MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- August 29, 2018

by: CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic		93.46
Clinical Pathology Labs		88.47
Michelle M. Cummins MD		391.96
ESS of Port Lavaca LLC		79.62
HEB Pharmacy (Medimpact) Pharmacy Reimbursement		226.96
MMCenter (In-patient $0.00 / Out-patient $7799.26/ ER $887.04)		8,686.30
Memorial Medical Clinic		992.43
Port Lavaca Clinic		215.38
Regional Employee Assistance		76.55
Singleton Associates, PA		282.80
Victoria Heart & Vascular Center		126.61
Victoria Kidney & Dialysis		33.27
SUBTOTAL		**11,293.81**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	15,460.48
Co-pays adjustments for July 2018		**(170.00)**
Reimbursement from Medicaid		**0.00**

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	**15,290.48**

APPROVED

AUG 2 9 2018

CALHOUN COUNTY
COMMISSIONERS COURT

800 008292018 01 CALHOUN COUNTY, TEXAS

DATE: 8/29/2018

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			$15,290.48
	approved by Commissioners Court on 08/29/2018			
1000-001-46010	July Interest ($3.18)			($3.18)
				$15,287.30

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON AUG 23 2018 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: Michael J Pfeil 8/29/18

DEPARTMENT HEAD DATE

MEMORIAL MEDICAL CENTER

So Much. So Close!

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

Date: 8/6/2018
Invoice # 322
For: Jul-18

Bill To:
Calhoun County

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

CFO

Diane Moore
CFO

APPROVED
ON
AUG 2 3 2018
BY
CALHOUN COUNTY AUDITOR

MEMORIAL MEDICAL CENTER
CHECK REQUEST

copy

PAYEE: Calhoun County Indigent Account

Date Requested: 8/6/18

APPROVED ON AUG 09 2018 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

POSTED

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

AMOUNT $170.00

G/L NUMBER: 50240000

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

July, 2018

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

G/L NUMBER	RECEIPT DATE	PAY NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	INIT	COLL CODE	GL CASH ACCOUNT
50200.000	07/11/18	496936	IN	CIGNA HEALTHCARE	269.21-	269.21-			00/00/00		RLT	2
50200.000	07/11/18	496964	IN	CIGNA HEALTHCARE	76.40-	76.40-			00/00/00		RLT	2
50200.000	07/12/18	497046	IN	CIGNA HEALTHCARE	8.93-	8.93-			00/00/00		RLT	2
50200.000	07/12/18	497062	IN	CIGNA HEALTHCARE	136.96-	136.96-			00/00/00		RLT	2
50200.000	07/12/18	497074	IN	CIGNA HEALTHCARE	58.42-	58.42-			00/00/00		RLT	2
50200.000	07/13/18	497177	IN	CIGNA HEALTHCARE	10.06-	10.06-			00/00/00		RLT	2
50200.000	07/16/18	497315	IN	CIGNA HEALTHCARE	95.44-	95.44-			00/00/00		RLT	2
50200.000	07/16/18	497318	IN	CIGNA HEALTHCARE	49.65-	49.65-			00/00/00		RLT	2
50200.000	07/18/18	497482	IN	HUMANA	2069.00-	2069.00-			00/00/00		RLT	2
50200.000	07/18/18	497484	IN	HUMANA	379.00-	379.00-			00/00/00		RLT	2
50200.000	07/18/18	497490	IN	HUMANA	626.92-	626.92-			00/00/00		RLT	2
50200.000	07/18/18	497545	IN	CIGNA HEALTHCARE	71.48-	71.48-			00/00/00		RLT	2
50200.000	07/18/18	497554	IN	CIGNA HEALTHCARE	76.40-	76.40-			00/00/00		RLT	2
50200.000	07/19/18	497585	IN	DEPARTMENT OF VETER	1483.91-	1483.91-			00/00/00		RLT	2
50200.000	07/19/18	497602	IN	COMMUNITY CARE PLUS	448.50-	448.50-			00/00/00		RLT	2
50200.000	07/19/18	497608	IN	CIGNA HEALTHCARE	64.20-	64.20-			00/00/00		RLT	2
50200.000	07/23/18	497885	IN	CIGNA HEALTHCARE	108.07-	108.07-			00/00/00		RLT	2
50200.000	07/24/18	497959	IN	CIGNA HEALTHCARE	37.45-	37.45-			00/00/00		RLT	2
50200.000	07/24/18	497961	IN	CIGNA HEALTHCARE	37.45-	37.45-			00/00/00		RLT	2
50200.000	07/24/18	497965	IN	CIGNA HEALTHCARE	185.11-	185.11-			00/00/00		RLT	2
50200.000	07/24/18	497967	IN	CIGNA HEALTHCARE	71.27-	71.27-			00/00/00		RLT	2
50200.000	07/24/18	498003	IN	CIGNA HEALTHCARE	36.59-	36.59-			00/00/00		RLT	2
50200.000	07/24/18	498024	IN	CIGNA HEALTHCARE	.00	.00			00/00/00		RLT	2
50200.000	07/24/18	498027	IN	CIGNA HEALTHCARE	.00	.00			00/00/00		RLT	2
50200.000	07/25/18	498083	IN	CIGNA HEALTHCARE	76.40-	76.40-			00/00/00		RLT	2
50200.000	07/25/18	498139	IN	CIGNA HEALTHCARE	53.07-	53.07-			00/00/00		RLT	2
50200.000	07/26/18	498188	IN	CIGNA HEALTHCARE	.00	.00			00/00/00		RLT	2
50200.000	07/30/18	498507	IN	CIGNA HEALTHCARE	169.49-	169.49-			00/00/00		RLT	2
50200.000	07/30/18	498512	IN	CIGNA HEALTHCARE	71.48-	71.48-			00/00/00		RLT	2
50200.000	07/30/18	498529	IN	CIGNA HEALTHCARE	26.75-	26.75-			00/00/00		RLT	2
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-312301.94						
50240.000	07/16/18	497131	CA	[redacted]	10.00	10.00			00/00/00		GEM	2
50240.000	07/13/18	497088	VI	[redacted]	10.00	10.00			00/00/00		JJG	2
50240.000	07/02/18	496010	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	07/10/18	496542	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	07/10/18	496660	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	07/11/18	496733	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	07/11/18	496737	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	07/17/18	497385	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	07/19/18	497546	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	07/20/18	497629	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	07/20/18	497630	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	07/20/18	497640	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	07/23/18	497652	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	07/23/18	497687	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	07/24/18	497907	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	07/25/18	497991	MC	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	07/27/18	498344	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						170.00						
50510.000	07/09/18	496472	CA	CAFE	346.67	346.67			00/00/00		CAS	2

Calhoun County Indigent Care Patient Caseload 2018

	Approved	Denied	Removed	Active	Pending
January	4	2	3	20	6
February	3	4	2	18	6
March	2	2	3	17	4
April	5	3	1	21	2
May	0	2	3	18	1
June	0	0	2	16	1
July	1	0	0	17	3
August					
September					
October					
November					
December					
YTD					
Monthly Avg	2	2	2	18	3
December 2017 Active		18			

Calhoun County Pharmacy Assistance Patient Caseload 2018

	Approved	Refills	Removed	Active	Value
January	0	5	0	32	$5,006.00
February	5	9	0	37	$26,999.00
March	5	9	0	42	$18,184.00
April	0	6	0	42	$16,769.61
May	10	7	0	52	$16,330.00
June	3	6	0	55	$39,699.96
July	2	3	0	57	$14,029.00
August					
September					
October					
November					
December					
YTD PATIENT SAVINGS					$137,017.57
Monthly Avg	4	6	-	45	$19,573.94
					0
December 2017 Active		32			

Issued 08/21/18

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 08/01/2018 through 08/01/2018
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	11,059.16	1,172.74
02	Prescription Drugs	226.96	226.96
05	Lab/X-Ray	14.00	11.18
08	Rural Health Clinics	1,344.00	1,196.63
14	Mmc - Hospital Outpatient	24,318.16	7,799.26
15	Mmc - Er Bills	2,772.00	887.04
	Expenditures	39,848.77	11,408.30
	Reimb/Adjustments	-114.49	-114.49
	Grand Total	**39,734.28**	**11,293.81**

EXPENSES	4,166.67
	15,460.48
COPAYS	<170.00>
	15,290.48
MEDICAID REIMBURSEMENTS	0.00
TOTAL	15,290.48

APPROVED ON
AUG 23 2018
BY
CALHOUN COUNTY AUDITOR

Issued 08/21/18

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/01/2018 through 08/01/2018
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	38,345.00	5,316.13
01-2	Physician Services- Anesthesia	4,056.00	1,066.16
02	Prescription Drugs	1,948.06	1,756.06
05	Lab/X-Ray	331.00	79.39
08	Rural Health Clinics	10,117.60	8,651.85
11	Reimbursements	0.00	-102.10
13	Mmc - Inpatient Hospital	51,341.97	27,947.78
14	Mmc - Hospital Outpatient	143,862.18	46,661.84
15	Mmc - Er Bills	19,965.00	6,378.80
	Expenditures	270,406.30	98,297.50
	Reimb/Adjustments	-439.49	-541.59
	Grand Total	**269,966.81**	**97,755.91**

EXPENSES	29,160.69
	126,916.60
COPAYS	<1,440.00>
	125,476.60
MEDICAID REIMBURSEMENTS	<2,792.98>
YEAR TO DATE TOTAL	122,683.62

PROSPERITY BANK®

Statement Date 7/31/2018
Account No

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

13277

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

07/01/2018	Beginning Balance				$4,188.51
	4 Deposits/Other Credits			+	$19,376.23
	14 Checks/Other Debits			-	$19,220.06
07/31/2018	Ending Balance	31	Days in Statement Period		$4,344.68
	Total Enclosures				17

DEPOSITS/OTHER CREDITS

Date	Description	Amount
07/06/2018	Deposit	$18,903.05
07/06/2018	Deposit	$210.00
07/11/2018	Deposit	$260.00
07/31/2018	Accr Earning Pymt Added to Account	$3.18

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12113	07-12	$12,529.90	12129	07-18	$29.67	12134	07-17	$102.10
12114	07-12	$4,166.67	12130	07-25	$303.39	12135	07-17	$252.58
12115	07-12	$22.14	12131	07-25	$119.89	12136	07-16	$41.97
12127*	07-16	$327.78	12132	07-12	$260.69	12137	07-20	$59.88
12128	07-16	$70.97	12133	07-12	$932.43			

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
07-01	$4,188.51	07-16	$5,209.01	07-25	$4,341.50
07-06	$23,301.56	07-17	$4,854.33	07-31	$4,344.68
07-11	$23,561.56	07-18	$4,824.66		
07-12	$5,649.73	07-20	$4,764.78		

EARNINGS SUMMARY

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

Interest Paid This Period	$3.18	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$26.61	Days in Earnings Period	31

0000

102081 : 0132770

PROSPERITY BANK®

Statement Date 7/31/2018
Account No

MEMORIAL MEDICAL CENTER
PRIVATE WAVIER CLEARING FUND
202 S ANN ST STE A
PORT LAVACA TX 77979

13263

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

07/01/2018	Beginning Balance				$384.36
	1 Deposits/Other Credits			+	$0.15
	0 Checks/Other Debits			-	$0.00
07/31/2018	Ending Balance	31	Days in Statement Period		$384.51

DEPOSITS/OTHER CREDITS

Date	Description	Amount
07/31/2018	Accr Earning Pymt Added to Account	$0.15

DAILY ENDING BALANCE

Date	Balance	Date	Balance
07-01	$384.36	07-31	$384.51

EARNINGS SUMMARY

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

Interest Paid This Period	$0.15	Annual Percentage Yield Earned	0.46 %
Interest Paid YTD	$1,371.59	Days in Earnings Period	31

0000

101441 : 01326301