



EVERY TEXAN

# BEXAR COUNTY

## CHARITY CARE SPENDING ANALYSIS

OCTOBER 2023



# BEXAR COUNTY CHARITY CARE SPENDING ANALYSIS

## EXECUTIVE SUMMARY

In late 2022, Every Texan was commissioned to conduct research, data, and policy analysis services to explore the following research question: **Is University Health System (UHS)<sup>1</sup> spending a disproportionately low amount of taxpayer dollars on indigent care compared to other major metro county public hospitals?**

In this limited-scope project, Every Texan’s research, analysis, and findings include:

- demographic profile data across counties (Bexar, Dallas, El Paso, Harris),
- basic statistics on county tax levies and charity care spending by those hospital districts,
- policy questions that merit further investigation, and
- recommendations for goals and processes that can improve equity in UHS policies and spending.

## APPROACH TO BEXAR COUNTY CHARITY CARE ANALYSIS

Every Texan approached this analysis as an opportunity to learn what an introductory-level review of relevant data would reveal about how Bexar County’s hospital district charity care compares to that of other selected Texas metro counties with hospital districts. Our analysis did not presume that Bexar County would compare unfavorably. Every Texan acknowledges Bexar County as an innovator among Texas metro hospital districts, pioneering the CareLink access plan for uninsured residents, and the Community First Health Plan publicly-sponsored and not-for-profit Medicaid Managed Care plan. UHS has also modeled the best practice of including all county residents—regardless of immigration status—in their programs of free and low-cost care for the uninsured.

**Regardless of Bexar County’s strong performance on many fronts, UHS and every major metro hospital district in Texas can benefit from analysis to identify potential areas of improvement in how equitably and effectively they serve their residents.** Every Texan’s recommendations reflect data that call for deeper analysis by the district itself and incorporate suggested best practices for ongoing integration of equity analyses as a necessary part of continuous quality improvement.

## LOCATING BEXAR COUNTY HOSPITAL DISTRICT SERVICES WHERE NEED IS GREATEST

Every Texan’s research agenda for this brief did not include an important recurring topic of debate among Bexar County community members: UHS’ geographical location of both outpatient care and inpatient hospital facilities in the areas where low-income uninsured county residents live. In 2022, the Annenberg Center for Health Journalism supported an investigative series published in the San Antonio Express-News on the disparities in health care access and health outcomes in Bexar County’s areas of highest need. That series concluded that “medical facilities in San Antonio are heavily concentrated in the northern parts of the city, where patients generally are healthier and more affluent.” in June 2022, the Bexar County Hospital District’s board of managers “unanimously approved plans to build two new hospitals: one on the Southwest Side near Texas A&M University-San Antonio and one on the Northeast Side at Retama.”<sup>2</sup>

**Every Texan has not contributed new data analysis of this important issue of UHS service site location. Our recommendations are limited to endorsing—as others have—the ongoing oversight of community dialogue in UHS operations and transparent data analysis regarding locations of both inpatient hospital care and primary and specialty outpatient care by UHS.**

<sup>1</sup> Bexar County’s public hospital district operates as University Health System (UHS); this document will use both “Bexar County hospital district” and “UHS” to refer to the care system and taxing entity established under Texas law and constitutional authority.

<sup>2</sup> Garcia, L. (2022, June 22). University Health makes plans to build two new hospitals. USC Center for Health Journalism. <https://centerforhealthjournalism.org/our-work/reporting/university-health-makes-plans-build-two-new-hospitals>



## EVERY TEXAN'S KEY RECOMMENDATIONS

- 1** UHS should determine why its reported charity care costs for 2018-2021 (as reported in the AHA/DSHS Annual Hospital Survey) reflect a significantly smaller percentage of the hospital district tax levy (as reported by the Texas Comptroller) compared to the Dallas, El Paso, and Harris County hospital districts.
  - If the disparity is due to major differences in how UHS financing is structured or reported and does not reflect a lower share of the total tax levy going to care for the low-income uninsured, this can be documented for the community's understanding.
  - If UHS/BCHD finds it is currently directing a significantly smaller share of taxes levied to charity care than most major metro Texas counties, then the district should enlist community input to develop and implement a plan and timeline to increase the share of the tax levy that is spent on UHS Charity Care.
- 2** UHS should establish an inclusive, transparent, and ongoing systematic program to study, implement, and monitor the effectiveness of policies to end racial, ethnic, and economic disparities in medical care access.
  - UHS should include Ongoing Transparency and Public Engagement in developing service delivery locations and transportation.
- 3** UHS should review current charity care and CareLink policies to identify and cap exposure to medical debt from services delivered through the CareLink program, similar to 2018 Dallas County program improvements.



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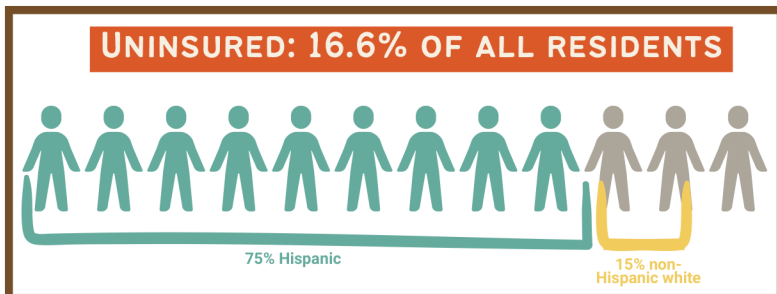
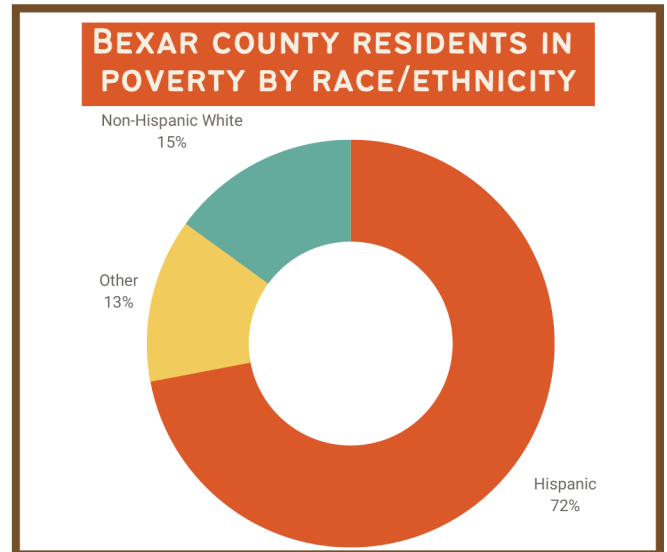
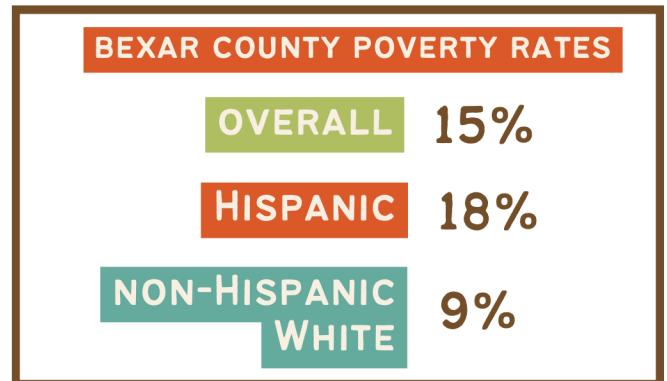
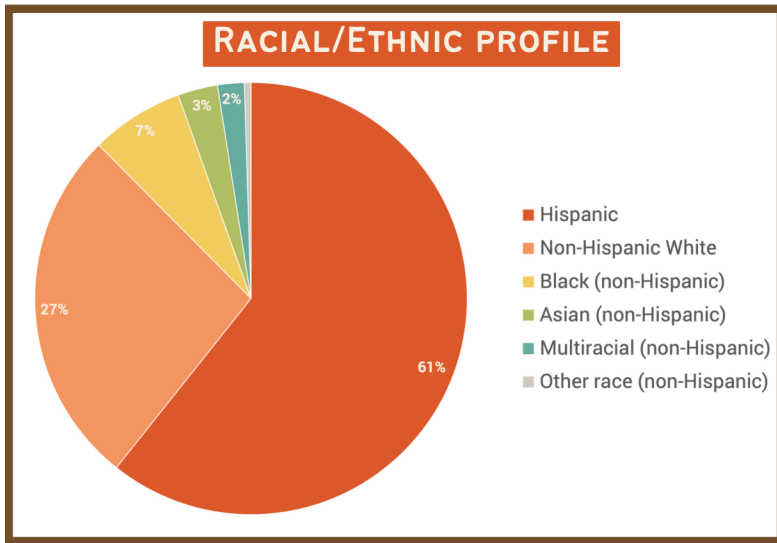
## BEXAR COUNTY DEMOGRAPHICS: STRONG DISPARITIES BETWEEN NON-HISPANIC WHITES AND ALL OTHER RACE-ETHNIC GROUPS

Bexar County is home to diverse racial/ethnic populations, with Hispanic residents making up a substantial majority (61%) of the population. As noted in the demographic breakdown, residents who identify as Black (7%), Asian (3%), multi-racial (2%), or another identity (1%) are each single-digit shares of residents. The uninsured and poverty rates for these four groups are clustered very closely to those of Hispanic residents,<sup>3</sup> and all are dramatically different from the far-lower rates for non-Hispanic white Bexar County residents.

Despite high numbers of residents who are at above-average risk of being uninsured, in poverty, and experiencing barriers to health care, Bexar County fares better than statewide averages on the rates of uninsured residents (18%, compared to 20% statewide<sup>4</sup>), and the share of residents who are not U.S. citizens (7%, compared to 10% statewide<sup>5</sup>).

## BEXAR COUNTY DEMOGRAPHICS

### TOTAL POPULATION: 2 MILLION



Source: Every Texan analysis of U.S. Census 2021 American Community Survey 5-Year Estimates.

3 A notable exception is the median income of Bexar residents who identify as Asian, which is the highest among all the race/ethnicity groups. Source: Every Texan analysis of 2021 American Community Survey 5-Year Estimates, Table B19013.

4 U.S. Census Bureau 2021 American Community Survey (ACS) 5-Year Estimates.

5 Ibid.



## ANALYSIS OF CHARITY CARE SPENDING

### THE CONTEXT FOR UNIVERSITY HEALTH SYSTEM: HOSPITAL DISTRICTS

Texas has the highest number and percentage of uninsured residents in the nation: 5.2 million or 18% of Texans. As a result, county-based “hospital” or “health” districts play an outsized role in providing and paying for care to uninsured residents in our most-populated urban counties. Travis County (Austin), Dallas, El Paso, Tarrant (Fort Worth), Harris (Houston), Bexar (San Antonio), and several other lower-population urban counties all support public hospitals, clinics, and programs of care (not insurance) for the uninsured.

In Texas, public hospitals—including countywide public hospital districts—are organized under different laws from for-profit or non-profit hospitals. Article IX, Section 9 of the Texas Constitution gives counties or groups of counties powers to establish “hospital districts” that “assume full responsibility for providing medical and hospital care for its needy inhabitants.” The county districts have taxing authority, with a maximum property tax rate of 75 cents per \$100 valuation.

### LARGE URBAN COUNTY HOSPITAL DISTRICTS

Minimum standards for large urban hospital districts—more specific than just “care for its needy inhabitants”—were first added to Texas law in the 1980s. The districts can’t cap their programs of care for the uninsured any lower than 21% of the Federal Poverty Income Level<sup>6</sup> or drop below whatever income threshold they had in effect in 1985. Beyond that, large urban counties are free to set higher income guidelines for their programs of care. Similarly, hospital districts may not reduce the scope of medical care they provide below their 1985 policies but may provide more extensive care.

Because of the large share and number of uninsured Texans, major metro counties like San Antonio/Bexar (and including Dallas and Harris County hospital districts) have long provided hospital care for low-income uninsured residents and, in the last 30 years, have developed substantial primary and (more limited) specialty care infrastructure and capacity to better serve residents and reduce avoidable, more-costly hospital care for uninsured and low-income residents.

Many state laws define and govern county hospital districts; over two dozen alone establish “local provider participation funds” to increase Medicaid payments. However, Texas law is not specific about how much hospital districts must spend and does not require a standard design among hospital districts’ programs of care for the uninsured. As a result, there is a good deal of variation across Texas’ “major-city counties” in the details of those programs, including the income limits for eligibility. State law does not require collecting or reporting comparative information on hospital districts’ programs of care for the uninsured, so such information is not readily available. **In other words, a comparison of our state’s major metro health districts is a step into relatively uncharted territory.**

The Bexar County hospital district does business as University Health System (UHS) and has offered a formal (non-insurance) program of care for uninsured residents (CareLink) for more than 25 years. To qualify, individuals must be Bexar County residents with family income at or below 200% of federal poverty guidelines,<sup>7</sup> must be uninsured, and must not qualify for public health insurance (Medicaid, CHIP, Medicare). Like most of Texas’ largest counties,<sup>8</sup> CareLink eligibility includes both lawfully present and undocumented uninsured immigrant residents.

<sup>6</sup> In 1985, the Legislature passed Texas’ first-ever laws creating a modest minimum obligation for counties to provide and fund medical care for uninsured residents with extremely low incomes. The County Indigent Health Care Program (CIHCP) currently directs counties to serve persons with incomes at or below 21% of the federal poverty income level (FPL), which in 2023 is just \$255 per month for an individual.

<sup>7</sup> U.S. Department of Health and Human Service. (n.d.). Poverty guidelines. ASPE. <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

<sup>8</sup> The major metro exceptions are Tarrant and Nueces counties.



# BEXAR COUNTY CHARITY CARE SPENDING ANALYSIS

## REASONS FOR VARYING SPENDING BY TEXAS URBAN COUNTY HOSPITAL/HEALTH DISTRICTS

It's natural to question whether a Texas metro county is doing "enough" to meet the needs of the community. Some variables that can affect an urban county's charity care spending include:

- **Year-to-Year Changes in the Ratio of Costs to Charges.** When hospitals report their spending on the uninsured, the best practice is to look at the costs of care and services, not simply the charges billed to patients. Not only does the ratio of costs to charges vary greatly from one hospital to another in a given year, it also varies for any one hospital as the mix of patients and care provided changes from year to year.<sup>9</sup> Single-year reports may not provide a realistic picture of the extent of this variation.

**TABLE 1: CHARITY CARE COSTS AND TAX LEVIES OF FOUR TEXAS HOSPITAL DISTRICTS, 2018-2021**

	Charity Care Costs			
	2018	2019	2020	2021
<b>Bexar</b>	\$290,010,176	\$293,207,559	\$315,050,039	\$370,086,270
<b>Dallas</b>	\$534,921,899	\$557,083,281	\$636,872,029	\$717,119,513
<b>El Paso</b>	\$113,953,638	\$95,886,330	\$91,919,200	\$99,720,832
<b>Harris</b>	\$674,068,013	\$642,182,853	\$705,679,704	\$703,014,259

Source: Health Services. (2018-2021). Annual Survey of Hospitals. Retrieved by open records request. Analysis by Every Texan.

- **Property wealth.** A county government may have to tax at a much higher rate to collect the same amount of revenue for health care where local property values and/or populations are lower. Compare Dallas and El Paso in Tables 2 and 3. Though taxing at nearly the same rate in 2021, Dallas County raised twice as much per resident and reported more than twice as much per resident on charity care as El Paso County. In the same way, Harris County is able to levy more hospital district tax support than Dallas County while using a much lower tax rate. The tax levies and rates reported indicate Bexar was able to tax against \$2 billion in (non-exempt) property value, Dallas against \$3 billion, and Harris \$5.2 billion for 2021.
- **Socioeconomic factors: average incomes, poverty rates, uninsured rates.** As Table 4 shows, El Paso County has dramatically higher poverty and uninsured rates and lower incomes than the three more populous counties. Table 1 shows how that is reflected in lower charity care spending per resident. Bexar County has lower per capita and household incomes than Dallas or Harris, but its poverty and uninsured rates are actually better than in those counties. Bexar County has a high Hispanic percentage of the population (61%), but that population is composed of U.S. citizens at a much higher rate than the other three counties and is below the Texas statewide average in non-citizen residents. U.S. citizenship makes access to Medicaid much more likely and may be one reason why Bexar County's uninsured rate is lower than the other counties' and the state average.

**TABLE 2: CHARITY CARE COSTS PER RESIDENT BY COUNTY, 2021**

County	Total Population, 2021	CC Costs per resident, 2021
<b>Bexar</b>	2,028,236	\$182.47
<b>Dallas</b>	2,586,050	\$277.30
<b>El Paso</b>	867,947	\$114.89
<b>Harris</b>	4,728,030	\$148.69
<b>Texas</b>	29,527,941	

Source: U.S. Census 2021 American Community Survey (ACS) 1-Year Estimates.

<sup>9</sup> To assist in answering the question: Is University Health Systems (UHS) spending a disproportionately low amount of taxpayer dollars on indigent care, compared to other major metro county hospitals? Every Texan analyzed hospital report data and employed the American Hospital Association methodology to calculate uncompensated care charges, cost-to-charge ratios, and uncompensated care costs.



# BEXAR COUNTY CHARITY CARE SPENDING ANALYSIS

**TABLE 3: CHARITY CARE COSTS AND TAX LEVIES OF FOUR TEXAS HOSPITAL DISTRICTS, 2018-2021**

	Hospital District Tax Levy with Charity Care Cost Reported as % of Levy				Taxes levied for Health District, per resident	Tax Rate
	2018	2019	2020	2021	2021	2021
<b>Bexar</b>	\$459,033,503	\$521,365,033	\$519,948,971	\$545,971,751	\$269.19	0.276
CC Cost % of HD Tax Levy	63%	56%	61%	68%		
<b>Dallas</b>	\$687,528,290	\$855,235,000	\$760,819,946	\$768,626,320	\$297.22	0.255
CC Cost % of HD Tax Levy	78%	65%	84%	93%		
<b>El Paso</b>	\$111,238,358	\$131,956,285	\$128,312,015	\$130,804,696	\$150.71	0.258
CC Cost % of HD Tax Levy	102%	73%	72%	76%		
<b>Harris</b>	\$755,043,631	\$835,295,238	\$833,692,853	\$836,082,712	\$176.84	0.162
CC Cost % of HD Tax Levy	89%	77%	85%	84%		

Source: Texas Comptroller of Public Accounts. (n.d.). TAX RATES AND LEVIES. Tax rates and levies. <https://comptroller.texas.gov/taxes/property-tax/rates/>

**TABLE 4: SOCIOECONOMIC INDICATORS CAN AFFECT COUNTIES' CAPACITY TO FUND HEALTH CARE FOR UNINSURED**

County	Percent in poverty	Percent without health insurance, under age 65 years	Median household income (in 2021 dollars)	Per capita income in past 12 months (in 2021 dollars)	Percent of Total Population Not U.S. Citizens
<b>Bexar</b>	15.1%	16.6%	\$62,169	\$31,233	7.3%
<b>Dallas</b>	14.2%	22.0%	\$65,011	\$35,459	16.8%
<b>El Paso</b>	19.3%	21.4%	\$50,919	\$23,979	11.4%
<b>Harris</b>	15.6%	21.8%	\$65,788	\$35,103	16.1%
<b>Texas</b>	14.0%	18.0%	\$67,321	\$34,255	10.2%

Source: U.S. Census, 2021 American Community Survey (ACS) 1-Year Estimates.

## MEDICAL DEBT IN BEXAR COUNTY

Linked to the worst-in-nation uninsured rate, Texas is also a national epicenter of medical debt, with one of the highest rates of households with medical debt in collections. **Of the nation's 20 most populous counties, three Texas counties top the list with the highest concentrations of medical debt: Tarrant County (Fort Worth), Dallas County (Dallas), and Bexar County (San Antonio), with Harris County (Houston) close behind in sixth place.**<sup>10</sup> Table 5 includes both overall consumer debt and medical debt in collections. Accurately capturing the impact of medical bills on debt requires both statistics because medical bills paid with credit cards show up in the overall debt total and not in the medical bill subset.<sup>11</sup>

<sup>10</sup> Carther, A., Martincheck, K., Brega, B., McKernan, S.-M., & Quakenbush, C. (2022, June 23). Debt in America: An Interactive Map - Urban Institute. Urban Institute. <https://apps.urban.org/features/debt-interactive-map/>

<sup>11</sup> Note: the U.S. Census also asks consumers about medical debt in one of their surveys (the Survey of Income and Program Participation, SIPP), which yields a different set of estimates.



# BEXAR COUNTY CHARITY CARE SPENDING ANALYSIS

TABLE 5: CONSUMER DEBT IN COLLECTIONS

Texans of color are disproportionately burdened by medical debt. In Bexar County, for example, 9% of households in white communities have medical debt in collections compared to 20% of households in communities of color. Significantly more Hispanic Texans (41%) and Black Texans (38%) are likely to have trouble paying medical bills than white Texans (32%).<sup>12</sup> These racial and ethnic disparities in medical debt can perpetuate inequities in access to housing, financial stability, educational attainment, access to health care, access to credit, and overall opportunity to move ahead and prosper.

	United States			Bexar County		
	All	White, non-Hispanic	People of Color	All	White, non-Hispanic	People of Color
<b>Any Debt in Collections</b>	26%	22%	35%	38%	19%	44%
<b>Median Debt</b>	\$1,739	\$1,667	\$1,818	\$1,988	\$1,708	\$2,000
<b>Medical Debt in Collections</b>	13%	11%	15%	18%	9%	20%

Source: Carther, A., Martincheck, K., Brega, B., McKernan, S.-M., & Quakenbush, C. (2022, June 23). Debt in America: An Interactive Map - Urban Institute. Urban Institute. <https://apps.urban.org/features/debt-interactive-map/>

**UHS and CareLink.** Online information for CareLink applicants describes broadly the benefits CareLink provides and excludes and makes clear that the program is not insurance.<sup>13</sup> Applicants are advised online that there are monthly fees and point-of-service co-payments, but specific information on the sliding scale is not posted online. Significantly, CareLink online information indicates the program does not cap participant financial liability for out-of-pocket costs, and flags that participants' unpaid program debts can be sent to collections.

## WHAT QUESTIONS DO THESE DATA RAISE ABOUT BEXAR COUNTY'S SPENDING ON THE UNINSURED?

The lack of any real policy benchmarks for what is the optimal level of spending does not support a conclusion that Bexar County spending is inadequate. However, the data do raise several questions about what accounts for Bexar County's unique pattern of charity care spending.

- **Why are Bexar County Hospital District (University Health System) Charity Cost spending reports for 2018-2021 a significantly smaller percentage of the hospital district tax levies compared to Dallas, El Paso, and Harris Counties?** As Tables 1 and 3 above show, UHS's reported Charity Care costs ranged from 56-68% of the reported Bexar County Hospital District's tax levy during those years, compared to a range of 65-102% for Dallas, El Paso, and Harris Counties.
  - **What factors might explain this difference?** Possibilities include: lower average medical costs in Bexar County, inconsistencies in how counties capture and report costs, and more or less generous charity care policies, possibly including different out-of-pocket shares for Bexar County patients than for other metro counterparts.
- **How Can UHS and CareLink policies be updated to help reduce medical debt for county residents?** UHS can look to the example of Dallas County, which in recent years restructured its program for the uninsured to minimize or eliminate exposure to medical debt by low-income uninsured residents. Community outreach on CareLink and education explaining how consumers can avoid medical debt is another approach that could further help reduce Bexar County's high rates of medical debt.

12 Sim, S., Marks, Sutton, J., E., Ben-Porath, E., (2022). Texans' Views on Health Policy and Experiences with Access and Affordability.

13 University Health. (2023, February). Summary of benefits - Carelink - University Health System. <https://www.universityhealth.com/-/media/Files/Patients-Visitors/CareLink/CareLink-Summary-of-Benefits.ashx>





## BEYOND THIS COMPARISON WITH OTHER TEXAS MAJOR URBAN COUNTIES: EQUITY ANALYSIS

The charity care indicators reviewed above help place in context Bexar County’s challenges in funding health care for uninsured residents. A deeper equity review will require a more granular look at how well the UHS structures and policies are targeted to serve residents with the greatest needs.

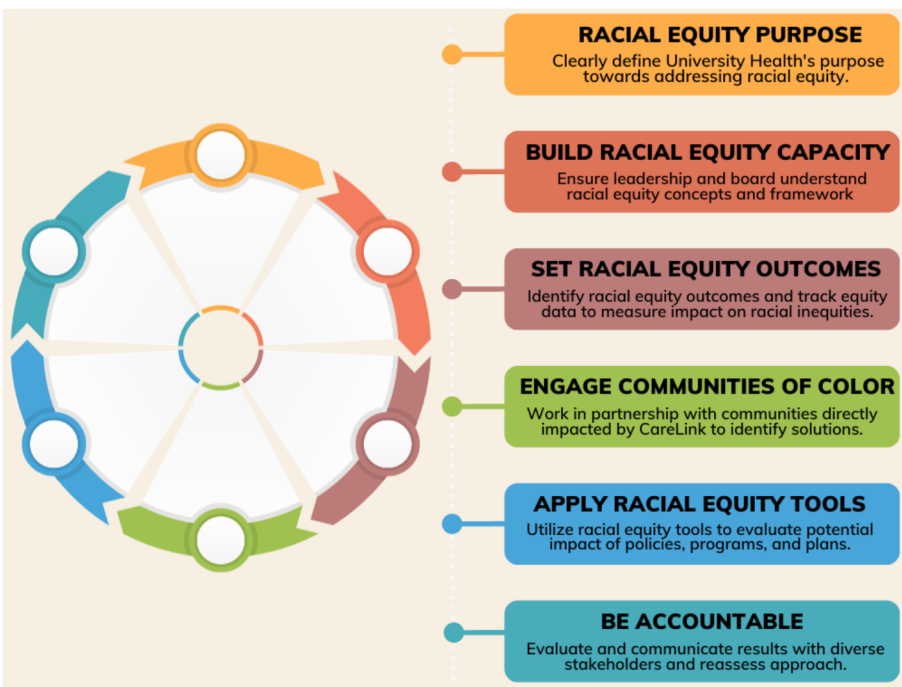
## EQUITY FRAMEWORK FOR CHARITY CARE IN BEXAR COUNTY

A commitment to equity calls for public hospital systems to ensure their policies, procedures, programs, and distribution of resources account for the varied histories, challenges, and needs of the residents they serve. In Bexar County—as is the case throughout Texas and the United States—racial and ethnic disparities remain deep and pervasive across all indicators of health and well-being. Therefore, in addition to considering income disparities, an equitable framework for the provision of charity care services requires a race-conscious, targeted approach to advancing equity.

The majority of Bexar County’s residents are people of color (73%), with Hispanic/Latino residents representing the largest racial and ethnic group (61% of the total population). People of color—particularly Hispanic/Latino, Black, and Indigenous residents—are more likely to be uninsured, earn lower wages, experience poverty, have medical debt,<sup>14</sup> and lack access to health-promoting resources. Black and Hispanic/Latino households in Bexar County are also more likely to be housing-cost-burdened, regardless of whether they are homeowners or renters. Medical debt and housing costs squeeze household budgets, leading households to cut spending on health-promoting resources and activities while taking on additional debt.<sup>15</sup>

The high-level recommendations provided here for improving equitable performance by the Bexar County Hospital District are consistent with national best practices on how to embed racial equity throughout organizations and institutions.

## RACIAL EQUITY FRAMEWORK FOR CHARITY CARE PROGRAMS



### Step 1: Establish a racial equity purpose statement.

Racial equity purpose statements provide focus and specificity on the role of hospitals in reducing—or eliminating—health care disparities. Without a clearly defined racial equity purpose and/or mission statement, charity care systems are unlikely to significantly reduce racial and ethnic disparities in their communities.

While various San Antonio and Bexar County entities have published needs assessments that speak to disparities and equity, it is unclear whether UHS has developed a racial equity purpose statement or goals related to its charity

14 Bennett, N. (2023, June 7). 19% of U.S. households could not afford to pay for medical care right away. Census.gov. <https://www.census.gov/library/stories/2021/04/who-had-medical-debt-in-united-states.html>

15 Rae, M., Claxton, G., Rae, K. A., Wager, E., Ortaliza, J., & Cox, C. (2022, March 23). The burden of medical debt in the United States. Peterson-KFF Health System Tracker. <https://www.healthsystemtracker.org/brief/the-burden-of-medical-debt-in-the-united-states/>



care program (this information is not readily available on its website). University Health System leadership can move toward a racial equity change process by inviting its key system and community stakeholders to re-imagine what a racially just hospital district can look like.

### **Step 2: Build internal racial equity capacity.**

When institutions budget and dedicate time for staff and board members to attend equity training and develop a culture of ongoing learning, they are more prepared to make progress in external-facing equity efforts. Best practices also call for establishing a diverse racial equity leadership team to guide the process of embedding racial equity throughout an organization or program. Resourcing a racial equity team is critical to ensuring its success.

### **Step 3: Set racial equity outcomes.**

UHS's mission is to improve the good health of the community through high-quality, compassionate patient care, innovation, education, and discovery. Improvement requires addressing the root causes of health outcomes, including the social, economic, and environmental conditions in which Bexar County residents live, as evidenced by the Bexar County Community Health Needs Assessment (CHNA)<sup>16</sup>. Racial equity is the elimination of disparities so that race or ethnicity can no longer be used to predict a person's life outcomes. Equal treatment for people in unequal situations, even in providing patient care for people of lower incomes, will not close the racial health disparities seen in Bexar County.

One indicator of economic and social conditions that UHS could measure at the community or patient level is medical debt, which is both a key consequence and a driver of the racial health gap. As a program of care for uninsured residents with family incomes at or below 200% of the federal poverty guidelines, CareLink can have a direct impact on medical debt in the community, both through its own policies and to the degree to which uninsured low-income residents are aware of their eligibility for services. UHS could set an equity outcome that seeks to reduce existing racial inequities in medical debt across Bexar County and ensure that this indicator is also tracked in the CHNA.<sup>17</sup>

UHS can also set racial equity outcomes through the systemic use of a screening tool (e.g., the Accountable Health Communities Model)<sup>18</sup> to identify housing instability, food insecurity, transportation, and utility assistance needs that are impacting health care costs and utilization. Bexar County has led Texas communities with strong models of service integration, including Haven for Hope.<sup>19</sup> Understanding and measuring the charity care program's impact on reducing racial and ethnic disparities in the community, and capturing data that disaggregates outcomes by race and ethnicity are examples of how UHS can have a more explicit racial equity approach.

### **Step 4: Engage and increase access for communities of color.**

For UHS to avoid one-off results and gain measurable progress that is sustained over time, building partnerships with the residents most deeply affected by racial disparities in developing and implementing policies and strategies is critical.

<sup>16</sup> Grow Health Together Bexar County. (2022). Bexar County Community Health Needs Assessment. Health Collaborative Community Health Needs Assessment. <https://www.healthcollaborativechna.com/2022chnabexar>

<sup>17</sup> Currently, medical debt is not included in the CHNA, nor are most indicators disaggregated by race and ethnicity to analyze how lower-income communities of color fare when compared to their non-Hispanic white counterparts.

<sup>18</sup> Centers for Medicare & Medicaid Services. (n.d.). Accountable health communities model. CMS.gov. <https://www.cms.gov/priorities/innovation/innovation-models/ahcm>

<sup>19</sup> Haven for hope. Haven For Hope. (2023, August 9). <https://www.havenforhope.org/>



Secondly, it is reasonable to question whether communities with the biggest barriers to access throughout Bexar County are aware of the charity care program, who qualifies for this program, and what financial assistance is available for qualifying patients. Inclusive outreach strategies are necessary to ensure that low-income communities of color are informed about charity care services, and do not accrue unnecessary medical debt by getting care elsewhere if they would otherwise qualify for CareLink assistance. For households where English is not the primary language, translating key information and the enrollment application into the top five languages spoken in Bexar County (Spanish, Vietnamese, Chinese, Arabic, and Tagalog) would be a good start.

### Other effective tools include:

- Target outreach to higher concentrations of low-income people of color by using GIS maps, such as the City of San Antonio's Equity Atlas.<sup>20</sup>
- Advertise in ethnic media, especially Spanish-language media.
- Explain that care is available without regard for immigration status, and reassuring families that include non-citizens that accessing care will not expose them to immigration enforcement actions is critical, even given Bexar County's relatively high rate of U.S. citizenship.
- Partner with community-based organizations with deep connections with low-income communities of color to inform and enroll patients in charity care programs.
- Conduct ongoing monitoring of improved proximity to primary care clinics, specialty care clinics, and emergency care facilities in areas of Bexar County where low-income residents live and work, and ease of access via public transit.
  - Include analysis of transportation barriers for elderly residents and people with disabilities.
  - Locations of hospitals can affect access to clinics or specialty care if those services are delivered on a hospital campus. Hospitalizations are rare, but primary and specialty care visits are not.
- Continue to monitor the adequacy of after-hours care for people with low incomes who have limited capacity to take time off daytime work for appointments.

### Step 5: Apply racial equity tools for current and new policies and plans.

Systematically examining the likely impacts of UHS policies, strategies, or plans is a key to fostering racial equity and inclusion. Racial Equity Impact Assessment (REIA) tools can ensure that a race-conscious approach is applied in developing new and evaluating current policies and plans. These tools often include questions like these:

- Who is most impacted by the proposed policy, strategy, or plan?
- What racial and ethnic disparities are being (or can be) addressed?
- How would/does the policy, strategy, or plan impact current racial and ethnic disparities?
- Are there any potential negative impacts?
- Can the policy or plan be sustainably successful?

By exploring more deeply the unanswered questions posed previously in this report regarding how Bexar County taxpayer-supported charity care compares to that of other major Texas urban counties, UHS will strengthen the REIA analyses described above.

20 San Antonio Office of Equity. (n.d.). Equity Matrix + Demographic Indicator Maps. [cosagis.maps.arcgis.com](https://cosagis.maps.arcgis.com). <https://cosagis.maps.arcgis.com/apps/MapSeries/index.html?appid=184271d3b89748e5b6ba183463da804a>



## BEXAR COUNTY CHARITY CARE SPENDING ANALYSIS

UHS should apply a REIA to current charity care and CareLink payment policies and procedures, including sliding scales, monthly fees, point-of-service co-payments, capping out-of-pocket costs, and unpaid debts sent to collection and credit agencies. A review of other hospital district charity care programs in Texas may shed light on the potential positive impact of debt-reducing policies.<sup>21</sup> Revision of CareLink policies to eliminate ones that can cause uninsured low-income residents to accumulate more medical debt will drive a tangible equity outcome that can also provide an early and credible equity gain for UHS.

### **Step 6: Be transparent and accountable to diverse stakeholders.**

In applying a racial equity framework, this step involves building public trust by demonstrating sustained data-driven decision-making and outcome tracking. Accountability entails showing the community that recommended actions to reduce racial and ethnic health disparities are actually implemented.

## CONCLUSIONS AND RECOMMENDATIONS:

There is no real policy benchmark for what the optimal level of spending on charity care is, therefore we cannot determine that Bexar County spending is inadequate. A unique finding in observing charity care costs spent per resident across the different counties shows that Bexar County Hospital District (University Health System) taxes levied per county resident are much higher than district charity care costs spent per resident.

- 1 UHS should determine why its reported charity care costs for 2018-2021 (as reported in the AHA/DSHS Annual Hospital Survey) reflect a significantly smaller percentage of the hospital district tax levy (as reported by the Texas Comptroller) compared to the Dallas, El Paso, and Harris County hospital districts.**
  - If the disparity is due to major differences in how UHS financing is structured or reported and does not reflect a lower share of the total tax levy going to care for the low-income uninsured, this can be documented for the community's understanding.
  - If UHS/BCHD finds it is currently directing a significantly smaller share of taxes levied to charity care than most major metro Texas counties, then the district should enlist community input to develop and implement a plan and timeline to increase the share of the tax levy that is spent on UHS Charity Care.
- 2 UHS should establish an inclusive, transparent, and ongoing systematic program to study, implement, and monitor the effectiveness of policies to end racial, ethnic, and economic disparities in medical care access.**
  - UHS should include Ongoing Transparency and Public Engagement in developing service delivery locations and transportation.
- 3 UHS should review current charity care and CareLink policies to identify and cap exposure to medical debt from services delivered through the CareLink program, similar to 2018 Dallas County program improvements.**