

OVERVIEW OF THE UNINSURED SONOMA COUNTY 2002

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May 2003**

**This research is funded by grants from
The California Wellness Foundation and
The California Endowment**

COUNTY PROFILE¹

Population²

In 2000, the population of Sonoma County was approximately 458,600. Since 1990, the population had increased by 18%.

Geography

The Pacific Ocean, San Francisco Bay and Napa, Marin, Mendocino and Lake Counties border Sonoma County. A significant portion of this 1,604 square mile county consists of agricultural land, as the County is home to many vineyards, wineries and farms.

Economy³

The vineyards and wineries of Sonoma and Napa Counties are popular tourist attractions. Services, retail and manufacturing are the largest employing industries in Sonoma County. Services accounts for 28% of the labor force and retail and manufacturing account for 19% and 16%, respectively. Though not among the top employers, wine production is a significant component of the County's economy. Agricultural industries account for a low 4% of the County's labor force.

Sonoma County's unemployment rate had been on a downward trend between 1997 and 2000, decreasing from 3.8% to 2.6%. Unemployment in Sonoma, increased slightly by .3 percentage points in 2001. The County's 2001 rate of 2.9% was markedly lower than the state rate for the same year, 5.3%.

DEMOGRAPHICS

Health Coverage Status:

- 12% are uninsured⁴
- 8% are covered by Medi-Cal⁵
- 1.7% are covered by Healthy Families^{6 7}
- .6% use County health programs⁸

¹ Numbers in this report without decimal points have been rounded to the nearest whole number.

² US Census Bureau. *Census 2000*, www.census.gov

³ State of California, *County Snapshots*, 2002, www.calmis.ca.gov/htmlfile/subject/cosnaps.htm

⁴ **Percentage taken of non-elderly population.** E.R. Brown, N. Ponce, T.Rice, S.A. Lavarreda. *The State of Health Insurance in California: Findings from the 2001 California Health Interview Survey (CHIS)*. UCLA Center of Health Policy Research, June 2002, www.healthpolicy.ucla.edu

⁵ Percentage taken of total population. Medi-Cal Policy Institute. *California County Data*, Jan. 2002, www.medi-cal.org

⁶ Percentage taken of non-elderly population. Managed Risk Medical Insurance Board. *Healthy Families Program Subscribers Enrolled By County*, February 2003, www.mrmib.ca.gov

⁷ In comparison, CHIS data reported 6.6% Medi-Cal/Healthy Families non-elderly enrollment.

⁸ Percentage taken of non-elderly population. CMSP Governing Board, 2002.

Ethnicity:⁹

The population of Sonoma County consists of:

- Non-Hispanic White – 75%
- Hispanic – 17%
- African-American – 1%
- Asian & Pacific Islander – 3%
- American Indian – 1%
- Other – 13%¹⁰

Income Breakdown:¹¹

In 2000, 22% of Sonoma County residents had incomes below 200% of the Federal Poverty Level (FPL):

- 8% below 100% FPL
- 14% between 100 and 200% FPL

COMMUNITY CLINICS¹²

Community clinic information was reviewed for the 2000 calendar year. In that year, community clinics in Sonoma County served 65,984 unduplicated patients and provided 180,057 visits. Total revenues and spending were \$21.9 million and \$21.1 million, respectively.

The uninsured accounted for the highest percentages of unduplicated patients (54%) and visits (46%). Medi-Cal provided the greatest share of patient revenues (39%), followed closely by the uninsured (38%). Medicare patients, however, averaged the most visits per patient, 5.4.

Among the uninsured, other state programs and self-paying patients accounted for the greatest proportions of patients, visits and patient revenues.

- Sonoma community clinics provided 1.7 uninsured visits per uninsured county resident.

⁹ US Census Bureau. *Census 2000*, www.census.gov

¹⁰ "Other" is defined as person reporting race other than the above or multiple races. The total percentage can exceed 100% due to duplicate reporting.

¹¹ California Department of Finance, August 2002.

¹² Office of Statewide Health Planning and Development. *Annual Utilization Report of Primary Care Clinics*, 2000 www.oshpd.states.ca.gov

Clinic Utilization and Patient Revenues

Insurance Status	Unduplicated Patients¹³	Visits	Average Annual Visits Per Patient	Patient Revenues
Total	65,984	180,057	2.7	\$10.9M
Uninsured	54%	46%	2.3	38%
Medi-Cal	18%	26%	3.9	39%
Medicare	4%	8%	5.4	7%
Private Insurance	23%	21%	2.4	16%
Other Payer	.1%	.1%	2.7	.1%

Uninsured Clinic Utilization and Patient Revenues

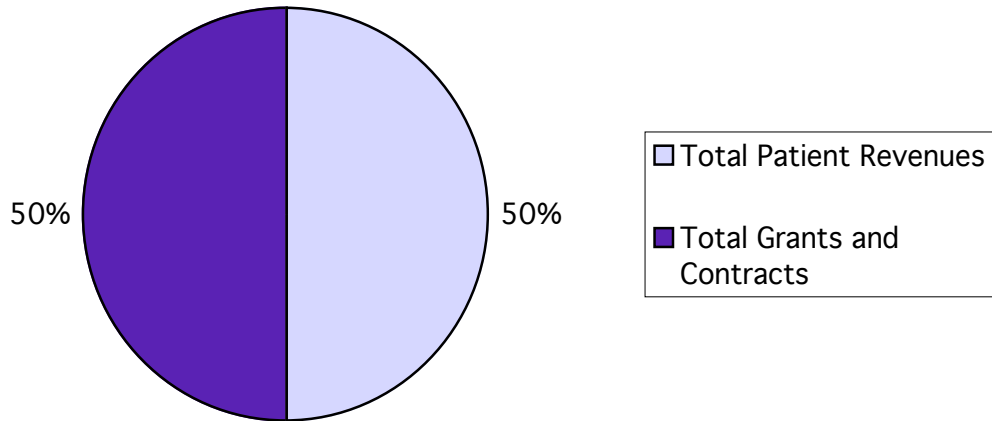
Payer	Unduplicated Patients	Visits	Average Annual Visits Per Patient	Patient Revenues
Total Uninsured	35,905	82,562	2.3	\$4.2M
County Programs	6%	8%	3.0	14%
EAPC	16%	14%	2.0	11%
CHDP	13%	9%	1.6	8%
Other State Programs	27%	28%	2.4	34%
Self-Pay	28%	27%	2.2	33%
Non-Pay	9%	14%	3.4	0%

Clinic Revenue from Contracts and Grants

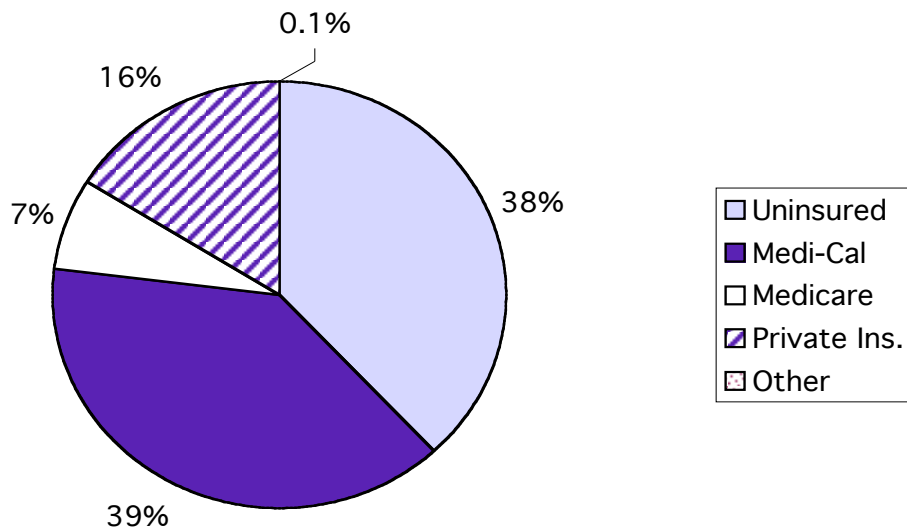
Federal Contracts and Grants	28% (\$6.2M)
State Contracts and Grants	11% (\$2.4M)
County & Local Contracts and Grants	2% (\$458,000)
Other Contracts and Grants	5% (\$1.2M)
HMO Contracts and Grants	2% (\$351,000)
Private Donations	2% (\$354,000)

¹³ We used "Patients by Payer" for our calculations of clinic utilization and patient revenue. "Patients by Payer" doesn't include patient care financed by contracts and grants. Patient care financed by grants and contracts are included under "Total Unduplicated Patients."

Total Community Clinic Revenue



Total Patient Revenue by Payer



Delivery System

There are 13 community clinic sites in Sonoma County, including one Planned Parenthood clinic in Rohnert Park and one Indian Health Services Clinic in Santa Rosa.

- Alliance Medical Center - Healdsburg accounted for the largest share of net patient revenue (16%), followed by Sonoma County Indian Health Project (13%).
- Alliance Medical Center - Healdsburg had the most uninsured patients (23%), followed by Southwest Community Health Centers (16%).
- Petaluma Health Center saw the most Medi-Cal patients (19%), followed by Southwest Community Health Centers (15%).
- Petaluma Health Center saw the most Medicare patients (26%), followed by Sonoma Valley Community Health Center (15%).
- Petaluma Health Center saw the most privately insured patients (26%), followed by Alliance Medical Center - Healdsburg (21%).

HOSPITALS¹⁴

Hospital information was reviewed for fiscal year 2001. Hospitals in Sonoma County provided 161,027 inpatient days, 463,462 outpatient visits and 110,330 emergency room visits, at a cost of approximately \$634.2 million.

Both county indigent and Medi-Cal patients accounted for relatively low shares of inpatient and outpatient care, yet each had higher rates of ER utilization. The county indigent averaged one of the longest lengths of stay, 7.0 days. The average length of stay for Medi-Cal patients was among the lowest of all payer categories, 4.4 days.

Insurance Status	Inpatient Days	Average Length of Stay	Outpatient Visits (Including ER)	ER Visits¹⁵
Total	161,027	4.9	463,462	110,330
County Indigent	6%	7.0	4%	13%
Medi-Cal	13%	4.4	16%	25%
Medicare	41%	5.7	23%	10%
Private Insurance	32%	3.9	50%	47%
Other Indigent	0%	0	0%	0%
Other Payer	8%	7.5	7%	5%

¹⁴ Office of Statewide Health Planning and Development. *Hospital Annual Financial Data*, 2001
www.oshpd.ca.gov

¹⁵ER data reporting cycle may differ from other OSHPD hospital data categories.

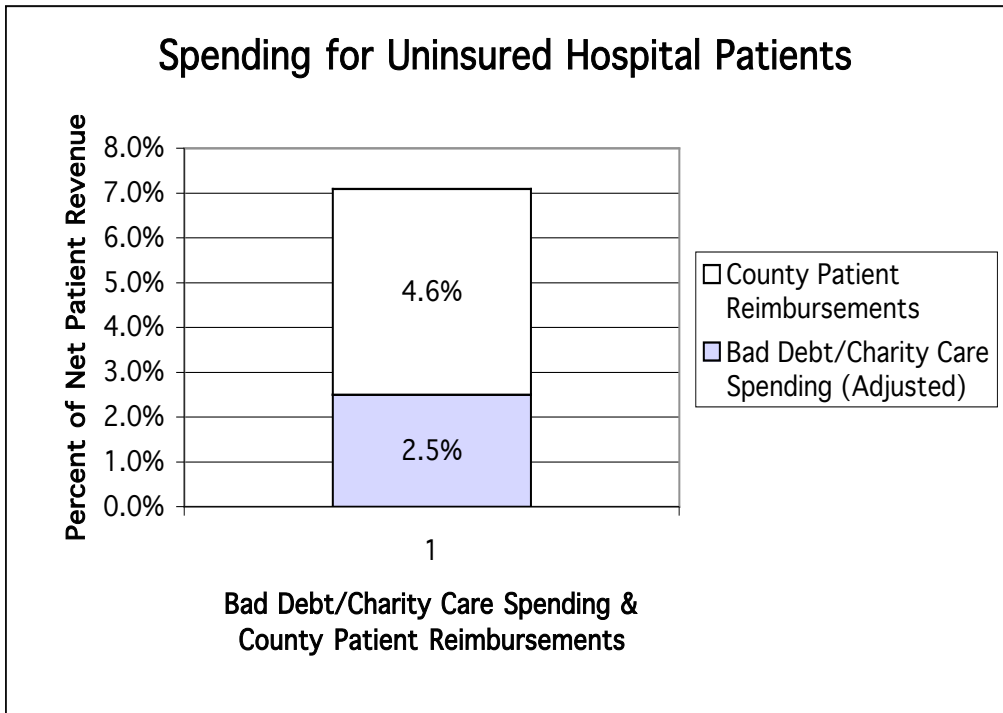
Delivery System

There are 8 hospitals in Sonoma County, 7 of which are comparable.¹⁶ The Kaiser hospital in Santa Rosa is not included in this summary.

- Santa Rosa Memorial Hospital accounted for the largest share of net patient revenue (47%), followed by Sutter Medical Center of Santa Rosa (24%).
- Sutter Medical Center of Santa Rosa provided the greatest proportion of bed days to county indigent patients (54%), followed by Petaluma Valley Hospital (20%).
- Sutter Medical Center of Santa Rosa provided the most bed days for Medi-Cal patients (58%), followed by Santa Rosa Memorial Hospital (24%).
- Santa Rosa Memorial Hospital provided the most bed days for Medicare patients (46%), followed by Sutter Medical Center of Santa Rosa (17%).
- Santa Rosa Memorial Hospital provided the most bed days for privately insured patients (57%), followed by Sutter Medical Center of Santa Rosa (19%).

Care to the County Indigent

Hospitals in Sonoma County reported an aggregate loss of approximately \$8.5 million in bad debt and charity care (2.5% of net patient revenues). Reported reimbursements for county indigent patients totaled \$15.9 million (4.6% of net patient revenues).



¹⁶ Comparable hospitals are acute care hospitals and do not include Prepaid Health Plan Hospitals such as Kaiser Permanente Hospitals.

Both OSHPD and CMSP report utilization and financial data for care for the county indigent. Hospitals report the services and expenses reimbursed by the county to OSHPD. The county reports the services and payments to providers to CMSP.¹⁷

	OSHPD Data	County Health Data ¹⁸
# Inpatient days per 1000 uninsured	188	134
# Outpatient visits per 1000 uninsured	403	459
# ER visits per 1000 uninsured	311	NA
Hospital Revenue from County ¹⁹	\$15.9M	
County spending		\$19M
Gross DSH	\$6.2M	\$6.3M ²⁰

CMSP Data²¹

County Spending for the Uninsured

	Number of Days or Visits	Expenditures in Dollars	Expenditure as Percentage of Total
Inpatient Days	6,323	\$12.5M	66%
Outpatient Visits	23,428	\$1.8M	9%
Pharmacy Claims	48,083	\$2.6M	14%
Medical/Physician Visits	32,101	\$2.1M	11%
Total		\$19M	100%

Net Public Health Spending:²² NA

¹⁷ Theoretically, these reports should be identical for hospital inpatient days and emergency room visits. However, there is often considerable variation between these sources' figures. County health data on outpatient visits include hospital outpatient visits and county & community clinic and private physician visits, whereas OSHPD outpatient data accounts for hospital outpatient visits only.

¹⁸ CMSP Governing Board, 2002.

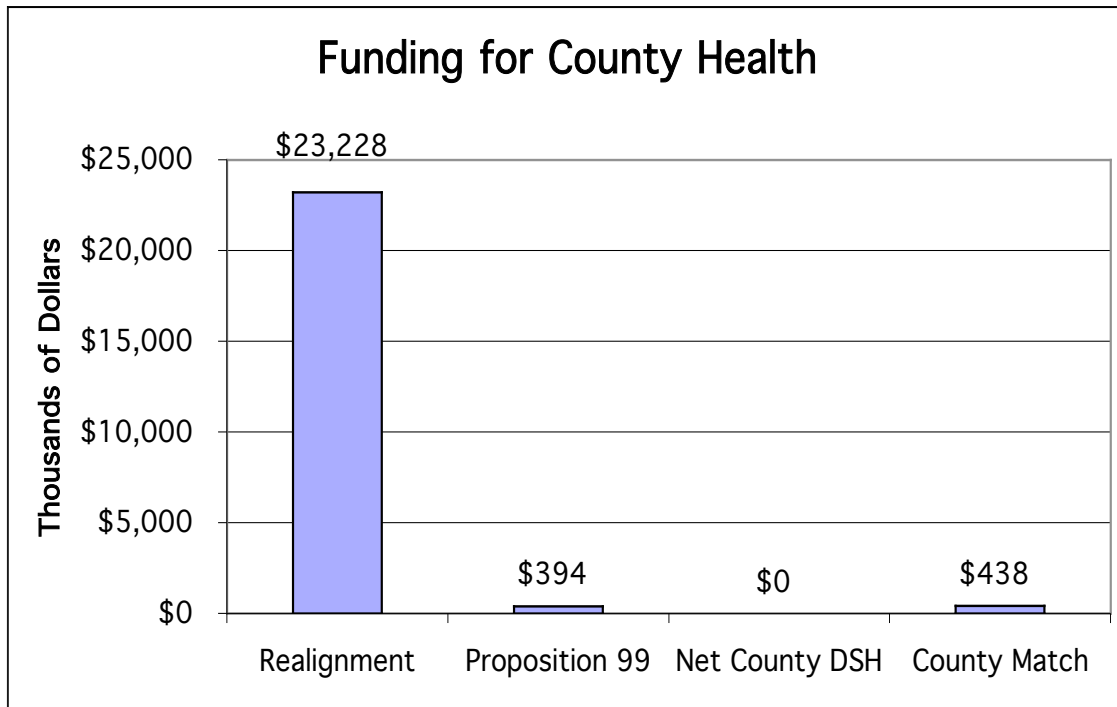
¹⁹This figure may include private donations for indigent care.

²⁰ Office of County Health Services. *SB 855 – Actual Payments and Transfers County and Non County Hospitals FY 2000-01*, Aug. 2002.

²¹ CMSP Governing Board, 2002.

²²Office of County Health Services. *Budget/Actual Data Fiscal Year 2001-02*.

FUNDING FOR COUNTY HEALTH^{23 24}



Funding Per Capita²⁵

	Realignment	Proposition 99	Net County DSH	County Match
Per County Resident	\$58	\$1	\$0	\$1
Per Uninsured County Resident	\$491	\$8	\$0	\$9

DSH Distribution²⁶

Total Net DSH	Net DSH for County Hospitals	Net DSH for Non-County Hospitals
\$6.3M	\$0	\$6.3M

²³ Office of County Health Services. *Table of Proposition 99 and Realignment Funds and County Match, Fiscal Year 2000-01/2001-02.*

²⁴ Net County DSH Source: Office of County Health Services, Aug. 2002.

²⁵ Non-elderly population

²⁶ Office of County Health Services, Aug. 2002.

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured ²⁷	Percent of Medi-Cal Enrollment ²⁸	Percent of Healthy Families Enrollment ²⁹	Percent of Community Clinic Patients ³⁰	Percent of County Indigent Patients ³¹
Non-Hispanic White	57%	62%	27%	45%	74%
Hispanic	39%	29%	58%	39%	16%
African-American	NA	4%	1%	1%	3%
Asian & Pacific Islander	NA	1%	3%	1%	2%
American Indian	NA	2%	1%	12%	4%
Other ³²	NA	NA	11%	2%	.4%

PUBLIC MANAGED CARE

Medi-Cal Managed Care³³

- Current Enrollment: 28,247
- FFS Managed Care: Sonoma County Medi-Cal Managed Care Network (100%)

Healthy Families Managed Care³⁴

- Current Enrollment: 6,725
- Community Provider Plan: Health Net HMO (31%)
- Commercial Plan: Blue Cross EPO (48%)

JOB-BASED INSURANCE³⁵

	Sonoma County	California
Non-Elderly Adults	72%	65%
Children	72%	59%

²⁷ California Health Interview Survey, 2001.

²⁸ Medi-Cal Policy Institute. *Medi-Cal County Data Book*, Jan. 2002.

²⁹ Managed Risk Medical Insurance Board, Feb. 2003, www.mrmib.ca.gov

³⁰ Office of Statewide Health Planning and Development, 2000, www.oshpd.states.ca.gov

³¹ CMSP Governing Board, 2002.

³² "Other" is defined differently in each data source, such as "unreported," "multiple ethnicities" or "other than listed options." Please see respective sources for further information.

³³ Medi-Cal Policy Institute. *California County Data*, Jan. 2002, www.medi-cal.org.

³⁴ Managed Risk Medical Insurance Board. *Healthy Families Program Subscribers Enrolled in Community Provider Plan by County*, Feb. 2003, www.mrmib.ca.gov

³⁵ Brown et al, 2002.

HEALTH PLANS FOR SMALL EMPLOYERS

PacAdvantage – Purchasing Pool³⁶

PacAdvantage contracts with Blue Shield, Health Net and Kaiser Permanente in Sonoma County. Each of these carriers offers three HMO plans through PacAdvantage. Kaiser Permanente's and Health Net's plans, however, are only available in part of the County. Health Net also offers two PPOs. Benefits for the standard PacAdvantage HMO and the two PPOs are listed below.

PacAdvantage Standard HMO and PPO Benefits

Health Plan	Patient Out-of-Pocket						
	Deductible	Office Visits	Inpatient Admission	Outpatient Services	ER Visits	Brand-Name Drugs	Generic Drugs
Standard HMO	\$0	\$30 co-pay	\$1,000	Co-pays vary by service	\$100	\$30 co-pay	\$15 co-pay
Health Net PPO Saver	\$500 per individual/ 2 per family	\$20 co-pay, limited visits	20% after deduct.	Cost after deduct. varies by service	20% after \$100 deduct.	20% co-pay	20% co-pay
Health Net PPO 30	\$1000 per individual/ 2 per family	\$30 co-pay	20% after \$250 deduct.	Cost after deduct. varies by service	20% after \$100 deduct.	\$30 co-pay	\$20 co-pay

PacAdvantage Monthly Premiums for Standard HMOs and PPOs

Premiums vary by the type of plan and employee's age and family size.

Health Plan	35 yr-old, Single	50 yr-old, Single	35 yr-old, with Spouse and Dependent Children	50 yr-old, with Spouse and Dependent Children
Blue Shield HMO	\$209	\$308	\$782	\$991
Health Net HMO	\$186	\$310	\$681	\$812
Kaiser HMO	\$148	\$235	\$502	\$636
Health Net PPO Saver	\$98	\$168	\$333	\$414
Health Net PPO 30	\$150	\$257	\$511	\$634

³⁶ PacAdvantage. 2002 Rate Information, July 2002, www.pacadvantage.org. These figures represent group sizes of 15+ eligible employees. The cost for a group size of 2-5 employees is approximately 10% more than the cost listed above.

Other Health Insurance for Small Employers³⁷

Blue Cross, Blue Shield, Health Net, Kaiser Permanente and PacifiCare³⁸ offer health plans for small employers who do not participate in PacAdvantage in Sonoma County. Standard HMO options and PPOs with comparable benefits and low deductibles are listed below.

Benefits Offered by Standard HMOs and PPOs under Other Small Employer Plans

Health Plan	Patient Out-of-Pocket						
	Deductible	Office Visits	Inpatient Admission	Outpatient Services	ER Visits	Brand-Name Drugs	Generic Drugs
Blue Cross Saver HMO	\$1500 per member/2 member max	\$10	No charge after deduct.	No charge after deduct.	NA□	\$25 after \$150 deduct	\$10
Blue Shield Access + HMO 15	\$0	\$15	No charge	No charge	\$100	\$25 after \$250 deduct.	\$15
Health Net HMO 15	\$0	\$15	No charge	No charge	\$75	\$25	\$15
Kaiser Permanente HMO 15-N	\$0	\$15	No charge	NA□	\$50	\$20	\$10
Blue Cross PPO 30	\$250 per member	\$30	30% after deduct.	30% after deduct.	NA*	\$25 after \$150 deduct.	\$15
Blue Shield PPO 80/60	\$500 per member/ \$1000 per family	\$35	20% after deduct.	20% after deduct.	\$50 + 20%	\$25 after \$150 deduct.	\$10
Health Net PPO Value 30	\$500 per member/3 per family	\$30	20% after \$250 deduct.	20% after \$250 deduct.	\$75 after deduct.	\$30 after deduct.	\$15 after deduct.

³⁷ Blue Cross of California. *Small Group Sales and Enrollment Guide*, April 2001; Blue Cross of California. *Monthly Rates for Small Group Medical, Dental and Basic Term Life Plans*, March 2002; Blue Shield of California. *Group Health Plans - Summary of Benefits and Provisions*, April 2002; Blue Shield of California. *Group Health Plans - Monthly Rates*, May 2002; Health Net. *Plans and Rates - Small Business Group Plans*, July 2002; Health Net. *Plans and Rates-Small Business Group Rates*, July 2002; Kaiser Permanente. *Traditional Plan for Small Business - Northern California, Jan. 2002*; Kaiser Permanente. *Traditional Plan for Small Business Rates- Northern California*, July 2002.

³⁸ PacifiCare benefits and rates for small employer plans were not available to us at the time of this report.

□ Information not available

Monthly Premiums of Standard HMOs and PPOs for Other Small Employer Plans

Premiums vary by the type of plan and employee's age and family size.

Health Plan	35 yr-old, Single	50 yr-old, Single	35 yr-old, with Spouse and Dependent Children	50 yr-old, with Spouse and Dependent Children
Blue Cross Saver HMO	\$183	\$251	\$553	\$819
Blue Shield Access + HMO 15	\$176	\$260	\$658	\$835
Health Net HMO 15	\$165	\$277	\$607	\$723
Kaiser Permanente HMO 15-N	\$158	\$251	\$537	\$682
Blue Cross PPO 30	\$148	\$266	\$449	\$588
Blue Shield PPO 80/60	\$129	\$253	\$450	\$651
Health Net PPO Value 30	\$142	\$247	\$439	\$555

INDIVIDUAL HEALTH PLANS³⁹

Blue Cross, Blue Shield, Health Net, Kaiser Permanente and PacifiCare offer health plans for individuals and families in Sonoma County. Standard HMO options and PPOs with comparable benefits and low deductibles are listed below.

Benefits Offered by Standard HMOs and PPOs of Individual Health Plans

Health Plan	Patient Out-of-Pocket						
	Deductible	Office Visits	Inpatient Admission	Outpatient Services	ER Visits	Brand-Name Drugs	Generic Drugs
Blue Cross Saver HMO	\$1500 per member/ \$3000 per family	\$10	No charge after \$1500 deduct.	20% after \$1500 deduct.	\$50 + 20%	\$30 after \$250 deduct.	\$10
Blue Shield Access + HMO	\$1500 per member/ \$3000 per family	\$10	No charge after deduct.	\$25-\$35	\$100 + 20%	\$30	\$10
Health Net HMO 15	\$0	\$15	No charge	No charge	\$75	\$25 after \$100 deduct.	\$15 after \$100 deduct.
Kaiser Permanente Personal Advantage	\$0	\$15	No charge	\$15	\$50	\$25	\$10
PacifiCare HMO 10	\$0	\$10	No charge	Cost varies per service	\$50	\$25	\$10
Blue Cross PPO 1000	\$1000 per member/ \$2000 per family	30%	30% after deduct.	30% after deduct.	\$30 + 30%	\$30 after \$250 deduct.	\$10
Blue Shield PPO 500	\$500 per member/ \$1000 per family	\$30	25% after deduct.	25% after deduct.	25% after deduct.	\$25 after \$50 deduct.	\$7
Health Net PPO 20	\$1000 per member/ \$2000 per family	\$20	20% after deduct.	20% after deduct.	\$75 + 20%	\$35 after \$100 deduct.	\$10 after \$100 deduct.

³⁹ Blue Cross of California. *Individual and Family Health Programs*, Dec. 2001; Blue Cross of California. *Monthly Rates for Individual and Family Medical and Life Plans*, August 2002; Blue Shield of California. *Health Plans for Individuals and Families-Summary of Benefits and Provisions*, April 2002; Blue Shield of California. *Monthly Rates for Individuals and Families*, April 2002; Health Net. *Individual and Family Coverage - Summary of Benefits and Provisions of Coverage*, Feb. 2002; Health Net. *Monthly Rate Guide - Individual and Family Plans*, Feb. 2002; Kaiser Permanente. *Personal Advantage 2002 Benefits*, Jan. 2002; Kaiser Permanente. *Personal Advantage 2002 Rates - Northern California*, Jan. 2002; PacifiCare. *Benefits Summary - Individual HMO Plans*, Jan. 2002; PacifiCare. *Monthly Premiums for Individual Plans*, Jan. 2002.

Monthly Premiums of Standard HMOs and PPOs for Individual Health Plans

Premiums vary by the type of plan and individual's age and family size.

Health Plan	35 yr-old, Single	50 yr-old, Single	35 yr-old, with Spouse and Dependent Children	50 yr-old, with Spouse and Dependent Children
Blue Cross Saver HMO	\$226	\$287	\$552	\$671
Blue Shield Access + HMO	\$199	\$258	\$594	\$657
Health Net HMO 15	\$273	\$340	\$774	\$914
Kaiser Permanente Personal Advantage	\$149	\$230	\$441	\$523
PacifiCare HMO 10	\$197	\$345	\$589	\$871
Blue Cross PPO 1000	\$167	\$339	\$417	\$752
Blue Shield PPO 500	\$162	\$326	\$493	\$765
Health Net PPO 20	\$135	\$312	\$374	\$714