

Table 13.24

Medicaid Payments per Person Served (Beneficiary), by Basis of Eligibility and Area of Residence: Fiscal Year 2007

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	\$4,862	\$14,141	\$14,194	\$1,951	\$2,753	\$2,622
Boston: Region I	6,867	19,360	15,818	3,014	2,971	1,239
Connecticut	7,665	28,058	24,878	2,652	2,831	709
Maine	4,493	11,739	12,034	2,230	1,718	1,492
Massachusetts	7,028	18,210	13,411	3,319	3,266	1,496
New Hampshire	8,262	21,623	22,570	3,801	4,558	838
Rhode Island	7,830	22,206	20,283	3,057	3,258	1,641
Vermont	5,166	9,561	14,649	2,861	3,071	1,130
New York: Region II	8,178	26,505	26,058	2,405	4,138	1,769
New Jersey	7,176	19,993	21,108	2,141	3,600	2,416
New York	8,392	28,109	27,338	2,484	4,203	1,710
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	5,985	16,187	13,294	2,442	3,871	2,273
Delaware	5,792	19,164	17,640	2,502	4,460	871
District of Columbia	9,080	23,048	23,518	2,970	5,493	19,214
Maryland	7,153	20,067	20,883	2,493	5,793	3,017
Pennsylvania	5,543	16,828	10,775	2,505	3,307	557
Virginia	5,473	11,730	14,289	2,267	3,685	1,849
West Virginia	6,114	14,713	10,357	2,176	2,731	23,358
Atlanta: Region IV	4,559	11,493	10,248	1,877	3,171	5,546
Alabama	4,703	11,334	7,134	1,860	2,011	29,291
Florida	4,529	11,857	11,643	1,552	2,758	5,027
Georgia	3,754	10,176	9,297	1,859	3,873	1,356
Kentucky	4,946	12,236	9,303	2,355	3,894	2,136
Mississippi	4,776	12,032	8,863	1,908	3,152	5,226
North Carolina	5,383	11,340	15,294	2,362	3,658	717
South Carolina	4,772	8,759	9,041	1,792	2,414	52,734
Tennessee	4,098	14,762	8,599	1,739	3,336	1,530

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 2007

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	\$5,123	\$14,881	\$15,270	\$1,754	\$2,829	\$7,188
Illinois	4,765	11,144	15,294	1,785	2,570	11,742
Indiana	4,669	16,263	15,035	1,768	2,813	706
Michigan	4,128	11,477	9,371	1,330	2,676	10,161
Minnesota	7,922	21,932	26,196	2,900	3,353	1,435
Ohio	5,879	20,753	17,378	1,871	3,298	452
Wisconsin	4,594	9,526	14,558	1,340	2,335	1,279
Dallas: Region VI	3,876	11,268	12,872	1,814	2,734	1,392
Arkansas	3,365	13,763	11,434	1,894	1,643	296
Louisiana	3,770	10,388	12,135	1,148	3,107	2,141
New Mexico	5,366	11,707	16,704	2,488	3,672	11,379
Oklahoma	4,182	11,047	13,127	1,995	2,871	947
Texas	3,781	11,003	12,936	1,851	2,629	665
Kansas City: Region VII	5,198	13,772	14,341	2,215	2,957	1,025
Iowa	5,447	15,845	17,384	1,728	2,627	1,050
Kansas	6,041	16,057	16,710	2,422	3,233	1,036
Missouri	4,641	11,561	11,659	2,247	2,946	504
Nebraska	5,942	16,338	18,239	2,547	3,482	3,845
Denver: Region VIII	5,063	15,535	15,267	1,949	2,912	4,640
Colorado	4,412	14,559	14,748	1,698	2,707	1,655
Montana	5,537	19,334	13,322	2,490	3,966	1,066
North Dakota	6,894	22,993	21,360	2,071	2,888	673
South Dakota	4,710	12,286	13,813	2,016	3,270	4,090
Utah	5,478	12,233	14,637	2,023	2,498	35,551
Wyoming	6,472	21,902	22,665	2,644	4,661	428
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 2007

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	\$2,996	\$8,564	\$12,373	\$1,612	\$1,454	\$421
Arizona	3,364	4,515	8,499	2,306	3,860	3,599
California	2,898	8,556	12,587	1,482	1,225	385
Hawaii	4,439	12,241	15,155	1,747	2,986	1,933
Nevada	4,259	11,161	14,929	1,917	2,303	952
Seattle: Region X	4,902	13,292	12,803	1,934	3,325	7,435
Alaska	7,789	21,233	23,655	4,536	5,904	1,053
Idaho	5,204	15,261	17,100	1,854	4,232	1,144
Oregon	4,636	12,037	11,198	1,908	3,886	764
Washington	4,653	12,911	11,687	1,676	2,708	9,409

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.