



# Gaston County

Gaston County  
Board of Commissioners  
www.gastongov.com

## DHHS - Public Health Division Board Action

File #: 16-343

Commissioner Price - To Accept and Appropriate Funds Received During Fiscal Year 2016 from the Center for Medicare and Medicaid Services (CMS) for the Incentive Payments in Implementing an Electronic Health Record System (100% Medicaid Funds - \$21,250)

### STAFF CONTACT

Dr. Velma Taormina - Medical Director - DHHS - Public Health Division - 704-853-5290

### BUDGET IMPACT

Appropriate 100% Medicaid Fee Revenue.

### BUDGET ORDINANCE IMPACT

Appropriate \$21,250 into Special Programs Account from Health Fund balance.

### BACKGROUND

The Health Information Technology for Economic and Clinic Health (HITECH) Act established financial incentives for eligible medical providers who demonstrate Meaningful Use of a certified Electronic Health Record (EHR). The Public Health Division's providers qualify for the incentives as the Public Health Division implements the EHR system. The agency is eligible for the incentive when a provider is employed during the qualifying period, therefore, the Centers for Medicare and Medicaid Services (CMS) will pay \$21,250 for each new provider during the initial phase of Meaningful Use. Gaston Public Health employed a new provider during this time frame. These funds will be used to offset the Public Health Division's EHR system expense. These are Non-County funds.

### POLICY IMPACT

N/A

### ATTACHMENTS

Budget Change Request

I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of action taken by the Board of Commissioners as follows:

NO.	DATE	M1	M2	Brown	Carpenter	Fraley	Kelgher	Phillbeck	Price	Williams	Vote
2016-195	07/28/2016	MP	CB	A	A	A	A	A	A	AB	U

### DISTRIBUTION:

Laserfiche Users

A=AYE, N=NAY, AB=ABSENT, ABS=ABSTAIN, U=UNANIMOUS

## GASTON COUNTY BUDGET CHANGE REQUEST

TO: Earl Mathers COUNTY MANAGER

FROM: 5100 DHHS - Public Health  
Dept. # Department Name

\_\_\_\_\_  
Department Director's Signature Date

### TYPE OF REQUEST:

☐ Line Item Transfer Within Department & Fund

☐ Line Item Transfer Between Funds \*

☐ Project Transfer Within Department & Fund

☒ Additional Appropriation of Funds \*

☐ Line Item Transfer Between Departments\*

\* Requires resolution by the Board of Commissioners

Resolution #

Date

ACCOUNT DESCRIPTION (As it appears in the budget)	ACCOUNT NUMBER	PROJECT	AMOUNT
	Fund - Dept - Subdept - Div - Acct - Subacct XX - XXXX - XXXX - XXXX - XXX - XXX	SUBPROJECT XXXXX - XXXX	Whole Dollars Only (See Note Below)
Fund Balance	11-9900-991-500		(\$21,250)
Special Programs	11-5100-5110-298-000	16216-0001	\$21,250

### JUSTIFICATION FOR REQUEST:

The Health Information Technology for Economic and Clinic Health (HITECH) Act established financial incentives for eligible medical providers who demonstrate Meaningful Use of a certified electronic health record (EHR). The Public Health Division's providers qualify for the incentives as the Public Health Division implements the Electronic Health Record system. The agency is eligible for the incentive when a provider is employed during the qualifying period, therefore, the Centers for Medicare and Medicaid Services (CMS) will pay \$ 21,250 for each new provider during the initial phase of Meaningful Use.

### APPROVAL SIGNATURES:

\_\_\_\_\_  
County Manager/Interim Assistant County Manager Date

\_\_\_\_\_  
Financial Operations Manager/Asst. Financial Operations Mgr. Date

\_\_\_\_\_  
Interim Budget Administrator Date

Note: Decreases in expenditures & increases in revenue accounts require brackets. Increases in expenditures & decreases in revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.