MEMORIAL MEDICAL CENTER

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

by:DC

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Cardiovascular Associates of Victoria		54.41
William J. Crowley D.O.		146.64
HEB Pharmacy (Medimpact) Pharmacy Reimbursement		234.77
MMCenter (In-patient $12,427.68/ Out-patient $8,017.62/ ER $1,542.72)		21,988.02
Memorial Medical Clinic		1,735.81
MMC Professional Fees		95.43
Port Lavaca Clinic Associates		207.26
Singleton Associates, PA		313.30
Victoria Eye Center		68.70
SUBTOTAL		**24,844.34**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	29,011.01
Co-pays adjustments for March 2020		**(120.00)**
Reimbursement from Medicaid		**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**28,891.01**

APPROVED

APR 2 2 2020

CALHOUN COUNTY
COMMISSIONERS COURT

00 00004222020 0 CALHOUN COUNTY, TEXAS

DATE: 4/22/2020

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			$28,891.01
	approved by Commissioners Court on 04/22/2020			
1000-001-46010	March 31, 2020 interest			($2.48)
				$28,888.53

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON APR 20 2020

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: _____ 4/22/2020

DEPARTMENT HEAD DATE

Issued 04/01/20

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 04/01/2020 through 04/01/2020
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	6,009.03	678.48
02	Prescription Drugs	234.77	234.77
08	Rural Health Clinics	2,095.00	1,943.07
13	Mmc - Inpatient Hospital	25,891.01	12,427.68
14	Mmc - Hospital Outpatient	24,946.02	8,017.62
15	Mmc - Er Bills	4,821.00	1,542.72
	Expenditures	64,118.12	24,965.63
	Reimb/Adjustments	-121.29	-121.29
	Grand Total	**63,996.83**	**24,844.34**

EXPENSES	4,166.67
	29,011.01
COPAYS	<120.00>
TOTAL	**28,891.01**

MEMORIAL MEDICAL CENTER

So Much. So Close!

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

Date: 4/8/2020
Invoice # 342
For: Mar-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
APR 20 2020
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Copy

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Calhoun County Indigent Account

Date Requested: 4/8/20

APPROVED ON APR 13 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $120.00

G/L NUMBER: 50240000

EXPLANATION: To transfer indigent co-pays from the operating account to the indigent bank account.

March, 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
50200.000	03/20/20	548796	IN	CIGNA HEALTHCARE	48.79-	48.79-			00/00/00	RLT		2
50200.000	03/20/20	548812	IN	CIGNA HEALTHCARE	108.28-	108.28-			00/00/00	RLT		2
50200.000	03/23/20	548869	IN	UMR	230.05-	230.05-			00/00/00	RLT		2
50200.000	03/23/20	548871	IN	TML -GBRP CLAIMS	62.40-	62.40-			00/00/00	RLT		2
50200.000	03/23/20	548892	IN	AXIS	138.00-	138.00-			00/00/00	RLT		2
50200.000	03/23/20	548895	IN	PAN AMERICAN LIFE	305.20-	305.20-			00/00/00	RLT		2
50200.000	03/24/20	549025	IN	CIGNA HEALTHCARE	601.13-	601.13-			00/00/00	RLT		2
50200.000	03/24/20	549036	IN	CIGNA HEALTHCARE	22.68-	22.68-			00/00/00	RLT		2
50200.000	03/26/20	549215	IN	AETNA-DOW CHEMICAL	.00	.00			00/00/00	RLT		2
50200.000	03/26/20	549217	IN	AETNA-DOW CHEMICAL	.00	.00			00/00/00	RLT		2
50200.000	03/27/20	549296	IN	CIGNA HEALTHCARE	.00	.00			00/00/00	RLT		2
50200.000	03/30/20	549448	IN	CIGNA HEALTHCARE	.00	.00			00/00/00	RLT		2
50200.000	03/30/20	549473	IN	CIGNA HEALTHCARE	198.16-	198.16-			00/00/00	RLT		2
50200.000	03/30/20	549475	IN	AETNA	720.00-	720.00-			00/00/00	RLT		2
50200.000	03/30/20	549477	IN	CIGNA HEALTHCARE	92.66-	92.66-			00/00/00	RLT		2
50200.000	03/30/20	549479	IN	CIGNA HEALTHCARE	80.46-	80.46-			00/00/00	RLT		2
50200.000	03/30/20	549481	IN	CIGNA HEALTHCARE	64.20-	64.20-			00/00/00	RLT		2
50200.000	03/31/20	549511	IN	MEDI-SHARE	124.80-	124.80-			00/00/00	RLT		2
50200.000	03/31/20	549532	IN	TML -GBRP CLAIMS	238.34-	238.34-			00/00/00	RLT		2
50200.000	03/31/20	549534	IN	TML -GBRP CLAIMS	.00	.00			00/00/00	RLT		2
50200.000	03/31/20	549536	IN	MEDI-SHARE	48.75-	48.75-			00/00/00	RLT		2
50200.000	03/31/20	549546	IN	UNITED AMERICAN INS	.00	.00			00/00/00	RLT		2
50200.000	03/31/20	549561	IN	TML -GBRP CLAIMS	97.55-	97.55-			00/00/00	RLT		2
50200.000	03/31/20	549575	IN	DEPARTMENT OF VETER	8.00-	8.00-			00/00/00	RLT		2
50200.000	03/31/20	549600	IN	UNITED HEALTHCARE	103.58-	103.58-			00/00/00	RLT		2
50200.000	03/31/20	549602	IN	UNITED HEALTHCARE	70.10-	70.10-			00/00/00	RLT		2
50200.000	03/31/20	549604	IN	UNITED HEALTHCARE	226.30-	226.30-			00/00/00	RLT		2
50200.000	03/31/20	549606	IN	UNITED HEALTHCARE	84.03-	84.03-			00/00/00	RLT		2
50200.000	03/31/20	549608	IN	UNITED HEALTHCARE	3655.75-	3655.75-			00/00/00	RLT		2
50200.000	03/31/20	549610	IN	CIGNA HEALTHCARE	64.20-	64.20-			00/00/00	RLT		2
50200.000	03/31/20	549612	IN	CIGNA HEALTHCARE	26.75-	26.75-			00/00/00	RLT		2
50200.000	03/31/20	549614	IN	CIGNA HEALTHCARE	99.80-	99.80-			00/00/00	RLT		2
50200.000	03/31/20	549616	IN	CIGNA HEALTHCARE	78.11-	78.11-			00/00/00	RLT		2
50200.000	03/31/20	549618	IN	CIGNA HEALTHCARE	60.78-	60.78-			00/00/00	RLT		2
50200.000	03/31/20	549620	IN	CIGNA HEALTHCARE	170.98-	170.98-			00/00/00	RLT		2
50200.000	03/31/20	549622	IN	CIGNA HEALTHCARE	401.15-	401.15-			00/00/00	RLT		2
50200.000	03/31/20	549624	IN	CIGNA HEALTHCARE	76.40-	76.40-			00/00/00	RLT		2
50200.000	03/31/20	549626	IN	CIGNA HEALTHCARE	157.93-	157.93-			00/00/00	RLT		2
50200.000	03/31/20	549628	IN	CIGNA HEALTHCARE	151.06-	151.06-			00/00/00	RLT		2
50200.000	03/31/20	549630	IN	CIGNA HEALTHCARE	74.47-	74.47-			00/00/00	RLT		2
50200.000	03/31/20	549632	IN	CIGNA HEALTHCARE	95.44-	95.44-			00/00/00	RLT		2
50200.000	03/31/20	549634	IN	CIGNA HEALTHCARE	26.75-	26.75-			00/00/00	RLT		2
50200.000	03/31/20	549636	IN	CIGNA HEALTHCARE	41.94-	41.94-			00/00/00	RLT		2
50200.000	03/31/20	549638	IN	CIGNA HEALTHCARE	201.37-	201.37-			00/00/00	RLT		2
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-285944.18						
50240.000	03/10/20	547690	VI	[redacted]	10.00	10.00			00/00/00	CAS		2
50240.000	03/20/20	548639	CA		10.00	10.00			00/00/00	JJG		2
50240.000	03/04/20	546647	CA		10.00	10.00			00/00/00	PLB		2
50240.000	03/10/20	547420	CA		10.00	10.00			00/00/00	PLB		2
50240.000	03/10/20	547724	VI		10.00-	10.00-			00/00/00	PLB		2
50240.000	03/12/20	547782	CA		10.00	10.00			00/00/00	PLB		2
50240.000	03/16/20	547936	CA		10.00	10.00			00/00/00	PLB		2

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	03/20/20	548627	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	03/20/20	548645	CA		10.00	10.00			00/00/00	PLB		2
50240.000	03/20/20	548771	VI		10.00	10.00			00/00/00	PLB		2
50240.000	03/23/20	548767	CA		10.00	10.00			00/00/00	PLB		2
50240.000	03/24/20	548967	CA		10.00	10.00			00/00/00	PLB		2
50240.000	03/24/20	548981	CA		10.00	10.00			00/00/00	PLB		2
50240.000	03/31/20	549407	CA		10.00	10.00			00/00/00	PLB		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						120.00						
50510.000	03/02/20	546423	CA	CAFE	416.30	416.30			00/00/00	CAS		2
50510.000	03/02/20	546424	VI	CAFE	599.82	599.82			00/00/00	CAS		2
50510.000	03/02/20	546425	MC	CAFE	203.64	203.64			00/00/00	CAS		2
50510.000	03/02/20	546426	DS	CAFE	76.36	76.36			00/00/00	CAS		2
50510.000	03/10/20	547508	CK	MMC VOLUNTEERS--CAT	308.00	308.00			00/00/00	CAS		2
50510.000	03/25/20	549038	CA	CAFE	127.66	127.66			00/00/00	CAS		2
50510.000	03/25/20	549039	VI	CAFE	153.06	153.06			00/00/00	CAS		2
50510.000	03/25/20	549040	MC	CAFE	25.34	25.34			00/00/00	CAS		2
50510.000	03/02/20	546444	VI	CAFE	99.09	99.09			00/00/00	PLB		2
50510.000	03/02/20	546445	MC	CAFE	20.26	20.26			00/00/00	PLB		2
50510.000	03/02/20	546446	DS	CAFE	5.93	5.93			00/00/00	PLB		2
50510.000	03/02/20	546447	CA	CAFE	47.49	47.49			00/00/00	PLB		2
50510.000	03/02/20	546451	VI	CAFE	124.28	124.28			00/00/00	PLB		2
50510.000	03/02/20	546452	MC	CAFE	71.45	71.45			00/00/00	PLB		2
50510.000	03/02/20	546453	DS	CAFE	8.51	8.51			00/00/00	PLB		2
50510.000	03/02/20	546454	CA	CAFE	213.27	213.27			00/00/00	PLB		2
50510.000	03/03/20	546527	VI	CAFE	253.61	253.61			00/00/00	PLB		2
50510.000	03/03/20	546528	AE	CAFE	5.40	5.40			00/00/00	PLB		2
50510.000	03/03/20	546529	CA	CAFE	306.71	306.71			00/00/00	PLB		2
50510.000	03/03/20	546530	MC	CAFE	83.63	83.63			00/00/00	PLB		2
50510.000	03/04/20	546701	VI	CAFE	279.45	279.45			00/00/00	PLB		2
50510.000	03/04/20	546702	MC	CAFE	60.26	60.26			00/00/00	PLB		2
50510.000	03/04/20	546703	AE	CAFE	43.56	43.56			00/00/00	PLB		2
50510.000	03/04/20	546704	CA	CAFE	293.25	293.25			00/00/00	PLB		2
50510.000	03/05/20	546884	VI	CAFE	229.28	229.28			00/00/00	PLB		2
50510.000	03/05/20	546885	MC	CAFE	47.82	47.82			00/00/00	PLB		2
50510.000	03/05/20	546886	CA	CAFE	352.08	352.08			00/00/00	PLB		2
50510.000	03/06/20	547132	VI	CAFE	315.39	315.39			00/00/00	PLB		2
50510.000	03/06/20	547133	MC	CAFE	41.95	41.95			00/00/00	PLB		2
50510.000	03/06/20	547134	CA	CAFE	295.71	295.71			00/00/00	PLB		2
50510.000	03/09/20	547221	VI	CAFE	711.30	711.30			00/00/00	PLB		2
50510.000	03/09/20	547222	MC	CAFE	177.83	177.83			00/00/00	PLB		2
50510.000	03/09/20	547223	DS	CAFE	34.32	34.32			00/00/00	PLB		2
50510.000	03/09/20	547224	CK	CAFE	4.32	4.32			00/00/00	PLB		2
50510.000	03/09/20	547225	CA	CAFE	505.74	505.74			00/00/00	PLB		2
50510.000	03/09/20	547361	VI	CAFE	129.07	129.07			00/00/00	PLB		2
50510.000	03/09/20	547362	DS	CAFE	9.58	9.58			00/00/00	PLB		2
50510.000	03/09/20	547363	CA	CAFE	89.23	89.23			00/00/00	PLB		2
50510.000	03/09/20	547366	VI	CAFE	142.41	142.41			00/00/00	PLB		2
50510.000	03/09/20	547367	MC	CAFE	4.59	4.59			00/00/00	PLB		2
50510.000	03/09/20	547368	AE	CAFE	5.40	5.40			00/00/00	PLB		2
50510.000	03/09/20	547369	DS	CAFE	7.97	7.97			00/00/00	PLB		2
50510.000	03/09/20	547370	CA	CAFE	192.80	192.80			00/00/00	PLB		2
50510.000	03/10/20	547546	VI	CAFE	383.47	383.47			00/00/00	PLB		2

Issued 04/01/20

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/01/2020 through 04/01/2020
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	11,414.03	1,057.63
01-2	Physician Services- Anesthesia	1,560.00	433.78
02	Prescription Drugs	692.81	692.81
08	Rural Health Clinics	4,192.00	3,509.94
13	Mmc - Inpatient Hospital	39,764.90	19,087.15
14	Mmc - Hospital Outpatient	47,611.02	15,320.53
15	Mmc - Er Bills	4,821.00	1,542.72
	Expenditures	110,324.51	41,913.31
	Reimb/Adjustments	-268.75	-268.75
	Grand Total	**110,055.76**	**41,644.56**

EXPENSES	12,500.01
	54,144.57
COPAYS	<470.00>
TOTAL	**53,674.57**

Calhoun County Indigent Care Patient Caseload 2020

	Approved	Denied	Removed	Active	Pending
January	0	2	1	17	2
February	0	1	2	15	2
March	0	0	1	15	1
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD					
Monthly Avg	-	1	1	16	2
December 2019 Active		18			
Number of Charity patients				203	
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	3	6	0	110	$12,514.00
March	3	3	1	112	$10,108.00
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD PATIENT SAVINGS					
Monthly Avg	2	4	0	112	$8,040.00
					0
December 2019 Active		112			

PROSPERITY BANK®

Statement Date 3/31/2020
Account No

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

12782

Account Information Required (Texas Only) - We require that you provide us with the following information upon the opening of your account and at least annually if the information has changed.

If the business is a sole proprietorship:

- The name of the business owner
- The physical address of the business
- The home address of the business owner
- The driver's license number or personal identification card number issued to the business owner by the Department of Public Safety

If the business is a corporation or other legal entity:
A copy of the business' certificate of incorporation or a comparable document and an assumed name certificate, if applicable

0000

102091 : 012782O1

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

03/01/2020	Beginning Balance				$5,490.84
	3 Deposits/Other Credits			+	$10,394.30
	8 Checks/Other Debits			-	$10,384.95
03/31/2020	Ending Balance	31	Days in Statement Period		$5,500.19
	Total Enclosures				10

DEPOSITS/OTHER CREDITS

Date	Description	Amount
03/06/2020	Deposit	$10,211.82 Jan PO
03/23/2020	Deposit	$180.00 Feb Co-pays
03/31/2020	Accr Earning Pymt Added to Account	$2.48

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12340	03-13	$98.98	12343	03-09	$4,072.51	12346	03-18	$129.10
12341	03-09	$4,166.67	12344	03-10	$1,463.24	12348*	03-11	$165.25
12342	03-09	$185.57	12345	03-11	$103.63			