

OVERVIEW OF THE UNINSURED PLACER COUNTY 2003

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COUNTY PROFILE¹

Population²

In 2000, the population of Placer County was approximately 248,400. Since 1990, the population had increased by 44%.

Geography

The state of Nevada and El Dorado, Nevada, Sacramento, Sutter and Yuba Counties border Placer County. The County's diverse geography includes mountain ranges, lakes, grasslands and state and national parks.

Economy^{3 4}

The economy of Sacramento Metro Service Area, which includes Sacramento, Placer and El Dorado Counties, is dominated by government, the service industry and trade, transportation and utilities. These three industries account for 26%, 25% and 16%, respectively, of the region's labor force. Tourist related industries (such as leisure and hospitality), construction and finance are also significant components of the region's economy, accounting for 9%, 8% and 7%, respectively of employment. Unemployment in Placer County rose between 2000 and 2003 from 3.2% to 4.7%, but was still below the state 2003 rate of 6.7%.

DEMOGRAPHICS

Health Coverage Status:

- 4% are uninsured⁵
- 7.5% are covered by Medi-Cal⁶
- 1.3% are covered by Healthy Families^{7 8}
- 1.9% use County health programs⁹

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 California Employment Development Department, *County Snapshots*, 2003, www.calmis.ca.gov/htmlfile/subject/cosnaps.htm

⁴ California Employment Development Department. *Monthly Labor Force Data for Counties*, 2003 www.calmis.ca.gov/file/lfhist/03aacou.txt

⁵ **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

⁶ Percentage taken of total population. California HealthCare Foundation. *California County Data*, Jan. 2003, www.chcf.org/topics/medi-cal/index.cfm

⁷ Percentage taken of non-elderly population. Managed Risk Medical Insurance Board. *Healthy Families Program Subscribers Enrolled By County*, Dec. 2003, www.mrmib.ca.gov

⁸ In comparison, CHIS data reported 6.5% Medi-Cal/Healthy Families non-elderly enrollment.

⁹ Percentage taken of non-elderly population. Medically Indigent Care Reporting System (MICRS). *County Indigent Patient Counts and Utilization, FY 2000-01*.

Ethnicity:¹⁰

The population of Placer County consists of:

- Non-Hispanic White – 83%
- Hispanic – 10%
- African-American – 1%
- Asian & Pacific Islander – 3%
- American Indian – 1%
- Other – 7%¹¹

Income Breakdown:¹²

In 2000, 17% of Placer County residents had incomes below 200% of the Federal Poverty Level (FPL):

- 6% below 100% FPL
- 11% between 100 and 200% FPL

COMMUNITY CLINICS¹³

Community clinic information was reviewed for the 2002 calendar year. In that year, community clinics in Placer County served 14,571 unduplicated patients and provided 55,250 visits. Total revenues and spending were \$8.6 million and \$7.3 million, respectively.

Uninsured patients accounted for the greatest percentage of visits (71%) and revenues (46%), followed by Medi-Cal patients (accounting for 19% and 40%, respectively). Among the uninsured, non-paying patients accounted for the greatest percentage of visits (40%) followed by Family PACT patients (31%). Family PACT patients accounted for the largest share of uninsured patient revenues (65%), followed by self-paying and EAPC patients, who each accounted for 16% of revenues.

- Placer community clinics provided 4.6 uninsured visit per uninsured county resident.

¹⁰ US Census Bureau. *Census 2000*, www.census.gov

¹¹ "Other" is defined as person reporting race other than the above or multiple races. The total percentage can exceed 100% due to duplicate reporting.

¹² California Department of Finance, August 2002.

¹³ Office of Statewide Health Planning and Development. *Annual Utilization Report of Primary Care Clinics*, 2002 www.oshpd.states.ca.gov

Clinic Utilization and Patient Revenues

Insurance Status	Visits	Patient Revenues
Total	55,250	\$4.2M
Uninsured	71%	46%
Medi-Cal	19%	40%
Healthy Families	0.3%	0.2%
Medicare	5%	6%
Private Insurance	5%	8%
Other Payer	0%	0%

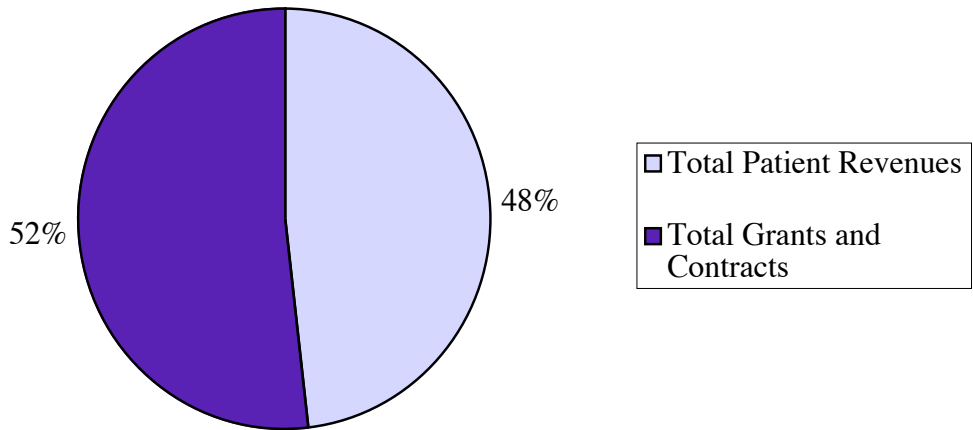
Uninsured Clinic Utilization and Patient Revenues

Payer	Visits	Patient Revenues
Total Uninsured	38,988	\$1.9M
County Programs	2%	1%
EAPC	11%	16%
CHDP	2%	1%
Breast Cancer Programs	0.4%	0.5%
Family PACT	31%	65%
Self-Pay	14%	16%
Non-Pay	40%	0%

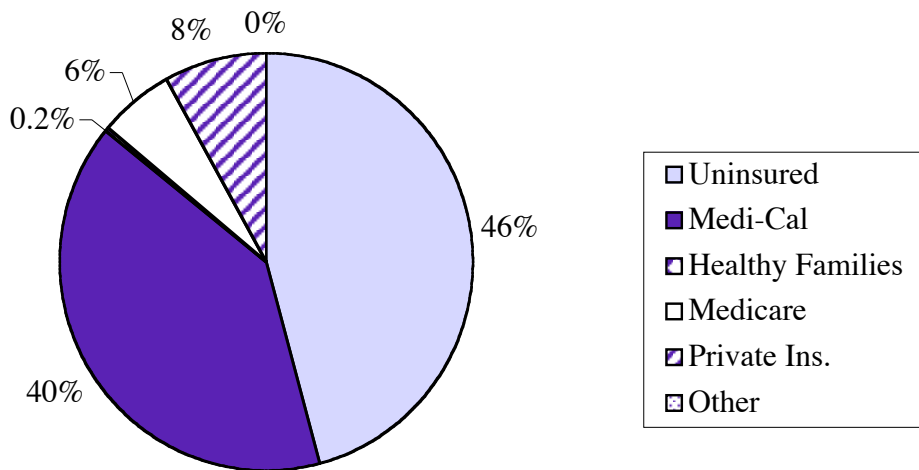
Clinic Revenue from Contracts and Grants

Federal Contracts and Grants	41% (\$3.6M)
State Contracts and Grants	4% (\$351,450)
County & Local Contracts and Grants	5.5% (\$473,750)
Other Contracts and Grants	1% (\$74,970)
Private Grants	0% (\$0)
Donations	0.1% (\$5,540)

Total Community Clinic Revenue



Total Patient Revenue By Payer



Delivery System

There are 4¹⁴ community clinic sites in Placer County, including 1 Planned Parenthood center and 1 Indian Health Services clinic.

- Chapa-De Indian Health Program clinic accounted for the largest share of net patient revenue (49%), followed by Planned Parenthood - Roseville clinic (40%).
- Chapa-De Indian Health Program clinic had the most uninsured patients (51%), followed by Planned Parenthood - Roseville clinic (26%).
- Chapa-De Indian Health Program clinic saw the most Medi-Cal patients (57%), followed by Planned Parenthood - Roseville clinic (34%).
- Placer Medical Clinic saw 100% of Healthy Families patients.
- Chapa-De Indian Health Program clinic saw the most Medicare patients (85%), followed by Johnson Ranch Rehab and Therapy clinic (9%).
- Chapa-De Indian Health Program clinic saw the most privately insured patients (64%), followed by Johnson Ranch Rehab and Therapy clinic (25%).

HOSPITALS¹⁵

Hospital information was reviewed for fiscal year 2002. Hospitals in Placer County provided 71,597 inpatient days, 325,485 outpatient visits and 53,954 emergency room visits, at a cost of approximately \$176.8 million.

County indigent patients accounted for low proportions of hospital services, ranging from 1-2%. Medi-Cal patients, however, accounted for larger shares of services, though lower than Medi-Cal patients' shares in several other North Central counties.

Insurance Status	Inpatient Days	Average Length of Stay	Outpatient Visits (Including ER)	ER Visits¹⁶
Total	71,597	4.1	325,485	53,954
County Indigent	2%	5.3	1%	1%
Medi-Cal	8%	3.8	8%	11%
Medicare	54%	4.7	38%	42%
Private Insurance	28%	3.3	42%	35%
Other Indigent	0.1%	4.0	0%	0.1%
Other Payer	8%	4.8	11%	11%

¹⁴ Dental community clinics are not included in this summary.

¹⁵ Office of Statewide Health Planning and Development. *Selected Hospital Annual Financial Data, FY 2001-02* www.oshpd.ca.gov

¹⁶ER data reporting cycle may differ from other OSHPD hospital data categories.

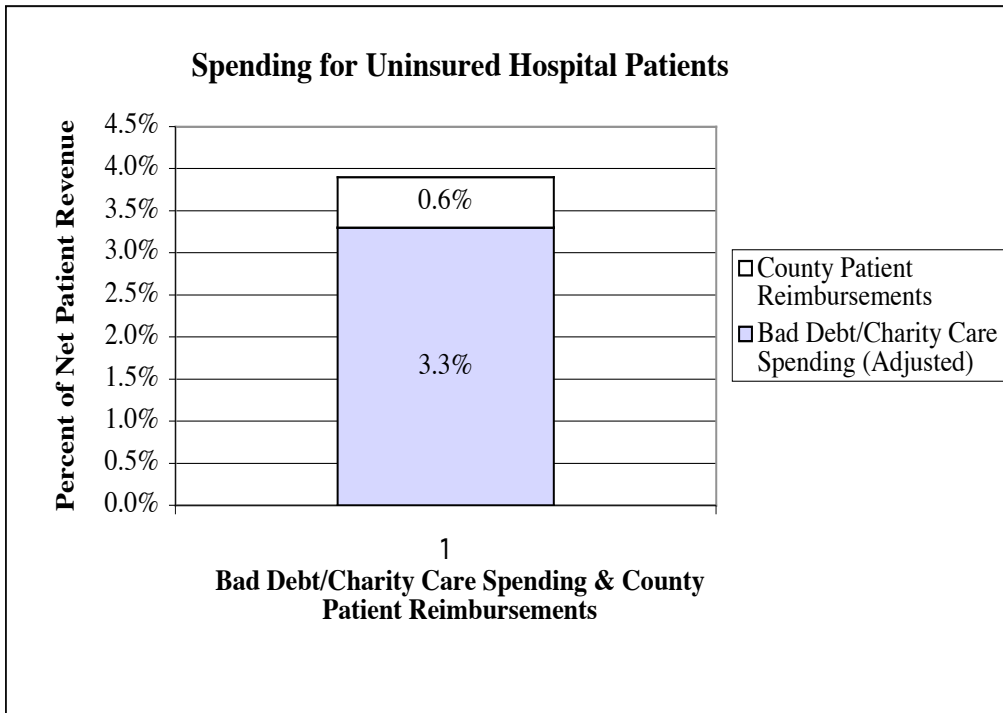
Delivery System

There are 3 hospitals in Placer County, 2 of which are comparable and included in this summary,¹⁷ Sutter Auburn Faith Hospital and Sutter Roseville Medical Center.

- Sutter Roseville Medical Center accounted for the largest share of net patient revenue (73%).
- Sutter Auburn Faith Hospital provided the greatest proportion of bed days to county indigent patients (54%).
- Sutter Roseville Medical Center provided the most bed days for Medi-Cal patients (75%).
- Sutter Roseville Medical Center provided the most bed days for Medicare patients (62%).
- Sutter Roseville Medical Center provided the most bed days for privately insured patients (74%).

Care to the County Indigent

Hospitals in Placer County reported an aggregate loss of approximately \$7.3 million in bad debt and charity care (3.3% of net patient revenues). Reported reimbursements for county indigent patients totaled \$1.2 million (0.6% of net patient revenues).



¹⁷ Comparable hospitals are acute care hospitals and do not include psychiatric facilities, long-term care hospitals or prepaid health plan hospitals such as Kaiser Permanente hospitals.

Both OSHPD and MICRS 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 MICRS.¹⁸

	OSHPD Data	County Health Data ¹⁹
# Inpatient days per 1000 uninsured	142	119
# Outpatient visits per 1000 uninsured	355	1,271
# ER visits per 1000 uninsured	81	324
Hospital Revenue from County ²⁰	\$1.2 M	
County spending		\$2.6M
Gross DSH	\$0	\$0 ²¹

MISP Data²²

County Spending for the Uninsured

	Number of Days or Visits	Expenditures in Dollars	Expenditure as Percentage of Total	Cost per Unit of Service
Inpatient Days	1,003	\$966,910	38%	\$964
Outpatient Visits	10,696	\$1.4M	54%	\$131
ER Visits	2,729	\$221,910	9%	\$81
Total ²³		\$2.6M	101%	

Net Public Health Spending:²⁴ \$4.5 million

¹⁸ 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.

¹⁹ Medically Indigent Care Reporting System (MICRS). *County Indigent Patient Counts and Utilization FY 2000-01*.

²⁰This figure may include private donations for indigent care.

²¹ Office of County Health Services. *SB 855 – Actual Payments and Transfers County and Non County Hospitals FY 2001-02*, April 2003.

²² Medically Indigent Care Reporting Systems (MICRS). *County Health Care Program Expenditures for FY 2000-01*.

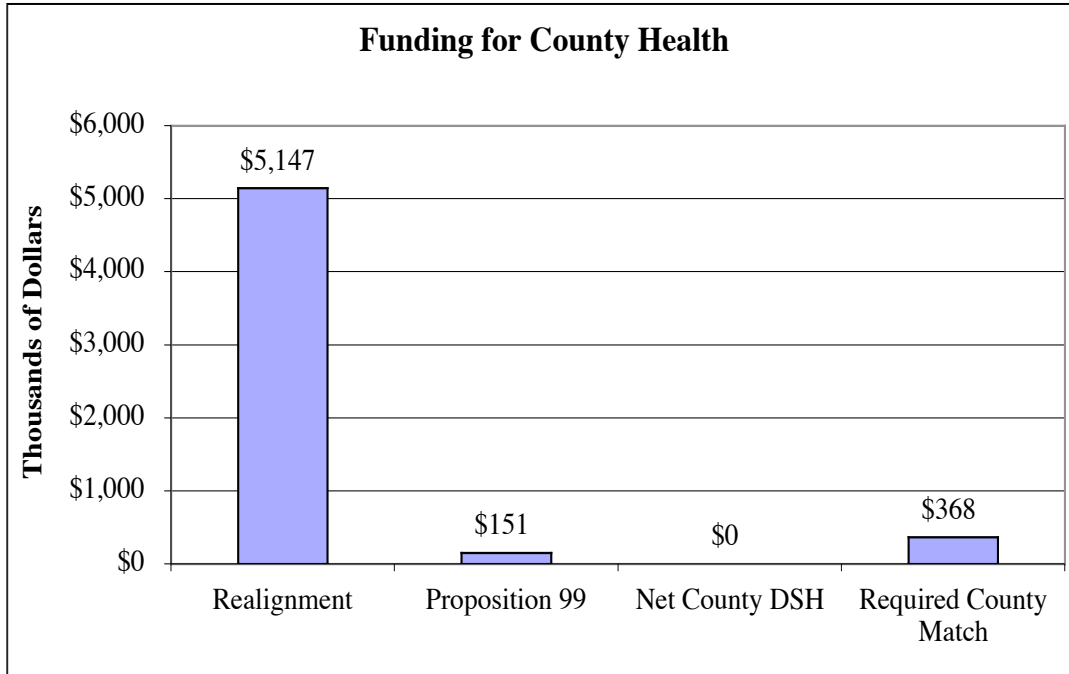
²³ Total includes “other services” which are comparatively negligible and not included in this table.

²⁴Office of County Health Services. *Budget/Actual Data Fiscal Year 2002-03*.

FUNDING FOR COUNTY HEALTH^{25 26}

Total: \$5.7 million

Spending for the Uninsured: 46%²⁷



Funding Per Capita²⁸

	Realignment	Proposition 99	Net County DSH	Required County Match ²⁹
Per County Resident	\$24	\$0.7	\$0	\$2
Per Uninsured County Resident	\$612	\$18	\$0	\$44

DSH Distribution³⁰

Placer County did not receive DSH in FY 2002.

²⁵ Office of County Health Services. *Final Maintenance of Effort Calculation, Fiscal Year 2003-04; Rural Health Services Program Allocations, FY 2003-04; California Healthcare for Indigents Program Allocations, FY 2003-04.*

²⁶ Net County DSH Source: Office of County Health Services, April 2003.

²⁷ Based on MISP spending data, \$2.6 million (p.7).

²⁸ Non-elderly population

²⁹ Does not include voluntary over-match.

³⁰ Office of County Health Services, April 2003.

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured ³¹	Percent of Medi-Cal Enrollment ³²	Percent of Healthy Families Enrollment ³³	Percent of County Indigent Patients ³⁴
Non-Hispanic White	80%	70%	59%	79%
Hispanic	NA*	19%	19%	16%
African-American	NA*	2%	1%	1%
Asian & Pacific Islander	NA*	3%	5%	1%
American Indian	NA*	1%	1%	0.2%
Other ³⁵	NA*	6%	16%	3%

Ethnicity of Community Clinics Patients

Ethnicity	Percent of Community Clinic Patients ³⁶
White	48%
African-American	1%
Asian & Pacific Islander	2%
American Indian	16%
Other	33%

Ethnicity	Percent of Community Clinic Patients
Hispanic	19%
Non-Hispanic	76%
Unknown	5%

³¹ Age 0-64. California Health Interview Survey, 2001.

³² California Department of Health. *Medi-Cal Beneficiaries Profiles by County*, Oct. 2003, www.dhs.ca.gov/mcss/.

³³ Managed Risk Medical Insurance Board, Dec. 2003, www.mrmib.ca.gov

³⁴ Medically Indigent Care Reporting System (MICRS). *Unduplicated Count of County Indigent Patients By Race and Ethnicity, FY 2000-2001*.

* Results are statistically unstable or are not available due to insufficient sample size.

³⁵ "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.

³⁶ Office of Statewide Health Planning and Development, 2002, www.oshpd.states.ca.gov

PUBLIC MANAGED CARE

Medi-Cal Managed Care³⁷

- Total Enrollment: 7,247
- FFS Managed Care: Placer County Managed Care Network (100%)

Healthy Families Managed Care³⁸

- Total Enrollment: 2,766
- Community Provider Plan: Health Net (18%)
- Largest Commercial Plan: Blue Cross EPO (45%)

JOB-BASED INSURANCE³⁹

	Placer County	California
Non-Elderly Adults	82%	65%
Children	83%	59%

³⁷ California HealthCare Foundation. *California County Data*, Jan. 2003, www.chcf.org/topics/medi-cal/index.cfm

³⁸ Managed Risk Medical Insurance Board. *Healthy Families Program Subscribers Enrolled in Community Provider Plans by County*, Dec. 2003, www.mrmib.ca.gov

³⁹ Brown et al, 2002.

HEALTH PLANS FOR SMALL EMPLOYERS

PacAdvantage – Purchasing Pool⁴⁰

PacAdvantage contracts with Blue Shield, Health Net, Kaiser Permanente and Western Health Advantage in Placer County. Each of these carriers offers three HMO plans through PacAdvantage. Health Net also offers three PPOs. Benefits for the standard PacAdvantage HMO and 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	\$1,000	\$300 surgery	\$100	\$30	\$15
Health Net PPO Saver	\$500 per individual/ 2 per family	\$20 - limited visits	20% after deduct.	20% after deduct. for surgery	20% after \$100 deduct.	20%	20%
Health Net PPO 30	\$1000 per individual/ 2 per family	\$30	20% after \$250 deduct.	20% after deduct. for surgery	20% after \$100 deduct.	\$30	\$20

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 yrs, Single	50 yrs, Single	35 yrs, with Spouse and Dependent Children	50 yrs, with Spouse and Dependent Children	Percent Change 2002-2003
Blue Shield HMO	\$278	\$411	\$1,039	\$1,319	+45%
Health Net HMO	\$220	\$369	\$809	\$964	-9%
Kaiser HMO	\$199	\$301	\$698	\$817	Range: +(28-35)% ⁴¹
Western Health Advantage	\$199	\$317	\$724	\$861	+14%
Health Net PPO Saver	\$128	\$220	\$436	\$541	-3%
Health Net PPO 30	\$204	\$349	\$692	\$859	0%

⁴⁰ PacAdvantage. 2003 Rate Information, July 2003, 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.

⁴¹ Premiums for 50 year-olds both with and without families increased 28%. Premiums for 35 year-olds, with and without families, increased 35% and 38%, respectively.

Other Health Insurance for Small Employers⁴²

Aetna, Blue Cross, Blue Shield, Health Net, Kaiser Permanente and PacifiCare offer health plans for small employers who do not participate in PacAdvantage in Placer 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
Aetna HMO 2	\$0	\$15	\$350	\$150 for surgery	\$100	\$25 after \$150 deduct.	\$10
Blue Cross HMO 100%	\$0	\$10	No charge	No charge	NA□	\$20 after \$150 deduct	\$10
Blue Shield Access + HMO 15	\$0	\$15	No charge	\$300 for surgery, \$0 other visits	\$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	\$100 per day, max \$500 per admission	\$50 surgery	\$100	\$25	\$10
PacifiCare HMO 15-30	\$0	\$15	\$250	\$250 for surgery, \$0-\$125 other visits	\$50	\$25	\$10
Aetna PPO 3	\$1000 per member/2 per family	\$30	30%	30% after deduct.	\$100 + 30%	\$25 after \$150 deduct	\$15
Blue Cross Saver PPO	\$500 per member/2 per family	\$20, 2 adult/4 child visit limit	20% after deduct.	20% after deduct.	NA*	\$25 after	\$10
Blue Shield PPO 1000	\$1000 per member/2 per family	\$45	20% after deduct.	NA*	\$75 + 20%	\$25 after \$250 deduct.	\$10
Health Net PPO First Advantage	\$750 per member	20%	20% after \$250 deduct.	20% after \$250 deduct.	\$100	\$30	\$15
PacifiCare PPO 35/70	\$1000 per member/2 per family	\$35	30% after deduct.	30% after deduct.	\$100	\$35	\$10

⁴² Aetna. *Small Business Solutions*, April 2003; Blue Cross of California. *Small Group Sales and Enrollment Guide*, April 2003; Blue Cross of California. *Monthly Rates for Small Group Medical, Dental and Basic Term Life Plans*, March 2003; Blue Shield of California. *Group Health Plans - Summary of Benefits and Provisions*, April 2002; Blue Shield of California. *Group Health Plans - Monthly Rates*, May 2003; Health Net. *Plans and Rates - Small Business Group Plans*, Aug. 2003; Kaiser Permanente. *Traditional Plan for Small Business - Northern California*, Jan. 2003; Kaiser Permanente. *Traditional Plan for Small Business Rates- Northern California*, Jan. 2003; PacifiCare. *Small Business Summary Matrix*, October 2003; PacifiCare. *Small Business Rate Guide*, August 2003.

□ 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. Aetna premiums were not available at the time of this summary.

Health Plan	35 yrs, Single	50 yrs, Single	35 yrs, with Spouse and Dependent Children	50 yrs, with Spouse and Dependent Children	Percent Change 2002-2003
Blue Cross HMO 100%	\$289	\$395	\$868	\$1,034	+20%
Blue Shield Access + HMO 15	\$237	\$351	\$887	\$1,126	+21%
Health Net HMO 15	\$202	\$339	\$743	\$885	+22%
Kaiser Permanente HMO 15-N	\$191	\$288	\$668	\$782	Range: +(8-21)% ⁴³
PacifiCare HMO 15-30	\$219	\$328	\$755	\$924	NA ⁺
Blue Cross Saver PPO	\$128	\$232	\$388	\$504	+23%
Blue Shield PPO 1000	\$170	\$335	\$594	\$861	+32%
Health Net PPO First Advantage	\$182	\$317	\$564	\$712	NA ⁺
PacifiCare PPO 35/70	\$120	\$215	\$377	\$490	NA ⁺

⁴³ Premiums increased the most for single 35-year olds and the least for 50-year olds with families.

⁺Plan was not available in the County in 2002.

INDIVIDUAL HEALTH PLANS⁴⁴

Blue Cross, Blue Shield, Health Net, Kaiser Permanente and PacifiCare offer health plans for individuals and families in Placer 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 Individual HMO	\$0	\$10	No charge	20%	\$50 + 20%	\$30 after \$250 deduct.	\$10
Blue Shield Access + HMO	\$1500 per member/ \$3000 per family	\$10	No charge	\$150 for surgery, \$25-\$35 other visits	\$50	\$30	\$10
Health Net HMO 15	\$0	\$15	\$1,000 deduct.	\$250 for surgery, \$0 other visits	\$75	\$25 after \$100 deduct.	\$15 after \$100 deduct.
Kaiser Permanente Personal Advantage	\$0	\$20	\$200	\$100 for surgery, \$0-\$20 other visits	\$100	\$35	\$10
PacifiCare HMO 10	\$0	\$10	\$250	\$250 for surgery, \$10-\$30 other visits	\$100	\$35	\$20
Blue Cross PPO Share 1000	\$1000 per member/ 2 per family	30%	30% after deduct.	30% after deduct.	\$30 + 30%	\$30 after \$250 deduct.	\$10
Blue Shield PPO 750	\$750 per member/ 2 per family	\$35	30% after deduct.	30% after deduct.	30% after deduct.	\$30 after \$250 deduct.	\$10
Health Net PPO Value 25	\$1000 per member/ 2 per family	\$25	\$250 per admission + 25% after deduct	\$250 + 25% after deduct	\$75 + 20%	\$35 after \$100 deduct.	\$10 after \$100 deduct.
PacifiCare PPO 30/70	\$1000 per member/ 2 per family	\$30	30% after deduct.	30% after deduct.	\$100	\$35 after \$100 deduct.	\$10

⁴⁴ Blue Cross of California. *Individual and Family Health Programs*, February 2003; Blue Cross of California. *Monthly Rates for Individual and Family Medical and Life Plans*, April 2003; Blue Shield of California. *Health Plans for Individuals and Families-Summary of Benefits and Provisions*, July 2003; Blue Shield of California. *Monthly Rates for Individuals and Families*, July 2003; Health Net. *Individual and Family Coverage - Summary of Benefits and Provisions of Coverage*, July 2003; Health Net. *Monthly Rate Guide - Individual and Family Plans*, August 2003; Kaiser Permanente. *Personal Advantage 2003*, Jan. 2003; PacifiCare. *Benefits Summary – Individual HMO Plans*, July 2003; PacifiCare. *Monthly Premiums for Individual Plans*, July 2003.

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 yrs, Single	50 yrs, Single	35 yrs, with Spouse and Dependent Children	50 yrs, with Spouse and Dependent Children	Percent Change 2002-2003
Blue Cross Individual HMO	\$399	\$495	\$976	\$1,180	NA ⁺
Blue Shield Access + HMO	\$270	\$351	\$806	\$891	+14%
Health Net HMO 15[^]	\$373	\$450	\$1,058	\$1,222	+21%
Kaiser Permanente Personal Advantage	\$178	\$260	\$527	\$592	Range: +(13-20)% ⁴⁵
PacifiCare HMO 10	\$243	\$426	\$725	\$1,074	-1%
 					
Blue Cross PPO Share 1000	\$184	\$364	\$457	\$832	Range: -(1-4)% ⁴⁶
Blue Shield PPO 750	\$141	\$280	\$425	\$660	+17%
Health Net PPO Value 25[^]	\$220	\$491	\$584	\$1,096	NA+
PacifiCare PPO 30/70	\$160	\$301	\$448	\$758	NA+

⁺ Plan was not available in the County in 2002.

[^] Reflects an average of premiums as counties are split between different pricing areas.

⁴⁵ Premiums for 50 year-olds both with and without families increased 13%. Premiums for 35 year-olds, both with and without families, increased 20%.

⁴⁶ Premiums decreased 1-2% for all but single 50 year olds, for whom premiums decreased 4%.