MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- October 31, 2018

by: CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic	266.54
Clinical Pathology Labs	63.88
ESS of Port Lavaca LLC	54.41
HEB Pharmacy (Medimpact) Pharmacy Reimbursement	311.38
MMCenter (In-patient $0.00 / Out-patient $3,880.26/ ER $898.88)	4,779.14
Memorial Medical Clinic	495.81
Regional Employee Assistance	121.95
Singleton Associates, PA	100.24
Victoria Kidney & Dialysis	80.00
SUBTOTAL	**6,273.35**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	**4,166.67**
Subtotal	10,440.02
Co-pays adjustments for September 30, 2018	**(130.00)**
Reimbursement from Medicaid	**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	**10,310.02**

APPROVED

OCT 31 2018

CALHOUN COUNTY
COMMISSIONERS COURT

800 010312018 01 CALHOUN COUNTY, TEXAS

DATE: 10/31/2018

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			$10,310.02
	approved by Commissioners Court on 10/31/2018			
1000-001-46010	September 30, 2018 Interest			($4.44)
				$10,305.58

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON OCT 16 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: [signature] 10/31/18

DEPARTMENT HEAD DATE

©IHS
Issued 10/04/18

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 10/01/2018 through 10/01/2018
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	3,802.29	687.02
02	Prescription Drugs	341.38	311.38
08	Rural Health Clinics	498.00	495.81
14	Mmc - Hospital Outpatient	12,016.74	3,880.26
15	Mmc - Er Bills	2,809.00	898.88
	Expenditures	19,467.41	6,273.35
	Reimb/Adjustments		
	Grand Total	**19,467.41**	**6,273.35**

EXPENSES	4,166.67
	10,440.02
COPAYS	<130.00>
	10,310.02
MEDICAID REIMBURSEMENTS	<0>
TOTAL	10,310.02

APPROVED
ON

OCT - 9 2018

BY
CALHOUN COUNTY AUDITOR

MEMORIAL MEDICAL CENTER
CHECK REQUEST

COPY

PAY TO: CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 10/04/18

RECEIVED ON OCT 11 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 $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:

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	09/24/18	502733	IN	UMR	144.14-	144.14-			00/00/00		RLT	2
50200.000	09/24/18	502805	IN	CIGNA HEALTHCARE	.00	.00			00/00/00		RLT	2
50200.000	09/25/18	502867	IN	AETNA TRS CARE	.00	.00			00/00/00		RLT	2
50200.000	09/26/18	502955	IN	AETNA TRS CARE	239.04-	239.04-			00/00/00		RLT	2
50200.000	09/26/18	502984	IN	CIGNA HEALTHCARE	90.95-	90.95-			00/00/00		RLT	2
50200.000	09/26/18	502993	IN	CIGNA HEALTHCARE	113.85-	113.85-			00/00/00		RLT	2
50200.000	09/27/18	503067	IN	AETNA U S HEALTHCAR	51.00-	51.00-			00/00/00		RLT	2
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-366532.27						
50240.000	09/17/18	502168	CK	[redacted]	10.00	10.00			00/00/00		ARK	2
50240.000	09/20/18	502556	CA	[redacted]	10.00	10.00			00/00/00		ARK	2
50240.000	09/04/18	501092	MC	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/04/18	501093	MC	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/05/18	501277	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/10/18	501564	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/17/18	502156	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/17/18	502165	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/17/18	502166	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/18/18	502202	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/24/18	502677	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/25/18	502801	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	09/28/18	503071	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						130.00						
50510.000	09/04/18	501132	VI	CAFE	145.85	145.85			00/00/00		PLB	2
50510.000	09/04/18	501133	MC	CAFE	32.18	32.18			00/00/00		PLB	2
50510.000	09/04/18	501134	AE	CAFE	21.03	21.03			00/00/00		PLB	2
50510.000	09/04/18	501135	DS	CAFE	14.56	14.56			00/00/00		PLB	2
50510.000	09/04/18	501136	CA	CAFE	392.98	392.98			00/00/00		PLB	2
50510.000	09/04/18	501179	VI	CAFE	108.22	108.22			00/00/00		PLB	2
50510.000	09/04/18	501180	MC	CAFE	15.19	15.19			00/00/00		PLB	2
50510.000	09/04/18	501181	CA	CAFE	85.36	85.36			00/00/00		PLB	2
50510.000	09/04/18	501188	VI	CAFE	62.55	62.55			00/00/00		PLB	2
50510.000	09/04/18	501189	MC	CAFE	23.57	23.57			00/00/00		PLB	2
50510.000	09/04/18	501190	CA	CAFE	79.28	79.28			00/00/00		PLB	2
50510.000	09/05/18	501250	VI	CAFE	176.60	176.60			00/00/00		PLB	2
50510.000	09/05/18	501251	MC	CAFE	69.12	69.12			00/00/00		PLB	2
50510.000	09/05/18	501252	AE	CAFE	35.51	35.51			00/00/00		PLB	2
50510.000	09/05/18	501253	CA	CAFE	495.79	495.79			00/00/00		PLB	2
50510.000	09/06/18	501398	VI	CAFE	167.39	167.39			00/00/00		PLB	2
50510.000	09/06/18	501399	MC	CAFE	41.40	41.40			00/00/00		PLB	2
50510.000	09/06/18	501400	CA	CAFE	394.98	394.98			00/00/00		PLB	2
50510.000	09/07/18	501493	VI	CAFE	370.62	370.62			00/00/00		PLB	2
50510.000	09/07/18	501494	MC	CAFE	83.02	83.02			00/00/00		PLB	2
50510.000	09/07/18	501495	AE	CAFE	30.73	30.73			00/00/00		PLB	2
50510.000	09/07/18	501496	CA	CAFE	414.75	414.75			00/00/00		PLB	2
50510.000	09/10/18	501598	VI	CAFE	387.98	387.98			00/00/00		PLB	2
50510.000	09/10/18	501599	MC	CAFE	91.06	91.06			00/00/00		PLB	2
50510.000	09/10/18	501600	AE	CAFE	16.17	16.17			00/00/00		PLB	2
50510.000	09/10/18	501601	DS	CAFE	10.14	10.14			00/00/00		PLB	2
50510.000	09/10/18	501602	CA	CAFE	469.78	469.78			00/00/00		PLB	2
50510.000	09/10/18	501629	VI	CAFE	60.34	60.34			00/00/00		PLB	2

MEMORIAL MEDICAL CENTER

So Much. So Close!

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

Date: 10/4/2018
Invoice # 324
For: Sep-18

Bill To:
Calhoun County

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

Total $ 4,166.67

CFO 10/4/18

Diane Moore
CFO

APPROVED
ON
OCT - 9 2018
BY
CALHOUN COUNTY AUDITOR

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	2	1	6	13	2
September	3	0	3	13	0
October					
November					
December					
YTD					
Monthly Avg	2	2	3	17	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	8	6	0	63	$19,964.75
September	7	12	0	70	$18,233.94
October					
November					
December					
YTD PATIENT SAVINGS					$175,216.26
Monthly Avg	4	7	-	50	$19,468.47
					0
December 2017 Active		32			

PROSPERITY BANK®

Statement Date 9/30/2018
Account No

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

13125

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

09/01/2018	Beginning Balance				$4,302.55
	3 Deposits/Other Credits			+	$15,551.74
	9 Checks/Other Debits			-	$14,815.18
09/30/2018	Ending Balance	30	Days in Statement Period		$5,039.11
	Total Enclosures				11

DEPOSITS/OTHER CREDITS

Date	Description	Amount
09/07/2018	Deposit	$15,287.30
09/13/2018	Deposit	$260.00
09/30/2018	Accr Earning Pymt Added to Account	$4.44

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12149	09-21	$8,686.30	12153	09-21	$4,166.67	12157*	09-27	$215.38
12151*	09-25	$88.47	12154	09-21	$226.96	12158	09-27	$76.55
12152	09-26	$79.62	12155	09-25	$992.43	12159	09-25	$282.80

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DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
09-01	$4,302.55	09-21	$6,769.92	09-27	$5,034.67
09-07	$19,589.85	09-25	$5,406.22	09-30	$5,039.11
09-13	$19,849.85	09-26	$5,326.60		

101221 : 01312501

EARNINGS SUMMARY

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

Interest Paid This Period	$4.44	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$33.23	Days in Earnings Period	30