

CMSP Data Update: Napa 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 - Napa 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	106	115	100	120	115	108	108	120	129	88	90	96
8F	-	-	-	-	-	-	-	-	-	-	-	-
84	577	598	572	561	541	549	578	581	611	599	608	630
85	158	202	187	180	169	151	150	173	172	167	182	184
88	21	22	24	25	27	23	25	24	26	34	33	35
89	8	8	5	4	4	4	5	4	4	4	5	7
Total	870	945	888	890	856	835	866	902	942	892	918	952
	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	101	98	86	79	78	75	82	74	70	71	78	78
8F	-	-	-	1	1	-	-	-	-	-	-	-
84	628	638	631	641	656	637	639	631	673	667	666	672
85	175	168	168	165	140	131	152	170	176	155	157	175
88	40	44	46	43	44	50	49	52	57	58	57	66
89	10	13	14	13	12	12	9	8	9	8	12	9
Total	954	961	945	942	931	905	931	935	985	959	970	1,000
	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	90	92	89	85	80	92	104	87	90	91	97	93
8F	-	1	-	-	-	-	1	1	1	2	1	1
84	637	661	651	646	649	667	734	758	808	816	826	837
85	178	179	176	181	161	157	171	201	235	220	214	196
88	74	67	74	64	69	71	74	75	75	85	81	77
89	9	11	9	15	13	17	15	16	15	8	7	12
Total	988	1,011	999	991	972	1,004	1,099	1,138	1,224	1,222	1,226	1,216

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	NAPA COUNTY		ALL CMSP COUNTIES	
		Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2006-07	Ambulance	77	\$ 27,370	5,462	\$ 2,594,952
FY 2006-07	Clinic	594	\$ 258,902	35,726	\$ 23,375,726
FY 2006-07	Dentist	137	\$ 59,110	7,251	\$ 2,704,351
FY 2006-07	Home Health/ DME	24	\$ 12,628	2,329	\$ 2,439,492
FY 2006-07	Hospital Inpatient	212	\$ 3,393,688	7,749	\$ 100,381,246
FY 2006-07	Hospital Outpatient	749	\$ 280,786	36,993	\$ 16,659,526
FY 2006-07	Pharmacy*	796	\$ 601,725	43,933	\$ 31,797,126
FY 2006-07	Physician/ Medical	955	\$ 516,858	44,187	\$ 25,102,487
FY 2006-07	Special Facility	1	\$ 283	758	\$ 248,332
FY 2006-07	Total		\$ 5,151,350		\$ 205,303,238
Fiscal Year	Provider Type	Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2007-08	Ambulance	92	\$ 29,308	5,970	\$ 2,729,313
FY 2007-08	Clinic	698	\$ 369,585	38,514	\$ 26,549,962
FY 2007-08	Dentist	131	\$ 58,091	8,223	\$ 3,292,370
FY 2007-08	Home Health/ DME	34	\$ 43,297	2,421	\$ 2,080,165
FY 2007-08	Hospital Inpatient	211	\$ 3,662,303	7,541	\$ 102,230,075
FY 2007-08	Hospital Outpatient	904	\$ 373,648	40,225	\$ 19,423,874
FY 2007-08	Pharmacy	902	\$ 658,811	45,631	\$ 33,168,625
FY 2007-08	Physician/ Medical	1,084	\$ 650,896	47,261	\$ 29,582,298
FY 2007-08	Special Facility	3	\$ 666	745	\$ 242,263
FY 2007-08	Total		\$ 5,846,605		\$ 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
NAPA COUNTY**

FY2006/07				FY2007/08			
AC	MBR	CLAIMS	PAID	AC	MBR	CLAIMS	PAID
50	107	643	\$ 543,575	50	99	451	\$ 405,937
8F	-	-	\$ -	8F	-	-	\$ -
84	848	7,709	\$ 2,662,353	84	957	9,532	\$ 3,647,235
85	176	1,113	\$ 945,911	85	172	1,102	\$ 642,336
88	53	588	\$ 330,105	88	109	992	\$ 394,834
89	3	39	\$ 8,571	89	15	114	\$ 39,362
	1,187	10,092	\$ 4,490,515		1,352	12,191	\$ 5,129,704

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

CMSP - December 2009

CMSP
Expenditures by Major Diagnostic Grouping
NAPA

	FY2006/07	FY2007/08
CIRCULATORY SYSTEM	\$ 1,026,853	\$ 799,847
DIGESTIVE SYSTEM	\$ 745,892	\$ 1,029,606
ENDOCRINE, NUTRITIONAL & METABOLIC	\$ 98,229	\$ 165,927
GENITOURINARY SYSTEM	\$ 229,925	\$ 193,756
ILL-DEFINED CONDITIONS	\$ 232,916	\$ 292,614
INFECTIOUS & PARASITIC DISEASES	\$ 180,420	\$ 133,943
INJURY & POISONING	\$ 543,484	\$ 890,452
MENTAL DISORDERS	\$ 128,099	\$ 180,590
MUSCULOSKELETAL & CONNECTIVE TISSUE	\$ 286,794	\$ 345,691
NEOPLASMS	\$ 144,983	\$ 278,782
NERVOUS SYSTEM & SENSE ORGANS	\$ 101,521	\$ 136,788
OTHER	\$ 87,544	\$ 55,116
RESPIRATORY SYSTEM	\$ 295,045	\$ 262,931
SKIN & SUBCUTANEOUS TISSUE	\$ 139,076	\$ 128,587
V CODES	\$ 249,734	\$ 235,072
	<u>\$ 4,490,515</u>	<u>\$ 5,129,702</u>

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