

Table II.1
CMS Benefit Payments by Major Program Service Categories
Fiscal Year 2009

Type of Service	Total		Medicare		Medicaid ¹	
	Program Payments (in millions)	Percent Distribution	Program Payments (in millions)	Percent Distribution	Program Payments (in millions)	Percent Distribution
Total	\$851,869	100%	\$491,553	100%	\$360,316	100%
Inpatient Hospital	204,804	24%	132,910 ²	27%	71,894 ⁸	20%
Nursing Facilities	89,619	11%	25,755	5%	63,863 ⁹	18%
Home Health & Related	70,124	8%	18,299	4%	51,825 ¹⁰	14%
Physician & Other Practitioner	107,016	13%	88,008 ³	18%	19,008 ¹¹	5%
Outpatient	57,322	7%	40,975	8%	16,347 ¹²	5%
Clinic	11,014	1%	-- ⁴	0%	11,014 ¹³	3%
Prescribed Drugs	72,222	8%	56,559 ⁵	12%	15,663 ¹⁴	4%
Capitation Payments	202,226	24%	109,166 ⁶	22%	93,060 ¹⁵	26%
Other Care	37,522	4%	19,880 ⁷	4%	17,642 ¹⁶	5%

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

² Includes inpatient hospital (\$132,664 million) and Quality Improvement Organization (\$246 million).

³ Includes physicians, other practitioners, durable medical equipment, ambulatory surgical center facility costs, physician-administered drugs, and other Part B suppliers (total of \$87,941 million) and Quality Improvement Organization (\$67 million).

⁴ Covered clinic services are included under outpatient.

⁵ Includes transitional assistance benefit payments and state low-income determinations.

⁶ Includes Part A capitation payments (\$56,789 million), Part B capitation payments (\$52,167 million), and Medicare Advantage Premiums paid directly to plans (\$210 million).

⁷ Includes hospice (\$11,953 million) and clinical laboratory services furnished in a physician's office and an independent laboratory (\$7,927 million).

⁸ Includes Inpatient hospital payments (\$54,102 million) and disproportionate share (DSH) payments (\$17,792 million).

⁹ Includes services in nursing facilities (\$50,180 million) and intermediate care facilities for the mentally retarded (\$13,683 million).

¹⁰ Includes home health (\$4,512 million), home and community-based waivers (\$34,072 million), personal care services (\$12,831 million), and home and community-based services for functionally disabled elderly (\$410 million).

¹¹ Includes physician (\$11,519 million), dental (\$4,826 million), and other practitioner services (\$2,664 million).

¹² Includes outpatient hospital (\$14,825 million) and laboratory/radiological services (\$1,521 million).

¹³ Includes clinic (\$7,647 million), rural health clinic (\$915 million), and federally qualified health clinic services (\$2,451 million).

¹⁴ Includes gross prescription drug expenditures (\$25,384 million) and drug rebates (-\$9,721 million).

¹⁵ Includes Medicare premiums (\$11,129 million) and other capitation payments (\$81,931 million).

¹⁶ Includes early and periodic screening, diagnosis and treatment (EPSDT) (\$1,211 million), targeted case management (\$2,843 million), primary care case management (\$401 million), hospice (\$2,181 million), emergency services for undocumented immigrants (\$1,081 million), miscellaneous coinsurance payments (\$928 million), sterilizations (\$122 million), abortions (\$0.2 million), Program for All-inclusive Care of the Elderly (PACE) (\$660 million), other care services (\$15,528 million), and collections (-\$7,314 million).

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