

Table 13.24

Medicaid Payments per Person Served (Beneficiary), by Basis of Eligibility and Area of Residence: Fiscal Year 2008

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	\$5,051	\$14,742	\$14,843	\$2,035	\$2,912	\$2,407
Boston: Region I	7,023	19,509	16,081	2,825	2,864	5,169
Connecticut	7,905	28,244	25,528	1,734	1,909	15,101
Maine	4,435	10,160	11,955	2,151	1,487	1,292
Massachusetts	7,310	19,044	14,006	3,454	3,400	1,712
New Hampshire	7,137	20,519	18,562	3,151	3,861	941
Rhode Island	8,087	22,817	20,255	3,270	3,403	1,411
Vermont	5,445	10,304	15,124	3,013	3,277	1,101
New York: Region II	8,553	27,893	27,863	2,494	4,411	1,386
New Jersey	7,241	20,713	21,341	2,162	3,742	2,635
New York	8,840	29,661	29,564	2,598	4,502	1,285
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	6,286	16,741	13,547	2,436	4,152	4,127
Delaware	6,290	20,308	19,626	2,629	4,964	1,163
District of Columbia	10,338	23,595	24,107	3,077	7,288	21,857
Maryland	7,369	21,382	21,412	2,586	5,929	3,480
Pennsylvania	5,857	17,213	10,796	2,431	3,478	700
Virginia	5,552	12,118	14,666	2,291	3,624	1,937
West Virginia	6,360	15,303	10,694	2,091	3,460	23,237
Atlanta: Region IV	4,583	11,830	10,620	1,978	3,391	3,438
Alabama	4,227	11,028	7,375	2,077	2,217	8,095
Florida	4,606	11,945	11,832	1,637	2,744	5,105
Georgia	4,009	10,619	9,877	1,942	4,507	1,308
Kentucky	5,011	12,528	9,460	2,485	4,085	1,394
Mississippi	4,751	13,255	9,813	2,015	3,458	-293
North Carolina	5,000	11,707	15,127	2,291	3,671	347
South Carolina	4,990	9,521	10,570	2,007	3,125	31,837
Tennessee	4,324	15,314	8,970	1,919	3,446	1,775

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 2008

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	\$4,975	\$15,847	\$15,167	\$1,762	\$2,859	\$4,496
Illinois	4,418	11,113	14,608	1,662	2,303	13,869
Indiana	4,387	17,760	15,867	1,756	2,811	94
Michigan	5,157	12,954	9,836	1,510	3,370	40,088
Minnesota	8,711	23,462	28,300	3,393	3,790	1,196
Ohio	5,850	20,593	16,396	1,772	3,119	1,527
Wisconsin	2,996	11,200	13,236	1,230	2,134	595
Dallas: Region VI	4,319	11,473	13,716	2,096	2,852	1,530
Arkansas	3,932	13,656	11,952	2,026	1,872	198
Louisiana	4,316	11,706	13,594	1,545	3,187	1,636
New Mexico	6,028	12,093	18,117	2,855	4,081	33,118
Oklahoma	4,376	11,715	13,647	2,053	2,988	1,135
Texas	4,172	10,903	13,631	2,172	2,624	664
Kansas City: Region VII	5,458	15,048	15,029	2,345	3,169	1,098
Iowa	5,401	16,885	18,327	1,915	2,858	927
Kansas	6,541	20,289	17,085	2,361	3,934	1,383
Missouri	4,957	12,104	12,390	2,420	3,047	535
Nebraska	6,165	16,849	18,682	2,686	3,559	4,648
Denver: Region VIII	5,330	15,922	16,482	2,095	3,102	4,557
Colorado	4,768	15,110	15,893	1,848	3,015	1,959
Montana	5,792	20,584	14,096	2,612	4,125	994
North Dakota	7,442	23,633	23,610	2,346	3,325	1,018
South Dakota	4,923	12,898	14,466	2,182	3,514	2,568
Utah	5,548	11,447	15,930	2,048	2,505	18,780
Wyoming	7,273	23,262	25,253	3,063	5,213	492
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 2008

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	\$3,305	\$9,303	\$13,614	\$1,653	\$1,701	\$480
Arizona	4,707	9,689	14,539	2,556	4,263	5,942
California	3,067	9,151	13,457	1,475	1,261	402
Hawaii	4,305	11,829	14,376	1,771	3,253	333
Nevada	4,535	11,512	14,529	2,121	2,245	2,049
Seattle: Region X	5,194	14,033	13,875	2,045	3,695	5,889
Alaska	8,162	21,541	25,008	4,633	6,153	1,138
Idaho	5,419	16,662	18,265	1,911	4,541	1,197
Oregon	5,047	12,676	12,284	2,083	4,157	1,006
Washington	4,912	13,643	12,721	1,785	3,103	7,549

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.