CENTER ON BUDGET AND POLICY PRIORITIES

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THE CONFERENCE AGREEMENT ON MEDICAID: How Deep Are the Federal, State, and Total Medicaid Funding Cuts?

By Richard Kogan and Myra Tanamor

Policymakers — and media accounts — describe the Medicaid reductions in the reconciliation conference agreement as totaling $163 billion over seven years. In fact, total Medicaid funding is likely to decline much more than that, because the Medicaid changes in the reconciliation bill are likely to trigger a withdrawal of *state* Medicaid funds as well. The total loss in both federal and state Medicaid funding could climb as high as $420 billion over the next seven years.

Under current law, a state cannot withdraw state funds from Medicaid without losing federal funds; each dollar a state withdraws triggers a loss of between $1 and $4 in federal Medicaid funds, depending on the state. But that would change under the Medicaid block grant in the reconciliation bill. Once states contributed sufficient state dollars to secure their full allocation under the Medicaid block grant, any further contribution of state dollars would have no effect on the amount of federal funds received. A number of states consequently might elect to scale back their state Medicaid funding to the level required to receive their federal block grant amount, and not to contribute state funds beyond that level.

If states provide enough Medicaid funding to receive their full block grant allocations but do not voluntarily provide Medicaid funds on top of that, the total reduction in federal and state Medicaid funds would be $420 billion over seven years, compared with the levels projected under current law.

While it is unlikely that every state would decline to provide any state Medicaid funds beyond the levels needed to secure its federal block grant allocation, some or many states may follow this route. In addition, other states are likely to reduce state Medicaid funding by some amount below the levels they would have provided without the conversion of Medicaid to a block grant. If they did not do so, all savings from the changes in Medicaid would accrue to the federal government, and the share of Medicaid costs borne by states would climb significantly. Total Medicaid funding reductions from both federal and state sources are consequently likely to be somewhere between $163 billion and $420 billion, with the ultimate reduction well above the $163 billion level.

Moreover, the total funding reduction could be still higher for two reasons. First, the conference agreement on the reconciliation bill includes a House provision

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allowing states to use sham financing schemes outlawed in the early 1990s to generate illusory state funding, which can then be used to draw down federal block grant funds. For example, states could levy a "tax" on hospitals, rebate that levy to the hospitals, count the resulting rebates as state "Medicaid spending," and use that "spending" to draw down their federal block grant dollars. Where such accounting gimmicks are used, the total reduction in federal and state resources that provide health care for Medicaid beneficiaries will be even larger than the figures cited here.

Second, the Congressional Budget Office forecast — and hence the figures used here — assume both low inflation and no recession for the next seven years. In the event of either a recession (during which more people become unemployed and lose health care coverage) or higher-than-anticipated inflation (which in turn leads to higher medical costs), federal Medicaid funding would climb under current law. By contrast, under a block grant federal funding would remain fixed; it would not respond, for example, to an increase in the number of uninsured poor during an economic downturn. Thus, if the economy performs less well than forecast, federal funding provided for Medicaid under the new block grant would fall below the federal funding that would be provided under current law by substantially more than $163 billion.

Background

The budget reconciliation bill would repeal existing Medicaid law and substitute a block grant to states with few federal requirements. Under the block grant, federal Medicaid payments would be $163 billion less over the next seven years than under current law, a 28 percent federal funding reduction by 2002.

Medicaid, however, is a jointly financed program; federal and state dollars combine to purchase health care for the elderly and disabled poor and for poor children and their families. This raises a key question: what will the states do in response to the reduction in federal funding? Will states *increase* Medicaid funding to offset the federal cuts? Will they follow existing spending paths? Or will states *reduce* their own funding to the extent this can be done without triggering a loss of any federal funds?

This analysis examines each of the three scenarios. It demonstrates that unless states are willing to provide large sums of state money that no longer leverage any federal dollars, the program will be cut more deeply than is commonly realized.

Specifically, all states could choose to reduce their own levels of Medicaid funding by the same percentage as the reconciliation bill reduces federal funding; doing so would not cause states to lose any federal dollars. Moreover, most states could cut their own Medicaid funding by *larger* percentages than their federal

ECONOMIC RISKS

The figures used here are based on Congressional Budget Office estimates. These estimates, in turn, reflect assumption that general inflation will average 2.8 percent per year for the next seven years with no recession during this period. If inflation is higher than CBO forecasts or a recession increases the number of poor people without health insurance, states would either have to pick up 100 percent of the extra costs or take action to prevent costs from rising, such as cutting categories of beneficiaries from the rolls or placing the newly unemployed on waiting lists.

Stated differently, if the economy does not perform as well as forecast, Medicaid would cost more under current law but not under the new block grants. Thus, the funding reductions caused by the block grant would be larger. With a mild recession, federal funding reductions would be $8 billion greater than the CBO estimates indicate. With a severe recession, the reduction would be $29 billion greater.[1] If inflation exceeds the CBO forecast by 1 percentage point per year, the federal Medicaid funding reductions caused by the block grant would be about $65 billion larger.

[1] The mild recession modeled for this paper is assumed to be the same duration and intensity as the 1991 recession. The deep recession is assumed to be the same duration and intensity as the double-dip 1980-1981 recession.

funding is being reduced, because the reconciliation bill changes the Medicaid "matching rates" for 37 states and thereby allows them to draw down a given amount of federal funds with a smaller amount of state funds than they presently must provide.

If states put up only as much funding as is necessary to draw down their full block grant allocation, total federal and state Medicaid reductions combined would reach $420 billion over seven years under the conference agreement.

STATE FUNDING RESPONSES TO FEDERAL MEDICAID CUTS
(Dollars in billions)

	Funding Reductions 1996-2002	Percentage change in 2002
A. Federal Medicaid Cuts	$-163	-28%
B. State Medicaid Increases/Cuts:		
1. If states fully offset federal cuts	$+163	+38%
2. If states follow current-law projection	$0	0%
3. If states "match only to the cap"	$-257	-45%
C. Total Medicaid Cuts:		
1. If states fully offset federal cuts	$0	0%
2. If states follow current-law projection	$-163	-16%
3. If states "match only to the cap"	$-420	-35%

Explanation and Analysis

Medicaid is financed jointly by the federal and state governments. The state share of total costs averages 43 percent nationwide, although state shares vary widely.

In converting Medicaid to a block grant, the budget reconciliation bill would impose a cap, or limit, on federal Medicaid payments to each state. In responding to these caps, states could follow one of three scenarios.

Under scenario #1, states are assumed to increase their own Medicaid funding by an amount sufficient to offset fully the reductions in federal Medicaid payments. In this scenario, there would be no reduction in overall Medicaid funding compared with current law; rather, costs would be shifted from the federal government to state governments.

This scenario is unlikely. For it to occur, states would both have to spend as much state money on Medicaid as they would have spent if all state Medicaid dollars still leveraged federal dollars, and then also add another $163 billion in state funds on top of that. Under this scenario, state Medicaid spending would have to grow an average of 16 percent per year.

Under scenario #2, states are assumed to follow the same Medicaid funding path they would have followed under current law. In other words, they would put up the same amount of state dollars as they would have provided if federal law had not changed, ignoring the fact that much of the funding they would contribute no longer would cause more federal funds to be provided. Under this scenario, all of the savings from the overall reduction in Medicaid spending relative to current law would accrue to the federal government, and the state share of Medicaid costs would increase.

If this scenario occurred, total federal and state Medicaid funding would be reduced $163 billion over seven years, the amount of the federal cuts. Average state Medicaid spending would grow 10 percent per year, the same rate as projected under current law.

Scenario #3: "Matching to the Cap"

Under current law, the federal share of a state's Medicaid costs is determined by each state's "Federal Medical Assistance Percentage," or FMAP. If a state's FMAP is 65 percent, the federal government pays 65 percent of the Medicaid costs the state incurs, with the state shouldering the other 35 percent. A federal matching percentage is calculated for each state based on the state's per-capita income; the

poorer the state, the lower the share of Medicaid costs the state pays and the higher the share the federal government pays.

The conference agreement retains a federal matching structure, with a state continuing to receive federal matching payments for its Medicaid expenditures. But in contrast to the current system, the state would receive no more federal money once the cap on federal payments for the state had been reached. Stated another way, once the state received its full federal block grant allocation, the state would be responsible for 100 percent of all additional Medicaid costs. This financing arrangement is called "matching to the cap."

Both Scenario #1 and Scenario #2 assume states would match to the cap and then voluntarily put in additional money beyond that, for which they would receive no further federal funds. Scenario #3 does not make this assumption.

Under scenario #3, states are assumed to "match only to the cap;"states are assumed to fund Medicaid to the level necessary to receive their full amount of federal block grant dollars, but not to higher levels than that.

Under this scenario, state Medicaid funding would grow an average of 1.3 percent per year, and total Medicaid funding would grow by 3.7 percent per year.

This scenario would result in sharp reductions in total Medicaid funding. Combined federal and state Medicaid funding would be reduced $420 billion over seven years, relative to current law.

One reason the funding reduction would be so high is that the conference agreement bill does more than convert Medicaid to a block grant. It also increases the federal matching percentage for 37 states. That, in turn, reduces the amount of money these states must provide to draw down their federal block grant amounts.[2]

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[2] A simple example will illustrate this point: Assume the cap on federal payments to a given state in a given year is $500 million. Also assume the current FMAP is 50 percent (i.e., Medicaid costs are shared 50-50, so the state draws down $1 of federal money for each $1 of its own). This means that if the state puts up $500 million of its own funds, it will receive $500 million in federal funds; total Medicaid spending in the state will be $1 billion. However, if the state's FMAP is increased to 60 percent — as the conference agreement does for the 14 wealthiest states — the state will draw down $1.50 of federal money for each $1 of its own. If the state puts in $333 million of its own dollars, it will receive its federal maximum allotment of $500 million.

Under Scenario #3, the state is assumed to arrange its eligibility and benefit standards so it puts in no more funds than needed to secure its full federal block grant allotment of $500 million. The effect of increasing the FMAP from 50 percent to 60 percent is that state Medicaid spending would drop from $500 million to $333 million, and total Medicaid spending would drop from $1 billion to $833 million. Under a scenario of "matching only to the cap," the increase in the FMAP from 50 percent to

(continued...)

Potential Reduction May Exceed $420 Billion

The figures cited here — that total federal and state Medicaid funding reductions could climb as high as $420 billion — could *understate* the extent of the funding cuts. This is because the conference agreement contains a feature of the House bill that could enable states to evade some or all of the state matching requirements.

Under the conference agreement, states would be able to use financing scams to produce illusory state funds that would count toward the state matching requirement. For example, states could impose "taxes" on hospitals, immediately rebate those taxes to the hospitals, count those rebates as state Medicaid funding, and then use that "funding" to claim federal Medicaid block grant dollars.

Such accounting devices, which can enable states to secure federal dollars without truly putting up state funds, were increasingly being relied upon by states before Congress prohibited these schemes in the early 1990s. The reconciliation conference agreement makes these types of shell games legal once again. If states use these devices, the total amount of federal and state funds withdrawn from Medicaid could exceed $420 billion over seven years.[3]

Conclusion

Total Medicaid cuts could grow to as much as $420 billion over seven years even if states do not use accounting schemes to meet their cost-sharing requirements. For total Medicaid cuts to remain close to $163 billion, states would have to agree to put up substantial amounts of Medicaid funding without receiving additional federal funds for them and to bear a significantly larger percentage of total Medicaid costs

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[2] (...continued)
60 percent could induce a state to reduce its Medicaid payments by as much as one-third.

If states were to match only to the cap but the FMAPs had *not* been changed, state Medicaid spending would have been reduced by the same percentage as federal spending was being cut. Total Medicaid cuts would have been $286 billion over seven years, rather than the figure of $420 billion discussed above. Thus, if states are assumed to match only to the cap, the decision to increase FMAPs for 37 states would reduce total Medicaid funding by an additional $134 billion, to reach the $420 billion figure.

[3] If every state used those accounting devices rather than real state funds, then there would be no state "maintenance of effort;" states could cut their real Medicaid payments 100 percent. Under such a worst-case scenario, the total Medicaid cut would be $878 billion over seven years, and would reach 59 percent on average by 2002. See *An Illusory State Match Requirement?* Center on Budget and Policy Priorities, Oct. 24, 1995, by Cindy Mann, for a more complete explanation of the nature of these accounting devices.

than states do at present. Furthermore, if the economy does not perform as well as CBO assumes, the total funding reduction could be substantially larger.

Notes

The calculations for this analysis are based on state-by-state data taken from worksheets prepared by the General Accounting Office. These worksheets estimated federal grants to states in each year based on conference agreement. They include $3.5 billion in supplemental funds for the 15 states with the highest proportion of undocumented aliens and specified supplemental amounts accounts for Louisiana, Nebraska, and Nevada. They exclude an estimated $0.2 billion in "transitional" payments for old bills under the previous Medicaid law.

The current-law state-by-state baseline used here was derived from a baseline prepared by John Holohan and David Liska of the Urban Institute this spring. That baseline differed slightly from CBO's baseline. The Center made proportional adjustments to the Urban Institute's baseline to conform the national totals to the CBO baseline projections.

Conference Medicaid Bill:

Estimated Reduction in FEDERAL Spending on Medicaid

(dollars in millions)

	1996	1997	1998	1999	2000	2001	2002	7-yr Tot	Percent cut in 2002
Total	-2187	-5882	-13363	-21455	-29986	-40350	-50391	-163624	-28%
Alabama	6	7	-57	-125	-191	-265	-341	-965	-14%
Alaska	2	-16	-31	-48	-64	-81	-100	-337	-27%
Arizona	127	110	30	-58	-151	-268	-402	-613	-17%
Arkansas	-114	-167	-265	-364	-462	-567	-677	-2615	-32%
California	49	-53	-397	-767	-1247	-2180	-2774	-7370	-17%
Colorado	-56	-84	-147	-214	-294	-387	-480	-1662	-32%
Connecticut	5	-68	-162	-283	-411	-570	-736	-2226	-30%
Delaware	31	19	7	-4	-16	-31	-44	-37	-13%
DC	29	-5	-49	-104	-161	-223	-288	-801	-33%
Florida	-417	-644	-971	-1297	-1593	-1997	-2331	-9250	-29%
Georgia	-199	-328	-571	-817	-1089	-1396	-1711	-6112	-34%
Hawaii	43	19	-9	-40	-74	-109	-146	-315	-28%
Idaho	-26	-35	-50	-69	-85	-104	-123	-491	-22%
Illinois	5	-60	-338	-572	-898	-1300	-1680	-4842	-26%
Indiana	-472	-562	-777	-1009	-1257	-1529	-1813	-7419	-41%
Iowa	-8	-16	-74	-140	-210	-287	-367	-1101	-25%
Kansas	37	44	10	-28	-59	-115	-167	-288	-15%
Kentucky	-260	-335	-486	-650	-816	-999	-1190	-4737	-35%
Louisiana	-1019	-1358	-1803	-2226	-2640	-2945	-3267	-15257	-53%
Maine	8	-25	-70	-128	-192	-265	-348	-1019	-30%
Maryland	-22	-65	-186	-318	-455	-614	-773	-2433	-30%
Massachusetts	188	8	-220	-505	-811	-1159	-1509	-4008	-31%
Michigan	86	27	-240	-536	-857	-1211	-1584	-4314	-26%
Minnesota	217	132	11	-140	-311	-494	-687	-1274	-25%
Mississippi	-45	-80	-149	-222	-289	-361	-434	-1580	-18%
Missouri	153	190	124	78	-2	-92	-185	266	-7%
Montana	-41	-61	-87	-130	-164	-201	-239	-934	-36%
Nebraska	-6	74	-71	-119	-171	-227	-285	-806	-34%
Nevada	55	47	32	-73	-92	-111	-131	-273	-25%
New Hampshire	-93	-119	-149	-181	-215	-244	-274	-1276	-42%
New Jersey	-219	-400	-629	-909	-1199	-1545	-1877	-6778	-36%
New Mexico	24	3	-35	-71	-105	-148	-188	-521	-16%
New York	347	-445	-1484	-2787	-4204	-5861	-7479	-21914	-33%
North Carolina	-273	-433	-748	-1063	-1354	-1673	-2005	-7550	-37%
North Dakota	-16	-20	-38	-58	-79	-102	-126	-440	-28%
Ohio	-319	-424	-775	-1155	-1560	-2003	-2464	-8700	-32%
Oklahoma	-250	-309	-392	-478	-557	-643	-728	-3356	-34%
Oregon	169	152	76	0	-74	-160	-244	-80	-14%
Pennsylvania	445	375	89	-227	-563	-932	-1325	-2137	-18%
Rhode Island	-59	-101	-154	-220	-288	-363	-441	-1626	-41%
South Carolina	-28	-49	-138	-227	-308	-400	-493	-1643	-18%
South Dakota	16	15	-2	-21	-42	-65	-88	-187	-20%
Tennessee	42	-14	-240	-471	-695	-941	-1199	-3519	-26%
Texas	84	-41	-316	-574	-864	-1554	-2186	-5451	-19%
Utah	-34	-51	-90	-130	-172	-217	-266	-961	-28%
Vermont	31	19	2	-21	-38	-59	-80	-147	-21%
Virginia	-187	-253	-352	-451	-583	-739	-894	-3458	-36%
Washington	-16	-170	-354	-561	-773	-1011	-1252	-4137	-38%
West Virginia	-191	-272	-425	-580	-730	-893	-1065	-4156	-41%
Wisconsin	-24	-57	-190	-340	-498	-672	-855	-2636	-27%
Wyoming	8	-1	-10	-20	-28	-38	-48	-136	-21%

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OURCES: Urban Institute March Baseline, normalized to equal CBO's March baseline for DSH and non-DSH costs. GAO estimate of grants by state by year under the proposed block grant / aggregate cap, excluding a transitional correction for 1997, estimated by CBO at $200 million, to pay old bills under the previous law.

Conference Medicaid Bill

Estimated Reduction in STATE Spending on Medicaid

assuming continued state funding only until the federal cap is reached

	1996	1997	1998	1999	2000	2001	2002	7-yr Tot	Pct cut in 2002
TOTAL	-18075	-21984	-28295	-35159	-42456	-51107	-59651	-256723	-45%
Alabama	-120	-130	-164	-200	-236	-275	-316	-1440	-30%
Alaska	-66	-86	-106	-127	-146	-168	-191	-890	-51%
Arizona	64	55	15	-29	-76	-136	-203	-310	-17%
Arkansas	-70	-91	-128	-165	-201	-241	-282	-1178	-38%
California	-3030	-3407	-3983	-4601	-5345	-6441	-7333	-34140	-45%
Colorado	-214	-254	-320	-389	-467	-557	-647	-2847	-48%
Connecticut	-483	-573	-682	-813	-952	-1122	-1299	-5924	-54%
Delaware	-39	-54	-70	-85	-102	-121	-139	-610	-42%
DC	-138	-178	-227	-285	-346	-412	-481	-2069	-56%
Florida	-1278	-1539	-1866	-2196	-2508	-2891	-3243	-15520	-52%
Georgia	-297	-391	-549	-709	-883	-1077	-1277	-5182	-42%
Hawaii	-65	-82	-123	-157	-193	-231	-271	-1132	-52%
Idaho	-11	-15	-21	-29	-36	-44	-52	-209	-22%
Illinois	-1163	-1333	-1662	-1974	-2353	-2802	-3241	-14528	-51%
Indiana	-277	-329	-456	-592	-737	-897	-1064	-4351	-41%
Iowa	-5	-10	-44	-83	-125	-171	-219	-657	-25%
Kansas	4	7	-18	-46	-75	-109	-146	-384	-19%
Kentucky	-310	-360	-438	-521	-607	-700	-798	-3734	-53%
Louisiana	-655	-787	-951	-1110	-1265	-1395	-1531	-7694	-66%
Maine	-52	-73	-101	-136	-174	-218	-268	-1023	-40%
Maryland	-481	-563	-704	-857	-1015	-1194	-1376	-6188	-53%
Massachusetts	-772	-985	-1244	-1549	-1876	-2241	-2613	-11280	-54%
Michigan	-256	-329	-546	-785	-1044	-1329	-1628	-5918	-35%
Minnesota	-133	-216	-327	-462	-612	-774	-943	-3467	-41%
Mississippi	-95	-112	-137	-164	-189	-217	-245	-1160	-38%
Missouri	-93	-86	-139	-182	-245	-315	-387	-1447	-22%
Montana	-17	-25	-40	-54	-68	-83	-99	-385	-36%
Nebraska	-4	49	-46	-78	-112	-149	-187	-528	-34%
Nevada	-61	-77	-98	-181	-207	-234	-263	-1120	-50%
New Hampshire	-213	-239	-269	-301	-335	-367	-399	-2124	-61%
New Jersey	-1178	-1394	-1652	-1952	-2263	-2621	-2975	-14036	-58%
New Mexico	-21	-31	-47	-63	-78	-96	-113	-448	-27%
New York	-3983	-4929	-6102	-7499	-9010	-10726	-12442	-54691	-56%
North Carolina	-149	-236	-408	-580	-738	-912	-1094	-4117	-37%
North Dakota	-7	-9	-17	-27	-36	-46	-57	-200	-28%
Ohio	-207	-274	-502	-748	-1010	-1297	-1596	-5635	-32%
Oklahoma	-133	-160	-198	-237	-273	-312	-351	-1664	-38%
Oregon	102	92	46	0	-44	-97	-147	-48	-14%
Pennsylvania	-409	-525	-800	-1101	-1421	-1770	-2140	-8166	-36%
Rhode Island	-121	-158	-202	-256	-313	-375	-439	-1865	-51%
South Carolina	-137	-157	-201	-246	-287	-334	-381	-1742	-33%
South Dakota	8	7	-1	-10	-20	-30	-41	-88	-20%
Tennessee	-257	-310	-436	-565	-691	-828	-973	-4062	-43%
Texas	-73	-157	-325	-484	-662	-1057	-1440	-4208	-22%
Utah	-12	-18	-33	-47	-62	-78	-96	-347	-28%
Vermont	20	12	1	-13	-25	-38	-51	-95	-21%
Virginia	-571	-671	-800	-930	-1082	-1254	-1429	-6737	-57%
Washington	-470	-629	-813	-1015	-1220	-1448	-1681	-7276	-55%
West Virginia	-128	-161	-216	-271	-325	-384	-446	-1932	-50%
Wisconsin	-25	-48	-138	-239	-346	-463	-586	-1846	-28%
Wyoming	5	-1	-6	-12	-16	-22	-28	-80	-21%

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Conference Medicaid Bill

Estimated Reduction in TOTAL Spending on Medicaid

assuming continued state funding only until the federal cap is reached

	1996	1997	1998	1999	2000	2001	2002	7-yr Tot	Pct cut in 2002
TOTAL	-20262	-27867	-41657	-56610	-72452	-91457	-110042	-420347	-35%
Alabama	-114	-124	-221	-325	-426	-540	-656	-2406	-19%
Alaska	-63	-102	-137	-175	-210	-250	-291	-1227	-39%
Arizona	192	165	45	-88	-228	-404	-605	-923	-17%
Arkansas	-184	-258	-392	-529	-663	-808	-960	-3793	-34%
California	-2981	-3460	-4380	-5368	-6592	-8621	-10106	-41509	-31%
Colorado	-269	-337	-467	-603	-761	-944	-1126	-4509	-40%
Connecticut	-478	-641	-845	-1096	-1362	-1692	-2035	-8149	-42%
Delaware	-8	-35	-62	-90	-118	-151	-183	-648	-28%
DC	-108	-184	-276	-389	-507	-636	-770	-2870	-44%
Florida	-1695	-2182	-2837	-3493	-4101	-4888	-5574	-24770	-39%
Georgia	-496	-719	-1120	-1526	-1972	-2473	-2988	-11294	-37%
Hawaii	-22	-73	-132	-198	-267	-339	-417	-1447	-40%
Idaho	-37	-49	-72	-98	-121	-148	-175	-700	-22%
ois	-1158	-1393	-2000	-2547	-3249	-4102	-4922	-19370	-39%
Indiana	-749	-891	-1232	-1601	-1994	-2426	-2877	-11770	-41%
Iowa	-12	-26	-119	-223	-335	-458	-586	-1759	-25%
Kansas	41	51	-8	-74	-145	-224	-314	-672	-17%
Kentucky	-570	-696	-924	-1171	-1423	-1700	-1988	-8470	-40%
Louisiana	-1674	-2144	-2754	-3336	-3905	-4539	-4798	-22952	-56%
Maine	-45	-98	-171	-264	-366	-483	-616	-2042	-34%
Maryland	-503	-628	-889	-1175	-1469	-1807	-2149	-8621	-42%
Massachusetts	-584	-977	-1464	-2055	-2687	-3399	-4123	-15289	-43%
lichigan	-170	-302	-786	-1321	-1901	-2540	-3212	-10232	-30%
Minnesota	85	-85	-317	-602	-924	-1268	-1631	-4741	-32%
Mississippi	-141	-192	-286	-386	-478	-577	-680	-2740	-23%
Missouri	60	104	-15	-104	-247	-407	-572	-1181	-13%
Montana	-58	-87	-137	-184	-232	-284	-338	-1319	-36%
Nebraska	-11	123	-117	-197	-282	-376	-473	-1334	-34%
Nevada	-6	-30	-66	-254	-298	-344	-394	-1393	-38%
New Hampshire	-306	-359	-418	-483	-550	-611	-673	-3400	-52%
New Jersey	-1398	-1794	-2282	-2861	-3462	-4166	-4852	-20814	-47%
New Mexico	3	-28	-82	-134	-183	-244	-301	-969	-19%
New York	-3636	-5374	-7587	-10286	-13214	-16587	-19921	-76605	-45%
North Carolina	-422	-670	-1155	-1643	-2093	-2585	-3099	-11667	-37%
North Dakota	-24	-29	-56	-85	-115	-148	-184	-640	-28%
Ohio	-525	-698	-1277	-1904	-2570	-3300	-4060	-14335	-32%
Oklahoma	-382	-469	-590	-715	-830	-955	-1078	-5019	-36%
Oregon	271	244	123	1	-118	-257	-392	-129	-14%
Pennsylvania	36	-150	-711	-1328	-1983	-2701	-3465	-10303	-26%
Rhode Island	-180	-258	-356	-476	-602	-739	-880	-3491	-46%
South Carolina	-165	-206	-338	-473	-595	-733	-874	-3385	-22%
South Dakota	24	21	-3	-31	-62	-95	-129	-275	-20%
Tennessee	-216	-324	-676	-1037	-1386	-1769	-2172	-7581	-32%
Texas	10	-198	-642	-1058	-1526	-2620	-3626	-9659	-20%
Utah	-47	-70	-123	-177	-235	-295	-362	-1308	-28%
Vermont	52	31	3	-34	-84	-96	-131	-242	-21%
Virginia	-757	-924	-1152	-1381	-1665	-1993	-2323	-10195	-46%
Washington	-486	-800	-1167	-1576	-1993	-2459	-2933	-11414	-46%
'est Virginia	-319	-434	-641	-851	-1055	-1278	-1511	-6089	-43%
/isconsin	-49	-105	-328	-579	-844	-1136	-1441	-4481	-28%
Wyoming	13	-2	-16	-31	-44	-60	-76	-216	-21%

Federal Medical Assistance Percentage

TOTAL	1995 FMAP*	Conference FMAP
Alabama	70.5%	74.7%
Alaska	50.0%	60.0%
Arizona	66.4%	66.4%
Arkansas	73.8%	75.4%
California	50.0%	60.0%
Colorado	53.1%	60.0%
Connecticut	50.0%	60.0%
Delaware	50.0%	60.0%
DC	50.0%	60.0%
Florida	56.3%	65.6%
Georgia	62.2%	65.2%
Hawaii	50.0%	60.0%
Idaho	70.1%	70.1%
Illinois	50.0%	60.0%
Indiana	63.0%	63.0%
Iowa	62.6%	62.6%
Kansas	58.9%	60.0%
Kentucky	69.6%	76.2%
Louisiana	72.7%	78.6%
Maine	63.3%	66.8%
Maryland	50.0%	60.0%
Massachusetts	50.0%	60.0%
Michigan	56.6%	60.0%
Minnesota	54.3%	60.0%
Mississippi	78.6%	82.9%
Missouri	59.9%	63.9%
Montana	70.8%	70.8%
Nebraska	60.4%	60.4%
Nevada	50.0%	60.0%
New Hampshire	50.0%	60.0%
New Jersey	50.0%	60.0%
New Mexico	73.3%	75.9%
New York	50.0%	60.0%
North Carolina	64.7%	64.7%
North Dakota	68.7%	68.7%
Ohio	60.7%	60.7%
Oklahoma	70.1%	71.5%
Oregon	62.4%	62.4%
Pennsylvania	54.3%	60.0%
Rhode Island	55.5%	60.0%
South Carolina	70.7%	74.8%
South Dakota	68.1%	68.1%
Tennessee	66.5%	71.8%
Texas	63.3%	64.1%
Utah	73.5%	73.5%
Vermont	60.8%	60.8%
Virginia	50.0%	60.0%
Washington	52.0%	60.0%
West Virginia	74.6%	77.8%
Wisconsin	59.8%	60.0%
Wyoming	62.9%	62.9%

* Green Book, 1994

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