

Table 13.24

Medicaid Payments per Person Served (Beneficiary), by Basis of Eligibility and Area of Residence: Fiscal Year 2004

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	\$4,686	\$13,790	\$14,070	\$1,671	\$2,509	\$2,882
Boston: Region I	7,223	20,885	17,524	2,971	3,198	1,478
Connecticut	7,377	25,899	25,557	2,165	2,530	897
Maine	8,050	16,248	21,544	4,349	4,672	1,656
Massachusetts	7,240	21,310	14,749	3,181	3,070	1,672
New Hampshire	6,898	21,289	19,828	2,762	3,467	494
Rhode Island	7,374	22,461	18,895	3,050	2,775	1,965
Vermont	4,998	9,389	14,888	2,518	2,739	2,040
New York: Region II	7,739	25,796	24,736	2,071	3,942	1,719
New Jersey	6,900	20,013	20,410	1,819	2,958	2,036
New York	7,910	27,215	25,822	2,136	4,060	1,671
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	5,566	16,588	12,256	1,850	3,109	4,350
Delaware	5,086	20,251	16,349	1,940	3,172	1,102
District of Columbia	8,052	23,308	21,907	2,774	4,096	14,289
Maryland	6,123	17,821	18,462	2,045	4,133	1,990
Pennsylvania	5,481	17,889	10,075	1,803	2,904	2,822
Virginia	4,883	12,095	12,675	1,640	2,664	1,543
West Virginia	5,361	15,463	9,543	1,616	2,346	9,295
Atlanta: Region IV	4,358	10,960	10,505	1,577	2,954	4,064
Alabama	4,772	11,948	6,990	1,672	1,603	37,220
Florida	4,347	11,532	11,994	1,372	2,372	3,587
Georgia	3,600	12,880	11,226	1,535	3,277	1,285
Kentucky	4,560	12,497	9,248	1,998	3,332	797
Mississippi	4,564	10,174	8,675	1,432	3,109	7,464
North Carolina	4,884	12,644	13,532	1,746	3,314	590
South Carolina	4,686	6,796	10,415	1,691	2,034	43,493
Tennessee	4,213	8,683	9,308	1,567	3,802	630

See footnotes at end of table.

Table 13.24—Continued

Medicaid Payments per Person Served (Beneficiary), by Basis of Eligibility and Area of Residence: Fiscal Year 2004

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	\$5,213	\$12,480	\$15,660	\$1,601	\$2,732	\$6,784
Illinois	5,314	5,944	16,346	1,561	2,805	16,177
Indiana	4,589	15,289	15,501	1,636	2,649	2,857
Michigan	4,278	13,903	10,890	1,387	2,620	5,473
Minnesota	6,555	15,833	23,100	2,444	2,878	1,582
Ohio	5,999	23,863	17,493	1,667	3,040	266
Wisconsin	4,812	9,527	15,496	1,223	2,221	1,331
Dallas: Region VI	3,700	11,464	12,399	1,563	2,582	1,445
Arkansas	3,332	11,055	9,837	1,612	1,369	416
Louisiana	3,645	10,422	11,446	1,146	3,170	1,276
New Mexico	4,802	13,603	16,139	2,199	3,135	12,657
Oklahoma	3,572	11,609	11,449	1,478	2,091	746
Texas	3,667	11,670	13,190	1,608	2,716	1,152
Kansas City: Region VII	4,829	15,220	14,008	1,803	2,347	3,228
Iowa	5,760	17,286	16,525	1,717	2,699	2,256
Kansas	5,095	16,432	16,040	1,978	2,102	1,711
Missouri	4,286	13,698	12,482	1,720	2,217	835
Nebraska	5,509	16,540	13,600	2,054	2,809	22,434
Denver: Region VIII	4,812	14,961	15,004	1,720	2,534	6,577
Colorado	4,765	14,555	14,150	1,628	2,615	4,485
Montana	5,191	17,002	12,916	2,145	3,176	3,018
North Dakota	6,096	21,385	20,571	1,889	2,426	1,008
South Dakota	4,537	13,032	14,427	1,801	2,770	1,491
Utah	4,416	11,078	15,426	1,564	2,033	13,055
Wyoming	5,362	18,213	20,192	2,033	3,735	675
See footnotes at end of table.						

Table 13.24—Continued

Medicaid Payments per Person Served (Beneficiary), by Basis of Eligibility and Area of Residence: Fiscal Year 2004

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	\$2,860	\$9,156	\$12,143	\$1,337	\$1,274	\$428
Arizona	3,633	14,147	13,128	1,728	2,852	483
California	2,740	8,697	12,075	1,269	1,109	409
Hawaii	3,946	12,163	12,265	1,546	2,450	2,172
Nevada	3,399	11,774	10,811	1,356	1,984	1,554
Seattle: Region X	4,505	14,116	12,878	1,635	2,709	9,814
Alaska	7,665	21,130	25,189	4,390	5,515	1,834
Idaho	4,796	16,240	16,726	1,575	3,514	1,567
Oregon	3,851	12,762	11,112	1,715	2,568	676
Washington	4,445	13,875	11,879	1,298	2,449	21,801

¹Includes non-disabled children and foster care children.

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a Medicaid payment. Also, States process a variety of payments that are not associated with an eligible individual (e.g., disproportionate share payments to hospitals, interim lump-sum provider reimbursement adjustments, and final cost report settlements). These adjustments can be positive (that is, an additional payment to the provider) or negative (that is, a recoupment). Because these payments cannot be associated with any one beneficiary, the eligibility and demographic characteristics for these payments are categorized as other/unknown. Where distributions by basis of eligibility are not provided by the jurisdiction, and where the averages would yield negative or unusually large values, the average payments are not shown.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: Medicaid Statistical Information System (MSIS); data development by the Office of Research, Development, and Information.