



**PRO RATA TOBACCO SETTLEMENT DISTRIBUTION
NON-HOSPITAL DISTRICT PUBLIC HOSPITAL EXPENDITURE
STATEMENT - 2014**

www.dshs.state.tx.us/tobaccoSettlement

Name of Hospital: _____

Provide the **calendar year 2013 unreimbursed health care expenditures** for your *non-hospital district public hospital* within the categories designated below. The Agreement Regarding Disposition of Settlement Proceeds states that unreimbursed expenditures for a non-hospital district public hospital are to be calculated as "the total unreimbursed amount of political subdivision funds paid to such public hospital by any political subdivision during that year."

In addition, section 102.3(d) of the program rules regarding annual claims (unreimbursed health care expenditures) states the following:

- 1) As stated in subsection (a) of this section, unreimbursed expenditures are defined in the agreement as "those actual expenditures made by a Political Subdivision 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. (Lump Sum Trust Account or Permanent Trust Account payments shall not count as reimbursement)".
- 2) Under this subsection, a political subdivision may claim political subdivision funds actually paid to the hospital owned by the political subdivision or transferred from a general revenue account of a political subdivision into the hospital's account(s) in order to provide funds for health care services to the general public.
- 3) A political subdivision may not claim political subdivision funds paid under paragraph (2) of this subsection when reimbursement is received by the hospital or political subdivision from any third party source or fund. Reimbursed funds are not "unreimbursed expenditures" under this subsection.
- 4) The term "unreimbursed expenditures" does not include contractual allowances or discounts for health care services under a third party payor agreement.

**Pro rata Tobacco Settlement Distribution
Non-Hospital District Public Hospital Expenditure Statement - 2014**

Allowable Expenditure Categories:

A. Total amount of unreimbursed political subdivision funds paid to a public hospital in calendar year 2013: \$ _____

Provide name of political subdivision(s) paying funds to the public hospital:

B. ¹Other allowable expenditures: \$ _____
See Footnote Category B
Also attach worksheet indicating basis of calculation

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

¹**Category B**

Note 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 for the sale or lease of public health care facilities are represented by contractually obligated health care services 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.”

Attach worksheet indicating base numbers for calculation of Category B 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
Non-Hospital District Public Hospital 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 Political Subdivision (County/City): _____

Name of Hospital: _____

Name of Certifying Officer: _____

Certifying Officer's Title (County Judge, Mayor, etc): _____

Certifying Officer's Signature/Date: _____

Telephone Number: (____) _____ Email: _____

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**