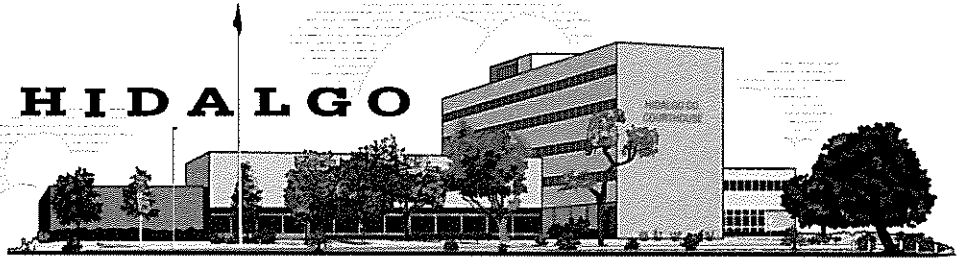


COUNTY of HIDALGO



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

August 12, 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.

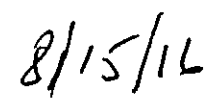
I, Ray Eufrazio, County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court the receipt of an award from the Texas Department of State Health Services (TDSHS). These funds may now be made available by creating a new special budget or amending a current budget for its intended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

AMOUNT	PURPOSE
\$159,917.30	Medicaid Administrative Claiming (MAC)

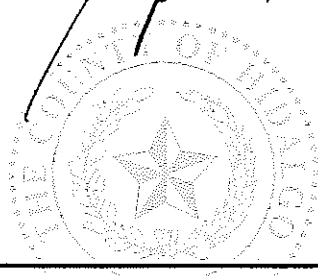
CERTIFIED BY:



Raymundo Eufrazio, CPA
Hidalgo County Auditor



Date



HIDALGO COUNTY DISTRICT JUDGES

- | | | | | | | | | | | |
|--|--|--|---|---|---|--|---|---|---|---|
| LUIS M. SINGLETERRY
JUDGE, 1 ST D.C. | RODOLFO DELGADO
JUDGE, 1 ST D.C. | J. R. "BOBBY" FLORES
JUDGE, 13 TH D.C. | ROGE GUERRA REYNA
JUDGE, 20 TH D.C. | JUAN R. PARTIDA
JUDGE, 27 TH D.C. | MARIO E. RAMIREZ, JR.
JUDGE, 33 RD D.C. | NOE GONZALEZ
JUDGE, 37 TH D.C.
OVERSEER | LETICIA LOPEZ
JUDGE, 38 TH D.C. | AIDA SALINAS FLORES
JUDGE, 39 TH D.C. | ISRAEL RAMON, JR.
JUDGE, 43 RD D.C. | JESSE CONTRERAS
JUDGE, 44 TH D.C. |
|--|--|--|---|---|---|--|---|---|---|---|

AI-55834

Health & Human Services Dept. 19. 0.

CC - REGULAR

Meeting Date: 08/16/2016

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 \$159,917.30. Funds are from the Health & Human Services Commission - Medicaid Administrative Claiming reimbursement.
2. Requesting approval to appropriate the MAC budget in the amount of \$159,917.30.

BACKGROUND

MAC reimbursement is from quarter October through December 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

Reimbursement Deposit

Budget Appropriation

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	08/11/2016 01:44 PM
Final Approval		
Form Started By: Mike Escaname		Started On: 08/11/2016 11:46 AM

Minerva Diaz

From: Mike Escaname [miguel.escaname@hchd.org]
Sent: Thursday, August 11, 2016 4:52 PM
To: minerva.diaz@auditor.co.hidalgo.tx.us
Subject: FW: Request - Certification of Revenue - MAC - \$159,917.30
Attachments: MAC OCT - DEC 2015 \$159917.30 Reimbursement.pdf

From: Mike Escaname [mailto:miguel.escaname@hchd.org]
Sent: Thursday, August 11, 2016 3:12 PM
To: minerva.diaz@auditor.co.hidalgo.tx.us
Subject: Request - Certification of Revenue - MAC - \$159,917.30

Minerva,

I'd appreciate if you can arrange to have a Certification of Revenue prepared for the MAC reimbursement in the amount of \$159,917.30.

We will present an agenda item to CC next Tuesday, 08/16/16, requesting approval to accept.

Let me know if you have any questions.

Thanks,

Mike Escaname

Budget Manager
Hidalgo County Health & Human Services Department
1304 S. 25 Ave
Edinburg, TX 78542-7205
Main Line (956) 383-6221
Direct Line (956) 292-7000 ext. 7210



Payment Information

Texas Identification Number	Mail Code	Payment Number	Payment Type	Paying Agency	Total
17460007176	060	3218991	DD	529	159917.30
Document Number	Invoice Number	Invoice Description	Invoice Amount	Interest Amount	
9SA09295	PC1274C VOUCHERID:13964	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2015	-224.90	0.00	
9SA09295	PC1274C VOUCHERID:13964	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2015	4,498.00	0.00	
9SA09295	PC1274C VOUCHERID:13964	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2015	-8,191.80	0.00	
9SA09295	PC1274C VOUCHERID:13964	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2015	163,836.00	0.00	

08-02-2016

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

AJE16017 REC 10-12/15 MAC BILLG

MINERVA DIAZ 08-04-2016

