

Agenda

Charity Care Overview and Background

2020-2021 Charity Care Trends

Charity Care Moving Forward

Charity Care Ordinance and Reporting Hospitals

San Francisco Charity Care Ordinance 163-01 passed in 2001:

- Requires hospitals to notify patients about free and discounted services
 - Review conducted every two years of charity care posting and notifications
- Requires hospitals to annual report charity care data to DPH

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













* Reports voluntarily

San Francisco Health Network

^{*} Reports voluntarily

Charity Care Landscape: Timeline

2001

SF Charity Care Ordinance passed

Healthy San Francisco program started

ACA signed into law by President Obama

ACA Preparation Period
1. Healthy San Francisco
2. SF PATH
3. Get Covered! SF

2014-2016

ACA-initiated health insurance

- 1. Medi-Cal Expansion up to 138% FPL
- 2. Covered California Health Exchange

2017-2019

Federal Uncertainty with the ACA and other policies

- 1. Repeal of Individual mandate
- 2. Proposed changes to "public charge"

2020-Beyond*

COVID-19 Public Health Emergency and New Federal Administration

*Report Covers 2020 and 2021

Charity Care Report Overview

Goal: Understand and present trends related to charity care in San Francisco

- Showcases city-wide trends and hospital-specific data
- Tracks traditional charity care and HSF populations
- Engages representatives from the mandatory and voluntary reporting hospitals for development and review
- Report completed and presented to the Health Commission annually

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

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

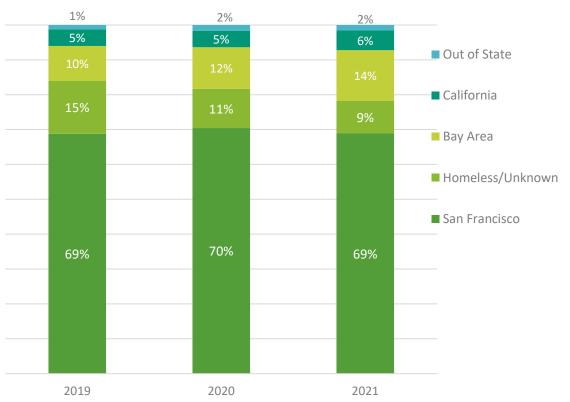
Charity Care Trends

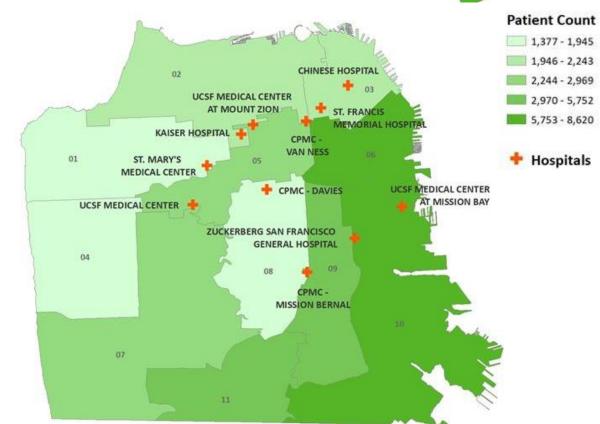
- 1. Traditional Charity Care serves the uninsured, those with public and commercial health coverage, and those most likely to experience health inequities PEH, POC, and Lower SES.
- 2. Charity Care increased citywide, but decreased for 5 out of 8 hospitals during the reporting period.
- 3. Healthy San Francisco and Traditional Charity Care programs continue to serve distinct patient populations.

1. 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 Patients Reported Residence, 2019-2021



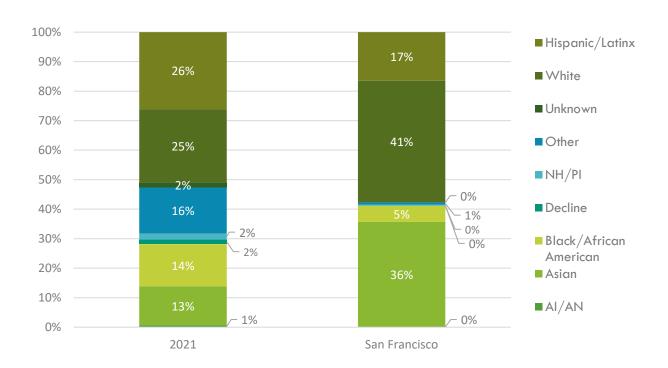




Traditional Charity Care continues to cover 1) majority San Franciscans concentrated in districts with lower income neighborhoods and 2) people experiencing homelessness.

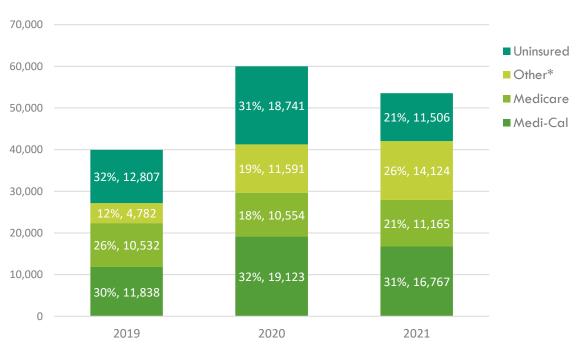
1. Traditional Charity Care serves the uninsured, those with public and commercial health coverage, and those most likely to experience health inequities — PEH, POC, and Lower SES.

Traditional Charity Care Patients by Race/Ethnicity, 2021



Traditional charity care patients are more likely to identify as Hispanic Latinx or Black/African American compared to the overall city population.

Traditional Charity Care Patients by Payor Source, 2019 to 2021



^{* &}quot;Other" payor type includes those with commercial insurance and workers compensation.

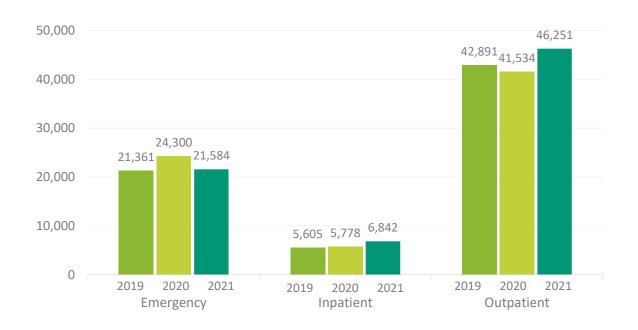
An estimated 78 percent of traditional charity care patients have some form of health coverage.

[&]quot;Uninsured" indicates the number of patients who self-pay their medical expenses.

Unduplicated Charity Care Patients, 2017 to 2021

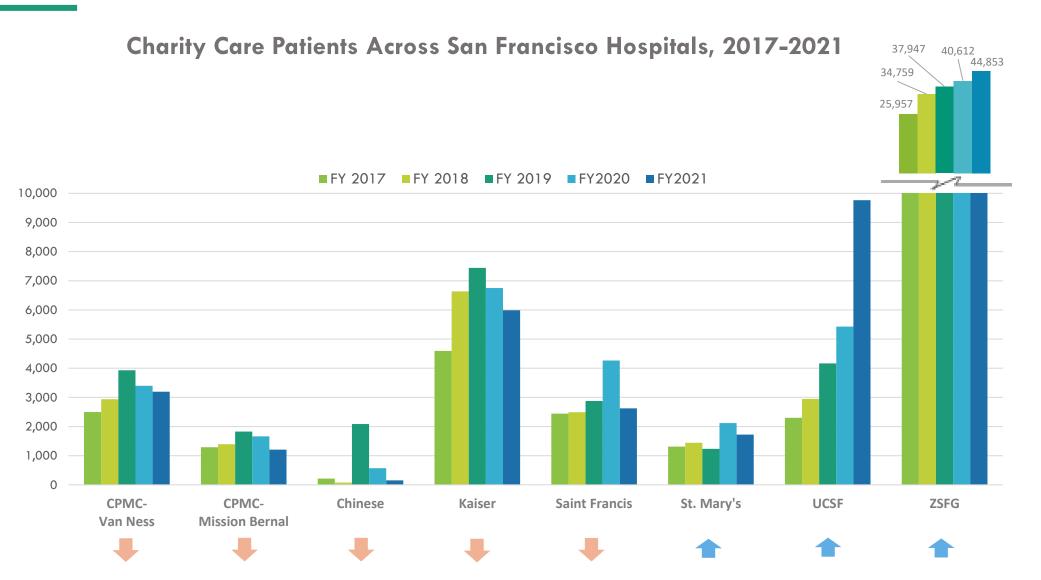


Charity Care Patients by Service Type, 2019-2021



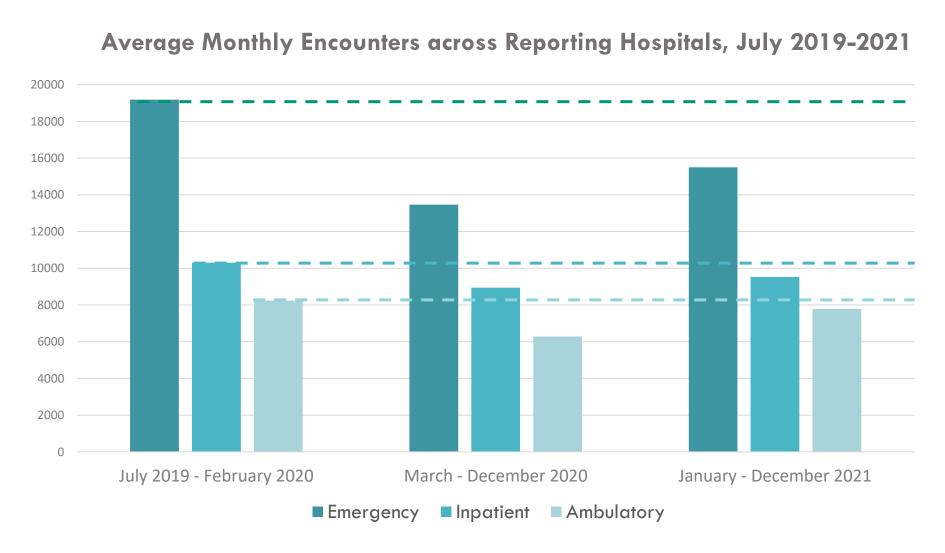
Charity Care Patients increased overall in San Francisco

Utilization of charity care services has increased overall in San Francisco



The increases in charity care patients were primarily driven by ZSFG and UCSF, due to hospital policy changes.

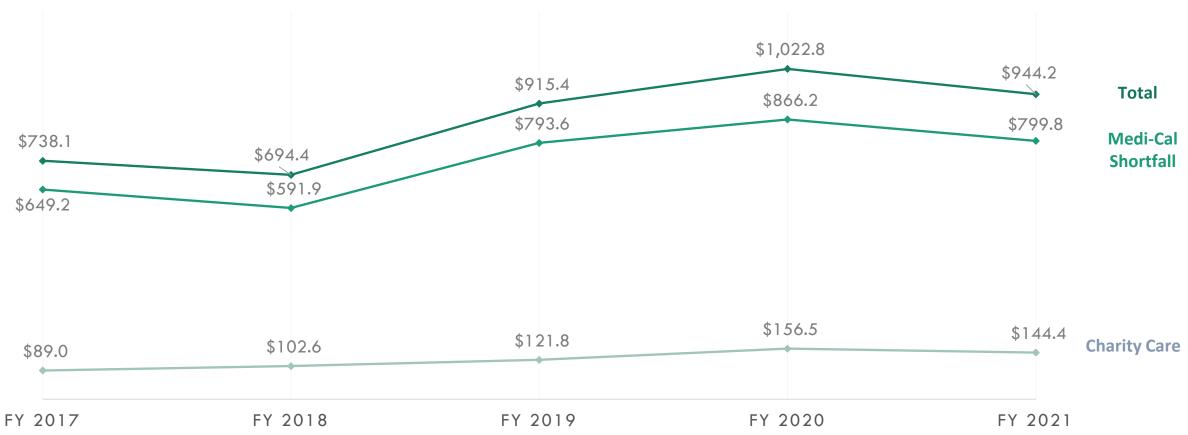
Other reporting hospitals experien ced decreases in charity care patients from 2019-2021.



The pandemic resulted in periods of decreased hospital utilization and overall services levels, including for emergency, ambulatory, and inpatient services across all reporting hospitals.

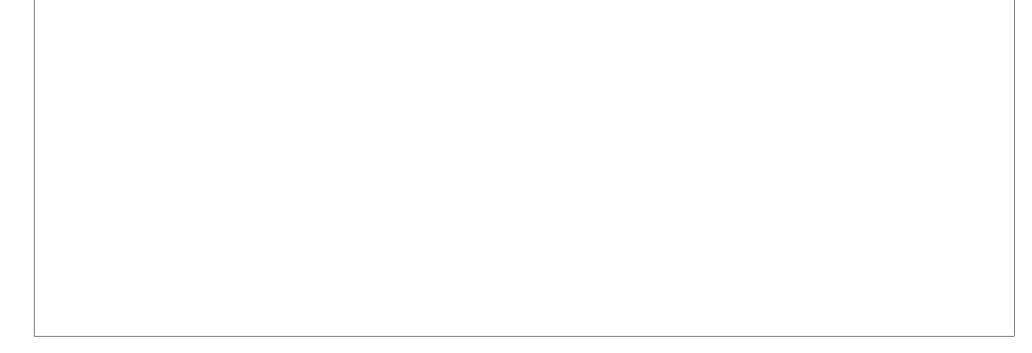
This led to decreases in charity patients across the majority of reporting hospitals.





Charity care expenditures increased by 19 percent while Medi-Cal Shortfall increased by less than one percent from 2019-2021.

- Citywide trends in the ratio of charity care costs to net patient revenue varied among the eight reporting hospitals.
- Six out of seven reporting hospitals are above the state average.

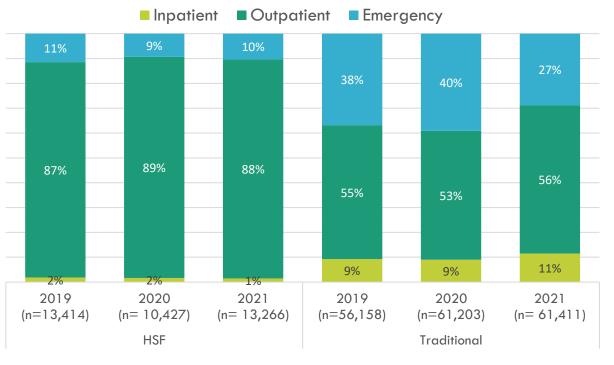


3. Healthy San Francisco and Traditional Charity Care programs continue to serve distinct patient populations.

HSF and Traditional Charity Care Patients, 2017 to 2021



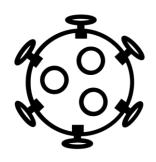
Proportion of all Services for HSF and Traditional, 2019 to 2021



Traditional charity care patients drove overall charity care increases; HSF population relatively stable

Traditional charity care patients more likely to utilize emergency services

Charity Care Moving Forward





- Medi-Cal Redeterminations
- Increases in health care utilization



Medi-Cal Changes

 Medi-Cal expands to new populations



Assembly Bill (AB) 532 and AB 1020 – Health Care Debt and Fair Billing Practices

New notice requirements

Questions & Comments

Appendix: HSF Overview

Purpose: Healthy San Francisco was established in 2007 to make health care services available and affordable to uninsured San Francisco adults who are ineligible for Medi-Cal, and is managed by DPH's Office of Managed Care

Delivery System: HSF's services are provided through a public/private partnership that includes <u>medical homes</u>, <u>hospitals</u> as well as <u>behavioral health</u> and <u>pharmacy services</u>. In FY 20-21:

55% of participants had a medical home within the SF Health Network 33% of participants had a medical home within the SF Community Clinic Consortium.

Demographics: HSF participants have remained relatively similar over the last four years, and continues to see <u>immigration status as a driving factor in participants' ineligibility for other health insurance programs – Latinx patients make up over 3/5 of participants.</u>