

CMSP Data Update: Trinity 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 - Trinity 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	-	-	-	-	-	-	-	-	-	-	-	-
8F	-	-	-	1	1	1	1	-	-	-	-	-
84	161	160	155	162	162	158	163	158	154	152	155	154
85	20	24	20	24	21	22	20	19	23	26	31	30
88	37	39	36	32	25	28	36	40	40	39	33	36
89	5	7	6	6	4	3	4	4	4	3	3	6
Total	223	230	217	225	213	212	224	221	221	220	222	226
	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	1	1	-	-	-
8F	-	-	-	-	-	-	-	-	-	-	-	-
84	147	160	157	160	166	160	168	167	192	185	182	181
85	31	28	27	26	25	27	27	31	30	34	27	37
88	32	33	31	29	26	24	26	24	26	21	22	28
89	3	3	4	4	3	1	1	1	1	-	-	1
Total	213	224	219	219	220	213	223	224	250	240	231	247
	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	-	-	-	-	-	-	-	-	-	-	-	-
8F	-	-	-	-	-	-	-	-	-	-	-	-
84	176	174	169	170	175	180	182	190	204	205	200	206
85	31	32	28	25	19	16	27	34	38	34	29	25
88	31	34	28	27	26	26	25	24	27	27	25	26
89	1	2	1	1	-	2	2	2	2	2	2	3
Total	239	242	226	223	220	224	236	250	271	268	256	260

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	TRINITY COUNTY		ALL CMSP COUNTIES	
		Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2006-07	AMBULANCE	28	\$ 19,097	5,462	\$ 2,594,952
FY 2006-07	CLINIC	92	\$ 51,320	35,726	\$ 23,375,726
FY 2006-07	DENTAL	53	\$ 16,012	7,251	\$ 2,704,351
FY 2006-07	HOME HEALTH/ DME	14	\$ 4,498	2,329	\$ 2,439,492
FY 2006-07	HOSPITAL INPATIENT	30	\$ 470,286	7,749	\$ 100,381,246
FY 2006-07	HOSPITAL OUTPATIENT	229	\$ 80,567	36,993	\$ 16,659,526
FY 2006-07	PHARMACY*	249	\$ 147,795	43,933	\$ 31,797,126
FY 2006-07	PHYSICIAN/ MEDICAL	225	\$ 147,517	44,187	\$ 25,102,487
FY 2006-07	SPECIAL FACILITY	5	\$ 2,368	758	\$ 248,332
FY 2006-07	Total		\$ 939,460		\$ 205,303,238
Fiscal Year	Provider Type	Using Members	Total Amount Paid	Using Members	Total Amount Paid
FY 2007-08	AMBULANCE	30	\$ 29,862	5,970	\$ 2,729,313
FY 2007-08	CLINIC	171	\$ 81,432	38,514	\$ 26,549,962
FY 2007-08	DENTAL	40	\$ 11,377	8,223	\$ 3,292,370
FY 2007-08	HOME HEALTH/ DME	15	\$ 4,236	2,421	\$ 2,080,165
FY 2007-08	HOSPITAL INPATIENT	31	\$ 509,958	7,541	\$ 102,230,075
FY 2007-08	HOSPITAL OUTPATIENT	212	\$ 88,062	40,225	\$ 19,423,874
FY 2007-08	PHARMACY	252	\$ 150,441	45,631	\$ 33,168,625
FY 2007-08	PHYSICIAN/ MEDICAL	222	\$ 162,232	47,261	\$ 29,582,298
FY 2007-08	SPECIAL FACILITY	9	\$ 1,219	745	\$ 242,263
FY 2007-08	Total		\$ 1,038,819		\$ 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
TRINITY COUNTY**

FY2006/07			
AC	MBR	CLAIMS	PAID
50	-	-	\$ -
8F	1	14	\$ 11,470
84	223	2,037	\$ 490,166
85	26	125	\$ 66,824
88	74	738	\$ 191,510
89	6	46	\$ 15,682
	330	2,960	\$ 775,652

FY2007/08			
AC	MBR	CLAIMS	PAID
50	1	14	\$ 14,970
8F	-	-	\$ -
84	234	2,244	\$ 541,353
85	27	191	\$ 119,815
88	59	530	\$ 174,200
89	4	35	\$ 26,662
	325	3,014	\$ 877,000

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

CMSP - December 2009

CMSP
Expenditures by Major Diagnostic Grouping
TRINITY

	FY2006/07	FY2007/08
CIRCULATORY SYSTEM	\$ 59,833	\$ 90,821
DIGESTIVE SYSTEM	\$ 109,433	\$ 60,488
ENDOCRINE, NUTRITIONAL & METABOLIC	\$ 54,913	\$ 45,297
GENITOURINARY SYSTEM	\$ 9,946	\$ 26,929
ILL-DEFINED CONDITIONS	\$ 53,713	\$ 73,757
INFECTIOUS & PARASITIC DISEASES	\$ 4,563	\$ 6,380
INJURY & POISONING	\$ 124,936	\$ 291,587
MENTAL DISORDERS	\$ 6,779	\$ 20,360
MUSCULOSKELETAL & CONNECTIVE TISSUE	\$ 64,816	\$ 88,430
NEOPLASMS	\$ 66,832	\$ 81,637
NERVOUS SYSTEM & SENSE ORGANS	\$ 17,810	\$ 22,923
OTHER	\$ 12,411	\$ 614
RESPIRATORY SYSTEM	\$ 148,577	\$ 24,134
SKIN & SUBCUTANEOUS TISSUE	\$ 12,134	\$ 19,849
V CODES	\$ 28,957	\$ 23,795
	<u>\$ 775,653</u>	<u>\$ 877,001</u>

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