

# Module 1

## Documentation Check List

### Page 1 - Assessment Rates

- Assessment Rates:
  - Assessment letters for each rate sent to individual hospitals:
    - Example: the LGE has three rates for the year. Uploads must include assessment letters for all hospitals for each of the three rates.
  - Report the final rate for the year by combining the rates.
    - Example: Rate 1 is 2% and rate 2 is 3 %, the combined rate is 5% for the entire year.

### Page 2 - Effective Date and Public Hearings

- Effective Date and Public Hearings.
- A copy of the actual published public notice from a newspaper of general circulation in the district:
  - Refer to the LPPF statute for guidance.
- Written notice of the hearing to each institution:
  - Refer to the LPPF statute for guidance.
- Signed Meeting Minutes for each meeting held.

### Page 3 - Assessment Frequency & Amounts

- Assessment Frequency & Amounts
  - [FFY 2024 Hospital List](#)
- List of all assessed hospitals and their license numbers that the LGE IGTs for.
- List of the assessed mandatory payments for all assessed hospitals that the LGE IGTs for.
- List of any additional payments collected for a prior year.
- Newley opened hospitals that will participate in the LPPF in the future.
- List of any hospitals that were not assessed and documentation that supports the non-assessment.
- Collection or Delinquency letters.

# Module 1

## Documentation Check List

### Page 4 - Administrative, Contract, & Non-Contract Expenses & Amounts

- Administrative Expenses
- List of administrative expenses associated with the LPPF:
  - Any documentation relevant to administrative and business-sensitive information:
    - Refer to the LPPF statute for guidance.

### Page 5 – Refunds, Bank Information, and LPPF Account Balance

- Banking:
  - Bank Name, Bank Account Number, and Texnet Location Number for all Bank Accounts.
- Copies of LPPF bank statements from October 2023 – September 2024:
  - Label transaction either by highlighting or adding a note to the side of the amount for:
    - Credits: Assessment payments by the hospital.
    - Credits: Refunds (by IGT program).
    - Debits: IGT by the program. (DSRIP, CHIRP, etc.)
    - Debits: Administrative expenses.
- Copies of Non-LPPF bank statements from October 2023 – September 2024.

### Page 6 - Intergovernmental Transfers (IGTs) - Provider Relationships

- Provider Relationships:  
[FFY 2024 Hospital List](#)
- List of all hospital license numbers the LGE supports via IGT – including all hospitals in the SDA if the LGE supports a program that makes payments from pooled funds (such as DSH, UC, CHIRP, etc.)

# Module 1

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- List of relationships and copies of agreements with any non-public hospital:
  - in the LGE’s jurisdiction.
  - that receives a payment generated by the LGE’s IGT.
  - including all agreements between you and any non-public hospitals that have not previously been shared with Local Funding.
  - including any agreements that have been amended, updated, or changed since last year’s reporting.

Examples of types of relationships between the LGE and non-public hospitals:

- Any financial agreements related to the LGEs IGT,
- Indigent Care Agreements,
- Foundation or Charity Agreements,
- Leases or Management Agreements,
- Operation Transfer Agreements; and
- Coverage or Training Agreements.

### Page 7 – Certification

- Page 7 includes a preview of the PDF report is available. View this report to ensure all documents have been uploaded. If something is missing, click on that page number and go back and upload the additional documents.

#### Page 7 – Certification

- I attest that I have examined the information contained in this report, prepared for the above-named government entity. To the best of my knowledge and belief, it is true, correct, and complete statement prepared from the records of the government entity in accordance with applicable instructions. By certifying this information, I also attest that the local funds used for intergovernmental transfers are in accordance with 42 CFR §§433.50-433.74. After submission of this report, if I become aware of additional information that is relevant to this report, I will notify HHSC.

[Preview Report](#)

Click on the EYE icon to view the documents that have already been uploaded.



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Once the Module is submitted, no changes can be made.

Please contact the HHSC PFD Local Funding team at the following email address: [PFD\\_LFM@hhs.texas.gov](mailto:PFD_LFM@hhs.texas.gov) or by calling (737)-867-7877 if changes are needed after the module is submitted.