

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- April 21, 2021

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

ESS of Port Lavaca LLC	98.98
HEB Pharmacy (Medimpact) Pharmacy Reimbursement	116.20
MMCenter (In-patient \$0/ Out-patient \$2,904.02/ ER \$1,291.52)	4,195.54
Memorial Medical Clinic	360.00
Singleton Associates, PA	29.67
Victoria Anesthesiology Assoc	115.99

SUBTOTAL		4,916.38
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		4,166.67
	Subtotal	9,083.05
Co-pays adjustments for March 2021		(100.00)
Reimbursement from Medicaid		0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	8,983.05
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APPROVED

APR 21 2021

**CALHOUN COUNTY
COMMISSIONERS COURT**

00 000004212021	CALHOUN COUNTY, TEXAS
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DATE: 4/21/2021

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 approved by Commissioners Court on 04/21/2021			\$8,983.05
1000-001-46010	March 31, 2021 Interest			(\$2.31)
				\$8,980.74

COUNTY AUDITOR APPROVAL ONLY APR 12 2021 CALHOUN COUNTY AUDITOR BY: <i>[Signature]</i>	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: <i>[Signature]</i>	4/21/2021
	DEPARTMENT HEAD	DATE



PROSPERITY BANK®

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

Statement Date 3/31/2021
 Account No ****4551
 Page 1 of 2

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STATEMENT SUMMARY

Public Fund Contractual Ckg w Int Account No ****4551

03/01/2021	Beginning Balance			\$5,496.78
	3 Deposits/Other Credits	+		\$11,287.98
	6 Checks/Other Debits	-		\$11,317.93
03/31/2021	Ending Balance	31	Days in Statement Period	\$5,466.83
	Total Enclosures			8

DEPOSITS/OTHER CREDITS

Date	Description	Amount
03/09/2021	Deposit	\$11,225.67
03/18/2021	Deposit	\$60.00
03/31/2021	Accr Earning Pymt Added to Account	\$2.31

Jan-Feb C
 Feb Copy

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12439	03-10	\$4,166.67	12441	03-10	\$5,916.16	12443	03-18	\$170.27
12440	03-10	\$97.88	12442	03-16	\$960.00	12444	03-18	\$6.95

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
03-01	\$5,496.78	03-10	\$6,541.74	03-18	\$5,464.52
03-09	\$16,722.45	03-16	\$5,581.74	03-31	\$5,466.83

EARNINGS SUMMARY

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

Interest Paid This Period	\$2.31	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	\$6.59	Days in Earnings Period	31
		Earnings Balance	\$6,052.06

MEMBER FDIC



NYSE Symbol "PB"

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101081 : 01351001

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 04/01/2021 through 04/01/2021
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	2,224.00	128.65 ✓
01-2	Physician Services- Anesthesia	546.00	115.99 ✓
02	Prescription Drugs	116.20	116.20 ✓
08	Rural Health Clinics	360.00	360.00 ✓
14	Mmc - Hospital Outpatient	9,012.02	2,904.02 ✓
15	Mmc - Er Bills	4,036.00	1,291.52 ✓
Expenditures		16,322.77	4,944.93
Reimb/Adjustments		-28.55	-28.55
Grand Total		16,294.22	4,916.38

EXPENSES 4,166.67 ✓

9,083.05

COPAYS <100.00> ✓

TOTAL 8,983.05



APPROVED
ON

APR 12 2021

BY
CALHOUN COUNTY AUDITOR

©IHS
Issued 04/06/21

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2021 through 04/01/2021
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	7,955.00	797.97
01-2	Physician Services- Anesthesia	546.00	115.99
02	Prescription Drugs	330.12	330.12
08	Rural Health Clinics	2,028.00	2,004.81
14	Mmc - Hospital Outpatient	30,862.04	9,930.92
15	Mmc - Er Bills	10,580.00	3,385.60
	Expenditures	52,393.10	16,657.35
	Reimb/Adjustments	-91.94	-91.94
	Grand Total	52,301.16	16,565.41
		EXPENSES	12,500.01
			29,065.42
		COPAYS	<250.00>
		TOTAL	28,815.42



50240.000 03/02/21	10.00	10.00	00/00/00 PLB	2
50240.000 03/08/21	10.00	10.00	00/00/00 PLB	2
50240.000 03/09/21	10.00	10.00	00/00/00 PLB	2
50240.000 03/11/21	10.00	10.00	00/00/00 PLB	2
50240.000 03/16/21	10.00	10.00	00/00/00 PLB	2
50240.000 03/17/21	10.00	10.00	00/00/00 PLB	2
50240.000 03/24/21	10.00	10.00	00/00/00 PLB	2
50240.000 03/24/21	10.00	10.00	00/00/00 PLB	2
50240.000 03/24/21	10.00	10.00	00/00/00 PLB	2
50240.000 03/30/21	10.00	10.00	00/00/00 PLB	2

****TOTAL**** 50240.000 COUNTY INDIGENT COPAYS

100.00





Calhoun County Indigent Care Patient Caseload 2021

	Approved	Denied	Removed	Active	Pending
January	2	0	0	11	5
February	0	0	0	11	7
March	1	1	2	10	5
April					
May					
June					
July					
August					
September					
October					
November					
December					

YTD

Monthly Avg	1	0	1	11	6
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December 2020 Active	9
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Number of Charity patients	212
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Number of Charity patients below 100% FPL	73
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Calhoun County Pharmacy Assistance Patient Caseload 2019

	Approved	Refills	Removed	Active	Value
January	7	0	0	7	\$8,589.00
February	4	0	0	11	\$10,869.00
March	2	6	1	12	\$14,515.00
April					
May					
June					
July					
August					
September					
October					
November					
December					

YTD PATIENT SAVINGS	\$33,973.00
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Monthly Avg	4	2	0	10	\$11,324.33
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December 2020 Active	87
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