

**OVERVIEW OF THE UNINSURED
ORANGE COUNTY 2002**

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COUNTY PROFILE¹

Population²

The 2000 population in Orange County was approximately \$2.9 million. The population increased by approximately 18% between 1990 and 2000. Orange County has the second largest population in the state after Los Angeles County.

Geography³

Orange County is situated along 42 miles of southern California coast; Los Angeles County lies to the north, and San Diego County lies to the south. Riverside and San Bernardino Counties border Orange to the east.

Economy⁴

Orange County has numerous major industries and service organizations. The County's diverse economic base is dominated by the services, trade, and manufacturing industries. Service is the largest industry employer, accounting for 31% of Orange County's labor force. Industry employment projections for 1997-2004 indicate that services will grow by 96,400 new jobs over the seven-year period.

DEMOGRAPHICS

Health Coverage Status:

- 15% are uninsured⁵
- 11% are covered by Medi-Cal⁶
- 1.9% are covered by Healthy Families^{7 8}

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 www.calmis.ca.gov/htmlfile/subject/cosnaps.htm

⁴ Id.

⁵ **Percentage taken of non-elderly population.** E.R. Brown, N. Ponce, T.Rice, S.A. Lavarreda. *The State of Health Insurance in California: Finding from the 2001 California Health Interview Survey (CHIS)*.

UCLA Center of Health Policy Research, June 2002, {[HYPERLINK "http://www.healthpolicy" }ucla.edu](http://www.healthpolicy.ucla.edu)

⁶ Percentage taken of total population. Medi-Cal Policy Institute. *California County Data*, Jan. 2002, www.medi-cal.org

⁷ Percentage taken of non-elderly population. Managed Risk Medical Insurance Board. *Healthy Families Program Subscribers Enrolled By County*, June, 2002, www.mrmib.ca.gov

ÿ 4% use County health programs⁹

Ethnicity:¹⁰

The population of Orange County consists of:

ÿ Non-Hispanic White – 51%

ÿ Hispanic – 32%

ÿ African-American – 2%

ÿ Asian & Pacific Islander – 14%

ÿ American Indian – 1%

ÿ Other – 15%¹¹

Income Breakdown:

In 2000, approximately 26% of Orange County residents had incomes below 200% of the Federal Poverty Level (FPL):¹²

ÿ 10% below 100% FPL

ÿ 16% between 100 and 200% FPL

COMMUNITY CLINICS¹³

Community clinic information was reviewed for the 2000 calendar year. In that year, Orange County community clinics served 121,411 unduplicated patients and provided 296,330 visits. Total revenues and spending were each \$26.3M.

⁸ In comparison, CHIS data reported 12.8% Medi-Cal/Healthy Families non-elderly enrollment.

⁹ Percentage taken of non-elderly population. Medically Indigent Care Reporting System (MICRS). *Medically Indigent Patients Utilizing Services Provided in County Health Programs FY 1999-2000*, July 2002.

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 CA Department of Finance. August 2002.

¹³ Office of Statewide Health Planning and Development. *Annual Utilization Report of Primary Care Clinics, 2000* www.oshpd.states.ca.gov

The uninsured accounted for the highest percentage of unduplicated patients (84%), visits (78%), and patient revenues (72%). Among the uninsured, self-pay patients accounted for the highest percentage of unduplicated patients (32%). Other state programs and county programs accounted for 32% and 14%, respectively, of unduplicated patients.

Ÿ Orange County community clinics provided .6 visits per uninsured county resident.

Clinic Utilization and Patient Revenues

Insurance Status	Unduplicated Patients¹⁴	Visits	Average Annual Visits Per Patient	Patient Revenues
Total	128,411	296,330	2.3	\$12.5 million
Uninsured	80%	78%	2.3	72%
Medi-Cal	13%	14%	5	19%
Medicare	1%	1%	3.4	1%
Private Insurance	4%	4%	2.2	3%
Other Payer¹⁵	3%	3%	2.1	4%

Uninsured Clinic Utilization and Patient Revenues

Payer	Unduplicated Patients	Visits	Average Annual Visits Per Patient	Patient Revenues
Total Uninsured	102,304	231,987	2.2	\$9 million
County Programs	20%	21%	2.5	17%
EAPC	7%	5%	1.6	7%
CHDP	10%	8%	1.9	9%
Other State Programs	24%	19%	1.8	35%
Self-Pay	32%	35%	2.5	32%
Non-Pay	7%	11%	3.5	0%

Clinic Revenue from Contracts and Grants

Federal Contracts and Grants	5% (\$1.2M)
State Contracts and Grants	5% (\$1.4M)
County&Local Contracts and Grants	6% (\$1.6M)
HMO Contracts and Grants	20% (\$5.3M)
Private Donations	4% (\$928,911)
Other	11% (\$3M)

¹⁴ 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.”

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Delivery System

Orange County has 25 community clinic sites, 6 of which are Planned Parenthood centers.

- ÿ UCI Family Health Center in Santa Ana accounted for the largest share of net patient revenue (18%), followed by Huntington Beach Community Clinic (14%).
- ÿ Huntington Beach Community Clinic had the most uninsured patients (16%), followed by UCI Family Health Center (13%).
- ÿ Sierra Health Center in Fullerton saw the most Medi-Cal patients (45%), followed by UCI Family Health Center (14%).
- ÿ UCI Family Health Center saw the most Medicare patients (62%), followed by Mission Hospital's Camino Health Center in San Juan Capistrano (15%).
- ÿ Clinica Choc. Para Ninos in Santa Ana saw the most privately insured patients (35%), followed by Friends of Children Health Center in La Habra (31%).

HOSPITALS¹⁶

Hospital information was reviewed for fiscal year 2001. Hospitals in Orange County provided 1,266,101 inpatient days, 2,086,194 outpatient and 673,489 emergency room visits at a cost of approximately \$2.6 billion.

The county indigent used a small percentage hospital services. Medicare patients accounted for the greatest proportion of inpatient days and averaged the longest hospital stays. The privately insured accounted for the greatest number of outpatient visits, as well as the highest percentage of ER visits. "Other payers" averaged the shortest stay.

Insurance Status	Inpatient Days	Average Length of Stay	Outpatient Visits	ER Visits¹⁷
Total	1,266,101	4.6	2,086,194	673,489

¹⁶ Office of Statewide Health Planning and Development. *Hospital Annual Financial Data*, 2001
www.oshpd.ca.gov

¹⁷ER data reporting cycle may differ from the remainder of OSHPD hospital data categories.

County Indigent	2%	4.9	2%	6%
Medi-Cal	19%	5.4	9%	25%
Medicare	41%	6.1	26%	16%
Private Insurance	35%	4.1	52%	42%
Other Indigent	1%	4.7	1%	7%
Other Payer	2%	2.4	9%	4%

Delivery System

Orange County has 36 hospitals, 34 of which are comparable.¹⁸ The other two hospitals are psychiatric facilities and not included in this analysis.

- ÿ UC Irvine Medical Center accounted for the largest share of net patient revenue (10%), followed by St. Joseph Hospital (9%).
- ÿ UC Irvine Medical Center provided the greatest proportion of bed days to county indigent patients (29%), followed by Anaheim Memorial Medical Center (9%).
- ÿ UC Irvine Medical Center provided the most bed days for Medi-Cal patients (16%), followed by Children’s Hospital of Orange County (13%).
- ÿ Hoag Memorial Hospital Presbyterian provided the most bed days for Medicare patients (9%), followed by St. Jude Medical Center (8%).
- ÿ Hoag Memorial Hospital Presbyterian and St. Joseph’s Hospital, Orange each accounted for 10% of bed days for privately insured patients.

Care to the County Indigent

Hospitals in Orange County reported an aggregate loss of approximately \$88M in bad debt and charity care (3% of net patient revenues). Reported reimbursements for county indigent patients totaled \$48M (1.7% of net patient revenues).

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¹⁸ Comparable hospitals are acute care hospitals; excluding 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.¹⁹

	OSHPD Data	County Health Data ²⁰
# Inpatient days per 1000 uninsured	66	72
# Outpatient visits per 1000 uninsured	109	921
# ER visits per 1000 uninsured	105	30
Hospital Revenue from County ²¹	\$48M	
County spending		\$48M
Gross DSH	\$131.1M	\$0

MISP Data²²

County Spending for the Uninsured

	Number of Days or Visits	Expenditures in Dollars	Expenditure as Percentage of Total
Inpatient Days	27,785	\$19.6M	41%
Outpatient Visits	354,024	\$24.9M	52%
ER Visits	11,712	\$3.2M	7%
Total	393,521	\$47.7M	100%

Net Public Health Spending:²³ \$48.2 million

¹⁹ 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.

²⁰ Medically Indigent Care Reporting System (MICRS). *Medically Indigent Patients Utilizing Services Provided in County Health Programs FY 1999-2000*, July 2002.

²¹ This figure may include private donations for county indigent care.

²² Medically Indigent Care Reporting Systems (MICRS). *County Health Care Program Expenditures for Medically Indigent FY 1999-2000*, July 2002.

²³ Office of County Health Services. *Budget/Actual Data Fiscal Year 2001-02*.

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FUNDING FOR COUNTY HEALTH^{24 25}

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Funding Per Capita

	Realignment	Proposition 99	Net County DSH	County Match
Per County Resident	\$31	\$1	\$0	\$6
Per Uninsured County Resident	\$208	\$8	\$0	\$41

DSH Distribution²⁶

Total DSH	DSH for County Hospitals	DSH for Non-County Hospitals
\$77.9M	\$0	\$77.9M

²⁴ Office of County Health Services. Table of Proposition 99 and Realignment Funds and County Match, Fiscal Year 2000-01/20001-02.

²⁵ Net County DSH Source: Office of County Health Services. *SB 855 – Actual Payments and Transfers County and Non County Hospitals FY 2000-01*, Aug. 2002.

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	34%	27%	9%	26%	11%
Hispanic	47%	53%	65%	52%	30%
African-American	NA	3%	.6%	1%	.6%
Asian & Pacific Islander	11%	14%	16%	13%	9%
American Indian	NA	NA	.1%	1%	.2%
Other ³²	NA	NA	9%	6%	50%

PUBLIC MANAGED CARE

Medi-Cal Managed Care³³

ÿ Local Initiative: CalOptima

ÿ Total Enrollment: 241,333

Healthy Families Managed Care³⁴

ÿ Community Provider Plan: CalOptima

ÿ Percent Enrolled in CPP: 42%

²⁷ E.R. Brown, N. Ponce, T.Rice, S.A. Lavarreda. *The State of Health Insurance in California: Finding from the 2001 California Health Interview Survey (CHIS)*. UCLA Center of Health Policy Research, June 2002. {HYPERLINK "http://www.healthpolicy" }.ucla.edu

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

²⁹ Managed Risk Medical Insurance Board, June 2002, www.mrmib.ca.gov

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

³¹ Medically Indigent Care Reporting System (MICRS). *Number of Medically Indigent Patients Served By Counties By Ethnicity, FY 1999-2000*, July 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*, Sept. 2002, www.mrmib.ca.gov

JOB-BASED INSURANCE³⁵

	Orange County	California
Non-Elderly Adults	67%	65%
Children	62%	59%

HEALTH PLANS FOR SMALL EMPLOYERS

PacAdvantage---Purchasing Pool³⁶

PacAdvantage contracts with Blue Shield, Health Net, Kaiser South, Universal Champion and Universal Care in Orange County. Each offer HMO plans. Health Net also offers two PPO plans.

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
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

³⁵ Brown et al, 2002.

³⁶ PacAdvantage. *Benefit Summary – HMO and PPO Plans*, July, 002; PacAdvantage. *2002 Rate Information*, July 2002.

Blue Shield HMO	\$186	\$275	\$693	\$879
Health Net HMO	\$184	\$307	\$674	\$803
Kaiser South HMO	\$147	\$227	\$499	\$592
Universal Care HMO	\$155	\$250	\$570	\$679
Universal Champion HMO	\$139	\$248	\$567	\$676
Health Net Saver PPO	\$106	\$181	\$359	\$446
Health Net PPO 30	\$162	\$277	\$550	\$684

Other Health Insurance for Small Employers³⁷

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

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 Drug	Generic Drug
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	\$50	\$20	\$10
Kaiser Permanente	\$0	\$5	No charge	No charge	\$50	\$15	\$5

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 - Southern California*, Jan. 2002; Kaiser Permanente. *Traditional Plan for Small Business Rates- Southern California*, July 2002.

HMO 15-S							
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 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.

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

◆ Premiums vary by the type of plan selected 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	\$152	\$212	\$468	\$562
Blue Shield Access + HMO 15	\$143	\$212	\$535	\$680
Health Net HMO 15	\$134	\$225	\$493	\$588
Kaiser Perm. HMO 15-S	\$156	\$241	\$530	\$629
 				
Blue Cross PPO 30	\$169	\$309	\$521	\$685
Blue Shield PPO	\$195	\$283	\$734	\$919
Health Net PPO 30	\$215	\$373	\$664	\$838

INDIVIDUAL HEALTH PLANS³⁸

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

³⁸ 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 - Southern California*, Jan. 2002; PacifiCare. *Benefits Summary – Individual HMO Plans*, Jan. 2002; PacifiCare. *Monthly Premiums for Individual Plans*, Jan. 2002..

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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 Perm. 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 Value 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.

Monthly Premiums of Standard HMOs and PPOs for Individual Health 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	\$221	\$282	\$539	\$658
Blue Shield Access + HMO	\$175	\$227	\$522	\$576
Health Net HMO 15	\$311	\$385	\$880	\$1,036
Kaiser Perm. Personal Advantage	\$186	\$279	\$547	\$692
PacifiCare HMO 10	\$172	\$302	\$514	\$762
 				
Blue Cross PPO 1000	\$187	\$377	\$466	\$836
Blue Shield PPO 500	\$228	\$457	\$691	\$1,073
Health Net Value PPO 20	\$152	\$343	\$421	\$803