

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



EDINBURG, TEXAS 78539

December 29, 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 Eufracio, County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court the revenue from the assessment of mandatory payments from the hospitals in the amount of \$22,012,860.78 for the Health Care Funding District. 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 Eufracio, CPA
Hidalgo County Auditor

12/29/15
Date

HIDALGO COUNTY DISTRICT JUDGES

LUIS M SINGOLETERRY
JUDGE, 92ND D.C.

RODOLFO DELGADO
JUDGE, 93RD D.C.

J. R. "BOBBY" FLORES
JUDGE, 139TH D.C.

ROSE GUERRA REYNA
JUDGE, 208TH D.C.

JUAN R. PARTIDA
JUDGE, 273TH D.C.

MARIO E. RAMIREZ, JR.
JUDGE, 332ND D.C.

NOE GONZALEZ
JUDGE, 370TH D.C.
OVERSEER

LETICIA LOPEZ
JUDGE, 389TH D.C.

AIDA SALINAS FLORES
JUDGE, 398TH D.C.

ISRAEL RAMON, JR.
JUDGE, 430TH D.C.

JESSE CONTRERAS
JUDGE, 449TH D.C.

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

Memorandum

To: Ray Eufrazio, CPA, County Auditor

From: Sergio Cruz, Budget Officer *SC*

Date: Tuesday, December 29, 2015

Subject: Certification of Revenues for the Local Provider Participation Funds (LPPF) - *Revised*

Cc: Linda Fong, 1st Asst. Co. Auditor
Becky Luna, Director of Accounting
Nereyda Gonzalez, Supervisor, Accounting Div.
Merlen Munoz, Planning Analyst III

Dairen Sarmiento, Human Services Director
Dina R. Trevino, Asst. Budget Officer

On behalf of the Human Services Department, please let this memo serve as a request for a Certification of Revenues letter from your office in relation to the Local Provider Participation Fund (LPPF). The amount to certify is **\$22,012,860.78** in accordance with instructions provided by the Texas Health & Human Services Commission (HHSC).

Please be advised that agenda item #52561 was approved by Commissioners Court on December 15, 2015 in relation to this matter.

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.

DATE: December 29, 2015

2015
Appropriation

DEPARTMENT HEAD: Sergio Cruz, Budget Officer

DEPARTMENT NAME: Dept of Budget & Mgmt for LPPF Fund

REVISED
AI#52561/CC 12-15-15

ACCOUNT NUMBER: 5-1258-444-00-240-006-3-843

Contact Person: Ivan Cantu Ph#: _____ Ext. 5425



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 Agency	22,012,860.78
5-1258-355-20-240-006-0- 000	LPPF-Spec. Assess- Edinburg Regional Med	7,787,809.71
5-1258-355-20-240-001-0- 000	LPPF-Spec. Assess- Columbia Rio Grande	2,345,722.11
5-1258-355-20-240-004-0- 000	LPPF-Spec. Assess- Knapp Medical Center	77,969.81
5-1258-355-20-240-003-0- 000	LPPF-Spec. Assess- Doctors Hospital at Renaissance	11,801,359.15
TOTAL BUDGET INCREASE (DECREASE)		22,012,860.78

REASON: Appropriation of funds in relation to the Local Provider Participation Fund (LPPF) for Demonstration Year 4 DSRIP (October 2015 reporting).

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

DATE

ATTEST COUNTY CLERK

Account Number	Description	Budget	Encumbrance	Actual	Avail/Rec
5-1258-444-00-240-006-3-842	LPPF-AID TO NONGOVT	34,058,393.48	.00	33,258,393.48	800,000.00
Totals		34,058,393.48	.00	33,258,393.48	800,000.00

Cancel

Nereyda Gonzalez

From: Nereyda Gonzalez [nereyda.gonzalez@auditor.co.hidalgo.tx.us]
Sent: Tuesday, December 29, 2015 1:27 PM
To: 'dairen.sarmiento@hchd.org'
Cc: 'Linda Fong'; 'Becky Luna'; 'Merlen Muñoz'; 'dairen.sarmiento@hchd.org'; 'Dina Trevino'; 'sergio cruz'; 'Ivan Cantu'
Subject: RE: Backup for AI #52561, CC 12-15-15 Human Services-Local Provider Participation Funds (LPPF)

Good afternoon Ms. Dairen,

In regards to the certification of revenues for the Local Provider Participation Fund, I would like to request a revision from \$22,812,860.78 to \$22,012,860.78. The most recent certification of revenues was in the amount of \$14,736,644.69 (see JE153748); however, only \$13,936,644.69 were transferred, leaving an available balance of \$800,000; therefore, the certification of revenues needed is in the amount of \$22,012,860.78.

Please let me know if you have any questions or concerns.

Thank you,

Nereyda J. Gonzalez

Financial Accounting Supervisor
Hidalgo County Auditor's Office
Edinburg, Texas 78539-6243
Phone: (956) 318-2511 Ext. 4662
Fax: (956) 318-2577



CONFIDENTIALITY NOTICE

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From: Ivan Cantu [mailto:ivan.cantu@co.hidalgo.tx.us]
Sent: Monday, December 28, 2015 12:04 PM
To: Monica Badillo
Cc: Linda Fong; Becky Luna; Nereyda Gonzalez; Merlen Muñoz; dairen.sarmiento@hchd.org; Dina Trevino; sergio cruz
Subject: Backup for AI #52561, CC 12-15-15 Human Services-Local Provider Participation Funds (LPPF)

Good morning Monica:

Attached, please find the backup for AI #52561 that was approved by CC on 12-15-15 in relation to the Local Provider Participation Funds (LPPF). Please attach to the agenda. I will forward the certification of revenues letter to be provided by the Auditor's office as soon as it is received.

Ivan Cantu

Budget Analyst III

Hidalgo Co. Dept. of Budget & Management

2818 S. Bus. Hwy 281, Admin. Bldg.

Edinburg, TX 78539

Phone: (956) 292-7025 ext. 5425

Fax: (956) 292-7035

ivan.cantu@co.hidalgo.tx.us

Nereyda Gonzalez

From: Veronica Ortiz [veronica.ortiz@co.hidalgo.tx.us]
Sent: Monday, December 28, 2015 11:29 AM
To: ray eufracio
Cc: linda fong; becky luna; nereyda.gonzalez@auditor.co.hidalgo.tx.us; Merlen Muñoz; dairen.sarmiento@hchd.org; Dina Trevino
Subject: Certification of Revenues for the Local Provider Participation Funds (LPPF)
Attachments: Certification of Revenues for the Local Provider Participation Funds (LPPF).pdf

HIDALGO COUNTY texas

*Department of
Budget & Management*

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Memorandum

To: Ray Eufracio, CPA, County Auditor

From: Sergio Cruz, Budget Officer *SC*

Date: Monday, December 28, 2015

Subject: Certification of Revenues for the Local Provider Participation Funds (LPPF)

Cc: Linda Fong, 1st Asst. Co. Auditor
Becky Luna, Director of Accounting
Nereyda Gonzalez, Supervisor, Accounting Div.
Merlen Munoz, Planning Analyst III
Dairen Sarmiento, Human Services Director
Dina R. Trevino, Asst. Budget Officer

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Please be advised that agenda item #52561 was approved by Commissioners Court on December 15, 2015 in relation to this matter.

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.

Account Inquiry - FAINQ01A 07/29/2015 11:30 am

Account No 5-1258-444-00-240-006-3-843 Accounting Period 12 Period YTD 358511 pq 10-111

Acct. Year 15 Previous Year Info Description LPPF-AID TO NONGOVT

Sum Bud Meas Open Enc Enc Detail All Enc Checks Unpost Pay Unprf Pay Pre AJE AJE Rec/Inv Req Pre WHS WHS Pre RTB

Date	Reference No	Batch No	Description	Period	Amount
09-30-2015	JE153748	003495	BUDGET AMENDMENT CC 9/29/15	09	14,736,644.69
07-07-2015	JE152353	002339	BUDGET AMENDMENT CC 7/7/15	07	9,782,030.92
06-04-2015	JE151797	001904	BUDGET AMENDMENT CC 6/2/15	06	9,539,717.87
Amount					34,058,393.48

Account Inquiry - FAINQ01A 07/29/2015 11:30 am

Account No 5-1258-444-00-240-006-3-843 Accounting Period 12 Period YTD 358511 pg 10-111

Acct. Year 15 Previous Year Info. Description LPPF-AID TO NONGOVT

Sum Bud Mass Open Enc Enc Detail A/E Enc Checks Unpost Pay Unprt Pay Pre A/E A/E Rec/Inv Req Pre WHS WHS Pre RTB

Reference No	Date	User	Description	Batch	Period	Amount
JE153989	10-08-15	STJERINA	REC W/T 2 1115 WAIVER APP CC9/29/15	15003632	10	13,936,644.69
JE152956	07-31-15	EBAZAN	REC W/T 2 1115 WAIVER AP CC7/7/15	15002831	07	9,782,030.92
JE152250	06-30-15	BTJERINA	REV PRT JE152123 PREV POSTED JE152015	15002258	06	9,539,717.87-
JE152123	06-22-15	BTJERINA	REC W/T 2 1115 WAIVER AP CC6/2/15	15002139	06	9,539,717.87
JE152015	06-18-15	BTJERINA	REC W/T 2 1115 WAIVER AP CC6/2/15	15002101	06	9,539,717.87
Amount						33,258,393.48

AI-52561

Health & Human Services Dept. 11. F. 1.

CC - REGULAR

Meeting Date: 12/15/2015

Submitted For: Dairen Sarmiento, HEALTH & HUMAN SERVICES DEPT.

Submitted By: Dairen Sarmiento, HEALTH & HUMAN SERVICES DEPT.

Department: HEALTH & HUMAN SERVICES DEPT.

Information

CAPTION

A. Discussion, consideration and approval to draw down funds for Demonstration Year 4 DSRIP (October Reporting) in the amount to be determined by HHSC instruction on 12/18/15 from the Local Provider Participation Fund (LPPF) with a settlement date of 1/4/16.

B. Approval of Certification of Revenues as certified by the County Auditor from the LPPF in the amount to be determined by HHSC instruction on 12/18/15.

C. Approval of 2015 Appropriation of funds from the LPPF in the amount to be determined by HHSC instructions on 12/18/15.

BACKGROUND

From: HHSC RAD UC Payments <RAD_UC_Payments@hhsc.state.tx.us>

Date: Friday, December 4, 2015 at 12:34 PM

To: Carlos <carlos@ahcv.com>

Subject: RE: Schedule

The DSRIP IGT will have a Settlement Date of 1/4/16, the IGT notification will be sent out on 12/18/15.

Thank you,

Rhonda Hites

Rhonda Hites
Rate Analyst
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
(512) 707-6068
(512) 730-7475 fax
rhonda.hites@hhsc.state.tx.us

Fiscal Impact

FISCAL YEAR: 2015

ACCT. #: 5-1258-444-00-240-006-3-843

FUNDS AVAILABLE Y/N?:

MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

5-1258-355-20-240-00X-0-000

Attachments

backup

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	12/08/2015 08:55 AM
Manuel Chapa	Manuel Chapa	12/11/2015 02:41 PM
Purchasing Department	Monica Badillo	12/11/2015 05:44 PM
Form Started By: Dairen Sarmiento		Started On: 12/07/2015 12:00 PM
Final Approval Date: 12/11/2015		

DSRIP Payment Summary Report by Affiliation_Number for Demo Year 4

IGT Affiliation Number	RHP	Template Provider (TP)	Provider TIN	Provider Name	DY3 Previous Round (M4) Approved IGT	DY3 Current Approved IGT (from previous DY that was short IGT)	Total Approved IGT for Round 2 DSRIP
529-08-0236-00067	RHP 5	094113001	1233069260 4 501	McAllen Hospitals LP dba Edinburg Regional Medical	\$0.00	\$0.00	\$7,787,809.71
529-08-0236-00020	RHP 5	112716902	1621656022 3 003	Columbia Rio Grande Healthcare dba Rio Grande Regi	\$39,003.27	\$0.00	\$2,345,722.11
529-08-0236-00063	RHP 5	135035706	1741393060 7 324	Knapp Medical Center	\$0.00	\$0.00	\$77,969.81
529-08-0236-00030	RHP 5	160709501	1742802643 3 002	Doctor's Hospital at Renaissance	\$0.00	\$0.00	\$12,601,359.15

22,813,880.78

DSRIP Payment Summary Report by Affiliation_Number for Demo Year 4

IGT Affiliation Number	RHP	Template Provider TPI	Provider TIN	Provider Name	IGT TIN	DY4 Round 2 Approved IGT	DY4 Previous Round NMI Approved IGT	DY4 Other Approved IGT (from previous DY that was short IGT)	Round 2 Approved IGT
529-08-0236-00067	RHP 5	094113001	1233069260 4 501	McAllen Hospitals LP dba Edinburg Regional Medical	17460007176062	\$6,867,025.13	\$0.00	\$0.00	\$920,784.58
529-08-0236-00020	RHP 5	112716902	1621656022 3 003	Columbia Rio Grande Healthcare dba Rio Grande Regi	17460007176062	\$2,293,343.40	\$0.00	\$0.00	\$13,375.44
529-08-0236-00063	RHP 5	135035706	1741393060 7 324	Kneipp Medical Center	17460007176062	\$68,796.92	\$9,172.89	\$0.00	\$0.00
529-08-0236-00030	RHP 5	160709501	1742802643 3 002	Doctor's Hospital at Renaissance	17460007176062	\$10,144,836.70	\$237,214.00	\$0.00	\$2,219,308.45

DSRIP Payment Summary Report by Affiliation Number for Demo Year 4

IGT Affiliation Number	RHP	Template Provider TP	Provider TIN	Provider Name	IGT TP	IGT Name
529-08-0236-00067	RHP 5	094113001	1233069260 4 501	McAllen Hospitals LP dba Edinburg Regional Medical	139350611	Hidalgo County
529-08-0236-00020	RHP 5	112716902	1621656022 3 009	Columbia Rio Grande Healthcare dba Rio Grande Regi	139350611	Hidalgo County
529-08-0236-00063	RHP 5	135035706	1741393060 7 324	Knapp Medical Center	139350611	Hidalgo County
529-08-0236-00030	RHP 5	160709501	1742802643 3 002	Doctor's Hospital at Renaissance	139350611	Hidalgo County