

EXHIBIT 17. Total Medicaid Benefit Spending by State and Category, FY 2015 (millions)

State ¹	Total spending on benefits	Fee for Service									Managed care and premium assistance	Medicare premiums and coinsurance	Collections
		Hospital	Physician	Dental	Other practitioner	Clinic and health center	Other acute	Drugs	Institutional LTSS	Home and community-based LTSS			
Alabama	\$5,265	\$1,992	\$427	\$80	\$50	\$94	\$621	\$283	\$1,021	\$467	-\$2	\$261	-\$29
Alaska	\$1,405	\$317	\$121	\$69	\$25	\$201	\$117	\$29	\$198	\$323	\$0	\$21	-\$16
Arizona	\$10,618	\$1,143	\$45	\$5	\$6	\$148	\$315	\$8	\$75	\$2	\$8,649	\$246	-\$23
Arkansas	\$5,470	\$1,021	\$334	\$79	\$23	\$39	\$927	\$155	\$957	\$526	\$1,170	\$305	-\$67
California	\$84,983	\$19,447	\$1,038	\$1,032	\$25	\$3,461	\$5,886	\$1,388	\$4,072	\$7,714	\$39,105	\$2,362	-\$548
Colorado	\$7,301	\$2,419	\$673	\$256	-	\$164	\$293	\$317	\$741	\$1,214	\$1,160	\$121	-\$57
Connecticut	\$7,183	\$1,865	\$407	\$184	\$179	\$298	\$544	\$617	\$1,739	\$1,613	\$0	\$406	-\$670
Delaware ²	\$1,860	\$66	\$15	\$36	\$0	\$42	\$69	-\$64	\$36	\$117	\$1,508	\$36	-\$2
District of Columbia	\$2,370	\$332	\$40	\$18	\$3	\$176	\$54	\$96	\$354	\$403	\$874	\$38	-\$17
Florida	\$21,320	\$3,617	\$545	\$19	\$19	\$166	\$556	\$104	\$970	\$1,117	\$13,022	\$1,343	-\$156
Georgia	\$9,665	\$2,228	\$373	\$33	\$30	\$19	\$678	\$369	\$1,371	\$1,036	\$3,269	\$345	-\$85
Hawaii	\$1,958	\$114	\$1	\$31	\$2	\$19	\$5	\$1	\$9	\$107	\$1,671	\$52	-\$54
Idaho	\$1,715	\$394	\$119	-\$0	\$21	\$26	\$203	\$70	\$317	\$322	\$206	\$53	-\$16
Illinois	\$16,938	\$5,155	\$600	\$124	\$114	\$248	\$1,013	\$287	\$2,345	\$1,640	\$5,101	\$411	-\$101
Indiana	\$9,250	\$1,221	\$197	\$160	\$12	\$400	\$559	\$196	\$2,312	\$1,153	\$2,901	\$219	-\$79
Iowa	\$4,476	\$949	\$230	\$54	\$29	\$98	\$432	\$176	\$930	\$794	\$720	\$150	-\$87
Kansas ²	\$3,011	\$148	\$13	\$0	\$2	\$4	\$78	-\$1	\$81	\$3	\$2,630	\$83	-\$30
Kentucky	\$9,423	\$388	\$33	\$2	\$4	\$119	\$368	\$39	\$1,159	\$785	\$6,392	\$210	-\$76
Louisiana	\$7,863	\$1,891	\$182	\$1	-	\$63	\$246	\$199	\$1,475	\$820	\$2,904	\$277	-\$195
Maine	\$2,477	\$563	\$94	\$27	\$45	\$240	\$412	\$96	\$450	\$448	\$3	\$202	-\$103
Maryland	\$9,410	\$1,107	\$117	\$130	\$29	\$100	\$1,014	\$243	\$1,353	\$1,183	\$4,005	\$271	-\$143
Massachusetts	\$15,378	\$2,025	\$412	\$250	\$27	\$101	\$1,455	\$344	\$1,661	\$2,972	\$5,879	\$440	-\$186
Michigan	\$15,867	\$1,752	\$462	\$56	\$12	\$264	\$484	\$387	\$1,816	\$777	\$9,526	\$412	-\$82
Minnesota	\$10,705	\$650	\$197	\$42	\$203	\$73	\$712	\$16	\$1,031	\$2,633	\$5,201	\$179	-\$231
Mississippi	\$5,136	\$1,684	\$172	\$5	\$21	\$81	\$360	\$104	\$1,099	\$345	\$1,074	\$212	-\$20
Missouri	\$9,518	\$3,095	\$27	\$14	\$12	\$493	\$922	\$705	\$1,395	\$1,433	\$1,171	\$341	-\$90
Montana	\$1,132	\$319	\$60	\$33	\$22	\$17	\$200	\$51	\$198	\$214	-\$1	\$37	-\$17
Nebraska	\$1,846	\$142	\$21	\$36	\$2	\$3	\$64	\$84	\$416	\$382	\$635	\$103	-\$42
Nevada	\$3,106	\$573	\$153	\$42	\$21	\$46	\$303	\$124	\$288	\$205	\$1,245	\$125	-\$22
New Hampshire ²	\$1,716	\$138	\$18	\$24	\$3	\$5	\$151	-\$6	\$399	\$300	\$669	\$32	-\$16
New Jersey	\$14,049	\$1,818	\$56	\$6	\$3	\$239	\$763	\$29	\$2,634	\$1,035	\$7,313	\$341	-\$186

State ¹	Total spending on benefits	Fee for Service									Managed care and premium assistance	Medicare premiums and coinsurance	Collections
		Hospital	Physician	Dental	Other practitioner	Clinic and health center	Other acute	Drugs	Institutional LTSS	Home and community-based LTSS			
New Mexico	\$4,920	\$368	\$33	\$11	\$43	\$7	\$52	\$9	\$29	\$337	\$3,955	\$89	-\$13
New York	\$57,897	\$9,854	\$574	\$67	\$209	\$1,341	\$4,848	\$1,059	\$7,783	\$6,709	\$26,053	\$1,310	-\$1,909
North Carolina	\$13,213	\$4,663	\$995	\$315	\$66	\$180	\$1,095	\$738	\$1,346	\$833	\$2,843	\$407	-\$271
North Dakota	\$534	\$79	\$29	\$6	\$6	\$6	\$25	\$14	\$169	\$108	\$91	\$6	-\$3
Ohio	\$21,423	\$2,300	\$286	\$44	\$16	\$55	\$1,657	\$109	\$2,555	\$3,325	\$10,862	\$388	-\$175
Oklahoma	\$4,703	\$1,751	\$473	\$103	\$41	\$360	\$362	\$367	\$769	\$546	\$89	\$136	-\$294
Oregon	\$8,027	\$481	\$35	\$2	\$25	\$118	\$357	\$85	\$415	\$1,619	\$4,734	\$195	-\$40
Pennsylvania	\$23,224	\$1,431	\$86	\$28	\$2	\$108	\$369	\$24	\$4,797	\$3,915	\$12,037	\$598	-\$171
Rhode Island	\$2,585	\$356	\$10	\$11	\$1	\$36	\$548	\$2	\$181	\$1	\$1,404	\$49	-\$14
South Carolina	\$5,768	\$1,079	\$131	\$114	\$19	\$205	\$380	\$49	\$796	\$516	\$2,494	\$181	-\$196
South Dakota	\$806	\$206	\$62	\$19	\$3	\$88	\$56	\$32	\$172	\$146	\$2	\$28	-\$7
Tennessee	\$9,094	\$841	\$37	\$160	\$0	\$43	\$226	\$424	\$272	\$675	\$6,109	\$358	-\$50
Texas	\$34,691	\$6,919	\$509	\$54	\$645	\$35	\$4,992	\$230	\$2,993	\$2,146	\$16,228	\$1,055	-\$1,116
Utah	\$2,148	\$288	\$82	\$18	\$4	\$11	\$144	\$63	\$274	\$258	\$1,016	\$39	-\$48
Vermont ²	\$1,633	\$45	\$2	\$0	\$0	\$1	\$1,546	-\$93	\$120	\$8	\$0	\$7	-\$2
Virginia	\$8,033	\$853	\$162	\$147	\$30	\$46	\$1,001	\$77	\$1,241	\$1,383	\$2,933	\$231	-\$71
Washington	\$10,494	\$954	\$147	\$182	\$24	\$653	\$469	\$170	\$930	\$1,814	\$4,936	\$342	-\$127
West Virginia	\$3,647	\$732	\$239	\$29	\$26	\$83	\$281	\$188	\$780	\$592	\$600	\$124	-\$29
Wisconsin	\$7,894	\$775	\$65	\$44	\$23	\$322	\$596	\$496	\$887	\$966	\$3,563	\$237	-\$81
Wyoming	\$559	\$127	\$42	\$14	\$20	\$33	\$30	\$23	\$136	\$126	\$2	\$14	-\$7
Subtotal	\$523,709	\$92,676	\$11,181	\$4,214	\$2,148	\$11,178	\$38,838	\$10,507	\$59,548	\$58,107	\$227,956	\$15,426	-\$8,070
American Samoa	\$30	\$19	-\$4	-\$0	-	-\$2	\$16	\$1	-\$0	-	-	-	-
Guam	\$73	\$12	\$8	\$3	\$0	\$1	\$27	\$21	\$1	\$0	-	\$1	-
N. Mariana Islands	\$27	\$18	-	\$0	-	\$1	\$6	\$1	-	\$0	-\$0	\$0	-
Puerto Rico	\$2,280	-	-	-	-	-	\$16	-	-	-	\$2,264	-	-
Virgin Islands	\$39	\$19	\$4	\$2	\$1	\$1	\$2	\$6	\$3	\$0	-	\$1	-
Total	\$526,159	\$92,745	\$11,189	\$4,218	\$2,150	\$11,180	\$38,905	\$10,535	\$59,552	\$58,107	\$230,220	\$15,428	-\$8,070
Percent of total, exclusive of collections	-	17.4%	2.1%	0.8%	0.4%	2.1%	7.3%	2.0%	11.1%	10.9%	43.1%	2.9%	-

Notes: LTSS is long-term services and supports. Includes federal and state funds. Service category definitions and spending amounts shown here may differ from other CMS data sources, such as the Medicaid Statistical Information System (MSIS). The specific services included in each category have changed over time and therefore may not be directly comparable to earlier editions of MACStats. Collections include third-party liability, estate, and other recoveries. Posted online on July 6, 2016.

– Dash indicates zero; \$0 or -\$0 indicates an amount between \$0.5 and -\$0.5 million that rounds to zero.

Additional detail on categories:

- Hospital includes inpatient, outpatient, critical access hospital, and emergency hospital services, as well as related disproportionate share hospital (DSH) payments.
- Physician includes physician and surgical services, both regular payments and those associated with the primary care physician payment increase.
- Clinic and health center includes non-hospital outpatient clinic, rural health clinic, federally qualified health center, and freestanding birth center.
- Other acute includes lab or X-ray; sterilizations; abortions; Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screenings; emergency services for unauthorized aliens; non-emergency transportation; physical, occupational, speech, and hearing therapy; prosthetics, dentures, and eyeglasses; preventive services with U.S. Preventive Services Task Force (USPSTF) Grade A or B and Advisory Committee on Immunization Practices (ACIP) vaccines; other diagnostic screening and preventive services; school-based services; health home with chronic conditions; tobacco cessation for pregnant women; private duty nursing; case management (excluding primary care case management); rehabilitative services; hospice; and other care not otherwise categorized.
- Drugs are net of rebates.
- Institutional LTSS includes nursing facility, intermediate care facility for individuals with intellectual disabilities, and mental health facility.
- Home and community-based LTSS includes home health, waiver and state plan services, and personal care.
- Managed care and premium assistance includes comprehensive and limited-benefit managed care plans, primary care case management (PCCM), employer-sponsored premium assistance programs, and Programs of All-inclusive Care for the Elderly (PACE). Comprehensive plans account for over 90 percent of spending in the managed care category. Managed care also includes rebates for drugs provided by managed care plans, and managed care payments associated with the primary care physician payment increase, Community First Choice option, and preventive services with USPSTF Grade A or B, and ACIP vaccines.

¹ Not all states had certified their CMS-64 FMR submissions as of May 24, 2016. California's first, second, third, and fourth quarter submissions are not certified; Colorado and North Dakota's second, third, and fourth quarter submissions are not certified; New Jersey's third and fourth quarter submissions are not certified. Figures presented in this exhibit may change if states revise their expenditure data after this date.

² State reports negative fee-for-service (FFS) drug spending after the application of drug rebates. The negative net amount may reflect a shift of some FFS drug spending into Medicaid managed care or the state not separately reporting the FFS and managed care drug rebates. Vermont shows negative drug spending because it reports most of its benefit spending under other care services in its CMS-64 submission.

Source: MACPAC, 2016, analysis of CMS-64 Financial Management Report (FMR) net expenditure data as of May 24, 2016.