**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR ---- March 27, 2019**

by:CT

**INDIGENT HEALTHCARE FUND:**

**INDIGENT EXPENSES**

| | | |
|---|---|---|
| Clinical Pathology Labs | | 72.80 |
| Michelle M. Cummins MD | | 248.14 |
| ESS of Port Lavaca LLC | | 544.57 |
| HEB Pharmacy (Medimpact) Pharmacy Reimbursement | | 142.74 |
| MMCenter (In-patient $ / Out-patient $1,217.92 / ER $1,645.44) | | 2,863.36 |
| Memorial Medical Clinic | | 1,906.62 |
| Port Lavaca Clinic | | 518.15 |
| Singleton Associates, PA | | 323.70 |
| Victoria Anesthesiology Assoc | | 313.01 |
| **SUBTOTAL** | | **6,933.09** |
| Memorial Medical Center (Indigent Healthcare Payroll and Expenses) | | **4,166.67** |
| | Subtotal | 11,099.76 |
| **Co-pays adjustments for February 2019** | | **(210.00)** |
| **Reimbursement from Medicaid** | | **(81.52)** |
| **TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES** | | **10,808.24** |

300 003272019 01 CALHOUN COUNTY, TEXAS

DATE: 3/27/2019

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 | | | $10,808.24 |
| | approved by Commissioners Court on 03/27/2019 | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 1000-001-46010 | February 28, 2019 interest | | | ($3.03) |
| | | | | |
| | | | | |
| | | | | |
| | | | | $10,805.21 |

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON MAR 21 BY CALHOUN COUNTY AUDITOR

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] 3/27/20118

DEPARTMENT HEAD DATE

eIHS
Issued 03/20/19

# Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/28/2019 through 03/01/2019
For Source Group Indigent Health Care
For Vendor: All Vendors

| Source | Description | Amount Billed | Amount Paid |
|---|---|---|---|
| 01 | Physician Services | 11,575.80 | 1,189.21 |
| 01-2 | Physician Services- Anesthesia | 1,092.00 | 313.01 |
| 02 | Prescription Drugs | 142.74 | 142.74 |
| 08 | Rural Health Clinics | 2,735.00 | 2,343.25 |
| 14 | Mmc - Hospital Outpatient | 3,806.00 | 1,217.92 |
| 15 | Mmc - Er Bills | 5,142.00 | 1,645.44 |
| | **Expenditures** | 24,535.78 | 6,975.33 |
| | **Reimb/Adjustments** | -42.24 | -123.76 |
| | **Grand Total** | **24,493.54** | **6,851.57** |

| | |
|---|---|
| EXPENSES | 4,166.67 |
| | 11,018.24 |
| COPAYS | <210.00> |
| | 10,808.24 |

Approved by DMoore thru email

eIHS
Issued 03/20/19

# Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/01/2019 through 03/01/2019
For Source Group Indigent Health Care
For Vendor: All Vendors

| Source | Description | Amount Billed | Amount Paid |
|---|---|---|---|
| 01 | Physician Services | 18,557.75 | 2,172.74 |
| 01-2 | Physician Services- Anesthesia | 1,092.00 | 313.01 |
| 02 | Prescription Drugs | 446.90 | 446.90 |
| 08 | Rural Health Clinics | 4,853.01 | 4,150.49 |
| 14 | Mmc - Hospital Outpatient | 32,617.01 | 10,472.34 |
| 15 | Mmc - Er Bills | 12,456.00 | 3,985.92 |
| | **Expenditures** | 70,093.73 | 21,693.98 |
| | **Reimb/Adjustments** | -71.06 | -152.58 |
| | **Grand Total** | **70,022.67** | **21,541.40** |

| | |
|---|---|
| EXPENSES | 8,333.34 |
| | 29,874.74 |
| COPAYS | <460.00> |
| | 29,414.74 |

Approved by:
D Moore thru email

## Calhoun County Indigent Care Patient Caseload 2019

| | Approved | Denied | Removed | Active | Pending |
|---|---|---|---|---|---|
| January | 0 | 1 | 6 | 15 | 4 |
| February | 2 | 0 | 0 | 17 | 2 |
| March | | | | | |
| April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| August | | | | | |
| September | | | | | |
| October | | | | | |
| November | | | | | |
| December | | | | | |
| YTD | | | | | |
| Monthly Avg | 1 | 1 | 3 | 16 | 3 |
| 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 | 4 | 12 | 0 | 95 | $32,125.05 |
| March | | | | | |
| April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| August | | | | | |
| September | | | | | |
| October | | | | | |
| November | | | | | |
| December | | | | | |
| YTD PATIENT SAVINGS | | | | | |
| Monthly Avg | 4 | 14 | - | 93 | $28,638.66 |
| | | | | | 0 |
| December 2018 Active | | 87 | | | |

on ver IFO

COPY

# MEMORIAL MEDICAL CENTER
## CHECK REQUEST

PAY TO: Calhoun County Indigent Account

Date Requested: 3/6/2019

APPROVED ON MAR 07 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ENTERED FEB 28 2019
BY:

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

AMOUNT $210.00

G/L NUMBER: 50240000

EXPLANATION: To transfer indigent co-pays from the operating account to the indigent bank account.

February, 2019

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: , CFO

| G/L NUMBER | DATE | RECEIPT NUMBER | PAY TYPE | PAYER | CASH AMOUNT | RECEIPT AMOUNT | NUMBER | NAME | DISC DATE | INIT | COLL CODE | GL CASH ACCOUNT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 50200.000 | 02/11/19 | 513463 | IN | CIGNA HEALTHCARE | 58.64- | 58.64- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 02/11/19 | 513472 | IN | CIGNA HEALTHCARE | 64.20- | 64.20- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 02/11/19 | 513481 | IN | CIGNA HEALTHCARE | 58.42- | 58.42- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 02/12/19 | 513591 | IN | CIGNA HEALTHCARE | 56.28- | 56.28- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 02/12/19 | 513593 | IN | CIGNA HEALTHCARE | 56.28- | 56.28- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 02/12/19 | 513598 | IN | CIGNA HEALTHCARE | 500.54- | 500.54- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 02/12/19 | 513606 | IN | CIGNA HEALTHCARE | 170.34- | 170.34- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 02/12/19 | 513628 | IN | CIGNA HEALTHCARE | 74.47- | 74.47- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 02/13/19 | 513704 | IN | CIGNA HEALTHCARE | 18.62- | 18.62- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 02/13/19 | 513732 | IN | CIGNA HEALTHCARE | 86.24- | 86.24- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 02/13/19 | 513744 | IN | CIGNA HEALTHCARE | 13.27- | 13.27- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 02/13/19 | 513746 | IN | CIGNA HEALTHCARE | 374.47- | 374.47- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 02/13/19 | 513752 | IN | CIGNA HEALTHCARE | 153.65- | 153.65- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 02/14/19 | 513788 | IN | CIGNA HEALTHCARE | 48.79- | 48.79- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 02/14/19 | 513796 | IN | CIGNA HEALTHCARE | 2567.97- | 2567.97- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 02/15/19 | 513864 | IN | CIGNA HEALTHCARE | 122.19- | 122.19- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 02/18/19 | 513993 | IN | CIGNA HEALTHCARE | 49.22- | 49.22- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 02/19/19 | 514063 | IN | CIGNA HEALTHCARE | 73.86- | 73.86- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 02/19/19 | 514075 | IN | CIGNA HEALTHCARE | 74.47- | 74.47- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 02/19/19 | 514113 | IN | CIGNA HEALTHCARE | 56.28- | 56.28- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 02/20/19 | 514172 | IN | CIGNA HEALTHCARE | 183.40- | 183.40- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 02/20/19 | 514206 | IN | CIGNA HEALTHCARE | 174.84- | 174.84- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 02/21/19 | 514283 | IN | CIGNA HEALTHCARE | 64.20- | 64.20- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 02/21/19 | 514292 | IN | CIGNA HEALTHCARE | 22.68- | 22.68- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 02/21/19 | 514294 | IN | CIGNA HEALTHCARE | 70.19- | 70.19- | | | 00/00/00 | RLT | | 2 |
| 50200.000 | 02/25/19 | 514535 | IN | AETNA TRS CARE | 332.73- | 332.73- | | | 00/00/00 | RLT | | 2 |
| **TOTAL** 50200.000 COMMERCIAL INS. -ADJ | | | | | | -318008.34 | | | | | | |
| 50240.000 | 02/01/19 | 512632 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | CAS | | 2 |
| 50240.000 | 02/14/19 | 513722 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | CAS | | 2 |
| 50240.000 | 02/01/19 | 512644 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/05/19 | 512904 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/08/19 | 513310 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/11/19 | 513386 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/13/19 | 513661 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/14/19 | 513697 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/18/19 | 513964 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/19/19 | 513975 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/20/19 | 514082 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/20/19 | 514150 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/22/19 | 514280 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/22/19 | 514324 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/25/19 | 514421 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/25/19 | 514453 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/26/19 | 514561 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/26/19 | 514562 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/26/19 | 514577 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/28/19 | 514704 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| 50240.000 | 02/28/19 | 514732 | CA | [redacted] | 10.00 | 10.00 | | | 00/00/00 | PLB | | 2 |
| **TOTAL** 50240.000 COUNTY INDIGENT COPAYS | | | | | | 210.00 | | | | | | |
| 50510.000 | 02/01/19 | 512635 | VI | CAFE | 265.39 | 265.39 | | | 00/00/00 | PLB | | 2 |

# MEMORIAL MEDICAL CENTER

*So Much...So Close!*

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

Date: 3/6/2019
Invoice # 329
For: Feb-19

Bill To:
Calhoun County

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

Total $ 4,166.67

, CFO 3-6-19

Diane Moore
CFO

APPROVED
ON

MAR 2 1 2019

BY
CALHOUN COUNTY AUDITOR

# PROSPERITY BANK®

Statement Date 2/28/2019
Account No



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

12967

## STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

| | | | | | |
|---|---|---|---|---|---|
| 02/01/2019 | Beginning Balance | | | | $20,410.81 |
| | 2 Deposits/Other Credits | | | + | $253.03 |
| | 10 Checks/Other Debits | | | - | $15,927.70 |
| 02/28/2019 | Ending Balance | 28 | Days in Statement Period | | $4,736.14 |
| | Total Enclosures | | | | 11 |

## DEPOSITS/OTHER CREDITS

| Date | Description | Amount |
|---|---|---|
| 02/15/2019 | Deposit | $250.00 |
| 02/28/2019 | Accr Earning Pymt Added to Account | $3.03 |

## CHECKS

| Check Number | Date | Amount | Check Number | Date | Amount | Check Number | Date | Amount |
|---|---|---|---|---|---|---|---|---|
| 12198 | 02-01 | $248.14 | 12206 | 02-08 | $10,176.15 | 12211 | 02-13 | $53.19 |
| 12203* | 02-08 | $4,166.67 | 12207 | 02-08 | $230.43 | 12212 | 02-15 | $114.67 |
| 12204 | 02-26 | $186.92 | 12208 | 02-11 | $569.81 | | | |
| 12205 | 02-14 | $79.62 | 12210* | 02-13 | $102.10 | | | |

## DAILY ENDING BALANCE

| Date | Balance | Date | Balance | Date | Balance |
|---|---|---|---|---|---|
| 02-01 | $20,162.67 | 02-13 | $4,864.32 | 02-26 | $4,733.11 |
| 02-08 | $5,589.42 | 02-14 | $4,784.70 | 02-28 | $4,736.14 |
| 02-11 | $5,019.61 | 02-15 | $4,920.03 | | |

## EARNINGS SUMMARY

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

| | | | |
|---|---|---|---|
| Interest Paid This Period | $3.03 | Annual Percentage Yield Earned | 0.45 % |
| Interest Paid YTD | $5.69 | Days in Earnings Period | 28 |
| | | Earnings Balance | $8,782.67 |