

FY 2015
Expenditures for Medical Services by Coverage and Aid Category¹
(dollar amounts in millions)

Coverage and Aid Category	Inpatient Services	Outpatient Services	Nursing Home	Physicians	Mental Health	Pharmacy ⁵	Dental	Other Professional Services	Medicare Premiums ⁵	Managed Care Networks ⁶	Grand Total ⁷	% of Total
Dual Eligibles												
Full Medicaid Dual Eligible												
Aged and Non-Disabled (65+)	\$15.0	\$49.4	\$664.0	\$3.6	\$15.1			\$26.3	\$52.8		\$826.6	15.5%
Blind or Disabled (all ages)	39.2	16.4	171.2	11.6	216.3	2.2		45.2	139.0		641.1	12.0%
Non-Disabled Adults (21-64)	1.0	1.1	2.3		0.8				1.0		7.1	0.1%
Total Full Medicaid Dual Eligible	55.1	66.9	837.5	15.4	232.2	3.0		71.8	192.8		1,474.8	27.6%
Partial Medicaid Dual Eligible												
Limited Medicare (all ages) ²	14.2	1.2	7.1	9.9				3.3	169.7		205.5	3.9%
Total Dual Eligibles	69.4	68.1	844.6	25.3	232.3	3.0		75.1	362.5		1,680.4	31.5%
Non-Dual Eligibles												
Full Medicaid												
Aged and Non-Disabled (65+)			2.0								2.9	0.1%
Blind or Disabled (all ages)	560.2	169.5	102.4	167.8	195.4	365.4	5.5	103.6		7.9	1,677.7	31.4%
Non-Disabled Children (0-20)	419.0	128.9		260.4	30.4	232.1	91.8	215.8		18.6	1,397.1	26.2%
Non-Disabled Adults (21-64)	217.8	77.5		67.1	6.5	61.2		93.4		2.8	526.5	9.9%
Total Full Medicaid	1,197.3	376.0	104.7	495.4	232.2	658.9	97.3	412.9		29.3	3,604.2	67.5%
Partial Medicaid												
Non-Disabled Adults (21-64) ³	11.9			3.0							15.0	0.3%
PlanFirst (all ages) ⁴	1.7	1.1				3.0		29.7			35.9	0.7%
Total Partial Medicaid	13.9	1.3		3.3		3.0		29.8			51.3	1.0%
Total Non-Dual Eligibles	1,211.2	377.3	104.7	498.7	232.2	661.9	97.3	442.7		29.3	3,655.5	68.5%
Total Expenditures	\$1,280.6	\$445.4	\$949.3	\$524.0	\$464.5	\$664.9	\$97.4	\$517.8	\$362.6	\$29.3	\$5,335.8	100.0%
% of Total	24.0%	8.3%	17.8%	9.8%	8.7%	12.5%	1.8%	9.7%	6.8%	0.5%	100.0%	

¹ The overall total of \$5,335,816,017 in expenditures in FY 2015 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 Disproportionate Share Hospital program and expenses of the Health Information Exchange.

² 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.

³ Primarily emergency services.

⁴ Family planning services.

⁵ 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.

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

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