



**London N. Breed**  
Mayor

**Greg Wagner**  
Chief Operating Officer

## MEMORANDUM

May 24, 2021

**TO:** Chair Matt Haney and Members of the Board of Supervisors Budget and Appropriations Committee

**FROM:** Greg Wagner, Chief Operating Officer, SFDPH

**RE:** Patient Rates Ordinance

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As part of the FY 2021-22 and FY 2022-23 proposed budget, the San Francisco Department of Public Health (SFDPH) is requesting the Board's approval of an ordinance proposing updates to its patient rates. The department proposes leaving patient rates at current levels. The only proposed modifications to rates are: 1) to extend the term of the rate authorization into FY 2022-23, one year past the current authorization through FY 2021-22; and 2) minor changes to selected rates for evaluation and management codes (E/M codes) as part of a technical clean up to equalize rates for similar services at different sites across the San Francisco Health Network.

SFDPH charges fees for certain health care services provided in its clinics and hospitals. Revenue from billing Medicare, Medi-Cal and private insurance is critical to sustain DPH's services. The majority of the department's budget relies on external revenue, reducing the need for City General Fund subsidy and funding expanded health services.

DPH periodically proposes updates to its patient rates. In 2019 the department retained a third-party consultant to evaluate its patient rates relative to market peers. DPH contracted with Deloitte Consulting LLP to perform industry benchmarking, comparing its rates with 15 peer hospitals. The department then used the results of that rate study to propose an update to its patient rates ordinance, which was adopted by the Board of Supervisors during the FY 2020-21 and 2021-22 budget cycle. That analysis remains the basis for the proposed rate ordinance currently before the Board of Supervisors.

Adopted patient rates have little relationship to the amount a patient pays for services at DPH sites. The large majority of DPH patients are insured through Medicare, Medi-Cal, or are uninsured. For those patients, payment is based on public insurance fee schedules and other discounted payment schedules. The primary purpose of setting competitive rates is to ensure adequate compensation from commercial insurance companies. However, in 2019, it became clear that a small subset of patients at Zuckerberg San Francisco General Hospital (ZSFG) were being negatively affected by the process known as "balance billing" (or "surprise billing"), where a patient's insurance covers only a portion of a hospital bill and the patient becomes responsible for the remainder. To address this problem, DPH established new policies including: 1) ensuring that commercially insured patients receiving services out-of-network at ZSFG are

billed no more than the cost sharing amount the patient would pay for the same services at an in-network, contracted hospital under the patient's insurance policy; 2) modifying its Charity Care and Discount Programs to create an income-based out-of-pocket maximum payment for ZSFG patients at all income levels; 3) improving communications and customer service for patients around financial issues. With these changes in place, patients remain protected from unexpected medical bills for services received at DPH facilities.