
2004 Overview of the Uninsured: Modoc County

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

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Introduction

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

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

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

Section I: General Perspective

Encompassing 4,340 square miles, Modoc County is bordered on the north by Oregon, on the south by Lassen and Shasta Counties, to the east by Nevada, and to the west by Siskiyou County.

Economy

Government is the largest (44.2%) of Modoc County's employers with the trade, transportation, and utilities industry providing the second greatest proportion (16.9%). The 2003 unemployment rate for Modoc County is 8.4%: roughly equivalent to the regional rate of 8.5% though about two percentage points higher than the state unemployment rate of 6.7%¹.

Demographics

Modoc County's 2003 population is 9,417. In population, it is the third smallest county in the state. The population increased by 1.2% from 2002, declining by 0.3% from 2000 to 2003.

Whites make up the largest proportion (82.2%) of Modoc County residents. The number of Native American, Asian/Pacific Islander and Black residents declined; all other race/ethnic groups increased.

Table 1: Modoc County Population by Ethnicity

	2003	2000	Percentage Change
White	7,744	7,718	0.3%
Black	54	59	-8.5%
Hispanic	1,088	1,088	0.0%
Native American	305	340	-10.3%
Asian/Pacific Islander	61	65	-6.2%
Other	165	179	-7.8%
Total	9,417	9,449	-0.3%

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

Of Modoc County's residents, 21.5% live below the federal poverty level (FPL), higher than the state average of 14.2%. Almost half (45.1%) live below 200% of FPL; 23.6% live between 100-200% of FPL².

Insurance Coverage

About 18.7% of Modoc County's residents do not have insurance; 16.0% of the county's children are uninsured. Medi-Cal covers 23.5% of elderly and non-elderly residents whereas Healthy Families provides insurance to 1.6% of Modoc County's non-elderly.

Whites make up the largest proportion of Medi-Cal enrollees at 71.7%. Hispanics, falling below their statewide and regional averages, comprise 16.6% of enrollees. Blacks and Asian-Americans also fall below their statewide and regional averages at 0.3% and 0.8%, respectively.

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

	Medi-Cal			Healthy Families		
	Modoc County	Regional	Statewide	Modoc County	Regional	Statewide
White	71.7%	65.8%	22.3%	75.2%	49.9%	13.5%
Black	0.3%	2.1%	10.7%	0.0%	0.6%	2.6%
Hispanic	16.6%	17.6%	51.4%	12.8%	24.9%	57.8%
Native American	6.0%	4.0%	0.4%	0.0%	3.3%	0.3%
Asian/Pacific Islander	0.8%	5.7%	10.0%	0.0%	5.7%	12.2%
Other/Unknown	4.5%	4.8%	5.2%	12.0%	15.6%	13.6%

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

Modoc County currently does not operate a Medi-Cal managed care model, instead utilizing a fee for service system. Healthy Families' managed care model is served by Blue Cross' EPO product which has been designated by the Managed Risk Medical Insurance Board as Modoc County's "community provider plan", a distinction given to the insurer with the highest percentage of traditional and safety net providers in its provider network, allowing it to offer its members discounted premiums. Of the county's Healthy Families enrollees, all are enrolled in Blue Cross EPO.

Section II: Focus on Community Clinics

Patient Demographics

One community clinic, Canby Family Practice, provided care to 1,605 patients in 2003. About two-thirds (64.3%) of patients live below the federal poverty level while 24.5% live between 100-200% of FPL. Table 3 notes the reported race and ethnicity of community clinic patients³.

Table 3: Race/Ethnicity of Community Clinic Patients

	Total	% of Total		Total	% of Total
White	1,225	76.3%	Hispanic	252	15.7%
Black	17	1.1%	Non-Hispanic	1,346	83.9%
Asian/Pacific Islander	12	0.7%	Unknown	7	0.4%
Native American	90	5.6%	Total	1,605	100%
Other	261	16.3%			
Total	1,605	100%			

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

Utilization

Modoc County's community clinics received 8,321 visits in 2003. The greatest proportion (47.6%) of visits were made by those with Medi-Cal while those without insurance comprise 29.0% of encounters. In 2003, there were 1.7 visits per uninsured county resident.

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

	By Insurance Source		By Uninsured Funding Source		
	Total	% of Total		Total	% of Total
Medicare	318	3.8%	County	609	25.2%
Medi-Cal	3,961	47.6%	Self-Pay	773	32.0%
Healthy Families	108	1.3%	Free	0	0.0%
Private	1,301	15.6%	Breast Cancer	0	0.0%
Other Coverage	220	2.6%	CHDP	69	2.9%
Uninsured	2,413	29.0%	EAPC	962	39.9%
Total	8,321	100%	Family PACT	0	0.0%
			Total	2,413	100%

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

Financing

In 2003, Modoc County's reporting community clinic received \$1.2 million in revenue and spent roughly the same. Revenues in 2002 totaled \$1.3 million.

Patient fees are the greatest source of operating revenue for Modoc County's community clinics, providing 80.7% of total funding. Revenue received from state and private grants round out the top three sources.

Medi-Cal coverage accounts for the greatest proportion of revenue received from patient fees (60.3%). Uninsured revenues contribute the second highest proportion at 29.0%.

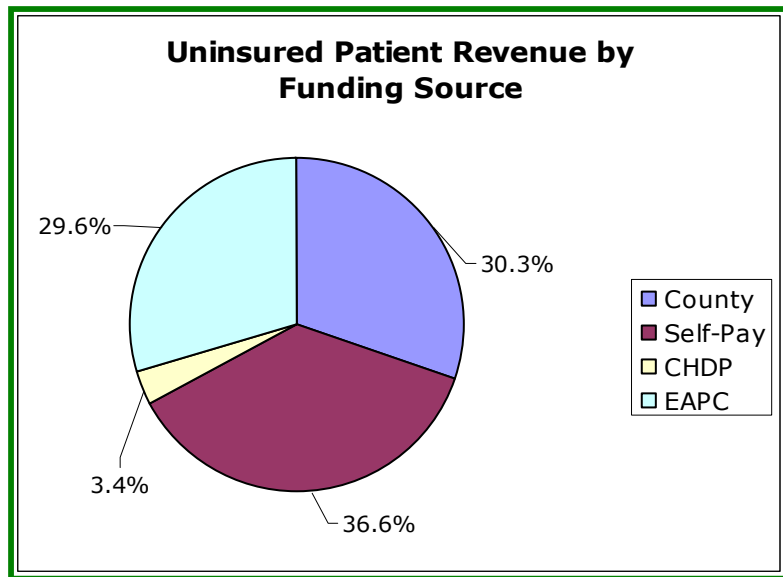
Among uninsured patients, self-payers (36.6%) capture the greatest proportion among sources of revenue. Other avenues, such as county/CMISP and the

Table 5: Source of Community Clinic Total Operating Revenue

	Source of Total Operating Revenue		Source of Total Revenue from Patient Fees		
	Total	% of Total		Total	% of Total
Patient Fees	\$972,808	80.7%	Medi-Cal	\$586,340	60.3%
State	\$160,694	13.3%	Uninsured	\$281,704	29.0%
Private	\$43,854	3.6%	Private	\$67,309	6.9%
Other	\$16,637	1.4%	Medicare	\$25,861	2.7%
County/Local	\$12,000	1.0%	Other Coverage	\$6,209	0.6%
Donations	\$0	0.0%	Healthy Families	\$5,385	0.6%
Federal	\$0	0.0%	Total	\$972,808	100%
Total	\$1,205,993	100%			

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

Expanded Access to Primary Care (EAPC) programs round out the remainder of uninsured patient revenues.



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

Delivery System

Canby Family Practice in Canby is the only Modoc County clinic reporting to OSHPD in 2003.

Section III: Focus on Hospitals

Utilization

In fiscal year 2003, Modoc County hospitals provided 27,441 inpatient days, 40,079 outpatient visits, and 2,117 emergency department visits. Medi-Cal is the majority payer of inpatient days and ED visits capturing 86.0% and 32.7%, respectively⁴. Private coverage edges out all other payers in outpatient visits, comprising 30.5% of encounters. The county indigent (uninsured) account for 0.1% of inpatient days, 3.6% of outpatient visits, and 4.4% of ED visits.

Table 6: Inpatient, Outpatient, and Emergency Department Utilization by Payer

	Inpatient Days		Outpatient Visits		Emergency Department Visits	
	Total	% of Total	Total	% of Total	Total	% of Total
Medicare	903	3.3%	11,341	28.3%	425	20.1%
Medi-Cal	23,600	86.0%	11,052	27.6%	693	32.7%
County Indigent (Uninsured)	17	0.1%	1,439	3.6%	94	4.4%
Private	1,425	5.2%	12,225	30.5%	644	30.4%
Other Indigent (Uninsured)	0	0.0%	3	0.0%	0	0.0%
Other	1,496	5.5%	4,019	10.0%	261	12.3%
Total	27,441	100%	40,079	100%	2,117	100%

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

The average lengths of stay (ALOS) average 82.4 days regardless of payer. Medicare averages 6.5 days, while Medi-Cal averages 176.1 days. As noted by Table 9, when examining hospital utilization per 1000 uninsured, the results vary depending on the data source.

Financing

Hospitals report receiving approximately \$0.3 million in revenue from the county in FY 2003 (2.7% of net patient revenue) comparable to the \$0.3 million received in FY 2002 (2.8% of net patient revenue). The Office of Statewide Health Planning & Development (OSHPD) reports \$2,500 in Gross DSH funds while MICRS/CMSP report no Gross DSH payments to Modoc County⁵.

Using CMSP data, total county expenditures on inpatient, outpatient, and other services for the uninsured decreased from \$1.4 million in 2002 to \$0.7 million in 2003. Inpatient spending makes up the greatest proportion of expenditures

Table 7: Average Lengths of Stay

	2003	2002
All Payers	82.4	83.3
Medicare	6.5	9.7
Medi-Cal	176.1	213.3
County Indigent	8.5	2.0
Private	37.5	18.5
Other Indigent	0.0	0.0
Other Payer	71.2	46.8

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

Table 8: Hospital Utilization per 1000 Uninsured

	OSHPD	County/MICRS
Inpatient Days	11.7	120.9
Outpatient Visits	988.3	2042.6
ED Visits	64.6	n/a

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

(39.9%); outpatient spending trails slightly at 34.3%. Outpatient spending per unit of service increased from \$55.21 in 2002 to \$80.64 in 2003.

Table 9: Expenditures in Dollars and as a Percentage of Total

	Number Visits/ Days	Expenditures in Dollars (2003)	% of Total Spending	Expenditures in Dollars (2002)	% of Total Spending
Inpatient	176	\$279,152	39.9%	\$616,823	43.5%
Outpatient	2,974	\$239,829	34.3%	\$320,146	22.6%
Pharmacy	1,148	\$60,616	8.7%	\$311,094	21.9%
Medical/ Physician	1,071	\$120,631	17.2%	\$169,400	12.0%
Total		\$700,228	100%	\$1,417,463	100%

Source: California Department of Health Services, "CMSP Claims by County and Claim Type—CY 2003" and "CMSP Expenditures by County and Claim Type—CY 2003."

Table 10: Spending per Unit of Service

	Spending Per Unit (2003)	Spending Per Unit (2002)	% Change
Inpatient	\$1,586.09	\$2,979.82	-46.8%
Outpatient	\$80.64	\$55.21	46.1%
Pharmacy	\$52.80	n/a	n/a
Medical/Physician	\$112.63	n/a	n/a

Source: California Department of Health Services, "CMSP Claims by County and Claim Type—CY 2003" and "CMSP Expenditures by County and Claim Type—CY 2003."

Modoc County hospitals reported an aggregate loss of \$0.2 million in bad debt and charity care. This represents a loss of 2.3% of net patient revenue. Regionally, hospitals' bad debt and charity care represents a loss of 2.6% of net patient revenue whereas the statewide average is also 2.9%.

Delivery System

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

Table 11: Highest Proportions of Care for Reporting Hospitals

Net Patient Revenue	County Indigent Patients	Medicare Patients	Medi-Cal Patients	Privately Insured Patients
Modoc Medical Center (75.9%)	Modoc Medical Center (100.0%)	Modoc Medical Center (78.0%)	Modoc Medical Center (71.1%)	Surprise Valley Community Hospital (96.1%)
Surprise Valley Community Hospital (24.1%)		Surprise Valley Community Hospital (22.0%)	Surprise Valley Community Hospital (28.9%)	Modoc Medical Center (3.9%)

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

Section IV: Focus on County Health

Demographics

The county indigent comprise 8.0% of Modoc's non-elderly population. The county provides services to 619 indigent patients, up 15.3% from the previous year. Most race/ethnic group numbers increased or remained stable from the previous year.

Table 12: County Indigent Patients by Ethnicity

	2003 Total	% of Total	2002 Total	% of Total
White	486	78.5%	435	81.0%
Black	2	0.3%	2	0.4%
Hispanic	69	11.1%	50	9.3%
Native American	49	7.9%	39	7.3%
Asian/Pacific Islander	11	1.8%	9	1.7%
Other/Unknown	2	0.3%	2	0.4%
Total	619	100%	537	100%

Source: California Department of Health Services, County Medical Services Program (CMSP), "Number of Persons Utilizing Services by County and Ethnicity: CY 2003."

Funding

Modoc County received a total of \$1.3 million in realignment, Prop. 99, county match, and tobacco settlement funds, a small decline from the \$1.4 million received in the previous year. Approximately 53.4% of total funding was spent on the uninsured, down from 103.2% in 2002⁷. Statewide, spending on the uninsured was 67.0%, increasing to 117.5% regionally. Funding per county resident and per uninsured county resident is noted in Table 15. The Office of County Health Services (which issues MICRS data) reports no Net County DSH funding for Modoc County⁸.

Table 13: County Expenditures and Funding

		2003	2002
Total Funding			
	Realignment	\$1,114,981	\$1,146,894
	Proposition 99	\$5,235	\$5,995
	County Match	\$70,462	\$70,462
	Tobacco Settlement ⁹	\$120,029	\$114,179
	Total	\$1,310,707	\$1,337,530
Net Public Health Spending		n/a	n/a
County Spending for Medically Indigent		\$700,228	\$1,417,463
Percentage of Total Funding Spent on Uninsured		53.4%	103.2%

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

Table 14: Funding per County Resident/Uninsured County Resident¹⁰

	Realignment	Proposition 99	Net County DSH	County Match
Per County Resident	\$143.20	\$0.67	\$0.00	\$9.05
Per Uninsured County Resident	\$765.79	\$3.60	\$0.00	\$48.39

Source: 2003 UCLA California Health Interview Survey; California Department of Health Services, Office of County Health Services, "FY 2002-2003 Final MOE Calculation," "Rural Health Services (RHS) Program Allocations: FY 2003-2004," and "County Health Services Budget/Actual Data: FY 2002-03."

Section V: Small Employer & Private Insurance

Plans

Approximately 52.0% of individuals have employer-based coverage in Modoc County while 5.5% privately purchase a plan. Over a third (39.7%) of Modoc County's children are covered by employer-based plans.

PacAdvantage

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

Benefits

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

Table 15: PacAdvantage Premium Costs

	35 year-old; single	% Change	50 year-old; single	% Change	35 year-old; family	% Change	50 year-old; family	% Change
Standard HMO Products Unavailable								
Standard PPO Products Unavailable								
Other Products								
Blue Shield 1850	\$116.99	4.7%	\$220.44	4.6%	n/a	n/a	n/a	n/a

Source: PacAdvantage, "PacPlan Chooser: July 2005-December 2005 Premiums," downloaded July 2005.

Small Employer Group Plans

Benefits

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

Premium Costs

Premium costs for small employer plans declined from the previous year's identical HMO product. A list of small group plan premiums follows:

Table 16: Small Employer Group Plan Premium Costs

	35 year-old; single	% Change	50 year-old; single	% Change	35 year-old; family	% Change	50 year-old; family	% Change
Unable to locate available HMO plans.								
PPO Products								
PacifiCare SignatureOptions 35/70	\$181.65	-42.9%	\$324.66	-31.8%	\$568.84	-48.0%	\$739.61	-44.7%

Source: Various; see methodology/data sources section.

Individual Plans

Benefits

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

Plan Premiums

Premium costs for the HMO products examined generally increased from the previous year's identical offerings. A list of individual plan premiums follows:

Table 17: 2004 Individual Plan Premium Costs

	35 year-old; single	% Change	50 year-old; single	% Change	35 year-old; family	% Change	50 year-old; family	% Change
HMO Products								
Blue Cross Individual	\$430.00	7.8%	\$565.00	12.1%	\$1,169.00	19.8%	\$1,427.00	20.9%
PPO Products								
Blue Cross PPO Share 1500	\$220.00	n/a	\$412.00	n/a	\$645.00	n/a	\$979.00	n/a
PacifiCare SignatureOptions 70-50	\$231.00	n/a	\$489.00	n/a	\$682.00	n/a	\$1,140.00	n/a

Source: Various; see methodology/data sources section.

Appendix I: Methodology/Data Sources

Section I: General Perspective

Unemployment and industry information was obtained from the State of California's Employment Development Department in September 2004 and September 2005. There were no changes from prior reports' methodologies.

State of California Employment Development Department, "Modoc County 2003 Snapshot," downloaded from www.calmis.ca.gov/htmlfile/subject/cosnaps.htm in September 2005.

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

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

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

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

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

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

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

Medical Insurance Board. There was no variation in methodologies from the 2003 ITUP report.

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

California HealthCare Foundation, “County Data: Modoc County,” downloaded from www.chcf.org/topics/medi-cal/index.cfm?subsection=countydata in September 2005.

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

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

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

Managed Risk Medical Insurance Board, “HFP Subscribers Currently Enrolled by Ethnicity; By County,” November 2, 2004, downloaded on December 1, 2004.

Section II: Community Clinics

As with prior methodologies, all community clinic data was obtained from the Office of Statewide Health Planning and Development (OSHPD). The number of clinics reporting to OSHPD in 2003 was unchanged from 2002.

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

Section III: Hospitals

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

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

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

Hospital financing data was obtained from both the Office of Statewide Health Planning and Development and

the County Medical Services Program (CMSP) as reported to the California Department of Health Services.

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

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

California Department of Health Services, "CMSP Claims by County and Claim Type—CY 2003," received on November 29, 2004.

California Department of Health Services, "CMSP Expenditures by County and Claim Type—CY 2003," received on November 29, 2004.

California Department of Health Services, "CMSP Total Inpatient Claims and Days by County—CY 2003," received on November 16, 2004.

California Department of Health Services, "Summary of Expenditures by Service Type and County—2003," received on November 16, 2004.

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

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

Section IV: County Health

As with prior methodologies, county demographic data was obtained from the California Department of Health Services' Office of County Health Services, County Medical Services Program (CMSP).

California Department of Health Services, County Medical Services Program (CMSP), "Number of Persons Utilizing Services by County and Ethnicity: Calendar Year 2003," received November 16, 2004.

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

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

California Department of Health Services, Office of County Health Services, "Rural Health Services (RHS)

Program Allocations: Fiscal Year 2003-2004,” September 17, 2003, downloaded October, 27, 2004 from www.dhs.ca.gov/hisp/ochs/chsu/data.htm.

Office of the Attorney General, “Tobacco Master Settlement Agreement Payments to Counties and Cities: 1999-2003,” downloaded on December 6, 2004 from <http://caag.state.ca.us/tobacco/settlements.htm>.

California Department of Health Services, County Medical Services Program (CMSP), “CMSP Expenditures by County and Claim Type: CY 2003,” received November 29, 2004.

Section V: Small Employer and Private Insurance Plans

Insurance data was obtained from the UCLA Center for Health Policy Research’s “2003 California Health Interview Survey.” All information on PacAdvantage plans was obtained from PacAdvantage’s PacPlan Chooser. Analysis compares quoted premium costs for July 2005-December 2005 with July 2004-December 2004 quotes. The analysis assumes no health problems are present that require regular use of medications or ongoing doctor visits. Premium quotes were obtained for the 96101 zip code unless otherwise noted.

PacAdvantage, “PacPlan Chooser: July 2005-December 2005 Premiums” downloaded from <http://chooser.pacadvantage.org/>.

Small group plan premium and benefit information were obtained directly from specified health insurers serving Modoc County and/or the 96101 zip code.

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

Individual plan premium and benefit information were obtained directly from specified health insurers serving Modoc County and/or the 96101 zip code. Families are assumed to have two children, designated as age 5 and 13 if required to specify. All quotes are for medical insurance only. Subscribers are non-tobacco users. Primary subscribers are designated as female if required to specify.

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

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

Appendix II: Out-of-Pocket Benefit Costs									
	Deductible (self/family; out of network)	Office Visits (in network/out of network)	Inpatient Admission (in network/out of network)	Preventive Care (in network/out of network)	ER Visits (in network/out of network)	Generic Drugs (in network/out of network)*	Brand Name Drugs (in network/out of network)*		
PacAdvantage									
Standard HMO ¹¹	\$0	\$30	\$1000	\$30	\$100 ¹²	\$15	\$30		
Health Net PPO Saver	\$500/\$1000	\$20/50%	\$500 & 20%/50%	\$20/not covered	20% & \$100 ¹²	20%/50%	20%/50%		
Health Net PPO 30	\$1500/3 per family	\$30/50%	\$250 & 30%/\$250 & 50%	20% adult, \$30 child/not covered	30% & \$100 ¹²	\$10/50%	\$30/50%		
Small Employer Group Plans									
Pacificare SignatureValue 15-30	\$0	\$15	\$250	\$15, \$0 for child 0-2.	\$50 ¹²	\$10	\$25		
Aetna PPO 1	\$250/\$500; \$500/\$1000	\$15/70%	10%/30%	\$15/30%	10% & \$100 ¹²	\$10/not covered	\$20/not covered		
Individual Plans									
Health Net HMO 15	\$1000	\$15	\$1000	\$15	\$75 ¹²	\$15	\$25		
Blue Shield PPO 750 ¹¹	\$750/\$1500	\$35/50%	30%/50%	\$35/not covered	30%/30%	\$10/\$20	\$30/\$60		

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

Appendix III: Comparison Tables

The following tables provide a comparison of results from last year's ITUP report which analyzed 2002 data. Please note that data may reflect reporting errors as well as noted changes in methodologies. 2002 comparisons using uninsurance rates are based on 2001 CHIS uninsured numbers; 2003 uninsurance comparisons are based on 2003 CHIS uninsured data.

	Medi-Cal		Healthy Families	
	2003	2002	2003	2002
White	71.7%	71.0%	75.2%	70.0%
Hispanic	16.6%	17.0%	12.8%	14.3%
Black	0.3%	0.3%	0.0%	0.0%
Asian/Pacific Islander	0.8%	0.1%	0.0%	1.4%
Native American	6.0%	7.0%	0.0%	2.1%
Other/Unknown	4.5%	5.0%	12.0%	12.1%
Total	100%	100%	100%	100%

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

	2003	2002
Blue Cross EPO	100%	100%
Total	100%	100%

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

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

	2003	2002		2003	2002
White	76.3%	77.1%	Hispanic	15.7%	16.6%
Black	1.1%	1.4%	Non-Hispanic	83.9%	82.9%
Asian/Pacific Islander	0.7%	0.9%	Unknown	0.4%	0.5%
Native American	5.6%	3.4%	Total	100%	100%
Other	16.3%	17.2%			
Total	100%	100%			

Source: Office of Statewide Health Planning & Development, "2003 Primary Care Clinics Annual Utilization Data" and ITUP, "Overview of the Uninsured: Modoc County 2003," March 2004.

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

	2003	2002
Medicare	3.8%	4.6%
Medi-Cal	47.6%	41.2%
Healthy Families	1.3%	1.1%
Private	15.6%	23.8%
Other Coverage	2.6%	0.3%
Uninsured	29.0%	28.9%
Total	100%	100%

Source: Office of Statewide Health Planning & Development, "2003 Primary Care Clinics Annual Utilization Data" and ITUP, "Overview of the Uninsured: Modoc County 2003," March 2004.

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

	2003	2002
County/CMSP	25.2%	28.7%
Self-Pay	32.0%	39.6%
Free	0.0%	0.0%
Breast Cancer	0.0%	0.0%
CHDP	2.9%	0.7%
EAPC	39.9%	27.5%
Family PACT	0.0%	0.0%
Total	100%	100%

Source: Office of Statewide Health Planning & Development, "2003 Primary Care Clinics Annual Utilization Data" and ITUP, "Overview of the Uninsured: Modoc County 2003," March 2004.

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

	2003	2002
Patient Fees	80.7%	70.5%
Federal	0.0%	0.0%
State	13.3%	13.0%
County/Local	1.0%	1.2%
Private	3.6%	3.9%
Donations	0.0%	0.0%
Other	1.4%	11.5%
Total	100%	100%

Source: Office of Statewide Health Planning & Development, "2003 Primary Care Clinics Annual Utilization Data" and ITUP, "Overview of the Uninsured: Modoc County 2003," March 2004.

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

	2003	2002
County/CMSP	30.3%	32.8%
Self-Pay	36.6%	48.7%
Free	0.0%	0.0%
Breast Cancer	0.0%	0.0%
CHDP	3.4%	0.5%
EAPC	29.6%	17.9%
Family PACT	0.0%	0.0%
Total	100%	100%

Source: Office of Statewide Health Planning & Development, "2003 Primary Care Clinics Annual Utilization Data" and ITUP, "Overview of the Uninsured: Modoc County 2003," March 2004.

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

	2003	2002
Medicare	3.3%	4.0%
Medi-Cal	86.0%	87.7%
County Indigent (Uninsured)	0.1%	0.1%
Private	5.2%	5.0%
Other Indigent	0.0%	0.0%
Other	5.5%	3.2%
Total	100%	100%

Source: Office of Statewide Health Planning & Development, "Selected Hospital Annual Financial Data: FY 2002-2003" and ITUP, "Overview of the Uninsured: Modoc County 2003," March 2004.

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

	2003	2002
Medicare	28.3%	28.2%
Medi-Cal	27.6%	24.5%
County Indigent (Uninsured)	3.6%	3.7%
Private	30.5%	34.3%
Other Indigent	0.0%	0.1%
Other	10.0%	9.1%
Total	100%	100%

Source: Office of Statewide Health Planning & Development, "Selected Hospital Annual Financial Data: FY 2002-2003" and ITUP, "Overview of the Uninsured: Modoc County 2003," March 2004.

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

	2003	2002
Medicare	20.1%	31.3%
Medi-Cal	32.7%	22.3%
County Indigent (Uninsured)	4.4%	3.6%
Private	30.4%	32.9%
Other Indigent	0.0%	0.1%
Other	12.3%	9.8%
Total	100%	100%

Source: Office of Statewide Health Planning & Development, "Hospital Annual Financial Data Selected Pages: Year 28 (June 30, 2002 to June 29, 2003)" and ITUP, "Overview of the Uninsured: Modoc County 2003," March 2004.

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

	OSHPD		MICRS	
	2003	2002	2003	2002
Inpatient Days	11.7	10.4	120.9	119.2
Outpatient Visits	988.3	656.7	2042.6	3340.4
ER Visits	64.6	28.8	n/a	n/a

Source: Office of Statewide Health Planning and Development, "Selected Hospital Annual Financial Data: FY 2002-2003" and "Hospital Annual Financial Data Selected Pages Year 28 (June 30, 2002 to June 29, 2003); 2001 California Health Interview Survey; 2003 California Health Interview Survey; and ITUP, "Overview of the Uninsured: Modoc County 2003," March 2004.

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

	2003	2002
Realignment	\$143.20	\$147.30
Prop. 99	\$0.67	\$0.77
Net County DSH	n/a	\$4.57
County Match	\$9.05	\$9.05

Source: California Department of Health Services, Office of County Health Services, "FY 2002-2003 Final Maintenance of Effort (MOE) Calculation," "Rural Health Services (RHS) Program Allocations: Fiscal Year 2003-2004," and "County Health Services Budget/Actual Data: Fiscal Year 2002-03"; ITUP, "Overview of the Uninsured: Modoc County 2003," March 2004.

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

	2003	2002
Realignment	\$765.79	\$660.65
Prop. 99	\$3.60	\$3.45
Net County DSH	n/a	\$20.48
County Match	\$48.39	\$40.59

Source: California Department of Health Services, Office of County Health Services, "FY 2002-2003 Final Maintenance of Effort (MOE) Calculation," "Rural Health Services (RHS) Program Allocations: Fiscal Year 2003-2004," and "County Health Services Budget/Actual Data: Fiscal Year 2002-03"; 2001 and 2003 California Health Interview Survey; ITUP, "Overview of the Uninsured: Modoc County 2003," March 2004.

Endnotes

¹ Counties included in calculating North Rural regional averages are Butte, Del Norte, Humboldt, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Siskiyou, Sutter, Trinity, Yuba, and the combined counties of Colusa, Glenn, Lake, and Tehama.

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

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

⁴ Reported outpatient visits include ED visits.

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

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

⁷ ITUP’s Overview of the Uninsured—Modoc County 2003 did not include tobacco settlement funds in its calculations resulting in 112.6% of funding spent on the uninsured. If tobacco settlement funds are included in the 2003 calculations, total funding would increase from the reported \$1.3 million to \$1.4 million, reducing spending on the uninsured to 103.2%.

⁸ SB 855 DSH data received from the Department of Health Services primarily reflects DSH revenues and payments for counties that operate a county facility. Those counties without a county hospital may have higher than reported SB 855 DSH revenues and payments.

⁹ Tobacco settlement funds for 2002 include all initial and annual payments for the 2002 calendar year. Funds for 2003 include initial and annual payments, Brown & Williamson settlement payments, and any other miscellaneous payments for the 2003 calendar year.

¹⁰ Non-elderly population.

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

¹² If not admitted into the hospital.