

CMSP Data Update: Nevada 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 - Nevada 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	13	14	14	14	15	13	11	13	7	5	8	8
8F	2	3	3	3	2	1	1	1	1	1	1	2
84	558	553	543	541	546	554	558	573	623	591	615	635
85	125	123	115	120	110	108	114	122	137	135	139	135
88	111	109	110	118	122	116	120	120	128	124	128	133
89	18	19	18	15	19	16	8	7	10	10	13	15
Total	827	821	803	811	814	808	812	836	906	866	904	928
	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	6	5	6	7	7	10	9	8	5	3	5	9
8F	2	2	3	3	2	1	1	1	1	-	-	-
84	629	641	638	654	641	635	657	707	759	762	761	788
85	137	137	139	138	142	139	142	139	152	147	151	149
88	122	117	108	96	104	107	99	108	115	105	98	96
89	13	15	14	17	19	17	16	17	20	17	14	9
Total	909	917	908	915	915	909	924	980	1,052	1,034	1,029	1,051
	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	12	9	6	6	7	4	2	2	5	4	1	2
8F	-	-	-	1	1	1	-	-	-	-	-	-
84	806	807	798	777	808	808	813	848	925	917	931	927
85	142	131	119	129	133	130	133	137	150	167	165	150
88	94	86	90	87	80	85	91	94	92	86	90	89
89	8	10	9	8	10	16	15	19	13	14	13	17
Total	1,062	1,043	1,022	1,008	1,039	1,044	1,054	1,100	1,185	1,188	1,200	1,185

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	NEVADA COUNTY		ALL CMSP COUNTIES	
		Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2006-07	AMBULANCE	86	\$ 40,410	5,462	\$ 2,594,952
FY 2006-07	CLINIC	617	\$ 286,935	35,726	\$ 23,375,726
FY 2006-07	DENTAL	97	\$ 26,654	7,251	\$ 2,704,351
FY 2006-07	HOME HEALTH/ DME	46	\$ 26,596	2,329	\$ 2,439,492
FY 2006-07	HOSPITAL INPATIENT	161	\$ 1,691,754	7,749	\$ 100,381,246
FY 2006-07	HOSPITAL OUTPATIENT	842	\$ 397,421	36,993	\$ 16,659,526
FY 2006-07	PHARMACY*	831	\$ 522,191	43,933	\$ 31,797,126
FY 2006-07	PHYSICIAN/ MEDICAL	883	\$ 425,039	44,187	\$ 25,102,487
FY 2006-07	SPECIAL FACILITY	4	\$ 1,805	758	\$ 248,332
FY 2006-07	Total		\$ 3,418,805		\$ 205,303,238
Fiscal Year	Provider Type	Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2007-08	AMBULANCE	110	\$ 44,116	5,970	\$ 2,729,313
FY 2007-08	CLINIC	695	\$ 393,995	38,514	\$ 26,549,962
FY 2007-08	DENTAL	107	\$ 40,968	8,223	\$ 3,292,370
FY 2007-08	HOME HEALTH/ DME	45	\$ 28,501	2,421	\$ 2,080,165
FY 2007-08	HOSPITAL INPATIENT	177	\$ 1,648,368	7,541	\$ 102,230,075
FY 2007-08	HOSPITAL OUTPATIENT	955	\$ 452,593	40,225	\$ 19,423,874
FY 2007-08	PHARMACY	944	\$ 603,984	45,631	\$ 33,168,625
FY 2007-08	PHYSICIAN/ MEDICAL	1,030	\$ 489,742	47,261	\$ 29,582,298
FY 2007-08	SPECIAL FACILITY	11	\$ 4,329	745	\$ 242,263
FY 2007-08	Total		\$ 3,706,596		\$ 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
NEVADA COUNTY**

FY2006/07			
AC	MBR	CLAIMS	PAID
50	12	46	\$ 28,368
8F	1	50	\$ 49,019
84	829	6,980	\$ 1,411,511
85	172	1,028	\$ 424,496
88	229	2,457	\$ 823,220
89	19	251	\$ 133,346
	1,262	10,812	\$ 2,869,960

FY2007/08			
AC	MBR	CLAIMS	PAID
50	13	38	\$ 78,488
8F	2	37	\$ 28,435
84	994	9,154	\$ 1,922,676
85	157	931	\$ 390,822
88	218	2,384	\$ 556,911
89	28	216	\$ 84,310
	1,412	12,760	\$ 3,061,642

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

CMSP - December 2009

**CMSP
Expenditures by Major Diagnostic Grouping
NEVADA**

	FY2006/07	FY2007/08
CIRCULATORY SYSTEM	\$ 236,253	\$ 369,576
DIGESTIVE SYSTEM	\$ 396,480	\$ 441,113
ENDOCRINE, NUTRITIONAL & METABOLIC	\$ 70,564	\$ 59,038
GENITOURINARY SYSTEM	\$ 134,360	\$ 130,299
ILL-DEFINED CONDITIONS	\$ 201,511	\$ 235,643
INFECTIOUS & PARASITIC DISEASES	\$ 28,381	\$ 101,880
INJURY & POISONING	\$ 607,236	\$ 551,288
MENTAL DISORDERS	\$ 40,884	\$ 102,789
MUSCULOSKELETAL & CONNECTIVE TISSUE	\$ 280,089	\$ 382,708
NEOPLASMS	\$ 283,734	\$ 135,406
NERVOUS SYSTEM & SENSE ORGANS	\$ 92,527	\$ 115,140
OTHER	\$ 8,682	\$ 8,035
RESPIRATORY SYSTEM	\$ 137,881	\$ 145,856
SKIN & SUBCUTANEOUS TISSUE	\$ 57,272	\$ 40,923
V CODES	\$ 294,105	\$ 241,948
	<u>\$ 2,869,959</u>	<u>\$ 3,061,642</u>

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