MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- October 20, 2021

by:DC

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

William J. Crowley D.O.		201.28
HEB Pharmacy (Medimpact) Pharmacy Reimbursement		69.96
MMCenter (In-patient $0/ Out-patient $1,297.60/ ER $420.48)		1,718.00
Memorial Medical Clinic		815.81
MMC Professional Fees		95.43
Port Lavaca Clinic Associates		103.63
Singleton Associates, PA		106.39
Victoria Anesthesiology Assoc		152.54
SUBTOTAL		**3,263.04**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	7,429.71
Co-pays adjustments for September 2021		**(70.00)**
Reimbursement from Medicaid		**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**7,359.71**

000010/20/2021 CALHOUN COUNTY, TEXAS

DATE: 10/20/2021

VENDOR # 852

CC Indigent Health Care

ACCOUNT NUMBER	DESCRIPTION OF GOODS OR SERVICES	QUANTITY	UNIT PRICE	TOTAL PRICE
1000-800-98722-999	Transfer to pay bills for Indigent Health Care			$7,359.71
	approved by Commissioners Court on 10/20/2021			
1000-001-46010	September 30, 2021 Interest			($0.86)
				$7,358.85

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON OCT 18 2021

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: [signature] 10/18/2021

DEPARTMENT HEAD DATE

Issued 10/11/21

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 09/30/2021 through 10/01/2021
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	3,639.00	403.10
01-2	Physician Services- Anesthesia	546.00	152.54
02	Prescription Drugs	69.96	69.96
08	Rural Health Clinics	937.00	919.44
14	Mmc - Hospital Outpatient	4,055.00	1,297.60
15	Mmc - Er Bills	1,314.00	420.48
	Expenditures	10,623.60	3,325.76
	Reimb/Adjustments	-62.64	-62.64
	Grand Total	**10,560.96**	**3,263.12**

EXPENSES	4,166.67
	7,429.79
COPAYS	<70.00>
TOTAL	7,359.79

10/12/20

APPROVED
ON
OCT 18 2021
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Issued 10/11/21

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/01/2021 through 10/01/2021
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	23,599.00	2,309.91
01-2	Physician Services- Anesthesia	3,042.00	746.79
02	Prescription Drugs	870.22	870.22
05	Lab/X-Ray	11,719.15	135.25
08	Rural Health Clinics	5,219.00	5,001.57
13	Mmc - Inpatient Hospital	71,611.19	25,653.50
14	Mmc - Hospital Outpatient	97,078.09	31,224.74
15	Mmc - Er Bills	25,068.00	8,021.76
	Expenditures	238,542.70	74,299.79
	Reimb/Adjustments	-336.05	-336.05
	Grand Total	**238,206.65**	**73,963.74**

EXPENSES	37,500.03
	111,463.77
COPAYS	<690.00>
TOTAL	110,773.77

10/12/2021

Calhoun County Indigent Care Patient Caseload 2021

	Approved	Denied	Removed	Active	Pending
January	2	0	0	11	5
February	0	0	0	11	7
March	1	1	2	10	5
April	2	0	0	12	6
May	0	0	1	11	9
June	0	0	1	11	9
July	0	0	1	10	4
August	0	0	2	8	5
September	0	0	0	6	6
October					
November					
December					
YTD					
Monthly Avg	1	0	1	10	6
December 2020 Active		9			
Number of Charity patients				200	
Number of Charity patients below **50% FPL**				75	

Calhoun County Pharmacy Assistance Patient Caseload 2019

	Approved	Refills	Removed	Active	Value
January	7	0	0	7	$8,589.00
February	4	0	0	11	$10,869.00
March	2	6	1	12	$14,515.00
April	2	2	0	14	$14,719.00
May	1	3	0	15	$14,765.00
June	3	5	0	18	$22,563.00
July	2	4	0	17	$22,897.00
August	1	2	0	18	$22,546.00
September	0	4	0	18	$24,250.00
October					
November					
December					
YTD PATIENT SAVINGS					$155,713.00
Monthly Avg	2	3	0	14	$17,301.44
					0
December 2020 Active		87			

MEMORIAL MEDICAL CENTER
CHECK REQUEST

ENTERED

PAY TO THE ORDER OF: CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 10/12/21

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

APPROVED ON OCT 14 2021
COUNTY AUDITOR CALHOUN COUNTY, TEXAS

AMOUNT $70.00

G/L NUMBER: 50240000

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

REQUESTED BY: MAYRA MARTINEZ

AUTHORIZED BY:

G/L NUMBER	DATE	RECEIPT NUMBER	PAY TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CASH CODE ACCOUNT
50200.000	09/30/21	602712	IN	TML -GBRP CLAIMS	8.32-	8.32-			00/00/00	FAG	2
50200.000	09/30/21	602714	IN	TML -GBRP CLAIMS	68.85-	68.85-			00/00/00	FAG	2
50200.000	09/30/21	602716	IN	TML -GBRP CLAIMS	73.22-	73.22-			00/00/00	FAG	2
50200.000	09/30/21	602726	IN	GOLDEN RULE	26.62-	26.62-			00/00/00	FAG	2
50200.000	09/30/21	602788	IN	AETNA U S HEALTHCAR	816.15-	816.15-			00/00/00	FAG	2
50200.000	09/30/21	602796	IN	TRIWEST VA CCN CLAI	18685.61-	18685.61-			00/00/00	FAG	2
50200.000	09/02/21	599323	IN	CIGNA HEALTHCARE	70.83-	70.83-			00/00/00	KAH	2
50200.000	09/02/21	599383	IN	PAN AMERICAN LIFE	87.20-	87.20-			00/00/00	KAH	2
50200.000	09/02/21	599385	IN	PAN AMERICAN LIFE	53.00-	53.00-			00/00/00	KAH	2
50200.000	09/08/21	600262	IN	ADMINISTRATIVE CONC	153.07-	153.07-			00/00/00	KAH	2
50200.000	09/15/21	600868	IN	MANHATTAN LIFE INSU	73.40-	73.40-			00/00/00	KAH	2
50200.000	09/15/21	600876	IN	BOONG	49.80-	49.80-			00/00/00	KAH	2
50200.000	09/15/21	600878	IN	MOLINA HEALTHCARE	4648.50-	4648.50-			00/00/00	KAH	2
50200.000	09/16/21	600983	IN	HUMANA	4242.00-	4242.00-			00/00/00	KAH	2
50200.000	09/21/21	601332	IN	CHAMP VA	13438.43-	13438.43-			00/00/00	MRP	2
50200.000	09/23/21	601640	IN	WPS MVH VAPC3	882.69-	882.69-			00/00/00	MRP	2
50200.000	09/29/21	602088	IN	ENTRUST	12219.46-	12219.46-			00/00/00	MRP	2
50200.000	09/29/21	602162	IN	WPS MVH VACCN	417.56-	417.56-			00/00/00	MRP	2
50200.000	09/30/21	602333	IN	CONT LIFE INSURANCE	4012.49-	4012.49-			00/00/00	MRP	2
50200.000	09/30/21	603088	IN	MIKE HOOKS LLC	1389.00-	1389.00-			00/00/00	MRP	2
50200.000	09/01/21	599176	IN	CIGNA HEALTHCARE	78.11-	78.11-			00/00/00	RC	2
50200.000	09/01/21	599183	IN	CIGNA HEALTHCARE	44.73-	44.73-			00/00/00	RC	2
50200.000	09/01/21	599248	IN	CIGNA HEALTHCARE	162.85-	162.85-			00/00/00	RC	2
50200.000	09/03/21	599602	IN	CIGNA HEALTHCARE	95.44-	95.44-			00/00/00	RC	2
50200.000	09/15/21	600764	IN	RESERVE NATIONAL IN	.00	.00			00/00/00	RC	2
50200.000	09/15/21	600830	IN	CIGNA HEALTHCARE	.00	.00			00/00/00	RC	2
50200.000	09/20/21	601221	IN	UMR	165.57-	165.57-			00/00/00	RC	2
50200.000	09/22/21	601515	IN	CIGNA HEALTHCARE	240.75-	240.75-			00/00/00	RC	2
50200.000	09/22/21	601521	IN	CIGNA HEALTHCARE	79.82-	79.82-			00/00/00	RC	2
50200.000	09/27/21	601907	IN	MEDI-SHARE	78.00-	78.00-			00/00/00	RC	2
50200.000	09/29/21	602107	IN	CIGNA HEALTHCARE	133.53-	133.53-			00/00/00	RC	2
50200.000	09/29/21	602109	IN	CIGNA HEALTHCARE	113.85-	113.85-			00/00/00	RC	2
50200.000	09/30/21	602696	IN	AETNA U S HEALTHCAR	126.82-	126.82-			00/00/00	RC	2
50200.000	09/30/21	602798	IN	ALL SAVERS ALTERNAT	3.74-	3.74-			00/00/00	RC	2
50200.000	09/30/21	602807	IN	CIGNA HEALTHCARE	75.54-	75.54-			00/00/00	RC	2
50200.000	09/30/21	602810	IN	CIGNA HEALTHCARE	141.67-	141.67-			00/00/00	RC	2
50200.000	09/30/21	602893	IN	CIGNA HEALTHCARE	102.72-	102.72-			00/00/00	RC	2
50200.000	09/30/21	603152	IN	CIGNA HEALTHCARE	68.05-	68.05-			00/00/00	RC	2
50200.000	09/30/21	603157	IN	CIGNA HEALTHCARE	439.45-	439.45-			00/00/00	RC	2
50200.000	09/30/21	603159	IN	CIGNA HEALTHCARE	84.96-	84.96-			00/00/00	RC	2
50200.000	09/30/21	603161	IN	CIGNA HEALTHCARE	130.11-	130.11-			00/00/00	RC	2
50200.000	09/30/21	603165	IN	CIGNA HEALTHCARE	70.83-	70.83-			00/00/00	RC	2
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-728599.27					
50240.000	09/21/21	601141	CA	[redacted]	10.00	10.00			00/00/00	KAH	2
50240.000	09/08/21	600243	VI	[redacted]	20.00	20.00			00/00/00	PLB	2
50240.000	09/09/21	600115	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	09/13/21	600438	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	09/17/21	600960	VI	[redacted]	183.69	183.69			00/00/00	PLB	2
50240.000	09/17/21	600961	MC	[redacted]	42.81	42.81			00/00/00	PLB	2
50240.000	09/20/21	601171	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	09/20/21	601205	CA	[redacted]	10.00-	10.00-			00/00/00	PLB	2
50240.000	09/21/21	601206	CA	[redacted]	10.00	10.00			00/00/00	PLB	2

G/L NUMBER	DATE	RECEIPT NUMBER	PAY TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CASH CODE	ACCOUNT
50240.000	09/24/21	602505	VI	[redacted]	183.69-	183.69-			00/00/00	PLB		2
50240.000	09/24/21	602506	MC		42.81-	42.81-			00/00/00	PLB		2
50240.000	09/29/21	601924	CA		10.00	10.00			00/00/00	PLB		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						70.00						
50420.000	09/22/21	601334	CK	STANFILL BARBARA	100.00	100.00			00/00/00	PLB		2
50420.000	09/22/21	601335	CK	MMC VOLUNTEERS	200.00	200.00			00/00/00	PLB		2
TOTAL 50420.000 GIVING TREE DONATION-OTHER REV						300.00						
50510.000	09/14/21	600585	CA	CAFE	384.46	384.46			00/00/00	KAH		2
50510.000	09/14/21	600586	VI	CAFE	247.87	247.87			00/00/00	KAH		2
50510.000	09/14/21	600587	MC	CAFE	20.41	20.41			00/00/00	KAH		2
50510.000	09/14/21	600588	AE	CAFE	4.06	4.06			00/00/00	KAH		2
50510.000	09/14/21	600589	VI	CURBSIDE	57.57	57.57			00/00/00	KAH		2
50510.000	09/14/21	600591	CA	CAFE	384.46-	384.46-			00/00/00	KAH		2
50510.000	09/14/21	600594	CA	CAFE	384.55	384.55			00/00/00	KAH		2
50510.000	09/14/21	600597	CK	CAFE	4.09	4.09			00/00/00	KAH		2
50510.000	09/14/21	600598	CA	CAFE	384.55-	384.55-			00/00/00	KAH		2
50510.000	09/14/21	600599	CA	CAFE	380.46	380.46			00/00/00	KAH		2
50510.000	09/14/21	600620	CA	CAFE	380.46-	380.46-			00/00/00	KAH		2
50510.000	09/14/21	600622	CA	CAFE	288.71	288.71			00/00/00	KAH		2
50510.000	09/14/21	600658	CA	CAFE	288.71-	288.71-			00/00/00	KAH		2
50510.000	09/14/21	600660	CA	CAFE	196.96	196.96			00/00/00	KAH		2
50510.000	09/01/21	598953	VI	CAFE	269.72	269.72			00/00/00	PLB		2
50510.000	09/01/21	598954	MC	CAFE	53.17	53.17			00/00/00	PLB		2
50510.000	09/01/21	598955	AE	CAFE	12.79	12.79			00/00/00	PLB		2
50510.000	09/01/21	598956	VI	CURBSIDE	54.81	54.81			00/00/00	PLB		2
50510.000	09/01/21	598957	MC	CURBSIDE	19.77	19.77			00/00/00	PLB		2
50510.000	09/01/21	598958	DS	CURBSIDE	9.41	9.41			00/00/00	PLB		2
50510.000	09/01/21	598959	CA	CAFE	215.25	215.25			00/00/00	PLB		2
50510.000	09/02/21	599187	VI	CAFE	330.41	330.41			00/00/00	PLB		2
50510.000	09/02/21	599188	MC	CAFE	125.23	125.23			00/00/00	PLB		2
50510.000	09/02/21	599189	AE	CAFE	9.03	9.03			00/00/00	PLB		2
50510.000	09/02/21	599190	VI	CURBSIDE	78.32	78.32			00/00/00	PLB		2
50510.000	09/02/21	599191	MC	CURBSIDE	24.43	24.43			00/00/00	PLB		2
50510.000	09/02/21	599192	DS	CURBSIDE	9.41	9.41			00/00/00	PLB		2
50510.000	09/02/21	599193	CA	CAFE	178.29	178.29			00/00/00	PLB		2
50510.000	09/03/21	599433	VI	CAFE	303.04	303.04			00/00/00	PLB		2
50510.000	09/03/21	599434	MC	CAFE	26.01	26.01			00/00/00	PLB		2
50510.000	09/03/21	599435	AE	CAFE	8.39	8.39			00/00/00	PLB		2
50510.000	09/03/21	599436	VI	CURBSIDE	18.64	18.64			00/00/00	PLB		2
50510.000	09/03/21	599437	MC	CURBSIDE	14.48	14.48			00/00/00	PLB		2
50510.000	09/03/21	599438	CA	CAFE	151.30	151.30			00/00/00	PLB		2
50510.000	09/07/21	599662	VI	CAFE	298.41	298.41			00/00/00	PLB		2
50510.000	09/07/21	599663	MC	CAFE	63.93	63.93			00/00/00	PLB		2
50510.000	09/07/21	599664	VI	CURBSIDE	121.96	121.96			00/00/00	PLB		2
50510.000	09/07/21	599665	MC	CURBSIDE	22.69	22.69			00/00/00	PLB		2
50510.000	09/07/21	599666	DS	CURBSIDE	36.55	36.55			00/00/00	PLB		2
50510.000	09/07/21	599667	CA	CAFE	293.53	293.53			00/00/00	PLB		2
50510.000	09/07/21	599684	VI	CAFE	92.98	92.98			00/00/00	PLB		2
50510.000	09/07/21	599685	MC	CAFE	19.54	19.54			00/00/00	PLB		2
50510.000	09/07/21	599686	AE	CAFE	8.39	8.39			00/00/00	PLB		2

MEMORIAL MEDICAL CENTER

So Much...So Close!

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

Date: 10/12/2021
Invoice # 361
For: Sep-21

Bill To:
Calhoun County

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

Total $ 4,166.67

Jason Anglin
CEO

APPROVED ON
OCT 18 2021
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

PROSPERITY BANK®

Statement Date 9/30/2021
Account No

Page 1 of 2

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

13311

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account

09/01/2021	Beginning Balance				$5,423.33
	3 Deposits/Other Credits			+	$10,839.53
	7 Checks/Other Debits			-	$10,781.09
09/30/2021	Ending Balance	30	Days in Statement Period		$5,481.77
	Total Enclosures				9

DEPOSITS/OTHER CREDITS

Date	Description	Amount
09/17/2021	Deposit	$10,728.67 – July / Aug
09/24/2021	Deposit	$110.00 Aug copay
09/30/2021	Accr Earning Pymt Added to Account	$0.86

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12476	09-20	$4,166.67	12479	09-28	$1,310.62	12482	09-24	$148.62
12477	09-20	$103.53	12480	09-28	$368.48			
12478	09-20	$4,579.54	12481	09-23	$103.63			

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
09-01	$5,423.33	09-23	$7,198.63	09-30	$5,481.77
09-17	$16,152.00	09-24	$7,160.01		
09-20	$7,302.26	09-28	$5,480.91		

EARNINGS SUMMARY

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

Interest Paid This Period	$0.86	Annual Percentage Yield Earned	0.15 %
Interest Paid YTD	$17.71	Days in Earnings Period	30
		Earnings Balance	$6,980.58

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101151 : 01331101