

CMSP Data Update: Amador County - December 2009

1. CMSP Enrollment Trends
2. Health Care Utilization Trends

Data Definitions

Eligibles, Enrollees, or Members: All individuals enrolled in CMSP regardless if they use services

Fiscal Year: July through June

Using Members or Utilizers: Individuals enrolled in CMSP that have had medical, dental, or pharmacy claims paid on their behalf

Amount Paid and Claims Payment Amount: Money paid to providers by CMSP based on either Date of Service (DOS) or Month of Payment

Provider Types:

Ambulance - Includes air and ground transportation claims

Clinic - Includes medical and dental claims for Rural Health Clinics, Federally Qualified Health Centers & Tribal Health Program providers

Dentist - Includes claims paid through Doral Dental (Anthem Blue Cross sub-contractor)

Home Health/ DME - Includes claims for home health and durable medical equipment not dispensed through a retail pharmacy

Hospital Inpatient - Includes acute care hospitals and inpatient mental health claims

Hospital Outpatient - Includes hospital outpatient services claims, such as physical therapy, radiology, etc.

Pharmacy - Includes claims paid through MedImpact (CMSP's Pharmacy Benefit Manager)

Physician/ Medical - Includes physician and physician group claims

Special Facility - Includes facilities such as adult day health care centers, blood banks & hospice

Data Sources

- Anthem Blue Cross Paid Claims Data is compiled through the June 2009 monthly file, allowing for a minimum of a 6-month “look back” period from Date of Payment to Date of Service.
- Doral Dental Paid Claims Data is compiled through the July 2009 monthly file.
- MedImpact Pharmacy Paid Claims Data is compiled through 2nd quarter 2008 as of September 2009.
- FAME Eligibility Data uses the previous month 2 through 12 fields from files ending with October 2009.
- Note: FY 2006-07 data has been refreshed since data reports supplied at the October 2008 Strategic Planning Meeting.

**CMSP - Amador County
Eligibility by Aid Code**

	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07
50	1	2	6	8	5	4	3	3	1	1	-	2
8F	2	2	2	1	-	-	-	-	-	-	-	-
84	235	242	228	235	238	231	230	232	251	235	238	242
85	60	58	60	62	58	48	40	30	40	42	47	49
88	26	30	28	28	29	30	30	25	27	25	20	22
89	5	6	5	4	4	4	4	7	5	2	3	4
Total	329	340	329	338	334	317	307	297	324	305	308	319
	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08
50	4	2	2	4	3	-	-	1	3	4	4	1
8F	-	-	-	-	-	-	-	-	-	-	-	-
84	252	277	274	273	277	281	297	304	329	340	348	341
85	50	46	46	48	57	58	66	75	81	74	70	75
88	27	36	39	44	46	39	32	31	30	32	31	34
89	5	4	2	2	1	2	2	4	8	6	8	6
Total	338	365	363	371	384	380	397	415	451	456	461	457
	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09
50	2	1	1	1	1	1	3	3	2	1	2	4
8F	-	-	-	-	-	-	-	-	-	-	-	-
84	355	347	350	354	366	377	379	393	419	398	395	408
85	79	72	78	71	79	61	68	62	70	78	86	81
88	37	37	33	33	34	34	37	40	44	42	42	38
89	5	5	4	2	2	3	5	7	5	6	8	8
Total	478	462	466	461	482	476	492	505	540	525	533	539

Aid Code Descriptions:

50 - Emergency services only. Cannot verify their citizenship (undocumented members)

8F - Acute inpatient benefits only. Eligible for CMSP but have been placed into a skilled nursing care and are dually enrolled in Medi-Cal (aid code 53).

84 - Full scope benefit with no share of cost

85 - Full scope benefit with share of cost

88 - Full scope benefit with no share of cost AND state disability application pending

89 - Full scope benefit with share of cost AND state disability application pending

**CMSP FY 2006-07 and FY 2007-08
Using Members and Expenditures by Provider Type**

Fiscal Year	Provider Type	AMADOR COUNTY		ALL CMSP COUNTIES	
		Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2006-07	AMBULANCE	50	\$ 27,211	5,462	\$ 2,594,952
FY 2006-07	CLINIC	244	\$ 167,643	35,726	\$ 23,375,726
FY 2006-07	DENTAL	73	\$ 42,478	7,251	\$ 2,704,351
FY 2006-07	HOME HEALTH/ DME	11	\$ 23,970	2,329	\$ 2,439,492
FY 2006-07	HOSPITAL INPATIENT	66	\$ 1,008,917	7,749	\$ 100,381,246
FY 2006-07	HOSPITAL OUTPATIENT	312	\$ 121,048	36,993	\$ 16,659,526
FY 2006-07	PHARMACY*	361	\$ 323,672	43,933	\$ 31,797,126
FY 2006-07	PHYSICIAN/ MEDICAL	342	\$ 190,234	44,187	\$ 25,102,487
FY 2006-07	SPECIAL FACILITY	2	\$ 477	758	\$ 248,332
FY 2006-07	Total		\$ 1,905,650		\$ 205,303,238
Fiscal Year	Provider Type	Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2007-08	AMBULANCE	72	\$ 32,921	5,970	\$ 2,729,313
FY 2007-08	CLINIC	298	\$ 204,469	38,514	\$ 26,549,962
FY 2007-08	DENTAL	102	\$ 55,429	8,223	\$ 3,292,370
FY 2007-08	HOME HEALTH/ DME	9	\$ 6,167	2,421	\$ 2,080,165
FY 2007-08	HOSPITAL INPATIENT	82	\$ 1,233,997	7,541	\$ 102,230,075
FY 2007-08	HOSPITAL OUTPATIENT	441	\$ 214,365	40,225	\$ 19,423,874
FY 2007-08	PHARMACY	466	\$ 431,376	45,631	\$ 33,168,625
FY 2007-08	PHYSICIAN/ MEDICAL	455	\$ 326,384	47,261	\$ 29,582,298
FY 2007-08	SPECIAL FACILITY	11	\$ 3,898	745	\$ 242,263
FY 2007-08	Total		\$ 2,509,006		\$ 219,298,945

Data Source: CMSP Paid Claims by Date of Service (excluding Vision claims)

* Estimated actual pharmacy expenditures in FY 2006-07 pending updated dataset

**CMSP FY 2006-07 and FY 2007-08
Using Members and Expenditures by AID CODE
AMADOR COUNTY**

FY2006/07				FY2007/08			
AC	MBR	CLAIMS	PAID	AC	MBR	CLAIMS	PAID
50	3	13	\$ 1,256	50	2	31	\$ 44,144
8F	1	1	\$ 92	8F	-	-	\$ -
84	345	3,616	\$ 1,142,883	84	433	5,221	\$ 1,393,934
85	62	377	\$ 139,747	85	63	419	\$ 335,479
88	53	414	\$ 244,132	88	81	739	\$ 245,605
89	5	28	\$ 11,387	89	6	27	\$ 3,038
	469	4,449	\$ 1,539,497		585	6,437	\$ 2,022,200

Data Source: CMSP Paid Claims by Date of Service (excluding Pharmacy, Dental, and Vision claims)

CMSP
Expenditures by Major Diagnostic Grouping
AMADOR

	FY2006/07	FY2007/08
CIRCULATORY SYSTEM	\$ 93,987	\$ 196,847
DIGESTIVE SYSTEM	\$ 237,824	\$ 334,711
ENDOCRINE, NUTRITIONAL & METABOLIC	\$ 109,701	\$ 69,950
GENITOURINARY SYSTEM	\$ 85,005	\$ 110,153
ILL-DEFINED CONDITIONS	\$ 98,966	\$ 159,031
INFECTIOUS & PARASITIC DISEASES	\$ 46,877	\$ 57,217
INJURY & POISONING	\$ 425,413	\$ 311,529
MENTAL DISORDERS	\$ 18,355	\$ 92,988
MUSCULOSKELETAL & CONNECTIVE TISSUE	\$ 93,760	\$ 117,044
NEOPLASMS	\$ 31,765	\$ 210,717
NERVOUS SYSTEM & SENSE ORGANS	\$ 32,021	\$ 55,401
OTHER	\$ 12,971	\$ 3,311
RESPIRATORY SYSTEM	\$ 112,612	\$ 147,709
SKIN & SUBCUTANEOUS TISSUE	\$ 76,876	\$ 38,795
V CODES	\$ 63,363	\$ 116,797
	<u>\$ 1,539,496</u>	<u>\$ 2,022,200</u>

Data Source: CMSP Paid Claims by Date of Service (excluding Retroactive Medi-Cal Recoveries, Pharmacy, Dental and Vision claims)