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RUN DATE: 01/21/21
 TIME: 11:01

CLAY COUNTY MEMORIAL HOSPITAL
 CHECK REGISTER
 01/25/21 THRU 01/25/21

PAGE 1
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BANK--CHECK-----
 CODE NUMBER DATE AMOUNT PAYEE

FB	CODE	NUMBER	DATE	AMOUNT	PAYEE
		009551	01/25/21	73.06	CARROLL LORETTA A
		009552	01/25/21	48.13	LITTLEFIELD DEE ANN
		009553	01/25/21	158.41	SUSAN LOWEY
		009554	01/25/21	122.30	THIONNET CHERI
		009555	01/25/21	62.14	VEITENHEIMER RAYMOND
		009556	01/25/21	32.00	ABILENE CATARACT & REFRACTIVE
		009557	01/25/21	68.13	AIRGAS USA LLC
		009558	01/25/21	3,111.37	ALSCO
		009559	01/25/21	11,900.25	ARCHER ELECTRIC LLC
		009560	01/25/21	135.00	ART'S HOME PEST EXTERMINATORS
		009561	01/25/21	17,680.00	ASD SPECIALTY HEALTHCARE LLC
		009562	01/25/21	1,066.17	ATMOS ENERGY
		009563	01/25/21	2,938.51	BAXTER HEALTHCARE CORP
		009564	01/25/21	881.62	BECKMAN COULTER INC
		009565	01/25/21	2,274.25	BEN E KEITH FOODS
		009566	01/25/21	279.95	BOUND TREE MEDICAL
		009567	01/25/21	4,505.15	CANON MEDICAL SYSTEMS USA INC
		009568	01/25/21	36.25	CBSA COLLECTIONS
		009569	01/25/21	26,458.96	CCMH FOUNDATION
		009570	01/25/21	960.00	CONCORD MEDICAL GROUP
		009571	01/25/21	9,093.00	CPSI SYSTEM
		009572	01/25/21	240.00	DESIGN WORKS GROUP, INC
		009573	01/25/21	56.10	DEXYP
		009574	01/25/21	982.17	DYNASYSTEMS INC
		009575	01/25/21	887.10	ETACTICS
		009576	01/25/21	1,979.84	FISHER HEALTHCARE
		009577	01/25/21	162.10	HENRIETTA PARTS PLUS
		009578	01/25/21	397,500.00	HITACHI HEALTHCARE AMERICAS
		009579	01/25/21	578.25	IDEXX DISTRIBUTION INC
		009580	01/25/21	886.00	LABARRINGTON
		009581	01/25/21	72.08	MATTHEW BENDER & CO INC
		009582	01/25/21	11,031.41	MORRIS DICKSON CO LTD
		009583	01/25/21	2,366.72	OWENS & MINOR
		009584	01/25/21	1,800.00	PATHOLOGY ASSOCIATES OF WF
		009585	01/25/21	18.50	QUEST DIAGNOSTICS
		009586	01/25/21	280.00	RUWANI WALGAMA RD, LD
		009587	01/25/21	142.90	SAM'S CLUB
		009588	01/25/21	183.84	SAWYER PRINTING AND PROMO
		009589	01/25/21	1,277.01	SCRUBS ON WHEELS #23
		009590	01/25/21	4,620.00	SHARED MEDICAL SERVICES, INC
		009591	01/25/21	1,610.00	SONO ART LLC
		009592	01/25/21	4,820.55	TXU ENERGY
		009593	01/25/21	1,605.84	WAGNER SUPPLY COMPANY
		009594	01/25/21	678.22	WELLS FARGO-BS
		009595	01/25/21	621.90	WELLS FARGO-DH
		009596	01/25/21	3,742.56	WELLS FARGO-JH
		009597	01/25/21	454.10	WILSON OFFICE SUPPLY CO
		009598	01/25/21	3,530.00	WOUND CARE SPECIALISTS
		009599	01/25/21	608.80	ZIRMED INC
TOTALS:				524,620.64	

Refunds

Cataract supplies
 medical supplies

Plant Engineering supplies - Contract labor supplies
 monthly fee for service

Pharmacy supplies

Medical supplies

Laboratory supplies

Dietary

Ct Scanner service maintenance

Collection fee

Reimbursement medical supplies
 24 Admissions - Contract medical service

Hardware software

Annual website hosting

Directory advertising
 Copies maintenance

Statements postage

Medical supplies

Facility maintenance
 Ct system (3 bids) - major medical movable equipment

Laboratory supplies

Monthly charge

Book
 medical supplies

Medical supplies

Covid tests processing

Laboratory outside fee

Dietary consultant

Office supplies and Appt cards

Uniforms

MRIs

Contract medical service

Utilities

Housekeeping supplies 50.87 Dietary, 14.88 Radiology

342.26 Scanner, webcams, 4599 Laptop Battery, 224.22 Facility

361.71 Telephone, 130.40 Postage

VOID
 office supplies

Medical Service - Contract outside source

claims management 1168 claims - Dec.

520,878.08

~~1000.00~~

03

Vernon College
4400 College Drive
Vernon, TX 76384
(940)552-6291

Estimate of Student Account
Spring Semester

Joseph R Rodriguez
 P.O. Box 182
 Petrolia, TX 76377

11-Jan-21
 4580-04195

YOUR CLASS SCHEDULE									
Section ID	Course Title	Days	Starts	Ends	Time	Located	Instructor	Credit	Hours
EMSP-1338 .345	INTRODUCTION TO ADVANCED PRACTICE	MTWR	01/19/2021	03/11/2021	05:30PM	CCC2305	Long N	3.00	
EMSP-1355 .345	TRAUMA MANAGEMENT	MTWR	01/19/2021	03/11/2021	07:00PM	CCC2305	Long N	3.00	
EMSP-1356 .345	PATIENT ASSESSMENT & AIRWAY MGMT	MTWR	01/19/2021	03/11/2021	08:30PM	CCC2305	Long N	3.00	
EMSP-1362 .370	CLINICAL - EMT/TECH(EMT PARAMEDIC)	A TBA	03/22/2021	05/13/2021	T:BA	TBA	Long N	3.00	
								Total Credit Hours for 202S	12.00

LISTING OF TRANSACTIONS

CHARGES

In-State Tuition	\$1,200.00
Lab/Special Fee	\$148.00
Lab/Special Fee	\$140.00
Lab/Special Fee	\$589.00
CCC Institutional Service Fee	\$1,680.00
EMT Liability Insurance Fee	\$20.00

TOTAL CHARGES **\$3,777.00**

PAYMENTS

HB Online Payment	\$1,888.50CR
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TOTAL PAYMENTS **\$1,888.50CR**

BALANCE DUE **\$1,888.50**

If you have financial aid/scholarships and your balance is -0- following your registration, your registration is complete. You may pick up a copy of your statement in the Business Office or have one mailed upon request.

If your balance is not -0-, you need to pay that balance to the Business Office or online by 6:00 PM on Thursday, January 14, 2021. If you are funded by a third party or are eligible for a tuition exemption, contact the Financial Aid office by 6:00 PM on Thursday, January 14, 2021.

W-30.00 Fee
1st - 1,908.50
50%

Feb 2025

Vernon College
4400 College Drive
Vernon, TX 76384
(940)552-6291

Estimate of Student Account
Spring Semester

[Redacted]

15-Dec-20
[Redacted]

YOUR CLASS SCHEDULE

Section ID	Course Title	Days	Starts	Ends	Time	Located	Instructor	Credit Hours
EMSP-1338	.345 INTRODUCTION TO ADVANCED PRACTICE	MTWR	01/19/2021	03/11/2021	05:30PM	CCC2305	Long N	3.00
EMSP-1355	.345 TRAUMA MANAGEMENT	MTWR	01/19/2021	03/11/2021	07:00PM	CCC2305	Long N	3.00
EMSP-1356	.345 PATIENT ASSESSMENT & AIRWAY MGMT	MTWR	01/19/2021	03/11/2021	08:30PM	CCC2305	Long N	3.00
EMSP-1362	.370 CLINICAL - EMT/TECH(EMT PARAMEDIC)A	TBA	03/22/2021	05/13/2021	T:BA	TBA	Long N	3.00
Total Credit Hours for 2025								12.00

LISTING OF TRANSACTIONS

CHARGES	TOTAL CHARGES
In-State Tuition	\$1,200.00
Lab/Special Fee	\$148.00
Lab/Special Fee	\$140.00
Lab/Special Fee	\$589.00
CCC Institutional Service Fee	\$1,680.00
TOTAL CHARGES	\$3,757.00

100850

0520

Subject: 02.10 ContinuingEd_Training.2005.docx	Approved : 05/2001
Manuals: CCMH Employee Handbook # 02.10 CCMH Administrative P&P #04.03	Revisions: 06/2002 11/2005

Continuing Education / Training

PURPOSE:

An educated/trained employee is important to the effective and efficient operations of the various departments of CCMH. Educational/training opportunities for employees are stressed and encouraged by the hospital. Educational offerings not provided or sponsored by CCMH, are encouraged as well.

POLICY:

- A. **Required continuing education/training** is undertaken at the request and requirement of the hospital. Employees attending required programs will be paid for the time spent in class, not to exceed 8 hours per day and 2 days per pay period. Travel expenses incurred for required programs will be reimbursed, if attended off site.
- B. **Voluntary continuing education/training** is done at the desire of the employee. Expenses incurred (registration fee, travel) for voluntary continuing education programs may or may not be reimbursed depending upon:
 - 1. Administrative approval prior to attendance at the program,
 - 2. the financial position of the hospital, and
 - 3. program content and relevance.
- C. Employee may be requested to sign a continued employment guarantee before the hospital will pay or reimburse the employee.
- D. Any deviations from this policy require administrative approval.
- E. Employees should have administration sign a reimbursement commitment form before employee pays any fees.

Hospital CB R.L.
28
IGT ~~MM~~ (020)

Gina Blevins

From: dhaehn@ccmhospital.com
Sent: Thursday, January 14, 2021 10:21 AM
To: Jeff AHuskey; Mike Campbell; Gina Blevins; Danja Bloodworth; Dannielle Moore
Subject: Re: IGT due on Feb 3, 2020 REVISED AMOUNT
Attachments: DUE Feb 3 IGT for DY10 Advance UC.pdf

Please see the attached email from HHSC today revising our IGT amount.

The amount is \$28,679.23.

Debra

On Wednesday 01/13/2021 at 3:25 pm, dhaehn@ccmhospital.com wrote:

Everyone,

Please see the attached email from HHSC regarding the DY10 UC IGT that is due by Feb 3, 2020.

The amount is \$28,747.44.

Debra Haehn

CFO

Clay County Memorial Hospital

940 235 1202

Like Us on Facebook at: Clay County Memorial Hospital, TX Facebook

Visit our website at: www.ccmhospital.com

**** Internet E-mail Confidentiality ****

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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, there will be a final payment in September 2021. 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. The timeline for the September payment is published on the Rate Analysis Website.

The amount that needs to be submitted into TexNet for all entities is in **Column M of the "DY 10 UC Advance Calculation" tab, while the corresponding payment amount is in column L of the attached Revised 2021_DY 10 UC Advance Payment Calculation.** The total IGT amount needed to fully fund each SDA is summarized in column C of the "DY 10 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. An IGT allocation form designating what SDA the IGT is being submitted for must also be submitted 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.

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 identified by HHSC. HHSC will determine the pro-rata refund, not the government entity/entities or their representative(s).

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 touctools@hhsc.state.tx.us

HHSC Provider Finance Department-Payments

1/14/2021

MD Office Mail

(Formerly Rate Analysis)

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

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Master TPI	Ownership Type	Rural Hospital Designation	Hospital Name	Hospital County	SOA by County	Active Affiliation Number Check	Request DY 10 UC	Application Received	DY 9 Total Payment	Total DY 9 Costs (Per OSH and Admin)	Request DY 10 UC	DY 10 UC
094138703	Small Public	Rural Hospital	CLAY COUNTY MEMORIAL HOSPITAL	Clay	MRSA West	100-13-0000-00114	Yes	Yes	\$ 375,219	\$ 375,219.42	Yes	\$ 89,650.62
												\$ 28,672.23

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