



Travis County Commissioners Court Agenda Request

Meeting Date: March 27, 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

JB

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 \$654,180.98, for the period of March 9 to March 15, 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 \$654,180.98.

ISSUES AND OPPORTUNITIES:

See attached.

FISCAL IMPACT AND SOURCE OF FUNDING:

Employee Health Benefit Fund (526) – \$654,180.98

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: March 27, 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 9, 2012 to March 15, 2012

REIMBURSEMENT REQUESTED FOR THIS PERIOD: \$654,180.98

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 \$654,180.98.*

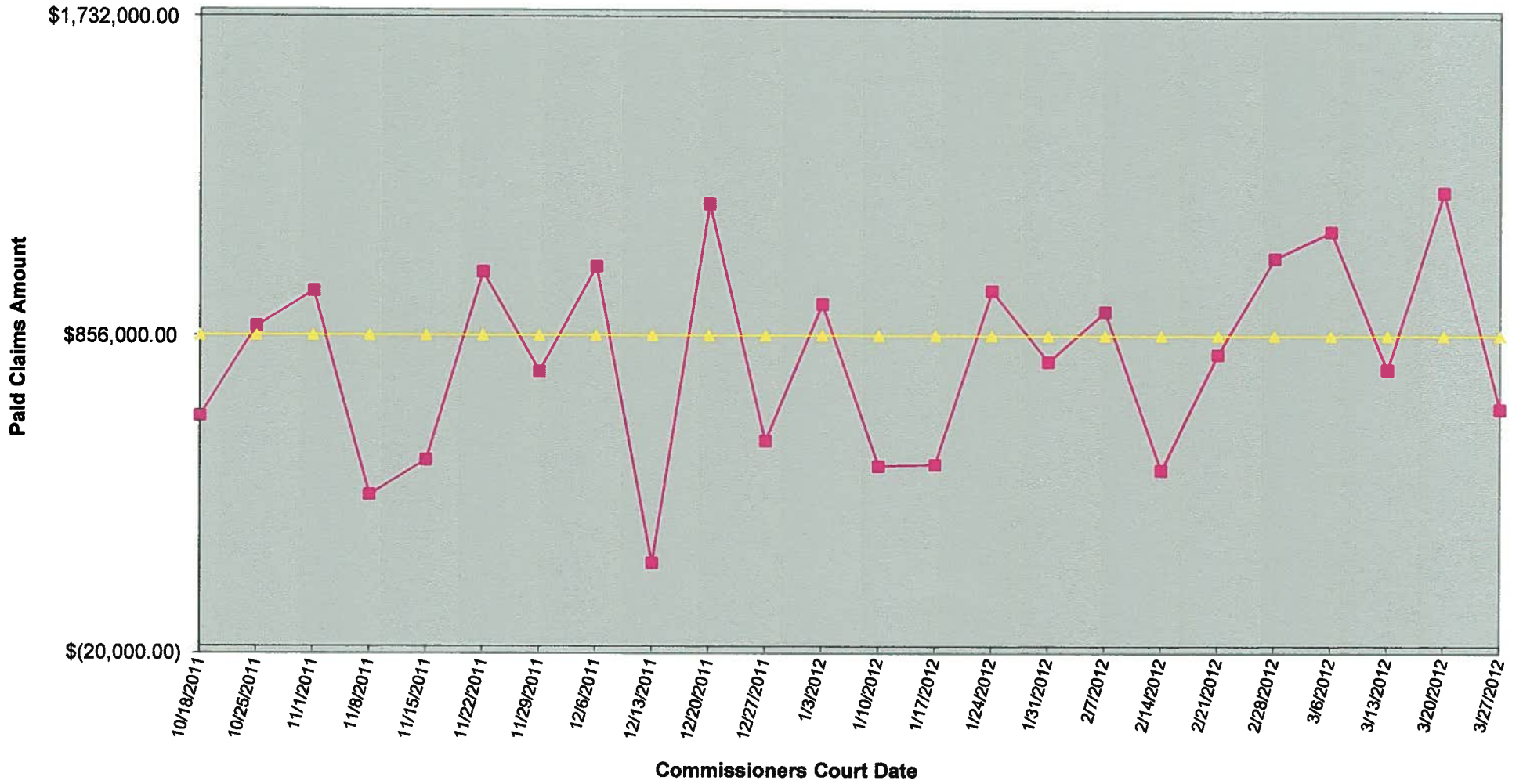
Please see the attached reports for supporting detail information.

TRAVIS COUNTY
HOSPITAL AND INSURANCE FUND
SUPPORTING DETAIL FOR THE
WEEKLY REIMBURSEMENT REQUEST TO
COMMISSIONERS COURT
FOR THE PAYMENT PERIOD
MARCH 9, 2012 TO MARCH 15, 2012

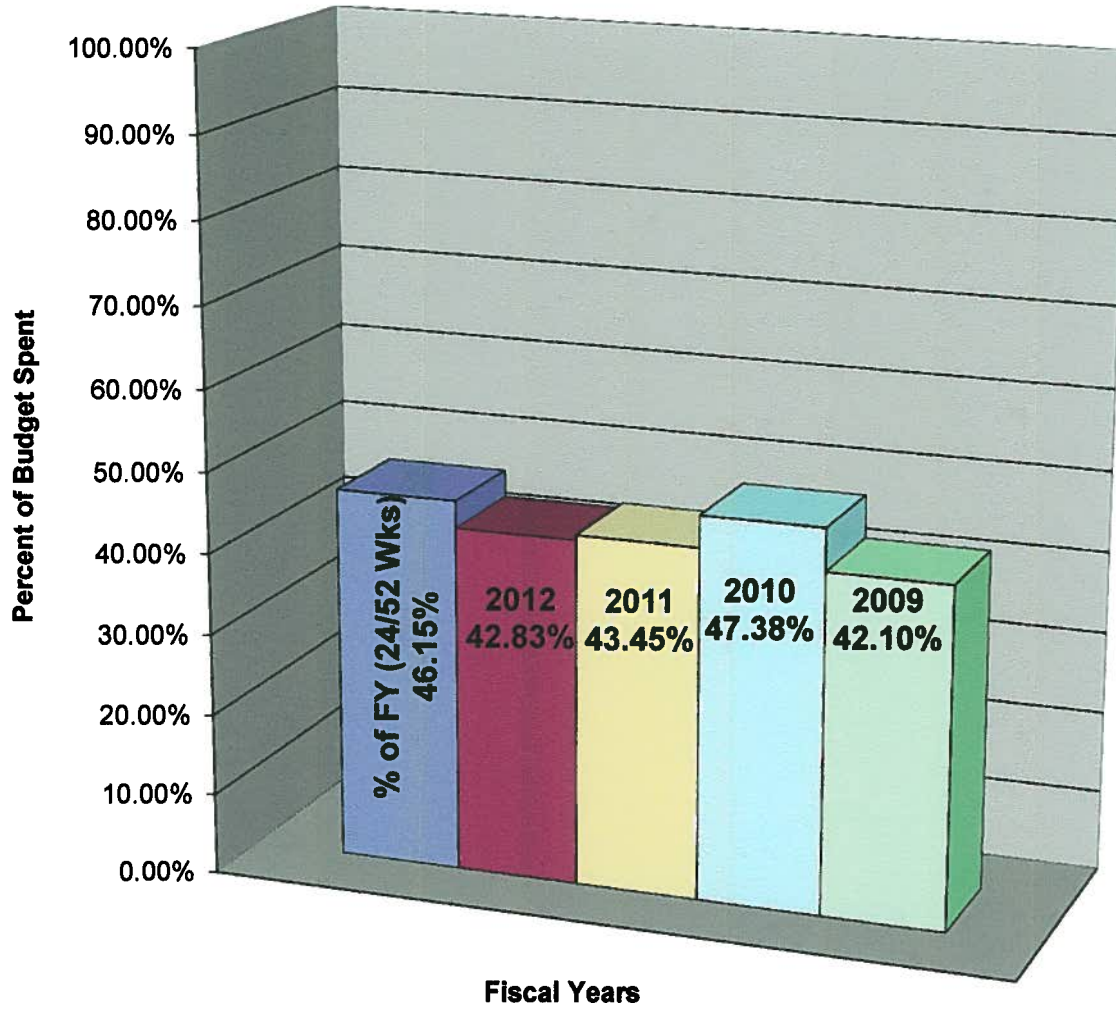
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- Page 1. Detailed Recommendation to Travis County Auditor for transfer of funds.**
- Page 2. Chart of Weekly Reimbursements Compared to Budget.**
- Page 3. Paid Claims Compared to Budgeted Claims.**
- Page 4. FY Comparison of Paid Claims to Budget.**
- 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 Employee Benefit Plan
FY12 Paid Claims vs Weekly Claims Budget of \$856,615.23**



Comparison of Claims to FY Budgets Week 24



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Norman McRee

From: SIFSFX@UHC.COM on behalf of SIFSFX
Sent: Friday, March 16, 2012 12:28 AM
To: Norman McRee
Subject: UHG FUNDING NOTIFICATION

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: 2012-03-16 REQUEST AMOUNT: \$1,908,855.03

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: 2012-03-15	\$803,130.35
- REQUIRED BALANCE TO BE MAINTAINED:	\$2,668,041.00
+ PRIOR DAY REQUEST:	\$00.00
= UNDER DEPOSIT:	<u>\$1,864,910.65</u>
+ CURRENT DAY NET CHARGE:	\$43,944.38
+ FUNDING ADJUSTMENTS:	\$00.00
REQUEST AMOUNT:	<u>\$1,908,855.03</u>

ACTIVITY FOR WORK DAY: 2012-03-09

CUST PLAN	CLAIM	NON CLAIM	NET CHARGE
0632	\$69,702.09	\$00.00	\$69,702.09
TOTAL:	\$69,702.09	\$00.00	\$69,702.09

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UNITED HEALTHCARE CHECK REGISTER FOR TRAVIS COUNTY SUBMITTED 2012_03_15

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	-\$14.41	28	5862894	AA		1	3/9/2012	55	3/14/2012	3/15/2012
701254	632	-\$14.41	28	5862893	AA		1	3/9/2012	55	3/14/2012	3/15/2012
701254	632	-\$14.41	28	5862892	AA		1	3/9/2012	55	3/14/2012	3/15/2012
701254	632	-\$14.41	28	5862891	AA		1	3/9/2012	55	3/14/2012	3/15/2012
701254	632	-\$14.41	28	5862890	AA		1	3/9/2012	55	3/14/2012	3/15/2012
701254	632	-\$14.41	28	5862906	AA		1	3/9/2012	55	3/14/2012	3/15/2012
701254	632	-\$18.01	28	5865403	AA		1	3/9/2012	55	3/14/2012	3/15/2012
701254	632	-\$18.01	28	5865404	AA		1	3/9/2012	55	3/14/2012	3/15/2012
701254	632	-\$20.14	28	5866841	AA		1	3/9/2012	55	3/14/2012	3/15/2012
701254	632	-\$24.32	28	5869011	AA		1	3/9/2012	55	3/14/2012	3/15/2012
701254	632	-\$41.42	PH	33848563	AA		5	12/22/2011	50	3/12/2012	3/15/2012
701254	632	-\$45.85	28	5873307	AA		1	3/9/2012	55	3/14/2012	3/15/2012
701254	632	-\$46.32	QG	70602435	AA		5	3/10/2012	50	3/16/2012	3/15/2012
701254	632	-\$49.45	RH	85517890	AH		6	3/9/2012	50	3/15/2012	3/15/2012
701254	632	-\$60.86	RG	63180650	AH		7	3/8/2012	50	3/15/2012	3/15/2012
701254	632	-\$79.76	28	5874921	AA		1	3/9/2012	55	3/14/2012	3/15/2012
701254	632	-\$231.34	UX	24612510	AH		5	3/8/2012	50	3/14/2012	3/15/2012
701254	632	-\$834.70	QG	90856621	AH		6	3/7/2012	50	3/13/2012	3/15/2012
701254	632	-\$1,523.54	QG	1338222	AH		3	3/8/2012	50	3/14/2012	3/15/2012

654,180.98

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

For the payment week ending: uhchte

<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: 3/15/2012

TYPE	MEMBER TYPE	TRANS_AMT
CEPO		
	EE	
	526-1145-522.45-28	90,106.11
	RR	
	526-1145-522.45-29	4,385.42
Total CEPO		\$94,491.53
EPO		
	EE	
	526-1145-522.45-20	144,945.26
	RR	
	526-1145-522.45-21	13,128.13
Total EPO		\$158,073.39
PPO		
	EE	
	526-1145-522.45-25	384,102.26
	RR	
	526-1145-522.45-26	17,513.80
Total PPO		\$401,616.06
Grand Total		\$654,180.98