

# COUNTY of HIDALGO



EDINBURG, TEXAS 78539

HIDALGO COUNTY AUDITOR'S OFFICE  
Hidalgo County Administration Building  
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March 18, 2016

The Honorable Ramon Garcia, Hidalgo County Judge  
The Honorable A.C. Cuellar, Jr., Commissioner, Precinct No. 1  
The Honorable Eduardo 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 § 111.0706 SPECIAL BUDGET FOR GRANT OR AID MONEY:

The county auditor shall certify to the commissioner's 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.

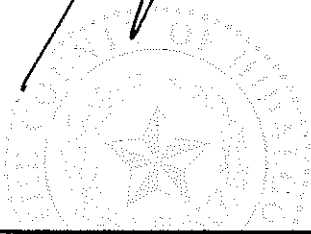
I, Ray Eufrazio, County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court the receipt of an award from the Texas Department of State Health Services (TDSHS). These funds may now be made available by creating a new special budget or amending a current budget for its intended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

AMOUNT	PURPOSE
\$137,290.20	Medicaid Administrative Claiming (MAC)

CERTIFIED BY:

Raymundo Eufrazio, CPA  
Hidalgo County Auditor

3/18/16  
Date



**HIDALGO COUNTY DISTRICT JUDGES**

LUIS M. BRADLETERRY JUDGE, 12 <sup>th</sup> D.C.	RODOLFO DELGADO JUDGE, 13 <sup>th</sup> D.C.	J. R. "BOBBY" FLORES JUDGE, 13 <sup>th</sup> D.C.	ROSE GUERRA REYNA JUDGE, 20 <sup>th</sup> D.C.	JUAN R. PARTIDA JUDGE, 27 <sup>th</sup> D.C.	MARIO E. RAMIREZ, JR. JUDGE, 32 <sup>nd</sup> D.C.	NOE GONZALEZ JUDGE, 37 <sup>th</sup> D.C. OVERSEER	LETICIA LOPEZ JUDGE, 38 <sup>th</sup> D.C.	AIDA SALINAS FLORES JUDGE, 39 <sup>th</sup> D.C.	ISRAEL RAMON, JR. JUDGE, 43 <sup>rd</sup> D.C.	JESSE CONTRERAS JUDGE, 44 <sup>th</sup> D.C.
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AI-53728

Health & Human Services  
Dept. 20. D.

CC - REGULAR

Meeting Date: 03/22/2016

Submitted For: Eddie Olivarez, HEALTH & HUMAN SERVICES DEPT.

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 \$137,290.20. Funds are from the Health & Human Services Commission - Medicaid Administrative Claiming reimbursement.
2. Requesting approval to appropriate the MAC budget in the amount of \$137,290.20.

BACKGROUND

MAC reimbursement is from quarter April through June 2015.

Fiscal Impact

FISCAL YEAR:	2016	ACCT. #:	6-1293-441-00-340-059-0-XXX
FUNDS AVAILABLE Y/N?:	Y	MATCHING FUNDS Y/N?:	N

BUDGETARY IMPACT:

Attachments

Budget Appropriation

Award

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	03/10/2016 02:29 PM
Final Approval		
Form Started By: Mike Escaname		Started On: 03/10/2016 02:18 PM

## Minerva Diaz

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**From:** Mike Escaname [mike.escaname@hchd.org]  
**Sent:** Thursday, March 10, 2016 4:36 PM  
**To:** minerva.diaz@auditor.co.hidalgo.tx.us  
**Subject:** Request - Certification of Revenue - MAC Reimbursement - \$137,290.20  
**Attachments:** MAC APRIL - JUNE 2015 \$137,290.20.pdf; AI-53728 - Appropriation 03222016.pdf

**Follow Up Flag:** Follow up  
**Due By:** Thursday, March 17, 2016 11:00 AM  
**Flag Status:** Flagged

Minerva,

I'd appreciate if you can arrange for a Certification of Revenue in the amount of \$137,290.20 for the MAC reimbursement.

We plan on presenting this to CC on 03/22/2016.

Thanks,

Mike Escaname  
Budget Manager  
Hidalgo County Health & Human Services Dept.  
1304 S. 25th St.  
Edinburg, TX 78539  
Direct # (956) 292-7000 ext. 7210  
Main # (956) 383-6221

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# 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	5721974	DD	529	137290.20
Document Number	Invoice Number	Invoice Description	Invoice Amount	Interest Amount	
9SA08898	PC1274C VOUCHERID:13499	MEDICAID ADMINISTRATIVE CLAIMS (MAC) APRIL - JUNE 2015	-418.25	0.00	
9SA08898	PC1274C VOUCHERID:13499	MEDICAID ADMINISTRATIVE CLAIMS (MAC) APRIL - JUNE 2015	8,365.00	0.00	
9SA08898	PC1274C VOUCHERID:13499	MEDICAID ADMINISTRATIVE CLAIMS (MAC) APRIL - JUNE 2015	-6,807.55	0.00	
9SA08898	PC1274C VOUCHERID:13499	MEDICAID ADMINISTRATIVE CLAIMS (MAC) APRIL - JUNE 2015	136,151.00	0.00	

03-07-2016

6-1293-126-20-000-013-0-000

JE155642                      REC 04-06/15 MAC BILLG

MINERVA DIAZ                03-08-2016