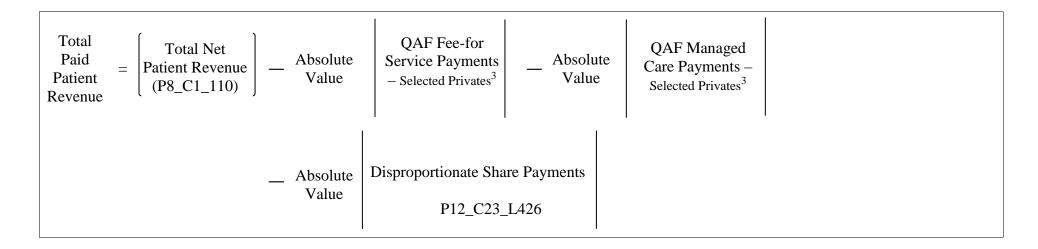
LOW INCOME PERCENT FORMULA FOR FISCAL YEAR 2018-19

Low Income Percent = (Medicaid Fraction) + (Charity Fraction)

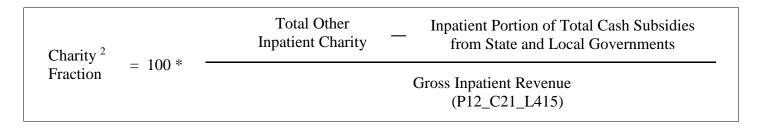
Medicaid Fraction¹

Where,



- 1. Unless otherwise noted, all data are derived from the OSHPD Annual Financial Disclosure Report (AFDR) for the hospital's fiscal year ending (FYE) in 2016.
- 2. $0 \le \text{Medicaid Fraction} \le 100$.
- 3. Pursuant to the OSHPD Technical Letters No. 23 (August 2011) and 25 (September 2012), hospitals are required to report the Quality Assurance Fee (QAF) Program payments in the CY 2011 AFDR. According to California Welfare and Institutions Code Section 14169.8 (effective 2011), the QAF payments made to private hospitals will be adjusted in the FY 2018-19 LIUR calculation.
- 4. Medi-Cal Short-Doyle paid claims for calendar year of service 2016 with dates of payment through February 2018.

Charity Fraction¹



Where,

- 1. Unless otherwise noted, all data are derived from the OSHPD Annual Financial Disclosure Report (AFDR) for the hospital's fiscal year ending in 2016.
- 2. $0 \le \text{Charity Fraction} \le 100$.

Where,

Gross Inpatient Charity (P12_C1_L430 + P12_C9_L430 + P12_C13_L430) + P12_C19_L430) +
$$\begin{bmatrix} \text{Medi-Cal Gross Inpatient Charity} \\ \text{P12}_{1} & \text{Charity} \\ \text{P12}_{2} & \text{C13}_{2} & \text{C13}_{3} & \text{C13}_{3} \\ \text{P12}_{3} & \text{C13}_{3} & \text{C13}_{3} & \text{C13}_{3} \\ \text{P12}_{4} & \text{C13}_{3} & \text{C13}_{3} & \text{C13}_{3} \\ \text{P12}_{4} & \text{C13}_{3} & \text{C13}_{3} & \text{C13}_{3} \\ \text{P12}_{4} & \text{C13}_{3} & \text{C13}_{3} & \text{C13}_{3} \\ \text{Medi-Cal Gross Inpatient Charity} \\ \text{P12}_{2} & \text{C13}_{3} & \text{C13}_{3} & \text{C13}_{3} & \text{C13}_{3} \\ \text{Medi-Cal Gross Inpatient Revenue} \\ \text{(P12_C5_{3}_{4} & \text{C13}_{3} & \text{C13}_{3} \\ \text{Patient Charity} \\ \text{(P12_C5_{4} & \text{C14}_{3} & \text{C13}_{3} & \text{C13}_{3} \\ \text{Patient Charity} \\ \text{(P12_C5_{4} & \text{C14}_{3} & \text{C13}_{3} & \text{C13}_{3} \\ \text{P12_{2}_{2} & \text{C14}_{3} & \text{C14}_{3} \\ \text{P12_{2}_{2} & \text{C14}_{3} & \text{C14_{3}} \\ \text{P12_{2}_{2} & \text{C14_{3}_{3} & \text{C14_{3}_{3}} \\ \text{P12_{2}_{2} & \text{C14_{2}_{3} & \text{C14_{3}_{3}} \\ \text{P12_{2}_{2} & \text{C14_{3}_{3} & \text{C14_{3}_{3}} \\ \text{P12_{2}_{2$$

County Indigent **UC** Gross Inpatient Inpatient County Indigent Inpatient Portion of Total Absolute **Program Inpatient** Clinical Teaching Program Managed Care Net Cash Subsidies from State Value Net Patient Revenue Patient Revenue Support and Local Governments (P12_C9_L460) (P12_C17_L445) (P12 C11 L460 x B*)

*Inpatient ratio as follows:

Medicare Managed Care

A = P12_C3_L415 / (P12_C3_L415 [Inpatient] + P12_C4_L415 [Outpatient])

County Indigent Managed Care

B = P12_C11_L415 / (P12_C11_L415 [Inpatient] + P12_C12_L415 [Outpatient])

Other Third Party Managed Care

C = P12_C15_L415 / (P12_C15_L415 [Inpatient] + P12_C16_L415 [Outpatient])

Medi-Cal Managed Care

 $D = P12_C7_L415 \ / \ (P12_C7_L415 \ [Inpatient] + P12_C8_L415 \ [Outpatient])$