

CMSP Utilizing Members and Expenditures by Aid Code County Comparison-San Benito

FY2019-2020 Dates of Service								
Aid Code	All Counties				San Benito County			
	Member Months	Utilizing Members	Claims	Amount Paid	Member Months	Utilizing Members	Claims	Amount Paid
PH	52,067	5,195	24,017	\$ 3,661,820	688	99	357	\$ 36,715
50	1,243	73	596	\$ 203,786	0	0	0	\$ -
8F	24	0	0	\$ -	0	0	0	\$ -
85	0	0	0	\$ -	0	0	0	\$ -
88	533	57	612	\$ 174,977	17	2	4	\$ 377
89	4,335	294	1,892	\$ 1,486,460	20	2	3	\$ 268
Total*	58,202		27,117	\$ 5,527,043	725		364	\$ 37,360

* Total enrolled and utilizing members may be counted in more than one aid code for a given period

Data Source: Incurred claims from 7/1/2019 through 6/30/2020 and paid through January 31, 2021

Aid Codes Aid Code Descriptions (FY2019-2020):

- PH Path to Health - Primary and preventative health care for persons with restricted scope Medi-Cal
- 50 CMSP - Primary care, preventative care, and emergency benefits; member cannot verify citizenship - undocumented (Share of Cost and no Share of Cost)
- 8F CMSP - Acute inpatient benefits only; member is otherwise eligible for CMSP but has been placed into SNF care
- 85 CMSP - Last Eligibility month May 1, 2016 (See ACL16-02)
- 88 CMSP - At/below 138% of Federal Poverty Level (no Share of Cost) - primary and preventative care with no share of cost.
- 89 CMSP - 139% FLP up to 300% Federal Poverty Level (Share of Cost) - primary and preventative care with no share of cost.

CMSP Utilizing Members and Expenditures by Service Type County Comparison-San Benito

FY 2019-2020 Dates of Service				
Service Type	All Counties		San Benito County	
	Utilizing Members	Amount Paid	Utilizing Members	Amount Paid
AMBULANCE	30	\$ 33,121	0	0
CLINIC	5,167	\$ 3,520,984	98	36,109
HOME HEALTH/DME	4	\$ 4,055	0	0
HOSPITAL INPATIENT	140	\$ 1,569,988	0	0
HOSPITAL OUTPATIENT	276	\$ 154,899	1	364
PHARMACY	1,270	\$ 207,363	14	886
PHYSICIAN/MEDICAL	143	\$ 35,275	0	0
SPECIAL FACILITY	6	\$ 1,358	0	0
Total		\$ 5,527,043		\$ 37,360

Data Source: Incurred claims from 7/1/2019 through 6/30/2020 and paid through January 31, 2021

Service Type Descriptions:

Ambulance - Includes air and ground transportation

Clinic - Includes medical claims for Rural Health Clinics, Federally Qualified Health Centers & Tribal Health Program providers

Dental - Includes claims paid through AMM

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, including physical therapy, radiology, etc.

Pharmacy - Includes claims paid through MedImpact (CMSP's Pharmacy Benefit Manager)

Physician/Medical - Includes physicians and physicians groups

**CMSP Eligibility by Aid Code by Month
FY 2019-2020
San Benito County**

Aid Code	07-2019	08-2019	09-2019	10-2019	11-2019	12-2019	01-2020	02-2020	03-2020	04-2020	05-2020	06-2020
PH	41	42	49	53	49	51	47	48	40	72	89	107
50	0	0	0	0	0	0	0	0	0	0	0	0
8F	0	0	0	0	0	0	0	0	0	0	0	0
85	0	0	0	0	0	0	0	0	0	0	0	0
88	3	3	3	1	1	1	2	2	1	0	0	0
89	2	2	2	2	1	1	1	1	1	1	3	3
Total	46	47	54	56	51	53	50	51	42	73	92	110

Data Source: Through January 2021

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CMSP Eligibility by Aid Code by Month FY 2019-2020 All County

Aid Code	07-2019	08-2019	09-2019	10-2019	11-2019	12-2019	01-2020	02-2020	03-2020	04-2020	05-2020	06-2020
PH	2898	3168	3371	3453	3596	3900	4301	4705	4883	5455	5928	6409
50	113	118	112	116	115	109	97	98	93	89	87	96
8F	1	1	1	2	2	2	3	3	3	2	2	2
85	0	0	0	0	0	0	0	0	0	0	0	0
88	60	60	52	42	41	38	38	39	42	40	40	41
89	535	516	478	442	386	341	280	262	264	250	273	308
Total	3607	3863	4014	4055	4140	4390	4719	5107	5285	5836	6330	6856

Data Source: Through January 2021

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