

**COUNTY INDIGENT HEALTH CARE PROGRAM
END OF YEAR REPORT**

Entity Name: Tom Green County
State Fiscal Year: 09/01/2015-08/31/2016

(September 1-August 31)

Check below which type of entity you represent:

 County

 Public Hospital

 Hospital District

I. TOTAL NUMBER OF UNDUPLICATED CLIENTS SERVED: 1088

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

 How many of these clients are SSI appellants? 8
II. TOTAL EXPENDITURES: \$106,783.31

Break the total expenditures down into the following categories:

1. Physician Services	\$	8,292.20
2. Prescription Drugs	\$	0.00
3. Hospital, Inpatient Services	\$	62,117.49
4. Hospital, Outpatient Services	\$	914.98
5. Laboratory/X-Ray Services	\$	11,809.54
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	\$	51,131.99
11. Reimbursements/Errors	\$	-27,482.89

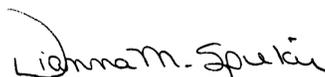
III. TOTAL

DSRIP Projects:

Uncompensated Care:

 Expenditures for 1115 Waiver: \$ 1,500,000.00
IV. DIAGNOSES - List the five top diagnoses of your clients.

- E11.9 Type 2 Diabetes Mellitus Without Complications
- C20 Malignant Neoplasm Of Rectum
- I10 Essential (primary) Hypertension
- 250.00 Diabetes Mellitus Without Mention Of Complication Type Ii Or Unspecified Type Not Stated As Uncontrolled
- E11.65 Type 2 Diabetes Mellitus With Hyperglycemia

V. FEDERAL POVERTY GUIDELINE % Used to Determine Eligibility: 21%
Signature of Person Submitting Form 300:

Telephone Number of Person Submitting Form 300: (325) 659-6504
Date: 09/02/2016

