



NUECES COUNTY HOSPITAL DISTRICT
Administrative Offices

555 N. Carancahua Street, Suite 950
Corpus Christi, Texas 78401-0835

March 20, 2013

Phone: (361) 808-3300
Fax: (361) 808-3274

Via E-mail

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

**RE: Pro Rata Tobacco Settlement Distribution
Nueces County Hospital District Expenditure Statement - 2013**

Dear Ms. Glaspy;

Please find enclosed Nueces County Hospital District's Expenditure Statement submission for the Pro Rata Tobacco Settlement Distribution based on Calendar Year 2012 expenditures. This statement and related materials is provided following the general expenditure statement procedures outlined in the Texas Administrative Code, §102.3(f). Due to the fact, Nueces County Hospital District had leased its public health care facilities in October 1996, this statement and related materials are being submitted pursuant to Texas Administrative Code, §102.3(e)(2). Consistent with section 5B(4) of the Settlement Agreement, Nueces County Hospital District supplements its tax collections with the lease proceeds from CHRISTUS Spohn Health System; therefore, the 2012 expenditures of those lease proceeds have been included in the Hospital District's claim.

In summary and as detailed in the attached affidavits and related documents, the Nueces County Hospital District's submission amounts from Calendar Year 2012 are as follows:

Amount of Taxes Collected	\$ 31,318,242.47
Unreimbursed County Expenditures for Jail Health Care	\$ 237,206.73
Expenditures Not Otherwise funded by Taxes from Spohn Lease Payments.	<u>\$ 2,534,466.00</u>
Total	\$ 34,089,915.20

Please contact me at (361) 808-3300, if you or your staff have any questions or need additional information regarding this submission.

Sincerely,

Jonny F. Hipp, FACHE
Administrator/Chief Executive Officer

JFH:sgl

Encls.

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**PRO RATA TOBACCO SETTLEMENT DISTRIBUTION
HOSPITAL DISTRICT EXPENDITURE STATEMENT – 2013**
www.dshs.state.tx.us/tobaccosettlement

Name of Hospital District: Nueces County Hospital District

Provide the **calendar year 2012 unreimbursed health care expenditures** for your hospital district within the categories designated below. The Agreement Regarding Disposition of Settlement Proceeds states that these expenditures shall be calculated as follows:

“The total annual unreimbursed health care expenditures for a hospital district are defined 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 Expenditure Categories

A. Total amount of taxes collected by the hospital district: \$ 31,318,242.47

B. ¹Unreimbursed county expenditures for jail health care: \$ 237,206.73

C. ²Other allowable expenditures: \$ 2,534,466.00

**Total Expenditures Claimed 2012
(Categories A+B+C)** \$ 34,089,915.20

Hospital District Expenditure Statement - 2013

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

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

Name of County in which Hospital District is located: Nueces

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., April 1, 2013 since March 31st falls on a Sunday in 2013. If you elect to mail (via the U.S. Postal Service) or ship (via a commercial mail service) your completed signed expenditure statement, the postmark must reflect a date no later than midnight, April 1, 2013. STATEMENTS THAT DO NOT INCLUDE A SIGNATURE WILL NOT BE ACCEPTED. Statements are to be addressed to:

Texas Department of State Health Services
Funds Coordination & Management
Attn: Anne Glaspy, 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. Glaspy 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.