

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR --- April 26, 2023

by:DC

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

| | |
|--|--------|
| Citizens Medical Professional | 230.39 |
| Community Pathology Association | 5.35 |
| MMCenter (In-patient \$0/ Out-patient \$279.00 / ER \$0) | 279.00 |

| | | |
|--|----------|-----------------|
| SUBTOTAL | | 514.74 |
| Memorial Medical Center (Indigent Healthcare Payroll and Expenses) | | 4,166.67 |
| | Subtotal | 4,681.41 |
| Co-pays adjustments for March 2023 | | (10.00) |
| Reimbursement from Medicaid | | 0.00 |

| | |
|---|-----------------|
| TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES | 4,671.41 |
|---|-----------------|

APPROVED

APR 26 2023

**CALHOUN COUNTY
COMMISSIONERS COURT**

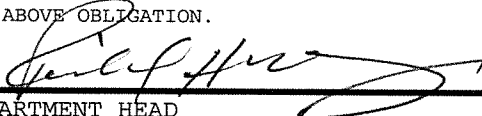
800 000004/26/2023 01 CALHOUN COUNTY, TEXAS

DATE: 4/24/2023

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 04/26/2023 | | | \$4,671.41 |
| 1000-001-46010 | March 31, 2023 Interest | | | (\$1.69) |
| | | | | \$4,669.72 |

| | |
|---|---|
| <p>COUNTY AUDITOR APPROVAL ONLY</p> <p style="text-align: center;">APPROVED ON</p> <p style="text-align: center;">APR 24 2023</p> <p>BY: </p> <p>BY COUNTY AUDITOR CALHOUN COUNTY TEXAS</p> | <p>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.</p> <p>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.</p> <p>DEPARTMENT HEAD</p> <p style="text-align: right;">4/24/2023 DATE</p> |
|---|---|

**MEMORIAL
MEDICAL CENTER**



So Much... So Close!

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

Date: 4/13/2023

Invoice # 380

For: Mar-23

Bill To:
Calhoun County

| DESCRIPTION | AMOUNT |
|---|-------------|
| Funds to cover indigent program operating expenses. | \$ 4,166.67 |

Total \$ 4,166.67

ANTHONY RICHARDSON
CFO

APPROVED ON

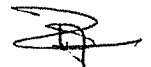
APR 24 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

•IHS
Issued 04/25/23

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 04/01/2023 through 04/01/2023
For Source Group Indigent Health Care
For Vendor: All Vendors

| Source | Description | Amount Billed | Amount Paid |
|--------|--------------------------------|-----------------|---------------|
| 01 | Physician Services | 142.00 | 5.35 |
| 01-2 | Physician Services- Anesthesia | 1,265.00 | 230.39 |
| 14 | Mmc - Hospital Outpatient | 620.00 | 279.00 |
| | Expenditures | 2,027.00 | 514.74 |
| | Reimb/Adjustments | | |
| | Grand Total | 2,027.00 | 514.74 |
| | | EXPENSES | 4,166.67 |
| | | COPAYS | <10.00> |
| | | TOTAL: | 4,671.41 |



4/25/2023

MEMORIAL MEDICAL CENTER
CHECK REQUEST

19c COPY

P CALHOUN COUNTY INDIGENT ACCOUNT ✓
A _____
Y _____
E _____
E _____

Date Requested: 4/13/23

FOR ACCT. USE ONLY

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

APPROVED ON

APR 20 2023

AMOUNT \$10.00 ✓

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS
COUNCIL NUMBER 50240000

EXPLANATION: TO TRANSFER INDIGENT CO-PAYS FROM OPERATING ACCOUNT TO THE INDIGENT

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

Andrew D. Pol...

4/19/23

RUN DATE: 04/11/23
 TIME: 11:01

MEMORIAL MEDICAL CENTER
 RECEIPTS FROM 03/01/23 TO 03/31/23

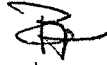
PAGE 131
 RCMREP

| G/L NUMBER | RECEIPT PAY DATE | NUMBER | TYPE | PAYER | CASH AMOUNT | RECEIPT AMOUNT | NUMBER | NAME | DISC DATE | COLL INIT | GL CODE | CASH ACCOUNT |
|--|------------------|--------|------|---------------------|-------------|----------------|--------|------|-----------|-----------|---------|--------------|
| 50200.000 | 03/28/23 | 660236 | IN | ADMINISTRATIVE CONC | 174.00- | 174.00- | | | 00/00/00 | MRP | | 2 |
| 50200.000 | 03/30/23 | 660635 | IN | TEXAS REHABILITATIO | 3279.25- | 3279.25- | | | 00/00/00 | MRP | | 2 |
| 50200.000 | 03/30/23 | 660670 | IN | AETNA U S HEALTHCAR | 4550.95- | 4550.95- | | | 00/00/00 | MRP | | 2 |
| 50200.000 | 03/30/23 | 660673 | IN | AETNA U S HEALTHCAR | 1436.58- | 1436.58- | | | 00/00/00 | MRP | | 2 |
| 50200.000 | 03/01/23 | 657102 | IN | GOLDEN RULE | 227.97- | 227.97- | | | 00/00/00 | PGC | | 2 |
| 50200.000 | 03/02/23 | 657409 | IN | CIGNA HEALTHCARE | 169.16- | 169.16- | | | 00/00/00 | RC | | 2 |
| 50200.000 | 03/03/23 | 657574 | IN | CIGNA HEALTHCARE | 840.42- | 840.42- | | | 00/00/00 | RC | | 2 |
| 50200.000 | 03/06/23 | 657648 | IN | CIGNA HEALTHCARE | 78.54- | 78.54- | | | 00/00/00 | RC | | 2 |
| 50200.000 | 03/06/23 | 657659 | IN | CIGNA HEALTHCARE | 81.11- | 81.11- | | | 00/00/00 | RC | | 2 |
| 50200.000 | 03/07/23 | 657750 | IN | VITORI | 1215.50- | 1215.50- | | | 00/00/00 | RC | | 2 |
| 50200.000 | 03/09/23 | 658040 | IN | RESERVE NATIONAL IN | .00 | .00 | | | 00/00/00 | RC | | 2 |
| 50200.000 | 03/10/23 | 658258 | IN | CIGNA HEALTHCARE | 165.95- | 165.95- | | | 00/00/00 | RC | | 2 |
| 50200.000 | 03/13/23 | 658287 | IN | CIGNA HEALTHCARE | .00 | .00 | | | 00/00/00 | RC | | 2 |
| 50200.000 | 03/13/23 | 658394 | IN | AETNA U S HEALTHCAR | 127.95- | 127.95- | | | 00/00/00 | RC | | 2 |
| 50200.000 | 03/13/23 | 658398 | IN | AETNA U S HEALTHCAR | 85.45- | 85.45- | | | 00/00/00 | RC | | 2 |
| 50200.000 | 03/15/23 | 658633 | IN | RESERVE NATIONAL IN | .00 | .00 | | | 00/00/00 | RC | | 2 |
| 50200.000 | 03/15/23 | 658643 | IN | ENTRUST/90 DEGREE B | 221.87- | 221.87- | | | 00/00/00 | RC | | 2 |
| 50200.000 | 03/17/23 | 658920 | IN | CIGNA HEALTHCARE | 382.20- | 382.20- | | | 00/00/00 | RC | | 2 |
| 50200.000 | 03/28/23 | 659877 | IN | CIGNA HEALTHCARE | 181.50- | 181.50- | | | 00/00/00 | RC | | 2 |
| 50200.000 | 03/28/23 | 659889 | IN | AETNA U S HEALTHCAR | 452.78- | 452.78- | | | 00/00/00 | RC | | 2 |
| 50200.000 | 03/29/23 | 660058 | IN | CIGNA HEALTHCARE | 392.69- | 392.69- | | | 00/00/00 | RC | | 2 |
| 50200.000 | 03/31/23 | 660841 | IN | CIGNA HEALTHCARE | 81.32- | 81.32- | | | 00/00/00 | RC | | 2 |
| 50200.000 | 03/01/23 | 657075 | IN | CIGNA HEALTHCARE | 55.96- | 55.96- | | | 00/00/00 | TS | | 2 |
| 50200.000 | 03/02/23 | 657276 | IN | TRICARE EAST | 81.85- | 81.85- | | | 00/00/00 | TS | | 2 |
| **TOTAL** 50200.000 COMMERCIAL INS. -ADJ | | | | | | -552198.39 | | | | | | |
| 50240.000 | 03/07/23 | 657645 | CA | ██████████ | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| **TOTAL** 50240.000 COUNTY INDIGENT COPAYS | | | | | | 10.00 | | | | | | |
| 50410.000 | 03/13/23 | 658297 | CK | TEXAS COMPTROLLER O | 121.16 | 121.16 | | | 00/00/00 | PLB | | 2 |
| **TOTAL** 50410.000 GENERAL CONTRIBUTION-OTHER REV | | | | | | 121.16 | | | | | | |
| 50460.000 | 03/06/23 | 657791 | IN | WELL MED | 1500.00 | 1500.00 | | | 00/00/00 | MRP | | 2 |
| **TOTAL** 50460.000 RAPPS - OTHER REV | | | | | | 1500.00 | | | | | | |
| 50510.000 | 03/27/23 | 659703 | CA | CAFE | 364.03 | 364.03 | | | 00/00/00 | KAH | | 2 |
| 50510.000 | 03/27/23 | 659704 | VI | CAFE | 600.45 | 600.45 | | | 00/00/00 | KAH | | 2 |
| 50510.000 | 03/27/23 | 659705 | MC | CAFE | 268.41 | 268.41 | | | 00/00/00 | KAH | | 2 |
| 50510.000 | 03/27/23 | 659706 | AE | CAFE | 16.10 | 16.10 | | | 00/00/00 | KAH | | 2 |
| 50510.000 | 03/27/23 | 659707 | DS | CAFE | 78.52 | 78.52 | | | 00/00/00 | KAH | | 2 |
| 50510.000 | 03/28/23 | 659797 | CA | CAFE | 209.51 | 209.51 | | | 00/00/00 | KAH | | 2 |
| 50510.000 | 03/28/23 | 659798 | VI | CAFE | 261.45 | 261.45 | | | 00/00/00 | KAH | | 2 |
| 50510.000 | 03/28/23 | 659799 | MC | CAFE | 60.81 | 60.81 | | | 00/00/00 | KAH | | 2 |
| 50510.000 | 03/28/23 | 659800 | AE | CAFE | 14.68 | 14.68 | | | 00/00/00 | KAH | | 2 |
| 50510.000 | 03/28/23 | 659801 | DS | CAFE | 23.89 | 23.89 | | | 00/00/00 | KAH | | 2 |
| 50510.000 | 03/29/23 | 659880 | CA | CAFE | 365.10 | 365.10 | | | 00/00/00 | KAH | | 2 |
| 50510.000 | 03/29/23 | 659881 | VI | CAFE | 546.04 | 546.04 | | | 00/00/00 | KAH | | 2 |
| 50510.000 | 03/29/23 | 659882 | MC | CAFE | 163.16 | 163.16 | | | 00/00/00 | KAH | | 2 |
| 50510.000 | 03/29/23 | 659883 | AE | CAFE | 28.26 | 28.26 | | | 00/00/00 | KAH | | 2 |
| 50510.000 | 03/29/23 | 659884 | DS | CAFE | 14.48 | 14.48 | | | 00/00/00 | KAH | | 2 |

oIHS
 Issued 04/25/23

Source Totals Report
 Calhoun Indigent Health Care
 Batch Dates 02/01/2023 through 04/01/2023
 For Source Group Indigent Health Care
 For Vendor: All Vendors

| Source | Description | Amount Billed | Amount Paid |
|--------|--------------------------------|------------------|-----------------|
| 01 | Physician Services | 304.00 | 13.64 |
| 01-2 | Physician Services- Anesthesia | 1,265.00 | 230.39 |
| 02 | Prescription Drugs | 3.99 | 3.99 |
| 08 | Rural Health Clinics | 120.00 | 120.00 |
| 14 | Mmc - Hospital Outpatient | 10,170.01 | 4,549.25 |
| | Expenditures | 11,874.66 | 4,928.93 |
| | Reimb/Adjustments | -11.66 | -11.66 |
| | Grand Total | 11,863.00 | 4,917.27 |
| | | EXPENSES | 12,501.01 |
| | | COPAYS | <10.00> |
| | | TOTAL | 17,408.25 |


 4/25/2023

Calhoun County Indigent Care Patient Caseload 2023

| | Approved | Denied | Removed | Active | Pending |
|---|----------|----------|----------|----------|-----------|
| January | 0 | 0 | 0 | 1 | 7 |
| February | 2 | 0 | 1 | 2 | 6 |
| March | 0 | 5 | 0 | 2 | 5 |
| April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| August | | | | | |
| September | | | | | |
| October | | | | | |
| November | | | | | |
| December | | | | | |
| YTD | 2 | 5 | 1 | 5 | 18 |
| Monthly Avg | 2 | - | 1 | 2 | 6 |
| December 2022 Active | | 1 | | | |
| Number of Charity patients | | | | | 205 |
| Number of Charity patients below <u>50% FPL</u> | | | | | 97 |
| Number of Charity patients who meet State Indigent Guidelines | | | | | 95 |

Calhoun County Pharmacy Assistance Patient Caseload 2023

| | Approved | Refills | Removed | Active | Value |
|----------------------------|----------|---------|---------|--------|--------------------|
| January | 0 | 2 | 0 | 5 | \$1,667.46 |
| February | 0 | 21 | 0 | 14 | \$14,786.76 |
| March | 1 | 3 | 0 | 16 | \$2,460.00 |
| April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| August | | | | | |
| September | | | | | |
| October | | | | | |
| November | | | | | |
| December | | | | | |
| YTD PATIENT SAVINGS | | | | | \$18,914.22 |
| Monthly Avg | 0 | 9 | - | 12 | \$6,304.74 |
| December 2022 Active | | 55 | | | |



PROSPERITY BANK®

Statement Date 3/31/2023
 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

13374

STATEMENT SUMMARY

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

| | | | |
|------------|--------------------------|-----------------------------|-------------|
| 03/01/2023 | Beginning Balance | | \$5,499.54 |
| | 2 Deposits/Other Credits | + | \$8,507.96 |
| | 0 Checks/Other Debits | - | \$0.00 |
| 03/31/2023 | Ending Balance | 31 Days in Statement Period | \$14,007.50 |
| | Total Enclosures | | 1 |

DEPOSITS/OTHER CREDITS

| Date | Description | Amount |
|------------|------------------------------------|------------|
| 03/23/2023 | Deposit | \$8,506.27 |
| 03/31/2023 | Accr Earning Pymt Added to Account | \$1.69 |

Jan-Feb.

DAILY ENDING BALANCE

| Date | Balance | Date | Balance | Date | Balance |
|-------|------------|-------|-------------|-------|-------------|
| 03-01 | \$5,499.54 | 03-23 | \$14,005.81 | 03-31 | \$14,007.50 |

EARNINGS SUMMARY

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

| | | | |
|---------------------------|--------|--------------------------------|------------|
| Interest Paid This Period | \$1.69 | Annual Percentage Yield Earned | 0.25 % |
| Interest Paid YTD | \$5.94 | Days in Earnings Period | 31 |
| | | Earnings Balance | \$7,969.10 |

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101261 : 01337401

