

AB 85/SB 98 Article 13 Data Submission Form
For FY 2015-16 Interim Data

Gray Cells Indicate Data Input Required

County Name: Select County From Dropdown
 Date submitted: MM/DD/YYYY

Historical Data				
1			Historical Amounts and Percentages	
	1a		Health Indigent Care %	
	1b		Imputed County Low-income Health %	
	1c		Imputed County Low-income Health Amount	
	1d		Special Local Health Funds %	
REVENUES				
2			Health Realignment	Base Year FY 2012-13
	2a		Total 1991 Health Realignment funds projected to be received from the State by the County:	Projected Year FY 2015-16
		i	Sales Tax Account and Sales Tax Growth Account	
		ii	Vehicle License Fee Account and Vehicle License Fee Growth Account	
3			Special Local Health Funds (Tobacco Settlement Funds)	
	3a		Projected county tobacco settlement funds to be available from the Master Settlement Agreement	
	3b		Projected tobacco settlement funds used for bonds and securitizations	\$ -
	3c		Projected tobacco settlement funds to be used by the county to provide health services to the indigent program individuals	\$ -
4			Indigent Program Revenues	
	4a		Projected self-pay payments to be made by or on behalf of indigent program individuals to the county for services rendered	\$ -
COSTS				
5			Indigent Program costs	
	5a		Base year county owned clinic costs	\$ -
	5b		Base year contract costs	\$ -
	5c		Projected year county owned clinic costs	\$ -
	5d		Projected year contract costs	\$ -
ENROLLMENT				
6			Indigent Program Enrollment	
	6a		Base year indigent program enrollment (used for cost cap)	-
	6b		Projected year indigent program enrollment	-
REDIRECTION				
7			Projected Year Interim Redirection Amount	
	7a		Interim amount to be redirected to the Family Support Subaccount	-

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Redirection Amount Formula									
	Revenues				Costs		Net		
Formula factors	Special Local Health Funds (Tobacco)	County Indigent Care Health Realignment Amount	Imputed County Low Income Health Amt (Cty GF Sub)	Indigent Program Revenues	Total Revenues	FY Indigent Program Costs	Net Savings	Redirected Amount	Interim Amount Redirected to the Family Support Subaccount
Formula notes	(> actual tobacco expended or tobacco available x historical %)	realignment x realign%	hist GF contr trended by Lessor of hist trend or weighted CPI	submission form - self-pay	SUM(B9:E9)	submission form - costs	Sum(F9-G9)	If net savings present x 80%	MIN(C9,I9)
Legislation reference	17613.3(a)(1)(B)	17613.3(a)(1)(C)	17613.3(a)(1)(D)	17613.3(a)(1)(A)	17613.3(a)(1)	17613.3(a)(2)	17613.3(a)(3)	17613.3(a)(3),(4)	17613.3(a)(5)
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Blended CPI-U Trend Factor (state use only)			
	Hospitals & Related Services Index - 75%	Medical Care Services Index - 25%	Weighted Annual CPI %
FY 12-13	4.41%	3.73%	4.24%
FY 13-14	4.74%	2.70%	4.23%
FY 14-15	0.00%	0.00%	0.00%