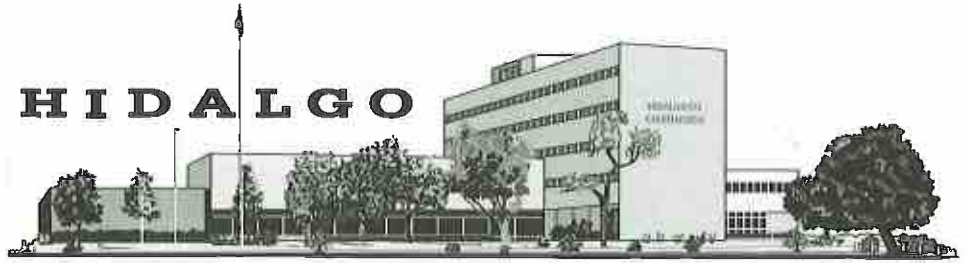


COUNTY of HIDALGO



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

November 1, 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:

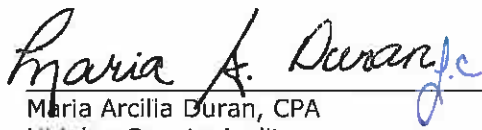
Pursuant to Local Government Code § 111.07075 SPECIAL BUDGET FOR REVENUE RECEIVED AFTER START OF FISCAL YEAR:

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.

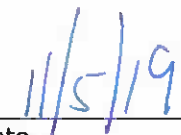
I, Maria Arcilia Duran, County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court program income in the amount of \$121,502.15 to be generated by the Hidalgo County Health and Human Services Department for the Medicaid Administrative Claiming (MAC). These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

AMOUNT	PURPOSE
\$121,502.15	Medicaid Administrative Claiming (MAC)

CERTIFIED BY:



Maria Arcilia Duran, CPA
Hidalgo County Auditor



Date

HIDALGO COUNTY DISTRICT JUDGES

LUIS M. SINGLETON, JUDGE, 92ND D.C. FERNANDO BANCAS, JUDGE, 95TH D.C. J. R. "BOBBY" FLORES, JUDGE, 138TH D.C. ROGE GUERRA REYNA, JUDGE, 206TH D.C. MARLA CUELLAR, JUDGE, 275TH D.C. MARIO E. RAMIREZ, JR., JUDGE, 322ND 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. YSMAEL D. FONSECA, JUDGE, 484TH D.C.

AI-73048

Health & Human Services
Dept. 14. E.

CC REGULAR AGENDA SPECIAL MTG Other

Meeting
Date: 11/05/2019

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

Submitted David M. Valdez, HEALTH & HUMAN SERVICES DEPT.
By:

Department: HEALTH & HUMAN SERVICES DEPT.

Information

CAPTION

Requesting approval of the Certification of Revenue by the County Auditor in the amount of \$121,502.15 from the Medicaid Administrative Claiming program and appropriation of the same.

BACKGROUND

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 are Available.

Attachments

Budget Appro

Backup

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	10/31/2019 12:02 PM
Final Approval		
Form Started By: David M. Valdez		Started On: 10/31/2019 11:12 AM



Minerva Diaz <minerva.diaz@auditor.co.hidalgo.tx.us>

Request - Certification of Revenue - MAC Quarter 2019 & MAC Program Income 2018

1 message

Miguel Escaname <miguel.escaname@hchd.org>

Thu, Oct 31, 2019 at 3:14 PM

To: Minerva Diaz <minerva.diaz@auditor.co.hidalgo.tx.us>

Cc: David Valdez <david.valdez@hchd.org>, Deborah Fischer <deborah.fischer@auditor.co.hidalgo.tx.us>

Minerva,

After your review, I'd appreciate if you can arrange to have Certification of Revenues prepared as follows:

\$121,502.15 for Quarter Reimbursement (January to March 2019)

\$ 86,985.77 for Program Income earned during 2018. (Jan to Dec 2018) (*I appropriate the PI earned after the Annual Audit is completed for the corresponding year*)

We will present these items to CC on 11/05/19. Reference AI-73048 & AI-73049.

Thanks,

--

Mike Escaname

Division Manager, Financial Accounting

Hidalgo County Health & Human Services Department

1304 S. 25th Ave

Edinburg, TX 78542-7205

Main Line (956) 383-6221

Direct Line (956) 292-7000 ext. 7210

Texas Identification Number	Mail Code	Payment Number	Payment Type	Paying Agency	Total
	060		DD		121502.15
Document Number	Invoice Number	Invoice Description	Invoice Amount	Interest Amount	
9SA14526	PC1274C VOUCHERID:	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JANUARY - MARCH 2019	127,897.00	0.00	
9SA14526	PC1274C VOUCHERID:	MEDICAID ADMINISTRATIVE CLAIMS (MAC) JANUARY - MARCH 2019	-6,394.85	0.00	

10-28-2019

JE193154

REC 01-03/19 MAC BILLG

10-28-2019