



# Travis County Commissioners Court Agenda Request

**Meeting Date:** December 6, 2011

**Prepared By/Phone Number:** Norman McRee/854-4821

**Elected/Appointed Official/Dept. Head:** Leroy Nellis, Acting County Executive, Planning & Budget

**Commissioners Court Sponsor:** Sam Biscoe, County Judge

A handwritten signature in blue ink, appearing to read "Leroy Nellis", is written over the text of the "Elected/Appointed Official/Dept. Head" and "Commissioners Court Sponsor" fields.

## AGENDA LANGUAGE:

Review and approve the immediate release of reimbursement payment to United Health Care for claims paid for participants in the Travis County Employee Health Care Fund for payment of \$1,045,944.29, for the period of November 18 to November 24, 2011.

## BACKGROUND/SUMMARY OF REQUEST AND ATTACHMENTS:

See attached.

## STAFF RECOMMENDATIONS:

The Director or Risk Manager has reviewed the reimbursement submitted and concurs with the findings of the audits by the Financial Analyst and the Benefits Contract Administrator and therefore recommends reimbursement of \$1,045,944.29.

## ISSUES AND OPPORTUNITIES:

See attached.

## FISCAL IMPACT AND SOURCE OF FUNDING:

Employee Health Benefit Fund (526) – \$1,045,944.29

## REQUIRED AUTHORIZATIONS:

Dan Mansour, 854-9499  
Diane Blankenship, 854-9170  
Leroy Nellis, 854-9106

AGENDA REQUEST DEADLINE: All agenda requests and supporting materials must be submitted as a pdf to Cheryl Aker in the County Judge's office, [Cheryl.Aker@co.travis.tx.us](mailto:Cheryl.Aker@co.travis.tx.us) by Tuesdays at 5:00 p.m. for the next week's meeting.

**TRAVIS COUNTY  
RECOMMENDATION FOR TRANSFER OF FUNDS**

**DATE:** December 6, 2011

**TO:** Members of the Travis County Commissioners Court

**FROM:** Dan Mansour, Risk Manager

**COUNTY DEPT.:** Human Resources Management Department (HRMD)

**DESCRIPTION:** United Health Care (UHC) (The Third Party Administrator for Travis County's Hospital and Self Insurance Fund) has requested reimbursement for health care claims paid on behalf of Travis County employees and their dependents.

**PERIOD OF PAYMENTS MADE:** November 18, 2011 to November 24, 2011

**REIMBURSEMENT REQUESTED FOR THIS PERIOD:** \$1,045,944.29

**HRMD RECOMMENDATION:** The Director or Risk Manager has reviewed the reimbursement submitted and concurs with the findings of the audits by the Financial Analyst and the Benefits Contract Administrator and therefore recommends reimbursement of \$1,045,944.29

Please see the attached reports for supporting detail information.

**TRAVIS COUNTY**  
**HOSPITAL AND INSURANCE FUND**  
**SUPPORTING DETAIL FOR THE**  
**WEEKLY REIMBURSEMENT REQUEST TO**  
**COMMISSIONERS COURT**  
**FOR THE PAYMENT PERIOD**  
**NOVEMBER 18, 2011 TO NOVEMBER 24, 2011**

- Page 1. Detailed Recommendation to Travis County Auditor for transfer of funds.**
- Page 2. Chart of Weekly Reimbursements Compared to Budget.**
- Page 3. Paid Claims Compared to Budgeted Claims.**
- Page 4. FY Comparison of Paid Claims to Budget.**
- Page 5. Notification of amount of request from United Health Care (UHC).**
- Page 6. Last page of the UHC Check Register for the Week.**
- Page 7. List of payments deemed not reimbursable.**
- Page 8. Journal Entry for the reimbursement.**

TRAVIS COUNTY  
RECOMMENDATION FOR TRANSFER OF FUNDS

DATE: December 6, 2011  
 TO: Susan Spataro, County Auditor  
 FROM: Dan Mansour, Risk Manager  
 COUNTY DEPT. Human Resources Management Department (HRMD)

United Health Care (UHC) (Travis County's Third Party Administrator for our Self Insured Health Care Fund) has requested reimbursement for health care claim payments made on behalf of Travis County employees and their dependents as follows:

PERIOD OF PAYMENTS PAID:  
 FROM: November 18, 2011  
 TO: November 24, 2011

**REIMBURSEMENT REQUESTED: \$ 1,045,944.29**

**SUPPORTING DETAIL FOR REIMBURSEMENT REQUESTED:**

NOTIFICATION OF AMOUNT OF REQUEST FROM UHC*:	\$	1,805,830.28
bank withdrawal correction	\$	(2,850.00)
LESS: REIMBURSEMENTS PREVIOUSLY APPROVED BY		
COMMISSIONERS COURT: November 29, 2011	\$	(757,171.26)
	\$	-
October 5, 2010 adj	\$	135.10
Adjust to balance per UHC	\$	0.17
<b>TOTAL CLAIMS REIMBURSEMENT REQUESTED BY UHC FOR THIS WEEK**:</b>	<b>\$</b>	<b>1,045,944.29</b>
 PAYMENTS DEEMED NOT REIMBURSABLE	 \$	 -
<b>TRANSFER OF FUNDS REQUESTED:</b>	<b>\$</b>	<b>1,045,944.29</b>

The claims have been audited for eligibility and all were eligible in the period covered by the claim.


All claims over \$25,000 (2 this week totaling \$29,029.81) have been audited for data entry accuracy and the following information is correct for each claim audited: date of service, eligibility, nature of service, name of and amount billed by provider, amount billed by date and amount paid by UHC.


Fifteen percent (15%) of all claims under \$25,000 (\$154,297.36) have been audited for data entry accuracy and the following information is correct for each claim identified for this random review: date of service, eligibility, nature of service, name of and amount billed by provider, date and amount paid by UHC. Claims in this random audit met the above requirements but may qualify for more detailed analysis through other resources.

All claims have been reviewed to determine if they have exceeded the \$200,000 stop loss limit. For claims that have exceeded the limit, it has been verified that UHC has complied with the contract. This week credits for stop loss and other reimbursements totaled (\$34,943.39).

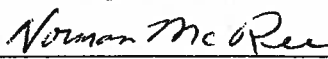
All claims submitted in this transfer have been audited to confirm accuracy of billing and legitimacy of claim under the service provisions of the health care contract and all are contractually legitimate, legally incurred and accurately billed claims.

I certify that all data listed on this recommendation for transfer of funds is correct and that the payments shown have been made solely for the purpose of health insurance claims.

 11/29/11  
 Diane Blankenship, Director, HRMD Date

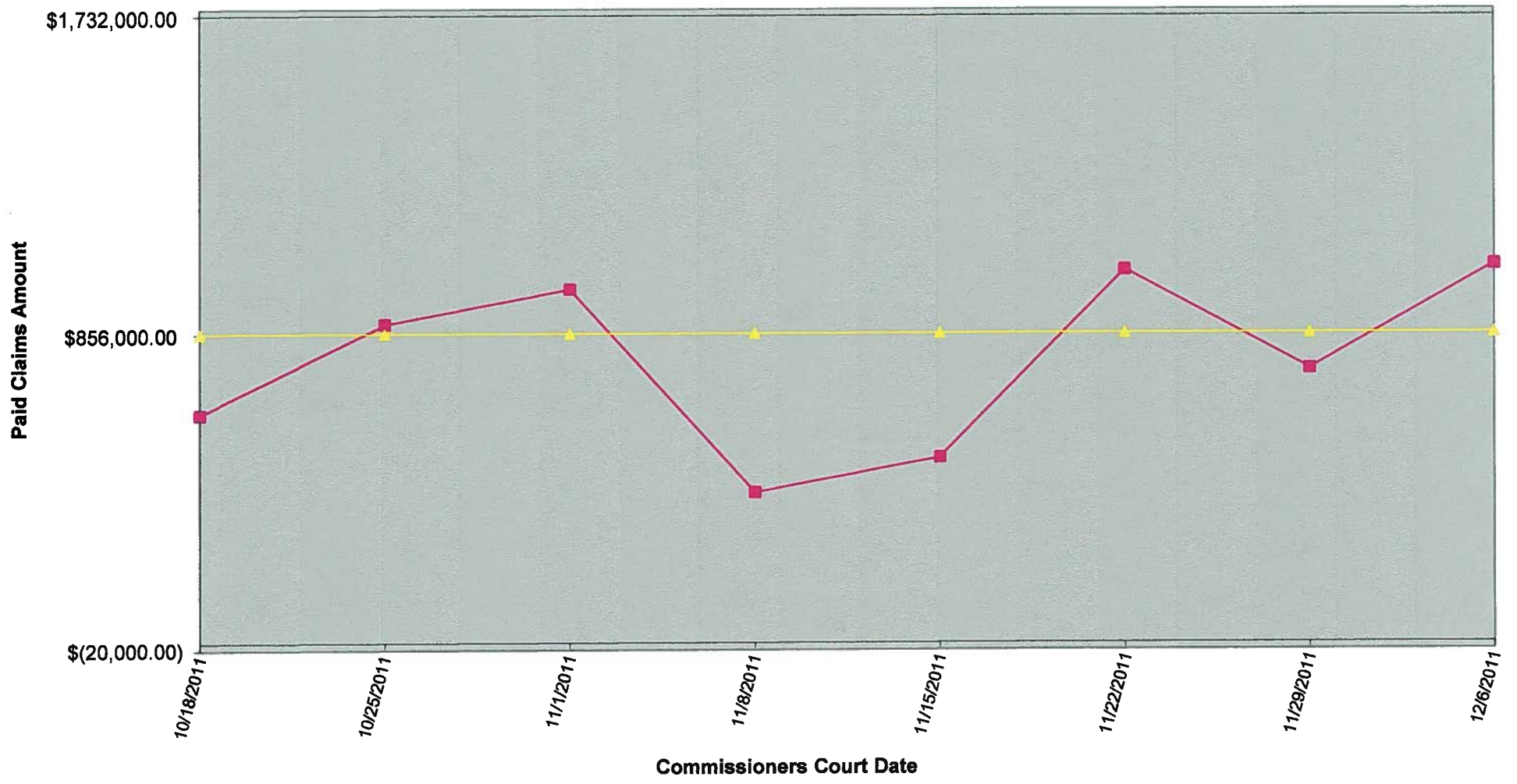
 11-29-2011  
 Dan Mansour, Risk Manager Date

 11-29-11  
 Cindy Purinton, Benefit Contract Administrator Date

 11/29/11  
 Norman McRee, Financial Analyst Date

\*\* Agrees to the total payments for this period per the check register received from UHC. See the final page of this period's check register attached

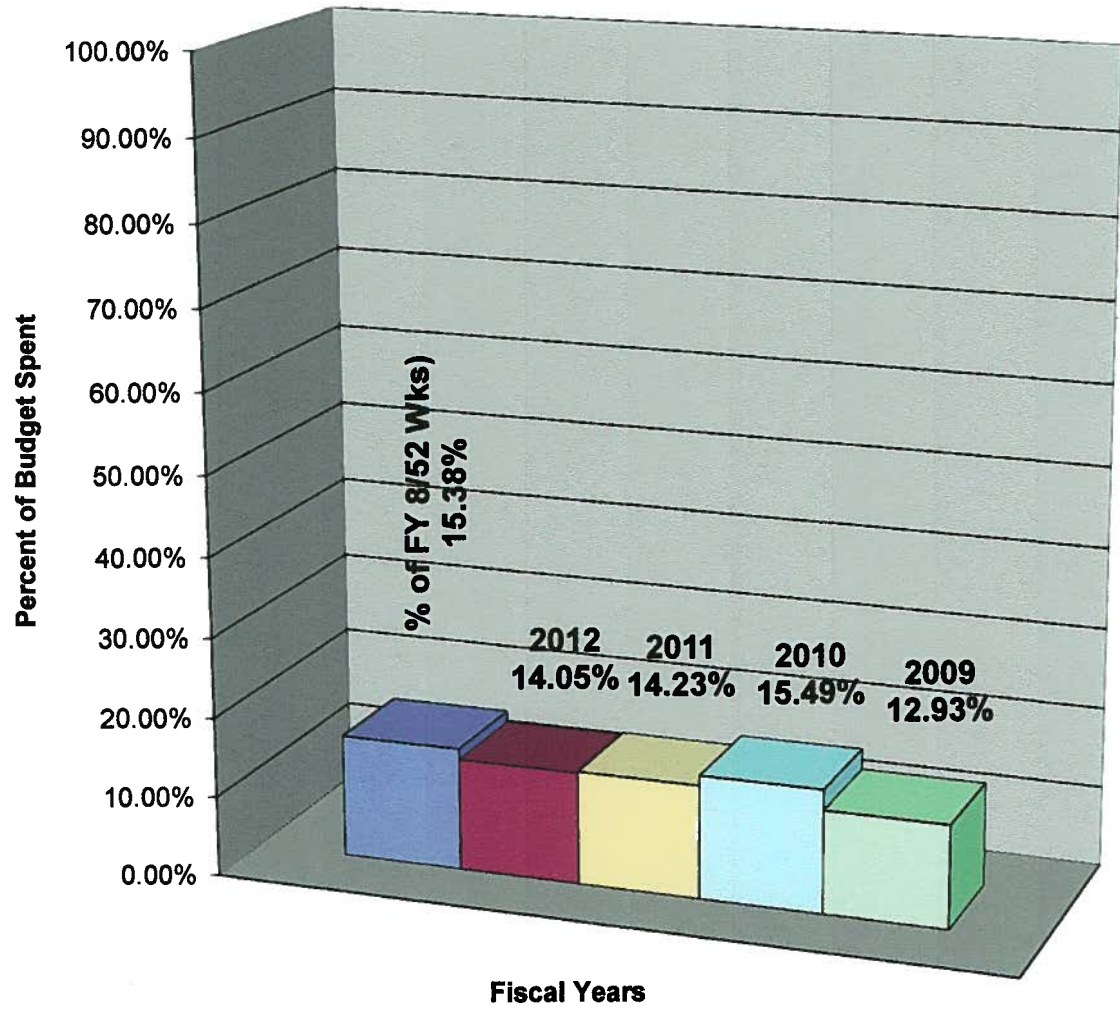
**Travis County Employee Benefit Plan  
FY12 Paid Claims vs Weekly Claims Budget of \$856,615.23**



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### Comparison of Claims to FY Budgets Week 8



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**Norman McRee**

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**From:** SIFS FAX@UHC.COM  
**Sent:** Thursday, November 24, 2011 10:48 PM  
**To:** Norman McRee  
**Subject:** UHC BANKING REPTS/C

TO: NORMAN MCREE                      FROM: UNITEDHEALTH GROUP  
FAX NUMBER: (512) 854-3128                      AB5  
PHONE: (512) 854-3828

NOTIFICATION OF AMOUNT OF REQUEST FOR: TRAVIS COUNTY

DATE: 2011-11-25                      REQUEST AMOUNT: \$1,805,830.28

CUSTOMER ID: 00000701254  
CONTRACT NUMBER: 00701254 00709445  
BANK ACCOUNT NUMBER: 0475012038                      ABA NUMBER: 021000021  
FUNDING                      ADVICE FREQUENCY: DAILY  
FREQUENCY: FRIDAY    INITIATOR: CUST    METHOD: ACH    BASIS: BALANCE

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CALCULATION OF REQUEST AMOUNT  
+ ENDING BANK ACCOUNT BALANCE FROM: 2011-11-23                      \$987,938.96  
- REQUIRED BALANCE TO BE MAINTAINED:                      \$2,668,041.00  
+ PRIOR DAY REQUEST:                      \$00.00  
  
= UNDER DEPOSIT:                                          \$1,680,102.04  
  
+ CURRENT DAY NET CHARGE:                      \$125,728.24  
+ FUNDING ADJUSTMENTS:                      \$00.00  
  
REQUEST AMOUNT:                                          \$1,805,830.28

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ACTIVITY FOR WORK DAY: 2011-11-18

CUST PLAN	CLAIM	NON CLAIM	NET CHARGE
0632	\$38,736.47	\$00.00	\$38,736.47
TOTAL:	\$38,736.47	\$00.00	\$38,736.47



UNITED HEALTHCARE CHECK REGISTER FOR TRAVIS COUNTY SUBMITTED 2011\_11\_24

CONTR_NBR	PLN_ID	TRANS_AMT	SRS_DESG_NBR	CHK_NBR	GRP_ID	CLM_ACCT_NBR	ISS_DT	TRANS_TYP_CD	TRANS_DT	WK_END_DT
701254	632	-352.94	A1	59800	AH		1 11/16/2011	200	11/23/2011	11/24/2011
701254	632	-376.22	A1	100360	AH		1 11/16/2011	200	11/23/2011	11/24/2011
701254	632	-419.08	A1	72907	AA		16 11/16/2011	200	11/23/2011	11/24/2011
701254	632	-439.19	NN	SSN0000	AL		0 11/15/2011	600	11/21/2011	11/24/2011
701254	632	-445.85	A1	7984	AH		5 11/16/2011	200	11/23/2011	11/24/2011
701254	632	-480.60	QG	90676594	AH		9 11/16/2011	50	11/22/2011	11/24/2011
701254	632	-527.40	QG	90676594	AH		9 11/16/2011	50	11/22/2011	11/24/2011
701254	632	-543.29	A1	66285	AH		5 11/16/2011	200	11/23/2011	11/24/2011
701254	632	-553.84	A1	66283	AH		5 11/16/2011	200	11/23/2011	11/24/2011
701254	632	-673.37	A1	77963	AA		1 11/16/2011	200	11/23/2011	11/24/2011
701254	632	-944.12	A1	10613	AH		7 11/16/2011	200	11/23/2011	11/24/2011
701254	632	-1,042.66	A1	81308	AH		6 11/16/2011	200	11/23/2011	11/24/2011
701254	632	-1,172.00	QG	90662954	AA		8 11/16/2011	50	11/22/2011	11/24/2011
701254	632	-1,591.23	A1	66163	AH		3 11/16/2011	200	11/23/2011	11/24/2011
701254	632	-2,000.47	NN	SSN0000	AL		0 11/15/2011	600	11/21/2011	11/24/2011
701254	632	-2,027.57		26 263337	AE		1 11/17/2011	50	11/22/2011	11/24/2011
701254	632	-2,843.20	NN	SSN0000	AL		0 11/15/2011	600	11/21/2011	11/24/2011
701254	632	-3,491.60	NN	SSN0000	AL		0 11/15/2011	600	11/21/2011	11/24/2011
701254	632	-6,169.90		26 261959	AH		6 11/17/2011	50	11/22/2011	11/24/2011

1,045,944.29

**Travis County Hospital and Insurance Fund - County Employees**  
**UHC Payments Deemed Not Reimbursable**

For the payment week ending: 11/24/2011

<i>CONTR_#</i>	<i>TRANS_AMT</i>	<i>SRS</i>	<i>CHK_#</i>	<i>GRP</i>	<i>CLAIM ACCT#</i>	<i>ISS_DATE</i>	<i>TRANS CODE</i>	<i>TRANS_DATE</i>
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**Total:** \$0.00

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# Travis County - Hospital and Self Insurance Fund (526)

## Journal Entry for the Reimbursement to United Health Care

For the payment week ending: 11/24/2011

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<b>TYPE</b>	<b>MEMBER TYPE</b>	<b>TRANS_AMT</b>
<b>CEPO</b>		
	EE	
	<b>526-1145-522.45-28</b>	<b>127,840.64</b>
	RR	
	<b>526-1145-522.45-29</b>	<b>9,391.53</b>
Total CEPO		\$137,232.17
<b>EPO</b>		
	EE	
	<b>526-1145-522.45-20</b>	<b>228,134.03</b>
	RR	
	<b>526-1145-522.45-21</b>	<b>45,895.86</b>
Total EPO		\$274,029.89
<b>PPO</b>		
	EE	
	<b>526-1145-522.45-25</b>	<b>546,962.27</b>
	RR	
	<b>526-1145-522.45-26</b>	<b>87,719.96</b>
Total PPO		\$634,682.23
Grand Total		\$1,045,944.29