

**NOTICE OF A REGULAR MEETING
OF THE BOARD OF DIRECTORS
MONTGOMERY COUNTY HOSPITAL DISTRICT**

Notice is hereby given to all interested members of the public that the Board of Directors of Montgomery County Hospital District will hold a regular meeting as follows:

Date: April 23, 2019

Time: 4:00 P.M.

Place: MONTGOMERY COUNTY HOSPITAL DISTRICT
ADMINISTRATIVE BUILDING
1400 SOUTH LOOP 336 WEST
CONROE, MONTGOMERY COUNTY, TEXAS 77304

Open to Public: The meeting will be open to the public at all times during which such subjects are discussed, considered, or formally acted upon as required by Texas Open Meetings Act, Chapter 551 of the Government Code.

This Notice in detail was posted at least 72 hours prior to the beginning of said meeting with the County Clerk's Office and is on the Bulletin Board of the Courthouse and in the District's Administrative Office.

Subject: The agenda for such meeting shall include the consideration of, and if deemed advisable, the taking of action upon:

1. Call to Order
2. Invocation
3. Pledge of Allegiance
4. Roll Call
5. Public Comment
6. Special Recognition

District

7. CEO Report to include update on District operations, strategic plan, capital purchases, employee issues and benefits, transition plans and other healthcare matters, grants and any other related district matters.
8. Presentation of HR Turnover Report. (Mr. Chance, Chair – Personnel Committee)

Emergency Medical Services

9. Chief of EMS Report to include updates on EMS staffing, performance measures, staff activities, patient concerns, transport destinations and fleet.
10. Consider and act on resolution in support of National EMS week May 19-25, 2019. (Mr. Spratt, Chair - EMS Committee)
11. Consider and act on purchase of Panasonic CF-20 Toughbook's. (Mr. Spratt – Chair – EMS Committee)
12. Consider and act on Sole Source Letter from Physio Control for purchase of LUCAS 3, v3.1 Chest Compression System. (Mr. Spratt, Chair – EMS Committee)
13. Consider and act and on purchase of LUCAS 3, v3.1 Chest Compression System. (Mr. Spratt, Chair – EMS Committee)

Operations and Health Care Services

14. COO Report to include updates on facilities, radio system, supply chain, staff activities, community paramedicine, emergency preparedness and IT.
15. Consider and act on purchase of Laserfiche RIO upgrade. (Ms. Whatley Chair – PADCOM Committee)
16. Consider and act upon recommendation for amendment(s) to the budget for Laserfiche Rio for fiscal year ending September 30, 2019. (Ms. Whatley Chair – PADCOM Committee)
17. Health Care Services Report to include regulatory update, outreach, eligibility, service, utilization, community education, clinical services, epidemiology, and emergency preparedness.
18. Consider and act on ratification of contracts with additional network providers for indigent care. (Mrs. Wagner, Chair - Indigent Care Committee)
19. Consider and act on Healthcare Assistance Program claims from Non-Medicaid 1115 Waiver providers processed by Boon-Chapman. (Mrs. Wagner, Chair - Indigent Care Committee)
20. Consider and act on ratification of voluntary contributions to the Medicaid 1115 Waiver program of Healthcare Assistance Program claims processed by Boon Chapman. (Mrs. Wagner, Chair – Indigent Care Committee)
21. Consider and act on recommendation that HCAP claims administration be moved from Boon Chapman to In-House IHS software in FY20. (Mrs. Wagner, Chair-Indigent Care Committee)
22. Consider and act on increasing the income guideline from 133% to 150% for MAP. (Mrs. Wagner, Chair-Indigent Care Committee)
23. Consider and act on recommended changes to existing vehicle exemption. (Mrs. Wagner, Chair-Indigent Care Committee)
24. Consider and act on recommended changes to the prescription drug program. (Mrs. Wagner, Chair-Indigent Care Committee)
25. Consider and act on recommended addition of medically necessary Bi-Pap as a covered therapy. (Mrs. Wagner, Chair-Indigent Care Committee)
26. Consider and act on recommended Need Based Medical Transportation trial program. (Mrs. Wagner, Chair-Indigent Care Committee)
27. Consider and act on revisions and modifications to Healthcare Assistance Program (HCAP) which is comprised of the Montgomery County Indigent Care Plan and the Medical Assistance Plan Handbooks (Mrs. Wagner, Chair-Indigent Care Committee)

Finance

28. Presentation of preliminary Financial Report for six months ended March 31, 2019 – Brett Allen, CFO, report to include Financial Summary, Financial Statements, Supplemental EMS Billing Information, and Supplemental Schedules.
29. Presentation of Investment report for quarter ending March 31, 2019.
30. Consider and act upon recommendation for amendment(s) to the budget for fiscal year ending September 30, 2019. (Mr. Grice, Treasurer - MCHD Board)
31. Consider and act on ratification of payment of District invoices. (Mr. Grice, Treasurer – MCHD Board)
32. Consider and act on salvage and surplus. (Mr. Grice, Treasurer – MCHD Board)

Other Items

33. Consider and act on resolution in support of HB 3890/SB 2231 Paramedic Tuition Exemption Bills. (Mr. Spratt, Chair – EMS Committee)
34. Secretary's Report - Consider and act on minutes for the March 26, 2019 Regular BOD meeting. (Mrs. Wagner, Secretary - MCHD Board)
35. Convene into executive session pursuant to section 551.074 of the Texas Government Code to deliberate personnel matters related evaluation of Chief Executive Officer, Randy E. Johnson. (Mr. Chance, Chair – Personnel Committee)

36. Reconvene from executive session and make recommendations if needed on matters relating to the evaluation of Chief Executive Officer, Randy E. Johnson. (Mr. Chance, Chair – Personnel Committee)
37. Adjourn.

Sandy Wagner, Secretary

The Board will announce it will convene into Executive Session, if necessary, pursuant to Chapter 551 of the Texas Government Code, to receive advice from Legal Counsel, to discuss matters of land acquisition, litigation and personnel matters as specifically listed on this agenda. The Board of Directors may also announce it will go into Executive Session, if necessary, to receive advice from Legal Counsel regarding any item on this agenda.

Agenda Item # 7



To: Board of Directors
From: Randy Johnson, CEO
Date: April 23, 2019
Re: **CEO Report**

We Make a Difference!

I have been focusing on the following during the past month:



















- Met with billing department to coordinate and better understand the billing and collection process at MCHD. Discussed KPI to function as a billing and collections dashboard for my periodic review of EMS billing and collections.
- Gave an MCHD presentation to the North Montgomery County Greater Chambers of Commerce at La Toretta. Over 250 residents attended.
- Attended the Laserfiche user group conference in Houston in order to better understand how re-working the Laserfiche filing system can make our document storage, recovery, and removal work more efficiently and usefully. We are having Shawn Hennes become Project Manager responsible for reorganizing the Laserfiche filing system.
- Met with and gave a MCHD presentation to City of Conroe Councilman Jody Czajkoski.
- Met with the Horton development team to better coordinate the arrival of the next 10 Horton ambulances.
- Met with two EPCR vendors to review the features and benefits of different EMS electronic medical record systems for potential purchase in 2021.
- MCHD had a very successful employee appreciation week, which was enjoyed by the vast majority of all our MCHD employees.
- We celebrated EMS emergency dispatcher's week.
- Met with Chip Vansteemburg, COE of Montgomery County 911 to discuss better coordination of 911 communications.
- Gave an MCHD presentation to the Woodforest Advisory Council.
- Attended the NAEMT lobby effort in Washington, D. C. to lobby Texas Representatives and Senators for EMS-friendly legislation.

Project plans for the next ninety days:



















- Chief Cosper will complete the preparation for CAAS re-accreditation and work fill in roles as Deputy Chief as needed
- I will continue to ride out with the remaining district Chiefs I have not visited each Friday of this quarter.
- I will work with the PIO to begin publishing a newsletter and will work to develop a formal and consistent PR plan for the district.
- Will focus on completing the construction remodel of station 15 in Conroe and the potential station at 1488 and Egypt Rd.

- Will implement plan to begin training all eighth grade students in the county in hands only CPR and stop the bleed.
- Will work with the potentially expanded HCAP plan to improve outreach to needy county residents.
- Finalize plans for doing an employee satisfaction survey through the Press-Ganey organization.
- Will work with Chief Campbell to complete orientation into his new role.

MONTGOMERY COUNTY HOSPITAL DISTRICT BOARD REPORT
Organizational Projects

DATE: April 23, 2019  Task/Project on Schedule  Task/ Project in Danger of Not Meeting  Task/Project Not Meeting Schedule		
Project	Progress	Evaluation
Project: <u>Microwave Replacement Project-Phase 3</u> Objective: Redundant microwave connections to our dispatch center Initial Deadline: July 2018 Final Deadline: May 31, 2019 Budget: \$ 1,260,000.00 Actual Costs: Project Manager: Justin Evans/Melissa Miller	Feb Mar Apr   	The Microwave Project is entering the Testing or “Burn-in” phase. The 30-day “burn-in” to test the system prior cut-over and removal of the old microwave equipment is underway. Once the system is proven to function as designed, the removal of the old microwave equipment will begin.
Project: <u>Conroe PD 911 Back-Up Center</u> Objective: Fully functioning back-up 911 Dispatch Center in the Conroe PD Dispatch Center Initial Deadline: Sept. 30, 2018 Revised Deadline: April 30, 2019 Budget: multiple line items in multiple departments Actual Cost: \$ Project Manager: Justin Evans /Melissa Miller	Feb Mar Apr   	The back-up center is operational with 2 consoles ready for MCHD to occupy as needed. COMPLETE 4/2019
Project: <u>Room 250 Classroom Buildout</u> Objective: Additional Classroom and office space Initial Deadline: June 2019 Final Deadline: Budget: \$125,000 + \$50,000 furnishings Actual Costs: Project Manager: Avery Belue/Melissa Miller	Feb Mar Apr   	We are pending City of Conroe inspection of improvements before work moves forward. We anticipate the project will be complete within budget and prior to the June deadline.
Project: <u>Station 22 Remodel</u> Objective: Modernize ESD #8 station by tear down and rebuild of current aging station to improve functionality Initial Deadline: July 2020 Revised Deadline: Budget: \$650,000 Actual Cost: \$ Project Manager: Melissa Miller	Feb Mar Apr   	ESD 8 is doing a complete tear down and rebuild of aging station 11-1(our Station 22). We will relocate our crews to ESD 8 station 11-3 for the duration of the rebuild.
Project: <u>Conroe Central Station</u> Objective: EMS station in Conroe to improve response times Initial Deadline: July 2019 Final Deadline: Budget: \$ 1,000,000 Actual Costs: Project Manager: Melissa Miller	Feb Mar Apr   	We’ve met with City of Conroe permitting gain an understanding of the process, documentation and inspections required by the City. We obtain our certificate of compliance on April 8. We are currently working on the required approvals of the asbestos abatement plans. In the meantime, we are getting all plans and documents together for project permitting.

MONTGOMERY COUNTY HOSPITAL DISTRICT BOARD REPORT
Organizational Projects

DATE: April 23, 2019				
 Task/Project on Schedule		 Task/ Project in Danger of Not Meeting		 Task/Project Not Meeting Schedule
Project	Progress			Evaluation
Project: <u>Station 44/Bentwater</u> Objective: Build or convert property into a station and replace the squad with an ambulance Initial Deadline: Revised Deadline: Budget: \$800,000 Actual Cost: \$ Project Manager: Melissa Miller	Feb 	Mar 	Apr 	We are working with ESD 2, MUD and Bentwater on a piece of property between the North and South gates of Bentwater. The property can be used to build both a fire and EMS station(s). It is very early in the process and Bentwater must approve the sale of the property. We continue to monitor the area for other properties.
Project: Northwest Woodlands Station/1488 Objective: Build a station to meet deployment needs Initial Deadline: Revised Deadline: Budget: \$1,100,000 between FY19/20 Actual Cost: \$ Project Manager: Melissa Miller	Feb 	Mar 	Apr 	We are still in negotiation for the property as we clarify the owner build out. Once under contract we anticipate a 60-day remodel with certificate of occupancy in early July. Our closing is dependent on obtaining the Certificate of Occupancy.
Project: <u>New Porter Station</u> Objective: Partner with FD on a station at FM 1314 and 99 Initial Deadline: Revised Deadline: Budget: Actual Cost: \$ Project Manager: Melissa Miller	Feb 	Mar 	Apr 	This station is in the planning phase with initial design complete. We will reduce the footprint of our “apartment” as in the first design the space is too large. We are reviewing options to purchase property, a dwelling to convert to an EMS Station or the purchase of the current Porter Station for cost comparison.
Project: <u>Station 33 Rebuild/ Caney Creek</u> Objective: Initial Deadline: Revised Deadline: Budget: Actual Cost: \$ Project Manager: Melissa Miller	Feb 	Mar 	Apr 	Postponed until ESD is ready to move forward with project. Probably 2020
	NEW PROJECT			
Project: <u>St Luke’s Community Paramedicine</u> Objective: Improve the transition of care from hospital to home of patients at high risk of readmission by providing education, med. Reconciliation and connecting each with needed resources. Initial Deadline: Revised Deadline: Budget: Actual Cost: \$ Project Manager: Andrew Karrer /Melissa Miller	Feb 	Mar 	Apr 	Total of 22 referrals from the Transitional Care Clinic since December 2018. Nineteen clients have enrolled; two clients have been lost due to inability to establish contact; and one client refused services. Of the nineteen enrolled clients; there is a 91% success rate in making contact within 24-48 hours after notification from St. Luke’s either in the hospital or the home. 63.2% have had initial contact in the hospital, while 32% were discharged prior to referral and unable for a hospital visit. 79% are unfunded, 15.7% have private insurance, and 5.3% have Medicaid or Medicare. Primary diagnoses include COPD & CHF. Home visits are conducted on a regular basis, along with telephonic follow-ups from both MCHD and Nav Central, along with coordination of efforts with the Transitional Care Clinic Nurse Practitioner.

MONTGOMERY COUNTY HOSPITAL DISTRICT BOARD REPORT

Organizational Projects

DATE: April 23, 2019 Task/Project on Schedule Task/ Project in Danger of Not Meeting Task/Project Not Meeting Schedule		
Project	Progress	Evaluation
Project: <u>Paycom - Administration Scheduling Implementation</u> Objective: To enhance tracking and ensure transparency for employees within Admin; will also provide EMS an opportunity to evaluate Paycom Scheduling Module. Initial Deadline: 7/18/18 New Deadline: 04/30/2018 Budget: Unbudgeted Actual Cost: Project Manager: Brett Allen / Brandi Matthews	<div style="display: flex; justify-content: space-around; align-items: center;"> Feb Mar Apr </div> <div style="display: flex; justify-content: space-around; align-items: center;"> </div>	<p>Schedules for administrative staff were rolled out at the end of February.</p> <p>The next step is to train managers to run reports that will identify variances between actual punch times and the schedule.</p> <p>This project has allowed staff to be exposed to the Paycom scheduling module and will aid in assessing the feasibility of using the product for Alarm and Field staff.</p>
Project: <u>Fleet Use & Replacement System</u> Objective: To establish a documented plan to best utilize the service life of the ambulance fleet Initial Deadline: 6/30/19 New Deadline: Budget: Actual Cost: Project Manager: Brett Allen / Wayde Sullivan	<div style="display: flex; justify-content: space-around; align-items: center;"> Feb Mar Apr </div> <div style="display: flex; justify-content: space-around; align-items: center;"> </div>	<p>This project will utilize data and industry best practices to establish documented goals regarding the service life of an ambulance. Further, it will result in a plan to best utilize ambulances throughout their service lives to maximize their benefit to the District.</p>
Project: <u>EMS Transfer Service</u> Objective: Provide quality transfer service. Goal: Average 9-18 runs per day during 2019 Initial Deadline: January 1, 2018 Secondary Deadline: December 31, 2019 FY 19 Budget: \$1,160,182 Actual Cost: Project Manager: Jared Cosper	<div style="display: flex; justify-content: space-around; align-items: center;"> Feb Mar Apr </div> <div style="display: flex; justify-content: space-around; align-items: center;"> </div>	<p>MCHD has executed a contract with CHI St. Luke's Health – The Woodlands and has begun providing services. We anticipate an increase of 5 transfers per day upon contract approval. Currently the Transfer Service is averaging 12.2 transfers per day. The St Luke's anticipated volume should drive us to 17 transfers a day, 3 short of our end of year goal.</p>
Project: <u>EMS Command Supervisor Structure: Phase II</u> Objective: Reorganize EMS to improve both form and flow. Initial Deadline: April 1, 2017 Secondary Deadline: April 1, 2019 Budget: Unbudgeted Actual Cost: Project Manager: Jared Cosper	<div style="display: flex; justify-content: space-around; align-items: center;"> Feb Mar Apr </div> <div style="display: flex; justify-content: space-around; align-items: center;"> </div>	<p>Since Chief Campbell has assumed the role of Operations Chief he has been riding out with and interviewing all Deputy Chiefs, District Chiefs and Captains as part of his orientation process. Information from these interactions as well as Chief Campbell's oversight of clinical training and review are being utilized to further develop the EMS Operational Plan as well as the Command structure. A structure review should be complete by June 30th, 2019.</p>
Project: <u>Horton Ambulance Purchases</u> Objective: To obtain a safer, more durable and more economical 911 fleet for our ambulance services. Initial Deadline: November 15, 2019 Budget: \$330,000 each Actual Cost: Project Manager: Jared Cosper	<div style="display: flex; justify-content: space-around; align-items: center;"> Feb Mar Apr </div> <div style="display: flex; justify-content: space-around; align-items: center;"> </div>	<p>The first four Horton ambulances have arrived and are fully operational. 10 additional Hortons have been ordered with the plan for them to begin to arrive in late Spring 2019.</p> <p><i>*** Total cost of a Horton that replaces one of the fleet is \$330,000 because the equipment can be moved from the old ambulance to the new. The Total "all-in" cost of an expansion Horton (addition to the fleet) is \$404,000 as all the equipment (vent, IV pump, stretcher, ect.) must be purchased.</i></p>

MONTGOMERY COUNTY HOSPITAL DISTRICT BOARD REPORT
Organizational Projects

DATE: April 23, 2019






Task/Project on Schedule



Task/ Project in Danger of Not Meeting



Task/Project Not Meeting Schedule

Project	Progress	Evaluation
Project: Horton Ambulance Review & 2019 Roll Out Objective: Make improvements to next ambulance order Initial Deadline: 4/1/2019 Budget: Same as above Actual Cost: Project Manager: Jared Cosper	<div>Feb Mar Apr</div> <div>    </div>	The Horton Review Committee has reviewed the requested adjustments for the coming 10 Hortons. Some slight changes have been given to the Horton design and development team. The changes should not increase the cost per unit.



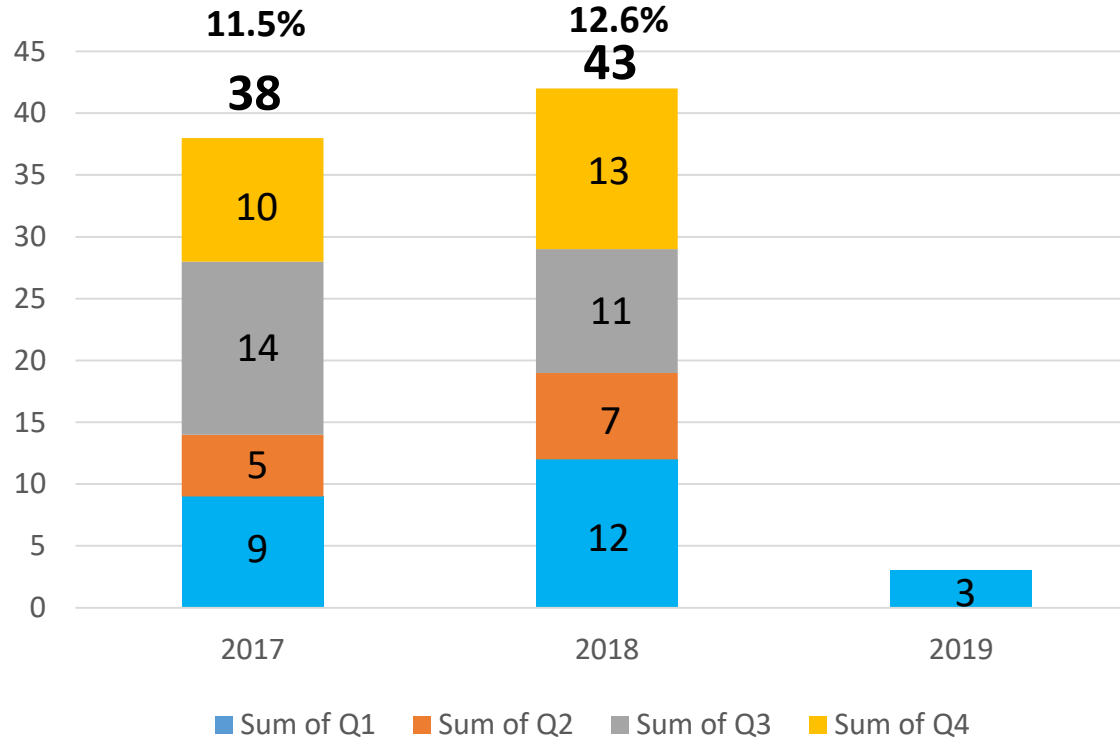
Turnover Report

1/1/2019 – 3/31/2019

Human Resources
April 2019

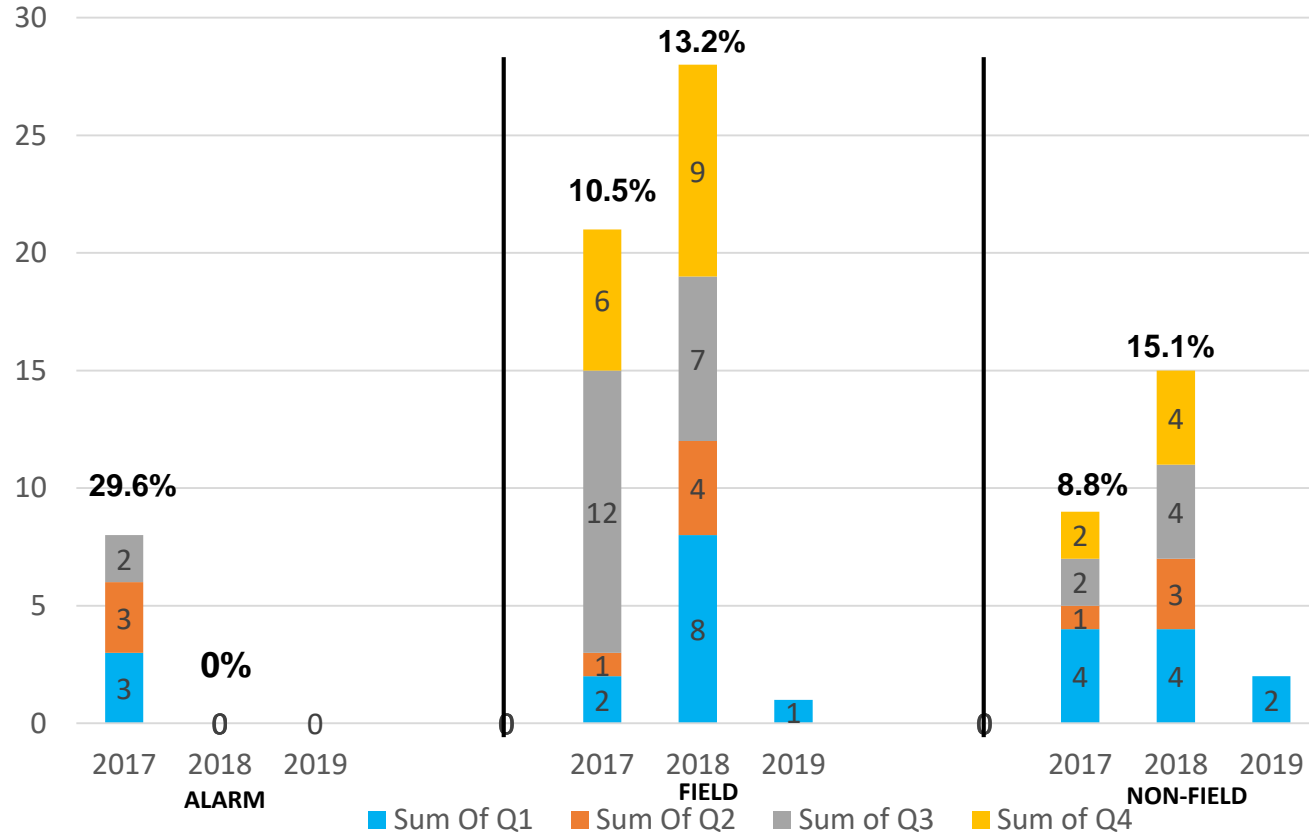


1/1 – 3/31 TURNOVER REPORT

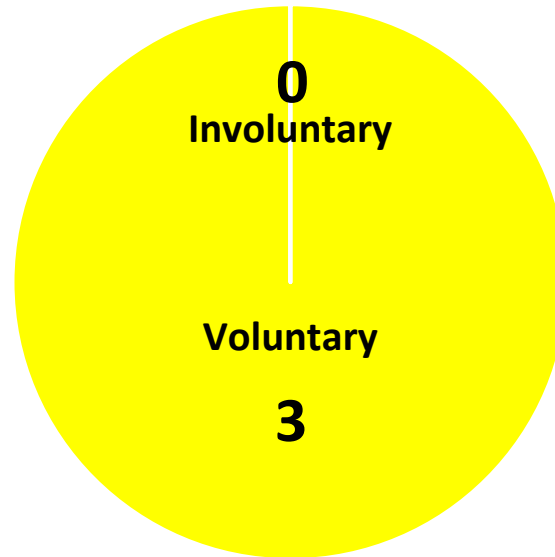




1/1 – 3/31 TURNOVER BY DEPARTMENT



1/1 – 3/31 Voluntary VS Involuntary Turnover





Voluntary Reasons

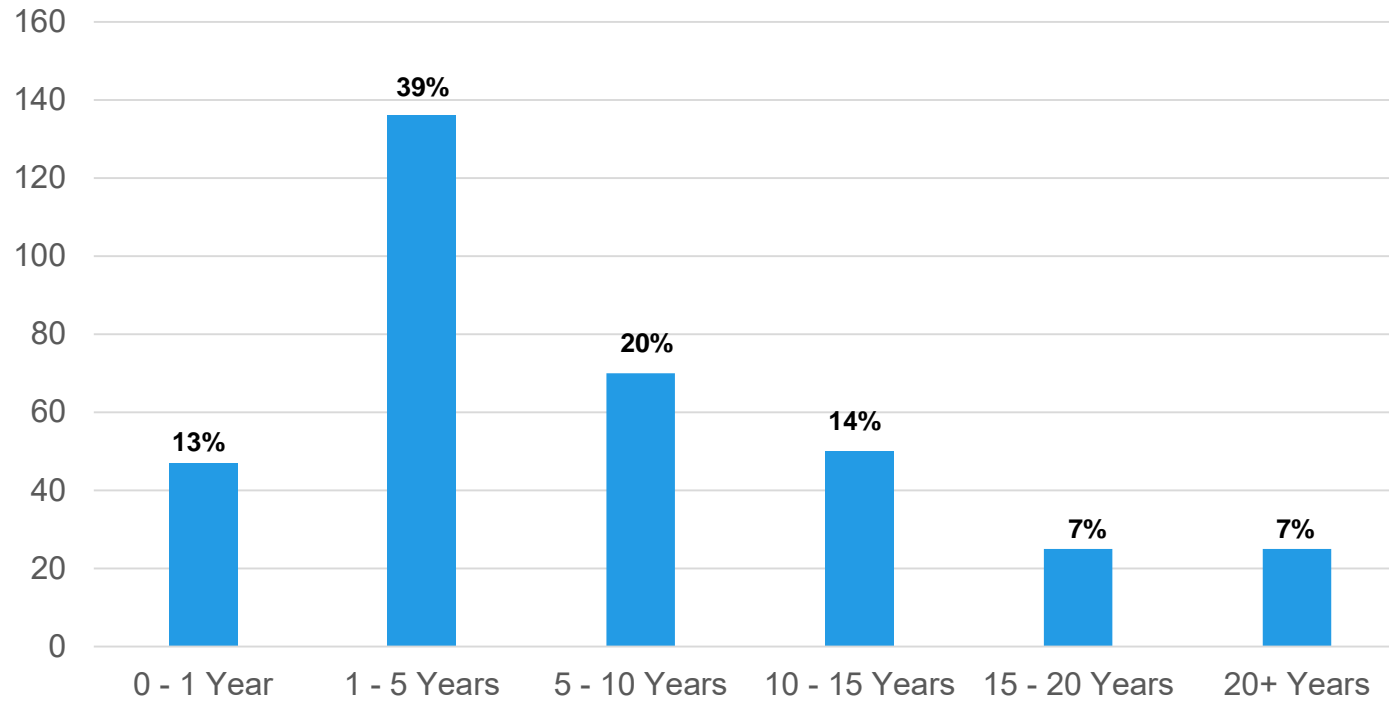
January 1, 2019 – March 31, 2019

3 Voluntarily left

- 1 – Retired (27 years with MCHD)
- 1 – Did not have time to teach CPR classes (3 years with MCHD)
- 1 – Took another job opportunity (9 years with MCHD)



Current Workforce by Years of Service



Agenda Item # 9



To: Board of Directors

From: James Campbell

Date: April 23, 2019

RE: EMS Division Report

Executive Summary

- Customer service scores for March, 2019 rank MCHD EMS 2nd compared to other EMS systems. Our average survey score was 94.59, and 83.57% of responses gave MCHD the highest rating of “very good.” Overall, 98.65% of responses were positive.
- Promotional processes for Paramedic II In-Charge and Paramedic IV District Chief have taken place this month. These promotions are part of MCHD’s continued growth and development toward leadership positions within the organization.
- There were 6,324 total responses in March of 2019, 992 more responses than February 2019.
- March 25th- 28th annual ‘Safety Safari’ training was completed. This training is completed by all EMS personnel, and includes Emergency Vehicle Driver Training (EVDT) Cone Course, respiratory fit training, and a physical agility course.
- All four Horton ambulances are in-service and during Safety Safari employees had the opportunity to drive the Horton’s on the cone course. The Ambulance Committee has worked to gather feedback from their peers to help finalize the specifications for the next ten ambulances.
- A bi-weekly work group, led by Chief Cosper, is meeting to complete the 2019 CAAS recertification process.

Alarm Summary

- At the end of March, three ALARM Medics attended the Texas Public Safety Conference in Galveston, which is hosted by the Association of Public-Safety Communications Officials (APCO) and the National Emergency Number Association (NENA). This educational conference was geared toward leadership development and new advancement in CAD technologies.
- National Telecommunicator Week was April 15th – April 19th. MCHD recognized our ALARM staff for their continued high performance efforts and commitment to excellence.
- ALARM is in the process of transitioning their training computers to the dispatch floor to better simulate realistic training scenarios during the ALARM Training Program.
- Three ALARM employees, including our 2018 Dispatcher of the year, will be attending the Navigator Conference (hosted by the International Academies of Emergency Dispatch) next week, in Grand Harbor, MD. Also at this conference, MCHD ALARM representatives will be officially honored on stage for once again obtaining re-accreditation as an IAED Accredited Center of Excellence (ACE) for Emergency Medical Dispatch.

- ALARM will have two new employees start in the ALARM Training Lab on Monday, April 29
- ALARM Management is preparing for upcoming District Chief and ALARM III promotional processes that will be conducted in May, 2019.

Department of Clinical Services Summary

- DCS is currently working to increase MCHD's number of certified CPR instructors. Over 700 students completed CPR training in 2018, and our goal is to continue to increase the number of courses moving forward.
- Chief Anderson completed training with the Porter Fire Department regarding patient competency and obtaining patient refusals.
- Lee Gillum presented at TDSHS EMS Educators Conference "The Top 10 things that I have to reteach your students when they become employed"
- A new First Responder Coordinator has been hired to continue to build our relationships with the First Responders in the county. This position is a great addition to the team, and will be instrumental for our continued clinical and operational initiatives as we collaborate with our partners in the county
- MCHD employees will be attending Advanced Skills Lab training the week of April 22, 2019. This annual skills lab provides didactic training for simple thoracostomy, direct and video laryngoscopy, iGel placement, needle decompression, Intraosseous (IO) placement, and surgical airways.

EMS Operations Summary

- The Assistant Chief of Operations position has been posted using the Paycom platform.
- In March, some of our Deputy and District Chiefs attended Incident Command System (ICS) 300 & 400 training classes. These opportunities prepare our Chiefs to operate in the ICS structure for small and large scale incidents and increase our Emergency Management response capabilities.
- We are making final preparations for the 2019 IRONMAN race that will be held on Saturday April 27th.
- National EMS will take place May 19th- May 25th
- We are continuing to work on increasing our staffing levels as we approach the summer months. The Recruitment Committee has attended multiple events across the state to continue to share information about MCHD EMS.



Dispatched Incident Review

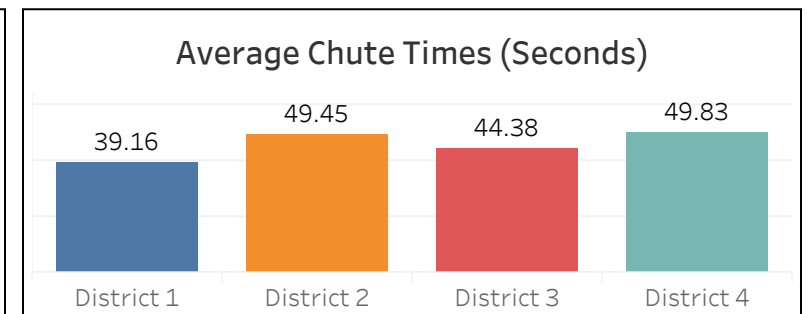
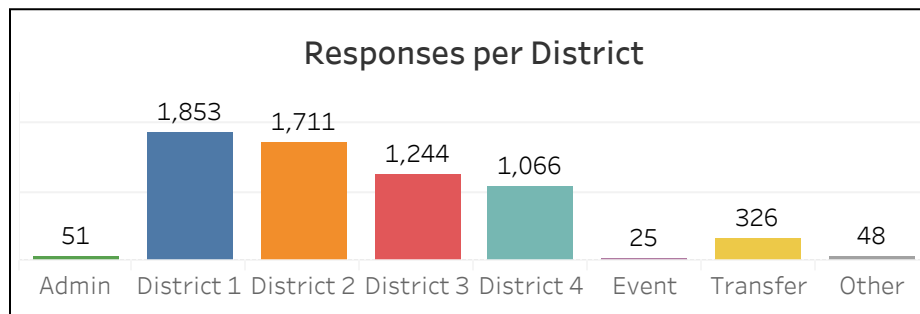
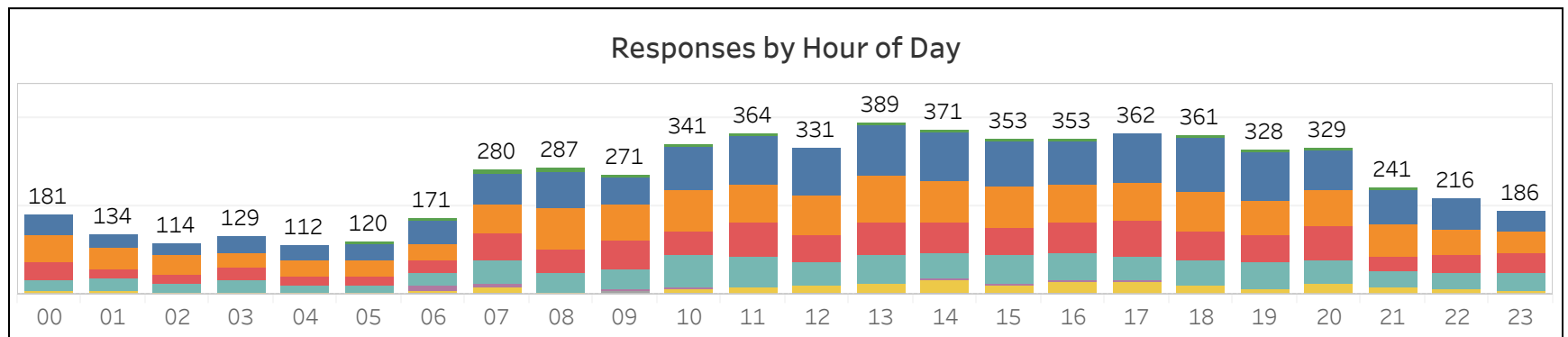
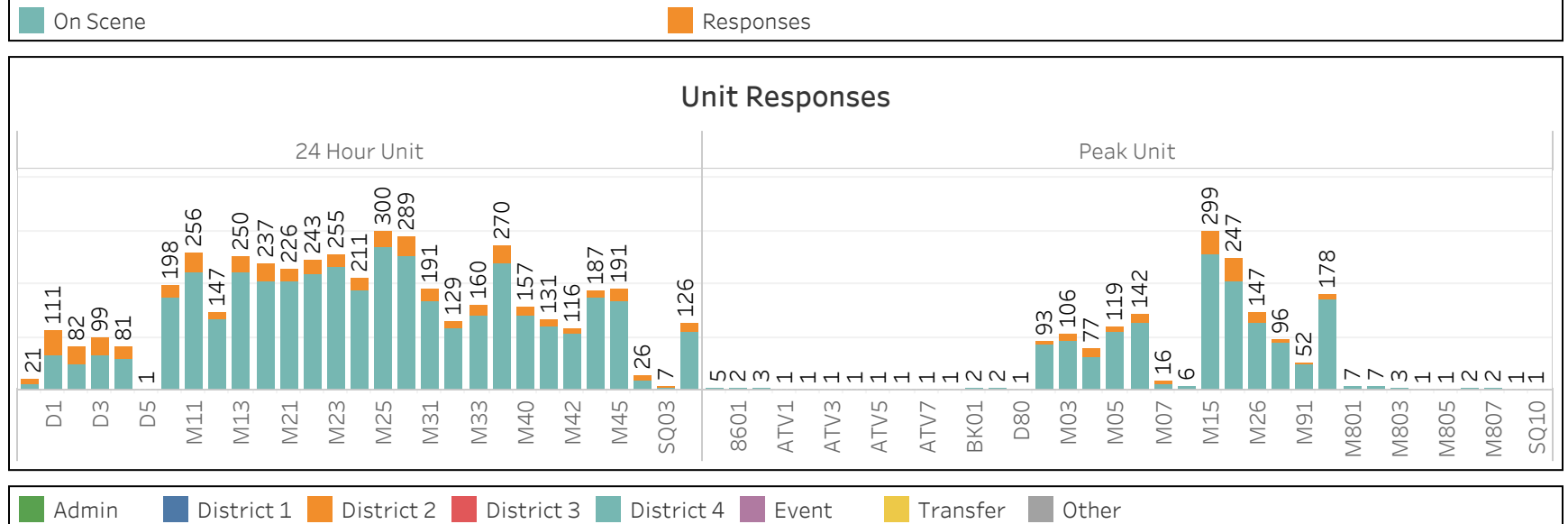
Last Month

3/1/2019 - 3/31/2019

Dispatched		On Scene		Transported		Response Times			
Incidents	5,176	Incidents	4,892	Incidents	3,591	Priority 1	Priority 2	Priority 3	Overall
Responses	6,324	Responses	5,466	Transports	3,634	94.9%	98.2%	97.4%	96.2%

Fall	551
MVC	498
Sick Person	489
Breathing Problems	378
Transfer	377
Unconscious/Fainting	343
Chest Pain	329
Transfer/Evaluation	263
Emotional Crisis	247
Stroke	170
Seizures	163
Hemorrhage	142
Assault	124
Abdominal Pain	123
Unknown Problem	117
Traumatic Injury	114
Medical Alarm	98
Diabetic	90
Overdose Ingestion	76
Heart Problems	66
Cardiac Arrest	59
Structure Fire	56
Back Pain	55
Allergic Reaction	43
Headache	36
Dedicated Standby	32
Obvious/Expected Dea..	17
Pregnancy/Miscarriage	17
Choking	16
Penetrating Trauma	14
Animal Attack	11
Non-Dedicated Standby	8
Outside	7
Eye Problems	6
Gas	6
Burns	5
Inhalation/Hazmat	4
Alarm	3
Dedicated TEMS Stan..	3
Environmental Exposu..	3
Service Call	3
Smoke	3
Aircraft Emergency	2
Mutual Aid Assist Age..	2
Vehicle Fire	2
Water Rescue	2
Alarm System Testing	1
Creekside Medical	1
Drowning	1

5 - Transfer Protocol	2
Transfer	241
Transfer - ALS	125
Transfer - Emergency	8
Transfer - Specialty Care	1



Hospital Patient Transport Report - Previous Month

Total Patients Transported (Hospital Destinations Only)

3,495

Alerts and Activations

	Sepsis Alert	STEMI Alert	Stroke Alert	Trauma Activation
Conroe Regional Medical Center	15 (23.81%)	12 (40.00%)	4 (7.41%)	3 (14.29%)
Houston Methodist The Woodlands	6 (9.52%)	2 (6.67%)	27 (50.00%)	
Houston Methodist Willowbrook Hospital		1 (3.33%)		
Kingwood Medical Center	10 (15.87%)	3 (10.00%)	6 (11.11%)	
Memorial Hermann Cypress Hospital	1 (1.59%)			
Memorial Hermann Hospital The Woodlands	14 (22.22%)	5 (16.67%)	9 (16.67%)	18 (85.71%)
Memorial Hermann Northeast	2 (3.17%)			
St. Lukes Hospital The Woodlands	13 (20.63%)	6 (20.00%)	7 (12.96%)	
Tomball Regional Hospital	2 (3.17%)	1 (3.33%)	1 (1.85%)	
Grand Total	63 (100.00%)	30 (100.00%)	54 (100.00%)	21 (100.00%)

Average Turnaround Times (Minutes)

Cypress Creek Psychiatric	4.9
Aspire Behavioral	9.8
Tri-County MHMR Hospital	10.1
Kingwood Pines	15.7
CHI St. Luke's Emergency Center - Montgomery	16.8
St. Lukes Hospital Lakeside	17.4
CHI St. Luke's Emergency Center - Conroe	18.3
Texas Children's Women's Pavillion	19.6
Memorial Hermann Woodlands West	20.1
Affinity Emergency Center at Magnolia	21.2
Baylor Scott & White College Station	23.2
Texas Children's Hospital	26.8
Texas Children's Hospital The Woodlands	27.0
Huntsville Memorial	27.3
Clear Lake Regional Hospital	29.1
Conroe Regional Medical Center	29.1
Tomball Regional Hospital	30.3
St. Lukes Hospital The Woodlands	30.7
Texas Children's Hospital West Campus	30.7
Houston Methodist The Woodlands	30.7
Michael E. DeBakey VA Med Center	30.7
Memorial Hermann Hospital Southwest	31.6
Memorial Hermann Northeast	32.8
Kingwood Medical Center	33.0
Houston Northwest Medical Center	33.5
Ben Taub General	34.6
Memorial Hermann Hospital The Woodlands	35.2
Houston Methodist Hospital	35.2
M. D. Anderson	35.3
Houston Methodist Willowbrook Hospital	37.0
North Cypress Medical Center	37.5
Memorial Hermann Cypress Hospital	39.0
Hermann Hospital	40.7
St. Luke's Medical Center	41.0
St. Lukes Hospital Vintage	41.0
University of Texas Medical Branch	41.4
Memorial Hermann Children's	45.0
Memorial Hermann Hospital Greater Heights	53.7
Lyndon B Johnson General	65.6

Patients per Facility

Conroe Regional Medical Center	983
Memorial Hermann Hospital The Woodlands	770
Kingwood Medical Center	420
Houston Methodist The Woodlands	410
St. Lukes Hospital The Woodlands	371
Tomball Regional Hospital	122
Texas Children's Hospital The Woodlands	97
Memorial Hermann Northeast	81
Houston Methodist Hospital	25
Tri-County MHMR Hospital	24
St. Luke's Medical Center	19
St. Lukes Hospital Vintage	19
Houston Methodist Willowbrook Hospital	17
Affinity Emergency Center at Magnolia	16
Hermann Hospital	16
Memorial Hermann Woodlands West	15
Aspire Behavioral	14
Michael E. DeBakey VA Med Center	11
Houston Northwest Medical Center	9
Memorial Hermann Cypress Hospital	9
Texas Children's Hospital	9
Ben Taub General	4
M. D. Anderson	4
CHI St. Luke's Emergency Center - Conroe	3
Huntsville Memorial	3
Memorial Hermann Children's	3
St. Lukes Hospital Lakeside	3
Baylor Scott & White College Station	3
CHI St. Luke's Emergency Center - Montgomery	3
Cypress Creek Psychiatric	3
Memorial Hermann Hospital Southwest	3
North Cypress Medical Center	3
Texas Children's Women's Pavillion	3
University of Texas Medical Branch	3
Clear Lake Regional Hospital	1
Kingwood Pines	1
Lyndon B Johnson General	1
Memorial Hermann Hospital Greater Heights	1
Texas Children's Hospital West Campus	1

Previous Month Patient Count by Type and Hospital

	Abdominal Pain	Breathing Problems	Cardiac Arrest	Chest Pain	Diabetic	Emotional Crisis	Overdose Ingestion	Stroke	Transfer	Trauma	Other	Grand Total
Affinity Emergency Center at Magnolia	1	1								7	7	16
Aspire Behavioral									12		1	13
Baylor Scott & White College Station										2		2
Ben Taub General									4			4
CHI St. Luke's Emergency Center - Conroe										3		3
CHI St. Luke's Emergency Center - Montgomery										1	1	2
Clear Lake Regional Hospital									1			1
Conroe Regional Medical Center	36	101	9	95	15	27	26	35	101	279	259	983
Cypress Creek Psychiatric									2			2
Hermann Hospital		2							8	1	5	16
Houston Methodist Hospital				1	2				18	2	2	25
Houston Methodist The Woodlands	10	38	4	45	3	5	3	37	61	86	118	410
Houston Methodist Willowbrook Hospital	2	2		5	1				2	2	3	17
Houston Northwest Medical Center	2	1							4	1	1	9
Huntsville Memorial				1				1		1		3
Kingwood Medical Center	14	49	5	55	10	25	9	16	16	89	132	420
Kingwood Pines									1			1
Lyndon B Johnson General											1	1
M. D. Anderson	1	2							1			4
Memorial Hermann Children's									2		1	3
Memorial Hermann Cypress Hospital		1		2						6		9
Memorial Hermann Hospital Greater Heights									1			1
Memorial Hermann Hospital Southwest									1		1	2
Memorial Hermann Hospital The Woodlands	18	55	2	65	7	28	15	27	99	268	186	770
Memorial Hermann Northeast	7	8		19				3	2	20	22	81
Memorial Hermann Woodlands West		1							1	12	1	15
Michael E. DeBakey VA Med Center		1							5	1	4	11
North Cypress Medical Center		1									1	2
St. Luke's Medical Center		2		3					10		4	19
St. Lukes Hospital Lakeside									1	1	1	3
St. Lukes Hospital The Woodlands	20	49	3	43	7	8	3	28	39	78	93	371
St. Lukes Hospital Vintage	2	2		3	1			1		4	6	19
Texas Children's Hospital									8		1	9
Texas Children's Hospital The Woodlands	1	11	1	3		3	2		20	12	44	97
Texas Children's Hospital West Campus											1	1
Texas Children's Women's Pavillion									1		1	2
Tomball Regional Hospital	4	16	2	15	5	5	3	5	9	33	25	122
Tri-County MHMR Hospital						11			13			24
University of Texas Medical Branch									2			2
Grand Total	118	343	26	355	51	112	61	153	445	909	922	3,495

Rolling Twelve Months - Total Patients per Facility

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Overall
Affinity Emergency Center at Magnolia	21	22	13	17	21	15	18	22	13	10	17	16	205
Aspire Behavioral	8	11	11	13	12	14	20	14	9	18	13	13	156
Baylor Scott & White College Station	1			1	1	1	1				3	2	10
Ben Taub General	3	1	2	1	2	5	3	1	4	1	2	4	29
CHI St. Luke's Emergency Center - Conroe	1	2		4	5	3	1	3	1			3	23
CHI St. Luke's Emergency Center - Montgomery	1	2	2	1	5	2	2	3		1		2	21
CHI St. Luke's Emergency Center - Spring	2	2	6	2	3	2	7	3	6	1	1		35
CHI St. Luke's Health Memorial Livingston	1	1	1						1				4
Clear Lake Regional Hosptial											1	1	2
Conroe Regional Medical Center	924	1,009	986	942	997	953	875	885	1,028	890	913	983	11,385
Cypress Creek Psychiatric	4	7	5	6	4	5	3	4	6	3	1	2	50
Cypress Fairbanks Medical Center	2		1	2									5
Hermann Hospital	17	18	20	17	20	19	25	15	14	33	19	16	233
Houston Methodist Hospital	28	25	49	38	32	25	19	22	31	37	28	25	359
Houston Methodist The Woodlands	250	280	256	230	246	230	253	302	310	317	285	410	3,369
Houston Methodist Willowbrook Hospital	12	12	18	14	11	9	12	14	19	16	15	17	169
Houston Northwest Medical Center	10	12	7	8	15	10	14	7	13	10	6	9	121
Huntsville Memorial	1		1		1	2	1	1	1	1	3	3	15
Kingwood Medical Center	345	406	389	385	418	417	350	367	376	343	350	420	4,566
Kingwood Pines	6	8	7	5	5	1	3		1	1	6	1	44
Lyndon B Johnson General		2		1			1	4		1		1	10
M. D. Anderson	5	6	3	5	8	6	2	5	9	4	5	4	62
Memorial Hermann Children's	3	1	1	2	1		3	1	3	1	3	3	22
Memorial Hermann Cypress Hospital	1			1	1	3	1	1	1	3	5	9	26
Memorial Hermann Hospital Greater Heights	1	1	1						1			1	5
Memorial Hermann Hospital Southwest						1					1	2	4
Memorial Hermann Hospital The Woodlands	712	781	704	706	778	719	702	665	776	697	656	770	8,666
Memorial Hermann Katy					1								1
Memorial Hermann Memorial City	1						1	2					4
Memorial Hermann Northeast	59	74	58	60	58	59	59	45	66	63	64	81	746
Memorial Hermann Woodlands West	10	25	20	14	17	16	13	16	7	7	11	15	171
Michael E. DeBakey VA Med Center	10	13	8	13	9	9	13	10	10	8	7	11	121
North Cypress Medical Center	3		4		1	2	2	2	3		2	2	21
St. Joseph Medical Center		2		1			1		3		1		8
St. Joseph Regional Health Center Bryan	1	1					2	1	1		2		8
St. Luke's Medical Center	4	8	7	3	4	6	4	6	6	6	4	19	77
St. Lukes Hospital Lakeside	1	9	4	1	2	7	3	6	3	4	7	3	50
St. Lukes Hospital Springwoods Village		3	2	1					1				7
St. Lukes Hospital The Woodlands	425	384	360	361	366	347	353	374	373	348	351	371	4,413
St. Lukes Hospital Vintage	10	9	9	6	6	16	7	9	14	16	6	19	127
Texas Children's Hospital	12	4	6	5	5	7	8	7	10	8	5	9	86
Texas Children's Hospital The Woodlands	97	94	82	82	73	81	102	106	88	100	96	97	1,098
Texas Children's Hospital West Campus		1		1			1					1	4
Texas Children's Women's Pavillion						1						2	3
The Woman's Hospital of Texas	1	3		3	1	1	2	1		3	1		16
TIRR Memorial Hermann - TMC									1	3	1		5
Tomball Regional Hospital	127	160	147	168	137	168	131	141	124	135	139	122	1,699
Tri-County MHMR Hospital	16	29	33	20	26	27	23	15	17	23	24	24	277
University of Texas Medical Branch	1		1	1	3	4	2		1	4	2	2	21
Overall	3,137	3,428	3,224	3,141	3,295	3,193	3,043	3,080	3,351	3,116	3,056	3,495	38,559

Rolling Twelve Months - Average Turnaround Time (Minutes)

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Overall
Affinity Emergency Center at Magnolia	18.8	20.1	21.8	18.9	19.4	20.7	20.1	18.9	23.6	21.5	19.8	21.2	20.2
Aspire Behavioral	10.5	8.6	8.5	9.6	8.8	8.6	10.1	9.9	10.7	9.4	11.8	9.8	9.7
Baylor Scott & White College Station	21.2			20.8	25.6	18.0	18.0				23.5	23.2	21.9
Ben Taub General	31.5	33.9	39.8	88.8	23.6	36.2	32.6	21.5	35.9	21.0	31.9	34.6	34.8
CHI St. Luke's Emergency Center - Conroe	16.0	9.9		13.2	10.7	19.6	14.0	12.9	10.9			18.3	13.9
CHI St. Luke's Emergency Center - Montgomery	17.9	42.2	18.3	12.0	15.5	17.4	20.0	17.3		22.8		16.8	19.8
CHI St. Luke's Emergency Center - Spring	16.9	17.3	15.8	18.5	13.1	15.7	15.1	15.8	16.2	15.7	20.0		16.0
CHI St. Luke's Health Memorial Livingston	15.5	22.3	23.8						36.3				24.5
Clear Lake Regional Hosptial											32.3	29.1	30.7
Conroe Regional Medical Center	27.8	27.2	26.9	27.2	27.1	27.0	27.5	26.8	28.1	27.8	27.7	29.2	27.5
Cypress Creek Psychiatric	12.9	24.4	14.9	9.8	14.6	13.8	12.4	8.9	9.9	13.2	17.7	4.9	13.7
Cypress Fairbanks Medical Center	35.7		26.4	23.4									28.9
Hermann Hospital	35.5	34.8	36.8	39.6	35.0	34.5	35.9	30.2	37.1	37.5	42.5	40.7	36.8
Houston Methodist Hospital	34.0	39.3	33.2	31.5	31.4	34.7	32.9	39.4	37.4	37.4	35.5	35.2	34.9
Houston Methodist The Woodlands	27.4	29.0	28.6	28.2	28.1	28.6	29.2	30.1	31.2	31.3	31.0	30.7	29.6
Houston Methodist Willowbrook Hospital	35.8	32.3	31.9	34.7	35.6	32.7	32.4	36.5	39.2	33.6	38.7	37.0	35.3
Houston Northwest Medical Center	34.8	37.7	33.4	29.8	27.6	32.2	30.4	39.4	35.3	29.8	45.3	33.5	33.5
Huntsville Memorial	19.5		15.3		19.0	31.8	13.1	32.7	19.4	16.4	34.1	27.3	25.5
Kingwood Medical Center	28.9	27.0	26.8	26.1	26.8	25.8	27.8	28.2	29.0	29.5	31.0	33.0	28.3
Kingwood Pines	17.8	13.8	18.5	22.3	11.5	20.1	22.8		18.8	33.9	13.6	15.7	17.1
Lyndon B Johnson General		39.9		33.1			28.7	32.4		49.6		65.6	38.6
M. D. Anderson	44.7	33.6	29.1	33.0	32.5	40.2	34.5	35.5	38.6	41.3	37.1	35.3	36.6
Memorial Hermann Children's	30.3	38.9	21.8	40.3	34.6		29.4	50.9	35.8	31.5	29.3	45.0	34.9
Memorial Hermann Cypress Hospital	18.5			23.4	33.1	19.3	22.0	31.1	33.3	30.5	24.3	39.0	29.0
Memorial Hermann Hospital Greater Heights	53.6	30.6	53.2						28.9			53.7	44.0
Memorial Hermann Hospital Southwest						53.1					24.3	31.6	35.1
Memorial Hermann Hospital The Woodlands	31.4	32.1	31.6	31.3	30.9	31.4	32.4	31.6	32.1	31.9	34.6	35.2	32.2
Memorial Hermann Katy					28.4								28.4
Memorial Hermann Memorial City	32.0						21.6	25.2					26.0
Memorial Hermann Northeast	26.2	29.7	28.8	27.2	27.6	28.7	27.4	26.9	28.6	32.0	32.7	32.8	29.2
Memorial Hermann Woodlands West	18.0	18.3	26.7	23.2	19.2	19.8	19.0	23.0	20.1	15.7	16.8	20.1	20.3
Michael E. DeBakey VA Med Center	27.1	32.6	25.8	31.6	31.4	30.1	27.4	30.3	32.4	28.6	32.6	30.7	30.1
North Cypress Medical Center	37.7		24.5		16.9	25.3	24.5	29.2	25.9		45.0	37.5	29.9
St. Joseph Medical Center		29.9		0.1			25.7		42.3		37.1		31.2
St. Joseph Regional Health Center Bryan	35.9	24.9					28.5	20.6	29.5		31.7		28.9
St. Luke's Medical Center	36.7	33.3	35.2	42.4	36.4	25.1	42.6	37.4	44.7	32.9	38.6	41.0	37.4
St. Lukes Hospital Lakeside	18.6	20.7	22.0	15.8	20.8	44.6	27.0	27.1	23.3	17.6	19.6	17.4	24.4
St. Lukes Hospital Springwoods Village		21.8	12.8	0.0					5.4				13.8
St. Lukes Hospital The Woodlands	29.8	29.6	28.4	28.5	27.2	28.3	27.1	28.2	27.8	28.6	28.2	30.7	28.6
St. Lukes Hospital Vintage	94.2	31.6	24.7	27.1	27.8	29.8	37.1	35.4	36.9	32.2	32.6	41.0	38.1
Texas Children's Hospital	26.8	32.6	32.2	26.6	29.9	30.1	22.8	39.8	30.6	33.3	26.6	26.8	29.5
Texas Children's Hospital The Woodlands	24.8	23.2	23.8	25.8	24.8	24.8	27.0	26.7	27.0	26.5	26.9	27.0	25.8
Texas Children's Hospital West Campus		35.2		19.2			31.0					30.7	29.0
Texas Children's Women's Pavillion						15.5						19.6	17.5
The Woman's Hospital of Texas	34.1	22.5		30.2	18.9	15.6	35.3	24.7		19.9	45.3		26.7
TIRR Memorial Hermann - TMC									40.1	28.9	27.8		30.9
Tomball Regional Hospital	28.9	30.6	29.4	27.6	28.5	29.3	31.5	31.0	30.5	29.2	30.2	30.3	29.7
Tri-County MHMR Hospital	10.8	9.1	11.5	9.2	9.2	8.8	7.5	9.1	7.7	11.8	9.6	10.1	9.6
University of Texas Medical Branch	42.8		54.2	34.8	29.4	45.3	65.7		42.6	64.2	30.0	41.4	46.4
Overall	29.1	28.7	28.2	28.1	27.8	28.1	28.7	28.7	29.6	29.5	30.1	31.4	29.0

MCHD

Conroe, TX
Client 6577



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Lansing, Mi 48096
1 (517) 318-3800
support@EMSSurveyTeam.com
www.EMSSurveyTeam.com

EMS System Report

March 1, 2019 to March 31, 2019

Your Score

94.59

Number of Your Patients in this Report

378

Number of Patients in this Report

7,351

Number of Transport Services in All EMS DB

152





Executive Summary

This report contains data from **378 MCHD** patients who returned a questionnaire between **03/01/2019** and **03/31/2019**.

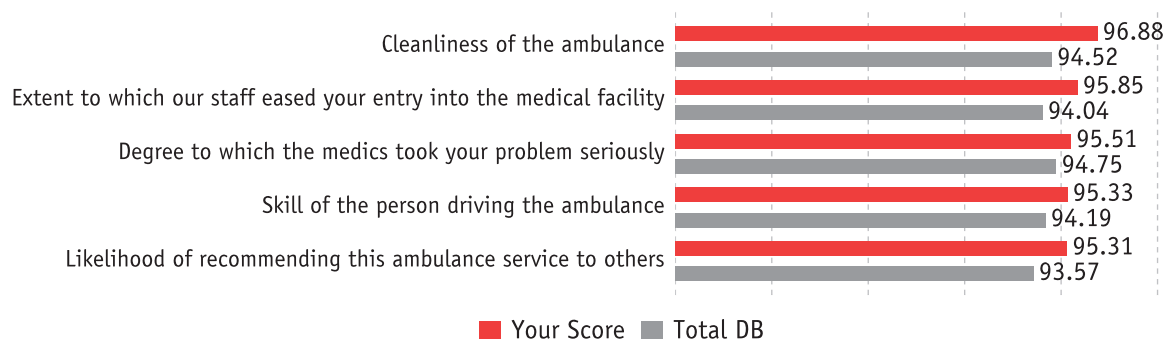
The overall mean score for the standard questions was **94.59**; this is a difference of **1.51** points from the overall EMS database score of **93.08**.

The current score of **94.59** is a change of **-0.53** points from last period's score of **95.12**. This was the **30th** highest overall score for all companies in the database.

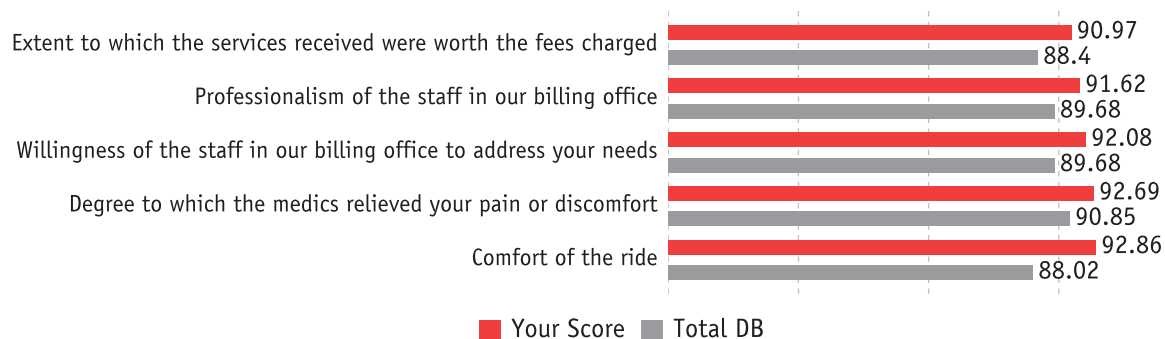
You are ranked **2nd** for comparably sized companies in the system.

83.57% of responses to standard questions had a rating of Very Good, the highest rating. **98.65%** of all responses were positive.

5 Highest Scores



5 Lowest Scores





Greatest Increase and Decrease in Scores by Question

	Last Period	This Period	Change	Total DB Score
Increases				
Comfort of the ride	91.56	92.86	1.30	88.02
Willingness of the staff in our billing office to address your needs	90.91	92.08	1.17	89.68
Professionalism of the staff in our billing office	91.06	91.62	0.55	89.68
Cleanliness of the ambulance	96.63	96.88	0.24	94.52
Extent to which the services received were worth the fees charged	90.74	90.97	0.22	88.40
Decreases				
Degree to which the medics listened to you and/or your family	96.24	94.34	-1.90	94.39
Degree to which the medics relieved your pain or discomfort	94.03	92.69	-1.34	90.85
Care shown by the medics who arrived with the ambulance	96.29	95.19	-1.10	94.74
Extent to which medics cared for you as a person	96.38	95.30	-1.08	94.74
Extent to which the medics kept you informed about your treatment	94.95	93.90	-1.06	92.91
Extent to which the ambulance arrived in a timely manner	95.61	94.58	-1.02	92.66
Extent to which you were told what to do until the ambulance arrived	95.09	94.09	-0.99	91.89
Degree to which the medics took your problem seriously	96.43	95.51	-0.92	94.75
Concern shown by the person you called for ambulance service	95.98	95.19	-0.79	93.06
Medics' concern for your privacy	95.22	94.56	-0.66	93.64



Company Comparisons — The following chart gives a comparison of the mean score for each question as scored by comparable companies. Your company is highlighted. There is also a green-shaded highlight of the highest score for each question. This will show how you compare to similar companies.

	Your Company	Comparison Companies					
		A	B	C	D	E	F
Helpfulness of the person you called for ambulance service	95.11	92.23	94.23	90.67	92.66	91.77	95.00
Concern shown by the person you called for ambulance service	95.19	92.42	92.60	90.62	94.31	90.18	94.71
Extent to which you were told what to do until the ambulance	94.09	90.47	90.35	89.77	91.33	88.93	91.35
Extent to which the ambulance arrived in a timely manner	94.58	88.25	93.79	90.38	91.53	89.86	92.69
Cleanliness of the ambulance	96.88	92.34	95.23	92.79	92.99	92.32	93.98
Comfort of the ride	92.86	85.94	89.38	85.76	86.79	83.13	88.18
Skill of the person driving the ambulance	95.33	93.45	94.82	92.88	94.21	90.58	94.41
Care shown by the medics who arrived with the ambulance	95.19	93.43	94.88	93.41	93.75	92.23	94.28
Degree to which the medics took your problem seriously	95.51	93.49	95.31	93.32	93.98	91.91	95.02
Degree to which the medics listened to you and/or your family	94.34	93.56	94.64	93.52	93.98	91.91	93.46
Skill of the medics	95.25	93.56	94.11	94.18	94.09	92.51	94.08
Extent to which the medics kept you informed about your	93.90	90.68	92.79	92.26	91.18	89.65	92.58
Extent to which medics included you in the treatment decisions (if	94.32	90.41	92.65	92.43	91.96	88.12	90.07
Degree to which the medics relieved your pain or discomfort	92.69	89.23	91.19	90.06	89.67	86.96	90.31
Medics' concern for your privacy	94.56	92.19	92.48	93.31	91.33	90.05	92.43
Extent to which medics cared for you as a person	95.30	93.58	95.44	93.61	93.52	91.24	93.66
Professionalism of the staff in our billing office	91.62	91.40	89.90	89.49	91.07	87.14	89.81
Willingness of the staff in our billing office to address your needs	92.08	91.11	88.55	89.82	90.69	87.69	92.71
How well did our staff work together to care for you	95.24	93.13	94.17	92.71	93.22	90.83	92.12
Extent to which our staff eased your entry into the medical facility	95.85	94.29	94.41	92.93	94.12	91.44	92.15
Appropriateness of Emergency Medical Transportation treatment	95.22	92.88	94.45	93.04	93.69	91.49	94.46
Extent to which the services received were worth the fees charged	90.97	87.89	90.07	87.79	90.96	84.89	85.30
Overall rating of the care provided by our Emergency Medical	95.02	93.49	94.87	93.49	93.69	91.49	93.88
Likelihood of recommending this ambulance service to others	95.31	93.40	94.80	93.25	94.68	91.33	91.55
Overall score	94.59	91.84	93.36	91.84	92.59	90.06	92.59
National Rank	30	64	45	63	56	79	55
Comparable Size (Large) Company Rank	2	18	8	17	14	22	13

Fleet Summary 2017-18

Mileage	Ambulance	Supervisor/Squad	CommandStaff	Support	MonthlyTotal	WeeklyTotal
March 2019	114,193	12,284	4,386	14,570	145,433	36,358
February 2019	107,420	11,697	4,693	13,981	137,791	34,448
January 2019	108,821	12,310	4,069	12,976	138,176	34,544
December 2018	149,943	15,716	4,499	14,688	184,846	46,212
November 2018	113,659	11,170	5,301	13,363	143,493	35,873
October 2018	139,406	15,775	5,379	17,857	178,417	44,604
September 2018	113,993	10,917	4,243	13,167	142,320	35,580
August 2018	109,340	12,074	3,841	13,334	138,589	34,647
July 2018	137,694	14,284	4,705	17,205	173,888	43,472
June 2018	88,836	8,456	3,519	14,042	114,853	28,713
May 2018	152,278	14,715	4,615	12,699	184,307	46,077
April 2018	145,803	13,708	5,429	15,863	180,803	45,201
Total	1,481,386	153,106	54,679	173,745	1,862,916	
Average	123,449	12,759	4,557	14,479	155,243	38,811
Annualized Amounts					1,862,916	

Accidents	MCHD-Fault		MCHD Non-Fault		GRAND TOTAL
	Non-injury	Injury	Non-injury	Injury	
March 2019	3				3
February 2019	2		2		4
January 2019	3		1		4
December 2018	7		3		10
November 2018	6		2		8
October 2018	2				2
September 2018	4		3		7
August 2018	2		2		4
July 2018	7				7
June 2018	5				5
May 2018	2				2
April 2018	5				5
Total	48	0	13	0	61
Per 100,000 Miles	2.58	-	0.70	-	3.27

Service Interruptions	Count	Per 100K miles
March 2019	6	4.13
February 2019	1	0.73
January 2019	2	1.45
December 2018	1	0.54
November 2018	6	4.18
October 2018	6	3.36
September 2018	3	2.11
August 2018	3	2.16
July 2018	3	1.73
June 2018	10	8.71
May 2018	7	3.80
April 2018	3	1.66
Total	48	2.58

PROCLAMATION

To designate the Week of May 19-25, 2019, as Emergency Medical Services Week

- WHEREAS,** the Montgomery County Hospital District provides Emergency Medical Services to the citizens of Montgomery County, Texas; and
- WHEREAS,** access to quality emergency care dramatically improves the survival and recovery rate of those who experience sudden illness or injury; and
- WHEREAS,** the members of emergency medical service teams, whether career or volunteer, engage in thousands of hours of specialized training and continuing education to enhance their lifesaving skills; and
- WHEREAS,** the Montgomery County Hospital District thereby supports and recognizes the Montgomery County Hospital District Emergency Services Personnel as an integral partner to the citizens of Montgomery County.

NOW, THEREFORE BE IT RESOLVED that the Montgomery County Hospital District of Montgomery County, Texas does hereby proclaim the week of May 19-25, 2019 as:

“EMERGENCY MEDICAL SERVICES WEEK”

SIGNED THIS 23rd DAY OF APRIL, 2019.

Mark Cole, Chairman of the Board

Attest:

Sandy Wagner, Secretary

Agenda Item # 11



To: Board of Directors
From: Joe Fioretti, Business Analysis Administrator
Date: April 23, 2019
Re: Purchase of CF-20 Toughbook

Consider and act on purchase of Panasonic CF-20 Toughbooks

EMS is requesting the purchase of twenty one (21) Panasonic CF-20 Toughbooks for field use. These devices will be used for patient care documentation and form submission. These are the same model as the Toughbooks we purchased last year. Keeping with the same model will allow IT to deploy these more efficiently.

Budgeted: \$77,000
Quote Cost: \$74,613

Fiscal Impact: Nominal

Yes	No	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Budgeted item?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Within budget?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Renewal contract?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Special request?

QUOTE CONFIRMATION



DEAR JOSEPH FIORETTI,

Thank you for considering CDW•G for your computing needs. The details of your quote are below. [Click here](#) to convert your quote to an order.

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
KNLK049	4/8/2019	PANASONIC CF20	6410532	\$74,613.00

QUOTE DETAILS				
ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
Panasonic Toughbook 20 - 10.1" - Core m5 6Y57 - 8 GB RAM - 256 GB SSD Mfg. Part#: CF-20A0193KM UNSPSC: 43211509 Contract: MARKET	21	4014567	\$3,138.00	\$65,898.00
Panasonic Toughbook 4 Year Protection Plus Mfg. Part#: CF-SVCLTNF4Y UNSPSC: 81112307 Electronic distribution - NO MEDIA Contract: MARKET	21	488798	\$415.00	\$8,715.00

PURCHASER BILLING INFO		SUBTOTAL	\$74,613.00
Billing Address: MONTGOMERY COUNTY HOSPITAL DIST ACCOUNTS PAYABL PO BOX 478 CONROE, TX 77305-0478 Phone: (936) 523-1114 Payment Terms: Net 30 Days-Healthcare		SHIPPING	\$0.00
		SALES TAX	\$0.00
		GRAND TOTAL	\$74,613.00
DELIVER TO		Please remit payments to:	
Shipping Address: MONTGOMERY COUNTY HOSPITAL DISTRICT PO 48639 1300 S LOOP 336 W CONROE, TX 77304-3316 Phone: (936) 523-1120 Shipping Method: DROP SHIP-GROUND		CDW Government 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515	

Need Assistance? CDW•G SALES CONTACT INFORMATION



Kevin Nissen

(877) 325-2419

kevinis@cdw.com

This quote is subject to CDW's Terms and Conditions of Sales and Service Projects at <http://www.cdwg.com/content/terms-conditions/product-sales.aspx>
For more information, contact a CDW account manager

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Agenda Item # 12



To: Board of Directors

From: Jordan Anderson, Assistant Chief

Date: April 23, 2019

Re: Physio Control Sole Source

Consider and act on Sole Source Letter from Physio Control for purchase of LUCAS 3, v3.1 Chest Compression System

EMS is requesting purchase of the LUCAS device in comparison to competitors products for the following reasons:

LUCAS is currently deployed with District/Deputy Chief and device has been reliable with less than one failure per year. The complexity of adding alternate devices to the system poses risks to patient care (lack of product familiarity, differences in techniques, incompatible disposable supplies, incompatible chargers/batteries).

LUCAS has been proven safe and effective with large, multicenter, randomized, controlled out of hospital trial (the LINC trial) published in *Journal of American Medical Association*

LUCAS is the most used and largest body of data of any mechanical CPR device. The LUCAS device is the only device published regarding usage during cardiac catheterization, which is a current initiative of the Department of Clinical Services.

Fiscal Impact: Nominal

Yes No N/A

☐ ☐ ☒ Budgeted item?

☐ ☐ ☒ Within budget?

☐ ☐ ☒ Renewal contract?

☐ ☐ ☒ Special request?

ADDRESS

11811 Willows Road NE
Redmond, WA 98052

PHONE

GENERAL
425 867 4000

TOLL-FREE
800 442 1142

www.physio-control.com

March 14, 2019

Physio-Control, Inc. is the sole-source provider in the Hospital (hospitals and hospital-owned facilities), Emergency Response Services and Emergency Response Training (paramedics, professional and volunteer fire) markets for the following products:

- New LIFEPAK® 15 monitor/defibrillators
- New LIFEPAK 20e defibrillator/monitors
- New LIFEPAK 1000 automated external defibrillators
- New LUCAS® Chest Compression System
- TrueCPR™ Coaching Devices

Physio-Control, Inc. is the sole-source provider in all markets for the following products and services:

- RELISM (Refurbished Equipment from the Lifesaving Innovators) devices
- LIFENET® System and related software
- CODE-STAT™ Data Review Software
- Factory-authorized inspection and repair services which include repair parts, upgrades, inspections and repairs
- HealthEMS® Software
- HomeSolutions.NET® Software
- ACLS (non-clinical) LIFEPAK defibrillator/monitors
- Heart Safe SolutionSM Government Campus Solution
- Titan II and Titan III gateways

Physio-Control is also the sole-source distributor of the following products for EMS customers in the U.S. and Canadian markets:

- McGRATH™ MAC EMS Video Laryngoscope
- McGRATH MAC Disposable Laryngoscope Blades
- McGRATH X Blade™

Physio-Control does not authorize any resellers to sell these products or services in the markets listed above. We will not fulfill orders placed by non-authorized businesses seeking to resell our products. If you have questions, please feel free to contact your local Physio-Control sales representative at 800.442.1142.

Sincerely,

PHYSIO-CONTROL, INC.



Matt Van Der Wende, Senior Director, Americas Sales

GDR 3321967_H

Agenda Item # 13



To: Board of Directors

From: Jordan Anderson, Assistant Chief

Date: April 23, 2019

Re: Purchase of LUCAS 3, v3.1

Consider and act on purchase of LUCAS 3, v3.1 Chest Compression System

EMS is requesting the purchase of four additional LUCAS 3 devices for utilization based upon demand and duration regarding time to LUCAS application. MCHD units that historically indicate the longest time-to-LUCAS will receive a device.

Budgeted for 5 Lucas for a total of \$75,000. The price increased since we created the budget so we elected to only purchase 4 this time.

Fiscal Impact: Nominal

Yes No N/A

☒ ☐ ☐ Budgeted item?

☒ ☐ ☐ Within budget?

☐ ☐ ☒ Renewal contract?

☐ ☐ ☒ Special request?



Physio-Control, Inc
11811 Willows Road NE
P.O. Box 97006
Redmond, WA 98073-9706 U.S.A.
www.physio-control.com
tel 800.442.1142
Sales Order fax 800.732.0956
Service Plan fax 800.772.3340

To MONTGOMERY CTY HOSP DIST EMS
Attn: Diane Sandel, Medic /Clerk
1300 S LOOP 336 W
CONROE, TX 77304
(936) 521-5622
dsandel@mchd-tx.org

Quote Number 00166523
Revision # 1
Created Date 3/11/2019
Sales Consultant Lauren Kuhner
281-217-9301
lauren.kuhner@stryker.com
FOB Redmond, WA
Terms All quotes subject to credit approval and the following terms and conditions
NET Terms NET 30
Expiration Date 6/9/2019

Product	Product Description	Quantity	List Price	Unit Discount	Unit Sales Price	Total Price
99576-000063	LUCAS 3, v3.1 Chest Compression System INCLUDES HARD SHELL CASE, SLIM BACK PLATE, TWO (2) PATIENT STRAPS, (1) STABILIZATION STRAP, (2) SUCTION CUPS, (1) RECHARGEABLE BATTERY, AND INSTRUCTIONS FOR USE WITH EACH DEVICE. The device can connect wirelessly to the LIFENET® System for setup options, post-event report generation and asset management.	4.00	16,190.00	-2,104.70	14,085.30	56,341.20
11576-000060	LUCAS Battery Desk-Top Charger	4.00	1,235.00	-160.55	1,074.45	4,297.80
11576-000071	LUCAS Power Supply	4.00	391.00	-50.83	340.17	1,360.68
11576-000080	LUCAS 3 Battery - Dark Grey - Rechargeable LiPo	8.00	755.00	-98.15	656.85	5,254.80

Subtotal USD 67,254.48
Estimated Tax USD 0.00
Estimated Shipping & Handling USD 185.00

Current Sales Tax Rates will be applied at the time of Invoice and tax rate is based on the Ship To location

Grand Total USD 67,439.48

Pricing Summary Totals

List Price Total USD 77,304.00
Total Contract Discounts Amount USD 0.00
Total Discount USD -10,049.52
Trade In Discounts USD 0.00

Tax + S&H

USD 185.00

GRAND TOTAL FOR THIS QUOTE

USD 67,439.48

Please provide a company issued Purchase Order that includes Billing and Shipping Address.

PO must reference payment terms of Net 30 days.

- OR -

Required information if no Purchase Order is provided

Billing Address <input type="checkbox"/> same as address on quote	Shipping Address <input type="checkbox"/> same as Billing Address
Account Name	Account Name
Address	Address
City	City
State	State
Zip Code	Zip Code
Accounts Payable Contact Information	
Accounts Payable Contact	Accounts Payable Phone Number
Accounts Payable Email	Customer is Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorized Customer Signature	
Name	Signature
Title	Date

Optional information:

Special Ship to Address

Comments

For Multiple End Users, please attach a supporting document with End User name, physical location, product type and quantity

Reference Number LK/20902402/197252

General Terms for all Products, Services and Subscriptions.

Physio-Control, Inc. ("Physio") accepts Buyer's order expressly conditioned on Buyer's assent to the terms set forth in this document. Buyer's order and acceptance of any portion of the goods, services or subscriptions shall confirm Buyer's acceptance of these terms. Unless specified otherwise herein, these terms constitute the complete agreement between the parties. Amendments to this document shall be in writing and no prior or subsequent acceptance by Seller of any purchase order, acknowledgment, or other document from Buyer specifying different and/or additional terms shall be effective unless signed by both parties.

Pricing. Prices do not include freight insurance, freight forwarding fees, taxes, duties, import or export permit fees, or any other similar charge of any kind applicable to the goods and services. Sales or use taxes on domestic (USA) deliveries will be invoiced in addition to the price of the goods and services unless Physio receives a copy of a valid exemption certificate prior to delivery. Discounts may not be combined with other special terms, discounts, and/or promotions.

Payment. Payment for goods and services shall be subject to approval of credit by Physio. Unless otherwise specified by Physio in writing, the entire payment of an invoice is due thirty (30) days after the invoice date for deliveries in the USA, and sight draft or acceptable (confirmed) irrevocable letter of credit is required for sales outside the USA.

Minimum Order Quantity. Physio reserves the right to charge a service fee for any order less than \$200.00.

Patent Indemnity. Physio shall indemnify Buyer and hold it harmless from and against all demands, claims, damages, losses, and expenses, arising out of or resulting, from any action by a third party against Buyer that is based on any claim that the services infringe a United States patent, copyright, or trademark, or violate a trade secret or any other proprietary right of any person or entity. Physio's indemnification obligations hereunder will be subject to (i) receiving prompt written notice of the existence of any claim; (ii) being able to, at its option, control the defense and settlement of such claim (provided that, without obtaining the prior written consent of Buyer, Physio will enter into no settlement involving the admission of wrongdoing); and (iii) receiving full cooperation of Buyer in the defense of any claim.

Limitation of Interest. Through the purchase of Physio products, services, or subscriptions, Buyer does not acquire any interest in any tooling, drawings, design information, computer programming, patents or copyrighted or confidential information related to said products or services, and Buyer expressly agrees not to reverse engineer or decompile such products or related software and information.

Delays. Physio will not be liable for any loss or damage of any kind due to its failure to perform or delays in its performance resulting from an event beyond its reasonable control, including but not limited to, acts of God, labor disputes, the requirements of any governmental authority, war, civil unrest, terrorist acts, delays in manufacture, obtaining any required license or permit, and Physio's inability to obtain goods from its usual sources.

Limited Warranty. Physio warrants its products and services in accordance with the terms of the limited warranties located at <http://www.physio-control.com/Documents/>. The remedies provided under such warranties shall be Buyer's sole and exclusive remedies. Physio makes no other warranties, express or implied, including, without limitation, **NO WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND IN NO EVENT SHALL PHYSIO BE LIABLE FOR INCIDENTAL, CONSEQUENTIAL, SPECIAL OR OTHER DAMAGES.**

Compliance with Confidentiality Laws. Both parties acknowledge their respective obligations to maintain the security and confidentiality of individually identifiable health information and agree to comply with applicable federal and state health information confidentiality laws.

Compliance with Law. The parties agree to comply with any and all laws, rules, regulations, licensing requirements or standards that are now or hereafter promulgated by any local, state, and federal governmental authority/agency or accrediting/administrative body that governs or applies to their respective duties and obligations hereunder.

Regulatory Requirement for Access to Information. In the event 42 USC § 1395x(v)(1)(I) is applicable, Physio shall make available to the Secretary of the United States Department of Health and Human Services, the Comptroller General of the United States General Accounting Office, or any of their duly authorized representatives, a copy of these terms, such books, documents and records as are necessary to certify the nature and extent of the costs of the products and services provided by Physio.

No Debarment. Physio represents and warrants that it and its directors, officers, and employees (i) are not excluded, debarred, or otherwise ineligible to participate in the Federal health care programs as defined in 42 USC § 1320a-7b(f); (ii) have not been convicted of a criminal offense related to the provision of healthcare items or services; and (iii) are not under investigation which may result in Physio being excluded from participation in such programs.

Choice of Law. The rights and obligations of Physio and Buyer related to the purchase and sale of products and services described in this document shall be governed by the laws of the state where Buyer is located. All costs and expenses incurred by the prevailing party related to enforcement of its rights under this document, including reasonable attorney's fees, shall be reimbursed by the other party.

Additional Terms for Purchase and Sale of Products.

In addition to the General Terms above, the following terms apply to all purchases of products from Physio:

Delivery. Unless otherwise specified by Physio in writing, delivery shall be FOB Physio point of shipment and title and risk of loss shall pass to Buyer at that point. Partial deliveries may be made and partial invoices shall be permitted and shall become due in accordance with the payment terms. In the absence of shipping instructions from Buyer, Physio will obtain transportation on Buyer's behalf and for Buyer's account. Delivery dates are approximate. Freight is pre-paid and added to Buyer's invoice. Products are subject to availability.

Inspections and Returns. Within 30 days of receipt of a shipment, Buyer shall notify Physio of any claim for product damage or nonconformity. Physio, at its sole option and discretion, may repair or replace a product to bring it into conformity. Return of any product shall be governed by the Returned Product Policy located at <http://www.physio-control.com/Documents/>. Payment of Physio's invoice is not contingent on immediate correction of nonconformities.

No Resale. Buyer agrees that products purchased hereunder will not be resold to third parties and will not be reshipped to any persons or places prohibited by the laws of the United States of America.

Agenda Item # 14

To: Board of Directors
From: Melissa Miller, COO
Date: April 23, 2019
Re: COO Report

FACILITIES:

- It is with mixed feelings that I announce the resignation of Avery Belue, Facilities Manager. It is always sad to lose a dedicated, hardworking, tenured employee but a joy for someone to move on to a better opportunity. Avery has been with MCHD since 2009 and we acknowledge his many successes and thank him for his commitment and dedication throughout the years.
- Justin Evans will be performing the day-to-day management responsibilities on a temporary basis.
- A certificate of Compliance has been issued for Station 15. We can now move forward with the asbestos abatement process (FAQ link: <https://dshs.texas.gov/asbestos/notification-faq.aspx#1>). We are also working with permitting for the remodeling and bringing the dwelling to code for an EMS Station in the City of Conroe.
- FM 1488 Station: We are finalizing our contract for the property including the remodel of the interior to meet our needs as well as county code.
- Station 22: ESD 8 is doing a complete tear down and rebuild of aging station 11-1. MCHD will move to ESD#8 station 11-3 on Robinson Rd during the projected yearlong rebuild scheduled to start June 2019.

RADIO AND TOWERS:

- The Microwave Project is entering the Testing or “Burn-in” phase. The 30-day “burn-in” to test the system prior cut-over and removal of the old microwave equipment is underway. Once the system is proven to function as designed, the removal of the old microwave equipment will begin.
- Justin Evans will present “Interoperability via ISSI” during the May Board Meeting.

INFORMATION SYSTEMS:

- To maintain uptime of the District servers before the data center electrical work, the IT Department is working on adding fault tolerance enhancement to the virtual server systems.
- IT finished the move of Disaster Recovery CAD servers from the 911 building to Conroe Police Department and installed 2 dispatch stations.
- Shawn Hennes joined the IT Department as the Electronic Business Process Manager. She is responsible for the implementation and ongoing maintenance of Laserfiche business process management solutions.

COMMUNITY PARAMEDICINE - (Mar.):

- Average daily patient census: 62
- Patient enrollments: 14
- Total patient enrollments: 59
- Clinical encounters: 266
- Care Coordination encounters: 163
- Working with the clinical services department and Dr. Dickson to finalize collaboration and work flows for the MIH project. Expect to have these processes completed in the next couple of weeks.
- Nav-Central update: The call center has increased our programs ability to stay in contact and follow-up with clients on a 24 hour basis. This additional level of contact has been beneficial not only as an avenue for clients to speak with someone at any time with problems or concerns, but it has allowed an extra level of resource work to be completed. The call center regularly assists clients with insurance questions, discharge follow-up concerns, and transportation logistical needs.

MCHD Executive Summary

- 97 Patients currently enrolled (**63 Active**)
 - 38 Low risk
 - 20 Medium risk
 - 5 High risk
- 63 Patients successfully contacted (100%)
- Percent of inbound participants that spoke to a clinician– 100%
- Average wait time on inbound calls – 12 seconds
- Average call handling time
 - Inbound – 4.84 minutes
 - Outbound – 4.82 minutes
- Number of outbound calls made – 215
- Number of inbound calls received – 89
- Breakdown of inbound and outbound call types
 - Clinical – 124
 - Resource – 97
 - Calls to Alarm – 6
 - Other - 77



Confidential and Proprietary – Please do not copy or distribute

Agenda Item # 15



To: Board of Directors

From: Shawn Hennes

Date: April 23, 2019

Re: **Laserfiche Rio upgrade**

Consider and act on upgrading Laserfiche to the Rio enterprise platform and associated platform improvements.

MCHD currently uses Laserfiche only for electronic records management. Upgrading to the Rio platform will allow MCHD to use Laserfiche for business process automation and online forms (internal and public).

Total contract amount:	\$74,798.19
Budgeted amount for current Laserfiche platform:	<u>\$31,250.00</u>
Budget amendment amount:	\$43,548.19

Fiscal Impact: Nominal

Yes	No	N/A	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Budgeted item?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Within budget?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Renewal contract?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special request?

DocuNav Contact:
Ashley Jackson

Date: 4/4/2019
Quote: 14059

SOFTWARE LICENSING (One-Time Cost)

60	ENFPL50	Laserfiche Rio Pilot Named Full Users (Per user; 50-99 users)Named User pricing includes the following features: Unlimited Laserfiche Servers, Workflow, Web Access (including the SharePoint integration and Web Access Light), Advanced Audit Trail, Snapshot, E-mail.	\$833.00	\$49,980.00
60	EFRM	Laserfiche Forms (per user)	\$83.30	\$4,998.00
60	ERM	Laserfiche RIO Records Management Edition	\$83.30	\$4,998.00
1	EPFRM	Laserfiche Forms Portal Add-on	\$7,995.00	\$7,995.00
1	IA	Laserfiche RIO Import Agent	\$1,500.00	\$1,500.00
1	PPM25	Laserfiche RIO Pilot Public Portal License (Includes Laserfiche WebLink and 25 WebLink-only retrieval connections)	\$25,000.00	\$25,000.00
1	MSC01	Laserfiche RIO ScanConnect	\$165.00	\$165.00
1	TK	Laserfiche RIO Toolkit	\$2,500.00	\$2,500.00
1	QFA	Laserfiche RIO Quick Fields Agent	\$10,000.00	\$10,000.00
1	QCX	Laserfiche RIO Quick Fields Complete (Includes Laserfiche RIO Quick Fields Core package plus Document Classification, Forms Alignment, Forms Identification, Forms Extractor, Optical Mark Recognition, and Auto Stamp/Redaction/Bates Num.)	\$15,000.00	\$15,000.00

TRADE-IN CREDIT

1	TRD CREDIT	Trade-In/Up Credits for existing Laserfiche Licensing (60) Avante named full users (60) Forms Professional (60) Standard Audit Trail (60)Web Access (1) Avante MS SQL Server (3) Additional Repository for MS SQL (1) Starter Public Portal (1) QF Barcode and Validation (1) Import Agent (2) Quick Fields (1) QF Zone OCR and Validation (1) QF Real-Time Look Up and Validation (1)Scan Connect (1) RM Module (1) SDK	\$(75,565.99)	\$(75,565.99)
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PRO-RATE SUPPORT CREDIT

1	CREDIT	Pro-Rate Support Credit for 2019 DSA Renewal This amount is based upon the assumption that this quote will be approved on/by <u>April 30th, 2019</u> . If quote is not approved by this time amount is subject to change.	\$(3,751.95)	\$(3,751.95)
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ANNUAL SUPPORT AGREEMENT (Recurring Cost)

1	DSAPR	Priority Annual (DSA) DocuNav Solutions Priority Support Agreement: See attached agreement for details.	\$33,309.00	\$33,309.00
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PROFESSIONAL SERVICES

32	DN-PST-PP	(Hourly) Pre-Purchased Professional Services Time: DocuNav Solutions Installation, Configuration, or Training Time. *Professional Services time estimate is based upon Appendix A: Project Notes* Pre-purchased block of hours billed at time of order and can be used as needed at any time during the project	\$180.00	\$5,760.00
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DISCOUNTS

1	DN DIR DSC	DocuNav Solutions Discount (9.5%-off software) *Please See DIR Contract # DIR-TSO-3277	\$(4,424.15)	\$(4,424.15)
1	DSA PR3-8 DSC BuyBoard	DSA Priority 3 Year Contract 8% discount to our customer. This is available to you. 3 year contract with DocuNav Solutions, VP Imaging, Inc. * Locked in support rates for term of contract * 3 year contract payable by the year * Price based on existing system, amount would change if you increase your licenses * 8% discounted rate each year	\$(2,664.72)	\$(2,664.72)

*Note: All quotes expire 30 days from above date. Please call your DocuNav contact for any changes.

Subtotal	\$74,798.19
Tax	EXEMPT
Total	\$74,798.19

Sign Here

Date

Payment Terms: All payments are Net 30 from date of invoice issued. Preferred payment method: check or ACH payment. Subscription terms will renew on the anniversary of the date of your DocuNav Annual Support Agreement unless you provide cancellation notice 45 days before the end of the agreement. On-site Professional Services Time: Plus reasonable travel expenses for flight and hotel costs.

Shopping List

Optional Laserfiche Software Add-Ons

Additional Named Full-User Licenses		Pr/Unit	Discount	Support	Total
ENFPL50	Laserfiche Rio Pilot Named Full Users (Per user; 50-99 users)	\$999.60	-\$94.96	\$270.00	\$1,174.64
EFRM	Named User pricing includes the following features: Unlimited Laserfiche Servers, Workflow, Web Access, Advanced Audit Trail, Snapshot, E-mail, Forms, & Records Management				
ERM					
ENF01	Laserfiche Rio Named Full Users (Per user; 100-199 users)	\$840.00	-\$79.80	\$226.80	\$987.00
EFRM	Named User pricing includes the following features: Unlimited Laserfiche Servers, Workflow, Web Access, Advanced Audit Trail, Snapshot, E-mail, Forms, & Records Management				
ERM					
Connector Licensing		Pr/Unit	Discount	Support	Total
ECNC	Laserfiche Connector (Per Named-Full User: 50-99 Users)	\$41.65	-\$3.96	\$11.25	\$48.94
ECNC	Laserfiche Connector (Per Named-Full User: 100-199 Users)	\$35.00	-\$3.33	\$9.45	\$41.13

Product Descriptions

Laserfiche Software

Laserfiche Server Software for MS SQL

Laserfiche RIO Named Full User Licensing includes unlimited Laserfiche Server software for MS SQL servers. Laserfiche software for archive, search engine, retrieval, display, mark-up, all text OCR, indexing, and workflow. The Laserfiche SQL Server software offers state-of-the-art n-tier architecture, along with an open architecture that promotes integrations with existing and future technologies. The Laserfiche database resides within the Microsoft SQL Server, Microsoft SQL licensing not provided.

Laserfiche Rio Named Full Users

Named User pricing includes the following features: Unlimited Laserfiche Servers, Workflow, WebAccess, Laserfiche Mobile, Digital signatures, Advanced Audit Trail, Snapshot, E-mail. Each Laserfiche Rio Full User is a named license and has the ability to perform all features in the Laserfiche software depending on security rights. Some features are: scan, make folders, move documents, index template fields, OCR, apply annotations, search, view, snapshot, "print to" Laserfiche, Email out, participate in workflow events, etc.

Laserfiche Workflow

Laserfiche Workflow is included in Laserfiche RIO Named Full User Licensing. Workflow increases productivity by automating document-centered work processes. An intuitive graphical interface provides easy work process modeling and streamlining. Routing and notification services guarantee smooth workflow despite user error or absence. The Workflow Suite provides the efficiency and security of rules-based routing and monitoring while also supporting ad hoc participation in the workflow environment.

Laserfiche Web Access

Laserfiche WebAccess is included in Laserfiche Rio Named Full User Licensing. Web Access is a browser-based document management thin client that provides rapid deployment and simplified administration enterprise-wide. It is a secure gateway between your digital archives and your intranet or the Internet at large. You decide which documents to post, and Web Access automatically creates exact Web page copies of those documents without HTML programming. Comprehensive security measures guarantee the safety of your archives while making appropriate documents accessible via quick search to authorized users. Web Access offers virtually all of the document management capabilities of the standard Laserfiche interface. Staff can search, retrieve, create, move, rename and annotate documents as they would with the standard Laserfiche thick client. Laserfiche Web Access Light, designed for BlackBerry, Chrome, Opera and Safari mobile browsers, offers a lightweight Web interface for popular mobile devices, enabling users to search and retrieve documents, as well as approve documents and participate in workflow automation processes, while away from their desktop computers.

Laserfiche Mobile

Laserfiche Mobile allows secure, on-the-go access to Laserfiche documents from smartphones and tablets. Laserfiche Mobile enables organizations to create, upload and manage Laserfiche content on their mobile devices from anywhere in the world.

Laserfiche Advanced Audit Trail

Laserfiche Advanced Audit Trail is included in Laserfiche Rio Named Full User Licensing. Laserfiche Audit Trail maximizes document management by enabling precise tracking of all user/document changes. Now, you can easily monitor who has viewed which documents and when. Whether it's monitoring sensitive case documents that need to remain secure, tracking staff productivity or documenting search activity among public records, Audit Trail enables you to do it all. It also ensures that this information is always readily available through easily discernible audit logs. The Advanced edition of Audit Trail is for customers operating in the most demanding regulatory environments. Besides doing everything that the other two versions of Audit Trail do, it also tracks changes in security settings, so not only what a user is looking at or changing is tracked, but who gave them the right to do so. Searches are also tracked. For additional document security, with this edition users can be required to submit reasons for printing and exporting documents. Administrators can force printed documents to have Watermarks applied to them.

Laserfiche Forms

Create custom forms from library of field or selection elements. Apply preset or custom themes, including page logo, colors, buttons, fonts, and more. Configure form elements to dynamically be displayed or hidden depending on user inputs or to be populated with data from external data sources. Automate form-based business processes with decision-making, e-mailing, approvals, and more. Custom form layout and dynamic behavior with CSS and JavaScript. Role-Based Security. Roles allow and restrict access to necessary functions for form submitters, or approvers, form creators, and system administrators. User view of details about all submitted form data. Tasks page allows users to view all of their pending and completed tasks. Administrator views of all submitted forms, process data, and approval history. Publication and Distribution. Distribute forms to audience via login to Forms system, public or secured URL, or embedding into other Web page. Export collected submission data to Microsoft Excel for further analysis or distribution.

Laserfiche Records Management

Laserfiche RIO Records Management Edition unites document management and DoD-5015.2-certified records management in a standard-setting, comprehensive solution. Laserfiche Records Management Edition enables organization-wide implementation of standardized records filing and disposition. With the Records Management module you can easily track records transferred among multiple locations, effortlessly implement your file plan with a customized folder structure, simplify fulfillment of legal obligations with enforced records freezing, and streamline retention and disposition configuration, including support for time, event and time-event dispositions. Physical records alongside scanned, e-mail and electronic records, including digital and video can be managed and then quickly screened for eligibility for destruction and other actions.

Laserfiche Forms Authenticated Participant License

With the forms authenticated participant, we can control access to the forms by making the users authenticate on the domain before they complete the form. Additionally, these users can be part of an approval process, and have access to the forms dashboard. Here's a bulleted list of the forms authenticated user capabilities:

- * *Includes Log-In/Authentication*
- * *No Access To Documents Within Laserfiche Repository*
- * *Submit Forms & View/Track Previously Submitted Forms*
- * *View Task List & Approve Form Submissions From Others*
- * *Limited To One Repository*

Laserfiche Import Agent

Laserfiche Rio Import Agent automates document importing and document management within Laserfiche, particularly well-suited to work with multi-function peripherals.

Laserfiche Rio Pilot Public Portal License

Laserfiche Rio Pilot Public Portal license includes Laserfiche WebLink and 25 Concurrent WebLink-only retrieval connections. WebLink is a browser-based document management thin client that provides rapid deployment and simplified administration enterprise-wide. It is a secure gateway between your digital archives and your intranet or the Internet at large. You decide which documents to post, and WebLink automatically creates exact Web page copies of those documents without HTML programming. Comprehensive security measures guarantee the safety of your archives while making appropriate documents accessible via quick search to authorized users.

Laserfiche Rio QuickFields Agent

Laserfiche Rio QuickFields Agent enables scheduled processing sessions to run without operator intervention, reducing labor costs and optimizing business processes.



Shawn Hennes
shennes@mchd-tx.org

Laserfiche RIO Quick Fields Complete

Laserfiche RIO QuickFields Complete includes Laserfiche RIO QuickFields, QuickFields Scripting Kit, validation packages for Bar Code, Real-Time Lookup & Zone OCR, Document Classification, Forms Alignment, Forms Identification, Forms Extractor, Optical Mark Recognition, and Auto Stamp/Redaction/Bates Num. Laserfiche Quick Fields will allow you to streamline batch processing, automate document sorting & indexing, and eliminate manual data entry costs.

* Bar-Code Plug-In : reads bar-codes for automatic separation, filing, & indexing of batch scanned documents. Index fields can be populated from external databases or preassigned data, for less manual data entry.

* Zone OCR Plug-In : extracts text from specific zones for automatic sorting & indexing of documents - minimizes repetitive key field entry and streamlines the process of bringing documents into Laserfiche

* Document Classification : allows multiple classes of documents to be processed within a single QuickFields session. The Token Retriever & Collector features allow sending unidentified documents to the repository. With Document Classification, organizations now have the ability to process entire batches of mixed documents in one session.

* Forms Identification & Alignment : identifies an image being imported via a master form and repositions an image so it is aligned with the master form, which increases Zone OCR & data extraction accuracy. With Forms Alignment, Quick Fields can re-align skewed forms coming in from a low quality scanner and make it easier for the OCR engine to generate accurate text from them.

* Optical Mark Recognition : analyzes regions by recognizing markable features and reporting whether they are marked. With Optical Mark Recognition, Quick Fields can process multiple-choice answer sheets with "bubble fields" and translate them to metadata fields.

Optional Software Add-Ons

Laserfiche Connector

Laserfiche Connector provides a streamlined experience for integrating Laserfiche with line of business applications such as CRM and ERP systems. Laserfiche Connector integrates easily through user-defined hotkeys and embedded icons. Laserfiche Connector allows searching the Laserfiche repository based on fields from third-party applications. Both basic and advanced searching is supported. If only one result is found, the document will automatically open in the Laserfiche Client, Laserfiche Web Access or Laserfiche WebLink. Connector is also capable of launching Laserfiche Scanning and automatically populating metadata for the scanned documents with information from a third-party application.

Agenda Item #16

Montgomery County Hospital District

Budget Amendment - Fiscal Year Ending September 30, 2019

Supplement to the Amendment Presented to the Board on April 23, 2019

Account	Description	Total	Notes	Impact
Laserfiche RIO Upgrade				
10-015-53050	Computer Software-IT	75,587.00	Reclassification of budget	increase expense
10-026-53050	Computer Software-Records	(31,250.00)	Reclassification of budget	decrease expense
10-043-53050	Computer Software-BAU	(44,337.00)	Reclassification of budget	decrease expense
	Laserfiche RIO Upgrade	<u>0.00</u>		
	Total Expense	<u>0.00</u>	Increase in Expenses	
	Increase / (Decrease) Net Revenue over Expenses	0.00		
	FY 2019 Budgeted Net Revenue over Expenses	(11,209,287.32)		
	FY 2019 Amended Budgeted Net Revenue over Expenses	<u>(11,209,287.32)</u>		

Agenda Item # 17

To: Board of Directors

From: Ade Moronkeji

Date: April 23, 2019

Re: HCAP Report

Outreach

- *Under Over Mission (The Mission)*

Members of the eligibility team rotate weekly visits to The Mission in order to provide application assistance to individuals experiencing homelessness. For the month of March, we provided assistance to **7 applicants** and **2 individuals** have been approved for HCAP benefits. We will continue to work on gathering the necessary documents for the remaining 5 applicants in order to complete their eligibility process.

- *Eagles Nest Ministries*

Dustie Klein, HCAP Eligibility Specialist and a community member visited with the staff at Eagle's Nest in Montgomery TX in order to explain the HCAP application process. Eagles Nest is a ministry that operates a residential re-entry program for former offenders. Our goal is to conduct bi-weekly visits, in order to facilitate a seamless experience for potential applicants from start to finish.

Education/HCAP Presentation to Community Partners

On March 29th, HCAP hosted another training on a critical community resource. Mrs. Hoxi Jones, Regional Partnership Specialist with the Medicaid office, provided MCHD staff with a high level overview of the different Medicaid programs. Since MCHD is the payor of last resort for HCAP, a better understanding of the intricacies of Medicaid will enhance our current eligibility processes. Furthermore, it will help our staff adhere to the exemptions allowed by the Medicaid program. Furthermore this training has granted us access to a point of contact with the Medicaid office that can assist with pertinent future correspondences.

HCAP Applications

We received a total of 1,555 applications fiscal year to date.

Month	# of Applications Received
Mar-19	229
Feb-19	269
Jan-19	305
Dec-18	231
Nov-18	229
Oct-18	292

Program Definitions:

Approval: Applicant met all eligibility criteria and was certified to receive HCAP benefits for the fiscal year or until they exhaust their maximum liability for the year.

Denial: Applicant did not meet one or more of the eligibility criteria and subsequently was not approved to receive HCAP benefits.

Incomplete Cases/Failure to Provide Information (FTPI): Applicant did not provide the necessary documentation for an eligibility determination.

Cases under Review: Applications that are being processed by the eligibility team but have not been finalized.

Status of February Applications

Figure 1 shows the initial outcome of the data presented during the February board meeting.

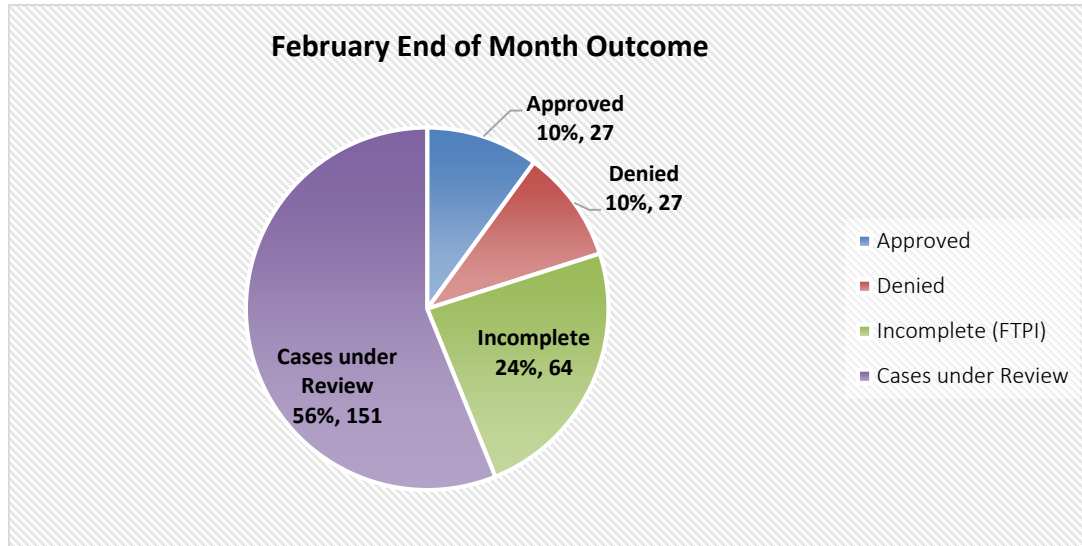


Fig. 1

The following is what the eligibility team did to reach a final determination on the cases that were pending review and incomplete:

1. Cases under Review

These are cases that were categorized as “cases pending information” and “completed cases pending interview” in last board report. At the end of February, HCAP data showed that 151 cases were pending review and yet to be finalized. After completing the review process, the final status of the applications are shown in Figure 2. **42% (64 cases)** were approved for HCAP benefits, **49% (75 cases)** did not complete the application process, and **9% (13 cases)** fell under the “other” category.

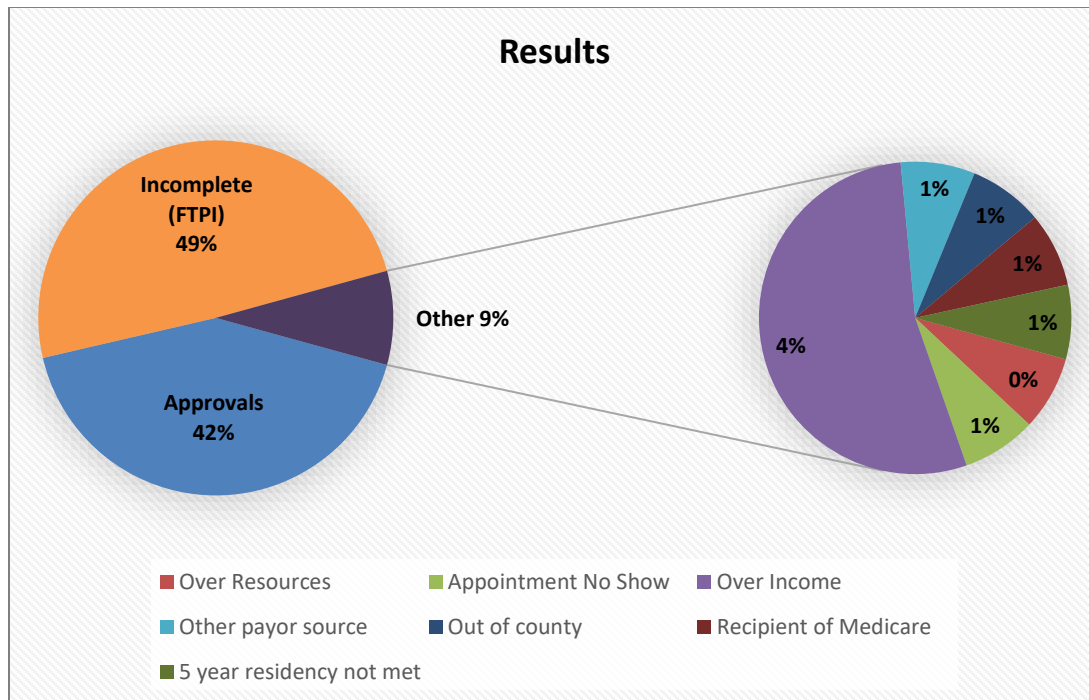


Fig. 2

2. Incomplete Applications (FTPI)

Out of the 229 applications submitted in February, 64 cases were designated at risk of being denied due to the applicant's failure to submit the requested eligibility documents. In order to encourage completion of the application process, the eligibility team did the following:

- Conducted follow-up calls to applicants over a period of 14 days
- Reviewed requested documents with applicants and clarified any ambiguities
- Referred one case to the CPs

As a result of these efforts, two of the applicants completed the application process and were approved for HCAP benefits. These two are reflected in the final number of approvals for the month of February.

Figure 3 shows the breakdown of various documents that applicants were unable to provide in order to reach an eligibility determination.

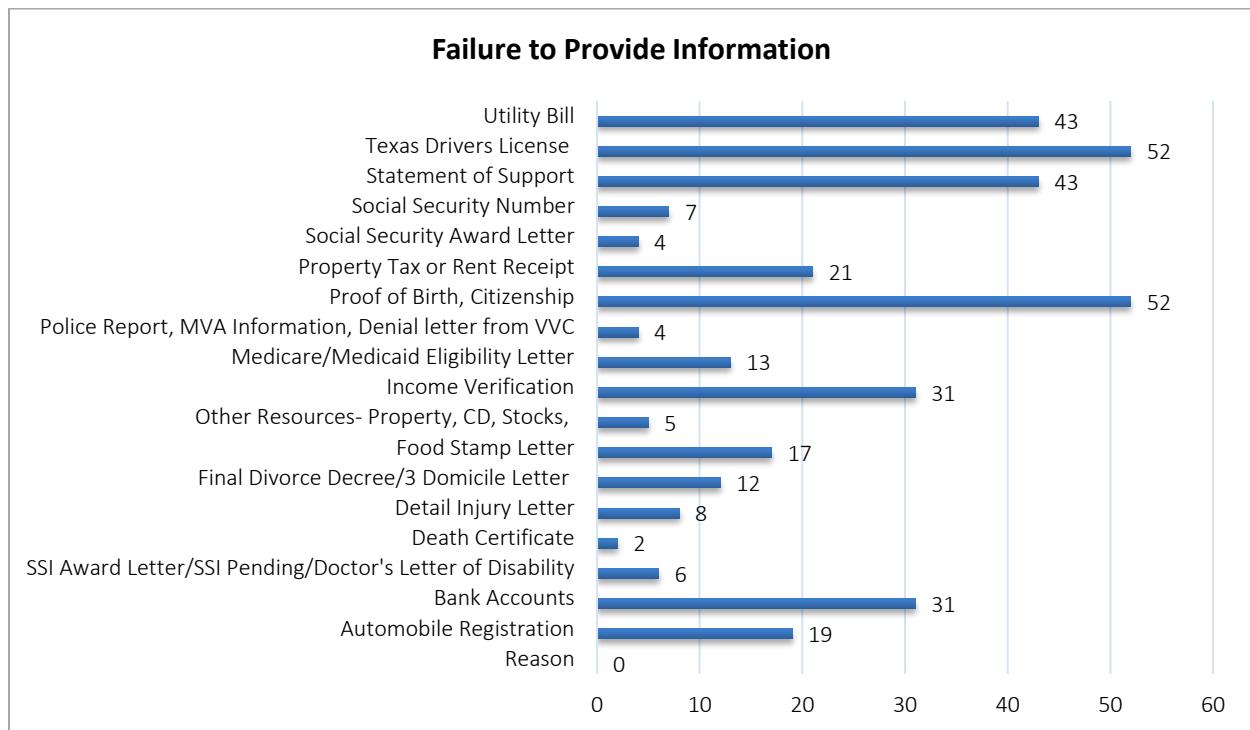


Fig. 3

February Application Results

After processing each case within the required timeframe period of 30 days, the final case determinations for February are depicted in Figure 4.

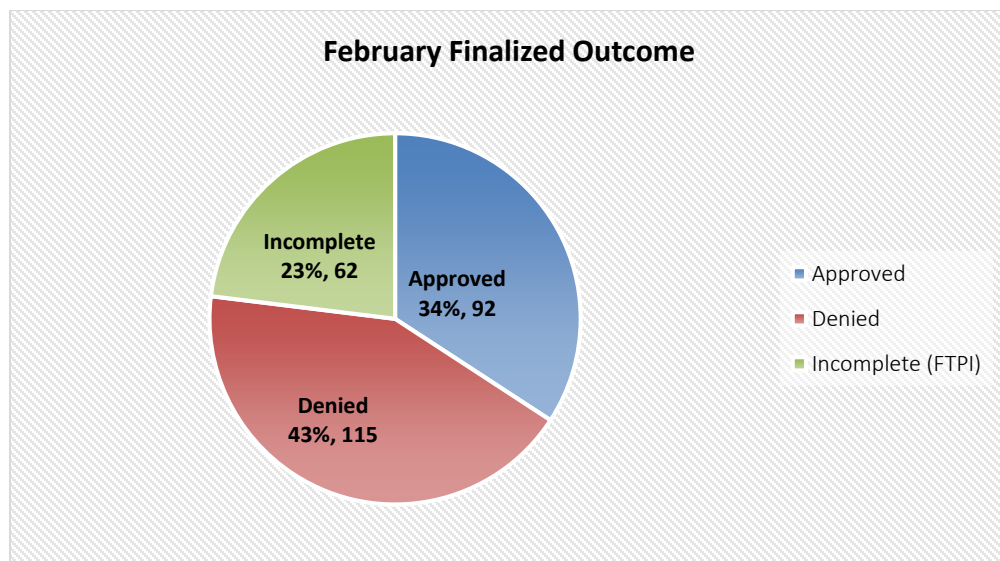


Fig 4.

March Applications

The results of the initial review of applications receipted in March are shown in Figure 5. Since HCAP data is on a rolling basis, the status of applications in the “Incomplete” and “Cases under Review” categories have not been finalized. These will be updated for the subsequent board report.

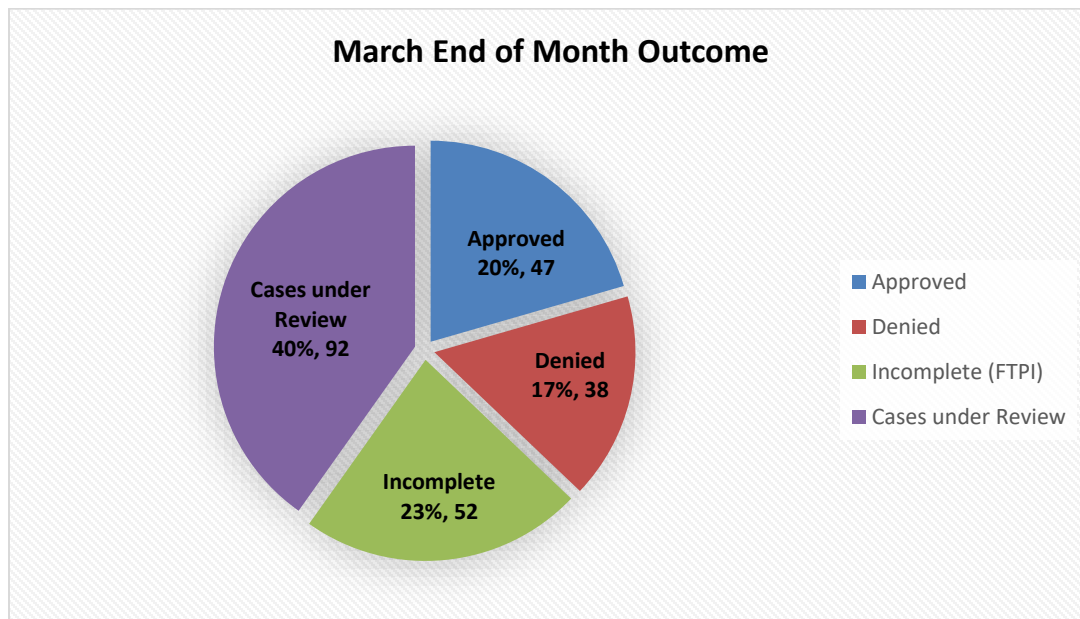


Fig. 5

Census

Effective July 1, 2011, new applicants are required to be $\leq 133\%$ of FPIL to qualify for HCAP benefits

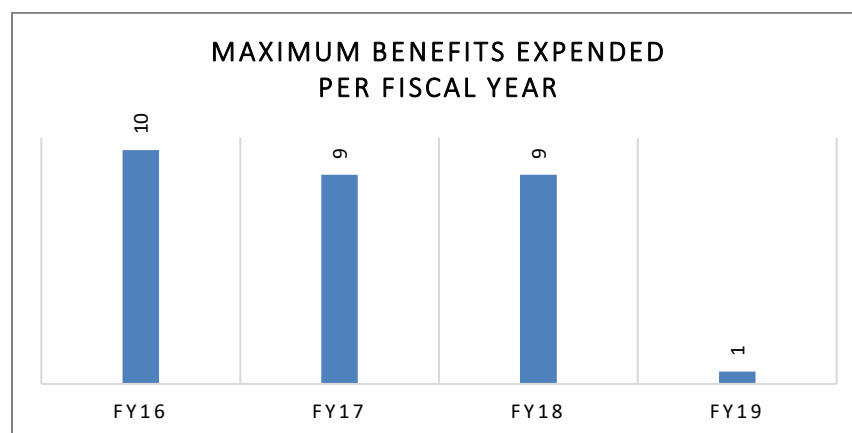
HCAP Clients as of March 31, 2019 = 439 versus March 31, 2018 = 441										
FPIL Range	0-21%		21-50%		50-100%		100-133%		Inmates	
FY 2019	252	57%	59	13%	77	18%	36	8%	15	3%
FY 2018	277	63%	36	8%	85	19%	22	5%	21	5%

Case Management

Maximum Liability: HCAP Case Managers work with internal and external partners to assist clients with the correct appropriation of their funds. Some examples of case management cost containment efforts are:

- Directing clients to low cost providers who emphasize quality of care
- Coordination of care with the CP's and other providers to avoid re-admissions
- Ensuring that catastrophic cases have an alternate funding source(s) as soon as they get on the HCAP program to ensure continuity of care

The graph below shows the number of clients who have reached the maximum annual benefits of \$60,000 or 30 inpatient days each fiscal year. The number clients that have exhausted their maximum liability for this fiscal year still remains at 1.



Prescription Benefits Services:

Month	Applying Clients	Total Applications	Monthly Savings (AWP-16% + Dispensing Fee)
Mar - 19	29	41	\$32,235.61
Feb - 19	30	40	\$39,133.16
Jan - 19	29	50	\$60,200.45
Dec - 18	17	22	\$21,944.47
Nov - 18	21	31	\$56,018.09
Oct - 18	16	20	\$14,817.76
Sep - 18	27	37	\$10,127.99
Aug - 18	18	25	\$10,595.97
Jul - 18	32	45	\$53,516.34
Jun-18	27	46	\$47,082.38
May-18	28	43	\$18,887.13
Apr-18	30	38	\$21,796.87
Mar-18	28	41	\$27,517.37

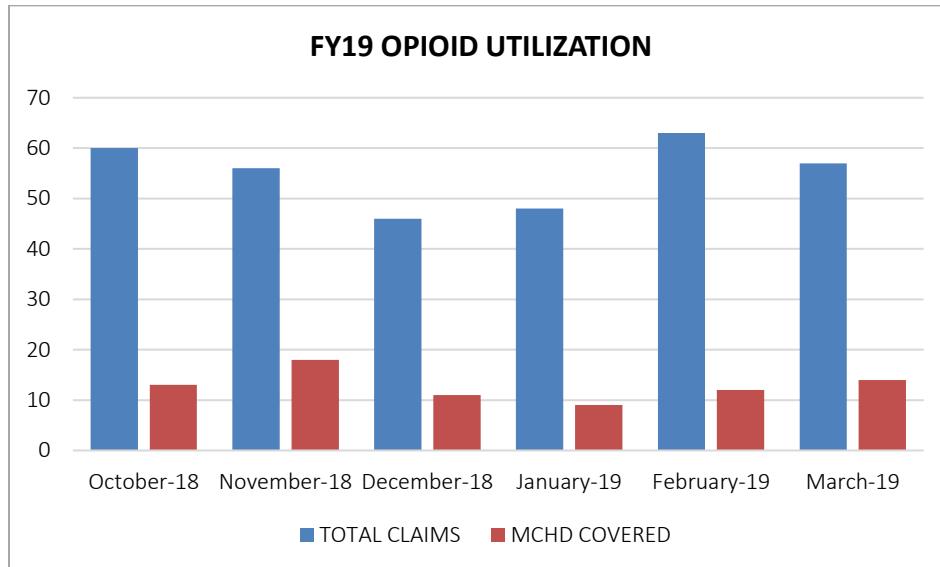
*Patient assistance programs are run by pharmaceutical companies to provide free medications to people who cannot afford to buy their medicine.

Coast-2-Coast Prescription Card

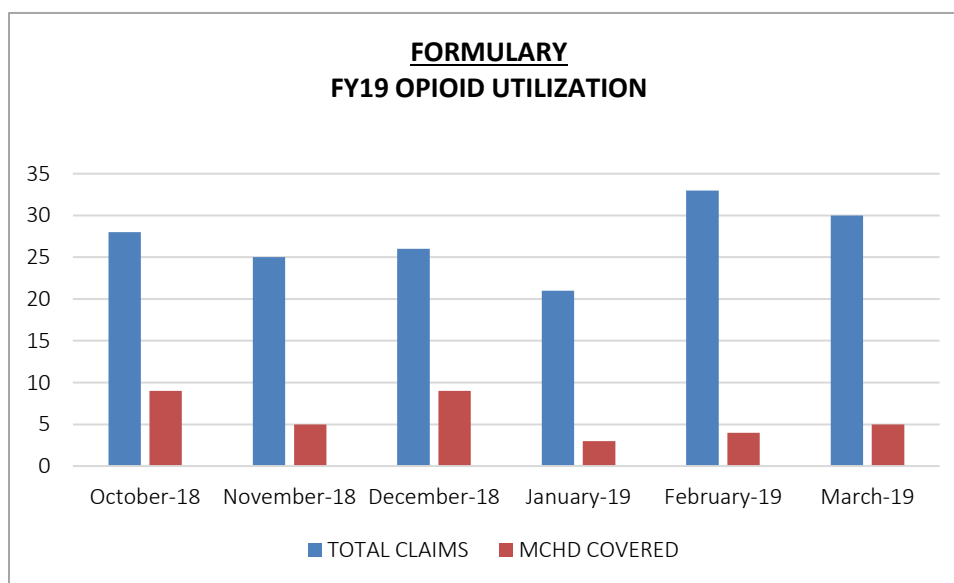
There is no data to report at this time. We have not yet received the revenues for December through March. Accounting has contacted a representative with Coast-2-coast. They have identified the source of the delays and currently working on a resolution.

Opioid

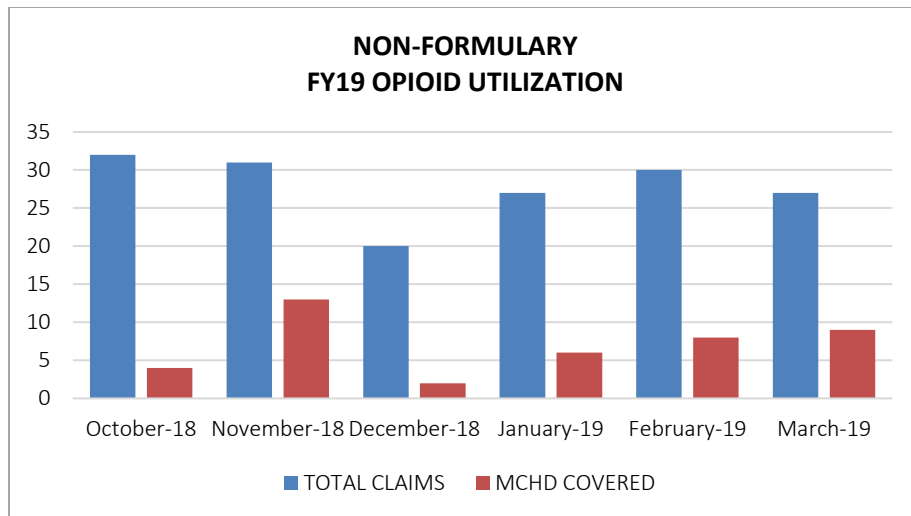
In March, a total of 57 opioid claims were filled and only 14 of these were covered by MCHD.



Out of the 57 total opioid claims, 30 were on the MCHD Formulary. Out of these 30 Formulary fills, 5 were covered by MCHD. These were covered either because the client already used the allowed 3 covered medications for the month or the copay was less than \$7.50 so it was only discounted (100% copay).

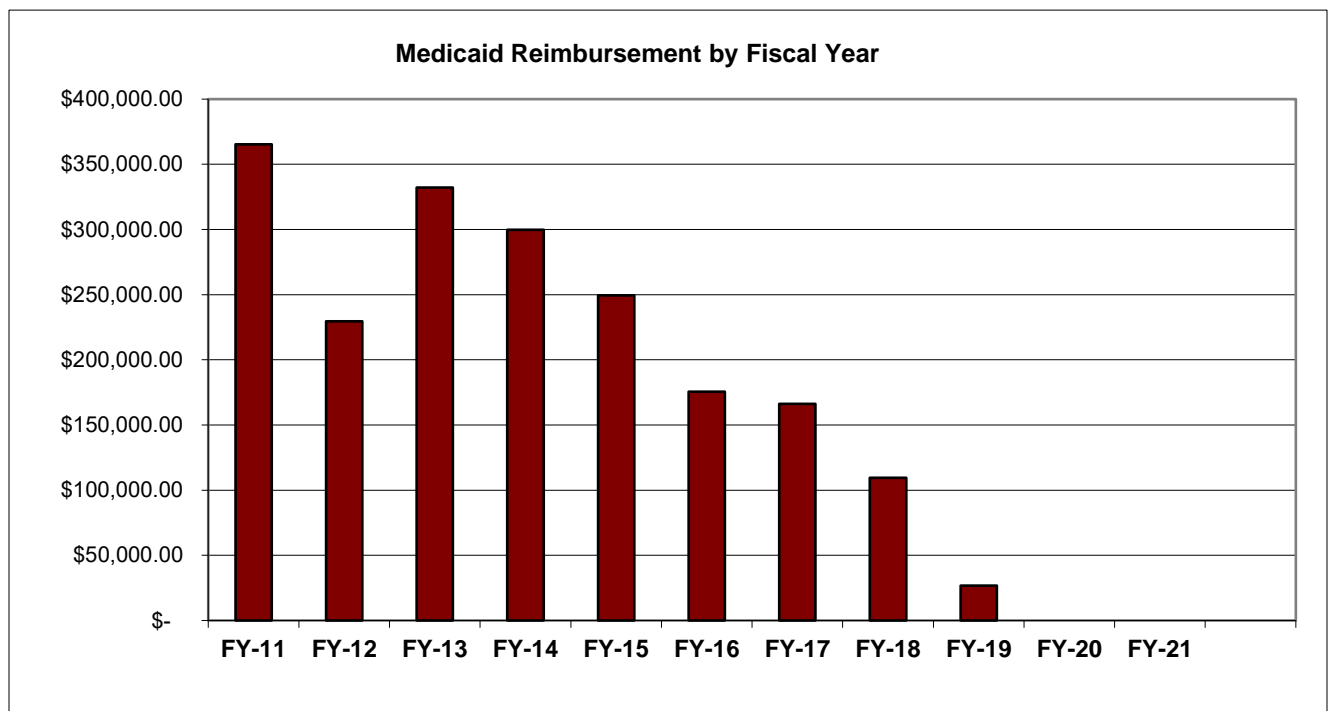


Out of the 57 total opioid claims, 27 were not on MCHD's formulary. Out of these 27 claims, 9 were covered by MCHD. These were covered due to pain management, cancer and/or surgery.



Medicaid Reimbursement

For FY 18-19 we have collected \$62,504.69 in Medicaid reimbursement. In March 3 clients were found to eligible for Medicaid and \$8,252.29 has been requested in reimbursement from the providers.





Top 25 Therapy Classes by- Dollar Amount
From 03/01/2019 to 03/31/2019

Report: RPT-147
Printed: 04/05/2019
Page: 1

120501 RETAIL		Montgomery Co IHCP-Retail Montgomery Co IHCP-Retail								
Rank	Code	Drug Class	Retail Rxs	Mail Rxs	Avg Days	Avg Rx Cost	Rx Cnt	Total Billed	Percent of Totals	
									By Rx	By Amt
1	7260	*Anticonvulsants - Misc.**	49	0	28.86	\$49.99	49	\$2,449.53	4.65	10.9
2	2710	*Insulin**	8	0	27.25	\$293.04	8	\$2,344.29	.76	10.43
3	2717	*Incretin Mimetic Agents (GLP-1 Receptor Agonists)**	1	0	30.00	\$924.88	1	\$924.88	.09	4.11
4	3400	*Calcium Channel Blockers**	40	0	30.00	\$23.09	40	\$923.66	3.8	4.11
5	3320	*Beta Blockers Cardio-Selective**	52	0	30.00	\$17.48	52	\$909.15	4.93	4.04
6	4420	*Sympathomimetics**	12	0	23.42	\$73.63	12	\$883.58	1.14	3.93
7	3940	*HMG CoA Reductase Inhibitors**	71	0	29.72	\$10.06	71	\$713.94	6.74	3.18
8	8910	*Rectal Steroids**	2	0	30.00	\$353.46	2	\$706.92	.19	3.14
9	8515	*Platelet Aggregation Inhibitors**	21	0	30.00	\$22.62	21	\$474.97	1.99	2.11
10	6510	*Opioid Agonists**	22	0	22.18	\$20.36	22	\$447.98	2.09	1.99
11	7510	*Central Muscle Relaxants**	31	0	25.68	\$13.89	31	\$430.68	2.94	1.92
12	7250	*Valproic Acid**	2	0	30.00	\$213.01	2	\$426.01	.19	1.89
13	6599	*Opioid Combinations**	35	0	15.94	\$11.76	35	\$411.55	3.32	1.83
14	0400	*Tetracyclines**	8	0	14.88	\$47.73	8	\$381.80	.76	1.7
15	4927	*Proton Pump Inhibitors**	44	0	30.00	\$8.44	44	\$371.18	4.17	1.65
16	2810	*Thyroid Hormones**	27	0	30.00	\$13.59	27	\$366.82	2.56	1.63
17	3720	*Loop Diuretics**	27	0	29.44	\$11.79	27	\$318.27	2.56	1.42
18	4699	*Laxative Combinations**	4	0	1.00	\$79.20	4	\$316.79	.38	1.41
19	6110	*Amphetamines**	1	0	30.00	\$296.83	1	\$296.83	.09	1.32
20	3920	*Fibric Acid Derivatives**	9	0	30.00	\$31.35	9	\$282.16	.85	1.26
21	3610	*ACE Inhibitors**	49	0	29.22	\$5.58	49	\$273.54	4.65	1.22
22	3750	*Potassium Sparing Diuretics**	8	0	30.00	\$33.85	8	\$270.79	.76	1.2
23	3210	*Nitrates**	8	0	30.13	\$30.07	8	\$240.55	.76	1.07
24	8799	*Otic Combinations**	1	0	8.00	\$237.82	1	\$237.82	.09	1.06
25	9015	*Antifungals - Topical**	5	0	18.20	\$46.93	5	\$234.65	.47	1.04
SUBTOTAL FOR TOP 25 :			537	0	633.91	\$2,870.43	537	\$15,638.34		
SUBTOTAL FOR ALL OTHER CLASSES :			517	0	2,219.16	\$2,542.28	517	\$6,844.17		
TOTAL FOR PLAN:			1054	0	2,853.07	\$5,412.71	1054	\$22,482.51		
TOTAL FOR GROUP :			1054	0	2,853.07	\$5,412.71	1054	\$22,482.51		

Note

Code: Therapeutic Classification for the drug class
Avg Rx Cost: Average amount per script for the drug cost and dispense fee only
Total Billed: Total amount of the drug cost and dispense fee

This report is based on Rx Dispensing Date. Totals could change if claims or reversals are subsequently submitted and the dispensing dates are within this range. Invoices are based on period close dates and may not balance to these amounts



Top 25 Pharmacy Dispensing - by Dollar Amount
From 03/01/2019 to 03/31/2019

Report : RPT-157
Printed : 04/05/2019
Page: 1

120501 RETAIL Montgomery Co IHCP-Retail																
Montgomery Co IHCP-Retail																
Rank	Pharmacy Name	NABP	Brand RXs Cnt	Amount	Generic RXs Cnt	Amount	Brd Equiv. RXs Cnt	Amount	Total Billed	Rx Count	Percent of Totals By RX	By Amt	Avg Day Supply	Avg Cost Per RX	C-II	DAW Ovrd
1	WALMART PHARMACY 10-	4517148	1	\$924.88	31	403.43	0	0.00	\$1,328.31	32	3.04	9.36	26.5	\$41.51	10	0
2	CVS PHARMACY #05896	4533976	2	\$1,121.25	3	14.22	0	0.00	\$1,135.47	5	0.47	8.00	30.2	\$227.09	0	0
3	LONE STAR FAMILY HEALTH	4534219	7	\$426.23	133	556.78	0	0.00	\$983.01	140	13.28	6.93	27.6	\$7.02	0	0
4	KROGER PHARMACY	4523064	0	\$0.00	51	678.21	0	0.00	\$678.21	51	4.84	4.78	27.0	\$13.30	1	0
5	KROGER PHARMACY #138	4569527	2	\$66.31	59	580.88	0	0.00	\$647.19	61	5.79	4.56	27.5	\$10.61	0	3
6	CVS PHARMACY #07435	4564440	0	\$0.00	43	612.65	0	0.00	\$612.65	43	4.08	4.32	27.1	\$14.25	1	0
7	KROGER PHARMACY #136	4522997	1	\$48.66	67	536.71	0	0.00	\$585.37	68	6.45	4.12	26.6	\$8.61	1	0
8	KROGER PHARMACY	4511704	1	\$53.81	25	518.09	0	0.00	\$571.90	26	2.47	4.03	25.8	\$22.00	1	1
9	CVS PHARMACY #06741	4536528	0	\$0.00	34	552.93	0	0.00	\$552.93	34	3.23	3.90	26.4	\$16.26	3	5
10	KROGER PHARMACY	4532241	1	\$414.91	19	96.44	0	0.00	\$511.35	20	1.90	3.60	21.5	\$25.57	1	0
11	CVS PHARMACY #10270	5908667	0	\$0.00	2	480.68	0	0.00	\$480.68	2	0.19	3.39	30.0	\$240.34	0	0
12	WALMART PHARMACY 10-	4567472	3	\$85.89	50	384.00	0	0.00	\$469.89	53	5.03	3.31	24.6	\$8.87	2	12
13	WALMART PHARMACY 10-	4565113	1	\$0.00	42	449.60	0	0.00	\$449.60	43	4.08	3.17	27.3	\$10.46	6	0
14	WALMART PHARMACY 10-	4592300	1	\$85.89	74	355.32	0	0.00	\$441.21	75	7.12	3.11	27.7	\$5.88	1	0
15	WALMART PHARMACY 10-	5921211	0	\$0.00	68	408.40	0	0.00	\$408.40	68	6.45	2.88	23.7	\$6.01	0	0
16	PINECROFT PHARMACY	5900611	0	\$0.00	2	345.96	0	0.00	\$345.96	2	0.19	2.44	30.0	\$172.98	0	0
17	HEB PHARMACY	4530968	2	\$203.95	12	85.29	0	0.00	\$289.24	14	1.33	2.04	25.3	\$20.66	0	0
18	HEB PHARMACY	5908201	1	\$285.38	4	2.14	0	0.00	\$287.52	5	0.47	2.03	30.2	\$57.50	0	0
19	CVS PHARMACY #17420	4547242	0	\$0.00	4	278.02	0	0.00	\$278.02	4	0.38	1.96	14.0	\$69.51	0	0

Total Dollars: Total calculated price for all RXs for Pharmacy (including copy)
% Total By RX: Percentage of RXs by Pharmacy vs. total RXs
% Total by Amt: Percentage of dollars by Pharmacy vs. total dollars (including copy)
Avg. Qty: Average quantity dispensed in each RX by Pharmacy

Avg Day Supply: Average Number of days supply dispensed by Pharmacy for each RX
Avg. Cost Per Rx: Average total price for each RX by Pharmacy (including member copy)
C-II: Total # of C-II Controlled RXs dispensed from Pharmacy
DAW Ovrd: Total # of DAW 1 (Physician) and DAW 2 (Member) Overrides

Note

This report is based on Rx Dispensing Date. Totals could change if claims or reversals are subsequently submitted and the dispensing dates are within this range. Invoices are based on period close dates and may not balance to these amounts



Top 25 Pharmacy Dispensing - by Dollar Amount
From 03/01/2019 to 03/31/2019

Report : RPT-157
Printed : 04/05/2019
Page: 2

Rank	Pharmacy Name	NABP	Brand RXs Cnt	Amount	Generic RXs Cnt	Amount	Brd Equiv. RXs Cnt	Amount	Total Billed	Rx Count	Percent of Totals By RX	By Amt	Avg Day Supply	Avg Cost Per RX	C-II	DAW Ovrd
20	SAMS PHARMACY	4515310	1	\$225.32	11	20.49	0	0.00	\$245.81	12	1.14	1.73	19.5	\$20.48	3	0
21	BROOKSHIRE BROTHERS	4519700	0	\$0.00	20	215.52	0	0.00	\$215.52	20	1.90	1.52	28.9	\$10.78	0	0
22	WALMART PHARMACY 10-	4567042	1	\$0.00	25	211.96	0	0.00	\$211.96	26	2.47	1.49	28.5	\$8.15	0	0
23	KROGER PHARMACY #359	5909190	0	\$0.00	7	170.10	0	0.00	\$170.10	7	0.66	1.20	27.1	\$24.3	1	0
24	HEB PHARMACY	4534790	1	\$85.89	20	79.92	0	0.00	\$165.81	21	1.99	1.17	25.8	\$7.90	1	0
25	KROGER PHARMACY	4522959	0	\$0.00	3	164.73	0	0.00	\$164.73	3	0.28	1.16	25.0	\$54.91	0	0
SUBTOTAL FOR TOP25 :									\$12,230.84	835			653.74	\$1,104.93		
SUBTOTAL FOR ALL OTHER Pharmacies :									\$1,960.16	219			798.03	\$344.97		
TOTAL FOR PLAN :									\$14,191.00	1054			1,451.77	\$1,449.90		
TOTAL FOR GROUP :									\$14,191.00	1054			1,451.77	\$1,449.90		



Top 25 Physician Dispensing - by Dollar Amount
From 03/01/2019 to 03/31/2019

Report : RPT-156
Printed : 04/05/2019
Page: 1

120501 RETAIL Montgomery Co IHCP-Retail Montgomery Co IHCP-Retail														
Rank	Physician Name	Brand RXs. Cnt	Amount	Generic RXs. Cnt	Amount	Brd Equiv. RXs. Cnt	Amount	Total Billed	Rx Count	Percent of Totals By RX	By Amt	Avg Day Supply	Avg Cost Per RX	DAW C-II Ovrdr
1	HAMME, CRISTINA	2	\$1,121.25	37	256.55	0	0.00	\$1,377.80	39	3.70	9.71	29.3	\$35.33	0 0
2	ANUGWOM, CHINASA	2	\$640.23	83	608.35	0	0.00	\$1,248.58	85	8.06	8.80	25.4	\$14.69	1 0
3	SANTOS, JONATHAN	1	\$924.88	0	0.00	0	0.00	\$924.88	1	0.09	6.52	30.0	\$924.88	0 0
4	SPRAYBERRY, CARRIE	0	\$0.00	3	707.28	0	0.00	\$707.28	3	0.28	4.98	23.3	\$235.76	0 0
5	SINGH, BALBIR	0	\$0.00	3	623.17	0	0.00	\$623.17	3	0.28	4.39	30.0	\$207.72	0 0
6	NGUYEN, CHANH	0	\$0.00	32	356.96	0	0.00	\$356.96	32	3.03	2.52	29.9	\$11.16	0 0
7	JOHN, JENNIFER	1	\$7.50	10	334.46	0	0.00	\$341.96	11	1.04	2.41	29.8	\$31.09	0 0
8	RENTERIA, MIRIAM	1	\$285.38	0	0.00	0	0.00	\$285.38	1	0.09	2.01	31.0	\$285.38	0 0
9	EMERICK, CAROLYN	1	\$120.00	37	163.64	0	0.00	\$283.64	38	3.60	2.00	28.9	\$7.46	0 1
10	KLEIN, ALEXANDER	0	\$0.00	6	257.58	0	0.00	\$257.58	6	0.57	1.82	18.0	\$42.93	0 0
11	REDDY, SUNIL	1	\$85.89	7	159.28	0	0.00	\$245.17	8	0.76	1.73	19.3	\$30.65	0 0
12	DELEON, KRYSTAL	1	\$120.00	7	113.25	0	0.00	\$233.25	8	0.76	1.64	29.0	\$29.16	0 0
13	REVANA, MADAIH	0	\$0.00	21	228.85	0	0.00	\$228.85	21	1.99	1.61	29.3	\$10.90	0 0
14	FERNANDES, LAURA	0	\$0.00	27	228.26	0	0.00	\$228.26	27	2.56	1.61	30.0	\$8.45	0 0
15	LE, DAVID	2	\$203.95	7	23.16	0	0.00	\$227.11	9	0.85	1.60	25.4	\$25.23	0 0
16	DESAI, PREETI	0	\$0.00	11	223.78	0	0.00	\$223.78	11	1.04	1.58	28.5	\$20.34	0 0
17	COOK-NORRIS, ROBERT	0	\$0.00	4	216.76	0	0.00	\$216.76	4	0.38	1.53	17.5	\$54.19	0 0
18	SULAIMAN, JASMINE	0	\$0.00	12	204.81	0	0.00	\$204.81	12	1.14	1.44	30.0	\$17.07	0 0
19	JACOB, JEAN	1	\$66.31	5	114.72	0	0.00	\$181.03	6	0.57	1.28	27.7	\$30.17	0 3

Total Dollars:	Total calculated price for all RXs for Physician (including copay)	Avg Day Supply:	Average Number of days supply dispensed by Physician for each RX
% Total By RX:	Percentage of RXs by Physician vs. total RXs	Avg. Cost Per Rx:	Average total price for each RX by Physician (including member copay)
% Total by Amt:	Percentage of dollars by Physician vs. total dollars (including copay)	C-II:	Total # of C-II Controlled RXs written by Physician
Avg. Qty:	Average quantity dispensed in each RX by Physician	DAW Ovrdr:	Total # of DAW 1 (Physician) and DAW 2 (Member) Overrides

Note

This report is based on Rx Dispensing Date. Totals could change if claims or reversals are subsequently submitted and the dispensing dates are within this range. Invoices are based on period close dates and may not balance to these amounts



Top 25 Physician Dispensing - by Dollar Amount
From 03/01/2019 to 03/31/2019

Report : RPT-156
Printed : 04/05/2019
Page: 2

Rank	Physician Name	Brand RXs. Cnt	Amount	Generic RXs. Cnt	Amount	Brd Equiv. RXs. Cnt	Amount	Total Billed	Rx Count	Percent of Totals By RX	By Amt	Avg Day Supply	Avg Cost Per RX	DAW C-II Ovrdr
20	BOBADILLA, MARIBETH	0	\$0.00	27	178.86	0	0.00	\$178.86	27	2.56	1.26	27.9	\$6.62	0 0
21	ADIET, JOHN	0	\$0.00	2	172.96	0	0.00	\$172.96	2	0.19	1.22	30.0	\$86.48	0 0
22	TAJONG, NELSON	2	\$171.78	0	0.00	0	0.00	\$171.78	2	0.19	1.21	1.0	\$85.89	0 0
23	NGUYEN, THAI	0	\$0.00	2	157.90	0	0.00	\$157.90	2	0.19	1.11	30.0	\$78.95	0 0
24	MATHEW, NURZY	0	\$0.00	17	143.81	0	0.00	\$143.81	17	1.61	1.01	30.0	\$8.46	0 0
25	SIDDIQUI, HINA	0	\$0.00	1	141.83	0	0.00	\$141.83	1	0.09	1.00	30.0	\$141.83	0 0
SUBTOTAL FOR TOP25 :								\$9,363.39	376			661.31	\$2,430.79	
SUBTOTAL FOR ALL OTHER PHYSICIANS :								\$4,827.61	679			4,116.47	\$1,387.72	
TOTAL FOR PLAN :								\$14,191.00	1055			4,777.78	\$3,818.52	
TOTAL FOR GROUP :								\$14,191.00	1055			4,777.78	\$3,818.52	

Montgomery County Indigent

Top 25 Therapy Classes by MCHD Billed Amount
For Period Ending March 31, 2019



Rank	Therapy Class	Billed Amount
1	Insulin	\$2,422.50
2	Anticonvulsants - Misc.	\$1,998.49
3	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	\$924.88
4	Rectal Steroids	\$691.92
5	Calcium Channel Blockers	\$642.73
6	Beta Blockers Cardio-Selective	\$579.42
7	Valproic Acid	\$411.01
8	Sympathomimetics	\$370.66
9	Tetracyclines	\$368.31
10	Laxative Combinations	\$365.18
11	Opioid Agonists	\$294.82
12	Otic Combinations	\$225.32
13	Potassium Sparing Diuretics	\$222.90
14	HMG CoA Reductase Inhibitors	\$219.38
15	Fibric Acid Derivatives	\$214.66
16	Central Muscle Relaxants	\$213.16
17	Antifungals - Topical	\$196.69
18	Loop Diuretics	\$182.20
19	Nitrates	\$178.54
20	Direct Factor Xa Inhibitors	\$171.27
21	Misc. Anti-Ulcer	\$164.88
22	Thyroid Hormones	\$159.28
23	Vaginal Anti-infectives	\$157.21
24	Antiarrhythmics Type III	\$151.52
25	Vasopressors	\$141.83
Grand Total		\$11,668.76

New Provider Contract to Present to BOD

New Agreements
OTA's
Renewals
New Provider-existing facility agreement

BOD Meeting	Provider	<u>Date Sign</u>		<u>Specialty</u>	<u>Primary Location</u>	<u>Facility</u>
April 2019	Sarah Miller, MD	4/11/2019	RJ	Infectious Disease	601 River Pointe Dr, STE 100, Conroe, TX	Conroe Regional Medical Center

AGENDA ITEM # 19

Board Mtg: 4/23/19

Consider and act on Healthcare Assistance Program claims from Non-Medicaid 1115 Waiver providers processed by Boon-Chapman (Mrs. Wagner, Chair-Indigent Care Committee)

Montgomery County Hospital District Summary of Claims Processed Through (TPA) Boon-Chapman For the Period 2/7/19 through 3/28/19

Disbursement Date	Board Reviewed	Payments Made to All Other Vendors (Non-UPL)	
<u>February</u>			
February 7, 2019	Yes	\$	28,861.43
February 14, 2019	Yes	\$	27,685.42
February 21, 2019	Yes	\$	32,293.55
February 28, 2019	Yes	\$	30,410.67
Total February Payments - MTD		\$	119,251.07
Monthly Budget - February 2019		\$	254,193.00
<u>March</u>			
March 7, 2019	No	\$	18,492.03
March 14, 2019	No	\$	72,725.82
March 21, 2019	No	\$	58,293.35
March 28, 2019	No	\$	56,242.91
Total March Payments - MTD		\$	205,754.11
Monthly Budget - March 2019		\$	254,193.00

Note: Payments made may differ from the amounts shown in the financial statements due to accruals and/or other adjustments.

AGENDA ITEM # 20

Board Mtg: 4/23/19

Consider and act on ratification of voluntary contributions to the Medicaid 1115 Waiver program of Healthcare Assistance Program claims processed by Boon Chapman.

**Montgomery County Hospital District
Summary of Claims Processed Through (TPA) Boon-Chapman
For the Period 4/1/2019 through 4/30/2019**

<u>Disbursement Date</u>	<u>Value of Services Provided by CRMC and Affiliated Providers</u>
<u>April</u>	
April Voluntary Contribution for Medicaid 1115 Waiver Program	\$ 127,586.00
Budgeted Amount April 2019	\$ 127,586.00
Over / (Under) Budget	\$ -

Agenda Item 21

To: MCHD Board of Directors
From: Ade Moronkeji, HCAP Manager
Date: March 26, 2019
Re: **HCAP Claims Administration**

Consider and act on recommendation that HCAP claims administration be moved from Boon Chapman to In-House IHS software in FY20 (Mrs. Wagner, Chair-Indigent Care Committee)

Agenda Item # 22



We Make a Difference!

To: Board of Directors

From: Ade Moronkeji

Date: April 23, 2019

Re: Increasing MAP income from 133% of FPIL to 150% of FPIL

Consider and act on increasing the Medical Assistance Plan income eligibility guideline from 133% of Federal Poverty Income Level (FPIL) to 150% of FPIL.

Low income adults without children or a disability fall in the “Coverage Gap” in Texas. The majority of the people in the coverage gap are low-income working citizens. These individuals have income above the eligibility limits for Texas Medicaid but below eligibility for premium tax credits obtained through the Marketplace. These insurance plans are unaffordable, leaving our citizens without coverage.

We are recommending increasing the FPIL on the Medical Assistance program from 133% to 150%. These changes would be effective for those applying on or after June 1, 2019. Coverage will begin on the approval date with no payment for prior dates of service.

We estimate an additional 150 clients per year will be added to the HCAP program.

- We estimate 50 will be approved June 1 – Sept. 30, 2019.
- The YTD average cost per client, per month is \$541.67.
- Assuming all 50 clients are approved in June with the average monthly spend, we will spend an additional \$108,333.33 in FY 2019.
- Indigent Care Expenses through March 31, 2019 are \$177,780.65 below budget.

Fiscal Impact:

Yes No N/A

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Budgeted item? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Within budget? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Renewal contract? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Special request? |

Agenda Item # 23



We Make a Difference!

To: Board of Directors

From: Ade Moronkeji

Date: April 23, 2019

Re: Vehicle Exemption

Consider and act on recommended changes to the existing vehicle exemption.

Current Vehicle Guidelines:

Exempt vehicles if the equity value is less than \$4,650, regardless of the number of vehicles owned by the household. Count the value in excess of \$4,650 toward the household's resource limit.

Example: If an applicant has a vehicle with a FMV of \$6,651, after taking the \$4,650 program deduction the remaining amount is over the \$2,000 resource limit by \$1. This individual would be denied HCAP benefits.

Recommended Change:

Effective June 1, 2019, update resource guidelines on vehicles by exempting up to \$15,000 FMV of one primary vehicle per household necessary to transport household members, regardless of the purpose of the trip.

FY18 data indicates that 77% (16 clients) of those denied based on a vehicle resource would have been approved if the resource limit was set at \$15,000. For the most part, this vehicle constitutes the sole property for the individual and the only mode of transportation in a county that lacks adequate mobility services.

Assumptions: 6 Clients will be added June 1, 2019 (4 months remaining in FY19)
\$541.67 average cost per client, per month
Cost for remaining FY19 budget = \$13,000.08

Fiscal Impact: Minimal

Yes No N/A

☐ ☒ ☐ Budgeted item?

☒ ☐ ☐ Within budget?

☐ ☒ ☐ Renewal contract?

☒ ☐ ☐ Special request?

Agenda Item # 24



To: Board of Directors

From: Ade Moronkeji

Date: April 23, 2019

Re: Eliminate Prescription Drug Co-Pays

Consider and act on the recommended changes to the prescription drug program.

Current Guideline:

MCHD provides 3 Rx medications per month with the client responsible for a co-pays of \$7.50 - \$12.50.

Recommendation Change:

Effective June 1, 2019, eliminate client co-pays on the 3 covered medications a month.

Projected monthly increase by eliminating the co-pay \$ 5,940.00.
FY19 impact of \$23,760.00

Fiscal Impact:

Yes	No	N/A
-----	----	-----

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------

Budgeted item?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

Within budget?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------

Renewal contract?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

Special request?

Agenda Item # 25



We Make a Difference!

To: Board of Directors

From: Ade Moronkeji

Date: April 23, 2019

Re: Bilevel Positive Airway Pressure (BiPAP) Therapy

Consider and act on recommended addition of medically necessary BiPAP as a covered therapy.

A BiPAP machine is a non-invasive form of therapy for treating patients with COPD, CHF and/or sleep apnea. BiPAP machines have two pressure settings (Bi-level): the prescribed pressure for inhalation and a lower pressure for exhalation.

HCAP currently covers Constant Positive Airway Pressure (CPAP) therapy but requires a review process for BiPAP approval. This approval process delays treatment up to 90 days. HCAP has approved 100% of BiPap requests and recommends BiPAP as a covered therapy. This will be budget neutral since we are already covering this costs.

Fiscal Impact: None

Yes	No	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Budgeted item?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Within budget?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Renewal contract?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special request?

Agenda Item # 26



To: Board of Directors

From: Ade Moronkeji

Date: April 23, 2019

Re: Transportation Program

Consider and act on the recommended need-based transportation 6-month trial program.

Recommendation:

Allocate 1% (\$600) of a client's maximum liability per fiscal year for transportation to medical appointments.

Fiscal Impact:

Yes	No	N/A	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Budgeted item?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Within budget?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Renewal contract?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special request?

Agenda Item 27

To: MCHD Board of Directors
From: Ade Moronkeji, HCAP Manager
Date: April 23, 2019
Re: Revisions and modifications to Healthcare Assistance Program (HCAP) which is comprised of the Medical Assistance Plan Handbooks

Consider and act on revisions and modifications to Healthcare Assistance Program (HCAP) which is comprised of the Montgomery County Indigent Care Plan and the Medical Assistance Plan Handbooks (Mrs. Wagner, Chair-Indigent Care Committee)

Revisions to the MCICP Handbook

Changes effective April 1, 2019:

- Cover page addition:
 - April 1, 2019
- Made the following revisions per State CIHCP Handbook revision received April 2019:
 - Section Two, Eligibility Criteria, Budgeting Income
 - Old and New:

MONTGOMERY COUNTY HOSPITAL DISTRICT MONTGOMERY COUNTY INDIGENT CARE PLAN INCOME GUIDELINES EFFECTIVE 04/01/2019 % FPIL

	OLD	NEW
Family Size	21% FPIL	21% FPIL
1	\$213	\$219
2	\$289	\$296
3	\$364	\$374
4	\$440	\$451
5	\$515	\$528
6	\$591	\$606
7	\$667	\$683
8	\$742	\$761
9	\$818	\$838
10	\$893	\$915
11	\$969	\$993
12	\$1,045	\$1,070

- **Potential Impact of revision:** This revision updates our income guidelines to match the Federal Poverty Income Limits that generally are updated for all entitlement programs, due to annual cost of living adjustments, each April. The HCAP program updates its FPIL guidelines when the State County Indigent Healthcare Program

publishes its new guidelines. This revision potentially will result in more applicants qualifying for assistance under the MCICP program.

Revisions to the MAP Handbook

Changes effective April 1, 2019:

- Cover page addition:
 - April 1, 2019
- Made the following revisions per State CIHCP Handbook revision received April 2019:
 - Section Two, Eligibility Criteria, Budgeting Income
 - Old and New

MONTGOMERY COUNTY HOSPITAL DISTRICT MONTGOMERY COUNTY INDIGENT CARE PLAN INCOME GUIDELINES EFFECTIVE 04/01/19 133% and 150% FPIL

	OLD	NEW
Family Size	133% FPIL	133% FPIL
1	\$1,346	\$1,385
2	\$1,825	\$1,875
3	\$2,304	\$2,365
4	\$2,782	\$2,854
5	\$3,261	\$3,344
6	\$3,740	\$3,834
7	\$4,219	\$4,324
8	\$4,698	\$4,815
9	\$5,177	\$5,304
10	\$5,656	\$5,793
11	\$6,135	\$6,284
12	\$6,614	\$6,774

- **Potential Impact of revision:** This revision updates our income guidelines to match the Federal Poverty Income Limits that generally are updated for all entitlement programs, due to annual cost of living adjustments, each April. The HCAP program updates its FPIL guidelines when the State County Indigent Healthcare Program publishes its new guidelines. This revision potentially will result in more applicants qualifying for assistance under the MAP program.

CIHCP Monthly Income Standards
Based on the 2019 Federal Poverty Guideline (FPG)

# of Individuals in the CIHCP Household	21% FPG	50% FPG	100% FPG	150% FPG
1	\$219	\$521	\$1,041	\$1,562
2	\$296	\$705	\$1,410	\$2,114
3	\$374	\$889	\$1,778	\$2,667
4	\$451	\$1,073	\$2,146	\$3,219
5	\$528	\$1,258	\$2,515	\$3,772
6	\$606	\$1,442	\$2,883	\$4,324
7	\$683	\$1,626	\$3,251	\$4,877
8	\$761	\$1,810	\$3,620	\$5,429
9	\$838	\$1,994	\$3,988	\$5,982
10	\$915	\$2,178	\$4,356	\$6,534
11	\$993	\$2,363	\$4,725	\$7,087
12	\$1,070	\$2,547	\$5,093	\$7,639

Montgomery County Hospital District

Medical Assistance Plan (MAP)

HANDBOOK

Revised April 1, 2018.

9

March 20, 2017

8/25/15

03/01/2015

September 1, 2013

April 1, 2013

September 1, 2012

March 1, 2012

January 25, 2012

October 1, 2011

July 1, 2011

May 25, 2011

April 1, 2011

January 1, 2011

October 27, 2010

October 1, 2010

August 1, 2010

March 1, 2009

January 27, 2009

August 26, 2008

April 22, 2008

March 18, 2008

February 19, 2008

September 18, 2007

June 19, 2007

April 17, 2007

March 20, 2007

MONTGOMERY COUNTY HOSPITAL DISTRICT

MEDICAL ASSISTANCE PLAN HANDBOOK

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Note: Appendices may be changed or revised as needed with authorization from the Chief Operating Officer, Chief Financial Officer, and/or Chief Executive Officer of the District.

TECHNICAL ASSISTANCE

The MCHD Medical Assistance Plan (MAP) may be contacted at:

MCHD Healthcare Assistance Office
1400 South Loop 336 West
Conroe, Texas, 77304

Office Hours:

Monday through Thursday:
7:30am to 4:30pm

Friday:
7:30am to 11:30am

Office: (936)523-5100
Fax: (936) 539-3450

<http://www.mchd-tx.org/>

Individual staff members can be contacted at (936) 523-5000.

Melissa Miller
Chief Operating Officer
Ext. 1191
E-mail: mmiller@mchd-tx.org

Adeolu Moronkeji
HCAP Manager
Ext. 1103
Email: amoronkeji@MCHD-tx.org

David Hernandez
HCAP Coordinator
Ext. 5105
E-mail: dhernandez@MCHD-tx.org

Sara Ramirez
Pharmacy Benefit Representative
Ext. 5112
E-mail: sramirez@MCHD-tx.org

Ida Chapa
Eligibility Coordinator
Ext. 5114
E-mail: ichapa@MCHD-tx.org

As not all situations are covered in this manual and thereby the Chief Operating Officer, Chief Financial Officer, and/or Chief Executive Officer for Montgomery County Hospital District have administrative control over

the Medical Assistance Plan and are authorized to overrule and make management decisions for special circumstances, as they deem necessary.

SECTION ONE. PLAN ADMINISTRATION

INTRODUCTION

The Montgomery County Hospital District is charged by Article IX, section 9 of the Texas Constitution to provide certain health care services to the County's needy inhabitants. In addition, section 61.055 of the Texas Indigent Health Care And Treatment Act, (Ch. 61 Texas Health & Safety Code) requires the Montgomery County Hospital District to provide the health care services required under the Texas Constitution and the statute creating the District. The District's enabling legislation in section 5(a) provides that the Board of Directors of the District shall have the power and authority to promulgate rules governing the health care services to be delivered by the District in Montgomery County.

The Board of Directors of the Montgomery County Hospital District is committed to ensure that the needy inhabitants of the County receive quality health care services in an equitable and non-discriminatory manner through the District's Medical Assistance Plan. The Board of Directors believes quality medical care services can be provided to the County's needy inhabitants in a manner that is fair and equitable, efficient and without undue expense of local taxpayer dollars, which fund such care. The Board of Directors has adopted Plan rules for the provision of health services to those persons qualifying as "indigents" per chapter 61 of the Texas Health & Safety Code, and such indigent Plan rules strictly comply with the requirements of chapter 61 and the rules promulgated by the Texas Department of State Health Services thereunder.

In addition to the services provided to indigents, the Board of Directors have approved Plan rules for the provision of certain health care services to persons who are determined not to be indigent per the definitions contained in chapter 61 and the rules adopted by the Department, but whose income and resources fall between indigent (21% of federal poverty income limit, such limit known as "FPIL") and 133% of FPIL, it being found by the Board of Directors that such persons, while not meeting the chapter 61 definition of indigent, generally lack

financial resources in amounts sufficient to obtain basic health care services. The Plan rules for services to persons who are found to be above 21% of FPIL but below 133% of FPIL are set forth in this Handbook.

These Medical Assistance Plan Policies are promulgated and approved pursuant to section 5(a) of the District's enabling legislation and are intended to provide guidelines and rules for the qualification and enrollment of participants into the District's Medical Assistance Plan. In many instances, these policies track the indigent health care Plan policies approved by the Texas Department of State Health Services and imposed upon non-hospital district counties pursuant to the Indigent Health Care and Treatment Act. In addition, these policies are intended to ensure the delivery of quality and medically necessary healthcare services to Plan participants in a fair and non-discriminatory manner.

These Medical Assistance Plan Policies are intended to cover the delivery of health care services to needy residents of the District. Such residents are not employees of the District therefore these policies do not create benefits or rights under ERISA, COBRA or other employment-related statutes, rules or regulations. These policies are intended to comply with medical privacy regulations imposed under HIPAA and other state regulations but are superseded by such statutes to the extent of any conflict. Compliance with ADA and other regulations pertaining to disabled individuals shall not be the responsibility of the District, but shall be the responsibility of those medical providers providing services to the District's needy inhabitants. As a hospital district, only certain provisions of the Indigent Healthcare and Treatment Act (Ch. 61 Texas Health & Safety Code) apply to services provided by the District, including these Policies.

These policies may be amended from time to time by official action of the District's Board of Directors.

- MCHD's Enabling Legislation may be found in Appendix II.

- Chapter 61, Health and Safety Code may be found in Appendix III or online at: http://www.dshs.state.tx.us/cihcp/cihcp_info.shtm.

MCHD MAP Handbook

The MCHD MAP Handbook is sometimes referred to in other agreements as the “MAP Plan”, “Plan”, or “Plan Document.”

The purpose of the MCHD MAP Handbook is to:

- Establish the eligibility standards and application, documentation, and verification procedures for MCHD MAP,
- Define basic and extended health care services.

GENERAL ADMINISTRATION

MCHD Responsibility

The District will:

- Administer a county wide indigent health care Program
- Serve all of and only Montgomery County's Needy Inhabitants
 - Needy inhabitants is defined by the district as any individual who meets the eligibility criteria for the Plan as defined herein and who meet an income level from 21-133% of FPIL
- Provide basic health care services to eligible Montgomery County residents who have a medical necessity for healthcare
- Follow the policies and procedures described in this handbook, save and except that any contrary and/or conflicting provisions in any contract or agreement approved by the District's Board of Directors shall supersede and take precedence over any conflicting provisions contained in this Handbook. (See Exclusions And Limitations section below).
- Establish an application process
- Establish procedures for administrative hearings that provide for appropriate due process, including procedures for appeals requested by clients that are denied
- Adopt reasonable procedures
 - For minimizing the opportunity for fraud
 - For establishing and maintaining methods for detecting and identifying situations in which a question of fraud may exist, and
 - For administrative hearings to be conducted on disqualifying persons in cases where fraud appears to exist
- Maintain the records relating to an application at least until the end of the third complete MCHD fiscal year following the date on which the application is submitted

- Montgomery County Hospital District will validate the accuracy of all disclosed information, especially information that may appear fraudulent or dishonest. Additionally, any applicant may be asked to produce additional information or documentation for any part of the Eligibility process
- Public Notice. Not later than the beginning of MCHD's operating year, the District shall specify the procedure it will use during the operating year to determine eligibility and the documentation required to support a request for assistance and shall make a reasonable effort to notify the public of the procedure
- Establish an optional work registration procedure that will contact the local Texas Workforce Commission (TWC) office to determine how to establish their procedure and to negotiate what type of information can be provided. In addition, MCHD must follow the guidelines below
 1. Notify all eligible residents and those with pending applications of the Plan requirements at least 30 days before the Plan begins.
 2. Allow an exemption from work registration if applicants or eligible residents meet one of the following criteria:
 - Receive food stamp benefits,
 - Receive unemployment insurance benefits or have applied but not yet been notified of eligibility,
 - Physically or mentally unfit for employment,
 - Age 18 and attending school, including home school, or on employment training program on at least a half-time basis,
 - Age 60 or older,
 - Parent or other household member who personally provides care for a child under age 6 or a disabled person of any age living with the household,
 - Employed or self-employed at least 30 hours per week,
 - Receive earnings equal to 30 hours per week multiplied by the federal minimum wage.

If there is ever a question as to whether or not an applicant should be exempt from work registration, contact the local Texas Workforce Commission (TWC) office when in doubt.

3. If a non-exempt applicant or MCHD MAP eligible resident fails without good cause to comply with work registration requirements, disqualify him from MCHD MAP as follows:

- For one month or until he agrees to comply, whichever is later, for the first non-compliance;
 - For three consecutive months or until he agrees to comply, whichever is later, for the second non-compliance; or
 - For six consecutive months or until he agrees to comply, whichever is later, for the third or subsequent non-compliance.
- Establish Behavioral Guidelines that all applicants and MAP clients must follow in order to protect MCHD employees, agents such as third party administrators, and providers. Each situation will be carefully reviewed with the Chief Operating Officer, Chief Financial Officer, and/or Chief Executive Officer for determination. Failure to follow the guidelines will result in definitive action and up to and including refusal of coverage or termination of existing benefits.

SECTION TWO. ELIGIBILITY CRITERIA

RESIDENCE

General Principles

- A person must live in the Montgomery County prior to filing an application.
- An inmate of a county correctional facility, who is a resident of another Texas county, would not be required to apply for assistance to their county of residence. They may apply for assistance to the county of where they are incarcerated.
- A person lives in Montgomery County if the person's home and/or fixed place of habitation is located in the county and he intends to return to the county after any temporary absences.
- A person with no fixed residence or a new resident in the county who declares intent to remain in the county is also considered a county resident if intent is proven. Examples of proof of intent can include the following: change of driver's license, change of address, lease agreement, and proof of employment.
- A person does not lose his residency status because of a temporary absence from Montgomery County.
- A person cannot qualify for healthcare assistance from more than one county simultaneously.
- A person living in a Halfway House may be eligible for MAP benefits after he has been released from the Texas Department of Corrections if the state only paid for room and board at the halfway house and did not cover health care services.
 - If this person otherwise meets all eligibility criteria and plans to remain a resident of the county where the halfway house is located, this person is eligible for MAP.
 - If this person plans to return to his original county of residence, which is not the county where the halfway house is located, this person would not be considered a resident of the county and therefore not eligible for MAP.
- Persons Not Considered Residents:

- An inmate or resident of a state school or institution operated by any state agency,
- An inmate, patient, or resident of a school or institution operated by a federal agency,
- A minor student primarily supported by his parents whose home residence is in another county or state,
- A person living in an area served by a public facility, and
- A person who moved into the county solely for the purpose of obtaining health care assistance.

Verifying Residence

Verify residence for all clients.

Proof may include but is not limited to:

- Mail addressed to the applicant, his spouse, or children,
- Texas driver's license or other official identification,
- Rent, mortgage payment, or utility receipt,
- Property tax receipt,
- Voting record,
- School enrollment records, and
- Lease agreement.

No PO boxes are allowed to verify a residence, so all clients must provide a current physical address.

No medical (hospital) bills, invoices, nor claims may be used to prove/verify a residence.

Documenting Residence

On HCAP Form 101, document why information regarding residence is questionable and how questionable residence is verified.

CITIZENSHIP

General Principles

- A person must be a natural born citizen, a naturalized citizen, or a documented alien that has a green card and has had that status for at least 5 years as per citizenship guidelines of this text.
- All applicants must fill out HCAP Form F, Proof of Citizenship for MCHD MAP, which documents the citizenship status of the applicant.

Applicants must be one of the following:

- a U.S. citizen (natural born or naturalized), or
- an alien lawfully admitted before 8/22/96 who meets one of the following requirements:
 - a refugee admitted under Section 207 of INA,
 - a victim of severe trafficking admitted under Section (101)(a)(15)(T) of INA
 - an asylee admitted under Section 208 of INA,
 - an alien whose deportation is withheld under Sections 243(h) or 241(b)(3) of INA,
 - a Cuban/Haitian entrant paroled under Section 212(d)(5) of INA,
 - an Amerasian Legal Permanent Resident (LPR),
 - a parolee granted status under Section 212(d)(5) of INA for at least one year,
 - a Conditional Entrant admitted under Section 203(a)(7) of INA, or
 - an LPR other than an Amerasian.

- an alien lawfully admitted on or after 8/22/96 who meets one of the following requirements:
 - a refugee admitted under Section 207 of INA,
 - a victim of severe trafficking admitted under Section (101)(a)(15)(T) of INA
 - an asylee admitted under Section 208 of INA,
 - an alien whose deportation is being withheld under Section 243(h) or 241(b)(3) of INA,
 - a Cuban/Haitian Entrant paroled under Section 212(d)(5) of the INA, or
 - an Amerasian Legal Permanent Resident (LPR).
 - **NOTE: The aliens listed above meet the alien eligibility requirement for 5 years from their legal entry date into the United States**
 - an alien legally admitted for permanent residence who is:
 - an honorably discharged U.S. veteran, or
 - U.S. active duty military personnel, or
 - the spouse, un-remarried surviving spouse, or minor unmarried dependent child of an honorably discharged U.S. veteran or U.S. active duty military personnel.
- An alien who is the spouse or child of an honorably discharged U.S. veteran or U.S. active duty personnel and who has filed a petition with BCIS as being battered by the spouse or parent who no longer lives in the home.
- A documented alien that has a green card and has had that status for at least 5 years and does not meet any of the above criteria.

HOUSEHOLD

General Principles

- A MCHD MAP household is a person living alone or two or more persons living together where legal responsibility for support exists, excluding disqualified persons.
- Legal responsibility for support exists between:
 - Persons who are legally married under the laws of the State of Texas (including common-law marriage),
 - In Texas, a common-law is considered a legal marriage. A man and a woman who want to establish a common-law marriage must sign a form provided by the county clerk. In addition, they must (1) agree to be married, (2) cohabit, and (3) represent to others that they are married. The only way to dissolve a common-law marriage is through a formal divorce proceeding in a court of law
 - Persons who are legally married under the laws of the State of Texas and not divorced,
 - Persons that are separated from their spouse and not divorced are considered part of the household because the law states that if you are not legally divorced, everything you have is still considered community property.
- Applicant may provide proof of income and resources for absent spouse, or
- If applicant cannot provide proof of income and resources for absent spouse, they must:
 1. Present three verifiable domicile forms, HCAP Form 103, Request for Domicile Verification (provided by District) and,
 2. Sign HCAP Form 104, the MAP Affidavit of Marital Status and Financial Support regarding separation from spouse.

3. Review of background check:

- a. If background check illustrates that there are no joint income/resources between applicant and absent spouse, continue with eligibility process as normal.
 - b. If background check identifies joint income/resources between applicant and absent spouse, the applicant may be given a single 3 month period to pursue all income and resources from absent spouse.
 - i. Upon recertification, the applicant must prove or disprove any discrepancies identified on the background check.
 - ii. Once all requested documents are provided, completed, and accepted, the client may then become recertified for MAP benefits.
- A legal parent and a minor child (including unborn children), or
 - A managing conservator and a minor child.
- Eligibility for the Medicaid program automatically disqualifies a person from the Medical Assistance Plan.

MCHD MAP Household

The MCHD MAP household is a person living alone or two or more persons living together where legal responsibility for support exists, excluding disqualified persons.

Disqualified Persons

- A person who receives or is categorically eligible to receive Medicaid,
- A person who receives TANF benefits,
- A person who receives SSI benefits and is eligible for Medicaid,
- A person who receives Qualified Medicare Beneficiary (QMB), Medicaid Qualified Medicare Beneficiary (MQMB), Specified Low-

- Income Medicare Beneficiary (SLMB), Qualified Individual-1 (QI-1); or Qualified Disabled and Working Individuals (QDWI), and
- A Medicaid recipient who partially exhausts some component of his Medicaid benefits,

A disqualified person is not a MCHD MAP household member regardless of his legal responsibility for support.

MCHD MAP One-Person Household

- A person living alone,
- An adult living with others who are not legally responsible for the adult's support,
- A minor child living alone or with others who are not legally responsible for the child's support,
- A Medicaid-ineligible spouse,
- A Medicaid-ineligible parent whose spouse and/or minor children are Medicaid-eligible,
- An inmate in a county jail (not state or federal).

MCHD MAP Group Households – two or more persons who are living together and meet one of the following descriptions:

- Two persons legally married to each other,
- Two persons who are legally married and not divorced,
- One or both legal parents and their legal minor children,
- A managing conservator and a minor child and the conservator's spouse and other legal minor children, if any,
- Minor children, including unborn children, who are siblings, and
- Both Medicaid-ineligible parents of Medicaid-eligible children.

Verifying Household

All households are verified.

Proof may include but is not limited to:

- Lease agreement or
- Statement from a landlord, a neighbor, or other reliable source.

Documenting Household

On HCAP Form 101, document why information regarding household is questionable and how questionable household is verified.

RESOURCES

General Principles

- A household must pursue all resources to which the household is legally entitled unless it is unreasonable to pursue the resource. Reasonable time (at least three months) must be allowed for the household to pursue the resource, which is not considered accessible during this time.
 - The applicant must not be eligible or potentially eligible for any other resource. Example: Medicaid, Medicare, Insurance, group health insurance, VA Veteran medical benefits, or any other source. MCHD's Medical Assistance Plan is payor of last resort!
- The resources of all MCHD MAP household members are considered.
- Resources are either countable or exempt.
- Resources from disqualified and non-household members are excluded, but may be included if processing an application for a sponsored alien.
- A household is not eligible if the total countable household resources exceed:
 - \$3,000.00 when a person who is aged or has disabilities and who meets relationship requirements lives in the home or
 - \$2,000.00 for all other households.
- A household is not eligible if their total countable resources exceed the limit on or after:
 - A household is not eligible if their total countable resources exceed the limit on or after the first interview date or the process date for cases processed without an interview.
- In determining eligibility for a prior month, the household is not eligible if their total countable resources exceed the limit anytime during the prior month.
- Consider a joint bank account with a nonmember as inaccessible if the money in the account is used solely for the nonmember's benefit. The

CIHCP household must provide verification that the bank account is used solely for the nonmember's benefit and that no CIHCP household member uses the money in the account for their benefit. If a household member uses any of the money for their benefit or if any household member's money is also in the account, consider the bank account accessible to the household.

Alien Sponsor's Resources

Calculate the total resources accessible to the alien sponsor's household according to the same rules and exemptions for resources that apply for the sponsored alien applicant. The total countable resources for the alien sponsor household will be added to the total countable resources of the sponsored alien applicant.

Please refer to Texas Health and Safety Code, Chapter 61, §61.012.

Sec.61.012. REIMBURSEMENT FOR SERVICES.

(a) In this section, "sponsored alien" means a person who has been lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act (8 U.S.C. Section 1101 et seq.) and who, as a condition of admission, was sponsored by a person who executed an affidavit of support on behalf of the person.

(b) A public hospital or hospital district that provides health care services to a sponsored alien under this chapter may recover from a person who executed an affidavit of support on behalf of the alien the costs of the health care services provided to the alien.

(c) A public hospital or hospital district described by Subsection (b) must notify a sponsored alien and a person who executed an affidavit of support on behalf of the alien, at the time the alien applies for health care services, that a person who executed an affidavit of support on behalf of a sponsored alien is liable for the cost of health care services provided to the alien.

(b) Section 61.012, Health and Safety Code, as added by this section, applies only to health care services provided by a public hospital or hospital district on or after the effective date of this act.

Bank Accounts

Count the cash value of checking and savings accounts for the current month as income and for prior months as a resource unless exempt for another reason.

Burial Insurance (Prepaid)

Exempt up to \$7,500 cash value of a prepaid burial insurance policy, funeral plan, or funeral agreement for each certified household member.

Count the cash value exceeding \$7,500 as a liquid resource.

Burial Plots

Exempt all burial plots.

Crime Victim's Compensation Payments

Exempt.

Energy Assistance Payments

Exempt payments or allowances made under any federal law for the purpose of energy assistance.

Exemption: Resources/Income Payments

If a payment or benefit counts as income for a particular month, do count it as a resource in the same month. If you prorate a payment income over several months, do not count any portion of the payment resource during that time.

Example: Income of students or self-employed persons that is prorated over several months.

If the client combines this money with countable funds, such as a bank account, exempt the prorated amounts for the time you prorate it.

Homestead

Exempt the household's usual residence and surrounding property not separated by property owned by others. The exemption remains in effect if public rights of way, such as roads, separate the surrounding property from the home. The homestead exemption applies to any structure the person uses as a primary residence, including additional buildings on contiguous land, a houseboat, or a motor home, as long as the

household lives in it. If the household does not live in the structure, count it as a resource.

Houseboats and Motor Homes. Count houseboats and motor homes according to vehicle policy, if not considered the household's primary residence or otherwise exempt.

Own or Purchasing a Lot. For households that currently do not own a home, but own or are purchasing a lot on which they intend to build, exempt the lot and partially completed home.

Real Property Outside of Texas. Households cannot claim real property outside of Texas as a homestead, except for migrant and itinerant workers who meet the residence requirements.

Homestead Temporarily Unoccupied. Exempt a homestead temporarily unoccupied because of employment, training for future employment, illness (including health care treatment), casualty (fire, flood, state of disrepair, etc.), or natural disaster, if the household intends to return.

Sale of a Homestead. Count money remaining from the sale of a homestead as a resource.

Income- Producing Property

Exempt property that:

- Is essential to a household member's employment or self-employment (examples: tools of a trade, farm machinery, stock, and inventory). Continue to exempt this property during temporary periods of unemployment if the household member expects to return to work;
- Annually produces income consistent with its fair market value, even if used only on a seasonal basis; or
- Is necessary for the maintenance or use of a vehicle that is exempt as income producing or as necessary for transporting a physically disabled household member. Exempt the portion of the property used for this purpose.

For farmers or fishermen, continue to exempt the value of the land or equipment for one year from the date that the self-employment ceases.

Insurance Settlement

Count, minus any amount spent or intended to be spent for the Household's bills for burial, health care, or damaged/lost possessions.

Lawsuit Settlement

Count, minus any amount spent or intended to be spent for the household's bills for burial, legal expenses, health care expenses, or damaged/lost possessions.

Life Insurance

Exempt the cash value of life insurance policies.

Liquid Resources

Count, if readily available. Examples include but are not limited to cash, a checking accounts, a savings accounts, a certificates of deposit (CDs), notes, bonds, and stocks.

Loans (Non-Educational)

Exempt these loans from resources.

Consider financial assistance as a loan if there is an understanding that the loan will be repaid and the person can reasonably explain how he will repay it.

Count assistance not considered a loan as unearned income (contribution).

Lump-Sum Payments

Effective January 1, 2013 exempt federal tax refunds permanently as income and resources for 12 months after receipt. Exempt the Earned Income Credit (EIC) for a period of 12 months after receipt through December 31, 2018.

Count lump sum payments received once a year or less frequently as resources in the month received, unless specifically exempt.

Countable lump-sum payments include but are not limited to lump-sum insurance settlements, lump-sum payments on child support, public assistance, refunds of security deposits on rental property or utilities, retirement benefits, and retroactive lump sum RSDI.

Count lump-sum payments received or anticipated to be received more often than once a year as unearned income in the month received.

Exception: Count contributions, gifts, and prizes as unearned income in the month received regardless of the frequency of receipt.

Personal Possessions

Exempt.

Real Property

Count the equity value of real property unless it is otherwise exempt. Exempt any portion of real property directly related to the maintenance or use of a vehicle necessary for employment or to transport a physically disabled household member. Count the equity value of any remaining portion unless it is otherwise exempt.

Good Faith Effort to Sell. Exempt real property if the household is making a good effort to sell it.

Jointly Owned Property. Exempt property jointly owned by the household and other individuals not applying for or receiving benefits if the household provides proof that he cannot sell or divide the property without consent of the other owners and the other owners will not sell or divide the property.

Reimbursement

Exempt a reimbursement in the month received. Count as a resource in the month after receipt.

Exempt a reimbursement earmarked and used for replacing and repairing an exempt resource. Exempt the reimbursement indefinitely.

Retirement Accounts

A retirement account is one in which an employee and/or his employer contribute money for retirement. There are several types of retirement plans.

Some of the most common plans authorized under Section 401 (a) of the Internal Revenue Services (IRS) Code are the 401 (k) plan, Keogh, Roth Individual Retirement Account (IRA), and a pension or traditional benefit plan. Common plans under Section 408 of the IRS Code are the IRA, Simple IRA and Simplified Employer Plan.

A 401K plan allows an employee to postpone receiving a portion of current income until retirement.

An individual retirement account (IRA) is an account in which an individual contributes an amount of money to supplement his retirement income (regardless of his participation in a group retirement plan).

A Keogh plan is an IRA for a self-employed individual.

A Simplified Employee Pension (SEP) plan is an IRA owned by an employee to which an employer makes contributions or an IRA owned by a self-employed individual who contributes for himself.

A pension or traditional defined benefit plan is employed based and promises a certain benefit upon retirement regardless of investment performance.

Exclude all retirement accounts or plans established under:

- Internal Revenue Code of 1986, Sections 401(a), 403(a), 403(b), 408, 408A, 457(b), 501(c)(18);
- Federal Thrift Savings Plan, Section 8439, Title 5, United States Code; and
- Other retirement accounts determined to be tax exempt under the Internal Revenue Code of 1986.

Count any other retirement accounts not established under plans or codes listed above.

Trust Fund

Exempt a trust fund if all of the following conditions are met:

- The trust arrangement is unlikely to end during the certification period; and
- No household member can revoke the trust agreement or change the name of the beneficiary during the certification period; and
- The trustee of the fund is either a
 - Court, institution, corporation, or organization not under the direction or ownership of a household member; or
 - Court-appointed individual who has court-imposed limitations placed on the use of the funds; and

- The trust investments do not directly involve or help any business or corporation under the control, direction, or influence of a household member. Exempt trust funds established from the household's own funds if the trustee uses the funds
 - Only to make investments on behalf of the trust or
 - To pay the education or health care expenses of the beneficiary.

Vehicles

Exempt a vehicle necessary to transport physically disabled household members, even if disqualified and regardless of the purpose of the trip. Exempt no more than one vehicle for each disabled member. There is no requirement that the vehicle be used primarily for the disabled person.

Exempt vehicles if the equity value is less than \$4,650, regardless of the number of vehicles owned by the household. Count the value in excess of \$4,650 toward the household's resource limit. **Examples listed below:**

\$15,000	(FMV)	\$9,000	(FMV)
<u>-12,450</u>	(Amount still owed)	<u>- 0</u>	(Amount still owed)
\$2,550	(Equity Value)	\$9,000	(Equity Value)
<u>-4,650</u>		<u>-4,650</u>	
	(Countable resource)		(Countable resource)
\$0		\$4,350	

Income-producing Vehicles. Exempt the total value of all licensed vehicles used for income-producing purposes. This exemption remains in effect when the vehicle is temporarily not in use. A vehicle is considered income producing if it:

- Is used as a taxi, a farm truck, or fishing boat,
- Is used to make deliveries as part of the person's employment,
- Is used to make calls on clients or customers,
- Is required by the terms of employment, or
- Produces income consistent with its fair market value.

Solely Owned Vehicles. A vehicle, whose title is solely in one person's name, is considered an accessible resource for that person. This includes the following situations:

- Consider vehicles involved in community property issues to belong to the person whose name is on the title.
- If a vehicle is solely in the household member's name and the household member claims he purchased it for someone else, the vehicle is considered as accessible to the household member.

Exceptions: The vehicle is inaccessible if the titleholder verifies:
[complete documentation is required in each of the situations below]

- That he sold the vehicle but has not transferred the title. In this situation, the vehicle belongs to the buyer. Note: Count any payments made by the buyer to the household member or the household member's creditors (directly) as self-employment income.
- That he sold the vehicle but the buyer has not transferred the title into the buyer's name.
- That the vehicle was repossessed.
- That the vehicle was stolen.
- That he filed for bankruptcy (Title 7, 11, or 13) and that the household member is not claiming the vehicle as exempt from the bankruptcy.
 - Note: In most bankruptcy petitions, the court will allow each adult individual to keep one vehicle as exempt for the bankruptcy estate. This vehicle is a countable resource.

A vehicle is accessible to a household member even though the title is not in the household member's name if the household member purchases or is purchasing the vehicle from the person who is the titleholder or if the household member is legally entitled to the vehicle through an inheritance or divorce settlement.

Jointly Owned Vehicles. Consider vehicles jointly owned with another person not applying for or receiving benefits as inaccessible if the other owner is not willing to sell the vehicle.

Leased Vehicles. When a person leases a vehicle, they are not generally considered the owner of the vehicle because the

- Vehicle does not have any equity value,
- Person cannot sell the vehicle, and
- Title remains in the leasing company's name.

Exempt a leased vehicle until the person exercises his option to purchase the vehicle. Once the person becomes the owner of the vehicle, count it as a resource. The person is the owner of the vehicle if

the title is in their name, even if the person and the dealer refer to the vehicle as leased. Count the vehicle as a resource.

How To Determine Fair Market Value of Vehicles.

- Determine the current fair market value of licensed vehicles using the average trade-in or wholesale value listed on a reputable automotive buying resource website (i.e., National Automobile Dealers Association (NADA), Edmunds, or Kelley Blue Book). Note: If the household claims that the listed value does not apply because the vehicle is in less-than-average condition, allow the household to provide proof of the true value from a reliable source, such as a bank loan officer or a local licensed car dealer.
- Do not increase the basic value because of low mileage, optional equipment, or special equipment for the handicapped.
- Accept the household's estimate of the value of a vehicle no longer listed on an automotive buying resource website unless it is questionable and would affect the household's eligibility. In this case, the household must provide an appraisal from a licensed car dealer or other evidence of the vehicle's value, such as an ax assessment or a newspaper advertisement indicating the sale value if similar vehicles.
- Determine the value of new vehicles not listed on an automotive buying resource website by asking the household to provide an estimate of the average trade-in or wholesale value from a new car dealer or a bank loan officer. If this cannot be done, accept the household's estimate unless it is questionable and would affect eligibility. Use the vehicle's loan value only if other sources are unavailable. Request proof of the value of licensed antique, custom made, or classic vehicles from the household if you cannot make an accurate appraisal.

Penalty for Transferring Resources

A household is ineligible if, within three months before application or any time after certification, they transfer a countable resource for less than its fair market value or fail to disclose a resource to qualify for health care assistance.

This penalty applies if the total of the transferred resource added to other resources affects eligibility.

Base the length of denial on the amount by which the transferred resource or undisclosed resource exceeds the resource maximum when added to other countable resources.

Use the chart below to determine the length of denial.

Amount in Excess of Resource Limit	Denial Period
\$.01 to \$ 249.99	1 month
\$ 250.00 to \$ 999.99	3 months
\$1,000.00 to \$2,999.99	6 months
\$3,000.00 to \$4,999.99	9 months
\$5,000.00 or greater	12 months

If the spouses separate and one spouse transfers his property, it does not affect the eligibility of the other spouse.

Verifying Resources

Verify all countable resources.

Proof may include but is not limited to:

- Bank account statements and
- Award letters.

Documenting Resources

On HCAP Form 101, document whether a resource is countable or exempt and how resources are verified.

INCOME

General Principles

- A household must pursue and accept all income to which the household is legally entitled, unless it is unreasonable to pursue the resource. Reasonable time (at least three months) must be allowed for the household to pursue the income, which is not considered accessible during this time.
- The income of all MCHD MAP household members is considered.
- Income is either countable or exempt.
- If attempts to verify income are unsuccessful because the payer fails or refuses to provide information and other proof is not available, the household's statement is used as best available information.
- All income of a disqualified person is exempt.
- Income of disqualified and non-household members is excluded, but may be included if processing an application for a sponsored alien.

Adoption Payments

Exempt.

Alien Sponsor's Income

Calculate the total income accessible to the alien sponsor's household according to the same rules and exemptions for income that apply for the sponsored alien applicant. The total countable income for the alien sponsor household will be considered unearned income and added to the total countable income of the sponsored alien applicant.

Please refer to Texas Health and Safety Code, Chapter 61, §61.012.

Sec. 61.012. REIMBURSEMENT FOR SERVICES.

(a) In this section, "sponsored alien" means a person who has been lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act (8 U.S.C. Section 1101 et seq.) and who, as a condition of admission, was sponsored by a person who executed an affidavit of support on behalf of the person.

(b) A public hospital or hospital district that provides health care services to a sponsored alien under this chapter may recover from a person who executed an affidavit of support on behalf of the alien the costs of the health care services provided to the alien.

(c) A public hospital or hospital district described by Subsection (b) must notify a sponsored alien and a person who executed an affidavit of support on behalf of the alien, at the time the alien applies for health care services, that a person who executed an affidavit of support on behalf of a sponsored alien is liable for the cost of health care services provided to the alien.

(b) Section 61.012, Health and Safety Code, as added by this section, applies only to health care services provided by a public hospital or hospital district on or after the effective date of this act.

Cash Gifts and Contributions

Count as unearned income unless they are made by a private, nonprofit organization on the basis of need; and total \$300 or less per household in a federal fiscal quarter. The federal fiscal quarters are January - March, April - June, July - September, and October-December. If these contributions exceed \$300 in a quarter, count the excess amount as income in the month received.

Exempt any cash contribution for common household expenses, such as food, rent, utilities, and items for home maintenance, if it is received from a non-certified household member who:

- Lives in the home with the certified household member,
- Shares household expenses with the certified household member, and
- No landlord/tenant relationship exists.

If a noncertified household member makes additional payments for use by a certified member, it is a contribution.

Child's Earned Income

Exempt a child's earned income if the child, who is under age 18 and not an emancipated minor, is a full-time student (including a home schooled child) or a part-time student employed less than 30 hours a week.

Child Support Payments

Count as unearned income after deducting up to \$75 from the total monthly child support payments the household receives.

Count payments as child support if a court ordered the support, or the child's caretaker or the person making the payment states the purpose of the payment is to support the child.

Count ongoing child support income as income to the child even if someone else, living in the home receives it.

Count child support arrears as income to the caretaker.

Exempt child support payments as income if the child support is intended for a child who receives Medicaid, even though the parent actually receives the child support.

Child Support Received for a Non-Member. If a caretaker receives, ongoing child support for a non-member (or a member who is no longer in the home) but uses the money for personal or household needs, count it as unearned income. Do not count the amount actually used for or provided to the non-member for whom it is intended to cover.

Lump-Sum Child Support Payments. Count lump-sum child support payments (on child support arrears or on current child support) received, or anticipated to be received more often than once a year, as unearned income in the month received. Consider lump-sum child support payments received once a year or less frequently as a resource in the month received.

Returning Parent. If an absent parent is making child support payments but moves back into the home of the caretaker and child, process the household change.

Crime Victim's Compensation Payments

Exempt.

These are payments from the funds authorized by state legislation to assist a person who has been a victim of a violent crime; was the spouse, parent, sibling, or adult child of a victim who died as a result of a violent crime; or is the guardian of a victim of a violent crime. The payments are distributed by the Office of the Attorney General in monthly payments or in a lump sum.

Disability Insurance Payments

Count disability payments as unearned income, including Social Security Disability Insurance (SSDI) payments and disability insurance payments issued for non-medical expenses. Exception: Exempt Supplemental Security Income (SSI) payments.

Dividends and Royalties

Count dividends as unearned income. Exception: Exempt dividends from insurance policies as income.

Count royalties as unearned income, minus any amount deducted for production expenses and severance taxes.

Educational Assistance

Exempt educational assistance, including educational loans, regardless of source. Educational assistance also includes college work-study.

Energy Assistance

Exempt the following types of energy assistance payments:

- Assistance from federally-funded, state or locally-administered programs, including HEAP, weatherization, Energy Crisis, and one-time emergency repairs of a heating or cooling device (down payment and final payment);
- Energy assistance received through HUD, USDA's Rural Housing Service (RHS), or Farmer's Administration (FmHA);
- Assistance from private, non-profit, or governmental agencies based on need.

If an energy assistance payment is combined with other payments of assistance, exempt only the energy assistance portion from income (if applicable).

Foster Care Payments

Exempt.

Government Disaster Payments

Exempt federal disaster payments and comparable disaster assistance provided by states, local governments and disaster assistance organizations if the household is subject to legal penalties when the funds are not used as intended.

Examples: Payments by the Individual and Family Grant Program, Small Business Administration, and/or FEMA.

In-Kind Income

Exempt. An in-kind contribution is any gain or benefit to a person that is not in the form of money/check payable directly to the household, such as clothing, public housing, or food.

Interest

Count as unearned income.

Job Training

Exempt payments made under the Workforce Investment Act (WIA).

Exempt portions of non-WIA job training payments earmarked as reimbursements for training-related expenses. Count any excess as earned income.

Exempt on-the-job training (OJT) payments received by a child who is under age 19 and under parental control of another household member

Loans (Non-educational)

Count as unearned income unless there is an understanding that the money will be repaid and the person can reasonably explain how he will repay it.

Lump-Sum Payments

Count as income in the month received if the person receives it or expects to receive it more often than once a year.

Consider retroactive or restored payments to be lump-sum payments and count as a resource. Separate any portion that is ongoing income from a lump-sum amount and count it as income.

Exempt lump sums received once a year or less, unless specifically listed as income. Count them as a resource in the month received.

Effective January 1, 2013 exempt federal tax refunds permanently as income and resources for 12 months after receipt. Exempt the Earned

Income Credit (EIC) for a period of 12 months after receipt through December 31, 2018.

If a lump sum reimburses a household for burial, legal, or health care bills, or damaged/lost possessions, reduce the countable amount of the lump sum by the amount earmarked for these items.

Military Pay

Count military pay and allowances for housing, food, base pay, and flight pay as earned income, minus pay withheld to fund education under the G.I. Bill.

Mineral Rights

Count payments for mineral rights as unearned income.

Pensions

Count as unearned income. A pension is any benefit derived from former employment, such as retirement benefits or disability pensions.

Reimbursement

Exempt a reimbursement (not to exceed the individual's expense) provided specifically for a past or future expense. If the reimbursement exceeds the individual's expenses, count any excess as unearned income. Do not consider a reimbursement to exceed the individual's expenses unless the individual or provider indicates the amount is excessive. Exempt a reimbursement for future expenses only if the household plans to use it as intended.

RSDI Payments

Count as unearned income the Retirement, Survivors, and Disability Insurance (RSDI) benefit amount including the deduction for the Medicare premium, minus any amount that is being recouped for a prior RSDI overpayment.

If a person receives an RSDI check and an SSI check, exempt both checks since the person is a disqualified household member.

If an adult receives a Social Security survivor's benefit check for a child, this check is considered the child's income.

Self-Employment Income

Count as earned income, minus the allowable costs of producing the self-employment income. (Use HCAP Form 200: Employer Verification Form).

Self-employment income is earned or unearned income available from one's own business, trade, or profession rather than from an employer. However, some individuals may have an employer and receive a regular salary. If an employer does not withhold FICA or income taxes, even if required to do so by law, the person is considered self-employed.

Types of self-employment include:

- Odd jobs, such as mowing lawns, babysitting, and cleaning houses;
- Owning a private business, such as a beauty salon or auto mechanic shop;
- Farm income; and
- Income from property, which may be from renting, leasing, or selling property on an installment plan. Property includes equipment, vehicles, and real property.

If the person sells the property on an installment plan, count the payments as income. Exempt the balance of the note as an inaccessible resource.

SSI Payments

Only exempt Supplemental Security Income (SSI) benefits when the household is receiving Medicaid.

A person receiving any amount of SSI benefits who also receives Medicaid is, therefore, a disqualified household member.

TANF

Exempt Temporary Assistance to Needy Families (TANF) benefits.

A person receiving TANF benefits also receives Medicaid and is, therefore, a disqualified household member.

Terminated Income

Count terminated income in the month received. Use actual income and do not use conversion factors if terminated income is less than a full month's income.

Income is terminated if it will not be received in the next usual payment cycle.

Income is not terminated if:

- Someone changes jobs while working for the same employer,
- An employee of a temporary agency is temporarily not assigned,
- A self-employed person changes contracts or has different customers without having a break in normal income cycle, or
- Someone received regular contributions, but the contributions are from different sources.

Third-Party Payments

Exempt the money received that is intended and used for the maintenance of a person who is not a member of the household.

If a single payment is received for more than one beneficiary, exclude the amount actually used for the non-member up to the non-member's identifiable portion or prorated portion, if the portion is not identifiable.

Tip Income

Count the actual (not taxable) gross amount of tips as earned income. Add tip income to wages before applying conversion factors.

Tip income is income earned in addition to wages that is paid by patrons to people employed in service-related occupations, such as beauticians, waiters, valets, pizza delivery staff, etc.

Do not consider tips as self-employment income unless related to a self-employment enterprise.

Trust Fund

Count as unearned income trust fund withdrawals or dividends that the household can receive from a trust fund that is exempt from resources.

Unemployment Compensation Payments

Count the gross amount as unearned income, minus any amount being recouped for an Unemployment Insurance Benefit (UIB) overpayment.

Exception: Count the gross amount if the household agreed to repay a food stamp overpayment through voluntary garnishment.

VA Payments

Count the gross Veterans Administration (VA) payment as unearned income, minus any amount being recouped for a VA overpayment.

Exempt VA special needs payments, such as annual clothing allowances or monthly payments for an attendant for disabled veterans.

Vendor Payments

Exempt vendor payments if made by a person or organization outside the household directly to the household's creditor or person providing the service.

Exception: Count as income money that is legally obligated to the household, but which the payer makes to a third party for a household expense.

Wages, Salaries, Commissions

Count the actual (not taxable) gross amount as earned income.

If a person asks his employer to hold his wages or the person's wages are garnished, count this money as income in the month the person would otherwise have been paid. If, however, an employer holds his employees' wages as a general practice, count this money as income in the month it is paid. Count an advance in the month the person receives it.

Workers' Compensation Payments

Count the gross payment as unearned income, minus any amount being recouped for a prior worker's compensation overpayment or paid for attorney's fees. NOTE: The Texas Workforce Commission (TWC) or a court sets the amount of the attorney's fee to be paid.

Do not allow a deduction from the gross benefit for court-ordered child support payments.

Exception: Exclude worker's compensation benefits paid to the household for out-of-pocket health care expenses. Consider these payments as reimbursements.

Other Types of Benefits and Payments

Exempt benefits and payments from the following programs:

- Americorp,
- Child Nutrition Act of 1966,
- Food Stamp Program – SNAP (Supplemental Nutrition Assistance Program),
- Foster Grandparents,
- Funds distributed or held in trust by the Indian Claims Commission for Indian tribe members under Public Laws 92-254 or 93-135,
- Learn and Serve,
- National School Lunch Act,
- National Senior Service Corps (Senior Corps),
- Nutrition Program for the Elderly (Title III, Older American Act of 1965),
- Retired and Senior Volunteer Program (RSVP),
- Senior Companion Program,
- Tax-exempt portions of payments made under the Alaska Native Claims Settlement Act,
- Uniform Relocation Assistance and Real Property Acquisitions Act (Title II),
- Volunteers in Service to America (VISTA), and
- Women, Infants, and Children (WIC) Program.

Verifying Income

Verify countable income, including recently terminated income, at initial application and when changes are reported. Verify countable income at review, if questionable.

Proof may include but is not limited to:

- Last four (4) consecutive paycheck stubs (for everyone in your household),
- HCAP Form 200, Employment Verification Form, which we provide,
- W-2 forms,
- Notes for cash contributions,
- Business records,
- Social Security award letter,
- Court orders or public decrees (support documents),
- Sales records
- Income tax returns, and
- Statements completed, signed, and dated by the self-employed person.

Documenting Income

On HCAP Form 101, document the following items.

- Exempt income and the reason it is exempt
- Unearned income, including the following items:
 - Date income is verified,
 - Type of income,
 - Check or document seen,
 - Amount recorded on check or document,
 - Frequency of receipt, and
 - Calculations used.
- Self-employment income, including the following items:
 - The allowable costs for producing the self-employment income,
 - Other factors used to determine the income amount.
- Earned income, including the following items:
 - Payer's name and address,
 - Dates of each wage statement or pay stub used,
 - Date paycheck is received,
 - Gross income amount,
 - Frequency of receipt, and
 - Calculations used.
- Allowable deductions.

A household is ineligible for a period of 6 months if they intentionally alter their income to become eligible for the Plan (example: have employer lower their hourly or salary amount).

The following exceptions apply:

- Change in job description that would require a lower pay rate
- Loss of job
- Changed job

BUDGETING INCOME

General Principles

- Count income already received and any income the household expects to receive. If the household is not sure about the amount expected or when the income will be received, use the best estimate.
- Income, whether earned or unearned, is counted in the month that it is received.
- Count terminated income in the month received. Use actual income and do not use conversion factors if terminated income is less than a full month's income.
- View at least two pay amounts in the time period beginning 45 days before the interview date or the process date for cases processed without an interview. However, do not require the household to provide verification of any pay amount that is older than two months before the interview date or the process date for cases processed without an interview.
- When determining the amount of self-employment income received, verify four recent pay amounts that accurately represent their pay. Verify one month's pay amount that accurately represent their pay for self-employed income received monthly. Do not require the household to provide verification of self-employment income and expenses for more than two calendar months before the interview date or the case process date if not interviewed, for income received monthly or more often.
- Accept the applicant's statement as proof if there is a reasonable explanation of why documentary evidence or a collateral source is not available and the applicant's statement does not contradict other individual statements or other information received by the entity.
- Use at least three consecutive, current pay periods to calculate fluctuating income.
- The self-employment income projection, which includes the current month and 3 months prior, is the period of time that the household expects the income to support the family.
- There are deductions for earned income that are not allowed for unearned income.

- The earned income deductions are not allowed if the income is gained from illegal activities, such as prostitution and selling illegal drugs.

Steps for Budgeting Income

- Determine countable income.
- Determine how often countable income is received.
- Convert countable income to monthly amounts.
- Convert self-employment allowable costs to monthly amounts.
- Determine if countable income is earned or unearned.
- Subtract converted monthly self-employment allowable costs, if any, from converted monthly self-employment income.
- Subtract earned income deductions, if any.
- Subtract the deduction for Medicaid individuals, if applicable.
- Subtract the deduction for legally obligated child support payments made by a member of the household group, if applicable.
- Compare the monthly gross income to the MCHD MAP monthly income standard.

Step 1

Determine countable income.

Evaluate the household's current and future circumstances and income. Decide if changes are likely during the current or future months.

If changes are likely, then determine how the change will affect eligibility.

Step 2

Determine how often countable income is received, such as monthly, twice a month, every other week, weekly.

All income, excluding self-employment. Based on verifications or the person's statement as best available information, determine how often income is received. If the income is based hourly or for piecework, determine the amount of income expected for one week of work.

Self-employment Income.

- Compute self-employment income, using one of these methods:
 - Monthly. Use this method if the person has at least one full representative calendar month of self-employment income.
 - Daily. Use this method when there is less than one full representative calendar month of self-employment income,

and the source or frequency of the income is unknown or inconsistent.

- Determine if the self-employment income is monthly, daily, or seasonal, since that will determine the length of the projection period.
 - The projection period is monthly if the self-employment income is intended to support the household for at least the next 6 months. The projection period is the last 3 months and the current month.
 - The projection period is seasonal if the self-employment income is intended to support the household for less than 12 months since it is available only during certain months of the year. The projection period is the number of months the self-employment is intended to provide support.
- Determine the allowable costs of producing self-employment income, by accepting the deductions listed on the 1040 U.S. Individual Income Tax Return or by allowing the following deductions:
 - Capital asset improvements,
 - Capital asset purchases, such as real property, equipment, machinery and other durable goods, i.e., items expected to last at least 12 months,
 - Fuel,
 - Identifiable costs of seed and fertilizer,
 - Insurance premiums,
 - Interest from business loans on income-producing property,
 - Labor,
 - Linen service,
 - Payments of the principal of loans for income-producing property,
 - Property tax,
 - Raw materials,
 - Rent,
 - Repairs that maintain income-producing property,
 - Sales tax,
 - Stock,
 - Supplies,
 - Transportation costs. The person may choose to use 50.0 cents per mile instead of keeping track of individual transportation expenses. Do not allow travel to and from the place of business.
 - Utilities

NOTE: If the applicant conducts a self-employment business in his home, consider the cost of the home (rent, mortgage, utilities) as shelter costs, not business expenses, unless these costs can be identified as necessary for the business separately.

The following are not allowable costs of producing self-employment income:

- Costs not related to self-employment,
- Costs related to producing income gained from illegal activities, such as prostitution and the sale of illegal drugs,
- Depreciation,
- Net loss which occurred in a previous period, and
- Work-related expenses, such as federal, state, and local income taxes, and retirement contributions.

Step 3

Convert countable income to monthly amounts, if income is not received monthly.

When converting countable income to monthly amounts, use the following conversion factors:

- Multiply weekly amounts by 4.33.
- Multiply amounts received every other week by 2.17.
- Add amounts received twice a month (semi-monthly).
- Divide yearly amounts by 12.

Step 4

Convert self-employment allowable costs to monthly amounts.

When converting the allowable costs for producing self-employment to monthly amounts, use the conversion factors in Step 3 above.

Step 5

Determine if countable income is earned or unearned. For earned income, proceed with Step 6. For unearned income, skip to Step 8.

Step 6

Subtract converted monthly self-employment allowable costs, if any, from converted monthly self-employment income.

Step 7

Subtract earned income deductions, if any. Subtract these deductions, if applicable, from the household's monthly gross income, including monthly self-employment income after allowable costs are subtracted:

- Deduct \$120.00 per employed household member for work-related expenses.
- Deduct 1/3 of remaining earned income per employed household member.
- Dependent childcare or adult with disabilities care expenses shall be deducted from the total income when determining eligibility, if paying for the care is necessary for the employment of a member in the CIHCP household. This deduction is allowed even when the child or adult with disabilities is not included in the CIHCP household. Deduct the actual expenses up to:
 - \$200 per month for each child under age 2,
 - \$175 per month for each child age 2 or older, and
 - \$175 per month for each adult with disabilities.

Exception: For self-employment income from property, when a person spends an average of less than 20 hours per week in management or maintenance activities, count the income as unearned and only allow deductions for allowable costs of producing self-employment income.

Step 8

Subtract the deduction for Medicaid individuals, if applicable. This deduction applies when the household has a member who receives Medicaid and, therefore, is disqualified from the MCHD MAP household. Using the Deduction chart on the following page to deduct an amount for support of the Medicaid member(s) as follows: Subtract an amount equal to the deduction for the number (#) of Medicaid-eligible individuals.

Deductions for Medicaid-Eligible Individuals

# of Medicaid-Eligible Individuals	Single Adult or Adult with Children	Minor Children Only
1	\$ 78	\$ 64
2	\$ 163	\$ 92
3	\$ 188	\$ 130
4	\$ 226	\$ 154
5	\$ 251	\$ 198
6	\$ 288	\$ 241
7	\$ 313	\$ 267
8	\$ 356	\$ 293

Consider the remainder as the monthly gross income for the MAP household

Step 9

Subtract the Deduction for Child Support, Alimony, and Other Payments to Dependents Outside the Home, if applicable.

Allow the following deductions from members of the household group, including disqualified members:

- The actual amount of child support and alimony a household member pays to persons outside the home.
- The actual amount of a household member's payments to persons outside the home that a household member can claim as tax dependents or is legally obligated to support.

Consider the remaining income as the monthly net income for the CIHCP household.

Step 10

Compare the household's monthly gross income to the 21-~~133~~ 150% FPIL monthly income standard, using the MCHD MAP Monthly Income Standards chart below.

**MONTGOMERY COUNTY HOSPITAL
DISTRICT MEDICAL ASSISTANCE PLAN
INCOME GUIDELINES EFFECTIVE**

04/01/2018-9

21-~~133~~

150%

FPIL

# of Individuals in the MAP Household	Income Standard 21% FPIL	Income Standard 133% FPIL	Income Standard 150% FPIL
1	\$ 213 <u>219</u>	\$ 1,346 <u>1385</u>	\$1,562
2	\$ 289 <u>296</u>	\$ 1,825 <u>1875</u>	\$2,114
3	\$ 364 <u>374</u>	\$ 2,304 <u>2365</u>	\$2,667
4	\$ 440 <u>451</u>	\$ 2,782 <u>2854</u>	\$3,219
5	\$ 515 <u>528</u>	\$ 3,261 <u>3344</u>	\$3,772
6	\$ 591 <u>606</u>	\$ 3,740 <u>3834</u>	\$4,324
7	\$ 667 <u>683</u>	\$ 4,219 <u>4324</u>	\$4,877
8	\$ 742 <u>761</u>	\$ 4,698 <u>4815</u>	\$5,429
9	\$ 818 <u>838</u>	\$ 5,177 <u>5304</u>	\$5,982
10	\$ 893 <u>915</u>	\$ 5,656 <u>5793</u>	\$6,534
11	\$ 969 <u>993</u>	\$ 6,135 <u>6284</u>	\$7,087
12	\$ 1,045 <u>1070</u>	\$ 6,614 <u>6774</u>	\$7,639
ADD Member	7 5	\$ 479 <u>489</u>	\$ 552

Note: Based on the 2018-9 Federal Poverty Income Limits (FPIL), which changes March/April 1 of every year.

A household is eligible if its monthly gross income, after rounding down cents, does not exceed the monthly income standard for the MCHD MAP household's size.

SECTION THREE. CASE PROCESSING

CASE PROCESSING

General Principles

- Use the MCHD MAP application, documentation, and verification procedures.
- Issue HCAP Form 100 to the applicant or his representative on the same date that the request is received.
- Accept an identifiable application.
- Assist the applicant with accurately completing the HCAP Form 100 if the applicant requests help. Anyone who helps fill out the HCAP Form 100 must sign and date it.
- If the applicant is incompetent, incapacitated, or deceased, someone acting responsibly for the client (a representative) may represent the applicant in the application and the review process, including signing and dating the HCAP Form 100 on the applicant's behalf. This representative must be knowledgeable about the applicant and his household. Document the specific reason for designating this representative.
- Determine eligibility based on residence, household, resources, income, and citizenship.
- Allow at least 14 days for requested information to be provided, unless the household agrees to a shorter timeframe, when issuing HCAP Form 12. Note: The requested information is documented on HCAP Form 12 and a copy is given to the household.
- All information required by the "How to Apply for MAP" document is needed to complete the application process and is the responsibility of the applicant.
- Use any information received from the provider of service when making the eligibility determination; but further eligibility information from the applicant may be required.
- The date that a complete application is received is the application completion date, which counts as Day 0.
- Determine eligibility not later than the 14th day after the application completion date based on the residence, household, resources, income, and citizenship guidelines.

- Issue written notice, namely, HCAP Form 109, Notice of Eligibility and HCAP Form 110, the MAP Identification Card, HCAP Form 120, Notice of Incomplete Application, or HCAP Form 117, Notice of Ineligibility, of the District's decision. If the District denies health care assistance, the written notice shall include the reason for the denial and an explanation of the procedure for appealing the denial.
- Review each eligible case record at least once every six months.
 - Approved applications are valid for a period not to exceed six (6) months but no less than 1 month.
 - Before the expiration date, all clients will receive a notice by mail that benefits will expire in the next two weeks.
 - All clients must start the eligibility process all over again at the time or re-application.
- Use the "Prudent Person Principle" in situations where there are unusual circumstances in which an applicant's statement must be accepted as proof if there is a reasonable explanation why documentary evidence or a collateral contact is not available and the applicant's statement does not contradict other client statements or other information received by staff.
- Current eligibility continues until a change resulting in ineligibility occurs and a HCAP Form 117 is issued to the household.
- Consult the hospital district's legal counsel to develop procedures regarding disclosure of information.
- Be aware that a person involved in a motor vehicle accident or an assault (before or during MAP benefit period) will not receive benefit coverage for any medical expenses related to that accident or assault, unless proper documentation is provided showing no other liability. The minimum documentation required consists of at least police report or auto insurance information. Other documentation may be necessary.
- Be aware that a person injured on the job (before or during MAP benefit period) who is entitled to Worker's Compensation, must pursue that resource for benefit coverage.
- Remember that MCHD is the payor of last resort. Do not hesitate to explain this to the client.
- The applicant has the right to:

- Have his application considered without regard to race, color, religion, creed, national origin, age, sex, disability, or political belief;
 - Request a review of the decision made on his application or re-certification for health care assistance; and
 - Request, orally and in writing, a fair hearing about actions affecting receipt or termination of health care assistance.
- The applicant is responsible for:
 - Completing the HCAP Form 100 accurately.

Application for Montgomery County Hospital District's Medical Assistance Plan (MAP) are available at the Montgomery County Healthcare Assistance Office located at 1400 South Loop 336 West, Conroe, Texas, 77304. Applications may be picked up, Monday through Thursday, except holidays, from 7:30 am to 11:30 am and 1:00 pm to 4:30 pm and on Fridays from 7:30am to 11:30 am. The MAP phone number is 936-523-5100 and the fax number is 936-539-3450. Applications are also available at <http://www.mchd-tx.org/>.

- Providing all needed information requested by staff. If information is not available or is not sufficient, the applicant may designate a collateral contact for the information. A collateral contact could be any objective third party who can provide reliable information. A collateral contact does not need to be separately and specifically designated if that source is named either on HCAP Form 100 or during the interview.
- Attending the scheduled interview appointment.

All appointments will be set automatically by the MAP eligibility office and will be the applicant's responsibility to attend the scheduled appointment. Failure to attend the appointment will result in denial of assistance.

The client's application is valid for 30 days from the identifiable date and it is within that 30-day period that the client may reschedule another appointment with the eligibility office. After the 30-day period, the client would have to fill out another application and begin the application process all over again.

- Reporting changes, which affect eligibility, within 14 days after the date that the change actually occurred. Failure to report changes could result in repayment of expenditures paid.
- Any changes in income, resources, residency other than federal cost of living adjustments mandates re application and reconsideration of determination.
- To cooperate or follow through with an application process for any other source of medical assistance before being processed for the Medical Assistance Plan, since MCHD is a payor of last resort.
- Note: Misrepresentation of facts or any attempt by any applicant or interested party to circumvent the policies of the district in order to become or remain eligible is grounds for immediate and permanent refusal of assistance. Furthermore, if a client fails to furnish any requested information or documentation, the application will be denied.
- The Montgomery County Hospital District has installed a comprehensive video and audio recording system in the Health Care Assistance Program office suite. This system serves many purposes. This system is designed to ensure quality services and to provide a level of security for the staff. It also provides documentation of client interviews which is useful in reducing fraud and abuse of the system. The recordings provide the staff protection against false claims from disgruntled clients, and ensure accuracy in connection with HCAP client interviews. All persons who apply for services, renewal of services, or other issues with the Health Care Assistance Program shall be subject to the video and audio taping equipment of the Montgomery County Hospital District.

PROCESSING AN APPLICATION

Steps for Processing an Application

- **Accept the identifiable application.**
- **Check information.**
- **Request needed information.**
- **Determine if an interview is needed.**
- **Interview.**
- **Determine eligibility.**
- **Issue the appropriate form.**

Step 1

Accept the identifiable application. On the HCAP Form 100 document the date that the identifiable Form 100 is received. This is the application file date.

Step 2

Check that all information is complete, consistent, and sufficient to make an eligibility determination.

Step 3

Request needed information pertaining to the five eligibility criteria, namely, residence, citizenship, household, resources, and income.

Decision Pended. If eligibility cannot be determined because components that pertain to the eligibility criteria are missing, issue HCAP Form 12, Request for Information, listing additional information that needs to be provided as well as listing the due date by which the additional information is needed. If the requested information is not provided by the due date, follow the Denial Decision procedure in Step 8. If the requested information is provided by the due date, proceed with Step 5. The application is not considered complete until all requested information is received.

Decision Pended for an SSI Applicant. If eligibility cannot be determined because the person is also an SSI applicant, issue HCAP Form 12, Request for Information, listing additional information that needs to be provided, including the SSI decision, as well as listing the date by which the additional information is needed. In addition, the client is issued HCAP Form G, "How to

contact the eligibility office regarding your SSI status". If the SSI application is denied for eligibility requirements, proceed with Step 3 whether or not the SSI denial is appealed.

Step 4

Determine if an interview is needed. Eligibility may be determined without interviewing the applicant if all questions on HCAP Form 100 are answered and all additional information has been provided.

Step 5

Interview the applicant or his representative face-to-face or by telephone in an interview is necessary.

If an interview appointment is scheduled, provide the applicant with an MAP Appointment Card, HCAP Form 2, indicating the date, time, place of the interview, and name of interviewer.

Applicants may only be up to 10 minutes late to their interview appointment before they **must** reschedule.

If the applicant fails to keep the appointment, reschedule the appointment, if requested before the time of the scheduled appointment, or follow the Denial Decision procedure in Step 7.

Step 6

Repeat Steps 2 and 3 as necessary.

Step 7

Determine eligibility based on the five eligibility criteria.

Document information in the case record to support the decision.

At this step, all candidates must complete the following forms:

1. Acknowledgment of Receipt of Notice of Privacy Practices, HCAP Form A
2. Background Check Form, HCAP Form B
3. Medical History Form, HCAP Form C
4. Release Form, HCAP Form D
5. Subrogation Form, HCAP Form E
6. Proof of Citizenship, HCAP Form F
7. Representation and Acknowledgement Form, HCAP Form H

If a candidate has a telephone interview or does not require an

interview and becomes eligible for MAP benefits, the forms listed

above must be filled out at the time the client comes in to get their MAP Identification Card, HCAP Form 110, and the Notice of eligibility, HCAP Form 109.

Additionally at this step in the process, some candidates must complete additional forms as they apply:

1. Statement of Support, HCAP Form 102
2. Request for Domicile Verification, HCAP Form 103
3. Affidavit Regarding Marital Status and Financial Support, HCAP Form 104
4. Employer Verification Form, HCAP Form 200
5. Other Forms as may be developed and approved by Administrator
6. Assignment of Health Insurance Proceeds, HCAP Form I:

Staff Acknowledgement regarding Step 2

All applicants will undergo a background/credit check, as this is a mandatory MAP process. Candidates will be asked to clarify discrepancies. Do not pry or inquire into non-eligibility determination related information. Remember this is confidential material.

Step 8

Issue the appropriate form, namely, HCAP Form 117, Notice of Ineligibility, HCAP Form 120, Notice of Incomplete Application, or HCAP Form 109, Notice of Eligibility along with HCAP Form 110, the MAP Identification Card.

The MAP Identification Card is owned by MCHD and is not transferable. MCHD may revoke or cancel it at any time after notice has been sent out 2 weeks before the termination date explaining the reason for termination.

Incomplete Decision. If any of the requested documentation is not provided the application is not complete. Issue HCAP Form 120, Notice of Incomplete Application.

Denial Decision. If any one of the eligibility criteria is not met, the applicant is ineligible. Issue HCAP Form 117, Notice of Ineligibility, including the reason for denial, the effective date of the denial, if applicable, and an explanation of the procedure for appealing the denial.

Reasons for denial include but are not limited to:

- Not a resident of the county,
- A recipient of Medicaid,

- Resources exceed the resource limit,
- Income exceeds the income limit,
- Failed to keep an appointment,
- Failed to provide information requested,
- Failed to return the review application,
- Failed to comply with requirements to obtain other assistance, or
- Voluntarily withdrew.

Eligible Decision. If all the eligibility criteria are met, the applicant is eligible.

Determine the applicant's Eligibility Effective Date. Current Eligibility begins on the first calendar day in the month that an identifiable application is filed or the earliest, subsequent month in which all eligibility criteria are met.

The applicant may be retroactively eligible in any of the three calendar months before the month the identifiable application is received if all eligibility criteria are met. (Exception: Eligibility effective date for a new county resident begins the date the applicant is considered a county resident. For example, if the applicant meets all four eligibility criteria, but doesn't move to the county until the 15th of the month, the eligibility effective date will be the 15th of the month, not the first calendar day in the month that an identifiable application is filed.)

Issue HCAP Form 109, Notice of Eligibility, including the Eligibility Effective Date along with HCAP Form 110, the MAP Identification Card.

All active cases will be reviewed every 6 months as determined by the Eligibility Supervisor.

Termination of Coverage

Expiration of Coverage:

All active clients are given MAP coverage for a specified length of time and will be notified by mail **two weeks** before their MAP benefits will expire. Coverage will terminate at the end of the specified length of time unless the client chooses to re-apply for coverage.

Termination:

In certain circumstances, a client may have their benefits revoked before their coverage period expires. Clients will be notified by mail or phone

two weeks before their MAP benefits will terminate, along with the explanation for termination. Coverage will terminate on the date listed on HCAP Form 117, Notice on Ineligibility.

Note: Clients who are found to have proof of another source of healthcare coverage will be terminated on the day that the other payor source was identified.

DENIAL DECISION DISPUTES

Responses Regarding a Denial Decision

If a denial decision is disputed by the household, the following may occur:

- The household may submit another application to have their eligibility re-determined,
- The household may appeal the denial, or
- The hospital district may choose to re-open a denied application or in certain situations override earlier determinations based on new information.

The Household/Client Appeal Process

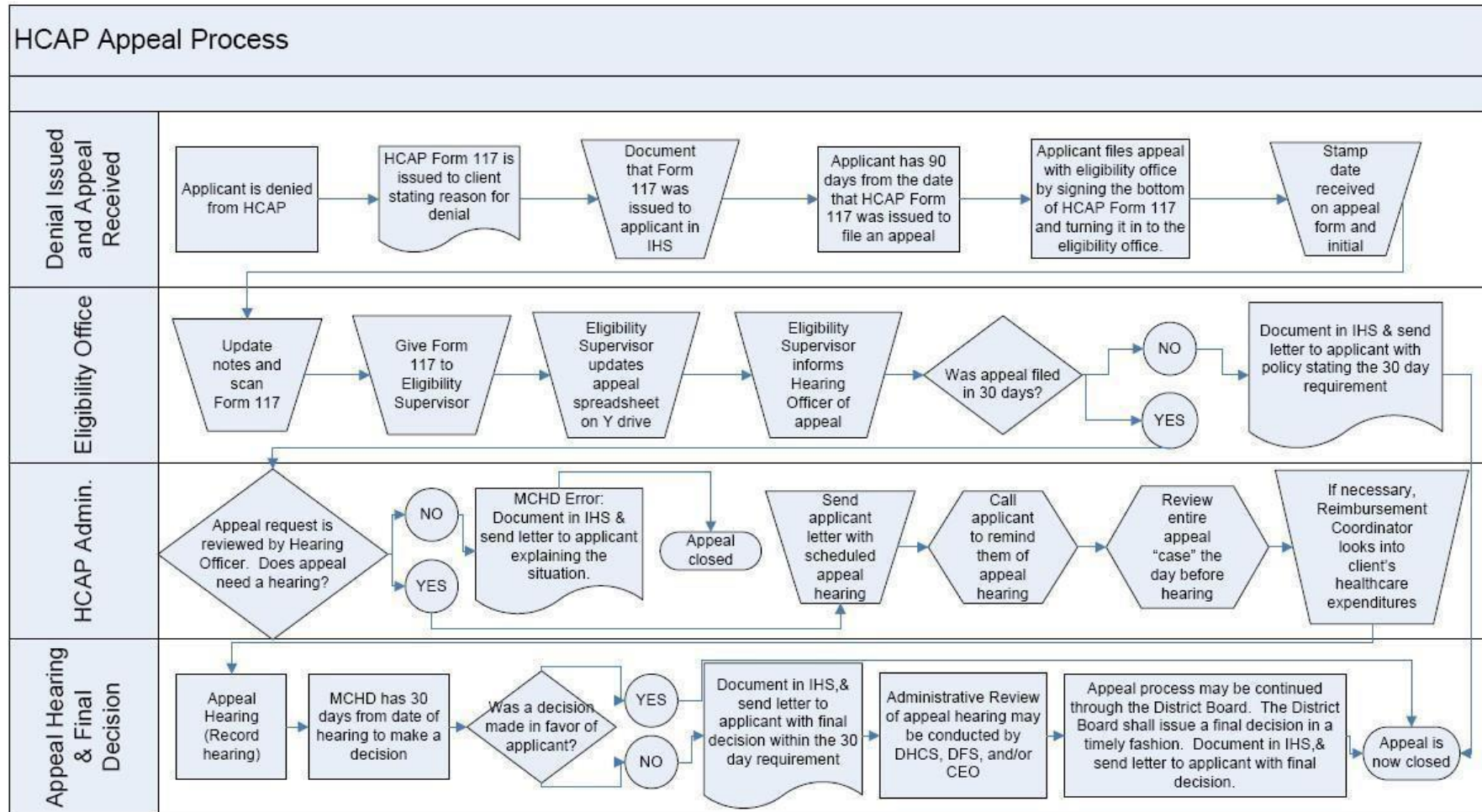
- The Household/Client may appeal any eligibility decision by signing the bottom of HCAP Form 117, Notice of Ineligibility within 30 days from the date of denial.
- District will have 14 days from the date HCAP Form 117 was received in the MAP eligibility office with the appropriate signature to respond to the client to let them know that MCHD received their appeal. At this time, the client will be notified as to the next step in the appeal process either:
 1. An appeal hearing is not necessary as a mistake has been made on MCHD's behalf. MCHD and the client will take the appropriate steps required to remedy the situation, or
 2. An appeal hearing is necessary and the Hearing Officer or appointee will schedule a date and time for the appeal hearing.

The decision as to whether or not an appeal is necessary is decided upon by the Hearing Officer after reviewing the case.

Anytime during the 14-day determination period further information may be requested from the client by The District.

- The District will have 30 days in which to schedule the appeal hearing.
- Should a client choose not to attend their scheduled appeal hearing, leave a hearing, or become disruptive during a hearing, the case will be dropped and the appeal denied.
- MCHD calls the client to remind the client of appeal hearing.
- After the date of the appeal hearing, the District will have 30 days in which to make a decision. The client will be notified of the District's decision in writing.
- An Administrative Review of the appeal hearing can be conducted through the Chief Operating Officer, Chief Financial Officer, and/or the Chief Executive Officer.
- The Appeal process may be continued through the District Board.
- The District Board shall issue a final decision in a timely fashion.

MAP Appeal Process Flowchart



Note: At any time it is very important to update IHS with notes regarding the appeal process and to scan in all documents that are important to the appeal "case".

SECTION FOUR.

SERVICE DELIVERY

SERVICE DELIVERY

General Principles

- MCHD shall provide or arrange for the basic health care services established by TDSHS or less restrictive health care services.
 - The basic health care services are:
 - Physician services
 - Annual physical examinations
 - Immunizations
 - Medical screening services
 - Blood pressure
 - Blood sugar
 - Cholesterol screening
 - Laboratory and x-ray services
 - Family planning services
 - Skilled nursing facility services
 - Prescription drugs
 - Rural health clinic services
 - Inpatient hospital services
 - Outpatient hospital services
- In addition to providing basic health care services, MCHD may provide other extended health care services that the hospital district determines to be cost-effective.

- The extended health care services are:
 - Advanced practice nurse services provided by
 - Nurse practitioner services (ANP)
 - Clinical nurse specialist (CNS)
 - Certified nurse midwife (CNM)
 - Certified registered nurse anesthetist (CRNA)
 - Ambulatory surgical center (freestanding) services
 - Catastrophic Oncology Services
 - Mental Health - Counseling services provided by:
 - Licensed clinical social worker (LCSW)
 - Licensed marriage family therapist (LMFT)
 - Licensed professional counselor (LPC)
 - Ph.D. psychologist
 - Colostomy medical supplies and equipment
 - Diabetic medical supplies and equipment
 - Durable medical equipment (DME)
 - Emergency medical services (EMS)
 - Federally qualified health center services (FQHC)
 - Health and Wellness Services
 - Home and community health care services (in special circumstances with authorization)
 - Occupational Therapy Services
 - Physician assistant services (PA)
 - Physical Therapy Services

- Other medically necessary services or supplies that the Montgomery County Hospital District determines to be cost effective.
- Services and supplies must be usual, customary, and reasonable as well as medically necessary for diagnosis and treatment of an illness or injury.
- A hospital district may:
 - Arrange for health care services through local health departments, other public health care facilities, private providers, or insurance companies regardless of the provider's location;
 - Arrange to provide health care services through the purchase of insurance for eligible residents;
 - Affiliate with other governmental entities, public hospitals, or hospital districts for administration and delivery of health care services.
 - Use out-of-county providers.
- As prescribed by Chapter 61, Health and Safety Code, a hospital district shall provide health care assistance to each eligible resident in its service area who meets:
 - The basic income and resources requirements established by the department under Sections 61.006 and 61.008 and in effect when the assistance is requested; or
 - A less restrictive income and resources standard by the hospital district serving the area in which the person resides.
- The maximum Hospital District liability for each fiscal year for health care services provided by all assistance providers, including hospital and skilled nursing facility (SNF), to each MAP client is, excluding Oncology clients:
 1. \$60,000; or
 2. the payment of 30 days of hospitalization or treatment in a SNF, or both, or \$60,000, whichever occurs first.

- a. 30 days of hospitalization refers to inpatient hospitalization.
- The maximum Hospital District liability for each fiscal year for Mental Health – Counseling services provided by all assistance providers, including hospital, to each MCICP client is:
 1. \$20,000;
 - The Montgomery County Hospital District is the payor of last resort and shall provide assistance only if other adequate public or private sources of payment are not available. In addition, MCHD is not secondary to any insurance benefits or exhausted benefits.
 - For claim payment to be considered, a claim should be received:
 1. Within 95 days from the approval date for services provided before the household was approved or
 2. Within 95 days from the date of service for services provided after the approval date.
 - The payment standard is determined by the date the claim is paid.
 - MCHD MAP mandated providers must provide services and supplies.
 - Montgomery County Hospital District's EMS must provide all EMS services.
 - Upon request for EMS the provider must identify the patient as an MAP client to the EMS Dispatch center.
 - Any exception requires MCHD MAP approval for each service, supply, or expense.
 - Co-payments:

Pursuant to Chapter 61 of the Texas Health and Safety Code, the District recognizes that it may request contribution toward cost of assistance.

Households/clients will be stratified at the time of eligibility by their income as compared to 21-133% of the Federal Poverty Income Limit (FPIL) scale. They are then requested to contribute a nominal amount toward their healthcare as listed below based on their income level and for what services for which they are requested.

Level	FPIL	Current
-------	------	---------

TA2	21-50%	\$10
TA3	50-100%	\$15
TA4	100-133%	\$20

Services for which co-payments are requested:

- Diabetic training
- EMS transports
- ED visits
- Hyperbaric Services
- Physical therapies
 - OT
 - PT
 - ST
- Primary care visits
- Specialty care visits

The prescription co-payment requested is \$7.50 for generic drugs and \$12.50 for brand name drugs, per prescription per month at ALL income levels.

Basic and Extended Health Care Services do not Include Services and Supplies that:

- Are provided to a patient before or after the time period the patient is eligible for the MCHD Medical Assistance Plan;
- Are payable by or available under any health, accident, or other insurance coverage; by any private or governmental benefit system; by any legally liable third party, or under other contract;
- Are provided by military medical facilities, Veterans Administration facilities, or United States public health service hospitals;
- Are related to any condition covered under the worker's compensation laws or any other payor source.

BASIC HEALTH CARE SERVICES

MCHD-established Basic Health Care Services:

- **Annual Physical Examinations**
- **Family Planning Services**
- **Immunizations**
- **Inpatient Hospital Services**
- **Laboratory and X-Ray Services**
- **Medical Screening Services**
- **Outpatient Hospital Services**
- **Physician Services**
- **Prescription Drugs**
- **Rural Health Clinic Services**
- **Skilled Nursing Facility Services**

Annual Physical Examinations

These are examinations provided once per client per calendar year by a Texas licensed physician or midlevel practitioner.

Associated testing, such as mammograms, can be covered with a physician's referral.

These services may also be provided by an Advanced Practice Nurse (APN) if they are within the scope of practice of the APN in accordance with the standards established by the Board of Nurse Examiners.

Family Planning Services

These preventive health care services assist an individual in controlling fertility and achieving optimal reproductive and general health.

Other Montgomery County entities provide family planning services at little or no charge; therefore, the district reserves the right to redirect clients to utilize their services.

- Charges to clients are based on a sliding fee scale according to family income and size. No client is refused service due to his or her inability to pay.

Immunizations

These are given when appropriate. A client must have a current prescription from a physician for the immunization. Immunizations covered are those that MCHD is able to administer in its offices. In the event an immunization is prescribed that MCHD is unable to administer, the immunization must be pre-authorized by MCHD staff.

Inpatient Hospital Services

Inpatient hospital services must be medically necessary and be:

- Provided in an acute care hospital that is JCAHO and TDH compliant,
- Provided to hospital inpatients,
- Provided under the direction of a Texas licensed physician in good standing, and
- Provided for the medical care and treatment of patients.

The date of service for an inpatient hospital claim is the discharge date.

Laboratory and X-Ray Services

These are professional and technical laboratory and radiological services ordered and provided by, or under the direction of, a Texas licensed physician in an office or a similar facility other than a hospital outpatient department or clinic.

Medical Screening Services

These health care services include blood pressure, blood sugar, and cholesterol screening

Outpatient Hospital Services

Outpatient hospital services must be medically necessary and be:

- Provided in an acute care hospital or hospital-based ambulatory surgical center (HASC),
- Provided to hospital outpatients,
- Provided by or under the direction of a Texas licensed physician in good standing, and
- Diagnostic, therapeutic, or rehabilitative.

Physician Services

Physician services include services ordered and performed by a physician that are within the scope of practice of their profession as defined by Texas state law. Physician services must be provided in the doctor's office, the patient's home, a hospital, a skilled nursing facility, or elsewhere.

In addition, the anesthesia procedures in the chart below may be payable.

CPT Codes and Descriptions only are Copyright 2004 American Medical Association All Rights Reserved

TOS	CPT Code	Description
1	99100	Anesthesia for patient of extreme age, under one year or over 70. (List separately in addition to code for primary anesthesia procedure.)
1	99116	Anesthesia complicated by utilization of total body hypothermia. (List separately in addition to code for primary anesthesia procedure.)
1	99135	Anesthesia complicated by utilization of controlled hypotension. (List separately in addition to code for primary anesthesia procedure.)
1	99140	Anesthesia complicated by emergency conditions (specify). (List separately in addition to code for primary anesthesia procedure.) An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part.

Prescription Drugs

This service includes up to three prescription drugs per month. New and refilled prescriptions count equally toward this three prescription drugs per month total. Drugs must be prescribed from the MCHD HCAP Formulary, by a Texas licensed physician or other practitioner within the scope of practice under law.

The quantity of drugs prescribed depends on the prescribing practice of the physician and the needs of the patient. However, each prescription is limited to a 30-day supply and dispensing only.

The MCHD HCAP Formulary may be found in Appendix VII.

The MAP co-payment requested is \$7.50 for generic drugs and \$12.50 for brand name drugs, per prescription per month.

Over the counter Aspirin will be covered without a co-payment up to a quantity limit of 500 per year.

Asthma Chambers- Active clients with a diagnosis of Asthma or COPD will be allowed under the RX program to have 1 asthma chamber per year per active client with a copay and will not count against the 3 per month prescription limit.

Rural Health Clinic (RHC) Services

RHC services must be provided in a freestanding or hospital-based rural health clinic and provided by a physician, a physician assistant, an advanced practice nurse (including a nurse practitioner, a clinical nurse specialist, and a certified nurse midwife), or a visiting nurse.

Skilled Nursing Facility Services

Services must be:

- Medically necessary,
- Ordered by a Texas licensed physician in good standing, and
- Provided in a skilled nursing facility that provides daily services on an inpatient basis.

EXTENDED HEALTH CARE SERVICES

- **Advanced Practice Nurse Services**
- **Ambulatory Surgical Center (Freestanding) Services**
- **Catastrophic Oncology Services**
- **Colostomy Medical Supplies and Equipment**
- **Mental Health - Counseling services provided by:**
 - **Licensed clinical social worker (LCSW)**
 - **Licensed marriage family therapist (LMFT)**
 - **Licensed professional counselor (LPC)**
 - **Ph.D. psychologist**
- **Diabetic Medical Supplies and Equipment**
- **Durable Medical Equipment**
- **Emergency Medical Services**
- **FQHC (Federally Qualified Health Center) Services**
- **Health and Wellness Services**
- **Home Health Care Services**
- **Occupational Therapy Services**
- **Physician Assistant Services**
- **Physical Therapy Services**
- **Other medically necessary services or supplies**

Advanced Practice Nurse (APN) Services

An APN must be licensed as a registered nurse (RN) within the categories of practice, specifically, a nurse practitioner, a clinical nurse specialist, a certified nurse midwife (CNM), and a certified registered nurse anesthetist (CRNA), as determined by the Board of Nurse Examiners. APN services must be medically necessary, provided within the scope of practice of the APN, and covered in the Texas Medicaid Program.

Ambulatory Surgical Center (ASC) Services

These services must be provided in a freestanding ASC, and are limited to items and services provided in reference to an ambulatory surgical procedure. A freestanding ASC service should be billed as one inclusive charge on a HCFA-1500, using the TOS "F."

Catastrophic Oncology Services

Benefits for Oncology clients will not automatically terminate once maximum hospital district liability has been met. Once an Oncology client reaches maximum hospital liability, the Oncology provider will be required to submit a projected care plan to the MAP third party administrator to consider continuation of benefits. If the third party administrator confirms the costs and medical appropriateness of the care plan, the Chief Operating Officer, Chief Financial Officer, or Chief Executive Officer will review the case and consider continuation of benefits based on funds budgeted. The funds budgeted are based on the projected earnings of the Catastrophic Reserve Fund. If insufficient funding is available to continue benefits, the Chief Operating Officer, Chief Financial Officer, or Chief Executive Officer will petition the District Board for additional funding. If the funding is not available, the client will be referred to an alternate provider and the hospital district will no longer be responsible for providing health care benefits.

Colostomy Medical Supplies and Equipment:

These supplies and equipment must be medically necessary and prescribed by a Texas licensed physician, PA, or an APN in good standing, within the scope of their practice in accordance with the standards established by their regulatory authority.

The hospital district requires the supplier to receive prior authorization.

Items covered are:

- Cleansing irrigation kits, colostomy bags/pouches, paste or powder, and skin barriers with flange (wafers).

Colostomy Medical Supplies and Equipment:

Description
Ostomy irrigation supply bag
Ostomy irrigation set
Ostomy closed pouch w att. st. barrier
Ostomy rings
Adhesive for ostomy, liquid, cement, powder, or paste
Skin barrier with flange (solid, flexible, or accordion), any size/Wafer

Mental Health - Counseling Services:

Mental health counseling and inpatient services will be available for International Classification of Diseases, Ninth Revision mental illnesses beginning with 290.0 – 316 for psychoses, neurotic disorders, personality disorders, and other nonpsychotic mental disorders.

Inpatient services are provided to those who need 24-hour professional monitoring, supervision and assistance in an environment designed to provide safety and security during acute psychiatric crisis.

Inpatient and outpatient psychiatric services: psychotherapy services must be medically necessary; based on a physician referral; and provided by a licensed psychiatrist (MD) or licensed clinical social worker (LCSW , previously know as LMSW -ACP), a licensed marriage family therapist (LMFT), licensed professional counselor (LPC), or a Ph.D. psychologist. These services may also be provided based on an APN referral if the referral is within the scope of their practice.

The hospital district requires prior authorization for all mental health (inpatient and outpatient) counseling services.

- All Inpatient Admissions including Residential Care Inpatient Admissions

- All hospital or facility day treatment admissions
- All multiple (more than one) counseling sessions per week
- All multiple hour counseling sessions

Services provided by a physician or therapist for one counseling session (or less) per week, for medication checks, CSU services, and Lab work do not require pre-certification for payment

Diabetic Medical Supplies and Equipment:

These supplies and equipment must be medically necessary and prescribed by a Texas licensed physician, PA, or an APN within the scope of their practice in accordance with the standards established by their regulatory authority.

The hospital district requires the supplier to receive prior authorization. Items covered are:

- Test strips, alcohol prep pads, lancets, glucometers, insulin syringes, humulin pens, and needles required for the humulin pens.
- Insulin syringes, humulin pens, and the needles required for humulin pens are dispensed with a National Dispensing Code (NDC) number and are paid as prescription drugs; they do not count toward the three prescription drugs per month limitation. Insulin and humulin pen refills are prescription drugs (not optional services) and count toward the three prescription drugs per month limitation.

Diabetic Medical Supplies and Equipment:

Description
Urine test or reagent strips or tablets, 100 tablets or strips
Blood glucose test or reagent test strips for home blood glucose monitors, 50 strips

Dextrostick or glucose test strips, per box
Protein reagent strips, per box of 50
Glucose tablets, 6 per box
Glucose gel/react gel, 3 dose pack
Home glucose monitor kit
Alcohol wipes, per box
Spring-powered device for lancet, each
Lancets, per box of 100

Durable Medical Equipment:

This equipment must be medically necessary and provided under a written, signed, and dated physician's prescription. A Pa or an APN may also prescribe these supplies and equipment if this is within the scope of their practice in accordance with the standards established by their regulatory authority.

The hospital district requires the supplier to receive prior authorization. Items can be rented or purchased, whichever is the least costly or most efficient.

Items covered with MCHD authorization are:

- Appliances for measuring blood pressure that are reasonable and appropriate, canes, crutches, home oxygen equipment (including masks, oxygen hose, and nebulizers), standard wheelchairs, and walkers that are reasonable and appropriate

Durable Medical Equipment:

Description
Digital blood pressure & pulse monitor

Oxygen, gaseous, per cubic ft
Oxygen contents, liq. Per lb
Oxygen contents, liq. Per 100 lbs
Tubing (oxygen), per foot
Mouth Piece
Variable concentration mask
Disposable kit (pipe style)
Disposable kit (mask style)
Mask w/ headgear
6' tubing
Filters
Cane with tip [New]
Cane with tip [Monthly Rental]
Cane, quad or 3 prong, with tips [New]
Cane, quad or 3 prong, with tips [Monthly Rental]
Crutches, underarm, wood, pair with pads, tips, handgrips [New]
Crutches, underarm, wood, pair with pads, tips, handgrips [Monthly Rental]
Crutch, underarm, wood, each with pad, tip, handgrip
Crutch, underarm, wood, each with pad, tip, handgrip [Monthly Report]
Walker, folding (pickup) adjustable or fixed height [New]
Walker, folding (pickup) adjustable or fixed height [Monthly Rental]
Walker, folding with wheels
Portable oxygen [Rental] Includes:

regulator, cart and (2) tanks per month
Nebulizer, with compressor [New]
Nebulizer, durable, glass or autoclavable plastic, bottle [New]
Nebulizer, durable, glass or autoclavable plastic, bottle [Monthly Rental]
Wheelchair, standard [New]
Wheelchair, standard [Monthly Rental]
Oxygen Concentrator, Capable of delivering 85% or > Oxygen Concen at Persc Flw Rt [Monthly Rental]
Standard wheelchair
Lightweight wheelchair
Ultra lightweight wheelchair
Elevating leg rests, pair
Continuous positive airway pressure (CPAP) device [monthly rental up to purchase]
Orthopedic braces [monthly rental up to purchase]
Wound care supplies

Emergency Medical Services:

Emergency Medical Services (EMS) services are ground ambulance transport services. When the client's condition is life-threatening and requires the use of special equipment, life support systems, and close monitoring by trained attendants while en route to the nearest

appropriate (mandated) facility, ground transport is an emergency service.

The hospital district requires the clients to use MCHD EMS services only. EMS Dispatch must be notified by provider that the patient is a MCHD MAP Client at time of request.

Federally Qualified Health Center (FQHC) Services:

These services must be provided in an approved FQHC by a Texas licensed physician, a physician's assistant, or an advanced practice nurse, a clinical psychologist, or a clinical social worker.

Health and Wellness Services

All MAP clients will participate in a Health Risk Assessment (HRA) annually while enrolled in the plan. Results of the HRA will be reviewed by and with a medical provider and clients will be assigned a HCAP Case Manager and a primary care medical home to aid in disease prevention, disease management, health education, and care coordination.

Compliance with this service will be mandatory for continued participation in the MAP.

Home Health Care Services

These services must be medically necessary and provided under a written, signed, and dated physician's prescription. A Pa or an APN may also prescribe these services if this is within the scope of their practice in accordance with the standards established by their regulatory authority.

The hospital district requires the provider to receive prior authorization.

Occupational Therapy Services:

These services must be medically necessary and may be covered if provided in a physician's office, a therapist's office, in an outpatient rehabilitation or free-standing rehabilitation facility, or in a licensed hospital. Services must be within the provider's scope of practice, as defined by Occupations Code, Chapter 454.

The hospital district requires the provider to receive prior authorization.

Physician Assistant (PA) Services:

These services must be medically necessary and provided by a PA under the supervision of a Texas licensed physician and billed by and paid to the supervising physician.

Physical Therapy Services:

These services must be medically necessary and may be covered if provided in a physician's office, a therapist's office, in an outpatient rehabilitation or free-standing rehabilitation facility, or in a licensed hospital. Services must be within the provider's scope of practice, as defined by Occupations Code, Chapter 453.

The hospital district requires the provider to receive prior authorization.

EXCLUSIONS AND LIMITATIONS

The Following Services, Supplies, and Expenses are not MCHD MAP Benefits:

- Abortions; unless the attending physician certifies in writing that, in his professional judgment, the mother's life is endangered if the fetus were carried to term or unless the attending physician certifies in writing that the pregnancy is related to rape or incest;
- Air conditioners, humidifiers and purifiers, swimming pools, hot tubs, or waterbeds, whether or not prescribed by a physician;
- Air Medical Transport;
- Ambulation aids unless they are authorized by MCHD;
- Autopsies;
- BiPAP (Bi-level Positive Airway Pressure);
- Charges exceeding the specified limit per client in the Plan;
- The maximum Hospital District liability for each fiscal year for health care services provided by all assistance providers, including hospital and skilled nursing facility (SNF), to each MAP client is:
 - \$60,000; or
 - the payment of 30 days of hospitalization or treatment in a SNF, or both, or \$60,000, whichever occurs first.
 - 30 days of hospitalization refers to inpatient hospitalization.
- The maximum Hospital District liability for each fiscal year for Mental Health – Counseling services provided by all assistance providers, including hospital, to each MCICP client is:
 - \$20,000;
- Charges made by a nurse for services which can be performed by a person who does not have the skill and training of a nurse;
- Chiropractors;

- Cosmetic (plastic) surgery to improve appearance, rather than to correct a functional disorder; here, functional disorders do not include mental or emotional distress related to a physical condition. All cosmetic surgeries require MCHD authorization;
-
- Cryotherapy machine for home use;
- Custodial care;
- Dental care; except for reduction of a jaw fracture or treatment of an oral infection when a physician determines that a life-threatening situation exists and refers the patient to a dentist;
- Dentures;
- Drugs, which are:
 - Not approved for sale in the United States, or
 - Over-the-counter drugs (except with MCHD authorization)
 - Outpatient prescription drugs not purchased through the prescription drug program, or
 - Not approved by the Food and Drug Administration (FDA), or
 - Dosages that exceed the FDA approval, or
 - Approved by the FDA but used for conditions other than those indicated by the manufacturer;
- Durable medical equipment supplies unless they are authorized by MCHD;
- Exercising equipment (even if prescribed by a physician), vibratory equipment, swimming or therapy pools, hypnotherapy, massage therapy, recreational therapy, enrollment in health or athletic clubs;
- Experimental or research programs;
- Family planning services are not payable if other entities exist to provide these services in Montgomery County;
- For care or treatment furnished by:

- Christian Science Practitioner
- Homeopath
- Marriage, Family, Child Counselor (MFCC)
- Naturopath.
- Genetic counseling or testing;
- Hearing aids;
- Hormonal disorders, male or female;
- Hospice Care
- Hospital admission for diagnostic or evaluation procedures unless the test could not be performed on an outpatient basis without adversely affecting the health of the patient;
- Hospital beds;
- Hospital room and board charges for admission the night before surgery unless it is medically necessary;
- Hysterectomies performed solely to accomplish sterilization:
 - A hysterectomy shall only be performed for other medically necessary reasons,
 - The patient shall be informed that the hysterectomy will render the patient unable to bear children.
 - A hysterectomy may be covered in an emergent situation if it is clearly documented on the medical record.
 - An emergency exists if the situation is a life-threatening emergency; or the patient has severe vaginal bleeding uncontrollable by other medical or surgical means; or the patient is comatose, semi-comatose, or under anesthesia;
- Immunizations and vaccines except with MCHD authorization;
 - Pneumovaccine shots for appropriate high risk clients and flu shots once a year may be covered
 - Other immunizations covered are those that can be administered by MCHD staff. A current prescription from a physician is required for immunizations given by MCHD staff.

- Infertility, infertility studies, invitro fertilization or embryo transfer, artificial insemination, or any surgical procedure for the inducement of pregnancy;
- Legal services;
- Marriage counseling, or family counseling when there is not an identified patient;
- Medical services, supplies, or expenses as a result of a motor vehicle accident or assault unless MCHD MAP is the payor last resort ;
- More than one physical exam per year per **active** client;
- Obstetrical Care, except with MCHD Administration authorization;
- Oriental pain control (Acupuncture or Acupressure);
- Other CPT codes with zero payment or those not allowed by county indigent guidelines;
- Outpatient psychiatric services (Counseling) that exceed 30 visits during a fiscal year unless the hospital district chooses to exceed this limit upon hospital district review of an individual's case record.
- Parenteral hyperalimentation therapy as an outpatient hospital service unless the service is considered medically necessary to sustain life. Coverage does not extend to hyperalimentation administered as a nutritional supplement;
- Podiatric care unless the service is covered as a physician service when provided by a licensed physician;
- Private inpatient hospital room except when:
 - A critical or contagious illness exists that results in disturbance to other patients and is documented as such,
 - It is documented that no other rooms are available for an emergency admission, or
 - The hospital only has private rooms.
- Prosthetic or orthotic devices, except under MAP Administration authorization;

- Recreational therapy;
- Routine circumcision if the patient is more than three days old unless it is medically necessary. Circumcision is covered during the first three days of his newborn's life;
- Separate payments for services and supplies to an institution that receives a vendor payment or has a reimbursement formula that includes the services and supplies as a part of institutional care;
- Services or supplies furnished for the purpose of breaking a "habit", including but not limited to overeating, smoking, thumb sucking;
- Services or supplies provided in connection with cosmetic surgery unless they are authorized for specific purposes by the hospital district or its designee before the services or supplies are received and are:
 - Required for the prompt repair of an accidental injury
 - Required for improvement of the functioning of a malformed body member
- Services provided by an immediate relative or household member;
- Services provided outside of the United States;
- Services rendered as a result of (or due to complications resulting from) any surgery, services, treatments or supplier specifically excluded from coverage under this handbook;
- Sex change and/or treatment for transsexual purposed or treatment for sexual dysfunctions of inadequacy which includes implants and drug therapy;
- Sex therapy, hypnotics training (including hypnosis), any behavior modification therapy including biofeedback, education testing and therapy (including therapy intended to improve motor skill development delays) or social services;
- Social and educational counseling;
- Spinograph or thermograph;
- Surgical procedures to reverse sterilization;

- Take-home items and drugs or non-prescribed drugs;
- Transplants, including Bone Marrow;
- Treatment of flat foot (flexible pes planus) conditions and the prescription of supportive devices (including special shoes), the treatment of subluxations of the foot and routine foot care more than once every six months, including the cutting or removal of corns, warts, or calluses, the trimming of nails, and other routine hygienic care
- Treatment of obesity and/or for weight reduction services or supplies (including weight loss programs);
- Vision Care, including eyeglasses, contacts, and glass eyes;
 - Except, every 12 month's one **diabetic** eye examination only may be covered.
- Vocational evaluation, rehabilitation or retraining;
- Voluntary self-inflicted injuries or attempted voluntary self-destruction while sane or insane;
- Whole blood or packed red cells available at not cost to patient.

Conflicts In Other Agreements:

The provisions set forth in this Handbook shall be subject to and superseded by any contrary and/or conflicting provisions in any contract or agreement approved by the District's Board of Directors. To the extent of such conflict, the provisions in such contract or agreement shall control, taking precedence over any conflicting provisions contained in this Handbook.

SERVICE DELIVERY DISPUTES

Appeals of Adverse Benefits Determinations

All claims and questions regarding health claims should be directed to the Third Party Administrator. MCHD shall be ultimately and finally responsible for adjudicating such claims and for providing full and fair review of the decision on such claims in accordance with the following provisions. Benefits under the Plan will be paid only if MCHD decides in its discretion that the Provider is entitled to them under the applicable Plan rules and regulations in effect at the time services were rendered. The responsibility to process claims in accordance with the Handbook may be delegated to the Third Party Administrator; provided, however, that the Third Party Administrator is not a fiduciary or trustee of the Plan and does not have the authority to make decisions involving the use of discretion.

Each Provider claiming benefits under the Plan shall be responsible for supplying, at such times and in such manner as MCHD in its sole discretion may require, written proof that the expenses were incurred or that the benefit is covered under the Plan. If MCHD in its sole discretion shall determine that the Provider has not Incurred a Covered Expense, provided a Covered Service, or that the benefit is not covered under the Plan, or if the Provider shall fail to furnish such proof as is requested, no benefits shall be payable under the Plan.

NOTE: PURSUANT TO TEXAS LOCAL GOVERNMENT CODE SECTION 271.154, THE EXHAUSTION OF THE FOLLOWING APPEAL PROCEDURES SHALL BE A PRECONDITION TO THE INSTITUTION OF LITIGATION AGAINST MCHD FOR PAYMENT OF A CLAIM ARISING FROM PROVIDER'S PROVISION OF SERVICES TO A MCHD HCAP CLIENT. ANY SUIT FILED PRIOR TO THE EXHAUSTION OF THE FOLLOWING APPEAL PROCEDURES SHALL BE SUBJECT TO ABATEMENT UNTIL SUCH APPEAL PROCEDURES HAVE BEEN EXHAUSTED.

Full and Fair Review of All Claims

In cases where a claim for benefits is denied, in whole or in part, and the Provider believes the claim has been denied wrongly, the Provider may appeal the denial and review pertinent documents, including the Covered Services and fee schedules pertaining to such Covered Services. The claims procedures of this Plan afford a Provider with a reasonable opportunity for a full and fair review of a claim and adverse benefit determination. More specifically, the Plan provides:

1. Provider at least 95 days following receipt of a notification of an initial adverse benefit determination within which to appeal the determination and 60 days to appeal a second adverse benefit determination;
2. Provider the opportunity to submit written comments, documents, records, and other information relating to the claim for benefits;
3. For an independent review that does not afford deference to the previous adverse benefit determination and that is conducted by an appropriate named fiduciary of the Plan, who shall be neither the individual who made the adverse benefit determination that is the subject of the appeal, nor the subordinate of such individual;
4. For a review that takes into account all comments, documents, records, and other information submitted by the Provider relating to the claim, without regard to whether such information was submitted or considered in any prior benefit determination;
5. That, in deciding an appeal of any adverse benefit determination that is based in whole or in part upon a medical judgment, the Plan fiduciary shall consult with one or more health care professionals who have appropriate training and experience in the field of medicine involved in the medical judgment, and who are neither individuals who were consulted in connection with the adverse benefit determination that is the subject of the appeal, nor the subordinates of any such individual;
6. For the identification of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with a claim, even if the Plan did not rely upon their advice; and
7. That a Provider will be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the Provider's claim for benefits to the extent such records are in possession of the MCHD or the Third Party Administrator; information regarding any voluntary appeals procedures offered by the Plan; any internal rule, guideline, protocol or other similar criterion relied upon in making the adverse determination; and an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to the Client's medical circumstances.

First Appeal Level

Requirements for First Appeal

The Provider must file the first appeal in writing within 95 days following receipt of the notice of an adverse benefit determination. Otherwise the initial determination stands as the final determination and is not appealable. To file an appeal, the Provider's appeal must be addressed as follows and either mailed or faxed as follows:

Pre-service Non-urgent Claims:

PrimeDX Attn:
Appeals P.O.
Box 9201
Austin, TX 78766
Fax Number: 512-454-1624

For Post-service Claims:

Boon-Chapman Benefit Administrators, Inc.
Attention: Appeals
P.O. Box 9201
Austin, TX 78766
Fax Number: 512-459-1552

It shall be the responsibility of the Provider to submit proof that the claim for benefits is covered and payable under the provisions of the Plan.

Any appeal must include the following information:

1. The name of the Client/Provider;
2. The Client's social security number (Billing ID);
3. The Client's HCAP #;
4. All facts and theories supporting the claim for benefits. Failure to include any theories or facts in the appeal will result in their being deemed waived. In other words, the Provider will lose the right to raise factual arguments and theories, which support this claim if the Provider fails to include them in the appeal;
5. A statement in clear and concise terms of the reason or reasons for disagreement with the handling of the claim; and
6. Any material or information that the Provider has which indicates that the Provider is entitled to benefits under the Plan.

If the Provider provides all of the required information, it will facilitate a prompt decision on whether Provider's claim will be eligible for payment under the Plan.

Timing of Notification of Benefit Determination on First Appeal

MCHD shall notify the Provider of the Plan's benefit determination on review within the following timeframes:

Pre-service Non-urgent Care Claims

Within a reasonable period of time appropriate to the medical circumstances, but not later than 15 business days after receipt of the appeal

Concurrent Care Claims

The response will be made in the appropriate time period based upon the type of claim – Pre-service Non-urgent or Post-service.

Post-service Claims

Within a reasonable period of time, but not later than 30 days after receipt of the appeal

Calculating Time Periods

The period of time within which the Plan's determination is required to be made shall begin at the time an appeal is filed in accordance with the procedures of this Plan, with all information necessary to make the determination accompanying the filing.

Manner and Content of Notification of Adverse Benefit Determination on First Appeal.

MCHD may provide a Provider with notification, in writing or electronically, of a Plan's adverse benefit determination on review, setting forth:

1. The specific reason or reasons for the denial;
2. Reference to the specific portion(s) of the Handbook and/ or Provider Agreements on which the denial is based;
3. A description of the Plan's review procedures and the time limits applicable to the procedures for further appeal; and
4. The following statement: "You and your Provider Agreement may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what additional recourse may be available is to contact MCHD."

Furnishing Documents in the Event of an Adverse Determination.

In the case of an adverse benefit determination on review, MCHD may provide such access to, and copies of, documents, records, and other information used in making the determination of the section relating to "Manner and Content of Notification of Adverse Benefit Determination on First Appeal" as appropriate under the particular circumstances.

Second Appeal Level

Adverse Decision on First Appeal; Requirements for Second Appeal

Upon receipt of notice of the Plan's adverse decision regarding the first appeal, the Provider has an additional 60 days to file a second appeal of the denial of benefits. The Provider again is entitled to a "full and fair review" of any denial made at the first appeal, which means the Provider has the same rights during the second appeal as he or she had during the first appeal. As with the first appeal, the Provider's second appeal must be in writing and must include all of the items and information set forth in the section entitled "Requirements for First Appeal" And shall additionally include a brief statement setting forth the Provider's rationale as to why the initial appeal decision was in error

Timing of Notification of Benefit Determination on Second Appeal

MCHD shall notify the Provider of the Plan's benefit determination following the second appeal within the following timeframes:

Pre-service Non-urgent Care Claims

Within a reasonable period of time appropriate to the medical circumstances, but not later than 15 business days after receipt of the second appeal.

Concurrent Care Claims

The response will be made in the appropriate time period based upon the type of claim – Pre-service Urgent, Pre-service Non-urgent or Post-service.

Post-service Claims

Within a reasonable period of time, but not later than 30 days after receipt of the second appeal.

Calculating Time Periods

The period of time within which the Plan's determination is required to be made shall begin at the time the second appeal is filed in accordance with the procedures of this Plan, with all information necessary to make the determination accompanying the filing.

Manner and Content of Notification of Adverse Benefit Determination on Second Appeal

The same information must be included in the Plan's response to a second appeal as a first appeal, except for (i) a description of any additional information necessary for the Provider to perfect the claim and an explanation of why such information is needed; and (ii) a description of the Plan's review procedures and the time limits applicable to the procedures. See the section entitled "Manner and Content of Notification of Adverse Benefit Determination on First Appeal."

Furnishing Documents in the Event of an Adverse Determination In the case of an adverse benefit determination on the second appeal, MCHD may provide such access to, and copies of, documents, records, and other information used in making the determination of the section relating to "Manner and Content of Notification of Adverse Benefit Determination on First Appeal" as is appropriate, including its determinations pertaining to Provider's assertions and basis for believing the initial appeal decision was in error.

Decision on Second Appeal to be Final

If, for any reason, the Provider does not receive a written response to the appeal within the appropriate time period set forth above, the Provider may assume that the appeal has been denied. The decision by the MCHD or other appropriate named fiduciary of the Plan on review will be final, binding and conclusive and will be afforded the maximum deference permitted by law. All claim review procedures provided for in the Plan must be exhausted before any legal action is brought. Any legal action for the recovery of any benefits must be commenced within one-year after the Plan's claim review procedures have been exhausted or legal statute.

Appointment of Authorized Representative

A Provider is permitted to appoint an authorized representative to act on his behalf with respect to a benefit claim or appeal of a denial. To appoint such a representative, the Provider must complete a form, which can be obtained from MCHD or the Third Party Administrator. In the event a Provider designates an authorized representative, all future communications from the Plan will be with the representative, rather than the Provider, unless the Provider directs MCHD, in writing, to the contrary.

MANDATED PROVIDER INFORMATION

Policy Regarding Reimbursement Requests From Non-Mandated Providers For The Provision Of Emergency And Non-Emergency Services

Continuity of Care:

It is the intent of the District and its MAP Office to assure continuity of care is received by the patients who are on the rolls of the Plan. For this purpose, mandated provider relationships have been established and maintained for the best interest of the patients' health status. The client/patient has the network of mandated providers explained to them and signs a document to this understanding at the time of eligibility processing in the MAP Office. Additionally, they demonstrate understanding in a like fashion that failure to use mandated providers, unless otherwise authorized, will result in them bearing independent financial responsibility for their actions.

Prior Approval:

A non-mandated health care provider must obtain approval from the Hospital District's Medical Assistance Plan (MAP) Office before providing health care services to an active MAP patient. Failure to obtain prior approval or failure to comply with the notification requirements below will result in rejection of financial reimbursement for services provided.

Mandatory Notification Requirements:

- The non-mandated provider shall attempt to determine if the patient resides within District's service area when the patient first receives services if not beforehand as the patients condition may dictate.
- The provider, the patient, and the patient's family shall cooperate with the District in determining if the patient is an active client on the MAP rolls of the District for MAP services.
- Each individual provider is independently responsible for their own notification on each case as it presents.
- If a non-mandated provider delivers emergency or non-emergency services to a MAP patient who the provider suspects might be an active client on the MAP rolls with the District, the provider shall notify the District's MAP Office that services have been or will be provided to the patient.

- The notice shall be made:
 - (1) By telephone not later than the 72nd hour after the provider determines that the patient resides in the District's service area and is suspect of being an active client on the District's MAP rolls; and
 - (2) By mail postmarked not later than the fifth working day after the date on which the provider determines that the patient resides in the District's service area.

Authorization:

The District's MAP Office may authorize health care services to be provided by a non-mandated provider to a MAP patient only:

- In an emergency (as defined below and interpreted by the District);
- When it is medically inappropriate for the District's mandated provider to provide such services; or
- When adequate medical care is not available through the mandated provider.

Emergency Defined:

An "emergency medical condition" is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patients health in serious jeopardy,
- Serious impairment of bodily functions, or
- Serious dysfunction of any bodily organ or part.

Emergency Medical Services:

MCHD as a provider of EMS for Montgomery County is independently responsible in determining the most appropriate destination by its own policies and procedures for all transported patients, including MAP client patients. MAP client patients are to (as conditions allow) notify EMS about their mandated provider as a preferred destination.

Reimbursement:

In such event, the District shall provide written authorization to the non-mandated provider to provide such health care services as are medically appropriate, and thereafter the District shall assume responsibility for reimbursement for the services rendered by the non-mandated provider at the reimbursement rates approved for the District's mandated provider, generally but not limited to, being those reimbursement rates approved by the Texas Department of State Health Services pursuant to the County Indigent Health Care And Treatment Act. Acceptance of reimbursement by the non-mandated provider will indicate payment in full for services rendered.

If a non-mandated provider delivers emergency or non-emergency services to a patient who is on the MAP rolls of the District and fails to comply with this policy, including the mandatory notice requirements, the non-mandated provider is not eligible for reimbursement for the services from the District.

Return to Mandated Provider:

Unless authorized by the District's MAP Office to provide health care services, a non-mandated provider, upon learning that the District has selected a mandated provider, shall see that the patient is transferred to the District's selected mandated provider of health care services.

Appeal:

If a health care provider disagrees with a decision of the MAP Office regarding reimbursement and/or payment of a claim for treatment of a person on the rolls of the District's MAP, the provider will have to appeal the decision to the District's Board of Directors and present its position and evidence regarding coverage under this policy. The District will conduct a hearing on such appeal in a reasonable and orderly fashion. The health care provider and a representative of the MAP Office will have the opportunity to present evidence, including their own testimony and the testimony of witnesses. After listening to the parties' positions and reviewing the evidence, the District's Board of Directors will determine an appropriate action and issue a written finding.

SECTION FIVE. FORMS

FORMS

Forms may exist online in electronic form through MCHD's Indigent Healthcare Services (I.H.S.) software.

- HCAP Form 100: MONTGOMERY COUNTY HOSPITAL DISTRICT'S HEALTHCARE ASSISTANCE APPLICATION
- HCAP Form 2: HCAP APPOINTMENT CARD
- HCAP Form 3: HCAP BEHAVIORAL GUIDELINES
- HCAP Form A: ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES FORM
- HCAP Form B: ASSET AND BACKGROUND CHECK FORM
- HCAP Form C: MEDICAL HISTORY FORM
- HCAP Form D: RELEASE FORM
- HCAP Form E: SUBROGATION FORM
- HCAP Form F: PROOF OF CITIZENSHIP FOR MCHD HCAP
- HCAP Form G: HOW TO CONTACT THE ELIGIBILITY OFFICE REGARDING YOUR SSI STATUS
- HCAP Form H: REPRESENTATION AND ACKNOWLEDGEMENT FORM
- HCAP Form I: ASSIGNMENT OF HEALTH INSURANCE PROCEEDS
- HCAP Form J: HCAP FRAUD POLICY AND PROCEDURES
- HCAP Form 12: REQUEST FOR INFORMATION
- HCAP Form 101: WORKSHEET (*Electronic Version*)
- HCAP Form 102: STATEMENT OF SUPPORT
- HCAP Form 103: REQUEST FOR DOMICILE VERIFICATION
- HCAP Form 104: AFFIDAVIT REGARDING MARITAL STATUS AND FINANCIAL SUPPORT
- HCAP Form 109: NOTICE OF ELIGIBILITY (*Electronic Version*)
- HCAP Form 110: HCAP IDENTIFICATION CARD
- HCAP Form 117: NOTICE OF INELIGIBILITY (*Electronic Version*)
- HCAP Form 120: NOTICE OF INCOMPLETE APPLICATION
- HCAP Form 200: EMPLOYER VERIFICATION FORM
- HCAP Form 201: SELF-EMPLOYMENT VERIFICATION FORM

APPENDIX I. GLOSSARY OF TERMS

GLOSSARY

Adult - A person at least age 18 or a younger person who is or has been married or had the disabilities of minority removed for general purposes.

Accessible Resources - Resources legally available to the household.

Aged Person - Someone aged 60 or older as of the last day of the month for which benefits are being requested.

Application Completed Date – The date that Form 100 and all information necessary to make an eligibility determination is received.

Approval Date- The date that the hospital district issues Form 109, Notice of Eligibility, and HCAP Form 110, MAP Identification Card, is issued to the client.

Assets - All items of monetary value owned by an individual.

Budgeting - The method used to determine eligibility by calculating income and deductions using the best estimate of the household's current and future circumstances and income.

Candidate - Person who is applying for MAP benefits who has NEVER been on the Plan before.

Claim – Completed CMS-1500, UB-04, pharmacy statement with detailed documentation, or an electronic version thereof.

Claim Pay Date - The date that the hospital district writes a check to pay a claim.

Client – Eligible resident who is actively receiving healthcare benefits on MAP.

Common Law Marriage - Relationship recognized under Texas law in which the parties age 18 or older are free to marry, live together, and hold out to the public that they are husband and wife. A man and a woman who want to establish a common-law marriage must sign a form provided by the county clerk. In addition, they must (1) agree to be married, (2) cohabit, and (3) represent to others that they are married.

A minor child in Texas is not legally allowed to enter a common law marriage unless the claim of common law marriage began before September 1, 1997.

Complete Application - A complete application (Application for MAP, Form 100) includes validation of these components:

- The applicant's full name and address,

- The applicant's county of residence is Montgomery County,
- The names of everyone who lives in the house with the applicant and their relationship to the applicant,
- The type and value of the MCHD MAP household's resources,
- The MCHD MAP household's monthly gross income,
- Information about any health care assistance that household members may receive,
- The applicant's Social Security number,
- All needed information, such as verifications.

The date that Form 100 and all information necessary to make an eligibility determination is received is the application completion date.

Co-payments – The amount requested from the client to help contribute to their healthcare expenses. Also known and referenced as “co-pays” in some MAP documents.

County – A county not fully served by a public facility, namely, a public hospital or a hospital district; or a county that provides indigent health care services to its eligible residents through a hospital established by a board of managers jointly appointed by a county and a municipality

Days - All days are calendar days, except as specifically identified as workdays.

Denial Date – The date that Form 117, Notice of Ineligibility, is issued to the candidate.

Disabled Person - Someone who is physically or mentally unfit for employment.

A disabled person includes:

1. A person approved for SSI, Social Security disability, or blindness.
2. A veteran who receives VA benefits because he/she is rated a 100% service-connected disability or who according to the VA needs regular aid and attendance or is permanently housebound.
3. A surviving spouse of a deceased veteran who meets one of the following criteria according to the VA.
 - Needs regular aid and attendance
 - Permanently housebound
 - Approved for VA benefits because of the veteran's death and could be considered permanently disabled for social security purposes.

4. A surviving child (any age) of a deceased veteran who the VA has determined is:
 - Permanently incapable of self-support, or
 - Approved for benefits because of the veteran's death and could be considered permanently disable for social security purpose.
5. A person receiving disability retirement benefits from any government agency for a disability that could be considered permanent for social security purposes.
6. A person receiving Railroad Retirement Disability, who is also covered by Medicare.

Note: Permanent disability for Social Security purposes is any of the following conditions that may be obvious by observation or may require a physician's opinion:

- Permanent loss of use of both hands, both feet, or one hand and one foot;
- Amputation of leg at hip
- Amputation of leg or foot because of diabetes mellitus or peripheral vascular diseases;
- Total deafness, not correctable by surgery or hearing aid;
- Statutory blindness, unless caused by cataracts or detached retina;
- IQ 59 or less, established after the person becomes 16 years old;
- Spinal cord or nerve root lesion resulting in paraplegia or quadriplegia;
- Multiple sclerosis in which there is damage to the nervous system caused by scattered areas of inflammation. The inflammation recurs and has progressed to varied interferences with the function of the nervous system, including severe muscle weakness, paralysis, and vision and speech defects.
- Muscular dystrophy with irreversible wasting of the muscles, impairing the ability to use arms or legs;
- Impaired renal function caused by chronic renal disease, resulting in severely reduced function which may require dialysis or kidney transplant;
- Amputation of a limb of a person at least 55 years old;
- Acquired Immune Deficiency Syndrome (AIDS) progressed so that it results in extensive and/or recurring physical or mental impairment.

Disqualified Person – A person receiving or is categorically eligible to receive Medicaid.

The District – Montgomery County Hospital District

Domicile - A residence

DSHS - Department of State Health Services (Texas DSHS)

Earned Income - Income a person receives for a certain degree of activity or work. Earned income is related to employment and, therefore, entitles the person to work-related deductions not allowed for unearned income.

Eligible Montgomery County Resident - An eligible county resident must reside in Montgomery County, and meets the resource, income, and citizenship requirements.

Eligibility (Effective) Date - The date that a client becomes qualified for benefits.

Eligibility End (Expiration) Date – The date that a client's eligibility ends

Eligibility Staff - Individuals who determine Plan eligibility may be hospital district personnel, or persons under contract with the hospital district to determine Plan eligibility.

Emancipated Minor - A person under age 18 who has been married as recognized under Texas law. The marriage must not have been annulled.

Emergency medical condition - Is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patient's health in serious jeopardy,
- Serious impairment of bodily functions, or
- Serious dysfunction of any bodily organ or part.

Equity - The amount of money that would be available to the owner after the sale of a resource. Determine this amount by subtracting from the fair market value any money owed on the item and the costs normally associated with the sale and transfer of the item.

Expenditure - Funds spent on basic or extended health care services.

Expenditure Tracking - A hospital district should track monthly basic and extended health care expenditures.

Extended Services – MCHD approved, extended health care services that the hospital district determines to be necessary and cost-effective and chooses to provide.

Fair Market Value - The amount a resource would bring if sold on the current local market.

Gross Income - Income before deductions.

GRTL - The county's General Revenue Tax Levy (GRTL) is used to determine eligibility for state assistance funds. For information on determining and reporting the GRTL, contact Teri Rodgers, Property Tax Division of the Texas State Comptroller of Public Accounts at 800/252-9121.

Hospital District - A hospital district created under the authority of the Texas Constitution Article IX, Sections 4 – 11.

Identifiable Application- An application is identifiable if it includes: the applicant's name, the applicant's address, the applicant's social security number, the applicant's date of birth, the applicant's signature, and the date the applicant signed the application.

Identifiable Application Date- The date on which an identifiable application is received from an applicant.

Inaccessible Resources - Resources not legally available to the household. Examples include but are not limited to irrevocable trust funds, property in probate, security deposits on rental property and utilities.

Income - Any type of payment that is of gain or benefit to a household.

Managing Conservator - A person designated by a court to have daily responsibility for a child.

Mandated Provider - A health care provider, selected by the hospital district, who agrees to provide health care services to eligible clients.

Married Minor - An individual, age 14-17, who is married as such is recognized under the laws of the State of Texas. These individuals must have parental consent or court permission. An individual under age 18 may not be a party to an informal (common law) marriage.

MCHD Fiscal Year - The twelve-month period beginning October 1 of each calendar year and ending September 30 of the following calendar year.

Medicaid - The Texas state-paid insurance program for recipients of Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), and Medical Assistance Plans for families and children.

Midlevel Practitioner – An Individual healthcare practitioner other than a physician, dentist or podiatrist, who is licensed, registered, or otherwise, permitted in the State of Texas who practices professional medicine.

Minor Child - A person under age 18 who is not or has not been married and has not had the disabilities of minority removed for general purposes.

Net income - Gross income minus allowable deductions.

Personal Possessions - appliances, clothing, farm equipment, furniture, jewelry, livestock, and other items if the household uses them to meet personal needs essential for daily living.

Public Facility - A hospital owned, operated, or leased by a hospital district.

Public Hospital - A hospital owned, operated, or leased by a county, city, town, or other political subdivision of the state, excluding a hospital district and a hospital authority. For additional information, refer to Chapter 61, Health and Safety Code, Subchapter C.

Real Property - Land and any improvements on it.

Reimbursement - Repayment for a specific item or service.

Relative - A person who has one of the following relationships biologically or by adoption:

- Mother or father,
- Child, grandchild, stepchild,
- Grandmother or grandfather,
- Sister or brother,
- Aunt or uncle,
- Niece or nephew,
- First cousin,
- First cousin once removed, and
- Stepmother or stepfather.

Relationship also extends to:

- The spouse of the relatives listed above, even after the marriage is terminated by death or divorce,
- The degree of great-great aunt/uncle and niece/nephew, and
- The degree of great-great-grandmother/grandfather.

Resources - Both liquid and non-liquid assets a person can convert to meet his needs. Examples include but are not limited to: bank accounts, boats, bonds, campers, cash, certificates of deposit, gas rights, livestock (unless the livestock is used to meet personal needs essential for daily living), mineral rights, notes, oil rights, real estate (including buildings and land, other than a homestead), stocks, and vehicles.

Service Area - The geographic region in which a hospital district has a legal obligation to provide health care services.

Sponsored Alien – a sponsored alien means a person who has been lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act (8 U.S.C. Section 1101 et seq.) and who, as a condition of admission, was sponsored by a person who executed an affidavit of support on behalf of the person.

Status Date – The date when the hospital district make a change to a clients status.

TDSHS – Texas Department of State Health Services

Temporary Absence – When a client is absent from Montgomery County for less than or equal to 30 days.

Termination Date - The date that the hospital district ends a client's benefits.

Third Party Administrator (TPA) – The designated TPA shall be Boon-Chapman Benefit Administrators, Inc.

Tip Income - Income earned in addition to wages that is paid by patrons to people employed in service-related occupations, such as beauticians, waiters, valets, pizza delivery staff, etc.

Unearned Income - Payments received without performing work-related activities.

V.A. Veteran – A veteran must have served at least 1 day of active duty military time prior to September 7, 1980 and if service was after that date, at least 24 months of active duty military time to eligible for medical services through the Department of Veteran affairs (Form DD214 may be requested).

APPENDIX II. MCHD'S ENABLING LEGISLATION

MONTGOMERY COUNTY HOSPITAL DISTRICT'S ENABLING LEGISLATION

MONTGOMERY COUNTY HOSPITAL DISTRICT¹

An Act relating to the creation, administration, maintenance, operation, powers, duties, and financing of the Montgomery County Hospital District of Montgomery County, Texas, by authority of Article IX, Section 9 of the Texas Constitution.

Be it enacted by the Legislature of the State of Texas:

Section 1. In accordance with the provisions of Article IX, Section 9, of the Texas Constitution, this Act authorizes the creation, administration, maintenance, operation, and financing of a hospital district within this state with boundaries coextensive with the boundaries of Montgomery County, Texas, to be known as “Montgomery County Hospital District” with such rights, powers, and duties as provided in this Act.

Sec. 2. The district shall take over and there shall be transferred to it title to all land, buildings, improvements, and equipment pertaining to the hospitals or hospital system owned by the county or any city or town within the boundaries of the proposed district and shall provide for the establishment of a health care or hospital system by the purchase, gift, construction, acquisition, repair, or renovation of buildings and equipment and equipping same and the administration of the system for health care or hospital purposes. The district may take over and may accept title to land, buildings, improvements, and equipment of a nonprofit hospital within the district if the governing

¹ The Montgomery County Hospital District was created in 1977 by the 65th Leg., R.S., Ch. 258. It was amended by the following Acts: Act of 1985, 69th Leg., R.S., Ch. 516; Act of 1991, 72nd Leg., R.S., Ch. 511; Act of 1993, 73rd Leg., R.S., Ch. 267; Act of 1995, Ch. 468; Act of 1999, 76th Leg. R.S., Ch. 747; Act of 2003, 78th Leg. R.S., Ch. 529 (HB 1251); Act of 2005, 79th Leg. R.S.Ch. 690 (SB 264) and Ch. 476 (HB 192).

authority or authorities of the hospital and district agree to the transfer. The district shall assume the outstanding indebtedness incurred by any city or town within the district or by the county for hospital purposes within the boundaries of the district.

Section 3. (a) The district shall not be created nor shall any tax in the district be authorized unless and until the creation and tax are approved by a majority of the electors of the area of the proposed district voting at an election called for that purpose. The election may be called by the commissioners court on presentation of a petition therefor signed by at least 50 electors of the area of the proposed district. The election shall be held not less than 35 nor more than 60 days from the date the election is ordered. The order calling the election shall specify the date, place or places of holding the election, the form of ballot, and the presiding judge and alternate judge for each voting place and shall provide for clerks as in county elections. Notice of election shall be given by publishing a substantial copy of the election order in a newspaper of general circulation in the county once a week for two consecutive weeks, the first publication to appear at least 30 days prior to the date established for the election. The failure of the election shall not operate to prohibit the calling and holding of subsequent elections for the same purposes; provided no district confirmation election shall be held within 12 months of any preceding election for the same purpose. If the district is not confirmed at an election held within 60 months from the effective date of this Act, this Act is repealed.

(b) At the election there shall be submitted to the electors of the area of the proposed district the proposition of whether the hospital district shall be created with authority to levy annual taxes at a rate not to exceed 75 cents on the \$100 valuation on all taxable property situated within the hospital district, subject to hospital district taxation, for the purpose of meeting the requirements of the district's bonds, indebtedness assumed

by it, and its maintenance and operating expenses, and a majority of the electors of the area of the proposed district voting at the election in favor of the proposition shall be sufficient for its adoption.

(c) The form of ballot used at the election on the creation of the district shall be in conformity with Section 61, Texas Election Code, as amended (Article 6.05, Vernon's Texas Election Code), so that ballots may be cast on the following proposition: The creation of Montgomery County Hospital District, providing for the levy of a tax not to exceed 75 cents on each \$100 of valuation on all taxable property situated within the hospital district, subject to hospital district taxation, and providing for the assumption by the district of all outstanding bonds and indebtedness previously issued or incurred for hospital purposes within the boundaries of the proposed hospital district by the county and any city or town therein.

Sec. 4. (a) The district is governed by a board of seven directors. Three of the directors shall be elected at large from the entire district, and the remaining four directors each shall be elected from a different commissioner's precinct in the district, and each shall be a resident of the precinct he represents. Candidates to represent the district at large shall run by position. A qualified elector is entitled to vote for the directors to be elected at large and for the director to be elected from the precinct in which the elector resides. Directors shall serve for terms of four years expiring on the second Tuesday in June. No person may be appointed or elected as a member of the board of directors of the hospital district unless he is a resident of the district and a qualified elector and unless at the time of such election or appointment he shall be more than 21 years of age. No person may be appointed or elected as a director of the hospital district if he holds another appointed or

elected public office of honor, trust or profit. A person holding another public office of honor, trust or profit who seeks to be appointed or elected a director automatically vacates the first office. Each member of the board of directors shall serve without compensation and shall qualify by executing the constitutional oath of office and shall execute a good and sufficient bond for \$1,000 payable to the district conditioned upon the faithful performance of his duties, and the bonds shall be deposited with the depository bank of the district for safekeeping.

(b) The board of directors shall organize by electing from among its membership a chairman, vice-chairman, treasurer and secretary one of their number as president and one of their number as secretary. Any four members of the board of directors shall constitute a quorum, and a concurrence of a majority of the directors present is sufficient in all matters pertaining to the business of the district. A meeting of the board of directors may be called by the chairman or any four directors. All vacancies in the office of director shall be filled for the unexpired term by appointment by the remainder of the board of directors. In the event the number of directors shall be reduced to less than four for any reason, the remaining directors shall immediately call a special election to fill said vacancies, and upon failure to do so a district court may, upon application of any voter or taxpayer of the district, issue a mandate requiring that such election be ordered by the remaining directors.

(c) A regular election of directors shall be held on the first Saturday in May of each even-numbered year, and notice of such election shall be published in a newspaper of general circulation in the county one time at least 10 days prior to the date of election. Any person desiring his name to be printed on the ballot as a candidate for director shall file a

petition, signed by not less than 10 legally qualified electors asking that such name be printed on the ballot, with the secretary of the board of directors of the district. Such petitions shall be filed with such secretary at least 25 days prior to the date of election.

(d) If no candidate for director from a particular commissioner's precinct or no candidate for a district at-large position receives a majority of the votes of the qualified voters voting in that race at the regular election of directors, the board shall order a runoff election between the two candidates from the precinct or from the at-large position who received the highest number of votes in that race at the regular election. The board shall publish notice of the runoff election in a newspaper or newspapers that individually or collectively provide general circulation in the area of the runoff election one time at least seven days before the date of the runoff election. Of the names printed on the ballot at the runoff election, the name of the candidate who received the higher number of votes at the regular election shall be printed first on the ballot. If before the date of the runoff election a candidate who is eligible to participate in the runoff dies or files a written request with the secretary of the board to have his name omitted from the ballot at the runoff election, the other candidate eligible to participate in the runoff election is considered elected and the runoff election shall be cancelled by order of the board.

Sec. 5. (a) The board of directors shall manage, control, and administer the health care or hospital system and all funds and resources of the district, but in no event shall any operating, depreciation, or building reserves be invested in any funds or securities other than those specified in Article 836 or 837, Revised Civil Statutes of Texas, 1925, as amended. The district, through its board of directors, shall have the power and authority to sue and be sued, to promulgate rules governing the operation of the hospital, the health

care or hospital system, its staff, and its employees. The board of directors shall appoint a qualified person to be known as the chief administrative officer of the district to be known as the president of the hospital district or by another title selected by the board. The board may appoint assistants to the chief administrative officer to be known as vice-presidents of the hospital district or by another title selected by the board. The chief administrative officer and any assistant shall serve at the will of the board and shall receive such compensation as may be fixed by the board. The chief administrative officer shall supervise all the work and activities of the district and shall have general direction of the affairs of the district, subject to limitations prescribed by the board. The board of directors shall have the authority to appoint to the staff such doctors as necessary for the efficient operation of the district and may provide for temporary appointments to the staff if warranted by circumstances. The board may delegate to the chief administrative officer the authority to employ technicians, nurses, and employees of the district. The board shall be authorized to contract with any other political subdivision or governmental agency whereby the district will provide investigatory or other services as to the medical, health care, hospital, or welfare needs of the inhabitants of the district and shall be authorized to contract with any county or incorporated municipality located outside its boundaries for the care and treatment of the sick, diseased, or injured persons of any such county or municipality and shall have the authority to contract with the State of Texas or agencies of the federal government for the treatment of sick, diseased, or injured persons.

(b) The district may enter into contracts, and make payments thereunder, relating to or arranging for the provision of health care services as permitted by the Texas Constitution and Chapter 61, Health and Safety Code, and its subsequent amendments, on

terms and conditions as the board of directors determines to be in the best interests of the district. The term of a contract entered into under this subsection may not exceed 15 years.

Sec. 6. The board of directors may provide retirement benefits for employees of the hospital district. The board may provide the benefits by establishing or administering a retirement program or by electing to participate in the Texas County and District Retirement System or in any other statewide retirement system in which the district is eligible to participate.

Sec. 7. The district shall be operated on the basis of a fiscal year as established by the board of directors; provided such fiscal year may not be changed during the time revenue bonds of the district are outstanding or more than once in any 24-month period. The board shall have an audit made of the financial condition of the district, which together with other records of the district shall be open to inspection at the principal office of the district. The chief administrative officer shall prepare an annual budget for approval by the board of directors. The budget shall also contain a complete financial statement of the district showing all outstanding obligations of the district, the cash on hand to the credit of each and every fund of the district, the funds received from all sources during the previous year, the funds available from all sources during the ensuing year, with balances expected at year-end of the year in which the budget is being prepared, and estimated revenues and balances available to cover the proposed budget and the estimated tax rate which will be required. A public hearing on the annual budget shall be held by the board of directors after notice of such hearing has been published one time at least 10 days before the date set therefor. Any person residing in the district shall have the right to be present and participate in the hearing. At the conclusion of the hearing, the budget, as

proposed by the chief administrative officer, shall be acted on by the board of directors. The board of directors shall have authority to make such changes in the budget as in their judgment the law warrants and the interest of the taxpayers demands. No expenditure may be made for any expense not included in the annual budget or an amendment to it. The annual budget may be amended from time to time as the circumstances may require, but the annual budget, and all amendments thereto, shall be approved by the board of directors. As soon as practicable after the close of each fiscal year, the chief administrative officer shall prepare for the board a full sworn statement of all money belonging to the district and a full account of the disbursements of same.

Sec. 8. (a) The board of directors shall have the power and authority to issue and sell its bonds in the name and on the faith and credit of the hospital district for the purchase, construction, acquisition, repair, or renovation of buildings and improvements and equipping the same for health care or hospital purposes, and for any or all such purposes. At the time of the issuance of any bonds by the district, a tax shall be levied by the board sufficient to create an interest and sinking fund to pay the interest and the principal of said bonds as same mature; providing the tax together with any other taxes levied for the district shall not exceed 75 cents on each \$100 valuation of all taxable property situated in the district subject to hospital district taxation in any one year. No bonds shall be issued by such hospital district except refunding bonds until authorized by a majority of the electors of the district. The order for bond election shall specify the date of the election, the amount of bonds to be authorized, the maximum maturity of the bonds, the place or places where the election shall be held, the presiding judge and alternate judge for each voting place, and provide for clerks as in county elections. Notice of any bond

election except one held under the provisions of Section 9 of this Act in which instance notice shall be given as provided in Section 3 of this Act, shall be given as provided in Article 704, Revised Civil Statutes of Texas, 1925, as amended, and shall be conducted in accordance with the Texas Election Code, as amended, except as modified by the provisions of this Act.

(b) Refunding bonds of the district may be issued for the purpose of refunding and paying off any outstanding indebtedness it has issued or assumed. Such refunding bonds may be sold and the proceeds thereof applied to the payment of outstanding indebtedness or may be exchanged in whole or in part for not less than a like principal amount of outstanding indebtedness. If the refunding bonds are to be sold and the proceeds hereof applied to the payment of any outstanding indebtedness, the refunding bonds shall be issued and payments made in the manner specified by Chapter 502, Acts of the 54th Legislature, 1955, as amended (Article 717k, Vernon's Texas Civil States).

(c) Bonds of the district shall mature within 40 years of their date, shall be executed in the name of the hospital district and on its behalf by the president of the board and countersigned by the secretary in the manner provided by Chapter 204, Acts of the 57th Legislature, Regular Session, 1961 as amended (Article 717j--1, Vernon's Texas Civil Statutes), shall bear interest at a rate not to exceed that prescribed by Chapter 3, Acts of the 61st Legislature, Regular Session, 1969, as amended (Article 717k--2, Vernon's Texas Civil Statutes), and shall be subject to the same requirements in the manner of approval by the Attorney General of Texas and registration by the Comptroller of Public Accounts of the State of Texas as are by law provided for approval and registration of bonds issued by

counties. On the approval of bonds by the attorney general and registration by the comptroller, the same shall be incontestable for any cause.

(d) The district shall have the same power and authority as cities and counties under The Certificate of Obligation Act of 1971 (Article 2368a.1, Vernon's Texas Civil Statutes) to issue and sell certificates of obligation for permitted purposes under this Act in accordance with the provisions of The Certificate of Obligation Act. Certificates of Obligation shall be issued in conformity with and in the manner specified in The Certificate of Obligation Act, as it may be amended from time to time.

Sec. 9. A petition for an election to create a hospital district, as provided in Section 3 of this Act, may incorporate a request that a separate proposition be submitted at such election as to whether the board of directors of the district, in the event same is created, shall be authorized to issue bonds for the purposes specified in Section 8 of this Act. Such petition shall specify the maximum amount of bonds to be issued and their maximum maturity, and same shall be included in the proposition submitted at the election.

Sec. 9A. The district may issue revenue bonds or certificates of obligation or may incur or assume any other debt only if authorized by a majority of the voters of the district voting in an election held for that purpose. This section does not apply to refunding bonds or other debt incurred solely to refinance an outstanding debt.

Sec. 10. In addition to the power to issue bonds payable from taxes levied by the district, as contemplated by Section 8 of this Act, the board of directors is further authorized to issue and to refund any previously issued revenue bonds for purchasing, constructing, acquiring, repairing, equipping, or renovating buildings and improvements for health care or hospital purposes and for acquiring sites for health care or hospital

purposes, the bonds to be payable from and secured by a pledge of all or any part of the revenues of the district to be derived from the operation of its hospital or health care facilities. The bonds may be additionally secured by a mortgage or deed of trust lien on any part or all of its properties. The bonds shall be issued in the manner and in accordance with the procedures and requirements specified for the issuance of revenue bonds by county hospital authorities in Sections 8 and 10 through 13 of Chapter 122, Acts of the 58th Legislature, 1963 (Article 4494r, Vernon's Texas Civil Statutes).

Sec. 11. (a) The board of directors is hereby given complete discretion as to the type of buildings, both as to number and location, required to establish and maintain an adequate health care or hospital system. The health care or hospital system may include domiciliary care and treatment of the sick, wounded, and injured, hospitals, outpatient clinic or clinics, dispensaries, geriatric domiciliary care and treatment, convalescent home facilities, necessary nurses, domicilaries and training centers, blood banks, community mental health centers and research centers or laboratories, ambulance services, and any other facilities deemed necessary for health or hospital care by the directors. The district, through its board of directors, is further authorized to enter into an operating or management contract with regard to its facilities or a part thereof or may lease all or part of its buildings and facilities on terms and conditions considered to be to the best interest of its inhabitants. Except as provided by Subsection (c) of Section 15 of this Act, the term of a lease may not exceed 25 years from the date entered. The district shall be empowered to sell or otherwise dispose of any property, real or personal, or equipment of any nature on terms and conditions found by the board to be in the best interest of its inhabitants.

(b) The district may sell or exchange a hospital, including real property necessary or convenient for the operation of the hospital and real property that the board of directors finds may be useful in connection with future expansions of the hospital, on terms and conditions the board determines to be in the best interests of the district, by complying with the procedures prescribed by Sections 285.052, Health and Safety Code, and any subsequent amendments.

(c) The board of directors of the district shall have the power to prescribe the method and manner of making purchases and expenditures by and for the hospital district and shall also be authorized to prescribe all accounting and control procedures. All contracts for construction involving the expenditure of more than \$10,000 may be made only after advertising in the manner provided by Chapter 163, Acts of the 42nd Legislature, Regular Session, 1931, as amended (Article 2368a, Vernon's Texas Civil Statutes). The provisions of Article 5160, Revised Civil Statutes of Texas, 1925, as amended, relating to performance and payment bonds shall apply to construction contracts let by the district. The district may acquire equipment for use in its health care or hospital system and mortgage or pledge the property so acquired as security for the payment of the purchase price, but any such contract shall provide for the entire obligation of the district to be retired within five years from the date of the contract. Except as permitted in the preceding sentence and as permitted by Sections 5, 8, 9 and 10 of this Act, the district may incur no obligation payable from any revenues of the district, except those on hand or to be on hand within the then current and following fiscal year of the district.

(d) The board may declare an emergency in the matter of funds not being available to pay principal of and interest on any bonds of the district payable in whole or in part

from taxes or to meet any other needs of the district and may issue negotiable tax anticipation notes to borrow the money needed by the district. Tax anticipation notes may bear interest at any rate or rates authorized by general law and must mature within one year of their date. Tax anticipation notes may be issued for any purpose for which the district is authorized to levy taxes, and tax anticipation notes shall be secured with the proceeds of taxes to be levied by the district in the succeeding 12-month period. The board may covenant with the purchasers of the notes that the board will levy a sufficient tax in the following fiscal year to pay principal of and interest on the notes and pay the costs of collecting the taxes.

Section 12. (a) The board of directors of the district shall name one or more banks within its boundaries to serve as depository for the funds of the district. All funds of the district, except those invested as provided in Section 5 of this Act and those transmitted to a bank or banks of payment for bonds or obligations issued or assumed by the district shall be deposited as received with the depository bank and shall remain on deposit; provided that nothing in this Act shall limit the power of the board to place a portion of such funds on time deposit or purchase certificates of deposit.

(b) Before the district deposits in any bank funds of the district in an amount which exceeds the maximum amount secured by the Federal Deposit Insurance Corporation, the bank shall be required to execute a bond or other security in an amount sufficient to secure from loss the district funds which exceed the amount secured by the Federal Deposit Insurance Corporation.

Sec. 13. (a) The board of directors shall annually levy a tax not to exceed the amount hereinabove permitted for the purpose of paying:

(1) the indebtedness assumed or issued by the district, but no tax shall be levied to pay principal of or interest on revenue bonds issued under the provisions of Section 9 of this Act; and

(2) the maintenance and operating expenses of the district.

(b) In setting the tax rate the board shall take into consideration the income of the district from sources other than taxation. On determination of the amount of tax required to be levied, the board shall make the levy and certify the same to the tax assessor-collector.

Sec. 13A. (a) Notwithstanding Section 26.07(b)(3), Tax Code, a petition to require an election under Section 26.07, Tax Code, on reducing the district's tax rate to the rollback tax rate shall be submitted to the county election administrator of Montgomery County instead of to the board of directors of the district.

(b) Notwithstanding Section 26.07(c), Tax Code, not later than the 20th day after the day a petition is submitted under Subsection (a) of this section, the county elections administrator shall:

(1) determine whether the petition is valid under Section 26.07, Tax Code; and

(2) certify the determination of the petition's validity to the board of directors of the district.

(c) If the county elections administrator fails to act within the time allowed, the petition is treated as if it had been found valid.

(d) Notwithstanding Section 26.07(d), Tax Code, if the county elections administrator certifies to the board of directors that the petition is valid or fails to act within the time allowed, the board of directors shall order that an election under Section

26.07, Tax Code, to determine whether to reduce the district's tax rate to the rollback rate be held in the district in the manner prescribed by Section 26.07(d) of that code.

(e) The district shall reimburse the county elections administrator for reasonable costs incurred in performing the duties required by this section.

Sec. 14. All bonds issued and indebtedness assumed by the district shall be and are hereby declared to be legal and authorized investments of banks, savings banks, trust companies, building and loan associations, savings and loan associations, insurance companies, trustees, and sinking funds of cities, towns, villages, counties, school districts, or other political subdivisions of the State of Texas, and for all public funds of the State of Texas or its agencies including the Permanent School Fund. Such bonds and indebtedness shall be eligible to secure deposit of public funds of the State of Texas and public funds of cities, towns, villages, counties, school districts, or other political subdivisions or corporations of the State of Texas and shall be lawful and sufficient security for said deposits to the extent of their value when accompanied by all unmatured coupons appurtenant thereto.

Sec. 15. (a) The district shall have the right and power of eminent domain for the purpose of acquiring by condemnation any and all property of any kind and character in fee simple, or any lesser interest therein, within the boundaries of the district necessary or convenient to the powers, rights, and privileges conferred by this Act, in the manner provided by the general law with respect to condemnation by counties; provided that the district shall not be required to make deposits in the registry of the trial court of the sum required by Paragraph 2 of Article 3268, Revised Civil Statutes of Texas, 1925, as amended, or to make bond as therein provided. In condemnation proceedings being

prosecuted by the district, the district shall not be required to pay in advance or give bond or other security for costs in the trial court, nor to give any bond otherwise required for the issuance of a temporary restraining order or a temporary injunction, nor to give bond for costs or for supersedeas on any appeal or writ of error.

(b) If the board requires the relocation, raising, lowering, rerouting, or change in grade or alteration in the construction of any railroad, electric transmission, telegraph or telephone lines, conduits, poles, or facilities or pipelines in the exercise of the power of eminent domain, all of the relocation, raising, lowering, rerouting, or changes in grade or alteration of construction due to the exercise of the power of eminent domain shall be the sole expense of the board. The term “sole expense” means the actual cost of relocation, raising, lowering, rerouting, or change in grade or alteration of construction to provide comparable replacement without enhancement of facilities, after deducting the net salvage value derived from the old facility.

(c) Land owned by the district may not be leased for a period greater than 25 years unless the board of directors:

- (1) finds that the land is not necessary for health care or hospital purposes;
- (2) complies with any indenture securing the payment of bonds issued by the district; and
- (3) receives on behalf of the district not less than the current market value for the lease.

(d) Land of the district, other than land that the district is authorized to sell or exchange under Subsection (b) of Section 11 of this Act, may not be sold unless the board of directors complies with Section 272.002, Local Government Code.

Sec. 16. (a) The directors shall have the authority to levy taxes for the entire year in which the district is created as the result of the election herein provided. All taxes of the district shall be assessed and collected on county tax values as provided in Subsection (b) of this section unless the directors, by majority vote, elect to have taxes assessed and collected by its own tax assessor-collector under Subsection (c) of this section. Any such election may be made prior to December 1 annually and shall govern the manner in which taxes are subsequently assessed and collected until changed by a similar resolution. Hospital tax shall be levied upon all taxable property within the district subject to hospital district taxation.

(b) Under this subsection, district taxes shall be assessed and collected on county tax values in the same manner as provided by law with relation to county taxes. The tax assessor-collector of the county in which the district is situated shall be charged and required to accomplish the assessment and collection of all taxes levied by and on behalf of the district. The assessor-collector of taxes shall charge and deduct from payments to the hospital districts an amount as fees for assessing and collecting the taxes at a rate of one percent of the taxes assessed and one percent of the taxes collected but in no event shall the amount paid exceed \$5000 in any one calendar year. Such fees shall be deposited in the officers salary funds of the county and reported as fees of office of the county tax assessor- collector. Interest and penalties on taxes paid to the hospital district shall be the same as in the case of county taxes. Discounts shall be the same as allowed by the county. The residue of tax collections after deduction of discounts and fees for assessing and collecting shall be deposited in the district's depository. The bond of the county tax assessor-collector shall stand as security for the proper performance of his duties as assessor-collector of the

district, or if in the judgment of the district board of directors it is necessary, additional bond payable to the district may be required. In all matters pertaining to the assessment, collection, and enforcement of taxes for the district, the county tax assessor-collector shall be authorized to act in all respects according to the laws of the State of Texas relating to state and county taxes.

(c) Under this subsection, taxes shall be assessed and collected by a tax assessor-collector appointed by the directors, who shall also fix the term of his employment, compensation, and requirement for bond to assure the faithful performance of his duties, but in no event shall such bond be for less than \$5,000, or the district may contract for the assessment and collection of taxes as provided by the Tax Code.

Sec. 17. The district may employ fiscal agents, accountants, architects, and attorneys as the board may consider proper.

Sec. 18. Whenever a patient residing within the district has been admitted to the facilities of the district, the chief administrative officer may cause inquiry to be made as to his circumstances and those of the relatives of the patient legally liable for his support. If he finds that the patient or his relatives are able to pay for his care and treatment in whole or in part, an order shall be made directing the patient or his relatives to pay to the hospital district for the care and support of the patient a specified sum per week in proportion to their financial ability. The chief administrative officer shall have the power and authority to collect these sums from the estate of the patient or his relatives legally liable for his support in the manner provided by law for collection of expenses in the last illness of a deceased person. If the chief administrative officer finds that the patient or his relatives are not able to pay either in whole or in part for his care and treatment in the

facilities of the district, same shall become a charge on the hospital district as to the amount of the inability to pay. Should there be any dispute as to the ability to pay or doubt in the mind of the chief administrative officer, the board of directors shall hear and determine same after calling witnesses and shall make such order or orders as may be proper. Appeals from a final order of the board shall lie to the district court. The substantial evidence rule shall apply.

Sec. 19. (a) The district may sponsor and create a nonstock, nonmember corporation under the Texas Non-Profit Corporation Act (Article 1396-1.01 et seq., Vernon's Texas Civil Statutes) and its subsequent amendments and may contribute or cause to be contributed available funds to the corporations.

(b) The funds of the corporations, other than funds paid by the corporation to the district, may be used by the corporation only to provide, to pay the costs of providing, or to pay the costs related to providing indigent health care or other services that the district is required or permitted to provide under the constitution or laws of this state. The board of directors of the hospital district shall establish adequate controls to ensure that the corporation uses its funds as required by this subsection.

(c) The board of directors of the corporation shall be composed of seven residents of the district appointed by the board of directors of the district. The board of directors of the district may remove any director of the corporation at any time with or without cause.

(d) The corporation may invest funds in any investment in which the district is authorized to invest funds of the district, including investments authorized by the Public Funds Investment Act of 1987 (Article 842a-2, Vernon's Texas Civil Statutes) and its subsequent amendments.

Sec. 20. After creation of the hospital district, no county, municipality, or political subdivision wholly or partly within the boundaries of the district shall have the power to levy taxes or issue bonds or other obligations for hospital or health care purposes or for providing medical care for the residents of the district. The hospital district shall assume full responsibility for the furnishing of medical and hospital care for its needy inhabitants. When the district is created and established, the county and all towns and cities located wholly or partly therein shall convey and transfer to the district title to all land, buildings, improvements, and equipment in anywise pertaining to a hospital or hospital system located wholly within the district which may be jointly or separately owned by the county or any city or town within the district. Operating funds and reserves for operating expenses which are on hand and funds which have been budgeted for hospital purposes by the county or any city or town therein for the remainder of the fiscal year in which the district is created shall likewise be transferred to the district, as shall taxes previously levied for hospital purposes for the current year, and all sinking funds established for payment of indebtedness assumed by the district.

Sec. 21. The support and maintenance of the hospital district shall never become a charge against or obligation of the State of Texas nor shall any direct appropriation be made by the legislature for the construction, maintenance, or improvement of any of the facilities of the district.

Sec. 22. In carrying out the purposes of this act, the district will be performing an essential public function, and any bonds issued by it and their transfer and the issuance therefrom, including any profits made in the sale thereof, shall at all times be free from taxation by the state or any municipality or political subdivision thereof.

Sec. 23. The legislature hereby recognizes there is some confusion as to the proper qualification of electors in the light of recent court decisions. It is the intention of this Act to provide a procedure for the creation of the hospital district and to allow the district, when created, to issue bonds payable from taxation, but that in each instance the authority shall be predicated on the expression of the will of the majority of those who cast valid ballots at an election called for the purpose. Should the body calling an election determine that all qualified electors, including those who own taxable property which has been duly rendered for taxation, should be permitted to vote at an election by reason of the aforesaid court decisions nothing herein shall be construed as a limitation on the power to call and hold an election; provided provision is made for the voting, tabulating, and counting of the ballots of the resident qualified property taxpaying electors separately from those who are qualified electors, and in any election so called a majority vote of the resident qualified property taxpaying voters and a majority vote of the qualified electors, including those who own taxable property which has been duly rendered for taxation, shall be required to sustain the proposition.

23A. (a) The board of directors may order an election on the question of dissolving the district and disposing of the districts assets and obligations.

(b) The election shall be held on the earlier of the following dates that occurs at least 90 days after the date on which the election is ordered:

- (1) the first Saturday in May; or**
- (2) the date of the general election for state and county officers.**

(c) The ballot for the election shall be printed to permit voting for or against the proposition: "The dissolution of the Montgomery County Hospital District." The election shall be held in accordance with the applicable provisions of the Election Code.

(d) If a majority of the votes in the election favor dissolution, the board of directors shall find that the district is dissolved. If a majority of the votes in the election do not favor dissolution, the board of directors shall continue to administer the district and another election on the question of dissolution may not be held before the fourth anniversary of the most recent election to dissolve the district.

(e) If a majority of the votes in the election favor dissolution, the board of directors shall:

(1) transfer the ambulance service and related equipment, any vehicles, and any mobile clinics and related equipment that belong to the district to Montgomery County not later than the 45th day after the date on which the election is held; and

(2) transfer the land, buildings, improvements, equipment not described by Subdivision (1) of this subsection, and other assets that belong to the district to Montgomery County or administer the property, assets, and debts in accordance with Subsections (g)-(k) of this section.

(f) The county assumes all debts and obligations of the district relating to the ambulance service and related equipment, any vehicles, and any mobile clinics and related equipment at the

time of the transfer. If the district also transfers the land, buildings, improvements, equipment, and other assets to Montgomery County under Subsection (e)(2) of this section, the county assumes

all debts and obligations of the district relating to those assets at the time of the transfer and the district is dissolved. The county shall use all transferred assets to:

(1) pay the outstanding debts and obligations of the district relating to the assets at the time of the transfer; or

(2) furnish medical and hospital care for the needy residents of the county.

(g) If the board of directors finds that the district is dissolved but does not transfer the land, buildings, improvements, equipment, and other assets to Montgomery County under Subsection (e)(2) of this section, the board of directors shall continue to control and administer that property and those assets and the related debts of the district until all funds have been disposed of and all district debts have been paid or settled.

(h) After the board of directors finds that the district is dissolved, the board of directors shall:

(1) determine the debt owed by the district; and

(2) impose on the property included in the district's tax rolls a tax that is in proportion of the debt to the property value.

(i) The board of directors may institute a suit to enforce payment of taxes and to foreclose liens to secure the payment of taxes due the district.

(j) When all outstanding debts and obligations of the district are paid, the board of directors shall order the secretary to return the pro rata share of all unused tax money to each district taxpayer and all unused district money from any other source to Montgomery County. A taxpayer may request that the taxpayer's share of surplus tax money be credited to the taxpayer's county taxes. If a taxpayer requests the credit, the board of directors shall direct the secretary to transmit the funds to the county tax

assessor-collector. Montgomery County shall use unused district money received under this section to furnish medical and hospital care for the needy residents of the county.

(k) After the district has paid all its debts and has disposed of all its assets and funds as prescribed by this section, the board of directors shall file a written report with the Commissioners Court of Montgomery County setting forth a summary of the board of directors' actions in dissolving the district. Not later than the 10th day after it receives the report and determines that the requirements of this section have been fulfilled, the commissioners court shall enter an order dissolving the district.

Sec. 23B. (a) The residents of the district by petition may request the board of directors to order an election on the question of dissolving the district and disposing of the district's assets and obligations. A petition must:

(1) state that it is intended to request an election in the district on the question of dissolving the district and disposing of the district's assets and obligations;

(2) be signed by a number of residents of the district equal to at least 15 percent of the total vote received by all candidates for governor in the most recent gubernatorial general election in the district that occurs more than 30 days before the date the petition is submitted; and

(3) be submitted to the county elections administrator of Montgomery County.

(a-1) Not later than the 30th day after the date a petition requesting the dissolution of the district is submitted under Subsection (a) of this section, the county elections administrator shall:

(1) determine whether the petition is valid; and

(2) certify the determination of the petition's validity to the board of directors of the district.

(a-2) If the county elections administrator fails to act within the time allowed, the petition is treated as if it had been found valid;

(a-3) If the county elections administrator certifies to the board of directors that the petition is valid or fails to act within the time allowed, the board of directors shall order that a dissolution election be held in the district in the manner prescribed by this section.

(a-4) If a petition submitted under Subsection (a) of this section does not contain the necessary number of valid signatures, the residents of the district may not submit another petition under Subsection (a) of this section before the third anniversary of the date the invalid petition was submitted.

(a-5) The district shall reimburse the county elections administrator for reasonable costs incurred in performing the duties required by this section.

(b) The election shall be held on the earlier of the following dates that occurs at least 90 days after the date on which the election is ordered:

(1) the first Saturday in May; or

(2) the date of the general election for state and county officers.

(c) The ballot for the election shall be printed to permit voting for or against the proposition: "The dissolution of the Montgomery County Hospital District." The election shall be held in accordance with the applicable provisions of the Election Code.

(d) If a majority of the votes in the election favor dissolution, the board of directors shall find that the district is dissolved. If less than a majority of the votes in the election

favor dissolution, the board of directors shall continue to administer the district and another election on the question of dissolution may not be held before the third anniversary of the most recent election to dissolve the district.

(e) If a majority of the votes in the election favor dissolution, the board of directors shall transfer the land, buildings, improvements, equipment, and other assets that belong to the district to Montgomery County not later than the 45th day after the date on which the election is held. The county assumes all debts and obligations of the district at the time of the transfer and the district is dissolved. The county should use all transferred assets in a manner that benefits residents of the county residing in territory formerly constituting the district. The county shall use all transferred assets to:

(1) pay the outstanding debts and obligations of the district relating to the assets at the time of the transfer; or

(2) furnish medical and hospital care for the needy residents of the county.

Sec. 24. If a hospital district has not been created under this Act by January 1, 1982, then the Act will no longer be in effect.

Sec. 25. Proof of provisions of the notice required in the enactment hereof under the provisions of Article IX, Section 9, of the Texas Constitution, has been made in the manner and form provided by law pertaining to the enactment of local and special laws, and the notice is hereby found and declared proper and sufficient to satisfy the requirement.

Sec. 26. The importance of this legislation and the crowded condition of the calendars in both houses create an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended, and that this Act take effect and be in force from and after its passage, and it is so enacted.

APPENDIX III.

CHAPTER 61

Chapter 61 of the Health and Safety Code is a law passed by the First Called Special Session of the 69th Legislature in 1985 that:

- Defines who is indigent,
- Assigns responsibilities for indigent health care,
- Identifies health care services eligible people can receive, and
- Establishes a state assistance fund to match expenditures for counties that exceed certain spending levels and meet state requirements.

Chapter 61, Health and Safety Code, is intended to ensure that needy Texas residents, who do not qualify for other state or federal health care assistance programs, receive health care services.

Chapter 61, Health and Safety Code, may be accessed at:

http://www.dshs.state.tx.us/cihcp/cihcp_info.shtm

APPENDIX IV. TEXAS ADMINISTRATIVE CODE SUBCHAPTERS

The Texas Administrative Code (TAC) is the compilation of all state agency rules in Texas.

The County Indigent Health Care Program (CIHCP) rules are in: TAC, Title 25 (Health Services), Part 1 (TDSHS), Chapter 14 (CIHCP), and the following Subchapters:

- A - Program Administration
- B - Determining Eligibility
- C - Providing Services

The CIHCP rules may be accessed at:

http://www.dshs.state.tx.us/cihcp/cihcp_info.shtm

**APPENDIX V.
FEDERAL POVERTY
GUIDELINES**

**MONTGOMERY COUNTY HOSPITAL
DISTRICT MEDICAL ASSISTANCE
PLAN**

INCOME GUIDELINES EFFECTIVE

04/01/2018₉

21-

~~133.~~

150

%

FPI

L

# of Individuals in the MAP Household	Income Standard 21% FPIL	Income Standard 133% FPIL	Income Standard 150% FPIL
1	\$ 213 <u>219</u>	\$ 1,346 <u>1385</u>	\$1,562
2	\$ 289 <u>296</u>	\$ 1,825 <u>1875</u>	\$2,114
3	\$ 364 <u>374</u>	\$ 2,304 <u>2365</u>	\$2,667
4	\$ 440 <u>451</u>	\$ 2,782 <u>2854</u>	\$3,219
5	\$ 515 <u>528</u>	\$ 3,261 <u>3344</u>	\$3,772
6	\$ 591 <u>606</u>	\$ 3,740 <u>3834</u>	\$4,324
7	\$ 667 <u>683</u>	\$ 4,219 <u>4324</u>	\$4,877
8	\$ 742 <u>761</u>	\$ 4,698 <u>4815</u>	\$5,429
9	\$ 818 <u>838</u>	\$ 5,177 <u>5304</u>	\$5,982
10	\$ 893 <u>915</u>	\$ 5,656 <u>5793</u>	\$6,534
11	\$ 969 <u>993</u>	\$ 6,135 <u>6284</u>	\$7,087
12	\$ 1,045 <u>1070</u>	\$ 6,614 <u>6774</u>	\$7,639
ADD Member	<u>75</u>	\$ 479 <u>489</u>	<u>\$ 552</u>

* Effective ~~March-April~~ 1, 2018 9

**APPENDIX VI.
AGREEMENT FOR
ENROLLMENT OF COUNTY
INMATES INTO
MONTGOMERY COUNTY
HOSPITAL DISTRICT'S
HEALTHCARE ASSISTANCE
PROGRAM**

State of Texas §
 §
County of Montgomery §

**AGREEMENTFORENROLLMENTOFCOUNTYINMATESINTO
MONTGOMERY COUNTYHOSPITAL DISTRICT'S HEALTHCARE ASSISTANCE
PROGRAM**

This Agreement is made and entered into this ~~the~~ day of March, 2014, by and between the County of Montgomery, a governmental subdivision of the State of Texas, (hereinafter "the County") and the Montgomery County Hospital District, a governmental subdivision of the State of Texas created pursuant to Acts of the 65th Legislature, Regular Session, 1977, Chapter 258, as amended (hereinafter "the MCHD").

WITNESSETH:

WHEREAS, the County operates a county jail and provides law enforcement services; and

WHEREAS, County jail inmates and detainees have the need for occasional medical treatment beyond that which jail personnel are qualified to administer; and

WHEREAS, many County inmates and detainees at the County jail qualify under the financial and other criteria of the Montgomery County Hospital District Public Assistance Program (hereinafter "Hospital District Public Assistance Program"¹¹ or sometimes "Program") as indigent persons; and

WHEREAS; the MCHD was created and enacted for the purpose of providing healthcare services to the needy or indigent residents of Montgomery County; and

WHEREAS, the MCHD is the only local governmental entity with the power to levy taxes, issue bonds or other obligations for hospital or health care purposes or for providing medical care for the residents of Montgomery County; and

WHEREAS, providing for the healthcare needs of the citizens in Montgomery County is MCHD's primary mission; and

WHEREAS, the County is authorized to provide minor medical treatment for inmates and the MCHD is authorized to provide the indigent healthcare services for certain inmates as is contemplated by this Agreement; and

WHEREAS, both the County and the MCHD have budgeted and appropriated sufficient funds which are currently available to carry out their respective obligations contemplated herein.

NOW, THEREFORE, for and in consideration of the mutual covenants, considerations and undertakings herein set forth, it is agreed as follows:

I.
ENROLLMENT INTO HOSPITAL DISTRICT PUBLIC ASSISTANCE PROGRAM

A. *The* County will assist inmates in seeking coverage under the Hospital District Public Assistance Program. County staff shall make available to County inmates such application forms and instructions necessary to seek enrollment in *the* Hospital District Public Assistance Program. Upon completion of such enrollment materials the County will promptly forward such enrollment materials to MCHD for evaluation. Alternatively, County staff may assist potentially eligible inmates with MCHD's online application process for determining eligibility into the Program.

B. Upon receipt of an inmate's enrollment materials from the County, MCHD shall promptly review such materials for purposes of qualifying the inmate for the Hospital District Public Assistance Program. In this regard, MCHD agrees to deem Montgomery County, Texas as the place of residence for any County inmate housed in the Montgomery County jail, regardless of whether the inmate has declared or maintained a residence outside the boundaries of MCHD. Upon obtaining satisfactory proof that the inmate qualifies under the Hospital District Public Assistance Program, MCHD shall enroll such inmate into such

program and place such inmate on its rolls as eligible for healthcare services under such program. MCHD agrees to abide by its criteria and policies regarding eligibility for the Hospital District Public Assistance Program and to not unreasonably withhold approval of an indigent inmate eligible under the program. If MCHD determines that the inmate is covered under another federal, state or local program which affords medical benefits to covered individuals and such benefits are accessible to the inmate, MCHD will promptly advise the County of such fact. As requested by County, MCHD enrollment and eligibility personnel shall reasonably assist County personnel with the application and enrollment materials for inmates seeking enrollment into the Program, including providing periodic training to County staff on matters pertinent to the Program, including the Program policies and rules. However, MCHD shall not be required to assign Program staff member to the jail for purposes of fulfilling its assistance responsibilities.

C. MCHD agrees to provide for the health care and medical treatment of Montgomery County jail inmates that are enrolled in the Hospital District's Public Assistance Program, subject to the terms and conditions of such Program except as noted herein. The parties agree that the effective date of coverage under the Hospital District Public Assistance Program for such services is the actual date of enrollment into the program; however, certain health care expenses incurred by an eligible inmate up to ninety (90) days prior to the inmate's enrollment into the Program may be covered under the Program as is set out in the Program rules and guidelines. MCHD and County agree to cooperate in arranging for the provision of the health care services covered by the Program to jail inmates who qualify for such services, including use of MCHD's physician network and contracted healthcare providers as well as MCHD's patient care management protocols administered by MCHD's third-party claims

and benefits manager. The Parties understand and agree that eligible inmates enrolled in the Program will not receive prescription medications or similar prescription services from the Program as the County dispenses such medications at the jail.

E. If treatment at an out of network provider is medically necessary, the County shall notify MCHD of such need as soon as reasonably possible, not later than the close of business the first day following the incident giving rise to the medical necessity. If treatment is sought at a local healthcare provider within MCHD's patient care network, and the local healthcare provider determines additional treatment is necessary by an out of network provider, then any notice requirements set forth herein shall be the responsibility of the in-network healthcare provider and/or primary care physician, as per existing Hospital District Public Assistance Program guidelines and policies. MCHD shall honor and abide by all of the provisions of its Program and its in-network provider agreements as well as the Indigent Care and Treatment Act, Chapter 61 Texas Health & Safety Code.

F. The County shall remain responsible for medical care and treatment of county inmates who do not qualify for the Hospital District Public Assistance Program. MCHD shall not be responsible for treatment or payment for healthcare services provided to County inmates who are not eligible to participate in Program, or to State or Federal inmates (including INS detainees) incarcerated in the County jail. For purposes of this Agreement, a State or Federal inmate (including INS detainees) is a person incarcerated in the county jail through a contract or other agreement with a state or federal governmental agency, but shall not include a County inmate who is in the County jail, or who has been returned to the County jail while awaiting criminal proceedings on local, state or federal charges, or a combination thereof.

G. The County and MCHD agree that MCHD may deny an inmate's application for enrollment in the Program in the event MCHD determines the inmate's health care needs resulted from conduct or conditions for which the County or its employees would be responsible in a civil action at law, exclusive of any affirmative defenses of governmental and/or official immunity. In such event, County shall remain responsible for the inmate's health care needs. In addition, County agrees to reimburse MCHD for any medical expenses that MCHD incurred or expended on behalf of an indigent inmate or detainee housed at the County jail that resulted from conduct or conditions for which the County or its employees would be responsible in a civil action at law, exclusive of any affirmative defenses of governmental and/or official immunity. Should the County deny responsibility for any such claims, the County Judge, the County Sheriff and the Chief Executive Officer of MCHD shall meet to discuss the facts of such claims and the underlying responsibility therefor. Any agreement(s) reached at such meeting shall be reduced to writing and recommended by such persons to their respective governing boards for approval as necessary. Should the parties be unable to reach agreement as to financial responsibility, the dispute will be submitted to binding arbitration. The prevailing party in such arbitration shall be entitled to recover its reasonable attorneys' fees.

H. The County shall provide prompt written notification to MCHD in the event an enrolled inmate is transferred to another detention facility, or is released from the County jail, so that MCHD may revise its records to delete such inmate from its Program rolls. As used in this paragraph and the following paragraph "prompt written notification" shall be notification as soon as is practicable but in no event after the end of the calendar month in which the inmate is released from jail or transferred to another detention facility.

I. The County and MCHD agree that County will reimburse MCHD for health care expenses incurred by an enrolled inmate after such inmate has been released from jail or transferred to another detention facility if County fails to provide prompt written notification to MCHD of the inmate's release or transfer from the County jail.

J. In the event any portion of this agreement conflicts with the Texas Health and Safety Code, or the Montgomery County Hospital District enabling legislation, or any other applicable statutory provision, then said statutory provisions shall prevail to the extent of such conflict.

K. Any provision of this Agreement which is prohibited or unenforceable shall be ineffective to the extent of such prohibition or unenforceability without invalidating the remaining provisions hereof.

L. No provision herein nor any obligation created hereunder should be construed to impose any obligation or confer any liability on either party for claims of any non-signatory party. Further, it is expressly agreed by the parties hereto that other than those covenants contained in section 1(F), no provision herein is intended to affect any waiver of liability or immunity from liability to which either party may be entitled by laws affecting governmental entities.

II. LIABILITY

To the extent allowed by law, it is agreed that the MCHD agrees to indemnify and hold harmless the County for any acts or omissions associated with any medical treatment that the MCHD provides to eligible inmates through its Health Care Assistance Program in accordance with the terms and conditions of this Agreement. The foregoing indemnity

obligation is limited and does not extend to negligent, grossly negligent, reckless or intentional conduct of an enrolled inmate that result in injuries or property damages to the County or to third-parties.

III. NOTICES

The parties designate the following persons as contact persons for all notices contemplated by this Agreement:

MCHD: Donna Daniel, Records Manager
P.O. Box 478
Conroe, Texas 77305
(936) 523-5241
(936) 539-3450

COUNTY: Tommy Gage, Sheriff
#1 Criminal Justice Drive
Conroe, Texas 77301
(936) 760-5871
(936) 5387721 (fax)

IV. TERM

This Agreement shall take effect on the 11th day of March 2014 ("Effective Date") regardless of when executed by the Parties, and shall continue through the 10th day of March, 2015. Thereafter, contingent on the Parties' budgeting and appropriating funds for the continuation of their obligations hereunder, this Agreement shall automatically renew for successive terms of one-year unless terminated by either party in the manner set forth herein. Notwithstanding the foregoing, this Agreement shall be renewed automatically for not more than ten (10) successive terms.

V.
TERMINATION

This Agreement may be terminated at any time by either party upon thirty (30) days written notice delivered by hand, facsimile or U.S. Certified Mail to the other party of its intention to withdraw. In addition, this Agreement shall automatically terminate should either party fail to appropriate revenues sufficient to perform its obligations hereunder, such termination effective on the first date of the fiscal year of such non-appropriation.

VI.
APPROPRIATIONS AND CURRENT REVENUES

The Parties represent that they have each budgeted and appropriated funds necessary to carry out their respective duties and obligations hereunder for the current fiscal year. For any renewal terms of this Agreement, the Parties shall seek to budget and allocate appropriations in amounts sufficient to continue to carry out their respective obligations as set forth herein.

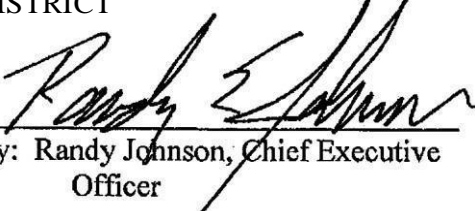
VII.
AMENDMENT

This Agreement may be amended only in writing approved by the Parties' respective governing boards.

IN WITNESS WHEREOF, Montgomery County, Texas and the Montgomery County Hospital District have hereunto caused their respective corporate names and seals to be subscribed and affixed by their respective officers, duly authorized.

PASSED AND APPROVED to become effective on the Effective Date.

MONTGOMERY COUNTY HOSPITAL
DISTRICT


By: Randy Johnson, Chief Executive
Officer

Date: March 25, 2014

MONTGOMERY COUNTY, TEXAS

By: Alan B. Sadler, County Judge

Date: _____

Attest:

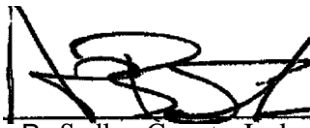
Mark Turnbull, County Clerk

MONTGOMERY COUNTY HOSPITAL
DISTRICT

By: Randy Johnson, Chief Executive
Officer

Date: _____

MONTGOMERY COUNTY, TEXAS



By: Al B. Sadler, County Judge

Date: ---M AR 24--20---:14---

Attest:



Mark Turnbull, County Clerk

APPENDIX VII. MCHD HCAP FORMULARY

MCHD 2013 Preferred Drug List

This is a condensed version of the US Script, Inc. MCHD Formulary. Please be aware that this is not an all-inclusive list. Changes may occur throughout the year and plan exclusions may override this list. Benefit designs may vary with respect to drug coverage, quantity limits, step therapy, days' supply, and prior authorization. Please contact MCHD HCAP pharmacy benefit personnel at 936-523-5108 or 936-523-5112 if you have any questions.

TAKE THIS LIST WITH YOU EACH TIME YOU VISIT A DOCTOR. ASK
YOUR DOCTOR FOR GENERIC DRUGS WHENEVER POSSIBLE.

*** = Prior Authorization Required

<u>ANTI-INFECTIVE AGENTS</u>	MISC. ANTI-INFECTIVES	ANTIHYPERTENSIVE COMBOS	
ANTIFUNGALS			paroxetine
clotrimazole	clindamycin	amlodipine/ benazepril	sertraline
fluconazole	doxycycline	atenolol/ chlorthalidone	trazodone
clotrimazole/betamethasone	metronidazole	benazepril/ HCTZ	venlafaxine
econazole	minocycline	bisoprolol /HCTZ	
ketoconazole	nitrofurantoin	captopril/ HCTZ	MIGRAINE AGENTS
nystatin	tetracycline	enalapril/ HCTZ	(Quantity Limits May Apply)
terbinafine	trimethoprim	fosinopril/ HCTZ	FIORICET® (generic)
nystatin/triamcinolone	trimethoprim/ sulfamethoxazole	lisinopril/ HCTZ	FIORICET/CODEINE® (generic)
	vancomycin	losartan/ HCTZ	FIORINAL® (generic)
		methylodopa/ HCTZ	FIORINAL/CODEINE® (generic)
CEPHALOSPORINS	<u>CARDIOVASCULAR AGENTS</u>	metoprolol/ HCTZ	IMITREX® (generic)***
cefaclor	ACE INHIBITORS	trimaterene/ HCTZ	MIDRIN® (generic)
cefadroxil	benazepril		
cefdinir	captopril	BETA BLOCKERS	<u>ENDOCRINE &</u>
cefepoxime	enalapril	atenolol	<u>METABOLIC AGENTS</u>
cefprozil	fosinopril	carvedilol	ANTIDIABETICS
cefuroxime	lisinopril	labetalol	glimepiride
cephalexin	moexipril	metoprolol	glipizide/ extended-release
FLUOROQUINOLONES	quinapril	nadolol	glipizide/ metformin
	ramipril capsules	propranolol	glyburide
ciprofloxacin			glyburide/ metformin
ofloxacin	ANGIOTENSIN II BLOCKERS	CALCIUM CHANNEL BLOCKERS	metformin/ extended-release
levofloxacin	losartan	amlodipine	
ACROLIDE ANTIBIOTICS	ANTIADRENERGICS	diltiazem/ extended-release	ESTROGENS M
azithromycin	clonidine	felodipine	estradiol
clarithromycin	doxazosin	nifedipine/ extended-release	estradiol cypionate
erythromycin	terazosin	verapamil/ extended-release	estradiol/ norethindrone
			estradiol transdermal system
PENICILLINS	ANTIHYPERTENSIVES	<u>CENTRAL NERVOUS SYSTEM AGENTS</u>	ESTRATEST® (generic)
		ANTIDEPRESSANTS	ESTRATEST HS® (generic)
amoxicillin	cholestyramine	amitriptyline	estropipate
amoxicillin/ clavulanate	fenofibrate	citalopram	
ampicillin	gemfibrozil	fluoxetine	THYROID AGENTS

dicloxacillin

lovastatin

imipramine

levothyroxine

penicillin

pravastatin

mirtazapine

ARMOUR THYROID ®

INSULINS

HUMULIN ® ***
LANTUS ® ***
LEVEMIR ® ***
NOVOLIN ® ***
NOVOLOG ® ***

OTHER ENDOCRINE DRUGS

alendronate

GASTROINTESTINAL

AGENTS

H-2 ANTAGONISTS

famotidine
ranitidine

PROTON PUMP INHIBITORS

(**Prior Authorization Required-Must try/

fail OTC product prior to prescription

product coverage)

omeprazole
pantoprazole

MISC. ULCER

dicyclomine
misoprostol
sucralfate
PREVPAC® ***

MUSCULOSKELETAL AGENTS

NSAIDS

diclofenac
etodolac
ibuprofen
indomethacin
ketorolac
meloxicam
nabumetone
naproxen
oxaprozin
piroxicam
sulindac

RESPIRATORY AGENTS

ALLERGY-NASAL

flunisolide
fluticasone

simvastatin

ANTI ASTHMATICS

albuterol nebulization
albuterol/ ipratropium neb
ipratropium nebulization
theophylline

***The following respiratory
medications are available
only with prior authorization.

ADVAIR® ***

ATROVENT® HFA ***

COMBIVENT® ***

FLOVENT® HFA ***

FORADIL® ***

PULMICORT® ***

SPIRIVA® ***

SYMBICORT® ***

VENTOLIN® HFA ***

UROLOGICAL MEDICATIONS

ANTICHOLINERGICS/

ANTISPASMODICS

flavoxate
hyoscyamine sublingual
oxybutynin

BENIGN PROSTATIC

HYPERTROPHY DRUGS

doxazosin
finasteride
tamsulosin
terazosin

nortriptyline

Montgomery County Hospital District

Montgomery County Indigent Care Plan

Handbook Procedures and Guidelines

Revised April 1, 2018 9

Board Reviewed/Approved

TECHNICAL ASSISTANCE

Montgomery County Indigent Care Plan Office
1400 South Loop 336 West
Administration Building - First floor
Conroe, Texas 77304

Office: (936) 523-5100
Fax: (936) 539-3450
Email: HCAPEligibility@mchd-tx.org
Website: www.mchd-tx.org/health-care-assistance/

Office Hours:

Monday - Thursday: 7:30am to 4:30pm
Friday: 7:30am to 11:30am
Closed: Holidays and Training Days (advance notice will be posted)

Individual staff members can be contacted at (936) 523-5000

Melissa Miller		Chief Operating Officer		Ext. 1191		Email: mmiller@mchd-tx.org
Adeolu Moronkeji		HCAP Manager		Ext. 1103		Email: amoronkeji@mchd-tx.org
Ida Chapa		Eligibility Supervisor		Ext. 5114		Email: ichapa@mchd-tx.org
David Hernandez		HCAP Coordinator		Ext. 1103		Email: dhernandez@mchd-tx.org
Sara Ramirez		Pharmacy Benefit Representative		Ext. 1103		Email: sramirez@mchd-tx.org

Public Notice

Not later than the beginning of MCHD's operating year (October 1st), the District shall specify the procedure it will use during the operating year to determine eligibility and the documentation required to support a request for assistance and shall make a reasonable effort to notify the public of the procedure

Disclaimer: Not all situations are covered in this manual and thereby the Chief Operating Officer, Chief Financial Officer, and or Chief Executive Officer for Montgomery County Hospital District has administrative control over the Montgomery County Indigent Care Plan Procedures and are authorized to overrule make management decisions for special circumstances, as deemed necessary and cost effective.

SECTION 1

PLAN ADMINISTRATION

INTRODUCTION

The Montgomery County Hospital District (MCHD) is charged by Article IX, section 9 of the Texas Constitution to provide certain health care services to the County's needy inhabitants. In addition, section 61.055 of the Texas Indigent Health Care And Treatment Act, (Chapter 61 Texas Health & Safety Code) requires the Montgomery County Hospital District to provide the health care services required under the Texas Constitution and the statute creating the District. The District's enabling legislation in section 5(a) provides that the Board of Directors of the District shall have the power and authority to promulgate rules governing the health care services to be delivered by the District in Montgomery County.

The Board of Directors of the Montgomery County Hospital District is committed to ensure that the needy inhabitants of the County receive quality health care services in an equitable and non-discriminatory manner through the District's Montgomery County Indigent Care Plan. The Board of Directors believes quality medical care services can be provided to the County's needy inhabitants in a manner that is fair and equitable, efficient and without undue expense of local taxpayer dollars, which fund such care.

These Montgomery County Indigent Care Plan Policies are promulgated and approved pursuant to section 5(a) of the District's enabling legislation and are intended to provide guidelines and rules for the qualification and enrollment of participants into the District's Montgomery County Indigent Care Plan. These policies are intended to track and be in harmony with the indigent health care Plan policies approved by the Texas Department of State Health Services and imposed upon non-hospital district counties pursuant to the Indigent Health Care and Treatment Act. It is the intent of the Board of Directors that these policies are to apply to "indigents" as defined in Ch. 61 of the Texas Health & Safety Code, such determination using the eligibility guidelines set forth in Chapter 61 and the rules adopted by the Texas Department of State Health Services. In addition, these policies are intended to ensure the delivery of quality and medically necessary healthcare services to Plan participants in a fair and non-discriminatory manner. These policies are not intended to apply to persons who do not qualify as "indigent" per Ch. 61 of the Texas Health & Safety Code; however, such persons may be covered under other health care Plans provided by the District.

These Montgomery County Indigent Care Plan Policies are intended to cover the delivery of health care services to needy indigent residents of the District. Such residents are not employees of the District therefore these policies do not create benefits or rights under ERISA, COBRA or other employment-related statutes, rules or regulations. These policies are intended to comply with medical privacy regulations imposed under HIPAA and other state regulations but are superseded by such statutes to the extent of any conflict.

Compliance with ADA and other regulations pertaining to disabled individuals shall not be the responsibility of the

District, but shall be the responsibility of those medical providers providing services to the District's needy inhabitants. As a hospital district, only certain provisions of the Indigent Healthcare and Treatment Act (Ch. 61 Texas Health & Safety Code) apply to services provided by the District, including these Policies.

These policies may be amended from time to time by official action of the District's Board of Directors.

- MCHD's Enabling Legislation may be found in Appendix II.
- Chapter 61, Health and Safety Code may be found in Appendix III or online at <http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.61.htm>.

MCHD MCICP Handbook/Policies and Procedures

The MCHD MCICP Handbook/Policies and Procedures is sometimes referred to in other agreements as the "MCICP Plan", "Plan", or "Plan Document."

The purpose of the MCHD MCICP Handbook is to:

- Establish the eligibility standards and application, documentation, and verification procedures for MCHD MCICP,
- Define basic and extended health care services.

GENERAL ADMINISTRATION

MCHD Responsibility

The District will:

- Administer a county wide indigent health care program
- Serve all of and only Montgomery County's Needy Inhabitants
 - Needy inhabitants is defined by the District as any individual who meets the eligibility criteria for the Plan as defined herein and who meet an income level up to 21% of FPIL
- Provide basic health care services to eligible Montgomery County residents who have a medical necessity for health care
- Follow the policies and procedures described in this handbook, save and except that any contrary and/or conflicting provisions in any contract or agreement approved by the District's Board of Directors shall supersede and take precedence over any conflicting provisions contained in this Handbook. (See Exclusions and Limitations section below)
- Establish an application process
- Establish procedures for administrative hearings that provide for appropriate due process, including procedures for appeals requested by clients that are denied
- Adopt reasonable procedures
 - For minimizing the opportunity for fraud
 - For establishing and maintaining methods for detecting and identifying situations in which a question of fraud may exist
 - For administrative hearings to be conducted on disqualifying persons in cases where fraud appears to exist
- Maintain the records relating to an application at least until the end of the third complete MCHD fiscal year following the date on which the application is submitted
- Validate the accuracy of all disclosed information, especially information that may appear fraudulent or dishonest. Additionally, any applicant may be asked to produce additional information or documentation for any part of the Eligibility process
- Establish an optional work registration procedure that will contact the local Texas Workforce Commission (TWC) office to determine how to establish their procedure and to negotiate what type of information can be provided. In addition, MCHD must follow the guidelines below:
 1. Notify all eligible residents and those with pending applications of the Plan requirements at least 30 days before the Plan begins.
 2. Allow an exemption from work registration if applicants or eligible residents meet one of the following criteria:
 - Receive food stamp benefits,

- Receive unemployment insurance benefits or have applied but not yet been notified of eligibility,
- Physically or mentally unfit for employment,
- Age 18 and attending school, including home school, or on employment training program on at least a half-time basis,
- Age 60 or older,
- Parent or other household member who personally provides care for a child under age 6 or a disabled person of any age living with the household,
- Employed or self-employed at least 30 hours per week,
- Receive earnings equal to 30 hours per week multiplied by the federal minimum wage.

If there is ever a question as to whether or not an applicant should be exempt from work registration, contact the local Texas Workforce Commission (TWC) office when in doubt.

3. If a non-exempt applicant or MCHD MCICP eligible resident fails without good cause to comply with work registration requirements, disqualify him from MCHD MCICP as follows:
 - For one month or until he agrees to comply, whichever is later, for the first non-compliance;
 - For three consecutive months or until he agrees to comply, whichever is later, for the second non-compliance; or
 - For six consecutive months or until he agrees to comply, whichever is later, for the third or subsequent non-compliance.

Behavioral Guidelines

Establish behavioral guidelines that all applicants and MCICP clients must follow in order to protect MCHD employees, agents such as third party administrators, and providers. Each situation pertaining to a violation of the behavioral guidelines will be carefully reviewed with the Chief Operating Officer, Chief Financial Officer, and/or Chief Executive Officer for determination.

Applicants will be expected to follow HCAP behavioral guidelines throughout the duration of the time they are interacting with HCAP staff. This is to ensure the safety of our staff as well as the applicant.

- Applicants cannot be violent or aggressive towards HCAP staff
- Rude or Abusive behavior towards staff will not be tolerated
- Profanity or loud talking is expressly prohibited
- Applicants are expected to remain cordial and respectful at all times

HCAP staff is always available to provide assistance to all MCICP clients and applicants. Our staff will not allow any of the above behavior and will not hesitate to get the help of local law enforcement agencies, should any applicant become intolerable by breaking the specific behavioral guidelines. Failure to follow the guidelines will result in definitive action and up to and including refusal of coverage or termination of existing benefits.

SECTION 2

ELIGIBILITY CRITERIA

RESIDENCE

General Principles

- A person must live in the Montgomery County prior to filing an application.
 - Pursuant to Texas Health and Safety Code Chapter 61.003 (d), A person is not considered a resident of the county if the person attempts to establish residency only to obtain health care.
- An inmate of a county correctional facility, who is a resident of another Texas county, would not be required to apply for assistance to their county of residence. They may apply for assistance to the county of where they are incarcerated.
- A person lives in Montgomery County if the person's home and/or fixed place of habitation is located in the county and he intends to return to the county after any temporary absences.
- A valid Texas Driver's License or Identification Card reflecting a Montgomery County address will be required to establish residency.
- A person with no fixed residence or a new resident in the county who declares intent to remain in the county is also considered a county resident if intent is proven. Examples of proof of intent can include the following: **change of driver's license, change of address, lease agreement, and proof of employment.**
- A person does not lose his residency status because of a temporary absence from Montgomery County.
- **A person cannot qualify for more than one indigent (entitlement) program from more than one county simultaneously.**
- A person living in a Halfway House may be eligible for MCICP benefits after he has been released from the Texas Department of Corrections if the state only paid for room and board at the halfway house and did not cover health care services.
 - If this person otherwise meets all eligibility criteria and plans to remain a resident of the county where the halfway house is located, this person is eligible for the MCICP.
 - If this person plans to return to his original county of residence, which is not the county where the halfway house is located, this person would not be considered a resident of the county and theref

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- An inmate of a county correctional facility, who is a resident of another Texas county, would not be required to apply for assistance to their county of residence. They may apply for assistance to the county of where they are incarcerated.
- A person lives in Montgomery County if the person's home and/or fixed place of habitation is located in the county and he intends to return to the county after any temporary absences.
- A valid Texas Driver's License or Identification Card reflecting a Montgomery County address will be required to establish residency.
- A person with no fixed residence or a new resident in the county who declares intent to remain in the county is also considered a county resident if intent is proven. Examples of proof of intent can include the following: **change of driver's license, change of address, lease agreement, and proof of employment.**
- A person does not lose his residency status because of a temporary absence from Montgomery County.
- **A person cannot qualify for more than one indigent (entitlement) program from more than one county simultaneously.**
- A person living in a Halfway House may be eligible for MCICP benefits after he has been released from the Texas Department of Corrections if the state only paid for room and board at the halfway house and did not cover health care services.
 - If this person otherwise meets all eligibility criteria and plans to remain a resident of the county where the halfway house is located, this person is eligible for the MCICP.
 - If this person plans to return to his original county of residence, which is not the county where the halfway house is located, this person would not be considered a resident of the county and therefore not eligible for the MCICP.

Persons Not Considered Residents:

- An inmate or resident of a state school or institution operated by any state agency
- An inmate, patient, or resident of a school or institution operated by a federal agency
- A minor student primarily supported by his parents whose home residence is in another county or state
- A person living in an area served by a public facility
- A person who moved into the county solely for the purpose of obtaining health care assistance

Verifying Residence

Verification of residence is mandatory for all applicants. Proof may include but is not limited to:

- Mail addressed to the applicant, his spouse, or children
 - PO Boxes are not considered as proof, so all clients must provide a physical address
 - Healthcare provider bills, invoices, or claims is not considered proof of residency
 - Correspondence HCAP office is not considered proof of residency
- Texas driver's license or other official identification
- Rent, mortgage payment, or utility receipt
- Property tax receipt
- Voting record
- School enrollment records
- Lease agreement

The burden of proving intent to reside is on the person requesting assistance

Documenting Residence

An Eligibility Specialist (Caseworker) will document all additional information/questions that are needed to determine residency on HCAP Form 101. They will ask for clarification and additional documents if any information regarding residency is questionable.

CITIZENSHIP

General Principles

- A person must be a natural born citizen, a naturalized citizen, or a documented alien with a current legal residency status in compliance with state and federal law.

HOUSEHOLD

General Principles

- A MCHD MCICP household is a person living alone or two or more persons living together where legal responsibility for support exists, excluding disqualified persons.
- Legal responsibility for support exists between:
 - Persons who are legally married under the laws of the State of Texas, (including common-law marriage),
 - A legal parent and a minor child (including unborn children), or
 - A managing conservator and a minor child.
- Medicaid is the only program that disqualifies a person from the Montgomery County Indigent Care Plan.

MCHD MCICP Household

The MCHD MCICP household is a person living alone or two or more persons living together where legal responsibility for support exists, excluding disqualified persons.

MCHD MCICP One-Person Household

- A person living alone,
- An adult living with others who are not legally responsible for the adult's support,
- A minor child living alone or with others who are not legally responsible for the child's support,
- A Medicaid-ineligible spouse,
- A Medicaid-ineligible parent whose spouse and/or minor children are Medicaid-eligible,
- A Medicaid-ineligible foster child, and
- An inmate in a county jail (not state or federal).

MCHD MCICP Group Households

Two or more persons who are living together and meet one of the following descriptions:

- Two persons legally married to each other
- One or both legal parents and their legal minor children
- A managing conservator and a minor child and the conservator's spouse and other legal minor children, if any
- Minor children, including unborn children, who are siblings
- Both Medicaid-ineligible parents of Medicaid-eligible children.

Disqualified Persons

- A person who receives or is categorically eligible to receive Medicaid
- A person who receives TANF benefits
- A person who receives SSI benefits and is eligible for Medicaid
- A person who receives Qualified Medicare Beneficiary (QMB), Medicaid Qualified Medicare Beneficiary (MQMB), Specified Low-Income Medicare Beneficiary (SLMB), Qualified Individual-1 (QI-1); or Qualified Disabled and working Individuals (QDWI)
- A Medicaid recipient who partially exhausts some component of his Medicaid benefits,

A disqualified person is not considered a MCHD MCICP household member regardless of his legal responsibility for support.

Verifying Household

All households are verified and information provided may require additional proof for determination. Proof may include but is not limited to:

- Lease agreement or
- Statement from a landlord, a neighbor, or other reliable source.

Documenting Household

An Eligibility Specialist (Caseworker) will document all additional information/questions that are needed to determine household size on HCAP Form 101. They will ask for clarification and additional documents if any information regarding household is questionable.

RESOURCES

General Principles

- A household must pursue all resources to which the household is legally entitled unless it is unreasonable to pursue the resource. Reasonable time (at least three months) must be allowed for the household to pursue the resource, which is not considered accessible during this time.
- The resources of all MCHD MCICP household members are considered.
- Resources are either countable or exempt.
- Resources from disqualified and non-household members are excluded, but may be included if processing an application for a sponsored alien.
- A household is not eligible if the total countable household resources exceed:
 - \$3,000.00 when a person who is aged or has disabilities and who meets relationship requirements lives in the home or
 - \$2,000.00 for all other households.
- A household is not eligible if their total countable resources exceed the limit on or after the first interview date or the process date for cases processed without an interview.
- In determining eligibility for a prior month, the household is not eligible if their total countable resources exceed the limit anytime during the prior month.
- Consider a joint bank account with a nonmember as inaccessible if the money in the account is used solely for the non-member's benefit. The CIHCP household must provide verification that the bank account is used solely for the non-member's benefit and that no CIHCP household member uses the money in the account for their benefit. If a household member uses any of the money for their benefit or if any household member's money is also in the account, consider the bank account accessible to the household.

TYPES OF RESOURCES

Alien Sponsor's Resources

Calculate the total resources accessible to the alien sponsor's household according to the same rules and exemptions for resources that apply for the sponsored alien applicant. The total countable resources for the alien sponsor household will be added to the total countable resources of the sponsored alien applicant. Please refer to Texas Health and Safety Code, Chapter 61, §61.012.

Sec.61.012. REIMBURSEMENT FOR SERVICES.

a) In this section, "sponsored alien" means a person who has been lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act (8 U.S.C. Section 1101 et seq.) and who, as a condition of admission, was sponsored by a person who executed an affidavit of support on behalf of the person.

(b) A public hospital or hospital district that provides health care services to a sponsored alien under this chapter may recover from a person who executed an affidavit of support on behalf of the alien the costs of the health care services provided to the alien.

(c) A public hospital or hospital district described by Subsection (b) must notify a sponsored alien and a person who executed an affidavit of support on behalf of the alien, at the time the alien applies for health care services, that a person who executed an affidavit of support on behalf of a sponsored alien is liable for the cost of health care services provided to the alien.

(d) Section 61.012, Health and Safety Code, as added by this section, applies only to health care services provided by a public hospital or hospital district on or after the effective date of this act.

Bank Accounts

Count the cash value of checking and savings accounts for the current month as income and for prior months as a resource unless exempt for another reason.

Burial Insurance (Prepaid)

Exempt up to \$7,500 cash value of a prepaid burial insurance policy, funeral plan, or funeral agreement for each certified household member.

Count the cash value exceeding \$7,500 as a liquid resource

Burial Plots

Exempt all burial plots.

Crime Victim's Compensation Payments

Exempt.

Energy Assistance Payments

Exempt payments or allowances made under any federal law for the purpose of energy assistance.

Exemption: Resources/Income Payments

If a payment or benefit counts as income for a particular month, count it as a resource in the same month. If you prorate a payment income over several months, do not count any portion of the payment as resource during that time. **An amount will either be income or resource.**

Example: Income of students or self-employed persons that is prorated over several months.

If the client combines this money with countable funds, such as a bank account, exempt the prorated amounts for the time you prorate it.

Homestead

Exempt the household's usual residence and surrounding property not separated by property owned by others. The exemption remains in effect if public rights of way, such as roads, separate the surrounding property from the home. The homestead exemption applies to any structure the person uses as a primary residence, including additional buildings on contiguous land, a houseboat, or a motor home, as long as the household lives in it. If the household does not live in the structure, count it as a resource.

- Houseboats and Motor Homes
 - Count houseboats and motor homes according to vehicle policy, if not considered the household's primary residence or otherwise exempt.
- Own or Purchasing a Lot
 - For households that currently do not own a home, but own or are purchasing a lot on which they intend to build, exempt the lot and partially completed home.
- Real Property Outside of Texas
 - Households cannot claim real property outside of Texas as a homestead, except for migrant and itinerant workers who meet the residence requirements.
- Homestead Temporarily Unoccupied
 - Exempt a homestead temporarily unoccupied because of employment, training for future employment, illness (including health care treatment), casualty (fire, flood, state of disrepair, etc.), or natural disaster, if the household intends to return.

- Sale of a Homestead
 - Count money remaining from the sale of a homestead as a resource.

Income- Producing Property

Exempt property that:

- Is essential to a household member's employment or self- employment (examples: tools of a trade, farm machinery, stock, and inventory). Continue to exempt this property during temporary periods of unemployment if the household member expects to return to work
- Annually produces income consistent with its fair market value, even if used only on a seasonal basis
- Is necessary for the maintenance or use of a vehicle that is exempt as income producing or as necessary for transporting a physically disabled household member. Exempt the portion of the property used for this purpose

For farmers or fishermen, continue to exempt the value of the land or equipment for one year from the date that the self-employment ceases.

Insurance Settlement

Count, minus any amount spent or intended to be spent for the Household's bills for burial, health care, or damaged/lost possessions.

Lawsuit Settlement

Count, minus any amount spent or intended to be spent for the household's bills for burial, legal expenses, health care expenses, or damaged/lost possessions.

Life Insurance

Exempt the cash value of life insurance policies.

Liquid Resources

Count, if readily available. Examples include but are not limited to cash, a checking accounts, a savings accounts, a certificates of deposit (CDs), notes, bonds, and stocks.

Loans (Non-Educational)

Exempt these loans from resources.

Consider financial assistance as a loan if there is an understanding that the loan will be repaid and the person can reasonably explain how he will repay it.

Count assistance not considered a loan as unearned income (contribution).

Lump-Sum Payments

Effective January 1, 2013 exempt federal tax refunds permanently as income and resources for 12 months after receipt. Exempt the Earned Income Credit (EIC) for a period of 12 months after receipt through December 31, 2018.

Count lump sum payments received once a year or less frequently as resources in the month received, unless specifically exempt.

Countable lump-sum payments include but are not limited to lump-sum insurance settlements, lump-sum payments on child support, public assistance, refunds of security deposits on rental property or utilities, retirement benefits, and retroactive lump sum RSDI.

Count lump-sum payments received or anticipated to be received more often than once a year as unearned income in the month received.

Exception: Count contributions, gifts, and prizes as unearned income in the month received regardless of the frequency of receipt.

Personal Possessions

Exempt.

Real Property

Count the equity value of real property unless it is otherwise exempt. Exempt any portion of real property directly related to the maintenance or use of a vehicle necessary for employment or to transport a physically disabled household member. Count the equity value of any remaining portion unless it is otherwise exempt.

- Good Faith Effort to Sell
 - Exempt real property if the household is making a good effort to sell it
- Jointly Owned Property
 - Exempt property jointly owned by the household and other individuals not applying for or receiving benefits if the household provides proof that he cannot sell or divide

the property without consent of the other owners and the other owners will not sell or divide the property

Reimbursement

Exempt a reimbursement in the month received. Count as a resource in the month after receipt.

Exempt a reimbursement earmarked and used for replacing and repairing an exempt resource.
Exempt the reimbursement indefinitely.

Retirement Accounts

A retirement account is one in which an employee and/or his employer contribute money for retirement. There are several types of retirement plans.

Some of the most common plans authorized under Section 401 (a) of the Internal Revenue Services (IRS) Code are the 401 (k) plan, Keogh, Roth Individual Retirement Account (IRA), and a pension or traditional benefit plan. Common plans under Section 408 of the IRS Code are the IRA, Simple IRA and Simplified Employer Plan.

A 401K plan allows an employee to postpone receiving a portion of current income until retirement.

An individual retirement account (IRA) is an account in which an individual contributes an amount of money to supplement his retirement income (regardless of his participation in a group retirement plan).

A Keogh plan is an IRA for a self-employed individual.

A Simplified Employee Pension (SEP) plan is an IRA owned by an employee to which an employer makes contributions or an IRA owned by a self-employed individual who contributes for himself.

A pension or traditional defined benefit plan is employed based and promises a certain benefit upon retirement regardless of investment performance.

Exclude all retirement accounts or plans established under:

- Internal Revenue Code of 1986, Sections 401(a), 403(a), 403(b), 408, 408A, 457(b), 501(c)(18)
- Federal Thrift Savings Plan, Section 8439, Title 5, United States Code
- Other retirement accounts determined to be tax exempt under the Internal Revenue Code of 1986

Count any other retirement accounts not established under plans or codes listed above.

Trust Fund

Exempt a trust fund if all of the following conditions are met:

- The trust arrangement is unlikely to end during the certification period
- No household member can revoke the trust agreement or change the name of the beneficiary during the certification period
- The trustee of the fund is either a
 - Court, institution, corporation, or organization not under the direction or ownership of a household member
 - Court-appointed individual who has court-imposed limitations placed on the use of the funds
- The trust investments do not directly involve or help any business or corporation under the control, direction, or influence of a household member. Exempt trust funds established from the household's own funds if the trustee uses the funds
 - Only to make investments on behalf of the trust or
 - To pay the education or health care expenses of the beneficiary.

Vehicles

Exempt a vehicle necessary to transport physically disabled household members, even if disqualified and regardless of the purpose of the trip. Exempt no more than one vehicle for each disabled member. There is no requirement that the vehicle be used primarily for the disabled person.

Exempt vehicles if the equity value is less than \$4,650, regardless of the number of vehicles owned by the household. Count the value in excess of \$4,650 toward the household's resource limit.

Examples listed below:

\$15,000	FMV
<u>-\$12,450</u>	Amount owed
\$2,550	Equity value
<u>-\$4,650</u>	
\$0	Countable resource

\$15,000	FMV
<u>-\$12,450</u>	Amount owed
\$2,550	Equity value
<u>-\$4,650</u>	
\$4,350	Countable resource

- Income-producing Vehicles
 - Exempt the total value of all licensed vehicles used for income-producing purposes. This exemption remains in effect when the vehicle is temporarily not in use. A vehicle is considered income producing if it:
 - Is used as a taxi, a farm truck, or fishing boat,
 - Is used to make deliveries as part of the person's employment,
 - Is used to make calls on clients or customers,
 - Is required by the terms of employment, or
 - Produces income consistent with its fair market value.
- Solely Owned Vehicles
 - A vehicle, whose title is solely in one person's name, is considered an accessible resource for that person. This includes the following situations:

- Consider vehicles involved in community property issues to belong to the person whose name is on the title.
- If a vehicle is solely in the household member's name and the household member claims he purchased it for someone else, the vehicle is considered as accessible to the household member.

Exceptions: The vehicle is inaccessible if the titleholder verifies: [complete documentation is required in each of the situations below]:

- That he sold the vehicle but has not transferred the title. In this situation, the vehicle belongs to the buyer. **Note:** Count any payments made by the buyer to the household member or the household member's creditors (directly) as self-employment income.
- That he sold the vehicle but the buyer has not transferred the title into the buyer's name.
- That the vehicle was repossessed.
- That the vehicle was stolen.
- That he filed for bankruptcy (Title 7, 11, or 13) and that the household member is not claiming the vehicle as exempt from the bankruptcy. **Note:** In most bankruptcy petitions, the court will allow each adult individual to keep one vehicle as exempt for the bankruptcy estate. This vehicle is a countable resource.

A vehicle is accessible to a household member even though the title is not in the household member's name if the household member purchases (or is purchasing) the vehicle from the person who is the titleholder or if the household member is legally entitled to the vehicle through an inheritance or divorce settlement.

- Jointly Owned Vehicles

- Consider vehicles jointly owned with another person not applying for or receiving benefits as inaccessible if the other owner is not willing to sell the vehicle.

- Leased Vehicles

- When a person leases a vehicle, they are not generally considered the owner of the vehicle because the
 - Vehicle does not have any equity value,
 - Person cannot sell the vehicle, and
 - Title remains in the leasing company's name.

Exempt a leased vehicle until the person exercises his option to purchase the vehicle. Once the person becomes the owner of the vehicle, count it as a resource. The person is the owner of the vehicle if the title is in their name, even if the person and the dealer refer to the vehicle as leased. Count the vehicle as a resource.

- How to Determine Fair Market Value of Vehicles

- Determine the current fair market value of licensed vehicles using the average trade-in or wholesale value listed on a reputable automotive buying resource website (i.e., National Automobile Dealers Association (NADA), Edmunds, or Kelley Blue Book). **Note:** If the household claims that the listed value does not apply because the vehicle is in less-than-average condition, allow the household to provide proof of the true value from a reliable source, such as a bank loan officer or a local licensed car dealer.
- Do not increase the basic value because of low mileage, optional equipment, or special equipment for the handicapped.

- Accept the household's estimate of the value of a vehicle no longer listed on an automotive buying resource website unless it is questionable and would affect the household's eligibility. In this case, the household must provide an appraisal from a licensed car dealer or other evidence of the vehicle's value, such as a tax assessment or a newspaper advertisement indicating the sale value if similar vehicles.
- Determine the value of new vehicles not listed on an automotive buying resource website by asking the household to provide an estimate of the average trade-in or wholesale value from a new car dealer or a bank loan officer. If this cannot be done, accept the household's estimate unless it is questionable and would affect eligibility. Use the vehicle's loan value only if other sources are unavailable. Request proof of the value of licensed antique, custom made, or classic vehicles from the household if you cannot make an accurate appraisal.

Penalty for Transferring Resources

A household is ineligible if, within three months before application or any time after certification, they transfer a countable resource for less than its fair market value to qualify for health care assistance.

This penalty applies if the total of the transferred resource added to other resources affects eligibility.

Base the length of denial on the amount by which the transferred resource exceeds the resource maximum when added to other countable resources.

Use the chart below to determine the length of denial.

Amount in Excess of Resource Limit	Denial Period
\$0.01 to \$249.99	1 month
\$250.00 to \$999.99	3 months
\$1,000.00 to \$2,999.99	6 months
\$3,000.00 to \$4,999.99	9 months
\$5,000.00 or greater	12 months

If the spouses separate and one spouse transfers his property, it does not affect the eligibility of the other spouse.

VERIFYING RESOURCES

Verify all countable resources. Proof may include but is not limited to:

- Bank account statements
- Award letters.

Documenting Resources

An Eligibility Specialist (Caseworker) will document whether a resource is countable or exempt and how resources are verified on HCAP Form 101.

INCOME

General Principles

- A household must pursue and accept all income to which the household is legally entitled, unless it is unreasonable to pursue the resource. Reasonable time (at least three months) must be allowed for the household to pursue the income, which is not considered accessible during this time.
- The income of all MCHD MCICP household members is considered.
- Income is either countable or exempt.
- If attempts to verify income are unsuccessful because the payer fails or refuses to provide information and other proof is not available, the household's statement is used as best available information.
- All income of a disqualified person is exempt.
- Income of disqualified and non-household members is excluded, but may be included if processing an application for a sponsored alien.

TYPES OF INCOME

Adoption Payments

Exempt.

Alien Sponsor's Income

Calculate the total income accessible to the alien sponsor's household according to the same rules and exemptions for income that apply for the sponsored alien applicant. The total countable income for the alien sponsor household will be considered unearned income and added to the total countable income of the sponsored alien applicant.

Please refer to Texas Health and Safety Code, Chapter 61, §61.012. Sec. 61.012. REIMBURSEMENT FOR SERVICES.

- (a) In this section, "sponsored alien" means a person who has been lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act (8 U.S.C. Section 1101 et seq.) and who, as a condition of admission, was sponsored by a person who executed an affidavit of support on behalf of the person.
- (b) A public hospital or hospital district that provides health care services to a sponsored alien under this chapter may recover from a person who executed an affidavit of support on behalf of the alien the costs of the health care services provided to the alien.
- (c) A public hospital or hospital district described by Subsection (b) must notify a sponsored alien and a person who executed an affidavit of support on behalf of the alien, at the time the alien applies for health care

services, that a person who executed an affidavit of support on behalf of a sponsored alien is liable for the cost of health care services provided to the alien.

- (d) Section 61.012, Health and Safety Code, as added by this section, applies only to health care services provided by a public hospital or hospital district on or after the effective date of this act.

Cash Gifts and Contributions

Count as unearned income unless they are made by a private, nonprofit organization on the basis of need; and total \$300 or less per household in a federal fiscal quarter. The federal fiscal quarters are January - March, April - June, July - September, and October-December. If these contributions exceed \$300 in a quarter, count the excess amount as income in the month received.

Exempt any cash contribution for common household expenses, such as food, rent, utilities, and items for home maintenance, if it is received from a non-certified household member who:

- Lives in the home with the certified household member
- Shares household expenses with the certified household member, and
- No landlord/tenant relationship exists.

If a noncertified household member makes additional payments for use by a certified member, it is a contribution.

Child's Earned Income

Exempt a child's earned income if the child, who is under age 18 and not an emancipated minor, is a full-time student (including a home schooled child) or a part-time student employed less than 30 hours a week.

Child Support Payments

Count as unearned income after deducting up to \$75 from the total monthly child support payments the household receives.

Count payments as child support if a court ordered the support, or the child's caretaker or the person making the payment states the purpose of the payment is to support the child.

Count ongoing child support income as income to the child even if someone else, living in the home receives it.

Count child support arrears as income to the caretaker.

Exempt child support payments as income if the child support is intended for a child who receives Medicaid, even though the parent actually receives the child support.

- Child Support Received for a Non-Member
 - If a caretaker receives, ongoing child support for a non-member (or a member who is no longer in the home) but uses the money for personal or household needs, count it as unearned income. Do not count the amount actually used for or provided to the non-member for whom it is intended to cover.
- Lump-Sum Child Support Payments
 - Count lump-sum child support payments (on child support arrears or on current child support) received, or anticipated to be received more often than once a year, as unearned income in the month received. Consider lump-sum child support payments received once a year or less frequently as a

resource in the month received.

- Returning Parent
 - If an absent parent is making child support payments but moves back into the home of the caretaker and child, process the household change.

Crime Victim's Compensation Payments

Exempt. These are payments from the funds authorized by state legislation to assist a person who has been a victim of a violent crime; was the spouse, parent, sibling, or adult child of a victim who died as a result of a violent crime; or is the guardian of a victim of a violent crime. The payments are distributed by the Office of the Attorney General in monthly payments or in a lump sum.

Disability Insurance Payments

Count disability payments as unearned income, including Social Security Disability Insurance (SSDI) payments and disability insurance payments issued for non-medical expenses. **Exception:** Exempt Supplemental Security Income (SSI) payments.

Dividends and Royalties

Count dividends as unearned income. Exception: Exempt dividends from insurance policies as income.

Count royalties as unearned income, minus any amount deducted for production expenses and severance taxes.

Educational Assistance

Exempt educational assistance, including educational loans, regardless of source. Educational assistance also includes college work-study.

Energy Assistance

Exempt the following types of energy assistance payments:

- Assistance from federally-funded, state or locally-administered programs, including HEAP, weatherization, Energy Crisis, and one-time emergency repairs of a heating or cooling device (down payment and final payment)
- Energy assistance received through HUD, USDA's Rural Housing Service (RHS), or Farmer's Administration (FmHA)
- Assistance from private, non-profit, or governmental agencies based on need.

If an energy assistance payment is combined with other payments of assistance, exempt only the energy assistance portion from income (if applicable).

Foster Care Payments

Exempt.

Government Disaster Payments

Exempt federal disaster payments and comparable disaster assistance provided by states, local governments and disaster assistance organizations if the household is subject to legal penalties when the funds are not used as intended. **Examples:** Payments by the Individual and Family Grant Program, Small Business Administration, and/or FEMA.

In-Kind Income

Exempt. An in-kind contribution is any gain or benefit to a person that is not in the form of money/check payable directly to the household, such as clothing, public housing, or food.

Interest

Count as unearned income.

Job Training

Exempt payments made under the Workforce Investment Act (WIA).

Exempt portions of non-WIA job training payments earmarked as reimbursements for training-related expenses. Count any excess as earned income.

Exempt on-the-job training (OJT) payments received by a child who is under age 19 and under parental control of another household member.

Loans (Non-educational)

Count as unearned income unless there is an understanding that the money will be repaid and the person can reasonably explain how he will repay it.

Lump-Sum Payments

Count as income in the month received if the person receives it or expects to receive it more often than once a year.

Consider retroactive or restored payments to be lump-sum payments and count as a resource. Separate any portion that is ongoing income from a lump-sum amount and count it as income.

Exempt lump sums received once a year or less, unless specifically listed as income. Count them as a resource in the month received.

Effective January 1, 2013 exempt federal tax refunds permanently as income and resources for 12 months after receipt. Exempt the Earned Income Credit (EIC) for a period of 12 months after receipt through

December 31, 2018.

If a lump sum reimburses a household for burial, legal, or health care bills, or damaged/lost possessions, reduce the countable amount of the lump sum by the amount earmarked for these items.

Military Pay

Count military pay and allowances for housing, food, base pay, and flight pay as earned income, minus pay withheld to fund education under the G.I. Bill.

Mineral Rights

Count payments for mineral rights as unearned income.

Pensions

Count as unearned income. A pension is any benefit derived from former employment, such as retirement benefits or disability pensions.

Reimbursement

Exempt a reimbursement (not to exceed the individual's expense) provided specifically for a past or future expense. If the reimbursement exceeds the individual's expenses, count any excess as unearned income. Do not consider a reimbursement to exceed the individual's expenses unless the individual or provider indicates the amount is excessive.

Exempt a reimbursement for future expenses only if the household plans to use it as intended.

Retirement, Survivors, and Disability Insurance (RSDI) Payments

Count the Retirement, Survivors, and Disability Insurance (RSDI) benefit amount including the deduction for the Medicare premium, minus any amount that is being recouped for a prior RSDI overpayment, as unearned income.

If a person receives an RSDI check and an SSI check, exempt both checks since the person is a disqualified household member.

If an adult receives a Social Security survivor's benefit check for a child, this check is considered the child's income.

Self-Employment Income

Count as earned income, minus the allowable costs of producing the self-employment income.

Self-employment income is earned or unearned income available from one's own business, trade, or profession rather than from an employer; however, some individuals may have an employer and receive a regular salary. If

an employer does not withhold FICA or income taxes, even if required to do so by law, the person is considered self-employed.

Types of self-employment include:

- Odd jobs or contracts included, but not limited to: mowing lawns, babysitting, and cleaning houses
- Owning a private business, such as a beauty salon or auto mechanic shop
- Farm income
- Income from property, which may be from renting, leasing, or selling property on an installment plan. Property includes equipment, vehicles, and real property. **Note:** If the person sells the property on an installment plan, count the payments as income. Exempt the balance of the note as an inaccessible resource

If the person sells the property on an installment plan, count the payments as income. Exempt the balance of the note as an inaccessible resource.

Supplemental Security Insurance (SSI) Payments

Only exempt SSI benefits when the household is receiving Medicaid. A person receiving any amount of SSI benefits who also receives Medicaid is, therefore, a disqualified household member.

Temporary Assistance for Needy Families (TANF) Payments

Exempt TANF benefits. A person receiving TANF benefits also receives Medicaid and is, therefore, a disqualified household member.

Terminated Income

Count terminated income in the month received. Use actual income and do not use conversion factors if terminated income is less than a full month's income.

Income is terminated if it will not be received in the next usual payment cycle.

Income is not terminated if:

- Someone changes jobs while working for the same employer
- An employee of a temporary agency is temporarily not assigned
- A self-employed person changes contracts or has different customers without having a break in normal income cycle
- Someone received regular contributions, but the contributions are from different sources

Third-Party Payments

Exempt the money received that is intended (and used for) the maintenance of a person who is not a member of the household.

If a single payment is received for more than one beneficiary, exclude the amount actually used for the non-member up to the non-member's identifiable portion or prorated portion, if the portion is not identifiable.

Tip Income

Count the actual (not taxable) gross amount of tips as earned income. Add tip income to wages before applying conversion factors.

Tip income is income earned in addition to wages that is paid by patrons to people employed in service related occupations, such as beauticians, waiters, valets, pizza delivery staff, etc.

Do not consider tips as self-employment income, unless related to a self-employment enterprise.

Trust Fund

Count as unearned income trust fund withdrawals or dividends that the household can receive from a trust fund that is exempt from resources.

Unemployment Compensation Payments

Count the gross amount as unearned income, minus any amount being recouped for an Unemployment Insurance Benefit (UIB) overpayment.

Count the cash value of UIB in a UI debit account, less amounts deposited in the current month, as a resource. Account inquiry is accessible to a UIB recipient online at www.myaccount.chase.com or at any Chase Bank automated teller machine free of charge. **Exception:** Count the gross amount if the household agreed to repay a food stamp overpayment through voluntary garnishment.

Veterans Administration (VA) Payments

Count the gross VA payment as unearned income, minus any amount being recouped for a VA overpayment.

Exempt VA special needs payments, such as annual clothing allowances or monthly payments for an attendant for disabled veterans.

Vendor Payments

Exempt vendor payments if made by a person or organization outside the household directly to the household's creditor or person providing the service. **Exception:** Count as income money that is legally obligated to the household, but which the payer makes to a third party for a household expense.

Wages, Salaries, Commissions

Count the actual (not taxable) gross amount as earned income.

If a person asks their employer to hold their wages (or the person's wages are garnished), count this money as income in the month the person would otherwise have been paid. If, however, an employer holds his employees' wages as a general practice, count this money as income in the month it is paid. Count an advance in the month the person receives it.

Workers' Compensation Payments

Count the gross payment as unearned income, minus any amount being recouped for a prior worker's compensation overpayment or paid for attorney's fees. **Note:** The Texas Workforce Commission (TWC) or a court sets the amount of the attorney's fee to be paid.

Do not allow a deduction from the gross benefit for court-ordered child support payments.

Exception: Exclude worker's compensation benefits paid to the household for out-of-pocket health care expenses. Consider these payments as reimbursements.

Other Types of Benefits and Payments

Exempt benefits and payments from the following programs:

- AmeriCorps
- Child Nutrition Act of 1966
- Food Stamp Program – SNAP (Supplemental Nutrition Assistance Program)
- Foster Grandparents
- Funds distributed or held in trust by the Indian Claims Commission for Indian tribe members under Public Laws 92-254 or 93-135
- Learn and Serve
- National School Lunch Act
- National Senior Service Corps (Senior Corps)
- Nutrition Program for the Elderly (Title III, Older American Act of 1965)
- Retired and Senior Volunteer Program (RSVP)
- Senior Companion Program
- Tax-exempt portions of payments made under the Alaska Native Claims Settlement Act
- Uniform Relocation Assistance and Real Property Acquisitions Act (Title II)
- Volunteers in Service to America (VISTA)
- Women, Infants, and Children (WIC) Program

VERIFYING INCOME

Verify countable income, including recently terminated income, at initial application and when changes are reported.
Verify countable income at review, if questionable.

Proof may include, but is not limited to:

- Last four (4) consecutive paycheck stubs (for everyone in the household)
- Form 128, *Employment Verification Form* (provided by Indigent Health Care)
- W-2 forms (may include other members of household)
- Notes for cash contributions
- Business records
- Social Security Award letter
- Court orders or public decrees
- Sales records
- Income tax returns
- Statements completed, signed, and dated by the self-employed person

DOCUMENTING INCOME

On HCAP Form 101, *Worksheet*, document the following items:

- Exempt income and the reason it is exempt
- Unearned income, including the following items:
 - Date income is verified
 - Type of income
 - Check or document seen,
 - Amount recorded on check or document
 - Frequency of receipt
 - Calculations used
- Self-employment income, including the following items:
 - The allowable costs for producing the self-employment income, Receipts must be provided
 - Other factors used to determine the income amount
- Earned income, including the following items:
 - Payer's name and address
 - Dates of each wage statement or pay stub used
 - Date paycheck is received
 - Gross income amount
 - Frequency of receipt
 - Calculations used
- Allowable deductions

A household is ineligible for a period of 6 months if they intentionally alter their income to become eligible for the Plan (**Example:** have employer lower their hourly or salary amount).

The following exceptions apply:

- Change in job description that would require a lower pay rate
- Loss of job
- Changed job

BUDGETING INCOME

General Principles

- Count income already received and any income the household expects to receive. If the household is not sure about the amount expected, or when the income will be received, use the best estimate.
- Income, whether earned or unearned, is counted in the month that it is received.
- Count terminated income in the month received. Use actual income, and do not use conversion factors if terminated income is less than a full month's income.
- View at least two pay amounts in the time period beginning 45 days before the interview date or the process date for cases processed without an interview. However, do not require the household to provide verification of any pay amount that is older than two months before the interview date or the process date for cases processed without an interview. If prior coverage is requested-then prior 3 months verification is required.
- When determining the amount of self-employment income received, verify four recent pay amounts that accurately represent their pay. Verify one month's pay amount that accurately represents their pay for self-employed income received monthly. Do not require the household to provide verification of self-employment income and expenses for more than two calendar months before the interview date or the case process date if not interviewed, for income received monthly or more often. If prior coverage is requested, then prior 3 months verification is required.
- Accept the applicant's statement as proof if there is a reasonable explanation of why documentary evidence or a collateral source is not available, and the applicant's statement does not contradict other individual statements or other information received by the entity.
- The self-employment income projection, which includes the current month and 3 months prior, is the period of time that the household expects the income to support the family.
- There are deductions for earned income that are not allowed for unearned income. The earned income deductions are not allowed if the income is gained from illegal activities, such as prostitution and selling illegal drugs.

Steps for Budgeting Income

Step 1 – *Determine countable income.*

Evaluate the household's current and future circumstances and income and decide if changes are likely during the current or future months. If changes are likely, then determine how the change will affect eligibility.

Step 2 – *Determine how often countable income is received (monthly, twice a month, every other week, or weekly).*

- All income, excluding self-employment.
 - Based on verifications, or the person's statement as best available information, determine how often income is received. If the income is based hourly or for piecework, determine the amount of income expected for one week of work.
- Self-employment Income
 - Compute self-employment income, using one of these methods:
 - Annual – Use this method if the person has been self-employed for at least the past 12 months.

- Monthly – Use this method if the person has at least one full representative calendar month of self-employment income.
- Daily – Use this method when there is less than one full representative calendar month of self-employment income, and the source or frequency of the income is unknown or inconsistent.
- Determine if the self-employment income is monthly, daily, or seasonal, since that will determine the length of the projection period.
 - The projection period is monthly if the self-employment income is intended to support the household for at least the next 6 months. The projection period is the last 3 months and the current month.
 - The projection period is seasonal if the self-employment income is intended to support the household for less than 12 months, since it is available only during certain months of the year. The projection period is the number of months the self-employment is intended to provide support.
- Determine the allowable costs of producing self-employment income by accepting the deductions listed on the 1040 U.S. Individual Income Tax Return or by allowing the following deductions:

- | | | |
|---|-----------------|---|
| • Capital asset improvements | • Fuel | • Identifiable costs of seed/fertilizer |
| • Insurance premiums | • Labor | • Linen service |
| • Property tax | • Raw materials | • Rent |
| • Sales tax | • Stock | • Supplies |
| • Utilities | | |
| • Interest from business loans on income-producing property | | |
| • Payments of the principal loans for income-producing property | | |
| • Repairs that maintain income-producing property | | |
| • Capital asset purchases – such as real property, equipment, machinery and other durable goods (items expected to last at least 12 months) | | |
| • Transportation costs (The person may choose to use .50cent per mile, instead of keeping track of individual transportation expenses. Do not allow travel to and from the place of business) | | |

NOTE: If the applicant conducts a self-employment business in their home, consider the cost of the home (rent, mortgage, utilities) as shelter costs, not business expenses, unless these cost can be identified as necessary for the business separately. The only businesses that do not fall under these guidelines are those that are considered “store-front”, meaning that you are not allowed to operate a store environment in your home.

The following are not allowable costs of producing self-income:

- Costs not related to self-employment
- Costs related to producing income gained from illegal activities, such as prostitution and the sale of illegal drugs
- Depreciation
- Net loss which occurred in a previous period
- Work-related expenses, such as federal, state, and local income taxes, and retirement contributions

Step 3 – Convert countable income to monthly amounts, if income is not received monthly.

When converting countable income to monthly amounts, use the following conversion factors:

- Multiply weekly amounts by 4.33
- Multiply amounts received every other week by 2.17
- Add amounts received twice a month (semi-monthly)
- Divide yearly amounts by 12

Step 4 – Convert self-employment allowable costs to monthly amounts.

When converting the allowable costs for producing self-employment to monthly amounts, use the conversion factors in Step 3 above.

Step 5 – Determine if countable income is earned or unearned.

For earned income, proceed with Step 6. For unearned income, skip to Step 8.

Step 6 – Subtract converted monthly self-employment allowable costs, if any, from converted monthly self-employment income.

Step 7 – Subtract earned income deductions, if any.

Subtract these deductions, if applicable, from the household's monthly gross income, including monthly self-employment income after allowable costs are subtracted:

- Deduct \$120.00 per employed household member for work-related expenses.
- Deduct 1/3 of remaining earned income per employed household member.
- Dependent childcare or adult with disabilities care expenses shall be deducted from the total income when determining eligibility, if paying for the care is necessary for the employment of a member in the CP household. This deduction is allowed even when the child or adult with disabilities is not included in the CP household. Deduct the actual expenses up to:
 - \$200 per month for each child under age 2
 - \$175 per month for each child age 2 or older
 - \$175 per month for each adult with disabilities

Exception: For self-employment income from property, when a person spends an average of less than 20 hours per week in management or maintenance activities, count the income as unearned and only allow deductions for allowable costs of producing self-employment income.

Step 8 – Subtract the deduction for Medicaid individuals, if applicable.

This deduction applies when the household has a member who receives Medicaid, and therefore, is disqualified from the Tom Green County household.

Use the Deduction chart below to deduct an amount for support of the Medicaid member(s) as follows: Subtract an amount equal to the deduction for the number (#) of Medicaid eligible individuals.

Deductions for Medicaid-Eligible Individuals

# of Medicaid-Eligible Individuals	Single Adult or Adult with Children	Minor Children Only
1	\$ 78	\$ 64
2	\$ 163	\$ 92
3	\$ 188	\$ 130
4	\$ 226	\$ 154
5	\$ 251	\$ 198
6	\$ 288	\$ 241
7	\$ 313	\$ 267
8	\$ 356	\$ 293

Consider the remainder as the monthly gross income for the Tom Green County household.

Step 9 – *Subtract the Deduction for Child Support, Alimony, and Other Payments to dependents outside the home, if applicable.*

Allow the following deductions from members of the household group, including disqualified members:

- The actual amount of child support and alimony a household member pays to persons outside the home.
- The actual amount of a household member's payments to persons outside the home that a household member can claim as tax dependents or is legally obligated to support.

Consider the remaining income as the monthly net income for the CIHCP household.

Step 10 – *Compare the household's monthly gross income to the 21% FPIL monthly income standard, using the MCHD MCICP Monthly Income Standards below:*

MCHD-MCICP Monthly Income Standards	
Effective April 2018⁹	
Based on the 2018 Federal Poverty Guideline	
# of Individuals in the MCICP Household	21% FPG Minimum Income Standard
1	\$213 <u>219</u>
2	\$289 <u>296</u>
3	\$364 <u>374</u>
4	\$440 <u>451</u>
5	\$515 <u>528</u>
6	\$591 <u>606</u>
7	\$667 <u>683</u>
8	\$742 <u>761</u>
9	\$818 <u>838</u>
10	\$893 <u>915</u>
11	\$969 <u>993</u>
12	\$1,045 <u>1070</u>
ADD MEMBER	\$75

A household is eligible if its monthly gross income, after rounding down cents, does not exceed the monthly income standard for the MCHC MCICP County household's size

SECTION 3

CASE PROCESSING

CASE PROCESSING

General Principles

- Use the application, documentation, and verification procedures as established By MCHD MCICP.
- Issue HCAP Form 100, *Application for Health Care Assistance*, to the applicant, or their representative, on the same date that the request is received.
- Accept an identifiable application.
- A Caseworker may provide assistance in completing the Form 100 due to medical/educational reasons, if the applicant requests help in completing the application process. The Caseworker will explain to the Applicant that she/he is only filling in the information based on what is being provided by the Applicant. The Applicant must be aware that any and all information provided to Caseworker has to be accurate. Anyone who helps fill out the HCAP Form 100 must sign and date it.
- If the applicant is incompetent or incapacitated, someone acting responsibly for the client (a representative) may represent the applicant in the application and the review process, including signing and dating the HCAP Form 100 on the applicant's behalf. This representative must be knowledgeable about the applicant and their household. Document the specific reason for designating this representative.
- Determine eligibility based on residence, household, resources, income, and citizenship.
- Allow at least 14 days for requested information to be provided, unless the household agrees to a shorter timeframe, when issuing HCAP Form 12, *Request for Information*. **Note:** The requested information is documented on HCAP Form 12 and a copy is given to the household.
- All information required by the "How to Apply for MCICP" document is needed to complete the application process and is the responsibility of the applicant.
- Use any information received from the provider of service when making the eligibility determination, but further eligibility information from the applicant may be required.
- The date that a complete application is received is the application completion date, which counts as Day 0 (Zero).
- Determine eligibility not later than the 14th day after the application completion date based on the residence, household, resources, income, and citizenship guidelines.
- Issue written notice on appropriate HCAP forms informing the client of the District's decision. If the District denies health care assistance, the written notice shall include the reason for the denial and an explanation of the procedure for appealing the denial.
- Review each eligible case record at least once every six months.
 - Approved applications are valid for a period not to exceed six (6) months, but no less than 1 month.
 - Before the expiration date, all clients will receive a notice by mail that benefits will expire in the next two weeks.
 - All clients must start the eligibility process all over again at the time of re-application.

- Current eligibility continues until a change resulting in ineligibility occurs and a Form 117, *Notice of Ineligibility*, is issued to the household.
- Use the “Prudent Person Principle” in situations where there are unusual circumstances in which an applicant’s statement must be accepted as proof if there is a reasonable explanation why documentary evidence or a collateral contact is not available and the applicant’s statement does not contradict other client statements or other information received by staff.
- Consult the hospital district’s legal counsel to develop procedures regarding disclosure of information.
- The applicant has the right to:
 - Have his application considered without regard to race, color, religion, creed, national origin, age, sex, disability, or political belief
 - Request a review of the decision made on his application or re-certification for health care assistance
 - Request, orally and in writing, a fair hearing about actions affecting receipt or termination of health care assistance.
- The applicant is responsible for:
 - Completing the HCAP application accurately and truthfully.
 - Applications are available at the Health Care Assistance Program located at 1400 South Loop 336 West, Conroe, TX 77304
 - Providing all needed information requested by staff.
 - If information is not available or is not sufficient, the applicant may designate a responsible contact for the information. A collateral contact could be any objective third party who can provide reliable information. A collateral contact does not need to be separately and specifically designated if that source is named either on HCAP Form 100 or during the interview.
 - Attending the scheduled interview appointment.
 - All appointments will be set automatically by the HCAP eligibility office and will be the applicant’s responsibility to attend the scheduled appointment. Failure to attend the appointment will result in denial of assistance.
 - The client’s application is valid for 30 days from the identifiable date and it is within that 30-day period that the client may reschedule another appointment with the eligibility office. After the 30-day period, the client would have to fill out another application and begin the application process all over again.
 - Reporting changes, which affect eligibility, within 14 days after the date that the change actually occurred. Failure to report changes could result in repayment of expenditures paid.
 - Any changes in income, resources, residency other than federal cost of living adjustments mandates reapplication and/or reconsideration of determination.
 - Cooperating or following through with an application process for any other source of medical assistance before being processed for the Montgomery County Indigent Care Plan, since MCHC is a payor of last resort.

Note: Misrepresentation of facts or any attempt by any applicant, or interested party, to circumvent the policies of the County in order to become or remain eligible is grounds for immediate and permanent refusal of assistance. Furthermore, if a client fails to furnish any requested information or documentation, the application will be denied.

- The Montgomery County Hospital District has installed a comprehensive video and audio recording system in the Health Care Assistance Program office suite. This system serves many purposes. This system is designed to ensure quality services and to provide a level of security for the staff. It also provides documentation of client

interviews which is useful in reducing fraud and abuse of the system. The recordings provide the staff protection against false claims from disgruntled clients, and ensure accuracy in connection with HCAP client interviews. All persons who apply for services, renewal of services, or other issues with the Health Care Assistance Program shall be subject to the video and audio taping equipment of the Montgomery County Hospital District.

PROCESSING AN APPLICATION

Step 1 – Accept the identifiable application.

- On the HCAP Form 100 document the date that the identifiable Form 100 is received. This is the application file date. This date starts the 14 day process clock.
- Receive relevant documents such as Texas Driver's License/ID with current address (must be Montgomery County) and Social Security Card.

Step 2 – Review Information

- Check that all information is complete, consistent, and sufficient to make an eligibility determination based on the five eligibility criteria (*residence, citizenship, household, resources, and income*).
- All applicants will undergo a background/credit check, as this is a mandatory MCICP process. Candidates will be asked to clarify discrepancies. Do not pry or inquire into non-eligibility determination related information. Remember this is confidential material.

Step 3 – Request needed information pertaining to the five eligibility criteria

- Decision Pended
 - If eligibility cannot be determined because components that pertain to the eligibility criteria are missing, issue HCAP Form 12, Request for Information, listing additional information that needs to be provided as well as listing the due date by which the additional information is needed.
 - If the requested information is not provided by the due date, follow the Denial Decision procedure in Step 8. If the requested information is provided by the due date, proceed with Step 5. The application is not considered complete until all requested information is received.

Step 4 – Determine if an interview is needed

- Eligibility may be determined without interviewing the applicant if all questions on HCAP Form 100 are answered and all additional information has been provided.
- If an interview appointment is scheduled, provide the applicant with an MCICP Appointment Card, HCAP Form 2, indicating the date, time, place of the interview, and name of interviewer.

Step 5 – Interview Appointment

- Interview the applicant or his representative face-to-face or by telephone if an interview is necessary.
- At this step, all candidates must complete the following forms:

- Acknowledgement of Receipt of Notice of Privacy Practices, HCAP Form A
- Medical History Form, HCAP Form C
- Release Form, HCAP Form D
- Behavioral Guidelines, HCAP Form 3
- Proof of Citizenship, HCAP Form F
- Fraud Policy and Procedures, HCAP Form J
- If a candidate has a telephone interview or does not require an interview and becomes eligible for MCICP benefits, the forms listed above must be filled out at the time the client comes in to get their MCICP Identification Card, HCAP Form 110, and the Notice of eligibility, HCAP Form 109.
- Applicants may only be up to 10 minutes late to their interview appointment before they **must** reschedule.
 - If the applicant calls to reschedule, allow them one additional appointment no later than seven (7) days after first scheduled appointment.
 - If the applicant is a no call/no show, process denial notification.

Step 6 – Determine eligibility based on eligibility criteria.

- Document information in the case record to support the approval or denial decision.

Step 7 – Notify client of approval status both verbally and in writing.

- Issue the appropriate form that corresponds with the eligibility decision, namely, HCAP Form 117, Notice of Ineligibility, HCAP Form 120, Notice of Incomplete Application, or HCAP Form 109, Notice of Eligibility along with HCAP Form 110, the MCICP Identification Card.
 - Eligible Decision
If all the eligibility criteria are met, the applicant is eligible.
 - Determine the applicant's Eligibility Effective Date.
 - Current Eligibility begins on the first calendar day in the month that an identifiable application is filed or the earliest, subsequent month in which all eligibility criteria are met. (**Exception:** Eligibility effective date for a new county resident begins the date the applicant is considered a county resident. For example, if the applicant meets all four eligibility criteria, but doesn't move to the county until the 15th of the month, the eligibility effective date will be the 15th of the month, not the first calendar day in the month that an identifiable application is filed.)
 - Prior Coverage
The applicant may be retroactively eligible in any of the three calendar months before the month the identifiable application is received if all eligibility criteria are met.
 - Issue HCAP Form 109, Notice of Eligibility, including the Eligibility Effective Date along with HCAP Form 110, the MCICP Identification Card.
 - All active cases will be reviewed every 6 months as determined by the Eligibility Supervisor.

NOTE: The MCICP Identification Card is owned by MCHD and is not transferable. MCHD may revoke or cancel it at any time after notice has been sent out 2 weeks before the termination date explaining the reason for termination.

- Incomplete Decision
 - If any of the requested documentation is not provided the application is not complete. Issue HCAP Form 120, Notice of Incomplete Application.

○ Denial Decision

- If any one of the eligibility criteria is not met, the applicant is ineligible. Issue HCAP Form 117, Notice of Ineligibility, including the reason for denial, the effective date of the denial, if applicable, and an explanation of the procedure for appealing the denial.
- Examples of reasons for denials include but are not limited to the following:
 - Not a resident of the county
 - A recipient of Medicaid
 - Resources exceed the resource limit
 - Income exceeds the income limit
 - Failed to keep an appointment
 - Failed to provide information requested
 - Failed to return the review application
 - Failed to comply with requirements to obtain other assistance
 - Voluntary withdrawal

○ Termination of Coverage

In certain circumstances, a client may have their benefits revoked before their coverage period expires. Clients will be notified by mail no later than two weeks before their Tom Green County benefits will terminate, along with the explanation for termination. Coverage will terminate on the date listed on Form 117, *Notice on Ineligibility*.

Note: Clients who are found to have proof of another source of health care coverage will be terminated on the day that the other payor source is identified.

○ Expiration of Coverage

All active clients are given MCICP coverage for a specified length of time and will be notified by mail **two weeks** before their MCICP benefits will expire. Coverage will terminate at the end of the specified length of time unless the client chooses to re-apply for coverage.

DENIAL DECISION DISPUTES

APPLICATION DENIED

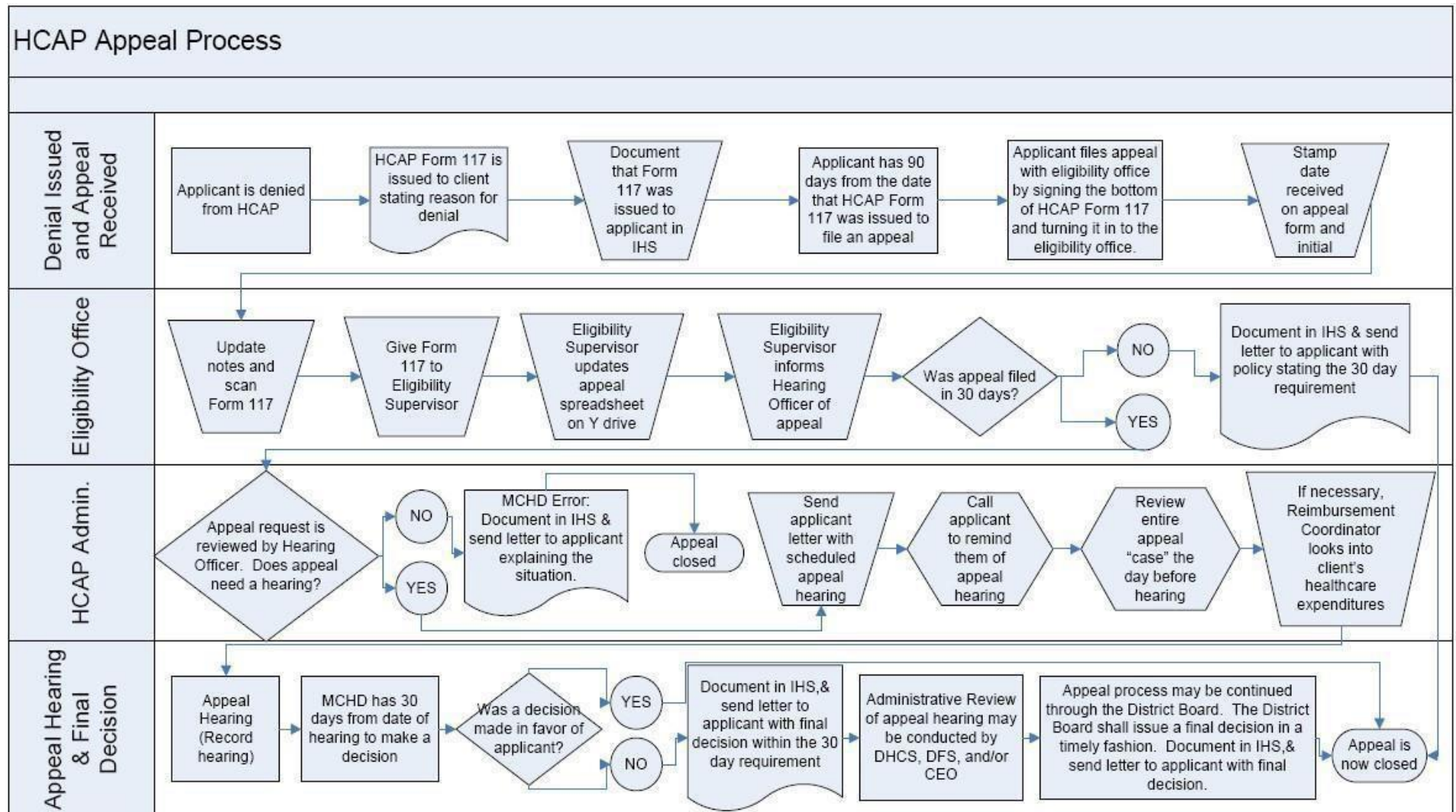
If a denial decision is disputed by the household, the following may occur:

- The household may submit another application to have their eligibility re-determined
- The household may appeal the denial
- The hospital district may choose to re-open a denied application or in certain situations override earlier determinations based on new information.

APPEAL PROCESS

- The Household/Client may appeal any eligibility decision by signing the bottom of Form 117, *Notice of Ineligibility*, within 30 days from the date of denial.
- The District will have 14 days from the date Form 117 was received in the HCAP office, with the appropriate signature, to respond to the client to let them know that MCHD received their appeal. At this time, the client will be notified as to the next step in the appeal process by either:
 1. An appeal hearing is not necessary as a mistake has been made on MCHD's behalf. MCHD and the client will take the appropriate steps required to remedy the situation
 2. An appeal hearing is necessary and the Hearing Officer, or appointee, will schedule a date and time for the appeal hearing.
- The decision as to whether or not an appeal is necessary is decided upon by the Hearing Officer after reviewing the case. Anytime during the 14 day determination period further information may be requested from the client by The District.
- If an appeal is necessary, The District will have 30 days to schedule the appeal hearing.
- Should a client choose not to attend their scheduled appeal hearing, leave a hearing, or become disruptive during a hearing, the case will be dropped and the appeal denied.
- The HCAP office will call the client to remind them of the appeal hearing.
- After the date of the appeal hearing, the District will have 30 days to make a decision. The client will be notified of the District's decision in writing.
- An Administrative Review of the appeal hearing can be conducted through the Chief Operating Officer, Chief Financial Officer, and/or the Chief Executive Officer.
- The Appeal process may be continued through the District Board.
- The District Board shall issue a final decision in a timely fashion.

MCICP Appeal Process Flowchart



Note: At any time it is very important to update IHS with notes regarding the appeal process and to scan in all documents that are important to the appeal "case".

SECTION 4

SERVICE DELIVERY

SERVICE DELIVERY

General Principles

- MCHD shall provide or arrange for the basic health care services pursuant to Chapter 61, Health and Safety Code.
- The basic health care services are:
 - Physician services
 - Annual physical examinations
 - Immunizations
 - Medical screening services
 - Blood pressure
 - Blood sugar
 - Cholesterol screening
 - Laboratory and x-ray services
 - Family planning services
 - Skilled nursing facility services
 - Prescription drugs
 - Rural health clinic services
 - Inpatient hospital services
 - Outpatient hospital services
- In addition to providing basic health care services, MCHD may provide other extended health care services that the hospital district determines to be cost effective. The extended health care services are:
 - Advanced practice nurse services provided by:
 - Nurse Practitioner services (ANP)
 - Clinical Nurse Specialist (CNS)
 - Certified Nurse Midwife (CNM)
 - Certified Registered Nurse Anesthetist (CRNA)
 - Ambulatory surgical center (freestanding) services
 - Catastrophic Oncology services
 - Mental Health - Counseling services provided by:
 - Licensed clinical social worker (LCSW)
 - Licensed marriage family therapist (LMFT)
 - Licensed professional counselor (LPC)
 - Psychologist Ph.D.
 - Colostomy medical supplies and equipment
 - Diabetic medical supplies and equipment
 - Durable medical supplies and equipment (DME)
 - Emergency Medical Services (EMS)
 - Federally Qualified Health Center services (FQHC)
 - Health and Wellness services
 - Home and community health care services (in special circumstances with authorization)
 - Occupational Therapy services
 - Physician Assistant services (PA)
 - Physical Therapy Services
 - Other medically necessary services or supplies that the Montgomery County Hospital District determines to be cost effective.
- Services and supplies must be usual, customary, and reasonable, as well as medically necessary for diagnosis and treatment of an illness or injury.

- A hospital district may:
 - Arrange for health care services through local health departments, other public health care facilities, private providers, or insurance companies regardless of the provider's location
 - Arrange to provide health care services through the purchase of insurance for eligible residents
 - Affiliate with other governmental entities, public hospitals, or hospital districts for administration and delivery of health care services.
 - Use out-of-county providers.
- As prescribed by Chapter 61, Health and Safety Code, a county shall provide health care assistance to each eligible resident in its service area who meets:
 - The basic income and resources requirements established by the department under Sections 61.006 and 61.008 and in effect when the assistance is requested; or
 - A less restrictive income and resources standard by the county serving the area in which the person resides.
- The maximum Hospital District liability for each fiscal year for health care services provided by all assistance providers, including Hospital and Skilled Nursing Facilities (SNF), to each MCICP client is, excluding oncology clients:
 - \$60,000; or
 - The payment of 30 days of hospitalization or treatment in an SNF (or both), or \$60,000, whichever occurs first.
 - 30 days of hospitalization refers to Inpatient Hospitalization.
- The maximum Hospital District liability for each fiscal year for Mental Health – Counseling services provided by all assistance providers, including hospital, to each MCICP client is:
 - \$20,000
- The Montgomery County Hospital District is the payor of last resort and shall provide assistance only if other adequate public or private sources of payment are not available. In addition, MCHD is not secondary to any insurance benefits or exhausted benefits.
- Claim Payment(s)
 - For a claim payment to be considered, a claim should be received:
 - Within 95 days from the approval date for services provided before the household was approved or
 - Within 95 days from the date of service for services provided after the approval date
 - The payment standard is determined by the date the claim is paid.
- MCHD MCICP mandated providers must provide services and supplies.
- Montgomery County Hospital District's EMS must provide all EMS services.
 - Upon request for EMS the provider must identify the patient as an MCICP client to the EMS Dispatch center.
 - Any exception requires MCHD MCICP approval for each service, supply, or expense.
- Co-payments:
 - Pursuant to Chapter 61 of the Texas Health and Safety Code, the District recognizes that it may request contribution toward cost of assistance.
 - Households/clients who meet eligibility criteria by their income as compared to 21% of the Federal Poverty Income Limit (FPIL) scale are then requested to contribute a \$5.00 co-payment toward their healthcare for those services for which they are requested.

Level	FPIL	Current
TA1	0-21%	\$5

- Services for which co-payments are requested:
 - Diabetic training
 - EMS transports
 - ED visits
 - Hyperbaric Services
 - Therapies
 - Occupational therapy (OT)
 - Physical therapy (PT)
 - Speech therapy (ST)
 - Primary care visits
 - Specialty care visits

- Copayment for Prescriptions
 - The prescription co-payment requested is \$7.50 for generic drugs and \$12.50 for brand name drugs, per prescription per month at ALL income levels.
 - Clients at the TA1 Level will not be denied or have a reduction in assistance if they cannot contribute a co-payment. Such cases will receive a waiver by the HCAP Manager or designee on a case-by-case basis.

BASIC HEALTH CARE SERVICES

MCHD-established Basic Health Care Services

- Primary and preventative services:
 - Annual physical examinations
 - Immunizations
 - Medical screening services
- Family Planning services
- Inpatient and Outpatient Hospital services
- Rural Health Clinic services
- Laboratory and X-ray services
- Physician services
- Prescription drugs (payment for no more than three a month)
- Skilled Nursing Facility services

Annual Physical Examinations

- These are examinations provided once per client, per fiscal year, by a Texas licensed physician or mid-level practitioner. Associated testing, such as mammograms, is covered if provided by a Mandated Provider.
- These services may also be provided by an Advanced Practice Nurse (APN) if they are within the scope of practice of the APN in accordance with the standards established by the Board of Nurse Examiners.

Immunizations

- These are given when appropriate. A client must have a current prescription from a physician for the immunization. Immunizations covered are those that MCHD is able to administer in its offices. In the event an immunization is prescribed that MCHD is unable to administer, the immunization must be pre-authorized by MCHD staff.

Medical Screening Services

- These health care services include:
 - blood pressure
 - blood sugar, and
 - cholesterol screening

Family Planning Services

- These preventive health care services assist an individual in controlling fertility and achieving optimal reproductive and general health.
- Other Montgomery County entities provide family planning services at little or no charge; therefore, the district reserves the right to redirect clients to utilize their services.
 - Charges to clients are based on a sliding fee scale according to family income and size. No client is refused service due to his or her inability to pay.

Inpatient Hospital Services

Inpatient hospital services must be medically necessary and be:

- Provided in an acute care hospital that is JCAHO and TDH compliant,
- Provided to hospital inpatients,
- Provided under the direction of a Texas licensed physician in good standing, and
- Provided for the medical care and treatment of patients.

Note: The date of service for an inpatient hospital claim is the discharge date.

Outpatient Hospital Services

Outpatient hospital services must be medically necessary and be:

- Provided in an acute care hospital or hospital-based ambulatory surgical center (HASC),
- Provided to hospital outpatients,
- Provided by or under the direction of a Texas licensed physician in good standing, and
- Diagnostic, therapeutic, or rehabilitative.

Rural Health Clinic (RHC) Services

RHC services must be provided in a freestanding or hospital-based rural health clinic and provided by:

- a physician,
- a physician assistant,
- an advanced practice nurse (including a nurse practitioner, a clinical nurse specialist, and a certified nurse midwife), or
- a visiting nurse.

Laboratory and X-Ray Services

These are professional and technical laboratory and radiological services ordered and provided by, or under the direction of, a Texas licensed physician in an office or a similar facility other than a hospital outpatient department or clinic.

Physician Services

- Physician services include services ordered and performed by a physician that are within the scope of practice of their profession as defined by Texas state law. Physician services must be provided in the doctor's office, the patient's home, a hospital, a skilled nursing facility, or elsewhere.
- In addition, the anesthesia procedures in the chart below may be payable.

CPT Codes and Descriptions only are Copyright 2004 American Medical Association All Rights Reserved

TOS	CPT Code	Description
1	99100	Anesthesia for patient of extreme age, under one year or over 70. (List separately in addition to code for primary anesthesia procedure.)
1	99116	Anesthesia complicated by utilization of total body hypothermia. (List separately in addition to code for primary anesthesia procedure.)
1	99135	Anesthesia complicated by utilization of controlled hypotension. (List separately in addition to code for primary anesthesia procedure.)
1	99140	Anesthesia complicated by emergency conditions (specify). (List separately in addition to code for primary anesthesia procedure.) An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part.

Prescription Drugs

- This service includes up to three prescription drugs per month. New and refilled prescriptions count equally toward this three prescription drugs per month total. Drugs must be prescribed from the MCHD HCAP Formulary, by a Texas licensed physician or other practitioner within the scope of practice under law.
- The quantity of drugs prescribed depends on the prescribing practice of the physician and the needs of the patient. However, each prescription is limited to a 30-day supply and dispensing only.

Refer to Appendix VII for the MCHD HCAP Formulary.

- The MCICP co-payment requested is \$7.50 for generic drugs and \$12.50 for brand name drugs, per prescription per month.
 - Over the counter Aspirin will be covered without a co-payment up to a quantity limit of 500 per year.
 - Asthma Chambers- Active clients with a diagnosis of Asthma or COPD will be allowed under the RX program to have 1 asthma chamber per year per active client with a copay and will not count against the 3 per month prescription limit.

Skilled Nursing Facility Services

Services must be:

- Medically necessary
- Ordered by a Texas licensed physician in good standing, and
- Provided in a skilled nursing facility that provides daily services on an inpatient basis.

EXTENDED HEALTH CARE SERVICES

- Advanced Practice Nurse Services
- Ambulatory Surgical Center (Freestanding) Services
- Catastrophic Oncology Services
- Colostomy Medical Supplies and Equipment
- Home Health Care Services
- Mental Health - Counseling services provided by:
 - Licensed clinical social worker (LCSW)
 - Licensed marriage family therapist (LMFT)
 - Licensed professional counselor (LPC)
 - Psychologist Ph.D.
- Diabetic Medical Supplies and Equipment
- Durable Medical Equipment
- Emergency Medical Services
- Federally Qualified Health Center (FQHC) Services
- Health and Wellness Services
- Home Health Care Services
- Occupational Therapy Services
- Physician Assistant Services
- Physical Therapy Services
- Other medically necessary services or supplies

Advanced Practice Nurse (APN) Services

An APN must be licensed as a registered nurse (RN) within the categories of practice, specifically, a nurse practitioner, a clinical nurse specialist, a certified nurse midwife (CNM), and a certified registered nurse anesthetist (CRNA), as determined by the Board of Nurse Examiners. APN services must be medically necessary and provided within the scope of practice of the APN, and covered in the Texas Medicaid Program.

Ambulatory Surgical Center (ASC) Services

These services must be provided in a freestanding ASC, and are limited to items and services provided in reference to an ambulatory surgical procedure. A freestanding ASC service should be billed as one inclusive charge on a HCFA-1500, using the TOS "F."

Catastrophic Oncology Services

Benefits for Oncology clients will not automatically terminate once maximum hospital district liability has been met. Once an Oncology client reaches maximum hospital liability, the Oncology provider will be required to submit a projected care plan to the MCICP third party administrator to consider continuation of benefits. If the third party administrator confirms the costs and medical appropriateness of the care plan, the Chief Operating Officer, Chief Financial Officer, or Chief Executive Officer will review the case and consider continuation of benefits based on funds budgeted. The funds budgeted are based on the projected earnings of the Catastrophic Reserve Fund. If insufficient funding is available to continue benefits, the Chief Operating

Officer, Chief Financial Officer, or Chief Executive Officer will petition the District Board for additional funding. If the funding is not available, the client will be referred to an alternate provider and the hospital district will no longer be responsible for providing health care benefits.

Colostomy Medical Supplies and Equipment

These supplies and equipment must be medically necessary and prescribed by a Texas licensed physician, PA, or an APN in good standing, within the scope of their practice in accordance with the standards established by their regulatory authority. The Hospital District requires the supplier to receive prior authorization.

Items covered are:

- Cleansing irrigation kits, colostomy bags/pouches, paste or powder, and skin barriers with flange (wafers).
- Colostomy Medical Supplies and Equipment
 - Ostomy irrigation supply bag
 - Ostomy irrigation set
 - Ostomy pouch, closed, with barrier attached, with built-in convexity
 - Ostomy rings
 - Adhesive for ostomy – liquid, cement, powder, or paste
 - Skin barrier with flange (solid, flexible, or accordion) – any size/wafer

Mental Health - Counseling Services:

Mental health counseling and inpatient services will be available for International Classification of Diseases, Ninth Revision mental illnesses beginning with 290.0 – 316 for psychoses, neurotic disorders, personality disorders, and other nonpsychotic mental disorders.

Inpatient services are provided to those who need 24-hour professional monitoring, supervision and assistance in an environment designed to provide safety and security during acute psychiatric crisis.

Inpatient and outpatient psychiatric services: psychotherapy services must be medically necessary; based on a physician referral; and provided by a licensed psychiatrist (MD) or licensed clinical social worker (LCSW) previously known as LMSW -ACP), a licensed marriage family therapist (LMFT), licensed professional counselor (LPC), or a Ph.D. psychologist. These services may also be provided based on an APN referral if the referral is within the scope of their practice.

The hospital district requires prior authorization for all mental health (inpatient and outpatient) counseling services.

- All inpatient admissions including Residential Care inpatient admissions
- All hospital or facility day treatment admissions
- All multiple (more than one) counseling sessions per week
- All multiple hour counseling sessions

Services provided by a physician or therapist for one counseling session (or less) per week, for medication checks, CSU services, and Lab work do not require pre-certification for payment.

Diabetic Medical Supplies and Equipment

These supplies and equipment must be medically necessary and prescribed by a Texas licensed physician, PA, or an APN within the scope of their practice in accordance with the standards established by their regulatory authority. The hospital district requires the supplier to receive prior authorization.

Items covered are:

- Test strips, alcohol prep pads, lancets, glucometers, insulin syringes, humulin pens, and needles required for the humulin pens.
 - Insulin syringes, humulin pens, and the needles required for humulin pens are dispensed with a National Dispensing Code (NDC) number and are paid as prescription drugs; they do not count toward the three prescription drugs per month limitation. Insulin and humulin pen refills are prescription drugs (not optional services) and count toward the three prescription drugs per month limitation.
 - Diabetic Medical Supplies and Equipment:
 - Urine test or reagent strips or tablets, 100 tablets or strips
 - Blood glucose test or reagent test strips for home blood glucose monitors, 50 strips
 - Dextrostick or glucose test strips, per box
 - Protein reagent strips, per box of 50
 - Glucose tablets, 6 per box
 - Glucose gel/react gel, 3 dose pack
 - Home glucose monitor kit
 - Alcohol wipes, per box
 - Spring-powered device for lancet, each
 - Lancets, per box of 100

Durable Medical Equipment:

This equipment must be medically necessary and provided under a written, signed, and dated physician's prescription. A PA or an APN may also prescribe these supplies and equipment if this is within the scope of their practice in accordance with the standards established by their regulatory authority.

The hospital district requires the supplier to receive prior authorization. Items can be rented or purchased, whichever is the least costly or most efficient.

Items covered with MCHD authorization are:

- Appliances for measuring blood pressure that are reasonable and appropriate, canes, crutches, home oxygen equipment (including masks, oxygen hose, and nebulizers), standard wheelchairs, and walkers that are reasonable and appropriate
- Durable Medical Equipment:
 - Digital blood pressure & pulse monitor
 - Oxygen, gaseous, per cubic ft.
 - Oxygen contents, liq. per lb.
 - Oxygen contents, liq. per 100 lbs.
 - Tubing (oxygen), per foot
 - Mouth Piece
 - Variable concentration mask
 - Disposable kit (pipe style)
 - Disposable kit (mask style)
 - Mask w/ headgear

- 6' tubing
- Filters
- Cane with tip [New]
- Cane with tip [Monthly Rental]
- Cane, quad or 3 prong, with tips [New]
- Cane, quad or 3 prong, with tips [Monthly Rental]
- Crutches, underarm, wood, pair with pads, tips, handgrips [New]
- Crutches, underarm, wood, pair with pads, tips, handgrips [Monthly Rental]
- Crutch, underarm, wood, each with pad, tip, handgrip
- Crutch, underarm, wood, each with pad, tip, handgrip [Monthly Report]
- Walker, folding (pickup) adjustable or fixed height [New]
- Walker, folding (pickup) adjustable or fixed height [Monthly Rental]
- Walker, folding with wheels
- Portable oxygen [Rental] Includes: regulator, cart and (2) tanks per month
- Nebulizer, with compressor [New]
- Nebulizer, durable, glass or autoclavable plastic, bottle [New]
- Nebulizer, durable, glass or autoclavable plastic, bottle [Monthly Rental]
- Wheelchair, standard [New]
- Wheelchair, standard [Monthly Rental]
- Oxygen Concentrator, Capable of delivering 85% or > Oxygen Concen at Persc Flw Rt [Monthly Rental]
- Standard wheelchair
- Lightweight wheelchair
- Ultra lightweight wheelchair
- Elevating leg rests, pair
- Continuous positive airway pressure (CPAP) device [monthly rental up to purchase]
- Orthopedic braces [monthly rental up to purchase]
- Wound care supplies

Emergency Medical Services (EMS)

EMS services are ground ambulance transport services. When the client's condition is life-threatening and requires the use of special equipment, life support systems, and close monitoring by trained attendants while en route to the nearest appropriate (mandated) facility, ground transport is an emergency service.

The hospital district requires the clients to use MCHD EMS services only. EMS Dispatch must be notified by provider that the patient is a MCHD MCICP Client at time of request.

Federally Qualified Health Center (FQHC) Services

These services must be provided in an approved FQHC by a Texas licensed physician, a physician's assistant, or an advanced practice nurse, a clinical psychologist, or a clinical social worker.

Health and Wellness Services

All MCICP clients will participate in a Health Risk Assessment (HRA) annually while enrolled in the program. Results of the HRA will be reviewed by and with a medical provider and clients will be assigned a HCAP Case

Manager and a primary care medical home to aid in disease prevention, disease management, health education, and care coordination.

Compliance with this service will be mandatory for continued participation in the MCICP.

Home Health Care Services

These services must be medically necessary and provided under a written, signed, and dated physician's prescription. A PA or an APN may also prescribe these services if this is within the scope of their practice in accordance with the standards established by their regulatory authority. The hospital district requires the provider to receive prior authorization.

Occupational Therapy Services

These services must be medically necessary and may be covered if provided in a physician's office, a therapist's office, in an outpatient rehabilitation or free-standing rehabilitation facility, or in a licensed hospital. Services must be within the provider's scope of practice, as defined by Occupations Code, Chapter 454. The hospital district requires the provider to receive prior authorization.

Physician Assistant (PA) Services

These services must be medically necessary and provided by a PA under the supervision of a Texas licensed physician and billed by and paid to the supervising physician.

Physical Therapy Services:

These services must be medically necessary and may be covered if provided in a physician's office, a therapist's office, in an outpatient rehabilitation or free-standing rehabilitation facility, or in a licensed hospital. Services must be within the provider's scope of practice, as defined by Occupations Code, Chapter 453.

The hospital district requires the provider to receive prior authorization.

EXCLUSIONS AND LIMITATIONS

Services, Supplies, and Expenses that are not covered under MCICP benefits include, but are not limited to the following:

- Abortions; unless the attending physician certifies in writing that, in his professional judgment, the mother's life is endangered if the fetus were carried to term or unless the attending physician certifies in writing that the pregnancy is related to rape or incest
- Air conditioners, humidifiers and purifiers, swimming pools, hot tubs, or waterbeds, whether or not prescribed by a physician
- Air Medical Transport
- Ambulation aids unless they are authorized by MCHD
- Autopsies
- BiPAP (Bi-level Positive Airway Pressure)
- Charges exceeding the specified limit per client in the MCICP program.
 - The maximum Hospital District liability for each fiscal year for health care services provided by all assistance providers, including hospital and skilled nursing facility (SNF), to each MCICP client is, **excluding Oncology clients:**
 - \$60,000 or the payment of 30 days of hospitalization or treatment in a SNF, or both, or \$60,000, whichever occurs first.
 - 30 days of hospitalization refers to inpatient hospitalization.
 - The maximum Hospital District liability for each fiscal year for Mental Health – Counseling services provided by all assistance providers, including hospital, to each MCICP client is \$20,000
- Charges made by a nurse for services which can be performed by a person who does not have the skill and training of a nurse
- Chiropractic
- Cosmetic (plastic) surgery to improve appearance, rather than to correct a functional disorder; here, functional disorders do not include mental or emotional distress related to a physical condition. All cosmetic surgeries require MCHD authorization
- Cryotherapy machine for home use
- Custodial care
- Dental care; except for reduction of a jaw fracture or treatment of an oral infection when a physician determines that a life-threatening situation exists and refers the patient to a dentist
- Dentures
- Drugs that are:
 - Not approved for sale in the United States
 - Over-the-counter drugs (except with MCHD authorization)
 - Outpatient prescription drugs not purchased through the prescription drug program
 - Not approved by the Food and Drug Administration (FDA)
 - Dosages that exceed the FDA approval
 - Approved by the FDA but used for conditions other than those indicated by the manufacturer
- Durable medical equipment supplies, unless they are pre-authorized by MCHD
- Exercising equipment (even if prescribed by a physician), vibratory equipment, swimming or therapy pools, hypnotherapy, massage therapy, recreational therapy, enrollment in health or athletic clubs
- Experimental or research programs;
- Family planning services are not payable if other entities exist to provide these services in Montgomery County
- For care or treatment furnished by:
 - Christian Science Practitioner
 - Homeopath
 - Marriage, Family, Child Counselor (MFCC)
 - Naturopath

- Genetic counseling or testing
- Hearing aids
- Hormonal disorders, male or female
- Hospice Care
- Hospital admission for diagnostic or evaluation procedures, unless the test could not be performed on an outpatient basis without adversely affecting the health of the patient
- Hospital beds
- Hysterectomies performed solely to accomplish sterilization
 - A hysterectomy shall only be performed for other medically necessary reasons
 - The patient shall be informed that the hysterectomy will render the patient unable to bear children.
 - A hysterectomy may be covered in an emergent situation if it is clearly documented on the medical record.
 - An emergency exists if the situation is a life- threatening emergency; or the patient has severe vaginal bleeding uncontrollable by other medical or surgical means; or the patient is comatose, semi- comatose, or under anesthesia
- Immunizations and vaccines except with MCHD authorization;
 - Pneumovaccine shots for appropriate high risk clients and flu shots once a year may be covered
 - Other immunizations covered are those that can be administered by MCHD staff. A current prescription from a physician is required for immunizations given by MCHD staff
- Infertility treatments, infertility studies, invitro fertilization or embryo transfer, artificial insemination, or any surgical procedure for the inducement of pregnancy
- Legal services
- Marriage counseling or family counseling when there is not an identified patient
- Medical services, supplies, or expenses as a result of a motor vehicle accident or assault unless MCHD is the payor of last resort
- More than one physical exam per year per active client
- Obstetrical Care, except with MCHD Administration authorization
- Oriental pain control (Acupuncture or Acupressure)
- Other CPT codes with zero payment or those not allowed by county indigent guidelines
- Outpatient psychiatric services (Counseling) that exceed 30 visits during a fiscal year unless the hospital district chooses to exceed this limit upon hospital district review of an individual's case record
- Parenteral hyperalimentation therapy as an outpatient hospital service unless the service is considered medically necessary to sustain life. Coverage does not extend to hyperalimentation administered as a nutritional supplement
- Podiatric care unless the service is covered as a physician service when provided by a licensed physician
- Podiatric care unless the service is covered as a physician service when provided by a licensed physician
- Private inpatient hospital room except when:
 - A critical or contagious illness exists that results in disturbance to other patients and is documented as such
 - It is documented that no other rooms are available for an emergency admission, or the hospital only has private rooms
- Prosthetic or orthotic devices, except under MCICP Administration authorization
- Recreational therapy
- Routine circumcision if the patient is more than three days old unless it is medically necessary. Circumcision is covered during the first three days of his newborn's life
- Separate payments for services and supplies to an institution that receives a vendor payment or has a reimbursement formula that includes the services and supplies as a part of institutional care
- Services or supplies furnished for the purpose of breaking a "habit", including but not limited to overeating, smoking, thumb sucking

- Services or supplies provided in connection with cosmetic surgery, unless they are authorized by the hospital district health care provider and deemed medical necessary and services can only be done by a mandated health care provider for specific purposes before the services or supplies are received and are:
 - Required for the prompt repair of an accidental injury
 - Required for improvement of the functioning of a malformed body member
- Services provided by an immediate relative or household member
- Services provided outside of the United States
- Services rendered as a result of (or due to complications resulting from) any surgery, services, treatments or supplier specifically excluded from coverage under these guidelines
- Sex change and/or treatment for transsexual purposed or treatment for sexual dysfunctions of inadequacy, which includes implants and drug therapy
- Sex therapy, hypnotics training (including hypnosis), any behavior modification therapy including biofeedback, education testing and therapy (including therapy intended to improve motor skill development delays) or social services
- Social and educational counseling
- Spinograph or thermograph
- Surgical procedures to reverse sterilization
- Take-home items and drugs or non-prescribed drugs
- Transplants, including Bone Marrow
- Treatment of flat foot (flexible pes planus) conditions and the prescription of supportive devices (including special shoes), the treatment of subluxations of the foot and routine foot care more than once every six months, including the cutting or removal of corns, warts, or calluses, the trimming of nails, and other routine hygienic care
- Treatment of obesity and/or for weight reduction services or supplies (including weight loss programs)
- Vision Care, including eyeglasses, contacts, and glass eyes
 - Except, every 12 month's one **diabetic** eye examination only may be covered as a physician service
- Vocational evaluation, rehabilitation or retraining
- Voluntary self-inflicted injuries or attempted voluntary self-destruction while sane or insane
- Whole blood or packed red cells available at no cost to patient.

Conflicts in Other Agreements:

The provisions set forth in this Policy/Handbook shall be subject to and superseded by any contrary and/or conflicting provisions in any contract or agreement approved by the District's Board of Directors. To the extent of such conflict, the provisions in such contract or agreement shall control, taking precedence over any conflicting provisions contained in this Policy/Handbook.

SERVICE DELIVERY DISPUTES

Appeals of Adverse Benefits Determinations

- All claims and questions regarding health claims should be directed to the Third Party Administrator. MCHD shall be ultimately and finally responsible for adjudicating such claims and for providing full and fair review of the decision on such claims in accordance with the following provisions. Benefits under the Plan will be paid only if MCHD decides in its discretion that the Provider is entitled to them under the applicable Plan rules and regulations in effect at the time services were rendered. The responsibility to process claims in accordance with the Handbook may be delegated to the Third Party Administrator; provided, however, that the Third Party Administrator is not a fiduciary or trustee of the Plan and does not have the authority to make decisions involving the use of discretion.
- Each Provider claiming benefits under the Plan shall be responsible for supplying, at such times and in such manner as MCHD in its sole discretion may require, written proof that the expenses were incurred or that the benefit is covered under the Plan. If MCHD in its sole discretion shall determine that the Provider has not Incurred a Covered Expense, provided a Covered Service, or that the benefit is not covered under the Plan, or if the Provider shall fail to furnish such proof as is requested, no benefits shall be payable under the Plan.

NOTE: PURSUANT TO TEXAS LOCAL GOVERNMENT CODE SECTION 271.154, THE EXHAUSTION OF THE FOLLOWING APPEAL PROCEDURES SHALL BE A PRECONDITION TO THE INSTITUTION OF LITIGATION AGAINST MCHD FOR PAYMENT OF A CLAIM ARISING FROM PROVIDER'S PROVISION OF SERVICES TO A MCHD HCAP CLIENT. ANY SUIT FILED PRIOR TO THE EXHAUSTION OF THE FOLLOWING APPEAL PROCEDURES SHALL BE SUBJECT TO ABATEMENT UNTIL SUCH APPEAL PROCEDURES HAVE BEEN EXHAUSTED.

Full and Fair Review of All Claims

- In cases where a claim for benefits is denied, in whole or in part, and the Provider believes the claim has been denied wrongly, the Provider may appeal the denial and review pertinent documents, including the Covered Services and fee schedules pertaining to such Covered Services. The claims procedures of this Plan afford a Provider with a reasonable opportunity for a full and fair review of a claim and adverse benefit determination. More specifically, the Plan provides:
 - Provider at least 95 days following receipt of a notification of an initial adverse benefit determination within which to appeal the determination and 60 days to appeal a second adverse benefit determination
 - Provider the opportunity to submit written comments, documents, records, and other information relating to the claim for benefits
 - For an independent review that does not afford deference to the previous adverse benefit determination and that is conducted by an appropriate named fiduciary of the Plan, who shall be neither the individual who made the adverse benefit determination that is the subject of the appeal, nor the subordinate of such individual
 - For a review that takes into account all comments, documents, records, and other information submitted by the Provider relating to the claim, without regard to whether such information was submitted or considered in any prior benefit determination
 - That, in deciding an appeal of any adverse benefit determination that is based in whole or in part upon a medical judgment, the Plan fiduciary shall consult with one or more health care professionals who have appropriate training and experience in the field of medicine involved in the medical judgment, and who are neither individuals who were consulted in connection with the adverse benefit determination that is the subject of the appeal, nor the subordinates of any such individual

- For the identification of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with a claim, even if the Plan did not rely upon their advice
- That a Provider will be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the Provider's claim for benefits to the extent such records are in possession of the MCHD or the Third Party Administrator; information regarding any voluntary appeals procedures offered by the Plan; any internal rule, guideline, protocol or other similar criterion relied upon in making the adverse determination; and an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to the Client's medical circumstances.

First Appeal Level

Requirements for First Appeal

The Provider must file the first appeal in writing within 95 days following receipt of the notice of an adverse benefit determination. Otherwise the initial determination stands as the final determination and is not appealable. To file an appeal, the Provider's appeal must be addressed as follows and either mailed or faxed as follows:

Pre-service Non-urgent Claims	Post-service Claims
PrimeDX Attn: Appeals P.O. Box 9201 Austin, TX 78766	Boon-Chapman Benefit Administrators, Inc. Attention: Appeals P.O. Box 9201 Austin, TX 78766
Fax Number: 512-454-1624	Fax Number: 512-459-1552

It shall be the responsibility of the Provider to submit proof that the claim for benefits is covered and payable under the provisions of the Plan. Any appeal must include the following information:

1. The name of the Client/Provider
2. The Client's social security number (Billing ID)
3. The Client's HCAP #
4. All facts and theories supporting the claim for benefits. Failure to include any theories or facts in the appeal will result in their being deemed waived. In other words, the Provider will lose the right to raise factual arguments and theories, which support this claim if the Provider fails to include them in the appeal
5. A statement in clear and concise terms of the reason or reasons for disagreement with the handling of the claim
6. Any material or information that the Provider has which indicates that the Provider is entitled to benefits under the Plan.

If the Provider provides all of the required information, it will facilitate a prompt decision on whether Provider's claim will be eligible for payment under the Plan.

Timing of Notification of Benefit Determination on First Appeal MCHD shall notify the Provider of the Plan's benefit determination on review within the following timeframes:

- Pre-service Non-urgent Care Claims

- Within a reasonable period of time appropriate to the medical circumstances, but not later than 15 business days after receipt of the appeal
- Concurrent Care Claims
 - The response will be made in the appropriate time period based upon the type of claim – Pre-service Non-urgent or Post-service.
- Post-service Claims
 - Within a reasonable period of time, but not later than 30 days after receipt of the appeal
- Calculating Time Periods
 - The period of time within which the Plan's determination is required to be made shall begin at the time an appeal is filed in accordance with the procedures of this Plan, with all information necessary to make the determination accompanying the filing.

Manner and Content of Notification of Adverse Benefit Determination on First Appeal.

MCHD may provide a Provider with notification, in writing or electronically, of a Plan's adverse benefit determination on review, setting forth:

- The specific reason or reasons for the denial
- Reference to the specific portion(s) of the Handbook and/ or Provider Agreements on which the denial is based
- A description of the Plan's review procedures and the time limits applicable to the procedures for further appeal
- The following statement: "You and your Provider Agreement may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what additional recourse may be available is to contact MCHD."

Furnishing Documents in the Event of an Adverse Determination.

In the case of an adverse benefit determination on review, MCHD may provide such access to, and copies of, documents, records, and other information used in making the determination of the section relating to "Manner and Content of Notification of Adverse Benefit Determination on First Appeal" as appropriate under the particular circumstances. MCHD

Second Appeal Level

Adverse Decision on First Appeal; Requirements for Second Appeal

Upon receipt of notice of the Plan's adverse decision regarding the first appeal, the Provider has an additional 60 days to file a second appeal of the denial of benefits. The Provider again is entitled to a "full and fair review" of any denial made at the first appeal, which means the Provider has the same rights during the second appeal as he or she had during the first appeal. As with the first appeal, the Provider's second appeal must be in writing and must include all of the items and information set forth in the section entitled "Requirements for First Appeal" And shall additionally include a brief statement setting forth the Provider's rationale as to why the initial appeal decision was in error.

Timing of Notification of Benefit Determination on Second Appeal

MCHD shall notify the Provider of the Plan's benefit determination following the second appeal within the following timeframes:

- Pre-service Non-urgent Care Claims
 - Within a reasonable period of time appropriate to the medical circumstances, but not later than 15 business days after receipt of the second appeal.

- Concurrent Care Claims
 - The response will be made in the appropriate time period based upon the type of claim – Pre-service Urgent, Pre-service Non-urgent or Post- service.
- Post-service Claims
 - Within a reasonable period of time, but not later than 30 days after receipt of the second appeal.

Calculating Time Periods

The period of time within which the Plan's determination is required to be made shall begin at the time the second appeal is filed in accordance with the procedures of this Plan, with all information necessary to make the determination accompanying the filing.

Manner and Content of Notification of Adverse Benefit Determination on Second Appeal

The same information must be included in the Plan's response to a second appeal as a first appeal, except for (i) a description of any additional information necessary for the Provider to perfect the claim and an explanation of why such information is needed; and (ii) a description of the Plan's review procedures and the time limits applicable to the procedures. See the section entitled "Manner and Content of Notification of Adverse Benefit Determination on First Appeal."

Furnishing Documents in the Event of an Adverse Determination In the case of an adverse benefit determination on the second appeal, MCHD may provide such access to, and copies of, documents, records, and other information used in making the determination of the section relating to "Manner and Content of Notification of Adverse Benefit Determination on First Appeal" as is appropriate, including its determinations pertaining to Provider's assertions and basis for believing the initial appeal decision was in error.

Decision on Second Appeal to be Final

If, for any reason, the Provider does not receive a written response to the appeal within the appropriate time period set forth above, the Provider may assume that the appeal has been denied. The decision by the MCHD or other appropriate named fiduciary of the Plan on review will be final, binding and conclusive and will be afforded the maximum deference permitted by law. All claim review procedures provided for in the Plan must be exhausted before any legal action is brought. Any legal action for the recovery of any benefits must be commenced within one- year after the Plan's claim review procedures have been exhausted or legal statute.

Appointment of Authorized Representative

A Provider is permitted to appoint an authorized representative to act on his behalf with respect to a benefit claim or appeal of a denial. To appoint such a representative, the Provider must complete a form, which can be obtained from MCHD or the Third Party Administrator. In the event a Provider designates an authorized representative, all future communications from the Plan will be with the representative, rather than the Provider, unless the Provider directs MCHD, in writing, to the contrary.

MANDATED PROVIDER INFORMATION

Policy Regarding Reimbursement Requests From Non-Mandated Providers For The Provision Of Emergency And Non-Emergency Services

Continuity of Care

It is the intent of the District and its MCICP Office to assure continuity of care is received by the patients who are on the rolls of the Plan. For this purpose, mandated provider relationships have been established and maintained for the best interest of the patients' health status. The client/patient has the network of mandated providers explained to them and signs a document to this understanding at the time of eligibility processing in the MCICP Office. Additionally, they demonstrate understanding in a like fashion that failure to use mandated providers, unless otherwise authorized, will result in them bearing independent financial responsibility for their actions.

Prior Approval

A non-mandated health care provider must obtain approval from the Hospital District's Montgomery County Indigent Care Plan (MCICP) Office before providing health care services to an active MCICP patient. Failure to obtain prior approval or failure to comply with the notification requirements below will result in rejection of financial reimbursement for services provided.

Mandatory Notification Requirements

- The non-mandated provider shall attempt to determine if the patient resides within District's service area when the patient first receives services if not beforehand as the patient's condition may dictate.
- The provider, the patient, and the patient's family shall cooperate with the District in determining if the patient is an active client on the MCICP rolls of the District for MCICP services.
- Each individual provider is independently responsible for their own notification on each case as it presents.
- If a non-mandated provider delivers emergency or non-emergency services to a MCICP patient who the provider suspects might be an active client on the MCICP rolls with the District, the provider shall notify the District's MCICP Office that services have been or will be provided to the patient.
 - The notice shall be made:
 - By telephone not later than the 72nd hour after the provider determines that the patient resides in the District's service area and is suspect of being an active client on the District's MCICP rolls
 - By mail postmarked no later than the fifth working day after the date on which the provider determines that the patient resides in the District's service area.

Authorization

The District's MCICP Office may authorize health care services to be provided by a non-mandated provider to a MCICP patient only:

- In an emergency (as defined below and interpreted by the District);
- When it is medically inappropriate for the District's mandated provider to provide such services; or
- When adequate medical care is not available through the mandated provider.

Emergency Defined

An “emergency medical condition” is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patients’ health in serious jeopardy,
- Serious impairment of bodily functions, or
- Serious dysfunction of any bodily organ or part.

Emergency Medical Services

MCHD as a provider of EMS for Montgomery County is independently responsible in determining the most appropriate destination by its own policies and procedures for all transported patients, including MCICP client patients. MCICP client patients are to (as conditions allow) notify EMS about their mandated provider as a preferred destination.

Reimbursement

In such event, the District shall provide written authorization to the non-mandated provider to provide such health care services as are medically appropriate, and thereafter the District shall assume responsibility for reimbursement for the services rendered by the non-mandated provider at the reimbursement rates approved for the District’s mandated provider, generally but not limited to, being those reimbursement rates approved by the Texas Department of State Health Services pursuant to the County Indigent Health Care and Treatment Act. Acceptance of reimbursement by the non-mandated provider will indicate payment in full for services rendered.

If a non-mandated provider delivers emergency or non-emergency services to a patient who is on the MCICP rolls and fails to comply with this policy, including the mandatory notice requirements, the non-mandated provider is not eligible for reimbursement for the services from the District.

Return to Mandated Provider

Unless authorized by the District’s MCICP Office to provide health care services, a non-mandated provider, upon learning that the District has selected a mandated provider, shall see that the patient is transferred to the District’s selected mandated provider of health care services.

Appeal

If a health care provider disagrees with a decision of the MCICP Office regarding reimbursement and/or payment of a claim for treatment of a person on the rolls of the District’s MCICP, the provider will have to appeal the decision to the District’s Board of Directors and present its position and evidence regarding coverage under this policy. The District will conduct a hearing on such appeal in a reasonable and orderly fashion. The health care provider and a representative of the MCICP Office will have the opportunity to present evidence, including their own testimony and the testimony of witnesses. After listening to the parties’ positions and reviewing the evidence, the District’s Board of Directors will determine an appropriate action and issue a written finding.

SECTION 5

APPENDIX

APPENDIX I. FORMS

Forms may exist online in electronic form through MCHD's Indigent Healthcare Solutions (I.H.S.) software.

- Form 100 – MCHD Application for Healthcare Assistance
 - Form 102 Appointment Notice
 - HCAP Form 103: Request for Domicile Verification
 - HCAP Form 104: Affidavit Regarding Marital Status and Financial Support
 - Form 109: Notice of Eligibility
 - Form 117 Notice of Ineligibility
 - HCAP Form 120: Notice of Incomplete Application
 - Form 149: Statement of Self-Employment Income
 - HCAP Form 200: Employer Verification Form
-
- HCAP Form 12: Request for Information
 - HCAP Form A - Acknowledgement of Receipt of Notice of Privacy Practices
 - HCAP Form B: Patient Consent to Email or Text Usage
 - HCAP Form C - Medical History
 - HCAP Form D - Acknowledgement of Program Guidelines / RELEASE
 - HCAP Form E: MCICP Behavioral Guidelines
 - HCAP Form J - HCAP Fraud Policy
 - HCAP Form F: Proof of Citizenship

APPENDIX II. GLOSSARY

Adult – A person at least age 18 or a younger person who is or has been married or had the disabilities of minority removed for general purposes.

Accessible Resources – Resources legally available to the household.

Aged Person – Someone aged 60 or older as of the last day of the month for which benefits are being requested.

Alien Sponsor – a person who signed an Affidavit of Support (INS Form I-864 or I-864-A) on or after December 19, 1997, agreeing to support an alien as a condition of the alien's entry into the United States. Not all aliens must obtain a sponsor before being admitted into the U.S.

Application Completed Date – The date the Form 100, *Application for Health Care Assistance*, and all information necessary to make an eligibility determination is received.

Approval Date – The date that the Hospital District issues Form 109, *Notice of Eligibility* and HCAP Form 110, *MCICP Identification Card* is issued to the client.

Assets – All items of monetary value owned by an individual.

Budgeting – The method used to determine eligibility by calculating income and deductions using the best estimate of the household's current and future circumstances and income.

Candidate – Person who is applying for MCICP benefits who has NEVER been on the Plan before.

Citizen/Citizenship – A person having the right to live there, work, vote, and pay taxes.

Claim – Completed CMS-1500, UB-04, pharmacy statement with detailed documentation, or an electronic version thereof.

Claim Pay Date – The date that the Hospital District writes a check to pay a claim.

Client – Eligible resident who is actively receiving healthcare benefits on MCICP.

Common Law Marriage – relationship recognized under Texas law in which the parties age 18 or older are free to marry, live together, and hold out to the public that they are husband and wife.

- A minor child in Texas is not legally allowed to enter a common law marriage unless the claim of common law marriage began before September 1, 1997.
- You cannot have a common law marriage if you are already legally married to someone else.
- You must end your current marriage by getting a divorce or annulment before entering into a common law marriage.

Complete Form 100, *Application for Health Care Assistance* – A complete application includes validation of these components:

- The applicant's full name and address
- The applicant's county of residence is Montgomery County
- The names of everyone who lives in the house with the applicant and their relationship to the applicant

- The type and value of the MCHD MCICP household's resources
- The MCHD MCICP household's monthly gross income
- Information about any health care assistance that household members may receive
- The applicant's Social Security number
- The applicant's signature with the date the Form 100 is signed
- All needed information, such as verifications.

The date that Form 100 and all information necessary to make an eligibility determination is received is the application completion date.

Co-payments – The amount requested from the client to help contribute to their healthcare expenses. Also known and referenced as “co-pays” in some MCICP documents.

County – A county not fully served by a public facility, namely, a public hospital or a hospital district; or a county that provides indigent health care services to its eligible residents through a hospital established by a board of managers jointly appointed by a county and a municipality.

Crime Victims Compensation – The amount of money paid from the Crime Victim's Unit towards all medical bills of the victim involved in an act of violence. The only time this money will not be paid is when the victim signs an affidavit of non-prosecution.

Days – All days are calendar days, except as specifically identified as workdays.

Denial Date – The date that Form 117, *Notice of Ineligibility*, is issued to the candidate.

Disabled Person – Someone who is physically or mentally unfit for employment.

Definition of Disability: Federal laws define a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment."

Disqualified Persons –

- A person who receives or is categorically eligible to receive Medicaid,
- A person who receives Temporary Assistance for Needy Families (TANF) benefits,
- A person who receives SSI benefits,
- A person who receives Qualified Medicare Beneficiary (QMB), Medicaid Qualified Medicare Beneficiary (MQMB), Specified Low-Income Medicare Beneficiary (SLMB), Qualified Individual-1 (QI-1); or Qualified Disabled and Working Individuals (QDWI), and
- A Medicaid recipient who partially exhausts some component of his Medicaid benefits.

A disqualified person is not a CP household member regardless of his legal responsibility for support.

The District – Montgomery County Hospital District

Domicile - A residence

DSHS - Department of State Health Services (Texas DSHS)

Earned Income – Income a person receives for a certain degree of activity or work. Earned income is related to employment and, therefore, entitles the person to work-related deductions not allowed for unearned income.

Eligible County Resident – An eligible county resident must reside in Montgomery County and meet the resource, income, and citizenship requirements.

Eligibility Effective Date – The date that a client becomes qualified for benefits/coverage.

Eligibility End (Expiration/Termination) Date – The date that a client's eligibility/coverage ends.

Eligibility Staff - Individuals who determine Plan eligibility may be hospital district personnel, or persons under contract with the hospital district to determine Plan eligibility.

Emancipated Minor – A person under age 18 who has been married as recognized under Texas law. The marriage must not have been annulled.

Emergency medical condition – Is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patients' health in serious jeopardy,
- Serious impairment of bodily functions, or
- Serious dysfunction of any bodily organ or part.

Equity – The amount of money that would be available to the owner after the sale of a resource. Determine this amount by subtracting from the fair market value any money owed on the item and the costs normally associated with the sale and transfer of the item.

Expenditure – Funds spent on basic or extended health care services.

Expenditure Tracking – A hospital district should track monthly basic and extended health care expenditures.

Extended Services – Extended optional health care services that have been approved by MCHD and those the hospital district determines to be necessary and cost-effective and chooses to provide.

Fair Market Value – The amount a resource would bring if sold on the current local market.

Governmental Entity - A county, municipality, or other political subdivision of the state, excluding a hospital district or hospital authority.

Gross Income – Income before deductions.

GRTL – The County's General Revenue Tax Levy (GRTL) is used to determine eligibility for state assistance funds.

Hospital District - A hospital district created under the authority of the Texas Constitution Article IX, Sections 4 – 11.

Identifiable Application – An application is identifiable if it includes: the applicant's name, the applicant's address, the applicant's social security number, the applicant's date of birth, the applicant's signature, and the date the applicant signed the application.

Identifiable Application Date – The date on which an identifiable application is received from an applicant.

Inaccessible Resources – Resources not legally available to the household. Examples include, but are not limited to: irrevocable trust funds, property in probate, security deposits on rental property and utilities or having a lien.

Income – Any type of payment that is of gain or benefit to a household.

Managing Conservator – A person designated by a court to have daily responsibility for a child.

Mandated Provider – A health care provider, selected by the hospital district who agrees to provide health care services to eligible clients.

Married Minor – An individual, age 14-17, who is married and such is recognized under the laws of the State of Texas. These individuals must have parental consent or court permission. An individual under age 18 may not be a party to an informal (common law) marriage.

MCHD Fiscal Year – The twelve-month period beginning October 1st of each calendar year and ending September 30th of the following calendar year.

Medicaid – The Texas state-paid insurance program for recipients of Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), and health care assistance programs for families and children.

Midlevel Practitioner – An Individual healthcare practitioner other than a physician, dentist or podiatrist, who is licensed, registered, or otherwise, permitted in the State of Texas who practices professional medicine.

Minor Child – A person under age 18 who is not or has not been married and has not had the disabilities of minority removed for general purposes.

Net income – Gross income minus allowable deductions.

Personal Possessions – Appliances, clothing, farm equipment, furniture, jewelry, livestock, and other items if the household uses them to meet personal needs essential for daily living.

Public Facility - A hospital owned, operated, or leased by a hospital district.

Public Hospital - A hospital owned, operated, or leased by a county, city, town, or other political subdivision of the state, excluding a hospital district and a hospital authority. For additional information, refer to Chapter 61, Health and Safety Code, Subchapter C.

Real Property – Land and any improvements on it.

Reimbursement – Repayment for a specific item or service.

Relative – A person who has one of the following relationships biologically or by adoption:

- Mother or father,
- Child, grandchild, stepchild,
- Grandmother or grandfather,
- Sister or brother,
- Aunt or uncle,
- Niece or Nephew
- First cousin,
- First cousin once removed, and
- Stepmother or stepfather.

Relationship also extends to:

- The spouse of the relatives listed above, even after the marriage is terminated by death or divorce,
- The degree of great-great aunt/uncle and niece/nephew, and
- The degree of great-great-grandmother/grandfather.

Resources – Both liquid and non-liquid assets a person can convert to meet his needs. Examples include, but are not limited to: bank accounts, boats, bonds, campers, cash, certificates of deposit, gas rights, livestock (unless the livestock is used to meet personal needs essential for daily living), mineral rights, notes, oil rights, real estate (including buildings and land, other than a homestead), stocks, and vehicles.

Service Area – The geographic region in which a hospital district has a legal obligation to provide health care services.

Sponsored Alien – A sponsored alien means a person who has been lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act (8 U.S.C. Section 1101 et seq.) and who, as a condition of admission, was sponsored by a person who executed an Affidavit of Support on behalf of the person.

Status Date – The date when the hospital district makes a change to a client's status.

TDSHS – Texas Department of State Health Services

Temporary Absence – When a client is absent from Montgomery County for less than or equal to 30 days.

Third Party Administrator (TPA) – The designated TPA shall be Boon-Chapman Benefit Administrators, Inc.

Tip Income – Income earned in addition to wages that is paid by patrons to people employed in service-related occupations, such as beauticians, waiters, valets, pizza delivery staff, etc.

Unearned Income – Payments received without performing work-related activities.

V.A. Veteran – A veteran must have served at least 1 day of active duty military time prior to September 7, 1980, and if service was after that date, at least 24 months of active duty military time to be eligible for medical services through the Department of Veteran affairs (Form DD214 may be requested).

APPENDIX III. MCHD’S ENABLING LEGISLATION

MONTGOMERY COUNTY HOSPITAL DISTRICT’S ENABLING LEGISLATION

MONTGOMERY COUNTY HOSPITAL DISTRICT ¹

An Act relating to the creation, administration, maintenance, operation, powers, duties, and financing of the Montgomery County Hospital District of Montgomery County, Texas, by authority of Article IX, Section 9 of the Texas Constitution.

Be it enacted by the Legislature of the State of Texas:

Section 1. In accordance with the provisions of Article IX, Section 9, of the Texas Constitution, this Act authorizes the creation, administration, maintenance, operation, and financing of a hospital district within this state with boundaries coextensive with the boundaries of Montgomery County, Texas, to be known as “Montgomery County Hospital District” with such rights, powers, and duties as provided in this Act.

Section 2. The district shall take over and there shall be transferred to it title to all land, buildings, improvements, and equipment pertaining to the hospitals or hospital system owned by the county or any city or town within the boundaries of the proposed district and shall provide for the establishment of a health care or hospital system by the purchase, gift, construction, acquisition, repair, or renovation of buildings and equipment and equipping same and the administration of the system for health care or hospital purposes. The district may take over and may accept title to land, buildings, improvements, and equipment of a nonprofit hospital within the district if the governing authority or authorities of the hospital and district agree to the transfer. The district shall assume the outstanding indebtedness incurred by any city or town within the district or by the county for hospital purposes within the boundaries of the district.

Section 3. (a) The district shall not be created nor shall any tax in the district be authorized unless and until the creation and tax are approved by a majority of the electors of the area of the proposed district voting at an election called for that purpose. The election may be called by the commissioners’ court on presentation of a petition therefore signed by at least 50 electors of the area of the proposed district. The election shall be held not less than 35 nor more than 60 days from the date the election is ordered. The order calling the election shall specify the date, place or places of holding the election, the form of ballot, and the presiding judge and alternate judge for each voting place and shall provide for clerks as in county elections. Notice of election shall be given by publishing a substantial copy of the election order in a newspaper of general circulation in the county once a week for two consecutive weeks, the first publication to appear at least 30 days prior to the date established for the election. The failure of the election shall not operate to prohibit the calling and holding of subsequent elections for the same purposes; provided no district confirmation election shall be held within 12 months of any preceding election for the same purpose. If the district is not confirmed at an election held within 60 months from the effective date of this Act, this Act is repealed.

¹The Montgomery County Hospital District was created in 1977 by the 65th Leg., R.S., Ch. 258. It was amended by the following Acts: Act of 1985, 69th Leg., R.S., Ch. 516; Act of 1991, 72nd Leg., R.S., Ch. 511; Act of 1993, 73rd Leg., R.S., Ch. 267; Act of 1995, Ch. 468; Act of 1999, 76th Leg. R.S., Ch. 747; Act of 2003, 78th Leg. R.S., Ch. 529 (HB 1251); Act of 2005, 79th Leg. R.S.Ch. 690 (SB 264) and Ch. 476 (HB 192).

(b) At the election there shall be submitted to the electors of the area of the proposed district the proposition of whether the hospital district shall be created with authority to levy annual taxes at a rate not to exceed 75 cents on the \$100 valuation on all taxable property situated within the hospital district, subject to hospital district taxation, for the purpose of meeting the requirements of the district's bonds, indebtedness assumed by it, and its maintenance and operating expenses, and a majority of the electors of the area of the proposed district voting at the election in favor of the proposition shall be sufficient for its adoption.

(c) The form of ballot used at the election on the creation of the district shall be in conformity with Section 61, Texas Election Code, as amended (Article 6.05, Vernon's Texas Election Code), so that ballots may be cast on the following proposition: The creation of Montgomery County Hospital District, providing for the levy of a tax not to exceed 75 cents on each \$100 of valuation on all taxable property situated within the hospital district, subject to hospital district taxation, and providing for the assumption by the district of all outstanding bonds and indebtedness previously issued or incurred for hospital purposes within the boundaries of the proposed hospital district by the county and any city or town therein.

Section 4. (a) The district is governed by a board of seven directors. Three of the directors shall be elected at large from the entire district, and the remaining four directors each shall be elected from a different commissioner's precinct in the district, and each shall be a resident of the precinct he represents. Candidates to represent the district at large shall run by position. A qualified elector is entitled to vote for the directors to be elected at large and for the director to be elected from the precinct in which the elector resides. Directors shall serve for terms of four years expiring on the second Tuesday in June. No person may be appointed or elected as a member of the board of directors of the hospital district unless he is a resident of the district and a qualified elector and unless at the time of such election or appointment he shall be more than 21 years of age. No person may be appointed or elected as a director of the hospital district if he holds another appointed or elected public office of honor, trust or profit. A person holding another public office of honor, trust or profit who seeks to be appointed or elected a director automatically vacates the first office. Each member of the board of directors shall serve without compensation and shall qualify by executing the constitutional oath of office and shall execute a good and sufficient bond for \$1,000 payable to the district conditioned upon the faithful performance of his duties, and the bonds shall be deposited with the depository bank of the district for safekeeping.

(b) The board of directors shall organize by electing from among its membership a chairman, vice-chairman, treasurer and secretary one of their number as president and one of their number as secretary. Any four members of the board of directors shall constitute a quorum, and a concurrence of a majority of the directors present is sufficient in all matters pertaining to the business of the district. A meeting of the board of directors may be called by the chairman or any four directors. All vacancies in the office of director shall be filled for the unexpired term by appointment by the remainder of the board of directors. In the event the number of directors shall be reduced to less than four for any reason, the remaining directors shall immediately call a special election to fill said vacancies, and upon failure to do so a district court may, upon application of any voter or taxpayer of the district, issue a mandate requiring that such election be ordered by the remaining directors.

(c) A regular election of directors shall be held on the first Saturday in May of each even-numbered year, and notice of such election shall be published in a newspaper of general circulation in the county one time at least 10 days prior to the date of election. Any person desiring his name to be printed on the ballot as a candidate for director shall file a petition, signed by not less than 10 legally qualified electors asking that such name be printed on the ballot, with the secretary of the board of directors of the district. Such petitions shall be filed with such secretary at least 25 days prior to the date of election.

(d) If no candidate for director from a particular commissioner's precinct or no candidate for a district at-large position receives a majority of the votes of the qualified voters voting in that race at the regular election of directors, the board shall order a runoff election between the two candidates from the precinct or from the at-large position who received the highest number of votes in that race at the regular election. The board shall publish notice of the runoff election in a newspaper or newspapers that individually or collectively provide general circulation in the area of the runoff election one time at least seven days before the date of the runoff election. Of the names printed on the ballot at the runoff election, the name of the candidate who received the higher number of votes at the regular election shall be printed first on the ballot. If before the date of the runoff election a candidate who is eligible to participate in the runoff dies or files a written request with the secretary of the board to have his name omitted from the ballot at the runoff election, the other candidate eligible to participate in the runoff election is considered elected and the runoff election shall be cancelled by order of the board.

Section 5. (a) The board of directors shall manage, control, and administer the health care or hospital system and all funds and resources of the district, but in no event shall any operating, depreciation, or building reserves be invested in any funds or securities other than those specified in Article 836 or 837, Revised Civil Statutes of Texas, 1925, as amended. The district, through its board of directors, shall have the power and authority to sue and be sued, to promulgate rules governing the operation of the hospital, the health care or hospital system, its staff, and its employees. The board of directors shall appoint a qualified person to be known as the chief administrative officer of the district to be known as the president of the hospital district or by another title selected by the board. The board may appoint assistants to the chief administrative officer to be known as vice-presidents of the hospital district or by another title selected by the board. The chief administrative officer and any assistant shall serve at the will of the board and shall receive such compensation as may be fixed by the board. The chief administrative officer shall supervise all the work and activities of the district and shall have general direction of the affairs of the district, subject to limitations prescribed by the board. The board of directors shall have the authority to appoint to the staff such doctors as necessary for the efficient operation of the district and may provide for temporary appointments to the staff if warranted by circumstances. The board may delegate to the chief administrative officer the authority to employee technicians, nurses, and employees of the district. The board shall be authorized to contract with any other political subdivision or governmental agency whereby the district will provide investigatory or other services as to the medical, health care, hospital, or welfare needs of the inhabitants of the district and shall be authorized to contract with any county or incorporated municipality located outside its boundaries for the care and treatment of the sick, diseased, or injured persons of any such county or municipality and shall have the authority to contract with the State of Texas or agencies of the federal government for the treatment of sick, diseased, or injured persons.

(b) The district may enter into contracts, and make payments thereunder relating to or arranging for the provision of health care services as permitted by the Texas Constitution and Chapter 61, Health and Safety Code, and its subsequent amendments, on terms and conditions as the board of directors determines to be in the best interests of the district. The term of a contract entered into under this subsection may not exceed 15 years.

Section 6. The board of directors may provide retirement benefits for employees of the hospital district. The board may provide the benefits by establishing or administering a retirement program or by electing to participate in the Texas County and District Retirement System or in any other statewide retirement system in which the district is eligible to participate.

Section 7. The district shall be operated on the basis of a fiscal year as established by the board of directors; provided such fiscal year may not be changed during the time revenue bonds of the district are outstanding or more than once in any 24-month period. The board shall have an audit made of the financial condition of the district, which together with other records of the district shall be open to inspection at the principal office of the district. The chief administrative officer shall prepare an annual budget for approval by the board of directors. The budget shall also contain a complete financial statement of the district showing all outstanding obligations of the district, the cash on hand to the credit of each and every fund of the district, the funds received from all

sources during the previous year, the funds available from all sources during the ensuring year, with balances expected at year-end of the year in which the budget is being prepared, and estimated revenues and balances available to cover the proposed budget and the estimated tax rate which will be required. A public hearing on the annual budget shall be held by the board of directors after notice of such hearing has been published one time at least 10 days before the date set therefor. Any person residing in the district shall have the right to be present and participate in the hearing. At the conclusion of the hearing, the budget, as proposed by the chief administrative officer, shall be acted on by the board of directors. The board of directors shall have authority to make such changes in the budget as in their judgment the law warrants and the interest of the taxpayer's demands. No expenditure may be made for any expense not included in the annual budget or an amendment to it. The annual budget may be amended from time to time as the circumstances may require, but the annual budget, and all amendments thereto, shall be approved by the board of directors. As soon as practicable after the close of each fiscal year, the chief administrative officer shall prepare for the board a full sworn statement of all money belonging to the district and a full account of the disbursements of same.

Section 8. (a) The board of directors shall have the power and authority to issue and sell its bonds in the name and on the faith and credit of the hospital district for the purchase, construction, acquisition, repair, or renovation of buildings and improvements and equipping the same for health care or hospital purposes, and for any or all such purposes. At the time of the issuance of any bonds by the district, a tax shall be levied by the board sufficient to create an interest and sinking fund to pay the interest and the principal of said bonds as same mature; providing the tax together with any other taxes levied for the district shall not exceed 75 cents on each \$100 valuation of all taxable property situated in the district subject to hospital district taxation in any one year. No bonds shall be issued by such hospital district except refunding bonds until authorized by a majority of the electors of the district. The order for bond election shall specify the date of the election, the amount of bonds to be authorized, the maximum maturity of the bonds, the place or places where the election shall be held, the presiding judge and alternate judge for each voting place, and provide for clerks as in county elections. Notice of any bond election except one held under the provisions of Section 9 of this Act in which instance notice shall be given as provided in Section 3 of this Act, shall be given as provided in Article 704, Revised Civil Statutes of Texas, 1925, as amended, and shall be conducted in accordance with the Texas Election Code, as amended, except as modified by the provisions of this Act.

(b) Refunding bonds of the district may be issued for the purpose of refunding and paying off any outstanding indebtedness it has issued or assumed. Such refunding bonds may be sold and the proceeds thereof applied to the payment of outstanding indebtedness or may be exchanged in whole or in part for not less than a like principal amount of outstanding indebtedness. If the refunding bonds are to be sold and the proceeds hereof applied to the payment of any outstanding indebtedness, the refunding bonds shall be issued and payments made in the manner specified by Chapter 502, Acts of the 54th Legislature, 1955, as amended (Article 717k, Vernon's Texas Civil States).

(c) Bonds of the district shall mature within 40 years of their date, shall be executed in the name of the hospital district and on its behalf by the president of the board and countersigned by the secretary in the manner provided by Chapter 204, Acts of the 57th Legislature, Regular Session, 1961 as amended (Article 717j--1, Vernon's Texas Civil Statutes), shall bear interest at a rate not to exceed that prescribed by Chapter 3, Acts of the 61st Legislature, Regular Session, 1969, as amended (Article 717k--2, Vernon's Texas Civil Statutes), and shall be subject to the same requirements in the manner of approval by the Attorney General of Texas and registration by the Comptroller of Public Accounts of the State of Texas as are by law provided for approval and registration of bonds issued by counties. On the approval of bonds by the attorney general and registration by the comptroller, the same shall be incontestable for any cause.

(d) The district shall have the same power and authority as cities and counties under The Certificate of Obligation Act of 1971 (Article 2368a.1, Vernon's Texas Civil Statutes) to issue and sell certificates of obligation for permitted purposes under this Act in accordance with the provisions of The Certificate of Obligation Act. Certificates of Obligation shall be issued in conformity with and in the manner specified in The Certificate of

Obligation Act, as it may be amended from time to time.

Section 9. A petition for an election to create a hospital district, as provided in Section 3 of this Act, may incorporate a request that a separate proposition be submitted at such election as to whether the board of directors of the district, in the event same is created, shall be authorized to issue bonds for the purposes specified in Section 8 of this Act. Such petition shall specify the maximum amount of bonds to be issued and their maximum maturity, and same shall be included in the proposition submitted at the election.

Section 9A. The district may issue revenue bonds or certificates of obligation or may incur or assume any other debt only if authorized by a majority of the voters of the district voting in an election held for that purpose. This section does not apply to refunding bonds or other debt incurred solely to refinance an outstanding debt.

Section 10. In addition to the power to issue bonds payable from taxes levied by the district, as contemplated by Section 8 of this Act, the board of directors is further authorized to issue and to refund any previously issued revenue bonds for purchasing, constructing, acquiring, repairing, equipping, or renovating buildings and improvements for health care or hospital purposes and for acquiring sites for health care or hospital purposes, the bonds to be payable from and secured by a pledge of all or any part of the revenues of the district to be derived from the operation of its hospital or health care facilities. The bonds may be additionally secured by a mortgage or deed of trust lien on any part or all of its properties. The bonds shall be issued in the manner and in accordance with the procedures and requirements specified for the issuance of revenue bonds by county hospital authorities in Sections 8 and 10 through 13 of Chapter 122, Acts of the 58th Legislature, 1963 (Article 4494r, Vernon's Texas Civil Statutes).

Section 11. (a) The board of directors is hereby given complete discretion as to the type of buildings, both as to number and location, required to establish and maintain an adequate health care or hospital system. The health care or hospital system may include domiciliary care and treatment of the sick, wounded, and injured, hospitals, outpatient clinic or clinics, dispensaries, geriatric domiciliary care and treatment, convalescent home facilities, necessary nurses, domiciliaries and training centers, blood banks, community mental health centers and research centers or laboratories, ambulance services, and any other facilities deemed necessary for health or hospital care by the directors. The district, through its board of directors, is further authorized to enter into an operating or management contract with regard to its facilities or a part thereof or may lease all or part of its buildings and facilities on terms and conditions considered to be to the best interest of its inhabitants. Except as provided by Subsection (c) of Section 15 of this Act, the term of a lease may not exceed 25 years from the date entered. The district shall be empowered to sell or otherwise dispose of any property, real or personal, or equipment of any nature on terms and conditions found by the board to be in the best interest of its inhabitants.

(b) The district may sell or exchange a hospital, including real property necessary or convenient for the operation of the hospital and real property that the board of directors finds may be useful in connection with future expansions of the hospital, on terms and conditions the board determines to be in the best interests of the district, by complying with the procedures prescribed by Sections 285.052, Health and Safety Code, and any subsequent amendments.

(c) The board of directors of the district shall have the power to prescribe the method and manner of making purchases and expenditures by and for the hospital district and shall also be authorized to prescribe all accounting and control procedures. All contracts for construction involving the expenditure of more than \$10,000 may be made only after advertising in the manner provided by Chapter 163, Acts of the 42nd Legislature, Regular Session, 1931, as amended (Article 2368a, Vernon's Texas Civil Statutes). The provisions of Article 5160, Revised Civil Statutes of Texas, 1925, as amended, relating to performance and payment bonds shall apply to construction contracts let by the district. The district may acquire equipment for use in its health care or hospital system and mortgage or pledge the property so acquired as security for the payment of the purchase price, but any such contract shall provide for the entire obligation of the district to be retired within five years from the date of the contract. Except as permitted in the preceding sentence and as permitted by

Sections 5, 8, 9 and 10 of this Act, the district may incur no obligation payable from any revenues of the district, except those on hand or to be on hand within the then current and following fiscal year of the district.

(d) The board may declare an emergency in the matter of funds not being available to pay principal of and interest on any bonds of the district payable in whole or in part from taxes or to meet any other needs of the district and may issue negotiable tax anticipation notes to borrow the money needed by the district. Tax anticipation notes may bear interest at any rate or rates authorized by general law and must mature within one year of their date. Tax anticipation notes may be issued for any purpose for which the district is authorized to levy taxes, and tax anticipation notes shall be secured with the proceeds of taxes to be levied by the district in the succeeding 12-month period. The board may covenant with the purchasers of the notes that the board will levy a sufficient tax in the following fiscal year to pay principal of and interest on the notes and pay the costs of collecting the taxes.

Section 12. (a) The board of directors of the district shall name one or more banks within its boundaries to serve as depository for the funds of the district. All funds of the district, except those invested as provided in Section 5 of this Act and those transmitted to a bank or banks of payment for bonds or obligations issued or assumed by the district shall be deposited as received with the depository bank and shall remain on deposit; provided that nothing in this Act shall limit the power of the board to place a portion of such funds on time deposit or purchase certificates of deposit.

(b) Before the district deposits in any bank funds of the district in an amount which exceeds the maximum amount secured by the Federal Deposit Insurance Corporation, the bank shall be required to execute a bond or other security in an amount sufficient to secure from loss the district funds which exceed the amount secured by the Federal Deposit Insurance Corporation.

Section 13. (a) The board of directors shall annually levy a tax not to exceed the amount hereinabove permitted for the purpose of paying:

- (1) the indebtedness assumed or issued by the district, but no tax shall be levied to pay principal of or interest on revenue bonds issued under the provisions of Section 9 of this Act; and
- (2) the maintenance and operating expenses of the district.

(b) In setting the tax rate the board shall take into consideration the income of the district from sources other than taxation. On determination of the amount of tax required to be levied, the board shall make the levy and certify the same to the tax assessor-collector.

Section 13A. (a) Notwithstanding Section 26.07(b)(3), Tax Code, a petition to require an election under Section 26.07, Tax Code, on reducing the district's tax rate to the rollback tax rate shall be submitted to the county election administrator of Montgomery County instead of to the board of directors of the district.

(b) Notwithstanding Section 26.07(c), Tax Code, not later than the 20th day after the day a petition is submitted under Subsection (a) of this section, the county elections administrator shall:

- (1) determine whether the petition is valid under Section 26.07, Tax Code; and
- (2) certify the determination of the petition's validity to the board of directors of the district.

(c) If the county elections administrator fails to act within the time allowed, the petition is treated as if it had been found valid.

(d) Notwithstanding Section 26.07(d), Tax Code, if the county elections administrator certifies to the board of directors that the petition is valid or fails to act within the time allowed, the board of directors shall order that an election under Section 26.07, Tax Code, to determine whether to reduce the district's tax rate to the rollback rate be held in the district in the manner prescribed by Section 26.07(d) of that code.

(e) The district shall reimburse the county elections administrator for reasonable costs incurred in performing the duties required by this section.

Section 14. All bonds issued and indebtedness assumed by the district shall be and are hereby declared to be legal and authorized investments of banks, savings banks, trust companies, building and loan associations, savings and loan associations, insurance companies, trustees, and sinking funds of cities, towns, villages, counties, school districts, or other political subdivisions of the State of Texas, and for all public funds of the State of Texas or its agencies including the Permanent School Fund. Such bonds and indebtedness shall be eligible to secure deposit of public funds of the State of Texas and public funds of cities, towns, villages, counties, school districts, or other political subdivisions or corporations of the State of Texas and shall be lawful and sufficient security for said deposits to the extent of their value when accompanied by all unmatured coupons appurtenant thereto.

Section 15. (a) The district shall have the right and power of eminent domain for the purpose of acquiring by condemnation any and all property of any kind and character in fee simple, or any lesser interest therein, within the boundaries of the district necessary or convenient to the powers, rights, and privileges conferred by this Act, in the manner provided by the general law with respect to condemnation by counties; provided that the district shall not be required to make deposits in the registry of the trial court of the sum required by Paragraph 2 of Article 3268, Revised Civil Statutes of Texas, 1925, as amended, or to make bond as therein provided. In condemnation proceedings being prosecuted by the district, the district shall not be required to pay in advance or give bond or other security for costs in the trial court, nor to give any bond otherwise required for the issuance of a temporary restraining order or a temporary injunction, nor to give bond for costs or for supersedeas on any appeal or writ of error.

(b) If the board requires the relocation, raising, lowering, rerouting, or change in grade or alteration in the construction of any railroad, electric transmission, telegraph or telephone lines, conduits, poles, or facilities or pipelines in the exercise of the power of eminent domain, all of the relocation, raising, lowering, rerouting, or changes in grade or alteration of construction due to the exercise of the power of eminent domain shall be the sole expense of the board. The term "sole expense" means the actual cost of relocation, raising, lowering, rerouting, or change in grade or alteration of construction to provide comparable replacement without enhancement of facilities, after deducting the net salvage value derived from the old facility.

(c) Land owned by the district may not be leased for a period greater than 25 years unless the board of directors:

- (1) funds that the land is not necessary for health care or hospital purposes;
- (2) complies with any indenture securing the payment of bonds issued by the district; and
- (3) receives on behalf of the district not less than the current market value for the lease.

(d) Land of the district, other than land that the district is authorized to sell or exchange under Subsection (b) of Section 11 of this Act, may not be sold unless the board of directors complies with Section 272.002, Local Government Code.

Section 16. (a) The directors shall have the authority to levy taxes for the entire year in which the district is created as the result of the election herein provided. All taxes of the district shall be assessed and collected on county tax values as provided in Subsection (b) of this section unless the directors, by majority vote, elect to have taxes assessed and collected by its own tax assessor-collector under Subsection (c) of this section. Any such election may be made prior to December 1 annually and shall govern the manner in which taxes are subsequently assessed and collected until changed by a similar resolution. Hospital tax shall be levied upon all taxable property within the district subject to hospital district taxation.

(b) Under this subsection, district taxes shall be assessed and collected on county tax values in the same manner as provided by law with relation to county taxes. The tax assessor-collector of the county in which the district is situated

shall be charged and required to accomplish the assessment and collection of all taxes levied by and on behalf of the district. The assessor-collector of taxes shall charge and deduct from payments to the hospital districts an amount as fees for assessing and collecting the taxes at a rate of one percent of the taxes assessed and one percent of the taxes collected but in no event shall the amount paid exceed \$5000 in any one calendar year. Such fees shall be deposited in the officer's salary funds of the county and reported as fees of office of the county tax assessor-collector. Interest and penalties on taxes paid to the hospital district shall be the same as in the case of county taxes. Discounts shall be the same as allowed by the county. The residue of tax collections after deduction of discounts and fees for assessing and collecting shall be deposited in the district's depository. The bond of the county tax assessor-collector shall stand as security for the proper performance of his duties as assessor-collector of the district, or if in the judgment of the district board of directors it is necessary, additional bond payable to the district may be required. In all matters pertaining to the assessment, collection, and enforcement of taxes for the district, the county tax assessor-collector shall be authorized to act in all respects according to the laws of the State of Texas relating to state and county taxes.

(c) Under this subsection, taxes shall be assessed and collected by a tax assessor-collector appointed by the directors, who shall also fix the term of his employment, compensation, and requirement for bond to assure the faithful performance of his duties, but in no event shall such bond be for less than \$5,000, or the district may contract for the assessment and collection of taxes as provided by the Tax Code.

Section 17. The district may employ fiscal agents, accountants, architects, and attorneys as the board may consider proper.

Section 18. Whenever a patient residing within the district has been admitted to the facilities of the district, the chief administrative officer may cause inquiry to be made as to his circumstances and those of the relatives of the patient legally liable for his support. If he finds that the patient or his relatives are able to pay for his care and treatment in whole or in part, an order shall be made directing the patient or his relatives to pay to the hospital district for the care and support of the patient a specified sum per week in proportion to their financial ability. The chief administrative officer shall have the power and authority to collect these sums from the estate of the patient or his relatives legally liable for his support in the manner provided by law for collection of expenses in the last illness of a deceased person. If the chief administrative officer finds that the patient or his relatives are not able to pay either in whole or in part for his care and treatment in the facilities of the district, same shall become a charge on the hospital district as to the amount of the inability to pay. Should there be any dispute as to the ability to pay or doubt in the mind of the chief administrative officer, the board of directors shall hear and determine same after calling witnesses and shall make such order or orders as may be proper. Appeals from a final order of the board shall lie to the district court. The substantial evidence rule shall apply.

Section 19. (a) The district may sponsor and create a nonstock, nonmember corporation under the Texas Non-Profit Corporation Act (Article 1396-1.01 et seq., Vernon's Texas Civil Statutes) and its subsequent amendments and may contribute or cause to be contributed available funds to the corporations.

(b) The funds of the corporations, other than funds paid by the corporation to the district, may be used by the corporation only to provide, to pay the costs of providing, or to pay the costs related to providing indigent health care or other services that the district is required or permitted to provide under the constitution or laws of this state. The board of directors of the hospital district shall establish adequate controls to ensure that the corporation uses its funds as required by this subsection.

(c) The board of directors of the corporation shall be composed of seven residents of the district appointed by the board of directors of the district. The board of directors of the district may remove any director of the corporation at any time with or without cause.

(d) The corporation may invest funds in any investment in which the district is authorized to invest funds of the district, including investments authorized by the Public Funds Investment Act of 1987 (Article 842a-2, Vernon's Texas Civil Statutes) and its subsequent amendments.

Section 20. After creation of the hospital district, no county, municipality, or political subdivision wholly or partly within the boundaries of the district shall have the power to levy taxes or issue bonds or other obligations for hospital or health care purposes or for providing medical care for the residents of the district. The hospital district shall assume full responsibility for the furnishing of medical and hospital care for its needy inhabitants. When the district is created and established, the county and all towns and cities located wholly or partly therein shall convey and transfer to the district title to all land, buildings, improvements, and equipment in anywise pertaining to a hospital or hospital system located wholly within the district which may be jointly or separately owned by the county or any city or town within the district. Operating funds and reserves for operating expenses which are on hand and funds which have been budgeted for hospital purposes by the county or any city or town therein for the remainder of the fiscal year in which the district is created shall likewise be transferred to the district, as shall taxes previously levied for hospital purposes for the current year, and all sinking funds established for payment of indebtedness assumed by the district.

Section 21. The support and maintenance of the hospital district shall never become a charge against or obligation of the State of Texas nor shall any direct appropriation be made by the legislature for the construction, maintenance, or improvement of any of the facilities of the district.

Section 22. In carrying out the purposes of this act, the district will be performing an essential public function, and any bonds issued by it and their transfer and the issuance therefrom, including any profits made in the sale thereof, shall at all times be free from taxation by the state or any municipality or political subdivision thereof.

Section 23. The legislature hereby recognizes there is some confusion as to the proper qualification of electors in the light of recent court decisions. It is the intention of this Act to provide a procedure for the creation of the hospital district and to allow the district, when created, to issue bonds payable from taxation, but that in each instance the authority shall be predicated on the expression of the will of the majority of those who cast valid ballots at an election called for the purpose. Should the body calling an election determine that all qualified electors, including those who own taxable property which has been duly rendered for taxation, should be permitted to vote at an election by reason of the aforesaid court decisions nothing herein shall be construed as a limitation on the power to call and hold an election; provided provision is made for the voting, tabulating, and counting of the ballots of the resident qualified property taxpaying electors separately from those who are qualified electors, and in any election so called a majority vote of the resident qualified property taxpaying voters and a majority vote of the qualified electors, including those who own taxable property which has been duly rendered for taxation, shall be required to sustain the proposition.

Section 23A. (a) The board of directors may order an election on the question of dissolving the district and disposing of the districts assets and obligations.

(b) The election shall be held on the earlier of the following dates that occurs at least 90 days after the date on which the election is ordered:

- (1) the first Saturday in May; or
- (2) the date of the general election for state and county officers.

(c) The ballot for the election shall be printed to permit voting for or against the proposition: "The dissolution of the Montgomery County Hospital District." The election shall be held in accordance with the applicable provisions of the Election Code.

(d) If a majority of the votes in the election favor dissolution, the board of directors shall find that the district is dissolved. If a majority of the votes in the election do not favor dissolution, the board of directors shall continue to administer the district and another election on the question of dissolution may not be held before the fourth anniversary of the most recent election to dissolve the district.

(e) If a majority of the votes in the election favor dissolution, the board of directors shall:

- (1) transfer the ambulance service and related equipment, any vehicles, and any mobile clinics and related equipment that belong to the district to Montgomery County not later than the 45th day after the date on which the election is held; and
- (2) transfer the land, buildings, improvements, equipment not described by Subdivision (1) of this subsection, and other assets that belong to the district to Montgomery County or administer the property, assets, and debts in accordance with Subsections (g)-(k) of this section.

(f) The county assumes all debts and obligations of the district relating to the ambulance service and related equipment, any vehicles, and any mobile clinics and related equipment at the time of the transfer. If the district also transfers the land, buildings, improvements, equipment, and other assets to Montgomery County under Subsection (e)(2) of this section, the county assumes all debts and obligations of the district relating to those assets at the time of the transfer and the district is dissolved. The county shall use all transferred assets to:

- (1) pay the outstanding debts and obligations of the district relating to the assets at the time of the transfer; or
- (2) furnish medical and hospital care for the needy residents of the county.

(g) If the board of directors finds that the district is dissolved but does not transfer the land, buildings, improvements, equipment, and other assets to Montgomery County under Subsection (e)(2) of this section, the board of directors shall continue to control and administer that property and those assets and the related debts of the district until all funds have been disposed of and all district debts have been paid or settled.

(h) After the board of directors finds that the district is dissolved, the board of directors shall:

- (1) determine the debt owed by the district; and
- (2) impose on the property included in the district's tax rolls a tax that is in proportion of the debt to the property value.

(i) The board of directors may institute a suit to enforce payment of taxes and to foreclose liens to secure the payment of taxes due the district.

(j) When all outstanding debts and obligations of the district are paid, the board of directors shall order the secretary to return the pro rata share of all unused tax money to each district taxpayer and all unused district money from any other source to Montgomery County. A taxpayer may request that the taxpayer's share of surplus tax money be credited to the taxpayer's county taxes. If a taxpayer requests the credit, the board of directors shall direct the secretary to transmit the funds to the county tax assessor-collector. Montgomery County shall use unused district money received under this section to furnish medical and hospital care for the needy residents of the county.

(k) After the district has paid all its debts and has disposed of all its assets and funds as prescribed by this section, the board of directors shall file a written report with the Commissioners Court of Montgomery County setting forth a summary of the board of directors' actions in dissolving the district. Not later than the 10th day after it receives the report and determines that the requirements of this section have been fulfilled, the commissioners' court shall enter an order dissolving the district.

Section 23B. (a) The residents of the district by petition may request the board of directors to order an election on the question of dissolving the district and disposing of the district's assets and obligations. A petition must:

- (1) state that it is intended to request an election in the district on the question of dissolving the district and disposing of the district's assets and obligations;
- (2) be signed by a number of residents of the district equal to at least 15 percent of the total vote received by all candidates for governor in the most recent gubernatorial general election in the district that occurs more than 30 days before the date the petition is submitted; and
- (2) be submitted to the county elections administrator of Montgomery County.

(a-1) Not later than the 30th day after the date a petition requesting the dissolution of the district is submitted under Subsection (a) of this section, the county elections administrator shall:

- (1) determine whether the petition is valid; and
- (2) certify the determination of the petition's validity to the board of directors of the district.

(a-2) If the county elections administrator fails to act within the time allowed, the petition is treated as if it had been found valid;

(a-3) If the county elections administrator certifies to the board of directors that the petition is valid or fails to act within the time allowed, the board of directors shall order that a dissolution election be held in the district in the manner prescribed by this section.

(a-4) If a petition submitted under Subsection (a) of this section does not contain the necessary number of valid signatures, the residents of the district may not submit another petition under Subsection (a) of this section before the third anniversary of the date the invalid petition was submitted.

(a-5) The district shall reimburse the county elections administrator for reasonable costs incurred in performing the duties required by this section.

(b) The election shall be held on the earlier of the following dates that occurs at least 90 days after the date on which the election is ordered:

- (1) the first Saturday in May; or
- (2) the date of the general election for state and county officers.

(c) The ballot for the election shall be printed to permit voting for or against the proposition: "The dissolution of the Montgomery County Hospital District." The election shall be held in accordance with the applicable provisions of the Election Code.

(d) If a majority of the votes in the election favor dissolution, the board of directors shall find that the district is dissolved. If less than a majority of the votes in the election favor dissolution, the board of directors shall continue to administer the district and another election on the question of dissolution may not be held before the third anniversary of the most recent election to dissolve the district.

(e) If a majority of the votes in the election favor dissolution, the board of directors shall transfer the land, buildings, improvements, equipment, and other assets that belong to the district to Montgomery County not later than the 45th day after the date on which the election is held. The county assumes all debts and obligations of the district at the time of the transfer and the district is dissolved. The county should use all transferred assets in a manner that benefits residents of the county residing in territory formerly constituting the district. The county shall use all transferred assets to:

- (1) pay the outstanding debts and obligations of the district relating to the assets at the time of the transfer; or
- (2) furnish medical and hospital care for the needy residents of the county.

Section 24. If a hospital district has not been created under this Act by January 1, 1982, then the Act will no longer be in effect.

Section 25. Proof of provisions of the notice required in the enactment hereof under the provisions of Article IX, Section 9, of the Texas Constitution, has been made in the manner and form provided by law pertaining to the enactment of local and special laws, and the notice is hereby found and declared proper and sufficient to satisfy the requirement.

Section 26. The importance of this legislation and the crowded condition of the calendars in both houses create an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended, and that this Act take effect and be in force from and after its passage, and it is so enacted.

APPENDIX IV. LAWS AND STATUTES

Chapter 61, *Health and Safety Code*, is a law passed by the First Called Special Session of the 69th Legislature in 1985 that:

- Defines who is indigent,
- Assigns responsibilities for Indigent Health Care,
- Identifies health care services eligible people can receive, and
- Establishes a state assistance fund to match expenditures for counties that exceed certain spending levels and meet state requirements.

Chapter 61, *Health and Safety Code*, is intended to ensure that needy Texas residents, who do not qualify for other state or federal health care assistance programs, receive health care services.

Chapter 61, Health and Safety Code, may be accessed at: http://www.dshs.state.tx.us/cihcp/cihcp_info.shtm

The Texas Administrative Code (TAC) is the compilation of all state agency rules in Texas.

The County Indigent Health Care Program (CIHCP) rules are in: TAC, Title 25 (Health Services), Part 1 (TDSHS), Chapter 14 (CP), and the following Subchapters:

- A. Program Administration
- B. Determining Eligibility
- C. Providing Services

The CIHCP rules may be accessed at:

http://www.dshs.state.tx.us/cihcp/cihcp_info.shtm

APPENDIX V.
AGREEMENT FOR ENROLLMENT OF COUNTY INMATES INTO
MONTGOMERY COUNTY
HOSPITAL DISTRICT'S HEALTHCARE ASSISTANCE PROGRAM

State of Texas §
 §
County of Montgomery §

AGREEMENT FOR ENROLLMENT OF COUNTY INMATES INTO MONTGOMERY
COUNTY HOSPITAL DISTRICT'S HEALTHCARE ASSISTANCE PROGRAM

This Agreement is made and entered into this the _____ day of March, 2014, by and between the County of Montgomery, a governmental subdivision of the State of Texas, (hereinafter "the County") and the Montgomery County Hospital District, a governmental subdivision of the State of Texas created pursuant to Acts of the 65th Legislature, Regular Session, 1977, Chapter 258, as amended (hereinafter "the MCHD").

WITNESSETH:

WHEREAS, the County operates a county jail and provides law enforcement services; and

WHEREAS, County jail inmates and detainees have the need for occasional medical treatment beyond that which jail personnel are qualified to administer; and

WHEREAS, many County inmates and detainees at the County jail qualify under the financial and other criteria of the Montgomery County Hospital District Public Assistance Program (hereinafter "Hospital District Public Assistance Program" or sometimes "Program") as indigent persons; and

WHEREAS, the MCHD was created and enacted for the purpose of providing healthcare services to the needy or indigent residents of Montgomery County; and

WHEREAS, the MCHD is the only local governmental entity with the power to levy taxes, issue bonds or other obligations for hospital or health care purposes or for providing medical care for the residents of Montgomery County; and

WHEREAS, providing for the healthcare needs of the citizens in Montgomery County is
MCHD's primary mission; and

WHEREAS, the County is authorized to provide minor medical treatment for inmates and the MCHD is authorized to provide the indigent healthcare services for certain inmates as is contemplated by this Agreement; and

WHEREAS, both the County and the MCHD have budgeted and appropriated sufficient funds which are currently available to carry out their respective obligations contemplated herein.

NOW, THEREFORE, for and in consideration of the mutual covenants, considerations and undertakings herein set forth, it is agreed as follows:

I.
ENROLLMENT INTO HOSPITAL DISTRICT PUBLIC ASSISTANCE PROGRAM

A. The County will assist inmates in seeking coverage under the Hospital District Public Assistance Program. County staff shall make available to County inmates such application forms and instructions necessary to seek enrollment in the Hospital District Public Assistance Program. Upon completion of such enrollment materials the County will promptly forward such enrollment materials to MCHD for evaluation. Alternatively, County staff may assist potentially eligible inmates with MCHD's online application process for determining eligibility into the Program.

B. Upon receipt of an inmate's enrollment materials from the County, MCHD shall promptly review such materials for purposes of qualifying the inmate for the Hospital District Public Assistance Program. In this regard, MCHD agrees to deem Montgomery County, Texas as the place of residence for any County inmate housed in the Montgomery County jail, regardless of whether the inmate has declared or maintained a residence outside the boundaries of MCHD. Upon obtaining satisfactory proof that the inmate qualifies under the Hospital District Public Assistance Program, MCHD shall enroll such inmate into such program and place such inmate on its rolls as eligible for healthcare services under such program. MCHD agrees to abide by its criteria and policies regarding eligibility for the Hospital District Public Assistance Program and to not unreasonably withhold approval of an indigent inmate eligible under the program. If MCHD determines that the inmate is covered under another federal, state or local program which affords medical benefits to covered individuals and such benefits are accessible to the inmate, MCHD will promptly advise

the County of such fact. As requested by County, MCHD enrollment and eligibility personnel shall reasonably assist County personnel with the application and enrollment materials for inmates seeking enrollment into the Program, including providing periodic training to County staff on matters pertinent to the Program, including the Program policies and rules. However, MCHD shall not be required to assign Program staff member to the jail for purposes of fulfilling its assistance responsibilities.

C. MCHD agrees to provide for the health care and medical treatment of Montgomery County jail inmates that are enrolled in the Hospital District's Public Assistance Program, subject to the terms and conditions of such Program except as noted herein. The parties agree that the effective date of coverage under the Hospital District Public Assistance Program for such services is the actual date of enrollment into the program; however, certain health care expenses incurred by an eligible inmate up to ninety (90) days prior to the inmate's enrollment into the Program may be covered under the Program as is set out in the Program rules and guidelines. MCHD and County agree to cooperate in arranging for the provision of the health care services covered by the Program to jail inmates who qualify for such services, including use of MCHD's physician network and contracted healthcare providers as well as MCHD's patient care management protocols administered by MCHD's third-party claims and benefits manager. The Parties understand and agree that eligible inmates enrolled in the Program will not receive prescription medications or similar prescription services from the Program as the County dispenses such medications at the jail.

E. If treatment at an out-of-network provider is medically necessary, the County shall notify MCHD of such need as soon as reasonably possible, not later than the close of business the first day following the incident giving rise to the medical necessity. If treatment is sought at a local healthcare provider within MCHD's patient care network, and the local healthcare provider determines additional treatment is necessary by an out-of-network provider, then any notice requirements set forth herein shall be the responsibility of the in-network healthcare provider and/or primary care physician, as per existing Hospital District Public Assistance Program guidelines and policies. MCHD shall honor and abide by all of the provisions of its Program and its in-network provider agreements as well as the Indigent Care and Treatment Act, Chapter 61 Texas Health & Safety Code.

F. The County shall remain responsible for medical care and treatment of county inmates who do not qualify for the Hospital District Public Assistance Program. MCHD shall not be responsible for treatment or payment for healthcare services provided to County inmates who are not eligible to participate in Program, or to State or Federal inmates (including INS detainees) incarcerated in the County jail. For purposes of this Agreement, a State or Federal inmate (including INS detainees) is a person incarcerated in the county jail through a contract or other agreement with a state or federal governmental agency, but shall not include a County inmate who is in the County jail, or who has been returned to the County jail while awaiting criminal proceedings on local, state or federal charges, or a combination thereof.

G. The County and MCHD agree that MCHD may deny an inmate's application for enrollment in the Program in the event MCHD determines the inmate's health care needs resulted from conduct or conditions for which the County or its employees would be responsible in a civil action at law, exclusive of any affirmative defenses of governmental and/or official immunity. In such event, County shall remain responsible for the inmate's health care needs. In addition, County agrees to reimburse MCHD for any medical expenses that MCHD incurred or expended on behalf of an indigent inmate or detainee housed at the County jail that resulted from conduct or conditions for which the County or its employees would be responsible in a civil action at law, exclusive of any affirmative defenses of governmental and/or official immunity. Should the County deny responsibility for any such claims, the County Judge, the County Sheriff and the Chief Executive Officer of MCHD shall meet to discuss the facts of such claims and the underlying responsibility therefor. Any agreement(s) reached at such meeting shall be reduced to writing and recommended by such persons to their respective governing boards for approval as necessary. Should the parties be unable to reach agreement as to financial responsibility, the dispute will be submitted to binding arbitration. The prevailing party in such arbitration shall be entitled to recover its reasonable attorneys' fees.

I-I. The County shall provide prompt written notification to MCHD in the event an enrolled inmate is transferred to another detention facility, or is released from the County jail, so that MCHD

may revise its records to delete such inmate from its Program rolls. As used in this paragraph and the following paragraph "prompt written notification" shall be notification as soon as is practicable but in no event after the end of the calendar month in which the inmate is released from jail or transferred to another detention facility.

I. The County and MCHD agree that County will reimburse MCHD for health care expenses incurred by an enrolled inmate after such inmate has been released from jail or transferred to another detention facility if County fails to provide prompt written notification to MCHD of the inmate's release or transfer from the County jail.

J. In the event any portion of this agreement conflicts with the Texas Health and Safety Code, or the Montgomery County Hospital District enabling legislation, or any other applicable statutory provision, then said statutory provisions shall prevail to the extent of such conflict.

K. Any provision of this Agreement which is prohibited or unenforceable shall be ineffective to the extent of such prohibition or unenforceability without invalidating the remaining provisions hereof.

L. No provision herein nor any obligation created hereunder should be construed to impose any obligation or confer any liability on either party for claims of any non-signatory party. Further, it is expressly agreed by the parties hereto that other than those covenants contained in section I (F), no provision herein is intended to affect any waiver of liability or immunity from liability to which either party may be entitled by laws affecting governmental entities.

II. LIABILITY

To the extent allowed by law, it is agreed that the MCHD agrees to indemnify and hold harmless the County for any acts or omissions associated with any medical treatment that the MCHD provides to eligible inmates through its Health Care Assistance Program in accordance with the terms and conditions of this Agreement. The foregoing indemnity obligation is limited and does not extend to negligent, grossly negligent, reckless or intentional conduct of an enrolled inmate that result in injuries or property damages to the County

or to third-parties.

III. NOTICES

The parties designate the following persons as contact persons for all notices contemplated by this Agreement:

MCHD: Donna Daniel, Records Manager
P.O. Box 478
Conroe, Texas 77305 (936) 523-5241
(936) 539-3450

COUNTY: Tommy Gage, Sheriff
#1 Criminal Justice Drive Conroe, Texas
77301 (936) 760-5871
(936) 5387721 (fax)

IV. TERM

This Agreement shall take effect on the 11th day of March 2014 ("Effective Date") regardless of when executed by the Parties, and shall continue through the 10th day of March, 2015. Thereafter, contingent on the Parties' budgeting and appropriating funds for the continuation of their obligations hereunder, this Agreement shall automatically renew for successive terms of one-year unless terminated by either party in the manner set forth herein. Notwithstanding the foregoing, this Agreement shall be renewed automatically for not more than ten (10) successive terms.

V. TERMINATION

This Agreement may be terminated at any time by either party upon thirty (30) days written notice delivered by hand, facsimile or U.S. Certified Mail to the other party of its intention to withdraw. In addition, this Agreement shall automatically terminate should either party fail to appropriate revenues sufficient to perform its obligations hereunder, such termination effective on the first date of the fiscal year of such non-appropriation.

VI.

APPROPRIATIONS AND CURRENT REVENUES

The Parties represent that they have each budgeted and appropriated funds necessary to carry out their

respective duties and obligations hereunder for the current fiscal year. For any renewal terms of this Agreement, the Parties shall seek to budget and allocate appropriations in amounts sufficient to continue to carry out their respective obligations as set forth herein.

VII.

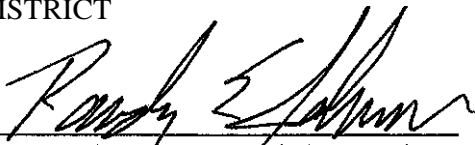
AMENDMENT

This Agreement may be amended only in writing approved by the Parties' respective governing boards.

IN WITNESS WHEREOF, Montgomery County, Texas and the Montgomery County Hospital District have hereunto caused their respective corporate names and seals to be subscribed and affixed by their respective officers, duly authorized.

PASSED AND APPROVED to become effective on the Effective Date.

MONTGOMERY COUNTY HOSPITAL
DISTRICT


By: Randy Johnson, Chief Executive
Officer

MONTGOMERY COUNTY, TEXAS

By: Alan B. Sadler, County Judge

Date: March 25, 2014

Date: _____

Attest:

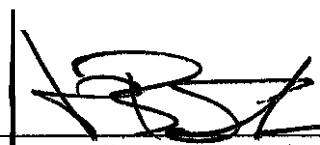
Mark Turnbull, County Clerk

MONTGOMERY COUNTY HOSPITAL
DISTRICT

By: Randy Johnson, Chief Executive
Officer

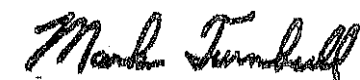
Date: _____

MONTGOMERY COUNTY, TEXAS


B. Sadler, County Judge

Date: _____.IM".A....R..2..4=-20"-'-14'-----

Attest:


Mark Turnbull, County Clerk

APPENDIX VI. GRAPHS

Income Guidelines

Income: A household is eligible if its monthly net income does not exceed 21% of the Federal Poverty Guideline (FPG).

Monthly Income Standards Effective April 2018 <u>9</u> Based on the 2018 <u>9</u> Federal Poverty Guideline	
# of Individuals in the MCICP Household	21% FPG Minimum Income Standard
1	<u>\$213 219</u>
2	<u>\$289 296</u>
3	<u>\$364 374</u>
4	<u>\$440 451</u>
5	<u>\$515 528</u>
6	<u>\$591 606</u>
7	<u>\$667 683</u>
8	<u>\$742 761</u>
9	<u>\$818 838</u>
10	<u>\$893 915</u>
11	<u>\$969 993</u>
12	<u>\$1,045 1070</u>

AGENDA ITEM # 28

Board Mtg.: 4/23/19

Montgomery County Hospital District Financial Dashboard for March 2019 (dollars expressed in 000's)

	Mar 2019	Mar 2018	Var	Var %
Cash and Investments	61,788	59,091	2,697	4.6%

Legend	
Green	Favorable Variance
Red	Unfavorable Variance

Income Statement	March 2019				Year to Date			
	Act	Bud	Var	Var %	Act	Bud	Var	Var %
Revenue								
Tax Revenue	487	531	(43)	-8.1%	31,878	31,839	39	0.1%
EMS Net Revenue	1,319	1,262	57	4.6%	7,088	7,262	(175)	-2.4%
Other Revenue	2,087	1,934	154	7.9%	4,911	3,704	1,207	32.6%
Total Revenue	3,894	3,726	168	4.5%	43,877	42,806	1,071	2.5%
Expenses								
Payroll	2,975	2,850	125	4.4%	16,601	16,791	(190)	-1.1%
Operating	947	1,049	(101)	-9.7%	6,283	7,009	(726)	-10.4%
Indigent Healthcare	304	382	(77)	-20.3%	2,113	2,291	(178)	-7.8%
Total Operating Expenses	4,227	4,281	(54)	-1.3%	24,997	26,091	(1,093)	-4.2%
Capital	1,850	1,907	(57)	-3.0%	3,988	4,819	(831)	-17.2%
Total Expenditures	6,076	6,188	(111)	-1.8%	28,985	30,909	(1,925)	-6.2%
Revenue Over / (Under) Expenses	(2,182)	(2,461)	279	-11.3%	14,892	11,896	2,996	25.2%

Tax Revenue: Year-to-date, Tax Revenue is 100.1% of budget or \$39k greater than budget. Compared to budget for the entire fiscal year, 96.8% of tax revenue has been collected.

EMS Net Revenue: Year-to-date, EMS Net Revenue is \$175k or 2.4% less than budget due to billable trips being 2.0% less than expected. Total billable trips are 0.5% higher than last year.

Other Revenue: Year-to-date, Other Revenue is \$1,207k more than budget. Of this, \$716k is related to the FEMA receivable for reimbursement of Hurricane Harvey expenses and \$272K is related to higher than expected Investment Income. In March, revenue for the Ambulance Supplementa Payment Program was recorded at the budgeted amount with payment expected in September.

Payroll: Overall, Payroll Expenses are \$190k under budget year-to-date. Of this, approximately \$107k is related to wages and \$83k is related to taxes and benefits. Medical claims for the month of March exceeded budget by \$152k.

Operating Expenses: Generally, Operating Expenses are under budget year-to-date by \$726k with most variances being due to timing. Fuel is the largest variance at \$160k under budget. For much of the first half of the year, fuel prices were less than expected.

Indigent Care Expenses: Indigent Healthcare Specialty Care Expenses are under budget by \$178k due to lower than budgeted number of clients and care directed to our Uncompensated Care providers.

Capital Expenditures: Year-to-date, Capital Expenditures for Buildings are \$772k less than budget due to the purchase price of the property at 811 W. Semands Street being less than expected; however, a portion of the remaining budget will be used to remodel the property for use as an EMS station. The Opticom project is not fully completed, so it is \$49k under budget due to timing.

Montgomery County Hospital District

Balance Sheet

As of March 31, 2019

		Fund 10 3/31/2019	Fund 14 3/31/2019	Total 3/31/2019
ASSETS				
Cash and Equivalents				
10-000-10100	Petty Cash-Adm.-BS	\$1,950.00	\$0.00	\$1,950.00
10-000-11401	Operating Account-WF-BS	\$4,966,196.34	\$0.00	\$4,966,196.34
10-000-13100	Texpool-District-BS	\$15,465,190.18	\$0.00	\$15,465,190.18
10-000-13300	Investments-WF Bank-BS	\$10,137,072.70	\$0.00	\$10,137,072.70
10-000-13400	TexStar Investment Pool-BS	\$15,456,126.93	\$0.00	\$15,456,126.93
10-000-13500	Investments-BS	\$15,721,741.38	\$0.00	\$15,721,741.38
10-000-13501	Investments-Cash-BS	\$39,757.18	\$0.00	\$39,757.18
Total Cash and Equivalents		\$61,788,034.71	\$0.00	\$61,788,034.71
Receivables				
10-000-14100	A/R-EMS Billings-BS	\$7,327,325.44	\$0.00	\$7,327,325.44
10-000-14200	Allowance for Bad Debts-BS	(\$3,027,312.58)	\$0.00	(\$3,027,312.58)
10-000-14300	A/R-Other-BS	\$3,136,476.25	\$0.00	\$3,136,476.25
10-000-14305	A/R Employee-BS	\$35,040.10	\$0.00	\$35,040.10
10-000-14525	Receivable from Component Unit-BS	\$238,716.65	\$0.00	\$238,716.65
10-000-14700	Taxes Receivable-BS	\$2,119,369.69	\$0.00	\$2,119,369.69
10-000-14750	Allowance for bad debt-tax rev-BS	(\$436,734.80)	\$0.00	(\$436,734.80)
Total Receivables		\$9,392,880.75	\$0.00	\$9,392,880.75
Other Assets				
10-000-14900	Prepaid Expenses-BS	\$88,518.79	\$0.00	\$88,518.79
10-000-15000	Inventory-BS	\$696,370.32	\$0.00	\$696,370.32
14-000-18100	Deferred Compensation-BS	\$0.00	\$1,255.52	\$1,255.52
Total Other Assets		\$784,889.11	\$1,255.52	\$786,144.63
TOTAL ASSETS		\$71,965,804.57	\$1,255.52	\$71,967,060.09
LIABILITIES				
Current Liabilities				
10-000-20500	Accounts Payable-BS	\$721,906.71	\$0.00	\$721,906.71
10-000-20600	Accounts Payable-Other-BS	\$148,376.12	\$0.00	\$148,376.12
10-000-21000	Accrued Expenditures-BS	\$1,461,959.43	\$0.00	\$1,461,959.43
10-000-21400	Accrued Payroll-BS	\$1,125,556.10	\$0.00	\$1,125,556.10
10-000-21525	P/R-United Way Deductions-BS	\$3,751.44	\$0.00	\$3,751.44
10-000-21585	P/R-Flexible Spending-BS-BS	\$766.42	\$0.00	\$766.42
10-000-21650	TCDRS Defined Benefit Plan-BS	\$337,604.70	\$0.00	\$337,604.70
14-000-23100	Due to Participants-BS	\$0.00	\$1,255.52	\$1,255.52
Total Current Liabilities		\$3,799,920.92	\$1,255.52	\$3,801,176.44
Deferred Liabilities				
10-000-23000	Deferred Tax Revenue-BS	\$1,682,634.89	\$0.00	\$1,682,634.89
10-000-23200	Deferred Revenue-BS	\$463,042.56	\$0.00	\$463,042.56
Total Deferred Liabilities		\$2,145,677.45	\$0.00	\$2,145,677.45
TOTAL LIABILITIES		\$5,945,598.37	\$1,255.52	\$5,946,853.89

Montgomery County Hospital District
Balance Sheet
As of March 31, 2019

		Fund 10	Fund 14	Total
		3/31/2019	3/31/2019	3/31/2019
CAPITAL				
10-000-30225	Assigned - Open Purchase Orders-BS	\$5,582,241.10	\$0.00	\$5,582,241.10
10-000-30400	Nonspendable - Inventory-BS	\$696,370.32	\$0.00	\$696,370.32
10-000-30700	Nonspendable - Prepaids-BS	\$88,518.79	\$0.00	\$88,518.79
10-000-30802	Restricted - NACCHO Grant Funds Remaining-BS	\$1,204.81	\$0.00	\$1,204.81
10-000-32001	Committed - Uncompensated Care-BS	\$7,580,000.00	\$0.00	\$7,580,000.00
10-000-32002	Committed - Capital Replacement-BS	\$1,890,760.00	\$0.00	\$1,890,760.00
10-000-32003	Committed - Capital Maintenance-BS	\$101,358.00	\$0.00	\$101,358.00
10-000-32004	Committed - Catastrophic Events-BS	\$5,000,000.00	\$0.00	\$5,000,000.00
10-000-39000	Unassigned Fund Balance-MCHD-BS	\$45,079,753.18	\$0.00	\$45,079,753.18
TOTAL CAPITAL		\$66,020,206.20	\$0.00	\$66,020,206.20
TOTAL LIABILITIES AND CAPITAL		\$71,965,804.57	\$1,255.52	\$71,967,060.09

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the Period Ended March 31, 2019

		Current Month Actual	Current Month Budget	Current Month Variance	YTD Actual	YTD Budget	YTD Variance	Total Annual Budget	% YTD Annual Budget	Annual Budget Remaining
Revenue										
Tax Revenue										
40000	Tax Revenue	442,872.20	455,829.00	(12,956.80)	31,625,278.26	31,479,194.00	146,084.26	32,282,388.00	97.96%	657,109.74
40100	Delinquent Tax Revenue	5,807.70	26,673.00	(20,865.30)	134,344.00	226,317.00	(91,973.00)	362,766.00	37.03%	228,422.00
40200	Penalties and Interest	38,796.02	48,080.00	(9,283.98)	112,492.45	133,444.00	(20,951.55)	290,054.00	38.78%	177,561.55
40300	Misc Tax Revenue VIT and BIT Funds	0.00	0.00	0.00	6,284.68	0.00	6,284.68	0.00	0.00%	(6,284.68)
Total Tax Revenue		487,475.92	530,582.00	(43,106.08)	31,878,399.39	31,838,955.00	39,444.39	32,935,208.00	96.79%	1,056,808.61
EMS Net Revenue										
43100	EMS - Advanced Life Support Revenue	2,107,476.12	1,807,342.00	300,134.12	11,224,519.48	10,610,847.00	613,672.48	21,279,996.00	52.75%	10,055,476.52
43200	EMS - Basic Life Support Revenue	352,278.59	471,864.00	(119,585.41)	2,044,555.40	2,770,299.00	(725,743.60)	5,555,820.00	36.80%	3,511,264.60
43300	Transfer Service Fees	232,231.81	246,251.00	(14,019.19)	1,303,854.58	1,134,066.00	169,788.58	2,914,729.00	44.73%	1,610,874.42
43400	Non-Transport Fees	21,805.00	170,763.00	(148,958.00)	124,319.25	1,002,543.00	(878,223.75)	2,010,594.00	6.18%	1,886,274.75
43500	Contractual Allowance	(700,587.13)	(714,499.00)	13,911.87	(3,703,520.02)	(4,112,207.00)	408,686.98	(8,416,705.00)	44.00%	(4,713,184.98)
43520	Provision for Bad Debt	(718,121.76)	(746,853.00)	28,731.24	(4,061,881.16)	(4,298,417.00)	236,535.84	(8,797,834.00)	46.17%	(4,735,952.84)
43600	Recovery of Bad Debt - EMS	24,184.04	26,963.00	(2,778.96)	155,884.66	155,179.00	705.66	317,613.00	49.08%	161,728.34
Total EMS Net Revenue		1,319,266.67	1,261,831.00	57,435.67	7,087,732.19	7,262,310.00	(174,577.81)	14,864,213.00	47.68%	7,776,480.81
Other Revenue										
41100	Investment Income - MCHD	109,087.89	43,500.00	65,587.89	533,374.46	261,000.00	272,374.46	522,000.00	102.18%	(11,374.46)
41250	Interest Income	1,026.37	1,093.00	(66.63)	6,351.05	6,714.00	(362.95)	13,054.00	48.65%	6,702.95
41300	Tobacco Settlement Proceeds	0.00	0.00	0.00	0.00	0.00	0.00	600,000.00	0.00%	600,000.00
41400	Weyland Bldg. Land Lease	8,265.51	8,266.00	(0.49)	16,531.02	16,532.00	(0.98)	33,064.00	50.00%	16,532.98
41500	Miscellaneous Income	33,459.76	5,350.00	28,109.76	785,167.65	61,643.00	723,524.65	347,253.00	226.11%	(437,914.65)
41510	Rx Discount Card Royalties	210.00	480.00	(270.00)	1,203.00	2,880.00	(1,677.00)	5,760.00	20.89%	4,557.00
41600	Tenant Rent Income	7,481.25	7,750.00	(268.75)	44,887.50	46,500.00	(1,612.50)	93,000.00	48.27%	48,112.50
42200	P.A. Processing Fees	305.00	285.00	20.00	1,470.00	1,710.00	(240.00)	3,420.00	42.98%	1,950.00
43700	Contract Revenue (Net)	0.00	0.00	0.00	94,483.46	89,863.00	4,620.46	155,663.00	60.70%	61,179.54
43750	1115 Waiver - Paramedicine	143,000.00	110,000.00	33,000.00	695,400.00	660,000.00	35,400.00	1,320,000.00	52.68%	624,600.00
43800	Education/Training Revenue	9,445.00	22,900.00	(13,455.00)	150,003.90	82,900.00	67,103.90	131,800.00	113.81%	(18,203.90)
43910	Stand-By Fees	12,115.00	7,863.00	4,252.00	62,002.50	49,563.00	12,439.50	66,900.00	92.68%	4,897.50
43920	EMS - Trauma Fund Income	30,960.00	0.00	30,960.00	30,960.00	25,000.00	5,960.00	25,000.00	123.84%	(5,960.00)
43950	Ambulance Supplemental Payment Program	1,600,000.00	1,600,000.00	0.00	1,600,000.00	1,600,000.00	0.00	1,600,000.00	100.00%	0.00
44000	Management Fee Revenue	8,333.33	8,334.00	(0.67)	49,999.98	50,000.00	(0.02)	100,000.00	50.00%	50,000.02
44100	Employee Medical Premiums	81,710.91	85,074.00	(3,363.09)	536,704.57	553,702.00	(16,997.43)	1,107,404.00	48.47%	570,699.43
45100	Dispatch Fees	8,235.00	7,000.00	1,235.00	48,561.00	42,000.00	6,561.00	222,438.00	21.83%	173,877.00
45150	MDC Revenue - First Responder	0.00	0.00	0.00	1,750.00	11,220.00	(9,470.00)	75,300.00	2.32%	73,550.00
46300	Inter Local 800 Mhz	0.00	0.00	0.00	0.00	0.00	0.00	100,000.00	0.00%	100,000.00
46500	VHF Project Revenue	9,875.22	9,876.00	(0.78)	59,096.06	59,097.00	(0.94)	118,567.00	49.84%	59,470.94
46550	Tower Contract Revenue	20,154.58	12,000.00	8,154.58	171,673.40	72,000.00	99,673.40	180,894.00	94.90%	9,220.60
49010	Sale of Assets	3,805.00	4,000.00	(195.00)	21,239.00	12,000.00	9,239.00	24,000.00	88.50%	2,761.00
Total Other Revenue		2,087,469.82	1,933,771.00	153,698.82	4,910,858.55	3,704,324.00	1,206,534.55	6,845,517.00	71.74%	1,934,658.45
Total Revenue		3,894,212.41	3,726,184.00	168,028.41	43,876,990.13	42,805,589.00	1,071,401.13	54,644,938.00	80.29%	10,767,947.87
Expenses										
Payroll Expenses										
51100	Regular Pay	1,798,320.24	1,832,806.34	(34,486.10)	9,972,056.09	10,645,380.99	(673,324.90)	21,523,669.33	46.33%	11,551,613.24
51200	Overtime Pay	201,902.84	175,221.66	26,681.18	1,237,303.90	1,022,665.01	214,638.89	2,057,273.67	60.14%	819,969.77
51300	Paid Time Off	176,026.75	145,784.00	30,242.75	1,134,579.59	846,806.00	287,773.59	1,801,746.00	62.97%	667,166.41
51400	Stipend Pay	7,149.25	7,307.00	(157.75)	107,761.29	43,842.00	63,919.29	87,684.00	122.90%	(20,077.29)
51500	Payroll Taxes	158,228.13	165,402.00	(7,173.87)	886,533.04	961,294.00	(74,760.96)	1,949,496.00	45.47%	1,062,962.96
51650	TCDRS Plan	140,623.26	139,240.00	1,383.26	835,050.80	831,994.00	3,056.80	1,663,889.00	50.19%	828,838.20
51700	Health & Dental	6,592.39	48,534.00	(41,941.61)	284,964.78	423,391.00	(138,426.22)	725,781.00	39.26%	440,816.22
51710	Health Insurance Claims	427,619.71	275,818.00	151,801.71	1,804,180.65	1,654,908.00	149,272.65	3,309,816.00	54.51%	1,505,635.35
51720	Health Insurance Admin Fees	58,380.11	60,063.00	(1,682.89)	338,693.97	360,378.00	(21,684.03)	720,756.00	46.99%	382,062.03
Total Payroll Expenses		2,974,842.68	2,850,176.00	124,666.68	16,601,124.11	16,790,659.00	(189,534.89)	33,840,111.00	49.06%	17,238,986.89
Operating Expenses										
52000	Accident Repair	0.00	2,500.00	(2,500.00)	8,320.49	15,000.00	(6,679.51)	30,000.00	27.73%	21,679.51
52100	Accounting/Auditing Fees	0.00	0.00	0.00	33,700.00	28,700.00	5,000.00	43,700.00	77.12%	10,000.00

Montgomery County Hospital District
Preliminary Income Statement - Actual vs. Budget
For the Period Ended March 31, 2019

		Current Month Actual	Current Month Budget	Current Month Variance	YTD Actual	YTD Budget	YTD Variance	Total Annual Budget	% YTD Annual Budget	Annual Budget Remaining
52200	Advertising	0.00	0.00	0.00	446.68	1,000.00	(553.32)	2,700.00	16.54%	2,253.32
52300	Bank Charges	0.00	0.00	0.00	304.38	0.00	304.38	0.00	0.00%	(304.38)
52350	Credit Card Processing Fee	1,394.96	1,700.00	(305.04)	8,976.89	9,480.00	(503.11)	20,150.00	44.55%	11,173.11
52500	Bio-Waste Removal	2,538.99	2,730.00	(191.01)	10,333.24	16,305.00	(5,971.76)	32,760.00	31.54%	22,426.76
52600	Books/Materials	1,815.18	1,990.00	(174.82)	38,394.56	43,436.00	(5,041.44)	57,872.00	66.34%	19,477.44
52700	Business Licenses	6,174.60	1,335.00	4,839.60	10,479.40	5,648.00	4,831.40	26,824.00	39.07%	16,344.60
52725	Capital Lease Expense	39,098.79	39,099.00	(0.21)	325,993.83	325,992.58	1.25	561,337.58	58.07%	235,343.75
52900	Collection Fees	27,697.96	26,163.00	1,534.96	161,455.95	160,568.00	887.95	325,096.00	49.66%	163,640.05
52950	Community Education	1,212.00	0.00	1,212.00	4,433.95	10,600.00	(6,166.05)	13,795.00	32.14%	9,361.05
53000	Computer Maintenance	0.00	0.00	0.00	331,511.87	339,487.00	(7,975.13)	510,746.00	64.91%	179,234.13
53050	Computer Software	26,386.65	23,146.00	3,240.65	244,785.11	281,916.00	(37,130.89)	1,003,234.00	24.40%	758,448.89
53075	Computer Software - MDC First Responder	0.00	0.00	0.00	26,659.63	36,660.00	(10,000.37)	41,040.00	64.96%	14,380.37
53100	Computer Supplies/Non-Cap.	735.77	1,260.00	(524.23)	27,917.80	29,260.00	(1,342.20)	39,120.00	71.36%	11,202.20
53150	Conferences-Fees, Travel, and Meals	10,075.27	21,301.00	(11,225.73)	73,117.28	92,236.00	(19,118.72)	190,475.00	38.39%	117,357.72
53310	Contractual Obligations-County Appraisal	73,073.44	80,724.00	(7,650.56)	145,714.88	161,448.00	(15,733.12)	322,896.00	45.13%	177,181.12
53320	Contractual Obligations-Tax Collector Assessor	21.19	300.00	(278.81)	78,694.08	76,733.00	1,961.08	78,533.00	100.21%	(161.08)
53330	Contractual Obligations- Other	13,035.00	6,700.00	6,335.00	44,610.00	24,366.50	20,243.50	25,366.50	175.86%	(19,243.50)
53500	Customer Property Damage	0.00	0.00	0.00	2,292.20	3,600.00	(1,307.80)	21,600.00	10.61%	19,307.80
53550	Customer Relations	3,076.40	2,925.00	151.40	20,710.60	17,550.00	3,160.60	39,100.00	52.97%	18,389.40
53800	Disposable Linen	(1,296.78)	11,344.00	(12,640.78)	21,080.47	60,564.00	(39,483.53)	128,628.00	16.39%	107,547.53
53900	Disposable Medical Supplies	61,251.29	86,298.00	(25,046.71)	450,804.33	518,731.34	(67,927.01)	1,036,519.34	43.49%	585,715.01
54000	Drug Supplies	24,393.87	12,144.00	12,249.87	125,824.26	113,531.06	12,293.20	186,596.06	67.43%	60,771.80
54100	Dues/Subscriptions	4,309.00	2,912.00	1,397.00	40,387.11	35,140.00	5,247.11	56,366.00	71.65%	15,978.89
54200	Durable Medical Equipment	69,758.18	60,557.00	9,201.18	179,379.93	174,527.00	4,852.93	396,763.00	45.21%	217,383.07
54350	Employee Health/Wellness	892.38	1,555.00	(662.62)	13,785.51	17,830.00	(4,044.49)	27,160.00	50.76%	13,374.49
54450	Employee Recognition	1,896.70	795.00	1,101.70	46,601.77	53,868.00	(7,266.23)	104,940.00	44.41%	58,338.23
54500	Equipment Rental	0.00	0.00	0.00	55,428.99	55,391.00	37.99	62,491.00	88.70%	7,062.01
54700	Fuel - Auto	40,662.56	71,176.00	(30,513.44)	246,065.96	406,236.00	(160,170.04)	833,292.00	29.53%	587,226.04
54725	Fuel - Non-Auto	0.00	0.00	0.00	327.00	327.00	0.00	4,500.00	7.27%	4,173.00
54800	Hazardous Waste Removal	120.00	160.00	(40.00)	567.00	960.00	(393.00)	1,920.00	29.53%	1,353.00
54900	Insurance	29,051.52	10,000.00	19,051.52	219,524.22	177,430.00	42,094.22	542,430.00	40.47%	322,905.78
55025	Interest Expense	1,440.19	1,440.00	0.19	10,767.68	10,770.05	(2.37)	18,659.05	57.71%	7,891.37
55075	Late Fees	0.00	0.00	0.00	15,000.00	0.00	15,000.00	0.00	0.00%	(15,000.00)
55100	Laundry Service & Purchase	240.90	260.00	(19.10)	1,248.29	1,560.00	(311.71)	3,120.00	40.01%	1,871.71
55400	Leases/Contracts	5,260.40	5,275.00	(14.60)	28,002.08	31,650.00	(3,647.92)	78,600.00	35.63%	50,597.92
55500	Legal Fees	8,364.50	8,750.00	(385.50)	41,666.50	54,500.00	(12,833.50)	114,467.00	36.40%	72,800.50
55600	Maintenance & Repairs-Buildings	18,131.56	34,000.00	(15,868.44)	177,235.68	244,945.00	(67,709.32)	567,945.00	31.21%	390,709.32
55650	Maintenance-Contract Equipment	46,939.00	50,340.00	(3,401.00)	101,526.47	113,801.00	(12,274.53)	468,450.00	21.67%	366,923.53
55700	Management Fees	29,525.56	35,086.00	(5,560.44)	174,556.17	208,566.00	(34,009.83)	417,132.00	41.85%	242,575.83
55900	Meals - Business and Travel	57.00	0.00	57.00	631.45	646.00	(14.55)	2,984.00	21.16%	2,352.55
56100	Meeting Expenses	7,847.24	4,928.00	2,919.24	16,533.45	13,621.00	2,912.45	21,208.00	77.96%	4,674.55
56200	Mileage Reimbursements	876.72	1,253.00	(376.28)	3,342.42	5,719.00	(2,376.58)	14,700.00	22.74%	11,357.58
56300	Office Supplies	882.11	1,630.00	(747.89)	8,133.89	9,755.00	(1,621.11)	19,145.00	42.49%	11,011.11
56400	Oil & Lubricants	(827.07)	2,185.00	(3,012.07)	11,482.86	14,485.00	(3,002.14)	27,600.00	41.60%	16,117.14
56500	Other Services	11,672.45	12,615.00	(942.55)	68,026.79	77,490.00	(9,463.21)	144,594.00	47.05%	76,567.21
56550	Other Services - DSRIP	0.00	0.00	0.00	482,868.02	551,712.00	(68,843.98)	1,131,025.00	42.69%	648,156.98
56600	Oxygen & Gases	2,929.96	4,471.00	(1,541.04)	25,738.98	27,493.35	(1,754.37)	54,376.35	47.33%	28,637.37
56900	Postage	1,723.45	2,850.00	(1,126.55)	13,642.16	17,100.00	(3,457.84)	34,200.00	39.89%	20,557.84
57000	Printing Services	1,025.56	1,125.00	(99.44)	10,196.42	15,262.81	(5,066.39)	25,742.81	39.61%	15,546.39
57100	Professional Fees	165,347.18	170,756.00	(5,408.82)	561,246.99	624,088.08	(62,841.09)	1,275,150.04	44.01%	713,903.05
57200	Radio Repairs - Outsourced (Depot)	2,120.24	2,733.00	(612.76)	8,755.79	16,216.00	(7,460.21)	32,615.37	26.85%	23,859.58
57225	Radio Repair - Parts	(1,310.37)	4,625.00	(5,935.37)	52,962.14	61,272.60	(8,310.46)	86,922.60	60.93%	33,960.46
57250	Radios	0.00	0.00	0.00	0.00	500.00	(500.00)	151,000.00	0.00%	151,000.00
57300	Recruit/Investigate	5,177.77	2,233.00	2,944.77	22,830.62	13,398.00	9,432.62	36,800.00	62.04%	13,969.38
57500	Rent	17,507.19	16,802.00	705.19	98,043.20	99,813.00	(1,769.80)	200,626.00	48.87%	102,582.80
57650	Repair-Equipment	1,636.69	2,025.00	(388.31)	15,202.57	18,203.61	(3,001.04)	39,528.61	38.46%	24,326.04
57700	Shop Tools	129.95	1,068.00	(938.05)	3,698.77	7,241.38	(3,542.61)	17,104.38	21.62%	13,405.61
57725	Shop Supplies	2,315.74	4,267.00	(1,951.26)	18,840.69	25,292.00	(6,451.31)	49,900.00	37.76%	31,059.31
57750	Small Equipment & Furniture	57,190.84	32,995.25	24,195.59	449,440.06	419,573.88	29,866.18	900,206.20	49.93%	450,766.14
57800	Special Events Supplies	2,649.19	1,575.00	1,074.19	3,143.59	2,100.00	1,043.59	3,100.00	101.41%	(43.59)
57900	Station Supplies	7,752.58	5,600.00	2,152.58	30,753.03	32,576.88	(1,823.85)	68,801.88	44.70%	38,048.85
58100	Supplemental Food	0.00	0.00	0.00	0.00	3,000.00	(3,000.00)	3,000.00	0.00%	3,000.00

Montgomery County Hospital District
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		Current Month Actual	Current Month Budget	Current Month Variance	YTD Actual	YTD Budget	YTD Variance	Total Annual Budget	% YTD Annual Budget	Annual Budget Remaining
58200	Telephones-Cellular	6,033.94	7,273.00	(1,239.06)	40,785.62	56,003.00	(15,217.38)	122,808.00	33.21%	82,022.38
58310	Telephones-Service	16,046.53	17,255.00	(1,208.47)	94,231.44	103,530.00	(9,298.56)	207,160.00	45.49%	112,928.56
58320	Telephones - Long Distance	0.00	834.00	(834.00)	1,728.62	5,004.00	(3,275.38)	10,008.00	17.27%	8,279.38
58500	Training/Related Expenses-CE	10,810.27	16,900.00	(6,089.73)	40,861.68	60,097.00	(19,235.32)	168,761.00	24.21%	127,899.32
58550	Tuition Reimbursement	0.00	3,500.00	(3,500.00)	(5,905.06)	21,000.00	(26,905.06)	42,000.00	-14.06%	47,905.06
58600	Travel Expenses	4,486.35	540.00	3,946.35	14,611.83	16,910.00	(2,298.17)	20,150.00	72.52%	5,538.17
58700	Uniforms	28,020.79	22,025.00	5,995.79	66,621.68	100,194.53	(33,572.85)	219,694.53	30.32%	153,072.85
58800	Utilities	30,880.65	34,820.00	(3,939.35)	180,942.62	204,409.00	(23,466.38)	408,455.00	44.30%	227,512.38
58900	Vehicle-Batteries	(288.74)	1,198.00	(1,486.74)	7,327.34	8,811.00	(1,483.66)	16,900.00	43.36%	9,572.66
59000	Vehicle-Outside Services	684.00	1,285.00	(601.00)	1,714.00	4,285.00	(2,571.00)	12,000.00	14.28%	10,286.00
59050	Vehicle-Parts	(9,739.73)	27,410.00	(37,149.73)	156,340.41	195,708.31	(39,367.90)	360,173.31	43.41%	203,832.90
59100	Vehicle-Registration	218.50	208.00	10.50	899.15	1,248.00	(348.85)	2,496.00	36.02%	1,596.85
59150	Vehicle-Tires	937.23	5,142.00	(4,204.77)	23,676.03	29,142.00	(5,465.97)	60,000.00	39.46%	36,323.97
59200	Vehicle-Towing	623.00	245.00	378.00	3,527.00	3,150.00	377.00	4,800.00	73.48%	1,273.00
51800	Unemployment Ins.	4,200.00	4,200.00	0.00	(3,434.00)	25,200.00	(28,634.00)	50,400.00	-6.81%	53,834.00
59350	Worker's Compensation Insurance	20,583.25	26,292.00	(5,708.75)	205,294.48	157,752.00	47,542.48	315,504.00	65.07%	110,209.52
Total Operating Expenses		947,477.49	1,048,828.25	(101,350.76)	6,283,368.97	7,009,316.96	(725,947.99)	14,797,963.61	42.46%	8,514,594.64
Indigent Care Expenses										
53350	1115 Medicaid Waiver - Uncompensated Care	99,655.12	127,586.00	(27,930.88)	1,027,585.12	765,516.00	262,069.12	1,531,032.00	67.12%	503,446.88
57850	Specialty Healthcare Providers	204,767.39	254,193.00	(49,425.61)	1,085,308.23	1,525,158.00	(439,849.77)	3,050,316.00	35.58%	1,965,007.77
Total Indigent Care Expenses		304,422.51	381,779.00	(77,356.49)	2,112,893.35	2,290,674.00	(177,780.65)	4,581,348.00	46.12%	2,468,454.65
Total Operating, Payroll and Indigent Care Expenses		4,226,742.68	4,280,783.25	(54,040.57)	24,997,386.43	26,090,649.96	(1,093,263.53)	53,219,422.61	46.97%	28,222,036.18
Capital Expenditures										
52753	Capital Purchases / Building Improvements	395.00	0.00	395.00	440,974.79	1,212,500.00	(771,525.21)	2,947,500.00	14.96%	2,506,525.21
52754	Capital Purchases / Equipment	563,422.66	621,000.00	(57,577.34)	1,410,873.25	1,469,806.86	(58,933.61)	4,916,070.71	28.70%	3,505,197.46
52755	Capital Purchases - Vehicles	1,285,888.00	1,285,954.00	(66.00)	2,135,916.54	2,136,598.00	(681.46)	4,771,232.00	44.77%	2,635,315.46
Total Capital Expenditures		1,849,705.66	1,906,954.00	(57,248.34)	3,987,764.58	4,818,904.86	(831,140.28)	12,634,802.71	31.56%	8,647,038.13
Total Expenditures		6,076,448.34	6,187,737.25	(111,288.91)	28,985,151.01	30,909,554.82	(1,924,403.81)	65,854,225.32	44.01%	36,869,074.31
Revenue over Expenses		(2,182,235.93)	(2,461,553.25)	279,317.32	14,891,839.12	11,896,034.18	2,995,804.94	(11,209,287.32)	-132.85%	(26,101,126.44)

AGENDA ITEM # 28

Board Mtg.: 4/23/2019

Montgomery County Hospital District Accounts Receivable Analysis

Days in Accounts Receivable

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
A/R Balance	6,337,103	5,885,817	6,227,460	6,118,077	6,060,813	6,534,101	6,637,202	5,839,494	5,631,586	5,835,494	6,770,464	6,276,206
Total 6-Mo Charges	11,180,469	11,331,318	11,206,336	11,108,516	11,254,500	11,353,634	11,349,060	11,172,694	11,251,054	11,292,879	11,188,574	11,391,734
Avg Charge / Day *	62,114	62,952	62,257	61,714	62,525	63,076	63,050	62,071	62,506	62,738	62,159	63,287
A/R Days	102	93	100	99	97	104	105	94	90	93	109	99

* Beginning in August 2015, A/R Balance excludes liens related to motor vehicle accidents.

** Avg Charge / Day is calculated using the most current six months' charges divided by 180 days.

Accounts Receivable Aging by Dollars

Month	Days							> 90 Days	> 120 Days
	Current	31-60	61-90	91-120	121-180	>180	Total		
Apr-18	1,690,655	939,774	856,922	829,698	739,372	2,713,232	7,769,653	3,983,477	3,209,159
May-18	1,717,900	1,027,534	769,410	649,361	571,423	2,537,812	7,273,440	4,227,385	3,416,192
Jun-18	1,766,848	1,063,619	890,054	673,563	615,481	2,589,500	7,599,064	4,301,109	3,509,188
Jul-18	1,688,290	1,043,164	899,304	667,681	515,066	2,489,041	7,302,546	4,090,075	3,325,270
Aug-18	1,704,364	977,282	886,272	822,410	581,217	2,324,606	7,296,151	4,024,174	3,257,728
Sep-18	1,832,340	1,021,691	847,303	800,953	665,117	2,117,542	7,284,946	4,282,302	3,452,604
Oct-18	1,659,759	1,010,811	883,392	778,256	833,297	2,078,978	7,244,494	3,758,595	3,109,234
Nov-18	1,668,687	928,883	846,876	817,212	633,178	1,953,000	6,847,836	3,878,544	3,204,981
Dec-18	1,763,997	942,299	808,358	693,259	510,370	1,954,583	6,672,867	3,671,787	3,004,107
Jan-19	1,817,080	1,015,027	780,278	746,007	563,402	1,954,198	6,875,992	3,728,233	2,905,823
Feb-19	1,835,334	1,080,118	821,003	692,440	880,583	2,000,377	7,309,855	3,583,612	2,782,659
Mar-19	1,985,312	1,140,932	859,579	745,669	628,618	1,968,120	7,328,229	3,583,612	2,782,659

Accounts Receivable Aging by Percentage

Month	Days							> 90 Days	> 120 Days
	Current	31-60	61-90	91-120	121-180	>180	Total		
Apr-18	22%	12%	11%	11%	10%	35%	100%	51%	41%
May-18	24%	14%	11%	9%	8%	35%	100%	58%	47%
Jun-18	23%	14%	12%	9%	8%	34%	100%	57%	46%
Jul-18	23%	14%	12%	9%	7%	34%	100%	56%	46%
Aug-18	23%	13%	12%	11%	8%	32%	100%	55%	45%
Sep-18	25%	14%	12%	11%	9%	29%	100%	59%	47%
Oct-18	23%	14%	12%	11%	12%	29%	100%	52%	43%
Nov-18	24%	14%	12%	12%	9%	29%	100%	57%	47%
Dec-18	26%	14%	12%	10%	8%	29%	100%	55%	45%
Jan-19	26%	15%	11%	11%	8%	28%	100%	54%	42%
Feb-19	25%	15%	11%	9%	12%	27%	100%	49%	38%
Mar-19	27%	16%	12%	10%	9%	27%	100%	49%	38%

Board Mtg.: 4/23/2019

Payer Mix

[illegible]

Payer	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	12-Month Total
ALS	2,411	2,600	2,490	2,404	2,506	2,527	2,344	2,426	2,505	2,453	2,388	2,748	29,802
BLS	572	685	604	609	656	573	584	521	595	502	544	565	7,010
Other	199	213	224	216	218	207	175	168	185	174	156	191	2,326
Transfer	290	296	286	288	253	292	312	297	445	362	304	370	3,795
Standby							40	43	10	0	5	10	108
Total	3,472	3,794	3,604	3,517	3,633	3,599	3,455	3,455	3,740	3,491	3,397	3,884	43,041

[illegible]

AGENDA ITEM # 28

Board Mtg.: 04/23/19

Montgomery County Hospital District Accounts Payable Analysis

Accounts Payable Aging by Dollars

Month	Current	Days					\$ Total minus Credits
		31-60	61-90	> 90	Credits	Total	
Apr-18	445,614	-	-	2	(2)	165,816	445,616
May-18	383,121	-	-	2	(2)	402,994	383,123
Jun-18	383,121	-	-	2	(2)	445,614	383,123
Jul-18	516,709	-	-	2	(2)	383,121	516,711
Aug-18	456,605	-	-	2	(2)	383,121	456,607
Sep-18	564,260	-	-	2	(2)	516,709	564,262
Oct-18	363,090	-	-	2	(2)	456,605	363,092
Nov-18	458,407	-	-	2	(2)	564,260	458,409
Dec-18	229,168	-	-	2	(2)	363,090	229,170
Jan-19	295,948	-	-	2	(2)	458,407	295,950
Feb-19	159,619	-	-	2	(2)	295,948	159,621
Mar-19	721,907	-	-	2	(2)	721,907	721,909

Accounts Payable Aging by Percentage without Credits

Month	Current	Days		
		31-60	61-90	> 90
Apr-18	100%	0%	0%	0%
May-18	100%	0%	0%	0%
Jun-18	100%	0%	0%	0%
Jul-18	100%	0%	0%	0%
Aug-18	100%	0%	0%	0%
Sep-18	100%	0%	0%	0%
Oct-18	100%	0%	0%	0%
Nov-18	100%	0%	0%	0%
Dec-18	100%	0%	0%	0%
Jan-19	100%	0%	0%	0%
Feb-19	100%	0%	0%	0%
Mar-19	100%	0%	0%	0%



QUARTERLY INVESTMENT REPORT

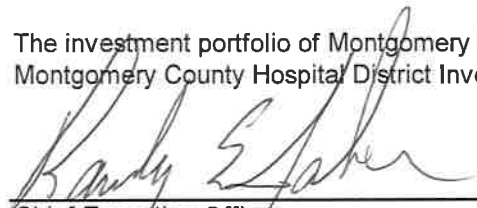
For the Quarter Ended

March 31, 2019


Prepared by

Valley View Consulting, L.L.C.

The investment portfolio of Montgomery County Hospital District is in compliance with the Public Funds Investment Act and the Montgomery County Hospital District Investment Policy.



Chief Executive Officer
Investment Officer,
Montgomery County Hospital District



Chief Financial Officer
Investment Officer,
Montgomery County Hospital District

Treasurer, MCHD Board
Investment Officer,
Montgomery County Hospital District

Disclaimer: These reports were compiled using information provided by the Montgomery County Hospital District. No procedures were performed to test the accuracy or completeness of this information. The market values included in these reports were obtained by Valley View Consulting, L.L.C. from sources believed to be accurate and represent proprietary valuation. Due to market fluctuations these levels are not necessarily reflective of current liquidation values. Yield calculations are not determined using standard performance formulas, are not representative of total return yields and do not account for investment adviser fees.

Summary

Quarter End Results by Investment Category:

Asset Type	December 31, 2018		March 31, 2019		
	Book Value	Market Value	Book Value	Market Value	Ave. Yield
DDA	\$ 6,722,748	\$ 6,722,748	\$ 5,156,727	\$ 5,156,727	0.28%
MMA/MMF/LGIP	42,615,164	42,615,164	41,098,147	41,098,147	2.44%
CD/Security	1,700,000	1,698,531	15,720,640	15,721,741	2.66%
Totals	\$ 51,037,912	\$ 51,036,443	\$ 61,975,514	\$ 61,976,616	

Current Quarter Portfolio Performance:

Average Quarterly Yield	2.32%
Rolling Three Month Treasury	2.44%
Rolling Six Month Treasury	2.51%

Interest Revenue (Unaudited)

Quarterly Interest Earnings	\$ 327,975
Fiscal YTD Interest Earnings	\$ 552,454

Fiscal Year-to-Date Portfolio Performance:

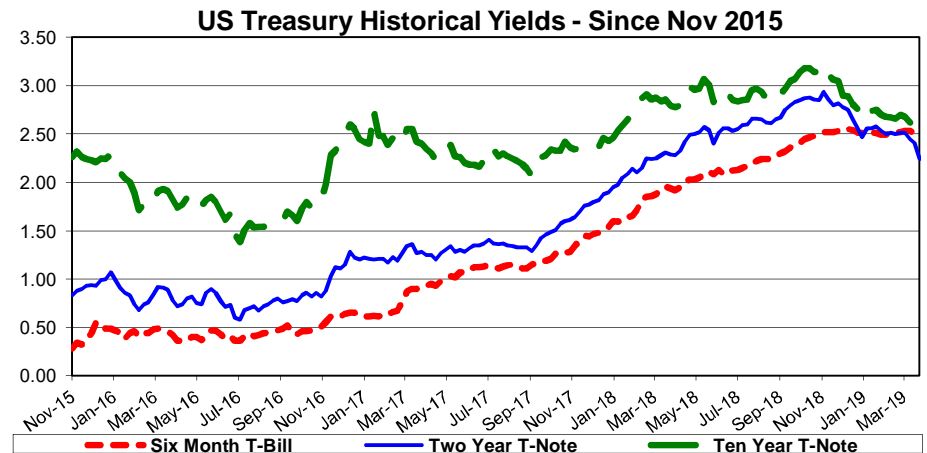
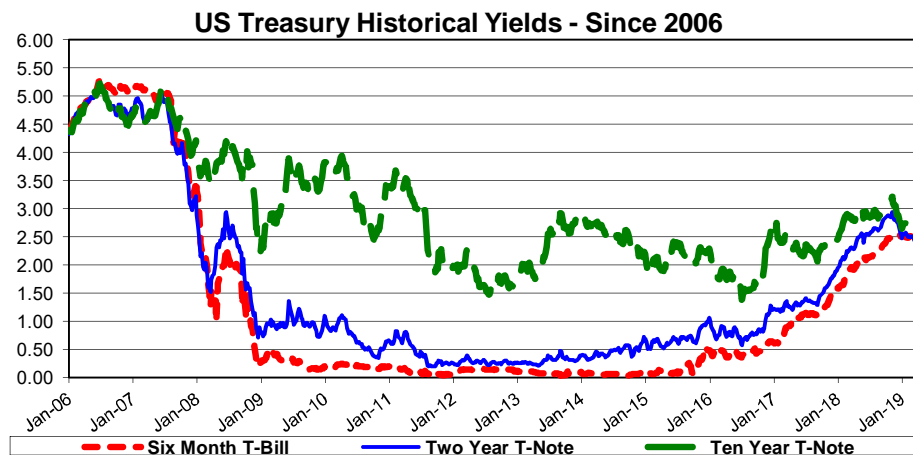
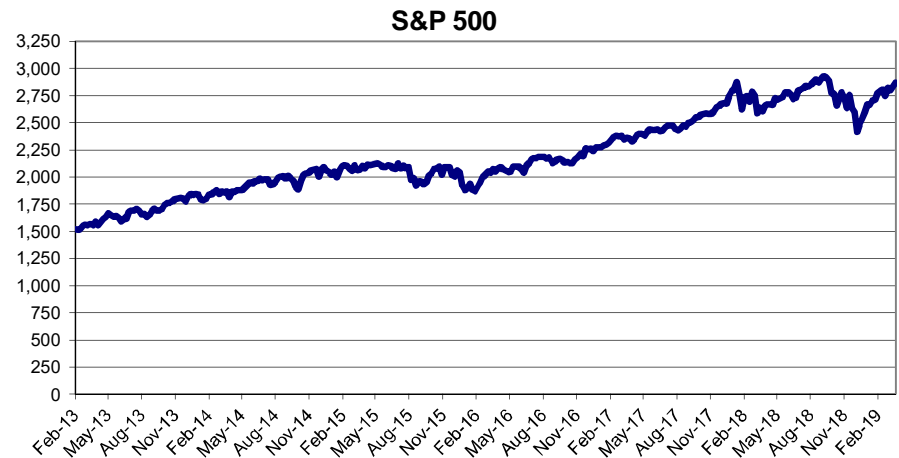
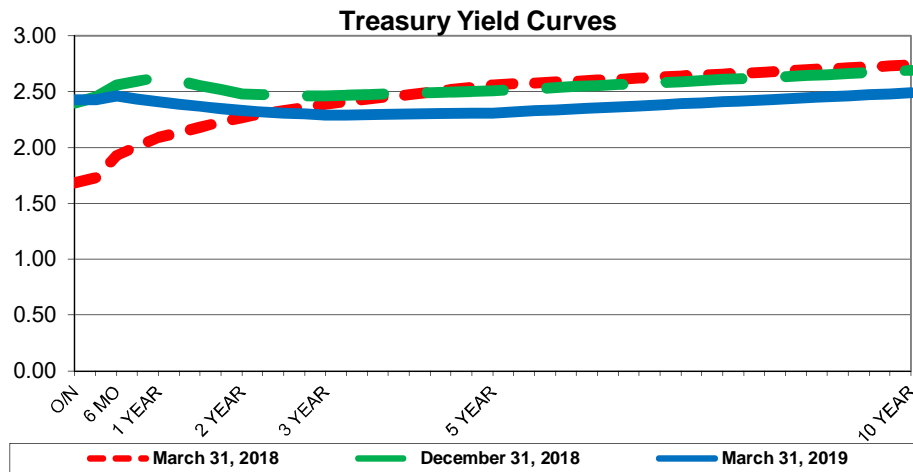
Average Quarter End Yield	2.18%
Rolling Three Month Treasury	2.41%
Rolling Six Month Treasury	2.45%
TexPool	2.35%

Note: Average yields calculated using quarter end report average yield and Book Value, but do not include adviser fees and realized and unrealized gains or losses.

Economic Overview

3/31/2019

The Federal Open Market Committee (FOMC) maintained the Fed Funds target range to 2.25% - 2.50% (Effective Fed Funds are trading +/-2.40%). The market projections now lean towards decreases late 2019 or early 2020. Gradual FRB portfolio reduction continues by limiting reinvestment of maturing holdings, but that strategy will end this summer. February Non Farm Payroll plunged to only 20,000 new jobs (although Dec and Jan were revised up slightly). Fourth quarter GDP registered 2.2% (final). Crude oil remained +/- \$55. The Stock Markets continued higher from December lows. Housing mostly mixed. The mid-maturity yield curve is lower and still sway-backed.



Investment Holdings

March 31, 2019

Description	Rating	Coupon/ Discount	Maturity Date	Settlement Date	Original Face\ Par Value	Book Value	Market Price	Market Value	Life (Days)	Yield
Woodforest Bank - DDA		0.28%	04/01/19	03/31/19	\$ 5,156,727	\$ 5,156,727	1.00	\$ 5,156,727	1	0.28%
Woodforest Bank - MMA		2.53%	04/01/19	03/31/19	10,137,073	10,137,073	1.00	10,137,073	1	2.53%
JPMorgan U.S. Gov't MMF	AAAm	1.78%	04/01/19	03/31/19	39,757	39,757	1.00	39,757	1	1.78%
TexPool	AAAm	2.42%	04/01/19	03/31/19	15,465,190	15,465,190	1.00	15,465,190	1	2.42%
TexSTAR	AAAm	2.41%	04/01/19	03/31/19	15,456,127	15,456,127	1.00	15,456,127	1	2.41%
WallisBank CD		2.51%	05/06/19	02/05/19	2,000,000	2,000,000	100.00	2,000,000	36	2.54%
First Foundation Bank CD		2.35%	07/18/19	07/18/18	245,000	245,000	99.98	244,961	109	2.35%
Origin Bank CD		2.72%	08/06/19	02/06/19	2,000,000	2,000,000	100.00	2,000,000	128	2.75%
Morgan Stanley Bank CD		2.35%	08/23/19	08/23/18	245,000	245,000	99.97	244,934	145	2.35%
East West Bank CD		2.62%	09/23/19	03/22/19	2,001,436	2,001,436	100.00	2,001,436	176	2.65%
Bank of North America CD		2.50%	10/11/19	10/10/18	245,000	245,000	100.03	245,083	194	2.50%
Synovus Bank CD		2.55%	10/17/19	10/09/18	245,000	245,000	100.06	245,152	200	2.55%
East West Bank CD		2.69%	11/05/19	02/05/19	2,008,123	2,008,123	100.00	2,008,123	219	2.73%
Zions Bancorp, NA CD		2.65%	11/15/19	11/19/18	240,000	240,000	100.13	240,305	229	2.65%
Morgan Stanley Bank CD		2.65%	11/22/19	11/19/18	240,000	240,000	100.13	240,312	236	2.65%
Pinnacle Nat'l Bank CD		2.65%	12/13/19	12/04/18	240,000	240,000	100.15	240,355	257	2.65%
East West Bank CD		2.61%	12/23/19	03/22/19	2,001,431	2,001,431	100.00	2,001,431	267	2.64%
East West Bank CD		2.72%	02/05/20	02/05/19	2,008,214	2,008,214	100.00	2,008,214	311	2.76%
East West Bank CD		2.62%	03/23/20	03/22/19	2,001,436	2,001,436	100.00	2,001,436	358	2.65%
					\$ 61,975,514	\$ 61,975,514		\$ 61,976,616	54	2.32%

(1) (2)

(1) **Weighted average life** - Pools, Money Market Funds, and Bank Deposits are assumed to have a one day maturity.

(2) **Weighted average yield to maturity** - The weighted average yield to maturity is based on Book Value, adviser fees and realized and unrealized gains/losses are not considered. The pool and mutual fund yields are the average for the last month of the quarter. Bank deposit yields are estimated from the monthly allocated earnings.

Book Value Comparison

Description	Coupon/ Discount	Maturity Date	December 31, 2018			March 31, 2019		
			Original Face\		Purchases/ Adjustments	Sales/Adjust/ Maturities	Original Face\	
			Par Value	Book Value			Par Value	Book Value
Frost MMA	0.00%	04/01/15	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
Woodforest Bank - DDA	0.28%	04/01/19	\$ 6,722,748	\$ 6,722,748	\$ —	\$ (1,566,021)	\$ 5,156,727	\$ 5,156,727
Woodforest Bank - MMA	2.53%	04/01/19	7,090,666	7,090,666	3,046,407		10,137,073	10,137,073
JPMorgan U.S. Gov't MMF	1.78%	04/01/19	38,019	38,019	1,738		39,757	39,757
TexPool	2.42%	04/01/19	17,747,775	17,747,775		(2,282,585)	15,465,190	15,465,190
TexSTAR	2.41%	04/01/19	17,738,705	17,738,705		(2,282,578)	15,456,127	15,456,127
WallisBank CD	2.51%	05/06/19	—	—	2,000,000		2,000,000	2,000,000
First Foundation Bank CD	2.35%	07/18/19	245,000	245,000			245,000	245,000
Origin Bank CD	2.72%	08/06/19	—	—	2,000,000		2,000,000	2,000,000
Morgan Stanley Bank CD	2.35%	08/23/19	245,000	245,000			245,000	245,000
East West Bank CD	2.62%	09/23/19	—	—	2,001,436		2,001,436	2,001,436
Bank of North America CD	2.50%	10/11/19	245,000	245,000			245,000	245,000
Synovus Bank CD	2.55%	10/17/19	245,000	245,000			245,000	245,000
East West Bank CD	2.69%	11/05/19	—	—	2,008,123		2,008,123	2,008,123
Zions Bancorp, NA CD	2.65%	11/15/19	240,000	240,000			240,000	240,000
Morgan Stanley Bank CD	2.65%	11/22/19	240,000	240,000			240,000	240,000
Pinnacle Nat'l Bank CD	2.65%	12/13/19	240,000	240,000			240,000	240,000
East West Bank CD	2.61%	12/23/19	—	—	2,001,431		2,001,431	2,001,431
East West Bank CD	2.72%	02/05/20	—	—	2,008,214		2,008,214	2,008,214
East West Bank CD	2.62%	03/23/20	—	—	2,001,436		2,001,436	2,001,436
TOTAL			\$ 51,037,912	\$ 51,037,912	\$ 17,068,785	\$ (6,131,183)	\$ 61,975,514	\$ 61,975,514

Market Value Comparison

Description	Maturity Date	December 31, 2018				March 31, 2019		
		Original Face\	Market	Qtr to Qtr	Original Face\	Market	Market Value	
		Par Value	Price		Market Value	Par Value		Price
Frost MMA	04/01/15	\$ —	1.00	\$ —	\$ —	\$ —	1.00	\$ —
Woodforest Bank - DDA	04/01/19	\$ 6,722,748	1.00	\$ 6,722,748	\$ (1,566,021)	\$ 5,156,727	1.00	\$ 5,156,727
Woodforest Bank - MMA	04/01/19	7,090,666	1.00	7,090,666	3,046,407	10,137,073	1.00	10,137,073
JPMorgan U.S. Gov't MMF	04/01/19	38,019	1.00	38,019	1,738	39,757	1.00	39,757
TexPool	04/01/19	17,747,775	1.00	17,747,775	(2,282,585)	15,465,190	1.00	15,465,190
TexSTAR	04/01/19	17,738,705	1.00	17,738,705	(2,282,578)	15,456,127	1.00	15,456,127
WallisBank CD	05/06/19	—	—	—	2,000,000	2,000,000	100.00	2,000,000
First Foundation Bank CD	07/18/19	245,000	99.87	244,672	289	245,000	99.98	244,961
Origin Bank CD	08/06/19	—	—	—	2,000,000	2,000,000	100.00	2,000,000
Morgan Stanley Bank CD	08/23/19	245,000	99.83	244,588	345	245,000	99.97	244,934
East West Bank CD	09/23/19	—	—	—	2,001,436	2,001,436	100.00	2,001,436
Bank of North America CD	10/11/19	245,000	99.89	244,728	355	245,000	100.03	245,083
Synovus Bank CD	10/17/19	245,000	99.92	244,806	345	245,000	100.06	245,152
East West Bank CD	11/05/19	—	—	—	2,008,123	2,008,123	100.00	2,008,123
Zions Bancorp, NA CD	11/15/19	240,000	99.97	239,938	367	240,000	100.13	240,305
Morgan Stanley Bank CD	11/22/19	240,000	99.97	239,921	391	240,000	100.13	240,312
Pinnacle Nat'l Bank CD	12/13/19	240,000	99.95	239,878	478	240,000	100.15	240,355
East West Bank CD	12/23/19	—	—	—	2,001,431	2,001,431	100.00	2,001,431
East West Bank CD	02/05/20	—	—	—	2,008,214	2,008,214	100.00	2,008,214
East West Bank CD	03/23/20	—	—	—	2,001,436	2,001,436	100.00	2,001,436
TOTAL		\$ 51,037,912		\$ 51,036,443	\$ 10,940,173	\$ 61,975,514		\$ 61,976,616

Agenda Item # 30

Montgomery County Hospital District

Budget Amendment - Fiscal Year Ending September 30, 2019

Supplement to the Amendment Presented to the Board on April 23, 2019

Account	Description	Total	Notes	Impact
Horton Equipment Move to Fleet				
10-010-57750	Small Equipment & Furniture-Fleet	22,800.00	Reclassification of budget	increase expense
10-043-57750	Small Equipment & Furniture-BAU	(22,800.00)	Reclassification of budget	decrease expense
	Horton Equipment	0.00		
US Digital Station Alerting System Move to Radio				
10-004-52754	Capital Purchases Equipment-Radio	90,000.00	Reclassification of budget	increase expense
10-043-52754	Capital Purchases Equipment-BAU	(90,000.00)	Reclassification of budget	decrease expense
	US Digital Station Alerting System	0.00		
Station 27				
10-015-53050	Computer Software-IT	(80,000.00)	Reclassification of budget	decrease expense
10-040-52753	Capital Purchases-Buildings	190,000.00	Reclassification of budget	increase expense
10-043-53050	Computer Software-BAU	(86,000.00)	Reclassification of budget	decrease expense
10-043-58200	Telephones-Cellular-BAU	(24,000.00)	Reclassification of budget	decrease expense
	Station 27	0.00		
CP Data Tool				
10-015-58310	Telephones-Service-IT	(9,700.00)	Reclassification of budget	decrease expense
10-039-55400	Leases/Contracts-Community Paramedicine	9,700.00	Reclassification of budget	increase expense
	CP Data Tool	0.00		
TSPOT (TB blood test)				
10-025-57300	Recruit/Investigate-HR	9,807.00	Reclassification of budget	increase expense
10-027-56500	Other Services-Emer Mgmt	(9,807.00)	Reclassification of budget	decrease expense
	TSPOT (TB blood test)	0.00		
Food Purchased for Compliance Fair				
10-025-58500	Training/Related Expenses-HR	1,958.00	Reclassification of budget	increase expense
10-026-53150	Conferences-Fees, Travel, and Meals-Records Mgmt	(1,958.00)	Reclassification of budget	decrease expense
	Food Purchased for Compliance Fair	0.00		
Total Expense		0.00	Increase in Expenses	
Increase / (Decrease) Net Revenue over Expenses		0.00		
FY 2019 Budgeted Net Revenue over Expenses		(11,209,287.32)		
FY 2019 Amended Budgeted Net Revenue over Expenses		(11,209,287.32)		

AGENDA ITEM #31

Consider and act on payment of District invoices (Mr. Grice, Treasurer-MCHD Board)

TOTAL FOR
INVOICES

\$ 2,699,785.48

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Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment Date	Invoice Description	Account No.	Account Description	Amount
3rd DAY CREATION LAWN & LANDSCAPE	3/5/2019	2760	100886	3/20/2019	LAWN MAINTENANCE FEB 2019	10-016-55600	Maintenance & Repairs-Buildir	\$2,200.00
	3/1/2019	2759	100886	3/20/2019	LAWN MAINTENANCE JAN 2019	10-016-55600	Maintenance & Repairs-Buildir	\$2,200.00
	Totals for 3rd DAY CREATION LAWN & LANDSCAPE:							\$4,400.00
ADVANCED LIGHTNING TECHNOLOGY, LTD	3/12/2019	208332	100955	3/27/2019	4-LEG ICE BRIDGE KIT WITH SUPPORT	10-004-57750	Small Equipment & Furniture-F	\$3,582.00
	Totals for ADVANCED LIGHTNING TECHNOLOGY, LTD:							\$3,582.00
ALLEN'S SAFE AND LOCK	3/1/2019	53291	673	3/20/2019	KWIKSET KWI KEYS	10-016-55600	Maintenance & Repairs-Buildir	\$10.00
	Totals for ALLEN'S SAFE AND LOCK:							\$10.00
ALLSTAR LEGAL SUPPORT SERVICES INC.	3/5/2019	ALL030519	100753	3/6/2019	OVERPAYMENT	10-026-41500	Miscellaneous Income-Recor	\$59.29
	Totals for ALLSTAR LEGAL SUPPORT SERVICES INC.:							\$59.29
ALONTI CAFE & CATERING	3/1/2019	1547077	674	3/20/2019	MANADTORY CE'S 03.01.19	10-009-56100	Meeting Expenses-OMD	\$848.52
	3/4/2019	1549950	674	3/20/2019	MANADTORY CE'S 03.04.19	10-009-56100	Meeting Expenses-OMD	\$419.62
	3/1/2019	1544654	651	3/13/2019	MANAGER'S MEETING 02.20.19	10-025-58500	Training/Related Expenses-CE-	\$287.08
	3/5/2019	1549951	674	3/20/2019	MANDATORY CE'S 03.05.19	10-009-56100	Meeting Expenses-OMD	\$877.09
	3/6/2019	1549952	674	3/20/2019	MANADTORY CE'S 03.06.19	10-009-56100	Meeting Expenses-OMD	\$391.24
	3/12/2019	1551009	698	3/27/2019	MANAGERS AND NEOP DAY 2 03.12.19	10-025-58500	Training/Related Expenses-CE-	\$674.58
	3/11/2019	1551006	698	3/27/2019	NEOP DAY 1 03.11.19	10-009-56100	Meeting Expenses-OMD	\$384.18
	3/13/2019	1553747	698	3/27/2019	NEOP MEET THE DOC 03.13.19	10-009-56100	Meeting Expenses-OMD	\$195.12
	3/18/2019	1556585	721	4/3/2019	MIH TRAINING 03.18.19	10-009-56100	Meeting Expenses-OMD	\$388.43
	3/18/2019	1553748	721	4/3/2019	NEOP 03.18.19	10-009-56100	Meeting Expenses-OMD	\$286.87
	3/19/2019	1556588	721	4/3/2019	MIH TRAINING 03.19.19	10-009-56100	Meeting Expenses-OMD	\$477.78
	3/21/2019	1556597	721	4/3/2019	MIH TRAINING 03.21.19	10-009-56100	Meeting Expenses-OMD	\$523.44
	3/21/2019	1553759	721	4/3/2019	NEOP 03.21.19	10-009-56100	Meeting Expenses-OMD	\$146.10
	3/20/2019	1553754	721	4/3/2019	NEOP 03.20.19	10-009-56100	Meeting Expenses-OMD	\$411.19
	3/19/2019	1553749	721	4/3/2019	NEOP 03.19.19	10-009-56100	Meeting Expenses-OMD	\$339.30
	3/20/2019	1556591	721	4/3/2019	MIH TRAINING 03.20.19	10-009-56100	Meeting Expenses-OMD	\$477.78
	3/1/2019	1547080	698	3/27/2019	ALARM 03.01.19	10-006-56100	Meeting Expenses-Alarm	\$462.83
	3/28/2019	1560724	740	4/27/2019	SAFETY SAFARI 03.28.19	10-027-56100	Meeting Expenses-Emerg	\$231.38
	3/27/2019	1560701	740	4/26/2019	SAFETY SAFARI 03.27.19	10-009-56100	Meeting Expenses-OMD	\$199.39
	3/26/2019	1560699	740	4/25/2019	SAFETY SAFARI 03.26.19	10-027-56100	Meeting Expenses-Emerg	\$178.21
	3/25/2019	1560356	740	4/24/2019	SAFETY SAFARI 03.25.19	10-027-56100	Meeting Expenses-Emerg	\$209.11
Totals for ALONTI CAFE & CATERING:							\$8,409.24	
AMAZON.COM LLC	3/10/2019	0398467 03/10/19	100956	3/27/2019	STATION SUPPLIES	10-002-56300	Office Supplies-PA	\$99.80
						10-002-57750	Small Equipment & Furniture-F	\$177.95
						10-004-57725	Shop Supplies-Radio	\$1,530.29
						10-004-57750	Small Equipment & Furniture-F	\$2,286.24

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						10-004-58700	Uniforms-Radio	\$818.73
						10-007-57750	Small Equipment & Furniture-F	\$2,252.64
						10-007-58700	Uniforms-EMS	\$517.81
						10-008-56300	Office Supplies-Matls. Mgmt.	\$82.42
						10-008-57750	Small Equipment & Furniture-M	\$514.97
						10-008-57900	Station Supplies-Mater	\$1,345.91
						10-008-58700	Uniforms-Matls. Mgmt.	\$79.93
						10-009-52600	Books/Materials-OMD	\$334.39
						10-009-54200	Durable Medical Equipment-Ol	\$84.85
						10-010-57650	Repair-Equipment-Fleet	\$16.96
						10-015-57750	Small Equipment & Furniture-I	\$2,145.12
						10-016-55600	Maintenance & Repairs-Buildir	\$112.75
						10-016-57700	Shop Tools-Facil	\$59.97
						10-016-57750	Small Equipment & Furniture-F	\$591.56
						10-025-54450	Employee Recognition-Human	\$123.96
						10-027-52600	Books/Materials-Emerg	\$63.94
						Totals for AMAZON.COM LLC:		\$13,240.19
AMERITAS LIFE INSURANCE CORP	3/1/2019	010-48743 3/01/19	100823	3/13/2019	ACCT 010-048743-00001 DENTAL PREMIUMS MAR '19	10-025-51710	Health Insurance Claims-Huma	\$22,877.72
	3/1/2019	010-48743 3/1/19 V22	100825	3/13/2019	ACCT 010-048743-00002 VISION PREMIUMS MAR '19	10-025-51710	Health Insurance Claims-Huma	\$4,061.01
	Totals for AMERITAS LIFE INSURANCE CORP:							\$26,938.73
ARAMARK UNIFORM & CAREER APPAREL GR	3/1/2019	001267284298	599	3/6/2019	CUSTOMER # 5258063 LAUNDRY SERVICE	10-010-55100	Laundry Service & Purchase-Fl	\$47.98
	3/8/2019	001267288726	675	3/20/2019	CUSTOMER # 5258063 LAUNDRY SERVICE	10-010-55100	Laundry Service & Purchase-Fl	\$47.98
	3/15/2019	001267293158	675	3/20/2019	CUSTOMER # 5258063 LAUNDRY SERVICE	10-010-55100	Laundry Service & Purchase-Fl	\$47.98
	3/22/2019	001267297520	699	3/27/2019	CUSTOMER # 5258063 LAUNDRY SERVICE	10-010-55100	Laundry Service & Purchase-Fl	\$48.48
	3/29/2019	001267301951	722	4/3/2019	CUSTOMER # 5258063 LAUNDRY SERVICE	10-010-55100	Laundry Service & Purchase-Fl	\$48.48
Totals for ARAMARK UNIFORM & CAREER APPAREL GROUP INC.:								\$240.90
ARROW (VIDACARE)	3/1/2019	9501032500	676	3/20/2019	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-M	\$9,213.50
	3/25/2019	9501114739	741	4/24/2019	DME MEDICAL SUPPLIES	10-009-54200	Durable Medical Equipment-Ol	\$1,211.50
	Totals for ARROW (VIDACARE):							\$10,425.00
AT&T (105414)	3/13/2019	2812599426 03/13/19	100958	3/27/2019	STATION 41 FIRE PANEL 03/13/17-04/12/19	10-016-58800	Utilities-Facil	\$120.34
	3/21/2019	7131652005 03/21/19	101041	4/3/2019	T1-ISSI 03/21/19-04/20/19	10-004-58310	Telephones-Service-Radio	\$238.38
	3/23/2019	2813670626 03/23/19	101042	4/3/2019	STATION 22 03/23/19-04/22/19	10-015-58310	Telephones-Service-Informatio	\$246.67
	Totals for AT&T (105414):							\$605.39
AT&T (U-VERSE)	3/1/2019	145220893 03/01/19	100826	3/13/2019	STATION 42 03/01/19-03/31/19	10-015-58310	Telephones-Service-Informatio	\$103.51
	3/11/2019	145685137 03/11/19	100959	3/27/2019	STATION 24 03/12/19-04/11/19	10-015-58310	Telephones-Service-Informatio	\$119.21

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	3/22/2019	150883685 03/22/19	101043	4/3/2019	STATION 41 03/23/18-04/22/19	10-015-58310	Telephones-Service-Informatio	\$119.21
							Totals for AT&T (U-VERSE):	\$341.93
AT&T MOBILITY-ROC (6463)	3/23/2019	836735112X03232019	101044	4/3/2019	ACCT# 836735112 02/16/19-03/15/19	10-006-58200	Telephones-Cellular-Alarm	\$96.63
						10-004-58200	Telephones-Cellular-Radio	\$81.83
							Totals for AT&T MOBILITY-ROC (6463):	\$178.46
ATASCOCITA VOLUNTEER FIRE DEPT INC	3/11/2019	ATA031119	100827	3/13/2019	UTV SERVICES FOR THE WOODLANDS MARATHON 3/2/19	10-007-53330	Contractual Obligations- Other-	\$435.00
							Totals for ATASCOCITA VOLUNTEER FIRE DEPT INC:	\$435.00
AVESTA SYSTEMS, INC.	3/8/2019	3-19-14335	700	3/27/2019	CANDIDATECARE APPICANT TRACKING 03/12/19 - 04/11/19	10-025-57100	Professional Fees-Human	\$800.00
							Totals for AVESTA SYSTEMS, INC.:	\$800.00
B & H PHOTO & ELECTRONICS CORP	3/26/2019	156171536	101104	4/25/2019	BARCO CLICKSHARE CSE200 SET W/A BASE & 2 BTNS	10-016-57750	Small Equipment & Furniture-F	\$2,773.98
							Totals for B & H PHOTO & ELECTRONICS CORP:	\$2,773.98
BATTERIES PLUS LLC	3/19/2019	P12676332	101045	4/3/2019	BATTERIES	10-015-57750	Small Equipment & Furniture-I	\$143.60
							Totals for BATTERIES PLUS LLC:	\$143.60
BCBS OF TEXAS (POB 731428)	3/1/2019	TY483010005 03/01/19	4418	3/5/2019	BCBS PPO & HSA CLAIMS 02/16/2019 - 02/22/19	10-025-51710	Health Insurance Claims-Huma	\$27,286.76
						10-025-51720	Health Insurance Admin Fees-I	\$61,064.05
	3/8/2019	TY483010005 03/08/19	4423	3/13/2019	BCBS PPO & HSA CLAIMS 03/01/2019 - 03/08/19	10-025-51710	Health Insurance Claims-Huma	\$97,482.60
	3/15/2019	TY483010005 03/15/19	4429	3/19/2019	BCBS PPO & HSA CLAIMS 03/09/2019 - 03/15/19	10-025-51710	Health Insurance Claims-Huma	\$192,519.56
	3/22/2019	TY483010005 03/22/19	4438	3/27/2019	BCBS PPO & HSA CLAIMS 03/16/2019 - 03/22/19	10-025-51710	Health Insurance Claims-Huma	\$62,729.07
	3/29/2019	TY483010005 03/29/19	4445	4/2/2019	BCBS PPO & HSA CLAIMS 03/23/2019 - 03/29/19	10-025-51710	Health Insurance Claims-Huma	\$40,766.08
						10-025-51720	Health Insurance Admin Fees-I	\$60,041.00
							Totals for BCBS OF TEXAS (POB 731428):	\$541,889.12
BONDS JANITORIAL SERVICE	3/1/2019	2994	677	3/20/2019	JANITORIAL SERVICES FOR MARCH 2019	10-016-55600	Maintenance & Repairs-Buildir	\$5,956.78
	3/1/2019	3002	678	3/20/2019	QUARTERLY BUFFING PROGRAM FOR STATIONS	10-016-55600	Maintenance & Repairs-Buildir	\$1,332.47
	3/23/2019	2983	743	4/22/2019	QUARTERLY PROGRAM # 5-DEEP CLEAN SC CONCRETE FLOOR	10-016-55600	Maintenance & Repairs-Buildir	\$358.00
							Totals for BONDS JANITORIAL SERVICE:	\$7,647.25
BOON-CHAPMAN (Prime DX)	3/26/2019	BOO032619	100960	3/27/2019	MARCH 2019 MEDICAL/SURGICAL UTILIZATION REVIEW	10-002-55700	Management Fees-PA	\$22,715.75
							Totals for BOON-CHAPMAN (Prime DX):	\$22,715.75
BOUND TREE MEDICAL, LLC	3/18/2019	83143082	101047	4/3/2019	TRAINING SUPPLIES	10-009-58500	Training/Related Expenses-CE-	\$370.82
	3/18/2019	83143081	101047	4/3/2019	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-OMD	\$5,275.77
						10-008-53900	Disposable Medical Supplies-N	\$14,851.76
						10-008-53800	Disposable Linen-Mater	\$1,405.61

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	3/12/2019	83138752	100961	3/27/2019	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-OMD	\$659.00
						10-008-53800	Disposable Linen-Mater	\$1,332.44
	3/18/2019	83144687	101047	4/3/2019	DRUG MEDICAL SUPPLIES	10-009-54000	Drug Supplies-OMD	\$197.76
	3/21/2019	83149345	101047	4/3/2019	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-M	\$28.80
	3/28/2019	83156579	101105	4/27/2019	DRUG MEDICAL SUPPLIES	10-009-54000	Drug Supplies-OMD	\$17.50
	3/25/2019	83151981	101105	4/24/2019	DRUM MEDICAL SUPPLIES	10-009-54000	Drug Supplies-OMD	\$1,006.50
	3/29/2019	83158028	101105	4/28/2019	DME MEDICAL SUPPLIES	10-009-54200	Durable Medical Equipment-Ol	\$289.02
	3/28/2019	83156580	101105	4/27/2019	DISPOSABLE LINEN MATER	10-008-53800	Disposable Linen-Mater	\$1,588.50
	Totals for BOUND TREE MEDICAL, LLC:							\$27,023.48
CAMPBELL, JAMES	3/7/2019	CAM030719	652	3/13/2019	PER DIEM/ASM WEEK#1 03/09/19-03/15/19	10-007-53150	Conferences - Fees, Travel, & I	\$279.50
	Totals for CAMPBELL, JAMES:							\$279.50
CANON FINANCIAL SERVICES, INC.	3/13/2019	19869183	100962	3/27/2019	SCHEDULE# 001-0735472-002 CONTRACT # DIR-TSL-3101	10-015-55400	Leases/Contracts-Information T	\$40.92
	3/13/2019	19883116	100962	3/27/2019	SCHEDULE# 001-0735472-001 CONTRACT # DIR-TSL-3101	10-015-55400	Leases/Contracts-Information T	\$3,502.20
	Totals for CANON FINANCIAL SERVICES, INC.:							\$3,543.12
CASE, CONNIE	3/28/2019	CAS032819	101049	4/3/2019	BRISKET,PORK & PICKLES FOR APPRECIATION WEEK	10-000-14305	A/R Employee-BS	\$200.00
	Totals for CASE, CONNIE:							\$200.00
CDW GOVERNMENT, INC.	3/11/2019	RKS4866	701	3/27/2019	HP SOURCING 600GB SAS 10K 2.5IN	10-015-57650	Repair-Equipment-Information	\$270.26
	3/15/2019	RMF8077	701	3/27/2019	TREND SMART PRO COMPLETE	10-015-53050	Computer Software-Information	\$1,292.85
	3/21/2019	RNZ2505	723	4/3/2019	APC UPS NETWORK MANAGEMENT CARD 2	10-015-57750	Small Equipment & Furniture-I	\$287.70
	3/25/2019	RPS7116	745	4/24/2019	CISCO 1M TYPE 1 STACK CABLES	10-015-57750	Small Equipment & Furniture-I	\$625.52
	Totals for CDW GOVERNMENT, INC.:							\$2,476.33
CENTERPOINT ENERGY (REL109)	3/4/2019	88796735 03/04/19	100830	3/13/2019	STATION 20 01/25/19-02/25/19	10-016-58800	Utilities-Facil	\$210.21
	3/8/2019	88589239 03/08/19	100830	3/13/2019	ADMIN 01/31/19-03/04/19	10-016-58800	Utilities-Facil	\$1,478.03
	3/13/2019	88820089 03/12/19	100894	3/20/2019	STATION 10 02/04/19-03/05/19	10-016-58800	Utilities-Facil	\$21.19
	3/19/2019	64013049610 3/19/19	100963	3/27/2019	STATION 45 02/12/19-03/12/19	10-016-58800	Utilities-Facil	\$20.22
	3/19/2019	98116148 03/19/19	100963	3/27/2019	STATION 14 02/11/19-03/13/19	10-016-58800	Utilities-Facil	\$44.98
	3/19/2019	64006986422 03/19/19	100963	3/27/2019	STATION 43 02/12/19-03/12/19	10-016-58800	Utilities-Facil	\$46.84
	3/29/2019	92013168 03/29/19	101051	4/3/2019	STATION 30 02/21/19-03/22/19	10-016-58800	Utilities-Facil	\$18.68
	Totals for CENTERPOINT ENERGY (REL109):							\$1,840.15
CENTRELEARN SOLUTIONS, LLC	3/5/2019	TSINV00000029582	679	3/20/2019	CENTRELEARN LMS WITH CONTENT MARCH 2019	10-009-58500	Training/Related Expenses-CE-	\$4,197.44
	Totals for CENTRELEARN SOLUTIONS, LLC:							\$4,197.44
CENTURY LINK (Phoenix)	3/19/2019	313194646 03/19/19	101052	4/3/2019	STATION 34 03/19/19-04/18/19	10-015-58310	Telephones-Service-Infoatio	\$208.01
	Totals for CENTURY LINK (Phoenix):							\$208.01

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CHAPA, IDA	3/7/2019	CHA030719	654	3/13/2019	MEETING/TRAINING BILL PAY 02.22.19	10-002-56100	Meeting Expenses-PA	\$52.60
							Totals for CHAPA, IDA:	\$52.60
CHARTER COMMUNICATIONS	3/1/2019	0040724030119	100831	3/13/2019	ACCT# 8522100100040724 STATION 26 3/11/19-4/10/19	10-016-58800	Utilities-Facil	\$97.20
	3/18/2019	0035377030819	100896	3/20/2019	ACCT# 8522 10 010 0035377 STATION 22 3/18/19-4/17/19	10-015-58310	Telephones-Service-Informatio	\$99.98
								\$197.18
							Totals for CHARTER COMMUNICATIONS:	
CHASE PEST CONTROL, INC.	3/8/2019	3851030819	702	3/27/2019	EXTERIOR COMMERICAL SERVICE-BI-MONTHLY	10-016-55600	Maintenance & Repairs-Buildir	\$155.00
	3/8/2019	2557030819	702	3/27/2019	EXTERIOR COMMERICAL SERVICE-BI-MONTHLY	10-016-55600	Maintenance & Repairs-Buildir	\$185.00
	3/8/2019	3844030819	702	3/27/2019	EXTERIOR COMMERICAL SERVICE-BI-MONTHLY	10-016-55600	Maintenance & Repairs-Buildir	\$155.00
	3/8/2019	2562030819	702	3/27/2019	EXTERIOR COMMERICAL SERVICE-BI-MONTHLY	10-016-55600	Maintenance & Repairs-Buildir	\$155.00
	3/8/2019	2558030819	702	3/27/2019	EXTERIOR COMMERICAL SERVICE-BI-MONTHLY	10-016-55600	Maintenance & Repairs-Buildir	\$235.00
	3/8/2019	11370030819	702	3/27/2019	EXTERIOR COMMERICAL SERVICE-BI-MONTHLY	10-016-55600	Maintenance & Repairs-Buildir	\$95.00
	3/8/2019	3845030819	702	3/27/2019	EXTERIOR COMMERICAL SERVICE-BI-MONTHLY	10-016-55600	Maintenance & Repairs-Buildir	\$155.00
	3/11/2019	2555031119	702	3/27/2019	EXTERIOR COMMERCE SERVICE BI-MONTHLY	10-016-55600	Maintenance & Repairs-Buildir	\$155.00
	3/22/2019	20556032219	747	4/21/2019	EXTERIOR COMMERICAL SERVICE BI-MONTHLY	10-016-55600	Maintenance & Repairs-Buildir	\$200.00
	3/22/2019	3849032219	747	4/21/2019	EXTERIOR COMMERICAL SERVICE BI-MONTHLY	10-016-55600	Maintenance & Repairs-Buildir	\$95.00
	3/22/2019	2553032219	747	4/21/2019	EXTERIOR COMMERICAL SERVICE BI-MONTHLY	10-016-55600	Maintenance & Repairs-Buildir	\$155.00
	3/22/2019	2554032219	747	4/21/2019	EXTERIOR COMMERICAL SERVICE BI-MONTHLY	10-016-55600	Maintenance & Repairs-Buildir	\$155.00
	3/22/2019	2561032219	747	4/21/2019	EXTERIOR COMMERICAL SERVICE BI-MONTHLY	10-016-55600	Maintenance & Repairs-Buildir	\$145.00
							Totals for CHASE PEST CONTROL, INC.:	\$2,040.00
CITY OF CONROE, WATER (1669)	3/5/2019	CIT030519	100764	3/6/2019	STATION 15 UTILITY SERVICE APPLICATION DEPOSIT	10-016-58800	Utilities-Facil	\$115.00
	3/20/2019	00491400000 03/20/19	100964	3/27/2019	ADMIIN 02/15/19-03/18/19	10-016-58800	Utilities-Facil	\$720.42
	3/29/2019	00720592000 03/29/19	101055	4/3/2019	STATION 10 01/25/19-02/26/19	10-016-58800	Utilities-Facil	\$88.44
							Totals for CITY OF CONROE, WATER (1669):	\$923.86
CITY OF SHENANDOAH	3/11/2019	APRIL 2019-011	100832	3/13/2019	RENT STATION 26	10-000-14900	Prepaid Expenses-BS	\$1,000.00
							Totals for CITY OF SHENANDOAH:	\$1,000.00
CLS TECHNOLOGY, INC	3/5/2019	SD2397	100897	3/20/2019	TECH RATE/REPAIR	10-016-55600	Maintenance & Repairs-Buildir	\$332.75
							Totals for CLS TECHNOLOGY, INC:	\$332.75
COBURN SUPPLY COMPANY, INC.	3/15/2019	501919328	703	3/27/2019	PRESSURE PIPE BE P20D	10-016-55600	Maintenance & Repairs-Buildir	\$198.00
							Totals for COBURN SUPPLY COMPANY, INC.:	\$198.00
COLONIAL LIFE	3/1/2019	E3387610 03/01/19	4430	3/13/2019	CONTROL NO. E3387610 PREMIUMS 02/01/19-02/28/19	10-000-21590	P/R-Premium Cancer/Accident-	\$8,445.02
							Totals for COLONIAL LIFE:	\$8,445.02

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COLORTECH DIRECT & IMPACT PRINTING	3/1/2019	20695	100898	3/20/2019	BUSINESS CARDS/MELISSA DUNCAN	10-008-57000	Printing Services-Matls. Mgmt.	\$50.00
	3/1/2019	20666	100834	3/13/2019	BUSINESS CARDS/JUSTIN EVANS	10-008-57000	Printing Services-Matls. Mgmt.	\$75.00
	3/18/2019	30156	101056	4/3/2019	BUSINESS CARDS/BOB BAGLEY	10-008-57000	Printing Services-Matls. Mgmt.	\$75.00
	3/27/2019	30200	101111	4/26/2019	BUSINESS CARDS/SANDY WAGNER	10-008-57000	Printing Services-Matls. Mgmt.	\$75.00
	3/27/2019	30174 \$75.00	101111	4/26/2019	BUSINESS CARDS/JOE FIORETTI	10-008-57000	Printing Services-Matls. Mgmt.	\$75.00
	3/27/2019	30167	101111	4/26/2019	BUSINESS CARDS FOR BOARD MEMBERS	10-008-57000	Printing Services-Matls. Mgmt.	\$375.00
	3/20/2019	30142	101056	4/3/2019	#10 WINDOW ENVELOPES	10-008-57000	Printing Services-Matls. Mgmt.	\$250.56
	Totals for COLORTECH DIRECT & IMPACT PRINTING:							<u>\$975.56</u>
COMCAST CORPORATION (POB 60533)	3/1/2019	0546356 03/01/19	100835	3/13/2019	ACCT# 8777702080546356 STATION 21 03/05/19-04/04/19	10-016-58800	Utilities-Facil	\$59.97
						10-015-58310	Telephones-Service-Informatio	\$107.77
	3/1/2019	0776359 03/01/19	100836	3/13/2019	ACCT# 8777702080776359 STATION 34 3/6/19-4/5/19	10-015-58310	Telephones-Service-Informatio	\$187.83
	Totals for COMCAST CORPORATION (POB 60533):							<u>\$355.57</u>
CONNECT YOUR CARE	3/1/2019	242160153	4424	3/1/2019	FLEXIBLE SPENDING ACCOUNT 02/22/19 - 02/28/19	10-000-21585	P/R-Flexible Spending-BS-BS	\$682.69
	3/8/2019	243058815	4425	3/8/2019	FLEXIBLE SPENDING ACCOUNT 03/01/19 - 03/07/19	10-000-21585	P/R-Flexible Spending-BS-BS	\$1,153.88
	3/11/2019	244231956	4431	3/11/2019	FSA PER EMPLOYEE MONTHLY ADMISTRATION & NEW EMPL	10-025-57100	Professional Fees-Human	\$64.38
	3/15/2019	244005538	4432	3/15/2019	FLEXIBLE SPENDING ACCOUNT 03/08/19 - 03/14/19	10-000-21585	P/R-Flexible Spending-BS-BS	\$3,413.24
	3/22/2019	245182518	4439	3/22/2019	FLEXIBLE SPENDING ACCOUNT 03/15/19 - 03/21/19	10-000-21585	P/R-Flexible Spending-BS-BS	\$571.25
	3/29/2019	245880599	4447	3/29/2019	FLEXIBLE SPENDING ACCOUNT 03/22/19 - 03/28/19	10-000-21585	P/R-Flexible Spending-BS-BS	\$1,205.57
	Totals for CONNECT YOUR CARE:							<u>\$7,091.01</u>
CONROE NOON LIONS CLUB	3/1/2019	103476	100899	3/20/2019	MEMBERSHIP MONTHLY DUE/BRETT ALLEN	10-001-54100	Dues/Subscriptions-Admin	\$55.00
	Totals for CONROE NOON LIONS CLUB:							<u>\$55.00</u>
CONROE REGIONAL MEDICAL CENTER	3/11/2019	APRIL 2019-019	100837	3/13/2019	STATION 90 LEASE	10-000-14900	Prepaid Expenses-BS	\$3,606.20
	Totals for CONROE REGIONAL MEDICAL CENTER:							<u>\$3,606.20</u>
CONROE WELDING SUPPLY, INC.	3/1/2019	C211566	655	3/13/2019	NITROUS OXIDE	10-008-56600	Oxygen & Gases-Mater	\$429.47
	3/1/2019	CT900137	655	3/13/2019	NITROUS OXIDE	10-008-56600	Oxygen & Gases-Mater	\$447.36
	3/11/2019	CT907414	680	3/20/2019	OXYGEN MEDICAL E C/O CYL	10-008-56600	Oxygen & Gases-Mater	\$135.40
	3/11/2019	CT907341	680	3/20/2019	OXYGEN MEDICAL E C/O CYL	10-008-56600	Oxygen & Gases-Mater	\$97.20
	3/11/2019	CT907449	680	3/20/2019	OXYGEN MEDICAL E C/O CYL	10-008-56600	Oxygen & Gases-Mater	\$126.60
	3/12/2019	CT907610	724	4/3/2019	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$190.20
	3/21/2019	CT908579	724	4/3/2019	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$98.20
	3/20/2019	CT906898	724	4/3/2019	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$117.80
	3/20/2019	CT908315	724	4/3/2019	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$136.40
	3/20/2019	CT908380	724	4/3/2019	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$117.80
	3/20/2019	CT908546	724	4/3/2019	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$107.00

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	3/18/2019	PS438460	724	4/3/2019	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$144.20
	3/18/2019	PS438461	724	4/3/2019	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$62.00
	3/18/2019	PS438462	724	4/3/2019	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$79.60
	3/19/2019	CT908349	724	4/3/2019	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$155.00
	3/11/2019	PH202926	724	4/3/2019	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$64.00
	3/11/2019	PS437719	724	4/3/2019	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$90.40
	3/7/2019	CT906826	724	4/3/2019	OXYGEN MEDICAL	10-008-56600	Oxygen & Gases-Mater	\$122.60
					Totals for CONROE WELDING SUPPLY, INC.:			\$2,721.23
CONSOLIDATED COMMUNICATIONS-LUF	3/1/2019	06060MCD-S-19060	100766	3/6/2019	ADMIN 03/01/2019-03/31/2019	10-015-58310	Telephones-Service-Informatio	\$211.78
					Totals for CONSOLIDATED COMMUNICATIONS-LUF:			\$211.78
CONSOLIDATED COMMUNICATIONS-TXU	3/1/2019	9365399272 03/01/19	100767	3/6/2019	ADMIN 03/01/2019-03/31/19	10-015-58310	Telephones-Service-Informatio	\$35.54
	3/16/2019	0009600146 03/16/19	100900	3/20/2019	ADMIN 03/16/2019-04/15/19	10-015-58310	Telephones-Service-Informatio	\$591.36
	3/19/2019	0009600539 03/19/19	100901	3/20/2019	ADMIN 03/16/19-04/15/19	10-015-58310	Telephones-Service-Informatio	\$287.66
	3/21/2019	9365393450 03/21/19	100966	3/27/2019	ADMIN 03/21/19-04/20/19	10-015-58310	Telephones-Service-Informatio	\$111.62
	3/21/2019	9365391160 03/21/19	101059	4/3/2019	ADMIN 03/21/19-04/20/19	10-015-58310	Telephones-Service-Informatio	\$7,376.67
					Totals for CONSOLIDATED COMMUNICATIONS-TXU:			\$8,402.85
COOLEY, CAMERON	3/28/2019	COO032819	101060	4/3/2019	MILEAGE REIMBURSEMENT 02/17/19-03/17/19	10-010-56200	Mileage Reimbursements-Fleet	\$296.96
					Totals for COOLEY, CAMERON:			\$296.96
CROCKER, JAMES KEVIN	3/15/2019	CRO031519	100902	3/20/2019	WELLNESS PROGRAM/MASSAGE X 1	10-025-54350	Employee Health\Wellness-Hur	\$25.00
					Totals for CROCKER, JAMES KEVIN:			\$25.00
CROWN PAPER AND CHEMICAL	3/8/2019	121627	704	3/27/2019	STATION SUPPLIES	10-008-57900	Station Supplies-Mater	\$247.05
	3/12/2019	121701 B/O	704	3/27/2019	STATION SUPPLIES	10-008-57900	Station Supplies-Mater	\$46.14
	3/26/2019	122068	750	4/25/2019	STATION SUPPLIES	10-008-57900	Station Supplies-Mater	\$310.58
					Totals for CROWN PAPER AND CHEMICAL:			\$603.77
CULLIGAN OF HOUSTON	3/1/2019	1244507	100839	3/13/2019	CI SVC CONT - LEVEL 3	10-016-55600	Maintenance & Repairs-Buildir	\$299.00
	3/17/2019	1253158	101061	4/3/2019	CI SVC - LEVEL 3 FOR SERV. FROM 04/01/19-04/30/19	10-000-14900	Prepaid Expenses-BS	\$299.00
					Totals for CULLIGAN OF HOUSTON:			\$598.00
DAILEY WELLS COMMUNICATION INC.	3/13/2019	19CC020804	705	3/27/2019	NETCLOCK, GPS MASTER CLOCKS	10-004-57750	Small Equipment & Furniture-F	\$11,335.00
						10-015-57750	Small Equipment & Furniture-I	\$11,335.00
	3/14/2019	00065131	725	4/3/2019	RADIO REPAIR S/N 96012844	10-004-57200	Radio Repairs - Outsourced (D	\$100.00
	3/14/2019	00065129	725	4/3/2019	RADIO REPAIR S/N 96012848	10-004-57200	Radio Repairs - Outsourced (D	\$100.00
	3/1/2019	00064667	725	4/3/2019	RADIO REPAIR S/N A40300003616	10-004-57200	Radio Repairs - Outsourced (D	\$480.08
	3/18/2019	00064866	725	4/3/2019	RADIO REPAIR S/N A40300003584	10-004-57200	Radio Repairs - Outsourced (D	\$480.00

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	3/27/2019	19CC022513	751	4/26/2019	KIT, XL-200P STANDARD KNOB & EMERGENCY BUTTON HARD	10-004-57225	Radio Repair - Parts-Radio	\$80.12
					Totals for DAILEY WELLS COMMUNICATION INC.:			\$23,910.20
DARST, THOMAS J	3/5/2019	DAR030519	100769	3/6/2019	PER DIEM/TX PUBLIC SAFETY CONFERENCE 03/31/19-04/03/19	10-006-53150	Conferences - Fees, Travel, & 1	\$153.50
					Totals for DARST, THOMAS J:			\$153.50
DEARBORN NATIONAL LIFE INS CO	3/1/2019	F021753 03/01/19	4434	3/13/2019	LIFE/DISABILITY/03/01/19-03/31/19	10-025-51710	Health Insurance Claims-Huma	\$19,349.24
					Totals for DEARBORN NATIONAL LIFE INS CO:			\$19,349.24
DEMONTROND	3/29/2019	CM216433			CREDIT/PO 50167	10-010-59050	Vehicle-Parts-Fleet	(\$40.00)
	3/29/2019	CM214281			CREDIT/PO 49599	10-010-59050	Vehicle-Parts-Fleet	(\$120.00)
	3/29/2019	CM221137			CREDIT	10-010-59050	Vehicle-Parts-Fleet	(\$40.00)
	3/29/2019	CM221085			CREDIT	10-010-59050	Vehicle-Parts-Fleet	(\$55.00)
	3/29/2019	CM220133			CREDIT	10-010-59050	Vehicle-Parts-Fleet	(\$40.00)
	3/29/2019	CM220511			CREDIT	10-010-59050	Vehicle-Parts-Fleet	(\$40.00)
	3/29/2019	CM212482A			CREDIT/PO 49056	10-010-59050	Vehicle-Parts-Fleet	(\$40.00)
	3/29/2019	CM219393			CREDIT/PO 50855	10-010-59050	Vehicle-Parts-Fleet	(\$40.00)
	3/5/2019	221085	100904	3/20/2019	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$3,746.19
						10-010-56500	Other Services-Fleet	\$91.14
	3/5/2019	221087	100904	3/20/2019	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$176.00
	3/12/2019	221448	100969	3/27/2019	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$289.26
	3/6/2019	221137	100904	3/20/2019	VHEICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$3,386.64
	3/6/2019	221196	100904	3/20/2019	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$477.40
	3/12/2019	221464	100969	3/27/2019	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,458.60
	3/8/2019	221356	100969	3/27/2019	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$126.72
	3/8/2019	221280	100969	3/27/2019	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$18.37
	3/6/2019	221143	100904	3/20/2019	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$508.15
	3/6/2019	221158	100904	3/20/2019	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$905.08
	3/19/2019	221823	101062	4/3/2019	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$231.50
	3/25/2019	222130	101117	4/24/2019	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,974.50
	3/23/2019	222074	101117	4/22/2019	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$3,659.95
	3/28/2019	222305	101117	4/27/2019	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$2,394.74
	3/23/2019	222075	101118	4/22/2019	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$2,520.32
	3/26/2019	222227	101118	4/25/2019	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$387.20
	3/26/2019	222172	101118	4/25/2019	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,225.70
					Totals for DEMONTROND:			\$23,162.46
DICKSON, ROBERT DR. (MEDICAL DIRECTOR)	3/22/2019	DIC032219	100971	3/27/2019	TRAVEL EXPENSE/EAGLES CONFERENCE 02/28/19-03/02/19	10-009-53150	Conferences - Fees, Travel, & 1	\$33.88
					Totals for DICKSON, ROBERT DR. (MEDICAL DIRECTOR):			\$33.88

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DONUT JUNKIE, LLC	3/1/2019	90	100972	3/27/2019	EMPLOYEE APPRECIATION WEEK	10-000-14900	Prepaid Expenses-BS	\$529.00
							Totals for DONUT JUNKIE, LLC:	\$529.00
ELITE ERGONOMICS LLC	3/8/2019	15-02-1152	100974	3/27/2019	3 IRONHORSE 4000HD BLACK LEATHER	10-006-57750	Small Equipment & Furniture-F	\$5,369.27
							Totals for ELITE ERGONOMICS LLC:	\$5,369.27
ELLIOTT, BRANDON	3/6/2019	ELL030619	608	3/6/2019	PER DIEM/TX PUBLIC SAFETY CONFERENCE 03/31/19-04/03/19	10-006-53150	Conferences - Fees, Travel, & I	\$153.50
							Totals for ELLIOTT, BRANDON:	\$153.50
EMS SURVEY TEAM	3/13/2019	1013	706	3/27/2019	MCHD MAILED SURVERY-S-FEBRUARY 2019	10-009-53550	Customer Relations-OMD	\$3,104.40
							Totals for EMS SURVEY TEAM:	\$3,104.40
EMSCHARTS, INC	3/7/2019	1903-C2782-1	681	3/20/2019	EMSCHARTS BASE FEE 03/2019	10-009-53050	Computer Software-OMD	\$951.00
							Totals for EMSCHARTS, INC:	\$951.00
ENTERGY TEXAS, LLC	3/1/2019	110005786813	100772	3/6/2019	ROBINSON RD TOWER 01/26/18-02/26/19	10-004-58800	Utilities-Radio	\$30.83
	3/5/2019	120004399588	100841	3/13/2019	ADMIN 01/29/19-02/27/19	10-016-58800	Utilities-Facil	\$10,641.57
	3/5/2019	425003536698	100842	3/13/2019	STATION 32 01/29/19-03/01/19	10-016-58800	Utilities-Facil	\$648.63
	3/11/2019	30006413484	100905	3/20/2019	STATION 14 01/31/19-03/06/19	10-016-58800	Utilities-Facil	\$177.04
	3/13/2019	80005713316	100906	3/20/2019	STATION 20 02/06/19-03/07/19	10-016-58800	Utilities-Facil	\$675.53
	3/18/2019	345003996443	100975	3/27/2019	STATION 30 02/07/19-03/11/19	10-016-58800	Utilities-Facil	\$742.51
	3/19/2019	370002869348	100976	3/27/2019	THOMPSON TOWER 02/13/19-03/15/19	10-004-58800	Utilities-Radio	\$435.47
	3/20/2019	440002394326	100977	3/27/2019	STATION 31 02/11/19-03/14/19	10-016-58800	Utilities-Facil	\$317.67
	3/20/2019	60005878175	100978	3/27/2019	SPLENDOR TOWER 02/11/19-03/14/19	10-004-58800	Utilities-Radio	\$426.67
	3/22/2019	115005381198	100979	3/27/2019	STATION 10 02/15/19-03/20/19	10-016-58800	Utilities-Facil	\$788.85
	3/22/2019	510001367159	100980	3/27/2019	STATION 43 02/13/19-03/18/19	10-016-58800	Utilities-Facil	\$276.21
	3/25/2019	145005289470	101064	4/3/2019	STATION 44 02/18/2019-03/20/19	10-016-58800	Utilities-Facil	\$133.15
	3/26/2019	380002895624	101065	4/3/2019	GRANGERLAND TOWER 02/15/19-03/20/19	10-004-58800	Utilities-Radio	\$549.46
	Totals for ENTERGY TEXAS, LLC:							\$15,843.59
ESRI, INC.	3/1/2019	93600572	656	3/13/2019	/ARCGIS DESKTOP MAINTENANCE 5/27/19-5/26/20	10-000-14900	Prepaid Expenses-BS	\$15,500.00
							Totals for ESRI, INC.:	\$15,500.00
FIORETTI, JOSEPH	3/20/2019	FIO032019	707	3/27/2019	WELLNESS PROGRAM/CAMP GLADIATOR-PERSONAL TRAININ	10-025-54350	Employee Health\Wellness-Hu	\$29.00
							Totals for FIORETTI, JOSEPH:	\$29.00
FIRE STATION OUTFITTERS, LLC	3/7/2019	19-4708-O	708	3/27/2019	OUTFITTER ROCKER RECLINER	10-016-57750	Small Equipment & Furniture-F	\$690.00
							Totals for FIRE STATION OUTFITTERS, LLC:	\$690.00
FRAZER, LTD.	3/7/2019	69729	709	3/27/2019	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$354.78

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	3/16/2019	69837	726	4/3/2019	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$22.38
							Totals for FRAZER, LTD.:	\$377.16
GALLS, LLC dba MILLER UNIFORMS	3/1/2019	012065866	100844	3/13/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$139.00
	3/1/2019	012065869	100844	3/13/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$52.50
	3/5/2019	012126219	100909	3/20/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$103.00
	3/5/2019	012126218	100909	3/20/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$103.00
	3/6/2019	012137196	100909	3/20/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$47.99
	3/1/2019	012089020	100909	3/20/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$40.00
	3/7/2019	012148655	100909	3/20/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$565.45
	3/7/2019	012148656	100909	3/20/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$728.45
	3/7/2019	012148657	100909	3/20/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$382.45
	3/7/2019	012148654	100909	3/20/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$305.95
	3/3/2019	012148658	100909	3/20/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$332.95
	3/7/2019	012148659	100909	3/20/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$425.45
	3/7/2019	012148660	100909	3/20/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$20.00
	3/8/2019	012160111	100981	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$54.00
	3/8/2019	012160154	100981	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$99.00
	3/8/2019	012160155	100981	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$182.00
	3/8/2019	012160157	100981	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$118.50
	3/8/2019	012160113	100981	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$54.00
	3/8/2019	012160179	100981	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$89.99
	3/8/2019	012160180	100981	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$20.00
	3/8/2019	012160148	100981	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$450.45
	3/8/2019	012160135	100981	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$69.50
	3/1/2019	130611	100910	3/20/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$318.49
	3/1/2019	012040800	100910	3/20/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$311.99
	3/1/2019	011998780	100910	3/20/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$101.99
	3/6/2019	012137188	100910	3/20/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$191.96
	3/1/2019	012089022	100910	3/20/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$216.00
	3/7/2019	012148647	100910	3/20/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$99.00
	3/1/2019	012089016	100910	3/20/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$312.00
	3/7/2019	012148649	100910	3/20/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$70.00
	3/7/2019	012148650	100910	3/20/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$70.00
	3/5/2019	012126285	100910	3/20/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$99.00
	3/7/2019	012148646	100910	3/20/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$245.50
	3/14/2019	012215752	100981	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$20.00
	3/14/2019	012208308	100981	3/27/2019	UNIFORMS	10-008-58700	Uniforms-Matls. Mgmt.	\$239.95
	3/1/2019	011992846	100982	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$99.00
	3/13/2019	012197513	100982	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$20.00

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	3/1/2019	011816283	100982	3/27/2019	UNIFORMS	10-008-58700	Uniforms-Matls. Mgmt.	\$269.99
	3/13/2019	012197537	100982	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$76.50
	3/1/2019	124889	100982	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$62.50
	3/1/2019	124894	100982	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$84.50
	3/1/2019	122450	100982	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$17.99
	3/1/2019	119978	100982	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$146.50
	3/1/2019	117856	100982	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$306.00
	3/1/2019	118488	100982	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$23.00
	3/1/2019	130612	100982	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$318.49
						10-007-58700	Uniforms-EMS	\$35.28
	3/1/2019	129616	100983	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$507.00
	3/1/2019	122187	100983	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$950.00
	3/1/2019	117261	100983	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$76.50
	3/1/2019	120647	100983	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$51.00
	3/1/2019	126773	100983	3/27/2019	UNIFORMS	10-008-58700	Uniforms-Matls. Mgmt.	\$92.44
	3/1/2019	105519	100983	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$18.50
	3/1/2019	105699	100983	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$20.00
	3/1/2019	106554	100983	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$4.50
	3/1/2019	102355	100983	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$12.00
	3/1/2019	127002	100983	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$5.00
	3/1/2019	125380	100983	3/27/2019	UNIFORMS	10-008-58700	Uniforms-Matls. Mgmt.	\$129.95
	3/1/2019	122857	100984	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$173.00
	3/1/2019	120650	100984	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$20.00
	3/1/2019	118959	100984	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$13.50
	3/1/2019	118799	100984	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$284.00
	3/1/2019	117000	100984	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$20.00
	3/1/2019	116627	100984	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$9.00
	3/1/2019	126016	100984	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$4.50
	3/1/2019	126164	100984	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$6.50
	3/1/2019	126166	100984	3/27/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$9.00
	3/14/2019	012208299	101066	4/3/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$146.50
	3/14/2019	012208300	101066	4/3/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$76.50
	3/14/2019	012208287	101066	4/3/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$306.00
	3/14/2019	012208291	101066	4/3/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$422.50
	3/14/2019	012208304	101066	4/3/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$208.90
	3/14/2019	012208298	101066	4/3/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$99.95
	3/1/2019	012040810	101066	4/3/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$26.00
	3/1/2019	012089021	101066	4/3/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$76.50
	3/1/2019	012089018	101066	4/3/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$156.00
	3/1/2019	012089017	101066	4/3/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$208.50

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	3/1/2019	012108688	101066	4/3/2019	UNIFORMS	10-007-58700	Uniforms-EMS	\$70.00
						Totals for GALLS, LLC dba MILLER UNIFORMS:		\$12,343.00
GLASS AND MIRROR OF THE WOODLANDS, IN	3/19/2019	085668	727	4/3/2019	WINDSHIELD	10-010-59000	Vehicle-Outside Services-Fleet	\$229.00
						Totals for GLASS AND MIRROR OF THE WOODLANDS, INC.:		\$229.00
GLAXOSMITHKLINE FINANCIAL, INC.	3/1/2019	8252700278	100845	3/13/2019	ENGERIX-B VACCINES FOR MCHD EMPLOYEES	10-009-54000	Drug Supplies-OMD	\$5,778.60
						Totals for GLAXOSMITHKLINE FINANCIAL, INC.:		\$5,778.60
GLOBAL INDUSTRIAL INC	3/26/2019	114084828	101126	4/25/2019	MESH STACKING CHAIRS	10-016-57750	Small Equipment & Furniture-F	\$3,459.86
						Totals for GLOBAL INDUSTRIAL INC:		\$3,459.86
GRAINGER	3/6/2019	9107544919	100911	3/20/2019	STATION SUPPLIES	10-008-57900	Station Supplies-Mater	\$25.08
	3/25/2019	9126619825	101128	4/24/2019	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$174.72
						Totals for GRAINGER:		\$199.80
GRAYBAR	3/20/2019	9309194924	101067	4/3/2019	CHATSWORTH PRODUCTS PANEL ADAPTER	10-004-57750	Small Equipment & Furniture-F	\$314.10
						Totals for GRAYBAR:		\$314.10
GREAT SOUTHWEST PAPER CO., INC	3/4/2019	585766	683	3/20/2019	STATION SUPPLIES	10-008-57900	Station Supplies-Mater	\$393.92
	3/6/2019	585768	683	3/20/2019	STATION SUPPLIES	10-008-57900	Station Supplies-Mater	\$393.92
	3/22/2019	587761	754	4/21/2019	STATION SUPPLIES	10-008-57900	Station Supplies-Mater	\$164.25
	3/28/2019	587761-01	754	4/27/2019	STATION SUPPLIES	10-008-57900	Station Supplies-Mater	\$383.25
						Totals for GREAT SOUTHWEST PAPER CO., INC:		\$1,335.34
GREER, NIKKI	3/20/2019	GRE032019	710	3/27/2019	WELLNESS PROGRAM/MASSAGE X 3	10-025-54350	Employee Health\Wellness-Hu	\$75.00
						Totals for GREER, NIKKI:		\$75.00
HANCOCK, JOHN E	3/21/2019	HAN032119	100986	3/27/2019	WELLNESS PROGRAM/GYM MEMBERSHIP - 1 MONTH	10-025-54350	Employee Health\Wellness-Hu	\$25.00
						Totals for HANCOCK, JOHN E:		\$25.00
HARRIS CORPORATION - PSPC	3/5/2019	93311819	684	3/20/2019	WSBU-REPAIR AND RETURN	10-004-57200	Radio Repairs - Outsourced (D	\$960.16
						Totals for HARRIS CORPORATION - PSPC:		\$960.16
HEALTH CARE LOGISTICS, INC	3/12/2019	7053695	100987	3/27/2019	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-N	\$1,144.48
						Totals for HEALTH CARE LOGISTICS, INC:		\$1,144.48
HEBREWS COMMUNITY COFFEE LLC	3/20/2019	251	100989	3/27/2019	DEPOSIT FOR GOURMET COFFEE DRIP FOR EMPLOYEE APPRE	10-000-14900	Prepaid Expenses-BS	\$375.00
						Totals for HEBREWS COMMUNITY COFFEE LLC:		\$375.00

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HEINRICH, MEAGAN	3/29/2019	HEI032919	101069	4/3/2019	UNIFORM ALTERATIONS	10-007-58700	Uniforms-EMS	\$235.99
							Totals for HEINRICH, MEAGAN:	\$235.99
HENRY SCHEIN, INC.-MATRX MEDICAL	3/5/2019	62846280	100914	3/20/2019	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-OMD	\$769.66
						10-008-53900	Disposable Medical Supplies-N	\$669.54
	3/11/2019	63081701	100990	3/27/2019	MEDICAL SUPPLIES	10-009-54000	Drug Supplies-OMD	\$373.23
						10-008-53900	Disposable Medical Supplies-N	\$378.11
	3/21/2019	63388302	101070	4/3/2019	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-N	\$57.36
	3/20/2019	63361057	101070	4/3/2019	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-N	\$116.16
	3/22/2019	63468370	101129	4/21/2019	DRUM MEDICAL SUPPLIES	10-009-54000	Drug Supplies-OMD	\$284.96
	3/22/2019	63475627	101129	4/21/2019	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-N	\$707.72
							Totals for HENRY SCHEIN, INC.-MATRX MEDICAL:	\$3,389.74
HERNANDEZ, JESSICA	3/29/2019	HER032919	728	4/3/2019	MILEAGE REIMBURSEMENT 03/18/19-03/28/19	10-005-56200	Mileage Reimbursements-Acco	\$28.24
							Totals for HERNANDEZ, JESSICA:	\$28.24
HERRING, ASHTON	3/7/2019	HER030719	658	3/13/2019	MILEAGE REIMBURSEMENT 02/27/19-02/28/19	10-009-56200	Mileage Reimbursements-OME	\$18.79
	3/7/2019	HER030719 \$151.26	658	3/13/2019	MILEAGE REIMBURSEMENT 02/01/19-02/26/19	10-009-56200	Mileage Reimbursements-OME	\$151.26
	3/29/2019	HER032919	728	4/3/2019	MILEAGE REIMBURSEMENT 03/07/19-03/28/19	10-009-56200	Mileage Reimbursements-OME	\$30.10
							Totals for HERRING, ASHTON:	\$200.15
HICKMOTT, THOMAS	3/11/2019	HIC031119	100847	3/13/2019	WELLNESS PROGRAM/MASSAGE X 2/GYM X 2	10-025-54350	Employee Health/Wellness-Hu	\$100.00
							Totals for HICKMOTT, THOMAS:	\$100.00
HIGDON CONSTRUCTION	3/4/2019	HIG030419	100779	3/6/2019	CHECK DEPOSITED IN MCHD EMS IN ERROR	10-000-21000	Accrued Expenditures-BS	\$471.16
							Totals for HIGDON CONSTRUCTION:	\$471.16
HR IN ALIGNMENT, LLC	3/21/2019	APRIL 2019	100992	3/27/2019	HR CONSULTING FEE FOR APRIL 2019	10-000-14900	Prepaid Expenses-BS	\$750.00
							Totals for HR IN ALIGNMENT, LLC:	\$750.00
HUDSON & O'LEARY, LLP	3/1/2019	MARCH 2019-001	612	3/6/2019	MONTHLY FLAT FEE FOR LEGAL SERVICES	10-001-55500	Legal Fees-Admin	\$5,000.00
							Totals for HUDSON & O'LEARY, LLP:	\$5,000.00
IBRAHIM, SYED	3/29/2019	IBR032919	101071	4/3/2019	WELLNESS PROGRAM/MASSAGE X 1	10-025-54450	Employee Recognition-Human	\$25.00
							Totals for IBRAHIM, SYED:	\$25.00
INDEPENDENCE MEDICAL	3/25/2019	57817691	101131	4/24/2019	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-N	\$1,152.00
							Totals for INDEPENDENCE MEDICAL:	\$1,152.00
INDIGENT HEALTHCARE SOLUTIONS	3/2/2019	67586	613	3/6/2019	FEBRUARY 2019 POWER SEARCH SERVICES	10-002-57100	Professional Fees-PA	\$200.00

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	3/1/2019	67522	659	3/13/2019	PROFESSIONAL SERVICES FOR APRIL 2019	10-000-14900	Prepaid Expenses-BS	\$12,676.27
						Totals for INDIGENT HEALTHCARE SOLUTIONS:		\$12,876.27
INNOVATION PRODUCTS, INC.	3/1/2019	17328	100917	3/20/2019	MAGNETIC MICS	10-004-57750	Small Equipment & Furniture-F	\$1,121.85
						Totals for INNOVATION PRODUCTS, INC.:		\$1,121.85
IT REMARKETING, INC dba TECHNOCYCLE	3/1/2019	106767	100994	3/27/2019	NAID CERTIFIED ONSITE DRIVE DESTRUCTION	10-015-58800	Utilities-Information Technolog	\$1,560.00
						Totals for IT REMARKETING, INC dba TECHNOCYCLE:		\$1,560.00
JACKSON, RICHARD	3/1/2019	JAC030119	100780	3/6/2019	PER DIEM/CENTRALSQUARE 2019 3/17-3/20 2019	10-006-53150	Conferences - Fees, Travel, & F	\$123.50
	3/22/2019	JAC032219	100995	3/27/2019	MILEAGE REIMB/CENTRALSQUARE 2019 3/17-3/20 2019	10-006-53150	Conferences - Fees, Travel, & F	\$267.96
						Totals for JACKSON, RICHARD:		\$391.46
JAMES, ROBERT	3/11/2019	APRIL 2019-024	100849	3/13/2019	STATION 44	10-000-14900	Prepaid Expenses-BS	\$1,201.00
						Totals for JAMES, ROBERT:		\$1,201.00
JEP TELECOM LICENSING SERVICES	3/1/2019	02282019-MCHD	685	3/20/2019	LICENSING WORK FOR EDACS TO P25 SYSTEM	10-004-57100	Professional Fees-Radio	\$8,025.00
						Totals for JEP TELECOM LICENSING SERVICES:		\$8,025.00
JP MORGAN CHASE BANK	3/5/2019	0003 6741 03/05/19	4440	3/19/2019	JPM CREDIT CARD TRANSACTION MARCH 2019	10-000-14900	Prepaid Expenses-BS	\$150.00
						10-001-53150	Conferences - Fees, Travel, & F	\$551.03
						10-001-55900	Meals - Business and Travel-Ac	\$57.00
						10-039-58500	Training/Related Expenses-CE-	\$385.00
						10-002-56100	Meeting Expenses-PA	\$59.98
						10-002-56900	Postage-PA	\$204.00
						10-005-54450	Employee Recognition-Accou	\$75.00
						10-006-53150	Conferences - Fees, Travel, & F	\$460.96
						10-007-53150	Conferences - Fees, Travel, & F	\$2,657.23
						10-008-58700	Uniforms-Matls. Mgmt.	\$138.12
						10-008-56900	Postage-Meter	\$312.45
						10-008-57900	Station Supplies-Mater	\$890.33
						10-009-52700	Business Licenses-OMD	\$725.00
						10-009-53150	Conferences - Fees, Travel, & F	\$2,025.34
						10-009-54100	Dues/Subscriptions-OMD	\$445.00
						10-009-54200	Durable Medical Equipment-Ol	\$466.99
						10-010-57700	Shop Tools-Fleet	\$69.98
						10-010-57750	Small Equipment & Furniture-F	\$51.93
						10-010-58600	Travel Expenses-Fleet	\$1,558.19
						10-010-59100	Vehicle-Registration-Fleet	\$58.50
						10-011-54100	Dues/Subscriptions-EMS B	\$500.00

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						10-015-53050	Computer Software-Information	\$6,734.95
						10-015-58310	Telephones-Service-Informatio	\$153.96
						10-016-55600	Maintenance & Repairs-Buildir	\$1,342.33
						10-016-55600	Maintenance & Repairs-Buildir	\$135.07
						10-016-57725	Shop Supplies-Facil	\$458.10
						10-016-58800	Utilities-Facil	\$5,641.49
						10-025-54100	Dues/Subscriptions-Human	\$189.00
						10-025-54350	Employee Health\Wellness-Hui	\$241.84
						10-000-14900	Prepaid Expenses-BS	\$1,000.00
						10-025-54450	Employee Recognition-Human	\$59.50
						10-000-14900	Prepaid Expenses-BS	\$70.00
						10-025-54450	Employee Recognition-Human	\$94.97
						10-025-57300	Recruit/Investigate-Human	\$687.52
						10-026-57100	Professional Fees-Recor	\$76.00
						10-025-54450	Employee Recognition-Human	\$74.26
						10-039-53150	Conferences - Fees, Travel, & 1	\$385.00
						10-000-14900	Prepaid Expenses-BS	\$239.34
						10-025-54450	Employee Recognition-Human	\$18.95
						10-009-52600	Books/Materials-OMD	\$195.00
						10-000-14900	Prepaid Expenses-BS	\$499.64
Totals for JP MORGAN CHASE BANK:								\$30,138.95
KOLOR KOATED, INC.	3/7/2019	16400	711	3/27/2019	GOLD 7/16" SMOOTH STARS, CLUTCH BACK	10-007-58700	Uniforms-EMS	\$772.00
	3/14/2019	16401	731	4/3/2019	PARAMEDIC BADGES	10-007-58700	Uniforms-EMS	\$2,871.60
	Totals for KOLOR KOATED, INC.:							\$3,643.60
LAERDAL MEDICAL CORP.	3/5/2019	2019/2000019206	686	3/20/2019	BLS RENEWAL COURSE DVD	10-009-52600	Books/Materials-OMD	\$131.85
						Totals for LAERDAL MEDICAL CORP.:		\$131.85
LAKE SOUTH WATER SUPPLY CORPORATION	3/25/2019	1000019000 03/25/19	101073	4/3/2019	STATION 45 02/15/19-03/14/19	10-016-58800	Utilities-Facil	\$356.03
						Totals for LAKE SOUTH WATER SUPPLY CORPORATION:		\$356.03
LEE, KEVIN	3/19/2019	LEE031919	100919	3/20/2019	TRAVEL EXPENSE & MILEAGE REIMBURSEMENT 3/2-3/3 2019	10-010-53150	Conferences - Fees, Travel, & 1	\$60.00
						10-010-56200	Mileage Reimbursements-Fleet	\$21.81
						Totals for LEE, KEVIN:		\$81.81
LEXISNEXIS RISK DATA MGMT, INC	3/1/2019	1171610-20190228	100998	3/27/2019	OFFICIAL RECORDS SEARCH 02/01/19-02/28/19	10-011-52900	Collection Fees-Bill	\$1,083.25
						10-002-57100	Professional Fees-PA	\$649.00
						Totals for LEXISNEXIS RISK DATA MGMT, INC:		\$1,732.25

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LIFE-ASSIST, INC.	3/1/2019	904515	100853	3/13/2019	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-M	\$7,980.20
	3/7/2019	905822	100920	3/20/2019	DME MEDICAL SUPPLIES	10-009-54200	Durable Medical Equipment-OI	\$800.00
	3/5/2019	905250	100920	3/20/2019	DRUG SUPPLIES	10-009-54000	Drug Supplies-OMD	\$595.00
	3/6/2019	905634	100920	3/20/2019	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-M	\$215.80
	3/14/2019	908018	100999	3/27/2019	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-M	\$57.50
	3/13/2019	907908	100999	3/27/2019	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-M	\$1,861.00
	3/25/2019	910198	101133	4/24/2019	MANUAL JET VENTILATOR	10-009-54200	Durable Medical Equipment-OI	\$840.00
Totals for LIFE-ASSIST, INC.:								\$12,349.50
LIFESTYLES MEDIA GROUP, LLC	3/1/2019	H120731	100854	3/13/2019	UPDATES & ADDITONS/CHANGES	10-015-57100	Professional Fees-Information	\$316.00
	Totals for LIFESTYLES MEDIA GROUP, LLC:							\$316.00
LIGHTHOUSE UNIFORMS, INC.	3/1/2019	LIG030119	100750	3/1/2019	DRESS UNIFORMS	10-007-58700	Uniforms-EMS	\$6,481.49
	Totals for LIGHTHOUSE UNIFORMS, INC.:							\$6,481.49
LINEBARGER GOGGAN BLAIR & SAMPSON, LI	3/7/2019	EMMOR01 03-07-19	101074	4/3/2019	GROSS COLLECTIONS FEE FEB 2019	10-011-52900	Collection Fees-Bill	\$10,277.71
	Totals for LINEBARGER GOGGAN BLAIR & SAMPSON, LLP:							\$10,277.71
LIPPE, DEVIN	3/5/2019	WOM030519	614	3/6/2019	WELLNESS PROGRAM/GYM MEMBERSHIP X 2	10-025-54350	Employee Health/Wellness-Hur	\$50.00
	Totals for LIPPE, DEVIN:							\$50.00
LIQUIDSPRING LLC	3/12/2019	0026656-IN	101000	3/27/2019	12V MOTOR FOR SHOP 30	10-010-59050	Vehicle-Parts-Fleet	\$129.31
	Totals for LIQUIDSPRING LLC:							\$129.31
MALOUF ENGINEERING INT'L, INC	3/1/2019	1902212VO	660	3/13/2019	PERFORM A STRUCTURAL ANALYSIS	10-004-57100	Professional Fees-Radio	\$7,700.00
	Totals for MALOUF ENGINEERING INT'L, INC:							\$7,700.00
MARTIN, ANTHONY DAVIS	3/1/2019	MAR021319	661	3/13/2019	TACTIAL MEDIC CERTIFICATION EXAM REIMBURSEMENT 02/1	10-007-58500	Training/Related Expenses-CE-	\$385.00
	Totals for MARTIN, ANTHONY DAVIS:							\$385.00
MARTIN, DISIERE, JEFFERSON & WISDOM, LLI	3/20/2019	167304	101075	4/3/2019	ATTORNEY FEES 02/15/19	10-025-55500	Legal Fees-Human	\$32.50
	3/20/2019	167303	101075	4/3/2019	ATTORNEY FEES 02/04/19-02/21/19	10-025-55500	Legal Fees-Human	\$2,600.00
	Totals for MARTIN, DISIERE, JEFFERSON & WISDOM, LLP:							\$2,632.50
MCKESSON GENERAL MEDICAL CORP.	3/1/2019	48231300			CREDIT/47763332	10-008-53900	Disposable Medical Supplies-M	(\$440.68)
	3/4/2019	48634055	100921	3/20/2019	DME MEDCIAL SUPPLIES	10-009-54200	Durable Medical Equipment-OI	\$409.95
	3/5/2019	48840427	100921	3/20/2019	DRUG/MEDICAL SUPPLIES	10-009-54000	Drug Supplies-OMD	\$685.50
						10-008-53900	Disposable Medical Supplies-M	\$1,073.02
	3/11/2019	49270284	101002	3/27/2019	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-M	\$115.60
	3/5/2019	48796267	100921	3/20/2019	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-M	\$9.64

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	3/14/2019	49610297	101002	3/27/2019	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-N	\$57.94
	3/11/2019	49307500	101002	3/27/2019	DRUG/MEDICAL SUPPLIES	10-009-54000	Drug Supplies-OMD	\$993.98
						10-008-53900	Disposable Medical Supplies-N	\$701.99
	3/14/2019	49633642	101002	3/27/2019	DRUG/MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-N	\$374.70
						10-009-54000	Drug Supplies-OMD	\$102.45
	3/14/2019	49570777	101002	3/27/2019	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-N	\$317.30
	3/14/2019	49559722	101002	3/27/2019	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-N	\$250.80
	3/15/2019	49719930	101002	3/27/2019	DRUG SUPPLIES	10-009-54000	Drug Supplies-OMD	\$729.76
						10-009-54000	Drug Supplies-OMD	\$8.00
	3/21/2019	50134196	101076	4/3/2019	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-N	\$31.53
	3/1/2019	47763332	101002	3/27/2019	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-N	\$604.84
	3/22/2019	50227377	101136	4/21/2019	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-N	\$253.11
						10-008-53900	Disposable Medical Supplies-N	\$8.00
						Totals for MCKESSON GENERAL MEDICAL CORP.:		\$6,287.43
MCNEIL, RHONDA TUCKER SENTON	3/26/2019	NCN032619	101003	3/27/2019	GROUP CRISIS INTERVENTION CLASS 03.18 - 03.19	10-009-58500	Training/Related Expenses-CE-	\$271.02
						Totals for MCNEIL, RHONDA TUCKER SENTON:		\$271.02
MED ONE EQUIPMENT SERVICES LLC	3/1/2019	ES10705	687	3/20/2019	ALARIS TUBING SET	10-008-53900	Disposable Medical Supplies-N	\$3,400.00
						10-008-53900	Disposable Medical Supplies-N	\$70.00
						Totals for MED ONE EQUIPMENT SERVICES LLC:		\$3,470.00
MEDLINE INDUSTRIES, INC	3/12/2019	1872048854	101004	3/27/2019	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-N	\$232.16
	3/22/2019	1872945511	101138	4/22/2019	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-N	\$1,844.97
						Totals for MEDLINE INDUSTRIES, INC:		\$2,077.13
MEDTIME	3/15/2019	00038	732	4/3/2019	TRANSPORTATION SERVICES 02/18/19-03/15/19	10-039-56500	Other Services-Param	\$630.00
						Totals for MEDTIME:		\$630.00
MID-SOUTH SYNERGY	3/1/2019	313046001 03/01/19	100857	3/13/2019	STATION 45 01/24/19-02/24/19	10-016-58800	Utilities-Facil	\$212.00
						Totals for MID-SOUTH SYNERGY:		\$212.00
MILLER TOWING & RECOVERY, LLC	3/8/2019	19-953	100858	3/13/2019	TOW/HOOK FEE	10-010-59200	Vehicle-Towing-Fleet	\$250.00
						Totals for MILLER TOWING & RECOVERY, LLC:		\$250.00
MILSTEAD AUTOMOTIVE	3/1/2019	73256	100859	3/13/2019	TOW FEE	10-010-59200	Vehicle-Towing-Fleet	\$70.00
						Totals for MILSTEAD AUTOMOTIVE:		\$70.00
MONTGOMERY CENTRAL APPRAISAL DISTRICT	3/1/2019	2019-HMI 03/01/19	100922	3/20/2019	SALES000000000819002 QUARTERLY BILLING	10-001-53310	Contractual Obligations-County	\$73,073.44
						Totals for MONTGOMERY CENTRAL APPRAISAL DISTRICT:		\$73,073.44

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MONTGOMERY COUNTY COURTHOUSE (TURNBULL)	3/28/2019	MON032819	101078	4/3/2019	ESTATE FILING FEE 18-24620	10-011-55500	Legal Fees-Bill	\$10.00
					Totals for MONTGOMERY COUNTY COURTHOUSE (TURNBULL):			\$10.00
MONTGOMERY COUNTY ESD # 1, (STN 12)	3/11/2019	APRIL 2019-169	662	3/13/2019	STATION 12 RENT	10-000-14900	Prepaid Expenses-BS	\$1,100.00
					Totals for MONTGOMERY COUNTY ESD # 1, (STN 12):			\$1,100.00
MONTGOMERY COUNTY ESD #1 (STN 13)	3/11/2019	APRIL 2019-023	663	3/13/2019	STATION 13 RENT	10-000-14900	Prepaid Expenses-BS	\$1,100.00
					Totals for MONTGOMERY COUNTY ESD #1 (STN 13):			\$1,100.00
MONTGOMERY COUNTY ESD #10, STN 42	3/11/2019	APRIL 2019-146	100860	3/13/2019	STATION 42 RENT	10-000-14900	Prepaid Expenses-BS	\$950.00
					Totals for MONTGOMERY COUNTY ESD #10, STN 42:			\$950.00
MONTGOMERY COUNTY ESD #2	3/11/2019	APRIL 2019-003	100861	3/13/2019	STATION 47 RENT	10-000-14900	Prepaid Expenses-BS	\$1,000.00
	3/11/2019	MON031119	100862	3/13/2019	UTV SERVICES FOR THE WOODLANDS MARATHON 3/2/19	10-007-53330	Contractual Obligations- Other-	\$315.00
					Totals for MONTGOMERY COUNTY ESD #2:			\$1,315.00
MONTGOMERY COUNTY ESD #6, STN 34	3/11/2019	APRIL 2019-169	662	3/13/2019	STATION 34 RENT	10-000-14900	Prepaid Expenses-BS	\$900.00
					Totals for MONTGOMERY COUNTY ESD #6, STN 34:			\$900.00
MONTGOMERY COUNTY ESD #8, STN 21/22	3/11/2019	APRIL 2019-170	100864	3/13/2019	STATION 21 & 22 RENT	10-000-14900	Prepaid Expenses-BS	\$800.00
						10-000-14900	Prepaid Expenses-BS	\$800.00
	3/11/2019	SOU031119	100864	3/13/2019	UTV SERVICES FOR THE WOODLANDS MARATHON 3/2/19	10-007-53330	Contractual Obligations- Other-	\$450.00
					Totals for MONTGOMERY COUNTY ESD #8, STN 21/22:			\$2,050.00
MONTGOMERY COUNTY ESD #9, STN 33	3/11/2019	APRIL 2019-169	662	3/13/2019	STATION 33 RENT	10-000-14900	Prepaid Expenses-BS	\$850.00
	3/7/2019	1051	101005	3/27/2019	SERVICES FOR CANEY CREEKS ATV AT 3 PALMS	10-007-53330	Contractual Obligations- Other-	\$5,040.00
					Totals for MONTGOMERY COUNTY ESD #9, STN 33:			\$5,890.00
MONTGOMERY COUNTY ESD#3 (STNT 46)	3/11/2019	APRIL 2019-049	664	3/13/2019	RENT STATION 46	10-000-14900	Prepaid Expenses-BS	\$600.00
	3/29/2019	APRIL 2016 REISSUE	733	4/3/2019	STATION 46/REISSUE CK#86716	10-016-57500	Rent-Facil	\$600.00
					Totals for MONTGOMERY COUNTY ESD#3 (STNT 46):			\$1,200.00
MOORE MEDICAL CORP.	3/1/2019	41464663	100866	3/13/2019	MEDICAL/DRUG SUPPLIES	10-008-53900	Disposable Medical Supplies-M	\$737.31
						10-009-54000	Drug Supplies-OMD	\$208.08
					Totals for MOORE MEDICAL CORP.:			\$945.39
MOSLEY FIRE AND SAFETY, INC	3/14/2019	9940	712	3/27/2019	ANNUAL MAINTENANCE & RETAG OF FIRE EXTINGUISHERS	10-008-56600	Oxygen & Gases-Mater	\$83.50
					Totals for MOSLEY FIRE AND SAFETY, INC:			\$83.50

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MOSLEY, TYLER	3/1/2019	MOS02282019	665	3/13/2019	MILEAGE REIMBURSEMENT 02/28/2019	10-015-56200	Mileage Reimbursements-Infor	\$19.89
							Totals for MOSLEY, TYLER:	\$19.89
MUD #39	3/25/2019	10000901 03/25/19	101080	4/3/2019	STATION 20 02/18/19-03/19/19	10-016-58800	Utilities-Facil	\$71.39
							Totals for MUD #39:	\$71.39
NATIONWIDE INSURANCE DVM INSURANCE AGENCY (PET)	3/1/2019	DVM030119	100867	3/13/2019	VETERINARY PET INSURANCE GROUP 4620/FEB '19	10-000-21590	P/R-Premium Cancer/Accident	\$1,806.74
							Totals for NATIONWIDE INSURANCE DVM INSURANCE AGENCY (PET):	\$1,806.74
NAV CENTRAL LLC	3/1/2019	457	688	3/20/2019	MARCH 2019 -MANAGED CARE SERVICES-0 TO 300 PATIENTS	10-039-56500	Other Services-Param	\$8,191.16
							Totals for NAV CENTRAL LLC:	\$8,191.16
NETWORK TIGERS, INC.	3/1/2019	230760	666	3/13/2019	CISCO PWR 6000 DC POWER SUPPLY	10-015-57750	Small Equipment & Furniture-I	\$563.78
							Totals for NETWORK TIGERS, INC.:	\$563.78
NEW CANEY MUD	3/31/2019	1042526200 03/31/19	0	4/21/2019	STATION 30 02/20/19-03/18/19	10-016-58800	Utilities-Facil	\$29.29
							Totals for NEW CANEY MUD:	\$29.29
NEWBART PRODUCTS, INC.	3/6/2019	287539	100924	3/20/2019	COMPUTER SUPPLIES	10-002-53100	Computer Supplies/Non-Cap.-F	\$265.00
						10-002-53100	Computer Supplies/Non-Cap.-F	\$14.30
	3/8/2019	287539-1	101006	3/27/2019	COMPUTER SUPPLIES	10-002-53100	Computer Supplies/Non-Cap.-F	\$160.00
							Totals for NEWBART PRODUCTS, INC.:	\$439.30
OPTIMUM COMPUTER SOLUTIONS, INC.	3/1/2019	INV0000092144	689	3/20/2019	SERVICE LABOR	10-015-57100	Professional Fees-Information	\$11,097.50
	3/19/2019	INV0000092473	713	3/27/2019	CISCO STACKING CABLE	10-015-57750	Small Equipment & Furniture-I	\$664.80
	3/3/2019	INV0000092310	734	4/3/2019	SERVICE LABOR	10-015-57100	Professional Fees-Information	\$7,791.25
							Totals for OPTIMUM COMPUTER SOLUTIONS, INC.:	\$19,553.55
OPTIQUEST INTERNET SERVICES, INC.	3/18/2019	72140	690	3/20/2019	REGISTRATION/RENEWAL - SSL CERTIFICATE	10-015-52700	Business Licenses-Information	\$175.00
	3/18/2019	72139	691	3/20/2019	REGISTRATION/RENEWAL - SSL CERTIFICATE	10-015-52700	Business Licenses-Information	\$320.00
							Totals for OPTIQUEST INTERNET SERVICES, INC.:	\$495.00
OPTUM HEALTH BANK	3/12/2019	OPT031219	4435	3/22/2019	EMPLOYEE HSA ET FUNDING MARCH 2019	10-000-21595	P/R-Health Savings-BS-BS	\$9,006.26
	3/20/2019	OPT032019	4441	3/20/2019	EMPLOYEE HSA ET FUNDING FEB 2019-FUND 10	10-025-51700	Health & Dental-Human	\$1,875.00
	3/25/2019	OPT032519	4442	3/25/2019	EMPLOYEE HSA ET FUNDING MARCH 2019	10-000-21595	P/R-Health Savings-BS-BS	\$9,055.07
	3/29/2019	OPT032919-10	4450	3/29/2019	EMPLOYEE HSA ET FUNDING FEB 2019-FUND 10	10-025-51700	Health & Dental-Human	\$11,187.50
							Totals for OPTUM HEALTH BANK:	\$31,123.83
O'REILLY AUTO PARTS	3/4/2019	0408-199498	100925	3/20/2019	VEHICLE PARTS	10-010-59050	Vehicle-Parts-Fleet	\$1,092.78

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Totals for O'REILLY AUTO PARTS:								\$1,092.78
ORR SAFETY CORPORATION	3/1/2019	INV4557956	100869	3/13/2019	PRESCRIPTION SAFETY GLASSES - A. BURKHART	10-008-58700	Uniforms-Matls. Mgmt.	\$150.00
						10-000-14305	A/R Employee-BS	\$75.00
	3/1/2019	INV4607029	101083	4/3/2019	PRESCRIPTION SAFETY GLASSES	10-008-58700	Uniforms-Matls. Mgmt.	\$150.00
						10-000-14305	A/R Employee-BS	\$75.00
	3/1/2019	INV4557961	101083	4/3/2019	PRESCRIPTION SAFETY GLASSES - V. TAYLOR	10-008-58700	Uniforms-Matls. Mgmt.	\$150.00
	Totals for ORR SAFETY CORPORATION:							\$600.00
PATRICK, CASEY B	3/1/2019	PAT030119	692	3/20/2019	ASSISTANT MEDICAL DIRECTOR/TERM ON CALL 02/01/19-02/28	10-009-57100	Professional Fees-OMD	\$7,420.00
	Totals for PATRICK, CASEY B:							\$7,420.00
PAYSCALE, INC	3/1/2019	89705	101084	4/3/2019	BENCHMARK ESSENTIAL	10-025-54100	Dues/Subscriptions-Human	\$2,475.00
	Totals for PAYSCALE, INC:							\$2,475.00
PERFORMANCE TINTERS	3/1/2019	15826	668	3/13/2019	WINDOW TINTING	10-010-59000	Vehicle-Outside Services-Fleet	\$80.00
	3/21/2019	15983	765	4/21/2019	CERAMIC TINT	10-010-59000	Vehicle-Outside Services-Fleet	\$375.00
	Totals for PERFORMANCE TINTERS:							\$455.00
PITNEY BOWES INC (POB 371896)postage	3/17/2019	04765611 03/14/19	101007	3/27/2019	ACCT #8000-9090-0476-5611 03/14/19	10-008-56900	Postage-Meter	\$307.00
	3/17/2019	04765611 03/08/19	101007	3/27/2019	ACCT #8000-9090-0476-5611 03/08/19	10-008-56900	Postage-Meter	\$300.00
	3/17/2019	04765611 02/28/19	101007	3/27/2019	ACCT #8000-9090-0476-5611 02/28/19	10-008-56900	Postage-Meter	\$300.00
	3/17/2019	04765611 02/20/19	101085	4/3/2019	ACCT #8000-9090-0476-5611 02/20/19	10-008-56900	Postage-Meter	\$300.00
	Totals for PITNEY BOWES INC (POB 371896)postage:							\$1,207.00
PORTER FIRE & RESCUE	3/11/2019	POR031119	100871	3/13/2019	UTV SERVICES FOR THE WOODLANDS MARATHON 3/2/19	10-007-53330	Contractual Obligations- Other-	\$270.00
	Totals for PORTER FIRE & RESCUE:							\$270.00
PRE CHECK, INC.	3/1/2019	9250048	100928	3/20/2019	ACCT #1213 BACKGROUND CHECKS	10-025-57300	Recruit/Investigate-Human	\$1,023.25
	Totals for PRE CHECK, INC.:							\$1,023.25
PREMIERE GLOBAL SERVICES	3/12/2019	594568	101086	4/3/2019	CONFERENCE CALL SERVICES	10-015-58310	Telephones-Service-Info-	\$27.10
	Totals for PREMIERE GLOBAL SERVICES:							\$27.10
PROFESSIONAL AMBULANCE SALES & SERVICE, LLC	3/1/2019	2035	693	3/20/2019	ZOLL BRACKETS	10-009-54200	Durable Medical Equipment-O-	\$1,900.00
	Totals for PROFESSIONAL AMBULANCE SALES & SERVICE, LLC:							\$1,900.00
QUALITY COMFORT AIR LLC % ROBERT EDW.	3/25/2019	I4265	101087	4/3/2019	SERVICE CALL/COIL CLEAN - SERVICE CENTER	10-004-55650	Maintenance-Contract Equipm-	\$945.00
	3/8/2019	I4248	101087	4/3/2019	SERVICE CALL/COIL CLEAN - ROBINSON RD TOWER	10-004-55650	Maintenance-Contract Equipm-	\$610.00
	3/14/2019	I4257	101087	4/3/2019	SERVICE CALL/COIL CLEAN - ADMIN TOWER	10-004-55650	Maintenance-Contract Equipm-	\$305.00

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QUALITY COMFORT AIR LLC % ROBERT EDWARD PARSLEY	3/8/2019	14249	101087	4/3/2019	SERVICE CALL/COIL CLEAN - MAGNOLIA TOWER	10-004-55650	Maintenance-Contract Equipm	\$610.00
	3/14/2019	14256	101087	4/3/2019	SERVICE CALL/COIL CLEAN - SPLENDORA TOWER	10-004-55650	Maintenance-Contract Equipm	\$490.00
	3/14/2019	14255	101087	4/3/2019	SERVICE CALL/COIL CLEAN/REGRIGERANT - GRANGERLAND TOWER	10-004-55650	Maintenance-Contract Equipm	\$610.00
	3/26/2019	14267	101087	4/3/2019	SERVICE CALL/COIL CLEAN - MAGNOLIA TOWER 2ND SHELTER	10-004-55650	Maintenance-Contract Equipm	\$450.00
	3/21/2019	14263	101087	4/3/2019	SERVICE CALL/PREVENTIVE MAINTENANCE - THOMPSON TOWER	10-004-55650	Maintenance-Contract Equipm	\$385.00
	3/26/2019	14268	101087	4/3/2019	SERVICE CALL/COIL CLEAN - ROBINSON RD TOWER 2ND SHELTER	10-004-55650	Maintenance-Contract Equipm	\$285.00
	Totals for QUALITY COMFORT AIR LLC % ROBERT EDWARD PARSLEY:							\$4,690.00
QUEST DIAGNOSTIC	3/1/2019	9180376071	101008	3/27/2019	HEP B TESTING 01/09/19-01/17/19	10-025-57300	Recruit/Investigate-Human	\$161.40
	3/1/2019	9180536814	101008	3/27/2019	EMPLOYEE TESTING 01/28/19-02/14/19	10-025-57300	Recruit/Investigate-Human	\$276.38
	3/13/2019	6552344920	101008	3/27/2019	LAB TESTING	10-025-57300	Recruit/Investigate-Human	\$62.28
	3/28/2019	9181256803	101088	4/3/2019	EMPLOYEE TESTING 03/04/19-03/20/19	10-025-57300	Recruit/Investigate-Human	\$826.94
	Totals for QUEST DIAGNOSTIC:							\$1,327.00
RADIO SOFT INC.	3/13/2019	1891812	101089	4/3/2019	FCC LICENSING	10-004-52700	Business Licenses-Radio	\$4,800.00
	Totals for RADIO SOFT INC.:							\$4,800.00
RAMIREZ, SARA	3/29/2019	RAM032919	735	4/3/2019	TECHNICIAN LICENSE RENEWAL	10-002-52700	Business Licenses-PA	\$154.60
	Totals for RAMIREZ, SARA:							\$154.60
RELIANT ENERGY	3/4/2019	133004539089	100929	3/20/2019	MAGNOLIA TOWER SECURITY LIGHT 01/30/19-02/28/19	10-004-58800	Utilities-Radio	\$191.69
	3/4/2019	124005274466	100930	3/20/2019	MAGNOLIA TOWER 01/30/19-02/28/19	10-004-58800	Utilities-Radio	\$474.18
	3/4/2019	302000604833	100931	3/20/2019	STATION 40 01/30/19-02/28/19	10-016-58800	Utilities-Facil	\$639.85
	3/6/2019	162003725602	100932	3/20/2019	STATION 41 02/01/19-03/04/19	10-016-58800	Utilities-Facil	\$638.62
	3/4/2019	126005026609	100872	3/13/2019	GRANGERLAND TOWER 01/30/19-02/28/19	10-004-58800	Utilities-Radio	\$130.87
	Totals for RELIANT ENERGY:							\$2,075.21
REVSPRING, INC.	3/8/2019	DSI1261619	101010	3/27/2019	MAILING FEE/ ACCT PPMCHD01 02/01/19-02/28/19	10-011-52900	Collection Fees-Bill	\$6,235.75
	Totals for REVSPRING, INC.:							\$6,235.75
ROGUE WASTE RECOVERY & ENVIRONMENT.	3/18/2019	1966761	736	4/3/2019	WASTE REMOVAL - FLEET	10-010-54800	Hazardous Waste Removal-Flex	\$120.00
	Totals for ROGUE WASTE RECOVERY & ENVIRONMENTAL, INC:							\$120.00
ROMBERG, BENJAMIN	3/18/2019	ROM031819	100933	3/20/2019	MILEAGE REIMBURSEMENT 01/27/19-02/03/19	10-007-56200	Mileage Reimbursements-EMS	\$27.84
	Totals for ROMBERG, BENJAMIN:							\$27.84
ROTARY CLUB OF THE WOODLANDS	3/28/2019	ROT032819	101090	4/3/2019	QUARTERLY DUES - 3RD QTR	10-001-54100	Dues/Subscriptions-Admin	\$280.00
	3/1/2019	2915	101090	4/3/2019	ROTARIAN YEARLY FEE - 2019	10-001-54100	Dues/Subscriptions-Admin	\$100.00
	Totals for ROTARY CLUB OF THE WOODLANDS:							\$380.00

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Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment Date	Invoice Description	Account No.	Account Description	Amount
S.A.F.E. DRUG TESTING	3/1/2019	111208	694	3/20/2019	EMPLOYEE DRUG TESTING 02/01/19-02/28/19	10-025-57300	Recruit/Investigate-Human	\$1,830.00
							Totals for S.A.F.E. DRUG TESTING:	\$1,830.00
SALAZAR, MARCHELE	3/21/2019	MAR032119	101011	3/27/2019	DEPOSIT FOR BEVERAGE SERVICE 12/06/19	10-000-14900	Prepaid Expenses-BS	\$187.50
							Totals for SALAZAR, MARCHELE:	\$187.50
SARI'S CREATIONS	3/4/2019	9162	100934	3/20/2019	EMBROIDERY JOB - JACKET T. MOSELY	10-008-58700	Uniforms-Matls. Mgmt.	\$133.30
							Totals for SARI'S CREATIONS:	\$133.30
SCOTT, AMANDA	3/20/2019	SCO032019	101014	3/27/2019	WELLNESS PROGRAM/MASSAGE X 12	10-025-54350	Employee Health/Wellness-Hu	\$300.00
							Totals for SCOTT, AMANDA:	\$300.00
SHRED-IT USA LLC	3/15/2019	8126851351	101015	3/27/2019	ACCT #13034336 SERVICE DATE 03/12/19	10-026-56500	Other Services-Recor	\$254.38
							Totals for SHRED-IT USA LLC:	\$254.38
SPARKLETTS AND SIERRA SPRINGS	3/22/2019	3677798 032219	101149	4/21/2019	ACCT #21767323677798	10-008-57900	Station Supplies-Mater	\$30.00
						10-008-57900	Station Supplies-Mater	\$84.00
						10-008-57900	Station Supplies-Mater	\$75.00
						10-008-57900	Station Supplies-Mater	\$16.50
						10-008-57900	Station Supplies-Mater	\$3.00
						10-008-57900	Station Supplies-Mater	\$12.25
						10-008-57900	Station Supplies-Mater	\$25.50
						10-008-57900	Station Supplies-Mater	\$61.75
						10-008-57900	Station Supplies-Mater	\$39.00
						10-008-57900	Station Supplies-Mater	\$12.00
						10-008-57900	Station Supplies-Mater	\$43.50
						10-008-57900	Station Supplies-Mater	\$30.00
						10-008-57900	Station Supplies-Mater	\$16.50
						10-008-57900	Station Supplies-Mater	\$7.50
						10-008-57900	Station Supplies-Mater	\$42.00
						10-008-57900	Station Supplies-Mater	\$25.50
						10-008-57900	Station Supplies-Mater	\$52.50
						10-008-57900	Station Supplies-Mater	\$30.00
						10-008-57900	Station Supplies-Mater	\$16.50
						10-008-57900	Station Supplies-Mater	\$24.48
						10-008-57900	Station Supplies-Mater	\$48.00
						10-008-57900	Station Supplies-Mater	\$79.95
							Totals for SPARKLETTS AND SIERRA SPRINGS:	\$932.93

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SPLENDORA, CITY OF	3/1/2019	2013901000 02/26/19	100876	3/13/2019	STATION 31 1/25/19-02/26/19 (GAS)	10-016-58800	Utilities-Facil	\$9.30
	3/1/2019	1010135000 03/01/19	100876	3/13/2019	STATION 31 01/25/19-02/26/19 (SEWER & WATER)	10-016-58800	Utilities-Facil	\$43.00
					Totals for SPLENDORA, CITY OF:			\$52.30
SPRING FIRE DEPARTMENT	3/11/2019	SPR031119	100877	3/13/2019	UTV SERVICES FOR THE WOODLANDS MARATHON 3/2/19	10-007-53330	Contractual Obligations- Other-	\$330.00
					Totals for SPRING FIRE DEPARTMENT:			\$330.00
STANLEY LAKE M.U.D.	3/1/2019	00009834 03/01/19	100797	3/6/2019	STATION 43 01/28/19-02/26/19	10-016-58800	Utilities-Facil	\$34.22
	3/1/2019	00009836 03/01/19	100797	3/6/2019	STATION 43 01/28/19-02/26/19	10-016-58800	Utilities-Facil	\$4.67
	3/29/2019	00009836 03/29/19	101091	4/3/2019	STATION 43 02/26/19-03/26/19	10-016-58800	Utilities-Facil	\$4.08
	3/29/2019	00009834 03/29/19	101091	4/3/2019	STATION 43 02/26/19-03/26/19	10-016-58800	Utilities-Facil	\$34.22
					Totals for STANLEY LAKE M.U.D.:			\$77.19
STAPLES ADVANTAGE	3/2/2019	3406965894	100937	3/20/2019	STATION SUPPLIES	10-008-57900	Station Supplies-Mater	\$145.56
					Totals for STAPLES ADVANTAGE:			\$145.56
STEWART ORGANIZATION INC.	3/1/2019	1536572	670	3/13/2019	ACCT #1110518 COPIER USAGE 02/25/19-03/24/19	10-015-55400	Leases/Contracts-Information T	\$1,681.58
	3/1/2019	1522166	715	3/27/2019	RENTAL CHARGES 01/09/19-01/24/19	10-015-55400	Leases/Contracts-Information T	\$35.70
					Totals for STEWART ORGANIZATION INC.:			\$1,717.28
STOCKDELL STRINGER	3/21/2019	STO032119	101092	4/3/2019	ONE DAY OFFSITE PREP/APRIL 5 OFFSITE DELIVERY	10-001-58500	Training/Related Expenses-CE-	\$4,500.00
					Totals for STOCKDELL STRINGER:			\$4,500.00
SUDDENLINK	3/13/2019	717712401 03/13/19	100938	3/20/2019	STATION 14 03/21/19-04/20/19	10-016-58800	Utilities-Facil	\$87.55
	3/13/2019	714445701 03/13/19	100939	3/20/2019	ADMIN 03/21/19-04/20/19	10-016-58800	Utilities-Facil	\$213.45
	3/25/2019	719772101 03/25/19	101093	4/3/2019	STATION 30 04/01/19-04/30/19	10-015-58310	Telephones-Service-Informatio	\$106.71
	3/25/2019	709532001 03/25/19	101094	4/3/2019	STATION 13 04/01/19-04/30/19	10-016-58800	Utilities-Facil	\$55.68
					Telephones-Service-Informatio			\$93.02
					Totals for SUDDENLINK:			\$556.41
SUNSET FIRE & SECURITY, INC.	3/10/2019	016104	100940	3/20/2019	MONITORING ELECTRONIC SECURITY SYSTEM	10-016-55600	Maintenance & Repairs-Buildir	\$311.40
					Totals for SUNSET FIRE & SECURITY, INC.:			\$311.40
SUPERIOR LIGHTING	3/8/2019	20149463	101016	3/27/2019	LIGHT FOR FLAG POLE - ADMIN	10-016-55600	Maintenance & Repairs-Buildir	\$141.90
	3/25/2019	20150473	101151	4/25/2019	LED LIGHT FIXTURES	10-016-55600	Maintenance & Repairs-Buildir	\$269.95
					Totals for SUPERIOR LIGHTING:			\$411.85
TAYLOR HEALTHCARE PRODUCTS, INC.	3/12/2019	60797482	716	3/27/2019	LINENS	10-008-53800	Disposable Linen-Mater	\$1,528.50
					Totals for TAYLOR HEALTHCARE PRODUCTS, INC.:			\$1,528.50

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TCDRS	3/1/2019	TCD030119	4426	3/12/2019	TCDRS TRANSMISSION FEBRUARY 2019	10-000-21650	TCDRS Defined Benefit Plan-F	\$135,816.57
						10-000-21650	TCDRS Defined Benefit Plan-F	\$124,951.24
						Totals for TCDRS:		\$260,767.81
THE WOODLANDS FIRE DEPARTMENT	3/4/2019	2019-1009	100800	3/6/2019	BLS PROVIDER E-CARDS (AHA)	10-009-52600	Books/Materials-OMD	\$240.00
						Totals for THE WOODLANDS FIRE DEPARTMENT:		\$240.00
THE WOODLANDS TOWNSHIP (23/24/29)	3/11/2019	APRIL 2019-166	100878	3/13/2019	STATION 23, 24, & 25 RENT	10-000-14900	Prepaid Expenses-BS	\$1,000.00
						10-000-14900	Prepaid Expenses-BS	\$1,000.00
						10-000-14900	Prepaid Expenses-BS	\$1,000.00
						Totals for THE WOODLANDS TOWNSHIP (23/24/29):		\$3,000.00
THYSSENKRUPP ELEVATOR CORPORATION	3/1/2019	3004466562	100801	3/6/2019	ADMIN/SC ELEVATOR SERVICE 03/01/19-05/31/19	10-016-55600	Maintenance & Repairs-Buildir	\$1,590.72
						Totals for THYSSENKRUPP ELEVATOR CORPORATION:		\$1,590.72
TIMBER LAKES VOLUNTEER FIRE DEPARTME	3/15/2019	TIM031519	100942	3/20/2019	ATV SERVICES FOR THE WOODLANDS MARATHON 3/2/19	10-007-53330	Contractual Obligations- Other-	\$315.00
						Totals for TIMBER LAKES VOLUNTEER FIRE DEPARTMENT INC.:		\$315.00
TOMMY'S PAINT & BODY INC dba TOMMY'S W	3/1/2019	818	695	3/20/2019	VEHICLE TOWING - SHOP 606	10-010-59200	Vehicle-Towing-Fleet	\$145.00
	3/1/2019	687	695	3/20/2019	VEHICLE TOWING	10-010-59200	Vehicle-Towing-Fleet	\$158.00
	Totals for TOMMY'S PAINT & BODY INC dba TOMMY'S WRECKER:							\$303.00
TRAINOR, SHAWN	3/5/2019	TRA030519	620	3/6/2019	PER DIEM/CENTRALSQUARE 2019 03/17/19-03/20/19	10-006-53150	Conferences - Fees, Travel, & 1	\$123.50
	3/5/2019	TRA030519 \$153.50	620	3/6/2019	PER DIEM/TX PUBLIC SAFETY CONFERENCE 03/31/19-04/03/19	10-006-53150	Conferences - Fees, Travel, & 1	\$153.50
	3/22/2019	TRA032219	717	3/27/2019	MILEAGE REIMB/CENTRALSQUARE 2019 3/17-3/20 2019	10-006-53150	Conferences - Fees, Travel, & 1	\$267.96
	Totals for TRAINOR, SHAWN:							\$544.96
TRIZETTO PROVIDER SOLUTIONS	3/1/2019	121Y031900	101017	3/27/2019	INTEGRATED ELIG/QUICK POSTED REMITS/ELECTRONIC CLAI	10-011-52900	Collection Fees-Bill	\$1,112.75
						Totals for TRIZETTO PROVIDER SOLUTIONS:		\$1,112.75
TROPHY HOUSE	3/26/2019	29864A	101152	4/25/2019	NAME PLATES - J. CAMPBELL/A. ROBERTS	10-008-57000	Printing Services-Matls. Mgmt.	\$25.50
	3/26/2019	29863A	101152	4/25/2019	NAME PLATE - R. AHMED	10-008-57000	Printing Services-Matls. Mgmt.	\$8.50
	3/26/2019	29865	101152	4/25/2019	NAME PLATE - J. FIORETTI	10-008-57000	Printing Services-Matls. Mgmt.	\$10.00
	3/26/2019	29864B	101152	4/25/2019	NAME PLATE - J. CAMPBELL/A. ROBERTS	10-008-57000	Printing Services-Matls. Mgmt.	\$4.50
	3/26/2019	29863B	101152	4/25/2019	NAME PLATE - R. AHMED	10-008-57000	Printing Services-Matls. Mgmt.	\$1.50
	Totals for TROPHY HOUSE:							\$50.00
TUTT, HOWARD	3/5/2019	TUT030519	100803	3/6/2019	PER DIEM/RTA CONNECT 03/12/19-03/16/19	10-010-53150	Conferences - Fees, Travel, & 1	\$263.00
	3/7/2019	TUT030719	100879	3/13/2019	TRAVEL EXPENSE/HORTON INSPECTION 02/25/19-02/28/19	10-010-53150	Conferences - Fees, Travel, & 1	\$165.18

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	3/20/2019	TUT032019	101018	3/27/2019	PER DIEM/HORTON INSPECTION 03/21/19-03/22/19	10-010-53150	Conferences - Fees, Travel, & ?	\$45.75
							Totals for TUTT, HOWARD:	\$473.93
URRUTIA, ANDRES	3/12/2019	URR031219	100881	3/13/2019	MILEAGE REIMBURSEMENT 02/19/2019-03/07/19	10-007-56200	Mileage Reimbursements-EMS	\$27.38
							Totals for URRUTIA, ANDRES:	\$27.38
U-SELECT-IT CORPORATION	3/1/2019	58930592	100880	3/13/2019	ANNUAL RENEWAL MONITORING SOFTWARE 03/28/19-03/27/20	10-008-53050	Computer Software-Matls. Mgr	\$1,200.00
							Totals for U-SELECT-IT CORPORATION:	\$1,200.00
VALENTINE, HENRIETTA SOCORRO	3/8/2019	VAL030819	100882	3/13/2019	ANNUAL NAHQ MEMBERSHIP DUES 03/01/19-02/28/20	10-001-54100	Dues/Subscriptions-Admin	\$199.00
							Totals for VALENTINE, HENRIETTA SOCORRO:	\$199.00
VALIC COLLECTIONS	3/11/2019	VAL031119	4436	3/22/2019	EMPLOYEE CONTRIBUTIONS FOR 03/11/19	10-000-21600	Employee Deferred Comp.-BS	\$9,289.73
	3/22/2019	VAL032219	4443	3/22/2019	EMPLOYEE CONTRIBUTIONS FOR 03/22/19	10-000-21600	Employee Deferred Comp.-BS	\$10,846.77
							Totals for VALIC COLLECTIONS:	\$20,136.50
VERIZON WIRELESS (POB 660108)	3/9/2019	9825826027	100948	3/20/2019	ACCT # 920161350-0001 FEB 10 - MAR 09	10-005-58200	Telephones-Cellular-Accou	\$36.03
						10-001-58200	Telephones-Cellular-Admin	\$186.67
						10-011-58200	Telephones-Cellular-Bill	\$74.02
						10-006-58200	Telephones-Cellular-Alarm	\$175.10
						10-004-58200	Telephones-Cellular-Radio	\$422.26
						10-007-58200	Telephones-Cellular-EMS	\$1,063.85
						10-016-58200	Telephones-Cellular-Facil	\$336.67
						10-010-58200	Telephones-Cellular-Fleet	\$36.03
						10-002-58200	Telephones-Cellular-PA	\$148.68
						10-015-58200	Telephones-Cellular-Informatic	\$402.47
						10-008-58200	Telephones-Cellular-Matls. Mg	\$184.71
						10-009-58200	Telephones-Cellular-OMD	\$184.71
						10-039-58200	Telephones-Cellular-Param	\$361.40
						10-027-58200	Telephones-Cellular-Emerg	\$37.99
						10-025-58200	Telephones-Cellular-Human	\$49.56
						10-015-58200	Telephones-Cellular-Informatic	\$1,209.27
							Totals for VERIZON WIRELESS (POB 660108):	\$4,909.42
WASTE MANAGEMENT OF TEXAS	3/22/2019	5623627-1792-7	101155	4/21/2019	STATION 30 04/01/19-04/30/19	10-016-58800	Utilities-Facil	\$142.46
	3/22/2019	5623629-1792-3	101155	4/21/2019	STATION 41 04/01/19-04/30/19	10-016-58800	Utilities-Facil	\$190.50
							Totals for WASTE MANAGEMENT OF TEXAS:	\$332.96
WAVEMEDIA, INC	3/1/2019	475906	100951	3/20/2019	TRANSPORT CIRCUIT/INTERNET SERVICES/2 STRANDS DARK 1	10-015-58310	Telephones-Service-Informatio	\$3,875.00
							Totals for WAVEMEDIA, INC:	\$3,875.00

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WHITENER ENTERPRISES, INC.	3/12/2019	63128	718	3/27/2019	DIESEL EXHAUST FLUID	10-010-56500	Other Services-Fleet	\$445.50	
						Totals for WHITENER ENTERPRISES, INC.:		\$445.50	
WILLINGHAM, MISTI	3/13/2019	WIL031319	696	3/20/2019	MILEAGE REIMBURSEMENT 02/01/19-03/12/19	10-001-56200	Mileage Reimbursements-Adm	\$254.45	
						Totals for WILLINGHAM, MISTI:		\$254.45	
WOLEBEN, SHANNON	3/11/2019	WOL031119	672	3/13/2019	CPA LICENSE RENEWAL	10-005-54100	Dues/Subscriptions-Accou	\$66.00	
	3/11/2019	WIL031119	\$21.54	672	3/13/2019	WELLNESS PROGRAM/GYM MEMBERSHIP X 2	10-025-54350	Employee Health\Wellness-Hu	\$21.54
	Totals for WOLEBEN, SHANNON:							\$87.54	
WRIGHT EXPRESS-FLEET FUEL	3/4/2019	WRI030419	4422	3/4/2019	ACCT #5974 02/21/19-03/04/19	10-010-54700	Fuel-Fleet	\$13,076.29	
	3/11/2019	WRI031119	4428	3/11/2019	ACCT #5974 03/05/19-03/15/19	10-010-54700	Fuel-Fleet	\$11,520.50	
	3/21/2019	WRI032119	4444	3/21/2019	ACCT #5974 03/16/19-03/21/19	10-010-54700	Fuel-Fleet	\$16,561.71	
	Totals for WRIGHT EXPRESS-FLEET FUEL:							\$41,158.50	
WURTH USA, INC.	3/22/2019	96343056	101157	4/21/2019	SHOP SUPPLIES	10-010-57725	Shop Supplies-Fleet	\$277.44	
						10-010-57725	Shop Supplies-Fleet	\$17.95	
						Totals for WURTH USA, INC.:		\$295.39	
ZEP SALES & SERVICE	3/20/2019	9004115478	101099	4/3/2019	STATION SUPPLIES	10-008-57900	Station Supplies-Mater	\$1,368.00	
						10-008-57900	Station Supplies-Mater	\$65.99	
						Totals for ZEP SALES & SERVICE:		\$1,433.99	
ZOLL DATA SYSTEMS	3/1/2019	INV00033572	100954	3/20/2019	ROAD SAFETY ZOLL ONLINE SOFTWARE ACCESS	10-010-55650	Maintenance-Contract Equipme	\$2,970.00	
	3/1/2019	INV00033573	101035	3/27/2019	HOSTED BILLING PRO - 3 YEAR (04/01/19-04/30/19)	10-000-14900	Prepaid Expenses-BS	\$8,062.50	
	3/1/2019	INV00032890	101100	4/3/2019	REPAIR ROAD SAFETY BOX	10-010-57650	Repair-Equipment-Fleet	\$328.46	
	Totals for ZOLL DATA SYSTEMS:							\$11,360.96	
ZOLL MEDICAL CORPORATION	3/4/2019	2831668	697	3/20/2019	MEDICAL EQUIPMENT	10-009-54200	Durable Medical Equipment-Ol	\$371.25	
	3/5/2019	2832530	697	3/20/2019	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-N	\$1,823.73	
	3/12/2019	2836321	719	3/27/2019	MEDICAL EQUIPMENT	10-009-54200	Durable Medical Equipment-Ol	\$1,826.50	
	3/7/2019	2833609	697	3/20/2019	EQUIPMENT REPAIR	10-009-57650	Repair-Equipment-OMD	\$1,021.01	
	3/14/2019	2837967	719	3/27/2019	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-N	\$2,940.00	
	3/16/2019	2839302	720	4/3/2019	MEDICAL EQUIPMENT	10-009-54200	Durable Medical Equipment-Ol	\$32,558.40	
						10-009-54200	Durable Medical Equipment-Ol	\$450.86	
	3/18/2019	2840369	720	4/3/2019	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-N	\$196.80	
	3/26/2019	2844990	770	4/25/2019	MEDICAL EQUIPMENT	10-009-54200	Durable Medical Equipment-Ol	\$1,445.90	
	3/15/2019	2838830	720	4/3/2019	MEDICAL SUPPLIES	10-008-53900	Disposable Medical Supplies-N	\$1,660.75	
	Totals for ZOLL MEDICAL CORPORATION:							\$44,295.20	

CAPITAL PURCHASES

Vendor Name	Invoice Date	Invoice No.	Payment No.	Payment Date	Invoice Description	Account No.	Account Description	Amount
OPTIMUM COMPUTER SOLUTIONS, INC.	3/4/2019	INV0000092257	667	3/13/2019	BARRACUDA WEB SECURITY	10-015-52754	Capital Purchase - Equipment-Infor	\$7,214.36
	3/27/2019	INV0000092595	734	4/3/2019	CISCO CATALYST - ITEQUIPMENT	10-015-52754	Capital Purchase - Equipment-Infor	\$8,285.75
	Totals for OPTIMUM COMPUTER SOLUTIONS, INC.:							\$15,500.11
PROFESSIONAL AMBULANCE SALES & SERVICE, LLC	3/1/2019	2004	649	3/13/2019	2018 DODGE RAM 5500 HORTON V	10-010-52755	Capital Purchase - Vehicles-Fleet	\$313,647.00
	3/1/2019	2005	649	3/13/2019	2018 DODGE RAM 5500 HORTON V	10-010-52755	Capital Purchase - Vehicles-Fleet	\$313,647.00
	Totals for PROFESSIONAL AMBULANCE SALES & SERVICE, LLC:							\$627,294.00
VICTORY TRAILER SALES dba TEXAS TRAILER SUPPLY	3/20/2019	VIC032019	100950	3/20/2019	16' LOWBOY TRAILER FOR UTV	10-007-52754	Capital Purchase - Equipment-EMS	\$1,245.00
	Totals for VICTORY TRAILER SALES dba TEXAS TRAILER SUPPLY:							\$1,245.00
ZOLL MEDICAL CORPORATION	3/28/2019	2846194	0	6/26/2019	MONITOR/DEFIBRILLATOR/CHARC	10-009-52754	Capital Purchase - Equipment-Dept	\$395,848.35
						10-009-52754	Capital Purchase - Equipment-Dept	\$749.20
	Totals for ZOLL MEDICAL CORPORATION:							\$396,597.55

Account Summary

Account Number	Description	Net Amount
10-000-14100	Patient Refunds-BS	\$17,383.76
10-000-14305	A/R Employee-BS	\$350.00
10-000-14900	Prepaid Expenses-BS	\$57,245.45
10-000-21000	Accrued Expenditures-BS	\$471.16
10-000-21585	P/R-Flexible Spending-BS-BS	\$7,026.63
10-000-21590	P/R-Premium Cancer/Accident-BS	\$10,251.76
10-000-21595	P/R-Health Savings-BS-BS	\$18,061.33
10-000-21600	Employee Deferred Comp.-BS	\$20,136.50
10-000-21650	TCDRS Defined Benefit Plan-BS	\$260,767.81
10-001-53150	Conferences - Fees, Travel, & Meals-Admin	\$551.03
10-001-53310	Contractual Obligations-County Appraisal-Admin	\$73,073.44
10-001-54100	Dues/Subscriptions-Admin	\$634.00
10-001-55500	Legal Fees-Admin	\$5,000.00
10-001-55900	Meals - Business and Travel-Admin	\$57.00
10-001-56200	Mileage Reimbursements-Admin	\$254.45
10-001-58200	Telephones-Cellular-Admin	\$186.67
10-001-58500	Training/Related Expenses-CE-Admin	\$4,500.00
10-002-52700	Business Licenses-PA	\$154.60
10-002-53100	Computer Supplies/Non-Cap.-PA	\$439.30
10-002-55700	Management Fees-PA	\$22,715.75
10-002-56100	Meeting Expenses-PA	\$112.58
10-002-56300	Office Supplies-PA	\$99.80
10-002-56900	Postage-PA	\$204.00
10-002-57100	Professional Fees-PA	\$849.00
10-002-57750	Small Equipment & Furniture-PA	\$177.95
10-002-58200	Telephones-Cellular-PA	\$148.68
10-004-52700	Business Licenses-Radio	\$4,800.00
10-004-55650	Maintenance-Contract Equipment-Radio	\$4,690.00
10-004-57100	Professional Fees-Radio	\$15,725.00
10-004-57200	Radio Repairs - Outsourced (Depot)-Radio	\$2,120.24
10-004-57225	Radio Repair - Parts-Radio	\$80.12
10-004-57725	Shop Supplies-Radio	\$1,530.29
10-004-57750	Small Equipment & Furniture-Radio	\$18,639.19
10-004-58200	Telephones-Cellular-Radio	\$504.09
10-004-58310	Telephones-Service-Radio	\$238.38
10-004-58700	Uniforms-Radio	\$818.73
10-004-58800	Utilities-Radio	\$2,239.17
10-005-54100	Dues/Subscriptions-Accou	\$66.00
10-005-54450	Employee Recognition-Accou	\$75.00
10-005-56200	Mileage Reimbursements-Accou	\$28.24
10-005-58200	Telephones-Cellular-Accou	\$36.03
10-006-53150	Conferences - Fees, Travel, & Meals-Alarm	\$1,704.38
10-006-56100	Meeting Expenses-Alarm	\$462.83

Account Summary

Account Number	Description	Net Amount
10-006-57750	Small Equipment & Furniture-Alarm	\$5,369.27
10-006-58200	Telephones-Cellular-Alarm	\$271.73
10-007-52754	Capital Purchase - Equipment-EMS	\$1,245.00
10-007-53150	Conferences - Fees, Travel, & Meals-EMS	\$2,936.73
10-007-53330	Contractual Obligations- Other-EMS	\$7,155.00
10-007-56200	Mileage Reimbursements-EMS	\$55.22
10-007-57750	Small Equipment & Furniture-EMS	\$2,252.64
10-007-58200	Telephones-Cellular-EMS	\$1,063.85
10-007-58500	Training/Related Expenses-CE-EMS	\$385.00
10-007-58700	Uniforms-EMS	\$22,489.56
10-008-53050	Computer Software-Matls. Mgmt.	\$1,200.00
10-008-53800	Disposable Linen-Mater	\$5,855.05
10-008-53900	Disposable Medical Supplies-Mater	\$55,969.44
10-008-56300	Office Supplies-Matls. Mgmt.	\$82.42
10-008-56600	Oxygen & Gases-Mater	\$2,804.73
10-008-56900	Postage-Meter	\$1,519.45
10-008-57000	Printing Services-Matls. Mgmt.	\$1,025.56
10-008-57750	Small Equipment & Furniture-Matls. Mgmt.	\$514.97
10-008-57900	Station Supplies-Mater	\$6,712.91
10-008-58200	Telephones-Cellular-Matls. Mgmt.	\$184.71
10-008-58700	Uniforms-Matls. Mgmt.	\$1,533.68
10-009-52600	Books/Materials-OMD	\$1,751.24
10-009-52700	Business Licenses-OMD	\$725.00
10-009-52754	Capital Purchase - Equipment-Dept	\$396,597.55
10-009-53050	Computer Software-OMD	\$951.00
10-009-53150	Conferences - Fees, Travel, & Meals-Dept	\$2,059.22
10-009-53550	Customer Relations-OMD	\$3,104.40
10-009-54000	Drug Supplies-OMD	\$17,718.75
10-009-54100	Dues/Subscriptions-OMD	\$445.00
10-009-54200	Durable Medical Equipment-OMD	\$54,288.42
10-009-56100	Meeting Expenses-OMD	\$6,366.05
10-009-56200	Mileage Reimbursements-OMD	\$200.15
10-009-57100	Professional Fees-OMD	\$7,420.00
10-009-57650	Repair-Equipment-OMD	\$1,021.01
10-009-58200	Telephones-Cellular-OMD	\$184.71
10-009-58500	Training/Related Expenses-CE-OMD	\$4,839.28
10-010-52755	Capital Purchase - Vehicles-Fleet	\$627,294.00
10-010-53150	Conferences - Fees, Travel, & Meals-Fleet	\$533.93
10-010-54700	Fuel-Fleet	\$41,158.50
10-010-54800	Hazardous Waste Removal-Fleet	\$120.00
10-010-55100	Laundry Service & Purchase-Fleet	\$240.90
10-010-55650	Maintenance-Contract Equipment-Fleet	\$2,970.00
10-010-56200	Mileage Reimbursements-Fleet	\$318.77

Account Summary

Account Number	Description	Net Amount
10-010-56500	Other Services-Fleet	\$536.64
10-010-57650	Repair-Equipment-Fleet	\$345.42
10-010-57700	Shop Tools-Fleet	\$69.98
10-010-57725	Shop Supplies-Fleet	\$327.35
10-010-57750	Small Equipment & Furniture-Fleet	\$51.93
10-010-58200	Telephones-Cellular-Fleet	\$36.03
10-010-58600	Travel Expenses-Fleet	\$1,558.19
10-010-59000	Vehicle-Outside Services-Fleet	\$684.00
10-010-59050	Vehicle-Parts-Fleet	\$27,370.56
10-010-59100	Vehicle-Registration-Fleet	\$58.50
10-010-59200	Vehicle-Towing-Fleet	\$623.00
10-011-52900	Collection Fees-Bill	\$18,709.46
10-011-54100	Dues/Subscriptions-EMS B	\$500.00
10-011-55500	Legal Fees-Bill	\$10.00
10-011-58200	Telephones-Cellular-Bill	\$74.02
10-015-52700	Business Licenses-Information Technology	\$495.00
10-015-52754	Capital Purchase - Equipment-Infor	\$15,500.11
10-015-53050	Computer Software-Information Technology	\$8,027.80
10-015-55400	Leases/Contracts-Information Technology	\$5,260.40
10-015-56200	Mileage Reimbursements-Information Technology	\$19.89
10-015-57100	Professional Fees-Information Technology	\$19,204.75
10-015-57650	Repair-Equipment-Information Technology	\$270.26
10-015-57750	Small Equipment & Furniture-Information Technology	\$15,765.52
10-015-58200	Telephones-Cellular-Information Technology	\$1,611.74
10-015-58310	Telephones-Service-Information Technology	\$14,062.61
10-015-58800	Utilities-Information Technology	\$1,560.00
10-016-55600	Maintenance & Repairs-Buildings-Facil	\$18,831.12
10-016-55650	Maintenance-Contract Equipment-Facil	\$42,249.00
10-016-57500	Rent-Facil	\$600.00
10-016-57700	Shop Tools-Facil	\$59.97
10-016-57725	Shop Supplies-Facil	\$458.10
10-016-57750	Small Equipment & Furniture-Facil	\$7,515.40
10-016-58200	Telephones-Cellular-Facil	\$336.67
10-016-58800	Utilities-Facil	\$25,850.48
10-025-51700	Health & Dental-Human	\$13,062.50
10-025-51710	Health Insurance Claims-Human	\$467,072.04
10-025-51720	Health Insurance Admin Fees-Human	\$121,105.05
10-025-54100	Dues/Subscriptions-Human	\$2,664.00
10-025-54350	Employee Health\Wellness-Human	\$867.38
10-025-54450	Employee Recognition-Human	\$396.64
10-025-55500	Legal Fees-Human	\$2,632.50
10-025-57100	Professional Fees-Human	\$864.38
10-025-57300	Recruit/Investigate-Human	\$4,867.77

Account Summary

Account Number	Description	Net Amount
10-025-58200	Telephones-Cellular-Human	\$49.56
10-025-58500	Training/Related Expenses-CE-Human	\$961.66
10-026-41500	Miscellaneous Income-Recor	\$59.29
10-026-56500	Other Services-Recor	\$254.38
10-026-57100	Professional Fees-Recor	\$76.00
10-027-52600	Books/Materials-Emerg	\$63.94
10-027-56100	Meeting Expenses-Emerg	\$618.70
10-027-58200	Telephones-Cellular-Emerg	\$37.99
10-039-53150	Conferences - Fees, Travel, & Meals-Param	\$385.00
10-039-56500	Other Services-Param	\$8,821.16
10-039-58200	Telephones-Cellular-Param	\$361.40
10-039-58500	Training/Related Expenses-CE-Param	\$385.00
GRAND TOTAL:		\$2,699,785.38

JP Morgan Chase Bank
March Credit Card Transactions

Vendor	Invoice Date	Description	Invoice Amount
AED SUPERSTORE	02/07/2019	PO#50913 ZOLL AED BATTERIES	466.99
ALLGOOD CAFE	03/04/2019	EAGLES CONFERENCE/DR. DICKSON/ANDY ADAMS	79.50
ATT*BUS PHONE PMT	02/18/2019	STATION 31 FIRE PANEL 281-689-6865 01/23/19-02/22/19	348.72
ATT*BUS PHONE PMT	02/18/2019	STATION 30 FIRE PANEL 281-689-3247 01/23/19-02/22/19	116.68
ATT*BUS PHONE PMT	02/07/2019	STATION 40 FIRE PANEL 281-259-8210 01/13/19-02/12/19	167.95
C & R WATER SUPPLY, IN	02/18/2019	STATION 44 12/17/18-01/15/19	80.10
COMCAST OF HOUSTON	03/04/2019	STATION 23 ACCT# 8777 70 159 0849557 02/16/19-03/15/19	113.12
CONTINUING EDUCATION W	02/20/2019	EAGLES REGISTRATION - RANDY JOHNSON	280.00
		MICHEAL WELLS-WHITWORTH HAD APPROVED TRAVEL TO THE EAGLES	
CONTINUING EDUCATION W	02/20/2019	CONFERENCE	280.00
CONTINUING EDUCATION W	02/14/2019	EAGLES REGISTRATION - DICKSON	410.00
CONTINUING EDUCATION W	02/14/2019	EAGLES REGISTRATION - ADAMS	280.00
CRAWFORD CONROE	02/12/2019	SERVICE CENTER REPAIR	65.88
CRAWFORD CONROE	02/21/2019	SHOP TOOL	38.17
CRAWFORD CONROE	02/21/2019	SHOP SUPPLY	330.17
		REFUND OF TAXES CHARGED FOR PO#50945 MONTHLY SUBSCRIPTION	
DRI*GPSGATE AB	02/11/2019	BACK UP VEHICLE LOCATIONS AND RADIO LOCATIONS	-37.37
		PO#50945 MONTHLY SUBSCRIPTION BACK UP VEHICLE LOCATIONS AND	
DRI*GPSGATE AB	02/08/2019	RADIO LOCATIONS	490.37
DSHS REGULATORY PR	03/04/2019	DSHS RENEWAL - LANGAN	126.00
DSHS REGULATORY PR	02/21/2019	DSHS RENEWAL - JOHN HANCOCK	96.00
DSHS REGULATORY PR	02/19/2019	DSHS RENEWAL - FIORETTI	126.00
DSHS REGULATORY PR	02/12/2019	DSHS RENEWAL - CAMDEN	130.00
DSHS REGULATORY PR	02/11/2019	DSHS RENEWAL - BESSIRE	96.00
DSHS REGULATORY PR	02/08/2019	DSHS RENEWAL HANCOCK	34.00
DSHS REGULATORY PR	02/06/2019	DSHS RENEWAL - CONNIE CASE	34.00
DSHS REGULATORY PR	02/06/2019	DSHS RENEWAL - LERCHBAKER AND PARSONS	83.00
DSHS REGULATORY PR	02/19/2019	DSHS RENEWAL - CLANCY	96.00
DTV*DIRECTV SERVICE	02/25/2019	STATION 11 INVOICE 35930890762 02/21/19-03/20/19	61.57
DTV*DIRECTV SERVICE	02/18/2019	STATION 14 INVOICE 35897656114 02/13/19-03/12/19	98.50
DTV*DIRECTV SERVICE	02/14/2019	INVOICE 3588258606 FEB 2019	1,532.10
DTV*DIRECTV SERVICE	02/08/2019	STATION 90 INVOICE 35860751829 02/05/19-03/04/19	162.97
EMRAP, INC.	02/13/2019	EMRAP SUBSCRIPTION RENEWAL	445.00
EPCOR	02/21/2019	STATION 40 01/02/19-01/30/19	222.95
EPCOR	02/21/2019	STATION 40 01/02/19-01/30/19	27.37
EPCOR	02/08/2019	STATION 40 11/27/19 02/02/19	29.03
EPCOR	02/08/2019	STATION 40 11/27/18-01/02/19	232.24
ESO SOLUTIONS, INC.	02/22/2019	K. CROCKER ESO WAVE CONFERENCE	375.00
		PO#50928 PRINTABLE BANNER FOR PHILLIP TAYLOR'S RETIREMENT	
ETSY.COM - PRINTABLEST	02/06/2019	PARTY.	5.00
EXPEDIA 7410994026084	02/08/2019	TRAVEL TO OHIO FOR HORTON J. CAMPBELL, J. COSPER, B. SANSON	1,848.19
		HOTELFOR HOWARD TUTT & ALBERT LEDWIG HORTON INSPECTIONS OF	
EXPEDIA 7411892033179	02/12/2019	SHOPS 53 & 54 2-25-19-2/28/19	404.34
FEDEX 31935813	03/04/2019	INVOICE 6-474-36088	52.82
GRINGOS MEXICAN KITCHEN	02/06/2019	EMS TRANSFER UNIT MEETING/CHIEF OF SPLENDORA/RJ/JC	57.00
GULF COAST EXTERMINATORS	02/07/2019	PO#50955 TERMITE INSPECTION STATION 15	160.00
HCTRA EZ TAG REBILL	02/19/2019	HCTRA - AUTO CHARGE	480.00
		S. TRAINER/R. JACKSON CONFERENCE. THIS CHARGE IS A ONE DEPOSIT,	
HILTON	02/12/2019	AND THE RECEIPT WILL SHOW THE ENTIRE PURCHASE/STAY.	239.34
		PO#50751 TAX WAS CHARGED VENDOR HAD TO CANCEL ORIGINAL	
HOO*HOOTSUITE INC	02/11/2019	CHARGE. THIS IS THE NEW CHARGE.	228.00
		REFUND OF PO#50751 TAX WAS CHARGED VENDOR HAD TO CANCEL	
		ORIGINAL CHARGE AND WILL RECHARGE CARD WITH NEW AMOUNT WITH	
HOO*HOOTSUITE INC	02/11/2019	OUT THE TAX.	-243.05
HOTEL INDIGO	03/04/2019	MICHEAL WELLS-WHITWORTH HOTEL FOR EAGLES	529.04
HOTEL*HOTEL INDIGO DA	02/14/2019	EAGLES HOTEL FOR DICKSON AND ADAMS	1,226.35
HOTEL*RESERVATIONS.COM	02/19/2019	EAGLES CONFERENCE/R.JOHNSON	561.54
HOTELBOOKINGSERVICE	02/13/2019	HOTEL BOOKING FEE. EAGLES FOR DICKSON AND ADAMS	12.99
JOHNSON SUPPLY SPRING	02/08/2019	ADMIN AIR HANDLER REPAIR	513.54
KROGER #0136	02/11/2019	PO#50956 LUNCH FOR HCAP TRAINING CLASS	59.98
KROGER #0136	02/19/2019	PO#51058 HCAP EMPLOYEE RECOGNITION	75.00
KROGER #0136	02/21/2019	PO#51086 EMPLOYEE OF THE MONTH GIFT CARDS HR	1,059.50
KROGER #0136	02/19/2019	PO#50408 REMAINING 7 GIFT CARDS PURCHASED	70.00
KROGER #0136	02/19/2019	PO#51085 FOOD PLATTERS FOR P.TAYLOR RETIREMENT	89.97
KROGER #0136	02/11/2019	PO#50971 FOOD FOR PHILLIP TAYLOR'S RETIREMENT PARTY	74.26
LOWES #00232*	03/04/2019	COOLER, FIRE EXTINGUISHER AND TRUE FUEL FOR UTV1	51.93
LOWES #01515*	02/19/2019	STATION 20 POLE LIGHT REPAIRS	12.34
MONTGOMERY VEHREG	02/15/2019	REGISTRATION OF SHOPS18,39,45,46,331,333	46.50
NATIONAL ASSOCIATION O	02/08/2019	AMLS COURSE FEES AND CARDS	195.00
NORTHERN TOOL & EQUIP	02/08/2019	STRAPS FOR UTV1	69.98
NTTA CUST SVC ONLINE	02/07/2019	TOLL FEE FOR M90/S17	8.65
ORBITZ*7410484902213	02/06/2019	FLIGHT AND HOTEL FOR JOSHUA PATRICK INTERVIEW FOR CHIEF OF EMS	687.52
PAYCLIX	02/18/2019	TRANSACTION FEE	3.18
PAYPAL *THINKSTAPPL	03/04/2019	PO 50976 INVOICE 2019-0095 (OUT OF COUNTRY VENDOR)	6,750.00
PREMIERE GLOBAL SERVICE	02/18/2019	INVOICE 586977 01/13/19-02/12/19	40.84
RELIANT ENERGY	03/05/2019	STATION 40 INVOICE 126005026609 01/30/19-02/28/19	65.24
REV.COM	02/28/2019	BOD MEETING 02.26.19 TC0544870528	76.00
SAMSClub.COM	03/04/2019	PO#5117 SUPPLIES FOR THE WOODLANDS MARATHON	138.12

JP Morgan Chase Bank
March Credit Card Transactions

Vendor	Invoice Date	Description	Invoice Amount
		PO#51016 STATION SUPPLIES & PO#51011 SHOULD BE CODED TO 10-025-54450 FOOD FOR P. TAYLOR RETIREMENT	
SAMSClub.COM	02/18/2019		909.28
SHRM*MEMBER601007690	03/04/2019	PO#51208 HR MEMBERSHIP KATLYN M	189.00
SQU*SQ *ASBESTOS & MOL	02/11/2019	ASBESTOS MITIGATION AT 811 SEMANDS	495.00
SUNNYCREST FLOWERS	02/14/2019	FLOWER ORDER FOR KMOOTE PO#51024	59.35
SUPERSHUTTLE EXECUCARV	03/01/2019	CHIEF COTTAR APPROVED CONFERENCE (SHUTTLE/TRANSPORT)	44.36
SUPERSHUTTLE EXECUCARV	02/21/2019	TRANSPORTATION EXPENSES - IAED CONFERENCE - KIM BROWN	37.04
TEXAS AMBULANCE ASSOC.	02/07/2019	PO#50848 TEXAS AMBULANCE ASSOC ANNUAL MEMBERSHIP KAREN WEBB	500.00
THE HOME DEPOT #0508	03/04/2019	DEPOSIT ON RUG DOCTOR RENTAL	50.00
THE HOME DEPOT #0508	03/04/2019	TAX CREDIT FOR RUG DR MACHINE	-1.81
THE HOME DEPOT #0508	02/27/2019	STATION 43 TO REMOVE PHONE BOX ON STATION	18.68
THE HOME DEPOT #0508	02/14/2019	MAGNOLIA RADIO TOWER SHACK REPAIR	22.30
THE HOME DEPOT #0508	02/13/2019	STATION 44 DATAT/FIBER LINE TAP FOR RADIO	59.01
THE HOME DEPOT #0508	02/06/2019	STATION 43 WASHING MACHINE	395.10
THE HOME DEPOT #0508	02/06/2019	STATION 43 WASHER SUPPLY LINES	47.29
THE HOME DEPOT #0508	02/27/2019	SHOP TOOLS	8.97
THE HOME DEPOT #0508	03/04/2019	CREDIT FOR RUG DOCTOR MACHINE RENTAL	-26.19
THE HOME DEPOT #0508	03/04/2019	ADMIN FLOOR CLEANER	128.18
THE HOME DEPOT #0508	02/13/2019	PICTURE HANGING SUPPLIES	25.94
THE HOME DEPOT 508	02/14/2019	SHOP TOOL	87.93
TX.GOV SERVICEFEE-	02/15/2019	CONVENIENCE FEE FOR REGISTRATIONS	12.00
UNITED AIRLINES	03/01/2019	CHIEF COTTAR APPROVED CONFERENCE	416.60
UNITED AIRLINES	02/21/2019	AIRLINES - IAED CONFERENCE - KIM BROWN	462.60
UNITED AIRLINES	02/13/2019	FLIGHT FOR ALBERT LEDWIG HORTON INSPECTIONS OF SHOPS 53 & 54 2-25-19-2/28/19	332.60
UNITED AIRLINES	02/13/2019	FLIGHT FOR HOWARD TUTT HORTON INSPECTIONS OF SHOPS 53 & 54 2-25-19-2/28/19	332.60
UPS*000000A690R4059	02/12/2019	INVOICE 0000A690R4059	259.63
USPS PO BOXES ONLINE	02/28/2019	CREDIT RECEIVED LIZ SET UP PO BOX FOR HCAP DUE TO LIZ NOT BEING ABLE TO GO TO THE POST OFFICE TO SIGN FOR IT ASHLEY PRESSWOOD HAD TO CANCEL PO BOX AND SET UP A NEW ONE IN HER NAME.	-204.00
USPS PO BOXES ONLINE	02/28/2019	PO#51224 PO BOX FOR HCAP SET UP BY ASHLEY	204.00
USPS PO BOXES ONLINE	02/25/2019	LIZ SET UP PO BOX FOR HCAP DUE TO LIZ NOT BEING ABLE TO GO TO THE POST OFFICE TO SIGN FOR IT ASHLEY PRESSWOOD HAD TO CANCEL PO BOX AND SET UP A NEW ONE IN HER NAME WE HAVE RECEIVED CREDIT FOR THIS ORDER.	204.00
WASTE MGMT WM EZPAY	02/06/2019	INVOICE 5609085-1792-6	2,492.89
WAV*DONUT JUNKIE LLC	03/01/2019	DONUTS FOR EMPLOYEE APPRECIATION WEEK	150.00
WOWPOINTSCOM*FTD	03/04/2019	PO#51215 FLOWERS R.COTTRELL	59.39
WOWPOINTSCOM*FTD	02/20/2019	PO#51088 FLOWERS LOIS CLANCY	63.71
WOWPOINTSCOM*FTD	02/19/2019	PO#51087 FLOWERS FOR A.WHITWORTH	59.39
WWW.RESERVATIONS.COM	02/19/2019	EASGLE CONFERENCE RESERVATION	14.99
WWWBCCTPCOR	02/06/2019	PO#50927 COMMUNITY PARAMEDICINE CERTIFICATION MORGAN CLARK	385.00
TOTAL			31,461.95

Montgomery County Hospital District
Bank Register - Operating Acct-WF
Patient Refunds - One Time Checks (03/01/2019 - 03/31/2019)

Payment number	Payment type	Invoice date	Invoice number	Vendor name	Invoice amount	Cleared?	Post date
100891	Computer Check	3/18/19	17-13864	BCBS OF TEXAS (731431)-REFUND DEPT	\$341.56	TRUE	3/18/19
100913	Computer Check	3/18/19	17-23388	HEALTH CARE SERVICE CORPORATION (POB	\$528.85	TRUE	3/18/19
100887	Computer Check	3/18/19	17-39219	ACCENT (POB 952366)	\$409.98	TRUE	3/18/19
101001	Computer Check	3/25/19	17-55564B	PATIENT REFUND	\$20.00	TRUE	3/25/19
100892	Computer Check	3/18/19	17-61893	BOON-CHAPMAN (Prime DX)	\$291.69	TRUE	3/18/19
100776	Computer Check	3/4/19	17-62124	GLOBAL EXCEL	\$662.11	FALSE	3/4/19
101028	Computer Check	3/25/19	17-9205	UNITED HEALTHCARE (POB 101760)	\$268.49	TRUE	3/25/19
101022	Computer Check	3/25/19	18-10591	UNITED HEALTHCARE (POB 101760)	\$302.34	TRUE	3/25/19
101019	Computer Check	3/25/19	18-11485	UNITED HEALTHCARE (POB 101760)	\$315.77	TRUE	3/25/19
101031	Computer Check	3/25/19	18-13786	UNITED HEALTHCARE (POB 101760)	\$297.87	TRUE	3/25/19
101026	Computer Check	3/25/19	18-14277	UNITED HEALTHCARE (POB 101760)	\$275.49	TRUE	3/25/19
101020	Computer Check	3/25/19	18-14838	UNITED HEALTHCARE (POB 101760)	\$232.69	TRUE	3/25/19
101021	Computer Check	3/25/19	18-18019	UNITED HEALTHCARE (POB 101760)	\$293.39	TRUE	3/25/19
101029	Computer Check	3/25/19	18-20126	UNITED HEALTHCARE (POB 101760)	\$255.07	TRUE	3/25/19
100943	Computer Check	3/18/19	18-23538	UMR	\$431.40	TRUE	3/18/19
100890	Computer Check	3/18/19	18-23646	BCBS OF TEXAS (731431)-REFUND DEPT	\$245.27	TRUE	3/18/19
101027	Computer Check	3/25/19	18-25317	UNITED HEALTHCARE (POB 101760)	\$288.92	TRUE	3/25/19
100916	Computer Check	3/18/19	18-31905	HUMANA MILITARY	\$11.23	FALSE	3/18/19
100805	Computer Check	3/4/19	18-34824	PATIENT REFUND	\$289.70	TRUE	3/4/19
101032	Computer Check	3/25/19	18-35101	UNITED HEALTHCARE (POB 101760)	\$297.87	TRUE	3/25/19
101034	Computer Check	3/25/19	18-37090B	PATIENT REFUND	\$298.94	FALSE	3/25/19
100889	Computer Check	3/18/19	18-38150	BCBS OF TEXAS (731431)-REFUND DEPT	\$742.20	TRUE	3/18/19
101025	Computer Check	3/25/19	18-41043	UNITED HEALTHCARE (POB 101760)	\$277.44	TRUE	3/25/19
100912	Computer Check	3/18/19	18-42084	PATIENT REFUND	\$65.00	FALSE	3/18/19
101012	Computer Check	3/25/19	18-42292	PATIENT REFUND	\$344.79	FALSE	3/25/19
100923	Computer Check	3/18/19	18-43306	PATIENT REFUND	\$71.00	TRUE	3/18/19
100996	Computer Check	3/25/19	18-44931	PATIENT REFUND	\$100.00	FALSE	3/25/19
100918	Computer Check	3/18/19	18-46367	PATIENT REFUND	\$25.58	TRUE	3/18/19
100997	Computer Check	3/25/19	18-46620	PATIENT REFUND	\$25.07	TRUE	3/25/19
100893	Computer Check	3/18/19	18-47250	BOON-CHAPMAN (Prime DX)	\$288.77	TRUE	3/18/19
100952	Computer Check	3/18/19	18-47250	PATIENT REFUND	\$105.00	TRUE	3/18/19
101030	Computer Check	3/25/19	18-48688	UNITED HEALTHCARE (POB 101760)	\$246.12	TRUE	3/25/19
100806	Computer Check	3/4/19	18-48862	PATIENT REFUND	\$508.03	FALSE	3/4/19
101033	Computer Check	3/25/19	18-48862B	PATIENT REFUND	\$508.03	TRUE	3/25/19
101023	Computer Check	3/25/19	18-49305	UNITED HEALTHCARE (POB 101760)	\$13.42	TRUE	3/25/19
101024	Computer Check	3/25/19	18-49381	UNITED HEALTHCARE (POB 101760)	\$306.82	TRUE	3/25/19
100851	Computer Check	3/12/19	18-51720 \$102.30	PATIENT REFUND	\$102.30	FALSE	3/12/19
100953	Computer Check	3/18/19	18-52270	PATIENT REFUND	\$125.00	FALSE	3/18/19
100926	Computer Check	3/18/19	18-5254	PATIENT REFUND	\$265.00	TRUE	3/18/19
100888	Computer Check	3/18/19	18-52697	ANTHEM BCBS	\$72.32	TRUE	3/18/19
100873	Computer Check	3/12/19	18-53207	PATIENT REFUND	\$298.58	FALSE	3/12/19
100833	Computer Check	3/12/19	18-53379	PATIENT REFUND	\$10.54	FALSE	3/12/19
100957	Computer Check	3/25/19	18-53437	AMERIGROUP (POB 933657)	\$271.02	TRUE	3/25/19
100988	Computer Check	3/25/19	18-53797	HEALTH CARE SERVICE CORPORATION (POB	\$416.41	TRUE	3/25/19
100846	Computer Check	3/12/19	18-54520	HEALTH CARE SERVICE CORPORATION (POB	\$603.29	TRUE	3/12/19
100874	Computer Check	3/12/19	18-55321	PATIENT REFUND	\$17.55	FALSE	3/12/19
101009	Computer Check	3/25/19	18-56343	PATIENT REFUND	\$655.93	TRUE	3/25/19
100804	Computer Check	3/4/19	18-57498	UNITED HEALTHCARE SERVICES (POB 1459)	\$323.29	FALSE	3/4/19
100985	Computer Check	3/25/19	18-57758	PATIENT REFUND	\$20.00	FALSE	3/25/19
100795	Computer Check	3/4/19	18-58822	PATIENT REFUND	\$89.23	TRUE	3/4/19
100843	Computer Check	3/12/19	18-59672	PATIENT REFUND	\$125.00	TRUE	3/12/19
100935	Computer Check	3/18/19	18-60438	PATIENT REFUND	\$40.00	TRUE	3/18/19
100970	Computer Check	3/25/19	18-62087	PATIENT REFUND	\$25.00	TRUE	3/25/19
100821	Computer Check	3/12/19	18-62244	PATIENT REFUND	\$84.07	FALSE	3/12/19
100908	Computer Check	3/18/19	18-63543	PATIENT REFUND	\$20.00	FALSE	3/18/19
100907	Computer Check	3/18/19	18-65087	PATIENT REFUND	\$1.51	FALSE	3/18/19
100907	Computer Check	3/18/19	18-65283	PATIENT REFUND	\$1.49	FALSE	3/18/19
100973	Computer Check	3/25/19	18-65436	PATIENT REFUND	\$265.00	FALSE	3/25/19

Montgomery County Hospital District
Bank Register - Operating Acct-WF
Patient Refunds - One Time Checks (03/01/2019 - 03/31/2019)

Payment number	Payment type	Invoice date	Invoice number	Vendor name	Invoice amount	Cleared?	Post date
100991	Computer Check	3/25/19	18-65855	PATIENT REFUND	\$55.73	FALSE	3/25/19
100885	Computer Check	3/12/19	18-66368	PATIENT REFUND	\$89.67	TRUE	3/12/19
100944	Computer Check	3/18/19	18-66395	UNITED HEALTHCARE (740804)	\$246.12	TRUE	3/18/19
100945	Computer Check	3/18/19	18-66692	UNITED HEALTHCARE (POB 101760)	\$501.89	TRUE	3/18/19
100993	Computer Check	3/25/19	19-1635	PATIENT REFUND	\$688.88	FALSE	3/25/19
100915	Computer Check	3/18/19	19-1964	HUMANA HEALTH CARE PLANS (POB 931655)	\$200.19	TRUE	3/18/19
100968	Computer Check	3/25/19	19-2024	PATIENT REFUND	\$536.68	FALSE	3/25/19
100903	Computer Check	3/18/19	19-3815	PATIENT REFUND	\$92.50	FALSE	3/18/19
100946	Computer Check	3/18/19	19-4258	UNITED HEALTHCARE INSURANCE CO	\$265.50	TRUE	3/18/19
100941	Computer Check	3/18/19	19-4838	PATIENT REFUND	\$8.12	FALSE	3/18/19
100895	Computer Check	3/18/19	19-530	PATIENT REFUND	\$435.04	FALSE	3/18/19
101013	Computer Check	3/25/19	19-5620	PATIENT REFUND	\$265.00	TRUE	3/25/19
100927	Computer Check	3/18/19	19-940	PATIENT REFUND	\$180.01	FALSE	3/18/19
TOTAL					<u><u>\$17,383.76</u></u>		

MCHD Surplus/Salvage
April 2019

Qty	Serial Number	MCHD Tag	Product Description	S/S	Reason
1	AS08070583		Speed Aire air compressor	Salvage	Compressor is bad
1 each	G26805	9390	EZ IO POWER DRILL	SALVAGE	Not enough power-end of battery life-not repairable
1 each	H10279	NCA20001	EZ IO POWER DRILL	SALVAGE	Not enough power-end of battery life-not repairable
1	QS0634221307	N/A	APC Battery Backup	Salvage	Broken/Out of Warranty
1	QS0633350732	N/A	APC Battery Pack	Salvage	Broken/Out of Warranty
1	FTX1022TORX	N/A	Cisco Wireless Access Point	Salvage	End of Life for Device
1	FTX1146NOLO	7653	Cisco Wireless Access Point	Salvage	End of Life for Device
1	Z4KCHCLCB22076H	N/A	Samsung Monitor	Salvage	Broken screen
1	CN0KU7897161875KCGA1	7509	Dell Monitor	Salvage	Broken screen
1	9819773	N/A	M7100 Radio	Salvage	No Longer supported by vendor, No Longer compatible with current system
1	9326083	N/A	M7100 Radio	Salvage	No Longer supported by vendor, No Longer compatible with current system
1	9215848	N/A	M7100 Radio	Salvage	No Longer supported by vendor, No Longer compatible with current system
1	1269063	N/A	ORION Radio	Salvage	No Longer supported by vendor, No Longer compatible with current system
1	1735158	6897	ORION Radio	Salvage	No Longer supported by vendor, No Longer compatible with current system
1	1813366	N/A	ORION Radio	Salvage	No Longer supported by vendor, No Longer compatible with current system
1	98110006	N/A	ASTRON Power Supply	Salvage	No Longer supported by vendor, No Longer compatible with current system
1	RA50954	6029	CONTROL HEAD (UHF)	Salvage	No Longer supported by vendor, No Longer compatible with current system
1	RE37158	8015	CONTROL HEAD (UHF)	Salvage	No Longer supported by vendor, No Longer compatible with current system
1	N/A	N/A	MOTOROLA MIC	Salvage	Broken, No Longer Works
1	0004APT	6890	LPE-200 Portable Radio	Salvage	No Longer supported by vendor, No Longer compatible with current system
1	N/A	N/A	DESKTOP MIC	Salvage	Broken, No Longer Works
1	N/A	N/A	MONITOR STAND	Salvage	Broken, No Longer Works
1	N/A	N/A	ENHANCED AUDIO ENCLOSURE	Salvage	Broken, No Longer Works
1	N/A	N/A	ERICSSON SPEAKER	Salvage	Broken, No Longer Works
1	N/A	N/A	ERICSSON SPEAKER	Salvage	Broken, No Longer Works
1	N/A	N/A	FOOT PEDAL	Salvage	Broken, No Longer Works
1	N/A	8284	RADIO CONSOLE #4 (DELL)	Salvage	No Longer supported by vendor, No Longer compatible with current system
1	7619802904146	N/A	MICROSOFT KEYBOARD	Salvage	Broken, No Longer Works
1	N/A	6248	Sanyo Refrigerator	Salvage	Broken, No Longer Works
1	manitowc	1101024535	Ice maker	Salvage	unit replaced
1	manitowc	1101000664	Ice maker	Salvage	unit replaced
1	manitowc	110977478	Ice maker	Salvage	unit replaced
1	Maytag	M33211863	Dryer	Salvage	Broken, No longer works
16	n/a	n/a	Long sleeve uniform shirt	Surplus	Old uniform style not currently used
51	n/a	n/a	Short sleeve uniform shirt	Surplus	Old uniform style not currently used
26	n/a	n/a	Pants with cargo pocket	Surplus	Old uniform style not currently used
31	n/a	n/a	Straight leg uniform pants	Surplus	Old uniform style not currently used
4	n/a	n/a	Winter jacket	Surplus	Old uniform style not currently used
17	n/a	n/a	Polo shirt	Surplus	Old uniform style not currently used
20	n/a	n/a	Rain pants	Surplus	Old uniform style not currently used

AGENDA ITEM # 32

Board Mtg.: 4/23/2019

Montgomery County Hospital District

Proceeds from Sale of Assets

10/01/2017 - 03/31/2019

Account Name	Description	Sale Date	Sale of Surplus
Vehicles	2010 Dodge Ram 3500 - 201,234 miles	5/22/2018	8,660.00
Vehicles	2009 Ford F350 - 140,736 miles (trade-in)	7/3/2018	15,000.00
Vehicles	2012 Dodge Ram 3500 SLT - 203,110 miles	7/24/2018	8,305.00
Vehicles	2012 Dodge Ram 3500 ST - 194,983 miles	9/21/2018	8,150.00
Vehicles	2012 Dodge Ram 3500 SLT - 199,930 miles	12/18/2018	8,514.00
Vehicles	2012 Dodge Ram 3500 - 189,761 miles	12/18/2018	8,920.00
Vehicles	2008 Chevy Tahoe LS - 199,172 miles	3/12/2019	3,805.00
Vehicles Total			<u>61,354.00</u>
Total Proceeds			<u><u>61,354.00</u></u>

SB 2231**HB 3890 (Companion)****Purpose**

To include paramedics, employed by a political subdivision, in the existing fire science curriculum tuition exemption program.

Background

State legislators created the Fire Science Tuition Exemption for firefighters in the early 2000s. The intent was to provide job related tuition exemption to create better public servants. In 2006, Attorney General Abbott defined "Fire Science" as anything related to (1) Firefighting, (2) EMS, (3) Emergency Management, and (4) Public Administration.

Paramedic Inclusion

Over 80% of the listed degree programs are related to EMS. The inclusion of paramedics meets the education needs of EMS professionals without creating a new state program.

Total Benefit

Approximately 3,000 Texas paramedics will receive increased access to higher education.

Paramedics working for Austin-Travis County EMS, Williamson County EMS, Montgomery County Hospital District, and Beaumont Public Health EMS are some of the larger beneficiaries.

Paramedics working for Paris EMS, Mathis EMS, Washington County EMS, and Fayette County EMS are examples of rural providers receiving the benefit.

Impact Clarification

SB 2231 does not intentionally exclude private, nonprofit, or hospital-based EMS providers. The fire science tuition exemption law exists specifically for those employed by a political subdivision. SB 2231 simply adds the language "or paramedics" to the existing law for EMS inclusion.

A statewide inclusion of paramedics, employed by a political subdivision, is a minimal addition to the existing program. Houston Fire Department employs approximately 4,000 fire fighters. The entirety of SB 2231's inclusion is $\frac{3}{4}$ of the state's largest fire department.

Public Benefit

All Texas communities benefit from paramedics with higher education. NHTSA's EMS Agenda 2050 and the Center for Medicare & Medicaid Services ET3 payment reform show that the paramedic role is evolving. This bill prepares Texas communities for the future of out-of-hospital medicine by preparing paramedics for their emerging role.

STATE OF TEXAS §
 §
COUNTY OF MONTGOMERY §

**A RESOLUTION OF THE MONTGOMERY COUNTY HOSPITAL DISTRICT'S
BOARD OF DIRECTORS IN SUPPORT OF H.B. 3890 AND S.B. 2231 PENDING
BEFORE THE TEXAS LEGISLATURE**

WHEREAS, the Montgomery County Hospital District provides Emergency Medical Services to the citizens of Montgomery County, Texas; and

WHEREAS, the Paramedics that serve the citizens Montgomery County, Texas provide quality emergency care that dramatically improves the survival and recovery rate of those who experience sudden illness or injury; and

WHEREAS, the level of complexity of the care provided continues to increase and demands increased education requirements; and

WHEREAS, the Texas Fire Science Tuition Exemption Program has been successful in allowing fire services across the State to meet the educational demands that the Emergency Services are facing; and

WHEREAS, House Bill 3890 and Senate Bill 2231 would add Paramedics to the Tuition Exemption Program; and

WHEREAS, the Legislative Budget Board has stated that there is no significant fiscal implication to the State or Local Governments anticipated and by passage of these bills.

NOW, THEREFORE BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE MONTGOMERY COUNTY HOSPITAL DISTRICT THAT:

1. Approval of Recitals as Findings of Fact. The foregoing recitals, having been found by the Board of Directors to be true and correct, are hereby incorporated into this Resolution as findings of fact.
2. Approval and Support of H.B. 3890 And S.B. 2231. The Board of Directors hereby supports the passage of House Bill 3890 and Senate Bill 2231 by the members of the Texas Legislature; and
3. Notification of Resolution to Legislative Delegation. The Board of Directors further directs that a copy of this Resolution be forwarded to each member of the Texas Legislature who represents Montgomery County, Texas.

BE IT SO RESOLVED.

Passed and Approved this _____ day of _____, 2019, by a vote of ____ in favor and _____ against, _____ abstaining.

**MONTGOMERY COUNTY HOSPITAL
DISTRICT**

By: _____
Mark Cole, Chairman

Attest:

Sandy Wagner, Board Secretary

**MINUTES OF A REGULAR MEETING
OF THE BOARD OF DIRECTORS
MONTGOMERY COUNTY HOSPITAL DISTRICT**

The regular meeting of the Board of Directors of Montgomery County Hospital District was duly convened at 4:00 p.m., March 26, 2019 in the Administrative offices of the Montgomery County Hospital District, 1400 South Loop 336 West, Conroe, Montgomery County, Texas.

1. Call to Order

Meeting called to order at 4:00 p.m.

2. Invocation

Led by Mr. Cole

3. Pledge of Allegiance

Led by Mr. Grice

4. Roll Call

Present:

Chris Grice
Justin Chance
Mark Cole
Sandy Wagner

Not Present:

Bob Bagley
Brad Spratt
Georgette Whatley

5. Public Comment

Mr. Jack Sines made a public comment to the board.

6. Special Recognition:

Non Field Employee – Nikki Greer

Field Employee – Rick Stevens

7. Present, consider and act on the Weaver and Tidwell, L.L. P. Audit of Fiscal Year Ended September 30, 2018. (Mr. Grice, Treasurer – MCHD Board) (attached)

Mr. Greg Peterson, Senior Audit Manager with Weaver and Tidwell, L.L.P. made a presentation to the board.

Mr. Grice made a motion to accept Weaver and Tidwell, L.L.P. audit of fiscal year ended September 30, 2018. Mrs. Wagner offered a second and motion passed unanimously.

8. **Presentation by Montgomery County ADA on Opioid research grant, consider and take action if necessary. (Mr. Cole, Chairman – MCHD Board) (attached)**

Ms. Tamara Holland with the District Attorney's office made a presentation to the board.

After board discussion Mr. Cole requested agenda item be tabled for a future meeting with all board members in attendance.

9. **CEO Report to include update on District operations, strategic plan, capital purchases, employee issues and benefits, transition plans and other healthcare matters, grants and any other related district matters.**

Mr. Randy Johnson, CEO presented a report to the board.

10. **Consider and act on District Policies: (Mr. Chance, Chair – Personnel Committee)**
• **HR 25-420 Complaint/Conflict Resolution External**

Mr. Chance made a motion to consider and act on District Policy HR 25-420 Complaint/Conflict Resolution External. Mrs. Wagner offered a second and motion passed unanimously.

11. **Chief of EMS Report to include updates on EMS staffing, performance measures, staff activities, patient concerns, transport destinations and fleet.**

Mr. James Campbell, EMS Chief presented a report to the board.

12. **Consider and act on Proclamation in support of Public Safety Telecommunications Week, April 14 to April 20, 2019. (Mr. Spratt, Chair – EMS Committee) (attached)**

Mr. Chance made a motion to consider and act on Proclamation in support of Public Safety Telecommunications Week, April 14 to April 20, 2019. Mrs. Wagner offered a second and motion passed unanimously.

13. **Consider and act on the renewal of the Exacom recorder support contract. (Mr. Spratt, Chair – EMS Committee) (attached)**

Mr. Chance made a motion to consider and act on the renewal of the Exacom recorder support contract. Mr. Grice offered a second and motion passed unanimously.

14. **Consider and act on GEO Comm (GIS Data Resources) agreement. (Mr. Spratt, Chair – EMS Committee) (attached)**

Mr. Chance made a motion to consider and act on GEO Comm (GIS Data Resources) agreement. Mrs. Wagner offered a second and motion passed unanimously.

15. **Consider and act on Texas A&M University Athletics Dedicated Standby Services Agreement. (Mr. Spratt, Chair – EMS Committee) (attached)**

Mr. Chance made a motion to consider and act on Texas A&M University Athletics Dedicated Standby Services Agreement. Mr. Grice offered a second. After board discussion motion passed unanimously.

Mr. Chance offered an amendment to his original motion for staff to proceed with the approval of the standard form of contract which we give to neighboring agencies at the standard rate along with the claw back provision. Mr. Grice offered a second. After board discussion motion passed unanimously.

- 16. COO Report to include updates on facilities, radio system, supply chain, staff activities, community paramedicine, emergency preparedness and IT.**

Mrs. Melissa Miller, COO presented a report to the board.

- 17. Consider and act on purchase of new TriTech EMS/Fire Dispatch Disaster Recovery Program. (Ms. Whatley, Chair – PADCOM Committee) (attached)**

Mr. Chance made a motion to consider and act on purchase of new TriTech EMS/Fire Dispatch Disaster Recovery Program. Mrs. Wagner offered a second. After board discussion motion passed unanimously.

- 18. Consider and act upon award of contract for PSAP Critical UPS System Upgrade per RFP #FY2019-016-01. (Ms. Whatley, Chair – PADCOM Committee) (attached)**

Mr. Justin Evans gave a presentation to the board.

Mr. Chance made a motion to consider and act upon award of contract for PSAP Critical UPS System Upgrade per RFP #FY2019-016-01. Mr. Grice offered a second and motion passed unanimously.

- 19. Health Care Services Report to include regulatory update, outreach, eligibility, service, utilization, community education, clinical services, epidemiology, and emergency preparedness.**

Mrs. Ade Moronkeji, HCAP Manager presented a report to the board.

- 20. Consider and act on Healthcare Assistance Program claims from Non-Medicaid 1115 Waiver providers processed by Boon-Chapman. (Mrs. Wagner, Chair - Indigent Care Committee)**

Mrs. Wagner made a motion to consider and act on Healthcare Assistance Program claims from Non-Medicaid 1115 Waiver providers processed by Boon-Chapman. Mr. Chance offered a second and motion passed unanimously.

- 21. Consider and act on ratification of voluntary contributions to the Medicaid 1115 Waiver program of Healthcare Assistance Program claims processed by Boon Chapman. (Mrs. Wagner, Chair – Indigent Care Committee)**

Mrs. Wagner made a motion to consider and act on ratification of voluntary contributions to the Medicaid 1115 Waiver program of Healthcare Assistance Program claims processed by Boon Chapman. Mr. Chance offered a second and motion passed unanimously.

- 22. Consider and act on recommendation that HCAP claims administration be moved from Boon Chapman to In-House IHS software in FY20. (Mrs. Wagner, Chair-Indigent Care Committee) (attached)**

Mr. Cole requested agenda items 22 thru 27 to be tabled for a future meeting.

- 23. Consider and act on increasing the income guideline from 133% to 150% for MAP. (Mrs. Wagner, Chair-Indigent Care Committee) (attached)**

Mr. Cole requested agenda items 22 thru 27 to be tabled for a future meeting.

- 24. Consider and act on recommended changes to existing vehicle exemption. (Mrs. Wagner, Chair-Indigent Care Committee) (attached)**

Mr. Cole requested agenda items 22-27 to be tabled for a future meeting.

- 25. Consider and act on recommended changes to the prescription drug program. (Mrs. Wagner, Chair-Indigent Care Committee) (attached)**

Mr. Cole requested agenda items 22-27 to be tabled for a future meeting.

- 26. Consider and act on recommended addition of medically necessary Bi-Pap as a covered therapy. (Mrs. Wagner, Chair-Indigent Care Committee) (attached)**

Mr. Cole requested agenda items 22-27 to be tabled for a future meeting.

- 27. Consider and act on recommended Need Based Medical Transportation trial program. (Mrs. Wagner, Chair-Indigent Care Committee) (attached)**

Mr. Cole requested agenda items 22-27 to be tabled for a future meeting.

- 28. Presentation of preliminary Financial Report for five months ended February 28, 2019 – Brett Allen, CFO, report to include Financial Summary, Financial Statements, Supplemental EMS Billing Information, and Supplemental Schedules.**

Mr. Brett Allen, CFO presented financial report to the board.

- 29. Consider and act on blanket authorized representation on all benefit and investment programs. (Mr. Grice, Treasurer – MCHD Board)**

Mr. Grice made a motion to consider and act on blanket authorized representation on all benefit and investment programs. Mrs. Wagner offered a second and motion passed unanimously.

- 30. Present, consider and act on the renewal of the District insurance portfolio. (Mr. Grice, Treasurer – MCHD Board) (attached)**

Mr. Grice made a motion to consider and act on the renewal of the District insurance policy. Mr. Chance offered a second and motion passed unanimously.

- 31. Consider and act on Accounting Policy: (Mr. Grice, Treasurer – MCHD Board) (attached)**
- **ACC 05-104 Fund Balance Policy**

Mr. Grice made a motion to consider and act on Accounting Policy ACC 05-104 Fund Balance Policy. Mr. Chance offered a second. After board discussion motion passed unanimously.

- 32. Consider and act on ratification of payment of District invoices. (Mr. Grice, Treasurer - MCHD Board)**

Mr. Grice made a motion to consider and act on ratification of payment of District invoices. Mr. Chance offered a second and motion passed unanimously.

- 33. Consider and act on salvage and surplus. (Mr. Grice, Treasurer – MCHD Board) (attached)**

Mr. Grice made a motion to consider and act on salvage and surplus. Mr. Chance offered a second and motion passed unanimously.

34. Secretary's Report - Consider and act on minutes for the February 26, 2019 Regular BOD meeting. (Mrs. Wagner, Secretary - MCHD Board)

Mrs. Wagner made a motion to consider and act on the minutes for the February 26, Regular BOD Meeting. Mr. Grice offered a second and motion passed unanimously.

35. Convene into executive session pursuant to section 551.072 of the Texas Government code to discuss real estate property including but not limited to acquisition of property, construction and renovation of property at 5918 FM 1488 and any other related matters. (Ms. Whatley, Chair – PADCOM Committee)

Mr. Cole made a motion to convene into executive session at 5:18 p.m. pursuant to section 551.072 of the Texas Government code to discuss real estate property including but not limited to acquisition of property, construction and renovation of property at 5918 FM 1488 and any other related matters.

36. Reconvene from executive session and take action as necessary on real estate property including but not limited to acquisition of property, construction and renovation of property at 5918 FM 1488 and any other related matters. (Ms. Whatley, Chair – PADCOM Committee)

The board reconvened from executive session at 5:31 p.m. and are now back in regular session.

Mr. Chance made a motion for staff to proceed with purchase in the amount not to exceed the amount discussed in executive session. Mr. Grice offered a second and motion passed unanimously.

37. Adjourn

Meeting adjourned at 5:32 p.m.

Sandy Wagner, Secretary

Agenda Item # 35



To: Board of Directors

From: Emily Fitzgerald, HR Manager

Date: April 23, 2019

Re: Convene into Executive Session – CEO Evaluation

Convene into executive session pursuant to section 551.074 of the Texas Government Code to deliberate personnel matters related evaluation of Chief Executive Officer, Randy E. Johnson. (Mr. Chance, Chair – Personnel Committee)

Agenda Item # 36



To: Board of Directors

From: Emily Fitzgerald, HR Manager

Date: April 23, 2019

Re: Reconvene from Executive Session – CEO Evaluation

Reconvene from executive session and make recommendations if needed on matters relating to the evaluation of Chief Executive Officer, Randy E. Johnson. (Mr. Chance, Chair – Personnel Committee)