

Travis County Commissioners Court Agenda Request

Meeting Date: June 26, 2012

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

Elected/Appointed Official/Dept. Head: Leslie Browder, County

Executive, Planning & Budget 1

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 \$461,241.76, for the period of June 8 to June 14, 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 \$461,241.76.

ISSUES AND OPPORTUNITIES:

See attached.

FISCAL IMPACT AND SOURCE OF FUNDING:

Employee Health Benefit Fund (526) - \$461,241.76

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:

June 26, 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:

June 8, 2012 to June 14, 2012

REIMBURSEMENT REQUESTED

FOR THIS PERIOD:

\$461,241.76

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 \$461,241.76.

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

JUNE 8, 2012 TO JUNE 14, 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:

June 26, 2012

TO: FROM: Susan Spataro, County Auditor

COUNTY DEPT.

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:

June 8, 2012

TO:

June 14, 2012

REIMBURSEMENT REQUESTED:

461,241.76

SUPPORTING DETAIL FOR REIMBURSEMENT REQUESTED:

NOTIFICATION OF AMOUNT OF REQUEST FROM UHC*:	\$ 1,614,952.36
bank withdrawal correction LESS: REIMBURSEMENTS PREVIOUSLY APPROVED BY	\$ (2,850.00)
COMMISSIONERS COURT: June 12, 2012	\$ (1,150,995.87)
October 5, 2010 adj	\$ 135.10
Adjust to balance per UHC	\$ 0.17
TOTAL CLAIMS REIMBURSEMENT REQUESTED BY UHC FOR THIS WEEK**:	\$ 461,241.76
PAYMENTS DEEMED NOT REIMBURSABLE	\$ -
TRANSFER OF FUNDS REQUESTED:	\$ 461,241.76

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

All claims over \$25,000 (0 this week totaling \$0.00) 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 (\$73,045.92) 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. Claims that have exceeded the limit will be reimbursed by Sun Life effective November 1, 2011. Cumulative fiscal year stop loss reimbursements by Sun Life total \$101,059.41.

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.

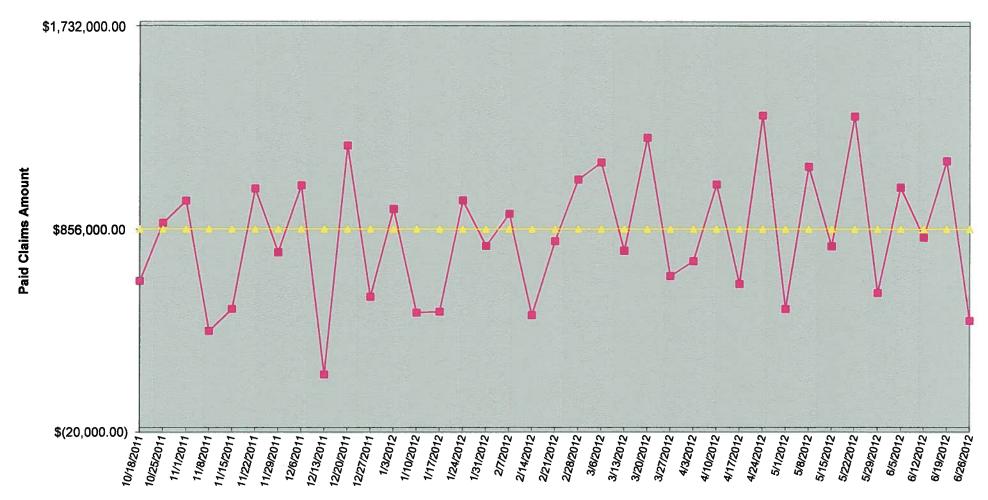
Om Manager

Dan Mansour, Risk Manager

Norman Mc Norman McRee, Financial Analyst

^{**} 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

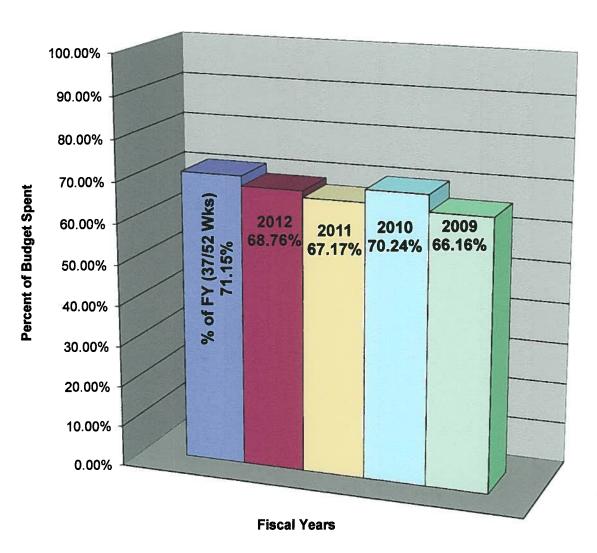
Travis County Employee Benefit Plan FY12 Weekly Paid Claims VS Weekly Budgeted Amount

w			Voting	-	Pd Claims		Budgeted	# of	To	tal of Large	FY 2012 %	FY 2011 %
k	Period from	Period To	Session Date		Request		ekly Claims	Large		Claims	of Budget	of Budget
<u> </u>					Amount	***	ckiy Claims	Claims		Cianns	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	10/25/2011	\$	882,462.44	\$	856,615.23	1	\$	34,434.26	3.40%	3.65%
3	10/14/2011	10/20/2011	11/1/2011	\$	978,780.20	\$	856,615.23	1	\$	85,633.00	5.60%	4.76%
4	10/21/2011	10/27/2011	11/8/2011	\$	417,495.82	\$	856,615.23	0	\$, <u>-</u>	6.54%	7.22%
5	10/28/2011	11/3/2011	11/15/2011	\$	513,031.56	\$	856,615.23	1	\$	25,354.52	7.69%	8.28%
6	11/4/2011	11/10/2011	11/22/2011	\$	1,031,570.27	\$	856,615.23	0	\$	-	10.01%	10.69%
7	11/11/2011	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%
11	12/9/2011	12/15/2011	12/27/2011	\$	565,509.10	\$	856,615.23	1	\$	30,240.78	18.57%	19.10%
12	12/16/2011	12/22/2011	1/3/2012	\$	942,710.54	\$	856,615.23	0	\$		20.69%	21.81%
13	12/23/2011	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 21	2/10/2012	2/16/2012	2/28/2012	\$	1,070,701.34	\$	856,615.23	1	\$	112,390.12	34.26%	35.74%
	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 25	3/9/2012	3/15/2012	3/27/2012	\$	654,180.98	\$	856,615.23	1	\$	27,512.35	42.83%	43.45%
26	3/16/2012	3/22/2012	4/3/2012	\$	718,070.63	\$	856,615.23	4	\$	147,348.72	44.44%	45.18%
27	3/23/2012	3/29/2012	4/10/2012	\$ \$	1,049,553.56	\$	856,615.23	2	\$	65,033.32	46.79%	47.71%
28	3/30/2012 4/6/2012	4/5/2012	4/17/2012	Ť	620,075.83	\$	856,615.23	1	\$	52,789.64	48.19%	49.31%
29	4/13/2012	4/12/2012 4/19/2012	4/24/2012 5/1/2012	\$ \$	1,347,518.33	\$	856,615.23	4	_	1,347,518.33	51.21%	52.13%
30	4/20/2012	4/26/2012	5/8/2012	\$	512,438.99 1,126,915.90	\$	856,615.23	1	\$ \$	28,723.77	52.36%	53.14%
31	4/27/2012	5/3/2012	5/15/2012	\$	782,524.92	\$	856,615.23 856,615.23	2	\$	93,065.85 272,823.44	54.89%	55.40%
32	5/4/2012	5/10/2012	5/22/2012	\$	1,343,226.16	\$		4	\$	169,781.89	56.65%	56.70%
33	5/11/2012	5/17/2012	5/29/2012	\$	581,500.19	\$	856,615.23 856,615.23	1	\$		59.66% 60.97%	59.04%
34	5/18/2012	5/24/2012	6/5/2012	\$	1,036,119.69	\$	856,615.23	1	\$	30,230.00 25,818.58	63.30%	60.53% 62.68%
35	5/25/2012	5/31/2012	6/12/2012	\$	821,261.32	\$	856,615.23	3	\$	278,532.72	65.14%	63.69%
36	6/1/2012	6/7/2012	6/19/2012	\$	1,150,995.87	\$	856,615.23	2	\$	113,030.61	67.72%	66.11%
37	6/8/2012	6/14/2012	6/26/2012	\$	461,241.76	\$	856,615.23	0	\$	113,030.01	68.76%	67.17%
۳	0/0/2012	0/14/2012	0/20/2012	-*	401,241.70	Ψ	030,013.23	- 0	-	-	00.7076	07.17%
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Paid & Budgeted Claims to Date	\$ 30,627,758.79	\$ 31,694,763.54
Paid Claims less Total W	eekly Budget	\$ (1,067,004.75)

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 37



Norman McRee

From:

SIFSFAX@UHC.COM

Sent:

Friday, June 15, 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: 2012-06-15

REQUEST AMOUNT: \$1,614,952.36

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: 2012-06-14

\$1,094,650.34

- REQUIRED BALANCE TO BE MAINTAINED:

\$2,668,041.00

+ PRIOR DAY REQUEST:

\$00.00

= UNDER DEPOSIT:

\$1,573,390.66

+ CURRENT DAY NET CHARGE:

\$41,561.70

+ FUNDING ADJUSTMENTS:

\$00.00

REQUEST AMOUNT:

\$1,614,952.36

ACTIVITY FOR WORK DAY: 2012-06-08

CUST

NON

NET

PLAN

CLAIM

CHARGE

0632

\$28,140.91

CLAIM \$00.00

\$28,140.91

TOTAL:

\$28,140.91

\$00.00

\$28,140.91

UNITED HEALTHCARE CHECK REGISTER FOR TRAVIS COUNTY SUBMITTED 2012_06_14

CONTR_NBR	PLN_ID		SRS_DESG_NBR	CHK_NBR	****	CLM_ACCT_NBR	ISS_DT	TRANS_TYP_CD	TRANS_DT	WK_END_DT
701254	632	\$0.01	QG	10967712	AH	1	6/11/2012	100	6/13/2012	6/14/2012
701254	632	\$0.01	QG	10967712	AH	8	6/11/2012	100	6/13/2012	6/14/2012
701254	632	\$0.01	QG	10967712	AH	6	6/11/2012	100	6/13/2012	6/14/2012
701254	632	\$0.01	QG	10967712	AH	6	6/11/2012	100	6/13/2012	6/14/2012
701254	632	\$0.01	QG	10967712	AH	5	6/11/2012	100	6/13/2012	6/14/2012
701254	632	\$0.01	QG	10967712	AH	8	6/11/2012	100	6/13/2012	6/14/2012
701254	632	-\$2.49	QG	90108791	AH	1	6/10/2012	50	6/15/2012	6/14/2012
709445	5972	-\$15.63	RG	56871010	AC	1	6/10/2012	50	6/15/2012	6/14/2012
701254	632	-\$40.00	PH	83740853	AE	5	6/6/2012	50	6/12/2012	6/14/2012
701254	632	-\$129.72	QG	20775797	AA	5	3/2/2012	50	6/12/2012	6/14/2012
701254	632	-\$130.92	QG	90108791	AH	1	6/10/2012	50	6/15/2012	6/14/2012
701254	632	-\$144.89	PH	83517758	AH	8	3/12/2012	50	6/12/2012	6/14/2012
701254	632	-\$406.12	QG	20841810	AH	6	6/8/2012	50	6/14/2012	6/14/2012
701254	632	-\$606.33	QG	20802454	AA	1	6/8/2012	50	6/14/2012	6/14/2012
701254	632	-\$650.00	26	292418	AH	5	6/11/2012	50	6/14/2012	6/14/2012
701254	632	-\$966.82	26	291882	AA	1	6/11/2012	50	6/14/2012	6/14/2012
701254	632	-\$1,148.00	26	292349	AH	1	6/11/2012	50	6/14/2012	6/14/2012
701254	632	-\$2,114.75	26	292455	ΑE	8	6/11/2012	50	6/14/2012	6/14/2012
701254	632	-\$2,763.78	26	292561	AA	1	6/11/2012	50	6/14/2012	6/14/2012

461,241.76

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

For the payment week ending:

06/14/2012

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:

6/14/2012

TYPE	MEMBER TYPE	TRANS_AMT	
CEPO			4
EE			
	526-1145-522.45-28	55,832.51	
RR			
	526-1145-522.45-29	4,729.64	
Total CEPO			\$60,562.15
EPO			400,002.10
EE			
	526-1145-522.45-20	112,982.45	
RR			
	526-1145-522.45-21	5,273.01	
Total EPO			\$118,255.46
PPO			4110,2000
EE			
	526-1145-522.45-25	254,115.27	
RR			
	526-1145-522.45-26	28,308.88	
Total PPO			\$282,424.15
Grand Total			\$461,241.7 6

Friday, June 15, 2012

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