

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

September 29, 2020

The Honorable Richard Cortez, 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 Ellie Torres, Commissioner, Precinct No. 4

RE: Certification of Revenue

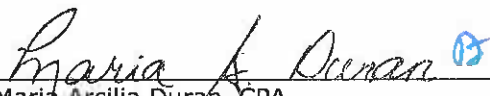
Dear Judge and Commissioners:

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 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 \$288,205.13. 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



Date

HIDALGO COUNTY DISTRICT JUDGES

LUIS M. SINGLETER JUDGE, 92 ND D.C.	FERNANDO MENDOZA JUDGE, 95 TH D.C.	J. R. "BOBBY" FLORES JUDGE, 139 TH D.C.	ROSE GUERRA REYNA JUDGE, 206 TH D.C.	MARLA CUELLAR JUDGE, 278 TH D.C.	MARIO E. RAMIREZ, JR. JUDGE, 322 ND D.C.	NOE GONZALEZ JUDGE, 376 TH D.C. OVERSEER	LETICIA LOPEZ JUDGE, 389 TH D.C.	L. XENO VASQUEZ JUDGE, 395 TH D.C.	ISRAEL RAMON, JR. JUDGE, 439 TH D.C.	RENDE R. BETANCOURT JUDGE, 449 TH D.C.	YSMAEL D. FONSECA JUDGE, 464 TH D.C.
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Department of Budget & Management

2818 S. Business Hwy. 281
Edinburg, Texas 78539
Office: (956) 292-7025
Fax: (956) 292-7034

Sergio Cruz
Budget Officer

www.co.hidalgo.tx.us

MEMORANDUM

To: Maria Arcilia Duran, CPA, County Auditor

From: Sergio Cruz, Budget Officer *SC*

Date: September 28, 2020

Subject: Health Care Funding District Certification of Revenues

Cc: Linda Fong, 1st Assistant County Auditor
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 \$288,205.13 from Fund 1258. Drawdown information and amounts were forwarded by Ms. Dairen Sarmiento on 9/28/2020 through email, see attached.

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.

AI-77390

Health & Human Services
Dept. 12. E. 1.

CC REGULAR AGENDA REGULAR MTG Health Care Funding District

Meeting Date: 09/29/2020

Submitted For: Dairen Sarmiento, HEALTH & HUMAN SERVICES DEPT.

Submitted By: Dairen Sarmiento, HEALTH & HUMAN SERVICES DEPT.

Department: HEALTH & HUMAN SERVICES DEPT.

CAPTION

A. Discussion, consideration and approval to draw down funds for Demonstration Year 4 Withheld UC Payment in the amount to be determined by HHSC instructions from the Local Provider Participation Fund (LPPF) with a transfer date of 10-02-20 and a settlement date of 10-05-20.

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

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

BACKGROUND

HHSC is providing notice to IGT for the DY4 Withheld UC Payment.

Dates pertinent to this payment:

10/2/2020 Last day to submit your IGT into TexNet

10/5/2020 IGT Settlement Date

10/15/2020 UC Transferring Paid

10/30/2020 UC Non-Transferring Paid

Attached to this email is the DY 4 withheld UC payment calculation. Providers will find their payment amount in column N of the first "DY4 Withheld Calculation" tab and IGT amounts in column O. Please ensure you select the applicable UC bucket in TexNet when you enter your IGT. It is imperative that you send a screen shot/PDF copy of the confirmation/trace sheet from TexNet or an email with the trace number, location number, IGT amount and settlement date, if the TexNet is submitted over the phone, to

RAD_UC_Payments@hhsc.state.tx.us Additionally, you must submit the IGT allocation form with the Trace Sheet. **Please submit the trace sheet and IGT allocation as two separate documents.** Please include two contacts and their phone numbers and email addresses, should HHSC have any questions regarding the TexNet received.

Payment amounts were calculated in accordance with the methodology recently adopted for paying the withheld payments in 1 TAC §355.8201. Payment amounts were then compared to the final Uncompensated Cost of Care (UCC) calculated for each provider in the DY 4 UC reconciliation to ensure providers did not exceed their total eligible UCC.

Fiscal Impact

Attachments

email 9-11-20

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	09/16/2020 12:49 PM
Final Approval	Monica Salinas	09/25/2020 06:37 PM
Form Started By: Dairen Sarmiento		Started On: 09/14/2020 10:16 AM
Final Approval Date: 09/25/2020		



UC DY4 Withheld IGT Notification - Government Entity 3 of 11

1 message

HHSC RAD UC Payments <RAD_UC_Payments@hhsc.state.tx.us>

Fri, Sep 11, 2020 at 4:37 PM

To: "csherrrod@utmb.edu" <csherrrod@utmb.edu>, "cskovace@utmb.edu" <cskovace@utmb.edu>, Cindy Smith <csmith@texomacc.org>, "cstucks@echd.org" <cstucks@echd.org>, "ctyson@seminolehospitaldistrict.com" <ctyson@seminolehospitaldistrict.com>, "cwaites@martinch.org" <cwaites@martinch.org>, "cynthiap@tcbhc.org" <cynthiap@tcbhc.org>, "czafero@cmcvtx.org" <czafero@cmcvtx.org>, "dairen.sarmiento@hchd.org" <dairen.sarmiento@hchd.org>, "danc@lakesregional.org" <danc@lakesregional.org>, "Danny.Corprew@houstontx.gov" <Danny.Corprew@houstontx.gov>, "david.delac@co.galveston.tx.us" <david.delac@co.galveston.tx.us>, "david.evans@atcic.org" <david.evans@atcic.org>, "david.gutierrez@wtcmhmr.org" <david.gutierrez@wtcmhmr.org>, David Lee <david.lee@okmh.org>, "david.smith@newlighthhealthcare.com" <david.smith@newlighthhealthcare.com>, "David A. Weden" <david.weden@integralcare.org>, Dawn Handley <Dawn.Handley@integralcare.org>, "dbailey@rockwallcotx.gov" <dbailey@rockwallcotx.gov>, "dblodgett@oghtx.com" <dblodgett@oghtx.com>, "dbyrom@cmhos.org" <dbyrom@cmhos.org>, "dcantu@texomacc.org" <dcantu@texomacc.org>, "dcockerham@co.hood.tx.us" <dcockerham@co.hood.tx.us>, "Deborah.Banerjee@houstontx.gov" <Deborah.Banerjee@houstontx.gov>, "deborah.brown@co.bell.tx.us" <deborah.brown@co.bell.tx.us>, "deborah.cain@ttuhsc.edu" <deborah.cain@ttuhsc.edu>, "deborah.chester@steward.org" <deborah.chester@steward.org>, "deborah.krusekopf@bvcog.org" <deborah.krusekopf@bvcog.org>, "debra.french@co.caldwell.tx.us" <debra.french@co.caldwell.tx.us>, "Debra.J.Ryan@uth.tmc.edu" <Debra.J.Ryan@uth.tmc.edu>, "debra.miller@crosbytonclinichospital.com" <debra.miller@crosbytonclinichospital.com>, "deejon.douglass@cchdonline.com" <deejon.douglass@cchdonline.com>, "delbert.smith@utsouthwestern.edu" <delbert.smith@utsouthwestern.edu>, "dena.bruni@nchdcc.org" <dena.bruni@nchdcc.org>, "denise.leblanc@stctr.org" <denise.leblanc@stctr.org>, "derek.taylor@sanantonio.gov" <derek.taylor@sanantonio.gov>, "Derrick.Villa@metrocareservices.org" <Derrick.Villa@metrocareservices.org>, "devin.bradberry@houstontx.gov" <Devin.Bradberry@houstontx.gov>, "dfleenor@lambhc.org" <dfleenor@lambhc.org>, "dfreshour@comancheccmc.com" <dfreshour@comancheccmc.com>, David Garcia <dgarcia@echd.org>, "dgattis@wilco.org" <dgattis@wilco.org>, "dgregg@lifepathsystems.org" <dgregg@lifepathsystems.org>, "dhaehn@ccmhospital.com" <dhaehn@ccmhospital.com>, Dena Heaton <dheaton@bettyhardwick.org>, "dhernandez@grmedcenter.com" <dhernandez@grmedcenter.com>, "dherolt@cmcvtx.org" <dherolt@cmcvtx.org>, "dhuffman@angelinacounty.net" <dhuffman@angelinacounty.net>, "Diane.Pearson@co.gregg.tx.us" <Diane.Pearson@co.gregg.tx.us>, "dianep@dhchd.org" <dianep@dhchd.org>, "dianna.spieker@co.tom-green.tx.us" <dianna.spieker@co.tom-green.tx.us>, "dibarra@cranememorial.org" <dibarra@cranememorial.org>, "dickey@tamhsc.edu" <dickey@tamhsc.edu>, "dickmurchison@windstream.net" <dickmurchison@windstream.net>, Didi Thurman <didit@lakesregional.org>, "dina.hermes@goldenplains.org" <dina.hermes@goldenplains.org>, "dinhm1@uthscsa.edu" <dinhm1@uthscsa.edu>, "dion@cflr.us" <dion@cflr.us>, "Djack@wghospital.com" <Djack@wghospital.com>, "djon.douglas@ccdonline.com" <djon.douglas@ccdonline.com>, "djones@bcd.tamhsc.edu" <djones@bcd.tamhsc.edu>, "dkeller@grahamrmc.com" <dkeller@grahamrmc.com>, "dmbenson@mdanderson.org" <dmbenson@mdanderson.org>, "dmoore@mmcpportlavaca.com" <dmoore@mmcpportlavaca.com>, "dnichols@gwhf.org" <dnichols@gwhf.org>, "donab@rpmh.net" <donab@rpmh.net>, "donald.mcdaniel@parismc.com" <donald.mcdaniel@parismc.com>, Donald Newsome <donald.newsome@txpan.org>, "Donna.Eakin@bellcounty.texas.gov" <Donna.Eakin@bellcounty.texas.gov>, "donna.eakin@co.bell.tx.us" <donna.eakin@co.bell.tx.us>, "donna.littlefield@nchdcc.org" <donna.littlefield@nchdcc.org>, "Donna.W.Valenzuela@uth.tmc.edu" <Donna.W.Valenzuela@uth.tmc.edu>, "doug.smith@smhtx.com" <doug.smith@smhtx.com>, "dpeek@rockwallcountytexas.com" <dpeek@rockwallcountytexas.com>, "dpowell@sabinecountyhospitaldistrict.org" <dpowell@sabinecountyhospitaldistrict.org>, "draindl@lchdhealthcare.org" <draindl@lchdhealthcare.org>, "dsuding@mchd-tx.org" <dsuding@mchd-tx.org>, Daniel Thompson <dthompson@texomacc.org>, "dtravis@etmc.org" <dtravis@etmc.org>, "dtroublefield@hchdst.org" <dtroublefield@hchdst.org>, "duane.woods@cmcvtx.org" <duane.woods@cmcvtx.org>, "dwaldow@ppgh.com" <dwaldow@ppgh.com>, "dyeager@cranememorial.org" <dyeager@cranememorial.org>, "dyoung@kimblehospital.org" <dyoung@kimblehospital.org>, "Ed.Buchanan@THECB.state.tx.us" <Ed.Buchanan@thecb.state.tx.us>, "ed.janecka@co.fayette.tx.us" <ed.janecka@co.fayette.tx.us>, "Ed.Sturdivant@fortbendcountytexas.gov" <Ed.Sturdivant@fortbendcountytexas.gov>, "eddie.olivarez@hchd.org" <eddie.olivarez@hchd.org>, "eddiecpa@att.net" <eddiecpa@att.net>, "edward.banos@uhs-sa.com" <edward.banos@uhs-sa.com>, "Edwards@dhchd.org" <Edwards@dhchd.org>, "egordon@mchd-tx.org" <egordon@mchd-tx.org>, "Eguajardo@co.cameron.tx.us" <Eguajardo@co.cameron.tx.us>, "elizabeth.sublette@centralhealth.net" <elizabeth.sublette@centralhealth.net>, "els@dhchd.org" <els@dhchd.org>
Cc: "Brown,Adam (HHSC)" <Adam.Brown04@hhsc.state.tx.us>, "Jenkins,Brooke (HHSC)" <Brooke.Jenkins01@hhsc.state.tx.us>, "Chang,Sylvia (HHSC)" <Sylvia.Chang@hhsc.state.tx.us>, "Wade,Tonika (HHSC)" <Tonika.Wade@hhsc.state.tx.us>, "Okoniewski,Amanda (HHSC)" <Amanda.Okoniewski01@hhs.texas.gov>, "Cantu,Rene (HHSC)" <Rene.Cantu@hhsc.state.tx.us>, "Fine,Mance (HHSC)" <Mance.Fine@hhsc.state.tx.us>, "Anthony,Alan (HHSC)" <Alan.Anthony@hhsc.state.tx.us>, "Reed,Matt (HHSC)" <Matt.Reed@hhsc.state.tx.us>, "Marquez,Gabriella (HHSC)" <Gabriella.Marquez01@hhsc.state.tx.us>

Providers, Government Entities, and Anchors:

Please read this entire message carefully and make note of the information provided below that failure by IGT entities and providers to submit the required forms may result in a delayed payment for the providers.

HHSC is providing notice to IGT for the DY4 Withheld UC Payment.

Dates pertinent to this payment:

10/2/2020	Last day to submit your IGT into TexNet
10/5/2020	IGT Settlement Date
10/15/2020	UC Transferring Paid
10/30/2020	UC Non-Transferring Paid

Attached to this email are the following documents:

- 2020 DY4 UC Withheld Calculation spreadsheet
- DY4 Withheld UC Allocation Form
- Master Affiliation Publication

Attached to this email is the DY 4 withheld UC payment calculation. Providers will find their payment amount in column N of the first "DY4 Withheld Calculation" tab and IGT amounts in column O. Please ensure you select the applicable UC bucket in TexNet when you enter your IGT. It is imperative that you send a screen shot/PDF copy of the confirmation/trace sheet from TexNet or an email with the trace number, location number, IGT amount and settlement date, if the TexNet is submitted over the phone, to RAD_UC_Payments@hhsc.state.tx.us Additionally, you must submit the IGT allocation form with the Trace Sheet. **Please submit the trace sheet and IGT allocation as two separate documents.** Please include two contacts and their phone numbers and email addresses, should HHSC have any questions regarding the TexNet received.

Payment amounts were calculated in accordance with the methodology recently adopted for paying the withheld payments in 1 TAC §355.8201. Payment amounts were then compared to the final Uncompensated Cost of Care (UCC) calculated for each provider in the DY 4 UC reconciliation to ensure providers did not exceed their total eligible UCC.

HHSC has removed providers who are ineligible to receive a payment due to changes of ownership or the hospital closing. The remaining providers are eligible for a DY 4 withheld payment as long as the IGT required to fund that payment is received.

If you have questions regarding the UC payment process, please send an email to RAD_UC_Payments@hhsc.state.tx.us.

If you have questions regarding the payment calculation file, please send an email to uctools@hhsc.state.tx.us

HHSC Provider Finance Department-Payments

(Formerly 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

3 attachments



Master Affiliation as of 9_11_20 for Publication.xlsx
84K



DY4 UC Withheld Payment Calculation - FINAL.XLSX
872K



DY4 UC Allocation Form.xlsx
27K



Milagros Rodriguez <milagros.crodriguez@auditor.co.hidalgo.tx.us>

TEX NET INSTRUCTIONS 10-02-20

1 message

Dairen Sarmiento <dairen.sarmiento@hchd.org>

Mon, Sep 28, 2020 at 11:01 AM

To: Alfredo Zamarripa <alfredo.zamarripa@co.hidalgo.tx.us>, Arcy Duran <arcy.duran@auditor.co.hidalgo.tx.us>, Becky Luna <becky.luna@auditor.co.hidalgo.tx.us>, Eddie <eddie.olivarez@hchd.org>, James Hodge <james.hodge@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>, Milagros Rodriguez <milagros.crodriguez@auditor.co.hidalgo.tx.us>, Nereyda Gonzalez <Nereyda.Gonzalez@auditor.co.hidalgo.tx.us>, Sergio Cruz <sergio.cruz@co.hidalgo.tx.us>, "valde.guerra" <valde.guerra@co.hidalgo.tx.us>

Budget, County Treasurer and County Auditor Offices:

Please accept this as my request to transfer **\$288,205.13** from the Local Provider Participation for the DY4 Withheld Calculation Payment.

The last day to submit the IGT into TexNet is **10/02/20** with an IGT Settlement date of **10/05/20**.

County Treasurers department please select the UC bucket in TexNet LPPF Account when you enter the DY 4 Withheld Calculation Payment IGT amount of **\$288,205.13**.

Please send me a copy of the trace sheet once the transfer has been completed so that I may submit to HHSC along with the Allocation Form.

Should you have any questions please contact me at extension 7365 or Lourdes Acevedo at extension 7366.

Thank you for your assistance with this request. Have a good day.

Respectfully submitted,

Ms. Dairen Sarmiento, MBA
Human Services Division Manager III
1304 South 25th Avenue
Edinburg, Texas 78542
(956) 318-2011

<http://www.hchd.org/101/Human-Services>

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 **IGT TRANSFER DUE 10-02-20.pdf**
1351K

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AI-77390

Health & Human Services
Dept.

CC REGULAR AGENDA REGULAR
MTG Health Care Funding District

Meeting
Date: 09/29/2020

Submitted Dairen Sarmiento, HEALTH & HUMAN SERVICES DEPT.
For:

Submitted Dairen Sarmiento, HEALTH & HUMAN SERVICES DEPT.
By:

Department: HEALTH & HUMAN SERVICES DEPT.

CAPTION

1. Discussion, consideration and approval to draw down funds for Demonstration Year 4 Withheld UC Payment in the amount to be determined by HHSC instructions from the Local Provider Participation Fund (LPPF) with a transfer date of 10-02-20 and a settlement date of 10-05-20.
2. Approval of Certification of Revenues as certified by the County Auditor from the LPPF in the amount to be determined by HHSC final instructions.
3. Approval of Appropriation of funds from the LPPF in the amount to be determined by HHSC final instructions.

BACKGROUND

HHSC is providing notice to IGT for the DY4 Withheld UC Payment.

Dates pertinent to this payment:

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10/15/2020 UC Transferring Paid
10/30/2020 UC Non-Transferring Paid

Attached to this email is the DY 4 withheld UC payment calculation. Providers

DY4 Withheld UC Allocation Form

TRACE Number:

The Trace Number is in the receipt you receive from the Comptroller once you have submitted your IGT into TexNet.

Provider Affiliation Identification	Provider Name	9 Digit TPI	UC Program	Government Entity	Provider County	RHP Region	IGT Total
450-19-0007-00203	Doctor's Hospital at Renaissance	160709501	Hospital	Hidalgo County LPPF	Hidalgo	5	\$ 157,017.73
450-19-0008-00013	Columbia Rio Grande Healthcare dba Rio Grande Regi	112716902	Hospital	Hidalgo County LPPF	Hidalgo	5	58,853.71
450-19-0007-00204	Mission Hospital Inc	112679902	Hospital	Hidalgo County LPPF	Hidalgo	5	12,641.33
450-19-0008-00012	Knapp Medical Center	135035706	Hospital	Hidalgo County LPPF	Hidalgo	5	16,708.43
450-19-0007-00205	McAllen Hospitals LP dba Edinburg Regional Medical	094113001	Hospital	Hidalgo County LPPF	Hidalgo	5	42,983.93
Total							\$ 288,205.13

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If you have questions regarding the payment calculation file, please send an email to uctools@hhsc.state.tx.us

HHSC Provider Finance Department-Payments

(Formerly Rate Analysis)

Texas Health and Human Services Commission

P.O. Box 149030, Mail Code H-400

Brown-Heatly Building

4900 N. Lamar Blvd.

Period Ending 01/31/21

Fund Range 1258-1258

Account Period 13 Year 20

Balance Sheet Summary

FJBAS01A

Account No/Description	Beginning Balance	Current Balance	YTD Balance	Ending Balance
Fund 1258 LOCAL PROVIDER PARTICIPATION FUND				
0-1258-101-00-000-000-0-000 LPPF-CASH	19,082,998.89	.00	-7,544,826.41	11,538,172.48
0-1258-101-00-000-001-0-000 LPPF-1115 WAIVER CASH	18,103.81	.00	.00	18,103.81
0-1258-115-00-000-000-0-000 LPPF-SPEC ASSESS-ACCOUNTS RECEIVABLE	.00	.00	.00	.00
0-1258-126-20-000-000-0-000 LPPF-DUE FR STATE	280,531.90	.00	-280,531.90	.00
0-1258-130-03-000-424-0-000 DUE FROM/TO TAX OFFICE TRUST FUND	.00	.00	.00	.00
0-1258-130-01-000-100-0-000 DUE FROM/TO GENERAL FUND	.00	.00	.00	.00
0-1258-130-01-000-246-0-000 DUE FROM/TO TAC SP VEH INV	.00	.00	.00	.00
Total Assets	19,381,634.60	.00	-7,825,358.31	11,556,276.29

Period Ending 01/31/21

Fund Range 1258-1258

Account Period 13 Year 20

Balance Sheet Summary

FJBAS01A

Account No/Description	Beginning Balance	Current Balance	YTD Balance	Ending Balance
Fund 1258				
LOCAL PROVIDER PARTICIPATION FUND				
0-1258-201-00-000-000-0-000 LPPF-ACCR SALARY, WAGES & FRINGE BENEF	.00	.00	.00	.00
0-1258-202-00-000-000-0-000 LPPF-ACCOUNTS PAYABLE	.00	.00	.00	.00
0-1258-203-00-000-001-0-000 LPPF-A/P 1115 WAIVER	4,909,144.29		-4,909,144.29	.00
0-1258-223-00-000-000-0-000 LPPF-UNEARNED REVENUE	.00	.00	.00	.00
0-1258-241-00-000-000-0-000 LPPF-UNAVAILABLE REVENUE	.00	.00	.00	.00
Total Liabilities	4,909,144.29	.00	-4,909,144.29	.00
 				
0-1258-270-00-000-000-0-000 LPPF-BUDGETED FUND BALANCE	.00	.00	-14,472,490.31	-14,472,490.31
0-1258-258-00-000-000-0-000 LPPF-UNASSIGNED FUND BALANCE	14,472,490.31	.00	.00	14,472,490.31
Total Equity	14,472,490.31	.00	-14,472,490.31	.00
 				
0-1258-275-00-000-000-0-000 LPPF-ESTIMATED REVENUES	.00	.00	-41,492,276.26	-41,492,276.26
0-1258-276-00-000-000-0-000 LPPF-REVENUE CONTROL	.00	.00	53,048,552.55	53,048,552.55
0-1258-271-00-000-000-0-000 LPPF-APPROPRIATIONS	.00	.00	55,964,766.57	55,964,766.57
0-1258-272-00-000-000-0-000 LPPF-EXPENDITURE CONTROL	.00	.00	-55,964,766.57	-55,964,766.57
0-1258-273-00-000-000-0-000 LPPF-ENCUMBRANCE CONTROL	.00	.00	.00	.00
0-1258-274-00-000-000-0-000 LPPF-RESERVED FOR ENCUMBRANCES	.00	.00	.00	.00
Total Controls	.00	.00	11,556,276.29	11,556,276.29
Total Equity and Controls	14,472,490.31	.00	-2,916,214.02	11,556,276.29
Total Liabilities, Equity and Controls	19,381,634.60	.00	-7,825,358.31	11,556,276.29
*Fund is in Balance				.00

Account Number	Description	Budget	Encumbrance	Actual	Avail/Rec
0-1258-355-20-240-001-0-000	LPPF-SPEC ASSESS-COLUMBIA RIO BR	8,808,651.04	.00	9,858,716.36	749,065.32
0-1258-355-20-240-002-0-000	LPPF-SPEC ASSESS-CORNERSTONE RE	484,797.28	.00	745,837.11	261,039.83
0-1258-355-20-240-003-0-000	LPPF-SPEC ASSESS-DOCTORS HOSPIT	16,885,351.75	.00	25,860,266.31	8,974,914.56
0-1258-355-20-240-004-0-000	LPPF-SPEC ASSESS-KNAPP MEDICAL C	4,720,999.99	.00	5,119,736.94	398,736.95
0-1258-355-20-240-005-0-000	LPPF-SPEC ASSESS-LIFECARE HOSPIT/	.00	.00	.00	.00
0-1258-355-20-240-006-0-000	LPPF-SPEC ASSESS-EDINBURG REGION	5,052,943.40	.00	5,105,222.97	52,279.57
0-1258-355-20-240-007-0-000	LPPF-SPEC ASSESS-MISSION HOSPITAL	4,016,881.06	.00	4,352,850.27	335,969.21
0-1258-355-20-240-008-0-000	LPPF-SPEC ASSESS-SOLERA HOSPITAL	793,389.24	.00	924,089.97	130,700.73
0-1258-355-20-240-009-0-000	LPPF-SPEC ASSESS-WESLACO REHAB	297,520.49	.00	445,784.31	148,163.82
0-1258-360-00-240-000-0-000	LPPF-MISCELLANEOUS REVENUE	218,325.85	.00	719,655.65	501,329.80
0-1258-361-10-240-000-0-000	LPPF-INTEREST EARNINGS	112,316.16	.00	116,392.86	4,076.50
0-1258-381-11-240-000-0-000	LPPF-NOW INTEREST	.00	.00	.00	.00
Totals		41,492,276.26	.00	53,048,552.55	11,556,276.29

Spreadsheet Cancel

DATE: September 29, 2020

2020

DEPARTMENT HEAD: Sergio Cruz, Budget Officer

Appropriation
AI-77390



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

ACCOUNT NUMBER: 0-1258-444-00-240-006-3-843

Contact Person: Patricia Ramos Ph#: (956) 292-7025 ext. 5416

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
0-1258-444-00-240-006-3- 843	LPPF Aid to Nongovt	288,205.13 ✓
0-1258-355-20-240-001-0- 000	LPPF-SPEC ASSESS- COLUMBIA RIO GRANDE	58,853.71 ✓
0-1258-355-20-240-003-0- 000	LPPF-SPEC ASSESS- DOCTORS HOSPITAL AT REN	157,017.73 ✓
0-1258-355-20-240-004-0- 000	LPPF-SPEC ASSESS- KNAPP MEDICAL CENTER	16,708.43 ✓
0-1258-355-20-240-006-0- 000	LPPF-SPEC ASSESS- EDINBURG REGIONAL MED	42,983.93 ✓
0-1258-355-20-240-007-0- 000	LPPF-SPEC ASSESS- MISSION HOSPITAL	12,641.33 ✓
TOTAL BUDGET INCREASE (DECREASE)		288,205.13 ✓

REASON: Appropriation of funds in relation to revenue from the assessment of mandatory payments from various hospitals for the LPPF-1115 Waiver. DY4 Withheld UC Payment IGT.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

DATE

ATTEST COUNTY CLERK