

File No. 100719

Committee Item No. 11

Board Item No. 43

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee BUDGET AND FINANCE

Date 6/21/10

Board of Supervisors Meeting

Date 6/29/10

Cmte Board

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER

(Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Gail Johnson

Date 6/18/10

Completed by: Hg

Date 6/24/10

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.

67

01/92/0

[Patient Rates]

Ordinance amending Section 128 of the San Francisco Health Code to set patient rates and other services provided by the Department of Public Health, effective July 1, 2010.

NOTE: Additions are *single-underline italics Times New Roman*; deletions are ~~*strike-through italics Times New Roman*~~. Board amendment additions are double-underlined; Board amendment deletions are ~~strikethrough normal~~.

Section 1. Findings.

A. The Planning Department has determined that the actions contemplated in this Ordinance are in compliance with the California Environmental Quality Act (California Public Resources Code sections 21000 et seq.). Said determination is on file with the Clerk of the Board of Supervisors in File No. 100719 and is incorporated herein by reference.

Section 2. The San Francisco Health Code is hereby amended by amending Section 128, to read as follows:

Sec. 128. PATIENT RATES. (a) The Board of Supervisors of the City and County of San Francisco does hereby determine and fix the proper reasonable amounts to be charged to persons for services furnished by the Department of Public Health as follows, which rates shall be effective for services delivered as of ~~July 1, 2009~~ July 1, 2010.

TYPE OF SERVICE	UNIT	AMOUNT
COMMUNITY HEALTH NETWORK		
San Francisco General Hospital		
Supplies & Drugs		Special Price List
Surgical Supplies		Special Price List
Pharmacy (IP)		Special Price List
Medical Supplies		Special Price List
Diagnostic Radiology		Special Price List

1	Clinical Lab		Special Price List	
	Anatomic Pathology		Special Price List	
2	Surgical Services - Women's Options	Procedure		
3	All Other Special Services		Special Price List	
4	In-Patient Care			
5	Medical Surgical	Day	—4,586	5,045
	Intensive Care	Day	—9,169	10,086
6	Intensive Care - Trauma	Day	—9,169	10,086
	Coronary Care	Day	—9,169	10,086
7	Chest-Pulmonary	Day	—7,644	8,405
8	Stepdown Units	Day	—6,622	7,284
	Pediatrics	Day	—4,386	4,825
9	Obstetrics	Day	—3,589	3,948
10	Nursery			
	New Born	Day	—1,833	2,016
11	Observation/Well Baby	Day	—3,189	3,508
12	Semi-Intensive Care	Day	—6,111	6,722
	Intensive Care	Day	—9,169	10,086
13	Labor/Delivery - 6G	Day	—2,844	3,125
14	Labor/Delivery Hours of Stay	Hour	—159	175
	Psychiatric Inpatient	Day	—3,589	3,948
15	Psychiatric Forensic Inpatient - 7L	Day	—3,589	3,948
16	AIDS Unit - 5A	Day	—3,589	3,948
	Security Unit - 7D	Day	—3,589	3,948
17	Skilled Nursing Facility	Day	—1,436	1,580
18	Mental Rehab Unit	Day	—1,186	1,305
19	Adult Residential Facility	Day	—240	264
20	Respiratory Therapy			
	O2 Therapy	per hour 24 hours	—18	515
21				
22	Surgical Services			
23	Minor Surgery I (Come & Go)	1st Hour Ea. Add'l	—2,404	2,641
	Minor Surgery I (Come & Go)	1/2 Hr.	—1,223	1,345
24	Minor Surgery II	1st Hour Ea. Add'l	—2,621	2,883
25	Minor Surgery II	1/2 Hr.	—1,307	1,438

1	Major Surgery I	1st Hour	—3,946	4,341
		Add'l 1/2		
2	Major Surgery I	Hour	—1,577	1,735
	Major Surgery II	1st Hour	—4,444	4,888
3		Add'l 1/2		
	Major Surgery II	Hour	—1,779	1,957
4	Major Surgery III	1st Hour	—4,945	5,440
		Add'l 1/2		
5	Major Surgery III	Hour	—1,978	2,176
6	Extraordinary Surgery	1st Hour	—5,427	5,970
		Add'l 1/2		
7	Extraordinary Surgery	Hour	—2,171	2,388
	Surgery (2 Teams)	1st Hour	—7,334	8,067
8		Add'l 1/2		
	Surgery (2 Teams)	Hour	—2,933	3,226
9	Surgery (3 Teams)	1st Hour	—8,154	8,969
		Add'l 1/2		
10	Surgery (3 Teams)	Hour	—3,262	3,588
11	Major Trauma III	1st Hour	—6,426	7,069
		Add'l 1/2		
12	Major Trauma III	Hour	—2,571	2,828
13	Major Trauma II	1st Hour	—6,111	6,722
		Add'l 1/2		
14	Major Trauma II	Hour	—2,445	2,690
15	Major Trauma I	1st Hour	—4,649	5,114
		Add'l 1/2		
16	Major Trauma I	Hour	—1,860	2,046
17	Recovery Room	1st Hour	—1,529	1,682
18		2nd Add'l		
	Recovery Room	Hour	—1,223	1,345
19		Each		
20		Add'l		
	Recovery Room	Hour	—917	1,009
21	Anesthesia	1st Hour	—3,434	3,777
		Add'l 1/2		
22	Anesthesia	Hour	—1,714	1,885
23				
24	Trauma Care			
	Trauma Activation -900 (previously Level 2)	Visit	—15,000	16,500
25	Trauma Activation - 911 (previously Level 2)	Visit	—12,965	14,262
	Trauma Activation - 912 (previously Level 1)	Visit	—7,073	7,780
	Consultation	Visit	—3,827	4,210
26				
27	Emergency Clinic			
	Level I	Room	—264	287

1	Level II	Room	—782	860
	Level III	Room	—1,673	1,840
2	Level IV	Room	—2,755	3,031
3	Level V	Room	—5,562	6,118
4	Resuscitation		—3,854	4,239
5	Psychiatric Emergency Services			
	Crisis Intervention - PES		—762	838
6	Crisis Stabilization - PES		—169	186
7	General Clinic			
8	Initial			
	E/M Focused Exam	Visit	—175	193
9	E/M Expanded Exam	Visit	—292	321
10	E/M Detailed Exam	Visit	—333	366
	E/M Comprehensive Exam	Visit	—445	490
11	E/M Complex Exam	Visit	—556	612
12	Established Patient			
	E/M Brief Exam	Visit	—135	149
13	E/M Focused Exam	Visit	—161	177
14	E/M Expanded Exam	Visit	—213	234
	E/M Detailed Exam	Visit	—301	331
15	E/M Comprehensive Exam	Visit	—469	516
16	Consultation			
	E/M Focused Consult	Visit	—154	169
17				
18	Medical Marijuana			
	Medical Marijuana ID	Card	103	
19	Medical Marijuana ID (Medi-Cal Beneficiaries)	Card	52	
20				
21	Primary Care			
	Initial			
	E/M Focused Exam	Visit	—192	211
22	E/M Expanded Exam	Visit	—238	262
23	E/M Detailed Exam	Visit	—345	380
	E/M Comprehensive Exam	Visit	—428	471
24	E/M Complex Exam	Visit	—673	740
25	Established Patient			

1	E/M Brief Exam	Visit	—97	107
	E/M Focused Exam	Visit	—145	160
2	E/M Expanded Exam	Visit	—234	257
3	E/M Detailed Exam	Visit	—334	364
4	E/M Comprehensive Exam	Visit	—516	568
5	Dental Services			
	Initial Complete Exam	Visit	—89	98
6	Periodic Exam	Visit	—89	98
7	Prophylaxis - Adult	Visit	—124	133
	Prophylaxis - Child	Visit	—113	124
8	Extract Single Tooth	Visit	—177	195
9	One Surface, Permanent Tooth	Visit	—145	160
10	Home Health Services			
	Skilled Nursing	Visit	—303	333
11	Home Health Aide Services	Visit	—160	176
12	Medical Social Services	Visit	—417	459
	Physical Therapy	Visit	—347	382
13	Occupational Therapy	Visit	—347	382
14	Speech Therapy	Visit	—345	380
15	Laguna Honda Hospital			
16	In-Patient Care			
	Regular Hospital Rates			
17	Acute	Day	—3,092	3,401
18	Rehabilitation	Day	—3,092	3,401
	Skilled Nursing Facility	Day	—664	727
19	Skilled Nursing Facility Patch	Day	—123	135
20	All Inclusive Rates			
	Acute	Per Diem	—4,058	4,464
21	Rehabilitation	Per Diem	—3,382	3,720
22	Skilled Nursing Facility	Day	—770	847
23	POPULATION HEALTH & PREVENTION			
24	Community Mental Health Services			
25	24-Hour Service			

1	Inpatient	24 Hours	—3,589	3,948
	Skilled Nursing	24 Hours	—1,186	1,305
2	Psychiatric Health Facility (PHF)	24 Hours	—650	683
	Crisis Residential	24 Hours	—380	399
3	Residential	24 Hours	—185	194
4	Day Services			
	Day Rehabilitation	Full Day	—155	163
5	Day Rehabilitation	Half Day	—100	105
6	Day Treatment Intensive	Full Day	—240	252
	Day Treatment Intensive	Half Day	—170	179
7	Day Treatment Intensive (Children)	Full Day	—350	368
8	Day Treatment Intensive (Children)	Half Day	—250	263
	Crisis Stabilization	Hour	—169	186
9	Socialization	Hour	—50	53
10	Outpatient Services			
	Case Management Brokerage	Hour	—145	152
11	Mental Health Services	Hour	—190	200
12	Therapeutic Behavioral Services	Hour	—190	200
	Medication Support	Hour	—340	357
13	Crisis Intervention	Hour	—285	299
14	Other Services	Special Price List		
15	Community Substance Abuse			
	Residential - Detoxification	24 Hours	—135	142
16	Residential - Basic	24 Hours	—130	137
17	Residential - Family	24 Hours	—200	210
18	Residential - Medical Support	24 Hours	—295	310
	Recovery Home	24 Hours	—105	110
19	Therapeutic Community	24 Hours	—120	126
20	Day Care Rehabilitative	Per Visit	—145	152
	Outpatient - Individual Counseling	Per Visit	—145	152
21	Outpatient - Group Counseling	Per Visit	—80	84
22	Prevention/Intervention	Hour	—70	74
	Methadone	Per Day	—37	39
23	Buprenorphine	Per Day	—65	68
24	Naltrexone	Per Visit	—60	63
25	Narcotic Treatment Program - Individual Counseling	Per 10 minutes	—37	39

1 Narcotic Treatment Program - Group Counseling Per 10 minutes ———14 12

2 **Vital Records**


3 Birth Certificate Per Certificate Rates Per State of California
 4 Death Certificate Per Certificate Rates Per State of California
 5 Permit - Disposition of Human Remains Per Permit Rates Per State of California
 6 Out-of-County Cross File Per Certificate Rates Per State of California
 7 Letter of Non-Contagious Disease Per Letter 10
 8 Expedited Registration of Vital Event Per Event 40
 9 Expedited Documents Per Delivery 15
 10 Reproduction of Documents Per Page 2

10 **Adult Immunization Clinic**

11 Vaccines

12 Hepatitis A Per Injection 59 65
 13 Hepatitis B Per Injection 69 75
 14 Influenza Per Injection 25
 15 FluMist Per Injection 37 35
 16 Other Vaccines Per Injection Special Price List

17 APPROVED AS TO FORM:
 18 DENNIS J. HERRERA, City Attorney

19 By: 
 20 Aleeta M. Van Runkle
 21 Deputy City Attorney



TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: ~~PO~~ Mayor Gavin Newsom *ST*
RE: Patient Rates
DATE: June 1, 2010

Dear Madame Clerk:

Attached for introduction to the Board of Supervisors is the ordinance amending Section 128 of the San Francisco Health Code to set patient rates and other services provided by the Department of Public Health, effective July 1, 2010.

I request that this item be calendared in Budget and Finance Committee.

Should you have any questions, please contact Starr Terrell (415) 554-5262.

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2010 JUN - 1 PM 2:56
BY *RT*

700719
✓
10