

EXHIBIT 25. Medicaid Supplemental Payments to Non-Hospital Providers by State, FY 2023 (millions)

State ¹	Mental health facilities ²			Nursing facilities and ICF/IDs ³			Physicians and other practitioners ⁴		
	Total Medicaid payments	Supplemental payments	Supplemental payments as % of total	Total Medicaid payments	Supplemental payments	Supplemental payments as % of total	Total Medicaid payments	Supplemental payments	Supplemental payments as % of total
Total	\$8,123.0	\$3,751.8	46.2%	\$52,260.0	\$2,943.9	5.6%	\$12,191.2	\$2,646.8	21.7%
Alabama	83.7	3.2	3.8	1,219.9	–	–	684.1	130.8	19.1
Alaska	29.7	17.6	59.3	203.6	–	–	217.2	–	–
Arizona	36.0	28.5	79.0	76.8	11.6	15.2	87.9	–	–
Arkansas	16.7	–	–	1,063.0	–	–	392.4	48.1	12.3
California	517.0	0.2	0.0	2,650.2	273.2	10.3	776.8	194.4	25.0
Colorado	9.9	–	–	805.9	121.4	15.1	465.9	220.4	47.3
Connecticut	264.7	105.6	39.9	1,434.2	–	–	871.4	24.1	2.8
Delaware	20.2	6.2	30.8	36.0	–	–	10.6	–	–
District of Columbia	101.4	7.0	6.9	425.8	0.1	0.0	29.7	4.5	15.2
Florida ⁵	1,671.8	120.1	7.2	706.8	–	–	318.3	177.7	55.8
Georgia	18.3	–	–	1,720.7	84.4	4.9	555.0	133.4	24.0
Hawaii	–	–	–	10.6	–	–	1.4	–	–
Idaho	5.5	–	–	169.8	62.8	37.0	256.5	–	–
Illinois	106.9	89.4	83.6	1,307.4	–	–	215.0	–	–
Indiana	85.8	–	–	3,134.4	803.3	25.6	311.5	61.9	19.9
Iowa	0.8	–	–	34.5	–	–	15.1	5.4	35.8
Kansas	23.8	23.3	97.8	71.2	–	–	6.5	2.4	36.5
Kentucky	36.1	31.6	87.5	1,497.5	0.6	0.0	45.5	11.3	24.8
Louisiana	141.1	134.2	95.1	1,634.8	3.8	0.2	34.2	2.1	6.1
Maine	134.5	57.5	42.8	454.1	–	–	214.9	1.1	0.5
Maryland	474.9	67.8	14.3	1,461.8	–	–	657.7	373.3	56.8
Massachusetts ⁶	242.4	207.3	85.5	1,782.4	196.1	11.0	326.5	0.3	0.1
Michigan	374.0	340.4	91.0	2,163.2	422.0	19.5	278.0	144.0	51.8
Minnesota	155.0	15.0	9.7	1,195.0	–	–	452.7	59.1	13.1
Mississippi	19.0	–	–	1,172.1	10.5	0.9	195.0	23.2	11.9

EXHIBIT 25. (continued)

State ¹	Mental health facilities ²			Nursing facilities and ICF/IDs ³			Physicians and other practitioners ⁴		
	Total Medicaid payments	Supplemental payments	Supplemental payments as % of total	Total Medicaid payments	Supplemental payments	Supplemental payments as % of total	Total Medicaid payments	Supplemental payments	Supplemental payments as % of total
Missouri	\$226.3	\$208.6	92.2%	\$1,388.4	\$6.3	0.5%	\$35.1	–	–
Montana	20.8	–	–	164.3	13.7	8.3	234.4	–	–
Nebraska	1.8	1.8	100.0	573.3	23.7	4.1	1.3	–	–
Nevada	45.2	–	–	383.0	150.0	39.2	213.7	\$27.1	12.7%
New Hampshire	63.4	63.4	99.9	429.1	174.2	40.6	4.2	–	–
New Jersey	507.0	357.9	70.6	575.6	9.9	1.7	69.3	–	–
New Mexico	3.4	–	–	33.4	–	–	74.9	3.7	5.0
New York	951.4	605.0	63.6	7,439.8	19.1	0.3	527.0	–	–
North Carolina	366.2	365.8	99.9	2,187.2	–	–	277.0	34.5	12.5
North Dakota	17.6	1.0	5.8	420.4	–	–	56.9	–	–
Ohio	93.4	93.4	100.0	2,334.2	–	–	151.3	19.8	13.1
Oklahoma	96.4	3.3	3.4	944.4	144.2	15.3	924.2	37.5	4.1
Oregon	5.3	5.0	94.3	730.7	89.6	12.3	36.4	2.2	6.0
Pennsylvania	391.0	298.5	76.4	1,004.5	42.6	4.2	34.7	–	–
Rhode Island ^{5,6,7}	3.5	0.9	24.9	295.2	7.9	2.7	9.2	1.4	15.1
South Carolina	63.6	60.9	95.7	935.9	15.9	1.7	134.4	40.1	29.9
South Dakota	2.4	0.8	30.9	209.8	0.2	0.1	83.8	–	–
Tennessee	63.9	–	–	227.5	–	–	35.6	–	–
Texas ⁵	306.5	304.5	99.4	1,456.4	7.2	0.5	770.6	582.5	75.6
Utah	23.2	0.9	4.0	485.9	122.6	25.2	113.7	22.2	19.5
Vermont	17.5	–	–	172.5	–	–	103.7	–	–
Virginia	97.4	–	–	335.0	21.7	6.5	301.8	246.9	81.8
Washington	127.3	106.8	83.9	1,046.9	6.1	0.6	222.9	7.3	3.3
West Virginia	26.0	18.4	70.8	1,027.5	–	–	226.9	–	–
Wisconsin	25.7	–	–	883.8	58.9	6.7	72.9	–	–
Wyoming	7.3	–	–	143.7	40.4	28.1	55.6	4.1	7.3

EXHIBIT 25. (continued)

Notes: FY is fiscal year. ICF/ID is intermediate care facility for persons with intellectual disabilities. 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., nursing facility) sometimes show substantial annual fluctuations. Some fluctuation in supplemental payments may reflect the fact that states may not consistently classify payments in the same way over time.

– Dash indicates zero; \$0.0 indicates an amount between zero and \$0.05 million that rounds to zero; 0.0% indicates an amount between zero and 0.05% 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 inpatient psychiatric services for individuals under age 21 and inpatient hospital or nursing facility services for individuals age 65 and older in an institution for mental diseases. Supplemental payments include disproportionate share hospital (DSH) payments made in accordance with Section 1923 of the Social Security Act (the Act) as well as uncompensated care pool and other non-DSH supplemental payments made under waiver expenditure authority of Section 1115 of the Act. States are not instructed to break out non-DSH supplemental payments for mental health facilities.

³ Supplemental payments to nursing facilities and ICF/IDs include those made in addition to the standard fee schedule or other standard payments for a given service, including payments made under institutional upper payment limit rules as well as other non-DSH supplemental payments made under waiver expenditure authority of Section 1115 of the Act.

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. Supplemental payments include those made in addition to the standard fee schedule payment as well as uncompensated care pool, delivery system reform incentive payments (DSRIP), and other non-DSH supplemental payments made under Section 1115 waiver expenditure authority. There is no regulatory upper payment limit for physicians and other practitioners (as there is for institutional providers).

⁵ State made payments to physicians and other practitioners through an uncompensated care pool, DSRIP, or other non-DSH supplemental payments under Section 1115 waiver expenditure authority.

⁶ State made non-DSH payments to mental health facilities through an uncompensated care pool or other non-DSH supplemental payments under Section 1115 waiver expenditure authority.

⁷ State made non-DSH payments to nursing facilities through other non-DSH supplemental payments under Section 1115 waiver expenditure authority.

Source: MACPAC, 2024, analysis of CMS-64 FMR net expenditure data as of May 29, 2024, and CMS-64 Schedule C waiver report data as of August 2, 2024.