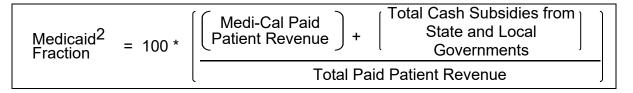
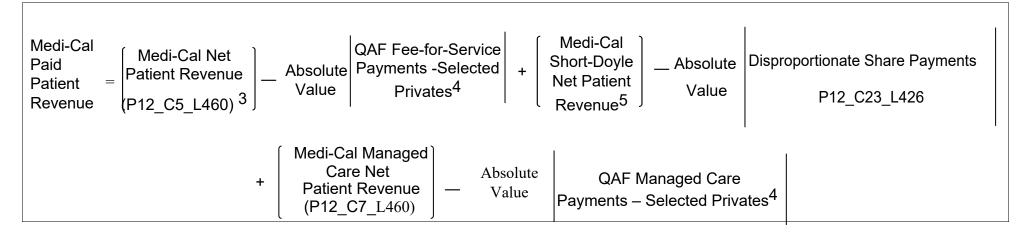
LOW INCOME PERCENT FORMULA FOR FISCAL YEAR 2021-22

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

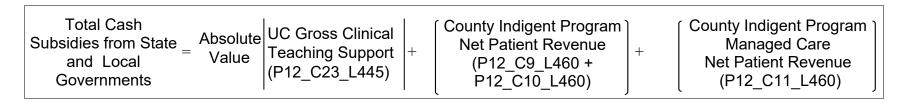
Medicaid Fraction¹

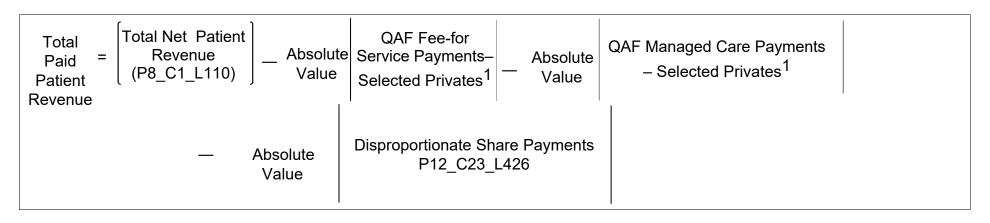


Where,



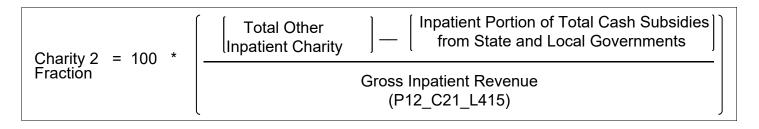
- 1. Unless otherwise noted, all data are derived from the OSHPD Annual Financial Disclosure Report (AFDR) for the hospital's fiscal year ending (FYE) in 2019.
- 2. $0 \le Medicaid Fraction \le 100$.
- 3. Numeric PCL references denote specific data locations within the AFDR.
- 4. Pursuant to the OSHPD 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 2019 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 2021-22 LIUR calculation.
- 5. Medi-Cal Short-Doyle paid claims for calendar year of service 2019 with dates of payment through February 2021.





1. 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 2019 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 2021-22 LIUR calculation.

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 2019.
- 2. $0 \le \text{Charity Fraction} \le 100$.

Where,

UC Gross Inpatient Portion of Inpatient County Indigent County Indigent Inpatient Clinical **Total Cash Subsidies Program Managed Care Program Inpatient** = Absolute **Teaching Support** from State and Local Net Patient Revenue Net Patient Revenue Value (P12 C17 L445) Governments (P12 C11 L460 x B*) (P12_C9_L460)

^{*}Inpatient ratio as follows:

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

B (County Indigent Managed Care) = P12_C11_L415 / (P12_C11_L415 [Inpatient] + P12_C12_L415 [Outpatient])

C (Other Third Party Managed Care) = P12_C15_L415 / (P12_C15_L415 [Inpatient] + P12_C16_L415 [Outpatient])