

**Table II.1, CMS Benefit Payments by Major Program Service Categories, Fiscal Year 2007**

Type of Service	Total Payments <sup>17,18</sup>	Percent Distribution	Medicare Amount <sup>17</sup>	Percent Distribution	Medicaid <sup>1</sup> Amount <sup>17</sup>	Percent Distribution <sup>1</sup>
Total	\$743,920	100.0	\$428,148	100.0	\$315,772	100.0
Inpatient Hospital	194,222	26.1	126,747 <sup>2</sup>	29.6	67,476 <sup>8</sup>	21.4
Nursing Facilities	81,579	11.0	22,059	5.2	59,520 <sup>9</sup>	18.8
Home Health & Related	58,150	7.8	15,391	3.6	42,759 <sup>10</sup>	13.5
Physician & Other Practitioners	98,655	13.3	82,940 <sup>3</sup>	19.4	15,714 <sup>11</sup>	5.0
Outpatient	50,531	6.8	36,082	8.4	14,449 <sup>12</sup>	4.6
Clinic	9,557	1.3	-- <sup>4</sup>	--	9,557 <sup>13</sup>	3.0
Prescribed Drugs	65,837	8.9	50,869 <sup>5</sup>	11.9	14,968 <sup>14</sup>	4.7
Capitation Payments	149,240	20.1	76,954 <sup>6</sup>	18.0	72,286 <sup>15</sup>	22.9
Other Care	36,148	4.9	17,106 <sup>7</sup>	4.0	19,042 <sup>16</sup>	6.0

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

<sup>2</sup> Includes inpatient hospital (\$126,417 million) and Quality Improvement Organization (\$330 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 \$82,878 million) and Quality Improvement Organization (\$63 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 (\$39,230 million) and Part B managed care payments (\$37,724 million).

<sup>7</sup> Includes hospice (\$10,008 million) and clinical laboratory services furnished in a physician's office and an independent laboratory (\$7,098 million).

<sup>8</sup> Includes inpatient hospital payments (\$51,485 million) and disproportionate share (DSH) payments (\$15,991 million).

<sup>9</sup> Includes services in nursing facilities (\$47,213 million) and intermediate care facilities for the mentally retarded (\$12,308 million).

<sup>10</sup> Includes home health (\$3,979 million), home and community-based waivers (\$27,438 million), personal care services (\$10,842 million), and home and community-based services for functionally disabled elderly (\$500 million).

<sup>11</sup> Includes physician (\$10,293 million), dental (\$3,340 million), and other practitioner services (\$2,081 million).

<sup>12</sup> Includes outpatient hospital (\$13,122 million) and laboratory/radiological services (\$1,328 million).

<sup>13</sup> Includes clinic (\$6,764 million), rural health clinic (\$623 million), and federally qualified health clinic services (\$2,170 million).

<sup>14</sup> Includes gross prescription drug expenditures (\$22,302 million) and drug rebates (-\$7,333 million).

<sup>15</sup> Includes Medicare premiums (\$10,291 million) and other capitation payments (\$61,995 million).

<sup>16</sup> Includes early and periodic screening, diagnosis and treatment (EPSDT) (\$948 million), targeted case management (\$2,928 million), primary care case management (\$328 million), hospice (\$1,838 million), emergency services for undocumented immigrants (\$1,084 million), miscellaneous coinsurance payments (\$776 million), sterilizations (\$105 million), abortions (\$0.2 million), Program for All-inclusive Care of Elderly (PACE), (\$492 million) community supported living arrangements (\$46 million), other care services (\$15,736 million), and collections (-\$5,238 million).

<sup>17</sup> Amount in millions.

<sup>18</sup> Total Program payment amount.

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

SOURCE: CMS/OACT

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