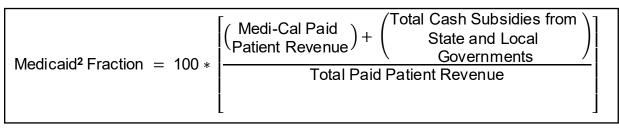
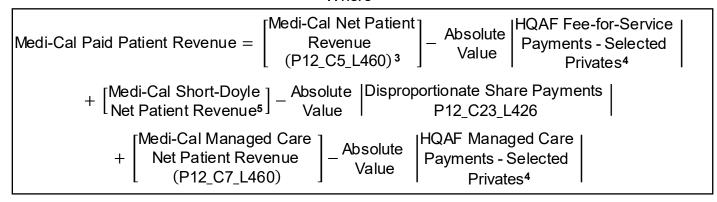
Low Income Percent = (Medicaid Fraction) + (Charity Fraction)

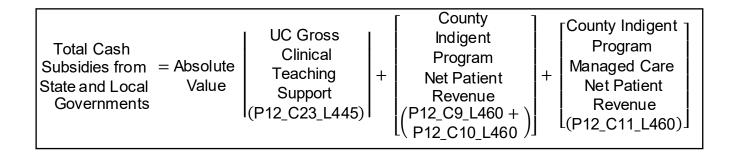
Medicaid Fraction¹



Where



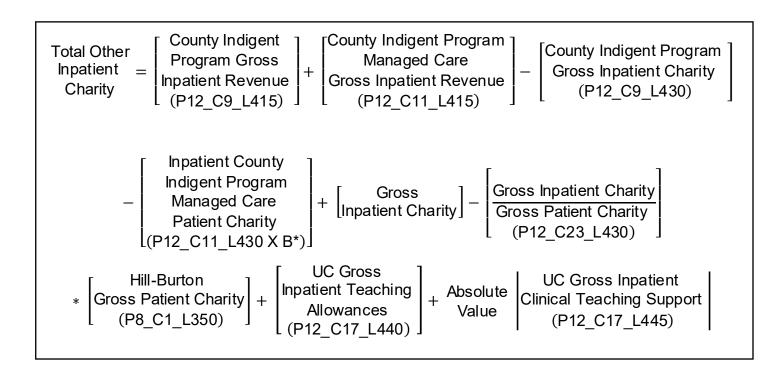
- 1. Unless otherwise noted, all data are derived from the HCAI Annual Financial Disclosure Report (AFDR) for the hospital's fiscal year ending (FYE) in 2021.
- 2. $0 \le Medicaid Fraction \le 100$.
- Numeric PCL references denote specific data locations within the AFDR.
- 4. Pursuant to the HCAI Technical 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 2021 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 2023-24 LIUR calculation.
- 5. Medi-Cal Short-Doyle paid claims for calendar year of service 2021 with dates of payment through February 2023.



 Pursuant to the HCAI 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 2021 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 2023-24 LIUR calculation.

Charity Fraction¹

Where



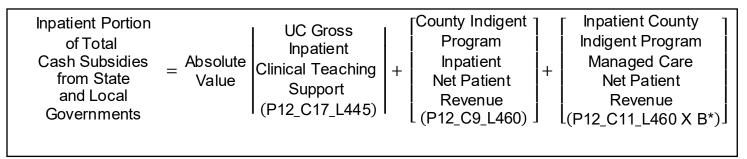
* See B on Page 4

- 1. Unless otherwise noted, all data are derived from the HCAI Annual Financial Disclosure Report (AFDR) for the hospital's fiscal year ending in 2021.
- 2. $0 \le \text{Charity Fraction} \le 100$.

Where

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

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])