

# CMSP Data Update: Lake 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 - Lake 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>	16	17	20	14	20	14	18	19	18	15	20	21
<b>8F</b>	2	2	1	-	2	3	4	3	3	3	3	4
<b>84</b>	822	833	801	776	793	745	759	763	813	807	802	810
<b>85</b>	191	218	198	182	157	137	162	182	192	184	186	195
<b>88</b>	115	138	148	157	170	180	173	170	164	148	157	152
<b>89</b>	19	16	18	19	19	16	25	19	15	15	15	17
<b>Total</b>	<b>1,165</b>	<b>1,224</b>	<b>1,186</b>	<b>1,148</b>	<b>1,161</b>	<b>1,095</b>	<b>1,141</b>	<b>1,156</b>	<b>1,205</b>	<b>1,172</b>	<b>1,183</b>	<b>1,199</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>	14	15	19	15	15	22	19	17	17	16	26	22
<b>8F</b>	3	3	3	1	1	1	-	-	-	1	1	1
<b>84</b>	805	804	802	788	792	798	833	884	909	922	944	963
<b>85</b>	195	189	167	163	173	166	156	172	190	185	175	175
<b>88</b>	144	147	141	143	148	151	148	135	137	137	136	146
<b>89</b>	12	11	13	11	7	12	17	19	22	20	22	17
<b>Total</b>	<b>1,173</b>	<b>1,169</b>	<b>1,145</b>	<b>1,121</b>	<b>1,136</b>	<b>1,150</b>	<b>1,173</b>	<b>1,227</b>	<b>1,275</b>	<b>1,281</b>	<b>1,304</b>	<b>1,324</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>	14	9	10	12	11	16	16	12	15	12	18	16
<b>8F</b>	1	1	1	2	2	2	1	-	-	-	-	1
<b>84</b>	954	993	1,001	994	1,008	1,046	1,087	1,117	1,166	1,153	1,200	1,175
<b>85</b>	182	186	181	176	199	200	217	233	251	237	247	253
<b>88</b>	150	161	165	152	148	143	123	116	134	142	139	152
<b>89</b>	21	20	19	23	23	21	14	14	17	19	21	25
<b>Total</b>	<b>1,322</b>	<b>1,370</b>	<b>1,377</b>	<b>1,359</b>	<b>1,391</b>	<b>1,428</b>	<b>1,458</b>	<b>1,492</b>	<b>1,583</b>	<b>1,563</b>	<b>1,625</b>	<b>1,622</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	LAKE COUNTY		ALL CMSP COUNTIES	
		Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2006-07	AMBULANCE	192	\$ 105,465	5,462	\$ 2,594,952
FY 2006-07	CLINIC	1,376	\$ 1,162,116	35,726	\$ 23,375,726
FY 2006-07	DENTAL	43	\$ 17,384	7,251	\$ 2,704,351
FY 2006-07	HOME HEALTH/ DME	63	\$ 41,655	2,329	\$ 2,439,492
FY 2006-07	HOSPITAL INPATIENT	218	\$ 3,576,645	7,749	\$ 100,381,246
FY 2006-07	HOSPITAL OUTPATIENT	1,256	\$ 551,148	36,993	\$ 16,659,526
FY 2006-07	PHARMACY*	1,379	\$ 953,513	43,933	\$ 31,797,126
FY 2006-07	PHYSICIAN/ MEDICAL	1,312	\$ 708,264	44,187	\$ 25,102,487
FY 2006-07	SPECIAL FACILITY	20	\$ 10,532	758	\$ 248,332
<b>FY 2006-07</b>	<b>Total</b>		<b>\$ 7,126,722</b>		<b>\$ 205,303,238</b>
Fiscal Year	Provider Type	Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2007-08	AMBULANCE	181	\$ 118,961	5,970	\$ 2,729,313
FY 2007-08	CLINIC	1,435	\$ 1,197,579	38,514	\$ 26,549,962
FY 2007-08	DENTAL	52	\$ 27,371	8,223	\$ 3,292,370
FY 2007-08	HOME HEALTH/ DME	71	\$ 50,818	2,421	\$ 2,080,165
FY 2007-08	HOSPITAL INPATIENT	190	\$ 4,203,682	7,541	\$ 102,230,075
FY 2007-08	HOSPITAL OUTPATIENT	1,287	\$ 636,413	40,225	\$ 19,423,874
FY 2007-08	PHARMACY	1,373	\$ 996,814	45,631	\$ 33,168,625
FY 2007-08	PHYSICIAN/ MEDICAL	1,372	\$ 887,608	47,261	\$ 29,582,298
FY 2007-08	SPECIAL FACILITY	4	\$ 2,026	745	\$ 242,263
<b>FY 2007-08</b>	<b>Total</b>		<b>\$ 8,121,272</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  
LAKE COUNTY**

FY2006/07				FY2007/08			
AC	MBR	CLAIMS	PAID	AC	MBR	CLAIMS	PAID
50	21	256	\$ 289,309	50	28	263	\$ 260,940
8F	6	64	\$ 49,038	8F	1	4	\$ 512
84	1,279	15,297	\$ 3,964,617	84	1,367	17,070	\$ 4,755,998
85	217	1,463	\$ 707,724	85	236	1,576	\$ 838,069
88	357	4,151	\$ 952,844	88	325	3,387	\$ 899,255
89	39	341	\$ 192,294	89	32	378	\$ 342,313
	1,919	21,572	\$ 6,155,826		1,989	22,678	\$ 7,097,087

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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**  
**LAKE**

	<b>FY2006/07</b>	<b>FY2007/08</b>
CIRCULATORY SYSTEM	\$ 914,461	\$ 1,148,434
DIGESTIVE SYSTEM	\$ 844,980	\$ 857,048
ENDOCRINE, NUTRITIONAL & METABOLIC	\$ 157,099	\$ 235,269
GENITOURINARY SYSTEM	\$ 250,239	\$ 204,659
ILL-DEFINED CONDITIONS	\$ 340,239	\$ 420,306
INFECTIOUS & PARASITIC DISEASES	\$ 241,231	\$ 338,942
INJURY & POISONING	\$ 1,135,648	\$ 1,147,499
MENTAL DISORDERS	\$ 195,105	\$ 241,188
MUSCULOSKELETAL & CONNECTIVE TISSUE	\$ 553,589	\$ 704,538
NEOPLASMS	\$ 278,658	\$ 625,333
NERVOUS SYSTEM & SENSE ORGANS	\$ 175,082	\$ 336,082
OTHER	\$ 62,015	\$ 31,470
RESPIRATORY SYSTEM	\$ 535,055	\$ 302,228
SKIN & SUBCUTANEOUS TISSUE	\$ 143,949	\$ 146,058
V CODES	\$ 328,475	\$ 358,033
	<u>\$ 6,155,825</u>	<u>\$ 7,097,087</u>

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