

CMSP Data Update: Siskiyou 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 - Siskiyou 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	6	6	6	3	3	2	3	5	4	2	-	-
8F	-	-	-	1	1	1	-	-	-	-	-	-
84	610	607	573	553	533	522	518	507	537	511	516	510
85	98	115	104	112	113	121	127	130	136	126	123	110
88	53	55	51	52	64	61	66	59	61	59	61	61
89	3	5	5	4	5	4	8	8	7	6	5	5
Total	770	788	739	725	719	711	722	709	745	704	705	686
	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	-	-	-	1	1	-	-	-	2	2	-	-
8F	-	1	-	-	-	-	-	-	-	-	-	-
84	491	506	482	483	494	500	514	509	535	512	496	504
85	107	108	103	109	115	113	99	114	118	113	106	106
88	63	60	66	70	61	63	61	61	56	61	62	62
89	4	5	3	6	3	4	6	5	4	3	7	6
Total	665	680	654	669	674	680	680	689	715	691	671	678
	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	1	1	-	-	1	1	1	2	1	2	2	2
8F	-	-	-	-	-	-	-	-	-	-	-	-
84	483	482	479	471	474	486	497	504	553	546	541	533
85	100	99	102	105	102	99	112	124	112	103	94	91
88	65	68	72	71	65	61	62	66	69	76	79	80
89	8	5	6	8	7	5	4	9	9	11	10	13
Total	657	655	659	655	649	652	676	705	744	738	726	719

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	SISKIYOU COUNTY		ALL CMSP COUNTIES	
		Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2006-07	AMBULANCE	76	\$ 38,502	5,462	\$ 2,594,952
FY 2006-07	CLINIC	659	\$ 317,979	35,726	\$ 23,375,726
FY 2006-07	DENTAL	101	\$ 31,777	7,251	\$ 2,704,351
FY 2006-07	HOME HEALTH/ DME	52	\$ 26,953	2,329	\$ 2,439,492
FY 2006-07	HOSPITAL INPATIENT	118	\$ 879,888	7,749	\$ 100,381,246
FY 2006-07	HOSPITAL OUTPATIENT	682	\$ 300,035	36,993	\$ 16,659,526
FY 2006-07	PHARMACY*	723	\$ 533,243	43,933	\$ 31,797,126
FY 2006-07	PHYSICIAN/ MEDICAL	730	\$ 318,633	44,187	\$ 25,102,487
FY 2006-07	SPECIAL FACILITY	9	\$ 1,786	758	\$ 248,332
FY 2006-07	Total		\$ 2,448,796		\$ 205,303,238
Fiscal Year	Provider Type	Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2007-08	AMBULANCE	77	\$ 51,515	5,970	\$ 2,729,313
FY 2007-08	CLINIC	602	\$ 312,086	38,514	\$ 26,549,962
FY 2007-08	DENTAL	88	\$ 32,988	8,223	\$ 3,292,370
FY 2007-08	HOME HEALTH/ DME	41	\$ 23,504	2,421	\$ 2,080,165
FY 2007-08	HOSPITAL INPATIENT	94	\$ 728,903	7,541	\$ 102,230,075
FY 2007-08	HOSPITAL OUTPATIENT	693	\$ 496,015	40,225	\$ 19,423,874
FY 2007-08	PHARMACY	678	\$ 536,213	45,631	\$ 33,168,625
FY 2007-08	PHYSICIAN/ MEDICAL	705	\$ 376,117	47,261	\$ 29,582,298
FY 2007-08	SPECIAL FACILITY	15	\$ 4,855	745	\$ 242,263
FY 2007-08	Total		\$ 2,562,196		\$ 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
SISKIYOU COUNTY**

FY2006/07			
AC	MBR	CLAIMS	PAID
50	1	7	\$ 12,949
8F	1	14	\$ 7,013
84	748	7,225	\$ 1,283,998
85	118	655	\$ 161,541
88	116	1,483	\$ 362,136
89	12	135	\$ 56,139
	996	9,519	\$ 1,883,776

FY2007/08			
AC	MBR	CLAIMS	PAID
50	-	-	\$ -
8F	-	-	\$ -
84	699	7,122	\$ 1,240,184
85	115	702	\$ 260,409
88	128	1,456	\$ 350,355
89	12	151	\$ 142,047
	954	9,431	\$ 1,992,995

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

CMSP - December 2009

CMSP
Expenditures by Major Diagnostic Grouping
SISKIYOU

	FY2006/07	FY2007/08
CIRCULATORY SYSTEM	\$ 217,227	\$ 194,501
DIGESTIVE SYSTEM	\$ 204,847	\$ 237,516
ENDOCRINE, NUTRITIONAL & METABOLIC	\$ 95,855	\$ 90,334
GENITOURINARY SYSTEM	\$ 82,287	\$ 54,890
ILL-DEFINED CONDITIONS	\$ 178,925	\$ 204,965
INFECTIOUS & PARASITIC DISEASES	\$ 66,626	\$ 68,712
INJURY & POISONING	\$ 278,515	\$ 244,328
MENTAL DISORDERS	\$ 81,270	\$ 92,011
MUSCULOSKELETAL & CONNECTIVE TISSUE	\$ 199,556	\$ 245,653
NEOPLASMS	\$ 86,786	\$ 213,576
NERVOUS SYSTEM & SENSE ORGANS	\$ 44,513	\$ 79,139
OTHER	\$ 12,509	\$ 12,195
RESPIRATORY SYSTEM	\$ 152,598	\$ 93,979
SKIN & SUBCUTANEOUS TISSUE	\$ 87,236	\$ 35,532
V CODES	\$ 95,024	\$ 125,664
	<u>\$ 1,883,774</u>	<u>\$ 1,992,995</u>

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