

EXHIBIT 21. Medicaid Spending by State, Eligibility Group, and Dually Eligible Status, FY 2022 (millions)

State	Total	Basis of eligibility ¹					Dually eligible status ²					
		Child	New adult group ³	Other adult ⁴	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+
Total	\$772,691	15.4%	22.5%	11.0%	30.3%	20.7%	\$244,478	61.4%	\$233,346	61.3%	\$11,131	63.8%
Alabama	6,892	23.0	–	12.2	43.1	21.8	2,239	66.2	1,899	67.4	340	59.5
Alaska	2,449	24.0	26.2	16.0	21.2	12.6	548	54.5	546	54.4	2	78.5
Arizona	19,995	14.6	34.2	14.5	26.7	10.0	3,663	50.3	3,555	49.6	109	71.6
Arkansas	8,545	24.2	31.5	0.1	30.3	13.8	2,162	55.6	1,975	56.4	187	46.6
California ⁵	114,962	10.8	28.9	12.6	25.2	22.5	32,539	70.7	32,159	70.7	380	74.8
Colorado	11,778	15.4	33.3	7.8	27.8	15.7	2,952	62.5	2,866	62.2	86	71.2
Connecticut	9,583	14.5	26.1	11.8	22.0	25.7	3,647	61.5	3,223	60.1	424	72.3
Delaware ⁶	3,098	17.7	28.0	16.2	25.4	12.7	715	53.7	683	53.2	32	64.4
District of Columbia ⁷	3,527	10.7	19.3	12.4	35.5	22.1	1,049	69.2	1,009	68.8	40	78.2
Florida	31,473	24.0	–	15.1	34.9	26.0	11,903	65.5	10,679	65.2	1,224	67.7
Georgia	13,860	25.2	–	16.9	36.1	21.8	4,184	69.0	3,666	69.3	518	67.0
Hawaii ⁸	3,037	16.4	35.1	10.0	17.8	20.7	844	63.4	836	63.2	8	82.6
Idaho	3,198	14.8	24.1	8.0	38.3	14.8	978	43.3	923	42.5	55	56.9
Illinois ⁷	25,445	9.0	53.8	2.4	12.6	22.2	6,505	65.6	6,390	65.5	115	69.2
Indiana	16,334	13.2	24.3	21.6	21.9	19.0	5,464	61.4	5,309	61.5	156	58.1
Iowa	6,688	13.6	25.6	11.5	33.9	15.4	2,238	47.2	2,174	46.7	65	63.7
Kansas	4,226	21.9	–	11.4	43.8	23.0	1,696	51.4	1,615	51.3	82	52.2
Kentucky	14,568	14.1	37.5	8.4	28.3	11.7	3,025	54.7	2,698	56.1	327	42.5
Louisiana	13,584	14.5	38.9	5.1	28.4	13.1	2,941	57.5	2,610	57.5	332	58.1
Maine	3,814	13.1	17.5	7.7	40.1	21.6	1,050	55.3	153	70.0	896	52.8
Maryland	14,248	14.7	26.5	14.0	29.4	15.4	3,770	55.2	3,549	54.6	220	64.3
Massachusetts	20,187	9.1	19.0	11.9	34.7	25.4	8,819	55.5	8,741	55.2	78	95.9
Michigan	20,712	12.6	28.4	10.3	29.9	18.8	6,640	58.9	6,546	58.9	94	58.5
Minnesota	16,246	14.7	19.1	10.0	37.0	19.2	5,695	49.7	5,663	49.6	32	70.4
Mississippi	5,724	22.8	–	10.9	43.3	23.1	2,072	63.1	1,837	63.7	235	58.8



EXHIBIT 21. (continued)

State	Total	Basis of eligibility ¹					Dually eligible status ²					
		Child	New adult group ³	Other adult ⁴	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 ^{7,9}	\$12,257	23.6%	13.0%	7.2%	39.1%	17.1%	\$4,212	44.3%	\$4,135	44.0%	\$77	57.6%
Montana	2,367	20.8	37.6	8.7	20.2	12.8	570	55.8	541	55.4	29	63.0
Nebraska	3,306	14.9	21.1	9.8	33.3	20.9	1,098	54.8	1,085	54.7	13	62.0
Nevada	4,943	16.2	42.7	8.2	21.7	11.2	851	64.8	718	64.5	133	66.7
New Hampshire	2,224	18.9	22.1	4.5	31.1	23.4	966	51.5	930	51.6	36	46.6
New Jersey	20,226	12.7	26.8	7.8	30.9	21.8	7,121	58.1	7,066	58.0	55	76.2
New Mexico ⁶	8,227	19.4	29.0	13.4	26.1	12.2	1,837	54.2	1,682	52.9	155	68.5
New York	79,319	9.2	23.3	8.6	27.6	31.3	34,122	70.1	33,595	70.0	527	78.2
North Carolina	18,121	20.1	—	19.1	42.1	18.7	5,483	59.8	5,311	59.7	171	65.2
North Dakota ⁵	1,531	12.3	27.6	5.3	30.1	24.8	653	57.9	634	57.3	19	77.7
Ohio	30,046	13.2	25.2	11.2	32.2	18.2	8,425	53.0	8,101	52.9	324	55.0
Oklahoma ⁶	8,190	25.9	25.8	9.3	25.4	13.7	1,838	55.6	1,758	56.1	80	45.2
Oregon	13,059	9.9	42.8	2.0	21.2	24.2	4,307	69.7	3,737	70.2	570	66.9
Pennsylvania	40,163	11.2	21.1	6.4	38.7	22.7	15,780	57.6	15,555	57.5	225	61.1
Rhode Island	2,790	20.9	24.0	12.3	30.4	12.4	1,007	60.5	994	60.4	13	68.4
South Carolina	7,246	22.6	—	16.2	41.9	19.2	2,405	55.3	2,370	55.2	35	67.5
South Dakota ^{6,10}	1,255	18.7	—	12.6	46.3	22.4	537	51.6	511	51.4	26	55.2
Tennessee	11,283	28.2	—	20.4	34.1	17.4	3,554	53.7	3,307	52.9	247	64.9
Texas ^{6,10}	48,520	31.4	—	14.2	36.2	18.2	12,657	65.8	10,920	65.4	1,737	67.8
Utah ⁵	4,212	17.9	26.6	10.0	33.1	12.3	1,089	44.9	1,014	45.5	76	36.3
Vermont	1,722	11	11	11	11	11	11	11	11	11	11	11
Virginia	18,619	12.2	31.4	6.6	33.3	16.5	5,961	45.7	5,771	45.4	189	54.8
Washington	21,705	14.7	35.8	8.0	26.0	15.5	5,736	57.4	5,518	57.2	218	61.8
West Virginia	5,133	15.0	29.4	7.4	27.2	21.1	1,708	63.7	1,616	64.3	92	54.1
Wisconsin	11,375	13.5	—	25.2	39.2	22.1	4,457	54.4	4,433	54.3	24	77.0
Wyoming	677	24.6	—	13.8	39.5	22.2	269	54.2	258	54.1	11	58.2



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.

¹ 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.

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

³ 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.

⁴ 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).

⁵ 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 \$651.5 million, North Dakota's child spending by approximately \$10.4 million, and Utah's child spending by approximately \$37.2 million.

⁶ State reported CMS-64 spending that shows a difference greater than 20 percent when compared to the prior year. Delaware's spending on the CMS-64 was 27.9 percent higher compared with 2021. New Mexico's spending on the CMS-64 was 20.2 percent higher compared with 2021. Oklahoma's spending on the CMS-64 was 41.5 percent higher compared with 2021. South Dakota's spending on the CMS-64 was 25.0 percent higher compared with 2021. Texas's spending on the CMS-64 was 23.6 percent higher compared with 2021.

⁷ 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 34 percent less than the benchmark, Illinois's average monthly enrollment was 108 percent more than the benchmark, and Missouri's average monthly enrollment was 33 percent more than the benchmark.

⁸ 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.

⁹ State reported a large shift of enrollees between eligibility groups. Missouri reported a 355 percent increase in the new adult group and a 15 percent decrease in the other adult group.

¹⁰ State reported enrollment for the new adult group even though it had not expanded coverage in FY 2022.

¹¹ 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, 2024, analysis of T-MSIS data as of February 2024 and analysis of CMS-64 financial management report net expenditure data as of June 2023.