MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- December 16, 2020

by:DC

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Cardiovascular Associates of Victoria		33.27
HEB Pharmacy (Medimpact) Pharmacy Reimbursement		73.12
MMCenter (In-patient $0/ Out-patient $1,975.70/ ER $0)		1,975.70
Memorial Medical Clinic		631.62
MMC Professional Fees		183.91
Singleton Associates, PA		13.10
Victoria Anesthesiology Assoc		306.66
SUBTOTAL		**3,217.38**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	7,384.05
Co-pays adjustments for November 2020		**(10.00)**
Reimbursement from Medicaid		**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**7,374.05**

APPROVED

DEC 16 2020

CALHOUN COUNTY
COMMISSIONERS COURT

0 000012162020	CALHOUN COUNTY, TEXAS

DATE: 12/16/2020

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			$7,374.05
	approved by Commissioners Court on 12/16/2020			
1000-001-46010	November 30, 2020 Interest			($3.57)
				$7,370.48

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON DEC 11 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: 12/16/2020

DEPARTMENT HEAD DATE

©IHS
Issued 12/02/20

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 12/01/2020 through 12/01/2020
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	1,993.30	230.28
01-2	Physician Services- Anesthesia	1,170.00	306.66
02	Prescription Drugs	73.12	73.12
08	Rural Health Clinics	708.00	631.62
14	Mmc - Hospital Outpatient	6,065.00	1,975.70
	Expenditures	10,025.08	3,233.04
	Reimb/Adjustments	-15.66	-15.66
	Grand Total	**10,009.42**	**3,217.38**

EXPENSES	4,166.67
	7,384.05
COPAYS	<10.00>
TOTAL	7,374.05

APPROVED
ON
DEC 1 1 2020
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Issued 12/02/20

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/01/2020 through 12/01/2020
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	31,180.44	4,043.65
01-2	Physician Services- Anesthesia	5,382.00	1,506.29
02	Prescription Drugs	1,621.74	1,621.74
08	Rural Health Clinics	9,008.00	7,812.33
11	Reimbursements	0.00	-33.27
13	Mmc - Inpatient Hospital	86,196.45	39,729.77
14	Mmc - Hospital Outpatient	120,236.08	38,752.48
15	Mmc - Er Bills	19,689.85	6,300.75
	Expenditures	274,031.18	100,483.63
	Reimb/Adjustments	-716.62	-749.89
	Grand Total	**273,314.56**	**99,733.74**

EXPENSES	45,833.35
	145,567.09
COPAYS	<1,090.00>
TOTAL	144,477.09

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	1	0	1	8	6
December					
YTD					
Monthly Avg	0	1	1	12	2
December 2019 Active		18			
Number of Charity patients				211	
Number of Charity patients below **50%** FPL				69	

Calhoun County Pharmacy Assistance Patient Caseload 2019

	Approved	Refills	Removed	Active	Value
January	0	2	0	114	$116.00
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	3	12	0	126	$32,638.00
December					
YTD PATIENT SAVINGS					$213,763.00
Monthly Avg	2	5	0	116	$19,443.55
					0
December 2019 Active		112			

MEMORIAL MEDICAL CENTER

So Much...So Close!

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

Date: 12/8/2020
Invoice # 350
For: Nov-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
DEC 11 2020
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

copy

MEMORIAL MEDICAL CENTER
CHECK REQUEST

POSTED

PAY TO THE ORDER OF: CALHOUN COUNTY INDIGENT ACCOUNT

Date Requested: 12/8/2020

ATTESTED
BY
DEC 10 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $10.00

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 CODE	CASH ACCOUNT
50200.000	11/11/20	568642	IN	MEDICA UHC	110.69-	110.69-			00/00/00	RC		2
50200.000	11/12/20	568779	IN	CIGNA HEALTHCARE	157.93-	157.93-			00/00/00	RC		2
50200.000	11/12/20	568783	IN	CIGNA HEALTHCARE	50.29-	50.29-			00/00/00	RC		2
50200.000	11/12/20	568816	IN	CIGNA HEALTHCARE	67.20-	67.20-			00/00/00	RC		2
50200.000	11/12/20	568818	IN	CIGNA HEALTHCARE	197.74-	197.74-			00/00/00	RC		2
50200.000	11/12/20	568821	IN	CIGNA HEALTHCARE	95.02-	95.02-			00/00/00	RC		2
50200.000	11/12/20	568832	IN	CIGNA HEALTHCARE	76.40-	76.40-			00/00/00	RC		2
50200.000	11/13/20	569000	IN	CIGNA HEALTHCARE	76.40-	76.40-			00/00/00	RC		2
50200.000	11/13/20	569003	IN	CIGNA HEALTHCARE	18.62-	18.62-			00/00/00	RC		2
50200.000	11/13/20	569007	IN	CIGNA HEALTHCARE	148.94-	148.94-			00/00/00	RC		2
50200.000	11/17/20	569263	IN	CIGNA HEALTHCARE	74.47-	74.47-			00/00/00	RC		2
50200.000	11/20/20	569716	IN	CIGNA HEALTHCARE	135.26-	135.26-			00/00/00	RC		2
50200.000	11/20/20	569718	IN	CIGNA HEALTHCARE	191.53-	191.53-			00/00/00	RC		2
50200.000	11/20/20	569721	IN	CIGNA HEALTHCARE	70.83-	70.83-			00/00/00	RC		2
50200.000	11/20/20	569731	IN	CIGNA HEALTHCARE	107.21-	107.21-			00/00/00	RC		2
50200.000	11/20/20	569733	IN	CIGNA HEALTHCARE	129.47-	129.47-			00/00/00	RC		2
50200.000	11/20/20	569742	IN	CIGNA HEALTHCARE	78.54-	78.54-			00/00/00	RC		2
50200.000	11/23/20	569780	IN	CIGNA HEALTHCARE	70.19-	70.19-			00/00/00	RC		2
50200.000	11/23/20	569810	IN	CIGNA HEALTHCARE	126.47-	126.47-			00/00/00	RC		2
50200.000	11/25/20	570132	IN	CIGNA HEALTHCARE	68.05-	68.05-			00/00/00	RC		2
50200.000	11/25/20	570163	IN	CIGNA HEALTHCARE	140.81-	140.81-			00/00/00	RC		2
50200.000	11/25/20	570165	IN	CIGNA HEALTHCARE	157.08-	157.08-			00/00/00	RC		2
50200.000	11/27/20	570238	IN	CIGNA HEALTHCARE	66.34-	66.34-			00/00/00	RC		2
50200.000	11/27/20	570240	IN	CIGNA HEALTHCARE	76.40-	76.40-			00/00/00	RC		2
50200.000	11/27/20	570242	IN	CIGNA HEALTHCARE	145.52-	145.52-			00/00/00	RC		2
50200.000	11/27/20	570246	IN	CIGNA HEALTHCARE	36.59-	36.59-			00/00/00	RC		2
50200.000	11/27/20	570248	IN	CIGNA HEALTHCARE	106.57-	106.57-			00/00/00	RC		2
50200.000	11/27/20	570250	IN	CIGNA HEALTHCARE	154.72-	154.72-			00/00/00	RC		2
TOTAL 50200.000 COMMERCIAL INS. -ADJ						-449436.05						
50240.000	11/24/20	569758	CA	[redacted]	.00	.00			00/00/00	PLB		2
50240.000	11/24/20	569759	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						10.00						
50510.000	11/09/20	568266	VI	CAFE CURBSIDE	186.59	186.59			00/00/00	CAS		2
50510.000	11/09/20	568267	MC	CAFE CURBSIDE	29.27	29.27			00/00/00	CAS		2
50510.000	11/09/20	568268	DS	CAFE CURBSIDE	27.56	27.56			00/00/00	CAS		2
50510.000	11/09/20	568269	VI	CAFE	250.17	250.17			00/00/00	CAS		2
50510.000	11/09/20	568270	MC	CAFE	59.73	59.73			00/00/00	CAS		2
50510.000	11/09/20	568271	AE	CAFE	33.49	33.49			00/00/00	CAS		2
50510.000	11/09/20	568272	CA	CAFE	249.85	249.85			00/00/00	CAS		2
50510.000	11/13/20	568802	VI	CAFE CURBSIDE	45.67	45.67			00/00/00	CAS		2
50510.000	11/13/20	568803	MC	CAFE CURBSIDE	9.41	9.41			00/00/00	CAS		2
50510.000	11/13/20	568804	DS	CAFE CURBSIDE	16.64	16.64			00/00/00	CAS		2
50510.000	11/13/20	568805	VI	CAFE	199.57	199.57			00/00/00	CAS		2
50510.000	11/13/20	568806	MC	CAFE	71.14	71.14			00/00/00	CAS		2
50510.000	11/13/20	568807	AE	CAFE	16.69	16.69			00/00/00	CAS		2
50510.000	11/13/20	568808	CA	CAFE	148.31	148.31			00/00/00	CAS		2
50510.000	11/02/20	567335	VI	CAFE	181.34	181.34			00/00/00	PLB		2
50510.000	11/02/20	567336	MC	CAFE	18.76	18.76			00/00/00	PLB		2
50510.000	11/02/20	567337	AE	CAFE	5.82	5.82			00/00/00	PLB		2
50510.000	11/02/20	567338	VI	CURBSIDE	81.91	81.91			00/00/00	PLB		2

G/L NUMBER	RECEIPT DATE	PAY NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	INIT	COLL CODE	GL CASH ACCOUNT
[redacted]												
50240.000	11/24/20	[redacted]			.00	.00			00/00/00	PLB		2
50240.000	11/24/20				10.00	10.00			00/00/00	PLB		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						10.00						

[redacted]

PROSPERITY BANK®

Statement Date 11/30/2020
Account No

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

13438

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account N[redacted]

11/01/2020	Beginning Balance				$33,036.87
	2 Deposits/Other Credits			+	$83.57
	9 Checks/Other Debits			-	$27,631.04
11/30/2020	Ending Balance	30	Days in Statement Period		$5,489.40
	Total Enclosures				10

DEPOSITS/OTHER CREDITS

Date	Description	Amount
11/20/2020	Deposit	$80.00 Copays
11/30/2020	Accr Earning Pymt Added to Account	$3.57

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12400	11-16	$118.42	12406	11-05	$21,461.09	12409	11-10	$194.33
12404*	11-12	$46.73	12407	11-12	$775.81	12410	11-09	$154.12
12405	11-05	$99.07	12408	11-12	$614.80	12411	11-06	$4,166.67

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
11-01	$33,036.87	11-09	$7,155.92	11-16	$5,405.83
11-05	$11,476.71	11-10	$6,961.59	11-20	$5,485.83
11-06	$7,310.04	11-12	$5,524.25	11-30	$5,489.40

EARNINGS SUMMARY

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

Interest Paid This Period	$3.57	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$29.04	Days in Earnings Period	30
		Earnings Balance	$9,689.93

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