MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- November 18, 2020

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

ESS of Port Lavaca LLC		105.40
HEB Pharmacy (Medimpact) Pharmacy Reimbursement		98.75
MMCenter (In-patient $0/ Out-patient $6,096.96/ ER $4,008.59)		10,105.55
Port Lavaca Clinic Associates		103.63
Singleton Associates, PA		56.67
SUBTOTAL		**10,470.00**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	14,636.67
Co-pays adjustments for October 2020		**(80.00)**
Reimbursement from Medicaid		**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**14,556.67**

APPROVED

NOV 18 2020

CALHOUN COUNTY
COMMISSIONERS COURT

00 000011182020	CALHOUN COUNTY, TEXAS

DATE: 11/18/2020

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			$14,556.67
	approved by Commissioners Court on 11/18/2020			
1000-001-46010	October 30, 2020 Interest			($3.33)
				$14,553.34

COUNTY AUDITOR APPROVAL ONLY

APPROVED

ON

NOV 10 2020

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: 11/18/2020

DEPARTMENT HEAD — DATE

Issued 11/06/20

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 11/01/2020 through 11/01/2020
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	2,505.00	162.07
02	Prescription Drugs	98.75	98.75
08	Rural Health Clinics	166.00	103.63
14	Mmc - Hospital Outpatient	19,053.01	6,096.96
15	Mmc - Er Bills	12,526.85	4,008.59
	Expenditures	34,385.96	10,506.35
	Reimb/Adjustments	-36.35	-36.35
	Grand Total	**34,349.61**	**10,470.00**

EXPENSES	4,166.67
	14,636.67
COPAYS	<80.00>
TOTAL	**14,556.67**

APPROVED
ON

NOV 10 2020

BY
CALHOUN COUNTY AUDITOR

Issued 11/06/20

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/01/2020 through 11/01/2020
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	29,187.14	3,813.37
01-2	Physician Services- Anesthesia	4,212.00	1,199.63
02	Prescription Drugs	1,548.62	1,548.62
08	Rural Health Clinics	8,300.00	7,180.71
11	Reimbursements	0.00	-33.27
13	Mmc - Inpatient Hospital	86,196.45	39,729.77
14	Mmc - Hospital Outpatient	114,171.08	36,776.78
15	Mmc - Er Bills	19,689.85	6,300.75
	Expenditures	264,006.10	97,250.59
	Reimb/Adjustments	-700.96	-734.23
	Grand Total	**263,305.14**	**96,516.36**

EXPENSES	41,666.68
	138,183.04
COPAYS	<1,080.00>
TOTAL	**137,103.04**

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	0	2	0	8	6
November					
December					
YTD					
Monthly Avg	0	1	1	12	2
December 2019 Active		18			
Number of Charity patients				197	
Number of Charity patients below **50%** FPL				60	

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	4	6	1	123	$29,980.00
November					
December					
YTD PATIENT SAVINGS					
Monthly Avg	2	4	0	115	$18,262.30
					0
December 2019 Active		112			

MEMORIAL MEDICAL CENTER

So Much...So Close!

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

Date: 11/6/2020
Invoice # 349
For: Oct-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
NOV 10 2020
BY
CALHOUN COUNTY AUDITOR

MEMORIAL MEDICAL CENTER
CHECK REQUEST

Copy

PAY TO: CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 11/06/20

APPROVED ON NOV 12 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 OPERATING ACCOUNT TO THE INDIGENT

REQUESTED BY: Mayra Martinez

AUTHORIZED BY:

G/L NUMBER	RECEIPT DATE	PAY NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CASH CODE ACCOUNT
50200.000	10/21/20	566570	IN	CIGNA HEALTHCARE	398.15-	398.15-			00/00/00	KAH	2
50200.000	10/29/20	567125	IN	CIGNA HEALTHCARE	74.47-	74.47-			00/00/00	KAH	2
50200.000	10/29/20	567151	IN	CIGNA HEALTHCARE	170.34-	170.34-			00/00/00	KAH	2
50200.000	10/29/20	567161	IN	CIGNA HEALTHCARE	129.04-	129.04-			00/00/00	KAH	2
50200.000	10/29/20	567163	IN	CIGNA HEALTHCARE	132.89-	132.89-			00/00/00	KAH	2
50200.000	10/30/20	567306	IN	CIGNA HEALTHCARE	36.38-	36.38-			00/00/00	KAH	2
50200.000	10/30/20	567320	IN	PAN AMERICAN LIFE	46.00-	46.00-			00/00/00	KAH	2
50200.000	10/30/20	567324	IN	CIGNA HEALTHCARE	201.37-	201.37-			00/00/00	KAH	2
50200.000	10/30/20	567329	IN	MERITAIN HEALTH	111.86-	111.86-			00/00/00	KAH	2
50200.000	10/30/20	567391	IN	CIGNA HEALTHCARE	64.20-	64.20-			00/00/00	KAH	2
50200.000	10/30/20	567394	IN	CIGNA HEALTHCARE	151.30-	151.30-			00/00/00	KAH	2
50200.000	10/30/20	567396	IN	CIGNA HEALTHCARE	36.59-	36.59-			00/00/00	KAH	2
50200.000	10/12/20	565634	IN	AETNA U S HEALTHCAR	1361.59-	1361.59-			00/00/00	MRP	2
50200.000	10/27/20	566857	IN	UNITED HEALTHCARE	.00	.00			00/00/00	MRP	2
50200.000	10/30/20	567735	IN	AETNA TRS CARE	14063.00-	14063.00-			00/00/00	MRP	2
50200.000	10/30/20	567788	IN	WPS MVH VAPC3	2035.49-	2035.49-			00/00/00	MRP	2
50200.000	10/30/20	567803	IN	TRICARE	3845.32-	3845.32-			00/00/00	MRP	2
50200.000	10/30/20	567855	IN	TRICARE	.00	.00			00/00/00	MRP	2
50200.000	10/20/20	566414	IN	AETNA U S HEALTHCAR	129.20-	129.20-			00/00/00	RC	2
50200.000	10/27/20	566887	IN	CIGNA HEALTHCARE	155.36-	155.36-			00/00/00	RC	2
50200.000	10/27/20	567070	IN	CIGNA	101.86-	101.86-			00/00/00	RC	2
50200.000	10/29/20	567205	IN	CIGNA HEALTHCARE	140.81-	140.81-			00/00/00	RC	2
50200.000	10/30/20	567284	IN	CIGNA HEALTHCARE	211.22-	211.22-			00/00/00	RC	2
50200.000	10/30/20	567296	IN	CIGNA HEALTHCARE	68.05-	68.05-			00/00/00	RC	2
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-415985.79					
50240.000	10/28/20	566862	CA	[redacted]	10.00	10.00			00/00/00	CAS	2
50240.000	10/30/20	567152	CA	[redacted]	10.00	10.00			00/00/00	CAS	2
50240.000	10/06/20	564863	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	10/12/20	565558	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	10/12/20	565695	VI	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	10/12/20	565742	VI	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	10/19/20	566042	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
50240.000	10/21/20	566392	CA	[redacted]	10.00	10.00			00/00/00	PLB	2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						80.00					
50500.000	10/30/20	567831	DD	HEALTH HUMAN SVC	10473.34	10473.34			00/00/00	FAG	2
TOTAL 50500.000 UCC - OTHER REV						10473.34					
50510.000	10/22/20	566536	MC	CAFE CURBSIDE	10.37	10.37			00/00/00	CAS	2
50510.000	10/22/20	566537	VI	CAFE CURBSIDE	170.12	170.12			00/00/00	CAS	2
50510.000	10/22/20	566538	MC	CAFE	55.80	55.80			00/00/00	CAS	2
50510.000	10/22/20	566539	AE	CAFE	12.13	12.13			00/00/00	CAS	2
50510.000	10/22/20	566540	VI	CAFE	192.59	192.59			00/00/00	CAS	2
50510.000	10/22/20	566541	CA	CAFE	243.68	243.68			00/00/00	CAS	2
50510.000	10/28/20	566881	MC	CAFE CURBSIDE	8.58	8.58			00/00/00	CAS	2
50510.000	10/28/20	566882	VI	CAFE CURBSIDE	56.62	56.62			00/00/00	CAS	2
50510.000	10/28/20	566883	MC	CAFE	33.65	33.65			00/00/00	CAS	2
50510.000	10/28/20	566884	VI	CAFE	97.20	97.20			00/00/00	CAS	2
50510.000	10/28/20	566885	CA	CAFE	108.90	108.90			00/00/00	CAS	2
50510.000	10/01/20	564393	VI	CAFE	259.75	259.75			00/00/00	PLB	2

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50200.000	10/30/20	567396	IN	CIGNA HEALTHCARE	36.59-	36.59-			00/00/00	KAH	2
50200.000	10/12/20	565634	IN	AETNA U S HEALTHCAR	1361.59-	1361.59-			00/00/00	MRP	2
50200.000	10/27/20	566857	IN	UNITED HEALTHCARE	.00	.00			00/00/00	MRP	2
50200.000	10/30/20	567735	IN	AETNA TRS CARE	14063.00-	14063.00-			00/00/00	MRP	2
50200.000	10/30/20	567788	IN	WPS MVH VAPC3	2035.49-	2035.49-			00/00/00	MRP	2
50200.000	10/30/20	567803	IN	TRICARE	3845.32-	3845.32-			00/00/00	MRP	2
50200.000	10/30/20	567855	IN	TRICARE	.00	.00			00/00/00	MRP	2
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50200.000	10/27/20	566887	IN	CIGNA HEALTHCARE	155.36-	155.36-			00/00/00	RC	2
50200.000	10/27/20	567070	IN	CIGNA	101.86-	101.86-			00/00/00	RC	2
50200.000	10/29/20	567205	IN	CIGNA HEALTHCARE	140.81-	140.81-			00/00/00	RC	2
50200.000	10/30/20	567284	IN	CIGNA HEALTHCARE	211.22-	211.22-			00/00/00	RC	2
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50240.000	10/06/20	564863	CA		10.00	10.00			00/00/00	PLB	2
50240.000	10/12/20	565558	CA		10.00	10.00			00/00/00	PLB	2
50240.000	10/12/20	565695	VI		10.00	10.00			00/00/00	PLB	2
50240.000	10/12/20	565742	VI		10.00	10.00			00/00/00	PLB	2
50240.000	10/19/20	566042	CA		10.00	10.00			00/00/00	PLB	2
50240.000	10/21/20	566392	CA		10.00	10.00			00/00/00	PLB	2
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TOTAL 50500.000 UCC - OTHER REV						10473.34					
50510.000	10/22/20	566536	MC	CAFE CURBSIDE	10.37	10.37			00/00/00	CAS	2
50510.000	10/22/20	566537	VI	CAFE CURBSIDE	170.12	170.12			00/00/00	CAS	2
50510.000	10/22/20	566538	MC	CAFE	55.80	55.80			00/00/00	CAS	2
50510.000	10/22/20	566539	AE	CAFE	12.13	12.13			00/00/00	CAS	2
50510.000	10/22/20	566540	VI	CAFE	192.59	192.59			00/00/00	CAS	2
50510.000	10/22/20	566541	CA	CAFE	243.68	243.68			00/00/00	CAS	2
50510.000	10/28/20	566881	MC	CAFE CURBSIDE	8.58	8.58			00/00/00	CAS	2
50510.000	10/28/20	566882	VI	CAFE CURBSIDE	56.62	56.62			00/00/00	CAS	2
50510.000	10/28/20	566883	MC	CAFE	33.65	33.65			00/00/00	CAS	2
50510.000	10/28/20	566884	VI	CAFE	97.20	97.20			00/00/00	CAS	2
50510.000	10/28/20	566885	CA	CAFE	108.90	108.90			00/00/00	CAS	2
50510.000	10/01/20	564393	VI	CAFE	259.75	259.75			00/00/00	PLB	2

PROSPERITY BANK®

Statement Date 10/31/2020
Account No

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

13489

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

10/01/2020	Beginning Balance				$5,456.70
	5 Deposits/Other Credits			+	$37,515.18
	8 Checks/Other Debits			-	$9,935.01
10/31/2020	Ending Balance	31	Days in Statement Period		$33,036.87
	Total Enclosures				12

DEPOSITS/OTHER CREDITS

Date	Description	Amount
10/01/2020	Deposit	$10,001.41 Aug back
10/15/2020	Deposit	$33.27 Medicaid
10/22/2020	Deposit	$90.00 Co Pay - Sept
10/30/2020	Deposit	$27,387.17 Sept Indigent C
10/31/2020	Accr Earning Pymt Added to Account	$3.33

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12394	10-09	$33.27	12397	10-05	$130.88	12401*	10-14	$160.48
12395	10-06	$122.98	12398	10-05	$5,065.13	12403*	10-07	$200.00
12396	10-05	$4,166.67	12399	10-28	$55.60			

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
10-01	$15,458.11	10-09	$5,739.18	10-28	$5,646.37
10-05	$6,095.43	10-14	$5,578.70	10-30	$33,033.54
10-06	$5,972.45	10-15	$5,611.97	10-31	$33,036.87
10-07	$5,772.45	10-22	$5,701.97		

EARNINGS SUMMARY

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

Interest Paid This Period	$3.33	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$25.47	Days in Earnings Period	31
		Earnings Balance	$8,727.16

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101061 : 01348901