

**EXHIBIT 31.** Total Medicaid Administrative Spending by State and Category, FY 2024 (millions)

State <sup>1</sup>	Total spending on administration	Spending by category					Collections
		MMIS <sup>2</sup>	Eligibility systems <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	\$293	\$53	\$29	–	\$12	\$199	-\$0
Alaska	189	40	7	–	7	134	–
Arizona	422	80	163	–	20	159	–
Arkansas	524	167	129	–	37	191	-1
California	8,325	647	2,495	–	316	4,868	-1
Colorado	920	145	170	–	14	592	-0
Connecticut	460	45	113	-\$0	35	267	–
Delaware	139	42	30	–	5	62	–
District of Columbia	234	42	65	–	10	116	–
Florida	937	167	113	–	51	606	–
Georgia	707	147	180	-0	23	359	-1
Hawaii	187	56	53	–	5	74	-0
Idaho	157	45	26	–	23	64	–
Illinois	1,283	94	408	–	82	700	–
Indiana	597	112	120	–	16	349	–
Iowa	185	27	84	–	13	61	-0
Kansas	245	50	69	–	6	119	–
Kentucky	424	89	110	-0	23	202	–
Louisiana	515	98	169	–	10	238	-0
Maine	205	55	49	–	13	88	-0
Maryland	704	172	180	-0	38	314	–
Massachusetts	1,383	189	189	–	57	947	-0
Michigan	901	165	260	0	18	459	-1
Minnesota	921	91	186	–	15	629	–
Mississippi	203	56	56	–	8	83	–
Missouri	554	92	139	–	16	306	–
Montana	135	49	36	–	7	43	-0
Nebraska	193	49	41	–	8	95	–
Nevada	260	62	93	–	9	96	–
New Hampshire	168	49	52	–	6	60	–

## EXHIBIT 31. (continued)

State <sup>1</sup>	Total spending on administration	Spending by category					Collections
		MMIS <sup>2</sup>	Eligibility systems <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 Jersey	\$1,107	\$117	\$314	–	\$29	\$647	-\$0
New Mexico	567	142	220	–	19	186	–
New York	3,717	316	266	\$0	96	3,039	–
North Carolina	1,326	120	507	–	76	623	–
North Dakota	123	40	37	–	4	43	–
Ohio	1,215	144	189	–	48	836	-2
Oklahoma	285	59	14	–	21	191	–
Oregon	953	59	166	–	29	698	-0
Pennsylvania	1,210	126	323	–	87	675	–
Rhode Island	216	54	70	–	2	90	-0
South Carolina	513	118	151	–	23	221	–
South Dakota	102	20	22	–	5	56	–
Tennessee	1,119	392	358	–	20	352	-2
Texas	2,244	466	742	0	44	996	-4
Utah	197	30	51	-1	16	101	–
Vermont	204	54	39	–	11	100	–
Virginia	571	85	222	-0	29	235	-0
Washington	1,280	75	134	–	34	1,038	-0
West Virginia	221	74	49	–	35	62	–
Wisconsin	544	133	122	–	11	280	-1
Wyoming	72	30	21	–	2	18	-0
<b>Subtotal (states)</b>	<b>\$40,154</b>	<b>\$5,828</b>	<b>\$9,833</b>	<b>-\$0</b>	<b>\$1,543</b>	<b>\$22,966</b>	<b>-\$15</b>
American Samoa	2	–	0	–	–	2	–
Guam	5	–	–	–	1	5	–
Northern Mariana Islands	2	1	0	–	–	1	–
Puerto Rico	184	57	63	–	3	62	–
Virgin Islands	12	5	5	–	–	2	–
<b>Subtotal (states and territories)</b>	<b>\$40,360</b>	<b>\$5,891</b>	<b>\$9,901</b>	<b>-\$0</b>	<b>\$1,546</b>	<b>\$23,037</b>	<b>-\$15</b>

**EXHIBIT 31.** (continued)

State <sup>1</sup>	Total spending on administration	Spending by category					Collections
		MMIS <sup>2</sup>	Eligibility systems <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>	
Medicaid Fraud Control Units <sup>6,7</sup>	\$497	–	–	–	\$497	–	–
Medicaid survey and certification of nursing and intermediate care facilities <sup>6</sup>	468	–	–	–	468	–	–
<b>Total</b>	<b>\$41,325</b>	<b>\$5,891</b>	<b>\$9,901</b>	<b>-\$0</b>	<b>\$2,511</b>	<b>\$23,037</b>	<b>-\$15</b>
<b>Percent of total, exclusive of collections</b>	<b>–</b>	<b>14.3%</b>	<b>24.0%</b>	<b>0.0%</b>	<b>6.1%</b>	<b>55.7%</b>	<b>–</b>

**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.

<sup>1</sup> All states had certified their CMS-64 Financial Management Report (FMR) submissions as of June 3, 2025. 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). These EHR incentive payments generally ended in 2021.

<sup>4</sup> 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.

<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.

<sup>7</sup> The CMS FY 2026 budget justification does not report the actual spending for state Medicaid fraud control units in FY 2024; this amount reported here reflects the estimated FY 2024 amount from the CMS FY 2025 budget justification.

**Sources:** For state and territory spending: MACPAC, 2025, analysis of CMS-64 FMR net expenditure data as of June 3, 2025. For all other spending (MFCUs, survey and certification, VFC program): CMS, 2025, Fiscal year 2026 justification of estimates for appropriations committees, Baltimore, MD, <https://www.cms.gov/files/document/fy2026-cms-congressional-justification-estimates-appropriations-committees.pdf>; CMS, 2024, Fiscal year 2025 justification of estimates for appropriations committees, Baltimore, MD, <https://us.pagefreezer.com/en-US/wa/browse/97b01e00-724d-46ac-9417-9e52cd82c5a5?url=https%3A%2F%2Fwww.cms.gov%2Ffiles%2Fdocument%2Ffy2025-cms-congressional-justification-estimates-appropriations-committees.pdf&timestamp=2025-03-28T00%3A40%3A51Z>.

