

# CMSP Data Update: Modoc 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 - Modoc 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>	6	4	2	2	1	1	2	3	8	6	4	5
<b>8F</b>	1	1	1	1	1	2	1	1	1	1	-	-
<b>84</b>	128	117	93	97	96	98	114	123	123	120	117	117
<b>85</b>	32	28	36	40	37	26	36	41	47	35	28	19
<b>88</b>	27	31	35	28	28	28	29	28	27	28	26	26
<b>89</b>	1	3	1	4	4	4	4	6	8	6	5	3
<b>Total</b>	<b>195</b>	<b>184</b>	<b>168</b>	<b>172</b>	<b>167</b>	<b>159</b>	<b>186</b>	<b>202</b>	<b>214</b>	<b>196</b>	<b>180</b>	<b>170</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>	4	2	2	3	4	2	-	-	1	1	2	2
<b>8F</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>84</b>	105	108	99	96	106	104	116	126	138	137	130	120
<b>85</b>	26	31	24	23	21	20	27	33	42	46	47	43
<b>88</b>	23	24	17	21	21	24	22	19	16	15	17	20
<b>89</b>	2	-	1	1	1	1	1	1	2	2	2	4
<b>Total</b>	<b>160</b>	<b>165</b>	<b>143</b>	<b>144</b>	<b>153</b>	<b>151</b>	<b>166</b>	<b>179</b>	<b>199</b>	<b>201</b>	<b>198</b>	<b>189</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>	2	2	2	4	5	5	4	4	4	3	2	3
<b>8F</b>	-	-	-	-	-	-	-	1	1	-	-	-
<b>84</b>	109	98	100	99	102	111	119	120	127	118	116	111
<b>85</b>	42	44	40	45	47	42	35	38	43	44	41	39
<b>88</b>	20	25	26	20	21	18	21	26	31	32	35	36
<b>89</b>	4	5	3	3	4	3	2	1	3	5	2	2
<b>Total</b>	<b>177</b>	<b>174</b>	<b>171</b>	<b>171</b>	<b>179</b>	<b>179</b>	<b>181</b>	<b>190</b>	<b>209</b>	<b>202</b>	<b>196</b>	<b>191</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	MODOC COUNTY		ALL CMSP COUNTIES	
		Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2006-07	Ambulance	24	\$ 45,076	5,462	\$ 2,594,952
FY 2006-07	Clinic	192	\$ 124,762	35,726	\$ 23,375,726
FY 2006-07	Dentist	32	\$ 14,529	7,251	\$ 2,704,351
FY 2006-07	Home Health/ DME	6	\$ 5,363	2,329	\$ 2,439,492
FY 2006-07	Hospital Inpatient	28	\$ 214,950	7,749	\$ 100,381,246
FY 2006-07	Hospital Outpatient	154	\$ 49,755	36,993	\$ 16,659,526
FY 2006-07	Pharmacy*	200	\$ 125,145	43,933	\$ 31,797,126
FY 2006-07	Physician/ Medical	148	\$ 67,734	44,187	\$ 25,102,487
FY 2006-07	Special Facility	6	\$ 1,396	758	\$ 248,332
<b>FY 2006-07</b>	<b>Total</b>		<b>\$ 648,710</b>		<b>\$ 205,303,238</b>
Fiscal Year	Provider Type	Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2007-08	Ambulance	22	\$ 40,078	5,970	\$ 2,729,313
FY 2007-08	Clinic	196	\$ 116,325	38,514	\$ 26,549,962
FY 2007-08	Dentist	31	\$ 13,970	8,223	\$ 3,292,370
FY 2007-08	Home Health/ DME	10	\$ 13,751	2,421	\$ 2,080,165
FY 2007-08	Hospital Inpatient	19	\$ 222,841	7,541	\$ 102,230,075
FY 2007-08	Hospital Outpatient	167	\$ 49,639	40,225	\$ 19,423,874
FY 2007-08	Pharmacy	197	\$ 154,239	45,631	\$ 33,168,625
FY 2007-08	Physician/ Medical	148	\$ 66,288	47,261	\$ 29,582,298
FY 2007-08	Special Facility	-	\$ -	745	\$ 242,263
<b>FY 2007-08</b>	<b>Total</b>		<b>\$ 677,131</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  
MODOC COUNTY**

FY2006/07			
AC	MBR	CLAIMS	PAID
50	-	-	\$ -
8F	1	11	\$ 1,346
84	170	1,430	\$ 284,947
85	30	214	\$ 87,397
88	51	516	\$ 119,191
89	8	25	\$ 16,157
	260	2,196	\$ 509,038

FY2007/08			
AC	MBR	CLAIMS	PAID
50	-	-	\$ -
8F	-	-	\$ -
84	174	1,363	\$ 215,802
85	42	240	\$ 75,499
88	46	396	\$ 205,140
89	3	10	\$ 12,482
	265	2,009	\$ 508,923

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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  
MODOC**

	<b>FY2006/07</b>	<b>FY2007/08</b>
CIRCULATORY SYSTEM	\$ 29,030	\$ 150,983
DIGESTIVE SYSTEM	\$ 59,892	\$ 66,746
ENDOCRINE, NUTRITIONAL & METABOLIC	\$ 12,593	\$ 23,706
GENITOURINARY SYSTEM	\$ 47,861	\$ 7,352
ILL-DEFINED CONDITIONS	\$ 53,163	\$ 46,646
INFECTIOUS & PARASITIC DISEASES	\$ 32,943	\$ 3,677
INJURY & POISONING	\$ 81,701	\$ 40,201
MENTAL DISORDERS	\$ 42,181	\$ 11,679
MUSCULOSKELETAL & CONNECTIVE TISSUE	\$ 43,335	\$ 59,645
NEOPLASMS	\$ 18,421	\$ 19,940
NERVOUS SYSTEM & SENSE ORGANS	\$ 11,041	\$ 10,820
OTHER	\$ 1,037	\$ 8,529
RESPIRATORY SYSTEM	\$ 44,586	\$ 35,799
SKIN & SUBCUTANEOUS TISSUE	\$ 6,040	\$ 4,630
V CODES	\$ 25,212	\$ 18,568
	<u>\$ 509,036</u>	<u>\$ 508,921</u>

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