MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- February 27, 2019

by:DC

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic		140.19
Michelle M. Cummins MD		71.93
ESS of Port Lavaca LLC		79.62
HEB Pharmacy (Medimpact) Pharmacy Reimbursement		304.16
MMCenter (In-patient $ / Out-patient $9,254.42 / ER $2,340.48)		11,594.90
Memorial Medical Clinic		1,807.24
MMC Professional Fees		508.95
Singleton Associates, PA		182.84
SUBTOTAL		**14,689.83**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	18,856.50
Co-pays adjustments for January 2019		**(250.00)**
Reimbursement from Medicaid		**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**18,606.50**

APPROVED

FEB 27 2019

CALHOUN COUNTY
COMMISSIONERS COURT

800 002272019 01 CALHOUN COUNTY, TEXAS

DATE: 2/27/2019

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			$18,606.50
	approved by Commissioners Court on 02/27/2019			
1000-001-46010	January 31, 2019 interest			($2.66)
				$18,603.84

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON FEB 27 2019

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] 2/27/20118

DEPARTMENT HEAD DATE

©IHS
Issued 02/07/19

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/01/2019 through 02/01/2019
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	6,981.95	983.53
02	Prescription Drugs	304.16	304.16
08	Rural Health Clinics	2,118.01	1,807.24
14	Mmc - Hospital Outpatient	28,811.01	9,254.42
15	Mmc - Er Bills	7,314.00	2,340.48
	Expenditures	45,557.95	14,718.65
	Reimb/Adjustments	-28.82	-28.82
	Grand Total	**45,529.13**	**14,689.83**

EXPENSES	4,166.67
	18,856.50
COPAYS	<250.00>
TOTAL	18,606.50

APPROVED
ON
FEB 2 2 2019

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

So Much...So Close!

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

Date: 2/6/2019
Invoice # 328
For: Jan-19

Bill To:
Calhoun County

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

Total $ 4,166.67

Diane Moore
CFO

APPROVED ON
FEB 2 2 2019

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 2/6/19

APPROVED ON FEB 06 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $250.00

G/L NUMBER: 50240000

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CEO

ENTERED
FEB 06 2019
BY:

G/L NUMBER	DATE	RECEIPT NUMBER	PAY TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50200.000	01/17/19	511595	IN	CIGNA HEALTHCARE	190.88-	190.88-			00/00/00	MRP		2
50200.000	01/17/19	511597	IN	CIGNA HEALTHCARE	35.95-	35.95-			00/00/00	MRP		2
50200.000	01/17/19	511600	IN	AETNA U S HEALTHCAR	2592.23-	2592.23-			00/00/00	MRP		2
50200.000	01/17/19	511612	IN	CIGNA HEALTHCARE	64.20-	64.20-			00/00/00	MRP		2
50200.000	01/18/19	511686	IN	AETNA U S HEALTHCAR	117.81-	117.81-			00/00/00	MRP		2
50200.000	01/18/19	511693	IN	AETNA TRS CARE	51.00-	51.00-			00/00/00	MRP		2
50200.000	01/18/19	511695	IN	AETNA TRS CARE	113.03-	113.03-			00/00/00	MRP		2
50200.000	01/18/19	511838	IN	AETNA	36.04-	36.04-			00/00/00	MRP		2
50200.000	01/21/19	511809	IN	AETNA-DOW CHEMICAL	1311.84-	1311.84-			00/00/00	MRP		2
50200.000	01/02/19	510363	IN	CIGNA HEALTHCARE	133.32-	133.32-			00/00/00	RLT		2
50200.000	01/15/19	511297	IN	CIGNA HEALTHCARE	68.05-	68.05-			00/00/00	RLT		2
50200.000	01/15/19	511327	IN	CIGNA HEALTHCARE	108.07-	108.07-			00/00/00	RLT		2
50200.000	01/15/19	511421	IN	HUMANA	220.11-	220.11-			00/00/00	RLT		2
50200.000	01/17/19	511587	IN	CIGNA	2802.85-	2802.85-			00/00/00	RLT		2
50200.000	01/21/19	511826	IN	UMR	197.81-	197.81-			00/00/00	RLT		2
50200.000	01/21/19	511844	IN	CIGNA HEALTHCARE	58.42-	58.42-			00/00/00	RLT		2
50200.000	01/23/19	512035	IN	CIGNA HEALTHCARE	80.07-	80.07-			00/00/00	RLT		2
50200.000	01/24/19	512106	IN	CIGNA HEALTHCARE	66.34-	66.34-			00/00/00	RLT		2
50200.000	01/29/19	512429	IN	HUMANA	118.28-	118.28-			00/00/00	RLT		2
50200.000	01/30/19	512532	IN	AETNA TRS CARE	86.02-	86.02-			00/00/00	RLT		2
50200.000	01/30/19	512571	IN	CIGNA HEALTHCARE	25.04-	25.04-			00/00/00	RLT		2
50200.000	01/30/19	512575	IN	CIGNA HEALTHCARE	53.10-	53.10-			00/00/00	RLT		2
50200.000	01/30/19	512577	IN	CIGNA HEALTHCARE	41.52-	41.52-			00/00/00	RLT		2
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-327021.31						
50240.000	01/09/19	510824	CA	[redacted]	10.00	10.00			00/00/00	ARK		2
50240.000	01/09/19	510810	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	01/18/19	511562	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	01/30/19	512465	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	01/10/19	510866	CA	[redacted]	10.00	10.00			00/00/00	FAG		2
50240.000	01/23/19	511994	CA	[redacted]	10.00	10.00			00/00/00	JY		2
50240.000	01/02/19	510196	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/03/19	510347	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/09/19	510814	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/11/19	510999	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/14/19	511106	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/14/19	511113	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/14/19	511162	VI	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/15/19	511261	MC	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/16/19	511361	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/17/19	511495	VI	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/21/19	511679	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/22/19	511893	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/25/19	512121	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/28/19	512251	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/28/19	512296	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/08/19	510745	CA	[redacted]	10.00	10.00			00/00/00	SP		2
50240.000	01/28/19	512225	CA	[redacted]	10.00	10.00			00/00/00	SP		2
50240.000	01/28/19	512254	CA	[redacted]	10.00	10.00			00/00/00	SP		2
50240.000	01/29/19	512385	CA	[redacted]	10.00	10.00			00/00/00	SP		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						250.00						

Calhoun County Indigent Care Patient Caseload 2019

	Approved	Denied	Removed	Active	Pending
January	0	1	6	15	4
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD					
Monthly Avg	-	1	6	15	4
December 2018 Active		21			

Calhoun County Pharmacy Assistance Patient Caseload 2018

	Approved	Refills	Removed	Active	Value
January	3	15	0	91	$25,152.26
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD PATIENT SAVINGS					
Monthly Avg	3	15	-	91	$25,152.26
					0
December 2018 Active		87			

PROSPERITY BANK®

Statement Date 1/31/2019
Account No

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

13102

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

01/01/2019	Beginning Balance				$4,434.13
	4 Deposits/Other Credits			+	$23,338.81
	13 Checks/Other Debits			-	$7,362.13
01/31/2019	Ending Balance	31	Days in Statement Period		$20,410.81
	Total Enclosures				16

DEPOSITS/OTHER CREDITS

Date	Description	Amount
01/03/2019	Deposit	$7,258.76
01/22/2019	Deposit	$241.52
01/31/2019	Deposit	$15,835.87
01/31/2019	Accr Earning Pymt Added to Account	$2.66

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12187	01-18	$188.94	12194	01-17	$98.98	12200	01-25	$48.38
12190*	01-10	$4,166.67	12195	01-10	$290.04	12201	01-15	$67.35
12191	01-10	$690.45	12196	01-11	$317.85	12202	01-16	$114.67
12192	01-29	$186.92	12197	01-11	$792.43			
12193	01-25	$93.15	12199*	01-16	$306.30			

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102191 : 013102011

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
01-01	$4,434.13	01-15	$5,368.10	01-22	$4,900.73
01-03	$11,692.89	01-16	$4,947.13	01-25	$4,759.20
01-10	$6,545.73	01-17	$4,848.15	01-29	$4,572.28
01-11	$5,435.45	01-18	$4,659.21	01-31	$20,410.81

EARNINGS SUMMARY

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

Interest Paid This Period	$2.66	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$2.66	Days in Earnings Period	31
		Earnings Balance	$6,970.90