

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- June 21, 2023

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	31.78
MMCenter (In-patient \$0/ Out-patient \$617.85 / ER \$783.45)	1,401.30
Memorial Medical Clinic	0.00
Singleton Associates, PA	0.00

SUBTOTAL	1,433.08
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
	5,599.75
Subtotal	5,599.75
Co-pays adjustments for May 2023	(10.00)
Reimbursement from Medicaid	0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	5,589.75
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APPROVED

JUN 21 2023

**CALHOUN COUNTY
COMMISSIONERS COURT**

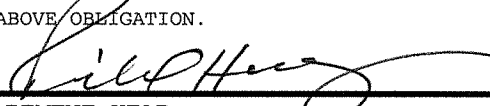
800 000006/21/2023 01 CALHOUN COUNTY, TEXAS

DATE: 6/21/2023

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 06/21/2023			\$5,589.75
1000-001-46010	May 31, 2023 Interest			(\$1.60)
				\$5,588.15

COUNTY AUDITOR APPROVAL APPROVED ON JUN 19 2023 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS	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:  6/21/2023 DEPARTMENT HEAD DATE
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Issued 06/12/23

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 06/01/2023 through 06/01/2023
For Vendor: All Vendors


Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	31.78	31.78 ✓
14	Mmc - Hospital Outpatient	1,373.00	617.85
15	Mmc - Er Bills	1,731.00	783.45
	Expenditures	3,139.78	1,437.08
	Reimb/Adjustments	-4.00	-4.00
	Grand Total	3,135.78	1,433.08

Expenses		4,166.67
Co-Pays	<	10.00>
Total		5,589.75

APPROVED ON

JUN 19 2023
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BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS


6/15/23

•IHS
Issued 06/12/23


Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2023 through 06/01/2023
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	517.00	23.53
01-2	Physician Services- Anesthesia	1,265.00	230.39
02	Prescription Drugs	68.44	68.44
08	Rural Health Clinics	378.00	255.81
14	Mmc - Hospital Outpatient	11,597.01	5,197.35
15	Mmc - Er Bills	1,731.00	783.45
	Expenditures	15,572.57	6,575.09
	Reimb/Adjustments	-16.12	-16.12
	Grand Total	15,556.45	6,558.97

Expenses 20,834.35

Co-Pays < 20.00 >

Total 27,373.32


6/13/23

RUN DATE: 06/12/23
 TIME: 14:15

MEMORIAL MEDICAL CENTER
 RECEIPTS FROM 05/01/23 TO 05/31/23

PAGE 119
 RCMREP

G/L NUMBER	RECEIPT DATE	PAY NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50200.000	05/18/23	665545	IN	TRICARE FOR LIFE	4751.00	4751.00			00/00/00	MRP		2
50200.000	05/18/23	665546	IN	TRICARE FOR LIFE	4751.00-	4751.00-			00/00/00	MRP		2
50200.000	05/18/23	665547	IN	TRICARE FOR LIFE	4751.00-	4751.00-			00/00/00	MRP		2
50200.000	05/19/23	665245	IN	PHILADELPHIS AMERIC	70.80-	70.80-			00/00/00	MRP		2
50200.000	05/19/23	665247	IN	UMR	195.73-	195.73-			00/00/00	MRP		2
50200.000	05/19/23	665549	IN	AFLAC	411.07-	411.07-			00/00/00	MRP		2
50200.000	05/19/23	665575	IN	CIGNA HEALTHCARE	904.02-	904.02-			00/00/00	MRP		2
50200.000	05/19/23	665599	IN	AETNA TRS CARE	5401.41-	5401.41-			00/00/00	MRP		2
50200.000	05/19/23	665632	IN	TRICARE	2.22	2.22			00/00/00	MRP		2
50200.000	05/22/23	665783	IN	WESTERN UNITED LIFE	24591.56-	24591.56-			00/00/00	MRP		2
50200.000	05/23/23	665821	IN	BOON CHAPMAN	171.36-	171.36-			00/00/00	MRP		2
50200.000	05/01/23	663456	IN	UHC GOLD ADVANTAGE	781.14-	781.14-			00/00/00	RC		2
50200.000	05/04/23	663860	IN	ALL SAVERS	335.30-	335.30-			00/00/00	RC		2
50200.000	05/04/23	663878	IN	CIGNA HEALTHCARE	295.53-	295.53-			00/00/00	RC		2
50200.000	05/08/23	664067	IN	RESERVE NATIONAL IN	.00	.00			00/00/00	RC		2
50200.000	05/26/23	665886	IN	CIGNA HEALTHCARE	425.43-	425.43-			00/00/00	RC		2
50200.000	05/30/23	666131	IN	CIGNA HEALTHCARE	287.93-	287.93-			00/00/00	RC		2
50200.000	05/31/23	666222	IN	CIGNA HEALTHCARE	112.57-	112.57-			00/00/00	RC		2
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-446233.21						
50240.000	05/09/23	664143	VI	KUBIN DALE	10.00	10.00			00/00/00	PLB		2
50240.000	05/10/23	664140	VI	KUBIN DALE	10.00	10.00			00/00/00	PLB		2
50240.000	05/10/23	664144	VI	DALE KUBIN	10.00-	10.00-			00/00/00	PLB		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						10.00						
50410.000	05/15/23	664735	CK	TEXAS COMPTROLLER O	110627.97	110627.97			00/00/00	PLB		2
TOTAL 50410.000 GENERAL CONTRIBUTION-OTHER REV						110627.97						
50420.000	05/10/23	664173	CK	MMC VOLUNTEERS	100.00	100.00			00/00/00	PLB		2
TOTAL 50420.000 GIVING TREE DONATION-OTHER REV						100.00						
50460.000	05/30/23	666415	IN	HHSC	335.32	335.32			00/00/00	KAH		2
TOTAL 50460.000 RAPPS - OTHER REV						335.32						
50510.000	05/01/23	663277	CA	CAFE	338.57	338.57			00/00/00	KAH		2
50510.000	05/01/23	663278	VI	CAFE	331.01	331.01			00/00/00	KAH		2
50510.000	05/01/23	663279	MC	CAFE	222.65	222.65			00/00/00	KAH		2
50510.000	05/01/23	663280	DS	CAFE	30.04	30.04			00/00/00	KAH		2
50510.000	05/18/23	665032	CA	CAFE	245.37	245.37			00/00/00	KAH		2
50510.000	05/18/23	665033	VI	CAFE	373.11	373.11			00/00/00	KAH		2
50510.000	05/18/23	665034	MC	CAFE	119.86	119.86			00/00/00	KAH		2
50510.000	05/18/23	665035	AE	CAFE	6.77	6.77			00/00/00	KAH		2
50510.000	05/18/23	665036	DS	CAFE	9.41	9.41			00/00/00	KAH		2
50510.000	05/22/23	665251	CA	CAFE	469.12	469.12			00/00/00	KAH		2
50510.000	05/22/23	665252	VI	CAFE	491.46	491.46			00/00/00	KAH		2
50510.000	05/22/23	665253	MC	CAFE	164.85	164.85			00/00/00	KAH		2
50510.000	05/22/23	665254	DS	CAFE	19.90	19.90			00/00/00	KAH		2
50510.000	05/02/23	663418	VI	CAFE	256.62	256.62			00/00/00	PLB		2
50510.000	05/02/23	663419	MC	CAFE	92.11	92.11			00/00/00	PLB		2

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	2	1	0	4	5
May	1	6	1	4	3
June					
July					
August					
September					
October					
November					
December					
YTD	5	12	2	13	26
Monthly Avg	1	2	0	3	5
December 2022 Active		1			
Number of Charity patients					205
Number of Charity patients below <u>50% FPL</u>					108
Number of Charity patients who meet State Indigent Guidelines					106

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	3	12	0	22	\$11,674.00
May	1	3	0	24	\$2,954.67
June					
July					
August					
September					
October					
November					
December					
YTD PATIENT SAVINGS					\$33,542.89
Monthly Avg	1	8	-	16	\$6,708.58
December 2022 Active		55			



PROSPERITY BANK®

Statement Date 5/31/2023
 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

13628

STATEMENT SUMMARY		Public Fund Contractual Ckg w Int Account No ****4551	
05/01/2023	Beginning Balance		\$5,508.92
	3 Deposits/Other Credits	+	\$9,044.67
	2 Checks/Other Debits	-	\$4,445.67
05/31/2023	Ending Balance	31 Days in Statement Period	\$10,107.92
	Total Enclosures		4

DEPOSITS/OTHER CREDITS		
Date	Description	Amount
05/10/2023	Deposit	\$4,669.72 <i>Mzn</i>
05/31/2023	Deposit	\$4,373.35 <i>APN</i>
05/31/2023	Accr Earning Pymt Added to Account	\$1.60

CHECKS					
Check Number	Date	Amount	Check Number	Date	Amount
12595	05-22	\$4,166.67	12596	05-22	\$279.00

DAILY ENDING BALANCE			
Date	Balance	Date	Balance
05-01	\$5,508.92	05-22	\$5,732.97
05-10	\$10,178.64	05-31	\$10,107.92

EARNINGS SUMMARY			
** Below is an itemization of the Earnings paid this period. **			
Interest Paid This Period	\$1.60	Annual Percentage Yield Earned	0.25 %
Interest Paid YTD	\$9.48	Days in Earnings Period	31
		Earnings Balance	\$7,529.90

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