

# CMSP Data Update: Mono 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 - Mono 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>	12	8	6	6	4	6	12	11	8	11	9	10
<b>8F</b>	1	1	-	-	-	-	-	-	-	-	-	-
<b>84</b>	71	69	73	81	91	104	106	106	110	110	106	90
<b>85</b>	46	48	41	38	35	38	48	44	40	28	26	31
<b>88</b>	6	4	3	4	6	5	7	9	9	11	8	12
<b>89</b>	1	1	-	1	2	2	4	3	4	3	3	2
<b>Total</b>	<b>137</b>	<b>131</b>	<b>123</b>	<b>130</b>	<b>138</b>	<b>155</b>	<b>177</b>	<b>173</b>	<b>171</b>	<b>163</b>	<b>152</b>	<b>145</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>	9	7	10	10	15	12	13	12	10	11	12	9
<b>8F</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>84</b>	83	77	73	73	73	78	79	84	86	76	80	82
<b>85</b>	38	38	37	36	42	43	45	35	44	37	35	34
<b>88</b>	11	9	8	6	6	5	4	7	9	9	9	9
<b>89</b>	1	2	2	1	1	2	2	2	1	2	3	3
<b>Total</b>	<b>142</b>	<b>133</b>	<b>130</b>	<b>126</b>	<b>137</b>	<b>140</b>	<b>143</b>	<b>140</b>	<b>150</b>	<b>135</b>	<b>139</b>	<b>137</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>	8	8	8	12	10	6	10	10	11	10	10	13
<b>8F</b>	-	-	-	1	1	1	1	-	-	-	-	-
<b>84</b>	76	75	80	85	90	97	93	93	97	100	106	104
<b>85</b>	41	36	29	27	29	31	40	45	38	42	52	56
<b>88</b>	14	12	10	10	7	8	6	7	6	2	3	2
<b>89</b>	2	3	2	-	1	2	1	-	-	-	1	2
<b>Total</b>	<b>141</b>	<b>134</b>	<b>129</b>	<b>135</b>	<b>138</b>	<b>145</b>	<b>151</b>	<b>155</b>	<b>152</b>	<b>154</b>	<b>172</b>	<b>177</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	MONO COUNTY		ALL CMSP COUNTIES	
		Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2006-07	AMBULANCE	12	\$ 20,928	5,462	\$ 2,594,952
FY 2006-07	CLINIC	118	\$ 61,850	35,726	\$ 23,375,726
FY 2006-07	DENTAL	3	\$ 419	7,251	\$ 2,704,351
FY 2006-07	HOME HEALTH/ DME	3	\$ 2,239	2,329	\$ 2,439,492
FY 2006-07	HOSPITAL INPATIENT	21	\$ 408,852	7,749	\$ 100,381,246
FY 2006-07	HOSPITAL OUTPATIENT	136	\$ 48,265	36,993	\$ 16,659,526
FY 2006-07	PHARMACY*	113	\$ 37,107	43,933	\$ 31,797,126
FY 2006-07	PHYSICIAN/ MEDICAL	130	\$ 55,623	44,187	\$ 25,102,487
FY 2006-07	SPECIAL FACILITY	1	\$ 365	758	\$ 248,332
<b>FY 2006-07</b>	<b>Total</b>		<b>\$ 635,648</b>		<b>\$ 205,303,238</b>
Fiscal Year	Provider Type	Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2007-08	AMBULANCE	20	\$ 28,417	5,970	\$ 2,729,313
FY 2007-08	CLINIC	142	\$ 99,579	38,514	\$ 26,549,962
FY 2007-08	DENTAL	5	\$ 892	8,223	\$ 3,292,370
FY 2007-08	HOME HEALTH/ DME	4	\$ 6,472	2,421	\$ 2,080,165
FY 2007-08	HOSPITAL INPATIENT	29	\$ 409,429	7,541	\$ 102,230,075
FY 2007-08	HOSPITAL OUTPATIENT	155	\$ 49,852	40,225	\$ 19,423,874
FY 2007-08	PHARMACY	112	\$ 38,824	45,631	\$ 33,168,625
FY 2007-08	PHYSICIAN/ MEDICAL	154	\$ 70,777	47,261	\$ 29,582,298
FY 2007-08	SPECIAL FACILITY	-	\$ -	745	\$ 242,263
<b>FY 2007-08</b>	<b>Total</b>		<b>\$ 704,242</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  
MONO COUNTY**

FY2006/07			
AC	MBR	CLAIMS	PAID
50	7	18	\$ 24,409
8F	1	6	\$ 4,534
84	149	935	\$ 299,446
85	47	239	\$ 190,473
88	17	197	\$ 78,278
89	1	4	\$ 983
	222	1,399	\$ 598,123

FY2007/08			
AC	MBR	CLAIMS	PAID
50	9	58	\$ 41,963
8F	-	-	\$ -
84	140	1,051	\$ 431,317
85	57	358	\$ 99,068
88	24	209	\$ 83,614
89	3	12	\$ 8,565
	233	1,688	\$ 664,527

---

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

**CMSP - December 2009**

**CMSP  
Expenditures by Major Diagnostic Grouping  
MONO**

	<b>FY2006/07</b>	<b>FY2007/08</b>
CIRCULATORY SYSTEM	\$ 53,686	\$ 25,957
DIGESTIVE SYSTEM	\$ 169,495	\$ 151,202
ENDOCRINE, NUTRITIONAL & METABOLIC	\$ 6,427	\$ 2,330
GENITOURINARY SYSTEM	\$ 3,979	\$ 22,928
ILL-DEFINED CONDITIONS	\$ 11,700	\$ 51,219
INFECTIOUS & PARASITIC DISEASES	\$ 8,110	\$ 17,140
INJURY & POISONING	\$ 141,774	\$ 215,159
MENTAL DISORDERS	\$ 34,753	\$ 15,844
MUSCULOSKELETAL & CONNECTIVE TISSUE	\$ 94,432	\$ 71,326
NEOPLASMS	\$ 7,933	\$ 24,682
NERVOUS SYSTEM & SENSE ORGANS	\$ 7,164	\$ 7,227
OTHER	\$ 16,291	\$ 3,801
RESPIRATORY SYSTEM	\$ 12,338	\$ 4,609
SKIN & SUBCUTANEOUS TISSUE	\$ 4,684	\$ 15,771
V CODES	\$ 25,358	\$ 35,331
	<u>\$ 598,124</u>	<u>\$ 664,526</u>

---

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