

**TEXAS****Health and Human
Services**

County Indigent Health Care Program (CIHCP)

Form 3086
January 2020-E**End of Year Report**Entity Name: Atascosa IHC State Fiscal Year (September 1 through August 31): 2025 - 2026Type of Entity You Represent: ☒ County ☐ Public Hospital ☐ Hospital District**I. Total Number of Unduplicated Clients Served:** 323

To get the number of unduplicated clients, do not count the same individual more than once.

How many of these clients are Supplemental Security Income (SSI) appellants? 8**II. Total Expenditures:** \$716,962.17

Break the total expenditures down into the following categories:

1. Physician Services	\$64,073.24
2. Prescription Drugs	\$86,697.53
3. Hospital Inpatient Services	\$236,958.02
4. Hospital Outpatient Services	\$298,836.53
5. Laboratory/X-ray Services	\$8,428.36
6. Skilled Nursing Facility Services	\$0.00
7. Family Planning Services	\$0.00
8. Rural Health Clinic Services	\$0.00
9. State Hospital Contracts	\$0.00
10. Optional Health Care Services	\$23,481.84
11. Reimbursements/Errors	-\$1,513.35

III. Totals

Delivery System Reform Incentive Payment (DSRIP) Projects: _____

Uncompensated Care: _____

Expenditures for 1115 Waiver: \$0.00**IV. Diagnoses** – List the five top diagnoses of your clients.

1. I10 Essential (Primary) Hypertension
2. E78.5 Hyperlipidemia, Unspecified
3. E11.9 Type 2 Diabetes Mellitus Without Complications
4. F17.200 Nicotine Dependence, Unspecified, Uncomplicated
5. E55.9 Vitamin D Deficiency, Unspecified

V. Federal Poverty Guideline Percent Used to Determine Eligibility: 21 %


 Signature of Person Submitting Form

 (830) 769-4174

 Area Code and Phone No.

 09/04/2026

 Date
Fax completed form to CIHCP at 512-776-7203.