

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

January 3, 2018

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.

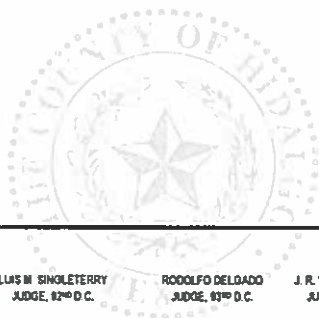
I, Maria Arcilia Duran, County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court the revenue from the assessment of mandatory payments from the respective hospitals for the Health Care Funding District in the amount of \$27,444,989.48. These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

CERTIFIED BY:



Maria Arcilia Duran, CPA
Hidalgo County Auditor

1-3-18
Date



HIDALGO COUNTY DISTRICT JUDGES

LUIS M. SINGLETERRY
JUDGE, 82ND D.C.

RODOLFO DELGADO
JUDGE, 93RD D.C.

J. R. "BOBBY" FLORES
JUDGE, 129TH D.C.

ROSE GUERRA REYNA
JUDGE, 204TH D.C.

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

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

NOE GONZALEZ
JUDGE, 370TH D.C.
OVERSEER

LETICIA LOPEZ
JUDGE, 389TH D.C.

L. KENO VASQUEZ
JUDGE, 398TH D.C.

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

RENEE R. BETANCOURT
JUDGE, 448TH 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/budget



Memorandum

To: Maria Arcilia Duran, CPA, County Auditor

From: Sergio Cruz, Budget Officer SC

Date: January 2, 2018

Subject: Health Care Funding District Certification of Revenues

Cc: Linda Fong, 1st Assistant County Auditor
Becky Luna, Director of Accounting
Nereyda Gonzalez, Financial Accounting Supervisor
Dairen Sarmiento, Director, Indigent Health Care Program

Please let this memo serve as a request for a Certification of Revenues letter from your office in relation to the mandatory payments from the respective hospitals for the Health Care Funding District.

We are requesting the certification of \$27,444,989.48 from Fund 1258. These monies were approved to be appropriated to fund the LPPF-1115 Waiver expenditures by commissioners' court on 12/19/17 (AI-62757). Drawdown information and amounts were forwarded by Ms. Dairen Sarmiento on 12/27/17 through email, see attached. We have also attached recent payment information from the hospitals, pending to be classified into Fund 1258.

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.

Nereyda Gonzalez

From: Sergio Cruz [sergio.cruz@co.hidalgo.tx.us]
Sent: Tuesday, January 02, 2018 11:41 AM
To: Arcy Duran CPA
Cc: linda.fong@auditor.co.hidalgo.tx.us; Becky Luna; nereyda.gonzalez@auditor.co.hidalgo.tx.us; Dairen Sarmiento; Merlen Muñoz
Subject: 2018.01.02 - Memo - Auditor's Office - LPPF - signed with DocuSign
Attachments: 2018.01.02 - Memo - Auditor's Office - LPPF.pdf; ATT00059.htm

Mrs. Duran,

Attached please find a request for Certification of Revenues.

Please contact me should you have any questions.

Respectfully,

Sergio Cruz
Budget Officer

Securely signed with DocuSign®: <http://www.docusign.com/try>

AI-62757

Health & Human Services Dept. 13. H. 1.

CC - REGULAR

Health Care Funding District

Meeting Date: 12/19/2017

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 Demonstration Year 6 Round 2 DSRIP and DY 6 monitoring Payments in the amount to be determined by HHSC instructions from the Local Provider Participation Fund (LPPF) with a settlement date of 1/3/18 up to \$ 27,444,989.48

B. Approval of Certification of Revenues as certified by the County Auditor from the LPPF in the amount to be determined by HHSC instructions, up to \$ 27,444,989.48

C. Approval of 2017 Appropriation of funds from the LPPF in the amount to be determined by HHSC instructions up to \$27,444,989.48

BACKGROUND

Fiscal Impact

Attachments

backup

appropriation

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	12/05/2017 03:12 PM
Final Approval	Monica Salinas	12/15/2017 05:46 PM
Form Started By: Dairen Sarmiento		Started On: 11/30/2017 10:16 AM
Final Approval Date: 12/15/2017		

DSHIP Payment Summary Report by IGT for Oemra Year 6							Round 2			
Plan	IGT #	IGT Name	IGT ID	D15 Round 2 Approved IGT	D16 Previous Round IGT Approved IGT	D16 Other Approved IGT from previous Di that was short IGT	D15 Round 2 Approved IGT	D15 Previous Round IGT Approved IGT	D16 Other Approved IGT from previous Di that was short IGT	Total Approved IGT for Round 2
RHP 5		Comanche County Health Care Funding District	14637944291000	\$730,564.42	\$0.00	\$0.00	\$314,533.81	\$0.00	\$0.00	\$1,044,598.23
RHP 5	085144621	University of Texas Health Science Center at	17415860015000	\$4,423,082.55	\$0.00	\$0.00	\$907,749.12	\$0.00	\$0.00	\$5,330,831.67
RHP 5	110250511	Hidalgo County	1746000776062	\$23,914,545.41	\$0.00	\$0.00	\$1,530,444.07	\$0.00	\$0.00	\$25,444,989.48
RHP 5	111010101	University of Texas Health Science Ctr at Hou	17417613097000	\$4,528,679.76	\$0.00	\$0.00	\$73,981.85	\$0.00	\$0.00	\$4,602,661.61
RHP 5	111009102	Border Region MHAR Community Center	17429449111000	\$389,510.59	\$0.00	\$0.00	\$136,537.40	\$0.00	\$0.00	\$526,048.00
RHP 5		Rockwall County Hospital District	17460006846000	\$1,883,264.00	\$0.00	\$0.00	\$163,056.00	\$0.00	\$0.00	\$2,046,320.00
RHP 5	136337705	Warr County	17417942544501	\$326,958.15	\$45,185.72	\$0.00	\$240,097.81	\$0.00	\$0.00	\$612,241.68
RHP 5	136709601	Tropical Texas Behavioral Health	17415635103006	\$12,492,132.72	\$0.00	\$0.00	\$45,185.04	\$0.00	\$0.00	\$12,537,317.76
RHP 5	343698301	University of Texas Rio Grande Valley	37467467467003	\$9,840,396.89	\$0.00	\$0.00	\$441,164.02	\$0.00	\$0.00	\$10,281,560.91
RHP 5		Hidalgo County Hidalgo County Treasurer	17460007126060	\$484,324.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$484,324.33

DATE: December 19, 2017

DEPARTMENT HEAD: Sergio Cruz, Budget Officer

2017
Appropriation
AI-62757



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	27,444,989.48
7-1258-355-20-240-003-0-	000	LPPF-SPEC ASSESS-	DOCTORS HOSPITAL AT REN	(12,208,222.93)
7-1258-355-20-240-007-0-	000	LPPF-SPEC ASSESS-	MISSION HOSPITAL INC	(3,982,101.05)
7-1258-355-20-240-006-0-	000	LPPF-SPEC ASSESS-	EDINBURG REGIONAL MED	(3,779,497.38)
7-1258-355-20-240-004-0-	000	LPPF-SPEC ASSESS-	KNAPP MEDICAL CENTER	(4,532,277.78)
7-1258-355-20-240-001-0-	000	LPPF-SPEC ASSESS-	COLUMBIA RIO GRANDE HEALTH	(2,942,890.34)
TOTAL BUDGET INCREASE (DECREASE)				27,444,989.48

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

Revenues should be positive.
Merlen was notified, she will submit revised appropriation.
NG 1/3/18

Nereyda Gonzalez

From: Merlen Muñoz [merlen.munoz@co.hidalgo.tx.us]
Sent: Tuesday, January 02, 2018 11:46 AM
To: Arcy Duran CPA
Cc: linda fong; Becky Luna; nereyda gonzalez; Dairen Sarmiento; Sergio Cruz
Subject: Re: 2018.01.02 - Memo - Auditor's Office - LPPF - signed with DocuSign
Attachments: 2018.01.02 - Memo - Auditor's Office - LPPF 2.pdf, 2018.01.02 - Memo - Auditor's Office - LPPF.pdf

Good Morning,

Attached is the information referenced on the Memo previously submitted by Mr. Cruz. Please let me know if you need any additional information.

Thank you.

Merlen Munoz

Planning Analyst III
County of Hidalgo Texas
Department of Budget & Management
2818 S. Bus. Hwy 281
Edinburg, TX 78539
Phone: 956-292-7025 Ext: 5403
Fax: 956-292-7035
merlen.munoz@co.hidalgo.tx.us

Reduce, Reuse, Recycle. Go Green!

From: "Sergio Cruz" <sergio.cruz@co.hidalgo.tx.us>
To: "Arcy Duran CPA" <Arcy.Duran@auditor.co.hidalgo.tx.us>
Cc: "linda fong" <linda.fong@auditor.co.hidalgo.tx.us>, "Becky Luna" <becky.luna@auditor.co.hidalgo.tx.us>, "nereyda gonzalez" <nereyda.gonzalez@auditor.co.hidalgo.tx.us>, "Dairen Sarmiento" <dairen.sarmiento@hchd.org>, "Merlen Muñoz" <merlen.munoz@co.hidalgo.tx.us>
Sent: Tuesday, January 2, 2018 11:40:33 AM
Subject: 2018.01.02 - Memo - Auditor's Office - LPPF - signed with DocuSign

Mrs. Duran,

Attached please find a request for Certification of Revenues.

Please contact me should you have any questions.

Respectfully,

Sergio Cruz
Budget Officer

Securely signed with DocuSign®: <http://www.docusign.com/try>

Sergio Cruz

Sent from my iPad

Zimbra

merlen.munoz@co.hidalgo.tx.us

DY 6 DSRIP IGT DRAWDOWN DUE JANUARY 3, 2018

From : Dairen Sarmiento <dairen.sarmiento@hchd.org>

Wed, Dec 27, 2017 10:33 AM

Subject : DY 6 DSRIP IGT DRAWDOWN DUE JANUARY 3, 2018 3 attachments

To : Alfredo Zamarripa <alfredo.zamarripa@treasurer.co.hidalgo.tx.us>, Arce Duran <arce.duran@auditor.co.hidalgo.tx.us>, eddie olivarez <eddie.olivarez@hchd.org>, james hodge <james.hodge@treasurer.co.hidalgo.tx.us>, Jennifer Garza <Jennifer.Garza@auditor.co.hidalgo.tx.us>, Linda fong <linda.fong@auditor.co.hidalgo.tx.us>, lourdes acevedo <lourdes.acevedo@hchd.org>, merlen munoz <merlen.munoz@co.hidalgo.tx.us>, norma garcia <norma.garcia@treasurer.co.hidalgo.tx.us>, sergio cruz <sergio.cruz@co.hidalgo.tx.us>, valde guerra <valde.guerra@co.hidalgo.tx.us>

Good morning.

Please accept this as my request to transfer \$27,929,515.81 to TexNet by close of business on January 3, 2018. Please transfer the following:

\$27,444,989.48 from the Local Provider Participation Fund
\$484,526.33 from General Fund

Please transfer the funds into the DSRIP bucket as per HHSC instructions. Please provide me with a copy of the trace sheet so that I can send to HHSC as proof of the transfer.

Should you have any questions, please do not hesitate to contact Lulu Acevedo or I. Thank you.

Respectfully submitted,

Dairen Sarmiento, MBA - Director
Hidalgo County Indigent Health Care Program
Health & Human Services
1304 South 25th Avenue
Edinburg, Texas 78542
956-292-7000 extension 7365

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.

image001.gif
72 B

 **Microsoft Outlook - hhsc instructions.pdf**
85 KB

 **DY6 Round 2 October 2017 Affiliation Summary.pdf**
39 KB

Dairen Sarmiento

From: Hites,Rhonda (HHSC) <Rhonda.Hites@hhsc.state.tx.us> on behalf of HHSC Rate Analysis DSRIP Payments <Rate_Analysis_DSRIP_Payments@hhsc.state.tx.us>
Sent: Friday, December 15, 2017 9:35 AM
To: aflores5@primehealthcare.com; aldar@borderregion.org; Aleman@utpa.edu; Andrew.Casas@uth.tmc.edu; art.garza@hcahealthcare.com; bivory@primehealthcare.com; c.cardenas@dhr-rgv.com; carlos.guajardo@uhsrgv.com; charles.mallon@hcahealthcare.com; christina.mendoza@utrgv.edu; cipriana.zamora@uhsrgv.com; co.humphrey@dhr-rgv.com; CopelandT@uthscsa.edu; Cris.Rivera@HCAHealthcare.com; cristy.garza@utrgv.edu; dairen.sarmiento@hchd.org; dena.bruni@nchdcc.org; dglassburn@primehealthcare.com; donna.littlefield@nchdcc.org; Dottie.Howard@uhsrgv.com; eddie.olivarez@hchd.org; eloygarzajr@gmail.com; eric.hamon@dchstx.org; fabian.borrego@uhsrgv.com; ghadir.helal@uth.tmc.edu; gmontalvo@primehealthcare.com; gregory.ward@dchstx.org; jbanks@ttbh.org; jerry.dominguez@uhsrgv.com; jesus.cavazos@uhsrgv.com; Joe.Hernandez@hcahealthcare.com; jonny.hipp@nchdcc.org; jose.salazar@uhsrgv.com; Joseph.B.McCormick@uth.tmc.edu; karla.loya@utrgv.edu; knolting@noltingconsulting.com; lance.ames@uhsrgv.com; linda.cantu@uhsrgv.com; lkwertz@gmail.com; LopezJ21@uthscsa.edu; lyssyt@uthscsa.edu; mariaa@borderregion.org; McCormickj@uthscsa.edu; melba.sanchez@utrgv.edu; merrick.morgan@uhsinc.com; Michael.Smith15@hcahealthcare.com; michelle.ramirez@dchstx.org; morgan@gl-law.com; munozth@yahoo.com; o.ostorga@dhr-rgv.com; phinojosa@co.cameron.tx.us; plopez@ttbh.org; r.hinojosa@dhr-rgv.com; rebecca.callaway@uhsrgv.com; richard.walker@uhsrgv.com; rol78582@yahoo.com; rolandog@borderregion.org; rolivares@starrcountyhospital.com; Sahar.M.Qashqai@uth.tmc.edu; Samsel,Rachel (HHSC/DSHS); Shannon.Evans2@hcahealthcare.com; sherrera@primehealthcare.com; spuria@gl-law.com; vmartinez1@primehealthcare.com; ysalinas@co.cameron.tx.us
Cc: HHSC Texas Healthcare Transformation and Quality Improvement Program; Hites,Rhonda (HHSC); Chang,Sylvia (HHSC)
Subject: DY6 DSRIP IGT Notification for January 2018 Payment RHP 5
Attachments: DY6 Round 2 October 2017 IGT Summary.xlsm; DY6 Round 2 October 2017 Affiliation Summary.xlsm

Government Entities/Providers:

Please carefully review this message in its entirety making note of the information provided which pertains to the DY6 Delivery System Reform Incentive Payments (DSRIP). Government entities that owe monitoring will need to submit two separate transactions for monitoring and DSRIP projects. Failure to do so may result in a delayed payment for the providers.

Attached are the following files: DSRIP Notification- DY6 Round 2 October 2017 Affiliation Summary and DY6 Round 2 October 2017 IGT Summary workbooks. These workbooks include DY6 DSRIP payments for DY6 Reporting (October), DY5 Carryforward Reporting, and DSRIP Monitoring.

The DY6 Round 2 October 2017 Affiliation Summary workbook has separate tabs for each Regional Healthcare Partnership (RHP) and contains the Intergovernmental Transfer (IGT) needed, by affiliation, for DY 6 DSRIP payments for DY 6 Reporting (October) and DY 5 Carryforward Reporting.

The DY6 Round 2 October 2017 IGT Summary workbook has separate tabs for each RHP and contains the total IGT needed by IGT Entity Name for the DY 6 DSRIP payments for DY 6 Reporting (October), DY5 Carryforward Reporting and DSRIP Monitoring.

Providers can determine their estimated payment amount by dividing Column P of the DY6 Round 2 October 2017 Affiliation Summary by the state share of the current FMAP. The current FMAP is 56.88%/43.12%.

The Transformation Waiver Team had earlier emailed the Anchors Information to share with providers regarding how much will be paid by project. Health and Human Services Commission (HHSC) Rate Analysis is unable to answer questions regarding this information. Please send any questions regarding this information to TXHealthcareTransformation@hhsc.state.tx.us

HHSC requires separate TexNet transactions for DSRIP Monitoring IGTs and DSRIP Reporting IGTs. The DSRIP Monitoring IGT should be placed in DSRIP Audit Cost and the DSRIP Reporting IGT should be placed in DSRIP. If the full DSRIP Monitoring IGT is not submitted in Audit Cost, HHSC will reallocate IGTs for DSRIP Reporting for DSRIP Monitoring payments. **Note that failure to submit two separate transactions or failure to IGT the full DSRIP Monitoring requirement may result in a delayed payment as additional manual steps will need to be performed.**

IGT Entities may choose to IGT less than the required amount for DSRIP Reporting payments; however, all affiliated providers and projects will be paid proportionately. IGT may not be directed towards specific providers, projects or metrics.

A screen shot/.pdf of the confirmation/trace sheet or email of the confirmation number if the TexNet is submitted over the phone is required and must be emailed to Rate_Analysis_DSRIP_Payments@hhsc.state.tx.us. We are requesting that all government entities enter their IGT transactions into TexNet no later than January 2nd with a Settlement Date of January 3rd. **No IGT's submitted after January 3rd will be accepted. TexNet entities are able to schedule their TexNet in advance with a future settlement date.**

HHSC Accounting will request the Comptroller to issue payments according to the following *estimated* schedule:

Wednesday, January 03, 2018	Last date for Public entities to enter TexNet and submit Trace Sheet
Thursday, January 04, 2018	TexNet Sweeps (Settlement date of funds)
Thursday, January 18, 2018	Payment issue date for Top 20 Entities for DY6 payments (Transferring Hospitals "Big 6" and Remaining entities) HHSC will not know who the other 14 entities are until the payment is processed
Wednesday, January 31, 2018	Payment issue date for remaining DY6 Providers for DY6 and all Providers for DY5

Information regarding TexNet Connect can be found at <https://comptroller.texas.gov/programs/systems/docs/96-1193.pdf>

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

DSRIP Payment Summary Report by Affiliation_Number for Demo Year 6

IGT Affiliation Number	RHP	Template Provider TPI	Provider TIN	Provider Name	IGT Name	IGT TIN
529-08-0236-00067	RHP 5	094113001	1233069260 4 507	McAllen Hospitals LP dba Edinburg Regional Me	Hidalgo County	17460007176062
529-08-0236-00020	RHP 5	112716902	1621656022 3 003	Columbia Rio Grande Healthcare dba Rio Grand	Hidalgo County	17460007176062
529-08-0236-00063	RHP 5	135035706	1741393060 7 324	Knapp Medical Center	Hidalgo County	17460007176062
529-08-0236-00030	RHP 5	160709501	1742802643 3 002	Doctor's Hospital at Renaissance	Hidalgo County	17460007176062
950-13-0000-00005	RHP 5	000000000	1746000717 6 060	Hidalgo County Hidalgo County Treasurer	Hidalgo County Hidalgo County Treasurer	17460007176060

DSRIP Payment Summary Repo			Round 2		
IGT Affiliation Number	RHP	Template Provider TPI	DY6 Round 2 Approved IGT	DY5 Round 2 Approved IGT	Total Approved IGT for Round 2 DSRIP
529-08-0236-00067	RHP 5	094113001	\$10,833,942.99	\$1,237,621.60	\$12,071,564.59
529-08-0236-00070	RHP 5	112716902	\$3,110,312.65	\$339,523.86	\$3,449,836.51
529-08-0236-00063	RHP 5	135035706	\$381,965.80	\$0.00	\$381,965.80
529-08-0236-00030	RHP 5	160709501	\$9,588,323.97	\$1,953,298.61	\$11,541,622.58
950-13-0000-00005	RHP 5	000000000	\$484,526.33	\$0.00	\$484,526.33
					\$27,929,515.81

DUPLICATE TAX RECEIPT



PABLO (PAUL) VILLARREAL JR., PCC
HIDALGO COUNTY TAX ASSESSOR - COLLECTOR
PO BOX 178
EDINBURG, TEXAS 78540

Certified Owner:

EDINBURG REGIONAL MEDICAL CENTER
ATTN: DOUG MATNEY
301 W. EXPRESSWAY 83
MCALLEN, TX 78503

Legal Description:

HEALTHCARE FUNDING DISTRICT

Parcel Address:

Legal Acres: 0.0000

Remit Seq No: 36534199

Receipt Date: 12/28/2017

Deposit Date: 12/28/2017

Print Date: 12/28/2017 12:18 PM

Printed By: JULIO19

Appr. Dist. No.:

Deposit No: ED1736209DB
Validation No: 900000050853962
Account No: HOSPI-TA-L3
Operator Code: PATRICIA9

Table with columns: Year, Tax Unit Name, Rec Type, Tax Value, Tax Rate, Levy Paid, P&I, Coll Fee Paid, Total. Row 1: 2017 Hospital District Qtr 1, TL, 0, 0.000000, 3,273,002.96, 0.00, 0.00, 3,273,002.96. Row 2: 3,273,002.96, 50.00, 50.00, 3,273,002.96

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Check Number(s):
088515374

PAYMENT TYPE: PARTIAL PAYMENT

Checks: \$3,273,002.96

Exemptions on this property:

Total Applied: \$3,273,002.96

Change Paid: \$0.00

PAYER: 23102486
UHS OF DELAWARE INC
367 SOUTH GULPH ROAD
KING OF PRUSSIA, PA 19406--095

TOTAL DUE AS OF 12/28/2017 IS \$9,815,666.87

DUPLICATE TAX RECEIPT



PABLO (PAUL) VILLARREAL JR., PCC
HIDALGO COUNTY TAX ASSESSOR - COLLECTOR
PO BOX 178
EDINBURG, TEXAS 78540

Certified Owner:

EDINBURG REGIONAL MEDICAL CENTER
ATTN: DOUG MATNEY
301 W. EXPRESSWAY 83
MCALLEN, TX 78503

Legal Description:

HEALTHCARE FUNDING DISTRICT

Parcel Address:

Legal Acres: 0.0000

Remit Seq No: 36534216

Receipt Date: 12/28/2017

Deposit Date: 12/28/2017

Print Date: 12/28/2017 12:18 PM

Printed By: JULIO19

Appr. Dist. No.:

Deposit No: ED1736209DB
Validation No: 900000050854030
Account No: HOSPI-TA-L3
Operator Code: PATRICIA9

Table with 8 columns: Year, Tax Unit Name, Rec Type, Tax Value, Tax Rate, Levy Paid, P&I, Coll Fee Paid, Total. Row 1: 2017 Hospital District Qtr 2, TL, 0, 0.000000, 3,342.01, 0.00, 0.00, 3,342.01. Row 2: \$3,342.01, \$0.00, \$0.00, \$3,342.01

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- - <

Check Number(s):
088515374

PAYMENT TYPE: PARTIAL PAYMENT

Checks: \$3,342.01

Exemptions on this property:

Total Applied: \$3,342.01

Change Paid: \$0.00

PAYER: 23102486
UHS OF DELAWARE INC
367 SOUTH GULPH ROAD
KING OF PRUSSIA, PA 19406-095

TOTAL DUE AS OF 12/28/2017 IS \$9,815,666.87

DUPLICATE TAX RECEIPT



PABLO (PAUL) VILLARREAL JR., PCC
HIDALGO COUNTY TAX ASSESSOR - COLLECTOR
PO BOX 178
EDINBURG, TEXAS 78540

Certified Owner:

DOCTORS HOSPITAL AT RENAISSANCE
ATTEN: EMILY RIVERA / ACCTS PAYABLE
PO BOX 3293
MCALLEN, TX 78502

Legal Description:

HEALTH CARE FUNDING DISTRICT

Parcel Address:

Legal Acres: 0.0000

Remit Seq No: 36446989

Receipt Date: 12/22/2017

Deposit Date: 12/22/2017

Print Date: 12/28/2017 12:12 PM

Printed By: JULIO19

Appr. Dist. No.:

Deposit No: ED17356143A
Validation No: 900000050807608
Account No: HOSPI-TA-L1
Operator Code: MICHELLE143

Table with columns: Year, Tax Unit Name, Rec Type, Tax Value, Tax Rate, Levy Paid, P&I, Coll Fee Paid, Total. Row 1: 2017 Hospital District Qtr 1, TL, 0, 0.000000, 3,793,059.05, 0.00, 0.00, 3,793,059.05. Row 2: \$3,793,059.05, \$0.00, \$0.00, \$3,793,059.05

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Check Number(s): 166245

PAYMENT TYPE: PARTIAL PAYMENT

Checks: \$3,793,059.05

Exemptions on this property:

Total Applied: \$3,793,059.05

Change Paid: \$0.00

PAYER: 22340468
DOCTORS HOSPITAL RENAISSANCE
P.O. BOX 3293
MCALLEN, TX 78502

TOTAL DUE AS OF 12/28/2017 IS \$11,375,314.62

DUPLICATE TAX RECEIPT



PABLO (PAUL) VILLARREAL JR., PCC
HIDALGO COUNTY TAX ASSESSOR - COLLECTOR
PO BOX 178
EDINBURG, TEXAS 78540

Certified Owner:

DOCTORS HOSPITAL AT RENAISSANCE
ATTEN: EMILY RIVERA / ACCTS PAYABLE
PO BOX 3293
MCALLEN, TX 78502

Legal Description:

HEALTH CARE FUNDING DISTRICT

Parcel Address:

Legal Acres: 0.0000

Remit Seq No: 36447004

Receipt Date: 12/22/2017

Deposit Date: 12/22/2017

Print Date: 12/28/2017 12:12 PM

Printed By: JULIO19

Appr. Dist. No.:

Deposit No: ED17356143A
Validation No: 900000050807636
Account No: HOSPI-TA-L1
Operator Code: MICHELLE143

Year	Tax Unit Name	Rec Type	Tax Value	Tax Rate	Levy Paid	P&I	Coll Fee Paid	Total
2017	Hospital District Qtr 2	TL	0	0.000000	3,862.53	0.00	0.00	3,862.53
					\$3,862.53	\$0.00	\$0.00	\$3,862.53

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Check Number(s):
 166245

PAYMENT TYPE: PARTIAL PAYMENT

Checks: \$3,862.53

Exemptions on this property:

Total Applied: \$3,862.53

Change Paid: \$0.00

PAYER: 1957204
DOCTORS HOSPITAL @ RENAISSANCE
PO BOX 3293
MCALLEN, TX 78502

TOTAL DUE AS OF 12/28/2017 IS \$11,375,314.62

DUPLICATE TAX RECEIPT



PABLO (PAUL) VILLARREAL JR., PCC
HIDALGO COUNTY TAX ASSESSOR - COLLECTOR
PO BOX 178
EDINBURG, TEXAS 78540

Certified Owner:

KNAPP MEDICAL CENTER
ATTN: DAVID GLASSBURN, CFO
1401 EAST 8TH ST
WESLACO, TX 78596

Legal Description:

HEALTHCARE FUNDING DISTRICT

Parcel Address:

Legal Acres: 0.0000

Remit Seq No: 36436731

Receipt Date: 12/22/2017

Deposit Date: 12/22/2017

Print Date: 12/28/2017 12:17 PM

Printed By: JULIO19

Appr. Dist. No.:

Deposit No: WS1735661A
Validation No: 900000050803152
Account No: HOSPI-TA-L2
Operator Code: CESAR61

Table with columns: Year, Tax Unit Name, Rec Type, Tax Value, Tax Rate, Levy Paid, P&I, Coll Fee Paid, Total. Row 1: 2017 Hospital District Qtr I, TL, 0, 0.000000, 1,167,017.19, 0.00, 0.00, 1,167,017.19. Row 2: \$1,167,017.19, \$0.00, \$0.00, \$1,167,017.19

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Check Number(s):
026537

PAYMENT TYPE: PARTIAL PAYMENT

Checks: \$1,167,017.19

Exemptions on this property:

Total Applied: \$1,167,017.19

Change Paid: \$0.00

PAYER: 25861379
KNAPP MEDICAL CENTER
1401 E 8TH ST
WESLACO, TX 78596

TOTAL DUE AS OF 12/28/2017 IS \$3,499,863.18

DUPLICATE TAX RECEIPT



PABLO (PAUL) VILLARREAL JR., PCC
HIDALGO COUNTY TAX ASSESSOR - COLLECTOR
PO BOX 178
EDINBURG, TEXAS 78540

Certified Owner:

KNAPP MEDICAL CENTER
ATTN: DAVID GLASSBURN , CFO
1401 EAST 8TH ST
WESLACO , TX 78596

Legal Description:

HEALTHCARE FUNDING DISTRICT

Parcel Address:

Legal Acres: 0.0000

Remit Seq No: 36436745

Receipt Date: 12/22/2017

Deposit Date: 12/22/2017

Print Date: 12/28/2017 12:17 PM

Printed By: JULIO19

Appr. Dist. No.:

Deposit No: WS1735661A
Validation No: 900000050803193
Account No: HOSPI-TA-L2
Operator Code: CESAR61

Year	Tax Unit Name	Rec Type	Tax Value	Tax Rate	Levy Paid	P&I	Coll Fee Paid	Total
2017	Hospital District Qtr 2	TL	0	0.000000	1,188.39	0.00	0.00	1,188.39
					\$1,188.39	\$0.00	\$0.00	\$1,188.39

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Check Number(s):
026537

PAYMENT TYPE: PARTIAL PAYMENT

Checks: \$1,188.39

Exemptions on this property:

Total Applied: \$1,188.39

Change Paid: \$0.00

PAYER: 25861379
KNAPP MEDICAL CENTER
1401 E 8TH ST
WESLACO , TX 78596

TOTAL DUE AS OF 12/28/2017 IS \$3,499,863.18

DUPLICATE TAX RECEIPT



PABLO (PAUL) VILLARREAL JR., PCC
 HIDALGO COUNTY TAX ASSESSOR - COLLECTOR
 PO BOX 178
 EDINBURG, TEXAS 78540

Certified Owner:

**MISSION HOSPITAL INC
 ATTN: JAVIER IRUEGAS
 900 SOUTH BRYAN ROAD
 MISSION, TX 78572**

Legal Description:

HEALTHCARE FUNDING DISTRICT

Parcel Address:

Legal Acres: 0.0000

Remit Seq No: 36443203

Receipt Date: 12/21/2017

Deposit Date: 12/22/2017

Print Date: 12/28/2017 12:20 PM

Printed By: JULIO19

Appr. Dist. No.:

**Deposit No: ED1735625WT
 Validation No: 900000050805869
 Account No: HOSPI-TA-L6
 Operator Code: BECKY25**

Year	Tax Unit Name	Rec Type	Tax Value	Tax Rate	Levy Paid	P&I	Coll Fee Paid	Total
2017	Hospital District Qtr 1	TL	0	0.000000	1,044,611.57	0.00	0.00	1,044,611.57
					\$1,044,611.57	\$0.00	\$0.00	\$1,044,611.57

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Check Number(s):

PAYMENT TYPE: PARTIAL PAYMENT

Exemptions on this property:

E-Fund Trans: \$1,044,611.57

Total Applied: \$1,044,611.57

Change Paid: \$0.00

**PAYER: 23417842
 MISSION HOSPITAL INC
 900 S BRYAN RD
 MISSION, TX 78572**

TOTAL DUE AS OF 12/28/2017 IS \$3,132,770.96

DUPLICATE TAX RECEIPT



PABLO (PAUL) VILLARREAL JR., PCC
HIDALGO COUNTY TAX ASSESSOR - COLLECTOR
PO BOX 178
EDINBURG, TEXAS 78540

Certified Owner:

MISSION HOSPITAL INC
ATTN: JAVIER IRUEGAS
900 SOUTH BRYAN ROAD
MISSION, TX 78572

Legal Description:

HEALTHCARE FUNDING DISTRICT

Parcel Address:

Legal Acres: 0.0000

Remit Seq No: 36443264

Receipt Date: 12/21/2017

Deposit Date: 12/22/2017

Print Date: 12/28/2017 12:20 PM

Printed By: JULIO19

Appr. Dist. No.:

Deposit No: ED1735625WT
Validation No: 900000050805936
Account No: HOSPI-TA-L6
Operator Code: BECKY25

Table with 8 columns: Year, Tax Unit Name, Rec Type, Tax Value, Tax Rate, Levy Paid, P&I, Coll Fee Paid, Total. Row 1: 2017 Hospital District Qtr 2, TL, 0, 0.000000, 1,063.75, 0.00, 0.00, 1,063.75. Row 2: \$1,063.75, 50.00, 50.00, \$1,063.75

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Check Number(s):

PAYMENT TYPE: PARTIAL PAYMENT

Exemptions on this property:

E-Fund Trans: \$1,063.75

Total Applied: \$1,063.75

Change Paid: \$0.00

PAYER: 23417842
MISSION HOSPITAL INC
900 S BRYAN RD
MISSION, TX 78572

TOTAL DUE AS OF 12/28/2017 IS \$3,132,770.96



OFFICIAL HIDALGO COUNTY RECEIPT
OFFICE OF THE COUNTY TREASURER
NORMA G. GARCIA

Receipt No: 218383

Received From: CM TAX COLLECTION 1ST QTR.2018 12/28/17

Date 01/02/18

1	049048	DOCTORS HOSPITAL AT RENISSANCE	8-1100-130-03-000-424-0-000	1,678.48
2	049048	KNAPP MEDICAL CENTER	8-1100-130-03-000-424-0-000	516.42
3	049048	MISSION HOSPITAL INC	8-1100-130-03-000-424-0-000	462.25
4	049048	DOCTORS HOSPITAL AT RENISSANCE	8-1246-130-03-000-424-0-000	3,791,380.57
5	049048	KNAPP MEDICAL CENTER	8-1246-130-03-000-424-0-000	1,166,500.77
6	049048	MISSION HOSPITAL INC	8-1246-130-03-000-424-0-000	1,044,149.32

Total: 6,004,687.81

Check Total	6,004,687.81
Cash Total	.00
Credit Total	.00
Other Total	.00