

# COUNTY of HIDALGO



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)

EDINBURG, TEXAS 78539

June 3, 2015

The Honorable Ramon Garcia, Hidalgo County Judge  
The Honorable A.C. Cuellar, Jr., Commissioner, Precinct No. 1  
The Honorable Eduardo "Eddie" Cantu, 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**

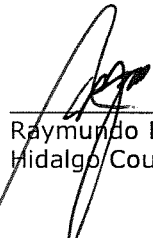
Dear Judge and Commissioners:

Pursuant to Local Government Code § 111.07075 SPECIAL BUDGET FOR REVENUE RECEIVED AFTER START OF FISCAL YEAR.

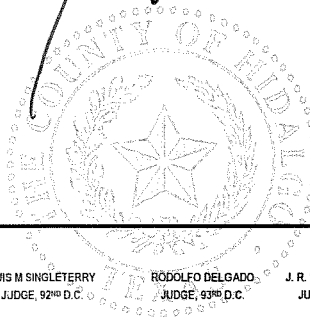
The county auditor shall certify to the commissioners court the receipt of revenue from a new source not anticipated before the adoption of the budget and not included in the budget for that fiscal year. On certification, the court may adopt a special budget for the limited purpose of spending the revenue for general purposes or for any of its intended purposes.

I, Ray Eufrazio, County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court the revenue received from various hospitals for the Local Provider Participation Fund in the amount of \$2,830,626.14. These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

CERTIFIED BY:

  
\_\_\_\_\_  
Raymundo Eufrazio, CPA  
Hidalgo County Auditor

6/3/15  
\_\_\_\_\_  
Date



**HIDALGO COUNTY DISTRICT JUDGES**

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

## Linda Fong

---

**From:** Dairen Sarmiento [dairen.sarmiento@hchd.org]  
**Sent:** Tuesday, June 02, 2015 4:11 PM  
**To:** Alfredo Zamarripa; Carlos Zaffarini Jr; Eddie Olivarez; James Hodge; linda. fong; Lulu Acevedo; Merlen MuA?oz; Norma Garcia County Treasurer; Ray Eufrazio; Sergio Cruz; Virginia De Nisio  
**Subject:** DY 3 UC IGT INSTRUCTIONS  
**Attachments:** Copy of DY3 UC Allocation Form 6-2-15.pdf  
**Importance:** High

Good afternoon:

Attach please find the email instructions from HHSC for the DY 3 UC IGT which is due on June 5, 2015.

- Certify \$2,830,626.14 from the LPPF revenues. (TOTAL CERTIFIED FUNDS IN LPPF \$9,539,717.87)
- Transfer \$9,539,717.87 from the LPPF and \$6,000,000 from GF (TOTAL IGT COMMITMENT \$15,539,717.87)
- Appropriate \$9,539,717.87 from the LPPF

Please sure that funds are transferred and that the TEXNET instructions are followed as per the attached email.

Should you have any questions please do not hesitate to contact me. Thank you for your assistance with this task. Have a good day.

Dairen Sarmiento,  
Human Services Director  
1304 South 25<sup>th</sup> Avenue  
Edinburg, Texas 78542  
(956) 318-2011 ext. 7365

## Dairen Sarmiento

---

**From:** HHSC RAD UC Payments <RAD\_UC\_Payments@hhsc.state.tx.us>  
**Sent:** Tuesday, June 02, 2015 3:11 PM  
**To:** Alan Townsend; Angie Alaniz; Bill Bilyeu; Bobbye Hrnccirik; Brittani Bilse; Bryan J. Alsip; Carol Huber; Cathy Gibson; Christina Mintner; Claudia Coggin; Craig Kovacevich; Crystal Conner; Dairen Sarmiento; Daniel Deslatte; Darlene Lanham; David Byrom; David Salsberry; Dee Waldow; Denise Telehany; des Anges Crusier; Dr. Lee Ann Ray; Eddie Olivarez; Gail Howard; George B. Hernandez; Gina Palafox; Harris Brooks; Heather Outlaw; James Valenti; Janet Villasenor; Jeff Knodel; Jeffrey Dane; John Moore; John O'Hearn; Jonny Hipp; Judge Keith Self; Kathy Lee; Katie Coburn; Katrina Labrecht; Kevin Latimer; Kevin Noltin; Kimberly Ashley; Larry Tonn; Leigh Hornsby; Lettie Sanchez; Lisa Wiggins; Mararet Roche; Mark Erath; Matthew Kempton; Michael Nunez; Mike Norby; Monty Mitchell (mmitchell@ppgh.com); Nancy Cadena; Nicole Renee Lievsay; Nora Prado; Perla Lopez; Rebecca McCain; Region 10 Box; Reyna Carrillo; Rick Salinas; Rosie Vela; Sarah Cook; Shannon Evans; Shayna Spurlin; Sheila Newton; Shelly Corporon; Stephanie Fenter; Stephen Orrell; Ted Day; Ted Shaw; Terrell Thrasher; Tiahra Laughlin; Tim Jones; Victoria Nikitin; Wayne Young  
**Cc:** Traudib@dhcg.com; bb@brittanibilse.com; bertodatto@gl-law.com; briganti@gl-law.com; brinker@gl-law.com; cottey@gl-law.com; cdockal@hotmail.com; cdockal@dhcg.com; brandon@dhcg.com; dongilbert@austin.rr.com; gilbert@gl-law.com; holt@gl-law.com; kirkland@gl-law.com; lindsey@gl-law.com; salorenzen70@gmail.com; knolting@noltingconsulting.com; mweisfeld@bkd.com  
**Subject:** DY3 UC IGT Notification  
**Attachments:** DY3 UC Allocation Form.xlsx; Final - 2014 DY3 UC Payment Calculation - 6-1-15 for publication.xlsx

UC Providers, Government Entities, and Anchors,

Attached to this email you will find a workbook titled "Final-2014 DY 3 UC Payment Calculation -6-1-15" that contains the DY3 UC payment with the haircut applied. The applicable tab for the IGT amounts, with the haircut, is titled "IGT Commitment by Affiliation" and contains all of the amounts submitted by governmental entities in the IGT commitment forms and have been reduced to the final IGT amounts based on the haircut applied by HHSC. The amount that needs to be submitted into TexNet is in Column H. These amounts are by affiliation and there may be multiple affiliations for providers that comprise their final IGT amount. If you are unable to find your provider within the "IGT Commitment by Affiliation" tab, the provider either (a) exceeded their UC limit paid in the DY3 Advance UC Payment (see the "Recoupments" tab), or (b) the IGT source did not commit to funding the Final DY3 UC Payment (see the "No IGT Source" tab). If the provider is located on the "Recoupments" tab, HHSC will be sending the provider a recoupment letter with specific instructions to return the funds.

**To ensure that all government entities receive this notification, HHSC requests that anchors and providers send this information to any government entity who is IGT'ing on their behalf.**

HHSC is holding back 5 percent of the total DY 3 UC allocation to address possible changes to all hospitals' HSLs pending the resolution of *Texas Children's Hospital and Seattle Children's Hospital vs. Burwell et al., Civil Action No. 14-2060, in the US District Court for the District of Columbia*. Upon final resolution of this case, HHSC will make a final DY 3 UC payment based on the court decision.

Below are the pertinent dates associated with the DY3 UC payment:

- June 5 Last date to transfer funds into TexNet
- June 8 DY3 UC IGT Settlement Date

- June 19 DY3 Transferring Entities (Big 6) Payment Date
- June 30 Latest DY3 UC Payment Date

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 confirmation number and IGT amount if the TexNet is submitted over the phone, to [RAD UC Payments@hhsc.state.tx.us](mailto:RAD_UC_Payments@hhsc.state.tx.us). Please include two contacts and their phone numbers and email addresses, should HHSC have any questions regarding the TexNet received.

Government Entities that are IGT'ing for multiple providers may submit one lump sum IGT for their affiliates, if the IGT entity completes the attached allocation form using the "IGT Commitment Amount" tab. By completing this form, HHSC Rate Analysis Department can calculate the allocation of the lump sum to apply to each provider. If a Trace Sheet is received without an IGT allocation form HHSC will allocate the IGT received in accordance with 1 Tex. Admin. Code §355.8201(h)(ii). In the absence of the notification described in 1 Tex. Admin. Code §355.8201(h)(i), each hospital owned by or affiliated with the governmental entity will receive a portion of its payment amount for that period, based on the hospital's percentage of the total payment amounts for all hospitals owned by or affiliated with that governmental entity.

In accordance with 1 Tex. Admin. Code §355.8201(h)(ii)(C), if a government entity transfers more than the maximum IGT amount that can be provided for that hospital, and that hospital is affiliated with multiple governmental entities, then HHSC will calculate the amount of IGT funds necessary to fund the hospital's payment and 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](mailto:RAD_UC_Payments@hhsc.state.tx.us)

Thank you,

### **HHSC Hospital 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

## DY3 UC Allocation Form

**TRACE Number:**

The Trace Number is in the receipt you receive from the Comptroller once you have submitted your IGT into TexNet.

| Provider Affiliation Identification | Provider Name   | 9 Digit TPI | UC Program | Government Entity     | RHP Region | IGT Total              |
|-------------------------------------|---|-------------|------------|-----------------------|------------|------------------------|
| 529-08-0236-00067                   | McAllen Hospitals LP<br>dba South Texas Health System | 094113001   |            | HIDALGO COUNTY        | 5          | \$3,319,513.74         |
| 529-08-0236-00079                   | Mission Regional Medical Center                       | 112679902   |            | HIDALGO COUNTY        | 5          | \$1,939,318.13         |
| 529-08-0236-00020                   | Rio Grande Regional Hospital                          | 112716902   |            | HIDALGO COUNTY        | 5          | \$2,310,415.18         |
| 529-08-0236-00063                   | Knapp Medical Center                                  | 135035706   |            | HIDALGO COUNTY        | 5          | \$3,558,623.19         |
| 529-08-0236-00030                   | DOCTORS HOSPITAL AT RENAISSANCE                       | 160709501   |            | HIDALGO COUNTY        | 5          | \$4,411,847.63         |
|                                     |   |             |            | <b>HIDALGO COUNTY</b> |            | <b>\$15,539,717.87</b> |
| 529-08-0236-00067                   | McAllen Hospitals LP<br>dba South Texas Health System | 094113001   |            | STARR COUNTY          | 5          | \$339,780.76           |

# HIDALGO COUNTY texas

DEPARTMENT OF BUDGET & MANAGEMENT  
2818 S. Business Hwy. 281  
Edinburg, Texas 78539  
Office: (956) 292-7025 • Fax: (956) 292-7034  
www.co.hidalgo.tx.us/budget

---

## Memorandum

**To:** Ray Eufrazio, CPA, County Auditor

**From:** Sergio Cruz, Budget Officer *sc*

**Date:** Monday, June 01, 2015

**Subject:** Health Care Funding District Certification of Revenues

**Cc:** Linda Fong, 1<sup>st</sup> Assistant County Auditor  
Dina Trevino, Assistant Budget Officer  
Dairen Sarmiento, Human Services Director  
Becky Luna, Director of Accounting  
Alvaro Chuc, Financial Accounting Supervisor

---

Please let this memo serve as a request for a Certification of Revenues letter from your office in relation to the mandatory payments from the respective hospitals for the Health Care Funding District for the 2<sup>nd</sup> & 3<sup>rd</sup> Quarter of 2015.

According to the Human Services Department, the maximum IGT Commitment payment from Fund 1258 - LPPF will be roughly \$22,762,168.00, amount will not be confirmed until final notification is received on June 2, 2015.

The payments were recorded by your office for the 2<sup>nd</sup> Quarter of 2015 totaling \$8,067,687.69. Furthermore, as per the Tax Office, payments for 3<sup>rd</sup> Quarter were recently received in the amount of \$8,072,392, and are pending to be receipted and post onto Alio by the Treasurer's Office, see attached email and account transfer information provided by the Tax Office. We are requesting the certification of revenues for up to \$16,053,077.00 after Treasurer's posting procedures are finalized. These monies will be appropriated to fund the LPPF-1115 Waiver expenditures scheduled for commissioners' court approval on June 2, 2015 (AI-49800) for anticipated drawdown on June 8, 2015.

Thank you for your prompt attention to this matter. If you have any questions, please do not hesitate to call me at (956) 292-7025 ext. 5424.



OFFICIAL HIDALGO COUNTY RECEIPT  
OFFICE OF THE COUNTY TREASURER  
NORMA G. GARCIA

Receipt No: 187104

Received From: CM TAX DEPT. (05/28) 3RD QTR 2015

Date 06/01/15

|   |                                  |                             |              |
|---|----------------------------------|-----------------------------|--------------|
| 1 | EDINBURG REGIONAL MEDICAL CENTER | 5-1100-341-10-140-048-0-000 | 1,416.86     |
| 2 | WESLACO REHAB HOSPITAL           | 5-1100-341-10-140-048-0-000 | 32.51        |
| 3 | MISSION HOSPITAL INC.            | 5-1100-341-10-140-048-0-000 | 452.20       |
| 4 | EDINBURG REGIONAL MEDICAL CENTER | 5-1258-355-20-240-006-0-000 | 2,286,075.14 |
| 5 | WESLACO REHAB HOSPITAL           | 5-1258-355-20-240-009-0-000 | 52,448.49    |
| 6 | MISSION HOSPITAL INC.            | 5-1258-355-20-240-007-0-000 | 729,621.80   |

Total: 3,070,047.00

|              |              |
|--------------|--------------|
| Check Total  | .00          |
| Cash Total   | .00          |
| Credit Total | 3,070,047.00 |
| Other Total  | .00          |



OFFICIAL HIDALGO COUNTY RECEIPT  
OFFICE OF THE COUNTY TREASURER  
NORMA G. GARCIA

Receipt No: 187105

Received From: CM TAX DEPT (05/27) 3RD QTR 2015

Date 06/01/15

|   |    |                               |                             |              |
|---|----|-------------------------------|-----------------------------|--------------|
| 1 | CM | RIO GRANDE REGIONAL HOSPITAL  | 5-1100-341-10-140-048-0-000 | 709.24       |
| 2 | CM | CORNERSTONE REGIONAL HOSPITAL | 5-1100-341-10-140-048-0-000 | 40.77        |
| 3 | CM | RIO GRANDE REGIONAL HOSPITAL  | 5-1258-355-20-240-001-0-000 | 1,144,337.76 |
| 4 | CM | CORNERSTONE REGIONAL HOSPITAL | 5-1258-355-20-240-002-0-000 | 65,776.23    |

Total: 1,210,864.00

Check Total .00  
Cash Total .00  
Credit Total 1,210,864.00  
Other Total .00



OFFICIAL HIDALGO COUNTY RECEIPT  
OFFICE OF THE COUNTY TREASURER  
NORMA G. GARCIA

Receipt No: 187106

Received From: CM TAX DEPT. (5/26) 3RD QTR. 2015

Date 06/01/15

|   |                            |                             |            |
|---|----------------------------|-----------------------------|------------|
| 1 | KNAPP MEDICAL CENTER       | 5-1100-341-10-140-048-0-000 | 505.19     |
| 2 | SOLERA HOSPITAL MCALLEN LP | 5-1100-341-10-140-048-0-000 | 92.56      |
| 3 | KNAPP MEDICAL CENTER       | 5-1258-355-20-240-004-0-000 | 815,117.81 |
| 4 | SOLERA HOSPITAL MCALLEN LP | 5-1258-355-20-240-008-0-000 | 149,338.44 |

Total: 965,054.00

|              |            |
|--------------|------------|
| Check Total  | .00        |
| Cash Total   | .00        |
| Credit Total | 965,054.00 |
| Other Total  | .00        |



OFFICIAL HIDALGO COUNTY RECEIPT  
OFFICE OF THE COUNTY TREASURER  
NORMA G. GARCIA

Receipt No: 187107

Received From: CM TAX DEPT (05/29) 3RD QTR 2015

Date 06/01/15

|   |    |                                    |                             |              |
|---|----|------------------------------------|-----------------------------|--------------|
| 1 | CM | DOCTOR'S HOSPITAL AT RENISSNCE     | 5-1100-341-10-140-048-0-000 | 1,641.98     |
| 2 | CM | LIFE CARE HOSPITALS OF SOUTH TEXAS | 5-1100-341-10-140-048-0-000 | 108.69       |
| 3 | CM | DOCTOR'S HOSPITAL AT RENISSNCE     | 5-1258-355-20-240-003-0-000 | 2,649,308.02 |
| 4 | CM | LIFE CARE HOSPITALS OF SOUTH TEXAS | 5-1258-355-20-240-005-0-000 | 175,368.31   |

Total: 2,826,427.00

Check Total .00  
Cash Total .00  
Credit Total 2,826,427.00  
Other Total .00

---

---

Zimbra

merlen.munoz@co.hidalgo.tx.us

---

**RE: 3rd QTR Payment Information - Healthcare Funding District Participants**

---

**From :** Julio Espinosa  
<julio.espinosa@hidalgocountytax.org>

Mon, Jun 01, 2015 10:14 AM

 1 attachment

**Subject :** RE: 3rd QTR Payment Information - Healthcare  
Funding District Participants

**To :** Merlen Muñoz <merlen.munoz@co.hidalgo.tx.us>

**Cc :** james hodge <james.hodge@co.hidalgo.tx.us>,  
dairen sarmiento <dairen.sarmiento@hchd.org>

Yes, they don't issue receipts right away. They have to confirm the bank first. All funds were submitted to General Fund (see attached). Fred had mentioned them doing an internal transfer from GF to SR; however, Fred is out this week. Please visit with James. Thanks

*Julio C. Espinosa*

Chief Accountant - Hidalgo County Tax Office  
2804 S US Hwy 281  
Edinburg, Texas 78540  
956-289-7466

---

**From:** Merlen Muñoz [mailto:merlen.munoz@co.hidalgo.tx.us]

**Sent:** Monday, June 01, 2015 10:04 AM

**To:** Julio Espinosa

**Subject:** Re: 3rd QTR Payment Information - Healthcare Funding District Participants

Great, Thank you Julio. I will request receipt information from the Treasurer's Office.

---

**Merlen Munoz**

Budget Analyst II

County of Hidalgo Texas  
Department of Budget & Management  
2818 S. Bus. Hwy 281

Edinburg ,TX 78539

Phone: 956-292-7025 Ext: 5403

Fax: 956-292-7035

merlen.munoz@co.hidalgo.tx.us

Reduce, Reuse, Recycle. Go Green!

---



Schedule Review Finish

Current date: June 01, 2015  
Current time: 09:39:36 AM

Transfer from account: 71016031 Tax General  
Transfer to account: General Acct Treas  
-----  
Transfer amount: \$965,054.00  
Date: June 01, 2015  
Transfer description: KNAPP & SOLERA 3RD QTR  
Transfer date: 06/01/2015  
Transfer time: 09:39:36

CONFIRMATION NUMBER

0601151129

Please retain this number for your reference

Add Another Transfer

*6/1/15*  
*File*

RECEIVED  
SALGO COUNTY  
MAY 31 2015



Schedule Review Finish

Current date: June 01, 2015  
Current time: 09:42:27 AM

Transfer from account: 71016031 Tax General  
Transfer to account: General Acct Treas  
-----  
Transfer amount: \$1,210,864.00  
Date: June 01, 2015  
Transfer description: RIO GR REG & CORNESTM 3RD QTR  
Transfer date: 06/01/2015  
Transfer time: 09:42:27

CONFIRMATION NUMBER

0601151134

Please retain this number for your reference

Add Another Transfer

*6/15/15  
All done  
[Signature]*

1 JUN 30 2015  
COALCO COUNTY TELLER  
GEORGE



Schedule Review Finish

Current date: June 01, 2015  
Current time: 09:45:46 AM

Transfer from account: 71016031 Tax General  
Transfer to account: General Acct Treas  
-----  
Transfer amount: 52,826,427.00  
Date: June 01, 2015  
Transfer description: DHR & LIFECARE 3RD QTR  
Transfer date: 06/01/2015  
Transfer time: 09:45:46

.....  
CONFIRMATION NUMBER  
-----  
0601151140  
-----  
Please retain this number for your reference  
.....

Add Another Transfer

*6/1/15*  
*Paul (Michael) Gillen*

2015 JUN 02 09:45:46 AM  
RECEIVED  
DALLAS COUNTY TX



Schedule Review Finish

Current date: June 01, 2015  
Current time: 09:44:17 AM

Transfer from account: 71016031 Tax General  
Transfer to account: General Acct Treas  
-----  
Transfer amount: \$3,070,047.00  
Date: June 01, 2015  
Transfer description: ED REG & WES REG & MISSION BRD  
Transfer date: 06/01/2015  
Transfer time: 09:44:18

\*\*\*\*\*  
CONFIRMATION NUMBER

-----  
0601151136  
-----

Please retain this number for your reference  
\*\*\*\*\*

Add Another Transfer

*File (and) Yillan 6/1/15*

2015 JUN 01 09:44:18  
ADALGO COUNTY  
RECEIVED

DATE: June 2, 2015

**2015**  
Appropriation



DEPARTMENT HEAD: Sergio Cruz, Budget Officer

DEPARTMENT NAME: Department of Budget & Management for Human Services -LPPF

ACCOUNT NUMBER: 5-1258-444-00-240-006-3-XXX

Contact Person: Merlen Munoz Ph#: (956) 292-7025 ext. 5403

SUBJECT: **Budget Amendments** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Budget Amendments (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

| INCREASE ACCOUNT NUMBER(S)              | ACCOUNT (OBJECT) NAME                     | AMOUNT              |
|---|---|---------------------|
| 5-1258-444-00-240-006-3- 843            | LPPF Aid to Nongovt                       | 9,539,717.87        |
| 5-1258-355-20-240-002-0- 000            | LPPF-Spec Assess- Cornerstone Regional    | 131,552.46          |
| 5-1258-355-20-240-004-0- 000            | LPPF-Spec Assess- Knapp Medical Center    | 485,223.91          |
| 5-1258-355-20-240-005-0- 000            | LPPF-Spec Assess- Lifecare Hospitals      | 350,736.62          |
| 5-1258-355-20-240-007-0- 000            | LPPF-Spec Assess- Mission Hospital Inc    | 1,459,243.60        |
| 5-1258-355-20-240-008-0- 000            | LPPF-Spec Assess- Solera Hospital McAllen | 298,676.88          |
| 5-1258-355-20-240-009-0- 000            | LPPF-Spec Assess- Weslaco Rehab Hospital  | 104,896.98          |
| 5-1258-361-10-000-000-0- 000            | LPPF- Interest Earnings                   | 295.69              |
| <b>TOTAL BUDGET INCREASE (DECREASE)</b> |   | <b>9,539,717.87</b> |

**REASON:**

Appropriation of funds in relation to revenue from the assessment of mandatory payments from various hospitals for the LPPF-1115 Waiver.

Monies to be appropriated from unassigned fund balance (5-1258-258-00-000-000-0-000) in the amount of \$6,709,091.73 and the remaining amount to be appropriated from revenues under Fund 1258 as listed above.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ATTEST COUNTY CLERK

9,539,717.87  
6,709,091.73  
000  
2,830,626.14\*

| Account Number              | Description                     | Budget     | Encumbrance | Actual               | Avail/Rec             | FTE |
|-----------------------------|---------------------------------|------------|-------------|----------------------|-----------------------|-----|
| 5-1258-355-20-240-001-0-000 | LPPF-SPEC ASSESS-COLUMBIA RIO C | .00        | .00         | 2,288,675.52         | 2,288,675.52-         |     |
| 5-1258-355-20-240-002-0-000 | LPPF-SPEC ASSESS-CORNERSTONE    | .00        | .00         | 131,552.46           | 131,552.46-           |     |
| 5-1258-355-20-240-003-0-000 | LPPF-SPEC ASSESS-DOCTORS HOSP   | .00        | .00         | 5,298,618.04         | 5,298,618.04-         |     |
| 5-1258-355-20-240-004-0-000 | LPPF-SPEC ASSESS-KNAPP MEDICAL  | .00        | .00         | 1,630,235.62         | 1,630,235.62-         |     |
| 5-1258-355-20-240-005-0-000 | LPPF-SPEC ASSESS-LIFECARE HOSP  | .00        | .00         | 350,738.62           | 350,738.62-           |     |
| 5-1258-355-20-240-006-0-000 | LPPF-SPEC ASSESS-EDINBURG REGI  | .00        | .00         | 4,572,150.28         | 4,572,150.28-         |     |
| 5-1258-355-20-240-007-0-000 | LPPF-SPEC ASSESS-MISSION HOSPIT | .00        | .00         | 1,459,243.60         | 1,459,243.60-         |     |
| 5-1258-355-20-240-008-0-000 | LPPF-SPEC ASSESS-SOLERA HOSPIT  | .00        | .00         | 298,676.88           | 298,676.88-           |     |
| 5-1258-355-20-240-009-0-000 | LPPF-SPEC ASSESS-WESLACO REHA   | .00        | .00         | 104,896.98           | 104,896.98-           |     |
| 5-1258-361-10-000-000-0-000 | LPPF-INTEREST EARNINGS          | .00        | .00         | 295.69               | 295.69-               |     |
| <b>Totals</b>               |                                 | <b>.00</b> | <b>.00</b>  | <b>16,135,079.69</b> | <b>16,135,079.69-</b> |     |

Cancel