MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- November 28, 2018

by: CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic		233.65
Michelle M. Cummins MD		188.94
ESS of Port Lavaca LLC		436.82
HEB Pharmacy (Medimpact) Pharmacy Reimbursement		242.20
MMCenter (In-patient $9,648.62 / Out-patient $4,855.19/ ER $1,808.64)		16,312.45
Memorial Medical Clinic		1,331.62
Singleton Associates, PA		170.55
Victoria Eye Center		99.17
SUBTOTAL		**19,015.40**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	23,182.07
Co-pays adjustments for October 2018		**(180.00)**
Reimbursement from Medicaid		**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**23,002.07**

APPROVED

NOV 28 2018

CALHOUN COUNTY
COMMISSIONERS COURT

800 011282018 01 CALHOUN COUNTY, TEXAS

DATE: 11/28/2018

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			$23,002.07
	approved by Commissioners Court on 11/28/2018			
1000-001-46010	October 31, 2018 Interest			($4.68)
				$22,997.39

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON NOV 21 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: Mark J Rojek 11/28/18

DEPARTMENT HEAD DATE

©IHS
Issued 11/08/18

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 11/01/2018 through 11/01/2018
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	8,294.30	1,129.13
02	Prescription Drugs	298.87	242.20
08	Rural Health Clinics	1,340.00	1,331.62
13	Mmc - Inpatient Hospital	17,229.67	9,648.62
14	Mmc - Hospital Outpatient	15,008.88	4,855.19
15	Mmc - Er Bills	5,652.00	1,808.64
	Expenditures	47,842.07	19,033.75
	Reimb/Adjustments	-18.35	-18.35
	Grand Total	**47,823.72**	**19,015.40**

EXPENSES	4,166.67
	23,182.07
COPAYS	<180.00>
	23,002.07
MEDICAID REIMBURSEMENTS	<0>
TOTAL	23,002.07

APPROVED
ON
NOV 2 1 2018
BY
CALHOUN COUNTY AUDITOR

©IHS
Issued 11/15/18

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 01/30/2018 through 11/01/2018
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	56,677.34	8,288.53
01-2	Physician Services- Anesthesia	4,056.00	1,066.16
02	Prescription Drugs	2,639.49	2,354.35
05	Lab/X-Ray	331.00	79.39
08	Rural Health Clinics	13,715.60	12,223.09
11	Reimbursements	0.00	-2,792.98
13	Mmc - Inpatient Hospital	88,713.64	48,875.92
14	Mmc - Hospital Outpatient	187,909.24	60,931.40
15	Mmc - Er Bills	44,553.86	14,247.24
	Expenditures	399,054.01	148,523.92
	Reimb/Adjustments	-457.84	-3,250.82
	Grand Total	**398,596.17**	**145,273.10**

EXPENSES	41,666.70
	186,939.80
COPAYS	<2010.00>
YEAR TO DATE TOTAL	184,929.80

MEMORIAL MEDICAL CENTER

So Much...So Close!

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

Date: 11/5/2018
Invoice # 325
For: Oct-18

Bill To:
Calhoun County

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

Total $ 4,166.67

APPROVED
ON

NOV 2 1 2018

BY
CALHOUN COUNTY AUDITOR

Diane Moore
CFO

COPY

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 11/05/18

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

POSTED

APPROVED ON NOV 09 2018

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

AMOUNT: $180.00

GJ 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	10/23/18	505126	IN	CIGNA HEALTHCARE	76.40-	76.40-			00/00/00	RLT		2
50200.000	10/30/18	505623	IN	CIGNA HEALTHCARE	84.96-	84.96-			00/00/00	RLT		2
50200.000	10/30/18	505659	IN	UNITED HEALTHCARE	164.74-	164.74-			00/00/00	RLT		2
50200.000	10/30/18	505661	IN	UNITED HEALTHCARE	186.58-	186.58-			00/00/00	RLT		2
50200.000	10/30/18	505787	IN	CIGNA HEALTHCARE	205.00-	205.00-			00/00/00	RLT		2
50200.000	10/31/18	505823	IN	HUMANA	73.83-	73.83-			00/00/00	RLT		2
50200.000	10/31/18	505844	IN	UNITED HEALTHCARE	82.01-	82.01-			00/00/00	RLT		2
50200.000	10/31/18	505867	IN	UMR	125.42-	125.42-			00/00/00	RLT		2
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-444918.50						
50240.000	10/23/18	504886	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	10/02/18	503224	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/02/18	503307	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/02/18	503317	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/02/18	503331	CA	[redacted]	10.00-	10.00-			00/00/00	PLB		2
50240.000	10/03/18	503447	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/03/18	503467	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/05/18	503675	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/08/18	503746	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/11/18	504043	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/11/18	504087	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/12/18	504109	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/12/18	504114	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/12/18	504115	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/12/18	504116	CA	[redacted]	10.00-	10.00-			00/00/00	PLB		2
50240.000	10/12/18	504117	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/15/18	504237	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/15/18	504312	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/15/18	504313	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/16/18	504445	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/22/18	504821	CK	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/22/18	504822	VI	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	10/22/18	504823	CK	[redacted]	10.00-	10.00-			00/00/00	PLB		2
50240.000	10/30/18	505498	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						180.00						
50510.000	10/22/18	504852	VI	CAFE	434.39	434.39			00/00/00	CAS		2
50510.000	10/22/18	504853	MC	CAFE	47.89	47.89			00/00/00	CAS		2
50510.000	10/22/18	504854	AE	CAFE	22.99	22.99			00/00/00	CAS		2
50510.000	10/22/18	504855	CA	CAFE	449.91	449.91			00/00/00	CAS		2
50510.000	10/23/18	504900	MC	CAFE	10.77	10.77			00/00/00	CAS		2
50510.000	10/23/18	504901	VI	CAFE	25.49	25.49			00/00/00	CAS		2
50510.000	10/23/18	504902	CA	CAFE	74.46	74.46			00/00/00	CAS		2
50510.000	10/23/18	504904	CK	CAFE	20.49	20.49			00/00/00	CAS		2
50510.000	10/23/18	504905	MC	CAFE	12.95	12.95			00/00/00	CAS		2
50510.000	10/23/18	504906	VI	CAFE	89.37	89.37			00/00/00	CAS		2
50510.000	10/23/18	504908	CA	CAFE	107.44	107.44			00/00/00	CAS		2
50510.000	10/23/18	504939	DS	CAFE	5.40	5.40			00/00/00	CAS		2
50510.000	10/23/18	504940	AE	CAFE	10.14	10.14			00/00/00	CAS		2
50510.000	10/23/18	504941	VI	CAFE	329.48	329.48			00/00/00	CAS		2
50510.000	10/23/18	504942	MC	CAFE	94.49	94.49			00/00/00	CAS		2
50510.000	10/23/18	504944	CA	CAFE	408.00	408.00			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	2	1	6	13	2
September	3	0	3	13	0
October	5	0	1	17	3
November					
December					
YTD					
Monthly Avg	3	1	2	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	8	13	0	78	$30,486.80
November					
December					
YTD PATIENT SAVINGS					$205,703.06
Monthly Avg	5	8	-	53	$20,570.31 0
December 2017 Active		32			

PROSPERITY BANK®

Statement Date 10/31/2018
Account No

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

13332

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

10/01/2018	Beginning Balance				$5,039.11
	3 Deposits/Other Credits			+	$28,958.54
	13 Checks/Other Debits			-	$29,428.87
10/31/2018	Ending Balance	31	Days in Statement Period		$4,568.78
	Total Enclosures				15

DEPOSITS/OTHER CREDITS

Date	Description	Amount
10/03/2018	Deposit	$28,823.86
10/18/2018	Deposit	$130.00
10/31/2018	Accr Earning Pymt Added to Account	$4.68

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12146	10-02	$48.38	12162	10-11	$21,974.55	12167	10-12	$1,743.81
12150*	10-09	$93.46	12163	10-11	$4,166.67	12169*	10-15	$249.40
12156*	10-05	$391.96	12164	10-23	$233.65	12170	10-17	$65.22
12160*	10-09	$126.61	12165	10-16	$257.18			
12161	10-12	$33.27	12166	10-11	$44.71			

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
10-01	$5,039.11	10-11	$7,016.63	10-18	$4,797.75
10-02	$4,990.73	10-12	$5,239.55	10-23	$4,564.10
10-03	$33,814.59	10-15	$4,990.15	10-31	$4,568.78
10-05	$33,422.63	10-16	$4,732.97		
10-09	$33,202.56	10-17	$4,667.75		

EARNINGS SUMMARY

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

Interest Paid This Period	$4.68	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$37.91	Days in Earnings Period	31