SAN FRANCISCO CHARITY CARE

2018-2019 ANNUAL REPORT

SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

ACKNOWLEDGMENTS

Special thanks to San Francisco Charity Care Workgroup's Hospitals and representatives:

Sutter Health CPMC

Dignity Health Saint Francis Memorial Hospital

CHINESE HOSPITAL

UCSF Health

San Francisco Health Network
Zuckerberg San Francisco General Hospital

KAISER PERMANENTE®

Dignity Health St. Mary's Medical Center

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GLOSSARY

Affordable Care Act: Health reform legislation passed by the 111th Congress and signed into law by President Barack Obama in March 2010.

Charity Care: Emergency, inpatient or outpatient medical care, including ancillary services, provided to those who cannot afford to pay and *without the hospital's expectation of reimbursement* (i.e., *free care*). It does not include bad debt, defined as the unpaid accounts of any person who has received medical care or is financially responsible for the cost of care provided to another, where such person has the ability but is unwilling to pay.

Emergency Services: Services requiring evaluation and initial treatment of medical conditions caused by trauma or sudden illness.

Healthy San Francisco: A program created by local ordinance designed to make health care services available and affordable to uninsured San Francisco residents.

Inpatient Services: Services provided to patients who are admitted to a hospital

Medi-Cal Shortfall: The unreimbursed cost of providing services to the hospital's Medi-Cal patients

Outpatient Services: Medical services provided without a hospital admission, excluding emergency services

Underinsured: A population with health coverage insurance, but face significant cost sharing or limits on their insurance benefit that may affect its usefulness in accessing or paying for needed health services

Safety Net Hospital: Hospitals that typically provide significant portions of their care to low-income, uninsured, and vulnerable populations

Traditional Charity Care: Care provided to under- or uninsured patients not enrolled in HSF, and may be ineligible for Medi-Cal

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 explore the changes in the charity care landscape, most notably in relation to the Affordable Care Act (ACA). With recent changes to the ACA, including the federal repeal of the individual mandate penalty (effective 2019), combined with state initiatives to counteract these federal actions, these annual reports will continue to monitor policy changes for their potential impacts to the San Francisco charity care landscape. Looming over these policy changes is the current Supreme Court case challenging the ACA, which is scheduled for a decision in June 2021, and could lead to the Act's repeal.

Due to the COVID-19 pandemic and emergency response by the San Francisco Department of Public Health, the 2018 reporting process was delayed. When the process began again, 2019 data was available, and, therefore, both 2018 and 2019 data were combined into one report.

This report includes a section dedicated to City-wide trends and another section that provides hospital-specific data as trends may differ across hospitals. This report also includes a section detailing health coverage and demographic data on non-Healthy San Francisco (HSF) traditional charity care patients from the previous three years, which was collected for the first time. The following are the main conclusions of the report:

A. For the first time since implementation of the Affordable Care Act, charity care has increased in San Francisco.

For the first time since ACA-implementation, there was an increase in the number of overall patients who received charity care in San Francisco. Between 2017 and 2019, there was a 51 percent increase in charity care patients. During this time, charity care expenditures and services across all types also increased. Charity care expenditures increased 36.8 percent, emergency services increased 58.3 percent, inpatient services increased 32.7 percent, and outpatient services increased 52.3 percent.

Recent health coverage data show that Medi-Cal enrollment in San Francisco decreased between 2017 and 2019 by 7 percent (225,919 to 208,553)[1], and the overall uninsured rate remained relatively static at 3.8 percent (31,000 – 36,000)[2]. Given the stable health coverage rates and overall strength of the economy, the observed charity care increases in both 2018 and 2019 could suggest an increasing number of people with health coverage are unable to afford health care expenses. These individuals may have enrolled in health plans that do not provide adequate

[1] DHCS, County Certified Eligibles – January 2017 and 2019. Unenrollment primary due to increasing income among recipients, making them ineligible for continued coverage.
[2] ACS, 1-Year Estimates. 2017-2019

coverage or financial protection, and are underinsured.[3] Newly collected data from reporting hospitals may support the contention that a high number of patients with health coverage are receiving charity care, as 68 percent of traditional charity care patients from hospitals that reported data have some form of health coverage (e.g. Medi-Cal, Medicare, and commercial insurance). Further, during the reporting period, Medicare patients increased by 40 percent (3,081), and represented a significant portion of the increase in overall charity care patients. The data also shows that while uninsured rates citywide were stable, charity care patients without coverage increased by 19 percent (1,449), representing another significant portion in the overall increase in charity care patients.

Other factors could be driving these increases in charity care. Hospitals have reported that as they have increased their overall levels of service in San Francisco, they have commensurately increased the amount of charity care provided. Between 2015 and 2019, total adjusted hospital patient days have increased 7 percent, outpatient visits increased 17 percent, and total revenue has increased 30 percent.[4] While utilization of services have increased, so has the price of health care. Between 2017 and 2019, health care prices have increased 7 percent, likely impacting charity care expenditure levels.[5] Another potential factor contributing to the increase is that the largest provider of charity care in the City, ZSFG, amended its charity care and discount programs in February 2019 to add new patient financial protections and end patient balance billing (also referred to as surprise billing), increasing the number eligible patients for these programs. Lastly, hospitals have reported that patients are remaining in acute care beds for longer periods of time because placements into lower acuity settings are becoming increasingly difficult to obtain. Therefore patients must be held longer before discharge, incurring higher charity care expenditures. Collectively, these factors could be contributing to overall increases in charity care patients, expenditures, and services provided in San Francisco.

B. Healthy San Francisco and Traditional Charity Care programs continue to serve distinct patient populations.

The Healthy San Francisco (HSF) program is a locally-created and funded program, started in 2007, that provides comprehensive, affordable health care to uninsured adults in San Francisco. Prior to the implementation of the ACA, this program was instrumental in helping San Francisco achieve relatively high levels of health coverage among its residents. HSF provides 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

[3] Bethanne Fox, & Maya Brod. (2019). *Underinsured Rate Rose From 2014- 2018, With Greatest Growth Among People in Employer Health Plans*. The Common Wealth Fund.

[4] OSHPD, Utilization Trends, 2015-2019; Revenue totals exclude Kaiser SF.

[5] U.S. Bureau of Labor Statistics, Consumer Price Index for All Urban Consumers: Medical Care in West [CUUR0400SAM], retrieved from FRED, Federal Reserve Bank of St. Louis; https://fred.stlouisfed.org/series/CUUR0400SAM, February 21, 2021.

participants. Today, HSF continues primarily to provide health care services to uninsured San Francisco adults who are ineligible for public full scope coverage.

In addition to providing coverage, HSF provides outreach and assistance to help enroll those eligible for ACA-sponsored coverage, increasing the accessibility of health insurance. Since 2014, it is likely that a large number of HSF charity care patients enrolled into ACA-sponsored health care coverage for this reason. From 2014 to 2016, the declines in charity care patients, expenditures, and service utilization were more notable for HSF, compared to non-HSF/traditional charity care. From 2017 to 2019, HSF enrollment remained relatively consistent, increasing just 0.5 percent to 11,996 patients, while traditional charity care patient increased 72.6 percent. The stabilization in the number of HSF charity care patients indicates that, despite HSF support to transition individuals to other health coverage options, there are individuals who are ineligible for ACA-sponsored coverage and continue to rely on HSF for access to health care services. Healthy San Francisco therefor continues to be an important health care access option for uninsured San Franciscans ineligible for ACA-sponsored health coverage, covering a distinct patient population from traditional charity care programs.

C. Traditional Charity Care serves the uninsured, those with public and commercial health coverage, and those most likely to experience health inequities – PEH, POC, and Lower SES.

Traditional charity care serves the uninsured, those with public and commercial health coverage, San Franciscans in districts with lower incomes, and persons experiencing homelessness. New demographic data was collected on traditional charity care patients for the first time, which showed that traditional/non-HSF patients are more likely to be Hispanic/Latinx or Black/African American (26 and 16 percent of charity care population, respectively), male, and older, compared to the overall city population.

Overall, the data indicates that those receiving traditional charity care are more likely to be lower in socio-economic status, experiencing the most significant health inequities, and have high medical needs. For example, preventable emergency room rates are higher for Black/African Americans compared to most other racial/ethnic groups in San Francisco.[6] In additional, the zip codes with some of highest preventable emergency room and poverty rates – 94102 (Tenderloin), 94103 (SOMA), and 94124 (Bayview) – correspond with areas with the highest number of charity care patients. With the increase in the number of traditional/non-HSF patients, charity care will continue to be an important health care program for the community.

[6]San Francisco Community Health Needs Assessment- 2019: Link

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 San Francisco 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.[7] 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, analyzes, and presents these data for the San Francisco Health Commission each year. The annual charity care report allows readers to learn more about the health care provided to those who are under- or uninsured and least able to pay for 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."* [8]

The annual report captures charity care data in two categories: Healthy San Francisco (HSF) charity care, which is 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 may be ineligible for Medi-Cal.

To produce the annual report, DPH collaborates with eight reporting hospitals through the charity care project workgroup. According to the Charity Care Ordinance, there are five hospitals required to submit charity care data to SFDPH within 120 days after the end of their fiscal year.[9] The other three hospitals are not mandated, but report the same charity care data voluntarily to SFDPH.

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

[7] More information about the charity care ordinance and reporting hospitals is found in Appendix B and C.
[8] CCSF Health Code, Article 3 (Hospitals), Section 130. Definitions.
[9] Hospitals report either on a Jan-Dec or a July-June fiscal year. See Appendix A for details.

SECTION III: CITY-WIDE CHARITY CARE DATA AND CONCLUSION

A. For the first time since implementation of the Affordable Care Act, charity care has increased in San Francisco.

Cumulatively, over 280,000 San Franciscans, nearly one in three (32 percent) residents, have enrolled in new health insurance options since the launch of the Affordable Care Act (ACA) in 2014. This includes over 176,000 new adults enrolled in Medi-Cal as a result of the Medicaid expansion, and over 100,000 through coverage purchased through Covered California.[10,11,12] With the successful implementation of the ACA, there has been a decreased reliance on charity care in the City. Overall, the number of charity care patients decreased between 2012 and 2017, with a more rapid decline following the implementation of the ACA in 2014. This decline suggested that many individuals who previously received charity care moved onto ACA-initiated coverage through Medi-Cal or Covered California.

For the first time since ACA-implementation, there was an increase in the number of overall unduplicated charity care patients starting in 2018. Between 2017 and 2019, there was a 51 percent increase in charity care patients. This increase was driven primarily by of traditional/non-HSF patients, which increased 72.6 percent. HSF charity care patients remained relatively stable, increasing only 0.5 percent during this time. Recent health coverage data show that Medi-Cal enrollment in San Francisco decreased between 2017 and 2019 by 7 percent (225,919 to 208,553)[13], and the overall uninsured rate remained static at 3.8 percent (31,000 – 36,000)[14]. Given the stable health coverage rates[15] and overall strength of the economy, the observed charity care increases in both 2018 and 2019 could suggest an increasing number of people with health coverage are unable to afford health care expenses.[16] Newly collected data from reporting hospitals may support the contention that a high number of patients with health coverage are receiving charity care, as 68 percent of traditional charity care patients from hospitals that reported data have some form of health coverage (e.g. Medi-Cal, Medicare, and commercial insurance). Further, during the reporting period, Medicare patients increased by 40 percent (3,081), and represented a significant portion of the increase in overall charity care patients. The data also shows that while uninsured rates city wide were stable, charity care patients without coverage increased by 19 percent (1,449), representing another portion in the overall increase in charity care patients.

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[10] SFHSA (2020). Unduplicated cumulative count of new Medicaid-expansion adult enrollments since Jan 1, 2014. SFHSA CalWIN Admin Data

[11] Cumulative net new health plan enrollments through Covered CA. Retrieved from https://hbex.coveredca.com/data-research/

[12] San Francisco Human Services Agency (2020). Unduplicated cumulative count of new enrollments in full-scope Medi-Cal for ages 0-18 regardless of immigration status since May 1, 2016. SF HSA CalWIN Administrative Data

[13] DHCS, County Certified Eligibles – January 2017 and 2019.

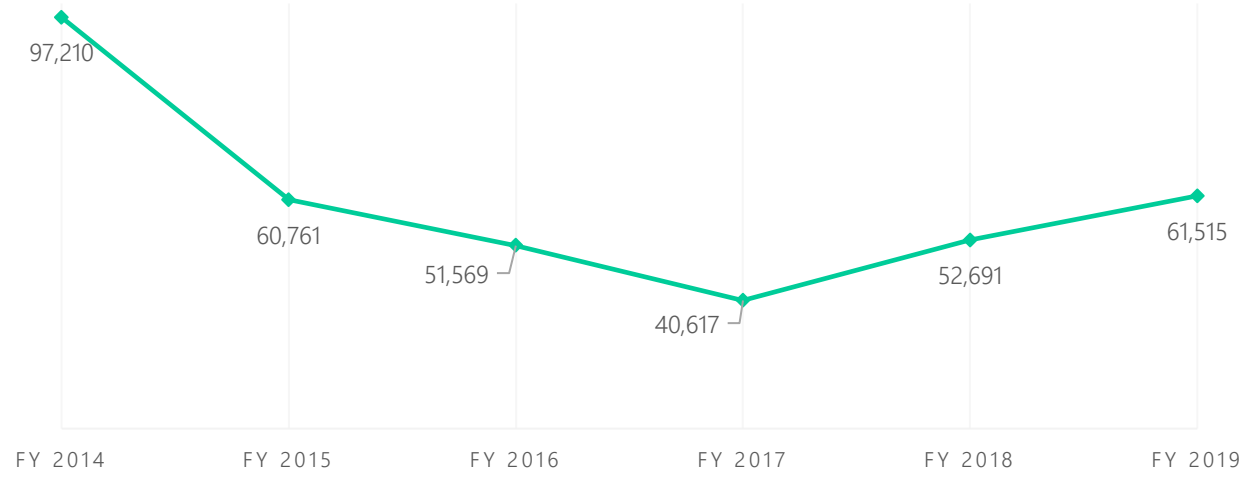
[14] ACS, 1-Year Estimates. 2017-2019

[15] Between 2017 and 2019, rates of residents without coverage have remained relatively stable, with 2019 data indicating 3.8 percent of residents don't have health coverage. ACS 2019 1-yr estimate.

[16] Stremikis, K. (2020, March 5). Ever-Rising Health Costs Worsen California's Coronavirus Threat. Retrieved November 30, 2020, from California Health Care Foundation website: https://www.chcf.org/blog/ever-rising-health-costs-worsen-californias-coronavirus-threat/

Other factors could be driving these recent increases in charity care. Hospitals have reported that as they have increased their overall levels of service in San Francisco, they have commensurately increased the amount of charity care provided. Between 2015 and 2019, five new hospitals have opened in the City. These new hospitals increased the City's total emergency department treatment stations by 64 percent, from 144 to 236.[17] During this time, total adjusted hospital patient days have increased 7 percent, outpatient visits increased 17 percent, and total revenue has increased 30 percent.[18] Another potential factor contributing to the increase is that the largest provider of charity care in the City, ZSFG, amended its charity care and discount programs in February 2019 to add new patient financial protections and end patient balance billing (also referred to as surprise billing).[19] Lastly, hospitals have reported that patients are remaining in acute care beds for longer periods of time because placements into lower acuity settings are becoming increasingly difficult to obtain. Collectively, these factors could be contributing to overall increases in charity care patients, expenditures, and services provided in San Francisco.

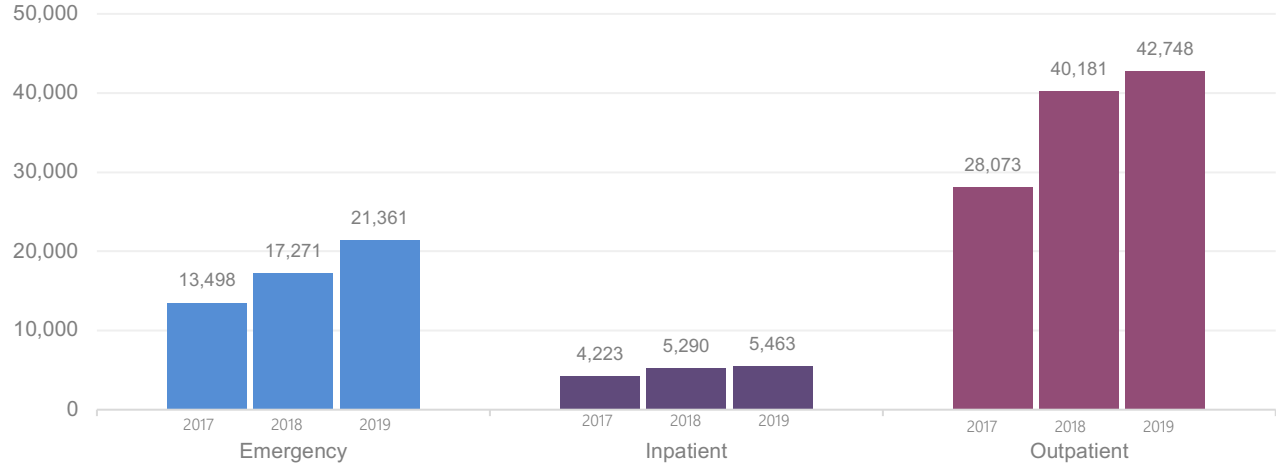
Figure 1: Unduplicated Charity Care Patients, 2014 to 2019



With the increase in the number of patients observed between 2017 and 2019, charity care services have also increased during this time for emergency (58.3 percent), inpatient (32.7 percent), and outpatient (52.3 percent) services. Outpatient services still represent the majority of overall charity care services provided (61.0 percent for 2019). Note that outpatient services include only those service provided on a hospital's campus. This data suggests the importance and continued reliance on all types of charity care services.

[17] OSHPD, Utilization Trends, 2015-2019; ED treatment stations are defined as a specific place within the emergency department adequate to treat one patient at a time.
[18] OSHPD, Utilization Trends, 2015-2019; Revenue totals exclude Kaiser SF.
[19] Note that the charity care data submitted for ZSFG include July 2017 to June 2019. The changes in balance billing policies went into effect in February 2019, and therefor would only have impacted five months of the data covered by the reports two-year scope.

Figure 2: Charity Care Services across HSF and Traditional Care Patients, 2017-2019



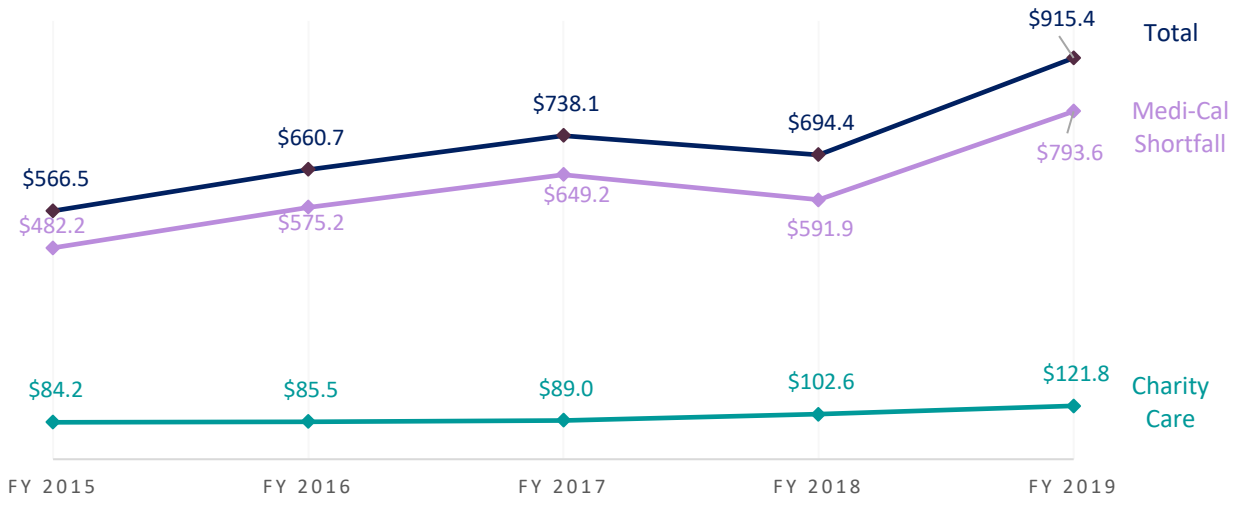
Total charity care expenditures across the eight reporting hospitals increased substantially (36.8 percent) during the reporting period, increasing from $89.0 million in 2017 to $121.8 million in 2019. These increases are in following with the increase in charity care patients served, and services provided, and increases observed in the overall price of health care. Between 2017 and 2019, health care prices have increased 7 percent.[20] These inflationary pressures are expected to continue, with Centers for Medicare and Medicaid Services (CMS) projecting prices for medical goods and services to grow at an average annual rate of 2.4 percent from 2019 to 2028, accounting for 43 percent of total projected growth in personal health care spending.[21]

As charity care patients previously ineligible for health insurance may have enrolled in Medi-Cal, Medi-Cal shortfall is a measure for evaluating the 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 difference. Note that costs for health care services can vary from hospital to hospital, impacting shortfall amounts.

Across the reporting hospitals, the total Medi-Cal shortfall increased by $144.5 million or 22.5 percent from 2017 to 2019. The increase in Medi-Cal shortfalls, coupled with a modest decline in Medi-Cal enrollment across the city (218,149 in Nov 2017 vs 203,867 in Nov 2019), could suggest that health care cost increases continue to outpace reimbursement from the Medi-Cal program and/or Medi-Cal patients are receiving a greater number of services and/or higher acuity care (as demonstrated by the increase in emergency services).

[20] U.S. Bureau of Labor Statistics, Consumer Price Index for All Urban Consumers: Medical Care in West [CUUR0400SAM], retrieved from FRED, Federal Reserve Bank of St. Louis; https://fred.stlouisfed.org/series/CUUR0400SAM, February 21, 2021.
[21] Keehan, S. P., Cuckler, G. A., Poisal, J. A., Sisko, A. M., Smith, S. D., Madison, A. J., … Hardesty, J. C. (2020). National Health Expenditure Projections, 2019–28: Expected Rebound In Prices Drives Rising Spending Growth. *Health Affairs*, *39*, 704–714.

Figure 3: Charity Care Expenditures and Medi-Cal Shortfall, 2015-2019 (in Millions)



B. Healthy San Francisco and Traditional Charity Care programs continue to serve distinct patient populations.

The Healthy San Francisco (HSF) program is a locally-created and funded program, started in 2007, that provides comprehensive, affordable health care to uninsured adults in San Francisco. Prior to the implementation of the ACA, this program was instrumental in helping San Francisco achieve relatively high levels of health coverage among its residents. HSF provides 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. Today, HSF continues primarily to provide health care services to uninsured San Francisco adults who are ineligible for public full scope coverage.

In addition to providing coverage, HSF provides outreach and assistance to help enroll those eligible for ACA-sponsored coverage, increasing the accessibility of health insurance. For example, between July 2018 and June 2019, 806 HSF participants were dis-enrolled from HSF and enrolled in Medi-Cal.[22]

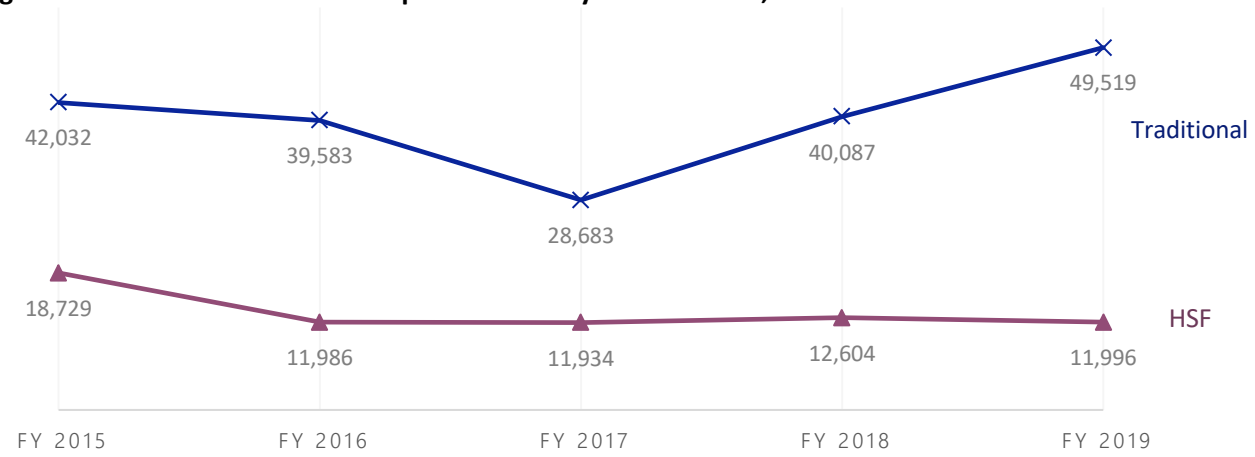
Before the ACA's insurance provisions became operational in January 2014, charity care reports noted a shift from traditional charity care towards HSF coverage. But, with the onset of the ACA's insurance provisions and expanded access to health insurance coverage, the decline in HSF charity care patients had been much greater than the decline in traditional charity care patients until 2017. Prior to the ACA in 2013, HSF covered about 50,000 residents or 70 percent of the uninsured. In 2020, HSF covered around 13,500, or 38 to 45 percent of uninsured residents. The

[22] Healthy San Francisco Annual Report: FY 2018-2019. SFDPH Office of Managed Care. December 2020: Link

percentage decrease is likely due to the fact that the "harder to reach" populations, like people experiencing homelessness, now make up a greater proportion of the uninsured population.

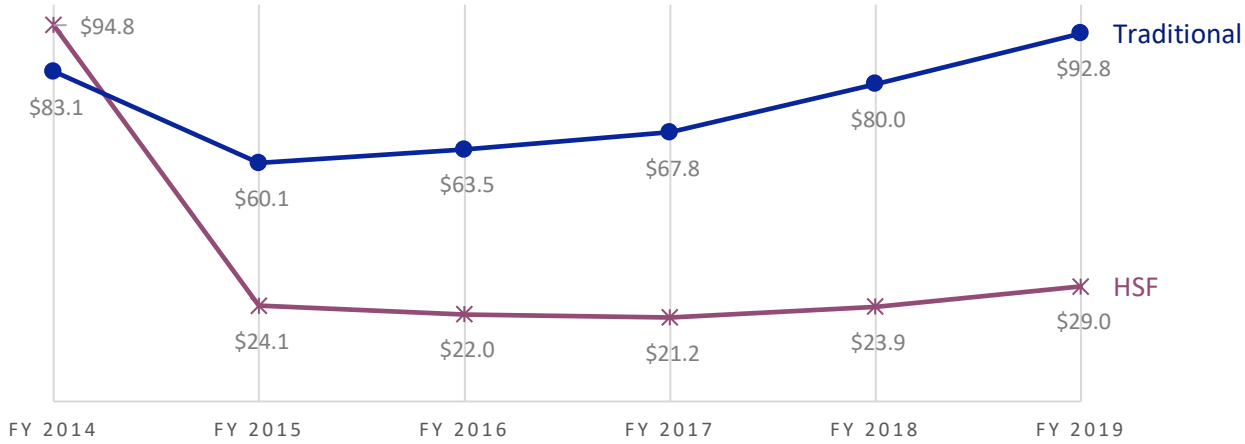
Between 2017 and 2019, the number of HSF patients has remained relatively stable (0.5 percent increase) while there has been a significant increase in the number of traditional charity care patients (72.6 percent).

Figure 4: HSF and Traditional Unduplicated Charity Care Patients, 2015-2019



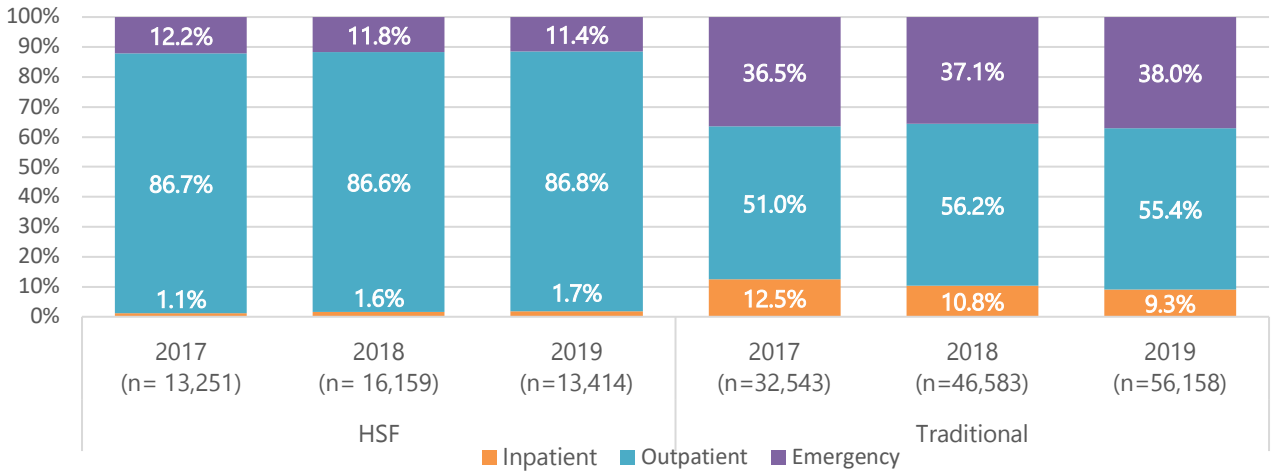
In 2014, with the beginning of ACA implementation, HSF charity care spending decreased between 2014 to 2017 as HSF members enrolled in ACA-initiated care programs. In the following three years, from 2017 to 2019, HSF and traditional charity care expenditures increased, 37.0 percent and 36.8 percent respectively. Hospitals have reported that these increases are likely due, in part, to the significant increase in the number of traditional care patients, rising health care costs, and increasing numbers of higher-acuity patients presenting to hospitals requiring more costly care.

Figure 5: HSF and Traditional Charity Care Expenditures, 2014-2019 (in Millions)



When examining the types of charity care services provided through the two programs, the proportion of emergency care is less for the HSF population compared to traditional charity care. The increased dependence on emergency care among traditional charity care patients supports the contention that these patients are more likely to have higher acuity health conditions and less connections to primary and specialty care.

Figure 6: Proportion of all services for HSF and Traditional, 2017-2019



C. Traditional Charity Care serves the uninsured, those with public and commercial health coverage, and those most likely to experience health inequities – PEH, POC, and Lower SES.

The number and share of Americans without health insurance coverage rose for the third consecutive year in 2019. Some 9.2 percent of Americans — 29.6 million people — were uninsured in 2019, compared to 8.9 percent (28.6 million) in 2018.[23] In San Francisco, the uninsured rate has remained relatively stable during this time, with most recent estimates ranging from 31,000 – 36,000 residents without health coverage in 2019.[24] Although individuals can gain ACA-initiated coverage, the residually uninsured include those who are ineligible for insurance under the ACA, or who may be eligible but do not enroll for a variety of reasons. The reasons could be:

- personal circumstances that make it difficult to maintain coverage (e.g. homelessness);
- lack of awareness of eligibility;
- immigration status; and
- affordability concerns despite ACA premium subsidies.

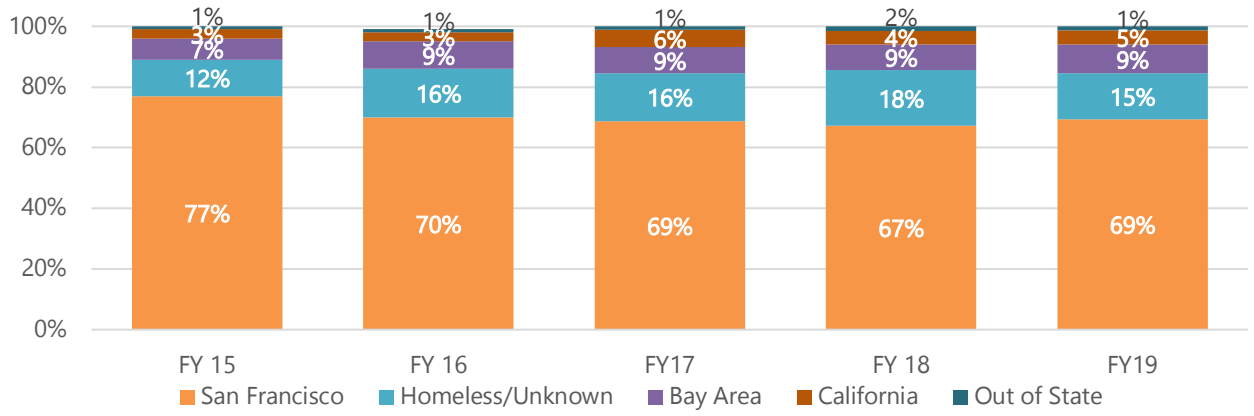
Overall, there will be a number of San Franciscans that will remain uninsured despite all City-wide and national efforts. These individuals will continue to rely on traditional charity care. Newly collected data from hospitals indicate that uninsured traditional charity care patients currently represent 32 percent of total of traditional/non-HSF charity care patients, increasing 19 percent (1,449 participants) between 2017 and 2019.

[23] Katherine Keisler-Starkey and Lisa N. Bunch, "Health Insurance Coverage in the United States: 2019," Census Bureau, September 2020 https://www.census.gov/content/dam/Census/library/publications/2020/demo/p60-271.pdf.
[24] 2019 ACS 1-year estimates for San Francisco

Another population that relies on traditional charity care are those with health coverage, including public and commercial insurance, and are unable to afford health care expenses. These individuals, who are referred to as underinsured, are more likely to delay care and have difficulty paying medical bills. Newly collected data from hospitals shows that 68 percent of traditional charity care patients had some form of health coverage in 2019.

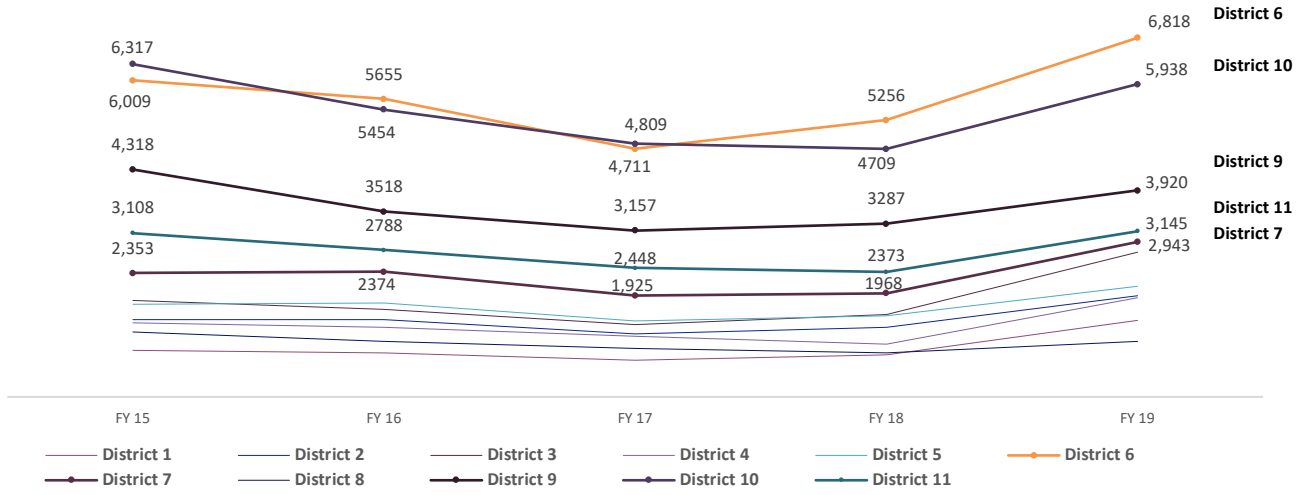
As in previous years, traditional charity care patients continue to be predominantly San Francisco residents (69 percent) and persons experiencing homelessness (15 percent)[25], with proportions fluctuating by a percentage point or less.

Figure 7: Traditional Charity Care Patients by Reported Residence, 2015 to 2019



Residents living in Districts 6 (Tenderloin, SOMA), 9 (Mission, Bernal Heights), 10 (SE neighborhoods, including Bayview-Hunters Point), and 11 (Excelsior) represent the largest share of traditional charity care patients in San Francisco, similar to previous years. These four districts also have some of the lowest average household incomes across San Francisco, indicating a correlation between charity care need and lower social economic status.

Figure 8: Traditional Charity Care Patients by Supervisorial District, 2015 to 2019



[25] Homeless/Unknown is a category that captures any individuals that did not provide a valid address

Health coverage and demographic data was collected on traditional charity care patients for the first time from seven out of the eight reporting hospitals. In 2019, traditional charity care patient payor sources were most likely to be uninsured (32 percent), followed by Medi-Cal (30 percent), and then Medicare (26 percent). Patients with "other" payor types (includes commercial insurance) represented the smallest percentage at 12 percent. Overall, the data shows that 68 percent of traditional charity care patients have some form of health coverage, but cannot afford the services they receive. When examining trends between 2017 and 2019, the proportion of charity care patients with Medi-Cal declined from 34 percent to 30 percent, patients who have *Other* coverage declined from 16 percent to 12 percent, while patients with Medicare increased from 21 percent to 26 percent, and patients who are uninsured increasing from 30 to 32 percent.

While Medi-Cal is considered comprehensive coverage, there are several reasons why recipients may request charity care assistance to help with health care expenses. Some Medi-Cal recipients must pay a monthly dollar amount toward their medical expenses before their full scope Medi-Cal benefits become active. This expense is referred to as share of cost (SOC), which is determined based on a recipient's income.[26] Another contributing factor is that individuals who only qualify for restricted scope Medi-Cal – which covers certain services like Pregnancy or Emergency services ¬ –may receive non-covered care as result of their initial emergency visit. These individuals may have out-of-pocket expenses they cannot afford and request charity care assistance.

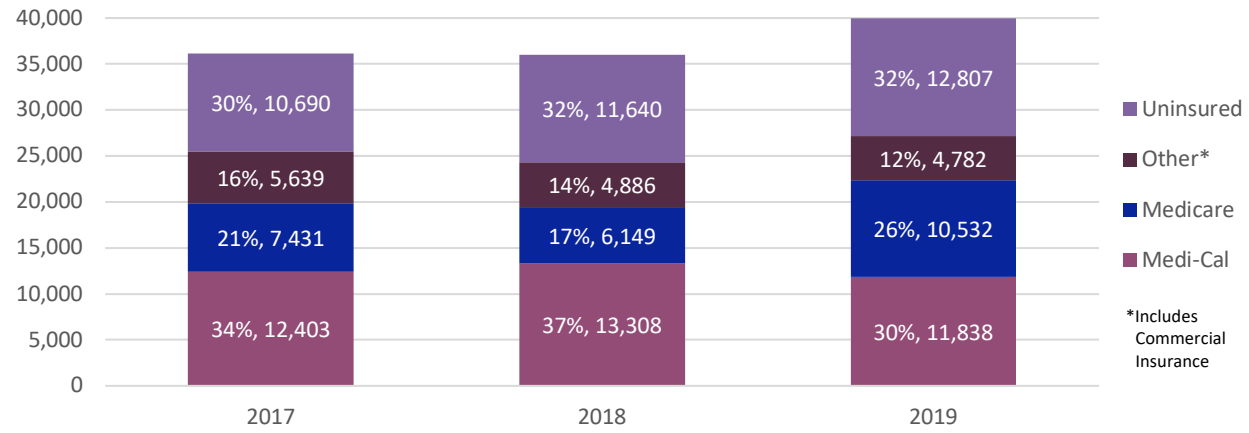
With regards to the observed increases in charity care patients with Medicare, hospitals have reported that they are increasingly serving an aging population of patients, many of whom may have trouble affording out-of-pocket expenses. In addition, the eligibility criteria for ZSFG charity programs were expanded in 2019 to allow more patients, including Medicare beneficiaries, to qualify when they had not before. There several reason why Medicare patients may request charity care:

- Patients who have traditional Medicare coverage, but do not have a supplemental plan and/or do not qualify for Medi-Cal can be faced with deductibles and/or outpatient cost shares that they cannot afford.
- Medicare and their insurance contracts have increasingly targeted Medicare beneficiaries to encourage them to enroll in Part C Advantage plans. Hospitals may not contract with these plans, and therefore patients who receive services there could end up with out-of-pocket expenses if the hospital is out-of-network. These plans have also seen the greatest rates of increase across the City during this time – between 2017 and 2019 – Medicare Advantage enrollment grew by 6.6 percent, or 3,748 individuals, and Original Medicare enrollment has grown by 0.9 percent, or 793 individuals.[27]

[26] At ZSFG, San Francisco residents with Medi-Cal SOC have the Sliding Scale program applied to their accounts. ZSFG does not ask patients to pay their Medi-Cal SOC. Instead ZSFG tries to have the SOC met by posting the charges of services rendered to the patient during that calendar month to Medi-Cal.
[27] CMS 2020

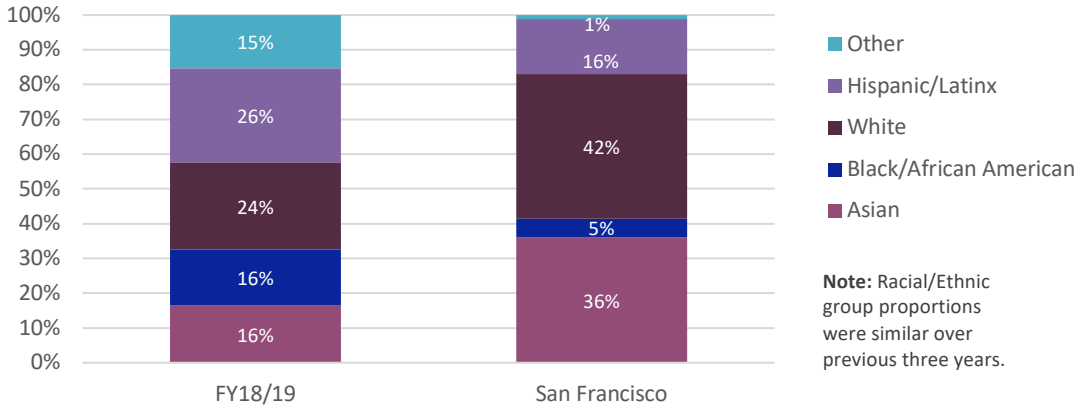
- Certain services may not be covered by Medicare, including dental services, routine eye exams, and ear exams. Patients who receive these services may not be able to afford the out-of-pocket expenses associated with this care.

Figure 9: Traditional Charity Care Patients by Payor Source, 2017 to 2019[28]



Demographic data was also collected on race/ethnicity, age, and gender status. Traditional/non-HSF patients were more likely to be Hispanic/Latinx or Black/African American (16 and 5 percent of population, respectively), male, and older, compared to the overall city population. These trends align with who in San Francisco experiences some of the greatest health care needs and who are more likely to use emergent care. For example, preventable emergency room rates are higher for Black/African Americans compared to most other racial/ethnic groups in San Francisco.[29]

Figure 10: Traditional Charity Care Patients by Race/Ethnicity, 2019[30]



For more detailed analysis of these demographic data points, refer to **Appendix G.** Overall, these data indicate that those receiving charity care are also those most likely to be experiencing some of the most significant health inequities and have higher medical needs.

[28] "Other" payor type includes those with commercial insurance and workers compensation. "Uninsured" indicates the number of patients who self-pay their medical expenses.
[29] San Francisco Community Health Needs Assessment- 2019: Link
[30] "Other" includes American Indian/Alaska Native, Pacific Islander, Decline to State, and Unknown.

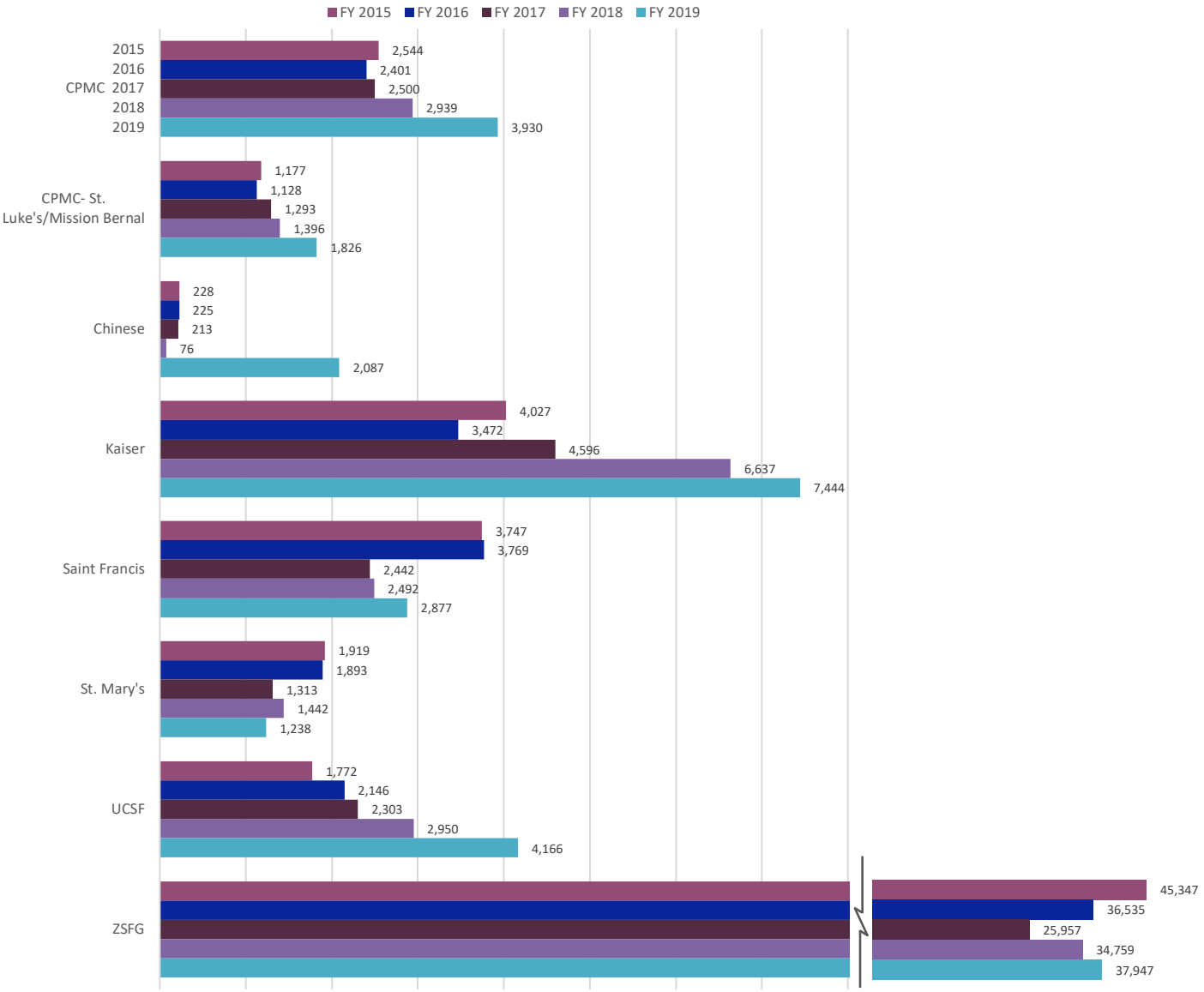
SECTION IV: HOSPITAL- SPECIFIC CHARITY CARE DATA

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. 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 reporting hospitals.

Unduplicated Patients

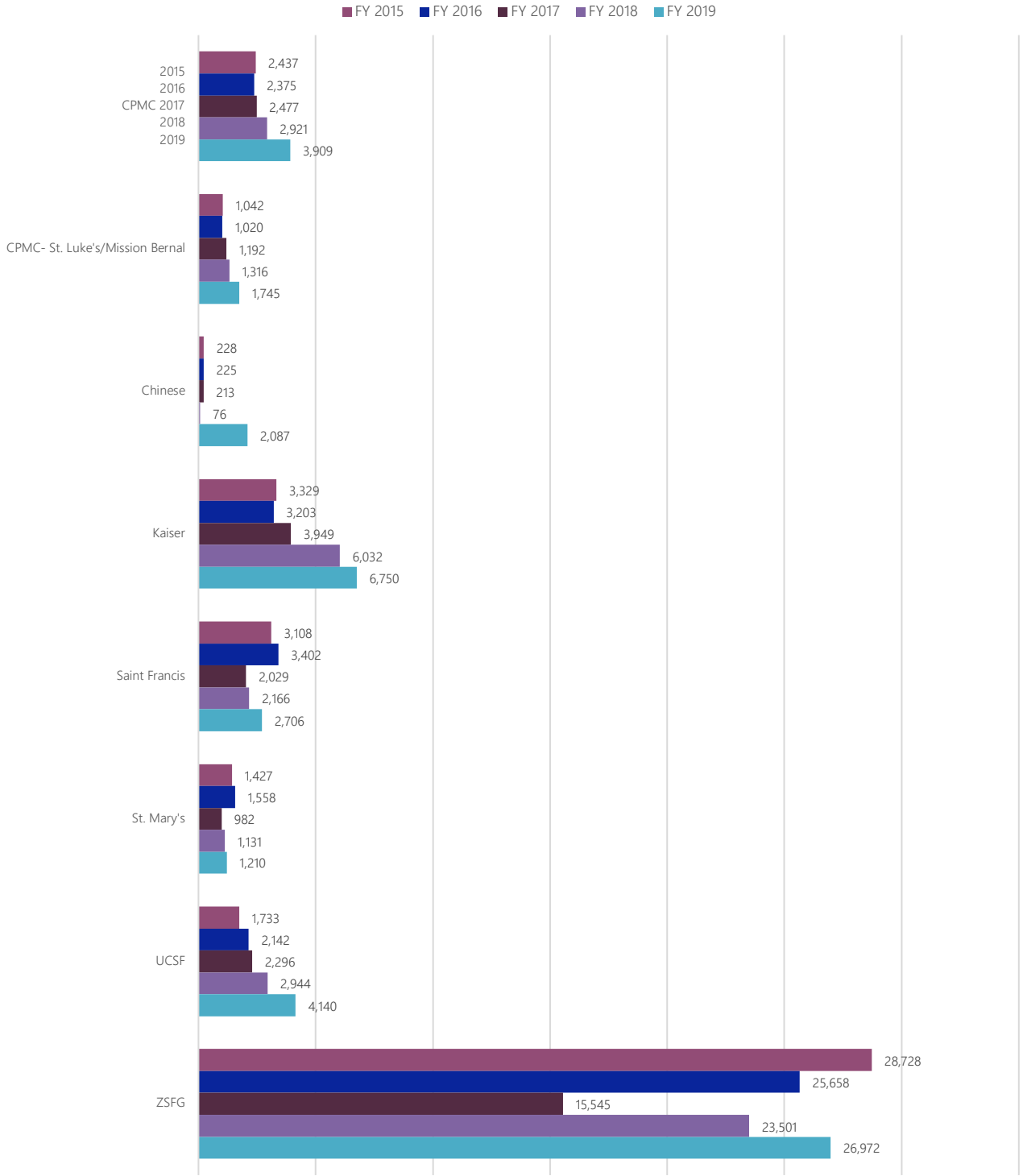
Seven out of eight reporting hospitals who received patients in 2019 experienced an increase in the number of unduplicated charity care patients between 2017 and 2019. During this time, the proportion of charity care patients (Traditional and HSF) served by private hospitals and UCSF has remained relatively stable, fluctuating from 36 percent to 38.3 percent.

Figure 11: Charity Care Patients across San Francisco Hospitals, 2015 to 2019



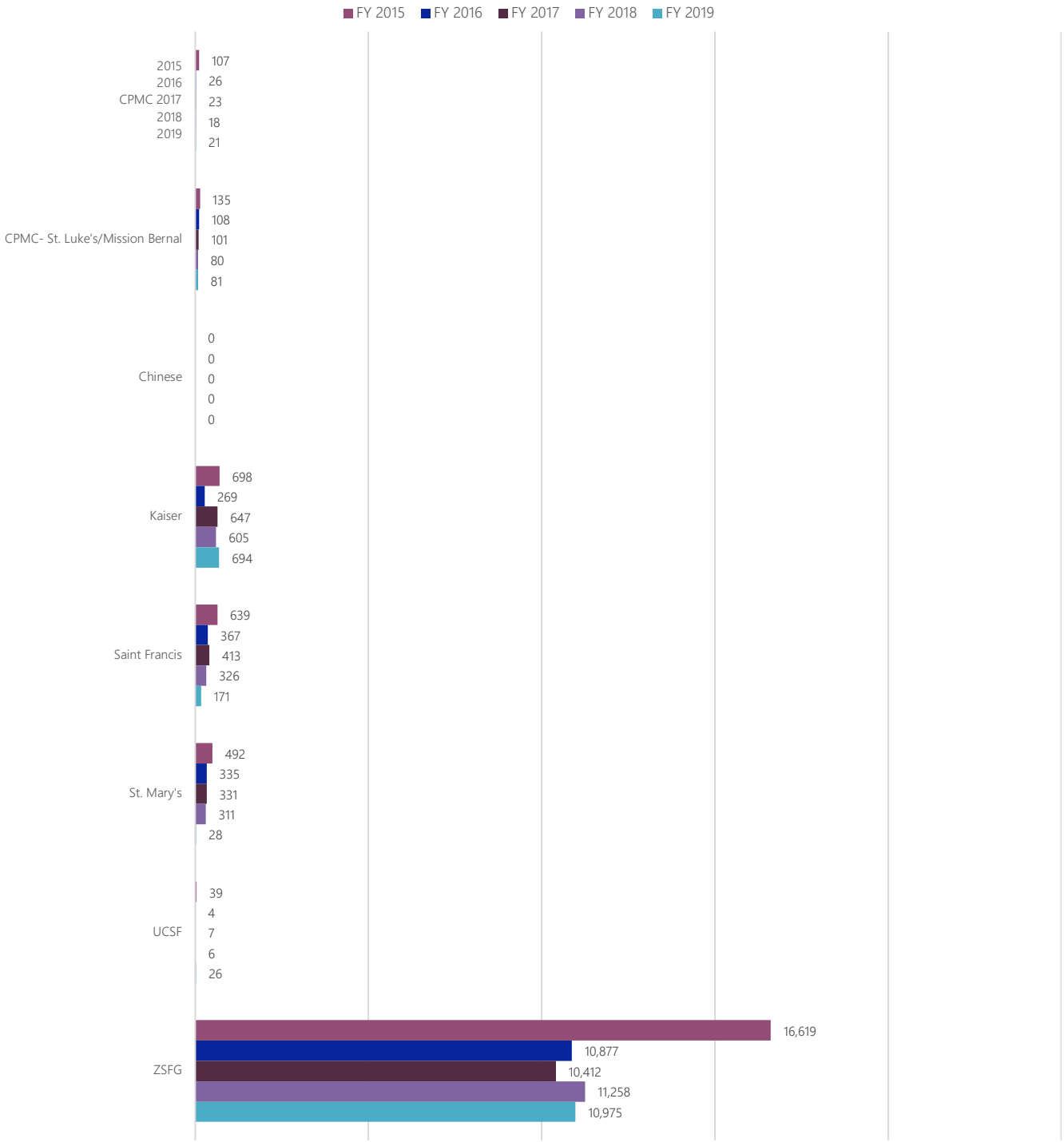
The number traditional charity care patients increased across all reporting San Francisco hospitals between 2017 and 2019.

Figure 12: Traditional Charity Care Patients across San Francisco Hospitals, 2015 to 2019



With regards to the number of HSF charity care patients, between 2017 and 2019, four out of seven reporting hospitals saw decreases (Chinese Hospital has seen no HSF patients since 2015), with ZSFG reporting the greatest absolute increase.

Figure 13: HSF Charity Care Patients, across San Francisco Hospitals, 2015 to 2019



Hospital Locations and Charity Care Patient Residence

The tables below show the zip code for each of the ten hospital campuses, and the highlighted cells show that greater numbers of patients for each hospital reside in that hospitals' zip codes. For example, most patients who reside in zip code 94109, where the Saint Francis Memorial Hospital and CPMC- Van Ness campuses are located, seek care at these hospitals. And every hospital sees a large number of patients from within their corresponding zip code, indicating that these hospitals are generally serving the local communities where they are located. Since ZSFG is the county's safety net hospital, it serves the majority of traditional charity care patients across the represented hospital campus zip code. Many charity care patients do still travel within San Francisco to their choice of hospital.

Figure 14: Traditional Charity Care Patients in Local Hospital's Zip Codes, 2018

Zip Code	Hospital in Zip Code	CPMC	STL	CHSF	SFMH	SMMC	UCSF	ZSFG
94109	SFMH	87	12	3	497	65	57	951
94110	ZSFG, STL	77	177	0	73	36	58	2,842
94114	CPMC (Davies)	58	7	0	2	35	22	284
94115	CPMC (Pacific), UCSF (Mt. Zion)	87	5	0	32	79	27	493
94117	SMMC	51	16	0	17	243	43	407
94118	CPMC (California)	51	1	0	40	78	22	257
94122	UCSF (Parnassus)	40	7	3	44	57	52	419
94133	Chinese Hospital	33	4	11	60	14	6	304

Figure 15: Traditional Charity Care Patients in Local Hospital's Zip Codes, 2019

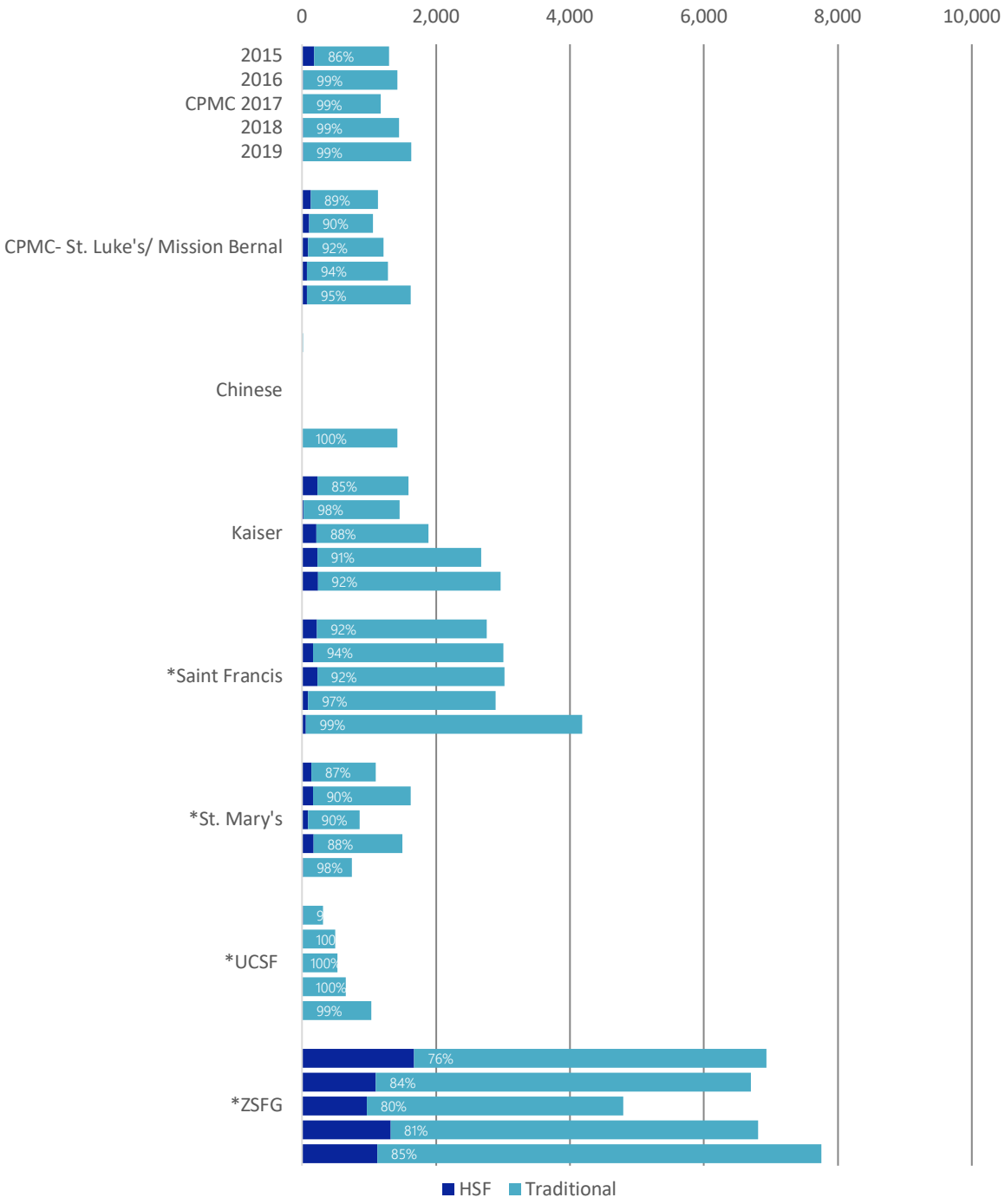
Zip Code	Hospital in Zip Code	CPMC	CPMC (MB)	CHSF	SFMH	SMMC	UCSF	ZSFG
94109	SFMH, CPMC (Van Ness)	129	15	199	436	187	52	1,175
94110	ZSFG, CMPC (Mission Bernal)	117	270	69	58	330	50	2,953
94114	CPMC (Davies)	79	13	5	7	62	25	319
94115	CPMC (Pacific), UCSF (Mt. Zion)	107	14	47	33	121	30	680
94117	SMMC	57	15	14	24	428	46	434
94122	UCSF (Parnassus)	50	4	193	12	378	52	528
94133	Chinese Hospital	48	6	445	56	63	12	454
94158	UCSF Mission Bay	6	1	13	1	1	19	113

Health Care Services

The figures below show the number of unduplicated patients who received emergency, inpatient, and outpatient services across all reporting hospitals. These services are continuing to shift towards traditional charity care patients, with smaller proportions of services being directed to HSF patients. The total number of services provided increased from 2017 to 2019 by 52 percent, with most of the increase being from traditional charity care patients and their utilization of services.

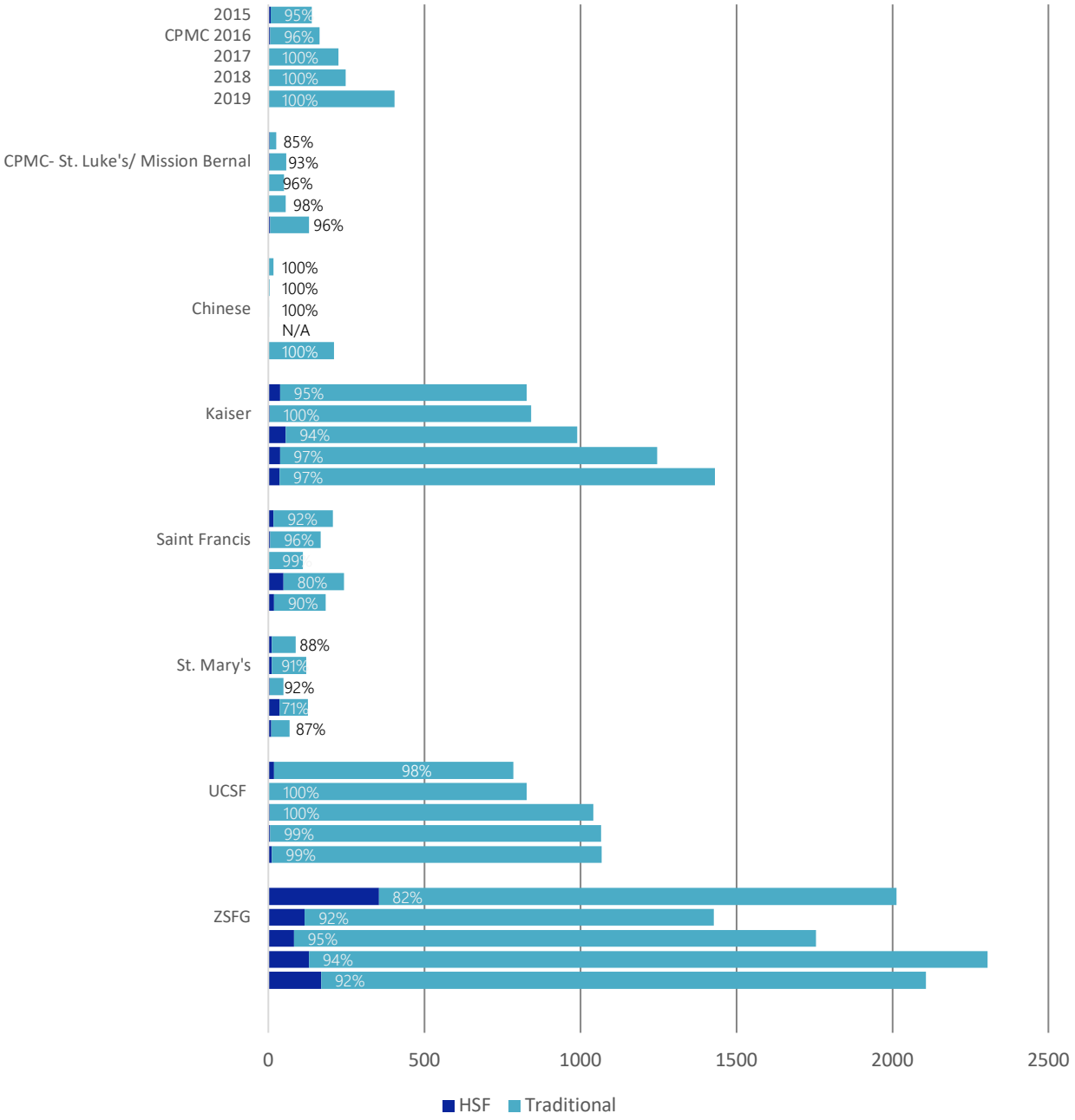
Overall, emergency services increased by 58 percent between 2017 and 2019. San Francisco hospitals have continued to experience a shift towards traditional charity care patients when considering the proportion of traditional versus HSF emergency charity care services.

Figure 16: Emergency Charity Care Services by HSF and Traditional Charity Care, 2015-2019



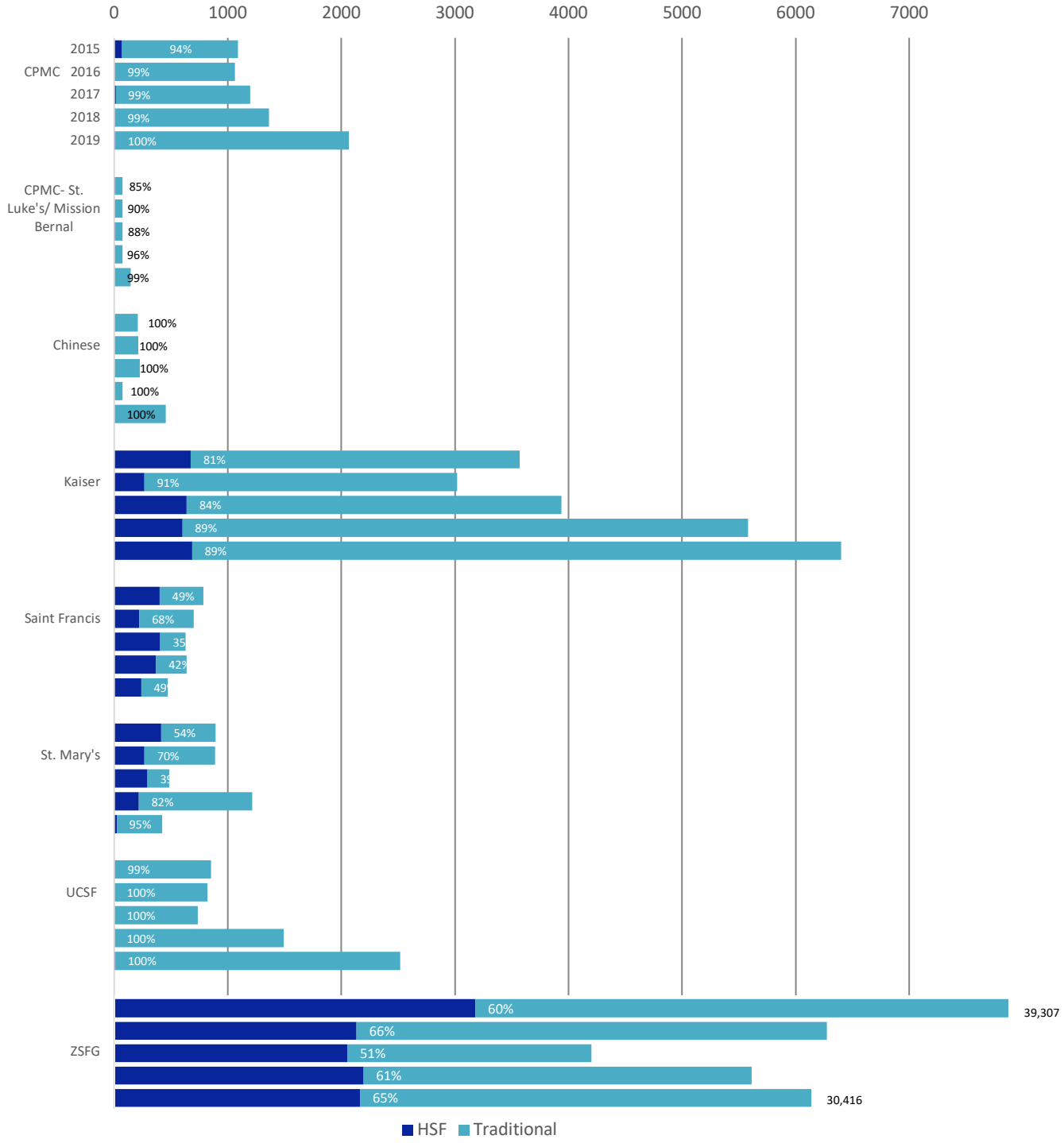
Inpatient services continue to represent the smallest proportion of all the services utilized by charity care patients. Overall, inpatient services increased by 32.7 percent from 2017 to 2019. Following this trend, a majority of hospitals saw increases in inpatient services provided. Unlike emergency services, the shift in inpatient services towards traditional charity care has stabilized. For most hospitals, HSF patients represent less than 5 percent of all inpatients.

Figure 17: Inpatient Charity Care Services, by HSF and Traditional Charity Care, 2015-2019



Overall, outpatient services increased by 52 percent from 2017 to 2019. Similar to emergency and inpatient services, almost all hospitals saw an increase or steady level of outpatient services. Proportionally, there is a continued shift in services being provided to traditional charity care patients.

Figure 18: Outpatient Charity Care Services, by HSF and Traditional Charity Care, 2015-2019 [31]



[31] ZSFG figures are not to scale in attempts to fit onto the page.

Expenditures

For the third straight reporting period, overall charity care expenditures increased. During this time, private hospitals and UCSF have assumed a greater share of total expenditures, increasing from 31.4 percent to 41.2 percent. Note that when Medi-Cal shortfalls are included in overall charity care expenditures, the proportion of expenditures provided by private hospitals and UCSF shows a decrease during this time period, from 74.4 percent to 68.7 percent. Overall ZSFG, as the county's safety net hospital, has historically and continues to provide the large majority of charity care in the City. UCSF and CPMC are the second and third largest providers, respectively, of charity care in the City.

Figure 19: Percent of Total Charity Care Expenditure by San Francisco Hospitals, 2017 and 2019

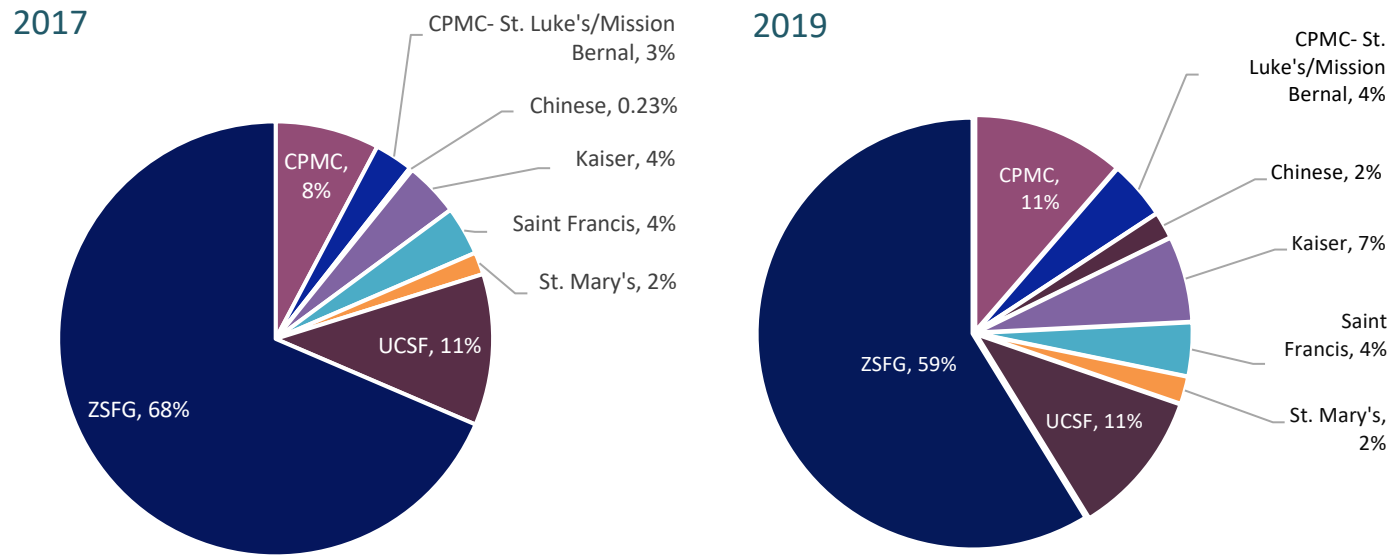
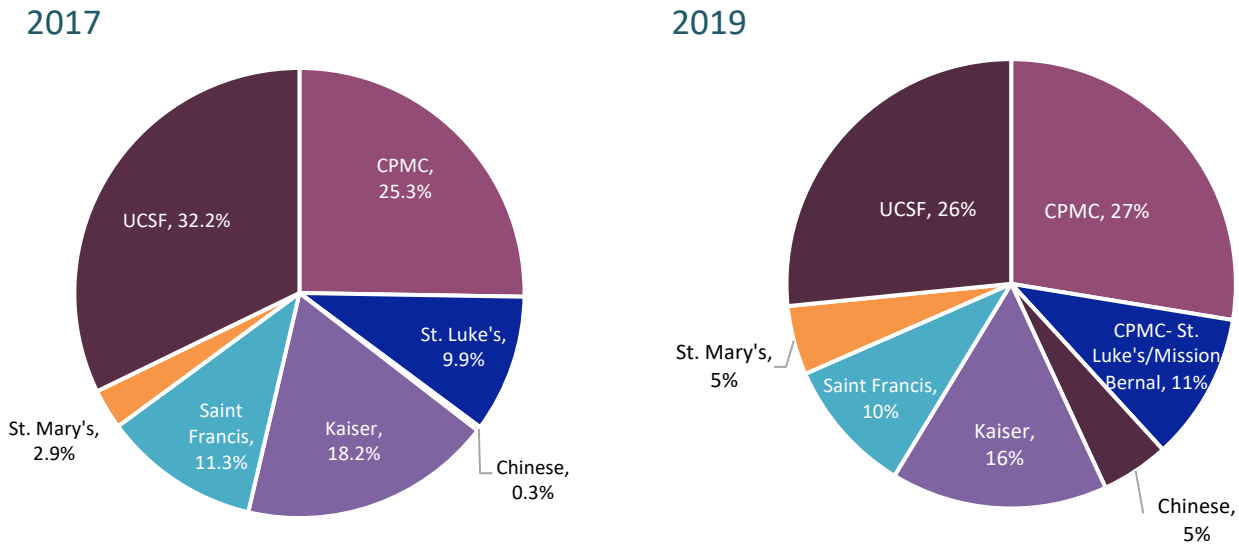
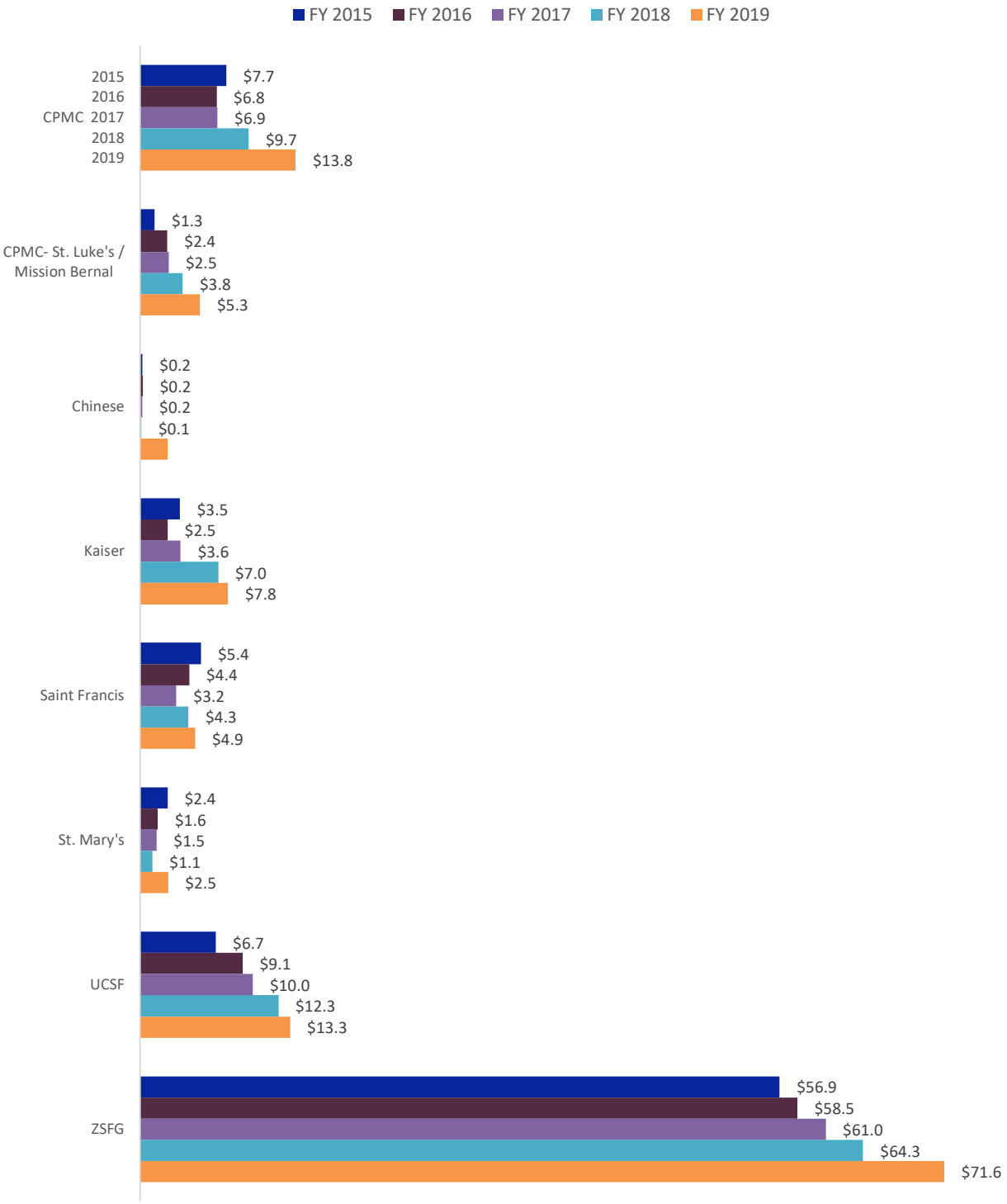


Figure 20: Percent of Total Charity Care Expenditure by San Francisco Hospitals (excluding ZSFG), 2017 and 2019



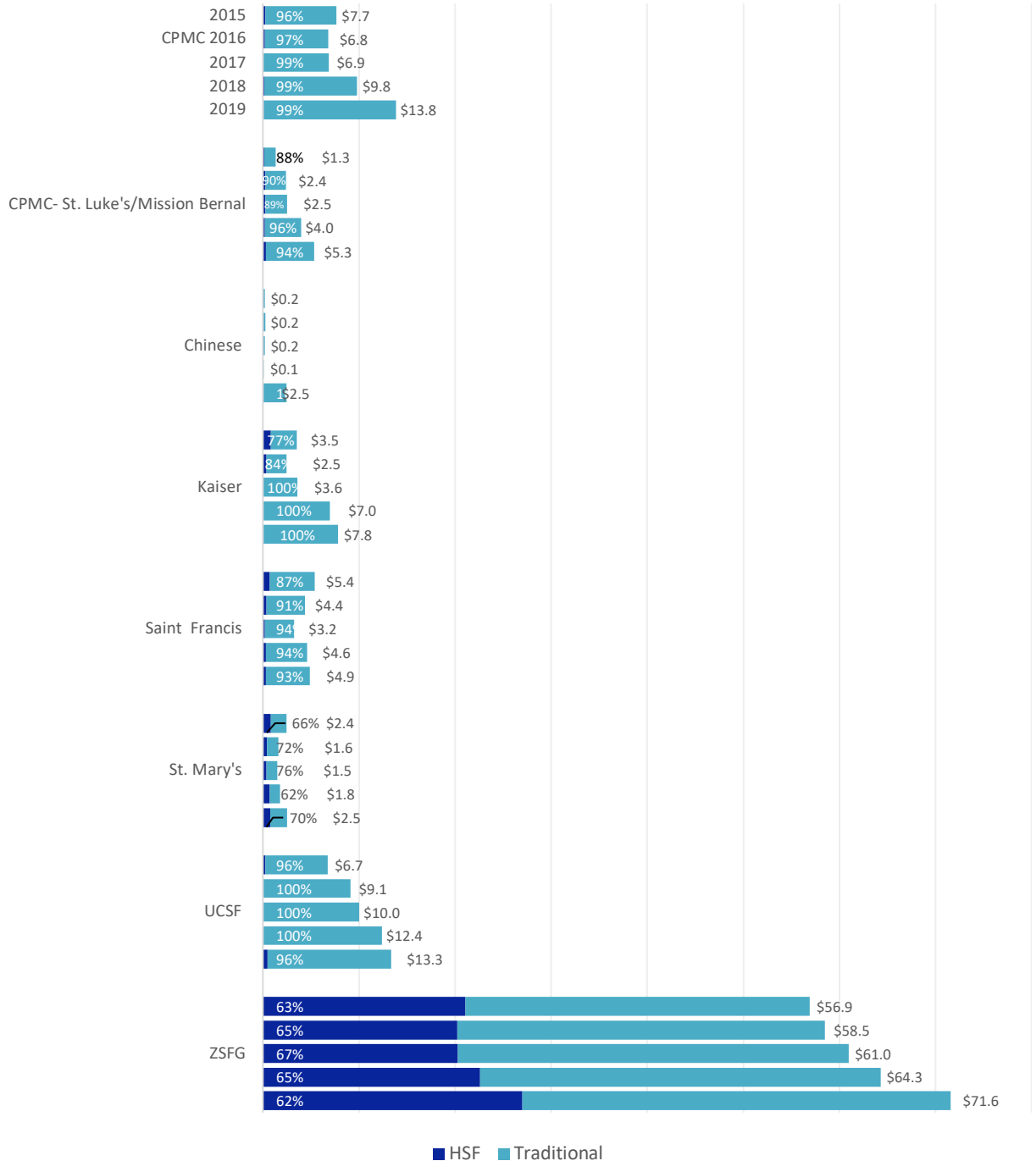
Between 2017 and 2019, all hospital reported increases in charity care expenditures, primarily due to increase in traditional charity care. Two hospitals, Chinese and St. Mary's, experienced decreases between 2017 and 2018, but in 2019, both experienced an increase.

Figure 21: Charity Care Expenditures across San Francisco Hospitals (in Millions), 2015 - 2019



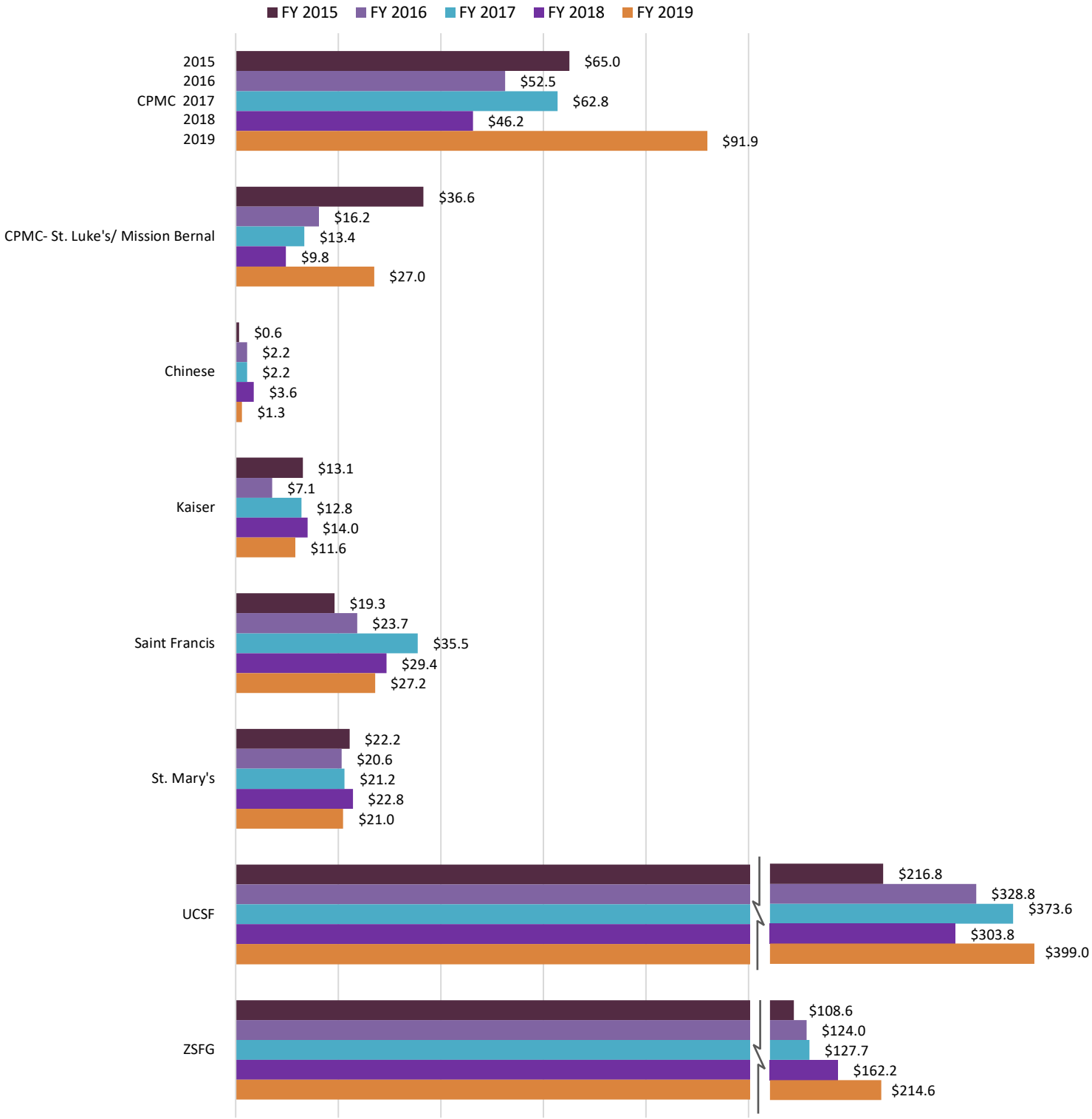
Again, it is important to note that there are significant differences between HSF and traditional charity care expenditures, as for most hospitals HSF represents a minor fraction of overall expenditures. Overall, the proportion of expenditures allocated to HSF patients has stabilized across all hospitals, in-line with HSF patient totals.

Figure 22: HSF and Traditional Charity Care Expenditures across San Francisco Hospitals, in Millions, 2015-2019



Overall, Medi-Cal shortfall increased between 2017 and 2019 by 18 percent, or $144 million, but this trend varied across hospitals. These shortfall increases were primarily driven by four hospitals: CPMC, CPMC Mission Bernal, UCSF, and ZSFG. The remaining hospitals either had decreasing or flat shortfalls.

Figure 23: Medi-Cal Shortfall across San Francisco Hospitals (in Millions), 2015 - 2019



Another way to compare charity care trends in San Francisco is to review each reporting hospital's ratio of charity care cost compared to net patient revenue, which allows for a useful comparison of each hospital's charity care contribution relative to its size. For the purposes of this report, net patient revenue information is taken from the OSHPD Annual Financial Reports submitted by each hospital.[32] 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). In 2017, four of the seven hospitals – St. Luke's, Saint Francis, St. Mary's, and ZSFG - are at or above the state average charity care costs to net patient revenue. In 2019, all hospitals, except UCSF, were above the state average. In 2013, the state average charity care expenditures to net patient revenue was 2 percent, and has since decreased to the 2019 value of 0.87 percent.

Figure 24: Charity Care Costs to Net Patient Revenue, 2017

Hospital	Net Patient Revenue	Charity Care Costs	Ratio of CC Costs to Net Pt. Revenue	State Avg. CC Costs to Net Pt. Revenue
CPMC	$1,212,506,418	$6,886,254	0.57%	
St. Luke's	$124,196,129	$2,535,994	2.04%	
Chinese	$96,339,392	$208,312	0.22%	
Saint Francis	$196,481,492	$3,235,323	1.65%	0.67%
St. Mary's	$211,158,628	$1,476,307	0.70%	
UCSF	$3,223,846,297	$10,023,623	0.31%	
ZSFG	$633,878,384	$60,994,653	9.62%	

Figure 25: Charity Care Costs to Net Patient Revenue, 2018

Hospital	Net Patient Revenue	Charity Care Costs	Ratio of CC Costs to Net Pt. Revenue	State Avg. CC Costs to Net Pt. Revenue
CPMC	$1,187,089,624	$9,780,006	0.82%	
St. Luke's – Mission Bernal[33]	$118,451,241	$3,963,730	3.35%	
Chinese	$83,501,336	$118,015	0.14%	
Saint Francis	$ 241,682,155	$4,595,534	1.90%	0.77%
St. Mary's	$ 214,634,487	$1,790,111	0.83%	
UCSF	$3,627,398,969	$12,366,696	0.34%	
ZSFG	$718,237,563	$64,327,824	8.96%	

[32] 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. Annual Financial Reports can be found here: https://www.oshpd.ca.gov/HID/Hospital-Financial.asp#Profile

[33] Note that 2018 data from St. Luke's and Mission Bernal have been combined. Dates of for data do not overlap St. Lukes: 1/1/2018 8/16/2018 and Mission-Bernal8/17/2018 to 12/31/2018

Figure 26: Charity Care Costs to Net Patient Revenue, 2019

Hospital	Net Patient Revenue	Charity Care Costs	Ratio of CC Costs to Net Pt. Revenue	State Avg. CC Costs to Net Pt. Revenue
CPMC	$ 1,171,100,358	$13,844,353	1.18%	0.84%
St. Luke's – Mission Bernal[34]	$ 170,651,795	$5,336,711	3.13%	
Chinese	$ 94,283,579	$2,454,291	2.60%	
Saint Francis	$222,529,174	$4,891,349	2.20%	
St. Mary's	$212,923,339	$2,497,893	1.17%	
UCSF	$3,915,030,261	$13,343,459	0.34%	
ZSFG	$783,831,921	$71,552,887	9.13%	

[34] Note that 2018 data from St. Luke's and Mission Bernal have been combined. Dates of for data do not overlap St. Luke's: 1/1/2018 8/16/2018 and Mission-Bernal8/17/2018 to 12/31/2018

SECTION V: CHARITY CARE MOVING FORWARD

Moving forward, there are a constellation of state and federal policy changes, along with national to global events that will influence charity care programs and their use. In 2020, the Federal Administration continued to engage in various actions to undermine Affordable Care Act (ACA) related health reforms and immigration protections and rights. Many of these changes have been held up in courts preventing their implementation, and California has acted legislatively to mitigate the effects from these policies, lessening any impacts to resident's access to health care.[35] In addition to these ongoing federal policy changes, the onset on the COVID-19 pandemic in 2020 and its attendant economic and health impacts will likely lead to a dramatic increase in charity care requests in San Francisco and most other communities across the nation. These impacts are likely to be long-term, and will significantly alter the healthcare system landscape and residents' access to care.

In January 2021, a new Federal Administration assumed office. Based on President Joseph Biden's platform, advancing a COVID-19 pandemic response is likely to be the highest health care-related priority. In addition, restoring, strengthening, and expanding the system in place under the ACA will also be a major priority. While regulatory actions can be taken to roll back many of the changes made under the Trump Administration, legislative actions, such as lowering the Medicare age or implementing a federal public option insurance plan, are less likely. Looming over this agenda, ultimately, is the uncertain future of the ACA, and whether the US Supreme Court upholds or overturns the law, which would have significant consequences on the health care system and people's access to care.

San Francisco's charity care ordinance has enabled the collection of a long history of charity care data since 2001. The continued collection of this data, along with new demographic data on who is being served by these programs, will help to provide insight impacts from these ongoing and significant changes. The following subsections provides additional details on some of the recent and upcoming policy changes that could impact charity care programs.

The ACA and other Federal Health Care Policy Changes

Efforts to undermine the ACA over the previous years have come in the form of eliminating cost-sharing reductions, attempting to overturn contraceptive coverage and anti-discrimination requirements, and repealing the individual mandate tax penalty, Cadillac tax, health insurance tax, and the medical device tax.[36, 37] Potentially most significant, the Trump Administration

[35] Rovner, J. (2020, July 8). High Court Allows Employers To opt Out of ACA's Mandate On Birth Control Coverage. Retrieved November 20, 2020, from Kaiser Health News website: https://khn.org/news/high-court-allows-employers-to-opt-out-of-acas-mandate-on-birth-control-coverage/; 2020. (2020, May 4); Dawson, L., & 2020. (2020, September 18). The Trump Administration's Final Rule on Section 1557 Non-Discrimination Regulations Under the ACA and Current Status. Retrieved November 20, 2020, from KFF website: https://www.kff.org/racial-equity-and-health-policy/issue-brief/the-trump-administrations-final-rule-on-section-1557-non-discrimination-regulations-under-the-aca-and-current-status/; Laurie Sobel, & Alina Salganicoff. (2020, May 4). Round 3: Legal Challenges to Contraceptive Coverage at SCOTUS. Retrieved November 20, 2020, from KFF website: https://www.kff.org/womens-health-policy/issue-brief/round-3-legal-challenges-to-contraceptive-coverage-at-scotus/

[36] White House Budget & Spending (2019). Retrieved from https://www.whitehouse.gov/briefings-statements/

[37] Affordable Care Act Updates for January 2020. Retrieved from https://www.sikich.com/insight/affordable-care-act-updates-january-2020/

continued efforts to overturn the ACA through the court system.[38] According to recent California Senate Health Committee Hearing, if the ACA is overturned, it could lead to the repeal of the Medicaid expansion and the loss of advanced premium tax credits and cost-sharing subsidies, which would have a devastating impact on Californians who rely on the ACA for health insurance coverage.[39] These changes would likely lead to a sharp increase the number of uninsured in the City and increase demand for charity care programs.

Despite many of the federal actions to undermine the ACA, San Francisco's uninsured rate has also remained steady over the previous several years. California has acted to safeguard many of the provisions of the ACA from changes while instating new polices to expand access to health coverage. For example, in response to the individual mandate repeal, California implemented its own mandate, including a financial penalty for those who opt not to carry insurance coverage.[40] California has also expanded Medi-Cal coverage to eligible residents aged 19-25 regardless of immigration status, while increasing Covered California health insurance premium support for those with incomes between 400 and 600 percent of the federal poverty level (FPL), and reduce out-of-pocket premiums for those below 138 percent of the FPL.[41]

Throughout 2020, a federal rule on "public charge" policies continued to be challenged in court. These policies govern how use of public benefits impact individuals' immigration status. In November 2020, a federal judge allowed the rule to go back into effect as the issues continue to make their way through the courts. The rule effectively institutes a wealth test for immigration and penalizes poorer immigrants by making the receipt of even small amounts of public benefits, like food stamps or Medicaid, grounds to disqualify someone from admission or securing a green card. While only a small number of immigrants that receive public benefits would be impacted, fear and confusion could lead to San Franciscans removing themselves and their children from critical health and nutrition services that they are legally entitled to receive. Hospitals have reported that these changes have likely had a chilling effect on patients enrolling in benefits they are eligible for, though these impacts have been difficult to quantify. Antidotally, it's been reported that undocumented patients have expressed concern about these rules, especially in circumstances where they are newly eligible to receive Medi-Cal benefits (i.e. HSF undocumented patients aged 19 to 26 have been cautious about signing up for newly available Medi-Cal benefits under the 2019 CA state law expanding Medi-Cal eligibility).

[38] Supreme Court ACA (2020) Retrieved from https://www.nytimes.com/2020/06/26/us/politics/obamacare-trump-administration-supreme-court.html
[39] California Legislature- Senate Committee on Health. Informational Hearing: The Affordable Care Act in Jeopardy: What does it mean for California?. October 21, 2020
[40] California Individual Mandate (2020) Retrieved from https://www.ftb.ca.gov/about-ftb/newsroom/health-care-mandate/index.html
[41] Covered California Enrollment (2020) Retrieved from https://www.coveredca.com/newsroom/news-releases/2020/02/18/new-california-policies-make-huge-difference-increasing-new-signups-during-covered-californias-open-enrollment-by-41-percent/

COVID-19 Pandemic

The COVID-19 pandemic, with its attendant health and economic effects, has had a significant impact on the healthcare system, patient's access to services, and the health insurance market in California. To combat the virus, hospitals have been forced to pay for increased operating expenses, such as hospital staff overtime and purchase additional personal protective equipment, while experiencing a decrease in the revenues from deferred and foregone services.[42] A dramatic shift in the insurance market due to COVID-19 has resulted in countless individuals losing their employment, and therefore their employer-sponsored health insurance. A recent study estimated that 13 percent of Californians younger than age 65 have lost their employer-sponsored health insurance between February and July 2020.[43] This increase in the amount of uninsured residents is estimated to make 2 million more individuals eligible for Medi-Cal in the state.[44] The rise of uninsured Californians will likely increase demand for the charity care system during a time when hospitals are likely facing increased financial constraints. Likewise, the pandemic has negatively impacted state budgets and indefinitely delayed plans to expand safety net health programs (e.g. expand Medi-Cal for residents age 65 and older, regardless of immigration status).[45]

While data on impacts to local hospital charity care programs will not be available for several years, hospitals have already begun to notice impacts to their health systems. The following are factors reported by hospitals that have occurred since the onset of the pandemic that potentially will impact the future use of local charity care programs:

- Health system patient payer mixes are changing, and are experiencing losses in commercial members because of economic challenges and layoffs. These losses in coverage are likely to increase the number of Medi-Cal patients (increasing Medi-Cal shortfalls), and increases in uninsured patients (increasing demand for charity care programs).
- There have been long periods of time when only hospital emergency departments were open, and hospitals were not conducting ambulatory procedures. This will likely decrease use of charity care given the decrease in overall service levels.
- Decreases in city-wide activity, along with fear of COVID transmission have led to decreases in ED volumes, likely decreasing charity care demand.
- Due to the COVID emergency, Medi-Cal eligibility criteria have been expanded, allowing for increased Medi-Cal reimbursement for services not normally covered. This is likely to decrease charity care expenditures.
- Hospital patients are being held longer due to limited placement availability in lower acuity settings, thereby potentially increasing charity care expenditures.

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[42] 2020 Milliman Medical Index (2020). Retrieved from https://www.milliman.com/en/insight/2020-milliman-medical-index

[43] Individuals with ESI lose health insurance due to COVID-19 (2020) Retrieved from https://www.familiesusa.org/resources/the-covid-19-pandemic-and-resulting-economic-crash-have-caused-the-greatest-health-insurance-losses-in-american-history/

[44] Medi-Cal Eligibility Surge (2020) Retrieved from https://www.kff.org/report-section/eligibility-for-aca-health-coverage-following-job-loss-appendix/

[45] California State Budget Revisions (2020) Retrieved from https://www.sacbee.com/news/politics-government/capitol-alert/article242736921.html

The annual charity care report will continue to monitor for these impacts and seek feedback from local hospitals as data becomes available.

Balance Billing

In February 2019, ZSFG amended its charity care and discount programs to add new patient financial protections and end patient balance billing (also referred to as surprise billing). Changes included establishing income-based out- of-pocket maximums for patients of all income levels, and making discounts and bill reductions for patients available to more people by increasing the eligibility for Sliding Scale and Charity Care programs, based on income. For Charity Care, eligibility expanded from 350 percent of FPL to 500 percent of FPL. Based on data from FY 2017/18, up to 1,700 patients (about 1-2 percent of total patients at ZSFG) were potentially affected by balanced billing for varying amounts. In December 2020, a second federal COVID-19 relief package, which included a measure to end balance across the country, was signed into law. This measure aligns with the policies that were established at ZSFG, and ensures patients will continue to receive the same level of protections from balancing billing practices.

SECTION VI: APPENDICIES

Appendix A: Charity Care Background
Appendix B: The San Francisco Charity Care Ordinance and Annual Report
Appendix C: Reporting Hospitals
Appendix D: Charity Care Data Tables – 2018
Appendix E: Charity Care Data Tables – 2019
Appendix F: Full Zip-Code Analysis of San Francisco Charity Care
Appendix G: Analysis of Non-HSF Traditional Charity Care Demographic Data

Appendix A: Charity Care Background

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.*"[46] 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.[47]

At the state level, California passed SB 697 in 1994 requiring not-for-profit private hospitals to annually adopt and update a community benefit plan and submit to the Office of Statewide Health Planning and Development (OSHPD) beginning April 1, 1996. "Community benefit" refers to a *hospital's activities that are intended to address community needs and priorities primarily through disease prevention and improvement of health status, and includes charity care*. [48]

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. Close to

[46] 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
[47] Ibid, p. 3.
[48] Health and Safety Code Sections 127340-127365 https://oshpd.ca.gov/HID/CommunityBenefit/SB697CommBenefits.pdf

two decades later, and combined with ACA regulations to achieve the same goals, there is increasing overlap in the community benefit and charity care requirements across the levels of government. The following section explores the intersection of these local, state and federal requirements.

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.

Figure 27: Community Benefit and Charity Care Requirements for non-profit hospitals

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

2. Charity Care Services	SF	CA	US
Maintain Financial Assistance Policy (FAP) (charity care and discount payment policies)	No	Yes *(1/1/07)*	Yes *(3/23/10)*
Limitations on Charges, Billing, and Collection	No	Yes *(1/1/07)*	Yes *(3/23/10)*
Report Financial Assistance Policy (charity care and discount payment policies)	Yes *(7/20/01)*	Yes *(1/1/08)*	No
Report levels and types of charity care provided annually	Yes *(7/20/01)*	No	Yes *(12/20/07)*
Report of hospital charity care to be compiled and prepared by governing agency	Yes *(7/20/01)*	No	Yes *(3/23/10)*
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.

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 280,000 San Franciscans gained ACA-initiated health insurance. However, an estimated two million uninsured individuals remain throughout the State, approximately 30,000 or more of whom reside in San Francisco. 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 and documentation status
- Lack of awareness about eligibility for new insurance options, etc.

2. Charity care for the uninsured through Healthy San Francisco

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).

Almost 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 (60 percent) or San Francisco Community Clinic Consortium (33 percent) with ZSFG as the affiliated hospital. The remaining seven percent of HSF patients are connected with other medical homes. The table below notes these medical home and hospital affiliations for FY 2018. Some hospitals are directly affiliated with HSF medical homes, while others (ZSFG, Kaiser and St. Mary's) also serve as an 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.

Figure 28: Healthy San Francisco medical homes and hospitals

HSF Medical Home	Affiliated Hospital
DPH Clinics	ZSFG
Tenderloin Health Services	ZSFG and Saint Francis
San Francisco Community Clinic Consortium	ZSFG
Kaiser	Kaiser Foundation Hospital, San Francisco
Northeast Medical Services (NEMS)	ZSFG and CPMC
Sr. Mary Philippa	St. Mary's

*Hospitals in bold (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 500 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 approximately 75 percent to 13,500 by June 2020.[49] This decrease is 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 ACA health reform landscape, most notably the undocumented, there is a clear and continued need for the HSF program in San Francisco.

[49] SFDPH data

Appendix B: 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."[50]

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/Mission Bernal, 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 covers both, depending on the hospital–spanning July 2017 to December 2019. In response to a Health Commission request during 2014 reporting, 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.

AB 774 and SB 1276

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, 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.[51] 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

[50] CCSF Health Code, Article 3 (Hospitals), Section 129. Charity Care Policy Reporting & Notice Requirement.

[51] Ibid.

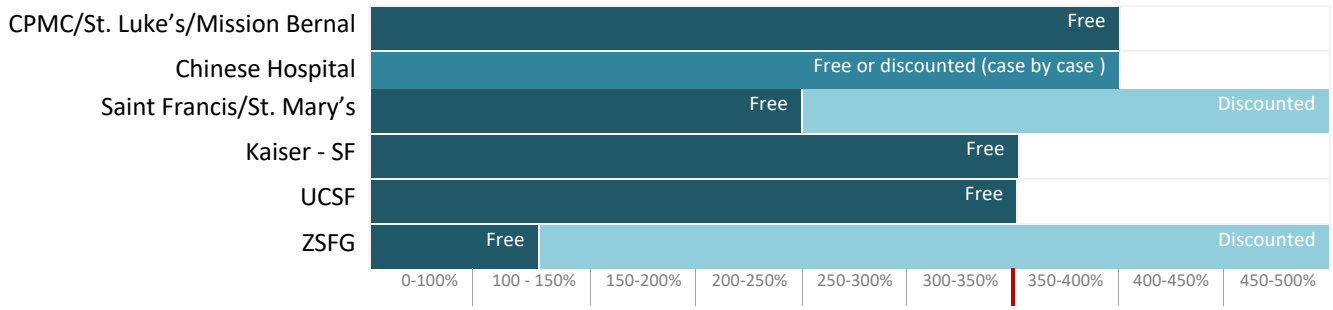
patient regarding possible eligibility for the Exchange or another state or county health coverage program.

All San Francisco hospitals have revised and submitted their policies to OSHPD to incorporate SB 1276 requirements. As a result of SB 1276, it is possible 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. 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. The two most recent years are reported data indicate that SB 1276 may have contributed to increases in charity care patients across hospitals.

Hospital Charity Care Policies

The table below illustrates San Francisco's non-profit hospitals policies related to charity care. State policy requires non-profit hospitals to provide free or discounted care to uninsured patients with family income below 350% FPL or insured patients with high medical costs and family income below 350% FPL. All non-profit San Francisco hospitals comply with California state requirements. Some hospitals provide free or discounted care above the 350% FPL threshold set by the state. For 2020, 350 percent of FPL was equal to $3,722 per month for a single person, and $7,642 for a household of four.

Figure 29: Charity Care Policies across SF Hospitals



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), and Sutter Hospitals (CPMC and STL). The remaining hospitals allow for a shorter time span - UCSF (6 months), ZSFG (6 months), and Kaiser –SF (3 months). When the eligibility period expires, the patient may re-apply.

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. To reduce risks associated with COVID-19, DPH staff conducted the 2020 compliance review electronically rather than through an onsite visit. Each hospital was asked to complete a checklist to self-certify their compliance with the charity care requirements for notification and postings. All reporting hospitals completed the requested checklist and were found to be compliant with the requirements.

Appendix C: Reporting Hospitals

Sutter Health: California Pacific Medical Center (CPMC) – Van Ness, Davies, Mission Bernal, Pacific, and California Campuses

California Pacific Medical Center (CPMC) is an affiliate of Sutter Health, a not-for-profit healthcare 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 a campus of CPMC.

Today, CPMC consists of three acute care campuses and two ancillary campuses:

- The Van Ness Campus (Van Ness & Geary) is a high-level regional hospital offering advanced medical technology, which opened in March 2019. It is the center for acute care, including oncology, orthopedics, ophthalmology, cardiology, and liver, kidney, and heart transplant services. Emergency care includes a dedicated pediatric emergency department.
- The Davies Campus (Castro District) provides advanced surgery and robotic-assisted surgery for orthopedic problems and joint replacements, as well as a 24-hour emergency room. It houses key centers for neurosciences, memory care, microsurgery, and acute rehabilitation, and has been recognized by the Joint Commission as a Primary Stroke Center.
- The Mission Bernal Campus (Mission District), formerly known as the St. Luke's Campus, is a vital community hospital serving underinsured residents in the South of Market districts. A new state-of-the-art hospital opened at this location in 2018, offering comprehensive medical services that include cardiovascular care, breast health, labor and delivery, orthopedics, general surgery, and emergency care. The specialized Acute Care for the Elderly (ACE) Unit is dedicated to the care of older patients. CPMC also manages outpatient clinics located at this campus.
- The Pacific Campus (Pacific Heights) is a center for key outpatient services, including imaging, dialysis, cancer radiation and infusion therapy, ophthalmology, same-day surgeries, cosmetic surgery, and podiatry. All inpatient services, including the Emergency Department, moved to the Van Ness Campus in March 2019.
- The California Campus (Laurel Heights) is the location of the Breast Health Center, Women's Health Resource Center, and Outpatient Imaging. Pediatric emergency room care and all inpatient services moved to the Van Ness Campus in March 2019.

CPMC's three acute care campus locations have a total of 617 licensed beds (497 at Van Ness and Davies, 120 at Mission Bernal) and 557 active beds (437 at Van Ness and Davies, 120 at Mission Bernal). In addition to the acute care hospitals, CPMC manages primary care clinics at St. Luke's

Health Care Center (Mission Bernal Campus), providing pediatric, adult, and women's services to a panel of more than 11,000 patients. CPMC also maintains partnerships with nonprofit healthcare 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 2019 CPMC Patient Population and Services

- Total number unduplicated patients served: 224,157
  (191,902 Van Ness/Davies Campuses; 32,255 Mission Bernal Campus)
- Hospital Services (Van Ness/Davies Campuses):
  - Adjusted patient days: 197,856
  - Outpatient visits: 433,427
  - Emergency services visits: 47,436
- Hospital Services (Mission Bernal Campus):
  - Adjusted patient days: 38,413
  - Outpatient visits: 36,111
  - Emergency services visits: 23,459

CPMC Patient Population and Services

	2017	2018	2019
Adjusted patient days	228,298	213,101	197,856
Outpatient visits	454,156	441,388	433,427
Emergency service visits	51,323	47,746	47,436

Mission Bernal Patient Population and Services

	2017	2018	2019
Adjusted patient days	45,353	29,980	38,413
Outpatient visits	42,167	38,646	36,111
Emergency service visits	23,648	22,494	23,459

Chinese Hospital Association of San Francisco (CHASF)

MISSION STATEMENT

Chinese Hospital, a community-owned, not-for-profit organization, delivers quality and cost-effective health care that is responsive to the community's ethnic and cultural uniqueness, by providing access to health care and acceptability to all socioeconomic levels. Chinese Hospital is governed by a voluntary Board of Trustees, broadly representative of the community, and strive to assume a leadership role in all health matters. Chinese Hospital's mission emphasizes the following important points:

- Community ownership and responsiveness
- Community leadership
- Cultural uniqueness
- Concern for a broad spectrum of health needs, including but not limited to hospital care.

VISION

Chinese Hospital is committed to improving community access to a quality, culturally sensitive and affordable healthcare delivery system which is dedicated to improving community health status, promoting preventive practices and wellness, and providing coordinated and appropriate health care services. We will work collaboratively with other community health care plans and providers in realizing these visions of:

- Improved community access
- Provision of integrated spectrum of services
- Improved focus on prevention and wellness

VALUES

- Integrity
- Respect
- Empowerment
- Teamwork
- Accountability
- Quality Improvement
- Community collaboration and benefit
- Prudent use of resources

Current Community Profile

The Chinese Hospital Health System is an integrative health system, consists of Chinese Hospital and Clinics, Chinese Community Health Plan (CCHP), and Jade HealthCare Medical Group. Each entity performs an important role in achieving the common goal of providing the community with quality, affordable care that is culturally competent and linguistically appropriate. The community

Chinese Hospital serves is predominantly a low-income, monolingual or linguistically isolated senior population. Of the inpatient population at Chinese Hospital, 98percent are of Chinese ancestry, 88 percent are over the age of 60, and 91 percent are Medicare/Medi-Cal beneficiaries.

An Integrated Delivery System

In the mid-1980s, managed care programs surfaced in the San Francisco Bay Area. Through a collaborative program with Blue Shield of California, Chinese Hospital and its physician partner organization created Chinese Community Health Plan (CCHP). In 1987, Blue Shield transferred the health plan to the ownership of Chinese Hospital, which received its own Knox-Keene license from the State of California Department of Corporations. Chinese Community Health Plan provides low-cost commercial insurance products for individual and employer groups, most of which represent small Asian businesses. Our fully integrated healthcare delivery system also serves managed care Medicare and Medi-Cal enrollees in the community. In 2009, CCHP expanded its coverage to Northern San Mateo County.

Chinese Hospital and its physician partners, Jade Healthcare Medical Group, and the Chinese Community Health Care Association (CCHCA), serve Medicare, Medi-Cal, and commercial enrollees. Chinese Hospital Association provides medical care to all members of the following medical insurance plans without any limitations: Blue Cross, Blue Shield, Aetna, San Francisco Health Plan, Healthy Kids San Francisco, United Healthcare, HealthNet, CCHP and others.

The Jade Healthcare Medical Group is a for-profit physicians' independent practice association (IPA), organized in 2016 with the mission to improve the health of our community by delivering high-quality, affordable healthcare through culturally competent and linguistically appropriate services.

Leading the Community through Serving on Community Boards

The leadership for charity care at Chinese Hospital starts with our Chief Executive Officer, Dr. Jian Zhang, who serves on several non-profit boards as a member of the board of directors such the Chinese Community Cardiac Council, American Hospital Association, San Francisco Health Authority Board, NICOS Chinese Health Coalition, and the Chinese Community Health Resource Center (as the President). Many hospital staff members are also active on health coalition boards such as, Asian Alliance for Health, San Francisco Hepatitis B Free campaign, San Francisco Bay Area American Diabetic Association Board, and the Community Advisory Board of the UCSF Helen Diller Family Comprehensive Cancer Center and Center on Aging in Diverse Communities of UCSF and San Francisco Cancer Initiative (SF CAN).

CHASF Patient Population and Services

	2017	2018	2019
Adjusted patient days	20,646	17,190	18,421
Outpatient visits	71,802	79,372	63,031
Emergency service visits	5,561	6,227	5,563

Dignity Health: Saint Francis Memorial Hospital (SFMH)

Saint Francis Memorial Hospital (SFMH) has been meeting the health needs of San Francisco for over 100 years. Founded in 1905 by a group of 5 physicians, SFMH continues to carry out its mission: "dedicate our resources to: delivering compassionate, high-quality, affordable health services for our sisters and brothers who are poor and disenfranchised; and partnering with others in the community to improve the quality of life." Today, SFMH remains a thriving center of healing and innovation in medicine as well as a spiritual anchor to its community. SFMH is located on Nob Hill, and maintains 288 beds, with a staff of over 1,000 employees and an average of 175 active physicians. 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 Burn Center is the only verified burn center in San Francisco and one of only three centers in Northern California. SFMH has a state of the art emergency department and has nine operating suites in the surgery department. SFMH also offers inpatient psychiatric services, acute rehabilitation, and hyperbaric services. The Saint Francis Orthopedic and Sports Institute offers a full spectrum of orthopedic services.

SFMH has served many Healthy San Francisco patients since the program's inception through its Emergency Department and its relationship with HealthRIGHT 360 and community-based clinics in the Tenderloin. Through the Tenderloin Health Improvement Partnership, the hospital continues to collaborate with public/private partners to improve health outcomes in the Tenderloin, through a place-based strategy and focus on the social determinants of health.

FY 2019 SFMH Patient Population and Services

- **Total number unduplicated patients served:** 36,425

SFMH Patient Population and Services

	2017	2018	2019
Adjusted patient days	49,592	49,779	45,817
Outpatient visits	118,93	106,491	97,674
Emergency service visits	32,479	33,715	32,020

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 North of Panhandle (NoPa) 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. St. Mary's Medical Center (SMMC) is committed to partnering with others in the community to improve the quality of life in San Francisco. SMMC also sponsors and operates the Sr. Mary Philippa Health Center serving over 2015 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. With most of these patients becoming eligible to receive care through the Affordable Care Act, by the end of Fiscal Year 2017, SMMC serves as a medical home to 280 HSF 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 275 licensed beds (reduced by 128 beds due to declining inpatient census and conversion of licensed beds to other entities), 1087 employees, 476 physicians and credentialed staff, and 140 volunteers. For 161 years, St. Mary's has built a reputation for quality, personalized care, patient satisfaction, and exceptional clinical outcomes. Our key service lines include orthopedics, cardiovascular, oncology, adolescent psychiatry, and acute rehabilitation. 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 has been named a leader in stroke care for nine consecutive years by Healthgrades. Additionally St. Mary's has been recognized for providing top 10 percent in the nation for gastrointestinal services, and is a five-star recipient for pneumonia, small intestine surgeries, and treatment for bowel obstruction and of diabetic emergencies, heart attack and sepsis.

St. Mary's state-of-the-art Cancer Center offers a full range of oncology, radiation, and imaging services. Providing the most comprehensive breast imaging services in San Francisco, St. Mary's has been designated as a Center of Excellence by the American College of Radiology, a recognition that represents the national gold standard. Beyond clinical care, St. Mary's is committed to serving and advocating for our sisters and brothers who are poor and disenfranchised, partnering with others in the community to improve the quality of life and providing high-quality, affordable healthcare to the community we serve. Patients in need of financial assistance are cared for in every department, and our financial counselors help direct them to appropriate support including charity care.

SMMC Patient Population and Services

	2017	2018	2019
Adjusted patient days	41,103	42,510	44,321
Outpatient visits	113,492	101,883	94,090
Emergency service visits	17,522	20,984	17,056

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 over 12.4 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, telehealth, 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 239 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, Mission Bay, and opened a new behavioral health clinic and a reproductive health clinic in 2020.

The Medical Center has approximately 550 physicians and more than 4,000 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 reported to the state that we provided over $48 million in Community Benefit support in 2019, including $28.3 million in free or subsidized medical care for vulnerable populations, including Medi-Cal short fall and charitable health programs, charity care medical financial assistance, and medical service grants.

Kaiser-SF Patient Population and Services

	2017	2018	2019
Adjusted patient days	65,090	64,729	66,437
Hospital outpatient visits	76,998	74,108	74,556
Emergency service visits	39,833	40,038	41,556

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.

ZSFG Patient Population and Services

	2017	2018	2019
Adjusted patient days	169,158	175,666	185,507
Outpatient visits	666,246	698,559	704,977
Emergency room visits	68,621	85,515	84,681

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.

UCSF Patient Population and Services

	2017	2018	2019
Adjusted patient days	367,675	384,756	409,537
Outpatient visits	1,306,442	1,463,840	1,391,025
Emergency service visits	43,978	44,965	46,516

Appendix D: Charity Care Hospital Data, 2018

Data Categories	CPMC 2018	St. Luke's 2018	Chinese 2018	Saint Francis 2017-2018	St. Mary's 2017-2018	KFH-SF 2018	ZSFG 2017-2018	UCSF 2017-2018
Cost of Charity Care Provided								
Non-HSF Charity Care Costs	$9,657,718	$3,787,102	$118,015	$4,303,997	$1,105,022	$6,952,301	$41,751,568	$12,307,328
HSF Charity Care Costs	$122,288	$176,628	$0	$291,537	$685,089	$0	$22,576,256	$59,368
Total	$9,780,006	$3,963,730	$118,015	$4,595,534	$1,790,111	$6,952,301	$64,327,824	$12,366,696
Applications for Charity Care								
Total # of Apps Accepted	2,921	1,316	76	140	176	4,292	19,374	8,181
Total # of Applications Denied	297	105	0	54	55	1,389	4,485	164
Total	3,218	1,421	76	197	231	7,077	23,859	8,345
Unduplicated/Individual CC Recipients								
Total Unduplicated CC Patients (HSF)	18	80	0	326	311	605	10,412	6
Total Unduplicated Patients (Non-HSF)	2,921	1,316	76	2,166	1,131	6,032	15,545	2,944
Total	2,939	1,396	76	2,492	1,442	6,637	25,957	2,950
Services Provided for CC patients								
Emergency (HSF)	13	75	0	92	174	228	971	0
Emergency (Non-HSF)	1,439	1,212	1	2,797	1,322	2,450	3,828	655
Inpatient (HSF)	1	1	0	49	36	37	82	6
Inpatient (Non-HSF)	247	55	0	193	90	1210	1,674	1,060
Outpatient (HSF)	7	3	0	369	218	600	10,129	0
Outpatient (Non-HSF)	1,355	70	75	267	998	4,983	10,659	1,491
Costs & Charges								
Gross Patient Revenue	$3,393,044,268	$430,184,359	$174,599,802	$932,748,401	$886,173,000		$3,426,664,248	$13,908,776,813
Total Other Operating Revenue	$64,099,295	$3,070,325	$6,947,816	$3,260,597	$11,079,000		$58,961,139	$39,475,769
Total Operating Expenses	$ 1,204,156,332	$212,487,451	$126,219,801	$246,168,823	$255,410,000		$952,211,009	$3,560,677,651
Cost-to-Charge Ratio	33.60%	48.68%	68.31%	26.04%	27.57%		26.07%	25.32%
Medi-Cal Shortfall	$46,247,036	$9,818,653	$3,567,942	$29,385,229	$22,831,051	$13,986,568	$162,216,219	$303,835,097

Appendix E: Charity Care Hospital Data, 2019

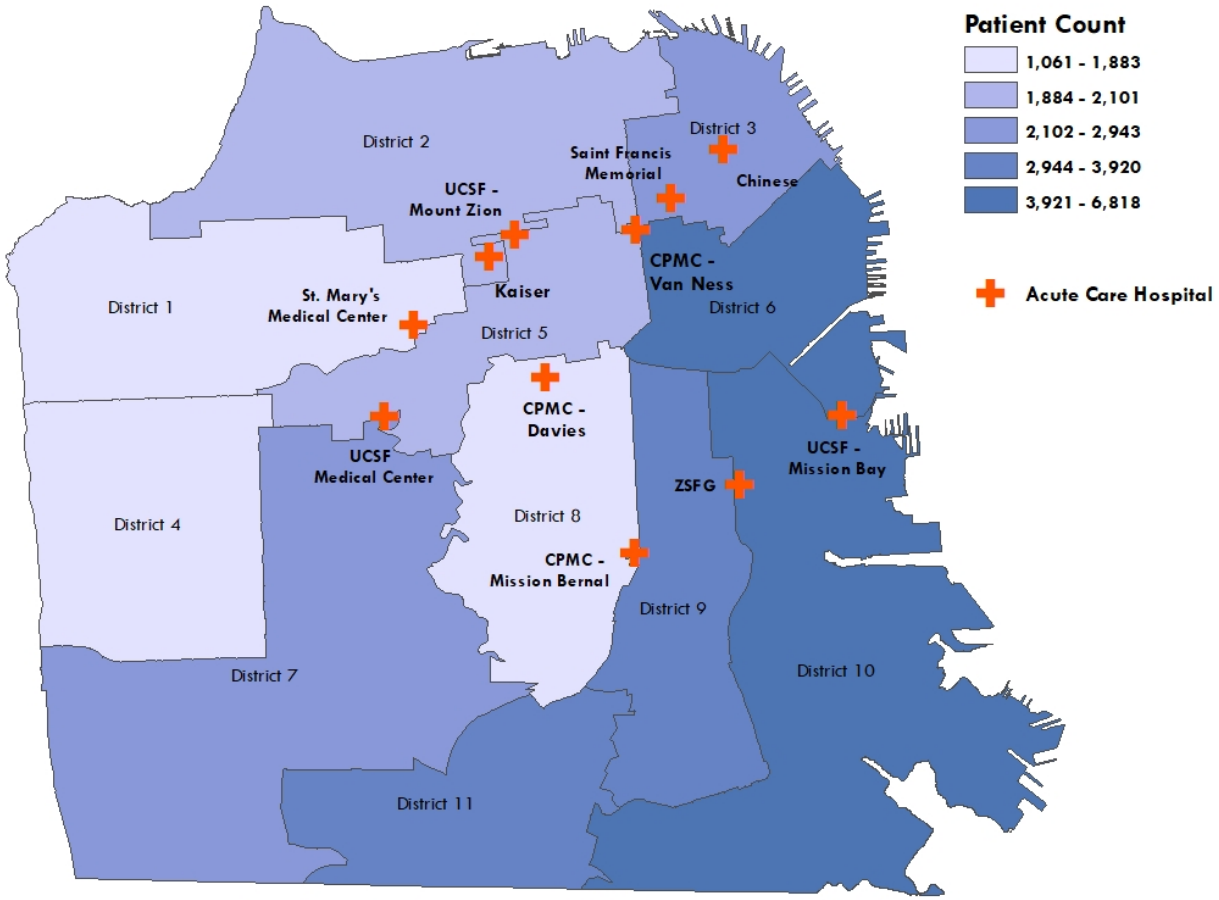
Data Categories	CPMC – Van Ness 2019	CPMC Mission/Bernal 2019	Chinese 2019	KFH-SF 2019	Saint Francis 2018-2019	St. Mary's 2018-2019	UCSF 2018-2019	ZSFG 2018-2019
Cost of Charity Care Provided								
Non-HSF Charity Care Costs	$13,774,810	$5,011,956	$2,454,291	$7,829,575	$4,546,711	$1,748,753	$12,834,499	$44,552,505
HSF Charity Care Costs	$69,544	$324,755	$0	$0	$344,638	$749,140	$508,960	$27,000,382
Total	**$13,844,353**	**$5,336,711**	**$2,454,291**	**$7,829,575**	**$4,891,349**	**$2,497,893**	**$13,343,459**	**$71,552,887**
Applications for Charity Care								
Total # of Apps Accepted	3,909	1,745	2,194	4,984	155	262	980	31,074
Total # of Applications Denied	366	175	194	1,341	61	65	383	4,604
Total	**4,275**	**1,920**	**3,890**	**7,871**	**216**	**327**	**6,336**	**35,678**
Unduplicated/Individual CC Recipients								
Total Unduplicated CC Patients (HSF)	21	81	0	694	171	28	26	10,975
Total Unduplicated Patients (Non-HSF)	3,909	1,745	2,087	6,750	2,706	1,210	4,140	26,972
Total	**3,930**	**1,826**	**2,087**	**7,444**	**2,877**	**1,238**	**4,166**	**37,947**
Services Provided for CC patients								
Emergency (HSF)	12	75		238	58	16	10	1,126
Emergency (Non-HSF)	1,621	1,547	1,423	2,729	4126	725	1,026	6,629
Inpatient (HSF)	0	5	0	36	19	9	12	169
Inpatient (Non-HSF)	405	125	211	1,396	165	59	1,056	1,938
Outpatient (HSF)	10	2	0	686	238	22	9	10,681
Outpatient (Non-HSF)	2,058	141	453	5,713	232	400	2,511	19,735
Costs & Charges								
Gross Patient Revenue	$3,250,426,263	$570,745,098	$245,300,206		$926,480,819	899,242,498	$15,439,246,767	$3,618,586,218
Total Other Operating Revenue	$18,725,074	$1,583,482	$3,531,487		$2,791,385	7,481,410	$44,342,873	$103,394,174
Total Operating Expenses	$1,119,565,736	$252,315,025	$128,766,237		$233,246,262	258,910,574	$4,147,983,264	$1,031,508,263
Cost-to-Charge Ratio	33.87%	44.21%	51.05%		24.87%	27.96%	26.58%	25.65%
Medi-Cal Shortfall	$91,938,605	$27,000,125	$1,257,736	$11,619,336	$27,218,859	$20,983,679	$399,047,340	$214,574,826.00

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

San Francisco's Charity Care Ordinance requires that hospitals provide the zip codes of their traditional charity care recipients, and this section presents an analysis of this data.[52] All reporting hospitals, except Kaiser San Francisco, are able to provide the zip codes of these patients who have received services. Given that this report has also found that traditional charity care 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, as traditional charity care programs are not limited to CCSF residents.

Figure 30: Map of San Francisco Showing Charity Care Patients by Supervisorial Districts, 2019



[52] Zip code data for HSF patients is not required as part of charity care reporting, this section focuses on traditional charity care patients only.

Figure 31: Traditional Charity Care Patient by Supervisorial District for 2018 and 2019

Supervisorial District	2018		2019	
	Recipients	Percent of total SF recipients[53]	Recipients	Percent of total SF recipients
District 1	802	3.3%	1,454	4.3%
District 2	1,321	5.4%	1,921	5.7%
District 3	1,569	6.4%	2,748	8.1%
District 4	1,002	4.1%	1,883	5.6%
District 5	1,537	6.2%	2,101	6.2%
District 6	5,256	21.3%	6,818	20.1%
District 7	1,968	8.0%	2,943	8.7%
District 8	837	3.4%	1,061	3.1%
District 9	3,287	13.3%	3,920	11.6%
District 10	4,709	19.1%	5,938	17.5%
District 11	2,373	9.6%	3,145	9.3%

The above table shows the distribution of all reporting hospitals' traditional charity care recipients by Supervisorial district. As is evident and has repeatedly been the case over the past five years, 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 two to four 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[54], which presumably contributes to the concentration of charity care patients in those areas. Between 2017 and 2019, there was very little change in the charity care patient distribution by district despite increases in the number patients.

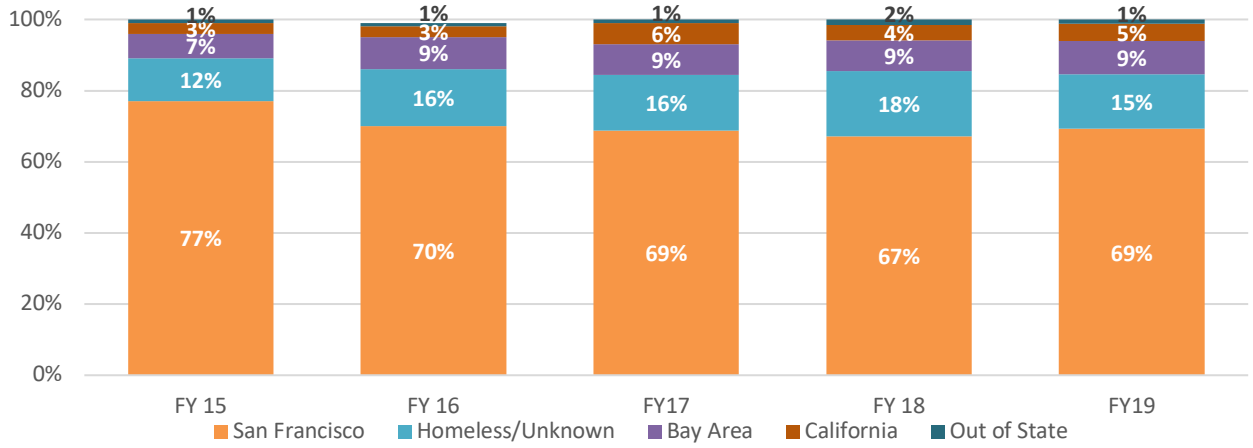
Residence of Charity Care Patients

Traditional charity care programs do not limit eligibility to San Francisco residents and the zip code information provided allows for an analysis of the geographic locations that hospitals serve outside of San Francisco. Taken together, this data indicates that San Francisco's collective pool of traditional charity care patients are:

- Predominantly from San Francisco;
- A significant proportion are persons experiencing homelessness – largest segment after San Franciscans;
- Three nearby counties- Alameda, Contra Costa, and San Mateo- represent the largest source of patients among Bay Area counties;
- A consistently small portion are out-of-state residents.

[53] SF charity care recipients are unduplicated patients that provided one of San Francisco's residential zip codes corresponding to the 11 districts.
[54] SFDPH Supervisorial District Health Profiles

Figure 32: Charity Care Reported Residence, 2015 to 2019



Persons Experiencing Homelessness

The proportion of traditional charity care patients that are Homeless/Unknown stayed relatively stable, fluctuating by about one percent from 2017 to 2019. The "Other" and "Unknown" category consists of patients who did not have a valid address in the hospital's financial system, which would include persons experiencing homelessness, those with errors in their record, and some who provided inaccurate information. Unfortunately, the data for charity care utilization among persons experiencing homelessness more specifically cannot be captured in this report because some hospitals do not identify patients using a standard homeless code in their registration systems.[55] Finally, only a very small proportion of charity care patients resided outside of California (one percent) in 2019 and this has been the case throughout the history of this report.

Out-of-County/California Residents

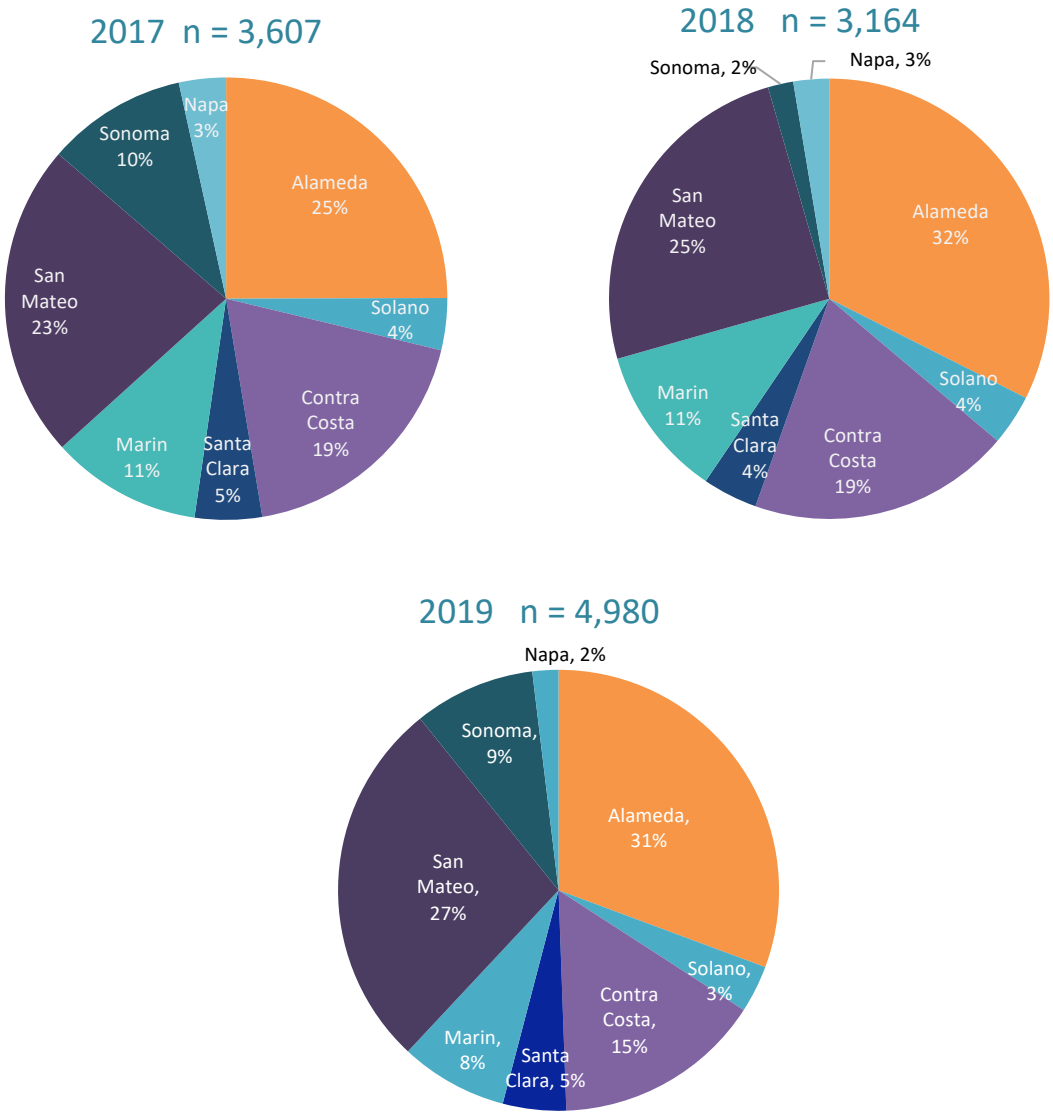
Out-of-county patients may access charity care in San Francisco hospitals for many reasons, from the uninsured patient who has an automobile accident on the freeway and is taken to ZSFG's Emergency Department, to the patient with a serious illness who seeks medical care at one of San Francisco's renowned medical institutions. This proportion of out-of-county traditional charity care patients (i.e. Bay Area + California residents) has increased over time, from about 10 percent in 2015 to 14 percent in 2019. Over the previous three years, this proportion has remained stable.

The figure below shows the percentage of traditional charity care patients with residential addresses in the seven greater Bay Area counties in 2017 through 2019. Alameda County consistently represents the greatest proportion of charity care patients in San Francisco hospitals. In 2019, Alameda, San Mateo, and Contra Costa counties represented the greatest proportion of charity care patients in San Francisco hospitals, with 73 percent of the total patients. In terms of

[55] For example, some hospitals enter null values to indicate whether a patient is homeless, others enter special codes (.e. "99999"), some enter the zip code for their hospital location, and many do a combination of the three.

absolute numbers, between 2017 and 2019, the number of Alameda county residents increased from 900 to 1,527 individuals, San Mateo county residents increased from 831 to 1,356 individuals, and Contra Costa county residents increased from 672 to 762 individuals.

Figure 33: Greater Bay Area Place of Residence for Charity Care Patients, 2017 - 2019



Similar to previous years, the analysis of 2019 data shows that residents in the eight greater Bay Area counties received charity care, by and large, from ZSFG, UCSF, and CPMC. In 2019, of the 4,984 charity care patients reporting zip codes in the eight greater Bay Area counties, 1,351 (27 percent) received care at CPMC, 1,144 (23 percent) received care at ZSFG, and 1,104 (22 percent) at UCSF. CPMC surpassed UCSF and ZSFG in caring for the largest proportion of out-of-county Bay Area charity care patients in 2019.

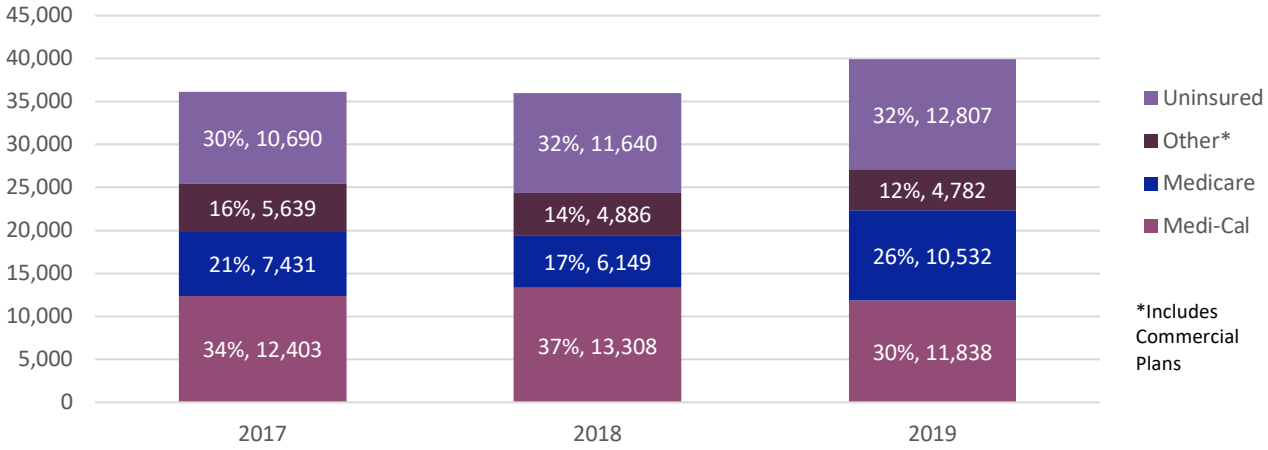
Appendix G: Analysis of Traditional Charity Care (Non-HSF) Patient Demographic Data

In support of the 2018-2019 Charity Care Report, SFDPH requested demographic information for traditional/non-HSF charity care patients in addition to the standard charity care data submission. This data was gathered in response to a request by the San Francisco Health Commission to better understand the patient population being served by traditional charity care programs. Hospitals were strongly encouraged to provide the data for the three most recent years, 2017 to 2019, in order to analyze for potential trends. Data on non-HSF Charity Care patient payor sources, race/ethnicity, age, sex, and gender was collected from hospitals.[56]

Payor Status[57]

In 2019, traditional charity care patient payor sources were most likely to be uninsured (32 percent), followed by Medi-Cal (30 percent), and then Medicare (26 percent). Patients with "other" insurance types (e.g. private), represented the smallest percentage. Between 2017 and 2019, the proportion of charity care patients with Medi-Cal declined from 34 percent to 30 percent, patients who are insured decline from 16 percent to 12 percent, while patients with Medicare increased from 21 percent to 26 percent, and patients who are uninsured increasing from 30 to 32 percent.

Figure 34: Traditional Charity Care Patients by Payor Source, 2017 to 2019

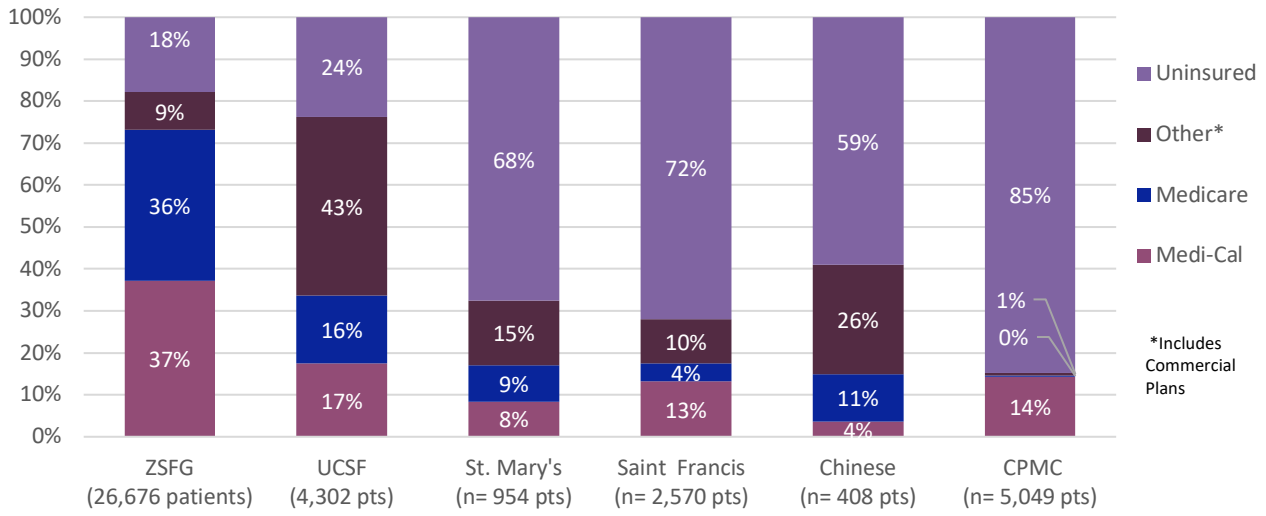


Note: Patients may fall into multiple categories if they had different insurance for difference visits in the Fiscal Year. Data may

When examined by hospital, there are significant differences in the distribution of payor types. In 2019, patients who are uninsured are the largest payor source for patients at four out of the six reporting hospitals. Conversely, at ZSFG, Medi-Cal and Medicare make up the largest payor sources (73 percent) for patients while the proportion of patients who are uninsured is much less significant comparatively, making up 18 percent of patients.[58]

[56] Kaiser-SF does not collect specified data to complete request.
[57] Payor Patients may fall into multiple categories here, if they had different insurance for difference visits in the Fiscal Year.
[58] ZSFG may have higher proportion of Medi-Cal and Medicare charity care patients because of number of patients who receive a non-covered Medi-Cal and Medicare service as part of the services they receive. Even if only a portion of a stay/visit is written off, the services may be counted as charity care.

Figure 35: Traditional Charity Care Patients Payor Sources by Hospital, 2019

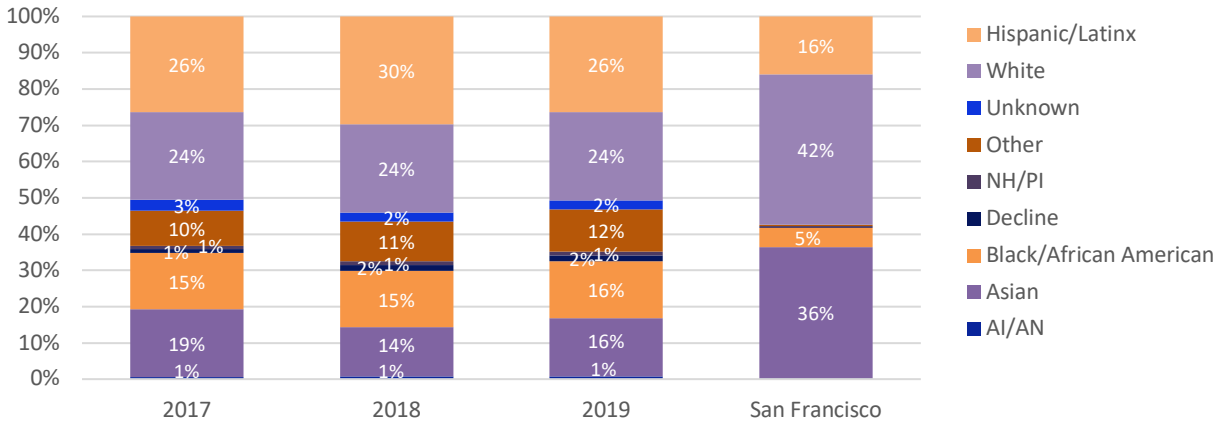


Note: Patients may fall into multiple categories if they had different insurance for difference visits in the Fiscal Year. Data may not capture all patients that received charity care for 2019.

Race/Ethnicity[59,60]

Between 2017 and 2019, the racial/ethnic makeup of traditional charity patients remained relatively stable. In 2019, Hispanic/Latinx and White composed the largest portion of patients with known racial/ethnic identities, representing 26 and 24 percent of the patient population, respectively. Most hospitals did not report Hispanic/Latinx patient data, and therefore are likely underrepresented in the dataset. Lastly, charity care patients are more likely to be Black/African American and Hispanic/Latinx, and less likely to be Asian or White, compared to the overall city population

Figure 36: Traditional Charity Care Patients by Race/Ethnicity, 2017 to 2019

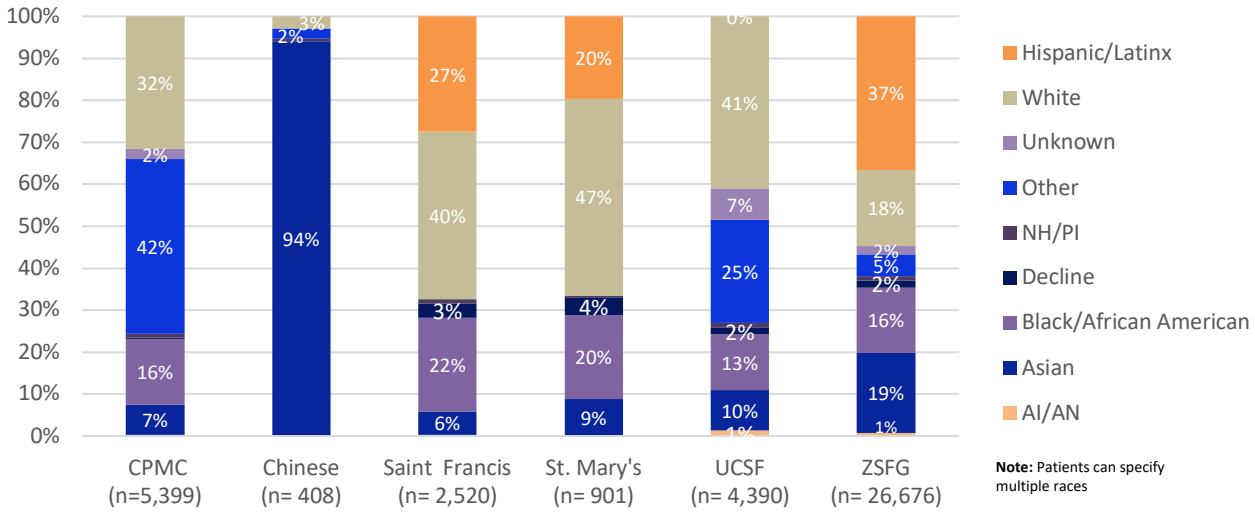


When examining the racial/ethnic composition of patients by hospital, the distributions are heterogeneous. ZSFG, Saint Mary's, and Saint Francis were the only hospitals that reported

[59] SMH and SFMH did not report on racial/ethnic make-up of charity care patients.
[60] Patients may be represented across multiple races.

race/ethnic data for Hispanic/Latinx patients. At ZSFG, they represented a plurality of charity care patients.

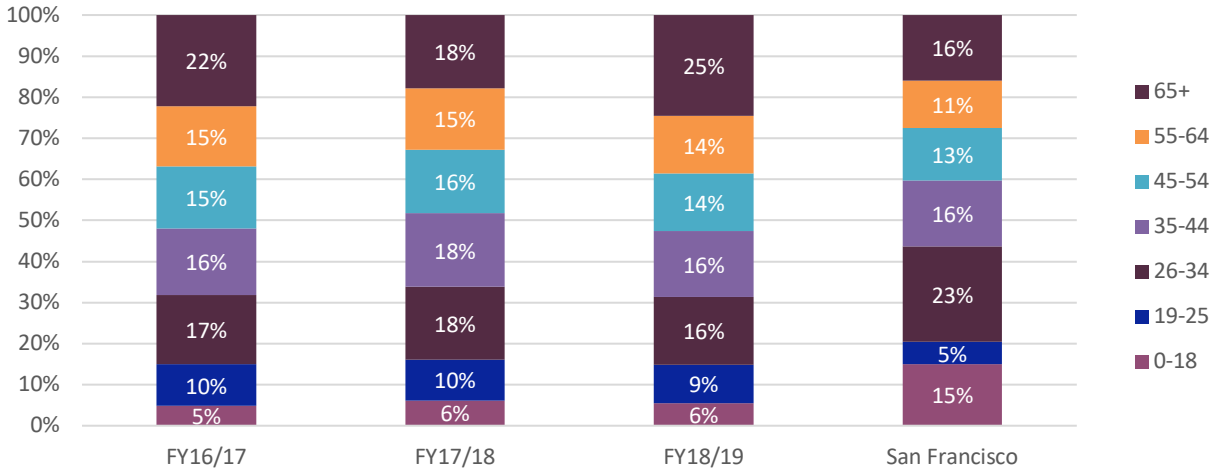
Figure 37: Traditional Charity Care Patients Race/Ethnicity by Hospital, 2019



Age

Between 2017 and 2019, the age distribution of traditional charity patients remained relatively stable. Compared to the overall age distribution of the City population, a larger proportion of patients are older, and smaller proportion on younger. In 2019, individuals age 55 years and older composed 39 percent of total patients, while only 27 percent of residents fell into this age group. On the other end of the spectrum, only 6 percent of patients were under the age of 19, while citywide 15 percent of residents fall into this age group. Children are less likely to need charity care as there are lower thresholds for accessing Medi-Cal for this age group (e.g. CHIP, undocumented eligibility in CA, etc.) compared to traditional Medi-Cal rules.

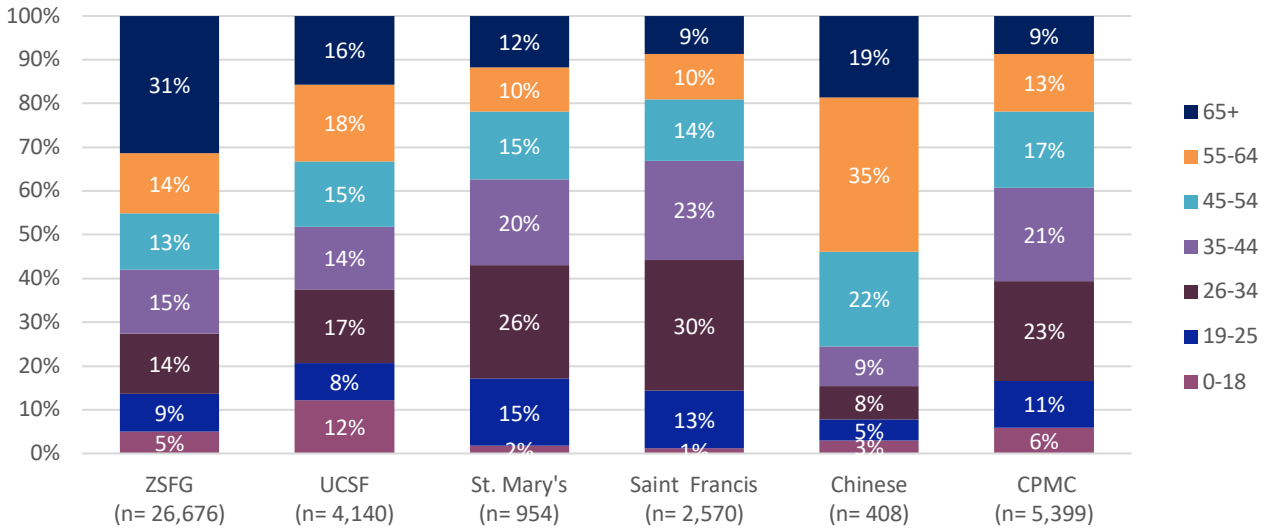
Figure 38: Traditional Charity Care Patients by Age, 2017 to 2019



The age distribution of patients from hospital to hospital vary. Based on the data, a higher proportion of Chinese Hospital charity care patients are older, with 54 percent of patients age 55

years or older. While hospitals have a small proportion of youth age patients, UCSF has the greatest proportion of patients under age 19 years, at 12 percent.

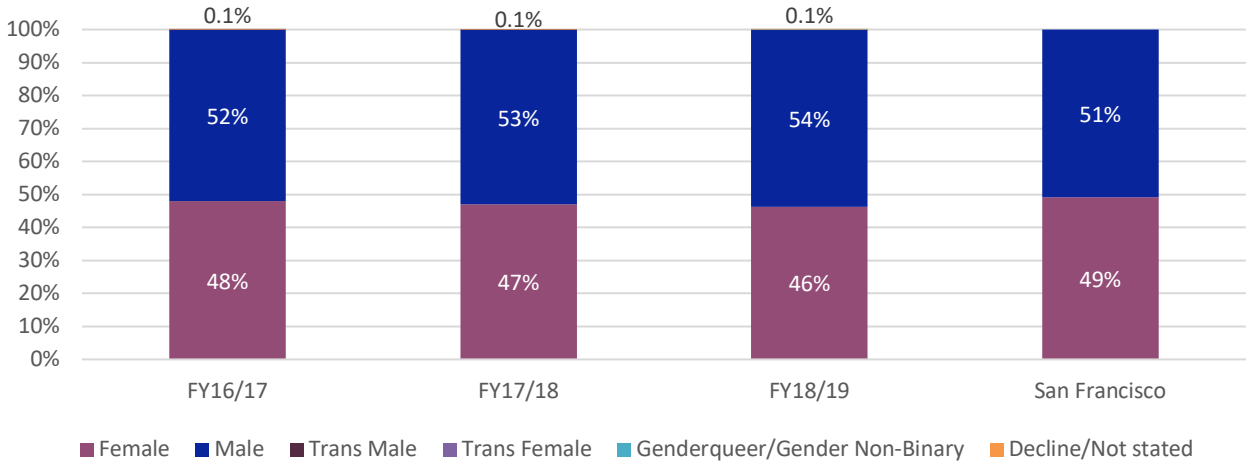
Figure 39: Traditional Charity Care Patient Age Distribution by Hospital, 2019



Gender/Sex[61]

Data on gender was limited, with only two hospitals (UCSF and Chinese Hospital) providing data that captured self-reported gender status beyond the binary of male and female.[62] Based on the data submitted by these two hospitals, less than .01 percent of traditional charity care patients identified as either Trans Male, Trans Female, and/or Genderqueer/Gender Non-Binary between 2017 and 2019. Overall, between 2017 and 2019, the distribution of traditional charity patients by gender/sex has remained relatively stable. In 2019, 54 percent of patients identified as male, 46 percent as female.

Figure 40: Traditional Charity Care Patients by Gender/Sex, 2017 to 2019



[61] Sex data refers to self-reported sex at birth

[62] At ZSFG, patients were only identified as male or female, with the collection system not differentiating between sex and gender. With the implementation of EPIC, non-binary gender data for charity care patients will be captured moving forward at ZSFG.

The distribution of patients by gender/sex varies from hospital to hospital. St. Francis, St. Mary's, and CMPC hospitals have a significantly higher percentage of patients who are male compared to other hospitals, with 72, 63, and 58 percent of patients identifying as male, respectively.

Figure 41: Traditional Charity Care Patient Gender/Sex Distribution by Hospital, 2019