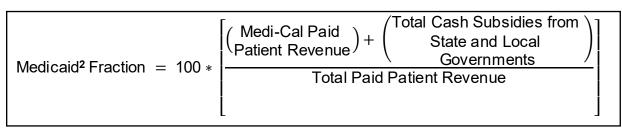
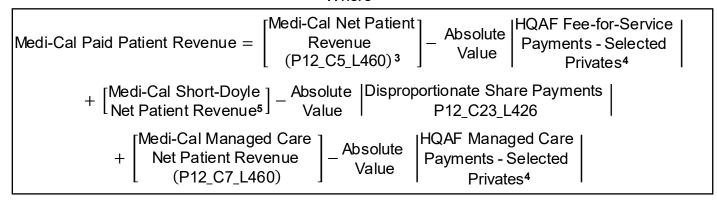
Low Income Percent = (Medicaid Fraction) + (Charity Fraction)

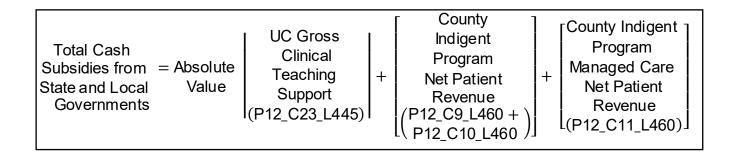
Medicaid Fraction¹

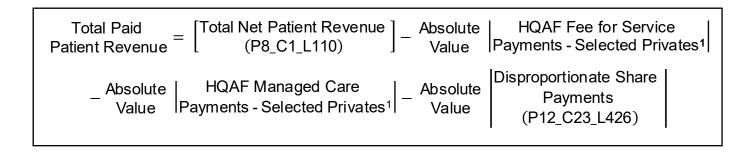


Where



- 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 2020.
- 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 Hospital Quality Assurance Fee (HQAF) Program payments in the CY 2020 AFDR. According to California Welfare and Institutions Code Section 14169.8 (effective 2011), the HQAF payments made to private hospitals will be adjusted in the FY 2022-23 LIUR calculation.
- 5. Medi-Cal Short-Doyle paid claims for calendar year of service 2020 with dates of payment through February 2022.

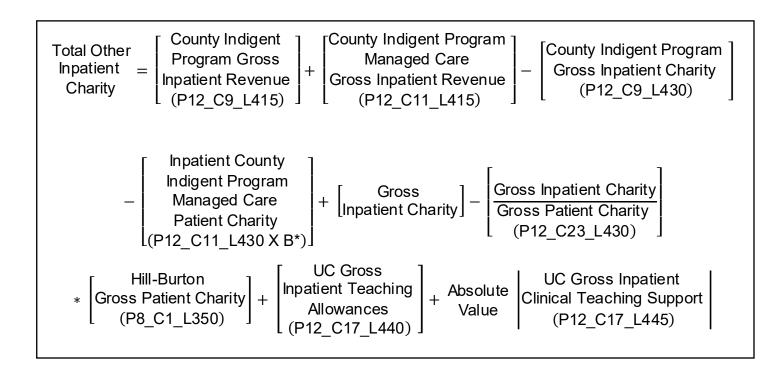




1. Pursuant to the OSHPD Technical Letters No. 23 (August 2011) and 25 (September 2012), hospitals are required to report the Hospital Quality Assurance Fee (HQAF) Program payments in the CY 2020 AFDR. According to California Welfare and Institutions Code Section 14169.8 (effective 2011), the HQAF payments made to private hospitals will be adjusted in the FY 2022-23 LIUR calculation.

Charity Fraction¹

Where



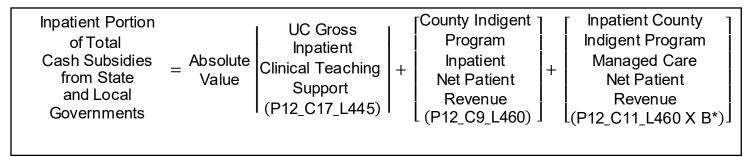
* See B on Page 4

- 1. Unless otherwise noted, all data are derived from the OSHPD Annual Financial Disclosure Report (AFDR) for the hospital's fiscal year ending in 2020.
- 2. 0 ≤ Charity Fraction ≤ 100.

Where

$$\text{Gross Inpatient Charity} = \begin{bmatrix} \text{Non-Medi-Cal} \\ \text{Gross Inpatient Charity} \\ \left(\begin{array}{c} \text{P12_C1_L430} + \text{P12_C9_L430} + \\ \text{P12_C13_L430} + \text{P12_C19_L430} \end{array} \right) + \begin{bmatrix} \text{Inpatient Non-Medi-Cal} \\ \text{Managed Care} \\ \text{Gross Inpatient Charity} \\ \text{P12_C3_L430 X A}^* + \\ \text{P12_C11_L430 X B}^* + \\ \text{P12_C15_L430 X C}^* \end{bmatrix} \\ + \begin{bmatrix} \text{Other Indigent} \\ \text{Gross Inpatient Charity} \\ \text{(P12_C5_L415)} \\ \text{Medi-Cal Gross Patient Revenue} \\ \text{(P12_C5_L415)} \\ \text{Medi-Cal Gross Patient Revenue} \\ \text{(P12_C5_L415)} \end{bmatrix} \\ * \begin{bmatrix} \text{Medi-Cal Gross Patient Medi-Cal} \\ \text{Managed Care Gross} \\ \text{Patient Charity} \\ \text{P12_C7_L430 X D}^* \end{bmatrix} \\ + \begin{bmatrix} \text{Inpatient Medi-Cal} \\ \text{Managed Care Gross} \\ \text{Patient Charity} \\ \text{P12_C7_L430 X D}^* \end{bmatrix}$$

and



^{*}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])
- **D.** (Medi-Cal Managed Care) = P12_C7_L415 / (P12_C7_L415 [Inpatient] + P12_C8_L415 [Outpatient])