

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----January 29, 2025

CT
by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

SUBTOTAL		0.00
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		4,166.67
	Subtotal	4,166.67
Co-pays adjustments for December 2024		0.00
Reimbursement from Medicaid		0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	4,166.67
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APPROVED

JAN 29 2025

**CALHOUN COUNTY
COMMISSIONERS COURT**

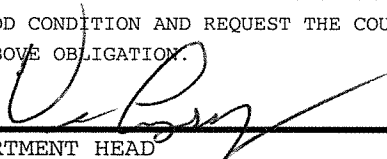
800 00000001/29/2025 01 CALHOUN COUNTY, TEXAS

DATE: 1/29/2025

CC Indigent Health Care

VENDOR # 852

ACCOUNT NUMBER	DESCRIPTION OF GOODS OR SERVICES	QUANTITY	UNIT PRICE	TOTAL PRICE
1000-800-98722-999	Transfer to pay bills for Indigent Health Care			\$4,166.67
	approved by Commissioners Court on 01/29/2025			
1000-001-46010	December 31, 2024 Interest			(\$8.69)
				\$4,157.98

COUNTY AUDITOR APPROVAL ONLY	THE ITEMS OR SERVICES SHOWN ABOVE ARE NEEDED IN THE DISCHARGE OF MY OFFICIAL DUTIES AND I CERTIFY THAT FUNDS ARE AVAILABLE TO PAY THIS OBLIGATION. I CERTIFY THAT THE ABOVE ITEMS OR SERVICES WERE RECEIVED BY ME IN GOOD CONDITION AND REQUEST THE COUNTY TREASURER TO PAY THE ABOVE OBLIGATION.
APPROVED ON JAN 29 2025 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS	BY:  1/29/2025 DATE

©IHS
Issued 01/23/25

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 01/01/2025 through 01/01/2025
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
	Expenditures	0.00	0.00
	Reimb/Adjustments		
	Grand Total		
NO INVOICES FOUND FOR THIS TIME FRAME!			
	Expenses		4,166.67
	Co-Pays		< 0.00>
			4,166.67

APPROVED ON
JAN 28 2025
BY COUNTY AUDITOR *CA*
CALHOUN COUNTY, TEXAS

©IHS
Issued 01/27/25

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2024 through 01/01/2025
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	120.90	107.25
08	Rural Health Clinics	240.00	240.00
14	Mmc - Hospital Outpatient	7,033.00	3,643.32
Expenditures		7,418.78	4,015.45
Reimb/Adjustments		-24.88	-24.88
Grand Total		7,393.90	3,990.57
		Expenses	50,000.04
		Co-Pays	< 20.00>
			53,970.61

MEMORIAL MEDICAL CENTER

So Much... So Close!

815 N. Virginia St. Port Lavaca, Texas 77979 (361) 552-6713

Date: 1/20/2024

Invoice # 403

For: Dec-24

Bill To:

Calhoun County

DESCRIPTION	AMOUNT
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Funds to cover Indigent program operating expenses.	\$ 4,166.67
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APPROVED ON

JAN 28 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Total \$ 4,166.67



Michelle Cumberland
Controller

Active Client List
Calhoun Indigent Health Care
Active within 12/01/24-12/31/24
Program Indigent

Client #	Name	Prior	DOB	Begin Date	End Date	Prog	Status	Catego
006833	Portilla, Rudolpho J		05/29/91	07/09/24	01/10/25	I		

1 total records

1 unduplicated records

Cristina Tuazon

From: mescalante@mmcportlavaca.com (Monica Escalante) <mescalante@mmcportlavaca.com>
Sent: Monday, January 27, 2025 4:54 PM
To: Cristina Tuazon
Subject: FW: December Indigent Report
Attachments: Active.Client.List.pdf; COUNTY INDIGENT CASELOAD 2024.xlsx; Source.Totals_ YTD.pdf; December Source Totals.pdf

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi,

I just realized I should have attached our expense amount at least since there were no claims to process. I'm also attaching the usual YTD Report.

Thanks,

Monica

From: Monica Escalante
Sent: Friday, January 10, 2025 9:57 AM
To: 'Cristina Tuazon' <Cristina.Tuazon@calhouncotx.org>
Subject: December Indigent Report

Good morning!

Hope you're staying warm!

I just wanted to let you know that I do not have any outstanding claims to process for Indigent Care for this report month. At this time I only have one Indigent Client Active on the Program. I have attached the Client Active list as well as the Caseload totals. Please let me know if there is anything else you need.

Have a great weekend!

Thanks,

Monica Escalante

CIHCP Coordinator
Memorial Medical Center
815 N. Virginia St.
Port Lavaca, TX 77979
O: 361-552-0340 F: 361-552-0338
mescalante@mmcportlavaca.com

Calhoun County Indigent Care Patient Caseload 2024

	Approved	Denied	Removed	Active	Pending
January	0	3	2	1	7
February	0	3	0	1	5
March	0	4	0	1	4
April	1	0	0	2	0
May	1	6	0	3	0
June	0	1	0	3	2
July	0	1	1	2	2
August	0	0	0	3	2
September	0	2	0	3	2
October	0	0	1	2	4
November	0	1	1	1	3
December	0	5	0	1	1
YTD	2	26	5	23	32

Monthly Avg 0 2 0 2 3

December 2023 Active 4

Number of Charity patients 219

Number of Charity patients below 50% FPL 113

Number of Charity patients who meet State Indigent Guidelines 103

Calhoun County Pharmacy Assistance Patient Caseload 2024

	Approved	Refills	Removed	Active	Value
January	6	18	0	7	\$9,662.15
February	0	0	0	10	\$0.00
March	3	9	0	17	\$8,345.67
April	5	15	0	20	\$8,332.53
May	5	15	0	22	\$13,588.44
June	1	3	0	26	\$3,567.00
July	2	6	0	28	\$2,872.47
August	1	3	0	29	\$1,706.64
September	0	3	0	30	\$5,169.00
October	1	3	0	32	\$936.69
November	7	23	0	35	\$14,419.44
December	5	16	0	38	\$17,327.25
YTD PATIENT SAVINGS					\$85,927.28

Monthly Avg 3 10 - 25 \$7,160.61

December 2023 Active 36



PROSPERITY BANK®

THE COUNTY OF CALHOUN TEXAS
CAL CO INDIGENT HEALTHCARE
202 S ANN ST STE A
PORT LAVACA TX 77979

Statement Date 12/31/2024
Account No ****4551
Page 1 of 2

13163

STATEMENT SUMMARY

Public Fund Contractual Ckg w Int Account No ****4551

12/01/2024	Beginning Balance			\$9,673.17
	1 Deposits/Other Credits	+		\$8.69
	2 Checks/Other Debits	-		\$4,179.05
12/31/2024	Ending Balance	31	Days in Statement Period	\$5,502.81
	Total Enclosures			2

DEPOSITS/OTHER CREDITS

Date	Description	Amount
12/31/2024	Accr Earning Pymt Added to Account	\$8.69
	<i>check for indigent not deposited 4,192.75 approved Nov. 20, 2024</i>	

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount
12652	12-11	\$4,166.67	12653	12-11	\$12.38

October - approved in Nov. 20, 2024

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
12-01	\$9,673.17	12-11	\$5,494.12	12-31	\$5,502.81

EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

Interest Paid This Period	\$8.69	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$127.26	Days in Earnings Period	31
		Earnings Balance	\$6,842.20





PROSPERITY BANK®

Statement Date 11/30/2024

Account No ****4551

Page 1 of 2

THE COUNTY OF CALHOUN TEXAS
CAL CO INDIGENT HEALTHCARE
202 S ANN ST STE A
PORT LAVACA TX 77979

13092

STATEMENT SUMMARY

Public Fund Contractual Ckg w Int Account No ****4551

11/01/2024	Beginning Balance			\$5,506.52
	3 Deposits/Other Credits	+		\$8,376.16
	2 Checks/Other Debits	-		\$4,209.51
11/30/2024	Ending Balance		30 Days in Statement Period	\$9,673.17
	Total Enclosures			4

DEPOSITS/OTHER CREDITS

Date	Description	Amount
11/14/2024	Deposit	\$4,199.99
11/27/2024	Deposit	\$4,167.34
11/30/2024	Accr Earning Pymt Added to Account	\$8.83

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount
12650	11-22	\$4,166.67	12651	11-22	\$42.84

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
11-01	\$5,506.52	11-22	\$5,497.00	11-30	\$9,673.17
11-14	\$9,706.51	11-27	\$9,664.34		

EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

Interest Paid This Period	\$8.83	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$118.57	Days in Earnings Period	30
		Earnings Balance	\$7,179.31

MEMBER FDIC



NYSE Symbol "PB"

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