TEXAS Department of State Health Services

Form 105

COUNTY INDIGENT HEALTH CARE PROGRAM
MONTHLY FINANCIAL REPORT

County Name TOM GREEN

Report for (Month/Year) 09/2013

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	$2,124.90		
Prescription Drugs	2.	$0.00		
Hospital, Inpatient Services	3.	$0.00		
Hospital, Outpatient Services	4.	$0.00		
Laboratory/X-Ray Services	5.	$1,536.45		
Skilled Nursing Facility Services	6.	$0.00		
Family Planning Services	7.	$0.00		
Rural Health Clinic Services	8.	$0.00		
State Hospital Contracts	9.	$0.00		
Optional Health Care Services	10.	$13,346.91		
Amount of Intergovernmental Transfer	11.	$0.00		
Total Expenditures (Add #1 through #11.)			12.	$17,008.26
Reimbursements Received (Do not include State Assistance.)	13. (	$4,478.43)		
6% Eligibility System Review Findings ($ in error)	14. (	$0.00)		
Total to be Deducted (Add #13 + #14.)			15. (	$4,478.43)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			16.	$12,529.83

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) $		12,529.83
GRTL $ 34,857,713.00		
	4% of GRTL $	1,394,308.52
	6% of GRTL $	2,091,462.78
	8% of GRTL $	2,788,617.04

Lidnna M. Spurlin

Signature of Person Submitting Form 105

10/01/2014

Date

TEXAS Department of State Health Services

Form 105

COUNTY INDIGENT HEALTH CARE PROGRAM
MONTHLY FINANCIAL REPORT

County Name TOM GREEN **Report for (Month/Year)** 10/2013

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	**1.**	$7,733.25		
Prescription Drugs	**2.**	$0.00		
Hospital, Inpatient Services	**3.**	$0.00		
Hospital, Outpatient Services	**4.**	$47.83		
Laboratory/X-Ray Services	**5.**	$16,848.07		
Skilled Nursing Facility Services	**6.**	$0.00		
Family Planning Services	**7.**	$0.00		
Rural Health Clinic Services	**8.**	$0.00		
State Hospital Contracts	**9.**	$0.00		
Optional Health Care Services	**10.**	$16,481.55		
Amount of Intergovernmental Transfer	**11.**	$0.00		
Total Expenditures (Add #1 through #11.)			**12.**	$41,110.70
Reimbursements Received (Do not include State Assistance.)	**13.** (	$299.92)		
6% Eligibility System Review Findings ($ in error)	**14.** (	$0.00)		
Total to be Deducted (Add #13 + #14.)			**15.** (	$299.92)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			**16.**	$40,810.78

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) $		53,340.61
GRTL $ 34,857,713.00		
	4% of GRTL $	1,394,308.52
	6% of GRTL $	2,091,462.78
	8% of GRTL $	2,788,617.04

Lianna M. Sparkman

Signature of Person Submitting Form 105

10/01/2014

Date

TEXAS Department of State Health Services

Form 105

COUNTY INDIGENT HEALTH CARE PROGRAM
MONTHLY FINANCIAL REPORT

County Name TOM GREEN **Report for (Month/Year)** 11/2013

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	**1.**	$5,421.98		
Prescription Drugs	**2.**	$0.00		
Hospital, Inpatient Services	**3.**	$0.00		
Hospital, Outpatient Services	**4.**	$0.00		
Laboratory/X-Ray Services	**5.**	$2,697.40		
Skilled Nursing Facility Services	**6.**	$0.00		
Family Planning Services	**7.**	$0.00		
Rural Health Clinic Services	**8.**	$0.00		
State Hospital Contracts	**9.**	$0.00		
Optional Health Care Services	**10.**	$7,281.23		
Amount of Intergovernmental Transfer	**11.**	$0.00		
Total Expenditures (Add #1 through #11.)			**12.**	$15,400.61
Reimbursements Received (Do not include State Assistance.)	**13.** (	$487.34)		
6% Eligibility System Review Findings ($ in error)	**14.** (	$0.00)		
Total to be Deducted (Add #13 + #14.)			**15.** (	$487.34)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			**16.**	$14,913.27

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) $		68,253.88
GRTL $ 34,857,713.00		
	4% of GRTL $	1,394,308.52
	6% of GRTL $	2,091,462.78
	8% of GRTL $	2,788,617.04

Lianna M. Spurlin

Signature of Person Submitting Form 105

10/01/2014

Date

TEXAS Department of State Health Services

Form 105

COUNTY INDIGENT HEALTH CARE PROGRAM
MONTHLY FINANCIAL REPORT

County Name TOM GREEN **Report for (Month/Year)** 12/2013

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	$5,671.66		
Prescription Drugs	2.	$0.00		
Hospital, Inpatient Services	3.	$0.00		
Hospital, Outpatient Services	4.	$0.00		
Laboratory/X-Ray Services	5.	$363.54		
Skilled Nursing Facility Services	6.	$0.00		
Family Planning Services	7.	$0.00		
Rural Health Clinic Services	8.	$0.00		
State Hospital Contracts	9.	$0.00		
Optional Health Care Services	10.	$1,881.19		
Amount of Intergovernmental Transfer	11.	$0.00		
Total Expenditures (Add #1 through #11.)			12.	$7,916.39
Reimbursements Received (Do not include State Assistance.)	13. (	$3,225.00)		
6% Eligibility System Review Findings ($ in error)	14. (	$0.00)		
Total to be Deducted (Add #13 + #14.)			15. (	$3,225.00)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			16.	$4,691.39

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) $		72,945.27
GRTL $ 34,857,713.00		
	4% of GRTL $	1,394,308.52
	6% of GRTL $	2,091,462.78
	8% of GRTL $	2,788,617.04

Signature of Person Submitting Form 105

10/01/2014
Date

TEXAS Department of State Health Services

Form 105

COUNTY INDIGENT HEALTH CARE PROGRAM
MONTHLY FINANCIAL REPORT

County Name TOM GREEN **Report for (Month/Year)** 01/2014

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	**1.**	$4,523.48		
Prescription Drugs	**2.**	$0.00		
Hospital, Inpatient Services	**3.**	$0.00		
Hospital, Outpatient Services	**4.**	$251.02		
Laboratory/X-Ray Services	**5.**	$194.44		
Skilled Nursing Facility Services	**6.**	$0.00		
Family Planning Services	**7.**	$0.00		
Rural Health Clinic Services	**8.**	$0.00		
State Hospital Contracts	**9.**	$0.00		
Optional Health Care Services	**10.**	$6,308.34		
Amount of Intergovernmental Transfer	**11.**	$0.00		
Total Expenditures (Add #1 through #11.)			**12.**	$11,277.28
Reimbursements Received (Do not include State Assistance.)	**13.** (	$110.93)		
6% Eligibility System Review Findings ($ in error)	**14.** (	$0.00)		
Total to be Deducted (Add #13 + #14.)			**15.** (	$110.93)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			**16.**	$11,166.35

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) $ 84,111.62

GRTL $ 34,857,713.00

4% of GRTL $ 1,394,308.52

6% of GRTL $ 2,091,462.78

8% of GRTL $ 2,788,617.04

Lianna M. Spurlin

Signature of Person Submitting Form 105

10/01/2014

Date

TEXAS Department of State Health Services

Form 105

COUNTY INDIGENT HEALTH CARE PROGRAM
MONTHLY FINANCIAL REPORT

County Name TOM GREEN **Report for (Month/Year)** 02/2014

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	**1.**	$3,536.47		
Prescription Drugs	**2.**	$0.00		
Hospital, Inpatient Services	**3.**	$0.00		
Hospital, Outpatient Services	**4.**	$0.00		
Laboratory/X-Ray Services	**5.**	$0.00		
Skilled Nursing Facility Services	**6.**	$0.00		
Family Planning Services	**7.**	$0.00		
Rural Health Clinic Services	**8.**	$0.00		
State Hospital Contracts	**9.**	$0.00		
Optional Health Care Services	**10.**	$1,003.12		
Amount of Intergovernmental Transfer	**11.**	$0.00		
Total Expenditures (Add #1 through #11.)			**12.**	$4,539.59
Reimbursements Received (Do not include State Assistance.)	**13.** (	$672.68)		
6% Eligibility System Review Findings ($ in error)	**14.** (	$0.00)		
Total to be Deducted (Add #13 + #14.)			**15.** (	$672.68)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			**16.**	$3,866.91

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) $		87,978.53
GRTL $ 34,857,713.00		
	4% of GRTL $	1,394,308.52
	6% of GRTL $	2,091,462.78
	8% of GRTL $	2,788,617.04

Lidnna M. Sparkin

Signature of Person Submitting Form 105

10/01/2014

Date

TEXAS Department of State Health Services

Form 105

COUNTY INDIGENT HEALTH CARE PROGRAM
MONTHLY FINANCIAL REPORT

County Name TOM GREEN

Report for (Month/Year) 03/2014

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	**1.**	$3,003.36		
Prescription Drugs	**2.**	$0.00		
Hospital, Inpatient Services	**3.**	$0.00		
Hospital, Outpatient Services	**4.**	$0.00		
Laboratory/X-Ray Services	**5.**	$0.00		
Skilled Nursing Facility Services	**6.**	$0.00		
Family Planning Services	**7.**	$0.00		
Rural Health Clinic Services	**8.**	$0.00		
State Hospital Contracts	**9.**	$0.00		
Optional Health Care Services	**10.**	$9,045.00		
Amount of Intergovernmental Transfer	**11.**	$0.00		
Total Expenditures (Add #1 through #11.)			**12.**	$12,048.36
Reimbursements Received (Do not include State Assistance.)	**13.** (	$3,475.17)		
6% Eligibility System Review Findings ($ in error)	**14.** (	$0.00)		
Total to be Deducted (Add #13 + #14.)			**15.** (	$3,475.17)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			**16.**	$8,573.19

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) $		96,551.72
GRTL $ 34,857,713.00		
	4% of GRTL $	1,394,308.52
	6% of GRTL $	2,091,462.78
	8% of GRTL $	2,788,617.04

Lidnna M. Spurlin

Signature of Person Submitting Form 105

10/01/2014

Date

TEXAS Department of State Health Services

Form 105

COUNTY INDIGENT HEALTH CARE PROGRAM
MONTHLY FINANCIAL REPORT

County Name TOM GREEN

Report for (Month/Year) 04/2014

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	**1.**	$1,657.62		
Prescription Drugs	**2.**	$0.00		
Hospital, Inpatient Services	**3.**	$4,830.46		
Hospital, Outpatient Services	**4.**	$0.00		
Laboratory/X-Ray Services	**5.**	$0.00		
Skilled Nursing Facility Services	**6.**	$0.00		
Family Planning Services	**7.**	$0.00		
Rural Health Clinic Services	**8.**	$0.00		
State Hospital Contracts	**9.**	$0.00		
Optional Health Care Services	**10.**	$5,459.26		
Amount of Intergovernmental Transfer	**11.**	$0.00		
Total Expenditures (Add #1 through #11.)			**12.**	$11,947.34
Reimbursements Received (Do not include State Assistance.)	**13.** (	$69.56)		
6% Eligibility System Review Findings ($ in error)	**14.** (	$0.00)		
Total to be Deducted (Add #13 + #14.)			**15.** (	$69.56)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			**16.**	$11,877.78

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) $		108,429.50
GRTL $	34,857,713.00	
	4% of GRTL $	1,394,308.52
	6% of GRTL $	2,091,462.78
	8% of GRTL $	2,788,617.04

Lidonna M. Spurlin

Signature of Person Submitting Form 105

10/01/2014

Date

TEXAS Department of State Health Services

Form 105

COUNTY INDIGENT HEALTH CARE PROGRAM
MONTHLY FINANCIAL REPORT

County Name TOM GREEN

Report for (Month/Year) 05/2014

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	**1.**	$2,185.58		
Prescription Drugs	**2.**	$0.00		
Hospital, Inpatient Services	**3.**	$0.00		
Hospital, Outpatient Services	**4.**	$268.24		
Laboratory/X-Ray Services	**5.**	$0.00		
Skilled Nursing Facility Services	**6.**	$0.00		
Family Planning Services	**7.**	$0.00		
Rural Health Clinic Services	**8.**	$0.00		
State Hospital Contracts	**9.**	$0.00		
Optional Health Care Services	**10.**	$6,478.03		
Amount of Intergovernmental Transfer	**11.**	$0.00		
Total Expenditures (Add #1 through #11.)			**12.**	$8,931.85
Reimbursements Received (Do not include State Assistance.)	**13.** (	$69.56)		
6% Eligibility System Review Findings ($ in error)	**14.** (	$0.00)		
Total to be Deducted (Add #13 + #14.)			**15.** (	$69.56)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			**16.**	$8,862.29

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) $		117,291.79
GRTL $ 34,857,713.00		
	4% of GRTL $	1,394,308.52
	6% of GRTL $	2,091,462.78
	8% of GRTL $	2,788,617.04

Lidnna M. Sparkin

Signature of Person Submitting Form 105

10/01/2014

Date

TEXAS Department of State Health Services

Form 105

COUNTY INDIGENT HEALTH CARE PROGRAM
MONTHLY FINANCIAL REPORT

County Name TOM GREEN

Report for (Month/Year) 05/2014

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	$2,185.58		
Prescription Drugs	2.	$0.00		
Hospital, Inpatient Services	3.	$0.00		
Hospital, Outpatient Services	4.	$268.24		
Laboratory/X-Ray Services	5.	$0.00		
Skilled Nursing Facility Services	6.	$0.00		
Family Planning Services	7.	$0.00		
Rural Health Clinic Services	8.	$0.00		
State Hospital Contracts	9.	$0.00		
Optional Health Care Services	10.	$6,478.03		
Amount of Intergovernmental Transfer	11.	$0.00		
Total Expenditures (Add #1 through #11.)			12.	$8,931.85
Reimbursements Received (Do not include State Assistance.)	13. (	$0.00)		
6% Eligibility System Review Findings ($ in error)	14. (	$0.00)		
Total to be Deducted (Add #13 + #14.)			15. (	$0.00)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			16.	$8,931.85

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) $		130,180.38
GRTL $ 31,169,293.00		
	4% of GRTL $	1,246,771.72
	6% of GRTL $	1,870,157.58
	8% of GRTL $	2,493,543.44

Lianna M. Spreker

Signature of Person Submitting Form 105

06/02/2014

Date

TEXAS Department of State Health Services

Form 105

COUNTY INDIGENT HEALTH CARE PROGRAM
MONTHLY FINANCIAL REPORT

County Name TOM GREEN **Report for (Month/Year)** 06/2014

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	**1.**	$2,606.34		
Prescription Drugs	**2.**	$0.00		
Hospital, Inpatient Services	**3.**	$0.00		
Hospital, Outpatient Services	**4.**	$0.00		
Laboratory/X-Ray Services	**5.**	$456.06		
Skilled Nursing Facility Services	**6.**	$0.00		
Family Planning Services	**7.**	$0.00		
Rural Health Clinic Services	**8.**	$0.00		
State Hospital Contracts	**9.**	$0.00		
Optional Health Care Services	**10.**	$2,518.25		
Amount of Intergovernmental Transfer	**11.**	$0.00		
Total Expenditures (Add #1 through #11.)			**12.**	$5,580.65
Reimbursements Received (Do not include State Assistance.)	**13.** (	$4,149.18)		
6% Eligibility System Review Findings ($ in error)	**14.** (	$0.00)		
Total to be Deducted (Add #13 + #14.)			**15.** (	$4,149.18)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			**16.**	$1,431.47

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) $		118,723.26
GRTL $ 34,857,713.00		
	4% of GRTL $	1,394,308.52
	6% of GRTL $	2,091,462.78
	8% of GRTL $	2,788,617.04

Lianna M. Spukin

Signature of Person Submitting Form 105

10/01/2014

Date

TEXAS Department of State Health Services

Form 105

COUNTY INDIGENT HEALTH CARE PROGRAM
MONTHLY FINANCIAL REPORT

County Name TOM GREEN

Report for (Month/Year) 06/2014

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	**1.**	$2,606.34		
Prescription Drugs	**2.**	$0.00		
Hospital, Inpatient Services	**3.**	$0.00		
Hospital, Outpatient Services	**4.**	$0.00		
Laboratory/X-Ray Services	**5.**	$456.06		
Skilled Nursing Facility Services	**6.**	$0.00		
Family Planning Services	**7.**	$0.00		
Rural Health Clinic Services	**8.**	$0.00		
State Hospital Contracts	**9.**	$0.00		
Optional Health Care Services	**10.**	$2,518.25		
Amount of Intergovernmental Transfer	**11.**	$0.00		
Total Expenditures (Add #1 through #11.)			**12.**	$5,580.65
Reimbursements Received (Do not include State Assistance.)	**13.** (	$0.00)		
6% Eligibility System Review Findings ($ in error)	**14.** (	$0.00)		
Total to be Deducted (Add #13 + #14.)			**15.** (	$0.00)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			**16.**	$5,580.65

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) $		135,761.03
GRTL $ 31,169,293.00		
	4% of GRTL $	1,246,771.72
	6% of GRTL $	1,870,157.58
	8% of GRTL $	2,493,543.44

Lianna M. Spurlin

Signature of Person Submitting Form 105

07/01/2014

Date

TEXAS Department of State Health Services

Form 105

COUNTY INDIGENT HEALTH CARE PROGRAM
MONTHLY FINANCIAL REPORT

County Name TOM GREEN

Report for (Month/Year) 07/2014

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	**1.**	$727.46		
Prescription Drugs	**2.**	$0.00		
Hospital, Inpatient Services	**3.**	$0.00		
Hospital, Outpatient Services	**4.**	$4,237.18		
Laboratory/X-Ray Services	**5.**	$617.41		
Skilled Nursing Facility Services	**6.**	$0.00		
Family Planning Services	**7.**	$0.00		
Rural Health Clinic Services	**8.**	$0.00		
State Hospital Contracts	**9.**	$0.00		
Optional Health Care Services	**10.**	$6,003.51		
Amount of Intergovernmental Transfer	**11.**	$0.00		
Total Expenditures (Add #1 through #11.)			**12.**	$11,585.56
Reimbursements Received (Do not include State Assistance.)	**13.** (	$0.00)		
6% Eligibility System Review Findings ($ in error)	**14.** (	$0.00)		
Total to be Deducted (Add #13 + #14.)			**15.** (	$0.00)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			**16.**	$11,585.56

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) $		130,308.82
GRTL $ 34,857,713.00		
	4% of GRTL $	1,394,308.52
	6% of GRTL $	2,091,462.78
	8% of GRTL $	2,788,617.04

Lidonna M. Sparkman

Signature of Person Submitting Form 105

10/01/2014

Date

TEXAS Department of State Health Services

Form 105

COUNTY INDIGENT HEALTH CARE PROGRAM
MONTHLY FINANCIAL REPORT

County Name TOM GREEN

Report for (Month/Year) 07/2014

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	**1.**	$727.46		
Prescription Drugs	**2.**	$0.00		
Hospital, Inpatient Services	**3.**	$0.00		
Hospital, Outpatient Services	**4.**	$4,237.18		
Laboratory/X-Ray Services	**5.**	$617.41		
Skilled Nursing Facility Services	**6.**	$0.00		
Family Planning Services	**7.**	$0.00		
Rural Health Clinic Services	**8.**	$0.00		
State Hospital Contracts	**9.**	$0.00		
Optional Health Care Services	**10.**	$6,003.51		
Amount of Intergovernmental Transfer	**11.**	$0.00		
Total Expenditures (Add #1 through #11.)			**12.**	$11,585.56
Reimbursements Received (Do not include State Assistance.)	**13.** (	$0.00)		
6% Eligibility System Review Findings ($ in error)	**14.** (	$0.00)		
Total to be Deducted (Add #13 + #14.)			**15.** (	$0.00)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			**16.**	$11,585.56

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) $		147,346.59
GRTL $ 31,169,293.00		
	4% of GRTL $	1,246,771.72
	6% of GRTL $	1,870,157.58
	8% of GRTL $	2,493,543.44

Lidnna M. Sparks

Signature of Person Submitting Form 105

08/01/2014

Date

TEXAS Department of State Health Services

Form 105

COUNTY INDIGENT HEALTH CARE PROGRAM
MONTHLY FINANCIAL REPORT

County Name TOM GREEN

Report for (Month/Year) 08/2014

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	**1.**	$4,002.83		
Prescription Drugs	**2.**	$0.00		
Hospital, Inpatient Services	**3.**	$0.00		
Hospital, Outpatient Services	**4.**	$0.00		
Laboratory/X-Ray Services	**5.**	$405.56		
Skilled Nursing Facility Services	**6.**	$0.00		
Family Planning Services	**7.**	$0.00		
Rural Health Clinic Services	**8.**	$0.00		
State Hospital Contracts	**9.**	$0.00		
Optional Health Care Services	**10.**	$6,748.22		
Amount of Intergovernmental Transfer	**11.**	$1,169,874.88		
Total Expenditures (Add #1 through #11.)			**12.**	$1,181,031.49
Reimbursements Received (Do not include State Assistance.)	**13.** (	$243.80)		
6% Eligibility System Review Findings ($ in error)	**14.** (	$0.00)		
Total to be Deducted (Add #13 + #14.)			**15.** (	$243.80)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)			**16.**	$1,180,787.69

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) $ 1,311,096.51

GRTL $ 34,857,713.00

4% of GRTL $	1,394,308.52
6% of GRTL $	2,091,462.78
8% of GRTL $	2,788,617.04

Signature of Person Submitting Form 105

10/01/2014
Date

TEXAS Department of State Health Services

Form 300

COUNTY INDIGENT HEALTH CARE PROGRAM
END OF YEAR REPORT

Entity Name: Tom Green County

State Fiscal Year: 09/01/2013-08/31/2014
(September 1-August 31)

Amended FY 2014

Check below which type of entity you represent:

☑ County ☐ Public Hospital ☐ Hospital District

I. TOTAL NUMBER OF UNDUPLICATED CLIENTS SERVED: 362

To get the number of unduplicated clients, do not count the same individual more than once.

How many of these clients are SSI appellants? 2

II. TOTAL EXPENDITURES: $141,221.63

Break the total expenditures down into the following categories:

1. Physician Services	$	43,194.93
2. Prescription Drugs	$	0.00
3. Hospital, Inpatient Services	$	4,830.46
4. Hospital, Outpatient Services	$	4,804.27
5. Laboratory/X-Ray Services	$	23,118.93
6. Skilled Nursing Facility Services	$	0.00
7. Family Planning Services	$	0.00
8. Rural Health Clinic Services	$	0.00
9. State Hospital Contracts	$	0.00
10. Optional Health Care Services	$	82,554.61
11. Reimbursements/Errors	$	-17,281.57

III. TOTAL

DSRIP Projects:

Uncompensated Care:

Expenditures for 1115 Waiver: $ 1,169,874.88

IV. DIAGNOSES - List the five top diagnoses of your clients.

1. 250.00 Diabetes Mellitus Without Mention Of Complication Type Ii Or Unspecified Type Not Stated As Uncontrolled
2. 250.02 Diabetes Mellitus Without Mention Of Complication Type Ii Or Unspecified Type Uncontrolled
3. 401.9 Unspecified Essential Hypertension
4. 233.0 Carcinoma In Situ Of Breast
5. 146.6 Malignant Neoplasm Of Lateral Wall Of Oropharynx

V. FEDERAL POVERTY GUIDELINE % Used to Determine Eligibility: 21%

Signature of Person Submitting Form 300: Lidnna M. Sparks

Telephone Number of Person Submitting Form 300: (325) 659-6504

Date: 10/01/2014