Attestation

I attest that, on or after October 1, 2026, the intergovernmental transfers the governmental entity submits to HHSC from a Local Provider Participation Fund (LPPF) to support the non-federal share of Medicaid payments meet one of the following criteria:

A. Mandatory assessments imposed for a tax period beginning on or after October 1, 2026, that are imposed exclusively and separately on net patient revenue attributable to inpatient hospital services and on net patient revenue attributable to outpatient hospital services, both derived from the most recent Medicare Cost Report, as defined by HHSC (primarily FY2025). In addition, I have provided additional documentation to demonstrate compliance.

B. Mandatory assessments imposed for a tax period beginning on or before September 30, 2026, that were imposed on a hospital's aggregate net patient revenue, regardless of the date of collection of the assessment.

To the best of my knowledge and belief, the information is true, correct, and prepared from the records of the government entity in accordance with applicable instructions.

_____

_____
[Printed Name]

_____
[Title - Accepted Signatories Include Chief Executive Officer of the LGE, Senior Financial Executive of the LGE, Executive Officer of the LGE]

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[Date]