

# 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](http://www.co.hidalgo.tx.us/auditor)

February 06, 2024

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 Everardo Villarreal, 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 § 111.0706 SPECIAL BUDGET FOR GRANT OR AID MONEY:

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, Letty Chavez, County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court the receipt of an award from the Texas Department of State Health Services (TDSHS). These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

AMOUNT	PURPOSE
\$212,681.25	Medicaid Administrative Claiming (MAC)

CERTIFIED BY:

  
\_\_\_\_\_  
Letty Chavez  
County Auditor

2/1/2024  
\_\_\_\_\_  
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.    JOSE "JOE" RAMIREZ JUDGE, 464<sup>TH</sup> D.C.    YSMAEL FONSECA JUDGE, 476<sup>TH</sup> D.C.

AI-94120

Health & Human Services Dept. 26. 0.

**CC REGULAR AGENDA SPECIAL MTG**

**Meeting Date:** 02/06/2024

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

**Submitted By:** Carlos Oliva

**Department:** HEALTH & HUMAN SERVICES DEPT.

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**CAPTION**

Requesting approval of the Certification of Revenue by the County Auditor in the amount of \$212,681.25 from the Medicaid Administrative Claiming program for the quarter of April to June 2023 and appropriation of the same.

**BACKGROUND**

MAC reimbursement for the quarter of April to June 2023.

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**Fiscal Impact**

**CALENDAR YEAR:** 2024

**ACCT. #:** 4-1293-441-00-340-059-0-XXX

**FUNDS AVAILABLE Y/N?:** Y

**MATCHING FUNDS Y/N?:** N

**BUDGETARY IMPACT:**

- MAC reimbursements for the quarters of Apr-Jun 2023
- 

**Attachments**

Budget Appropriation Apr-Jun

Deposit Info Apr-Jun

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**Form Review**

**Inbox**

Budget & Management

Final Approval

Form Started By: Carlos Oliva

**Reviewed By**

**Date**

Started On: 01/31/2024 03:03 PM



**REVIEWED**  
By Maria Munoz at 9:39 am, Feb 01, 2024

Javier Flores <javier.flores@auditor.co.hidalgo.tx.us>

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## Request for Certification of Revenue (\$212,681.25) - MAC April to June 2023

1 message

**Carlos Oliva** <carlos.oliva@hchd.org>  
To: Javier Flores <javier.flores@auditor.co.hidalgo.tx.us>  
Cc: Miguel Escaname <miguel.escaname@hchd.org>

Wed, Jan 31, 2024 at 3:43 PM

Good afternoon Javier,

Would you please help me with a Certification of Revenue approved for the MAC reimbursement from April to June 2023?

AI-94120 will be presented on February 6.

If you have any questions please let me know.

Thank you,

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**Carlos Oliva**  
**Accountant III**  
**Hidalgo County Health Department**  
**1304 S. 25<sup>th</sup> Avenue**  
**Edinburg, Texas 78542**  
**Phone: (956) 292-7000 Ext. 7241**  
[carlos.oliva@hchd.org](mailto:carlos.oliva@hchd.org)

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### 2 attachments

 **AI-94120 - MAC PI App Apr-June 23.pdf**  
240K

 **MAC APR- JUN 2023 \$212,681.25.pdf**  
106K



Texas Identification Number	Mail Code	Payment Number	Payment Type	Paying Agency	Total
17460007176	060	2313053	DD	<u>529</u>	212681.25
Document Number	Invoice Number	Invoice Description	Invoice Amount	Interest Amount	
9SA20369	PC1274C VOUCHERID:25038	MEDICAID ADMINISTRATIVE CLAIMS (MAC) APRIL - JUNE 2023	223,875.00	0.00	
9SA20369	PC1274C VOUCHERID:25038	MEDICAID ADMINISTRATIVE CLAIMS (MAC) APRIL - JUNE 2023	-11,193.75	0.00	

01/26/2024 State date

01/31/2024

3-1293-126-10-340-059-0-000

JE233455 REC 04-06/23 MAC BILLG  
\$212,681.25

1-31-2024 Javier Flores