

CMSP Data Update: Del Norte 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 - Del Norte 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	5	10	17	20	15	12	15	20	22	16	13	14
8F	1	1	-	1	1	1	1	1	1	1	1	-
84	576	614	593	609	600	608	616	589	635	581	588	574
85	80	77	84	88	91	80	77	82	96	90	95	95
88	45	48	56	64	64	59	58	58	68	71	67	70
89	2	3	2	3	5	6	7	11	11	10	8	6
Total	709	753	752	785	776	766	774	761	833	769	772	759
	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	17	12	11	10	10	10	12	15	15	9	9	8
8F	1	-	-	-	-	-	-	-	-	-	-	-
84	583	597	573	572	588	610	621	616	684	661	648	628
85	98	98	79	74	70	68	68	65	76	76	95	93
88	78	79	81	88	86	82	82	86	91	73	66	62
89	4	5	4	1	2	6	9	7	7	6	8	7
Total	781	791	748	745	756	776	792	789	873	825	826	798
	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	16	14	22	26	31	43	40	41	27	20	22	18
8F	-	1	1	1	-	-	-	-	-	-	-	-
84	636	631	643	628	639	656	641	650	702	663	674	679
85	101	96	94	86	86	93	102	100	96	101	96	94
88	67	66	60	63	69	67	63	63	74	73	70	72
89	9	9	8	9	9	7	7	5	7	4	7	5
Total	829	817	828	813	834	866	853	859	906	861	869	868

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	DEL NORTE COUNTY		ALL CMSP COUNTIES	
		Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2006-07	Ambulance	117	\$ 81,286	5,462	\$ 2,594,952
FY 2006-07	Clinic	769	\$ 376,942	35,726	\$ 23,375,726
FY 2006-07	Dentist	13	\$ 8,162	7,251	\$ 2,704,351
FY 2006-07	Home Health/ DME	27	\$ 23,627	2,329	\$ 2,439,492
FY 2006-07	Hospital Inpatient	96	\$ 1,705,156	7,749	\$ 100,381,246
FY 2006-07	Hospital Outpatient	714	\$ 306,595	36,993	\$ 16,659,526
FY 2006-07	Pharmacy*	840	\$ 566,603	43,933	\$ 31,797,126
FY 2006-07	Physician/ Medical	710	\$ 396,073	44,187	\$ 25,102,487
FY 2006-07	Special Facility	1	\$ 244	758	\$ 248,332
FY 2006-07	Total		\$ 3,464,688		\$ 205,303,238
Fiscal Year	Provider Type	Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2007-08	Ambulance	116	\$ 88,140	5,970	\$ 2,729,313
FY 2007-08	Clinic	846	\$ 471,044	38,514	\$ 26,549,962
FY 2007-08	Dentist	2	\$ 1,082	8,223	\$ 3,292,370
FY 2007-08	Home Health/ DME	33	\$ 23,349	2,421	\$ 2,080,165
FY 2007-08	Hospital Inpatient	80	\$ 1,281,019	7,541	\$ 102,230,075
FY 2007-08	Hospital Outpatient	748	\$ 392,960	40,225	\$ 19,423,874
FY 2007-08	Pharmacy	888	\$ 760,042	45,631	\$ 33,168,625
FY 2007-08	Physician/ Medical	767	\$ 432,444	47,261	\$ 29,582,298
FY 2007-08	Special Facility	1	\$ 371	745	\$ 242,263
FY 2007-08	Total		\$ 3,450,451		\$ 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
DEL NORTE COUNTY**

FY2006/07				FY2007/08			
AC	MBR	CLAIMS	PAID	AC	MBR	CLAIMS	PAID
50	10	77	\$ 50,218	50	12	74	\$ 91,207
8F	2	53	\$ 27,508	8F	-	-	\$ -
84	853	7,718	\$ 1,848,741	84	868	9,144	\$ 1,958,272
85	111	707	\$ 224,113	85	96	675	\$ 259,567
88	129	1,592	\$ 712,821	88	163	1,636	\$ 302,498
89	7	90	\$ 26,524	89	12	120	\$ 77,782
	1,112	10,237	\$ 2,889,925		1,151	11,649	\$ 2,689,326

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

CMSP - December 2009

CMSP
Expenditures by Major Diagnostic Grouping
DEL NORTE

	FY2006/07	FY2007/08
CIRCULATORY SYSTEM	\$ 570,233	\$ 210,500
DIGESTIVE SYSTEM	\$ 335,872	\$ 366,039
ENDOCRINE, NUTRITIONAL & METABOLIC	\$ 97,349	\$ 211,160
GENITOURINARY SYSTEM	\$ 133,998	\$ 139,876
ILL-DEFINED CONDITIONS	\$ 252,639	\$ 255,156
INFECTIOUS & PARASITIC DISEASES	\$ 179,319	\$ 124,005
INJURY & POISONING	\$ 287,827	\$ 276,790
MENTAL DISORDERS	\$ 146,468	\$ 114,305
MUSCULOSKELETAL & CONNECTIVE TISSUE	\$ 246,373	\$ 252,238
NEOPLASMS	\$ 257,854	\$ 177,832
NERVOUS SYSTEM & SENSE ORGANS	\$ 50,044	\$ 108,556
OTHER	\$ 42,523	\$ 14,565
RESPIRATORY SYSTEM	\$ 124,644	\$ 179,018
SKIN & SUBCUTANEOUS TISSUE	\$ 88,335	\$ 94,320
V CODES	\$ 76,446	\$ 164,967
	<u>\$ 2,889,924</u>	<u>\$ 2,689,327</u>

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