

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR --- June 13, 2022

by:DC

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	66.33
MMCenter (In-patient \$0/ Out-patient \$58.60 / ER \$0)	58.60
Port Lavaca Clinic Associates	103.63
Singleton Associates, PA	131.25

SUBTOTAL		359.81
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		4,166.67
	Subtotal	4,526.48
Co-pays adjustments for May 2022		(10.00)
Reimbursement from Medicaid		0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	4,516.48
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APPROVED

JUN 13 2022

**CALHOUN COUNTY
COMMISSIONERS COURT**

000006/13/2022 CALHOUN COUNTY, TEXAS

DATE: 6/13/2022
 CC Indigent Health Care

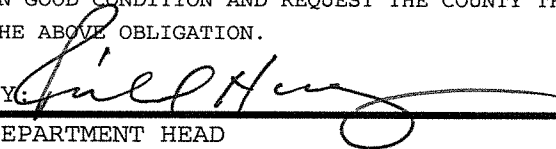
VENDOR # 852

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 06/13/2022			\$4,516.48
1000-001-46010	May 31, 2022 Interest			(\$5.92)
				\$4,510.56

COUNTY AUDITOR APPROVAL ONLY

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:  6/10/2022
 DEPARTMENT HEAD DATE

APPROVED ON
 JUN 10 2022
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Source Totals Report
 Calhoun Indigent Health Care
 Batch Dates 06/01/2022 through 06/01/2022
 For Source Group Indigent Health Care
 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	2,125.00	131.25
02	Prescription Drugs	66.33	66.33
08	Rural Health Clinics	185.00	103.63
14	Mmc - Hospital Outpatient	188.00	58.60
	Expenditures	2,580.14	375.62
	Reimb/Adjustments	-15.81	-15.81
	Grand Total	2,564.33	359.81
	Expenses		<u>4,166.67</u> 4,526.48
	Copays		<u><10.00></u> 4516.48
	Medicaid Reimbursements		<u><0.00></u> 4,516.48
	Total		4,516.48

[Signature]
 6/2/22

APPROVED
 ON
 JUN 10 2022
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS



PROSPERITY BANK®

Statement Date 5/31/2022
 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

13432

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

05/01/2022	Beginning Balance		\$52,697.70
	2 Deposits/Other Credits	+	\$7,096.29
	6 Checks/Other Debits	-	\$54,067.84
05/31/2022	Ending Balance	31 Days in Statement Period	\$5,726.15
	Total Enclosures		7

DEPOSITS/OTHER CREDITS

Date	Description	Amount
05/06/2022	Deposit	\$7,090.37 <i>MAY / APR</i>
05/31/2022	Accr Earning Pymt Added to Account	\$5.92

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12529	05-25	\$28.97	12532*	05-25	\$4,166.67	12534	05-25	\$76.99 ✓
12530	05-25	\$42,853.55	12533	05-25	\$2,774.99 ✓	12536*	05-25	\$4,166.67

DAILY ENDING BALANCE

Date	Balance	Date	Balance
05-01	\$52,697.70	05-25	\$5,720.23
05-06	\$59,788.07	05-31	\$5,726.15

EARNINGS SUMMARY

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

Interest Paid This Period	\$5.92	Annual Percentage Yield Earned	0.15 %
Interest Paid YTD	\$13.97	Days in Earnings Period	31
		Earnings Balance	\$46,435.59

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101161 : 01343201



MEMORIAL MEDICAL CENTER
CHECK REQUEST

 COPY

P CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 6/6/22

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FOR ACCT. USE ONLY

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

APPROVED ON

JUN 08 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT \$10.00

G/L NUMBER: 50240000

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

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY: 

RUN DATE: 06/06/22
 TIME: 13:51

MEMORIAL MEDICAL CENTER
 RECEIPTS FROM 05/01/22 TO 05/31/22

PAGE 199
 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	05/06/22	626656	IN	CIGNA HEALTHCARE	95.44-	95.44-			00/00/00	RC		2
50200.000	05/09/22	626680	IN	CIGNA HEALTHCARE	75.11-	75.11-			00/00/00	RC		2
50200.000	05/09/22	626691	IN	CIGNA HEALTHCARE	71.27-	71.27-			00/00/00	RC		2
50200.000	05/09/22	626694	IN	CIGNA HEALTHCARE	26.75-	26.75-			00/00/00	RC		2
50200.000	05/09/22	626697	IN	CIGNA HEALTHCARE	112.99-	112.99-			00/00/00	RC		2
50200.000	05/09/22	626699	IN	CIGNA HEALTHCARE	45.37-	45.37-			00/00/00	RC		2
50200.000	05/09/22	626703	IN	CIGNA HEALTHCARE	380.91-	380.91-			00/00/00	RC		2
50200.000	05/09/22	626710	IN	CIGNA HEALTHCARE	169.92-	169.92-			00/00/00	RC		2
50200.000	05/09/22	626712	IN	CIGNA HEALTHCARE	148.30-	148.30-			00/00/00	RC		2
50200.000	05/09/22	626734	IN	ALLSAVERS	264.99-	264.99-			00/00/00	RC		2
50200.000	05/13/22	627391	IN	CIGNA HEALTHCARE	.00	.00			00/00/00	RC		2
50200.000	05/13/22	627393	IN	CIGNA HEALTHCARE	76.40-	76.40-			00/00/00	RC		2
50200.000	05/13/22	627395	IN	CIGNA HEALTHCARE	45.37-	45.37-			00/00/00	RC		2
50200.000	05/13/22	627397	IN	CIGNA HEALTHCARE	169.49-	169.49-			00/00/00	RC		2
50200.000	05/13/22	627399	IN	CIGNA HEALTHCARE	490.16-	490.16-			00/00/00	RC		2
50200.000	05/13/22	627403	IN	CIGNA HEALTHCARE	120.91-	120.91-			00/00/00	RC		2
50200.000	05/13/22	627405	IN	CIGNA HEALTHCARE	76.40-	76.40-			00/00/00	RC		2
50200.000	05/13/22	627407	IN	CIGNA HEALTHCARE	115.34-	115.34-			00/00/00	RC		2
50200.000	05/13/22	627409	IN	CIGNA HEALTHCARE	54.36-	54.36-			00/00/00	RC		2
50200.000	05/13/22	627411	IN	CIGNA HEALTHCARE	492.46-	492.46-			00/00/00	RC		2
50200.000	05/16/22	627541	IN	CIGNA HEALTHCARE	264.07-	264.07-			00/00/00	RC		2
50200.000	05/16/22	627543	IN	CIGNA HEALTHCARE	75.97-	75.97-			00/00/00	RC		2
50200.000	05/16/22	627545	IN	CIGNA HEALTHCARE	78.54-	78.54-			00/00/00	RC		2
50200.000	05/16/22	627561	IN	CIGNA HEALTHCARE	75.54-	75.54-			00/00/00	RC		2
50200.000	05/16/22	627563	IN	CIGNA HEALTHCARE	100.58-	100.58-			00/00/00	RC		2
50200.000	05/19/22	627997	IN	CIGNA HEALTHCARE	75.11-	75.11-			00/00/00	RC		2
50200.000	05/20/22	628134	IN	CIGNA HEALTHCARE	.00	.00			00/00/00	RC		2
50200.000	05/24/22	628437	IN	ALL SAVERS	944.11-	944.11-			00/00/00	RC		2
50200.000	05/25/22	628681	IN	CIGNA HEALTHCARE	95.44-	95.44-			00/00/00	RC		2
50200.000	05/25/22	628688	IN	CIGNA HEALTHCARE	160.07-	160.07-			00/00/00	RC		2
50200.000	05/25/22	628691	IN	CIGNA HEALTHCARE	13.48-	13.48-			00/00/00	RC		2
50200.000	05/25/22	629081	IN	CIGNA HEALTHCARE	110.21-	110.21-			00/00/00	RC		2
50200.000	05/25/22	629083	IN	CIGNA HEALTHCARE	86.46-	86.46-			00/00/00	RC		2
50200.000	05/26/22	629193	IN	CIGNA HEALTHCARE	499.60-	499.60-			00/00/00	RC		2
50200.000	05/27/22	629255	IN	UMR	208.84-	208.84-			00/00/00	RC		2
50200.000	05/27/22	629258	IN	UMR	404.00-	404.00-			00/00/00	RC		2
50200.000	05/27/22	629282	IN		168.06-	168.06-			00/00/00	RC		2
50200.000	05/31/22	629354	IN	CIGNA HEALTHCARE	355.12-	355.12-			00/00/00	RC		2
50200.000	05/31/22	629451	IN	CIGNA HEALTHCARE	107.64-	107.64-			00/00/00	RC		2
50200.000	05/31/22	629720	IN	UNITED HEALTHCARE	136.45-	136.45-			00/00/00	RC		2
50200.000	05/31/22	629871	IN	UNITED HEALTHCARE C	102.75-	102.75-			00/00/00	RC		2
50200.000	05/31/22	629885	IN	CIGNA HEALTHCARE	13.48-	13.48-			00/00/00	RC		2
50200.000	05/25/22	628607	IN	CIGNA HEALTHCARE	13.48-	13.48-			00/00/00	TS		2
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-524397.15						
50240.000	05/10/22	626673	CA		10.00	10.00			00/00/00	DJM		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						10.00						
50410.000	05/11/22	626956	CK	TEXAS COMPTROLLER O	25355.28	25355.28			00/00/00	PLB		2
TOTAL 50410.000 GENERAL CONTRIBUTION-OTHER REV						25355.28						

**MEMORIAL
MEDICAL CENTER**



So Much... So Close!

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

Date: 6/6/2022
Invoice # 370
For: May-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

JUN 10 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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	0	0	0	7	6
April	0	1	0	7	3
May	0	0	0	7	3
June					
July					
August					
September					
October					
November					
December					

YTD

Monthly Avg	0	0	0	7	4
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December 2021 Active	6
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Number of Charity patients	196
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Number of Charity patients below <u>50% FPL</u>	79
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JB
5/31/22

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	12	7	0	42	\$34,978.00
April	5	7	0	47	\$42,159.00
May	8	3	0	55	\$21,252.00
June					
July					
August					
September					
October					
November					
December					

YTD PATIENT SAVINGS					\$129,681.00
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Monthly Avg	6	6	-	40	\$25,936.20
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December 2021 Active	26
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Source Totals Report
 Calhoun Indigent Health Care
 Batch Dates 02/01/2022 through 06/01/2022
 For Source Group Indigent Health Care
 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	9,603.00	670.87
01-2	Physician Services- Anesthesia	624.00	155.71
02	Prescription Drugs	323.15	323.15
08	Rural Health Clinics	2,297.00	1,612.81
13	Mmc - Inpatient Hospital	57,628.82	29,523.07
14	Mmc - Hospital Outpatient	32,223.00	12,487.81
15	Mmc - Er Bills	39,165.00	15,605.94
	Expenditures	142,002.84	60,518.23
	Reimb/Adjustments	-138.87	-138.87
	Grand Total	141,863.97	60,379.36
	Expenses		<u>20,833.35</u> 81,212.71
	Copays		<u><250.00></u> 80,962.71
	Medicaid Reimbursement		<u><0.00></u> 80,962.71
	Total		80,962.71

[Signature]
 6/2/22