

CMSP Data Update: Marin 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 - Marin 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	265	304	271	254	268	226	226	245	249	219	211	218
8F	6	5	4	3	4	4	4	6	5	6	3	3
84	1,248	1,284	1,239	1,264	1,267	1,213	1,222	1,191	1,292	1,242	1,225	1,266
85	212	211	203	203	205	201	206	201	223	201	205	212
88	98	107	111	95	105	111	120	113	115	112	105	95
89	12	13	16	15	15	15	13	13	11	14	18	23
Total	1,841	1,924	1,844	1,834	1,864	1,770	1,791	1,769	1,895	1,794	1,767	1,817
	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	220	213	202	233	218	194	192	181	192	175	182	183
8F	4	3	3	3	3	1	1	2	3	4	5	5
84	1,217	1,235	1,231	1,236	1,232	1,204	1,202	1,202	1,287	1,231	1,271	1,327
85	211	209	199	193	210	186	184	187	209	201	209	207
88	94	98	97	101	96	97	106	109	115	106	99	106
89	17	18	15	13	13	12	12	12	18	17	13	12
Total	1,763	1,776	1,747	1,779	1,772	1,694	1,697	1,693	1,824	1,734	1,779	1,840
	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	194	186	177	193	180	150	167	194	237	210	198	190
8F	5	2	3	3	3	3	4	4	5	4	3	4
84	1,343	1,383	1,354	1,338	1,368	1,382	1,422	1,490	1,634	1,600	1,636	1,688
85	204	194	195	197	193	204	212	230	281	260	270	260
88	102	107	104	109	108	97	89	84	86	90	81	87
89	16	13	11	11	8	8	7	9	10	9	10	6
Total	1,864	1,885	1,844	1,851	1,860	1,844	1,901	2,011	2,253	2,173	2,198	2,235

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	MARIN COUNTY		ALL CMSP COUNTIES	
		Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2006-07	Ambulance	198	\$ 48,466	5,462	\$ 2,594,952
FY 2006-07	Clinic	1,078	\$ 543,687	35,726	\$ 23,375,726
FY 2006-07	Dentist	457	\$ 95,315	7,251	\$ 2,704,351
FY 2006-07	Home Health/ DME	74	\$ 40,897	2,329	\$ 2,439,492
FY 2006-07	Hospital Inpatient	343	\$ 5,148,767	7,749	\$ 100,381,246
FY 2006-07	Hospital Outpatient	1,525	\$ 700,918	36,993	\$ 16,659,526
FY 2006-07	Pharmacy*	1,721	\$ 1,172,245	43,933	\$ 31,797,126
FY 2006-07	Physician/ Medical	2,091	\$ 1,038,111	44,187	\$ 25,102,487
FY 2006-07	Special Facility	7	\$ 1,913	758	\$ 248,332
FY 2006-07	Total		\$ 8,790,319		\$ 205,303,238
Fiscal Year	Provider Type	Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2007-08	Ambulance	190	\$ 39,265	5,970	\$ 2,729,313
FY 2007-08	Clinic	1,101	\$ 557,522	38,514	\$ 26,549,962
FY 2007-08	Dentist	517	\$ 108,831	8,223	\$ 3,292,370
FY 2007-08	Home Health/ DME	64	\$ 38,477	2,421	\$ 2,080,165
FY 2007-08	Hospital Inpatient	327	\$ 4,558,209	7,541	\$ 102,230,075
FY 2007-08	Hospital Outpatient	1,556	\$ 761,713	40,225	\$ 19,423,874
FY 2007-08	Pharmacy	1,667	\$ 1,192,022	45,631	\$ 33,168,625
FY 2007-08	Physician/ Medical	2,096	\$ 1,103,711	47,261	\$ 29,582,298
FY 2007-08	Special Facility	1	\$ 154	745	\$ 242,263
FY 2007-08	Total		\$ 8,359,904		\$ 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
MARIN COUNTY**

FY2006/07				FY2007/08			
AC	MBR	CLAIMS	PAID	AC	MBR	CLAIMS	PAID
50	344	1,659	\$ 1,288,871	50	354	1,840	\$ 1,522,893
8F	8	238	\$ 210,040	8F	3	34	\$ 60,858
84	1,659	16,733	\$ 3,786,047	84	1,672	17,250	\$ 4,043,844
85	191	1,234	\$ 963,339	85	199	1,234	\$ 724,413
88	222	2,585	\$ 1,007,846	88	203	2,028	\$ 564,934
89	31	397	\$ 266,616	89	22	184	\$ 142,109
	2,455	22,846	\$ 7,522,759		2,453	22,570	\$ 7,059,051

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

CMSP - December 2009

CMSP
Expenditures by Major Diagnostic Grouping
MARIN

	FY2006/07	FY2007/08
CIRCULATORY SYSTEM	\$ 1,436,931	\$ 552,283
DIGESTIVE SYSTEM	\$ 887,889	\$ 1,158,944
ENDOCRINE, NUTRITIONAL & METABOLIC	\$ 374,794	\$ 242,859
GENITOURINARY SYSTEM	\$ 300,481	\$ 355,755
ILL-DEFINED CONDITIONS	\$ 502,795	\$ 520,356
INFECTIOUS & PARASITIC DISEASES	\$ 224,371	\$ 414,651
INJURY & POISONING	\$ 1,279,952	\$ 1,031,163
MENTAL DISORDERS	\$ 378,954	\$ 397,217
MUSCULOSKELETAL & CONNECTIVE TISSUE	\$ 495,149	\$ 447,805
NEOPLASMS	\$ 483,453	\$ 525,114
NERVOUS SYSTEM & SENSE ORGANS	\$ 153,428	\$ 166,032
OTHER	\$ 38,059	\$ 158,409
RESPIRATORY SYSTEM	\$ 444,785	\$ 682,597
SKIN & SUBCUTANEOUS TISSUE	\$ 220,953	\$ 186,153
V CODES	\$ 300,766	\$ 219,714
	<u>\$ 7,522,760</u>	<u>\$ 7,059,052</u>

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