

CMSP Data Update: Humboldt 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 - Humboldt 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	8	10	11	12	19	16	10	5	7	7	6	7
8F	2	3	2	3	2	3	4	3	3	2	2	1
84	1,791	1,842	1,736	1,733	1,740	1,709	1,696	1,710	1,815	1,754	1,780	1,777
85	304	293	267	259	240	251	273	283	301	284	287	289
88	340	339	345	361	367	372	357	345	352	323	329	323
89	26	29	36	34	32	31	32	31	31	34	32	36
Total	2,471	2,516	2,397	2,402	2,400	2,382	2,372	2,377	2,509	2,404	2,436	2,433
	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	6	5	5	5	5	7	9	9	8	4	6	7
8F	2	2	2	3	4	3	3	2	4	5	4	5
84	1,732	1,799	1,763	1,734	1,732	1,714	1,751	1,803	1,912	1,858	1,866	1,856
85	299	308	293	276	283	281	291	299	319	331	325	304
88	315	315	305	315	318	343	340	334	355	344	342	339
89	31	33	30	29	28	32	29	34	40	41	40	38
Total	2,385	2,462	2,398	2,362	2,370	2,380	2,423	2,481	2,638	2,583	2,583	2,549
	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	6	4	5	7	8	6	4	7	8	7	7	7
8F	3	3	4	5	2	2	3	2	1	2	4	4
84	1,846	1,835	1,828	1,774	1,826	1,828	1,848	1,959	2,069	2,013	1,999	2,007
85	314	331	322	340	364	359	364	378	388	404	399	397
88	337	339	317	297	296	295	287	293	294	279	277	303
89	36	38	33	28	29	31	32	44	45	43	34	37
Total	2,542	2,550	2,509	2,451	2,525	2,521	2,538	2,683	2,805	2,748	2,720	2,755

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	HUMBOLDT COUNTY		ALL CMSP COUNTIES	
		Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2006-07	AMBULANCE	322	\$ 109,235	5,462	\$ 2,594,952
FY 2006-07	CLINIC	2,380	\$ 1,335,361	35,726	\$ 23,375,726
FY 2006-07	DENTAL	28	\$ 7,722	7,251	\$ 2,704,351
FY 2006-07	HOME HEALTH/ DME	169	\$ 260,340	2,329	\$ 2,439,492
FY 2006-07	HOSPITAL INPATIENT	363	\$ 4,172,124	7,749	\$ 100,381,246
FY 2006-07	HOSPITAL OUTPATIENT	2,142	\$ 856,007	36,993	\$ 16,659,526
FY 2006-07	PHARMACY*	2,399	\$ 1,985,407	43,933	\$ 31,797,126
FY 2006-07	PHYSICIAN/ MEDICAL	2,422	\$ 1,341,049	44,187	\$ 25,102,487
FY 2006-07	SPECIAL FACILITY	3	\$ 288	758	\$ 248,332
FY 2006-07	Total		\$ 10,067,533		\$ 205,303,238
Fiscal Year	Provider Type	Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2007-08	AMBULANCE	353	\$ 225,833	5,970	\$ 2,729,313
FY 2007-08	CLINIC	2,367	\$ 1,409,116	38,514	\$ 26,549,962
FY 2007-08	DENTAL	32	\$ 13,428	8,223	\$ 3,292,370
FY 2007-08	HOME HEALTH/ DME	136	\$ 115,429	2,421	\$ 2,080,165
FY 2007-08	HOSPITAL INPATIENT	346	\$ 4,895,103	7,541	\$ 102,230,075
FY 2007-08	HOSPITAL OUTPATIENT	2,266	\$ 923,039	40,225	\$ 19,423,874
FY 2007-08	PHARMACY	2,427	\$ 1,836,592	45,631	\$ 33,168,625
FY 2007-08	PHYSICIAN/ MEDICAL	2,517	\$ 1,363,898	47,261	\$ 29,582,298
FY 2007-08	SPECIAL FACILITY	4	\$ 1,758	745	\$ 242,263
FY 2007-08	Total		\$ 10,784,196		\$ 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
HUMBOLDT COUNTY**

FY2006/07				FY2007/08			
AC	MBR	CLAIMS	PAID	AC	MBR	CLAIMS	PAID
50	10	63	\$ 27,147	50	9	52	\$ 41,505
8F	7	107	\$ 121,819	8F	9	185	\$ 271,268
84	2,482	23,233	\$ 4,811,032	84	2,513	23,976	\$ 4,982,361
85	309	1,850	\$ 887,720	85	307	1,850	\$ 881,041
88	699	7,642	\$ 1,989,045	88	694	7,541	\$ 2,537,648
89	55	457	\$ 237,639	89	60	484	\$ 220,352
	3,562	33,352	\$ 8,074,402		3,592	34,088	\$ 8,934,175

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

CMSP - December 2009

CMSP
Expenditures by Major Diagnostic Grouping
HUMBOLDT

	FY2006/07	FY2007/08
CIRCULATORY SYSTEM	\$ 818,865	\$ 672,704
DIGESTIVE SYSTEM	\$ 1,157,335	\$ 1,249,589
ENDOCRINE, NUTRITIONAL & METABOLIC	\$ 241,245	\$ 237,625
GENITOURINARY SYSTEM	\$ 427,801	\$ 347,635
ILL-DEFINED CONDITIONS	\$ 629,923	\$ 615,758
INFECTIOUS & PARASITIC DISEASES	\$ 363,385	\$ 232,771
INJURY & POISONING	\$ 1,337,538	\$ 2,015,711
MENTAL DISORDERS	\$ 268,492	\$ 334,049
MUSCULOSKELETAL & CONNECTIVE TISSUE	\$ 930,261	\$ 889,044
NEOPLASMS	\$ 473,451	\$ 521,494
NERVOUS SYSTEM & SENSE ORGANS	\$ 192,226	\$ 266,282
OTHER	\$ 139,673	\$ 82,249
RESPIRATORY SYSTEM	\$ 351,521	\$ 607,157
SKIN & SUBCUTANEOUS TISSUE	\$ 366,022	\$ 444,146
V CODES	\$ 376,665	\$ 417,961
	<u>\$ 8,074,403</u>	<u>\$ 8,934,175</u>

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