EXHIBIT 23. Medicaid Supplemental Payments to Hospital Providers by State, FY 2015 (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	**$97,278.9**	**$15,663.2**	**$20,249.9**	**$11,931.6**	**49.2%**
Alabama	**1,991.8**	482.9	579.4	–	53.3
Alaska	**317.0**	9.0	–	–	2.8
Arizona[3]	**1,142.6**	142.6	156.3	155.7	39.8
Arkansas	**1,021.0**	64.0	318.5	–	37.5
California[3, 4]	**20,768.1**	2,390.1	7,650.4	2,299.7	59.4
Colorado	**2,418.6**	196.5	1,011.6	–	50.0
Connecticut	**1,865.2**	23.5	86.4	–	5.9
Delaware	**66.1**	8.4	–	–	12.7
District of Columbia	**332.0**	30.6	16.1	–	14.1
Florida[3]	**3,617.1**	239.7	79.9	1,872.6	60.6
Georgia	**2,227.9**	435.0	233.1	–	30.0
Hawaii[3]	**114.0**	–	0.8	94.1	83.3
Idaho	**393.7**	24.2	9.1	–	8.4
Illinois	**5,154.8**	359.5	1,596.5	–	37.9
Indiana	**1,220.9**	232.1	18.4	–	20.5
Iowa	**949.1**	47.1	30.9	–	8.2
Kansas[3]	**148.1**	52.9	2.2	72.8	86.4
Kentucky	**388.1**	188.9	19.2	–	53.6
Louisiana	**1,891.4**	1,203.5	240.8	–	76.4
Maine	**563.2**	–	12.5	–	2.2
Maryland	**1,107.4**	52.0	36.6	–	8.0
Massachusetts[3, 5]	**2,024.8**	–	309.7	45.0	17.5
Michigan	**1,751.8**	336.5	753.8	–	62.2
Minnesota[5]	**649.5**	32.0	12.0	71.6	17.8
Mississippi	**1,684.0**	224.5	533.1	–	45.0
Missouri	**3,094.6**	473.6	132.9	–	19.6
Montana	**318.8**	18.6	47.9	–	20.9
Nebraska	**141.6**	37.0	–	–	26.1
Nevada	**573.4**	78.0	156.8	–	40.9
New Hampshire	**137.8**	68.3	6.8	–	54.5
New Jersey[4, 5]	**1,818.1**	731.8	–	273.4	55.3
New Mexico	**368.5**	22.7	105.4	–	34.8
New York[4, 5]	**10,680.8**	2,820.3	1,082.9	827.3	44.3
North Carolina	**4,663.3**	371.0	2,375.1	–	58.9
North Dakota	**78.8**	0.4	0.1	–	0.6
Ohio	**2,300.5**	593.5	597.5	–	51.8

EXHIBIT 23. (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
Oklahoma	**$1,751.4**	$40.2	$848.4	–	50.7%
Oregon	**481.1**	40.8	153.3	–	40.3
Pennsylvania	**1,431.2**	519.2	339.5	–	60.0
Rhode Island	**356.0**	140.5	11.4	–	42.7
South Carolina	**1,078.6**	435.5	179.4	–	57.0
South Dakota	**205.8**	0.8	2.8	–	1.8
Tennessee[3, 5]	**841.4**	81.7	–	$737.7	97.4
Texas[3, 4]	**9,374.7**	2,026.5	31.1	5,481.6	80.4
Utah	**288.3**	24.5	54.7	–	27.5
Vermont	**45.1**	37.4	–	–	83.1
Virginia	**853.2**	9.1	172.7	–	21.3
Washington	**954.1**	230.4	–	–	24.1
West Virginia	**732.0**	53.7	167.1	–	30.2
Wisconsin	**775.1**	31.4	57.6	–	11.5
Wyoming	**126.5**	0.5	18.9	–	15.3

Notes: FY is fiscal year. DSH is disproportionate share hospital. 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; 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. The Centers for Medicare & Medicaid Services only began to require separate reporting of non-DSH supplemental payments in 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.

– Dash indicates zero; $0.0 indicates an amount less than $0.05 million that rounds to zero.

[1] Not all states had certified their CMS-64 Financial Management Report (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] 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. 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 made supplemental payments through an uncompensated care pool under Section 1115 waiver expenditure authority.

[4] State made supplemental payments through a DSRIP under Section 1115 waiver expenditure authority.

[5] State made other supplemental payments, including graduate medical education, under Section 1115 waiver expenditure authority.

Source: MACPAC, 2016, analysis of CMS-64 FMR net expenditure data as of May 24, 2016 and CMS-64 Schedule C waiver report data as of August 2, 2016.