

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 31-95

**ADOPTING A DEPARTMENT OF PUBLIC HEALTH
SLIDING FEE SCALE POLICY**

WHEREAS, in 1993 the San Francisco Health Commission approved revised sliding fee scales and program guidelines to standardize eligibility policies at the Community Public Health Services and San Francisco General Hospital for patients who, after thorough eligibility screening, are found to have no sponsorship and are indigent, or have limited income and would otherwise be unable to pay for the full costs for their medical services; and,

WHEREAS, the Department of Public Health currently has two sliding fee scales, one used by Community Public Health Services and the other used by San Francisco General Hospital, and the Department proposed to create one uniform sliding fee scale; and,

WHEREAS, standardization of the Department's sliding fee is consistent with the Department's desire to create one network of community-based and hospital-based primary care and outpatient services; and,

WHEREAS, this sliding fee scale policy would apply to all patients who fall at or above 120% of the federal poverty level, the lowest income level where patients are assessed a share of cost; and,

WHEREAS, the Department proposes that all primary care clinics, both within Community Public Health Services and San Francisco General Hospital, adopt a \$10.00 per month minimum share of cost for primary care services that would be assessed to all patients with a share of cost liability; and,

WHEREAS, patients who use primary care clinic services in any given month and who are either referred to a San Francisco General Hospital specialty clinic, have prescriptions filled or are referred for diagnostic or ancillary services in that same month, are assessed an additional minimum share of cost of \$15.00 per month for these subsequent services; and,

WHEREAS, in the case of prescription drugs, the patient will be assessed the price of the drug or the minimum share of cost (\$15.00), whichever is less; and,

WHEREAS, patients with a share of cost liability, who only receive services from San Francisco General Hospital specialty clinics in any given month, will be assessed a minimum share of cost of \$25.00 per month; and,

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WHEREAS, San Francisco General Hospital may also assess a share of cost to patients being admitted electively or emergently, and to patients scheduled for ambulatory surgery, and those patients fall at or above 160% of the federal poverty level with a minimum share of cost of \$150.00 per episode; and,

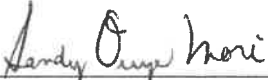
WHEREAS, it is deemed that only residents of the City and County of San Francisco are eligible for sliding scale programs; and,

WHEREAS, any and all fees may be waived upon determination of severe financial hardship and that no medically necessary services will be denied because of inability to pay; and,

WHEREAS, patients who are eligible for Medi-Cal, sponsored by other third party or any other coverage are required to utilize these benefits programs before being considered for sliding fees scale programs; now, therefore, be it

RESOLVED, that the San Francisco Health Commission adopts and approves the revised fee scales and program guidelines and authorizes the Director of Health to direct responsible staff to ensure that the programs are uniformly applied at all appropriate service sites.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, November 7, 1995.



Sandy Ouye Mori
Executive Secretary to
the Health Commission