MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- November 20, 2019

by: CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Clinical Pathology Labs		57.48
ESS of Port Lavaca LLC		54.41
HEB Pharmacy (Medimpact) Pharmacy Reimbursement		200.19
Memorial Medical Center - Hospitalist		673.62
MMCenter (In-patient $ 0.00/ Out-patient $2,909.99 / ER $376.64)		3,286.63
Singleton Associates, PA		32.34
Victoria Eye Center		68.70
SUBTOTAL		**4,373.37**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	8,540.04
Co-pays adjustments for October 2019		**(170.00)**
Reimbursement from Medicaid		**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**8,370.04**

APPROVED

NOV 2 0 2019

[illegible] COUNTY
COMMISSIONERS COURT

00 0011202019 0 CALHOUN COUNTY, TEXAS

DATE: 11/20/2019

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			$8,370.04
	approved by Commissioners Court on 11/20/2019			
1000-001-46010	October 31, 2019 interest			($3.70)
				$8,366.34

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON NOV 13 2019 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] 11/20/19

DEPARTMENT HEAD DATE

©IHS
Issued 11/07/19

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 11/01/2019 through 11/01/2019
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	4,379.80	886.55
02	Prescription Drugs	200.19	200.19
14	Mmc - Hospital Outpatient	8,712.02	2,909.99
15	Mmc - Er Bills	1,177.00	376.64
	Expenditures	14,620.09	4,524.45
	Reimb/Adjustments	-151.08	-151.08
	Grand Total	**14,469.01**	**4,373.37**

EXPENSES	4,166.67 ✓
	$8,540.04
COPAYS	<170.00> ✓
	$8,370.04
MEDICAID REIMBURSEMENT	<0>
TOTAL	$8,370.04

APPROVED
ON
NOV 13 2019
BY
CALHOUN COUNTY AUDITOR

MEMORIAL MEDICAL CENTER

So Much...So Close!

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

Date: 11/7/2019
Invoice # 337
For: Oct-19

Bill To:
Calhoun County

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

Total $ 4,166.67

Diane Moore
CFO

APPROVED
ON
NOV 13 2019
BY
CALHOUN COUNTY AUDITOR

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	10/21/19	534493	IN	AETNA U S HEALTHCAR	139.02-	139.02-			00/00/00	RLT		2
50200.000	10/21/19	534496	IN	AETNA TRS CARE	51.00-	51.00-			00/00/00	RLT		2
50200.000	10/21/19	534498	IN	AETNA TRS CARE	533.62-	533.62-			00/00/00	RLT		2
50200.000	10/21/19	534500	IN	AETNA U S HEALTHCAR	108.95-	108.95-			00/00/00	RLT		2
50200.000	10/21/19	534507	IN	TML -GBRP CLAIMS	185.54-	185.54-			00/00/00	RLT		2
50200.000	10/21/19	534514	IN	ADVENT HEALTH STM	.00	.00			00/00/00	RLT		2
50200.000	10/22/19	534661	IN	CIGNA HEALTHCARE	157.29-	157.29-			00/00/00	RLT		2
50200.000	10/29/19	535289	IN	CIGNA HEALTHCARE	.00	.00			00/00/00	RLT		2
50200.000	10/29/19	535292	IN	CIGNA HEALTHCARE	.00	.00			00/00/00	RLT		2
50200.000	10/31/19	535514	IN	[redacted]	2287.35-	2287.35-			00/00/00	RLT		2
50200.000	10/31/19	535555	IN	CIGNA HEALTHCARE	26.75-	26.75-			00/00/00	RLT		2
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-341911.13						
50240.000	10/14/19	533853	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	10/15/19	533852	CA		10.00	10.00			00/00/00	CAS		2
50240.000	10/15/19	533854	CA		10.00-	10.00-			00/00/00	CAS		2
50240.000	10/25/19	534949	CA		10.00	10.00			00/00/00	CAS		2
50240.000	10/07/19	533233	CA		10.00	10.00			00/00/00	CSG		2
50240.000	10/01/19	532745	CA		10.00	10.00			00/00/00	PLB		2
50240.000	10/04/19	533029	CA		10.00	10.00			00/00/00	PLB		2
50240.000	10/14/19	533856	CA		10.00	10.00			00/00/00	PLB		2
50240.000	10/18/19	534276	CA		10.00	10.00			00/00/00	PLB		2
50240.000	10/21/19	534401	CA		10.00	10.00			00/00/00	PLB		2
50240.000	10/23/19	534680	CA		10.00	10.00			00/00/00	PLB		2
50240.000	10/24/19	534724	CA		10.00	10.00			00/00/00	PLB		2
50240.000	10/25/19	534884	CA		10.00	10.00			00/00/00	PLB		2
50240.000	10/25/19	534985	CA		10.00	10.00			00/00/00	PLB		2
50240.000	10/28/19	535097	CA		10.00	10.00			00/00/00	PLB		2
50240.000	10/30/19	535199	CA		10.00	10.00			00/00/00	PLB		2
50240.000	10/14/19	533828	CA		10.00	10.00			00/00/00	SP		2
50240.000	10/23/19	534656	CA		10.00	10.00			00/00/00	SP		2
50240.000	10/28/19	535071	CA		10.00	10.00			00/00/00	SP		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						170.00						
50510.000	10/03/19	533005	CA	CAFE	358.75	358.75			00/00/00	CAS		2
50510.000	10/03/19	533006	VI	CAFE	379.99	379.99			00/00/00	CAS		2
50510.000	10/03/19	533007	MC	CAFE	94.61	94.61			00/00/00	CAS		2
50510.000	10/03/19	533008	AE	CAFE	7.36	7.36			00/00/00	CAS		2
50510.000	10/03/19	533009	DS	CAFE	13.28	13.28			00/00/00	CAS		2
50510.000	10/11/19	533760	CA	CAFE	294.51	294.51			00/00/00	CAS		2
50510.000	10/11/19	533761	VI	CAFE	264.98	264.98			00/00/00	CAS		2
50510.000	10/11/19	533762	MC	CAFE	89.05	89.05			00/00/00	CAS		2
50510.000	10/11/19	533763	DS	CAFE	39.36	39.36			00/00/00	CAS		2
50510.000	10/15/19	533975	CA	CAFE	343.08	343.08			00/00/00	CAS		2
50510.000	10/15/19	533976	VI	CAFE	235.45	235.45			00/00/00	CAS		2
50510.000	10/15/19	533977	MC	CAFE	62.89	62.89			00/00/00	CAS		2
50510.000	10/16/19	534142	CA	CAFE	453.89	453.89			00/00/00	CAS		2
50510.000	10/16/19	534143	VI	CAFE	337.77	337.77			00/00/00	CAS		2
50510.000	10/16/19	534144	MC	CAFE	25.65	25.65			00/00/00	CAS		2
50510.000	10/16/19	534145	DS	CAFE	30.20	30.20			00/00/00	CAS		2
50510.000	10/18/19	534340	CA	CAFE	359.41	359.41			00/00/00	CAS		2
50510.000	10/18/19	534341	VI	CAFE	288.52	288.52			00/00/00	CAS		2

MEMORIAL MEDICAL CENTER
CHECK REQUEST

copy

PAY TO: CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 11/7/2019

MEMORIAL MEDICAL CENTER
RECEIVED
NOV 07 2019
ACCOUNTS PAYABLE

APPROVED ON NOV 15 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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 COPAYS FROM THE OPERATING ACCOUNT TO THE INDIGENT BANK ACCOUNT

REQUESTED BY: SARAH L. HENDERSON

AUTHORIZED BY:

Issued 11/07/19

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/01/2019 through 11/01/2019
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	68,515.50	8,234.92
01-2	Physician Services- Anesthesia	9,594.00	2,658.23
02	Prescription Drugs	2,627.52	2,627.52
08	Rural Health Clinics	17,569.14	15,806.70
11	Reimbursements	0.00	-4,535.15
13	Mmc - Inpatient Hospital	8,618.00	4,998.44
14	Mmc - Hospital Outpatient	261,108.99	84,095.79
15	Mmc - Er Bills	77,316.00	24,741.12
	Expenditures	446,185.52	144,080.61
	Reimb/Adjustments	-836.37	-5,453.04
	Grand Total	**445,349.15**	**138,627.57**

EXPENSES	$41,666.70
	$180,294.27
COPAYS	<1,940.00>
	$178,354.27
MEDICAID REIMBURSEMENT	<0>
	$178,354.27

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	1	19	8
September	3	0	4	18	12
October	6	3	6	15	7
November					
December					
YTD					
Monthly Avg	2	1	2	18	5
December 2018 Active		21			
Number of Charity patients				241	
Number of Charity patients below 100% FPL				153	

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	0	9	1	110	$9,677.53
October	2	12	1	111	$11,622.77
November					
December					
YTD PATIENT SAVINGS					$241,755.52
Monthly Avg	3	10	0	104	$24,175.55
					0
December 2018 Active		87			

PROSPERITY BANK®

Statement Date 10/31/2019
Account No

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

12924

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

10/01/2019	Beginning Balance				$5,408.04
	3 Deposits/Other Credits			+	$16,223.52
	12 Checks/Other Debits			-	$16,206.36
10/31/2019	Ending Balance	31	Days in Statement Period		$5,425.20
	Total Enclosures				14

DEPOSITS/OTHER CREDITS

Date	Description	Amount
10/04/2019	Deposit	$16,069.82
10/18/2019	Deposit	$150.00
10/31/2019	Accr Earning Pymt Added to Account	$3.70

August BS Sept Copy

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12281	10-17	$118.68	12285	10-16	$1,465.81	12289	10-23	$157.98
12282	10-11	$4,166.67	12286	10-25	$248.14	12290	10-15	$324.14
12283	10-11	$264.78	12287	10-21	$414.52	12291	10-21	$99.17
12284	10-11	$8,799.06	12288	10-18	$33.27	12292	10-18	$114.14

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102321 : 01292401

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
10-01	$5,408.04	10-16	$6,457.40	10-23	$5,669.64
10-04	$21,477.86	10-17	$6,338.72	10-25	$5,421.50
10-11	$8,247.35	10-18	$6,341.31	10-31	$5,425.20
10-15	$7,923.21	10-21	$5,827.62		

EARNINGS SUMMARY

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

Interest Paid This Period	$3.70	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$46.54	Days in Earnings Period	31
		Earnings Balance	$9,685.38