

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 27, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 862,640.58
TOTAL TRANSFERS BETWEEN FUNDS	\$ 2,668,512.87
TOTAL NURSING HOME UPL EXPENSES	\$ 3,415,591.20
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 1,482,143.38
GRAND TOTAL DISBURSEMENTS APPROVED May 27, 2020	\$ 8,428,888.03

APPROVED

MAY 27 2020

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---May 27, 2020

PAYABLES AND PAYROLL

5/21/2020 Weekly Payables	422,143.11
5/21/2020 Patient Refunds	291.32
5/26/2020 McKesson-340B Prescription Expense	6,273.29
5/26/2020 Amerisource Bergen-340B Prescription Expense	1,746.14
5/22/2020 Payroll Liabilities -Payroll Taxes	106,458.03
5/22/2020 Payroll	325,661.51

Prosperity Electronic Bank Payments

5/19-5/22/20 Pay Plus-Patient Claims Processing Fee	67.18
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TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS **\$ 862,640.58**

TRANSFER BETWEEN FUNDS-NURSING HOMES

5/22/2020 MMC Operating to Ashford-NH portion of QIPP payment and NH portion of stimulus deposited into MMC Operating on 5/22/2020	599,256.01
5/22/2020 MMC Operating to Solera-NH portion of QIPP payment and NH portion of stimulus deposited into MMC Operating on 5/22/2020	345,883.45
5/22/2020 MMC Operating to Fortbend-NH portion of QIPP payment and NH portion of stimulus deposited into MMC Operating on 5/22/2020	208,424.79
5/22/2020 MMC Operating to Broadmoor-correction of NH insurance payment, NH portion of QIPP payment and NH portion of stimulus deposited into MMC Operating on 5/22/20	348,607.89
5/22/2020 MMC Operating to The Crescent- correction of NH insurance payment, NH portion of QIPP payment and NH portion of stimulus payment deposited into MMC Operating on 5/22/2020	345,855.95
5/22/2020 MMC Operating to Golden Creek Healthcare-correction of NH insurance payment, NH portion of QIPP payment and NH portion of stimulus deposited into MMC Operating on 5/22/2020	425,732.51
5/22/2020 MMC Operating to Gulf Pointe Plaza-correction of NH insurance payment and NH portion of QIPP payment	392,761.35
5/22/2020 MMC Operating to Tuscany Village-correction of NH insurance payment and NH portion of QIPP payment	1,990.92

TOTAL TRANSFERS BETWEEN FUNDS **\$ 2,668,512.87**

NURSING HOME UPL EXPENSES

5/26/2020 Nursing Home UPL-Cantex Transfer	2,168,623.76
5/26/2020 Nursing Home UPL-Nexion Transfer	396,275.00
5/26/2020 Nursing Home UPL-HMG Transfer	653,333.76
5/26/2020 Nursing Home UPL-Tuscany Transfer	11,129.11
5/26/2020 Nursing Home UPL-HSL Transfer	71,515.85

QIPP/INTEREST/RECOUP CHECKS TO MMC

5/26/2020 Ashford	13,016.28
5/26/2020 Broadmoor	4,685.24
5/26/2020 Crescent	3,835.27
5/26/2020 Fort Bend	5,318.66
5/26/2020 Solera	4,603.58
5/26/2020 Golden Creek	49,642.72
5/26/2020 Gulf Pointe	33,611.97

TOTAL NURSING HOME UPL EXPENSES **\$ 3,415,591.20**

INTER-GOVERNMENT TRANSFERS

5/26/2020 IGT UHRIP PGY4 to be paid June 03, 2020	144,969.52
5/26/2020 IGT QIPP Year 4 to be paid June 03, 2020	1,337,173.86

TOTAL INTER-GOVERNMENT TRANSFERS **\$ 1,482,143.38**

GRAND TOTAL DISBURSEMENTS APPROVED May 27, 2020 **\$ 8,428,888.03**

RECEIVED**MAY 21 2020**05/21/2020
Calhoun County Auditor
10:48

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 06/03/2020

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11283 ACE HARDWARE 15521 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
144311 ✓		05/11/20	05/07/20	06/01/20		105.44	0.00	0.00	105.44 ✓

SUPPLIES

144293 ✓		05/11/20	05/07/20	06/01/20		24.57	0.00	0.00	24.57 ✓
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SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11283	ACE HARDWARE 15521	130.01	0.00	0.00	130.01	

Vendor# Vendor Name

Class Pay Code

R1200 ADT COMMERCIAL ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
443193 ✓		05/15/20	05/01/20	05/26/20		47.29	0.00	0.00	47.29 ✓

FIRE MONITROING

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
R1200	ADT COMMERCIAL	47.29	0.00	0.00	47.29	

Vendor# Vendor Name

Class Pay Code

A1690 ALCON LABORATORIES, INC. ✓

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9657809779 ✓		04/30/20	04/28/20	05/28/20		1,338.49	0.00	0.00	1,338.49

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
A1690	ALCON LABORATORIES, INC.	1,338.49	0.00	0.00	1,338.49	

Vendor# Vendor Name

Class Pay Code

10931 AMERICAN APPLIANCE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
29571 ✓		05/19/20	05/14/20	05/29/20		519.00	0.00	0.00	519.00 ✓

SUPPLIES - department refrigerator / X-ray dept.

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
10931	AMERICAN APPLIANCE	519.00	0.00	0.00	519.00	

Vendor# Vendor Name

Class Pay Code

A1360 AMERISOURCEBERGEN DRUG CORP - cannot run credit without debits

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
586637235		11/30/20	02/15/20	06/01/20		-2,182.12	0.00	0.00	-2,182.12

CREDIT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
A1360	AMERISOURCEBERGEN DRUG CORP	-2,182.12	0.00	0.00	-2,182.12	

Vendor# Vendor Name

Class Pay Code

A2218 AQUA BEVERAGE COMPANY ✓

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
968871 ✓		04/30/20	04/30/20	05/28/20		21.99	0.00	0.00	21.99 ✓

WATER

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
A2218	AQUA BEVERAGE COMPANY	21.99	0.00	0.00	21.99	

Vendor# Vendor Name

Class Pay Code

12800 AUTHORITYRX ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1021		05/20/20	04/08/20	05/08/20		7,699.00	0.00	0.00	7,699.00

ENHANCED AUDITING

Vendor Totals					Number	Name		Gross	Discount	No-Pay	Net
					12800	AUTHORITYRX		7,699.00	0.00	0.00	7,699.00
Vendor#	Vendor Name					Class	Pay Code				
B1150	BAXTER HEALTHCARE					W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
66632947		05/19/20	05/04/20	05/29/20		435.82	0.00	0.00	435.82		
SUPPLIES											
Vendor Totals					Number	Name		Gross	Discount	No-Pay	Net
					B1150	BAXTER HEALTHCARE		435.82	0.00	0.00	435.82
Vendor#	Vendor Name					Class	Pay Code				
B1266	BECKMAN COULTER CAPITAL					W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
5423048		05/07/20	04/30/20	05/30/20		3,507.27	0.00	0.00	3,507.27		
MAINT CONTRACT/LEASE											
108400928		05/07/20	05/01/20	05/30/20		1,113.60	0.00	0.00	1,113.60		
SUPPLIES											
108402948		05/07/20	05/01/20	06/01/20		905.24	0.00	0.00	905.24		
SUPPLIES											
108402885		05/07/20	05/01/20	06/01/20		3,052.16	0.00	0.00	3,052.16		
SUPPLIES											
108402674		05/07/20	05/01/20	06/01/20		77.75	0.00	0.00	77.75		
SUPPLIES											
108404213		05/07/20	05/01/20	06/03/20		921.75	0.00	0.00	921.75		
SUPPLIES											
108402194		05/07/20	05/03/20	06/03/20		6,627.75	0.00	0.00	6,627.75		
SUPPLIES											
Vendor Totals					Number	Name		Gross	Discount	No-Pay	Net
					B1266	BECKMAN COULTER CAPITAL		16,205.52	0.00	0.00	16,205.52
Vendor#	Vendor Name					Class	Pay Code				
B1680	BOUND TREE MEDICAL, LLC					M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
83620802		05/19/20	05/11/20	05/19/20		247.35	0.00	0.00	247.35		
SUPPLIES											
Vendor Totals					Number	Name		Gross	Discount	No-Pay	Net
					B1680	BOUND TREE MEDICAL, LLC		247.35	0.00	0.00	247.35
Vendor#	Vendor Name					Class	Pay Code				
B1800	BRIGGS HEALTHCARE					M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
B286437		05/20/20	04/07/20	05/07/20		242.71	0.00	0.00	242.71		
SUPPLIES											
Vendor Totals					Number	Name		Gross	Discount	No-Pay	Net
					B1800	BRIGGS HEALTHCARE		242.71	0.00	0.00	242.71
Vendor#	Vendor Name					Class	Pay Code				
12740	BUILDING KID STEPS										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
APRIL2020		05/19/20	05/19/20	05/19/20		1,039.00	0.00	0.00	1,039.00		
SPEECH THERAPY (4/9-4/21/2020)											
APRIL2020A		05/19/20	05/19/20	05/19/20		263.00	0.00	0.00	263.00		
SPEECH THERAPY (4/22-4/30/2020)											
Vendor Totals					Number	Name		Gross	Discount	No-Pay	Net

	12740	BUILDING KID STEPS					1,302.00	0.00	0.00	1,302.00	
Vendor#	Vendor Name				Class	Pay Code					
C1325	CARDINAL HEALTH 414, INC. ✓				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	8002217812 ✓		05/20/20	04/30/20	05/25/20		955.90	0.00	0.00	955.90 ✓	
	SUPPLIES										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		C1325	CARDINAL HEALTH 414, INC.				955.90	0.00	0.00	955.90	
Vendor#	Vendor Name				Class	Pay Code					
C1992	CDW GOVERNMENT, INC. ✓				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	XFK1536 ✓		05/21/20	03/11/20	04/10/20		131.28	0.00	0.00	131.28 ✓	
	SUPPLIES										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		C1992	CDW GOVERNMENT, INC.				131.28	0.00	0.00	131.28	
Vendor#	Vendor Name				Class	Pay Code					
12768	CHEMAQUA ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	3949917 ✓		05/20/20	05/10/20	05/20/20		500.00	0.00	0.00	500.00 ✓	
	WATER TREATMENT										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		12768	CHEMAQUA				500.00	0.00	0.00	500.00	
Vendor#	Vendor Name				Class	Pay Code					
L1629	CHRISTINA ZAPATA-ARROYO ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	APRIL2020		05/19/20	05/11/20	05/11/20		247.50	0.00	0.00	247.50 ✓	
	SPEECH THERAPY										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		L1629	CHRISTINA ZAPATA-ARROYO				247.50	0.00	0.00	247.50	
Vendor#	Vendor Name				Class	Pay Code					
10723	CLIA LABORATORY PROGRAM ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	041420		04/30/20	04/14/20	05/29/20		3,409.00	0.00	0.00	3,409.00 ✓	
	COMPLIANCE FEE										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		10723	CLIA LABORATORY PROGRAM				3,409.00	0.00	0.00	3,409.00	
Vendor#	Vendor Name				Class	Pay Code					
11720	CLINICAL COMPUTER SYSTEMS INC ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	IN129800 ✓		05/18/20	05/18/20	05/18/20		5,775.00	0.00	0.00	5,775.00 ✓	
	OBIX HOSTED SERVICES										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		11720	CLINICAL COMPUTER SYSTEMS INC				5,775.00	0.00	0.00	5,775.00	
Vendor#	Vendor Name				Class	Pay Code					
10212	CLINICAL PATHOLOGY LABS ✓				ICP						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	2020040		04/30/20	04/30/20	05/30/20		14,020.67	0.00	0.00	14,020.67 ✓	
	LAB SERVICES										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		10212	CLINICAL PATHOLOGY LABS				14,020.67	0.00	0.00	14,020.67	
Vendor#	Vendor Name				Class	Pay Code					

10006	CUSTOM MEDICAL SPECIALTIES										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
266919		05/19/20	04/16/20	05/12/20		111.01	0.00	0.00	111.01		
	SUPPLIES										
267517		05/19/20	05/13/20	05/19/20		326.25	0.00	0.00	326.25		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10006	CUSTOM MEDICAL SPECIALTIES	437.26	0.00	0.00	437.26
Vendor#	Vendor Name				Class	Pay Code					
10368	DEWITT POTH & SON										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
6014750		03/10/20	03/06/20	04/06/20		299.28	0.00	0.00	299.28		
	SUPPLIES										
6066880		05/12/20	05/04/20	05/29/20		309.92	0.00	0.00	309.92		
	SUPPLIES										
6066840		05/12/20	05/04/20	05/29/20		351.25	0.00	0.00	351.25		
	SUPPLIES										
6067670		05/13/20	05/05/20	05/30/20		105.66	0.00	0.00	105.66		
	SUPPLIES										
6067850		05/13/20	05/05/20	05/30/20		94.14	0.00	0.00	94.14		
	SUPPLIES										
6067500		05/13/20	05/05/20	05/30/20		53.48	0.00	0.00	53.48		
	SUPPLIES										
6068240		05/13/20	05/06/20	05/31/20		94.61	0.00	0.00	94.61		
	SUPPLEIS										
6071830		05/13/20	05/08/20	06/02/20		276.98	0.00	0.00	276.98		
	SUPPLIES										
6068241		05/13/20	05/08/20	06/02/20		3.24	0.00	0.00	3.24		
	SUPPLIES										
6049250		05/21/20	04/13/20	05/08/20		57.85	0.00	0.00	57.85		
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10368	DEWITT POTH & SON	1,646.41	0.00	0.00	1,646.41
Vendor#	Vendor Name				Class	Pay Code					
10789	DISCOVERY MEDICAL NETWORK INC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
MMC031520		05/19/20	03/13/20	03/13/20		166,262.35	0.00	0.00	166,262.35		
	PRO FEES March 1-15 2020										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10789	DISCOVERY MEDICAL NETWORK INC	166,262.35	0.00	0.00	166,262.35
Vendor#	Vendor Name				Class	Pay Code					
11291	DOWELL PEST CONTROL										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
16627		05/11/20	05/04/20	05/29/20		75.00	0.00	0.00	75.00		
	PEST CONTROLL - FLIES IN C										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11291	DOWELL PEST CONTROL	75.00	0.00	0.00	75.00
Vendor#	Vendor Name				Class	Pay Code					
13212	DWT'S POLY FOAM CONCRETE										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
051820		05/19/20	05/18/20	05/18/20		1,043.00	0.00	0.00	1,043.00		

RAISE CONCRETE IN FRONT

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		13212	DWT'S POLY FOAM CONCRETE							1,043.00	0.00	0.00	1,043.00
T0383	ERIN CLEVENGER ✓		W										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	052020		05/20/20	05/20/20	05/20/20		63.14	0.00	0.00	63.14 ✓			
		REIMBURSE TRAVEL COVID <i>Supply Pick up 518 and 5113</i>											
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		T0383	ERIN CLEVENGER							63.14	0.00	0.00	63.14
C2510	EVIDENT ✓		M										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	A2005061378 ✓		05/19/20	05/06/20	05/31/20		18,055.00	0.00	0.00	18,055.00 ✓			
		SUPPORT/MONTHLY SUB											
	971263 ✓		05/21/20	04/27/20	05/22/20		473.61	0.00	0.00	473.61 ✓			
		SUPPLIES											
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		C2510	EVIDENT							18,528.61	0.00	0.00	18,528.61
13016	FIRST INSURANCE FUNDING ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	JUNE2020		05/12/20	05/11/20	06/01/20		2,607.23	0.00	0.00	2,607.23 ✓			
		5TH INSTALLMENT											
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		13016	FIRST INSURANCE FUNDING							2,607.23	0.00	0.00	2,607.23
F1403	FISHER & PAYKEL HEALTHCARE ✓		M										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	90709915 ✓		04/29/20	04/22/20	06/01/20		660.38	0.00	0.00	660.38 ✓			
		SUPPLIES											
	90712552 ✓		04/29/20	04/24/20	06/01/20		1,827.35	0.00	0.00	1,827.35 ✓			
		SUPPLIES											
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		F1403	FISHER & PAYKEL HEALTHCARE							2,487.73	0.00	0.00	2,487.73
F1400	FISHER HEALTHCARE ✓		M										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	7755446 ✓		05/15/20	04/21/20	05/16/20		717.65	0.00	0.00	717.65 ✓			
		SUPPLIES											
	8720864 ✓		05/19/20	05/04/20	05/29/20		194.72	0.00	0.00	194.72 ✓			
		SUPPLIES											
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE							912.37	0.00	0.00	912.37
12944	FRASIER HEALTHCARE CONSULTING, ✓												
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
	18963 ✓		05/18/20	05/11/20	05/11/20		4,782.93	0.00	0.00	4,782.93 ✓			
		COLLECTIONS <i>Commission on collections from 4/1-4/30/2020</i>											
	Vendor Totals	Number	Name							Gross	Discount	No-Pay	Net
		12944	FRASIER HEALTHCARE CONSULTING,							4,782.93	0.00	0.00	4,782.93

Vendor#	Vendor Name				Class	Pay Code					
11183	FRONTIER ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	050220		05/15/20	05/02/20	05/26/20		955.72	0.00	0.00	955.72	✓
		PHONES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		11183	FRONTIER				955.72	0.00	0.00	955.72	
Vendor#	Vendor Name				Class	Pay Code					
12404	GE PRECISION HEALTHCARE, LLC ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	6001564839	✓	05/05/20	05/01/20	05/30/20		5,665.83	0.00	0.00	5,665.83	✓
		MAINT CONTRACT									
	6001564995	✓	05/05/20	05/01/20	05/30/20		307.66	0.00	0.00	307.66	✓
		MAINT CONTRACT									
	6001564712	✓	05/05/20	05/01/20	05/30/20		572.33	0.00	0.00	572.33	✓
		MAINT CONTRACT									
	6001564787	✓	05/05/20	05/01/20	05/30/20		3,588.58	0.00	0.00	3,588.58	✓
		MAINT CONTRACT									
	6001564711	✓	05/05/20	05/01/20	05/30/20		1,281.96	0.00	0.00	1,281.96	✓
		MAINT CONTRACT									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		12404	GE PRECISION HEALTHCARE, LLC				11,416.36	0.00	0.00	11,416.36	
Vendor#	Vendor Name				Class	Pay Code					
G1001	GETINGE USA ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	6991293908	✓	05/19/20	05/11/20	05/19/20		121.62	0.00	0.00	121.62	✓
		SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		G1001	GETINGE USA				121.62	0.00	0.00	121.62	
Vendor#	Vendor Name				Class	Pay Code					
W1300	GRAINGER ✓				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	9526255022	✓	05/20/20	05/07/20	06/01/20		541.02	0.00	0.00	541.02	✓
		SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		W1300	GRAINGER				541.02	0.00	0.00	541.02	
Vendor#	Vendor Name				Class	Pay Code					
12948	GREAT AMERICAN FINANCIAL SVCS ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	27000123	✓ <i>copying</i>	05/11/20	05/06/20	05/31/20		10,575.58	0.00	0.00	10,575.58	✓
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		12948	GREAT AMERICAN FINANCIAL SVCS				10,575.58	0.00	0.00	10,575.58	
Vendor#	Vendor Name				Class	Pay Code					
G1210	GULF COAST PAPER COMPANY ✓				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	1857054	✓	04/30/20	04/28/20	05/28/20		326.84	0.00	0.00	326.84	✓
		SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		G1210	GULF COAST PAPER COMPANY				326.84	0.00	0.00	326.84	
Vendor#	Vendor Name				Class	Pay Code					

H1100	HAYES ELECTRIC SERVICE ✓				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	A220051102 ✓		05/15/20	05/11/20	05/21/20		31.59	0.00	0.00	31.59 ✓	
	SUPPLIES										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		H1100	HAYES ELECTRIC SERVICE				31.59	0.00	0.00	31.59	
Vendor#	Vendor Name			Class	Pay Code						
10804	HEALTHCARE CODING & CONSULTING ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	9657 ✓		04/30/20	04/30/20	05/30/20		272.50	0.00	0.00	272.50 ✓	
	CODING SERVICES										
	9329 ✓		05/20/20	01/31/20	03/01/20		942.50	0.00	0.00	942.50 ✓	
	CODING SERVICES										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		10804	HEALTHCARE CODING & CONSULTING				1,215.00	0.00	0.00	1,215.00	
Vendor#	Vendor Name			Class	Pay Code						
11552	HEALTHCARE FINANCIAL SERVICES ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	100309478 ✓		04/29/20	04/27/20	06/01/20		4,610.52	0.00	0.00	4,610.52 ✓	
	PHONE/STERLIZER/GEM PREI										
	100314862 ✓		05/15/20	05/08/20	06/01/20		1,797.44	0.00	0.00	1,797.44 ✓	
	LEASE										
	100314861 ✓		05/15/20	05/08/20	06/01/20		7,447.86	0.00	0.00	7,447.86 ✓	
	LEASE										
	100314859 ✓		05/15/20	05/08/20	06/01/20		4,919.41	0.00	0.00	4,919.41 ✓	
	LEASE										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		11552	HEALTHCARE FINANCIAL SERVICES				18,775.23	0.00	0.00	18,775.23	
Vendor#	Vendor Name			Class	Pay Code						
H1399	HILL-ROM COMPANY, INC ✓			M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	1076043 ✓		05/11/20	05/02/20	06/01/20		1,534.60	0.00	0.00	1,534.60 ✓	
	SUPPLIES										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		H1399	HILL-ROM COMPANY, INC				1,534.60	0.00	0.00	1,534.60	
Vendor#	Vendor Name			Class	Pay Code						
I1260	INTOXIMETERS INC ✓			M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	653944 ✓		05/15/20	03/24/20	06/01/20		420.00	0.00	0.00	420.00 ✓	
	SUPPLIES										
	655460 ✓		05/15/20	04/27/20	05/22/20		420.00	0.00	0.00	420.00 ✓	
	SUPPLIES										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		I1260	INTOXIMETERS INC				840.00	0.00	0.00	840.00	
Vendor#	Vendor Name			Class	Pay Code						
11200	IRON MOUNTAIN ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	CPDC837 ✓		04/30/20	04/30/20	05/30/20		852.58	0.00	0.00	852.58 ✓	
	SHRED										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		11200	IRON MOUNTAIN				852.58	0.00	0.00	852.58	

Vendor#	Vendor Name				Class	Pay Code				
11285	ITA RESOURCES INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	MMC52020		05/18/20	05/18/20	05/18/20		26,760.92	0.00	0.00	26,760.92 ✓
	RESP SERVICES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11285	ITA RESOURCES INC				26,760.92	0.00	0.00	26,760.92
Vendor#	Vendor Name				Class	Pay Code				
L1005	LAERDAL MEDICAL CORPORATION ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2000019031 ✓		04/30/20	04/29/20	05/29/20		117.14	0.00	0.00	117.14 ✓
	SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		L1005	LAERDAL MEDICAL CORPORATION				117.14	0.00	0.00	117.14
Vendor#	Vendor Name				Class	Pay Code				
11600	LEGAL SHIELD ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	051520		05/15/20	05/15/20	05/15/20		777.72	0.00	0.00	777.72 ✓
	INSURANCE									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11600	LEGAL SHIELD				777.72	0.00	0.00	777.72
Vendor#	Vendor Name				Class	Pay Code				
12628	LEGATO ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	C1466 ✓		04/30/20	04/30/20	05/30/20		1,000.00	0.00	0.00	1,000.00 ✓
	PAIN MGMT POSTER									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12628	LEGATO				1,000.00	0.00	0.00	1,000.00
Vendor#	Vendor Name				Class	Pay Code				
L1640	LOWE'S HOME CENTERS INC ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	050220		05/13/20	05/02/20	05/28/20		6.58	0.00	0.00	6.58 ✓
	INTEREST									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		L1640	LOWE'S HOME CENTERS INC				6.58	0.00	0.00	6.58
Vendor#	Vendor Name				Class	Pay Code				
M1511	MARKETLAB, INC ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	IN00973144 ✓		05/18/20	05/01/20	06/01/20		263.95	0.00	0.00	263.95 ✓
	SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M1511	MARKETLAB, INC				263.95	0.00	0.00	263.95
Vendor#	Vendor Name				Class	Pay Code				
M2827	MEDIVATORS ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	90501517 ✓		05/19/20	05/12/20	05/19/20		104.69	0.00	0.00	104.69 ✓
	SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2827	MEDIVATORS				104.69	0.00	0.00	104.69
Vendor#	Vendor Name				Class	Pay Code				
10536	MORRIS & DICKSON CO, LLC ✓									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5595725	✓ INVENTORY	05/18/20	05/11/20	05/21/20		7,962.28	0.00	0.00	7,962.28 ✓
CM63610	✓ CREDIT	05/18/20	05/11/20	05/21/20		-106.07	0.00	0.00	-106.07 ✓
5595724	✓ INVENTORY	05/18/20	05/11/20	05/21/20		146.99	0.00	0.00	146.99 ✓
5595726	✓ INVENTORY	05/18/20	05/11/20	05/21/20		194.99	0.00	0.00	194.99 ✓
5161	✓ CREDIT	05/18/20	05/12/20	05/22/20		-5.00	0.00	0.00	-5.00 ✓
5600540	✓ INVENTORY	05/18/20	05/12/20	05/22/20		1,531.25	0.00	0.00	1,531.25 ✓
5600539	✓ INVENTORY	05/18/20	05/12/20	05/22/20		8,552.69	0.00	0.00	8,552.69 ✓
5095	✓ CREDIT	05/18/20	05/12/20	05/22/20		-1.25	0.00	0.00	-1.25 ✓
CM64065	✓ CREDIT	05/18/20	05/13/20	05/23/20		-66.40	0.00	0.00	-66.40 ✓
5603746	✓ INVENTORY	05/18/20	05/13/20	05/23/20		210.37	0.00	0.00	210.37 ✓
5606207	✓ INVENTORY	05/18/20	05/13/20	05/23/20		200.45	0.00	0.00	200.45 ✓
5606206	✓ INVENTORY	05/18/20	05/13/20	05/23/20		31.26	0.00	0.00	31.26 ✓
5606205	✓ INVENTORY	05/18/20	05/13/20	05/23/20		482.72	0.00	0.00	482.72 ✓
5605930	✓ INVENTORY	05/18/20	05/13/20	05/23/20		57.80	0.00	0.00	57.80 ✓
5606204	✓ INVENTORY	05/18/20	05/13/20	05/23/20		73.49	0.00	0.00	73.49 ✓
5610927	✓ INVENTORY	05/19/20	05/14/20	05/24/20		969.76	0.00	0.00	969.76 ✓
5608468	✓ INVENTORY	05/19/20	05/14/20	05/24/20		5.94	0.00	0.00	5.94 ✓
5610928	✓ INVENTORY	05/19/20	05/14/20	05/24/20		150.31	0.00	0.00	150.31 ✓
5608467	✓ INVENTORY	05/19/20	05/14/20	05/24/20		2,616.61	0.00	0.00	2,616.61 ✓
5610929	✓ INVENTORY	05/19/20	05/14/20	05/24/20		207.36	0.00	0.00	207.36 ✓
5622506	✓ INVENTORY	05/19/20	05/18/20	05/28/20		127.64	0.00	0.00	127.64 ✓
CM65039	✓ CREDIT	05/19/20	05/18/20	05/28/20		-12.39	0.00	0.00	-12.39 ✓
5622505	✓ INVENTORY	05/19/20	05/18/20	05/28/20		989.85	0.00	0.00	989.85 ✓
5622504	✓ INVENTORY	05/19/20	05/18/20	05/28/20		3,048.91	0.00	0.00	3,048.91 ✓
5622507	✓ INVENTORY	05/19/20	05/18/20	05/28/20		2,106.44	0.00	0.00	2,106.44 ✓

Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC					29,476.00	0.00	0.00	29,476.00
Vendor#	Vendor Name			Class	Pay Code					
12388	NATIONAL FARM LIFE INSURANCE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	3177585		05/19/20	05/11/20	06/01/20		4,400.62	0.00	0.00	4,400.62
	INSURANCE									
	Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
	12388	NATIONAL FARM LIFE INSURANCE				4,400.62	0.00	0.00	4,400.62	
Vendor#	Vendor Name			Class	Pay Code					
10352	NUANCE COMMUNICATIONS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	10303578		05/21/20	03/05/20	03/05/20		77.14	0.00	0.00	77.14
	EsCRPTION ONE									
	70291554		05/21/20	03/19/20	03/19/20		7,450.00	0.00	0.00	7,450.00
	505 505 TRAINING AND INSTA									
	10306004		05/21/20	04/03/20	04/03/20		95.57	0.00	0.00	95.57
	NUANCE PLATFORM NON SPE									
	10309388		05/21/20	05/04/20	05/04/20		73.34	0.00	0.00	73.34
	EsCRPTION ONE									
	Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
	10352	NUANCE COMMUNICATIONS, INC				7,696.05	0.00	0.00	7,696.05	
Vendor#	Vendor Name			Class	Pay Code					
O1500	OLYMPUS AMERICA INC			M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	99200093		05/18/20	05/07/20	06/01/20		1,137.51	0.00	0.00	1,137.51
	SERVICE CONTRACT									
	Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
	O1500	OLYMPUS AMERICA INC				1,137.51	0.00	0.00	1,137.51	
Vendor#	Vendor Name			Class	Pay Code					
O1416	ORTHO CLINICAL DIAGNOSTICS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1851381620		05/15/20	03/30/20	04/29/20		755.90	0.00	0.00	755.90
	SUPPLIES									
	1851410623		05/15/20	04/27/20	05/27/20		755.90	0.00	0.00	755.90
	SUPPLIES									
	Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
	O1416	ORTHO CLINICAL DIAGNOSTICS				1,511.80	0.00	0.00	1,511.80	
Vendor#	Vendor Name			Class	Pay Code					
11155	PARA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	6401		05/01/20	05/01/20	05/31/20		2,000.00	0.00	0.00	2,000.00
	REVENUE INTEGRITY PROGR									
	Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	
	11155	PARA				2,000.00	0.00	0.00	2,000.00	
Vendor#	Vendor Name			Class	Pay Code					
11932	PRESS GANEY ASSOCIATES, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	IN000432549		04/30/20	04/30/20	05/30/20		2,109.12	0.00	0.00	2,109.12
	PY SURVEY									
	Vendor Totals		Number	Name		Gross	Discount	No-Pay	Net	

	11932	PRESS GANEY ASSOCIATES, INC.					2,109.12	0.00	0.00	2,109.12	
Vendor#	Vendor Name		Class	Pay Code							
12480	PRO ENERGY PARTNERS LP										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	20040600	GAS	05/15/20	05/12/20	05/27/20		3,054.34	0.00	0.00	3,054.34	
	Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
	12480	PRO ENERGY PARTNERS LP					3,054.34	0.00	0.00	3,054.34	
Vendor#	Vendor Name		Class	Pay Code							
10896	QIAGEN INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	997345603	SUPPLIES	04/30/20	04/28/20	05/28/20		273.49	0.00	0.00	273.49	
	Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
	10896	QIAGEN INC					273.49	0.00	0.00	273.49	
Vendor#	Vendor Name		Class	Pay Code							
11024	REED, CLAYMON, MEEKER & HARGET										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	19705	LEGAL	05/18/20	05/13/20	05/13/20		1,328.00	0.00	0.00	1,328.00	
	Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
	11024	REED, CLAYMON, MEEKER & HARGET					1,328.00	0.00	0.00	1,328.00	
Vendor#	Vendor Name		Class	Pay Code							
11240	REMI CORPORATION										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	4339888	1YR SERVICE AGRMENT	05/07/20	05/18/20	05/18/20		3,766.25	0.00	0.00	3,766.25	
	Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
	11240	REMI CORPORATION					3,766.25	0.00	0.00	3,766.25	
Vendor#	Vendor Name		Class	Pay Code							
10987	REVCYCLE+, INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	35381	CODING SERVICES	05/19/20	05/08/20	06/02/20		1,681.50	0.00	0.00	1,681.50	
	Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
	10987	REVCYCLE+, INC.					1,681.50	0.00	0.00	1,681.50	
Vendor#	Vendor Name		Class	Pay Code							
10936	SIEMENS FINANCIAL SERVICES										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	56382000043105	LEASE	04/30/20	04/30/20	05/28/20		1,333.33	0.00	0.00	1,333.33	
	Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
	10936	SIEMENS FINANCIAL SERVICES					1,333.33	0.00	0.00	1,333.33	
Vendor#	Vendor Name		Class	Pay Code							
S3960	STERICYCLE, INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	4009302712	DISPOSAL SERVICE	05/01/20	05/01/20	05/31/20		2,415.00	0.00	0.00	2,415.00	
	Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
	S3960	STERICYCLE, INC					2,415.00	0.00	0.00	2,415.00	
Vendor#	Vendor Name		Class	Pay Code							

S2830	STRYKER SALES CORP					M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	9200211163		05/19/20	05/12/20	05/19/20		189.60	0.00	0.00	189.60	
		SUPPLIES									
	9200211164		05/19/20	05/12/20	05/19/20		379.20	0.00	0.00	379.20	
		SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		S2830	STRYKER SALES CORP				568.80	0.00	0.00	568.80	
Vendor#	Vendor Name					Class	Pay Code				
T2539	T-SYSTEM, INC					W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	34938		04/30/20	04/30/20	05/30/20		5,699.00	0.00	0.00	5,699.00	
		TRACKING/STAT/CLOUD HOS									
	34816		04/30/20	04/30/20	05/30/20		1,144.00	0.00	0.00	1,144.00	
		CLOUD HOSTING									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		T2539	T-SYSTEM, INC				6,843.00	0.00	0.00	6,843.00	
Vendor#	Vendor Name					Class	Pay Code				
11140	TEXAS ADVANTAGE COMMUNITY BANK										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	052020		05/20/20	05/20/20	05/31/20		3,690.52	0.00	0.00	3,690.52	
		LOAN PAYMENT									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		11140	TEXAS ADVANTAGE COMMUNITY BANK				3,690.52	0.00	0.00	3,690.52	
Vendor#	Vendor Name					Class	Pay Code				
T1880	TEXAS DEPARTMENT OF LICENSING					A/P					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	10109059		05/11/20	05/07/20	05/07/20		95.00	0.00	0.00	95.00	
		BOILER INSPECTION/CERT									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		T1880	TEXAS DEPARTMENT OF LICENSING				95.00	0.00	0.00	95.00	
Vendor#	Vendor Name					Class	Pay Code				
11038	THE INLINE GROUP										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	41040		05/20/20	05/19/20	06/03/20		2,500.00	0.00	0.00	2,500.00	
		CANIDATE SOURCING									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		11038	THE INLINE GROUP				2,500.00	0.00	0.00	2,500.00	
Vendor#	Vendor Name					Class	Pay Code				
T2250	THYSSENKRUPP ELEVATOR CORP					M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	3005250784		05/18/20	05/01/20	05/01/20		1,311.36	0.00	0.00	1,311.36	
		OIL & GREASE									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		T2250	THYSSENKRUPP ELEVATOR CORP				1,311.36	0.00	0.00	1,311.36	
Vendor#	Vendor Name					Class	Pay Code				
11067	TRIZETTO PROVIDER SOLUTIONS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
	35FK052000		05/19/20	05/01/20	05/26/20		1,806.04	0.00	0.00	1,806.04	
		PT STATEMENT									
	35FK042000		05/20/20	04/01/20	04/26/20		1,787.56	0.00	0.00	1,787.56	

PT STATEMENT

Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		11067	TRIZETTO PROVIDER SOLUTIONS			3,593.60	0.00	0.00	3,593.60
Vendor#	Vendor Name			Class	Pay Code				
U1054	UNIFIRST HOLDINGS			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8400330998	✓	05/11/20	05/07/20	06/01/20		100.63	0.00	0.00	100.63
LAUNDRY									
8400330628	✓	05/13/20	05/04/20	05/29/20		47.15	0.00	0.00	47.15
LAUNDRY									
8400330654	✓	05/13/20	05/04/20	05/29/20		512.33	0.00	0.00	512.33
LAUNDRY									
8400330629	✓	05/13/20	05/04/20	05/29/20		70.48	0.00	0.00	70.48
LAUNDRY									
8400330997	✓	05/13/20	05/07/20	06/01/20		131.55	0.00	0.00	131.55
LAUDNRY									
8400330999	✓	05/13/20	05/07/20	06/01/20		189.48	0.00	0.00	189.48
LAUNDRY									
8400331056	✓	05/13/20	05/07/20	06/01/20		85.25	0.00	0.00	85.25
LAUNDRY									
8400331017	✓	05/13/20	05/07/20	06/01/20		81.67	0.00	0.00	81.67
LAUNDRY									
8400331000	✓	05/13/20	05/07/20	06/01/20		239.19	0.00	0.00	239.19
LAUNDRY									
8400330995	✓	05/13/20	05/07/20	06/01/20		18.62	0.00	0.00	18.62
LAUNDRY									
8400331032	✓	05/13/20	05/07/20	06/01/20		864.77	0.00	0.00	864.77
LAUNDRY									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		U1054	UNIFIRST HOLDINGS			2,341.12	0.00	0.00	2,341.12
Vendor#	Vendor Name			Class	Pay Code				
10556	WOUND CARE SPECIALISTS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
WCS00003641	✓	05/13/20	05/01/20	05/30/20		10,725.00	0.00	0.00	10,725.00
WOUND CARE									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		10556	WOUND CARE SPECIALISTS			10,725.00	0.00	0.00	10,725.00
Report Summary									
Grand Totals:		Gross		Discount		No-Pay		Net	
		419,960.99		0.00		0.00		419,960.99	
								2182.12	
								5422,143.11	

APPROVED
ON

0.0

MAY 21 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 185764-

185834

419,960.99

2,182.12

422,143.11

RECEIVED

RUN DATE: 05/21/2020
TIME: 10:59

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

Calhoun County Auditor

PATIENT		DATE		PAY	PAT	DESCRIPTION		GL NUM
NUMBER	PAYEE NAME			AMOUNT	CODE TYPE			
		052020	181.52	✓	2	REFUND FOR		
		052020	109.80	✓	3	REFUND FOR		
ARID=0001 TOTAL			291.32					
TOTAL			291.32					

APPROVED
ON

MAY 21 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#
185837-
185838

8

RUN DATE:05/22/20
TIME:14:44

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/27/20 THRU 05/27/20

PAGE 1
GLCKREG

BANK--CHECK--

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	185764	05/27/20	130.01	ACE HARDWARE 15521
A/P	185765	05/27/20	47.29	ADT COMMERCIAL
A/P	185766	05/27/20	1,338.49	ALCON LABORATORIES, INC.
A/P	185767	05/27/20	519.00	AMERICAN APPLIANCE
A/P	185768	05/27/20	21.99	AQUA BEVERAGE COMPANY
A/P	185769	05/27/20	7,699.00	AUTHORITYRX
A/P	185770	05/27/20	435.82	BAXTER HEALTHCARE
A/P	185771	05/27/20	16,205.52	BECKMAN COULTER CAPITAL
A/P	185772	05/27/20	247.35	BOUND TREE MEDICAL, LLC
A/P	185773	05/27/20	242.71	BRIGGS HEALTHCARE
A/P	185774	05/27/20	1,302.00	BUILDING KID STEPS
A/P	185775	05/27/20	955.90	CARDINAL HEALTH 414, INC.
A/P	185776	05/27/20	131.28	CDW GOVERNMENT, INC.
A/P	185777	05/27/20	500.00	CHEMAQUA
A/P	185778	05/27/20	247.50	CHRISTINA ZAPATA-ARROYO
A/P	185779	05/27/20	3,409.00	CLIA LABORATORY PROGRAM
A/P	185780	05/27/20	5,775.00	CLINICAL COMPUTER SYSTEMS INC
A/P	185781	05/27/20	14,020.67	CLINICAL PATHOLOGY LABS
A/P	185782	05/27/20	437.26	CUSTOM MEDICAL SPECIALTIES
A/P	185783	05/27/20	.00	VOIDED
A/P	185784	05/27/20	1,646.41	DEWITT POTW & SON
A/P	185785	05/27/20	166,262.35	DISCOVERY MEDICAL NETWORK INC
A/P	185786	05/27/20	75.00	DOWELL PEST CONTROL
A/P	185787	05/27/20	1,043.00	DWT'S POLY FOAM CONCRETE
A/P	185788	05/27/20	63.14	ERIN CLEVINGER
A/P	185789	05/27/20	18,528.61	EVIDENT
A/P	185790	05/27/20	2,607.23	FIRST INSURANCE FUNDING
A/P	185791	05/27/20	2,487.73	FISHER & PAYKEL HEALTHCARE
A/P	185792	05/27/20	912.37	FISHER HEALTHCARE
A/P	185793	05/27/20	4,782.93	FRASIER HEALTHCARE CONSULTING,
A/P	185794	05/27/20	955.72	FRONTIER
A/P	185795	05/27/20	11,416.36	GE PRECISION HEALTHCARE, LLC
A/P	185796	05/27/20	121.62	GETINGE USA
A/P	185797	05/27/20	541.02	GRAINGER
A/P	185798	05/27/20	10,575.58	GREAT AMERICAN FINANCIAL SVCS
A/P	185799	05/27/20	326.84	GULF COAST PAPER COMPANY
A/P	185800	05/27/20	31.59	HAYES ELECTRIC SERVICE
A/P	185801	05/27/20	1,215.00	HEALTHCARE CODING & CONSULTING
A/P	185802	05/27/20	18,775.23	HEALTHCARE FINANCIAL SERVICES
A/P	185803	05/27/20	1,534.60	HILL-ROM COMPANY, INC
A/P	185804	05/27/20	840.00	INTOXIMETERS INC
A/P	185805	05/27/20	852.58	IRON MOUNTAIN
A/P	185806	05/27/20	26,760.92	ITA RESOURCES INC
A/P	185807	05/27/20	117.14	LAERDAL MEDICAL CORPORATION
A/P	185808	05/27/20	777.72	LEGAL SHIELD
A/P	185809	05/27/20	1,000.00	LEGATO
A/P	185810	05/27/20	6.58	LOWE'S HOME CENTERS INC
A/P	185811	05/27/20	263.95	MARKETLAB, INC
A/P	185812	05/27/20	104.69	MEDIVATORS
A/P	185813	05/27/20	.00	VOIDED

RUN DATE:05/22/20
TIME:14:44

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/27/20 THRU 05/27/20

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	185814	05/27/20	29,476.00	MORRIS & DICKSON CO, LLC
A/P	185815	05/27/20	4,400.62	NATIONAL FARM LIFE INSURANCE
A/P	185816	05/27/20	7,696.05	NUANCE COMMUNICATIONS, INC
A/P	185817	05/27/20	1,137.51	OLYMPUS AMERICA INC
A/P	185818	05/27/20	1,511.80	ORTHO CLINICAL DIAGNOSTICS
A/P	185819	05/27/20	2,000.00	PARA
A/P	185820	05/27/20	2,109.12	PRESS GANEY ASSOCIATES, INC.
A/P	185821	05/27/20	3,054.34	PRO ENERGY PARTNERS LP
A/P	185822	05/27/20	273.49	QIAGEN INC
A/P	185823	05/27/20	1,328.00	REED, CLAYMON, MEEKER & HARGET
A/P	185824	05/27/20	3,766.25	REMI CORPORATION
A/P	185825	05/27/20	1,681.50	REVCYCLE+, INC.
A/P	185826	05/27/20	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	185827	05/27/20	2,415.00	STERICYCLE, INC
A/P	185828	05/27/20	568.80	STRYKER SALES CORP
A/P	185829	05/27/20	6,843.00	T-SYSTEM, INC
A/P	185830	05/27/20	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	185831	05/27/20	95.00	TEXAS DEPARTMENT OF LICENSING
A/P	185832	05/27/20	2,500.00	THE INLINE GROUP
A/P	185833	05/27/20	1,311.36	THYSSENKRUPP ELEVATOR CORP
A/P	185834	05/27/20	3,593.60	TRIZETTO PROVIDER SOLUTIONS
A/P	185835	05/27/20	2,341.12	UNIFIRST HOLDINGS
A/P	185836	05/27/20	10,725.00	WOUND CARE SPECIALISTS
A/P	185837	05/27/20	181.52	
A/P	185838	05/27/20	109.80	
A/P	185839	05/27/20	599,256.01	ASHFORD GARDENS
A/P	185840	05/27/20	348,607.89	BROADMOOR AT CREEKSIDE PARK
A/P	185841	05/27/20	208,424.79	FORTBEND HEALTHCARE CENTER
A/P	185842	05/27/20	425,732.51	GOLDENCREEK HEALTHCARE
A/P	185843	05/27/20	392,761.35	GULF POINTE PLAZA
A/P	185844	05/27/20	345,883.45	SOLERA WEST HOUSTON
A/P	185845	05/27/20	345,855.95	THE CRESCENT
A/P	185846	05/27/20	1,990.92	TUSCANY VILLAGE
TOTALS:			3,090,947.30	

Payables 422,143.71 +
Patient refunds 291,32 +
599,256.01 +
345,883.45 +
NH 208,424.79 -
348,607.89 +
345,855.95 +
425,732.51 +
Transfers 392,761.35 -
1,990.92 -
3,090,947.30



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ON

MAY 27 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 05/22/2020

Page: 002

To ensure proper credit to your
account, detach and return this
stub with your remittance

Company: 8000

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory:

Customer: 632536
Date: 05/23/2020As of: 05/22/2020
Mail to:Page: 002
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 632536
Date: 05/23/2020**PLEASE CHECK ANY
ITEMS NOT PAID (✓)**

Bill ing ate	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
--------------------	-------------	----------------------	--	-------------	------------------	-------------------	--------	-----------------	--------	----------------------	--

F column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

OTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 6,401.31 USD

Future Due: 0.00

Past Due: 0.00

1st Payment 2,451.97
3/07/2017If Paid By 05/26/2020,
Pay This Amount:

6,273.29 USD

If Paid After 05/26/2020,
Pay this Amount:

6,401.31 USD

Due If Paid On Time:
USD

6,273.29

Disc lost if paid late:

128.02

Due If Paid Late:
USD

6,401.31

CK #500101

APPROVED
ON

MAY 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

47 * 20 +

707 * 37 +

823 * 26 +

2 * 349 * 25 +

2 * 346 * 21 +

6 * 272 * 25 +

MCKESSON

STATEMENT

As of: 05/22/2020

Page: 001

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Company: 8000

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 256342
Date: 05/23/2020

As of: 05/22/2020 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 05/23/2020 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
5/18/2020	05/26/2020	7201200019	0515200302-00	115Invoice	4.15	207.70		203.55 ✓		7201200019	
5/18/2020	05/26/2020	7201200020	0516200125-00	115Invoice	0.01	0.33		0.32 ✓		7201200020	
5/18/2020	05/26/2020	7201200021	4818645498	115Invoice	4.33	216.55		212.22 ✓		7201200021	
5/18/2020	05/26/2020	7201200022	0517200139-00	115Invoice	2.74	137.20		134.46 ✓		7201200022	
5/18/2020	05/26/2020	7201408287	00005152020AS	115Invoice	0.01	0.32		0.31 ✓		7201408287	
5/19/2020	05/26/2020	7201461384	0518200325-00	115Invoice	0.06	2.88		2.82 ✓		7201461384	
5/20/2020	05/26/2020	7201739332	4723464664	115Invoice	10.92	546.08		535.16 ✓		7201739332	
5/20/2020	05/26/2020	7201739339	1138936	115Invoice	1.07	53.27		52.20 ✓		7201739339	
5/20/2020	05/26/2020	7201739341	0519200356-00	115Invoice	3.08	154.07		150.99 ✓		7201739341	
5/21/2020	05/26/2020	7201999542	4723469205	115Invoice	14.22	711.21		696.99 ✓		7201999542	
5/21/2020	05/26/2020	7201999544	0520200230-00	115Invoice	0.04	2.12		2.08 ✓		7201999544	
5/22/2020	05/26/2020	7202241470	1139087	115Invoice	5.60	280.02		274.42 ✓		7202241470	
5/22/2020	05/26/2020	7202241472	0521200355-00	115Invoice	1.63	81.40		79.77 ✓		7202241472	
5/22/2020	05/26/2020	7202405789	811019373	195Invoice	0.02	0.94		0.92 ✓		7202405789	

= column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 2,394.09 USD

Future Due: 0.00

Past Due: 0.00

1st Payment 5/18/2020 6,530.42

If Paid By 05/26/2020,
Pay This Amount:

2,346.21 USD

If Paid After 05/26/2020,
Pay this Amount:

2,394.09 USD

Due If Paid On Time:
USD 2,346.21
Disc lost if paid late: 47.88

Due If Paid Late:
USD 2,394.09

APPROVED
ON

MAY 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 05/22/2020

Page: 001

To ensure proper credit to your
account, detach and return this
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Company: 8000

HEB PHY FC 490/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 464450
Date: 05/23/2020As of: 05/22/2020
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 464450
Date: 05/23/2020PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
5/19/2020	05/26/2020	7201457764	55x339797	115Invoice	47.94	2,397.19		2,349.25	✓	7201457764	

P column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

OTAL: Customer Number 464450 HEB PHY FC 490/MEM MC PHS

Subtotals: 2,397.19 USD

Future Due: 0.00

Past Due: 0.00

1st Payment 5/04/2020 7,674.57

If Paid By 05/26/2020,
Pay This Amount:

2,349.25 USD

If Paid After 05/26/2020,
Pay this Amount:

2,397.19 USD

Due If Paid On Time:

USD 2,349.25

Disc lost if paid late:

47.94

Due If Paid Late:

USD 2,397.19

APPROVED
ON

MAY 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 05/22/2020

Page: 001

To ensure proper credit to your
account, detach and return this
stub with your remittance

Company: 8000

CVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 262252
Date: 05/23/2020As of: 05/22/2020
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 262252
Date: 05/23/2020PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
5/21/2020	05/26/2020	7201997891	758321	115Invoice	16.80	840.06		823.26	✓	7201997891	

F column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

OTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals:

840.06 USD

Future Due: 0.00

Past Due: 0.00

Past Payment 6,530.42
5/18/2020If Paid By 05/26/2020,
Pay This Amount:

823.26 USD

If Paid After 05/26/2020,
Pay this Amount:

840.06 USD

Due If Paid On Time:

USD 823.26

Disc lost if paid late:

16.80

Due If Paid Late:

USD 840.06

APPROVED
ON

MAY 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 05/22/2020

Page: 001

To ensure proper credit to your
account, detach and return this
stub with your remittance

Company: 8000

CVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 835438
Date: 05/23/2020As of: 05/22/2020
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835438
Date: 05/23/2020PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
5/21/2020	05/26/2020	7202138351	758386	115Invoice	14.44	721.81		707.37	✓	7202138351	

= column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 835438 CVS PHCY 7475/MEM MC PHS
Subtotals:

721.81 USD

Future Due: 0.00

Past Due: 0.00

1st Payment 6,530.42
5/18/2020If Paid By 05/26/2020,
Pay This Amount:

707.37 USD

If Paid After 05/26/2020,
Pay this Amount:

721.81 USD

Due If Paid On Time:
USD

707.37

Disc lost if paid late:

14.44

Due If Paid Late:
USD

721.81

APPROVED
ON

MAY 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 05/22/2020

Page: 001

To ensure proper credit to your
account, detach and return this
stub with your remittance

Company: 8000

HEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 190813
Date: 05/23/2020As of: 05/22/2020
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 190813
Date: 05/23/2020PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
5/20/2020	05/26/2020	7201709537	2017015033	115Invoice	0.09	4.71		4.62	✓	7201709537	
5/22/2020	05/26/2020	7202221554	2017015172	115Invoice	0.87	43.45		42.58	✓	7202221554	

= column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 190813 HEB PHCY 0434/MEM MED PHS

Subtotals: 48.16 USD

Future Due: 0.00

Past Due: 0.00

First Payment 6,530.42
5/18/2020If Paid By 05/26/2020,
Pay This Amount:

47.20 USD

If Paid After 05/26/2020,
Pay this Amount:

48.16 USD

Due If Paid On Time:
USD

47.20

Disc lost if paid late:

0.96

Due If Paid Late:
USD

48.16

APPROVED
ON

MAY 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

 AmerisourceBergen® STATEMENT

Number: 59238140 Date: 05-22-2020 1 of 1

Division
AMERISOURCEBERGEN DRUG CORP
12727 WEST AIRPORT BLVD
SUGAR LAND TX 77478-6101
866-451-9655

Customer
WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509
ACCOUNT: 100135284 / 037028186

Remit To
AMERISOURCEBERGEN DRUG CORP
PO Box 905223
CHARLOTTE NC 28290-5223

Summary
Not Yet Due: 0.00
Current: 1,746.14
Past Due: 0.00
Total Due: 1,746.14
Account Balance: 1,746.14

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
05-18-2020	05-29-2020	3038102375	156529	Invoice	3.55 ✓
05-18-2020	05-29-2020	3038102376	156530	Invoice	374.84 ✓
05-18-2020	05-29-2020	3038129109	156576	Invoice	756.69 ✓
05-19-2020	05-29-2020	3038166305	156581	Invoice	81.85 ✓
05-20-2020	05-29-2020	3038219408	156586	Invoice	14.72 ✓
05-21-2020	05-29-2020	3038273384	156594	Invoice	310.40 ✓
05-22-2020	05-29-2020	3038323226	156601	Invoice	204.09 ✓

Thank You for Your Payment

Date	Payment Number	Amount
05-22-2020		(2,659.67)

Reminders

Due Date	Amount
05-29-2020	1,746.14
Total Due:	1,746.14 ✓
Terms: Monday - Friday due in 7 days	

APPROVED
ON

MAY 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 500102

TOLL FREE PHONE NUMBER: 1-800-555-3453

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER:
☐ "ENTER YOUR 4-DIGIT PIN"	
☐ "MAKE A PAYMENT, PRESS 1"	1
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ 941 #
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"	1
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★ 20
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★ 06
1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★ \$ 106,458.03 #
"1 TO CONFIRM"	1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 \$ 53,650.98 #
"ENTER W/CENTS AMOUNT OF MEDICARE"	\$ 12,547.38 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	\$ 40,259.67 #
	CHECK \$
☐ "6-DIGIT SETTLEMENT DATE"	★
"1 TO CONFIRM"	1
☐ ACKNOWLEDGEMENT NUMBER	
CALLED IN BY:	
CALLED IN DATE:	
CALLED IN TIME:	

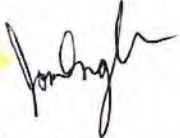
Run Date: 05/22/20
Time: 14:23

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 05/08/20 - 05/21/20 Run# 1

Page 114
P2REG

Final Summary

-- Pay Code Summary -----						*-- Deductions Summary -----*					
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount	
1	REGULAR PAY-S1	9591.25	N		N	N		191241.81	A/R	895.00	A/R2 105.00 A/R3
1	REGULAR PAY-S1	1959.25	N		N	N	N	86177.17	ADVANC	AWARDS	BOOTS
1	REGULAR PAY-S1	226.75	Y		N	N		7032.47	CAFE H	CAFE-1	CAFE-2
1	REGULAR PAY-S1	28.25	Y		N	N	N	2208.59	CAFE-3	CAFE-4	CAFE-5
2	REGULAR PAY-S2	2521.75	N		N	N		56667.66	CAFE-C	CAFE-D	CAFE-F
2	REGULAR PAY-S2	211.25	Y		N	N		6182.02	CAFE-H	CAFE-I	CAFE-L
3	REGULAR PAY-S3	1441.75	N		N	N		38819.66	CAFE-P	CANCER	CHILD
3	REGULAR PAY-S3	164.75	Y		N	N		6205.54	CLINIC	155.00 COMBIN	CREDUN
C	CALL PAY	2644.00	N	1	N	N		5288.00	DD ADV	DENTAL	DEP-LF
E	EXTRA WAGES			N	1	N	N	2412.75	DIS-LF	EAT	EATCSH
F	FUNERAL LEAVE	72.00	N	1	N	N		1481.84	FEDTAX	40259.67 FICA-M	6273.69 FICA-O 26825.49
K	EXTENDED-ILLNESS-BANK	306.00	N	1	N	N		6553.28	FIRSTC	FLEX S	FLX FE
P	PAID-TIME-OFF	220.00	N		N	N	N	2611.80	FORT D	FUTA	GIFT S 211.89
P	PAID-TIME-OFF	905.70	N	1	N	N		19482.32	GRANT	GRP-IN	GTL
X	CALL PAY 2	80.00	N	1	N	N		160.00	HOSP-I	ID TFT	LEAF
Z	CALL PAY 3	48.00	N	1	N	N		144.00	LEGAL	MASA	MEALS 120.44
									MISC	MISC/	MMCSHR
									NATFML	OTHER	PHI
									PHI***	PR FIN	RELAY
									REPAY	SAMS	SCRUBS
									SIGNON	ST-TX	STONDF
									STONE	STONE2	STUDEN
									SUNACC	SUNILL	SUNLIF
									SUNSTD	SUNVIS	SURCHG
									TSA-1	TSA-2	TSA-C
									TSA-P	TSA-R	30286.95 TUTION
									UNIFOR	1874.27 UW/HOS	
----- Grand Totals: 20420.70 ----- Gross: 432668.91 Deductions: 107007.40 Net: 325661.51											
Checks Count:- FT 203 PT 7 Other 39 Female 220 Male 27 Credit OverAmt 7 ZeroNet Term Total: 247											


Pay Date
05.24.2020

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- May 18, 2020 - May 24, 2020

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CP</u>
5/18/2020	IRS USATAXPYMT 220053900840548 6103601000614	- Payroll Taxes	94,791.57*	7.59 +
5/19/2020	PAY PLUS ACHTRANS 452579291 101000692798257	- 3rd Party Payor Fee	7.59	31.70 +
5/19/2020	MCKESSON DRUG AUTO ACH ACH04177616 910000158	- 340B Drug Program Expense	6,530.42**	27.89 +
5/20/2020	WEBFILE TAX PYMT DD 902/37014700 21000027157	- Sales Tax	948.11**	67.18 *
5/20/2020	PAY PLUS ACHTRANS 452579291 101000693482161	- 3rd Party Payor Fee	31.70	108,867.59 +
5/20/2020	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	-CitiBank Corporate Card Payment	3,870.64**	2,659.67 -
5/22/2020	PAY PLUS ACHTRANS 452579291 101000694732513	- 3rd Party Payor Fee	27.89	3,870.64 -
5/22/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	2,659.67**	6,530.42 -
				94,791.57 -
				948.11 -
			<u>108,867.59</u>	67.18 *

Jason Anglin, CEO
Memorial Medical Center

May 26, 2020

PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

* Approved 5.13.2020 CC
* * Approved 05.20.2020 CC

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
6/3/2020	ACH Payment STATE COMTRLR TEXNET	ACCRUED NH QIPP IGT	1,337,173.86
6/3/2020	ACH Payment STATE COMTRLR TEXNET	ACCRUED UC IGT	144,969.52

Jason Anglin, CEO
Memorial Medical Center

May 26, 2020



Texas Comptroller of Public Accounts

Health and Human Services Commission
Memorial Medical Center Operating County

Identification Number: Location:
Transaction Complete
Trace #

Payment Total \$144,969.52

Settlement Date 06/03/2020

PAYMENT DETAIL

UHRIP Amount \$144,969.52

A handwritten signature in black ink, appearing to be "JH" or similar, located to the right of the UHRIP Amount.

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Revised:01/09/13 (483)

Jason Anglin

From: Jonny F. Hipp (NCHD) <jonny.hipp@nchdcc.org>
Sent: Wednesday, May 20, 2020 2:43 PM
To: Carolyn Zafereo (czafereo@cmcvtx.org); Duane L. Woods (duane.woods@cmcvtx.org); Mike Olson (Mike.Olson@cmcvtx.org); Patrick Strauss (pstrauss@cmcvtx.org); Richard Philip (rphilip@cmcvtx.org); Jason Anglin; Belinda Chism (NCHD); Donna Littlefield (NCHD); Jonny F. Hipp (NCHD); David Lee (david.lee@okmh.org); Corey Wasicek (cwasicek@rcmhospital.org); Joey Moehler (jmoehler@rcmhospital.org); Louis R. Willeke (lschlabach@rcmhospital.org); Shawn "Hoss" Whitt (hwhitt@rcmhospital.org); Susan Parker (sparker@rcmhospital.org)
Cc: Adam Robison (arobison@kslaw.com); James T. Lindsey (lindsey@gl-law.com); Janus Pan (pan@gl-law.com); Jared A. Konczal (konczal@gl-law.com); Lance J. Ramsey (ramsey@gl-law.com); Nicole Y. Martinez (Martinez@gl-law.com); J. Brandon Durbin (brandon@dhcg.com); Baxter R. Morgan (morgan@gl-law.com); Jessica D. Cottey (cottey@gl-law.com)
Subject: PGY4 UHRIP Information and IGT Commitment Amounts
Attachments: Final UHRIP PGY4 Payment Calculation.xlsx; (Nueces UHRIP) IGT Reconciliation Update to PY1 (5.19.20) (00194068xBD172).PDF
Importance: High

[WARNING-Remote attachments, VERIFY SENDER]

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

Nueces SDA IGT Providers:

As you may be aware, HHSC released the Final September 2020 – August 2021 UHRIP file last Friday (this period is referred to as SFY 2021 or "PY4"). After HHSC's haircuts and data updates, Nueces SDA hospital classes will receive the following rate increase percentages (subject to CMS approval):

Class	Final Percent Increase for PY4
Children's	4%
Non-Urban Public	100%
Other	94%
Rural Private	42%
Rural Public	100%

HHSC currently estimates the total annual IGT needed to support these rate increases for the region is \$33.8 million, of which \$7.7 million must be submitted by June 2 to support the first three months of PY4 UHRIP payments. The annual IGT amounts are different than what you committed for last month due to HHSC's data updates and because HHSC is applying the enhanced FMAP to a portion of the UHRIP IGTs.

There is also a change in the IGT schedule due to COVID-19. Unlike previous UHRIP IGTs, which have supported half of the annual IGT need, HHSC is splitting the PY4 UHRIP IGT into additional installments. Conceptually $\frac{1}{4}$ of the annual total IGT is due by June 2, 2020. There will be future installments in August 2020 ($\frac{1}{4}$ of total) and November 2020 (the remaining $\frac{1}{2}$). Although the installments sum to 100% of the estimated annual IGT need, HHSC is currently applying the enhanced FMAP to the June and August IGTs. (The total IGT needed for the August and November IGTs will depend on how long the enhanced FMAP continues to be in effect, i.e. dividing the annual need by 4 does not equal the June IGT.)

We calculated each IGT entity's share of the June 2020 UHRIP IGT as follows:

- **[A]:** As in prior rate periods, we first calculated your share of the IGT based on your pro rata share of the total projected rate increase payments for the Nueces SDA.
- For this rate period, we also needed to take a second step. As you may recall, for the March 1, 2018 – August 31, 2018 rate period ("PY1"), your organizations provided IGT based on how the UHRIP payments were expected to flow. The region conducted an initial reconciliation for these payments for your May 2019 IGT allocations based on the Initial QIF calculations. Recently, the MCO submitted their Final QIF calculations, and based on the updated data, we now have an opportunity to true up the IGT again.
- **[B]:** Based off the Final PY1 MCO-reported UHRIP payments, we re-calculated your pro rata share of the IGT for that rate period. We then reconciled that amount against your actual IGT for PY1, and your initial reconciliation. (Attached is an illustration of how we calculated the IGT reconciliation).
- **[C]:** We then subtracted your Final IGT reconciliation [B] from your proportional IGT share [A] to calculate your June 2020 IGT allocation.

Nueces SDA UHRIP PY4 IGT #1 (9/1/20-2/29/20)
3-Month IGT = \$7,711,839.62

IGT Entity Name	% of SDA Rate Increase for PY4	[A] Corresponding 3 Mo. IGT for PY4	[B] IGT Reconciliation (March 1, 2018 - August 30, 2018) (credit) / debit	[C] Adjusted June 2020 IGT Allocation
Citizens Medical Center	5.21%	\$401,763.74	(\$29,903.05)	\$371,860.69
Memorial Medical Center	1.82%	\$140,705.94	\$4,263.58	\$144,969.52
Karnes County Hospital District	0.96%	\$73,781.84	(\$3,545.33)	\$70,236.51
Refugio County Memorial Hospital District	0.63%	\$48,333.61	\$3,824.11	\$52,157.72
Nueces County Hospital District	91.38%	\$7,047,254.48	\$25,360.69	\$7,072,615.17
TOTALS	100.00%	\$7,711,839.62	\$0.00	\$7,711,839.62

Per HHSC's email, you must enter your IGT in TexNet (in the UHRIP bucket) no later than close of business June 2, 2020 with a settlement date of June 3, 2020. We ask that you please provide Jared Konczal (konczal@gl-law.com) with a screenshot or PDF of your IGT trace sheet by May 29, 2020 so that we can compile and submit the trace sheets to HHSC in one packet.

Please note that this IGT allocation is only for UHRIP; you will continue to receive separate IGT allocations for UC.

Please contact Jared Konczal (konczal@gl-law.com) directly if you have questions.

Thank you.

Jonny F. Hipp, ScD, FACHE | Administrator/Chief Executive Officer
Nueces County Hospital District
Texas HHSC Regional Healthcare Partnership - Region 4 Anchor Entity
Texas HHSC Uniform Hospital Rate Increase Program - Nueces Service Delivery Area Liaison
555 N. Carancahua St., Suite 950 | Corpus Christi, TX 78401-0835
Office: (361) 808-3300 | Fax: (361) 808-3274 | Cell: (361) 877-7290
jonny.hipp@nchdcc.org | www.nchdcc.org

Sent from Windows 10 Desktop at Office

From: HHSC RAD UHRIP Payments <RAD_UHRIP_Payments@hhsc.state.tx.us>

Sent: Friday, May 15, 2020 4:11 PM

To: george.hernandez@uhs-sa.com; KERI.DISNEY-STORY@phhs.org; jacob.cintron@umcelpaso.org; Norby, Michael D <Michael.Norby@harrishealth.org>; dairen.sarmiento@hchd.org; Todd Simoneaux <Todd.Simoneaux@BeaumontTexas.gov>; jeff.dane@umchealthsystem.com; eva.cruzhamby@co.mclennan.tx.us; terry.scoggin@titusregional.com; rabernethy@echd.org; Jonny F. Hipp (NCHD) <jonny.hipp@nchdcc.org>; Sclark03@jpshealth.org; tammy.crumley@co.hays.tx.us; Zkambatta@perkinscoie.com

Cc: Fine,Mance (HHSC) <Mance.Fine@hhsc.state.tx.us>; Cantu,Rene (HHSC) <Rene.Cantu@hhsc.state.tx.us>; Hites,Rhonda (HHSC) <Rhonda.Hites@hhsc.state.tx.us>; Jenkins,Brooke (HHSC) <Brooke.Jenkins01@hhsc.state.tx.us>; Okoniewski,Amanda (HHSC) <Amanda.Okoniewski01@hhsc.state.tx.us>; Guzman,Kenneth (HHSC) <Kenneth.Guzman@hhsc.state.tx.us>; HHSC RAD UHRIP Payments <RAD_UHRIP_Payments@hhsc.state.tx.us>

Subject: UHRIP IGT Notification May 2020- SDA Liaisons

CAUTION: This email originated from outside the NCHD network. DO NOT OPEN LINKS or ATTACHMENTS in this email unless you recognize the sender and know the content is safe.

UHRIP SDA Liaison,

HHSC is providing notification that the IGT for the September 2020 UHRIP Payment must be entered into TexNet no later than close of business **June 2, 2020** with a **settlement date of June 3, 2020**. These funds will need to be placed in the "UHRIP" Bucket. The amount that needs to be entered into TexNet are calculated by SDA in cells K4-K16 of the "2nd Passes" tab of the attached "Final PGY4 UHRIP Payment Calculation" workbook. Please note that the percentage increases by class of hospital can be found in the "Final Increase Pivot" tab.

Please note that the IGT amounts were updated and increased from what was sent to providers last week to account for the IGT needed for the Star, Star Plus, and Administrative fees. Additionally, three providers (College Station Medical Center, Tomball Regional Medical Center, and Rock Prairie) were added back to the "Analysis by Provider" tab as they are active and should receive an increase. These should be the only differences that liaisons should see from what was sent last week.

To assist stakeholders during the coronavirus (COVID-19) emergency, the Health and Human Service Commission (HHSC) is changing the schedule for intergovernmental transfers (IGT) for the Uniform Hospital Rate Increase Program (UHRIP). Typically, units of government must transfer half of the required funding for the upcoming program year in the previous May. (e.g. For Fiscal Year 2021, transfers are due in May 2020.) Given the current public health emergency, HHSC is allowing units of government to make their IGT commitment in two quarterly payments for the UHRIP program. The first ¼ of IGT is due to HHSC by June 3, 2020 and the second ¼ is due August 10.

If the TexNet is entered online, please provide a screen shot or PDF of the confirmation/trace sheet. If the TexNet is entered over the phone, please provide the confirmation number. Please send an email with this information to RAD_UHRIP_Payments@hhsc.state.tx.us

Please email any questions regarding this change or the calculation in general to RAD-Uhrip@hhsc.state.tx.us.

Thank You,

HHSC Rate Analysis- Payments

Texas Health and Human Services Commission

P.O. Box 149030, Mail Code H-400

Brown-Heatly Building

4900 N. Lamar Blvd.

Austin, TX 78714-9030



Texas Comptroller of Public Accounts

Health and Human Services Commission
Memorial Medical Center Operating County

Identification Number: Location:
Transaction Complete
Trace #

Payment Total \$1,337,173.86

Settlement Date 06/03/2020

PAYMENT DETAIL

QIPP Amount \$1,337,173.86

A handwritten signature in black ink, appearing to be "ja".

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Revised:01/09/13 (483)

This list contains the declared suggested amount. No excess funds have been added.

Deposits are due into TexNet by COB Wednesday June 3, 2020

Facility ID	Facility Name	Facility Owner	June Declaration
100806	GULF POINTE PLAZA	MEMORIAL MEDICAL CENTER	\$ 132,221.59
103462	TUSCANY VILLAGE	MEMORIAL MEDICAL CENTER	\$ 183,971.64
105006	SOLERA AT WEST HOUSTON	MEMORIAL MEDICAL CENTER	\$ 122,978.92
105314	THE CRESCENT	MEMORIAL MEDICAL CENTER	\$ 104,247.99
105818	THE BROADMOOR AT CREEKSIDE PARK	MEMORIAL MEDICAL CENTER	\$ 129,832.78
102540	GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	MEMORIAL MEDICAL CENTER	\$ 223,532.07
4628	FORT BEND HEALTHCARE CENTER	MEMORIAL MEDICAL CENTER	\$ 126,774.22
4811	ASHFORD GARDENS	MEMORIAL MEDICAL CENTER	\$ 313,614.65
			\$ 1,337,173.86

Jason Anglin

From: HHSC RAD QIPP Payments <RAD_QIPP_Payments@hhsc.state.tx.us>
Sent: Tuesday, May 19, 2020 8:01 AM
To: costermayer@regentcare.biz; crcannon@ensignservices.net; cschwin-street@st-joseph.org; CSSStenger@savasc.com; csstenger@savasc.com; cwalters@cisconursing.com; cward@ensignservices.net; cwimmer@ensignservices.net; d.horwood@co.sterling.tx.us; d.woolverton@fundlhc.com; david.byrom@coryellhealth.org; david@opcoca.com; dawnahyden@gclhc.com; dbeard@lulingcarecenter.com; dbooth@permianregional.com; ddekowski@regencyhealthcare.com; debrewer@ensignservices.net; derek@crosshm.com; dganz@skybluehc.com; djohnson@hillviewsc.com; dmak@ecmh.org; doug.smith@smhtx.com; duane.woods@cmcvtx.org; duncanville.adm@nexion-health.com; dwhitehead@enniscarecenter.com; dzurovec@touchstone-communities.com; eboyd@traillakenursing.com; ebrown@ensignservices.net; ed@villagesonmacarthur.com; eholly@regencyhealthcare.com; Emily Rogers; ereardon@swlhc.com; essentialpractices@yahoo.com; ethedford@regencyhealthcare.com; EUrban@EnsignServices.net; eva.zamora@uwlaw.com; executivedirector@wvsnf.com; femuniz@ensignservices.net; fmigl@regencyhealthcare.com; francesca.cain@fundlhc.com; frederick.cerise@phhs.org; g.anfinsen@umhtx.org; gdcompton@savasc.com; george.hernandez@uhs-sa.com; ggoodin@awinds.com; goetz@wesleyanhomes.org; GoldenCreek.adm@nexion-health.com; gperson@cricpa.com; Gayla Quillin (gquillin@parmermedicalcenter.com); greg@24k.health; Greg Pritchett (gregp@cuerohospital.org); GWHITTEN@TXBUSINESS.COM; helen.munday@coryellhealth.org; hhadley@hmshealthcare.com; hlacerda@hslfamily.net; houston.mcguire@robleecc.com; htb3444@aol.com; huffmana@nacmem.org; irocha@ecmh.org; jack@fourcooks.com; james.balfour@phhs.org; James@trinityhealthcare.com; jamie.wilson@healthmarkgroup.com; jane.balderas@fundlhc.com; Jason Anglin; jawtry@ensignservices.net; jbarron@yoakumcounty.org; jbrown@farwellcarecenter.com; jclay@gonzaleshealthcare.com; jcoglianese@philchai-hc.com; jconrad-nite@paloduronursing.com; jehicks@savasc.com; jeverly@ensignservices.net; jfuller@charlestonhcgroupp.com; jgamble@gambleguestcare.com; JGraves@dimmitregional.com; jhammel@obmc.org; jhead@ohc-lhc.com; jhess@ensignservices.net; jholder@tccc.org; jicordes13@gmail.com; jmatlock@ohc-lhc.com; jmenefee@mchdtx.net; joboarman@ensignservices.net; jodie.ellis@southerncrosslhc.com; joe@newhorizonhealthmgmt.com; JOEB@DHCHD.ORG; joel.rodriquez@co.la-salle.tx.us; john.dohlman@fundlhc.com; john.robinson@prestonwoodrehab.com
Cc: Hites,Rhonda (HHSC); Jenkins,Brooke (HHSC); Okoniewski,Amanda (HHSC); Guzman,Kenneth (HHSC); HHSC RAD QIPP Payments; Ellison,Brooke (HHSC); Duban,Sascha (HHSC); DeLeon,Angel (HHSC); Keogh,Shanon (HHSC); HHSC QIPP
Subject: QIPP IGT Suggestion June 2020 (2)
Attachments: QIPP Year 4 IGT Call - June 2020 (For Distribution).xlsx; TexNet User Guide May 2019.pdf

[WARNING-Remote attachments, VERIFY SENDER]

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

QIPP Year 4 NSGO Providers,

The purpose of the Quality Incentive Payment Program (QIPP) is to improve the quality of care provided in Texas nursing facilities. The Texas Health and Human Services Commission (HHSC) is committed to increasing the number of participating nursing facilities and building on the success of QIPP. HHSC appreciates the commitment of the non-state governmental entities to being active participants in the fourth year of the program and looks forward to working with all participants in Year 4 as the number of participating nursing facilities is expanded to bring this program to more Texas communities.

Attached is a spreadsheet with the suggested intergovernmental transfer (IGT) amounts as declared for the 1st installment in the Quality Incentive Payment Program (QIPP) Year 4, September 2020 through November 2021. Based on provider feedback, the IGT amounts for QIPP Year 4 contain only the original amounts requested through the IGT Declaration of Intent. No additional funds are being requested to make up potential program shortages.

Due to the increase in the program funding for Year 4, NSGOs deposits are, unless otherwise requested, transferred in three installments:

- One fourth due June 3, 2020
- One forth due August 10, 2020
- The remaining half due December 3, 2020

The current suggested IGT amounts are included on the QIPP IGT Declaration of Intent found on the [QIPP Year 4 Enrollment Portal](#). The calculations for the IGT amounts can be found on the [Rate Analysis QIPP website](#) in the document "QIPP Year 4 Enrollment, Component Values, and IGT Recommendations." Please note the component values will be updated once the state share has been calculated from the IGT deposits.

Important Date:

No Later than June 2, 2020 COB - Enter IGT amount into TexNet with a settlement date of June 3, 2020, and send trace sheet to RAD_QIPP_Payments@hhsc.state.tx.us

- This due date is non-negotiable.
- The funds need to be placed in the "QIPP" Bucket.
- The amount that needs to be entered TexNet is on the tab named "June 2020 IGT Call" in column C of the attached spreadsheet.
- The IGT will be processed at that time and there will be no further revisions or redistributions of IGT suggestions should the aggregate IGT amount not fully utilize the available pool. Please ensure you double check the number while entering to ensure the correct number has been entered.

After the IGT amount is entered into TexNet, please email a screen shot or .pdf of the confirmation/trace sheet (or email the confirmation number if the TexNet is submitted over the phone) to RAD_QIPP_Payments@hhsc.state.tx.us.

Instructions for using TexNet for HHSC programs are attached as a PDF document. If you are new to TexNet or have questions, please reach out as-soon-as possible to ensure the process goes as smooth as possible.

TexNet Website: <https://comptroller.texas.gov/programs/systems/texnet.php>

Thank you,

HHSC Rate Analysis - Payments
Texas Health and Human Services Commission
P.O. Box 149030, Mail Code H-400
Brown-Heatly Building
4900 N. Lamar Blvd.
Austin, TX 78714-9030



TEXAS
Health and Human
Services

Facility ID	Facility Name	Facility Owner	June Declaration	August Declaration	December Declaration	Total Declared
100806	GULF POINTE PLAZA	MEMORIAL MEDICAL CENTER	\$ 132,221.59	\$ 132,221.59	\$ 264,443.18	\$ 528,886.36
103462	TUSCANY VILLAGE	MEMORIAL MEDICAL CENTER	\$ 183,971.64	\$ 183,971.64	\$ 367,943.27	\$ 735,886.55
105006	SOLERA AT WEST HOUSTON	MEMORIAL MEDICAL CENTER	\$ 122,978.92	\$ 122,978.92	\$ 245,957.83	\$ 491,915.67
105314	THE CRESCENT	MEMORIAL MEDICAL CENTER	\$ 104,247.99	\$ 104,247.99	\$ 208,495.98	\$ 416,991.96
105818	THE BROADMOOR AT CREEKSIDE PARK	MEMORIAL MEDICAL CENTER	\$ 129,832.78	\$ 129,832.78	\$ 259,665.57	\$ 519,331.13
102540	GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	MEMORIAL MEDICAL CENTER	\$ 223,532.07	\$ 223,532.07	\$ 447,064.14	\$ 894,128.28
4628	FORT BEND HEALTHCARE CENTER	MEMORIAL MEDICAL CENTER	\$ 126,774.22	\$ 126,774.22	\$ 253,548.43	\$ 507,096.87
4811	ASHFORD GARDENS	MEMORIAL MEDICAL CENTER	\$ 313,614.65	\$ 313,614.65	\$ 627,229.31	\$ 1,254,458.61
			\$ 1,337,173.86	\$ 1,337,173.86	\$ 2,674,347.71	\$ 5,348,695.43

QIPP Fully Funded Calculations (\$1.1B option)		
Program Funding		
Total Funds	\$	1,100,000,000
NFS Funds (37.75%)	\$	415,250,000
Federal Funds (62.25%)	\$	684,750,000

Breakdown of Program Funding		
SFY 2021 State FMAP		37.75%
MCO Admin Fee		0.125%
MCO Risk Margin		1.750%
MCO Premium Tax (State of Texas)		1.750%
Total Funds	\$	1,100,000,000
minus MCO Admin Fee	\$	1,375,000
minus MCO Risk Margin	\$	19,250,000
minus MCO Provider Tax	\$	19,250,000
Total Program Funds	\$	1,060,125,000
IGT Funds Needed for Pool Size	\$	415,250,000
Requested IGT + Holdback	\$	448,470,000
		8%

Available Funds for Program Components		
Component 1 = NFS plus 10%	\$	456,775,000
Component 2 = 30% of pool after C1/C4/MCO Fees		
30.00%	\$	128,205,000
Component 3 = 70% of pool after C1/C4/MCO Fees		
70.00%	\$	299,145,000
Component 4 = 16% of total funds		
16.00%	\$	176,000,000

QIPP Declared Calculations		
Program Funding		
Total Funds	\$	1,098,288,448
NFS Funds (37.75%)	\$	414,603,889
Federal Funds (62.25%)	\$	683,684,559

Breakdown of Program Funding		
SFY 2021 State FMAP		37.75%
MCO Admin Fee		0.125%
MCO Risk Margin		1.750%
MCO Premium Tax (State of Texas)		1.750%
Total Funds	\$	1,098,288,448
minus MCO Admin Fee	\$	1,372,861
minus MCO Risk Margin	\$	19,220,048
minus MCO Provider Tax	\$	19,220,048
Total Program Funds	\$	1,058,475,492
IGT Funds Needed for Pool Size	\$	414,603,889
Requested IGT + Holdback	\$	447,772,200
		8%

Available Funds for Program Components		
Component 1 = NFS plus 10%	\$	456,064,278
Component 2 = 30% of pool after C1/C4/MCO Fees		
30.00%	\$	128,005,519
Component 3 = 70% of pool after C1/C4/MCO Fees		
70.00%	\$	298,679,544
Component 4 = 16% of total funds		
16.00%	\$	175,726,152

05/22/2020
13:18

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Transaction Dates Through: 05/22/2020

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ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11816 ASHFORD GARDENS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
052020		05/20/20	05/20/20	06/04/20		44,256.01	0.00	0.00	44,256.01

UNITED HEALTH QUIPP - NH portion of QUIPP pymt deposited into MMC operating ✓

052220		05/22/20	05/22/20	06/06/20		555,000.00	0.00	0.00	555,000.00
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TRANSFER SITMULUS PAYMENT - NH portion of stimulus pymt deposited into MMC operating

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
11816	ASHFORD GARDENS	599,256.01	0.00	0.00	599,256.01

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	599,256.01	0.00	0.00	599,256.01

APPROVED
ON

MAY 22 2020

CK#
185839COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Ashford Gardens

Date Requested: 05/22/20

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APPROVED
ON

MAY 21 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

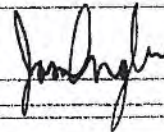
AMOUNT \$555,000

G/L NUMBER: 20352000

EXPLANATION: Transfer stimulus payment

REQUESTED BY: Melissa McKissack

AUTHORIZED BY:



Provider Number	Provider Name	FYE
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Nursing Home Beds	Base Payment	Payment Per Bed	Estimated Emergency Provider Relief Fund Payments
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675423	ASHFORD GARDENS	12/31/2018	*	202	50,000	\$	2,500	\$	555,000
675663	FORT BEND HEALTHCARE CENTER	12/31/2018	*	56	50,000	\$	2,500	\$	190,000
676097	GOLDEN CREEK HEALTHCARE AND REHABILI	12/31/2018	*	125	50,000	\$	2,500	\$	362,500
676310	SOLERA AT WEST HOUSTON	12/31/2018	*	112	50,000	\$	2,500	\$	330,000
676323	THE CRESCENT	12/31/2018	*	112	50,000	\$	2,500	\$	330,000
676357	THE BROADMOOR AT CREEKSIDE PARK	12/31/2018	*	112	50,000	\$	2,500	\$	330,000
675892	GULF POINTE PLAZA	12/31/2018	*	120	50,000	\$	2,500	\$	350,000
676201	TUSCANY VILLAGE	12/31/2018	**	132					

252	350,000			2,447,500
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Stimulus Fund Payments Received

\$ 2,447,500

Notes:

* Beds using Stairs Cost report system

** Beds off Nursing Home Compare

Tuscany Village CHOW was effective 3/1/2020.

05/22/2020 14:24
 MEMORIAL MEDICAL CENTER
 AP Open Invoice List 0
 Due Dates Through: 06/06/2020 ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

11828 SOLERA WEST HOUSTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
052020		05/20/20	05/20/20	06/04/20		15,883.45	0.00	0.00	15,883.45

	UNITED HEALT QUIPP								
052220a		05/22/20	05/22/20	06/06/20		330,000.00	0.00	0.00	330,000.00

	TRANSFER STIMULUS PAYME								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOUSTON					345,883.45	0.00	0.00	345,883.45

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	345,883.45	0.00	0.00	345,883.45

APPROVED
ON

MAY 22 2020

CK#
185844

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P SOLERA
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Date Requested: 05/22/20

APPROVED
ON

MAY 22 2020

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

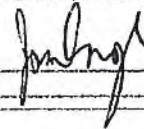
AMOUNT \$330,000

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
G/L NUMBER 20352000

EXPLANATION: Transfer stimulus payment

REQUESTED BY: Melissa McKissack

AUTHORIZED BY:



Provider Number	Provider Name	FYE
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675423	ASHFORD GARDENS	12/31/2018	*
675663	FORT BEND HEALTHCARE CENTER	12/31/2018	*
676097	GOLDEN CREEK HEALTHCARE AND REHABILI	12/31/2018	*
676310	SOLERA AT WEST HOUSTON	12/31/2018	*
676323	THE CRESCENT	12/31/2018	*
676357	THE BROADMOOR AT CREEKSIDE PARK	12/31/2018	*
675892	GULF POINTE PLAZA	12/31/2018	*
676201	TUSCANY VILLAGE	12/31/2018	**

Nursing Home Beds	Base Payment	Payment Per Bed	Estimated Emergency Provider Relief Fund Payments
202	50,000	\$ 2,500	\$ 555,000
56	50,000	\$ 2,500	\$ 190,000
125	50,000	\$ 2,500	\$ 362,500
112	50,000	\$ 2,500	\$ 330,000
112	50,000	\$ 2,500	\$ 330,000
112	50,000	\$ 2,500	\$ 330,000
120	50,000	\$ 2,500	\$ 350,000
132			
252	350,000		2,447,500

Stimulus Fund Payments Received

\$ 2,447,500

Notes:

- * Beds using Stairs Cost report system
- ** Beds off Nursing Home Compare
- Tuscany Village CHOW was effective 3/1/2020.

05/22/2020
13:19

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Transaction Dates Through: 05/22/2020

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ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11820 FORTBEND HEALTHCARE CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
052020		05/20/20	05/20/20	06/04/20		18,424.79	0.00	0.00	18,424.79

052220	UNITED HEALTH QUIPP	05/22/20	05/22/20	06/06/20		190,000.00	0.00	0.00	190,000.00
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TRANSFER SITMULUS PAYMENT									
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Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
11820	FORTBEND HEALTHCARE CENTER	208,424.79	0.00	0.00	208,424.79	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	208,424.79	0.00	0.00	208,424.79

APPROVED
ON

MAY 22 2020

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COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Fort Bend

Date Requested: 05/22/20

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APPROVED
ON

MAY 22 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

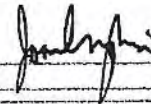
AMOUNT \$190,000

G/L NUMBER: 20352000

EXPLANATION: Transfer stimulus payment

REQUESTED BY: Melissa McKissack

AUTHORIZED BY:



Provider Number	Provider Name	FYE
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Nursing Home Beds	Base Payment	Payment Per Bed	Estimated Emergency Provider Relief Fund Payments
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675423	ASHFORD GARDENS	12/31/2018	*	202	50,000	\$	2,500	\$	555,000
675663	FORT BEND HEALTHCARE CENTER	12/31/2018	*	56	50,000	\$	2,500	\$	190,000
676097	GOLDEN CREEK HEALTHCARE AND REHABILI	12/31/2018	*	125	50,000	\$	2,500	\$	362,500
676310	SOLERA AT WEST HOUSTON	12/31/2018	*	112	50,000	\$	2,500	\$	330,000
676323	THE CRESCENT	12/31/2018	*	112	50,000	\$	2,500	\$	330,000
676357	THE BROADMOOR AT CREEKSIDE PARK	12/31/2018	*	112	50,000	\$	2,500	\$	330,000
675892	GULF POINTE PLAZA	12/31/2018	*	120	50,000	\$	2,500	\$	350,000
676201	TUSCANY VILLAGE	12/31/2018	**	132					

252	350,000								2,447,500
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Stimulus Fund Payments Received

\$ 2,447,500

Notes:

* Beds using Stairs Cost report system

** Beds off Nursing Home Compare

Tuscany Village CHOW was effective 3/1/2020.

05/22/2020

MEMORIAL MEDICAL CENTER

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AP Open Invoice List

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Due Dates Through: 06/06/2020

Vendor# Vendor Name

Class Pay Code

11832 BROADMOOR AT CREEKSIDE PARK

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
051820		05/20/20	05/18/20	06/04/20		108.32	0.00	0.00	108.32
	TRANSFER	<i>NH insurance pymt sent to MMC in error</i>							
052020		05/20/20	05/20/20	06/04/20		18,499.57	0.00	0.00	18,499.57
	UNITED HEALTH QUIPP	<i>NH portion of QUIPP pymt deposited into MMC operating</i>							
052220A		05/22/20	05/22/20	06/06/20		330,000.00	0.00	0.00	330,000.00
	TRANSFER STIMULUS PAYMENT	<i>NH portion of stimulus pymt deposited into MMC operating</i>							
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	11832 BROADMOOR AT CREEKSIDE PARK					348,607.89	0.00	0.00	348,607.89

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	348,607.89	0.00	0.00	348,607.89

APPROVED
ON

MAY 22 2020

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COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P BROADMOOR
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Date Requested: 05/22/20

APPROVED
ON

MAY 22 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

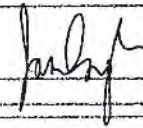
AMOUNT \$330,000

G/L NUMBER: 20352000

EXPLANATION: Transfer stimulus payment

REQUESTED BY: Melissa McKissack

AUTHORIZED BY:



Provider Number	Provider Name	FYE
-----------------	---------------	-----

675423	ASHFORD GARDENS	12/31/2018	*
675663	FORT BEND HEALTHCARE CENTER	12/31/2018	*
676097	GOLDEN CREEK HEALTHCARE AND REHABIL	12/31/2018	*
676310	SOLERA AT WEST HOUSTON	12/31/2018	*
676323	THE CRESCENT	12/31/2018	*
676357	THE BROADMOOR AT CREEKSIDE PARK	12/31/2018	*
675892	GULF POINTE PLAZA	12/31/2018	*
676201	TUSCANY VILLAGE	12/31/2018	**

Nursing Home Beds	Base Payment	Payment Per Bed	Estimated Emergency Provider Relief Fund Payments
202	50,000	\$ 2,500	\$ 555,000
56	50,000	\$ 2,500	\$ 190,000
125	50,000	\$ 2,500	\$ 362,500
112	50,000	\$ 2,500	\$ 330,000
112	50,000	\$ 2,500	\$ 330,000
112	50,000	\$ 2,500	\$ 330,000
120	50,000	\$ 2,500	\$ 350,000
132			
252	350,000		2,447,500

Stimulus Fund Payments Received

\$ 2,447,500

Notes:

* Beds using Stairs Cost report system
 ** Beds off Nursing Home Compare
 Tuscany Village CHOW was effective 3/1/2020.

05/22/2020
14:24

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 06/06/2020

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ap_open_invoice.template

Vendor# Vendor Name
11824 THE CRESCENT

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
051820A		05/20/20	05/18/20	06/04/20		2,464.00	0.00	0.00	2,464.00
	TRANSFER								
051820		05/20/20	05/18/20	06/04/20		30.00	0.00	0.00	30.00
	TRANSFER								
052020		05/20/20	05/20/20	06/04/20		13,361.95	0.00	0.00	13,361.95
	UNTIED HEALTH QUIPP								
052220A		05/22/20	05/22/20	06/06/20		330,000.00	0.00	0.00	330,000.00
	TRANSFER STIMULUS PAYMENT								
Vendor Totals						Gross	Discount	No-Pay	Net
11824	THE CRESCENT					345,855.95	0.00	0.00	345,855.95

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	345,855.95	0.00	0.00	345,855.95

APPROVED
ON
MAY 22 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#
185845

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P THE CRESCENT

Date Requested: 05/22/20

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APPROVED
ON

MAY 22 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

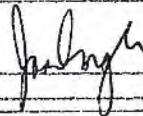
AMOUNT \$330,000

G/L NUMBER: 20352000

EXPLANATION: Transfer stimulus payment

REQUESTED BY: Melissa McKissack

AUTHORIZED BY:



Provider Number	Provider Name	FYE
-----------------	---------------	-----

675423	ASHFORD GARDENS	12/31/2018	*
675663	FORT BEND HEALTHCARE CENTER	12/31/2018	*
676097	GOLDEN CREEK HEALTHCARE AND REHABILI	12/31/2018	*
676310	SOLERA AT WEST HOUSTON	12/31/2018	*
676323	THE CRESCENT	12/31/2018	*
676357	THE BROADMOOR AT CREEKSIDE PARK	12/31/2018	*
675892	GULF POINTE PLAZA	12/31/2018	*
676201	TUSCANY VILLAGE	12/31/2018	**

Nursing Home Beds	Base Payment	Payment Per Bed	Estimated Emergency Provider Relief Fund Payments
202	50,000	\$ 2,500	\$ 555,000
56	50,000	\$ 2,500	\$ 190,000
125	50,000	\$ 2,500	\$ 362,500
112	50,000	\$ 2,500	\$ 330,000
112	50,000	\$ 2,500	\$ 330,000
112	50,000	\$ 2,500	\$ 330,000
120	50,000	\$ 2,500	\$ 350,000
132			
252	350,000		2,447,500

Stimulus Fund Payments Received

\$ 2,447,500

Notes:

* Beds using Stairs Cost report system

** Beds off Nursing Home Compare

Tuscany Village CHOW was effective 3/1/2020.

05/22/2020

MEMORIAL MEDICAL CENTER

0

13:19

AP Open Invoice List

Transaction Dates Through: 05/22/2020

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
051820		05/20/20	05/18/20	06/04/20		26,305.80	0.00	0.00	26,305.80
	TRANSFER	NH insurance pymt sent to MMC in error							
051820A		05/20/20	05/18/20	06/04/20		3,188.90	0.00	0.00	3,188.90
	TRANSFER	NH insurance pymt sent to MMC in error							
051820B		05/20/20	05/18/20	06/04/20		94.89	0.00	0.00	94.89
	TRANSFER	NH insurance pymt sent to MMC in error							
052020		05/20/20	05/20/20	06/04/20		33,642.92	0.00	0.00	33,642.92
	UNITED HEALTH QUIPP	NH portion of QUIPP deposited into MMC operating							
052220		05/22/20	05/22/20	06/06/20		362,500.00	0.00	0.00	362,500.00
	TRANSFER SITMULUS PAYMENT-	NH portion of stimulus deposited into MMC operating							

Vendor Totals Number Name

Gross

Discount

No-Pay

Net

11836 GOLDENCREEK HEALTHCARE

425,732.51

0.00

0.00

425,732.51

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

425,732.51

0.00

0.00

425,732.51

APPROVED
ON

MAY 22 2020

CK#

185842

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Golden Creek
A _____
Y _____
E _____
E _____

Date Requested: 05/22/20

APPROVED
ON

MAY 22 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

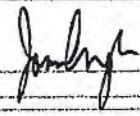
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$362,500

G/L NUMBER: 20352000

EXPLANATION: Transfer stimulus payment

REQUESTED BY: Melissa McKissack

AUTHORIZED BY: 

Provider Number	Provider Name	FYE
-----------------	---------------	-----

675423	ASHFORD GARDENS	12/31/2018	*
675663	FORT BEND HEALTHCARE CENTER	12/31/2018	*
676097	GOLDEN CREEK HEALTHCARE AND REHABILI	12/31/2018	*
676310	SOLERA AT WEST HOUSTON	12/31/2018	*
676323	THE CRESCENT	12/31/2018	*
676357	THE BROADMOOR AT CREEKSIDE PARK	12/31/2018	*
675892	GULF POINTE PLAZA	12/31/2018	*
676201	TUSCANY VILLAGE	12/31/2018	**

Nursing Home Beds	Base Payment	Payment Per Bed	Estimated Emergency Provider Relief Fund Payments
202	50,000	\$ 2,500	\$ 555,000
56	50,000	\$ 2,500	\$ 190,000
125	50,000	\$ 2,500	\$ 362,500
112	50,000	\$ 2,500	\$ 330,000
112	50,000	\$ 2,500	\$ 330,000
112	50,000	\$ 2,500	\$ 330,000
120	50,000	\$ 2,500	\$ 350,000
132			
252	350,000		2,447,500

Stimulus Fund Payments Received

\$ 2,447,500

Notes:

- * Beds using Stairs Cost report system
- ** Beds off Nursing Home Compare
- Tuscany Village CHOW was effective 3/1/2020.

05/22/2020		MEMORIAL MEDICAL CENTER				0			
13:21		AP Open Invoice List				ap_open_invoice.template			
		Transaction Dates Through: 05/22/2020							
Vendor#	Vendor Name	Class		Pay Code					
12696	GULF POINTE PLAZA								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
051820		05/20/20	05/18/20	06/04/20		0.08	0.00	0.00	0.08
	TRANSFER	NH insurance pymt sent to mme in error							
051820A		05/20/20	05/18/20	06/04/20		21,152.03	0.00	0.00	21,152.03
	TRANSFER	NH insurance pymt sent to mme in error							
051820B		05/20/20	05/18/20	06/04/20		1,235.76	0.00	0.00	1,235.76
	TRANSFER	NH insurance pymt sent to mme in error							
052020		05/20/20	05/20/20	06/04/20		20,373.48	0.00	0.00	20,373.48
	UNITED HEALTH QUIPP	NH portion of QUIPP deposited into mme operating							
052220		05/22/20	05/22/20	06/06/20		350,000.00	0.00	0.00	350,000.00
	TRASNFER STIMULUS PAYMENT	NH portion of stimulus pymt deposited into mme operating							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA				392,761.35	0.00	0.00	392,761.35
Report Summary									
Grand Totals:	Gross		Discount		No-Pay		Net		
	392,761.35		0.00		0.00		392,761.35		

APPROVED
ON

MAY 22 2020

ck#
185843COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Gulf Pointe
A
Y
E
E

Date Requested: 05/22/20

APPROVED
ON

MAY 22 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

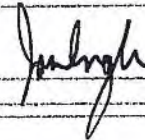
AMOUNT \$350,000

G/L NUMBER: 20352000

EXPLANATION: Transfer stimulus payment

REQUESTED BY: Melissa McKissack

AUTHORIZED BY:



Provider Number	Provider Name	FYE
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675423	ASHFORD GARDENS	12/31/2018	*
675663	FORT BEND HEALTHCARE CENTER	12/31/2018	*
676097	GOLDEN CREEK HEALTHCARE AND REHABILI	12/31/2018	*
676310	SOLERA AT WEST HOUSTON	12/31/2018	*
676323	THE CRESCENT	12/31/2018	*
676357	THE BROADMOOR AT CREEKSIDE PARK	12/31/2018	*
675892	GULF POINTE PLAZA	12/31/2018	*
676201	TUSCANY VILLAGE	12/31/2018	**

Nursing Home Beds	Base Payment	Payment Per Bed	Estimated Emergency Provider Relief Fund Payments
202	50,000	\$ 2,500	\$ 555,000
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125	50,000	\$ 2,500	\$ 362,500
112	50,000	\$ 2,500	\$ 330,000
112	50,000	\$ 2,500	\$ 330,000
112	50,000	\$ 2,500	\$ 330,000
120	50,000	\$ 2,500	\$ 350,000
132			
252	350,000		2,447,500

Stimulus Fund Payments Received

\$ 2,447,500

Notes:

* Beds using Stairs Cost report system
 ** Beds off Nursing Home Compare
 Tuscany Village CHOW was effective 3/1/2020.

RECEIVED**MAY 21 2020**

05/21/2020

Calhoun County Auditor

10:54

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
051820A		05/20/20	05/18/20	06/04/20		518.25	0.00	0.00	518.25 ✓

TRANSFER *NH insurance pymt sent to mmc in error*

051820		05/20/20	05/18/20	06/04/20		1,472.67	0.00	0.00	1,472.67 ✓
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TRANSFER *NH insurance pymt sent to mmc in error*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	1,990.92	0.00	0.00	1,990.92	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,990.92	0.00	0.00	1,990.92

APPROVED
ON**MAY 21 2020**

CIC#

185846

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Jason Anglin

From: Unroe, Jon <junroe@bkd.com>
Sent: Friday, May 22, 2020 9:05 AM
To: Young III, Tracy; Jason Anglin; Parde, Steve
Subject: RE: STIMULUS PAYMENT 5/22/20

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

This round of payments for today is nursing home only. It can be computed as \$50,000 flat fee per nursing home plus \$2,500 per licensed bed. So for example a 100 nursing home would receive \$300,000 ($50,000 + (2,500 \times 100 \text{ beds})$)

Jon A Unroe, CPA
Partner | BKD
2700 Post Oak Blvd. Suite 1500 // Houston, TX 77056
713.499.4600 Ext. 40415
713.499.4617 Direct
713.499.4699 Fax



COVID-19 Resource Center
CLICK TO SEE RESOURCES NOW

From: Young III, Tracy <pyoung@bkd.com>
Sent: Friday, May 22, 2020 9:03 AM
To: Jason Anglin <JAnglin@mmcportlavaca.com>; Parde, Steve <sparde@bkd.com>; Unroe, Jon <junroe@bkd.com>
Subject: RE: STIMULUS PAYMENT 5/22/20

Jon – Memorial has received two previous payments. They received \$1.9 million from the first \$30 billion that was disbursed in early April. They paid the nursing homes their share of this \$1.9 million. They did not get anything associated with the second payments that were part of the \$20 billion disbursed on April 24. They did get over \$3 million as a rural provider based on the target distributions. To our knowledge, this payment did not relate to the nursing homes and is all related to the hospital activity.

Now they have received the money below. Is this solely related to the nursing homes? Or is part MMC's? I was thinking this next distribution was for nursing homes and not hospital activity. Do you have any thoughts on this?

Thanks!

Tracy

Preston "Tracy" Young, III, CPA
Partner | BKD
2700 Post Oak Boulevard, Suite 1500
Houston, TX 77056
713.499.4600 Office
713.499.4616 Direct
713.499.4699 Fax
501.580.1139 Mobile



COVID-19 Resource Center

CLICK TO SEE RESOURCES NOW

From: Jason Anglin <JAnglin@mmcportlavaca.com>

Sent: Friday, May 22, 2020 8:39 AM

To: Parde, Steve <sparde@bkd.com>

Cc: Young III, Tracy <pyoung@bkd.com>

Subject: FW: STIMULUS PAYMENT 5/22/20

CAUTION External email from (JAnglin@mmcportlavaca.com). Do not open attachments or click links from sources you do not know and trust.

We got another stimulus payment today for \$2,447,500.

What is this one for? Is it all MMC or to be split with Nursing Homes?

Thank you,

Jason Anglin, CEO
Memorial Medical Center
815 N Virginia St
Port Lavaca, TX 77979
Office 361-552-0240
Fax 361-552-0220

From: Caitlin Clevenger <cclevenger@mmcportlavaca.com>

Sent: Friday, May 22, 2020 8:30 AM

To: Jason Anglin <JAnglin@mmcportlavaca.com>
Subject: STIMULUS PAYMENT 5/22/20

We received another stimulus payment today.

05/22/2020	ACH Payment ACH Payment AMERISOURCE BERG PAYMENTS 0100007768 2100002	\$2,659.67
05/22/2020	ACH Deposit ACH Deposit US HHS Stimulus HHSPAYMENT 746003411 1243848	\$2,447,500.00
05/22/2020	ACH Deposit ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384	\$4,488.00
05/22/2020	ACH Deposit ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384	\$0.62
05/22/2020	ACH Deposit	\$119.50

*Respectfully,
Caitlin Clevenger*

Memorial Medical Center
Accountant
815 N Virginia St
Port Lavaca, TX 77979
Ph: 361.552.0272 Fax: 361.551.4504

***** BKD, LLP Internet Email Confidentiality Footer *****

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in this message. If you are not the addressee indicated in
this message (or responsible for delivery of the message
to such person), you may not copy or deliver this message to
anyone. In such case, you should destroy this message, and

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
5/26/2020

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		19,936.69	318,131.63	27,675.24		29,480.30	613,914.97

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

Broadmoor	271,385.21	270,462.35	232,073.75			232,996.61	575,996.40
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Crescent	291,325.82	290,551.27	42,162.87			42,937.42	384,183.55
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Fort Bend	99,010.62	98,055.94	10,541.17			11,495.85	213,647.30
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Solera at W Houston	329,393.67	328,602.26	39,601.67			40,393.08	380,881.54
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Routing Information for Crescent / Solera at West
Cantex Health Care Centers III LLC
JP Morgan Chase Bank

613,914.97 +
575,996.40 +
384,183.55 +
213,647.30 +
380,881.54 +
2,168,623.76

Bank Balance	29,480.30	
Variance	-	
Pending deposit-Stimulus pymt- for trnsfr	599,256.01	
Leave in Balance	100.00	
QIPP 3,4&Lapse Payment Variance	1,653.12	
MMC Portion QIPP 1 & 2	13,016.28	
April Interest	51.94	
May Interest	-	
June Interest	-	
Adjust Balance/Transfer Amt	613,914.97	
Bank Balance	232,996.61	
Variance	-	
Pending deposit-Stimulus pymt- for trnsfr	348,607.89	
Leave in Balance	100.00	
QIPP 3,4&Lapse Payment Variance	725.57	
MMC Portion QIPP 1 & 2	4,685.24	
MMC Portion QIPP 3,4,Lapse		
April Interest	97.29	
May Interest	-	
June Interest	-	
Adjust Balance/Transfer Amt	575,996.40	
Bank Balance	42,937.42	
Variance	-	
Pending deposit-Stimulus pymt- for trnsfr	345,855.95	
Leave in Balance	100.00	
QIPP 3,4&Lapse Payment Variance	572.43	
MMC Portion QIPP 1 & 2	3,835.27	
MMC Portion QIPP 3,4,Lapse		
April Interest	102.12	
May Interest	-	
June Interest	-	
Adjust Balance/Transfer Amt	384,183.55	
Bank Balance	11,495.85	
Variance	-	
Pending deposit-Stimulus pymt- for trnsfr	208,424.79	
Leave in Balance	100.00	
QIPP 3,4&Lapse Payment Variance	820.23	
MMC Portion QIPP 1 & 2	5,318.66	
MMC Portion QIPP 3,4,Lapse		
April Interest	34.45	
May Interest	-	
June Interest	-	
Adjust Balance/Transfer Amt	213,647.30	
Bank Balance	40,393.08	
Variance	-	
Pending deposit-Stimulus pymt- for trnsfr	345,883.45	
Leave in Balance	100.00	
QIPP 3,4&Lapse Payment Variance	581.74	
MMC Portion QIPP Yr2 Adjustment		
MMC Portion QIPP 1 & 2	4,603.58	
MMC Portion QIPP 3,4,Lapse		
April Interest	109.67	
May Interest	-	
June Interest	-	
Adjust Balance/Transfer Amt	380,881.54	
TOTAL TRANSFERS		2,168,623.76

APPROVED
ON

MAY 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Note: Only balances of over \$5,000 will be trans

Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

Approved:

Jason Anglin, CEO

5/26/2020

Ashford Gardens

5/19/2020 MANAGEANDNET1718 MNS PMNT 00000000000093 41 0252254
 5/19/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020051612100190*1912008361*0000TEX01\
 5/20/2020 WIRE OUT ASHFORD HEALTH CARE CENTER LTD
 5/20/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020051716200639*1912008361*0000TEX01\
 5/21/2020 MANAGEANDNET1718 MNS PMNT 000000000000093 41 0252324
 5/22/2020 MOLINA HEALTHCARE MOLINAACH 00869757 42000017 ISA* * * * *ZZ* *ZZ* *200521*142 5

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	3,450.30	-	-	-	-	-	3,450.30
-	5,343.15	-	-	-	-	-	5,343.15
318,131.63	-	-	-	-	-	-	-
-	4,680.00	-	-	-	-	-	4,680.00
-	299.00	-	-	-	-	-	299.00
-	13,902.79	12,129.76	1,773.03	-	-	13,016.28	886.52
318,131.63	27,675.24	12,129.76	1,773.03	-	-	13,016.28	14,658.97

Broadway

5/18/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020051511500306*1912008361*0000TEX01\
 5/18/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020051510400068*1912008361*0000TEX01\
 5/18/2020 HUMANA INS CO HCCLAIMPMT 390861 830000542336 TRN*1*001290050295580*1391263473\
 5/19/2020 MANAGEANDNET1718 MNS PMNT 0000000000004293 41 0252234
 5/19/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9532785024*1411289245*000087726\
 5/19/2020 HUMANA INS CO HCCLAIMPMT 390861 830000577193 TRN*1*001290050353649*1391263473\
 5/20/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III
 5/20/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020051714200396*1912008361*0000TEX01\
 5/22/2020 MOLINA HEALTHCARE MOLINAACH 00870038 42000017 ISA* * * * *ZZ* *ZZ* *200521*142 5
 5/22/2020 NOVITAS SOLUTION HCCLAIMPMT 676357 42000017 TRN*1*EFT5574373*1205296137*000004011

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	257.50	-	-	-	-	-	257.50
-	16,138.11	-	-	-	-	-	16,138.11
-	15,434.29	-	-	-	-	-	15,434.29
-	2,679.15	-	-	-	-	-	2,679.15
-	5,728.00	-	-	-	-	-	5,728.00
-	11,664.73	-	-	-	-	-	11,664.73
270,462.35	-	-	-	-	-	-	-
-	1,370.78	-	-	-	-	-	1,370.78
-	5,007.16	4,363.32	643.84	-	-	4,685.24	321.97
-	173,794.03	-	-	-	-	-	173,794.03
270,462.35	232,073.75	4,363.32	643.84	-	-	4,685.24	227,388.51

Crescent

5/18/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020051516000880*1912008361*0000TEX01\
 5/18/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020051512800382*1912008361*0000TEX01\
 5/18/2020 AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1532453612*1362739573*000036273\
 5/19/2020 MANAGEANDNET1718 MNS PMNT 0000000000003268 41 0252226
 5/19/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020051610600227*1912008361*0000TEX01\
 5/19/2020 HUMANA INS CO HCCLAIMPMT 390864 830000577193 TRN*1*001290050353650*1391263473\
 5/20/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III
 5/20/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9532785024*1411289245*000087726\
 5/20/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020051710900133*1912008361*0000TEX01\
 5/20/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020051711101136*1912008361*0000TEX01\
 5/21/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9532785024*1411289245*000087726\
 5/22/2020 UnitedHealthcare HCCLAIMPMT 746003411 124384 TRN*1*9532785024*1411289245*000087726\
 5/22/2020 MOLINA HEALTHCARE MOLINAACH 00870011 42000017 ISA* * * * *ZZ* *ZZ* *200521*142 5
 5/22/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2 TRN*1*05F197001669860425*1746000156~

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	4,309.10	-	-	-	-	-	4,309.10
-	1,340.00	-	-	-	-	-	1,340.00
-	435.41	-	-	-	-	-	435.41
-	27.00	-	-	-	-	-	27.00
-	3,377.05	-	-	-	-	-	3,377.05
-	7,834.88	-	-	-	-	-	7,834.88
290,551.27	-	-	-	-	-	-	-
-	2,100.00	-	-	-	-	-	2,100.00
-	1,067.33	-	-	-	-	-	1,067.33
-	388.00	-	-	-	-	-	388.00
-	7,610.00	-	-	-	-	-	7,610.00
-	7,610.00	-	-	-	-	-	7,610.00
-	4,102.96	3,567.58	535.38	-	-	3,835.27	267.69
-	1,961.14	-	-	-	-	-	1,961.14
290,551.27	42,162.87	3,567.58	535.38	-	-	3,835.27	38,327.60

Fort Bend

5/18/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020051511600751*1912008361*0000TEX01\
 5/19/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020051615500353*1912008361*0000TEX01\
 5/20/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III
 5/20/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2 TRN*1*05F176961730577503*1746000156~
 5/22/2020 MOLINA HEALTHCARE MOLINAACH 00869823 42000017 ISA* * * * *ZZ* *ZZ* *200521*142 5
 5/22/2020 AARP Supplementa HCCLAIMPMT 746003411 124384 TRN*1*1533833015*1362739573*000036273

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	1,818.00	-	-	-	-	-	1,818.00
-	412.07	-	-	-	-	-	412.07
98,055.94	-	-	-	-	-	-	-
-	2,343.61	-	-	-	-	-	2,343.61
-	5,683.82	4,953.50	730.32	-	-	5,318.66	365.16
-	283.67	-	-	-	-	-	283.67
98,055.94	10,541.17	4,953.50	730.32	-	-	5,318.66	5,222.51

Solera at West Houston

5/18/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020051511500280*1912008361*0000TEX01\
 5/19/2020 MANAGEANDNET1718 MNS PMNT 0000000000002482 41 0252219
 5/19/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2 TRN*1*05F168851497141259*1746000156~
 5/20/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III
 5/20/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020051712900401*1912008361*0000TEX01\
 5/20/2020 NOVITAS SOLUTION HCCLAIMPMT 676310 420000166 TRN*1*EFT5570303*1205296137*000004011\
 5/21/2020 MANAGEANDNET1718 MNS PMNT 0000000000002482 41 0252276
 5/21/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020052012000637*1912008361*0000TEX01\
 5/22/2020 MOLINA HEALTHCARE MOLINAACH 00869989 42000017 ISA* * * * *ZZ* *ZZ* *200521*142 5
 5/22/2020 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000 TRN*1*2020052111000675*1912008361*0000TEX01

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	0.23	-	-	-	-	-	0.23
-	4,115.42	-	-	-	-	-	4,115.42
-	9,304.49	-	-	-	-	-	9,304.49
328,602.26	-	-	-	-	-	-	-
-	702.00	-	-	-	-	-	702.00
-	3,789.01	-	-	-	-	-	3,789.01
-	6,675.26	-	-	-	-	-	6,675.26
-	725.62	-	-	-	-	-	725.62
-	4,926.07	4,281.09	644.98	-	-	4,603.58	322.49
-	9,363.57	-	-	-	-	-	9,363.57
328,602.26	39,601.67	4,281.09	644.98	-	-	4,603.58	34,998.09
1,305,803.45	352,054.70	29,295.25	4,327.55	-	-	31,459.03	320,595.68

TOTALS

5/26/2020

Treasury Center

QUICK VIEW

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of May 26, 2020 7

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
*4361 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$29,480.30	\$87,036.51	\$29,480.30	\$15,577.51
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$232,996.61	\$245,611.57	\$232,996.61	\$54,195.42
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$42,937.42	\$145,407.85	\$42,937.42	\$29,263.32
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$11,495.85	\$13,705.85	\$11,495.85	\$5,528.36
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$40,393.08	\$84,920.87	\$40,393.08	\$26,103.44
*5506				

* indicates re
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Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
5/26/2020

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		246,624.14	246,477.09	20,185.21	-	20,332.26	396,275.00
					Bank Balance	20,332.26	
					Variance	-	
					Pending deposit-Stimulus pymt- for trnsfr	425,732.51	
					Leave in Balance	100.00	
					Previous MMC Portion QIPP 1 & 2	20,858.89	
					Previous MMC Portion QIPP 3,4,Lapse	28,783.83	
					April Interest	47.05	
					May Interest	-	
					June Interest	-	
					Adjust Balance/Transfer Amt	396,275.00	

Routing Information for Golden Creek:

Nexion Health at Golden Creek

Wells Fargo Bank, N.A.

ABA

Acc

Note: Only balances of over \$5,000 will be transferred to the nursing home.

Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

Approved:
Jason Anglin, CEO



5/26/2020

APPROVED
ON

MAY 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

MMC PORTION							NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apsc	QIPP TI	
-	4,093.90					-	4,093.90
-	4,605.66						
-	697.90						
-	10,557.75						
246,477.09	-					-	-
-	230.00					-	230.00
						-	-
						-	-
246,477.09	20,185.21	-	-	-	-	-	4,323.90

Golden Creek

5/1/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*05F049981588075964*1746000156~
 4/30/2020 Added to Account-Interest
 4/30/2020 NOVITAS SOLUTION HCCLAIMPMT 676097 420000157 TRN*1*EFT5552095*1205296137*000004011\
 4/30/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*05F037671588075964*1746000156~
 4/29/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 4/29/2020 Centene Manageme CCD+ 38888463 3110020646066 RMR*IV*QIPP 4.23.20**22312.91\
 4/29/2020 Centene Manageme CCD+ 38888463 3110020645973 RMR*IV*QIPP Q2 4.23.20**57537.54\
 4/28/2020 NOVITAS SOLUTION HCCLAIMPMT 676097 420000140 TRN*1*EFT5548992*1205296137*000004011\
 4/27/2020 Deposit

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
0	3016.12					-	3,016.12
0	47.05					-	47.05
0	50951.57					-	50,951.57
0	1054.24					-	1,054.24
56803.9	0					-	-
0	22312.91	19,404.31	2,909.15			20,858.89	1,454.03
0	57537.54			22,116.36	35,451.30	28,783.83	28,753.71
0	44839.33					-	44,839.33
0	9761.2					-	9,761.20
56,803.90	189,519.96	19,404.31	2,909.15	22,116.36	35,451.30	49,642.72	139,877.25

Golden Creek

5/1/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*0SF049981588075964*1746000156~
 4/30/2020 Added to Account-Interest
 4/30/2020 NOVITAS SOLUTION HCCLAIMPMT 676097 420000157 TRN*1*EFT5552095*1205296137*000004011\
 4/30/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*0SF037671588075964*1746000156~
 4/29/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 4/29/2020 Centene Manageme CCD+ 38888463 3110020646066 RMR*IV*QIPP 4.23.20**22312.91\
 4/29/2020 Centene Manageme CCD+ 38888463 3110020645973 RMR*IV*QIPP Q2 4.23.20**57537.54\
 4/28/2020 NOVITAS SOLUTION HCCLAIMPMT 676097 420000140 TRN*1*EFT5548992*1205296137*000004011\
 4/27/2020 Deposit

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
0	3016.12					-	3,016.12
0	47.05					-	47.05
0	50951.57					-	50,951.57
0	1054.24					-	1,054.24
56803.9	0					-	-
0	22312.91					-	22,312.91
0	57537.54					-	57,537.54
0	44839.33					-	44,839.33
0	9761.2					-	9,761.20
56,803.90	189,519.96	-	-	-	-	-	189,519.96

QIPP Payment
1,2,3,4 3Lapse

Total Transferred =
\$79,850.45

Should have Transferred =
\$30,207.74

Amount to withhold =
\$49,642.71

5/26/2020

Treasury Center

QUICK VIEW

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of May 26, 2020 7

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
*4454				
MEMORIAL MEDICAL /				
NH GOLDEN CREEK	\$20,332.26	\$130,893.26	\$20,332.26	\$4,470.95
HEALTHCARE				

* indicates re
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[illegible]

Gulf Pointe Plaza-Private Pay

4/29/2020 Centene Manageme CCD+ 38888463 3110020646081 RMR*IV*QIPP 4.23.20**
4/29/2020 Centene Manageme CCD+ 38888463 3110020645996 RMR*IV*QIPP Q2 4.23.20
4/30/2020 Added to Account-Interest

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apse	QIPP TI	
0	15195.79					-	15,195.79
0	37642.32					-	37,642.32
0	2.49					-	2.49
						-	-
-	2.49	-	-	-	-	-	2.49

Gulf Pointe Plaza-Medicare/Medicaid

4/27/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001484101 TRN*1*EFT6909681*145
4/29/2020 WIRE OUT HMG SERVICES, LLC
4/29/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001595109 TRN*1*EFT6911285*145
4/30/2020 Added to Account-Interest
4/30/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001452662 TRN*1*EFT6912002*145

		MMC PORTION					
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apse	QIPP TI	NH PORTION
5	0	212293.6				-	212,293.60
	66629.64	0				-	
5	0	11614.47				-	11,614.47
	0	21.01				-	21.01
5	0	5821.86				-	5,821.86
						-	
66,629.64		229,750.94	-	-	-	-	229,750.94
66,629.64		229,753.43	-	-	-	-	229,753.43

QIPP Payments
1, 2, 3, 4 & Lapse

Total Transferred =

* \$52,838.11

Should have transferred =

* \$19,809.27

Amount to withhold = 33,028.84

Gulf Pointe Plaza-Private Pay

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apse	QIPP TI	
4/29/2020 Centene Manageme CCD+ 38888463 3110020646081 RMR*IV*QIPP 4.23.20**	0	15195.79	13,212.60	1,980.19		14,202.70	993.10
4/29/2020 Centene Manageme CCD+ 38888463 3110020645996 RMR*IV*QIPP Q2 4.23.21	0	37642.32		14,964.67	23,853.86	19,409.27	18,821.16
4/30/2020 Added to Account-Interest	0	2.49				-	2.49
						-	-
	-	2.49	-	-	-	-	2.49

deposit to scorecard variance, manually adjusted

Gulf Pointe Plaza-Medicare/Medicaid

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apse	QIPP TI	
4/27/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001484101 TRN*1*EFT6909681*14!	0	212293.6				-	212,293.60
4/29/2020 WIRE OUT HMG SERVICES, LLC	66629.64	0				-	-
4/29/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001595109 TRN*1*EFT6911285*14!	0	11614.47				-	11,614.47
4/30/2020 Added to Account-Interest	0	21.01				-	21.01
4/30/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001452662 TRN*1*EFT6912002*14!	0	5821.86				-	5,821.86
						-	-
	66,629.64	229,750.94	-	-	-	-	229,750.94
	66,629.64	229,753.43	-	-	-	-	229,753.43

5/26/2020

Treasury Center

QUICK VIEW

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

DDA

Data reported as of May 26, 2020 7

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$294,305.39	\$298,676.07	\$294,305.39	\$1,315.82
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$102.49	\$102.49	\$102.49	\$102.49

* indicates re
Page generated on 05/26/2020 at 7

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 5/26/2020

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home	Test
Tuscany Senior Living		226,827.01	226,727.00	11,129.11			11,229.12	11,129.11	11,129.11 100.01
						Bank Balance	11,229.12		
						Variance	11,229.12		
						Leave in Balance	100.00		
						Pending Ck to MMC			
						MMC Portion QIPP 1 & 2			
						MMC Portion QIPP 3,4,Lapse			
						January Interest	0.01		
						February Interest			
						March Interest			
						Adjust Balance/Transfer Amt	11,129.11		
						Approved:			
						Jason Anglin, CEO		5/26/2020	

Note: Only balances of over \$5,000 will be transferred to the nursing home.
 Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

APPROVED
 ON
 MAY 26 2020
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

MMC PORTION

Tuscany Senior Living

Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
5/20/2020 WIRE OUT LINBAR ENTERPRISES, LLC	226,727.00	-	-	-	-	-	-
5/21/2020 KS PLAN ADMINIST HCCLAIMPMT 179 111000027509 TRI	-	0.01	-	-	-	-	0.01
5/22/2020 Deposit	-	11,129.10	-	-	-	-	11,129.10
		-	-	-	-	-	-
226,727.00	11,129.11	-	-	-	-	-	11,129.11

5/26/2020

Treasury Center

QUICK VIEW

Select Quick View Accounts

Account Number / Name

Account Type



Search

All

Select Group

Groups

Add Group

DDA

Data reported as of May 26, 2020 7

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
*3407 MMC -NH TUSCANY VILLAGE	\$11,229.12	\$11,229.12	\$11,229.12	\$100.02

* indicates re
Page generated on 05/26/2020 at 7

Memorial Medical Center
 Nursing Home UPL
 Weekly HSLTransfer
 Prosperity Accounts
 5/26/2020

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		71,395.85	✓	220.00	✓		71,615.85	✓ 71,515.85
						Bank Balance	71,615.85	
						Variance	71,615.85	
						Leave in Balance	100.00	✓
						Pending Ck to MMC		
						MMC Portion QJPP 1 & 2		
						MMC Portion QJPP 3,4,Lapse		
						January Interest		
						February Interest		
						March Interest		
						Adjust Balance/Transfer Amt	71,515.85	✓

Note: Only balances of over \$5,000 will be transferred to the nursing home.
 Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

Approved: 
 Jason Anglin, CEO 5/26/2020

APPROVED
 ON
 MAY 26 2020
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Bethany Senior Living

5/18/2020 Deposit

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	220.00					-	220.00
						-	-
						-	-
						-	-
-	220.00					-	220.00

5/26/2020

Treasury Center

QUICK VIEW

Select Quick View Accounts
Account Number / Name

Account Type



Search

All

Select Group
Groups

Add Group

DDA

Data reported as of May 26, 2020 7

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
3500				
MMC -NH BETHANY SENIOR LIVING	\$71,615.85	\$71,615.85	\$71,615.85	\$71,615.85

* indicates re
Page generated on 05/26/2020 at 7

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 5-26-2020

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APPROVED
ON

MAY 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck# 001093

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

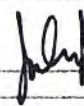
AMOUNT \$13,016.28

G/L NUMBER: 21000012

EXPLANATION: Molina QIPP 1 &

ashford

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:05/28/20
TIME:16:12

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/27/20 THRU 05/27/20

PAGE 4
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
------	--------	------	--------	-------

NHA	001093	05/27/20	13,016.28	MMC OPERATING
TOTALS:			13,016.28	

Ashford

APPROVED
ON

MAY 27 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 5-26-2020

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APPROVED
ON

MAY 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 00056

G/L NUMBER: 21000009

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

AMOUNT 4,685.24

EXPLANATION: Molina QIPP 1 & 2

Broadmoor

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:



RUN DATE:05/28/20
TIME:16:12

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/27/20 THRU 05/27/20

PAGE 5
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHB 000058 05/27/20 4,685.24 MMC OPERATING
TOTALS: 4,685.24

Broadman

APPROVED
ON

MAY 27 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 5-26-2020

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APPROVED
ON

MAY 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ck # 000088

G/L NUMBER: 21000010

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

AMOUNT 3835.27

EXPLANATION: Molina QIPP 1 & 2

Crescent

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:



RUN DATE:05/28/20
TIME:16:12

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/27/20 THRU 05/27/20

PAGE 6
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
------	--------	------	--------	-------

NHC	000088	05/27/20	3,835.27	MMC OPERATING
TOTALS:			3,835.27	

Crescent

APPROVED
ON

MAY 27 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 5-26-2020

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APPROVED
ON

MAY 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#000085

G/L NUMBER: 21000008

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

AMOUNT 5318.66

EXPLANATION: Molina QIPP 1 & 2

Fort Bend

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: [Signature]

RUN DATE:05/28/20
TIME:16:12

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/27/20 THRU 05/27/20

PAGE 7
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
------	--------	------	--------	-------

NHF	000085	05/27/20	5,318.66	MMC OPERATING
TOTALS:			5,318.66	

First Bond

APPROVED
ON

MAY 27 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 5-26-2020

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APPROVED
ON

MAY 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL#00088

G/L NUMBER: 21000011

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

AMOUNT 4603.58

EXPLANATION: Molina QIPP 1 & 2

Solera

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:05/28/20
TIME:16:12

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/27/20 THRU 05/27/20

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GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
------	--------	------	--------	-------

NHS	001088	05/27/20	4,603.58	MMC OPERATING
TOTALS:			4,603.58	

Solem

APPROVED
ON

MAY 27 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 5-26-2020

A

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APPROVED
ON

MAY 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK#000054

G/L NUMBER: 21000013

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT 49642.72

EXPLANATION: QIPP 1 2 3 4 Lapse- Superior

Golden Creek

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:05/28/20
TIME:16:12

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/27/20 THRU 05/27/20

PAGE 8
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
------	--------	------	--------	-------

NHG	000056	05/27/20	49,642.72	MMC OPERATING
TOTALS:			49,642.72	

golden creek

APPROVED
ON

MAY 27 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 5-26-2020

A _____

Y _____

E _____

E _____

APPROVED
ON

MAY 26 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 000007

G/L NUMBER: 21000013

FOR ACCT. USE ONLY

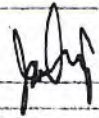
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT 33,611.97

EXPLANATION: QIPP 1 2 3 4 Lapse- Superior

Gulf Pointe - MM

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: 

RUN DATE:05/28/20
TIME:16:12

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/27/20 THRU 05/27/20

PAGE 3
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

GPM 000007 05/27/20 33,611.97 MMC OPERATING
TOTALS: 33,611.97

guif Pointe-mm

APPROVED
ON

MAY 27 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

5/27/2020

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1 & 2	QIPP COMP 3,4, LAPSE	Yr 2 Adjustment Pmt	TOTAL	Date
Ashford	10000018 - Prosperity	1093	MMC - Prosperity Operating #10000001	21000012	13,016.28	-		13,016.28	5/27/2020
Broadmoor	10000019 - Prosperity	58	MMC - Prosperity Operating #10000001	21000009	4,685.24	-		4,685.24	5/27/2020
Crescent	10000020 - Prosperity	88	MMC - Prosperity Operating #10000001	21000010	3,835.27	-		3,835.27	5/27/2020
Fort Bend	10000021 - Prosperity	85	MMC - Prosperity Operating #10000001	21000008	5,318.66	-		5,318.66	5/27/2020
Solera	10000022 - Prosperity	1088	MMC - Prosperity Operating #10000001	21000011	4,603.58	-		4,603.58	5/27/2020
Golden Creek	10000023 - Prosperity	56	MMC - Prosperity Operating #10000001	21000013	20,858.89	28,783.83		49,642.72	5/27/2020
Gulf Pointe-PP	10000114 - Prosperity		MMC - Prosperity Operating #10000001	21000014	-	-		-	5/27/2020
Gulf Pointe-MM	10000025 - Prosperity	7	MMC - Prosperity Operating #10000001	21000014	14,202.70	19,409.27		33,611.97	5/27/2020
Bethany									5/27/2020
Tuscany									5/27/2020
			Total:		66,520.62	28,783.83	-	114,713.72	

Note:

0 = 0

Approved:
Jason Anglin, CEO

5/26/2020

13,016.28

4,685.24

3,835.27

5,318.66

4,603.58

20,858.89

33,611.97

114,713.72

APPROVED
ON

MAY 26 2020

COUNTY AUDITOR
CALHOUN COUNTY TEXAS

MEMORIAL MEDICAL CENTER
NH SOLERA AT WEST HOUSTON
202 S ANN ST STE A
PORT LAVACA TX 77979

1088

88-2265/1131-87

5-27-20

Date

CHECK ARMOR

Pay to the Order of MMC Prosperity Operating \$ 4,603.58
four thousand six hundred three dollars & 58/100 Dollars



PROSPERITY BANK®

PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102
361-552-7411 www.prosperitybankusa.com

For

QIPP 132



Photo
Safe
Deposit®
Details on back

MEMORIAL MEDICAL CENTER
NH GULF POINTE PLAZA - MEDICARE/MEDICAID
815 N VIRGINIA ST
PORT LAVACA, TX 77979

8755

No

7

88-2265
1131

5-27-20

PAY TO THE
ORDER OF

Mmc Prosperity Operating

\$ 33,611.97

thirty-three thousand six hundred eleven dollars & 97/100

DOLLARS



PROSPERITY
BANK®

QIPP 1,2,3,4 Large

MEMORIAL MEDICAL CENTER
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

1093

88-2265/1131-87

5-27-20

Date

CHECK ARMOR

Pay to the Order of MMC Prosperity Operating \$ 13,016.26
thirteen thousand sixteen dollars & 26/100 Dollars



PROSPERITY BANK®

PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102
361-552-7411 www.prosperitybankusa.com

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QIPP 132



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Safe
Deposit®
Details on back

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000058

88-2265/1131

Date

5-27-20

PAY

TO THE
ORDER OF

MMC Prosperity Operating

\$ 4085. ²⁴/₁₀₀Four thousand six hundred eighty-five dollars & ²⁴/₁₀₀

DOLLARS

PROSPERITY
BANK

FOR

QIPP 132

Security features are
included. Details on back.

MP

MEMORIAL MEDICAL CENTER

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000088

88-2265/1131

Date

5-27-20

PAY

TO THE
ORDER OF

MMC Prosperity Operating

\$ 3835. ²⁷/₁₀₀Three thousand eight hundred thirty-five dollars & ²⁷/₁₀₀

DOLLARS

PROSPERITY
BANK

FOR

QIPP 132

Security features are
included. Details on back.

MP

MEMORIAL MEDICAL CENTER

NH FORT BEND
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000085

88-2265/1131

Date

5-27-20

PAY

TO THE
ORDER OF

MMC Prosperity Operating

\$ 5318. ⁶⁶/₁₀₀Five thousand three hundred eighteen dollars & ⁶⁶/₁₀₀

DOLLARS

PROSPERITY
BANK

FOR

QIPP 132

Security features are
included. Details on back.

MP

MEMORIAL MEDICAL CENTER

NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000056

88-2265/1131

Date

5-27-20

PAY

TO THE
ORDER OF

MMC Prosperity Operating

\$ 49,642. ⁷²/₁₀₀forty-nine thousand six hundred forty-two dollars & ⁷²/₁₀₀

DOLLARS

PROSPERITY
BANK

FOR

QIPP 1,2,3,4 & Large

Security features are
included. Details on back.

MP