

**EXHIBIT 22. Medicaid Benefit Spending Per Full-Year Equivalent (FYE) Enrollee by State and Eligibility Group, FY 2023**

State	Total		Child		New adult group <sup>1</sup>		Other adult <sup>2</sup>		Disabled		Aged	
	All enrollees	Full-benefit enrollees <sup>3</sup>	All enrollees	Full-benefit enrollees <sup>3</sup>	All enrollees	Full-benefit enrollees <sup>3</sup>	All enrollees	Full-benefit enrollees <sup>3</sup>	All enrollees	Full-benefit enrollees <sup>3</sup>	All enrollees	Full-benefit enrollees <sup>3</sup>
<b>Total</b>	<b>\$9,255</b>	<b>\$9,859</b>	<b>\$4,040</b>	<b>\$4,057</b>	<b>\$8,021</b>	<b>\$8,099</b>	<b>\$5,757</b>	<b>\$6,817</b>	<b>\$27,361</b>	<b>\$30,436</b>	<b>\$20,305</b>	<b>\$26,484</b>
Alabama	6,306	7,217	2,957	2,957	–	–	3,584	4,712	15,377	19,616	11,992	27,220
Alaska	9,939	9,975	5,965	5,965	8,737	8,737	7,566	7,566	38,229	38,835	23,247	24,746
Arizona	9,445	10,172	3,858	3,905	10,584	11,206	6,925	8,050	33,544	36,403	10,836	13,635
Arkansas	8,446	8,792	3,496	3,495	8,482	8,477	5,215	5,216	16,000	19,359	21,125	34,115
California <sup>4</sup>	8,416	9,036	3,675	3,697	6,810	7,000	4,653	5,992	35,816	35,894	17,373	17,607
Colorado	7,667	8,061	3,680	3,707	5,567	5,603	4,543	5,729	37,333	40,785	22,253	32,574
Connecticut	8,369	9,123	3,981	4,002	7,158	7,073	5,210	5,706	28,774	40,738	16,667	45,675
Delaware	10,570	11,561	5,296	5,387	9,397	9,406	8,925	11,114	35,152	44,196	21,016	43,870
District of Columbia <sup>5</sup>	14,057	14,507	5,114	5,114	7,986	7,986	8,238	8,230	49,978	53,614	32,488	46,505
Florida	6,020	6,579	2,967	2,969	–	–	3,283	3,415	17,558	20,535	12,020	18,960
Georgia	6,141	6,731	3,244	3,241	–	–	5,593	6,367	14,300	17,481	11,139	23,767
Hawaii <sup>6</sup>	6,702	6,676	3,898	3,896	5,731	5,549	4,964	4,915	26,118	27,544	12,488	13,669
Idaho	8,672	8,941	3,653	3,653	6,411	6,411	7,258	7,255	27,794	32,821	14,661	24,274
Illinois <sup>7,8</sup>	9,068	9,348	3,899	3,901	8,108	8,107	9,648	11,040	22,991	24,443	21,708	23,953
Indiana	8,330	8,890	3,146	3,218	7,279	7,316	8,101	9,417	21,714	24,965	24,441	35,062
Iowa	8,693	8,900	3,330	3,329	6,985	6,989	6,081	6,161	28,231	30,776	23,117	33,741
Kansas	10,998	11,565	4,091	4,086	–	–	6,806	6,859	30,169	35,830	26,576	41,082
Kentucky	10,015	10,478	5,187	5,185	9,112	9,094	8,763	8,794	22,049	27,332	16,593	28,938
Louisiana	8,646	9,096	4,174	4,173	8,115	8,116	7,852	8,024	19,679	23,812	12,088	20,952
Maine	9,457	11,020	5,044	5,207	6,412	6,573	4,219	5,925	27,546	31,591	13,266	25,149
Maryland	10,438	10,699	4,101	4,084	9,210	9,211	7,490	7,152	37,580	43,759	25,159	41,248
Massachusetts	10,541	12,413	4,564	5,099	8,108	8,892	4,912	6,659	22,787	22,968	23,464	29,292
Michigan <sup>8</sup>	7,436	7,597	3,195	3,210	6,071	6,147	8,683	8,977	17,884	19,211	20,783	23,629
Minnesota	12,953	13,183	4,246	4,250	11,329	11,348	7,232	7,555	55,167	56,974	36,082	39,671
Mississippi	7,622	8,483	3,431	3,431	–	–	4,737	5,687	16,586	19,912	14,627	27,299
Missouri <sup>7</sup>	10,154	10,354	4,845	4,845	8,270	8,266	6,452	6,451	30,231	32,702	22,118	27,153
Montana	8,052	8,241	4,648	4,648	7,421	7,422	7,089	7,454	22,133	24,824	17,090	23,689
Nebraska	10,495	10,608	3,472	3,470	10,185	10,166	7,591	7,575	30,643	31,798	28,986	33,113

EXHIBIT 22. (continued)

State	Total		Child		New adult group <sup>1</sup>		Other adult <sup>2</sup>		Disabled		Aged	
	All enrollees	Full-benefit enrollees <sup>3</sup>	All enrollees	Full-benefit enrollees <sup>3</sup>	All enrollees	Full-benefit enrollees <sup>3</sup>	All enrollees	Full-benefit enrollees <sup>3</sup>	All enrollees	Full-benefit enrollees <sup>3</sup>	All enrollees	Full-benefit enrollees <sup>3</sup>
Nevada	\$6,279	\$6,480	\$2,967	\$2,967	\$6,102	\$6,100	\$5,336	\$5,214	\$22,718	\$29,999	\$10,515	\$23,526
New Hampshire	9,517	10,269	4,875	4,897	5,839	5,843	4,276	5,756	25,518	34,680	30,681	49,178
New Jersey	10,563	10,628	4,131	4,203	7,414	7,248	7,658	7,351	37,485	38,688	25,794	28,650
New Mexico	8,658	9,422	4,747	4,749	7,613	7,663	6,444	7,849	29,386	37,901	13,764	31,913
New York	12,528	12,725	4,397	4,399	7,885	7,886	6,723	6,742	40,095	41,779	34,420	39,499
North Carolina	7,219	9,009	3,589	3,630	–	–	3,611	6,338	22,753	24,395	16,651	21,916
North Dakota <sup>4</sup>	12,154	12,303	3,824	3,824	10,357	10,344	5,390	5,389	36,414	38,580	39,408	45,325
Ohio	9,742	10,055	4,223	4,222	8,294	8,314	6,644	6,619	23,695	27,215	23,952	33,423
Oklahoma	7,923	8,096	4,737	4,737	7,532	7,495	5,991	6,168	19,898	21,938	15,457	19,234
Oregon	11,051	11,843	4,631	4,647	8,381	8,583	6,856	11,523	26,163	29,579	30,586	42,499
Pennsylvania	12,347	12,683	4,531	4,539	7,717	7,724	6,195	6,406	28,494	30,041	31,418	37,812
Rhode Island	7,152	7,260	5,319	5,320	4,817	4,815	3,932	3,974	21,829	22,860	9,959	11,493
South Carolina	5,662	6,766	2,883	2,904	–	–	2,819	4,865	19,771	20,020	14,639	15,894
South Dakota <sup>5</sup>	9,478	9,903	3,402	3,402	10,360	10,358	6,290	6,290	27,402	32,692	21,808	33,834
Tennessee	6,588	6,889	4,094	4,094	–	–	4,810	4,810	14,635	16,719	12,519	22,222
Texas <sup>9</sup>	7,958	8,701	4,310	4,299	67,810	67,810	5,736	8,770	26,187	29,954	15,475	24,874
Utah <sup>4</sup>	9,790	10,107	4,341	4,394	8,888	8,905	7,528	8,952	32,117	32,754	22,115	24,180
Vermont	9,404	10	10	10	10	10	10	10	10	10	10	10
Virginia	10,969	11,264	3,698	3,698	10,200	9,762	4,439	5,215	39,105	46,799	25,079	32,947
Washington <sup>7</sup>	13,365	13,673	5,869	5,870	13,250	13,249	13,378	13,037	39,349	45,757	24,914	34,858
West Virginia	8,514	8,935	4,050	4,051	6,674	6,675	6,203	6,292	16,736	20,673	22,837	39,942
Wisconsin	8,099	8,411	3,065	3,069	–	–	4,673	4,991	26,799	27,190	15,997	17,080
Wyoming	8,652	9,084	3,674	3,678	–	–	6,049	6,110	24,420	28,857	23,248	39,152

**Notes:** FY is fiscal year. Full-year equivalent (FYE) may also be referred to as "average monthly enrollment." Includes federal and state funds. Excludes spending for administration, the territories, and Medicaid-expansion CHIP enrollees. Children and adults under age 65 who qualify for Medicaid on the basis of disability are included in the disabled category. Individuals age 65 and older eligible through an aged, blind, or disabled pathway are included in the aged category. Benefit spending from Transformed Medicaid Statistical Information System (T-MSIS) data has been adjusted to reflect CMS-64 totals. With regard to methods, spending totals exclude disproportionate share hospital (DSH) and certain incentive and uncompensated care pool payments made under waiver expenditure authority of Section 1115 of the Social Security Act (the Act), which were previously included before the December 2015 data book. Additionally, figures shown here may not be directly comparable to data books before 2025 due to a change in the method used to identify non-institutional long-term services and supports. See <https://www.macpac.gov/macstats/data-sources-and-methods/> for additional information.

**EXHIBIT 22.** (continued)

– Dash indicates zero.

<sup>1</sup> Includes both newly eligible and not newly eligible adults who are eligible under Section 1902(a)(10)(A)(i)(VIII) of the Act. Newly eligible adults include those who are not eligible for Medicaid under the rules that a state had in place on December 1, 2009. Not newly eligible adults include those who would have previously been eligible for Medicaid under the rules that a state had in place on December 1, 2009; this includes states that had already expanded to adults with incomes greater than 100 percent of the federal poverty level as of March 23, 2010, and receive the expansion state transitional matching rate.

<sup>2</sup> Includes adults under age 65 who qualify through a pathway other than disability or Section 1902(a)(10)(A)(i)(VIII) of the Act (e.g., parents and caretakers, pregnancy).

<sup>3</sup> In this exhibit, full-benefit enrollees columns exclude enrollees reported by states in T-MSIS as receiving coverage of only emergency services, family planning services, COVID-19 diagnostic products or testing-related services, or assistance with Medicare premiums and cost sharing.

<sup>4</sup> State has a state plan amendment (SPA) that allows the state to receive the enhanced federal medical assistance percentage (FMAP) for Medicaid children who would have, before January 1, 2014, been enrolled in CHIP if not for the elimination of the Medicaid asset test. These children cannot be separately identified in the T-MSIS data. Because the state claims the spending for these children as Medicaid-expansion CHIP, we reduced child enrollment and spending in these states based on the proportion reported in their SPA. Correspondingly, we reduced California's child FYE enrollment by approximately 244,000 and spending by \$785.6 million, North Dakota's child FYE enrollment by approximately 3,000 and spending by \$10.8 million, and Utah's child FYE enrollment by approximately 12,000 and spending by \$36.9 million.

<sup>5</sup> State reported enrollment for the new adult group that shows a difference of greater than 20 percent when compared to the CMS-64 enrollment report. The District of Columbia's average monthly enrollment was 33 percent less than the benchmark, and South Dakota's average monthly enrollment was 29 percent more than the benchmark.

<sup>6</sup> Spending total excludes a small amount of fee-for-service drug spending reported on the CMS-64 because there were no fee-for-service drug claims reported in T-MSIS.

<sup>7</sup> State reported CMS-64 spending that shows a difference greater than 20 percent when compared to the prior year. Illinois's spending on the CMS-64 was 25.1 percent higher compared with 2022. Missouri's spending on the CMS-64 was 23.8 percent higher compared with 2022. Washington's spending on the CMS-64 was 32.8 percent higher compared with 2022.

<sup>8</sup> State reported a large shift of enrollees between eligibility groups from the prior year. Illinois reported an 80 percent increase in the child group, a 41 percent decrease in the new adult group, and a 304 percent increase in the other adult group. Michigan reported a 35 percent increase in the other adult group and a 38 percent decrease in the disabled group.

<sup>9</sup> State reported enrollment for the new adult group even though it had not expanded coverage in FY 2023.

<sup>10</sup> Due to large differences in the way spending is reported by Vermont in CMS-64 and T-MSIS data, MACPAC's adjustment methodology is applied only to total Medicaid spending.

**Sources:** MACPAC, 2025, analysis of T-MSIS data as of February 2025 and analysis of CMS-64 financial management report net expenditure data as of June 2024.