

EXHIBIT 24. Medicaid Supplemental Payments to Hospital Providers by State, FY 2022 (millions)

State ¹	Inpatient and outpatient hospitals ²				
	Total Medicaid payments	DSH payments	Non-DSH supplemental payments	Section 1115 waiver authority payments	Supplemental payments as % of total
Total	\$87,955.0	\$14,971.3	\$20,773.6	\$10,223.6	52.3%
Alabama	2,835.4	308.8	1,437.5	–	61.6
Alaska ³	754.5	-0.5	–	–	-0.1
Arizona ⁴	1,377.4	127.2	391.2	23.9	39.4
Arkansas	1,371.3	26.6	493.2	–	37.9
California ^{5, 6}	13,698.8	595.7	4,804.9	3,329.0	63.7
Colorado	3,611.0	210.1	1,457.8	–	46.2
Connecticut	2,859.5	79.1	600.0	–	23.8
Delaware	87.5	25.3	–	–	29.0
District of Columbia	287.3	121.4	–	–	42.3
Florida ⁶	2,920.8	239.8	780.7	1,147.5	74.2
Georgia	2,876.8	564.2	666.0	–	42.8
Hawaii	37.0	–	0.7	–	1.8
Idaho	824.4	27.8	24.3	–	6.3
Illinois	2,589.9	507.9	560.6	–	41.3
Indiana	1,438.1	619.4	39.4	–	45.8
Iowa	100.8	10.0	52.6	–	62.1
Kansas ^{5, 6}	98.0	65.5	0.2	13.8	81.2
Kentucky	477.1	13.6	258.5	–	57.0
Louisiana	1,349.2	1,074.4	87.5	–	86.1
Maine	943.5	–	124.7	–	13.2
Maryland	1,244.9	136.2	26.5	–	13.1
Massachusetts ^{4, 5, 6}	3,000.7	–	177.5	576.8	25.1
Michigan	1,368.0	445.2	471.5	–	67.0
Minnesota	611.7	49.9	191.4	–	39.4
Mississippi	780.5	245.7	40.3	–	36.6
Missouri	2,846.7	628.0	211.7	–	29.5
Montana	937.7	–	393.2	–	41.9
Nebraska	39.3	39.9	–	–	101.6
Nevada	636.8	144.9	159.5	–	47.8
New Hampshire ⁵	248.1	197.1	29.5	0.3	91.5
New Jersey	1,284.7	570.8	242.0	–	63.3
New Mexico ⁵	503.0	33.6	228.2	12.0	54.4
New York	8,752.2	3,321.2	121.4	–	39.3
North Carolina	2,388.0	434.4	345.8	–	32.7
North Dakota	164.0	0.5	1.9	–	1.5
Ohio	923.8	117.6	–	–	12.7
Oklahoma	2,816.8	61.7	1,111.3	–	41.6

EXHIBIT 24. (continued)

State ¹	Inpatient and outpatient hospitals ²				
	Total Medicaid payments	DSH payments	Non-DSH supplemental payments	Section 1115 waiver authority payments	Supplemental payments as % of total
Oregon	\$414.0	\$68.2	\$129.3	—	47.7%
Pennsylvania	1,884.0	919.6	571.1	—	79.1
Rhode Island ⁴	366.6	160.0	36.8	\$17.3	58.4
South Carolina	1,234.2	529.7	150.8	—	55.1
South Dakota	309.2	0.9	3.1	—	1.3
Tennessee	611.7	71.9	502.5	—	93.9
Texas ^{5, 6}	8,385.4	1,565.9	838.4	5,100.1	89.5
Utah	477.4	33.7	63.6	—	20.4
Vermont ⁵	103.2	46.4	—	2.9	47.7
Virginia	3,044.1	42.3	2,690.8	—	89.8
Washington	877.2	277.0	153.7	—	49.1
West Virginia	216.1	69.0	14.6	—	38.7
Wisconsin	804.5	143.1	52.8	—	24.3
Wyoming	142.2	0.5	34.4	—	24.6

Notes: FY is fiscal year. DSH is disproportionate share hospital. Includes federal and state funds. Section 1115 refers to Section 1115 of the Social Security Act (the Act). Excludes payments made under managed care arrangements. All amounts in this table are as reported by states in CMS-64 data during the fiscal year to obtain federal matching funds; amounts include expenditures for the current fiscal year and adjustments to expenditures for prior fiscal years that may be positive or negative. Amounts reported by states for any given category (e.g., inpatient hospital) sometimes show substantial annual fluctuations. Some fluctuation in supplemental payments may reflect the fact that states may not consistently classify payments in the same way over time.

– Dash indicates zero. \$0.0 or -\$0.0 indicates a value between \$0.05 million and -\$0.05 million that rounds to zero. 0.0% or -0.0% indicates a value between 0.05% and -0.05% that rounds to zero.

¹ 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.

² Includes inpatient, outpatient, critical access hospital, and emergency hospital categories in the CMS-64 data. The CMS-64 instructions to states note that DSH payments are those made in accordance with Section 1923 of the Act. Non-DSH supplemental payments are described in the CMS-64 instructions to states as those made in addition to the standard fee schedule or other standard payment for a given service. They include payments made under institutional upper payment limit rules and payments to hospitals for graduate medical education. Section 1115 waiver expenditure authority payments include those made under uncompensated care pools, delivery system reform incentive payments (DSRIP), and other non-DSH supplemental payments that have been authorized under Section 1115 waivers. Because the majority of DSRIP payments go to hospitals, DSRIP payments that were reported as other care services on the CMS-64 were included in the Section 1115 waiver expenditure category and the total hospital payment category.

³ State reports negative DSH payments due to prior period adjustments.

⁴ State made other supplemental payments under Section 1115 waiver expenditure authority.

⁵ State made supplemental payments through a DSRIP or DSRIP-like program under Section 1115 waiver expenditure authority.

⁶ State made supplemental payments through an uncompensated care pool under Section 1115 waiver expenditure authority.

Source: MACPAC, 2023, analysis of CMS-64 FMR net expenditure data as of May 30, 2023, and CMS-64 Schedule C waiver report data as of September 29, 2023.