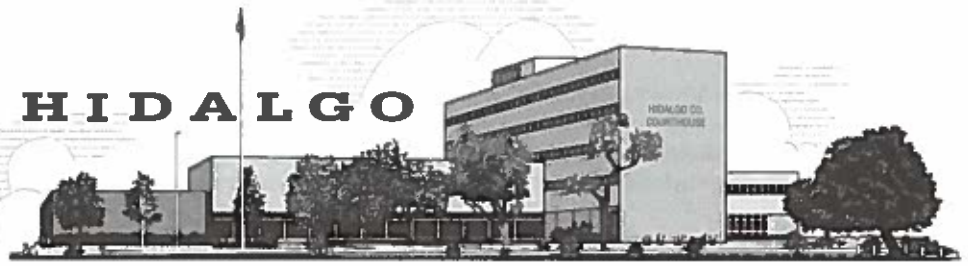


# COUNTY of HIDALGO



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)

January 4, 2019

The Honorable Richard F. Cortez, Hidalgo County Judge  
The Honorable David Fuentes, Commissioner, Precinct No. 1  
The Honorable Eduardo Cantu, Commissioner, Precinct No. 2  
The Honorable Jose M. Flores, Commissioner, Precinct No. 3  
The Honorable Ellie Torres, 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 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, Maria Arcilia Duran, County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court program income in the amount of \$119,969.80 to be generated by the Hidalgo County Health and Human Services Department for the Medicaid Administrative Claiming (MAC). These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

AMOUNT	PURPOSE
\$119,969.80	Medicaid Administrative Claiming (MAC)

CERTIFIED BY:

  
\_\_\_\_\_  
Maria Arcilia Duran, CPA  
Hidalgo County Auditor

1-7-19  
\_\_\_\_\_  
Date



### HIDALGO COUNTY DISTRICT JUDGES

LUIS M. SINGLETERRY JUDGE, 92<sup>ND</sup> D.C.    FERNANDO MANCIAS JUDGE, 93<sup>RD</sup> D.C.    J. R. BOBBY FLORES JUDGE, 139<sup>TH</sup> D.C.    ROSE GUERRA REYNA JUDGE, 206<sup>TH</sup> D.C.    MARLA CUELLAR JUDGE, 275<sup>TH</sup> D.C.    MARIO E. RAMIREZ, JR. JUDGE, 332<sup>ND</sup> D.C.    NOE GONZALEZ JUDGE, 370<sup>TH</sup> D.C. OVERSEER    LETICIA LOPEZ JUDGE, 389<sup>TH</sup> D.C.    L. KENO VASQUEZ JUDGE, 398<sup>TH</sup> D.C.    ISRAEL RAMON, JR. JUDGE, 430<sup>TH</sup> D.C.    RENEE R. BETANCOURT JUDGE, 449<sup>TH</sup> D.C.

AI-68254  
CC - REGULAR

Health & Human Services Dept. 24. B.  
Other

Meeting Date: 01/09/2019

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

Submitted By: Mike Escaname, HEALTH & HUMAN SERVICES DEPT.

Department: HEALTH & HUMAN SERVICES DEPT.

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Information

CAPTION

1. Requesting approval of the Certification of Revenue by County Auditor in the amount of \$119,969.80. Funds are from the Health & Human Services Commission - Medicaid Administrative Claiming program.
2. Requesting approval to appropriate the MAC budget in the amount of \$119,969.80.

BACKGROUND

MAC reimbursement is from quarter October to December 2017.

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Fiscal Impact

CALENDAR YEAR: 2019

ACCT. #: 9-1293-441-00-340-059-0-XXX

FUNDS AVAILABLE Y/N?: Y

MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

Funds available.

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Attachments

Rev

Budget Appropriation

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Form Review

**Inbox**

**Reviewed By**

**Date**

Budget & Management

Veronica Ortiz

12/20/2018 12:26 PM

Final Approval

Form Started By: Mike Escaname

Started On: 12/20/2018 08:36 AM

Texas Identification Number	Mail Code	Payment Number	Payment Type	Paying Agency	Total
17460007176	060	5253935	DD	529	119969.80
Document Number	Invoice Number	Invoice Description	Invoice Amount	Interest Amount	
9SA12232	PC1274C VOUCHERID:16901	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2017	124,538.00	0.00	
9SA12232	PC1274C VOUCHERID:16901	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2017	-6,226.90	0.00	
9SA12232	PC1274C VOUCHERID:16901	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2017	1,746.00	0.00	
9SA12232	PC1274C VOUCHERID:16901	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2017	-87.30	0.00	

11-13-2018

8-1293-126-20-000-013-0-000

AJE 18023

REC 10-13/17 MAC BILLG

MINERVA DIAZ

11-14-2018

DATE: January 8, 2019

DEPARTMENT HEAD: Eduardo Olivarez

DEPARTMENT NAME: Health & Human Services Department

ACCOUNT NUMBER: 9-1293-441-00-340-059-0-XXX

Contact Person: Mike Escaname Ph#: (956) 383-6221 ext. 7210

**2019**  
Appropriation  
AI-68254  
MAC



**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 (OBJLCT) NAME	AMOUNT
9-1293-441-00-340-059-0-610	MEDICAID ADMIN-GENERAL SUPPLIES	63,969.80
9-1293-441-00-340-059-0-339	MEDICAID ADMIN-OTHER PROFESSIONAL SERVICES	10,000.00
9-1293-441-00-340-059-0-340	MEDICAID ADMIN-TECHNICAL	5,000.00
9-1293-441-00-340-059-0-350	MEDICAID ADMIN-OTHER SERVICES	5,000.00
9-1293-441-00-340-059-0-441	MEDICAID ADMIN-RENTAL OF LAND & BUILDINGS	2,000.00
9-1293-441-00-340-059-0-442	MEDICAID ADMIN-RENTAL OF EQUIPMENT & VEHICLES	2,000.00
9-1293-441-00-340-059-0-532	MEDICAID ADMIN-WIRELESS DEVICES	5,000.00
9-1293-441-00-340-059-0-535	MEDICAID ADMIN-POSTAGE	5,000.00
9-1293-441-00-340-059-0-581	MEDICAID ADMIN-IN-COUNTY TRAVEL	2,000.00
9-1293-441-00-340-059-0-583	MEDICAID ADMIN-OUT-OF-COUNTY TRAVEL	3,000.00
9-1293-441-00-340-059-0-584	MEDICAID ADMIN-REGISTRATION FEES	5,000.00
9-1293-441-00-340-059-0-810	MEDICAID ADMIN-DUES & MEMBERSHIPS	5,000.00
9-1293-441-00-340-059-0-811	MEDICAID ADMIN-LICENSES & PERMITS	2,000.00
9-1293-441-00-340-059-0-812	MEDICAID ADMIN-SOFTWARE LICENSE RENEWALS	5,000.00
9-1293-331-12-340-059-0-000	MEDICAID ADMIN REVENUES	119,969.80
<b>TOTAL BUDGET INCREASE (DECREASE)</b>		<b>119,969.80</b>

**REASON:** Appropriation of MAC Funds from revenues received for Quarter October to December 2017.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

/ /  
DATE

ATTEST COUNTY CLERK

## Minerva Diaz

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**From:** Mike Escaname [miguel.escaname@hchd.org]  
**Sent:** Thursday, December 20, 2018 10:03 AM  
**To:** minerva.diaz@auditor.co.hidalgo.tx.us  
**Cc:** Deborah Fischer  
**Subject:** Request - Certification of Revenue - MAC Funds - \$119,969.80  
**Attachments:** MAC OCT - PD13 2018 \$119969.80.pdf; AI-68254 Appropriation 010819.pdf

Minerva,

I'd appreciate if you can arrange for a Certification of Revenue in the amount of \$119,969.80. AI-68254 will be presented to CC on 01/08/19 to appropriate the MAC funds for quarter of October to December 2017.

Thanks,

*Mike Escaname*

Division Manager, Financial Accounting  
Hidalgo County Health & Human Services Department  
1304 S. 25<sup>th</sup> Ave  
Edinburg, TX 78542-7205  
Main Line (956) 383-6221  
Direct Line (956) 292-7000 ext. 7210

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