



Gaston County

Gaston County
Board of Commissioners
www.gastongov.com

DHHS - Public Health Division

Board Action

File #: 17-122

Commissioner Brown - DHHS (Health Division) - To Appropriate Excess Fee Revenue Earned During Fiscal Year 2016 from Health Fund Balance for the Public Health Clinics (**100% Fee Revenue - \$33,572**)

STAFF CONTACT

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

BUDGET IMPACT

Appropriate 100% Fee Revenue.

BUDGET ORDINANCE IMPACT

Appropriate \$33,572 into Special Programs accounts from revenue received during FY16 in Health Fund Balance.

BACKGROUND

During Fiscal Year 2016, 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

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	Fraley	Grant	Hovis	Kelgher	Phillbeck	Worley	Vote
2017-109	04/25/2017	RW	DG	A	A	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: 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	SUBPROJECT	Whole Dollars Only
	xx - xxxx - xxxx - xxxx - xxx - xxx	xxxxx - xxxxx	(See Note Below)
Fund Balance	11-9900-991-500		(\$33,572)
Special Programs	11-5100-5112-5118-298-000	17252-0001	\$191
Special Programs	11-5100-5113-5121-298-000	17253-0001	\$17,737
Special Programs	11-5100-5117-298-000	17254-0001	\$13,792
Special Programs	11-5100-5130-298-000	17255-0001	\$1,852

JUSTIFICATION FOR REQUEST:

During Fiscal Year 2016, 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.

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.