b>24</b>	52.8
Tennessee	<b>10,671</b>	27.6	–	20.2	34.2	18.0	<b>3,423</b>	54.8	<b>3,190</b>	54.4	<b>233</b>	60.6
Texas <sup>10</sup>	<b>39,271</b>	29.4	–	11.2	39.0	20.4	<b>11,598</b>	65.4	<b>10,010</b>	65.2	<b>1,589</b>	66.1
Utah <sup>6</sup>	<b>3,528</b>	18.5	22.0	10.6	36.0	13.0	<b>980</b>	44.6	<b>924</b>	44.9	<b>57</b>	39.8
Vermont	<b>1,533</b>	<sup>11</sup>	<sup>11</sup>	<sup>11</sup>	<sup>11</sup>	<sup>11</sup>	<sup>11</sup>	<sup>11</sup>	<sup>11</sup>	<sup>11</sup>	<sup>11</sup>	<sup>11</sup>
Virginia	<b>16,008</b>	13.3	28.7	7.3	34.2	16.5	<b>4,540</b>	48.1	<b>4,360</b>	47.9	<b>181</b>	52.7
Washington	<b>21,652</b>	15.1	36.3	7.6	26.2	14.7	<b>4,941</b>	55.1	<b>4,772</b>	55.0	<b>169</b>	58.0
West Virginia	<b>4,575</b>	14.3	29.0	8.3	27.4	21.0	<b>1,555</b>	61.7	<b>1,433</b>	63.3	<b>122</b>	42.9
Wisconsin	<b>10,253</b>	14.1	–	24.4	40.6	21.0	<b>3,933</b>	52.3	<b>3,910</b>	52.1	<b>23</b>	74.8
Wyoming	<b>598</b>	21.8	–	12.7	41.7	23.8	<b>259</b>	54.1	<b>249</b>	54.1	<b>10</b>	52.5

**EXHIBIT 21.** (continued)

**Notes:** FY is fiscal year. Includes federal and state funds. Excludes spending for administration, the territories, and Medicaid-expansion CHIP enrollees. Benefit spending from Transformed Medicaid Statistical Information System (T-MSIS) data has been adjusted to reflect CMS-64 totals. With regard to methods, spending totals exclude disproportionate share hospital (DSH) and certain incentive and uncompensated care pool payments made under waiver expenditure authority of Section 1115 of the Social Security Act (the Act), which were previously included before the December 2015 data book. See <https://www.macpac.gov/macstats/data-sources-and-methods/> for additional information. Additionally, figures shown here may not be directly comparable to prior years due to differences in reporting between T-MSIS and the Medicaid Statistical Information System (MSIS).

– Dash indicates zero; 0.0% indicates an amount less than 0.05% that rounds to zero.

<sup>1</sup> Children and adults under age 65 who qualify for Medicaid on the basis of disability are included in the disabled category. Individuals age 65 and older eligible through an aged, blind, or disabled pathway are included in the aged category.

<sup>2</sup> Dually eligible enrollees are covered by both Medicaid and Medicare. Those with limited benefits receive only Medicaid assistance with Medicare premiums and cost sharing.

<sup>3</sup> Includes both newly eligible and not newly eligible adults who are eligible under Section 1902(a)(10)(A)(i)(VIII) of the Act. Newly eligible adults include those who are not eligible for Medicaid under the rules that a state had in place on December 1, 2009. Not newly eligible adults include those who would have previously been eligible for Medicaid under the rules that a state had in place on December 1, 2009; this includes states that had already expanded to adults with incomes greater than 100 percent of the federal poverty level as of March 23, 2010, and receive the expansion state transitional matching rate.

<sup>4</sup> Includes adults under age 65 who qualify through a pathway other than disability or Section 1902(a)(10)(A)(i)(VIII) of the Act (e.g., parents and caretakers, pregnancy).

<sup>5</sup> State reported CMS-64 spending that shows a difference greater than 20 percent when compared to the prior year. Arizona's spending on the CMS-64 was 23.0 percent higher compared with 2020. Kentucky's spending on the CMS-64 was 21.4 percent higher compared with 2020. Nebraska's spending on the CMS-64 was 33.9 percent higher compared with 2020.

<sup>6</sup> State has a state plan amendment (SPA) that allows the state to receive the enhanced federal medical assistance percentage (FMAP) for Medicaid children who would have, before January 1, 2014, been enrolled in CHIP if not for the elimination of the Medicaid asset test. These children cannot be separately identified in the T-MSIS data. Because the state claims the spending for these children as Medicaid-expansion CHIP, we reduced child enrollment and spending in these states based on the proportion reported in their SPA. Correspondingly, we reduced California's child spending by approximately \$681.9 million, North Dakota's child spending by approximately \$9.3 million, and Utah's child spending by approximately \$33.5 million.

<sup>7</sup> State reported a large shift of enrollees between eligibility groups. Colorado reported a 35 percent increase in the new adult group and a 46 percent decrease for the other adult group. Indiana reported a 16 percent decrease for the new adult group and a 60 percent increase for the other adult group. Louisiana reported a 15 percent increase in the new adult group and a 10 percent decrease in the other adult group. Oregon reported a 33 percent increase in the new adult group, a 69 percent decrease in the other adult group, a 102 percent increase in the disabled group, and a 53 percent increase in the aged group.

<sup>8</sup> State reported enrollment for the new adult group that shows a difference of greater than 20 percent when compared to the CMS-64 enrollment report. The District of Columbia's average monthly enrollment was 36 percent less than the benchmark, and Illinois's average monthly enrollment was 113 percent more than the benchmark.

<sup>9</sup> Spending total excludes a small amount of fee-for-service (FFS) drug spending reported on the CMS-64 because there were no FFS drug claims reported in T-MSIS.

<sup>10</sup> State reported enrollment for the new adult group even though it had not expanded coverage in FY 2021.

<sup>11</sup> Due to large differences in the way spending is reported by Vermont in CMS-64 and T-MSIS data, MACPAC's adjustment methodology is applied only to total Medicaid spending.

**Sources:** MACPAC, 2023, analysis of T-MSIS data as of February 2023 and analysis of CMS-64 financial management report net expenditure data as of June 2022.