



# Gaston County

Gaston County  
Board of Commissioners  
www.gastongov.com

## DHHS - Public Health Division Board Action

File #: 21-415

Commissioner Brown - DHHS (Health Division) - To Accept and Appropriate Additional Medicaid Fees Received from the NC Medicaid Prepaid Health Plans for Care Management Services **(\$500,000)**

### STAFF CONTACT

Cathy Cheek - Business Services Administrator - DHHS (Public Health Division) - 704-853-5266

### BUDGET IMPACT

Appropriate 100% Medicaid Fees Revenue.

### BUDGET ORDINANCE IMPACT

Increase Medicaid Fees revenue by \$500,000 and appropriate \$500,000 into the program project account.

### BACKGROUND

The NC Division of Public Health requires Health Departments to assure the service delivery for the programs of Care Management for At High-Risk Children (CMARC) and Care Management for High-Risk Pregnancies (CMHRP). The Gaston County Public Health Department contracts provision of these services with Kintegra Health. The per member per month (PMPM) NC Medicaid Managed Care Prepaid Health Plan (PHP) payments for participation in the CMARC and CMHRP programs are sent to the Health Department per the PHP guidelines. The Health Department will receive additional PMPM payments, and these funds will be forwarded to Kintegra Health per the contract terms for provision of these services. These are non-County funds.

### POLICY IMPACT

N/A

### ATTACHMENTS

Budget Change Request (BCR)

DO NOT TYPE BELOW THIS LINE

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	CBrown	AFraley	BHovis	KJohnson	TKelgher	TPhilbeck	RWorley	Vote
2021-308	11/09/2021	TP	KJ	A	AB	A	A	A	A	A	U

### DISTRIBUTION:

Laserfiche Users

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

## GASTON COUNTY BUDGET CHANGE REQUEST

TO: Dr. Kim S. Eagle COUNTY MANAGER

FROM: 5110 DHHS - Public Health  
           Dept. #                      Department Name

Steve Eaton 11/09/21  
           Department Director's Name                      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

ACCOUNT DESCRIPTION (As it appears in the budget)	ACCOUNT NUMBER Fund - Function - Dept - Division - Object - Project xxx - xx - xxxx - xxxx - xxxxx - xxxxxx	AMOUNT Whole Dollars Only (See Note Below)
CC4C/OBCM Payments CC4C/OBCM Payments	011-05-5110-0000-410019-22COM 011-05-5110-0000-560000-22COM	(\$500,000) \$500,000

### JUSTIFICATION FOR REQUEST:

The NC Division of Public Health requires Health Departments to assure the service delivery for the programs of Care Management for At High-Risk Children (CMARC) and Care Management for High-Risk Pregnancies (CMHRP). The Gaston County Public Health Department contracts provision of these services with Kintegra Health. The per member per month (PMPM) NC Medicaid Managed Care Prepaid Health Plan (PHP) payments for participation in the CMARC and CMHRP programs are sent to the Health Department per the PHP guidelines. The Health Department will receive additional PMPM payments, and these funds will be forwarded to Kintegra Health per the contract terms for provision of these services. These are non-County funds.

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.