

**EXHIBIT 21.** Medicaid Spending by State, Eligibility Group, and Dually Eligible Status, FY 2018 (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>\$560,188</b>	<b>15.6%</b>	<b>16.9%</b>	<b>10.6%</b>	<b>34.3%</b>	<b>22.7%</b>	<b>\$190,440</b>	<b>61.5%</b>	<b>\$181,618</b>	<b>61.7%</b>	<b>\$8,822</b>	<b>57.4%</b>
Alabama	5,084	19.5	—	8.8	46.3	25.3	1,962	65.2	1,644	67.3	318	54.3
Alaska	2,035	25.6	20.3	15.1	26.0	13.0	477	50.0	474	50.0	3	54.9
Arizona	11,895	17.3	26.4	15.9	29.0	11.4	2,565	48.3	2,469	47.8	96	60.9
Arkansas <sup>5</sup>	6,178	20.0	30.3	3.8	30.9	15.0	—	—	—	—	—	—
California <sup>6</sup>	78,554	10.7	27.8	11.6	27.6	22.3	22,412	69.7	21,946	69.7	466	68.3
Colorado	8,831	15.3	27.5	13.9	27.7	15.7	1,247	53.9	1,099	53.5	148	56.3
Connecticut	8,602	14.2	22.4	11.7	24.8	26.9	3,466	60.9	3,112	60.5	354	65.1
Delaware	2,227	17.2	22.8	16.3	27.7	15.9	638	54.6	596	54.7	42	52.5
District of Columbia <sup>7</sup>	2,767	12.0	16.4	11.5	40.0	20.1	779	65.5	739	65.4	40	67.5
Florida <sup>8</sup>	21,815	14.8	0.3	8.7	34.0	42.1	11,834	74.8	10,956	75.7	878	63.7
Georgia	10,455	21.6	—	11.6	45.2	21.6	3,265	66.3	2,874	67.3	391	58.6
Hawaii <sup>9</sup>	2,266	16.1	30.8	10.2	23.6	19.3	677	58.8	664	58.6	14	65.7
Idaho	1,894	20.2	—	11.3	48.4	20.0	675	51.4	628	51.7	47	47.5
Illinois <sup>7</sup>	21,963	19.3	5.0	27.2	27.2	21.4	5,391	58.7	5,291	58.7	100	56.3
Indiana	11,235	14.6	23.2	12.1	31.1	19.1	4,333	59.8	4,161	60.4	172	45.8
Iowa	4,834	14.1	20.2	11.2	36.1	18.3	1,774	49.8	1,725	49.6	49	59.4
Kansas	3,282	19.8	—	11.6	46.0	22.6	1,334	50.1	1,237	50.7	97	42.0
Kentucky	9,610	14.2	31.7	7.6	33.7	12.8	2,272	52.7	2,019	54.9	253	35.1
Louisiana	9,721	19.6	31.8	6.9	29.4	12.3	2,096	57.2	1,952	57.0	145	58.9
Maine	2,731	15.4	0.3	8.4	48.6	27.3	1,406	52.2	1,319	51.2	88	67.1
Maryland	11,396	13.7	24.2	15.1	30.9	16.0	2,988	58.1	2,785	58.3	204	54.5
Massachusetts	16,413	9.3	13.3	10.8	40.4	26.1	7,526	53.8	7,481	53.6	45	96.1
Michigan	15,839	14.3	22.4	9.3	33.7	20.3	5,120	62.5	4,912	63.3	208	44.2
Minnesota	12,698	14.2	13.4	9.5	38.9	24.1	5,233	55.0	5,193	55.0	40	57.1
Mississippi	5,069	25.6	—	9.1	42.3	23.0	2,018	57.5	1,795	58.7	223	47.9

## EXHIBIT 21. (continued)

State	Total	Basis of eligibility <sup>1</sup>					Dually eligible status <sup>2</sup>					
							All dually eligible enrollees		Dually eligible with full benefits		Dually eligible with limited benefits	
		Child	New adult group <sup>3</sup>	Other adult <sup>4</sup>	Disabled	Aged	Total	Age 65+	Total	Age 65+	Total	Age 65+
Missouri	\$9,616	25.9%	–	8.8%	47.0%	18.4%	\$3,481	45.5%	\$3,385	45.6%	\$96	41.0%
Montana	1,855	21.8	32.5%	6.5	21.9	17.3	492	63.2	460	64.3	32	48.0
Nebraska	2,135	17.9	–	10.9	33.6	37.6	1,022	72.3	1,014	72.4	8	55.4
Nevada	3,866	18.4	34.0	8.3	27.0	12.2	461	61.0	376	61.1	86	60.2
New Hampshire	1,900	15.7	26.0	4.2	28.9	25.2	785	57.0	745	57.9	39	39.7
New Jersey	14,124	11.6	24.3	5.8	36.0	22.3	5,499	53.3	5,476	53.4	22	25.5
New Mexico	5,002	20.9	28.4	11.5	27.5	11.7	1,131	53.5	1,061	53.0	70	60.1
New York	69,060	9.2	22.2	8.2	30.3	30.2	29,512	67.5	28,912	67.4	600	74.7
North Carolina	13,039	23.6	–	13.4	46.0	17.0	3,932	56.2	3,783	56.4	149	52.0
North Dakota <sup>6</sup>	1,230	14.7	1.2	5.5	39.3	39.3	796	60.3	738	60.2	58	61.8
Ohio	21,841	12.9	19.9	10.0	36.6	20.6	7,145	54.1	6,852	54.5	293	44.3
Oklahoma	4,756	32.3	–	13.4	36.8	17.5	1,398	53.7	1,360	53.8	38	49.3
Oregon	8,723	14.3	38.5	9.5	17.1	20.7	2,788	63.8	2,574	65.9	214	38.3
Pennsylvania	29,103	13.1	15.6	5.9	41.9	23.6	10,187	65.8	9,929	66.2	258	53.3
Rhode Island <sup>7</sup>	2,491	15.6	23.3	11.6	33.5	15.9	785	49.0	771	48.9	14	53.4
South Carolina	5,699	23.1	–	16.8	40.3	19.7	2,006	55.1	1,977	55.0	30	62.1
South Dakota	873	20.7	–	10.9	45.4	23.0	361	53.4	339	53.7	22	47.8
Tennessee	8,843	26.4	–	17.2	36.0	20.4	3,126	56.6	2,881	56.9	246	53.0
Texas <sup>8</sup>	30,544	28.7	0.0	6.2	42.8	22.3	10,047	64.3	8,666	64.6	1,381	62.5
Utah <sup>6</sup>	2,425	23.6	–	14.3	47.0	15.1	660	45.0	644	44.7	15	58.5
Vermont <sup>7</sup>	1,409	10	10	10	10	10	10	10	10	10	10	10
Virginia <sup>8</sup>	9,415	15.2	–	12.7	50.3	21.9	3,970	46.1	3,778	46.1	192	46.0
Washington	11,666	15.4	33.7	3.0	29.8	18.1	3,310	56.9	3,130	57.3	180	50.0
West Virginia	3,802	14.0	24.0	6.9	31.8	23.3	1,359	62.7	1,134	63.1	225	61.0
Wisconsin	8,777	12.1	–	14.7	47.1	26.1	4,124	53.5	4,012	53.8	113	45.6
Wyoming	602	24.6	–	11.6	39.5	24.2	198	44.7	193	44.5	6	49.2

## 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 prior to 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 were 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, pregnant women).

<sup>5</sup> State did not identify dually eligible beneficiaries. Because we could not identify dually eligible enrollees, spending total excludes Medicare premiums and cost sharing.

<sup>6</sup> State has a state plan amendment (SPA) that allows the state to receive the CHIP enhanced federal medical assistance percentage (FMAP) for Medicaid children that would have, prior to January 1, 2014, been enrolled in CHIP if not for the elimination of the Medicaid asset test. These children cannot be separately identified in 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 \$491.7 million; North Dakota's child spending by approximately \$10.6 million, and Utah's child spending by approximately \$23.8 million.

<sup>7</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 average monthly enrollment in the District of Columbia was 37 percent less than the benchmark; the average monthly enrollment in Illinois was 66 percent less than the benchmark; and average monthly enrollment in Rhode Island was 31 percent more than the benchmark. Vermont did not report any enrollees in the new adult group but reported approximately 58,000 average monthly enrollees on the CMS-64 enrollment report. Similarly, these potential enrollment discrepancies will affect the proportion of spending across eligibility groups.

<sup>8</sup> State reported enrollment for the new adult group even though it had not expanded coverage in FY 2018.

<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> 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.

**Source:** MACPAC, 2020, analysis of T-MSIS data as of April 2020 and CMS-64 financial management report net expenditure data as of October 2019.