

**EXHIBIT 30. Total Medicaid Administrative Spending by State and Category, FY 2015 (millions)**

State <sup>1</sup>	Total spending on administration	Spending by category					Collections
		MMIS <sup>2</sup>	Eligibility system <sup>2</sup>	EHR incentive program <sup>3</sup>	Other functions, federal match above 50% <sup>4</sup>	Other functions, federal match of 50% <sup>5</sup>	
Alabama	\$231	\$32	\$39	\$28	\$10	\$123	-\$0
Alaska	\$130	\$8	\$25	\$9	\$5	\$84	–
Arizona	\$277	\$27	\$138	\$44	\$8	\$60	-\$0
Arkansas	\$383	\$85	\$56	\$19	\$48	\$175	–
California	\$5,631	\$641	\$1,626	\$166	\$240	\$2,958	–
Colorado	\$385	\$71	\$46	\$28	\$9	\$231	–
Connecticut	\$414	\$40	\$156	\$14	\$34	\$169	–
Delaware	\$163	\$34	\$56	\$5	\$6	\$62	–
District of Columbia	\$151	\$20	\$22	\$7	\$3	\$98	–
Florida	\$703	\$73	\$102	\$54	\$34	\$440	–
Georgia	\$580	\$130	\$164	\$49	\$8	\$230	-\$0
Hawaii	\$119	\$14	\$55	\$19	\$3	\$28	–
Idaho	\$105	\$27	\$21	\$10	\$5	\$41	–
Illinois	\$1,024	\$58	\$44	\$79	\$66	\$777	–
Indiana	\$472	\$76	\$28	\$25	\$18	\$325	–
Iowa	\$196	\$57	\$76	\$24	\$5	\$33	–
Kansas	\$183	\$28	\$48	\$15	\$3	\$88	-\$0
Kentucky	\$243	\$49	\$45	\$38	\$15	\$95	–
Louisiana	\$289	\$44	\$58	\$39	\$10	\$138	–
Maine	\$143	\$44	\$14	\$18	\$10	\$57	–
Maryland	\$471	\$35	\$89	\$35	\$62	\$250	–
Massachusetts	\$786	\$110	\$133	\$29	\$31	\$483	–
Michigan	\$694	\$289	\$52	\$63	\$47	\$242	–
Minnesota	\$590	\$62	\$97	\$50	\$7	\$374	–
Mississippi	\$177	\$45	\$12	\$28	\$9	\$83	-\$0
Missouri	\$350	\$52	\$65	\$29	\$10	\$195	-\$0
Montana	\$75	\$6	\$34	\$6	\$3	\$27	-\$0
Nebraska	\$127	\$22	\$40	\$14	\$9	\$43	–
Nevada	\$160	\$26	\$78	\$9	\$10	\$38	–
New Hampshire	\$124	\$37	\$49	\$3	\$4	\$31	–
New Jersey	\$780	\$55	\$104	\$28	\$33	\$561	–
New Mexico	\$163	\$26	\$44	\$11	\$11	\$75	-\$3

State <sup>1</sup>	Total spending on administration	Spending by category					Collections
		MMIS <sup>2</sup>	Eligibility system <sup>2</sup>	EHR incentive program <sup>3</sup>	Other functions, federal match above 50% <sup>4</sup>	Other functions, federal match of 50% <sup>5</sup>	
New York	\$1,784	\$196	\$21	\$140	\$69	\$1,357	–
North Carolina	\$665	\$70	\$339	\$52	\$25	\$180	–
North Dakota	\$16	\$3	\$1	\$1	\$0	\$10	–
Ohio	\$860	\$89	\$171	\$69	\$14	\$518	–
Oklahoma	\$245	\$40	\$10	\$29	\$34	\$132	–
Oregon	\$541	\$36	\$98	\$24	\$7	\$376	-\$0
Pennsylvania	\$876	\$107	\$231	\$48	\$23	\$468	–
Rhode Island	\$144	\$29	\$34	\$9	\$4	\$69	–
South Carolina	\$260	\$71	\$48	\$20	\$13	\$109	–
South Dakota	\$55	\$9	\$2	\$10	\$2	\$31	–
Tennessee	\$412	\$68	\$64	\$39	\$15	\$228	-\$1
Texas	\$1,456	\$282	\$599	\$75	\$43	\$466	-\$8
Utah	\$152	\$29	\$39	\$20	\$12	\$52	–
Vermont	\$33	\$8	\$15	\$8	\$0	\$1	–
Virginia	\$478	\$31	\$244	\$30	\$31	\$141	–
Washington	\$581	\$82	\$68	\$46	\$7	\$377	–
West Virginia	\$189	\$68	\$6	\$13	\$22	\$79	–
Wisconsin	\$319	\$78	\$44	\$30	\$9	\$167	-\$10
Wyoming	\$62	\$16	\$17	\$8	\$2	\$20	–
<b>Subtotal (states)</b>	<b>\$25,451</b>	<b>\$3,636</b>	<b>\$5,667</b>	<b>\$1,665</b>	<b>\$1,110</b>	<b>\$13,396</b>	<b>-\$23</b>
American Samoa	\$4	–	–	\$3	–	\$1	–
Guam	\$3	–	–	\$0	\$0	\$2	–
N. Mariana Islands	\$1	–	–	\$0	–	\$0	–
Puerto Rico	\$82	\$2	–	\$25	–	\$55	–
Virgin Islands	\$8	\$1	\$0	\$2	–	\$5	–
<b>Subtotal (states and territories)</b>	<b>\$25,547</b>	<b>\$3,639</b>	<b>\$5,668</b>	<b>\$1,696</b>	<b>\$1,110</b>	<b>\$13,458</b>	<b>-\$23</b>
Medicaid Fraud Control Units <sup>6</sup>	\$145	–	–	–	\$145	–	–
Medicaid survey and certification of nursing and intermediate care facilities <sup>6</sup>	\$326	–	–	–	\$326	–	–
<b>Total</b>	<b>\$26,019</b>	<b>\$3,639</b>	<b>\$5,668</b>	<b>\$1,696</b>	<b>\$1,581</b>	<b>\$13,458</b>	<b>-\$23</b>
<b>Percent of total, exclusive of collections</b>	<b>–</b>	<b>14.0%</b>	<b>21.8%</b>	<b>6.5%</b>	<b>6.1%</b>	<b>51.7%</b>	<b>–</b>

**Notes:** FY is fiscal year. MMIS is Medicaid management information system. EHR is electronic health record. Includes federal and state funds. Excludes administrative activities performed by Medicaid managed care plans (which are included in the capitation payments that states make to these plans) and activities that are exclusively federal, such as program oversight by CMS staff. Collections may include, for example, donations made by hospitals to compensate for the cost of on-site stationing of state or local Medicaid agency personnel to determine eligibility or provide outreach. For more information on specific items noted in this exhibit, see CMS, 2014, MBES CBES category of service line definitions for the 64.10 base form, <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/financing-and-reimbursement/downloads/cms-6410-admin-category-of-services-definition-2-14.pdf>. Posted online on July 6, 2016.

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

<sup>1</sup> 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.

<sup>2</sup> Includes design and development of systems (90 percent federal match), operation of approved systems (75 percent), and other costs (50 percent).

<sup>3</sup> Includes EHR incentive payments to providers (100 percent federal match) and administration of payments (90 percent).

<sup>4</sup> Includes skilled medical professionals, preadmission screening and resident review, medical and utilization review, external independent review, survey and certification, and MFCU operations (all at 75 percent federal match); translation and interpretation services for children and planning activities for the Health Home benefit (both at match equal to a state's federal medical assistance percentage); eligibility changes associated with the Temporary Assistance for Needy Families program (75 or 90 percent); administration of family planning services (90 percent); and immigration status verification systems (100 percent). Excludes MMIS and eligibility systems, which are included in their own categories.

<sup>5</sup> Excludes MMIS and eligibility systems, which are included in their own categories.

<sup>6</sup> State-level estimates for MFCUs and survey and certification are available but are not included in the CMS-64 data that MACPAC typically uses to analyze Medicaid spending.

**Sources:** For state and territory spending: MACPAC, 2016, analysis of CMS-64 FMR net expenditure data as of May 24, 2016; for MFCUs and survey and certification: CMS, 2016, *Fiscal year 2017 justification of estimates for Appropriations Committees*, Baltimore, MD: CMS, <http://www.cms.gov/About-CMS/Agency-Information/PerformanceBudget/Downloads/FY2017-CJ-Final.pdf>.