

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- March 04, 2020

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 639,241.92
TOTAL TRANSFERS BETWEEN FUNDS	\$ 104,732.38
TOTAL NURSING HOME UPL EXPENSES	\$ 1,017,506.92
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 5,803.89
GRAND TOTAL DISBURSEMENTS APPROVED March 04, 2020	\$ 1,767,285.11

APPROVED

MAR 04 2020

**CALHOUN COUNTY
COMMISSIONERS COURT**

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---March 04, 2020

PAYABLES AND PAYROLL

2/28/2020 Weekly Payables	229,057.62
3/2/2020 McKesson-340B Prescription Expense	7,007.20
3/2/2020 Amerisource Bergen-340B Prescription Expense	1,013.07
3/2/2020 Payroll Liabilities -Payroll Taxes	102,431.62
3/2/2020 Payroll	299,171.71
3/2/2020 ExpertPay-child support	347.65

Prosperity Electronic Bank Payments

2/24/-2/28/2020 Pay Plus-Patient Claims Processing Fee	213.05
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TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$	639,241.92
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TRANSFER BETWEEN FUNDS-NURSING HOMES

2/28/2020 MMC Operating to Ashford-NH portion of QIPP payment	926.55
2/28/2020 MMC Operating to Solera-NH portion of QIPP payment	987.97
2/28/2020 MMC Operating to Fortbend-NH portion of QIPP payment	734.47
2/28/2020 MMC Operating to Broadmoor-NH portion of QIPP payment	329.44
2/28/2020 MMC Operating to The Crescent- NJH portion of QIPP payment and correction of NH insurance payment sent to MMC in error	19,303.25
2/28/2020 MMC Operating to Golden Creek Healthcare-NH portion of QIPP payment and correction of NH insurance payment sent to MMC in error	58,672.70
2/28/2020 MMC Operating to Gulf Pointe Plaza- NH portion of QIPP payment and correction of NH insurance payment sent to MMC in error	23,778.00

TOTAL TRANSFERS BETWEEN FUNDS	\$	104,732.38
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NURSING HOME UPL EXPENSES

3/2/2020 Nursing Home UPI-Cantex Transfer	648,859.28
3/2/2020 Nursing Home UPI-Nexion Transfer	103,592.40
3/2/2020 Nursing Home UPI-HMG Transfer	168,827.13

QIPP/INTEREST/RECOUP CHECKS TO MMC

3/2/2020 Ashford	22,396.02
3/2/2020 Broadmoor	8,051.76
3/2/2020 Crescent	6,911.44
3/2/2020 Fort Bend	9,359.04
3/2/2020 Solera	8,293.69
3/2/2020 Golden Creek	26,568.48
3/2/2020 Gulf Pointe	14,647.68

TOTAL NURSING HOME UPL EXPENSES	\$	1,017,506.92
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INTER-GOVERNMENT TRANSFERS

3/2/2020 IGT UHRIP to be paid 03/03/2020	5,803.89
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TOTAL INTER-GOVERNMENT TRANSFERS	\$	5,803.89
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GRAND TOTAL DISBURSEMENTS APPROVED March 04, 2020	\$	1,767,285.11
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RECEIVED**FEB 27 2020**

02/27/2020

Calhoun County Auditor

12:05

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 03/11/2020

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ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11237 3WON, LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1884 ✓		02/25/20	12/30/20	01/30/20		1,393.00	0.00	0.00	1,393.00 ✓

CREDENTIALING

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11237	3WON, LLC	1,393.00	0.00	0.00	1,393.00	

Vendor# Vendor Name

Class Pay Code

11283 ACE HARDWARE 15521 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
141985		02/12/20	02/10/20	03/06/20		33.98	0.00	0.00	33.98 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11283	ACE HARDWARE 15521	33.98	0.00	0.00	33.98	

Vendor# Vendor Name

Class Pay Code

11014 ADVANCED COMMUNICATIONS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
13535 ✓		02/26/20	01/27/20	01/27/20		500.00	0.00	0.00	500.00 ✓

REPAIR on 16 ultrasound

13910 ✓		02/26/20	02/10/20	02/10/20		640.40	0.00	0.00	640.40
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REPAIR ultrasound 3CL

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11014	ADVANCED COMMUNICATIONS	1,140.40	0.00	0.00	1,140.40	

Vendor# Vendor Name

Class Pay Code

11062 AIRESPRING INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
134006678 ✓		02/26/20	02/16/20	03/11/20		1,533.88	0.00	0.00	1,533.88 ✓

PHONES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11062	AIRESPRING INC	1,533.88	0.00	0.00	1,533.88	

Vendor# Vendor Name

Class Pay Code

B0436 BARD ACCESS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
45916795 ✓		02/25/20	02/10/20	02/25/20		150.00	0.00	0.00	150.00 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
B0436	BARD ACCESS	150.00	0.00	0.00	150.00	

Vendor# Vendor Name

Class Pay Code

B0435 BARD PERIPHERAL VASCULAR ✓

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
80644970 ✓		02/25/20	02/10/20	02/25/20		54.66	0.00	0.00	54.66 ✓

SUPPLIES

80659319 ✓		02/25/20	02/12/20	02/25/20		109.04	0.00	0.00	109.04 ✓
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SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
B0435	BARD PERIPHERAL VASCULAR	163.70	0.00	0.00	163.70	

Vendor# Vendor Name

Class Pay Code

B1150 BAXTER HEALTHCARE ✓

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
65802151		02/25/20	02/13/20	03/09/20		358.75	0.00	0.00	358.75		
SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						B1150	BAXTER HEALTHCARE	358.75	0.00	0.00	358.75
Vendor#	Vendor Name				Class	Pay Code					
B1220	BECKMAN COULTER INC				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
108214545		02/21/20	01/21/20	02/15/20		1,155.66	0.00	0.00	1,155.66		
SUPPLIES											
108224849		02/21/20	01/27/20	02/21/20		505.98	0.00	0.00	505.98		
SUPPLIES											
108224850		02/21/20	01/27/20	02/21/20		457.48	0.00	0.00	457.48		
PROPERTY TAX											
108224851		02/21/20	01/27/20	02/21/20		1,311.12	0.00	0.00	1,311.12		
PROPERTY TAX											
54178724		02/21/20	01/30/20	02/24/20		3,507.27	0.00	0.00	3,507.27		
MAIT CONTRACT/LEASE											
108243813		02/21/20	02/03/20	02/28/20		327.94	0.00	0.00	327.94		
SUPPLIES											
108240043		02/21/20	02/03/20	02/28/20		2,439.66	0.00	0.00	2,439.66		
SUPPLIES											
108244573		02/21/20	02/03/20	02/28/20		737.19	0.00	0.00	737.19		
SUPPLIES											
108239811		02/21/20	02/03/20	02/28/20		33.44	0.00	0.00	33.44		
SUPPLIES											
108242249		02/21/20	02/03/20	02/28/20		412.05	0.00	0.00	412.05		
SUPPLIES											
108243428		02/21/20	02/03/20	02/28/20		4,158.45	0.00	0.00	4,158.45		
SUPPLIES											
108244417		02/21/20	02/03/20	02/28/20		6,462.63	0.00	0.00	6,462.63		
SUPPLIES											
108242596		02/21/20	02/04/20	02/29/20		3,162.46	0.00	0.00	3,162.46		
SUPPLIES											
108245109		02/21/20	02/04/20	02/29/20		797.44	0.00	0.00	797.44		
SUPPLIES											
108243384		02/21/20	02/04/20	02/29/20		48.78	0.00	0.00	48.78		
SUPPLIES											
108243788		02/21/20	02/04/20	02/29/20		816.88	0.00	0.00	816.88		
SUPPLIES											
108245150		02/21/20	02/04/20	02/29/20		113.82	0.00	0.00	113.82		
SUPPLIES											
108245082		02/21/20	02/04/20	02/29/20		1,503.45	0.00	0.00	1,503.45		
SUPPLIES											
5419001		02/21/20	02/05/20	03/01/20		6,249.42	0.00	0.00	6,249.42		
SERVICE MAINT CONTRACT/L											
7265304		02/21/20	02/05/20	03/01/20		5,993.99	0.00	0.00	5,993.99		
METER BILLING											
5419331		02/21/20	02/13/20	03/09/20		5,016.58	0.00	0.00	5,016.58		
SERVICE MAINT CONTRACT/I											
108262624		02/21/20	02/13/20	03/09/20		1,062.22	0.00	0.00	1,062.22		
SUPPLIES											

Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC			46,273.91	0.00	0.00	46,273.91
Vendor#	Vendor Name		Class	Pay Code					
12600	BIOFIRE DIAGNOSTICS LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1280032219 ✓		02/25/20	02/10/20	02/25/20		4,174.12	0.00	0.00	4,174.12 ✓
SUPPLIES									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		12600	BIOFIRE DIAGNOSTICS LLC			4,174.12	0.00	0.00	4,174.12
Vendor#	Vendor Name		Class	Pay Code					
B1650	BOSART LOCK & KEY INC ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
~~54000~~ 119309	KEY/REKEY	02/19/20	02/06/20	03/07/20		200.00	0.00	0.00	200.00 ✓
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		B1650	BOSART LOCK & KEY INC			200.00	0.00	0.00	200.00
Vendor#	Vendor Name		Class	Pay Code					
C1992	CDW GOVERNMENT, INC. ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
WRS7129 ✓		02/04/20	02/24/20	03/05/20		49.30	0.00	0.00	49.30 ✓
SUPPLIES									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		C1992	CDW GOVERNMENT, INC.			49.30	0.00	0.00	49.30
Vendor#	Vendor Name		Class	Pay Code					
12768	CHEMAQUA ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3846272 ✓		02/26/20	02/10/20	02/20/20		500.00	0.00	0.00	500.00 ✓
WATER TREATMENT									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		12768	CHEMAQUA			500.00	0.00	0.00	500.00
Vendor#	Vendor Name		Class	Pay Code					
C1600	CITIZENS MEDICAL CENTER ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
021420		02/25/20	02/14/20	02/14/20		85.00	0.00	0.00	85.00 ✓
CPR									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		C1600	CITIZENS MEDICAL CENTER			85.00	0.00	0.00	85.00
Vendor#	Vendor Name		Class	Pay Code					
C1970	CONMED CORPORATION ✓		M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
196958 ✓		02/25/20	02/11/20	02/25/20		119.76	0.00	0.00	119.76 ✓
SUPPLIES									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		C1970	CONMED CORPORATION			119.76	0.00	0.00	119.76
Vendor#	Vendor Name		Class	Pay Code					
10006	CUSTOM MEDICAL SPECIALTIES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
264737 ✓		02/25/20	02/07/20	02/25/20		326.41	0.00	0.00	326.41 ✓
SUPPLIE									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		10006	CUSTOM MEDICAL SPECIALTIES			326.41	0.00	0.00	326.41

Vendor#	Vendor Name	Class	Pay Code							
10368	DEWITT POTH & SON ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
5989890 ✓		02/04/20	02/14/20	03/10/20		124.25	0.00	0.00	124.25	✓
	SUPPLIES									
5988780 ✓		02/17/20	02/13/20	03/09/20		71.88	0.00	0.00	71.88	✓
	SUPPLIES									
5985510 ✓		02/19/20	02/10/20	03/06/20		384.80	0.00	0.00	384.80	✓
	SUPPLIES									
5981490 ✓		02/19/20	02/11/20	03/07/20		101.54	0.00	0.00	101.54	✓
	SUPPLIES									
5987350 ✓		02/19/20	02/11/20	03/07/20		116.15	0.00	0.00	116.15	✓
	SUPPLIES									
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					10368	DEWITT POTH & SON	798.62	0.00	0.00	798.62
Vendor#	Vendor Name	Class	Pay Code							
10026	DONN STRINGO ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
022120		02/26/20	02/21/20	02/21/20		308.14	0.00	0.00	308.14	✓
	TRAVEL AIM - Texas AIM Teamwork Communication and Simulation Training									
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					10026	DONN STRINGO	308.14	0.00	0.00	308.14
Vendor#	Vendor Name	Class	Pay Code							
D1785	DYNATRONICS CORPORATION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
IN2021792 ✓		02/12/20	02/05/20	03/06/20		183.04	0.00	0.00	183.04	✓
	SUPPLIES									
IN2023032 ✓		02/25/20	02/18/20	02/25/20		351.61	0.00	0.00	351.61	✓
	SUPPLIES									
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					D1785	DYNATRONICS CORPORATION	534.65	0.00	0.00	534.65
Vendor#	Vendor Name	Class	Pay Code							
10042	ERBE USA INC SURGICAL SYSTEMS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
581136 ✓		02/25/20	11/18/20	02/25/20		155.93	0.00	0.00	155.93	✓
	SUPPLIES									
597683 ✓		02/25/20	02/17/20	02/25/20		157.36	0.00	0.00	157.36	✓
	SUPPLIES									
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					10042	ERBE USA INC SURGICAL SYSTEMS	313.29	0.00	0.00	313.29
Vendor#	Vendor Name	Class	Pay Code							
C2510	EVIDENT ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
T2002111378 ✓		02/26/20	02/11/20	03/07/20		9,943.33	0.00	0.00	9,943.33	✓
	CONSULTING									
T2002171378 ✓		02/26/20	02/17/20	03/11/20		11,721.27	0.00	0.00	11,721.27	✓
	W2/ 1099									
Vendor Totals					Number	Name	Gross	Discount	No-Pay	Net
					C2510	EVIDENT	21,664.60	0.00	0.00	21,664.60
Vendor#	Vendor Name	Class	Pay Code							
F1400	FISHER HEALTHCARE ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	

8466217 ✓		02/21/20 01/28/20 02/22/20	1,047.28	0.00	0.00	1,047.28 ✓
	SUPPLIES					
9043317 ✓		02/21/20 02/05/20 03/01/20	1,885.00	0.00	0.00	1,885.00 ✓
	SUPPLIES					
7791229 ✓		02/24/20 01/17/20 02/11/20	116.00	0.00	0.00	116.00 ✓
	SUPPLIES					
8001746 ✓		02/24/20 01/21/20 02/15/20	64.90	0.00	0.00	64.90 ✓
	SUPPLIES	(54.24 shipping on (1) 10.64 item)				
8001747 ✓		02/24/20 01/21/20 02/15/20	12,975.42	0.00	0.00	12,975.42 ✓
	SUPPLIES					
8190847 ✓		02/24/20 01/23/20 02/17/20	55.50	0.00	0.00	55.50 ✓
	SUPPLIES					
8556763 ✓		02/24/20 01/29/20 02/23/20	1,212.00	0.00	0.00	1,212.00 ✓
	SUPPLIES					
8648090 ✓		02/24/20 01/30/20 02/24/20	4,548.68	0.00	0.00	4,548.68 ✓
	SUPPLIES					
8912378 ✓		02/24/20 02/04/20 02/29/20	102.00	0.00	0.00	102.00 ✓
	SUPPLIES					
9043318 ✓		02/24/20 02/05/20 03/01/20	24.03	0.00	0.00	24.03 ✓
	SUPPLIES					
9043319 ✓		02/24/20 02/05/20 03/01/20	1,901.65	0.00	0.00	1,901.65 ✓
	SUPPLIES					
9188443 ✓		02/24/20 02/06/20 03/02/20	17,396.84	0.00	0.00	17,396.84 ✓
	SUPPLIES					
9386884 ✓		02/24/20 02/07/20 03/03/20	426.26	0.00	0.00	426.26 ✓
	SUPPLIES					
9704721 ✓		02/24/20 02/10/20 03/06/20	785.43	0.00	0.00	785.43 ✓
	SUPPLIES					
9188444 ✓		02/26/20 02/06/20 03/02/20	945.55	0.00	0.00	945.55 ✓
	SUPPLIES					

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	43,486.54	0.00	0.00	43,486.54

Vendor# Vendor Name Class Pay Code

13124	FRANK HINDS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
022120		02/26/20	02/21/20	02/21/20		308.14	0.00	0.00	308.14

TRAVEL aim - Texas AIM Teamwork Communication and Simulation Training

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	13124	FRANK HINDS	308.14	0.00	0.00	308.14

Vendor# Vendor Name Class Pay Code

12404	GE PRECISION HEALTHCARE, LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6001504364 ✓		02/27/20	02/01/20	03/02/20		307.66	0.00	0.00	307.66 ✓

IMAGING CONTRACT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC	307.66	0.00	0.00	307.66

Vendor# Vendor Name Class Pay Code

W1300	GRAINGER ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9439030959 ✓		02/25/20	02/10/20	03/06/20		89.36	0.00	0.00	89.36 ✓

SUPPLIES

Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		W1300	GRAINGER			89.36	0.00	0.00	89.36
Vendor#	Vendor Name			Class	Pay Code				
12948	GREAT AMERICAN FINANCIAL SVCS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
26422199 ✓		02/26/20	02/04/20	02/29/20		11,005.66	0.00	0.00	11,005.66 ✓
COPIER/ PRINTER LEASE									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		12948	GREAT AMERICAN FINANCIAL SVCS			11,005.66	0.00	0.00	11,005.66
Vendor#	Vendor Name			Class	Pay Code				
G1210	GULF COAST PAPER COMPANY ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
1806504 ✓		02/17/20	02/04/20	03/05/20		970.96	0.00	0.00	970.96 ✓
SUPPLIES									
1809482 ✓		02/19/20	02/10/20	03/11/20		59.96	0.00	0.00	59.96 ✓
SUPPLIES									
1787821 ✓		02/25/20	12/30/20	01/29/20		721.10	0.00	0.00	721.10
SUPPLIES									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY			1752.02	0.00	0.00	1,751.92
Vendor#	Vendor Name			Class	Pay Code				
11095	GULF COAST SCIENTIFIC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
73891 ✓		02/25/20	01/28/20	02/25/20		296.30	0.00	0.00	296.30 ✓
SUPPLIES									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		11095	GULF COAST SCIENTIFIC			296.30	0.00	0.00	296.30
Vendor#	Vendor Name			Class	Pay Code				
10334	HEALTH CARE LOGISTICS INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
307462049 ✓		02/25/20	02/06/20	03/02/20		56.98	0.00	0.00	56.98 ✓
SUPPLIES									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		10334	HEALTH CARE LOGISTICS INC			56.98	0.00	0.00	56.98
Vendor#	Vendor Name			Class	Pay Code				
12380	HEALTH SOLUTIONS DIETETICS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
022020		02/25/20	02/20/20	02/20/20		3,750.00	0.00	0.00	3,750.00
DIETICIAN (1/31/20 - 2/21/20)									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		12380	HEALTH SOLUTIONS DIETETICS			3,750.00	0.00	0.00	3,750.00
Vendor#	Vendor Name			Class	Pay Code				
H0416	HOLOGIC INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
020720		02/25/20	02/07/20	02/25/20		236.25	0.00	0.00	236.25 ✓
SUPPLIES									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		H0416	HOLOGIC INC			236.25	0.00	0.00	236.25
Vendor#	Vendor Name			Class	Pay Code				
11852	INDIGENT HEALTHCARE SOLUTIONS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
69395 ✓		02/26/20	02/19/20	02/19/20		388.00	0.00	0.00	388.00

CONFERENCE (4) @ 97.00 Each - registration for IHS Conference

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11852	INDIGENT HEALTHCARE SOLUTIONS									388.00	0.00	0.00	388.00 ✓
Vendor Totals	Number Name									Gross	Discount	No-Pay	Net
11260	INTOXIMETERS INC ✓		M										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
650652 ✓		02/26/20	02/13/20	03/09/20		240.00	0.00	0.00	240.00 ✓				
	SUPPLIES												
Vendor Totals	Number Name									Gross	Discount	No-Pay	Net
11260	INTOXIMETERS INC					240.00	0.00	0.00	240.00				
Vendor#	Vendor Name		Class	Pay Code									
12932	INTRADO ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
INV002197648 ✓		02/26/20	01/31/20	01/31/20		548.20	0.00	0.00	548.20 ✓				
	HOUSE CALLS												
Vendor Totals	Number Name									Gross	Discount	No-Pay	Net
12932	INTRADO					548.20	0.00	0.00	548.20				
Vendor#	Vendor Name		Class	Pay Code									
J0150	J & J HEALTH CARE SYSTEMS, INC ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
922038086 ✓		02/25/20	02/07/20	03/08/20		607.86	0.00	0.00	607.86 ✓				
	SUPPLIES												
Vendor Totals	Number Name									Gross	Discount	No-Pay	Net
J0150	J & J HEALTH CARE SYSTEMS, INC					607.86	0.00	0.00	607.86				
Vendor#	Vendor Name		Class	Pay Code									
10341	JENISE SVETLIK ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
022420		02/26/20	02/24/20	02/24/20		137.00	0.00	0.00	137.00 ✓				
	TRAVEL TEXAS AIM - Teamwork, Communication and Simulation Conference												
Vendor Totals	Number Name									Gross	Discount	No-Pay	Net
10341	JENISE SVETLIK					137.00	0.00	0.00	137.00				
Vendor#	Vendor Name		Class	Pay Code									
K1049	KENTEC MEDICAL INC ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
1079640 ✓		02/25/20	02/13/20	02/25/20		190.77	0.00	0.00	190.77 ✓				
	SUPPLIES												
Vendor Totals	Number Name									Gross	Discount	No-Pay	Net
K1049	KENTEC MEDICAL INC					190.77	0.00	0.00	190.77				
Vendor#	Vendor Name		Class	Pay Code									
13120	KRISTEN MACHICEK ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
020420		02/26/20	02/04/20	02/04/20		31.85	0.00	0.00	31.85 ✓				
	TRAVEL GCRAC - Violent Encounters Training 2/14/2020												
Vendor Totals	Number Name									Gross	Discount	No-Pay	Net
13120	KRISTEN MACHICEK					31.85	0.00	0.00	31.85				
Vendor#	Vendor Name		Class	Pay Code									
11612	MASA GLOBAL BUILDING ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
021420		02/26/20	02/14/20	02/14/20		1,670.50	0.00	0.00	1,670.50 ✓				
	INSURANCE												
Vendor Totals	Number Name									Gross	Discount	No-Pay	Net

	11612	MASA GLOBAL BUILDING				1,670.50	0.00	0.00	1,670.50	
Vendor#	Vendor Name		Class		Pay Code					
M2178	MCKESSON MEDICAL SURGICAL INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
76656404 ✓		02/25/20	02/11/20	02/26/20		2,176.87	0.00	0.00	2,176.87 ✓	
SUPPLIES										
Vendor Totals		Number	Name		Gross		Discount	No-Pay	Net	
		M2178	MCKESSON MEDICAL SURGICAL INC		2,176.87		0.00	0.00	2,176.87	
Vendor#	Vendor Name		Class		Pay Code					
11203	MEDI-DOSE, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
0758187 ✓		02/25/20	02/07/20	02/07/20		96.30	0.00	0.00	96.30 ✓	
SUPPLIES										
Vendor Totals		Number	Name		Gross		Discount	No-Pay	Net	
		11203	MEDI-DOSE, INC		96.30		0.00	0.00	96.30	
Vendor#	Vendor Name		Class		Pay Code					
10613	MEDIMPACT HEALTHCARE SYS, INC. ✓		A/P							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
022520		02/26/20	02/25/20	02/25/20		137.82	0.00	0.00	137.82 ✓	
INDIGENT										
Vendor Totals		Number	Name		Gross		Discount	No-Pay	Net	
		10613	MEDIMPACT HEALTHCARE SYS, INC.		137.82		0.00	0.00	137.82	
Vendor#	Vendor Name		Class		Pay Code					
M2470	MEDLINE INDUSTRIES INC ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1899830948 ✓		02/04/20	01/28/20	02/22/20		104.15	0.00	0.00	104.15 ✓	
SUPPLIES										
1899830950 ✓		02/04/20	01/28/20	02/22/20		184.13	0.00	0.00	184.13 ✓	
SUPPLIES										
1899830946 ✓		02/04/20	01/28/20	02/22/20		56.22	0.00	0.00	56.22 ✓	
SUPPLIES										
1899830949 ✓		02/04/20	01/28/20	02/22/20		145.98	0.00	0.00	145.98 ✓	
SUPPLIES										
1899830947 ✓		02/04/20	01/28/20	02/22/20		46.57	0.00	0.00	46.57 ✓	
SUPPLIES										
189998608 ✓		02/04/20	01/29/20	02/23/20		17.92	0.00	0.00	17.92 ✓	
SUPPLIES										
189998611 ✓		02/04/20	01/29/20	02/23/20		156.73	0.00	0.00	156.73 ✓	
SUPPLIES										
1900018243 ✓		02/04/20	01/29/20	02/23/20		87.00	0.00	0.00	87.00 ✓	
SUPPLIES										
189998614 ✓		02/04/20	01/29/20	02/23/20		82.91	0.00	0.00	82.91 ✓	
SUPPLIES										
189998617 ✓		02/04/20	01/29/20	02/23/20		168.26	0.00	0.00	168.26 ✓	
SUPPLIES										
189998615 ✓		02/04/20	01/29/20	02/23/20		165.82	0.00	0.00	165.82 ✓	
SUPPLIES										
189998609 ✓		02/04/20	01/29/20	02/23/20		463.26	0.00	0.00	463.26 ✓	
SUPPLIES										
189998610 ✓		02/04/20	01/29/20	02/23/20		47.04	0.00	0.00	47.04 ✓	
SUPPLIES										
189998613 ✓		02/04/20	01/29/20	02/23/20		3,708.16	0.00	0.00	3,708.16 ✓	

1899998616	✓	SUPPLIES	02/04/20 01/29/20 02/23/20	1,453.08	0.00	0.00	1,453.08 ✓
1900046231	✓	SUPPLIES	02/04/20 01/30/20 02/24/20	1,579.54	0.00	0.00	1,579.54 ✓
1900046233	✓	SUPPLIES	02/04/20 01/30/20 02/24/20	14.30	0.00	0.00	14.30 ✓
1900046232	✓	SUPPLIES	02/04/20 01/30/20 02/24/20	64.26	0.00	0.00	64.26 ✓
1900493626	✓	SUPPLIES	02/04/20 02/04/20 02/29/20	102.14	0.00	0.00	102.14 ✓
1900493621	✓	SUPPLIES	02/04/20 02/04/20 02/29/20	1,645.98	0.00	0.00	1,645.98 ✓
1900493631	✓	SUPPLIES	02/04/20 02/04/20 02/29/20	880.64	0.00	0.00	880.64 ✓
1900493628	✓	SUPPLIES	02/04/20 02/04/20 02/29/20	1,503.68	0.00	0.00	1,503.68 ✓
1900493613	✓	SUPPLIES	02/04/20 02/04/20 02/29/20	90.59	0.00	0.00	90.59 ✓
1900655250	✓	SUPPLIES	02/04/20 02/05/20 03/01/20	388.10	0.00	0.00	388.10 ✓
1900655251	✓	SUPPLIES	02/04/20 02/05/20 03/01/20	38.60	0.00	0.00	38.60 ✓
1900655254	✓	SUPPLIES	02/04/20 02/05/20 03/01/20	37.47	0.00	0.00	37.47 ✓
1900655248	✓	SUPPLIES	02/04/20 02/05/20 03/01/20	27.95	0.00	0.00	27.95 ✓
1900655252	✓	SUPPLIES	02/04/20 02/05/20 03/01/20	22.78	0.00	0.00	22.78 ✓
1900655253	✓	SUPPLIES	02/04/20 02/05/20 03/01/20	7.56	0.00	0.00	7.56 ✓
1900910759	✓	SUPPLIES	02/04/20 02/07/20 03/03/20	48.71	0.00	0.00	48.71 ✓
1901332383	✓	SUPPLIES	02/04/20 02/12/20 03/08/20	85.58	0.00	0.00	85.58 ✓
1901332384	✓	SUPPLIES	02/04/20 02/12/20 03/08/20	19.04	0.00	0.00	19.04 ✓
1901465528	✓	SUPPLIES	02/04/20 02/13/20 03/09/20	236.19	0.00	0.00	236.19 ✓
1901465526	✓	SUPPLIES	02/04/20 02/13/20 03/09/20	3,088.42	0.00	0.00	3,088.42 ✓
1900219940	✓	SUPPLIES	02/24/20 01/31/20 02/25/20	588.56	0.00	0.00	588.56 ✓
19004932296	✓	SUPPLIES	02/24/20 02/04/20 02/29/20	75.00	0.00	0.00	75.00 ✓
1900493610	✓	SUPPLIES	02/24/20 02/04/20 02/29/20	29.96	0.00	0.00	29.96 ✓
1900493607	✓	SUPPLIES	02/24/20 02/04/20 02/29/20	24.06	0.00	0.00	24.06 ✓
1900493601	✓	SUPPLIES	02/24/20 02/04/20 02/29/20	18.70	0.00	0.00	18.70 ✓

1900493299	✓	02/24/20 02/04/20 02/29/20	65.21	0.00	0.00	65.21	✓			
SUPPLIES										
1900493293	✓	02/24/20 02/04/20 02/29/20	34.18	0.00	0.00	34.18	✓			
SUPPLIES		freight 20.26 on (2) items equaling 13.86								
1900493604	✓	02/24/20 02/04/20 02/29/20	151.30	0.00	0.00	151.30	✓			
SUPPLIES										
1900493609	✓	02/24/20 02/04/20 02/29/20	61.46	0.00	0.00	61.46	✓			
SUPPLIES										
1901332386	✓	02/25/20 02/12/20 03/08/20	153.88	0.00	0.00	153.88	✓			
SUPPLIES										
Vendor Totals Number Name			Gross	Discount	No-Pay	Net				
M2470 MEDLINE INDUSTRIES INC			17,971.07	0.00	0.00	17,971.07				
Vendor#	Vendor Name	Class	Pay Code							
M2659	MERRY X-RAY/SOURCEONE HEALTHCA	✓ M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
8800582977	✓	02/25/20	02/07/20	03/08/20		662.72	0.00	0.00	662.72	✓
SUPPLIES										
Vendor Totals Number Name			Gross	Discount	No-Pay	Net				
M2659 MERRY X-RAY/SOURCEONE HEALTHCA			662.72	0.00	0.00	662.72				
Vendor#	Vendor Name	Class	Pay Code							
M2621	MMC AUXILIARY GIFT SHOP	✓ W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
022020		02/25/20	02/20/20	02/20/20		146.46	0.00	0.00	146.46	✓
PAYROLL DED										
Vendor Totals Number Name			Gross	Discount	No-Pay	Net				
M2621 MMC AUXILIARY GIFT SHOP			146.46	0.00	0.00	146.46				
Vendor#	Vendor Name	Class	Pay Code							
11472	OCCUPRO LLC	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
16535	✓	02/11/20	02/07/20	03/08/20		472.43	0.00	0.00	472.43	✓
USER LICENSE										
Vendor Totals Number Name			Gross	Discount	No-Pay	Net				
11472 OCCUPRO LLC			472.43	0.00	0.00	472.43				
Vendor#	Vendor Name	Class	Pay Code							
O1500	OLYMPUS AMERICA INC	✓ M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
98854992	✓	02/26/20	02/07/20	03/03/20		1,137.51	0.00	0.00	1,137.51	✓
MAIT CONTRACT										
Vendor Totals Number Name			Gross	Discount	No-Pay	Net				
O1500 OLYMPUS AMERICA INC			1,137.51	0.00	0.00	1,137.51				
Vendor#	Vendor Name	Class	Pay Code							
O1416	ORTHO CLINICAL DIAGNOSTICS	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
1851282249	✓	02/21/20	01/02/20	02/01/20		755.90	0.00	0.00	755.90	✓
SUPPLIES										
1851246599	✓	02/25/20	12/09/20	01/08/20		755.37	0.00	0.00	755.37	✓
SUPPLIES										
1851313753	✓	02/25/20	02/03/20	03/04/20		755.90	0.00	0.00	755.90	✓
SUPPLIES										
Vendor Totals Number Name			Gross	Discount	No-Pay	Net				
O1416 ORTHO CLINICAL DIAGNOSTICS			2,267.17	0.00	0.00	2,267.17				
Vendor#	Vendor Name	Class	Pay Code							

P0706	PALACIOS BEACON ✓			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
33057012 ✓		02/26/20	01/27/20	02/26/20		250.00	0.00	0.00	250.00 ✓	
	AD									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	P0706	PALACIOS BEACON				250.00	0.00	0.00	250.00	
Vendor#	Vendor Name			Class	Pay Code					
P1800	PITNEY BOWES INC ✓			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1014974647 ✓		02/19/20	02/07/20	03/08/20		101.74	0.00	0.00	101.74 ✓	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	P1800	PITNEY BOWES INC				101.74	0.00	0.00	101.74	
Vendor#	Vendor Name			Class	Pay Code					
10372	PRECISION DYNAMICS CORP (PDC) ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
4784526 ✓		02/25/20	02/10/20	03/11/20		54.10	0.00	0.00	54.10 ✓	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10372	PRECISION DYNAMICS CORP (PDC)				54.10	0.00	0.00	54.10	
Vendor#	Vendor Name			Class	Pay Code					
10987	REVCYCLE+, INC. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
31605 ✓		02/26/20	02/07/20	03/03/20		2,230.20	0.00	0.00	2,230.20 ✓	
	CODING SERVICE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10987	REVCYCLE+, INC.				2,230.20	0.00	0.00	2,230.20	
Vendor#	Vendor Name			Class	Pay Code					
S1001	SANOPI PASTEUR INC ✓			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
913997108 ✓		12/31/20	12/16/20	03/10/20		444.51	0.00	0.00	444.51 ✓	
	INVENTORY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	S1001	SANOPI PASTEUR INC				444.51	0.00	0.00	444.51	
Vendor#	Vendor Name			Class	Pay Code					
10625	SARA RUBIO ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
022120		02/25/20	02/21/20	02/21/20		203.54	0.00	0.00	203.54 ✓	
	QUARTERLY TTCF MEETING 2/18/2020									
021220		02/26/20	02/21/20	02/21/20		36.57	0.00	0.00	36.57 ✓	
	TRAVEL GCTASC Workshop 2/13/2020									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10625	SARA RUBIO				240.11	0.00	0.00	240.11	
Vendor#	Vendor Name			Class	Pay Code					
S1405	SERVICE SUPPLY OF VICTORIA INC ✓			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
701046066 ✓		02/19/20	02/13/20	03/10/20		195.69	0.00	0.00	195.69 ✓	
	SUPPLIES									
701045624 ✓		02/25/20	02/10/20	03/11/20		269.59	0.00	0.00	269.59 ✓	
	SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	

	S1405	SERVICE SUPPLY OF VICTORIA INC				465.28	0.00	0.00	465.28
Vendor#	Vendor Name		Class	Pay Code					
10699	SIGN AD, LTD. ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	247447 ✓		02/26/20	02/16/20	02/26/20	790.00	0.00	0.00	790.00 ✓
		AD							
	247453 ✓		02/26/20	02/26/20	03/07/20	400.00	0.00	0.00	400.00 ✓
		AD							
	Vendor Totals Number Name					Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.				1,190.00	0.00	0.00	1,190.00
Vendor#	Vendor Name		Class	Pay Code					
12848	SKILLGIGS INC. ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	22060 ✓		02/11/20	02/05/20	03/06/20	2,362.50	0.00	0.00	2,362.50 ✓
		ICE NURSE ROWE							
	Vendor Totals Number Name					Gross	Discount	No-Pay	Net
	12848	SKILLGIGS INC.				2,362.50	0.00	0.00	2,362.50
Vendor#	Vendor Name		Class	Pay Code					
S2353	SMITHS MEDICAL ASD INC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	15781899 ✓		02/25/20	02/05/20	02/25/20	133.64	0.00	0.00	133.64 ✓
		SUPPLIES							
	15783492 ✓		02/25/20	02/06/20	02/25/20	198.84	0.00	0.00	198.84 ✓
		SUPPLIES							
	Vendor Totals Number Name					Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC				332.48	0.00	0.00	332.48
Vendor#	Vendor Name		Class	Pay Code					
11296	SOUTH TEXAS BLOOD & TISSUE CEN ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	CM1619 ✓		02/25/20	02/15/20	03/11/20	-2,530.00	0.00	0.00	-2,530.00 ✓
		CREDIT							
	107004936 ✓		02/25/20	02/15/20	03/11/20	8,319.00	0.00	0.00	8,319.00 ✓
		BLOOD							
	Vendor Totals Number Name					Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN				5,789.00	0.00	0.00	5,789.00
Vendor#	Vendor Name		Class	Pay Code					
C1010	SPARKLIGHT ✓			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	021620A		02/26/20	02/16/20	02/16/20	427.26	0.00	0.00	427.26 ✓
		CABLE <i>Int'l fee 8.00</i>							
	021620		02/26/20	02/16/20	02/16/20	2,008.00	0.00	0.00	2,008.00 ✓
		CABLE <i>Int'l fee 8.00</i>							
	021620B		02/26/20	02/16/20	02/16/20	87.12	0.00	0.00	87.12 ✓
		CABLE <i>Int'l fee 8.00</i>							
	Vendor Totals Number Name					Gross	Discount	No-Pay	Net
	C1010	SPARKLIGHT				2,522.38	0.00	0.00	2,522.38
Vendor#	Vendor Name		Class	Pay Code					
S2694	STANFORD VACUUM SERVICE ✓			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	943596 ✓		02/26/20	02/24/20	02/24/20	385.00	0.00	0.00	385.00 ✓
		GREASE TRAP							
	Vendor Totals Number Name					Gross	Discount	No-Pay	Net

	S2694	STANFORD VACUUM SERVICE				385.00	0.00	0.00	385.00	
Vendor#	Vendor Name				Class	Pay Code				
13116	SYLVIA MENDOZA ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	021920		02/26/20	02/20/20			31.63	0.00	0.00	31.63 ✓
	TRAVEL P/U SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		13116	SYLVIA MENDOZA				31.63	0.00	0.00	31.63
Vendor#	Vendor Name				Class	Pay Code				
11944	TALX CORPORATION ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1001277406 ✓		02/19/20	02/08/20	03/09/20		10.99	0.00	0.00	10.99 ✓
	EMPLOYEE VERIFICATIONS									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11944	TALX CORPORATION				10.99	0.00	0.00	10.99
Vendor#	Vendor Name				Class	Pay Code				
11140	TEXAS ADVANTAGE COMMUNITY BANK. ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	021720		02/26/20	02/17/20	02/29/20		3,690.52	0.00	0.00	3,690.52 ✓
	LOAN PAYMENT									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11140	TEXAS ADVANTAGE COMMUNITY BANK				3,690.52	0.00	0.00	3,690.52
Vendor#	Vendor Name				Class	Pay Code				
T2204	TEXAS MUTUAL INSURANCE CO ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1001573808 ✓		02/26/20	02/11/20	02/11/20		4,091.15	0.00	0.00	4,091.15 ✓
	WORKERS COMP									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2204	TEXAS MUTUAL INSURANCE CO				4,091.15	0.00	0.00	4,091.15
Vendor#	Vendor Name				Class	Pay Code				
11038	THE INLINE GROUP ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	40410 ✓		02/25/20	02/19/20	03/05/20		2,500.00	0.00	0.00	2,500.00 ✓
	CANIDATE SOURCING SERVIC									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11038	THE INLINE GROUP				2,500.00	0.00	0.00	2,500.00
Vendor#	Vendor Name				Class	Pay Code				
12444	THE UPS STORE VICTORIA ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	11445 ✓		02/26/20	04/06/20	04/06/20		76.91	0.00	0.00	76.91 ✓
	FOAMBOARDS FOR LUBY'S									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12444	THE UPS STORE VICTORIA				76.91	0.00	0.00	76.91
Vendor#	Vendor Name				Class	Pay Code				
11100	THE US CONSULTING GROUP ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	340377135 ✓		02/19/20	02/12/20	03/08/20		242.69	0.00	0.00	242.69 ✓
	TRASH SERVICE									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11100	THE US CONSULTING GROUP				242.69	0.00	0.00	242.69
Vendor#	Vendor Name				Class	Pay Code				

10732	THERACOM, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
215640459301	✓	12/30/20	12/12/20	03/11/20		1,995.00	0.00	0.00	1,995.00	✓
INVENTORY										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10732	THERACOM, LLC				1,995.00	0.00	0.00	1,995.00	
Vendor#	Vendor Name			Class	Pay Code					
T0801	TLC STAFFING ✓			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
25820	✓	02/25/20	02/10/20	02/10/20		2,856.57	0.00	0.00	2,856.57	✓
SUPPLIES										
25847	✓	02/25/20	02/17/20	02/17/20		989.03	0.00	0.00	989.03	✓
STAFFING										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	T0801	TLC STAFFING				3,845.60	0.00	0.00	3,845.60	
Vendor#	Vendor Name			Class	Pay Code					
U1064	UNIFIRST HOLDINGS INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
8400320284	✓	02/26/20	01/02/20	01/27/20		18.62	0.00	0.00	18.62	✓
LAUNDRY										
8400323816	✓	02/26/20	02/13/20	03/09/20		81.67	0.00	0.00	81.67	✓
LAUNDRY										
8400323832	✓	02/26/20	02/13/20	03/09/20		1,104.05	0.00	0.00	1,104.05	✓
LAUNDRY										
8400323794	✓	02/26/20	02/13/20	03/09/20		131.55	0.00	0.00	131.55	✓
LAUNDRY										
8400323797	✓	02/26/20	02/13/20	03/09/20		175.83	0.00	0.00	175.83	✓
LAUNDRY										
8400323792	✓	02/26/20	02/13/20	03/09/20		18.62	0.00	0.00	18.62	✓
LAUNDRY										
8400323796	✓	02/26/20	02/13/20	03/09/20		217.64	0.00	0.00	217.64	✓
LAUNDRY										
8400323795	✓	02/26/20	02/13/20	03/09/20		204.22	0.00	0.00	204.22	✓
LAUNDRY										
8400323857	✓	02/26/20	02/13/20	03/09/20		118.57	0.00	0.00	118.57	✓
LAUNDRY										
8400320863	✓	02/27/20	01/09/20	02/03/20		120.39	0.00	0.00	120.39	✓
LAUNDRY										
8400323434	✓	02/27/20	02/01/20	02/26/20		61.48	0.00	0.00	61.48	✓
LAUNDRY										
8400323433	✓	02/27/20	02/10/20	03/06/20		47.15	0.00	0.00	47.15	✓
LAUNDRY										
8400323462	✓	02/27/20	02/11/20	03/07/20		1,314.18	0.00	0.00	1,314.18	✓
LAUNDRY										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	U1064	UNIFIRST HOLDINGS INC				3,613.97	0.00	0.00	3,613.97	
Vendor#	Vendor Name			Class	Pay Code					
U1200	UNITED AD LABEL CO INC ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
886177188	✓	02/25/20	01/30/20	02/24/20		27.24	0.00	0.00	27.24	✓
SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	

U1200	UNITED AD LABEL CO INC	27.24	0.00	0.00	27.24
Vendor#	Vendor Name	Class	Pay Code		
I1110	WERFEN USA LLC ✓				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross
9110787062 ✓		02/26/20	02/14/20	03/10/20	1,571.67
	MAINT CONTRACT				
Vendor Totals	Number Name	Gross	Discount	No-Pay	Net
	I1110 WERFEN USA LLC	1,571.67	0.00	0.00	1,571.67
Vendor#	Vendor Name	Class	Pay Code		
10556	WOUND CARE SPECIALISTS ✓				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross
WCS00003464 ✓		02/25/20	02/10/20	03/10/20	20,700.00
	WOUND CARE				
Vendor Totals	Number Name	Gross	Discount	No-Pay	Net
	10556 WOUND CARE SPECIALISTS	20,700.00	0.00	0.00	20,700.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	229,057.52	0.00	0.00	229,057.52

pg 6 correction
 $\begin{cases} <721.00> \\ +721.10 \end{cases}$
229,057.62

229,057.52 +
 721.00 -
 721.10 +
229,057.62

APPROVED
ON

FEB 28 2020

CK#

184637-

184717

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



RUN DATE:03/02/20
TIME:13:28

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/04/20 THRU 03/04/20

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	184630	03/04/20	926.55	ASHFORD GARDENS
A/P	184631	03/04/20	329.44	BROADMOOR AT CREEKSIDE PARK
A/P	184632	03/04/20	734.47	FORTBEND HEALTHCARE CENTER
A/P	184633	03/04/20	58,672.70	GOLDENCREEK HEALTHCARE
A/P	184634	03/04/20	23,778.00	GULF POINTE PLAZA
A/P	184635	03/04/20	987.97	SOLERA WEST HOUSTON
A/P	184636	03/04/20	19,303.25	THE CRESCENT
A/P	184637	03/04/20	1,393.00	3WON, LLC
A/P	184638	03/04/20	33.98	ACE HARDWARE 15521
A/P	184639	03/04/20	1,140.40	ADVANCED COMMUNICATIONS
A/P	184640	03/04/20	1,533.88	AIRESPRING INC
A/P	184641	03/04/20	150.00	BARD ACCESS
A/P	184642	03/04/20	163.70	BARD PERIPHERAL VASCULAR
A/P	184643	03/04/20	358.75	BAXTER HEALTHCARE
A/P	184644	03/04/20	.00	VOIDED
A/P	184645	03/04/20	.00	VOIDED
A/P	184646	03/04/20	46,273.91	BECKMAN COULTER INC
A/P	184647	03/04/20	4,174.12	BIOFIRE DIAGNOSTICS LLC
A/P	184648	03/04/20	200.00	BOSART LOCK & KEY INC
A/P	184649	03/04/20	49.30	CDW GOVERNMENT, INC.
A/P	184650	03/04/20	500.00	CHEMAQUA
A/P	184651	03/04/20	85.00	CITIZENS MEDICAL CENTER
A/P	184652	03/04/20	119.76	CONMED CORPORATION
A/P	184653	03/04/20	326.41	CUSTOM MEDICAL SPECIALTIES
A/P	184654	03/04/20	798.62	DEWITT POT & SON
A/P	184655	03/04/20	308.14	DONN STRINGO
A/P	184656	03/04/20	534.65	DYNATRONICS CORPORATION
A/P	184657	03/04/20	313.29	ERBE USA INC SURGICAL SYSTEMS
A/P	184658	03/04/20	21,664.60	EVIDENT
A/P	184659	03/04/20	.00	VOIDED
A/P	184660	03/04/20	43,486.54	FISHER HEALTHCARE
A/P	184661	03/04/20	308.14	FRANK HINDS
A/P	184662	03/04/20	307.66	GE PRECISION HEALTHCARE, LLC
A/P	184663	03/04/20	89.36	GRAINGER
A/P	184664	03/04/20	11,005.66	GREAT AMERICAN FINANCIAL SVCS
A/P	184665	03/04/20	1,752.02	GULF COAST PAPER COMPANY
A/P	184666	03/04/20	296.30	GULF COAST SCIENTIFIC
A/P	184667	03/04/20	56.98	HEALTH CARE LOGISTICS INC
A/P	184668	03/04/20	3,750.00	HEALTH SOLUTIONS DIETETICS
A/P	184669	03/04/20	236.25	HOLOGIC INC
A/P	184670	03/04/20	388.00	INDIGENT HEALTHCARE SOLUTIONS
A/P	184671	03/04/20	240.00	INTOXIMETERS INC
A/P	184672	03/04/20	548.20	INTRADO
A/P	184673	03/04/20	607.86	J & J HEALTH CARE SYSTEMS, INC
A/P	184674	03/04/20	137.00	JENISE SVETLIK
A/P	184675	03/04/20	190.77	KENTEC MEDICAL INC
A/P	184676	03/04/20	31.85	KRISTEN MACHICEK
A/P	184677	03/04/20	1,670.50	MASA GLOBAL BUILDING
A/P	184678	03/04/20	2,176.87	MCKESSON MEDICAL SURGICAL INC
A/P	184679	03/04/20	96.30	MEDI-DOSE, INC

RUN DATE:03/02/20
TIME:13:28

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/04/20 THRU 03/04/20

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	184680	03/04/20	137.82	MEDIMPACT HEALTHCARE SYS, INC.
A/P	184681	03/04/20	.00	VOIDED
A/P	184682	03/04/20	.00	VOIDED
A/P	184683	03/04/20	.00	VOIDED
A/P	184684	03/04/20	.00	VOIDED
A/P	184685	03/04/20	.00	VOIDED
A/P	184686	03/04/20	17,971.07	MEDLINE INDUSTRIES INC
A/P	184687	03/04/20	662.72	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	184688	03/04/20	146.46	MMC AUXILIARY GIFT SHOP
A/P	184689	03/04/20	472.43	OCCUPRO LLC
A/P	184690	03/04/20	1,137.51	OLYMPUS AMERICA INC
A/P	184691	03/04/20	2,267.17	ORTHO CLINICAL DIAGNOSTICS
A/P	184692	03/04/20	250.00	PALACIOS BEACON
A/P	184693	03/04/20	101.74	PITNEY BOWES INC
A/P	184694	03/04/20	54.10	PRECISION DYNAMICS CORP (PDC)
A/P	184695	03/04/20	2,230.20	REVCYCLE+, INC.
A/P	184696	03/04/20	444.51	SANOFI PASTEUR INC
A/P	184697	03/04/20	240.11	SARA RUBIO
A/P	184698	03/04/20	465.28	SERVICE SUPPLY OF VICTORIA INC
A/P	184699	03/04/20	1,190.00	SIGN AD, LTD.
A/P	184700	03/04/20	2,362.50	SKILLGIGS INC.
A/P	184701	03/04/20	332.48	SMITHS MEDICAL ASD INC
A/P	184702	03/04/20	5,789.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	184703	03/04/20	2,522.38	SPARKLIGHT
A/P	184704	03/04/20	385.00	STANFORD VACUUM SERVICE
A/P	184705	03/04/20	31.63	SYLVIA MENDOZA
A/P	184706	03/04/20	10.99	TALX CORPORATION
A/P	184707	03/04/20	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	184708	03/04/20	4,091.15	TEXAS MUTUAL INSURANCE CO
A/P	184709	03/04/20	2,500.00	THE INLINE GROUP
A/P	184710	03/04/20	76.91	THE UPS STORE VICTORIA
A/P	184711	03/04/20	242.69	THE US CONSULTING GROUP
A/P	184712	03/04/20	1,995.00	THERACOM, LLC
A/P	184713	03/04/20	3,845.60	TLC STAFFING
A/P	184714	03/04/20	3,613.97	UNIFIRST HOLDINGS INC
A/P	184715	03/04/20	27.24	UNITED AD LABEL CO INC
A/P	184716	03/04/20	1,571.67	WERFEN USA LLC
A/P	184717	03/04/20	20,700.00	WOUND CARE SPECIALISTS
TOTALS:			333,790.00	

APPROVED
ON

MAR 04 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 02/28/2020

Page: 002

Company: 8000

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory:

Customer: 632536
Date: 02/29/2020

To ensure proper credit to your
account, detach and return this
stub with your remittance

As of: 02/28/2020
Mail to:

Page: 002
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 02/29/2020

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
--------------	----------	-------------------	-------------------------------------	-------------	---------------	----------------	-----	--------------	-----	-------------------	--

*F column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 7,150.21 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 03/03/2020,
Pay This Amount:

7,007.20 USD

If Paid After 03/03/2020,
Pay this Amount:

7,150.21 USD

Due If Paid On Time:

USD 7,007.20

Disc lost if paid late:

143.01

Due If Paid Late:

USD 7,150.21

CK #500077

APPROVED
ON

MAR 02 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

1,514.05 +

795.42 +

2,419.95 +

65.24 +

2,212.54 +

7,007.20 =

MCKESSON

STATEMENT

As of: 02/28/2020

Page: 001

Company: 8000

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 256342
Date: 02/29/2020

To ensure proper credit to your
account, detach and return this
stub with your remittance

As of: 02/28/2020
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 02/29/2020

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
12/24/2020	03/03/2020	7185105607	5568105150	115Invoice	8.27	413.56		405.29 ✓		7185105607	
12/24/2020	03/03/2020	7185105608	0223200230-00	115Invoice	0.01	0.32		0.31 ✓		7185105608	
12/25/2020	03/03/2020	7185509876	793067220	195Invoice	1.65	82.44		80.79 ✓		7185509876	
12/26/2020	03/03/2020	7185638423	7918124621	115Invoice	12.40	620.08		607.68 ✓		7185638423	
12/26/2020	03/03/2020	7185762264	793328475	195Invoice	3.04	152.23		149.19 ✓		7185762264	
12/26/2020	03/03/2020	7185812743	00002252020TM	115Invoice	0.02	0.94		0.92 ✓		7185812743	
12/27/2020	03/03/2020	7185909051	7918129013	115Invoice	6.45	322.29		315.84 ✓		7185909051	
12/28/2020	03/03/2020	7186156746	3168143879	115Invoice	11.63	581.49		569.86 ✓		7186156746	
12/28/2020	03/03/2020	7186156747	0227200523-00	115Invoice	1.69	84.35		82.66 ✓		7186156747	

* column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 2,257.70 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,394.60
12/24/2020

If Paid By 03/03/2020,
Pay This Amount:

2,212.54 USD

If Paid After 03/03/2020,
Pay this Amount:

2,257.70 USD

Due If Paid On Time:
USD

2,212.54

Disc lost if paid late:

45.16

Due If Paid Late:
USD

2,257.70

McKESSON**STATEMENT**

As of: 02/28/2020

Page: 001

To ensure proper credit to your
account, detach and return this
stub with your remittance

Company: 8000

HEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 190813
Date: 02/29/2020As of: 02/28/2020
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 190813
Date: 02/29/2020
**PLEASE CHECK ANY
ITEMS NOT PAID (✓)**

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
12/26/2020	03/03/2020	7185606991	2017012669	115Invoice	1.16	57.97		56.81	✓	7185606991	
12/28/2020	03/03/2020	7186123765	2017012791	115Invoice	0.17	8.60		8.43	✓	7186123765	

P column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 190813 HEB PHCY 0434/MEM MED PHS

Subtotals: 66.57 USD

Future Due: 0.00

If Paid By 03/03/2020,
Pay This Amount:

65.24 USD

Due If Paid On Time:

USD

65.24

Disc lost if paid late:

1.33

Last Payment 6,394.60

If Paid After 03/03/2020,
Pay this Amount:

66.57 USD

Due If Paid Late:

USD

66.57

CK # 500077

McKESSON**STATEMENT**

As of: 02/28/2020

Page: 001

Company: 8000

CVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 262252
Date: 02/29/2020

To ensure proper credit to your
account, detach and return this
stub with your remittance

As of: 02/28/2020
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 02/29/2020

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
12/27/2020	03/03/2020	7185911492	679914	115Invoice	48.85	2,442.32		2,393.47 ✓		7185911492	
12/27/2020	03/03/2020	7185911493	679914	115Invoice	0.54	27.02		26.48 ✓		7185911493	

Ⓜ column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 2,469.34 USD

Future Due: 0.00

If Paid By 03/03/2020,
Pay This Amount:

2,419.95 USD

Due If Paid On Time:

USD 2,419.95

Past Due: 0.00

Disc lost if paid late:

49.39

Last Payment 6,394.60

If Paid After 03/03/2020,
Pay this Amount:

2,469.34 USD

Due If Paid Late:

USD 2,469.34

12/24/2020

McKESSON**STATEMENT**

As of: 02/28/2020

Page: 001

Company: 8000

HEB PHY FC 490/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 81

Customer: 464450
Date: 02/29/2020

To ensure proper credit to your
account, detach and return this
stub with your remittance.

As of: 02/28/2020
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450
Date: 02/29/2020

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450	HEB PHY FC 490/MEM MC PHS										
12/27/2020	03/03/2020	7185878959	55x746508	115Invoice	16.23	811.65		795.42		7185878959	

* column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 464450 HEB PHY FC 490/MEM MC PHS

Subtotals: 811.65 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,394.60

12/24/2020

If Paid After 03/03/2020,
Pay this Amount:

795.42 USD

811.65 USD

Due If Paid On Time:

USD 795.42

Disc lost if paid late:

16.23

Due If Paid Late:

USD 811.65

MCKESSON**STATEMENT**

As of: 02/28/2020

Page: 001

To ensure proper credit to your
account, detach and return this
stub with your remittance

Company: 8000

CVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 835438

Date: 02/29/2020

As of: 02/28/2020
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835438
Date: 02/29/2020PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
12/27/2020	03/03/2020	7186062126	680153	115Invoice	30.90	1,544.95		1,514.05		7186062126	

P column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 835438 CVS PHCY 7475/MEM MC PHS

Subtotals: 1,544.95 USD

Future Due: 0.00

If Paid By 03/03/2020,
Pay This Amount:

1,514.05 USD

Due If Paid On Time:
USD

1,514.05

Past Due: 0.00

Disc lost if paid late:

30.90

Last Payment
12/24/2020 6,394.60If Paid After 03/03/2020,
Pay this Amount:

1,544.95 USD

Due If Paid Late:
USD

1,544.95

AmerisourceBergen[®] STATEMENT

Number: 58928668 Date: 02-28-2020 1 of 1

Division
AMERISOURCEBERGEN DRUG CORP
12727 WEST AIRPORT BLVD
SUGAR LAND TX 77478-6101
866-451-9655

Customer
WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509
ACCOUNT: 100135284 / 037028186

Remit To
AMERISOURCEBERGEN DRUG CORP
PO Box 905223
CHARLOTTE NC 28290-5223

Summary
Not Yet Due: 0.00
Current: 1,013.07
Past Due: 0.00
Total Due: 1,013.07
Account Balance: 1,013.07

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
02-24-2020	03-06-2020	3034484403	155383	Invoice	51.03 ✓
02-24-2020	03-06-2020	3034484404	155388	Invoice	43.17 ✓
02-24-2020	03-06-2020	3034484405	155389	Invoice	1.56 ✓
02-25-2020	03-06-2020	3034536437	155442	Invoice	290.44 ✓
02-26-2020	03-06-2020	3034597290	155449	Invoice	130.97 ✓
02-27-2020	03-06-2020	3034653145	155456	Invoice	465.79 ✓
02-28-2020	03-06-2020	3034716360	155462	Invoice	30.11 ✓

Thank You for Your Payment

Date	Payment Number	Amount
02-28-2020		(993.84)

Reminders

Due Date	Amount
03-06-2020	1,013.07
Total Due:	1,013.07
Terms:	
Monday - Friday due in 7 days	

CK # 500078

APPROVED
ON
MAR 02 2020
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOLL FREE PHONE NUMBER: 1-800-555-3453

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ###
☐ "ENTER YOUR 4-DIGIT PIN"	
☐ "MAKE A PAYMENT, PRESS 1"	1
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ 941 #
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"	1
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★ 20
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★ 3
1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★ \$ 102,431.62 #
"1 TO CONFIRM"	1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 \$ 51,708.86 #
"ENTER W/CENTS AMOUNT OF MEDICARE"	\$ 12,093.20 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	\$ 38,629.56 #
	CHECK \$ -
☐ "6-DIGIT SETTLEMENT DATE"	★
"1 TO CONFIRM"	1
☐ ACKNOWLEDGEMENT NUMBER	

CALLED IN BY:
CALLED IN DATE:
CALLED IN TIME:

TOLL FREE PHONE NUMBER: 1-800-555-3453

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ###																				
☐ "ENTER YOUR 4-DIGIT PIN"																					
☐ "MAKE A PAYMENT, PRESS 1"	1																				
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	941 #																				
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"	1																				
☐ "ENTER 2-DIGIT TAX FILING YEAR"	20																				
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH" 1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	★ 3																				
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM" "ENTER W/CENTS AMOUNT OF SOCIAL SECURITY" "ENTER W/CENTS AMOUNT OF MEDICARE" "ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	★ <table border="1"><tr><td>\$</td><td>98,154.97</td><td>#</td><td>replaces original</td></tr><tr><td></td><td>1</td><td></td><td></td></tr><tr><td>0</td><td>\$</td><td>50,319.70</td><td># one @</td></tr><tr><td></td><td>\$</td><td>11,768.42</td><td># 102,431.42</td></tr><tr><td></td><td>\$</td><td>36,066.85</td><td>#</td></tr></table>	\$	98,154.97	#	replaces original		1			0	\$	50,319.70	# one @		\$	11,768.42	# 102,431.42		\$	36,066.85	#
\$	98,154.97	#	replaces original																		
	1																				
0	\$	50,319.70	# one @																		
	\$	11,768.42	# 102,431.42																		
	\$	36,066.85	#																		
☐ "6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	CHECK ★ 1																				
☐ ACKNOWLEDGEMENT NUMBER																					

CALLED IN BY:
CALLED IN DATE:
CALLED IN TIME:

Run Date: 03/02/20
Time: 16:38

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 02/14/20 - 02/27/20 Run# 1

Page 118
P2REG

Final Summary

-- Pay Code Summary -----						*-- Deductions Summary -----*					
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount	
1	REGULAR PAY-S1	9452.25	N		N	N		190526.57	A/R	745.00	A/R2 280.00 A/R3
1	REGULAR PAY-S1	1962.25	N		N	N	N	84365.67	ADVANC	AWARDS	BOOTS
1	REGULAR PAY-S1	270.25	Y		N	N		7801.18	CAFE H	CAFE-1	CAFE-2
1	REGULAR PAY-S1	2.25	Y		N	N	N	62.00	CAFE-3	CAFE-4	CAFE-5
2	REGULAR PAY-S2	2629.50	N		N	N		60029.32	CAFE-C	CAFE-D	1760.52 CAFE-F
2	REGULAR PAY-S2	174.25	Y		N	N		5778.80	CAFE-H	19938.70 CAFE-I	CAFE-L
3	REGULAR PAY-S3	1653.50	N		N	N		43954.04	CAFE-P	CANCER	CHILD 346.15
3	REGULAR PAY-S3	125.25	Y		N	N		4655.88	CLINIC	350.00 COMBIN	438.97 CREDUN
C	CALL PAY	128.00	N		N	N	N	256.00	DD ADV	DENTAL	DEP-LF
C	CALL PAY	1916.50	N	1	N	N		3833.00	DIS-LF	EAT	EATCSH
D	DOUBLE TIME	11.25	N		N	N	N	808.28	FEDTAX	36066.85 FICA-M	5884.21 FICA-O 25159.85
E	EXTRA WAGES			N	1	N	N	1653.50	FIRSTC	FLEX S	4792.77 FLX FE
F	FUNERAL LEAVE	108.00	N	1	N	N		2847.72	FORT D	FUTA	GIFT S 245.60
I	INSERVICE	86.75	N	1	N	N		2504.60	GRANT	GRP-IN	GTL
I	INSERVICE	6.50	Y	1	N	N		252.53	HOSP-I	ID TFT	LEAF
K	EXTENDED-ILLNESS-BANK	265.77	N	1	N	N		4787.18	LEGAL	422.44 MASA	802.50 MEALS 183.06
M	MEAL REIMBURSEMENT				N	N	N	28.00	MISC	MISC/	MMCSHR
P	PAID-TIME-OFF	457.20	N		N	N	N	5400.40	NATFML	2165.67 OTHER	PHI
P	PAID-TIME-OFF	770.24	N	1	N	N		17316.16	PHI***	PR FIN	RELAY
X	CALL PAY 2	80.00	N	1	N	N		160.00	REPAY	SAMS	SCRUBS
Y	YMCA/CURVES				N	N	N	25.00	SIGNON	ST-TX	STONDF 940.86
Z	CALL PAY 3	48.00	N	1	N	N		144.00	STONE	STONE2	STUDEN
p	PAID TIME OFF - PROBATION	30.00	N		N	N	N	267.00	SUNACC	948.72 SUNILL	1424.85 SUNLIF 1532.16
p	PAID TIME OFF - PROBATION	15.00	N	1	N	N		174.00	SUNSTD	1760.91 SUNVIS	1248.90 SURCHG 855.00
t	PHONE & DATA				N	N	N	990.00	TSA-1	TSA-2	TSA-C
									TSA-P	TSA-R	30703.52 TUTION
									UNIFOR	451.91 UW/HOS	

*----- Grand Totals: 20192.71 ----- (Gross: 438620.83 Deductions: 139449.12 Net: 299171.71)
| Checks Count:- FT 207 PT 8 Other 45 Female 232 Male 26 Credit OverAmt 5 ZeroNet Term Total: 258 |

Jonhgh

REVISED 3/18/2014

2/14/2020
2/27/2020
3/6/2020

<u>VOIDED CK (1)</u>	<u>VOIDED CK (2)</u>	<u>ADDITIONAL CK (1)</u>	<u>ADDITIONAL CK (1)</u>
----------------------	----------------------	--------------------------	--------------------------

100

\$

#4 MMC TAX DEPOSIT WORKSHEET 2.27.2020 R1.xls; TAX DEPOSIT WORKSHEET 3/2/2020

REVISED 3/18/2014

PAY PERIOD: BEGIN	2/14/2020
PAY PERIOD: END	2/27/2020
PAY DATE:	3/6/2020

TOTAL CAFÉ 125 PLAN:		\$ 32,816.23	Less Exempt:				
TAXABLE PAY:		\$ 405,804.60	\$ 405,804.60				Exempt Amt:
		<u>"CALCULATED"</u>	<u>From MMC Report</u>	<u>Difference</u>			
FICA - MED (ER)	1.45%	\$ 5,884.17				Employees over FICA-SS Cap:	
FICA - MED (EE)	1.45%	\$ 5,884.17	\$ 5,884.21	\$ (0.04)		Jason Anglin	\$ -
FICA - SOC SEC (ER)	6.20%	\$ 25,159.89				Diane Moore	\$ -
FICA - SOC SEC (EE)	6.20%	\$ 25,159.89	\$ 25,159.85	\$ 0.04		Roshanda Thomas	
FICA WITHHOLDING		\$ 36,066.85	\$ 36,066.85			Paycode S - Employee Reimb.:	
						Roshanda S. Gray	
						TOTAL:	\$ -

TAX DEPOSIT:		\$	98,154.97	\$	98,154.97	
FICA - MEDICARE	2.90%	\$	11,768.34	\$11,768.42		
FICA - SOCIAL SECURITY	12.40%	\$	50,319.78	\$50,319.70	PREPARED BY:	<u>Caitlin Clevenger</u>
FED WITHHOLDING		\$	36,066.85	\$36,066.85	PREPARED DATE:	<u>3/2/2020</u>
TOTAL TAX:		\$	98,154.97	\$98,154.97	\$ -	

Replaces previous
one @ 102,43162

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- February 24, 2020 - March 1, 2020

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
2/24/2020	PAY PLUS ACHTRANS 452579291 101000695610900	- 3rd Party Payor Fee
2/24/2020	IRS USATAXPYMT 220045574928733 6103601000161	- Payroll Taxes
2/25/2020	MCKESSON DRUG AUTO ACH ACH04088081 910000140	- 340B Drug Program Expense
2/26/2020	PAY PLUS ACHTRANS 452579291 101000697175980	- 3rd Party Payor Fee
2/28/2020	PAY PLUS ACHTRANS 452579291 101000698824135	- 3rd Party Payor Fee
2/28/2020	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense

	CP		
		92.49	+
		112.16	+
		8.40	+
		213.05	*
		92.49	
102,431.62	**	110,033.11	+
6,394.60	*	102,431.62	-
112.16		6,394.60	-
8.40		993.84	-
993.84	*	213.05	*
		110,033.11	

March 2, 2020
Jason Anglin, CEO
Memorial Medical Center

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

* Approved 02-24-2020 CC
** Approved 02-19-2020 CC

213.05 +
213.05 -
0.00 *

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
3/2/2020	ACH Payment STATE COMTRLR TEXNET	UHRIP	5,803.89

March 2, 2020
Jason Anglin, CEO
Memorial Medical Center

5,803.89



Texas Comptroller of Public Accounts

**Health and Human Services Commission
Memorial Medical Center Operating County**

Identification Number Location: 00136

Transaction Complete

Trace #:

Payment Total \$5,803.89

Settlement Date 03/03/2020

PAYMENT DETAIL _____

UHRIP Amount \$5,803.89

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Revised:01/09/13 (483)

Jason Anglin

From: Heather Heintz <heintz@gl-law.com>
Sent: Monday, March 02, 2020 9:39 AM
To: Jason Anglin; Diane C. Moore; Sarah Henderson
Cc: Rachel Gilbert
Subject: FW: Nueces UHRIP PY3 – Additional IGT
Attachments: UHRIP PGY3 IGT Adjustments_Refunds.xlsx; Nueces UHRIP PY3 Mid-Year Applications and IGT Call

UHRIP IGT

[-Remote attachments,]
Jason,

As described below, HHSC requires all IGT entities to enter their IGT in TexNet by (3/2/2020) to support the March – August 2020 rate period.

Per our calculations, Memorial Medical Center's pro rata share of the SDA IGT is \$5,803.89. If you have already entered the IGT into TexNet, please send us the trace sheet. If you have not entered the IGT, please enter it and send us the trace sheet.

We need all IGT trace sheets in order to compile them and submit one packet to HHSC.

Thank you,

Heather Heintz, Attorney
GJERSET & LORENZ, LLP
Phone: (512) 899-3995
Fax: (512) 899-3939
www.gl-law.com

Caution: this communication may be subject to attorney-client privilege and/or attorney work product. Please do not forward this communication without permission. If you have received this communication in error, please contact us immediately.

From: Rachel Gilbert <gilbert@gl-law.com>
Sent: Friday, February 21, 2020 10:35 AM
To: Carolyn Zafereo (czafereo@cmcvtx.org) <czafereo@cmcvtx.org>; Duane L. Woods (duane.woods@cmcvtx.org) <duane.woods@cmcvtx.org>; Mike Olson (Mike.Olson@cmcvtx.org) <Mike.Olson@cmcvtx.org>; Patrick Strauss (pstrauss@cmcvtx.org) <pstrauss@cmcvtx.org>; Richard Philip (rphilip@cmcvtx.org)

<rphilip@cmcvtx.org>; Jason Anglin (JAnglin@mmcportlavaca.com) <JAnglin@mmcportlavaca.com>; David Lee (david.lee@okmh.org) <david.lee@okmh.org>; Louis R. Willeke (lschlabach@rcmhospital.org) <lschlabach@rcmhospital.org>; Shawn "Hoss" Whitt (hwhitt@rcmhospital.org) <hwhitt@rcmhospital.org>; Susan Parker (sparker@rcmhospital.org) <sparker@rcmhospital.org>
Cc: Belinda Chism (NCHD) <Belinda.Chism@nchdcc.org>; Donna Littlefield (NCHD) <donna.littlefield@nchdcc.org>; Jonny F. Hipp (NCHD) <jonny.hipp@nchdcc.org>; 'Robison, Adam' <ARobison@KSLAW.com>; Heather Heintz <heintz@gl-law.com>; Lance Ramsey <ramsey@gl-law.com>; 'brandon durbin' <brandon@dhcg.com>
Subject: RE: Nueces UHRIP PY3 – Additional IGT

(I apologize for those receiving this a second time, the first email didn't go through for a few recipients)

All,

We are sending this correspondence on behalf of the Nueces County Hospital District. As you may recall, the Nueces SDA submitted IGT in November 2019 to support UHRIP payments for the March-August 2020 rate period (see attached email). For the March-August 2020 rate period, HHSC originally planned to add \$200 million to the statewide pool, which it would direct to particular SDAs and providers. CMS ultimately did not approve HHSC's plan, and as a result, the rate increase percentages from this current period will continue through the March-August 2020 rate period. Most SDAs are receiving an IGT refund as a result of this change, but for Nueces, the change actually results in higher projected payments to the SDA and requires an additional IGT of \$224,826.71.

Similar to previous IGT allocations, each IGT entity is assigned its proportional share of the IGT based on its projected share of the UHRIP payments:

Entity Name	% of total PY3 IGT Recalculated Allocation	IGT Allocation
Citizens Medical Center	4.877%	\$10,908.16
Refugio County Memorial Hospital District	0.487%	\$1,090.16
Karnes County Hospital District	1.138%	\$2,546.86
Memorial Medical Center	2.594%	\$5,803.89
Nueces County Hospital District	90.904%	\$204,477.64
TOTALS	100.000%	\$224,826.71

Per HHSC's email,

Please provide me (gilbert@gl-law.com) and Jonny Hipp (jonny.hipp@nchdcc.org) with a screenshot or PDF of your IGT trace sheet by February 28, 2020. We will submit the trace sheets to HSHC in one packet.

Please let us know if you have questions.

Thank you,

Rachel Gilbert, Attorney
GJERSET & LORENZ, LLP
Phone: (512) 899-3995
Fax: (512) 899-3939
www.gj-law.com

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From: HHSC RAD UHRIP Payments <RAD_UHRIP_Payments@hhsc.state.tx.us>

Sent: Monday, February 10, 2020 3:08 PM

To: James T. Lindsey <lindsey@gj-law.com>; 'jason@ahcv.com' <jason@ahcv.com>; Shauna Lorenz <lorenz@gj-law.com>; 'carlos@ahcv.com' <carlos@ahcv.com>; Rachel Gilbert <gilbert@gj-law.com>; 'brandon@dhcg.com' <brandon@dhcg.com>; 'StacyWilson@CHATexas.com' <StacyWilson@CHATexas.com>; 'George.Hernandez@UHS-SA.com' <George.Hernandez@UHS-SA.com>; 'KERI.DISNEY-STORY@phhs.org' <KERI.DISNEY-STORY@phhs.org>; 'jacob.cintron@umcelpaso.org' <jacob.cintron@umcelpaso.org>; 'Michael.Norby@harrishealth.org' <Michael.Norby@harrishealth.org>; 'dairen.sarmiento@hchd.org' <dairen.sarmiento@hchd.org>; 'Todd.simoneaux@beaumonttexas.gov' <Todd.simoneaux@beaumonttexas.gov>; 'jeff.dane@umchealthsystem.com' <jeff.dane@umchealthsystem.com>; 'eva.cruzhamby@co.mclennan.tx.us' <eva.cruzhamby@co.mclennan.tx.us>; 'Terry.Scoggin@titusregional.com' <Terry.Scoggin@titusregional.com>; 'ravernethy@echd.org' <ravernethy@echd.org>; Jonny Hipp <jonny.hipp@nchdcc.org>; 'Sclark03@jpshealth.org' <Sclark03@jpshealth.org>; 'tammy.crumley@co.hays.tx.us' <tammy.crumley@co.hays.tx.us>; 'Lon.shell@co.hays.tx.us' <Lon.shell@co.hays.tx.us>; 'Reed.Hurley@UHS-SA.com' <Reed.Hurley@UHS-SA.com>; 'Steven.Roth@phhs.org' <Steven.Roth@phhs.org>; 'MichaelNunez@umcelpaso.org' <MichaelNunez@umcelpaso.org>; 'Victoria.Nikitin@harrishealth.org' <Victoria.Nikitin@harrishealth.org>; 'eddie.olivarez@hchd.org' <eddie.olivarez@hchd.org>; 'Kristin.ferguson@beaumonttexas.gov' <Kristin.ferguson@beaumonttexas.gov>; Hrnccirik, Bobbye <Bobbye.Hrnccirik@umchealthsystem.com>; 'dustin.chapman@co.mclennan.tx.us' <dustin.chapman@co.mclennan.tx.us>; 'heather.tuck@titusregional.com' <heather.tuck@titusregional.com>; David Garcia <dgarcia@echd.org>; 'dena.bruni@nchdcc.org' <dena.bruni@nchdcc.org>; 'Bscott03@jpshealth.org' <Bscott03@jpshealth.org>; 'Mark.kennedy@co.hays.tx.us' <Mark.kennedy@co.hays.tx.us>; 'william.Bedwell@uhs-sa.com' <william.Bedwell@uhs-sa.com>; 'crs@charlesrsmithconsulting.com' <crs@charlesrsmithconsulting.com>; 'markh@dhcg.com' <markh@dhcg.com>; 'Julie.Rabat-Torki@harrishealth.org' <Julie.Rabat-Torki@harrishealth.org>; 'lisa.felkins@vvrnc.org' <lisa.felkins@vvrnc.org>

Cc: Grady,Victoria C (HHSC) <Victoria.Grady@hhsc.state.tx.us>; Greenberg,Charles (HHSC) <Charles.Greenberg@hhsc.state.tx.us>; Wolfe,Megan (HHSC) <Megan.Wolfe@hhsc.state.tx.us>; Cantu,Rene (HHSC) <Rene.Cantu@hhsc.state.tx.us>; Fine,Mance (HHSC) <Mance.Fine@hhsc.state.tx.us>; Govind,Selvadas (HHSC) <Govind.Selvadas@hhsc.state.tx.us>; Jenkins,Brooke (HHSC) <Brooke.Jenkins01@hhsc.state.tx.us>; Okoniewski,Amanda (HHSC) <Amanda.Okoniewski01@hhsc.state.tx.us>; Rasmussen,Geri (HHSC) <Geri.Rasmussen01@hhsc.state.tx.us>; Guzman,Kenneth (HHSC) <Kenneth.Guzman@hhsc.state.tx.us>; Hites,Rhonda (HHSC) <Rhonda.Hites@hhsc.state.tx.us>

Subject: UHRIP Year 3 IGT Refunds

Good Afternoon,

HHSC has identified the impacts to Intergovernmental transfer (IGT) funds submitted in November 2019 for the Uniform Hospital Rate Increase Program (UHRIP) Year Three in anticipation of the rate changes that were to take effect on March 1, 2020. HHSC has recalculated the IGT needed based on the UHRIP pre-print previously approved by CMS, for the first half of the program year. The attached document provides the amount, by SDA/Governmental Entity, of either IGT refunds or additional IGT needed. IGT refunds will be issued based on the percentage of funding submitted in November 2019.

If your SDA needs to submit additional IGT, additional IGT must be entered into TexNet no later than close of business March 2, 2020 with a settlement date of **March 3, 2020**. These funds will need to be placed in the "UHRIP" Bucket. The amount that needs to be entered into TexNet is listed in Column L of the "BN Allotment & IGT" tab of the attached Excel workbook. Please note that the percentage increases by class of hospital can be found in the "Analysis" tab of the attached Excel workbook. If the TexNet is entered online, please provide a screen shot or PDF of the confirmation/trace sheet. If the TexNet is entered over the phone, please provide the confirmation number. Please send an email with this information to RAD_UHRIP_Payments@hhsc.state.tx.us

Please email any questions regarding the calculation to RAD-Uhrip@hhsc.state.tx.us.

Thank you,

HHSC Rate Analysis- Payments
Texas Health and Human Services Commission
P.O. Box 149030, Mail Code H-400
Brown-Heatly Building
4900 N. Lamar Blvd.
Austin, TX 78714-9030



TEXAS
Health and Human
Services

Erica Perez

From: JAnglin@mmcportlavaca.com (Jason Anglin) <JAnglin@mmcportlavaca.com>
Sent: Tuesday, March 3, 2020 8:30 AM
To: Erica Perez; Sarah Henderson
Cc: Caitlin Clevenger
Subject: RE: Monday Submissions

This was an additional funding for the UHRIP program. It was not on the Calendar for us to be expecting to be contacted regarding. Normal funding for UHRIP is in May and November.

The first contact I received was the email from 9:39 yesterday.

Thank you,

Jason Anglin, CEO
Memorial Medical Center
815 N Virginia St
Port Lavaca, TX 77979
Office 361-552-0240
Fax 361-552-0220

From: Erica Perez <Erica.Perez@calhouncotx.org>
Sent: Tuesday, March 03, 2020 8:13 AM
To: Sarah Henderson <shenderson@mmcportlavaca.com>
Cc: Jason Anglin <JAnglin@mmcportlavaca.com>; Caitlin Clevenger <cclevenger@mmcportlavaca.com>
Subject: RE: Monday Submissions

Yes I saw that too but looks like it was in reference to the email sent 2/10/2020.

I'm not trying to be difficult about it, but these are the type of questions I get asked and just wanted to make sure I had the correct answers. Thanks again.

Best regards,
Erica Perez
Calhoun County Assistant Auditor
202 S. Ann, Suite B
Port Lavaca, TX 77979
Phone: 361. 553.4463
Fax: 361.553.4614

From: shenderson@mmcportlavaca.com (Sarah Henderson) [<mailto:shenderson@mmcportlavaca.com>]
Sent: Tuesday, March 3, 2020 8:11 AM
To: Erica Perez <Erica.Perez@calhouncotx.org>
Cc: Caitlin Clevenger <cclevenger@mmcportlavaca.com>; Jason Anglin <JAnglin@mmcportlavaca.com>
Subject: RE: Monday Submissions

Yes ma'am, there was an issue where several of the recipients did not receive the initial email. This is stated in the 2nd page of the email at the top in parenthesis.

Sarah Henderson

Senior Accountant
361-552-0342
shenderson@mmcportlavaca.com
Memorial Medical Center
815 N. Virginia St
Port Lavaca, TX 77979

From: Erica Perez <Erica.Perez@calhouncotx.org>
Sent: Tuesday, March 3, 2020 8:02 AM
To: Sarah Henderson <shenderson@mmcportlavaca.com>
Cc: Caitlin Clevenger <cclevenger@mmcportlavaca.com>; Jason Anglin <JAnglin@mmcportlavaca.com>
Subject: RE: Monday Submissions

Oh ok. When I read the supporting documents I do see correspondence on the March 02, 2020, but I also see the forward message that was sent February 21, 2020. Thnak you.

Best regards,
Erica Perez
Calhoun County Assistant Auditor
202 S. Ann, Suite B
Port Lavaca, TX 77979
Phone: 361. 553.4463
Fax: 361.553.4614

From: shenderson@mmcportlavaca.com (Sarah Henderson) [<mailto:shenderson@mmcportlavaca.com>]
Sent: Tuesday, March 3, 2020 8:00 AM
To: Erica Perez <Erica.Perez@calhouncotx.org>
Cc: Caitlin Clevenger <cclevenger@mmcportlavaca.com>; Jason Anglin <JAnglin@mmcportlavaca.com>
Subject: RE: Monday Submissions

Hi Erica,

Please see email from UHRIP representative attached to the ACH report as support. The email notifying us of the additional payment request was not sent until 9:39 yesterday morning. Mr. Anglin brought it to us as soon as he received it to be added to the report. Please let me know if you have any questions.

Thank you,

Sarah Henderson

Senior Accountant
361-552-0342
shenderson@mmcportlavaca.com
Memorial Medical Center
815 N. Virginia St
Port Lavaca, TX 77979

From: Erica Perez <Erica.Perez@calhouncotx.org>
Sent: Monday, March 2, 2020 4:04 PM

To: Sarah Henderson <shenderson@mmcportlavaca.com>
Cc: Caitlin Clevenger <cclevenger@mmcportlavaca.com>
Subject: RE: [WARNING-Remote attachments, verify sender] Monday Submissions

Good afternoon,

After reviewing your IGT that is to be approved in court 03.04.2020, it appears it shows a settlement date of 03.03.2020. Can you please reply to this email explaining why the \$5,803.89 will be Ached out of MMC's Operating Account prior to Commissioner Court Approval? I would like to include it with my report in case it is questioned. Thank you.

Best regards,
Erica Perez
Calhoun County Assistant Auditor
202 S. Ann, Suite B
Port Lavaca, TX 77979
Phone: 361. 553.4463
Fax: 361.553.4614

From: shenderson@mmcportlavaca.com (Sarah Henderson) [<mailto:shenderson@mmcportlavaca.com>]
Sent: Monday, March 2, 2020 1:07 PM
To: Erica Perez <Erica.Perez@calhouncotx.org>; peggy hall <peggy.hall@calhouncotx.org>; cindy mueller <cindy.mueller@calhouncotx.org>; Clarri Atkinson <clarri.atkinson@calhouncotx.org>; rhonda kokena <rhonda.kokena@calhouncotx.org>
Cc: Caitlin Clevenger <cclevenger@mmcportlavaca.com>; Melissa Mckissack <mmckissack@mmcportlavaca.com>
Subject: [WARNING-Remote attachments, verify sender] Monday Submissions

Good Afternoon,

Here are the NH Transfers, ACH Payments, and Ck Requests for this week's court. Please let me know if you have any questions.

Thank you,

Sarah Henderson

Senior Accountant
361-552-0342
shenderson@mmcportlavaca.com
Memorial Medical Center
815 N.Virginia St
Port Lavaca, TX 77979

Calhoun County Texas

Calhoun County Texas

Calhoun County Texas

RUN DATE:03/04/20
TIME:14:56

MEMORIAL MEDICAL CENTER
CHECK REGISTER
02/24/20 THRU 02/28/20

PAGE 2
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

A/P *	200258	02/24/20	102,431.62	IRS USA TAXPMT
A/P	300318	02/24/20	92.49	PAY PLUS
A/P	300319	02/26/20	112.16	PAY PLUS
A/P *	300320	02/28/20	8.40	PAY PLUS
A/P	500075	02/25/20	6,394.60	MCKESSON
A/P	500076	02/28/20	993.84	AMERISOURCE
TOTALS:			491,490.39	

1
Electronic
Payments

RECEIVED**FEB 27 2020**02/27/2020
11:48
Calhoun County Auditor

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11816 ASHFORD GARDENS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
022420		02/26/20	02/24/20	03/12/20		926.55	0.00	0.00	926.55 ✓

TRANSFER NH portion of Q1PP Pymt deposited into MMC operating

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11816	ASHFORD GARDENS	926.55	0.00	0.00	926.55	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	926.55	0.00	0.00	926.55

APPROVED
ON**FEB 28 2020**CK#
184630COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

FEB 27 2020

Calhoun County Auditor

02/27/2020

11:50

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11828 SOLERA WEST HOUSTON ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
022420		02/26/20	02/24/20	03/12/20		987.97	0.00	0.00	987.97 ✓

TRANSFER *NH portion of Q1PP pymt deposited in to mmc operating*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	987.97	0.00	0.00	987.97

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	987.97	0.00	0.00	987.97

APPROVED
ON

CK#

FEB 28 2020

184635

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

FEB 27 2020

Calhoun County Auditor

02/27/2020

11:49

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11820 FORTBEND HEALTHCARE CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
022420		02/26/20	02/24/20	03/12/20		734.47	0.00	0.00	734.47

TRANSFER NH portion of ALPP pymt deposited into mme operating

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	734.47	0.00	0.00	734.47

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	734.47	0.00	0.00	734.47

APPROVED
ON

FEB 28 2020

CK#
184632

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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FEB 27 2020

Calhoun County Auditor

02/27/2020

11:49

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

11832 BROADMOOR AT CREEKSIDE PARK ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
022420		02/26/20	02/24/20	03/12/20		329.44	0.00	0.00	329.44 ✓

TRANSFER NH portion of Q1 PP Pymt deposited into MMC operating

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	329.44	0.00	0.00	329.44

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	329.44	0.00	0.00	329.44

APPROVED
ON

FEB 28 2020

ck #
184631

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED**FEB 27 2020**

02/27/2020

Calhoun County Auditor

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11824 THE CRESCENT ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
022420		02/26/20	02/24/20	03/12/20		823.25	0.00	0.00	823.25 ✓
	TRANSFER								
022520		02/26/20	02/25/20	03/12/20		5,880.00	0.00	0.00	5,880.00 ✓
	TRANSFER								
022520A		02/26/20	02/25/20	03/12/20		12,600.00	0.00	0.00	12,600.00 ✓
	TRANSFER								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	11824 THE CRESCENT					19,303.25	0.00	0.00	19,303.25

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	19,303.25	0.00	0.00	19,303.25

APPROVED
ON

CK#

FEB 28 2020

184634

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

FEB 27 2020

Calhoun County Auditor

02/27/2020

11:49

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
022420		02/26/20	02/24/20	03/12/20		1,761.02	0.00	0.00	1,761.02 ✓
	TRANSFER	NH portion of QHP pymt deposited into MMC operating							
022520A		02/26/20	02/25/20	03/12/20		17,331.25	0.00	0.00	17,331.25 ✓
	TRANSFER	NH insurance pymt deposited into MMC operating in error							
022520		02/26/20	02/25/20	03/12/20		39,580.43	0.00	0.00	39,580.43 ✓
	TRANSFER	NH insurance pymt deposited into MMC operating in error							
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net
		11836	GOLDENCREEK HEALTHCARE			58,672.70	0.00	0.00	58,672.70

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	58,672.70	0.00	0.00	58,672.70

APPROVED
ON

FEB 28 2020

ck#
184633

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

FEB 27 2020

Calhoun County Auditor

11:50

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
022420		02/26/20	02/24/20	03/12/20		1,025.08	0.00	0.00	1,025.08 ✓
	TRANSFER	NH portion of GUPP pymt deposited into mme operating							
022520A		02/26/20	02/25/20	03/12/20		2,353.56	0.00	0.00	2,353.56 ✓
	TRANSFER	NH insurance pymt deposited into mme operating in error							
022520D		02/26/20	02/25/20	03/12/20		1,755.00	0.00	0.00	1,755.00 ✓
	TRANSFER	NH insurance pymt deposited into mme operating in error							
022520		02/26/20	02/25/20	03/12/20		17,413.06	0.00	0.00	17,413.06 ✓
	TRANSFER	NH insurance pymt deposited into mme operating in error							
022520B		02/26/20	02/25/20	03/12/20		1,060.80	0.00	0.00	1,060.80 ✓
	TRANSFER	NH insurance pymt deposited into mme operating in error							
022520C		02/26/20	02/25/20	03/12/20		170.50	0.00	0.00	170.50 ✓
	TRANSFER	NH insurance pymt deposited into mme operating in error							
Vendor Totals						Gross	Discount	No-Pay	Net
12696 GULF POINTE PLAZA						23,778.00	0.00	0.00	23,778.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	23,778.00	0.00	0.00	23,778.00

APPROVED
ON

FEB 28 2020

CK#
184634

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
3/2/2020

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		188,644.18 ✓	188,494.03 ✓	168,673.69 ✓		168,823.84	146,225.63
						Bank Balance	168,823.84 ✓
						Variance	-
						Leave in Balance	100.00
						MMC Portion QIPP Yr2 Adjustment	
						MMC Portion QIPP 1 & 2	22,396.02 ✓
						MMC Portion QIPP 3,4,Lapse	
						January Interest	50.15 ✓
						February Interest	52.04 ✓
						March Interest	
						Adjust Balance/Transfer Amt	146,225.63 ✓
Brookmoor		395,618.74 ✓	395,468.22 ✓	100,897.39 ✓		101,047.91	92,787.62
						Bank Balance	101,047.91 ✓
						Variance	-
						Leave in Balance	100.00
						MMC Portion QIPP Yr2 Adjustment	
						MMC Portion QIPP 1 & 2	8,051.76 ✓
						MMC Portion QIPP 3,4,Lapse	
						January Interest	50.52 ✓
						February Interest	58.01 ✓
						March Interest	
						Adjust Balance/Transfer Amt	92,787.62 ✓
Crescent		284,154.82 ✓	284,005.58 ✓	85,439.57 ✓		85,588.81	78,489.43
						Bank Balance	85,588.81 ✓
						Variance	-
						Leave in Balance	100.00
						MMC Portion QIPP Yr2 Adjustment	
						MMC Portion QIPP 1 & 2	6,911.44 ✓
						MMC Portion QIPP 3,4,Lapse	
						January Interest	49.24 ✓
						February Interest	38.70 ✓
						March Interest	
						Adjust Balance/Transfer Amt	78,489.43 ✓
Fort Bend		76,434.09 ✓	76,313.51 ✓	85,411.62 ✓		85,532.20	76,031.79
						Bank Balance	85,532.20 ✓
						Variance	-
						Leave in Balance	100.00
						MMC Portion QIPP Yr2 Adjustment	
						MMC Portion QIPP 1 & 2	9,359.04 ✓
						MMC Portion QIPP 3,4,Lapse	
						January Interest	20.58 ✓
						February Interest	20.79 ✓
						March Interest	
						Adjust Balance/Transfer Amt	76,031.79 ✓
Solera at W Houston		113,335.59 ✓	108,138.15 ✓	263,680.46 ✓		268,877.90	255,324.81
						Bank Balance	268,877.90 ✓
						Variance	-
						Leave in Balance	100.00
						Solera/Medicare Recoup withheld from MMC	5,028.75 ✓
						MMC Portion QIPP Yr2 Adjustment	
						MMC Portion QIPP 1 & 2	8,293.69 ✓
						MMC Portion QIPP 3,4,Lapse	
						January Interest	68.69 ✓
						February Interest	61.96 ✓
						March Interest	
						Adjust Balance/Transfer Amt	255,324.81 ✓
						TOTAL TRANSFERS	648,859.28

Note: Only balances of over \$5,000 will be transferred to the nu
Note 2: Each account has a base balance of \$100 that MMC dep

146,225.63 +
92,787.62 +
78,489.43 +
76,031.79 +
255,324.81 +
648,859.28 *

Approved:
Jason Anglin, CEO

APPROVED
ON

3/2/2020

MAR 02 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ashford Gardens

2/24/2020 Amerigroup TXSC HCLCLAIMPMT 3119248687 111000 TRN*1*3119248687*1752603231\

2/24/2020 UHC of Louisiana HCLCLAIMPMT 746003411 910000 TRN*1*2020022115300621*1721074008*00

2/24/2020 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020022114700448*1912008361

2/24/2020 NOVITAS SOLUTION HCLCLAIMPMT 675423 420000118 TRN*1*EFT6919421*1205296137*000004

2/25/2020 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020022211200294*1912008361

2/25/2020 NOVITAS SOLUTION HCLCLAIMPMT 675423 420000129 TRN*1*EFT6919989*1205296137*000004

2/26/2020 WIRE OUT ASHFORD HEALTH CARE CENTER LTD

2/26/2020 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020022310800131*1912008361

2/27/2020 CHECK #1086

2/27/2020 AMERIGROUP CORPO E-PAYMENT EE51998537 111000 ISA*00* *00* *ZZ*BCCACP401

2/27/2020 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020022612700700*1912008361

2/28/2020 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*202002271700411*1912008361

2/28/2020 NOVITAS SOLUTION HCLCLAIMPMT 675423 420000141 TRN*1*EFT6921790*1205296137*000004

2/29/2020 Accr Earning Pymt

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	5,677.68	-	-	-	-	-	5,677.68
-	2,812.60	-	-	-	-	-	2,812.60
-	24,623.31	-	-	-	-	-	24,623.31
-	57,933.96	-	-	-	-	-	57,933.96
-	23,013.39	-	-	-	-	-	23,013.39
-	1,745.61	-	-	-	-	-	1,745.61
172,424.84	-	-	-	-	-	-	-
-	9,320.50	-	-	-	-	-	9,320.50
15,069.19	-	-	-	-	-	-	-
-	22,941.64	21,850.39	1,091.25	-	-	22,396.02	545.63
-	7,549.80	-	-	-	-	-	7,549.80
-	11,122.68	-	-	-	-	-	11,122.68
-	1,880.48	-	-	-	-	-	1,880.48
-	52.04	-	-	-	-	-	-
188,494.03	168,673.69	21,850.39	1,091.25	-	-	22,396.02	146,275.64

Broadmoor

2/24/2020 NOVITAS SOLUTION HCLCLAIMPMT 676357 420000118 TRN*1*EFT5475813*1205296137*000004

2/25/2020 MANAGEANDNET1718 MNS PMNT 000000000004293 41 0249564

2/25/2020 UnitedHealthcare HCLCLAIMPMT 746003411 124384 TRN*1*9510910175*1411289245*0000877

2/25/2020 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020022210200223*1912008361

2/25/2020 HUMANA CHA DISB HCLCLAIMPMT 390861 4200001481 TRN*1*014840101125336*1611013183\

2/26/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III

2/26/2020 UnitedHealthcare HCLCLAIMPMT 746003411 124384 TRN*1*9511339214*1411289245*0000877

2/26/2020 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020022310300129*1912008361

2/27/2020 CHECK #51

2/27/2020 MANAGEANDNET1718 MNS PMNT 000000000004293 41 0249644

2/27/2020 AMERIGROUP CORPO E-PAYMENT EE51998540 111000 ISA*00* *00* *ZZ*BCCACP401

2/27/2020 UnitedHealthcare HCLCLAIMPMT 746003411 124384 TRN*1*9511749619*1411289245*0000877

2/27/2020 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020022612700965*1912008361

2/27/2020 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020022610300175*1912008361

2/27/2020 NOVITAS SOLUTION HCLCLAIMPMT 676357 420000140 TRN*1*EFT5482298*1205296137*000004

2/27/2020 HUMANA INS CO HCLCLAIMPMT 390861 830000529260 TRN*1*001290048992235*1391263473\

2/28/2020 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020022710500077*1912008361

2/28/2020 NOVITAS SOLUTION HCLCLAIMPMT 676357 420000141 TRN*1*EFT5484205*1205296137*000004

2/28/2020 HUMANA INS CO HCLCLAIMPMT 390861 830000567072 TRN*1*001290049007514*1391263473\

2/29/2020 Accr Earning Pymt

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	5,955.25	-	-	-	-	-	5,955.25
-	1,323.00	-	-	-	-	-	1,323.00
-	4,914.00	-	-	-	-	-	4,914.00
-	21,157.36	-	-	-	-	-	21,157.36
-	3,288.36	-	-	-	-	-	3,288.36
390,299.08	-	-	-	-	-	-	-
-	756.00	-	-	-	-	-	756.00
-	6,635.68	-	-	-	-	-	6,635.68
5,169.14	-	-	-	-	-	-	-
-	13,809.70	-	-	-	-	-	13,809.70
-	8,245.76	7,857.76	388.00	-	-	8,051.76	194.00
-	3,780.00	-	-	-	-	-	3,780.00
-	4,268.32	-	-	-	-	-	4,268.32
-	165.12	-	-	-	-	-	165.12
-	1,054.78	-	-	-	-	-	1,054.78
-	428.62	-	-	-	-	-	428.62
-	3,958.83	-	-	-	-	-	3,958.83
-	21,020.67	-	-	-	-	-	21,020.67
-	77.93	-	-	-	-	-	77.93
-	58.01	-	-	-	-	-	-
395,468.22	100,897.39	7,857.76	388.00	-	-	8,051.76	92,787.62

Conquest

2/24/2020 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020022114500075*1912008361

2/24/2020 NOVITAS SOLUTION HCLCLAIMPMT 676323 420000118 TRN*1*EFT5475794*1205296137*000004

2/25/2020 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020022211600577*1912008361

2/25/2020 NOVITAS SOLUTION HCLCLAIMPMT 676323 420000128 TRN*1*EFT5477921*1205296137*000004

2/26/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III

2/26/2020 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020022315500339*1912008361

2/26/2020 NOVITAS SOLUTION HCLCLAIMPMT 676323 420000160 TRN*1*EFT5480057*1205296137*000004

2/27/2020 CHECK # 81

2/27/2020 AMERIGROUP CORPO E-PAYMENT EE51998539 111000 ISA*00* *00* *ZZ*BCCACP401

2/27/2020 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020022610500518*1912008361

2/29/2020 Accr Earning Pymt

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	10,482.53	-	-	-	-	-	10,482.53
-	7,207.38	-	-	-	-	-	7,207.38
-	24,422.52	-	-	-	-	-	24,422.52
-	19,382.49	-	-	-	-	-	19,382.49
279,519.49	-	-	-	-	-	-	-
-	3,428.18	-	-	-	-	-	3,428.18
-	10,443.06	-	-	-	-	-	10,443.06
4,486.09	-	-	-	-	-	-	-
-	7,396.25	6,426.63	969.62	-	-	6,911.44	484.81
-	2,638.46	-	-	-	-	-	2,638.46
-	38.70	-	-	-	-	-	-
284,005.58	85,439.57	6,426.63	969.62	-	-	6,911.44	78,489.43

Fort Sand

2/24/2020 MANAGEANDNET1718 MNS PMNT 000000000004294 41 0249539

2/24/2020 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020022112500956*1912008361

2/24/2020 NOVITAS SOLUTION HCLCLAIMPMT 675663 420000118 TRN*1*EFT5475173*1205296137*000004

2/25/2020 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020022210700544*1912008361

2/25/2020 NOVITAS SOLUTION HCLCLAIMPMT 675663 420000128 TRN*1*EFT5477291*1205296137*000004

2/26/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III

2/26/2020 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020022313100209*1912008361

2/27/2020 CHECK #78

2/27/2020 AMERIGROUP CORPO E-PAYMENT EE51998536 111000 ISA*00* *00* *ZZ*BCCACP401

2/27/2020 NOVITAS SOLUTION HCLCLAIMPMT 675663 420000140 TRN*1*EFT5481768*1205296137*000004

2/29/2020 Accr Earning Pymt

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	1,755.00	-	-	-	-	-	1,755.00
-	2,923.28	-	-	-	-	-	2,923.28
-	45,967.21	-	-	-	-	-	45,967.21
-	9,536.24	-	-	-	-	-	9,536.24
-	11,336.87	-	-	-	-	-	11,336.87
69,733.05	-	-	-	-	-	-	-
-	3,446.85	-	-	-	-	-	3,446.85
6,580.46	-	-	-	-	-	-	-
-	9,793.70	8,924.38	869.32	-	-	9,359.04	434.66
-	631.68	-	-	-	-	-	631.68
-	20.79	-	-	-	-	-	-
76,313.51	85,411.62	8,924.38	869.32	-	-	9,359.04	76,031.79

66Mile W West Mission

2/24/2020 Amerigroup TXSC HCLCLAIMPMT 3119248688 111000 TRN*1*3119248688*1752603231\

2/24/2020 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020022114600198*1912008361

2/24/2020 NOVITAS SOLUTION HCLCLAIMPMT 676310 420000118 TRN*1*EFT5475791*1205296137*000004

2/25/2020 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020022211600482*1912008361

2/26/2020 WIRE OUT CANTEX HEALTH CARE CENTERS III

2/26/2020 NOVITAS SOLUTION HCLCLAIMPMT 676310 420000160 TRN*1*EFT5480050*1205296137*000004

2/27/2020 CHECK #1080

2/27/2020 AMERIGROUP CORPO E-PAYMENT EE51998538 111000 ISA*00* *00* *ZZ*BCCACP401

2/27/2020 UnitedHealthcare HCLCLAIMPMT 746003411 124384 TRN*1*1511715705*1411289245*0000877

2/27/2020 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000 TRN*1*2020022612700906*1912008361

2/28/2020 UnitedHealthcare HCLCLAIMPMT 746003411 124384 TRN*1*9512150712*1411289245*0000877

2/28/2020 NOVITAS SOLUTION HCLCLAIMPMT 676310 420000141 TRN*1*EFT5484184*1205296137*000004

2/29/2020 Accr Earning Pymt

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
-	50.10	-	-	-	-	-	50.10
-	6,426.69	-	-	-	-	-	6,426.69
-	175,520.48	-	-	-	-	-	175,520.48
-	18,371.30	-	-	-	-	-	18,371.30
102,487.42	-	-	-	-	-	-	-
-	22,789.20	-	-	-	-	-	22,789.20
5,650.73	-	-	-	-	-	-	-
-	8,875.50	7,711.88	1,163.62	-	-	8,293.69	581.81
-	4,510.00	-	-	-	-	-	4,510.00
-	6,363.81	-	-	-	-	-	6,363.81
-	8,620.00	-	-	-	-	-	8,620.00
-	12,091.42	-	-	-	-	-	12,091.42
-	61.96	-	-	-	-	-	-
108,138.15	263,680.46	7,711.88	1,163.62	-	-	8,293.69	255,324.81
1,052,419.49	704,102.73	52,771.04	4,481.81	-	-	55,011.95	648,659.29

TOTALS

Quick View

DDA

Data reported as of Mar 2, 2020 9:09 AM CST

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance	
MEMORIAL MEDICAL CENTER - OPERATING					
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014					
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING					
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$168,823.84	\$168,888.84	\$168,823.84	\$168,823.84	
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$101,047.91	\$101,803.91	\$101,047.91	\$101,047.91	
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$85,588.81	\$93,767.39	\$85,588.81	\$85,588.81	
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$268,877.90	\$286,309.92	\$268,877.90	\$268,877.90	
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$85,532.20	\$92,336.20	\$85,532.20	\$85,532.20	
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE					
CAL CO INDIGENT HEALTHCARE					
MMC -NH GULF POINTE PLAZA - PRIVATE PAY					
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID					

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
3/2/2020

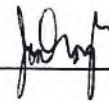
Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		134,228.01 ✓	134,107.89 ✓	130,190.70	-	130,310.82	103,592.40
					Bank Balance	130,310.82 ✓	
					Variance	-	
					Leave in Balance	100.00	
					MMC Portion Q1PP Yr2 Adjustment	3,861.60 ✓	
					MMC Portion Q1PP 1 & 2	22,706.88 ✓	
					MMC Portion Q1PP 3,4,Lapse		
					January Interest	20.12 ✓	
					February Interest	29.82 ✓	
					March Interest	-	
					Adjust Balance/Transfer Amt	103,592.40 ✓	

Routing Information for Golden Creek:

Nexion Health at Golden Creek
Wells Fargo Bank, N.A.
ABA
Acc

Note: Only balances of over \$5,000 will be transferred to the nursing home.
Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

Approved:
Jason Anglin, CEO



3/2/2020

APPROVED
ON

MAR 02 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apse	QIPP TI	
2/24/2020 TSYS/TRANSFIRST BKCD STLMT 543684555876917 9 543684555876917 GO	-	4,918.58					-	4,918.58
2/24/2020 NOVITAS SOLUTION HCCLAIMPMT 676097 420000118 TRN*1*EFT5475200	-	80,230.59					-	80,230.59
2/26/2020 WIRE OUT NEXION HEALTH AT GOLDEN CREEK	134,107.89	-					-	-
2/26/2020 NOVITAS SOLUTION HCCLAIMPMT 676097 420000160 TRN*1*EFT5479473	-	5,664.95					-	5,664.95
2/28/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2 TRN*1*0SE584641	-	10,149.00					-	10,149.00
2/28/2020 Centene Manageme CCD+ 38888463 3110020721371 RMR*IV*QIPP 2.25.2	-	4,913.28	2,809.91	2,103.37			3,861.60	1,051.69
2/28/2020 Centene Manageme CCD+ 38888463 3110020721285 RMR*IV*QIPP 2.24.2	-	24,284.48	21,129.28	3,155.20			22,706.88	1,577.60
2/29/2020 Accr Earning Pymt	-	29.82					-	-
	134,107.89	130,190.70	23,939.19	5,258.57	-	-	26,568.48	103,592.41

Quick View

DDA

Data reported as of Mar 2, 2020 9:09 AM CST

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
MEMORIAL MEDICAL CENTER - OPERATING				
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014				
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING				
MEMORIAL MEDICAL CENTER / NH ASHFORD				
MEMORIAL MEDICAL CENTER / NH BROADMOOR				
MEMORIAL MEDICAL CENTER / NH CRESCENT				
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON				
MEMORIAL MEDICAL CENTER / NH FORT BEND				
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$130,310.82	\$141,454.14	\$130,310.82	\$130,310.82
CAL CO INDIGENT HEALTHCARE				
MMC -NH GULF POINTE PLAZA - PRIVATE PAY				
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID				

[illegible]

Quality Incentive Payment Program

Quarter 4

June 2019 - August 2019

Component 1 Payment Amount

MCO:	Superior Healthplan
SDA:	MRSA Central
Facility Name:	Golden Creek Healthcare and Rehab
Legal Entity Name:	Memorial Medical Center
Facility ID:	102540
Medicare Number:	676097
Facility NPI:	1588075964
Medicaid Number:	1028605

Payment Summary	Q1	Q2	Q3	Q4	Adj. 1	Adj. 2	Adj. 3
Component 1	\$52,452	\$51,893	\$51,861	\$52,316			
Component 2	\$10,720	\$14,141	\$7,040	\$10,666			
Component 3	\$19,717	\$26,030	\$13,075	\$19,809			
Lapse Funds	\$8,295	\$10,416	\$8,423	\$9,873			
Quarter 1 Adjustment		\$3,301	\$629	\$57	\$0.00	\$0	\$0
Quarter 2 Adjustment			\$4,236	\$503	\$16.23	\$0	\$0
Quarter 3 Adjustment				\$3,145	\$460.17	\$0	\$0
Quarter 4 Adjustment					\$4,436.88	\$0	\$0
Total	\$91,184	\$105,761	\$85,264	\$96,369	\$4,913.28	\$0	\$0

Payments Through May 2019

Component 1 Payments			Payment Month															
Adjustment	Month	Met	Quarter 1			Quarter 2			Quarter 3			Quarter 4			Adjustment Period 1			
			Sept. 2018	Oct. 2018	Nov. 2018	Dec. 2018	Jan. 2019	Feb. 2019	Mar. 2019	Apr. 2019	May-19	Jun-19	Jul-19	Aug. 2019	Sept. 2019	Oct. 2019	Nov. 2019	Dec. 2019
September	Yes		\$17,172	\$255	\$600	\$132	\$66	\$66	\$16	\$33	\$8	\$0	\$8	\$0.00	\$8.22	-\$8.22	\$0.00	\$0.00
October	Yes			\$17,065		\$370	\$132	\$140	\$49	\$58	\$25	\$8	\$8	\$0.00	\$8.22	\$0.00	\$0.00	\$0.00
November	Yes				\$17,007	\$353	\$419	\$222	\$74	\$58	\$41	\$0	\$8	\$0.00	\$8.22	-\$8.22	-\$8.22	\$0.00
December	Yes					\$16,810	\$411	\$567	\$173	\$107	\$25	\$33	\$8	\$8.22	\$16.44	\$0.00	\$8.22	\$0.00
January	Yes						\$16,933	\$411	\$518	\$230	\$0	\$25	\$25	\$24.66	\$8.22	\$0.00	-\$8.22	\$0.00
February	Yes							\$16,761	\$395	\$608	\$90	\$74	\$41	\$16.44	\$8.22	-\$16.44	-\$8.22	\$0.00
March	Yes								\$16,722	\$339	\$612	\$124	\$66	\$57.89	\$41.35	\$0.00	-\$16.54	\$0.00
April	Yes									\$16,670	\$486	\$453	\$190	\$98.88	\$32.96	\$16.48	-\$8.24	\$0.00
May	Yes										\$17,032	\$321	\$511	\$206.00	\$115.36	\$41.20	\$8.24	\$65.92
June	Yes												\$17,024	\$288	\$585.04	\$206.00	\$82.40	\$41.20
July	Yes													\$17,024	\$387.28	\$510.88	\$164.80	\$74.16
August	Yes														\$17,007	\$510.88	\$477.92	\$164.80
Total Monthly Payment			\$17,172	\$17,320	\$17,961	\$17,665	\$17,961	\$18,166	\$17,947	\$18,102	\$18,319	\$18,062	\$18,177	\$18,392	\$1,474.97	\$749.92	\$247.18	\$337.84
Total Quarterly Payment				\$52,452			\$53,792			\$54,368			\$54,631.40				\$2,809.91	

Component 2 Payments			Payment Month																
Adjustment	Month	Met	Quarter 1			Quarter 2			Quarter 3			Quarter 4			Adjustment Period 1				
			Sept. 2018	Oct. 2018	Nov. 2018	Dec. 2018	Jan. 2019	Feb. 2019	Mar. 2019	Apr. 2019	May-19	Jun-19	Jul-19	Aug. 2019	Sept. 2019	Oct. 2019	Nov. 2019	Dec. 2019	
September	3 of 4		\$3,510	\$52	\$123	\$27	\$13	\$13	\$3	\$7	\$2	\$0	\$2	\$0	\$1.68	-\$1.68	\$0.00	\$0.00	
October				\$3,488		\$72	\$76	\$27	\$29	\$10	\$12	\$5	\$2	\$2	\$0	\$1.68	\$0.00	\$0.00	
November						\$3,476	\$72	\$86	\$45	\$15	\$12	\$8	\$0	\$2	\$0	\$1.68	-\$1.68	-\$1.68	\$0.00
December	4 of 4					\$4,581	\$112	\$155	\$47	\$29	\$7	\$9	\$2	\$2	\$4.48	\$0.00	\$2.24	\$0.00	
January							\$4,614	\$112	\$141	\$63	\$0	\$7	\$7	\$7	\$2.24	\$0.00	-\$2.24	\$0.00	
February								\$4,567	\$108	\$166	\$25	\$20	\$11	\$4	\$2.24	-\$4.48	-\$2.24	\$0.00	
March									\$2,255	\$46	\$83	\$17	\$9	\$8	\$5.60	\$0.00	-\$2.24	\$0.00	
April		2 of 4								\$2,266	\$66	\$62	\$26	\$13	\$4.48	\$2.24	-\$1.12	\$0.00	
May											\$2,315	\$44	\$69	\$28	\$15.68	\$5.60	\$1.12	\$8.96	
June													\$3,471	\$59	\$119	\$42.00	\$16.80	\$8.40	\$15.12
July		3 of 4													\$3,471	\$79	\$104.16	\$33.60	\$15.12
August																\$3,468	\$104.16	\$97.44	\$33.60
Total Monthly Payment			\$3,510	\$3,540	\$3,671	\$4,756	\$4,852	\$4,921	\$2,589	\$2,600	\$2,510	\$3,630	\$3,659	\$3,728	\$290.08	\$147.84	\$50.96	\$64.40	
Total Quarterly Payment			\$10,720			\$14,529			\$7,699			\$11,018.00			\$553.28				

Component 3 Payments			Payment Month																
Adjustment	Month	Met	Quarter 1			Quarter 2			Quarter 3			Quarter 4			Adjustment Period 1				
			Sept. 2018	Oct. 2018	Nov. 2018	Dec. 2018	Jan. 2019	Feb. 2019	Mar. 2019	Apr. 2019	May-19	Jun-19	Jul-19	Aug. 2019	Sept. 2019	Oct. 2019	Nov. 2019	Dec. 2019	
September	3 of 4		\$6,455	\$96	\$226	\$49	\$25	\$25	\$6	\$12	\$3	\$0	\$3	\$0	\$3.09	-\$3.09	\$0.00	\$0.00	
October				\$6,415	\$133	\$139	\$49	\$53	\$19	\$22	\$9	\$3	\$3	\$0	\$3.09	\$0.00	\$0.00	\$0.00	
November					\$6,393	\$133	\$158	\$83	\$28	\$22	\$15	\$0	\$3	\$0	\$3.09	-\$3.09	-\$3.09	\$0.00	
December						\$8,425	\$206	\$284	\$87	\$54	\$12	\$16	\$4	\$4	\$8.24	\$0.00	\$4.12	\$0.00	
January	4 of 4						\$8,487	\$206	\$260	\$115	\$0	\$12	\$12	\$12	\$4.12	\$0.00	-\$4.12	\$0.00	
February								\$8,401	\$198	\$305	\$45	\$37	\$21	\$8	\$4.12	-\$8.24	-\$4.12	\$0.00	
March									\$4,206	\$85	\$154	\$31	\$17	\$15	\$10.40	\$0.00	-\$4.16	\$0.00	
April	2 of 4									\$4,208	\$123	\$114	\$48	\$25	\$8.32	\$4.16	-\$2.08	\$0.00	
May												\$4,299	\$81	\$129	\$52	\$29.12	\$10.40	\$2.08	\$16.64
June													\$6,446	\$109	\$222	\$78.00	\$31.20	\$15.60	\$28.08
July	3 of 4													\$6,446	\$147	\$193.44	\$62.40	\$28.08	\$34.32
August															\$6,440	\$193.44	\$180.96	\$62.40	\$40.56
Total Monthly Payment			\$6,455	\$6,511	\$6,752	\$8,747	\$8,925	\$9,052	\$4,802	\$4,823	\$4,661	\$6,742	\$6,795	\$6,924	\$538.47	\$274.70	\$94.71	\$119.60	
Total Quarterly Payment				\$19,717			\$26,723			\$14,286			\$20,460.64				\$1,027.48		

Lapse Funds Payments			Payment Month															
Adjustment	Month	Net	Quarter 1			Quarter 2			Quarter 3			Quarter 4			Adjustment Period 1			
			Sept. 2018	Oct. 2018	Nov. 2018	Dec. 2018	Jan. 2019	Feb. 2019	Mar. 2019	Apr. 2019	May-19	Jun-19	Jul-19	Aug. 2019	Sept. 2019	Oct. 2019	Nov. 2019	Dec. 2019
September			\$2,716	\$40	\$95	\$21	\$10	\$10	\$3	\$5	\$1	\$0	\$1	\$0	\$1.30	-\$1.30	\$0.00	\$0.00
October	Yes			\$2,699		\$56	\$59	\$21	\$22	\$8	\$9	\$4	\$1	\$1	\$0	\$1.30	\$0.00	\$0.00
November					\$2,690		\$56	\$66	\$35	\$12	\$9	\$7	\$0	\$1	\$0	\$1.30	-\$1.30	\$0.00
December						\$3,374	\$83	\$114	\$35	\$21	\$5	\$7	\$2	\$2	\$2	\$3.30	\$0.00	\$1.65
January	Yes						\$3,399	\$83	\$104	\$46	\$0	\$5	\$5	\$5	\$5	\$1.65	\$0.00	-\$1.65
February								\$3,364	\$79	\$122	\$18	\$15	\$8	\$3	\$3	\$1.65	-\$3.30	-\$1.65
March									\$2,709	\$55	\$99	\$20	\$11	\$9	\$9	\$6.70	\$0.00	-\$2.68
April	Yes									\$2,711	\$79	\$74	\$31	\$16	\$16	\$5.36	\$2.68	-\$1.34
May											\$2,770	\$52	\$83	\$34	\$34	\$18.76	\$6.70	\$1.34
June													\$3,213	\$54	\$110	\$38.88	\$15.55	\$7.78
July	Yes													\$3,213	\$73	\$96.41	\$31.10	\$14.00
August															\$3,210	\$96.41	\$90.19	\$31.10
Total Monthly Payment			\$2,716	\$2,739	\$2,841	\$3,509	\$3,579	\$3,628	\$2,949	\$2,979	\$2,983	\$3,386	\$3,410	\$3,462	\$273.02	\$140.32	\$47.24	\$62.04
Total Quarterly Payment				\$8,295			\$10,717			\$8,911				\$10,258.69			\$522.61	

Gulf Pointe Plaza-Private Pay

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apse	QIPP TI	
2/28/2020 Centene Managem CCD+ 38888463 3110020721301 RMR*IV*QIPP 2.24.20*	-	15,666.70	13,628.66	2,038.04		14,647.68	1,019.02
2/29/2020 Accr Earning Pymt	-	7.33				-	-
	-	15,666.70	13,628.66	2,038.04	-	14,647.68	1,019.02

Gulf Pointe Plaza-Medicare/Medicaid

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&L apse	QIPP TI	
2/24/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001374186 TRN*1*EFT6874784*1	-	136,723.75				-	136,723.75
2/26/2020 WIRE OUT HMG SERVICES, LLC	92,127.15	-				-	-
2/26/2020 CENTENE CORP HCCLAIMPMT 61000105561562 TRN*1*0905541258*17427	-	2,128.94				-	2,128.94
2/26/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001398603 TRN*1*EFT6876450*1	-	2,602.97				-	2,602.97
2/27/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001387437 TRN*1*EFT6877424*1	-	12,772.15				-	12,772.15
2/28/2020 NORIDIAN J3A HCCLAIMPMT 675892 4200001411428 TRN*1*EFT6878333*1	-	10,371.32				-	10,371.32
2/28/2020 HEALTH HUMAN SVC HCCLAIMPMT 17460034113013 2 TRN*1*05E58655192	-	4,228.00				-	4,228.00
2/29/2020 Accr Earning Pymt	-	19.85				-	-
	92,127.15	168,846.98	-	-	-	-	168,827.13
	92,127.15	184,513.68	13,628.66	2,038.04	-	14,647.68	169,846.15

Quick View

DDA

Data reported as of Mar 2, 2020 9:09 AM CST

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
MEMORIAL MEDICAL CENTER - OPERATING				
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014				
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING				
MEMORIAL MEDICAL CENTER / NH ASHFORD				
MEMORIAL MEDICAL CENTER / NH BROADMOOR				
MEMORIAL MEDICAL CENTER / NH CRESCENT				
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON				
MEMORIAL MEDICAL CENTER / NH FORT BEND				
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE				
CAL CO INDIGENT HEALTHCARE				
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$15,775.12	\$15,775.12	\$15,775.12	\$15,775.12
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$168,976.11	\$168,976.11	\$168,976.11	\$168,976.11

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 3/2/2020

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APPROVED
ON

MAR 02 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

G/L NUMBER: 21000012

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

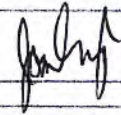
AMOUNT \$22,396.02

CK#001087

EXPLANATION: ASHFORD- TO TRANSFER MMC PORTION OF QIPP COMP 1 & 2

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:



RUN DATE:03/04/20
TIME:15:21

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/04/20 THRU 03/04/20

PAGE 4
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHA 001087 03/04/20 22,396.02 MMC PROSPERITY OPERATIN *AshFord*
TOTALS: 22,396.02

APPROVED
ON

MAR 04 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 3/2/2020

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APPROVED
ON

MAR 02 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

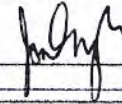
AMOUNT \$8,051.76

G/L NUMBER: 21000009 CK # 000052

EXPLANATION: BROADMOOR- TO TRANSFER MMC PORTION OF QIPP COMP 1 & 2

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:



RUN DATE:03/04/20
TIME:15:21

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/04/20 THRU 03/04/20

PAGE 5
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHB 000052 03/04/20 8,051.76 MMC PROSPERITY OPERATIN *Broadmoor*
TOTALS: 8,051.76

APPROVED
ON

MAR 04 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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Memorial Medical Center Operating

Date Requested: 3/2/2020

APPROVED
ON

MAR 02 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 000082

FOR ACCT. USE ONLY

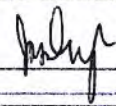
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$6,911.44

G/L NUMBER: 21000010

EXPLANATION: CRESCENT- TO TRANSFER MMC PORTION OF QIPP COMP 1 & 2

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

RUN DATE:03/04/20
TIME:15:21

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/04/20 THRU 03/04/20

PAGE 6
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHC 000082 03/04/20 6,911.44 MMC PROSPERITY OPERATIN *Crescent*
TOTALS: 6,911.44

APPROVED
ON

MAR 04 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 3/2/2020

A _____

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APPROVED
ON

MAR 02 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 600079

G/L NUMBER: 21000008

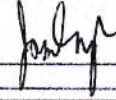
FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$9,359.04

EXPLANATION: FORT BEND- TO TRANSFER MMC PORTION OF QIPP COMP 1 & 2

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

RUN DATE:03/04/20
TIME:15:21

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/04/20 THRU 03/04/20

PAGE 7
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHF 000079 03/04/20 9,359.04 MMC PROSPERITY OPERATIN
TOTALS: 9,359.04

Fort Bend

APPROVED
ON

MAR 04 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 3/2/2020

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APPROVED
ON

MAR 02 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CL# 000079

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

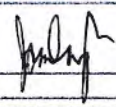
☐ Return Check to Dept

AMOUNT \$8,293.69

G/L NUMBER: 21000011

EXPLANATION: SOLERA- TO TRANSFER MMC PORTION OF QIPP COMP 1 & 2

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

RUN DATE:03/04/20
TIME:15:21

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/04/20 THRU 03/04/20

PAGE 9
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
------	--------	------	--------	-------

NHS	000079	03/04/20	8,293.69	MMC PROSPERITY OPERATIN
TOTALS:			8,293.69	

Solem

APPROVED
ON

MAR 04 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 3/2/2020

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APPROVED
ON

MAR 02 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 000093

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$ 26,568.48

G/L NUMBER: 21000013

EXPLANATION: GOLDEN CREEK- TO TRANSFER MMC PORTION OF QIPP COMP 1 & 2 AND QIPP YR 2 ADJ PMNT

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

☒

RUN DATE:03/05/20
TIME:16:00

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/04/20 THRU 03/04/20

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

NHG 000053 03/04/20 26,568.48 MMC PROSPERITY OPERATIN
TOTALS: 26,568.48

golden creek

APPROVED
ON

MAR 04 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 3/2/2020

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APPROVED
ON

MAR 02 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 000001

AMOUNT \$ 14,647.68

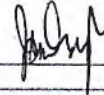
G/L NUMBER: 21000014

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

EXPLANATION: GULF POINTE- TO TRANSFER MMC PORTION OF QIPP COMP 1 & 2

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

RUN DATE:03/04/20
TIME:15:21

MEMORIAL MEDICAL CENTER
CHECK REGISTER
03/04/20 THRU 03/04/20

PAGE 3
GLCKREG

BANK--CHECK-----
CODE NUMBER DATE AMOUNT PAYEE

GPP 000009 03/04/20 14,647.68 MMC PROSPERITY OPERATIN
TOTALS: 14,647.68

gulf pointe

APPROVED
ON

MAR 04 2020

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Use these
GL's
↓

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

3/4/2020

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1 & 2	QIPP COMP 3,4, LAPSE	Yr 2 Adjustment Pmt	TOTAL	Date
Ashford	✓ 10000018 - Prosperity	1087	MMC - Prosperity Operating #10000001	21000012	22,396.02	✓		22,396.02	3/4/2020
Broadmoor	✓ 10000019 - Prosperity	52	MMC - Prosperity Operating #10000001	21000009	8,051.76	✓		8,051.76	3/4/2020
Crescent	✓ 10000020 - Prosperity	82	MMC - Prosperity Operating #10000001	21000010	6,911.44	✓		6,911.44	3/4/2020
Fort Bend	✓ 10000021 - Prosperity	79	MMC - Prosperity Operating #10000001	21000008	9,359.04	✓		9,359.04	3/4/2020
Solera	✓ 10000022 - Prosperity	1082	MMC - Prosperity Operating #10000001	21000011	8,293.69	✓		8,293.69	3/4/2020
Golden Creek	✓ 10000023 - Prosperity	53	MMC - Prosperity Operating #10000001	21000013	22,706.88	✓	3,861.60	26,568.48	3/4/2020
Gulf Pointe-PP	10000114 - Prosperity	9	MMC - Prosperity Operating #10000001	21000014	14,647.68	✓		14,647.68	3/4/2020
Gulf Pointe-MM	10000025 - Prosperity	6	MMC - Prosperity Operating #10000001	21000014				-	
			Total:		92,366.51	-	3,861.60	96,228.11	

Note:

Bank Codes

Ashford: NHA
 Broadmoor: NHB
 Crescent: NHC
 Fort Bend: NHF
 Solera: NHS
 Golden Creek: NHG
 Gulf Pointe: GPP
 Private Pay: GPP

22,396.02 -
 8,293.69 +
 14,647.68 +
 26,568.48 +
 9,359.04 +
 6,911.44 +
 8,051.76 +
 96,228.11 *

APPROVED
 ON
 MAR 02 2020
 COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Approved:
 Jason Anglin, CEO



3/2/2020

MEMORIAL MEDICAL CENTER
NH SOLERA AT WEST HOUSTON
202 S ANN ST STE A
PORT LAVACA TX 77979

1082

88-2265/1131-87

3-4-20

Date

CHECK ARMOR

Pay to the
Order of Memorial Medical Center Operating \$ 8,293.69
Eight Thousand two hundred ninety three Dollars



PROSPERITY BANK

PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102
361-552-7411 www.prosperitybankusa.com

Photo
Safe
Deposit
Details on back

For QIPP 1 & 2

County Auditor

County Treasurer

MEMORIAL MEDICAL CENTER
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

1087

88-2265/1131-87

3-4-20

Date

CHECK ARMOR

Pay to the
Order of Memorial Medical Center Operating \$ 22,316.02
Twenty-two thousand three hundred ninety-six Dollars



PROSPERITY BANK

PORT LAVACA BANKING CENTER
1107 N. HIGHWAY 35 • PORT LAVACA, TX 77979-5102
361-552-7411 www.prosperitybankusa.com

Photo
Safe
Deposit
Details on back

For QIPP Comp 1 & 2

County Auditor

County Treasurer

MEMORIAL MEDICAL CENTER
NH GULF POINTE PLAZA - PRIVATE PAY
815 N VIRGINIA ST
PORT LAVACA, TX 77979

87SS

No.

9

88-2265
1131

3-4-20

PAY TO THE
ORDER OF Memorial Medical Center Operating \$ 14,647.68
fourteen thousand six hundred forty-seven DOLLARS



PROSPERITY
BANK

QIPP 1 & 2

County Auditor

County Treasurer

MEMORIAL MEDICAL CENTER

NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000053

88-2265/1131

Date

3-4-20

PAY**TO THE
ORDER OF**

Memorial Medical Center Operating

\$ 26,568.48

Twenty-six thousand five hundred sixty-eight

48/100
DOLLARS**PROSPERITY
BANK**

County Auditor

County Treasurer
County features are included. Details on back.**FOR**

QIPP 1st & 4th Adj. pmt

MEMORIAL MEDICAL CENTER

NH FORT BEND
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000079

88-2265/1131

Date

3-4-20

PAY**TO THE
ORDER OF**

Memorial Medical Center Operating

\$ 9,359.04

Nine Thousand three hundred fifty-nine & 04/100

DOLLARS

**PROSPERITY
BANK**

County Auditor

County Treasurer
County features are included. Details on back.**FOR**

QIPP 1st

MEMORIAL MEDICAL CENTER

NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000052

88-2265/1131

Date

3-4-20

PAY**TO THE
ORDER OF**

Memorial Medical Center Operating

\$ 8,051.76

Eight Thousand fifty-one

76/100

DOLLARS**PROSPERITY
BANK**

County Auditor

FOR

QIPP comp 1 & 2

County Treasurer
included Details on back**MEMORIAL MEDICAL CENTER**

NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000082

88-2265/1131

Date

3-4-20

PAY**TO THE
ORDER OF**

Memorial Medical Center Operating

\$ 6,911.44

Six thousand nine-hundred eleven

44/100

DOLLARS**PROSPERITY
BANK**

County Auditor

FOR

QIPP 1 & 2

County Treasurer
included Details on back