

ITUP Regional Workgroups on Care and Coverage for the Uninsured:

County Data Summaries

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Butte County Summary

Demographics

- Butte County has a population of 203,171
 - 27% are uninsured
 - 19% are covered through Medi-Cal
 - 1% are covered through Healthy Families

Income Breakdown:

- 44% of Butte residents live below 200% of the federal poverty level.
 - 21% below 100% FPL
 - 23% between 100-200% FPL

Community Clinics (OSHPD Data)

Butte community clinics served 53,000 unduplicated total patients in 1999
The uninsured accounted for 29% of clinic patients
Clinics provided 1.03 visits per uninsured Butte County resident

Clinic Revenues

Clinic revenues and expenses were \$15,000,000
The largest revenue source for Butte community clinics was patient fees at 70%

- Reimbursements for Medi-Cal were 64% of patient fees
- Uninsured reimbursements were 13% of patient fees
 - CMSP payments accounted for 30% of uninsured reimbursements
 - CHDP contributed 10%
 - EAPC payments accounted for 1%
 - 45% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- Butte County hospitals total operating expenses were \$244,000,000
 - The county indigent uninsured accounted for 2% of hospital inpatient days
 - The county indigent uninsured accounted for 3% of hospital outpatient visits
 - The county indigent uninsured accounted for 4% of emergency room visits
- Enloe Memorial Hospital in Chico City admitted the greatest percentages of the county indigent uninsured (62%)

Care to the Uninsured

- Butte County Hospitals lost approximately \$5,000,000 (2% of net patient revenues) in bad debt and charity care to the uninsured
- These facilities reported:
 - 2,721 inpatient days of care to the county indigent (50 bed days per 1,000 uninsured county residents)
 - 11,359 outpatient visits to the county indigent (235 visits per 1,000 uninsured county residents)

- 4,251 emergency room visits to the county indigent (88 emergency visits per 1,000 uninsured residents)

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$10,578,830

CMSP Data

- Butte County reported the following statistics to California Department of Health Services regarding expenditures for county indigent uninsured care of 1999.
 - Hospital Inpatient Services – 752 admissions at a cost of \$5,700,000
 - Emergency Room and Hospital Outpatient Services – 35,000 visits at cost of \$2,500,000 (725 emergency room and outpatient visits per 1,000 uninsured)
 - Pharmacy – 60,000 claims at a cost of \$3,000,000
 - Physician/Medical Services (includes clinic, inpatient and outpatient visits) – 25,500 visits at a cost of \$1,500,000 (0.52 visits per uninsured county resident)
 - Total spending: \$12,700,000

Job-Based Insurance

The job-based insurance rate for Butte County is 44%

Health Plans for Small Employers

The lowest PacAdvantage prices in Butte County are through Blue Shield, where monthly premiums for a 35 year old adult employee without dependents are \$189, and monthly premiums for a 50 year old adult employee without dependents are \$284. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for name brand prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices for a 35 year old individual in Butte County are through PacificCare, where monthly premiums are \$150. The lowest prices for a 50 year old individual are through Blue Cross, where monthly premiums are \$217.

Humboldt County Summary

Demographics

- Humboldt County has a population of 126,158
 - 12% are uninsured
 - 19% are covered through Medi-Cal
 - 1% are covered through Healthy Families

Income Breakdown:

- 43% of Humboldt residents live below 200% of the federal poverty level.
 - 18% below 100% FPL
 - 25% between 100-200% FPL

Community Clinics (OSHPD Data)

Humboldt community clinics served 40,910 unduplicated total patients in 1999
The uninsured accounted for 58% of clinic patients
Clinics provided 3.5 visits per uninsured Humboldt County resident

Clinic Revenues

Clinic revenues and expenses were \$11,000,000
The largest revenue source for Humboldt community clinics was patient fees at 87%

- Reimbursements for Medi-Cal were 41% of patient fees
- Uninsured reimbursements were 39% of patient fees
 - County program payments accounted for 17% of uninsured reimbursements
 - CHDP contributed 1%
 - EAPC payments accounted for 20%
 - 26% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- Humboldt County hospitals total operating expenses were \$114,557,636
 - The county indigent uninsured accounted for 3% of hospital inpatient days
 - The county indigent uninsured accounted for 4% of hospital outpatient visits
 - The county indigent uninsured accounted for 3% of emergency room visits
- No one facility stood out for treating significantly higher percentages of county indigent uninsured patients than other facilities in Humboldt County. St. Joseph's saw the greatest number of uninsured ER patients (43%), Southern Humboldt served the highest percentage of outpatients (43%) and Mad River Hospital in Arcata admitted the largest amount of uninsured inpatients (36%)

Care to the Uninsured

- Humboldt County Hospitals lost approximately \$5,000,000 (4% of net patient revenues) in bad debt and charity care to the uninsured
- Reported county indigent patient reimbursements totaled approximately \$5,700,000 (5% of net patient revenues)

- These facilities reported:
 - 1,530 inpatient days of care to the county indigent (100 bed days per 1,000 uninsured county residents)
 - 11,219 outpatient visits to the county indigent (846 hospital outpatient visits per 1,000 uninsured county residents)
 - 1,761 emergency room visits to the county indigent (132 emergency visits per 1,000 uninsured)
 - Gross DSH: \$108,613

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$10,600,602

Net County DSH (1999-2000): \$85,064

CMSP Data

Humboldt County reported the following statistics to the California Department of Health Services regarding expenditures for county indigent uninsured care for 1999.

- Hospital Inpatient Services – 744 admissions at a cost of \$6,000,000
- Emergency Room and Hospital Outpatient Services – 28,000 visits at a cost of \$2,000,000 (2101 emergency room and outpatient visits per 1,000 uninsured)
- Pharmacy – 44,000 claims at a cost of \$2,000,000
- Physician/Medical Services (includes clinic, inpatient and outpatient visits) – 23,000 visits at a cost of \$1,500,000 (1.7 visits per uninsured)
- Total spending: \$11,500,000

Health Plans for Small Employers

The lowest PacAdvantage prices in Humboldt County are through Health Net (this is the only option in Humboldt), where monthly premiums for a 35 year old adult employee without dependents are \$189, and monthly premiums for a 50 year old adult employee without dependents are \$284.

Health Plans for Individuals and Families

The lowest prices in Humboldt County for the PPO Plan are through Health Net, where monthly premiums for a 35 year old individual are \$111, and monthly premiums for a 50 year old individual are \$245.

Marin County Summary

Demographics

- Marin County has a population of 347,289
 - 13% are uninsured
 - 4.4% are covered through Medi-Cal
 - 0.4% are covered through Healthy Families

Income Breakdown:

- 17% of Marin residents live below 200% of the federal poverty level.
- 7% below 100% FPL
 - 10% between 100-200% FPL

Community Clinics (OSHPD Data)

Marin community clinics served 20,358 unduplicated total patients in 1999
The uninsured accounted for 68% of clinic patients
Clinics provided approximately 1 visit per uninsured Marin County resident.

Clinic Revenues

Clinic revenues and expenses were \$5,700,000
The largest revenue source for Marin community clinics was patient fees at 66%

- Reimbursements for Medi-Cal were 46% of patient fees
- Uninsured reimbursements were 42% of patient fees
 - County program payments accounted for 18% of uninsured reimbursements
 - CHDP contributed 7% of uninsured reimbursements
 - EAPC payments accounted for 8% of uninsured reimbursements
 - 36% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- Marin County hospitals total operating expenses were \$143,000,000
 - The county indigent uninsured accounted for 4% of hospital inpatient days
 - The county indigent uninsured accounted for 2% of hospital outpatient visits
 - The county indigent uninsured accounted for 6% of emergency room visits
- Marin General Hospital treated the greatest proportion of uninsured patients (88% of county indigent outpatient services, 92% of indigent ER services, and 76% of inpatient services)

Care to the Uninsured

- Marin County Hospitals lost approximately \$5,000,000 (3.4% of net patient revenues) in bad debt and charity care to the uninsured
- Reported county indigent patient reimbursements totaled approximately \$3,000,000 (2% of net patient revenues)
- These facilities reported:

- 2,668 inpatient days of care to the county indigent (67 bed days per 1,000 uninsured county residents)
- 1,707 outpatient visits to the county indigent (43 visits per 1,000 uninsured county residents)
- 2,080 emergency room visits to the county indigent (52 emergency visits per uninsured county resident)

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$12,293,186

CMSP Data

The CMSP Governing Board reports the following expenditures for county indigent uninsured care for 1999.

- Hospital Inpatient Services– 507 admissions at a cost of \$4,400,000
- Emergency Room and Hospital Outpatient Services– 8,705 visits at a cost of \$670,000 (219 visits per 1,000 uninsured residents)
- Pharmacy – 17,880 claims at a cost of \$1,000,000
- Physician/Medical Services (includes clinic, inpatient and outpatient visits) – 12,000 visits at a cost of \$700,000 (0.30 visits per uninsured county resident)
- Total spending: \$6,770,000

Job-Based Insurance

The job-based insurance rate for Marin County is 68%

Health Plans for Small Employers

The lowest PacAdvantage prices in Marin County are through Kaiser Permanente, where monthly premiums for a 35 year old adult employee without dependents are \$115, and monthly premiums for a 50 year old adult employee without dependents are \$192. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices in Marin County are through Kaiser Permanente, where monthly premiums for a 35 year old individual are \$128, and monthly premiums for a 50 year old individual are \$207.

Mendocino County Summary

Demographics

- Mendocino County has a population of 86,265
 - 12% are uninsured
 - 18% are covered through Medi-Cal
 - 1% are covered through Healthy Families

Income Breakdown:

- 42% of Mendocino residents live below 200% of the federal poverty level.
 - 18% below 100% FPL
 - 24% between 100-200% FPL

Community Clinics (OSHPD Data)

Mendocino community clinics served 34,000 unduplicated total patients in 1999
The uninsured accounted for 40% of clinic patients
Clinics provided 4.5 visits per uninsured Mendocino County resident

Clinic Revenues

Clinic revenues and expenses were \$19,000,000
The largest revenue source for Mendocino community clinics was patient fees at 67%

- Reimbursements for Medi-Cal were 57% of patient fees
- Uninsured reimbursements were 25% of patient fees
 - County program payments accounted for 57% of uninsured reimbursements
 - CHDP contributed 1% of uninsured reimbursements
 - EAPC payments accounted for 10% of uninsured reimbursements
 - 25% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- Mendocino County hospitals total operating expenses were \$67,022,550
 - The county indigent uninsured accounted for 2% of hospital inpatient days
 - The county indigent uninsured accounted for 2% of hospital outpatient days
 - The county indigent uninsured accounted for 3% of emergency room visits
- The majority of uninsured inpatients and outpatients were seen at Mendocino Coast District Hospital in Fort Bragg (61% and 83% respectively). Frank R. Howard Memorial Hospital in Willits and Mendocino Coast District Hospital shared the majority of uninsured emergency room patients (59%, 41%)

Care to the Uninsured

- Mendocino County Hospitals lost approximately \$540,000 (.7% of net patient revenues) in bad debt and charity care to the uninsured
- Reported county indigent patient reimbursements totaled approximately \$945,000 (1.4% of net patient revenues)
- These facilities reported:

- 652 inpatient days of care to the county indigent (71 bed days per 1,000 uninsured county residents)
- 2345 outpatient visits to the county indigent (257 visits per 1,000 uninsured county residents)
- 1,487 emergency room visits to the county indigent (163 visits per uninsured county resident)

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$3,383,131

Proposition 99 (2000-2001): \$187,558

CMSP Data

- The CMSP Governing Board reports the following observations and expenditures for county indigent uninsured care for 1999.

Hospital Inpatient Services– 525 admissions at a cost of \$4,200,000

Emergency Room and Hospital Outpatient Services– 27,000 visits at a cost of \$2,500,000 (2964 visits per 1,000 uninsured residents)

Pharmacy – 21,000 claims at a cost of \$1,000,000

Physician/Medical Services (includes clinic, inpatient and outpatient visits) – 12,000 visits at a cost of \$950,000 (1.3 visits per uninsured)

Total spending: \$8,650,000

Health Plans for Small Employers

PacAdvantage contracts with Health Net for employees of small businesses in Mendocino County, where monthly premiums for a 35 year old adult employee without dependents are \$146, and monthly premiums for a 50 year old adult employee without dependents are \$277. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices for a 35 year old individual in Mendocino County are through Blue Shield, where monthly premiums are \$188. The lowest prices for a 50 year old individual are through Blue Cross, where monthly premiums are \$246.

Placer County Summary

Demographics

Placer County has a population of 248,399

- 14% are uninsured
- 6% are covered through Medi-Cal
- 0.6% are covered through Healthy Families

Income Breakdown:

- 24% of Placer residents live below 200% of the federal poverty level.
 - 8% below 100% FPL
 - 16% between 100-200% FPL

Community Clinics (OSHPD Data)

Placer community clinics served 17,000 unduplicated total patients in 1999
The uninsured accounted for 68% of clinic patients
Clinics provided 1.2 visits per uninsured Placer County resident

Clinic Revenues

Clinic revenues and expenses were \$6,330,000

The largest revenue source for Placer community clinics was patient fees at 53%

- Reimbursements for Medi-Cal were 44% of patient fees
- Uninsured reimbursements were 50% of patient fees
 - CMSP payments accounted for .7% of uninsured reimbursements
 - CHDP contributed 1%
 - EAPC payments accounted for 3%
 - 13% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- Placer County hospitals total operating expenses were \$145,331,338
 - The county indigent uninsured accounted for .5% of hospital inpatient days
 - The county indigent uninsured accounted for .4% of hospital outpatient visits
 - The county indigent uninsured accounted for 1% of emergency room visits
- Uninsured patients were equally split between Sutter Roseville and Sutter Auburn Faith Hospital in Auburn for in and outpatient care (45%/55%). Roseville Hospital received 2/3 of uninsured emergency room patients.

Care to the Uninsured

- Placer County Hospitals lost approximately \$6,000,000 (4% of net patient revenues) in bad debt and charity care to the uninsured
- Reported county indigent patient reimbursements totaled approximately \$3,100,000 (2% of net patient revenues)
- These facilities reported:

- 381 inpatient days of care to the county indigent (12 bed days per 1000 uninsured county residents)
- 688 outpatient visits to the county indigent (22 visits per 1,000 uninsured county residents)
- 599 emergency room visits to the county indigent (19 visits per 1,000 uninsured county residents)

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$4,334,767

Proposition 99 (2000-2001): \$260,282

CMSP Data

Placer County reports the following statistics to the California Department of Health Services regarding expenditures for county indigent uninsured care for 1999.

- 2,464 total unduplicated patients
 - 1,057 inpatient days (34.5 days per 1,000 uninsured residents)
 - Hospital Inpatient Services – 134 patients (unduplicated count) at a cost of \$657,341
 - Emergency Medical Services – 185 visits at a cost of \$31,469 (6 emergency room visits per 1,000 uninsured residents)
 - Outpatient – 11,273 visits at a cost of \$1,349,117 (.37 visits per uninsured)
- Total spending: \$2,037,927

Job-Based Insurance

The job-based insurance rate for Placer County is 70%

Health Plans for Small Employers

The lowest PacAdvantage prices in Placer County are through Kaiser Permanente, where monthly premiums for a 35 year old adult employee without dependents are \$115, and monthly premiums for a 50 year old adult employee without dependents are \$192. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices in Placer County are through Kaiser Permanente, where monthly premiums for a 35 year old individual are \$128, and monthly premiums for a 50 year old individual are \$207.

Shasta County Summary

Demographics

- Shasta County has a population of 163,256
 - 15% are uninsured
 - 19% are covered through Medi-Cal
 - 2% are covered through Healthy Families

Income Breakdown:

- 42% of Shasta residents live below 200% of the federal poverty level.
 - 18% below 100% FPL
 - 24% between 100-200% FPL

Community Clinics (OSHPD Data)

Shasta community clinics served 31,614 unduplicated total patients in 1999
The uninsured accounted for 30% of clinic patients
Clinics provided 0.9 visits per uninsured Shasta County resident

Clinic Revenues

Clinic revenues and expenses were \$12,230,000
The largest revenue source for Shasta community clinics was patient fees at 66%

- Reimbursements for Medi-Cal were 55% of patient fees
- Uninsured reimbursements were 20% of patient fees
 - CMSP payments accounted for 45% of uninsured reimbursements
 - CHDP contributed 31%
 - EAPC payments accounted for 6%
 - 15% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- Shasta County hospitals total operating expenses were \$237,367,721
 - The county indigent uninsured accounted for 2% of hospital inpatient days
 - The county indigent uninsured accounted for 2% of hospital outpatient days
 - The county indigent uninsured accounted for 4% of emergency room visits
- Redding Medical Center saw 65% of uninsured outpatient and emergency room patients. Uninsured inpatients were roughly evenly divided between this facility and Mercy Medical Center, also in Redding.

Care to the Uninsured

- Shasta County Hospitals lost approximately \$3,800,000 (1.4% of net patient revenues) in bad debt and charity care to the uninsured
- Reported county indigent patient reimbursements totaled approximately \$772,760 (.3% of net patient revenues). Note that this appears to be a reporting error.
- These facilities reported:

- 3,013 inpatient days of care to the county indigent (123 bed days per 1000 uninsured county residents)
- 8,672 outpatient visits to the county indigent (402 visits per 1,000 uninsured county residents)
- 3,401 emergency room visits to the county indigent (157 visits per 1,000 uninsured county residents)
- Gross DSH: \$324,432

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$9,015,852

CMSP Data

- Hospital Inpatient Services – 648 admissions at a cost of \$6,000,000
- Emergency Room and Hospital Outpatient Services - 18,000 visits at a cost of \$1,500,000 (835 emergency room and outpatient visits per 1,000 uninsured)
- Pharmacy – 44,500 claims at a cost of \$2,000,000
- Physician/Medical Services (includes clinic, inpatient and outpatient visits) – 28,000 visits at a cost of \$2,000,000 (1.3 visits per uninsured county resident)
- Total spending: \$11,500,000

Job-Based Insurance

The job-based insurance rate for Shasta County is not found.

Health Plans for Small Employers

The lowest PacAdvantage prices in Shasta County are through Blue Shield, where monthly premiums for a 35 year old adult employee without dependents are \$144, and monthly premiums for a 50 year old adult employee without dependents are \$194. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices in Shasta County are through Blue Cross, where monthly premiums for a 35 year old individual are \$170, and monthly premiums for a 50 year old individual are \$217.

Solano County Summary

Demographics

- Solano County has a population of 394,542
 - 10% are uninsured
 - 11% are covered through Medi-Cal
 - 0.7% are covered through Healthy Families

Income Breakdown:

- 29% of Solano residents live below 200% of the federal poverty level.
 - 11% below 100% FPL
 - 18% between 100-200% FPL

Community Clinics (OSHPD Data)

Solano community clinics served 36,674 unduplicated total patients in 1999
The uninsured accounted for 70% of clinic patients
Clinics provided 1.2 visits per uninsured Solano County resident

Clinic Revenues

Clinic revenues and expenses were \$6,575,000
The largest revenue source for Solano community clinics was patient fees at 62%

- Reimbursements for Medi-Cal were 52% of patient fees
- Uninsured reimbursements were 45% of patient fees
 - CMSP accounted for 5% of uninsured reimbursements
 - CHDP contributed 11%
 - EAPC payments accounted for 4%
 - 23% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- Solano County hospitals total operating expenses were \$121,000,000
 - The county indigent uninsured accounted for 3% of hospital inpatient days
 - The county indigent uninsured accounted for 3% of hospital outpatient visits
 - The county indigent uninsured accounted for 5% of emergency room visits
- Sutter Solano Medical Center in Vallejo treated the greatest proportions of uninsured patients (59% of inpatients, 73% of outpatient, 44% of uninsured emergency visits).

Care to the Uninsured

- Solano County Hospitals lost approximately \$3,000,000 (2% of net patient revenues) in bad debt and charity care to the uninsured
- Reported county indigent patient reimbursements totaled approximately \$5,000,000 (3.5% of net patient revenues)
- These facilities reported:
 - 1,761 inpatient days of care to the county indigent (44 bed days per 1000 uninsured county residents)

- 2,536 outpatient visits to the county indigent (73 hospital outpatient visits per 1,000 uninsured county residents)
- 3,283 emergency room visits to the county indigent (95 emergency visits per 1,000 uninsured)

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$12,909,236

CMSP Data

Solano County reports the following statistics to the California Department of Health Services regarding expenditures for county indigent uninsured care for 1999.

- Hospital Inpatient Services – 771 admissions at a cost of \$7,200,00
- Emergency Room and Hospital Outpatient Services – 14,000 visits at a cost of \$800,000 (403 emergency room and outpatient visits per 1,000 uninsureds)
- Pharmacy – 45,000 claims at a cost of \$1,550,000
- Physician/ Medical Services (includes clinic, inpatient and outpatient visits) – 25,500 visits at a cost of \$1,400,000 (0.73 visits per uninsured)
- Total spending: \$10,950,000

Health Plans for Small Employers

The lowest PacAdvantage prices in Solano County are through Kaiser Permanente, where monthly premiums for a 35 year old adult employee without dependents are \$115, and monthly premiums for a 50 year old adult employee without dependents are \$192. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices in Solano County are through Kaiser Permanente, where monthly premiums for a 35 year old individual are \$128, and monthly premiums for a 50 year old individual are \$207. These prices are for the standard HMO plan, which include \$40 office visits, \$100 emergency room visits, and \$15 for prescription drugs.

Sonoma County Summary

Demographics

- Sonoma County has a population of 458,614
 - 17% are uninsured
 - 7% are covered through Medi-Cal
 - 1% are covered through Healthy Families

Income Breakdown:

- 24% of Sonoma residents live below 200% of the federal poverty level.
 - 9% below 100% FPL
 - 15% between 100-200% FPL

Community Clinics (OSHPD Data)

Sonoma community clinics served 53,541 unduplicated total patients in 1999
The uninsured accounted for 57% of clinic patients
Clinics provided 1 visit per uninsured Sonoma County resident

Clinic Revenues

- Clinic revenues and expenses were \$19,245,517
The largest revenue source for Sonoma community clinics was patient fees at 51%
- Reimbursements for Medi-Cal were 40% of patient fees
 - Uninsured reimbursements were 38% of patient fees
 - CMSP accounted for 12% of uninsured reimbursements
 - CHDP contributed 10%
 - EAPC payments accounted for 13%
 - 30% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- Sonoma County hospitals total operating expenses were \$121,000,000
 - The county indigent uninsured accounted for 4% of hospital inpatient days
 - The county indigent uninsured accounted for 3% of hospital outpatient visits
 - The county indigent uninsured accounted for 4% of emergency room visits
- Sutter Medical Center in Santa Rosa treated the greatest proportions of uninsured patients; 92% of county indigent outpatient services, 41% of ER services and 45% of inpatient services

Care to the Uninsured

- Sonoma County Hospitals lost approximately \$6,000,000 (2.3% of net patient revenues) in bad debt and charity care to the uninsured
- Reported county indigent patient reimbursements totaled approximately \$6,400,000 (2.5% of net patient revenues)
- These facilities reported:

- 5,868 inpatient days of care to the county indigent (75 bed days per 1,000 uninsured county residents)
- 10,256 outpatient visits to the county indigent (149 visits per 1,000 uninsured county residents)
- 3,581 emergency room visits to the county indigent (52 visits per 1,000 uninsured county residents)
- Gross DSH: \$9,697,286

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$20,802,889

Net County DSH: \$9,697,286

CMSP Data

The CMSP Governing Board reports the following observations and expenditures for county indigent uninsured care for 1999.

- Hospital Inpatient Services – 1,221 admissions at a cost of \$10,500,000
- Emergency Room and Hospital Outpatient Services – 24,000 visits at a cost of \$1,600,000 (349 emergency room and outpatient visits per 1,000 uninsured)
- Pharmacy – 44,000 claims at a cost of \$2,300,000
- Physician/Medical Services (includes clinic, inpatient and outpatient visits) – 27,500 visits at a cost of \$1,800,000 (0.4 visits per uninsured)
- Total spending: \$16,200,000

Job-Based Insurance

The job-based insurance rate for Sonoma County is 75%

Health Plans for Small Employers

The lowest PacAdvantage prices in Sonoma County are through Kaiser Permanente, where monthly premiums for a 35 year old adult employee without dependents are \$115, and monthly premiums for a 50 year old adult employee without dependents are \$192. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices in Sonoma County are through Health Net, where monthly premiums for a 35 year old individual are \$128, and monthly premiums for a 50 year old individual are \$207.

Sutter County Summary

Demographics

- Sutter County has a population of 78,930
 - 26% are uninsured
 - 17% are covered through Medi-Cal
 - 2.3% are covered through Healthy Families

Income Breakdown:

- 40% of Sutter residents live below 200% of the federal poverty level.
 - 17% below 100% FPL
 - 22% between 100-200% FPL

Community Clinics (OSHPD Data)

Sutter community clinics served 17,990 unduplicated total patients in 1999
The uninsured accounted for 44% of clinic patients
Clinics provided 1.1 visits per uninsured Sutter County resident

Clinic Revenues

Clinic revenues and expenses were \$5,152,000
The largest revenue source for Sutter community clinics was patient fees at 67%

- Reimbursements for Medi-Cal were 49% of patient fees
- Uninsured reimbursements were 25% of patient fees
 - EAPC accounted for 1% of uninsured reimbursements
 - CHDP contributed 16%
 - 39% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- Sutter County hospitals total operating expenses were \$38,764,000
 - The county indigent uninsured accounted for 2% of hospital inpatient days
 - The county indigent uninsured accounted for 3% of hospital outpatient visits
- Fremont Hospital was the only facility that treated the county indigent uninsured.

Care to the Uninsured

- Sutter County Hospitals lost approximately \$300,000 (.7% of net patient revenues) in bad debt and charity care to the uninsured
- CMSP reimbursements totaled approximately \$432,753 (1% of net patient revenues)
- These facilities reported:
 - 484 inpatient days of care to CMSP patients (26 bed days per 1,000 uninsured county residents)
 - 1183 outpatient and emergency room visits to CMSP patients (65.5 visits per 1,000 uninsured county residents)

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$5,087,982

CMSP Data

The CMSP Board reports the following statistics to the California Department of Health Services regarding expenditures for county indigent uninsured care for 1999.

- Hospital Inpatient Services – 400 admissions at a cost of \$2,700,000
- Emergency Room and Hospital Outpatient Services – 8,200 visits at a cost of \$600,000 (120 emergency room and outpatient visits per 1,000 uninsured)
- Pharmacy – 17,800 claims at a cost of \$870,000
- Physician/Medical Services (includes clinic, inpatient and outpatient visits) – 11,000 visits at a cost of \$740,000 (0.61 visits per uninsured)
- Total - \$4,910,000

Job-Based Insurance

The job-based insurance rate for Sutter County is 47%

Health Plans for Small Employers

The lowest PacAdvantage prices in Sutter County are through Kaiser Permanente, where monthly premiums for a 35 year old adult employee without dependents are \$115, and monthly premiums for a 50 year old adult employee without dependents are \$192. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices in Sutter County are through Blue Cross, where monthly premiums for a 35 year old individual are \$170, and monthly premiums for a 50 year old individual are \$217.

Yolo County Summary

Demographics

- Yolo County has a population of 168,660
 - 16% are uninsured
 - 13% are covered through Medi-Cal
 - 1% are covered through Healthy Families

Income Breakdown:

- 37% of Yolo residents live below 200% of the federal poverty level.
 - 16% below 100% FPL
 - 21% between 100-200% FPL

Community Clinics (OSHPD Data)

Yolo community clinics served 16,840 unduplicated total patients in 1999
The uninsured accounted for 82% of clinic patients
Clinics provided 2.2 visits per uninsured Yolo County resident

Clinic Revenues

Clinic revenues and expenses were \$5,000,000
The largest revenue source for Yolo community clinics was patient fees at 42%

- Reimbursements for Medi-Cal were 51% of patient fees
- Uninsured reimbursements were 47% of patient fees
 - CMSP payments accounted for .2% of uninsured reimbursements
 - CHDP contributed 11%
 - EAPC payments accounted for 17%
 - 21% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- Yolo County hospitals total operating expenses were \$121,077,116
 - The county indigent uninsured accounted for 2% of hospital inpatient days
 - The county indigent uninsured accounted for 2% of hospital outpatient visits
 - The county indigent uninsured accounted for 1% of emergency room visits
- Of Yolo's two hospitals, only Sutter Davis Hospital in Davis treated the uninsured county indigent.

Care to the Uninsured

- Yolo County Hospitals lost approximately \$1,500,000 (1.6% of net patient revenues) in bad debt and charity care to the uninsured
- CMSP patient reimbursements totaled approximately \$1,300,000 (1.3% of net patient revenues)
- These facilities reported:
 - 408 inpatient days of care to the county indigent (15 bed days per 1,000 uninsured county residents)

- 7,000 outpatient visits to the county indigent (294 hospital outpatient visits per 1000 uninsured county residents)
- 335 emergency room visits to the county indigent (14.9 visits per uninsured county resident)

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$4,563,485

Proposition 99 (2000-2001): \$422,707

CMSP Data

- Hospital Inpatient Services – 400 admissions at a cost of \$2,700,000
- Emergency Room and Hospital Outpatient Services – 8,200 visits at a cost of \$600,000 (345 emergency room and outpatient visits per 1,000 uninsured residents)
- Pharmacy – 17,800 claims at a cost of \$870,000
- Physician/Medical Services (includes clinic, inpatient and outpatient visits) – 11,000 visits at a cost of \$740,000 (0.46 visits per uninsured)
- Total spending: \$4,910,000

Job-Based Insurance

The job-based insurance rate for Yolo County is 51%

Health Plans for Small Employers

The lowest PacAdvantage prices in Yolo County are through Kaiser Permanente, where monthly premiums for a 35 year old adult employee without dependents are \$115, and monthly premiums for a 50 year old adult employee without dependents are \$192. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices in Yolo County are through Kaiser Permanente, where monthly premiums for a 35 year old individual are \$128, and monthly premiums for a 50 year old individual are \$207.

Alameda County Summary

Demographics

Alameda County has a population of 1,492,004

- 17% are uninsured
- 12.2% are covered through Medi-Cal
- 0.9% are covered through Healthy Families

Income Breakdown:

24.3% of Alameda residents live below 200% of the federal poverty level

- 10.6% below 100% FPL
- 13.7% between 100-200% FPL

Community Clinics (OSHPD)

Alameda community clinics served 137,735 unduplicated total patients in 1999

The uninsured accounted for 57.7% of clinic patients

Clinics provided 1 visits per uninsured Alameda County resident

Clinic Revenues

Clinic revenues and expenses were \$72,869,666

The largest revenue source for Alameda community clinics was patient fees at 47.7%

Reimbursements for Medi-Cal were 49.4% of patient fees

Uninsured reimbursements were 35.1% of patient fees

- County program payments accounted for 38.4% of uninsured reimbursements
- CHDP contributed 4.4%
- EAPC payments accounted for 8.3%
- 27.2% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD)

Alameda County hospitals total operating expenses were \$1,317,270

- The county indigent uninsured accounted for 3.1% of hospital inpatient days
- The county indigent uninsured accounted for 5.1% of hospital outpatient visits
- The county indigent uninsured accounted for 2.8% of emergency room visits

Alameda County Medical Center and Thunder Road Chemical Dependency Recovery Hospital admitted the greatest share of the county indigent uninsured (95%)

Care to the Uninsured

Alameda County Hospitals lost approximately \$38,941,051 (3% of net patient revenues) in bad debt and charity care to the uninsured

County indigent patient reimbursements totaled approximately \$34,373,061 (2.7% of net patient revenues)

These facilities reported:

- 21,381 inpatient days of care to the county indigent (95.8 bed days per 1,000 uninsured county residents)

- 72,202 outpatient visits to the county indigent (323.4 hospital outpatient visits per 1,000 uninsured county residents)
- 10,470 emergency room visits to the county indigent (46.9 emergency visits per 1,000 uninsured)
- Gross DSH: \$112 million

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$51 million
 Proposition 99 (2000-2001): \$4.1 million
 Net County DSH (1999-2000): \$38.8 million
 1255: \$12 million

MISP Data

Alameda County reports the following statistics to the California Department of Health Services regarding expenditures for county indigent uninsured care for 1999:

- 54,894 total unduplicated patients
 - 12,624 inpatient days (56.5 days per 1,000 uninsured)
- Emergency Medical Services: 18,972 visits (84.9 emergency room visits per 1,000 uninsured)
- Outpatient: 154,912 visits (0.69 visits per uninsured)
- Total spending: \$67,412,072

Alameda’s Local Initiative

Alameda Alliance for Health is a Local Initiative health plan that currently serves MediCal beneficiaries, Healthy Families children, commercial members, and also offers the subsidized Family Care individual product for low-income uninsured families.

Job-Based Insurance

The job-based insurance rate for Alameda County is 72%

Health Plans for Small Employers

The lowest PacAdvantage prices in Alameda County are through Kaiser Permanente, where monthly premiums for a 35 year old adult employee without dependents are \$148, and monthly premiums for a 50 year old adult employee without dependents are \$235. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage

Health Plans for Individuals and Families

The lowest prices in Alameda County are through Kaiser Permanente, where monthly premiums for a 35 year old individual are \$149, and monthly premiums for a 50 year old individual are \$230. These prices are for Kaiser Permanente’s Standard HMO Plan (Personal Advantage), and include \$15 primary care visits, \$15 emergency room visits, and \$10 for prescription drugs.

Contra Costa County Summary

Demographics

- Contra Costa County has a population of 942,662
 - 15% are uninsured
 - 8.9% are covered through Medi-Cal
 - 0.7% are covered through Healthy Families

Income Breakdown:

- 17.5% of Contra Costa residents live below 200% of the federal poverty level
 - 7.3% below 100% FPL
 - 10.2% between 100-200% FPL

Community Clinics (OSHPD Data)

Contra Costa community clinics served 50,217 unduplicated total patients in 1999
The uninsured accounted for 64.3% of clinic patients
Clinics provided 0.69 visits per uninsured Contra Costa County resident

Clinic Revenues

Clinic revenues and expenses were \$17,560,779

The largest revenue source for Contra Costa community clinics was patient fees at 73.7%

- Reimbursements for Medi-Cal were 14.1% of patient fees
- Uninsured reimbursements were 25.3% of patient fees
 - County program payments accounted for 16.2% of uninsured reimbursements
 - CHDP contributed 5%
 - EAPC payments accounted for 1.7%
 - 28.2% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- Contra Costa County hospitals total operating expenses were \$665,127,050
 - The county indigent uninsured accounted for 3.2% of hospital inpatient days
 - The county indigent uninsured accounted for 10.4% of hospital outpatient visits
 - The county indigent uninsured accounted for 10.7% of emergency room visits
- The Contra Costa Regional Medical Center treated the largest proportions of the county indigent (84.4%)

Care to the Uninsured

- Contra Costa County Hospitals lost approximately \$21 million (3% of net patient revenues) in bad debt and charity care to the uninsured
- County indigent patient reimbursements totaled approximately \$6,500,000 (1% of net patient revenues)
- These facilities reported:

- 10,046 inpatient days of care to the county indigent (80.7 bed days per 1,000 uninsured county residents)
- 68,442 outpatient visits to the county indigent (550 hospital outpatient visits per 1,000 uninsured county residents)
- 20,918 emergency room visits to the county indigent (168.1 emergency visits per 1,000 uninsured)
- Gross DSH: \$29.3 million

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$26 million
 Proposition 99 (2000-2001): \$1.6 million
 Net County DSH (1999-2000): \$10 million

MISP Data

Contra Costa County reports the following statistics to the California Department of Health Services regarding expenditures for county indigent uninsured care for 1999.

- 11,736 total unduplicated patients
 - 5,379 inpatient days (43.2 days per 1,000 uninsured)
 - Emergency Medical Services: 4,383 visits (35.2 emergency room visits per 1,000 uninsured)
 - Outpatient: 43,399 visits (0.34 visits per uninsured)

Total spending: \$25,830,206

Contra Costa’s Local Initiative

In 1983, Contra Costa County introduced Basic Adult Care (BAC) to provide health insurance coverage to an estimated 9,000 uninsured adults between 21 and 64 who earn less than \$24,000 per year and are eligible for the Medically Indigent Service Program (MISP). BAC functions as a staff model HMO administered by the Contra Costa Health Plan (CCHP). Members must receive outpatient care at one of eleven county health centers and inpatient care from the county hospital. About 4,000 adults participate in BAC.

Job-Based Insurance

The job-based insurance rate for Contra Costa County is 82%

Health Plans for Small Employers

The lowest PacAdvantage prices in Contra Costa County are through Kaiser Permanente, where monthly premiums for a 35 year old adult employee without dependents are \$148, and monthly premiums for a 50 year old adult employee without dependents are \$235. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices in Contra Costa County are through Kaiser Permanente, where monthly premiums for a 35 year old individual are \$149, and monthly premiums for a 50 year old

individual are \$230. These prices are for Kaiser Permanente's Standard HMO Plan (Personal Advantage), and include \$15 primary care visits, \$15 emergency room visits, and \$10 for prescription drugs.

Sacramento County Summary

Demographics

- Sacramento County has a population of 1,236,054
 - 16% are uninsured
 - 19.3% are covered through Medi-Cal
 - 1% are covered through Healthy Families

Income Breakdown:

- 28.9% of Sacramento residents live below 200% of the federal poverty level
 - 12.5% below 100% FPL
 - 16.4% between 100-200% FPL

Community Clinics (OSHPD Data)

Sacramento community clinics served 41,508 unduplicated total patients in 1999
The uninsured accounted for 63% of clinic patients
Clinics provided 0.29 visits per uninsured Sacramento County resident

Clinic Revenues

Clinic revenues and expenses were \$19,352,691
The largest revenue source for Sacramento community clinics was patient fees at 38.1%

- Reimbursements for Medi-Cal were 36.8% of patient fees
- Uninsured reimbursements were 48.1% of patient fees
 - County program payments accounted for 7.4% of uninsured reimbursements
 - CHDP contributed 3.2%
 - EAPC payments accounted for 5.4%
 - 24.5% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- Sacramento County hospitals total operating expenses were \$1,214,045,648
 - The county indigent uninsured accounted for 2.8% of hospital inpatient days
 - The county indigent uninsured accounted for 3.1% of hospital outpatient visits
 - The county indigent uninsured accounted for 3.7% of emergency room visits
- The University of California, Davis Medical Center treated the greatest proportions of the county indigent (70.3%)

Care to the Uninsured

- Sacramento County Hospitals lost approximately \$41,324,535 (3% of net patient revenues) in bad debt and charity care to the uninsured
- County indigent patient reimbursements totaled approximately \$27,072,808 (2% of net patient revenues)
- These facilities reported:

- 16,480 inpatient days of care to the county indigent (94.7 bed days per 1,000 uninsured county residents)
- 34,060 outpatient visits to the county indigent (195.7 hospital outpatient visits per 1,000 uninsured county residents)
- 8,322 emergency room visits to the county indigent (47.8 emergency visits per 1,000 uninsured)
- Gross DSH: \$120.7 million

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$40.1 million

Proposition 99 (2000-2001): \$2.3 million

MISP Data

Sacramento County reports the following statistics to the California Department of Health Services regarding expenditures for county indigent uninsured care for 1999.

- 54,894 total unduplicated patients
 - 12,624 inpatient days (72.5 days per 1,000 uninsured)
 - Emergency Medical Services: 18,972 visits (109 emergency room visits per 1,000 uninsured)
 - Outpatient: 154,912 visits (0.89 visits per uninsured)
- Total spending: \$67,412,072

Job-Based Insurance

The job-based insurance rate for Sacramento County is 61%

Health Plans for Small Employers

The lowest PacAdvantage prices in Sacramento County are through Western Health, where monthly premiums for a 35 year old adult employee without dependents are \$141, and monthly premiums for a 50 year old adult employee without dependents are \$225. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices in Sacramento County are through Kaiser Permanente, where monthly premiums for a 35 year old individual are \$149, and monthly premiums for a 50 year old individual are \$230. These prices are for Kaiser Permanente's Standard HMO Plan (Personal Advantage), and include \$15 primary care visits, \$15 emergency room visits, and \$10 for prescription drugs.

San Francisco County Summary

Demographics

- San Francisco County has a population of 794,342
 - 34% are uninsured
 - 13.9% are covered through Medi-Cal
 - 1.4% are covered through Healthy Families

Income Breakdown:

- 30.1% of San Francisco residents live below 200% of the federal poverty level
 - 12.7% below 100% FPL
 - 17.4% between 100-200% FPL

Community Clinics (OSHPD Data)

San Francisco community clinics served 87,714 unduplicated total patients in 1999
The uninsured accounted for 58.2% of clinic patients
Clinics provided .65 visits per uninsured San Francisco County resident

Clinic Revenues

Clinic revenues and expenses were \$83,571,115

Most patient reimbursements were for Medi-Cal (50.9%)

Uninsured reimbursements were 29.7% of patient fees

- County program payments accounted for 4.7% of uninsured reimbursements
- CHDP contributed 4.7%
- EAPC payments accounted for 28.9%
- 28% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- San Francisco County hospitals total operating expenses were \$1,455,068,890
 - The county indigent uninsured accounted for 5.3% of hospital inpatient days
 - The county indigent uninsured accounted for 3.3% of hospital outpatient visits
 - The county indigent uninsured accounted for 14.5% of emergency room visits
- San Francisco County General Hospital admitted the greatest share of the county indigent uninsured (93.8%)

Care to the Uninsured

- San Francisco County Hospitals lost approximately \$43,351,125 (3% of net patient revenues) in bad debt and charity care to the uninsured
- Reported County indigent patient reimbursements totaled approximately \$16,989,413 (1.2% of net patient revenues)
- These facilities reported:
 - 34,253 inpatient days of care to the county indigent (144 bed days per 1,000 uninsured county residents)

- 105,729 outpatient visits to the county indigent (488 hospital outpatient visits per 1,000 uninsured county residents)
- 37,165 emergency room visits to the county indigent (156 emergency visits per 1,000 uninsured)
- Gross DSH: \$94.4 million

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$79.1 million
 Proposition 99 (2000-2001): \$4.8 million
 Net County DSH (1999-2000): \$29 million
 1255: \$16 million

MISP Data

San Francisco County reports the following statistics to the California Department of Health Services regarding expenditures for county indigent uninsured care for 1999.

- 68,660 total unduplicated patients
 - 25,236 inpatient days (106.2 days per 1,000 uninsured)
 - Emergency Medical Services: 45,004 visits (189 emergency room visits per 1,000 uninsured)
 - Outpatient: 220,510 visits (0.93 visit per uninsured)
- Total spending: \$76,101,815

San Francisco’s Local Initiative

Healthy Kids covers low and moderate income children who do not qualify for MediCal or Healthy Families. San Francisco County has expanded health insurance coverage for In-Home Support Services (IHSS) workers through the Local Initiative’s network. San Francisco funds these initiatives using a mix of tobacco settlement funds, county funds, and federal and state revenues.

Job-Based Insurance

The job-based insurance rate for San Francisco County is 53%

Health Plans for Small Employers

The lowest PacAdvantage prices in San Francisco County are through Chinese Health Plan, where monthly premiums for a 35 year old adult employee without dependents are \$116, and monthly premiums for a 50 year old adult employee without dependents are \$195. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices in San Francisco County are through Kaiser Permanente, where monthly premiums for a 35 year old individual are \$149, and monthly premiums for a 50 year old individual are \$230. These prices are for Kaiser Permanente’s Standard HMO Plan (Personal Advantage), and include \$15 primary care visits, \$15 emergency room visits, and \$10 for prescription drugs.

Santa Clara County Summary

Demographics

- Santa Clara County has a population of 1,795,132
 - 16% are uninsured
 - 8% are covered through Medi-Cal
 - 0.96% through Healthy Families

Income Breakdown:

- 18.4% of Santa Clara's residents have incomes below 200% of the Federal Poverty Level
 - 7.5% below 100% FPL
 - 10.9% between 100 and 200% FPL

Community Clinics (OSHPD Data)

Santa Clara community clinics served 83,406 unduplicated total patients in 1999
The uninsured accounted for 73.1% of clinic patients
Clinics provided .57 visits per uninsured Santa Clara County resident

Clinic Revenues

Clinic revenues and expenses were \$35,386,010
The largest revenue source for Santa Clara community clinics was patient revenues (63.2%)
Reimbursements for Medi-Cal were 41.2% of patient fees

- Uninsured reimbursements were 36.9% of patient fees
 - County program payments accounted for 1.9% of uninsured reimbursements
 - CHDP contributed 3.7%

30.9% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

Santa Clara County hospitals' total operating expenses were \$1,882,567,313
The county indigent uninsured accounted for 3.4% of hospital inpatient days
The county indigent uninsured accounted for 7.7% of hospital outpatient days
The county indigent accounted for 12.5% of emergency room visits
The Santa Clara Valley Medical Center and the Santa Clara Valley Mental Health Facility treated the greatest proportions of county indigent (79%)

Care to the Uninsured

Santa Clara County Hospitals lost approximately \$29,645,564 (1.6% of net patient revenues) in bad debt and charity care to the uninsured
County indigent patient reimbursements totaled \$58,237,110 (3.2% of net patient revenues)
These facilities reported:

21,456 inpatient days of care to the county indigent (85.2 hospital visits per 1,000 uninsured county residents)
126,970 outpatient visits to county indigent patients (502.2 hospital visits per 1,000 uninsured county residents)
39,590 emergency room visits to county indigent patients (156.6 visits per 1,000 uninsured county residents)
Gross DSH; \$120.6 million

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$44 million
Proposition 99 (2000-2001): \$4.6 million
Net County DSH (1999-2000): \$41 million
1255: \$12 million

MISP Data

Santa Clara County reports the following statistics to the California Department of Health Services regarding expenditures for county indigent uninsured care for 1999.

- 68,027 unduplicated patients
 - 12,215 inpatient days (48.3 days per 1,000 uninsured)
 - Emergency Medical Services: 31,388 visits (124.1 visits per 1,000 uninsured)
 - Outpatient: 154,545 visits (0.61 visits per uninsured)
- Total spending: \$93,109,430

Santa Clara's Local Initiative

Santa Clara's initiative is called Healthy Kids, and it is a subsidized private insurance product for children who do not qualify for Medi-Cal or Healthy Families. Santa Clara has expanded health insurance coverage for In-Home Support Services (IHSS) workers through the Local Initiative's network.

Job-Based Insurance

The job-based insurance rate for Santa Clara County is 72%

Health Plans for Small Employers

The lowest PacAdvantage prices in Santa Clara County are through Kaiser Permanente, where monthly premiums for a 35 year old adult employee without dependents are \$148, and monthly premiums for a 50 year old adult employee without dependents are \$235. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices in Santa Clara County are through Kaiser Permanente, where monthly premiums for a 35 year old individual are \$149, and monthly premiums for a 50 year old individual are \$253. These prices are for Kaiser Permanente's Standard HMO Plan (Personal Advantage), and include \$15 primary care visits, \$15 emergency room visits, and \$10 for prescription drugs.

Santa Cruz County Summary

Demographics

- Santa Cruz County has a population of 264,525
 - 15% are uninsured
 - 9.25% are covered through Medi-Cal
 - 1.5% through Healthy Families

Income Breakdown:

- 27% of Santa Cruz's residents have incomes below 200% of the Federal Poverty Level
 - 10.7% below 100% FPL
 - 16.3% between 100 and 200% FPL

Community Clinics (OSHPD Data)

Santa Cruz community clinics served 26,184 unduplicated total patients in 1999
The uninsured accounted for 79.6% of clinic patients
Clinics provided 1.3 visits per uninsured Santa Cruz County resident

Clinic Revenues

Clinic revenues and expenses were \$7,488,254
The largest revenue source for Santa Cruz community clinics was patient revenues (73.5%)

- Reimbursements for Medi-Cal were 39.6% of patient fees
- Uninsured reimbursements were 55.3% of patient fees
 - County program payments accounted for 1.2% of uninsured reimbursements
 - CHDP contributed 9.4%
 - EPAC payments accounted for 12.2%
 - 21.2% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

Santa Cruz County hospitals' total operating expenses were \$173.3 million

- The county indigent uninsured accounted for 2% of hospital inpatient days
- The county indigent uninsured accounted for 2.3% of hospital outpatient days
- The county indigent accounted for 4% of emergency room visits

The Dominican Santa Cruz Hospital (Soquel) treated the greatest proportions of the county indigent (97.3%)

Care to the Uninsured

Santa Cruz County Hospitals lost approximately \$3,923,213 (2.4% of net patient revenues) in bad debt and charity care to the uninsured
County indigent patient reimbursements totaled \$4,000,000 (2.5% of net patient revenues)
These facilities reported:

1,766 inpatient days of care to the county indigent (51 hospital visits per 1,000 uninsured county residents)
3157 outpatient visits to county indigent patients (90.4 hospital visits per 1,000 uninsured county residents)
2184 emergency room visits to county indigent patients (62.5 visits per 1,000 uninsured county residents)
Gross DSH: \$14 million

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$7.4 million
Proposition 99 (2000-2001): \$542,000

MISP Data

Santa Cruz County reports the following statistics to the California Department of Health Services regarding expenditures for county indigent uninsured care for 1999.

3,813 unduplicated patients
1,743 inpatient days (51 days per 1,000 uninsured)
Emergency Medical Services: 716 visits (20.5 visits per 1,000 uninsured)
Outpatient: 11,993 visits (.34 visits per uninsured)

Total spending: \$5,215,393

Santa Cruz's Local Initiative

Medi-Cruz is an entitlement program that was started in 1983 as a result of the state transfer of health care responsibility for the Medically Indigent Adults to the counties.

Health Plans for Small Employers

The lowest PacAdvantage prices in Santa Cruz County are through Health Net, where monthly premiums for a 35 year old adult employee without dependents are \$186, and monthly premiums for a 50 year old adult employee without dependents are \$811. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices in Santa Cruz County are through Blue Shield, where monthly premiums for a 35 year old individual are \$188, and monthly premiums for a 50 year old individual are \$333. These prices are for Acces+ HMO, where members pay a fixed co-payment of 10 for each visit.

Fresno County Summary

Demographics

- Fresno County has a population of 799,407
 - 18% are uninsured
 - 26% are covered through Medi-Cal
 - 2.2% are covered through Healthy Families

Income Breakdown:

- 45% of Fresno residents live below 200% of the federal poverty level
 - 21.4% below 100% FPL
 - 23.6% between 100-200% FPL

Community Clinics (OSHPD Data)

Fresno community clinics served 86,399 unduplicated total patients in 1999
The uninsured accounted for 45% of clinic patients
Clinics provided 0.8 visits per uninsured Fresno County resident

Clinic Revenues

- Clinic revenues and expenses were \$25,880,000
The largest revenue source for Fresno community clinics was patient fees at 63%
- Reimbursements for Medi-Cal were 54% of patient fees
 - Uninsured reimbursements were 30% of patient fees
 - County program payments accounted for 4.6% of uninsured reimbursements
 - CHDP contributed 14%
 - EAPC payments accounted for 8%
 - 22% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- Fresno County hospitals total operating expenses were \$713,000,000
 - The county indigent uninsured accounted for 2% of hospital inpatient days
 - The county indigent uninsured accounted for 1.2% of hospital outpatient visits
 - The county indigent uninsured accounted for 3.6% of emergency room visits
- University Medical Center admitted the greatest percentages of the county indigent uninsured 88%.

Care to the Uninsured

- Fresno County Hospitals lost approximately \$32,387,520 (4.5% of net patient revenues) in bad debt and charity care to the uninsured
- Reported County indigent patient reimbursements totaled approximately \$20,302,991 (2.9% of net patient revenues)
- These facilities reported:

- 7,471 inpatient days of care to the county indigent (58 bed days per 1,000 uninsured county residents)
- 42,861 outpatient visits to the county indigent (331 hospital outpatient visits per 1,000 uninsured county residents)
- 8,566 emergency room visits to the county indigent (66 emergency visits per 1,000 uninsured)
- Gross DSH: \$68 million

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$31 million
 Proposition 99 (2000-2001): \$1.8 million
 Net DSH (1998): \$68 million

MISP Data

Fresno County reports the following statistics to the California Department of Health Services regarding expenditures for county indigent uninsured care for 1999.

- 19,221 total unduplicated patients
 - 13,704 inpatient days (108 days per 1,000 uninsured)
 - Emergency Medical Services: 10,433 visits (81 emergency room visits per 1,000 uninsured)
 - Outpatient: 65,149 visits (0.51 visits per uninsured)
- Total spending: \$19,174,550

Job-Based Insurance

The job-based insurance rate for Fresno County is 54%

Health Plans for Small Employers

The lowest PacAdvantage prices in Fresno County are through Kaiser, where monthly premiums for a 35 year old adult employee without dependents are \$115, and monthly premiums for a 50 year old adult employee without dependents are \$192. The prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices in Fresno County are through Kaiser Permanente, where monthly premiums for a 35 year old individual are \$149, and monthly premiums for a 50 year old individual are \$230. These prices are for the HMO Standard Plan. Primary care visits are \$15 per visit, emergency services are \$15 per visit, and prescription drug coverage is \$10 for generic drugs.

Kern County Summary

Demographics

- Kern County has a population of 661,645
 - 23% are uninsured
 - 21% are covered through Medi-Cal
 - 2.2% are covered through Healthy Families

Income Breakdown:

- 39.8% of Kern residents live below 200% of the federal poverty level
 - 16.9% below 100% FPL
 - 22.9% between 100-200% FPL

Community Clinics (OSHPD Data)

Kern community clinics served 94,883 unduplicated total patients in 1999
The uninsured accounted for 44% of clinic patients
Clinics provided .3 visits per uninsured Kern County resident

Clinic Revenues

Clinic revenues and expenses were \$26,141,368
The largest revenue source for Kern community clinics was patient fees at 76%

- Reimbursements for Medi-Cal were 58% of patient fees
- Uninsured reimbursements were 26% of patient fees
 - County program payments accounted for 0% of uninsured reimbursements
 - CHDP contributed 16%
 - EAPC payments accounted for 17%
 - 29% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- Kern County hospitals total operating expenses were \$470,600,000
 - The county indigent uninsured accounted for 3% of hospital inpatient days
 - The county indigent uninsured accounted for 7% of hospital outpatient visits
 - The county indigent uninsured accounted for 11% of emergency room visits
- Kern Medical Center admitted the greatest percentages of the county indigent uninsured (92%)

Care to the Uninsured

- Kern County Hospitals lost approximately \$18,700,000 (4% of net patient revenues) in bad debt and charity care to the uninsured
- Reported county indigent patient reimbursements totaled approximately \$3,060,000 (0.6% of net patient revenues)
- These facilities reported:
 - 10,612 inpatient days of care to the county indigent (77 bed days per 1,000 uninsured county residents)

- 36,000 outpatient visits to the county indigent (262 hospital outpatient visits per 1,000 uninsured county residents)
- 19,450 emergency room visits to the county indigent (142 emergency visits per 1,000 uninsured)
- Gross DSH: \$48.9 million

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$21,257,156
 Proposition 99 (2000-2001): \$1,548,192
 Net County DSH (1999-2000): \$19,251,806

MISP Data

Kern County reports the following statistics to the California Department of Health Services regarding expenditures for county indigent uninsured care for 1999.

- 8,458 total unduplicated patients
 - 5,654 inpatient days (41 days per 1,000 uninsured)
 - Emergency Medical Services: 6,403 visits (47 emergency room visits per 1,000 uninsured)
 - Outpatient: 17,284 visits (0.13 visits per uninsured)
- Total spending: \$18,211,276

Job-Based Insurance

The job-based insurance rate for Kern County is 60%

Health Plans for Small Employers

The lowest PacAdvantage prices in Kern County are through Health Net, where monthly premiums for a 35 year old adult employee without dependents are \$138, and monthly premiums for a 50 year old adult employee without dependents are \$207. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices in Kern County are through Blue Cross, where monthly premiums for a 35 year old individual are \$168, and monthly premiums for a 50 year old individual are \$212. These prices are for the HMO Save Plan, which includes \$10 office visits, and \$10 for generic drugs.

Merced County Summary

Demographics

- Merced County has a population of 210,554
 - 22% are uninsured
 - 25% are covered through Medi-Cal
 - 2.7% are covered through Healthy Families

Income Breakdown:

- 47.3% of Merced residents live below 200% of the federal poverty level
 - 19.9% below 100% FPL
 - 27.4% between 100-200% FPL

Community Clinics (OSHPD Data)

Merced community clinics served 49,459 unduplicated total patients in 1999
The uninsured accounted for 42% of clinic patients
Clinics provided 1.3 visits per uninsured Merced County resident

Clinic Revenues

Clinic revenues and expenses were \$12,619,273
The largest revenue source for Merced community clinics was patient fees at 85%

- Reimbursements for Medi-Cal were 56% of patient fees
- Uninsured reimbursements were 26% of patient fees
 - County program payments accounted for 3% of uninsured reimbursements
 - CHDP contributed 10%
 - EAPC payments accounted for 15%
 - 29% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- Merced County hospitals total operating expenses were \$96,800,000
 - The county indigent uninsured accounted for 2% of hospital inpatient days
 - The county indigent uninsured accounted for 4.7% of hospital outpatient visits
 - The county indigent uninsured accounted for 1.4% of emergency room visits
- Sutter Merced Medical Center admitted the greatest percentage of the county indigent uninsured (98%)

Care to the Uninsured

- Merced County Hospitals lost approximately \$3,400,000 (3% of net patient revenues) in bad debt and charity care to the uninsured
- Reported county indigent patient reimbursements totaled approximately \$2,600,000
- These facilities reported:
 - 1,107 inpatient days of care to the county indigent (27 bed days per 1,000 uninsured county residents)

- 10,554 outpatient visits to the county indigent (253 hospital outpatient visits per 1,000 uninsured county residents)
- 791 emergency room visits to the county indigent (19 emergency visits per 1,000 uninsured)
- Gross DSH: \$9,420

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$6,977,634
 Proposition 99 (2000-2001): \$510,005
 Net County DSH: \$9,420

MISP Data

Merced County reports the following statistics to the California Department of Health Services regarding expenditures for county indigent uninsured care for 1999.

- 6,141 total unduplicated patients
 - 1,307 inpatient days (31 days per 1,000 uninsured)
 - Emergency Medical Services: 4,502 visits (108 emergency room visits per 1,000 uninsured)
 - Outpatient: 17,292 visits (0.42 visits per uninsured)
- Total spending: \$3,674,036

Job-Based Insurance

The job-based insurance rate for Merced County is 50%

Health Plans for Small Employers

The lowest PacAdvantage prices in Merced County are through Kaiser North, where monthly premiums for a 35 year old adult employee without dependents are \$115, and monthly premiums for a 50 year old adult employee without dependents are \$235. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices in Merced County are through Kaiser Permanente, where monthly premiums for a 35 year old individual are \$149, and monthly premiums for a 50 year old individual are \$230. These prices are for the HMO Standard Plan, where primary care visits are \$15 per visit, emergency services are \$15 per visit, and prescription drug coverage is \$10 for generic drugs.

Monterey County Summary

Demographics

- Monterey County has a population of 401,762
 - 29% are uninsured
 - 13% are covered through Medi-Cal
 - 2.8% are covered through Healthy Families

Income Breakdown:

- 33.7% of Monterey residents live below 200% of the federal poverty level
 - 11.6% below 100% FPL
 - 22.1% between 100-200% FPL

Community Clinics (OSHPD Data)

Monterey community clinics served 43,713 unduplicated total patients in 1999
The uninsured accounted for 53% of clinic patients
Clinics provided 0.6 visits per uninsured Monterey County resident

Clinic Revenues

Clinic revenues and expenses were \$11,004,945
The largest revenue source for Monterey community clinics was patient fees at 86%

- Reimbursements for Medi-Cal were 43% of patient fees
- Uninsured reimbursements were 43% of patient fees
 - County program payments accounted for 0.1% of uninsured reimbursements
 - CHDP contributed 16%
 - EAPC payments accounted for 13%
 - 34% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- Monterey County hospitals total operating expenses were \$362,400,000
 - The county indigent uninsured accounted for 2% of hospital inpatient days
 - The county indigent uninsured accounted for 7.8% of hospital outpatient visits
 - The county indigent uninsured accounted for 2.4% of emergency room visits
- Natividad Medical Center admitted the greatest percentage of the county indigent uninsured (89%)

Care to the Uninsured

- Monterey County Hospitals lost approximately \$13,550,000 (4% of net patient revenues) in bad debt and charity care to the uninsured
- Reported county indigent patient reimbursements totaled approximately \$7,400,000 (2% of net patient revenues)
- These facilities reported:
 - 2,952 inpatient days of care to the county indigent (28 bed days per 1,000 uninsured county residents)

- 36,225 outpatient visits to the county indigent (345 hospital outpatient visits per 1,000 uninsured county residents)
- 2,125 emergency room visits to the county indigent (20 emergency visits per 1,000 uninsured)
- Gross DSH: \$9.8 million

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$10,538,013
 Proposition 99 (2000-2001): \$1,054,997
 Net County DSH (1999-2000): \$4,07,924

MISP Data

Monterey County reports the following statistics to the California Department of Health Services regarding expenditures for county indigent uninsured care for 1999.

- 4,840 total unduplicated patients
 - 1,906 inpatient days (18 days per 1,000 uninsured)
 - Emergency Medical Services: 2,690 visits (26 emergency room visits per 1,000 uninsured)
 - Outpatient: 21,339 visits (0.20 visits per uninsured)
- Total spending: \$9,347,859

Job-Based Insurance

The job-based insurance rate for Monterey County is 45%

Health Plans for Small Employers

The lowest prices for Monterey County are through Blue Shield, where monthly premiums for a 35 year old individual are \$144, and monthly premiums for a 50 year old individual are \$194. These prices are for the standard HMO plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices in Monterey County are through Blue Cross, where monthly premiums for a 35 year old individual are \$260, and monthly premiums for a 50 year old individual are \$327. These prices are for the standard HMO Plan, which includes \$10 co-payments for office visits.

San Joaquin County Summary

Demographics

- San Joaquin County has a population of 563,598
 - 22% are uninsured
 - 19% are covered through Medi-Cal
 - 2.4% are covered through Healthy Families

Income Breakdown:

- 36.3% of San Joaquin residents live below 200% of the federal poverty level
 - 15.7% below 100% FPL
 - 20.6% between 100-200% FPL

Community Clinics (OSHPD Data)

San Joaquin community clinics served 80,524 unduplicated total patients in 1999
The uninsured accounted for 74% of clinic patients
Clinics provided 0.9 visits per uninsured San Joaquin County resident

Clinic Revenues

Clinic revenues and expenses were \$14,209,000
The largest revenue source for San Joaquin community clinics was patient fees at 66%

- Reimbursements for Medi-Cal were 45% of patient fees
- Uninsured reimbursements were 51% of patient fees
 - County program payments accounted for 0% of uninsured reimbursements
 - CHDP contributed 11%
 - EAPC payments accounted for 7.4%
 - 26% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- San Joaquin hospitals total operating expenses were \$446,700,000
 - The county indigent uninsured accounted for 3.4% of hospital inpatient days
 - The county indigent uninsured accounted for 5% of hospital outpatient visits
 - The county indigent uninsured accounted for 6% of emergency room visits
- The greatest proportions of the county indigent (96%) were seen at San Joaquin General Hospital

Care to the Uninsured

- San Joaquin Hospitals lost approximately \$9,100,000 (2% of net patient revenues) in bad debt and charity care to the uninsured
- Reported county indigent patient reimbursements totaled approximately \$10,600,000 (2.4% of net patient revenues)
- These facilities reported:

- 7,996 inpatient days of care to the county indigent (71 bed days per 1000 uninsured county residents)
- 48,846 outpatient visits to the county indigent (438 hospital outpatient visits per 1000 uninsured county residents)
- 10,732 emergency room visits to the county indigent (96 emergency visits per 1000 uninsured)
- Gross DSH: \$22.9 million

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$17,313,703
 Proposition 99 (2000-2001): \$1,591,505
 Net County DSH (1999-2000): \$10,659,512

MISP Data

San Joaquin County reports the following statistics to the California Department of Health Services regarding expenditures for county indigent uninsured care for 1999.

- 25,063 total unduplicated patients
 - 8,542 days inpatient days (78 days per 1,000 uninsured)
 - Emergency Medical Services: 17,493 visits (160 ER visits per 1,000 uninsured)
 - Outpatient: 44,981 visits (0.41 visits per uninsured)

Job-Based Insurance

The job-based insurance rate for San Joaquin County is 60%

Health Plans for Small Employers

The lowest PacAdvantage prices in San Joaquin County are through Kaiser North, where monthly premiums for a 35 year old adult employee without dependents are \$115, and monthly premiums for a 50 year old adult employee without dependents are \$192. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices in San Joaquin County are through Kaiser Permanente, where monthly premiums for a 35 year old individual are \$149, and monthly premiums for a 50 year old individual are \$230. These prices are the for standard HMO plan, where primary care visits are \$15 per visit, emergency services are \$15 per visit, and prescription drug coverage is \$10 for generic drugs.

Stanislaus County Summary

Demographics

- Stanislaus County has a population of 446,997
 - 17% are uninsured
 - 19% are covered through Medi-Cal
 - 1.8% are covered through Healthy Families

Income Breakdown:

- 35.6% of Stanislaus residents live below 200% of the federal poverty level
 - 14.1% below 100% FPL
 - 21.5% between 100-200% FPL

Community Clinics (OSHPD Data)

Stanislaus community clinics served 36,360 unduplicated total patients in 1999
The uninsured accounted for 37% of clinic patients
Clinics provided 0.3 visits per uninsured Stanislaus County resident

Clinic Revenues

Clinic revenues and expenses were \$7,570,000
The largest revenue source for Stanislaus community clinics was patient fees at 81%

- Reimbursements for Medi-Cal were 63% of patient fees
- Uninsured reimbursements were 28% of patient fees
 - County program payments accounted for 0.06% of uninsured reimbursements
 - CHDP contributed 13%
 - EAPC payments accounted for 9.8%
 - 23% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- Stanislaus County hospitals total operating expenses were \$427,000,000
 - The county indigent uninsured accounted for 1% of hospital inpatient days
 - The county indigent uninsured accounted for 3.9% of hospital outpatient visits
 - The county indigent uninsured accounted for 4.8% of emergency room visits
- Stanislaus Medical Center admitted the greatest percentage of the county indigent uninsured (57%)

Care to the Uninsured

- Stanislaus County Hospitals lost approximately \$7,700,000 (1.6% of net patient revenues) in bad debt and charity care to the uninsured
- Reported county indigent patient reimbursements totaled approximately \$7,202,983 (1.3% of net patient revenues)
- These facilities reported:
 - 3,684 inpatient days of care to the county indigent (54 bed days per 1000 uninsured county residents)

- 23,018 outpatient visits to the county indigent (337 hospital outpatient visits per 1000 uninsured county residents)
- 8,541 emergency room visits to the county indigent (125 emergency visits per 1000 uninsured)
- Gross DSH: \$15,198,409

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$14,192,900

Proposition 99 (2000-2001): \$1,087,699

MISP Data

Stanislaus County reports the following statistics to the California Department of Health Services regarding expenditures for county indigent uninsured care for 1999.

- 13,933 total unduplicated patients
 - 4,082 inpatient days (60 days per 1,000 uninsured)
 - Emergency Medical Services: 14,198 visits (208 emergency room visits per 1,000 uninsured)
 - Outpatient: 19,891 visits (0.29 visits per uninsured)
- Total spending: \$10,089,013

Job-Based Insurance

The job-based insurance rate for Stanislaus County is 58%.

Health Plans for Small Employers

The lowest PacAdvantage prices in Stanislaus County are through Kaiser North, where monthly premiums for a 35 year old adult employee without dependents are \$115, and monthly premiums for a 50 year old adult employee without dependents are \$192. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices in Stanislaus County are through Kaiser Permanente, where monthly premiums for a 35 year old individual are \$149, and monthly premiums for a 50 year old individual are \$230. Primary care visits are \$15 per visit, emergency services are \$15 per visit, and prescription drug coverage is \$10 for generic drugs.

Tulare County Summary

Demographics

- Tulare County has a population of 368,021
 - 26% are uninsured
 - 26% are covered through Medi-Cal
 - 2.8% are covered through Healthy Families

Income Breakdown:

- 49.4% of Tulare residents live below 200% of the federal poverty level
 - 22.6% below 100% FPL
 - 26.8% between 100-200% FPL

Community Clinics (OSHPD Data)

Tulare community clinics served 75,234 unduplicated total patients in 1999
The uninsured accounted for 29% of clinic patients
Clinics provided 0.7 visits per uninsured Tulare County resident

Clinic Revenues

Clinic revenues and expenses were \$19,200,000
The largest revenue source for Tulare community clinics was patient fees at 82%

- Reimbursements for Medi-Cal were 73% of patient fees
- Uninsured reimbursements were 14% of patient fees
 - County program payments accounted for 0% of uninsured reimbursements
 - CHDP contributed 16%
 - EAPC payments accounted for 10%
 - 51% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- Tulare County hospitals total operating expenses were \$240,000,000
 - The county indigent uninsured accounted for 1% of hospital inpatient days
 - The county indigent uninsured accounted for 0.4% of hospital outpatient visits
 - The county indigent uninsured accounted for 1% of emergency room visits
- Kaweah Delta District Hospital admitted the greatest percentage of county indigent uninsured (79%)

Care to the Uninsured

- Tulare County Hospitals lost approximately \$11,260,000 (5% of net patient revenues) in bad debt and charity care to the uninsured
- Reported county indigent patient reimbursements totaled approximately \$3,236,000 (1% of net patient revenues)
- These facilities reported:
 - 1,579 inpatient days of care to the county indigent (18 bed days per 1,000 uninsured county residents)

- 1,631 outpatient visits to the county indigent (19 hospital outpatient visits per 1,000 uninsured county residents)
- 1,169 emergency room visits to the county indigent (14 emergency visits per 1,000 uninsured)
- Gross DSH: \$424,174

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$12,470,928

Proposition 99 (2000-2001): \$969,321

MISP Data

Tulare County reports the following statistics to the California Department of Health Services regarding expenditures for county indigent uninsured care for 1999.

- 8,185 total unduplicated patients
 - 4,082 inpatient days (60 days per 1,000 uninsured)
 - Emergency Medical Services: 2,032 visits (30 emergency room visits per 1,000 uninsured)
 - Outpatient: 25,329 visits (0.37 visits per uninsured)
- Total spending: \$6,184,686

Job-Based Insurance

The job-based insurance rate for Tulare County is 43%

Health Plans for Small Employers

The lowest PacAdvantage prices in Tulare County are through Kaiser Permanente, where monthly premiums for a 35 year old adult employee without dependents are \$115, and monthly premiums for a 50 year old adult employee without dependents are \$192. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices in Tulare County are through Kaiser Permanente, where monthly premiums for a 35 year old individual are \$149, and monthly premiums for 50 year old individual are \$230. These prices are for the standard HMO Plan. Primary Care visits are \$15 per visit, emergency services are \$15 per visit, and prescription drug coverage is \$10 for generic drugs.

San Luis Obispo County Summary

Demographics

- San Luis Obispo County has a population of 246,681
 - 15.3% are uninsured
 - 9% are covered through Medi-Cal
 - 0.65% are covered through Healthy Families

Income Breakdown:

- 30% of San Luis Obispo residents live below 200% of the federal poverty level
 - 13% below 100% FPL
 - 17% between 100-200% FPL

Community Clinics (OSHPD Data)

San Luis Obispo community clinics served 35,226 unduplicated total patients in 1999
The uninsured accounted for 42% of clinic patients
Clinics provided 0.8 visits per uninsured San Luis Obispo County resident

Clinic Revenues

- Clinic revenues and expenses were \$9,245,052
- The largest revenue source for San Luis Obispo community clinics was patient fees at 71%
 - Reimbursements for Medi-Cal were 43% of patient fees
 - Uninsured reimbursements were 25% of patient fees
 - County program payments accounted for 3% of uninsured reimbursements
 - CHDP contributed 3%
 - EAPC payments accounted for 9%
 - 51% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- San Luis Obispo County hospitals total operating expenses were \$161,905,458
 - The county indigent uninsured accounted for 2% of hospital inpatient days
 - The county indigent uninsured accounted for 2% of hospital outpatient visits
 - The county indigent uninsured accounted for 5% of emergency room visits
- San Luis Obispo General Hospital admits the greatest percentages of the county indigent uninsured (42%)

Care to the Uninsured

- San Luis Obispo County Hospitals lost approximately \$5,000,000 (3% of net patient revenues) in bad debt and charity care to the uninsured
- Reported county indigent patient reimbursements totaled approximately \$2,011,848 (1% of net patient revenues)
- These facilities reported:

- 1,351 inpatient days of care to the county indigent (40 bed days per 1,000 uninsured county residents)
- 5,547 outpatient visits to the county indigent (167 hospital outpatient visits per 1,000 uninsured county residents)
- 3,704 emergency room visits to the county indigent (111 emergency visits per 1,000 uninsured)
- Gross DSH: \$1.6 million

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$5,846,797

Proposition 99 (2000-2001): \$682,846

Net County DSH (1999 – 2000): \$1,067,987

MISP Data

San Luis Obispo County reports the following statistics to the California Department of Health Services regarding expenditures for county indigent uninsured care for 1999.

- 9,298 total unduplicated patients
 - 1,202 inpatient days (36.9 days per 1,000 uninsured)
 - Emergency Medical Services: 1,195 visits (36.7 emergency room visits per 1,000 uninsured)
 - Outpatient: 8,829 visits (0.27 visits per uninsured)
- Total spending: \$4,460,817

Job-Based Insurance

The job-based insurance rate for San Luis Obispo County is 60%

Health Plans for Small Employers

The lowest PacAdvantage prices in San Luis Obispo County are through Health Net, where monthly premiums for a 35 year old adult employee without dependents are \$138, and monthly premiums for a 50 year old adult employee without dependents are \$207. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices in San Luis Obispo County are through Blue Cross, where monthly premiums for a 35 year old individual are \$176, and monthly premiums for a 50 year old individual are \$223. These prices are for the standard HMO plan, which include \$40 office visits, \$100 emergency room visits, and \$15 for prescription drugs.

Santa Barbara County Summary

Demographics

- Santa Barbara County has a population of 339,447
 - 29% are uninsured
 - 11% are covered through Medi-Cal
 - 1.2% are covered through Healthy Families

Income Breakdown:

- 29.7% of Santa Barbara residents living below 200% FPL
 - 12.8% below 100% FPL
 - 16.9% between 100-200% FPL

Community Clinics (OSHPD Data)

Santa Barbara community clinics served 32,463 unduplicated total patients in 1999
The uninsured accounted for 81% of clinic patients
Clinics provided 0.5 visits per uninsured Santa Barbara County resident

Clinic Revenues

Clinic revenues and expenses were \$5,443,099
The largest revenue source for Santa Barbara community clinics was patient fees at 75%

- Reimbursements for Medi-Cal were 23% of patient fees
- Uninsured reimbursements were 73% of patient fees
 - County program payments accounted for 8% of uninsured reimbursements
 - CHDP contributed 5%
 - EAPC payments accounted for 6%
 - 27% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- Santa Barbara County hospitals total operating expenses were \$274,041,110
 - The county indigent uninsured accounted for 1% of hospital inpatient days
 - The county indigent uninsured accounted for 0.8% of hospital outpatient visits
 - The county indigent uninsured accounted for 0.6% of emergency room visits
- Santa Barbara Cottage admits the greatest percentages of the county indigent uninsured for inpatient services (73%)

Care to the Uninsured

- Santa Barbara County Hospitals lost approximately \$5,872,857 (2% of net patient revenues) in bad debt and charity care to the uninsured
- Reported county indigent patient reimbursements totaled approximately \$1,559,117 (1% of net patient revenues)
- These facilities reported:

- 1,464 inpatient days of care to the county indigent (12 bed days per 1,000 uninsured county residents)
- 2,189 outpatient visits to the county indigent (20 hospital outpatient visits per 1,000 uninsured county residents)
- 558 emergency room visits to the county indigent (5 emergency visits per 1,000 uninsured)
- Gross DSH: \$49,384

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$10.9 million

Proposition 99 (2000-2001): \$557,460

Net County DSH: \$49,384

MISP Data

Santa Barbara County reports the following statistics to the California Department of Health Services regarding expenditures for county indigent uninsured care for 1999.

- 14,843 total unduplicated patients
 - 3,471 inpatient days (40 days per 1,000 uninsured)
 - Emergency Medical Services: 3,213 visits (37.1 emergency room visits per 1,000 uninsured)
 - Outpatient: 34,418 visits (0.39 visits per uninsured)
- Total spending: \$12,100,655

Job-Based Insurance

The job-based insurance rate for Santa Barbara County is 64%

Health Plans for Small Employers

The lowest PacAdvantage prices in Santa Barbara County are through Aetna, where monthly premiums for a 35 year old adult employee without dependents are \$132, and monthly premiums for a 50 year old adult employee without dependents are \$205. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices in Santa Barbara County are through Health Net, where monthly premiums for a 35 year old individual are \$114. With Health Net, office visits are \$40, and generic drugs are \$20. The lowest prices for a 50 year old individual are through Blue Cross, where the cost is \$212. For Blue Cross, office visits are \$10, and generic drugs are \$10.

Ventura County Summary

Demographics

- Ventura County has a population of 753,197
 - 16% are uninsured
 - 9% are covered through Medi-Cal
 - 1.3% are covered through Healthy Families

Income Breakdown:

- 21% of Ventura residents live below 200% of the federal poverty level
 - 7.3% below 100% FPL
 - 13.7% between 100-200% FPL

Community Clinics (OSHPD Data)

Ventura community clinics served 39,239 unduplicated total patients in 1999
The uninsured accounted for 61% of clinic patients
Clinics provided 0.45 visits per uninsured Ventura County resident

Clinic Revenues

Clinic revenues and expenses were \$10,380,849
The largest revenue source for Ventura community clinics was patient fees at 90%

- Reimbursements for Medi-Cal were 57% of patient fees
- Uninsured reimbursements were 29% of patient fees
 - County program payments accounted for 0.5% of uninsured reimbursements
 - CHDP contributed 10%
 - EAPC payments accounted for 9%
 - 51% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- Ventura county hospitals total operating expenses were \$522,851,161
 - The county indigent uninsured accounted for 0.7% of hospital inpatient days
 - The county indigent uninsured accounted for 2% of hospital outpatient visits
 - The county indigent uninsured accounted for 0.4% of emergency room visits
- Ventura County Medical Center admits the greatest percentages of the county indigent uninsured (68%)

Care to the Uninsured

- Ventura county hospitals lost \$19,242,014 (4% of net patient revenues) in bad debt and charity care to the uninsured
- Reported county indigent patient reimbursements totaled approximately \$1,998,831 (0.4% of net patient revenues)
- These facilities reported:
 - 2,448 inpatient days of care to the county indigent (20 bed days per 1,000 uninsured county residents)

- 15,246 outpatient visits to the county indigent (130 hospital outpatient visits per 1,000 uninsured county residents)
- 794 emergency room visits to the county indigent (7 emergency visits per 1,000 uninsured)
- Gross DSH: \$27.3 million

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$16,852,902
 Proposition 99 (2000-2001): \$1,366,392
 Net County DSH (1999 – 2000): \$8,124,332

MISP Data

Ventura County reports the following statistics to the California Department of Health Services regarding expenditures for county indigent uninsured care for 1999.

- 4,490 total unduplicated patients
 - 1,201 inpatient days (11.3 days per 1,000 uninsured)
 - Emergency Medical Services: 4,224 visits (39.8 emergency room visits per 1,000 uninsured)
 - Outpatient: 2,268 visits (0.02 visits per uninsured)
- Total spending: \$4,515,855

Job-Based Insurance

The job-based insurance rate for Ventura County is 73%

Health Plans for Small Employers

The lowest PacAdvantage prices in Ventura County are through Kaiser South, where monthly premiums for a 35 year old adult employee without dependents are \$126, and monthly premiums for a 50 year old adult employee without dependents are \$201. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices for a 35 year old individual in Ventura County are through PacifiCare, where monthly premiums are \$156. For the standard HMO, office visits are \$10, and emergency visits are \$50. The lowest prices for a 50 year old individual are through Health Net, where monthly premiums are \$248. Health Net's standard HMO benefits include hospital visits with a \$15 copayment, hospitalization, outpatient surgeries, emergency care and urgent care, and prescription drugs with a \$15 co-pay.

Los Angeles County Summary

Demographics

- Los Angeles County has a population of 9,925,413
 - 32% are uninsured
 - 20% are covered through Medi-Cal
 - 1.8% are covered through Healthy Families

Income Breakdown:

- 35% of Los Angeles residents live below 200% of the federal poverty level.
 - 15.1% below 100% FPL
 - 19.9% between 100-200% FPL

Community Clinics (OSHPD Data)

Los Angeles community clinics served 636,616 unduplicated total patients in 1999
The uninsured accounted for 64% of clinic patients
Clinics provided 0.46 visits per uninsured Los Angeles County resident

Clinic Revenues

Clinic revenues and expenses were \$210,000,000

The largest revenue source for Los Angeles community clinics was patient fees at 44%

- Reimbursements for Medi-Cal were 37% of patient fees
- Uninsured reimbursements were 54% of patient fees
 - County program payments accounted for 57% of uninsured reimbursements
 - CHDP contributed 6.7%
 - 14% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- Los Angeles County hospitals total operating expenses were \$9,186,543,607
 - The county indigent uninsured accounted for 5% of hospital inpatient days
 - The county indigent uninsured accounted for 8% of hospital outpatient days
 - The county indigent uninsured accounted for 11% of emergency room visits
- Los Angeles County USC Medical Center, Los Angeles County Harbor-UCLA Medical Center, Los Angeles County ML King Jr., and Los Angeles County Olive View Medical Center admitted 77% of the county indigent uninsured.

Care to the Uninsured

- Los Angeles County Hospitals lost approximately \$251,010,368 (2.7% of net patient revenues) in bad debt and charity care to the uninsured
- Reported county indigent patient reimbursements totaled approximately \$83,583,958 (1% of net patient revenues)
- These facilities reported:

- 279,905 inpatient days of care to the county indigent (100 bed days per 1000 uninsured county residents)
- 609,000 outpatient visits to the county indigent (217 hospital outpatient visits per 1000 uninsured county resident)
- 248,837 emergency room visits to the county indigent (89 emergency visits per 1000 uninsured)
- Gross DSH: \$909 million

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$413,945,533

Proposition 99 (2000-2001): \$39,032,943

Net County DSH (1999-2000): \$191,147,002

The Los Angeles County 1115 Waiver was originally approved for a 5 year period from July 1, 1995 through June 30, 2000. The extension through June 30, 2005 will provide the county with \$900 million in federal dollars over 5 years

MISP Data

Los Angeles County reports the following statistics to the California Department of Health Services regarding expenditures for county indigent uninsured care for 1999.

- 645,887 total unduplicated patients
 - 190,994 inpatient days (68 days per thousand uninsured)
 - Emergency Medical Services: 251,291 visits (90 emergency room visits per 1,000 uninsured)
 - Outpatient: 1,923,967 visits (0.68 visits per uninsured)
- Total spending: \$764,898,303

Job-Based Insurance

The job-based insurance rate for Los Angeles County is 51%

Health Plans for Small Employers

The lowest PacAdvantage prices in Los Angeles County are through Universal Care, where monthly premiums for a 35 year old adult employee without dependents are \$146, and monthly premiums for a 50 year old adult employee without dependents are \$277. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices in Los Angeles County are through Health Net, where monthly premiums for a 35 year old individual are \$156, and monthly premiums for a 50 year old individual are \$212. These prices are for the standard HMO plan, which include \$40 office visits, \$100 emergency room visits, and \$15 for prescription drugs.

Orange County Summary

Demographics

- Orange County has a population of 2.9 million
 - 23% are uninsured
 - 8% are covered through Medi-Cal
 - 2% are covered through Healthy Families

Income Breakdown:

- 21.4% of Orange County residents live below 200% of the federal poverty level
 - 8.5% below 100% FPL
 - 12.9% between 100-200% FPL

Community Clinics (OSHPD Data)

Orange County community clinics served 116,900 unduplicated total patients in 1999
The uninsured accounted for 82% of clinic patients
Clinics provided .16 visits per uninsured Orange County resident

Clinic Revenues

Clinic revenues and expenses were 26,960,591
The largest revenue source for Orange County community clinics was patient fees at 56%

- Uninsured reimbursements were 66% of patient fees
 - County program payments accounted for 5% of uninsured reimbursements
 - CHDP contributed 12%
 - EAPC payments accounted for 1%
 - 31% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- Orange County hospitals total operating expenses were \$2,258,407,343
 - The county indigent uninsured accounted for 2% of hospital inpatient days
 - The county indigent uninsured accounted for 5% of hospital outpatient visits
 - The county indigent uninsured accounted for 3% of emergency room visits
- The University of California, Irvine Medical Center admits the greatest percentages of the county indigent uninsured (37%)

Care to the Uninsured

- Orange County Hospitals lost approximately \$65,619,370 (3% of net patient revenues) in bad debt and charity care to the uninsured
- County indigent patient reimbursements totaled \$38,020,956 (2% of net patient revenues)
- These facilities reported:
 - 22,266 inpatient days of care to county indigent patients (37 bed days per 1000 uninsured county residents)

- 97,839 outpatient visits to the county indigent (166 hospital outpatient visits per 1000 uninsured county residents)
- 19,907 emergency room visits to the county indigent (34 emergency visits per 1000 uninsured)
- Gross DSH: \$106.4 million

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$69,192,309

Proposition 99 (2000-2001): \$7,181,151

MISP Data

Orange County reports the following statistics to the California Department of Health Services regarding expenditures for county indigent uninsured care for 1999.

- 101,534 total unduplicated patients
 - 28,813 inpatient days (49 days per 1,000 uninsured)
 - Emergency Medical Services: 9,397 visits (16 emergency room visits per 1,000 uninsured)
 - Outpatient: 328,547 visits (0.56 visits per uninsured)
- Total spending: \$49.9 million

Job-Based Insurance

The job-based insurance rate for Orange County is 64%

Health Plans for Small Employers

The lowest PacAdvantage prices in Orange County are through Kaiser South, where monthly premiums for a 35 year old adult employee without dependents are \$147, and monthly premiums for a 50 year old adult employee without dependents are \$227. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

Some of the lowest prices in Orange County are through Health Net, where monthly premiums for a 35 year old individual are \$194, and monthly premiums for a 50 year old individual are \$235. These prices are for the standard HMO plan.

Riverside County

Demographics

- Riverside County has a population of 1.5 million:
 - 23% are uninsured (Riverside/San Bernardino Counties)
 - 13% are covered through MediCal
 - 2% through Healthy Families

Income breakdown

- 30.3% of Riverside's residents live below 200% of the federal poverty level,
 - 15.0% below 100% FPL
 - 15.3% between 100-200% FPL

Community Clinics (OSHPD Data)

- Riverside community clinics served 71,424 unduplicated total patients.
- The uninsured accounted for 75% of clinic patients.
- Clinics provided 0.4 visits per uninsured Riverside County resident.

Clinic Revenues

Clinic revenues and expenses were \$20,822,675.

The largest revenue source for Riverside community clinics was patient fees (42%)

- Reimbursements for Medi-Cal were 42% of patient fee.
- Uninsured reimbursements were 54% of patient fees
 - MISP payments accounted for 8% of uninsured revenues.
 - EAPC payments accounted for 2% of uninsured revenues.
 - CHDP and other state programs contributed 15% and 40% respectively.
 - The remaining 36% of uninsured revenues came from self-pay patients.

Community Hospitals

- Riverside County hospitals total operating expenses were \$894,644,611.

The county indigent uninsured accounted for 4% of hospital inpatient days

The county indigent uninsured accounted for 6% of hospital outpatient visits.

The county indigent uninsured accounted for 7% of emergency room visits.

Riverside County has 22 health delivery facilities. Riverside General Hospital-University Medical Center admitted the greatest percentages of the county indigent uninsured (62%).

Care to the uninsured

Riverside community hospitals lost approximately \$27,209,521 (3% of net patient revenues) in bad debt and charity care to the uninsured.

MISP patient reimbursements totaled \$32,851,937, approximately 3.5% of net patient revenues in Riverside county hospitals.

Riverside hospitals reported:

24,204 inpatient days of care to MISP patients (70 bed days per 1000 uninsured county residents)

53,664 outpatient visits to MISP patients (150 visits per 1000 uninsured county residents)

28,503 emergency room visits to MISP patients (80 visits per 1000 uninsured county residents)
Gross DSH: \$72.2 million

Revenues – Funding for County Indigent Care

- Realignment (1998-99): \$35 million
- Prop 99 CHIP (1998-99): \$4.9 million
- Net county DSH (1998-99): \$ 24.2 million

MISP Data – County Indigent Spending

- Riverside reported the following statistics regarding the expenditures for county indigent uninsured care for 1997-8.
 - 17,753 unduplicated uninsured patients
 - 13,382 patient bed days (45 days per 1,000 uninsured)
 - Emergency Medical Services: 9,028 visits (30 emergency room visits per 1,000 uninsured)
 - 32,805 outpatient visits (0.11 visits per uninsured)
- Total spending: \$39 million

Job-Based Insurance

The job-based insurance rate of Riverside County is 59%.

Health Plans for Small Employers

- The lowest PacAdvantage prices in Riverside County are through Community Health Group, where monthly premiums for a 35 year-old adult employee without dependents are \$92.98, and monthly premiums for a 50 year-old adult employee without dependents are \$158.87. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices in Riverside are through Kaiser South’s Personal Advantage, where the monthly premiums for a 35-year-old individual are \$146, and monthly premiums for a 50-year-old individual are \$231. These prices are for the standard HMO plan, which includes co-payments of \$15 for office visit and \$35 for emergency visit.

San Bernardino County

Demographics

- San Bernardino County has a population of 1.7 million:
 - 23% are uninsured (Riverside and San Bernardino counties)
 - 15% are covered through MediCal
 - 2% through Healthy Families

Income breakdown:

- 31.2% of San Bernardino county residents live below 200% of the federal poverty level,
 - 17.9% below 100% FPL
 - 13.3% between 100-200% FPL

Community Clinics (OSHPD Data)

- San Bernardino community clinics served 29,395 unduplicated total patients and provided 74,029 patient visits.
- The uninsured accounted for 50% of clinic patients.
- Clinics provided 0.1 visits per uninsured San Bernardino resident.

Clinic Revenues

- Clinic revenues and expenses were \$7,294,616.
- The largest revenue source for San Bernardino community clinics was patient fees (59%).
 - Reimbursements for Medi-Cal were 44% of patient fees.
 - Uninsured reimbursements were 41% of patient fees.
 - EAPC payments accounted for 4% of clinic's uninsured revenues.
 - CHDP and other state programs paid for 11% and 15% respectively.
 - 46% of clinic's uninsured revenues came from self-pay of patients.
 - 7% of uninsured patients were unpaid.

Community Hospitals (OSHPD Data)

- San Bernardino County hospitals total operating expenses were \$1,285,053,945.
- The county indigent uninsured accounted for 5% of hospital inpatient days, with an average length of stay of 4.6 days.
- The county indigent uninsured accounted for 7% of outpatient visits.
- The county indigent uninsured accounted for 6% of emergency room visits.
- San Bernardino has 26 health care facilities, of which San Bernardino County Medical Center admitted the highest percentages of the county indigent uninsured (88%).

Care to the uninsured

- San Bernardino community hospitals lost approximately \$38,057,042 (3% of net patient revenues) in bad debt and charity care to the uninsured.
- MISP patient reimbursements totaled \$6,220,566, approximately .5% of net patient revenues in San Bernardino county hospitals.
- San Bernardino county hospitals reported:

- 18,451 inpatient days of care to MISP patients (54 bed days per 1,000 uninsured county residents).
- 76,555 outpatient visits to MISP patients (200 visits per 1,000 uninsured county residents).
- 23,870 emergency room visits to MISP patients (60 visits per 1,000 uninsured county residents).
- Gross DSH: 97.3 million

Revenues – Funding for County Indigent Care

Realignment (1998-99): \$38.2 million
 Prop 99 CHIP(1998-99): \$5.8 million
 Net County DSH (1998-99): \$33.1 million

MISP Data – County Indigent Spending

San Bernardino reported the following statistics regarding the expenditures for county indigent uninsured care for 1997-98.

45,644 total unduplicated uninsured patients.
 18,407 inpatient days (53 days per 1,000 uninsured).
 Emergency Medical Services: 26,700 visits (77 visits per 1,000 uninsured).
 123,324 outpatient visits (0.36 visits per uninsured).
 Total spending: \$48 million

Job-Based Insurance

- The job-based insurance rate for San Bernardino County is 59%

Health Plans for Small Employers

- The lowest PacAdvantage prices in San Bernardino County are through Community Health Group, where monthly premiums for a 35 year-old adult employee without dependents are \$92.98, and monthly premiums for a 50 year-old adult employee without dependents are \$158.87. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices in San Bernardino are through Kaiser South’s Personal Advantage, where the monthly premiums for a 35-year-old individual are \$146, and monthly premiums for a 50-year-old individual are \$231. These prices are for the standard HMO plan, which includes co-payment of \$15 for office visit and \$35 for emergency visit.

San Diego County Summary

Demographics

- San Diego County has a population of 2.8 million
 - 19% are uninsured
 - 11% are covered through Medi-Cal
 - 1.8% are covered through Healthy Families

Income Breakdown:

- 28.5% of San Diego residents live below 200% FPL
 - 11.3% below 100% FPL
 - 17.2% between 100-200% FPL

Community Clinics (OSHPD Data)

San Diego community clinics served 387,567 unduplicated total patients in 1999
The uninsured accounted for 62% of clinic patients
Clinics provided 1 visit per uninsured San Diego County resident

Clinic Revenues

Clinic revenues and expenses were \$91,917,309
The largest revenue source for San Diego community clinics was patient fees at 68%

- Reimbursements for Medi-Cal were 43% of patient fees
- Uninsured reimbursements were 46% of patient fees
 - County payments accounted for 10% of uninsured reimbursements
 - CHDP contributed 16%
 - EAPC payments accounted for 6%
 - 25% of uninsured revenues came from self-pay patients

Community Hospitals (OSHPD Data)

- San Diego County hospitals total operating expenses were \$2,076,814,454
 - The county indigent uninsured accounted for 2% of hospital inpatient days
 - The county indigent uninsured accounted for 0.4% of hospital outpatient visits
 - The county indigent uninsured accounted for 5% of emergency room visits
- UCSD Medical Center admits the greatest percentages of the county indigent uninsured (39%)

Care to the Uninsured

- San Diego County Hospitals lost approximately \$85,022,309 (4% of net patient revenues) in bad debt and charity care to the uninsured
- County indigent patient reimbursements totaled approximately \$50,006,225 (2% of net patient revenues)
- These facilities reported:

- 28,895 inpatient days of care to county indigent patients (50 bed days per 1000 uninsured county residents)
- 8,708 outpatient visits to county indigent patients (16 hospital outpatient visits per 1000 uninsured county residents)
- 27,760 emergency room visits to county indigent patients (50 emergency visits per 1000 uninsured)
- Gross DSH: \$60.8 million

Revenues – Funding for County Indigent Care

Realignment (2000-2001): \$90.7 million

Proposition 99 (2000-2001): \$4.2 million

MISP Data

San Diego County reports the following statistics to the California Department of Health Services regarding expenditures for county indigent uninsured care for 1999.

- 59,273 total unduplicated patients
 - 19,709 inpatient days (42 days per 1,000 uninsured)
 - Emergency Medical Services: 31,004 visits (66.2 emergency room visits per 1,000 uninsured)
 - Outpatient: 137,574 visits (0.29 visits per uninsured)
- Total spending: \$42,262,789

Job-Based Insurance

The job-based insurance rate for San Diego County is 56%

Health Plans for Small Employers

The lowest PacAdvantage prices in San Diego County are through Community Health Group, where monthly premiums for a 35 year old adult employee without dependents are \$123, and monthly premiums for a 50 year old adult employee without dependents are \$211. These prices are for the HMO Standard Plan, which includes \$15 physician office visits, \$250 per admission for Inpatient Hospital Benefits, and \$20 for brand name prescription drug coverage.

Health Plans for Individuals and Families

The lowest prices in San Diego County are through Health Net, where monthly premiums for a 35 year old individual are \$163, and monthly premiums for a 50 year old individual are \$196. With Health Net, co-payment for office visits are \$40, and generic drugs are \$20.

DATA SOURCES

Demographics

- Demographic information was gathered from the US Census Bureau and California Department of Finance, E. Richard Brown's series on *The State of Health Insurance in California*, the Medi-Cal Policy Institute, and the Managed Risk Medical Insurance Board. Healthy Families enrollment reflects enrollment at the time of the work group.

Community Clinic Data (OSHPD Data):

- Community clinic information was gathered from Annual Utilization Report of Primary Care Clinics by the Office of Statewide Health Planning and Development.
- To calculate uninsured clinic patients, revenues and visits, we added MISP patients, CMSP patient payments, other county program patients, CHDP patients, EAPC patients, other state program patients, self-pay patients and non-pay patients.
- We calculated use ratios per uninsured using the uninsured numbers from E. Richard Brown's series on *The State of Health Insurance in California*.
- We compared the 1996-9 data to show changes over time.

Hospitals (OSHPD Data):

Hospital information was derived from the Office of Statewide Health Planning and Development's 1997-8 Individual Hospital Financial Data for California.

We calculated bad debt and charity care costs by adding the total of bad debt and charity care and multiplying by the cost to charge ratio.

We calculated use ratios per 1000 uninsured using the uninsured numbers from E. Richard Brown's series on *The State of Health Insurance in California*.

CMSP (Small Counties) Data

This information was gathered from the CMSP Governing Board, *1999 Summary of CMSP Expenditures and Number of Observations Reported by County and Claim Type*.

MISP (Large Counties) Data

- Utilization and spending data were compiled from the Office of County Health Services of the California Department of Health Services, Medically Indigent Care Reporting System data.
- County spending was derived from County Health Services Budget and Actual Data.
- County funding was derived from the Office of County Health Services Allocations for Realignment, Proposition 99 and public Disproportionate Share Hospitals.

Health Plans

- Information on health plan premiums for small employers was gathered from PacAdvantage.
- Premiums for individual coverage was secured by requesting rate information from Blue Cross, Blue Shield, Health Net, PacifiCare and Kaiser Permanente.

- Premiums reflect those in place at the time of the research for the workgroup. Thus the data for Los Angeles and Bay Area regions used 2002 premiums, while the data for the other regions used 2001 premiums.