



Charity Care Report Working Group
October 20, 2004; 3:00 pm to 5:00 pm
101 Grove Street, Room 302
MINUTES

Introductions

The following individuals were in attendance at the meeting:

- Jim Hickman, St. Luke's Hospital
- Ron Smith, Hospital Council
- Gregg Sass, Department of Public Health
- Susan Moore, University of California, San Francisco Medical Center (UCSF)
- Terry Giovannini, California Pacific Medical Center (CPMC)
- Jim McCaughey, California Pacific Medical Center (CPMC)
- Barry Lawlor, St. Mary's Medical Center
- Abbie Yant, St. Francis Hospital
- Michelle Jun, Consumer's Union
- John Kosinski, SEIU Local 250
- Colleen Chawla, Department of Public Health

Colleen Chawla reported that Anne Kronenberg was attending a funeral that afternoon and sent her regrets for being unable to attend the meeting.

Agenda Overview/Modification

A review of the goals set at the last meeting was inserted after Agenda Item #4.

Review of Hospital-specific Charity Care Data

Colleen Chawla presented and reviewed the data that hospitals reported for fiscal year 2003. Participants noted the following as important contextual information related to the reported data:

- Applications
 - Applications may be an artificial measure of charity care provided since they don't represent individuals
 - Applications are valid for different periods of time at different hospitals, i.e., six months at St. Mary's, one year at St. Luke's, three months at SFGH, and at St. Francis, patients are eligibilized each time they access services
 - Denials may reflect persons who were denied charity care because they were eligible for other coverage
- Services

- Patients may access more than one service, i.e., an emergency patient is admitted
- St. Luke's reported that their FY 2003 report has not included approximately \$669,000 in charity care provided by their outpatient clinic. They are looking into amending their submission.
- Description should distinguish between the characteristics of each facility, i.e., those with and without clinics.
- Expenditures
 - St. Luke's reported that the reason their charity care expenditures show a significant drop from FY 2001 and FY 2002 to FY 2003 is due to the reclassification of prior year Medical denials in 2001 and 2002.
- Zip Codes
 - Each hospital's method of collecting data on homeless patients differs, i.e., St. Francis gives homeless patients the hospital's zip code and other hospitals give 99999 or some other marker for homeless
 - St. Mary's reported that the reason for the high number of charity care patients living outside of San Francisco is their historical reliance on an archdiocesan map rather than on the boundaries of San Francisco. As a result, St. Mary's has accepted patients from Southern Marin and Northern San Mateo. That policy was recently changed and new patients that outside of San Francisco will be referred to other facilities.
 - St. Luke's cited its proximity to the San Mateo County border as a reason for its high number of charity care patients who are not San Francisco residents.
- Policies
 - The chart provided at the meeting shows a summary of the charity care policies that were in place during FY 2003, which is the reporting period.
 - Since all hospitals have subsequently adopted the CHA voluntary guidelines, it was agreed that the report would include a description of their new policies.

Colleen Chawla and Gregg Sass provided additional explanations of the charity care that is included in the SFGH report. Colleen stated that the charity care reported by SFGH includes not only free care, but also sliding scale care provided pursuant to SFGH's charity care policy. Under the sliding scale, individuals with incomes up to 500 percent of the federal poverty level (FPL) are eligible for care with co-payments ranging from \$0 to \$500 depending on income and the type of care provided. Other hospitals indicated that their reported data included only free care and not care provided under a sliding scale.

Gregg reported that there is additional care provided at SFGH without expectation of reimbursement that is not captured in the charity care report. This includes care to jail populations, care provided at the Mental Health Rehabilitation Facility, and Short-Doyle mental health care. This additional care represents approximately \$39 million in costs.

Review of Building a Healthier San Francisco (BHSF) Data

There was a discussion of what BHSF data should be included in the charity care report. It was agreed that the report need not be a recitation of the BHSF report, but rather that the data should be used to show that the programs and services that hospitals provide as community benefit are responsive to the community health needs that are revealed by the BHSF needs assessment. The work group agreed that the charity care report would include the financial information reported in hospitals' community benefits reports as well as examples of community benefits projects in each of the hospitals that respond to the health needs of communities. Colleen stated that she had received community benefit plans from only CPMC and St. Mary's and requested those of the other hospitals.

Review of Goals

At the previous meeting, participants agreed that the goal for the work group was to ensure that the fiscal year 2003 charity care report provides not only the data that is required by ordinance but also the context for charity care in San Francisco, including, among other things, information on health insurance, access, coverage, and eligibility as well as sources of funds that support charity care services. It was expressed that success in working together to ensure that individuals have access to charity care services they need may be measured in reduced inpatient and emergency care and increased outpatient care. The group agreed that attention to pre-hospital care – often provided by hospitals as part of their community benefit – is appropriate to avoid unnecessary hospitalizations.

The work group also discussed the various types of funding that support charity care in San Francisco, and also addressed the capital requirements of hospitals. There was general agreement that hospitals would like to better understand the financing of charity care at both public and private hospitals in San Francisco and that the discussion was likely to be an ongoing one.

Next Steps/Agenda

At the next meeting, DPH will provide a draft report with data and contextual information that working group participants indicated they would like to see. DPH may require additional data from hospitals and will advise them of such as needed.