MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- September 25, 2019

by: DC

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Community Pathology Association		118.68
Michelle M. Cummins MD		248.14
Richard Arroyo-Diaz		157.98
HEB Pharmacy (Medimpact) Pharmacy Reimbursement		264.78
MMCenter (In-patient $ 0.00/ Out-patient $5,161.62 / ER $3,637.44)		8,799.06
Memorial Medical Clinic		1,465.81
Port Lavaca Clinic		414.52
Regional Employee Assistance		33.27
Singleton Associates, PA		114.14
Victoria Eye Center		99.17
Victoria Anesthesiology Assoc		324.14
SUBTOTAL		**12,039.69**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	16,206.36
Co-pays adjustments for August 2019		**(130.00)**
Reimbursement from Medicaid		**0.00**

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	**16,076.36**

APPROVED

SEP 25 2019

CALHOUN COUNTY
COMMISSIONERS COURT

800 009252019 01 CALHOUN COUNTY, TEXAS

DATE: 9/25/2019

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			$16,076.36
	approved by Commissioners Court on 09/25/2019			
1000-001-46010	August 31, 2019 interest			($6.54)
				$16,069.82

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON SEP 23 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] 9/25/19

DEPARTMENT HEAD DATE

MEMORIAL
MEDICAL CENTER

So Much. So Close!

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

Date: 9/5/2019
Invoice # 335
For: Aug-19

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
SEP 23 2019

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

COPY

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 9/5/2019

APPROVED ON SEP 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $130.00

G/L NUMBER: 50240000

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

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	COLL INIT	GL CODE	CASH ACCOUNT
50200.000	08/23/19	529719	IN	ALIERA	106.50-	106.50-			00/00/00	RLT		2
50200.000	08/23/19	529744	IN	CIGNA HEALTHCARE	148.30-	148.30-			00/00/00	RLT		2
50200.000	08/26/19	529771	IN	TML -GBRP CLAIMS	118.14-	118.14-			00/00/00	RLT		2
50200.000	08/26/19	529834	IN	AETNA TRS CARE	353.81-	353.81-			00/00/00	RLT		2
50200.000	08/26/19	529854	IN	MEDI SHARE	18.15-	18.15-			00/00/00	RLT		2
50200.000	08/26/19	529856	IN	AXIS	25.00-	25.00-			00/00/00	RLT		2
50200.000	08/26/19	529871	IN	MEDI SHARE	103.95-	103.95-			00/00/00	RLT		2
50200.000	08/26/19	529888	IN	CIGNA HEALTHCARE	41.30-	41.30-			00/00/00	RLT		2
50200.000	08/27/19	529967	IN	AETNA U S HEALTHCAR	.00	.00			00/00/00	RLT		2
50200.000	08/27/19	529973	IN	CIGNA HEALTHCARE	140.81-	140.81-			00/00/00	RLT		2
50200.000	08/27/19	529976	IN	CIGNA HEALTHCARE	68.05-	68.05-			00/00/00	RLT		2
50200.000	08/27/19	529996	IN	CIGNA HEALTHCARE	128.61-	128.61-			00/00/00	RLT		2
50200.000	08/27/19	530005	IN	CIGNA HEALTHCARE	45.37-	45.37-			00/00/00	RLT		2
50200.000	08/28/19	530062	IN	UMR	74.26-	74.26-			00/00/00	RLT		2
50200.000	08/28/19	530078	IN	UMR	101.09-	101.09-			00/00/00	RLT		2
50200.000	08/28/19	530090	IN	CIGNA HEALTHCARE	76.40-	76.40-			00/00/00	RLT		2
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-475749.33						
50240.000	08/27/19	529850	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	08/02/19	527775	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/02/19	527861	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/06/19	528125	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/08/19	528322	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/08/19	528335	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/09/19	528437	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/16/19	528945	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/20/19	529273	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/22/19	529540	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/27/19	529769	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/28/19	529925	CA		10.00	10.00			00/00/00	PLB		2
50240.000	08/20/19	529265	CA		10.00	10.00			00/00/00	SP		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						130.00						
50510.000	08/02/19	527840	CA	CAFE	291.20	291.20			00/00/00	CAS		2
50510.000	08/02/19	527841	VI	CAFE	360.44	360.44			00/00/00	CAS		2
50510.000	08/02/19	527842	MC	CAFE	84.00	84.00			00/00/00	CAS		2
50510.000	08/08/19	528355	CA	CAFE	350.02	350.02			00/00/00	CAS		2
50510.000	08/08/19	528356	VI	CAFE	311.88	311.88			00/00/00	CAS		2
50510.000	08/08/19	528357	MC	CAFE	42.41	42.41			00/00/00	CAS		2
50510.000	08/08/19	528358	DS	CAFE	7.55	7.55			00/00/00	CAS		2
50510.000	08/09/19	528429	CA	CAFE	296.43	296.43			00/00/00	CAS		2
50510.000	08/09/19	528430	VI	CAFE	361.37	361.37			00/00/00	CAS		2
50510.000	08/09/19	528431	MC	CAFE	70.25	70.25			00/00/00	CAS		2
50510.000	08/12/19	528510	CA	CAFE	543.71	543.71			00/00/00	CAS		2
50510.000	08/12/19	528511	VI	CAFE	746.02	746.02			00/00/00	CAS		2
50510.000	08/12/19	528512	MC	CAFE	200.91	200.91			00/00/00	CAS		2
50510.000	08/12/19	528513	AE	CAFE	23.52	23.52			00/00/00	CAS		2
50510.000	08/12/19	528514	DS	CAFE	39.15	39.15			00/00/00	CAS		2
50510.000	08/27/19	529846	CA	CAFE	345.97	345.97			00/00/00	CAS		2
50510.000	08/27/19	529847	VI	CAFE	216.20	216.20			00/00/00	CAS		2
50510.000	08/27/19	529848	MC	CAFE	43.78	43.78			00/00/00	CAS		2
50510.000	08/27/19	529849	AE	CAFE	14.98	14.98			00/00/00	CAS		2

eIHS
Issued 09/23/19

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 08/02/2019 through 09/01/2019
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	5,746.80	771.38
01-2	Physician Services- Anesthesia	1,170.00	324.14
02	Prescription Drugs	264.78	264.78
08	Rural Health Clinics	2,137.00	1,880.33
14	Mmc - Hospital Outpatient	16,021.01	5,161.62
15	Mmc - Er Bills	11,367.00	3,637.44
	Expenditures	36,836.00	12,169.10
	Reimb/Adjustments	-129.41	-129.41
	Grand Total	**36,706.59**	**12,039.69**

EXPENSES	4166.67
	16206.36
COPAYS	<130.00>
TOTALS	16076.36

APPROVED
ON

SEP 23 2019

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 01/02/2019 through 09/01/2019
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	63,227.45	7,122.68
01-2	Physician Services- Anesthesia	7,878.00	2,214.93
02	Prescription Drugs	2,106.46	2,106.46
08	Rural Health Clinics	15,863.14	14,319.83
11	Reimbursements	0.00	-4,535.15
13	Mmc - Inpatient Hospital	8,618.00	4,998.44
14	Mmc - Hospital Outpatient	226,620.94	72,850.23
15	Mmc - Er Bills	72,514.00	23,204.48
	Expenditures	397,469.75	127,540.33
	Reimb/Adjustments	-641.76	-5,258.43
	Grand Total	**396,827.99**	**122,281.90**

EXPENSES	33,333.36
	155,615.26
COPAYS	<1620.00>
YTD TOTAL	153,995.26

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	2	0	0	20	4
May	1	2	0	21	2
June	0	0	1	20	4
July	0	1	0	20	3
August	0	0	0	20	7
September					
October					
November					
December					
YTD					
Monthly Avg	1	1	1	19	4
December 2018 Active		21			
Number of Charity patients				235	
Number of Charity patients below 100% FPL				139	

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	8	12	0	102	$42,108.25
May	5	15	0	107	$51,395.05
June	3	9	0	110	$28,998.17
July	1	5	0	111	$15,135.00
August	0	6	0	111	$12,366.67
September					
October					
November					
December					
YTD PATIENT SAVINGS					
Monthly Avg	4	10	0	103	$27,556.90
					0
December 2018 Active		87			

PROSPERITY BANK®

Statement Date 8/31/2019
Account No

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

12876

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account N

08/01/2019	Beginning Balance			$9,636.67
	5 Deposits/Other Credits		+	$40,377.99
	11 Checks/Other Debits		-	$28,654.18
08/31/2019	Ending Balance	31 Days in Statement Period		$21,360.48
	Total Enclosures			15

DEPOSITS/OTHER CREDITS

Date	Description	Amount
08/01/2019	Deposit	$24,291.63 -June
08/14/2019	Deposit	$180.00 July
08/29/2019	Deposit	$11,364.67 -July
08/29/2019	Deposit	$4,535.15 -medicaid
08/31/2019	Accr Earning Pymt Added to Account	$6.54

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12260	08-16	$98.98	12264	08-29	$248.14	12268	08-09	$691.17
12261	08-08	$14,788.03	12265	08-12	$388.51	12270*	08-19	$4,166.67
12262	08-08	$344.94	12266	08-14	$56.18	12271	08-19	$4,166.67
12263	08-12	$3,634.86	12267	08-12	$70.03			

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
08-01	$33,928.30	08-12	$14,010.76	08-19	$5,702.26
08-08	$18,795.33	08-14	$14,134.58	08-29	$21,353.94
08-09	$18,104.16	08-16	$14,035.60	08-31	$21,360.48

EARNINGS SUMMARY

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

Interest Paid This Period	$6.54	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$40.20	Days in Earnings Period	31
		Earnings Balance	$17,099.61

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