



**PRO RATA TOBACCO SETTLEMENT DISTRIBUTION
HOSPITAL DISTRICT EXPENDITURE STATEMENT – 2014**
www.dshs.state.tx.us/tobaccosettlement

Name of Hospital District: _____

Provide the **calendar year 2013 unreimbursed health care expenditures** for your hospital district within the categories designated below. The Agreement Regarding Disposition of Settlement Proceeds states that unreimbursed expenditures for a hospital district are to be calculated as “the total amount of taxes collected by the hospital district, together with the unreimbursed amounts expended by a county coterminous with such hospital district for jail health care.”

Allowable expenditures are the amount of taxes collected in the year for which the annual expenditure statement is filed, not the amount of taxes assessed. A hospital district may count taxes that are owed from previous years if those taxes are collected in the year for which the annual expenditure statement is filed. A hospital district is entitled to claim the amount of its tax collections as unreimbursed expenditures, even if it does not own or operate a hospital.

Allowable Expenditure Categories:

A. Total amount of taxes collected by the hospital district: \$ _____

B. Unreimbursed county expenditures for jail health care: \$ _____
(See Footnote 1)

C. Other allowable expenditures: \$ _____
(See Footnote 2)

Total Expenditures Claimed 2013 \$ _____
(Categories A+B+C)

**Pro Rata Tobacco Settlement Distribution
Hospital District Expenditure Statement - 2014**

¹Unreimbursed jail health care expenditures may be calculated using either of the following two methods. The total may include unreimbursed health care expenditures for juveniles held under court commitment, at county expense. Indirect costs must be excluded from the calculation.

(1) determine the total expenditures based on itemized health care expenses for prisoners over the entire year, subtracting any reimbursement received from entities outside your political subdivision to cover health care expenses for individual prisoners; or

(2) Determine the total expenditures based on itemized health care expenses for the entire year and apply the following formula:

$$\text{Total Prisoner Health Care} \times \frac{\text{Unreimbursed Jail Population}}{\text{Total Jail Population}} = \text{Unreimbursed Health Care}$$

Attach a worksheet indicating which of the above methods you used to calculate unreimbursed jail health care expenditures, as well as the base numbers for your calculation.

²Note the following additional provision in the tobacco settlement agreement, Section 5.B (4):

“To the extent not already included, a political subdivision shall be eligible to include expenditures from the political subdivision reserve funds and other expenditures to the extent they are verifiable, which are attributable to proceeds from the **sale or lease of public health care facilities**. To the extent that proceeds from the sale or lease of public health care facilities are represented by contractually obligated health care service for indigent residents of the political subdivision performed by the purchaser or lessee, such services shall be valued as if they had been reimbursed at Medicaid rates.”

Also attach a worksheet indicating the base numbers for your calculation of Category C expenditures.

The deadline for submission of this form to the Texas Department of State Health Services (DSHS) is March 31, 2014. The target date for payment by the Comptroller of Public Accounts to the political subdivisions, based on this information, is no later than April 30, 2014.

The information submitted on this form is subject to audit by the State of Texas. If ineligible expenditures are identified through an audit following payment to a political subdivision, the ineligible amount may be deducted from the subsequent year's payment to that political subdivision.

**Pro Rata Tobacco Settlement Distribution
Hospital District Expenditure Statement - 2014**

This is to certify that the above 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.

Name of Hospital District: _____

Name of Certifying Officer: _____

Certifying Officer's Title: _____

Certifying Officer's Signature/Date: _____

Telephone Number: (____) _____ Email: _____

Name of County in which Hospital District is located: _____

If you chose to have your completed signed expenditure statement (1) hand delivered, (2) faxed, or (3) emailed to DSHS, **it must be received no later than 5:00 p.m., March 31, 2014.** If you elect to mail or ship (via a commercial mail service) your completed signed expenditure statement, **the postmark must reflect a date no later than midnight, March 31, 2014.** STATEMENTS THAT DO NOT INCLUDE A SIGNATURE WILL NOT BE ACCEPTED. Statements should be addressed to:

**Texas Department of State Health Services
Funds Coordination & Management
Attn: Anne Stokey, MC 4501, Rm. T-511
1100 W 49th Street, Austin, TX 78756
PO Box 149347, Austin, Texas 78714-9347**

You may direct any questions to Ms. Stokey at the above address or by telephone, fax, or email as follows:

**Telephone Number: 512.776.2591
Fax: 512.776.7774
Email: DSHSTobacco@dshs.state.tx.us**

**DSHS WILL ACKNOWLEDGE IN WRITING THE RECEIPT OF ALL COMPLETED SIGNED
EXPENDITURE STATEMENTS**