

Gaston County

Gaston County
Board of Commissioners
www.gastongov.com

DHHS - Public Health Division Board Action

File #: 17-455

Commissioner Brown - DHHS (Health Division) - To Appropriate Funds from Medicaid Cost Settlement for Payment to the NC Division of Medical Assistance (100% Medicaid Funds - \$593,635)

STAFF CONTACT

Chris Dobbins - Director, DHHS - 704-853-5262

BUDGET IMPACT

Appropriate 100% Medicaid Cost Settlement Fee Revenue.

BUDGET ORDINANCE IMPACT

Appropriate \$593,635 into Medicaid Cost Settlement Special Projects Account from Medicaid Cost Settlement Fund balance.

BACKGROUND

The Gaston County Department of Health and Human Services - Public Health Division received funds for the FY2013 Medicaid Cost Settlement audit as an interim payment in the amount of \$2,800,759. The NC Division of Medical Assistance (DMA) recently completed the final FY2013 desk review audit and due to changes and revisions made by DMA with the formulas and Medicaid charges, Gaston County Public Health was notified that \$593,635 was owed back to the Medicaid Program. As a result of the DMA changes made to prior year Medicaid Cost Settlement audits, the NC legislature awarded funds to the health departments in payback situations to offset the loss of the Medicaid Cost Settlement funds. These funds will be used as payment to DMA for the amount owed for FY13. 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 taken by the Board of Commissioners as follows: NO. DATE M1 M2 Brown Fraley Grant Hovis Keigher • Philbec & Vote 2017-301 12/12/2017 TP TK Δ **DISTRIBUTION:** Laserfiche Users

	GA	STON COUNTY E	BUDGET CHANGE REQUE	EST
TO: _	ГО: <u>Earl Mathers</u>		COUNTY MANAGER	
FROM:	FROM: 5111 DHHS - Public Healt		Health	
		Department N	lame	
_				
	Department Direc	ctor's Name	Date	
TYPE OF REQUES	ST:			
Line Item 7	ransfer Within Depa	rtment & Fund	Line Item Transfer	Between Funds *
Project Tra	nsfer Within Departr	nent & Fund	X Additional Approp	oriation of Funds *
Line Item T	Fransfer Between De	partments*	* Requires resolution	on by the Board of Commissioners
	·· ·		ACCOUNT NUMBER	AMOUNT
ACCOUNT DESCRIPTION		Į Fi	und - Function - Dept - Division - Object - Project	Whole Dollars Only
(As it appears in the budget)		t) x	0X - XX - XXXX - XXXX - XXXXX - XXXXXX	(See Note Below)
Fund Balance Appropriated			900-0000-490000-	(\$593,635) \$593,635
MCS - #3 Appropriated		011-05-51	11-05-5111-0000-560000-17269 \$59	
JUSTIFICATION F		of Health and Human	Services – Public Health Division	n received funds for the FY2013
			in the amount of \$ 2,800,759. T	
			desk review audit and due to ch	
			County Public Health was notified ges made to prior year Medicaid	ed that \$ 593,635 was owed back I Cost Settlement audits, the NC
legislature award	led funds to the	nealth departments in	payback situations to offset the	loss of the Medicaid Cost
B .	s. These funds w	vill be used as payme	nt to DMA for the amount owed f	for FY13. 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.