MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- May 19, 2021 26th

by:DC

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement		149.67
Memorial Medical Clinic		3,582.57
Port Lavaca Clinic Associates		207.26
Singleton Associates, PA		46.79
Victoria Eye Center		155.13
SUBTOTAL		**4,141.42**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	8,308.09
Co-pays adjustments for April 2021		**(80.00)**
Reimbursement from Medicaid		**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**8,228.09**

APPROVED

MAY 26 2021

CALHOUN COUNTY
COMMISSIONERS COURT

Due to weather court was

26 OC

00 000005192021	CALHOUN COUNTY, TEXAS

DATE: 26 OC 5/19/2021

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			$8,228.09
	approved by Commissioners Court on 05/19/2021			
	26 OC			
1000-001-46010	April 30, 2021 Interest			($2.16)
				$8,225.93

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON MAY 14 2021

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: [signature] 5/14/2021

DEPARTMENT HEAD DATE

PROSPERITY BANK®

Statement Date 4/30/2021
Account No ****4551

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

13432

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No ****4551

04/01/2021	Beginning Balance				$5,466.83
	2 Deposits/Other Credits			+	$8,604.58
	6 Checks/Other Debits			-	$8,324.96
04/30/2021	Ending Balance	30	Days in Statement Period		$5,746.45
	Total Enclosures				7

DEPOSITS/OTHER CREDITS

Date	Description	Amount
04/09/2021	Deposit	$8,602.42
04/30/2021	Accr Earning Pymt Added to Account	$2.16

Eb-mpe.

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12445	04-15	$59.34	12448	04-09	$116.04	12450	04-15	$684.81
12447*	04-09	$4,166.67	12449	04-09	$3,204.82	12451	04-15	$93.28

DAILY ENDING BALANCE

Date	Balance	Date	Balance
04-01	$5,466.83	04-15	$5,744.29
04-09	$6,581.72	04-30	$5,746.45

EARNINGS SUMMARY

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

Interest Paid This Period	$2.16	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$8.75	Days in Earnings Period	30
		Earnings Balance	$5,837.79

0000

101111 : 01343201

MEMORIAL MEDICAL CENTER

So Much...So Close!

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

Date: 5/12/2021
Invoice # 356
For: Apr-21

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
MAY 14 2021
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

©IHS
Issued 05/04/21

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 05/01/2021 through 05/01/2021
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	1,020.00	201.92
02	Prescription Drugs	149.67	149.67
08	Rural Health Clinics	238.00	207.26
14	Mmc - Hospital Outpatient	11,141.00	3,582.57
	Expenditures	12,561.43	4,154.18
	Reimb/Adjustments	-12.76	-12.76
	Grand Total	**12,548.67**	**4,141.42**

EXPENSES	4,166.67
	8,308.09
COPAYS	<80.00>
TOTALS	8,228.09

APPROVED
ON
MAY 14 2021
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

©IHS
Issued 05/04/21

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/01/2021 through 05/01/2021
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	8,975.00	999.89
01-2	Physician Services- Anesthesia	546.00	115.99
02	Prescription Drugs	479.79	479.79
08	Rural Health Clinics	2,266.00	2,212.07
14	Mmc - Hospital Outpatient	42,003.04	13,513.49
15	Mmc - Er Bills	10,580.00	3,385.60
	Expenditures	64,954.53	20,811.53
	Reimb/Adjustments	-104.70	-104.70
	Grand Total	**64,849.83**	**20,706.83**

EXPENSES	16,666.68
	37,373.51
COPAYS	<330.00>
TOTAL	37,043.51

MEMORIAL MEDICAL CENTER
CHECK REQUEST

COPY

PAYEE: CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 5/12/21

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

MAY 13 2021

AMOUNT $80

G/L NUMBER: 50240000

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

REQUESTED BY: Mayra Martinez

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	04/30/21	585641	IN	CIGNA HEALTHCARE	120.27-	120.27-			00/00/00	RC		2
50200.000	04/30/21	585906	IN	GOLDEN RULE	255.01-	255.01-			00/00/00	RC		2
50200.000	04/30/21	585908	IN	GOLDEN RULE	1078.27-	1078.27-			00/00/00	RC		2
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-475992.38						
50240.000	04/30/21	584821	CA	[redacted]	10.00	10.00			00/00/00	GEM		2
50240.000	04/28/21	584531	CA	[redacted]	10.00	10.00			00/00/00	JJG		2
50240.000	04/19/21	583648	CA	[redacted]	10.00	10.00			00/00/00	KAH		2
50240.000	04/22/21	584042	CA	[redacted]	10.00	10.00			00/00/00	KAH		2
50240.000	04/28/21	584550	CA	[redacted]	10.00	10.00			00/00/00	KAH		2
50240.000	04/29/21	584551	CA	[redacted]	10.00	10.00			00/00/00	KAH		2
50240.000	04/08/21	582787	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/21/21	583838	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						80.00						
50510.000	04/12/21	582911	VI	CAFE	349.39	349.39			00/00/00	KAH		2
50510.000	04/12/21	582912	MC	CAFE	10.78	10.78			00/00/00	KAH		2
50510.000	04/12/21	582913	AE	CAFE	8.16	8.16			00/00/00	KAH		2
50510.000	04/12/21	582914	DS	CAFE	11.41	11.41			00/00/00	KAH		2
50510.000	04/12/21	582915	CA	CAFE	176.56	176.56			00/00/00	KAH		2
50510.000	04/12/21	582916	VI	CURBSIDE	105.63	105.63			00/00/00	KAH		2
50510.000	04/12/21	582917	MC	CURBSIDE	38.96	38.96			00/00/00	KAH		2
50510.000	04/12/21	582918	AE	CURBSIDE	19.79	19.79			00/00/00	KAH		2
50510.000	04/12/21	582919	DS	CURBSIDE	35.29	35.29			00/00/00	KAH		2
50510.000	04/12/21	582936	CA	CAFE	176.56-	176.56-			00/00/00	KAH		2
50510.000	04/12/21	582937	CA	CAFE	141.27	141.27			00/00/00	KAH		2
50510.000	04/15/21	583383	VI	CAFE	258.96	258.96			00/00/00	KAH		2
50510.000	04/15/21	583384	MC	CAFE	63.91	63.91			00/00/00	KAH		2
50510.000	04/15/21	583385	VI	CURBSIDE	64.60	64.60			00/00/00	KAH		2
50510.000	04/15/21	583386	MC	CURBSIDE	21.40	21.40			00/00/00	KAH		2
50510.000	04/15/21	583387	CA	CAFE	137.04	137.04			00/00/00	KAH		2
50510.000	04/29/21	584658	VI	CAFE	197.36	197.36			00/00/00	KAH		2
50510.000	04/29/21	584659	MC	CAFE	34.38	34.38			00/00/00	KAH		2
50510.000	04/29/21	584662	VI	CURBSIDE	121.82	121.82			00/00/00	KAH		2
50510.000	04/29/21	584663	DS	CURBSIDE	28.40	28.40			00/00/00	KAH		2
50510.000	04/29/21	584664	CA	CAFE	187.90	187.90			00/00/00	KAH		2
50510.000	04/30/21	584873	VI	CAFE	258.34	258.34			00/00/00	KAH		2
50510.000	04/30/21	584874	MC	CAFE	94.95	94.95			00/00/00	KAH		2
50510.000	04/30/21	584875	AE	CAFE	18.48	18.48			00/00/00	KAH		2
50510.000	04/30/21	584878	CA	CAFE	133.65	133.65			00/00/00	KAH		2
50510.000	04/30/21	584879	VI	CURBSIDE	88.29	88.29			00/00/00	KAH		2
50510.000	04/30/21	584880	MC	CURBSIDE	19.78	19.78			00/00/00	KAH		2
50510.000	04/01/21	581934	VI	CAFE	284.27	284.27			00/00/00	PLB		2
50510.000	04/01/21	581935	MC	CAFE	39.79	39.79			00/00/00	PLB		2
50510.000	04/01/21	581936	AE	CAFE	8.39	8.39			00/00/00	PLB		2
50510.000	04/01/21	581937	DS	CAFE	8.70	8.70			00/00/00	PLB		2
50510.000	04/01/21	581938	VI	CURBSIDE	45.29	45.29			00/00/00	PLB		2
50510.000	04/01/21	581939	DS	CURBSIDE	23.34	23.34			00/00/00	PLB		2
50510.000	04/01/21	581940	CA	CAFE	135.85	135.85			00/00/00	PLB		2
50510.000	04/02/21	582277	VI	CAFE	344.63	344.63			00/00/00	PLB		2
50510.000	04/02/21	582278	MC	CAFE	57.35	57.35			00/00/00	PLB		2
50510.000	04/02/21	582279	AE	CAFE	18.72	18.72			00/00/00	PLB		2

50240.000 04/30/21	10.00	00/00/00	GEM	2
50240.000 04/28/21	10.00	00/00/00	JJG	2
50240.000 04/19/21	10.00	00/00/00	KAH	2
50240.000 04/22/21	10.00	00/00/00	KAH	2
50240.000 04/28/21	10.00	00/00/00	KAH	2
50240.000 04/29/21	10.00	00/00/00	KAH	2
50240.000 04/08/21	10.00	00/00/00	PLB	2
50240.000 04/21/21	10.00	00/00/00	PLB	2
TOTAL 50240.000 COUNTY INDIGENT COPAYS	80.00			

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	2	0	0	12	6
May					
June					
July					
August					
September					
October					
November					
December					
YTD					
Monthly Avg	1	0	1	11	6
December 2020 Active		9			
Number of Charity patients				215	
Number of Charity patients below 100% FPL				78	

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	2	2	0	14	$14,719.00
May					
June					
July					
August					
September					
October					
November					
December					
YTD PATIENT SAVINGS					$48,692.00
Monthly Avg	4	2	0	11	$12,173.00
					0
December 2020 Active		87			