

OVERVIEW OF THE UNINSURED SONOMA COUNTY 2003

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COUNTY PROFILE¹

Population²

In 2000, the population of Sonoma County was approximately 459,000. 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.

Economy^{3 4}

The vineyards and wineries of Sonoma and Napa Counties are popular tourist attractions. Services, trade and government are the largest employing industries in Sonoma County. Services accounts for 26% of the labor force, trade, transportation and utilities account for 18%. Government accounts for 15%. Though not among the top employers, wine production is a significant component of the County's economy. Agricultural industries account for a low 3% 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 by slightly more than 2 percentage points between 2000 and 2003. The County's 2003 rate of 4.9% is lower than the state rate for the same year, 6.7%.

DEMOGRAPHICS

Health Coverage Status:

- 12% are uninsured⁵
- 9% are covered by Medi-Cal⁶
- 1.8% are covered by Healthy Families^{7 8}
- 2.2% 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 6.6% Medi-Cal/Healthy Families non-elderly enrollment.

Ethnicity:¹⁰

The population of Sonoma County consists of:

- Non-Hispanic White – 75%
- Hispanic – 17%
- African-American – 1%
- Asian & Pacific Islander – 3%
- American Indian – 1%
- Other – 12.5%¹¹

Income Breakdown:¹²

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 CLINICS¹³

Community clinic information was reviewed for the 2002 calendar year. In that year, community clinics in Sonoma County served 55,334 unduplicated patients and provided 221,900 visits. Total revenues and spending were \$30.8 million and \$30.3 million, respectively.

The uninsured accounted for the largest shares of visits (41%), followed by Medi-Cal (30%). Conversely, Medi-Cal patients accounted for the greatest percentage of revenues (46%), followed by the uninsured (28%). Among the uninsured, EAPC patients accounted for the greatest percentage of visits (25%) and second largest share of revenues (24%). Family PACT accounted for the most revenues (32%) and the second largest share of uninsured visits (23%).

- Sonoma community clinics provided 1.9 uninsured visits per uninsured county resident.

⁹ Percentage taken of non-elderly population. CMSP Governing Board, 2003.

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	221,900	\$16.7 M
Uninsured	41%	28%
Medi-Cal	30%	46%
Healthy Families	2%	1%
Medicare	9%	8%
Private Insurance	17%	16%
Other Payer	0.5%	0.7%

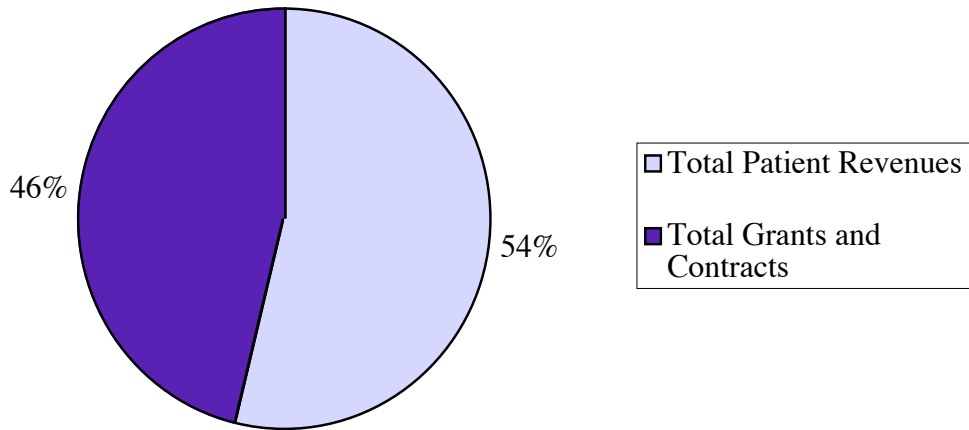
Uninsured Clinic Utilization and Patient Revenues

Payer	Visits	Patient Revenues
Total Uninsured	91,600	\$4.6M
County Programs	8%	15%
EAPC	25%	24%
CHDP	9%	7%
Breast Cancer Programs	1%	1%
Family PACT	23%	32%
Self-Pay	19%	21%
Non-Pay	15%	0%

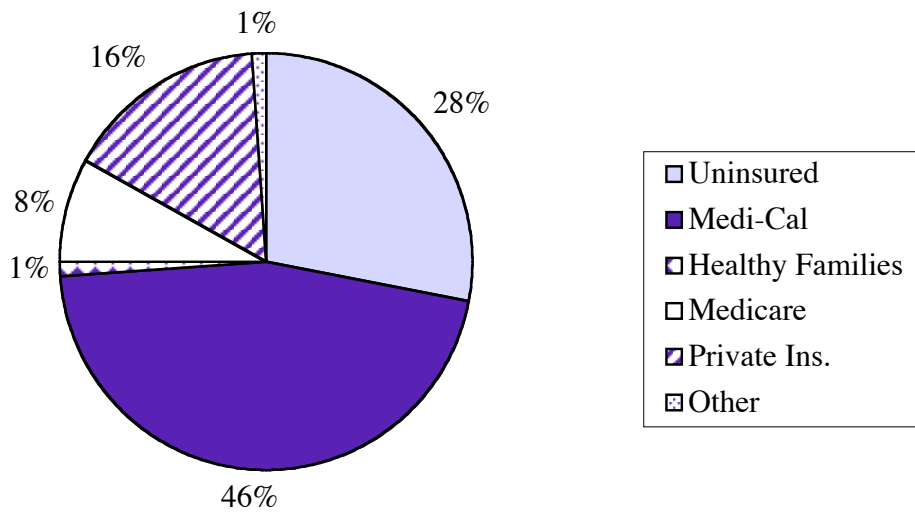
Clinic Revenue from Contracts and Grants

Federal Contracts and Grants	28% (\$8.7M)
State Contracts and Grants	7% (\$2.2M)
County & Local Contracts and Grants	2% (\$645,000)
Other Contracts and Grants	2% (\$704,200)
Private Grants	4% (\$1.3M)
Donations	2% (\$559,400)

Total Community Clinic Revenue



Total Patient Revenue By Payer



Delivery System

There are 15¹⁴ community clinic sites in Sonoma County, including 1 Planned Parenthood center and 1 Indian Health Services clinic.

- Petaluma Health Center accounted for the largest share of net patient revenue (21%), followed by Sonoma County Indian Health Project clinic (15%).
- Sonoma Valley Community Health Center had the most uninsured patients (17%), followed by Sonoma County Indian Health Project clinic (12%).
- Petaluma Health Center saw the most Medi-Cal patients (27%), followed by Southwest Community Health Centers (14%).
- Alliance Medical Center - Healdsburg clinic saw the most Healthy Families patients (26%), followed by Southwest Community Health Center (19%).
- Petaluma Health Center saw the most Medicare patients (29%), followed by Sonoma Valley Community Health Center (17%).
- Petaluma Health Center saw the most privately insured patients (26%), followed by Occidental Area Health Center 14%).

HOSPITALS¹⁵

Hospital information was reviewed for fiscal year 2002. Hospitals in Sonoma County provided 163,629 inpatient days, 504,062 outpatient visits and 101,141 emergency room visits, at a cost of approximately \$422.5 million.

County indigent patients accounted for low proportions of hospital services, ranging from 3-5%. Medi-Cal patients, however, accounted for significantly larger shares of services, including 17% of emergency room visits.

Insurance Status	Inpatient Days	Average Length of Stay	Outpatient Visits (Including ER)	ER Visits¹⁶
Total	163,629	5.1	504,062	101,141
County Indigent	5%	5.5	4%	3%
Medi-Cal	14%	4.9	18%	17%
Medicare	48%	5.6	24%	17%
Private Insurance	31%	4.6	49%	53%
Other Indigent	0.5%	5.1	0.3%	0.2%
Other Payer	2%	5.2	5%	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.

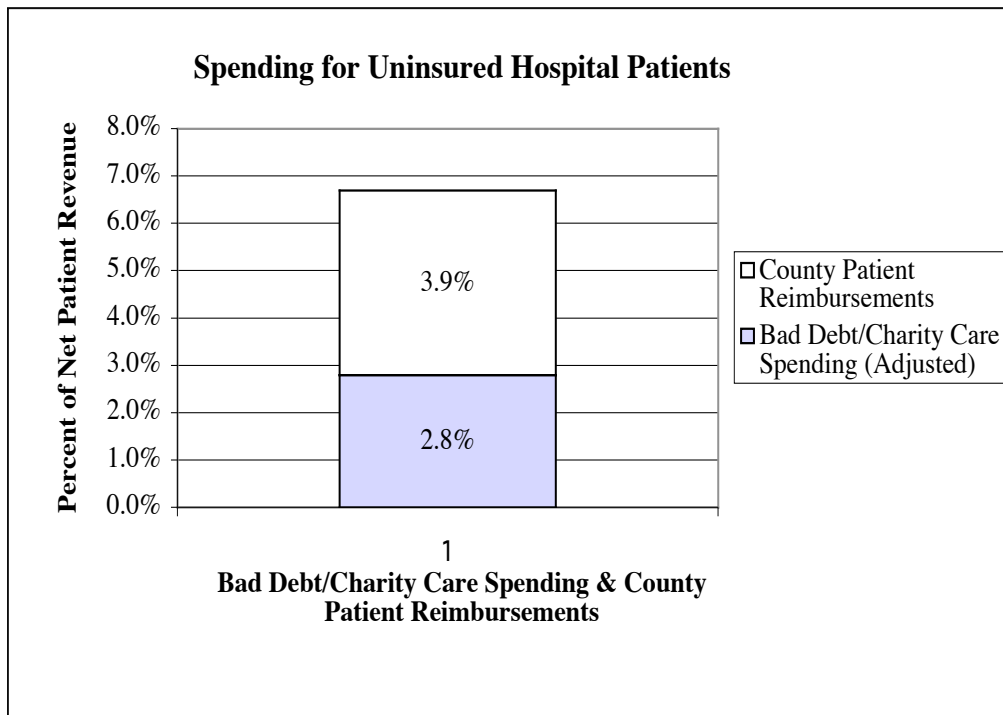
Delivery System

There are 9 hospitals in Sonoma County, 7 of which are comparable and included in this summary.¹⁷

- Santa Rosa Memorial Hospital accounted for the largest share of net patient revenue (48%), followed by Sutter Medical Center of Santa Rosa (22%).
- Santa Rosa Memorial Hospital provided the greatest proportion of bed days to county indigent patients (50%), followed by Sutter Medical Center of Santa Rosa (37%).
- Sutter Medical Center of Santa Rosa provided the most bed days for Medi-Cal patients (53%), followed by Santa Rosa Memorial Hospital (33%).
- Santa Rosa Memorial Hospital provided the most bed days for Medicare patients (48%), followed by Sutter Medical Center of Santa Rosa (19%).
- Santa Rosa Memorial Hospital provided the most bed days for privately insured patients (63%), followed by Sutter Medical Center of Santa Rosa (17%).

Care to the County Indigent

Hospitals in Sonoma County reported an aggregate loss of approximately \$10.7 million in bad debt and charity care (2.8% of net patient revenues). Reported reimbursements for county indigent patients totaled \$14.9 (3.9% 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 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.¹⁸

	OSHPD Data	County Health Data ¹⁹
# Inpatient days per 1000 uninsured	181	168
# Outpatient visits per 1000 uninsured	403	968
# ER visits per 1000 uninsured	54	NA
Hospital Revenue from County ²⁰	\$14.9M	
County spending		\$27.5M
Gross DSH	\$6.3M	\$5.2M ²¹

CMSP 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	7,921	\$17.9M	65%	\$2,260
Outpatient Visits	45,790	\$2.7M	10%	\$59
Total		\$27.5M ²³	75%	

Net Public Health Spending:²⁴ NA

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 CMSP Governing Board, 2003.

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 CMSP Governing Board, 2003.

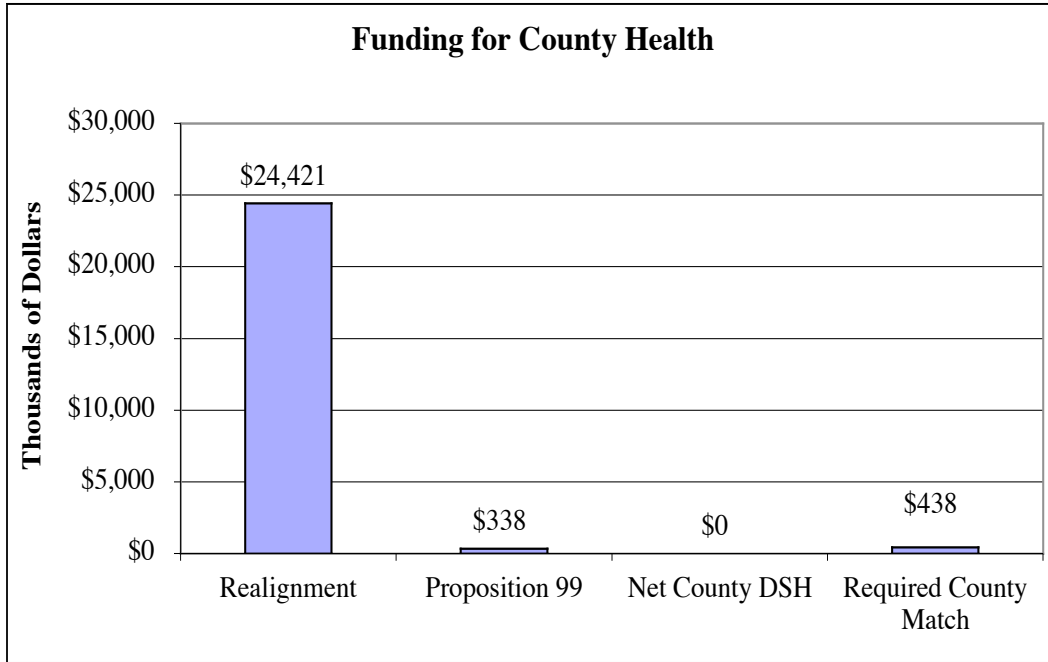
²³ Total also includes pharmacy and medical/physician spending.

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

FUNDING FOR COUNTY HEALTH^{25 26}

Total: \$25.2 million

Spending for the Uninsured: NA



Funding Per Capita²⁷

	Realignment	Proposition 99	Net County DSH	Required County Match ²⁸
Per County Resident	\$61	\$0.8	\$0	\$1
Per Uninsured County Resident	\$516	\$7	\$0	\$9

DSH Distribution²⁹

Total Net DSH	Net DSH for County Hospitals	Net DSH for Non-County Hospitals
\$5.2M	\$0	\$5.2M

²⁵ Office of County Health Services. *Final Maintenance of Effort Calculation, Fiscal Year 2001-02; Rural Health Services Program Allocations, FY 2002-03; California Healthcare for Indigents Program Allocations, FY 2002-03.*

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

²⁷ Non-elderly population

²⁸ Does not include voluntary over-match.

²⁹ Office of County Health Services, April 2003.

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured ³⁰	Percent of Medi-Cal Enrollment ³¹	Percent of Healthy Families Enrollment ³²	Percent of County Indigent Patients ³³
Non-Hispanic White	57%	47%	26%	61%
Hispanic	39%	39%	59%	26%
African-American	NA*	3%	1%	4%
Asian & Pacific Islander	NA*	4%	3%	7%
American Indian	NA*	2%	1%	2%
Other ³⁴	NA*	6%	11%	0.4%

Ethnicity of Community Clinics Patients

Ethnicity	Percent of Community Clinic Patients ³⁵
White	74%
African-American	1%
Asian & Pacific Islander	1%
American Indian	6%
Other	18%

Ethnicity	Percent of Community Clinic Patients
Hispanic	46%
Non-Hispanic	49%
Unknown	5%

³⁰ Age 0-64. California Health Interview Survey, 2001.

³¹ California Department of Health. *Medi-Cal Beneficiaries Profiles by County*, Oct. 2003, www.dhs.ca.gov/mcss/.

³² Managed Risk Medical Insurance Board, Dec. 2003, www.mrmib.ca.gov

³³ CMSP Governing Board, 2003.

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

³⁴ "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.

³⁵ Office of Statewide Health Planning and Development, 2002, www.oshpd.states.ca.gov

PUBLIC MANAGED CARE

Medi-Cal Managed Care³⁶

- Total Enrollment: 24,527
- Prepaid Health Plan: Kaiser Foundation Health Plan (100%)

Healthy Families Managed Care³⁷

- Total Enrollment: 7,135
- Community Provider Plan: Health Net (28%)
- Largest Commercial Plan: Blue Cross EPO (49%)

JOB-BASED INSURANCE³⁸

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

³⁶ California HealthCare Foundation. *California County Data*, Jan. 2003, www.chcf.org/topics/medi-cal/index.cfm

³⁷ Managed Risk Medical Insurance Board. *Healthy Families Program Subscribers Enrolled in Community Provider Plans by County*, Dec. 2003, www.mrmib.ca.gov

³⁸ Brown et al, 2002.

HEALTH PLANS FOR SMALL EMPLOYERS

PacAdvantage – Purchasing Pool³⁹

PacAdvantage contracts with Blue Shield, Health Net and Kaiser Permanente in Sonoma 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	\$335	\$496	\$1,253	\$1,590	+60%
Health Net HMO	\$220	\$369	\$809	\$964	+18-19%
Kaiser HMO	\$199	\$301	\$698	\$817	Range: +(28-39)% ⁴⁰
Health Net PPO Saver	\$128	\$220	\$436	\$541	+31%
Health Net PPO 30	\$204	\$349	\$692	\$859	+36%

³⁹ 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.

⁴⁰ Premiums increased 28% fro 50 year-olds both with and without families. Premiums for single 35 year-olds increased 35%. Premiums for 35 year-olds with families increased 39%.

Other Health Insurance for Small Employers⁴¹

Aetna, Blue Cross, Blue Shield, Health Net, Kaiser Permanente and PacifiCare 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
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

⁴¹ 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%	\$269	\$367	\$817	\$979	+20%
Blue Shield Access + HMO 15	\$218	\$322	\$815	\$1,033	+24%
Health Net HMO 15	\$202	\$339	\$743	\$885	+22%
Kaiser Permanente HMO 15-N	\$191	\$288	\$668	\$782	Range: +(8-21)% ⁴²
PacifiCare HMO 15-30	\$230	\$344	\$792	\$968	NA ⁺
 					
Blue Cross Saver PPO	\$120	\$218	\$370	\$476	+23%
Blue Shield PPO 1000	\$136	\$268	\$475	\$689	+23%
Health Net PPO First Advantage	\$182	\$317	\$564	\$712	NA ⁺
PacifiCare PPO 35/70	\$115	\$205	\$359	\$467	NA ⁺

⁴² 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 PLANS⁴³

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 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

⁴³ 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	\$351	\$442	\$976	\$1,089	NA ⁺
Blue Shield Access + HMO	\$237	\$307	\$705	\$780	+19%
Health Net HMO 15	\$319	\$391	\$908	\$1,059	+(16-17)%
Kaiser Permanente Personal Advantage	\$178	\$260	\$527	\$592	Range: +(13-20)% ⁴⁴
PacifiCare HMO 10	\$319	\$560	\$953	\$1,412	+62%
Blue Cross PPO Share 1000	\$177	\$361	\$457	\$801	+6%
Blue Shield PPO 750	\$124	\$248	\$375	\$583	+18%
Health Net PPO Value 25	\$172	\$384	\$456	\$856	NA+
PacifiCare PPO 30/70	\$156	\$293	\$436	\$738	NA+

⁺ Plan was not available in the County in 2002.

⁴⁴ Premiums for 50 year-olds both with and without families increased 13%. Premiums for 35 year-olds, both with and without families, increased 20%.