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		**2,433.79**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**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**

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

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON JUL 13 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: [signature] 7/15/2020

DEPARTMENT HEAD DATE

Issued 07/06/20

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

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

	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

December 2019 Active 18

Number of Charity patients 189

Number of Charity patients below 100% FPL 113

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
					0

December 2019 Active 112

COPY

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Calhoun County Indigent Account

Date Requested: 7/7/20

APPROVED ON JUL 09 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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:

G/L NUMBER	DATE	RECEIPT NUMBER	PAY TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CASH 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	[redacted]	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	[redacted]	.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

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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
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50240.000	06/04/20	554444	CA		10.00	10.00			00/00/00	PLB	2
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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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50410.000	06/19/20	555809	CA	[redacted]	.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

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

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

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	$140.00 Copays
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

0000

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

1012O1 : 013277O1

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