MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- February 26, 2020

by: CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

ESS of Port Lavaca LLC		98.98
HEB Pharmacy (Medimpact) Pharmacy Reimbursement		185.57
MMCenter (In-patient $ 0.00/ Out-patient $4,072.51/ ER $0.00)		4,072.51
Memorial Medical Clinic		1,463.24
Port Lavaca Clinic Associates		103.63
Singleton Associates, PA		129.10
Victoria Anesthesiology Assoc		165.25
SUBTOTAL		**6,218.28**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	10,384.95
Co-pays adjustments for January 2020		**(170.00)**
Reimbursement from Medicaid		**0.00**

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	**10,214.95**

APPROVED

FEB 2 6 2020

CALHOUN COUNTY
COMMISSIONERS COURT

00 0002262020 0 CALHOUN COUNTY, TEXAS

DATE: 2/26/2020

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			$10,214.95
	approved by Commissioners Court on 02/26/2020			
1000-001-46010	January 31, 2020 interest			($3.13)
				$10,211.82

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON FEB 14 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: [signature] 2/26/2020

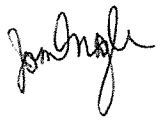
DEPARTMENT HEAD DATE

©IHS
Issued 02/13/20

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/01/2020 through 02/01/2020
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	3,866.00	228.08
01-2	Physician Services- Anesthesia	546.00	165.25
02	Prescription Drugs	185.57	185.57
08	Rural Health Clinics	2,097.00	1,566.87
14	Mmc - Hospital Outpatient	12,570.00	4,072.51
	Expenditures	19,337.76	6,291.47
	Reimb/Adjustments	-73.19	-73.19
	Grand Total	**19,264.57**	**6,218.28**
		EXPENSES	4,166.67
			10,384.95
		COPAYS	<170.00>
		TOTAL	**10,214.95**



Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/01/2020 through 02/01/2020
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	3,866.00	228.08
01-2	Physician Services- Anesthesia	546.00	165.25
02	Prescription Drugs	185.57	185.57
08	Rural Health Clinics	2,097.00	1,566.87
14	Mmc - Hospital Outpatient	12,570.00	4,072.51
	Expenditures	19,337.76	6,291.47
	Reimb/Adjustments	-73.19	-73.19
	Grand Total	**19,264.57**	**6,218.28**

Source Totals Report Detail

Invoice #	Source	DOS	Amount Billed	Amount Paid
003993*74168*14	01	01/06/2020	97.00	6.68
006120*81524*4	01	11/29/2019	1,697.00	98.98
006469*74168*15	01	12/26/2019	130.00	8.55
006642*74168*3	01	12/18/2019	500.00	38.22
006469*74168*16	01	01/13/2020	592.00	29.94
006469*74168*16	01	01/13/2020	455.00	16.84
006566*74168*4	01	12/27/2019	235.00	28.87
006566*74168*4	01	12/27/2019	160.00	0.00
6 invoices, 8 line items			**3,866.00**	**228.08**
006120*10081*5	01-2	10/25/2019	546.00	165.25
1 invoices, 1 line items			**546.00**	**165.25**
00*00815*67	02	10/18/2019	12.46	12.46
00*00815*68	02	01/10/2020	13.35	13.35
003993*00815*68	02	10/24/2019	16.56	16.56
003993*00815*69	02	10/25/2019	4.00	4.00
003993*00815*70	02	01/01/2020	-30.00	-30.00
004657*00815*4	02	10/23/2019	12.00	12.00
004657*00815*5	02	10/18/2019	2.81	2.81
004657*00815*6	02	10/18/2019	4.00	4.00
005622*00815*13	02	10/24/2019	10.28	10.28
005622*00815*14	02	01/13/2020	9.25	9.25
005622*00815*15	02	01/07/2020	10.28	10.28
005622*00815*16	02	01/13/2020	3.28	3.28
006120*00815*25	02	01/20/2020	17.94	17.94
006574*00815*26	02	10/24/2019	27.40	27.40
006574*00815*27	02	10/24/2019	-27.40	-27.40
006574*00815*28	02	10/24/2019	5.80	5.80
006574*00815*29	02	10/15/2019	6.35	6.35
006574*00815*30	02	10/24/2019	13.41	13.41
006668*00815*106	02	01/10/2020	10.28	10.28
006668*00815*107	02	01/21/2020	5.45	5.45
006668*00815*108	02	01/21/2020	3.66	3.66

006674*00815*50	02	01/14/2020	4.85	4.85
006674*00815*51	02	01/14/2020	4.00	4.00
006674*00815*52	02	01/14/2020	-4.85	-4.85
006674*00815*53	02	01/17/2020	4.85	4.85
006674*00815*54	02	01/14/2020	21.15	21.15
006682*00815*119	02	10/25/2019	5.55	5.55
006682*00815*120	02	01/23/2020	8.97	8.97
006682*00815*121	02	01/11/2020	5.47	5.47
006682*00815*122	02	01/11/2020	-5.47	-5.47
006682*00815*123	02	01/11/2020	5.47	5.47
006682*00815*124	02	01/23/2020	4.42	4.42
006682*00815*125	02	01/10/2020	-5.47	-5.47
006682*00815*126	02	01/10/2020	5.47	5.47
34 invoices, 34 line items			**185.57**	**185.57**
003993*10825*37	08	12/31/2019	275.00	135.81
003993*10825*38	08	01/06/2020	80.00	80.00
004825*10825*8	08	01/08/2020	224.00	135.81
004825*10825*9	08	01/13/2020	80.00	80.00
004825*10825*10	08	01/31/2020	120.00	120.00
005132*10825*29	08	01/07/2020	120.00	120.00
006120*10825*56	08	01/20/2020	80.00	80.00
006120*10825*57	08	01/28/2020	120.00	120.00
006469*10825*40	08	01/07/2020	80.00	80.00
006469*10825*41	08	01/14/2020	80.00	80.00
006642*10825*13	08	01/10/2020	80.00	80.00
006668*10825*26	08	01/21/2020	80.00	80.00
006674*10073*16	08	01/17/2020	166.00	103.63
006727*10825*43	08	01/02/2020	275.00	135.81
006734*10825*4	08	11/29/2019	237.00	135.81
15 invoices, 15 line items			**2,097.00**	**1,566.87**
003993*10091*103	14	01/06/2020	284.00	90.88
004538*10091*18	14	12/05/2019	47.00	30.25
004825*10091*9	14	12/03/2019	2,489.00	796.48
006120*10091*73	14	12/01/2019	4,506.00	1,441.92
006120*10091*74	14	01/24/2020	446.00	142.72
006120*10091*75	14	01/21/2020	553.00	176.96
006469*10091*59	14	12/26/2019	819.00	262.08
006469*10091*60	14	01/13/2020	718.00	229.76
006519*10091*17	14	12/13/2019	40.00	30.25
006566*10091*30	14	12/27/2019	325.00	104.00
006642*10091*22	14	12/06/2019	40.00	30.25
006668*10091*57	14	01/23/2020	658.00	210.56
006734*10091*15	14	10/31/2019	1,645.00	526.40
13 invoices, 13 line items			**12,570.00**	**4,072.51**
Grand Totals			**19,264.57**	**6,218.28**

69 invoices listed.
71 line items listed.

MEMORIAL MEDICAL CENTER

So Much...So Close!

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

Date: 2/7/2020
Invoice # 340
For: Jan-20

Bill To:
Calhoun County

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

Total $ 4,166.67

Jason Anglin
CEO

APPROVED
ON
FEB 14 2020
BY
CALHOUN COUNTY AUDITOR

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Calhoun County Indigent Account

Date Requested: 2/7/20

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 co-pays from the operating account to the indigent bank account.

January, 2020

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

G/L NUMBER	RECEIPT DATE	PAY NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50240.000	01/03/20	540784	CA	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	01/08/20	541170	CA	[redacted]	10.00	10.00			00/00/00	GJV		2
50240.000	01/06/20	541093	VI	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/08/20	541190	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/09/20	541242	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/13/20	541682	VI	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/15/20	541842	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/20/20	542283	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/20/20	542375	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/21/20	542642	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/21/20	542643	CA	[redacted]	10.00-	10.00-			00/00/00	PLB		2
50240.000	01/22/20	542644	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/28/20	543116	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/29/20	543162	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/29/20	543310	VI	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/29/20	543311	VI	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/31/20	543364	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	01/13/20	541528	CA	[redacted]	10.00	10.00			00/00/00	SP		2
50240.000	01/13/20	541528	CA	[redacted]	10.00	10.00			00/00/00	SP		2

TOTAL 50240.000 COUNTY INDIGENT COPAYS 170.00

Calhoun County Indigent Care Patient Caseload 2020

	Approved	Denied	Removed	Active	Pending
January	0	2	1	17	2
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD					
Monthly Avg	-	2	1	17	2
December 2019 Active		18			
Number of Charity patients				218	
Number of Charity patients below 100% FPL				124	

Calhoun County Pharmacy Assistance Patient Caseload 2019

	Approved	Refills	Removed	Active	Value
January	0	2	0	114	$1,498.00
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD PATIENT SAVINGS					
Monthly Avg	-	2	-	114	$1,498.00
					0
December 2019 Active		112			

PROSPERITY BANK®

Statement Date 1/31/2020
Account No

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

12828

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

01/01/2020	Beginning Balance				$15,524.27
	2 Deposits/Other Credits			+	$183.13
	9 Checks/Other Debits			-	$10,206.09
01/31/2020	Ending Balance	31	Days in Statement Period		$5,501.31
	Total Enclosures				10

DEPOSITS/OTHER CREDITS

Date	Description	Amount
01/15/2020	Deposit	$180.00
01/31/2020	Accr Earning Pymt Added to Account	$3.13

Dec. Copy

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12298	01-03	$46.73	12313	01-08	$3,080.96	12316	01-14	$207.26
12311*	01-08	$4,166.67	12314	01-15	$1,870.62	12317	01-13	$24.59
12312	01-08	$248.52	12315	01-10	$411.38	12318	01-10	$149.36

0000

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
01-01	$15,524.27	01-10	$7,420.65	01-15	$5,498.18
01-03	$15,477.54	01-13	$7,396.06	01-31	$5,501.31
01-08	$7,981.39	01-14	$7,188.80		

101061 : 01282801

EARNINGS SUMMARY

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

Interest Paid This Period	$3.13	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$3.13	Days in Earnings Period	31
		Earnings Balance	$8,216.61