MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- April 24, 2019

by:DC

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Clinical Pathology Labs		88.47
Community Pathology Association		29.67
ESS of Port Lavaca LLC		98.98
HEB Pharmacy (Medimpact) Pharmacy Reimbursement		188.23
MMCenter (In-patient $ / Out-patient $14,908.77, / ER $7,563.52)		22,472.29
Memorial Medical Clinic		1,716.64
MMC Professional Fees		225.87
Singleton Associates, PA		133.66
Victoria Eye Center		134.45
SUBTOTAL		**25,088.26**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	29,254.93
Co-pays adjustments for March 2019		**(270.00)**
Reimbursement from Medicaid		**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**28,984.93**

APPROVED

APR 24 2019

CALHOUN COUNTY
COMMISSIONERS COURT

300 004242019 01 CALHOUN COUNTY, TEXAS

DATE: 4/24/2019

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			$28,984.93
	approved by Commissioners Court on 04/24/2019			
1000-001-46010	March 31, 2019 interest			($6.96)
				$28,977.97

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON APR 16 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] 4/24/19

DEPARTMENT HEAD DATE

Issued 04/11/19

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 04/01/2019 through 04/01/2019
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	6,536.35	711.10
02	Prescription Drugs	188.23	188.23
08	Rural Health Clinics	1,966.02	1,716.64
14	Mmc - Hospital Outpatient	46,099.14	14,908.77
15	Mmc - Er Bills	23,636.00	7,563.52
	Expenditures	78,502.77	25,165.29
	Reimb/Adjustments	-77.03	-77.03
	Grand Total	**78,425.74**	**25,088.26**

EXPENSES	4,166.67
	29,254.93
COPAYS	<270.00>
TOTAL	**28,984.93**

Issued 04/11/19

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/01/2019 through 04/01/2019
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	25,094.10	2,883.84
01-2	Physician Services- Anesthesia	1,092.00	313.01
02	Prescription Drugs	635.13	635.13
08	Rural Health Clinics	6,819.03	5,867.13
14	Mmc - Hospital Outpatient	78,716.15	25,381.11
15	Mmc - Er Bills	36,092.00	11,549.44
	Expenditures	148,596.50	46,859.27
	Reimb/Adjustments	-148.09	-229.61
	Grand Total	**148,448.41**	**46,629.66**

EXPENSES	12,500.01
	59,129.67
COPAYS	<730.00>
TOTAL	**58,399.67**

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	2	1	1	18	6
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD					
Monthly Avg	1	1	2	17	4
December 2018 Active		21			
Number of Charity patients				249	
Number of Charity patients below 100% FPL				150	

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	4	8	1	94	$13,174.77
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD PATIENT SAVINGS					
Monthly Avg	4	12	0	93	$23,484.03
					0
December 2018 Active		87			

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Calhoun County Indigent Account

Date Requested: 4/4/2019

APPROVED ON APR 11 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $270.00

G/L NUMBER: 50240000

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

March, 2019

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: [signature]

ENTERED
MAR 30 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	03/15/19	516163	IN	CIGNA MEDICARE SUPP	.00	.00			00/00/00	RLT		2
50200.000	03/15/19	516165	IN	TRIWEST	7740.89-	7740.89-			00/00/00	RLT		2
50200.000	03/19/19	516496	IN	CONNECTICUT GENERAL	42.58-	42.58-			00/00/00	RLT		2
50200.000	03/19/19	516500	IN	CIGNA HEALTHCARE	135.26-	135.26-			00/00/00	RLT		2
50200.000	03/20/19	516599	IN	ALLEGIANCE	104.22-	104.22-			00/00/00	RLT		2
50200.000	03/20/19	516626	IN	CIGNA HEALTHCARE	132.46-	132.46-			00/00/00	RLT		2
50200.000	03/22/19	516779	IN	TML -GBRP CLAIMS	152.88-	152.88-			00/00/00	RLT		2
50200.000	03/22/19	516792	IN	TML -GBRP CLAIMS	264.99-	264.99-			00/00/00	RLT		2
50200.000	03/22/19	516794	IN	TML -GBRP CLAIMS	48.88-	48.88-			00/00/00	RLT		2
50200.000	03/25/19	516927	IN	AETNA U S HEALTHCAR	370.23-	370.23-			00/00/00	RLT		2
50200.000	03/25/19	516929	IN	AETNA U S HEALTHCAR	55.76-	55.76-			00/00/00	RLT		2
50200.000	03/27/19	517167	IN	CIGNA	3379.00-	3379.00-			00/00/00	RLT		2
50200.000	03/27/19	517185	IN	CIGNA HEALTHCARE	155.79-	155.79-			00/00/00	RLT		2
50200.000	03/27/19	517217	IN	COLONIAL PENN LIFE	.00	.00			00/00/00	RLT		2
50200.000	03/27/19	517224	IN	CIGNA HEALTHCARE	99.72-	99.72-			00/00/00	RLT		2
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-406876.94						
50240.000	03/07/19	51531			10.00	10.00			00/00/00	ARK		2
50240.000	03/19/19	51636			10.00	10.00			00/00/00	CAS		2
50240.000	03/20/19	51642			10.00	10.00			00/00/00	CAS		2
50240.000	03/20/19	51652			10.00	10.00			00/00/00	CAS		2
50240.000	03/20/19	51652			10.00	10.00			00/00/00	CAS		2
50240.000	03/21/19	51655			10.00	10.00			00/00/00	CAS		2
50240.000	03/22/19	51666			10.00	10.00			00/00/00	CAS		2
50240.000	03/22/19	51667			10.00	10.00			00/00/00	CAS		2
50240.000	03/22/19	51674			10.00	10.00			00/00/00	CAS		2
50240.000	03/25/19	51676			10.00	10.00			00/00/00	CAS		2
50240.000	03/27/19	51705			10.00	10.00			00/00/00	CAS		2
50240.000	03/29/19	51727			10.00	10.00			00/00/00	CAS		2
50240.000	03/29/19	51729			10.00	10.00			00/00/00	CAS		2
50240.000	03/01/19	51495			10.00	10.00			00/00/00	PLB		2
50240.000	03/07/19	51539			10.00	10.00			00/00/00	PLB		2
50240.000	03/07/19	51539			10.00-	10.00-			00/00/00	PLB		2
50240.000	03/08/19	51539			10.00	10.00			00/00/00	PLB		2
50240.000	03/11/19	51553			10.00	10.00			00/00/00	PLB		2
50240.000	03/12/19	51559			10.00	10.00			00/00/00	PLB		2
50240.000	03/12/19	51567			10.00	10.00			00/00/00	PLB		2
50240.000	03/26/19	51691			10.00	10.00			00/00/00	PLB		2
50240.000	03/26/19	51693			10.00	10.00			00/00/00	PLB		2
50240.000	03/26/19	51693			10.00	10.00			00/00/00	PLB		2
50240.000	03/26/19	51694			10.00	10.00			00/00/00	PLB		2
50240.000	03/27/19	51700			10.00	10.00			00/00/00	PLB		2
50240.000	03/27/19	51710			10.00	10.00			00/00/00	PLB		2
50240.000	03/27/19	51710			10.00-	10.00-			00/00/00	PLB		2
50240.000	03/28/19	51708			10.00	10.00			00/00/00	PLB		2
50240.000	03/28/19	51710			10.00	10.00			00/00/00	PLB		2
50240.000	03/28/19	51711			10.00	10.00			00/00/00	PLB		2
50240.000	03/28/19	51711			10.00	10.00			00/00/00	PLB		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						270.00						
50510.000	03/18/19	516276	VI	CAFE	85.38	85.38			00/00/00	CAS		2
50510.000	03/18/19	516277	MC	CAFE	11.31	11.31			00/00/00	CAS		2

MEMORIAL MEDICAL CENTER

So Much. So Close!

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

Date: 4/4/2019
Invoice # 330
For: Mar-19

Bill To:
Calhoun County

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

Total $ 4,166.67

4-4-19

Diane Moore
CFO

APPROVED
ON
APR 16 2019
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

PROSPERITY BANK®

Statement Date 3/31/2019
Account No

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

12975

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

03/01/2019	Beginning Balance				$4,736.14
	4 Deposits/Other Credits			+	$29,626.01
	10 Checks/Other Debits			-	$19,176.57
03/31/2019	Ending Balance	31	Days in Statement Period		$15,185.58
	Total Enclosures				13

DEPOSITS/OTHER CREDITS

Date	Description	Amount
03/04/2019	Deposit	$18,603.84
03/14/2019	Deposit	$210.00
03/28/2019	Deposit	$10,805.21
03/31/2019	Accr Earning Pymt Added to Account	$6.96

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12209	03-01	$320.07	12217	03-25	$11,594.90	12221	03-28	$508.95
12214*	03-25	$4,166.67	12218	03-25	$304.16	12222	03-20	$182.84
12215	03-25	$140.19	12219	03-20	$1,807.24			
12216	03-20	$79.62	12220	03-29	$71.93			

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
03-01	$4,416.07	03-20	$21,160.21	03-29	$15,178.62
03-04	$23,019.91	03-25	$4,954.29	03-31	$15,185.58
03-14	$23,229.91	03-28	$15,250.55		

EARNINGS SUMMARY

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

Interest Paid This Period	$6.96	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$12.65	Days in Earnings Period	31
		Earnings Balance	$18,202.49

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