

**CMS Benefit Payments by Major Program Service Categories  
Fiscal Year 2006**

Type of Service	Total Program Payments		Medicare		Medicaid <sup>1</sup>	
	Amount	Percent Distribution	Amount	Percent Distribution	Amount	Percent Distribution
Amount in millions						
Total	\$672,276	100.0	\$373,594	100.0	\$298,682	100.0
Inpatient Hospital	177,341	26.4	119,454 <sup>2</sup>	32.0	57,887 <sup>8</sup>	19.4
Nursing Facilities	78,820	11.7	19,235	5.1	59,585 <sup>9</sup>	19.9
Home Health & Related	50,686	7.5	13,019	3.5	37,667 <sup>10</sup>	12.6
Physician & Other Practitioner	97,377	14.5	81,506 <sup>3</sup>	21.8	15,871 <sup>11</sup>	5.3
Outpatient	48,110	7.2	35,409	9.5	12,701 <sup>12</sup>	4.3
Clinic	9,268	1.4	-- <sup>4</sup>	--	9,268 <sup>13</sup>	3.1
Prescribed Drugs	50,949	7.6	33,710 <sup>5</sup>	9.0	17,239 <sup>14</sup>	5.8
Capitation Payments	121,740	18.1	55,881 <sup>6</sup>	15.0	65,859 <sup>15</sup>	22.0
Other Care	37,983	5.6	15,378 <sup>7</sup>	4.1	22,605 <sup>16</sup>	7.6

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

<sup>2</sup> Includes inpatient hospital (\$119,122 million) and Quality Improvement Organization (\$333 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 \$81,438 million) and Quality Improvement Organization (\$68 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 (\$28,668 million) and Part B managed care payments (\$27,213 million).

<sup>7</sup> Includes hospice (\$8,515 million) and clinical laboratory services furnished in a physician's office and an independent laboratory (\$6,863 million).

<sup>8</sup> Includes Inpatient hospital payments (\$44,226 million) and disproportionate share (DSH) payments (\$13,661 million).

<sup>9</sup> Includes services in nursing facilities (\$47,363 million) and intermediate care facilities for the mentally retarded (\$12,222 million).

<sup>10</sup> Includes home health (\$3,750 million), home and community-based waivers (\$25,083 million), personal care services (\$8,398 million), and home and community-based services for functionally disabled elderly (\$436 million).

<sup>11</sup> Includes physician (\$10,263 million), dental (\$3,423 million), and other practitioner services (\$2,185 million).

<sup>12</sup> Includes outpatient hospital (\$11,345 million) and laboratory/radiological services (\$1,356 million).

<sup>13</sup> Includes clinic (\$6,755 million), rural health clinic (\$605 million), and federally qualified health clinic services (\$1,908 million).

<sup>14</sup> Includes gross prescription drug expenditures (\$28,703 million) and drug rebates (-\$11,464 million).

<sup>15</sup> Includes Medicare premiums (\$10,215 million) and other capitation payments (\$55,644 million).

<sup>16</sup> Includes early and periodic screening, diagnosis and treatment (EPSDT) (\$1,064 million), targeted case management (\$2,842 million), primary care case management (\$342 million), hospice (\$1,640 million), emergency services for undocumented immigrants (\$799 million), miscellaneous coinsurance payments (\$9 million), sterilizations (\$117 million), abortions (\$0.1 million), Program for All-inclusive Care of Elderly (PACE) (\$442 million), community supported living arrangements (\$30 million), other care services (\$11,401 million), and collections net of prior adjustments (\$3,920 million).

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

SOURCE: CMS/OACT

December 2007