

# GJERSET & LORENZ LLP

E-mail: [gjerset@gl-law.com](mailto:gjerset@gl-law.com)  
Writer's Direct Dial: 512.899.3940

March 13, 2007



Javier Iruegas  
Chief Executive Officer  
MISSION REGIONAL MEDICAL CENTER  
900 South Bryan Road  
Mission, Texas 78572  
[jiruegas@missionrmc.org](mailto:jiruegas@missionrmc.org)

James A. Summersett, III  
Chief Executive Officer  
KNAPP MEDICAL CENTER  
1401 East Eighth Street  
Weslaco, Texas 78596  
[jsummersett@knappmed.org](mailto:jsummersett@knappmed.org)

Douglas A. Matney  
Group Director  
Universal Health Services, Inc. for  
MCALLEN MEDICAL CENTER  
EDINBURG REGIONAL MEDICAL CENTER  
1400 West Trenton Road  
Edinburg, Texas 78539  
[Doug.Matney@uhsrgv.com](mailto:Doug.Matney@uhsrgv.com)

Stephen K. Jones, Jr.  
Chief Executive Officer  
COLUMBIA RIO GRANDE HEALTHCARE, L.P.,  
D/B/A RIO GRANDE REGIONAL HOSPITAL  
101 East Ridge Road  
McAllen, Texas 78503  
[stephen.jones@hcahealthcare.com](mailto:stephen.jones@hcahealthcare.com)

Lawrence Gelman, M.D.  
Chief Executive Officer  
DOCTORS HOSPITAL AT RENAISSANCE  
5501 South McColl  
Edinburg, Texas 78539  
[l.gelman@dhr-rgv.com](mailto:l.gelman@dhr-rgv.com)

Re: Hospital Certification Form for Participation in Medicaid Supplemental Payment Program

Gentlemen:

Attached is the Texas Health and Human Services Commission's ("HHSC") form for certification on the use of Medicaid supplemental payments received by your hospitals in the Hidalgo County Medicaid supplemental payment ("UPL") program. As you are aware, this certification form is a condition for receipt of UPL payments for your hospital. To qualify for the scheduled Medicaid UPL payment in April, we must submit this form to HHSC **by March 31, 2007**.

As we have discussed with you over the past several months, the hospital certification form is consistent with the requirements set forth in HHSC's administrative rules governing operations of the regional UPL programs. The attached form is required for each individual affiliated hospital that receives Medicaid UPL funding under a regional program. HHSC has issued a separate form for Hidalgo County, and we are working directly with County Attorney Stephen Crain to ensure the timely execution of that form as well.

2801 Via Fortuna, Suite 500 Austin, TX 78746  
(512) 899.3995 Fax (512) 899.3939  
[www.gl-law.com](http://www.gl-law.com)


Hidalgo County CEOs  
March 13, 2007  
Page 2

The individual certification forms for each of your hospitals are attached. We have completed the relevant information for your hospitals, except for the signature block. In order to move forward with the April funding schedule, we need the following help from you:

1. Please sign your hospital's certification form. The form must be signed by an individual with authority to bind the hospital to the certifications;
2. Fax or email the signed form back to us;
3. Overnight the original form to our office; and
4. Complete the form **by March 23, 2007** to ensure sufficient time for submission to HHSC and processing by the agency.

Please let us know promptly should you have any questions concerning the content of the certification forms or the process for submitting these forms to HHSC. We apologize for the tight timing of these certifications, but we are working on HHSC's time frames and the final forms became available today.

Sincerely,



James E. Gjerset  
Jefferson M. Brinker

Attachment

cc: David Critchlow  
Jim Darling  
Lisa M. Frenkel  
Curtis Haley  
Bob Halinski  
Kevin L. Keeling  
Linda Resendez  
Dennis Rusch  
Jay St. Pierre  
Robert V. Saucedo  
Randy Slack  
Susan S. Turley  
Stephen L. Crain

*david.critchlow@hcahealthcare.com*  
*j.darling@dhr-rgv.com*  
*lisa.frenkel@hcahealthcare.com*  
*chaley@knappmed.org*  
*bob.halinski@uhsinc.com*  
*kevin.keeling@uhsrgv.com*  
*linda.resendez@uhsrgv.com*  
*dennis.rusch@uhsrgv.com*  
*jay.stpierre@hcahealthcare.com*  
*robert.saucedo@hcahealthcare.com*  
*rslack@missionrhc.org*  
*s.turley@dhr-rgv.com*  
*scrain@atlashall.com*

#66670.1

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

MEDICAID SUPPLEMENTAL PAYMENT PROGRAM

CERTIFICATION OF USE OF PAYMENT

Doctor's Hospital at Renaissance Hospital

TPI Number: 160709501

STATE FISCAL YEAR 2007

Doctor's Hospital at Renaissance (Hospital) is a party to an indigent care affiliation agreement (Affiliation Agreement) with Hidalgo County, a Hospital District or a State or Local Governmental entity (as appropriate, referred to as the "funding entity"), under which Hospital provides uncompensated care at a volume defined in the Affiliation Agreement. As a privately owned and operated hospital associated under an Affiliation Agreement with the funding entity, Hospital is eligible to receive supplemental Medicaid payments pursuant to either or both Section (t) of Attachment 4.19-A and Section (8) of Attachment 4.19-B of the Texas Medicaid State Plan ("supplemental payment program") and pursuant to the regulations at 1 Tex. Admin. Code §§ 355.8061 and 355.8063. The funding entity transfers part of its tax revenue via intergovernmental transfer (IGT) to the Texas Health and Human Services Commission (HHSC) for the non-federal share of the supplemental payment program.

**Eligibility to receive supplemental payments.** Hospital certifies that it is eligible to receive payments under the supplemental payment program.

**Use of supplemental payments.** Hospital certifies that its use of all or any part of any supplemental payments made to it under this supplemental payment program will be in compliance with section 355.8061 and 355.8063 of the Texas Administrative Code. Specifically, Hospital certifies that no part of any supplemental payment paid to Hospital has been or will be:

- returned or reimbursed to the funding entity; or
- used to fund any contingent fee, consulting fee, or legal fee arrangement associated with Hospital's receipt of the supplemental funds.

**Recoupment.** If the Centers for Medicare and Medicaid Services (CMS) of the U. S. Department of Health and Human Services recoups federal financial participation related to Hospital's receipt and/or use of supplemental payments authorized under this supplemental payment program, HHSC will set-off or recoup the amount disallowed by CMS.

HHSC first will seek recovery from Hospital of the entire amount to be recouped by CMS, subject to any rights of administrative appeal Hospital may have. If, within 30 days of Hospital's receipt of HHSC's written notice of recoupment, Hospital has not paid the full

amount of the recoupment or entered into a written agreement with HHSC, HHSC may withhold any or all Medicaid payments from Hospital until such time as HHSC has recovered an amount equal to Hospital's disallowance. If HHSC determines that recovery through a withhold is not feasible, HHSC may recover the deferred, disallowed, or rejected claim from any other hospital(s) affiliated with the funding entity through an indigent care affiliation agreement under 1 Tex. Admin. Code § 355.8063(t)(4) by withholding any or all Medicaid payments until such time as HHSC has recovered an amount equal to Hospital's recoupment.

Copies of the Affiliation Agreement shall be made available to the public and will be provided to HHSC on request.

On behalf of Hospital, I hereby certify that I have read and understood the above statements; that I agree on behalf of Hospital to be bound by the statements; and that I am authorized to bind Hospital and to certify to the above.

\_\_\_\_\_  
Signature

Lawrence Gelman, M.D.

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Date

Chief Executive Officer

\_\_\_\_\_  
Title

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

MEDICAID SUPPLEMENTAL PAYMENT PROGRAM

CERTIFICATION OF USE OF PAYMENT

Edinburg Regional Medical Center Hospital

TPI Number: 094113001

STATE FISCAL YEAR 2007

Edinburg Regional Medical Center (Hospital) is a party to an indigent care affiliation agreement (Affiliation Agreement) with Hidalgo County, a Hospital District or a State or Local Governmental entity (as appropriate, referred to as the "funding entity"), under which Hospital provides uncompensated care at a volume defined in the Affiliation Agreement. As a privately owned and operated hospital associated under an Affiliation Agreement with the funding entity, Hospital is eligible to receive supplemental Medicaid payments pursuant to either or both Section (t) of Attachment 4.19-A and Section (8) of Attachment 4.19-B of the Texas Medicaid State Plan ("supplemental payment program") and pursuant to the regulations at 1 Tex. Admin. Code §§ 355.8061 and 355.8063. The funding entity transfers part of its tax revenue via intergovernmental transfer (IGT) to the Texas Health and Human Services Commission (HHSC) for the non-federal share of the supplemental payment program.

**Eligibility to receive supplemental payments.** Hospital certifies that it is eligible to receive payments under the supplemental payment program.

**Use of supplemental payments.** Hospital certifies that its use of all or any part of any supplemental payments made to it under this supplemental payment program will be in compliance with section 355.8061 and 355.8063 of the Texas Administrative Code. Specifically, Hospital certifies that no part of any supplemental payment paid to Hospital has been or will be:

- returned or reimbursed to the funding entity; or
- used to fund any contingent fee, consulting fee, or legal fee arrangement associated with Hospital's receipt of the supplemental funds.

**Recoupment.** If the Centers for Medicare and Medicaid Services (CMS) of the U. S. Department of Health and Human Services recoups federal financial participation related to Hospital's receipt and/or use of supplemental payments authorized under this supplemental payment program, HHSC will set-off or recoup the amount disallowed by CMS.

HHSC first will seek recovery from Hospital of the entire amount to be recouped by CMS, subject to any rights of administrative appeal Hospital may have. If, within 30 days of Hospital's receipt of HHSC's written notice of recoupment, Hospital has not paid the full

amount of the recoupment or entered into a written agreement with HHSC, HHSC may withhold any or all Medicaid payments from Hospital until such time as HHSC has recovered an amount equal to Hospital's disallowance. If HHSC determines that recovery through a withhold is not feasible, HHSC may recover the deferred, disallowed, or rejected claim from any other hospital(s) affiliated with the funding entity through an indigent care affiliation agreement under 1 Tex. Admin. Code § 355.8063(t)(4) by withholding any or all Medicaid payments until such time as HHSC has recovered an amount equal to Hospital's recoupment.

Copies of the Affiliation Agreement shall be made available to the public and will be provided to HHSC on request.

On behalf of Hospital, I hereby certify that I have read and understood the above statements; that I agree on behalf of Hospital to be bound by the statements; and that I am authorized to bind Hospital and to certify to the above.

\_\_\_\_\_  
Signature

Douglas A. Matney

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Date

Group Director

\_\_\_\_\_  
Title

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

MEDICAID SUPPLEMENTAL PAYMENT PROGRAM

CERTIFICATION OF USE OF PAYMENT

Rio Grande Regional Hospital

TPI Number: 112716902

STATE FISCAL YEAR 2007

Columbia Rio Grande Healthcare, L.P., d/b/a Rio Grande Regional Hospital (Hospital) is a party to an indigent care affiliation agreement (Affiliation Agreement) with Hidalgo County, a Hospital District or a State or Local Governmental entity (as appropriate, referred to as the "funding entity"), under which Hospital provides uncompensated care at a volume defined in the Affiliation Agreement. As a privately owned and operated hospital associated under an Affiliation Agreement with the funding entity, Hospital is eligible to receive supplemental Medicaid payments pursuant to either or both Section (t) of Attachment 4.19-A and Section (8) of Attachment 4.19-B of the Texas Medicaid State Plan ("supplemental payment program") and pursuant to the regulations at 1 Tex. Admin. Code §§ 355.8061 and 355.8063. The funding entity transfers part of its tax revenue via intergovernmental transfer (IGT) to the Texas Health and Human Services Commission (HHSC) for the non-federal share of the supplemental payment program.

***Eligibility to receive supplemental payments.*** Hospital certifies that it is eligible to receive payments under the supplemental payment program.

***Use of supplemental payments.*** Hospital certifies that its use of all or any part of any supplemental payments made to it under this supplemental payment program will be in compliance with section 355.8061 and 355.8063 of the Texas Administrative Code. Specifically, Hospital certifies that no part of any supplemental payment paid to Hospital has been or will be:

- returned or reimbursed to the funding entity; or
- used to fund any contingent fee, consulting fee, or legal fee arrangement associated with Hospital's receipt of the supplemental funds.

***Recoupment.*** If the Centers for Medicare and Medicaid Services (CMS) of the U. S. Department of Health and Human Services recoups federal financial participation related to Hospital's receipt and/or use of supplemental payments authorized under this supplemental payment program, HHSC will set-off or recoup the amount disallowed by CMS.

HHSC first will seek recovery from Hospital of the entire amount to be recouped by CMS, subject to any rights of administrative appeal Hospital may have. If, within 30 days of Hospital's receipt of HHSC's written notice of recoupment, Hospital has not paid the full

amount of the recoupment or entered into a written agreement with HHSC, HHSC may withhold any or all Medicaid payments from Hospital until such time as HHSC has recovered an amount equal to Hospital's disallowance. If HHSC determines that recovery through a withhold is not feasible, HHSC may recover the deferred, disallowed, or rejected claim from any other hospital(s) affiliated with the funding entity through an indigent care affiliation agreement under 1 Tex. Admin. Code § 355.8063(t)(4) by withholding any or all Medicaid payments until such time as HHSC has recovered an amount equal to Hospital's recoupment.

Copies of the Affiliation Agreement shall be made available to the public and will be provided to HHSC on request.

On behalf of Hospital, I hereby certify that I have read and understood the above statements; that I agree on behalf of Hospital to be bound by the statements; and that I am authorized to bind Hospital and to certify to the above.

\_\_\_\_\_  
Signature

Maura Walsh

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Date

Senior Vice President

\_\_\_\_\_  
Title

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

MEDICAID SUPPLEMENTAL PAYMENT PROGRAM

CERTIFICATION OF USE OF PAYMENT

Knapp Medical Center Hospital

TPI Number: 135035706

STATE FISCAL YEAR 2007

Knapp Medical Center (Hospital) is a party to an indigent care affiliation agreement (Affiliation Agreement) with Hidalgo County, a Hospital District or a State or Local Governmental entity (as appropriate, referred to as the "funding entity"), under which Hospital provides uncompensated care at a volume defined in the Affiliation Agreement. As a privately owned and operated hospital associated under an Affiliation Agreement with the funding entity, Hospital is eligible to receive supplemental Medicaid payments pursuant to either or both Section (t) of Attachment 4.19-A and Section (8) of Attachment 4.19-B of the Texas Medicaid State Plan ("supplemental payment program") and pursuant to the regulations at 1 Tex. Admin. Code §§ 355.8061 and 355.8063. The funding entity transfers part of its tax revenue via intergovernmental transfer (IGT) to the Texas Health and Human Services Commission (HHSC) for the non-federal share of the supplemental payment program.

***Eligibility to receive supplemental payments.*** Hospital certifies that it is eligible to receive payments under the supplemental payment program.

***Use of supplemental payments.*** Hospital certifies that its use of all or any part of any supplemental payments made to it under this supplemental payment program will be in compliance with section 355.8061 and 355.8063 of the Texas Administrative Code. Specifically, Hospital certifies that no part of any supplemental payment paid to Hospital has been or will be:

- returned or reimbursed to the funding entity; or
- used to fund any contingent fee, consulting fee, or legal fee arrangement associated with Hospital's receipt of the supplemental funds.

***Recoupment.*** If the Centers for Medicare and Medicaid Services (CMS) of the U. S. Department of Health and Human Services recoups federal financial participation related to Hospital's receipt and/or use of supplemental payments authorized under this supplemental payment program, HHSC will set-off or recoup the amount disallowed by CMS.

HHSC first will seek recovery from Hospital of the entire amount to be recouped by CMS, subject to any rights of administrative appeal Hospital may have. If, within 30 days of Hospital's receipt of HHSC's written notice of recoupment, Hospital has not paid the full

amount of the recoupment or entered into a written agreement with HHSC, HHSC may withhold any or all Medicaid payments from Hospital until such time as HHSC has recovered an amount equal to Hospital's disallowance. If HHSC determines that recovery through a withhold is not feasible, HHSC may recover the deferred, disallowed, or rejected claim from any other hospital(s) affiliated with the funding entity through an indigent care affiliation agreement under 1 Tex. Admin. Code § 355.8063(t)(4) by withholding any or all Medicaid payments until such time as HHSC has recovered an amount equal to Hospital's recoupment.

Copies of the Affiliation Agreement shall be made available to the public and will be provided to HHSC on request.

On behalf of Hospital, I hereby certify that I have read and understood the above statements; that I agree on behalf of Hospital to be bound by the statements; and that I am authorized to bind Hospital and to certify to the above.

\_\_\_\_\_  
Signature

James A. Summersett, III

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Date

Chief Executive Officer

\_\_\_\_\_  
Title

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

MEDICAID SUPPLEMENTAL PAYMENT PROGRAM

CERTIFICATION OF USE OF PAYMENT

McAllen Medical Center Hospital

TPI Number: 094217902

STATE FISCAL YEAR 2007

McAllen Medical Center (Hospital) is a party to an indigent care affiliation agreement (Affiliation Agreement) with Hidalgo County, a Hospital District or a State or Local Governmental entity (as appropriate, referred to as the "funding entity"), under which Hospital provides uncompensated care at a volume defined in the Affiliation Agreement. As a privately owned and operated hospital associated under an Affiliation Agreement with the funding entity, Hospital is eligible to receive supplemental Medicaid payments pursuant to either or both Section (t) of Attachment 4.19-A and Section (8) of Attachment 4.19-B of the Texas Medicaid State Plan ("supplemental payment program") and pursuant to the regulations at 1 Tex. Admin. Code §§ 355.8061 and 355.8063. The funding entity transfers part of its tax revenue via intergovernmental transfer (IGT) to the Texas Health and Human Services Commission (HHSC) for the non-federal share of the supplemental payment program.

*Eligibility to receive supplemental payments.* Hospital certifies that it is eligible to receive payments under the supplemental payment program.

*Use of supplemental payments.* Hospital certifies that its use of all or any part of any supplemental payments made to it under this supplemental payment program will be in compliance with section 355.8061 and 355.8063 of the Texas Administrative Code. Specifically, Hospital certifies that no part of any supplemental payment paid to Hospital has been or will be:

- returned or reimbursed to the funding entity; or
- used to fund any contingent fee, consulting fee, or legal fee arrangement associated with Hospital's receipt of the supplemental funds.

*Recoupment.* If the Centers for Medicare and Medicaid Services (CMS) of the U. S. Department of Health and Human Services recoups federal financial participation related to Hospital's receipt and/or use of supplemental payments authorized under this supplemental payment program, HHSC will set-off or recoup the amount disallowed by CMS.

HHSC first will seek recovery from Hospital of the entire amount to be recouped by CMS, subject to any rights of administrative appeal Hospital may have. If, within 30 days of Hospital's receipt of HHSC's written notice of recoupment, Hospital has not paid the full

amount of the recoupment or entered into a written agreement with HHSC, HHSC may withhold any or all Medicaid payments from Hospital until such time as HHSC has recovered an amount equal to Hospital's disallowance. If HHSC determines that recovery through a withhold is not feasible, HHSC may recover the deferred, disallowed, or rejected claim from any other hospital(s) affiliated with the funding entity through an indigent care affiliation agreement under 1 Tex. Admin. Code § 355.8063(t)(4) by withholding any or all Medicaid payments until such time as HHSC has recovered an amount equal to Hospital's recoupment.

Copies of the Affiliation Agreement shall be made available to the public and will be provided to HHSC on request.

On behalf of Hospital, I hereby certify that I have read and understood the above statements; that I agree on behalf of Hospital to be bound by the statements; and that I am authorized to bind Hospital and to certify to the above.

\_\_\_\_\_  
Signature

Douglas A. Matney

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Date

Group Director

\_\_\_\_\_  
Title

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

MEDICAID SUPPLEMENTAL PAYMENT PROGRAM

CERTIFICATION OF USE OF PAYMENT

Mission Regional Medical Center Hospital

TPI Number: 112679902

STATE FISCAL YEAR 2007

Mission Regional Medical Center (Hospital) is a party to an indigent care affiliation agreement (Affiliation Agreement) with Hidalgo County, a Hospital District or a State or Local Governmental entity (as appropriate, referred to as the "funding entity"), under which Hospital provides uncompensated care at a volume defined in the Affiliation Agreement. As a privately owned and operated hospital associated under an Affiliation Agreement with the funding entity, Hospital is eligible to receive supplemental Medicaid payments pursuant to either or both Section (t) of Attachment 4.19-A and Section (8) of Attachment 4.19-B of the Texas Medicaid State Plan ("supplemental payment program") and pursuant to the regulations at 1 Tex. Admin. Code §§ 355.8061 and 355.8063. The funding entity transfers part of its tax revenue via intergovernmental transfer (IGT) to the Texas Health and Human Services Commission (HHSC) for the non-federal share of the supplemental payment program.

***Eligibility to receive supplemental payments.*** Hospital certifies that it is eligible to receive payments under the supplemental payment program.

***Use of supplemental payments.*** Hospital certifies that its use of all or any part of any supplemental payments made to it under this supplemental payment program will be in compliance with section 355.8061 and 355.8063 of the Texas Administrative Code. Specifically, Hospital certifies that no part of any supplemental payment paid to Hospital has been or will be:

- returned or reimbursed to the funding entity; or
- used to fund any contingent fee, consulting fee, or legal fee arrangement associated with Hospital's receipt of the supplemental funds.

***Recoupment.*** If the Centers for Medicare and Medicaid Services (CMS) of the U. S. Department of Health and Human Services recoups federal financial participation related to Hospital's receipt and/or use of supplemental payments authorized under this supplemental payment program, HHSC will set-off or recoup the amount disallowed by CMS.

HHSC first will seek recovery from Hospital of the entire amount to be recouped by CMS, subject to any rights of administrative appeal Hospital may have. If, within 30 days of Hospital's receipt of HHSC's written notice of recoupment, Hospital has not paid the full

amount of the recoupment or entered into a written agreement with HHSC, HHSC may withhold any or all Medicaid payments from Hospital until such time as HHSC has recovered an amount equal to Hospital's disallowance. If HHSC determines that recovery through a withhold is not feasible, HHSC may recover the deferred, disallowed, or rejected claim from any other hospital(s) affiliated with the funding entity through an indigent care affiliation agreement under 1 Tex. Admin. Code § 355.8063(t)(4) by withholding any or all Medicaid payments until such time as HHSC has recovered an amount equal to Hospital's recoupment.

Copies of the Affiliation Agreement shall be made available to the public and will be provided to HHSC on request.

On behalf of Hospital, I hereby certify that I have read and understood the above statements; that I agree on behalf of Hospital to be bound by the statements; and that I am authorized to bind Hospital and to certify to the above.

\_\_\_\_\_  
Signature

Javier Iruegas

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Date

Chief Executive Officer

\_\_\_\_\_  
Title

**Eddie Olivarez**

---

**From:** Jeff Brinker [brinker@gl-law.com]  
**Sent:** Tuesday, March 13, 2007 11:20 PM  
**To:** Doug.Matney@uhsrgv.com; James Summersett; Javier Iruegas; Lawrence Gelman; Stephen Jones  
**Cc:** scrain@atlashall.com; eddie.olivarez@hchd.org; bob.halinski@uhsinc.com; Curtis Haley; David.Critchlow@HCAHealthcare.com; Dennis Rusch; gjerset@gl-law.com; Jay St. Pierre; Jeff Brinker; j.darling@dhr-rgv.com; Kevin Keeling; linda.resendez@uhsrgv.com; Lisa.Frenkel@HCAHealthcare.com; Randy Slack; Robert Saucedo; Shauna Lorenz; skip.courtney@uhsinc.com; Stephen Elwell; Susan Turley  
**Subject:** Hidalgo UPL Hospital Certification Forms

As mentioned earlier today, attached are a letter and certification forms for each hospital regarding the Hidalgo County Medicaid supplemental payment program. The forms are consistent with the requirements set forth in the State's rules for the regional UPL programs that will be published next week.

As set forth in the letter, we ask that the hospitals execute the applicable certification forms and return them to us no later than March 23rd so that we can submit them to HHSC prior to March 31st. For Rio Grande, we sent the certification form directly to the Division office for execution by Ms. Walsh. We also sent separate correspondence to the County concerning the form that we request Hidalgo County execute.

Please let us know if you have any questions concerning the forms or the remaining processes for Medicaid UPL funding in April. Thank you.

**Jefferson M. Brinker, Attorney**  
**GJERSET & LORENZ, LLP**  
2801 Via Fortuna, Ste. 500  
Austin, TX 78746  
Phone: (512) 899-3995  
Cell: (512) 773-9344  
Fax: (512) 899-3939  
Website: [www.gl-law.com](http://www.gl-law.com)

**CONFIDENTIALITY NOTICE:**

*This message contains information from the law firm of Gjerset & Lorenz, LLP. This communication is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are notified that any use, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please contact us immediately at 512.899.3995.*