

Expenditure Statement for Hospital Districts

Section 1. GENERAL INFORMATION	
Name of Hospital District:	
Contact Person	
Primary contact for questions regarding the information reported on this expenditure statement.	
Name:	
Title:	
Mailing Address:	
Phone Number:	
Email:	
Section 2. ALLOWABLE EXPENDITURES	
Provide prior calendar year unreimbursed health care expenditures for your hospital district within the categories defined below.	
According to 25 Tex. Admin. Code §102.3, unreimbursed health care expenditures are defined as the total amount of taxes collected by the hospital district, regardless of whether it owns or operates a hospital, plus the unreimbursed amounts expended for jail health care by a county coterminous with the hospital district.	
Category A. Total Amount of Taxes Collected by the Hospital District	
This amount must reflect the amount of taxes collected, not the amount of taxes assessed. The hospital district may include penalties and interest related to tax collection and taxes owed from previous years if they were collected in the prior calendar year. Do not include attorney fees or refunds for overpayment of taxes.	
Category B. Unreimbursed County Expenditures for Jail Health Care Services	
<p>These expenditures must be for unreimbursed health care services provided by the county to adults or juveniles in the detained or incarcerated population. Costs that are not directly attributable to the provision of health care services must be excluded.</p> <p>In addition to payments made from the county's customary operating accounts, unreimbursed expenditures can include 1) payments made from a trust fund or reserve account intended for the provision of health care services and 2) payments made in the prior calendar year using the pro rata shares from past tobacco settlement distributions. Unreimbursed expenditures cannot include contractual allowances or discounts for health care services required under a third party payer agreement.</p> <p>Any unreimbursed expenditures claimed on the prior calendar year expenditure statement that were later reimbursed by monies other than tobacco settlement funds, should be subtracted from the amount of unreimbursed expenditures reported on the current year expenditure statement.</p>	
Name of County Reporting Jail Health Care Expenditures:	

Texas Department of State Health Services Tobacco Settlement Distribution Program

Category C. Other Allowable Expenditures	Name of Hospital District:		
<p>1) If the hospital district and/or a county wholly located within the hospital district sold or leased its public health care facility(ies) and included a contractual obligation on the part of the purchaser or lessee to provide health care services to the indigent population, the hospital district and/or county may claim one or both of the following:</p> <p style="margin-left: 20px;">a. Unreimbursed payments not funded by taxes made by the hospital district or county to said public health care facility(ies). Payments may be for ongoing operations, indigent care obligations, or other statutorily authorized expenditures.</p> <p style="margin-left: 20px;">b. The value of health care services for indigent residents performed by said public health care facility(ies) as if they had been reimbursed at the Medicaid rate.</p>			
Name of Public Health Care Facility(ies):			
<p>2) If the hospital district made unreimbursed payments to a public hospital (see exception below) owned by the hospital district and that is not located within a hospital district, enter the information below. The payments must be directly attributable to the provision of health care services to the general public.</p>			
Exception: Do not include payments to non-hospital health care facilities (e.g. clinics).			
	Public Hospital Name	City Where Located	Prior Year Payments
Total			
Total, Category C Expenditures			
Total Expenditures to be Claimed for Prior Year (Cat. A+B+C)			
Section 3. CERTIFICATION AND SIGNATURE			
This is to certify that the above unreimbursed expenditures are eligible for pro rata payment in accordance with the Agreement Regarding Disposition of Settlement Proceeds between the State of Texas and American Tobacco Company, et al.			
Printed Name and Title of District's Authorized Representative:		Email Address and Telephone Number:	
Signature of Authorized Representative:		Date:	