## **MEMORIAL MEDICAL CENTER**

## COMMISSIONERS COURT APPROVAL LIST FOR ----April 24, 2024

by:CT

### **INDIGENT HEALTHCARE FUND:**

### **INDIGENT EXPENSES**

MMCenter (In-patient \$0/ Out-patient \$30.25 / ER \$0)		30.25
SUBTOTAL  Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		30.25 4,166.67
Co-pays adjustments for March 2024 Reimbursement from Medicaid	Subtotal	4,196.92 0.00 0.00

TOTAL ADDOC	/ED INDIGENT HEALTHCARE FUND EXPENSES 4.196.9	
11111A1 APPRI	/ED INDIGENT HEALTHCARE FUND EXPENSES 4,196.9	1
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# **APPROVED**

APR 2 4 2024

CALHOUN COUNTY COMMISSIONERS COURT

800 00000004/24/2024 (	01 CALHOUN COUNTY, TEXAS		APPENDENCE OF THE PROPERTY OF THE PARTY OF T						
	TCALHOUN COUNTI, IEAAS								
DATE:	4/24/2024								
CC Indigent Health Car	re		VENDOR # 85	2					
ACCOUNT				UNIT	TOTAL				
NUMBER	DESCRIPTION OF GOODS OR SERVICES		QUANTITY	PRICE	PRICE				
1000-800-98722-999	Transfer to pay bills for Indigent Health Care \$4,196.92								
	approved by Commissioners Cour	t on 04/24/202	24						
		***		<u> </u>	***************************************				
1000-001-46010	March 31, 2024 Interest			<u> </u>					
1000-001-40010	March 31, 2024 Interest				(\$11.17)				
				<del></del>					
				<del>  -</del>	<u></u>				
				<del>  -</del>	\$4,185.75				
COUNTY AUDITOR	THE ITEMS OR SERVICES SHOWN ABOVE ARE			<u></u>	44,200				
APPROVAL ONLY	OF MY OFFICIAL DUTIES AND I CERTIFY 1	PHAT FUNDS ARE AV	AILABLE TO PAY		!				
APPROVED ON	THIS OBLIGATION. I CERTIFY THAT THE ABOVE ITEMS OR SEF								
APR 2 4 2024	IN GOOD CONDITION AND REQUEST THE COUTHE ABOVE OBLIGATION.								
BY COUNTY AUDITOR	BY: Kellfrey		3/27/2024						
	DEPARTMENT HEAD		DATE						

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Source Totals Report
Calhoun Indigent Health Care
Batch Dates 04/01/2024 through 04/01/2024 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
14	Mmc - Hospital Outpatient	54.00	30.25
	Expenditures Reimb/Adjustments	54.00	30.25
	Grand Total	54.00	30.25

Expenses Co-Pays

4,166.67 < 0.00>

4,196.92

APPROVED ON

APR 19 2024



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

Instal 4/18/24

Date: 4/18/2024

Invoice # 394 For: Mar-24

Bill To:

Calhoun County

	SCF												AN		

Funds to cover Indigent program operating expenses.

\$ 4,166.67

Total \$ 4,166.67

Andrew De Los Santos

Controller

APPROVED ON

APR 1 9 2024

CALHOUN COUNTY AUDITOR

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2024 through 04/01/2024
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
14	Mmc - Hospital Outpatient	108.00	60.50
	Expenditures Reimb/Adjustments	108.00	60.50
	Grand Total	108.00	60.50
		Expenses Co-Pays	12,500.01 < 0.00 >
			12,560.51



## **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	0	0	0	0	0
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
YTD	0	10	2	3	16
Monthly Avg	-	1	0	0	1
December 2023 Ac	tive	4			
Number of Charity	patients				249
Number of Charity	patients below	v_ <b>50% FPL</b>			133
Number of Charity	patients who i	meet State In	digent Guideli	nes	127

## **Calhoun County Pharmacy Assistance Patient Caseload 2024**

				<del></del>	
_	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	0	0	0	0	\$0.00
May	0	0	0	0	\$0.00
June	0	0	0	0	\$0.00
July	0	0	0	0	\$0.00
August	0	0	0	0	\$0.00
September	0	0	0	0	\$0.00
October	0	0	0	0	\$0.00
November	0	0	0	0	\$0.00
December	0	0	0	0	\$0.00
YTD PATIENT SAVIN	GS				\$18,007.82
Monthly Avg	1	2	-	3	\$1,500.65
December 2023 Act	ive	36			

Statement Date
Account No

3/31/2024

Page 1 of 3

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

13169

The FDIC adopted a new deposit insurance rule for trust accounts, effective April 1, 2024. The new rule simplifies insurance coverage for trust accounts by combining irrevocable trusts and revocable trusts into a single category called Trust Accounts. Under the Trust Account category, each trust owner will be insured up to \$250,000 per eligible primary beneficiary, up to a maximum of five beneficiaries. Changes to the rules for mortgage servicing accounts will also take effect on April 1, 2024. You can learn more about the changes by reviewing the FDIC Fact Sheet by visiting https://www.fdic.gov/news/fact-sheets/final-rule-trust-mortgage-accounts-01-21-22.pdf.

Depositors may utilize the FDIC Electronic Deposit Insurance Estimator (EDIE) to calculate insurance coverage for all types of deposit accounts offered by an FDIC insured bank by visiting https://edie.fdic.gov/calculator.html. The EDIE calculator will not include FDIC insurance changes that are effective on April 1, 2024 until after the effective date.

STATEMENT	SUMMARY	Public Fund Cont	Public Fund Contractual Ckg w Int Account No ****455				
03/01/2024	Beginning Balance				\$5,585.91		
	2 Deposits/Other Credits			+	\$4,165.48		
	2 Checks/Other Debits			-	\$4,234.04		
03/31/2024	Ending Balance	31	Days in Statement Period		\$5,517.35		
	Total Enclosures				3		

### DEPOSITS/OTHER CREDITS

Against 10 (45) 4575 45750		
Date	Description	Amount
03/01/2024	Deposit	\$4,154.31 Feb PO \$11.17 foodan
03/31/2024	Accr Earning Pymt Added to Account	\$11.17 for Jan

CHECKS							
Check Number	Date	Amount	Check Number	Date	Amount		
12630	03-29	\$67.37	12631	03-25	\$4 166 67	•	

DAILY END	DING BALANCE			
Date	Balance	Date	Balance	
03-01	\$9,740.22	03-29	\$5,506.18	
03-25	\$5,573.55	03-31	\$5,517.35	









THE COUNTY OF CALHOUN TEXAS

Statement Date

3/31/2024

Account No

\*\*\*\*4551

Page 2 of 3

EARNINGS SUMMARY			
** Bel	ow is an itemization of th	ne Earnings paid this period. **	
Interest Paid This Period	\$11.17	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$34.42	Days in Earnings Period	31
		Earnings Balance	\$8,792.84