



SAN FRANCISCO CHARITY CARE

2022-2024 REPORT

SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH



ACKNOWLEDGMENTS

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



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GLOSSARY

Affordable Care Act (ACA): 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. Charity care patients include those who are uninsured and underinsured.

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

Healthy San Francisco: A health access [program](#) created by local ordinance designed to make health care services available and affordable to eligible 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.

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

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

SECTION I: EXECUTIVE SUMMARY

San Francisco's [Charity Care Ordinance](#) (Ordinance 163-01) was designed to promote transparency in the provision of charity care among local non-profit hospitals and highlight the community services that hospitals provide in exchange for the benefits resulting from their tax-exempt status. This report, required by the Ordinance, provides a forum to share and examine the charity care data provided by hospitals, and explore the changes in the charity care landscape, most notably in relation to recent local, state, and national policy changes.

This report includes new data from 2022-2024. It includes sections on Citywide trends and hospital-specific data, as patterns may vary across hospitals. Data from 2022-2024 are compared with the previous reporting period (2020-2021) to identify changes, and longer-term trends are highlighted where relevant. Additionally, the report includes a five-year overview of health coverage and demographic data for the charity care patient population.

Historically, the Charity Care Report has been produced annually. However, the last two reports combined two years of data due to the COVID-19 pandemic's impact on hospitals and the Department of Public Health. Grouping data allowed for clearer trend analysis, as data often did not differ dramatically year-to-year. The current report was initially planned to include 2022-2023 data, but scheduling changes enabled the inclusion of 2024 data as well.

Charity Care is defined as 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. Charity care patients include those who are uninsured and underinsured. This report also includes data about Healthy San Francisco (HSF) patients who may receive charity care at San Francisco hospitals. HSF is a health access program created by local ordinance designed to make health care services available and affordable to eligible uninsured San Francisco residents.

The following are the main conclusions of the report:

- A. The total number of charity care patients increased substantially in San Francisco as compared with the prior reporting period. Total charity care expenditures also increased during this period, but at a slower rate.**

Between 2021 (the end of the prior reporting period) and 2024, there was a 58 percent increase in total charity care patients, with non-HSF charity care patients increasing 79 percent during this period. In absolute numbers, total charity care patients increased from 69,508 patients in 2021 to 109,808 patients in 2024.

Total charity care expenditures also increased during this period. Between 2021 and 2024, overall charity care expenditures increased by 18 percent from \$144.5 million to \$170.2 million. This slower rate of increase as compared with the increase in charity care patients may be due to an increasing proportion of charity care patients having any health coverage to contribute to the cost of their care.

Several environmental and policy changes during the reporting period likely contributed to the overall increase in charity care patients and expenditures:

- Following pandemic-related declines in hospital utilization during the prior reporting period (2020–2021), a post-COVID rebound in hospital visits likely contributed to increased charity care provision among reporting hospitals.
- New California laws (AB 1020 and AB 532), effective January 2022, expanded financial assistance eligibility and strengthened patient notification requirements, likely increasing awareness and uptake of charity care.
- The federal No Surprises Act, also effective January 2022, limited balance billing for certain out-of-network services, causing hospitals with fewer health plan contracts, like ZSFG, to absorb more unreimbursed costs as charity care.

B. While the uninsured continue to need and access charity care, the vast majority of San Francisco charity care patients – 88 percent in 2024 – have some form of health coverage.

In 2024, 88 percent of charity care patients had some form of health coverage, either through public or private insurance, or enrollment in Healthy San Francisco. Between 2021 and 2024, the proportion of uninsured charity care patients decreased from 18 percent to 12 percent, while the proportion of charity care patients with Medi-Cal grew from 26 percent to 42 percent. These shifts coincide with major Medi-Cal changes during the reporting period that expanded coverage to otherwise eligible undocumented adults ages 26 and older and contributed to an overall 12 percent increase in Medi-Cal eligibles in San Francisco across the reporting period (from 229,481 to 258,068).¹ These expansions also likely contributed to a significant 46 percent decline in the number of HSF charity care patients citywide (from 11,595 in 2021 to 6,221 in 2024), even as the total number of charity care patients increased overall.

Similar to the prior reporting period, a significant portion of charity care patients have non-public (largely commercial) health insurance (24 percent in 2024), reflecting persistent affordability concerns in the face of rising health care costs.²

C. Charity care continues to serve primarily San Francisco residents, and those most likely to experience health inequities, including people of color and people from neighborhoods with lower socio-economic status.

Similar to prior years, in 2024, 71 percent of non-HSF charity care patients were San Francisco residents, with the largest shares residing in Districts 10, 9, 11, 5, and 6. Persons experiencing homelessness accounted for 12 percent of charity care patients, which is also similar to recent years. Demographic data show that charity care patients are disproportionately Hispanic/Latinx and Black/African American, and more likely to be older compared to the City’s overall population. In

¹ DHCS Certified Medi-Cal Eligibles by Medicare Dual Status, July 2021 and Dec. 2024, <https://data.chhs.ca.gov/dataset/medi-cal-certified-eligibles-with-demographics-by-month/resource/9ade93e4-0676-4117-adbe-a53378d7fe84> Certified eligibles are those beneficiaries deemed qualified for Medi-Cal by a valid eligibility determination, and who have enrolled into the program.

² CHCF, Understanding California’s Health Care Affordability Crisis, The Problem, December 19, 2023 <https://www.chcf.org/resource/understanding-californias-health-care-affordability-crisis/the-problem/>

2024, Hispanic/Latinx individuals made up 29 percent of charity care patients but 16 percent of the San Francisco population, and Black/African American patients made up 12 percent of charity care patients but 5 percent of the San Francisco population. Residents from these neighborhoods and populations are also those most likely to experience health inequities.

SECTION II: THE SAN FRANCISCO CHARITY CARE ORDINANCE

In 2001, the San Francisco Board of Supervisors passed the [Charity Care Ordinance](#) (Ordinance 163-01), which amended 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.³ 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 healthcare 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. The 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.”⁴

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.⁵ The other three hospitals are not mandated but report the same charity care data voluntarily to SFDPH.

Mandatory Reporting

Chinese Hospital Association of San Francisco (CHASF)
Dignity Health: Saint Francis Memorial Hospital (SFMH)⁶
Dignity Health: St. Mary’s Medical Center (SMMC)⁶
Sutter Health: Van Ness and Mission Bernal (CPMC)⁷

Voluntary Reporting

Kaiser Foundation Hospital, San Francisco (KFH – SF)
University of California San Francisco, Medical Center (UCSF)
Zuckerberg San Francisco General Hospital (ZSFG)

³ More information about the charity care ordinance and reporting hospitals is found in Appendices B and C.

⁴ CCSF Health Code, Article 3 (Hospitals), Section 130. Definitions.

⁵ Hospitals report either on a January-December calendar year or a July-June fiscal year. For this reason, the data for this reporting period spans July 2021 (i.e., FY22) through December 2024. See Appendix A for details.

⁶ UCSF Health acquired Saint Francis and St. Mary’s Hospitals from Dignity Health on August 1, 2024. UCSF Health will take over charity care reporting for these hospitals in the next reporting period (FY 2025).

⁷ CPMC Davies data is reported under CPMC Van Ness Hospital, as they are under the same license.

SECTION III: CITY-WIDE CHARITY CARE DATA AND CONCLUSION

Charity Care is defined as 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. 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. Charity care patients include those who are uninsured and underinsured. This report also includes patients enrolled in Healthy San Francisco (HSF) who receive care at San Francisco hospitals. HSF is a program created by local ordinance designed to make health care services available and affordable to uninsured San Francisco residents.⁸ This report’s findings cover data from 2022-2024, which are compared with the previous reporting period (2020-2021) to identify changes.

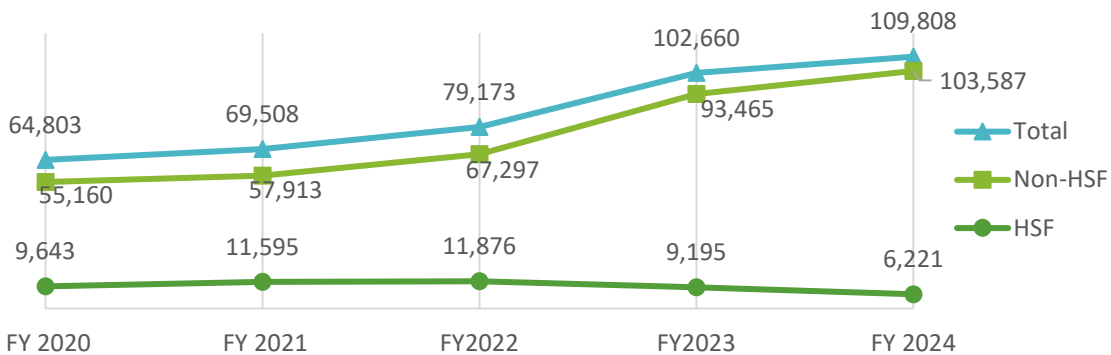
A. The number of total charity care patients increased substantially in San Francisco overall as compared with the prior reporting period. Total charity care expenditures also increased, but at a slower rate.

Charity Care Patients

Compared with the prior reporting period, there was a substantial increase in the total number of patients who received charity care in San Francisco. Between 2021 and 2024, there was a 58 percent increase in total charity care patients (from 69,508 patients to 109,808 patients). The number of charity care patients has increased annually since 2018. **Appendix A** includes the trend in charity care patients from 2001-2024.

While the total number of charity care patients increased between 2021 and 2024, there was a 46 percent decrease in the number of HSF charity care patients (from 11,595 to 6,221 patients), corresponding with Medi-Cal expansions to otherwise eligible undocumented adults (further discussed in Section B). In 2024, HSF patients made up 6 percent of total charity care patients, down from 17 percent in 2021.

Figure 1: Unduplicated Total, HSF, and Non-HSF Charity Care Patients, 2020 to 2024⁹



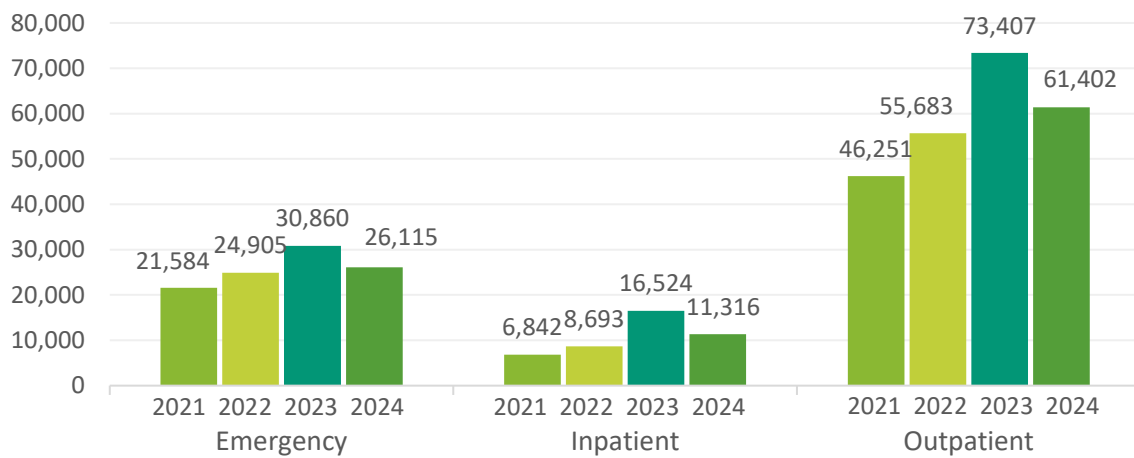
⁸ To be eligible for Healthy San Francisco, you must be all of the following: a San Francisco resident, age 18 or older, uninsured, not eligible for public insurance programs such as Medi-Cal or Medicare, and living on a combined family income at or below 500% of the FPL. <https://healthysanfrancisco.org/visitors/are-you-eligible/>

⁹ Kaiser was unable to provide a breakdown of charity care patients by HSF and non-HSF for 2024. All 2024 Kaiser patients are included in the non-HSF patient count.

Charity Care Services

Between 2021 and 2024 there were increases in charity care patients receiving emergency, outpatient, and inpatient services. This trend was observed for most reporting hospitals. The number of charity care patients receiving inpatient services increased by 65 percent (from 6,842 patients in 2021 to 11,316 patients in 2024), which was largely driven by ZSFG. ZSFG reported that in 2021, payors began denying coverage for venipunctures (blood-draws). As a result, the hospital implemented a new venipuncture billing system that automated non-covered adjustments at the time of billing versus after receiving a payor denial. Because all venipunctures are now non-covered services, venipunctures at inpatient admission drove up the number of reported inpatient charity care services at ZSFG. The number of charity care patients receiving outpatient charity care services saw a 33 percent increase (from 46,251 to 61,402 patients) and those receiving emergency charity care services saw a 21 percent increase (from 21,584 to 26,115 patients). As in previous years, outpatient charity care services still represent the majority of charity care services provided. Note that outpatient services include only those services provided on a hospital’s campus. The data suggest the importance of and continued reliance on all types of charity care services.

Figure 2: Total Charity Care Patients by Service Type, 2021-2024¹⁰

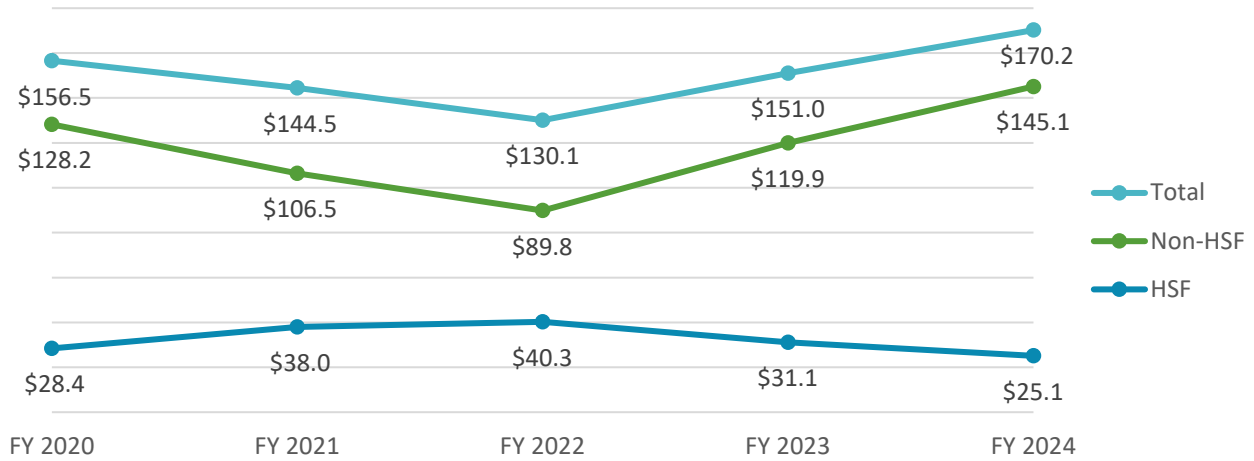


Expenditures

Between 2021 and 2024, overall charity care expenditures increased by 18 percent from \$144.5 million to \$170.2 million. This increase was driven by non-HSF charity care expenditures, which rose 36 percent during the period. The increase in non-HSF charity care expenditures was not consistent across the entire reporting period. From 2021 to 2022, expenditures decreased by 16 percent before increasing during each of the following years. Hospitals reported that this decrease, and the slower rate of increase in expenditures as compared with patients, was attributable to an increasing proportion of charity care patients who have any health insurance coverage contributing to their care, reducing patients’ overall out-of-pocket expenses. Finally, HSF charity care expenditures decreased by 34 percent from 2021 to 2024, reflecting a decrease in total HSF patients during the reporting period.

¹⁰ Kaiser did not report patients by service type in 2024, which contributes to some of the observed decrease from 2023-2024.

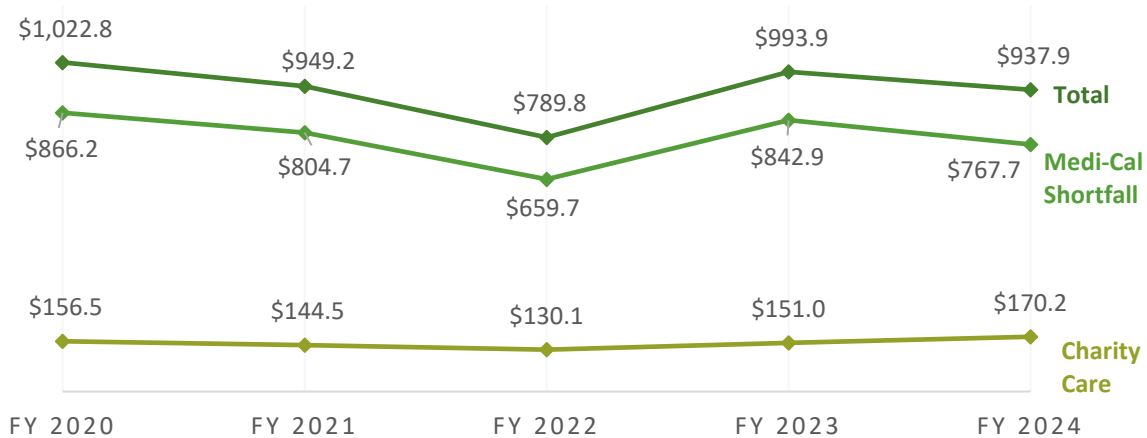
Figure 3: Total, HSF, and Non-HSF Charity Care Expenditures (in Millions), 2020 to 2024



In addition to charity care expenditures, hospitals track Medi-Cal shortfall, defined as the difference between total Medi-Cal expenditures for services to Medi-Cal beneficiaries and the total hospital reimbursement received from the Medi-Cal program. Generally, hospitals must absorb this difference. Medi-Cal shortfall amounts may vary between hospitals, as the costs for health care services can vary from hospital to hospital and hospitals serve different numbers of Medi-Cal patients. 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.

Across reporting hospitals, between 2021 and 2024, overall Medi-Cal shortfall decreased by 5 percent.

Figure 4: Total Charity Care and Medi-Cal Shortfall (In Millions), 2020-2024

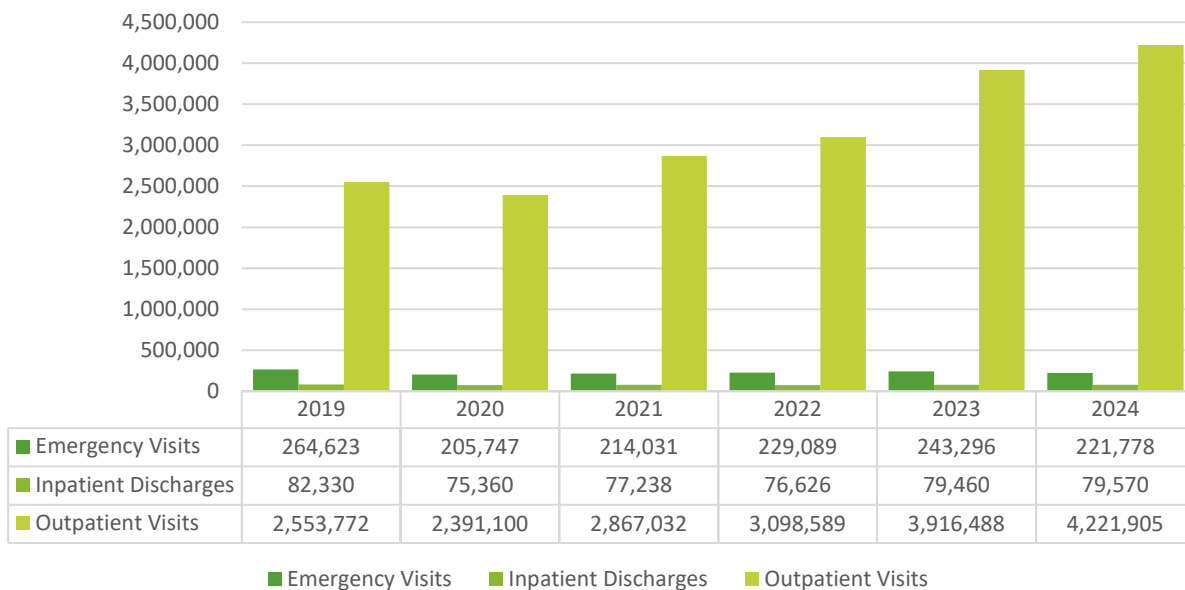


There are several factors that may have contributed to the increases in charity care patients and expenditures. These factors are discussed below and include: the health care system’s *post-COVID-19* recovery, new state charity care laws, and a new federal balance billing law.

Post-COVID-19 Pandemic Recovery

The COVID-19 pandemic resulted in periods of decreased hospital utilization that persisted through the last charity care reporting period (2020-2021), which hospitals reported impacted the provision of charity care. The chart below shows hospital utilization across the reporting hospitals from 2019-2024 based on Department of Health Care Access and Information (HCAI) data. While the number of emergency visits and inpatient discharges remained somewhat lower, outpatient visits increased by 65 percent from the 2019 pre-pandemic period to 2024. The post-COVID rebound in hospital utilization levels may have contributed to greater numbers of charity care patients and expenditures compared to the prior reporting period.

Figure 5: Utilization across all Reporting Hospitals, 2019 – 2024¹¹



New California Charity Care Laws

Hospitals reported that two new state laws contributed to the observed overall increase in charity care patients and expenditures during the reporting period. These laws expanded charity care eligibility and enhanced requirements for hospital charity care noticing.

Effective January 1, 2022, [AB 1020](#) does the following:

- Adjusts the minimum eligibility threshold for free or discounted hospital care from 350 percent to 400 percent of the Federal Poverty Level (FPL) and expands the definition of “high medical cost” patients who must be eligible for financial assistance¹²
- Requires that hospitals prominently display a notice of their financial assistance policy on their website with a link to the policy itself

¹¹ HCAI Annual Hospital Utilization and Financial Reports, 2019-2023. Note: Kaiser is not included in outpatient visit data because they do not report these data.

¹² Existing state law requires that patients with “high medical costs” who meet the minimum income threshold, including those with insurance, be eligible for free or reduced cost care. AB 1020 expands the definition of patients with high medical costs to include those with annual out-of-pocket costs at the hospital that exceed the lesser of 10% of the patient’s current family income or family income in the prior 12 months.

- Requires that hospitals send a patient a notice with specified information, including an application for the hospital's charity care and financial assistance programs, before assigning a bill to collections, among other debt collection requirements
- Starting in January 2024, shifts enforcement from the California Department of Public Health to the Department of Health Care Access and Information (HCAI), establishes a patient complaint process, and authorizes the assessment of administrative penalties against hospitals for violations

Also effective January 1, 2022, [AB 532](#) requires:

- Notice of the availability of hospital financial assistance to be provided at the time of service if the patient is conscious and able to receive it, or at the time of discharge
- Hospitals to automatically provide an uninsured person with an application form for financial assistance or charity care, without need for a specific request

All San Francisco hospitals already offered free or discounted care to patients at or below 400% of FPL prior to 2022. While all hospitals have been subject to the notice requirements of the San Francisco Charity Care Ordinance (see **Appendix A**) for many years, hospitals reported that the enhanced notice requirements under these new state laws contributed to greater awareness of charity care availability and more charity care patients.

Federal No Surprises Act

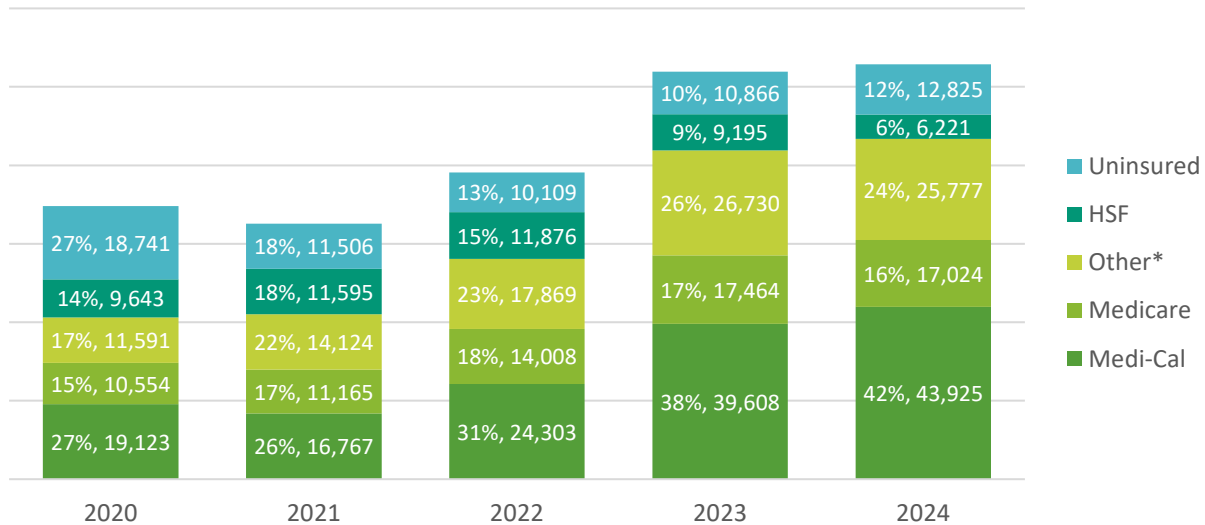
Effective January 1, 2022, the federal No Surprises Act protects patients with commercial or ACA marketplace insurance from paying the difference between out-of-network charges and the amount paid by their insurance plan (what is known as “balance billing”) for services received at hospital emergency or in-network outpatient departments, among other services. ZSFG reported that because it has fewer payor contracts, this federal law led to increased numbers of charity care patients and expenditures in recent years, with disputed, uncovered differences in costs applied as charity care. San Francisco hospitals with more payor contracts reported that this law had less of an effect on their charity care provision.

B. While the uninsured continue to need and access charity care, the vast majority of San Francisco charity care patients have some form of health coverage.

Overall, insurance coverage remained high in San Francisco in 2024, at 97.2 percent, which is similar to prior years.¹³ However, there continue to be San Franciscans who remain uninsured despite City, state, and national efforts to improve access to health coverage. There are several factors that can lead to uninsurance, including personal circumstances that make it difficult to access and maintain coverage, e.g. homelessness, lack of awareness of program eligibility, and affordability concerns in the face of rising health insurance costs.¹⁴ All hospitals except for Kaiser reported the payor source for non-HSF charity care patients for the 2022-2024 reporting years. In 2024, 12 percent of charity care patients were self-pay/uninsured, down from 18 percent in 2021.

An increasingly larger share of the charity care patient population includes those with public and commercial insurance. These individuals, who are referred to as underinsured, are more likely to delay care and have difficulty paying medical bills. Among charity care patients not enrolled in HSF, 87 percent had some form of health coverage in 2024, up from 79 percent in 2021. Among all charity care patients, 88 percent had some form of health coverage or were enrolled in HSF, up from 82 percent in 2021.

Figure 6: Number and Percent of Patients by Coverage, 2020 to 2024¹⁵



*“Other” payor type includes predominantly those with commercial insurance, but may include other sources, such as workers compensation. “Uninsured” indicates the number of patients who self-pay their medical expenses.

¹³ ACS 2024 1-year estimate, S2701 Selected Characteristics of Health Insurance Coverage in the United States, <https://data.census.gov/table/ACSST1Y2024.S2701?q=insurance&g=050XX00US06075>

¹⁴ UC Berkeley Labor Center, Measuring Consumer Affordability is Integral to Achieving the Goals of the California Office of Health Care Affordability, January 2024, https://laborcenter.berkeley.edu/wp-content/uploads/2024/02/Measuring-Consumer-Affordability_revisedFeb82024.pdf

¹⁵ Kaiser did not report payor source for all years and is not included in this chart.

Between 2021 and 2024, the proportion of charity care patients with Medi-Cal grew from 26 percent to 42 percent.¹⁶ While full-scope Medi-Cal is considered comprehensive coverage, there are several reasons why recipients may receive charity care. Some Medi-Cal recipients must pay a monthly dollar amount towards their medical expenses (referred to as “share of cost” or “SOC”) based on their income. Some recipients may not be able to afford the SOC and therefore may be eligible for charity care assistance.¹⁷ Additionally, individuals who only qualify for restricted scope Medi-Cal – which covers certain services like Pregnancy or Emergency services – may receive additional non-covered care during visits, for which they are eligible for financial assistance.

During the reporting period, several major Medi-Cal policy changes occurred that impacted the number of Medi-Cal eligible individuals in the City and likely contributed to the increased share of charity care patients with Medi-Cal.

- Beginning in May 2022, comprehensive Medi-Cal coverage was expanded to otherwise eligible undocumented individuals over 50 years old. This expansion resulted in 286,000 new undocumented Californians receiving full-scope Medi-Cal in the months after the policy change.¹⁸ Coverage was expanded again to include undocumented 26–49-year-olds starting in January 2024. Over the last decade, undocumented residents made up the largest share of uninsured Californians.¹⁹
- In July 2022, California raised asset limits for determining eligibility for non-MAGI Medi-Cal, from \$2,000 to \$130,000 per individual. In January 2024, the asset test for this group was eliminated.
- Beginning in June 2023, California resumed regular Medi-Cal renewal processes following the end of the COVID-19 federal public health emergency (PHE); states had been required to postpone disenrollments while the PHE was in effect (“continuous coverage” requirement). From June 2023 to the completion of the unwinding of continuous coverage in May 2024, about 2 million Californians lost Medi-Cal coverage. Despite disenrollments, Medi-Cal enrollment across the state was still 2.3 million higher than pre-pandemic levels (as of December 2024), in part due to expanded eligibility policies.²⁰

The number of San Francisco Medi-Cal eligibles increased by 12 percent between July 2021 and December 2024, from 229,481 to 258,068.²¹ The continuous coverage unwinding began in May 2023, which resulted

¹⁶ It is important to note that patients’ uncovered healthcare costs, which might lead them to charity care, is different from a hospital’s Medi-Cal Shortfall, defined as the difference between total Medi-Cal expenditures for services to Medi-Cal beneficiaries and the total hospital reimbursement received from the Medi-Cal program. Medi-Cal shortfall is discussed in Section B.

¹⁷ 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.

¹⁸ Office of Gavin Newsom (October 2022), Medi-Cal Expansion Provided 286,000 Undocumented Californians with Comprehensive Healthcare, <https://www.gov.ca.gov/2022/10/19/medi-cal-expansion-provided-286000-undocumented-californians-with-comprehensive-health-care/>

¹⁹ CHCF (September 2024), How California Made Almost Everyone Eligible for Health Care Coverage, <https://www.chcf.org/resource/how-california-made-almost-everyone-eligible-health-care-coverage/>

²⁰ CHCF (November 2024), Key Takeaways from Medi-Cal Redetermination Data, <https://www.chcf.org/publication/key-takeaways-medi-cal-redetermination-data-june-august-2023/>

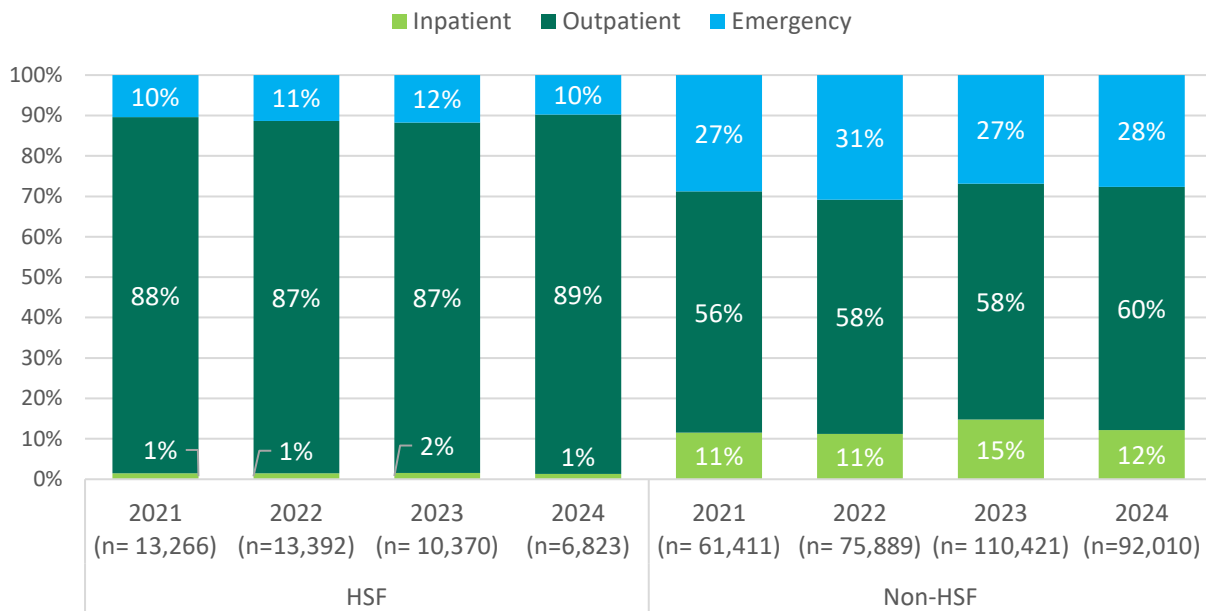
²¹ DHCS Certified Medi-Cal Eligibles by Medicare Dual Status, <https://data.chhs.ca.gov/dataset/medi-cal-certified-eligibles-with-demographics-by-month/resource/9ade93e4-0676-4117-adbe-a53378d7fe84> Certified eligibles are those beneficiaries deemed qualified for Medi-Cal by a valid eligibility determination, and who have enrolled into the program.

in small impacts to the number of Medi-Cal enrollees, and was offset by the expansions in eligibility. As noted previously, this overall increase in San Francisco Medi-Cal enrollment coincided with an increase in patients receiving charity care, indicating continued need for financial assistance even among those with health coverage.

Healthy San Francisco (HSF) is available to uninsured individuals who live in households with incomes up to 500 percent of the federal poverty level, irrespective of the person’s employment status, immigration status, or pre-existing medical condition(s). HSF covers individuals who may not qualify for Medi-Cal or ACA marketplace subsidies because of immigration status and/or income. As Medi-Cal expansions for undocumented adults went into effect, there was a corresponding 46 percent decrease in HSF charity care patients (11,595 in 2021 to 6,221 in 2024) across the reporting period. In 2024, HSF patients made up 6 percent of total charity care patients.

HSF provides a medical home-based model, pairing each member with a primary care provider, which improves access to preventive and coordinated care. Although it is not insurance, HSF provides participants with a stronger connection to the health care system through an organized system of care with benefits beyond hospital services. Hospitals report the types of charity care services provided to HSF and non-HSF charity care patients. In 2024, the proportion of emergency care was higher for non-HSF charity care patients (28 percent) compared to HSF charity care patients (10 percent), while the proportion of outpatient services is much lower for non-HSF charity care patients (60 percent) compared to HSF charity care patients (89 percent). The greater use of emergency care among non-HSF charity care patients supports the contention that these patients are more likely to have higher acuity health conditions and fewer connections to primary and specialty care as compared with HSF patients.

Figure 7: Proportion of all services for HSF and Non-HSF Charity Care Patients, 2021 to 2024²²

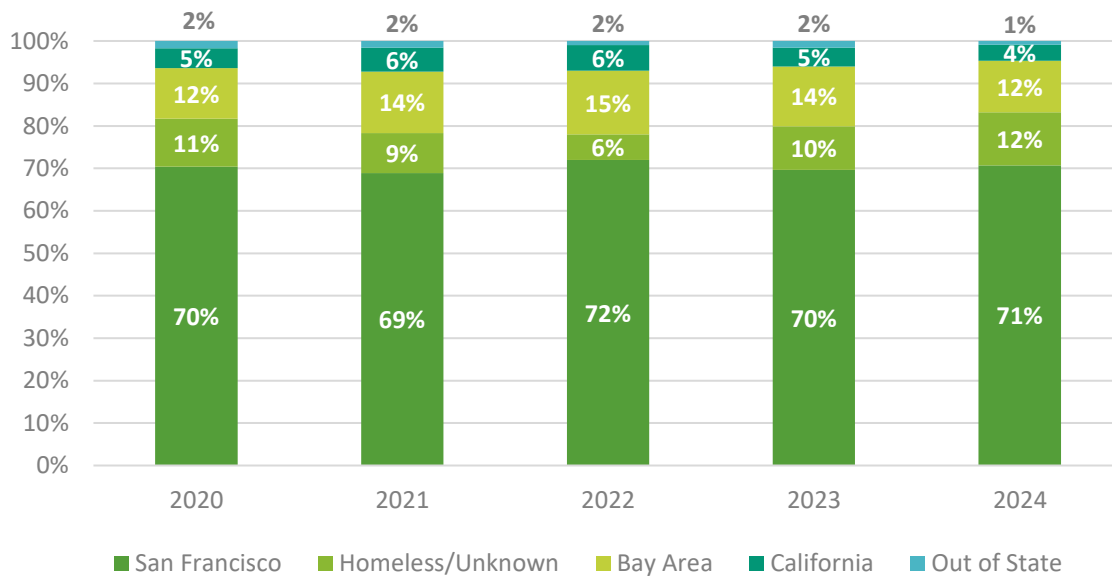


²² Kaiser did not provide a breakdown of charity care services for 2024 and is not included in that year.

C. Charity Care continues to serve primarily San Francisco residents, and those most likely to experience health inequities, including people of color, and people from neighborhoods with lower socio-economic status.

As in previous years, charity care patients are primarily San Francisco residents (71 percent in 2024). Bay Area residents²³ (12 percent) and persons experiencing homelessness (12 percent) represent the next largest proportion of charity care patients. The slightly smaller share of charity care patients experiencing homelessness in 2022 coincides with a small reduction in overall homelessness that year.²⁴

Figure 8: Charity Care Patient Reported Residence, 2020 to 2024²⁵

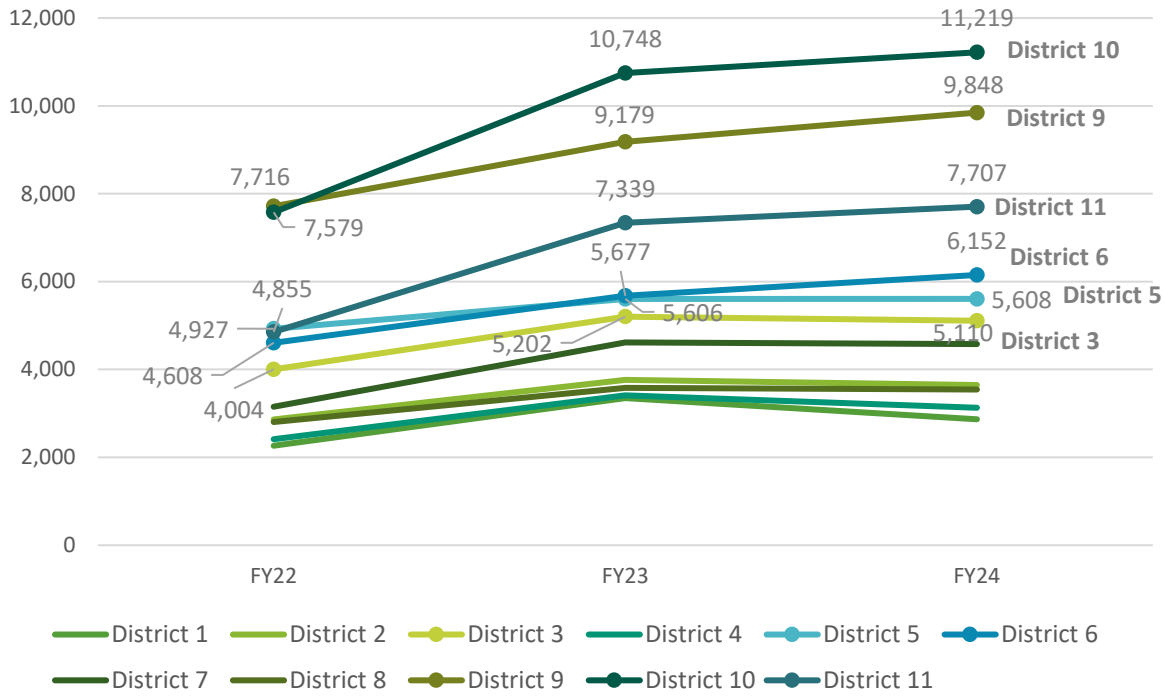


²³ Bay Area residents are non-San Francisco residents who lived in Alameda, Contra Costa, Marin, Napa, San Mateo, Santa Clara, Solano, or Sonoma counties.

²⁴ Department of Homelessness and Supportive Housing, San Francisco Homeless Count and Survey: 2022 Comprehensive Report, <https://hsh.archive.sf.gov/wp-content/uploads/2022/08/2022-PIT-Count-Report-San-Francisco-Updated-8.19.22.pdf>

²⁵ Zip code data is only reported for non-HSF charity care patients. Kaiser does not report zip code data and is not included in this chart.

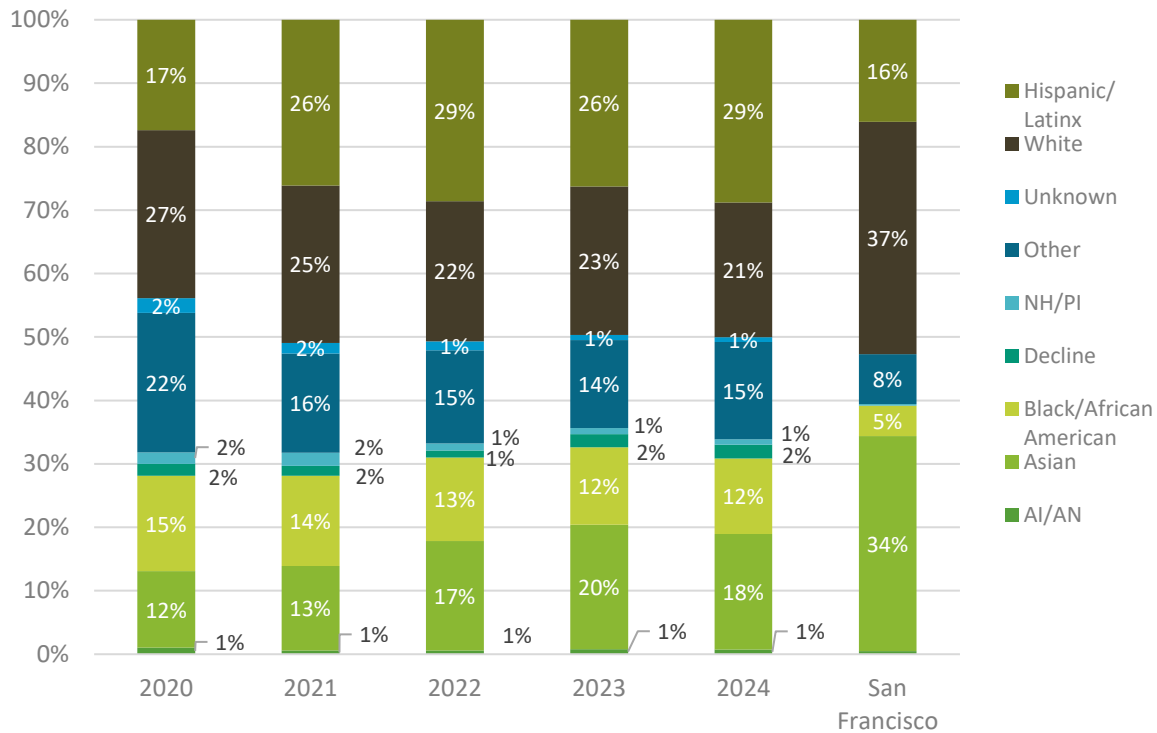
Figure 9: Charity Care Patients by Supervisorial District, 2022 to 2024²⁶



From 2022-2024, all districts saw overall increases in charity care patients. Most San Francisco charity care patients resided in District 10 (SE Neighborhoods, Bayview-Hunters Point), District 9 (Mission, Bernal Heights), District 11 (Excelsior) and Districts 6 (SOMA) and 5 (Tenderloin, Western Addition). District 1 (Northwest SF/Richmond), District 4 (Sunset), and District 8 (Castro, Mission) represent the smallest shares. For a more detailed zip code analysis, refer to **Appendix G**.

²⁶ For this report, the analysis of charity care patients by supervisorial district utilized new district boundaries finalized on April 28, 2022, following the 2020 Census. Data for years prior to 2022 are not comparable and therefore not shown. Zip code data is only reported for non-HSF charity care patients. Kaiser does not report zip code data and is not included in this chart.

Figure 10: Charity Care Patients by Race/Ethnicity²⁷



Demographic data were also reported on race/ethnicity, age, and gender for non-HSF charity care patients. As in previous years, patients were more likely to be Hispanic/Latinx, Black/African American, and older, compared to the overall city population. In 2024, Hispanic/Latinx individuals made up 29 percent of charity care patients but 16 percent of the San Francisco population, and Black/African American patients made up 12 percent of charity care patients but 5 percent of the San Francisco population. Overall, the demographic data indicates that those receiving charity care are also those most likely to be experiencing health inequities. For a more detailed analysis of these demographic data points, refer to **Appendix H**.

²⁷ Race/ethnicity data is only reported for non-HSF charity care patients. Kaiser does not report race/ethnicity data and is not included in this chart.

SECTION IV: HOSPITAL-SPECIFIC CHARITY CARE DATA

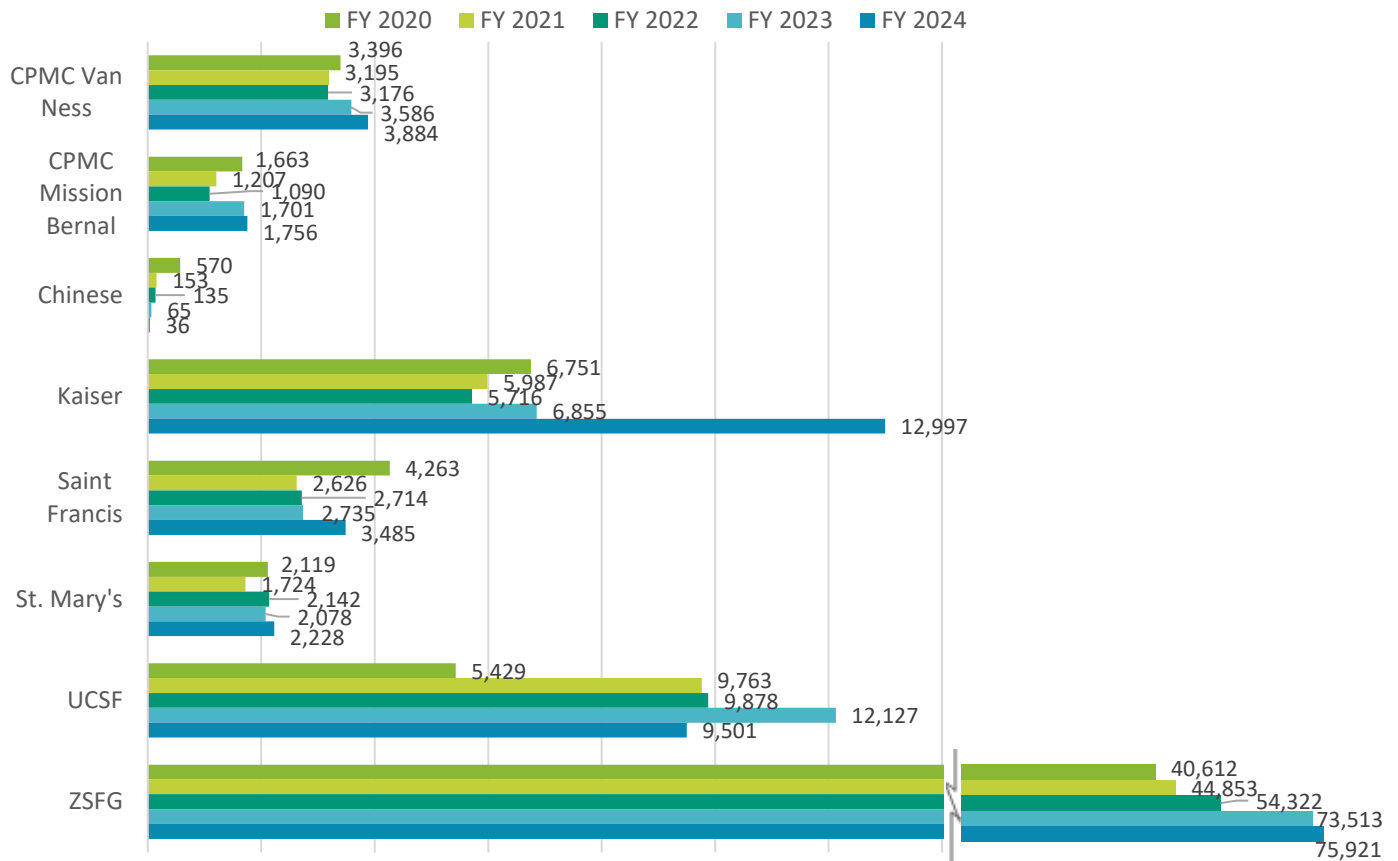
Multiple factors may influence charity care delivery across hospitals, including patients’ personal preferences, ambulance diversion, transportation, hospitals’ service delivery mix, and geographic location, among others. This section provides City-wide trends in charity care patients, expenditures, and Medi-Cal shortfall, and how these trends varied across the reporting hospitals.

Unduplicated Patients

Between 2021 and 2024, the number of total charity care patients increased at most hospitals. Kaiser and ZSFG saw the largest increases in charity care patients, reporting a 117 percent increase (5,987 to 12,997) and a 69 percent increase (44,853 to 75,921) respectively. CPMC Van Ness saw a 22 percent increase (3,195 to 3,884), CPMC Mission Bernal a 46 percent increase (1,207 to 1,756), St. Mary’s a 29 percent increase (1,724 to 2,228), and Saint Francis a 33 percent increase (2,626 to 3,485) during the same reporting period. UCSF and Chinese Hospital saw fewer patients in 2024 compared with 2021.

ZSFG serves nearly all HSF charity care patients (6,209 of the 6,221 total HSF charity care patients in 2024). All other hospitals saw 10 or fewer HSF patients (data not shown). Kaiser did not provide a breakdown of its total number of charity care patients by HSF or non-HSF for 2024.

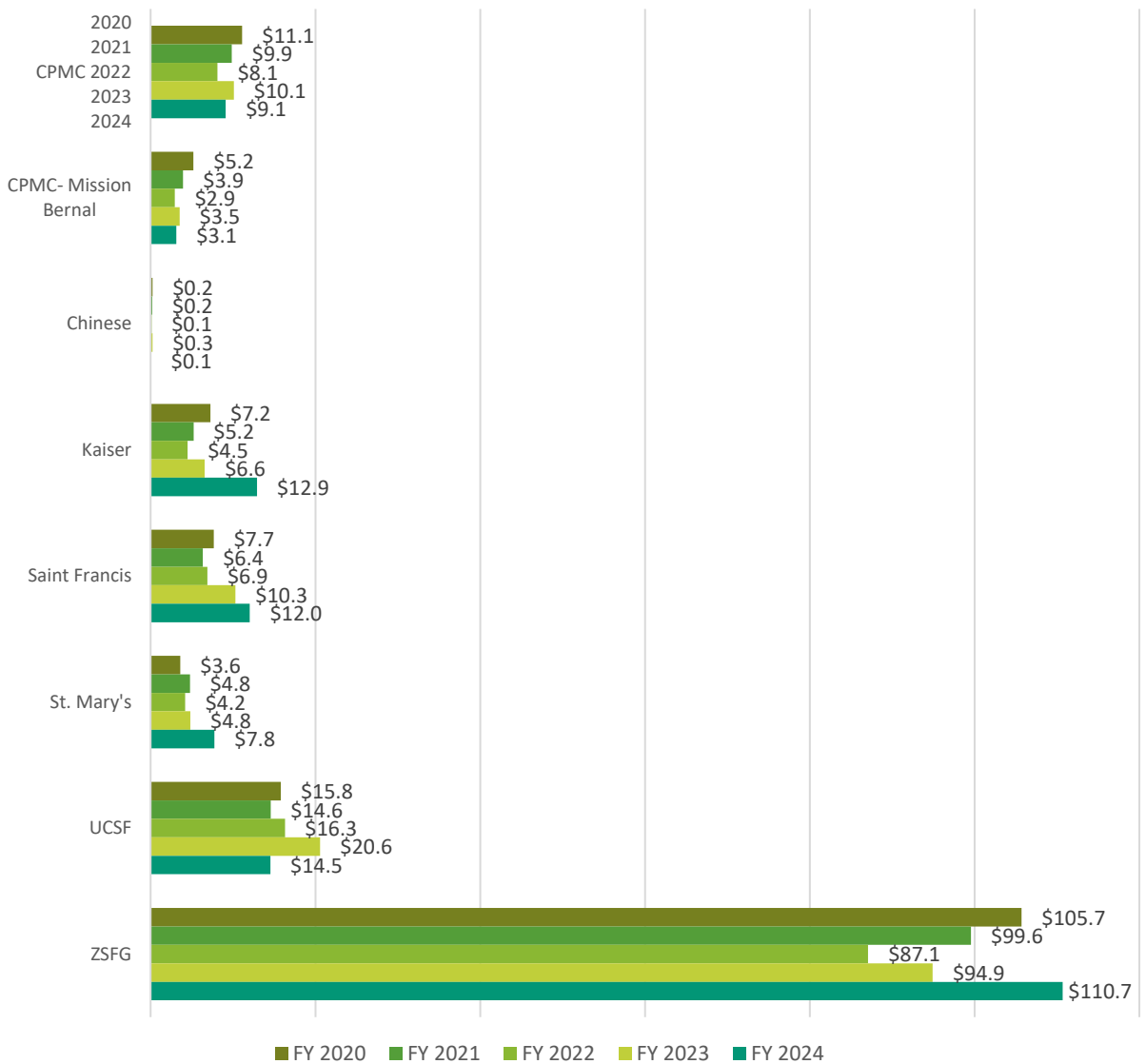
Figure 11: Total Charity Care Patients Across Hospitals, 2020 to 2024



Expenditures

Between 2021 and 2024, overall charity care expenditures rose by 18 percent, from \$144.5 million to \$170.2 million. During this period, Kaiser, Saint Francis, St. Mary’s, and ZSFG reported overall increases in charity care expenses. Kaiser and Saint Francis experienced the largest increase in charity care expenditures between 2021 and 2024; Kaiser’s charity care expenditures increased by 147 percent (from \$5.2 million to \$12.9 million) and Saint Francis’ charity care expenditures increased by 90 percent (from \$6.4 to \$12.0 million). CPMC Van Ness and Mission Bernal and Chinese Hospital reported overall decreases in charity care expenditures, while UCSF reported similar expenditures in 2021 and 2024.

Figure 12: Charity Care Expenditures Across SF Hospitals (in Millions), 2020 to 2024



ZSFG, as the county’s safety net hospital, has historically, and continues to have the greatest charity care expenditures in the City, accounting for 65 percent of expenditures in 2024. UCSF and Kaiser had the second and third greatest shares of charity care expenditures in the City in 2024, respectively.

Figure 13: Percent of Total Charity Care Expenditures by San Francisco Hospitals, 2024

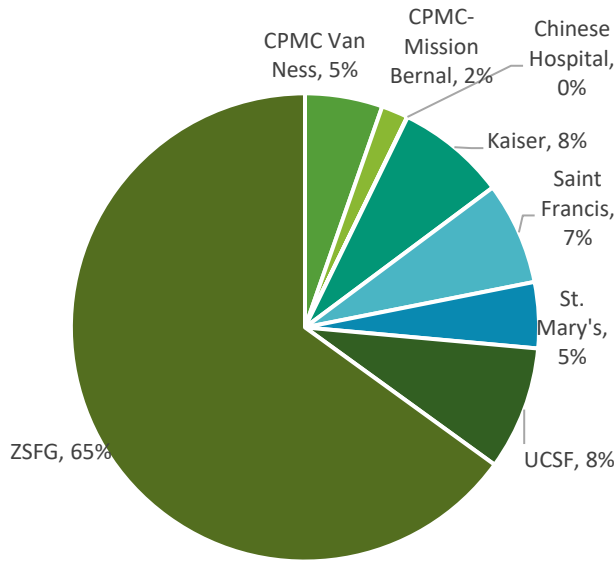
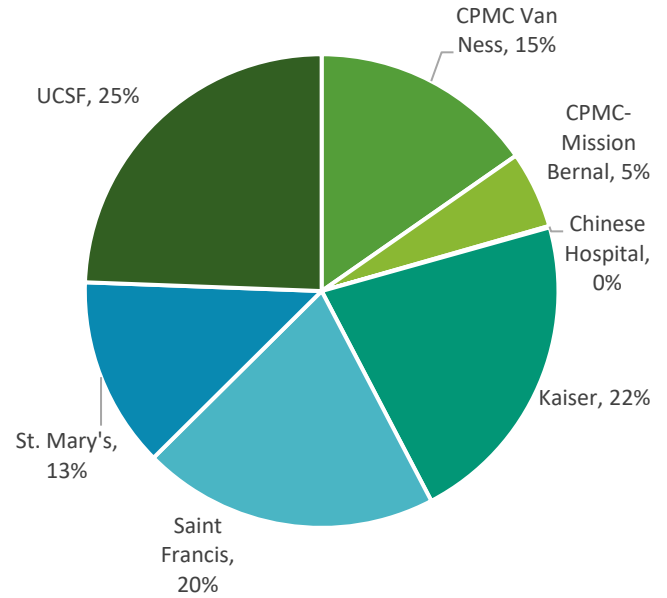


Figure 14: Percent of Total Charity Care Expenditures by San Francisco Hospitals (excluding ZSFG), 2024



In 2024, total HSF charity care expenditures were \$25.1 million while total non-HSF charity care expenditures were \$145.1 million. ZSFG’s HSF expenditures accounted for 95% of total HSF charity care costs in 2024, or \$23.9 million. For the other reporting hospitals, HSF charity care represents a small fraction of overall charity care expenditures. Saint Mary’s reported \$741,063 (10 percent of total expenditures), St. Francis \$449,255 (4 percent of total expenditures), UCSF \$50,567 (<1 percent of total expenditures), and CPMC Van Ness \$234 (<1 percent of total expenditures) in HSF charity care expenditures in 2024. The remaining hospitals reported no HSF expenditures.

For recent trends in Medi-Cal shortfall by hospital, see **Appendix I**.

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 relative charity care contribution. Net patient revenue information is taken from the Department of Health Care Access and Information (HCAI) Annual Financial Reports submitted by each hospital.²⁸ The tables below show each hospital’s ratio of charity care expenditures (as reported to SFDPH), compared to the net patient revenue (as reported to HCAI) for the years 2022, 2023, and 2024. The figures also include the cost-to-charge ratio for each hospital, which is used to adjust hospital charity care expenditures. In 2022, all reporting hospitals except CPMC Van Ness, Chinese Hospital, and UCSF were above the state average ratio of charity care costs to net patient revenue. In 2023, all reporting hospitals except Chinese Hospital and UCSF were above the state average. In 2024, all reporting hospitals except CPMC Van Ness, Chinese

²⁸ HCAI 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.

Hospital, and UCSF were above the state average. The ratio has varied across hospitals and over time; for long-term trends by hospital, see Appendix I.

Figure 15: FY 2022 Charity Care as Compared to Net Patient Revenue ²⁹					
Hospital	Net Patient Revenue	Cost-to-Charge Ratio	Charity Care Costs	Ratio of CC Costs to Net Pt. Revenue	State Avg. CC Costs to Net Pt. Revenue
CPMC Van Ness	\$1,231,451,970	35.19%	\$8,117,961	0.66%	0.84%
CPMC Mission Bernal	\$171,100,046	45.60%	\$2,919,805	1.71%	
Chinese	\$102,536,615	48.34%	\$110,336	0.11%	
Saint Francis	\$179,164,089	26.26%	\$6,882,350	3.84%	
St. Mary's	\$202,329,540	27.96%	\$4,180,537	2.07%	
UCSF	\$5,021,422,103	27.34%	\$16,303,979	0.32%	
ZSFG	\$866,472,719	25.75%	\$87,087,647	10.05%	

Figure 16: FY 2023 Charity Care as Compared to Net Patient Revenue ²⁵					
Hospital	Net Patient Revenue	Cost-to-Charge Ratio	Charity Care Costs	Ratio of CC Costs to Net Pt. Revenue	State Avg. CC Costs to Net Pt. Revenue
CPMC Van Ness	\$1,330,087,271	36.73%	\$10,099,483	0.76%	0.74%
CPMC Mission Bernal	\$192,561,222	39.41%	\$3,512,822	1.82%	
Chinese	\$106,797,865	48.30%	\$251,791	0.24%	
Saint Francis	\$197,074,135	27.24%	\$10,285,248	5.22%	
St. Mary's	\$196,513,731	30.33%	\$4,832,325	2.46%	
UCSF	\$5,448,621,489	28.40%	\$20,565,656	0.38%	
ZSFG	\$907,207,540	29.88%	\$94,905,268	10.46%	

Figure 17: FY 2024 Charity Care as Compared to Net Patient Revenue ²⁵					
Hospital	Net Patient Revenue	Cost-to-Charge Ratio	Charity Care Costs	Ratio of CC Costs to Net Pt. Revenue	State Avg. CC Costs to Net Pt. Revenue
CPMC Van Ness	\$1,419,702,742	34.74%	\$9,115,316	0.64%	0.75%
CPMC Mission Bernal	\$192,315,623	43.79%	\$3,127,471	1.63%	
Chinese	\$109,589,658	54.28%	\$59,634	0.05%	
Saint Francis	\$338,383,742	25.00%	\$12,046,178	3.56%	
St. Mary's	\$213,998,175	29.00%	\$7,755,175	3.62%	
UCSF	\$6,169,074,406	25.92%	\$14,532,264	0.24%	
ZSFG	\$963,983,886	32.14%	\$110,696,398	11.48%	

²⁹ Highlighted cells are those hospitals at or above the state average ratio of charity care costs to net patient revenue. Note that Kaiser is excluded, as the hospital is not required to report this information to HCAI.

SECTION V: CHARITY CARE MOVING FORWARD

The 2025-2026 reporting period will mark 25 years of data collection and reporting under San Francisco's Charity Care Ordinance and will encompass significant policy changes underway at the federal and state level. The changes outlined below are expected to increase the number of patients needing and qualifying for charity care in San Francisco in the coming years.

Federal policy changes are projected to increase the uninsured by an additional 14.2 million nationwide and 1.7 million in California by 2034,^{30,31} with an estimated \$9.4 billion increase in uncompensated care for California hospitals as a result.³²

Signed into law on July 4, 2025, [HR 1](#) makes major changes to Medicaid. Beginning in 2027, states must condition Medicaid eligibility for most individuals aged 19-64 on working or participating in other qualifying activities for at least 80 hours per month. States must also conduct eligibility redeterminations at least every 6 months (instead of annually) for Medicaid expansion adults. Experiences in states that have enacted Medicaid work requirements have shown that they lead to barriers to enrollment and disenrollments due to issues related to providing documentation proving work status.³³ More frequent eligibility redeterminations make disenrollments due to paperwork challenges or verification issues even likelier.

Additionally, the enhanced ACA premium tax credits initially passed as part of the 2021 American Rescue Plan Act expired at the end of 2025. These enhanced tax credits reduced the maximum amount eligible ACA enrollees had to contribute towards premiums, and extended eligibility to people with incomes over 400 percent of FPL, leading to a surge in ACA enrollment nationally and in California.³⁴ Covered California estimates that 1.7 million Covered California enrollees will see an average net premium increase of 66 percent without the enhanced subsidies, pricing many enrollees out of the Marketplace altogether.³⁵

Medi-Cal coverage expansions will be reversed, leading to an expected increase in uninsured undocumented individuals.

Due to a significant budget shortfall,³⁶ the [FY 2025-2026 California budget](#) freezes new enrollment for full scope Medi-Cal coverage for individuals aged 19 and over with unsatisfactory immigration status (UIS; a group that is largely made up of undocumented immigrants but also includes some lawfully present immigrants), effective January 1, 2026. It also introduces \$30 monthly premiums for UIS individuals ages 19-59 enrolled in Medi-Cal beginning in 2027. The California Department of Health Care Services projects

³⁰ Congressional Budget Office https://www.cbo.gov/system/files/2025-06/Wyden-Pallone-Neal_Letter_6-4-25.pdf (June 2025) and <https://www.cbo.gov/publication/61367#data> (August 2025)

³¹ Kaiser Family Foundation, August 2025, How Will the 2025 Reconciliation Law Affect the Uninsured Rate in Each State? <https://www.kff.org/uninsured/how-will-the-2025-reconciliation-law-affect-the-uninsured-rate-in-each-state/>

³² Urban Institute, June 2025, State-Level Estimates of Health Care Spending and Uncompensated Care Changes under the Reconciliation Bill and Expiration of Enhanced Subsidies, [rwjf483191.cleaned.pdf](https://www.urban.org/research/publication/rwjf483191.cleaned.pdf)

³³ KFF, 5 Key Facts About Medicaid Work Requirements, February 18, 2025, <https://www.kff.org/medicaid/5-key-facts-about-medicaid-work-requirements/>

³⁴ Covered California, Impacts of the Enhanced Premium Tax Credits in California, <https://www.coveredca.com/pdfs/congressional-fact-sheet922025.pdf>

³⁵ Covered California News Release, August 2025, [08-14-25-COVEREDCA-PY26-Rates Final.pdf](https://www.coveredca.com/newsroom/08-14-25-COVEREDCA-PY26-Rates-Final.pdf)

³⁶ The 2025-26 Budget: Medi-Cal in the May Revision, <https://lao.ca.gov/handouts/health/2025/Medi-Cal-in-the-May-Revision-051925.pdf>

that the enrollment freeze will lead to 200,000 fewer people enrolled in coverage each year beginning in FY 2026-2027.

Immigration enforcement may lead to delayed or forgone health care, with uncertain effects on charity care.

The significant changes to federal and state health insurance programs will take place against a backdrop of aggressive immigration enforcement. Some research has shown a negative association between immigration enforcement and immigrants' health care utilization;³⁷ fears about deportations may also lead to individuals delaying care until their health problems are more serious and require more complex and costly care. However, a study of Healthy San Francisco patients did not show decreased utilization around the time of local immigration enforcement actions under the prior Trump administration, indicating that San Francisco's inclusive health policies may mitigate this impact.³⁸

A new state law (AB 2297) took effect in 2025, expanding charity care eligibility.

California continues to take steps to ensure patients are aware of and eligible for hospital financial assistance. Beginning January 1, 2025, [AB 2297](#) makes several updates to the Hospital Fair Pricing Program which are expected to lead to increased numbers of charity care patients:

- Prohibits hospitals from imposing time limits for applying for financial assistance;
- Clarifies that all cost-sharing amounts, including Medi-Cal share of cost, may be waived as part of hospital financial assistance;
- Prohibits the consideration of patient monetary assets in determining eligibility for financial assistance.

³⁷ Vernice NA, Pereira NM, Wang A, Demetres M, Adams LV. The adverse health effects of punitive immigrant policies in the United States: A systematic review. *PLoS One*. 2020 Dec 16;15(12):e0244054. doi: 10.1371/journal.pone.0244054.

³⁸ Yasenov VI, Hainmueller J, Hotard M, Lawrence D, Gottlieb LM, Torres JM. Association Between Health Care Utilization and Immigration Enforcement Events in San Francisco. *JAMA Netw Open*. 2020;3(11):e2025065.

SECTION VI: APPENDICIES

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.”³⁹ 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.⁴⁰

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.*⁴¹

Given the considerable growth in both the number of uninsured and the costs of medical care at the time, state and local governments took a keen interest in the charitable medical services and community benefit work done by non-profit hospitals before the federal government explored these issues in relation to national health reform. This was especially true in the City and County of San Francisco (CCSF), when it passed the Charity Care Ordinance in 2001. At that time, San Francisco was on the cutting edge of these efforts by creating a local mechanism for increasing hospitals’ transparency and accountability with respect to the provision of charity care. More than two decades later, and combined with state and federal 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.

³⁹ 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>

⁴⁰ *Ibid*, p. 3.

⁴¹ Health and Safety Code Sections 127340-127365

https://leginfo.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=107.&title=&part=2.&chapter=2.&article=2

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

Key Requirements for Non-Profit Hospitals	Required? (Effective Dates)		
	SF	CA	US
1. Community Benefits			
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			
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)
Minimum standards for financial assistance eligibility	No	Yes (1/1/07)	No
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)

The most significant changes to federal charity care and community benefit requirements came 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. There are several similarities between the San Francisco Charity Care Ordinance and federal requirements since the passage of the Affordable Care Act, which made notable adjustments to federal charity care reporting requirements for hospitals seeking non-profit status related to the maintenance of financial assistance policies, billing, charges and patient collection limitations. The main goals of the

changes to non-profit reporting were to increase accountability by non-profit institutions, relieve the effects of poverty, and improve access to care for needy patients.

At the state level, there have been significant developments related to charity care requirements since the passage of the San Francisco Charity Care Ordinance in 2001. [AB 774](#) (“Hospital Fair Pricing Policies”) went into effect January 1, 2007, requiring hospitals to maintain a financial assistance policy and provide patients with notice about the policy. Among other requirements, it set minimum standards for financial assistance eligibility, requiring assistance for uninsured or “high medical cost” (exceeding 10% of family income in the prior 12 months) patients under 350% of the Federal Poverty Level (FPL). It also required that patients receive written notice about, and that hospitals clearly and conspicuously post information about, financial assistance policies.

Effective January 1, 2015, [SB 1276](#) was enacted in response to the notion that though many individuals would become newly eligible for coverage on the State’s Covered California health insurance marketplace, some of the plans offered might also introduce high out-of-pocket costs for consumers. To address this concern, SB 1276 revised 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. Thus, insured patients under 350% of FPL with high medical costs were required to be eligible for free or discounted care. At the time, 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.

Effective January 1, 2022, [AB 1020](#) expands financial assistance eligibility and patient notice requirements. AB 1020 adjusted the eligibility threshold for free or discounted care from 350% of FPL to 400% of FPL and redefines “high medical cost” patients to include those with annual out-of-pocket costs at the hospital that exceed the lesser of 10% of the patient’s current family income or family income in the prior 12 months. AB 2010 also requires that a hospital prominently display a notice of its financial assistance policy on the hospital’s website with a link to the policy itself. The legislation requires that the hospital must send a patient a notice with specified information, including an application for the hospital's charity care and financial assistance, before assigning a bill to collections, among other debt collection requirements.

Also effective January 1, 2022, [AB 532](#) defines specific information that must be included in written patient notice about financial assistance, including the website for the Health Consumer Alliance, and information regarding Covered California and Medi-Cal presumptive eligibility. It requires that notice of the availability of financial assistance be provided at the time of service if possible, or at the time of discharge. Finally, AB 532 requires hospitals to automatically provide an uninsured person with an application form for financial assistance or charity care, without need for a specific request.

Effective January 1, 2025, [AB 2297](#) makes several updates to the Hospital Fair Pricing Program, including prohibiting hospitals from imposing time limits for applying for financial assistance; clarifying that all cost-sharing amounts, including Medi-Cal share of cost, may be waived as part of hospital financial assistance; and prohibiting the consideration of patient monetary assets in determining eligibility for financial assistance.

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 non-HSF charity care, HSF is not insurance. HSF offers services to uninsured individuals who have less ability to pay. But, unlike hospital-based charity care, HSF 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).

Some San Francisco hospitals included in this report provide services through HSF, with most HSF enrollees receiving their medical home care at a DPH clinic (55 percent) or San Francisco Community Clinic Consortium (36 percent) with ZSFG as the affiliated hospital. The remaining 8 percent of HSF patients are connected with other medical homes.⁴² The table below notes these medical home and hospital affiliations. Some hospitals are directly affiliated with HSF medical homes, while 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 non-HSF 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 19: 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
Sister Mary Philippa	St. Mary’s

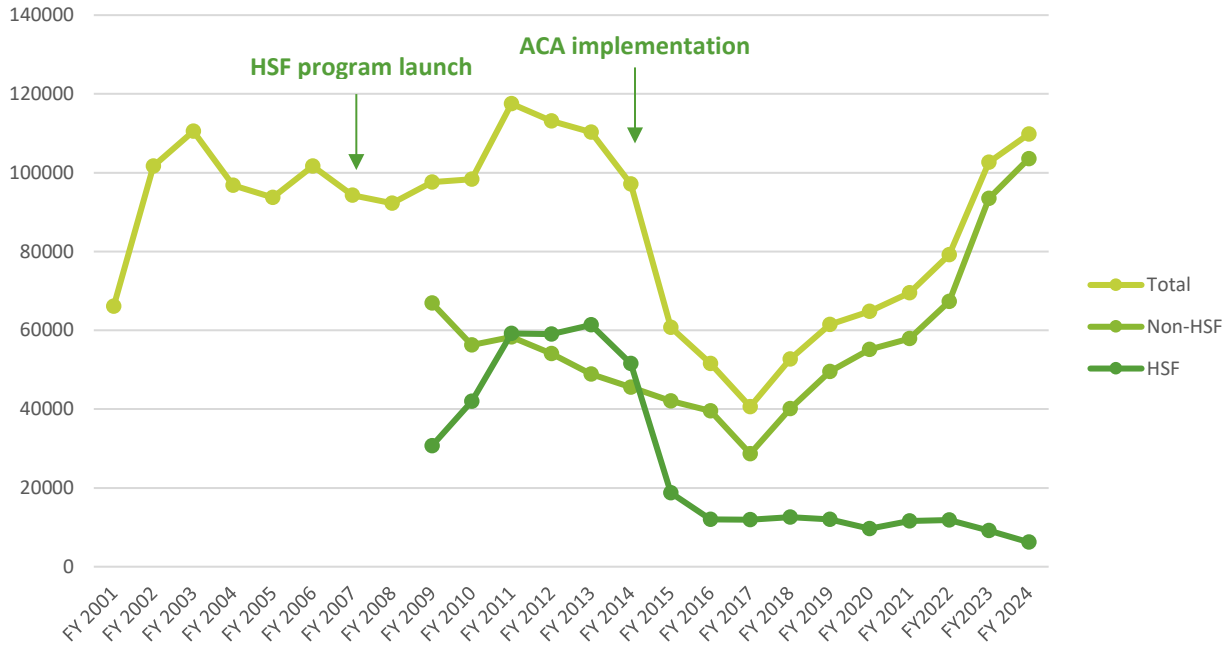
HSF is available to uninsured individuals who live in households with incomes up to 500 percent of the federal poverty level (FPL), irrespective of the person’s employment, immigration status, or pre-existing medical condition(s). HSF began enrolling uninsured, eligible individuals in 2007. At the start of ACA open enrollment in October 2013, there were approximately 52,000 HSF enrollees, and this number had declined by approximately 65 percent to 18,225 in 2023.⁴³ This decrease is due, in large part, to the transition of eligible HSF enrollees to the ACA-initiated Medi-Cal expansion and Covered California health insurance coverage, and the recent expansion of Medi-Cal coverage for undocumented individuals beginning in 2022. The impact of the upcoming federal and state changes to Medicaid and the continued barriers faced by some populations to access health insurance indicate there is a clear and continued need for the HSF program in San Francisco.

⁴² Healthy San Francisco Annual Report, FY2022-2023, https://healthysanfrancisco.org/files/FY22-23_HSF_Annual_Report_edited.pdf

⁴³ *ibid*

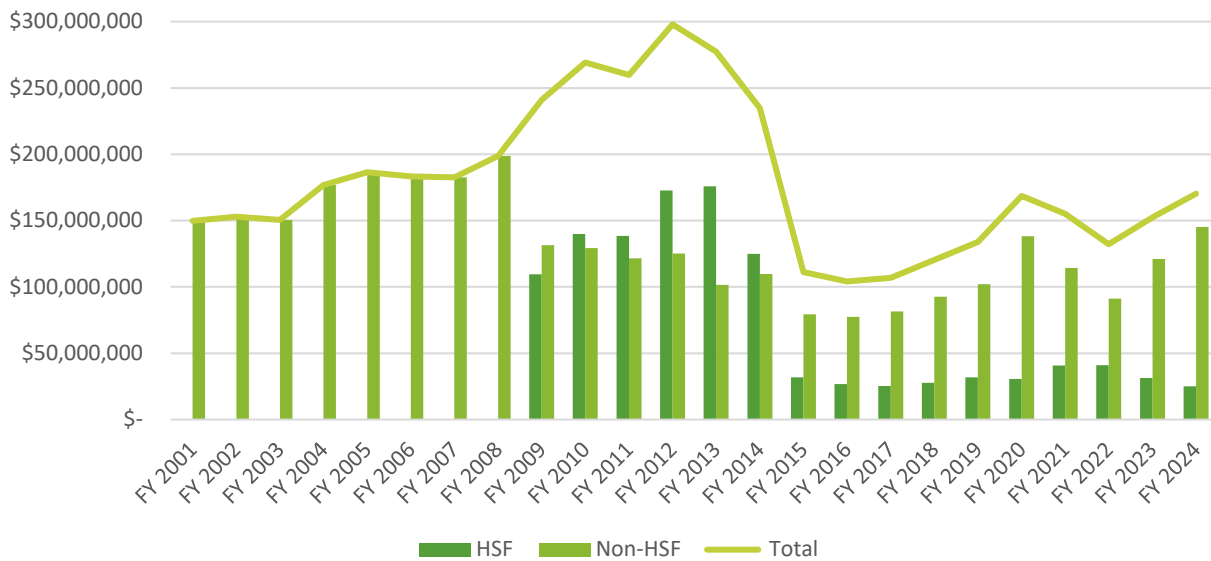
The charts below present San Francisco charity care data across the entire span of charity care reporting, reflecting many of the above policy changes.

Figure 20. Unduplicated Total, HSF, and Non-HSF Charity Care Patients, 2001-2024*



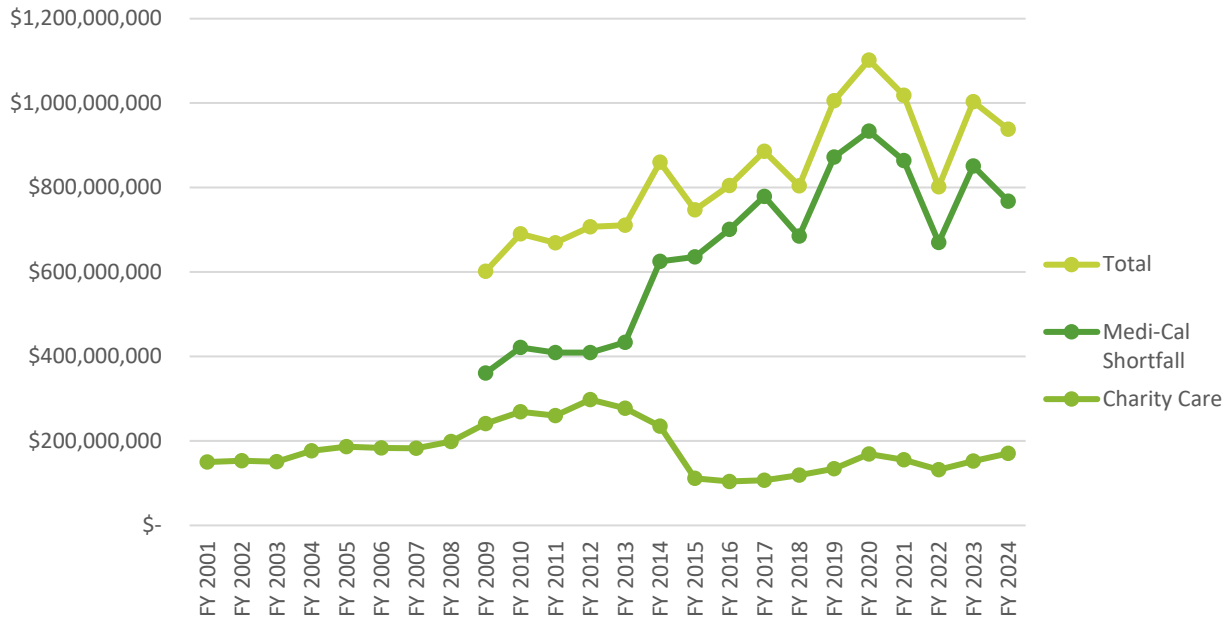
*HSF data was first collected and reported as part of the Charity Care Report in FY 2009. Kaiser began charity care reporting in 2002 and UCSF began reporting in 2003.

Figure 21. Total, HSF, and Non-HSF Charity Care Expenditures Adjusted for Inflation, 2001-2024*



*HSF data was first collected and reported as part of the Charity Care Report in FY 2009. Kaiser began charity care reporting in 2002 and UCSF began reporting in 2003.

Figure 22. Total Charity Care Expenditures and Medi-Cal Shortfall Adjusted for Inflation, 2001-2024*



*Medi-Cal Shortfall was first reported by hospitals as part of the Charity Care Report in FY 2009. Kaiser began charity care reporting in 2002 and UCSF began reporting in 2003.

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.”⁴⁴

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, Chinese Hospital and Kaiser follow a calendar year (i.e., January 1 through December 31), while the remaining hospitals use a fiscal year starting on July 1 of each year and ending on June 30 of the next. Therefore, the analysis in this annual report covers both, depending on the hospital– spanning July 2021 to December 2024. 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.

Hospital Charity Care Policies

State policy requires non-profit hospitals to provide free or discounted care to uninsured patients with family incomes below 400% FPL or insured patients with high medical costs and family income below 400% FPL. For 2024, 400% of FPL was equal to \$5,020 per month for a single person, and \$10,400 per month for a household of four.⁴⁵ In 2024, all non-profit San Francisco hospitals' policies complied with California state requirements, with all reporting hospitals providing charity care to patients at or below 400% of FPL, except ZSFG, which provided charity care to patients at or below 500% of FPL and discounts to patients regardless of income. The figures below illustrate San Francisco's non-profit hospitals policies related to charity care.⁴⁶

⁴⁴ CCSF Health Code, Article 3 (Hospitals), Section 129. Charity Care Policy Reporting & Notice Requirement.

⁴⁵ APSE, 2024 Percentage Poverty Tool, Poverty Guidelines

⁴⁶ Note that hospitals have different names for Charity Care, such as “discount policy,” “financial assistance policy,” “sliding scale policy,” or “bridge assistance policy.”

Figure 23: Charity Care Policies for Uninsured Patients Across SF Hospitals, 2024

	0-100%	100-150%	150-200%	200-250%	250-300%	300-350%	350-400%	400-450%	450-500%
CPMC	Free								
Chinese Hospital	Free			Discounted					
Saint Francis/St. Mary's	Free				Discounted				
Kaiser-SF*	Free			Discounted					
UCSF*	Free								
ZSFG**	Free or discounted								

*Patients with high medical costs at these hospitals are eligible for charity care regardless of FPL.

**Any ZSFG patient under 500% FPL with assets less than \$10,500 qualifies for Charity Care, while ZSFG patients at any FPL may qualify for the Discount Payment program.

Hospitals report to DPH all charity care provided, 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 programs. While patients typically must go through an application process and provide proof of income, some hospitals, for example, ZSFG and UCSF, report utilizing 3rd party vendors to estimate patient income and apply presumptive charity care without an application. Another significant difference 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: CPMC, Kaiser, and ZSFG. The remaining hospitals have a shorter time span: Dignity (St. Francis and St. Mary’s) and UCSF (6 months) and Chinese Hospital (90 days). When the eligibility period expires, the patient may re-apply.

Charity Care Posting and Notification Requirements

San Francisco’s Charity Care Ordinance, California’s Fair Billing Program laws and regulations, 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. DPH staff visited all reporting hospitals in December 2024 and all hospitals met both verbal notification and physical signage 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 one ancillary campus:

- 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, among others, cardiovascular care, breast health, orthopedics, general surgery, and emergency care. The specialized Acute Care for the Elderly (ACE) Unit is dedicated to the care of older patients.
- 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. It also houses CPMC’s Center for Women’s Health Care integrating the Breast Health Center, Women’s Health Resource Center, and Pelvic Health Program.

CPMC’s three acute care campus locations have a total of 603 licensed beds (483 at Van Ness and Davies, 120 at Mission Bernal). 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 four San Francisco Health Plan members.

FY 2022 CPMC Patient Population and Services

- Total unduplicated patients served (combined CMPC): 206,948
 - Van Ness/Davies Campus: 182,134
 - Mission Bernal Campus: 36,147
- Hospital Services (Van Ness/Davies Campus)
 - Adjusted Patient Days: 184,427
 - Outpatient visits: 303,145

- Emergency services visits: 39,429
- Hospital Services (Mission Bernal Campus)
- Adjusted Patient Days: 39,030
- Outpatient visits: 35,261
- Emergency services visits: 19,546

FY 2023 CPMC Patient Population and Services

- Total unduplicated patients served (combined CMPC): 209,335
- Van Ness/Davies Campus: 184,107
- Mission Bernal Campus: 36,177
- Hospital Services (Van Ness/Davies Campus)
- Adjusted Patient Days: 196,292
- Outpatient visits: 294,373
- Emergency services visits: 42,959
- Hospital Services (Mission Bernal Campus) -
- Adjusted Patient Days: 40,448
- Outpatient visits: 33,706
- Emergency services visits: 20,200

FY 2024 CPMC Patient Population and Services

- Total unduplicated patients served (combined CMPC): 219,768
- Van Ness/Davies Campus: 194,228
- Mission Bernal Campus: 37,287
- Hospital Services (Van Ness/Davies Campus) -
- Adjusted Patient Days: 206,606
- Outpatient visits: 319,855
- Emergency services visits: 44,575
- Hospital Services (Mission Bernal Campus) -
- Adjusted Patient Days: 40,623
- Outpatient visits: 34,686
- Emergency services visits: 20,797



Chinese Hospital, a community-owned, not-for-profit organization located in Chinatown was established in 1923 and exists primarily to deliver quality health care to San Francisco's Chinese community. This stand-alone acute care facility is responsive to the community's ethnic and cultural uniqueness, providing access to health care and acceptability to all socioeconomic levels. The Hospital's governing body which is broadly represented by the community, strives to assume a leadership role in all health matters.

Chinese Hospital consist of 88 general acute care beds offering a range of medical, surgical and specialty programs including a primary stroke center certified by The Joint Commission. Additionally, Chinese Hospital operates three community clinics located in the Sunset and Excelsior neighborhoods of San Francisco and in Daly City.

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

COMMUNITY PROFILE

The Chinese Hospital Health System is consisting of Chinese Hospital and Clinics, Chinese Community Health Plan (CCHP). 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 has a majority of low-income, monolingual or linguistically isolated senior population. Of the inpatient population at Chinese Hospital, 88% are of Chinese ancestry, 87% are over the age of 60, and 91% are Medicare/Medi-Cal beneficiaries

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. 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).

FY 2019 – FY 2024 CHASF Patient Population & Service

	2021	2022	2023	2024
Patient days	9,471	12,524	12,796	11,998
Outpatient visits	61,079	86,904	110,142	108,219
Emergency services visits	5,094	6,261	6,902	7,682

UCSF Health Saint Francis Hospital (SFH) has been meeting the health needs of San Francisco for over 100 years. Founded in 1905 by a group of 5 physicians, SFH 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.” On August 1, 2024, Saint Francis Hospital was bought by UCSF Health to join its Community Division, increasing access to care for patients across the Bay Area.

Today, SFH remains a thriving center of healing and innovation in medicine as well as a spiritual anchor to its community. SFH 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 a Community Hospital of UCSF Health. SFH 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 SFH due to the proximity to the major tourist attractions and hotels.

SFH is home to the Burn Center is the only verified burn center in San Francisco and one of only three centers in Northern California. SFH 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.

SFH has served many Healthy San Francisco patients since the program’s inception through its Emergency Department and its relationship with community-based clinics in the Tenderloin. The hospital continues to collaborate with public/private partners to improve health outcomes in the Tenderloin by supporting service providers to stand up services for patients of the hospitals.

CY 2023 SFMH Patient Population and Services

- Total number unduplicated patients served: 29,086
- Hospital Services:
 - Adjusted patient days: 27,714
 - Total Outpatient visits: 53,754
- Race & Ethnicity of In-Patient Population:
 - American Indian or Alaska Native – 0.3%
 - Asian – 14.1%
 - Black or African American – 18.0%
 - Multiracial – 13.7%
 - Native Hawaiian or Other Pacific Islander – 0.7%
 - Other/Unknown – 9.3%
 - White – 44.0%

UCSF Health St. Mary's Hospital (SMH) has cared for the people of the San Francisco Bay Area since its founding in 1857 by the Sisters of Mercy. On August 1, 2024, Saint Francis Hospital was bought by UCSF Health to join its' Community Division, increasing access to care for patients across the Bay Area. 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 Hospital'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 Hospital is committed to partnering with others in the community to improve the quality of life in San Francisco. SMH also sponsors and operates the Sr. Mary Philippa Health Center serving over 1,000 patients annually for internal medicine, specialty, and subspecialty care

A fully accredited teaching hospital in the heart of San Francisco, it has 240 licensed beds. For 167 years, St. Mary's has built a reputation for quality, personalized care, patient satisfaction, and exceptional clinical outcomes. In 2023 Healthgrades recognized St. Mary's as a top 250 hospital in the United States. St. Mary's service lines include orthopedics, cardiovascular, oncology, adolescent psychiatry, and acute rehabilitation, a full range of diagnostic services and a 24-hour Emergency Department.

CY 2023 SMMC Patient Population and Services

- Total number unduplicated patients served: 25,871
- Hospital Services:
 - Adjusted patient days: 25,513
 - Total Outpatient visits: 49,332
 - Total Discharges: 4,128
- Race & Ethnicity of In-Patient Patient Population:
 - American Indian or Alaska Native – 0.1%
 - Asian – 25.6%
 - Black or African American – 10.4%
 - Multiracial – 15.3%
 - Native Hawaiian or Other Pacific Islander – 0.4%
 - Other/Unknown – 0.2%
 - White – 48.0%



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 12.5 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. In 2022, Kaiser Permanente opened Care Essentials in downtown San Francisco. The clinic offers care for minor illnesses and injuries, as well as lab services, vaccinations, prescriptions, and more.

The Medical Center has over 600 physicians and more than 4200 nurses and staff who provide culturally competent care to over 230,000 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 \$35 million in Community Benefit support in 2023, including over \$16.5 million in free or subsidized medical care services for vulnerable populations, including Medi-Cal shortfall and charitable health programs, charity care medical financial assistance, and medical service grants. Through a partnership with Operation Access, Kaiser Permanente San Francisco physician volunteers provided 117 surgical procedures and diagnostic services for low-income uninsured patients in 2023.

	2021	2022	2023	2024
Adjusted patient days	83,731	93,450	96,305	98,624
Hospital outpatient service visits	66,555	71,867	74,677	73,759
Emergency service visits	36,338	42,631	43,592	39,125



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

	2021	2022	2023	2024
Adjusted Patient days	164,049	174,418	189,246	188,228
Outpatient Days	609,655	770,674	1,220,563	1,313,689
ED Visits	41,710	49,013	45,008	47,240



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 Health is part of UCSF and is a non-profit organization affiliated with the UC system. Consequently, it is not subject to San Francisco's Charity Care Ordinance, but reports voluntarily.

UCSF Health is an internationally recognized health system that includes UCSF Benioff Children's Hospitals (San Francisco and Oakland), Langley Porter Psychiatric Hospital and Clinics, UCSF Benioff Children's Physicians and the UCSF Faculty Practice. UCSF Health also has an expanding network of affiliated health care organizations throughout Northern California. As of 2023, UCSF Health included approximately 18,000 staff and physicians, maintained 1,199 beds, admitted 44,000 patients and has over 2.7 million outpatient visits yearly, and has annual revenue of more than \$6 billion.

UCSF Health is a world leader in health care, with the medical center and its children's hospitals consistently ranking among the nation's best by *US News & World Report*. UCSF Medical Center is a Disproportionate Share Hospital. UCSF Health operates as a tertiary and quaternary care referral center with four major campuses (Parnassus Heights, Mount Zion, Mission Bay and Oakland).

- UCSF Helen Diller Medical Center at Parnassus Heights includes a 600-bed hospital and inpatient and outpatient services, an Ambulatory Care Center, and the Langley Porter Psychiatric Hospital and Clinics.
- UCSF Medical Center at Mount Zion is home to outpatient clinics, a hospital and surgical facilities, and support services for patients and families as well as the UCSF [Osher Center for Integrative Medicine](#), [Helen Diller Family Comprehensive Cancer Center](#) and [Women's Health Center](#).
- UCSF Medical Center at Mission Bay comprises three state-of-the-art hospitals and numerous outpatient services for adults and children.
 - 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.
 - UCSF Betty Irene Moore Women's Hospital serves women's health needs from adolescence to menopause and beyond, and features a 36-bed birth center.

UCSF Health'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 Health has a nationally designated Comprehensive Cancer Center. As a regional academic health system, UCSF Health attracts patients from throughout California, Nevada, and the Pacific Northwest, as well as from all San Francisco neighborhoods, the nation and abroad.

UCSF has an Affiliation Agreement with the City and County of San Francisco to provide physicians at ZSFG, to meet the needs of the City's most vulnerable populations. The health system also is committed to equitable access to care and proactively works with the community, for example during COVID-19, and provides linguistically and culturally appropriate care through affiliations with health organizations like Chinese Hospital.

The health system has established clinics around San Francisco and provides staff for other existing clinics, and works with UCSF health sciences schools 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: UCSF Dental Center provides general dentistry and a full range specialty oral health care at UCSF's Parnassus Heights and Mission Bay campuses. Its network of adult and pediatric clinics see more than 130,000 patient visits annually.

UCSF Patient Population and Services

	2020	2021	2022	2023
Adjusted patient days	371,377	396,919	425,054	455,617
Outpatient visits	1,979,051	1,910,778	1,856,421	2,066,874
Emergency room visits	54,130	43,123	53,104	56,898

Appendix D: Charity Care Hospital Data, 2022⁴⁷

	CPMC - Van Ness	CPMC - Mission/Bernal	Chinese	KFH-SF	Saint Francis	St. Mary's	UCSF	ZSFG	Total
Data Categories	2022	2022	2022	2022	2021-22	2021-22	2021-22	2021-22	
Cost of Charity Care Provided									
Non-HSF Charity Care Costs	\$8,117,692	\$2,912,946	\$110,336	\$4,494,934	\$6,702,942	\$3,445,069	\$16,249,658.48	\$47,798,115.92	\$89,831,693
HSF Charity Care Costs	\$269	\$6,859	\$0	\$0	\$179,408	\$735,468	\$54,320.12	\$39,289,531.09	\$40,265,855
Total	\$8,117,961	\$2,919,805	\$110,336	\$4,494,934	\$6,882,350	\$4,180,537	\$16,303,978.60	\$87,087,647.02	\$130,097,549
Applications for Charity Care									
Total # of Apps Accepted	3,174	1,087	135	5,321	103	55	2,744	42,486	55,105
Total # of Applications Denied	283	88	0	1,692	23	36	1,854	779	4,755
Total	3,457	1,175	135	7,815	138	91	890	43,265	56,966
Unduplicated/Individual CC Recipients									
Total Unduplicated CC Patients (HSF)	2	3	0	773	7	7	27	11,057	11,876
Total Unduplicated Patients (Non-HSF)	3,174	1,087	135	4,943	2,707	2,135	9,851	43,265	67,297
Total	3,176	1,090	135	5,716	2,714	2,142	9,878	54,322	79,173
Services Provided for CC patients									
Emergency (HSF)	2	2	0	305	0	0	7	1,200	1,516
Emergency (Non-HSF)	1,001	785	26	1,951	2,022	1,186	1176	15,242	23,389
Inpatient (HSF)	1	0	1	46	0	0	6	140	194
Inpatient (Non-HSF)	339	77	0	1,105	210	210	1,658	4,900	8,499
Outpatient (HSF)	2	1	0	763	0	7	17	10,892	11,682
Outpatient (Non-HSF)	1,946	284	108	4,366	535	838	8,045	27,879	44,001
Costs & Charges									
Gross Patient Revenue	\$3,492,657,650	\$601,412,162	\$263,838,489		\$863,158,321	\$887,093,426	\$18,795,088,760	3,644,051,743	\$9,752,211,791
Total Other Operating Revenue	\$68,965,499	\$5,843,943	\$16,042,282		\$7,287,435	\$20,345,864	\$37,588,962	93,396,353	\$211,881,376
Total Operating Expenses	\$1,298,097,167	\$280,060,865	\$143,578,773		\$233,999,656	\$268,425,487	\$5,176,402,438	1,031,883,421	\$3,256,045,369
Cost-to-Charge Ratio ⁴⁸	35.19%	45.60%	48.3%		26.3%	28.0%	27.34%	25.75%	
Medi-Cal Shortfall	\$85,145,066	\$29,664,796	\$490,587	\$14,495,110	\$37,931,033	\$20,263,119	\$ 248,438,884	\$223,224,861	\$659,653,456

⁴⁷ As in previous years, Kaiser data are excluded from Gross Patient Revenue, Total Other Operating Revenue, Total Operating Expenses, and Cost-to-Charge Ratio because the hospital is not required to report this information to HCAI.

⁴⁸ The Cost-to-Charge Ratio is ((Total Operating Expenses – Other Operating Revenue) / Gross Patient Revenue) x 100

Appendix E: Charity Care Hospital Data, 2023⁴⁹

	CPMC - Van Ness	CPMC - Mission/Bernal	Chinese	KFH-SF	Saint Francis	St. Mary's	UCSF	ZSFG	Total
Data Categories	2023	2023	2023	2023	2022-23	2022-23	2022-23	2022-23	
Cost of Charity Care Provided									
Non-HSF Charity Care Costs	\$10,091,989	\$3,480,805	\$251,791.32	\$6,578,152	\$10,123,228	\$4,295,460	\$20,554,974.76	\$64,570,238.66	\$119,946,639
HSF Charity Care Costs	\$7,494	\$32,016	\$0	\$0	\$162,020	\$536,865	\$10,681.69	\$30,335,029.61	\$31,073,425
Total	\$10,099,483	\$3,512,822	\$251,791.32	\$6,578,152	\$10,285,248	\$4,832,325	\$20,565,656.45	\$94,905,268.27	\$151,030,746
Applications for Charity Care									
Total # of Apps Accepted	3,582	1,699	65	7,197	47	42	1,933	10,889	23,521
Total # of Applications Denied	204	66	0	1,238	50	36	1,496	5,647	7,241
Total	3,786	1,765	65	9,721	97	78	3,429	16,536	15,512
Unduplicated/Individual CC Recipients									
Total Unduplicated CC Patients (HSF)	4	2	0	714	7	3	4	8,461	9,195
Total Unduplicated Patients (Non-HSF)	3,582	1,699	65	6,141	2,728	2,075	12,123	65,052	93,465
Total	3,586	1,701	65	6,855	2,735	2,078	12,127	73,513	102,660
Services Provided for CC patients									
Emergency (HSF)	2	1	0	305	0	0	1	909	1,218
Emergency (Non-HSF)	1,342	955	36	2,434	1,833	1,112	1,084	20,846	29,606
Inpatient (HSF)	0	1	0	48	0	0	1	115	165
Inpatient (Non-HSF)	325	117	1	1,283	211	210	1,844	12,368	16,359
Outpatient (HSF)	2	0	0	703	0	3	2	8,277	8,987
Outpatient (Non-HSF)	2,079	712	26	5,613	735	833	10,270	44,152	64,420
Costs & Charges									
Gross Patient Revenue	\$3,772,807,484	\$657,694,169	\$263,837,698		\$901,561,393	\$874,331,066	\$20,407,312,702	\$3,928,530,931	\$26,877,544,512
Total Other Operating Revenue	\$28,183,472	\$2,421,368	\$16,042,282		\$16,176,330	\$23,964,978	\$58,321,403	\$57,433,739	\$145,109,833
Total Operating Expenses	\$1,413,939,907	\$261,630,033	\$143,578,773		\$261,824,717	\$289,195,716	\$5,853,858,036	\$1,230,991,190	\$8,224,027,182
Cost-to-Charge Ratio ⁵⁰	36.73%	39.41%	48.3%		27.2%	30.33%	28.4%	29.88%	
Medi-Cal Shortfall	\$101,568,682	\$19,221,250	\$902,346	\$9,101,547	\$47,269,880	\$26,105,158	\$337,788,190	\$300,931,712	\$842,888,765

⁴⁹ As in previous years, Kaiser data are excluded from Gross Patient Revenue, Total Other Operating Revenue, Total Operating Expenses, and Cost-to-Charge Ratio because the hospital is not required to report this information to HCAI.

⁵⁰ The Cost-to-Charge Ratio is ((Total Operating Expenses – Other Operating Revenue) / Gross Patient Revenue) x 100

Appendix F: Charity Care Hospital Data, 2024⁵¹

	CPMC - Van Ness	CPMC - Mission/Bernal	Chinese	KFH-SF	Saint Francis	St. Mary's	UCSF	ZSFG	Total
Data Categories	2024	2024	2024	2024	2023-24	2023-24	2023-24	2023-24	
Cost of Charity Care Provided									
Non-HSF Charity Care Costs	\$9,115,082	\$3,127,471	\$59,634.44	\$12,901,397	\$11,596,923	\$7,014,112	\$14,481,697.16	\$86,824,500.36	\$145,120,817
HSF Charity Care Costs	\$234	\$0	\$0	\$0	\$449,255	\$741,063	\$50,566.66	\$23,871,897.68	\$25,113,016
Total	\$9,115,316	\$3,127,471	\$59,634.44	\$12,901,397	\$12,046,178	\$7,755,175	\$14,532,264	\$110,696,398	\$170,233,833
Applications for Charity Care									
Total # of Apps Accepted	3,883	1,756	36	--	7	9	2,280	13,540	25,782
Total # of Applications Denied	122	41	0	--	33	34	1,879	3,807	6,381
Total	4,005	1,797	1,797	--	40	43	4,159	17,347	33,924
Unduplicated/Individual CC Recipients									
Total Unduplicated CC Patients (HSF)	1	0	0	--	1	0	10	6,209	6,239
Total Unduplicated Patients (Non-HSF)	3,883	1,756	36	12,997	3,484	2,228	9,491	69,712	103,794
Total	3,884	1,756	36	12,997	3,485	2,228	9501	75,921	110,033
Services Provided for CC patients									
Emergency (HSF)	0	0	0	--	1	0	6	660	670
Emergency (Non-HSF)	1,744	1,110	13	--	2,704	1,396	1,191	17,290	28,655
Inpatient (HSF)	0	0	0	--	1	0	2	89	100
Inpatient (Non-HSF)	479	101	1	--	219	228	1,581	8,615	12,802
Outpatient (HSF)	0	0	0	--	1	0	3	6,060	6,075
Outpatient (Non-HSF)	1,831	615	22	--	612	719	7,732	43,807	67,042
Costs & Charges									
Gross Patient Revenue	\$4,088,660,019	\$706,018,808	\$258,367,369		\$902,665,000	\$911,718,000	\$22,745,110,606	\$4,225,913,189	\$29,043,774,164
Total Other Operating Revenue	\$29,323,651	\$3,006,055	\$7,793,492		\$6,088,000	\$20,965,000	\$52,280,239	\$57,218,375.00	\$144,345,106
Total Operating Expenses	\$1,449,868,970	\$312,143,040	\$148,036,809		\$234,382,000	\$285,434,000	\$5,948,483,162	\$1,415,535,473.00	\$8,031,871,444
Cost-to-Charge Ratio ⁵²	34.74%	43.79%	54.3%		25.0%	29.0%	25.9%	32.14%	
Medi-Cal Shortfall	\$116,925,880	\$34,357,466	\$1,136,397	\$16,430,221	\$42,255,378	\$26,122,911	\$249,000,000	\$281,458,051	\$767,686,304

⁵¹ As in previous years, Kaiser data are excluded from Gross Patient Revenue, Total Other Operating Revenue, Total Operating Expenses, and Cost-to-Charge Ratio because the hospital is not required to report this information to HCAI. Additionally, Kaiser could not provide a breakdown of total charity care patients by HSF versus non-HSF and by type of services in 2024.

⁵² The Cost-to-Charge Ratio is ((Total Operating Expenses – Other Operating Revenue) / Gross Patient Revenue) x 100

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

San Francisco’s Charity Care Ordinance requires that hospitals provide the zip codes for their charity care recipients. This section presents an analysis of this data.⁵³ All reporting hospitals except Kaiser are able to provide the zip codes of patients who have received charity care services. This section presents the data by supervisorial district, along with an expanded view of out-of-county charity care patients, as charity care programs are not limited to San Francisco residents.

Figure 24: Map of San Francisco Charity Care Patients by Supervisorial District, 2024

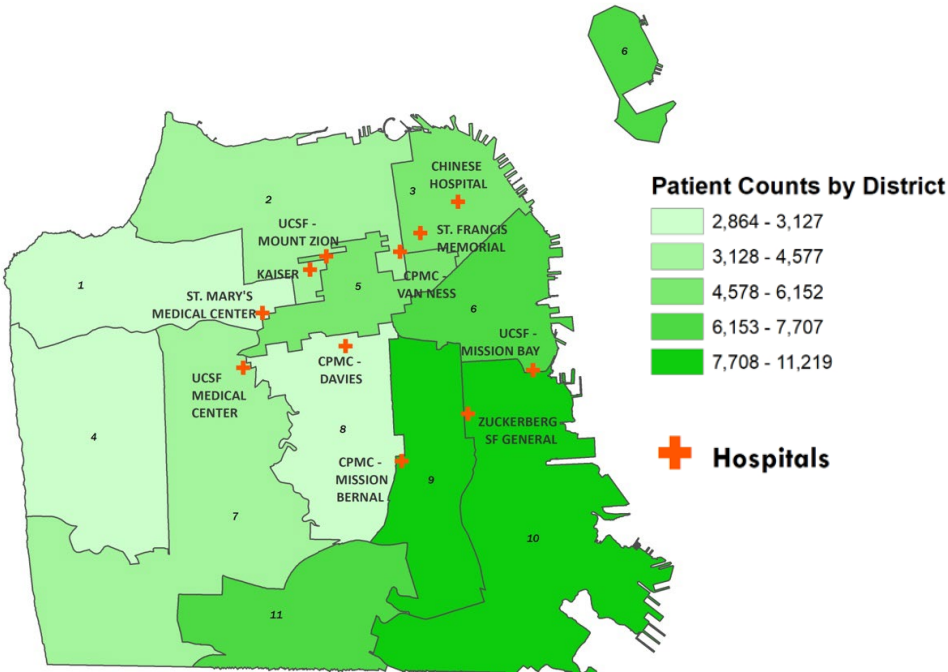


Figure 25: Charity Care Patients by Supervisorial District by Year, 2022-2024

Supervisorial District	2022		2023		2024	
	Recipients	Percent of Total SF Recipients	Recipients	Percent of Total SF Recipients	Recipients	Percent of Total SF Recipients
District 1	2,266	4.8%	3,350	5.4%	2,864	4.5%
District 2	2,863	6.1%	3,764	6.0%	3,650	5.8%
District 3	4,004	8.5%	5,202	8.3%	5,110	8.1%
District 4	2,414	5.1%	3,412	5.5%	3,127	4.9%
District 5	4,927	10.4%	5,606	9.0%	5,608	8.8%
District 6	4,608	9.8%	5,677	9.1%	6,152	9.7%
District 7	3,153	6.7%	4,616	7.4%	4,577	7.2%
District 8	2,805	5.9%	3,582	5.7%	3,541	5.6%
District 9	7,716	16.4%	9,179	14.7%	9,848	15.5%
District 10	7,579	16.1%	10,748	17.2%	11,219	17.7%
District 11	4,855	10.3%	7,339	11.7%	7,707	12.2%

⁵³ Zip code data for HSF patients is not required as part of charity care reporting, thus, this section focuses on non-HSF charity care patients only.

The above table shows the distribution of all reporting hospitals’ non-HSF charity care recipients by Supervisorial district. Most San Francisco charity care patients resided in District 10 (SE Neighborhoods, including Bayview-Hunters Point), District 9 (Mission, Bernal Heights), District 11 (Excelsior) and Districts 5 (Tenderloin, Western Addition) and 6 (South of Market). These areas have been home to the majority of San Francisco charity care patients since 2013, though 2022 redistricting resulted in shifts, most notably of the Tenderloin neighborhood from District 6 to District 5, so pre-2022 trends are not shown.

District 1 (Northwest SF/Richmond), District 4 (Sunset), and District 8 (Castro, Mission) represent the smallest shares of charity care patients (about 5-6 percent each).

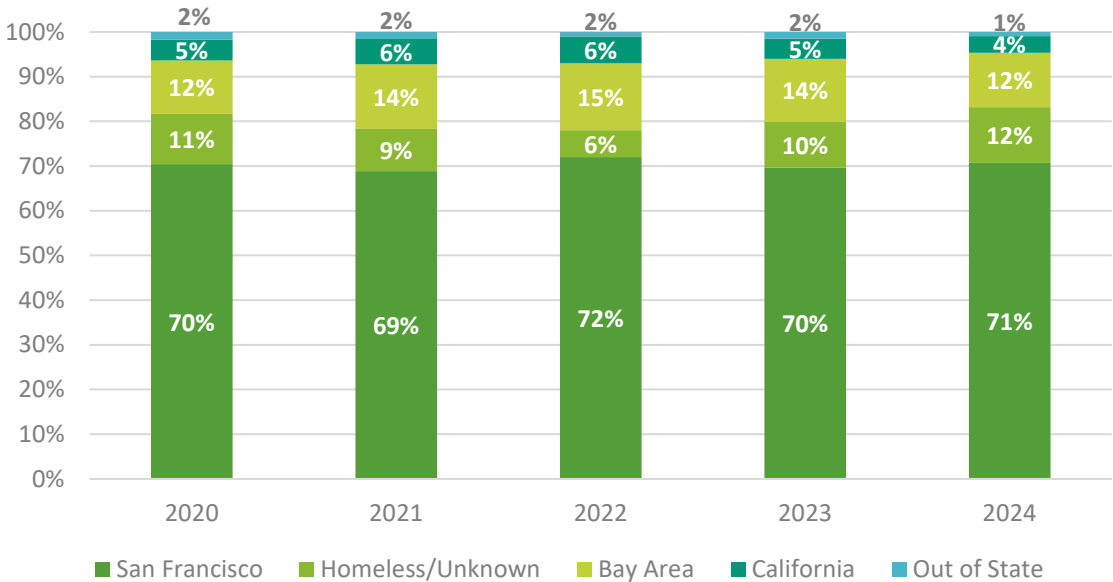
The concentration of charity care patients in these districts reflect systemic inequities in our city. An analysis of 2023 ACS data by neighborhood conducted by the Planning Department demonstrate that the District 10 neighborhoods Bayview-Hunter’s Point and Visitacion Valley have higher percentages of residents in poverty (16 percent and 13 percent, respectively) compared to San Francisco as a whole (11 percent). The Mission neighborhood (District 9) also has a greater share of residents in poverty compared with the City as a whole, at 13 percent. Neighborhoods in Districts 5 (Tenderloin, Western Addition) and 6 (South of Market) each have about double the percentage of residents in poverty compared to the City as a whole. The Excelsior neighborhood in District 11 has a greater percentage of residents who are rent-burdened (45 percent) than the percentage for San Francisco as a whole (36 percent).

Residence of Charity Care Patients

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:

- San Francisco’s non-HSF charity care patients are predominantly from San Francisco, and are otherwise largely from three nearby Bay Area counties – San Mateo, Alameda, and Contra Costa;
- A significant portion are people experiencing homelessness;
- A consistently small portion are out-of-state residents.

Figure 26: Charity Care Patients Reported Residence, 2020-2024



Persons Experiencing Homelessness

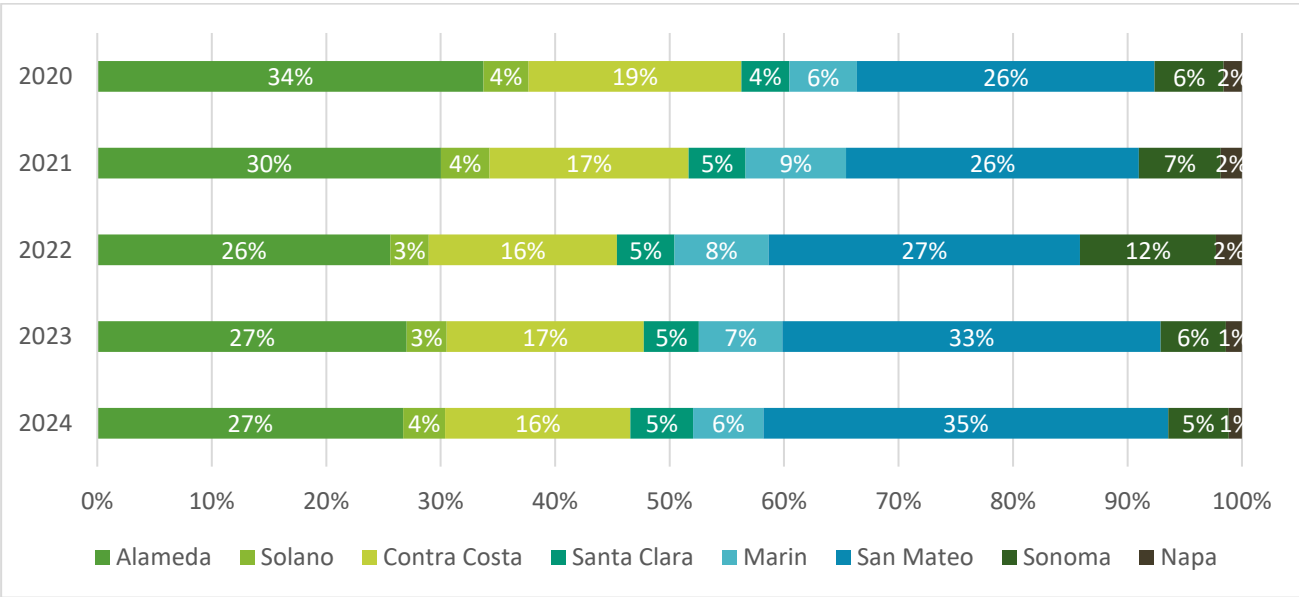
The proportion of non-HSF charity care patients who are Homeless/Unknown decreased slightly between 2021 and 2022, then returned to 2020-2021 levels in 2023-2024. This was largely driven by fewer homeless patients reported at ZSFG in 2022. Some reporting hospitals provided counts of persons experiencing homelessness that also included charity care patients with “other” or “unknown” zip codes. For these hospitals, this category consists of patients who did not have a valid address in the hospital’s financial system, which in addition to persons experiencing homelessness, would include 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.⁵⁴

Out-of-County California Residents

Out-of-county patients (i.e., residents of Bay Area and other California counties) may access charity care in San Francisco hospitals for many reasons, from patients taken to ZSFG’s Emergency Department or patients who seek medical care at one of San Francisco’s renowned medical institutions. This proportion of out-of-county non-HSF charity care patients has increased over time, from about 11 percent in 2014 to about 16 percent in 2024.

The figure below shows the percentage of non-HSF charity care patients with residential addresses in the seven greater Bay Area counties in 2020 through 2024. Together, San Mateo, Alameda, and Contra Costa counties were the places of residence for the greatest proportion of out-of-county charity care patients in San Francisco hospitals, with about 78 percent of out-of-county patients in 2024.

Figure 27: Greater Bay Area Place of Residence for Charity Care Patients, 2020-2024



In terms of absolute numbers, between 2021 and 2024, the number of San Mateo County residents who received charity care services in San Francisco increased from 2,077 to 3,879 individuals; Alameda County

⁵⁴ For example, some hospitals enter null values to indicate whether a patient is homeless, others enter certain codes (e.g. “99999”), some enter the zip code for their hospital location, and some do a combination of the three.

residents increased from 2,438 to 2,933 individuals; and Contra Costa County residents increased from 1,412 to 1,777 individuals.

Similar to previous years, the analysis of 2024 data shows that residents in the eight greater Bay Area counties received charity care, by and large, from ZSFG, UCSF, and CPMC. In 2024, of the 10,974 reporting zip codes in the eight greater Bay Area counties, 1,408 (13 percent) received care at CPMC; 3,520 (32 percent) received care at UCSF; and 5,355 (49 percent) received care at ZSFG. These hospitals are also among the hospitals responsible for the largest number of charity care patients served overall in 2024. Of the 103,794 non-HSF charity care patients in 2024, 5,639 (6 percent) received care at CPMC (Van Ness & Mission Bernal); 9,491 (9 percent) received care at UCSF; and 69,712 (67 percent) received care at ZSFG. (Kaiser cared for more charity care patients than CPMC and UCSF in 2024 – 13,204 or 13 percent of patients – but does not provide data about patient place of residence.)

Hospital Locations and Charity Care Patient Residence

The table below displays eight San Francisco zip codes and the hospitals located in each zip code. The highlighted cells show numbers of non-HSF charity care patients who are residents in that hospital’s zip code. Each hospital sees a large number of patients from within their corresponding zip code, indicating that these hospitals serve the communities where they are located. Because ZSFG is the county’s safety net hospital, it serves the majority of charity care patients for all zip codes. Additionally, many charity care patients travel within San Francisco for their choice of hospital.

Figure 28: Charity Care Patients in Local Hospital’s Zip Codes, 2024

Zip Code	Hospital in Zip Code	FY 2024 – Charity Care Patients						
		Chinese Hospital	St. Francis	Saint Mary’s	UCSF	ZSFG	CPMC-Van Ness	CPMC - MB
94109	St. Francis CPMC (Van Ness)	2	403	66	168	3,059	257	32
94110	ZSFG CPMC (Mission Bernal)	1	46	51	237	7,488	103	246
94114	CPMC (Davies)		8	17	145	733	81	20
94115	CPMC (Pacific) UCSF (Mt. Zion)		43	75	158	1,606	113	13
94117	Saint Mary’s		43	173	169	857	63	5
94122	UCSF (Parnassus)	2	20	157	309	1,667	37	4
94133	Chinese Hospital	10	62	26	68	1,176	52	5
94158	UCSF Mission Bay		9	2	61	606	12	9

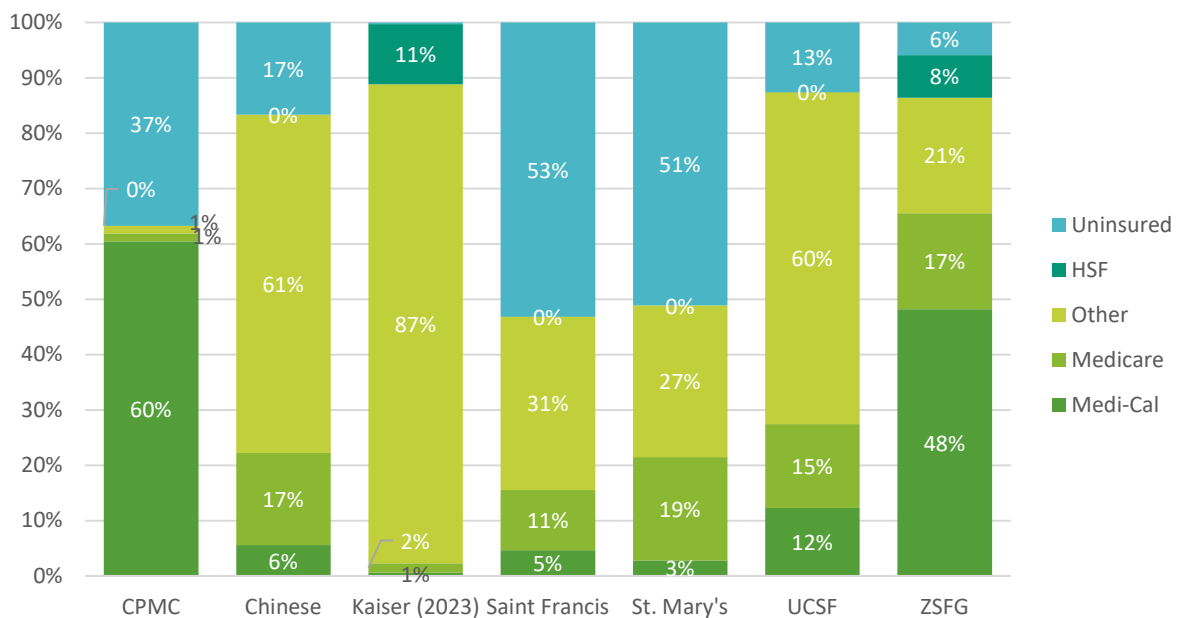
Appendix H: Analysis of Charity Care Patient Demographic Data

Hospitals reported demographic information for their non-HSF charity care patient population.

Payor Status

As discussed above, between 2021 and 2024, the proportion of uninsured charity care patients decreased from 18 percent to 12 percent, while the proportion of those with Medi-Cal grew from 26 percent to 42 percent. There are significant differences in the distribution of payor sources across hospitals. In 2024, uninsured patients represented the largest payor source for charity care patients at two hospitals (Saint Francis and St. Mary’s). Conversely, at ZSFG, Medi-Cal and Medicare make up the largest payor sources for patients (65 percent) while the proportion of patients who were uninsured is much less significant, making up 6 percent of patients.

Figure 29: Percent of Charity Care Patients by Coverage by Hospital, 2024⁵⁵



* “Other” payor type is predominantly those with commercial insurance, but may include other sources, such as workers compensation. “Uninsured” indicates the number of patients who self-pay their medical expenses.

Race/Ethnicity

Between 2021-2024, the racial/ethnic makeup of charity care patients remained relatively stable. In 2024, Hispanic/Latinx and White represented the largest portion of patients with known racial/ethnic identities, representing 29 and 21 percent of the patient population, respectively. Some hospitals did not report Hispanic/Latinx patient data and therefore they are likely underrepresented in the dataset. Comparing the charity care population to the overall race/ethnicity makeup of San Francisco, in 2024,

⁵⁵ Kaiser did not report payor data in 2024, so their 2023 data is shown.

non-HSF charity care patients were more likely to be Black/African American, Hispanic/Latinx, and less likely to be White and Asian.⁵⁶

Figure 30: Charity Care Patients by Race/Ethnicity, 2020-2024⁵⁷

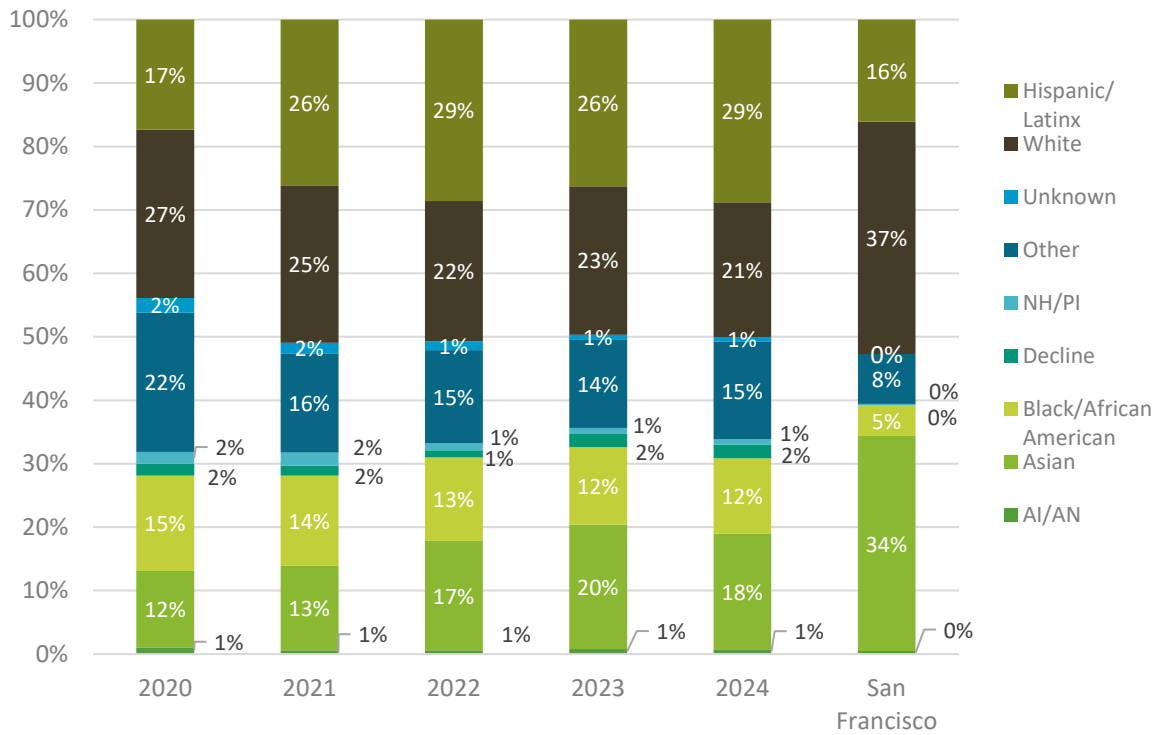
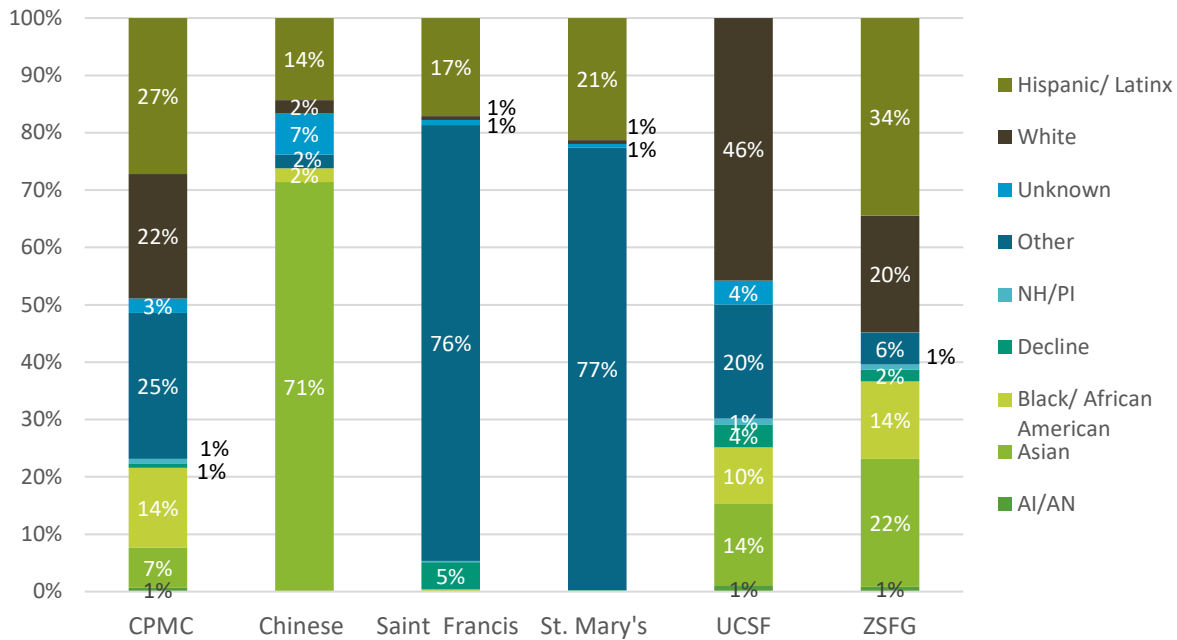


Figure 31: Charity Care Patients by Race/Ethnicity by Hospital, 2024



⁵⁶ U.S. Census, Overall SF Population, P2: <https://data.census.gov/table?q=san+francisco+race+ethnicity&tid=DECENNIALPL2020.P2>

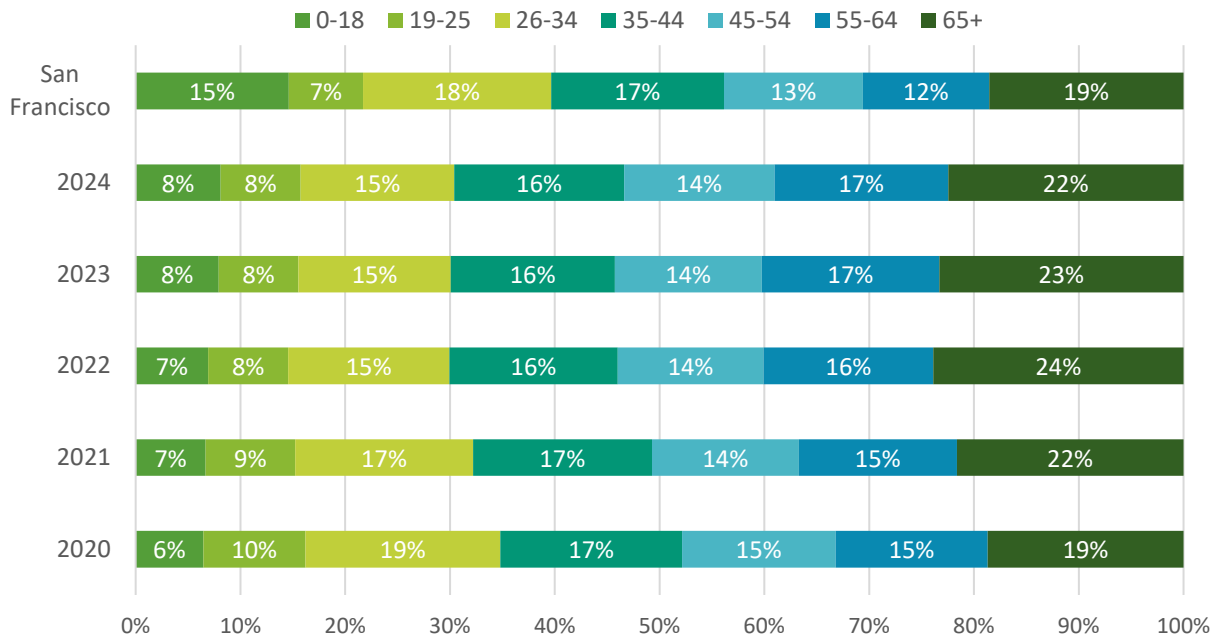
⁵⁷ Kaiser does not report race/ethnicity data and is not included in this chart.

When examining the racial/ethnic composition by patients by hospital, the distributions are varied, and data are reported differently. UCSF reports race but not ethnicity data, and so the proportion of their charity care patients who are Hispanic/Latinx is unknown. For ZSFG, 34 percent of all charity care patients were Hispanic/Latinx in 2024. St. Mary’s and Saint Francis had high proportions of “Other” race in 2024.

Age

Between 2020-2024, the age distribution of non-HSF charity care patients remained relatively stable. Compared to the overall age distribution of the City population in 2024,⁵⁸ a larger proportion of charity care patients are older, and a smaller proportion are younger. In 2024, individuals aged 55 years and older accounted for 39 percent of total non-HSF charity care patients, but 31 percent of all San Francisco residents. On the other end of the distribution, only 8 percent of charity care patients were under the age of 19, while citywide, 15 percent of SF residents fall into that age group.

Figure 32: Charity Care Patients by Age, 2020-2024⁵⁹

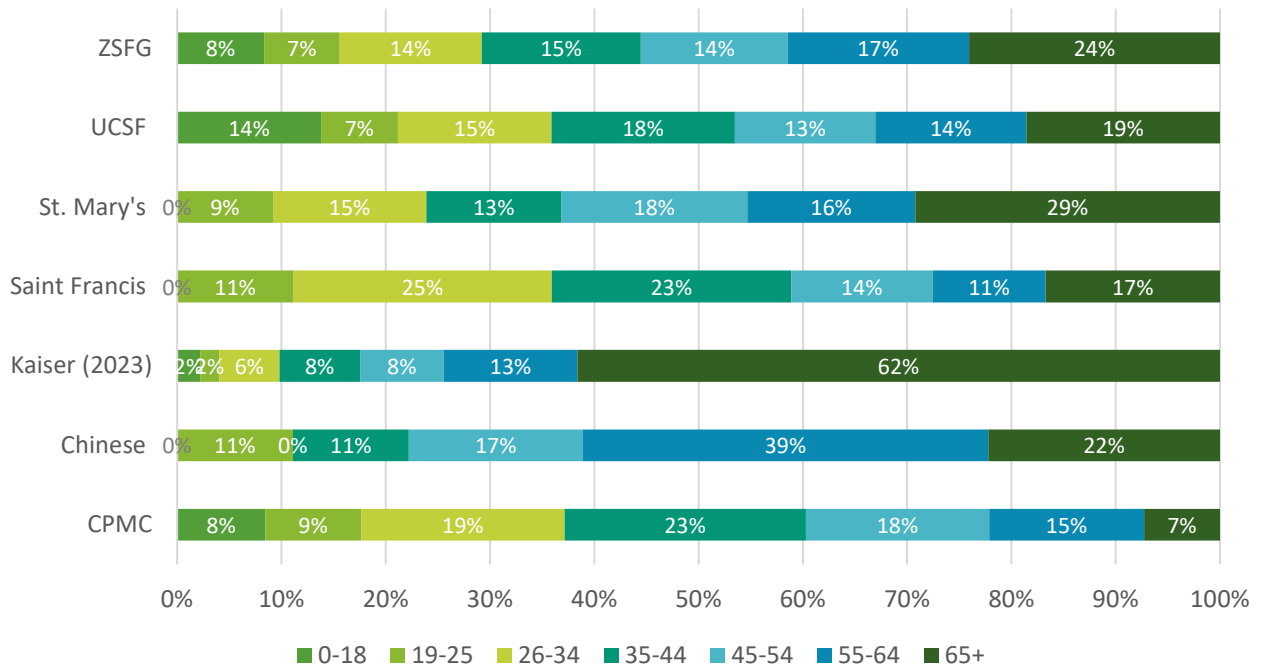


⁵⁸ Publicly available 2023 American Community Survey 1-Year Estimate data for the SF Population by Age from IPUMS: Steven Ruggles, Sarah Flood, Matthew Sobek, Daniel Backman, Grace Cooper, Julia A. Rivera Drew, Stephanie Richards, Renae Rodgers, Jonathan Schroeder, and Kari C.W. Williams. IPUMS USA: Version 16.0 [dataset]. Minneapolis, MN: IPUMS, 2025.

<https://doi.org/10.18128/D010.V16.0>

⁵⁹ Kaiser did not report these data in all years and so is not included in this chart.

Figure 33: Charity Care Patients by Age by Hospital, 2024⁶⁰



The age distribution of patients by hospital varied. A larger proportion of Kaiser and Chinese Hospital patients were older, with 75 and 61 percent of patients aged 55 and older, respectively. While hospitals have a small proportion of patients under age 19, UCSF has the greatest proportion of patients under age 19 years, at 14 percent.

Gender/Sex

Data on gender was limited, as most hospitals were either not able to provide or had incomplete data capturing self-reported gender status beyond the binary of male and female. Data below compare charity care data with San Francisco population data.⁶¹

⁶⁰ Kaiser did not report age data in 2024, so their 2023 data is shown.

⁶¹ U.S Census, SF Population, S101 Age & Sex, 2024 ACS 1-Year Estimate <https://data.census.gov/table?q=san+francisco+age>

Figure 34: Charity Care Patients by Gender/Sex, 2020-2024⁶²

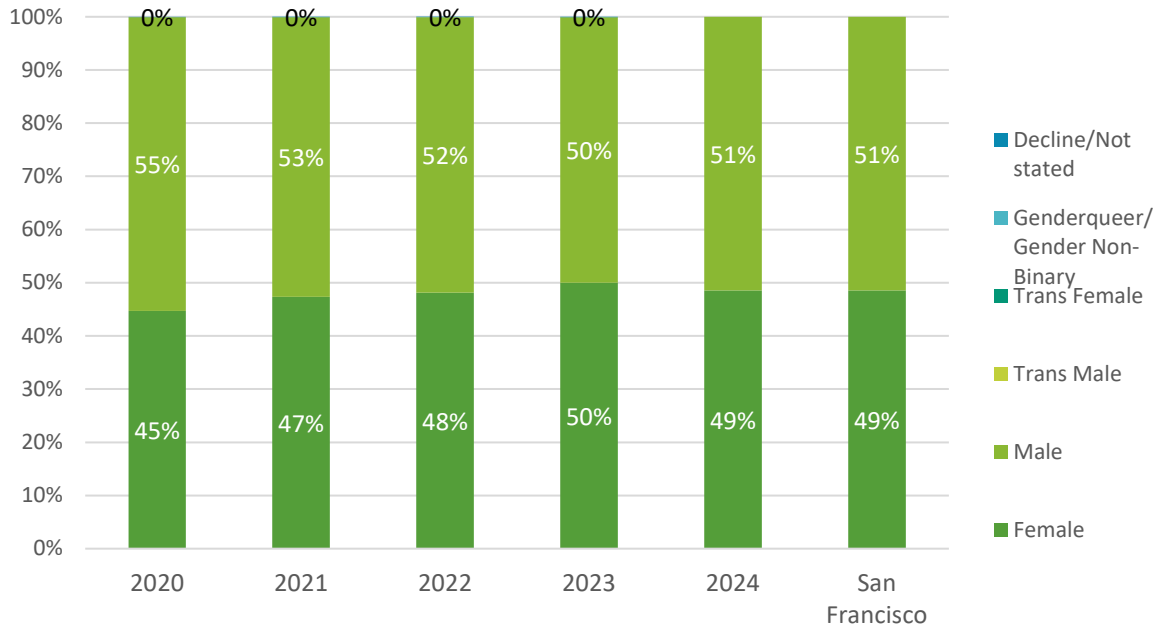
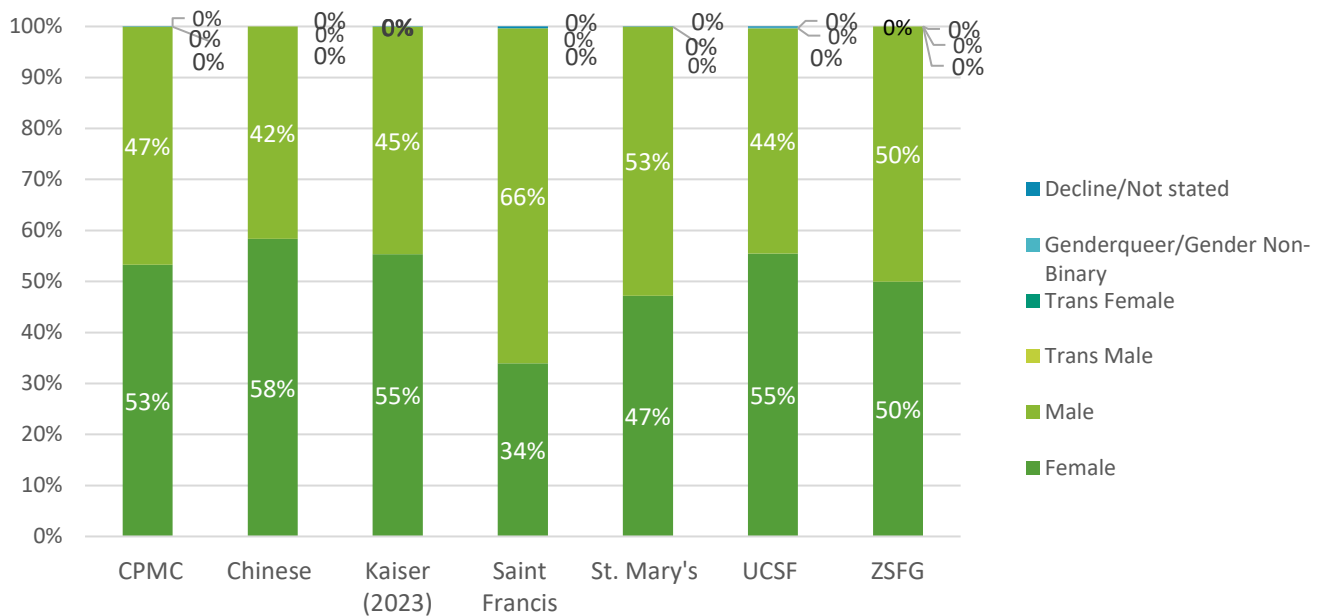


Figure 35: Charity Care Patients by Gender/Sex, 2024⁶³



The distribution of patients by gender/sex varies from hospital to hospital. St. Francis has a significantly higher percentage of patients who are male compared to other hospitals, with 66 percent of patients identifying as male. Chinese Hospital, UCSF, and Kaiser have higher percentages of patients who are female compared to other hospitals, at 58, 55, and 55 percent of patients, respectively.

⁶² Kaiser did not report gender/sex data in all years and so is not included in this chart.

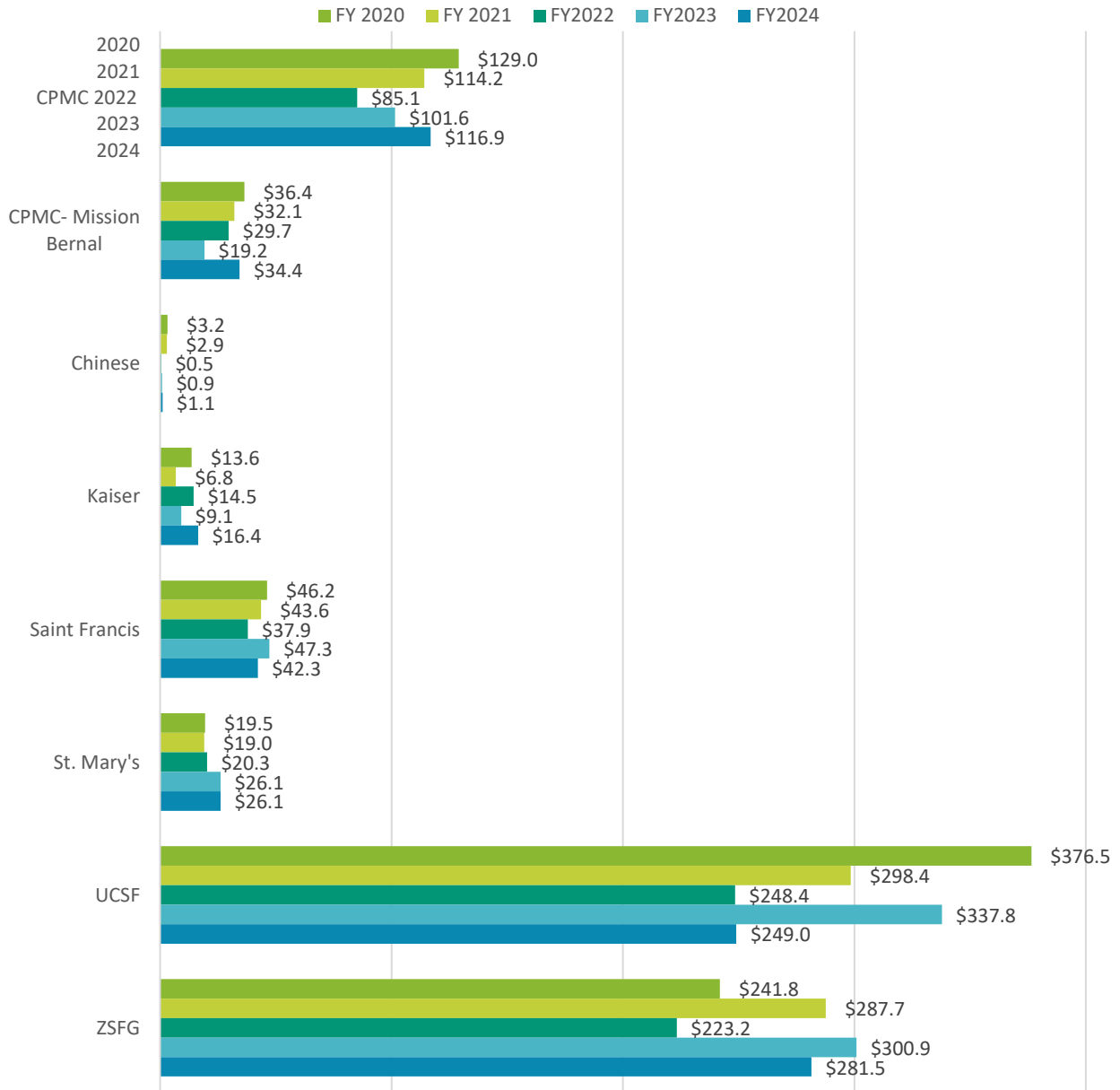
⁶³ Kaiser did not report these data in 2024, so their 2023 data is shown.

Appendix I: Trends in Expenditures by Hospital

This section provides trend data for Medi-Cal shortfall and charity care costs to net patient revenue ratios by hospital.

Across reporting hospitals, between 2021 and 2024, the total Medi-Cal shortfall decreased by 5 percent (\$804.7 million to \$767.7 million). Medi-Cal shortfall varied by hospital and over time.

Figure 36: Annual Medi-Cal Shortfall by Hospital, 2020-2024



One 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. The ratio of charity care costs to net patient revenue varied by hospital and over time. In the table below, cells highlighted in green are ratios higher than the state average for the year.

Figure 37: Charity Care Costs to Net Patient Revenue Ratios, by Hospital, 2009-2024⁶⁴

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
CPMC Pacific (2009-18)/ Van Ness (2019-24)	0.94%	1.14%	1.27%	1.10%	1.61%	0.77%	0.65%	0.57%	0.57%	0.81%	1.41%	1.04%	0.83%	0.66%	0.76%	0.64%
St Luke's/ Mission Bernal	1.52%	3.77%	5.32%	4.30%	7.15%	2.63%	1.21%	1.83%	1.91%	3.35%	3.13%	3.84%	2.49%	1.71%	1.82%	1.63%
Chinese	0.40%	0.36%	0.51%	1.00%	2.18%	2.69%	0.21%	0.23%	0.21%	0.14%	2.60%	0.31%	0.21%	0.11%	0.24%	0.05%
Saint Francis	4.13%	4.43%	4.29%	4.85%	4.89%	4.41%	2.44%	0.95%	1.49%	2.07%	2.20%	3.95%	3.30%	3.84%	5.22%	3.56%
St. Mary's	1.77%	2.95%	3.00%	2.20%	2.93%	2.51%	1.11%	1.98%	0.67%	0.84%	1.17%	1.87%	2.52%	2.07%	2.46%	3.62%
UCSF	0.64%	0.64%	0.36%	0.40%	0.43%	0.63%	0.26%	0.31%	0.34%	0.34%	0.34%	0.38%	0.32%	0.32%	0.38%	0.24%
ZSFG	25.45%	25.42%	19.82%	23.80%	20.83%	17.59%	8.44%	9.18%	9.58%	8.96%	9.13%	14.38%	13.68%	10.05%	10.46%	11.48%
State Average	1.78%	2.00%	2.07%	2.00%	2.00%	1.50%	0.80%	0.71%	0.70%	0.77%	0.80%	0.82%	0.78%	0.84%	0.74%	0.75%

⁶⁴ Cells highlighted in green are ratios higher than the state average for the year.