

## Charity Care Reporting Definitions

Charity Care Information Requested	Explanations
1. <u>Cost of Charity Care Provided</u>	<p>Each qualifying hospital must report the total dollar amount of charity care provided during the fiscal year being reported, after adjustment by the Cost-to-Charge ratio (<i>see #7</i>).</p> <p><b>Charity Care Definition:</b> Emergency, inpatient or outpatient medical care, including ancillary services, provided to those who cannot afford to pay and <i>without the hospital's expectation of reimbursement</i> (i.e., <b>free care</b>). Charity care does not include bad debt, defined as the unpaid accounts of any person who has received medical care or is financially responsible for the cost of care provided to another, where such person has the ability but is unwilling to pay. This request is consistent with the figure each qualifying hospital is required to provide to the California Office of Statewide Health Planning &amp; Development (OSHPD) in the annual report<sup>1</sup> as the "<i>Charity Other, Deduction from Revenue,</i>" after adjustment by the Cost-to-Charge Ratio. This amount will be the total of 1a and 1b, as explained below.</p>
a) Non-HSF Charity Care Costs	The total amount (cost) of care provided by the hospital for non-Healthy San Francisco charity care patients.
b) HSF Charity Care Costs	The total amount (cost) of care provided by the hospital for Healthy San Francisco patients.
2. <u>Applications/Requests for Charity Care (non-HSF):</u>	
a) The total number of applications or requests	Provide the total number of charity care applications and patient & third party requests made at the hospital during the fiscal year being reported, incl. patient & third party requests. This number will be the total of 2b and 2c, as explained below.
b) The number of accepted apps.	The total number of charity care applications and/or requests reviewed by the hospital and accepted for charity care services.
c) The number of denied apps.	The total number of charity care applications and/or requests reviewed by the hospital, but denied for charity care services.
3. <u>Zip codes of Charity Care Applicants:</u>	
a) List of Zip Codes: Non-HSF	Using an Excel spreadsheet, provide a list of the zip codes of residence for all individuals who applied for or requested traditional charity care within the fiscal year being reported. For each zip code, separate out the number of applicants noting which applications were accepted and those that were denied. In addition, define any and all codes that are used by the hospital to categorize people or groups that do not have, or provide, zip codes.
4. <u>List of Facilities to which Charity Care individuals were referred/transferred.</u>	Using a separate page, list the number of individuals seeking, applying, or otherwise eligible for charity care who were referred to other medical facilities along with the name of the facility to which the individuals were referred.

<sup>1</sup> OSHPD Report: the annual financial disclosure report that all general acute care hospitals in California are required to submit to OSHPD.

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<b>5. <u>Individuals Who Received Charity Care:</u></b>	
a) The total unduplicated number of patients who received charity care. (HSF)	Provide the total unduplicated number of patients (HSF) who received charity care in the fiscal year being reported. <i>(Note: 5c + 5e + 5g should not equal 5a)</i> The intent is to determine the number of <i>patients</i> utilizing charity care services at each hospital, not the number of services.
b) The total unduplicated number of patients who received charity care. (non-HSF)	Please provide the total unduplicated number of patients (non-HSF) who received charity care in the fiscal year being reported. <i>(Note: 5d + 5f + 5h should not equal 5b)</i> The intent is to determine the number of <i>patients</i> utilizing charity care services at each hospital, not the number of services.
c) The number who received emergency services, including ancillary services. (HSF)	Of the total number of unduplicated patients who received charity care in the fiscal year being reported, please provide the total number of HSF patients who received emergency services, including ancillary services.
d) The number who received emergency services, including ancillary services. (non-HSF)	Of the total number of unduplicated patients who received charity care in the fiscal year being reported, please provide the total number of non-HSF patients who received emergency services, including ancillary services.
e) The number who received inpatient services, including ancillary services. (HSF)	Of the total number of unduplicated patients who received charity care in the fiscal year being reported, please provide the total number of HSF patients who received inpatient services, including ancillary services.
f) The number who received inpatient medical care, including ancillary services. (non-HSF)	Of the total number of unduplicated patients who received charity care in the fiscal year being reported, please provide the total number of non-HSF patients who received inpatient services, including ancillary services.
g) The number who received outpatient medical care, including ancillary services. (HSF)	Of the total number of unduplicated patients who received charity care in the fiscal year being reported, please provide the total number of HSF patients who received outpatient medical care, including ancillary services.
h) The number who received outpatient medical care, including ancillary services. (non-HSF)	Of the total number of unduplicated patients who received charity care in the fiscal year being reported, please provide the total number of these non-HSF patients who received outpatient medical care, including ancillary services.
6. <u>Medi-Cal Shortfall</u>	Please provide the dollar amount of the hospital's Medi-Cal shortfall. This is defined as the unreimbursed cost of providing services to the hospital's Medi-Cal patients. <i>(Note: This is not required in the charity care legislation, but was requested by the San Francisco Health Commission. DPH began collecting on a voluntary basis for the FY2009 report.)</i>
<b>7. <u>Cost-to-Charge Ratio</u></b>	
	Each qualifying hospital shall detail the calculations of its Cost-to-Charge ratio by completing the Cost-to-Charge Ratio Worksheet provided on the form. These calculations shall not include bad debt. Cost is the actual amount of money a hospital spends to provide each service, but not the full list price charged by the hospital for the service.

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8. <u>Charity Care Policies</u>	Attach copies of any and all of the hospital’s current charity care policies. These policies are defined as the hospital’s criteria and procedures on the provision of charity care, including but not limited to: any criteria and procedure for patient and community notification of charity care availability; the application or eligibility process; the criteria for eligibility determinations; appeals process, etc.
a) Charity Care Application Forms	Include copies of forms and instructions provided to those applying for traditional charity care.
9. Hospital Description	A description of the hospital, with a focus on services provided overall (not specifically charity care). Each hospital may follow the description used for the FY 2019 charity care report, with updated services and patient numbers.
<b>10. Non-HSF Charity Care Payor Source</b>	
a) The number of non-HSF patients with Medi-Cal	Of the total number of unduplicated patients who received charity care in the fiscal year being reported, please provide the total number of non-HSF patients with Medi-Cal coverage.
b) The number of non-HSF patients with Medicare	Of the total number of unduplicated patients who received charity care in the fiscal year being reported, please provide the total number of non-HSF patients with Medicare coverage.
c) The number of non-HSF patients with non-Medi-Cal/ non-Medicare payor sources	Of the total number of unduplicated patients who received charity care in the fiscal year being reported, please provide the total number of non-HSF patients with health insurance coverage other than Medi-Cal or Medicare.
d) The number of non-HSF patients that are uninsured	Of the total number of unduplicated patients who received charity care in the fiscal year being reported, please provide the total number of non-HSF patients who were uninsured.
<b>11. Non-HSF Charity Care Demographics</b>	
a) The number of non-HSF patients by race/ethnicity	Provide the total number of non-HSF patients by race, as defined by the US Census: White; Black or African American; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; Hispanic or Latino
b) The number of non-HSF patients by age	Provide the total number of non-HSF patients according to the following age ranges: 0–18; 19-25; 26-34; 35-44; 45-54; 65+
c) The number of non-HSF patients by sex	Provide the total number of non-HSF patients by self-reported sex at birth: Male; Female; Declined/not stated
d) The number of non-HSF patients by gender	Provide the total number of non-HSF patients by self-reported gender: Male; Female; Trans Male; Trans Female; Genderqueer/Gender Non-Binary; Decline/Not stated