



## 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

*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 \$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, [Cheryl.Aker@co.travis.tx.us](mailto: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 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**

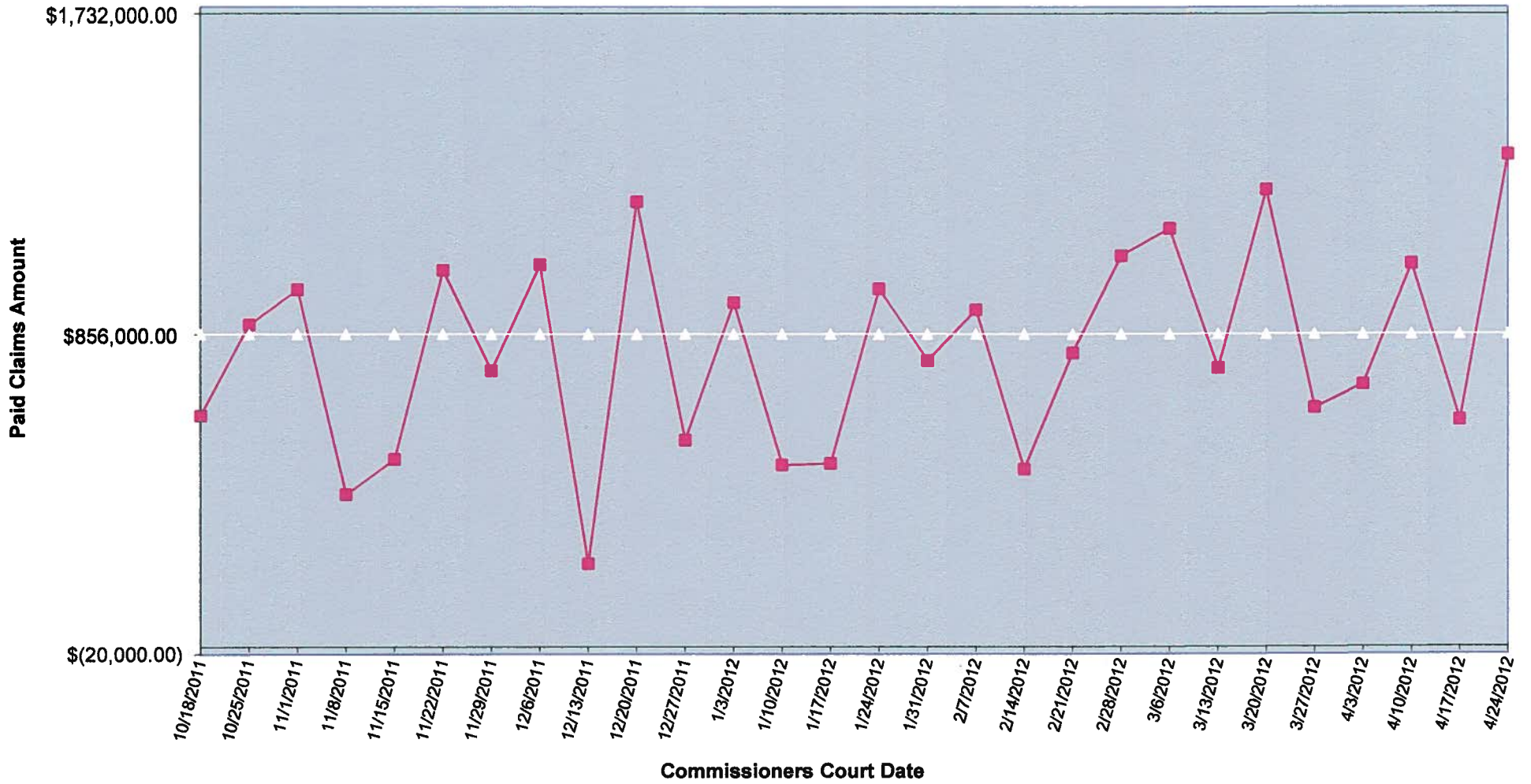
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- Page 1. Detailed Recommendation to Travis County Auditor for transfer of funds.**
- Page 2. Chart of Weekly Reimbursements Compared to Budget.**
- Page 3. Paid Claims Compared to Budgeted Claims.**
- Page 4. FY Comparison of Paid Claims to Budget.**
- 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.**



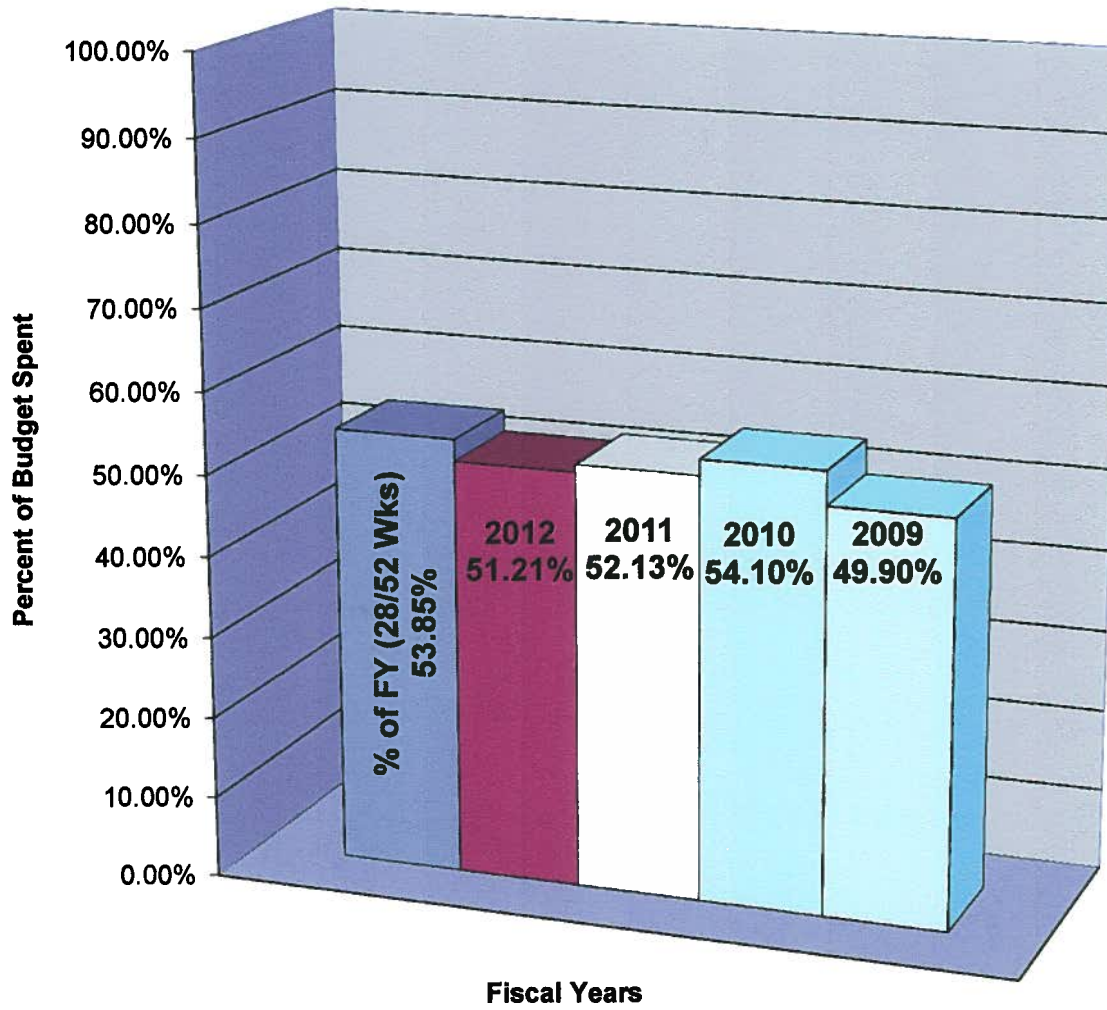
**Travis County Employee Benefit Plan  
FY12 Paid Claims vs Weekly Claims Budget of \$856,615.23**

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### Comparison of Claims to FY Budgets Week 28



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**Norman McRee**

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**From:** SIFSAX@UHC.COM  
**Sent:** Friday, April 13, 2012 12:38 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: 2012-04-13                      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

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**CALCULATION OF REQUEST AMOUNT**

+ 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:	<u>\$1,916,317.81</u>
+ CURRENT DAY NET CHARGE:	\$53,991.08
+ FUNDING ADJUSTMENTS:	\$00.00
REQUEST AMOUNT:	<u>\$1,970,308.89</u>

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**ACTIVITY FOR WORK DAY: 2012-04-06**

CUST PLAN	CLAIM	NON CLAIM	NET 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	TRANS_AMT	SRS_DESG_NBR	CHK_NBR	GRP_ID	CLM_ACCT_NBR	ISS_DT	TRANS_TYP_CD	TRANS_DT	WK_END_DT
701254	632	\$ (311.00)	QG	91016898	AH		8 3/31/2012	50	4/9/2012	4/12/2012
701254	632	\$ (314.63)	A1	45394	AH		8 4/1/2012	200	4/9/2012	4/12/2012
701254	632	\$ (318.17)	A1	61000	AH		9 4/1/2012	200	4/9/2012	4/12/2012
701254	632	\$ (336.00)	QG	90952187	AA		9 4/8/2012	50	4/13/2012	4/12/2012
701254	632	\$ (336.00)	QG	91078542	AA		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		9 4/1/2012	200	4/9/2012	4/12/2012
701254	632	\$ (342.50)	A1	42053	AH		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 4/1/2012	200	4/9/2012	4/12/2012
701254	632	\$ (489.65)	A1	60836	AA		11 4/1/2012	200	4/9/2012	4/12/2012
701254	632	\$ (547.80)		28 5944158	AE		5 4/10/2012	50	4/13/2012	4/12/2012
701254	632	\$ (774.20)	A1	65346	AH		7 4/1/2012	200	4/9/2012	4/12/2012
701254	632	\$ (814.28)	A1	67208	AA		16 4/1/2012	200	4/9/2012	4/12/2012
701254	632	\$ (889.37)	A1	80914	AE		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 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 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

<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: 4/12/2012

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<b>TYPE</b>	<b>MEMBER TYPE</b>	<b>TRANS_AMT</b>
<b>CEPO</b>		
	EE	
	<b>526-1145-522.45-28</b>	<b>149,361.90</b>
	RR	
	<b>526-1145-522.45-29</b>	<b>16,202.49</b>
Total CEPO		\$165,564.39
<b>EPO</b>		
	EE	
	<b>526-1145-522.45-20</b>	<b>241,560.61</b>
	RR	
	<b>526-1145-522.45-21</b>	<b>70,964.02</b>
Total EPO		\$312,524.63
<b>PPO</b>		
	EE	
	<b>526-1145-522.45-25</b>	<b>802,311.31</b>
	RR	
	<b>526-1145-522.45-26</b>	<b>67,118.00</b>
Total PPO		\$869,429.31
Grand Total		\$1,347,518.33