



Travis County Commissioners Court Agenda Request

Meeting Date: January 24, 2012

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

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

Commissioners Court Sponsor: Samuel T. Biscoe, County Judge

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 \$980,234.49, for the period of January 6 to January 12, 2012.

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 \$980,234.49.

ISSUES AND OPPORTUNITIES:

See attached.

FISCAL IMPACT AND SOURCE OF FUNDING:

Employee Health Benefit Fund (526) – \$980,234.49

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 by Tuesdays at 5:00 p.m. for the next week's meeting.

**TRAVIS COUNTY
RECOMMENDATION FOR TRANSFER OF FUNDS**

DATE: January 24, 2012

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: January 6, 2012 to January 12, 2012

REIMBURSEMENT REQUESTED FOR THIS PERIOD: \$980,234.49

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 \$980,234.49.

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
JANUARY 6, 2012 TO JANUARY 12, 2012

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- 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: January 24, 2012
 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: January 6, 2012
 TO: January 12, 2012

REIMBURSEMENT REQUESTED: \$ 980,234.49

SUPPORTING DETAIL FOR REIMBURSEMENT REQUESTED:

NOTIFICATION OF AMOUNT OF REQUEST FROM UHC*:	\$ 1,484,256.88
bank withdrawal correction	\$ (2,850.00)
LESS: REIMBURSEMENTS PREVIOUSLY APPROVED BY COMMISSIONERS COURT: January 17, 2012	\$ (501,307.66)
October 5, 2010 adj	\$ -
Adjust to balance per UHC	\$ 135.10
	\$ 0.17
TOTAL CLAIMS REIMBURSEMENT REQUESTED BY UHC FOR THIS WEEK**:	\$ 980,234.49
PAYMENTS DEEMED NOT REIMBURSABLE	\$ -
TRANSFER OF FUNDS REQUESTED:	\$ 980,234.49

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

All claims over \$25,000 (0 this week totaling \$0.00) 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 (\$149,676.56) 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 (\$13,813.47).

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.

Diane Blankenship 1/17/12
 Diane Blankenship, Director, HRMD Date

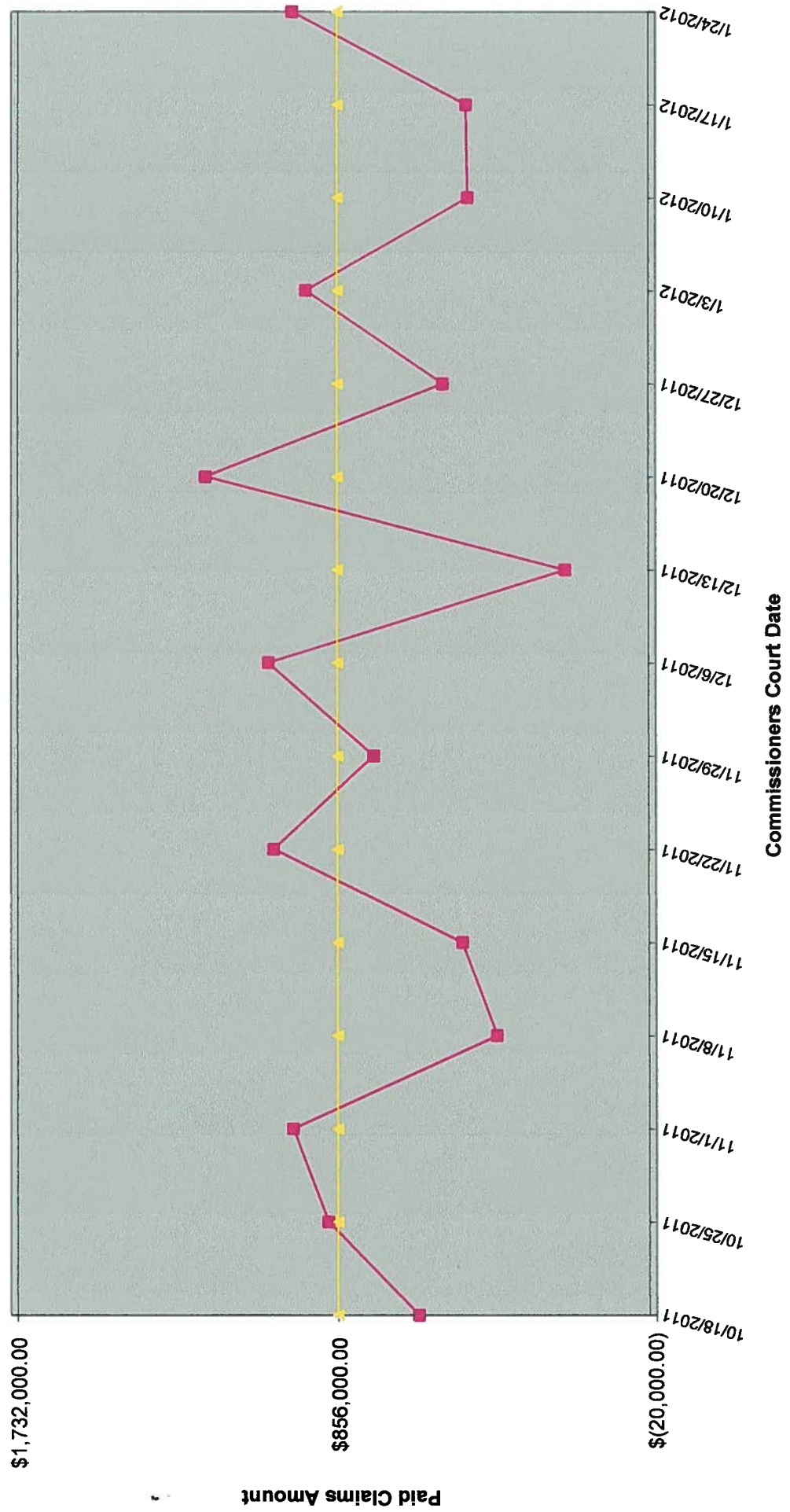
Dan Mansour 1-17-2012
 Dan Mansour, Risk Manager Date

not available
 Cindy Purinton, Benefit Contract Administrator Date

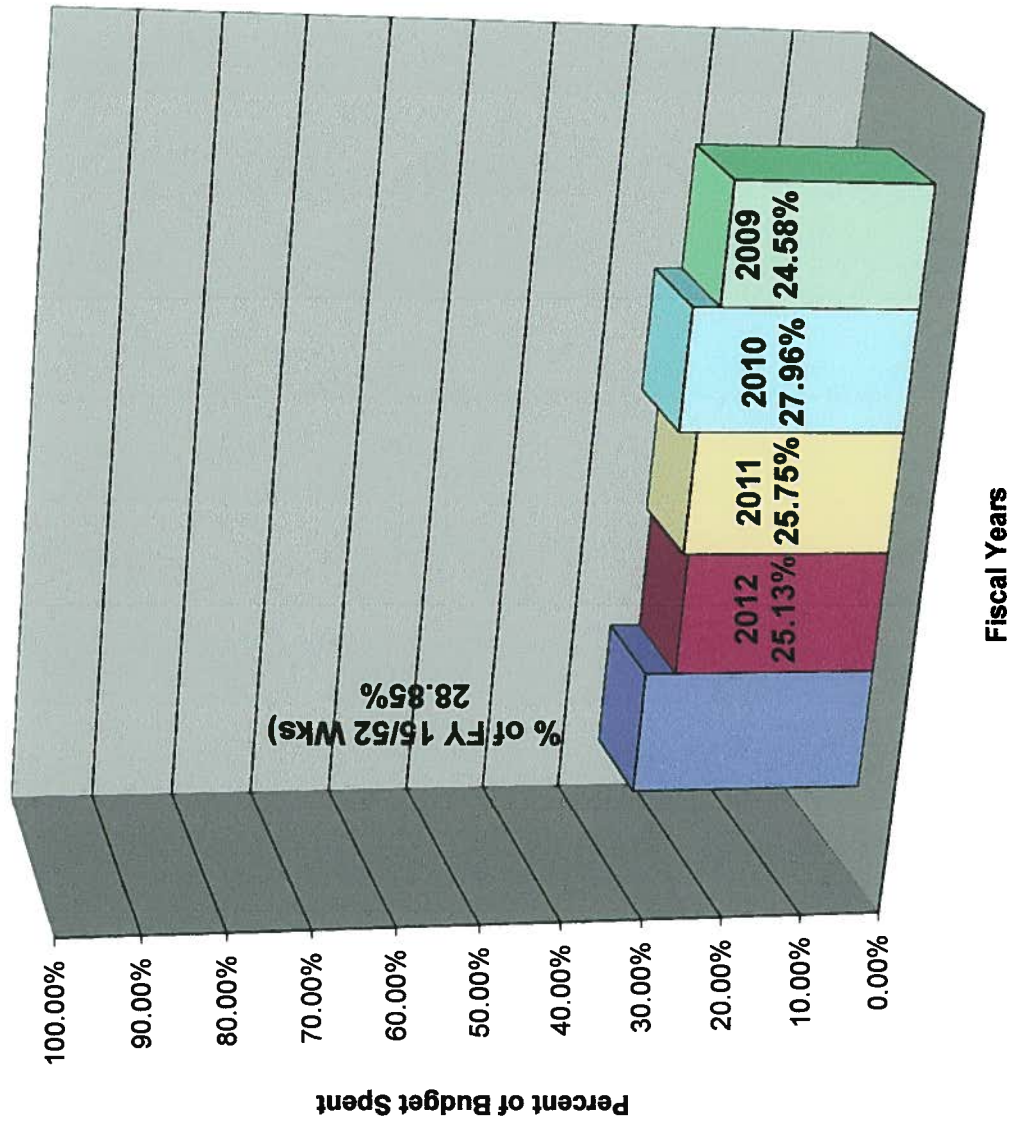
Norman McRee 1/17/12
 Norman McRee, Financial Analyst Date

** 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**



Comparison of Claims to FY Budgets Week 15



Norman McRee

From: SIFS FAX@UHC.COM
Sent: Thursday, January 12, 2012 11:27 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: 2012-01-13 **REQUEST AMOUNT:** \$1,484,256.88

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

CALCULATION OF REQUEST AMOUNT
+ ENDING BANK ACCOUNT BALANCE FROM: 2012-01-12 \$1,201,329.78
- REQUIRED BALANCE TO BE MAINTAINED: \$2,668,041.00
+ PRIOR DAY REQUEST: \$00.00

= UNDER DEPOSIT: \$1,466,711.22

+ CURRENT DAY NET CHARGE: \$17,545.66
+ FUNDING ADJUSTMENTS: \$00.00

REQUEST AMOUNT: \$1,484,256.88

ACTIVITY FOR WORK DAY: 2012-01-06

CUST PLAN	CLAIM	NON CLAIM	NET CHARGE
0632	\$518,522.86	\$00.00	\$518,522.86
TOTAL:	\$518,522.86	\$00.00	\$518,522.86

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UNITED HEALTHCARE CHECK REGISTER FOR TRAVIS COUNTY SUBMITTED 2012_01_12

CONTR_NBR	PLN_ID	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	632	-181.01	A1	58926	AH	9	1/1/2012	200	1/9/2012	1/12/2012
701254	632	632	-182.12	A1	7428	AA	11	1/1/2012	200	1/9/2012	1/12/2012
701254	632	632	-182.84	A1	68850	AH	3	1/1/2012	200	1/9/2012	1/12/2012
701254	632	632	-184.47	A1	68919	AH	1	1/1/2012	200	1/9/2012	1/12/2012
701254	632	632	-195.03	A1	75078	AH	5	1/1/2012	200	1/9/2012	1/12/2012
701254	632	632	-195.03	A1	92359	AH	8	1/1/2012	200	1/9/2012	1/12/2012
701254	632	632	-197.28	QG	30323410	AH	1	12/31/2011	50	1/9/2012	1/12/2012
701254	632	632	-197.94	A1	16884	AH	9	1/1/2012	200	1/9/2012	1/12/2012
701254	632	632	-202	A1	96513	AH	1	1/1/2012	200	1/9/2012	1/12/2012
701254	632	632	-205.46	A1	88591	AE	1	1/1/2012	200	1/9/2012	1/12/2012
701254	632	632	-205.46	A1	63638	AH	11	1/1/2012	200	1/9/2012	1/12/2012
701254	632	632	-212.6	A1	68918	AH	1	1/1/2012	200	1/9/2012	1/12/2012
701254	632	632	-233.68	RJ	88134480	A	11	1/6/2012	50	1/12/2012	1/12/2012
701254	632	632	-248.93	A1	7426	AA	11	1/1/2012	200	1/9/2012	1/12/2012
701254	632	632	-254.42	A1	62471	AE	7	1/1/2012	200	1/9/2012	1/12/2012
701254	632	632	-274.35	A1	76778	AH	7	1/1/2012	200	1/9/2012	1/12/2012
701254	632	632	-279.24	A1	91389	AH	1	1/1/2012	200	1/9/2012	1/12/2012
701254	632	632	-369.59	A1	68821	AE	6	1/1/2012	200	1/9/2012	1/12/2012
701254	632	632	-384.27	A1	68841	AH	3	1/1/2012	200	1/9/2012	1/12/2012

980,234.49

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

For the payment week ending: 01/12/2012

CONTR_#	TRANS_AMT	SRS	CHK_#	GRP	ACCT#	ISS_DATE	TRANS_CODE	TRANS_DATE
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Total: \$0.00

Travis County - Hospital and Self Insurance Fund (526)

Journal Entry for the Reimbursement to United Health Care

For the payment week ending: 1/12/2012

TYPE	MEMBER TYPE	TRANS_AMT
<i>CEPO</i>		
	EE	
	526-1145-522.45-28	119,316.00
	RR	
	526-1145-522.45-29	14,232.00
Total CEPO		\$133,548.00
<i>EPO</i>		
	EE	
	526-1145-522.45-20	180,311.22
	RR	
	526-1145-522.45-21	55,949.24
Total EPO		\$236,260.46
<i>PPO</i>		
	EE	
	526-1145-522.45-25	542,229.94
	RR	
	526-1145-522.45-26	68,196.09
Total PPO		\$610,426.03
Grand Total		\$980,234.49