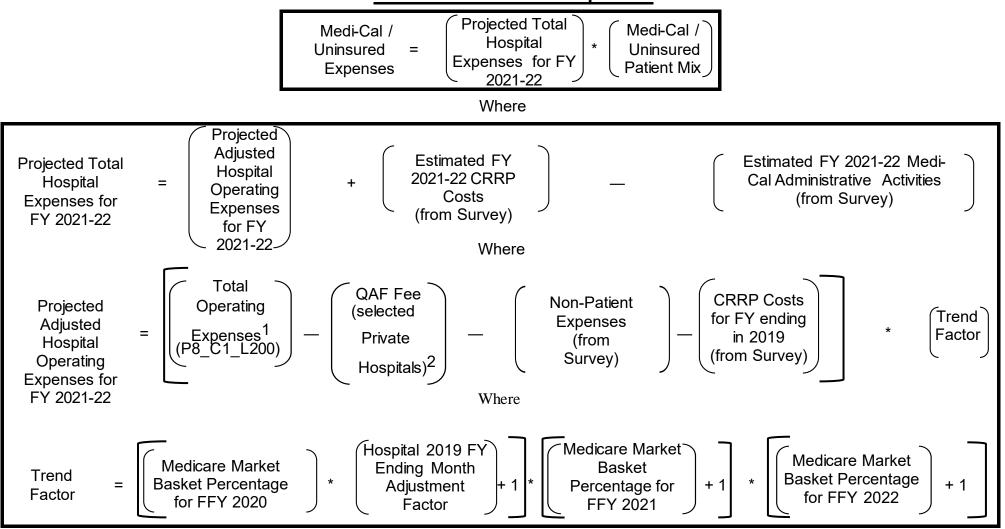


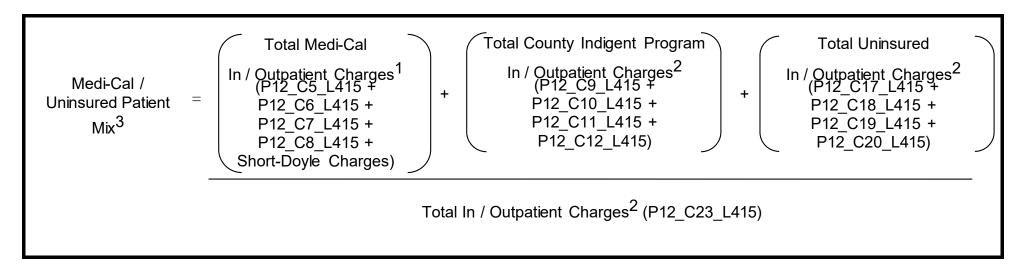
* Note: According to the Balanced Budget Act of 1997 and Balanced Budget Refinement Act of 1999, the OBRA (Omnibus Budget Reconciliation Act) limit amounts that are determined by this formula will be applied:

- at 175 % to public hospitals
- at 100 % to nonpublic hospitals



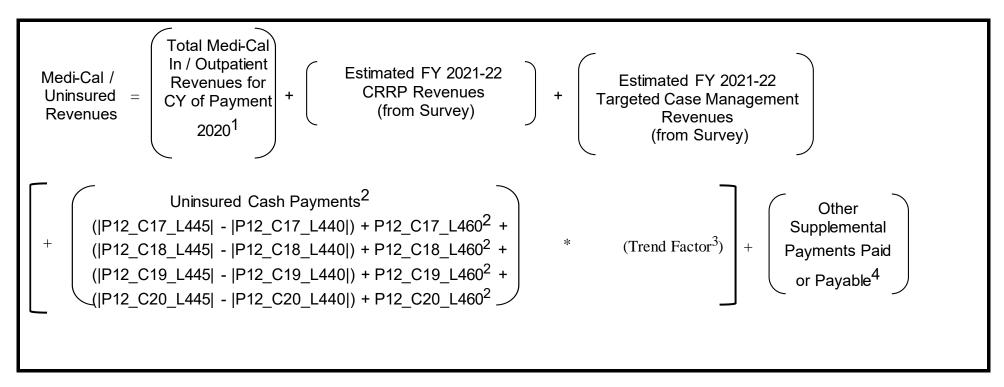
<u>Medi-Cal / Uninsured Expenses</u>

- 1. From the Office of Statewide Health Planning and Development (OSHPD) Annual Financial Disclosure Report (AFDR) for fiscal year ending in 2019.
- 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 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 OBRA calculation.



- 1. From the OSHPD AFDR for fiscal year ending in 2019 and Medi-Cal Short/Doyle paid claims for calendar year of service 2019 with dates of payment through May 2021.
- 2. From the OSHPD AFDR for fiscal year ending in 2019.
- 3. $0 \leq$ Medi-Cal / Uninsured Patient Mix ≤ 100

Medi-Cal / Uninsured Revenues



- 1. From the Medi-Cal paid claims files, Medi-Cal Short/Doyle paid claims files, Medi-Cal Inpatient Psychiatric paid claims files, and data collected from the Medi-Cal Managed Care plans for calendar year of payment 2020.
- 2. From the OSHPD AFDR for fiscal year ending in 2019. To calculate the Uninsured Cash Payments:
 - (a) Each Support for Clinical Teaching (Line 445) will be offset by its Teaching Allowance (Line 440)
 - (b) Only positive values will be used for the Net Patient Revenue (Line 460).
- 3. Same as the Trend Factor formula on page 2.
- 4. Other Supplemental Payments include: Outpatient DSH, Outpatient Small and Rural Hospital, AB 915, NDPH IGT, Graduate Medical Education (GME), Private Hospital Supplemental Fund, NDPH Supplemental Fund, and Enhanced Payment Program (EPP).