

RUN DATE: 08/20/20
TIME: 14:29

CLAY COUNTY MEMORIAL HOSPITAL
CHECK REGISTER
08/24/20 THRU 08/24/20

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CODE NUMBER DATE AMOUNT PAYEE

CODE	NUMBER	DATE	AMOUNT	PAYEE
FB	009009	08/24/20	417.67	ACCENT Refund
FB	009010	08/24/20	65.00	BROWN ABIGAIL) Refund
FB	009011	08/24/20	56.90	DUGAN RANDELL) Refund
FB	009012	08/24/20	43.43	UNITED HEALTHCARE Refund
FB	009013	08/24/20	2,273.27	3M medical records - software
FB	009014	08/24/20	68.13	AIRGAS USA LLC medical supplies - others
FB	009015	08/24/20	755.23	ALSCO medical supplies
FB	009016	08/24/20	135.00	ART'S HOME PEST EXTERMINATORS - Plant Engineering supplies / maint
FB	009017	08/24/20	1,931.58	AT & T Telephone / internet
FB	009018	08/24/20	274.40	ATMOS ENERGY Utilities
FB	009019	08/24/20	285.90	BECKMAN COULTER INC Laboratory Suppl's
FB	009020	08/24/20	1,570.54	BEN E KEITH FOODS D/E tray supplies / Raw food
FB	009021	08/24/20	269.94	BOUND TREE MEDICAL Ambulance Supplies - waste
FB	009022	08/24/20	4,505.25	CANON MEDICAL SYSTEMS USA INC CT Purchased maint
FB	009023	08/24/20	318.45	CARDINAL HEALTH AT-HOME Home Health Supplies
FB	009024	08/24/20	6,915.95	CCMH FOUNDATION Medical Supplies Reimbursement (Amex isance)
FB	009025	08/24/20	490.00	CLINICAL PATHOLOGY LABS, INC medical service
FB	009026	08/24/20	1,120.00	CONCORD MEDICAL GROUP 28 admissions - Contract medical service
FB	009027	08/24/20	12,668.35	CPST SYSTEM Hardware / Software / Technical Support - monthly charge
FB	009028	08/24/20	25.00	CREDIT BUREAU OF NORTH TEXAS Collections - monthly fee
FB	009029	08/24/20	75.00	DEEDEE GEISINGER, LBSW contract labor - using bed
FB	009030	08/24/20	55.30	DEXYP - Hospital - 1 Directory Advertising
FB	009031	08/24/20	1,023.24	DYNASYSTEMS INC Copier maintenance
FB	009032	08/24/20	727.44	ETACTICS Statement monthly charge + postage
FB	009033	08/24/20	1,906.64	FIRST INSURANCE FUNDING Auto Insurance
FB	009034	08/24/20	1,705.26	FISHER HEALTHCARE Laboratory Supplies
FB	009035	08/24/20	57.22	HENRIETTA PARTS PLUS Plant Engineering Supplies
FB	009036	08/24/20	886.00	LABARRINGTON Laboratory Purchased maint
FB	009037	08/24/20	481.79	MCKESSON MEDICAL-SURGICAL INC Laboratory Supplies
FB	009038	08/24/20	1,686.69	MEDICAL DEVICE DIVISION OF OTS Laboratory Supplies
FB	009039	08/24/20	1,576.32	MORRIS DICKSON CO LTD Pharmacy Drugs
FB	009040	08/24/20	200.00	NTRAC TSA-C Ambulance supplies - dues
FB	009041	08/24/20	1,584.04	OWENS & MINOR Ambulance supplies
FB	009042	08/24/20	120.90	PEM FILINGS LLC Consulting contract WFO 200 Consulting Agreement
FB	009043	08/24/20	398.75	PERFORMANCE HEALTH Rehab Supplies
FB	009044	08/24/20	62.50	ROBERTS AUTO PARTS - Ambulance supplies
FB	009045	08/24/20	402.11	SAWYER PRINTING AND PROMO Purchase orders 13480 - 14575
FB	009046	08/24/20	5,005.00	SHARED MEDICAL SERVICES, INC MR2
FB	009047	08/24/20	4,934.40	SIEMENS HEALTHCARE DIAGNOSTICS medical supplies
FB	009048	08/24/20	241.80	SPECTRACORP Technologies Indian 2019 Professional service
FB	009049	08/24/20	87.75	STERICYCLE INC medical supplies
FB	009050	08/24/20	33,118.56	STRYKER SALES CORP Major movable equipment - floor cleaner
FB	009051	08/24/20	3,360.00	SURGICAL DIRECT SOUTH LLC Cataract supplies
FB	009052	08/24/20	2,001.89	THE BRACE GUY medical supplies
FB	009053	08/24/20	315.00	TRINITY AIR CONDITIONING Plant Engineering supplies / service
FB	009054	08/24/20	5,738.95	TXU ENERGY Utilities
FB	009055	08/24/20	550.51	UNITED HEALTHCARE Refund Overpayment
FB	009056	08/24/20	1,456.71	WAGNER SUPPLY COMPANY Plant Engineering Supplies - Levels / cleaning supplies
FB	009057	08/24/20	758.04	WELLS FARGO-BS facility 248.06, Tech 298.98, EMS 47.98, Nursing 161.02
FB	009058	08/24/20	1,493.28	WELLS FARGO-DH Phone 314.68, 163.55 Postage 110.00, Label 200, Laber 200, Ambulance 350.00

1800.00 Laboratory Program
Bld Supplies 200.00

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CODE	NUMBER	DATE	AMOUNT	PAYEE
FB	009059	08/24/20	2,644.75	WELLS FARGO-JH <i>Cards, Power, cables, 609, 400.22, Training 175.00</i>
FB	009060	08/24/20	79.95	WERFEN USA LLC <i>medical supplies</i>
FB	009061	08/24/20	385.45	WILSON OFFICE SUPPLY CO <i>Binders, Paper, Scissors, Stapler etc</i>
FB	009062	08/24/20	9,420.00	WOUND CARE SPECIALISTS <i>Contract medical Service</i>
FB	009063	08/24/20	550.00	ZIRMED INC <i>Claims management</i>
TOTALS:			119,281.19	

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YTD Uncompensated Care (UC) Payment	DY3 Withheld Payment	Total Uncompensated Care (UC) Payment	UC Payment in Excess of UC Cost Excluding Other Insurance and Medicare Payments	Remaining UCC	Redistribution of Capped Funds	Total Withheld UC Payment	Withheld UC IGT
\$104,375.79	\$203.07	\$104,578.86	\$0.00	\$368,371.14	\$1.93	\$205.00	\$84.69

Amount due 84.69

Master TPI	Medicaid Number	Medicare Number (CCN)	Hospital Name	Total Uncompensated Care Costs Excluding Other Insurance and Medicare Payments	Disproportionate Share Hospital (DSH) Payment	DSH Recoupment Excluding Other Insurance and Medicare Payments	GME Payments
094138703	094138703	451362	CLAY COUNTY MEMORIAL HOSPITAL	\$472,950.00	\$0.00	\$0.00	\$0.00

13912984	13912984	45623	TEXAS HEALTH CARE	633,228,631.00	\$0.00	\$0.00	\$0.00	\$6,615,148.66	\$5,264,872	\$5,100,266.00	\$0.00	\$2,628,244.24	\$1,687,222.24	\$55,418,889	\$7,202,224	
13912985	13912985	45624	WILSON GENERAL HOSPITAL	63,103,681.00	\$0.00	\$0.00	\$0.00	\$2,905,805.45	\$1,011,872	\$1,151,260.83	\$0.00	\$4,827,877	\$1,613,431.29	\$4,493,400	\$5,155,457	\$24,573
13912986	13912986	45625	WILSON REGIONAL HOSPITAL	63,103,681.00	\$0.00	\$0.00	\$0.00	\$1,256,226.29	\$16,808.33	\$1,271,428.78	\$0.00	\$3,148,288.44	\$1,173,174.13	\$1,741,105	\$6,148,028	\$5,149
13912987	13912987	45626	WILSON REGIONAL HOSPITAL	63,103,681.00	\$0.00	\$0.00	\$0.00	\$1,032,168.27	\$16,808.33	\$1,048,976.60	\$0.00	\$2,788,218.37	\$1,173,174.13	\$1,215,401	\$1,615,408	\$0.00
13912988	13912988	45627	WILSON REGIONAL HOSPITAL	63,103,681.00	\$0.00	\$0.00	\$0.00	\$1,524,259.28	\$1,912.56	\$1,526,171.84	\$0.00	\$1,568,998.54	\$1,568,998.54	\$1,568,998.54	\$1,568,998.54	\$1,568,998.54
13912989	13912989	45628	WILSON REGIONAL HOSPITAL	63,103,681.00	\$0.00	\$0.00	\$0.00	\$1,109,114.18	\$1,912.56	\$1,111,026.74	\$0.00	\$1,428,258.32	\$1,428,258.32	\$1,428,258.32	\$1,428,258.32	\$1,428,258.32
13912990	13912990	45629	WILSON REGIONAL HOSPITAL	63,103,681.00	\$0.00	\$0.00	\$0.00	\$1,274,451.61	\$1,912.56	\$1,276,364.17	\$0.00	\$1,624,258.32	\$1,624,258.32	\$1,624,258.32	\$1,624,258.32	\$1,624,258.32
13912991	13912991	45630	WILSON REGIONAL HOSPITAL	63,103,681.00	\$0.00	\$0.00	\$0.00	\$1,109,114.18	\$1,912.56	\$1,111,026.74	\$0.00	\$1,428,258.32	\$1,428,258.32	\$1,428,258.32	\$1,428,258.32	\$1,428,258.32
13912992	13912992	45631	WILSON REGIONAL HOSPITAL	63,103,681.00	\$0.00	\$0.00	\$0.00	\$1,274,451.61	\$1,912.56	\$1,276,364.17	\$0.00	\$1,624,258.32	\$1,624,258.32	\$1,624,258.32	\$1,624,258.32	\$1,624,258.32
13912993	13912993	45632	WILSON REGIONAL HOSPITAL	63,103,681.00	\$0.00	\$0.00	\$0.00	\$1,109,114.18	\$1,912.56	\$1,111,026.74	\$0.00	\$1,428,258.32	\$1,428,258.32	\$1,428,258.32	\$1,428,258.32	\$1,428,258.32
13912994	13912994	45633	WILSON REGIONAL HOSPITAL	63,103,681.00	\$0.00	\$0.00	\$0.00	\$1,274,451.61	\$1,912.56	\$1,276,364.17	\$0.00	\$1,624,258.32	\$1,624,258.32	\$1,624,258.32	\$1,624,258.32	\$1,624,258.32
13912995	13912995	45634	WILSON REGIONAL HOSPITAL	63,103,681.00	\$0.00	\$0.00	\$0.00	\$1,109,114.18	\$1,912.56	\$1,111,026.74	\$0.00	\$1,428,258.32	\$1,428,258.32	\$1,428,258.32	\$1,428,258.32	\$1,428,258.32
13912996	13912996	45635	WILSON REGIONAL HOSPITAL	63,103,681.00	\$0.00	\$0.00	\$0.00	\$1,274,451.61	\$1,912.56	\$1,276,364.17	\$0.00	\$1,624,258.32	\$1,624,258.32	\$1,624,258.32	\$1,624,258.32	\$1,624,258.32
13912997	13912997	45636	WILSON REGIONAL HOSPITAL	63,103,681.00	\$0.00	\$0.00	\$0.00	\$1,109,114.18	\$1,912.56	\$1,111,026.74	\$0.00	\$1,428,258.32	\$1,428,258.32	\$1,428,258.32	\$1,428,258.32	\$1,428,258.32
13912998	13912998	45637	WILSON REGIONAL HOSPITAL	63,103,681.00	\$0.00	\$0.00	\$0.00	\$1,274,451.61	\$1,912.56	\$1,276,364.17	\$0.00	\$1,624,258.32	\$1,624,258.32	\$1,624,258.32	\$1,624,258.32	\$1,624,258.32
13912999	13912999	45638	WILSON REGIONAL HOSPITAL	63,103,681.00	\$0.00	\$0.00	\$0.00	\$1,109,114.18	\$1,912.56	\$1,111,026.74	\$0.00	\$1,428,258.32	\$1,428,258.32	\$1,428,258.32	\$1,428,258.32	\$1,428,258.32
13913000	13913000	45639	WILSON REGIONAL HOSPITAL	63,103,681.00	\$0.00	\$0.00	\$0.00	\$1,274,451.61	\$1,912.56	\$1,276,364.17	\$0.00	\$1,624,258.32	\$1,624,258.32	\$1,624,258.32	\$1,624,258.32	\$1,624,258.32

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HHSC Texas Healthcare Transformation and Quality Improvement Program <TXHealthcareTransformation@hhsc.state.tx.us>, "Brown,Adam (HHSC)"

Cc: <Adam.Brown04@hhsc.state.tx.us>, "Jenkins,Brooke (HHSC)" <Brooke.Jenkins01@hhsc.state.tx.us>, "Corzine,Ketha (HHSC)" <Ketha.Corzine@hhsc.state.tx.us>, "Chang,Sylvia (HHSC)" <Sylvia.Chang@hhsc.state.tx.us>, "Wade,Tonika (HHSC)" <Tonika.Wade@hhsc.state.tx.us>

Date: Tuesday, 08/11/2020 5:37 PM

² attachments: DY3 Withheld UC Allocation Form.xlsx 24 KB, 2020 DY 3 UC Withheld Calculation.xlsx 3 MB

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 DY3 Withheld UC Payment.

Dates pertinent to this payment:

- 9/3/2020 Last day to submit your IGT into TexNet
- 9/4/2020 IGT Settlement Date
- 9/15/2020 UC Transferring Paid
- 9/30/2020 UC Non-Transferring Paid

Attached to this email are the following documents:

- 2020 DY3 UC Withheld Calculation spreadsheet
- DY3 Withheld UC Allocation Form

Attached to this email is the DY 3 withheld UC payment calculation. Providers will find their payment amount in column O of the first "DY3 Withheld Calculation" tab and IGT amounts in column P. 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. Additionally, you must submit the IGT allocation form with the Trace Sheet. **Please submit the trace sheet and IGT allocation as two separate documents.** Please include two contacts and their phone numbers and email addresses, should HHSC have any questions regarding the TexNet received.

Payment amounts were calculated in accordance with the methodology recently adopted for paying the withheld payments in 1 TAC §355.8201. Payment amounts were then compared to the final Uncompensated Cost of Care (UCC) calculated for each provider in the DY 3 UC reconciliation to ensure providers did not exceed their total eligible UCC.

HHSC has removed providers who are ineligible to receive a payment due to changes of ownership or the hospital closing. The remaining providers are eligible for a DY 3 withheld payment as long as the IGT required to fund that payment is received.

If you have questions regarding the UC payment process, please send an email to RAD_UC_Payments@hhsc.state.tx.us.

If you have questions regarding the payment calculation file, please send an email to uctools@hhsc.state.tx.us

HHSC Rate Analysis Department-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

Sylvia Chang

Rate Analysis Payments

Texas Health and Human Services Commission

P.O.Box 149030, Mail Code 1344

Winters Building

701 W 51st Street