

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- July 15, 2020

by:DC

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	99.51
MMCenter (In-patient \$0.00/ Out-patient \$2,280.02/ ER \$0)	2,280.02
Singleton Associates, PA	54.26

SUBTOTAL

Memorial Medical Center (Indigent Healthcare Payroll and Expenses)

	2,433.79
	4,166.67
Subtotal	6,600.46
Co-pays adjustments for June 2020	(80.00)
Reimbursement from Medicaid	0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	6,520.46
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APPROVED

JUL 15 2020

**CALHOUN COUNTY
COMMISSIONERS COURT**

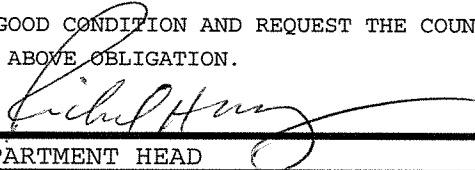
00 00007152020 CALHOUN COUNTY, TEXAS

DATE: 7/15/2020

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 approved by Commissioners Court on 07/15/2020			\$6,520.46
1000-001-46010	June 30, 2020 interest			(\$2.17)
				\$6,518.29

APPROVED ON JUL 13 2020 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS	COUNTY AUDITOR APPROVAL ONLY	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:  7/15/2020 DEPARTMENT HEAD DATE

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 07/01/2020 through 07/01/2020
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	759.00	54.26
02	Prescription Drugs	99.51	99.51
14	Mmc - Hospital Outpatient	7,016.00	2,280.02
Expenditures		7,905.57	2,464.85
Reimb/Adjustments		-31.06	-31.06
Grand Total		7,874.51	2,433.79
		EXPENSES	4,166.67
			6,600.46
		COPAYS	<80.00>
		TOTAL	6,520.46



APPROVED
ON
JUL 13 2020
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

©IHS
Issued 07/06/20

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2020 through 07/01/2020
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	15,609.03	2,403.21
01-2	Physician Services- Anesthesia	3,120.00	885.03
02	Prescription Drugs	1,096.44	1,096.44
08	Rural Health Clinics	5,863.00	5,040.83
13	Mmc - Inpatient Hospital	47,647.45	22,870.77
14	Mmc - Hospital Outpatient	60,162.02	19,441.55
15	Mmc - Er Bills	4,821.00	1,542.72
Expenditures		138,831.12	53,792.73
Reimb/Adjustments		-512.18	-512.18
Grand Total		138,318.94	53,280.55
		EXPENSES	25,000.00
			78,280.55
		COPAYS	<690.00>
		TOTAL	77,590.55
			

Calhoun County Indigent Care Patient Caseload 2020

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	Approved	Denied	Removed	Active	Pending
January	0	2	1	17	2
February	0	1	2	15	2
March	0	0	1	15	1
April	1	0	6	10	2
May	1	2	0	11	1
June	0	0	0	11	0
July					
August					
September					
October					
November					
December					

YTD

Monthly Avg	0	1	2	13	1
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December 2019 Active	18
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Number of Charity patients	189
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Number of Charity patients below 100% FPL	113
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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	1	6	0	111	\$26,370.00
May	1	3	0	112	\$9,424.00
June	2	6	0	114	\$38,390.00
July					
August					
September					
October					
November					
December					

YTD PATIENT SAVINGS

Monthly Avg	2	4	0	112	\$16,384.00
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0

December 2019 Active	112
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Copy

MEMORIAL MEDICAL CENTER CHECK REQUEST

P Calhoun County Indigent Account

Date Requested: 7/7/20

A

APPROVED
ON

Y

JUL 09 2020

E

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

E

FOR ACCT. USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

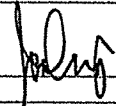
AMOUNT \$80.00

G/L NUMBER: 50240000

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

June, 2020

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

RUN DATE: 07/07/20
TIME: 13:50

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 06/01/20 TO 06/30/20

PAGE 102
RCMREP

G/L NUMBER	DATE	RECEIPT PAY NUMBER TYPE PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER NAME	DISC DATE	COLL GL CASH INIT CODE ACCOUNT
50200.000	06/16/20	555477 IN CIGNA HEALTHCARE	74.47-	74.47-		00/00/00	KAH 2
50200.000	06/23/20	556093 IN CIGNA HEALTHCARE	76.40-	76.40-		00/00/00	KAH 2
50200.000	06/24/20	556180 IN UNITED HEALTHCARE	103.58-	103.58-		00/00/00	KAH 2
50200.000	06/26/20	556392 IN CIGNA HEALTHCARE	60.78-	60.78-		00/00/00	KAH 2
50200.000	06/30/20	556559 IN HUMANA	347.53-	347.53-		00/00/00	KAH 2
50200.000	06/03/20	554463 IN TML -IRP	489.42-	489.42-		00/00/00	MRP 2
50200.000	06/04/20	554716 IN TRICARE	368.95-	368.95-		00/00/00	MRP 2
50200.000	06/15/20	555466 IN CLAIMS ADMINISTRATI	3014.13-	3014.13-		00/00/00	MRP 2
50200.000	06/17/20	555607 IN HUMANA	4107.90-	4107.90-		00/00/00	MRP 2
50200.000	06/18/20	555718 IN TRICARE	2481.09-	2481.09-		00/00/00	MRP 2
50200.000	06/03/20	554535 IN UNITED HEALTHCARE	68.22-	68.22-		00/00/00	RLT 2
50200.000	06/09/20	555014 IN CIGNA HEALTHCARE	135.26-	135.26-		00/00/00	RLT 2
50200.000	06/11/20	555153 IN CIGNA HEALTHCARE	95.02-	95.02-		00/00/00	RLT 2
50200.000	06/11/20	555156 IN CIGNA HEALTHCARE	70.83-	70.83-		00/00/00	RLT 2
50200.000	06/19/20	555802 IN CIGNA HEALTHCARE	132.75-	132.75-		00/00/00	RLT 2
50200.000	06/19/20	555804 IN UNITED HEALTHCARE	67.38-	67.38-		00/00/00	RLT 2
50200.000	06/19/20	555807 IN CIGNA HEALTHCARE	86.24-	86.24-		00/00/00	RLT 2
50200.000	06/19/20	555811 IN CIGNA HEALTHCARE	143.17-	143.17-		00/00/00	RLT 2
50200.000	06/19/20	555814 IN CIGNA HEALTHCARE	64.20-	64.20-		00/00/00	RLT 2
50200.000	06/19/20	555816 IN CIGNA HEALTHCARE	185.11-	185.11-		00/00/00	RLT 2
50200.000	06/19/20	555818 IN UNITED HEALTHCARE	86.73-	86.73-		00/00/00	RLT 2
50200.000	06/19/20	555822 IN CIGNA HEALTHCARE	229.84-	229.84-		00/00/00	RLT 2
TOTAL 50200.000 COMMERCIAL INS. -ADJ				-313553.20			
50240.000	06/24/20	556082 CA	10.00	10.00		00/00/00	CAS 2
50240.000	06/26/20	556264 CA	10.00	10.00		00/00/00	JRC 2
50240.000	06/09/20	554920 CA	10.00	10.00		00/00/00	MKG 2
50240.000	06/04/20	554444 CA	10.00	10.00		00/00/00	PLB 2
50240.000	06/04/20	554542 CA	10.00	10.00		00/00/00	PLB 2
50240.000	06/09/20	554889 CA	10.00	10.00		00/00/00	PLB 2
50240.000	06/10/20	555015 CA	10.00	10.00		00/00/00	PLB 2
50240.000	06/12/20	555142 CA	10.00	10.00		00/00/00	PLB 2
TOTAL 50240.000 COUNTY INDIGENT COPAYS				80.00			
50250.000	06/12/20	555219 CK TMHP	17000.00	17000.00		00/00/00	PLB 2
TOTAL 50250.000 MEANINGFUL USE INCENTIVE				17000.00			
50410.000	06/19/20	555809 CA	.00	.00		00/00/00	MRP 2
TOTAL 50410.000 GENERAL CONTRIBUTION-OTHER REV							
50510.000	06/18/20	555655 CA CAFE	158.06	158.06		00/00/00	CAS 2
50510.000	06/18/20	555656 AE CAFE	7.05	7.05		00/00/00	CAS 2
50510.000	06/18/20	555657 VI CAFE	228.43	228.43		00/00/00	CAS 2
50510.000	06/18/20	555658 MC CAFE	25.99	25.99		00/00/00	CAS 2
50510.000	06/01/20	554206 VI CAFE	287.51	287.51		00/00/00	PLB 2
50510.000	06/01/20	554207 MC CAFE	19.05	19.05		00/00/00	PLB 2
50510.000	06/01/20	554208 AE CAFE	9.03	9.03		00/00/00	PLB 2
50510.000	06/01/20	554209 CA CAFE	83.33	83.33		00/00/00	PLB 2
50510.000	06/02/20	554336 MC CAFE	32.34	32.34		00/00/00	PLB 2
50510.000	06/02/20	554337 AE CAFE	7.67	7.67		00/00/00	PLB 2

RUN DATE: 07/07/20
TIME: 13:50

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 06/01/20 TO 06/30/20

PAGE 102
RCMREP

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50200.000	06/26/20	556392	IN	CIGNA HEALTHCARE	60.78-	60.78-			00/00/00	KAH 2
50200.000	06/30/20	556559	IN	HUMANA	347.53-	347.53-			00/00/00	KAH 2
50200.000	06/03/20	554463	IN	TML -IRP	489.42-	489.42-			00/00/00	MRP 2
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50200.000	06/11/20	555156	IN	CIGNA HEALTHCARE	70.83-	70.83-			00/00/00	RLT 2
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50240.000	06/09/20	554920	CA		10.00	10.00			00/00/00	MKG 2
50240.000	06/04/20	554444	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/04/20	554542	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/09/20	554889	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/10/20	555015	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/12/20	555142	CA		10.00	10.00			00/00/00	PLB 2
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50510.000	06/18/20	555655	CA	CAFE	158.06	158.06			00/00/00	CAS 2
50510.000	06/18/20	555656	AE	CAFE	7.05	7.05			00/00/00	CAS 2
50510.000	06/18/20	555657	VI	CAFE	228.43	228.43			00/00/00	CAS 2
50510.000	06/18/20	555658	MC	CAFE	25.99	25.99			00/00/00	CAS 2
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50510.000	06/01/20	554209	CA	CAFE	83.33	83.33			00/00/00	PLB 2
50510.000	06/02/20	554336	MC	CAFE	32.34	32.34			00/00/00	PLB 2
50510.000	06/02/20	554337	AE	CAFE	7.67	7.67			00/00/00	PLB 2

**MEMORIAL
MEDICAL CENTER**



So Much... So Close!

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

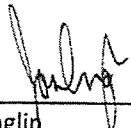
Date: 6/4/2020
Invoice # 345
For: Jun-20

Bill To:
Calhoun County

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



Jason Anglin
CEO

 APPROVED
ON
JUL 13 2020
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



PROSPERITY BANK®

Statement Date 6/30/2020

Account No

Page 1 of 2

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

13277

STATEMENT SUMMARY Public Fund Contractual Ckg w Int Account No

06/01/2020	Beginning Balance		\$15,392.87
	2 Deposits/Other Credits	+	\$142.17
	6 Checks/Other Debits	-	\$9,986.82
06/30/2020	Ending Balance	30 Days in Statement Period	\$5,548.22
	Total Enclosures		7

DEPOSITS/OTHER CREDITS

Date	Description	Amount
06/18/2020	Deposit	\$140.09 <i>Copays</i>
06/30/2020	Accr Earning Pymt Added to Account	\$2.17

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12371	06-16	\$720.52	12373	06-01	\$160.93	12375	06-03	\$615.83
12372	06-01	\$4,166.67	12374	06-01	\$3,871.62	12376	06-02	\$451.25

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
06-01	\$7,193.65	06-03	\$6,126.57	06-18	\$5,546.05
06-02	\$6,742.40	06-16	\$5,406.05	06-30	\$5,548.22

EARNINGS SUMMARY

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

Interest Paid This Period	\$2.17	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	\$15.65	Days in Earnings Period	30
		Earnings Balance	\$5,883.07

MEMBER FDIC



NYSE Symbol "PB"

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101201 : 01327/01