

Expenditure Statement for Counties

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| Name of County: | |
| Contact Person | |
| Primary contact for questions regarding the information reported on this expenditure statement. | |
| Name: | |
| Title: | |
| Mailing Address: | |
| Phone Number: | |
| Email: | |

Provide prior **calendar year** unreimbursed health care expenditures for your county within the categories defined below.

According to 25 Tex. Admin. Code § 102.3, **unreimbursed health care expenditures** are defined as actual expenditures made by the county, which are directly attributable to the provision of health care services to the general public, either directly or by contract or agreement with a third-party provider, and for which no reimbursement is made by or expected from any third-party source or fund. Furthermore, an additional 15% is added to the total to account for general administrative and overhead costs not directly related to the provision of health care.

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.

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.

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| Category A. Unreimbursed County Expenditures for Indigent Health Care Services | |
| These expenditures must be for unreimbursed health care services provided to the indigent population. | |
| Category B. Unreimbursed County Expenditures for Jail Health Care Services | |
| These expenditures must be for unreimbursed health care services provided to adults or juveniles in the detained or incarcerated population. | |
| Category C. Unreimbursed County Expenditures for General Public Health Care Services | |
| These expenditures must be for unreimbursed health care services such as a hospital district may provide. These are typically diagnostic and treatment services for individuals. Expenditures for environmental services (e.g. mosquito control, water testing, and septic tank inspection) and population-based services not involving direct contact with an individual health care recipient (e.g. restaurant inspections) must be excluded. | |
| 1) Health care clinic, laboratory, and case management services. | |
| 2) Dental care services. | |
| 3) Outreach and prevention efforts related to tobacco use, including but not limited to media campaigns, education, counseling, and production and distribution of promotional literature. | |
| 4) Other health care outreach and prevention efforts, including but not limited to media campaigns, education, counseling, and production and distribution of promotional literature. Typical target areas for these efforts include health hazards affecting the general public. | |
| 5) Medical transportation. | |
| 6) Behavioral or psychiatric health care services. | |
| 7) Capital expenditures for health care services. | |

Texas Department of State Health Services Tobacco Settlement Distribution Program

| Category C. continued | | Name of County: | |
|---|---|--|----------------------------|
| 8) | Overhead costs for a health care facility. Limited to non-labor expenditures required to operate a health care facility (e.g. utilities, internet service, building insurance). | | |
| 9) | Emergency medical services. | | |
| 10) | Medical supplies or equipment used for the provision of health care services to the general public. | | |
| 11) | Other services provided by the county that are also within the scope of services that hospital districts are authorized by law to provide. These will typically be diagnostic and treatment services. Please describe services below: | | |
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| 12) | Intergovernmental transfer (IGT) payment(s) made by the county to a hospital(s) in its jurisdiction in exchange for indigent health care services. Name of Hospital(s) below: | | |
| | | | |
| 13) | If the county 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 county may claim one or both of the following: <ul style="list-style-type: none"> a) Unreimbursed payments not funded by taxes made by the county to said public health care facility(ies). Payments may be for ongoing operations, indigent care obligations, or other statutorily authorized expenditures. 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. Name of Public Health Care Facility(ies) below: | | |
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| 14) | If the county made unreimbursed payments to a public hospital (see exception below) owned by the county 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. Exception: Do not include payments to non-hospital health care facilities (e.g. clinics). Report those expenditures on line 1 in category C. | | |
| | Public Hospital Name | City Where Located | Prior Year Payments |
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| | Total | | |
| | Subtotal, All Category C Expenditures | | |
| Total Expenditures to be claimed: (are calculated by multiplying the sum of Cat. A+B+C by 1.15). | | | |
| Total Expenditures to be claimed: (Cat. A+B+C) | | | x 1.15 = |
| 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 County's Authorized Representative: | | Email Address and Telephone Number: | |
| | | | |
| Signature of Authorized Representative: | | Date: | |
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