San Francisco Department of Public Health –
Office of Policy & Planning

CHARITY CARE
FY 2013 AND FY 2014 REPORT

Presentation to San Francisco Health Commission

August 18, 2015

Presentation Outline

1. Charity Care Ordinance

2. Charity Care Landscape

3. FY 2013 & FY 2014 Findings
   - Decline in Patients and Expenditures
   - HSF and Traditional Charity Care
   - Variation among Hospitals
   - Medi-Cal Shortfall
   - Stable Residential Trends

Charity Care Ordinance

San Francisco Charity Care Ordinance 163-01 passed in 2001

"**Charity Care** is emergency, inpatient, and outpatient medical care, including ancillary services, provided to those who cannot afford to pay and without expectation of reimbursement"

Two Main Requirements:

- Hospitals to notify patients about free and discounted medical services
- Hospitals to annually report to SFDPH on the amount of charity care provided

Source: Charity Care Ordinance

Charity Care Ordinance Reporting Hospitals

Chinese Hospital Association of San Francisco (CHASF)

Dignity Health: Saint Francis Memorial Hospital (SFMH)

Dignity Health: St. Mary's Medical Center (SMMC)

Kaiser Permanente: Kaiser Foundation Hospital, SF (KFH-SF)*

San Francisco General Hospital (SFGH)*

Sutter Health: California Pacific Medical Center (CPMC)

Sutter Health: St. Luke's Hospital (STL)

University of California, San Francisco Medical Center (UCSF)*

* Report voluntarily

Reporting Hospitals: Charity Care Policies

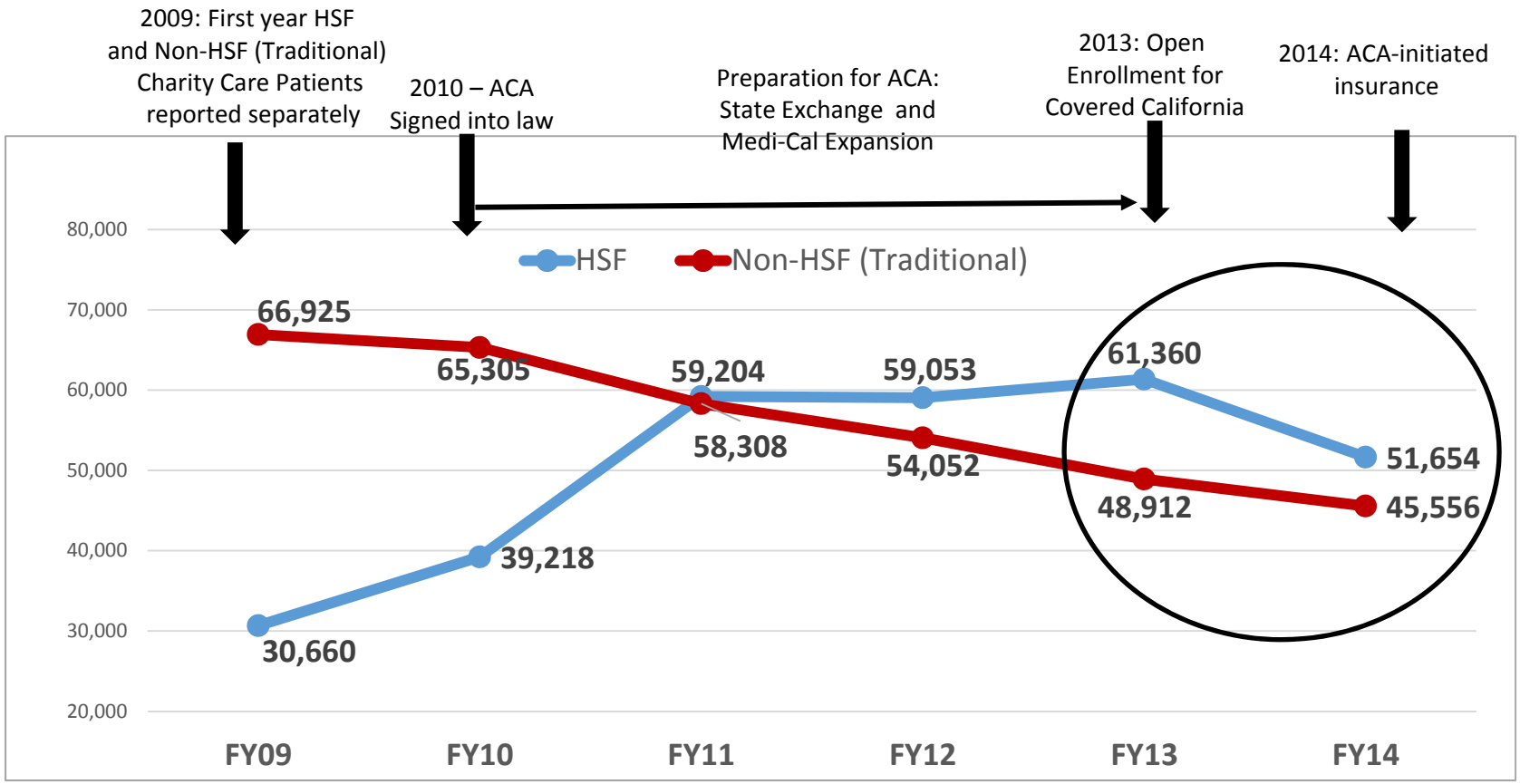
Single Person - Monthly FPL Limit	State Charity Care Policy	CPMC/ STL	CHASF	SFMH/ SMMC	KFH - SF	UCSF	SFGH
450% to 500% FPL $4,190 - $4,655							
400% to 450% FPL $3,723 - $4,190							
350% to 400% FPL $3,259 - $3,723							
300% to 350% FPL $2,793 - $3,259	State law requires non-profit hospitals provide free or discounted care to patients in households <350% of the federal poverty level (FPL).		*Free or discount (case by case)*	*Discount*	*Discount*	*Discount*	*Discount (Sliding Scale)*
250% to 300% FPL $2,327 - $2,793							
200% to 250% FPL $1,862 - $2,327							
150% to 200% FPL $1,396 - $1,862							
100% to 150% FPL $931 - $1,396							
0 to 100% FPL 0 - $931		*Free*		*Free*	*Free*	*Free*	*Free*

Main FY 2013, FY 2014 Findings

- Decline in Number of Charity Care Patients
- HSF and Traditional Charity Care
- Variation among Hospitals
- Medi-Cal Shortfall
- Residential Patterns Unchanged

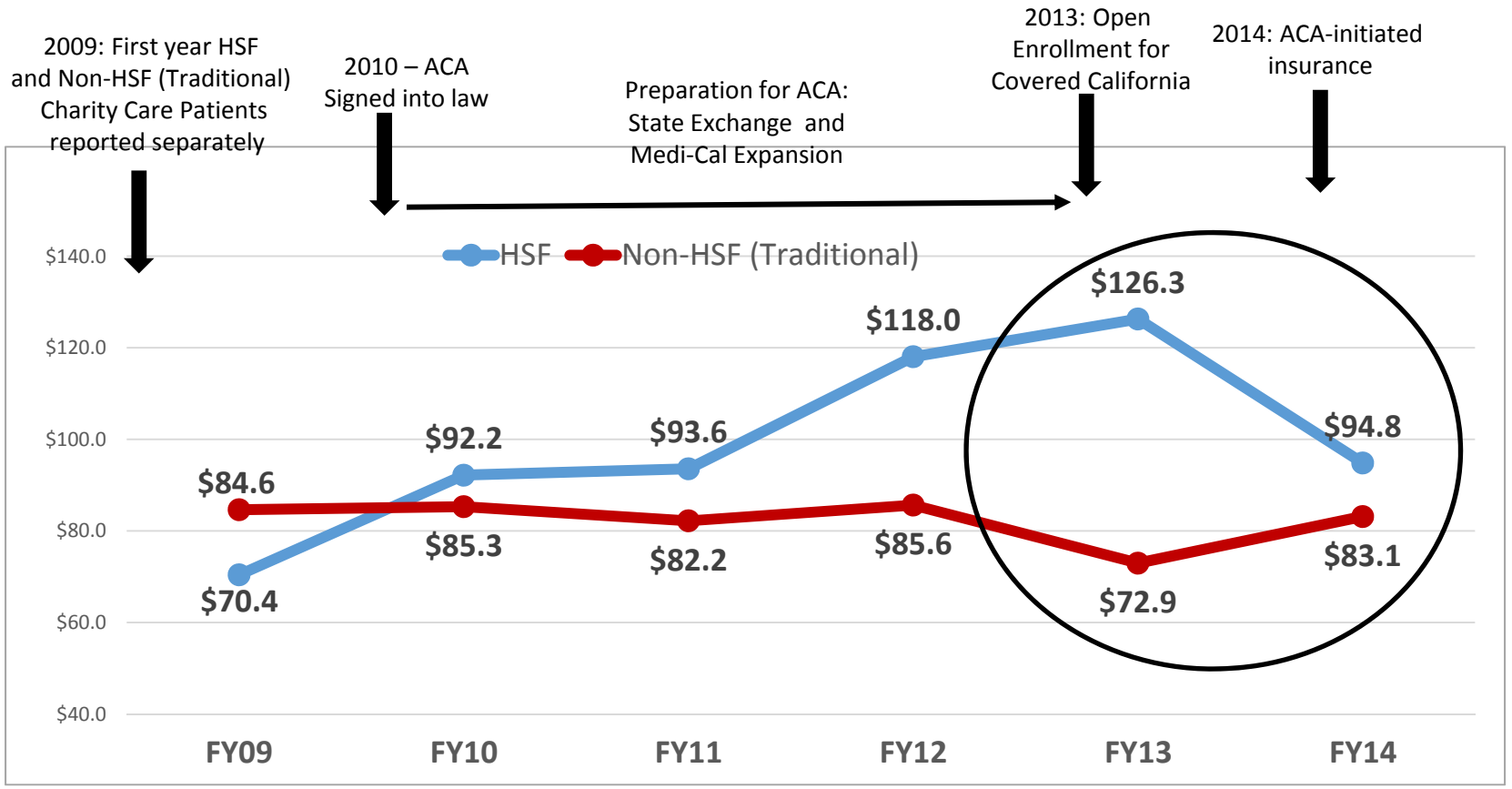
Finding: Decline in Number of Charity Care Patients

Number of HSF and Non-HSF Charity Care Patients, FY 2009 to FY 2014

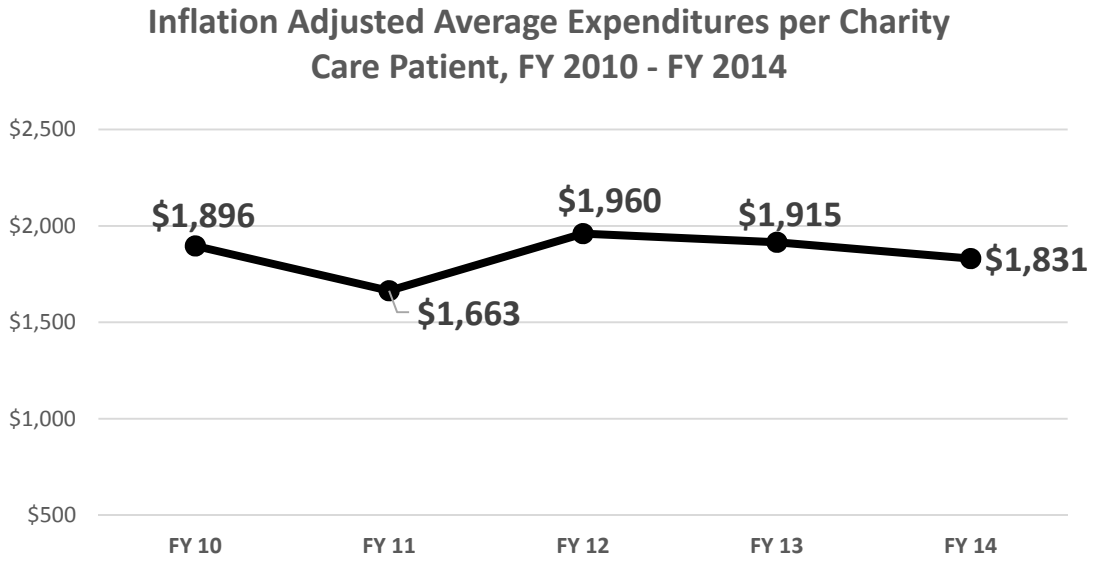


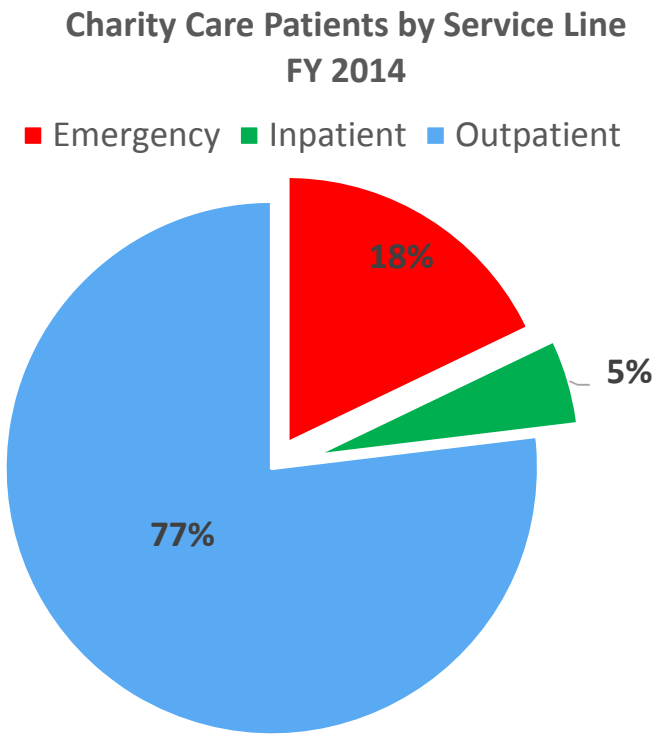
Finding: HSF and Non-HSF

Total Charity Care Expenditures (in Millions) from FY 2009 to FY 2014



Charity Care Patients





Finding: Hospital Variations

- No Clear Hospital-Specific Trends: non-uniform changes in charity care from FY 2013 to FY 2014
- City and County in Very Unique Transition Period
- Important Hospital Factors
  - Geographic location
  - Patient migration patterns
  - Insurance enrollment programs

Finding: Hospital Variations - Expenditures

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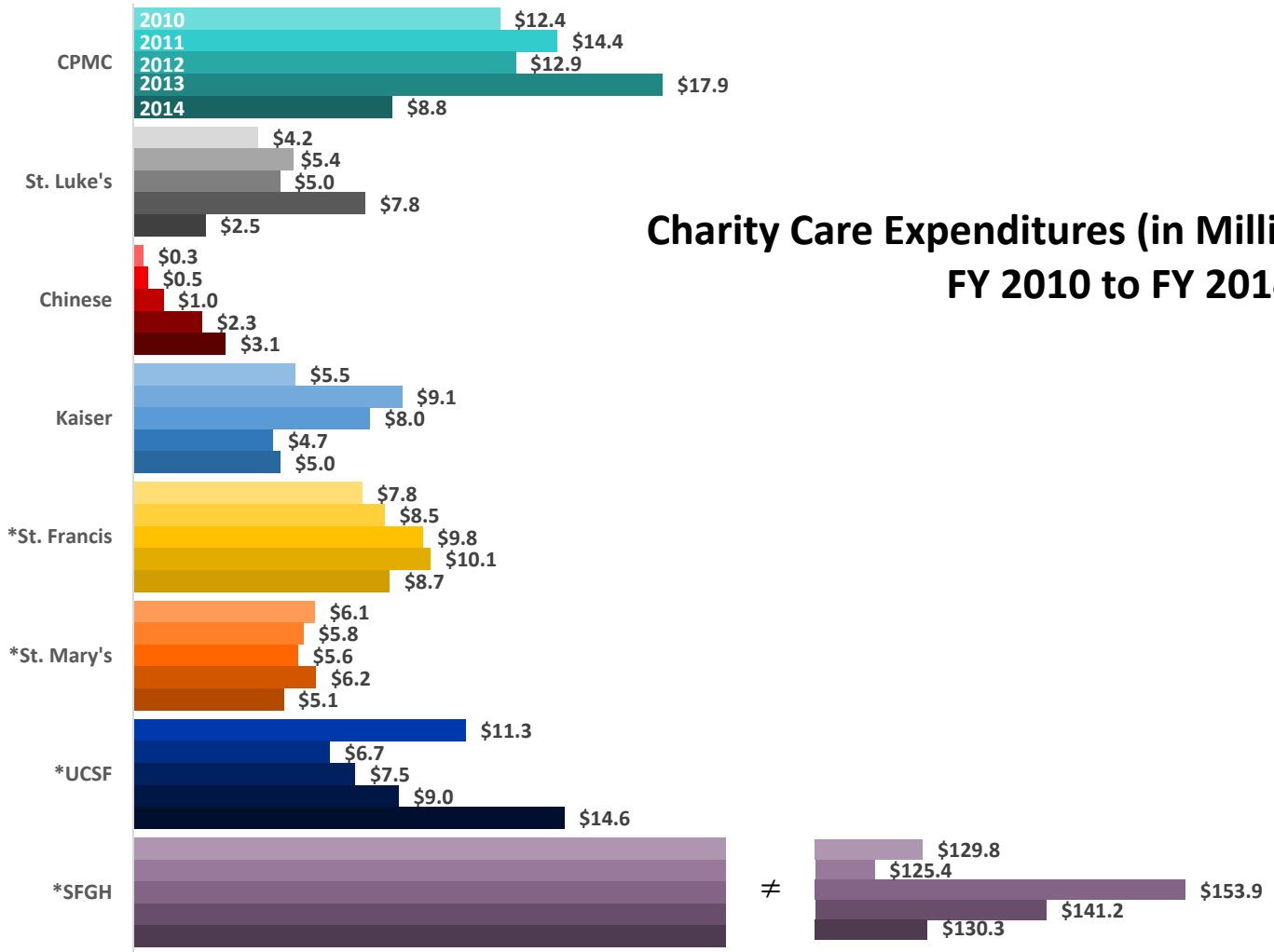
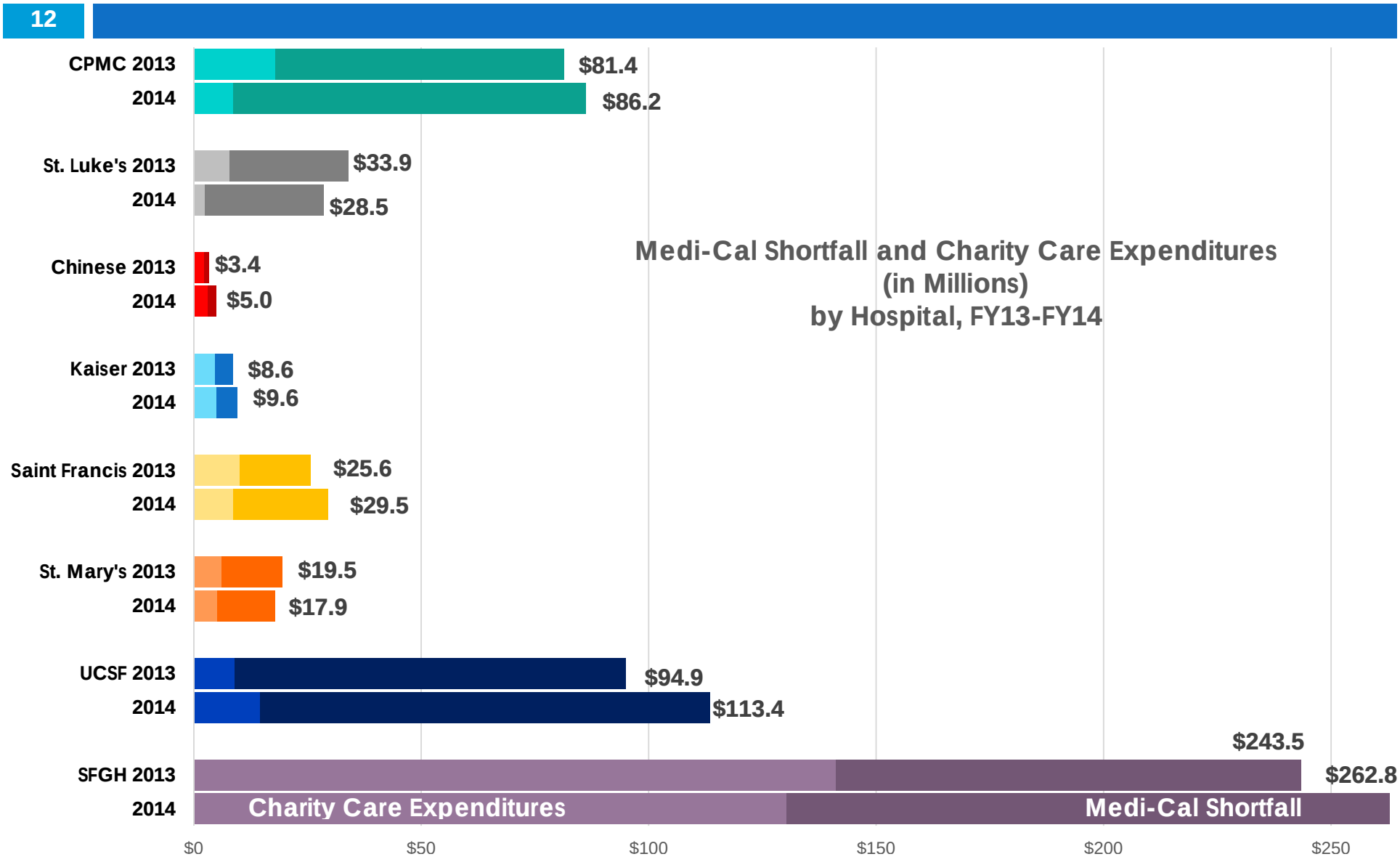


Charity Care Expenditures (in Millions) by Hospital FY 2010 to FY 2014

*** Asterisks denote hospitals on a fiscal year calendar, i.e. July 1st to June 30th. For example, FY 2012 would begin on July 1, 2011, and end on June 30, 2012.**

Finding: Medi-Cal Shortfall



Finding: Stable Residential Trends

Very little change in the residential trends for Traditional Charity Care Patients

- Districts 6, 9, 10, 11 continue to have highest proportions of Charity Care Patients in San Francisco

- Traditional Charity Care Patients Pool:
  - Greater proportion of San Franciscans
  - Decreased proportion of out-of-county residents
  - Consistent proportion of homeless and out-of-state residents

Conclusions:
Charity Care in the Health Reform Era

1. **ACA Likely Had a Significant Effect on Charity Care Landscape in San Francisco**
   - Decreased Number of Patients and Expenditures

2. **SFGH Continues to Provide the Majority of Charity Care in San Francisco**
   - ~70% of Charity Care Expenditures

3. **Continued Need for Charity Care and Safety Net Services**
   - Remaining Uninsured
   - Holistic and City-Wide Approach to Community Wellness Services

4. **Traditional Charity Care Patients**
   - May Not be as Able to Take Advantage of ACA
   - Residential Locations Remain Consistent

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Thank you & Questions