

TABLE 20. Supplemental Payments by State and Category, FY 2013 (millions)

State	Inpatient and Outpatient Hospitals ¹				Mental Health Facilities ²		
	DSH payments	Non-DSH supplemental payments	Total Medicaid payments	Supplemental payments as % of total	DSH payments	Total Medicaid payments	Supplemental payments as % of total
All states	\$13,427.8	\$20,598.8	\$89,465.4	38.0%	\$2,949.5	\$6,524.0	45.2%
Alabama	470.9	343.2	1,891.5	43.0	–	67.5	–
Alaska	7.6	–	302.6	2.5	14.1	32.3	43.7
Arizona	145.1	846.3	1,466.7	67.6	28.0	30.2	92.6
Arkansas	61.0	314.8	990.0	38.0	–	159.9	–
California	2,119.5	5,641.3	16,290.6	47.6	0.2	531.5	0.0
Colorado	194.2	787.1	1,712.8	57.3	–	6.2	–
Connecticut	167.3	95.7	1,721.2	15.3	105.6	179.6	58.8
Delaware	5.2	–	50.8	10.3	5.6	6.5	87.1
District of Columbia	49.9	–	359.3	13.9	6.5	14.0	46.3
Florida	241.9	993.9	5,104.2	24.2	93.1	141.9	65.7
Georgia	430.0	125.2	2,198.9	25.2	–	24.3	–
Hawaii	25.0	81.7	117.9	90.4	–	–	–
Idaho	23.7	35.0	505.7	11.6	–	1.6	–
Illinois	371.6	1,881.9	6,498.3	34.7	75.5	226.7	33.3
Indiana	333.5	201.8	1,858.0	28.8	4.0	50.1	8.0
Iowa	54.6	32.5	792.8	11.0	–	20.5	–
Kansas	51.3	21.8	328.0	22.3	25.3	43.9	57.5
Kentucky	178.9	17.8	456.6	43.1	37.3	44.9	83.2
Louisiana	652.0	918.9	2,202.1	71.3	114.8	117.2	98.0
Maine	–	4.7	997.1	0.5	37.5	99.8	37.6
Maryland	41.9	47.7	993.3	9.0	92.4	184.9	50.0
Massachusetts	–	591.9	2,120.2	27.9	–	109.3	–
Michigan	388.0	622.9	1,722.1	58.7	–	22.6	–
Minnesota	46.1	70.0	603.1	19.3	0.2	86.9	0.2
Mississippi	218.0	490.5	1,660.4	42.7	–	74.2	–
Missouri	496.2	121.6	2,980.5	20.7	207.2	230.4	90.0
Montana	17.7	1.5	268.2	7.2	–	18.1	–
Nebraska	43.7	–	216.1	20.2	1.6	18.9	8.4
Nevada	81.4	120.0	539.1	37.4	–	45.4	–

TABLE 20, Continued

State	Inpatient and Outpatient Hospitals ¹				Mental Health Facilities ²		
	DSH payments	Non-DSH supplemental payments	Total Medicaid payments	Supplemental payments as % of total	DSH payments	Total Medicaid payments	Supplemental payments as % of total
New Hampshire	\$18.6	–	\$156.3	11.9%	\$22.4	\$30.0	74.6%
New Jersey	940.7	\$259.1	1,739.5	69.0	357.4	452.5	79.0
New Mexico	25.2	123.1	365.8	40.5	–	2.7	–
New York ⁵	2,766.9	-854.7	8,760.0	21.8	656.5	1,129.9	58.1
North Carolina	308.9	1,374.5	3,460.8	48.6	308.5	350.1	88.1
North Dakota	0.5	2.0	138.5	1.8	0.7	7.6	9.8
Ohio ⁶	555.7	568.4	2,493.6	45.1	93.4	721.0	13.0
Oklahoma	41.2	442.1	1,544.0	31.3	0.5	72.8	0.7
Oregon	56.6	93.3	348.3	43.0	20.0	23.0	87.0
Pennsylvania	534.5	350.0	1,726.1	51.2	312.6	401.3	77.9
Rhode Island	129.8	11.6	350.7	40.3	–	5.6	–
South Carolina	405.0	108.3	1,156.1	44.4	52.2	102.0	51.1
South Dakota	0.7	2.8	187.7	1.9	0.8	4.0	18.9
Tennessee	80.3	969.5	1,171.3	89.6	–	33.9	–
Texas	106.3	2,014.1	4,918.2	43.1	120.5	141.3	85.3
Utah	27.9	183.4	457.6	46.2	0.9	13.3	7.0
Vermont ⁵	37.4	-0.0	44.3	84.5	–	0.0	–
Virginia	179.3	270.6	1,011.0	44.5	7.2	141.9	5.1
Washington	238.6	–	1,033.4	23.1	128.2	153.3	83.6
West Virginia	56.5	229.7	588.2	48.7	18.9	106.9	17.7
Wisconsin	0.6	24.9	743.2	3.4	–	27.9	–
Wyoming	0.5	16.7	122.5	14.0	–	13.4	–

TABLE 20, Continued. Supplemental Payments by State and Category, FY 2013 (millions)

State	Nursing Facilities and ICFs-ID ³			Physician and Other Practitioners ⁴		
	Non-DSH supplemental payments	Total Medicaid payments	Supplemental payments as of total	Non-DSH supplemental payments	Total Medicaid payments	Supplemental payments as of total
All states	\$2,393.8	\$62,953.8	3.8%	\$846.3	\$13,163.5	6.4%
Alabama	–	904.7	–	–	382.3	–
Alaska	–	128.2	–	–	125.7	–
Arizona	2.8	37.3	7.5	–	34.8	–
Arkansas	–	804.6	–	33.3	316.1	10.5
California	290.1	5,353.6	5.4	–	916.5	–
Colorado	91.1	688.3	13.2	14.2	357.7	4.0
Connecticut	–	1,557.9	–	–	414.8	–
Delaware	–	31.6	–	–	12.6	–
District of Columbia	–	312.6	–	–	46.9	–
Florida	11.0	3,156.7	0.3	79.0	1,265.3	6.2
Georgia	144.3	1,395.9	10.3	33.5	409.3	8.2
Hawaii	–	8.8	–	–	1.2	–
Idaho	81.5	288.4	28.3	–	89.9	–
Illinois	–	2,745.0	–	–	894.7	–
Indiana	461.6	1,946.3	23.7	109.9	286.8	38.3
Iowa	–	889.6	–	–	210.0	–
Kansas	2.3	198.6	1.2	15.6	49.9	31.3
Kentucky	0.4	1,010.0	0.0	6.2	50.7	12.3
Louisiana	–	1,336.3	–	42.5	316.7	13.4
Maine	–	339.1	–	–	131.9	–
Maryland	–	1,137.5	–	–	107.6	–
Massachusetts	1.4	1,640.2	0.1	28.0	355.6	7.9
Michigan	339.6	1,775.0	19.1	125.0	283.3	44.1
Minnesota	–	910.6	–	21.7	332.0	6.5
Mississippi	62.5	1,049.0	6.0	–	218.5	–
Missouri	–	1,089.1	–	–	47.9	–
Montana	–	173.1	–	–	65.2	–
Nebraska	–	414.9	–	–	42.3	–
Nevada	–	208.3	–	3.4	109.1	3.1
New Hampshire	–	302.0	–	–	63.2	–
New Jersey	–	2,508.5	–	–	48.2	–
New Mexico	–	28.1	–	14.1	91.1	15.5
New York ⁵	172.5	9,540.3	1.8	32.6	585.5	5.6

TABLE 20, Continued

State	Nursing Facilities and ICFs-ID ³			Physician and Other Practitioners ⁴		
	Non-DSH supplemental payments	Total Medicaid payments	Supplemental payments as of total	Non-DSH supplemental payments	Total Medicaid payments	Supplemental payments as of total
North Carolina	–	\$1,309.9	–	\$67.3	\$912.6	7.4%
North Dakota	\$1.7	304.6	0.6%	–	55.2	–
Ohio ⁶	-82.1	3,153.6	-2.6	–	365.1	–
Oklahoma	–	673.4	–	0.0	513.9	0.0
Oregon	–	331.3	–	–	45.3	–
Pennsylvania	713.6	4,448.9	16.0	–	153.9	–
Rhode Island	–	339.9	–	–	11.6	–
South Carolina	22.2	671.8	3.3	32.8	237.4	13.8
South Dakota	–	163.1	–	–	64.2	–
Tennessee	–	250.3	–	–	27.7	–
Texas	–	3,424.2	–	83.1	1,358.2	6.1
Utah	5.0	233.7	2.2	27.9	102.0	27.3
Vermont ⁵	0.1	116.2	0.1	–	1.9	–
Virginia	4.1	1,149.6	0.4	24.1	213.4	11.3
Washington	–	729.2	–	24.2	138.6	17.5
West Virginia	–	608.7	–	28.0	158.0	17.7
Wisconsin	39.6	1,013.7	3.9	–	78.4	–
Wyoming	28.6	121.4	23.6	–	62.7	–

Notes: Includes federal and state funds. 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; they 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. The Centers for Medicare & Medicaid Services (CMS) only began to require separate reporting of non-disproportionate share hospital (DSH) supplemental payments in fiscal year (FY) 2010 and is continuing to work with states to standardize this reporting. As a result, the information presented may not reflect a consistent classification of supplemental payment spending across states. Reporting is expected to improve over time. All states had certified their CMS-64 Financial Management Report (FMR) submissions as of February 12, 2014. Figures presented in this table may change if states revise their expenditure data after this date. Zeroes indicate amounts less than 0.05 million that round to zero. Dashes indicate amounts that are true zeroes.

- 1 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 Social Security 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.
- 2 Includes inpatient psychiatric services for individuals under age 21 and inpatient hospital or nursing facility services for individuals age 65 or older in an institution for mental diseases. The CMS-64 instructions to states note that DSH payments are those made in accordance with Section 1923 of the Social Security Act. States are not instructed to break out non-DSH supplemental payments for mental health facilities.
- 3 Includes nursing facility and intermediate care facility for persons with intellectual disabilities (ICF-ID). Non-DSH supplemental payments are described in the CMS-64 instructions to states as payments that are made in addition to the standard fee schedule or other standard payment for a given service, including payments made under institutional upper payment limit rules.
- 4 Includes the physician and other practitioner categories in CMS-64 data; excludes additional categories (e.g., dental, nurse midwife, nurse practitioner) for which states are not instructed to break out supplemental payments. The CMS-64 instructions to states describe supplemental payments as those that are made in addition to the standard fee schedule payment. Unlike for institutional providers, there is not a regulatory upper payment limit for physicians and other practitioners.
- 5 New York and Vermont reported negative non-DSH supplemental payments for inpatient hospitals.
- 6 Ohio reported negative non-DSH supplemental payments for ICFs-ID, creating a negative percentage.

Source: MACPAC analysis of CMS-64 Financial Management Report (FMR) net expenditure data as of February 2014.