

## FY 2018 Expenditures for Medical Services by Coverage and Aid Category (dollar amounts in millions)<sup>1</sup>

Coverage and Aid Category	Inpatient Services	Outpatient Services	Nursing Home	Physicians	Mental Health	Other Prof. Servcs.	Pharmacy <sup>5</sup>	Dental	Medicare Premiums <sup>5</sup>	Managed Care Networks <sup>6</sup>	Grand Total <sup>7</sup>	% of Total	FY 17 % of Total
<b>Dual Eligibles</b>													
<b>Full Medicaid Dual Eligible</b>													
Aged and Non-Disabled (65+)	\$15.8	\$62.1	\$662.8	\$3.2	\$19.3	\$29.0			\$62.1		\$854.5	14.7%	14.7%
Blind or Disabled (all ages)	\$43.8	\$16.8	\$192.2	\$10.8	\$239.4	\$50.1	\$3.3		\$173.5		\$729.9	12.5%	12.4%
Non-Disabled Adults (21-64)	\$0.9	\$0.8					\$0.9		\$0.5		\$4.0	0.1%	0.1%
<b>Total Full Medicaid Dual Eligible</b>	<b>\$60.4</b>	<b>\$79.7</b>	<b>\$855.4</b>	<b>\$14.2</b>	<b>\$258.8</b>	<b>\$79.3</b>	<b>\$4.4</b>		<b>\$236.1</b>		<b>\$1,588.4</b>	<b>27.3%</b>	<b>27.2%</b>
<b>Partial Medicaid Dual Eligible</b>													
QMB/SLMB (all ages) <sup>2</sup>	\$13.9	\$0.9	\$6.4	\$10.0		\$3.6			\$229.8		\$264.7	4.5%	4.4%
<b>Total Dual Eligibles</b>	<b>\$74.4</b>	<b>\$80.6</b>	<b>\$861.8</b>	<b>\$24.2</b>	<b>\$258.8</b>	<b>\$82.9</b>	<b>\$4.4</b>		<b>\$465.9</b>		<b>\$1,853.1</b>	<b>31.8%</b>	<b>31.7%</b>
<b>Non-Dual Eligibles</b>													
<b>Full Medicaid</b>													
Aged and Non-Disabled (65+)	\$0.8		\$1.8								\$3.1	0.1%	0.1%
Blind or Disabled (all ages)	\$565.9	\$201.1	\$109.4	\$180.0	\$191.0	\$104.4	\$422.6	\$4.3		\$12.5	\$1,791.3	30.7%	31.2%
Non-Disabled Children (0-20)	\$482.6	\$165.3		\$267.6	\$30.5	\$228.1	\$254.6	\$86.3		\$24.7	\$1,539.7	26.4%	26.1%
Non-Disabled Adults (21-64)	\$218.9	\$97.9		\$84.6	\$9.2	\$81.6	\$95.5			\$5.7	\$593.5	10.2%	10.1%
<b>Total Full Medicaid</b>	<b>\$1,268.2</b>	<b>\$464.4</b>	<b>\$111.4</b>	<b>\$532.3</b>	<b>\$230.7</b>	<b>\$414.1</b>	<b>\$772.8</b>	<b>\$90.6</b>		<b>\$43.0</b>	<b>\$3,927.6</b>	<b>67.4%</b>	<b>67.4%</b>
<b>Partial Medicaid</b>													
Non-Disabled Adults (21-64) <sup>3</sup>	\$14.8	\$1.3		\$3.8							\$20.1	0.3%	0.4%
Plan First (all ages) <sup>4</sup>	\$1.3	\$0.6				\$21.5	\$2.1				\$25.7	0.4%	0.6%
<b>Total Partial Medicaid</b>	<b>\$16.1</b>	<b>\$2.0</b>		<b>\$4.0</b>		<b>\$21.6</b>	<b>\$2.1</b>				<b>\$45.8</b>	<b>0.8%</b>	<b>0.9%</b>
<b>Total Non-Dual Eligibles</b>	<b>\$1,284.3</b>	<b>\$466.3</b>	<b>\$111.4</b>	<b>\$536.3</b>	<b>\$230.7</b>	<b>\$435.7</b>	<b>\$775.0</b>	<b>\$90.6</b>		<b>\$43.0</b>	<b>\$3,973.4</b>	<b>68.2%</b>	<b>68.3%</b>
<b>Total Expenditures</b>	<b>\$1,358.7</b>	<b>\$547.0</b>	<b>\$973.2</b>	<b>\$560.5</b>	<b>\$489.5</b>	<b>\$518.7</b>	<b>\$779.4</b>	<b>\$90.7</b>	<b>\$465.9</b>	<b>\$43.1</b>	<b>\$5,826.5</b>	<b>100.0%</b>	<b>100.0%</b>
<b>% of Total</b>	23.3%	9.4%	16.7%	9.6%	8.4%	8.9%	13.4%	1.6%	8.0%	0.7%	100.0%		
<b>FY 2017 % of Total</b>	23.9%	8.3%	16.7%	10.1%	8.5%	13.0%	1.6%	9.2%	7.9%	0.8%	100.0%		

<sup>1</sup> The overall total of \$5,826,543,865 in expenditures in FY 2018 represents the amount expended during the fiscal year regardless of when the service was rendered to the Medicaid recipient. The numbers shown by category of aid and type of service rendered represent very close approximations of these expenditures and are derived based on the amounts incurred during the fiscal year using the date the service was rendered to the Medicaid recipient. Expenditures exclude Agency administrative costs, administrative costs of the school-based services program, payments to hospitals under the DSH program, and expenses of the Health Information Exchange.

<sup>2</sup> Limited Medicare - Qualified Medicare Beneficiary, Specified Low Income Medicare Beneficiary and Qualifying Individual are low-income Medicare beneficiaries that have certain premiums, co-insurance or deductibles paid for by Medicaid.

<sup>3</sup> Primarily emergency services.

<sup>4</sup> Family planning services.

<sup>5</sup> Clawback payments are the amounts states pay to the federal government as required by the Medicare Prescription Drug Improvement and Modernization Act of 2003 to share the cost of Medicare Part D coverage. In this schedule the amount is shown as Medicare Premiums.

<sup>6</sup> Monthly capitation payments to primary care providers, and the Health Home networks that support them, to manage the care of assigned Medicaid members.

<sup>7</sup> Totals do not foot due to amounts below \$500,000 not being shown because of rounding.