
2004 Overview of the Uninsured: San Diego County



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Insure the Uninsured Project (ITUP) is a private, non-profit organization that identifies, assists, and promotes new approaches to expanding health care and coverage for California's uninsured. ITUP was established in 1996 and is funded by The California Wellness Foundation, The California Endowment, and the Blue Shield of California Foundation. Veronica Richardson prepared this report.

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Table of Contents

Introduction	4
Section I: General Perspective	5-7
Economy.....	5
Demographics.....	5
Insurance Coverage	6
Section II: Focus on Community Clinics.....	8-11
Patient Demographics	8
Utilization.....	8
Financing.....	9
Delivery System.....	11
Section III: Focus on Hospitals	12-15
Utilization.....	12
Financing.....	13
Delivery System.....	15
Section IV: Focus on County Health.....	16-17
Demographics.....	16
Funding	16
Section V: Small Employer & Private Insurance Plans	18-23
PacAdvantage	18
Small Employer Group Plans.....	20
Individual Plans.....	22
Appendix	24-34
Endnotes	35

Introduction

This overview provides information on San Diego County's changing demographics, utilization and funding of community clinics and hospitals, and health plan costs and options. It was developed to help advocates, policymakers, researchers, and others note demographic movements in a county's population, identify both patient utilization and funding trends in its safety net services, and recognize cost changes in its employer-based and private insurance markets.

Through using a county-specific model, this report acknowledges the very different challenges, needs, and opportunities that prevail in diverse parts of the state. For a regional and statewide perspective, please see ITUP's website at www.itup.org.

This report provides five snapshots of San Diego County: a General Perspective, providing an update on San Diego County's economic and demographic changes from 2003; a Focus on Community Clinics, examining the utilization and funding mechanisms of San Diego County's free and community clinics; a Focus on Hospitals, offering a similar analysis on the usage and financing of San Diego County's hospitals; a Focus on County Health Funding, analyzing the economic state of the county health system; and a Look at Employer and Private Insurance plans, presenting a sample of health insurance offerings and premiums for small employer and individual health plans. Select tables comparing ITUP's 2003 reported information with data offered in this report are available in the Appendix.

Section I: General Perspective

Encompassing 4,255 square miles, San Diego County is bordered by Orange and Riverside Counties to the north, Mexico to the south, Imperial County to the east, and the Pacific Ocean to the west.

Economy

At 17.8% of total employment, government is the largest of San Diego County's employers with most jobs within this industry falling into the local government/education categories. The trade, transportation, and utilities industry is a close second, providing 16.9% of total employment. The unemployment rate for San Diego County is 4.3%, well below both the state unemployment rate of 6.7% and the regional unemployment rate of 5.9%¹.

Demographics

San Diego County's 2003 population is approximately 2.9 million residents, representing 8.3% of the state's population. The population increased by 0.9% from 2002, rising by 4.2% from 2000 to 2003. San Diego County has the third largest population in the state, slightly trailing Orange County.

While half of residents are white, the percentage of Hispanic residents

	2003	2000	Percentage Change
White	1,569,930	1,565,989	0.3%
Black	157,378	157,870	-0.3%
Hispanic	840,875	750,965	12.0%
Native American	14,799	15,560	-4.9%
Asian/Pacific Islander	279,428	261,793	6.7%
Other	68,476	61,656	11.1%
Total	2,930,886	2,813,833	4.2%

Source: U.S. Census Bureau, "County Population by Age, Sex, Race and Hispanic Origin: April 2000 through July 2003."

increased by 12.0% from 2000 to 2003. Individuals identifying as “other” increased by 11.1%. Asian/Pacific Islander residents, meanwhile, increased by 6.7%.

Of San Diego County’s residents, 12.4% live below the federal poverty level (FPL), about two percentage points below the state average of 14.2%. Nearly a third (30.6%) live below 200% of FPL; 18.1% live between 100-200% of FPL².

Insurance Coverage

About 21.9% of San Diego County’s residents do not have insurance; 13.0% of the county’s children are uninsured. Medi-Cal covers 12.0% of elderly and non-elderly residents whereas Healthy Families provides insurance to 2.3% of San Diego County’s non-elderly.

Hispanics encompass 45.1% of Medi-Cal enrollees, less than both the regional (57.6%) and state (51.4%) averages for that group. Blacks and Asian/Pacific

Table 2: Medi-Cal and Healthy Families by Race & Ethnicity

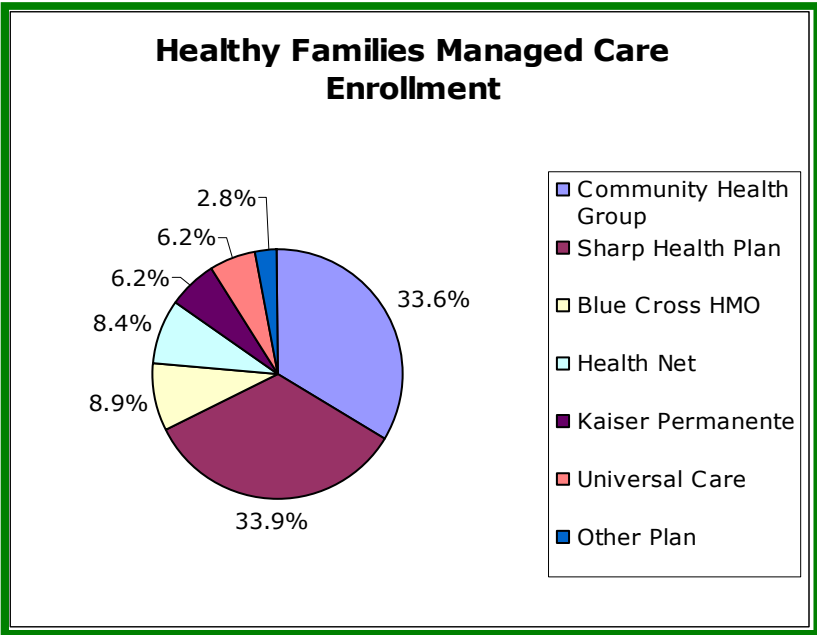
	Medi-Cal			Healthy Families		
	<i>San Diego County</i>	<i>Regional</i>	<i>Statewide</i>	<i>San Diego County</i>	<i>Regional</i>	<i>Statewide</i>
White	27.1%	17.6%	22.3%	14.1%	10.2%	13.5%
Black	11.0%	11.0%	10.7%	2.7%	2.7%	2.6%
Hispanic	45.1%	57.6%	51.4%	62.2%	62.1%	57.8%
Native American	0.3%	0.2%	0.4%	0.3%	0.2%	0.3%
Asian/Pacific Islander	10.1%	8.3%	10.0%	8.1%	11.8%	12.2%
Other/Unknown	6.5%	5.3%	5.2%	12.6%	13.0%	13.6%

Source: California Department of Health Services, Medical Care Statistics Section, “Medi-Cal Beneficiary Profiles by County: April 2004” and Managed Risk Medical Insurance Board, “HFP Subscribers Currently Enrolled by Ethnicity; By County,” November 2, 2004.

Islanders are represented at near equal rates. Whites make up 27.1% of Medi-Cal enrollees.

Medi-Cal managed care in San Diego County is directed through a geographic managed care model, where seven plans serve 175,882 enrollees. This has increased by about 4,800 enrollees since 2002. At 37.7%, Community Health Group captures the largest proportion of Medi-Cal managed care enrollment in the county.

Community Health Group has also been designated by the Managed Risk Medical Insurance Board as San Diego County’s “community provider plan”, a distinction given to the insurer with the highest percentage of traditional and safety net providers in its provider network, allowing it to offer its members discounted premiums. Of San Diego County’s Healthy Families enrollees, 33.6% are enrolled in Community Health Group, with Sharp Health Plan capturing the largest percentage among the remainder of offerings.



Source: Managed Risk Medical Insurance Board, “Healthy Families Program Current Enrollment Distribution by County and Health Plan,” July 16, 2004.

Section II: Focus on Community Clinics

Patient Demographics

Seventy free and community clinics provided care to 468,862 patients in 2003. A vast majority (72.8%) of patients live below the federal poverty level while 18.7% live between 100-200% of FPL, roughly equivalent to the county's average among all residents. Table 3 notes the reported race and ethnicity of community clinic patients³.

Table 3: Race/Ethnicity of Community Clinic Patients

	Total	% of Total		Total	% of Total
White	385,237	82.2%	Hispanic	267,986	57.2%
Black	26,561	5.7%	Non-Hispanic	172,625	36.8%
Asian/Pacific Islander	22,063	4.7%	Unknown	28,251	6.0%
Native American	2,159	0.5%	Total	468,862	100%
Other	32,842	7.0%			
Total	468,862	100%			

Source: Office of Statewide Health Planning & Development, "2003 Primary Care Clinics Annual Utilization Data."

Utilization

The number of visits to San Diego County's free and community clinics increased from 1,182,111 in 2002 to 1,248,042 in 2003. Those without insurance make up the largest proportion of visits at 47.3%. About a third of visits are made by those with Medi-Cal. In 2003, there were 1.1 visits per uninsured county resident.

Table 4: Patient Utilization of Community Clinics by Insurance/Funding Source

	By Insurance Source		By Uninsured Funding Source		
	<i>Total</i>	<i>% of Total</i>		<i>Total</i>	<i>% of Total</i>
Medicare	50,304	4.0%	County	84,145	14.3%
Medi-Cal	430,418	34.5%	Self-Pay	158,827	26.9%
Healthy Families	52,587	4.2%	Free	22,227	3.8%
Private	30,681	2.5%	Breast Cancer	15,786	2.7%
Other Coverage	94,344	7.6%	CHDP	49,354	8.4%
Uninsured	589,708	47.3%	EAPC	76,792	13.0%
Total	1,248,042	100%	Family PACT	182,577	31.0%
			Total	589,708	100%

Source: Office of Statewide Health Planning & Development, "2003 Primary Care Clinics Annual Utilization Data."

Financing

In 2003, San Diego County community clinics garnered a smaller surplus of \$7.8 million, down from \$13.5 million the previous year. Although operating revenue did increase from \$144.3 million to \$162.2 million, a somewhat sharper increase is evident among expenses which increased from \$130.8 million in 2002 to \$154.4 million in 2003.

Patient fees continue to be the greatest source of revenue for San Diego County's free and community clinics, providing over two-thirds of total funding. Federal and county/local grants round out the top three sources.

Although the uninsured account for the largest share of patient visits among payers, they contribute the second greatest proportion of revenue received from patient fees

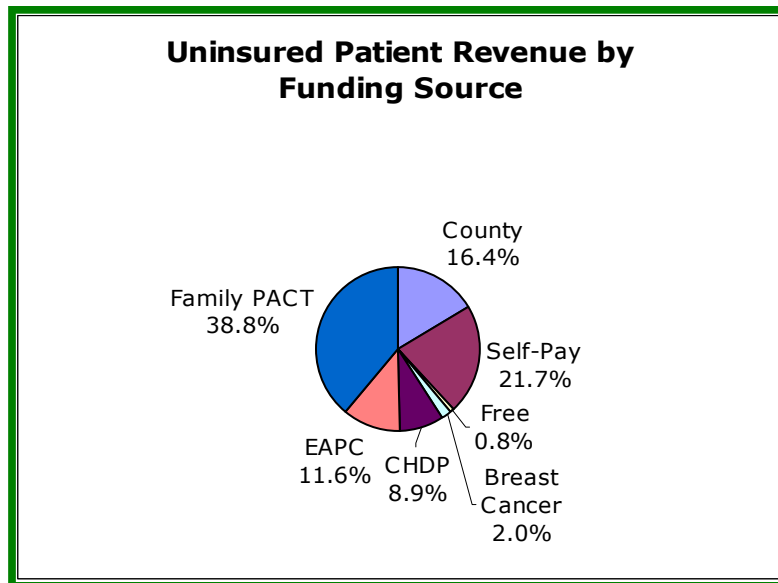
Table 5: Source of Community Clinic Total Operating Revenue

	Source of Total Operating Revenue		Source of Total Revenue from Patient Fees		
	Total	% of Total		Total	% of Total
Patient Fees	\$109,086,403	67.3%	Medi-Cal	\$48,385,033	44.4%
Federal	\$18,897,511	11.7%	Uninsured	\$44,231,190	40.5%
County/Local	\$11,740,135	7.2%	Other Coverage	\$4,877,727	4.5%
Private	\$7,995,143	4.9%	Medicare	\$4,588,438	4.2%
Donations	\$6,653,857	4.1%	Healthy Families	\$4,517,747	4.1%
State	\$4,508,366	2.8%	Private	\$2,486,268	2.3%
Other	\$3,301,241	2.0%	Total	\$109,086,403	100%
Total	\$162,182,656	100%			

Source: Office of Statewide Health Planning & Development, "2003 Primary Care Clinics Annual Utilization Data."

(40.5%), trailing those with Medi-Cal who contribute 44.4% toward collected patient fees.

Among uninsured patients, Family PACT at 38.8%, self-paying patients at 21.7%, and Expanded Access to Primary Care (EAPC) at 11.6% capture the greatest proportion among revenue sources. County funds such as County CMSP/MISP, San Diego



Source: Office of Statewide Health Planning & Development, "2003 Primary Care Clinics Annual Utilization Data."

Medical Plan, Los Angeles County Partnership, Alameda Alliance, and other county sources composed 16.4% of uninsured revenues. Other avenues, such as the Child Health Disability Prevention (CHDP) program, round out the remainder of uninsured funding sources.

Delivery System

Among the 70 reporting community clinics, the following deliver the greatest proportions of care to specified populations:

Table 6: Highest Proportions of Care for Reporting Community Clinics

Net Patient Revenue	Uninsured Patients	Medi-Cal Patients	Healthy Families Patients	Medicare Patients	Privately Insured Patients
San Ysidro Health Center (11.6%)	North County Health Services—San Marcos (10.8%)	Vista Community Clinic (11.0%)	North County Health Services—San Marcos (13.6%)	San Ysidro Health Center (16.5%)	Logan Heights Family Health Center (12.9%)
Logan Heights Family Health Center (9.5%)	Scripps Otay Family Health Services (8.1%)	North County Health Services—San Marcos (6.4%)	San Ysidro Health Center (8.9%)	Neighborhood Healthcare—Escondido (7.6%)	San Ysidro Health Center (9.3%)

Source: Office of Statewide Health Planning & Development, "2003 Primary Care Clinics Annual Utilization Data."

Section III: Focus on Hospitals

Utilization

In fiscal year 2003, San Diego County hospitals provided 1.5 million inpatient days, 2.9 million outpatient visits, and 0.5 million emergency department visits, staying fairly steady compared to the previous fiscal year. Consistent with previous reports, Medicare continues to be the prominent payer for inpatient stays, covering 41.5% of days, while private insurance pays for the greatest proportion of both outpatient visits and ED visits (42.7% and 39.3%, respectively)⁴. The county indigent (uninsured) account for about 2.0% of both inpatient days and outpatient visits and 4.9% of ED visits.

Table 7: Inpatient, Outpatient, and Emergency Department Utilization by Payer

	Inpatient Days		Outpatient Visits		Emergency Department Visits	
	Total	% of Total	Total	% of Total	Total	% of Total
Medicare	625,485	41.5%	906,172	31.1%	91,810	20.0%
Medi-Cal	392,729	26.1%	481,093	16.5%	98,213	21.4%
County Indigent (Uninsured)	30,754	2.0%	56,011	1.9%	22,382	4.9%
Private	374,653	24.9%	1,246,527	42.7%	180,767	39.3%
Other Indigent (Uninsured)	17,050	1.1%	31,720	1.1%	16,194	3.5%
Other	64,719	4.3%	194,882	6.7%	50,025	10.9%
Total	1,505,390	100%	2,916,405	100%	459,391	100%

Source: Office of Statewide Health Planning & Development, "Hospital Annual Financial Data Selected Pages: Year 28 (June 30, 2002 to June 29, 2003)" and "Selected Hospital Annual Financial Data: FY 2002-2003."

The average lengths of stay (ALOS) fluctuate slightly from the previous year, totaling an average of 6.0 days regardless of payer. Declines are found among the county indigent, Medi-Cal, and those with “other” payers. All other payers increased slightly. As noted by Table 9, when examining hospital utilization per 1000 uninsured, the results vary depending on the data source.

Table 8: Average Lengths of Stay

	2003	2002
All Payers	6.0	5.8
Medicare	6.6	6.4
Medi-Cal	7.7	7.9
County Indigent	5.4	5.6
Private	4.4	3.9
Other Indigent	4.5	4.1
Other Payer	6.0	7.3

Source: Office of Statewide Health Planning & Development, “Selected Hospital Annual Financial Data: FY 2002-2003.”

Financing

Hospitals report receiving approximately \$46.2 million in revenue from the county in FY 2003 (1.5% of net patient revenue) compared to \$38.6 million received in FY 2002 (1.6% of net patient revenue). The Office of Statewide Health Planning & Development (OSHPD) reports San Diego County hospitals received \$95.2 million in Gross DSH funds while MICRS/CMSP does not report any Gross DSH payments to San Diego County⁵.

Table 9: Hospital Utilization per 1000 Uninsured

	OSHPD	County/MICRS
Inpatient Days	56.2	39.1
Outpatient Visits	102.3	250.5
ED Visits	40.9	81.5

Source: Office of Statewide Health Planning & Development, “Selected Hospital Annual Financial Data: FY 2002-2003” and “Hospital Annual Financial Data Selected Pages: Year 28 (June 30, 2002 to June 29, 2003)”; 2003 California Health Interview Survey.

Using MICRS data, total county expenditures on inpatient, outpatient, and

emergency department services for the uninsured increased slightly from the previous year, totaling \$56.7 million compared to \$52.7 million previously. Outpatient spending captured a slightly higher percentage than other categories, representing 44.5% of expenses; inpatient spending meanwhile encompassed 41.4%

Table 10: Expenditures in Dollars and as a Percentage of Total

	Number Visits/ Days	Expenditures in Dollars (2003)	% of Total Spending	Expenditures in Dollars (2002)	% of Total Spending
Inpatient	21,426	\$23,484,667	41.4%	\$21,467,947	40.7%
Outpatient	137,141	\$25,193,287	44.5%	\$24,366,859	46.2%
Emergency Department	44,607	\$6,758,560	11.9%	\$5,791,033	11.0%
Other	n/a	\$1,221,503	2.2%	\$1,067,968	2.0%
Total		\$56,658,017	100%	\$52,693,807	100%

Source: Office of County Health Services, Medically Indigent Care Reporting System, "County Health Care Program Expenditures for the Medically Indigent, FY 2001-2002."

Table 11: Spending per Unit of Service

	Spending Per Unit (2003)	Spending Per Unit (2002)	% Change
Inpatient	\$1,096.08	\$1,126.39	-2.7%
Outpatient	\$183.70	\$180.82	1.6%
Emergency Department	\$151.51	\$154.15	-1.7%

Source: Office of County Health Services, Medically Indigent Care Reporting System, "County Health Program Expenditures for the Medically Indigent, FY 2001-2002."

of expenditures. Outpatient spending per unit of service was relatively stable, increasing from \$180.82 in 2002 to \$183.70 in 2003.

San Diego County hospitals reported an aggregate loss of \$123.6 million in bad debt and charity care. This represents a loss of 4.0% of net patient revenue. Regionally, hospitals' bad debt and charity care represents a loss of 2.8% of net patient revenue whereas the statewide average is approximately 2.9%.

Delivery System

Among the 27 “comparable” hospitals used in this analysis, the following provide the most inpatient care to specified populations and collect the most net patient revenue⁶:

Table 12: Highest Proportions of Care for Reporting Hospitals

Net Patient Revenue	County Indigent Patients	Medicare Patients	Medi-Cal Patients	Privately Insured Patients
UCSD Medical Center (16.2%)	UCSD Medical Center (26.8%)	Sharp Memorial Hospital (10.1%)	Children’s Hospital—San Diego (12.4%)	Sharp Memorial Hospital (12.8%)
Sharp Memorial Hospital (9.6%)	Scripps Mercy Hospital (16.2%)	Grossmont Hospital (9.7%)	UCSD Medical Center (10.4%)	Scripps Memorial Hospital—La Jolla (11.7%)

Source: Office of Statewide Health Planning & Development, “Selected Hospital Annual Financial Data: FY 2002-2003.”

Section IV: Focus on County Health

Demographics

The county indigent comprise 2.0% of San Diego's non-elderly population. The county provides services to 49,299 indigent patients, down 3.9% from the previous year. Of these, Asian/Pacific Islander patients increased 6.3% whereas all other groups declined.

	2003 Total	% of Total	2002 Total	% of Total
White	13,373	27.1%	13,681	26.7%
Black	3,356	6.8%	3,578	7.0%
Hispanic	20,666	41.9%	22,105	43.1%
Native American	125	0.3%	137	0.3%
Asian/Pacific Islander	2,860	5.8%	2,691	5.2%
Other/Unknown	8,919	18.1%	9,121	17.8%
Total	49,299	100%	51,313	100%

Source: Office of County Health Services, Medically Indigent Care Reporting System, "Number of Medically Indigent Patients Served by Counties by Ethnicity, FY 2001-2002."

Funding

San Diego County received a total of \$131.0 million in realignment, Prop. 99, county match, and tobacco settlement funds, down slightly from \$136.6 million in the previous year. County spending for the medically indigent was \$56.7 million while net spending on public health was \$53.4 million, totaling \$110.1 million.

Approximately 43.3% of total funding was spent on the uninsured, up from 38.6% in 2002⁷. Statewide, spending on the uninsured was 67.0% of revenue, increasing to 79.1% regionally. Funding per county resident and per uninsured county resident is

noted in Table 15. The Office of County Health Services (which issues MICRS data) reports no DSH funding in its preliminary release for fiscal year 2002-2003.

Table 14: County Expenditures and Funding

		2003	2002
Total Funding			
	Realignment	\$90,296,685	\$92,657,789
	Proposition 99	\$536,247	\$2,443,587
	County Match	\$4,403,290	\$4,403,290
	Tobacco Settlement ⁸	\$35,743,723	\$37,128,796
	Total	\$130,979,945	\$136,633,462
Net Public Health Spending		\$53,425,892	\$51,759,118
County Spending for Medically Indigent		\$56,658,017	\$52,693,807
Percentage of Total Funding Spent on Uninsured		43.3%	38.6%

Source: California Department of Health Services, Office of County Health Services, "FY 2002-2003 Final Maintenance of Effort (MOE) Calculation," "California Healthcare for Indigents (CHIP) Allocation Summary: Fiscal Year 2003-2004," and "County Health Services Budget/Actual Data: Fiscal Year 2002-03" and Office of the Attorney General, "Tobacco Master Settlement Agreement Payments to Counties and Cities: 1999-2003."

Table 15: Funding per County Resident/Uninsured County Resident⁹

	Realignment	Proposition 99	Net County DSH	County Match
Per County Resident	\$36.12	\$0.21	\$0.00	\$1.76
Per Uninsured County Resident	\$164.92	\$0.98	\$0.00	\$8.04

Source: 2003 UCLA California Health Interview Survey; California Department of Health Services, Office of County Health Services, "FY 2002-2003 Final MOE Calculation," California Healthcare for Indigents (CHIP) Allocation Summary: FY 2003-2004," and "County Health Services Budget/Actual Data: FY 2002-03."

Section V: Small Employer & Private Insurance

Plans

Approximately 59.4% of the non-elderly have employer-based coverage in San Diego County while 6.8% privately purchase a plan. Over half of San Diego County's children are covered by employer-based plans.

PacAdvantage

The PacAdvantage purchasing pool, established in 1992, offers access to health coverage for employers with 2 to 50 employees. Through pooling employers statewide, its goal is to increase the affordability of health insurance products for small business owners. Products available through PacAdvantage include medical, dental, vision, and chiropractic options. In San Diego County, PacAdvantage offers six standard HMO products, three PPO products, and three alternate products.

Benefits

Benefits for San Diego County's standard HMO products remain stable from the previous year. Most standard HMOs continue to have no deductibles and \$30 co-payments for office visits¹⁰. The cost of an inpatient admission similarly remained stable, costing \$1000 for all standard HMO plans. As in the previous year, out-of-pocket costs for prescription drugs are \$15 for generic and \$30 for brand name prescriptions. Premium costs for a sample of PacAdvantage offerings follow:

Table 16: 2004 PacAdvantage Premium Costs

	35 year-old; single	% Change	50 year-old; single	% Change	35 year-old; family	% Change	50 year-old; family	% Change
Standard HMO Products								
Blue Shield	\$255.65	9.1%	\$378.09	9.1%	\$956.16	9.1%	\$1,213.17	9.1%
Health Net	\$220.93	15.5%	\$369.85	15.5%	\$811.22	15.5%	\$966.69	15.5%
Kaiser South	\$145.14	-25.3%	\$242.29	-16.5%	\$562.29	-17.3%	\$630.86	-15.1%
Salud con Health Net	\$93.19	9.0%	\$145.37	9.0%	\$345.34	9.0%	\$454.40	9.0%
Sharp HMO	\$219.06	12.9%	\$315.38	15.1%	\$766.83	20.8%	\$947.10	17.5%
Universal Care	\$196.03	12.2%	\$304.42	7.1%	\$688.79	12.2%	\$783.45	7.1%
PPO Products								
Health Net PPO 30	\$253.76	20.6%	\$434.29	20.6%	\$862.39	20.6%	\$1,070.09	20.6%
Health Net PPO 40	\$226.70	17.7%	\$387.98	17.7%	\$770.42	17.7%	\$955.99	17.7%
Health Net PPO Saver	\$146.40	10.2%	\$250.55	10.2%	\$497.55	10.2%	\$617.38	10.2%
Other Products								
Blue Shield 1850	\$137.05	n/a	\$257.87	n/a	\$462.94	n/a	\$653.79	n/a
Health Net Elect	\$289.14	28.8%	\$484.06	28.8%	\$1,061.70	28.8%	\$1,265.18	28.8%
Health Net Triple Coverage	\$379.13	22.1%	\$635.31	22.1%	\$1,391.33	22.1%	\$1,658.71	22.1%

Source: PacAdvantage, "PacPlan Chooser: July 2004-December 2004 Premiums," downloaded November 2004.

Small Employer Group Plans

Benefits

Benefits for small employer plans did not change from the previous year for the studied sample of standard HMO products. Co-pays are \$10 for generic and \$20-\$25 for brand name drugs, while office visit co-pays are generally \$15 per visit. Emergency department co-pays range from \$50-\$100 but are waived upon a hospital admission.

Premium Costs

Premium costs for small employer plans rose from the previous year's identical HMO and PPO products. PacifiCare's PPO option posted the highest rise, at over a quarter percent increase across all categories. A list of small group plan premiums follows:

Table 17: 2004 Small Employer Group Plan Premium Costs

	35 year-old; single	% Change	50 year-old; single	% Change	35 year-old; family	% Change	50 year-old; family	% Change
HMO Products								
Aetna HMO 2	\$221.31	n/a	\$337.12	n/a	\$736.45	n/a	\$881.49	n/a
Kaiser Permanente (\$15 Co-Pay)	\$191.00	2.7%	\$320.00	15.1%	\$743.00	14.1%	\$832.00	16.9%
PacifiCare SignatureValue 15-30	\$209.95	8.2%	\$314.55	8.1%	\$723.39	8.1%	\$884.55	8.1%
PPO Products								
Aetna PPO 1	\$428.84	n/a	\$673.26	n/a	\$1,485.90	n/a	\$1,742.59	n/a
PacifiCare SignatureOptions 35/70	\$136.51	27.6%	\$243.98	28.4%	\$427.47	28.4%	\$555.81	28.4%

Source: Various; see methodology/data sources section.

Individual Plans

Benefits

A sample of individual HMO and PPO plans found relatively stable benefits from the previous year. HMO co-pays for generic and brand name drugs are generally \$10-\$15 and \$25-\$30, respectively, with slightly higher co-pays for brand name drugs in the PPO plan examined.

Plan Premiums

Premium costs for both PPO and HMO products increased from the previous year. A list of individual plan premiums follows:

Table 18: 2004 Individual Plan Premium Costs

	35 year-old; single	% Change	50 year-old; single	% Change	35 year-old; family	% Change	50 year-old; family	% Change
HMO Products								
Blue Cross Individual	\$337.00	3.1%	\$410.00	8.8%	\$1,010.00	8.3%	\$1,098.00	6.8%
Blue Shield Access+	\$254.00	12.4%	\$330.00	12.6%	\$759.00	12.8%	\$839.00	12.8%
Health Net HMO 15	\$351.00	13.2%	\$452.00	17.7%	\$916.00	4.4%	\$1,118.00	8.3%
Kaiser Personal Advantage	\$178.00	-4.3%	\$290.00	9.0%	\$588.00	6.5%	\$660.00	0.0%
PacifiCare SignatureValue 10-35	\$238.32	n/a	\$406.88	n/a	\$712.73	n/a	\$1,025.47	n/a
PPO Products								
Blue Cross PPO Share 1500	\$175.00	n/a	\$308.00	n/a	\$490.00	n/a	\$768.00	n/a
Blue Shield PPO Plan 750	\$174.00	8.1%	\$346.00	7.8%	\$523.00	7.8%	\$813.00	8.0%
PacifiCare SignatureOptions 70-50	\$187.00	n/a	\$395.00	n/a	\$550.00	n/a	\$920.00	n/a

Source: Various; see methodology/data sources section.

Appendix I: Methodology/Data Sources

Section I: General Perspective

Unemployment and industry information was obtained from the State of California's Employment Development Department in September 2004. There were no changes from prior reports' methodologies.

State of California Employment Development Department, "San Diego County 2003 Snapshot," downloaded from www.calmis.ca.gov/htmlfile/subject/cosnaps.htm on September 30, 2004.

State of California Employment Development Department, "Monthly Labor Force Data for Counties: Year 2003; 2003 Benchmark (Not Seasonally Adjusted)," May 20, 2004, downloaded from www.calmis.ca.gov/file/lfhist/03aacou.txt on September 27, 2004.

The population and race/ethnicity calculations used in Section I are drawn primarily from the U.S. Census Bureau's 2003 estimates. This is a slight deviation from ITUP's previous reports that relied solely on Census 2000 information. In the remainder of the report, all calculations that use population data are based on Census 2000 estimates to remain consistent with past reports' methodologies.

Poverty data was obtained from the U.S. Census Bureau's "Ratio of Income in 1999 to Poverty Level" whereas past reports relied on the California Department of Finance's 2000 figures. Any difference between these two sources should be minimal.

U.S. Census Bureau, "County Population by Age, Sex, Race, and Hispanic Origin: April 2000 through July 2003," downloaded from www.census.gov/popest/counties/asrh/CC-EST2003-alldata.html on September 30, 2004.

U.S. Census Bureau, "PCT141.Ratio of Income in 1999 to Poverty Level," Census 2000 Summary File 4 (SF 4) - Sample Data, downloaded from <http://factfinder.census.gov> on November 3, 2004.

Data on the number of uninsured was obtained from the UCLA Center for Health Policy Research's 2003 California Health Interview Survey. It should be noted the 2001 CHIS (used in 2003's ITUP report) reflects insurance status at a given point in time whereas the 2003 CHIS captures insurance status over the course of a year. This may result in a higher than expected increase in uninsurance rates as well as an impact on any ITUP calculations utilizing uninsurance rates (e.g. funding per uninsured county resident).

Medi-Cal enrollment and managed care information was downloaded from the California HealthCare Foundation as the usual source of data information, the Medi-Cal County Data Book, is no longer in publication. Ethnicity of Medi-Cal enrollees was obtained from the California Department of Health Services' Medical Care Statistics Section. Healthy Families enrollment data was downloaded from the Managed Risk Medical Insurance Board. There was no variation in methodologies from the 2003 ITUP report.

UCLA Center for Health Policy Research, “2003 California Health Interview Survey,” downloaded from www.chis.ucla.edu in February 2005.

California HealthCare Foundation, “County Data: San Diego County,” downloaded from www.chcf.org/topics/medi-cal/index.cfm?subsection=countydata on September 28, 2004.

California Department of Health Services, Medical Care Statistics Section, “Medi-Cal Beneficiary Profiles by County: April 2004,” downloaded on November 5, 2004 from www.dhs.ca.gov/ffdmdb/mcss/RequestedData/Profiles/profiles.htm.

Managed Risk Medical Insurance Board, “HFP Subscribers Enrolled in Community Provider Plan By County,” July 16, 2004, downloaded on November 4, 2004 from www.mrmib.ca.gov/MRMIB/HFP/HFPReports.shtml.

Managed Risk Medical Insurance Board, “Healthy Families Program Current Enrollment Distribution by County and Health Plan,” July 16, 2004, downloaded on November 4, 2004 from www.mrmib.ca.gov/MRMIB/HFP/HFPReports.shtml.

Managed Risk Medical Insurance Board, “HFP Subscribers Currently Enrolled by Ethnicity; By County,” November 2, 2004, downloaded on December 1, 2004 from www.mrmib.ca.gov/MRMIB/HFP/HFPReports.shtml.

Section II: Community Clinics

All community clinic data was obtained from the Office of Statewide Health Planning and Development. There were no changes from prior reports’ methodologies. The number of clinics included in this analysis did not change from ITUP’s 2003 report.

Office of Statewide Health Planning & Development, “2003 Primary Care Clinics Annual Utilization Data,” received October 13, 2004.

Section III: Hospitals

Consistent with ITUP’s 2003 report, analysis of a county’s hospital utilization of inpatient, outpatient, and emergency department services was obtained from the Office of Statewide Health Planning and Development. Calculations did not deviate from past methodologies.

Office of Statewide Health Planning and Development, “Selected Hospital Annual Financial Data: FY 2002-2003,” downloaded on November 11, 2004 from www.oshpd.ca.gov/HQAD/Hospital/financial/annualSdata/hospAFdata.htm.

Office of Statewide Health Planning and Development, “Hospital Annual Financial Data Selected Pages: Year 28 (June 30, 2002 to June 29, 2003),” downloaded from www.oshpd.ca.gov/HQAD/Hospital/financial/annualSpages/hospAFpage.htm in December 2004.

Financing data for hospitals was obtained from both the Office of Statewide Health Planning and Development and the Medically Indigent Care Reporting System (MICRS) as reported to the California

Department of Health Services.

Office of Statewide Health Planning and Development, "Selected Hospital Annual Financial Data: FY 2002-2003," downloaded on November 11, 2004 from www.oshpd.ca.gov/HQAD/Hospital/financial/annualSdata/hospAFdata.htm.

California Department of Health Services, Office of County Health Services, "SB 855 – Actual Payments and Transfers for Counties with a County Hospital: Fiscal Year 2002-03," March 30, 2004.

California Department of Health Services, Office of County Health Services, "Medically Indigent Patients Utilizing Services Provided in County Health Care Programs, Fiscal Year 2001-2002," October 12, 2004.

California Department of Health Services, Office of County Health Services, "County Health Care Program Expenditures for the Medically Indigent, Fiscal Year 2001-2002," received July 21, 2004.

As with prior methodologies, information reported in the "delivery system" section of this analysis was obtained from the Office of Statewide Health Planning and Development .

Office of Statewide Health Planning and Development, "Selected Hospital Annual Financial Data: FY 2002-2003," downloaded on November 11, 2004 from www.oshpd.ca.gov/HQAD/Hospital/financial/annualSdata/hospAFdata.htm.

Section IV: County Health

County demographic data was obtained from the California Department of Health Services' Office of County Health Services, Medically Indigent Care Reporting System (MICRS). There were no deviations in methodology.

California Department of Health Services, Office of County Health Services, Medically Indigent Care Reporting System (MICRS), "Number of Medically Indigent Patients Served by Ethnicity: Fiscal Year 2001-2002 Actual Annual Reporting System," received July 21, 2004.

Sources of funding data for county health services were drawn from the Office of County Health Services and the Office of the Attorney General. The methodology used to calculate total funding deviates from prior reports in the current version's inclusion of tobacco settlement agreement funds. The percentage of funding spent on the uninsured was found by dividing county spending for the indigent by total funding received.

California Department of Health Services, Office of County Health Services, "FY 2002-2003 Final Maintenance of Effort (MOE) Calculation," downloaded October, 27, 2004 from www.dhs.ca.gov/hisp/ochs/chsu/data.htm.

California Department of Health Services, Office of County Health Services, "California Healthcare for Indigents Program (CHIP) Allocation Summary: Fiscal Year 2003-2004," March 24, 2004, downloaded October, 27, 2004 from www.dhs.ca.gov/hisp/ochs/chsu/data.htm.

Office of the Attorney General, "Tobacco Master Settlement Agreement Payments to Counties and Cities:

1999-2003,” downloaded on December 6, 2004 from <http://caag.state.ca.us/tobacco/settlements.htm>.

California Department of Health Services, Office of County Health Services, “County Health Services Budget/Actual Data: Fiscal Year 2002-03,” October 18, 2004 update, downloaded October, 27, 2004 from www.dhs.ca.gov/hisp/ochs/chsu/data.htm.

Section V: Small Employer and Private Insurance Plans

Insurance data was obtained from the UCLA Center for Health Policy Research’s “2003 California Health Interview Survey” All information on PacAdvantage plans was obtained from PacAdvantage’s PacPlan chooser option that allows a comparison of prior year and current year plans. Analysis compares quoted premium costs for July 2004-December 2004 with July 2003-December 2003 PacPlan-quoted prices. The analysis assumes no health problems are present that require regular use of medications or ongoing doctor visits. Premium quotes were obtained for the 91912 zip code unless otherwise noted.

PacAdvantage, “PacPlan Chooser: July 2004-December 2004 Premiums” downloaded from <http://chooser.pacadvantage.org/>.

Small group plan premium and benefit information were obtained directly from specified health insurers serving San Diego County and/or the 91912 zip code.

Aetna, “Small Business Medical, Dental and Life Rate Guide,” effective January 1, 2005 through March 31, 2005.

Kaiser Permanente, “Rate Quote,” <http://employers.kaiserpermanente.org/kpweb/employersbridge.do>, downloaded November 2004.

PacifiCare, “California Small Business Rate Guide,” effective October 1, 2004.

Individual plan premium and benefit information were obtained directly from specified health insurers serving San Diego County and/or the 91912 zip code. Families are assumed to have two children, designated as age 5 and 13 if required to specify. All quotes are for medical insurance only. Subscribers are non-tobacco users. Primary subscribers are designated as female if required to specify.

PacifiCare, “Individual Standard Rate Guide (HMO/PPO),” effective November 1, 2004. SDHP plan selected has a \$3000 deductible. PPO plan selected has a \$1000 deductible.

Kaiser Permanente, “Instant Quote,” downloaded in December 2004 from <http://prospectivemembers.kaiserpermanente.org/kpweb/healthplans/individualplans.do>. Plan type is “\$25 co-pay.”

Blue Cross, “PlanFinder,” downloaded in December 2004 from www.bluecrossca.com/user_groups/Visitors/Individual.

Blue Shield, “Get a Quote,” downloaded in December 2004 from www.mylifepath.com/bsc/findaplan/ifp/.

Health Net, "Get a Quote & Apply," downloaded in December 2004 from www.sales.healthnet.com/IFP/IFP_InstantQuote.asp.

Appendix II: 2004 Out-of-Pocket Benefit Costs

	Deductible (self/family; out of network)	Office Visits (in network/out of network)	Inpatient Admission (in network/out of network)	Preventive Care (in network/out of network)	ER Visits (in network/out of network)	Generic Drugs (in network/out of network)*	Brand Name Drugs (in network/out of network)*
PacAdvantage							
Standard HMO ¹¹	\$0	\$30	\$1000	\$30	\$100 ¹²	\$15	\$30
Health Net PPO Saver	\$500/\$1000	\$20/50%	\$500 & 20%/50%	\$20/not covered	20% & \$100 ¹²	20%/50%	20%/50%
Health Net PPO 30	\$1500/3 per family	\$30/50%	\$250 & 30%/\$250 & 50%	20% adult, \$30 child/not covered	30% & \$100 ¹²	\$10/50%	\$30/50%
Small Employer Group Plans							
Kaiser Permanente	\$0	\$15	\$100/day	\$15, \$0 for child 0-2.	\$100 ¹²	\$10	\$25
Pacificare SignatureValue 15-30	\$0	\$15	\$250	\$15, \$0 for child 0-2.	\$50 ¹²	\$10	\$25
Aetna PPO 1	\$250/\$500; \$500/\$1000	\$15/30%	10%/30%	\$15/30%	10% & \$100 ¹²	\$10/not covered	\$20/not covered
Individual Plans							
Blue Shield Access+ ¹¹	\$1500/\$3000	\$10	\$0	\$0	\$50 ¹²	\$10	\$30
Health Net HMO 15	\$1000	\$15	\$1000	\$15	\$75 ¹²	\$15	\$25
Blue Shield PPO 750 ¹¹	\$750/\$1500	\$35/50%	30%/50%	\$35/not covered	30%/30%	\$10/\$20	\$30/\$60

*Assumes formulary only drugs.
Source: Various; see methodology/data sources section.

Appendix III: Comparison Tables

The following tables provide a comparison of results from last year's ITUP report which analyzed 2002 data. Please note that data may reflect reporting errors as well as noted changes in methodologies.

Table III-1: Medi-Cal and Healthy Families by Race/Ethnicity; 2003 vs. 2002

	Medi-Cal		Healthy Families	
	2003	2002	2003	2002
White	27.1%	36.0%	14.1%	15.4%
Hispanic	45.1%	40.0%	62.2%	62.8%
Black	11.0%	15.0%	2.7%	2.8%
Asian/Pacific Islander	10.1%	5.0%	8.1%	8.3%
Native American	0.3%	n/a	0.3%	0.3%
Other/Unknown	6.5%	n/a	12.6%	10.5%
Total	100%	96%*	100%	100%

*Does not sum to 100% due to missing data.

Source: California Department of Health Services, Medical Care Statistics Section, "Medi-Cal Beneficiary Profiles by County: April 2004," Managed Risk Medical Insurance Board, "HFP Subscribers Currently Enrolled by Ethnicity; By County," November 2004, and ITUP, "Overview of the Uninsured: San Diego County 2003," November 2003.

Table III-2: Healthy Families Managed Care Enrollment; 2003 vs. 2002

	2003	2002
Blue Cross HMO	8.9%	9.4%
Community Health	33.6%	34.0%
Health Net	8.4%	8.7%
Kaiser Permanente	6.2%	4.5%
Sharp Health	33.9%	34.8%
Universal Care	6.2%	6.3%
Other Plan	2.8%	2.3%
Total	100%	100%

Source: Managed Risk Medical Insurance Board, "Healthy Families Program Current Enrollment Distribution by County and Health Plan," July 16, 2004 and ITUP, "Overview of the Uninsured: San Diego County 2003," November 2003.

Table III-3: Race/Ethnicity of Community Clinic Patients; 2003 vs. 2002

	2003	2002		2003	2002
White	82.2%	60.9%	Hispanic	57.2%	58.0%
Black	5.7%	5.4%	Non-Hispanic	36.8%	35.7%
Asian/Pacific Islander	4.7%	4.4%	Unknown	6.0%	6.3%
Native American	0.5%	0.6%	Total	100%	100%
Other	7.0%	28.6%			
Total	100%	100%			

Source: Office of Statewide Health Planning & Development, "2003 Primary Care Clinics Annual Utilization Data" and ITUP, "Overview of the Uninsured: San Diego County 2003," November 2003.

Table III-4: Community Clinic Patient Visits by Insurance Source; 2003 vs. 2002

	2003	2002
Medicare	4.0%	3.8%
Medi-Cal	34.5%	36.4%
Healthy Families	4.2%	3.8%
Private	2.5%	3.5%
Other Coverage	7.6%	6.2%
Uninsured	47.3%	46.3%
Total	100%	100%

Source: Office of Statewide Health Planning & Development, "2003 Primary Care Clinics Annual Utilization Data" and ITUP, "Overview of the Uninsured: San Diego County 2003," November 2003.

Table III-5: Uninsured Patient Community Clinic Visits by Funding Source; 2003 vs. 2002

	2003	2002
County/CMSP	14.3%	15.3%
Self-Pay	26.9%	24.8%
Free	3.8%	2.9%
Breast Cancer	2.7%	2.2%
CHDP	8.4%	10.2%
EAPC	13.0%	12.7%
Family PACT	31.0%	32.1%
Total	100%	100%

Source: Office of Statewide Health Planning & Development, "2003 Primary Care Clinics Annual Utilization Data" and ITUP, "Overview of the Uninsured: San Diego County 2003," November 2003.

Table III-6: Source of Community Clinic Total Operating Revenue; 2003 vs. 2002

	2003	2002
Patient Fees	67.3%	69.5%
Federal	11.7%	10.3%
State	2.8%	4.2%
County/Local	7.2%	5.9%
Private	4.9%	5.1%
Donations	4.1%	2.9%
Other	2.0%	2.1%
Total	100%	100%

Source: Office of Statewide Health Planning & Development, "2003 Primary Care Clinics Annual Utilization Data" and ITUP, "Overview of the Uninsured: San Diego County 2003," November 2003.

Table III-7: Uninsured Patient Clinic Revenue by Funding Source; 2003 vs. 2002

	2003	2002
County/CMSP	16.4%	18.5%
Self-Pay	21.7%	22.1%
Free	0.8%	0.0%
Breast Cancer	2.0%	1.3%
CHDP	8.9%	8.7%
EAPC	11.6%	12.1%
Family PACT	38.8%	37.2%
Total	100%	100%

Source: Office of Statewide Health Planning & Development, "2003 Primary Care Clinics Annual Utilization Data" and ITUP, "Overview of the Uninsured: San Diego County 2003," November 2003.

Table III-8a: Inpatient Hospital Utilization; 2003 vs. 2002

	2003	2002
Medicare	41.5%	41.2%
Medi-Cal	26.1%	25.7%
County Indigent (Uninsured)	2.0%	2.1%
Private	24.9%	24.0%
Other Indigent	1.1%	0.5%
Other	4.3%	6.5%
Total	100%	100%

Source: Office of Statewide Health Planning & Development, "Selected Hospital Annual Financial Data: FY 2002-2003" and ITUP, "Overview of the Uninsured: San Diego County 2003," November 2003.

Table III-8b: Outpatient Hospital Utilization; 2003 vs. 2002

	2003	2002
Medicare	31.1%	36.3%
Medi-Cal	16.5%	15.3%
County Indigent (Uninsured)	1.9%	1.6%
Private	42.7%	38.9%
Other Indigent	1.1%	0.6%
Other	6.7%	7.3%
Total	100%	100%

Source: Office of Statewide Health Planning & Development, "Selected Hospital Annual Financial Data: FY 2002-2003" and ITUP, "Overview of the Uninsured: San Diego County 2003," November 2003.

Table III-8c: Emergency Department Visits; 2003 vs. 2002

	2003	2002
Medicare	20.0%	29.5%
Medi-Cal	21.4%	26.3%
County Indigent (Uninsured)	4.9%	2.1%
Private	39.3%	36.8%
Other Indigent	3.5%	0.7%
Other	10.9%	4.6%
Total	100%	100%

Source: Office of Statewide Health Planning & Development, "Hospital Annual Financial Data Selected Pages: Year 28 (June 30, 2002 to June 29, 2003)" and ITUP, "Overview of the Uninsured: San Diego County 2003," November 2003.

Table III-9: Hospital Utilization per 1000 Uninsured Residents; 2003 vs. 2002

	OSHPD		MICRS	
	2003	2002	2003	2002
Inpatient Days	56.2	73.9	39.1	50.5
Outpatient Visits	102.3	133.6	250.5	357.2
ER Visits	40.9	28.7	81.5	99.6

Comparison of 2002 reported figures based on 2001 CHIS uninsured numbers; 2003 reported figures are based on 2003 CHIS uninsured data.

Source: Office of Statewide Health Planning and Development, "Selected Hospital Annual Financial Data: FY 2002-2003" and "Hospital Annual Financial Data Selected Pages Year 28 (June 30, 2002 to June 29, 2003); 2001 California Health Interview Survey; 2003 California Health Interview Survey; and ITUP, "Overview of the Uninsured: San Diego County 2003," November 2003.

Table III-10: Funding per County Resident; 2003 vs. 2002

	2003	2002
Realignment	\$36.12	\$37.08
Prop. 99	\$0.21	\$0.98
Net County DSH	\$0.00	\$0.00
County Match	\$1.76	\$1.76

Source: California Department of Health Services, Office of County Health Services, "FY 2002-2003 Final Maintenance of Effort (MOE) Calculation," "California Healthcare for Indigents Program (CHIP) Allocation Summary: Fiscal Year 2003-2004," and "County Health Services Budget/Actual Data: Fiscal Year 2002-03"; ITUP, "Overview of the Uninsured: San Diego County 2003," November 2003.

Table III-11: Funding per Uninsured County Resident; 2003 vs. 2002

	2003	2002
Realignment	\$164.92	\$245.58
Prop. 99	\$0.98	\$6.48
Net County DSH	\$0.00	\$0.00
County Match	\$8.04	\$11.67

Comparison of 2002 reported figures based on 2001 CHIS uninsured numbers; 2003 reported figures are based on 2003 CHIS uninsured data.

Source: California Department of Health Services, Office of County Health Services, "FY 2002-2003 Final Maintenance of Effort (MOE) Calculation," "California Healthcare for Indigents Program (CHIP) Allocation Summary: Fiscal Year 2003-2004," and "County Health Services Budget/Actual Data: Fiscal Year 2002-03"; ITUP, "Overview of the Uninsured: San Diego County 2003," November 2003.

Endnotes

¹ Counties included in calculating Southern California regional averages are Imperial, Los Angeles, Orange, Riverside, San Bernardino, and San Diego.

² Poverty level calculations are based on reported 2000 Census population and 2000 poverty levels.

³ Due to reporting methods for community clinic data, the race of the patient cannot be distinguished from his or her ethnic origin.

⁴ Reported outpatient visits include ED visits.

⁵ Both the Office of Statewide Health Planning & Development (OSHPD) and the Medically Indigent Care Reporting System (MICRS) report DSH reimbursement data. Hospitals report the services and expenses reimbursed by the county to OSHPD and the county reports the services and payments to providers to MICRS. At the time this report was developed, MICRS had not released its final DSH disbursements for SFY 2002-2003 therefore reported DSH numbers may be underestimated.

⁶ “Comparable” hospitals are designated as such by OSHPD. They are usually acute hospitals and do not include psychiatric facilities, long-term care hospitals, or pre-paid health plan hospitals such as Kaiser Permanente facilities.

⁷ ITUP’s Overview of the Uninsured—San Diego County 2003 did not include tobacco settlement funds in its calculations resulting in 53.0% of funding spent on the uninsured. If tobacco settlement funds are included in the 2003 calculations, total funding would increase from the reported \$99.5 million to \$136.6 million, reducing spending on the uninsured to 38.6%.

⁸ Tobacco settlement funds for 2002 include all initial and annual payments for the 2002 calendar year. Funds for 2003 include initial and annual payments, Brown & Williamson settlement payments, and any other miscellaneous payments for the 2003 calendar year.

⁹ Non-elderly population.

¹⁰ Salud con Health Net Salud Mexico HMO provides coverage to select Southern California markets. Enrollees are provided coverage for services received in California and Mexico. Co-pays for Salud con Health Net Salud Mexico are \$5 for both office visits and brand name and generic prescriptions.

¹¹ A higher co-payment may apply for all Blue Shield products when using “Affiliate” providers.

¹² If not admitted into the hospital.