

Disproportionate Share Hospitals (DSH) California

Inclusions:

DSH Map & Table

Description of Disproportionate Share Hospitals Eligibility Formulas

Low-Income Utilization Rate (LIUR) Formula

Medicaid Inpatient Utilization Rate (MUR) Formula

Produced by:

Data Management Office, Information Technology Service Division

Office of Statewide Health Planning & Development

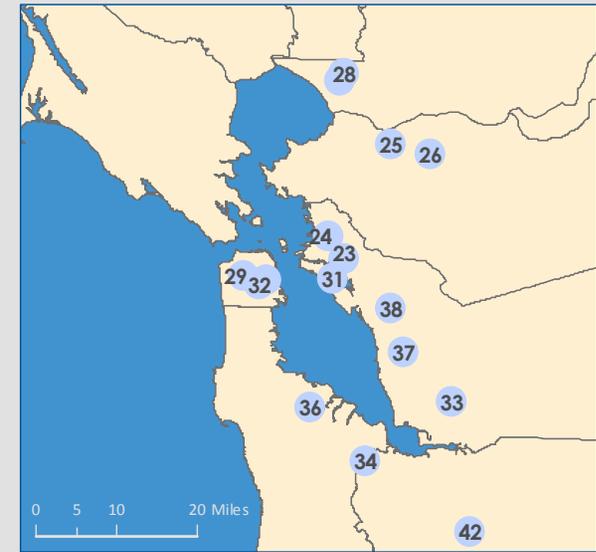
November 3, 2014



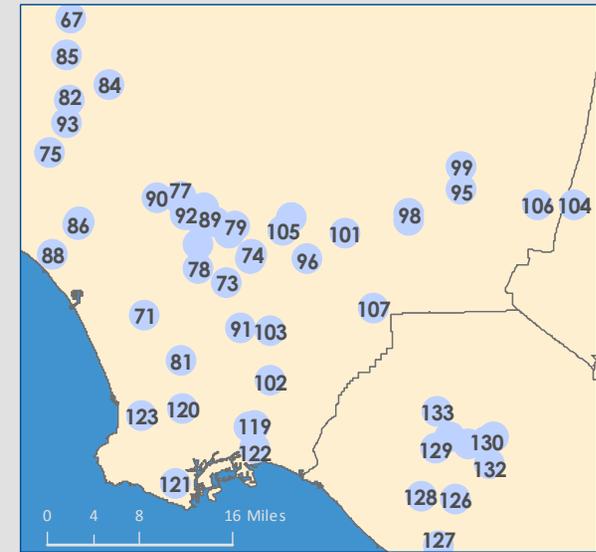
Disproportionate Share Hospitals California

Disproportionate Share Hospital (DSH) adjustment payments provide additional help to those hospitals that serve a significantly disproportionate number of low-income patients; eligible hospitals are referred to as DSH hospitals. States receive an annual DSH allotment to cover the costs of DSH hospitals that provide care to low-income patients that are not paid by other payers, such as Medicare, Medicaid, the Children's Health Insurance Program (CHIP) or other health insurance. This annual allotment is calculated by law and includes requirements to ensure that the DSH payments to individual DSH hospitals are not higher than these actual uncompensated costs.

Refer to attached tables and inclusions for names, statistics and definitions.



San Francisco Bay Area



Los Angeles Area



Data Source Providers:
Safety Net Financing Division
 Disproportionate Share Hospital Eligibility Unit
 Department of Healthcare Services
<http://tinyurl.com/DSH0910>
<http://tinyurl.com/HHS-gov-DSH>

Information on this map is subject to change.

Produced by:
Data Management Office, IT Services Division
 November 3, 2014

Disproportionate Share Hospital

Label	Facility Name	Medicaid Utilization Rate ¹	Percent Low Income ²	Zip Code
1	MODOC MEDICAL CENTER	6.4	33.8	96101
2	MAD RIVER COMMUNITY HOSPITAL	28.2	26.9	95521
3	SEMPERVIRENS PHF	7.2	49.8	95501
4	MAYERS MEMORIAL HOSPITAL	17.1	40.1	96028
5	REDWOOD MEMORIAL HOSPITAL	26.1	25.8	95540
6	TRINITY HOSPITAL	14.1	40	96093
7	SHASTA REGIONAL MEDICAL CENTER	17.6	29.8	96001
8	JEROLD PHELPS COMMUNITY HOSPITAL	1.8	36.4	95542
9	SENECA HEALTHCARE DISTRICT	7.9	28.9	96020
10	BUTTE COUNTY MENTAL HEALTH SERVICES	5.1	62.5	95926
11	FEATHER RIVER HOSPITAL	20.8	26	95969
12	EASTERN PLUMAS HOSPITAL-PORTOLA CAMPUS	8.5	31.6	96122
13	UKIAH VALLEY MEDICAL CENTER/HOSPITAL DRIVE	33.9	28.4	95482
14	BIGGS GRIDLEY MEMORIAL HOSPITAL	9.5	32.4	95948
15	OROVILLE HOSPITAL	28.5	27.8	95966
16	RIDEOUT MEMORIAL HOSPITAL	26.5	28.9	95901
17	ST HELENA HOSPITAL - CLEARLAKE	29.6	52.8	95422
18	TELECARE PLACER COUNTY PSYCHIATRIC HEALTH FACILITY	3.8	98.7	95678
19	SUTTER MEDICAL CENTER OF SANTA ROSA	45.9	21.9	95404
20	METHODIST HOSPITAL OF SACRAMENTO	35.1	30.4	95823
21	SUTTER CENTER FOR PSYCHIATRY	8.8	27.8	95826
22	UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER	38	26.5	95817
23	ALAMEDA COUNTY MEDICAL CENTER	61.2	81.1	94602
24	CHILDRENS HOSPITAL AND RESEARCH CTR AT OAKLAND	70.4	55.2	94609
25	CONTRA COSTA REGIONAL MEDICAL CENTER	58	96.8	94553
26	JOHN MUIR BEHAVIORAL HEALTH CENTER	14.9	26.2	94520
27	ST HELENA HOSPITAL CENTER FOR BEHAVIORAL HEALTH	18	29.6	94590
28	SUTTER SOLANO MEDICAL CENTER	37.8	25.4	94590
29	UCSF MEDICAL CENTER	32.7	16.9	94143
30	SAN JOAQUIN GENERAL HOSPITAL	60.3	95.8	95231
31	ALAMEDA HOSPITAL	15.7	25.8	94501
32	CALIFORNIA PACIFIC MEDICAL CENTER - ST LUKES CAMPUS	38.7	28.3	94110
33	FREMONT HOSPITAL	10.5	35.4	94538
34	LUCILE SALTER PACKARD CHILDRENS HOSP AT STANFORD	48	20.1	94304
35	SAN FRANCISCO GENERAL HOSPITAL	48.1	61.2	94110
36	SAN MATEO MEDICAL CENTER	66	81.4	94403
37	ST ROSE HOSPITAL	38.9	41.9	94545
38	TELECARE WILLOW ROCK CENTER	76.1	35	94578

Label	Facility Name	Medicaid Utilization Rate ¹	Percent Low Income ²	Zip Code
39	DOCTORS MEDICAL CENTER	41.7	29.1	95350
40	OAK VALLEY DISTRICT HOSPITAL (2-RH)	26.3	30.4	95361
41	JOHN C FREMONT HEALTHCARE DISTRICT	2.1	29.5	95338
42	SANTA CLARA VALLEY MEDICAL CENTER	56.9	77.4	95128
43	WATSONVILLE COMMUNITY HOSPITAL	66.2	33.7	95076
44	MEMORIAL HOSPITAL LOS BANOS	57.3	29.9	93635
45	MERCY MEDICAL CENTER - MERCED	47.1	22.4	95340
46	MADERA COMMUNITY HOSPITAL	46.3	41.5	93637
47	HAZEL HAWKINS MEMORIAL HOSPITAL	26.7	34.4	95023
48	NATIVIDAD MEDICAL CENTER	81.1	56.1	93906
49	CHILDRENS HOSPITAL CENTRAL CALIFORNIA	73.8	57.2	93638
50	COMMUNITY REGIONAL MEDICAL CENTER-FRESNO	47.5	31.4	93721
51	ADVENTIST MEDICAL CENTER - REEDLEY	52	69.1	93654
52	GEORGE L MEE MEMORIAL HOSPITAL	18.2	39	93930
53	COALINGA REGIONAL MEDICAL CENTER	3.6	35.8	93210
54	CENTRAL VALLEY GENERAL HOSPITAL	49.3	77.3	93230
55	KAWEAH DELTA MEDICAL CENTER	31.2	28.4	93291
56	TULARE REGIONAL MEDICAL CENTER	41.5	31.3	93274
57	SIERRA VIEW DISTRICT HOSPITAL	39.3	30.5	93257
58	DELANO REGIONAL MEDICAL CENTER	49.2	49.1	93215
59	KERN VALLEY HEALTHCARE DISTRICT	14.6	52.5	93240
60	SAN LUIS OBISPO CO PSYCHIATRIC HEALTH FACILITY	80.8	81.4	93401
61	GOOD SAMARITAN HOSPITAL-BAKERSFIELD	52.7	31.4	93308
62	KERN MEDICAL CENTER	64.5	82.3	93306
63	COLORADO RIVER MEDICAL CENTER	22.1	57.1	92363
64	LOMPOC VALLEY MEDICAL CENTER	26.9	27	93436
65	SANTA BARBARA PSYCHIATRIC HEALTH FACILITY	58.1	91.3	93110
66	ANTELOPE VALLEY HOSPITAL	35.2	31.5	93534
67	LOS ANGELES COUNTY OLIVE VIEW-UCLA MEDICAL CENTER	44.4	100	91342
68	VICTOR VALLEY GLOBAL MEDICAL CENTER	48.8	50.4	92395
69	VENTURA COUNTY MEDICAL CENTER	44.7	50.8	93003
70	CALIFORNIA HOSPITAL MEDICAL CENTER - LOS ANGELES	62	72.6	90015
71	CENTINELA HOSPITAL MEDICAL CENTER	37.2	28.2	90301
72	CHILDRENS HOSPITAL OF LOS ANGELES	90.2	67.1	90027
73	COMMUNITY HOSPITAL OF HUNTINGTON PARK	51.1	48.8	90255
74	EAST LOS ANGELES DOCTORS HOSPITAL	50.5	63.4	90023
75	ENCINO HOSPITAL MEDICAL CENTER	6.8	25.3	91436
76	GATEWAYS HOSPITAL AND MENTAL HEALTH CENTER	27.7	100	90026
77	HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	53	51.8	90027
78	KEDREN COMMUNITY MENTAL HEALTH CENTER	29.6	56.6	90011

Label	Facility Name	Medicaid Utilization Rate ¹	Percent Low Income ²	Zip Code
79	LAC+USC MEDICAL CENTER	41.1	98.4	90033
80	LOS ANGELES COMMUNITY HOSPITAL	51	49.4	90023
81	MEMORIAL HOSPITAL OF GARDENA	48.1	45.6	90247
82	MISSION COMMUNITY HOSPITAL - PANORAMA CAMPUS	56.7	29.2	91402
83	PACIFIC ALLIANCE MEDICAL CENTER, INC	56.9	64.2	90012
84	PACIFICA HOSPITAL OF THE VALLEY	62	71.4	91352
85	PROVIDENCE HOLY CROSS MEDICAL CENTER	24	25.5	91345
86	RESNICK NEUROPSYCHIATRIC HOSPITAL AT UCLA	6.3	28.1	90095
87	RONALD REAGAN UCLA MEDICAL CENTER	27.5	12.3	90095
88	SANTA MONICA - UCLA MEDICAL CENTER ORTHOPAEDIC HOSPITAL	14.4	13.6	90404
89	SILVER LAKE MEDICAL CENTER-DOWNTOWN CAMPUS	56.1	41.2	90026
90	SOUTHERN CALIFORNIA HOSPITAL AT HOLLYWOOD	55.8	42.2	90028
91	ST FRANCIS MEDICAL CENTER	63.8	64	90262
92	TEMPLE COMMUNITY HOSPITAL	23.1	29	90004
93	VALLEY PRESBYTERIAN HOSPITAL	51.6	44	91405
94	WHITE MEMORIAL MEDICAL CENTER	49.1	44.4	90033
95	AURORA CHARTER OAK	10.5	42.4	91724
96	BEVERLY HOSPITAL	30.9	45.8	90640
97	CITRUS VALLEY MEDICAL CENTER - QV CAMPUS	35	25.2	91790
98	DOCTORS HOSPITAL OF WEST COVINA, INC	3.7	45.2	91790
99	EAST VALLEY HOSPITAL MEDICAL CENTER	22.5	30.5	91740
100	GARFIELD MEDICAL CENTER	30.9	25.9	91754
101	GREATER EL MONTE COMMUNITY HOSPITAL	56.2	50.8	91733
102	LA CASA PSYCHIATRIC HEALTH FACILITY	12.1	88.9	90805
103	LAC/RANCHO LOS AMIGOS NATIONAL REHAB CENTER	40.2	100	90242
104	MONTCLAIR HOSPITAL MEDICAL CENTER	57.7	38.5	91763
105	MONTEREY PARK HOSPITAL	55.2	45.8	91754
106	POMONA VALLEY HOSPITAL MEDICAL CENTER	55.8	29.1	91767
107	WHITTIER HOSPITAL MEDICAL CENTER	34.9	25.8	90605
108	ARROWHEAD REGIONAL MEDICAL CENTER	54.6	80.4	92324
109	COMMUNITY HOSPITAL OF SAN BERNARDINO	62.9	61.3	92411
110	LOMA LINDA UNIVERSITY BEHAVIORAL MEDICINE CENTER	15.2	30.5	92373
111	LOMA LINDA UNIVERSITY MEDICAL CENTER	49.7	25.9	92354
112	MOUNTAINS COMMUNITY HOSPITAL	8.3	33.8	92352
113	PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER	43.3	32.1	92503
114	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	50.6	70.3	92555
115	BEAR VALLEY COMMUNITY HOSPITAL	14	36.5	92315
116	SAN GORGONIO MEMORIAL HOSPITAL	27.5	30.1	92220
117	HI-DESERT MEDICAL CENTER	31.4	43.3	92252
118	COLLEGE MEDICAL CENTER	54.5	22.7	90806

Label	Facility Name	Medicaid Utilization Rate ¹	Percent Low Income ²	Zip Code
119	EARL AND LORRAINE MILLER CHILDRENS HOSPITAL	65.7	51	90806
120	LAC/HARBOR-UCLA MEDICAL CENTER	46.7	100	90502
121	PROVIDENCE LITTLE COMPANY OF MARY MC - SAN PEDRO	16	25.1	90732
122	ST MARY MEDICAL CENTER - LONG BEACH	43.5	33.5	90813
123	STAR VIEW ADOLESCENT - P H F	98	100	90505
124	CHAPMAN MEDICAL CENTER	15	25.5	92869
125	CHILDRENS HOSPITAL OF ORANGE COUNTY	77.8	40.6	92868
126	COASTAL COMMUNITIES HOSPITAL	69.3	56.6	92704
127	COLLEGE HOSPITAL COSTA MESA	100	80.8	92627
128	FOUNTAIN VALLEY RGNL HOSP AND MED CTR - EUCLID	40	31.7	92708
129	GARDEN GROVE HOSPITAL AND MEDICAL CENTER	60.6	29.6	92843
130	HEALTHBRIDGE CHILDRENS HOSPITAL-ORANGE	13.2	42.1	92866
131	UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER	42.2	42.4	92868
132	WESTERN MEDICAL CENTER - SANTA ANA	56.7	31.8	92705
133	WESTERN MEDICAL CENTER HOSPITAL - ANAHEIM	48.8	39.3	92805
134	JOHN F KENNEDY MEMORIAL HOSPITAL	48.4	32.2	92201
135	OASIS PSYCHIATRIC HEALTH FACILITY	13.8	66.6	92201
136	PIONEERS MEMORIAL HEALTHCARE DISTRICT	37.8	35.8	92227
137	SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER	6.2	38.3	92118
138	UNIVERSITY OF CALIF-SAN DIEGO MEDICAL CENTER	31.4	31.8	92103
139	GROSSMONT HOSPITAL	27.1	28.9	91942
140	PARADISE VALLEY HOSPITAL	34	40.4	91950
141	PROMISE HOSPITAL OF SAN DIEGO	48.4	31.5	92105
142	RADY CHILDRENS HOSPITAL - SAN DIEGO	62.8	37.3	92123
143	SCRIPPS MERCY HOSPITAL	27.1	31.8	92103
144	SHARP CHULA VISTA MEDICAL CENTER	30.6	33.6	91911
145	EL CENTRO REGIONAL MEDICAL CENTER	26.8	37.6	92243

Notes:

¹Medicaid inpatient utilization rate (MUR) measures the proportion of Medicaid for each hospital.

²Low-income utilization rate (LIUR) measures the proportion of uninsured care to the total care for each hospital.

To be eligible for DSH, a hospital must have either a LIUR in excess of 25.0 percent with a MUR of at least one percent of a MUR of at least one standard deviation above the statewide mean.

Description of Disproportionate Share Hospitals Eligibility Formulas

Medicaid Inpatient Utilization Rate (MUR) and Low-Income Utilization Rate (LIUR) are based on hospitals' data.

The Department of Healthcare Services' Disproportionate Share Hospital (DSH) Program annually identifies hospitals, which are licensed to provide acute inpatient services, that are eligible for DSH payments. DSH payments are intended to reimburse qualified hospitals for the uncompensated care costs incurred in the course of treating a comparatively higher volume of Medi-Cal and uninsured patients. Only eligible hospitals have the opportunity to share the available DSH funds each year.

Eligibility is determined annually according to criteria established in state and federal law. The Medicaid inpatient utilization rate (MUR) and low-income utilization rate (LIUR) measure the proportion of Medicaid and uninsured care to the total care for each hospital. To be eligible, a hospital must have either a LIUR in excess of 25.0 percent with a MUR of at least one percent or a MUR of at least one standard deviation above the statewide mean. Utilization rates are based on Medicaid paid claims data, County Organized Health System (COHS) data, and reports filed with the Office of Statewide Health Planning and Development (OSHPD). The two attachments show the data elements for the calculation of MUR and LIUR for state fiscal year 2009-10. The formulas for the future years are identical except the time periods.

Source:

Safety Net Financing Division
Disproportionate Share Hospital Eligibility Unit
Department of Healthcare Services

LOW INCOME PERCENT FORMULA FOR FISCAL YEAR 2010/11

(Annual Financial Disclosure Report Submitted on 2008)

$$\text{Low Income Percent} = (\text{Medicaid Fraction}) + (\text{Charity Fraction})$$

Medicaid Fraction¹

$$\text{Medicaid} = 100 * \left[\frac{\left(\text{Medi-Cal paid patient revenue} \right) + \left(\text{Total cash subsidies from state and local governments} \right)}{\text{Total paid patient revenue}} \right]$$

Where,

$$\text{Medi-Cal paid Patient Revenue} = \left(\begin{array}{l} \text{Medi-Cal net} \\ \text{patient revenue} \\ \text{(L1246005)} \end{array} \right) + \left(\begin{array}{l} \text{Medi-Cal} \\ \text{Short/Doyle} \\ \text{net patient revenue}^2 \end{array} \right) - \text{Absolute Value} \left| \begin{array}{l} \text{Disproportionate} \\ \text{share payments} \\ \text{(L1242605)} \end{array} \right| + \left(\begin{array}{l} \text{Medi-Cal managed care} \\ \text{net patient revenue} \\ \text{(L1246007)} \end{array} \right)$$

$$\begin{array}{l} \text{Total Cash Subsidies} \\ \text{From State and} \\ \text{Local Governments} \end{array} = \text{Absolute value} \left| \begin{array}{l} \text{U.C. gross clinical} \\ \text{teaching support} \\ \text{(L1244523)} \end{array} \right| + \left(\begin{array}{l} \text{County indigent program} \\ \text{net patient revenue} \\ \text{(L1246009 + L1246010)} \end{array} \right) + \left(\begin{array}{l} \text{County Indigent Program} \\ \text{managed care net patient} \\ \text{(L1246011)} \end{array} \right)$$

$$\text{Total Paid Patient Revenue} = \left(\begin{array}{l} \text{Total net patient revenue} \\ \text{(L0811001)} \end{array} \right) - \text{Absolute value} \left| \begin{array}{l} \text{Disproportionate} \\ \text{share payments} \\ \text{(L1242605)} \end{array} \right|$$

1. Unless otherwise noted, all data comes from the OSHPD Annual Financial Disclosure Report for the hospital's fiscal year ending in 2008.
2. From the Medi-Cal Short/Doyle paid claims files for calendar year of service 2008 with dates of payment through February 2010.

Charity Fraction^{1,2}

$$\text{Charity} = 100 * \left[\frac{\left(\begin{array}{c} \text{Total other} \\ \text{inpatient charity} \end{array} \right) - \left(\begin{array}{c} \text{Inpatient portion of total cash subsidies} \\ \text{from state and local governments} \end{array} \right)}{\text{Gross inpatient revenue} \\ \text{(L1241521)}} \right]$$

Where,

$$\begin{aligned}
\text{Total Other Inpatient Charity} = & \left(\begin{array}{c} \text{County indigent} \\ \text{program gross} \\ \text{inpatient revenue} \\ \text{(L1241509)} \end{array} \right) + \left(\begin{array}{c} \text{County Indigent Program} \\ \text{managed care gross} \\ \text{inpatient revenue} \\ \text{(L1241511)} \end{array} \right) - \left(\begin{array}{c} \text{County indigent} \\ \text{program gross} \\ \text{inpatient charity} \\ \text{(L1243009)} \end{array} \right) - \left(\begin{array}{c} \text{Inpatient} \\ \text{County Indigent Program managed} \\ \text{care Patient Charity} \\ \text{L1243011 x B}^* \end{array} \right) + \left(\begin{array}{c} \text{Gross} \\ \text{inpatient} \\ \text{charity} \end{array} \right) \\
& - \left(\begin{array}{c} \text{Gross inpatient} \\ \text{charity} \\ \text{Gross patient} \\ \text{charity} \\ \text{(L1243023)} \end{array} \right) * \left(\begin{array}{c} \text{Hill Burton} \\ \text{gross patient} \\ \text{charity} \\ \text{(L0835001)} \end{array} \right) + \left(\begin{array}{c} \text{U.C. gross} \\ \text{inpatient teaching} \\ \text{allowances} \\ \text{(L1244017)} \end{array} \right) + \text{Absolute value} \left| \begin{array}{c} \text{U.C. gross} \\ \text{inpatient clinical} \\ \text{teaching support} \\ \text{(L1244517)} \end{array} \right|
\end{aligned}$$

Where,

$$\begin{aligned}
\text{Gross Inpatient Charity} = & \left(\begin{array}{c} \text{Non-Medi-Cal gross} \\ \text{inpatient charity} \\ \text{(L1243001 + L1243009} \\ \text{+ L1243013 + L1243019)} \end{array} \right) + \left(\begin{array}{c} \text{Inpatient} \\ \text{Non - Medi - Cal Managed} \\ \text{Care Gross Patient Charity} \\ \text{L1243003 x A}^* \\ \text{+ L1243011 x B}^* \\ \text{+ L1243015 x C}^* \end{array} \right) + \left(\begin{array}{c} \text{Other Indigent} \\ \text{Gross inpatient} \\ \text{Charity} \\ \text{(L1243017)} \end{array} \right) + \\
& \left(\begin{array}{c} \text{Medi-Cal gross} \\ \text{inpatient revenue} \\ \text{(L1241505)} \\ \text{Medi-Cal gross} \\ \text{patient revenue} \\ \text{(L1241505 + L1241506)} \end{array} \right) * \left(\begin{array}{c} \text{Medi-Cal gross} \\ \text{patient charity} \\ \text{(L1243005)} \end{array} \right) + \left(\begin{array}{c} \text{Inpatient Medi - Cal} \\ \text{managed Care gross} \\ \text{Patient Charity} \\ \text{L1243007 x D}^* \end{array} \right)
\end{aligned}$$

Inpatient Portion of Total Cash Subsidies from State = Absolute value and Local Governments	U.C. gross inpatient clinical teaching support (L1244517)	+	County indigent program net inpatient revenue (L1246009)	+	Inpatient County Indigent Program Managed Care Net Patient Revenue L1246011 x B*
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1. If Charity is less than zero then Charity = 0.
2. Unless otherwise noted, all data comes from the OSHPD Annual Financial Disclosure Report for the hospital's fiscal year ending in 2008.

*Inpatient ratio as follows:

A = L1241503/(L1241503 [Inpatient] + L1241504 [Outpatient]) (Medicare Managed Care)

B = L1241511/(L1241511 [Inpatient] + L1241512 [Outpatient]) (County Indigent Managed Care)

C = L1241515/(L1241515 [Inpatient] + L1241516 [Outpatient]) (Other 3rd Party Managed Care)

D = L1241507/(L1241507 [Inpatient] + L1241508 [Outpatient]) (Medi-Cal Managed Care)

Safety Net Financing Division
 Disproportionate Share Hospital Eligibility Unit
 December 27, 2010

MEDICAID UTILIZATION RATE FORMULA FOR SFY 2010/11
 (Annual Financial Disclosure Report Submitted in Calendar Year (CY) 2008)

$$\text{Medicaid Utilization Rate} = 100 * \left(\frac{\text{Medi-Cal Days}}{\text{Total Patient Days}} \right)$$

Where,

$$\text{Medi-Cal Days} = (\text{Total Paid Medi-Cal Days}^1) + (\text{Estimated Out of State Medi-Cal Days})$$

Where,

$$\text{Estimated Out of State Medi-Cal Days} = (\text{Total Paid Medi-Cal Days}^1) * \left(\frac{\text{Discharge File}^2 \text{ Out of State Medi-Cal Beneficiary Days}}{\text{Discharge File}^2 \text{ Total Medi-Cal Days}} \right)$$

$$\text{Total Patient Days}^3 = \left(\begin{array}{c} \text{Total Days} \\ (\text{L0415004} + \text{L0415005} \\ + \text{L4104011}) \end{array} \right) - \left(\begin{array}{c} \text{Chemical Dependency Days} \\ (\text{L0407504} + \text{L0407505}) \end{array} \right) - \left(\begin{array}{c} \text{Sub-Acute Days} \\ (\text{L0410004} + \text{L0410105}) \end{array} \right) \\
 - \left(\begin{array}{c} \text{Long Term Care Days} \\ (\text{L0411004} + \text{L0411005} + \text{L0411504} \\ + \text{L0411505} + \text{L0412004} + \text{L0412005} \\ + \text{L0412504} + \text{L0412505}) \end{array} \right) - \left(\begin{array}{c} \text{Skilled Nursing \& Other Services} \\ (\text{L0410504} + \text{L0410505} \\ + \text{L0414504} + \text{L0414505}) \end{array} \right)$$

1. From the Medi-Cal paid claims files, Medi-Cal Inpatient Psychiatric paid claims files, Medi-Cal Short/Doyle paid claims files, and the San Mateo, Santa Barbara, Solano, Napa, Santa Cruz, Yolo and Monterey County plans paid claims files for dates of service in CY 2008, with dates of payment through February 2010. Also from the OSHPD Confidential Discharge data files for CY 2008.
2. From the OSHPD Discharge File (Non-Confidential Discharge File) for CY of service in 2008.
3. From the OSHPD Annual Financial Disclosure Report for the hospital's fiscal year ending in CY 2008.