

**Table II.1**  
**CMS Benefit Payments by Major Program Service Categories**  
**Fiscal Year 2008**

Type of Service	Total		Medicare		Medicaid <sup>1</sup>	
	Program Payments (in millions)	Percent Distribution	Program Payments (in millions)	Percent Distribution	Program Payments (in millions)	Percent Distribution
Total	\$782,397	100.0	\$448,192	100.0	\$334,205	100.0
Inpatient Hospital	197,018	25.2	129,080 <sup>2</sup>	28.8	67,938 <sup>8</sup>	20.3
Nursing Facilities	85,195	10.9	23,919	5.3	61,276 <sup>9</sup>	18.3
Home Health & Related	63,343	8.1	16,526	3.7	46,817 <sup>10</sup>	14.0
Physician & Other Practitioner	102,379	13.1	84,752 <sup>3</sup>	18.9	17,627 <sup>11</sup>	5.3
Outpatient	50,343	6.4	36,290	8.1	14,053 <sup>12</sup>	4.2
Clinic	10,059	1.3	-- <sup>4</sup>	--	10,059 <sup>13</sup>	3.0
Prescribed Drugs	61,951	7.9	46,734 <sup>5</sup>	10.4	15,217 <sup>14</sup>	4.6
Capitation Payments	174,813	22.3	92,353 <sup>6</sup>	20.6	82,460 <sup>15</sup>	24.7
Other Care	37,296	4.8	18,538 <sup>7</sup>	4.1	18,758 <sup>16</sup>	5.6

<sup>1</sup> Payments (Federal and State) from financial management reports (Form CMS-64).

<sup>2</sup> Includes inpatient hospital (\$128,754 million) and Quality Improvement Organization (\$326 million).

<sup>3</sup> Includes physicians, other practitioners, durable medical equipment, ambulatory surgical center facility costs, physician-administered drugs, and other Part B suppliers (total of \$84,692 million) and Quality Improvement Organization (\$60 million).

<sup>4</sup> Covered clinic services are included under outpatient.

<sup>5</sup> Includes transitional assistance benefit payments and state low-income determinations.

<sup>6</sup> Includes Part A managed care payments (\$47,150 million) and Part B managed care payments (\$45,203 million).

<sup>7</sup> Includes hospice (\$11,390 million) and clinical laboratory services furnished in a physician's office and an independent laboratory (\$7,148 million).

<sup>8</sup> Includes inpatient hospital payments (\$50,840 million) and disproportionate share (DSH) payments (\$17,098 million).

<sup>9</sup> Includes services in nursing facilities (\$48,887 million) and intermediate care facilities for the mentally retarded (\$12,389 million).

<sup>10</sup> Includes home health (\$4,168 million), home and community-based waivers (\$30,389 million), personal care services (\$11,520 million), and home and community-based services for functionally disabled elderly (\$740 million).

<sup>11</sup> Includes physician (\$11,216 million), dental (\$3,945 million), and other practitioner services (\$2,466 million).

<sup>12</sup> Includes outpatient hospital (\$12,675 million) and laboratory/radiological services (\$1,378 million).

<sup>13</sup> Includes clinic (\$7,134 million), rural health clinic (\$705 million), and federally qualified health clinic services (\$2,220 million).

<sup>14</sup> Includes gross prescription drug expenditures (\$23,611 million) and drug rebates (-\$8,393 million).

<sup>15</sup> Includes Medicare premiums (\$10,951 million) and other capitation payments (\$71,509 million).

<sup>16</sup> Includes early and periodic screening, diagnosis and treatment (EPSDT) (\$1,005 million), targeted case management (\$2,978 million), primary care case management (\$368 million), hospice (\$2,015 million), emergency services for undocumented immigrants (\$978 million), miscellaneous coinsurance payments (\$849 million), sterilizations (\$105 million), abortions (\$0.3 million), Program for All-inclusive Care of the Elderly (PACE) (\$628 million), other care services (\$15,295 million), and collections (-\$5,464 million).

NOTE: Because of rounding, table components may not add to totals.

SOURCE: CMS/OACT

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