MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- January 22, 2020

by: CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

ESS of Port Lavaca LLC		54.41
HEB Pharmacy (Medimpact) Pharmacy Reimbursement		204.71
MMCenter (In-patient $ 0.00/ Out-patient $8,095.05/ ER $3,147.20)		11,242.25
Memorial Medical Clinic		1,031.62
MMC Professional Fees		1,313.40
Port Lavaca Clinic Associates		207.26
Singleton Associates, PA		103.72
Victoria Anesthesiology Assoc		157.30
Victoria Eye Center		68.70
SUBTOTAL		**14,383.37**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	18,550.04
Co-pays adjustments for December 2019		**(180.00)**
Reimbursement from Medicaid		**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**18,370.04**

APPROVED

JAN 2 2 2020

CALHOUN COUNTY
COMMISSIONERS COURT

00 0001222020 0 CALHOUN COUNTY, TEXAS

DATE: 1/22/2020

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			$18,370.04
	approved by Commissioners Court on 01/22/2020			
1000-001-46010	December 31, 2019 interest			($2.59)
				$18,367.45

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON JAN 13 2020 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: _____ 1/22/2020

DEPARTMENT HEAD DATE

MEMORIAL
MEDICAL CENTER

So Much...So Close!

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

Date: 1/8/2020
Invoice # 339
For: Dec-20

Bill To:
Calhoun County

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

Total $ 4,166.67

Diane Moore
CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

COPY

PAY TO: CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 1/8/2020

APPROVED ON JAN 09 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $180.00

G/L NUMBER: 50240000

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

REQUESTED BY: Caitlin Clevenger

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
50240.000	12/13/19	539229	CA	[redacted]	10.00	10.00			00/00/00	CJC		2
50240.000	12/02/19	538092	CA		10.00	10.00			00/00/00	GJV		2
50240.000	12/18/19	539736	CA		10.00	10.00			00/00/00	GJV		2
50240.000	12/31/19	540620	VI		10.00	10.00			00/00/00	MRP		2
50240.000	12/04/19	538230	CA		10.00	10.00			00/00/00	PLB		2
50240.000	12/05/19	538437	CK		10.00	10.00			00/00/00	PLB		2
50240.000	12/05/19	538438	CK		10.00	10.00			00/00/00	PLB		2
50240.000	12/09/19	538699	CA		10.00	10.00			00/00/00	PLB		2
50240.000	12/09/19	538740	CA		10.00	10.00			00/00/00	PLB		2
50240.000	12/13/19	539190	CA		10.00	10.00			00/00/00	PLB		2
50240.000	12/16/19	539304	CA		10.00	10.00			00/00/00	PLB		2
50240.000	12/17/19	539484	CA		10.00	10.00			00/00/00	PLB		2
50240.000	12/17/19	539506	CA		10.00	10.00			00/00/00	PLB		2
50240.000	12/18/19	539800	CA		10.00-	10.00-			00/00/00	PLB		2
50240.000	12/20/19	539801	CA		10.00	10.00			00/00/00	PLB		2
50240.000	12/23/19	539973	CA		10.00	10.00			00/00/00	PLB		2
50240.000	12/27/19	540227	CA		10.00	10.00			00/00/00	PLB		2
50240.000	12/27/19	540381	VI		10.00	10.00			00/00/00	PLB		2
50240.000	12/04/19	538346	CA		10.00	10.00			00/00/00	SP		2
50240.000	12/18/19	539623	CA		10.00	10.00			00/00/00	SP		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						180.00						
50510.000	12/05/19	538472	CA	CAFE	354.64	354.64			00/00/00	CAS		2
50510.000	12/05/19	538473	VI	CAFE	338.68	338.68			00/00/00	CAS		2
50510.000	12/05/19	538474	MC	CAFE	79.31	79.31			00/00/00	CAS		2
50510.000	12/05/19	538475	DS	CAFE	9.18	9.18			00/00/00	CAS		2
50510.000	12/11/19	539014	CA	CAFE	306.56	306.56			00/00/00	CAS		2
50510.000	12/11/19	539015	VI	CAFE	282.07	282.07			00/00/00	CAS		2
50510.000	12/11/19	539016	MC	CAFE	29.44	29.44			00/00/00	CAS		2
50510.000	12/11/19	539017	DS	CAFE	9.48	9.48			00/00/00	CAS		2
50510.000	12/11/19	539018	AE	CAFE	39.36	39.36			00/00/00	CAS		2
50510.000	12/13/19	539236	CA	CAFE	240.45	240.45			00/00/00	CAS		2
50510.000	12/13/19	539237	VI	CAFE	273.65	273.65			00/00/00	CAS		2
50510.000	12/13/19	539238	MC	CAFE	81.08	81.08			00/00/00	CAS		2
50510.000	12/13/19	539239	AE	CAFE	31.80	31.80			00/00/00	CAS		2
50510.000	12/13/19	539240	DS	CAFE	16.17	16.17			00/00/00	CAS		2
50510.000	12/19/19	539756	CA	CAFE	196.09	196.09			00/00/00	CAS		2
50510.000	12/19/19	539757	DS	CAFE	38.59	38.59			00/00/00	CAS		2
50510.000	12/19/19	539758	VI	CAFE	118.37	118.37			00/00/00	CAS		2
50510.000	12/19/19	539759	MC	CAFE	24.15	24.15			00/00/00	CAS		2
50510.000	12/27/19	540278	CA	CAFE	214.55	214.55			00/00/00	CAS		2
50510.000	12/27/19	540279	VI	CAFE	177.32	177.32			00/00/00	CAS		2
50510.000	12/27/19	540280	MC	CAFE	27.56	27.56			00/00/00	CAS		2
50510.000	12/27/19	540281	DS	CAFE	9.49	9.49			00/00/00	CAS		2
50510.000	12/30/19	540415	CA	CAFE	62.08	62.08			00/00/00	CAS		2
50510.000	12/30/19	540416	VI	CAFE	43.03	43.03			00/00/00	CAS		2
50510.000	12/30/19	540417	MC	CAFE	9.16	9.16			00/00/00	CAS		2
50510.000	12/30/19	540419	CA	CAFE	102.28	102.28			00/00/00	CAS		2
50510.000	12/30/19	540420	VI	CAFE	78.32	78.32			00/00/00	CAS		2
50510.000	12/30/19	540421	MC	CAFE	19.41	19.41			00/00/00	CAS		2
50510.000	12/31/19	540481	CA	CAFE	372.41	372.41			00/00/00	CAS		2
50510.000	12/31/19	540482	VI	CAFE	246.29	246.29			00/00/00	CAS		2

©IHS
Issued 01/10/20

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 12/31/2019 through 12/31/2019
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	9,014.68	1,540.23
01-2	Physician Services- Anesthesia	546.00	157.30
02	Prescription Drugs	204.71	204.71
08	Rural Health Clinics	1,532.00	1,238.88
14	Mmc - Hospital Outpatient	25,078.91	8,095.05
15	Mmc - Er Bills	9,835.00	3,147.20
	Expenditures	46,429.48	14,601.55
	Reimb/Adjustments	-218.18	-218.18
	Grand Total	**46,211.30**	**14,383.37**

EXPENSES	4,166.67
	18,550.04
COPAYS	<180.00>
TOTAL	**18,370.04**

©IHS
Issued 01/10/20

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/01/2019 through 12/31/2019
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	81,150.98	10,257.85
01-2	Physician Services- Anesthesia	10,686.00	2,964.89
02	Prescription Drugs	3,080.75	3,080.75
08	Rural Health Clinics	21,345.14	19,123.46
11	Reimbursements	0.00	-4,535.15
13	Mmc - Inpatient Hospital	8,618.00	4,998.44
14	Mmc - Hospital Outpatient	296,901.91	95,619.32
15	Mmc - Er Bills	86,065.00	27,540.80
	Expenditures	510,011.13	165,091.90
	Reimb/Adjustments	-2,163.35	-6,041.54
	Grand Total	**507,847.78**	**159,050.36**

EXPENSES	50,000.01
	209,050.37
COPAYS	<2,230.00>
TOTAL	**206,820.37**

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	3	0	4	18	12
October	6	3	6	15	7
November	3	1	1	16	4
December	3	1	0	18	4
YTD					
Monthly Avg	2	1	2	18	5
December 2018 Active		21			
Number of Charity patients				235	
Number of Charity patients below 100% FPL				148	

Calhoun County Pharmacy Assistance Patient Caseload 2019

	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	1	10	0	112	$16,804.00
December	0	2	0	112	$1,159.74
YTD PATIENT SAVINGS					
Monthly Avg	3	10	0	106	$21,643.27
					0
December 2018 Active		87			

PROSPERITY BANK®

Statement Date 12/31/2019
Account No

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

12872

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

12/01/2019	Beginning Balance				$5,596.62
	4 Deposits/Other Credits			+	$18,571.32
	9 Checks/Other Debits			-	$8,643.67
12/31/2019	Ending Balance	31	Days in Statement Period		$15,524.27
	Total Enclosures				12

DEPOSITS/OTHER CREDITS

Date	Description	Amount
12/03/2019	Deposit	$8,366.34 Oct PO
12/18/2019	Deposit	$110.00 Nov Co pay
12/30/2019	Deposit	$10,092.39 Nov PO
12/31/2019	Accr Earning Pymt Added to Account	$2.59

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12299	12-05	$103.63	12305	12-05	$4,166.67	12308	12-11	$673.62
12303*	12-09	$57.48	12306	12-05	$200.19	12309	12-10	$32.34
12304	12-16	$54.41	12307	12-05	$3,286.63	12310	12-12	$68.70

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
12-01	$5,596.62	12-10	$6,116.02	12-18	$5,429.29
12-03	$13,962.96	12-11	$5,442.40	12-30	$15,521.68
12-05	$6,205.84	12-12	$5,373.70	12-31	$15,524.27
12-09	$6,148.36	12-16	$5,319.29		

EARNINGS SUMMARY

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

Interest Paid This Period	$2.59	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$52.83	Days in Earnings Period	31
		Earnings Balance	$6,773.47

0000

101041 : 01287201

Year	Month	Copay	Earnings	Total Indigent Expenses	Payroll	Operating	PO-Check	Medicaid Reimbursements
2019	January	(250.00)	(2.66)	$18,856.50	4,166.67	14,689.83	$18,603.84	-
2019	Feb	(210.00)	(3.03)	11,099.76	4,166.67	6,933.09	$10,805.21	(81.52)
2019	Mar	(270.00)	(6.96)	29,254.93	4,166.67	25,088.26	$28,977.97	-
2019	Apr	(200.00)	(2.83)	25,488.11	4,166.67	21,321.44	$25,285.28	-
2019	May	(190.00)	(7.04)	18,753.68	4,166.67	14,587.01	$18,556.64	-
2019	June	(190.00)	(5.88)	24,487.51	4,166.67	20,320.84	$24,291.63	-
2019	July	(180.00)	(5.26)	16,085.08	4,166.67	11,918.41	$11,364.67	(4,535.15)
2019	August	(130.00)	(6.54)	16,206.36	4,166.67	12,039.69	$16,069.82	-
2019	September	(150.00)	(2.64)	16,138.97	4,166.67	11,972.30	$15,986.33	-
2019	October	(170.00)	(3.70)	8,540.04	4,166.67	4,373.37	$8,366.34	-
2019	November	(110.00)	(3.70)	10,206.09	4,166.67	6,039.42	$10,092.39	-
2019	December	(180.00)	(2.59)	18,550.04	4,166.67	14,383.37	$18,367.45	
		(2,230.00)	(52.83)	213,667.07	50,000.04	163,667.03	206,767.57	(4,616.67)
2019 Budget Balance					(0.04)	436,332.97	393,232.43	