

CMSP Data Update: San Benito 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 - San Benito 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	22	27	26	28	27	22	16	14	21	24	21	15
8F	1	1	1	-	-	-	-	-	-	-	-	-
84	352	357	341	340	336	335	337	344	370	357	362	359
85	90	85	67	63	65	66	66	76	83	83	85	78
88	40	45	54	53	59	63	66	70	69	62	57	69
89	13	13	8	6	8	6	8	9	9	9	8	11
Total	518	528	497	490	495	492	493	513	552	535	533	532
	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	16	14	16	17	22	23	32	31	28	23	26	29
8F	-	-	-	-	-	-	1	1	1	1	1	1
84	361	351	330	343	352	360	369	399	413	407	408	402
85	81	79	81	75	79	76	79	73	76	63	66	59
88	73	70	75	73	79	75	79	84	90	84	69	75
89	12	11	10	15	12	12	10	10	10	11	15	21
Total	543	525	512	523	544	546	570	598	618	589	585	587
	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	32	39	37	32	32	26	31	31	24	22	21	18
8F	1	1	1	1	1	1	1	-	-	-	-	-
84	386	377	376	367	378	368	386	382	396	376	366	358
85	63	69	80	80	76	64	63	85	91	78	64	76
88	88	102	107	111	118	119	109	112	105	101	100	96
89	17	20	15	21	14	16	21	23	26	32	29	29
Total	587	608	616	612	619	594	611	633	642	609	580	577

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	SAN BENITO COUNTY		ALL CMSP COUNTIES	
		Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2006-07	AMBULANCE	48	\$ 24,316	5,462	\$ 2,594,952
FY 2006-07	CLINIC	416	\$ 254,629	35,726	\$ 23,375,726
FY 2006-07	DENTAL	10	\$ 1,993	7,251	\$ 2,704,351
FY 2006-07	HOME HEALTH/ DME	24	\$ 41,446	2,329	\$ 2,439,492
FY 2006-07	HOSPITAL INPATIENT	117	\$ 1,997,764	7,749	\$ 100,381,246
FY 2006-07	HOSPITAL OUTPATIENT	539	\$ 356,365	36,993	\$ 16,659,526
FY 2006-07	PHARMACY*	493	\$ 344,020	43,933	\$ 31,797,126
FY 2006-07	PHYSICIAN/ MEDICAL	490	\$ 336,067	44,187	\$ 25,102,487
FY 2006-07	SPECIAL FACILITY	1	\$ 747	758	\$ 248,332
FY 2006-07	Total		\$ 3,357,347		\$ 205,303,238
Fiscal Year	Provider Type	Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2007-08	AMBULANCE	56	\$ 28,645	5,970	\$ 2,729,313
FY 2007-08	CLINIC	405	\$ 186,290	38,514	\$ 26,549,962
FY 2007-08	DENTAL	8	\$ 6,041	8,223	\$ 3,292,370
FY 2007-08	HOME HEALTH/ DME	22	\$ 21,442	2,421	\$ 2,080,165
FY 2007-08	HOSPITAL INPATIENT	96	\$ 1,119,159	7,541	\$ 102,230,075
FY 2007-08	HOSPITAL OUTPATIENT	522	\$ 382,577	40,225	\$ 19,423,874
FY 2007-08	PHARMACY	507	\$ 322,333	45,631	\$ 33,168,625
FY 2007-08	PHYSICIAN/ MEDICAL	514	\$ 296,012	47,261	\$ 29,582,298
FY 2007-08	SPECIAL FACILITY	2	\$ 475	745	\$ 242,263
FY 2007-08	Total		\$ 2,362,974		\$ 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
SAN BENITO COUNTY**

FY2006/07				FY2007/08			
AC	MBR	CLAIMS	PAID	AC	MBR	CLAIMS	PAID
50	35	231	\$ 241,782	50	31	183	\$ 207,919
8F	-	-	\$ -	8F	1	8	\$ 21,222
84	472	5,478	\$ 1,662,668	84	499	5,158	\$ 1,148,681
85	84	847	\$ 358,373	85	65	444	\$ 168,598
88	108	1,654	\$ 673,722	88	136	1,747	\$ 414,188
89	17	150	\$ 74,789	89	20	192	\$ 73,993
	716	8,360	\$ 3,011,334		752	7,732	\$ 2,034,601

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

CMSP - December 2009

CMSP
Expenditures by Major Diagnostic Grouping
SAN BENITO

	FY2006/07	FY2007/08
CIRCULATORY SYSTEM	\$ 136,379	\$ 279,077
DIGESTIVE SYSTEM	\$ 457,257	\$ 425,420
ENDOCRINE, NUTRITIONAL & METABOLIC	\$ 269,740	\$ 163,497
GENITOURINARY SYSTEM	\$ 450,361	\$ 56,610
ILL-DEFINED CONDITIONS	\$ 236,585	\$ 212,929
INFECTIOUS & PARASITIC DISEASES	\$ 75,257	\$ 12,782
INJURY & POISONING	\$ 489,040	\$ 241,258
MENTAL DISORDERS	\$ 36,724	\$ 25,841
MUSCULOSKELETAL & CONNECTIVE TISSUE	\$ 174,436	\$ 183,183
NEOPLASMS	\$ 240,868	\$ 100,949
NERVOUS SYSTEM & SENSE ORGANS	\$ 49,777	\$ 79,891
OTHER	\$ 32,361	\$ 10,962
RESPIRATORY SYSTEM	\$ 157,516	\$ 73,325
SKIN & SUBCUTANEOUS TISSUE	\$ 68,646	\$ 58,631
V CODES	\$ 136,386	\$ 110,247
	<u>\$ 3,011,333</u>	<u>\$ 2,034,602</u>

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