MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- October 21, 2020

by:DC

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Cardiovascular Associates of Victoria		46.73
HEB Pharmacy (Medimpact) Pharmacy Reimbursement		99.07
MMCenter (In-patient $16,859.00/ Out-patient $4,602.09/ ER $0)		21,461.09
Memorial Medical Clinic		775.81
MMC Professional Fees		614.80
Singleton Associates, PA		194.33
Victoria Anesthesiology Assoc		154.12
SUBTOTAL		**23,345.95**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	27,512.62
Co-pays adjustments for September 2020		**(90.00)**
Reimbursement from Medicaid		**(33.27)**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**27,389.35**

APPROVED

OCT 21 2020

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER
CHECK REQUEST

COPY

PAY TO: CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 10/8/2020

APPROVED
OCT

OCT 15 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $90.00

G/L NUMBER: 50240000

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

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 CASH CODE ACCOUNT
50200.000	09/15/20	563118	IN	CIGNA HEALTHCARE	78.54-	78.54-			00/00/00	KAH	2
50200.000	09/15/20	563144	IN	CIGNA HEALTHCARE	284.83-	284.83-			00/00/00	KAH	2
50200.000	09/15/20	563148	IN	CIGNA HEALTHCARE	95.02-	95.02-			00/00/00	KAH	2
50200.000	09/16/20	563225	IN	CIGNA HEALTHCARE	414.30-	414.30-			00/00/00	KAH	2
50200.000	09/16/20	563235	IN	UNITED HEALTHCARE	72.38-	72.38-			00/00/00	KAH	2
50200.000	09/17/20	563319	IN	CIGNA HEALTHCARE	95.02-	95.02-			00/00/00	KAH	2
50200.000	09/29/20	564236	IN	CIGNA HEALTHCARE	123.90-	123.90-			00/00/00	KAH	2
50200.000	09/29/20	564244	IN	CIGNA HEALTHCARE	84.96-	84.96-			00/00/00	KAH	2
50200.000	09/29/20	564248	IN	CIGNA HEALTHCARE	84.96-	84.96-			00/00/00	KAH	2
50200.000	09/29/20	564253	IN	CIGNA HEALTHCARE	133.75-	133.75-			00/00/00	KAH	2
50200.000	09/29/20	564256	IN	HUMANA	48.30-	48.30-			00/00/00	KAH	2
50200.000	09/29/20	564277	IN	CIGNA HEALTHCARE	448.61-	448.61-			00/00/00	KAH	2
50200.000	09/29/20	564282	IN	UNITED HEALTHCARE	24.96-	24.96-			00/00/00	KAH	2
50200.000	09/29/20	564284	IN	CIGNA HEALTHCARE	54.57-	54.57-			00/00/00	KAH	2
50200.000	09/30/20	564386	IN	CIGNA HEALTHCARE	72.12-	72.12-			00/00/00	KAH	2
50200.000	09/30/20	564388	IN	CIGNA HEALTHCARE	74.47-	74.47-			00/00/00	KAH	2
50200.000	09/30/20	564391	IN	CIGNA HEALTHCARE	172.70-	172.70-			00/00/00	KAH	2
50200.000	09/30/20	564410	IN	HUMANA	1990.00-	1990.00-			00/00/00	KAH	2
50200.000	09/16/20	563195	IN	CIGNA HEALTHCARE	332.82	332.82			00/00/00	MRP	2
50200.000	09/18/20	563419	IN	GERBER LIFE INSURAN	1553.70-	1553.70-			00/00/00	MRP	2
50200.000	09/25/20	564049	IN	MUTUAL OF OMAHA	11168.89-	11168.89-			00/00/00	MRP	2
50200.000	09/30/20	564446	IN	CHAMP VA	448.71-	448.71-			00/00/00	MRP	2
50200.000	09/30/20	564454	IN	CHAMP VA	542.14-	542.14-			00/00/00	MRP	2
50200.000	09/30/20	564457	IN	CHAMP VA	2846.54-	2846.54-			00/00/00	MRP	2
50200.000	09/30/20	564461	IN	CHAMP VA	6779.73-	6779.73-			00/00/00	MRP	2
50200.000	09/30/20	564465	IN	CHAMP VA	1240.37-	1240.37-			00/00/00	MRP	2
50200.000	09/30/20	564469	IN	CHAMP VA	304.64-	304.64-			00/00/00	MRP	2
50200.000	09/30/20	564494	IN	CHAMP VA	211.82-	211.82-			00/00/00	MRP	2
50200.000	09/30/20	564684	IN	ENTRUST	7943.13-	7943.13-			00/00/00	MRP	2
50200.000	09/30/20	564725	IN	PAN AMERICAN LIFE	70.80-	70.80-			00/00/00	MRP	2
50200.000	09/30/20	564729	IN	PHYSICIANS LIFE	.00	.00			00/00/00	MRP	2
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-508821.85					
50240.000	09/09/20	562436	CA	[redacted]	10.00	10.00			00/00/00	CAS	2
50240.000	09/29/20	564122	CA	[redacted]	10.00	10.00			00/00/00	CAS	2
50240.000	09/03/20	562246	VI	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	09/04/20	562191	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	09/16/20	563039	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	09/17/20	563242	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	09/23/20	563644	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	09/23/20	563682	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	09/24/20	563919	MC	[redacted]	10.00	10.00			00/00/00	PLB	2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						90.00					
50480.000	09/21/20	563902	DD	DISPRO	9674.52	9674.52			00/00/00	FAG	2
TOTAL 50480.000 DISPRO - OTHER REV						9674.52					
50500.000	09/24/20	564217	DD	HEALTH HUMAN SVC	7495.45	7495.45			00/00/00	FAG	2
TOTAL 50500.000 UCC - OTHER REV						7495.45					

PROSPERITY BANK®

Statement Date 9/30/2020
Account No

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

13414

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No [redacted]

09/01/2020	Beginning Balance				$5,476.81
	3 Deposits/Other Credits			+	$7,712.93
	7 Checks/Other Debits			-	$7,733.04
09/30/2020	Ending Balance	30	Days in Statement Period		$5,456.70
	Total Enclosures				9

DEPOSITS/OTHER CREDITS

Date	Description	Amount
09/02/2020	Deposit	$7,660.75 July/Aug.
09/22/2020	Deposit	$50.00 Aug. copays
09/30/2020	Accr Earning Pymt Added to Account	$2.18

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12387	09-10	$46.73	12390	09-03	$2,320.49	12393	09-08	$15.23
12388	09-03	$4,166.67	12391	09-09	$956.81			
12389	09-03	$123.48	12392	09-09	$103.63			

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101101 : 01341401

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
09-01	$5,476.81	09-08	$6,511.69	09-22	$5,454.52
09-02	$13,137.56	09-09	$5,451.25	09-30	$5,456.70
09-03	$6,526.92	09-10	$5,404.52		

EARNINGS SUMMARY

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

Interest Paid This Period	$2.18	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$22.14	Days in Earnings Period	30
		Earnings Balance	$5,905.23

Issued 10/02/20

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 09/02/2020 through 10/01/2020
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	8,226.86	855.86
01-2	Physician Services- Anesthesia	546.00	154.12
02	Prescription Drugs	99.07	99.07
08	Rural Health Clinics	847.00	775.81
11	Reimbursements	0.00	-33.27
13	Mmc - Inpatient Hospital	38,549.00	16,859.00
14	Mmc - Hospital Outpatient	14,327.01	4,602.09
	Expenditures	62,610.14	23,361.15
	Reimb/Adjustments	-15.20	-48.47
	Grand Total	**62,594.94**	**23,312.68**

EXPENSES	$4,166.67
	$27,479.35
COPAYS	<90.00>
TOTAL	$27,389.35

APPROVED
ON
OCT 16 2020
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Issued 10/02/20

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/01/2020 through 10/01/2020
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	26,682.14	3,651.30
01-2	Physician Services- Anesthesia	4,212.00	1,199.63
02	Prescription Drugs	1,449.87	1,449.87
08	Rural Health Clinics	8,134.00	7,077.08
11	Reimbursements	0.00	-33.27
13	Mmc - Inpatient Hospital	86,196.45	39,729.77
14	Mmc - Hospital Outpatient	95,118.07	30,679.82
15	Mmc - Er Bills	7,163.00	2,292.16
	Expenditures	229,620.14	86,744.24
	Reimb/Adjustments	-664.61	-697.88
	Grand Total	**228,955.53**	**86,046.36**

EXPENSES	$37,500.01
	$123,546.37
COPAYS	<1,000.00>
TOTAL	$122,546.37

MEMORIAL MEDICAL CENTER

So Much. So Close!

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

Date: 10/8/2020
Invoice # 348
For: ~~Aug~~ Sept. 20 OC

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
OCT 16 2020 OC

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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	0	0	0	11	1
August	1	0	1	10	1
September	1	0	0	11	4
October					
November					
December					
YTD					
Monthly Avg	0	1	1	12	2
December 2019 Active		18			
Number of Charity patients				177	
Number of Charity patients below **50%** FPL				53	

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	1	5	0	115	$28,973.00
August	2	3	1	116	$15,553.00
September	3	3	0	119	$9,813.00
October					
November					
December					
YTD PATIENT SAVINGS					
Monthly Avg	2	4	0	114	$16,960.33
					0
December 2019 Active		112			