



**PRO RATA TOBACCO SETTLEMENT DISTRIBUTION
HOSPITAL DISTRICT EXPENDITURE STATEMENT – 2016**

Return completed Expenditure Statement by no later than, March 31, 2016

www.dshs.state.tx.us/tobaccoSettlement

Direct your questions to: Anne Stokey (512)776.2591 or DSHSTobacco@dshs.state.tx.us

Name of Hospital District: Nueces County Hospital District

Provide the **calendar year 2015 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: \$ 33,769,495.65

B. Unreimbursed county expenditures for jail health care: \$ 125,170.85
(See Footnote 1 on pg. 2 of 3) (Attach Jail Expenditures Methodology Worksheet)

C. Other allowable expenditures: \$ 0.00
(See Footnote 2, on pg. 2 of 3) (Attach Worksheet indicating base numbers)

Total Expenditures Claimed 2015
(Categories A+B+C) \$ 33,894,666.50

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 expenditure statement and supporting documents to the Department of State Health Services (DSHS) is March 31, 2016. 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, 2016.

The information submitted on Expenditure Statement and Supporting Documents 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 – 2016

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: Nueces County Hospital District

Name of Certifying Officer: Jonny F. Hipp

Certifying Officer's Title: Administrator/CEO

Certifying Officer's Signature/Date: Jonny F. Hipp 3/28/2016

Telephone Number: (361) 808-3300 Email: jonny.hipp@nchdcc.org

Name of County in which Hospital District is located: Nueces

STATEMENTS THAT DO NOT INCLUDE A SIGNATURE WILL NOT BE ACCEPTED

To submit your completed signed expenditure statement and documents, select a method:

Hand Delivery - must be received no later than 5:00 p.m., March 31, 2016

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

Fax: (512)776.7774 – must reflect a date no later than 11:59 p.m. CST, March 31, 2016
Attn: Ms. Stokey

Email: DSHSTobacco@dshs.state.tx.us – must reflect a date no later than 11:59 p.m. CST, March 31, 2016

Mail or Ship (via a commercial mail service) - the postmark must reflect a date no later than 11:59 p.m. CST, March 31, 2016.

Department of State Health Services
Funds Coordination & Management
Attn: Anne Stokey, MC 4501, Rm. T-511
PO Box 149347, Austin, Texas 78714-9347

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

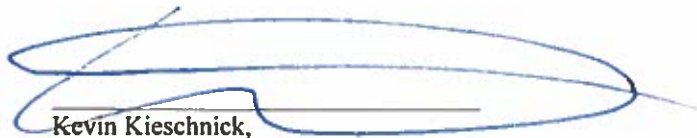
AFFIDAVIT

THE STATE OF TEXAS *
*
COUNTY OF NUECES *

BEFORE ME, the undersigned authority, personally appeared Kevin Kieschnick, Nueces County Tax Assessor/Collector, who being by me duly sworn, deposed and said:

“My name is Kevin Kieschnick. I am over twenty-one (21) years of age, of sound mind, capable of making this Affidavit and personally acquainted with the facts herein stated. I hold the position of Nueces County Tax Assessor/Collector. My office is of Nueces County Tax Assessor/Collector records, are the original records of ad valorem taxes collected on behalf of the Nueces County Hospital District. I have been requested by the Nueces County Hospital District to review said records maintained in the regular course of business. I have located at 901 Leopard, Corpus Christi, Texas 78401. I do hereby certify that I am custodian of the Nueces County Tax Assessor/Collector records maintained in the regular course of business on each and every taxpayer of Nueces County. Further, in my legal custody, as custodian reviewed said records and I hereby certify that the ad valorem taxes collected on behalf of the Nueces County Hospital District during the period of January 1, 2015 through December 31, 2015 totaled the sum amount of \$33,769,495.65 this sum includes \$388,339.24 in penalties and interest. I hereby certify that the attached copies of documents regarding any and all documents pertaining to ad valorem taxes maintained on behalf of the Nueces County Hospital District are true and correct copies of the original records now on file in my office and in my custody. I further certify that the records attached hereto are maintained in the usual and regular course of business of Nueces County Tax Assessor/Collector’s office.”

In witness thereof, I have hereto set my hand this the 3rd day of March, 2016.

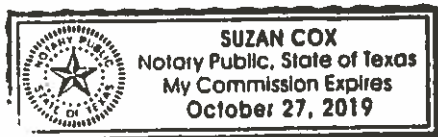


Kevin Kieschnick,
Nueces County Tax Assessor/Collector

THE STATE OF TEXAS *
COUNTY OF NUECES *

BEFORE ME, Suzan Cox, this day personally appeared Kevin Kieschnick known to me to be the person whose name is subscribed to the foregoing instrument and consideration therein expressed. Given under my hand and seal of office this 3rd day of March, 2016.

Suzan Cox
Notary Public in and for the State of Texas



Nueces County Hospital District Tobacco Expenditure Report

Collection Data 01/01/2015 - 12/31/2015

	Current Levy	Discount Given	Delinquent Levy	Penalty & Interest	Attorney Fees
Jan-15	8,717,130.70	0.00	52,098.48	16,358.51	9,355.76
Feb-15	10,624,712.08	0.00	49,294.96	43,036.62	11,348.53
Mar-15	508,337.59	0.00	61,673.05	51,026.27	9,675.81
Apr-15	229,571.04	0.00	54,004.01	51,581.99	16,416.91
May-15	163,849.06	0.00	27,161.42	29,520.72	9,657.18
Jun-15	207,872.46	0.00	87,941.28	61,321.96	26,926.58
Jul-15	0.00	0.00	153,281.93	30,909.48	19,767.86
Aug-15	0.00	0.00	103,941.75	22,931.14	19,704.62
Sep-15	0.00	0.00	90,022.51	20,426.46	16,823.51
Oct-15	2,722,772.70	0.00	106,386.23	32,422.35	21,194.99
Nov-15	5,255,348.20	0.00	45,640.16	13,650.80	9,691.97
Dec-15	3,896,823.85	0.00	42,179.86	15,152.94	10,549.37
Totals*	<u>\$ 32,326,417.68</u>	<u>0.00</u>	<u>\$ 873,625.64</u>	<u>\$ 388,339.24</u>	<u>\$ 181,113.09</u>

Current & Delinquent	\$ 33,200,043.32
Discount	0.00
P&I	\$ 388,339.24
Attorney Fees	\$ 181,113.09
Total	<u>\$ 33,769,495.65</u>
P&I	<u>\$ 388,339.24</u>

*Figures extracted from monthly 298D reports and verified by a current yearly 298E report.

AFFIDAVIT


THE STATE OF TEXAS
COUNTY OF NUECES

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BEFORE ME, the undersigned authority, personally appeared Dale Atchley, Nueces County Auditor, who being by me duly sworn, deposed and said:

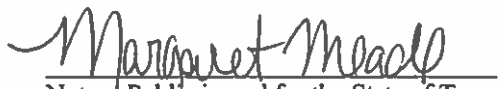
“My name is Dale Atchley. I am over twenty-one (21) years of age, of sound mind, capable of making this Affidavit and personally acquainted with the facts herein stated. I hold the position of Nueces County Auditor. My office is located at 901 Leopard, Corpus Christi, Texas 78401. I do hereby certify that I am custodian of the Nueces County Auditor records maintained in the regular course of business on each and every Nueces County expense. Further, in my legal custody, as custodian of Nueces County Auditor records, are the original records of the Nueces County Sheriff’s Department jail infirmary and Juvenile Department infirmary expenses. I have been requested by the Nueces County Hospital District to review said records maintained in the regular course of business. I have reviewed said records and I hereby certify that the Nueces County Sheriff’s Department jail infirmary costs and Juvenile Department jail infirmary costs during the period of January 1, 2015 through December 31, 2015 totaled the sum amount of \$125,170.85. I hereby certify that the attached copies of documents regarding any and all documents pertaining to the Nueces County Sheriff’s Department jail infirmary and Juvenile Department infirmary maintained on behalf of Nueces County are true and correct copies of the original records now on file in my office and in my custody. I further certify that the records attached hereto are maintained in the usual and regular course of business of Nueces County Auditor’s office.”

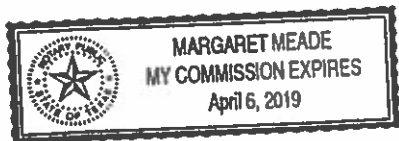
In witness thereof, I have hereto set my hand this the 23rd day of March, 2016.


Dale Atchley, Custodian of Records
Nueces County Auditor

THE STATE OF TEXAS *
COUNTY OF NUECES *

BEFORE ME, Dale Atchley/Margaret Meade, this day personally appeared Dale Atchley known to me to be the person whose name is subscribed to the foregoing instrument and consideration therein expressed. Given under my hand and seal of office this 23rd day of March, 2016.


Notary Public in and for the State of Texas



**Nueces County Jail & Juvenile Infirmery Costs
For the Calendar Year 01/01/15 - 12/31/15**

Statement Date: 3/21/2016

Balance Forward		\$	-
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Payments Received Through 12/31/2015			0.00
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Total Unreimbursed Cost		\$	-
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Current Expenses (01/01/15- 12/31/15):

Dept.	Facility Costs					
1460	Juvenile Facility	a.	225,049.61	x	.0123267408	= 2,774.13
1400	General Repairs - Buildings		0.00			
1500	Mechanical Maintenance		1,144,997.80			
1570	Building Superintendent		6,006.14			
		b.	<u>1,151,003.94</u>	x	.40 / 7	= 65,771.65
1740	McKenzie Jail Annex	c.	408,739.95	x	.05	= 20,437.00
	Infirmery Security Detail (3 Deputies)					0.00
	Medical Transportation Costs					
	Personnel Cost		208 Trips			33,619.91
	Mileage		3784 Miles	x	\$.505	= 1,910.92
	Auto Insurance					657.24
	Infirmery Physician Costs					
	Infirmery Physician Salary & Benefits				0.00	
	Spohn Reimbursement				<u>0.00</u>	
	Total County Infirmery Physician Cost					0.00
	Total Current Expenses (01/01/15 - 12/31/15)					<u><u>\$125,170.85</u></u>

Nueces County Auditors Office
01/01/15 - 12/31/15 Personnel Cost for Tobacco Reimbursement

Infirmiry Security Detail	Annual	Benefits (15.42%)	Total	
3 Guards at 9 mos.	15.56	26,094.12	4,023.71	30,117.83
	15.56	26,094.12	4,023.71	30,117.83
	15.56	26,094.12	4,023.71	30,117.83
at 3 mos	15.56	8,698.04	1,341.24	10,039.28
	15.56	8,698.04	1,341.24	10,039.28
	15.56	8,698.04	1,341.24	10,039.28
			120,471.33	
			/12	10,039.28
			*12	<u>120,471.36</u>
				0.00

Transport Guards (3)	3 Hrs Salary	Benefits (15.42%)	Total
3 hrs per trip 142 trips	6,628.56	1,022.12	7,650.68
	6,628.56	1,022.12	7,650.68
	6,628.56	1,022.12	7,650.68
			<u>22,952.05</u>
3 hrs per trip 66 trips	3,080.88	475.07	3,555.95
	3,080.88	475.07	3,555.95
	3,080.88	475.07	3,555.95
			<u>10,667.86</u>
Total			<u><u>33,619.91</u></u>

Physician	Salary	Benefits (15.42%)	Total
		0.00	0.00
		/12	0.00
		*12	0.00
Spohn Reimb	Annual	Monthly	0
			<u>0</u>
			<u>0.00</u>
			12 Months

Auto Ins.	1 Vehicle*	Yearly	Monthly	12 Months Prem.
118,545.00	657.24	657.24	54.77	657.24
				<u>657.24</u>

* Total insurance cost divided by total fleet