Item 6



Travis County Commissioners Court Agenda Request

Meeting Date: April 24, 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 \$1,347,518.33, for the period of April 6 to April 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 \$1,347,518.33.

ISSUES AND OPPORTUNITIES:

See attached.

FISCAL IMPACT AND SOURCE OF FUNDING:

Employee Health Benefit Fund (526) - \$1,347,518.33

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:	April 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:	April 6, 2012 to April 12, 2012
REIMBURSEMENT REQUESTED FOR THIS PERIOD:	\$1,347,518.33
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 \$1,347,518.33.

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 APRIL 6, 2012 TO APRIL 12, 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.

DATE: TO: FROM: COUNTY DEPT. April 24, 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:

April 6, 2012 April 12, 2012

REIMBURSEMENT REQUESTED:

1.347.518.33

SUPPORTING DETAIL FOR REIMBURSEMENT REQUESTED:

NOTIFICATION OF AMOUNT OF REQUEST FROM UHC*:	\$ 1,970,308.89
bank withdrawal correction LESS: REIMBURSEMENTS PREVIOUSLY APPROVED BY	\$ (2,850.00)
COMMISSIONERS COURT: April 17, 2012	\$ (620,075.83)
	\$ -
October 5, 2010 adj	\$ 135.10
Adjust to balance per UHC	\$ 0.17
TOTAL CLAIMS REIMBURSEMENT REQUESTED BY UHC FOR THIS WEEK**:	\$ 1,347,518.33
PAYMENTS DEEMED NOT REIMBURSABLE	\$ -
TRANSFER OF FUNDS REQUESTED:	\$ 1,347,518.33

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 \$251,686.20) 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 (\$165,153.28) 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 (\$25,342.03).

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.

Not available Diane Poirot, Director, HRMD Date

4×13. Dan Mansour,

Benefit Contract Administrator

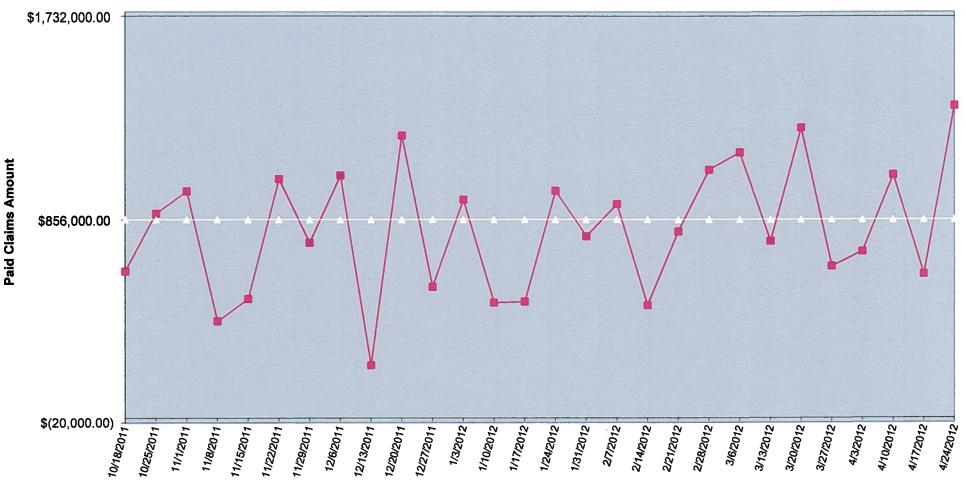
Norman Mc Gee

Norman McRee, Financial Analyst

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



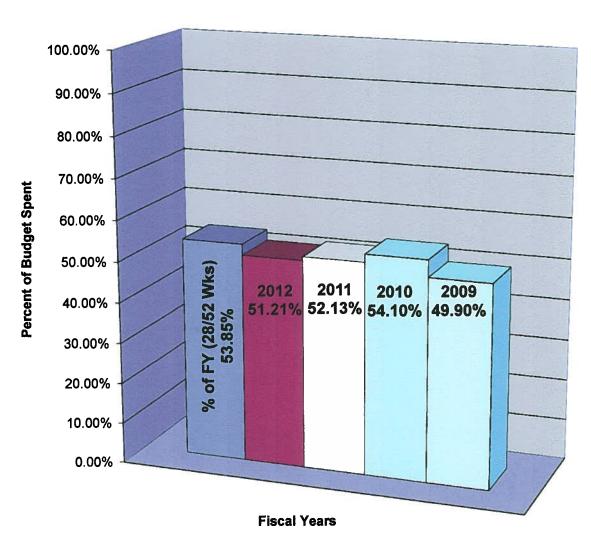
Commissioners Court Date

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

W k	Period from	Period To	Voting Session Date		Pd Claims Request	W	Budgeted eekly Claims	# of Large	То	tal of Large Claims	FY 2012 % of Budget	FY 2011 % of Budget
	0/00/0044	40/0/0044			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%
23	10/7/2011 10/14/2011	10/13/2011 10/20/2011	10/25/2011 11/1/2011	\$ \$	882,462.44 978,780.20	\$	856,615.23 856,615.23	1	⊅ \$	34,434.26 85,633.00	3.40% 5.60%	3.65% 4.76%
4	10/14/2011	10/20/2011	11/8/2011	эр \$	417,495.82	3 \$	856,615.23	0	ب \$	05,055.00	6.54%	7.22%
5	10/28/2011	11/3/2011	11/15/2011	9 \$	513,031.56	9 \$	856,615.23	1	\$	25,354.52	7.69%	8.28%
6		11/10/2011	11/22/2011	\$	1,031,570.27	\$	856,615.23	0	\$	20,004.02	10.01%	10.69%
7		11/17/2011	11/29/2011	\$	757,171.26	\$	856,615.23	2	\$	166,108.32	11.71%	12.20%
8	11/18/2011	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		12/8/2011	12/20/2011	\$	1,217,952.91	\$	856,615.23	.4	\$	166,327.24	17.30%	17.99%
11		12/15/2011	12/27/2011	\$	565,509.10	\$	856,615.23	1	\$	30,240.78	18.57%	19.10%
12		12/22/2011	1/3/2012	\$	942,710.54	\$	856,615.23	0	\$	-	20.69%	21.81%
13		12/29/2011	1/10/2012	\$	497,081.54	\$	856,615.23	3	\$	90,452.62	21.80%	22.62%
14		1/5/2012	1/17/2012	\$	501,307.66	\$	856,615.23	1	\$	33,103.70	22.93%	24.21%
15		1/12/2012	1/24/2012	\$	980,234.49	\$	856,615.23	0	\$	- 1	25.13%	25.75%
16		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		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	3/16/2012	3/22/2012	4/3/2012	\$	718,070.63	\$	856,615.23	4	\$	147,348.72	44.44%	45.18%
26	3/23/2012	3/29/2012	4/10/2012	\$	1,049,553.56	\$	856,615.23	2	\$	65,033.32	46.79%	47.71%
27	3/30/2012	4/5/2012	4/17/2012	\$	620,075.83	\$	856,615.23	1	\$	52,789.64	48.19%	49.31%
28	4/6/2012	4/12/2012	4/24/2012	\$	1,347,518.33	\$	856,615.23	4	\$ 1	,347,518.33	51.21%	52.13%
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		Paid & Budge	ted Claims to Date	¢	22 811 522 00	6	23,985,226.46	1				
		Paid & Budgeted Claims to Date \$ 22,811,533.99 Paid Claims less Total Weekly Budget					.0,000,220.40					

Paid Claims less Total Weekly Budget \$ (1,173,692.47)

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 28

Norman McRee

From: Sent: To: Subject: SIFSFAX@UHC.COM Friday, April 13, 2012 12:38 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: 2012-04-13 REQUEST AMOUNT: \$1,970,308.89

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: 2012-04-12

+ ENDING BANK ACCOUNT BALANCE FROM: 2012-04-12\$751,723.19- REQUIRED BALANCE TO BE MAINTAINED:\$2,668,041.00+ PRIOR DAY REQUEST:\$00.00

= UNDER DEPOSIT: \$1,916,317.81

+ CURRENT DAY NET CHARGE:\$53,991.08+ FUNDING ADJUSTMENTS:\$00.00

REQUEST AMOUNT: \$1,970,308.89

ACTIVITY FOR WORK DAY: 2012-04-06

CUST		NON	NET
PLAN	CLAIM	CLAIM	CHARGE
0632	\$539,815.81	\$00.00	\$539,815.81
TOTAL:	\$539,815.81	\$00.00	\$539,815.81

UNITED HEALTHCARE CHECK REGISTER FOR TRAVIS COUNTY SUBMITTED 2012_04_12

CONTR_NBR	PLN_ID	TR	ANS_AMT	SRS	DESG_NBR	CHK_NBR	GRP_ID	CLM_ACCT_NBR	I	ISS_DT	TRANS_TYP	CD	TRANS_DT	WK_END_DI
701254	632	\$	(311.00)	QG		91016898	AH	8	8	3/31/2012		50	4/9/2012	4/12/2012
701254	632	\$	(314.63)	A1		45394	AH	8	8	4/1/2012		200	4/9/2012	4/12/2012
701254	632	\$	(318.17)	A1		61000	AH	ę	9	4/1/2012		200	4/9/2012	4/12/2012
701254	632	\$	(336.00)	QG		90952187	AA	ş	9	4/8/2012		50	4/13/2012	4/12/2012
701254	632	\$	(336.00)	QG		91078542	AA	8	8	4/8/2012		50	4/13/2012	4/12/2012
701254	632	\$	(337.10)	A1		61037	AH		1	4/1/2012		200	4/9/2012	4/12/2012
701254	632	\$	(337.10)	A1		60861	AE	ę	9	4/1/2012		200	4/9/2012	4/12/2012
701254	632	\$	(342.50)	A1		42053	AH	8	8	4/1/2012		200	4/9/2012	4/12/2012
701254	632	\$	(385.70)	A1		28035	AH	•	1	4/1/2012		200	4/9/2012	4/12/2012
701254	632	\$	(400.29)	A1		12336	AH	3	3	4/1/2012		200	4/9/2012	4/12/2012
701254	632	\$	(489.65)	A1		60836	AA	11	1	4/1/2012		200	4/9/2012	4/12/2012
701254	632	\$	(547.80)		28	5944158	AE	Ę	5	4/10/2012		50	4/13/2012	4/12/2012
701254	632	\$	(774.20)	A1		65346	AH	7	7	4/1/2012		200	4/9/2012	4/12/2012
701254	632	\$	(814.28)	A1		67208	AA	16	6	4/1/2012		200	4/9/2012	4/12/2012
701254	632	\$	(889.37)	A1		80914	AE	Ę	5	4/1/2012		200	4/9/2012	4/12/2012
701254	632	\$	(912.23)	A1		67410	AA	(6	4/1/2012		200	4/9/2012	4/12/2012
701254	632	\$	(978.00)	QG		20764064	AA	6	6	3/30/2012		50	4/9/2012	4/12/2012
701254	632	\$	(986.95)	A1		60878	AA		1	4/1/2012		200	4/9/2012	4/12/2012
701254	632	\$	(1,182.73)	A1		42023	AA	8	8	4/1/2012		200	4/9/2012	4/12/2012

1,347,518.33

Travis County Hospital and Insurance Fund - County Employees

UHC Payments Deemed Not Reimbursable

For the payment week ending: 04/12/12

CONTR_# TRANS_AMT SRS CHK_# CLAIM TRANS CONTR_# TRANS_AMT SRS CHK_# GRP ACCT# ISS_DATE CODE TRANS_DATE

Total: \$0.00

4/13/2012 10:06:49 AM

YPE	MEMBER TYPE	TRANS_AMT	
CEPO			
EF			
	526-1145-522.45-28	149,361.90	
RF	- -		
	526-1145-522.45-29	16,202.49	
Total CEPO			\$165,564.39
E PO			
EE			
	526-1145-522.45-20	241,560.61	
RR			
	526-1145-522.45-21	70,964.02	
Total EPO			\$312,524.63
PO			
EE			
	526-1145-522.45-25	802,311.31	
RR			
	526-1145-522.45-26	67,118.00	
Total PPO			\$869,429.31
Grand Total		\$	1,347,518. 33

Travis County - Hospital and Self Insurance Fund (526)

Journal Entry for the Reimbursement to United Health Care

Friday, April 13, 2012

Page 1 of 1