

## **Gaston County**

Gaston County
Board of Commissioners
www.gastongov.com

# DHHS - Public Health Division Board Action

File #: 21-412

Commissioner Brown - DHHS (Health Division) - To Accept and Appropriate the Non-Federal Share of Medicaid Fees Received from the NC Medicaid Managed Care Plans for Separate Directed Payments (\$1,386,028)

### **STAFF CONTACT**

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

#### **BUDGET IMPACT**

Appropriate 100% Medicaid Fee Revenue.

#### **BUDGET ORDINANCE IMPACT**

Increase Medicaid Fee revenue by \$1,386,028 and appropriate \$1,386,028 into the program project account.

#### **BACKGROUND**

Per the NC State Medicaid Plan, local health departments are required to file annual Medicaid cost reports. Based on these cost reports, NC Medicaid issues the Health Departments' providers an annual cost settlement for the Medicaid federal portion for providers' covered services. Under the new NC Medicaid Managed Plan, cost settlements for providers' services are not allowed. Therefore, the Managed Prepaid Health Plans will make quarterly Separate Directed Payments to the Health Departments and include the federal and state (non-federal) share of Medicaid funds. The quarterly state share of the payments must be sent by the Health Department to the NC Division of Health Benefits prior to receiving the Separate Directed Payments from the Prepaid Health Plans. The NC Division of Health Benefits (DHB) will invoice the Health Department for the state share and once this payment is received by DHB, DHB will direct the Prepaid Health Plans to pay the Health Department the Separate Directed Payment. The Health Department will be reimbursed by the Prepaid Health Plans for both the state and federal share. These are non-County funds.

#### **POLICY IMPACT**

N/A

#### <u>ATTACHMENTS</u>

Budget Change Request (BCR)

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	. Buff, Clerk t he Board of C			nty Commi					true and correct copy of action
NO.	DATE	<b>M</b> 1	M2	CBrown	AFraley	BHovis	KJohnson	TKelgher	TPhilipack RWorley Vote
2021-307	11/09/2021	TP	KJ	Α	AB	Α	Α	Α	À, A, U
DISTRIBU								٠,	

GASTON CO	OUNTY BUDGET CHANGE F	REQUEST							
TO: <u>Dr. Kim S. Eagle</u>	COUNTY MANAG	GER							
FROM: 5111 DHH	S - Public Health								
1 1(01):	partment Name								
Steve Eaton	11/09/21								
Department Director's Name	e Date								
TYPE OF REQUEST:									
Line Item Transfer Within Department & Fund	d Line Iter	m Transfer Between Funds *							
Project Transfer Within Department & Fund	X Addition	nal Appropriation of Funds *							
Line Item Transfer Between Departments*	* Require	es resolution by the Board of Commissioners							
	ACCOUNT NUMBER	R AMOUNT							
ACCOUNT DESCRIPTION	Fund - Function - Dept - Division - Objec	ct - Project Whole Dollars Only							
(As it appears in the budget)	xxx - xx - xxxx - xxxx - xxxxx -	- xxxxx (See Note Below)							
•	011-05-5111-0000-410019-22219	1 , , , , ,							
MCS Separate Directed Payments	011-05-5111-0000-560000-22219	\$1,386,02							
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JUSTIFICATION FOR REQUEST:									
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Payments to the Health Departments and inc quarterly state share of the payments must b	•	•							
(DHB) prior to receiving the Separate Directe payment is received by the DHB, the Separa	ed Payments from the Prepaid Heal	alth Plans. Once the Health Department							

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.