

Charity Care Report

San Francisco Hospitals

Fiscal Year 2008

Prepared by
the San Francisco Department of Public Health
Office of Policy and Planning

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- Attachment A: Summary of Charity Care Ordinance
- Attachment B: Summary of Reporting Hospitals’ Charity Care Policies in Effect in FY 2008

Fiscal Year 2008 San Francisco Hospitals Charity Care Report

I. INTRODUCTION

This report was designed to meet the requirements of San Francisco Ordinance Number 163-01, the Charity Care Policy Reporting and Notice Requirement Ordinance (the Charity Care Ordinance), promulgated by the Board of Supervisors in 2001. It first explains hospital charity care policies and provides descriptions of each of the hospitals that contributed to this report. It then presents details regarding the hospitals' charity care applications and services, with analysis by location; followed by data on expenditures with a comparison by size of facility.

This is the eighth annual report pursuant to the Charity Care Ordinance. The San Francisco Department of Public Health (DPH) works closely with the local hospitals each year to produce this report, with a goal toward improving it each year. (See Attachment A for a summary of the Ordinance and more about the report.) Toward this end there is a Charity Care Project committee that provides a forum to discuss issues related to the Charity Care Ordinance, and to develop the report. In addition, there is the San Francisco Community Benefits Partnership (SFCBP), a public-private policy organization that reports independently on hospital community benefits. It seeks to harness the collective energy and resources of San Francisco's private non-profit hospitals, City departments (Public Health and Human Services), community clinics, health plans, and non-profit providers and advocacy groups to improve the health status of San Francisco residents.

Like last year, the report focuses exclusively on charity care, excluding other community benefits (e.g., education expenses, donations to community providers, etc). Charity care is defined as emergency, inpatient or outpatient medical care, including ancillary services, provided to those who cannot afford to pay and without expectation of reimbursement. Healthy San Francisco, while an important component of charity care among the City's health care providers, was initiated in 2008. During this time, the program was primarily enrolling patients in medical homes connected only to San Francisco General Hospital. SFGH's data found in this report reflects services provided through HSF. Because hospitals define a fiscal year differently, and because the program was just ramping up, the other hospitals have not included any HSF data in their charity care reporting for 2008, but will do so in 2009.

While the inception of the Charity Care report was 2001, this report provides trend analysis from 2005. This is similar to last year's report, which went back three years to 2004. As was reported last year, 2004 was an improvement in terms of data reporting at many of the hospitals. The 2005 data was even stronger in this regard. Past years' data can be found online (www.dph.org), in past Charity Care reports.

According to directives from the San Francisco Health Commission, this report was prepared by DPH as part of the Charity Care subcommittee of the SFCBP. The subcommittee includes the following organizations: California Pacific Medical Center, Chinese Hospital, Consumers Union, Health Access, the Hospital Council of Northern and Central California, Kaiser Permanente, Operation Access, Saint Francis Memorial Hospital, San Francisco Community Clinic Consortium, the San Francisco Department of Public Health, San Francisco Medical Society, Service Employees'

International Union United Health Care Workers – West (SEIU UHW), St. Mary’s Medical Center, and the University of California, San Francisco Medical Center. DPH greatly appreciates the participation of representatives from all of these organizations in the production of this report.

A. Hospital Charity Care Policies

All reporting hospitals submitted copies of their charity care policies to the Department of Public Health pursuant to the Charity Care Ordinance. Regarding thresholds for care, they exceed the requirements of California statute (AB 774), which is to provide free or discounted care to patients earning up to 350 percent of the federal poverty level (FPL). All San Francisco hospitals provide free care to patients earning 200 percent FPL, with many going above this level up to 350 percent FPL (Chinese Hospital) or 400 percent FPL (CPMC/St. Luke’s). Additionally, all San Francisco hospitals provide sliding scale or discounted care on a case-by-case basis to individuals earning up to 500 percent FPL.

Regarding hospital charity care processes and procedures, few significant differences exist among San Francisco’s reporting hospitals except the length of time an application remains valid. At all hospitals, charity care patients must go through an application process, and provide some proof of income. A summary of the key components in hospitals’ charity care policies effective for fiscal year 2008 appears as Attachment B to this report.

1. Posting and Notification Requirements

The Charity Care Ordinance requires that each hospital notify patients of that hospital’s policies on charity care, through visually prominent signage in common patient areas, and by verbally explaining the policy through the admissions process. In order to confirm compliance, DPH staff visited all San Francisco hospitals in 2004, 2007 and most recently in September, 2009. Compliance requires that hospitals notify patients about charity care policies in at least English, Spanish and Chinese in a number of locations (including the Emergency Department, Admissions and Billing Offices, Outpatient Areas, etc.). The result of this last review was that all hospitals were in compliance. More detail on locations and languages of Charity Care signage can be found in Attachment B.

2. Reporting Compliance

The data in this report is accurate as of the date it was finalized. The hospital representatives, working through the Charity Care Report Work-Group have reviewed more than one draft, correcting and improving it over time. As with all data, new information may come to light even after a report has been published. As with past Charity Care reports, the stakeholders have worked collaboratively to ensure that the data provided is of the highest quality.

Each of the hospitals in San Francisco complies with the Charity Care Ordinance by submitting required information in a timely manner, either as required or voluntarily. Last year, all of the hospitals reported difficulty providing some of the data, including detailed information on denied charity care applications. Each year improves in this regard, and hospitals reported fewer problems. There are still problems among consistency of reporting categories among some of the subcategories. For example, Saint Francis and St. Mary’s hospitals no longer count homeless patients

separate from residents living within each hospital's zip code. (For example, St. Francis Memorial Hospital patients who self-report as homeless are given the zip code 94109, the hospital's zip code.) Kaiser Permanente does not track the zip code of charity care patients at all. Because of this, Kaiser Permanente is not included in Tables 3, 4 and 5.

B. Hospitals Subject to Ordinance (by Affiliated System)

The following section provides a description of each hospital required to participate in the Charity Care project/report.

1. Catholic Healthcare West

a) Saint Francis Memorial Hospital (SFMH)

A member of Catholic Healthcare West, SFMH is located on Nob Hill, and maintains 239 staffed beds, with a staff of over 900 employees and 475 active physicians. The majority (71%) of SFMH patients are San Francisco residents, while another nine percent live in the greater Bay Area. Among the hospital's inpatient population, 41 percent are Caucasian, and 33 percent Asian. African Americans comprise 6 percent of patients, and Hispanics 17 percent. SFMH has three outreach locations: AT&T Ballpark Occupational Medicine and Primary Care Clinic, Center for Sports Medicine in Walnut Creek and Center for Sports medicine in Corte Madera.

The hospital primarily serves San Francisco, however a number of specialized programs draw patients from all over Northern California and beyond. The Bothin Burn Center is the only verified burn center in San Francisco and one of only three centers in Northern California. SFMH has a new state-of-the-art emergency department and has opened new operating suites as part of the ongoing renovation of the surgery department. The Centers for Sports Medicine, the Spine Center and the Total Joint Center combine to offer a full spectrum of orthopedic services. SFMH also offers in-/outpatient psychiatric services, acute rehabilitation, and comprehensive wound and hyperbaric services.

SFMH has a 12-year partnership with Glide Health Services and provides outpatient and pharmaceutical services for their patients. It is through this relationship with Glide Health Services that SFMH demonstrates its commitment to Healthy San Francisco. SFMH also works closely with the other primary care clinics in the areas near the hospital: St. Anthony's Foundation Free Clinic, Curry Senior Center, South of Market Medical Clinic, and the Tom Waddell Clinic. Additionally, through its community benefits programs, SFMH partners with the DPH and other community-based agencies to support services that meet the needs of our shared patient population; for example, the transitional care program – Homecoming Services, SF Senior Center, Hotel Recuperation Programs with several clinics, the Medical Respite Center, McMillan Sobering Center and the Dore Psychiatric Urgent Care Center.

b) St. Mary's Medical Center (SMMC)

Located between the Haight-Ashbury and Richmond districts, SMMC is a fully accredited teaching hospital and is a member of the Catholic Healthcare West hospital system. Sponsored by the Sisters

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of Mercy, the hospital and its clinics maintain 600 physicians on staff, more than 1,000 employees, 322 staffed beds, and approximately 100,000 annual patient visits and admissions. Approximately 70 percent of SMMC patients are from San Francisco, and another 18 percent are from the greater Bay Area. The majority of patients, almost 60 percent, are Caucasian, twenty percent Asian, nine percent African American, six percent American Indian and other, and five percent Hispanic. SMMC's programs primarily serve adults, with 96 percent of patients over the age of 18 years and 60 percent over the age of 65.

The Medical Center has resident training programs in internal medicine, orthopedics, podiatry, pathology, and physical rehabilitation medicine. Internships are provided in the fields of physical, occupational, and speech therapies, chaplaincy, radiology, dietary; psychology, phlebotomy, food services, and nursing. Specialty centers include Acute Rehabilitation, Adolescent Mental Health Services, a Bariatric Surgery Center, Emergency Services, Orthopedics, the Northern California Melanoma Center, Plastic Reconstructive Orthopedic Surgery, and the Spine Center. SMMC surgical specialties include general, orthopedic, ophthalmology, podiatric, plastic, cardiovascular, and gynecologic surgery. A centerpiece of SMMC's charitable mission and community-benefit services, the Sister Mary Philippa Clinic is the largest private hospital-based medical clinic in San Francisco and serves 2,500 needy and underinsured patients annually.

2. Chinese Hospital

Located in Chinatown, Chinese Hospital primarily serves San Francisco's Chinese Community with a small community-owned, nonprofit, acute-care hospital that offers a range of medical, surgical and specialty programs. The hospital maintains 54 staffed beds. Additionally, Chinese Hospital operates three community clinics located in the Sunset, Excelsior and Daly City areas. The hospital owns a Knox-Keene licensed, integrated, prepaid health plan, Chinese Community Health Plan (CCHP), which provides low-cost insurance products to the community. Executives at Chinese hospital report that without these low-cost insurance products many of CCHP's members would otherwise access health care services, such as charity care.

More than 65 percent of the hospital's patients are seniors covered by Medicare (80% of these seniors are covered by both Medicare and Medi-Cal). However, Chinese Hospital only qualifies for 12 percent of federal Disproportionate Share Hospital reimbursement because of having less than 100 licensed beds. More than nine percent of patients are covered by Medi-Cal and 1.1 percent of patients have no insurance coverage. Chinese Hospital is an active participant in the various state and local public programs, including Healthy San Francisco, San Francisco Health Plan, Medi-Cal, Healthy Family and Healthy Kids. Chinese Hospital also sponsors a non-profit private agency, the Chinese Community Health Resource Center (CCHRC) that provides linguistically and culturally sensitive community education, wellness programs and counseling services.

3. Sutter Health

a) California Pacific Medical Center (CPMC and CPMC-St. Luke's)

California Pacific Medical Center (CPMC) is one of the largest private, not-for-profit, academic medical centers in California. CPMC is an affiliate of Sutter Health, a not-for-profit health care

system, composed of hospitals, medical foundations, and specialty care centers. CPMC in 2008 had a total of 869 staffed beds and recorded well over 500,000 patient visits.

The Medical Center consists of four campuses that comprise a citywide system of care. The Pacific Campus is the center for acute care including oncology, orthopedics, ophthalmology, cardiology, as well as liver, kidney, and heart transplant services. The California Campus is the center for prenatal, obstetrics, and pediatric services. The Davies Campus is the center for neurosciences, microsurgery, and acute rehabilitation. Since January, 2007, the fourth campus is St. Luke's, a community hospital serving residents located in the South-of-Market and Mission districts. The St. Luke's Health Care Center, which is located adjacent to St. Luke's Hospital, consists of adult, pediatrics and women's services and is considered one of the City's largest privately-managed "safety net" outpatient clinics serving over 13,000 unique patients, most of whom are underinsured or uninsured.

With the goal of decreasing health disparities, CPMC partners with a number of community-based organizations through community grants and free and reduced ancillary and inpatient services. CPMC collaborations include arrangements with Operation Access, North East Medical Services, St. Anthony Free Medical Clinic, Glide Health Clinic, the Bayview Community Senior Center, the Mission Neighborhood Health Center, the Lion's Eye Foundation of California and Nevada, the Latina Breast Cancer Agency, and SFDPH's Southeast Health Center.

C. Other Reporting Hospitals

These three hospitals are not subject to the Ordinance, but actively participate in the Charity Care Project and voluntarily comply with some provisions of the Ordinance.

1. Kaiser Permanente

a) Kaiser Foundation Hospital - San Francisco (KFH-SF)

As part of the Kaiser Foundation integrated health system, KFH-SF provides hospital services to Kaiser Foundation Health Plan (KFHP) members and other patients. The hospital reports that KFH-SF is located at 2425 Geary Boulevard and has Medical Office Buildings located at 2238 Geary Blvd, 2200 O'Farrell Street and 4141 Geary Boulevard in the Western Addition and Richmond Districts. KFH-SF, with 247 licensed and staffed beds, provides health care to one out of every five San Franciscans. The hospital services include such specialties as cardiovascular surgery and critical care services, high-risk obstetrics and neonatal intensive care, HIV care and research. The hospital is a Joint Commission certified Primary Stroke Center.

2. City and County of San Francisco Department of Public Health

a) San Francisco General Hospital Medical Center (SFGHMC)

A general acute care hospital with 383 staffed beds, SFGHMC is located on Potrero Hill and operates within the Community Health Network (CHN) of the San Francisco Department of Public Health. Approximately 29 percent of CHN patients are Hispanic, 24 percent are Caucasian, 19 percent are African American, and 22 percent are Asian/Pacific Islander. SFGHMC has maintained a teaching and research partnership with the UCSF Medical School for more than 130 years, and provides inpatient, outpatient, emergency, skilled nursing, diagnostic, mental health, and

rehabilitation services for adults and children. It is the largest acute inpatient and rehabilitation hospital for psychiatric patients in the City, and the only acute hospital in San Francisco that provides 24-hour psychiatric emergency services. SFGHMC operates the only Level I Trauma Center for San Francisco and northern San Mateo County. In addition, SFGHMC provides care to a disproportionate share of Medi-Cal and uninsured individuals.

3. Regents of the University of California

a) University of California, San Francisco Medical Center (UCSFMC)

UCSFMC provides inpatient care at Moffitt-Long hospital on the 107-acre Parnassus campus, and at UCSF Mount Zion located on Divisadero Street in the Western Addition. Together these sites include 658 staffed beds, and serve as the principal clinical teaching site for the UCSF School of Medicine. As a tertiary academic medical center, UCSFMC offers treatments that are not widely available elsewhere. The facility has one of one of the nation's largest centers for kidney and liver transplants. Other specialty programs provide treatment for AIDS, surgical eye care, and in the area of orthopedics, spine deformities, degenerative disc disease, tumors and fractures. Additionally, the hospital maintains a women's center that provides specialized care and health education for women. In the area of neurology and neurosurgery, UCSF Medical Center maintains the largest brain tumor treatment program in the nation, as well as the only comprehensive memory disorders center and the only comprehensive epilepsy center in Northern California.

II. CHARITY CARE: APPLICATIONS, SERVICES, AND COSTS

This section presents San Francisco hospital charity care data for FY2008 with history to 2005. Reporting hospitals provide charity care through four measures: 1) the number of applications received and accepted; 2) the number of individual patients served; 3) the number of patients by type of service provided (emergency, inpatient, or outpatient); and 4) the estimated cost of charity care provided. Data has been collected from representatives at San Francisco's hospitals. Findings from this year's report can be summarized as follows:

Applications, Patients and Services:

- While there was variation among the numbers in all Charity Care measures (applications, patients and services), when compared to the prior year there was an increase among the required hospitals:
 - A total of 10,105 applications in FY 2008 (Table 1), a 13 percent increase since FY 2007 (8,926 applications).
 - A range of between 365 and 3,164 per unduplicated patient served, since last year a double-digit increase for some hospitals, St. Luke's (25%) and CPMC (27%), but a decrease for others, including Chinese Hospital (-19%). (Table 2)
 - A total of 11,667 services (Table 6), which is an increase of 11 percent compared to the previous year (10,513 services).
- All hospitals processed a total of 140,012 applications (Table 1), with 92,262 unduplicated patients, a decrease of Charity Care patients of 12 percent since 2005 and 2 percent since 2007 (Table 2).
- Among all hospitals, except Kaiser Permanente, nearly 41 percent of Charity Care applicants who received care came from Supervisorial Districts 6, 9 and 10, and nearly 15 percent of came from outside San Francisco (Table 3).

Expenditures:

- Hospitals subject to the Charity Care Ordinance reported nearly \$18.1 million in expenditures, which is an increase of nearly 34 percent since 2005 and 17 percent since 2007 (Table 11).
- All hospitals tracked total expenditures of approximately \$123.1 million for charity care, which represents an increase of 31 percent since 2005 and 13 percent in the past year (Table 11).
- A comparison of expenditures per staffed bed shows that the required hospitals provided between \$6,414 and \$20,854 of charity care per staffed bed (Table 12).

The following sections provide information about the hospital charity care provided in San Francisco in 2008, with history to 2005. As noted previously, San Francisco General Hospital data

includes all charity care patients, including those who accessed care through the Healthy San Francisco (HSF) program. All hospitals will report HSF data for next year's report.

A. Hospital Charity Care Applications and Unduplicated Patients

In 2008, hospitals subject to the Charity Care Ordinance received a total of 10,105 requests for charity care, with a denial rate of approximately nine percent. These same hospitals saw a range of individual charity care patients ranging from 365 (Chinese Hospital) and 3,164 (Saint Francis) (Table 1).

**Table 1
Charity Care Applications and Patients: FY 2008**

Reporting Hospitals		Applications			Patients
System	Hospital	Accepted	Denied	Total	Unduplicated Patients
CHW	Saint Francis	3,164	33	3,197	3,164
CHW	St. Mary's	3,059	2	3,061	3,059
Chinese	Chinese	414	0	414	365
Sutter	CPMC	1,562	543	2,105	1,562
Sutter	St. Luke's	1,022	306	1,328	1,022
Subtotal		9,221	884	10,105	
Kaiser Permanente	KPSF	381	139	520	289
CCSF	SFGHMC	103,861	17,222	121,083	45,717
UC Regents	UCSFMC	8,304	0	8,304	8,304
Subtotal		112,546	17,361	129,907	
Grand Total		121,767	18,245	140,012	

Hospitals collectively report that 87 percent of completed applications were accepted. Denied applications result primarily from patient enrollment in other public assistance programs, such as Medi-Cal, Healthy Families, or Healthy Kids. Additional reasons for application denial may include patient income or assets above set guidelines, incomplete applications, and applications received in 2008 that were not approved until 2009.

Table 2
Number of Unduplicated Patients Who Received Charity Care: FY 2005-2008¹

System	Hospital	2005	2006	2007	2008	% Change from 2005	% Change from 2007
<i>Hospitals Subject to Ordinance</i>							
CHW	Saint Francis	1,639	2,662	3,087	3,164	93%	2%
CHW	St. Mary's	8,967	10,291	3,164	3,059	-66%	-3%
Chinese	Chinese	158	201	452	365	131%	-19%
Sutter	CPMC	1,303	1,178	1,234	1,562	20%	27%
Sutter	St. Luke's	2,307	1,978	819	1,022	-56%	25%
Subtotal		14,374	16,310	8,756	9,172	-36%	5%
<i>Other Reporting Facilities</i>							
Kaiser Permanente	KFH-SF	226	258	140	289	28%	106%
SF DPH	SFGHMC	85,015	81,447	78,470	74,497 ²	-12%	-5%
UC Regents	UCSFMC	5,190	3,668	6,895	8,304	60%	20%
Subtotal		90,431	85,373	85,505	83,090	-8%	-3%
Grand Total		104,805	101,683	94,261	92,262	-12%	-2%

Table 2 shows that the biggest increases in 2008 relative to past years can be seen at two of the voluntarily reporting hospitals: UCSF (1,409 additional patients from 2007) and Kaiser (149 additional patients from 2007). Among the required hospitals, the changes in 2008 when compared to the previous year were more modest with two of the hospitals seeing small decreases. When compared to 2005, however, the differences at almost all hospitals were more significant, though netted out to be relatively stable.

Between fiscal years 2006 and 2007, there was a significant decline in the unduplicated number of charity care patients seen at both St. Luke's and St. Mary's.

- St. Luke's adopted CPMC's system-wide charity care processes in 2007, maintaining eligibility criteria of 400 percent of the FPL while applying consistent enrollment procedures for various financial assistance programs. As a result, the number of patients qualifying for Medi-Cal increased and the number of charity care patients declined.

¹ Because hospitals do not share patient data, this report cannot present the total number of unduplicated patients citywide. Totals represent only the sum of unduplicated patients at each hospital.

² The SFGH "unduplicated patient" numbers provided in this table use a different formula than was used for this year's unduplicated number provided on the previous page. The SFGH number in Table 1 is a more accurate number, however, since we do not have this number for previous years this report shows both numbers to allow for a more accurate historical perspective in Table 2.

- St. Mary’s implemented changes to its patient population in preparation for participation in Healthy San Francisco, focusing treatment on residents of San Francisco, as opposed to the Archdiocese of San Francisco, which includes Southern Marin and Northern San Mateo.

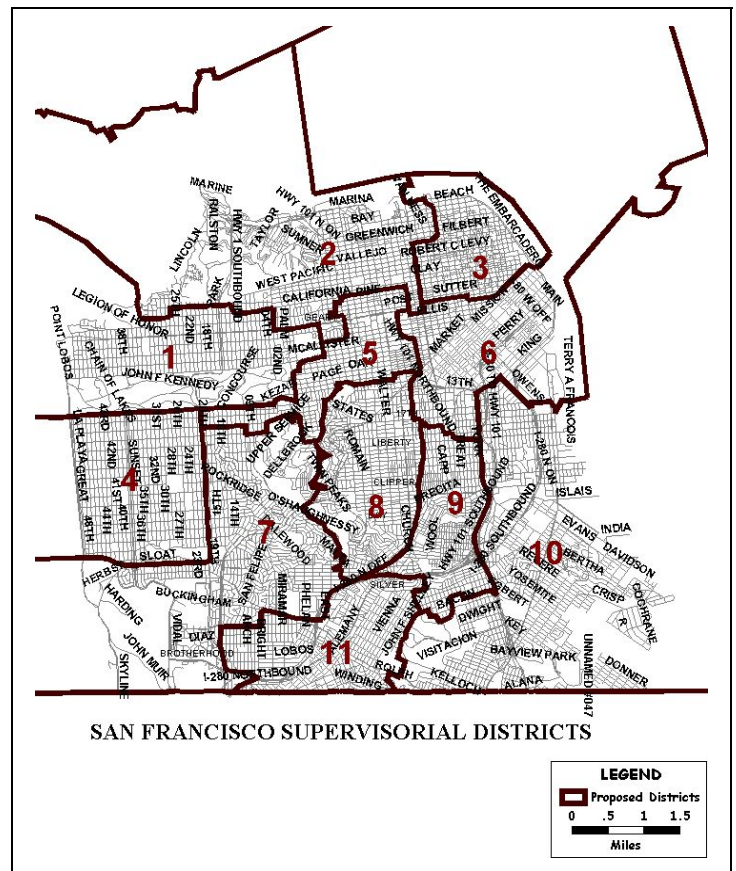
1. Approved Applications by Supervisorial District

Pursuant to the Charity Care Ordinance, hospitals are required to report the residence ZIP Codes of charity care applicants who were provided and denied services. Hospitals have consistently reported the ZIP codes of the unduplicated applicants who received charity care, and a comparison by Supervisorial district shows that Districts 6, 9 and 10 (italicized, Table 3) receive the most care.

Table 3
Approved Charity Care Applications by Supervisorial District: FY 2008³

District	Charity Care Applications	% of Total
District 1	1,886	3.2%
District 2	3,061	5.2%
District 3	3,297	5.6%
District 4	2,466	4.2%
District 5	4,069	6.9%
<i>District 6</i>	<i>10,039</i>	<i>17.1%</i>
District 7	3,492	5.9%
District 8	2,412	4.1%
<i>District 9</i>	<i>6,313</i>	<i>10.7%</i>
<i>District 10</i>	<i>7,609</i>	<i>12.9%</i>
District 11	927	1.6%
Outside SF	8,607	14.6%
Homeless/Other	4,595	7.8%
TOTAL	58,773	100.0%

* Excludes Kaiser Permanente, because they do not track by zip code.



A breakdown of applications by hospital and district shows that charity care patients in Districts 6, 9, and 10 are served primarily by SFGHMC,

and nonprofit hospitals subject to the Ordinance provide a relatively high percentage of care to individuals who are homeless and reside outside San Francisco (Table 4).

³ The sum of these applications may deviate slightly from the total number of accepted applications due to rounding when applying formulas to estimate the number of applicants in each supervisorial district.

Table 4
Charity Care Applications by Hospital and Supervisorial District: FY 2008

District	Hospitals Subject to Ordinance						All Reporting Hospitals			
	CPMC	St. Luke's	CHI	SFMC	SMMC	Total	Hospitals Subject to Ordinance	SFGHMC	UCSFMC	Grand Total
District 1										
Applicants	82	3	23	53	280	441	441	1,231	214	1,886
Percentage	18.6%	0.7%	5.2%	12.0%	63.5%	100%	23.4%	65.3%	11.3%	100%
District 2										
Applicants	155	8	23	495	194	875	875	1,871	315	3,061
Percentage	17.7%	0.9%	2.6%	56.6%	22.2%	100%	28.6%	61.1%	10.3%	100%
District 3										
Applicants	93	7	156	620	108	984	984	2,138	175	3,297
Percentage	9.5%	0.7%	15.9%	63.0%	11.0%	100%	29.8%	64.8%	5.3%	100%
District 4										
Applicants	59	12	28	49	198	346	346	1,701	419	2,466
Percentage	17.1%	3.5%	8.1%	14.2%	57.2%	100%	14.0%	69.0%	17.0%	100%
District 5										
Applicants	135	13	8	145	904	1,205	1,205	2,406	458	4,069
Percentage	11.2%	1.1%	0.7%	12.0%	75.0%	100%	29.6%	59.1%	11.3%	100%
District 6										
Applicants	124	68	30	1,017	1,014	2,253	2,253	7,291	495	10,039
Percentage	5.5%	3.0%	1.3%	45.1%	45.0%	100%	22.4%	72.6%	4.9%	100%
District 7										
Applicants	66	39	26	58	1,061	1,250	1,250	1,674	568	3,492
Percentage	5.3%	3.1%	2.1%	4.6%	84.9%	100%	35.8%	47.9%	16.3%	100%
District 8										
Applicants	115	29	3	52	477	676	676	1,511	225	2,412
Percentage	17.0%	4.3%	0.4%	7.7%	70.6%	100%	28.0%	62.6%	9.3%	100%
District 9										
Applicants	79	161	8	89	153	490	490	5,547	276	6,313
Percentage	16.1%	32.9%	1.6%	18.2%	31.2%	100%	7.8%	87.9%	4.4%	100%
District 10										
Applicants	64	98	49	119	266	596	596	6,549	464	7,609
Percentage	10.7%	16.4%	8.2%	20.0%	44.6%	100%	7.8%	86.1%	6.1%	100%
District 11										
Applicants	35	73	35	56	108	307	307	328	292	927
Percentage	11.4%	23.8%	11.4%	18.2%	35.2%	100%	33.1%	35.4%	31.5%	100%
Outside SF										
Applicants	442	121	19	391	609	1,582	1,582	2,735	4,290	8,607
Percentage	27.9%	7.6%	1.2%	24.7%	38.5%	100%	18.4%	31.8%	49.8%	100%
Homeless/ Other										
Applicants	114	390	6	19	11	540	540	3,939	116	4,595
Percentage	21.1%	72.2%	1.1%	3.5%	2.0%	100%	11.8%	85.7%	2.5%	100%

2. Charity Care Patients in Hospitals' ZIP Codes

Numerous factors may affect where a patient receives his or her care, including past experience, ambulance diversion, clinic location, physician practices, service options, and transportation. An analysis of charity care ZIP Code data for patients shows that many individuals who reside near a hospital do not necessarily receive health care services at that hospital. This is supported by the number of accepted charity care applicants who reside in ZIP Codes where other hospitals are located (Table 5).

Table 5
Charity Care Applicants in Local Hospitals' ZIP Codes: FY 2008

Zip Code	Hospital(s) in Zip Code	CPMC	Chinese	Saint Francis	SFGHMC	St. Luke's	St. Mary's	UCSF
94109	Saint Francis	99	31	1,090	2,254	15	126	172
94110	SFGH St. Luke's	82	4	84	6,090	166	149	260
94114	CPMC (Davies)	103	2	25	748	10	86	120
94115	CPMC (Pacific), UCSF (Mt. Zion), Kaiser Permanente	105	4	48	1,108	4	111	301
94117	St. Mary's	56	2	60	1,317	8	257	211
94118	CPMC (California)	50	9	39	732	1	172	114
94122	UCSF (Parnassus)	46	22	41	1,268	12	165	383
94133	Chinese Hospital	24	113	85	790	1	26	68

The highlighted cells show the number of charity care patients who received treatment from a hospital in their own reported ZIP Code. For example, Chinese Hospital, located in ZIP Code 94133, provided charity care to 113 local patients.

B. Charity Care Services Provided

1. Total Services by Hospital

Hospitals reported providing approximately 94,757 emergency, inpatient and outpatient charity care services in fiscal year 2008, with hospitals subject to the Charity Care Ordinance responsible for approximately 11,667 (12%) of these.

Among the hospitals subject to the Ordinance, three provide half or more of their charity care through outpatient services, including CPMC hospitals, St. Mary's and Chinese. The other two hospitals provide the majority of their charity care services through the emergency room: St. Luke's (78%) and St. Francis (58%). When all hospitals, required and voluntary, are taken into account, the majority of charity care services are provided on an outpatient basis (78%), with the remaining services split between emergency (17%) and inpatient (5%) (Table 6).

Table 6⁴
Number of Charity Care Services by Type: FY 2008

System	Hospital	Emergency	Inpatient	Outpatient	Total
<i>Hospitals Subject to Ordinance</i>					
CHW	St. Francis	1,837	235	1,092	3,164
CHW	St. Mary's	1,151	203	1,705	3,059
Chinese	Chinese	152	35	227	414
Sutter	CPMC	928	375	1,630	2,933
Sutter	St. Luke's	1,633	208	256	2,097
Subtotal		5,701	1,056	4,910	11,667
<i>Other Reporting Facilities</i>					
Kaiser Permanente	KFH-SF	289	n/a	n/a	289
SF DPH	SFGHMC	9,281	2,634	62,582	74,497
UC Regents	UCSFMC	976	1,089	6,239	8,304
Subtotal		10,546	3,723	68,821	83,090
Grand Total		16,247	4,779	73,731	94,757

⁴ The definition of a charity care "service" is not uniform. It depends on the hospital's charity care policy and the data collection methodology. Sometimes a "service" is identical to the number of unduplicated patients and the number of applications accepted (Saint Francis, St. Mary's and UCSF). At these hospitals, a charity care patient is counted just once, and the first service is recorded and categorized to type (emergency, inpt. or outpt.) At Chinese, CPMC, St. Luke's and SFGH unduplicated patients are tracked, but each individual service is also tracked. Lastly, Kaiser tracks unduplicated charity care patients, but does not track inpatient or outpatient services. Consistency in the collection and reporting of these measures continues to be an important goal for this report, but even without consistency these tables still provide important measures by which to understand and compare/contrast charity care provided by all hospitals in San Francisco.

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Facilities with clinics (St. Mary’s, SFGHMC and UCSFMC) are better able to provide more outpatient care. All facilities report that they also subsidize outpatient services to those patients with disproportionate unmet need through other means than charity care, such as donations and grants to community organizations. Historically, changes in the provision of different types of vary by individual hospital (Tables 7-9).

a) Emergency Services

Among all participating hospitals, St. Mary’s, Chinese, St. Luke’s, Kaiser Permanente and UCSFMC report increases in the number of emergency services provided since 2005 and 2007 (Table 8).

**Table 7
Emergency Department Services Provided: FY 2005-2008**

System	Hospital	2005	2006	2007	2008	% Change from 2005	% Change from 2007
CHW	Saint Francis	1,307	1,370	1,850	1,837	40.6%	-0.7%
CHW	St. Mary’s	799	1,063	1,050	1,151	44.1%	9.6%
Chinese	Chinese	67	52	124	152	126.9%	22.6%
Sutter	CPMC	1,066	849	835	928	-12.9%	11.1%
Sutter	St. Luke’s	1,331	2,363	947	1,633	22.7%	72.4%
Subtotal		4,570	5,697	4,806	5,701	24.7%	18.6%
Kaiser Permanente	KPSF	226	258	140	289	27.9%	106.4%
SF DPH	SFGHMC	12,653	10,972	10,739	9,281	-26.6%	-13.6%
UC Regents	UCSFMC	206	251	428	976	373.8%	128.0%
Subtotal		13,085	11,481	11,307	10,546	-19.4%	-6.7%
Grand Total		17,655	17,178	16,113	16,247	-8.0%	0.8%

b) Inpatient Services

In the past year and since 2005, the number of inpatient services provided by hospitals participating in the report has increased at St. Luke's (Table 9).

Table 8
Inpatient Services Provided: FY 2005-2008

System	Hospital	2005	2006	2007	2008	% Change from 2005	% Change from 2007
CHW	Saint Francis	80	341	269	235	193.8%	-12.6%
CHW	St. Mary's	187	253	247	203	8.6%	-17.8%
Chinese	Chinese	21	23	57	35	66.7%	-38.6%
Sutter	CPMC	442	505	457	375	-15.2%	-17.9%
Sutter	St. Luke's	172	167	129	208	20.9%	61.2%
Subtotal		902	1,289	1,159	1,056	17.1%	-8.9%
Kaiser Permanente	KPSF	N/A	N/A	N/A	N/A	N/A	N/A
SF DPH	SFGHMC	3,275	2,821	2,393	2,634	-19.6%	10.1%
UC Regents	UCSFMC	1,212	626	2,764	1,089	-10.1%	-60.6%
Subtotal		4,487	3,447	5,157	3,723	-17.0%	-27.8%
Grand Total		5,389	4,736	6,316	4,779	-11.3%	-24.3%

c) Outpatient Services

The number of outpatient services has increased both in the past year and since 2005 at St. Francis, CPMC and UCSF (Table 10).

Table 9
Outpatient Services Provided: FY 2005-2008

System	Hospital	2005	2006	2007	2008	% Change from 2005	% Change from 2007
CHW	Saint Francis	252	951	968	1,092	333.3%	12.8%
CHW	St. Mary's	7,981	8,975	1,867	1,705	-78.6%	-8.7%
Chinese	Chinese	95	147	303	227	138.9%	-25.1%
Sutter	CPMC	952	995	1,161	1,630	71.2%	40.4%
Sutter	St. Luke's	898	563	249	256	-71.5%	2.8%
Subtotal		10,178	11,631	4,548	4,910	-51.8%	8.0%
Kaiser Permanente	KPSF	N/A	N/A	N/A	N/A	N/A	N/A
SF DPH	SFGHMC	57,984	67,654	65,338	62,582	7.9%	-4.2%
UC Regents	UCSFMC	3,772	2,791	3,703	6,239	65.4%	68.5%
Subtotal		61,756	70,445	69,041	68,821	11.4%	-0.3%
Grand Total		71,934	82,076	73,589	73,731	2.5%	0.2%

C. Charity Care Expenditures

Hospitals in San Francisco are required to report to DPH the estimated value of charity care provided as either charges or costs. Values reported as charges, however, are then discounted by the hospital's cost to charge ratio.⁵

Table 10
Charity Care Expenditures: FY 2008

System	Hospital	Charity Care Charges	Cost to Charge Ratio	Charity Care Expenditures (Charity Care Charges*Cost to Charge Ratio)
CHW	Saint Francis	\$19,344,203	24.79%	\$4,795,428
CHW	St. Mary's	\$19,329,894	24.54%	\$4,742,976
Chinese	Chinese	\$741,711	46.70%	\$346,379
Sutter	CPMC	\$18,875,999	28.12%	\$5,307,931
Sutter	St. Luke's	\$11,576,170	25.04%	\$2,898,673
Subtotal		\$69,867,977		\$18,091,387
<hr/>				
Kaiser Permanente	KPSF	N/A	N/A	\$1,419,762
SF DPH	SFGHMC	\$214,337,505	43.07%	\$92,315,163
UC Regents	UCSFMC	\$38,975,062	28.94%	\$11,279,383
Subtotal		\$253,312,567		\$105,014,308
Grand Total		\$323,180,544		\$123,105,695

⁵ This ratio provides a crude method for determining the individual percentage by which to discount charges and establish some conservative idea of costs. It is expressed as: (Total Operating Expenses – Total Other Operating Revenue)/Gross Patient Revenue. In general, a higher cost to charge ratio indicates a closer relationship between costs and charges (prices). The calculation for estimating costs is: Charity Care Expenditures = Charity Care Charges * Cost to Charge Ratio).

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A historical comparison of expenditures from 2005 through 2008 shows that reported charity care costs have increased at most hospitals (Table 11).

Table 11
Charity Care Expenditures: FY 2005-2008

System	Hospital	2005	2006	2007	2008	% Change from 2005	% Change from 2007
CHW	St. Francis	\$2,299,430	\$4,155,987	\$4,459,102	\$4,795,428	108.5%	7.5%
CHW	St. Mary's	\$2,967,551	\$3,533,505	\$4,629,789	\$4,742,976	59.8%	2.4%
Chinese	Chinese	\$149,105	\$265,295	\$537,389	\$346,379	132.3%	-35.5%
Sutter	CPMC	\$5,376,835	\$5,225,596	\$3,987,986	\$5,307,931	-1.3%	33.1%
Sutter	St. Luke's	\$2,705,790	\$3,158,558	\$1,861,142	\$2,898,673	7.1%	55.7%
Subtotal		\$13,498,711	\$16,338,941	\$15,475,408	\$18,091,387	34.0%	16.9%
Kaiser Permanente	KPSF	\$813,863	\$1,131,063	\$1,354,121	\$1,419,762	74.4%	4.8%
SF DPH	SFGHMC	\$76,419,043	\$79,684,447	\$87,531,711	\$92,315,163	20.8%	5.5%
UC Regents	UCSFMC	\$3,590,537	\$5,510,297	\$4,127,289	\$11,279,383	214.1%	173.3%
Subtotal		\$80,823,443	\$86,325,807	\$93,013,121	\$105,014,308	29.9%	12.9%
Grand Total		\$94,322,154	\$102,664,748	\$108,816,134	\$123,105,695	30.5%	13.1%

Table 12
Charity Care Expenditures by Hospital Size (Staffed Bed): FY 2008

System	Hospital	Expenditures	Staffed Beds	Expenditures per Staffed Bed
CHW	Saint Francis	\$4,795,428	239	\$20,065
CHW	St. Mary's	\$4,742,976	322	\$14,730
Chinese	Chinese	\$346,379	54	\$6,414
Sutter	CPMC	\$5,307,931	730	\$7,271
Sutter	St. Luke's	\$2,898,673	139	\$20,854
Subtotal		\$18,091,387	1,484	\$12,191
Kaiser Permanente	KFH-SF	\$1,419,762	247	\$5,748
SF DPH	SFGHMC	\$92,315,163	383	\$241,032
UC Regents	UCSFMC	\$11,279,383	658	\$17,142
Subtotal		\$105,014,308	1,288	\$81,533
Grand Total		\$123,105,695	2,772	\$44,410