

# Module 3

## Documentation Check List

### Page 1 – Program Participation and Program-Specific Questions

- Hospital Programs** - include the amounts for each program that uses funds other than from an LPPF account.

DPP for BHS        \$\_\_\_\_\_

DSRIP                \$\_\_\_\_\_

**REMINDER:** The last DSRIP IGT was for the payments made in July 2023, and no administrative payments remain. Do not enter amounts or relationships reported in Module 2 for Hospital Services in Module 3.

NAIP                 \$\_\_\_\_\_

TIPPS                \$\_\_\_\_\_

UC Physician        \$\_\_\_\_\_

QIPP                 \$\_\_\_\_\_

RAPPS                \$\_\_\_\_\_

UC Dental            \$\_\_\_\_\_

- Provider Relationships: CHOWS
- 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.).
- CHOW Documents of relationships and copies of agreements with any non-public hospital:
  - Management agreements including Transfer of Operation.
  - Asset Purchase Agreement including Bill of Sale (may be included in Management Agreement).
  - Lease documents, including prime lease and sublease.
  - Service fee agreements.
- List of other relationships and copies of agreements with any non-public hospital:
  - Any financial agreements related to the LGEs IGT,

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- Indigent Care Agreements,
- Foundation or Charity Agreements,
- Leases or Management Agreements; and
- Coverage or Training Agreements.

### Page 2 – Certification

- Page 2 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 2 – 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 to view the documents that have already been uploaded.



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.