MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- August 25, 2021

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement		103.53
MMCenter (In-patient $0/ Out-patient $2,204.18/ ER $2,375.36)		4,579.54
Memorial Medical Clinic		1,310.62
MMC Professional Fees		368.48
Port Lavaca Clinic Associates		103.63
Singleton Associates, PA		148.62
SUBTOTAL		**6,614.42**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	10,781.09
Co-pays adjustments for July 2021		**(50.00)**
Reimbursement from Medicaid		**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**10,731.09**

APPROVED

AUG 25 2021

CALHOUN COUNTY
COMMISSIONERS COURT

000008/25/2021 CALHOUN COUNTY, TEXAS

DATE: 8/25/2021

VENDOR # 852

CC Indigent Health Care

ACCOUNT NUMBER	DESCRIPTION OF GOODS OR SERVICES	QUANTITY	UNIT PRICE	TOTAL PRICE
1000-800-98722-999	Transfer to pay bills for Indigent Health Care			$10,731.09
	approved by Commissioners Court on 08/25/2021			
1000-001-46010	July 31, 2021 Interest			($2.42)
				$10,728.67

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON AUG 19 2021 BY CALHOUN COUNTY AUDITOR

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] 8/25/2021

DEPARTMENT HEAD DATE

PROSPERITY BANK®

Statement Date 7/31/2021
Account No ****4551

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

13379

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

07/01/2021	Beginning Balance				$5,374.77
	4 Deposits/Other Credits			+	$9,385.47
	5 Checks/Other Debits			-	$9,325.41
07/31/2021	Ending Balance	31	Days in Statement Period		$5,434.83
	Total Enclosures				8

DEPOSITS/OTHER CREDITS

Date	Description	Amount
07/01/2021	Deposit	$70.00
07/09/2021	Deposit	$9,253.05
07/27/2021	Deposit	$60.00
07/31/2021	Accr Earning Pymt Added to Account	$2.42

May Co-pay
May PD
June Co-pay

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12466	07-12	$4,166.67	12468	07-13	$455.81	12470	07-15	$106.74
12467	07-12	$4,539.52	12469	07-16	$56.67			

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
07-01	$5,444.77	07-13	$5,535.82	07-27	$5,432.41
07-09	$14,697.82	07-15	$5,429.08	07-31	$5,434.83
07-12	$5,991.63	07-16	$5,372.41		

EARNINGS SUMMARY

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

Interest Paid This Period	$2.42	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$15.94	Days in Earnings Period	31
		Earnings Balance	$6,335.57

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101321 : 01337901

Issued 08/12/21

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 08/01/2021 through 08/01/2021
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	5,993.00	517.10
02	Prescription Drugs	103.53	103.53
08	Rural Health Clinics	1,558.00	1,414.25
14	Mmc - Hospital Outpatient	6,779.02	2,204.18
15	Mmc - Er Bills	7,423.00	2,375.36
	Expenditures	21,902.19	6,660.06
	Reimb/Adjustments	-45.64	-45.64
	Grand Total	**21,856.55**	**6,614.42**

EXPENSES	4,166.67
	10,781.09
COPAYS	<50.00>
TOTAL	10,731.09

APPROVED
ON

AUG 19 2021

BY
CALHOUN COUNTY AUDITOR

Issued 08/12/21

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/01/2021 through 08/01/2021
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	16,161.00	1,706.86
01-2	Physician Services- Anesthesia	1,170.00	262.17
02	Prescription Drugs	751.69	751.69
08	Rural Health Clinics	4,282.00	4,082.13
14	Mmc - Hospital Outpatient	78,646.07	25,291.60
15	Mmc - Er Bills	21,811.00	6,979.52
	Expenditures	123,043.49	39,295.70
	Reimb/Adjustments	-221.73	-221.73
	Grand Total	**122,821.76**	**39,073.97**

EXPENSES	29,166.69
	68,240.66
COPAYS	<510.00>
TOTAL	67,730.66

MEMORIAL MEDICAL CENTER
CHECK REQUEST

COPY

PAYEE: CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 08/16/21

APPROVED ON AUG 18 2021
COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMOUNT: $50.00

G/L NUMBER: 50240000

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

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: 8/18/21

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	07/30/21	595169	IN	VHA OFFICE OF COMMU	1587.43-	1587.43-			00/00/00		MRP	2
50200.000	07/30/21	595173	IN	CHAMP VA	343.54-	343.54-			00/00/00		MRP	2
50200.000	07/30/21	595188	IN	VHA OFFICE OF COMMU	2873.91-	2873.91-			00/00/00		MRP	2
50200.000	07/30/21	595329	IN	HUMANA - OUTPATIENT	.00	.00			00/00/00		MRP	2
50200.000	07/30/21	595556	IN	ALL SAVERS	4336.67-	4336.67-			00/00/00		MRP	2
50200.000	07/30/21	596535	IN	GREAT SOUTHERN	11666.63-	11666.63-			00/00/00		MRP	2
50200.000	07/30/21	596730	IN	ENTRUST	342.50-	342.50-			00/00/00		MRP	2
50200.000	07/07/21	592825	IN	ALL SAVERS	158.08-	158.08-			00/00/00		RC	2
50200.000	07/07/21	593127	IN	COMMUNITY HEALTH CH	328.13-	328.13-			00/00/00		RC	2
50200.000	07/08/21	593225	IN	BOON CHAPMAN	21.25-	21.25-			00/00/00		RC	2
50200.000	07/12/21	593430	IN	AETNA U S HEALTHCAR	92.55-	92.55-			00/00/00		RC	2
50200.000	07/12/21	593437	IN	GOLDEN RULE	13.10-	13.10-			00/00/00		RC	2
50200.000	07/13/21	593600	IN	INT BENEFITS ADMINI	37.35-	37.35-			00/00/00		RC	2
50200.000	07/13/21	593604	IN	INT BENEFITS ADMIN	55.05-	55.05-			00/00/00		RC	2
50200.000	07/13/21	593653	IN	CIGNA HEALTHCARE	93.94-	93.94-			00/00/00		RC	2
50200.000	07/13/21	593656	IN	CIGNA HEALTHCARE	79.82-	79.82-			00/00/00		RC	2
50200.000	07/13/21	593660	IN	CIGNA HEALTHCARE	100.15-	100.15-			00/00/00		RC	2
50200.000	07/13/21	593674	IN	CIGNA HEALTHCARE	81.75-	81.75-			00/00/00		RC	2
50200.000	07/13/21	593680	IN	CIGNA HEALTHCARE	200.09-	200.09-			00/00/00		RC	2
50200.000	07/13/21	593682	IN	CIGNA HEALTHCARE	181.26-	181.26-			00/00/00		RC	2
50200.000	07/13/21	593684	IN	CIGNA HEALTHCARE	95.01-	95.01-			00/00/00		RC	2
50200.000	07/15/21	593854	IN	ALL SAVERS	103.38-	103.38-			00/00/00		RC	2
50200.000	07/16/21	593925	IN	ALL SAVERS	168.68-	168.68-			00/00/00		RC	2
50200.000	07/16/21	593928	IN	ALL SAVERS	13.10-	13.10-			00/00/00		RC	2
50200.000	07/16/21	593948	IN	STANDARD LIFE INSUR	53.55-	53.55-			00/00/00		RC	2
50200.000	07/20/21	594252	IN	ALL SAVERS	74.25-	74.25-			00/00/00		RC	2
50200.000	07/23/21	594537	IN	MERITAIN HEALTH	60.01-	60.01-			00/00/00		RC	2
50200.000	07/26/21	594782	IN	CIGNA HEALTHCARE	107.64-	107.64-			00/00/00		RC	2
50200.000	07/26/21	594784	IN	CIGNA HEALTHCARE	75.54-	75.54-			00/00/00		RC	2
50200.000	07/26/21	594786	IN	CIGNA HEALTHCARE	326.63-	326.63-			00/00/00		RC	2
50200.000	07/27/21	594921	IN	UMR	584.27-	584.27-			00/00/00		RC	2
50200.000	07/28/21	595013	IN	CIGNA HEALTHCARE	70.83-	70.83-			00/00/00		RC	2
50200.000	07/28/21	595017	IN	CIGNA HEALTHCARE	68.05-	68.05-			00/00/00		RC	2
50200.000	07/28/21	595020	IN	CIGNA HEALTHCARE	96.08-	96.08-			00/00/00		RC	2
50200.000	07/30/21	595927	IN	CIGNA HEALTHCARE	111.49-	111.49-			00/00/00		RC	2
50200.000	07/30/21	595932	IN	CIGNA HEALTHCARE	128.83-	128.83-			00/00/00		RC	2
50200.000	07/30/21	595934	IN	CIGNA HEALTHCARE	75.76-	75.76-			00/00/00		RC	2
50200.000	07/30/21	595939	IN	CIGNA HEALTHCARE	75.54-	75.54-			00/00/00		RC	2
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-269256.19						
50240.000	07/23/21	594503	CA	[redacted]	10.00	10.00			00/00/00		FAG	2
50240.000	07/02/21	592296	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	07/07/21	592688	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	07/28/21	594812	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	07/28/21	594957	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						50.00						
50420.000	07/27/21	594762	CK	MMC VOLUNTEERS	100.00	100.00			00/00/00		PLB	2
TOTAL 50420.000 GIVING TREE DONATION-OTHER REV						100.00						
50510.000	07/19/21	593939	VI	CAFE	379.37	379.37			00/00/00		KAH	2

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	0	0	1	11	9
June	1	2	1	9	2
July					
August					
September					
October					
November					
December					
YTD					
Monthly Avg	1	1	1	11	6
December 2020 Active		9			
Number of Charity patients				202	
Number of Charity patients below 100% FPL				71	

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	1	3	0	15	$14,765.00
June	3	5	0	18	$22,563.00
July					
August					
September					
October					
November					
December					
YTD PATIENT SAVINGS					$86,020.00
Monthly Avg	3	3	0	13	$14,336.67
					0
December 2020 Active		87			