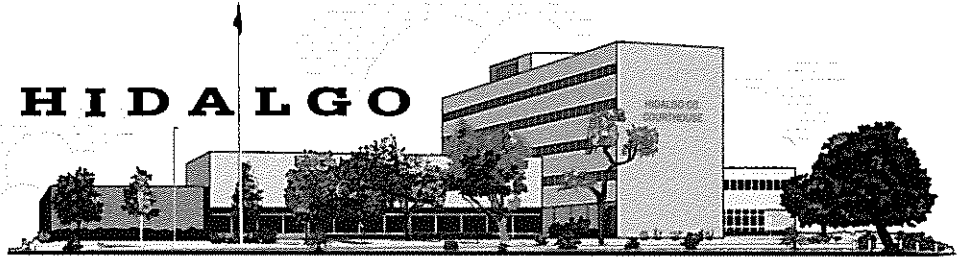


# COUNTY of HIDALGO



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)

May 6, 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.

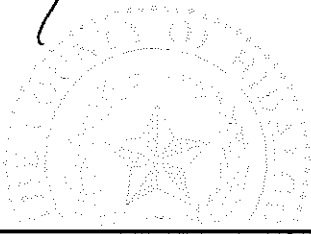
I, Ray Eufrazio, County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court the receipt of an award from the Texas Department of State Health Services (TDSHS). These funds may now be made available by creating a new special budget or amending a current budget for its intended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

AMOUNT	PURPOSE
\$86,504.15	Medicaid Administrative Claiming (MAC)

CERTIFIED BY:

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

5/9/16  
\_\_\_\_\_  
Date



**HIDALGO COUNTY DISTRICT JUDGES**

- |  |   |  |   |   |   |  |   |   |   |   |
|--|---|--|---|---|---|--|---|---|---|---|
| LUIS M SHAGLETTY<br>JUDGE, 12 <sup>th</sup> D.C. | RODOLFO DELGADO<br>JUDGE, 13 <sup>th</sup> D.C. | J. R. "BOBBY" FLORES<br>JUDGE, 17 <sup>th</sup> D.C. | ROSE GUERRA REYNA<br>JUDGE, 20 <sup>th</sup> D.C. | JUAN R. PARTIDA<br>JUDGE, 27 <sup>th</sup> D.C. | MARIO E. RAMIREZ, JR.<br>JUDGE, 32 <sup>nd</sup> D.C. | MOE GONZALEZ<br>JUDGE, 37 <sup>th</sup> D.C.<br>OVERSEER | LETICIA LOPEZ<br>JUDGE, 38 <sup>th</sup> D.C. | AIDA SALINAS FLORES<br>JUDGE, 39 <sup>th</sup> D.C. | ISRAEL RAMON, JR.<br>JUDGE, 43 <sup>rd</sup> D.C. | JESSE CONTRERAS<br>JUDGE, 44 <sup>th</sup> D.C. |
|--|---|--|---|---|---|--|---|---|---|---|

AI-54413

Health & Human Services  
Dept. 19. E.

CC - REGULAR

Meeting Date: 05/10/2016

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 \$86,504.15. Funds are from the Health & Human Services Commission - Medicaid Administrative Claiming reimbursement.
2. Requesting approval to appropriate the MAC budget in the amount of \$86,504.15.

BACKGROUND

MAC reimbursement is from quarter July through September 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

MAC Reimbursement

Appropriation

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	05/02/2016 10:33 AM
Final Approval		
Form Started By: Mike Escaname		Started On: 04/29/2016 10:52 AM

## Minerva Diaz

---

**From:** Mike Escaname [miguel.escaname@hchd.org]  
**Sent:** Friday, April 29, 2016 1:30 PM  
**To:** minerva.diaz@auditor.co.hidalgo.tx.us  
**Subject:** Request for Certification of Revenue - MAC- \$86,504.15  
**Attachments:** MAC JULY - SEP 2015 \$86,504.15.pdf; AI-54413 Appropriation 051016.pdf

Hello Minerva,

I'd appreciate if you can arrange to have a Certification of Revenue prepared in the amount of \$86,504.15. We will present to CC the MAC budget appropriation for this reimbursement on May 10, 2016. (reference AI-54413)

Let me know if you have any questions.

Thanks,

Mike E.

CONFIDENTIALITY NOTICE: This email and any files transmitted with it may contain Protected Health Information under the Federal Health Insurance Portability and Accountability Act (HIPAA). If the receiver of this email is a Covered Entity under the regulations, you are obligated to treat this information accordingly. If this email was sent to you in error, you are prohibited from utilizing or disseminating this email or any attachments. Please immediately delete it from your computer system and notify the sender of their error.

# Payment Information

Texas Identification Number	Mail Code	Payment Number	Payment Type	Paying Agency	Total
17460007176	060	1027763	DD	529	86504.15
Document Number	Invoice Number	Invoice Description	Invoice Amount	Interest Amount	
9SA08915	PC1274C VOUCHERID:13516	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JULY - SEPTEMBER 2015	-44.80	0.00	
9SA08915	PC1274C VOUCHERID:13516	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JULY - SEPTEMBER 2015	896.00	0.00	
9SA08915	PC1274C VOUCHERID:13516	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JULY - SEPTEMBER 2015	-4,508.05	0.00	
9SA08915	PC1274C VOUCHERID:13516	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JULY - SEPTEMBER 2015	90,161.00	0.00	

04-22-2016

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

JE155926 REC 07-09/15 MAC BILLG

MINERVA DIAZ 04-25-2016

0.\*  
44.80-  
896.00+  
4,508.05-  
90,161.00+  
86,504.15\*

