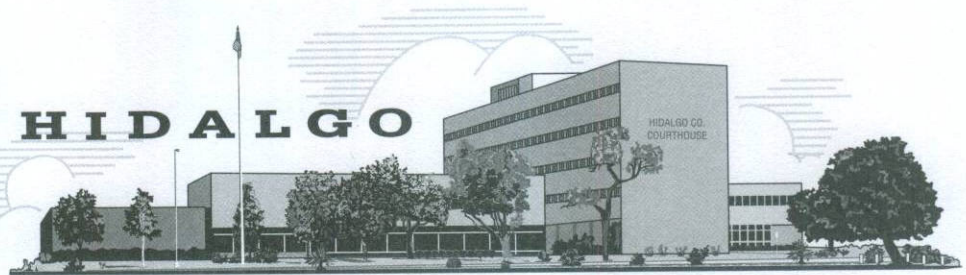


# COUNTY of HIDALGO



EDINBURG, TEXAS 78539

**HIDALGO COUNTY AUDITOR'S OFFICE**  
Hidalgo County Administration Building  
2808 South Business Highway 281  
Edinburg, Texas 78539-6243  
PHONE: (956) 318-2511  
FAX: (956) 318-2577  
WEBSITE: [www.co.hidalgo.tx.us/auditor](http://www.co.hidalgo.tx.us/auditor)

October 10, 2014

The Honorable Ramon Garcia, Hidalgo County Judge  
The Honorable A.C. Cuellar, Jr., Commissioner, Precinct No. 1  
The Honorable Hector "Tito" Palacios, Commissioner, Precinct No. 2  
The Honorable Jose M. Flores, Commissioner, Precinct No. 3  
The Honorable Joseph Palacios, Commissioner, Precinct No. 4

**RE: Certification of Revenue**

Dear Judge and Commissioners:

Pursuant to Local Government Code § 111.0706 SPECIAL BUDGET FOR GRANT OR AID MONEY:


The county auditor shall certify to the commissioners court the receipt of all public or private grant or aid money that is available for disbursement in a fiscal year but not included in the budget for that fiscal year. On certification, the court shall adopt a special budget for the limited purpose of spending the grant or aid money for its intended purpose.

I, Ray Eufrazio, County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court the receipt of an award from the Health and Human Services Commission. These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

AMOUNT  
\$77,071.60

PURPOSE  
Medicaid Administrative Claiming (MAC)

CERTIFIED BY:

  
Raymundo Eufrazio, CPA  
Hidalgo County Auditor

10/13/14  
Date



**HIDALGO COUNTY DISTRICT JUDGES**

JAIME E. TIJERINA JUDGE, 92<sup>ND</sup> D.C.    RODOLFO DELGADO JUDGE, 93<sup>RD</sup> D.C.    J. R. "BOBBY" FLORES JUDGE, 139<sup>TH</sup> D.C.    ROSE GUERRA REYNA JUDGE, 206<sup>TH</sup> D.C.    JUAN R. PARTIDA JUDGE, 275<sup>TH</sup> D.C.    MARIO E. RAMIREZ, JR. JUDGE, 332<sup>ND</sup> D.C.    NOE GONZALEZ JUDGE, 370<sup>TH</sup> D.C.    LETICIA LOPEZ JUDGE, 389<sup>TH</sup> D.C.    AIDA SALINAS FLORES JUDGE, 398<sup>TH</sup> D.C.    ISRAEL RAMON, JR. JUDGE, 430<sup>TH</sup> D.C.    JESSE CONTRERAS JUDGE, 449<sup>TH</sup> D.C.

## Cynthia Paslak

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**From:** Mike Escaname [miguel.escaname@hchd.org]  
**Sent:** Monday, September 29, 2014 1:25 PM  
**To:** cynthia.paslak@auditor.co.hidalgo.tx.us  
**Subject:** Request - Certification of Revenue - MAC - \$77,071.60  
**Attachments:** AI 46756 Appropriation 101414.pdf; Payment Receipt from MAC Jan to March 090814.pdf

Hello Cynthia:

I'd appreciate if you can arrange for a Certification of Revenue in the amount of \$77,071.60. (MAC reimbursement for quarter Jan to March 2014)

We are appropriating this amount on 10/14/14; See attachments.

Thanks,

*Mike Escaname*

**Budget Manager**  
**Hidalgo County Health & Human Services Dept.**  
**1304 S. 25<sup>th</sup> St**  
**Edinburg, Texas 78539**  
**Main Office - 956-383-6221**  
**Direct - 956-292-7000 ext. 7210**



AI-46756

Health & Human Services Dept. 20. B.

CC - REGULAR

Meeting Date: 10/14/2014

Submitted For: Eddie Olivarez

Submitted By: Mike Escaname, HEALTH & HUMAN SERVICES DEPT.

Department: HEALTH & HUMAN SERVICES DEPT.

**Information**

**CAPTION**

1. Requesting approval of the Certification of Revenue by County Auditor in the amount of \$77,071.60. Funds are from the Health & Human Services Commission - Medicaid Administrative Claiming reimbursement.
2. Requesting approval to appropriate the MAC budget in the amount of \$77,071.60.

**BACKGROUND**

MAC reimbursement is from quarter January - March 2014.

**Fiscal Impact**

**FISCAL YEAR:** 2014

**ACCT. #:** 4-1293-441-00-340-059-0-XXX

**FUNDS AVAILABLE Y/N?:** Y

**MATCHING FUNDS Y/N?:** N

**BUDGETARY IMPACT:**

Appropriation in the amount of \$77,071.60

Revenue account: 4-1293-331-12-340-059-0-000 MAC – Revenue

**Attachments**

Payment Info

Budget appropriation

**Form Review**

<b>Inbox</b>	<b>Reviewed By</b>	<b>Date</b>
Budget & Management	Debbie Tamez	09/29/2014 03:58 PM
Manuel Chapa	Manuel Chapa	10/03/2014 11:04 AM
Budget & Management	Debbie Tamez	09/29/2014 03:58 PM
Manuel Chapa	Manuel Chapa	10/03/2014 11:04 AM

Auditor's Office

Purchasing Department

Form Started By: Mike Escaname

Started On: 09/29/2014 01:04 PM

DATE: October 14, 2014

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health & Human Services Department

ACCOUNT NUMBER: 4-1293-441-00-340-059-0-XXX Medicaid Administrative Claiming

SUBJECT: Budget Amendments (Increases) in Accordance with Local Government Code, Chapter 111, Subchapter C

Honorable Commissioner's Court of Hidalgo County:

I would like to request the following amendments (increase) to my department budget in accordance with Local Government Code, Chapter 111, Subchapter C.

INCREASE OBJECT NUMBER(S)	ACCOUNT (OBJECT) NAME	AMOUNT
<b>Travel</b>		
<b>Equipment</b>		
4-1293-441-00-340-059-0-664	MAC - Other Minor Equipment	\$ 5,000.00
4-1293-441-00-340-059-0-665	MAC - Minor Computer Equipment	\$ 5,000.00
4-1293-441-00-340-059-0-748	MAC - Other Equipment	\$ 50,000.00
<b>Supplies</b>		
4-1293-441-00-340-059-0-601	MAC - Office & Computer Supplies	\$ 3,071.60
4-1293-441-00-340-059-0-604	MAC - Medical / Laboratory Supplies	\$ 10,000.00
4-1293-441-00-340-059-0-607	MAC - Household & Janitorial Supplies	\$ 4,000.00
<b>Other</b>		
<b>TOTAL APPROPRIATION</b>		\$ 77,071.60
4-1293-331-12-340-059-0-000	MAC - Revenue	\$ 77,071.60
<b>TOTAL APPROPRIATION</b>		\$ 77,071.60

REASON: To appropriate Medicaid Administrative Claiming funds (Quarter Jan. through March 2014)

DEPARTMENT HEAD SIGNATURE

APPROVE 5,000.00+

5,000.00+

50,000.00+

3,071.60+

10,000.00+

4,000.00+

77,071.60\*

DATE

ATTEST CO. CLERK

# Payment Information

## Tips:

- \* Both the **Invoice Number** and **Invoice Description** fields display information provided by the paying agency. Contact the paying agency for additional information if needed.  
Paying Agency Contact List

Texas Identification Number	Mail Code	Payment Number	Payment Type	Paying Agency	Total
17460007176	060	5449420	DD	529	77071.60

Document Number	Invoice Number	Invoice Description	Invoice Amount	Interest Amount
9SA06758	PC1274C VOUCHERID:11148	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JANUARY - MARCH 2014	-37.40	0.00
9SA06758	PC1274C VOUCHERID:11148	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JANUARY - MARCH 2014	748.00	0.00
9SA06758	PC1274C VOUCHERID:11148	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JANUARY - MARCH 2014	-4,019.00	0.00
9SA06758	PC1274C VOUCHERID:11148	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JANUARY - MARCH 2014	80,380.00	0.00

**09-08-2014**

4-1293-126-20-000-013-0-000

JE-42731 REC I-3/14 MAC BILLG

Cindy Paslak 09/08/2014