MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- December 26, 2018

by: DC

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic		186.92
William J. Crowley D.O.		93.15
Michelle M. Cummins MD		248.14
Richard Arroyo-Diaz		48.38
ESS of Port Lavaca LLC		98.98
HEB Pharmacy (Medimpact) Pharmacy Reimbursement		290.04
Memorial Medical Center - Hospitalist		317.85
MMCenter (In-patient $ / Out-patient $269.01 / ER $421.44)		690.45
Memorial Medical Clinic		792.43
Port Lavaca Clinic		306.30
Singleton Associates, PA		67.35
Victoria Eye Center		114.67
SUBTOTAL		**3,254.66**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	7,421.33
Co-pays adjustments for November 2018		**(160.00)**
Reimbursement from Medicaid		**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**7,261.33**

APPROVED

DEC 2 6 2018

CALHOUN COUNTY
COMMISSIONERS COURT

800 012262018 01 CALHOUN COUNTY, TEXAS

DATE: 12/26/2018

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			$7,261.33
	approved by Commissioners Court on 12/26/2018			
1000-001-46010	November 30, 2018 interest			($2.57)
				$7,258.76

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON DEC 1 / 2018

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: Michael J. Pfeil 12/26/18

DEPARTMENT HEAD DATE

©IHS
Issued 12/05/18

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 12/01/2018 through 12/01/2018
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	6,066.28	1,175.44
02	Prescription Drugs	290.04	290.04
08	Rural Health Clinics	1,352.00	1,098.73
14	Mmc - Hospital Outpatient	568.00	269.01
15	Mmc - Er Bills	1,317.00	421.44
	Expenditures	9,645.43	3,306.77
	Reimb/Adjustments	-52.11	-52.11
	Grand Total	**9,593.32**	**3,254.66**

EXPENSES	4,166.67
	7,421.33
COPAYS	<160.00>
TOTAL	7261.33

APPROVED
ON

DEC 17 2018

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 01/31/2018 through 12/01/2018
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	62,743.62	9,463.97
01-2	Physician Services- Anesthesia	4,056.00	1,066.16
02	Prescription Drugs	2,929.53	2,644.39
05	Lab/X-Ray	331.00	79.39
08	Rural Health Clinics	15,067.60	13,321.82
11	Reimbursements	0.00	-2,792.98
13	Mmc - Inpatient Hospital	88,713.64	48,875.92
14	Mmc - Hospital Outpatient	188,477.24	61,200.41
15	Mmc - Er Bills	45,870.86	14,668.68
	Expenditures	408,699.44	151,830.69
	Reimb/Adjustments	-509.95	-3,302.93
	Grand Total	**408,189.49**	**148,527.76**

EXPENSES	45,833.37
	194,361.13
COPAYS	<2170.00>
YEAR TO DATE TOTAL	192,191.13

MEMORIAL MEDICAL CENTER

So Much...So Close!

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

Date: 12/6/2018
Invoice # 326
For: ~~Oct-18~~ NW-18 RC

Bill To:
Calhoun County

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

Total $ 4,166.67

WCH 65

Diane Moore
CFO

APPROVED ON
DEC 17 2018
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

Copy

PAY TO: CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 12/06/18

APPROVED ON DEC 13 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $160.00

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	COLL INIT	GL CODE	CASH ACCOUNT
50200.000	11/14/18	506834	IN	CIGNA HEALTHCARE	84.96-	84.96-			00/00/00	RLT		2
50200.000	11/16/18	506952	IN	CIGNA HEALTHCARE	166.71-	166.71-			00/00/00	RLT		2
50200.000	11/19/18	507088	IN	CIGNA HEALTHCARE	186.64-	186.64-			00/00/00	RLT		2
50200.000	11/20/18	507255	IN	CIGNA HEALTHCARE	70.83-	70.83-			00/00/00	RLT		2
50200.000	11/20/18	507284	IN	CIGNA HEALTHCARE	84.96-	84.96-			00/00/00	RLT		2
50200.000	11/26/18	507504	IN	CIGNA HEALTHCARE	26.75-	26.75-			00/00/00	RLT		2
50200.000	11/26/18	507523	IN	CIGNA HEALTHCARE	148.30-	148.30-			00/00/00	RLT		2
50200.000	11/26/18	507537	IN	CIGNA HEALTHCARE	70.19-	70.19-			00/00/00	RLT		2
50200.000	11/28/18	507762	IN	CIGNA HEALTHCARE	90.73-	90.73-			00/00/00	RLT		2
50200.000	11/28/18	507831	IN	UNITED HEALTHCARE	144.77-	144.77-			00/00/00	RLT		2
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-245835.14						
50240.000	11/29/18	507753	CA	[redacted]	10.00	10.00			00/00/00	ARK		2
50240.000	11/27/18	507520	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	11/12/18	506597	CA	[redacted]	10.00	10.00			00/00/00	FAG		2
50240.000	11/05/18	505987	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/05/18	506026	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/05/18	506073	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/06/18	506088	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/12/18	506644	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/13/18	506655	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/14/18	506756	VI	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/15/18	506797	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/15/18	506799	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/16/18	506927	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/19/18	506947	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/20/18	507117	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	11/28/18	507655	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						160.00						
50510.000	11/01/18	505846	VI	CAFE	194.13	194.13			00/00/00	PLB		2
50510.000	11/01/18	505847	MC	CAFE	29.59	29.59			00/00/00	PLB		2
50510.000	11/01/18	505848	CK	CAFE	31.38	31.38			00/00/00	PLB		2
50510.000	11/01/18	505849	CA	CAFE	250.70	250.70			00/00/00	PLB		2
50510.000	11/02/18	505944	VI	CAFE	238.46	238.46			00/00/00	PLB		2
50510.000	11/02/18	505945	MC	CAFE	61.02	61.02			00/00/00	PLB		2
50510.000	11/02/18	505946	CA	CAFE	345.13	345.13			00/00/00	PLB		2
50510.000	11/05/18	505999	VI	CAFE	446.53	446.53			00/00/00	PLB		2
50510.000	11/05/18	506000	MC	CAFE	82.62	82.62			00/00/00	PLB		2
50510.000	11/05/18	506001	AE	CAFE	16.38	16.38			00/00/00	PLB		2
50510.000	11/05/18	506002	CK	CAFE	13.37	13.37			00/00/00	PLB		2
50510.000	11/05/18	506003	CA	CAFE	462.74	462.74			00/00/00	PLB		2
50510.000	11/05/18	506036	VI	CAFE	31.62	31.62			00/00/00	PLB		2
50510.000	11/05/18	506037	MC	CAFE	29.66	29.66			00/00/00	PLB		2
50510.000	11/05/18	506038	CA	CAFE	72.64	72.64			00/00/00	PLB		2
50510.000	11/05/18	506040	VI	CAFE	72.65	72.65			00/00/00	PLB		2
50510.000	11/05/18	506041	MC	CAFE	14.32	14.32			00/00/00	PLB		2
50510.000	11/05/18	506042	CA	CAFE	67.39	67.39			00/00/00	PLB		2
50510.000	11/06/18	506170	VI	CAFE	155.71	155.71			00/00/00	PLB		2
50510.000	11/06/18	506171	MC	CAFE	39.58	39.58			00/00/00	PLB		2
50510.000	11/06/18	506172	DS	CAFE	6.31	6.31			00/00/00	PLB		2
50510.000	11/06/18	506173	CA	CAFE	244.07	244.07			00/00/00	PLB		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	3	0	0	20	4
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	6	20	0	84	$39,175.95
December					
YTD PATIENT SAVINGS					$244,879.01
Monthly Avg	5	9	-	56	$22,261.73
					0
December 2017 Active		32			

PROSPERITY BANK®

Statement Date 11/30/2018
Account No

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

13078

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

11/01/2018	Beginning Balance				$4,568.78
	3 Deposits/Other Credits			+	$10,488.15
	10 Checks/Other Debits			-	$10,524.28
11/30/2018	Ending Balance	30	Days in Statement Period		$4,532.65
	Total Enclosures				12

DEPOSITS/OTHER CREDITS

Date	Description	Amount
11/08/2018	Deposit	$10,305.58
11/20/2018	Deposit	$180.00
11/30/2018	Accr Earning Pymt Added to Account	$2.57

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12168	11-02	$350.80	12175	11-15	$4,779.14	12179	11-20	$100.24
12171*	11-15	$4,166.67	12176	11-15	$311.38	12180	11-30	$80.00
12173*	11-20	$63.88	12177	11-19	$495.81			
12174	11-21	$54.41	12178	11-23	$121.95			

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
11-01	$4,568.78	11-15	$5,266.37	11-21	$4,732.03
11-02	$4,217.98	11-19	$4,770.56	11-23	$4,610.08
11-08	$14,523.56	11-20	$4,786.44	11-30	$4,532.65

EARNINGS SUMMARY

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

Interest Paid This Period	$2.57	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$40.48	Days in Earnings Period	30

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101231 : 01307801