

# CMSP Data Update: Inyo 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 2<sup>nd</sup> 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 - Inyo 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
<b>50</b>	8	7	8	13	9	8	9	9	13	10	8	9
<b>8F</b>	-	-	-	-	-	-	-	-	1	1	-	1
<b>84</b>	225	217	205	214	217	213	219	225	241	227	229	229
<b>85</b>	66	67	72	74	68	64	67	69	71	65	62	56
<b>88</b>	34	25	26	22	28	27	25	26	31	32	34	38
<b>89</b>	11	11	7	3	3	1	1	-	1	1	5	4
<b>Total</b>	<b>344</b>	<b>327</b>	<b>318</b>	<b>326</b>	<b>325</b>	<b>313</b>	<b>321</b>	<b>329</b>	<b>358</b>	<b>336</b>	<b>338</b>	<b>337</b>
	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08
<b>50</b>	7	10	13	11	17	18	13	16	15	15	10	10
<b>8F</b>	1	1	-	-	1	1	1	-	-	1	1	1
<b>84</b>	227	237	227	228	217	217	211	209	225	223	222	231
<b>85</b>	54	63	64	74	71	66	79	65	74	66	64	68
<b>88</b>	38	34	29	32	34	31	25	26	31	30	25	23
<b>89</b>	7	4	3	5	5	3	2	3	5	4	4	4
<b>Total</b>	<b>334</b>	<b>349</b>	<b>336</b>	<b>350</b>	<b>345</b>	<b>336</b>	<b>331</b>	<b>319</b>	<b>350</b>	<b>339</b>	<b>326</b>	<b>337</b>
	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09
<b>50</b>	12	11	13	17	19	21	14	16	22	21	21	22
<b>8F</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>84</b>	241	237	255	251	253	258	278	282	290	281	295	279
<b>85</b>	72	81	82	81	78	77	71	82	101	92	84	88
<b>88</b>	26	31	24	20	20	19	18	15	18	20	22	27
<b>89</b>	4	2	1	2	2	3	7	7	11	9	9	8
<b>Total</b>	<b>355</b>	<b>362</b>	<b>375</b>	<b>371</b>	<b>372</b>	<b>378</b>	<b>388</b>	<b>402</b>	<b>442</b>	<b>423</b>	<b>431</b>	<b>424</b>

**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	INYO COUNTY		ALL CMSP COUNTIES	
		Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2006-07	AMBULANCE	44	\$ 71,442	5,462	\$ 2,594,952
FY 2006-07	CLINIC	331	\$ 215,381	35,726	\$ 23,375,726
FY 2006-07	DENTAL	8	\$ 928	7,251	\$ 2,704,351
FY 2006-07	HOME HEALTH/ DME	16	\$ 17,134	2,329	\$ 2,439,492
FY 2006-07	HOSPITAL INPATIENT	57	\$ 919,167	7,749	\$ 100,381,246
FY 2006-07	HOSPITAL OUTPATIENT	305	\$ 125,714	36,993	\$ 16,659,526
FY 2006-07	PHARMACY*	272	\$ 220,786	43,933	\$ 31,797,126
FY 2006-07	PHYSICIAN/ MEDICAL	279	\$ 113,398	44,187	\$ 25,102,487
FY 2006-07	SPECIAL FACILITY	8	\$ 934	758	\$ 248,332
<b>FY 2006-07</b>	<b>Total</b>		<b>\$ 1,684,884</b>		<b>\$ 205,303,238</b>
Fiscal Year	Provider Type	Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2007-08	AMBULANCE	43	\$ 59,921	5,970	\$ 2,729,313
FY 2007-08	CLINIC	355	\$ 273,688	38,514	\$ 26,549,962
FY 2007-08	DENTAL	10	\$ 876	8,223	\$ 3,292,370
FY 2007-08	HOME HEALTH/ DME	17	\$ 9,506	2,421	\$ 2,080,165
FY 2007-08	HOSPITAL INPATIENT	59	\$ 1,001,950	7,541	\$ 102,230,075
FY 2007-08	HOSPITAL OUTPATIENT	322	\$ 141,429	40,225	\$ 19,423,874
FY 2007-08	PHARMACY	289	\$ 225,409	45,631	\$ 33,168,625
FY 2007-08	PHYSICIAN/ MEDICAL	309	\$ 126,961	47,261	\$ 29,582,298
FY 2007-08	SPECIAL FACILITY	26	\$ 4,837	745	\$ 242,263
<b>FY 2007-08</b>	<b>Total</b>		<b>\$ 1,844,577</b>		<b>\$ 219,298,945</b>

**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  
INYO COUNTY**

FY2006/07			
AC	MBR	CLAIMS	PAID
50	9	27 \$	42,922
8F	1	2 \$	202
84	315	2,773 \$	984,418
85	80	420 \$	166,348
88	79	637 \$	256,041
89	8	55 \$	13,240
	492	3,914 \$	1,463,171

FY2007/08			
AC	MBR	CLAIMS	PAID
50	11	59 \$	117,449
8F	2	47 \$	20,370
84	361	3,045 \$	988,840
85	72	440 \$	235,616
88	59	712 \$	197,130
89	10	77 \$	58,890
	515	4,380 \$	1,618,295

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

**CMSP - December 2009**

**CMSP  
Expenditures by Major Diagnostic Grouping  
INYO**

	<b>FY2006/07</b>	<b>FY2007/08</b>
CIRCULATORY SYSTEM	\$ 153,579	\$ 94,795
DIGESTIVE SYSTEM	\$ 134,819	\$ 383,403
ENDOCRINE, NUTRITIONAL & METABOLIC	\$ 36,224	\$ 143,218
GENITOURINARY SYSTEM	\$ 102,296	\$ 66,493
ILL-DEFINED CONDITIONS	\$ 142,042	\$ 119,325
INFECTIOUS & PARASITIC DISEASES	\$ 79,520	\$ 5,549
INJURY & POISONING	\$ 275,485	\$ 180,990
MENTAL DISORDERS	\$ 24,488	\$ 66,983
MUSCULOSKELETAL & CONNECTIVE TISSUE	\$ 121,603	\$ 144,587
NEOPLASMS	\$ 78,539	\$ 129,120
NERVOUS SYSTEM & SENSE ORGANS	\$ 44,709	\$ 36,786
OTHER	\$ 3,335	\$ 10,602
RESPIRATORY SYSTEM	\$ 149,145	\$ 87,657
SKIN & SUBCUTANEOUS TISSUE	\$ 50,304	\$ 53,396
V CODES	\$ 67,083	\$ 95,388
	<u>\$ 1,463,171</u>	<u>\$ 1,618,292</u>

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