

**Health Care Vouchers Utilized By Migrant  
Farmworkers in Wisconsin, Fiscal Year 1992**

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## Table of Contents

Executive Summary .....	<i>i</i>
Introduction .....	1
La Clinica's Voucher Program .....	2
I: Age, Sex and Location of Patient .....	3
II: Service Code and Type and Location of Provider .....	8
III: Amount of Bill and Amount Paid By Voucher .....	13
Discussion .....	17
Appendix .....	19

### List of Maps and Figures

Map 1. Distribution of Vouchers by Patient's Residence .....	5
Map 2. Distribution of Vouchers by County of Provider .....	6
Figure 1. Service Code by Sex of Patient .....	8
Figure 2. Type of Provider by Sex of Patient .....	8
Figure 3. Service Code by Patient Age .....	9
Figure 4. Provider by by Patient Sex .....	10
Figure 5. Where Vouchers Were Used: Waushara County vs. Other County, by Type of Provider .....	12
Figure 6. Where Vouchers Were Used: Residence County vs. Other County, by Type of Provider .....	12
Figure 7. Median Amount Billed and Paid, by Patient Age .....	16
Figure 8. Median Amount Billed and Paid, by Patient Sex .....	16

### List of Tables

Table 1. Patient's Age by Sex .....	3
Table 2. County of Camp/Residence by County of Provider .....	7
Table 3. Type of Provider by County of Provider .....	11
Table 4. Total Amount of Bill and Amount Paid by Voucher .....	13
Table 5. Amount Billed and Paid, and Percent Paid, by Service Code .....	14
Table 6. Amount Billed and Paid, and Percent Paid, by Type of Provider .....	14
Table 7. Distribution of Amount Billed and Paid, by Service Code .....	15
Table 8. Distribution of Amount Billed and Paid, by Type of Provider .....	15
Table 9. Percentage of Total Bill Paid, by Location of Provider .....	17

### List of Appendix Tables

Table A1. Distribution of Vouchers by Patient's Camp County and Provider's County .....	19
Table A2. Detailed Service Code by Sex of Patient .....	20
Table A3. Detailed Type of Provider by Sex of Patient .....	20
Table A4. Detailed Service Code by Patient Age .....	21
Table A5. Detailed Type of Provider by Patient Age .....	21
Table A6. Detailed Service Code by Provider County (Waushara/Not Waushara) .....	22
Table A7. Detailed Type of Provider by Provider County (Waushara/Not Waushara) .....	22

Table A8.	Detailed Service Code by Patient's County of Residence vs. Other County . . . . .	23
Table A9.	Detailed Type of Provider by Patient's County of Residence vs. Other County . . . . .	23
Table A10.	Amount Billed and Paid, and Percent Paid, by Detailed Service Code . . . . .	24
Table A11.	Amount Billed and Paid, and Percent Paid, by Detailed Type of Provider . . . . .	24
Table A12.	Distribution of Amount Billed by Detailed Service Code . . . . .	25
Table A13.	Distribution of Amount Paid by Detailed Service Code . . . . .	26
Table A14.	Distribution of Amount Billed by Detailed Type of Provider . . . . .	27
Table A15.	Distribution of Amount Paid by Detailed Type of Provider . . . . .	27
Table A16.	Amount Billed and Paid, and Percent Paid, by Patient Age . . . . .	28
Table A17.	Amount Billed and Paid, and Percent Paid, by Patient Sex . . . . .	28

## Executive Summary

Family Health/La Clinica de los Campesinos, Inc., a federally funded migrant health clinic in Wisconsin, is located in the center of the state and in the heart of migrant farmworker activity. It provides outpatient care on a sliding scale based on ability to pay. In addition, it has a "voucher" program that paid claims against 1,794 vouchers between April 1, 1992 and March 30, 1993 for a total amount of \$83,832.89. Family Health/La Clinica distributes payment vouchers for health care to migrant workers who live and work in parts of the state distant from the clinic. Vouchers are also distributed to patients who come to La Clinica in need of services which the clinic does not offer.

Findings indicate that 45% of the vouchers issued during fiscal year 1992 were used by men and 55% by women. A little more than one-third of the vouchers were used by patients between ages 18 and 34, and 40% by patients between 35 and 64. Twenty-two percent of vouchers were used by children under 18, and less than one percent were used by persons 65 and older.

Four out of ten vouchers were used by patients living in Waushara county, the home of Family Health/La Clinica, followed by Columbia county, which borders on Waushara. About 40 percent of the providers accepting vouchers were also located in Waushara county. The type of service most frequently used was for office visits (26%), followed by prescriptions at a pharmacy (15%). In-patient hospital use accounted for about 3% of the vouchers, and emergency services at hospitals for 16%. Emergency services tended to be used more by patients under 18; pharmacy by persons 18 and over.

The median amount per voucher paid by La Clinica was \$22. The amount paid for a single voucher ranged from \$1 to \$979; hospitals received the highest median payment (\$46), and pharmacies the lowest (\$5).

In general, 60% of the billed amounts were covered by voucher payments. Dentist's services had the highest proportion paid (70%), and clinics and medical groups the lowest (42%).

## Health Care Vouchers Utilized by Migrant Farmworkers in Wisconsin, Fiscal Year 1992

### Introduction

In 1987, the Bureau of Health Care Delivery and Assistance, Health Resources and Services Administration, DHHS, issued a memorandum describing a new program to provide migrant health services:

In agricultural areas without Community or Migrant Health Centers, but with substantial numbers of migrant and seasonal farmworkers (MSFWs), a voucher program may be appropriate as a means for supplementing access to primary care. Generally, these areas will have too few MSFWs, or the period in which the migrants are present is too short to warrant establishing a traditional clinic. Vouchers are to be used to fill in gaps in access to primary care services, and there are a wide variety of appropriate models. Voucher programs represent a viable solution only in locations where there is adequate primary care capacity but financial and other barriers impede access by MSFWs. (BHCDA, HRSA memo, October 29, 1987)

La Clinica de los Campesinos, Inc. coordinates Wisconsin's health care voucher program through its offices in Wild Rose, Wisconsin. La Clinica is Wisconsin's federally funded Migrant Health Clinic. Its voucher program involves the distribution of payment vouchers to migrant workers who live and work in parts of the state distant from the clinic. Vouchers are also distributed to patients who come to La Clinica in need of services the clinic does not offer.

The effectiveness of voucher payment programs in migrant populations remains to be evaluated. Voucher programs are organized in many different ways. In some areas, voucher programs have replaced direct government funding of primary care facilities. In others, they serve to supplement the work of migrant clinics. Wisconsin's migrant health program combines primary care services at La Clinica with voucher payment for service at remote locations and for specialized care.

How will the voucher program affect health care for migrant workers in Wisconsin in the long run? Some feel that a shift from direct migrant clinic services to a voucher payment system is beneficial for migrant workers as it broadens their access to primary care facilities close to their residences, making it easier to get early preventive care. In addition, migrant workers using vouchers should have improved access to private providers with year-round professional staffs and well-equipped facilities, amenities the federally funded migrant clinics cannot provide.

On the other hand, the shifting of primary care activities to the private sector may re-introduce classic problems which Migrant Health Clinics helped to alleviate: language and cultural barriers to care, confusion over the payment of bills above the voucher totals, and discriminatory treatment (or fears of discrimination).

We can begin to evaluate the program by analyzing actual patterns of voucher utilization by migrant workers. This paper reports on current utilization of the vouchers issued by La Clinica de los Campesinos during fiscal year 1992.

## La Clinica's Voucher Program

Vouchers are issued out of the Family Health/La Clinica offices. A registered client, provider, or county health nurse can request a voucher by telephoning La Clinica. All voucher authorizations are granted by La Clinica's administrative staff. La Clinica makes arrangements in advance with the providers who accept vouchers, so that they are knowledgeable about reimbursement procedures and rates. In 1992, La Clinica used the following reimbursement schedule:

### For Outpatient Care:

Office Visit	\$15 maximum
Prescription	\$5 maximum
Laboratory service	\$15 maximum
Dental visit	\$35 maximum
Emergency Room visit	75% of total cost
X-Ray	75% of total cost per X-Ray
X-Ray interpretation	75% of total cost per X-Ray

### For Inpatient Care:

Hospital charges	60% of charges per admission, \$500 maximum
Physician charges	50% of charges per admission, \$250 maximum

### For One-Day Surgical Procedures:

Hospital charges	60% of charges per admission, \$400 maximum
Physician charges	50% of charges per admission, \$200 maximum

Participating providers vary in their expectations about compensation. A few medical organizations have absorbed some of the costs incurred by migrant workers referred to them for specialty and hospital care, choosing to bill La Clinica for only a portion of total costs. Other providers bill migrant patients directly for costs over and above La Clinica's voucher limits. According to La Clinica policy, the patient is responsible for these additional costs. Vouchers are valid for 15 days from the date of issue, and are good for one visit or prescription. Patients must obtain new vouchers for follow-up visits or prescription refills.

La Clinica provided us with information about the vouchers issued during fiscal year 1992. La Clinica issued a total of 1,794 vouchers between April 1, 1992 and March 30, 1993. We estimate that a total of 747 individuals used these vouchers. Eighty-five percent of these persons used 1 to 4 vouchers, 12 percent 5 to 9, and 3 percent 10 to 31 vouchers.<sup>1</sup> Of the 1,794 total, 1,578 voucher records contain complete information about the amounts billed by health care providers and the amounts paid with vouchers. We used only these complete records in calculating billing information for this report. The total amount paid using La Clinica's vouchers was \$83,833.

A few additional vouchers were issued by La Clinica but were excluded from the analysis because payments on the relevant accounts were ultimately made by Workers' Compensation or the Salvation Army.

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<sup>1</sup> Most of the individuals with very large numbers of vouchers were in-patient hospital or surgery patients. Providers may submit a voucher for many separate medical procedures during an extended encounter such as a hospital stay.

The following information was obtained from each voucher:

Household's Account Number  
 Patient's Date of Birth  
 Patient's Sex  
 County of Patient's Camp or Residence  
 Date of Voucher  
 Voucher Number  
 Date of Service  
 Service Code (e.g. x-ray, ultrasound, physical therapy)  
 Type of Provider (e.g. hospital, clinic, dentist)  
 County of Provider  
 Amount of Bill  
 Amount Paid with Voucher

Each "case" in this analysis is an individual voucher, rather than an individual patient or voucher user. Thus all numbers and percentages in the following tables and figures refer to vouchers and not to individual people.

This report presents the data in three parts: I. Age, Sex, and Location of Patient; II. Service Code and Type and Location of Provider; and III. Costs: Amount of Bill, Amount Paid By Voucher. It concludes with a discussion of findings and suggestions for further research on this topic.

### I. AGE, SEX AND LOCATION OF PATIENT

Women and men of all ages received vouchers to pay for health care during fiscal year 1992. Of a total of 1,794 vouchers, 45 percent were issued to men and 55 percent to women. These percentages are not easy to interpret. They may reflect a difference in the proportion of men and women in the migrant population, or a difference in men's and women's overall use of health care. Likewise, differences in the proportions of vouchers issued to people in various age groups may reflect the age distribution of all migrant workers: three quarters of all vouchers were issued to people between 18 and 34 years of age, and just 9 percent to children under five. The age distributions are approximately the same for vouchers issued to men and women. Table 1 presents this information.

**Table 1. Patient's Age by Sex**

	Total N	Total %	Men		Women	
			N	%	N	%
Less than 5 years	161	9.0%	78	9.6%	83	8.5%
5-17 years	238	13.3	107	13.2	131	13.4
18-34 years	649	36.2	271	33.3	378	38.5
35-64 years	734	40.8	354	43.7	380	38.7
65 years and over	11	0.6	2	0.2	9	0.9
Unknown	1	0.1	1	0.1	0	0.0
Total	1,794	100.0	813	100.00	981	100.0

Voucher use is concentrated in the south-central part of the state, where most of Wisconsin's migrant workers live and work. Table 2 cross-classifies the counties in which patients who received vouchers were living by the counties in which their health care providers were located. Of the 1794 vouchers issued, 1,015 (56.6%) were paid to providers in the same county in which the patient was residing at the time. Waushara County, where Family Health/La Clinica is located, was listed as the camp or residence county on about 40% of all vouchers issued, and a slightly higher proportion of the vouchers (41.9%) were used for health services in Waushara County.

This concentration in Waushara County probably reflects both the high proportion of Wisconsin's migrants living in that county, and the fact that La Clinica is the primary care destination of many migrant workers who need to be referred for specialized services such as x-rays and laboratory work. Map 1 provides a graphic illustration of the distribution of vouchers by where the patients who received them were living, and Map 2 shows the location of providers to whom payment vouchers were given.







Table 2. County of Camp/Residence by County of Provider

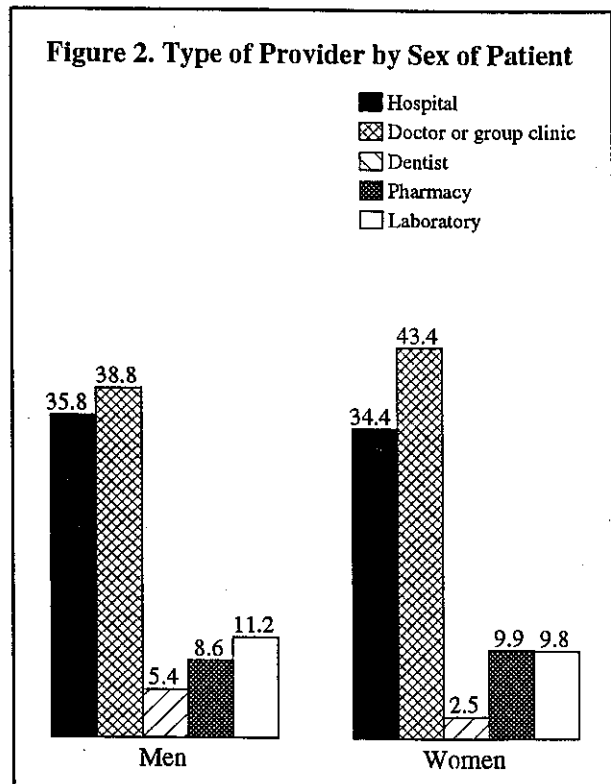
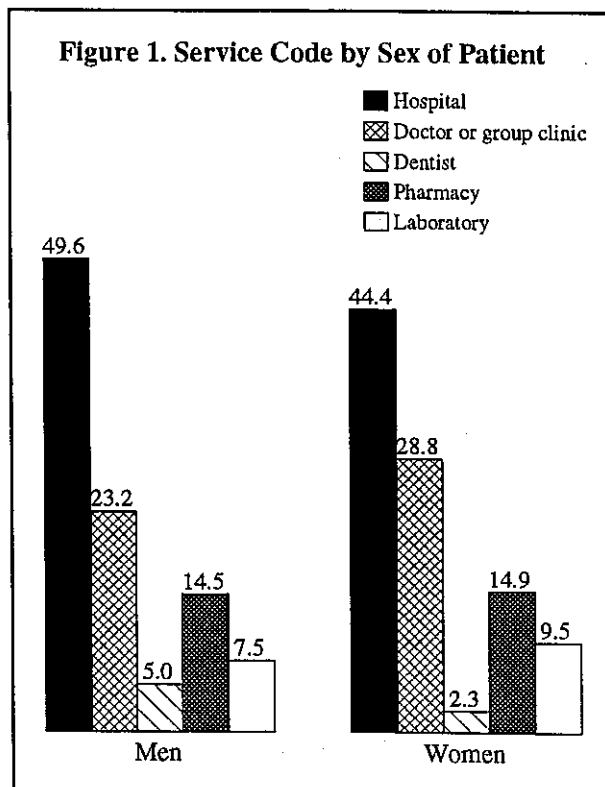
County of Provider	County of Camp/Residence																				Total					
	Adams	Columbia	Crawford	Dane	Dodge	Door	Fond du Lac	Green Lake	Jackson	Jefferson	Juneau	Marquette	Marquette	Manitowish	Marquette	Niwaukee	Ozaukee	Portage	Sheboygan	Walworth		Waushara	Winnebago	Wood	Unknown	
Columbia		72	8		3			1		5					4		1									91
Crawford																										
Dane	2	21		24	9		4	21		7	5				17		25	2	22							315
Dodge		68			100			17		1							8	8	2							205
Door						53												16								69
Green Lake					7			57							10		1									108
Jackson									19																	19
Jefferson		1								52									1		2					56
Juneau											2															2
Marquette												1														1
Marquette															7											7
Ozaukee																	23									28
Ozaukee				1													44									45
Portage	1	2													2			7								18
Rock											2															9
Sheboygan																		1	1							2
Sheboygan																										1
Sheboygan																										5
Waupaca															2											13
Waushara	10	12		1			2	34		2	11				68	4	27	33	4		19	510	4	5	746	
Winnebago									5								11									33
Wood																										2
Unknown																										4
Total	13	176	8	26	119	53	6	130	25	69	18	1	110	4	88	55	78	7	13	3	36	711	22	12	7	1794

## II. SERVICE CODE AND TYPE AND LOCATION OF PROVIDER

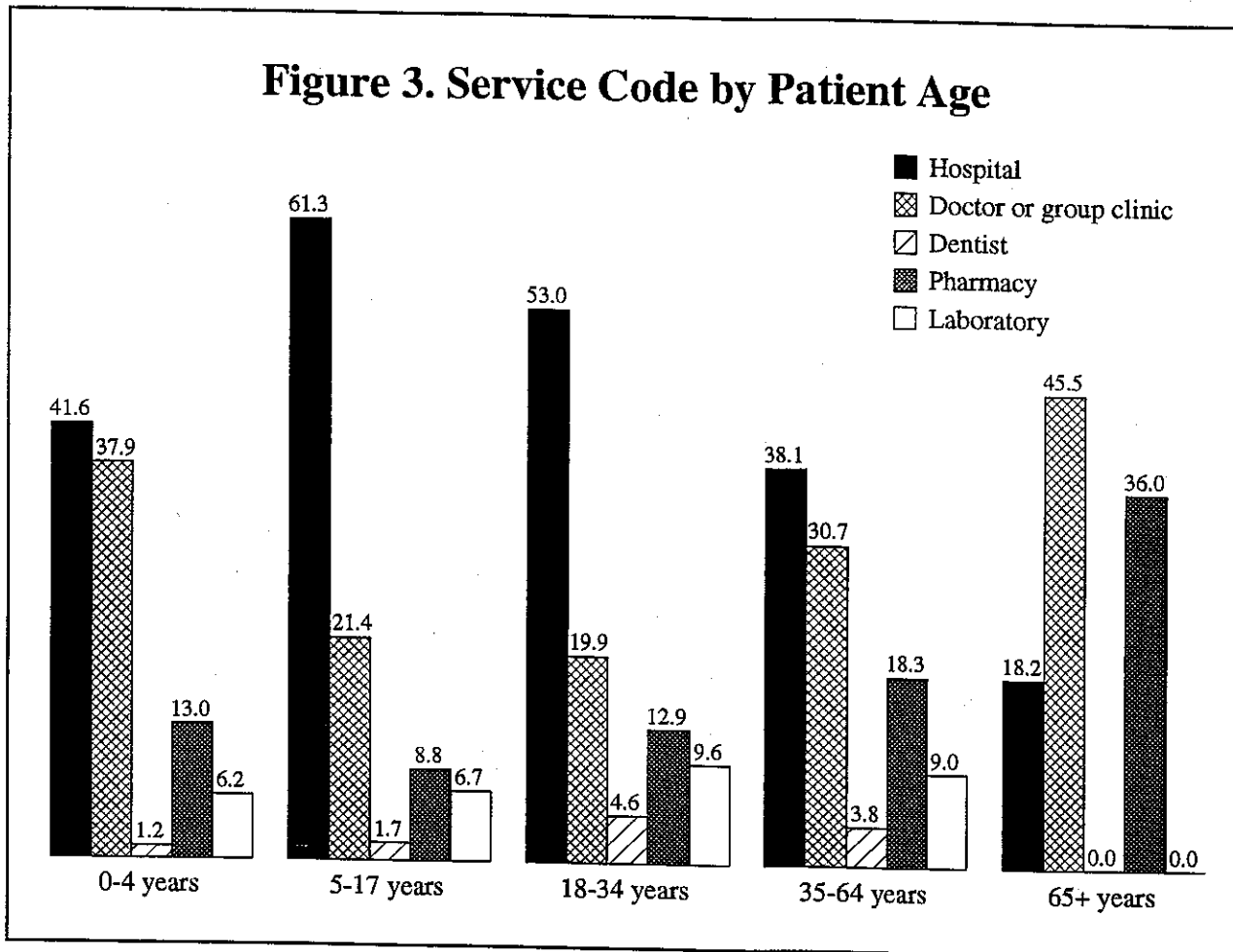
This section presents information about the health care services for which Family Health/La Clinica's vouchers were used in fiscal year 1992. La Clinica's voucher records include two related, but distinct, codes for looking at this aspect of utilization. First, a code denotes the type of health *service* for which the voucher was used. A separate code notes the kind of health care *provider* that submitted the voucher for payment. As the following tables and figures demonstrate, there is substantial overlap between "service code" and "provider type," especially in the area of dental care (nearly all dental services were obtained at dental practices).

However, this information also shows that the overlap is not perfect, since health care providers (such as hospitals and large clinics) may offer a wide range of services. For example, a voucher used at a hospital for laboratory work may thus have the code "hospital" for "provider type," while the "service code" is "laboratory." Conversely, some services commonly associated with hospitals (for instance, obstetrical and gynecological care) can also be obtained through individual doctors or group practices. Because the two codes (provider type and service code) do not match perfectly, the following tables and figures present information about each independently.

Figures 1 and 2 show that there is little difference in men's and women's utilization of vouchers for health care. The distribution of vouchers over the range of service codes is similar for men and women, as is the distribution of vouchers over the range of provider types. A more detailed breakdown of these service codes and provider types, crossclassified by sex, can be found in Appendix Tables A2 and A3. The detailed tables show that minor differences between the sexes may be attributed to women's use of such procedures as ultrasound and obstetrics/gynecology or delivery care at hospitals.



Figures 3 and 4 display the way vouchers were used by people in different age groups. There appears to be little systematic differentiation by age for use of the range of service codes or provider types. The service code information shows that in all but the oldest age group, the largest proportion of vouchers were used to obtain "hospital" services, and the second most common were doctor or clinic services. Vouchers given to older individuals were used equally for doctor (primary care) services and for prescriptions.



The provider type information shows that most of the vouchers were submitted by doctors or group clinics for all but the 5-17 year olds, who used hospitals most often. Hospitals comprise the second most common provider type for all but those 65 and older, who most likely have Medicare, which pays for hospitalization. For a more detailed cross-classification of the service codes and provider types by age groups, please see Appendix Tables A4 and A5.

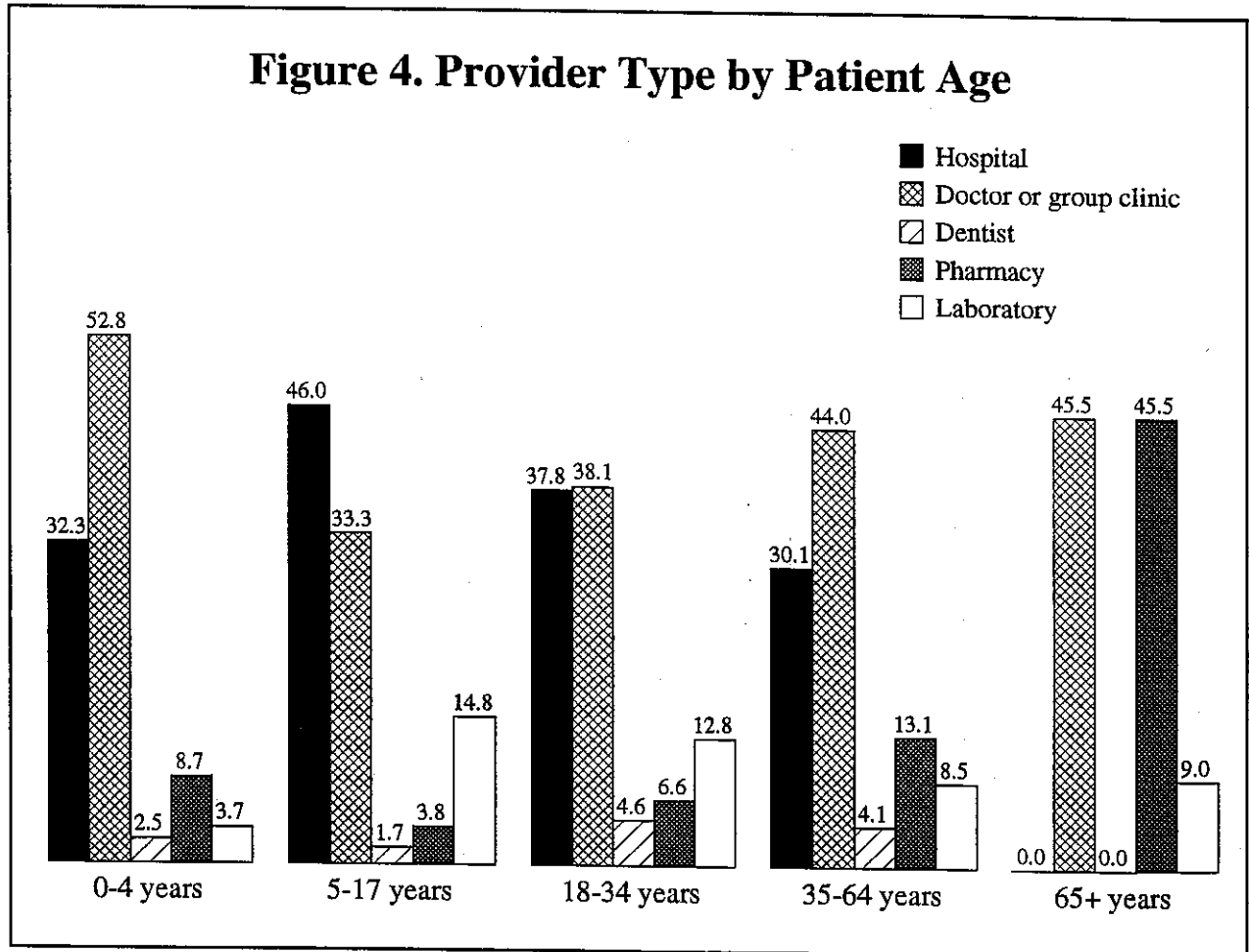


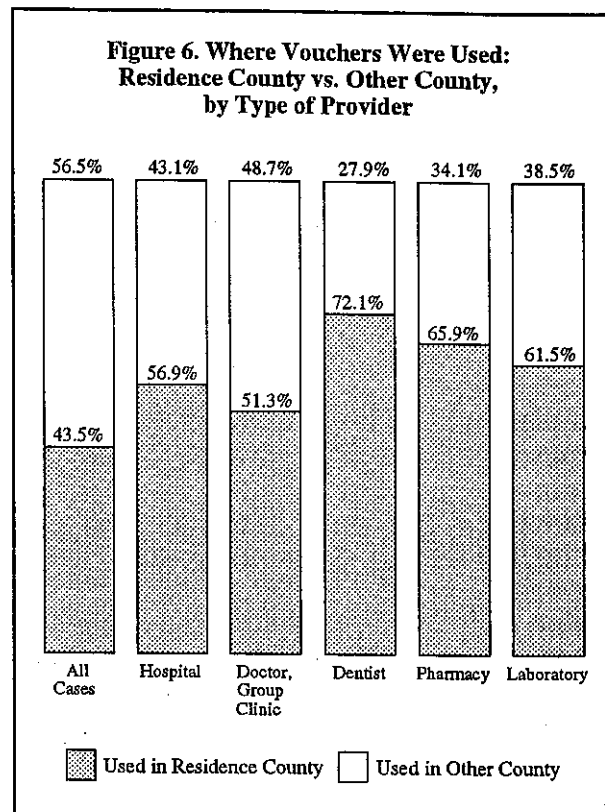
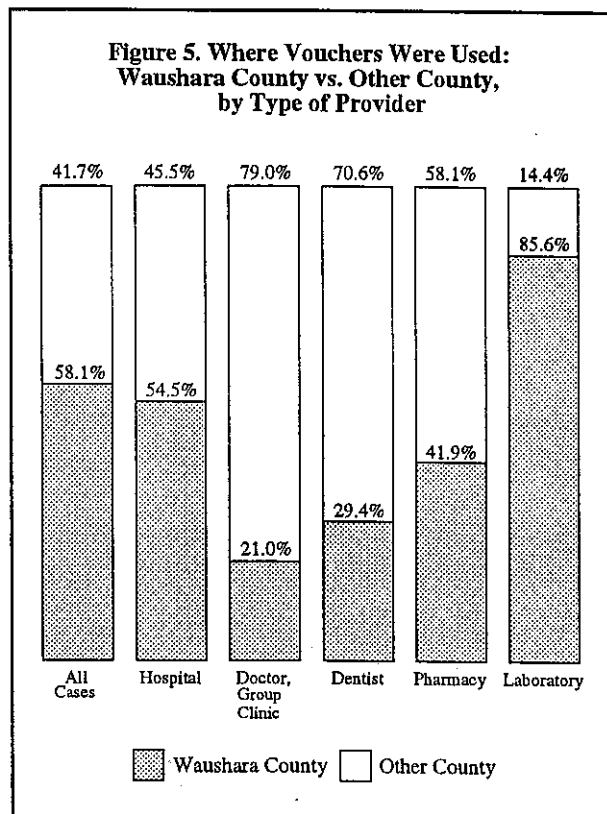
Table 3 shows the numbers of vouchers submitted in each Wisconsin county, cross-classified by the type of provider who submitted them. As Map 2 demonstrated above, voucher use is concentrated in a few counties in the south-central part of the state. Only providers in Waushara, Dane, Dodge, and Green Lake County submitted more than one hundred vouchers.

**Table 3. Type of Provider by County of Provider**

County of Provider	Hospital	Doctor/ Group Clinic	Dentist	Pharmacy	Lab	Unknown	Total
Columbia	7	52	5	24	3	0	91
Crawford	2	5	0	1	0	0	8
Dane	51	248	3	3	11	0	316
Dodge	108	58	14	17	8	0	205
Door	10	49	5	2	3	0	69
Green Lake	63	31	1	12	1	0	108
Jackson	3	8	3	5	0	0	19
Jefferson	13	40	3	0	0	0	56
Juneau	0	0	0	2	0	0	2
Marinette	0	0	1	0	0	0	1
Marquette	0	1	0	6	0	0	7
Outagamie	5	21	2	0	0	0	28
Ozaukee	7	30	0	9	0	0	46
Portage	10	3	1	4	0	0	18
Rock	3	3	0	0	1	0	9
Sheboygan	0	1	0	1	0	0	2
Trempealeau	0	1	0	0	0	0	1
Walworth	0	5	0	0	0	0	5
Waupaca	1	6	2	4	0	0	13
Waushara	341	155	20	70	160	5	751
Winnebago	2	22	6	3	0	0	33
Wood	0	0	0	2	0	0	2
Unknown	0	0	0	2	0	2	4
<b>Total</b>	<b>626</b>	<b>739</b>	<b>66</b>	<b>167</b>	<b>187</b>	<b>7</b>	<b>1,794</b>

Waushara County, the county with the largest number of migrant workers, and the home of Family Health/La Clinica, is the center of Wisconsin's migrant health system and has the heaviest voucher utilization. Many of the vouchers used at Waushara County hospitals and clinics reflect referrals by staff at La Clinica for specialized services such as x-ray, lab work, and obstetrics and gynecology which are not offered on site. Some Waushara County patients also use vouchers to obtain health services at other clinics and hospitals during times when La Clinica is closed.

Figure 5 presents this information in another way by dividing all vouchers into two groups based on whether they were used for care at practices located in Waushara or another county, and then cross-classifying them by the type of provider who submitted them. About 60 percent of all vouchers were submitted by Waushara County providers. More than 85 percent of laboratories submitting vouchers were located in Waushara County, as were about 55 percent of hospitals and 42 percent of pharmacies. However, only 21 percent of doctors and 29 percent of dentists who submitted vouchers were Waushara County providers.



Although the number of migrants residing in Dane County is small, Dane has the second highest concentration of voucher utilization. With the largest metropolitan area in the center of the state, Dane County contains the capital city, Madison, and the main campus of the University of Wisconsin and University Hospitals. It is home to many large clinics, group practices, HMOs, and hospitals. Migrant workers from surrounding counties often use vouchers to obtain care from Dane County providers rather than travel to La Clinica, and pregnant migrant women from many parts of the state travel to Dane County to give birth.

Figure 6 shows whether vouchers submitted by different types of provider were used in the residence or camp county of the migrant worker, or in another county. For all types of providers, more than half of the vouchers were used in the patient's residence or camp county. The highest proportion of vouchers used outside the patient's residence or camp county paid for dental care. Appendix Table A9 contains detailed cross-classifications of service code and provider type by the patient's residence county.



### III. AMOUNT OF BILL AND AMOUNT PAID BY VOUCHER

As indicated above, the voucher program provides federal funds to pay for migrant health care throughout the state of Wisconsin. Because these funds are limited, Family Health/La Clinica establishes guidelines each year designating payment limits for different kinds of health care. In most health service categories, these limits are somewhat lower than the prices normally charged by health care practitioners for their services. Providers are informed about the reimbursement schedule when they agree to participate in the voucher program, but the total amount billed for each client interaction is at the discretion of the provider. The voucher records show that most providers submit a bill for more than the reimbursement schedule allows. Thus, most payments made by La Clinica fall short of billed amounts. Table 4 summarizes this information.

**Table 4. Total Amount of Bill and Amount Paid by Voucher**

Average	Amount of Bill	Amount Paid
Median*	\$47	\$22
Range	\$0 - 7,984	\$0 - 979
Total of All Bills	\$226,867	\$83,833

\*Median is the midpoint of the range of voucher amounts. Half are above and half are below the median.

The median amount billed during fiscal year 1992 was \$47, and the total of all bills submitted was \$226,867. The median amount paid was \$22, for a total amount paid of \$83,833. Family Health/La Clinica paid an average of 60% of each voucher bill amount in 1992. The amounts billed and paid, and the mean percents paid, vary according to the type of service and the type of provider involved, as shown in Tables 5 and 6. Hospital bills and payment amounts tend to be the largest, while dentists are paid the highest proportion of the amounts they bill.

**Table 5. Amount Billed and Paid, and Percent Paid, by Service Code**

Service Code	Number	Median Amount Billed	Median Amount Paid	Mean Percent Paid
Hospital	798	\$66	\$46	65.7%
Doctor/Group	345	35	15	42.3
Dentist	52	46	35	70.0
Pharmacy	226	12	5	64.5
Laboratory	151	55	17	59.2
All Codes	1,578	\$47	\$22	60.0%

For a more detailed version of this table, please see Appendix Table A10.

**Table 6. Amount Billed and Paid, and Percent Paid, by Type of Provider**

Type of Provider	Number	Median Amount Billed	Median Amount Paid	Mean Percent Paid
Hospital	585	\$66	\$50	68.3%
Doctor/Group	616	45	15	47.8
Dentist	53	46	35	69.7
Pharmacy	129	10	5	63.5
Laboratory	187	27	20	68.5
All Types	1,578	\$47	\$22	60.6%

For a more detailed version of this table, please see Appendix Table A11.

Differences in the proportions paid for different kinds of service and to different types of provider may reflect practitioners' varying ways of coping with the voucher program's payment limits. Some may bill only for the amount they expect to be paid. Others, particularly dentists, may break the necessary work into two sessions in order to be able to submit separate bills for each procedure.<sup>2</sup>

Tables 7 and 8 present additional detail about the amounts of bills submitted and payments made for each service code and provider type. In these tables, the dollar amounts are grouped to show the relative totals billed and paid for each kind of care.

<sup>2</sup> Conversation with Ed Pflug, Director of Family Health/La Clinica, April, 1994.

**Table 7. Distribution of Amount Billed and Paid, by Service Code**

Amount Paid	Hospital		Doctor/Group		Dentist		Pharmacy		Laboratory	
	Billed	Paid	Billed	Paid	Billed	Paid	Billed	Paid	Billed	Paid
0-49	29.8%	56.7%	51.5%	72.2%	50.0%	82.8%	76.5%	83.0%	46.1%	79.2%
50-99	35.5	18.6	12.1	1.5	20.3	0.0	8.0	1.9	28.6	14.3
100-249	18.2	12.2	7.6	0.2	10.9	0.0	1.1	0.8	21.4	4.5
250-499	3.5	3.9	1.7	0.0	0.0	0.0	0.0	0.0	1.9	0.0
500-999	3.0	3.8	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1000-2499	3.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2500+	1.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Unknown	4.9	4.8	26.9	26.1	18.8	17.2	14.4	14.4	1.9	1.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 7 shows that most of the bills for all service codes totalled less than \$100, although over 20 percent of the bills for hospital and laboratory services totalled more than this. Hospital services accounted for most of the very expensive bills. Five percent of the hospital bills totalled \$1,000 or more. Appendix Tables A12 and A13 provide a more detailed breakdown of the service categories, showing that the cost of hospital services varies a great deal by type of service. Briefly, in-patient treatment was most costly, with 60 percent of those bills totalling \$1,000 or more. Surgical charges tended to total \$500 or more. In contrast, most emergency room charges were less than \$250, as were nearly all emergency room physician charges.

Payment amounts for all service codes are clustered in the "under \$50" category, with nearly all of the amounts paid totalling less than \$100. Hospital services prove an exception here as well, with about twenty percent of payments totalling more than \$100. Table 8 demonstrates a similar pattern for the bill and payment amounts for the different provider types.

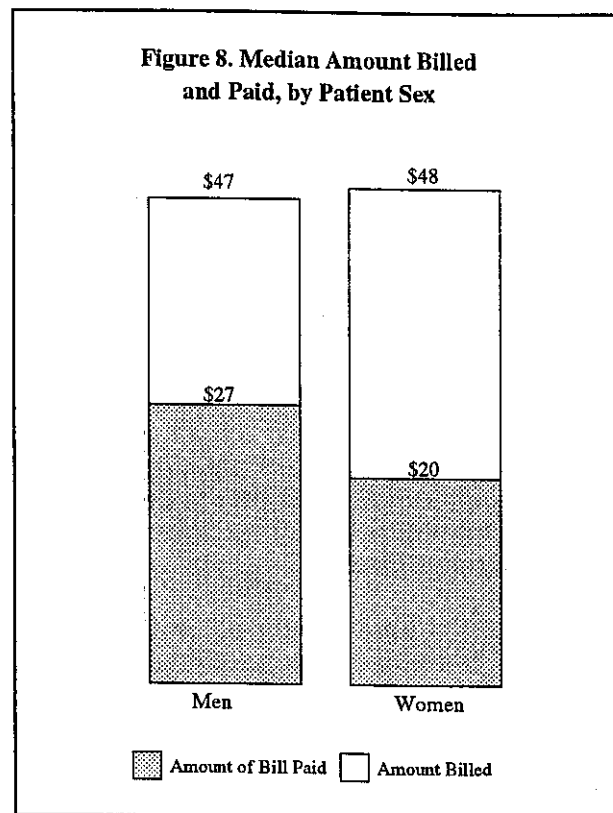
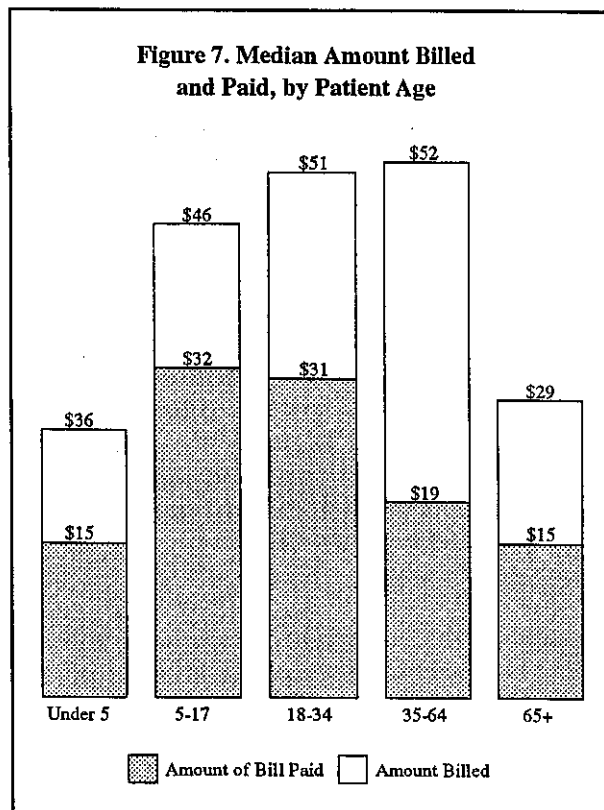
**Table 8. Distribution of Amount Billed and Paid, by Type of Provider**

Amount Paid	Hospital		Doctor/Group		Dentist		Pharmacy		Laboratory	
	Billed	Paid	Billed	Paid	Billed	Paid	Billed	Paid	Billed	Paid
0-49	29.9%	53.4%	43.7%	73.6%	48.5%	79.4%	74.3%	76.6%	69.5%	80.2%
50-99	33.5	17.7	22.6	6.2	19.1	0.0	1.8	0.0	21.4	17.6
100-249	19.3	14.2	11.8	2.6	10.3	0.0	1.2	0.6	8.0	1.6
250-499	3.4	3.4	2.4	1.4	0.0	0.0	0.0	0.0	0.5	0.5
500-999	1.6	5.0	1.9	0.1	0.0	0.0	0.0	0.0	0.5	0.0
1000-2499	3.7	0.0	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2500+	2.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Unknown	6.5	6.4	16.6	16.1	22.1	20.6	22.8	22.8	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

For further detail, please see Appendix Tables A14 and A15.

Figure 7 depicts the way bill and payment amounts are distributed across the different patient age groups. Based on median amounts billed and paid, the largest proportion of the bills is paid for children 5-17 years of age (the median amount paid is \$32 on median bill size of \$46). The largest bills, and the smallest median payment (\$19 on a median bill size of \$52) pertain to adult patients aged 35 to 64.<sup>3</sup>

Figure 8 shows that the median amounts billed are approximately equal for men and women, though a somewhat higher median amount of the bills incurred by men was paid.<sup>4</sup>



<sup>3</sup> These proportions based on median amounts paid are similar to the proportions paid as calculated by taking the average (mean) of the amount paid for each individual bill. Appendix Table A16 contains information about the payment of bills, including the mean percents paid for each age group.

<sup>4</sup> Appendix Table A17 contains a calculation of the proportions paid for vouchers used by men and women. Based on the mean of amounts paid for each individual voucher, the proportions paid for men's and women's vouchers are about equal.

The proportion of voucher bill amounts which were paid varied somewhat by the location of the provider, as well. Table 9 shows that providers located in Waushara County received a substantially higher proportion of the amounts of their bills -- 70.4 percent compared to 51.5 percent for providers in other counties. This is probably due to the fact that nearly half of all vouchers used in Waushara County were for hospital services, which are generally paid at a relatively high rate (65% of hospital bills are paid on average, compared to 60% of all kinds of bills together). It is also possible that Waushara County providers, who have especially long experience working with patients referred by La Clinica, have adapted their billing procedures to more closely parallel the official payment limits established by La Clinica.

**Table 9. Percentage of Total Bill Paid, by Location of Provider**

Provider County	Number	Mean Percent Paid
Waushara providers	702	70.4%
Other county providers	868	51.5
All Cases	1,570	60.0%

## DISCUSSION

Our analysis of voucher records from Family Health/La Clinica, Wisconsin's federally funded migrant clinic, provides descriptive information about the use of vouchers to pay for migrant workers' health care. It gives us a sense of how voucher payments are distributed around the state, how utilization of vouchers is distributed by age and sex, and how La Clinica's payment system disburses migrant health funds to different types of providers.

We found that most vouchers are issued to pay for procedures and services which Family Health/La Clinica cannot provide on-site. Although one important impetus for the voucher program is the desire to improve the health care access of migrant workers outside La Clinica's nine-county primary service area, only twenty percent of all 1992 vouchers were used in outlying counties. More than eighty percent were issued to pay for referrals to medical care within the primary service area, which is where most of the state's migrants are located. La Clinica continues to serve as an important source of primary care for migrant workers, and the introduction of vouchers to pay for off-site care serves more to augment the clinic's work than to replace it.

The number of vouchers issued has increased since we began the research funded by our current AHCPH grant. Data from our 1989 Migrant Health Survey indicated that migrant workers were relatively unfamiliar with the then-new practice of paying for health care with vouchers issued by Family Health/La Clinica. Migrant workers who had received vouchers reported mixed experiences in using private practices for health care, primarily due to language and cultural differences. But the number of vouchers issued continues to grow each season, and by Fiscal Year 1992 La Clinica was processing nearly 1800 vouchers. Presumably, the use of vouchers has become more familiar to migrant workers and private practitioners alike.

However, this basic voucher information does not, by itself, allow us to analyze more qualitative questions about the effectiveness of the voucher program or about ways it may be changing the provision of health care to migrant workers in Wisconsin. Rural health care providers are often unprepared to meet the special needs of migrant workers, especially in the areas of language, literacy, and cultural understandings of health and health care. Voucher programs can, theoretically, be used to encourage local providers to address these special needs -- in fact, the Bureau of Primary Health Care (BPHC), a branch of Department of Health and Human Services (DHHS) which administers funds to migrant programs and regulates their use, requires migrant health services which include a voucher component to develop "a plan for increasing the sensitivity of local providers to the health problems of migrant workers" (BPHC Guidelines, 1994, pg. 8). La Clinica's outreach mission includes such work with providers, but we have no information about the extent to which such efforts are effective. We know only that these problems can be persistent. In its 1990 grant application, Family Health/La Clinica expressed concern about the inability of a voucher system by itself to overcome traditional non-financial problems which create barriers to care for migrant workers. It seems that migrants with limited English facility, limited literacy, and inadequate transportation might be better served by the reestablishment of remote or satellite migrant clinics than by a voucher system which requires them to see non-Spanish speaking providers. La Clinica currently uses a trailer or mobile medical unit to try to reach migrant workers who might otherwise fall through the cracks.

Further research to address these more qualitative questions would be helpful for providers and health care administrators in Wisconsin, and could have implications far beyond the state's boundaries. Based on what we have learned thus far, we especially recommend further qualitative research to explore two key aspects of Wisconsin's voucher experience: migrant worker utilization and satisfaction, and private practitioner implementation and adaptation. Although our 1989 data speak in a limited way to the first of these aspects, a need persists for updated, more thorough information about migrant workers' experience of these programs. More work is also needed to address the complete dearth of data on the experience of practitioners.

To best investigate the effectiveness of voucher programs, we recommend the collection of comparative data, from Wisconsin and from other state or regional migrant health programs. Data available in Wisconsin, compared to that from other migrant health care voucher programs, offer a unique opportunity to explore the question of how national and state health care reform efforts should handle the provision of care to underserved and indigent populations. Voucher programs can be seen as an experiment in partially "mainstreaming" a group whose access to private practices has been extremely limited in the past. In the Wisconsin case, the mainstreaming process is mitigated by the continued operation of La Clinica as a key primary care facility and as a link between migrant workers and private practices. It would be extremely useful to know more about how other programs and communities have worked to meet the twin goals of universalizing access to private practitioners and recognizing the special needs of minority populations.

## APPENDIX

Table A1. Distribution of Vouchers by Patient's Residence County and Provider's County

County	Patient's Residence		Provider	
	Number	Percent	Number	Percent
Adams	13	0.7	0	0.0
Columbia	177	10.0	91	5.1
Crawford	8	0.4	8	0.4
Dane	26	1.4	316	17.6
Dodge	119	6.6	205	11.4
Door	53	3.0	69	3.8
Fond du Lac	6	0.3	0	0.0
Green Lake	130	7.4	108	6.0
Jackson	25	1.4	19	1.1
Jefferson	69	3.8	56	3.1
Juneau	18	1.0	2	0.1
Marinette	1	0.1	1	0.1
Marquette	110	6.1	7	0.4
Milwaukee	4	0.2	0	0.0
Outagamie	88	4.9	28	1.6
Ozaukee	56	3.1	46	2.6
Portage	78	4.3	18	1.0
Rock	0	0.0	9	0.5
Sheboygan	7	0.4	2	0.1
Trempealeau	0	0.0	1	0.1
Walworth	13	0.7	5	0.3
Waukesha	3	0.2	0	0.0
Waupaca	36	2.0	13	0.7
Waushara	713	40.0	751	41.9
Winnebago	22	1.2	33	1.8
Wood	12	0.7	2	0.1
Unknown	7	0.4	4	0.2
Total	1,794	100.0%	1,794	100.0%

**Table A2. Detailed Service Code by Sex of Patient**

Service Code	Total N	Total %	Men		Women	
			N	%	N	%
E.R. Services & MD	291	16.2	144	17.7	147	15.0
In-Patient Hospital	63	3.5	24	3.0	39	4.0
In-Patient Doctor	40	2.2	15	1.8	25	2.5
In-Patient OB/Delivery	3	0.2	0	0.0	3	0.3
In-Patient Surgery	16	0.9	12	1.5	4	0.4
Anesthetist	4	0.2	0	0.0	4	0.4
X-Ray	197	11.0	120	14.8	77	7.8
X-Ray Interpretation	184	10.3	88	10.8	96	9.8
Ultrasound	41	2.3	0	0.0	41	4.2
Doctor, Group Clinic	472	26.2	189	23.3	283	28.9
Dentist	64	3.6	41	5.0	23	2.3
Pharmacy	264	14.7	118	14.5	146	14.9
Laboratory	154	8.6	61	7.5	93	9.5
Unknown	1	0.1	1	0.1	4	0.4
Total	1,794	100.0%	813	100.0%	981	100.0%

**Table A3. Detailed Type of Provider by Sex of Patient**

Type of Provider	Total N	Total %	Men		Women	
			N	%	N	%
Hospital	626	35.0	290	35.6	336	34.2
Individual MD	85	4.7	29	3.6	56	5.7
Group, Clinic	607	33.8	270	33.3	337	34.4
Optometrist	47	2.6	16	2.0	31	3.2
Individual Dentist	62	3.5	39	4.8	23	2.3
Dental Clinic	6	0.3	5	0.6	1	0.1
Pharmacy	167	9.3	70	8.6	97	9.9
Laboratory	187	10.4	91	11.2	96	9.8
Unknown	7	0.4	3	0.3	4	0.4
Total	1,794	100.0%	813	100.0%	981	100.0%



**Table A4. Detailed Service Code by Patient Age**

Service Code	Under 5		5 to 17		18 to 34		35 to 64		65 +	
	N	%	N	%	N	%	N	%	N	%
ER Services, MD	32	19.9	51	21.4	118	18.2	90	12.2	0	0.0
IP Hospital	7	4.3	4	1.7	23	3.5	29	4.0	0	0.0
IP Doctor	5	3.1	6	2.5	8	1.2	21	2.9	0	0.0
IP-OB/Delivery	1	0.6	1	0.4	1	0.2	0	0.0	0	0.0
IP Surgery	1	0.6	1	0.4	9	1.4	5	0.7	0	0.0
Anesthetist	1	0.6	0	0.0	0	0.0	3	0.4	0	0.0
X-ray	15	9.3	41	17.2	79	12.2	61	8.3	1	9.1
X-ray Interp.	5	3.1	36	15.1	83	12.8	59	8.0	1	9.1
Ultrasound	0	0	6	2.5	23	3.5	12	1.6	0	0.0
Doctor, Group	61	37.9	51	21.4	129	19.9	225	30.7	5	45.5
Dentist	2	1.2	4	1.7	30	4.6	28	3.8	0	0.0
Pharmacy	21	13.0	21	8.8	84	12.9	134	18.3	4	36.4
Laboratory	10	6.2	16	6.7	62	9.6	66	9.0	0	0.0
Unknown	0	0.0	0	0.0	0	0.0	1	0.1	0	0.0
<b>Total</b>	<b>161</b>	<b>100.0</b>	<b>238</b>	<b>100.0</b>	<b>649</b>	<b>100.0</b>	<b>734</b>	<b>100.0</b>	<b>11</b>	<b>100.0</b>

**Table A5. Detailed Type of Provider by Patient Age**

Type of Provider	Under 5		5 to 17		18 to 34		35 to 64		65 +	
	N	%	N	%	N	%	N	%	N	%
Hospital	52	32.3	109	45.8	245	37.6	220	30.0	0	0.0
Individual MD	22	13.7	6	2.5	27	4.2	29	4.0	0	0.0
Group, Clinic	62	38.5	65	27.3	214	33.0	262	35.7	4	36.4
Optometrist	1	0.6	8	3.4	6	0.9	31	4.2	1	9.1
Individual Dentist	4	2.5	4	1.7	29	4.5	25	3.4	0	0.0
Dental Clinic	0	0.0	0	0.0	1	0.2	5	0.7	0	0.0
Pharmacy	14	8.7	9	3.8	43	6.6	96	13.1	5	45.4
Laboratory	6	3.7	35	14.7	83	12.8	62	8.4	1	9.1
Unknown	0	0.0	2	0.8	1	0.2	4	0.5	0	0.0
<b>Total</b>	<b>161</b>	<b>100.0</b>	<b>238</b>	<b>100.0</b>	<b>649</b>	<b>100.0</b>	<b>734</b>	<b>100.0</b>	<b>11</b>	<b>100.0</b>

**Table A6. Detailed Service Code by Provider County (Waushara/Not Waushara)**

<u>Service Code</u>	<u>Waushara County</u>		<u>Other County</u>		<u>Total</u>	
	N	%	N	%	N	%
ER Services & MD	155	53.3	136	46.7	291	100.0
In-Patient Hospital	13	20.6	50	79.4	63	100.0
In-Patient Doctor	7	17.5	33	82.5	40	100.0
In-Patient OB/Deliv	3	100.0	0	0.0	3	100.0
In-Patient Surgery	3	18.8	13	81.3	16	100.0
Anesthetist	0	0.0	4	100.0	4	100.0
X-Ray	131	66.5	66	33.5	197	100.0
X-Ray Interp	159	86.4	25	13.6	184	100.0
Ultrasound	32	78.0	9	22.0	41	100.0
Doctor, Group	55	11.7	417	88.3	472	100.0
Dentist	18	28.1	46	71.9	64	100.0
Pharmacy	139	52.7	125	47.3	264	100.0
Laboratory	35	22.7	119	77.3	154	100.0
Unknown	1	100.0	0	0.0	1	100.0
Total	751	41.8	1,043	58.2	1,794	100.0

**Table A7. Detailed Type of Provider by Provider County (Waushara/Not Waushara)**

<u>Provider Type</u>	<u>Waushara County</u>		<u>Other County</u>		<u>Total</u>	
	N	%	N	%	N	%
Hospital	341	54.5	285	45.5	626	100.0
Individual MD	0	0	85	100.0	85	100.0
Group, Clinic	138	22.7	469	77.3	607	100.0
Optometrist	17	32.6	30	63.8	47	100.0
Individual Dentist	20	32.3	42	67.7	62	100.0
Dental Clinic	0	0	6	100.0	6	100.0
Pharmacy	70	41.9	97	58.1	167	100.0
Laboratory	160	85.6	27	14.4	187	100.0
Unknown	5	71.4	2	28.6	7	100.0
Total	751	41.9	1,043	58.1	1,794	100.0

**Table A8. Detailed Service Code by Patient's County of Residence vs. Other County**

<u>Service Code</u>	<u>Residence County</u>		<u>Other County</u>		<u>Total</u>	
	N	%	N	%	N	%
ER Services & MD	162	55.7	129	44.3	291	100.0
In-Patient Hospital	20	31.7	43	68.3	63	100.0
In-Patient Doctor	16	40.0	24	60.0	40	100.0
In-Patient OB/Deliv	1	33.3	2	66.7	3	100.0
In-Patient Surgery	5	31.3	11	68.8	16	100.0
Physical Therapy	0	0.0	4	100.0	4	100.0
X-Ray	122	61.9	75	38.1	197	100.0
X-Ray Interp	114	62.0	70	38.0	184	100.0
Ultrasound	19	46.3	22	53.7	41	100.0
Doctor, Group	250	53.0	222	47.0	472	100.0
Dentist	47	73.4	17	26.6	64	100.0
Pharmacy	179	67.8	85	32.2	264	100.0
Laboratory	80	51.9	74	48.1	154	100.0
Unknown	0	0.0	1	0.1	1	100.0
Total	1,015	56.6	779	43.4	1,794	100.0

**Table A9. Detailed Type of Provider by Patient's County of Residence vs. Other County**

<u>Provider Type</u>	<u>Residence County</u>		<u>Other County</u>		<u>Total</u>	
	N	%	N	%	N	%
Hospital	356	56.9	270	43.1	626	100.0
Individual MD	68	80.0	17	20.0	85	100.0
Group, Clinic	284	46.8	323	53.2	607	100.0
Optometrist	27	57.4	20	42.6	47	100.0
Individual Dentist	43	69.4	19	30.6	62	100.0
Dental Clinic	6	100.0	0	0.0	6	100.0
Pharmacy	110	65.9	72	38.5	167	100.0
Laboratory	115	61.5	72	38.5	187	100.0
Unknown	6	85.7	1	14.3	7	100.0
Total	1,015	56.5	779	43.5	1,794	100.0

**Table A10. Amount Billed and Paid, and Percent Paid, by Detailed Service Code**

Service Code	Number*	Amount Billed		Amount Paid		Mean Percent Paid
		Median	Total	Median	Total	
ER Services & MD	269	\$59	\$22,718	\$44	\$16,927	74.3%
IP-Hospital	58	1,361	110,508	493	22,892	34.1
IP-Doctor	40	78	6,835	25	1,275	33.4
IP-OB/Delivery	2	307	613	133	265	46.4
IP-Surgery	15	530	8,878	106	2,132	26.5
Anesthetist	4	328	1,325	66	265	20.0
X-Ray	188	66	19,522	50	12,718	68.9
X-Ray Interp	184	27	9,431	20	5,926	69.9
Ultrasound	39	233	8,881	175	6,402	72.2
Doctor/Group	342	35	20,175	15	5,936	42.3
Dentist	52	46	3,044	35	1,694	70.0
Pharmacy	226	12	4,819	5	2,396	64.5
Laboratory	151	55	10,118	17	5,005	59.2
All Cases	1,570	\$47	\$226,867	\$22	\$83,833	60.0%

\* Number of cases reported here include only those vouchers with complete financial information. Thus the number may differ from those reported in other tables.

**Table A11. Amount Billed and Paid, and Percent Paid, by Detailed Provider Type**

Service Code	Number*	Amount Billed		Amount Paid		Mean Percent Paid
		Median	Total	Median	Total	
Hospital	586	\$66	\$151,539	\$50	\$55,347	68.3%
Individual MD	65	32	3,989	15	1,781	57.2
Group/Clinic	506	52	53,961	15	17,366	45.7
Optometrist	42	30	1,847	15	600	59.3
Individual Dentist	47	46	2,715	35	1,518	70.3
Dental Clinic	6	62	358	35	191	64.3
Pharmacy	129	10	2,040	5	906	63.5
Laboratory	187	27	9,812	20	5,766	68.5
All Cases	1,578	\$47	\$226,867	\$22	\$83,833	60.0%

\* Number of cases reported here include only those vouchers with complete financial information. Thus the number may differ from those reported in other tables.

**Table A12. Distribution of Amount Billed by Detailed Service Code**

<u>Bill Amount</u>	<u>E.R.</u>		<u>E.R.Phys</u>		<u>In-P: Hosp</u>		<u>In-P:M.D.</u>		<u>OB/Deliv</u>		<u>In-P Surgery</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
\$0-49	83	47.7	20	17.4	1	1.6	2	5.0	1	33.3	0	0.0
\$50-99	27	15.5	67	58.3	0	0.0	25	62.5	0	0.0	4	25.0
\$100-249	34	19.5	26	22.6	4	6.3	9	22.5	0	0.0	2	12.5
\$250-499	7	4.0	2	1.7	3	4.8	1	2.5	0	0.0	1	6.3
\$500-999	0	0.0	0	0.0	12	19.0	1	2.5	1	33.3	6	37.5
\$1000-2499	0	0.0	0	0.0	25	39.7	2	5.0	0	0.0	2	12.5
\$2500-4999	0	0.0	0	0.0	13	20.6	0	0.0	0	0.0	0	0.0
Unknown	23	13.2	0	0.0	5	7.9	0	0.0	1	33.3	1	6.3
Total	174	100.0%	115	100.0%	63	100.0%	40	100.0%	3	100.0%	16	100.0%

<u>Bill Amount</u>	<u>X-Ray</u>		<u>X-Ray Interp.</u>		<u>Ultrasound</u>		<u>Doctor, Group</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
\$0-49	14	7.1	129	70.1	0	0.0	243	51.5
\$50-99	135	68.5	39	21.2	0	0.0	57	12.1
\$100-249	29	14.7	14	7.6	34	82.9	36	7.6
\$250-499	6	3.0	1	0.5	5	12.2	8	1.7
\$500-999	3	1.5	1	0.5	0	0.0	1	0.2
\$1000-2499	1	0.5	0	0.0	0	0.0	0	0.0
\$2500-4999	0	0.0	0	0.0	0	0.0	0	0.0
Unknown	9	4.6	0	0.0	2	4.9	127	26.7
Total	197	100.0%	184	100.0%	41	100.0%	472	100.0%

<u>Bill Amount</u>	<u>Dentist</u>		<u>Pharmacy</u>		<u>Laboratory</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
\$0-49	32	50.0	202	76.5	71	46.1
\$50-99	13	20.3	21	8.0	44	28.6
\$100-249	7	10.9	3	1.1	33	21.4
\$250-499	0	0.0	0	0.0	3	1.9
\$500-999	0	0.0	0	0.0	0	0.0
\$1000-2499	0	0.0	0	0.0	0	0.0
\$2500-4999	0	0.0	0	0.0	0	0.0
Unknown	12	18.8	38	14.4	3	1.9
Total	64	100.0%	264	100.0%	154	100.0%

Table A13 Distribution of Amount Paid by Detailed Service Code

<u>Bill Amount</u>	<u>E.R.</u>		<u>E.R.Phys</u>		<u>In-P: Hosp</u>		<u>In-P:M.D.</u>		<u>OB/Deliv</u>		<u>In-P Surgery</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
\$0-49	96	55.2	72	62.6	2	3.2	31	77.5	1	33.3	6	37.5
\$50-99	31	17.8	28	24.3	2	3.2	8	20.0	0	0.0	1	6.3
\$100-249	21	12.1	14	12.2	6	9.5	1	2.5	0	0.0	3	18.8
\$250-499	4	2.3	1	0.9	19	30.2	0	0.0	1	33.3	5	31.3
\$500-999	0	0.0	0	0.0	29	46.0	0	0.0	0	0.0	0	0.0
Unknown	22	12.6	0	0.0	5	7.9	0	0.0	1	33.3	1	0.5
Total	174	100.0	115	100.0	63	100.0	40	100.0	3	100.0	16	100.0

<u>Bill Amount</u>	<u>X-Ray</u>		<u>X-Ray Interp.</u>		<u>Ultrasound</u>		<u>Doctor, Group</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
\$0-49	121	61.4	144	78.3	2	4.9	341	72.2
\$50-99	48	24.4	35	19.0	2	4.9	7	1.5
\$100-249	15	7.6	4	2.2	1	2.4	1	0.2
\$250-499	1	0.5	1	0.5	35	85.4	0	0.0
\$500-999	3	1.5	0	0.0	1	2.4	0	0.0
Unknown	9	4.6	0	0.0	2	4.9	123	26.1
Total	197	100.0	184	100.0	41	100.0	472	100.0

<u>Bill Amount</u>	<u>Dentist</u>		<u>Pharmacy</u>		<u>Laboratory</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
\$0-49	53	82.8	219	83.0	122	79.2
\$50-99	0	0.0	5	1.9	22	14.3
\$100-249	0	0.0	2	0.8	7	4.5
\$250-499	0	0.0	0	0.0	0	0.0
\$500-999	0	0.0	0	0.0	0	0.0
Unknown	11	17.2	38	14.4	3	1.9
Total	64	100.0	264	100.0	154	100.0

Table A14. Distribution of Amount Billed by Detailed Type of Provider

Bill Amt	Hospital		Indiv MD		Clinic		Optom.		Dentist		Pharmacy	
	N	%	N	%	N	%	N	%	N	%	N	%
\$0-49	187	29.9	54	63.5	235	38.7	34	72.3	30	48.4	124	74.6
\$50-99	210	33.5	9	10.6	157	25.9	1	2.1	10	16.1	3	1.8
\$100-249	121	19.3	2	2.4	78	12.9	7	14.9	7	11.3	2	1.2
\$250-499	21	3.4	0	0.0	18	3.0	0	0.0	0	0.0	0	0.0
\$500-999	10	1.6	2	2.4	12	2.0	0	0.0	0	0.0	0	0.0
\$1000-2499	23	3.7	0	0.0	7	1.2	0	0.0	0	0.0	0	0.0
\$2500-4999	13	2.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unknown	41	6.5	18	21.2	100	16.5	5	10.6	15	24.2	38	22.8
Total	626	100.0	85	100.0	607	100.0	47	100.0	62	100.0	167	100.0

Table A15. Distribution of Amount Paid by Detailed Type of Provider

Bill Paid	Hospital		Indiv MD		Clinic		Optom.		Dentist		Pharmacy	
	N	%	N	%	N	%	N	%	N	%	N	%
\$0-49	334	53.4	61	71.8	441	72.7	42	89.4	48	77.4	128	76.6
\$50-99	111	17.7	3	3.5	43	7.1	0	0.0	0	0.0	0	0.0
\$100-249	89	14.2	1	1.2	18	3.0	0	0.0	0	0.0	1	0.6
\$250-499	21	3.4	2	2.4	8	1.3	0	0.0	0	0.0	0	0.0
\$500-999	31	5.0	0	0.0	1	0.2	0	0.0	0	0.0	0	0.0
Unknown	40	6.4	18	21.2	96	15.8	5	10.6	14	22.6	38	22.8
Total	626	100.0	85	100.0	607	100.0	47	100.0	62	100.0	167	100.0

**Table A16. Amount Billed and Paid, and Percent Paid, by Patient Age**

Service Code	Number*	Amount Billed		Amount Paid		Mean Percent Paid
		Median	Total	Median	Total	
Less than 5 yrs.	144	\$36	\$14,040	\$15	\$6,635	59.1%
5-17 yrs.	214	46	21,563	32	10,738	67.5
18-34 yrs.	568	51	79,591	31	32,540	64.1
35-64 yrs.	637	52	111,456	19	33,813	54.0
65+ yrs.	7	29	217	15	107	46.9
All Cases	1,570	\$47	\$226,867	\$22	\$83,833	\$60.0%

\* Number of cases reported here include only those vouchers with complete financial information. Thus the number may differ from those reported in other tables.

**Table A17. Amount Billed and Paid, and Percent Paid, by Patient Sex**

Service Code	Number*	Amount Billed		Amount Paid		Mean Percent Paid
		Median	Total	Median	Total	
Men	712	\$47	\$97,717	\$27	\$37,077	61.0%
Women	858	48	129,150	20	46,756	59.1
All Cases	1,570	\$47	\$226,867	\$22	\$83,833	60.0%

\* Number of cases reported here include only those vouchers with complete financial information. Thus the number may differ from those reported in other tables.