

Gaston County

Gaston County Board of Commissioners www.gastongov.com

DHHS - Public Health Division Board Action

File #: 16-183

Commissioner Price - To Appropriate Excess Fee Revenue Earned During Fiscal Year 15 for the Public Health Clinics (100% Fee Revenue - \$ 206,263)

STAFF CONTACT

Cathy Cheek, Business Services Administrator - 704-853-5266

BUDGET IMPACT

Appropriate 100% Fee Revenue

BUDGET ORDINANCE IMPACT

Appropriate \$ 206,263 into Special Programs accounts from revenue received during FY15 in Health Fund Balance.

BACKGROUND

During Fiscal Year 2015, Excess Fee Revenue was generated by the Public Health clinics through Medicaid, Medicare, Insurance, and Patient Fees. Excess Fee Revenue is recognized when the amount of fees received exceed the fiscal year budgeted amount. In Accordance with the Consolidated Agreement between the Public Health Department and the State of North Carolina, all excess fee revenue earned must be budgeted and spent in the program that earned the revenue and locally appropriated funds may not be supplanted by earned revenues from persons, public or private third party payors. The funds will be used for patient clinical operating expenses. **These are non-County funds.**

POLICY IMPACT

N/A

ATTACHMENTS

Budget Change Request

DO NOT TYPE BELOW THIS LINE

| | . Buff, Clerk t he Board of C | | | | | reby certify that the above is a true and correct copy of action | | | | |
|----------|----------------------------------|----|----|-------|-----------|--|---------|--|----------|------|
| NO. | DATE | M1 | M2 | Brown | Carpenter | Fraley | Keigher | Philbeck Price | Williams | Vote |
| 2016-106 | 04/26/2016 | AF | JC | AB | Α | Α | A* | A AB | Α | U |
| DISTRIBU | | | | | | | | ************************************** | | |

| | GAS | STON COUNTY BUDG | SET CHAN | GE REQUEST | | |
|---|---|---|---|--|---|--|
| TO: | Earl Math | ers | _COUNTY M | MANAGER | | |
| FROM: | 5100 | DHHS - Public Health | | | | |
| | Dept. # | Department Name | | | | |
| | | | | | | |
| Ī | Department Direct | or's Signature D | ate | | | |
| TYPE OF REQUE | ST: | | | | | |
| Line Item 1 | Fransfer Within Depart | ment & Fund | | ine Item Transfer Between | Funds * | |
| Project Tra | nsfer Within Departme | ent & Fund | X | Additional Appropriation of F | -unds * | |
| Line Item 7 | ransfer Between Depart | artments* | <u>* F</u> | Requires resolution by the B | doard of Commissioners | |
| - | | | Resolutio | n# D | Pate | |
| | | ACCOUNT NUM | BER | PROJECT | AMOUNT | |
| ACCOUNT [| DESCRIPTION | Fund - Dept - Subdept - Div - A | Acct - Subacct | SUBPROJECT | Whole Dollars Only | |
| (As it appears | s in the budget) | xx - xxxx - xxxx - xxxx | xx - xxxx - xxxx - xxx - xxx | | (See Note Below) | |
| Fund Balance | | 11-9900-991-500 | <u> </u> | | (\$206,263) | |
| Special Programs | S | 11-5100-5112-5118-298 | 3-000 | 16271-0001 | \$4,211 | |
| Special Programs | S | 11-5100-5113-5121-298 | 3-000 | 16272-0001 | \$70,604 | |
| Special Programs | S | 11-5100-5117-298-000 | | 16273-0001 | \$99,700 | |
| Special Programs | S | 11-5100-5130-298-000 | | 16274-0001 | \$25,826 | |
| Special Programs | 6 | 11-5100-5150-5151-298 | 3-000 | 16275-0001 | \$5,922 | |
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| Insurance and P year budgeted ar State of North C revenue and loca | ar 2015, Excess F atient Fees. Exce mount. In accorda arolina, all exces ally appropriated fo | Fee Revenue was generate ss Fee Revenue is recognce with the Consolidated sfee revenue earned muunds may not be supplanted for patient clinical operate | nized when t Agreement t st be budget ed by earned | the amount of fees re between the Public He led and spent in the part revenues from perso | eceived exceed the fiscal ealth Department and the program that earned the ns, public or private third | |
| APPROVAL SIG | MATURES: term Assistant Count | 4/29/16 Manager Date | John Financial Offerat | July ions Manager/Asst. Financi | 4/28/14 ial Operations Mgr. Date | |
| County Managerin | No. III / toolstant Count | , managor Date | Mutt | M. PH | W28/16 | |
| | | ī | Interim Budget A | dministrator | 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.