

The DHCS Medical Care Statistics Section: An Information Resource for Medi-Cal Program Stakeholders



Presentation for the CCLHO
Semi-Annual Business Meeting
September 9, 2008

MCSS: Mission and Role

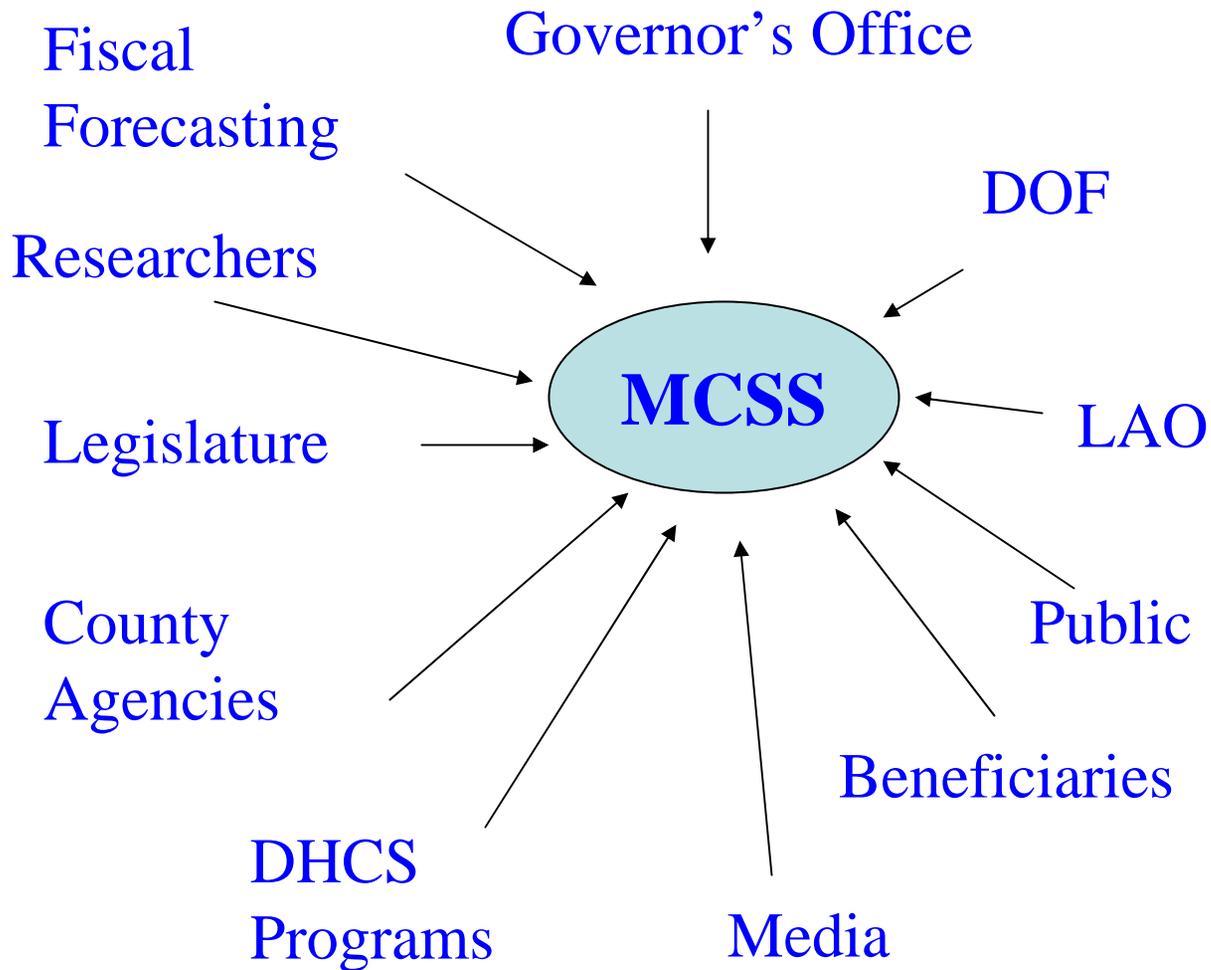
The Medical care Statistics Section (MCSS) staff strives to be DHCS' trusted and objective resource for institutional facts and figures, methodological advice and problem solving, and also the chief source of official statistics for the Department

MCSS:

Generates and Disseminates Medi-Cal Statistics

Conducts Analyses, Research, Assessment and Evaluation.

MCSS Serves A Wide Range of Stakeholders



Medi-Cal is the nation's largest Medicaid program. It provides health care coverage to over 6.5 million Californians each month, on average, for which it spends nearly \$38 billion annually.

This creates demand for information from a wide range of internal and external entities.

Medi-Cal's Administrative Data Set

- *The Medi-Cal program collects one of the largest healthcare administrative data sets in the world.*
- *The data spans almost every disease or condition and because of the Program's size, even diseases or conditions that would generally be difficult to study in smaller databases can be evaluated.*

Volume of Data

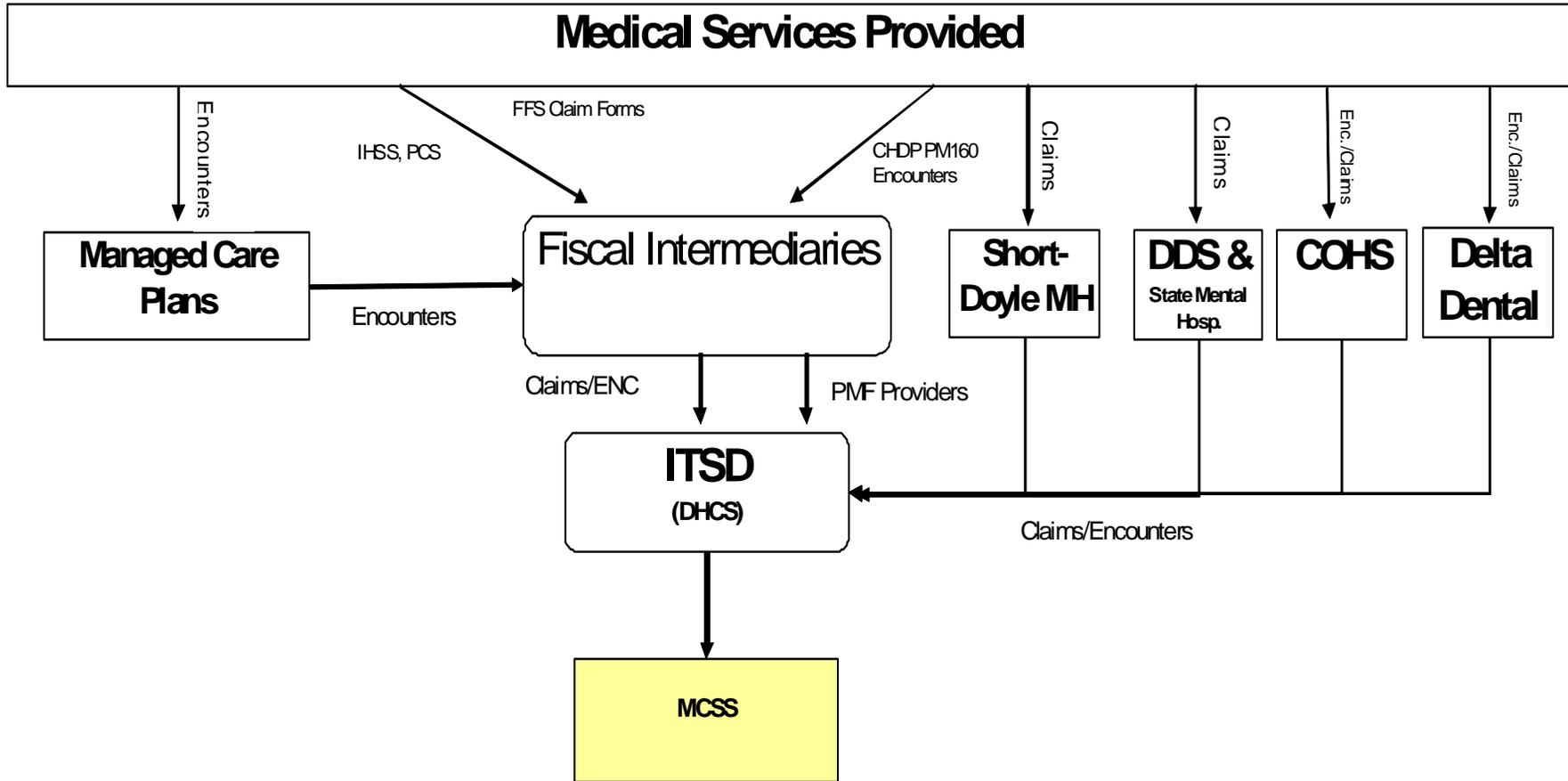
109,938,903
claims,

47,147 unique
provider IDs,

6.5 million
Average Monthly
Medi-Cal
Eligibles,

Total FFS
provider
payments of
\$15.4 Billion

Where Does MCSS Get Its Data?



Analysis of Administrative Data Sets

- ❑ Monitor trends in health care spending, utilization of services and health outcomes,
- ❑ Study sub-populations with unique demographic or clinical characteristics,
- ❑ Study patterns of care and the cost and use of services by Medi-Cal beneficiaries.
- ❑ Evaluate the concentration of health care costs and the characteristics of the most expensive segment within the population,
- ❑ Identify members of the populations with chronic disease and other adverse health outcomes,
- ❑ Explore disparities and emerging trends in access to care and utilization of medical services.

The analysis of administrative data sets is a powerful tool in the development, administration, and evaluation of public health policy.

Health statistics can be used to generate fundamental knowledge about health interventions, policy, and the state of affairs.

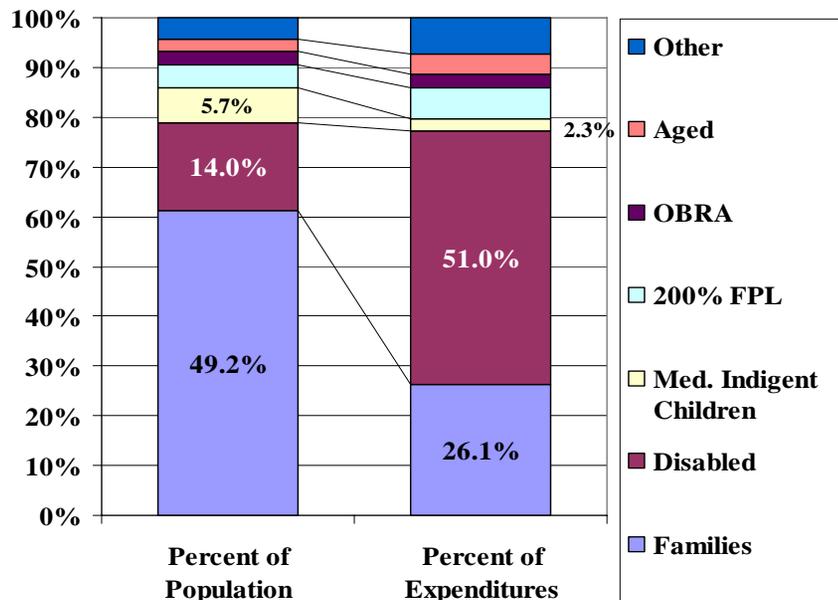
Medi-Cal's Disabled Population

A Look At
Costs, Clinical Classifications, and
Utilization

Why Focus on Medi-Cal's Disabled Population?

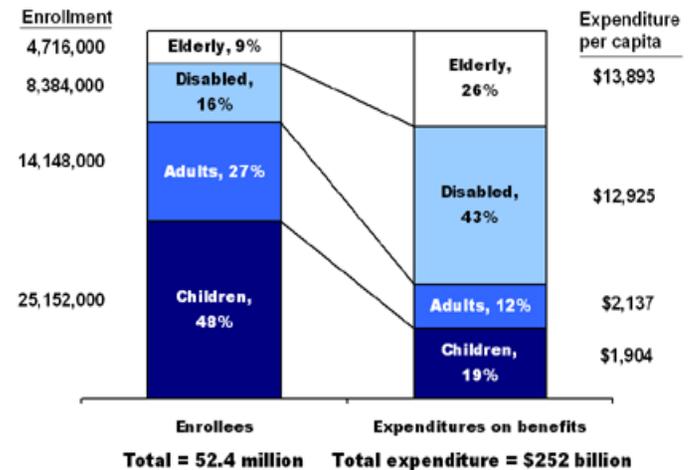
Disabled beneficiaries have extensive and often costly medical needs which means that they have an impact on program costs and spending that far exceeds their numbers

Share of Enrollment and Expenditures By Eligibility Category; Medi-Cal Fee-for-Service Beneficiaries, Not Medicare Eligible; CY 2006



Among Medi-Cal beneficiaries not eligible for Medicare, disabled beneficiaries comprised 14% of total fee-for-service months-of-enrollment, but generated a much larger 51% of total fee-for-service expenditures. This mirrors national Medicaid trends.

Figure 2. Medicaid Enrollees and Spending



Note: Expenditures per capita and numbers of enrollees were calculated by NASHP based on the above data. Source: Kaiser Commission on the Uninsured, based on Congressional Budget Office, Centers for Medicare and Medicaid Services, Office of Management and Budget, and Urban Institute Data, 2004.

Which Aid Codes Were Studied?

Aid Code	Benefits	SO C	Description
10	Full	No	Aid to the Aged – SSI/SSP.
14	Full	No	Aid to the Aged – Medically Needy.
16	Full	No	Aid to the Aged – Pickle Eligibles.
1E	Full	No	<u>Craig v. Bonta</u> Aged Pending SB 87 Redetermination. Covers former Supplemental Security Income/State Supplementary Payment recipients who are aged, until the county re-determines their Medi-Cal eligibility.
1H	Full	No	Federal Poverty Level – Aged (FPL-Aged). Covers the aged in the Aged and Disabled FPL program.
20	Full	No	Blind – SSI/SSP – Cash.
24	Full	No	Blind – Medically Needy.
26	Full	No	Blind – Pickle Eligibles.
2E	Full	No	<u>Craig v. Bonta</u> Blind – Pending SB 87 Redetermination. Covers former Supplemental Security Income/State Supplementary Payment recipients who are blind, until the county re-determines their Medi-Cal eligibility.
36	Full	No	Aid to Disabled Widower's
60	Full	No	Disabled – SSI/SSP – Cash.
64	Full	No	Disabled – Medically Needy.
66	Full	No	Disabled – Pickle Eligibles.

Twenty distinct aid codes were identified in the Study Group.

We studied FFS beneficiaries who were persons with disabilities, 18 years of age or older, not eligible for Medicare, had no share of cost, did not have other health care coverage, or were participating in a waiver program.

Which Aid Codes Were Studied?

Aid Code	Benefits	SOC	Description
6A	Full	No	Disabled Adult Child(ren) (DAC) Blind.
6C	Full	No	Disabled Adult Child(ren) (DAC) Disabled.
6E	Full	No	<u>Craig v. Bonta</u> Disabled – Pending SB 87 redetermination. Covers former Supplemental Security Income/State Supplementary Payment recipients who are disabled, until the county re-determines their Medi-Cal eligibility.
6H	Full	No	Disabled – FPL. Covers the disabled in the Aged and Disabled Federal Poverty Level program.
6N	Full	No	Former SSI No Longer Disabled in SSI Appeals Status.
6G	Full	No	250 Percent Working Disabled Program.
8G	Full	No	Severely Impaired Working Individual (SIWI).

How Did We Arrive At The Study Population?

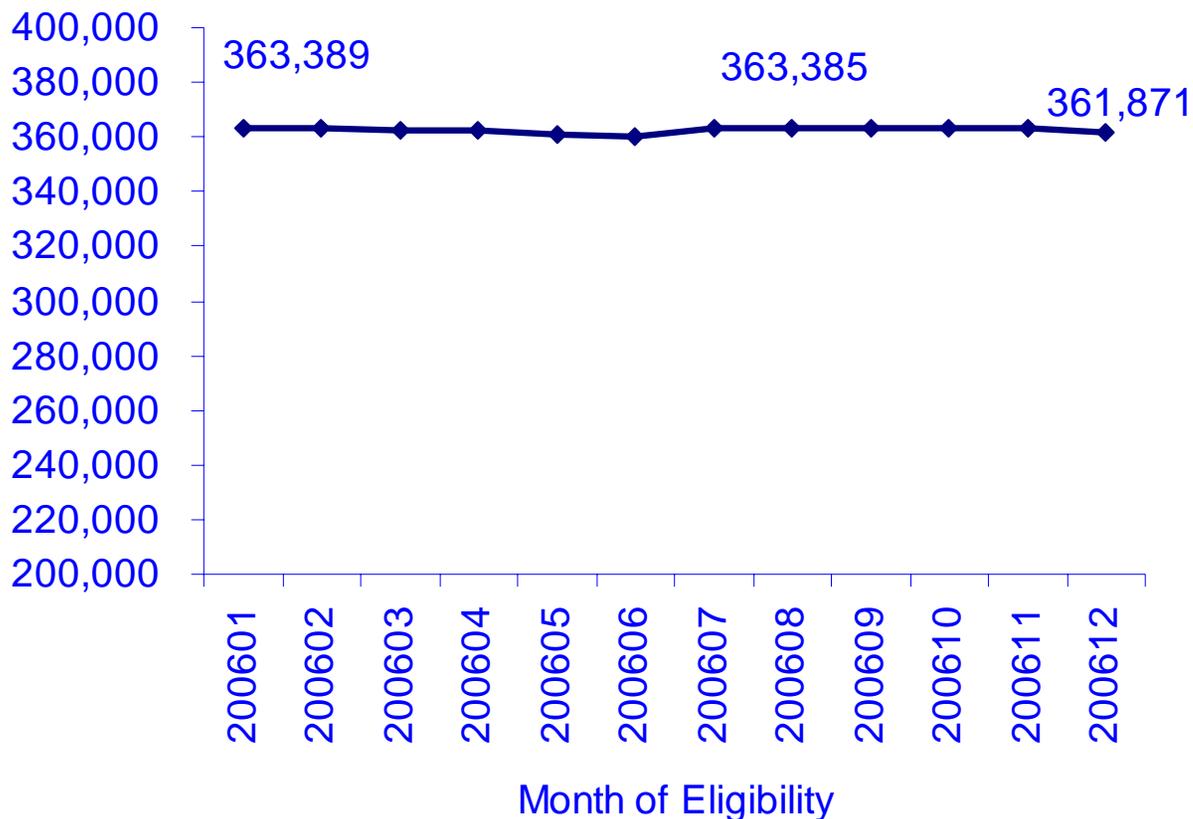
	Number of Beneficiaries, as of July 1, 2006	Balance
Beneficiaries in Selected Disabled Aid Codes (10, 14, 16, 1E, 1H, 20, 24, 26, 2E, 36, 60, 64, 66, 6A, 6C, 6E, 6H, 6N, 6G, 8G)		1,595,250
<i>Less:</i>		
Medicare Eligible	(940,818)	654,432
Enrolled in Health Plan	(174,534)	479,898
Other Health Care Coverage	(32,006)	447,892
Waiver, LTC, TCM, 18 years of age or older	(36,869)	411,023
Waiver, LTC, TCM and under 18 years of age	(17,492)	393,531
Other Beneficiaries under 18 years of age	(30,146)	363,385

After adjusting for specific program exclusions, the study population constituted roughly 23 percent of the total eligible population associated with the 20 aid codes identified in our Study Group.

How Were CY 2006 Expenditures Distributed by Service Category?

Service Category	Public Hosp	Paid	Total Member Months	PMPM	PMPM Excluding PH	% Of Total Expenditures
FQHC		\$ 154,630,894.96	3,911,830	\$ 39.53	\$ 39.53	5%
Home Health Care		\$ 10,268,121.30	3,911,830	\$ 2.62	\$ 2.62	0%
Hospital Care		\$ 128,655,837.54	3,911,830	\$ 32.89	\$ 32.89	4%
Hospital Care	PH	\$ 10,848,994.00	3,911,830	\$ 2.77	\$ -	0%
Hospital Inpatient		\$ 576,401,106.67	3,911,830	\$ 147.35	\$ 147.35	20%
Hospital Inpatient	PH	\$ 153,874,320.34	3,911,830	\$ 39.34	\$ -	0%
Nursing Home Care		\$ 307,296,310.06	3,911,830	\$ 78.56	\$ 78.56	10%
Other EDS Paid		\$ 238,866,208.96	3,911,830	\$ 61.06	\$ 61.06	8%
Physician and Clinical		\$ 312,101,684.16	3,911,830	\$ 79.78	\$ 79.78	11%
Prescription Drugs Other		\$ 902,224,444.28	3,911,830	\$ 230.64	\$ 230.64	31%
Prescription Drugs Psychotropic		\$ 302,781,991.29	3,911,830	\$ 77.40	\$ 77.40	10%
Total		\$ 3,097,949,913.56	3,911,830	\$ 791.94	\$ 749.83	100%

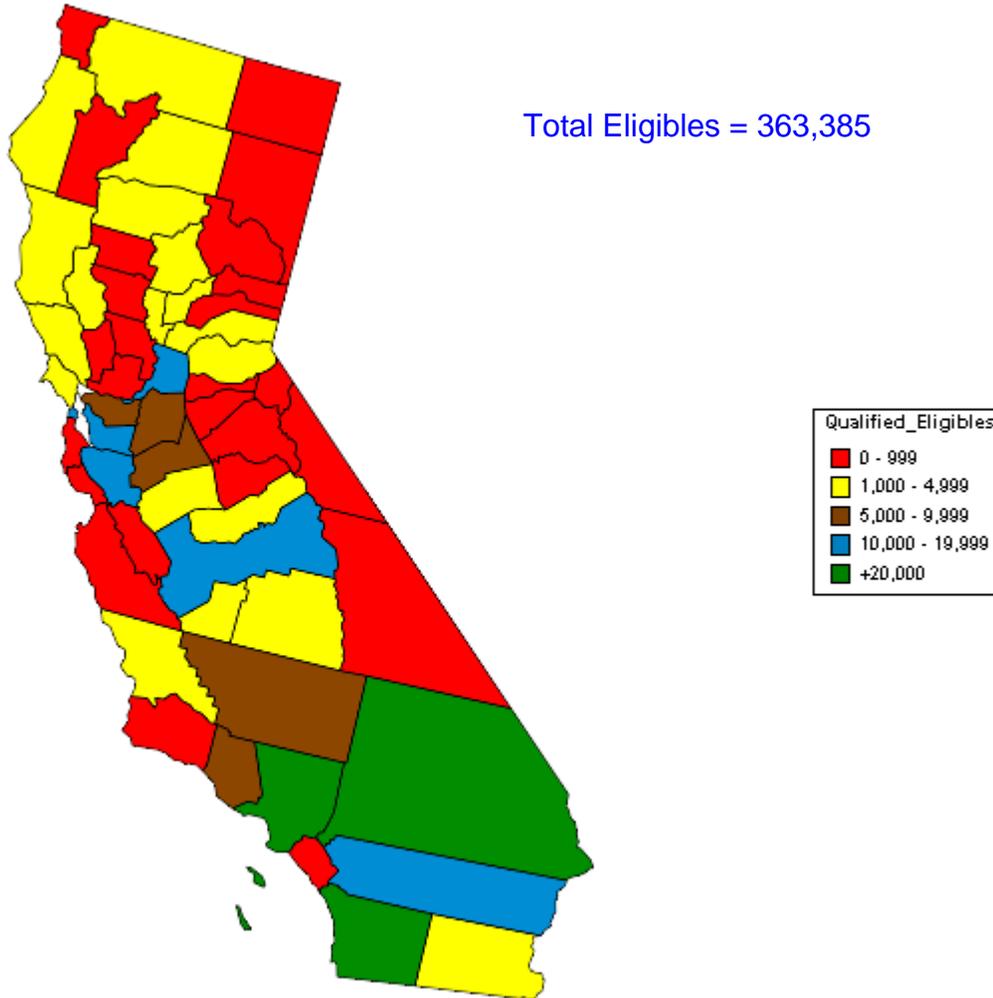
What is the Trend in Enrollment for Beneficiaries In The Study Group?



The trend in enrollment for beneficiaries in the Study Group was relatively flat during CY 2006.

Source: Created by the DHCS Medical Care Statistics Section using MEDS data. Data reflects a 6-month lag.

How Were Study Group Beneficiaries Distributed By County?

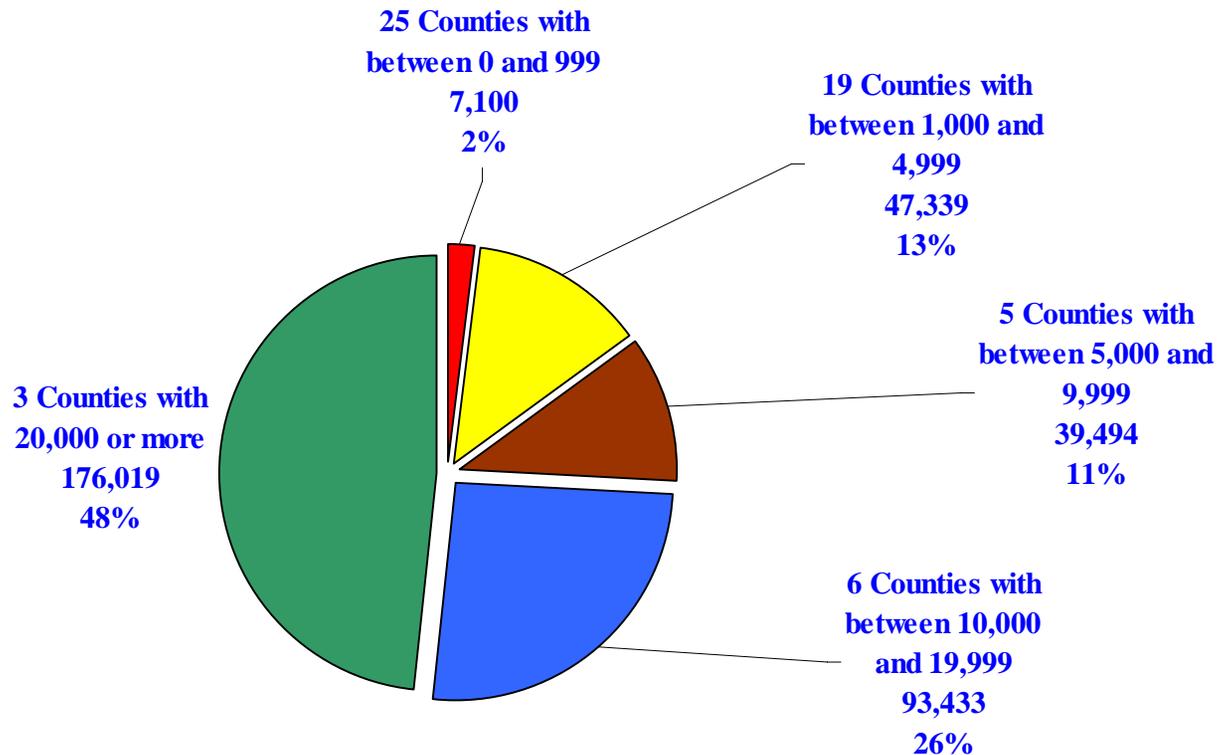


Twenty-five counties displayed a study population of less than 1,000.

Source: Created by the DHCS Medical Care Statistics Section using MEDS data. Data reflects a 6-month lag. MOE July 2006.

How Were Study Group Beneficiaries Distributed By County?

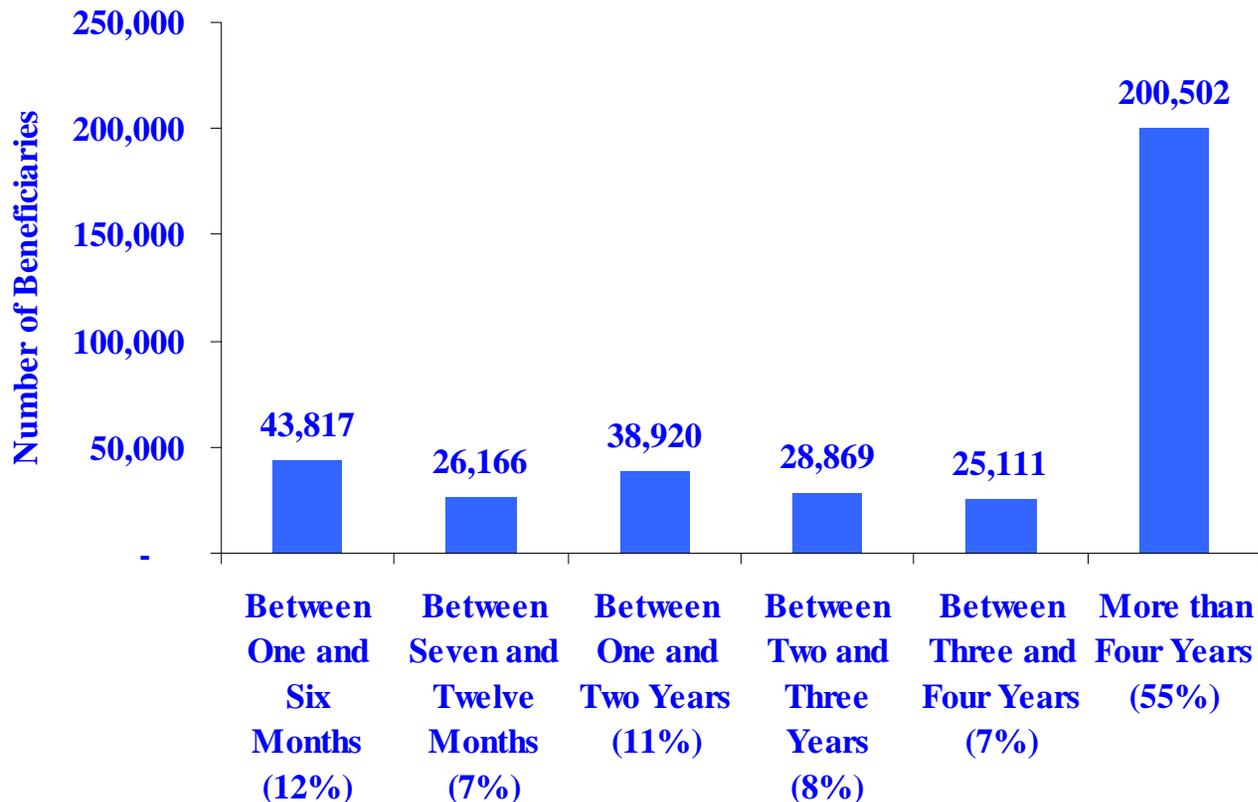
Total Eligibles = 363,385



Three counties constituted 48 percent of the entire Study Group population.

Source: Created by the DHCS Medical Care Statistics Section using MEDS data. Data reflects a 6-month lag. MOE July 2006.

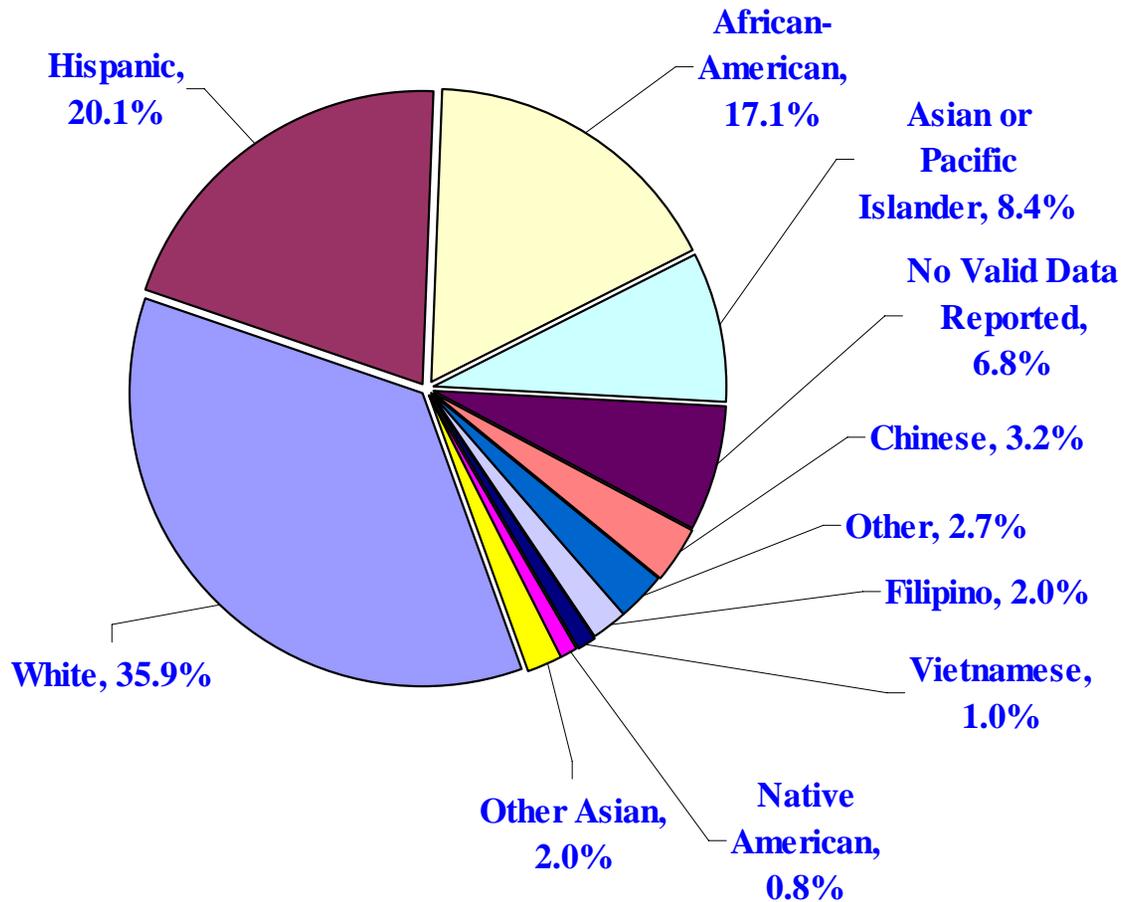
How long Were Study Group Beneficiaries Generally Enrolled In the Medi-Cal Program?



Fifty-Five percent of the Study Group population had been enrolled in Medi-Cal for more than four years.

Source: Created by the DHCS Medical Care Statistics Section using MEDS data. Data reflects a 6-month lag. MOE July 2006.

How Was the Study Group Population Distributed by Ethnicity?



White, Hispanic, and African American constituted 73 percent of the total Study Group population.

Source: Created by the DHCS Medical Care Statistics Section using MEDS data. Data reflects a 6-month lag. MOE July 2006.

How was the Study Group Population Distributed by Age Group and Gender?

Gender	Male	Female	Total	Percent
Age Group				
Age 18 - 34 Years	28,815	20,615	49,430	13.6%
Age 35 - 60 Years	96,654	113,123	209,777	57.7%
Age 61 - 64 Years	18,043	26,731	44,774	12.3%
Age 65 - 79 Years	19,029	32,378	51,407	14.1%
Age 80+ Years	3,144	4,853	7,997	2.2%
Grand Total	165,685	197,700	363,385	100.0%
Percent	45.6%	54.4%	100.0%	

Roughly 57 percent of the Study Group population was between 35 and 60 years of age.

Source: Created by the DHCS Medical Care Statistics Section using MEDS data. Data reflects a 6-month lag. July 2006 MOE.

Which Clinical Conditions were most Prevalent Among the Study Group Population?

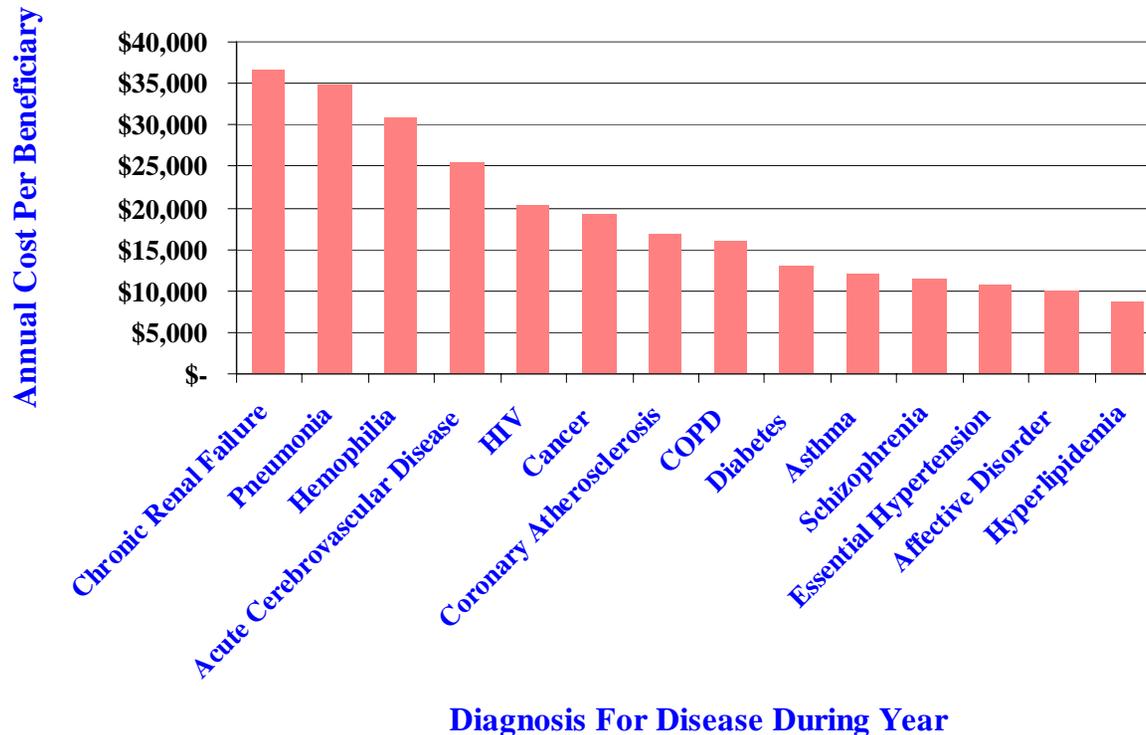
Clinical Condition	Number of Beneficiaries	Percent of Population.
Essential hypertension	103,835	25.0%
Blindness and vision defects	83,148	20.1%
Spondylosis; intervertebral disc disorders;	72,967	17.6%
Diabetes mellitus without complication	67,722	16.3%
Other lower respiratory disease	67,449	16.3%
Disorders of lipid metabolism	65,425	15.8%
Affective disorders	49,463	11.9%
Other upper respiratory infections	44,970	10.8%
COPD	38,029	9.2%
Diabetes mellitus with complications	37,038	8.9%
Schizophrenia and related disorders	35,489	8.6%
Osteoarthritis	33,768	8.1%
Coronary atherosclerosis	29,547	7.1%
Cardiac dysrhythmias	27,781	6.7%
Anxiety	25,094	6.1%
Asthma	24,866	6.0%
Hypertension with complications	20,971	5.1%
Substance related mental disorders	18,150	4.4%
Congestive heart failure; non-hypertensive	16,775	4.0%
Epilepsy; convulsions	16,392	4.0%
Chronic renal failure	10,575	2.6%
Acute cerebrovascular disease	10,283	2.5%
HIV infection	7,050	1.7%
Coagulation and hemorrhagic disorders	3,467	0.8%

Hypertension, Diabetes and Hyper-Lipidemia, which may contribute to more acute conditions, were prevalent among the Study Group population.

Additionally, 120,436 beneficiaries, representing nearly 29% of the entire Study Group, had a diagnosis for a mental health condition.

Source: Created by the DHCS Medical Care Statistics Section using paid claim data and AHRQ Clinical Classification Software. Data reflects a 6-month lag.

What Clinical Cohorts were the Most Expensive to Treat?



The chart above displays the average total cost for all expenditures associated with the beneficiary, not just the disease.

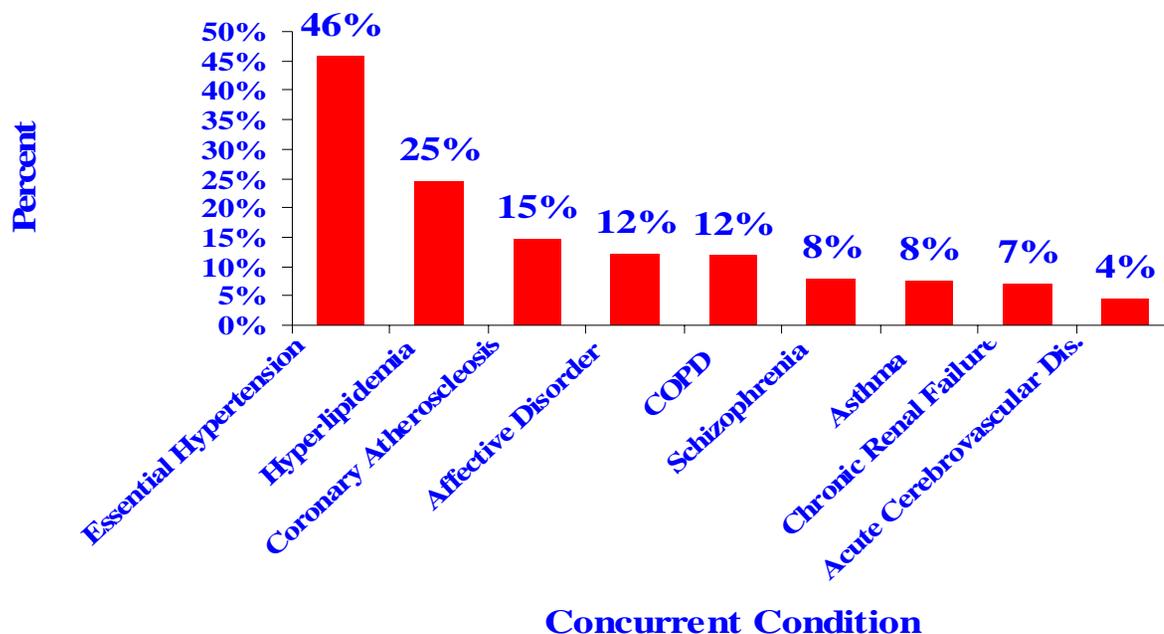
Source: Created by the DHCS Medical Care Statistics Section using paid claim data and AHRQ Clinical Classification Software. Data reflects a 6-month lag.

Beneficiaries who developed Chronic Renal Failure, Pneumonia, Hemophilia, Acute Cerebrovascular Disease and HIV were the most costly to treat.

Chronic renal failure occurs when the kidneys are slowly damaged over a long period of time. Chronic renal failure may be may be classified as early or end-stage renal failure. Chronic renal failure in the early stages may be controlled by specialized diet, management of fluid intake and blood pressure control. The early stage may last for several years depending on the level of kidney functioning. When the kidneys have a low or no level of functioning, more aggressive treatments such as dialysis are necessary.

Over 16 Percent of the Study Population Suffers from Diabetes, Compared to seven percent* for the US Population Overall

Rate of Comorbidities Among Diabetics In Study Population



* – Source: Web MD” US Diabetes Rate Soars”,
<http://diabetes.webmd.com/news/20070625/us-diabetes-rate-soars>

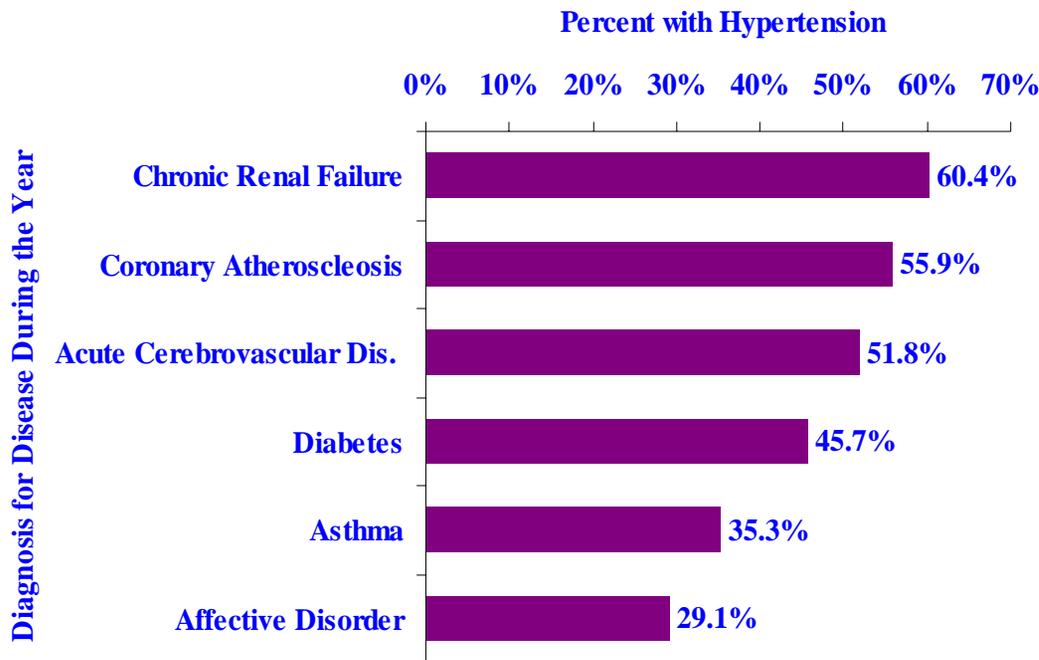
Source: Created by the DHCS Medical Care Statistics Section using paid claim data and AHRQ Clinical Classification Software. Data reflects a 6-month lag.

Rates of Hypertension, a condition which may often lead to complications of Diabetes, were high among Diabetics in the Study Population.

High Rates of Hyperlipidemia and Atherosclerosis were also present.

High Rates of Hypertension were found Among the Study Group Population With Many Major Chronic Conditions

Concurrent Hypertension Among Beneficiaries With Major Chronic Disease Conditions



High rates of hypertension were found among beneficiaries in the Study Group population with chronic renal failure, atherosclerosis and acute cerebrovascular disease.

Source: Created by the DHCS Medical Care Statistics Section using paid claim data and AHRQ Clinical Classification Software. Data reflects a 6-month lag.

Which Diseases Among Study Group Beneficiaries Resulted in the Greatest Aggregate Cost

Clinical Condition	Number of Beneficiaries	Total Paid Amount	Average Cost
Chronic renal failure	10,610	\$ 127,603,847	\$12,026.75
Respiratory failure; insufficiency; arrest	8,770	\$ 96,786,851	\$11,036.13
Septicemia (except in labor)	5,692	\$ 56,131,261	\$ 9,861.43
Congestive heart failure	16,876	\$ 51,750,396	\$ 3,066.51
Pneumonia	15,090	\$ 49,250,698	\$ 3,263.80
Essential hypertension	104,239	\$ 46,630,793	\$ 447.34
Diabetes mellitus with complications	37,146	\$ 43,319,631	\$ 1,166.20
Acute cerebrovascular disease	10,369	\$ 42,989,104	\$ 4,145.93
Chronic obstructive pulmonary	38,186	\$ 39,016,925	\$ 1,021.76
Skin and subcutaneous tissue infections	28,287	\$ 38,040,838	\$ 1,344.82
Complication of device; implant or graft	7,354	\$ 34,821,019	\$ 4,734.98
Coronary atherosclerosis /other heart disease	29,651	\$ 34,518,027	\$ 1,164.14
Diabetes mellitus without complication	67,964	\$ 34,348,923	\$ 505.40
Spondylosis; intervertebral disc disorders	73,320	\$ 32,754,245	\$ 446.73
Coagulation and hemorrhagic disorders	3,488	\$ 32,027,466	\$ 9,182.19
Nonspecific chest pain	63,991	\$ 31,525,421	\$ 492.65
Schizophrenia and related disorders	16,316	\$ 29,306,921	\$ 1,796.21
Rehabilitation care	8,752	\$ 28,396,313	\$ 3,244.55
Epilepsy; convulsions	16,504	\$ 25,372,153	\$ 1,537.33
Paralysis	5,551	\$ 24,695,977	\$ 4,448.92
Other liver diseases	16,914	\$ 23,558,711	\$ 1,392.85
Urinary tract infections	33,231	\$ 23,486,483	\$ 706.76
HIV infection	7,122	\$ 22,620,648	\$ 3,176.17

Note: Expenditures Displayed Above are Disease-Specific

Source: Created by the DHCS Medical Care Statistics Section using paid claim data and AHRQ Clinical Classification Software. Data reflects a 6-month lag.

Treatment of Chronic Renal Failure Respiratory Failure Septicemia and Congestive Heart Failure produced the greatest aggregate expenditures for beneficiaries in the Study Group population.

Which Diseases Among Study Group Beneficiaries Greatest Cost Per Beneficiary

Disease Condition	Number of Beneficiaries	Total Paid Amount	Average Cost
Sickle cell anemia	637	\$ 14,462,834	\$ 22,704.61
Cystic fibrosis	149	\$ 2,839,121	\$ 19,054.50
Chronic renal failure	10,610	\$ 127,603,847	\$ 12,026.75
Leukemia	985	\$ 10,883,108	\$ 11,048.84
Respiratory failure; insufficiency; arrest	8,770	\$ 96,786,851	\$ 11,036.13
Multiple myeloma	394	\$ 3,975,440	\$ 10,089.95
Septicemia (except in labor)	5,692	\$ 56,131,261	\$ 9,861.43
Coagulation and hemorrhagic disorders	3,488	\$ 32,027,466	\$ 9,182.19
Cancer of bronchus; lung	1,645	\$ 14,512,136	\$ 8,821.97
Aspiration pneumonitis; food/vomitus	940	\$ 7,712,561	\$ 8,204.85
Maintenance chemotherapy; radiotherapy	2,170	\$ 16,571,700	\$ 7,636.73
Non-Hodgkin`s lymphoma	1,314	\$ 9,920,352	\$ 7,549.73
Cancer of colon	1,699	\$ 12,136,998	\$ 7,143.61
Cancer of pancreas	278	\$ 1,956,884	\$ 7,039.15
Respiratory distress syndrome	91	\$ 614,994	\$ 6,758.17
Fracture of neck of femur (hip)	1,246	\$ 8,319,031	\$ 6,676.59
Cancer of head and neck	1,335	\$ 8,317,316	\$ 6,230.20
Hodgkin`s disease	280	\$ 1,714,399	\$ 6,122.85
Cancer of esophagus	243	\$ 1,485,474	\$ 6,113.06
Intrauterine hypoxia and birth asphyxia	15	\$ 91,656	\$ 6,110.41
Multiple sclerosis	1,468	\$ 8,964,936	\$ 6,106.90

Note: Expenditures Displayed Above are Disease-Specific

Source: Created by the DHCS Medical Care Statistics Section using paid claim data and AHRQ Clinical Classification Software. Data reflects a 6-month lag.

Sickle cell Anemia was the most expensive condition on average.

Utilization Patterns Differ Greatly By Disease Category

Breakdown of Total Costs by Resource Component

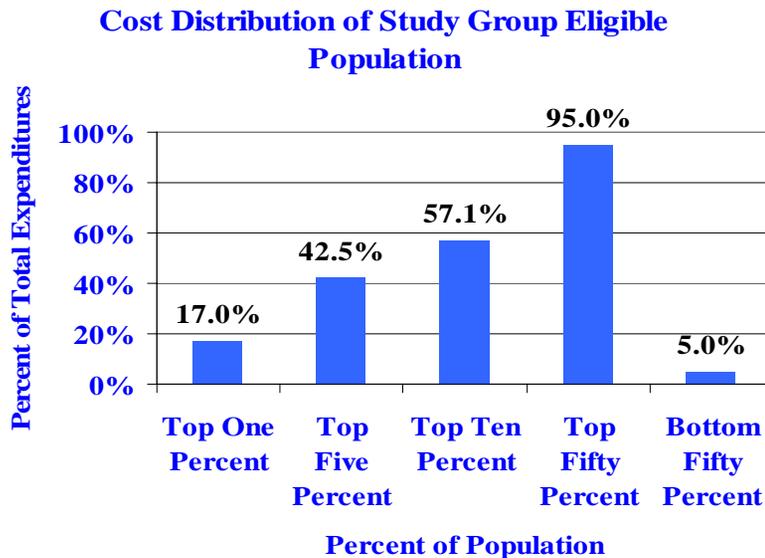
(SCH = Schizophrenia, AD = Affective Disorder, DIA = Diabetes, HYT= Hypertension, REN = Chronic Real Failure, COR = Coronary Atherosclerosis, COPD = Chronic Obstructive Pulmonary Disease)

Clinical Condition	SCH	AD	DIA	HYT	REN	COR	COPD
Number of Beneficiaries	35,489	49,463	77,865	113,194	10,575	29,547	38,029
<i>Expenditures (Note: EDS-Paid Expenditures Only. Figures represent total payments for beneficiaries and may be duplicated across clinical conditions)</i>							
FQHC	\$18,964,882	\$31,810,239	\$47,627,577	\$62,708,688	\$ 5,950,614	\$14,758,907	\$ 25,942,327
Home Health Care	\$424,627	\$1,129,256	\$4,255,850	\$3,915,421	\$1,499,656	\$1,699,962	\$ 3,352,012
Hospital Care	\$10,221,605	\$20,708,222	\$38,163,790	\$48,050,081	\$14,810,526	\$ 19,566,165	\$ 23,024,933
Hospital Inpatient	\$46,067,145	\$79,402,902	\$242,157,615	\$266,349,073	\$111,972,997	\$160,777,219	\$ 194,228,194
Nursing Home Care	\$72,629,898	\$50,989,628	\$98,068,134	\$116,836,489	\$21,345,233	\$ 35,808,682	\$ 74,219,514
Other EDS Paid	\$25,348,161	\$28,270,044	\$106,635,290	\$133,468,057	\$118,854,997	\$ 49,671,172	\$ 45,619,993
Physician and Clinical	\$26,847,644	\$47,542,793	\$109,818,947	\$144,717,267	\$41,404,403	\$ 66,060,894	\$ 64,517,024
Prescription Drugs	\$82,800,346	\$152,443,406	\$325,805,755	\$378,986,478	\$66,228,086	\$126,921,704	\$ 158,133,195
Other							
Prescription Drugs- Psycho-Therapeutic	\$178,364,965	\$120,408,898	\$69,611,856	\$ 92,870,241	\$3,913,616	\$ 19,523,820	\$ 53,282,245
Total	\$461,669,272	\$532,705,387	\$1,042,144,814	\$1,247,901,795	\$385,980,129	\$494,788,527	\$ 642,319,437
Percent							
FQHC	4%	6%	5%	5%	2%	3%	4%
Home Health Care	0.1%	0%	0%	0%	0.4%	0.3%	1%
Hospital Care	2%	4%	4%	4%	4%	4%	4%
Hospital Inpatient	10%	15%	23%	21%	29%	32%	30%
Nursing Home Care	16%	10%	9%	9%	6%	7%	12%
Other EDS Paid	5%	5%	10%	11%	31%	10%	7%
Physician and Clinical	6%	9%	11%	12%	11%	13%	10%
Prescription Drugs	18%	29%	31%	30%	17%	26%	25%
Other							
Prescription Drugs- Psycho-Therapeutic	39%	23%	7%	7%	1%	4%	8%
<i>(Note: EDS-Paid Expenditures Only. Figures represent total payments for beneficiaries and may be duplicated across clinical conditions)</i>							

Source: Created by the DHCS Medical Care Statistics Section using paid claim data and AHRQ Clinical Classification Software. Data reflects a 6-month lag.

How Were Costs Distributed Throughout the Study Population?

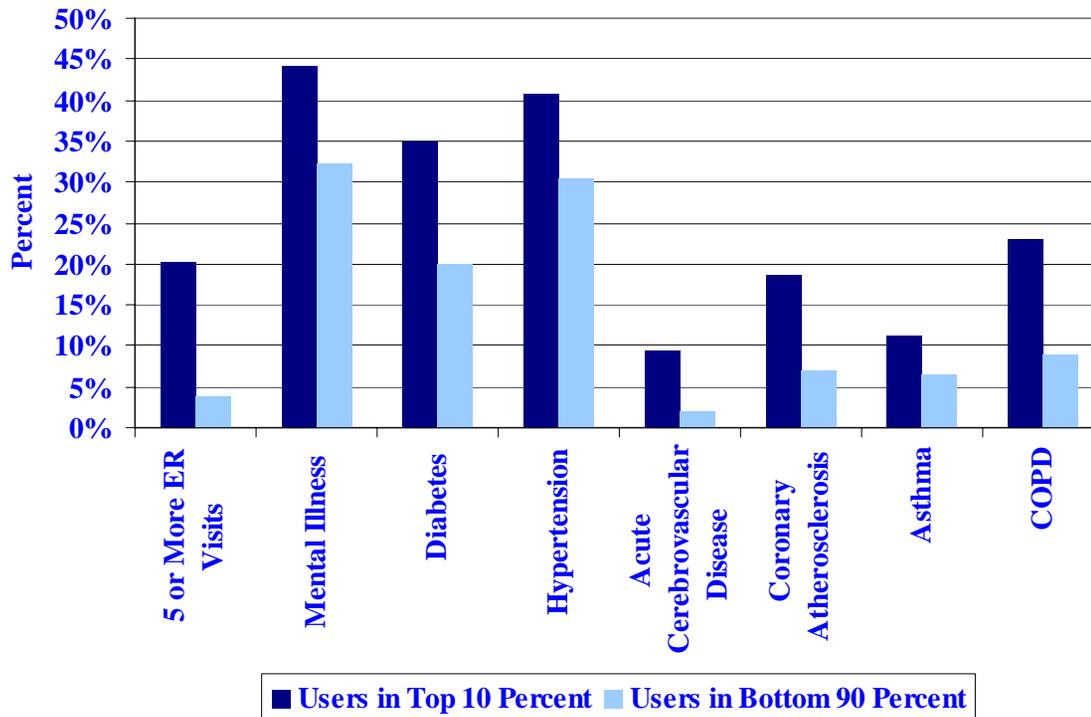
	Top One Percent	Top Five Percent	Top Ten Percent	Top Fifty Percent	Bottom Fifty Percent
Number of Beneficiaries	4,146	20,730	41,460	207,298	207,298
Member Months	45,429	223,623	450,490	2,241,691	1,670,139
Total Amt. Paid	\$499,176,029.66	\$1,245,697,031	\$1,676,029,079	\$2,787,194,666	\$146,031,933
Percent of Total	17.0%	42.5%	57.1%	95.0%	5.0%
PMPM	\$10,988.05	\$5,570.52	\$3,720.46	\$1,243.34	\$87.44



Although skewed, costs throughout the Study Group Population were less concentrated than would be found among the general population. This reflects the more general prevalence of illness and greater use of services by the disabled population.

Source: Created by the DHCS Medical Care Statistics Section using paid claim data and AHRQ Clinical Classification Software. Data reflects a 6-month lag.

How Did Members of the Most Costly Ten Percent of the Population Compare to the Less Costly Ninety Percent?



Forty-One percent of the beneficiaries with five or more emergency room visits Were members of the most costly ten percent of the Study Group.

Rates of stroke, atherosclerosis and COPD were also significantly higher among the most costly 10 percent of the Study Group .

Source: Created by the DHCS Medical Care Statistics Section using paid claim data and AHRQ Clinical Classification Software. Data reflects a 6-month lag.

Which Pairs of Concurrent Conditions were the Most Expensive to Treat?

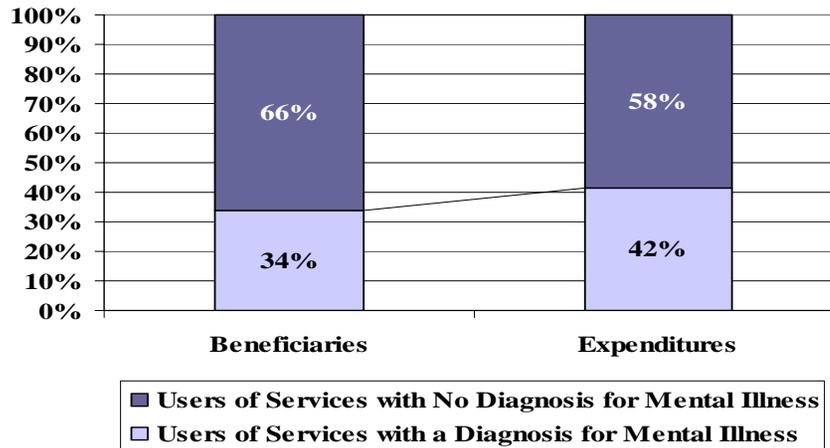
Disease Pairs	Number of Beneficiaries	Average Annual Cost
Chronic Renal Failure / Diabetes	5,468	\$ 40,748
Chronic Renal Failure / Hypertension	6,383	\$ 37,965
COPD / Pneumonia	5,682	\$ 37,810
Acute Cerebrovascular Disease / Coronary Atherosclerosis	1,960	\$ 34,267
Acute Cerebrovascular Disease / Diabetes	3,468	\$ 32,274
Diabetes / Acute Cerebrovascular Disease	3,468	\$ 32,274
Acute Cerebrovascular Disease / Asthma	596	\$ 31,907
Acute Cerebrovascular Disease / Affective Disorder	1,083	\$ 28,431
Acute Cerebrovascular Disease / Hypertension	5,331	\$ 26,382
COPD / Coronary Atherosclerosis	5,646	\$ 25,742
Coronary Atherosclerosis / COPD	5,646	\$ 25,742
Asthma / Coronary Atherosclerosis	2,682	\$ 23,074
COPD / Diabetes	9,314	\$ 22,589
Diabetes / Coronary Atherosclerosis	11,417	\$ 21,735
Coronary Atherosclerosis / Affective Disorder	3,615	\$ 19,879
Asthma / COPD	8,448	\$ 18,659
Diabetes / Asthma	5,862	\$ 17,894
Coronary Atherosclerosis / Hypertension	16,522	\$ 17,875
Diabetes / Schizophrenia	6,226	\$ 17,184
Diabetes / Affective Disorder	9,496	\$ 15,579
Diabetes / Hypertension	35,561	\$ 15,036
Asthma / Hypertension	8,775	\$ 14,835
Asthma / Affective Disorder	4,864	\$ 13,705
Affective Disorder / Hypertension	14,389	\$ 13,273
Schizophrenia / Affective Disorder	8,959	\$ 13,013
Diabetes / Hyper-lipidemia	19,221	\$ 11,897

Chronic renal failure and acute cerebrovascular disease paired with diabetes and/or hypertension were the most costly co-morbidities found among the Study Group population

Source: Created by the DHCS Medical Care Statistics Section using paid claim data and AHRQ Clinical Classification Software. Data reflects a 6-month lag.

Beneficiaries with Mental Illness were More Expensive to Treat

	Number of Users	Expenditures	Average Cost per User
Users of Services with a Diagnosis for Mental Illness	120,436	\$1,218,875,471	10,120.52
Users of Services with No Diagnosis for Mental Illness	237,503	\$1,714,351,128	7,218.23
Total	358,094	\$2,933,226,599	8,191.22



Beneficiaries diagnosed with a mental health condition were 1.24 times more expensive than average and 1.4 times more expensive than users of services without a mental health diagnosis

Source: Created by the DHCS Medical Care Statistics Section using paid claim data and AHRQ Clinical Classification Software. Data reflects a 6-month lag.

Social Security Administration Disabilities: CY 2006

Disability Condition	% of Total
Congenital Anomalies	0.4%
Endocrine, Nutritional, and metabolic diseases	3.5%
Infections and parasitic diseases	1.6%
Injuries	3.6%
Mental Retardation	12.6%
Other Mental Diseases	30.3%
Neoplasms	2.2%
Diseases-blood and blood forming organs	0.3%
Circulatory system	7.2%
Digestive System	1.3%
Genitourinary System	1.4%
Musculoskeletal System & Connective Tissue	19.4%
Nervous System and Sense Organs	9.1%
Respiratory System	2.6%
Skin and Subcutaneous Tissue	0.2%
Other	0.2%
Unknown	4.1%
Total	100%

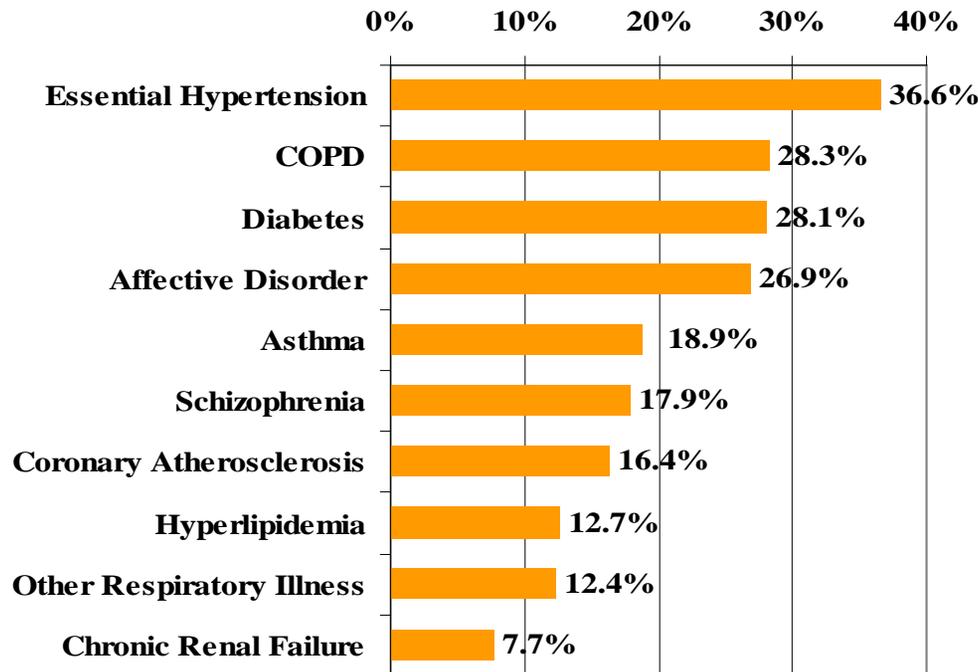
Roughly 30 percent of the disabled beneficiaries receiving Social Security, SSI, or both were found disabled due to a mental health disease.

SOURCES: Social Security Administration, Disabled Beneficiaries and Dependents Master Beneficiary Record file, 100 percent data, and Supplemental Security Record file, 100 percent data.

NOTE: Supplemental Security Income (SSI) counts include recipients of federal SSI, federally administered state supplementation, or both. Social Security beneficiaries who are entitled to a primary and a secondary benefit (dual entitlement) are counted only once in this table. File available from: U.S. Social Security Administration, Office of Policy Annual Statistical Report on the Social Security Disability Insurance Program, 2006 http://www.socialsecurity.gov/policy/docs/sta_tcomps/di_asr/2006/

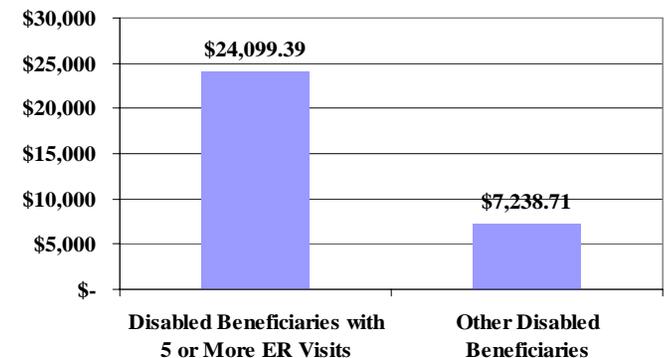
What Were Some Characteristics of the study population that Incurred 5 or More Emergency Room Visits?

Prevalence of Major Disease Among Beneficiaries With 5 or More Emergency Dept. Visits



In CY 2006, 20,296 members of the study Group population incurred 5 or more emergency room Visits. They were 3.3 times more expensive than other members of the Study Group population.

Average Annual Cost



Source: Created by the DHCS Medical Care Statistics Section using paid claim data and AHRQ Clinical Classification Software. Data reflects a 6-month lag.

What Were The Demographic Characteristics For the “High ER” Users?

Age Group	Gender		Total	
	F	M		
Age 18 - 34	1,738	1,431	3,169	16%
Age 35 - 60	8,200	6,322	14,522	72%
Age 61 - 64	1,080	778	1,858	9%
Age 65 - 79	387	236	623	3%
80 + Years	79	45	124	1%
Total	11,484	8,812	20,296	100%

Most were between the ages of 35 and 60.

Eighty-nine percent of the high ER users were associated with aid code 60 (SSI/SSP Disabled).

Source: Created by the DHCS Medical Care Statistics Section using MEDS data. Data reflects a 6-month lag.

How Much Was Incurred on IP Expenditures for ACSCs By The Study Population In CY 2006?

Total Expenditures For ACSC	\$ 129,855,449.78
Unique Beneficiaries	13,625
Total Number of Inpatient Days	101,715
Number of ACSC IP Admissions	22,736
Average Cost Per Day	\$ 1,276.66
Average Number of Admission Per ACSC Population	1.67
Average Number of Days Stay Per Admission	4.47
Number of Beneficiaries with 3 or more	1,363
Number of Beneficiaries with 4 or more	681

Source: MCSS summary based on paid claims with dates of service CY 2006

Ambulatory care—sensitive conditions are those "for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease" (AHRQ 2004). Although hospitalization rates are influenced by socioeconomic factors such as poverty (Blustein et al. 1998), high or increasing rates of potentially preventable hospitalizations might indicate inadequate access to high-quality ambulatory care, including preventive and disease management services (Bindman et al. 1995).

What Were the Top ACSC Admissions by Clinical Classification For CY 2006 Dates-of-Service?

CCS_C AT	DIAG_CAT_LABEL	Admissions	Total Paid	Average Cost/ Admission
108	Congestive heart failure; non-hypertensive	5,458	\$32,373,583.70	\$5,931.40
122	Pneumonia (except that caused by tuberculosis or s	3,826	\$25,300,472.03	\$6,612.77
50	Diabetes mellitus with complications	3,944	\$24,879,678.61	\$6,308.23
127	Chronic obstructive pulmonary disease and bronchie	2,622	\$13,682,927.72	\$5,218.51
128	Asthma	2,410	\$11,377,872.37	\$4,721.11
159	Urinary tract infections	1,994	\$11,037,713.92	\$5,535.46
99	Hypertension with complications and secondary hype	680	\$4,092,862.63	\$6,018.92
55	Fluid and electrolyte disorders	738	\$3,123,748.90	\$4,232.72
101	Coronary atherosclerosis and other heart disease	595	\$1,612,685.41	\$2,710.40
142	Appendicitis and other appendiceal conditions	123	\$1,203,856.89	\$9,787.45
98	Essential hypertension	320	\$864,716.01	\$2,702.24
2	Septicemia (except in labor)	8	\$119,499.01	\$14,937.38
	11 Other CCS All Less than 5 Admissions Each	18	\$185,832.58	\$10,324.03
	Total	22,736	129,855,450	\$5,711.45

How Were ACSCs Distributed By Aid Code: CY 2006 Dates of Service?

Aid Code	Total Paid	Unique Beneficiaries	Admissions
10	\$1,294,140.46	173	211
14	\$9,119,387.69	1,272	1,755
1H	\$1,393,600.62	190	264
20	\$3,116,871.55	249	441
24	\$261,060.14	25	40
36	\$6,510.00	1	3
60	\$101,953,518.62	10,453	17,612
64	\$7,351,298.98	785	1,265
66	\$51,146.62	9	10
6C	\$1,900.00	1	1
6G	\$51,850.31	8	8
6H	\$5,254,164.79	507	754
Total	\$129,855,449.78		22,363

Roughly 79 percent of the total Medi-Cal expenditures associated with ACSCs were generated by beneficiaries assigned to aid code 60 (PA-Disabled SSI/SSP)

Source: Created by the DHCS Medical Care Statistics Section using MEDS data. Data reflects a 6-month lag. July 2006 MOE.

How Were CY 2006 Hospital IP Expenditures Distributed by Aid Code?

Aid Code	Public Hosp	IP Days	Total Paid	% of Total Paid	Unduplicated Beneficiaries
60		324857	\$445,433,306.31	61.0%	34,400
60	PH	89344	\$109,586,582.20	15.0%	9,388
64		29757	\$39,908,599.47	5.5%	2,512
14		31497	\$38,705,348.13	5.3%	3,975
6H		18671	\$27,399,427.83	3.8%	1,723
64	PH	17101	\$20,401,191.03	2.8%	1,386
14	PH	8154	\$10,009,869.64	1.4%	1,201
6H	PH	7848	\$9,765,793.16	1.3%	640
20		7097	\$9,026,112.79	1.2%	650
1H		5295	\$7,954,159.10	1.1%	699
10		4530	\$6,014,826.74	0.8%	607
1H	PH	1312	\$1,531,821.02	0.2%	163
20	PH	1057	\$1,345,488.47	0.2%	111
24		723	\$879,045.27	0.1%	55
10	PH	575	\$748,793.30	0.1%	86
6G		376	\$594,267.02	0.1%	41
6 Other Aid Codes All < \$400,000 Each		903	\$970,795.53	0.1%	85
Total		549097	\$730,275,427.01	100.0%	

Top 10 Hospital Inpatient Admissions By Dollars Paid: CY 2006?

CCS_CAT	DIAG_CAT_LABEL	Total Paid	Admits	Unique Beneficiaries
2	Septicemia (except in labor)	\$44,912,362.86	3100	2527
108	Congestive heart failure; nonhypertensive	\$34,554,782.57	5640	3157
122	Pneumonia (except that caused by tuberculosis or s	\$33,013,649.75	4445	3564
131	Respiratory failure; insufficiency; arrest (adult)	\$30,181,657.68	1967	1520
237	Complication of device; implant or graft	\$26,051,266.25	2970	2040
50	Diabetes mellitus with complications	\$25,133,426.61	3971	2527
197	Skin and subcutaneous tissue infections	\$23,073,318.12	3798	2930
101	Coronary atherosclerosis and other heart disease	\$17,045,584.62	3343	2601
127	Chronic obstructive pulmonary disease and bronchie	\$16,591,562.00	3214	2171
109	Acute cerebrovascular disease	\$15,195,672.32	1764	1420