

**OVERVIEW OF THE UNINSURED IN CALIFORNIA
BY COUNTY 2002**

Megan Hickey and Charles Phan
Insure the Uninsured Project
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Overview of the Uninsured in California by County 2002

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BUTTE COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 203,171

- 15% are uninsured
- 22% are covered by Medi-Cal
- 1.8% are covered by Healthy Families
- 1.3% use county health programs
- 7% are unemployed

Poverty: 40% are below 200% FPL

- 19% below 100% FPL
- 21% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Butte community clinics provided **1.8** uninsured visits per uninsured county resident.

Total revenues and spending were \$19.2 million and \$16 million, respectively.

Planned Parenthood of North Valley in Chico had the most uninsured patients while the Feather River Family Health Center in Paradise saw the most Medi-Cal patients.

The Uninsured Accounted For:

- 28% of unduplicated patients
- 28% of visits
- 20% of patient revenues

Uninsured Revenues:

- 38% County Programs
- 27% Self-pay
- 7% CHDP
- 1% EAPC
- 27% Other State Programs

Medi-Cal Patients Accounted For:

- 48% of unduplicated patients
- 51% of visits
- 61% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 18% – Federal (\$3.5M)
- 15% – State (\$2.9M)
- 2% – County & Local (\$318,000)
- 0.2% – HMO (\$43,000)
- 2% – Private (\$297,000)
- 4% – Other (\$713,000)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$286.4 million and \$297 million, respectively.

Enloe Medical Center provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 3% of inpatient days
- 3% of outpatient visits
- 3% of ER visits

Medi-Cal Patients Accounted For:

- 12% of inpatient days
- 19% of outpatient visits
- 40% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$6.2M in bad debt and charity care costs, 2.2% of net patient revenue
- \$6.9M in reported county reimbursements, 2.4% of net patient revenue

CMSP DATA

Care for the Uninsured

- 3,374 inpatient days (133 days per 1000 uninsured)
- 36,304 outpatient visits (1.4 visits per uninsured county resident)
- ER Visits – N/A

County Spending for the Uninsured: \$16M

- 18% on inpatient care
- 47% on outpatient care
- Emergency services – N/A

Net Public Health Spending: N/A

FUNDING FOR COUNTY HEALTH

Realignment: \$11.9M total, \$470 per uninsured resident

Prop 99: \$190,000 total, \$8 per uninsured resident

Net County DSH: \$0 total, \$0 per uninsured resident

County Match: \$724,000 total, \$29 per uninsured resident

Total Net DSH: \$0

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	76%	74%	60%	70%	84%
Hispanic	14%	12%	22%	16%	8%
African-American	NA	3%	1%	1%	3%
Asian & Pacific Islander	NA	7%	4%	2%	2%
American Indian	NA	2%	2%	5%	3%
Other	NA	NA	4%	5%	.3%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

None. Fee-for-service only

Healthy Families Managed Care

- Total Enrollment: 3,053
- Community Provider Plan: Blue Cross EPO (83% of enrollment)

JOB-BASED INSURANCE

	Butte County	California
Non-Elderly Adults	56%	65%
Children	56%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$192 Blue Shield	\$718 Blue Shield	\$238 Blue Shield	\$910 Blue Shield
Other Small Employer Plans	\$176 Blue Shield Access+ 15	\$553 Blue Cross Saver	\$251 Blue Cross Saver	\$669 Blue Cross Saver
Individual Coverage Plans	\$199 Blue Shield Access+	\$518 Blue Cross Saver	\$258 Blue Shield Access+	\$637 Blue Cross Saver

DEL NORTE COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 27,507

- 14% are uninsured
- 26% are covered by Medi-Cal
- 1.7% are covered by Healthy Families
- 1.7% use county health programs
- 8.7% are unemployed

Poverty: 45% are below 200% FPL

- 20% below 100% FPL
- 25% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Del Norte community clinics provided **2.2** uninsured visits per uninsured county resident.

Total revenues and spending were \$7.3 million and \$2.6 million respectively.

Del Norte Community Health Center had the most uninsured and Medi-Cal patients.

The Uninsured Accounted For:

- 38% of unduplicated patients
- 30% of visits
- 22% of patient revenues

Uninsured Revenues:

- 59% County Programs
- 20% Self-pay
- 2% CHDP
- 9% of EAPC
- 10% Other State Programs

Medi-Cal Patients Accounted For:

- 34% of unduplicated patients
- 48% of visits
- 61% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 5% – Federal (\$124,000)
- 7% – State (\$169,000)
- 2% – County & Local (\$59,000)
- 0% – HMO (\$0)
- 7% – Private (\$184,000)
- 5% – Other (\$131,000)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were each \$32 million.

Sutter Coast Hospital in Crescent City provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 2% of inpatient days
- 3% of outpatient visits
- 5% of ER visits

Medi-Cal Patients Accounted For:

- 11% of inpatient days
- 27% of outpatient visits
- 55% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$879,000 in bad debt and charity care costs, 2.7% of net patient revenues
- \$256,000 in reported county reimbursements , 0.8% of net patient revenues

Discrepancy may be due to a reporting error

CMSP DATA

Care for the Uninsured

- 486 inpatient days (144 days per 1000 uninsured)
- 5,195 outpatient visits (1.5 visits per uninsured county resident)
- Emergency room visit – N/A

County Spending for the Uninsured: \$2.2M

- 35% on inpatient care
- 21% on outpatient care
- Emergency services – N/A

Net Public Health Spending: N/A

FUNDING FOR COUNTY HEALTH

Realignment: \$1.8M total, \$533 per uninsured resident

Prop 99: \$23,000 total, \$7 per uninsured resident

Net County DSH: \$0 total, \$0 per uninsured resident

County Match: \$44,000 total, \$13 per uninsured resident

Total Net DSH: \$0

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	75%	75%	53%	75%	81%
Hispanic	13%	9%	16%	12%	4%
African-American	NA	NA	.3%	.5%	.5%
Asian & Pacific Islander	NA	6%	2%	4%	3%
American Indian	NA	9%	16%	2%	12%
Other	NA	1%	13%	6%	.3%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

None. Fee-for-service only.

Healthy Families Managed Care

- Total Enrollment: 414
- Community Provider Plan: Blue Cross EPO (93% of enrollment)

JOB-BASED INSURANCE

	Del Norte County	California
Non-Elderly Adults	56%	65%
Children	56%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$267 Health Net Flex Net	\$908 Health Net Flex Net	\$457 Health Net Flex Net	\$1,126 Health Net Flex Net
Other Small Employer Plans	\$233 Blue Cross Saver	\$712 Blue Cross Saver	\$322 Blue Cross Saver	\$853 Blue Cross Saver
Individual Coverage Plans	\$215 Blue Cross Saver	\$524 Blue Cross Saver	\$275 Blue Cross Saver	\$641 Blue Cross Saver

HUMBOLDT COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 126,518

- 14% are uninsured
- 19% are covered by Medi-Cal
- 1.9% are covered by Healthy Families
- 1.7% use county health programs
- 6.3% are unemployed

Poverty: 41% are below 200% FPL

- 19% below 100% FPL
- 22% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Humboldt community clinics provided **2.5** uninsured visits per uninsured county resident.

Total revenues and spending were \$11 million and \$8.3 million, respectively.

Humboldt Open Door clinic had the most uninsured patients while Eureka Community Health Center saw the most Medi-Cal patients.

The Uninsured Accounted For:

- 59% of unduplicated patients
- 43% of visits
- 39% of patient revenues

Uninsured Revenues:

- 18% County Programs
- 23% Self-Pay
- 2% CHDP
- 18% EAPC
- 39% Other State Programs

Medi-Cal Patients Accounted For:

- 28.5% of unduplicated patients
- 34% of visits
- 39% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 6% – Federal (\$630,000)
- 4% – State (\$487,000)
- 1% – County & Local (\$136,000)
- 0% – HMO (\$0)
- 3% – Private (\$365,000)
- 11% – Other (\$1.2M)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$162.5 million and \$163 million, respectively.

St. Joseph's Hospital provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 4% of inpatient days
- 3% of outpatient visits
- 1% of ER visits

Medi-Cal Patients Accounted For:

- 18% of inpatient days
- 23% of outpatient visits
- 22% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$6.8M in bad debt and charity care costs, 4.2% of net patient revenues
- \$7.1M in reported county reimbursements, 4.3% of net patient revenues

CMSP DATA

Care for the Uninsured

- 2,624 inpatient days (172 days per 1000 uninsured)
- Emergency room visits – N/A
- 23,504 outpatient visits (1.5 visits per uninsured county resident)

County Spending for the Uninsured: \$11.2M

- 46% on inpatient care
- 18% on outpatient care
- Emergency services - N/A

Net Public Health Spending: N/A

FUNDING FOR COUNTY HEALTH

Realignment: \$11,740 total, \$768 per uninsured resident

Prop 99: \$118 total, \$8 per uninsured resident

Net County DSH: \$0 total, \$0 per uninsured resident

County Match: \$590 total, \$39 per uninsured resident

Total Net DSH: \$16,034

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	75%	81%	67%	77%	84%
Hispanic	13%	5%	6%	6%	3%
African-American	NA	2%	1%	1%	2%
Asian & Pacific Islander	NA	2%	3%	1%	3%
American Indian	NA	8%	9%	3%	7%
Other	NA	2%	14%	13%	.5%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

None. Fee-for-service only.

Healthy Families Managed Care

- Total Enrollment: 2,139
- Community Provider Plan: Blue Cross HMO (92% of enrollment)

JOB-BASED INSURANCE

	Humboldt County	California
Non-Elderly Adults	56%	65%
Children	56%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	N/A	N/A	N/A	N/A
Other Small Employer Plans	\$225 Blue Cross Saver	\$683 Blue Cross Saver	\$307 Blue Cross Saver	\$819 Blue Cross Saver
Individual Coverage Plans	\$221 Blue Cross Saver	\$539 Blue Cross Saver	\$282 Blue Cross Saver	\$658 Blue Cross Saver

PacAdvantage HMO and Health Net Flex net plans are not available in the area.

LASSEN COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 33,828

- 17% are uninsured
- 14% are covered by Medi-Cal
- 1% are covered by Healthy Families
- 1% use county health programs
- 6.9% are unemployed

Poverty: 34% are below 200% FPL

- 14% below 100% FPL
- 20% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Lassen community clinics provided **3.1** uninsured visits per uninsured county resident.

Total revenues and spending were \$7.2 million and \$6.5 million, respectively.

Lassen Family Practice had the most uninsured and Medi-Cal patients.

The Uninsured Accounted For:

- 26% of unduplicated patients
- 22% of visits
- 17% of patient revenues

➤ Medi-Cal Patients Accounted For:

- 20% of unduplicated patients
- 24% of visits
- 28% of patient revenues

Uninsured Revenues:

- 17% County Programs
- 32% Self-Pay
- 8% CHDP
- 19% EAPC
- 24% Other State Programs

Grants & Contracts Funding as % of Total Revenue

- 21% – Federal (\$1.5M)
- 8% – State (\$542,000)
- 1% – County & Local (\$70,000)
- 0% – HMO (\$0)
- 0% – Private (\$0)
- 4% – Other (\$278,000)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$13.7 million and \$14.5 million, respectively.

Lassen Community Hospital in Susanville provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 1% of inpatient days
- 2% of outpatient visits
- ER visits – N/A

Medi-Cal Patients Accounted For:

- 46% of inpatient days
- 17% of outpatient visits
- ER visits - N/A

Hospitals' Spending for Care to the Uninsured

- \$607,000 in bad debt and charity care costs, 4.4% of net patient revenues
- \$661,000 in reported county reimbursements, 4.8% of net patient revenues

CMSP DATA

Care for the Uninsured

- 397 inpatient days (76 days per 1000 uninsured)
- Emergency room visits – N/A
- 3276 outpatient visits (0.6 visits per uninsured county resident)

County Spending for the Uninsured: \$1.3M

- 39% on inpatient care
- 23% on outpatient care
- Emergency services - N/A

Net Public Health Spending: N/A

FUNDING FOR COUNTY HEALTH

Realignment: \$1.9M total, \$362 per uninsured resident

Prop 99: \$36,000 total, \$5 per uninsured resident

Net County DSH: \$0 total, \$0 per uninsured resident

County Match: \$120,000 total, \$23 per uninsured resident

Total Net DSH: \$0

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	90%	82%	75%	75%	84%
Hispanic	10%	9%	11%	5%	6%
African-American	NA	2%	1%	1%	1%
Asian & Pacific Islander	NA	.2%	2%	1%	3%
American Indian	NA	6%	1%	5%	5%
Other	NA	.8%	9%	12%	1%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

None. Fee-for-service only.

Healthy Families Managed Care

- Total Enrollment: 295
- Community Provider Plan: Blue Cross EPO (100% of enrollment)

JOB-BASED INSURANCE

	Lassen County	California
Non-Elderly Adults	55%	65%
Children	55%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$267 Health Net Flex Net	\$908 Health Net Flex Net	\$457 Health Net Flex Net	\$1,126 Health Net Flex Net
Other Small Employer Plans	\$233 Blue Cross Saver	\$712 Blue Cross Saver	\$322 Blue Cross Saver	\$853 Blue Cross Saver
Individual Coverage Plans	\$212 Blue Cross Saver	\$518 Blue Cross Saver	\$273 Blue Cross Saver	\$637 Blue Cross Saver

No PacAdvantage HMO plan available.

MENDOCINO COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 86,265

- 17.5% are uninsured
- 23% are covered by Medi-Cal
- 2.6% are covered by Healthy Families
- 1.9% use county health programs
- 6.6% are unemployed

Poverty: 38% are below 200% FPL

- 16% below 100% FPL
- 22% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Mendocino community clinics provided **3.8** uninsured visits per uninsured county resident.

Total revenues and spending were \$19 million and \$18 million, respectively.

Mendocino Community Health Clinic had the most uninsured and Medi-Cal patients.

The Uninsured Accounted For:

- 41% of unduplicated patients
- 37% of visits
- 24% of patient revenues

Uninsured Revenues:

- 57% County Programs
- 27% Self-Pay
- 6% CHDP
- 7% EAPC
- 4% Other State Programs

Medi-Cal Patients Accounted For:

- 33% of unduplicated patients
- 40% of visits
- 58% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 28% – Federal (\$5.3M)
- 7% – State (\$1.4M)
- 1% – County & Local (\$118,500)
- 0% – HMO (\$0)
- 1% – Private (\$19,500)
- 7% – Other (\$1.3M)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$66.7 million and \$71 million, respectively.

Ukiah Valley Medical Center provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 5% of inpatient days
- 3% of outpatient visits
- 2% of ER visits

Medi-Cal Patients Accounted For:

- 16% of inpatient days
- 16% of outpatient visits
- 60% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$1.3 million in bad debt and charity care costs, 2.0% of net patient revenues

- 1.7 million in reported county reimbursements, 2.6% of net patient revenues

CMSP DATA

Care for the Uninsured

- 1,902 inpatient days (146 days per 1000 uninsured)
- Emergency room visits - N/A
- 26,456 outpatient visits (2.0 visits per uninsured county resident)

County Spending for the Uninsured: \$9.5M

- 47% on inpatient care
- 27% on outpatient care
- Emergency services - N/A

Net Public Health Spending: N/A

FUNDING FOR COUNTY HEALTH

- Realignment: \$3.8M total, \$292 per uninsured resident
- Prop 99: \$151,000 total, \$12 per uninsured resident
- Net County DSH: \$0 total, \$0 per uninsured resident
- County Match: \$348,000 total, \$27 per uninsured resident

Total Net DSH: \$0

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	78%	70%	41%	60%	79%
Hispanic	17%	21%	41%	20%	11%
African-American	NA	1%	.2%	1%	1%
Asian & Pacific Islander	NA	.2%	2%	1%	3%
American Indian	NA	7%	4%	15%	6%
Other	NA	1%	12%	4%	.3%

Discrepancies may be due to reporting error.

PUBLIC MANAGED CARE

Medi-Cal Managed Care

None. Fee-for-service only.

Healthy Families Managed Care

- Total Enrollment: 1964
- Community Provider Plan: Blue Cross EPO (82% of enrollment)

JOB-BASED INSURANCE

	Mendocino County	California
Non-Elderly Adults	51%	65%
Children	46%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$243 Health Net	\$892 Health Net	\$407 Health Net	\$1062 Health Net
Other Small Employer Plans	\$183 Blue Cross Saver	\$533 Blue Cross Saver	\$251 Blue Cross Saver	\$669 Blue Cross Saver
Individual Coverage Plans	\$221 Blue Cross Saver	\$539 Blue Cross Saver	\$282 Blue Cross Saver	\$658 Blue Cross Saver

MODOC COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 9499

- 17% are uninsured
- 21% are covered by Medi-Cal
- 1.7% are covered by Healthy Families
- 0.02% use county health programs
- 8.3% are unemployed

Poverty: 44% are below 200% FPL

- 21% below 100% FPL
- 23% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Modoc community clinics provided **1.7** uninsured visits per uninsured county resident.

Total revenues and spending were each \$570,000.

Canby Family Practice had the most uninsured and Medi-Cal patients.

The Uninsured Accounted For:

- 47% of unduplicated patients
- 46% of visits
- 36% of patient revenues

Medi-Cal Patients Accounted For:

- 29% of unduplicated patients
- 35% of visits
- 40% of patient revenues

Uninsured Revenues:

- 23% County Programs
- 63% Self-Pay
- 2% CHDP
- 12% EAPC
- 0.3% Other State Programs

Grants & Contracts Funding as % of Total Revenue

- 0% – Federal (\$0)
- 24% – State (\$139,000)
- 3% – County & Local (\$18,000)
- 0% – HMO (\$0)
- 0% – Private (\$0)
- 4% – Other (\$20,000)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$9.9 million and \$10.7 million, respectively.

Neither of the two hospitals in Modoc County reported inpatient care to county indigent patients.

Modoc Medical Center provided the greatest proportion of bed days to Medi-Cal patients.

The County Indigent Accounted For:

- 0% of inpatient days
- 5% of outpatient visits
- 3% of ER visits

Medi-Cal Patients Accounted For:

- 86% of inpatient days
- 35% of outpatient visits
- 40% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$190,000 in bad debt and charity care costs, 1.9% of net patient revenues
- \$240,000 in reported county reimbursements, 2.4% of net patient revenues

CMSP DATA

Care for the Uninsured

- 145 inpatient days (110 days per 1000 uninsured)
- Emergency room visits - N/A
- 2386 outpatient visits (1.8 visits per uninsured county resident)

County Spending for the Uninsured: \$924,000

- 48% on inpatient care
- 23% on outpatient care
- Emergency services – N/A

Net Public Health Spending: N/A

FUNDING FOR COUNTY HEALTH

Realignment: \$1.1M total, \$831 per uninsured resident

Prop 99: \$7,000 total, \$5 per uninsured resident

Net County DSH: \$27,000 total, \$20 per uninsured resident

County Match: \$71,000 total, \$54 per uninsured resident

Total Net DSH: \$35,000

- 77% County Hospitals
- 23% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	85%	80%	73%	76%	80%
Hispanic	NA	13%	15%	17%	5%
African-American	NA	.2%	0%	1%	.6%
Asian & Pacific Islander	NA	.6%	3%	1%	3%
American Indian	NA	7%	4%	3%	11%
Other	NA	NA	5%	2%	.6%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

None. Fee-for-service only.

Healthy Families Managed Care

- Total Enrollment: 130
- Community Provider Plan: Blue Cross EPO (98% of enrollment)

JOB-BASED INSURANCE

	Modoc County	California
Non-Elderly Adults	55%	65%
Children	55%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool¹	\$267 Health Net Flex Net	\$908 Health Net Flex Net	\$457 Health Net Flex Net	\$1,126 Health Net Flex Net
Other Small Employer Plans	\$233 Blue Cross Saver	\$712 Blue Cross Saver	\$322 Blue Cross Saver	\$853 Blue Cross Saver
Individual Coverage Plans	\$215 Blue Cross Saver	\$524 Blue Cross Saver	\$275 Blue Cross Saver	\$641 Blue Cross Saver

¹ PacAdvantage HMO Plans not available

NEVADA COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 92,033

- 17% are uninsured
- 8% are covered by Medi-Cal
- 2.6% are covered by Healthy Families
- 0.8% use county health programs
- 3.7% are unemployed

Poverty: 23% are below 200% FPL

- 8% below 100% FPL
- 15% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Nevada community clinics provided **0.4** uninsured visits per uninsured county resident.

Total revenues and spending were each \$1.4 million.

Sierra Family Medical Clinic had the most uninsured patients while Chapa-de Indian Health Program saw the most Medi-Cal patients.

The Uninsured Accounted For:

- 39% of unduplicated patients
- 41% of visits
- 28% of patient revenues

Uninsured Revenue:

- 42% County Programs
- 53% Self-Pay
- 3% CHDP
- 2% EAPC
- 0% Other State Programs

Medi-Cal Patients Accounted For:

- 20% of unduplicated patients
- 22% of visits
- 39% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 16% – Federal (\$225,000)
- 0% – State (\$0)
- 0% – County & Local (\$0)
- 6% – HMO (\$89,000)
- 18% – Private (\$247,000)
- 1% – Other (\$16,000)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$102.3 million and \$99 million, respectively.

Sierra Nevada Memorial Hospital provided the greatest proportion of bed days to county indigent patients while Tahoe Forest Hospital provided the most bed days for Medi-Cal patients.

The County Indigent Accounted For:

- 1% of inpatient days
- 1% of outpatient visits
- 2% of ER visits

Medi-Cal Patients Accounted For:

- 26% of inpatient days
- 8% of outpatient visits
- 31% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$3.9M in bad debt and charity care costs, 3.8% of net patient revenues
- \$1.3M in reported county reimbursements, 1.3% of net patient revenues

May be reporting error.

CMSP DATA

Care for the Uninsured

- 909 inpatient days (70 days per 1000 uninsured)
- 3,904 outpatient visits (0.3 visits per uninsured county resident)
- Emergency room visits - N/A

County Spending for the Uninsured: \$3.4 million

- 60% on inpatient care
- 9% on outpatient care
- N/A on emergency services

Net Public Health Spending: N/A

FUNDING FOR COUNTY HEALTH

Realignment: \$3.7M total, \$283 per uninsured resident

Prop 99: \$74,000 total, \$6 per uninsured resident

Net County DSH: \$0 total, \$0 per uninsured resident

County Match: \$96,000 total, \$7 per uninsured resident

Total Net DSH: \$0

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	82%	93%	80%	66%	92%
Hispanic	NA	5%	6%	.2%	4%
African-American	NA	.4%	1%	.1%	0%
Asian & Pacific Islander	NA	.2%	1%	.2%	2%
American Indian	NA	.6%	1%	13%	2%
Other	NA	NA	11%	21%	.5%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

None. Fee-for-service only.

Healthy Families Managed Care

- Total Enrollment: 1,996
- Community Provider Plan: Blue Cross EPO (75% of enrollment)

JOB-BASED INSURANCE

	Nevada County	California
Non-Elderly Adults	63%	65%
Children	67%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$192 Blue Shield HMO	\$718 Blue Shield HMO	\$283 Blue Shield HMO	\$910 Blue Shield HMO
Other Small Employer Plans	\$165 Health Net HMO 15	\$603 Blue Cross Saver HMO	\$259 Blue Shield Access+ HMO15	\$723 Health Net HMO15
Individual Coverage Plans	\$212 Blue Cross Saver HMO	\$647 PacifiCare HMO 10	\$273 Blue Cross Saver HMO	\$637 Blue Cross Saver HMO

PLUMAS COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 20,094

- 14% are uninsured
- 12% are covered by Medi-Cal
- 1.6% are covered by Healthy Families
- 1.0% use county health programs
- 8.3% are unemployed

Poverty: 31% are below 200% FPL

- 13% below 100% FPL
- 18% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Plumas County community clinics provided **0.3** uninsured visits per uninsured county resident. Total revenues and spending were \$383,000 and \$732,000, respectively.

Greenville Rancheria Tribal Health Program had the most uninsured and Medi-Cal patients.

The Uninsured Accounted For:

- 40% of unduplicated patients
- 35% of visits
- 14% of patient revenues

Uninsured Revenues:

- 58% County Programs
- 41% Self-Pay
- 1% CHDP
- 0% EAPC
- 0% Other State Programs

Medi-Cal Patients Accounted For:

- 23% of unduplicated patients
- 23% of visits
- 49% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 61% – Federal (\$234,000)
- 0% – State (\$0)
- 0% – County & Local (\$0)
- 0% – HMO (\$0)
- 0% – Private (\$0)
- 0% – Other (\$0)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$31.2 million and \$32.8 million, respectively.

Plumas District Hospital and Seneca Hospital in Chester provided the greatest proportion of bed days to county indigent patients while Indian Valley Hospital in Greenville provided the most bed days to Medi-Cal patients.

The County Indigent Accounted For:

- 0.4% of inpatient days
- 1% of outpatient visits
- 2% of ER visits

Medi-Cal Patients Accounted For:

- 75% of inpatient days
- 7% of outpatient visits
- 21% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$1.3M in bad debt and charity care costs, 4.0% of net patient revenues
- \$405,000 in reported county reimbursements, 1.3% of net patient revenues

CMSP DATA

Care for the Uninsured

- 332 inpatient days (139 days per 1000 uninsured)
- Emergency room visits - N/A
- 2844 outpatient visits (1.2 visits per uninsured county resident)

County Spending for the Uninsured: \$1.5 million

- 57% on inpatient care
- 20% on outpatient care
- Emergency services – N/A

Net Public Health Spending: N/A

FUNDING FOR COUNTY HEALTH

Realignment: \$1.5M total, \$627 per uninsured resident

Prop 99: \$18,000 total, \$8 per uninsured resident

Net County DSH: \$0 total, \$0 per uninsured resident

County Match: \$66,000 total, \$28 per uninsured resident

Total Net DSH: \$2.9 million

- 0% County Hospitals
- 100% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	82%	89%	74%	5%	86%
Hispanic	NA	5%	6%	.1%	4%
African-American	NA	3%	0%	0%	2%
Asian & Pacific Islander	NA	.1%	2%	0%	2%
American Indian	NA	3%	2%	24%	5%
Other	NA	NA	17%	72%	1%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

None. Fee-for-service only.

Healthy Families Managed Care

- Total Enrollment: 271
- Community Provider Plan: Blue Cross EPO (99% of enrollment)

JOB-BASED INSURANCE

	Plumas County	California
Non-Elderly Adults	63%	65%
Children	68%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$243 Health Net	\$892 Health Net	\$407 Health Net	\$1063 Health Net
Other Small Employer Plans	\$206 Health Net 15	\$712 Blue Cross Saver	\$322 Blue Cross Saver	\$853 Blue Cross Saver
Individual Coverage Plans	\$221 Blue Cross Saver	\$539 Blue Cross Saver	\$282 Blue Cross Saver	\$658 Blue Cross Saver

SHASTA COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 163,256

- 15% are uninsured
- 21% are covered by Medi-Cal
- 2.8% are covered by Healthy Families
- 1.5% use county health programs
- 6.9% are unemployed

Poverty: 36% are below 200% FPL

- 15% below 100% FPL
- 21% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Shasta County community clinics provided **1.0** uninsured visits per uninsured county resident. Total revenues and spending were \$12.6 million and \$13.8 million, respectively.

Shasta Community Health Center had the most uninsured and Medi-Cal patients.

The Uninsured Accounted For:

- 22% of unduplicated patients
- 19% of visits
- 13% of patient revenues

Uninsured Revenues:

- 57% County Programs
- 10% Self-Pay
- 5% CHDP
- 9% EAPC
- 9% Other State Programs

Medi-Cal Patients Accounted For:

- 36% of unduplicated patients
- 41% of visits
- 53% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 27% – Federal (\$3.3M)
- 6% – State (\$750,300)
- 5% – County & Local (\$561,000)
- 0% – HMO (\$0)
- 1% – Private (\$93,000)
- 2% – Other (\$209,300)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$364 million and \$293 million, respectively.

Redding Medical Center provided the greatest proportion of bed days to county indigent patients while Mayers Memorial Hospital provided the most bed days to Medi-Cal patients.

The County Indigent Accounted For:

- 2% of inpatient days
- 3% of outpatient visits
- 2% of ER visits

Medi-Cal Patients Accounted For:

- 25% of inpatient days
- 16% of outpatient visits
- 53% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$4.9M in bad debt and charity care costs, 1.3% of net patient revenues
- \$1.6M in reported county reimbursements, 0.5% of net patient revenues

May be reporting error.

CMSP DATA

Care for the Uninsured

- 2971 inpatient days (143 days per 1000 uninsured)
- Emergency room visits - N/A
- 17,038 outpatient visits (0.8 visits per uninsured county resident)

County Spending for the Uninsured: \$14.4 million

- 56% on inpatient care
- 11% on outpatient care
- Emergency services – N/A

Net Public Health Spending: N/A

FUNDING FOR COUNTY HEALTH

Realignment: \$10.2M total, \$491 per uninsured resident

Prop 99: \$172,000 total, \$8 per uninsured resident

Net County DSH: \$0 total, \$0 per uninsured resident

County Match: \$184,000 total, \$9 per uninsured resident

Total Net DSH: \$99,880

- 0% County Hospitals
- 100% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	88%	88%	72%	81%	89%
Hispanic	NA	4%	5%	3%	3%
African-American	NA	2%	1%	1%	1%
Asian & Pacific Islander	NA	4%	3%	2%	2%
American Indian	NA	3%	4%	4%	5%
Other	NA	NA	15%	9%	1%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

None. Fee-for-service only.

Healthy Families Managed Care

- Total Enrollment: 3881
- Community Provider Plan: Blue Cross EPO (90% of enrollment)

JOB-BASED INSURANCE

	Shasta County	California
Non-Elderly Adults	56%	65%
Children	53%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$267 Health Net Flex Net	\$908 Health Net Flex Net	\$457 Health Net Flex Net	\$1,126 Health Net Flex Net
Other Small Employer Plans	\$233 Blue Cross Saver	\$712 Blue Cross Saver	\$322 Blue Cross Saver	\$923 Blue Cross Saver
Individual Coverage Plans	\$212 Blue Cross Saver	\$518 Blue Cross Saver	\$273 Blue Cross Saver	\$637 Blue Cross Saver

HMO is not available in the county.

SISKIYOU COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 44,325

- 17% are uninsured
- 21% are covered by Medi-Cal
- 1.6% are covered by Healthy Families
- 1.5% use county health programs
- 4.9% are unemployed

Poverty: 43% are below 200% FPL

- 19% below 100% FPL
- 24% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Siskiyou County community clinics provided **1.9** uninsured visits per uninsured county resident. Total revenues and spending were each \$2.6 million.

Siskiyou Family Healthcare had the most uninsured and Medi-Cal patients.

The Uninsured Accounted For:

- 38% of unduplicated patients
- 32% of visits
- 30% of patient revenues

Uninsured Revenues:

- 21% County Programs
- 31% Self-Pay
- 16% CHDP
- 25% EAPC
- 7% Other State Programs

Medi-Cal Patients Accounted For:

- 36% of unduplicated patients
- 43% of visits
- 51% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 0% – Federal (\$0)
- 24% – State (\$628,451)
- 1% – County & Local (\$22,000)
- 0% – HMO (\$0)
- 1% – Private (\$18,399)
- 9% – Other (\$240,000)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$45.1 million and \$42.4 million, respectively.

Mercy Hospital provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 1% of inpatient days
- 3% of outpatient visits
- 3% of ER visits

Medi-Cal Patients Accounted For:

- 38% of inpatient days
- 15% of outpatient visits
- 20% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$969,000 in bad debt and charity care costs, 2.1% of net patient revenues
- \$1.2M in reported county reimbursements, 2.8% of net patient revenues

CMSP DATA

Care for the Uninsured

- 825 inpatient days (134 days per 1000 uninsured)
- Emergency room visits - N/A
- 6708 outpatient visits (1.1 visits per uninsured county resident)

County Spending for the Uninsured: \$3.3 million

- 51% on inpatient care
- 16% on outpatient care
- Emergency services - N/A

Net Public Health Spending: N/A

FUNDING FOR COUNTY HEALTH

Realignment: \$2.9M total, \$464 per uninsured resident

Prop 99: \$38,000 total, \$6 per uninsured resident

Net County DSH: \$0 total, \$0 per uninsured resident

County Match: \$288,000 total, \$46 per uninsured resident

Total Net DSH: \$0

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	90%	83%	76%	59%	87%
Hispanic	10%	8%	6%	21%	3%
African-American	NA	2%	1%	1%	2%
Asian & Pacific Islander	NA	2%	1%	1%	2%
American Indian	NA	4%	5%	4%	5%
Other	NA	1%	12%	14%	1%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

None. Fee-for-service only.

Healthy Families Managed Care

- Total Enrollment: 597
- Community Provider Plan: Blue Cross EPO (98% of enrollment)

Community Health Plan of the Siskiyou

- CHPS provides health benefit plan administration services to self-insured employers.
- Total enrollment: 3000

JOB-BASED INSURANCE

	Siskiyou County	California
Non-Elderly Adults	55%	65%
Children	55%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$267 Health Net Flex Net	\$908 Health Net Flex Net	\$457 Health Net Flex Net	\$1,126 Health Net Flex Net
Other Small Employer Plans	\$233 Blue Cross Saver	\$712 Blue Cross Saver	\$322 Blue Cross Saver	\$853 Blue Cross Saver
Individual Coverage Plans	\$221 Blue Cross Saver	\$539 Blue Cross Saver	\$282 Blue Cross Saver	\$658 Blue Cross Saver

HMO plan is not available in the county.

SUTTER COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 78,930

- 13% are uninsured
- 20% are covered by Medi-Cal
- 3.6% are covered by Healthy Families
- 1.2% use county health programs
- 13% are unemployed

Poverty: 37% are below 200% FPL

- 15% below 100% FPL
- 22% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Sutter community clinics provided **2.5** uninsured visits per uninsured county resident.

Total revenues and spending were \$4.8M and \$4.4M, respectively.

Planned Parenthood had the most uninsured patients while Richland Family Health Center saw the most Medi-Cal patients.

The Uninsured Accounted For:

- 54% of unduplicated patients
- 50% of visits
- 37% of patient revenues

Uninsured Revenues:

- 19% County Programs
- 34% Self-Pay
- 9% CHDP
- 0% EAPC
- 38% Other State Programs

Medi-Cal Patients Accounted For:

- 34% of unduplicated patients
- 35% of visits
- 48% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 28% – Federal (\$1.4M)
- 8% – State (\$376,000)
- 0% – County & Local (\$0)
- 0% – HMO (\$0)
- 1% – Private (\$38,250)
- 6% – Other (\$270,000)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$49.9 million and \$48 million, respectively.

Fremont Hospital provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 2% of inpatient days
- 2% of outpatient visits
- 4 % of ER visits

Medi-Cal Patients Accounted For:

- 20% of inpatient days
- 15% of outpatient visits
- 16% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$342,000 in bad debt and charity care costs, 0.7% of net patient revenues
- \$566,000 in reported county reimbursements, 1.1% of net patient revenues

CMSP DATA

Care for the Uninsured

- 1,341 inpatient days (152 days per 1000 uninsured)
- Emergency room visits - N/A
- 7,593 outpatient visits (0.8 visits per uninsured county resident)

County Spending for the Uninsured: \$5 million

- 12% on inpatient care
- 54% on outpatient care
- Emergency services - N/A

Net Public Health Spending: N/A

FUNDING FOR COUNTY HEALTH

Realignment: \$5.6M total, \$632 per uninsured resident

Prop 99: \$54,000 total, \$6 per uninsured resident

Net County DSH: \$0 total, \$0 per uninsured resident

County Match: \$674,000 total, \$76 per uninsured resident

Total Net DSH: \$0

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	50%	52%	27%	38%	51%
Hispanic	33%	35%	37%	50%	18%
African-American	NA	3%	1%	1%	1%
Asian & Pacific Islander	NA	8%	27%	2%	27%
American Indian	NA	0%	1%	6%	1%
Other	NA	2%	8%	4%	2%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

None. Fee-for-service only.

Healthy Families Managed Care

- Total Enrollment: 2,501
- Community Provider Plan: Blue Cross EPO (94% of enrollment)

JOB-BASED INSURANCE

	Sutter County	California
Non-Elderly Adults	58%	65%
Children	50%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$148 Kaiser North	\$502 Kaiser North	\$235 Kaiser North	\$636 Kaiser North
Other Small Employer Plans	\$158 Kaiser 15-N	\$537 Kaiser 15-N	\$251 Kaiser 15-N/Blue Cross Saver	\$669 Blue Cross Saver
Individual Coverage Plans	\$149 Kaiser Personal Advantage	\$441 Kaiser Personal Advantage	\$230 Kaiser Personal Advantage	\$523 Kaiser Personal Advantage

COLUSA, GLENN, LAKE, AND TEHAMA COUNTIES 2002

DEMOGRAPHICS

Combined Population (Census 2000): 159,605

- 17.5% are uninsured
- 23% are covered by Medi-Cal
- 3% are covered by Healthy Families
- 1.7% use County health programs
- 9.4% are unemployed

Poverty: 43% are below 200% FPL

- 17% below 100% FPL
- 26% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Community clinics provided **1.5** uninsured visits per uninsured county resident.

Total revenues and spending were \$14 million and \$12 million, respectively.

Orland Family Health Center in Glenn County had the most uninsured and Medi-Cal patients.

The Uninsured Accounted For:

- 43% of unduplicated patients
- 36% of visits
- 24% of patient revenues

Uninsured Revenues:

- 33% County Programs
- 27% Self Pay
- 18% CHDP
- 1% EAPC
- 0.1% Other State Programs

Medi-Cal Patients Accounted For:

- 38% of unduplicated patients
- 43% of visits
- 60% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 31% – Federal (\$4.3M)
- 10% – State (\$1.4M)
- 0.1% – County & Local (\$15,000)
- 0% – HMO (\$0)
- 0.05% – Private (\$7,700)
- 2% – Other (\$208,500)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$112.5 million and \$115 million, respectively.

St. Elizabeth Community Hospital provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 4% of inpatient day
- 3% of outpatient visits
- 4% of ER visits

Medi-Cal Patients Accounted For:

- 15% of inpatient days
- 18% of outpatient visits
- 45% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$3.7 million in bad debt and charity care costs, 3.3% of net patient revenues
- \$4.0 million in reported county reimbursements, 3.6% of net patient revenues

CMSP DATA

Care for the Uninsured

- 3,317 inpatient days (200 days per 1000 uninsured)
- 31,425 outpatient visits (1.3 visits per uninsured county resident)
- Emergency room visits – N/A

County Spending for the Uninsured: \$15.2 million

- 51% on inpatient care
- 18% on outpatient care
- Emergency services – N/A

Net Public Health Spending: N/A

FUNDING FOR COUNTY HEALTH

Realignment: \$9.6M total, \$441 per uninsured resident

Prop 99: \$184,000 total, \$8 per uninsured resident

Net County DSH: \$0 total, \$0 per uninsured resident

County Match: \$862,000 total, \$37 per uninsured resident

Total Net DSH: \$0

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	60%	71%	37%	30%	78%
Hispanic	33%	22%	50%	40%	14%
African-American	NA	2%	.4%	1%	2%
Asian & Pacific Islander	NA	2%	1%	.3%	2%
American Indian	NA	2%	2%	15%	3%
Other	NA	1%	10%	15%	1%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- None. Fee-for-service only.

Healthy Families Managed Care

- Total Enrollment: 4,843
- Community Provider Plan:
 - * Colusa - Blue Cross EPO (96% of enrollment)
 - * Glenn – Blue Cross EPO (87% of enrollment)
 - * Tehama – Blue Cross EPO (86% of enrollment)
 - * Lake – Health Net (1% of enrollment)

JOB-BASED INSURANCE

	Colusa, Glenn, Lake, and Tehama Counties	California
Non-Elderly Adults	51%	65%
Children	47%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$242 Health Net HMO	\$892 Health Net HMO	\$407 Health Net HMO	\$1,062 Health Net HMO
Other Small Employer Plans	\$183 Blue Cross Saver HMO	\$553 Blue Cross Saver HMO	\$251 Blue Cross Saver HMO	\$669 Blue Cross Saver HMO
Individual & Family Plans	\$212 Blue Cross Saver HMO	\$518 Blue Cross Saver HMO	\$273 Blue Cross Saver HMO	\$637 Blue Cross Saver HMO

TRINITY COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 10,782

- 17% are uninsured
- 18% are covered by Medi-Cal
- 2.7% are covered by Healthy Families
- 1.8% use county health programs
- 12.4% are unemployed

Poverty: 42% are below 200% FPL

- 18% below 100% FPL
- 24% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Trinity community clinics provided **0.6** uninsured visits per uninsured county resident.

Total revenues and spending were \$437,000 and \$492,000, respectively.

Southern Trinity Health Services in Mad River had the most uninsured and Medi-Cal patients.

The Uninsured Accounted For:

- 43% of unduplicated patients
- 43% of visits
- 41% of patient revenues

Uninsured Revenues:

- 12% County Programs
- 46% Self-Pay
- 5% CHDP
- 37% EAPC
- 0% Other State Programs

Medi-Cal Patients Accounted For:

- 30% of unduplicated patients
- 31% of visits
- 35% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 0% – Federal (\$0)
- 37% – State (\$162,000)
- 13% – County & Local (\$57,000)
- 0% – HMO (\$0)
- 5% – Private (\$21,000)
- 0.2% – Other (\$1,000)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$8.6 million and \$9.9 million, respectively.

Trinity General Hospital in Weaverville provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 0.4% of inpatient days
- 2% of outpatient visits
- ER visits – N/A

Medi-Cal Patients Accounted For:

- 54% of inpatient days
- 17% of outpatient visits
- ER visits – N/A

Hospitals' Spending for Care to the Uninsured

- \$584,440 in bad debt and charity care costs, 6.8% of net patient revenues
- \$130,000 in reported county reimbursements, 1.5% of net patient revenues

May be reporting error

CMSP DATA

Care for the Uninsured

- 249 inpatient days (136 days per 1000 uninsured)
- Emergency room visits – N/A
- 1,478 outpatient visits (0.8 visits per uninsured county resident)

County Spending for the Uninsured: \$1.2 million

- 53% on inpatient care
- 10% on outpatient care
- Emergency services – N/A

Net Public Health Spending: N/A

FUNDING FOR COUNTY HEALTH

Realignment: \$1.6M total, \$891 per uninsured resident

Prop 99: \$10,000 total, \$5 per uninsured resident

Net County DSH: \$22,000 total, \$12 per uninsured resident

County Match: \$293,000 total, \$160 per uninsured resident

Total Net DSH: \$22,000

- 100% County Hospitals
- 0% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	85%	97%	75%	85%	95%
Hispanic	NA	1%	7%	2%	1%
African-American	NA	.4%	2%	.3%	1%
Asian & Pacific Islander	NA	.2%	2%	.7%	.5%
American Indian	NA	2%	7%	13%	1.6%
Other	NA	NA	9%	.1%	.5%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

None. Fee-for-service only.

Healthy Families Managed Care

- Total Enrollment: 294
- Community Provider Plan: Blue Cross EPO (99% of enrollment)

JOB-BASED INSURANCE

	Trinity County	California
Non-Elderly Adults	55%	65%
Children	55%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$267 Health Net Flex net	\$908 Health Net Flex net	\$457 Health Net Flex Net	\$1,126 Health Net Flex Net
Other Small Employer Plans	\$233 Blue Cross Saver	\$712 Blue Cross Saver	\$322 Blue Cross Saver	\$853 Blue Cross Saver
Individual Coverage Plans	\$221 Blue Cross Saver	\$539 Blue Cross Saver	\$282 Blue Cross Saver	\$658 Blue Cross Saver

HMO plan is not available in the county.

YUBA COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 60,219

- 13% are uninsured
- 28% are covered by Medi-Cal
- 2.6% are covered by Healthy Families
- 1.7% use county health programs
- 11.8% are unemployed

Poverty: 51% are below 200% FPL

- 21% below 100% FPL
- 30% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Yuba community clinics provided **1.6** uninsured visits per uninsured county resident.

Total revenues and spending were \$3.3 million and \$3.0 million, respectively.

Lindhurst Family Health Center had the most uninsured and Medi-Cal patients.

The Uninsured Accounted For:

- 41% of unduplicated patients
- 31% of visits
- 17% of patient revenues

Uninsured Revenues:

- 36% County Programs
- 43% Self-Pay
- 21% CHDP
- 0% EAPC
- 0% Other State Programs

Medi-Cal Patients Accounted For:

- 49% of unduplicated patients
- 61% of visits
- 73% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 4% – Federal (\$117,000)
- 11% – State (\$366,000)
- 0% – County & Local (\$0)
- 0% – HMO (\$0)
- 8% – Private (\$264,000)
- 0.1% – Other (\$1,940)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$64.4 million and \$68 million, respectively.

Rideout Memorial Hospital provided the greatest proportion of bed days to county indigent patients while Woodland Memorial Hospital provided the greatest proportion of bed days to Medi-Cal patients.

The County Indigent Accounted For:

- 6% of inpatient days
- 2% of outpatient visits
- ER visits – N/A

Medi-Cal Patients Accounted For:

- 14% of inpatient days
- 21% of outpatient visits
- ER visits – N/A

Hospitals' Spending for Care to the Uninsured

- \$1.6M in bad debt and charity care costs, 2.4% of net patient revenues
- \$6.8M in reported county reimbursements, 10.0% of net patient revenues

May be reporting error.

CMSP DATA

Care for the Uninsured

- 1,625 inpatient days (232 days per 1000 uninsured)
- 11,153 outpatient visits (1.6 visits per uninsured county resident)
- Emergency room visits - N/A

County Spending for the Uninsured: \$3.3 million

- 51% on inpatient care
- 16% on outpatient care
- Emergency services – N/A

Net Public Health Spending: N/A

FUNDING FOR COUNTY HEALTH

Realignment: \$4.5M total, \$659 per uninsured resident

Prop 99: \$61,000 total, \$9 per uninsured resident

Net County DSH: \$0 total, \$0 per uninsured resident

County Match: \$188,000 total, \$27 per uninsured resident

Total Net DSH: \$0

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	50%	63%	39%	52%	76%
Hispanic	33%	15%	39%	45%	13%
African-American	NA	4%	2%	0.4%	4%
Asian & Pacific Islander	NA	15%	6%	1%	3%
American Indian	NA	1%	3%	0.2%	3%
Other	NA	2%	11%	2%	1%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

None. Fee-for-service only.

Healthy Families Managed Care

- Total Enrollment: 1,393
- Community Provider Plan: Blue Cross EPO (88% of enrollment)

JOB-BASED INSURANCE

	Yuba County	California
Non-Elderly Adults	58%	65%
Children	50%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$148 Kaiser	\$502 Kaiser	\$235 Kaiser	\$636 Kaiser
Other Small Employer Plans	\$158 Kaiser 15-N	\$537 Kaiser 15-N	\$251 Blue Cross Saver, Kaiser 15- N	\$682 Kaiser 15-N
Individual Coverage Plans	\$149 Kaiser Personal Advantage	\$441 Kaiser Personal Advantage	\$230 Kaiser Personal Advantage	\$523 Kaiser Personal Advantage

EL DORADO COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 156,300

- 12% are uninsured
- 8% are covered by Medi-Cal
- 1.5% are covered by Healthy Families
- 0.8% use county health programs
- 5.3% are unemployed

Poverty: 20% are below 200% FPL

- 7% below 100% FPL
- 13% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

El Dorado community clinics provided **0.6** uninsured visits per uninsured county resident.

Total revenues and spending were \$4.8 million and \$3.3 million, respectively.

Barton Memorial Hospital Family Clinic in South Lake Tahoe had the most uninsured and Medi-Cal patients.

The Uninsured Accounted For:

- 30% of unduplicated patients
- 33% of visits
- 12% of patient revenues

Uninsured Revenues:

- 39% County Programs
- 38% Self-Pay
- 9% CHDP
- 0% EAPC
- 14% Other State Programs

Medi-Cal Patients Accounted For:

- 16% of unduplicated patients
- 25% of visits
- 41% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 27% – Federal (\$2.3M)
- 11% – State (\$1.3M)
- 0.5% – County & Local (\$506,100)
- 3% – HMO (\$152,000)
- 0% – Private (\$0)
- 12% – Other (\$585,400)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$118.4 million and \$123.4 million, respectively.

Marshall Hospital provided the greatest proportion of bed days to county indigent while Barton Memorial Hospital provided the greatest proportion of bed days to Medi-Cal patients.

The County Indigent Accounted For:

- 1% of inpatient days
- 1% of outpatient visits
- 1% of ER visits

Medi-Cal Patients Accounted For:

- 25% of inpatient days
- 9% of outpatient visits
- 7% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$5.8M in bad debt and charity care costs, 4.9% of net patient revenues
- \$421,500 in reported county reimbursements. 0.4% of net patient revenues

Discrepancy may be due to reporting error.

CMSP DATA

Care for the Uninsured

- 1,699 inpatient days (105 days per 1000 uninsured)
- 7,262 outpatient visits (0.4 visits per uninsured county resident)
- Emergency room visits – N/A

County Spending for the Uninsured: \$6.0M

- 63% on inpatient care
- 9% on outpatient care
- Emergency services – N/A

Net Public Health Spending: N/A

FUNDING FOR COUNTY HEALTH

Realignment: \$6.8M total, \$421 per uninsured resident
Prop 99: \$124,000 total, \$8 per uninsured resident
Net County DSH: \$0 total, \$0 per uninsured resident
County Match: \$704,000 total, \$44 per uninsured resident

Total Net DSH: \$0

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	79%	81%	66%	55%	89%
Hispanic	NA	16%	23%	8%	7%
African-American	NA	1%	.2%	1%	1%
Asian & Pacific Islander	NA	1%	2%	6%	3%
American Indian	NA	1%	1%	8%	1%
Other	NA	NA	8%	22%	.3%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

None. Fee-for-service only.

Healthy Families Managed Care

- Total Enrollment: 2197
- Community Provider Plan: Health Net (17% of enrollment)

JOB-BASED INSURANCE

	El Dorado County	California
Non-Elderly Adults	71%	65%
Children	71%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$148 Kaiser	\$502 Kaiser	\$235 Kaiser	\$636 Kaiser
Other Small Employer Plans	\$143 Blue Shield Access+ 15	\$535 Blue Shield Access+ 15	\$212 Blue Shield Access+ 15	\$680 Blue Shield Access+ 15
Individual Coverage Plan	\$149 Kaiser Personal Advantage	\$441 Kaiser Personal Advantage	\$230 Kaiser Personal Advantage	\$523 Kaiser Personal Advantage

NAPA COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 124,279

- 9% are uninsured
- 8% are covered by Medi-Cal
- 1.4% are covered by Healthy Families
- 0.6% use county health programs
- 3.3% are unemployed

Poverty: 23% are below 200% FPL

- 8% below 100% FPL
- 15% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Napa community clinics provided **1.6** uninsured visits per uninsured county resident.

Total revenues and spending were \$2.6 million and \$2.5 million, respectively.

Community Health Clinic Ole had the most uninsured and Medi-Cal patients.

The Uninsured Accounted For:

- 64% of unduplicated patients
- 66% of visits
- 77% of patient revenues

- Medi-Cal Patients Accounted For:
- 21% of unduplicated patients
- 21% of visits
- 5% of patient revenues

Uninsured Revenue:

- 17% County Programs
- 29% Self-Pay
- 12% CHDP
- 1% EAPC
- 41% Other State Programs

Grants & Contracts Funding as % of Total Revenue

- 0% – Federal (\$0)
- 27% – State (\$699,400)
- 4% – County & Local (\$109,900)
- 0% – HMO (\$0)
- 10% – Private (\$265,100)
- 23% – Other (\$587,500)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$164.9 million and \$162.9 million, respectively.

Queen of the Valley Medical Center provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 2% of inpatient days
- 2% of outpatient visits
- 0% of ER visits

Medi-Cal Patients Accounted For:

- 10% of inpatient days
- 9% of outpatient visits
- 17% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$2.4M in bad debt and charity care costs, 1.5% of net patient revenues
- \$3.3M in reported county reimbursements, 2.0% of net patient revenues

CMSP DATA

Care for the Uninsured

- 1,377 inpatient days (147 days per 1000 uninsured)
- 5,714 outpatient visits (0.6 visits per uninsured county resident)
- Emergency room visits - N/A

County Spending for the Uninsured: \$4.4 million

- 69% on inpatient care
- 6% on outpatient care
- Emergency services - N/A

Net Public Health Spending: N/A

FUNDING FOR COUNTY HEALTH

Realignment: \$5.7M total, \$613 per uninsured resident
Prop 99: \$103,000 total, \$11 per uninsured resident
Net County DSH: \$0 total, \$0 per uninsured resident
County Match: \$547,000 total, \$59 per uninsured resident

Total Net DSH: \$0

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	43%	54%	18%	32%	67%
Hispanic	51%	42%	67%	64%	25%
African-American	NA	2%	.5%	1%	2%
Asian & Pacific Islander	NA	1%	3%	1%	5%
American Indian	NA	NA	.3%	.4%	1%
Other	NA	NA	11%	1%	1%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- Total Enrollment: 8,345
- County Organized Health System: Partnership Health Plan of California (100% of enrollment)

Healthy Families Managed Care

- Total Enrollment: 1,520
- Community Provider Plan: Health Net (41% of enrollment)

JOB-BASED INSURANCE

	Napa County	California
Non-Elderly Adults	73%	65%
Children	75%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$147 Kaiser	\$502 Kaiser	\$235 Kaiser	\$636 Kaiser
Other Small Employer Plans	\$158 Kaiser 15-N	\$537 Kaiser 15-N	\$251 Blue Cross Saver /Kaiser 15-N	\$669 Blue Cross Saver
Individual Coverage Plans	\$149 Kaiser Personal Advantage	\$441 Kaiser Personal Advantage	\$230 Kaiser Personal Advantage	\$523 Kaiser Personal Advantage

PLACER COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 248,400

- 4% are uninsured
- 7% are covered by Medi-Cal
- 1.2% are covered by Healthy Families
- 1.8% use county health programs
- 3.6% are unemployed

Poverty: 17% are below 200% FPL

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

COMMUNITY CLINICS (OSHPD Data)

Placer County community clinics provided **4.3** uninsured visits per uninsured county resident.

Total revenues and spending were \$8.4 million and \$7.7 million, respectively.

Planned Parenthood – Roseville clinic had the most uninsured patients while Chapa-De Indian Health Program had the most Medi-Cal patients.

The Uninsured Accounted For:

- 66% of unduplicated patients
- 63% of visits
- 45% of patient revenues

Uninsured Revenues:

- 38% County Programs
- 17% Self-Pay
- 3% CHDP
- 8% EAPC
- 35% Other State Programs

Medi-Cal Patients Accounted For:

- 22% of unduplicated patients
- 27% of visits
- 48% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 35% – Federal (\$2.9M)
- 3% – State (\$238,200)
- 13% – County & Local (\$1.1M)
- 0% – HMO (\$0)
- 0.4% – Private (\$33,500)
- 1% – Other (\$67,200)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$176.3 million and \$157.1 million, respectively.

Sutter Auburn Faith Hospital provided the greatest proportion of bed days to county indigent patients while Sutter Roseville Medical Center provided the most bed days to Medi-Cal patients.

The County Indigent Accounted For:

- 1% of inpatient days
- 1% of outpatient visits
- 1% of ER visits

Medi-Cal Patients Accounted For:

- 8% of inpatient days
- 8% of outpatient visits
- 3% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$6.5M in bad debt and charity care costs, 3.7% of net patient revenues
- \$637,300 in reported county reimbursements, 0.4% of net patient revenues

MISP DATA

Care for the Uninsured

- 593 inpatient days (70 days per 1000 uninsured)
- 2,115 emergency room visits (251 visits per 1000 uninsured)
- 10,463 outpatient visits (1.2 visits per uninsured county resident)

County Spending for the Uninsured: \$2.2 million

- 34% on inpatient care
- 62% on outpatient care
- 5% on emergency services

Net Public Health Spending: \$2.8 million

FUNDING FOR COUNTY HEALTH

Realignment: \$5.0M total, \$593 per uninsured resident
Prop 99: \$209,000 total, \$25 per uninsured resident
Net County DSH: \$0 total, \$0 per uninsured resident
County Match: \$369,000 total, \$44 per uninsured resident

Total Net DSH: \$0

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	80%	80%	59%	30%	79%
Hispanic	NA	15%	17%	43%	14%
African-American	NA	2%	2%	.4%	1%
Asian & Pacific Islander	NA	.3%	6%	1%	1%
American Indian	NA	1%	1%	13%	.4%
Other	NA	NA	16%	14%	4%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- Total Enrollment: 11,951
- FFS Managed Care: Placer County Managed Care Network (100% of enrollment)

Healthy Families Managed Care

- Total Enrollment: 2,564
- Community Provider Plan: Health Net (21% of enrollment)

JOB-BASED INSURANCE

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

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$148 Kaiser	\$502 Kaiser	\$235 Kaiser	\$636 Kaiser
Other Small Employer Plans	\$158 Kaiser 15-N	\$537 Kaiser 15-N	\$251 Kaiser 15-N	\$682 Kaiser 15-N
Individual Coverage Plans	\$149 Kaiser Personal Advantage	\$441 Kaiser Personal Advantage	\$230 Kaiser Personal Advantage	\$523 Kaiser Personal Advantage

SACRAMENTO COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 1.2 million

- 9.5% are uninsured
- 20% are covered by Medi-Cal
- 1.4% are covered by Healthy Families
- 4% use county health programs
- 4.2% are unemployed

Poverty: 31% are below 200% FPL

- 14% below 100% FPL
- 17% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Sacramento County community clinics provided **0.5** uninsured visits per uninsured county resident. Total revenues and spending were \$21 million and \$22 million, respectively.

Planned Parenthood of Fruitridge had the most uninsured and Medi-Cal patients.

The Uninsured Accounted For:

- 60% of unduplicated patients
- 50% of visits
- 50% of patient revenues

Uninsured Revenues:

- 10% County Programs
- 19% Self-Pay
- 4% CHDP
- 5% EAPC
- 63% Other State Programs

Medi-Cal Patients Accounted For:

- 24% of unduplicated patients
- 36% of visits
- 37% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 21% – Federal (\$4.5M)
- 27% – State (\$5.7M)
- 11% – County & Local (\$2.4M)
- 0.4% – HMO (\$93,800)
- 5% – Private (\$1M)
- 2% – Other (\$473,000)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$1.5 billion and \$1.4 billion, respectively.

UC Davis Medical Center provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 3% of inpatient days
- 1% of outpatient visits
- 0.3% of ER visits

Medi-Cal Patients Accounted For:

- 27% of inpatient days
- 18% of outpatient visits
- 15% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$36.4 million in bad debt and charity care costs, 2.4% of net patient revenues
- \$36.1 million in reported county reimbursements, 2.4% of net patient revenues

MISP DATA

Care for the Uninsured

- 9,326 inpatient days (90 days per 1000 uninsured)
- 30,596 emergency room visits (296 visits per 1000 uninsured)
- 78,217 outpatient visits (0.8 visits per uninsured county resident)

County Spending for the Uninsured: \$31.8 million

- 51% on inpatient care
- 41% on outpatient care
- 8% on emergency services

Net Public Health Spending: N/A

FUNDING FOR COUNTY HEALTH

Realignment: \$46.2M total, \$447 per uninsured resident

Prop 99: \$1.9M total, \$18 per uninsured resident

Net County DSH: \$0 total, \$0 per uninsured resident

County Match: \$7.1M total, \$69 per uninsured resident

Total Net DSH: \$16.2 million

- 0% County Hospitals
- 100% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	57%	44%	30%	23%	48%
Hispanic	18%	17%	31%	55%	21%
African-American	NA	22%	5%	10%	15%
Asian & Pacific Islander	NA	10%	14%	5%	6%
American Indian	NA	NA	1%	3%	3%
Other	NA	NA	19%	5%	8%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- Total Enrollment: 158,209
- Geographic Managed Care Plans:
 - * Blue Cross (45% of enrollment)
 - * Health Net (19% of enrollment)

Healthy Families Managed Care

- Total Enrollment: 15,563
- Community Provider Plan: Health Net (15% of enrollment)

SacAdvantage

- Subsidized (40%-65%) PacAdvantage coverage for small businesses
- Current Enrollment: 100 individuals, 19 businesses
- Additional federal funds expand enrollment limit to 700 individuals.

JOB-BASED INSURANCE

	Sacramento County	California
Non-Elderly Adults	74%	65%
Children	72%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$148 Kaiser	\$502 Kaiser	\$235 Kaiser	\$636 Kaiser
Other Small Employer Plans	\$158 Kaiser 15-N	\$603 Blue Cross Saver	\$251 Kaiser 15-N	\$682 Kaiser 15-N
Individual Coverage Plans	\$149 Kaiser Personal Advantage	\$441 Kaiser Personal Advantage	\$230 Kaiser Personal Advantage	\$523 Kaiser Personal Advantage

SOLANO COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 394,540

- 6% are uninsured
- 11% are covered by Medi-Cal
- 1.0% are covered by Healthy Families
- 0.6% use county health programs
- 4.1% are unemployed

Poverty: 22% are below 200% FPL

- 8% below 100% FPL
- 14% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Solano community clinics provided **1.0** uninsured visits per uninsured county resident.

Total revenues and spending were \$5.5M and \$4.1M, respectively.

Redwood Family Clinic in Vallejo had the most uninsured and Medi-Cal patients.

The Uninsured Accounted For:

- 50% of unduplicated patients
- 48% of visits
- 40% of patient revenues

Uninsured Revenues:

- 21% County Programs
- 17% Self-Pay
- 12% CHDP
- 3% EAPC
- 58% Other State Programs

Medi-Cal Patients Accounted For:

- 46% of unduplicated patients
- 48% of visits
- 53% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 3% – Federal (\$164,600)
- 13% – State (\$717,800)
- 9% – County & Local (\$501,100)
- 0% – HMO (\$0)
- 0% – Private (\$0)
- 5% – Other (\$250,300)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$149.7 million and \$134.9 million, respectively.

Sutter Solano Medical Center provided the greatest proportion of bed days to county indigent patients while North Bay Medical Center provided the greatest proportion of bed days to Medi-Cal patients.

The County Indigent Accounted For:

- 5% of inpatient days
- 3% of outpatient visits
- 0.3% of ER visits

Medi-Cal Patients Accounted For:

- 24% of inpatient days
- 26% of outpatient visits
- 97% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$4.5M in bad debt and charity care costs, 3.0% of net patient revenues
- \$3.9M in reported county reimbursements, 2.6% of net patient revenues

May be reporting error.

CMSP DATA

Care for the Uninsured

- 3,639 inpatient days (164 days per 1000 uninsured)
- Emergency room visits -- NA
- 13,825 outpatient visits (0.6 visits per uninsured county resident)

County Spending for the Uninsured: \$12.6 million

- 69% on inpatient care
- 6% on outpatient care
- Emergency services - N/A

Net Public Health Spending: N/A

FUNDING FOR COUNTY HEALTH

Realignment: \$14.7M total, \$662 per uninsured resident

Prop 99: \$311,000 total, \$14 per uninsured resident

Net County DSH: \$0 total, \$0 per uninsured resident

County Match: \$116,000 total, \$5 per uninsured resident

Total Net DSH: \$1.5M

- 0% County Hospitals
- 100% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	29%	34%	19%	29%	40%
Hispanic	38%	21%	47%	39%	15%
African-American	NA	34%	11%	26%	23%
Asian & Pacific Islander	NA	5%	9%	4%	22%
American Indian	NA	NA	.3%	.1%	.4%
Other	NA	NA	13%	3%	.4%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- Total Enrollment: 41,140
- County Organized Health System: Partnership Health Plan of California (100% of enrollment)

Healthy Families Managed Care

- Total Enrollment: 3,577
- Community Provider Plan: Health Net (29% of enrollment)

Plan for MIAs

- Total enrollment: 3,700
- Provider Plan: Partnership Health Plan of California (100% of enrollment)

JOB-BASED INSURANCE

	Solano County	California
Non-Elderly Adults	77%	65%
Children	80%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$148 Kaiser	\$502 Kaiser	\$235 Kaiser	\$636 Kaiser
Other Small Employer Plans	\$158 Kaiser 15-N	\$537 Kaiser 15-N	\$251 Kaiser 15-N/Blue Cross Saver HMO	\$682 Kaiser 15-N
Individual Coverage Plans	\$149 Kaiser Personal Advantage	\$441 Kaiser Personal Advantage	\$230 Kaiser Personal Advantage	\$523 Kaiser Personal Advantage

SONOMA COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 458,600

- 12% are uninsured
- 8% are covered by Medi-Cal
- 1.7% are covered by Healthy Families
- 0.6% use county health programs
- 2.9% are unemployed

Poverty: 22% are below 200% FPL

- 8% below 100% FPL
- 14% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Sonoma community clinics provided **1.7** uninsured visits per uninsured county resident.

Total revenues and spending were \$21.9M and \$21.1M, respectively.

Alliance Medical Center had the most uninsured patients while Petaluma Health Center saw the most Medi-Cal patients.

The Uninsured Accounted For:

- 54% of unduplicated patients
- 46% of visits
- 38% of patient revenues

Uninsured Revenues:

- 14% County Programs
- 33% Self-Pay
- 8% CHDP
- 11% EAPC
- 34% Other State Programs

Medi-Cal Patients Accounted For:

- 18% of unduplicated patients
- 26% of visits
- 39% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 28% – Federal (\$6.2 M)
- 11% – State (\$2.4M)
- 2% – County & Local (\$458,000)
- 2% – HMO (\$351,000)
- 2% – Private (\$354,100)
- 5% – Other (\$1.2M)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$344.1 million and \$634.2 million, respectively.

Sutter Medical Center of Santa Rosa provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 6% of inpatient days
- 4% of outpatient visits
- 13% of ER visits

Medi-Cal Patients Accounted For:

- 13% of inpatient days
- 16% of outpatient visits
- 25% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$8.5M in bad debt and charity care costs, 2.5% of net patient revenues

May be reporting error.

- \$15.9M in reported county reimbursements, 4.6% of net patient revenues

CMSP DATA

Care for the Uninsured

- 6,323 inpatient days (134 days per 1000 uninsured)
- Emergency room visits – NA
- 23,428 outpatient visits (0.5 visits per uninsured county resident)

County Spending for the Uninsured: \$19 million

- 66% on inpatient care
- 9% on outpatient care
- Emergency services - N/A

Net Public Health Spending: N/A

FUNDING FOR COUNTY HEALTH

Realignment: \$23.2M total, \$491 per uninsured resident

Prop 99: \$394,000 total, \$8 per uninsured resident

Net County DSH: \$0 total, \$0 per uninsured resident

County Match: \$438,000 total, \$9 per uninsured resident

Total Net DSH: \$6.3M

- 0% County Hospitals
- 100% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	57%	62%	27%	45%	74%
Hispanic	39%	29%	58%	39%	16%
African-American	NA	4%	1%	1%	3%
Asian & Pacific Islander	NA	1%	3%	1%	2%
American Indian	NA	2%	1%	12%	4%
Other	NA	NA	11%	2%	.4%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- Total Enrollment: 28,247
- FFS Managed Care: Sonoma County Medi-Cal Managed Care Network (100% of enrollment)

Healthy Families Managed Care

- Total Enrollment: 6,941
- Community Provider Plan: Health Net (30% of enrollment)

JOB-BASED INSURANCE

	Santa Barbara County	California
Non-Elderly Adults	72%	65%
Children	72%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$148 Kaiser	\$502 Kaiser	\$235 Kaiser	\$636 Kaiser
Other Small Employer Plans	\$158 Kaiser 15-N	\$537 Kaiser 15-N	\$251 Kaiser 15-N/Blue Cross Saver	\$682 Kaiser 15-N
Individual Coverage Plans	\$149 Kaiser Personal Advantage	\$441 Kaiser Personal Advantage	\$230 Kaiser Personal Advantage	\$523 Kaiser Personal Advantage

YOLO COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 169,000

- 11% are uninsured
- 14.5% are covered by Medi-Cal
- 1.6% are covered by Healthy Families
- 1.7% use county health programs
- 4.2% are unemployed

Poverty: 36% are below 200% FPL

- 18% below 100% FPL
- 18% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Yolo community clinics provided **3.3** uninsured visits per uninsured county resident.

Total revenues and spending was each \$5.5 million.

Davis Community Clinic had the most uninsured and Medi-Cal patients.

The Uninsured Accounted For:

- 84% of unduplicated patients
- 71% of visits
- 64% of patient revenues

Uninsured Revenues:

- 47% County Programs
- 13% Self-Pay
- 4% CHDP
- 15% EAPC
- 21% Other State Programs

Medi-Cal Patients Accounted For:

- 14% of unduplicated patients
- 28% of visits
- 34% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 20% – Federal (\$1.1M)
- 11% – State (\$622,000)
- 6% – County & Local (\$324,000)
- 0% – HMO (\$0)
- 3% – Private (\$185,500)
- 16% – Other (\$869,000)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$112.1 million and \$117.4 million, respectively.

Sutter Davis Hospital provided the greatest proportion of bed days to county indigent patients while Woodland Memorial Hospital provided the greatest proportion of bed days to Medi-Cal patients.

The County Indigent Accounted For:

- 3% of inpatient days
- 3% of outpatient visits
- 2% of ER visits

Medi-Cal Patients Accounted For:

- 17% of inpatient days
- 15% of outpatient visits
- 13% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$2.2M in bad debt and charity care costs, 2.0% of net patient revenues
- \$1.5M in reported county reimbursements, 1.3% of net patient revenues

MISP DATA

Care for the Uninsured

- 660 inpatient days (40 days per 1000 uninsured)
- 626 emergency room visits (38 visits per 1000 uninsured)
- 11,481 outpatient visits (0.7 visits per uninsured county resident)

County Spending for the Uninsured: \$2.2 million

- 29% on inpatient care
- 65% on outpatient care
- 6% on emergency services

Net Public Health Spending: \$4.4 million

FUNDING FOR COUNTY HEALTH

Realignment: \$5.1M total, \$312 per uninsured resident
Prop 99: \$339,000 total, \$21 per uninsured resident
Net County DSH: \$0 total, \$0 per uninsured resident
County Match: \$1.1M total, \$66 per uninsured resident

Total Net DSH: \$0

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	34%	49%	20%	26%	34%
Hispanic	46%	39%	62%	55%	51%
African-American	NA	5%	1%	2%	3%
Asian & Pacific Islander	NA	4%	6%	2%	5%
American Indian	NA	NA	1%	7%	1%
Other	NA	NA	12%	9%	7%

May be reporting error.

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- Total Enrollment: 21,168
- County Organized Health System: Partnership Health Plan of California (100% of enrollment)

Healthy Families Managed Care

- Total Enrollment: 2370
- Community Provider Plan: Health Net (41% of enrollment)

JOB-BASED INSURANCE

	Yolo County	California
Non-Elderly Adults	71%	65%
Children	76%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$148 Kaiser	\$502 Kaiser	\$235 Kaiser	\$636 Kaiser North
Other Small Employer Plans	\$158 Kaiser 15-N	\$537 Kaiser 15-N	\$251 Blue Cross Saver / Kaiser 15-N	\$682 Kaiser 15-N
Individual Coverage Plans	\$149 Kaiser Personal Advantage	\$441 Kaiser Personal Advantage	\$230 Kaiser Personal Advantage	\$523 Kaiser Personal Advantage

ALAMEDA COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 1.4 million

- 8% are uninsured
- 13% are covered by Medi-Cal
- 1.1% are covered by Healthy Families
- 3.9% use county health programs
- 4.5% are unemployed

Poverty: 24% are below 200% FPL

- 11% below 100% FPL
- 13% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Alameda community clinics provided **2.2** uninsured visits per uninsured county resident.

Total revenues and spending were \$83.8M and \$83.5M, respectively.

La Clinica de la Raza Fruitvale Health Project Clinic had the most uninsured patients while the Asian Medical Center saw the most Medi-Cal patients.

The Uninsured Accounted For:

- 55% of unduplicated patients
- 51% of visits
- 29% of patient revenues

Uninsured Revenues:

- 30% County Programs
- 39% Self-Pay
- 6% CHDP
- 5% EAPC
- 21% Other State Programs

Medi-Cal Patients Accounted For:

- 27% of unduplicated patients
- 29% of visits
- 52% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 17% – Federal (\$14.5M)
- 13% – State (\$11M)
- 15% – County & Local (\$12.3M)
- 3% – HMO (\$2.3M)
- 4% – Private (\$3.2M)
- 3% – Other (\$2.1M)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were each \$1.5 billion.

Alameda County Medical Center provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 1% of inpatient days
- 6% of outpatient visits
- 20% of ER visits

Medi-Cal Patients Accounted For:

- 30% of inpatient days
- 17% of outpatient visits
- 30% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$62.8M in bad debt and charity care costs, 4.1% of net patient revenue
- \$59.9M in reported county reimbursements, 3.9% of net patient revenue

MISP DATA

Care for the Uninsured

- 10,029 inpatient days (92 days per 1000 uninsured)
- 14,881 emergency room visits (137 visits per 1000 uninsured)
- 163,438 outpatient visits (1.6 visits per uninsured county resident)

County Spending for the Uninsured: \$72.2M

- 23% on inpatient care
- 65% on outpatient care
- 11% on emergency services

Net Public Health Spending: \$16.3M

FUNDING FOR COUNTY HEALTH

Realignment: \$55.4M total, \$509 per uninsured resident

Prop 99: \$3.6M total, \$33 per uninsured resident

Net County DSH: \$40.3M total, \$370 per uninsured resident

County Match: \$20.5M total, \$189 per uninsured resident

Total Net DSH: \$50.7 million

- 79.5% County Hospitals
- 20.5% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	23%	21%	8%	19%	16%
Hispanic	29%	20%	37%	34%	38%
African-American	NA	42%	8%	23%	29%
Asian & Pacific Islander	30%	10%	33%	17%	11%
American Indian	NA	NA	.3%	2%	1%
Other	NA	NA	14%	6%	6%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- Total Enrollment: 96,320
- Local Initiative: Alameda Alliance for Health (71% of enrollment)

Healthy Families Managed Care

- Total Enrollment: 14,760
- Community Provider Plan: Alameda Alliance for Health (60% of enrollment)

Alliance Family Care

- Covers Children and Families:
- Ineligible for Medi-Cal or Healthy Families
- Up to 300% of FPL
- Provider Plan: Alameda Alliance for Health
- Children Currently Enrolled: 2,160

JOB-BASED INSURANCE

	Alameda County	California
Non-Elderly Adults	78%	65%
Children	75%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$148 Kaiser	\$502 Kaiser	\$235 Kaiser	\$636 Kaiser
Other Small Employer Plans	\$154 Health Net HMO 15	\$537 Kaiser 15-N	\$251 Kaiser 15-N, Blue Cross Saver HMO	\$669 Blue Cross Saver HMO
Individual Coverage Plans	\$149 Kaiser Personal Advantage	\$441 Kaiser Personal Advantage	\$230 Kaiser Personal Advantage	\$523 Kaiser Personal Advantage

CONTRA COSTA COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 949,000

- 6% are uninsured
- 9% are covered by Medi-Cal
- 1.0% are covered by Healthy Families
- 1.8% use county health programs
- 3.3% are unemployed

Poverty: 19% are below 200% FPL

- 8% below 100% FPL
- 11% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Contra Costa community clinics provided **1.6** uninsured visits per uninsured county resident.

Total revenues and spending were \$17.3 million and \$22.8 million, respectively.

Planned Parenthood in Walnut Creek and Richmond had the most uninsured patients while the Brookside Community Health Center saw the most Medi-Cal patients.

The Uninsured Accounted For:

- 68% of unduplicated patients
- 52% of visits
- 39% of patient revenues

Uninsured Revenues:

- 13% County Programs
- 23% Self-pay
- 6% CHDP
- 3% EAPC
- 56% Other State Programs

Medi-Cal Patients Accounted For:

- 13% of unduplicated patients
- 12% of visits
- 11% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 6% – Federal (\$967,600)
- 0.3% – State (\$57,700)
- 1% – County & Local (\$200,300)
- 0.1% – HMO (\$15,430)
- 1% – Private (\$188,200)
- 4% – Other (\$752,050)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$752 million and \$839.6 million, respectively.

Contra Costa Regional Medical Center provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 3% of inpatient days
- 8% of outpatient visits
- 20% of ER visits

Medi-Cal Patients Accounted For:

- 16% of inpatient days
- 21% of outpatient visits
- 45% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$17.8M in bad debt and charity care costs, 2.4% of net patient revenues
- \$46.3M in reported county reimbursements, 6.2% of net patient revenues

MISP DATA

Care for the Uninsured

- 4,749 inpatient days (91 days per 1000 uninsured)
- 6,441 emergency room visits (123 visits per 1000 uninsured)
- 62,398 outpatient visits (1.2 visits per uninsured county resident)

County Spending for the Uninsured: \$29.3M

- 38% on inpatient care
- 54% on outpatient care
- 8% on emergency services

Net Public Health Spending: \$24M

FUNDING FOR COUNTY HEALTH

Realignment: \$28.2M total, \$541 per uninsured resident

Prop 99: \$1.3M total, \$25 per uninsured resident

Net County DSH: \$11.6M total, \$223 per uninsured resident

County Match: \$10.1M total, \$194 per uninsured resident

Total Net DSH: \$11.6 million

- 100% County Hospitals
- 0% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	27%	35%	13%	40%	37%
Hispanic	50%	26%	55%	34%	15%
African-American	21%	30%	6%	13%	27%
Asian & Pacific Islander	NA	3%	12%	11%	6%
American Indian	NA	NA	.4%	2%	1%
Other	NA	NA	14%	1%	14%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- Total Enrollment: 45,671
- Local Initiative: Contra Costa Health Plan (89% of enrollment)

Healthy Families Managed Care

- Total Enrollment: 7,692
- Community Provider Plan: Contra Costa Health Plan (36% of enrollment)

Basic Adult Care (BAC)

- Covers MIAs under 300% FPL
- Current Enrollment: Approximately 4,000
- Approximately 9,0000 eligible
- Provider Plan: Contra Costa Health Plan

JOB-BASED INSURANCE

	Contra Costa County	California
Non-Elderly Adults	78%	65%
Children	76%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$148 Kaiser	\$502 Kaiser	\$235 Kaiser	\$636 Kaiser
Other Small Employer Plans	\$154 Health Net 15	\$537 Kaiser 15-N	\$243 Blue Shield Access+ 15	\$669 Blue Cross Saver
Individual Coverage Plans	\$149 Kaiser Personal Advantage	\$441 Kaiser Personal Advantage	\$230 Kaiser Personal Advantage	\$523 Kaiser Personal Advantage

MARIN COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 247,300

- 7% are uninsured
- 5% are covered by Medi-Cal
- 0.9% are covered by Healthy Families
- 0.5% use county health programs
- 2.5% are unemployed

Poverty: 15% are below 200% FPL

- 6% below 100% FPL
- 9% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Marin community clinics provided **0.9** uninsured visits per uninsured county resident.

Total revenues and spending were \$2.8 million and \$2.7 million, respectively.

Planned Parenthood – Golden Gate had the most uninsured patients while Point Reyes Medical Clinic had the most Medi-Cal patients.

The Uninsured Accounted For:

- 64% of unduplicated patients
- 58% of visits
- 63% of patient revenues

Uninsured Revenues:

- 3% County Programs
- 32% Self-Pay
- 1% CHDP
- 9% EAPC
- 57% Other State Programs

Medi-Cal Patients Accounted For:

- 10% of unduplicated patients
- 14% of visits
- 16% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 16% – Federal (\$441,000)
- 10% – State (\$282,100)
- 3% – County & Local (\$70,200)
- 0.2% – HMO (\$6,400)
- 5% – Private (\$129,400)
- 11% – Other (\$290,000)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$174.8 million and \$166.9 million, respectively.

Marin General Hospital provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 2% of inpatient days
- 2% of outpatient visits
- 0% of ER visits

Medi-Cal Patients Accounted For:

- 9% of inpatient days
- 5% of outpatient visits
- 0% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$7.9 million in bad debt and charity care costs, 4.5% of net patient revenues
- \$3.6 million in reported county reimbursements, 2.0% of net patient revenues

Discrepancies may be due to reporting error.

CMSP DATA

Care for the Uninsured

- 2,167 inpatient days (141 days per 1000 uninsured)
- Emergency room visits - N/A
- 8,828 outpatient visits (0.6 visits per uninsured county resident)

County Spending for the Uninsured: \$7.5M

- 66% on inpatient care
- 8% on outpatient care
- Emergency services – N/A

Net Public Health Spending: N/A

FUNDING FOR COUNTY HEALTH

Realignment: \$13.5M total, \$876 per uninsured resident

Prop 99: \$203,000 total, \$13 per uninsured resident

Net County DSH: \$0 total, \$0 per uninsured resident

County Match: \$1.2M total, \$78 per uninsured resident

Total Net DSH: \$0

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	59%	53%	17%	65%	63%
Hispanic	40%	31%	65%	17%	19%
African-American	NA	10%	3%	2%	10%
Asian & Pacific Islander	NA	4%	5%	2%	7%
American Indian	NA	NA	.1%	.4%	1%
Other	NA	NA	11%	13%	0.3%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- Total Enrollment: 1912
- Prepaid Health Plan: Kaiser Foundation Health Plan (100% of enrollment)

Healthy Families Managed Care

- Total Enrollment: 1,912
- Community Provider Plan: Blue Cross EPO (64% of enrollment)

JOB-BASED INSURANCE

	Marin County	California
Non-Elderly Adults	70%	65%
Children	76%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$148 Kaiser	\$502 Kaiser	\$235 Kaiser	\$636 Kaiser
Other Small Employer Plans	\$158 Kaiser n 15-N	\$537 Kaiser 15-N	\$251 Kaiser 15-N	\$682 Kaiser 15-N
Individual Coverage Plans	\$149 Kaiser Personal Advantage	\$441 Kaiser Personal Advantage	\$230 Kaiser Personal Advantage	\$523 Kaiser Personal Advantage

SAN FRANCISCO COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 776,700

- 13% are uninsured
- 15% are covered by Medi-Cal
- 1.6% are covered by Healthy Families
- 10% use county health programs
- 5.2% are unemployed

Poverty: 25% are below 200% FPL

- 11% below 100% FPL
- 14% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

San Francisco County community clinics provided **1.4** uninsured visits per uninsured county resident. Total revenues and spending were \$106.1 million and \$103.4 million, respectively.

Mission Neighborhood Health Center had the most uninsured patients while Northeast Medical Services Clinic had the most Medi-Cal patients.

The Uninsured Accounted For:

- 69% of unduplicated patients
- 55% of visits
- 29% of patient revenues

Uninsured Revenues:

- 9% County Programs
- 32% Self-Pay
- 5% CHDP
- 33% EAPC
- 22% Other State Programs

Medi-Cal Patients Accounted For:

- 18% of unduplicated patients
- 26% of visits
- 51% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 22% – Federal (\$23.0M)
- 48% – State (\$51.3M)
- 7% – County & Local (\$7.8M)
- 2% – HMO (\$1.8M)
- 3% – Private (\$3.6M)
- 4% – Other (\$4.6M)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$1.8 billion and \$2.0 billion, respectively.

San Francisco General Hospital provided the greatest proportion of bed days to county indigent patients while Laguna Honda Hospital provided the most bed days to Medi-Cal patients.

The County Indigent Accounted For:

- 1% of inpatient days
- 5% of outpatient visits
- 5% of ER visits

Medi-Cal Patients Accounted For:

- 49% of inpatient days
- 22% of outpatient visits
- 21% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$54.9 million in bad debt and charity care costs, 3.0% of net patient revenues
- \$80.2 million in reported county reimbursements, 4.4% of net patient revenues

MISP DATA

Care for the Uninsured

- 22,026 inpatient days (251 days per 1000 uninsured)
- 41,250 emergency room visits (470 visits per 1000 uninsured)
- 244,906 outpatient visits (2.8 visits per uninsured county resident)

County Spending for the Uninsured: \$76.1 million

- 50% on inpatient care
- 37% on outpatient care
- 12% on emergency services

Net Public Health Spending: \$7.9 million

FUNDING FOR COUNTY HEALTH

Realignment: \$84.5M total, \$962 per uninsured resident

Prop 99: \$4.1M total, \$47 per uninsured resident

Net County DSH: \$37.8M total, \$430 per uninsured resident

County Match: \$39.4M total, \$448 per uninsured resident

Total Net DSH: \$44.2 million

- 85.5% County Hospitals
- 14.5% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	30%	28%	2%	21%	27%
Hispanic	24%	19%	14%	21%	29%
African-American	8%	28%	2%	8%	20%
Asian & Pacific Islander	36%	18%	74%	44%	16%
American Indian	NA	NA	.1%	2%	.4%
Other	NA	NA	8%	4%	8%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- Total Enrollment: 42,175
- Local Initiative: San Francisco Health Plan (63% of enrollment)

Healthy Families Managed Care

- Total Enrollment: 10,445
- Community Provider Plan: San Francisco Health Plan (54% of enrollment)

Healthy Kids

- Current Enrollment: 2,452
- Maximum enrollment: 5,000
- Provider Plan: San Francisco Health Plan

Healthy Worker – Coverage for IHSS Workers

- Health and dental programs, separate enrollment
- Current Enrollment, Health and Dental: 9,609
- Current Enrollment Dental Only: 4,310
- Provider Plan: San Francisco Health Plan

JOB-BASED INSURANCE

	San Francisco County	California
Non-Elderly Adults	67%	65%
Children	63%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$116 Chinese Community HMO	\$371 Chinese Community HMO	\$195 Chinese Community HMO	\$470 Chinese Community HMO
Other Small Employer Plans	\$158 Kaiser HMO 15-N	\$537 Kaiser HMO 15-N	\$243 Blue Shield Access+ HMO15	\$669 Blue Cross Saver HMO
Individual Coverage Plans	\$149 Kaiser Personal Advantage	\$441 Kaiser Personal Advantage	\$230 Kaiser Personal Advantage	\$523 Kaiser Personal Advantage

SAN MATEO COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 701,161

- 7% are uninsured
- 6.8% are covered by Medi-Cal
- 1.0% are covered by Healthy Families
- 5.1% use county health programs
- 2.8% are unemployed

Poverty: 16% are below 200% FPL

- 10% below 100% FPL
- 6% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

San Mateo County community clinics provided **0.8** uninsured visits per uninsured county resident. Total revenues and spending were \$3.1 million and \$2.7 million, respectively.

Planned Parenthood in San Mateo had the most uninsured patients and Planned Parenthood Clinics San Mateo and Redwood City had the most Medi-Cal patients.

The Uninsured Accounted For:

- 95% of unduplicated patients
- 91% of visits
- 94% of patient revenues

Uninsured Revenues:

- 0% County Programs
- 31% Self-Pay
- 0% CHDP
- 1% EAPC
- 68% Other State Programs

Medi-Cal Patients Accounted For:

- 5% of unduplicated patients
- 8% of visits
- 5% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 4% – Federal (\$2.4M)
- 0% – State (\$0)
- 2% – County & Local (\$67,000)
- 8% – HMO (\$240,000)
- 8% – Private (\$232,100)
- 0% – Other (\$0)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$548.8 million and \$605.2 million, respectively.

San Mateo General Hospital provided the greatest proportion of bed days to county indigent patients while Seton Medical Center provided the most bed days to Medi-Cal patients.

The County Indigent Accounted For:

- 2% of inpatient days
- 12% of outpatient visits
- 33% of ER visits

Medi-Cal Patients Accounted For:

- 32% of inpatient days
- 11% of outpatient visits
- 26% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$8.5 million in bad debt and charity care costs, 1.5% of net patient revenues
- \$29.7 million in reported county reimbursements, 5.4% of net patient revenues

MISP DATA

Care for the Uninsured

- 3,977 inpatient days (92 days per 1000 uninsured)
- 12,386 emergency room visits (286 visits per 1000 uninsured)
- 92,481 outpatient visits (2.1 visits per uninsured county resident)

County Spending for the Uninsured: \$39.1 million

- 24% on inpatient care
- 61% on outpatient care
- 15% on emergency services

Net Public Health Spending: \$8.9 million

FUNDING FOR COUNTY HEALTH

Realignment: \$19.7M total, \$454 per uninsured resident

Prop 99: \$1.2M total, \$27 per uninsured resident

Net County DSH: \$5.2M total, \$121 per uninsured resident

County Match: \$6.8M total, \$157 per uninsured resident

Total Net DSH: \$5.2 million

- 100% County Hospitals
- 0% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	41%	29%	7%	24%	9%
Hispanic	36%	48%	55%	52%	73%
African-American	NA	11%	2%	4%	3%
Asian & Pacific Islander	NA	6%	21%	12%	5%
American Indian	NA	NA	.3%	.3%	.1%
Other	NA	NA	15%	9%	10%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- Total Enrollment: 38,659
- County Organized Health System: Health Plan of San Mateo (100% of enrollment)

Healthy Families Managed Care

- Total Enrollment: 6,062
- Community Provider Plan: Health Plan of San Mateo (32% of enrollment)

Healthy Kids

- Current Enrollment: 800
- Number Eligible: 5,350
- Provider Plan: Health Plan of San Mateo

JOB-BASED INSURANCE

	San Mateo County	California
Non-Elderly Adults	75%	65%
Children	75%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$148 Kaiser	\$502 Kaiser	\$235 Kaiser	\$636 Kaiser
Other Small Employer Plans	\$158 Kaiser 15-N	\$537 Kaiser 15-N	\$251 Kaiser 15-N	\$682 Kaiser 15-N
Individual Coverage Plans	\$149 Kaiser Personal Advantage	\$441 Kaiser Personal Advantage	\$230 Kaiser Personal Advantage	\$523 Kaiser Personal Advantage

SANTA CLARA COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 1.7 million

- 10% are uninsured
- 10% are covered by Medi-Cal
- 1.3% are covered by Healthy Families
- 4.8% use county health programs
- 4.5% are unemployed

Poverty: 17% are below 200% FPL

- 7% below 100% FPL
- 10% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Santa Clara County community clinics provided **1.1** uninsured visits per uninsured county resident.

Total revenues and spending were \$38 million and \$36.2 million, respectively.

Planned Parenthood in San Jose had the most uninsured patients while Comprecare Health Center had the most Medi-Cal patients.

The Uninsured Accounted For:

- 74% of unduplicated patients
- 55% of visits
- 42% of patient revenues

Uninsured Revenues:

- .05% County Prorams
- 32% Self-Pay
- 10% CHDP
- 8% EPAC
- 50% Other State Programs

Medi-Cal Patients Accounted For:

- 14% of unduplicated patients
- 32% of visits
- 41% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 12% – Federal (\$4.5M)
- 3% – State (\$1M)
- 18% – County & Local (\$6.7M)
- 0.2% – HMO (\$65,400)
- 6% – Private (\$2.1M)
- 7% – Other (\$2.6M)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$2.2 billion and \$2.3 billion, respectively.

Santa Clara Valley Medical Center provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 2% of inpatient days
- 5% of outpatient visits
- 7% of ER visits

Medi-Cal Patients Accounted For:

- 21% of inpatient days
- 16% of outpatient visits
- 19% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$55.4 million in bad debt and charity care costs, 2.5% of net patient revenues
- \$96.8 million in reported county reimbursements, 4.4% of net patient revenues

May be a reporting error.

MISP DATA

Care for the Uninsured

- 12,069 inpatient days (82 days per 1000 uninsured)
- 29,841 emergency room visits (202 visits per 1000 uninsured)
- 135,328 outpatient visits (0.9 visits per uninsured county resident)

County Spending for the Uninsured: \$75.4 million

- 42% on inpatient care
- 36% on outpatient care
- 22% on emergency services

Net Public Health Spending: \$49.4 million

FUNDING FOR COUNTY HEALTH

Realignment: \$47.5M total, \$321 per uninsured resident

Prop 99: \$4M total, \$27 per uninsured resident

Net County DSH: \$44.7M total, \$302 per uninsured resident

County Match: \$13.2M total, \$89 per uninsured resident

Total Net DSH: \$54.1 million

- 83% County Hospitals
- 17% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	21%	23%	7%	11%	22%
Hispanic	50%	48%	52%	72%	55%
African-American	NA	5%	2%	2%	5%
Asian & Pacific Islander	23%	17%	29%	7%	7%
American Indian	NA	NA	.1%	1%	.2%
Other	NA	NA	10%	7%	11%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- Total Enrollment: 69,934
- Local Initiative: Santa Clara Family Health Plan (68% of enrollment)

Healthy Families Managed Care

- Total Enrollment: 19,901
- Community Provider Plan: Santa Clara Family Health Plan (59% of enrollment)

Healthy Kids

- Current enrollment: 12,633
- Maximum enrollment: 18,000
- Provider Plan: Santa Clara Family Health Plan

Plan for IHSS Workers

- Current Enrollment: 1,764
- Potentially Eligible: 4,000
- Provider Plan: Santa Clara Valley Health Plan

JOB-BASED INSURANCE

	Santa Clara County	California
Non-Elderly Adults	75%	65%
Children	77%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$148 Kaiser	\$502 Kaiser	\$235 Kaiser	\$636 Kaiser
Other Small Employer Plans	\$154 Health Net 15	\$537 Kaiser 15-N	\$243 Health Net 15	\$669 Blue Cross Saver
Individual Coverage Plans	\$149 Kaiser Personal Advantage	\$441 Kaiser Personal Advantage	\$230 Kaiser Personal Advantage	\$523 Kaiser Personal Advantage

FRESNO COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 720,266

- 17% are uninsured
- 30% are covered by Medi-Cal
- 2.5% are covered by Healthy Families
- 2.7% use county health programs
- 14% are unemployed

Poverty: 47% are below 200% FPL

- 22% below 100% FPL
- 25% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Fresno community clinics provided **1.0** uninsured visits per uninsured county resident.

Total revenues and spending were \$33.8 million and \$27.1 million, respectively.

United Centers of San Joaquin Valley had the most uninsured and Medi-Cal patients.

The Uninsured Accounted For:

- 52% of unduplicated patients
- 46% of visits
- 32% of patient revenues

Uninsured Revenues:

- 0.1% County Programs
- 53% Self-Pay
- 6% CHDP
- 2% EAPC
- 40% Other State Programs

Medi-Cal Patients Accounted For:

- 38% of unduplicated patients
- 43% of visits
- 58% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 19% – Federal (\$6.5M)
- 9% – State (\$3.0M)
- 1% – County & Local (\$281,300)
- 7% – HMO (\$2.5M)
- 0.2% – Private (\$64,300)
- 10% – Other (\$3.2M)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$687.7 million and \$656 million, respectively.

Fresno Community Hospital and Medical Center provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 3% of inpatient days
- 5% of outpatient visits
- 3% of ER visits

Medi-Cal Patients Accounted For:

- 27% of inpatient days
- 23% of outpatient visits
- 31% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$14.5M in bad debt and charity care costs, 2.1% of net patient revenues
- \$17.6M in reported county reimbursements, 2.6% of net patient revenues

MISP DATA

Care for the Uninsured

- 8,177 inpatient days (68 days per 1000 uninsured)
- 10,997 emergency room visits (91 visits per 1000 uninsured)
- 67,667 outpatient visits (0.6 visits per uninsured county resident)

County Spending for the Uninsured: \$16.6M

- 48% on inpatient care
- 43% on outpatient care
- 8% on emergency services

Net Public Health Spending: \$24 million

FUNDING FOR COUNTY HEALTH

Realignment: \$34.8M total, \$288 per uninsured resident

Prop 99: \$1.5M total, \$13 per uninsured resident

Net County DSH: \$0 total, \$0 per uninsured resident

County Match: \$10.4M total, \$86 per uninsured resident

Total Net DSH: \$42 million

- 0% County Hospitals
- 100% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	25%	20%	17%	4%	22%
Hispanic	60%	56%	58%	82%	65%
African-American	NA	10%	3%	2%	9%
Asian & Pacific Islander	NA	12%	8%	4%	1%
American Indian	NA	NA	.6%	3%	1%
Other	NA	NA	13%	4%	2%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- Total Enrollment: 149,999
- Local Initiative: None
- Commercial Plans (2): Blue Cross (80% of enrollment) and Health Net (20% of enrollment)

Healthy Families Managed Care

- Total Enrollment: 18,227
- Community Provider Plan: Blue Cross HMO (65% of enrollment)

JOB-BASED INSURANCE

	Fresno County	California
Non-Elderly Adults	55%	65%
Children	48%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$148 Kaiser	\$502 Kaiser North	\$235 Kaiser North	\$636 Kaiser North
Other Small Employer Plans	\$158 Kaiser 15-N	\$537 Kaiser 15-N	\$243 Blue Shield Access+ 15	\$682 Kaiser 15-N
Individual Coverage Plans	\$149 Kaiser Personal Advantage	\$441 Kaiser Personal Advantage	\$230 Kaiser Personal Advantage	\$523 Kaiser Personal Advantage

KERN COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 661,645

- 18% are uninsured
- 25% are covered by Medi-Cal
- 2.7% are covered by Healthy Families
- 1.0% use county health programs
- 11.2% are unemployed

Poverty: 44% are below 200% FPL

- 20% below 100% FPL
- 24% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Kern community clinics provided **1.3** uninsured visits per uninsured county resident.

Total revenues and spending were \$31.2 million and \$29.2 million, respectively.

Clinica Sierra Vista had the most uninsured patients while East Bakersfield Community Health Center had the most Medi-Cal patients.

The Uninsured Accounted For:

- 54% of unduplicated patients
- 41% of visits
- 25% of patient revenues

Uninsured Revenues:

- 0.2% County Programs
- 24% Self-Pay
- 17% CHDP
- 22% EAPC
- 38% Other State Programs

Medi-Cal Patients Accounted For:

- 34% of unduplicated patients
- 46% of visits
- 62% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 18% – Federal (\$5.6M)
- 7% – State (\$2.3M)
- 1% – County & Local (\$434,200)
- 2% – HMO (\$556,000)
- 2% – Private (\$508,000)
- 2% – Other (\$640,000)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$541.3 million and \$601.5 million, respectively.

Kern Medical Center provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 3% of inpatient days
- 9% of outpatient visits
- 39% of ER visits

Medi-Cal Patients Accounted For:

- 30% of inpatient days
- 29% of outpatient visits
- 32% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$26.9M in bad debt and charity care costs, 5.0% of net patient revenues
- \$30.9M in reported county reimbursements, 5.7% of net patient revenues

May be a reporting error.

MISP DATA

Care for the Uninsured

- 5,900 inpatient days (56 days per 1000 uninsured)
- 5,459 emergency room visits (52 visits per 1000 uninsured)
- 31,938 outpatient visits (0.3 visits per uninsured county resident)

County Spending for the Uninsured: \$20.2M

- 52% on inpatient care
- 37% on outpatient care
- 10% on emergency services

Net Public Health Spending: \$13M

FUNDING FOR COUNTY HEALTH

Realignment: \$23.7M total, \$223 per uninsured resident

Prop 99: \$1.3M total, \$13 per uninsured resident

Net County DSH: \$20.7M total, \$195 per uninsured resident

County Match: \$7.6M total, \$72 per uninsured resident

Total Net DSH: \$24.7M

- 84% County Hospitals
- 16% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	36%	34%	20%	24%	47%
Hispanic	59%	52%	63%	70%	41%
African-American	NA	11%	3%	4%	8%
Asian & Pacific Islander	NA	1%	5%	1%	1%
American Indian	NA	NA	1%	.3%	.3%
Other	NA	NA	9%	1%	2%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- Total Enrollment: 94,880
- Local Initiative: Kern Family Health Center (67% of enrollment)

Healthy Families Managed Care

- Total Enrollment: 15,896
- Community Provider Plan: Kern Health Systems (45% of enrollment)

JOB-BASED INSURANCE

	Kern County	California
Non-Elderly Adults	57%	65%
Children	46%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$147 Kaiser South	\$499 Kaiser South	\$227 Kaiser South	\$592 Kaiser South
Other Small Employer Plans	\$145 Health Net	\$530 Kaiser 15-S	\$241 Kaiser 15-S	\$629 Kaiser 15-S
Individual Coverage Plans	\$161 Kaiser Personal Advantage	\$476 Kaiser Personal Advantage	\$243 Kaiser Personal Advantage	\$602 Kaiser Personal Advantage

MADERA COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 123,109

- 16.5% are uninsured
- 25% are covered by Medi-Cal
- 2.7% are covered by Healthy Families
- 1.5% use county health programs
- 11.8% are unemployed

Poverty: 44% are below 200% FPL

- 20% below 100% FPL
- 24% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Madera community clinics provided **0.4** uninsured visits per uninsured county resident.

Total revenues and spending were \$868,600 and \$839,000, respectively.

Planned Parenthood Mar Monte-Madera had the most uninsured and Medi-Cal patients.

The Uninsured Accounted For:

- 72% of unduplicated patients
- 66% of visits
- 57% of patient revenues

Uninsured Revenues:

- 0% County Programs
- 2% Self-Pay
- 3% CHDP
- .02% EAPC
- 95% Other State Programs

Medi-Cal Patients Accounted For:

- 24% of unduplicated patients
- 29% of visits
- 41% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 25% – Federal (\$216,000)
- 0% – State (\$0)
- 0% – County & Local (\$0)
- 0% – HMO (\$0)
- 2% – Private (\$16,000)
- 0% – Other (\$0)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$216.5 million and \$224.6 million, respectively.

Madera Community Hospital provided the greatest proportion of bed days to the county indigent while Valley Children's Hospital provided the greatest proportion of bed days to Medi-Cal patients.

The County Indigent Accounted For:

- 1% of inpatient days
- 0.04% of outpatient visits
- 1% of ER visits

Medi-Cal Patients Accounted For:

- 59% of inpatient days
- 47% of outpatient visits
- 57% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$3 million in bad debt and charity care costs, 1.4% of net patient revenues
- \$2.1 million in reported county reimbursements, 1.0% of net patient revenues

CMSP DATA

Care for the Uninsured

- 1751 inpatient days (97 days per 1000 uninsured)
- Emergency room visits - N/A
- 12,178 outpatient visits (0.7 visits per uninsured county resident)

County Spending for the Uninsured: \$7.1M

- 44% on inpatient care
- 14% on outpatient care
- Emergency services - N/A

Net Public Health Spending: N/A

FUNDING FOR COUNTY HEALTH

Realignment: \$5.9M total, \$324 per uninsured resident

Prop 99: \$1M total, \$5.3 per uninsured resident

Net County DSH: \$0 total, \$0 per uninsured resident

County Match: \$0.8M total, \$4.5 per uninsured resident

Total Net DSH: \$11.9 million

- 0% County Hospitals
- 100% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	35%	29%	20%	14%	36%
Hispanic	59%	65%	63%	63%	56%
African-American	NA	5%	2%	2%	4%
Asian & Pacific Islander	NA	NA	2%	1%	2%
American Indian	NA	1%	.5%	14%	1%
Other	NA	NA	12%	7%	1%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

None. Fee-for-service only.

Healthy Families Managed Care

- Total Enrollment: 2,949
- Community Provider Plan: Blue Cross EPO (84% of enrollment)

➤ **JOB-BASED INSURANCE**

	Madera County	California
Non-Elderly Adults	52%	65%
Children	42%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$148 Kaiser North	\$502 Kaiser North	\$235 Kaiser North	\$636 Kaiser North
Other Small Employer Plans	\$158 Kaiser 15-N	\$537 Kaiser 15-N	\$243 Kaiser 15-N	\$682 Kaiser 15-N
Individual Coverage Plans	\$149 Kaiser Personal Advantage	\$441 Kaiser Personal Advantage	\$230 Kaiser Personal Advantage	\$523 Kaiser Personal Advantage

MERCED COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 210,554

- 15% are uninsured
- 30% are covered by Medi-Cal
- 3.0% are covered by Healthy Families
- 2.7% use county health programs
- 14.4% are unemployed

Poverty: 47% are below 200% FPL

- 21% below 100% FPL
- 26% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Merced community clinics provided **1.9** uninsured visits per uninsured county resident.

Total revenues and spending were \$11.1 million and \$13.4 million, respectively.

Livingston Community Health Services had the most uninsured patients while Golden Valley Health Center had the most Medi-Cal patients.

The Uninsured Accounted For:

- 42% of unduplicated patients
- 37% of visits
- 27% of patient revenues

Uninsured Revenue:

- 0% County Programs
- 38% Self-Pay
- 8% CHDP
- 12% EAPC
- 42% Other State Programs

Medi-Cal Patients Accounted For:

- 41% of unduplicated patients
- 45% of visits
- 54% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 12% – Federal (\$1.7M)
- 7% – State (\$972,400)
- 0% – County & Local (\$0)
- 1% – HMO (\$201,100)
- 0.1% – Private (\$12,700)
- 2% – Other (\$334,100)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$120.2 million and \$109.5 million, respectively.

Mercy Medical Center provided the greatest proportion of bed days to county indigent patients while Dos Palos Memorial Hospital provided the greatest proportion of bed days to Medi-Cal patients.

The County Indigent Accounted For:

- 2% of inpatient days
- 7% of outpatient visits
- 18% of ER visits

Medi-Cal Patients Accounted For:

- 33% of inpatient days
- 31% of outpatient visits
- 59% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$5.5 million in bad debt and charity care costs, 5.0% of net patient revenues
- \$1.4 million in reported county reimbursements, 1.2% of net patient revenues

MISP DATA

Care for the Uninsured

- 1,256 inpatient days (43 days per 1000 uninsured)
- 3,932 emergency room visits (135 visits per 1000 uninsured)
- 28,973 outpatient visits (1.0 visits per uninsured county resident)

County Spending for the Uninsured: \$3.0 million

- 20% on inpatient care
- 67% on outpatient care
- 11% on emergency services

Net Public Health Spending: \$4.2 million

FUNDING FOR COUNTY HEALTH

Realignment: \$8.1M total, \$276 per uninsured resident

Prop 99: \$0.4M total, \$14 per uninsured resident

Net County DSH: \$0 total, \$0 per uninsured resident

County Match: \$0.9M total, \$30 per uninsured resident

Total Net DSH: \$2.9 million

- 0% County Hospitals
- 100% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	36%	28%	14%	13%	37%
Hispanic	59%	56%	72%	79%	49%
African-American	NA	7%	2%	3%	8%
Asian & Pacific Islander	NA	8%	4%	4%	1%
American Indian	NA	.3%	.2%	.1%	.3%
Other	NA	NA	8%	1%	4%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

None. Fee-for-service only.

Healthy Families Managed Care

- Total Enrollment: 5,711
- Community Provider Plan: Blue Cross EPO (94% of enrollment)

JOB-BASED INSURANCE

	Merced County	California
Non-Elderly Adults	58%	65%
Children	61%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$186 Health Net	\$681 Health Net	\$308 Blue Shield	\$812 Health Net
Other Small Employer Plans	\$164 Blue Shield Access+ 15	\$603 Blue Cross Saver	\$243 Blue Shield Access+ 15	\$723 Health Net 15
Individual Coverage Plans	\$199 Blue Shield Access+	\$552 Blue Cross Saver	\$258 Blue Shield Access+	\$657 Blue Shield Access+

SAN JOAQUIN COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 563,600

- 15% are uninsured
- 21% are covered by Medi-Cal
- 2.7% are covered by Healthy Families
- 5.9% use county health programs
- 8.8% are unemployed

Poverty: 37% are below 200% FPL

- 17% below 100% FPL
- 20% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

San Joaquin County community clinics provided **1.3** uninsured visits per uninsured county resident.

Total revenues and spending were \$15.3 million and \$15.2 million, respectively.

Public Health Services of San Joaquin County in Stockton had the most uninsured while Channel Medical Center saw the most Medi-Cal patients.

The Uninsured Accounted For:

- 75% of unduplicated patients
- 63% of visits
- 48% of patient revenues

Uninsured Revenues:

- 0% County Programs
- 26% Self-Pay
- 11% CHDP
- 9% EAPC
- 55% Other State Programs

Medi-Cal Patients Accounted For:

- 19% of unduplicated patients
- 31% of visits
- 47% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 20% – Federal (\$3.1M)
- 8% – State (\$1.3M)
- 5% – County & Local (\$762,000)
- 0% – HMO (\$0)
- 1% – Private (\$86,200)
- 4% – Other (\$552,000)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$550 million and \$524.5 million, respectively.

San Joaquin General Hospital provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 3% of inpatient days
- 6% of outpatient visits
- 14% of ER visits

Medi-Cal Patients Accounted For:

- 28% of inpatient days
- 24% of outpatient visits
- 35% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$12.4 million in bad debt and charity care costs, 2.3% of net patient revenues
- \$27.8 million in reported county reimbursements, 5.0% of net patient revenues

MISP DATA

Care for the Uninsured

- 8,205 inpatient days (109 days per 1000 uninsured)
- 24,251 emergency room visits (323 visits per 1000 uninsured)
- 85,896 outpatient visits (1.1 visits per uninsured county resident)

County Spending for the Uninsured: \$22.1 million

- 40% on inpatient care
- 42% on outpatient care
- 19% on emergency services

Net Public Health Spending: N/A

FUNDING FOR COUNTY HEALTH

Realignment: \$19.8M total, \$263 per uninsured resident

Prop 99: \$1.4M total, \$18 per uninsured resident

Net County DSH: \$12.2M total, \$163 per uninsured resident

County Match: \$2.5M total, \$33 per uninsured resident

Total Net DSH: \$12.5 million

- 98% County Hospitals
- 2% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	23%	32%	16%	21%	30%
Hispanic	56%	34%	54%	64%	38%
African-American	NA	15%	4%	6%	9%
Asian & Pacific Islander	NA	11%	14%	5%	6%
American Indian	NA	NA	.5%	.2%	.3%
Other	NA	NA	12%	4%	16%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- Total Enrollment: 68,708
- Local Initiative: Health Plan of San Joaquin (75% of enrollment)

Healthy Families Managed Care

- Total Enrollment: 13,421
- Community Provider Plan: Health Plan of San Joaquin (60% of enrollment)

JOB-BASED INSURANCE

	San Joaquin County	California
Non-Elderly Adults	63%	65%
Children	56%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$148 Kaiser North HMO	\$502 Kaiser North HMO	\$235 Kaiser North HMO	\$636 Kaiser North HMO
Other Small Employer Plans	\$158 Kaiser HMO 15-N	\$537 Kaiser HMO 15-N	\$251 Kaiser HMO 15-N	\$682 Kaiser HMO 15-N
Individual Coverage Plans	\$149 Kaiser Personal Advantage	\$441 Kaiser Personal Advantage	\$230 Kaiser Personal Advantage	\$523 Kaiser Personal Advantage

STANISLAUS COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 446,997

- 13% are uninsured
- 22% are covered by Medi-Cal
- 2% are covered by Healthy Families
- 1.3% use county health programs
- 10.4% are unemployed

Poverty: 38% are below 200% FPL

- 16% below 100% FPL
- 22% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Stanislaus community clinics provided **0.7** uninsured visits per uninsured county resident.

Total revenues and spending were \$9.1M and \$8.8M, respectively.

Planned Parenthood in Modesto had the most uninsured patients while Sierra Health Center saw the most Medi-Cal patients.

The Uninsured Accounted For:

- 38% of unduplicated patients
- 33% of visits
- 31% of patient revenues

Uninsured Revenues:

- 0% County Programs
- 22% Self-Pay
- 12% CHDP
- 12% EAPC
- 54% Other State Programs

Medi-Cal Patients Accounted For:

- 50% of unduplicated patients
- 56% of visits
- 59% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 18% – Federal (\$1.6M)
- 8% – State (\$723,000)
- 0% – County & Local (\$0)
- 0% – HMO (\$0)
- 0.3% – Private (\$27,100)
- 2% – Other (\$208,000)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$614.5 million and \$499.2 million, respectively.

Doctors Hospital was the only facility to report inpatient care to county indigent patients. Memorial Hospital in Modesto provided the greatest proportion of bed days to Medi-Cal patients.

The County Indigent Accounted For:

- 1% of inpatient days
- 1% of outpatient visits
- 0.5% of ER visits

Medi-Cal Patients Accounted For:

- 31% of inpatient days
- 19% of outpatient visits
- 38% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$17M in bad debt and charity care costs, 2.8% of net patient revenues
- \$1.1M in reported county reimbursements, 0.2% of net patient revenues

MISP DATA

Care for the Uninsured

- 3,015 inpatient days (58 days per 1000 uninsured)
- 10,636 emergency room visits (204 visits per 1000 uninsured)
- 38,453 outpatient visits (0.7 visits per uninsured county resident)

County Spending for the Uninsured: \$10.7 million

- 21% on inpatient care
- 70% on outpatient care
- 9% on emergency services

Net Public Health Spending: \$6.1 million

FUNDING FOR COUNTY HEALTH

Realignment: \$15.8M total, \$304 per uninsured resident

Prop 99: \$0.9M total, \$18 per uninsured resident

Net County DSH: \$0 total, \$0 per uninsured resident

County Match: \$3.5M total, \$67 per uninsured resident

Total Net DSH: \$410,000

- 0% County Hospitals
- 100% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	44%	48%	23%	25%	45%
Hispanic	47%	41%	57%	68%	45%
African-American	NA	5%	2%	5%	3%
Asian & Pacific Islander	NA	4%	.3%	1%	3%
American Indian	NA	NA	5%	.1%	.6%
Other	NA	NA	13%	1%	4%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- Total Enrollment: 97,228
- Local Initiative: Blue Cross (100% of enrollment)

Healthy Families Managed Care

- Total Enrollment: 8,896
- Community Provider Plan: Blue Cross HMO (77% of enrollment)

JOB-BASED INSURANCE

	Stanislaus County	California
Non-Elderly Adults	64%	65%
Children	62%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$148 Kaiser North	\$502 Kaiser North	\$235 Kaiser North	\$636 Kaiser North
Other Small Employer Plans	\$158 Kaiser 15-N	\$537 Kaiser 15-N	\$251 Kaiser 15-N	\$682 Kaiser 15-N
Individual Coverage Plans	\$149 Kaiser Personal Advantage	\$441 Kaiser Personal Advantage	\$230 Kaiser Personal Advantage	\$523 Kaiser Personal Advantage

TULARE COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 368,021

- 20% are uninsured
- 31% are covered by Medi-Cal
- 3% are covered by Healthy Families
- 1.3% use county health programs
- 15.4% are unemployed

Poverty: 51% are below 200% FPL

- 24% below 100% FPL
- 27% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Tulare community clinics provided **0.9** uninsured visits per uninsured county resident.

Total revenues and spending were \$22.6 million and \$22.4 million, respectively.

Family HealthCare Network Clinic in Porterville had the most uninsured and Medi-Cal patients.

The Uninsured Accounted For:

- 31% of unduplicated patients
- 28% of visits
- 13% of patient revenues

Uninsured Revenues

- 1% County Programs
- 55% Self-Pay
- 15% CHDP
- 4% EAPC
- 25% Other State Programs

Medi-Cal Patients Accounted For:

- 53% of unduplicated patients
- 56% of visits
- 71% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 11% – Federal (\$2.6M)
- 6% – State (\$1.3M)
- .4% – County & Local (\$84,400)
- 1% – HMO (\$243,000)
- 0% – Private (\$0)
- 5% – Other (\$1.1M)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$274.9 million and \$287.2 million, respectively.

Kaweah Delta District Hospital provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 8% of inpatient days
- 1% of outpatient visits
- .02% of ER visits

Medi-Cal Patients Accounted For:

- 28% of inpatient days
- 28% of outpatient visits
- 51% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$8.2M in bad debt and charity care costs, 3.0% of net patient revenues
- \$3.8M in reported county reimbursements, 1.4% of net patient revenues

MISP DATA

Care for the Uninsured

- 2,955 inpatient days (39 days per 1000 uninsured)
- 1,483 emergency room visits (20 visits per 1000 uninsured)
- 26,603 outpatient visits (0.4 visits per uninsured county resident)

County Spending for the Uninsured: \$6.6 million

- 42% on inpatient care
- 47% on outpatient care
- 9% on emergency services

Net Public Health Spending: \$4.1 million

FUNDING FOR COUNTY HEALTH

Realignment: \$14.4M total, \$191 per uninsured resident

Prop 99: \$0.8M total, \$10 per uninsured resident

Net County DSH: \$0 total, \$0 per uninsured resident

County Match: \$1.6M total, \$21 per uninsured resident

Total Net DSH: \$1.2 million

- 0% County Hospitals
- 100% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	32%	28%	17%	23%	28%
Hispanic	65%	66%	70%	70%	67%
African-American	NA	3%	1%	1%	3%
Asian & Pacific Islander	NA	3%	3%	4%	.5%
American Indian	NA	NA	1%	1%	.02%
Other	NA	NA	9%	1%	1%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- Total Enrollment: 69,107
- Local Initiative: Blue Cross (76% of enrollment)

Healthy Families Managed Care

- Total Enrollment: 10,217
- Community Provider Plan: Blue Cross EPO (86% of enrollment)

JOB-BASED INSURANCE

	Tulare County	California
Non-Elderly Adults	51%	65%
Children	46%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$148 Kaiser North	\$502 Kaiser North	\$235 Kaiser North	\$636 Kaiser North
Other Small Employer Plans	\$158 Kaiser 15-N	\$537 Kaiser 15-N	\$243 Blue Shied Access+	\$651 Blue Cross Saver
Individual Coverage Plans	\$161 Kaiser Personal Advantage	\$476 Kaiser Personal Advantage	\$243 Kaiser Personal Advantage	\$602 Kaiser Personal Advantage

MONTEREY COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 401,762

- 17% are uninsured
- 16% are covered by Medi-Cal
- 3.3% are covered by Healthy Families
- 1.8% use county health programs
- 9.3% are unemployed

Poverty: 34% are below 200% FPL

- 13% below 100% FPL
- 21% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Monterey community clinics provided **0.9** uninsured visits per uninsured county resident.

Total revenues and spending was each \$11 million.

Clinica de Salud del Valley de Salinas Sanborn had the most uninsured and Medi-Cal patients.

The Uninsured Accounted For:

- 54% of unduplicated patients
- 49% of visits
- 45% of patient revenues

Uninsured Revenues:

- 0.1% County Programs
- 33% Self-Pay
- 14% CHDP
- 9% EAPC
- 46% Other State Programs

Medi-Cal Patients Accounted For:

- 28% of unduplicated patients
- 49% of visits
- 35% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 11% – Federal (\$1.2M)
- 8% – State (\$865,000)
- 0.1% – County & Local (\$16,000)
- 2% – HMO (\$245,000)
- 0.1% – Private (\$15,000)
- 0.6% – Other (\$64,500)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$477.3 million and \$481.7 million, respectively.

Natividad Medical Center provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 2% of inpatient days
- 4% of outpatient visits
- 10% of ER visits

Medi-Cal Patients Accounted For:

- 25% of inpatient days
- 19% of outpatient visits
- 35% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$16.6M in bad debt and charity care costs, 3.0% of net patient revenues
- \$10.7M in reported county reimbursements, 2.0% of net patient revenues

MISP DATA

Care for the Uninsured

- 1,941 inpatient days (32 days per 1000 uninsured)
- 4,793 emergency room visits (78 visits per 1000 uninsured)
- 20,084 outpatient visits (0.1 visits per uninsured county resident)

County Spending for the Uninsured: \$10.3 million

- 53% on inpatient care
- 39% on outpatient care
- 8% on emergency services

Net Public Health Spending: \$7.5 million

FUNDING FOR COUNTY HEALTH

Realignment: \$11.4M total, \$186 per uninsured resident

Prop 99: \$890,000 total, \$15 per uninsured resident

Net County DSH: \$5M total, \$82 per uninsured resident

County Match: \$3.4M total, \$55 per uninsured resident

Total Net DSH: \$5.3M

- 94% County Hospitals
- 6% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	20%	19%	6%	10%	10%
Hispanic	63%	74%	83%	87%	51%
African-American	NA	4%	1%	.3%	1%
Asian & Pacific Islander	NA	2%	3%	.8%	1%
American Indian	NA	NA	.1%	1%	NA
Other	NA	NA	7%	1.7%	36%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- Total Enrollment: 48,190
- County Organized Health System: Central Coast Alliance for Health (100% of enrollment)

Healthy Families Managed Care

- Total Enrollment: 12,079
- Community Provider Plan: Central Coast Alliance for Health (6% of enrollment)

JOB-BASED INSURANCE

	Monterey County	California
Non-Elderly Adults	55%	65%
Children	67%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$243 Health Net Flex Net	\$892 Health Net Flex Net	\$407 Health Net Flex Net	\$1,063 Health Net Flex Net
Other Small Employer Plans	\$175 Blue Shield Access+ HMO15	\$564 Blue Shield Access+ HMO15	\$256 Blue Shield Access+ HMO15	\$830 Blue Shield Access+ HMO15
Individual Coverage Plans	\$221 Blue Cross Saver HMO	\$539 Blue Cross Saver HMO	\$282 Blue Cross Saver HMO	\$658 Blue Cross Saver HMO

PacAdvantage HMO Plans not available.

SAN LUIS OBISPO COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 246,681

- 14% are uninsured
- 10% are covered by Medi-Cal
- 1.8% are covered by Healthy Families
- 1% use county health programs
- 3% are unemployed

Poverty: 28% are below 200% FPL

- 16% below 100% FPL
- 12% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

San Luis Obispo County community clinics provided **1.1** uninsured visits per uninsured county resident.

Total revenues and spending were \$10.6 million and \$11.3 million, respectively.

Fair Oaks Community Health Center had the most uninsured patients while Family Planning Clinic of San Luis Obispo saw the most Medi-Cal patients.

The Uninsured Accounted For:

- 33% of unduplicated patients
- 28% of visits
- 19% of patient revenues

Uninsured Revenues:

- 2% County Programs
- 52% Self-Pay
- 5% CHDP
- 10% EAPC
- 31% Other State Programs

Medi-Cal Patients Accounted For:

- 34% of unduplicated patients
- 40% of visits
- 50% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 13% – Federal (\$1.4M)
- 5% – State (\$531,000)
- 0.03% – County & Local (\$3,300)
- 0.1% – HMO (\$15,200)
- 0% – Private (\$0)
- 6% – Other (\$604,300)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$207.3 million and \$190.5 million, respectively.

Sierra Vista Regional Medical Center provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 2% of inpatient days
- 2% of outpatient visits
- 7% of ER visits

Medi-Cal Patients Accounted For:

- 13% of inpatient days
- 14% of outpatient visits
- 48% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$3.4 million in bad debt and charity care costs, 1.7% of net patient revenues
- \$14.2 million in reported county reimbursements, 6.9% of net patient revenues

MISP DATA

Care for the Uninsured

- 1,600 inpatient days (56 days per 1000 uninsured)
- 1,400 emergency room visits (46 visits per 1000 uninsured)
- 8,800 outpatient visits (0.3 visits per uninsured county resident)

County Spending for the Uninsured: \$4.7 million

- 51% on inpatient care
- 43% on outpatient care
- 5% on emergency services

Net Public Health Spending: \$5.4 million

FUNDING FOR COUNTY HEALTH

Realignment: \$6.4M total, \$216 per uninsured resident
Prop 99: \$567,000 total, \$19 per uninsured resident
Net County DSH: \$1.42M total, \$48 per uninsured resident
County Match: \$1.4M total, \$46 per uninsured resident

Total Net DSH: \$1.4 million

- 100% County Hospitals
- 0% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	67%	65%	46%	64%	75%
Hispanic	27%	31%	39%	32%	18%
African-American	NA	3%	1%	1%	2%
Asian & Pacific Islander	NA	.5%	3%	2%	3%
American Indian	NA	.4%	1%	.3%	.4%
Other	NA	NA	11%	1%	2%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

None. Fee-for-service only.

Healthy Families Managed Care

- Total Enrollment: 3,889
- Community Provider Plan: Health Net (17% of enrollment)

JOB-BASED INSURANCE

	San Luis Obispo County	California
Non-Elderly Adults	62%	65%
Children	63%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$186 Health Net	\$681 Health Net	\$310 Health Net	\$812 Health Net
Other Small Employer Plans	\$140 Health Net 15	\$514 Health Net 15	\$211 Blue Shield Access+ 15	\$613 Health Net 15
Individual Coverage Plans	\$199 Blue Shield Access+	\$524 Blue Cross Saver	\$258 Shield Access+	\$641 Blue Cross Saver

SANTA BARBARA COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 399,347

- 20% are uninsured
- 14% are covered by Medi-Cal
- 2.6% are covered by Healthy Families
- 4.3% use county health programs
- 3.7% are unemployed

Poverty: 33% are below 200% FPL

- 14% below 100% FPL
- 19% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Santa Barbara County community clinics provided **0.7** uninsured visits per uninsured county resident. Total revenues and spending were \$6.3 million and \$6.9 million, respectively.

Planned Parenthood in Santa Barbara had the most uninsured patients while Marian Community Clinic had the most Medi-Cal patients.

The Uninsured Accounted For:

- 76% of unduplicated patients
- 66% of visits
- 64% of patient revenues

Medi-Cal Patients Accounted For:

- 15% of unduplicated patients
- 23% of visits
- 28% of patient revenues

Uninsured Revenues:

- 10% County Programs
- 26% Self-Pay
- 6% CHDP
- 5% EAPC
- 50% Other State Programs

Grants & Contracts Funding as % of Total Revenue

- 12% – Federal (\$739,000)
- 6% – State (\$391,000)
- 1% – County & Local (\$60,000)
- 3% – HMO (\$175,000)
- 3% – Private (\$181,100)
- 4% – Other (\$252,000)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$349.1 million and \$365 million, respectively.

Santa Barbara Cottage Hospital provided the greatest proportion of bed days to county indigent patients while Lompoc Healthcare District Hospital provided the most bed days to Medi-Cal patients.

The County Indigent Accounted For:

- 1% of inpatient days
- 1% of outpatient visits
- 0.2% of ER visits

Medi-Cal Patients Accounted For:

- 31% of inpatient days
- 12% of outpatient visits
- 13% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$17.1 million in bad debt and charity care costs, 4.8% of net patient revenues
- \$5.3 million in reported county reimbursements, 1.5% of net patient revenues

MISP DATA

Care for the Uninsured

- 1,939 inpatient days (24 days per 1000 uninsured)
- 3,227 emergency room visits (40 visits per 1000 uninsured)
- 34,463 outpatient visits (0.6 visits per uninsured county resident)

County Spending for the Uninsured: \$7.9 million

- 31% on inpatient care
- 63% on outpatient care
- 6% on emergency services

Net Public Health Spending: \$6.4 million

FUNDING FOR COUNTY HEALTH

Realignment: \$11.8M total, \$147 per uninsured resident
Prop 99: \$447,200 total, \$5.6 per uninsured resident
Net County DSH: \$0 total, \$0 per uninsured resident
County Match: \$3.8M total, \$48 per uninsured resident

Total Net DSH: \$277,305

- 0% County Hospitals
- 100% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	39%	64%	14%	35%	29%
Hispanic	54%	30%	72%	56%	61%
African-American	NA	4%	1%	2%	3%
Asian & Pacific Islander	NA	.8%	2%	3%	.4%
American Indian	NA	.4%	1%	3%	.3%
Other	NA	NA	10%	2%	7%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- Total Enrollment: 44,862
- County Organized Health System: Santa Barbara Health Initiative (100% of enrollment)

Healthy Families Managed Care

- Total Enrollment: 7,660
- Community Provider Plan: Santa Barbara Regional Health Authority (24% of enrollment)

JOB-BASED INSURANCE

	Santa Barbara County	California
Non-Elderly Adults	61%	65%
Children	54%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$184 Health Net HMO	\$674 Health Net HMO	\$275 Blue Shield HMO	\$803 Health Net HMO
Other Small Employer Plans	\$143 Blue Shield Access+ HMO15	\$520 Blue Cross Saver HMO	\$211 Blue Shield Access+ HMO15	\$624 Blue Cross Saver HMO
Individual Coverage Plans	\$194 PacifiCare HMO 10	\$539 Blue Cross Saver HMO	\$258 Blue Shield Access+ HMO	\$654 Blue Shield Access+ HMO15

SANTA CRUZ 2002

DEMOGRAPHICS

Population (Census 2000): 255,602

- 13% are uninsured
- 11% are covered by Medi-Cal
- 1.8% are covered by Healthy Families
- 1.6% use county health programs
- 1.5% are unemployed

Poverty: 28% are below 200% FPL

- 12% below 100% FPL
- 16% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Santa Cruz County community clinics provided **1.9** uninsured visits per uninsured county resident.

Total revenues and spending were \$8.9 million and \$9.0 million, respectively.

Salud Para La Gente Clinic had the most uninsured and Medi-Cal patients.

The Uninsured Accounted For:

- 69% of unduplicated patients
- 68% of visits
- 62% of patient revenues

Uninsured Revenues:

- 1% County Programs
- 29% Self-Pay
- 5% CHDP
- 10% EAPC
- 54% Other State Programs

Medi-Cal Patients Accounted For:

- 25% of unduplicated patients
- 25% of visits
- 31% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 11% – Federal (\$1.2M)
- 8% – State (\$865,380)
- 0.1% – County & Local (\$16,245)
- 2% – HMO (\$244,852)
- 6% – Private (\$15,140)
- 0.6% – Other (\$63,546)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$196.6 million and \$199.6 million, respectively.

Dominican Santa Cruz Hospital Soquel provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 2% of inpatient days
- 2% of outpatient visits
- 19% of ER visits

Medi-Cal Patients Accounted For:

- 16% of inpatient days
- 12% of outpatient visits
- 68% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$5.6 million in bad debt and charity care costs, 2.8% of net patient revenues
- \$3.8 million in reported county reimbursements, 1.9% of net patient revenues

May be reporting error.

MISP DATA

Care for the Uninsured

- 1427 inpatient days (49 days per 1000 uninsured)
- 456 emergency room visits (16 visits per 1000 uninsured)
- 31,888 outpatient visits (1.1 visits per uninsured county resident)

County Spending for the Uninsured: \$5.3 million

- 35% on inpatient care
- 58% on outpatient care
- 4% on emergency services

Net Public Health Spending: \$6.1 million

FUNDING FOR COUNTY HEALTH

Realignment: \$7.9M total, \$272 per uninsured resident
Prop 99: \$435,400 total, \$15 per uninsured resident
Net County DSH: \$0 total, \$0 per uninsured resident
County Match: \$2.0M total, \$70 per uninsured resident

Total Net DSH: \$1.0 million

- 0% County Hospitals
- 100% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	45%	41%	14%	17%	41%
Hispanic	38%	56%	72%	79%	54%
African-American	NA	2%	1%	.4%	2%
Asian & Pacific Islander	NA	NA	2%	1.4%	1%
American Indian	NA	NA	.3%	.2%	1%
Other	NA	NA	11%	3%	2%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- Total Enrollment: 23,032
- County Organized Health System: Central Coast Alliance for Health (100% of enrollment)

Healthy Families Managed Care

- Total Enrollment: 4,190
- Community Provider Plan: Central Coast Alliance for Health (21% of enrollment)

JOB-BASED INSURANCE

	Santa Cruz County	California
Non-Elderly Adults	67%	65%
Children	68%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$186 Health Net HMO	\$681 Health Net HMO	\$308 Blue Shield HMO	\$812 Health Net HMO
Other Small Employer Plans	\$176 Blue Shield Access+ HMO15	\$553 Blue Cross Saver HMO	\$251 Blue Cross Saver HMO	\$669 Blue Cross Saver HMO
Individual Coverage Plans	\$226 Blue Cross Saver HMO	\$552 Blue Cross Saver HMO	\$287 Blue Cross Saver HMO	\$671 Blue Cross Saver HMO

VENTURA COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 753,197

- 14% are uninsured
- 11.5% are covered by Medi-Cal
- 2.3% are covered by Healthy Families
- 0.4% use county health programs
- 4.5% are unemployed

Poverty: 24% are below 200% FPL

- 9% below 100% FPL
- 15% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Ventura community clinics provided **0.6** uninsured visits per uninsured county resident.

Total revenues and spending were \$12.6 million and \$12.0 million, respectively.

Clinica de la Comunidad de Oxnard had the most uninsured and Medi-cal patients.

The Uninsured Accounted For:

- 59% of unduplicated patients
- 41% of visits
- 24% of patient revenues

Medi-Cal Patients Accounted For:

- 26% of unduplicated patients
- 43% of visits
- 63% of patient revenues

Uninsured Revenues:

- 0% County Programs
- 47% Self-Pay
- 14% CHDP
- 8% EAPC
- 31% Other State Programs

Grants & Contracts Funding as % of Total Revenue

- 11% – Federal (\$1.3M)
- 7% – State (\$831,000)
- 4% – County & Local (\$438,000)
- 0% – HMO (\$0)
- 1% – Private (\$148,000)
- 3% – Other (\$424,000)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$566.6 million and \$590 million, respectively.

Ventura County Medical Center provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 0.2% of inpatient days
- 1% of outpatient visits
- 1% of ER visits

Medi-Cal Patients Accounted For:

- 18% of inpatient days
- 29% of outpatient visits
- 63% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$25.6M in bad debt and charity care costs, 4.5% of net patient revenues
- \$28.2M in reported county reimbursements, 5.0% of net patient revenues

May be reporting error.

MISP DATA

Care for the Uninsured

- 1,209 inpatient days (13 days per 1000 uninsured)
- 2,437 emergency room visits (26 visits per 1000 uninsured)
- 2,929 outpatient visits (0.03 visits per uninsured county resident)

County Spending for the Uninsured: \$4.3 million

- 55% on inpatient care
- 34% on outpatient care
- 11% on emergency services

Net Public Health Spending: \$6.4 million

FUNDING FOR COUNTY HEALTH

Realignment: \$18.5M total, \$194 per uninsured resident

Prop 99: \$1.1M total, \$12 per uninsured resident

Net County DSH: \$7.3M total, \$77 per uninsured resident

County Match: \$4.2M total, \$44 per uninsured resident

Total Net DSH: \$7.4 million

- 99.6% County Hospitals
- 0.4% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	32%	30%	16%	21%	32%
Hispanic	56%	64%	72%	72%	33%
African-American	NA	3%	1%	3%	3%
Asian & Pacific Islander	NA	1.5%	3%	3%	2%
American Indian	NA	NA	.3%	.3%	.4%
Other	NA	NA	8%	1%	30%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

None. Fee-for-service only.

Healthy Families Managed Care

- Total Enrollment: 15,351
- Community Provider Plan: Ventura County Health Care (23% of enrollment)

JOB-BASED INSURANCE

	Ventura County	California
Non-Elderly Adults	67%	65%
Children	61%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$147 Kaiser	\$499 Kaiser	\$227 Kaiser	\$592 Kaiser
Other Small Employer Plans	\$142 Kaiser 15-S	\$484 Kaiser 15-S	\$211 Blue Cross Access+ HMO 15	\$574 Kaiser 15-S
Individual Coverage Plans	\$175 Blue Shield Access+ HMO	\$547 Kaiser Personal Advantage	\$227 Blue Shield Access+ HMO	\$576 Blue Shield Access

IMPERIAL COUNTY

DEMOGRAPHICS

Population (Census 2000): 142,361

- 19% are uninsured
- 27% are covered by Medi-Cal
- 2.7% are covered by Healthy Families
- 1.5% use county health programs
- 21.3% are unemployed

Poverty: 48% are below 200% FPL

- 21% below 100% FPL
- 27% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Imperial community clinics provided **1.4** uninsured visits per uninsured county resident.

Total revenues and spending were each \$26 million.

Clinicas del Salud at Brawley had the most uninsured and Medi-Cal patients.

The Uninsured Accounted For:

- 48% of unduplicated patients
- 35% of visits
- 24% of patient revenues

Uninsured Revenues:

- 33% County Programs
- 8% Self-Pay
- 14% CHDP
- 27% EAPC
- 19% Other State Programs

Medi-Cal Patients Accounted For:

- 39% of unduplicated patients
- 44% of visits
- 51% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 12% – Federal (\$1.1M)
- 17% – State (\$1.6M)
- 3% – County & Local (\$329,000)
- 3% – HMO (\$272,000)
- 0% – Private (\$0)
- 1% – Other (\$107,000)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$86.1 million and \$207.7 million, respectively.

El Centro Regional Medical Center provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 4% of inpatient days
- 6% of outpatient visits
- 5% of ER visits

Medi-Cal Patients Accounted For:

- 23% of inpatient days
- 42% of outpatient visits
- 74% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$4.8M in bad debt and charity care costs, 5.5% of net patient revenues
- \$2.3M in reported county reimbursements, 2.7% of net patient revenues

Discrepancy may be due to reporting error.

CMSP DATA

Care for the Uninsured

- 2,908 inpatient days (119 days per 1000 uninsured)
- Emergency room visits - N/A
- 16,888 outpatient visits (0.7 visits per uninsured county resident)

County Spending for the Uninsured: \$10.7M

- 13% on inpatient care
- 43% on outpatient care
- Emergency services – N/A

Net Public Health Spending: N/A

FUNDING FOR COUNTY HEALTH

Realignment: \$11.8M total, \$480 per uninsured resident

Prop 99: \$124,000 total, \$5 per uninsured resident

Net County DSH: \$0 total, \$0 per uninsured resident

County Match: \$772,000 total, \$32 per uninsured resident

Total Net DSH: \$2.3M

- 0% County Hospitals
- 100% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	NA	16%	4%	10%	16%
Hispanic	85%	70%	83%	88%	79%
African-American	NA	2%	.4%	2%	2%
Asian & Pacific Islander	NA	NA	1.4%	.4%	.5%
American Indian	NA	NA	.6%	.3%	.8%
Other	NA	12%	11%	0%	2%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

None. Fee-for-service only.

Healthy Families Managed Care

- Total Enrollment: 3517
- Community Provider Plan: Blue Cross HMO (93% of enrollment)

JOB-BASED INSURANCE

	Imperial County	California
Non-Elderly Adults	50%	65%
Children	42%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$148 Kaiser South	\$502 Kaiser South	\$235 Kaiser South	\$636 Kaiser South
Other Small Employer Plans	\$143 Blue Shield Access+ 15	\$502 Blue Cross Saver	\$212 Blue Shield Access+ 15	\$604 Blue Cross Saver
Individual Coverage Plans	\$168 Blue Cross Saver	\$411 Blue Cross Saver	\$212 Blue Cross Saver	\$502 Blue Cross Saver

RIVERSIDE COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 1.5 million

- 17% are uninsured
- 13% are covered by Medi-Cal
- 3.3% are covered by Healthy Families
- 1.8% use county health programs
- 5.2% are unemployed

Poverty: 34% are below 200% FPL

- 14% below 100% FPL
- 20% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Riverside County community clinics provided **0.5** uninsured visits per uninsured county resident. Total revenues and spending were each \$22 million.

Riverside Neighborhood Health Center had the most uninsured and Medi-Cal patients.

The Uninsured Accounted For:

- 74% of unduplicated patients
- 67% of visits
- 47% of patient revenues

Uninsured Revenues:

- 6% County Programs
- 36% Self-Pay
- 13% CHDP
- 2% EAPC
- 43% Other State Programs

Medi-Cal Patients Accounted For:

- 20% of unduplicated patients
- 24% of visits
- 38% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 16% – Federal (\$3.6M)
- 2% – State (\$353,000)
- 29% – County & Local (\$6.5M)
- 1% – HMO (\$271,000)
- 1% – Private (\$249,000)
- 1% – Other (\$227,000)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$1.2 billion and \$3.5 billion, respectively.

Riverside County Regional Medical Center provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 2% of inpatient days
- 5% of outpatient visits
- 21% of ER visits

Medi-Cal Patients Accounted For:

- 21% of inpatient days
- 17% of outpatient visits
- 33% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$35 million in bad debt and charity care costs, 2.9% of net patient revenues
- \$42.8 million in reported county reimbursements, 3.6% of net patient revenues

MISP DATA

Care for the Uninsured

- 18,180 inpatient days (79 days per 1000 uninsured)
- 15,273 emergency room visits (67 visits per 1000 uninsured)
- 52,058 outpatient visits (0.2 visits per uninsured county resident)

County Spending for the Uninsured: \$52 million

- 56% on inpatient care
- 34% on outpatient care
- 10% on emergency services

Net Public Health Spending: \$21.7 million

FUNDING FOR COUNTY HEALTH

Realignment: \$44.5M total, \$194 per uninsured resident

Prop 99: \$2.4M total, \$11 per uninsured resident

Net County DSH: \$26.6M total, \$116 per uninsured resident

County Match: \$7.4M total, \$32 per uninsured resident

Total Net DSH: \$31.1 million

- 85% County Hospitals
- 15% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	34%	37%	19%	28%	44%
Hispanic	56%	40%	65%	54%	39%
African-American	NA	12%	3%	6%	10%
Asian & Pacific Islander	NA	1%	3%	1%	3%
American Indian	NA	NA	0.3%	5%	1%
Other	NA	8%	10%	7%	4%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- Total Enrollment: 121,642
- Local Initiative: Inland Empire Health Plan (71% of enrollment)

Healthy Families Managed Care

- Total Enrollment: 44,835
- Community Provider Plan: Inland Empire Health Plan (30% of enrollment)

Healthy Kids Program

- Comprehensive medical, prescription, and vision benefits for children in families with incomes up to 250% FPL who do not qualify for Medi-Cal or Healthy Families
- Current Enrollment: 6,000 children
- Approximately Eligible: 15,000 children
- Plan Administrator: Inland Empire Health Plan

JOB-BASED INSURANCE

	Riverside County	California
Non-Elderly Adults	64%	65%
Children	54%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$147 Kaiser	\$499 Kaiser	\$227 Kaiser	\$592 Kaiser
Other Small Employer Plans	\$140 Health Net 15	\$502 Blue Cross Saver	\$211 Blue Shield Access+ 15	\$604 Blue Cross Saver
Individual Coverage Plans	\$186 Kaiser Personal Advantage	\$524 Blue Cross Saver	\$258 Blue Shield Access+	\$641 Blue Cross Saver

SAN BERNARDINO COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 1.7 million

- 16% are uninsured
- 18% are covered by Medi-Cal
- 3.0% are covered by Healthy Families
- 4% use county health programs
- 4.8% are unemployed

Poverty: 36% are below 200% FPL

- 15% below 100% FPL
- 21% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

San Bernardino County community clinics provided **0.3** uninsured visits per uninsured county resident.

Total revenues and spending were \$9.8 million and \$11.4 million, respectively.

Central Avenue Urgent Care had the most uninsured patients while MCH Medical Clinic in Lake Arrowhead had the most Medi-Cal patients.

The Uninsured Accounted For:

- 50% of unduplicated patients
- 54% of visits
- 43% of patient revenues

Uninsured Revenues:

- 15% County Programs
- 63% Self-Pay
- 8% CHDP
- 5% EAPC
- 10% Other State Programs

Medi-Cal Patients Accounted For:

- 22% of unduplicated patients
- 25% of visits
- 29% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 21% – Federal (\$2M)
- 11% – State (\$1.1M)
- 0.3% – County & Local (\$27,500)
- 0.1% – HMO (\$12,400)
- 2% – Private (\$218,400)
- 1% – Other (\$117,000)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$1.5 billion and \$1.6 billion, respectively.

Arrowhead Regional Medical Center provided the greatest proportion of bed days to county indigent while Loma Linda University Medical Center provided the most bed days to Medi-Cal patients.

The County Indigent Accounted For:

- 3% of inpatient days
- 9% of outpatient visits
- 34% of ER visits

Medi-Cal Patients Accounted For:

- 34% of inpatient days
- 22% of outpatient visits
- 41% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$54.1 million in bad debt and charity care costs, 3.5% of net patient revenues
- \$44.1 million in reported county reimbursements, 2.9% of net patient revenues

May be a reporting error.

MISP DATA

Care for the Uninsured

- 19,073 inpatient days (76 days per 1000 uninsured)
- 48,957 emergency room visits (196 visits per 1000 uninsured)
- 129,021 outpatient visits (0.5 visits per uninsured county resident)

County Spending for the Uninsured: \$61 million

- 66% on inpatient care
- 21% on outpatient care
- 13% on emergency services

Net Public Health Spending: \$14.9 million

FUNDING FOR COUNTY HEALTH

Realignment: \$50.6M total, \$202 per uninsured resident

Prop 99: \$2.9M total, \$12 per uninsured resident

Net County DSH: \$33.6M total, \$134 per uninsured resident

County Match: \$4.3M total, \$17 per uninsured resident

Total Net DSH: \$70.3 million

- 48% County Hospitals
- 52% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	35%	35%	17%	36%	34%
Hispanic	54%	43%	65%	42%	45%
African-American	NA	18%	4%	10%	15%
Asian & Pacific Islander	NA	2%	5%	3%	1%
American Indian	NA	NA	.3%	6%	.1%
Other	NA	NA	9%	4%	4%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- Total Enrollment: 167,037
- Local Initiative: Inland Empire Health Plan (71% of enrollment)

Healthy Families Managed Care

- Total Enrollment: 46,186
- Community Provider Plan: Inland Empire Health Plan (32% of enrollment)

JOB-BASED INSURANCE

	San Bernardino County	California
Non-Elderly Adults	63%	65%
Children	54%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$147 Kaiser South	\$499 Kaiser South	\$227 Kaiser South	\$592 Kaiser South
Other Small Employer Plans	\$140 Health Net 15	\$502 Blue Cross Saver	\$211 Blue Shield Access+ 15	\$604 Blue Cross Saver
Individual Coverage Plans	\$186 Kaiser Personal Advantage	\$524 Blue Cross Saver	\$258 Blue Shield Access+	\$641 Blue Cross Saver

LOS ANGELES COUNTY 2002

DEMOGRAPHICS

Population: 9.5 million

- 20% are uninsured
- 24% are covered by Medi-Cal
- 2.2% are covered by Healthy Families
- 8.2% use County health programs
- 5.7% are unemployed

Poverty: 40% are below 200% FPL

- 18% below 100% FPL
- 22% between 100 and 200% FPL

COMMUNITY CLINICS

Los Angeles community clinics provided **0.8** uninsured visits per uninsured county resident.

Total revenues and spending were \$216.3 million and \$223.9 million, respectively.

Hollywood Sunset Free Clinic saw the most uninsured patients while New Watts health Center saw the most Medi-Cal patients.

The Uninsured Accounted For:

- 69% of unduplicated patients
- 70% of visits
- 60% of patient revenues

Uninsured Revenues:

- 50% County Programs
- 26% Self-Pay
- 5% CHDP
- 7% EAPC
- 26% Other State Programs

Medi-Cal Patients Accounted For:

- 23% of unduplicated patients
- 24% of visits
- 33% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 12% – Federal (\$26.6M)
- 3% – State (\$5.7M)
- 12% – County & Local (\$26.4M)
- 7% – HMO (\$14.1M)
- 8% – Private (\$16.5M)
- 6% – Other (\$13.6M)

HOSPITALS

Net patient revenue and operating costs were \$10.4 billion and \$10.5 billion, respectively.

LAC/USC Medical Center provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 5% of inpatient day
- 8% of outpatient visits
- 21% of ER visits

Medi-Cal Patients Accounted For:

- 30% of inpatient days
- 20% of outpatient visits
- 25% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$323.4M in bad debt and charity care costs, 3.1% of net patient revenue
- \$695.7M in reported county reimbursements, 6.7% of net patient revenue

MISP DATA

Care for the Uninsured

- 175,100 inpatient days (103 days per 1000 uninsured)
- 232,800 emergency room visits (137 visits per 1000 uninsured)
- 2.1M outpatient visits (1.2 visits per uninsured county resident)

County Spending for the Uninsured: \$744.4 million

- 49% on inpatient care
- 42% on outpatient care
- 7% on emergency services

Net Public Health Spending: \$143.5 million

FUNDING FOR COUNTY HEALTH

Realignment: \$443M total, \$260 per uninsured resident
Prop 99: \$33.7M total, \$20 per uninsured resident
Net County DSH: \$221M total, \$130 per uninsured resident
County Match: \$159.2M total, \$94 per uninsured resident
SB 1255: \$306.2M total, \$180 per uninsured resident
1115 Waiver: Between 2000 and 2005, \$900 million total.

Total Net DSH: \$478.8 million

- 46% County Hospitals
- 54% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Uninsured Children	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	18%	19%	11%	7%	15%	11%
Hispanic	64%	58%	79%	63%	65%	60%
African-American	5%	17%	NA	3%	10%	11%
Asian & Pacific Islander	10%	3%	5%	16%	7%	5%
American Indian	NA	NA	0%	0.1%	.5%	.3%
Other	3%	NA	NA	11%	4%	13%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- Total Enrollment: 1,236,791
- Local Initiative: L.A. Care (60% of enrollment)

Healthy Families Managed Care

- Total Enrollment: 186,346
- Community Provider Plan: Community Health Plan (13% of enrollment)

Healthy Kids (July 2003)

- Approximately 15,000 eligible children
- Mirrors Healthy Families eligibility process
- Covers children 0-5 years of age
- Plan Administrator: LA Care

JOB-BASED INSURANCE

	Los Angeles County	California
Non-Elderly Adults	59%	65%
Children	50%	59%

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$146 Universal	\$499 Kaiser	\$227 Kaiser	\$592 Kaiser
Other Small Employer Plans	\$134 Health Net 15	\$469 Blue Cross Saver	\$203 Blue Shield Access+	\$ 568 Blue Cross Saver
Individual & Family Plans	\$157 PacifiCare 10	\$211 Blue Shield Access+	\$470 PacifiCare 10	\$536 Blue Shield Access+

ORANGE COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 2.9 million

- 15% are uninsured
- 11% are covered by Medi-Cal
- 2.5% are covered by Healthy Families
- 4% use county health programs
- 3.0% are unemployed

Poverty: 26% are below 200% FPL

- 10% below 100% FPL
- 16% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

Orange County community clinics provided **0.6** uninsured visits per uninsured county resident.

Total revenues and spending were each \$26.3 million.

Huntington Beach Community Clinic had the most uninsured patients while Sierra Health Center in Fullerton saw the most Medi-Cal patients.

The Uninsured Accounted For:

- 80% of unduplicated patients
- 78% of visits
- 72% of patient revenues

Uninsured Revenue:

- 17% County Programs
- 32% Self-Pay
- 9% CHDP
- 7% EAPC
- 35% Other State Programs

Medi-Cal Patients Accounted For:

- 13% of unduplicated patients
- 14% of visits
- 19% of patient revenues

Grants & Contracts Funding as % of Total Revenue

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

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were \$2.7 billion and \$2.6 billion, respectively.

UCI Medical Center provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 2% of inpatient days
- 2% of outpatient visits
- 6% of ER visits

Medi-Cal Patients Accounted For:

- 19% of inpatient days
- 9% of outpatient visits
- 25% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$88M in bad debt and charity care costs, 3.3% of net patient revenues
- \$48M in reported county reimbursements, 1.8% of net patient revenues

MISP DATA

Care for the Uninsured

- 27,785 inpatient days (72 days per 1000 uninsured)
- 11,712 emergency room visits (30 visits per 1000 uninsured)
- 354,024 outpatient visits (0.9 visits per uninsured county resident)

County Spending for the Uninsured: \$48 million

- 41% on inpatient care
- 52% on outpatient care
- 7% on emergency services

Net Public Health Spending: \$48.2 million

FUNDING FOR COUNTY HEALTH

Realignment: \$80M total, \$208 per uninsured resident

Prop 99: \$3M total, \$8 per uninsured resident

Net County DSH: \$0 total, \$0 per uninsured resident

County Match: \$16M total, \$41 per uninsured resident

Total Net DSH: \$77.9 million

- 0% County Hospitals
- 100% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	34%	27%	9%	26%	11%
Hispanic	47%	53%	65%	52%	30%
African-American	NA	3%	.6%	1%	.6%
Asian & Pacific Islander	11%	14%	16%	13%	9%
American Indian	NA	NA	.1%	1%	.2%
Other	NA	NA	9%	6%	50%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- Total Enrollment: 241,333
- County Organized Health System: CalOptima (9% of enrollment)

Healthy Families Managed Care

- Total Enrollment: 64,804
- Community Provider Plan: CalOptima (42% of enrollment)

JOB-BASED INSURANCE

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

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$139 Universal Champion	\$499 Kaiser South	\$227 Kaiser South	\$592 Kaiser South
Other Small Employer Plans	\$134 Health Net 15	\$468 Blue Cross Saver	\$212 Blue Cross Saver	\$562 Blue Cross Saver
Individual Coverage Plans	\$175 Blue Shield Access+	\$522 Blue Shield Access+	\$227 Blue Shield Access+	\$576 Blue Shield Access+

SAN DIEGO COUNTY 2002

DEMOGRAPHICS

Population (Census 2000): 2.9 million

- 15% are uninsured
- 11% are covered by Medi-Cal
- 2.2% are covered by Healthy Families
- 2% use county health programs
- 3.2% are unemployed

Poverty: 30% are below 200% FPL

- 12% below 100% FPL
- 18% between 100 and 200% FPL

COMMUNITY CLINICS (OSHPD Data)

San Diego County community clinics provided **1.7** uninsured visits per uninsured county resident. Total revenues and spending were \$107 million and \$103 million, respectively.

North County Health Services San Marcos had the most uninsured patients while La Maestra Family clinic in San Diego had the most Medi-Cal patients.

The Uninsured Accounted For:

- 68% of unduplicated patients
- 59% of visits
- 52% of patient revenues

Uninsured Revenues:

- 18% County Programs
- 26% Self-Pay
- 13% CHDP
- 7% EAPC
- 36% Other State Programs

Medi-Cal Patients Accounted For:

- 19% of unduplicated patients
- 26% of visits
- 35% of patient revenues

Grants & Contracts Funding as % of Total Revenue

- 11% – Federal (\$11.5M)
- 3% – State (\$2.7M)
- 5% – County & Local (\$5.5M)
- 5% – HMO (\$5.7M)
- 7% – Private (\$7.8M)
- 6% – Other (\$6.6M)

HOSPITALS (OSHPD Data)

Net patient revenue and operating costs were each \$2.5 billion.

UCSD Medical Center provided the greatest proportion of bed days to county indigent and Medi-Cal patients.

The County Indigent Accounted For:

- 2% of inpatient days
- 2% of outpatient visits
- 2% of ER visits

Medi-Cal Patients Accounted For:

- 25% of inpatient days
- 13% of outpatient visits
- 26% of ER visits

Hospitals' Spending for Care to the Uninsured

- \$110.9 million in bad debt and charity care costs, 4.4% of net patient revenues
- \$38.6 million in reported county reimbursements, 1.5% of net patient revenues

MISP DATA

Care for the Uninsured

- 17,000 inpatient days (45 days per 1000 uninsured)
- 29,831 emergency room visits (79 visits per 1000 uninsured)
- 133,086 outpatient visits (0.4 visits per uninsured county resident)

County Spending for the Uninsured: \$45.2 million

- 42% on inpatient care
- 44% on outpatient care
- 11% on emergency services

Net Public Health Spending: \$61.7 million

FUNDING FOR COUNTY HEALTH

Realignment: \$89M total, \$236 per uninsured resident

Prop 99: \$3M total, \$8 per uninsured resident

Net County DSH: \$0 total, \$0 per uninsured resident

County Match: \$4M total, \$11 per uninsured resident

Total Net DSH: \$55.8 million

- 0% County Hospitals
- 100% Non-County Hospitals

HEALTH COVERAGE AND HEALTH SERVICES UTILIZATION BY ETHNICITY

Ethnicity	Percent of Uninsured	Percent of Medi-Cal Enrollment	Percent of Healthy Families Enrollment	Percent of Community Clinic Patients	Percent of County Indigent Patients
Non-Hispanic White	30%	36%	16%	25%	27%
Hispanic	50%	40%	64%	56%	46%
African-American	NA	15%	3%	6%	7%
Asian & Pacific Islander	17%	5%	8%	4%	5%
American Indian	NA	NA	.3%	1%	.3%
Other	NA	NA	9%	7%	14%

PUBLIC MANAGED CARE

Medi-Cal Managed Care

- Total Enrollment: 155,082
- Geographic Managed Care:
 - * Sharp Health Plan (28% of enrollment)
 - * Community Health Group (41% of enrollment)

Healthy Families Managed Care

- Total Enrollment: 55,797
- Community Provider Plan: Community Health Group (34% of enrollment)

FOCUS Program (Sharp)

- Total Enrollment: 2,000-2,500
- Job-based coverage for employees who earn under 300% FPL

JOB-BASED INSURANCE

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

HEALTH PLANS

Lowest Monthly Standard HMO Premiums by Plan Type:

Plan Type	35-Year Old Single Adult	35-Year Old w/ Dependents	50-Year Old Single Adult	50- Year Old w/ Dependents
PacAdvantage Purchasing Pool	\$123 Community Health Group	\$393 Community Health Group	\$211 Community Health Group	\$518 Community Health Group
Other Small Employer Plans	\$147 Health Net 15	\$502 Blue cross Saver	\$232 Blue Cross Saver	\$604 Blue Cross Saver
Individual Coverage Plans	\$163 Health Net 40	\$470 Health Net 40	\$196 Health Net 40	\$538 Health Net 40

DATA SOURCES

Demographics

- Population and poverty information was obtained from the US Census Bureau reflecting the 2000 Census data. <http://www.census.gov>
- Medi-Cal information was obtained from the Medi-Cal Policy Institute. Percentages were taken of the total population per county. <http://www.medi-cal.org/countyData/>
- Healthy Families information was obtained from the Managed Risk Medical Insurance Board. Enrollment statistics represent enrollment at the time of the workgroup for 2002-2003. Percentages were taken of the non-elderly population per county. <http://www.mrmib.ca.gov/>
- Unemployment rates were obtained from the Employment Development Division for the State of California reflecting 2002 data. <http://www.calmis.ca.gov/htmlfile/subject/cosnaps.htm>
- Percentages of uninsured were obtained from UCLA's *The State of Health Insurance in California: Findings from the 2001 California Health Interview Survey (CHIS)*, 2002. Percentages were taken of the non-elderly population per county. <http://healthpolicy.ucla.edu>
- Percentages of residents using county health programs was obtained from the Medically Indigent Care Reporting System (MICRS) in the *Medically Indigent patients Utilizing Services Provided in County Health Programs FY 199-2000*, July 2002 and County Medical Services Program (CMSP) Governing Board, 2002, depending on the county. The percentages were taken of the non-elderly population.

Community Clinics

- Community clinic information was obtained from the *Annual Utilization Report of Primary Care Clinics* by the Office of Statewide Health Planning and Development reflecting the 2000 calendar year. <http://www.oshpd.states.ca.gov>
- To determine the amounts of uninsured clinic patients, revenues, and visits, our calculation included the following patient categories; MISP, CMSP, CHDP, EAPC, self-pay, non-pay, other county programs, and other state programs.
- The ratio of visits per uninsured was determined using the uninsured data from CHIS, 2002.

Hospitals

- Hospital information was obtained from the Office of Statewide Health Planning and Development's *Hospital Annual Financial Data* reflecting fiscal year 2001. <http://www.oshpd.states.ca.gov>
- The ER data reporting cycle may differ from the remainder of OSHPD hospital data categories in some counties.
- Bad debt and charity care costs were derived by multiplying the cost to charge ratio by the sum of the total of bad debt and charity care.
- We calculated use ratios per 1000 uninsured and per uninsured using the uninsured numbers from the CHIS data. The numbers were calculated based on the non-elderly population.

CMSP (Small Counties) Data

- This information was provided by the CMSP Governing Board, 2002.

MISP (Large Counties) Data

- Information was obtained from MICRS, *County Health Care Program Expenditures for Medically Indigent FY 1999-2000*, July 2002.
- Net Public Health Spending information was obtained from the Office of County Health Services' *Budget/Actual Data Fiscal Year 2001-2002*.

Funding For County Health

- Proposition 99, Realignment, and County Match information was obtained from the Office of County Health Services' *Table of Proposition 99 and Realignment Funds and County Match, Fiscal year 2000-01/2001-02*.
- Funding figures do not include SB1255 data, which was not available.
- The County match figures only include mandatory match.
- DSH figures were obtained from the Office of County Health Services' *SB 855-Actual Payments and Transfers County and Non-County Hospital FY 2000-01*, Aug 2002.

Health Coverage and Health Services Utilization by Ethnicity

- Percent uninsured was obtained from CHIS, 2002. <http://healthpolicy.ucla.edu>
- Medi-Cal enrollment figures were obtained from the Medi-Cal Policy Institute's *Medi-Cal County Data Book*, Jan. 2002.
- Healthy Families enrollment numbers were obtained from the Managed Risk Medical Insurance Board. <http://www.mrmib.ca.gov>
- Community Clinic Patients was obtained from the Office of Statewide Health Planning and Development. <http://www.oshpd.states.ca.gov>
- Percent of County Indigent was obtained from MICRS, 2001 or CMSP, 2002, depending on the county.
- "Other" is defined differently in each data source, such as "unreported," multiple ethnicities" or "other than listed options." Please see respective sources for further information.

Public Managed Care

- Medi-Cal managed care information was obtained from the Medi-Cal Policy Institute. <http://www.medi-cal.org>
- Healthy Families managed care enrollment was obtained from the Managed Risk Medical Insurance Board. <http://www.mrmib.ca.gov>
- Other public managed care information was obtained from their respective sources.

Job-Based Insurance

- Job-based insurance information was obtained from CHIS, 2002. <http://healthpolicy.ucla.edu>

Health Plans

- PacAdvantage provided rate information for small employer purchasing pool plans.
- Premiums for other small employer plans and individual coverage plans were secured by requesting rate information from Blue Cross, Blue Shield, Health Net, PacifiCare, and Kaiser Permanente.