

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- March 16, 2022

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	28.97
MMCenter (In-patient \$29,523.07/ Out-patient \$4,145.88 / ER \$9,184.60)	42,853.55
Port Lavaca Clinic Associates	109.33
Singleton Associates, PA	82.60
SUBTOTAL	43,074.45
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
	Subtotal 47,241.12
Co-pays adjustments for February 2022	(20.00)
Reimbursement from Medicaid	0.00
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	47,221.12

APPROVED

MAR 16 2022

**CALHOUN COUNTY
COMMISSIONERS COURT**

000003/16/2022 CALHOUN COUNTY, TEXAS

DATE: 3/16/2022
 CC Indigent Health Care

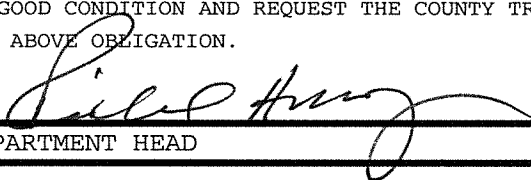
VENDOR # 852

ACCOUNT NUMBER	DESCRIPTION OF GOODS OR SERVICES	QUANTITY	UNIT PRICE	TOTAL PRICE
1000-800-98722-999	Transfer to pay bills for Indigent Health Care approved by Commissioners Court on 03/16/2022			\$47,221.12
1000-001-46010	February 28, 2022 Interest			(\$0.81)
				\$47,220.31

COUNTY AUDITOR APPROVAL ONLY
 MAR 17 2022
 CALHOUN COUNTY AUDITOR

THE ITEMS OR SERVICES SHOWN ABOVE ARE NEEDED IN THE DISCHARGE OF MY OFFICIAL DUTIES AND I CERTIFY THAT FUNDS ARE AVAILABLE TO PAY THIS OBLIGATION.

I CERTIFY THAT THE ABOVE ITEMS OR SERVICES WERE RECEIVED BY ME IN GOOD CONDITION AND REQUEST THE COUNTY TREASURER TO PAY THE ABOVE OBLIGATION.

BY:  3/16/2022
 DEPARTMENT HEAD DATE



PROSPERITY BANK®

Statement Date 2/28/2022
 Account No ****4551
 Page 1 of 2

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

13151

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

02/01/2022	Beginning Balance			\$5,421.38
	3 Deposits/Other Credits		+	\$36,194.76
	6 Checks/Other Debits		-	\$36,154.67
02/28/2022	Ending Balance	28	Days in Statement Period	\$5,461.47
	Total Enclosures			8

DEPOSITS/OTHER CREDITS

Date	Description	Amount
02/03/2022	Deposit	\$36,103.95
02/17/2022	Deposit	\$90.00
02/28/2022	Accr Earning Pymt Added to Account	\$0.81

*Dec. PO
Jan '22
copy*

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12511	02-04	\$31,334.16	12513	02-04	\$47.97	12515	02-11	\$77.52
12512	02-04	\$4,166.67	12514	02-25	\$375.81	12516	02-07	\$152.54

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
02-01	\$5,421.38	02-07	\$5,823.99	02-25	\$5,460.66
02-03	\$41,525.33	02-11	\$5,746.47	02-28	\$5,461.47
02-04	\$5,976.53	02-17	\$5,836.47		

EARNINGS SUMMARY

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

Interest Paid This Period	\$0.81	Annual Percentage Yield Earned	0.15 %
Interest Paid YTD	\$1.47	Days in Earnings Period	28
		Earnings Balance	\$7,021.67

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101211 : 01315101



Source Totals Report
 Calhoun Indigent Health Care
 Batch Dates 03/01/2022 through 03/01/2022
 For Source Group Indigent Health Care
 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	1,508.00	82.60 ✓
02	Prescription Drugs	28.97	28.97 ✓
08	Rural Health Clinics	119.00	109.33 ✓
13	Mmc - Inpatient Hospital	57,628.82	29,523.07 ✓
14	Mmc - Hospital Outpatient	11,011.00	4,145.88 ✓
15	Mmc - Er Bills	24,170.00	9,184.60 ✓
	Expenditures	94,474.41	43,083.07
	Reimb/Adjustments	-8.62	-8.62
	Grand Total	94,465.79	43,074.45
		EXPENSES	4,166.67
		COPAYS	<20.00>
		TOTAL	47,221.12


[Signature]
 3/07/22

APPROVED
 ON
 MAR -7 2022
 BY
 CALHOUN COUNTY AUDITOR

©IHS
Issued 03/07/22

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2022 through 03/01/2022
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	2,494.00	144.35
01-2	Physician Services- Anesthesia	624.00	155.71
02	Prescription Drugs	119.95	119.95
08	Rural Health Clinics	1,201.00	733.93
13	Mmc - Inpatient Hospital	57,628.82	29,523.07
14	Mmc - Hospital Outpatient	19,676.00	7,438.58
15	Mmc - Er Bills	28,833.00	10,956.54
	Expenditures	110,669.83	49,165.19
	Reimb/Adjustments	-93.06	-93.06
	Grand Total	110,576.77	49,072.13
	EXPENSES		8,333.34
	COPAYS		<110.00>
	TOTAL		57,295.47


3/7/22

MEMORIAL MEDICAL CENTER

So Much... So Close!

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

Date: 3/7/2022


Invoice # 367

For: Feb-22

Bill To:
Calhoun County

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

Total \$ 4,166.67


Anthony Richardson
Interim CFO

APPROVED
ON

MAR -7 2022

BY 
CALHOUN COUNTY AUDITOR

Calhoun County Indigent Care Patient Caseload 2022

	Approved	Denied	Removed	Active	Pending
January	1	0	0	7	5
February	1	0	1	7	4
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD					
Monthly Avg	1	-	1	7	5
December 2021 Active		6			
Number of Charity patients				207	
Number of Charity patients below <u>50% FPL</u>				82	

BB
3/7/22

Calhoun County Pharmacy Assistance Patient Caseload 2022

	Approved	Refills	Removed	Active	Value
January	2	6	0	28	\$16,676.00
February	2	5	0	30	\$14,616.00
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD PATIENT SAVINGS					\$31,292.00
Monthly Avg	2	6	-	29	\$15,646.00
December 2021 Active		26			0

RUN DATE: 03/04/22
TIME: 13:45

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 02/01/22 TO 02/28/22

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RCMREP

G/L	RECEIPT PAY				CASH	RECEIPT			DISC	COLL GL CASH		
NUMBER	DATE	NUMBER	TYPE	PAYER	AMOUNT	AMOUNT	NUMBER	NAME	DATE	INIT	CODE	ACCOUNT

50240.000	02/14/22	617509			10.00	10.00			00/00/00	PLB		2
50240.000	02/24/22	618841			10.00	10.00			00/00/00	PLB		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						20.00						

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3/7/22