



Travis County Commissioners Court Agenda Request

Meeting Date: May 1, 2012

Prepared By/Phone Number: Norman McRee/854-4821

Elected/Appointed Official/Dept. Head: Leslie Browder, County Executive, Planning & Budget *LB*

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 \$512,438.99, for the period of April 13 to April 19, 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 \$512,438.99.

ISSUES AND OPPORTUNITIES:

See attached.

FISCAL IMPACT AND SOURCE OF FUNDING:

Employee Health Benefit Fund (526) – \$512,438.99

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: May 1, 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 13, 2012 to April 19, 2012

REIMBURSEMENT REQUESTED FOR THIS PERIOD: \$512,438.99

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 \$512,438.99*

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 13, 2012 TO APRIL 19, 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: May 1, 2012
 TO: Susan Spataro, County Auditor
 FROM: 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: April 13, 2012
 TO: April 19, 2012

REIMBURSEMENT REQUESTED: \$ 512,438.99

SUPPORTING DETAIL FOR REIMBURSEMENT REQUESTED:

NOTIFICATION OF AMOUNT OF REQUEST FROM UHC*:	\$ 1,862,672.05
bank withdrawal correction	\$ (2,850.00)
LESS: REIMBURSEMENTS PREVIOUSLY APPROVED BY COMMISSIONERS COURT: April 24, 2012	\$ (1,347,518.33)
October 5, 2010 adj	\$ 135.10
Adjust to balance per UHC	\$ 0.17
TOTAL CLAIMS REIMBURSEMENT REQUESTED BY UHC FOR THIS WEEK**:	\$ 512,438.99
 PAYMENTS DEEMED NOT REIMBURSABLE	 \$ -
TRANSFER OF FUNDS REQUESTED:	\$ 512,438.99

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 \$28,723.77) 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 (\$141,478.90) 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 (\$81,337.04).


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.

 4/23/12
 Diane Poirot, Director, HRMD Date

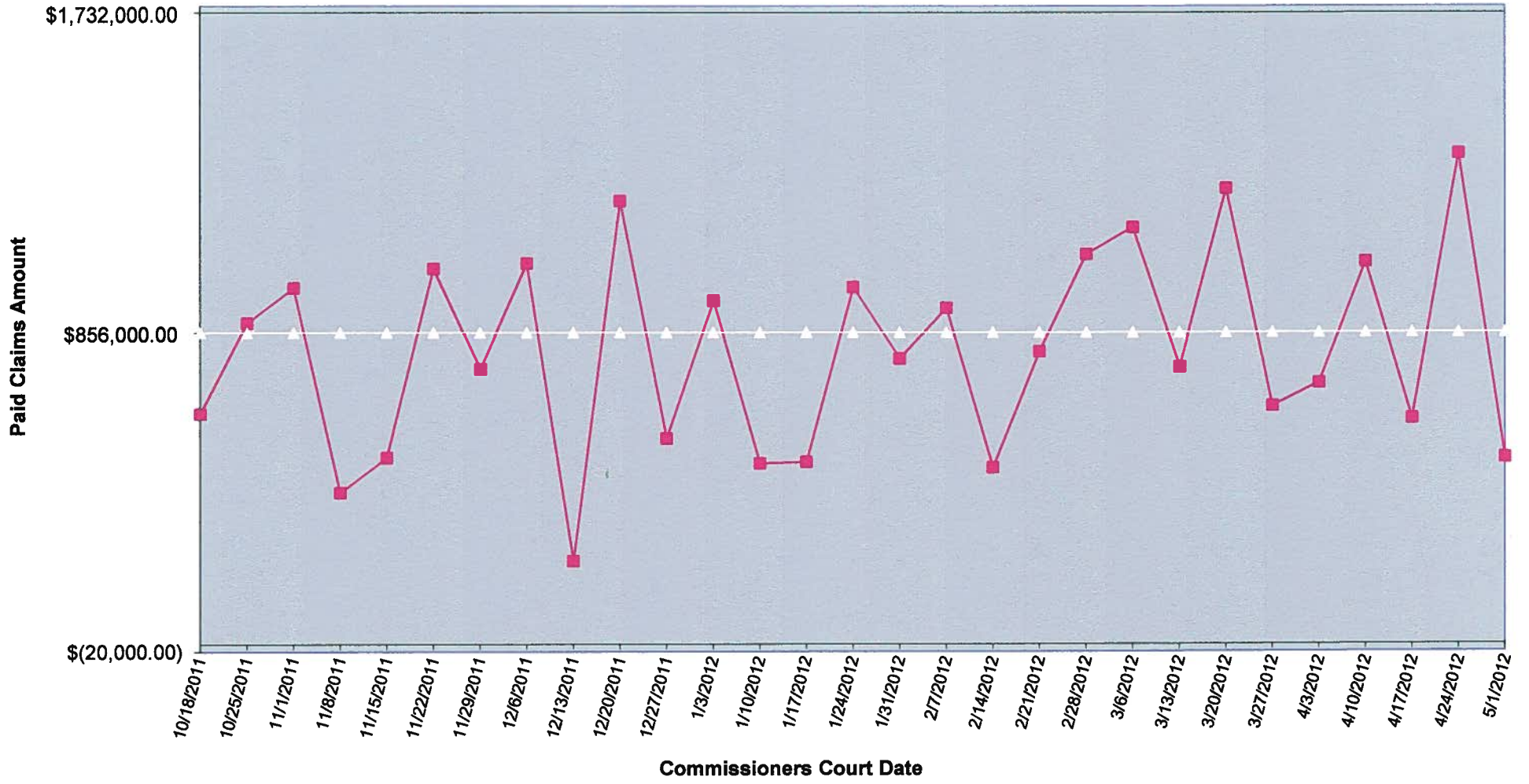
 4-23-12
 Dan Mansour, Risk Manager Date

 4-20-12
 Cindy Purinton, Benefit Contract Administrator Date

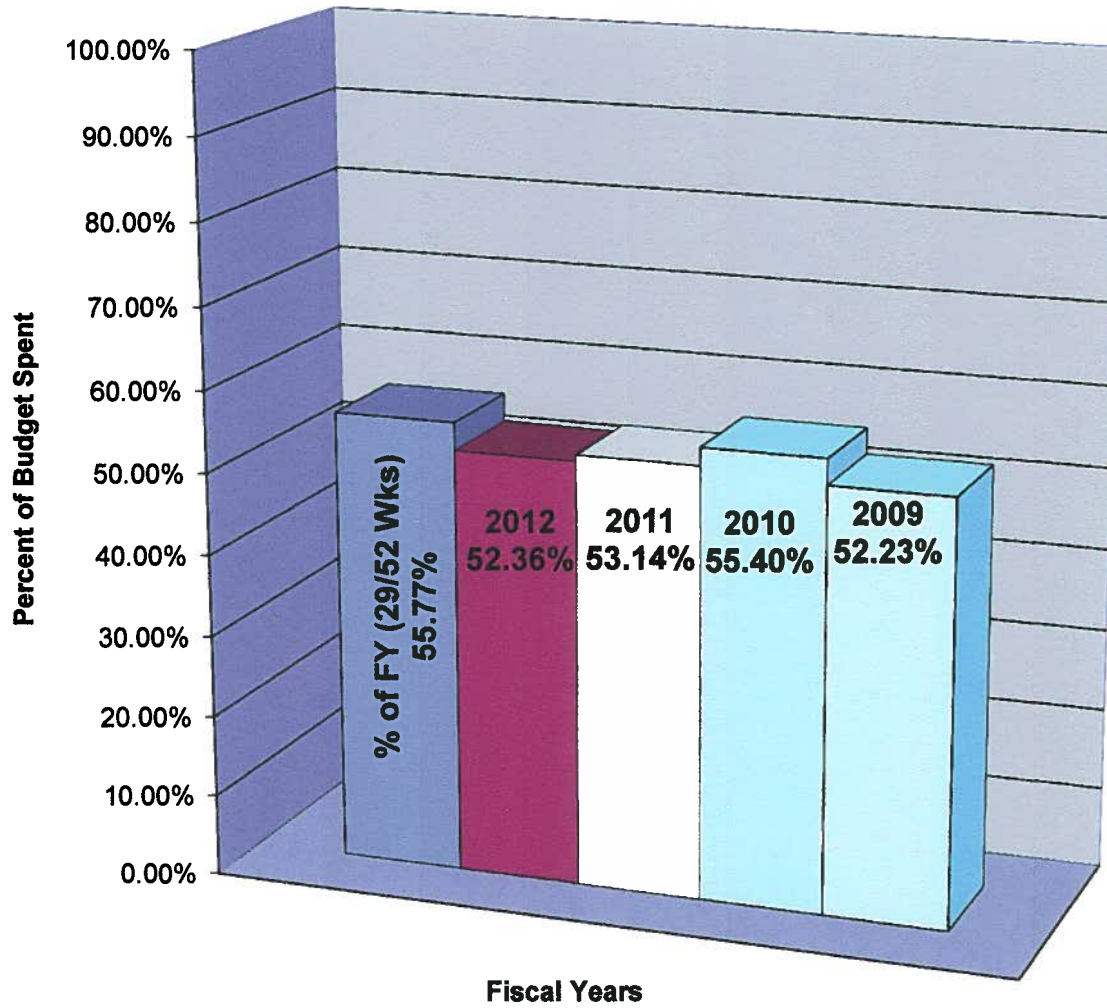
 4/20/12
 Norman McRee, Financial Analyst Date

** 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**



Comparison of Claims to FY Budgets Week 29



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Norman McRee

From: SIFSAX@UHC.COM
Sent: Friday, April 20, 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: 2012-04-20 REQUEST AMOUNT: \$1,862,672.05

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: 2012-04-19	\$836,306.64
- REQUIRED BALANCE TO BE MAINTAINED:	\$2,668,041.00
+ PRIOR DAY REQUEST:	\$00.00
= UNDER DEPOSIT:	<u>\$1,831,734.36</u>
+ CURRENT DAY NET CHARGE:	\$30,937.69
+ FUNDING ADJUSTMENTS:	\$00.00
REQUEST AMOUNT:	<u>\$1,862,672.05</u>

ACTIVITY FOR WORK DAY: 2012-04-13

CUST PLAN	CLAIM	NON CLAIM	NET CHARGE
0632	\$62,205.30	\$00.00	\$62,205.30
TOTAL:	\$62,205.30	\$00.00	\$62,205.30

UNITED HEALTHCARE CHECK REGISTER FOR TRAVIS COUNTY SUBMITTED 2012_04_19

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	\$ (36.50)	NN	SSN00000	AL		0 4/12/2012	600	4/19/2012	4/19/2012
701254	632	\$ (47.94)		25 321559	AI		11 4/13/2012	50	4/17/2012	4/19/2012
701254	632	\$ (48.84)		26 281619	AH		9 4/13/2012	50	4/19/2012	4/19/2012
701254	632	\$ (80.14)		26 283900	AH		6 4/16/2012	50	4/19/2012	4/19/2012
701254	632	\$ (89.33)	QG	20710999	AA		1 1/26/2012	50	4/17/2012	4/19/2012
701254	632	\$ (101.46)	RK	45218150	AA		4 9/20/2010	50	4/20/2012	4/19/2012
701254	632	\$ (975.04)	NN	SSN00000	AL		0 4/12/2012	600	4/19/2012	4/19/2012
701254	632	\$ (1,130.00)	QG	30812498	AH		9 4/12/2012	50	4/19/2012	4/19/2012
701254	632	\$ (1,731.56)		26 283761	AH		1 4/16/2012	50	4/19/2012	4/19/2012
701254	632	\$ (1,864.54)	NN	SSN00000	AL		0 4/12/2012	600	4/19/2012	4/19/2012
701254	632	\$ (1,910.00)		26 283901	AH		8 4/16/2012	50	4/19/2012	4/19/2012
701254	632	\$ (3,351.00)		26 284425	AA		1 4/16/2012	50	4/19/2012	4/19/2012
701254	632	\$ (4,531.64)	NN	SSN00000	AL		0 4/12/2012	600	4/19/2012	4/19/2012
701254	632	\$ (7,103.70)	NN	SSN00000	AL		0 4/12/2012	600	4/19/2012	4/19/2012
701254	632	\$ (11,370.82)	NN	SSN00000	AL		0 4/12/2012	600	4/19/2012	4/19/2012
701254	632	\$ (12,865.64)	NN	SSN00000	AL		0 4/12/2012	600	4/19/2012	4/19/2012
701254	632	\$ (14,951.16)		26 283957	AH		9 4/16/2012	50	4/19/2012	4/19/2012
701254	632	\$ (18,666.71)	NN	SSN00000	AL		0 4/12/2012	600	4/19/2012	4/19/2012
701254	632	\$ (54,704.00)	NN	SSN00000	AL		0 4/12/2012	600	4/19/2012	4/19/2012

512,438.99

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

For the payment week ending: 04/19/2012

<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: 4/19/2012

TYPE	MEMBER TYPE	TRANS_AMT
CEPO		
EE	526-1145-522.45-28	36,734.09
RR	526-1145-522.45-29	8,142.99
Total CEPO		\$44,877.08
EPO		
EE	526-1145-522.45-20	74,985.37
RR	526-1145-522.45-21	10,729.63
Total EPO		\$85,715.00
PPO		
EE	526-1145-522.45-25	363,281.37
RR	526-1145-522.45-26	18,565.54
Total PPO		\$381,846.91
Grand Total		\$512,438.99