

Local Indigent Health Care Programs in Texas
Data File Dictionary

Field	Definition
Program Name	The best legal name identified for the governmental body responsible for indigent health care. There are discrepancies among state agencies and various documents regarding the legal name of hospital districts and public hospitals.
Type of Program	Either a county, hospital district, or public hospital as designated by the Texas Department of State Health Services (DSHS).
Responsibility	1 = A county government has full responsibility for providing indigent health care in the county. 2 = A program designated as a public hospital has full responsibility for providing indigent health care in the county. 3 = A hospital district has full responsibility for providing indigent health care in the county. 4 = There is a mix of responsibility in the county for indigent health care. Responsibility is shared between different types of programs (county, public hospital, hospital district).
County1	County in which the headquarters of the governmental body responsible for indigent health care is located. Other counties in which the program provides services/and or collects taxes.
County2	
County3	
County4	
Has Hospital?	Whether the program owns a hospital. This information was not requested but was obtained from information available. This information may not be complete.
Name of Hospital	The name of the hospital. This information was not requested but was obtained from information available. This information may not be complete.
Hospital leased?	Whether the operation of the hospital owned by the program is leased to another organization. This information was not requested but was obtained from information available. This information may not be complete.
IHCP administered by another program?	Whether all or part of the administration of the indigent health care program is contracted out to another organization. This information was not requested but was obtained from information available. This information may not be complete.
Name of administering program	The name of the program administering the indigent health care program. This information was not requested but was obtained from information available. This information may not be complete.

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Fiscal Year	The fiscal year of the data provided by an administrator of the indigent health care program.
Income Eligibility Guideline	The most appropriate income guideline available based on the response provided or a review of the policies provided. See page 35 of the summary report for more information about how the most appropriate income guideline is determined.
Unduplicated Clients	The number of individuals who were provided health care services.
Duplicated Clients	The number of times health care services were provided to clients.
IHC Exp Only	Expenditures that are reported for indigent health care programs only.
Charity Exp Only	Expenditures that are reported for charity care only. This information was not requested but was obtained from information available. This information may not be complete.
Combined IHC_Charity Exp	Expenditures reported by programs that could not provide a split between indigent health care and charity care expense.
Total Exp	The total of all of the three expenditure categories: IHC Exp Only, Charity Exp Only, and Combined IHC_Charity Exp.
Administrative Costs Included?	Whether the reported expenditures include administrative expenses. This information was not requested but was obtained from information available. This information may not be complete.
Additional Policies	Whether the program has written policies other than the DSHS CIHCP handbook.
CountyPropTax	Property tax collections for county and public hospital programs. Public hospitals may or may not be supported by county property taxes.
HDPPropTax	Property tax collections for hospital districts.
HDSalesTax	Sales tax collections for hospital districts.
SSI Appellants	Information from Form 300 (if submitted)
Physician Services	Information from Form 300 (if submitted)
Prescription Drugs	Information from Form 300 (if submitted)
Hospital I/P Services	Information from Form 300 (if submitted)
Hospital O/P Services	Information from Form 300 (if submitted)
Lab Services	Information from Form 300 (if submitted)
Skilled Nursing Services	Information from Form 300 (if submitted)
Family Planning Services	Information from Form 300 (if submitted)
Rural Health Clinic Services	Information from Form 300 (if submitted)
State Hospital Contracts	Information from Form 300 (if submitted)
Optional HC Servcies	Information from Form 300 (if submitted)

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Diagnosis 1	Diagnoses reported by the program.
Diagnosis 2	
Diagnosis 3	
Diagnosis 4	
Diagnosis 5	
Status	"W" indicates programs that have not yet submitted a full response to a request for information.