

CMSP Data Update: Mendocino 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 - Mendocino 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	77	79	69	58	57	49	56	55	57	51	54	59
8F	3	1	2	2	2	-	-	-	1	1	1	2
84	1,736	1,737	1,681	1,689	1,686	1,681	1,659	1,677	1,798	1,752	1,750	1,784
85	357	345	321	293	302	303	316	340	349	314	313	324
88	173	167	169	159	165	161	183	176	181	176	178	185
89	22	22	20	17	16	20	24	20	21	22	21	21
Total	2,368	2,351	2,262	2,218	2,228	2,214	2,238	2,268	2,407	2,316	2,317	2,375
	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	49	60	56	48	44	42	48	56	79	60	66	63
8F	2	2	1	2	1	2	1	1	1	1	1	-
84	1,767	1,788	1,763	1,772	1,782	1,720	1,741	1,786	1,882	1,793	1,802	1,876
85	303	326	330	322	317	295	330	343	386	348	343	357
88	190	187	166	176	175	184	191	184	192	191	176	174
89	20	20	19	18	19	17	18	15	22	26	24	28
Total	2,331	2,383	2,335	2,338	2,338	2,260	2,329	2,385	2,562	2,419	2,412	2,498
	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	48	59	61	58	55	53	60	67	75	71	66	62
8F	-	-	-	-	-	-	-	-	-	-	2	2
84	1,895	1,878	1,926	1,956	1,975	1,998	2,013	2,076	2,212	2,099	2,175	2,139
85	350	350	365	364	366	342	370	391	442	422	414	415
88	188	190	200	200	185	177	200	201	218	209	198	195
89	24	29	24	17	18	22	22	23	26	25	28	28
Total	2,505	2,506	2,576	2,595	2,599	2,592	2,665	2,758	2,973	2,826	2,883	2,841

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	MENDOCINO COUNTY		ALL CMSP COUNTIES	
		Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2006-07	Ambulance	239	\$ 256,842	5,462	\$ 2,594,952
FY 2006-07	Clinic	2,447	\$ 1,809,161	35,726	\$ 23,375,726
FY 2006-07	Dentist	156	\$ 39,633	7,251	\$ 2,704,351
FY 2006-07	Home Health/ DME	92	\$ 63,283	2,329	\$ 2,439,492
FY 2006-07	Hospital Inpatient	376	\$ 5,060,036	7,749	\$ 100,381,246
FY 2006-07	Hospital Outpatient	2,090	\$ 910,527	36,993	\$ 16,659,526
FY 2006-07	Pharmacy*	2,328	\$ 1,608,997	43,933	\$ 31,797,126
FY 2006-07	Physician/ Medical	2,333	\$ 1,183,611	44,187	\$ 25,102,487
FY 2006-07	Special Facility	48	\$ 13,235	758	\$ 248,332
FY 2006-07	Total		\$ 10,945,325		\$ 205,303,238
Fiscal Year	Provider Type	Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2007-08	Ambulance	274	\$ 188,984	5,970	\$ 2,729,313
FY 2007-08	Clinic	2,629	\$ 2,020,397	38,514	\$ 26,549,962
FY 2007-08	Dentist	96	\$ 28,715	8,223	\$ 3,292,370
FY 2007-08	Home Health/ DME	99	\$ 97,668	2,421	\$ 2,080,165
FY 2007-08	Hospital Inpatient	335	\$ 4,487,837	7,541	\$ 102,230,075
FY 2007-08	Hospital Outpatient	2,242	\$ 992,279	40,225	\$ 19,423,874
FY 2007-08	Pharmacy	2,416	\$ 1,550,578	45,631	\$ 33,168,625
FY 2007-08	Physician/ Medical	2,464	\$ 1,365,956	47,261	\$ 29,582,298
FY 2007-08	Special Facility	2	\$ 58	745	\$ 242,263
FY 2007-08	Total		\$ 10,732,472		\$ 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
MENDOCINO COUNTY**

FY2006/07				FY2007/08			
AC	MBR	CLAIMS	PAID	AC	MBR	CLAIMS	PAID
50	57	321	\$ 294,477	50	64	395	\$ 372,720
8F	6	34	\$ 31,624	8F	5	54	\$ 61,649
84	2,573	28,598	\$ 6,723,214	84	2,708	30,545	\$ 6,400,736
85	356	2,349	\$ 881,753	85	389	2,626	\$ 909,119
88	384	4,723	\$ 1,230,741	88	427	4,873	\$ 1,333,026
89	34	253	\$ 134,885	89	30	279	\$ 75,930
	3,410	36,278	\$ 9,296,694		3,623	38,772	\$ 9,153,180

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

CMSP - December 2009

CMSP
Expenditures by Major Diagnostic Grouping
MENDOCINO

	FY2006/07	FY2007/08
CIRCULATORY SYSTEM	\$ 917,643	\$ 643,937
DIGESTIVE SYSTEM	\$ 1,276,315	\$ 1,606,628
ENDOCRINE, NUTRITIONAL & METABOLIC	\$ 226,251	\$ 324,491
GENITOURINARY SYSTEM	\$ 330,597	\$ 249,820
ILL-DEFINED CONDITIONS	\$ 589,080	\$ 548,137
INFECTIOUS & PARASITIC DISEASES	\$ 285,872	\$ 379,601
INJURY & POISONING	\$ 2,147,119	\$ 1,856,781
MENTAL DISORDERS	\$ 313,755	\$ 374,744
MUSCULOSKELETAL & CONNECTIVE TISSUE	\$ 668,651	\$ 992,168
NEOPLASMS	\$ 561,633	\$ 456,530
NERVOUS SYSTEM & SENSE ORGANS	\$ 383,634	\$ 288,565
OTHER	\$ 63,272	\$ 40,391
RESPIRATORY SYSTEM	\$ 665,880	\$ 495,690
SKIN & SUBCUTANEOUS TISSUE	\$ 300,645	\$ 211,922
V CODES	\$ 566,348	\$ 683,773
	<u>\$ 9,296,695</u>	<u>\$ 9,153,178</u>

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