

CMSP Data Update: Calaveras 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 - Calaveras 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	1	-	-	1	1	1	1	-	1	2
8F	2	2	1	1	1	-	-	-	-	-	-	-
84	282	272	265	267	277	302	307	318	321	320	323	315
85	66	74	71	75	74	69	70	74	75	72	66	66
88	60	66	67	70	71	70	72	68	65	59	58	55
89	3	8	7	3	2	2	7	7	6	8	7	9
Total	413	423	412	416	425	444	457	468	468	459	455	447
	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	2	2	1	2	2	1	1	1	-	1	1	2
8F	1	1	1	1	-	-	-	-	-	-	-	-
84	337	362	380	393	410	403	412	425	452	448	457	459
85	67	68	60	68	62	61	62	73	79	79	75	75
88	61	61	57	59	63	65	74	71	70	72	63	65
89	5	3	5	5	10	8	5	7	11	11	12	14
Total	473	497	504	528	547	538	554	577	612	611	608	615
	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	2	2	1	1	1	4	5	5	4	3	2
8F	-	-	-	-	-	-	-	-	-	-	-	-
84	442	454	448	449	466	470	513	534	567	550	579	579
85	73	80	84	81	78	92	109	111	109	100	116	109
88	59	58	61	55	58	54	54	50	54	62	58	58
89	15	13	10	9	11	12	13	9	11	12	12	13
Total	591	607	605	595	614	629	693	709	746	728	768	761

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	CALAVERAS COUNTY		ALL CMSP COUNTIES	
		Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2006-07	Ambulance	63	\$ 35,668	5,462	\$ 2,594,952
FY 2006-07	Clinic	376	\$ 269,611	35,726	\$ 23,375,726
FY 2006-07	Dentist	64	\$ 30,087	7,251	\$ 2,704,351
FY 2006-07	Home Health/ DME	18	\$ 33,849	2,329	\$ 2,439,492
FY 2006-07	Hospital Inpatient	75	\$ 1,058,787	7,749	\$ 100,381,246
FY 2006-07	Hospital Outpatient	332	\$ 187,070	36,993	\$ 16,659,526
FY 2006-07	Pharmacy*	453	\$ 307,705	43,933	\$ 31,797,126
FY 2006-07	Physician/ Medical	394	\$ 226,039	44,187	\$ 25,102,487
FY 2006-07	Special Facility	2	\$ 399	758	\$ 248,332
FY 2006-07	Total		\$ 2,149,215		\$ 205,303,238
Fiscal Year	Provider Type	Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2007-08	Ambulance	83	\$ 49,845	5,970	\$ 2,729,313
FY 2007-08	Clinic	477	\$ 358,421	38,514	\$ 26,549,962
FY 2007-08	Dentist	99	\$ 46,824	8,223	\$ 3,292,370
FY 2007-08	Home Health/ DME	19	\$ 19,081	2,421	\$ 2,080,165
FY 2007-08	Hospital Inpatient	84	\$ 1,001,297	7,541	\$ 102,230,075
FY 2007-08	Hospital Outpatient	492	\$ 240,894	40,225	\$ 19,423,874
FY 2007-08	Pharmacy	573	\$ 355,727	45,631	\$ 33,168,625
FY 2007-08	Physician/ Medical	525	\$ 337,759	47,261	\$ 29,582,298
FY 2007-08	Special Facility	4	\$ 1,267	745	\$ 242,263
FY 2007-08	Total		\$ 2,411,115		\$ 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
CALAVERAS COUNTY**

FY2006/07				FY2007/08			
AC	MBR	CLAIMS	PAID	AC	MBR	CLAIMS	PAID
50	2	2	\$ 248	50	2	13	\$ 1,656
8F	2	29	\$ 25,317	8F	1	5	\$ 82
84	398	3,523	\$ 942,027	84	545	5,099	\$ 1,274,771
85	60	423	\$ 241,733	85	64	466	\$ 158,017
88	112	1,148	\$ 483,739	88	112	1,438	\$ 545,997
89	8	148	\$ 118,358	89	8	47	\$ 28,041
	582	5,273	\$ 1,811,422		732	7,068	\$ 2,008,564

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

CMSP - December 2009

CMSP
Expenditures by Major Diagnostic Grouping
CALAVERAS

	FY2006/07	FY2007/08
CIRCULATORY SYSTEM	\$ 250,920	\$ 149,626
DIGESTIVE SYSTEM	\$ 370,932	\$ 264,620
ENDOCRINE, NUTRITIONAL & METABOLIC	\$ 72,273	\$ 76,175
GENITOURINARY SYSTEM	\$ 50,323	\$ 61,873
ILL-DEFINED CONDITIONS	\$ 96,532	\$ 161,833
INFECTIOUS & PARASITIC DISEASES	\$ 35,335	\$ 69,858
INJURY & POISONING	\$ 275,024	\$ 318,740
MENTAL DISORDERS	\$ 50,326	\$ 94,653
MUSCULOSKELETAL & CONNECTIVE TISSUE	\$ 132,365	\$ 218,542
NEOPLASMS	\$ 214,998	\$ 159,218
NERVOUS SYSTEM & SENSE ORGANS	\$ 59,461	\$ 55,235
OTHER	\$ 19,802	\$ 5,970
RESPIRATORY SYSTEM	\$ 36,730	\$ 137,768
SKIN & SUBCUTANEOUS TISSUE	\$ 50,563	\$ 61,113
V CODES	\$ 95,838	\$ 173,340
	<u>\$ 1,811,422</u>	<u>\$ 2,008,564</u>

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