

**CMS Benefit Payments by Major Program Service Categories**  
**Fiscal Year 2001**

Type of Service	Total Program Payments		Medicare		Medicaid <sup>1</sup>	
	Amount	Percent Distribution	Amount	Percent Distribution	Amount	Percent Distribution
Amount in millions						
Total	\$452,959	100.0	\$236,822	100.0	\$216,137	100.0
Inpatient Hospital	138,605	30.6	93,613 <sup>2</sup>	39.5	44,992 <sup>7</sup>	20.8
Nursing Facilities	65,618	14.5	12,539	5.3	53,079 <sup>8</sup>	24.6
Home Health & Related	28,762	6.3	7,951	3.4	20,811 <sup>9</sup>	9.6
Physician & Other Practitioner	64,153	14.2	54,116 <sup>3</sup>	22.9	10,037 <sup>10</sup>	4.6
Outpatient	29,359	6.5	20,689	8.7	8,670 <sup>11</sup>	4.0
Clinic	6,138	1.4	-- <sup>4</sup>	--	6,138 <sup>12</sup>	2.8
Prescribed Drugs	19,772	4.4	--	--	19,772 <sup>13</sup>	9.1
Capitation Payments	79,686	17.6	42,086 <sup>5</sup>	17.8	37,601 <sup>14</sup>	17.4
Other Care	20,866	4.6	5,829 <sup>6</sup>	2.5	15,038 <sup>15</sup>	7.0

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

<sup>2</sup> Includes inpatient hospital (\$87,043 million) and Quality Improvement Organization (\$236 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 \$54,061 million) and Quality Improvement Organization (\$55 million).

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

<sup>5</sup> Includes Part A managed care payments (\$22,837 million) and Part B managed care payments (\$19,249 million).

<sup>6</sup> Includes hospice (\$3,464 million) and clinical laboratory services furnished in a physician's office and an independent laboratory (\$2,365 million).

<sup>7</sup> Includes Inpatient hospital payments (\$29,476 million) and disproportionate share (DSH) payments (\$15,516 million).

<sup>8</sup> Includes services in nursing facilities (\$42,728 million) and intermediate care facilities for the mentally retarded (\$10,351 million).

<sup>9</sup> Includes home health (\$2,573 million), home and community-based waivers (\$13,932 million), personal care services (\$4,145 million), and home and community-based services for functionally disabled elderly (\$162 million).

<sup>10</sup> Includes physician (\$6,683 million), dental (\$2,214 million), and other practitioner services (\$1,139 million).

<sup>11</sup> Includes outpatient hospital (\$8,003 million) and laboratory/radiological services (\$667 million).

<sup>12</sup> Includes clinic (\$5,119 million), rural health clinic (\$292 million), and federally qualified health clinic services (\$726 million).

<sup>13</sup> Includes gross prescription drug expenditures (\$24,686 million) and drug rebates (\$4,914 million).

<sup>14</sup> Includes Medicare premiums (\$4,540 million) and other capitation payments (\$33,061 million).

<sup>15</sup> Includes early and periodic screening, diagnosis and treatment (EPSDT) (\$923 million), targeted case management (\$2,012 million), primary care case management (\$218 million), hospice (\$547 million), emergency services for undocumented immigrants (\$1,074 million), miscellaneous coinsurance payments (\$453 million), sterilizations (\$114 million), abortions (\$0.2 million), Program for All-inclusive Care of Elderly (PACE) (\$14 million), community supported living arrangements (\$0.1 million), other care services (\$8,481 million), and collections net of prior adjustments (\$1,201 million).

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

SOURCE: CMS/OACT

November 2003