



Brown County Indigent Health Care
 T'Anna McClure, Indigent Health Care Coordinator
 200 S. Broadway, #322 Brownwood, Texas 76801 325-643-1985

COMPARISON REPORT

	<u>APRIL 2014</u>		<u>APRIL 2015</u>
# ELIGIBLE	31		13
<u>REIMBURSEMENTS</u> <u>9/1-4/30</u>	\$0.00		\$46,831.71
<u>REGISTERED PRE-SCREENS</u>	N/A		170 (SINCE 7/1/14)
<u>TOTAL EXPENDITURES</u> <u>9/1-4/30</u>	\$363,071.75		\$83,037.58
<u>SAVINGS TO THE COUNTY</u>		<u>\$280,034.17</u>	

*April 6, 2015
 (Exhibit #17)*



COUNTY INDIGENT HEALTH CARE PROGRAM MONTHLY FINANCIAL REPORT

County Name Brown

Report for (Month/Year) April, 2014

or

Amendment of the Report for (Month/Year) _____

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1. 14,880.53	
Prescription Drugs	2. 11,207.58	
Hospital, Inpatient Services	3. 19,932.60	
Hospital, Outpatient Services	4. 4,293.13	
Laboratory/X-Ray Services	5. 2,045.04	
Skilled Nursing Facility Services	6. 0	
Family Planning Services	7. 0	
Rural Health Clinic Services	8. 0	
State Hospital Contracts	9. 0	
Optional Health Care Services	10. 4,521.72	
Amount of Intergovernmental Transfer	11. 0	
Total Expenditures (Add #1 through #11.)		12. 56,880.60
Reimbursements Received (Do not include State Assistance.)	13. (0)	
6% Eligibility System Review Findings (\$ in error)	14. (0)	
Total to be Deducted (Add #13 + #14.)		15. (0)
Applied to State Assistance Eligibility/Reimbursement (#12 minus #15)		16. 56,880.60

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31)	\$ 303,673.75
GRTL \$	11,399,290.00
4% of GRTL	\$ 455,970.80
6% of GRTL	\$ 683,956.20
8% of GRTL	\$ 911,941.60

Shirley M. Clure
Signature of Person Submitting Form 105

6-18-14
Date

Prepared by: Shirley M. Clure 06/17/14

**COUNTY INDIGENT HEALTH CARE PROGRAM
MONTHLY FINANCIAL REPORT**

 County Name Brown

Report for (Month/Year)

04/2015

or

Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$957.48	
Prescription Drugs	2.	\$1,171.18	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$0.00	
Laboratory/X-Ray Services	5.	\$186.23	
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.	\$358.72	
Amount of Intergovernmental Transfer	11.	\$0.00	
Total Expenditures (Add #1 through #11.)			12. \$2,673.61
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. \$2,673.61

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$	<u>83,037.58</u>
GRTL \$ <u>12,699,988.00</u>	
4% of GRTL \$	<u>507,999.52</u>
6% of GRTL \$	<u>761,999.28</u>
8% of GRTL \$	<u>1,015,999.04</u>



Signature of Person Submitting Form 105

03/26/2015

Date