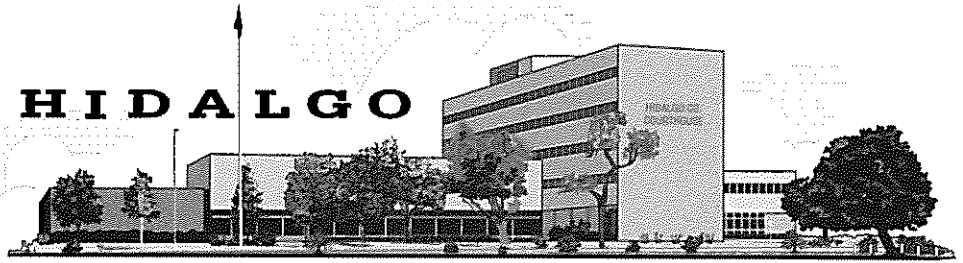


COUNTY of HIDALGO



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

October 17, 2017

The Honorable Ramon Garcia, Hidalgo County Judge
The Honorable David Fuentes, 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.

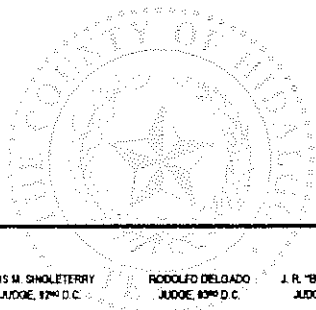
I, Ray Eufrazio, County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court the revenue from the assessment of mandatory payments from the respective hospitals for the Health Care Funding District in the amount of \$1,723,108.01. These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

CERTIFIED BY:

Raymundo Eufrazio, CPA
Hidalgo County Auditor

10-16-17

Date



HIDALGO COUNTY DISTRICT JUDGES

LUIS M. SHOLETEERRY JUDGE, 17th D.C. RODOLFO DELGADO JUDGE, 19th D.C. J. R. "BOBBY" FLORES JUDGE, 13th D.C. ROSE GUERRA REYNA JUDGE, 20th D.C. JUAN R. PARTIDA JUDGE, 27th D.C. MARIO E. RAMIREZ, JR. JUDGE, 32nd D.C. HOE GONZALEZ JUDGE, 37th D.C. OVERSEER LETICIA LOPEZ JUDGE, 34th D.C. L. KENO VASQUEZ JUDGE, 36th D.C. ISRAEL RAMON, JR. JUDGE, 43rd D.C. RENEE R. BETAHCOURT JUDGE, 44th D.C.

AI-61961
CC - REGULAR

Health & Human Services Dept. 12. A. 2.
Health Care Funding District

Meeting Date: 10/17/2017

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 Final Demonstration Year 6 UC Payment in the amount to be determined by HHSC instructions from the Local Provider Participation Fund (LPPF) with a transfer date of 10/18/17 and a settlement date of 10/19/17.

B. Approval of Certification of Revenues as certified by the County Auditor from the Local Provider Participation Fund in the amount to be determined by HHSC final instructions.

C. Approval of 2017 Appropriation of funds from the LPPF in the amount to be determined by HHSC final instructions.

BACKGROUND

Fiscal Impact

CALENDAR YEAR: 2017

ACCT. #: 7-1258-444-00-240-006-3-843

FUNDS AVAILABLE Y/N?: Y

MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

Funds available pending the certification of revenues from the Auditor's Office.

Attachments

HHSC INSTRUCTIONS

final

revised

Appropriation

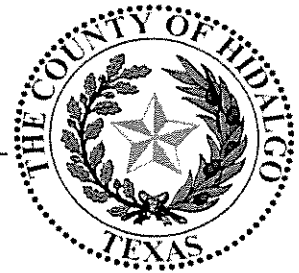
Form Review

<u>Inbox</u>	<u>Reviewed By</u>	<u>Date</u>
Budget & Management	Veronica Ortiz	10/05/2017 09:23 AM
Merlen P. Munoz	Merlen P. Munoz	10/12/2017 11:52 AM
Final Approval	Monica Salinas	10/13/2017 05:19 PM
Form Started By: Dairen Sarmiento		Started On: 10/05/2017 08:37 AM
Final Approval Date: 10/13/2017		

DATE: October 12, 2017

DEPARTMENT HEAD: Sergio Cruz, Budget Officer

2017
Appropriation
AI-61961



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

ACCOUNT NUMBER: 7-1258-444-00-240-006-3-843

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
7-1258-444-00-240-006-3- 843	LPPF Aid to Nongovt	1,723,108.01
7-1258-355-20-240-003-0- 000	LPPF-SPEC ASSESS- DOCTORS HOSPITAL AT REN	734,333.31
7-1258-355-20-240-007-0- 000	LPPF-SPEC ASSESS- MISSION HOSPITAL INC	318,135.96
7-1258-355-20-240-006-0- 000	LPPF-SPEC ASSESS- EDINBURG REGIONAL MED	192.83
7-1258-355-20-240-004-0- 000	LPPF-SPEC ASSESS- KNAPP MEDICAL CENTER	264,561.09
7-1258-355-20-240-001-0- 000	LPPF-SPEC ASSESS- COLUMBIA RIO GRANDE HEALTH	405,884.82
TOTAL BUDGET INCREASE (DECREASE)		1,723,108.01

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

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

 / /
DATE

ATTEST COUNTY CLERK

Account Inquiry by Account Mask - FAJNQ05A 12/05/16 1:30 pm						
Account Number	Description	Budget	Pre Encumbrance Encumbrance	Pre Actual Actual	Avail/Rec	
7-1258-355-20-240-001-0-000	LPPF-SPEC ASSESS-COLUMBIA RIO C	5,151,915.50	.00	6,144,433.99	4,992,516.39	
7-1258-355-20-240-002-0-000	LPPF-SPEC ASSESS-CORNERSTONE	.00	.00	468,138.60	468,138.60	
7-1258-355-20-240-003-0-000	LPPF-SPEC ASSESS-DOCTORS HOSP	5,976,866.87	.00	16,656,552.18	12,878,683.31	
7-1258-355-20-240-004-0-000	LPPF-SPEC ASSESS-KHAPP MEDICAL	527,239.79	.00	5,601,321.12	5,274,091.33	
7-1258-355-20-240-005-0-000	LPPF-SPEC ASSESS-LIFECARE HOSP	.00	.00	832,065.07	832,065.07	
7-1258-355-20-240-006-0-000	LPPF-SPEC ASSESS-EDINBURG REGI	10,846,929.86	.00	16,270,363.30	5,423,435.44	
7-1258-355-20-240-007-0-000	LPPF-SPEC ASSESS-MISSION HOSPIT	293,003.51	.00	6,192,834.53	4,899,830.00	
7-1258-355-20-240-008-0-000	LPPF-SPEC ASSESS-SOLERA HOSPIT	.00	.00	1,062,671.05	1,062,671.05	
7-1258-355-20-240-009-0-000	LPPF-SPEC ASSESS-WESLACO REHA	.00	.00	373,268.08	373,268.08	
7-1258-360-00-000-000-0-000	LPPF-MISCELLANEOUS REVENUE	.00	.00	52,057.66	52,057.66	
7-1258-361-10-000-000-0-000	LPPF-INTEREST EARNINGS	.00	.00	77,959.74	77,959.74	
7-1258-361-11-000-000-0-000	LPPF-NOW INTEREST	.00	.00	760.37	760.37	
Totals		20,795,957.73	.00	57,131,666.69	36,335,707.96	
Cancel						

Account Inquiry by Account Mask - FAJNQ05A 12/05/16 1:30 pm						
Account Number	Description	Budget	Pre Encumbrance Encumbrance	Pre Actual Actual	Avail/Rec	
7-1258-444-00-240-000-3-643	LPPF-AID TO NONGOV'T	35,829,877.02	.00	35,829,877.02	.00	
Totals		35,829,877.02	.00	35,829,877.02	.00	
Cancel						

From: HHSC RAD UC Payments [mailto:RAD_UC_Payments@hhsc.state.tx.us]
Sent: Monday, October 02, 2017 12:56 PM
Subject: DY6 UC October Payment UC Ambulance Reallocation Provider 2 of 16

UC Providers, Government Entities, and Anchors,

HHSC is processing an additional DY6 UC payment. The initial calculation of the DY6 projected Ambulance UC need was based upon a methodology that focused primarily on provider growth and was the same methodology that had been used in previous DYs. The resulting projection of nearly \$1.2 billion represented a calculation that did not consider additional critical factors. HHSC has revised that projection according to a different methodology and is reallocating funds from ambulance to the other provider types.

Attached to this email you will find a workbook titled "Final-2017 DY 6 UC Payment Calculation With Ambulance Reallocation". The IGT amounts are located in the UC Calculations by Hospital tab, column BR.

Providers may use current affiliations located in the attached Master Affiliation file. HHSC will be unable to accept new affiliation requests for this payment. If you are unable to find your provider within the "IGT Commitments by Affiliation" tab, the provider either (a) exceeded their UC limit paid in the DY6 UC Payments (see the "Recoupments" tab) or (b) the additional UC payment is less than \$100.00. Payments of less than \$100 will be processed when HHSC makes the 5% payment upon resolution of the *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*. 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. It is imperative that eligible UC providers coordinate with their government entities to ensure the IGT received on their behalf does not exceed the maximum IGT amount collectively.

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 DY6 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 DY6 UC payment based on the court decision.

Below are the pertinent dates associated with this DY6 UC payment:

- October 18 Last date to transfer funds into TexNet
- October 19 DY6 UC IGT Settlement Date
- October 31 DY6 UC Estimated Payment Date (every effort will be made to process all payments by this date, however it is possible that the Comptroller will not process some payments until the first week of November)

Please ensure you select the applicable UC bucket in TexNet when you enter your IGT. It is imperative that the government entity 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. In addition, you must submit the attached IGT Allocation form with the trace sheet. **Please do not submit separate emails for the trace sheet and IGT Allocation form. 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. The IGT entity must complete the 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)(2)(B)(ii). In the absence of the notification described in 1 Tex. Admin. Code §355.8201(h)(2)(B)(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)(2)(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. We ask that all communication regarding this payment be submitted to the resource mailbox.

If you have questions regarding the UC payment calculation, please send an email to uctools@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