

RUN DATE: 01/23/20  
 TIME: 10:54

CLAY COUNTY MEMORIAL HOSPITAL  
 CHECK REGISTER  
 01/27/20 THRU 01/27/20

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 CLCKREG

*Handwritten signatures and initials: J. CK, DM, GIB, R.L.*

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

FB	CODE	NUMBER	DATE	AMOUNT	PAYEE
		008334	01/27/20	50.00	ANDABLO LORENZA
		008335	01/27/20	25.00	GRAVES ELIZABETH
		008336	01/27/20	46.43	HUMANA HEALTH CARE PLAN
		008337	01/27/20	23.38	REID KARI
		008338	01/27/20	94.54	TRICARE FOR LIFE
		008339	01/27/20	378.07	TRICARE FOR LIFE
		008340	01/27/20	172.50	A-1 FREEMAN RECORDS MANAGEMENT
		008341	01/27/20	76.13	AIRGAS USA LLC
		008342	01/27/20	1,961.12	ALSCO
		008343	01/27/20	395.65	ARCHER ELECTRIC LLC
		008344	01/27/20	96.64	AT&T
		008345	01/27/20	401.04	ATMOS ENERGY
		008346	01/27/20	1,461.95	BEN E KEITH FOODS
		008347	01/27/20	4,505.21	CANON MEDICAL SYSTEMS USA INC
		008348	01/27/20	57.03	CARDINAL HEALTH AT-HOME
		008349	01/27/20	1,601.54	CCMH FOUNDATION
		008350	01/27/20	48,012.25	COMMERCIAL & INDUSTRIAL ELECTR
		008351	01/27/20	4,200.00	CONCORD MEDICAL GROUP
		008352	01/27/20	12,592.95	CPSI SYSTEM
		008353	01/27/20	110.74	DEXYP
		008354	01/27/20	30.00	E-OSCAR
		008355	01/27/20	214.24	ECOLAB
		008356	01/27/20	1,050.00	ESSENTIAL PHYSICS
		008357	01/27/20	630.86	ETACTICS
		008358	01/27/20	138.80	FAGRON STERILE SERVICES
		008359	01/27/20	2,207.44	FISHER HEALTHCARE
		008360	01/27/20	4.89	HENRIETTA PARTS PLUS
		008361	01/27/20	15,385.00	HIGGINBOTHAM INSURANCE AGENCY
		008362	01/27/20	692.91	LABARRINGTON
		008363	01/27/20	308.23	MCKESSON MEDICAL-SURGICAL INC
		008364	01/27/20	660.17	MEDICAL DEVICE DIVISION OF OTS
		008365	01/27/20	5,066.89	MORRIS DICKSON CO LTD
		008366	01/27/20	136.42	MORRISON SUPPLY COMPANY
		008367	01/27/20	270.00	OPTUM360
		008368	01/27/20	770.80	OWENS & MINOR
		008369	01/27/20	1,611.30	SCRUBS ON WHEELS #23
		008370	01/27/20	1,772.00	SERVICE FIRST
		008371	01/27/20	2,695.00	SHARED MEDICAL SERVICES, INC
		008372	01/27/20	4,364.40	SIEMENS HEALTHCARE DIAGNOSTICS
		008373	01/27/20	175.50	STERICYCLE INC
		008374	01/27/20	3,085.95	TEXAS MUTUAL INSURANCE COMPANY
		008375	01/27/20	35.00	TEXAS SOCIAL SECURITY PROGRAM
		008376	01/27/20	4,111.17	TYU ENERGY
		008377	01/27/20	18.25	UNIFORM SHOP
		008378	01/27/20	46.00	UNITED REGIONAL HEALTH CARE
		008379	01/27/20	10,859.20	UNITED REGIONAL PROF SRVC CORP
		008380	01/27/20	1,336.96	WAGNER SUPPLY COMPANY
		008381	01/27/20	1,216.36	WELLS FARGO-BS
		008382	01/27/20	793.82	WELLS FARGO-DH
		008383	01/27/20	2,253.91	WELLS FARGO-JH

*Refund overpayment*

*Medical Records Supply*

*medical supplies oxygen*

*medical / Surgical supplies*

*Plant Engineering supplies vent hood for kitchen*

*Utilities*

*Utilities*

*Dietary supplies*

*Whole body scanner*

*Silicone*

*Medical Supplies Reimbursement to McKesson; A Merisul*

*Fire Alarm System*

*Contract medical service*

*Hardware / Software monthly fee 8950.00 Interface; Eligibility*

*Directory Advertising*

*Collection fee*

*Dietary supplies*

*medical supplies*

*monthly statement & billing fee*

*cataract supplies (drops)*

*medical supplies*

*Rockon switch for facility*

*Directors; officers Policy*

*Laboratory Supplies*

*Personal Property tax due on Equipment*

*Laboratory Supplies*

*medical supplies*

*medical supplies*

*Plant Engineering supplies 4 seats - Gemline*

*medical records supplies*

*medical supplies*

*Uniforms*

*Rehab supplies*

*ME2 - Radiology outside XRay fee*

*medical supplies*

*medical supplies*

*Monthly insurance*

*Annual Administrative fee*

*electrical city services*

*Uniform - Shankle*

*outside medical service*

*Radiology outside professional fee*

*Segal Strapper; Segal Finish wax for Buckling maint.*

*Business maint supplies, Toner, Printer, battery, lights*

*4.00 session; 10.00 postage 547.95 Telephone; internet*

*Administration 127.79 drop box for DSRIP documents, ups postage*

*Home health 1098.00 Software, 179.00 TRAINING NURSING ADVERTISING 579.42*

*clinic 17.31 Netfire, Facility safety valve 111.13; 231.99 Security Cameras*

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PAGE 2  
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
FB	008384	01/27/20	244.73	WERFEN USA LLC <i>medical supplies</i>
FB	008385	01/27/20	316.83	WILSON OFFICE SUPPLY CO <i>General office supplies</i>
TOTALS:			138,765.20	

JA CB Am Rt  
MC

**Gina Blevins**

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**From:** dhaehn@ccmhospital.com  
**Sent:** Friday, January 17, 2020 11:52 AM  
**To:** Jeff AHuskey; Mike Campbell; Gina Blevins; Danja Bloodworth; Dannielle Moore  
**Subject:** IGT due before Feb 4

We have an IGT that will be due before Feb 4.

Please see attached email from HHSC and worksheet.

We pay \$58,956.45 and get back \$150,745.23.

*Debra Haehn  
CFO  
Clay County Memorial Hospital  
940 235 1202*

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Visit our website at: www.ccmhospital.com*

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2 attachments (219 KB)

Providers, Government Entities, and Anchors:

**Please read this entire message carefully and make note of the information provided below that failure by IGT entities and providers to submit the required forms may result in a delayed payment for the providers.**

HHSC is providing notice to IGT for the DY9 Advance UC Payment.

Dates pertinent to this payment:

2/04/2020 Last day to submit your IGT into TexNet  
2/05/2020 IGT Settlement date  
2/10/2020 State Owned Submit Journal Entry  
2/14/2020 State Owned paid  
2/28/2020 UC Providers paid

Attached to this email are the following documents:

- DY9 UC Advance Payment Calculation spreadsheet
- DY9 UC UC/SDA Allocation Form


Beginning with the DY9 UC Advance Payment, IGT received will be allocated at the Service Delivery Area (SDA) level. While providers are required to have an affiliation to be eligible to participate in the UC Program, IGT received is no longer allocated at the affiliation level. In the event of an IGT shortage in a SDA, a pro-rata reduction will be imposed for all participants in that SDA for the advance payment, with no additional funding opportunities. Should this occur in a final payment, the SDA will be allotted a yet to be determined number of business days to submit the additional IGT. If additional IGT is not submitted for the underfunded SDA, HHSC will proportionally reduce the payments to all providers in the SDA based on the IGT received. HHSC will then reallocate the funds from the underfunded SDA to all SDAs who have additional IGT based on IGT commitments. HHSC is currently developing the timeline for these additional steps for the final payment and will communicate the dates to providers as soon as it has been finalized. In general, providers should expect HHSC to send UC IGT commitments in late June as opposed to the early August dates from prior years.

The amount that needs to be submitted into TexNet for all entities is in **Column M of the "DY 9 Advance UC Calculation" tab, while the corresponding payment amount is in column L of the attached 2020\_DY 9 UC Advance Payment Calculation**. The total IGT amount needed to fully fund each SDA is summarized in column C of the "DY 9 Advance Summary by SDA" tab. Please ensure you select the applicable UC bucket in TexNet when you enter your IGT. It is **imperative** that you send a screen shot/PDF copy of the confirmation/trace sheet from TexNet or an email with the trace number, location number, IGT amount and settlement date, if the TexNet is submitted over the phone, to [RAD\\_UC\\_Payments@hhsc.state.tx.us](mailto:RAD_UC_Payments@hhsc.state.tx.us). Additionally, you must submit the IGT allocation form and designate what SDA the IGT is being submitted for. Please include two contacts and their phone numbers and email addresses, should HHSC have any questions regarding the TexNet received.

Government Entities funding in multiple SDA's should submit a separate TexNet and UC/SDA Allocation form, for each SDA for which they are providing funding.

In the instance of an IGT overage within an SDA, HHSC will issue a pro-rata refund to the governmental entity/entities

For more assistance in reading secure emails from HHS please copy and paste this link into your web browser: <https://hhs.texas.gov/about-hhs/find-us/email-encryption>

 Texas Health and Human Services

L M

Request DY 9 UC	Application Received	DY 8 Total Payment	Column 1, Line 23: Cost of Charity Care minus Revenue - Uninsured Patients (or equivalent for non S-10 hospital) used for CMS Pool				
Yes	Yes	\$ 795,567	\$ 504,508	\$ 150,745.23	\$ 58,956.45		

	Federal Match Rate:	State Match Rate:

Master TPI	094138703	Public	Rural Hospital	CLAY COUNTY MEMORIAL HOSPITAL	Clay	MRSA West	100-13-0000-00114
Ownership Type							
Rural Hospital Designation							
Hospital Name							
Hospital County							
SDA by County							
Active Affiliation Number Check							