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San Francisco Hospitals Charity Care Report: Charity Care in the Health Reform Era

San Francisco Department of Public Health

Prepared by the SFDPH Office of Policy and Planning
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Special thanks to San Francisco Charity Care Project's participating Hospitals and representatives:

- **California Pacific Medical Center, including St. Luke's Hospital**
- **Chinese Hospital**
- **Kaiser Foundation Hospital, San Francisco**
- **Saint Francis Memorial Hospital**
- **St. Mary's Medical Center**
- **Zuckerberg San Francisco General Hospital**
- **University of California, San Francisco Medical Center**

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SECTION I: EXECUTIVE SUMMARY

San Francisco's Charity Care Ordinance was designed to promote transparency in the provision of charity care among local non-profit hospitals and highlight the community services hospitals provide in exchange for the benefits that result from their tax-exempt status. This annual report, required by the Ordinance, provides a forum to share and examine the charity care data provided by hospitals, and also explores how the changes in the charity care landscape, notably through the Affordable Care Act. In this report, there is a section dedicated to City-wide trends and an additional section that provides hospital-specific data since City-wide trends are experienced differently across the hospitals.

A. As expected, against the backdrop of the Affordable Care Act, Charity Care has declined significantly in San Francisco.

The total number of charity care patients, expenditures, and services utilized across hospitals declined significantly from FY 2014 to 2015. As charity care patients previously ineligible for health insurance enrolled into Medi-Cal, it contributed to the expected increase in total Medi-Cal Shortfall across hospitals.

The findings are likely due to the continued success of ACA-initiated health insurance coverage in San Francisco and successful City-wide efforts to enroll eligible individuals into health insurance coverage.

B. The charity care declines were greater for Healthy San Francisco, likely because program participants were not only accustomed to actively participating in their health care, but also because those eligible for ACA-sponsored health insurance could be identified, contacted, and assisted with enrollment.

The Healthy San Francisco (HSF) program offers participants strong connections with the healthcare system, continued outreach, and an organized system of care with defined benefits and at times insurance-like cost-sharing. Furthermore, if eligible, HSF identifies and supports enrollment into ACA-initiated coverage. It is likely that a large number of HSF charity care patients enrolled into ACA-sponsored health care coverage for these reasons.

Therefore, as expected, the declines in charity care patients, expenditures, and service utilization were much more notable for HSF, compared to non-HSF/traditional charity care in FY 2015.

C. Traditional Charity Care will continue to be essential for the hard-to-reach population and for those who cannot access insurance.

Despite the successes in the ACA, an estimated 35,000 to 40,000 San Franciscans remain uninsured, due to ineligibility or inaccessibility of health insurance. Traditional charity care continues to cover homeless individuals, undocumented immigrants, and San Franciscans in districts with lower incomes.

With the limited decline in the number of traditional/non-HSF patients and the shifts in the utilization of services towards emergency care, traditional/non-HSF charity care represents populations that will continue to rely on this form of charity care moving forward.

SECTION II: THE SAN FRANCISCO CHARITY CARE ORDINANCE

In 2001, the San Francisco Board of Supervisors passed the Charity Care Ordinance (Ordinance 163-01), amending the San Francisco Health Code by adding Sections 129-138 to authorize the Department of Public Health (DPH) to require hospitals to report on charity care policies, quantify the amount of charity care provided, and provide patient notification of charity care policies. This law was the first of its kind in the nation and has supported a spirit of public disclosure locally that has been replicated in other municipalities and by the federal government as part of health reform, as evidenced by the ACA's reporting requirements.

While it does not require hospitals to provide a specific level of free or discounted care to the community, San Francisco's Health Code does require DPH to report on the hospitals' charity care work in an annual report. To fulfill this requirement, DPH collects, presents, and analyzes these data for the Health Commission each year. This annual charity care report allows readers to learn more about the health care provided to those who are under/uninsured and least able to pay for costly health care services.

San Francisco's Ordinance defines charity care as:

> *"emergency, inpatient, and outpatient medical care, including ancillary services, provided to those who cannot afford to pay and without expectation of reimbursement, and that qualifies for inclusion in the line item 'Charity-Other' in the reports referred to in Section 128740(a) of the California Health and Safety Code, after reduction by the Ratio of Costs-to-Charges."*[1]

The annual report captures charity care data in two categories: Healthy San Francisco (HSF) charity care, which is charity care provided by hospitals as part of their participation in local HSF program; and traditional charity care, which is defined as the care provided to under- or uninsured patients not enrolled in HSF, and in many cases ineligible for Medi-Cal.

To produce the annual report, DPH collaborates with all reporting hospitals through the charity care project work-group. All acute care hospitals in San Francisco (with the exception of the Veteran's Administration Hospital) participate in this work-group and report their charity care activities in San Francisco. There are eight total reporting hospitals[2] that submit charity care data to SFDPH within 120 days after the end of their fiscal year (FY):

- Chinese Hospital Association of San Francisco (CHASF)
- Dignity Health: Saint Francis Memorial Hospital (SFMH)
- Dignity Health: St. Mary's Medical Center (SMMC)
- Sutter Health: California Pacific Medical Center (CPMC)
- Sutter Health: St. Luke's Hospital (STL)
- Kaiser Foundation Hospital, San Francisco (KFH – SF)
- Zuckerberg San Francisco General Hospital (ZSFG)
- University of California San Francisco, Medical Center (UCSF)

[1] CCSF Health Code, Article 3 (Hospitals), Section 130. Definitions.

[2] More information about the reporting hospitals can be found in Appendix 3.

SECTION III: CITY-WIDE CHARITY CARE DATA AND CONCLUSIONS

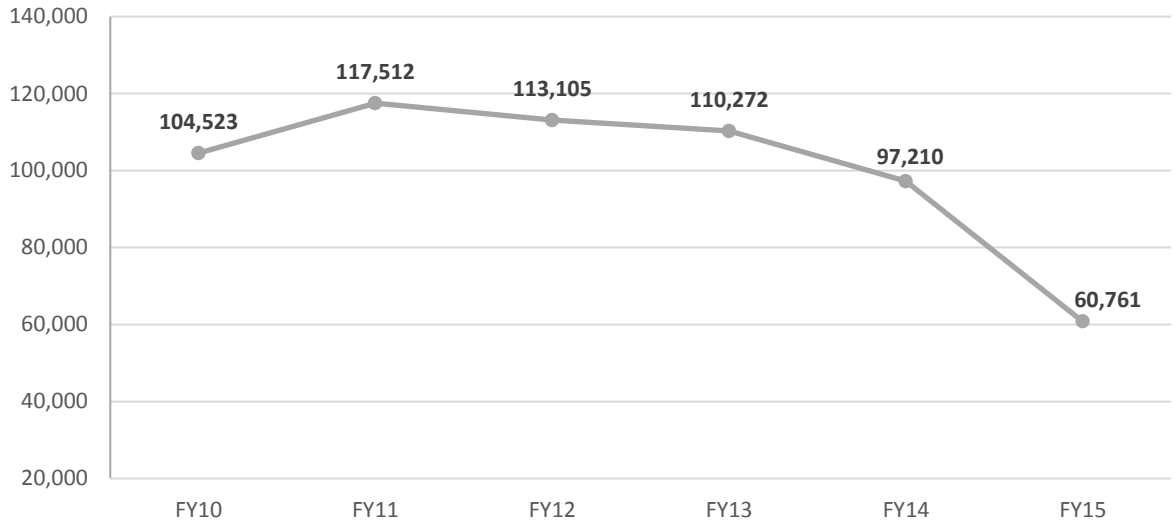
A. As expected, against the backdrop of the Affordable Care Act, Charity Care has declined significantly in San Francisco.

Since implementation of the ACA began in January 2014, approximately 90,000 San Franciscans enrolled in the Medi-Cal insurance expansion and 40,000 San Franciscans enrolled in insurance through Covered California. Likely due to this increase in health insurance coverage for San Franciscans, the reliance on charity care has declined in the City – with hospitals reporting significantly less charity care patients, expenditures, and service utilization in FY 2015.

Charity Care Patients declined in San Francisco

Fiscal year 2015 saw the most significant decline in the number of unduplicated patients[3] for overall charity care in the past years. Patients decreased from 97,210 to 60,585, representing a 38 percent decline from FY 2014. The decline suggests that many individuals previously eligible for charity care instead received ACA-initiated coverage.

Figure 1: Number of Unduplicated Charity Care Patients, FY 2010-2015

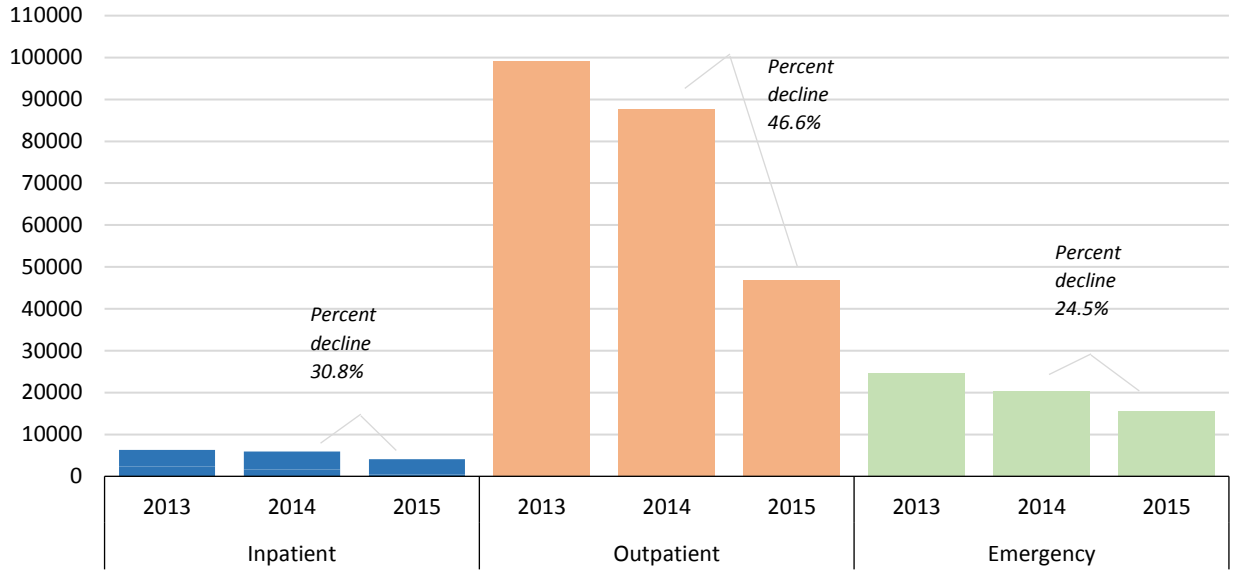


[3] Number of patients is unduplicated for each hospital regardless of the number of services/visits. There is possible duplication across hospitals. If a patient was seen at one hospital and again at another hospital, the patient would be counted twice.

Utilization of services by charity care patients declined in San Francisco

As expected with a decrease in patients, the number of emergency, inpatient, and outpatient services utilized by charity care patients also declined by 25 percent, 31 percent, and 47 percent from FY 2014 to FY 2015.

Figure 2: Number of Emergency, Inpatient, and Outpatient Services, FY 2013-2015



Charity Care Expenditures declined and Medi-Cal Shortfall increased in San Francisco

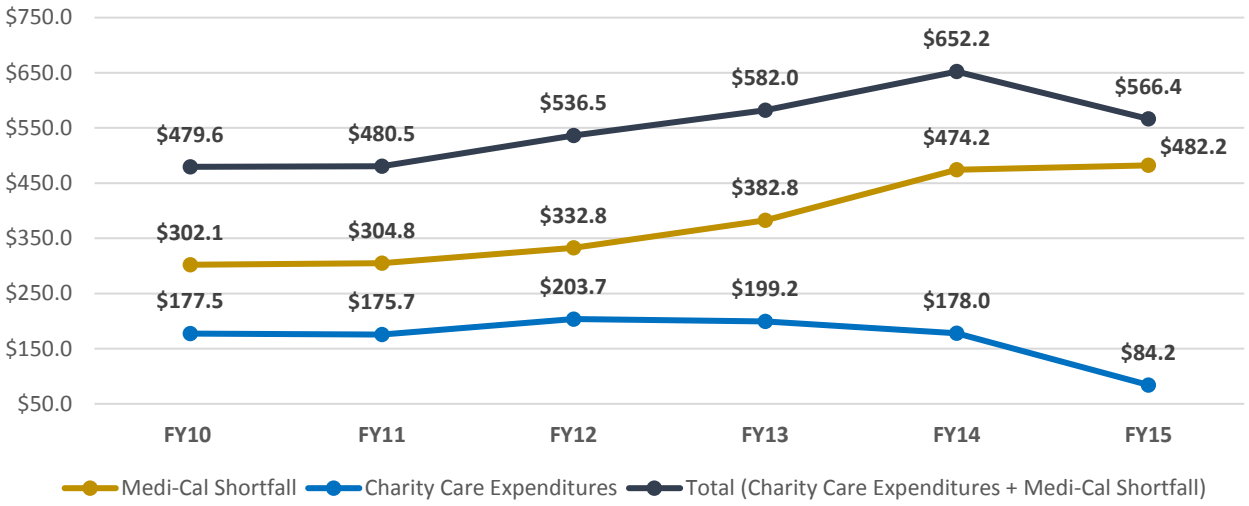
As the number of charity care patients declined, so did the total expenditures across the eight reporting hospitals, from $178 million to $84 million, representing a 52.7 percent decline. This decline is the largest decline seen in the reporting period for this report.

As charity care patients previously ineligible for health insurance may have enrolled in Medi-Cal, Medi-Cal shortfall becomes an increasingly important measure for evaluating the levels of care provided to low-income San Franciscans. Hospitals track the amount of Medi-Cal expenditures spent in services to Medi-Cal beneficiaries as compared to hospital reimbursement from the program, and the difference between these two amounts is known as Medi-Cal Shortfall. Generally, hospitals must absorb the cost of this difference.

Across the reporting hospitals, the total Medi-Cal shortfall increased by 8 million or approximately 1.7 percent from FY 2014 to FY 2015. Taken together (Medi-Cal shortfall and charity care expenditures), these continue to suggest that there is shift to ACA-initiated coverage in San Francisco.

Furthermore, the state average ratio of charity care expenditures to the net patient revenue has declined significantly from FY 2013 (2 percent) to FY 2015 (0.8 percent). The hospitals reported that this decline could be attributable to an overall decline in charity care costs in the state and a shift from charity care to Medi-Cal in the State, similar to the trend in San Francisco.

Figure 3: Total Charity Care Expenditures and Medi-Cal Shortfall, FY 2010-2015



B. The charity care declines were greater for Healthy San Francisco, likely because program participants were not only accustomed to actively participating in their health care, but also because those eligible for ACA-sponsored health insurance could be identified, contacted, and assisted with enrollment.

HSF is a locally-created and funded program, started in 2007, that provides comprehensive, affordable health care to uninsured adults in San Francisco. HSF caters to the uninsured via a medical home-based model, pairing each member with a primary care provider and thereby improving access to preventive and coordinated care. Although not insurance, HSF provides an organized system of care with benefits beyond hospital services and a stronger connection to the healthcare system for participants.

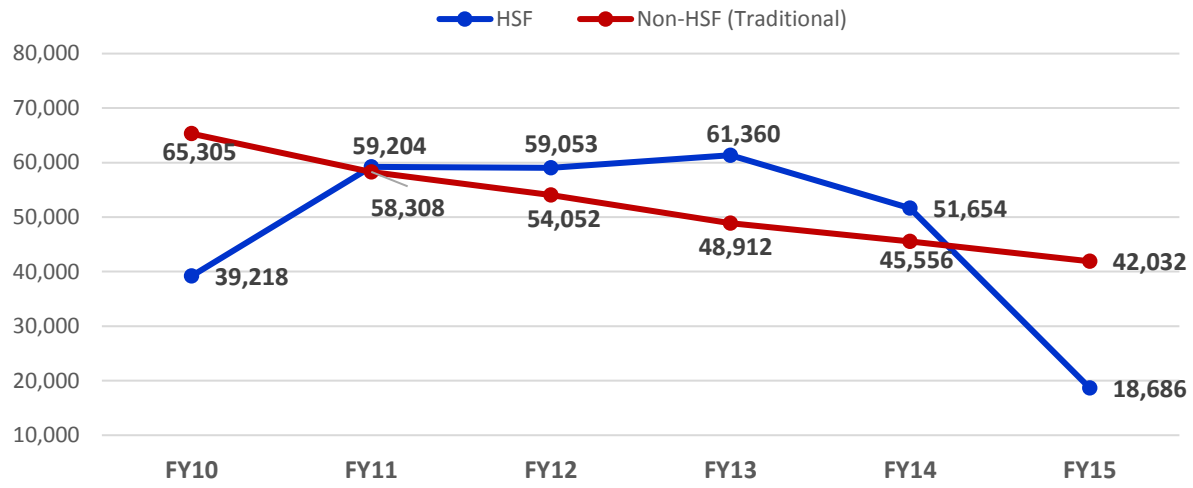
Through the program, participants are accustomed to actively participating in the healthcare system. Furthermore, HSF provides outreach and assistance to help enroll those eligible for ACA-sponsored coverage, increasing the accessibility of health insurance. For example, between January 2014 and June 2015, 3,807 HSF participants were dis-enrolled from HSF and enrolled in Medi-Cal.[4] Therefore, likely due to these reasons, there are more significant declines in patients, expenditures, and services for HSF as compared to traditional charity care.

[4] This figure only includes HSF participants that sought services at SFDPH.

Healthy San Francisco drove the declines in charity care patients and expenditures in San Francisco

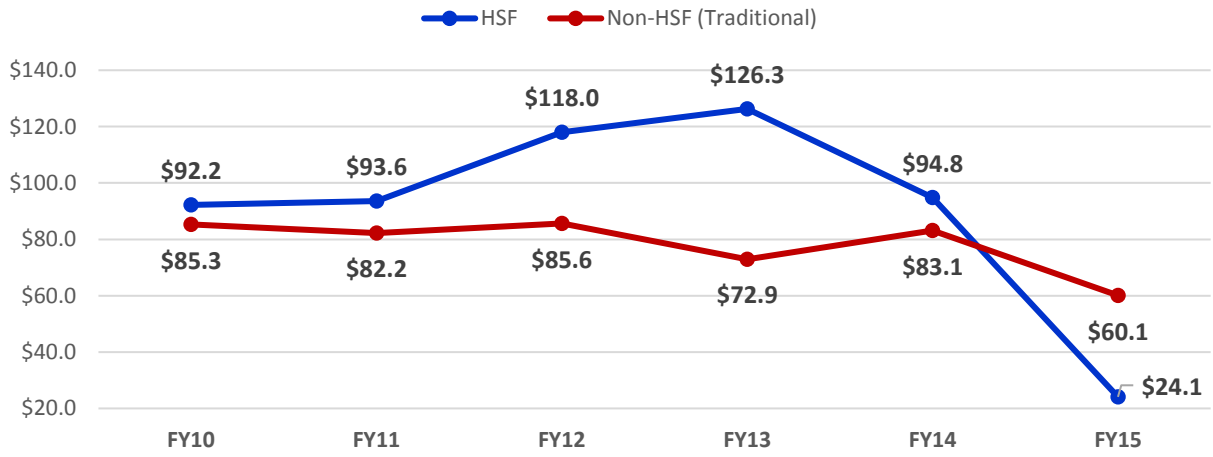
Before the ACA's insurance provisions became operational in January 2014, charity care reports noted a shift from Non-HSF (traditional) charity care towards HSF coverage. But, with the onset of the ACA's insurance provisions and expanded access to health insurance coverage, from FY 2014 to FY 2015, the decline in HSF charity care patients was 32,925, or 63.7 percent, while the drop was only 3,524 non-HSF charity care patients, or 7.7 percent.

Figure 4: Number of HSF and Non-HSF Charity Care Patients, FY 2010 to FY 2015



In FY 2014, HSF charity care spending decreased for the first time in the reporting period for this report, from $126.28 million to $94.82 million. This trend has continued for HSF into FY 2015 – the overall expenditures continued to decrease significantly by 74.6 percent. To compare, the decline in non-HSF traditional charity care was 27.7 percent.

Figure 5: HSF and Traditional Charity Care Expenditures (in Millions) from FY 2010 to FY 2015



C. Traditional Charity Care will continue to be essential for the hard-to-reach population and for those who cannot access insurance.

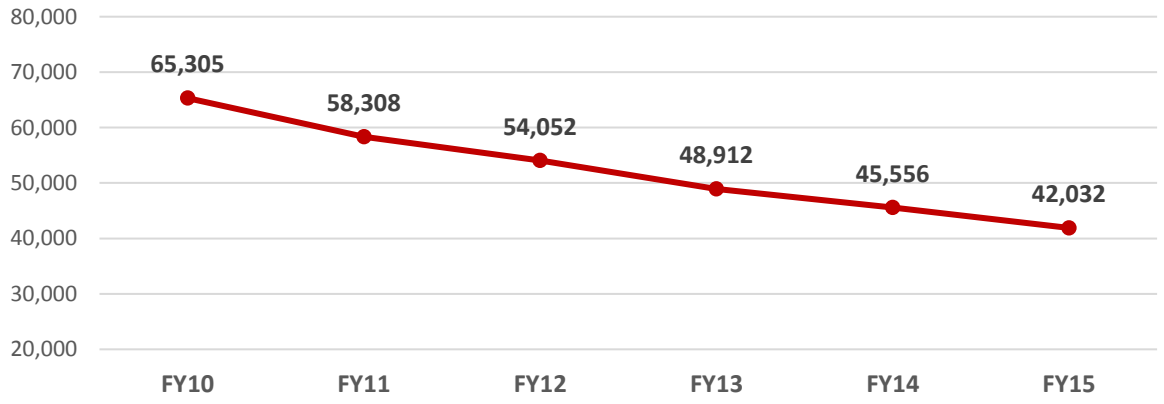
The Congressional Budget Office estimated that 37 million (14 percent) of all non-elderly U.S. residents would be uninsured in 2015, despite the effects of the ACA. The estimates includes undocumented immigrants and individuals eligible, but not enrolled, in Medicaid.[5] Similarly, prior to the ACA, HSF covered 75 percent of the uninsured, but covers only 25 percent of the uninsured post-ACA. [6]

With more individuals gaining ACA-initiated coverage, those who remain uninsured are typically harder to reach and/or cannot access coverage. Overall, there will be a number of San Franciscans that will remain uninsured despite all City-wide and national efforts. These individuals will continue to rely on traditional charity care.

Although steadily declining, traditional charity care continues to serve a large number of patients

The precipitous drop seen in the number of HSF patients was not the case for traditional charity care patients. Although there has been declines in traditional charity care patients, there are still 42,032 unduplicated patients that utilized traditional charity care in FY 2015.

Figure 7: Number of Traditional Charity Care Patients, FY 2010-2015



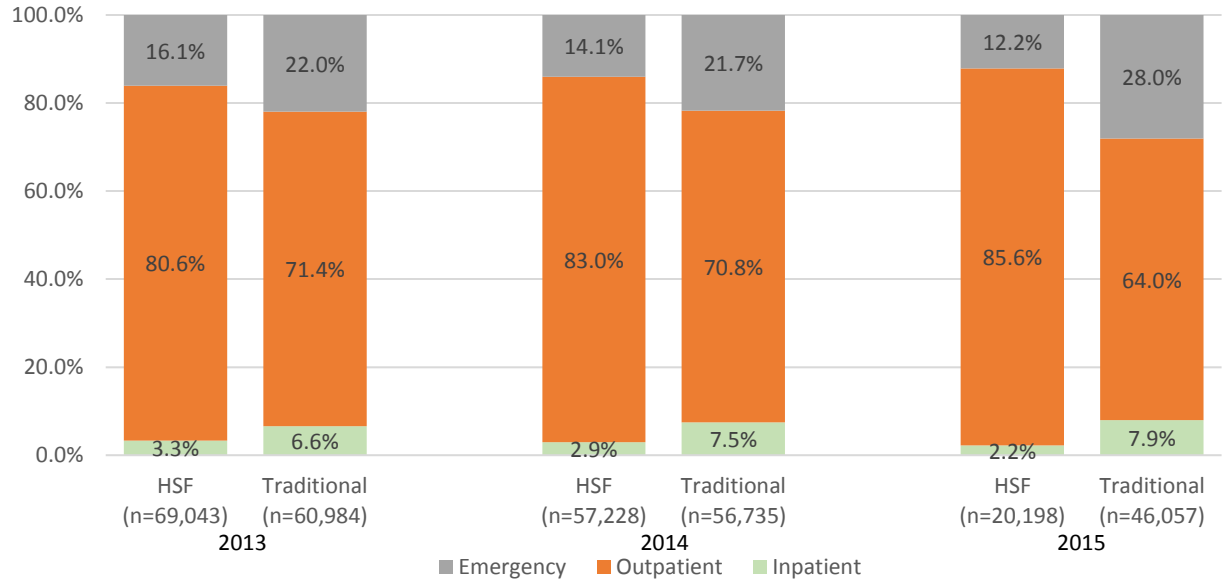
[5] Congressional Budget Office. Updated Estimates of the Insurance Coverage Provisions of the Affordable Care Act http://www.cbo.gov/sites/default/files/cbofiles/attachments/45010-breakout-AppendixB.pdf

[6] Healthy San Francisco Annual Report, FY 14-15 http://healthysanfrancisco.org/wp-content/uploads/2014-2015-HSF-Annual-Report.pdf

The relatively higher and increasing rates of emergency room services among recipients of traditional charity care suggest a harder to reach population without a regular source of primary care

Despite decreases in the number of patients and services utilized by patients, the proportion of emergency care has increased for traditional charity care patients, not seen with the HSF population. In FY 2014, the proportion was 21.7 percent, but in FY 2015 that has increased to 28 percent of all services. With the increased dependence on emergency care, it reiterates the idea that traditional charity care represents the harder-to-reach population with lesser access to ACA-initiated coverage and primary/preventive care.

Figure 8: Proportion of all services for HSF and non-HSF (traditional), FY 2013-2015



Traditional Charity Care residential trends have remained consistent since the ACA, and continue to be concentrated in districts that include San Francisco's lowest income neighborhoods.

As in previous years, traditional charity care patients continue to be predominantly San Francisco residents (77 percent) and homeless individuals (12 percent); districts 6, 9, 10, and 11 still represent the largest share of traditional charity care patients in San Francisco as in the previous four years. These districts also have some of the lowest average household incomes across San Francisco, indicating a correlation between charity care need and poverty in districts. With the lack of significant changes in these trends and data, traditional charity care will continue to be essential to the safety net for those who cannot access health insurance or are hard to reach.

Figure 9: Traditional Charity Care Patients by Supervisorial District, FY 2010 to FY 2015

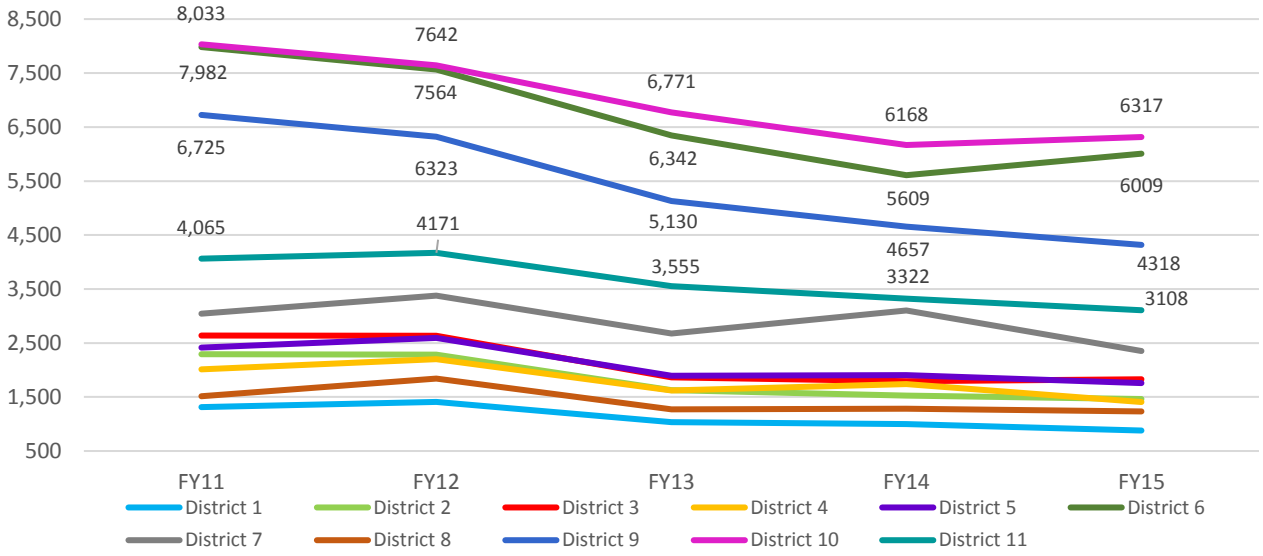
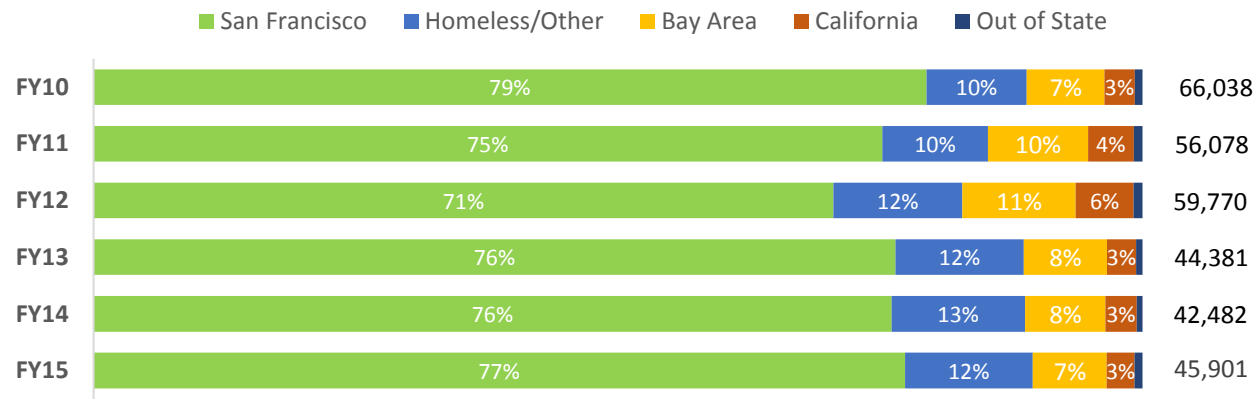


Figure 10: Traditional Charity Care Patients Reported Residence, FY 2010 to FY 2015



SECTION IV: HOSPITAL- SPECIFIC CHARITY CARE DATA

The previous section provided City-wide charity care trends and conclusions. A number of factors may influence charity care across hospitals, including patients' personal preferences, ambulance diversion, transportation, hospitals' service delivery mix, and geographic location, among others. Therefore, this section provides data to show how the city-wide trends in charity care patients, service utilization, expenditures, and Medi-Cal Shortfall varied among the eight reporting hospitals.

Unduplicated Patients

Although charity care patients declined in San Francisco from FY 2014 to FY 2015, there were variations across hospitals.

All hospitals saw a decline in the total number of unduplicated patients. For Non-HSF (traditional) charity care patients, four out of eight hospitals saw a significant decrease from FY 2014 to FY 2015. These hospitals drove the overall decline in traditional charity care patients.

Considering the number of HSF charity care patients, seven out of eight reporting hospitals saw significant decreases, bolstering the notion that the HSF population may have been more successful in gaining ACA-initiated coverage than the Non-HSF (Traditional) charity care population.

Figure 11: Unduplicated Charity Care Patients by Hospital, FY 2010-2015

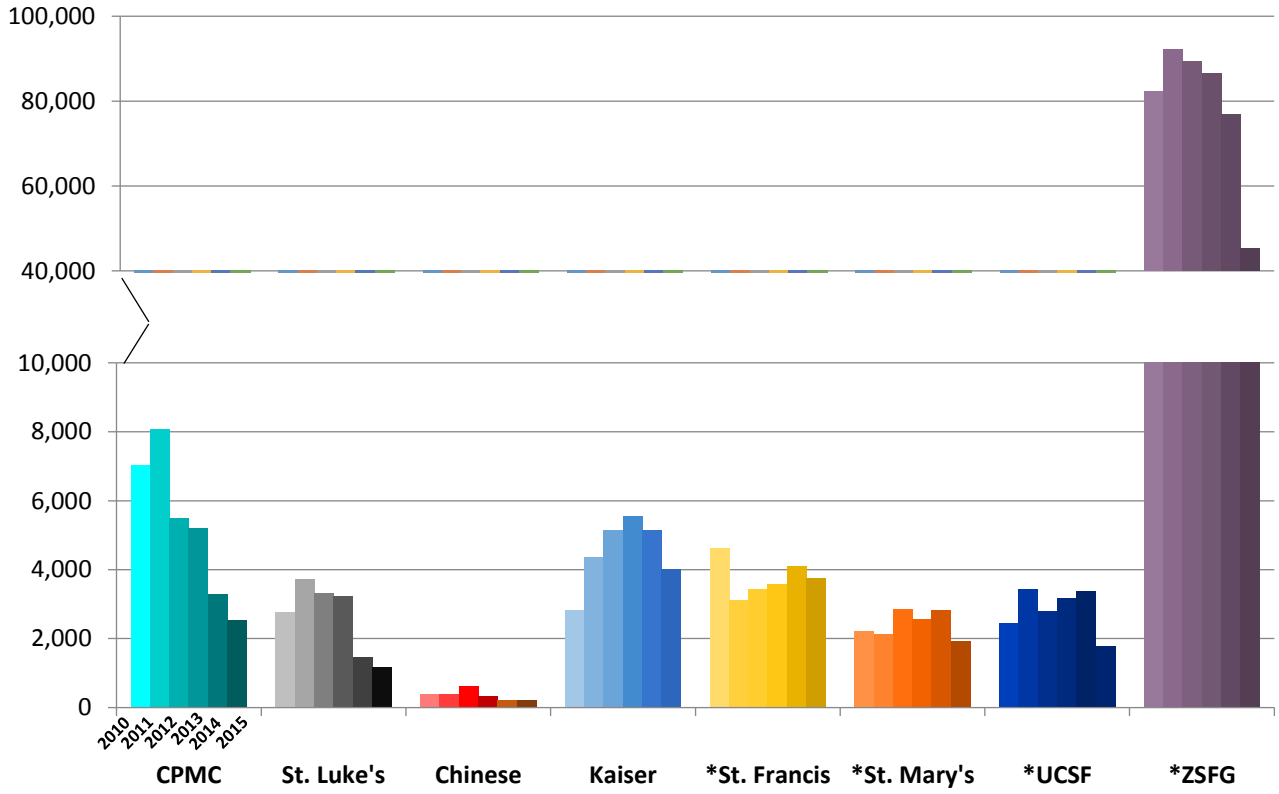


Figure 12: Non-HSF (Traditional) Charity Care Patients by Hospital, FY 2010-2015

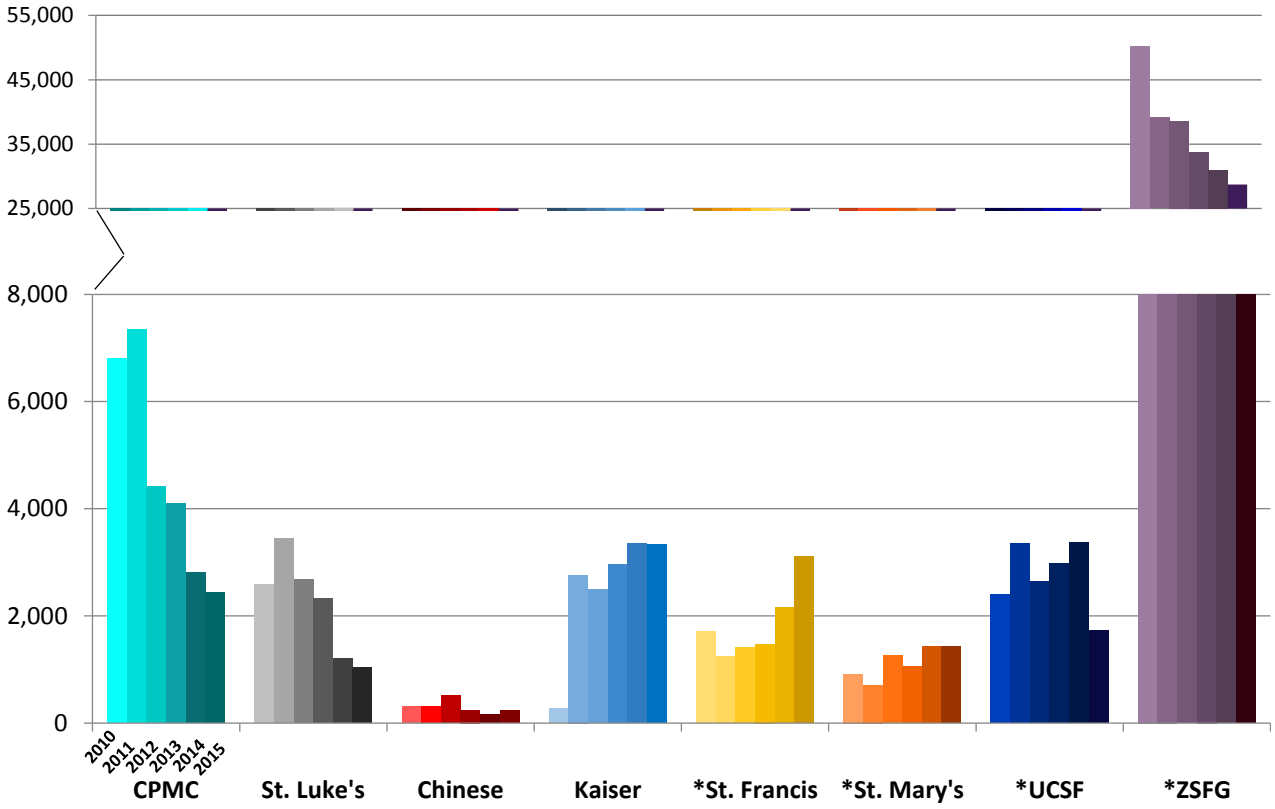
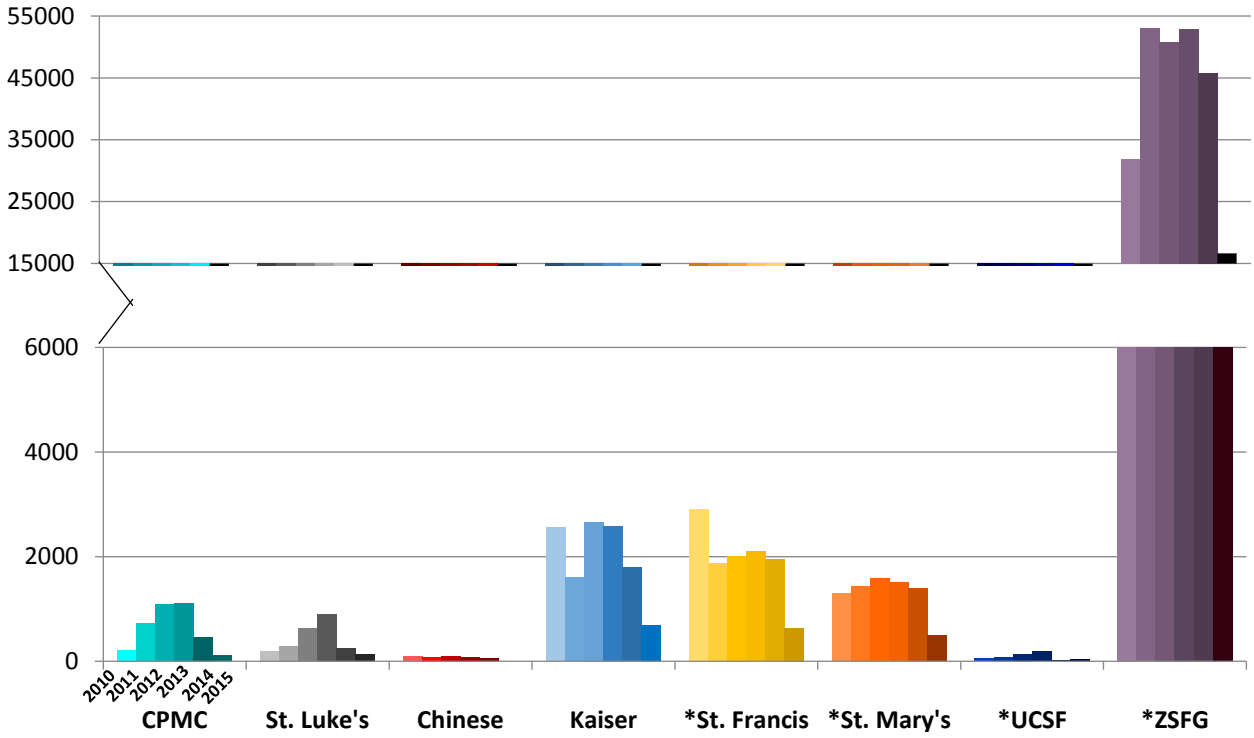


Figure 13: HSF Charity Care Patients by Hospital, FY 2010-2015



* Asterisks denote hospitals on a fiscal year calendar, i.e. July 1st to June 30th. For example, FY 2015 would begin July 1, 2014, and end on June 30, 2015.

Hospital Locations and Charity Care Patient Residence

ZSFG serves the majority of traditional charity care patients across the represented hospital campus zip codes. Excluding ZSFG, hospitals usually see the highest number of patients from within their own zip code.

The table below show the zip code for each of the ten hospital campuses, and the bold/highlighted cells show the number of patients residing in a zip code who received care by the hospital in that zip code.[7] ZSFG serves the majority of traditional charity care patients across the represented hospital campus zip codes. Removing ZSFG from the analysis also shows that many of the patients in the various hospital zip codes are receiving charity care at that zip code's corresponding hospital. For example, most patients who reside in zip code 94109, where the Saint Francis hospital campus is located, seek care at that hospital, and the same is true for patients in zip codes, 94114 (CPMC), 94115 (CPMC, UCSF),94117 (SMMC), and 94122 (UCSF).

Charity Care Recipients in Local Hospital's ZIP codes, FY2015

Charity Care Recipients in Local Hospital's ZIP codes, FY2015 (Non-HSF)								
Zip Code	**Hospital in Zip Code**	**CPMC**	**STL**	**CHI**	**SFMH**	**SMMC**	**ZSFG**	**UCSF**
94109	SFMH	74	7	150	**270**	47	1318	79
94110	ZSFG, STL	93	**148**	5	31	38	**3803**	166
94114	CPMC (Davies)	**131**	5	1	11	10	437	71
94115	CPMC (Pacific), UCSF (Mt. Zion)	**88**	9	2	35	40	713	**77**
94117	SMMC	65	7	1	9	**86**	551	54
94118	CPMC (California)	**42**	3	3	5	44	350	42
94122	UCSF (Parnassus)	33	2	8	7	32	570	**219**
94133	Chinese Hospital	28	5	**49**	135	28	360	46

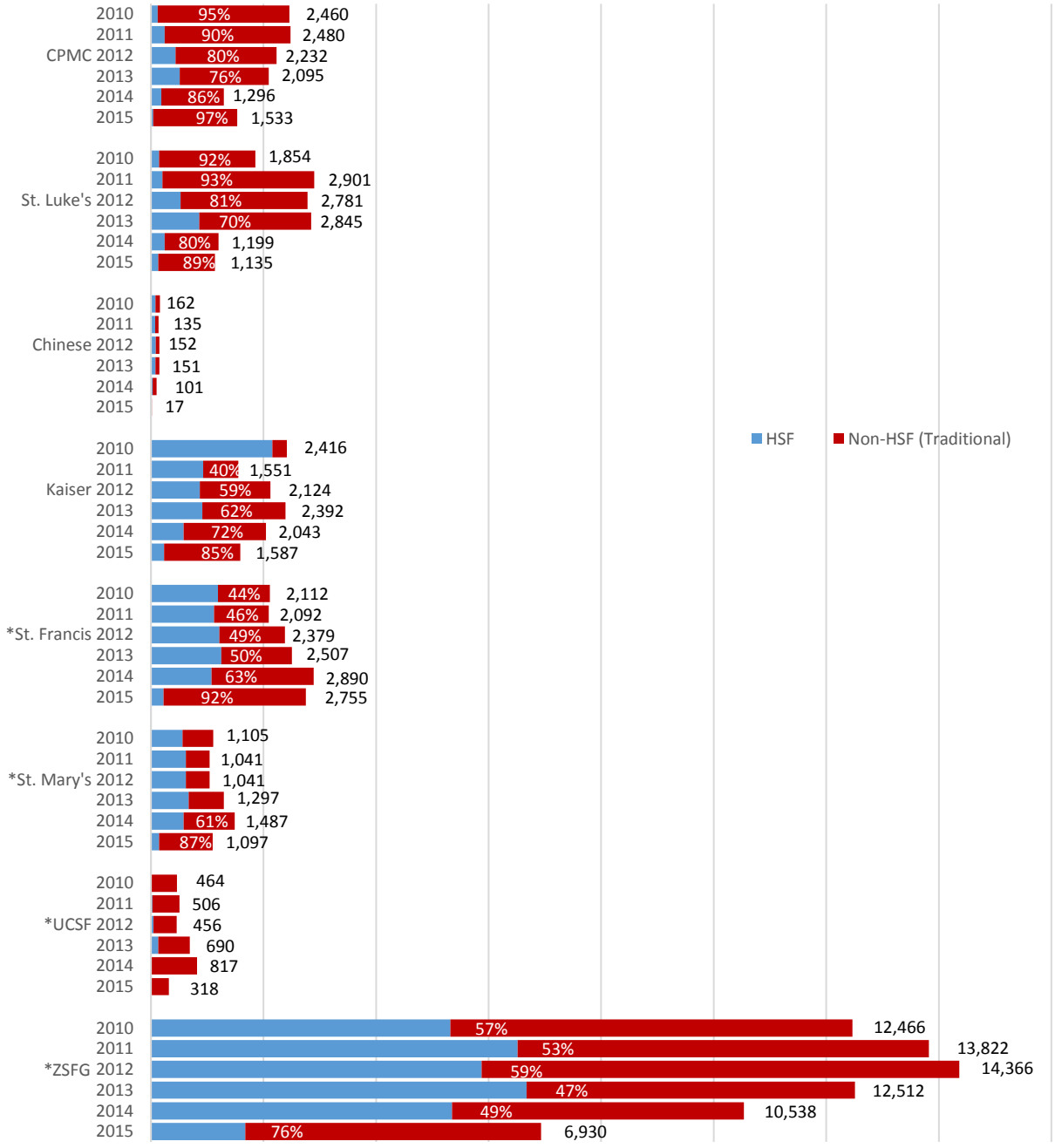
HealthCare Services

The San Francisco trend of declining utilization of services was experienced differently among the hospitals by HSF and non-HSF patients.

The figures below show the number of unduplicated patients who received emergency, inpatient, and outpatient services across all reporting hospitals. Seven out of eight hospitals experienced decreases in its HSF population seeking emergency services, but the trend is mixed for the Non-HSF (Traditional) charity care population.

[7] For the table, the bold and blue highlighted cells indicate the number of patients who received care by the hospital in that particular zip code. For example, zip code 94109 where Saint Francis is located, 270 patients received care at that hospital. The number of patients seen at each of the other hospitals is listed in that row corresponding to the zip code.

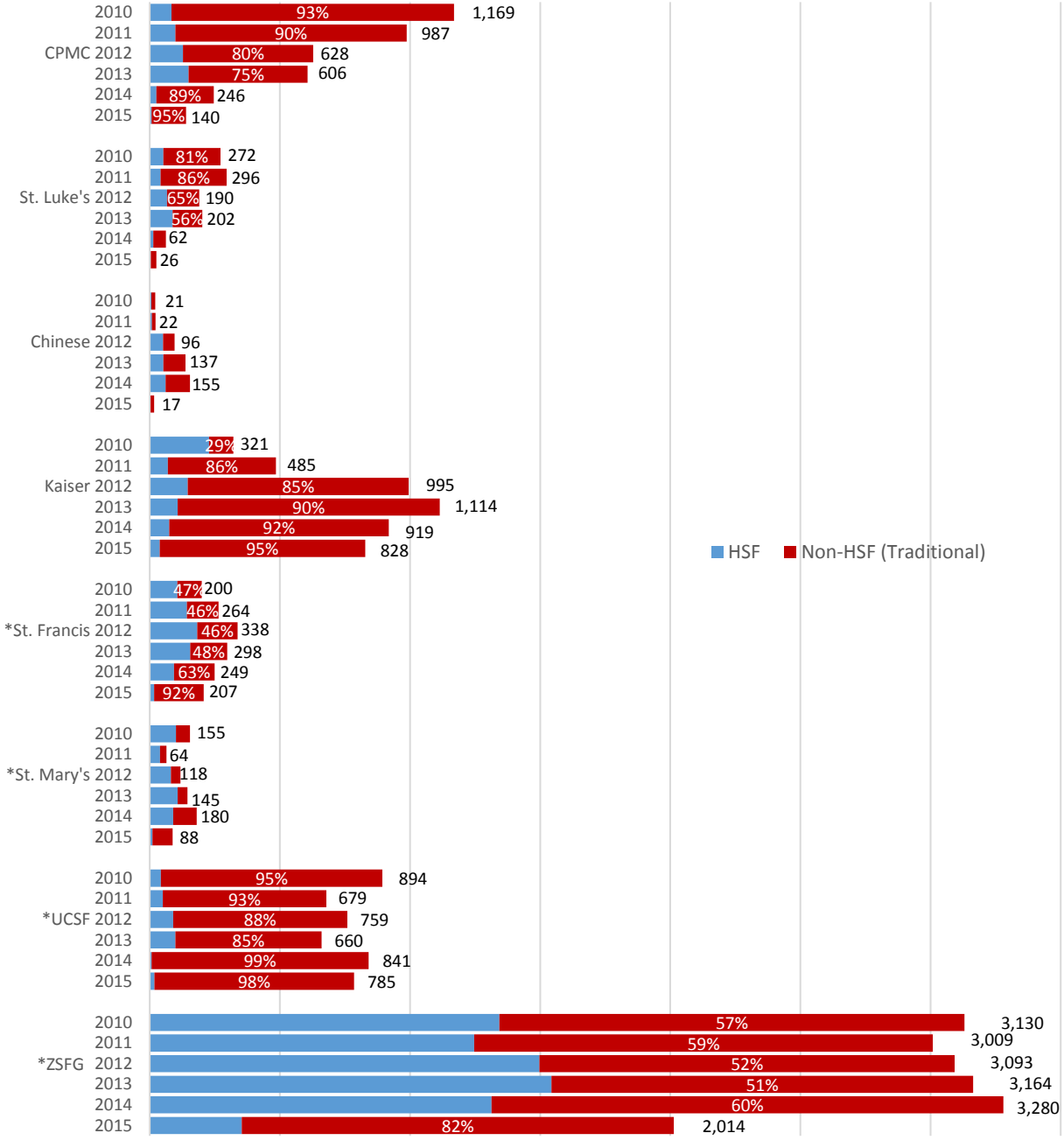
Figure 14: Charity Care Patients Accessing Emergency Services, FY 2010 – FY 2015



Hospitals have been providing inpatient services for more Non-HSF (Traditional) charity care patients than HSF patients.

With regard to HSF and traditional charity care patients, every hospitals saw a decrease in HSF patients seeking inpatient care, which contributed significantly to the overall decrease in number of patients from FY 2014 to FY 2015. Seven out of eight hospitals saw a decrease in the number of non-HSF (traditional) charity care patients seeking inpatient services.

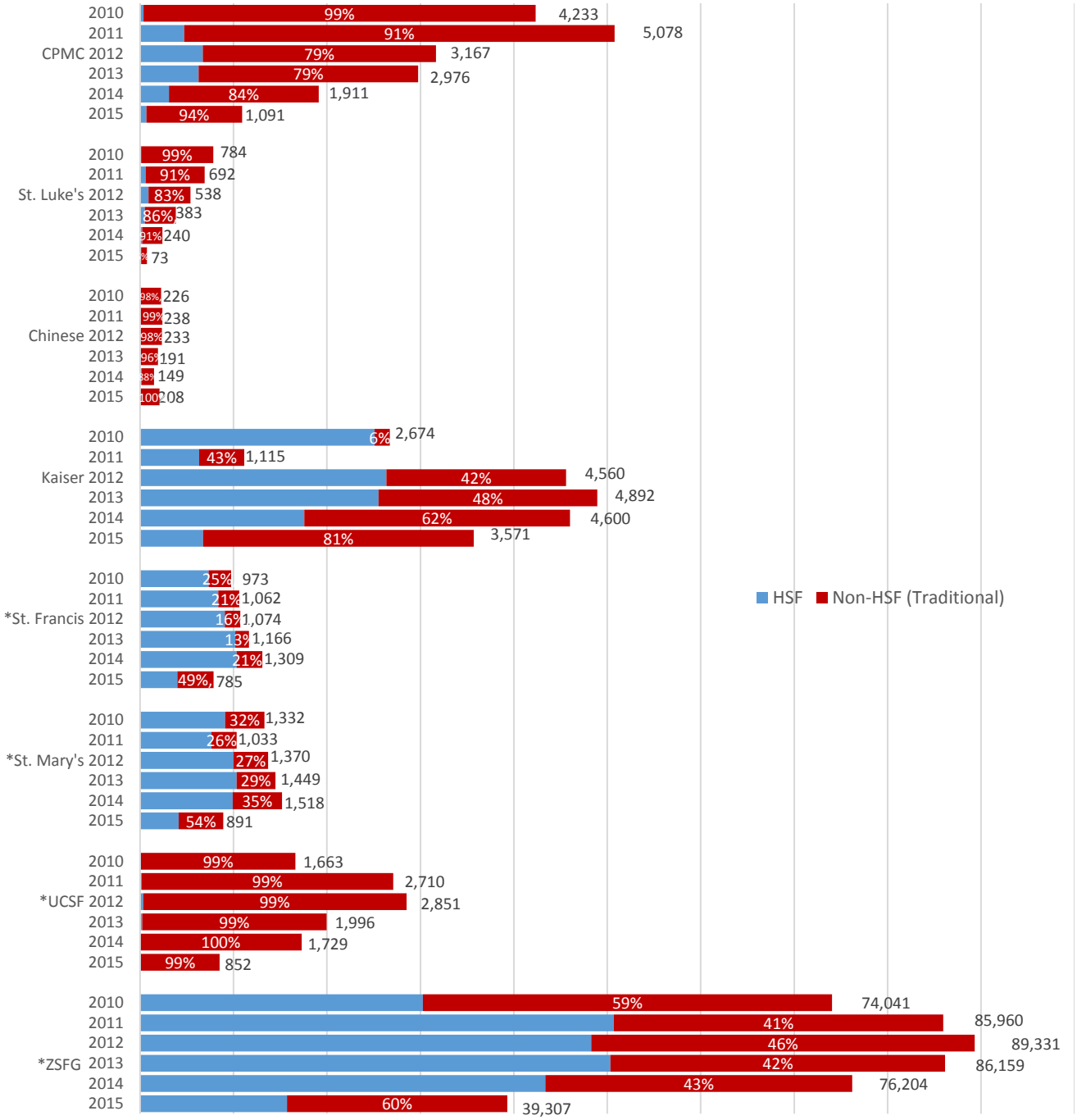
Figure 15: Charity Care Patients Accessing Inpatient Services, FY 2010 – FY 2015



Seven of the eight hospitals saw a decline in HSF patients utilizing outpatient services. For non-HSF (traditional), five hospitals saw declines, while three hospitals experienced increases.

Half of the hospitals provided more outpatient services than any other type of service, while the other half provided more emergency charity care services. ZSFG, Kaiser, and St. Mary's all provide primary care as part the outpatient services offered to HSF patients, so these hospitals' data would include primary care visits, while the other hospitals' outpatient data would include outpatient specialty care only.

Figure 16: Charity Care Patients Accessing Outpatient Services, FY 2010 – FY 2015

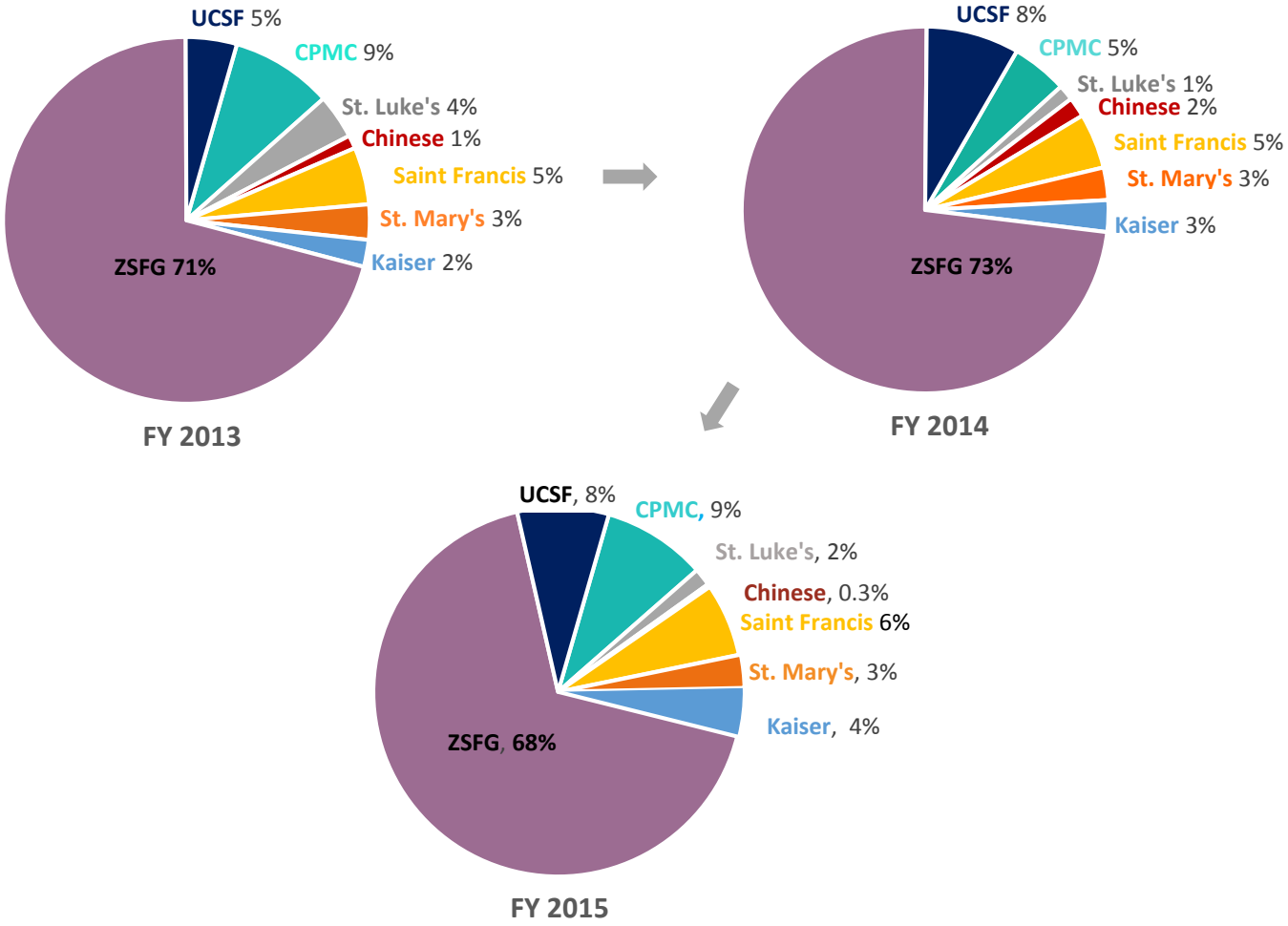


Expenditures

All eight reporting hospitals experienced decreases in expenditures from FY 2014 to FY 2015. But, the level of decline varied across hospitals.

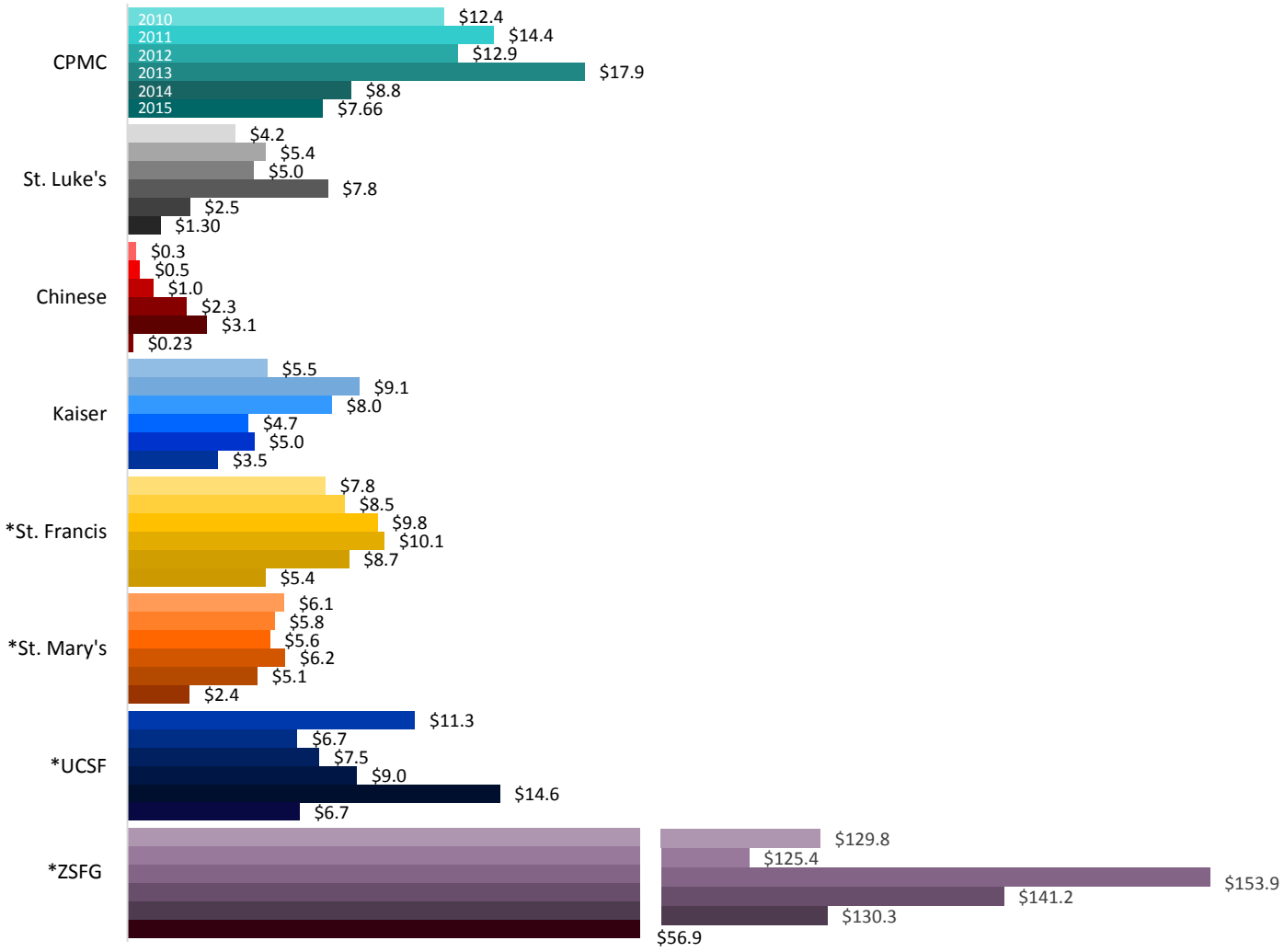
Though the ACA has had an impact on the overall expenditures, there has been little change with respect to reporting hospitals' share of the charity care expenditures. As previous reports have shown, each individual hospital's share of charity care expenditures fluctuates over time.

Figure 17: Charity Care Expenditures by Hospital, FY 2013 to FY 2015



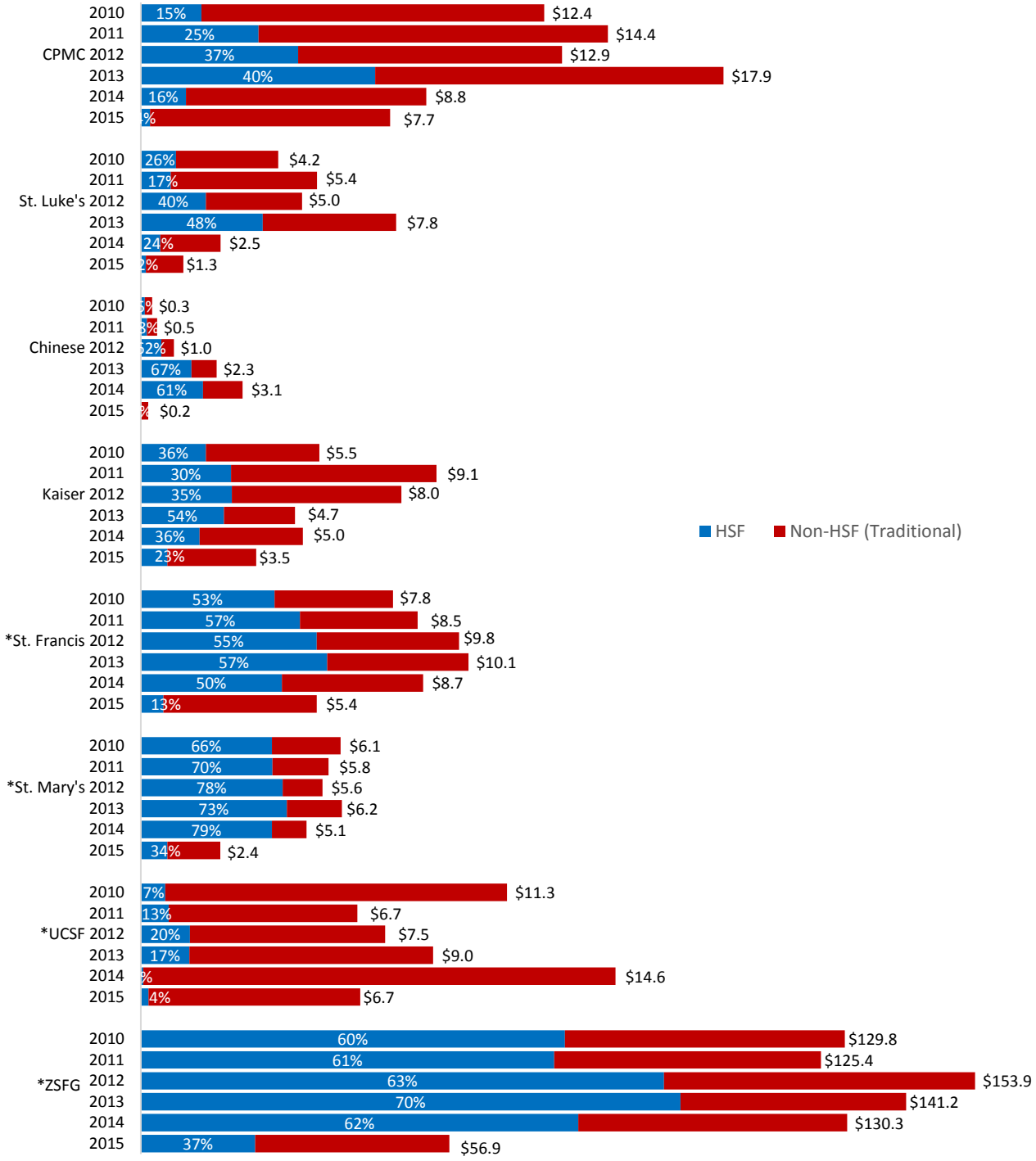
The chart below delineates the specific charity care expenditures per hospital. Some hospitals saw more changes on this measure than others from FY 2014 to FY 2015. Overall, all eight reporting hospitals reported a decrease in overall charity care expenditures during that time period.

Figure 18: Charity Care Expenditures (in Millions) by Hospital, FY 2010 to FY 2015



A further analysis of HSF/Non-HSF (Traditional) charity care expenditures by hospital also reflects the fact that most hospitals saw a drastic decrease in the proportion of HSF spending in FY 2015 compared to traditional charity care expenditures.

Figure 19: HSF and Non-HSF Charity Care Expenditures by Hospital, FY 2010 to FY 2015



Another way to compare charity care trends in San Francisco is to review each reporting hospital's ratio of charity care compared to net patient revenue, which allows for a useful comparison of each hospital's charity care contribution relative to its size. For purposes of this report, net patient revenue information is taken from the OSHPD financial reports. [8] Note that Kaiser is excluded from this portion of the report, as the hospital is not required to report this information to OSHPD.

The figure below shows each hospital's ratio of charity care expenditures (as reported to SFDPH), compared to the net patient revenue (as reported to OSHPD). Four of the seven hospitals (excluding Kaiser) are above the state average Charity care costs to Net Patient Revenue.

Figure 20: Charity Care as Compared to Net Patient Revenue, FY 2013 and 2015

FY 2013 Charity Care as Compared to Net Patient Revenue[9]				
Hospital	**Net Patient Revenue**	**Charity Care Costs**	**Ratio of CC Costs to Net Pt. Revenue**	**State Avg. CC Costs to Net Pt. Revenue**
CPMC	$1,113,925,584	$17,913,168	1.61%	**2%**
St. Luke's	$109,809,103	$7,847,513	7.15%	
Chinese	$107,070,689	$2,332,463	2.18%	
St. Francis*	$206,126,585	$10,069,967	4.89%	
St. Mary's*	$210,885,407	$6,184,299	2.93%	
UCSF*	$2,097,806,241	$8,986,294	0.43%	
ZSFG*	$677,697,391	$141,159,972	20.83%	

FY 2015 Charity Care as Compared to Net Patient Revenue				
Hospital	**Net Patient Revenue**	**Charity Care Costs**	**Ratio of CC Costs to Net Pt. Revenue**	**State Avg. CC Costs to Net Pt. Revenue**
CPMC	$1,182,342,129	$7,663,805	0.65%	**0.8%**
St. Luke's	$108,026,820	$1,304,319	1.21%	
Chinese	$105,362,773	$225,661	0.21%	
St. Francis*	$221,989,006	$5,410,002	2.44%	
St. Mary's*	$220,684,055	$2,439,841	1.11%	
UCSF*	$2,566,224,848	$6,742,521	0.26%	
ZSFG*	$674,469,809	$56,899,117	8.44%	

* Asterisks denote hospitals on a fiscal year calendar, i.e. July 1st to June 30th. For example, FY 2015 would begin July 1, 2014, and end on June 30, 2015.

[8] OSHPD defines net patient revenue as (gross patient revenue) + (capitation premium revenue) – (related deductions from revenue).Net patient revenue includes the payments received for inpatient and outpatient care, including emergency services.

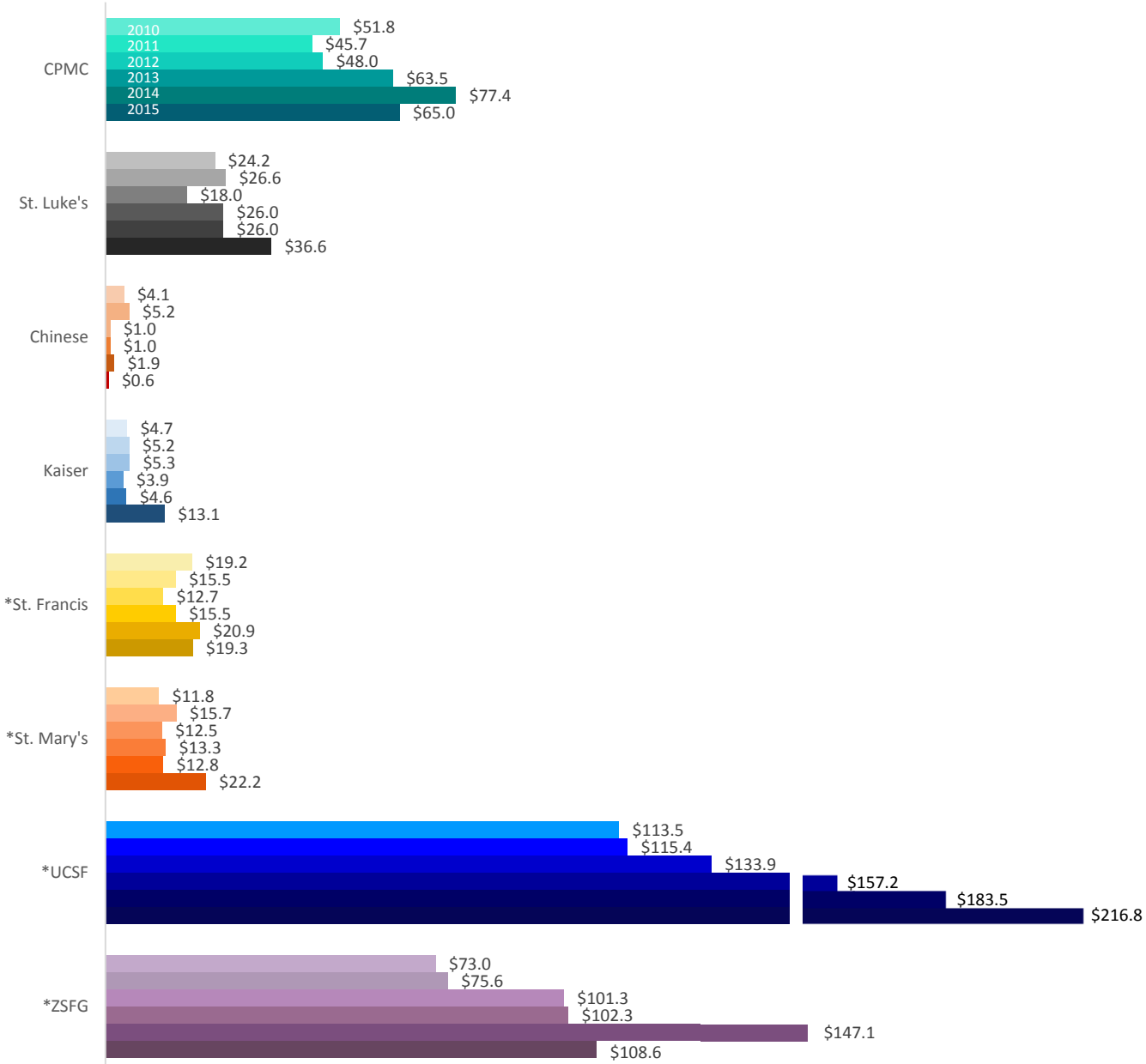
[9] OSHPD data was not available for 2014 when the FY 2013 and 2014 report was produced.

Medi-Cal Shortfall

Although Medi-Cal shortfall increased city-wide, not all hospitals experienced increases from FY 2014 to FY 2015.

In FY 2015, Medi-Cal Shortfall decreased for four of the eight reporting hospitals and increased for four of the hospitals. The mixed trend for FY 2015 is unexpected for Medi-Cal Shortfall, since Charity care expenditures also decreased.

Figure 21: Medi-Cal Shortfall (in Millions) by Hospital, FY 2010 to FY 2015



* Asterisks denote hospitals on a fiscal year calendar, i.e. July 1st to June 30th. For example, FY 2015 would begin July 1, 2014, and end on June 30, 2015.

Note: the Medi-Cal shortfall for UCSF was adjusted for FY 2010-2014 to include uncovered costs of Medi-Cal managed care.

It is important to note that UCSF's Medi-Cal Shortfall amounts was adjusted for FY 2010-2014 to include uncovered costs of Medi-Cal managed care. These numbers are significantly greater than previously reported data for UCSF. UCSF reported that as overall enrollment in Medi-Cal has increased, the number of Medi-Cal patients referred to UCSF for high acuity cases has increased resulting in larger increases of the Medi-Cal Shortfall in recent years. When excluding UCSF, the remaining seven hospitals saw an 8.7 percent ($25.3 million) decline in Medi-Cal Shortfall from FY 2014 to 2015. The decline is unlike previous fiscal years, where there was an increase in Medi-Cal Shortfall, 0.4 percent from FY 2010-2011, 5.0 percent from FY 2011-2012, 13.4 percent from FY 2012-2013, and 28.8 percent from FY 2014-2015.

SECTION IV: CHARITY CARE IN SAN FRANCISCO MOVING FORWARD

Although Charity Care has declined in San Francisco, it is mainly due to the declines in HSF charity care. Charity care, especially traditional charity care is still a predominant form of healthcare for many San Franciscans.

Moving forward in San Francisco, the uncertainty of the future of the ACA may have a significant impact on charity care programs as a crucial part of the health care safety net. The current presidential administration has indicated that they intend to make significant changes to the ACA and coverage could be lost or reduced. Such changes in available health insurance options would correspond to an increased reliance on charity care. San Francisco's charity care ordinance provides a long history of charity care data since 2001 and a strong mechanism for tracking the impacts on charity care, if there are changes to the ACA.

SECTION V: CHARITY CARE IN SAN FRANCISCO MOVING FORWARD

Appendix 1: Charity Care Background
Appendix 2: The San Francisco Charity Care Ordinance and Annual Report
Appendix 3: Reporting Hospitals
Appendix 4: Charity Care Data Tables
Appendix 5: Full Zip-Code Analysis of San Francisco Charity Care

Appendix 1: Charity Care Background

A. History of charity care and community benefit requirements

In 1956, the Internal Revenue Service (IRS) codified the first federal tax exemption requirements for non-profit hospitals. At that time, it was determined that a hospital may qualify as a tax-exempt charitable organization if, among other things, it "*operated to the extent of its financial ability for those unable to pay for the services rendered and not exclusively for those who are able and expected to pay.*"[10] This qualification measurement is known as the "financial ability" standard. After this ruling, the IRS began to assess hospitals seeking tax-exempt status on the basis of hospitals' charity care and reduced-cost medical services provisions and is the federal agency responsible for setting and enforcing these tax exemption requirements.

With the introduction of the Medicaid and Medicare programs, it was thought that these health insurance programs would decrease the demand for charity care, thus presenting a challenge to non-profit hospitals trying to meet the financial ability standard. To meet this challenge, the IRS added "community benefit" to the list of requirements for non-profit hospitals seeking tax-exempt status in 1969, thereby expanding its requirements to include the promotion of health.[11]

Since then, the most recent and significant changes to these federal requirements have come through the Patient Protection and Affordable Care Act (ACA). When the ACA was passed in 2010, the legislation included a number of additional requirements for non-profit hospitals related to charity care and community benefits to be regulated and enforced by the IRS. The reporting on these requirements is done through Schedule H (Form 990), designed to supplement financial data collected from all tax-exempt organizations.

Given the considerable growth in both the number of uninsured and the costs of medical care overtime, state and local governments took a keen interest in the charitable medical services and community benefit work done by non-profit hospitals before the federal government explored these issues in relation to national health reform. This was especially true in the City and County of San Francisco (CCSF), when it passed the Charity Care Ordinance in 2001. At that time, San Francisco was on the cutting edge of these efforts by creating a local mechanism for increasing hospitals' transparency and accountability with respect to the provision of charity care. More than a decade later and combined with new ACA regulations to achieve the same goals, there is increasing similarity in the community benefit and charity care requirements between the levels of government, and the following section explores these intersections at the local, state and federal levels.

B. Community benefit and charity care requirements for non-profit hospitals: local, state, federal

Key requirements at the local, state and federal levels for California hospitals can be broken down into two main groups: Community Benefit requirements and Charity Care Services requirements. The following tables outline the requirements and intersections of each.

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[10] Martha H. Somerville, Community Benefit in Context: Origins and Evolution, *The Hilltop Institute*, June 2012, p. 2. http://www.hilltopinstitute.org/publications/CommunityBenefitInContextOriginsAndEvolution-ACA9007-June2012.pdf (accessed October 2013)

[11] Ibid, p. 3.

Community Benefit Requirements

Key Requirements for Non-Profit Hospitals		Required? *(Effective Dates)*		
1.	**Community Benefits**	**SF**	**CA**	**US**
A	Community Benefit Reporting Requirement	No	Yes *(4/1/96)*	Yes *(3/23/12)*
B	Community Health Needs Assessment	No	Yes *(7/1/96)*	Yes *(3/23/12)*
C	Implementation Strategy (Community Benefit Plan)	No	Yes *(4/1/96)*	Yes *(3/23/12)*

Charity Care Services Requirements

2.	**Charity Care Services**	**SF**	**CA**	**US**
A	Maintain Financial Assistance Policy (FAP) (charity care and discount payment policies)	No	Yes *(1/1/07)*	Yes *(3/23/10)*
B	Limitations on Charges, Billing, and Collection	No	Yes *(1/1/07)*	Yes *(3/23/10)*
C	Report Financial Assistance Policy (charity care and discount payment policies)	Yes *(7/20/01)*	Yes *(1/1/08)*	No
D	Report levels and types of charity care provided annually	Yes *(7/20/01)*	No	Yes *(12/20/07)*
E	Report of hospital charity care to be compiled and prepared by governing agency	Yes *(7/20/01)*	No	Yes *(3/23/10)*
F	Mandatory review of tax exempt status by Sec. of the Treasury at least once every 3 years	No	No	Yes *(3/23/10)*

There are several similarities between the San Francisco Charity Care Ordinance and State/Federal requirements. At the federal level more specifically and after passage of the Affordable Care Act, there were notable adjustments to the federal charity care reporting requirements for non-profit hospitals seeking non-profit status related to the maintenance of financial assistance policies, billing, charges and patient collection limitations, etc. The main goal of the changes to non-profit reporting was to increase accountability by non-profit institutions, relieve the effects of poverty, and improve access to care for needy patients. The ACA also determined that the Secretary of the Treasury, in consultation with the Secretary of Health and Human Services, would be responsible for producing a report in 2015 including information on charity care and community benefit-related trends. This report must include:

- Levels of charity care
- Bad-debt expenses
- Unreimbursed costs for services provided with respect to means-tested and non-means-tested government programs[12]

[12] Means-tested government programs include Medicaid and SCHIP; non-means tested government programs include Medicare and TRICARE.

- Costs incurred for community benefit activities

As of the time of this report, this federal report has not yet been produced. Therefore, although the reporting requirements for the IRS, the Office of Statewide Health Planning and Development (OSHPD), and SFDPH seem to be converging, the extent to which the more specific reporting information available within the Charity Care Ordinance reflects federal reporting requirements is yet unknown.

C. Charity care and the Affordable Care Act

1. *The impact of the ACA on the uninsured*

In California, the uninsured rate is estimated to have dropped by approximately 50 percent post-ACA implementation and in San Francisco, an estimated 140,000 San Franciscans gained ACA-initiated health insurance. However, an estimated two million uninsured individuals remain throughout the State, approximately 35,000 to 40,000 of whom reside in San Francisco.[13]These individuals, who will likely continue to rely on charity care, remain uninsured for a variety of reasons:

- Affordability concerns, even in consideration of ACA-initiated subsidies
- Inability to engage in the health insurance marketplace
- Personal circumstances that make it difficult to maintain coverage, such as homelessness
- Lack of awareness about eligibility for new insurance options, etc.

Another important note here is that the recent election from November 2016 may have an effect on expenditures and the number of charity care patients. With the potential for policy changes related to the ACA and Medicaid under the new Administration, the charity care landscape in San Francisco may look different in upcoming years, possibly starting as early as 2017.

2. *Charity care for the uninsured through Healthy San Francisco*

The data in this report reports charity care data in two categories: Healthy San Francisco (HSF) charity care, which is charity care provided by hospitals as part of their participation in HSF; and traditional charity care, which is defined as the care provided to under- or uninsured patients not enrolled in HSF, and in many cases ineligible for Medi-Cal.

HSF is a locally-created and funded program that provides comprehensive, affordable health care to uninsured adults in San Francisco and has been included within the charity care report since 2009. HSF caters to the uninsured via a medical home-based model, pairing each member with a primary care provider at the time of enrollment and thereby improving access to preventive and coordinated care. It is an important contributor to San Francisco's hospital-based charity care landscape because, like traditional charity care, HSF is not insurance but rather offers services to uninsured individuals who have less ability to pay. But, unlike traditional hospital-based charity care, HSF also provides an organized system of care with a defined set of benefits that go beyond hospital services and, in some cases, requires insurance-like cost sharing (e.g. through sliding-scale quarterly participation and point-of-service fees).

All of the hospitals included in this report provide services through HSF, with the majority of HSF enrollees receiving their medical home care at a DPH clinic (59 percent) or San Francisco Community Clinic Consortium (34 percent) with ZSFG as the affiliated hospital. The remaining seven percent of HSF patients

[13] SFDPH estimates.

are connected with other medical homes, and the below table notes these medical home and hospital affiliations for FY 2014 and FY 2015. Note that two medical homes, Brown and Toland and CCHCA withdrew from the HSF program in FY 2015. Some hospitals are directly affiliated with HSF medical homes, while others (Chinese Hospital, ZSFG, Kaiser and St. Mary's) also serve as a HSF primary care site themselves. This means that HSF data for the latter hospitals would include primary care along with the other outpatient services reported, while the other hospitals' would include outpatient specialty care only. So, wherever comparisons are made between HSF and traditional charity care patient groups in this report, it is important to note the different types of service lines provided within each group and by the various hospitals.

HSF Medical Home	**Affiliated Hospital**
BAART Community Health Care	ZSFG
Brown & Toland *(withdrew from HSF in March 2015)*	CPMC
CCHCA *(withdrew from HSF in November 2014)*	**Chinese Hospital**
DPH Clinics	**ZSFG**
Glide	Saint Francis
San Francisco Community Clinic Consortium	ZSFG
Kaiser	**Kaiser Foundation Hospital, San Francisco**
NEMS	ZSFG and CPMC
Sr. Mary Philippa	**St. Mary's**

*Hospitals in bold (Chinese Hospital, ZSFG, Kaiser and St. Mary's) serve as primary care sites.

HSF is available to uninsured individuals who live in households with incomes up to 400 percent of the federal poverty level (FPL), irrespective of the person's employment, immigration status, or pre-existing medical condition(s). HSF began enrolling uninsured, eligible individuals in 2007. At the start of ACA open enrollment in October 2013, there were approximately 52,000 HSF enrollees, and this number had declined by 73 percent to approximately 14,000 by December 2015.[14] This decrease is probably due, in large part, to the transition of eligible HSF enrollees to ACA-initiated Medi-Cal expansion and Covered California health insurance coverage. Due to the inability of some to access health insurance even in the new health reform landscape, most notably the undocumented, there is a clear and continued need for the HSF program in San Francisco.

It is important to also note that, in 2014, the San Francisco Health Commission approved programmatic changes to the Healthy San Francisco program to align with health reform efforts:

- A HSF Transition Period to allow those eligible for Covered California subsidies to enroll in or continue their HSF participation through December 31, 2014; this Transition Period was subsequently extended through December 31, 2015;
- Extended HSF eligibility to uninsured San Francisco seniors not eligible for Medicare and Medi-Cal;
- Decreased income eligibility cap from 500 percent of the federal poverty level (FPL) to 400 percent FPL to better align with subsidies available on Covered California.

[14] SFDPH data.

Appendix 2: The San Francisco Charity Care Ordinance and Annual Report

In 2001, the San Francisco Board of Supervisors passed the Charity Care Ordinance (Ordinance 163-01), authorizing the Department of Public Health (DPH) to require hospitals to report on charity care policies, the amount of charity care provided, and provide patient notification of charity care policies. The first of its kind in the Nation, the City and County of San Francisco (CCSF) took a unique approach by passing a local reporting law that would help to improve communication, cooperation, and understanding related to local hospitals' provision of free and reduced-cost care to low-income San Franciscans. The Ordinance states that:

> *"Charity care is vital to community health, and private hospitals, non-profits in particular, have an obligation to provide community benefits in the public interest in exchange for favorable tax treatment by the government.[15]"*

More information about the Ordinance is found in Section II of the report.

A. Reporting Timeframes for Hospitals

For the charity care annual report, it is important to note that some hospitals report on a fiscal year (July to June) and others use a calendar year. More specifically, CPMC, St. Luke's, Chinese Hospital and Kaiser follow a calendar year (i.e., January 1 through December 31), while the remaining hospitals use a FY starting on July 1 of each year and ending on June 30 of the next. Therefore, the analyses in this annual report will cover both, depending on the hospital– spanning July 2014 to December 2015. In response to a Health Commission request during last year's report, hospitals were asked if they would be able to adjust their reporting to align to a single reporting period. However, hospitals reported that they were unable to adjust their reporting timeframes.

B. Hospital Charity Care Policy Requirements: AB 774 and SB 1276

The Charity Care Ordinance requirements focus not only on data related to the provision of charity care, but also requires hospitals to submit charity care policies for DPH review.

The California Hospital Fair Pricing Act (AB 774 enacted 2006) was developed to address and lessen the impact of high medical costs on the un- and underinsured needing health care in California. It requires that hospitals have written policies regarding discounted payments and charity care for "*financially qualified patients*" and authorizes a hospital to negotiate payment plans with them. AB 774 also requires that hospitals offer charity care discounts or free care to individuals in households making less than 350 percent FPL, who are also either uninsured or insured with high medical costs. All of San Francisco's hospitals meet or exceed this requirement. A person with "high medical costs" was previously defined as a person "whose family income does not exceed 350percent of the [FPL] and who does not receive a discounted rate from the hospital or physician as a result of 3rd party coverage."[16]

Effective January 1, 2015, SB 1276 was enacted in response to the notion that though many individuals may become newly eligible for coverage on the State's Covered California health insurance marketplace,

[15] CCSF Health Code, Article 3 (Hospitals), Section 129. Charity Care Policy Reporting & Notice Requirement.
[16] *See* SB 1276, available at http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140SB1276

some of the plans offered may also introduce high out-of-pocket costs for consumers. To address this concern, SB 1276 revises AB 774 to alter the definition of an individual with "high medical costs" to include even those who do receive a discounted rate from a hospital as a result of 3rd party coverage.[17]Insured patients with high medical costs, exceeding 10 percent of the family income and under 350 percent of FPL are eligible for charity care and partial charity care. The law also further defined a negotiated payment plan as one that considers a patient's family income and essential living expenses in the payment negotiation process – payment plan must be less than 10 percent of a patient's family income (per month after deductions). Finally, the law also requires that a hospital obtain information as to whether a particular patient may be eligible for insurance on the California Health Benefit Exchange and provide information to the patient regarding possible eligibility for the Exchange or another state or county health coverage program.

All San Francisco hospitals have revised and submitted their policies to OSHPD to incorporate SB 1276 requirements. As a result of SB 1276, the general expectation would be that a greater number of San Franciscans may be eligible for charity care or partial charity care, since it is now available to insured individuals and families with high medical costs. But, with only six months to a year of implementation (since hospitals report on both calendar and FY), the effects of the law may not be evident yet. Furthermore, some hospitals in San Francisco reported that they already had programs and efforts in place to help insured patients with high medical costs prior to SB 1276. Lastly, with FY 2015 capturing the first complete year of health reform for the report, the impacts of SB 1276 may not be as significant as the aggregate impact of health reform. Therefore, despite the expectation that more San Franciscans may be eligible under SB 1276, for these reasons described above, the effects may not be apparent or as expected.

The table below illustrates San Francisco's non-profit hospitals policies related to charity care.

[17] Ibid.

Traditional Charity Care Eligibility, by FPL and Hospital

<table>
<tr><th>Single Person - Monthly FPL Limit</th><th>State Charity Care Policy</th><th>CPMC/ STL</th><th>CHASF</th><th>SFMH/ SMMC</th><th>KFH - SF</th><th>UCSF</th><th>ZSFG</th></tr>
<tr><td>450% to 500% FPL
$4,190 - $4,655</td><td rowspan="3"></td><td></td><td></td><td rowspan="3"></td><td></td><td rowspan="3"></td><td rowspan="3"></td></tr>
<tr><td>400% to 450% FPL
$3,723 - $4,190</td><td></td><td></td><td></td></tr>
<tr><td>350% to 400% FPL
$3,259 - $3,723</td><td></td><td></td><td></td></tr>
<tr><td>300% to 350% FPL
$2,793 - $3,259</td><td rowspan="6">Requires non-profit hospitals to provide free or discounted care to uninsured patients with family income<350% of the FPL or insured patients with high medical costs &<350% of FPL</td><td rowspan="6"></td><td rowspan="6">Free
or discount
(case by case)</td><td>Discount</td><td>Discount</td><td>Discount</td><td>Discount</td></tr>
<tr><td>250% to 300% FPL
$2,327 - $2,793</td></tr>
<tr><td>200% to 250% FPL
$1,862 - $2,327</td></tr>
<tr><td>150% to 200% FPL
$1,396 - $1,862</td><td rowspan="2">Free</td><td rowspan="2">Free</td><td rowspan="2">Free</td><td rowspan="2">Free</td></tr>
<tr><td>100% to 150% FPL
$931 - $1,396</td></tr>
<tr><td>0 to 100% FPL
0 - $931</td><td>Free</td></tr>
</table>

All of the hospitals report to DPH all charity care provided within the parameters shown in Table 3, whether services are discounted or free. The discounts offered through charity care are treated as "sliding scale" payments by the hospitals, as they are dependent on the patients' income and are usually only a very small fraction of the usual charges for the care provided.

All of San Francisco's reporting hospitals follow similar eligibility procedures for their charity care, or financial assistance programs. All patients must go through an application process and provide proof of income. One of the few significant differences among the hospitals' charity care policies is the life-span of an application. The following hospitals allow for one year of eligibility for a patient whose application is approved:

- Chinese Hospital
- Dignity Hospitals (SFMH and SMMC)
- Sutter Hospitals (CPMC and STL)

The remaining hospitals allow for a shorter time span:

- UCSF (6 months), and
- ZSFG (6 months)
- KFH – SF (3 months)

When the eligibility period expires, the patient may re-apply.

C. Charity Care Posting and Notification Requirements

Both San Francisco's Charity Care Ordinance and the ACA require that hospitals communicate clearly to patients regarding their financial assistance programs, especially with regard to free and discounted charity care. According to the Ordinance, this must be done in the following ways:

1. Verbal notification during the admissions process whenever practicable; and

2. Written notices in the prominent languages of the patient populations served by the hospital (at least English, Spanish, and Chinese). These notices must be posted in a variety of specified locations, including admissions waiting rooms, emergency department, and outpatient areas.

Every other year, DPH staff visits each hospital to conduct a review of the facilities' compliance with the above posting and notification requirements. The review of this requirement in FY 2015 also confirmed that all hospitals were in compliance.

Appendix 3: Reporting Hospitals

Sutter Health: California Pacific Medical Center (CPMC) & St. Luke's Campus (STL)

CPMC is an affiliate of Sutter Health, a not-for-profit health care system. CPMC was created in 1991 by the merger of Children's Hospital and Pacific Presbyterian Medical Center. In 1996, CPMC became a Sutter Health affiliate. In 1998, the Ralph K. Davies Medical Center merged with CPMC. Nine years later, in 2007, St. Luke's Hospital became the fourth campus of CPMC. CPMC consists of four acute care campuses:

- The Pacific Campus (Pacific Heights) is the center for acute care including, oncology, orthopedics, ophthalmology, cardiology, liver, kidney, and heart transplant services.
- The California Campus (Laurel Heights) is the center for prenatal, obstetrics, and pediatric services.
- The Davies Campus (Castro District) is the center for neurosciences, microsurgery, and acute rehabilitation.
- The St. Luke's Campus (Mission District) is a vital community hospital serving underinsured residents in the South-of-Market districts. St. Luke's Campus also has one of the busiest emergency departments in the City.

These four locations have a total of 1,059 licensed beds (831 at Pacific/California/Davies, 228 at St. Luke's) and 817 active beds (643 at Pacific/California/Davies, 174 at St. Luke's). In addition to the acute-care hospital, CPMC manages some primary care clinics. The St. Luke's Health Care Center (St. Luke's Campus) provides pediatric, adult, and women's services to a panel of over 12,000 patients. The Family Health Center (California Campus) provides pediatric, adult, and women's services utilizing medical preceptors and residents. CPMC also maintains partnerships with nonprofit health care providers such as Lions Eye Foundation, Operation Access, and North East Medical Services to give uninsured patients access to necessary services through charity care.

CPMC also provides access to health services for Medi-Cal recipients through its Medi-Cal Managed Care partnerships, serving as the hospital provider for Medi-Cal beneficiaries who select North East Medical Services, Hill Physicians, or Brown & Toland as their medical group through San Francisco Health Plan. Since 2014, CPMC has expanded these partnerships to accommodate patients newly insured through the Affordable Care Act, assuming responsibility for thousands of new Medi-Cal Managed Care beneficiaries. CPMC is now the in-network hospital provider for one in three San Francisco Health Plan members.

FY 2013 – FY 2015 CPMC Patient Population and Services

	2013	2014	2015
Adjusted patient days	221,852	225,865	224,346
Outpatient visits	389,560	372,114	455,110
Emergency service visits	53,197	52,288	55,968

FY 2013 – FY 2015 and FY14 St. Luke's Patient Population and Services

	2013	2014	2015
Adjusted patient days	44,527	42,115	49,308
Outpatient visits	49,641	39,850	54,155
Emergency service visits	26,948	25,093	26,030

Located in Chinatown, Chinese Hospital was established in 1929 and primarily serves San Francisco's Chinese community. The stand-alone acute care, community-owned, non-profit small hospital (31 staffed and 54 licensed beds) offers a range of medical, surgical, and specialty programs. Additionally, Chinese Hospital operates three community clinics located in the Sunset and Excelsior neighborhoods of San Francisco and in Daly City. Chinese Hospital owns a Knox-Keene licensed, integrated, prepaid health plan, Chinese Community Health Plan (CCHP), which provides low-cost insurance products to the community. Without these low-cost insurance products, many of CCHP's members would otherwise access health care services through the charity care program.

Chinese Hospital is unique in providing bilingual healthcare services in both Chinese and English. Approximately 95 percent of patients are from San Francisco and five percent are from outside San Francisco. The vast majority (80 percent) of patients seen at Chinese Hospital are seniors covered by Medicare. Of these individuals, 80 percent also have Medi-Cal. Despite the low income of the majority of patients, Chinese Hospital only qualifies for 12 percent of federal Disproportionate Share Hospital (DSH) reimbursement because of its small size. (To qualify for DSH, hospitals must have at least 100 licensed beds.) More than ten percent of patients are covered by Medi-Cal and one percent of patients have no insurance coverage. Chinese Hospital is an active participant in a variety of public health coverage programs, including Healthy San Francisco, which started on July 1, 2007, Medi-Cal, Healthy Families, and Healthy Kids. Chinese Hospital also sponsors a non-profit private agency, the Chinese Community Health Resource Center (CCHRC), which provides linguistically and culturally sensitive community education, wellness programs, and counseling services.

FY 2013 –FY 2015 CHASF Patient Population & Services

	2013	2014	2015
Adjusted patient days	30,759	28,155	26,853
Outpatient visits	68,392	78,691	80,239
Emergency service visits	4,449	4,787	4,985

Saint Francis Memorial Hospital (SFMH), established in 1906, is a general adult medical/surgical hospital in downtown San Francisco with 150 staffed beds and 257 licensed beds. It is a non-profit hospital, required by City Ordinance to report Charity Care data, and an affiliate member of the Dignity Health system. SFMH serves all San Franciscans primarily from the surrounding neighborhoods of Nob Hill, Polk Gulch, Tenderloin, Chinatown and North Beach. Many of San Francisco's visitors and tourists are also treated at SFMH due to the proximity to the major tourist attractions and hotels.

SFMH is home to the Bothin Burn Center, the only burn center in the San Francisco Bay Area verified by the American Burn Association and the American College of Surgeons, Trauma Division. Additionally SFMH specializes in orthopedic services through the Spine Care Institute of San Francisco, the Total Joint Center and provides Occupational Medicine Services at clinics on the main campus and at AT&T Park, and Sports Medicine Services at clinics in San Francisco and Walnut Creek. The hospital also serves the community through its Emergency Department, its partnership with Tenderloin Health Services at Glide and programs with other primary care clinics in the Tenderloin neighborhood. SFMH has served many Healthy San Francisco patients since the program's inception through its Emergency Department and its relationship with Glide Health Services and remains committed to this program.

Saint Francis Memorial Hospital and the Saint Francis Foundation partner to serve the community through their work in the Tenderloin Health Improvement Partnership (TLHIP). Using a collective impact approach to addressing the social determinants of health TLHIP aims to improve health of Tenderloin residents.

FY 2013 – FY 2015 SFMH Patient Population and Services

	2013	2014	2015
Adjusted patient days	48,827	49,042	51,017
Outpatient visits	127,590	120,235	116,242
Emergency service visits	28,679	28,086	33,792

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

St. Mary's Medical Center (SMMC) has cared for the people of the San Francisco Bay Area since its founding in 1857 by the Sisters of Mercy. A member of Dignity Health, SMMC is a 501(c)(3) not-for-profit hospital. As such, it is mandated by San Francisco local ordinance to provide annual Charity Care data. The hospital and Sr. Mary Philippa Health Center are located in the Western Addition neighborhood. Its main site is located on the corner of Hayes and Stanyan Streets.

St. Mary's Medical Center's mission is to deliver compassionate, high-quality, affordable health services to our sisters and brothers who are poor and disenfranchised and to advocate on their behalf. SMMC is committed to partnering with others in the community to improve quality of life in San Francisco. SMMC sponsors and operates the Sr. Mary Philippa Health Center serving over 3,900 patients annually for internal medicine, specialty, and subspecialty care. SMMC began its formal affiliation with HSF in July of 2008 and began enrolling patients in September of that year and serves as a medical home for 1,276 patients providing primary and specialty care as well as diagnostic and inpatient services.

A fully accredited teaching hospital in the heart of San Francisco, it has 403 licensed beds, 1102 employees, 532 physicians and credentialed staff, and 254 volunteers. For 157 years, St. Mary's has built a reputation for quality, personalized care, patient satisfaction, and exceptional clinical outcomes. Our Centers of Excellence include Total Joint Center, Spine Center, Oncology, Outpatient Therapies, Acute Physical Rehabilitation, and Cardiology. St. Mary's Breast Imaging Services has been designated as a Breast Center of Excellence by the American College of Radiology and our Cancer Program is accredited with commendation by the American College of Surgeons Commission on Cancer. Becker's Hospital Review named us as one of America's 100 hospitals with outstanding orthopedic programs.

We offer a full range of diagnostic services and a 24 hour Emergency Department. Surgical specialties include general, orthopedic, ophthalmology, podiatric, plastic, cardiovascular, and gynecologic surgery. St. Mary's is certified as an Advanced Primary Stroke Center by The Joint Commission and we received the stroke care excellence award. We are one of only two San Francisco hospitals designated as a Blue Distinction® Center from Blue Cross in Knee and Hip Replacement. Health Grades awarded us a Distinguished Hospital Award for Clinical Excellence and named us one of America's 100 top hospitals for General Surgery, Stroke Care, Gastrointestinal Care and Gastrointestinal Medical Treatment. We have the only Adolescent Psychiatric inpatient and day treatment units in our service area. Patients in need of financial assistance are cared for in every department, and our financial counselors help direct them to appropriate assistance including charity care.

FY 2013 – FY 2015 SMMC Patient Population and Services

	2013	2014	2015
Adjusted patient days	51,125	46,305	46,958
Outpatient visits	156,598	121,315	120,742
Emergency service visits	14,485	14,458	19,068

Kaiser Permanente: Kaiser Foundation Hospital, San Francisco (KFH-SF)

Kaiser Permanente is committed to helping shape the future of health care, and is recognized as one of America's leading nonprofit health care providers with hospitals, physicians, and health plan working together in one integrated health care system. Founded in 1945, Kaiser Permanente's mission is to provide high-quality, affordable health care services, and to improve the health of our members and the communities we serve. We currently serve almost 11 million members in eight states and the District of Columbia.

Care for our members is focused on their total health and guided by their personal physicians, specialists and team of caregivers. Our medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, care delivery, and chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

In 1948, Kaiser Permanente opened a 35-bed hospital in Potrero Hill before constructing a much larger hospital six years later at 2425 Geary Blvd. In 2001, this facility became the first hospital in San Francisco to meet the state's 2030 earthquake safety standards. The hospital has 247 licensed beds and is a Joint Commission Certified Primary Stroke Center as part of our integrated health care system. Kaiser Permanente also operates medical office buildings and clinics in San Francisco at the Geary and French campuses, and opened a new state-of-the art facility in Mission Bay in 2016.

The Medical Center has over 600 physicians and more than 3,500 nurses and staff who provide culturally competent care to over 225,000 members in San Francisco. The Department of Medicine includes both Chinese and Spanish bilingual modules, and Linguistic and Cultural Services offers interpretation services in 56 languages.

As an integrated system of hospitals, physicians and health plan, Kaiser Permanente is a voluntary reporter for San Francisco's charity care ordinance, however Kaiser Foundation Hospital – San Francisco's reported to the state that we provided over $28.4 million in Community Benefit support in 2015, including $16.6 million in free or subsidized medical care for vulnerable populations.

FY 2013 –FY 2015 KFH-SF Patient Population and Services

	2013	2014	2015
Adjusted patient days	52,611	53,558	60,642
Outpatient visits	25,573	26,988	27,526
Emergency service visits	33,179	34,245	36,318

Zuckerberg San Francisco General Hospital (ZSFG)

Zuckerberg San Francisco General Hospital (ZSFG) was founded in 1872 and is located in the Potrero Hill neighborhood of San Francisco, on the edge of the Mission District. It is a general acute care hospital with 451 budgeted beds and 645 licensed beds. ZSFG is owned by the City and County of San Francisco and is a component of the DPH. ZSFG reports charity care data on a voluntary basis for the purposes of this report.

ZSFG attracts patients from well beyond its physical location for two main reasons. First, because of its unique position as the county's public hospital, specializing in care for the uninsured and others who have difficulty accessing adequate health care services. In addition, ZSFG operates the only Level I Trauma Center for San Francisco and northern San Mateo County. Individuals who are seriously injured in San Francisco and in parts of San Mateo County are brought to ZSFG's emergency room for care.

ZSFG 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.

San Francisco Health Network operates five primary care clinic centers on the ZSFG campus: the Adult Medical Center (which includes the Positive Health Center and General Medicine Clinic), Women's Health Center, Children's Health Center, Family Health Center, and Urgent Care Center. In addition, there is a network of affiliated community clinics spread throughout San Francisco, in neighborhoods with the greatest need for access. ZSFG has been a key provider for HSF since enrollment began in July 2007, providing specialty care, emergency care, pharmacy, diagnostic, and inpatient services for HSF members. ZSFG is recognized as a DSH by the California state and a federal government, meaning that it provides care to a disproportionate share of Medi-Cal and the uninsured.

FY 2013 –FY 2015ZSFGPatient Population and Services

	2013	2014	2015
Adjusted patient days	197,862	176,859	167,308
Outpatient visits	594,777	641,111	606,467
Emergency room visits	72,940	79,535	75,632

University of California, San Francisco Medical Center (UCSF)

The University of California, San Francisco (UCSF) was founded in 1864 as Toland Medical College in San Francisco and became affiliated with the University of California system in 1873. UCSF Medical Center, including UCSF Benioff Children's Hospital, is part of UCSF and is a non-profit hospital affiliated with the UC system. Consequently, it is not subject to San Francisco's Charity Care Ordinance, but reports voluntarily. UCSF Medical Center is a Disproportionate Share Hospital. UCSF Medical Center operates as a tertiary care referral center with three major sites (Parnassus Heights, Mount Zion and Mission Bay). UCSF Medical Center at Parnassus is a 600 bed hospital and is home to UCSF's health sciences schools. UCSF Medical Center at Mount Zion is a hub of specialized clinics and surgery services. On February 1, 2015, UCSF opened the UCSF Medical Center at Mission Bay, which houses three state-of-the-art hospitals. UCSF Benioff Children's Hospital San Francisco has 183-beds and serves all pediatric specialties. UCSF Bakar Cancer Hospital has 70 adult beds and serves patients with orthopedic urologic, gynecologic, head and neck and gastrointestinal and colorectal cancers. The UCSF Betty Irene Moore Women's Hospital, which serves women of reproductive age to menopause and beyond features a 36-bed birth center.

UCSF Medical Center and UCSF Benioff Children's Hospital are world leaders in health care, with the Medical Center consistently ranking among the nation's best by US News & World Report. UCSF's expertise covers all major specialties, including cancer, heart disease, neurological disorders, and organ transplantation, as well as special services for women and children. UCSF has the only nationally designated Comprehensive Cancer Center in Northern California. As a regional academic medical center, UCSF attracts patients from throughout California, Nevada, and the Pacific Northwest, as well as from all San Francisco neighborhoods and abroad. In addition to its Affiliation Agreement with the City and County of San Francisco to provide physicians at ZSFG, in order to meet the needs of the City's most vulnerable populations, UCSF has established clinics around San Francisco and provides staff for other existing clinics, including:

-St. Anthony Free Medical Center: The UCSF School of Pharmacy partners with the St. Anthony Foundation to provide needed pharmaceutical care to patients with no health insurance and limited access to health care, with approximately 90 percent of patients at this clinic having incomes below the Federal Poverty Level.
-UCSF School of Dentistry Buchanan Dental Center: The Dental School clinic on Buchanan Street provides comprehensive services to low-income adults and children. The clinic sees approximately 2,700 patients each year, with 10,000 total patient visits per year. UCSF Medical Center has provided emergency care and radiological services for HSF enrollees since the program began enrolling members in summer 2007.

FY 2013 – FY 2015 UCSFMC Patient Population and Services

	2013	2014	2015
Adjusted patient days	282,502	290,350	310,566
Outpatient visits*	861,313	921,393	1,016,359
Emergency service visits*	37,905	42,295	49,114

* 2013 and 2014 Outpatient and Emergency visit data have been updated to match methodology for 2015.

Appendix 4: Charity Care Hospital Data Tables

Charity Care Data, FY 2015

	CPMC	St. Luke's	Chinese	Saint Francis	St. Mary's		KFH-SF	ZSFG	UCSF
Data Categories	2015	2015	2015	2014-15	2014-15		2015	2014-15	2014-15
Cost of Charity Care Provided									
Non-HSF Charity Care Costs	7,381,505	$1,147,353	$225,661	$4,712,714	$1,620,265		$2,730,278	$35,798,805	$6,504,960
HSF Charity Care Costs	$282,300	$156,966	$0	$697,288	$819,576		$816,160	$21,100,312	$237,561
Total	$7,663,805	$1,304,319	$225,661	$5,410,002	$2,439,841		$3,546,438	$56,899,117.00	$6,742,521
Applications for Charity Care									
Total # of Apps Accepted	2,437	1,042	228	1291	222		3,062	21,905	8,040
Total # of Applications Denied	159	42	0	66	40		924	5,953	639
Total	2,596	1,084	228	1,357	262		4,814	27,858	8,679
Referred to Other Facilities	none	none	none	none	none		none	none	none
Unduplicated/Individual CC Recipients									
Total Unduplicated CC Patients (HSF)	107	135	0	639	492		698	16,619	39
Total Unduplicated Patients (Non-HSF)	2,437	1,042	228	3108	1,427		3,329	28,728	1,733
Emergency (HSF)	42	128	0	222	143		234	1,676	13
Emergency (Non-HSF)	1,491	1,007	17	2,533	954		1,353	5,254	305
Inpatient (HSF)	7	4	0	17	11		38	354	18
Inpatient (Non-HSF)	133	22	17	190	77		790	1,660	767
Outpatient (HSF)	68	11	0	400	413		675	15,716	8
Outpatient (Non-HSF)	1,023	62	208	385	478		2,896	23,591	844
Costs & Charges									
Gross Patient Revenue	$3,562,286,754	$587,605,453	219,412,792	877,214,299	857,799,158			2,551,741,666	9,933,461,000
Total Other Operating Revenue	$89,066,208	$2,256,946	7,341,651	2,816,101	5,004,387			86,678,880	31,197,000
Total Operating Expenses	$1,123,915,675	$146,210,185	114,814,440	214,769,116	224,579,614			801,730,508	2,614,878,000
Cost-to-Charge Ratio	29.10%	24.50%	48.98%	24.39%	25.60%			28.00%	26.01%
Medi-Cal Shortfall	$65,037,619	$36,641,821	$633,589	$19,285,535	$22,193,118		$13,068,153	$108,563,783	$70,374,000

Charity Care Applications

Traditional Charity Care Applications & Patients FY 2015				
Reporting Hospitals	**Accepted**	**Denied**	**Total**	**Unduplicated Patients**
CPMC	2,437	159	2,596	2,437
St. Luke's	1,042	42	1,084	1,042
Chinese	228	0	228	228
Saint Francis	1,291	66	1,357	3,108
St. Mary's	222	40	262	1,427
Kaiser	3,062	924	3,986	3,329
ZSFG	21,905	5,953	27,858	28,728
UCSF	8,040	639	8,679	1,733
Total	**38,227**	**7,823**	**46,050**	**42,032**

8.0% decrease from FY 14 to FY 15

Traditional Charity Care Applications & Patients FY 2014				
Reporting Hospitals	**Accepted**	**Denied**	**Total**	**Unduplicated Patients**
CPMC	2,818	299	3,117	2,818
St. Luke's	1,210	101	1,311	1,210
Chinese	682	0	682	164
Saint Francis	2,161	--	2,161	2,161
St. Mary's	1,096	42	1,138	1,428
Kaiser	3,275	902	4,673	3,352
ZSFG	29,121	5,977	35,098	31,047
UCSF	14,706	139	14,845	3,376
Total	**55,069**	**7,460**	**63,025**	**45,556**

6.9% decrease from FY 13 to FY 14

Traditional Charity Care Applications & Patients FY 2013				
Reporting Hospitals	**Accepted**	**Denied**	**Total**	**Unduplicated Patients**
CPMC	4,105	433	4,538	4,105
St. Luke's	2,329	213	2,542	2,329
Chinese	719	0	719	246
Saint Francis	2,098	3	2,101	1,476
St. Mary's	349	3	352	1,053
Kaiser	2,554	548	3102	2,958
ZSFG	27,184	12,670	39,854	33,762
UCSF	10,081	638	10,719	2983
Total	**49,419**	**14,508**	**63,927**	**48,912**

9.5% decrease from FY 12 to FY 13

Traditional Charity Care Applications & Patients FY 2012				
Reporting Hospitals	**Accepted**	**Denied**	**Total**	**Unduplicated Patients**
CPMC	4,419	716	5,135	4,419
St. Luke's	2,679	263	2,942	2,679
Chinese	513	0	513	513
Saint Francis	860	25	885	1,417
St. Mary's	449	10	459	1,260
Kaiser	2,658	494	3,152	2,488
ZSFG	31,011	12,784	43,795	38,630
UCSF	7,055	454	7,509	2,646
Total	**49,644**	**14,746**	**64,390**	**54,052**

7.3% decrease from FY 11 to FY 12

Traditional Charity Care Applications & Patients FY 2011				
Reporting Hospitals	**Accepted**	**Denied**	**Total**	**Unduplicated Patients**
CPMC	7,347	361	7,708	7,347
St. Luke's	3,440	49	3,489	3,440
Chinese	308	0	308	308
Kaiser	1,769	456	2,225	2,766
Saint Francis	765	24	789	1,247
St. Mary's	523	0	523	710
UCSF	3,397	0	3,397	3,353
ZSFG	35,710	13,375	49,085	39,137
Total	**53,259**	**14,265**	**67,524**	**58,308**

10.7% decrease from FY 10 to FY 11

Traditional Charity Care Applications & Patients FY 2010				
Reporting Hospitals	**Accepted**	**Denied**	**Total**	**Unduplicated Patients**
CPMC	6,810	524	7,334	6,810
St. Luke's	2,585	121	2,706	2,585
Chinese	316	0	316	310
Kaiser	1,327	270	1,597	267
Saint Francis	885	25	910	1,715
St. Mary's	918	0	918	918
UCSF	2,457	0	2,457	2,402
ZSFG	54,148	12,437	66,585	50,298
Total	**69,446**	**13,377**	**82,823**	**65,305**

Charity Care Unduplicated Patients, FY 2010-2015

Charity Care Unduplicated Patients FY 2015 - HSF & Traditional Charity Care					
	Non-HSF	Non-HSF %	HSF	HSF %	Total
CPMC	2,437	95.8%	107	4.2%	**2,544**
St. Luke's	1,042	88.5%	135	11.5%	**1,177**
Chinese	228	100.0%	0	0.0%	**228**
Saint Francis	2,975	83.3%	596	16.7%	**3,571**
St. Mary's	1,427	74.4%	492	25.6%	**1,919**
Kaiser	3,329	82.7%	698	17.3%	**4,027**
ZSFG	28,728	63.4%	16,619	36.6%	**45,347**
UCSF	1,733	97.8%	39	2.2%	**1,772**
Total	**41,899**	**95.8%**	**18,686**	**4.2%**	**60,585**

37.7% decrease from FY 14 to FY 15

Charity Care Unduplicated Patients FY2014 - HSF & Traditional Charity Care					
	Non-HSF	Non-HSF %	HSF	HSF %	Total
CPMC	2,818	86%	463	14%	**3,281**
St. Luke's	1,210	82%	259	18%	**1,469**
Chinese	164	72%	63	28%	**227**
Saint Francis	2,161	53%	1,943	47%	**4,104**
St. Mary's	1,428	51%	1,390	49%	**2,818**
Kaiser	3,352	65%	1,792	35%	**5,144**
ZSFG	31,047	40%	45,733	60%	**76,780**
UCSF	3,376	100%	11	0%	**3,387**
Total	**45,556**	**47%**	**51,654**	**53%**	**97,210**

11.8% decrease from FY13 to FY14

Charity Care Unduplicated Patients FY2013 - HSF & Traditional Charity Care					
	Non-HSF	Non-HSF %	HSF	HSF %	Total
CPMC	4,105	79%	1,111	21%	**5,216**
St. Luke's	2,329	72%	909	28%	**3,238**
Chinese	246	74%	87	26%	**333**
Saint Francis	1,476	41%	2,098	59%	**3,574**
St. Mary's	1,053	41%	1,503	59%	**2,556**
Kaiser	2,958	53%	2,582	47%	**5,540**
ZSFG	33,762	39%	52,886	61%	**86,648**
UCSF	2,983	94%	184	6%	**3,167**
Total	**48,912**	**44%**	**61,360**	**56%**	**110,272**

2.5% decrease from FY12 to FY13

Charity Care Unduplicated Patients FY2012 - HSF & Traditional Charity Care					
	Non-HSF	Non-HSF %	HSF	HSF %	Total
CPMC	4,419	80%	1,087	20%	**5,506**
St. Luke's	2,679	81%	631	19%	**3,310**
Chinese	513	84%	98	16%	**611**
Saint Francis	1,417	41%	2,013	59%	**3,430**
St. Mary's	1,260	44%	1,585	56%	**2,845**
Kaiser	2,488	48%	2,663	52%	**5,151**
ZSFG	38,630	43%	50,834	57%	**89,464**
UCSF	2,646	95%	142	5%	**2,788**
Total	**54,052**	**48%**	**59,053**	**52%**	**113,105**

3.8% decrease from FY11 to FY12

Charity Care Unduplicated Patients FY2011 - HSF & Traditional Charity Care					
	Non-HSF	Non-HSF %	HSF	HSF %	Total
CPMC	7,347	91%	728	9%	**8,075**
St. Luke's	3,440	92%	291	8%	**3,731**
Chinese	308	78%	87	22%	**395**
Saint Francis	1,247	40%	1,872	60%	**3,119**
St. Mary's	710	33%	1,428	67%	**2,138**
Kaiser	2,766	63%	1,604	37%	**4,370**
ZSFG	39,137	42%	53,118	58%	**92,255**
UCSF	3,353	98%	76	2%	**3,429**
Total	**58,308**	**50%**	**59,204**	**50%**	**117,512**

12.4% increase from FY10 to FY11

Charity Care Unduplicated Patients FY 2010 - HSF & Traditional Charity Care					
	Non-HSF	Non-HSF %	HSF	HSF %	Total
CPMC	6,810	97%	213	3%	**7,023**
St. Luke's	2,585	93%	193	7%	**2,778**
Chinese	310	77%	93	23%	**403**
Saint Francis	1715	41%	2904	59%	**4,619**
St. Mary's	918	42%	1,293	58%	**2,211**
Kaiser	267	9%	2,560	91%	**2,827**
ZSFG	50,298	54%	31,907	46%	**82,205**
UCSF	2,402	98%	55	2%	**2,457**
Total	**65,305**	**62%**	**39,218**	**38%**	**104,523**

Charity Care Expenditures, FY 2010-2015

Charity Care Expenditures FY 2015 – HSF & Traditional Charity Care			
Reporting Hospital	**Non-HSF (Traditional)**	**HSF**	**Total Charity Care**
CPMC	$7,381,505	$282,300	$7,663,805
St. Luke's	$1,147,353	$156,966	$1,304,319
Chinese	$225,661	$0	$225,661
Saint Francis	$4,712,714	$697,288	$5,410,002
St. Mary's	$1,620,265	$819,576	$2,439,841
Kaiser	$2,730,278	$816,160	$3,546,438
ZSFG	$35,798,805	$21,100,312	$56,899,117
UCSF	$6,504,960	$237,561	$6,742,521
Total	**$60,121,541**	**$24,110,163**	**$84,231,704**

52.7% decrease from FY 14 to FY 15

Charity Care Expenditures FY 2014 – HSF & Traditional Charity Care			
Reporting Hospital	**Non-HSF (Traditional)**	**HSF**	**Total Charity Care**
CPMC	$7,387,137	$1,378,495	$8,765,632
St. Luke's	$1,857,462	$595,844	$2,453,306
Chinese	$1,216,987	$1,909,418	$3,126,405
Saint Francis	$4,342,712	$4,337,442	$8,680,154
St. Mary's	$1,063,680	$4,028,096	$5,091,776
Kaiser	$3,174,015	$1,803,733	$4,977,748
ZSFG	$49,575,970	$80,695,651	$130,271,621
UCSF	$14,513,477	$73,631	$14,587,108
Total	**$83,131,440**	**$94,822,310**	**$177,953,750**

10.7% decrease from FY13 to FY14

Charity Care Expenditures FY2013 – HSF & Traditional Charity Care			
Reporting Hospital	**Non-HSF (Traditional)**	**HSF**	**Total Charity Care**
CPMC	$10,705,757	$7,207,411	$17,913,168
St. Luke's	$4,100,620	$3,746,893	$7,847,513
Chinese	$777,068	$1,555,395	$2,332,463
Saint Francis	$4,338,209	$5,731,758	$10,069,967
St. Mary's	$1,694,849	$4,489,450	$6,184,299
Kaiser	$2,182,703	$2,555,849	$4,738,552
ZSFG	$41,651,432	$99,508,540	$141,159,972
UCSF	$7,497,723	$1,488,571	$8,986,294
Total	**$72,948,361**	**$126,283,867**	**$199,232,228**

2.2% decrease from FY12 to FY13

Charity Care Expenditures FY 2012 – HSF & Traditional Charity Care			
Reporting Hospital	**Non-HSF (Traditional)**	**HSF**	**Total Charity Care**
CPMC	$8,112,969	$4,832,311	$12,945,280
St. Luke's	$2,954,657	$2,003,398	$4,958,055
Chinese	$390,154	$628,531	$1,018,685
Saint Francis	$4,373,498	$5,405,651	$9,797,149
St. Mary's	$1,227,215	$4,356,395	$5,583,610
Kaiser	$5,215,906	$2,796,654	$8,012,560
ZSFG	$57,360,542	$96,509,500	$153,870,042
UCSF	$6,002,001	$1,512,021	$7,514,022
Total	**$85,636,942**	**$118,044,461**	**$203,699,403**

15.9% increase from FY11 to FY12

Charity Care Expenditures FY 2011 – HSF & Traditional Charity Care			
Reporting Hospital	**Non-HSF (Traditional)**	**HSF**	**Total Charity Care**
CPMC	$10,739,085	$3,617,423	$14,356,508
St. Luke's	$4,494,005	$922,528	$5,416,533
Chinese	$309,602	$188,831	$498,433
Saint Francis	$3,620,157	$4,891,635	$8,511,792
St. Mary's	$1,721,359	$4,046,602	$5,767,961
Kaiser	$6,320,229	$2,772,003	$9,092,232
ZSFG	$49,188,916	$76,254,858	$125,443,774
UCSF	$5,796,915	$858,354	$6,655,269
Total	**$82,190,268**	**$93,552,234**	**$175,742,502**

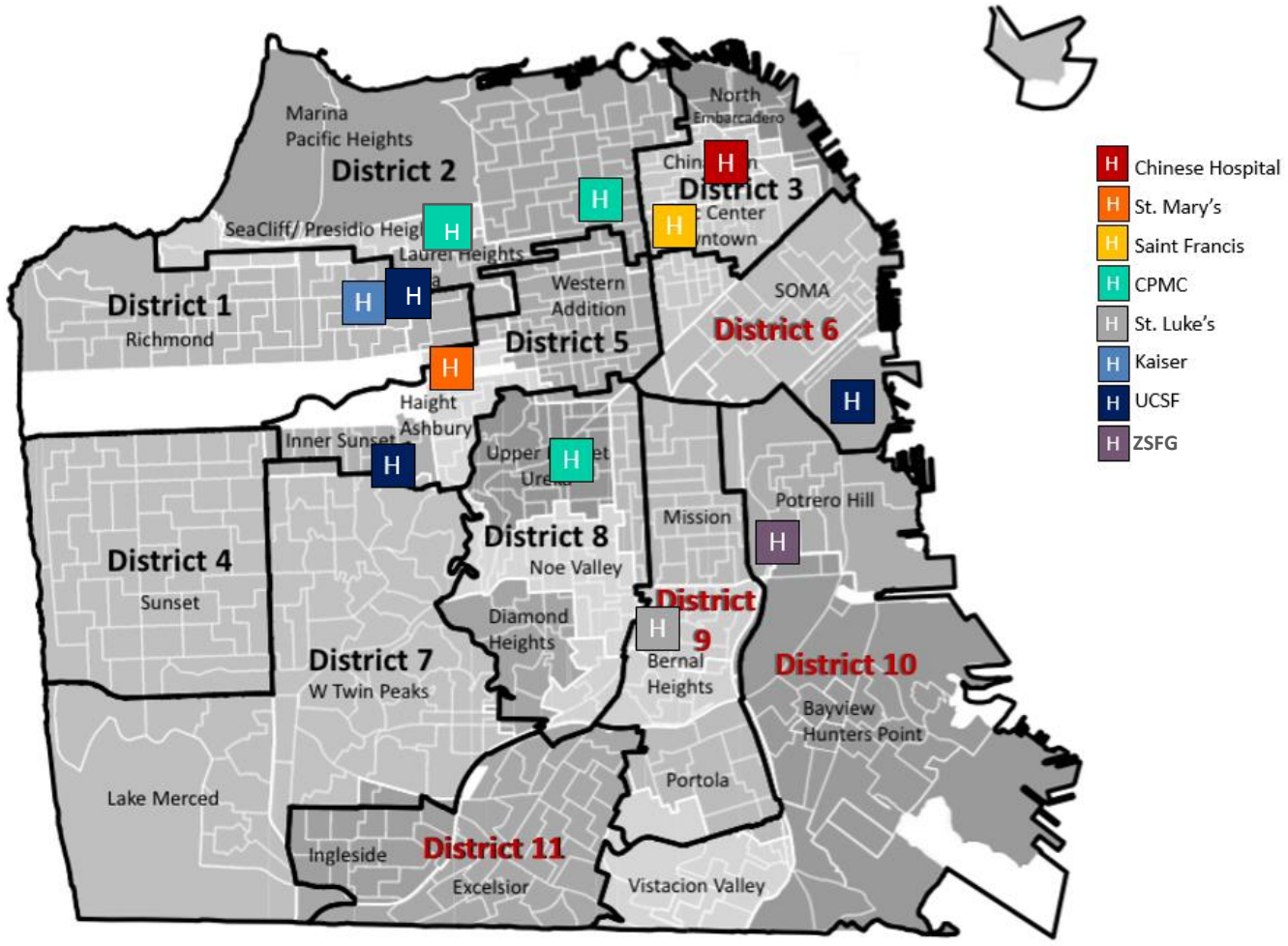
1.0% decrease from FY10 to FY11

Charity Care Expenditures FY 2010 – HSF & Traditional Charity Care			
Reporting Hospital	**Non-HSF (Traditional)**	**HSF**	**Total Charity Care**
CPMC	$10,538,613	$1,864,439	$12,403,052
St. Luke's	$3,146,093	$1,080,424	$4,226,517
Chinese	$224,131	$121,220	$345,351
Saint Francis	$3,645,416	$4,108,598	$7,754,014
St. Mary's	$2,112,231	$4,031,298	$6,143,529
Kaiser	$3,490,463	$1,998,457	$5,488,920
ZSFG	$51,616,040	$78,218,941	$129,834,981
UCSF	$10,509,349	$749,825	$11,259,174
Total	**$85,282,336**	**$92,173,202**	**$177,455,538**

Appendix 5: Full Zip-Code Analysis of San Francisco Charity Care

San Francisco's Charity Care Ordinance requires that hospitals provide the zip codes of their charity care recipients, and this report presents an analysis of this data. All of the hospitals except Kaiser San Francisco are able to provide the zip codes of each charity care patient who has received services at the hospital. Since zip code data for HSF patients is not required as part of charity care reporting, this section focuses on Non-HSF (Traditional) charity care patients only. Given that this report has also found that these patients do not appear to have the same access to health reform insurance options as HSF patients, this section provides particular insight into the residential trends of San Francisco's remaining uninsured.
This section presents the data by supervisorial district, along with an expanded view of out-of-county charity care patients, since traditional charity care programs are not limited to CCSF residents.

Map of San Francisco Showing Supervisorial Districts and Hospital Locations



*Districts highlighted in red represent those with the highest proportions of traditional charity care patients.
Source: San Francisco Department of Elections website, available at http://www.sfgov2.org/index.aspx?page=2618.

1. Charity Care by Supervisorial District

Districts 6, 9, 10 and 11 continue to represent the highest proportions of traditional charity care patients in San Francisco, while District 1 (Richmond) continues to represent the smallest. Homeless individuals also represent a significant portion of charity care patients.

Non-HSF (Traditional) Charity Care Patient by Districts for FY 2015

2015		
Districts	**Charity Care Recipients**	**% of Total**
District 1	879	2.2%
District 2	1,463	3.6%
District 3	1,828	4.5%
District 4	1,408	3.5%
District 5	1,758	4.3%
District 6	6,009	14.8%
District 7	2,353	5.8%
District 8	1,233	3.0%
District 9	4,318	10.6%
District 10	6,317	15.5%
District 11	3,108	7.6%
Homeless/Other	5,593	13.7%
CA (outside SF)	4,448	10.9%
Total	**40,713**	**100.0%**

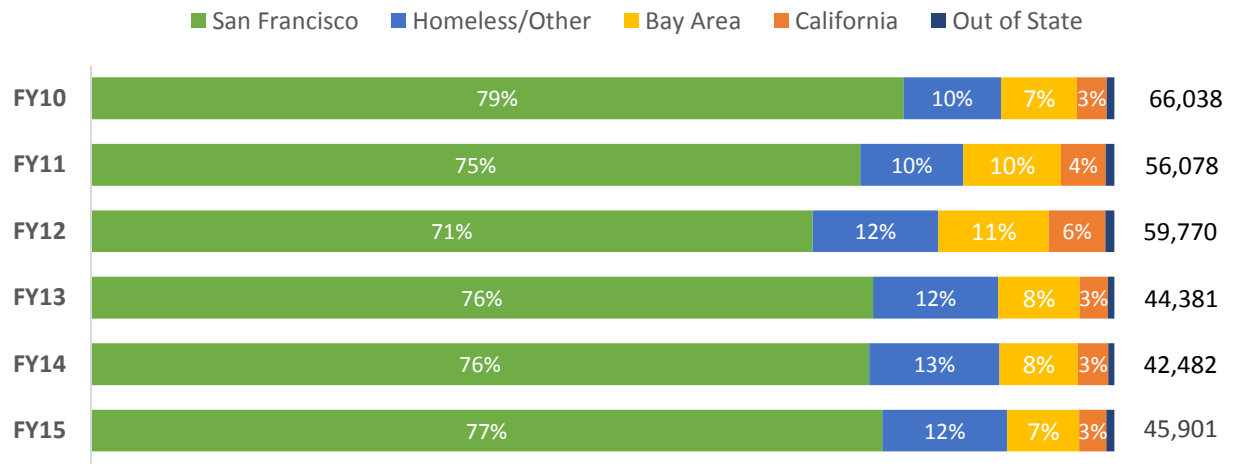
The above tables show the distribution of all reporting hospitals' traditional charity care recipients by Supervisorial district. As is evident and has repeatedly been the case, the majority of the charity care patients in San Francisco reside in Districts 6 (SOMA), 9 (Mission, Bernal Heights), 10 (SE neighborhoods, including Bayview –Hunters Point), and District 11 (Excelsior). District 1 (Northwest/Richmond) continues to represent the smallest share—about 2.2 to 2.4 percent across the years. District profiles reveal that Districts 6, 9, 10 and 11 also have some of the lowest average household income levels in San Francisco, which presumably contributes to the concentration of charity care patients in those areas. Across FY 2013, 14, and 15, there was very little change in the charity care landscape by district, suggesting that though the number of traditional charity care patients may have decreased over that time, the residential locations that contribute the most in San Francisco remain consistent.

2. Residence of Charity Care Patients

San Francisco's collective pool of traditional charity care patients in the era of health reform may consist of:

- **A greater proportion of San Franciscans,**
- **A decreased proportion of out-of-county residents and;**
- **A consistent proportion of homeless and out-of-state residents**

Charity Care Reported Residence, FY 2010 to FY 2015



As mentioned earlier, traditional charity care programs do not limit eligibility to San Francisco residents, and the zip code information provided therefore allows for an analysis of the geographic locations that hospitals serve outside of San Francisco. Out-of-county patients may access charity care in San Francisco hospitals for many reasons, from the uninsured patient who has an automobile accident on the freeway and is taken to ZSFG's Emergency Department, to the patient with a serious illness who seeks medical care at one of San Francisco's renowned medical institutions. This proportion of out-of-county traditional charity care patients (i.e. Bay Area + California residents) has declined over time, from about 17 percent in FY 2012 to 10 percent in FY 2015. This general decline could be due to other counties' health reform readiness activities that may have improved the services available and connected residents to ACA-initiated care in areas closer to the patients' place of residence. The decline in Bay Area/California patients ran alongside a corresponding increase in the proportion of traditional charity care patients residing in San Francisco, which went from 71 percent in FY 2012 to 77 percent in FY 2015. It is important to note, however, that higher proportions of San Francisco residents have also been noted in the past – FY 2010 is an example, where the proportion of San Franciscans was 79 percent. Future reports will note whether this trend is one the City can expect in the era of health reform.

Homeless/Other patients have consistently represented approximately 12 percent of the total from FY 2012 to FY 2015, which is an increase from FY 2010 and 2011's 10 percent values. The "Other" category consists of patients who did not have a valid address in the hospital's financial system, which would include homeless individuals, those with errors in their record, and some who provided inaccurate information. Unfortunately, the data for charity care utilization among the homeless more specifically

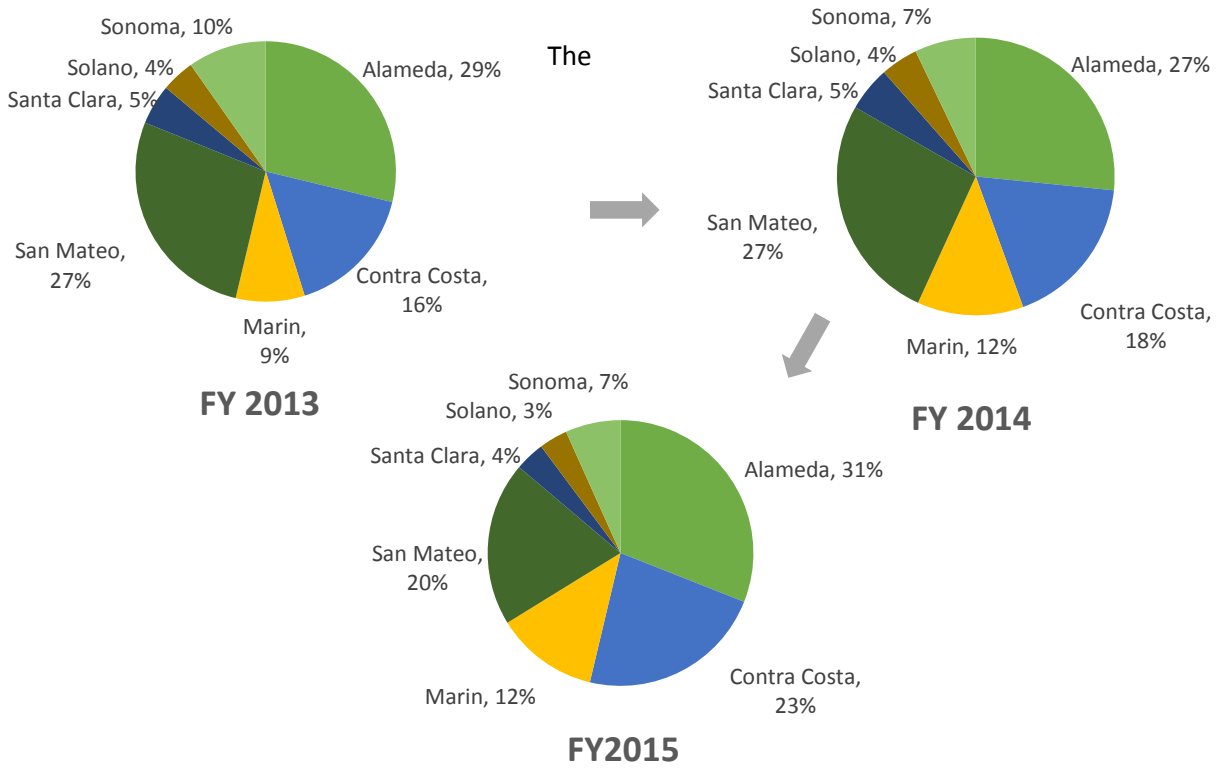
cannot be captured accurately in this report because some hospitals do not identify patients using a standard homeless code in their registration systems. Finally, only a very small proportion of charity care patients resided outside of California (one percent) in FY 2015 and this has been the case throughout the history of this report.

So, taken together, this data indicates although the total number of traditional charity care patients has declined over time, probably due to enrollment in the HSF program and ACA-initiated insurance coverage both in San Francisco and in surrounding counties, San Francisco's collective pool of traditional charity care patients in the era of health reform may consist of:

- A greater proportion of San Franciscans,
- A decreased proportion of out-of-county residents and;
- A consistent proportion of homeless and out-of-state residents.

The next section focuses more specifically on traditional charity care patients in neighboring counties.

Reported Bay Area Place of Residence for Charity Care Patients, FY 2013 – FY 2015

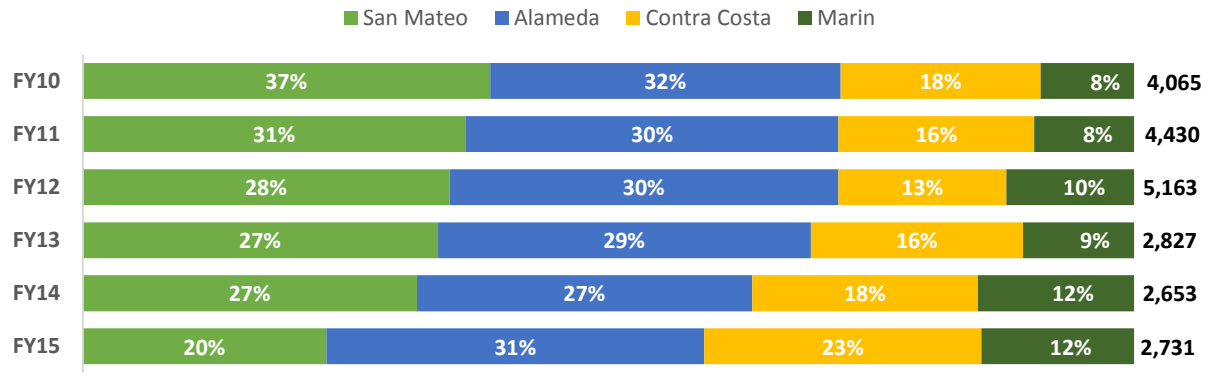


The above figure shows the percentage of traditional charity care patients with addresses in the seven greater Bay Area counties in FY 2015. Alameda and San Mateo counties consistently represented the greatest proportion of charity care patients in San Francisco hospitals from 2010, representing56 percent of the total in FY 2013 and 54 percent in FY 2014. In FY 2015, Alameda and Contra Costa counties represented the greatest proportion of charity care patients in San Francisco hospitals, with 54 percent of the total patients. In terms of absolute numbers, between FY 2014 and FY 2015, the number of Alameda

county residents increased from 847 to 932 individuals, San Mateo county residents decreased from 843 to 633 individuals, and Contra Costa county residents increased from 569 to 720 individuals.

Similar to previous years, the analysis of FY2015 data shows that residents in the seven greater Bay Area counties received charity care, by and large, from ZSFG, UCSF, and CPMC. In FY2015, of the 3,238 charity care patients reporting zip codes in those seven counties, 1,293 (39.9 percent) received care at UCSF, 788 (24.3 percent) received care at ZSFG, and 546 (16.9 percent) at CPMC.UCSF surpassed ZSFGin caring for the largest proportion of out-of-county Bay Area charity care patients in FY 2014, and has continued that trend in FY 2015.

Bay Area Place Residents Receiving SF Charity Care from FY 10-FY15



The above chart highlights the proportion of charity care patients in the four Bay Area counties closest to San Francisco. Unsurprisingly, it is from these four neighboring counties that San Francisco hospitals report seeing patients more frequently than any other non-San Francisco county.Between FY 2010 and FY 2012, there were steady increases in the number of such residents seeking traditional charity care services in San Francisco, but the number decreased sharply in 2013 and increased only slightly between 2014 and 2015. As suggested earlier, this sharp decrease may be due to other counties' health reform readiness activities that may have improved the services available to charity care patients and connected them to ACA-initiated care in areas closer to the patients' place of residence. These changes may also be due to adjustments in charity care policies at hospitals located within the other counties, or individuals who re-locate out of San Francisco but continue to patronize the same San Francisco hospital.