



Gaston County

Gaston County
Board of Commissioners
www.gastongov.com

Gaston Emergency Medical Services (GEMS)

Board Action

File #: 22-097

Commissioner Fraley - GEMS - To Accept and Appropriate the Non-Federal Share of Medicaid Fees Received from the NC Medicaid Managed Care Plans for Separate Directed Payments **(\$322,115)**

STAFF CONTACT

Mark Lamphiear - GEMS - 704-866-3202

BUDGET IMPACT

Appropriate 100% Medicaid Fee Revenue.

BUDGET ORDINANCE IMPACT

Increase revenue by \$322,115 and appropriate \$322,115 into project account.

BACKGROUND

Per the North Carolina State Plan, county Public Ambulance Providers are required to file annual Medicaid cost reports based on State Fiscal Year dates of service. Based on these cost reports, NC Medicaid issues the providers an annual cost report settlement for covered services. Under Managed Care, annual cost reports and cost report settlements for Public Ambulance Providers are planned to continue for all covered service claims activity that remains fee-for service. GEMS will then reimburse the state for the non-federal share of the directed payment amount that is in excess of the provider's historical Medicaid payment received.

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
2022-082	03/22/2022	TK	BH	A	A	A	A	A	AB	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: 4370 GEMS
 Dept. # Department Name

Mark Lamphiear 3/4/22
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 <small>Fund - Function - Dept - Division - Object - Project</small> xxx - xx - xxxx - xxxx - xxxxx - xxxxxx	AMOUNT Whole Dollars Only (See Note Below)
MCS Separate Directed Pays	010-02-4370-0000-435017-22219	(\$322,115)
MCS Separate Directed Pays	010-02-4370-0000-560000-22219	\$322,115

JUSTIFICATION FOR REQUEST:

Per the North Carolina State Plan, county Public Ambulance Providers are required to file annual Medicaid cost reports based on State Fiscal Year dates of service. Based on these cost reports, NC Medicaid issues the providers an annual cost report settlement for covered services. Under Managed Care, annual cost reports and cost report settlements for Local Health Departments and Public Ambulance Providers are planned to continue for all covered service claims activity that remains fee-for service. GEMS will then reimburse the state for the non-federal share of the directed payment amount that is in excess of the provider's historical Medicaid payment received.

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.