

Travis County Commissioners Court Agenda Request

Meeting Date: April 17, 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 \$620,075.83, for the period of March 30 to April 5, 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 \$620,075.83.

ISSUES AND OPPORTUNITIES:

See attached.

FISCAL IMPACT AND SOURCE OF FUNDING:

Employee Health Benefit Fund (526) - \$620,075.83

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: April 17, 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 30, 2012 to April 5, 2012

REIMBURSEMENT REQUESTED

FOR THIS PERIOD: \$620,075.83

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 \$620,075.83.

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 30, 2012 TO APRIL 5, 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:

April 17, 2012

TO: FROM: Susan Spataro, County Auditor 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:

March 30, 2012

TO:

April 5, 2012

REIMBURSEMENT REQUESTED:

\$ 620,075.83

SUPPORTING DETAIL FOR REIMBURSEMENT REQUESTED:

NOTIFICATION OF AMOUNT OF REQUEST FROM UHC*:	\$	1,672,344.12
bank withdrawal correction LESS: REIMBURSEMENTS PREVIOUSLY APPROVED BY	\$	(2,850.00)
COMMISSIONERS COURT: April 10, 2012	\$ \$	(1,049,553.56)
October 5, 2010 adj Adjust to balance per UHC	\$	135.10 0.17
	a a	
TOTAL CLAIMS REIMBURSEMENT REQUESTED BY UHC FOR THIS WEEK**:	\$	620,075.83
PAYMENTS DEEMED NOT REIMBURSABLE	\$	-
TRANSFER OF FUNDS REQUESTED:	\$	620,075.83

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

All claims over \$25,000 (1 this week totaling \$52,789.64) 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 (\$93,325.47) 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 (\$2,997.19).

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.

Diana Blankanahin Director HPMD

Data

Diane Diankonship, Director, 1 Inter-

40

Writing K

Date

11 les / Res

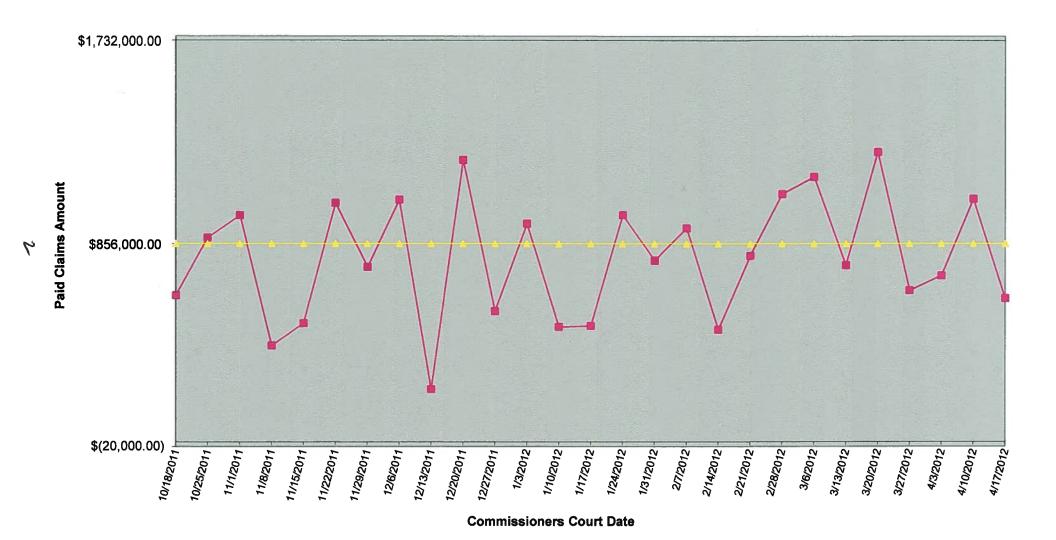
D-4-

Norman McRee, Financial Analyst

Doto

^{**} 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



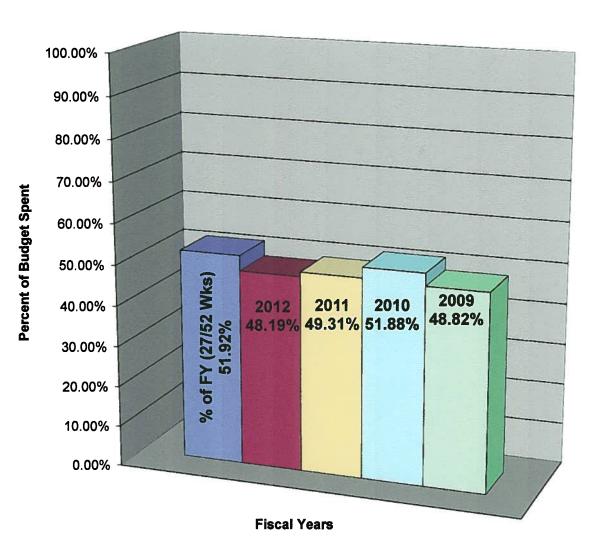
Travis County Employee Benefit Plan FY12 Weekly Paid Claims VS Weekly Budgeted Amount

w			Voting		Pd Claims		Budgeted	# of	To	tal of Large	FY 2012 %	FY 2011 %
k	Period from	Period To	Session Date		Request	We	ekly Claims	Large		Claims	of Budget	of Budget
				_	Amount			Claims	_		Spent	Spent
1	9/30/2011	10/6/2011	10/18/2011	\$	633,677.95	\$	856,615.23	2	\$	84,383.56	1.42%	1.14%
2	10/7/2011	10/13/2011		\$	882,462.44	\$	856,615.23	1	\$	34,434.26	3.40%	3.65%
4		10/20/2011 10/27/2011		\$	978,780.20 417,495.82		856,615.23 856,615.23	0	\$	85,633.00	5.60%	4.76%
5	10/21/2011		11/15/2011	<u>\$</u>	513,031.56	\$	856,615.23	1	\$	25,354.52	6.54% 7.69%	7.22% 8.28%
6	11/4/2011	11/10/2011	11/22/2011	\$	1,031,570.27	\$	856,615.23	0	\$	20,354.52	10.01%	10.69%
17		11/17/2011	11/29/2011	\$	757,171.26	\$	856,615.23	2	\$	166,108.32	11.71%	12.20%
8		11/24/2011	12/6/2011	\$	1,045,944.29	\$	856,615.23	1	\$	29,029.81	14.05%	14.23%
9	11/25/2011	12/1/2011	12/13/2011	\$	229,111.51	\$	856,615.23	0	\$		14.57%	15.77%
10	12/2/2011	12/8/2011	12/20/2011	\$	1,217,952.91	\$	856,615.23	4	\$	166,327.24	17.30%	17.99%
111	12/9/2011	12/15/2011	12/27/2011	\$	565,509.10	\$	856,615.23	1	\$	30,240.78	18.57%	19.10%
		12/22/2011	1/3/2012	\$	942,710.54	\$	856,615.23	0	\$	-	20.69%	21.81%
		12/29/2011	1/10/2012	\$	497,081.54	\$	856,615.23	3	\$	90,452.62	21.80%	22.62%
14	12/30/2011	1/5/2012	1/17/2012	\$	501,307.66	\$	856,615.23	1	\$	33,103.70	22.93%	24.21%
15	1/6/2012	1/12/2012	1/24/2012	\$	980,234.49	\$	856,615.23	0	\$	-	25.13%	25.75%
16	1/13/2012	1/19/2012	1/31/2012	\$	784,679.34	\$	856,615.23	5	\$	247,915.57	26.89%	28.64%
17	1/20/2012	1/26/2012	2/7/2012	\$	923,174.33	\$	856,615.23	1	\$	43,848.52	28.96%	29.97%
18	1/27/2012	2/2/2012	2/14/2012	\$	485,429.02	\$	856,615.23	0	\$	_	30.05%	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	\$	1,070,701.34	\$	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	\$	763,227.16	\$	856,615.23	2	\$	152,289.82	38.55%	39.34%
23	3/2/2012	3/8/2012	3/20/2012	\$	1,251,959.32	\$	856,615.23	4	\$	222,757.96	41.36%	41.06%
24	3/9/2012	3/15/2012	3/27/2012	\$	654,180.98	\$	856,615.23	1	\$	27,512.35	42.83%	43.45%
25 26	3/16/2012 3/23/2012	3/22/2012 3/29/2012	4/3/2012 4/10/2012	\$	718,070.63 1,049,553.56	\$	856,615.23	2	\$	147,348.72	44.44%	45.18% 47.71%
27	3/30/2012	4/5/2012	4/17/2012	\$	620,075.83	\$ \$	856,615.23 856,615.23	1	\$	65,033.32 52,789.64	46.79% 48.19%	49.31%
121	3/30/2012	4/3/2012	4/11/2012	Ψ	020,013.03	4	030,013.23		9	32,709.04	40.1976	49.3170
		-,							-			
								17				
\vdash												
\vdash												
⊢							····					
\vdash						<u> </u>						
						-						
\vdash							·					
\vdash						 -			-			
\vdash		, 4 H ₁ H										
Н						-						
										-		
							· 11 · 12					
										, -		
						L			L	-		

Paid & Budgeted Claims to Date	\$ 21,464,015.66	\$ 23,128,611.23			
Paid Claims less Total W	Paid Claims less Total Weekly Budget				

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 27



Norman McRee

From:

SIFSFAX@UHC.COM

Sent:

Friday, April 06, 2012 2:10 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: 2012-04-06

REQUEST AMOUNT: \$1,672,344.12

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: 2012-04-05

\$1,101,037.45

- REQUIRED BALANCE TO BE MAINTAINED:

\$2,668,041.00

+ PRIOR DAY REQUEST:

\$00.00

= UNDER DEPOSIT:

\$1,567,003.55

+ CURRENT DAY NET CHARGE:

\$105,340.57

+ FUNDING ADJUSTMENTS:

\$00.00

REQUEST AMOUNT:

\$1,672,344.12

ACTIVITY FOR WORK DAY: 2012-03-30

CUST

NON

NET

PLAN 0632 CLAIM \$45,440.74 \$00.00

CHARGE \$45,440.74

TOTAL:

\$45,440.74

\$00.00

\$45,440.74

UNITED HEALTHCARE CHECK REGISTER FOR TRAVIS COUNTY SUBMITTED 2012_04_05

_		TRANS_AMT SRS			_ID C	LM_ACCT_	NBR :				WK_END_DT
701254	632	0.01 QG	1084	0343 AA			1	4/2/2012	42	4/3/2012	4/5/2012
701254	632	0.01 QG	1084	0343 AE			5	4/2/2012	42	4/3/2012	4/5/2012
701254	632	0.01 QG	1084	5259 AE			6	4/3/2012	42	4/5/2012	4/5/2012
701254	632	0.01 QG	1084	5259 AE			9	4/3/2012	42	4/5/2012	4/5/2012
701254	632	0.01 QG	185	8675 AH			1	4/2/2012	42	4/3/2012	4/5/2012
701254	632	0.01 QG	1084	0343 AH			1	4/2/2012	42	4/3/2012	4/5/2012
701254	632	0.01 QG	1084	0343 AH			1	4/2/2012	42	4/3/2012	4/5/2012
701254	632	0.01 QG	1084	0343 AH			6	4/2/2012	42	4/3/2012	4/5/2012
701254	632	0.01 QG	1084	0343 AH			7	4/2/2012	42	4/3/2012	4/5/2012
701254	632	0.01 QG	1084	0343 AH			8	4/2/2012	42	4/3/2012	4/5/2012
701254	632	0.01 QG	1084	5259 AH			6	4/3/2012	42	4/5/2012	4/5/2012
701254	632	0.01 QG	1084	5259 AH			6	4/3/2012	42	4/5/2012	4/5/2012
701254	632	0.01 QG	1084	5259 AH			7	4/3/2012	42	4/5/2012	4/5/2012
701254	632	0.01 QG	1084	5259 AH			1	4/3/2012	42	4/5/2012	4/5/2012
701254	632	0.01 QG	1084	5259 AH			1	4/3/2012	42	4/5/2012	4/5/2012
701254	632	0.01 QG	1084	5259 AH			1	4/3/2012	42	4/5/2012	4/5/2012
701254	632	-73.15 QG	3045	2177 AH			9	8/26/2011	42	4/2/2012	4/5/2012
701254	632	-637.57 QG	2072	8418 AA			17	3/29/2012	42	4/3/2012	4/5/2012
701254	632	-2,286.47 QG	6032	0937 AH			9	3/27/2012	42	3/30/2012	4/5/2012

620,075.83

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

For the payment week ending:

04/05/2012

CLAIM

TRANS

CONTR_# TRANS_AMT SRS CHK_#

GRP ACCT# ISS_DATE

CODE TRANS_DATE

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:

4/5/2012

ТҮРЕ	MEMBER TYPE	TRANS_AMT		·
CEPO				,
EF				
	526-1145-522.45-28	68,139.40		
RI	₹			
	526-1145-522.45-29	6,394.09		
Total CEPO			\$74,533.49	
EPO			. ,	
EF	S.			
	526-1145-522.45-20	97,323.96		
RI	₹			
	526-1145-522.45-21	21,340.24		
Total EPO			\$118,664.20	
PPO			·	
E	3			
	526-1145-522.45-25	409,961.97		
RI	₹			
	526-1145-522.45-26	16,916.17		
Total PPO			\$426,878.14	
Grand Total			\$620,075.83	

Monday, April 09, 2012

Page 1 of 1