

Travis County Commissioners Court Agenda Request

Meeting Date: March 20, 2012 Prepared By/Phone Number: Norman McRee/854-4821 Elected/Appointed Official/Dept. Head: Leslie Browder, 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 \$1,251,959.32, for the period of March 2 to March 8, 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 \$1,251,959.32.

ISSUES AND OPPORTUNITIES:

See attached.

FISCAL IMPACT AND SOURCE OF FUNDING:

Employee Health Benefit Fund (526) - \$1,251,959.32

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, <u>Cheryl Aker@co.travis.tx.us</u> by Tuesdays at 5:00 p.m. for the next week's meeting.

TRAVIS COUNTY RECOMMENDATION FOR TRANSFER OF FUNDS

DATE:	March 20, 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:	March 2, 2012 to March 8, 2012
REIMBURSEMENT REQUESTED FOR THIS PERIOD:	\$1,251,959.32
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 \$1,251,959.32.

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

MARCH 2, 2012 TO MARCH 8, 2012

- 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: TO: FROM: COUNTY DEPT. March 20, 2012 Susan Spataro, County Auditor Dan Mansour, Risk Manager 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:

TO:

March 2, 2012 March 8, 2012

REIMBURSEMENT REQUESTED:

1,251,959.32

SUPPORTING DETAIL FOR REIMBURSEMENT REQUESTED:

NOTIFICATION OF AMOUNT OF REQUEST FROM UHC*:	\$	2,017,901.21
bank withdrawal correction LESS: REIMBURSEMENTS PREVIOUSLY APPROVED BY	\$	(2,850.00)
COMMISSIONERS COURT: March 13, 2012	\$ \$	(763,227.16)
October 5, 2010 adj Adjust to balance per UHC	\$	135.10 0.17
TOTAL CLAIMS REIMBURSEMENT REQUESTED BY UHC FOR THIS WEEK**:	Ф ф	
TOTAL CLAIMS REIMBORSEMENT REQUESTED BY ONC FOR THIS WEEK.".	\$	1,251,959.32
PAYMENTS DEEMED NOT REIMBURSABLE	\$	-
TRANSFER OF FUNDS REQUESTED:	\$	1,251,959.32

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

All claims over \$25,000 (4 this week totaling \$222,757.96) 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 (\$158,260.17) 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 \$225,000 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 (\$31,834.34).

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, Director, HRM

andle Dan Mar . Risk Manager

Cindy Purinton, Benefit Contract Administrator

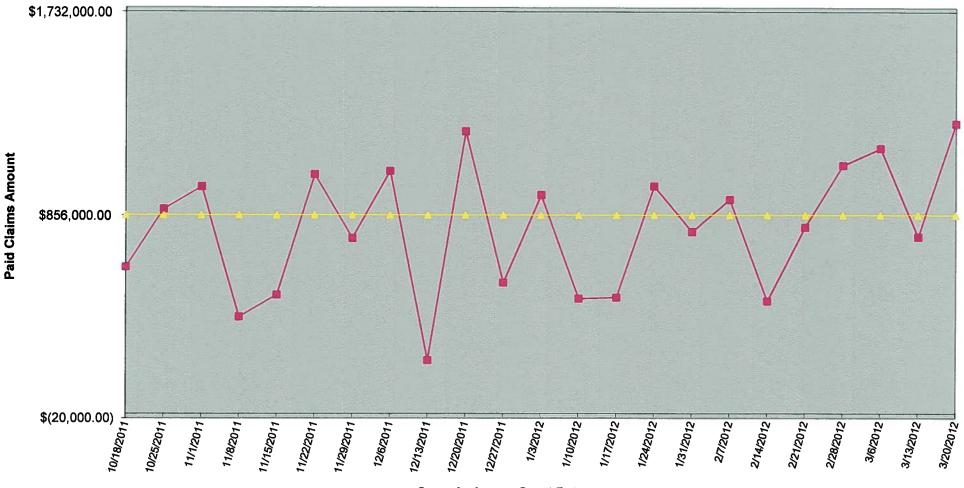
3/9/12 Date Norman McRee, Financial Analyst

** 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.

3112-

Date

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



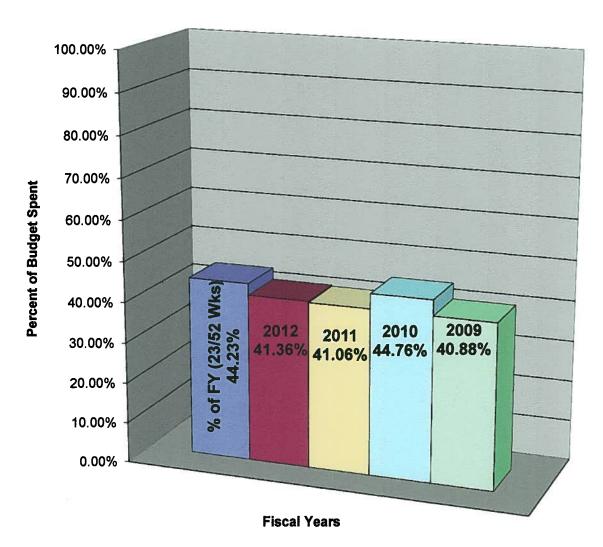
Commissioners Court Date

Travis County Employee Benefit Plan FY12 Weekly Paid Claims VS Weekly Budgeted Amount

w			Voting		Pd Claims		Budgeted	# of	Те	tal of Large	FY 2012 %	FY 2011 %
k	Period from	Period To	Session Date		Request		ekly Claims	Large	10	Claims	of Budget	of Budget
_					Amount			Claims			Spent	Spent
	9/30/2011	10/6/2011	10/18/2011	\$		\$	856,615.23	2	\$	84,383.56	1.42%	1.14%
2	10/7/2011	10/13/2011	10/25/2011	\$			856,615.23	1	\$	34,434.26	3.40%	3.65%
3			11/1/2011	\$	978,780.20	\$	856,615.23	1	\$	85,633.00	5.60%	4.76%
4	10/21/2011		11/8/2011	\$	417,495.82	\$	856,615.23	0	\$	-	6.54%	7.22%
5			11/15/2011	\$	513,031.56	\$	856,615.23	1	\$	25,354.52	7.69%	8.28%
6 7		11/10/2011	11/22/2011	\$	100 1101 0101	\$	856,615.23	0	\$	-	10.01%	10.69%
8			11/29/2011	\$	757,171.26		856,615.23	2	\$	166,108.32	11.71%	12.20%
9		11/24/2011 12/1/2011	12/6/2011	\$			856,615.23	1	\$	29,029.81	14.05%	14.23%
10		12/8/2011	12/13/2011 12/20/2011	\$	229,111.51	\$	856,615.23	0	\$	-	14.57%	15.77%
11	· · · · · · · · · · · · · · · · · · ·	12/15/2011	12/20/2011	\$		\$	856,615.23	4	\$	166,327.24	17.30%	17.99%
12		12/13/2011	1/3/2012	\$ \$	565,509.10	\$	856,615.23	1	\$	30,240.78	18.57%	19.10%
13	and the second		1/10/2012	\$	942,710.54 497,081.54	\$ \$	856,615.23	0	\$	-	20.69%	21.81%
14		1/5/2012	1/17/2012	\$	501,307.66	3 \$	856,615.23 856,615.23		\$	90,452.62	21.80%	22.62%
15	1/6/2012	1/12/2012	1/24/2012	-9 \$	980,234.49	⇒ \$	856,615.23	0	\$	33,103.70	22.93%	24.21%
16		1/19/2012	1/31/2012	\$	784,679.34		856,615.23	5	<u> </u>	-	25.13%	25.75%
17	1/20/2012	1/26/2012	2/7/2012		923,174.33	\$ \$	856,615.23	 	\$ \$	247,915.57 43,848.52	26.89% 28.96%	28.64%
18		2/2/2012	2/14/2012	\$	485,429.02	\$	856,615.23	0	⊅ \$	40,040.02	28.96%	29.97% 32.22%
19	2/3/2012	2/9/2012	2/21/2012	\$	804,332.61	\$	856,615.23	5	\$	239,340.91	31.86%	33.66%
20	2/10/2012	2/16/2012	2/28/2012	\$		\$	856,615.23	1	\$	112,390.12	34.26%	35.74%
21	2/17/2012	2/23/2012	3/6/2012	\$	1,144,590.00	\$	856,615.23	3	\$	269,470.27	36.83%	37.01%
22	2/24/2012	3/1/2012	3/13/2012	Ŝ	763,227.16	\$	856,615.23	2	\$	152,289.82	38.55%	39.34%
23	3/2/2012	3/8/2012	3/20/2012	\$		\$	856,615.23	4	\$	222,757.96	41.36%	41.06%
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]	Paid & Budget	ed Claims to Date	\$	18,422,134.66	\$ 19	9,702,150,31					
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Paid Claims less Total Weekly Budget \$ (1,280,015.65)

note: Not predictive of impact on reserve, intended to show relationship of weekly claims cost to weekly budget.



Comparison of Claims to FY Budgets Week 23

Norman McRee

From: Sent: To: Subject: SIFSFAX@UHC.COM on behalf of SIFSFAX Friday, March 09, 2012 12:07 AM Norman McRee UHG FUNDING NOTIFICATION

TO: NORMAN MCREE FAX NUMBER: (512) 854-3128 PHONE: (512) 854-3828

FROM: UNITEDHEALTH GROUP AB5

NOTIFICATION OF AMOUNT OF REQUEST FOR: TRAVIS COUNTY

DATE: 2012-03-09 REQUEST AMOUNT: \$2,017,901.21

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: 2012-03-08 \$698,333.23 - REQUIRED BALANCE TO BE MAINTAINED: \$2,668,041.00 + PRIOR DAY REQUEST: \$00.00 = UNDER DEPOSIT: \$1,969,707.77

 + CURRENT DAY NET CHARGE:
 \$48,193.44

 + FUNDING ADJUSTMENTS:
 \$00.00

REQUEST AMOUNT: \$2,017,901.21

ACTIVITY FOR WORK DAY: 2012-03-02

CUST		NON	NET
PLAN	CLAIM	CLAIM	CHARGE
0632	\$62,064.97	\$00.00	\$62,064.97
TOTAL:	\$62,064.97	\$00.00	\$62,064.97

5

UNITED HEALTHCARE CHECK REGISTER FOR TRAVIS COUNTY SUBMITTED 2012_03_08

CONTR_NBR	PLN_ID 1	TRANS_AMT SRS	DESG_NBR CHK_NBR GRP_	ID CLM_ACCT_NBR	ISS DT	TRANS TYP CD	TRANS DT	WK END DI
701254	632	(\$194.40) A1	78878 AH	1	3/1/2012		3/8/2012	3/8/2012
701254	632	(\$194.40) A1	5910 AA	8	3/1/2012	200	3/8/2012	3/8/2012
701254	632	(\$198. 4 1) A1	8258 AH	5	3/1/2012	200	3/8/2012	3/8/2012
701254	632	(\$208.36) A1	70213 AA	9	3/1/2012	200	3/8/2012	3/8/2012
701254	632	(\$213.79) A1	74783 AH	1	3/1/2012	200	3/8/2012	3/8/2012
701254	632	(\$239.86) A1	19383 AH	9	3/1/2012	200	3/8/2012	3/8/2012
701254	632	(\$288.44) A1	19335 AA	8	3/1/2012	200	3/8/2012	3/8/2012
701254	632	(\$307.35) A1	13324 AH	7	3/1/2012	200	3/8/2012	3/8/2012
701254	632	(\$311.30) A1	45783 AH	7	3/1/2012	200	3/8/2012	3/8/2012
701254	632	(\$315.41) A1	38898 AH	1	3/1/2012	200	3/8/2012	3/8/2012
701254	632	(\$378.29) A1	73693 AH	9	3/1/2012	200	3/8/2012	3/8/2012
701254	632	(\$388.60) A1	67671 AE	5	3/1/2012	200	3/8/2012	3/8/2012
701254	632	(\$480.26) A1	50851 AE	16	3/1/2012	200	3/8/2012	3/8/2012
701254	632	(\$742.80) QG	1243134 AA	11	3/2/2012	50	3/8/2012	3/8/2012
701254	632	(\$817.40) A1	29736 AA	1	3/1/2012	200	3/8/2012	3/8/2012
701254	632	(\$1,553.40) A1	75066 AH	7	3/1/2012	200	3/8/2012	3/8/2012
701254	632	(\$1,922.32) A1	38903 AH	5	3/1/2012	200	3/8/2012	3/8/2012
701254	632	(\$4,242.50) A1	56452 AH	2	3/1/2012	200	3/8/2012	3/8/2012
701254	632	(\$9,885.60) QG	80554766 AH	8	3/1/2012	50	3/7/2012	3/8/2012

1,251,959.32

Travis County Hospital and Insurance Fund - County Employees

UHC Payments Deemed Not Reimbursable

For the payment week ending: 03/08/2012

CONTR_# TRANS_AMT_SRS_CHK_# CLAIM TRANS_DATE CODE TRANS_DATE

Total: \$0.00

YPE	MEMBER TYPE	TRANS_AMT	
EPO			
EI	3		
	526-1145-522.45-28	166,788.27	
R	R		
	526-1145-522.45-29	18,013.99	
Total CEPO		\$184.	,802.26
PO			
El	3		
	526-1145-522.45-20	250,166.77	
R	R		
	526-1145-522.45-21	47,977.51	
Total EPO		\$298.	,144.27
20			
EI	3		
	526-1145-522.45-25	670,697.32	
RI	R		
	526-1145-522.45-26	98,315.47	
Total PPO		\$769.	,012.79
Grand Total		\$1,251	,959.32

Travis County - Hospital and Self Insurance Fund (526)

Journal Entry for the Reimbursement to United Health Care

Monday, March 12, 2012

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