

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- October 18, 2023

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	34.12
MMCenter (In-patient \$0/ Out-patient \$3,618.45 / ER \$0)	3,618.45
SUBTOTAL	3,652.57
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
	Subtotal 7,819.24
Co-pays adjustments for September 2023	(50.00)
Reimbursement from Medicaid	0.00
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	7,769.24

APPROVED

OCT 18 2023

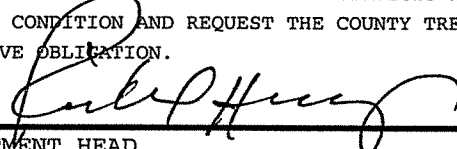
**CALHOUN COUNTY
COMMISSIONERS COURT**

800 0000010/18/2023 01 CALHOUN COUNTY, TEXAS

DATE: 10/18/2023
 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 10/18/2023			\$7,769.24
1000-001-46010	September 30, 2023 Interest			(\$11.25)
				\$7,757.99


COUNTY AUDITOR APPROVAL ONLY APPROVED ON OCT 11 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:  10/18/2023 DEPARTMENT HEAD DATE
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Issued 10/09/23

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 10/01/2023 through 10/01/2023
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	34.12	34.12
14	Mmc - Hospital Outpatient	6,577.00	3,618.45
	Expenditures	6,626.23	3,667.68
	Reimb/Adjustments	-15.11	-15.11
	Grand Total	6,611.12	3,652.57
		Expenses	4,166.67
		Co-Pays	< 50.00 >
			<u>7,769.24</u>

APPROVED ON
OCT 11 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS


10/10/23

MEMORIAL MEDICAL CENTER

So Much... So Close!

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


Date: 10/5/2023
Invoice # 388
For: Sep-23

Bill To:
Calhoun County

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

Total \$ 4,166.67

Andrew De Los Santos 10/5/23
Andrew De Los Santos
Controller

APPROVED ON
OCT 11 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE: 10/05/23
TIME: 09:33

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 09/01/23 TO 09/30/23

PAGE 112
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	09/29/23	677811	CA	██████████	10.00	10.00				00/00/00	KAH	2
50240.000	09/13/23	676455	VI	██████████	10.00	10.00				00/00/00	PLB	2
50240.000	09/14/23	676583	VI	██████████	10.00	10.00				00/00/00	PLB	2
50240.000	09/20/23	677120	VI	██████████	10.00	10.00				00/00/00	PLB	2
50240.000	09/27/23	677719	VI	██████████	10.00	10.00				00/00/00	PLB	2

TOTAL 50240.000 COUNTY INDIGENT COPAYS 50.00 ✓

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 Issued 10/09/23

Source Totals Report
 Calhoun Indigent Health Care
 Batch Dates 02/01/2023 through 10/01/2023
 For Source Group Indigent Health Care
 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	1,795.00	89.29
01-2	Physician Services- Anesthesia	1,265.00	230.39
02	Prescription Drugs	226.92	226.92
08	Rural Health Clinics	673.00	511.62
14	Mmc - Hospital Outpatient	19,454.01	9,419.20
15	Mmc - Er Bills	7,794.00	3,511.80
	Expenditures	31,239.16	14,020.45
	Reimb/Adjustments	-31.23	-31.23
	Grand Total	31,207.93	13,989.22
		Expenses	37,501.03
		Co-Pays	< 90.00 >
			51,400.25

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	0	2	2	3	4
July	0	3	0	3	6
August	1	1	0	4	6
September	0	2	0	4	8
October					
November					
December					
YTD	6	20	4	27	50
Monthly Avg	1	2	0	3	6

December 2022 Active 1

Number of Charity patients 218
 Number of Charity patients below 50% FPL 124
 Number of Charity patients who meet State Indigent Guidelines 115

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	2	9	0	29	\$5,673.30
July	3	11	0	29	\$6,159.99
August	1	3	0	29	\$2,445.75
September	5	4	0	32	
October					
November					
December					
YTD PATIENT SAVINGS					\$47,821.93

Monthly Avg 2 8 - 22 \$5,977.74

December 2022 Active 55



PROSPERITY BANK®

Statement Date 9/30/2023
Account No ****4551

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

Page 1 of 2

13346

STATEMENT SUMMARY

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

09/01/2023	Beginning Balance			\$5,500.75
	3 Deposits/Other Credits		+	\$11,551.31
	4 Checks/Other Debits		-	\$4,517.15
09/30/2023	Ending Balance	30	Days in Statement Period	\$12,534.91
	Total Enclosures			6

DEPOSITS/OTHER CREDITS

Date	Description	Amount
09/05/2023	Deposit	\$4,515.44 <i>July 2023</i>
09/29/2023	Deposit	\$7,024.62 <i>August 2023</i>
09/30/2023	Accr Earning Pymt Added to Account	\$11.25

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount
12611	09-26	\$4,166.67	12613	09-25	\$255.81
12612	09-26	\$28.91	12614	09-28	\$65.76

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
09-01	\$5,500.75	09-26	\$5,564.80	09-30	\$12,534.91
09-05	\$10,016.19	09-28	\$5,499.04		
09-25	\$9,760.38	09-29	\$12,523.66		

EARNINGS SUMMARY

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

Interest Paid This Period	\$11.25	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	\$38.12	Days in Earnings Period	30
		Earnings Balance	\$9,125.44

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