

Table 14.24

Medicaid Payments per Person Served (Beneficiary), by Basis of Eligibility and Area of Residence: Fiscal Year 2003

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
All Jurisdictions	\$4,487	\$13,677	\$13,303	\$1,606	\$2,292	\$2,474
Boston: Region I	6,304	17,194	15,782	2,303	2,491	883
Connecticut	6,764	24,920	22,412	1,987	2,384	653
Maine	6,750	6,897	16,885	4,157	3,940	1,748
Massachusetts	6,134	19,478	13,542	1,943	2,167	842
New Hampshire	7,015	21,170	20,169	2,732	3,182	832
Rhode Island	6,629	21,010	18,031	2,249	2,403	1,386
Vermont	4,149	8,535	13,298	2,248	1,867	810
New York: Region II	7,637	24,869	24,126	2,137	3,763	1,034
New Jersey	6,349	18,691	18,432	1,826	2,486	1,812
New York	7,912	26,384	25,553	2,221	3,954	950
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	5,422	16,259	12,235	1,861	2,990	2,284
Delaware	5,006	19,656	16,362	1,998	2,918	1,137
District of Columbia	7,585	24,813	21,171	2,905	3,545	7,248
Maryland	6,060	18,933	18,625	2,003	4,053	2,061
Pennsylvania	5,489	17,613	10,353	1,877	2,767	487
Virginia	4,484	11,028	11,622	1,504	2,566	1,388
West Virginia	4,904	14,300	9,539	1,689	2,413	4,991
Atlanta: Region IV	3,849	9,977	9,468	1,433	2,519	3,143
Alabama	4,447	12,135	6,792	1,657	1,508	30,857
Florida	4,048	9,396	11,861	1,253	2,070	3,591
Georgia	3,093	10,416	8,581	1,406	3,025	1,167
Kentucky	4,196	12,191	8,493	1,876	2,731	553
Mississippi	3,582	9,151	7,634	1,383	2,910	265
North Carolina	4,602	11,262	12,503	1,601	3,096	810
South Carolina	4,229	6,781	10,261	1,588	1,930	39,178
Tennessee	3,156	9,956	7,220	1,190	2,699	341

See footnotes at end of table.

Table 14.24—Continued

Medicaid Payments per Person Served (Beneficiary), by Basis of Eligibility and Area of Residence: Fiscal Year 2003

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
Chicago: Region V	\$5,096	\$15,697	\$14,766	\$1,493	\$2,545	\$6,650
Illinois	5,131	11,420	14,555	1,591	2,807	13,065
Indiana	4,410	15,092	14,935	1,507	2,513	2,015
Michigan	4,076	14,366	10,769	1,084	2,138	5,611
Minnesota	7,044	20,148	23,323	2,426	2,761	2,518
Ohio	5,756	23,236	16,400	1,518	2,702	515
Wisconsin	4,729	9,759	14,249	1,194	2,250	1,121
Dallas: Region VI	3,682	11,274	11,847	1,529	2,531	1,495
Arkansas	3,151	12,299	9,270	1,479	1,262	343
Louisiana	3,632	9,889	10,404	1,069	2,947	2,059
New Mexico	4,498	12,805	15,338	2,050	2,854	11,034
Oklahoma	3,401	10,978	10,971	1,402	1,784	990
Texas	3,750	11,472	12,988	1,611	2,784	1,249
Kansas City: Region VII	4,619	14,963	13,279	1,697	2,213	2,938
Iowa	5,518	17,588	14,448	1,680	2,541	2,349
Kansas	5,103	16,329	15,087	1,641	2,357	1,537
Missouri	4,075	13,043	12,069	1,662	2,017	1,035
Nebraska	5,055	16,681	14,082	1,915	2,583	14,878
Denver: Region VIII	4,739	14,471	14,780	1,711	2,370	6,665
Colorado	4,941	14,057	14,874	1,680	2,618	6,621
Montana	4,858	15,850	11,733	2,047	3,197	2,244
North Dakota	5,795	20,091	19,181	1,678	2,114	987
South Dakota	4,385	12,753	13,526	1,693	2,626	2,093
Utah	4,208	11,520	14,589	1,630	1,645	11,968
Wyoming	4,874	16,729	19,066	1,801	3,337	171

See footnotes at end of table.

**Table 14.24—Continued**

**Medicaid Payments per Person Served (Beneficiary), by Basis of Eligibility and Area of Residence: Fiscal Year 2003**

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
San Francisco: Region IX	\$2,855	\$8,658	\$11,570	\$1,425	\$1,253	\$523
Arizona	3,237	13,029	11,610	1,511	2,525	1,218
California	2,770	8,271	11,540	1,403	1,114	446
Hawaii	3,605	11,440	10,517	1,456	2,275	1,493
Nevada	3,998	10,610	13,335	1,633	2,367	2,644
Seattle: Region X	4,203	11,843	10,945	1,490	2,409	16,644
Alaska	7,190	19,648	24,309	4,103	5,184	1,736
Idaho	4,486	15,568	15,904	1,376	3,236	887
Oregon	3,537	11,385	10,679	1,717	2,103	647
Washington	4,200	10,785	8,959	1,116	2,308	38,575

<sup>1</sup>Includes 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.