

Texas Department of State Health Services  
Tobacco Settlement Distribution Program

## 2018 Expenditure Statement for Hospital Districts

### Section 1. GENERAL INFORMATION

<b>Name of Hospital District:</b>	Nueces County Hospital District
<b>Contact Person</b> Primary contact for questions regarding the information reported on this expenditure statement.	
<b>Name:</b>	Donna Littlefield
<b>Title:</b>	Director of Accounting/Finance
<b>Mailing Address:</b>	555 N. Carancahua Street, Suite 950 Corpus Christi, TX 78401
<b>Phone Number:</b>	361-808-3303
<b>Fax Number:</b>	361-808-3274
<b>Email:</b>	donna.littlefield@nchdcc.org

### Section 2. ALLOWABLE EXPENDITURES

Provide **calendar year 2017** unreimbursed health care expenditures for your hospital district within the categories defined below.

According to 25 Tex. Admin. Code §102.3, **unreimbursed health care expenditures** are defined as the total amount of taxes collected by the hospital district, regardless of whether it owns or operates a hospital, plus the unreimbursed amounts expended for jail health care by a county coterminous with the hospital district.

#### Category A. Total Amount of Taxes Collected by the Hospital District

This amount must reflect the amount of taxes collected, not the amount of taxes assessed. The hospital district may include penalties and interest related to tax collection and taxes owed from previous years if they were collected in calendar year 2017. Do not include attorney fees or refunds for overpayment of taxes.

\$34,056,152.41

#### Category B. Unreimbursed County Expenditures for Jail Health Care Services

These expenditures must be for unreimbursed health care services provided to the jailed, detained, or incarcerated population, including juveniles held under court commitment at county expense. Costs that are not directly attributable to the provision of health care services must be excluded.

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 2017 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 2017 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 2018 expenditure statement.

**Name of County Reporting Jail Health Care Expenditures:**

Nueces

\$133,792.38

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Name of Hospital District: Nueces County Hospital District

Category C. Other Allowable Expenditures																	
1)	Unreimbursed payments not funded by taxes made to a public health care facility(ies) that was sold or leased by the hospital district and/or a county wholly located within the hospital district and that included a contractual obligation on the part of the purchaser or lessee to provide health care services to the indigent population. Payments may be for ongoing operations, indigent care obligations, or other statutorily authorized expenditures that are valued as if they had been reimbursed at the Medicaid rate. <b>Name of Public Health Care Facility(ies) Receiving Payment:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	\$0.00															
2)	If the hospital district made unreimbursed payments to a public hospital (see exception below) owned by the hospital district 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. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #f2f2f2;"> <th style="width: 45%; text-align: center;">Public Hospital Name</th> <th style="width: 25%; text-align: center;">City Where Located</th> <th style="width: 30%; text-align: center;">2017 Payments</th> </tr> </thead> <tbody> <tr><td style="height: 15px;"></td><td></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td><td></td></tr> <tr> <td colspan="2" style="text-align: right;"><b>Total</b></td> <td style="text-align: right;">\$0.00</td> </tr> </tbody> </table>		Public Hospital Name	City Where Located	2017 Payments										<b>Total</b>		\$0.00
Public Hospital Name	City Where Located	2017 Payments															
<b>Total</b>		\$0.00															
Exception: Do not include payments to non-hospital health care facilities (e.g. clinics).																	
<b>Total, Category C Expenditures</b>		\$0.00															
<b>Total Expenditures Claimed for 2017 (Cat. A+B+C)</b>		<b>\$34,189,944.79</b>															

Section 3. CERTIFICATION AND SIGNATURE	
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 District's Authorized Representative:	Email Address and Telephone Number:
Jonny F. Hipp, CEO/Administrator	jonny.hipp@nchdcc.org 361-808-3300
Signature of Authorized Representative:	Date: