



# HIDALGO COUNTY AUDITOR'S OFFICE

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www.hidalgocounty.us/294/Auditors-Office

December 16, 2025

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  
\$93,960.70

PURPOSE  
Medicaid Administrative Claiming (MAC)

CERTIFIED BY:

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

12/12/2025  
\_\_\_\_\_  
Date

## HIDALGO COUNTY DISTRICT JUDGES

AI-101785 ✓

Health & Human Services Dept. 10. A.

**CC REGULAR AGENDA SPECIAL MTG**

**Meeting Date:** 12/16/2025 ✓

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

**Submitted By:** Carlos Oliva

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

**CAPTION**

Requesting approval of the Certification of Revenue by the County Auditor in the amount of ✓\$93,960.70 from the Medicaid Administrative Claiming program for the quarter of January to March 2025 and the appropriation of the same

**BACKGROUND**

10/28/2025 - AI-101119 - Appropriation of July to September and October to December 2024

**Fiscal Impact**

**CALENDAR YEAR:** 2025

**ACCT. #:** 5-1293-441-00-340-059-0-XXX ✓

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

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

**BUDGETARY IMPACT:**

MAC reimbursement for the quarter of January to March 2025

**Attachments**

MAC Funds Deposit  
Budget Appropriation

**Form Review**

| <b>Inbox</b>                    | <b>Reviewed By</b> | <b>Date</b>                     |
|---------------------------------|--------------------|---------------------------------|
| Budget & Management             | Veronica Ortiz     | 12/05/2025 03:13 PM             |
| Final Approval                  | Margaret Mungia    | 12/10/2025 04:53 PM             |
| Form Started By: Carlos Oliva   |                    | Started On: 12/05/2025 02:13 PM |
| Final Approval Date: 12/10/2025 |                    |                                 |

**REVIEWED**

*By Maria A. Munoz at 6:01 pm, Dec 11, 2025*

DATE: December 16, 2025 ✓

DEPARTMENT HEAD: Dairen Sarmiento ✓

DEPARTMENT NAME: Health & Human Services Department

ACCOUNT NUMBER: 5-1293-441-00-340-059-0-XXX ✓

Contact Person: Carlos Oliva Ph#: (956) 383-6221 ext. 7241

**2025**  
**Appropriation**  
**AI-101785**

**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 (OBJECT) NAME             | ✓ AMOUNT              |
|----------------------------------|-----------------------------------|-----------------------|
| 5-1293-441-00-340-059-0-113      | MEDICAID ADMIN-REG F/T EMPLOYEES  | 10,000.00             |
| 5-1293-441-00-340-059-0-211      | MEDICAID ADMIN-HEALTH INSURANCE + | 10,000.00 5,000.00    |
| 5-1293-441-00-340-059-0-212      | MEDICAID ADMIN-LIFE INSURANCE +   | 5,000.00 2,500.00     |
| 5-1293-441-00-340-059-0-220      | MEDICAID ADMIN-FICA +             | 5,000.00 5,000.00     |
| 5-1293-441-00-340-059-0-230      | MEDICAID ADMIN-RETIREMENT +       | 5,000.00 5,000.00     |
|                                  | + 10,500.00                       |                       |
|                                  | + 10,960.70                       |                       |
|                                  | + 15,000.00                       |                       |
| 5-1293-441-00-340-059-0-320      | MEDICAID ADMIN-PROFESSIONAL SRV + | 15,000.00 10,500.00   |
|                                  | + 15,000.00                       |                       |
| 5-1293-441-00-340-059-0-350      | MEDICAID ADMIN-OTHER SRV +        | 93,960.70 ✓ 10,960.70 |
| 5-1293-441-00-340-059-0-531      | MEDICAID ADMIN-TELEPHONE          | 15,000.00             |
| 5-1293-441-00-340-059-0-810      | MEDICAID ADMIN-DUES & MEMBERSHIPS | 15,000.00             |
| 5-1293-441-00-340-059-0-811      | MEDICAID ADMIN-LICENSES & PERMITS | 15,000.00             |
| ✓ 5-1293-331-12-340-059-0-000    | MEDICAID ADMIN REVENUES ✓         | 93,960.70             |
| <b>TOTAL BUDGET INCREASE (DE</b> |                                   | <b>93,960.70</b> ✓    |

**REASON:** Appropriation of MEDICAID ADMIN REVENUES generated during the quarter of January to March 2025. ✓

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

**REVIEWED**  
By Maria A. Munoz at 5:49 pm, Dec 11, 2025

DATE

ATTEST COUNTY CLERK



Monica Valdez <monica.avaldez@auditor.co.hidalgo.tx.us>

**Request for Certification of Revenue - Program 059**

1 message

**Carlos Oliva** <carlos.oliva@hchd.org>  
To: Monica Valdez <monica.avaldez@auditor.co.hidalgo.tx.us>  
Cc: Maritza Guerra <maritza.guerra@hchd.org>, Minerva Diaz <minerva.diaz@auditor.co.hidalgo.tx.us>

Fri, Dec 5, 2025 at 3:01 PM

Good afternoon Monica,

Will you please help me with a certification of revenue in the amount of \$93,960.70 for the MAC deposit for January to March 2025.

AI-101785 was created and will be presented to court on 12/16/2025.

If you have any questions please let me know.

Thank you,

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**REVIEWED**  
*By Maria A. Munoz at 5:49 pm, Dec 11, 2025*



**Carlos Oliva**  
**Division Manager II**  
**Financial Accounting**  
carlos.oliva@hchd.org  
O:956-383-6221 Ext. 7241  
1304 S. 25th Ave. Edinburg, TX 78542  
www.hchd.org



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**2 attachments**

**MAC JAN-MAR 2025 \$93,960.70.pdf**  
210K

**2025 Appropriation - MAC Jan to Mar 25.xlsx**  
127K

# REVIEWED

By Maria A. Munoz at 5:50 pm, Dec 11, 2025



| Texas Identification Number | Mail Code | Payment Number | Payment Type | Paying Agency       | Total    |
|-----------------------------|-----------|----------------|--------------|---------------------|----------|
| 17460007176                 | 060       | 3960244        | DD           | <a href="#">529</a> | 93960.70 |

  

| Document Number | Invoice Number             | Invoice Description   | Invoice Amount | Interest Amount |
|-----------------|----------------------------|---|----------------|-----------------|
| 9SA22430        | PC1274C<br>VOUCHERID:27099 | MEDICAID<br>ADMINISTRATIVE<br>CLAIMS (MAC)<br>JANUARY-MARCH<br>2025 | 98,906.00      | 0.00            |
| 9SA22430        | PC1274C<br>VOUCHERID:27099 | MEDICAID<br>ADMINISTRATIVE<br>CLAIMS (MAC)<br>JANUARY-MARCH<br>2025 | -4,945.30      | 0.00            |

11/19/2025 State date

11/21/2025



Account: SPECIAL REVENUE FUND Current Time: 11/21/25 9:54:42 AM

Current Balance: \$6,470,258.69  
Available Balance: \$6,756,494.44

| Date ▾         | Ref/Check No | Description   | Debit          | Credit               |
|----------------|--------------|---|----------------|----------------------|
| 11/21/2025     |              | HEALTH HUMAN SVC INV-PAYMTS ACH Entry Memo Posted Today |                | \$93,960.70          |
| <b>Totals:</b> |              | Transactions: 1   | Debits: \$0.00 | Credits: \$93,960.70 |

**REVIEWED**  
By Maria A. Munoz at 5:50 pm, Dec 11, 2025