

**Table II.1**  
**CMS Benefit Payments by Major Program Service Categories**  
**Fiscal Year 2010**

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	\$897,668	100%	\$514,300	100%	\$383,368	100%
Inpatient Hospital	212,073	24%	138,114 <sup>2</sup>	27%	73,960 <sup>8</sup>	19%
Nursing Facilities	90,166	10%	27,047	5%	63,120 <sup>9</sup>	16%
Home Health & Related	73,307	8%	19,225	4%	54,082 <sup>10</sup>	14%
Physician & Other Practitioner	113,112	13%	88,843 <sup>3</sup>	17%	24,269 <sup>11</sup>	6%
Outpatient	58,377	7%	41,130	8%	17,247 <sup>12</sup>	4%
Clinic	10,573	1%	-- <sup>4</sup>	0%	10,573 <sup>13</sup>	3%
Prescribed Drugs	79,370	9%	63,525 <sup>5</sup>	12%	15,846 <sup>14</sup>	4%
Capitation Payments	219,270	24%	115,349 <sup>6</sup>	22%	103,922 <sup>15</sup>	27%
Other Care	41,419	5%	21,069 <sup>7</sup>	4%	20,350 <sup>16</sup>	5%

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

<sup>2</sup> Includes inpatient hospital (\$137,834 million) and Quality Improvement Organization (\$280 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 \$88,771 million) and Quality Improvement Organization (\$72 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 capitation payments (\$60,253 million), Part B capitation payments (\$54,739 million), and Medicare Advantage Premiums paid directly to plans (\$357 million).

<sup>7</sup> Includes hospice (\$12,910 million) and clinical laboratory services furnished in a physician's office and an independent laboratory (\$8,159 million).

<sup>8</sup> Includes Inpatient hospital payments (\$56,379 million) and disproportionate share (DSH) payments (\$17,581 million).

<sup>9</sup> Includes services in nursing facilities (\$49,713 million) and intermediate care facilities for the mentally retarded (\$13,406 million).

<sup>10</sup> Includes home health (\$4,751 million), home and community-based waivers (\$36,161 million), and personal care services (\$13,170 million).

<sup>11</sup> Includes physician (\$12,708 million), dental (\$5,454 million), and other practitioner services (\$6,107 million).

<sup>12</sup> Includes outpatient hospital (\$15,506 million) and laboratory/radiological services (\$1,741 million).

<sup>13</sup> Includes clinic (\$6,929 million), rural health clinic (\$980 million), and federally qualified health clinic services (\$2,664 million).

<sup>14</sup> Includes gross prescription drug expenditures (\$27,351 million) and drug rebates (-\$11,505 million).

<sup>15</sup> Includes Medicare premiums (\$12,834 million) and other capitation payments (\$91,088 million).

<sup>16</sup> Includes early and periodic screening, diagnosis and treatment (EPSDT) (\$1,349 million), targeted case management (\$3,267 million), primary care case management (\$338 million), hospice (\$2,361 million), emergency services for undocumented immigrants (\$2,285 million), miscellaneous coinsurance payments (\$879 million), sterilizations (\$103 million), abortions (\$0.3 million), Program for All-inclusive Care of the Elderly (PACE) (\$779 million), other care services (\$15,866 million), and collections (-\$6,877 million).

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

SOURCE: CMS/OACT

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