

EXHIBIT 31. Total Medicaid Administrative Spending by State and Category, FY 2023 (millions)

State ¹	Total spending on administration	Spending by category					Collections
		MMIS ²	Eligibility systems ²	EHR incentive program ³	Other functions, federal match above 50% ⁴	Other functions, federal match of 50% ⁵	
Alabama	\$259	\$45	\$27	\$0	\$9	\$178	–
Alaska	176	45	10	–	6	115	–
Arizona	316	36	159	-0	12	108	–
Arkansas	528	146	123	–	69	190	-\$1
California	7,400	565	2,443	-0	288	4,105	-1
Colorado	843	103	143	-1	12	586	-0
Connecticut	412	50	113	0	29	220	-0
Delaware	127	39	19	–	4	65	–
District of Columbia	189	38	42	2	8	100	–
Florida	648	121	111	1	39	376	–
Georgia	672	147	165	0	22	338	-0
Hawaii	108	23	31	0	5	49	–
Idaho	141	32	24	–	27	59	–
Illinois	1,116	70	340	0	77	629	–
Indiana	541	98	110	0	16	316	–
Iowa	151	26	63	0	12	51	-0
Kansas	243	53	69	0	4	117	–
Kentucky	343	79	86	-0	22	156	–
Louisiana	422	101	124	-3	10	191	-0
Maine	186	59	41	0	13	72	-0
Maryland	635	156	134	-1	27	319	–
Massachusetts	1,260	167	142	–	55	897	-0
Michigan	750	167	177	1	23	384	-1
Minnesota	798	74	153	0	15	555	–
Mississippi	223	96	46	0	8	73	–
Missouri	493	88	117	0	13	275	–
Montana	106	48	18	0	6	34	-0
Nebraska	182	43	43	–	7	89	–
Nevada	198	38	73	–	10	78	–
New Hampshire	149	56	46	–	6	41	–



EXHIBIT 31. (continued)

State ¹	Total spending on administration	Spending by category					Collections
		MMIS ²	Eligibility systems ²	EHR incentive program ³	Other functions, federal match above 50% ⁴	Other functions, federal match of 50% ⁵	
New Jersey	\$1,023	\$104	\$311	–	\$26	\$581	-\$0
New Mexico	367	99	94	–	18	156	–
New York	2,157	289	163	\$2	77	1,627	–
North Carolina	1,126	118	426	1	74	508	–
North Dakota	98	39	27	-0	2	31	–
Ohio	1,186	294	188	1	20	682	-1
Oklahoma	249	59	11	–	25	155	–
Oregon	660	56	118	-0	20	465	-0
Pennsylvania	1,204	129	361	-0	27	688	–
Rhode Island	237	54	53	-0	2	127	-0
South Carolina	420	105	75	1	20	218	–
South Dakota	90	15	21	–	4	50	–
Tennessee	964	362	281	-0	18	306	-3
Texas	1,909	372	533	4	24	985	-9
Utah	197	48	44	-0	12	93	–
Vermont	178	45	33	0	10	90	–
Virginia	478	72	229	0	30	147	-0
Washington	1,157	89	119	1	30	917	-0
West Virginia	263	127	46	–	27	63	–
Wisconsin	549	140	125	0	8	276	-1
Wyoming	62	22	21	–	2	16	-0
Subtotal (states)	\$34,190	\$5,449	\$8,471	\$10	\$1,331	\$18,946	-\$18
American Samoa	2	–	–	–	–	2	–
Guam	6	1	–	–	1	4	–
Northern Mariana Islands	3	2	–	–	–	1	–
Puerto Rico	147	61	26	5	–	56	–
Virgin Islands	15	10	4	–	–	1	–
Subtotal (states and territories)	\$34,363	\$5,523	\$8,501	\$15	\$1,332	\$19,010	-\$18

EXHIBIT 31. (continued)

State ¹	Total spending on administration	Spending by category					Collections
		MMIS ²	Eligibility systems ²	EHR incentive program ³	Other functions, federal match above 50% ⁴	Other functions, federal match of 50% ⁵	
Medicaid Fraud Control Units ⁶	\$440	–	–	–	\$440	–	–
Medicaid survey and certification of nursing and intermediate care facilities ⁶	437	–	–	–	437	–	–
Total	\$35,240	\$5,523	\$8,501	\$15	\$2,209	\$19,010	-\$18
Percent of total, exclusive of collections	–	15.7%	24.1%	0.0%	6.3%	53.9%	–

Notes: FY is fiscal year. MMIS is Medicaid Management Information Systems. 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 from the Medicaid and CHIP Budget Expenditure System (MBES CBES) 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/downloads/cms-6410-admin-category-of-services-definition-2-14.pdf>.

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

¹ All states had certified their CMS-64 Financial Management Report (FMR) submissions as of May 29, 2024. Figures presented in this exhibit may change if states revise their expenditure data after this date.

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

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

⁴ Includes skilled medical professionals, preadmission screening and resident review, medical and utilization review, external independent review, survey and certification, and Medicaid Fraud Control Unit (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 (FMAP)); eligibility changes associated with the Temporary Assistance for Needy Families program (TANF, 75 or 90 percent); administration of family planning services (90 percent); and immigration status verification systems and design development and implementation of Prescription Drug Monitoring Program systems (100 percent). Excludes MMIS and eligibility systems, which are included in their own categories.

⁵ Excludes MMIS and eligibility systems, which are included in their own categories.

⁶ 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, 2024, analysis of CMS-64 FMR net expenditure data as of May 29, 2024. For all other spending (MFCUs, survey and certification, Vaccines for Children program): CMS, 2024, *Fiscal year 2025 justification of estimates for appropriations committees*, Baltimore, MD, <https://www.cms.gov/files/document/fy2025-cms-congressional-justification-estimates-appropriations-committees.pdf>.